



**IDRS**



# AUSTRALIAN DRUG TRENDS 2023

Key Findings from the National Illicit Drug  
Reporting System (IDRS) Interviews



# AUSTRALIAN DRUG TRENDS 2023: KEY FINDINGS FROM THE NATIONAL ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

**Rachel Sutherland<sup>1</sup>, Julia Uporova<sup>1</sup>, Cate King<sup>1</sup>, Udesha Chandrasena<sup>1</sup>, Antonia Karlsson<sup>1</sup>, Fiona Jones<sup>1</sup>, Daisy Gibbs<sup>1</sup>, Olivia Price<sup>1</sup>, Paul Dietze<sup>1,2,3,4</sup>, Simon Lenton<sup>1,4,5</sup>, Caroline Salom<sup>1,6</sup>, Raimondo Bruno<sup>1,7</sup>, Joanna Wilson<sup>2</sup>, Seraina Agramunt<sup>4,5</sup>, Catherine Daly<sup>6</sup>, Natalie Thomas<sup>6</sup>, Sophie Radke<sup>7</sup>, Lauren Stafford<sup>7</sup>, Louisa Degenhardt<sup>1</sup>, Michael Farrell<sup>1</sup> & Amy Peacock<sup>1,7</sup>**

<sup>1</sup> National Drug and Alcohol Research Centre, University of New South Wales Sydney

<sup>2</sup> Burnet

<sup>3</sup> Department of Epidemiology and Preventive Medicine, Monash University

<sup>4</sup> National Drug Research Institute, Curtin University

<sup>5</sup> enAble Institute, Curtin University

<sup>6</sup> Institute for Social Science Research, The University of Queensland

<sup>7</sup> School of Psychology, University of Tasmania



ISSN 2981-9326 ©NDARC 2023

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the Centre Manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

**Suggested citation:** Sutherland R, Uporova J, King C, Chandrasena U, Karlsson A, Jones F, Gibbs D, Price O, Dietze P, Lenton S, Salom C, Bruno R, Wilson J, Agramunt S, Daly C, Thomas N, Radke S, Stafford L, Degenhardt L, Farrell M, & Peacock A. Australian Drug Trends 2023: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2023. DOI: 10.26190/1tj1-8454

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](#).

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the Drug Trends team with any queries regarding this publication: [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)

## Table of Contents

<b>BACKGROUND AND METHODS</b>	<b>15</b>
<b>SAMPLE CHARACTERISTICS</b>	<b>19</b>
<b>HEROIN</b>	<b>25</b>
<b>METHAMPHETAMINE</b>	<b>33</b>
<b>COCAINE</b>	<b>49</b>
<b>CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS</b>	<b>57</b>
<b>PHARMACEUTICAL OPIOIDS</b>	<b>68</b>
<b>OTHER DRUGS</b>	<b>83</b>
<b>DRUG-RELATED HARMS AND OTHER BEHAVIOURS</b>	<b>91</b>

## List of Tables

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE, NATIONALLY, 2022-2023, AND BY CAPITAL CITY, 2023.....	21
TABLE 2: PAST SIX MONTH USE OF HEROIN, BY CAPITAL CITY, 2000–2023.....	28
TABLE 3: PAST SIX MONTH USE OF ANY METHAMPHETAMINE, BY CAPITAL CITY, 2000–2023.....	37
TABLE 4: PAST SIX MONTH USE OF POWDER METHAMPHETAMINE, BY CAPITAL CITY, 2000-2023 .....	40
TABLE 5: PAST SIX MONTH USE OF BASE METHAMPHETAMINE, BY CAPITAL CITY, 2001-2023.....	41
TABLE 6: PAST SIX MONTH USE OF CRYSTAL METHAMPHETAMINE, BY CAPITAL CITY, 2000-2023.....	42
TABLE 7: PAST SIX MONTH USE OF COCAINE, BY CAPITAL CITY, 2000-2023 .....	52
TABLE 8: PAST SIX MONTH NON-PRESCRIBED USE OF CANNABIS AND CANNABINOID-RELATED PRODUCTS, BY CAPITAL CITY, 2000-2023 .....	61
TABLE 9: PAST SIX MONTH NON-PRESCRIBED USE OF METHADONE, BY CAPITAL CITY, 2003-2023 .....	71
TABLE 10: PAST SIX MONTH NON-PRESCRIBED USE OF BUPRENORPHINE TABLET, BY CAPITAL CITY, 2003-2023 .....	73
TABLE 11: PAST SIX MONTH NON-PRESCRIBED USE OF BUPRENORPHINE-NALOXONE (ANY FORM), BY CAPITAL CITY, 2006-2023 .....	75
TABLE 12: PAST SIX MONTH NON-PRESCRIBED USE OF MORPHINE, BY CAPITAL CITY, 2006-2023 .....	77
TABLE 13: PAST SIX MONTH NON-PRESCRIBED USE OF OXYCODONE, BY CAPITAL CITY, 2005-2023.....	79
TABLE 14: PAST SIX MONTH NON-PRESCRIBED USE OF FENTANYL, BY CAPITAL CITY, 2018-2023.....	81
TABLE 15: PAST SIX MONTH USE OF OTHER OPIOIDS, NATIONALLY, 2019-2023.....	82
TABLE 16: PAST SIX MONTH USE OF NEW PSYCHOACTIVE SUBSTANCES, NATIONALLY, 2013-2023 .....	84
TABLE 17: PAST 12-MONTH NON-FATAL OVERDOSE BY DRUG TYPE, NATIONALLY, 2022-2023, AND BY CAPITAL CITY, 2023 .....	96
TABLE 18: LIFETIME AWARENESS OF NALOXONE, AND EDUCATION IN NALOXONE ADMINISTRATION, BY CAPITAL CITY, 2023.....	98
TABLE 19: SHARING NEEDLES AND RE-USING NEEDLES AND INJECTING EQUIPMENT IN THE PAST MONTH, NATIONALLY, 2022-2023, AND BY CAPITAL CITY, 2023.....	101
TABLE 20: INJECTION-RELATED ISSUES IN THE PAST MONTH, NATIONALLY, 2022-2023, AND BY CAPITAL CITY, 2023.....	102
TABLE 21: ANY CURRENT DRUG TREATMENT, NATIONALLY, 2022-2023, AND BY CAPITAL CITY, 2023 .....	103
TABLE 22: TOTAL OPIOID AND METHAMPHETAMINE SDS SCORES AND PER CENT OF PARTICIPANTS SCORING ABOVE CUT-OFF SCORES INDICATIVE OF DEPENDENCE, AMONG THOSE WHO REPORTED PAST SIX MONTH USE, NATIONALLY, 2017-2023 .....	104
TABLE 23: HCV AND HIV TESTING AND TREATMENT, NATIONALLY, 2018-2023 .....	105
TABLE 24: HEALTH SERVICE ACCESS FOR ALCOHOL AND OTHER DRUG REASONS AND FOR ANY REASON IN THE PAST SIX MONTHS, NATIONALLY, 2022-2023 .....	108
TABLE 25: SELF-REPORTED EXPERIENCES OF STIGMA DUE TO INJECTING DRUG USE IN THE PAST SIX MONTHS, NATIONALLY, 2022-2023 .....	109

## List of Figures

FIGURE 1: DRUG OF CHOICE, NATIONALLY, 2000-2023 .....	22
FIGURE 2: DRUG INJECTED MOST OFTEN IN THE PAST MONTH, NATIONALLY, 2000-2023 .....	23
FIGURE 3: WEEKLY OR MORE FREQUENT SUBSTANCE USE IN THE PAST SIX MONTHS, NATIONALLY, 2000-2023 .....	24
FIGURE 4: PAST SIX MONTH USE AND FREQUENCY OF USE OF HEROIN, NATIONALLY, 2000-2023 .....	27
FIGURE 5: MEDIAN PRICE OF HEROIN PER CAP, POINT AND GRAM, NATIONALLY, 2000-2023 .....	30
FIGURE 6: CURRENT PERCEIVED PURITY OF HEROIN, NATIONALLY, 2000-2023 .....	31
FIGURE 7: CURRENT PERCEIVED AVAILABILITY OF HEROIN, NATIONALLY, 2000-2023 .....	32
FIGURE 8: PAST SIX MONTH USE OF ANY METHAMPHETAMINE AND OF METHAMPHETAMINE POWDER, BASE, AND CRYSTAL, NATIONALLY, 2000-2023 .....	35
FIGURE 9: FREQUENCY OF USE OF ANY METHAMPHETAMINE AND OF METHAMPHETAMINE POWDER, BASE, AND CRYSTAL, NATIONALLY, 2000-2023 .....	36
FIGURE 10: MEDIAN PRICE OF POWDER METHAMPHETAMINE PER POINT AND GRAM, NATIONALLY, 2002-2023 .....	44
FIGURE 11: MEDIAN PRICE OF METHAMPHETAMINE CRYSTAL PER POINT AND GRAM, NATIONALLY, 2001-2023 .....	44
FIGURE 12: CURRENT PERCEIVED PURITY OF POWDER METHAMPHETAMINE, NATIONALLY, 2002-2023 .....	45
FIGURE 13: CURRENT PERCEIVED PURITY OF CRYSTAL METHAMPHETAMINE, NATIONALLY, 2002-2023 .....	46
FIGURE 14: CURRENT PERCEIVED AVAILABILITY OF POWDER METHAMPHETAMINE, NATIONALLY, 2002-2023 .....	47
FIGURE 15: CURRENT PERCEIVED AVAILABILITY OF CRYSTAL METHAMPHETAMINE, NATIONALLY, 2002-2023 .....	48
FIGURE 16: PAST SIX MONTH USE AND FREQUENCY OF USE OF COCAINE, NATIONALLY, 2000-2023 .....	51
FIGURE 17: MEDIAN PRICE OF COCAINE PER CAP/POINT AND GRAM, NATIONALLY, 2000-2023 .....	54
FIGURE 18: CURRENT PERCEIVED PURITY OF COCAINE, NATIONALLY, 2000-2023 .....	55
FIGURE 19: CURRENT PERCEIVED AVAILABILITY OF COCAINE, NATIONALLY, 2000-2023 .....	56
FIGURE 20: PAST SIX MONTH USE AND FREQUENCY OF USE OF NON-PRESCRIBED CANNABIS AND CANNABINOID-RELATED PRODUCTS, NATIONALLY, 2000-2023 .....	60
FIGURE 21: MEDIAN PRICE OF NON-PRESCRIBED HYDROPONIC (A) AND BUSH (B) CANNABIS PER OUNCE AND GRAM, NATIONALLY, 2003-2023 .....	63
FIGURE 22: CURRENT PERCEIVED POTENCY OF NON-PRESCRIBED HYDROPONIC (A) AND BUSH (B) CANNABIS, NATIONALLY, 2004-2023 .....	64
FIGURE 23: CURRENT PERCEIVED AVAILABILITY OF NON-PRESCRIBED HYDROPONIC (A) AND BUSH (B) CANNABIS, NATIONALLY, 2004-2023 .....	66
FIGURE 24: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED METHADONE, NATIONALLY, 2000-2023 .....	70
FIGURE 25: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED BUPRENORPHINE TABLET, NATIONALLY, 2002-2023 .....	72
FIGURE 26: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED BUPRENORPHINE-NALOXONE, NATIONALLY, 2006-2023 .....	74
FIGURE 27: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED MORPHINE, NATIONALLY, 2001-2023 .....	76

FIGURE 28: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED OXYCODONE, NATIONALLY, 2005-2023 ..... 78

FIGURE 29: PAST SIX MONTH USE (PRESCRIBED AND NON-PRESCRIBED) AND FREQUENCY OF USE OF NON-PRESCRIBED FENTANYL, NATIONALLY, 2013-2023 ..... 80

FIGURE 30: PAST SIX MONTH USE OF NON-PRESCRIBED PHARMACEUTICAL DRUGS, NATIONALLY, 2006-2023 ..... 87

FIGURE 31: PAST SIX MONTH USE OF LICIT AND OTHER DRUGS, NATIONALLY, 2000-2023 ..... 90

FIGURE 32: USE OF OPIOIDS, STIMULANTS, BENZODIAZEPINES AND CANNABIS ON THE DAY PRECEDING INTERVIEW AND MOST COMMON DRUG PATTERN PROFILES, NATIONALLY, 2023 ..... 92

FIGURE 33: PAST 12-MONTH ANY NON-FATAL OVERDOSE, NATIONALLY, 2000-2023 ..... 95

FIGURE 34: LIFETIME AWARENESS OF NALOXONE, AND EDUCATION IN NALOXONE ADMINISTRATION, NATIONALLY, 2013-2023 ..... 98

FIGURE 35: BORROWING AND LENDING OF NEEDLES AND SHARING OF INJECTING EQUIPMENT IN THE PAST MONTH, NATIONALLY, 2000-2023 ..... 100

FIGURE 36: SELF-REPORTED MENTAL HEALTH PROBLEMS AND TREATMENT SEEKING IN THE PAST SIX MONTHS, NATIONALLY, 2004-2023 ..... 106

FIGURE 37: K10 PSYCHOLOGICAL DISTRESS SCORES, NATIONALLY, 2008-2023 AND NHS 2017-18 ..... 107

FIGURE 38: SELF-REPORTED TESTING, AND DRIVING OVER THE (PERCEIVED) LEGAL LIMIT FOR ALCOHOL OR WITHIN THREE HOURS FOLLOWING ILLICIT DRUG USE, AMONG THOSE WHO HAD DRIVEN IN THE LAST SIX MONTHS, NATIONALLY, 2007-2023 ..... 111

FIGURE 39: LIFETIME AND PAST YEAR ENGAGEMENT IN DRUG CHECKING, NATIONALLY, 2019-2023 ..... 112

FIGURE 40: SELF-REPORTED CRIMINAL ACTIVITY IN THE PAST MONTH, NATIONALLY, 2000-2023 ..... 114

FIGURE 41: VICTIM OF CRIME INVOLVING VIOLENCE IN THE PAST MONTH, NATIONALLY, 2019-2023 ..... 115

## Acknowledgements

### Funding

In 2023, 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.

### Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, Olivia Price, Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales Sydney, New South Wales;
- Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, Lawrence Rivera and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

### Participants

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

### Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. We would like to thank the UNSW Community Reference Panel for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

<b>1,4-BD</b>	1,4-Butanediol
<b>ACT</b>	Australian Capital Territory
<b>Ade</b>	Adelaide
<b>AIVL</b>	Australian Injecting & Illicit Drug Users League
<b>Alpha PVP</b>	$\alpha$ -Pyrrolidinopentiophenone
<b>AOD</b>	Alcohol and Other Drugs
<b>Bri/GC</b>	Brisbane/Gold Coast
<b>Can</b>	Canberra
<b>CBD</b>	Cannabidiol
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CPR</b>	Cardiopulmonary resuscitation
<b>Dar</b>	Darwin
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>EDRS</b>	Ecstasy and Related Drugs Reporting System
<b>GBL</b>	Gamma-butyrolactone
<b>GHB</b>	Gamma-hydroxybutyrate
<b>GP</b>	General Practitioner
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human immunodeficiency virus
<b>Hob</b>	Hobart
<b>IDRS</b>	Illicit Drug Reporting System
<b>IQR</b>	Interquartile Range
<b>K10</b>	Kessler Psychological Distress Scale
<b>LSD</b>	<i>d</i> -lysergic acid
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDPV</b>	Methylenedioxypropylone
<b>Melb</b>	Melbourne
<b>N (or n)</b>	Number of Participants
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NHS</b>	National Health Survey
<b>NPS</b>	New Psychoactive Substances
<b>NSP</b>	Needle and Syringe Program
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>OTC</b>	Over-the-Counter
<b>PBS</b>	Pharmaceutical Benefits Scheme
<b>PCR</b>	Polymerase Chain Reaction

<b>Per</b>	Perth
<b>PTSD</b>	Post-traumatic stress disorder
<b>QLD</b>	Queensland
<b>RNA</b>	Ribonucleic Acid
<b>SA</b>	South Australia
<b>SARS-CoV-2</b>	Severe Acute Respiratory Syndrome Coronavirus 2
<b>SD</b>	Standard Deviation
<b>SDS</b>	Severity of Dependence Scale
<b>Syd</b>	Sydney
<b>TAS</b>	Tasmania
<b>TGA</b>	Therapeutic Goods Administration
<b>THC</b>	Tetrahydrocannabinol
<b>UNSW</b>	University of New South Wales
<b>VIC</b>	Victoria
<b>WA</b>	Western Australia

## Executive Summary

The IDRS comprises a sentinel sample of people who regularly inject illicit drugs, recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral, across each capital city of Australia. The results are not representative of all people who inject drugs, nor of use in the general population. **Data were collected in 2023 from June-July. Since 2020, interviews were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

### Sample Characteristics

The IDRS sample in 2023 (N=820) was relatively similar to the sample in 2022, however, there was some notable differences. The 2023 sample predominantly identified as male (68%) with a median age of 46 years, stable from 2022. In 2023, most participants reported being unemployed at the time of the interview (86%; 87% in 2022). The median weekly income significantly increased from \$385 in 2022 to \$400 in 2023 ( $p<0.001$ ). Additionally, there was a significant change to the current accommodation reported by participants ( $p=0.006$ ), with more participants reporting 'no fixed address' (19%; 16% in 2022) and fewer participants reporting living in their own house/flat (65%; 68% in 2022) and boarding house/hostel (5%; 8% in 2022). The drug of choice remained stable in 2023, with 45% nominating methamphetamine as their drug of choice (46% in 2022), followed by heroin (41%; 39% in 2022). Most participants nominated

methamphetamine as the drug injected most often in the past month (56%; 54% in 2022).

### Heroin

In 2023, the per cent reporting recent heroin use remained stable relative to 2022, with 56% reporting recent use (53% in 2022). Median frequency of use remained stable at every second day in the past six months (80 days in 2022). The reported median price for one gram of heroin remained stable at \$350 (\$400 in 2022), although there was a significant change in perceived availability of heroin in 2023 ( $p=0.001$ ), with more participants perceiving it to be 'very easy' (56%; 43% in 2022) to obtain.

### Methamphetamine

Recent use of any methamphetamine has been gradually increasing since 2010. In 2023, 81% reported recent use, stable from 2022 (81%). Similar to previous years, crystal was the most common form of methamphetamine used by participants (80%; 80% in 2022), followed by powder (10%; 11% in 2022) and base (5%; 3% in 2022). Among those who reported recent use, participants reported using methamphetamine crystal on average three times per week in the six months preceding the interview (72 median days; 60 days in 2022). There was a significant change to the perceived availability ( $p<0.001$ ) of methamphetamine crystal in the 2023 sample. Notably, more participants reported crystal methamphetamine to be 'very easy' (64% versus 53%) to obtain, the highest per cent reported since monitoring began. The median price of crystal methamphetamine was \$50 per point and \$380 for one gram. The perceived purity of crystal methamphetamine remained stable in 2023.

## Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the national sample since the beginning of monitoring (peak of 35% in 2001). In 2023, recent use of cocaine remained stable relative to 2022 (16%; 15% in 2022), as did median frequency of use (2 days). The median price for one gram of cocaine was reported to be \$350 in 2023 (\$300 in 2022), almost equal percentages reported purity to be 'high' or 'medium' (36% and 35%, respectively) and 68% perceived it as being 'easy' or 'very easy' to obtain.

## Cannabis and/or Cannabinoid-Related Products

At least two thirds of the IDRS national sample have reported recent use of non-prescribed cannabis and/or cannabinoid-related products since monitoring began. In 2023, 69% reported recent non-prescribed use (72% in 2022). Three per cent reported recent use of prescribed cannabis in 2023, a significant increase relative to 2022 (1% in 2022;  $p < 0.001$ ). Frequency of non-prescribed cannabis use remained stable at a median of 180 days. Half (51%) of those who had recently used cannabis reported daily use (51% in 2022). There were no significant changes in relation to the price, perceived purity, or perceived availability of bush and hydroponic cannabis in 2023 relative to 2022.

## Pharmaceutical Opioids

Non-prescribed use of most forms of pharmaceutical opioids has mainly remained stable or significantly declined since monitoring of each opioid first began. In 2023, the per cent reporting recent use of non-prescribed morphine significantly decreased from 14% in 2022 to 10% in 2023 ( $p = 0.015$ ), the lowest per cent reported since monitoring

began. Nevertheless, morphine and oxycodone remained the most common pharmaceutical opioids used in a non-prescribed context (10%, respectively), followed by methadone (9%) and buprenorphine-naloxone (9%).

## Other Drugs

Use of any NPS has fluctuated between 6% and 12% since monitoring began in 2013, with 7% reporting recent use in 2023 (6% in 2022). Consistent with previous years, the use of 'new' drugs that mimic the effects of cannabis remained the most common NPS reported by the 2023 sample (3%; 2% in 2022). Benzodiazepines remained the most common non-prescribed pharmaceutical drug reported by participants in 2023 (28%; 25% in 2022), followed by pregabalin (16%; 13% in 2022). One third (34%) of the sample reported recent non-prescribed e-cigarette use in 2023, the highest per cent reported since monitoring began in 2014 and a significant increase from 22% in 2022 ( $p < 0.001$ ). Frequency of use similarly increased from a median of 20 days (IQR=4-132) in 2022 to 90 days (IQR=12-180) in 2023 ( $p < 0.001$ ). A significant increase in the per cent reporting GHB /GBL/1,4-BD was also observed (17%; 7% in 2022;  $p < 0.001$ ). Use of all other monitored drugs remained stable.

## Drug-Related Harms and Other Behaviours

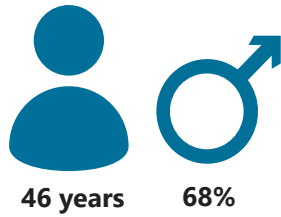
- In 2023, 60% of the national IDRS sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.
- Nearly one in five participants (18%; 17% in 2022) reported a non-fatal overdose on any drug in the preceding year, most commonly heroin (9%).
- There was a significant increase in participants reporting awareness of take

- home naloxone in 2023 (73%; 65% in 2022;  $p < 0.001$ ), and naloxone training (52%; 38% in 2022;  $p < 0.001$ ), although this could be due to a change in question wording in 2023. More participants also reported having accessed naloxone in the past year (44%; 34% in 2022;  $p < 0.001$ ).
- In 2023, 5% of participants reported receptive sharing of a needle or syringe (4% in 2022) and 7% reported distributive sharing in the past month (8% in 2022), the lowest percentages since monitoring commenced.
  - One in four participants (26%) reported injection-related problems in the past month (26% in 2022), most commonly any infection/abscess (10%; 12% in 2022) and nerve damage (10%; 11% in 2022).
  - Almost two fifths (39%) of the sample reported that they were in any drug treatment for their substance use (38% in 2022). There was a significant increase in participants reporting buprenorphine depot injection treatment in 2023 (7%; 4% in 2022;  $p = 0.001$ ).
  - Almost three fifths (57%) scored five or above on the Severity of Dependence Scale, indicating possible dependence relating to opioids, and 47% scoring four or above, indicating possible dependence relating to methamphetamine.
  - In 2023, a significant increase was observed in participants who reported that they had received a hepatitis C virus (HCV) antibody test in the past year (52% vs 43% in 2022;  $p < 0.001$ ). Two fifths (43%) had received an PCR or RNA test in 2023 (37% in 2022;  $p = 0.015$ ), and 7% reported having a current HCV infection (7% in 2022). The per cent who reported they had been tested for human immunodeficiency virus (HIV) in the past six months significantly increased from 23% in 2022 to 33% in 2023 ( $p < 0.001$ ).
  - Self-reported mental health problems significantly increased from 47% in 2022 to 53% in 2023 ( $p = 0.034$ ), the highest since monitoring began. Twenty-nine per cent reported high/very high psychological distress (30% in 2022).
  - Most participants (89%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (82% in 2022;  $p < 0.001$ ). Nearly all had accessed a health service for any reason in the past six months (96%; 91% in 2022;  $p < 0.001$ ).
  - Fifty-five per cent of the sample reported experiencing stigma because of their illicit drug use in any setting in the six months preceding interview.
  - In 2023, 92% of the national sample had been tested for SARS-CoV-2 by the time of interview and 22% had returned a positive result for COVID-19 in the 12 months preceding interview. Four in five participants (83%) reported that they had received at least one COVID-19 vaccine dose (84% in 2022).
  - Seventy per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (76% in 2022) and 8% reported driving while over the perceived legal limit of alcohol (10% in 2022).
  - In 2023, 8% of participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year (8% in 2022).
  - One third (33%) of participants reported a drug-related encounter with police which did not result in charge or arrest, a significant increase relative to 2022 (22%;  $p < 0.001$ ).

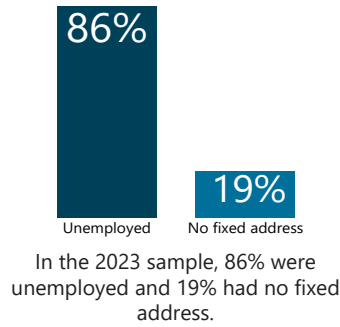
## 2023 SAMPLE CHARACTERISTICS



In 2023, 820 participants, recruited from all capital cities across Australia, were interviewed.

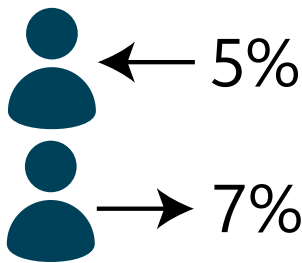


The median age in 2023 was 46, and 68% identified as male.

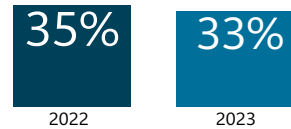


- Injected heroin
  - Injected methamphetamine
  - Injected other illicit or non-prescribed drugs
- Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

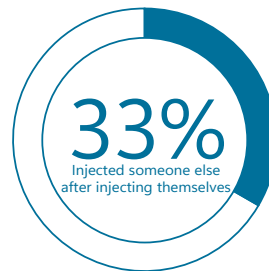
## INJECTING RELATED RISKS AND HARMS



In 2023, 5% of participants reported receptive sharing in the past month, and 7% reported distributive sharing.



33% of participants reported re-using their own needles in the past month, stable from 2022 (35%).

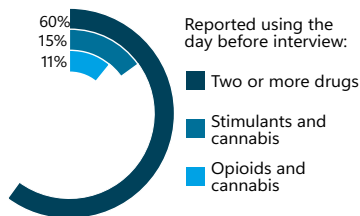


33% of participants reported injecting someone else after injecting themselves in the past month, a significant increase relative to 2022 (27%).

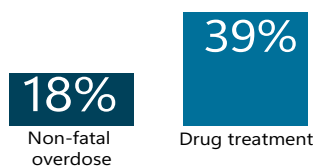


26% of participants reported having an injection-related health issue in the past month, stable from 2022 (26%).

## OTHER HARMS AND HELP-SEEKING



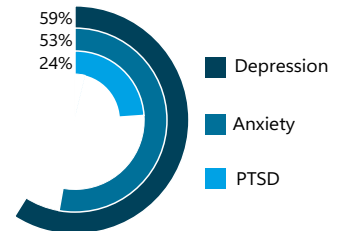
The most common patterns of poly substance use on the day preceding interview were stimulants and cannabis, and opioids and cannabis.



Past year non-fatal overdose (18%) and current drug treatment (39%) remained stable in 2023 relative to 2022.

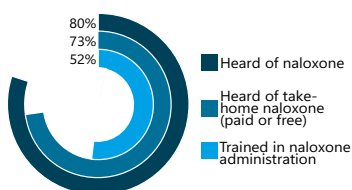


In 2023, 53% of participants reported a mental health problem in the 6 months preceding interview, and 27% had seen a mental health professional.



Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

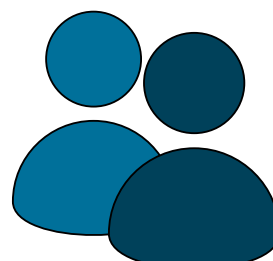
## NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone, and take-home naloxone, remained high in 2023, with an increase in participants reporting ever being trained in naloxone administration.



Among those who were aware of naloxone, 29% reporting using ever using naloxone to resuscitate someone who had overdosed, with 18% having done so in the past year.

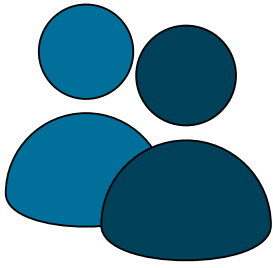


55% of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

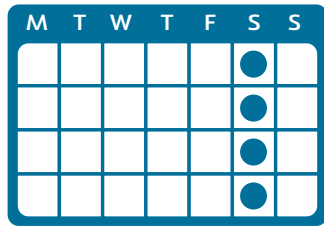


In 2023, 8% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

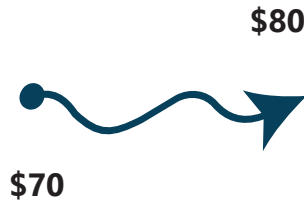
# HEROIN



Past 6 month use of heroin remained stable in 2023 (56%) relative to 2022 (53%).



Of those who had recently consumed heroin, 75% reported weekly or more frequent use, stable from 2022 (77%).

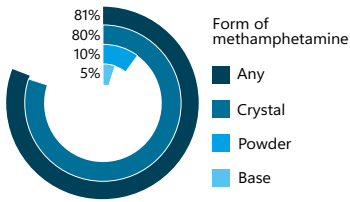


The median reported price for a point of heroin was \$80 in 2023, stable compared to \$70 in 2022.

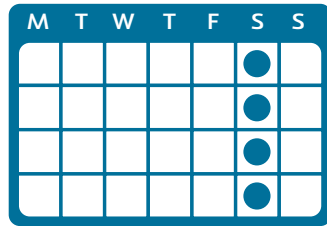


Of those who could comment, 91% perceived heroin to be 'easy' or 'very easy' to obtain (87% in 2022).

# METHAMPHETAMINE



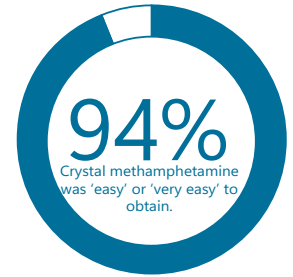
Past 6 month use of any methamphetamine, crystal, powder and base remained stable in 2023, relative to 2022.



Of those who had recently used any form of methamphetamine, 75% reported weekly or more frequent use, stable from 2022 (74%).



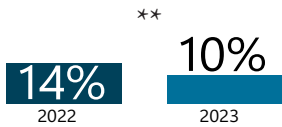
In 2023, the median reported price for a point of crystal methamphetamine was \$50 (\$50 in 2022).



Of those who could comment, 94% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (91% in 2022).

# OTHER DRUGS

## Non-prescribed morphine



Past 6 month use of non-prescribed morphine significantly decreased in 2023, relative to 2022.

## Non-prescribed fentanyl



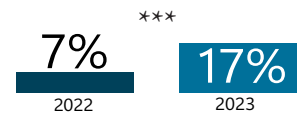
Past 6 month use of non-prescribed fentanyl remained stable between 2022 and 2023.

## Non-prescribed pregabalin



Past 6 month use of non-prescribed pregabalin remained stable between 2022 and 2023.

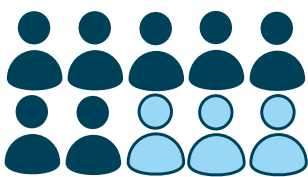
## GHB/GBL/1,4-BD



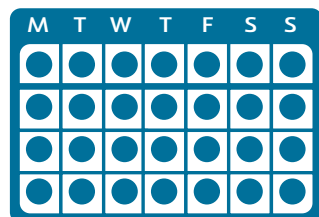
Past 6 month use of GHB/GBL/1,4-BD significantly increased in 2023, relative to 2022.

\* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$

# CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



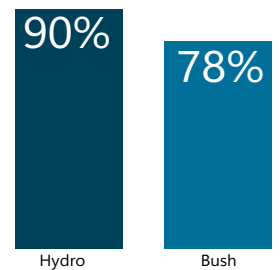
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (69%) relative to 2022 (72%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, half reported daily use (51%), stable from 2022 (51%).



Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 98% had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain, stable from 2022.

# 1

## Background and Methods

---

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel cross-sectional group of people who regularly inject drugs, recruited from all capital cities of Australia (N=820 in 2023). The results from the IDRS interviews are not representative of all people who consume drugs, nor of illicit drug use in the general population, but this is not the aim of these data. Rather, these data are intended to provide evidence indicative of trends that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia.

---



## 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 illicit/non-prescribed drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of the 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 psychoactive non-prescribed or illicit drugs at least six times 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 in the latter years were conducted using REDCap (Research Electronic Data Capture), a software program 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 2020-2023: 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 capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (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 (16 years old in Perth, Western Australia (WA)) to 18 years old.

From 2021 onwards, a hybrid approach was used whereby interviews were conducted 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 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.

## 2023 IDRS Sample

Between 1 June-14 July 2023 a total of 820 participants were recruited across capital cities nationally. The number of participants recruited from the capital city in each jurisdiction were: Sydney, NSW n=153; Melbourne, VIC n=150; Adelaide, SA n=102; Canberra, ACT n=101; Hobart, TAS n=66; Brisbane and Gold Coast, QLD n=103; Darwin, NT n=46; and Perth, WA n=99. Ten per cent (n=78) of all 2023 interviews were conducted via telephone: Adelaide, SA n=8; Hobart, TAS n=6; and Perth, WA n=64.

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 have also been observed in other research projects, with the [Australian Needle and Syringe 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 national estimates but are not presented specific to jurisdiction for 2023 due to small numbers (n<50) reporting.

In 2023, there was a significant change in recruitment methods compared to 2022 ( $p=0.011$ ), with more participants recruited via a treatment provider (6% in 2023; 4% in 2022) and fewer recruited by other methods (1% in 2023; 3% in 2022). However, most participants continued to be recruited via needle and syringe programs (NPSs) (52%; 51% in 2022) and word-of-mouth (38%; 39% in 2022). Thirteen per cent of the 2023 sample had taken part in the 2022 interview (18% of the 2022 sample had taken part in the 2021 interview;  $p=0.012$ ).

## Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness >  $\pm 1$  or kurtosis >  $\pm 3$ ), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are  $\leq 5$  have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview.

## Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather 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 jurisdictional-level results beyond estimates of recent use of various substances (comprehensive jurisdictional findings are provided separately; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

**Differences in the methodology, and the events of 2020-2023, must be taken into consideration when comparing 2020-2023 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 which triangulate key results from the annual interviews and other data sources and consider 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 illicit stimulants.

Please contact the research team at [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au) with any queries, to request additional analyses using these data, or to discuss the possibility of including items in future interviews.

# 2

## Sample Characteristics

---

Participants were asked questions about select sociodemographic characteristics, as well as key drug use characteristics of interest.

---

## Sample Characteristics

The median age of the sample was 46 years (IQR=40-52; 45 years in 2022; IQR=39-52;  $p=0.874$ ), and two thirds (68%) of the sample identified as male (66% in 2022;  $p=0.448$ ) (Table 1). In 2023, the current employment status remained stable relative to 2022 ( $p=0.478$ ), with most participants being unemployed at the time of the interview (86%; 87% in 2022). The median weekly income significantly increased from \$385 (IQR=300-490) in 2022 to \$400 (IQR=335-500) in 2023 ( $p<0.001$ ). Additionally, there was a significant change in current accommodation type ( $p=0.006$ ), with fewer participants reporting living in their own house/flat (65%) and boarding house/hostel (5%) in 2023 compared to 2022 (68%; 8%, respectively) and an increase in the per cent reporting 'no fixed address' (19%; 16% in 2022).

In 2023, drug of choice remained stable compared to 2022 ( $p=0.527$ ), with nearly half of participants nominating methamphetamine (45%; 46% in 2022) as their drug of choice, followed by two fifths nominating heroin (41%; 39% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023 relative to 2022 ( $p=0.085$ ), with methamphetamine reported as the drug injected most often by 56% of the sample (54% in 2022) (Figure 2).

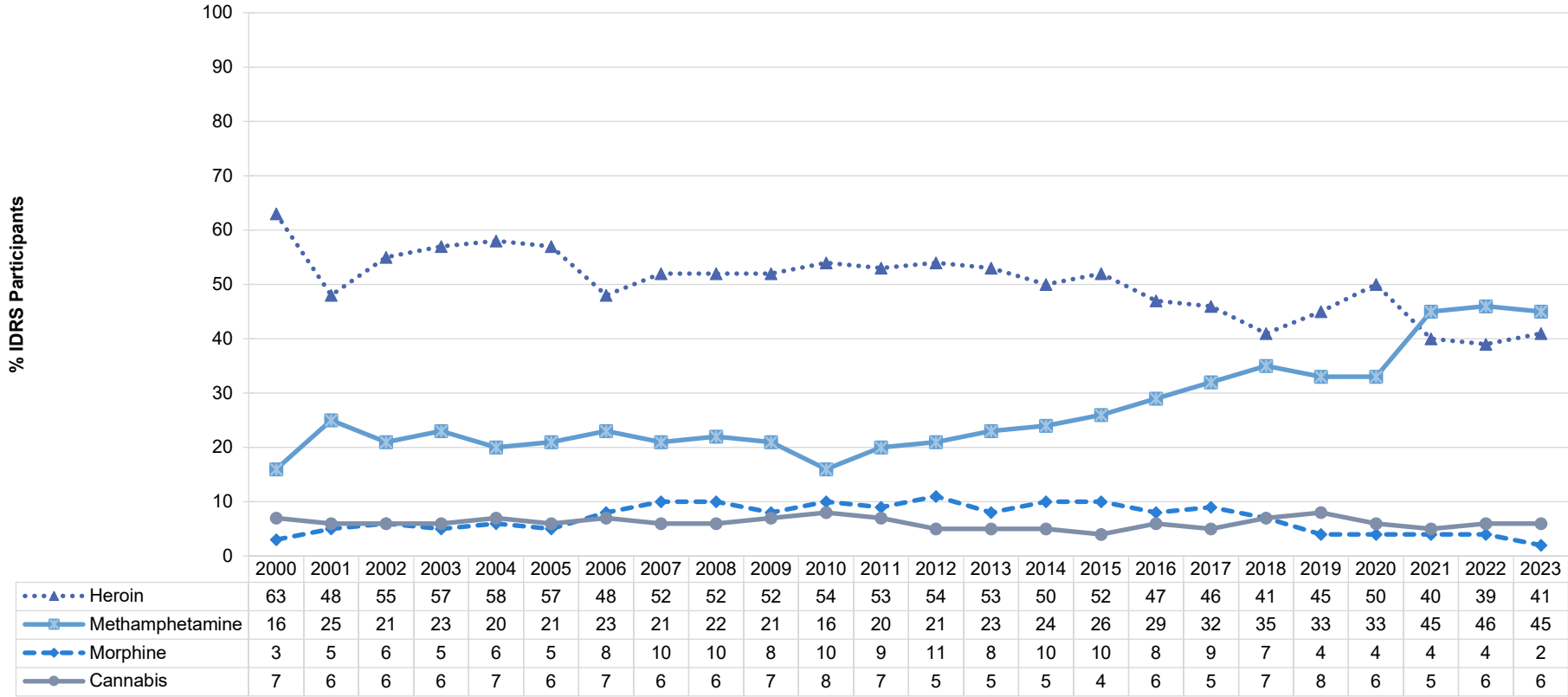
Weekly or more frequent consumption of crystal methamphetamine among the total sample remained stable in 2023 compared to 2022 (60% versus 58%;  $p=0.547$ ), as did weekly or more frequent consumption of heroin (42% versus 40%;  $p=0.622$ ) (Figure 3). Weekly or more frequent consumption of cannabis in 2023 also remained stable compared to 2022 (56% versus 60%;  $p=0.150$ ) (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=879	N=820	N=153	N=101	N=150	N=66	N=102	N=99	N=103
	2022	2023	2023	2023	2023	2023	2023	2023	2023
<b>Median age (years; IQR)</b>	45 (39-52)	<b>46</b> <b>(40-52)</b>	47 (40-52)	46 (37-52)	45 (40-51)	45 (40-50)	48 (42-54)	46 (41-50)	45 (39-49)
<b>% Gender</b>									
Female	33	<b>31</b>	29	34	25	30	34	35	34
Male	66	<b>68</b>	70	66	74	70	66	65	66
Non-binary	1	-	-	0	-	0	0	0	0
<b>% Aboriginal and/or Torres Strait Islander</b>	27	<b>26</b>	41	17	25	21	32	18	22
<b>% Sexual identity</b>									
Heterosexual	83	<b>85</b>	79	87	89	88	88	90	79
Homosexual	4	<b>4</b>	10	-	-	-	-	6	6
Bisexual	11	<b>10</b>	9	10	9	11	9	-	13
Queer	1	<b>0</b>	0	0	0	0	0	0	0
Other	1	<b>1</b>	-	-	-	0	0	0	-
<b>Mean years of school education (range)</b>	10 (0-12)	<b>10</b> <b>(0-12)</b>	10 (4-12)	10 (5-12)	10 (0-12)	10 (5-12)	10 (6-12)	10 (3-12)	10 (1-12)
<b>% Post-school qualification(s)^</b>	63	<b>61</b>	64	60	53	67	59	56	71
<b>% Current employment status</b>									
Unemployed	87	<b>86</b>	90	85	92	89	84	89	78
Full time work	3	<b>3</b>	-	-	-	0	-	-	11
<b>% Past month gov't pension, allowance or benefit</b>	92	<b>93</b>	97	92	94	97	90	94	86
<b>Current median weekly income (\$; IQR)</b>	385 (300-490)	<b>400</b> <b>(335-500)***</b>	400 (324-500)	400 (310-550)	407 (346-500)	420 (350-510)	383 (325-500)	395 (340-500)	429 (348-550)
<b>% Current accommodation</b>		<b>**</b>							
Own home (incl. renting)	68	<b>65</b>	78	65	56	59	70	65	61
Parents'/family home	5	<b>6</b>	5	7	6	8	7	8	5
Boarding house/hostel	8	<b>5</b>	-	-	9	-	-	-	9
Shelter/refuge	2	<b>3</b>	-	-	-	12	1	-	-
No fixed address	16	<b>19</b>	16	22	25	15	18	20	22
Other	2	<b>1</b>	0	0	-	-	-	0	-

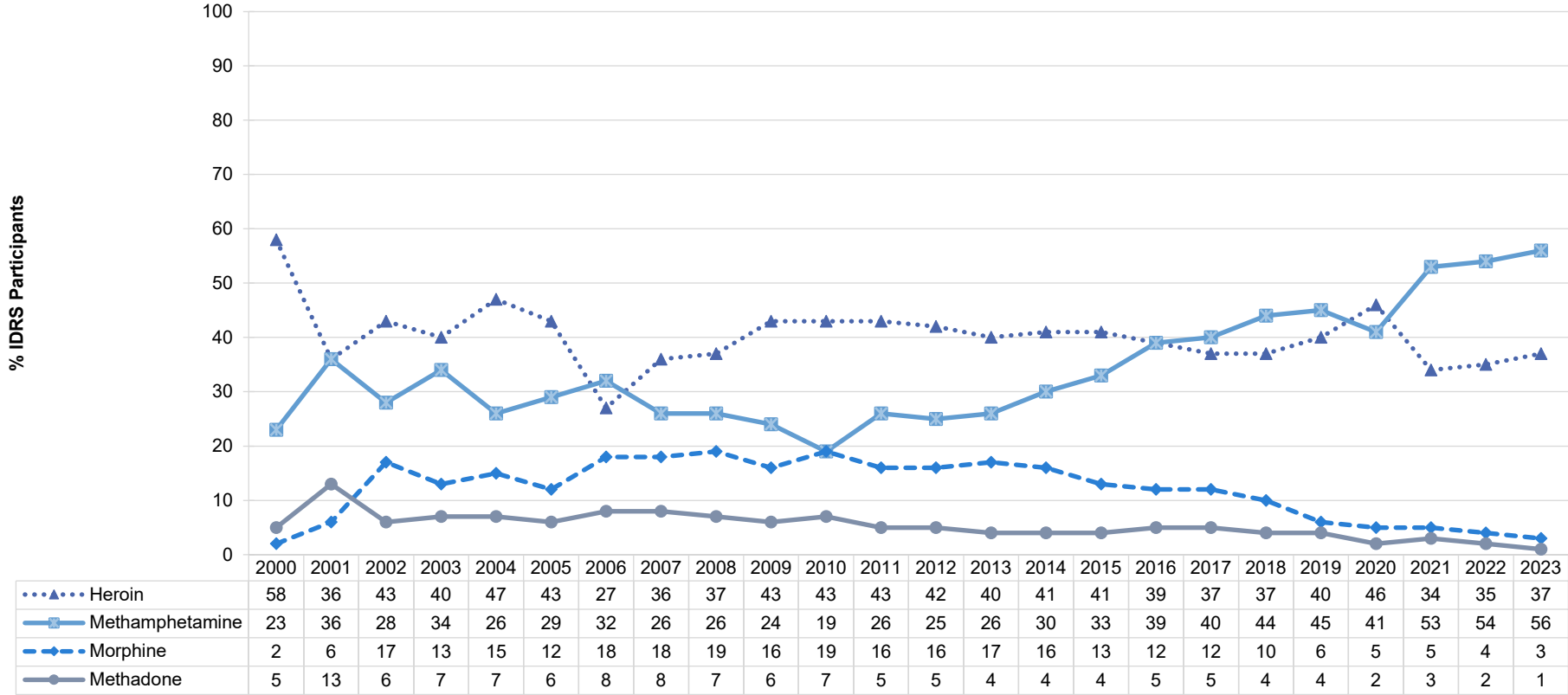
Note. ^Includes trade/technical and university qualifications. - Values suppressed due to small cell size (n≤5 but not 0). Due to the particularly small sample recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the national sample presented in table. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ . For sample characteristics over the whole duration of the project, see [methods for the annual interviews](#).

Figure 1: Drug of choice, nationally, 2000-2023



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

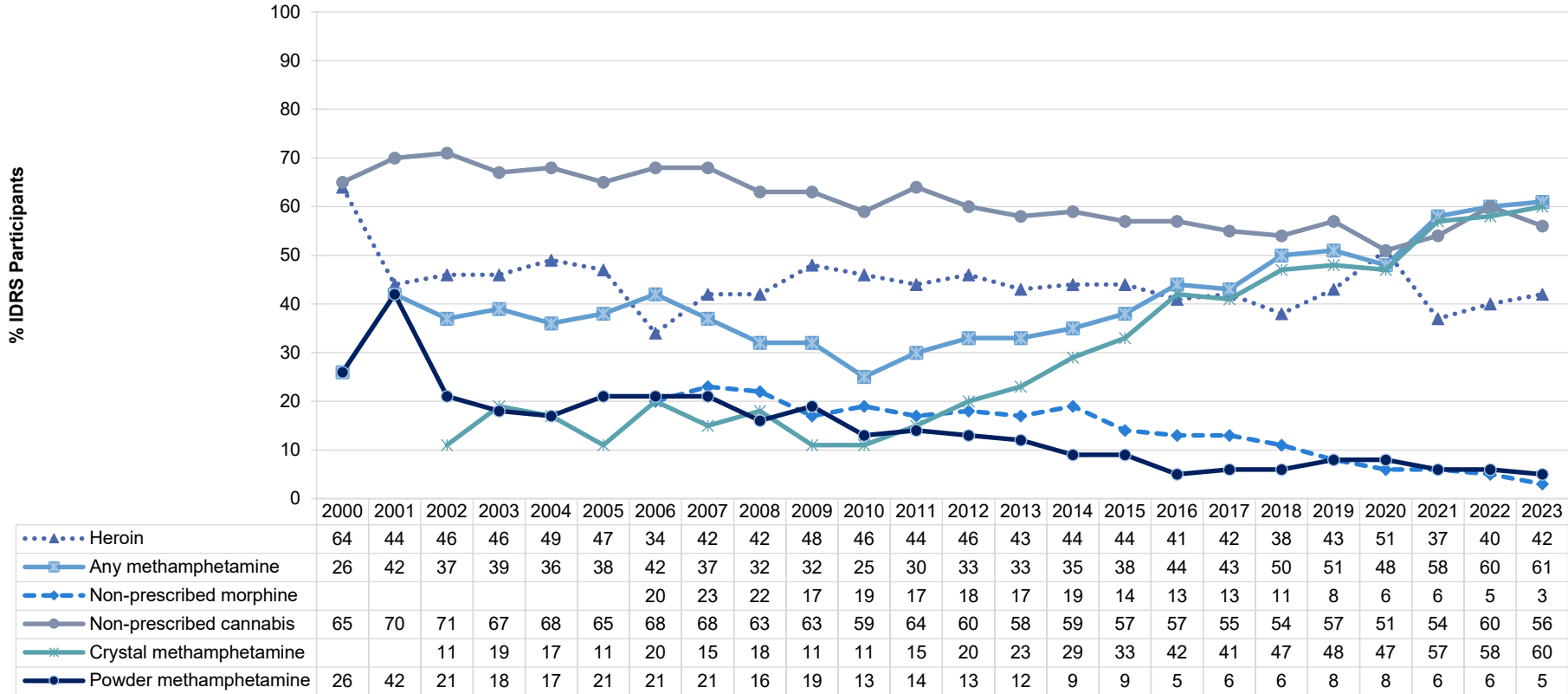
Figure 2: Drug injected most often in the past month, nationally, 2000-2023



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2000-2023



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Empty cell(s) indicates question not asked in respective year. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of ‘cannabis and/or cannabinoid-related products’, while in previous years questions referred only to ‘cannabis.’ The response option ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

# 3

## Heroin

---

Participants were asked about their recent (past six month) use of heroin and homebake heroin. 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)

There has been some fluctuation in recent use of any heroin over time. In 2023, 56% of the sample reported recent use of heroin (53% in 2022;  $p=0.189$ ) (Figure 4). Recent use varied across capital city samples. In 2023, a significant increase in the per cent reporting recent heroin use was observed in the Canberra sample (81%; 66% in 2022;  $p=0.022$ ). Conversely, a significant decrease was observed in the Adelaide sample (22%; 35% in 2022;  $p=0.046$ ) (Table 2).

### Frequency of Use

Among those who reported recent heroin use and commented ( $n=457$ ), the median frequency of use nationally was equivalent to every second day in the past six months (median 90 days; IQR=21-180), stable compared to 2022 (80 days; IQR=24-180;  $n=462$ ;  $p=0.911$ ) (Figure 4). Weekly or more frequent use among those who reported recent use was also stable in 2023 (75%) compared to 2022 (77%;  $p=0.481$ ), as was daily use (34%; 35% in 2022;  $p=0.947$ ).

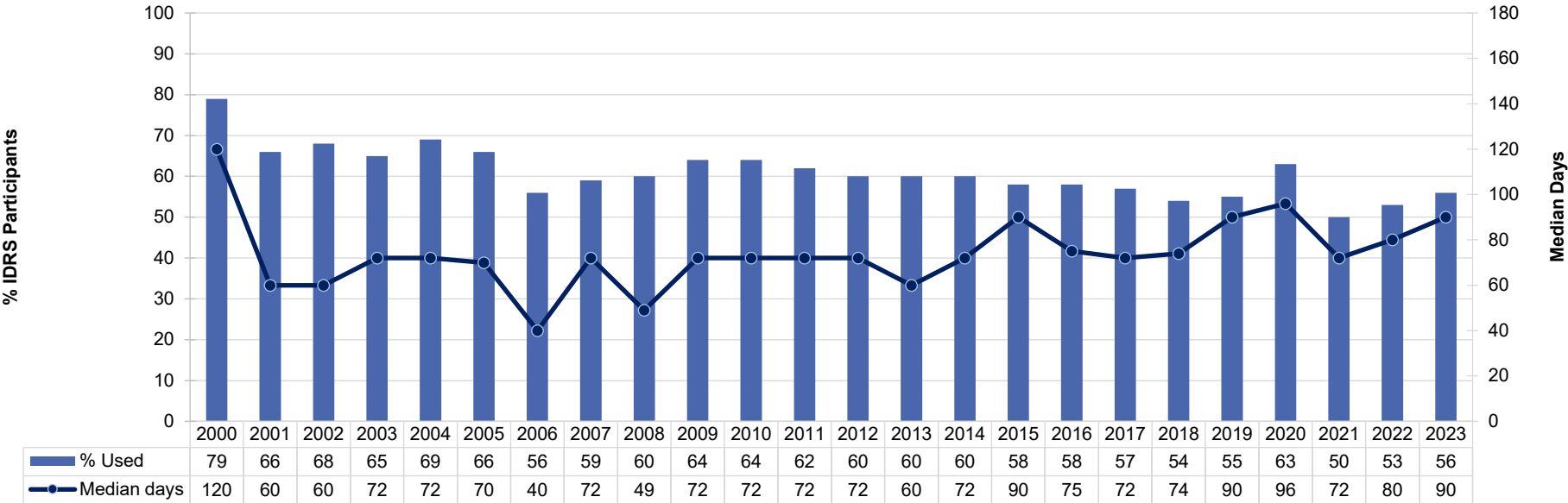
### Routes of Administration

Injecting remained the most common route of administration among participants who consumed heroin (98%; 99% in 2022;  $p=0.383$ ). Participants who reported injecting did so on a median of 90 days (IQR=24-180), stable from 2022 (80 days; IQR=24-180;  $p=0.888$ ). Few participants reported smoking (7%; 5% in 2022;  $p=0.099$ ) and snorting ( $n\leq 5$ ;  $n\leq 5$  in 2022) heroin.

### Quantity

Of those who reported recent use and responded ( $n=434$ ), the median amount of heroin used on a 'typical' day in the last six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.40;  $n=437$ ;  $p=0.199$ ). The median maximum amount of heroin used per day in the last six months was 0.40 grams (IQR=0.20-0.70;  $n=432$ ; 0.40 grams in 2022; IQR=0.20-1.00;  $p=0.264$ ).

Figure 4: Past six month use and frequency of use of heroin, nationally, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 2: Past six month use of heroin, by capital city, 2000–2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
<b>2000</b>	95	92	97	38	73	80	56	86
<b>2001</b>	96	83	90	24	65	55	36	62
<b>2002</b>	96	89	94	21	48	64	22	81
<b>2003</b>	97	88	90	26	55	63	16	64
<b>2004</b>	95	91	86	19	60	69	34	79
<b>2005</b>	88	86	89	19	61	69	24	64
<b>2006</b>	81	71	76	9	60	53	12	63
<b>2007</b>	88	72	85	-	67	57	7	65
<b>2008</b>	83	86	85	-	51	59	14	74
<b>2009</b>	94	78	79	12	72	71	13	75
<b>2010</b>	92	78	85	8	64	69	5	81
<b>2011</b>	87	79	81	19	57	79	9	65
<b>2012</b>	89	74	84	9	52	80	11	65
<b>2013</b>	83	75	83	10	41	75	17	72
<b>2014</b>	85	75	83	13	43	79	7	66
<b>2015</b>	91	79	74	-	49	75	14	50
<b>2016</b>	86	70	77	7	37	78	7	58
<b>2017</b>	80	74	80	15	52	66	13	55
<b>2018</b>	83	75	83	8	35	67	9	45
<b>2019</b>	82	77	85	15	28	62	-	63
<b>2020</b>	78	85	86	24	47	69	-	64
<b>2021</b>	75	78	76	11	23	61	-	43
<b>2022</b>	72	66	78	22	35	60	-	51
<b>2023</b>	<b>67</b>	<b>81*</b>	<b>87</b>	<b>11</b>	<b>22*</b>	<b>64</b>	<b>~</b>	<b>46</b>

Note. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Price, Perceived Purity and Perceived Availability

### Price

In 2023, the price of heroin (cap, point and gram) remained stable relative to 2022. The reported median price for heroin nationally was \$350 for one gram (IQR=250-450;  $n=37$ ; \$400 in 2022; IQR=250-500;  $n=54$ ;  $p=0.589$ ) and \$80 per point (0.10 of a gram) (IQR=50-100;  $n=229$ ; \$70 in 2022; IQR=50-100;  $n=239$ ;  $p=0.090$ ). The median last price per cap has remained relatively stable over the years, with a median price of \$50 per cap in 2023 (IQR=50-50;  $n=33$ ; \$50 in 2022; IQR=50-50;  $n=31$ ;  $p=0.025$ ) (Figure 5).

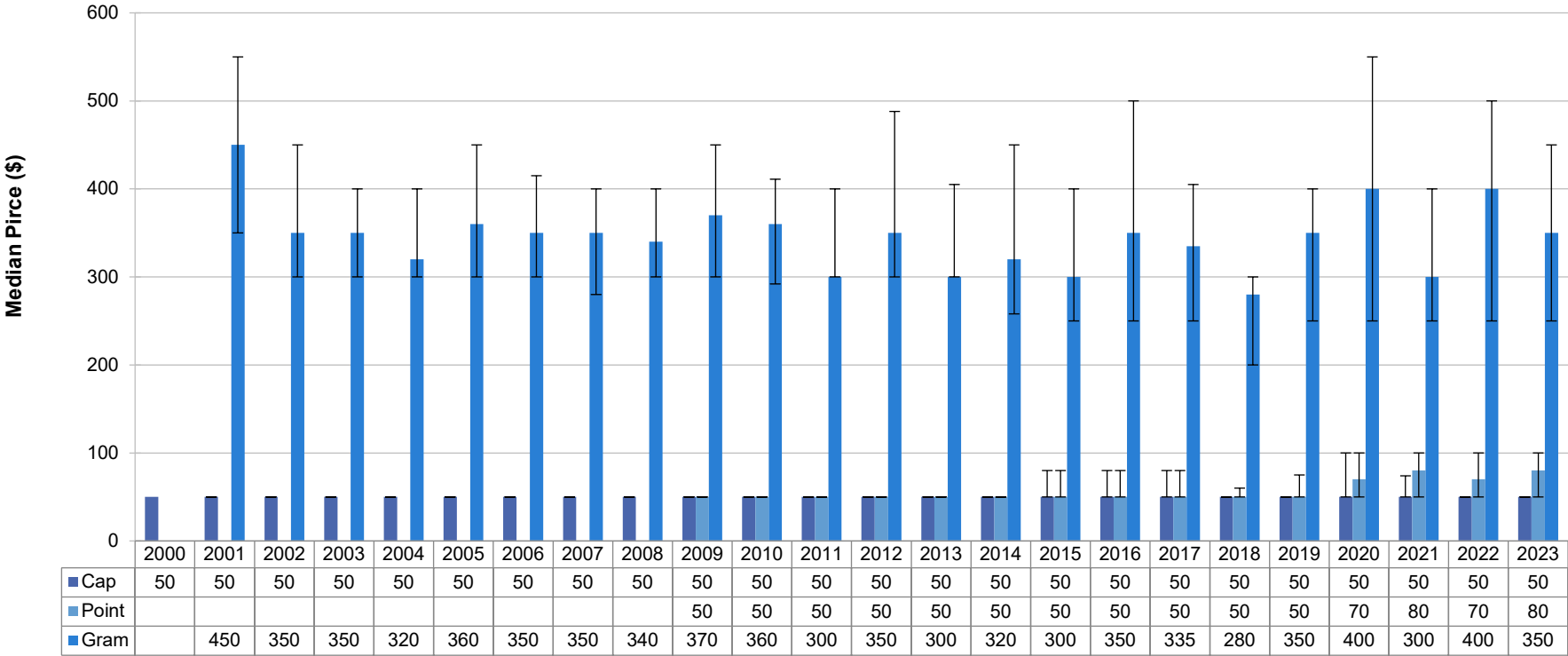
### Perceived Purity

Among those who were able to comment in 2023 ( $n=422$ ), there was no significant change in the perceived purity of heroin relative to 2022 ( $p=0.770$ ). One third (35%) reported the perceived purity of heroin to be 'medium' in 2023 (32% in 2022), 28% reported 'high' (29% in 2022), and one quarter (25%) reported 'low' (26% in 2022) (Figure 6). The per cent reporting the perceived purity of heroin as 'high' in 2023 was the second highest since monitoring commenced.

### Perceived Availability

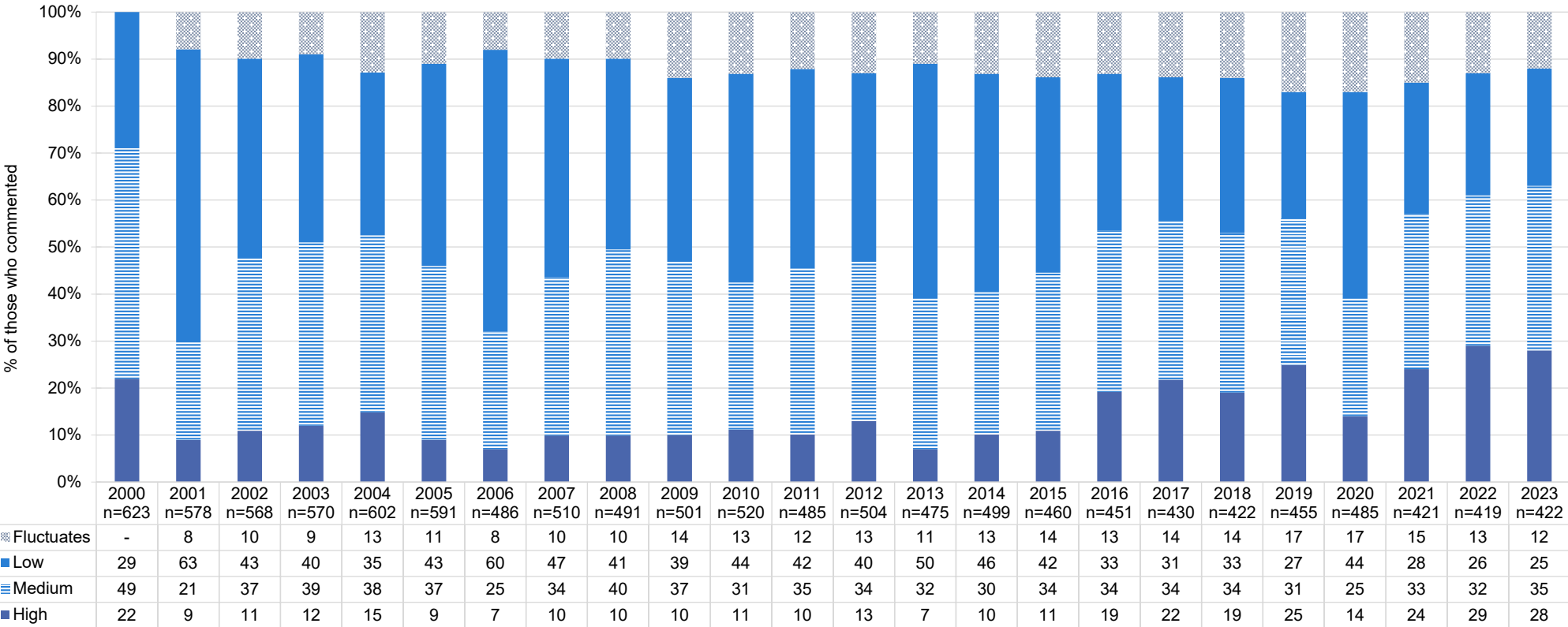
Among those who were able to comment in 2023 (n=435), there was a significant change in the perceived availability of heroin relative to 2022 ( $p=0.001$ ). Specifically, a higher proportion of participants perceived heroin to be 'very easy' (56%; 43% in 2022) to obtain, while fewer participants reported that it was 'easy' (35%; 44% in 2022) to obtain. Seven per cent perceived it to be 'difficult' to obtain (11% in 2022) (Figure 7).

Figure 5: Median price of heroin per cap, point and gram, nationally, 2000-2023



Note. Among those who commented. Empty cell(s) indicates question not asked in respective year. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point (thus, the same values appear for cap and point during this period); in 2018 these measures were separated out into their own response options. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

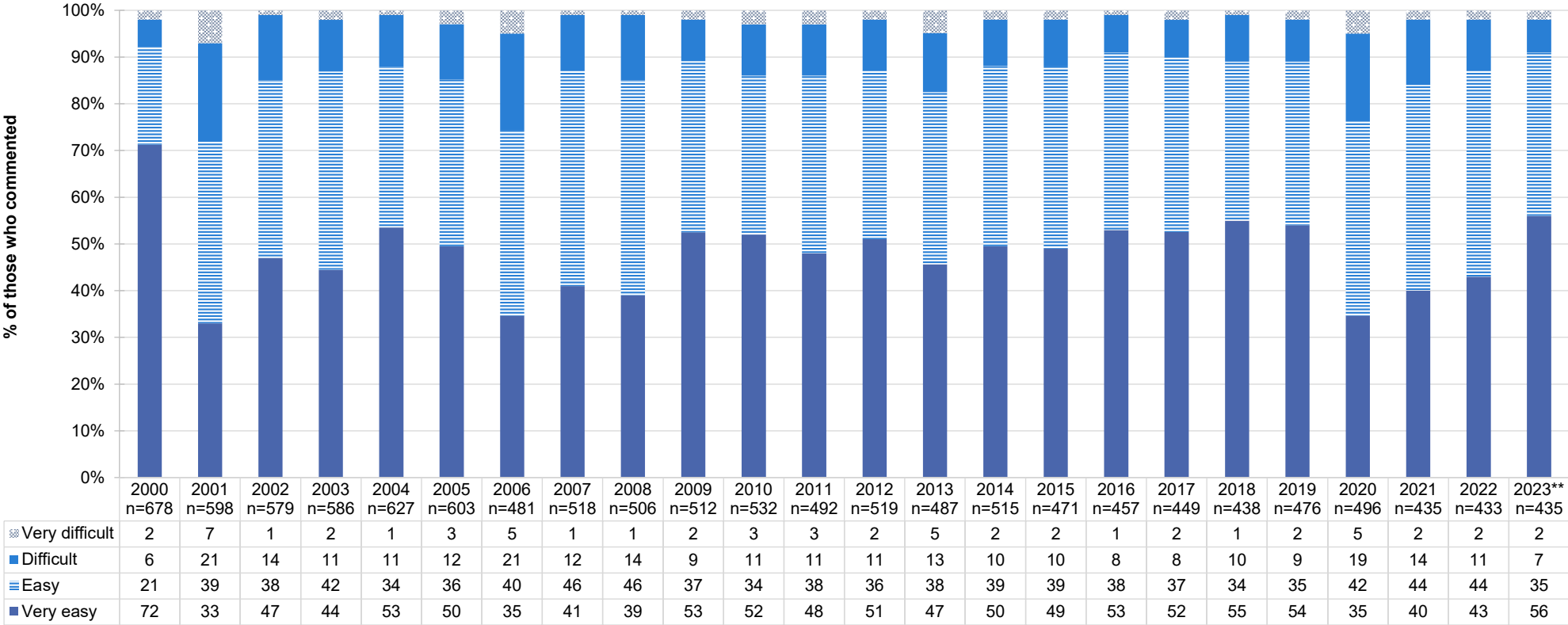
Figure 6: Current perceived purity of heroin, nationally, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. - Values suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; \*p<0.050; \*\*p<0.010; \*\*\*p<0.001.



Figure 7: Current perceived availability of heroin, nationally, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

# 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).

---

## Patterns of Consumption (Any Methamphetamine)

### Recent Use (past 6 months)

Recent use of any methamphetamine (powder, base and crystal) peaked in 2003 (89%), before declining to 60% in 2010. In the following years, the per cent of participants reporting recent use of any methamphetamine has been gradually increasing. In 2023, the second highest per cent reported recent use (81%), although this was stable from 2022 (81%;  $p=0.848$ ) (Figure 8). Consistent with previous years, any recent methamphetamine use remained high and stable across all capital city samples (Table 3).

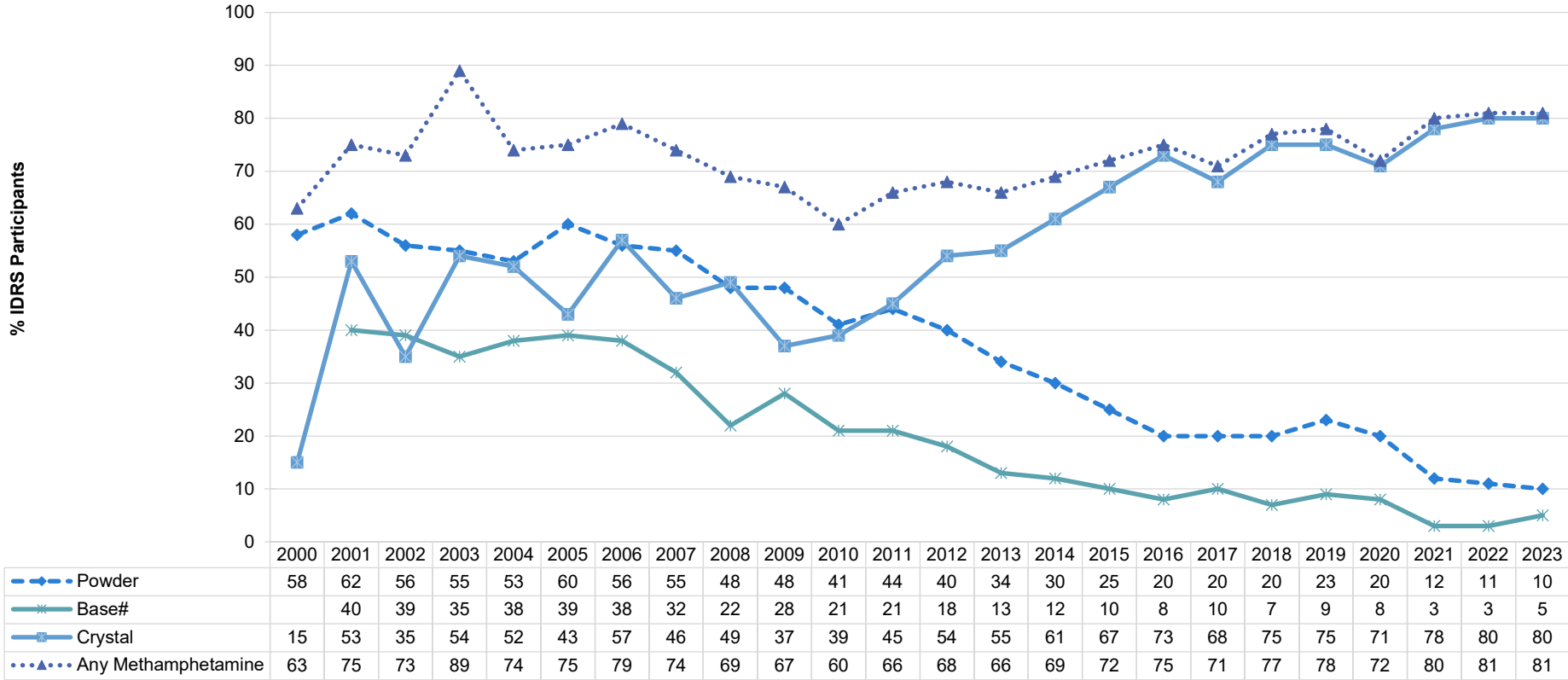
### Frequency of Use

In 2023, participants reported using methamphetamine on a median of 72 days (i.e. three times per week; IQR=24-160;  $n=664$ ), stable from 2022 (60 days; IQR=20-120;  $n=707$ ;  $p=0.133$ ) (Figure 9). The per cent of participants who had recently used methamphetamine reporting weekly or more frequent use also remained stable in 2023 (75%; 74% in 2022;  $p=0.621$ ), as did the per cent reporting daily use (22%; 21% in 2022;  $p=0.507$ ).

### Forms Used

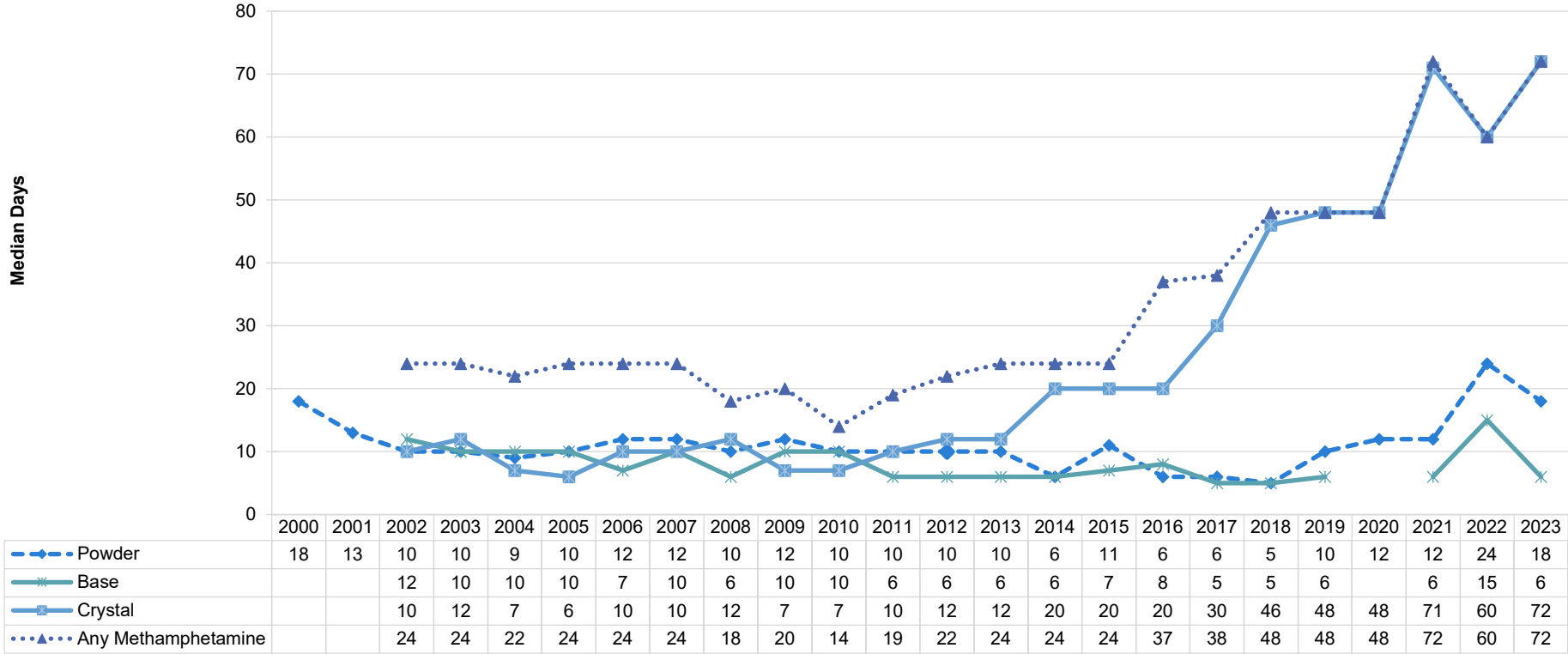
The forms of methamphetamine used by participants have shifted over time, with use of powder and base methamphetamine decreasing and use of crystal methamphetamine increasing (Figure 8). Among those that reported recent use of any methamphetamine ( $n=666$ ) in 2023, nearly all (99%; 99% in 2022) reported to have used crystal methamphetamine, followed by 13% reporting powder methamphetamine (14% in 2022;  $p=0.471$ ) and 6% reporting base methamphetamine (4% in 2022;  $p=0.090$ ).

Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2023



Note. Empty cell(s) indicates question not asked in respective year. \*Base asked separately from 2001 onwards. ‘Any methamphetamine’ includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. The response option ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Figure 9: Frequency of use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2023



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 80 days to improve visibility of trends. Empty cell(s) indicates question not asked in respective year. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 3: Past six month use of any methamphetamine, by capital city, 2000–2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	40	68	53	83	52	85	74	71
2001	51	82	76	85	81	92	70	83
2002	48	70	73	84	85	85	72	81
2003	53	71	79	88	72	90	71	89
2004	56	81	71	91	71	85	70	81
2005	58	73	79	95	78	75	72	78
2006	72	92	81	83	78	86	64	82
2007	62	83	74	88	74	70	68	78
2008	74	74	68	74	69	74	57	59
2009	57	75	70	80	61	63	55	70
2010	57	59	60	70	74	64	36	59
2011	60	73	65	77	66	64	55	71
2012	72	77	67	77	79	72	48	53
2013	75	66	61	74	75	72	43	58
2014	75	76	77	70	75	66	37	72
2015	66	81	74	72	76	71	67	67
2016	77	83	73	75	77	65	71	70
2017	69	80	66	69	76	70	66	74
2018	76	85	78	79	83	67	75	72
2019	76	79	70	81	90	79	90	68
2020	77	65	66	77	81	73	83	63
2021	74	75	79	89	88	82	76	79
2022	87	81	75	84	90	78	80	70
2023	<b>86</b>	<b>75</b>	<b>77</b>	<b>88</b>	<b>91</b>	<b>79</b>	~	<b>73</b>

Note. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Patterns of Consumption (by form)

### Methamphetamine Powder

**Recent Use (past 6 months):** Nationally, the use of methamphetamine powder has decreased over time. In 2023, recent use remained stable at 10% (11% in 2022;  $p=0.527$ ), though this was the lowest percentage of use since monitoring began (Figure 8). The per cent reporting recent use significantly increased in the Canberra sample (10%;  $n \leq 5$  in 2022;  $p=0.010$ ) (Table 4).

**Frequency of Use:** Nationally, frequency of use remained stable in 2023 at a median of 18 days (IQR=5-72;  $n=83$ ; 24 days in 2022; IQR=6-80;  $n=96$ ;  $p=0.419$ ) (Figure 9). In 2022, nearly half (47%) of those who had recently used methamphetamine powder reported weekly or more frequent use, stable from 51% in 2022 ( $p=0.656$ ).

**Routes of Administration:** Most (92%) participants who had recently used methamphetamine powder reported injecting powder in the past six months, a significant decrease relative to 2022 (99%;  $p=0.025$ ). Participants who reported injecting methamphetamine powder did so on a median of 20 days (IQR=6-72), stable relative to 2022 (20 days; IQR=5-72;  $p=0.843$ ). One-quarter (27%) reported smoking powder methamphetamine (28% in 2022).

**Quantity:** Of those who reported recent use and responded ( $n=78$ ), the median amount of powder used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.30;  $n=97$ ;  $p=0.095$ ). The median maximum amount of powder used

per day in the last six months was 0.40 grams (IQR=0.20-0.70;  $n=78$ ; 0.30 grams in 2022; IQR=0.20-0.50;  $p=0.075$ ).

### Methamphetamine Base

**Recent Use (past 6 months):** Base has typically been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has gradually declined over time. The per cent of participants reporting recent use of base remained stable at 5% in 2023 (3% in 2022;  $p=0.091$ ) (Figure 8). Use was low across all capital cities and was largely stable from 2022. There was, however, a significant increase in recent use of base among the Canberra sample (10%;  $n \leq 5$  in 2022;  $p=0.010$ ) (Table 5).

**Frequency of Use:** Participants reported using base on a median of six days in the preceding six months (IQR=2-38;  $n=40$ ; 15 days in 2022; IQR=3-30;  $n=29$ ;  $p=0.370$ ) (Figure 9).

**Routes of Administration:** Injecting was the most common route of administration reported by participants who had used methamphetamine base (85%; 97% in 2022), with fewer participants reporting smoking (17%; 21% in 2022). Due to small numbers reporting recent use, significance testing for routes of administration were not undertaken.

**Quantity:** Of those who reported recent use and responded ( $n=38$ ), the median amount of base used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.50;  $n=27$ ;  $p=0.892$ ). The median maximum amount of base used per day in the last six months was 0.30 grams (IQR=0.20-0.70;  $n=37$ ; 0.30 grams in 2022; IQR=0.20-0.50;  $p=0.885$ ).

## Methamphetamine Crystal

**Recent Use (past 6 months):** Reports of recent use of crystal methamphetamine have been increasing since 2009 (Figure 8), surpassing powder methamphetamine from 2012 onwards. In 2023, 80% of the sample reported recent use of methamphetamine crystal (80% in 2022;  $p=0.851$ ), the highest per cent observed since monitoring commenced in 2000. Recent use of crystal methamphetamine remained high and stable across all capital city samples in 2023 (Table 6).

**Frequency of Use:** Median days of use remained stable in 2023 at 72 days (IQR=21-155;  $n=656$ ; 60 days in 2022; IQR=18-120;  $n=699$ ;  $p=0.135$ ), the highest median frequency recorded since monitoring began (Figure 9). Three in four (75%) of those who had recently used crystal methamphetamine reported use weekly or more frequently (73% in 2022;  $p=0.575$ ); more than one in five (22%) reported daily use (21% in 2022;  $p=0.592$ ).

**Routes of Administration:** Consistent with previous years, the most common route of administration was injecting (96%; 98% in 2022;  $p=0.109$ ). There was a significant increase in those reporting smoking crystal methamphetamine in 2023 relative to 2022 (41% and 36%, respectively;  $p=0.036$ ). Participants who reported injecting did so on a median of 72 days in the preceding six months (IQR=18-140; 48 days in 2022; IQR=15-100;  $p=0.236$ ).

**Quantity:** Of those who reported recent use and responded ( $n=638$ ), the median amount of crystal used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; 0.10 grams in 2022; IQR=0.10-0.30;  $n=691$ ;  $p=0.155$ ). The median maximum amount of crystal used per day in the last six months was 0.30 grams (IQR=0.20-0.50;  $n=634$ ; 0.30 grams in 2022; IQR=0.20-0.50;  $p=0.095$ ).



Table 4: Past six month use of powder methamphetamine, by capital city, 2000-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	32	63	49	77	51	81	70	58
2001	42	63	74	45	47	87	63	80
2002	39	51	70	35	56	77	67	55
2003	31	48	70	51	53	71	60	58
2004	35	41	65	60	44	61	60	61
2005	38	59	75	76	39	61	69	65
2006	49	58	71	54	39	66	57	54
2007	35	55	65	63	42	61	58	62
2008	38	37	64	61	34	61	50	35
2009	33	46	65	56	33	54	50	46
2010	29	48	53	56	29	51	25	41
2011	30	46	49	67	36	43	43	40
2012	17	42	39	70	34	45	46	30
2013	14	29	23	61	40	48	31	37
2014	17	36	25	50	34	39	16	31
2015	13	15	18	49	32	34	25	27
2016	17	18	9	33	19	18	24	27
2017	10	20	15	30	18	16	19	34
2018	11	23	16	22	31	12	17	34
2019	13	27	11	35	44	26	15	20
2020	11	13	10	43	35	36	-	19
2021	-	13	7	16	34	9	-	19
2022	11	-	5	18	31	13	-	11
2023	<b>7</b>	<b>10*</b>	<b>7</b>	<b>14</b>	<b>23</b>	<b>10</b>	<b>~</b>	<b>7</b>

Note. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.005$ .

Table 5: Past six month use of base methamphetamine, by capital city, 2001-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2001	23	36	32	52	59	56	18	75
2002	23	30	20	74	65	56	21	42
2003	32	13	18	46	51	40	30	50
2004	31	25	11	72	46	45	26	60
2005	38	28	13	79	61	54	16	40
2006	43	32	15	55	52	37	25	53
2007	41	32	8	48	42	22	20	48
2008	33	18	5	25	37	13	10	34
2009	36	21	13	55	31	12	16	41
2010	29	18	3	40	43	8	6	30
2011	17	17	11	39	35	6	12	37
2012	15	15	11	43	32	6	7	21
2013	12	6	3	17	31	11	7	22
2014	12	-	3	19	30	8	-	22
2015	6	10	4	9	26	-	-	20
2016	11	5	0	-	24	-	6	14
2017	8	11	3	-	30	7	7	20
2018	9	8	-	-	8	-	10	14
2019	8	8	-	-	24	-	-	16
2020	4	-	-	8	28	8	-	10
2021	-	8	0	-	-	0	-	8
2022	5	-	-	-	10	-	0	-
2023	<b>6</b>	<b>10*</b>	-	-	<b>13</b>	-	~	-

**Note.** Base asked separately from 2001 onwards. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 6: Past six month use of crystal methamphetamine, by capital city, 2000-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	14	17	9	6	11	51	6	13
2001	29	72	52	56	58	85	24	75
2002	25	34	26	20	56	74	20	39
2003	38	65	50	69	48	80	34	60
2004	45	73	41	52	48	83	32	51
2005	38	62	29	50	46	68	21	36
2006	57	88	53	56	49	76	29	55
2007	50	80	43	38	41	56	29	39
2008	69	68	39	32	49	61	28	40
2009	46	57	32	26	30	43	15	46
2010	48	48	36	20	60	40	18	37
2011	53	57	53	26	44	46	28	50
2012	68	66	59	43	56	64	26	44
2013	74	61	55	45	57	59	30	50
2014	74	72	75	54	60	53	26	58
2015	65	79	71	59	70	64	60	62
2016	77	78	73	73	73	75	62	69
2017	69	79	63	65	72	69	60	69
2018	76	85	77	76	79	64	74	70
2019	74	77	68	76	89	75	87	65
2020	75	63	64	77	80	69	83	63
2021	74	74	78	85	83	80	74	78
2022	87	81	75	84	83	77	80	70
2023	<b>86</b>	<b>74</b>	<b>77</b>	<b>85</b>	<b>88</b>	<b>79</b>	~	<b>70</b>

Note. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Price, Perceived Purity and Perceived Availability

### Methamphetamine Powder

**Price:** The median price for one point (0.10 of a gram) of methamphetamine powder in 2023 was \$50 (IQR=50-50; n=46; \$50 in 2022; IQR=50-100; n=67;  $p=0.001$ ) (Figure 10). Low numbers ( $n \leq 5$ ) reported on the price of one gram (\$200 in 2022; IQR=200-300; n=13;  $p=0.841$ ).

**Perceived Purity:** Among those who responded in 2023 (n=92), the perceived purity of powder remained stable relative to 2022 ( $p=0.056$ ). One third of participants reported purity to be 'medium' (36%; 31% in 2022), followed by 29% reporting 'high' (26% in 2022) purity (Figure 12).

**Perceived Availability:** Among those who responded in 2023 (n=95), the perceived availability of methamphetamine powder remained stable relative to 2022 ( $p=0.490$ ). In 2023, 45% reported methamphetamine powder to be 'very easy' (41% in 2022) to obtain, and 27% reported powder to be 'easy' (37% in 2022) to obtain (Figure 14).

### Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants from 2020 onwards. For historical information, please refer to the [2019 IDRS National Report](#).

### Methamphetamine Crystal

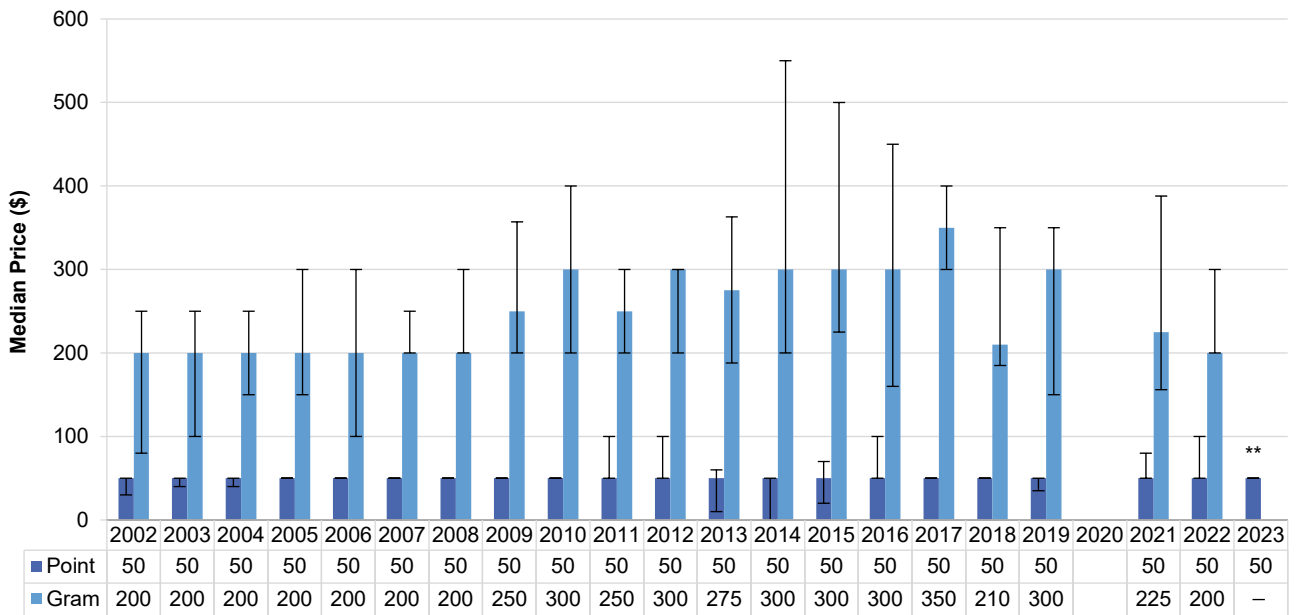
**Price:** The median price for one point (0.10 of a gram) of crystal in 2023 was \$50 (IQR=50-50; n=352; \$50 in 2022; IQR=50-100; n=420;  $p < 0.001$ ). Across the years, the median price for

one gram of crystal has fluctuated between \$250 and \$600. In 2023, the median price for one gram of crystal was \$380 (IQR=300-400; n=43), stable relative to 2022 (\$400; IQR=238-500; n=52;  $p=0.812$ ) (Figure 11).

**Perceived Purity:** Among those that were able to comment in 2023 (n=606), the perceived purity of methamphetamine crystal remained stable relative to 2022 ( $p=0.382$ ). One third of participants perceived the purity of crystal to be 'medium' (32%; 33% in 2022) followed by 27% reporting 'high' (28% in 2022) purity. Nearly one quarter perceived the purity to be 'low' (23%; 24% in 2022), followed by 18% reporting 'fluctuating' (15% in 2022) (Figure 13).

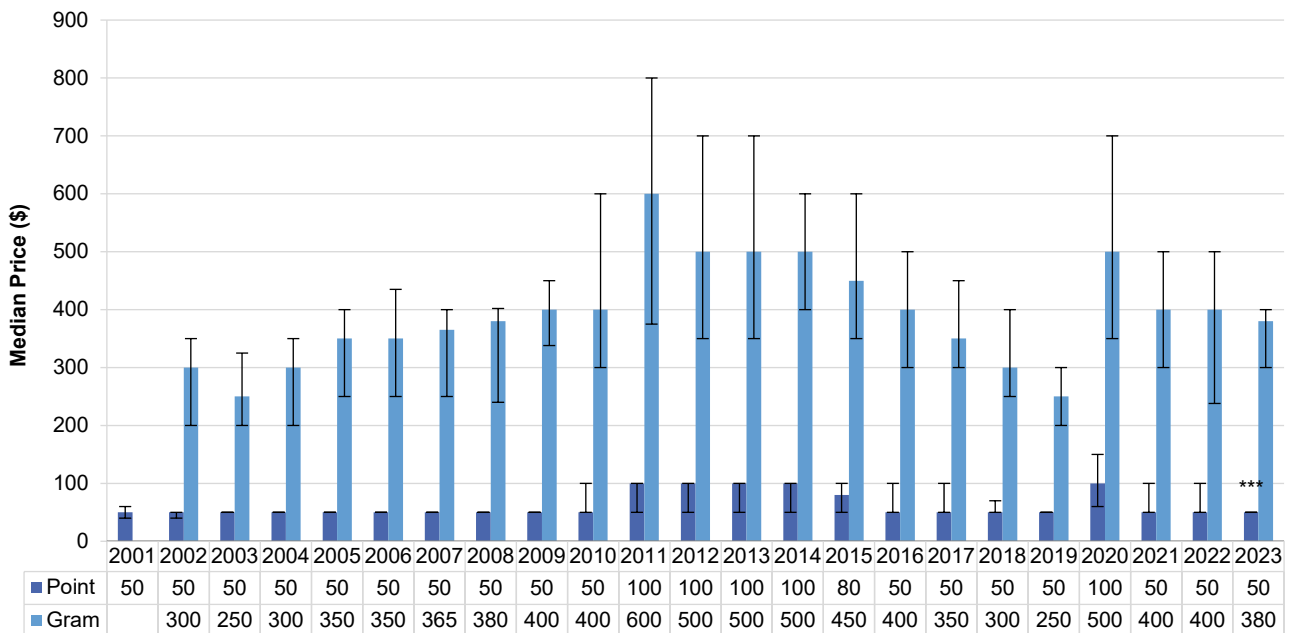
**Perceived Availability:** Among those who commented in 2023 (n=616), the perceived availability of methamphetamine crystal significantly changed relative to 2022 ( $p < 0.001$ ). Specifically, there was an increase in the percentage of participants who reported that crystal methamphetamine was 'very easy' to obtain (64%; 53% in 2022), reaching the highest per cent since monitoring commenced, and a decrease in those reporting 'easy' availability (30%; 38% in 2022) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, nationally, 2002-2023



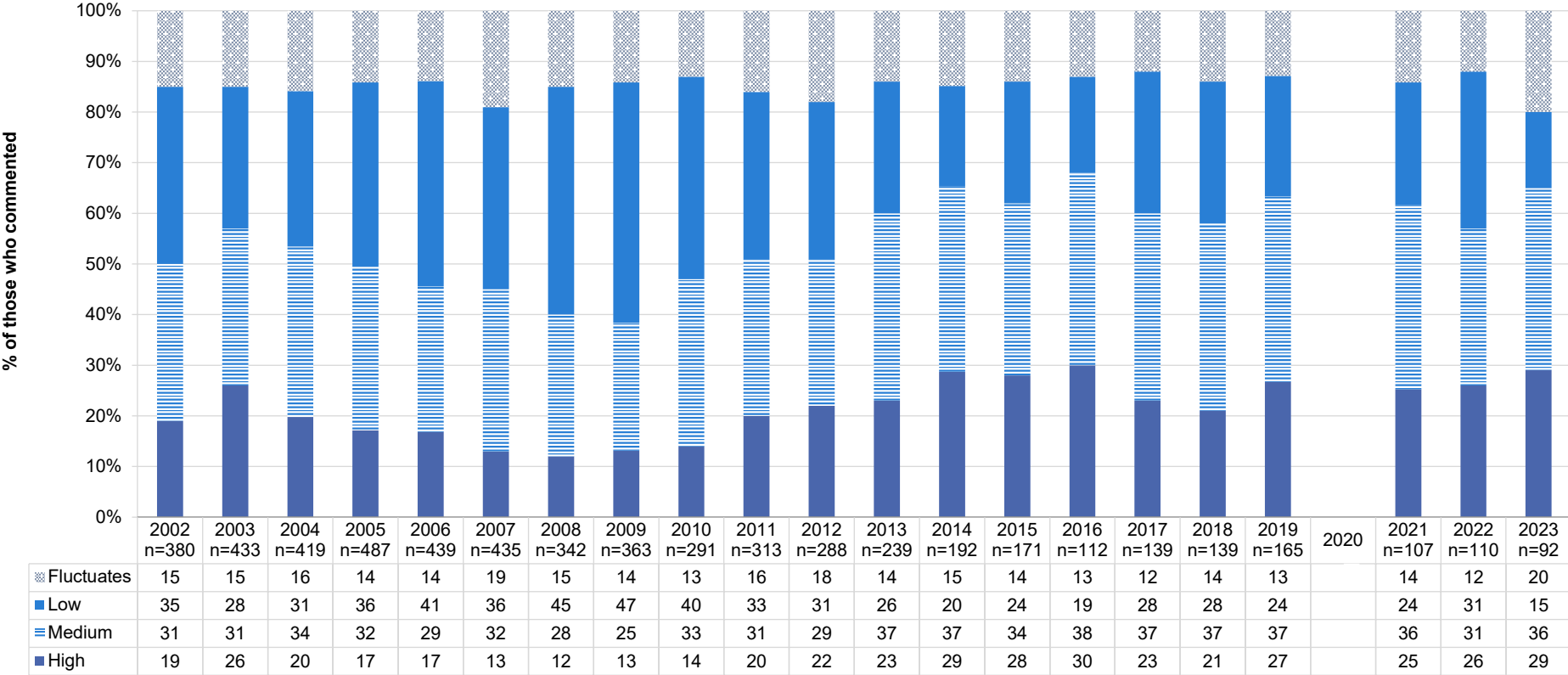
Note. Among those who commented. Empty cell(s) indicates question not asked in respective year. Price data for powder not collected in 2020. - Values suppressed due to small cell size (n≤5 but not 0). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \*p<0.050; \*\*p<0.010; \*\*\*p<0.001.

Figure 11: Median price of methamphetamine crystal per point and gram, nationally, 2001-2023



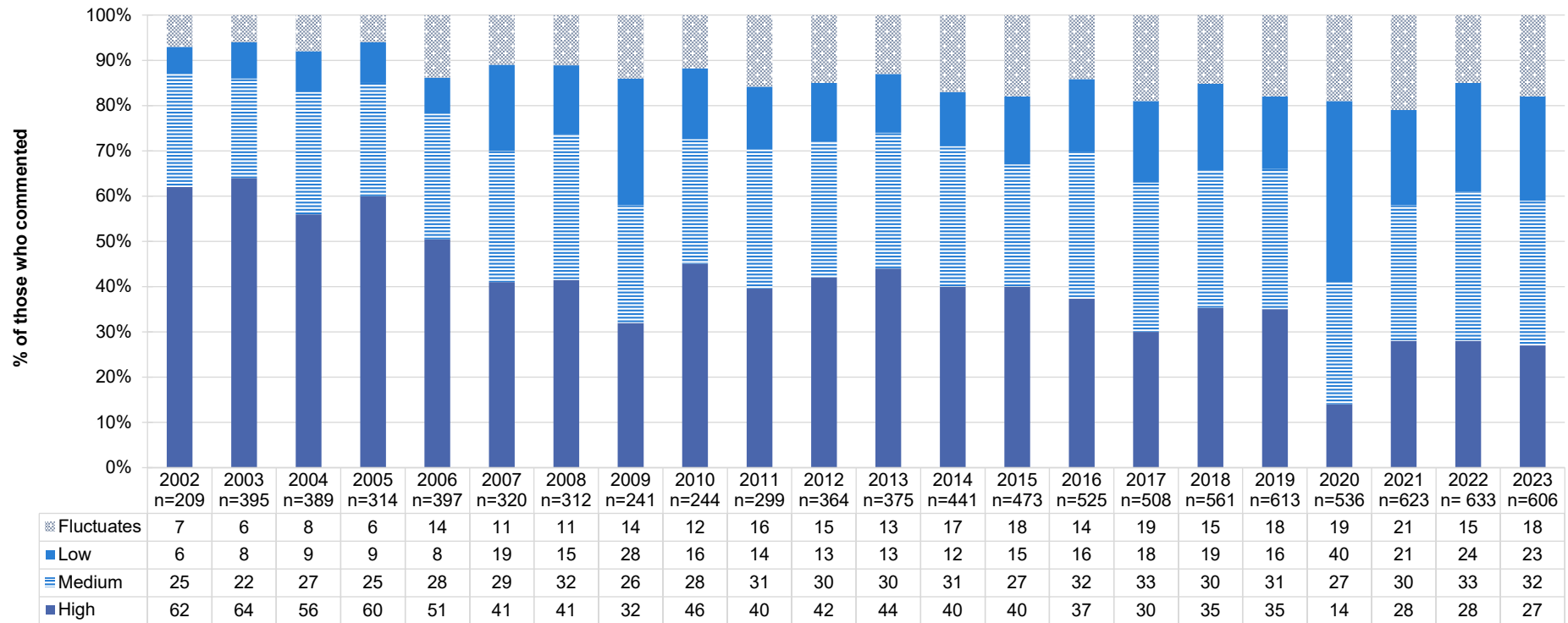
Note. Among those who commented. Empty cell(s) indicates question not asked in respective year. No data available for gram in 2001. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \*p<0.050; \*\*p<0.010; \*\*\*p<0.001.

Figure 12: Current perceived purity of powder methamphetamine, nationally, 2002-2023



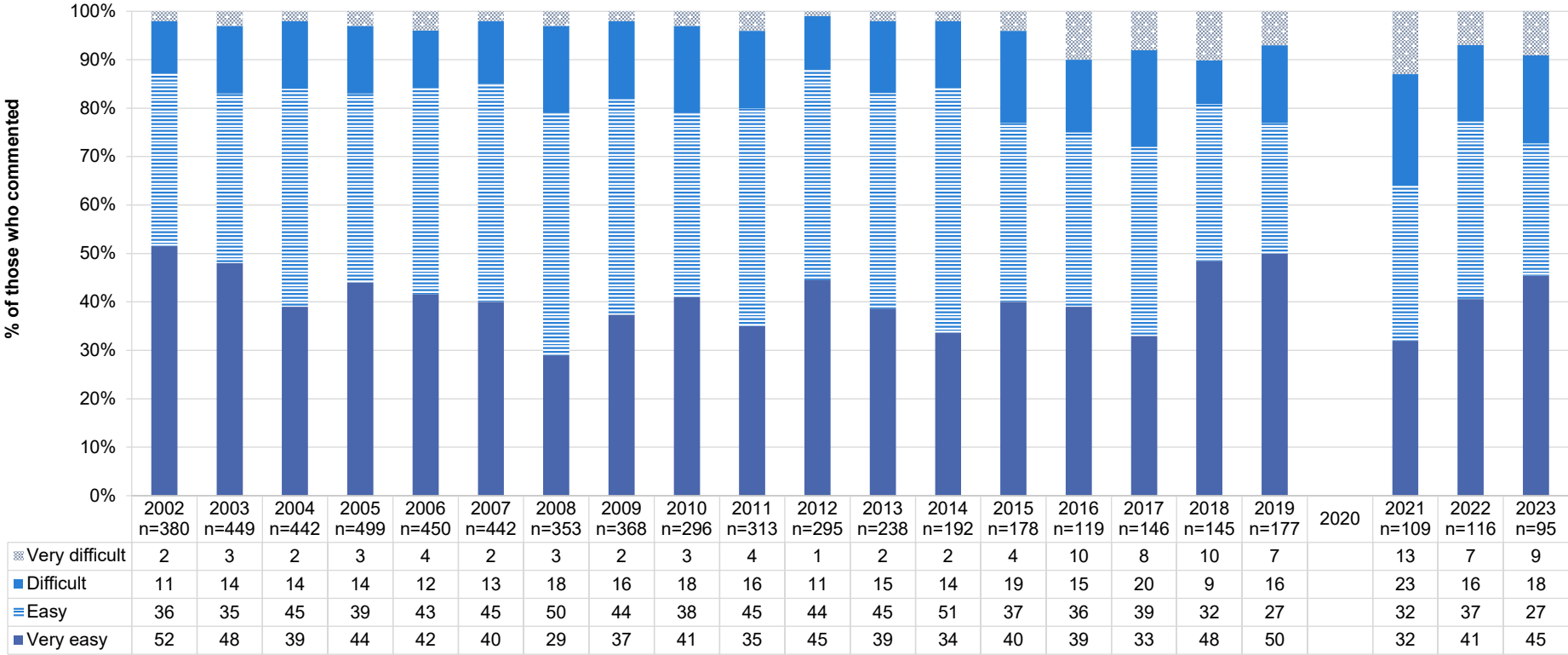
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year. Data on perceived purity of powder not collected in 2020. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Figure 13: Current perceived purity of crystal methamphetamine, nationally, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

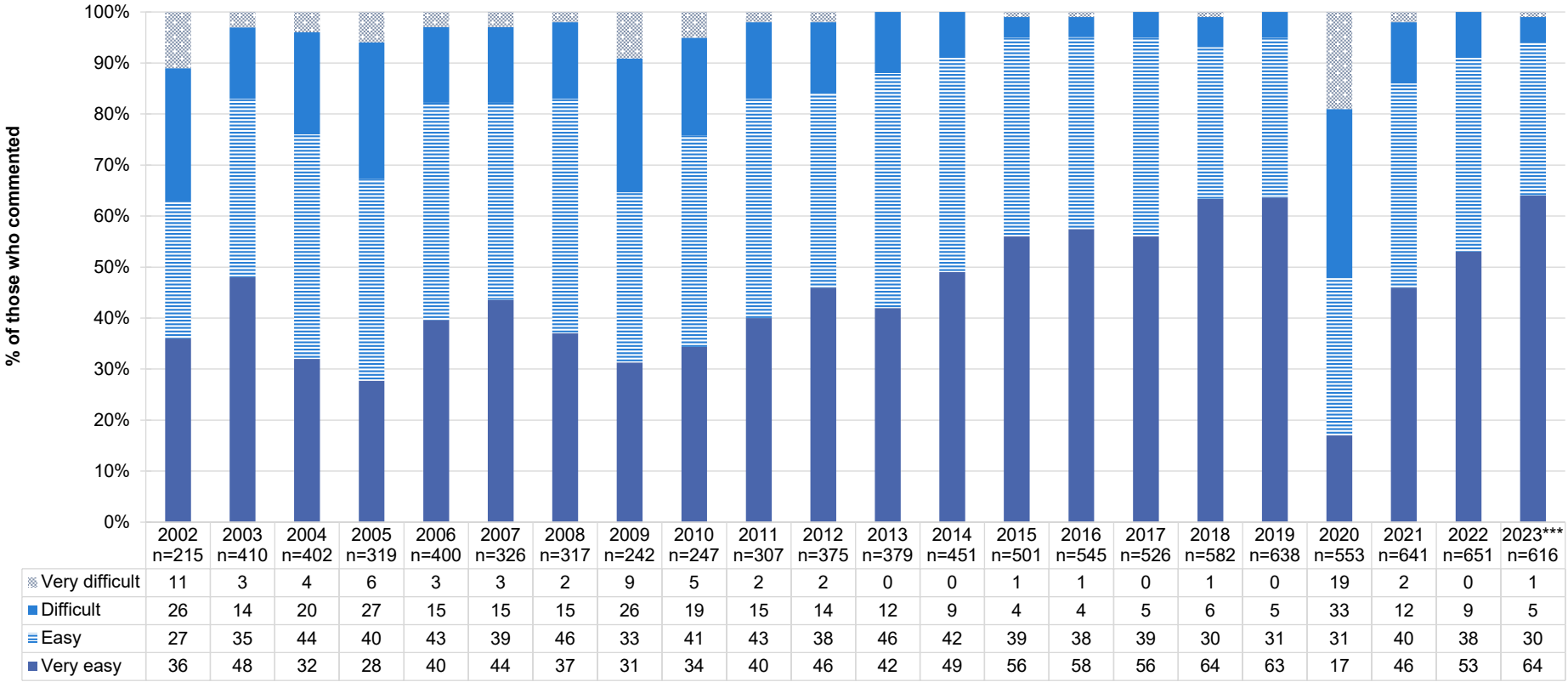
Figure 14: Current perceived availability of powder methamphetamine, nationally, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year. Data on perceived availability of powder not collected in 2020. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



Figure 15: Current perceived availability of crystal methamphetamine, nationally, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

# 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)

Recent use of cocaine peaked in 2001 with 35% of the sample reporting use, before subsequently declining to 11% in 2016 and stabilising thereafter. In 2023, recent use remained stable, with 16% reporting cocaine use in the six months preceding the interview (15% in 2022;  $p=0.384$ ) (Figure 16). The per cent reporting use in each capital city sample also remained stable in 2023 (Table 7).

### Frequency of Use

Median frequency of use among the national sample has varied between a median of two and eight days, with a median of two days (IQR=1-6;  $n=134$ ) observed in 2023, stable from 2022 (2 days; IQR=1-6;  $n=131$ ;  $p=0.609$ ) (Figure 16). Of those who had recently used cocaine in 2023 and commented ( $n=134$ ), 15% reported weekly or more frequent use, stable relative to 2022 (9%;  $p=0.188$ ).

### Routes of Administration

Consistent with previous years, snorting (60%; 61% in 2022;  $p=0.896$ ) followed by injecting (46%; 52% in 2022;  $p=0.389$ ) remained the most common routes of administration in 2023. However, the per cent who reported swallowing as a route of administration significantly increased from 0% in 2022 to 4% in 2023 ( $p=0.030$ ). The per cent who reported smoking cocaine remained low and stable at 8% (8% in 2022). Participants who reported injecting cocaine in the preceding six months had done so on a median of three days (IQR=1-12), stable relative to 2022 (2 days; IQR=1-8;  $p=0.761$ ).

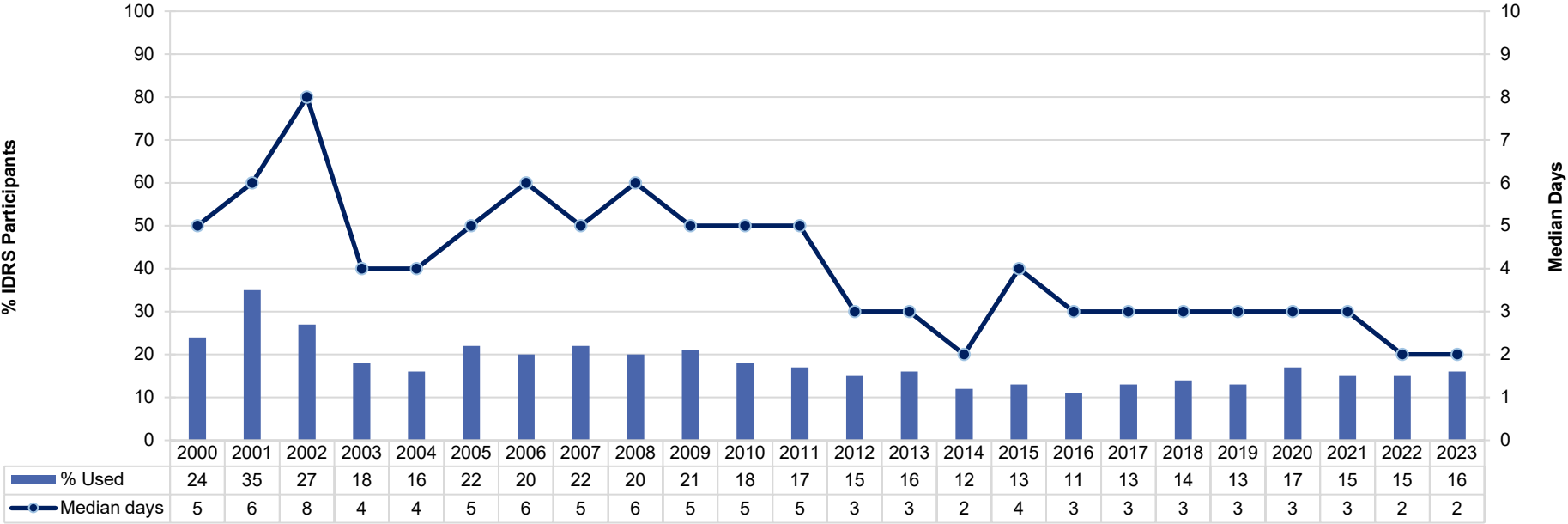
### Quantity

Of those who reported recent use and responded ( $n=101$ ), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.50; 0.30 grams in 2022; IQR=0.10-1.00;  $n=105$ ;  $p=0.110$ ).

### Forms Used

Among participants who had recently consumed cocaine and commented ( $n=135$ ), the vast majority reported using powder cocaine (84%; 82% in 2022;  $p=0.622$ ), with few participants reporting use of crack cocaine (4%; 6% in 2022;  $p=0.589$ ).

Figure 16: Past six month use and frequency of use of cocaine, nationally, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 7: Past six month use of cocaine, by capital city, 2000-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	63	15	13	6	20	22	18	13
2001	84	40	28	8	27	32	13	28
2002	79	18	17	12	26	17	10	15
2003	53	13	13	9	13	10	-	16
2004	47	10	10	-	6	15	10	10
2005	60	20	15	8	16	19	10	11
2006	67	8	19	12	8	10	8	9
2007	63	18	22	-	7	16	9	15
2008	58	18	24	-	-	15	-	13
2009	61	22	15	-	10	12	12	15
2010	57	6	14	-	12	15	-	13
2011	47	8	17	7	12	10	-	13
2012	44	16	9	11	7	15	-	-
2013	41	16	11	-	9	15	7	11
2014	32	15	10	8	7	7	-	9
2015	34	12	9	-	13	11	-	8
2016	25	8	10	6	6	10	-	9
2017	21	18	12	11	10	10	9	9
2018	26	14	15	11	10	12	6	9
2019	21	15	10	6	16	12	9	10
2020	23	19	17	16	14	18	-	19
2021	15	16	18	16	16	17	-	12
2022	16	17	19	14	10	12	12	17
2023	<b>23</b>	<b>12</b>	<b>17</b>	<b>15</b>	<b>12</b>	<b>21</b>	~	<b>13</b>

Note. ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Price, Perceived Purity and Perceived Availability

### Price

The median price for one gram of cocaine has fluctuated between \$200 and \$400 since monitoring commenced in 2000. In 2023, the median price of cocaine was reported to be \$350 for one gram (IQR=300-400;  $n=25$ ), relatively stable compared to 2022 (\$300; IQR=250-350;  $n=27$ ;  $p=0.177$ ), and \$50 for a point/cap (IQR=50-93;  $n=10$ ; \$50 in 2022; IQR=50-100;  $n=11$ ;  $p=0.548$ ) (Figure 17).

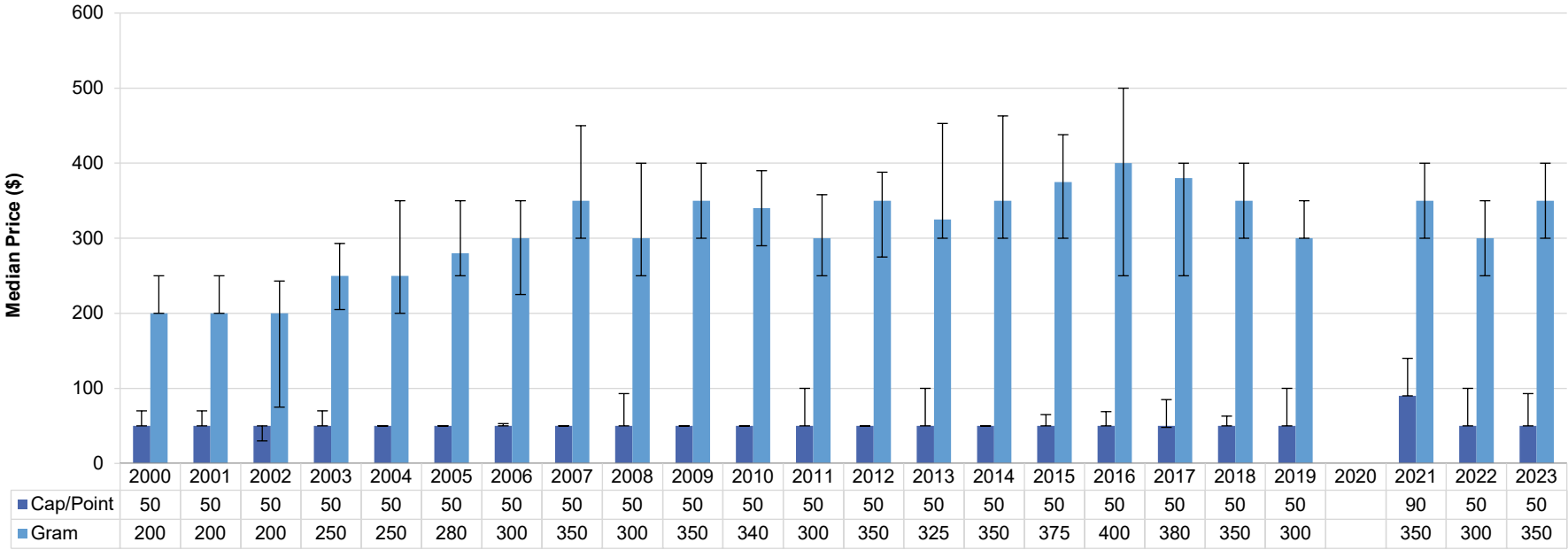
### Perceived Purity

Among those who responded in 2023 ( $n=91$ ), the perceived purity of cocaine remained stable relative to 2022 ( $p=0.271$ ). Thirty-six per cent perceived cocaine to be of 'high' purity (38% in 2022), followed by 35% perceiving it to be of 'medium' purity (25% in 2022) (Figure 18).

### Perceived Availability

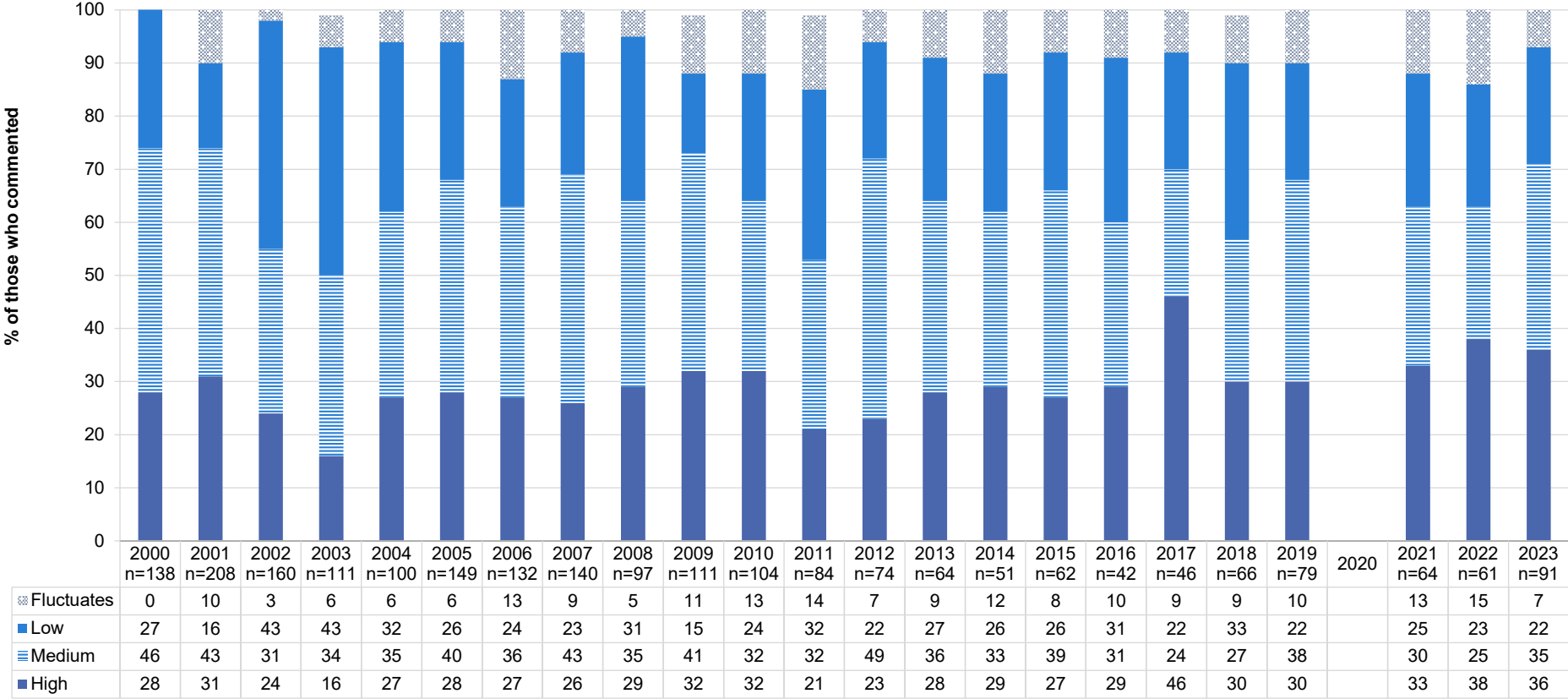
Among those able to comment in 2023 (n=90), the perceived availability of cocaine remained stable relative to 2022 ( $p=0.872$ ). Almost two fifths (38%) reported cocaine to be 'easy' to obtain in 2023 (40% in 2022), followed by 30% reporting it to be 'very easy' to obtain (25% in 2022) (Figure 19).

Figure 17: Median price of cocaine per cap/point and gram, nationally, 2000-2023



Note. Among those who commented. The error bars represent IQR. Empty cell(s) indicates question not asked in respective year. Price data not collected in 2020. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

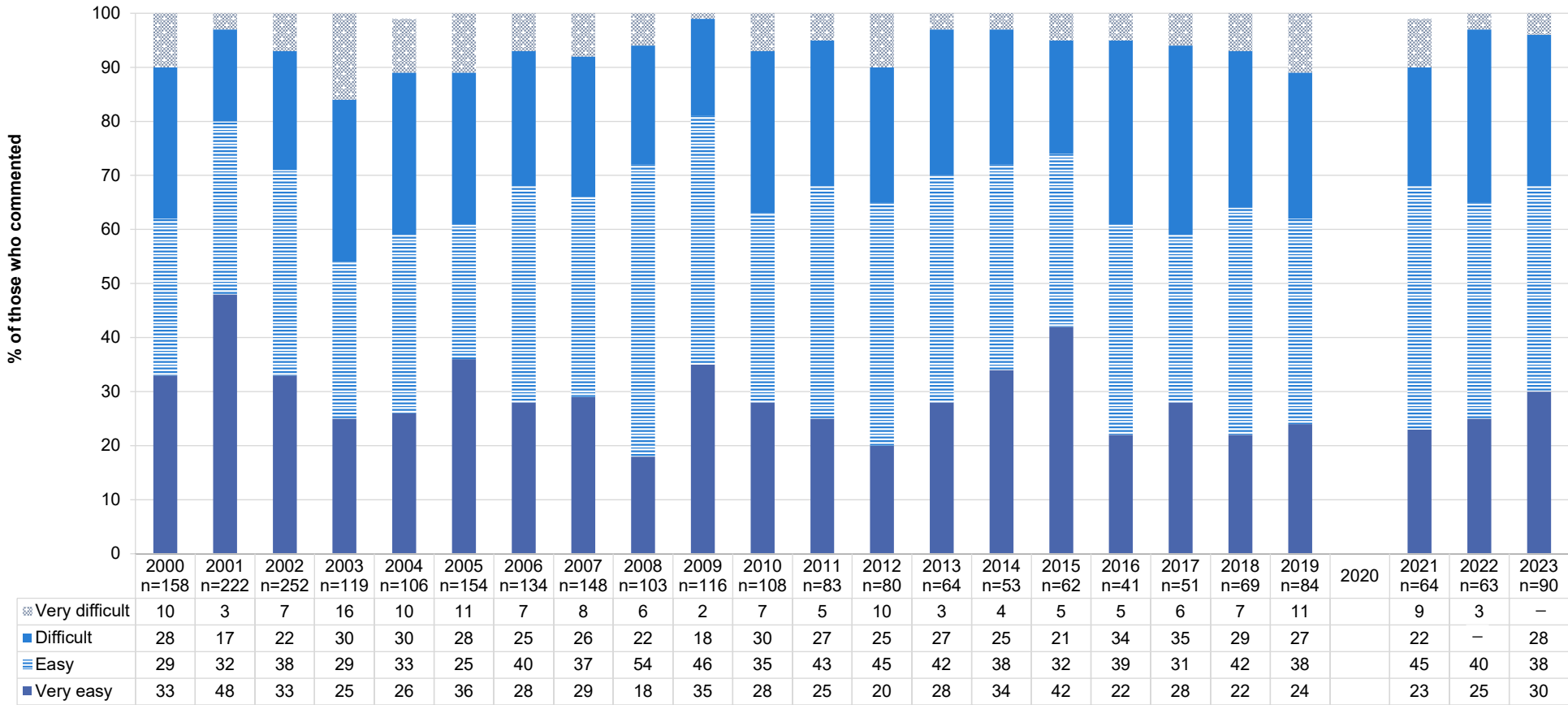
Figure 18: Current perceived purity of cocaine, nationally, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year. Purity data not collected in 2020. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



Figure 19: Current perceived availability of cocaine, nationally, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year. Availability data not collected in 2020. - Values suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; \*\**p*<0.010; \*\*\**p*<0.001.

# 6

## Cannabis and/or Cannabinoid-Related Products

---

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to **prescribed use**: use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name; **non-prescribed use**: use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and **any use**: use of cannabis and/or cannabinoid-related products obtained through either of the above means.

---

## Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Few participants reported prescribed use in the six months preceding interview (3%,  $n=26$ ) although significantly more so than in 2022 (1%,  $n=8$ ;  $p<0.001$ ).

In the remainder of this chapter, data from 2021-2023, and between 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 and 2023 lends confidence that estimates are relatively comparable.

### Recent Use (past 6 months)

Over the course of monitoring, at least two in three participants nationally have reported recent use of non-prescribed cannabis and/or cannabinoid-related products. In 2023, 69% reported recent use of non-prescribed cannabis and/or cannabinoid-related products, stable compared to 2022 (72%;  $p=0.339$ ) (Figure 20). The per cent reporting non-prescribed use remained high and stable across all capital city samples (Table 8).

### Frequency of Use

In 2023, the median frequency of use in the past six months was 180 days (i.e., daily; IQR=30-180;  $n=566$ ), stable compared to 2022 (180 days; IQR=48-180;  $n=629$ ;  $p=0.339$ ) (Figure 20). Half (51%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported daily use (51% in 2022;  $p=0.956$ ).

### Routes of Administration

Smoking remained the most common route of administration among those who recently used non-prescribed cannabis and/or cannabinoid-related products (98%; 98% in 2022;  $p=0.841$ ). A smaller per cent reported inhaling/vaporising (5%; 9% in 2022;  $p=0.012$ ) and swallowing (4%; 4% in 2022;  $p=0.877$ ) non-prescribed cannabis and/or cannabinoid-related products.

### Quantity

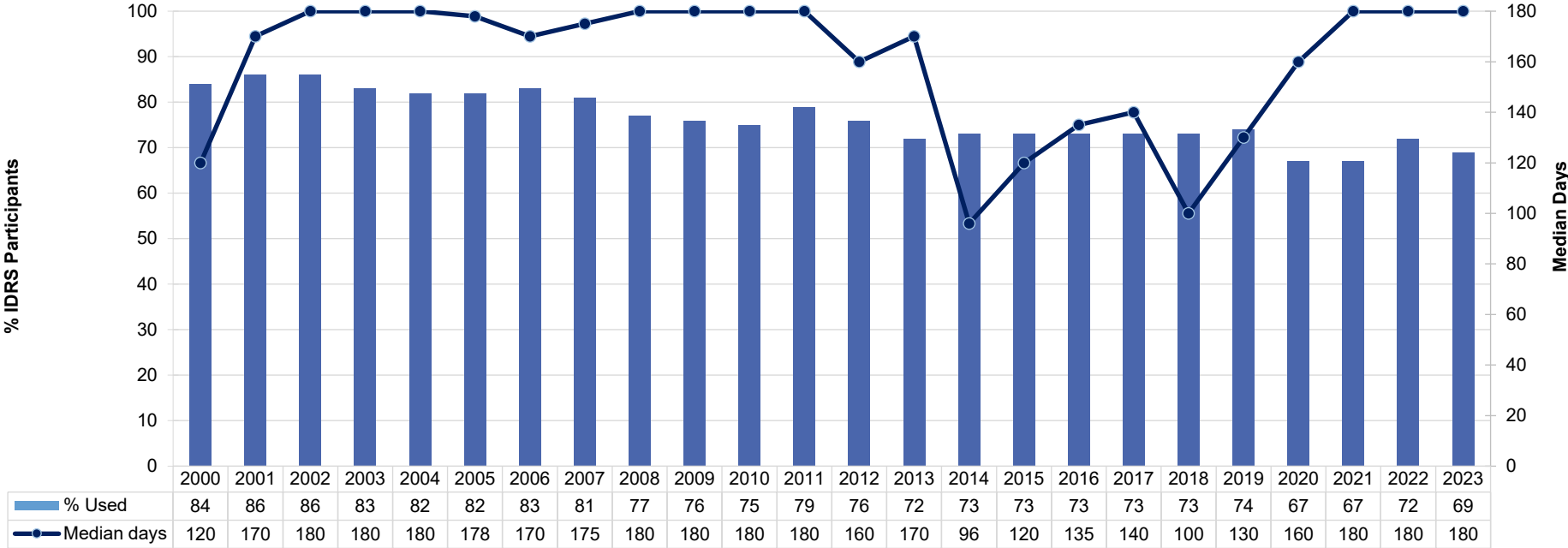
Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products and commented ( $n=557$ ), the median 'typical' amount used on the last occasion of use was one gram (IQR=0.50-1.20;  $n=268$ ; 1.00 gram in 2022; IQR=0.50-1.50;  $n=303$ ;  $p=0.681$ ) or three cones (IQR=2-5;  $n=208$ ; 3 cones in 2022; IQR=2-4;  $n=206$ ;  $p=0.949$ ) or one joint (IQR=1-2;  $n=61$ ; 1 joint in 2022; IQR=1-2;  $n=85$ ;  $p=0.529$ ).

### Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the past six months and commented ( $n=549$ ), 88% reported recent use of hydroponic cannabis (91% in 2022;  $p=0.155$ ), and two fifths (41%) reported recent use of outdoor-grown 'bush' cannabis (43% in 2022;

$p=0.588$ ). Smaller percentages reported having used hashish (7%; 5% in 2022;  $p=0.255$ ), hash oil (4%; 4% in 2022;  $p=0.875$ ), non-prescribed THC extract (2%; 4% in 2022;  $p=0.104$ ) and non-prescribed CBD extract (1%; 2 in 2022;  $p=0.502$ ).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and cannabinoid-related products, nationally, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022 few (n≤5) people reported use of prescribed cannabis only). Further, from 2022, we captured use of ‘cannabis and/or cannabinoid-related products’, while in previous years questions referred only to ‘cannabis’. The response ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 8: Past six month non-prescribed use of cannabis and cannabinoid-related products, by capital city, 2000-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	72	84	85	90	88	90	84	84
2001	83	85	88	94	85	91	81	82
2002	80	89	87	91	85	98	83	82
2003	79	86	88	88	80	81	83	76
2004	80	85	81	87	83	84	75	75
2005	80	89	86	87	80	76	79	76
2006	80	90	83	88	77	80	84	85
2007	79	83	83	87	81	69	83	84
2008	80	80	74	86	75	64	78	82
2009	79	81	79	89	61	72	79	69
2010	72	81	81	79	66	70	72	77
2011	81	87	85	78	69	71	71	79
2012	72	81	85	81	61	79	71	70
2013	80	75	80	71	61	61	67	67
2014	77	74	75	82	75	69	62	70
2015	79	81	76	73	74	60	72	60
2016	76	69	77	74	73	70	72	64
2017	79	76	71	73	73	73	59	70
2018	76	79	70	81	70	77	60	67
2019	73	79	76	76	79	72	72	65
2020	64	77	69	72	67	66	60	64
2021	65	75	66	67	67	69	59	68
2022	72	77	82	70	72	60	70	64
2023	<b>65</b>	<b>75</b>	<b>79</b>	<b>73</b>	<b>71</b>	<b>66</b>	~	<b>59</b>

Note. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Price, Perceived Potency and Perceived Availability

### Price

Consistent with previous years, the median price per gram of hydroponic cannabis nationally was \$20 (IQR=20-21;  $n=152$ ; \$20 in 2022; IQR=20-25;  $n=188$ ;  $p=0.532$ ), and \$20 for bush (IQR=15-20;  $n=42$ ; \$20 in 2022; IQR=20-20;  $n=56$ ;  $p=0.286$ ). The price per ounce of hydroponic cannabis was \$290 in 2023 (IQR=250-345;  $n=42$ ), stable from 2022 (\$300; IQR=250-300;  $n=57$ ;  $p=0.791$ ), and \$250 for bush (IQR=200-250;  $n=20$ ), also stable from 2022 (\$220; IQR=200-250;  $n=30$ ;  $p=0.747$ ) (Figure 21).

### Perceived Potency

Among those that were able to comment in 2023 (hydroponic:  $n=433$ ; bush:  $n=167$ ), the perceived potency of non-prescribed cannabis remained stable relative to 2022 (hydroponic:  $p=0.676$ ; bush:

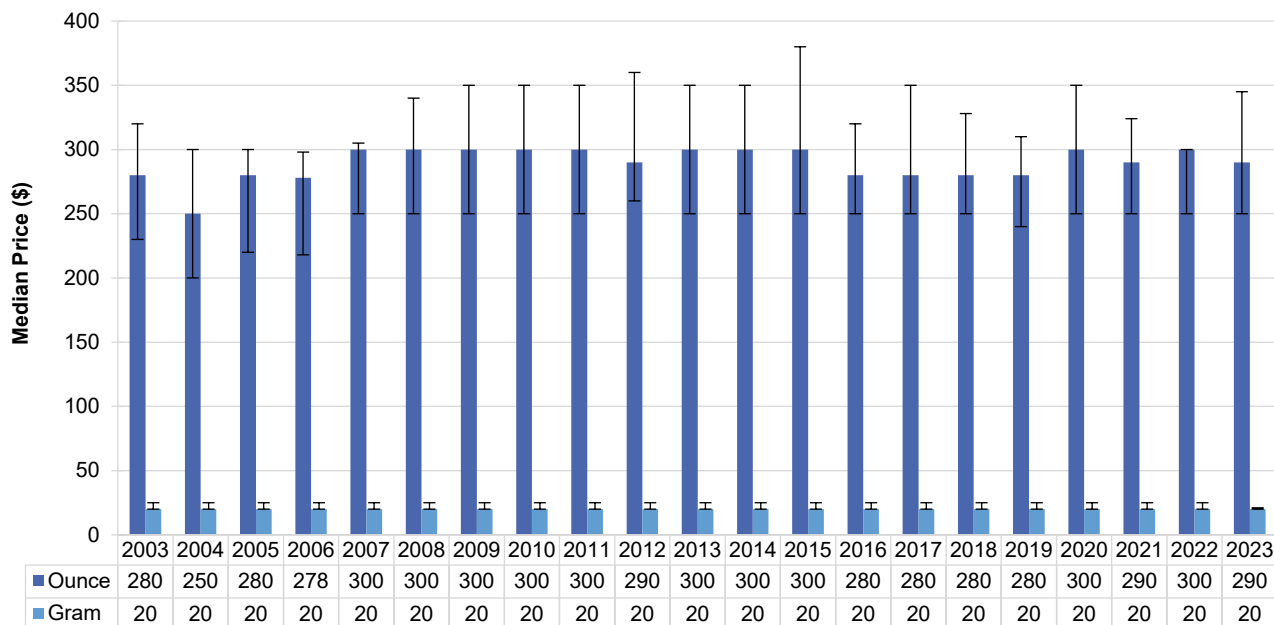
$p=0.873$ ). Three-fifths (62%) perceived hydroponic cannabis to be of 'high' potency (59% in 2022) followed by 27% perceiving it to be of 'medium' potency (29% in 2022). In contrast, the per cent reporting bush to be of 'high' potency was 38% in 2023 (37% in 2022), with a larger per cent perceiving it to be of 'medium' potency (41%; 43% in 2022) (Figure 22).

### Perceived Availability

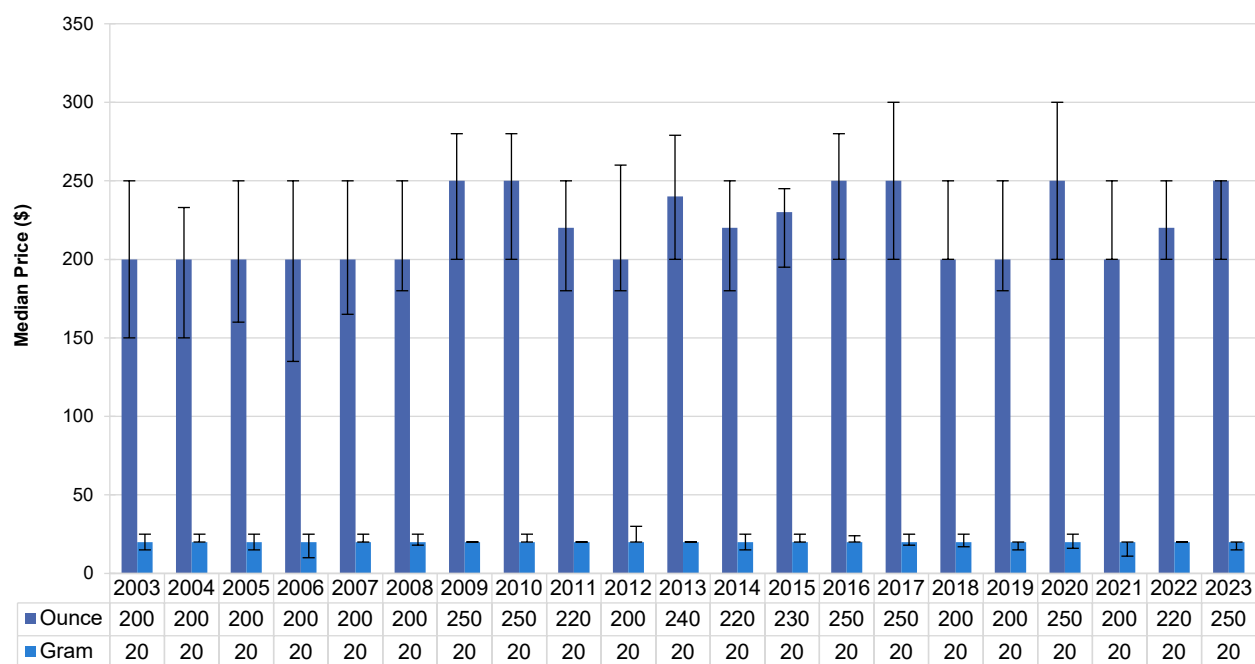
Among those that were able to comment in 2023 (hydroponic:  $n=432$ ; bush:  $n=168$ ), the perceived availability of non-prescribed cannabis remained stable relative to 2022 (hydroponic:  $p=0.114$ ; bush:  $p=0.171$ ). Most participants perceived the availability of hydroponic to be 'very easy' (59%; 53% in 2022) or 'easy' (31%; 39% in 2022). Reports of bush availability were similar (49% 'very easy'; 46% in 2022; 29% 'easy'; 35% in 2022) (Figure 23).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2003-2023

Hydroponic cannabis



Bush cannabis

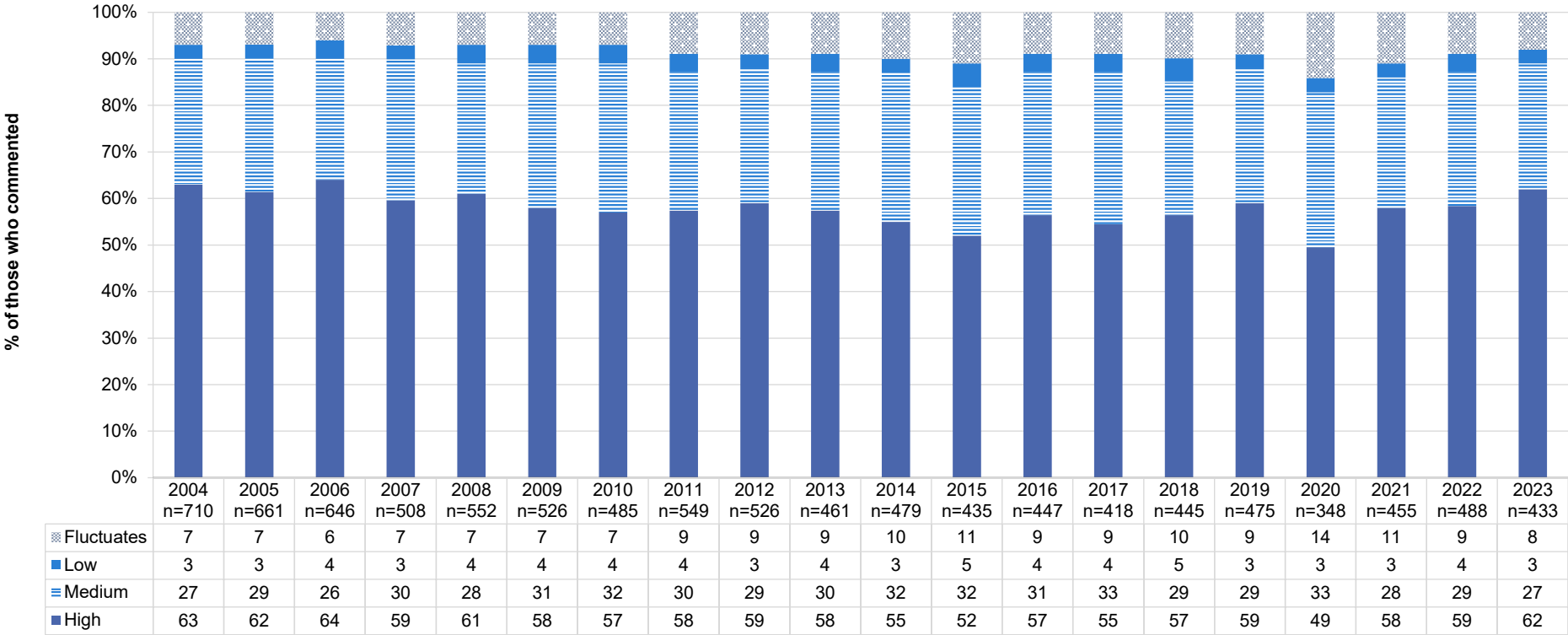


Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

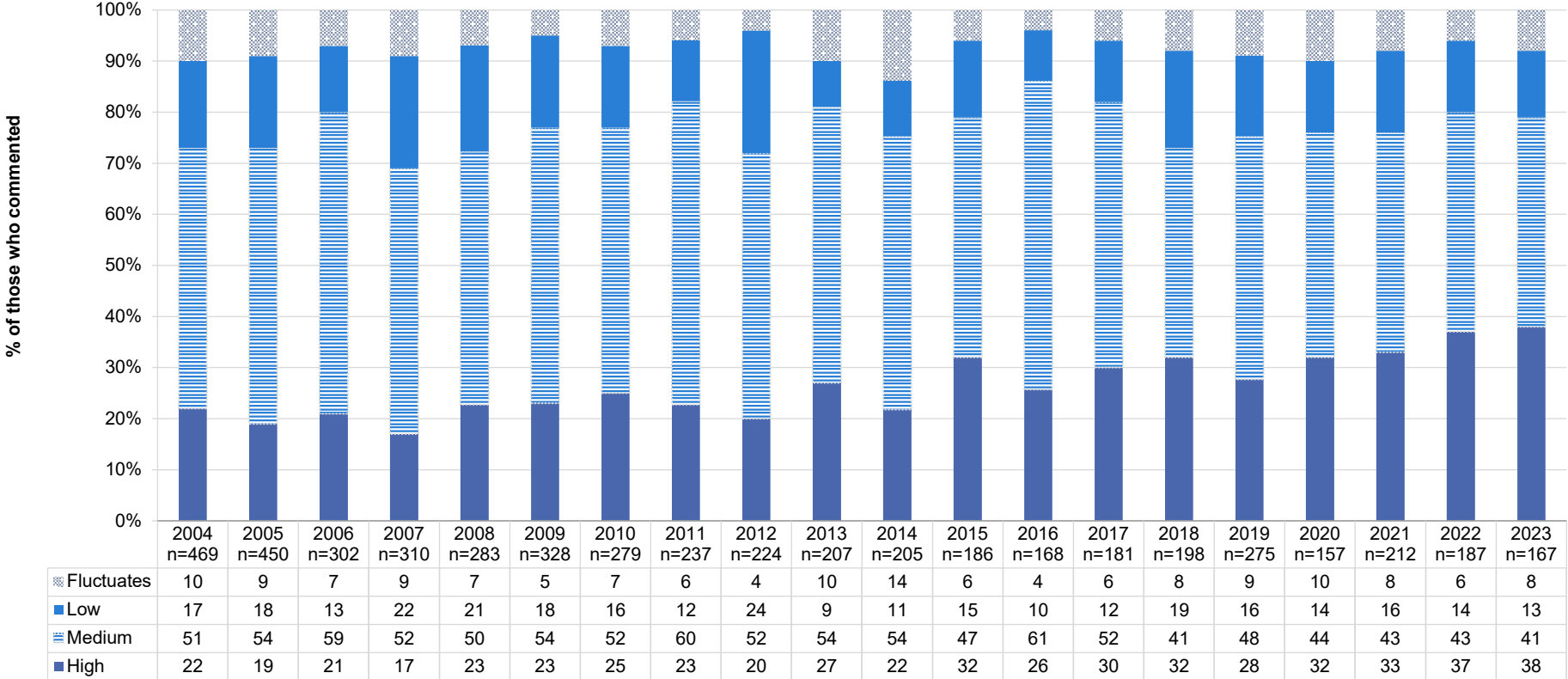


Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2023

(A) Hydroponic cannabis



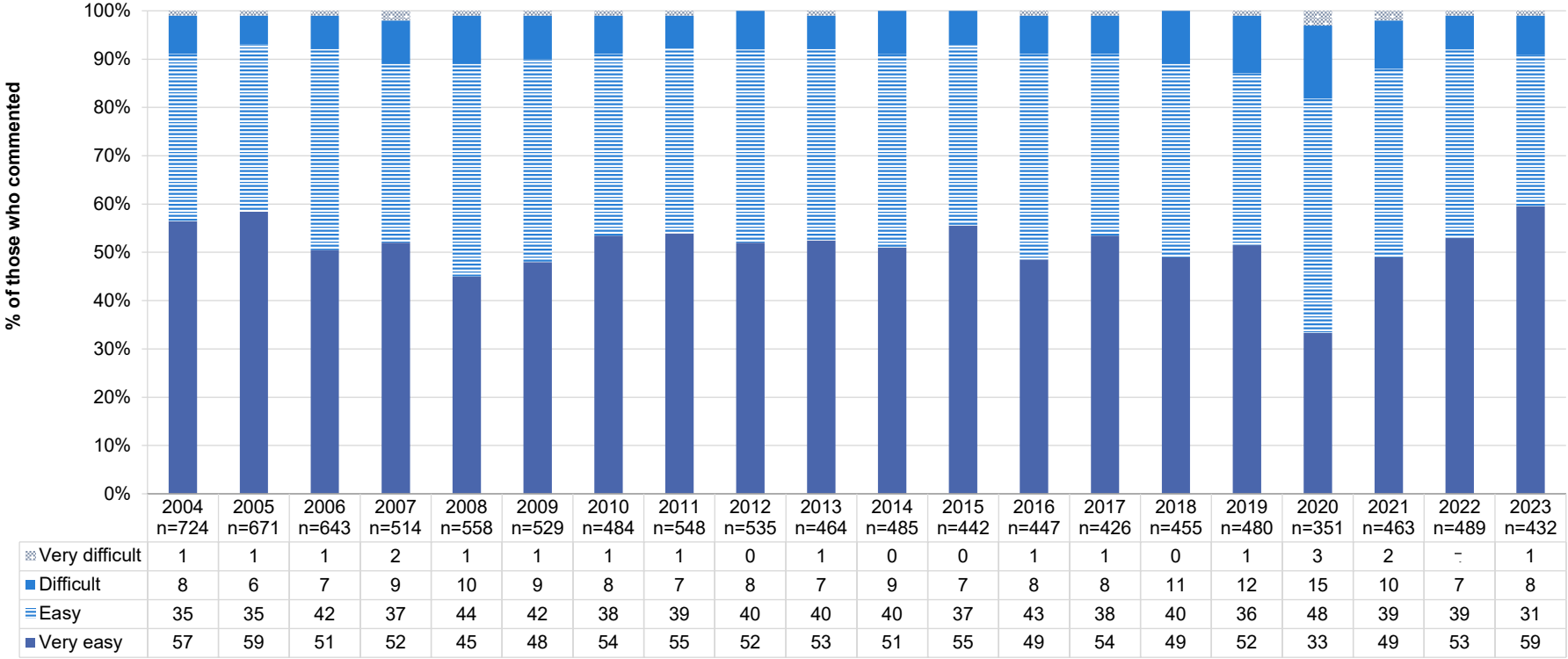
(B) Bush cannabis



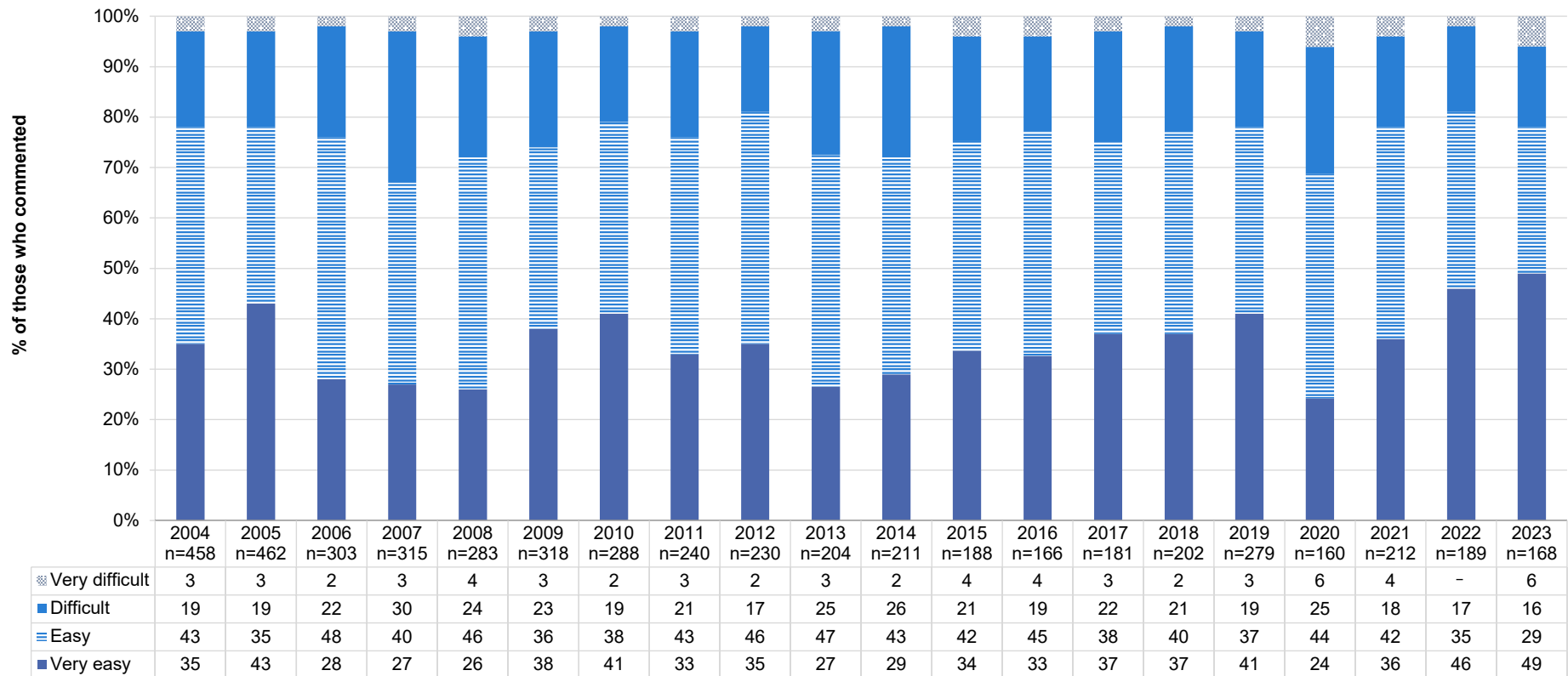
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2023

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

# 7

## Pharmaceutical Opioids

---

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout this chapter 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. Contact the Drug Trends team ([drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)) for information on price and perceived availability of non-prescribed pharmaceutical opioids.

---

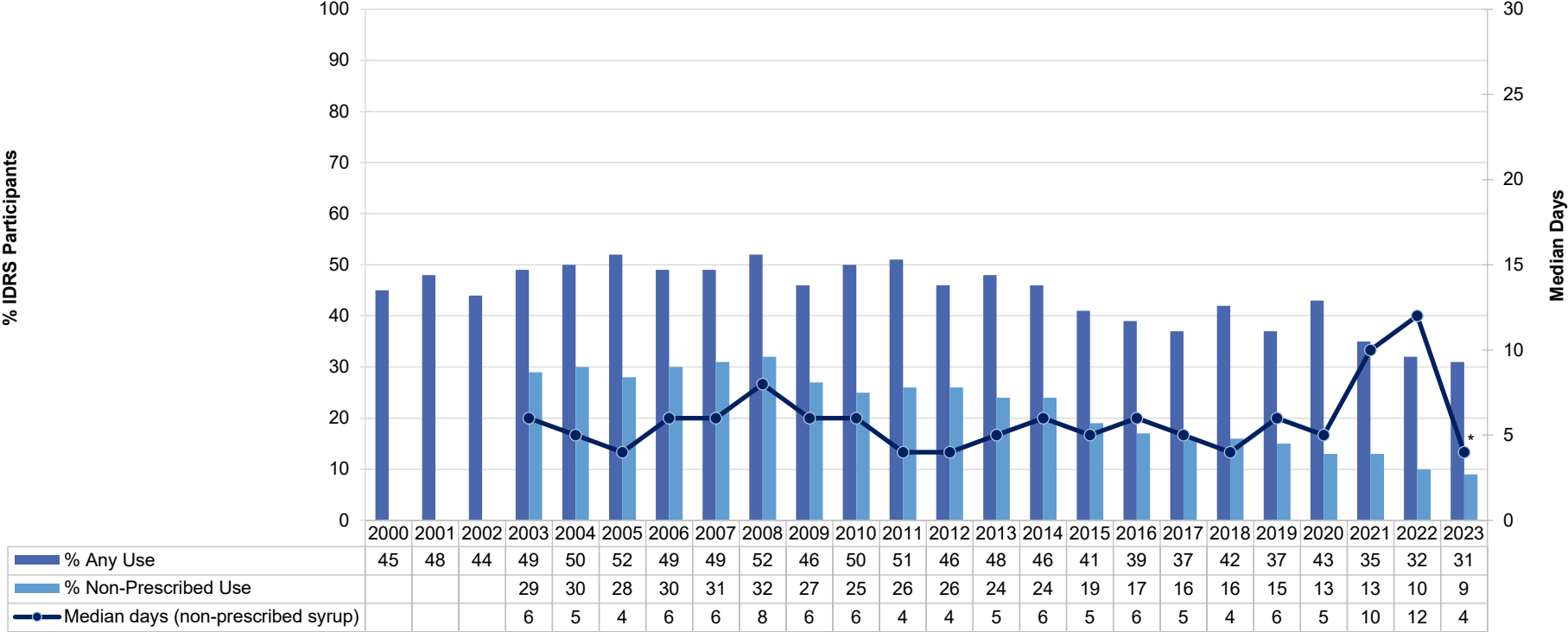
## Methadone

**Any Recent Use (past 6 months):** Recent use of any methadone (including liquid and tablets) has fluctuated over time, peaking at 52% in 2005 and 2008, respectively, and declining to 31% in 2023 (32% in 2022;  $p=0.758$ ) (Figure 24). Historically, methadone use has largely consisted of prescribed use (24% in 2023; 25% in 2022;  $p=0.695$ ) with the per cent reporting non-prescribed methadone use gradually declining to 9% in 2023 (10% in 2022;  $p=0.452$ ), the lowest per cent reported since monitoring commenced (Figure 24). The per cent reporting non-prescribed use remained low and stable across capital city samples in 2023 (Table 9).

**Frequency of Use:** Frequency of non-prescribed methadone syrup use in the six months preceding interview significantly decreased from a median of 12 days in 2022 (IQR=4-48;  $n=281$ ) to four days in 2023 (IQR=1-14;  $n=69$ ;  $p=0.011$ ) (Figure 24).

**Recent Injecting Use:** Of those who had recently used methadone syrup or tablets ( $n=257$ ), one quarter (27%) reported recently injecting methadone (35% in 2022;  $p=0.055$ ) and had done so on a median of 12 days (IQR=3-72; 30 days in 2022; IQR=4-96;  $p=0.196$ ).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, nationally, 2000-2023



Note. Includes methadone syrup and tablets except where otherwise specified. Empty cell(s) indicates question not asked in respective year. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 9: Past six month non-prescribed use of methadone, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	20	27	13	76	33	18	39	18
2004	29	30	11	75	19	20	35	28
2005	19	34	11	60	27	27	41	22
2006	28	39	11	63	28	32	33	20
2007	24	34	21	66	27	31	33	20
2008	27	35	21	70	17	19	45	27
2009	36	26	20	68	10	11	32	11
2010	27	25	19	58	17	13	27	15
2011	25	25	22	53	15	27	30	16
2012	26	27	21	47	14	31	27	12
2013	29	29	12	51	20	24	13	16
2014	29	27	21	51	9	20	16	17
2015	25	16	17	36	11	14	17	14
2016	21	12	13	40	6	13	14	19
2017	19	13	7	39	6	-	18	19
2018	20	13	11	42	-	9	8	18
2019	22	15	7	29	8	-	13	19
2020	17	7	10	26	9	11	-	20
2021	19	14	5	32	7	6	10	13
2022	18	8	7	16	-	9	-	10
2023	12	10	12	11	-	7	~	7

Note. Includes methadone syrup and tablets. From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

### Buprenorphine Tablet

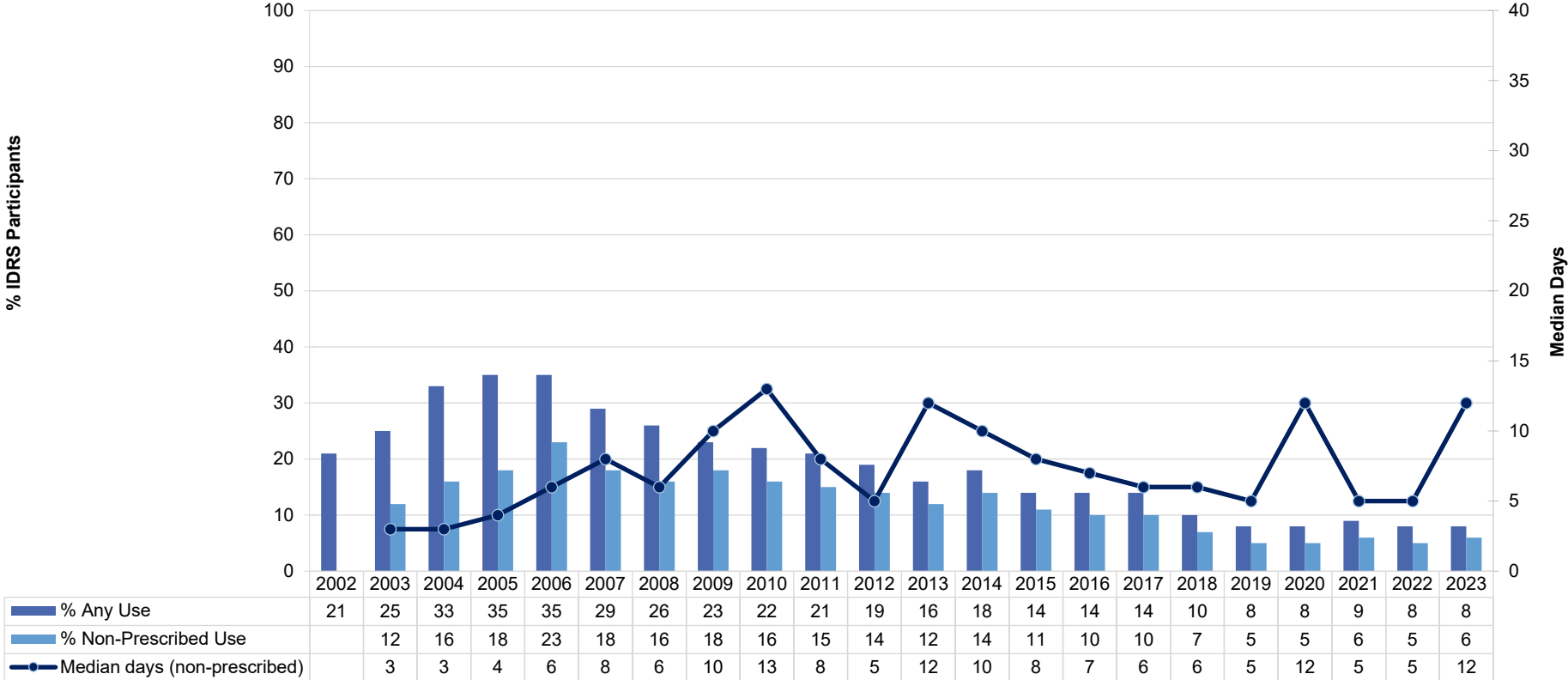
**Any Recent Use (past 6 months):** The per cent reporting recent use of any buprenorphine tablets has fluctuated but remained low in recent years. In 2023, 8% of the sample reported any recent use, stable relative to 2022 (8%;  $p=0.854$ ) (Figure 25). Three per cent reported prescribed use (4% in 2022;  $p=0.337$ ), and 6% reported non-prescribed use (5% in 2022;  $p=0.750$ ) (Figure 25). Recent non-prescribed use remained low and stable across all capital city samples, though a significant increase was observed in the Hobart sample, from 7% in 2022 to 20% in 2023 ( $p=0.018$ ), the highest per cent reported since monitoring commenced (Table 10).

**Frequency of Use:** Participants reported use of non-prescribed buprenorphine in tablet form on a median of 12 days in 2023 (IQR=2-48;  $n=45$ ; 5 days in 2022; IQR=2-27;  $n=44$ ;  $p=0.175$ ) (Figure 25).

**Recent Injecting Use:** Of those who had recently used buprenorphine in tablet form in 2023 ( $n=64$ ), 59% reported recently injecting the tablet form of buprenorphine, stable relative to 2022 (61%;  $p=0.856$ ) and had done so on a median of six days in the six months preceding interview (IQR=2-74), also stable from 2022 (6 days; IQR=2-90;  $p=0.907$ ).



Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, nationally, 2002-2023



Note. Empty cell(s) indicates question not asked in respective year. Non-prescribed use not distinguished in 2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 40 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 10: Past six month non-prescribed use of buprenorphine tablet, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	5	-	32	-	10	18	13	7
2004	8	-	35	-	12	23	15	20
2005	8	15	29	-	14	34	20	20
2006	19	34	29	6	14	32	14	30
2007	16	28	26	6	11	19	-	31
2008	7	25	19	-	12	18	18	25
2009	18	23	25	12	9	16	-	31
2010	13	27	21	-	9	18	8	27
2011	12	21	18	6	8	11	8	33
2012	13	20	19	6	9	14	10	22
2013	11	16	9	9	7	10	20	16
2014	22	12	12	11	-	19	12	19
2015	9	11	12	13	6	8	10	17
2016	11	8	4	10	-	9	16	26
2017	13	14	6	9	7	10	-	25
2018	-	9	5	11	-	8	-	12
2019	4	-	-	-	0	-	-	15
2020	5	0	0	11	-	9	0	14
2021	5	-	-	11	-	-	-	20
2022	-	-	4	7	-	-	-	15
2023	5	-	-	20*	-	-	~	11

Note. In 2002, the IDRS interview did not distinguish between prescribed and non-prescribed use. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Values suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

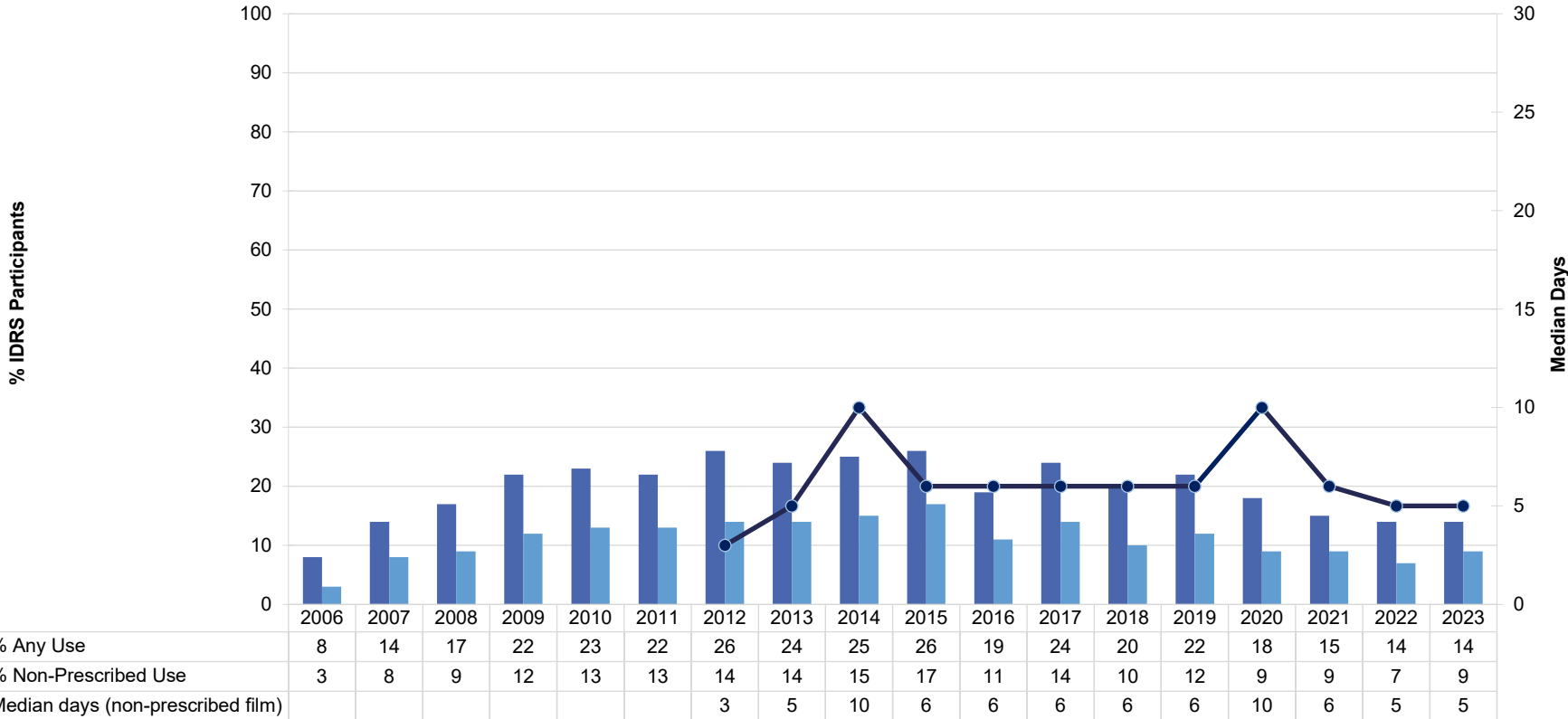
### Buprenorphine-Naloxone

**Any Recent Use (past 6 months):** The per cent reporting any recent buprenorphine-naloxone use has remained relatively stable over the past decade. In 2023, 14% of the sample reported recent use of any buprenorphine-naloxone, stable from 2022 (14%;  $p=0.831$ ). Seven per cent reported recent prescribed use in 2023, stable from 2022 (7%;  $p=0.845$ ), and 9% reported non-prescribed use, also stable from 2022 (7%;  $p=0.331$ ) (Figure 26). Recent non-prescribed buprenorphine-naloxone use remained stable in each capital city sample in 2023 (Table 11).

**Frequency of Use:** Frequency of non-prescribed use remained stable in 2023 at a median of five days in the six months preceding interview (IQR=2-12;  $n=72$ ; 5 days in 2022; IQR=2-24;  $n=65$ ;  $p=0.161$ ) (Figure 26).

**Recent Injecting Use:** Of those who had recently used buprenorphine-naloxone in 2023 ( $n=118$ ), 54% reported injecting as a route of administration, stable from 45% in 2022 ( $p=0.164$ ). Participants reported injecting buprenorphine-naloxone on a median of six days (IQR=2-28) in the six months preceding interview (15 days in 2022; IQR=3-90;  $p=0.113$ ).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, nationally, 2006-2023



Note. Empty cell(s) indicates question not asked in respective year. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 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 is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 11: Past six month non-prescribed use of buprenorphine-naloxone (any form), by capital city, 2006-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2006	-	-	5	-	-	9	-	7
2007	-	6	13	-	-	15	-	24
2008	-	10	18	-	-	12	-	16
2009	6	11	14	-	9	28	8	22
2010	-	12	24	-	8	17	15	21
2011	8	12	29	-	-	14	14	11
2012 <sup>#</sup>	9	9	23	11	18	22	8	15
2013	9	11	17	9	9	22	19	22
2014	15	16	15	11	9	18	20	16
2015	11	12	17	13	15	19	22	27
2016	11	7	14	7	6	-	9	23
2017 <sup>^</sup>	14	13	11	14	14	16	10	24
2018	9	16	12	12	-	7	-	18
2019	11	14	10	7	8	16	10	22
2020	-	-	4	23	11	12	-	15
2021	-	9	5	21	10	13	-	11
2022	5	-	7	13	8	9	-	10
2023	8	-	6	18	8	9	~	15

Note. Data collected from 2006 onwards. # Includes 'tablet' and 'film' forms from 2012-2016. ^ Includes only 'film' form from 2017 onwards. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

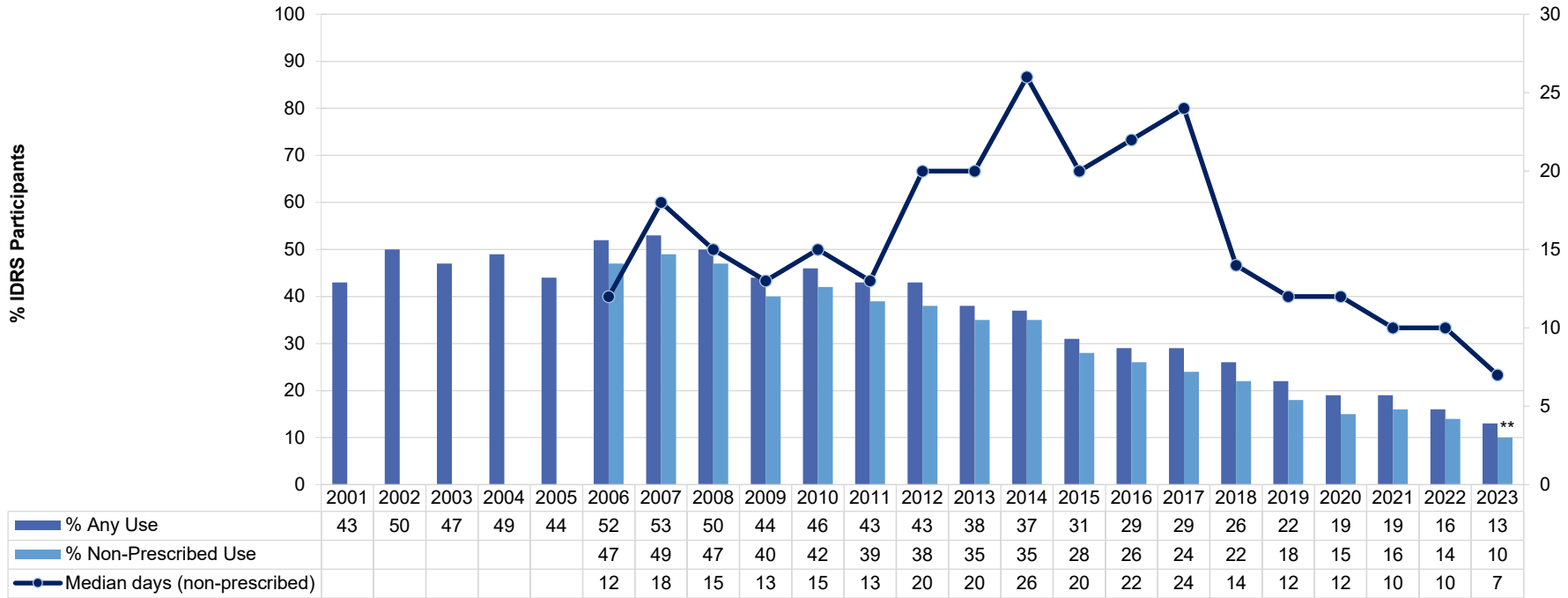
## Morphine

**Any Recent Use (past 6 months):** After remaining relatively stable from 2001-2007, the per cent reporting recent morphine use has been declining from 2008 onwards (Figure 27). In 2023, 13% of the national sample had recently used any morphine (16% in 2022;  $p=0.056$ ), the lowest percentage reporting recent use since the commencement of monitoring. Nationally, this per cent mostly comprised of non-prescribed use, which significantly decreased from 14% in 2022 to 10% in 2023 ( $p=0.015$ ). This appears to be largely driven by a significant decrease in the per cent reporting non-prescribed morphine use in the Brisbane sample (8%; 19% in 2022;  $p=0.025$ ) (Table 12). Four per cent of the national sample reported recent prescribed use in 2023 (3% in 2022;  $p=0.411$ ).

**Frequency of Use:** Frequency of non-prescribed morphine use has fluctuated over time, though remained stable in 2023 at a median of seven days in the preceding six months (IQR=2-24;  $n=81$ ; 10 days in 2022; IQR=2-48;  $n=121$ ;  $p=0.691$ ) (Figure 27).

**Recent Injecting Use:** Of those who had recently used morphine and commented ( $n=105$ ), four-fifths (81%) reported injecting it, stable relative to 2022 (82%;  $p=0.865$ ). Those who reported injecting morphine did so on a median of 12 days (IQR=3-72) in the six months preceding interview, stable from 2022 (10 days; IQR=2-72;  $p=0.764$ ).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, nationally, 2001-2023



Note. Empty cell(s) indicates question not asked in respective year. Non-prescribed use not distinguished in 2001-2005. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 12: Past six month non-prescribed use of morphine, by capital city, 2006-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2006	31	52	31	58	48	52	70	51
2007	34	53	37	67	41	45	73	57
2008	31	35	40	81	30	31	85	51
2009	28	38	31	81	22	33	61	38
2010	31	36	30	73	24	28	89	38
2011	21	30	33	73	20	33	72	39
2012	21	30	27	64	23	43	69	34
2013	19	23	20	65	22	37	74	38
2014	25	12	24	71	20	27	80	32
2015	19	20	13	47	20	19	69	29
2016	16	12	10	51	18	16	71	33
2017	16	21	7	42	12	18	60	26
2018	17	10	10	47	7	14	54	29
2019	13	11	9	26	10	15	40	28
2020	7	8	8	38	11	18	32	21
2021	9	9	6	40	8	16	36	18
2022	11	10	7	27	10	7	27	19
2023	8	6	5	20	8	11	~	8*

Note. From 2001-2005, the IDRS did not distinguish between prescribed and non-prescribed morphine. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

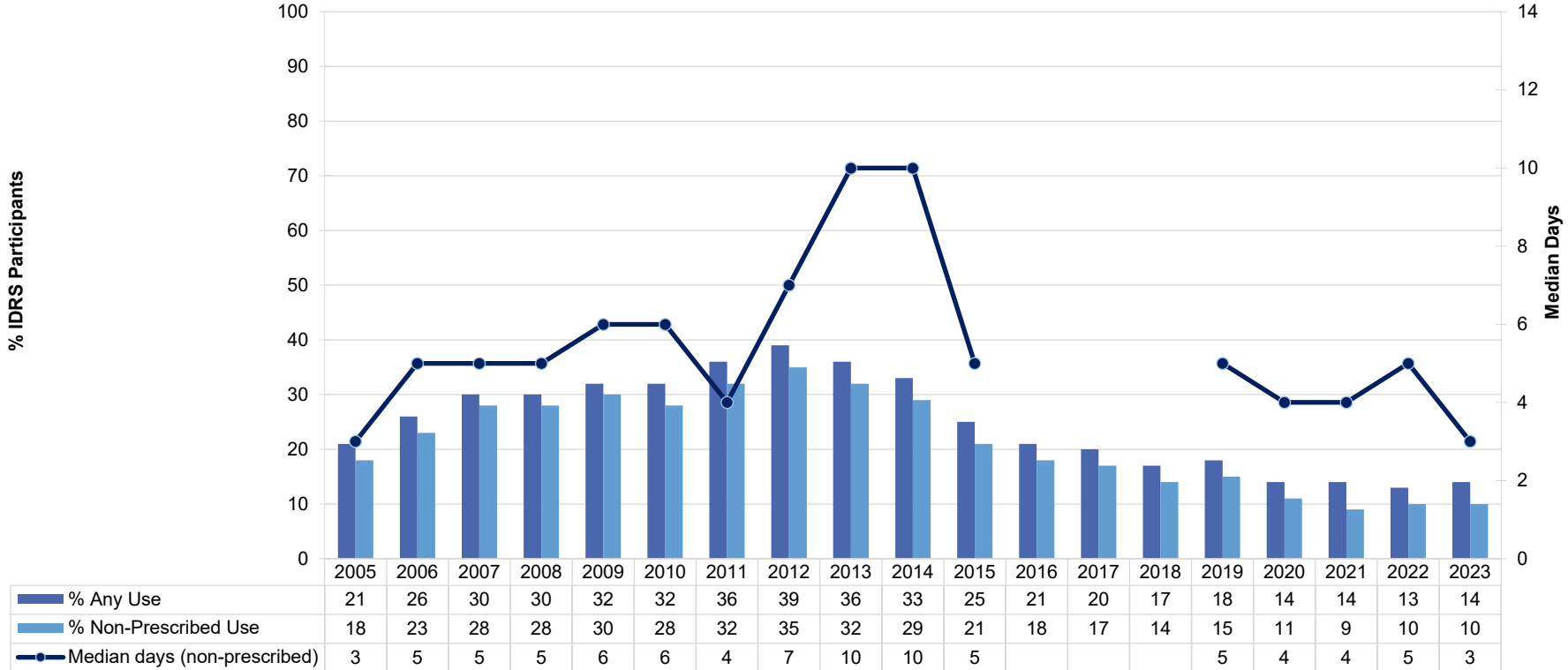
## Oxycodone

**Any Recent Use (past 6 months):** Since peaking at 39% in 2012, a gradual decline in the per cent reporting recent oxycodone use was observed (Figure 28). In 2023, 14% of the national sample had recently used any oxycodone, stable relative to 2022 (13%). Five per cent of the sample reported prescribed use (5% in 2022), and one tenth (10%) reported non-prescribed use (10% in 2022;  $p = 0.933$ ). The per cent reporting recent non-prescribed oxycodone use remained stable in each of the capital city samples in 2023 (Table 13).

**Frequency of Use:** In 2023, participants reported using non-prescribed oxycodone on a median of three days in the six month preceding the interview (IQR=2-14;  $n = 81$ ; 5 days in 2022; IQR=2-10;  $n = 82$ ;  $p = 0.439$ ) (Figure 28).

**Recent Injecting Use:** Of those who had recently used oxycodone and commented ( $n = 111$ ), two fifths (42%) reported injecting as a route of administration, stable relative to 2022 (50%;  $p = 0.236$ ). Participants reported injecting non-prescribed oxycodone on a median of three days in the six months preceding the interview (IQR=2-11; 6 days in 2022; IQR=2-24;  $p = 0.083$ ).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, nationally, 2005-2023



Note. Empty cell(s) indicates question not asked in respective year. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. In 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 14 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 13: Past six month non-prescribed use of oxycodone, by capital city, 2005-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2005	14	14	16	30	11	39	11	16
2006	18	22	24	29	20	42	7	21
2007	26	23	28	36	20	44	11	39
2008	27	27	25	53	15	23	28	26
2009	27	27	25	56	9	29	35	34
2010	33	13	28	60	17	20	22	26
2011	34	23	37	45	23	30	26	34
2012	46	34	26	56	26	48	19	29
2013	40	17	23	61	18	33	23	37
2014	40	16	22	47	21	27	22	38
2015	21	15	19	27	25	18	23	24
2016	23	12	10	28	16	17	18	22
2017	27	9	8	29	13	14	14	18
2018	16	10	10	28	-	15	11	18
2019	21	14	5	22	13	11	12	20
2020	9	8	7	24	11	8	9	15
2021	9	-	7	17	9	15	-	10
2022	11	6	10	12	10	11	-	11
2023	12	10	7	15	6	10	~	11

Note. Data on oxycodone use not collected from 2000-2004. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Fentanyl

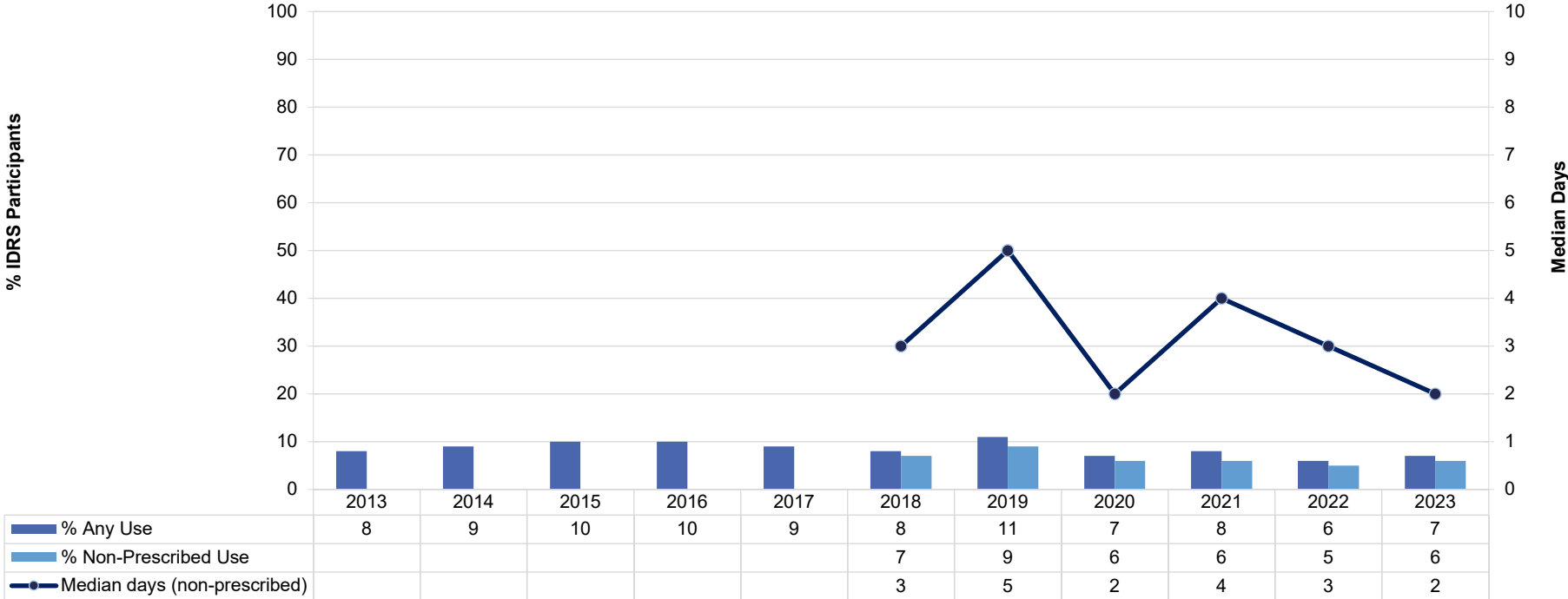
**Any Recent Use (past 6 months):** The per cent reporting any recent use of fentanyl has remained low and stable since monitoring began, with 7% reporting any recent use in 2023 (6% in 2022;  $p = 0.175$ ) (Figure 29). Six per cent reported non-prescribed use (5% in 2022;  $p = 0.288$ ) and 2% reported prescribed use (1% in 2022;  $p = 0.223$ ). Non-prescribed fentanyl use was highest in the Hobart and Perth samples (11% and 10%, respectively) (Table 14).

**Frequency of Use:** In 2023, participants reported non-prescribed use on a median of two days (IQR=1-12;  $n=48$ ) in the past six months, stable relative to 2022 (3 median days; IQR=1-7;  $n=40$ ;  $p = 0.834$ ) (Figure 29).

**Recent Injecting Use:** Of those who had recently used fentanyl ( $n=61$ ), four fifths (82%) reported injecting it (74% in 2022;  $p = 0.359$ ) and had done so on a median of two days (IQR=1-9) in the past six months (3 days in 2022; IQR=2-8;  $p = 0.355$ ).



Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, nationally, 2013-2023



Note. Empty cell(s) indicates question not asked in respective year. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 14: Past six month non-prescribed use of fentanyl, by capital city, 2018-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
<b>2018</b>	6	6	8	0	-	8	-	16
<b>2019</b>	11	10	7	-	-	9	13	13
<b>2020</b>	8	9	-	-	10	11	-	-
<b>2021</b>	7	10	-	12	6	6	-	-
<b>2022</b>	4	9	-	10	6	-	0	-
<b>2023</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>11</b>	-	<b>10</b>	~	-

Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). ~Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Dar = Darwin, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

### Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 15). In 2023, one tenth (10%) of participants reported any recent use of codeine (9% in 2022;  $p=0.323$ ), with 6% reporting prescribed use (5% in 2022;  $p=0.173$ ), and 4% reporting non-prescribed use (4% in 2022). Of those who reported recent use ( $n=84$ ), few participants ( $n \leq 5$ ) reported recent injecting use ( $n \leq 5$  in 2022;  $p=0.739$ ).

In 2023, 9% reported any recent use of tramadol (10% in 2022;  $p=0.553$ ), with 5% reporting prescribed use (5% in 2022) and 4% reporting non-prescribed use (5% in 2022;  $p=0.563$ ). Of those reporting recent use ( $n=71$ ), one tenth (10%) reported recent injecting use (12% in 2022;  $p=0.796$ ).

One per cent of the sample reported recent use of tapentadol in 2023 (1% in 2022;  $p=0.477$ ). Few participants ( $n \leq 5$ ) reported prescribed use in 2023 (1% in 2022;  $p=0.727$ ) and no participants reported non-prescribed use (1% in 2022;  $p=0.755$ ). No participants reported recent injecting use in 2023 (0% in 2022).

Two per cent of participants reported any recent use of other opioids in 2023 (1% in 2022) (not listed in Table 15).

Table 15: Past six month use of other opioids, nationally, 2019-2023

%	2019 (N=896)	2020 (N=880)	2021 (N=887)	2022 (n=878)	2023 (N=819)
<b>Codeine<sup>^</sup></b>					
Any use	9	10	10	9	<b>10</b>
Non-prescribed use	9	4	5	4	<b>4</b>
Any injecting use <sup>#</sup>	5	7	2	-	-
<b>Tramadol</b>					
Any use	16	7	8	10	<b>9</b>
Non-prescribed use	7	4	5	5	<b>4</b>
Any injecting use <sup>#</sup>	9	8	11	12	<b>10</b>
<b>Tapentadol</b>					
Any use	2	1	2	1	<b>1</b>
Non-prescribed use	1	-	-	1	<b>0</b>
Any injecting use <sup>#</sup>	-	-	0	0	<b>0</b>

Note. - Values suppressed due to small cell size (n≤5 but not 0). <sup>^</sup>Includes high and low dose. <sup>#</sup>Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \*p<0.050; \*\*p<0.010; \*\*\*p<0.001.

# 8

## Other Drugs

---

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

---

## New Psychoactive Substances (NPS)

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

**Recent Use (past 6 months):** In 2023, 7% of the national sample reported any recent NPS use, stable relative to 2022 (6% in 2022;  $p=0.282$ ) (Table 16). ‘New’ drugs that mimic the effects of cannabis (3%; 2% in 2022;  $p=0.426$ ) was the most commonly used NPS class, although use was infrequent (median 2 days; IQR=1-15;  $n=22$ ; median 3 days in 2022; IQR=2-60;  $n=17$ ;  $p=0.326$ ). There was a significant increase in the per cent of participants reporting recent use of ‘new’ drugs that mimic the effects of psychedelic drugs in 2023 (2%) relative to 2022 (1%;  $p=0.010$ ). One per cent reported use of ‘new’ drugs that mimic the effects of opioids (1% in 2022). (Table 16).

Table 16: Past six month use of new psychoactive substances, nationally, 2013-2023

%	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=887	N=898	N=888	N=877	N=888	N=905	N=902	N=884	N=887	N=870	N=818
‘New’ drugs that mimic the effects of opioids	/	/	/	/	-	-	2	1	1	1	1
‘New’ drugs that mimic the effects of ecstasy	/	/	/	/	1 <sup>#</sup>	1	2	-	1	1	-
‘New’ drugs that mimic the effects of amphetamine or cocaine	4	4	3	4	/	2	1	2	1	2	2
‘New’ drugs that mimic the effects of cannabis	9	8	8	8	5	5	6	5	4	2	3
‘New’ drugs that mimic the effects of psychedelic drugs	/	/	/	/	1 <sup>#</sup>	2	1	1	0	1	2 <sup>*</sup>
‘New’ drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	1	-	1	0	-
<b>Any of the above</b>	12	11	10	11	8	11	11	8	7	6	7

Note. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). / denotes that this item was not asked in these years. <sup>#</sup>In 2017, participants were asked about use of ‘new drugs that mimic the effects of ecstasy or psychedelic drugs’, thus the same value appears in both ‘new’ drugs that mimic the effects of ecstasy and ‘new’ drugs that mimic the effects of psychedelic drugs; from 2018 onwards, these two NPS classes were separated out. The response option ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Non-Prescribed Pharmaceutical Drugs

### Benzodiazepines

**Recent Use (past 6 months):** The per cent reporting non-prescribed benzodiazepine use has been gradually decreasing, from 46% in 2007 when monitoring commenced to 28% in 2023 (25% in 2022;  $p=0.133$ ) (Figure 30). Of the total sample, 13% reported use of non-prescribed alprazolam (11% in 2022;  $p=0.207$ ), and 23% reported use of non-prescribed other benzodiazepines (20% in 2022;  $p=0.150$ ).

**Frequency of Use:** In 2023, participants reported using non-prescribed alprazolam on a median of five days (IQR=2-23;  $n=106$ ; 5 days in 2022; IQR=2-14;  $n=95$ ;  $p=0.941$ ) and 'other' non-prescribed benzodiazepines on a median of 12 days (IQR=4-48;  $n=191$ ; 8 days in 2022; IQR=3-24;  $n=221$ ;  $p=0.150$ ) in the six months preceding interview.

**Recent Injecting Use:** In 2023, 3% of participants who had recently used any non-prescribed benzodiazepines reported injecting as a route of administration (4% in 2022;  $p=0.794$ ). Similarly, 2% of participants who had recently used any benzodiazepines (including alprazolam, prescribed or non-prescribed) reported injecting as a route of administration (3% in 2022;  $p=0.816$ ).

### Pharmaceutical Stimulants

**Recent Use (past 6 months):** Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring commenced (Figure 30). One fifth (18%) reported recent use in 2006, declining to 8% in 2023 (7% in 2022;  $p=0.514$ ).

**Frequency of Use:** Frequency of non-prescribed use remained stable at three days in 2023 (IQR=1-10;  $n=65$ ; 4 days in 2022; IQR=1-14;  $n=62$ ;  $p=0.170$ ).

**Recent Injecting Use:** One third (32%) of those who had recently used non-prescribed pharmaceutical stimulants in 2023 reported injecting it (39% in 2022;  $p=0.458$ ), and had done so on a median of two days in the past six months (IQR=2-8; 4 days in 2022; IQR=3-17;  $p=0.161$ ).

### Antipsychotics

**Recent Use (past 6 months):** The per cent of the sample reporting recent use of non-prescribed antipsychotics (asked as 'Seroquel' from 2011-2018) has gradually decreased over time, with 5% reporting use in 2023 (5% in 2022;  $p=0.663$ ) (Figure 30).

**Frequency of Use:** Frequency of non-prescribed use remained stable at five days in 2023 (IQR=2-15;  $n=39$ ; 5 days in 2022; IQR=2-38;  $n=46$ ;  $p=0.396$ ).

**Recent Injecting Use:** Few participants ( $n\leq 5$ ) reported recent injecting of antipsychotics in 2023 (0% in 2022).

### Pregabalin

**Recent Use (past 6 months):** In 2023, 16% of the national sample reported non-prescribed pregabalin use in the six months preceding interview (13% in 2022;  $p=0.218$ ) (Figure 30).

**Frequency of Use:** Non-prescribed use was infrequent, with participants reporting use on a median of seven days in the preceding six months (IQR=2-21; n=127), consistent with 2022 reports (median 6 days; IQR=2-20; n=117;  $p=0.299$ ).

**Recent Injecting Use:** Of those who had recently used non-prescribed pregabalin (n=128), 5% reported recent injecting use (6% in 2022) on a median of two days (IQR=2-4; 2 days in 2022; IQR=2-47;  $p=0.793$ ).

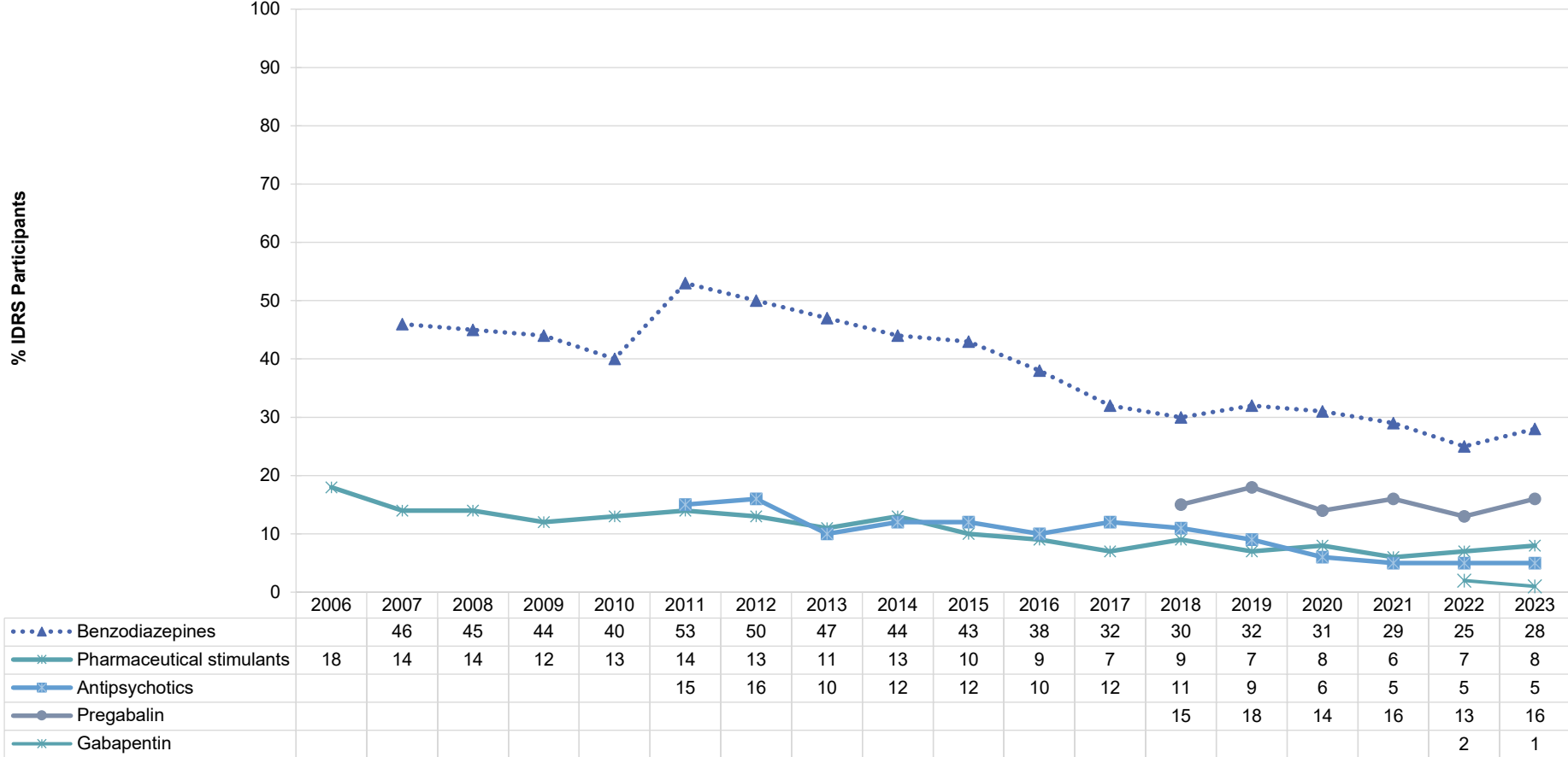
### Gabapentin

**Recent Use (past 6 months):** In 2023, 1% of the sample reported non-prescribed gabapentin use in the six months preceding interview (2% in 2022;  $p=0.068$ ) (Figure 30). Few participants ( $n\leq 5$ ) reported recent non-prescribed gabapentin use across each capital city sample.

**Frequency of Use:** Non-prescribed use was infrequent, with participants reporting use on a median of five days in the preceding six months (IQR=3-7; n=7), consistent with 2022 reports (median 6 days; IQR=3-24; n=10;  $p=0.354$ ).

**Recent Injecting Use:** Of those who had recently used non-prescribed gabapentin (n=7), few ( $n\leq 5$ ) reported recent injecting use ( $n\leq 5$  in 2022;  $p=0.507$ ).

Figure 30: Past six month use of non-prescribed pharmaceutical drugs, nationally, 2006-2023



Note. Non-prescribed use is reported. Empty cell(s) indicates question not asked in respective year. Participants were first asked about antipsychotics in 2011 (asked as ‘Seroquel’ from 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed from 2007 onwards. The response option ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



## Licit and Other Drugs

### Alcohol

**Recent Use (past 6 months):** Fifty-seven per cent of the sample reported recent use of alcohol in 2023, stable relative to 2022 (58% in 2022;  $p=0.661$ ) (Figure 31).

**Frequency of Use:** Participants who reported recent alcohol use in 2023 reported use on a median of 24 days (IQR=6-90;  $n=463$ ; 24 days in 2022; IQR=6-120;  $n=506$ ;  $p=0.658$ ), with 18% reporting daily use (20% in 2022;  $p=0.507$ ).

### Tobacco

**Recent Use (past 6 months):** Tobacco use has remained high since the IDRS commenced. In 2023, the majority of the national sample reported recent use (88%; 90% in 2022;  $p=0.173$ ) (Figure 31).

**Frequency of Use:** Frequency of use remained high among those reporting recent use at a median of 180 days (IQR=180-180;  $n=718$ ; 180 days in 2022; IQR=180-180;  $n=790$ ;  $p=0.844$ ), with 90% reporting daily use in 2023 (90% in 2022;  $p=0.858$ ).

### E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants (1%;  $n=9$ ) reported recent use of prescribed e-cigarettes in 2023. Data below for 2022 and 2023 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

**Recent Use (past 6 months):** One third (34%) of the sample reported non-prescribed e-cigarette use in 2023, the highest percentage since monitoring began and a significant increase relative to 2022 (22%;  $p<0.001$ ) (Figure 31).

**Frequency of Use:** Frequency of non-prescribed use significantly increased, from a median of 20 days (IQR=4-132;  $n=184$ ) in 2022 to a median of 90 days (i.e., every second day; IQR=12-180;  $n=273$ ;  $p<0.001$ ) in 2023. Daily use of non-prescribed e-cigarettes was reported by 38% of participants who reported recent use, also a significant increase relative to 2022 (24%;  $p=0.002$ ).

**Forms Used:** Among those who reported recent non-prescribed use and commented ( $n=276$ ), the majority (81%) reported using e-cigarettes containing nicotine (80% in 2022;  $p=0.900$ ), followed by 5% who reported using e-cigarettes containing cannabis (8% in 2022;  $p=0.318$ ) and 4% who reported using e-cigarettes containing both nicotine and cannabis (6% in 2022;  $p=0.379$ ). Nearly one third (31%) reported using e-cigarettes that contained neither cannabis nor nicotine, a significant decrease relative to 2022 (44%;  $p=0.009$ ).

**Reason for Use:** Forty-four per cent of those who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes in 2023 reported that they did not use e-cigarettes as a smoking cessation tool (47% in 2022;  $p=0.569$ ).

## Steroids

**Recent Use (past 6 months):** Reports of recent use of non-prescribed steroids have remained consistently low (between <1% and 3%) since monitoring commenced in 2010. One per cent of the sample reported recent use in 2023 ( $n \leq 5$  in 2022;  $p=0.082$ ).

## GHB/GBL/1,4-BD

**Recent Use (past 6 months):** In 2023, 17% of the sample reported recent use of GHB/GBL/1,4-BD, a significant increase relative to 2022 (7%;  $p < 0.001$ ) (Figure 31).

**Frequency of Use:** Participants reported use of GHB/GBL/1,4-BD on a median of four days in the preceding six months (IQR=2-20;  $n=43$ ), consistent with 2022 (median 3 days; IQR=2-7;  $p=0.344$ ).

**Recent Injecting Use:** Of those that reported recent use ( $n=143$ ), 4% reported injecting as a route of administration ( $n \leq 5$  in 2022).

## Unisom

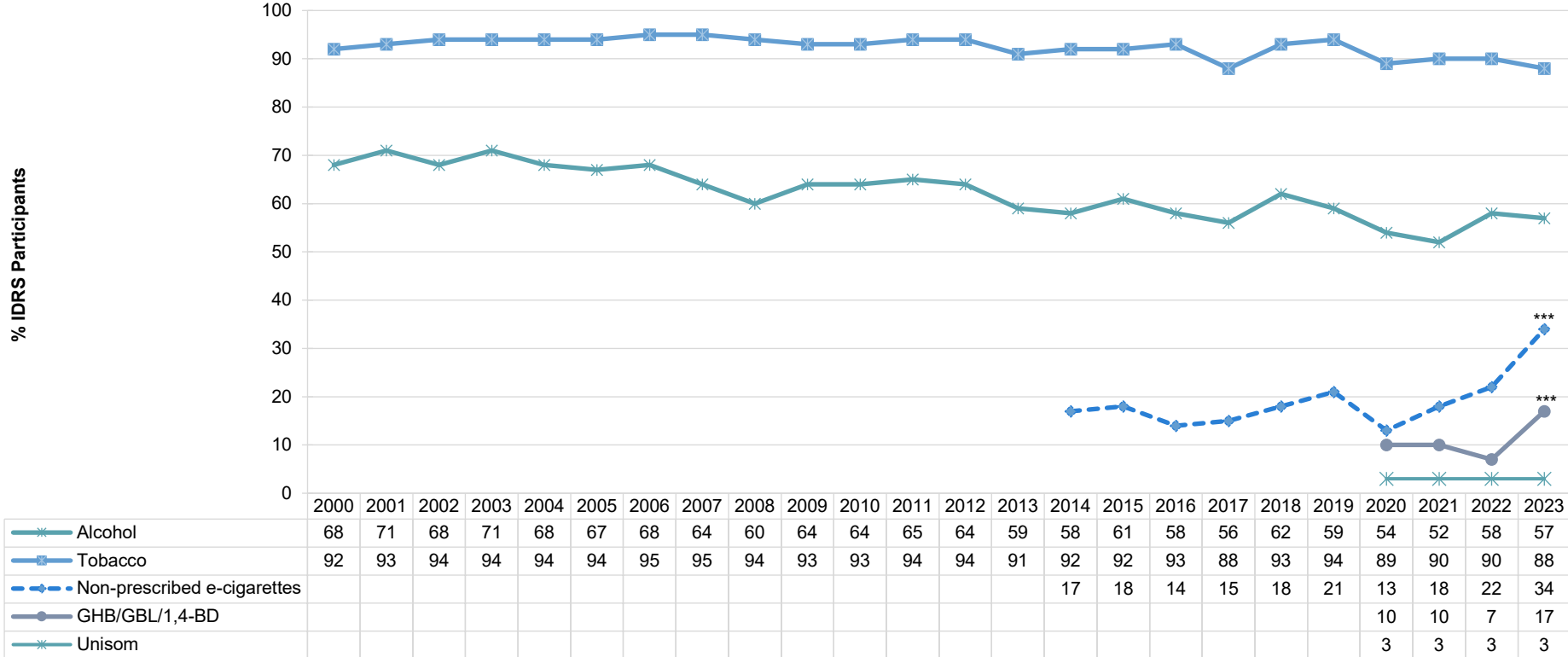
Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been [reports](#) of injecting use in Australia, raising concern of attendant injecting-related injuries.

**Recent Use (past 6 months):** In 2023, 3% of the national sample reported use of Unisom in the six months preceding interview (3% in 2022;  $p=0.878$ ) (Figure 31). The highest per cent of Unisom use was observed in the Melbourne sample (13%).

**Frequency of Use:** Participants reported use of Unisom on a median of 54 days in the preceding six months (IQR=6-180;  $n=22$ ), consistent with 2022 (median 42 days; IQR=17-113;  $p=0.869$ ).

**Recent Injecting Use:** Of those who had recently used Unisom ( $n=22$ ), 86% reported recent injecting use (68% in 2022) on a median of 60 days (IQR=8-180; 35 days in 2022; IQR=18-170;  $p=0.654$ ).

Figure 31: Past six month use of licit and other drugs, nationally, 2000-2023



Note. Empty cell(s) indicates question not asked in respective year. Participants were first asked about e-cigarettes in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD and Unisom in 2020. The response option, 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

# 9

## Drug-Related Harms and Other Behaviours

---

Participants were asked about various drug-related harms and other behaviours, including non-fatal overdose, injecting risk, drug treatment, mental health and crime. It should be noted that the following data refer to participants' understanding of these behaviours (e.g., may not represent medical diagnoses in the case of reporting on health conditions).

Participants were also asked about COVID-19 testing, diagnosis and vaccination.

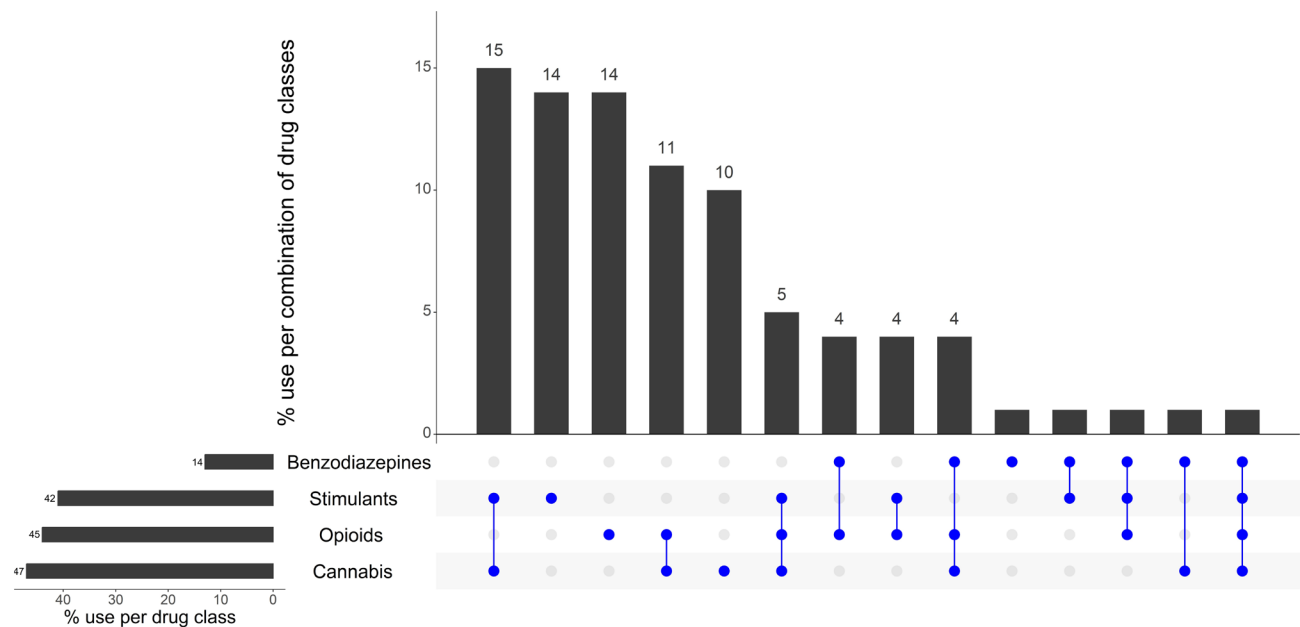
---

## Polysubstance Use

In 2023, the majority of the sample (96%) reported using one or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=781), the most commonly used substances were cannabis (47%), opioids (45%), stimulants (42%) and benzodiazepines (14%).

Three fifths (60%) of the sample reported using two or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview. Fifteen per cent reported concurrent use of cannabis and stimulants and 11% reported cannabis and opioids on the day preceding interview (Figure 32). Fourteen per cent of respondents reported using opioids or stimulants alone, respectively, whilst 10% reported using cannabis alone.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, nationally, 2023



Note. % calculated out of total IDRS 2023 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, ecstasy and 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. The response option ‘Don’t know’ was excluded from analysis. Y axis reduced to 20% 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 2023, participants were asked about their past 12-month experience of overdose where symptoms aligned with the 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 overdose episodes 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 (although the definition has been stable from 2019 onwards).

After some fluctuations from 2000-2006 (likely due to differences in the way questions regarding overdose were asked), the per cent reporting **any past 12-month non-fatal overdose** remained relatively stable from 2007-2017. After a slight increase in 2018 and 2019 (20% and 21%, respectively), the per cent reporting any past 12-month non-fatal overdose has remained relatively stable (18% in 2023; 17% in 2022;  $p=0.472$ ) (Figure 33). In 2023, a significant increase in the per cent reporting non-fatal overdose was observed in the Hobart sample (27%; 13% in 2022;  $p=0.039$ ). Conversely, a significant decrease in the per cent reporting non-fatal overdose was observed in the Adelaide sample (8%; 18% in 2022;  $p=0.039$ ) (Table 17).

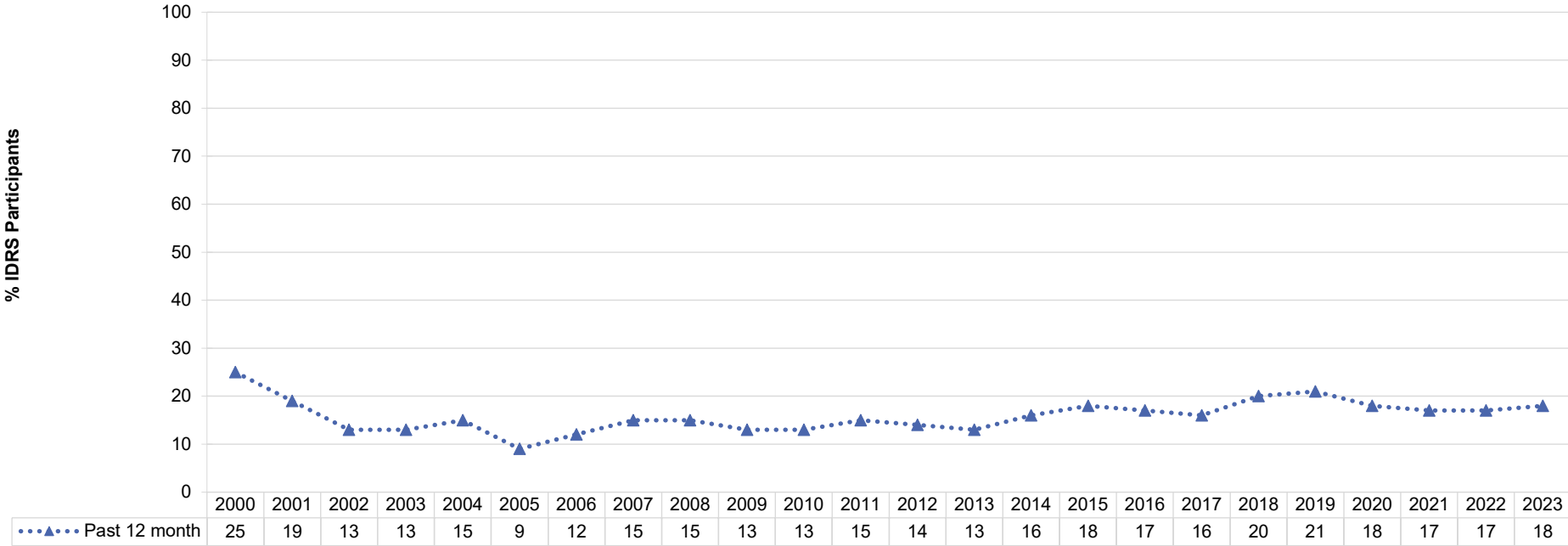
Twelve per cent reported a **non-fatal overdose following opioid use** in the past 12 months (12% in 2022;  $p=0.880$ ), whilst 5% reported a **non-fatal overdose following stimulant use** in the past 12 months (4% in 2022;  $p=0.269$ ) (Table 17).

The most commonly cited substance involved in past year non-fatal overdoses was heroin (9% of the total sample in 2023; 11% in 2022;  $p=0.298$ ). Participants who had overdosed on an opioid had done

so on a median of one occasion (IQR=1-2) in the last 12 months. Among those that had overdosed on an opioid in the past year and commented (n=98), 42% reported that an ambulance had attended their most recent overdose, 42% reported receiving naloxone from someone, 29% were admitted to an emergency department and 9% reported getting CPR from a friend, partner or peer. Twenty per cent reported not receiving any treatment: the most common reason for not seeking treatment was because they 'decided it wasn't serious enough' (45%). The most commonly cited other drugs involved in participants' most recent opioid overdose were benzodiazepines (including alprazolam; 29%), alcohol (27%), cannabis (22%) and crystal methamphetamine (18%).

Please contact the Drug Trends team ([drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)) to request further findings regarding non-fatal overdose in the IDRS sample.

Figure 33: Past 12-month any non-fatal overdose, nationally, 2000-2023



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



Table 17: Past 12-month non-fatal overdose by drug type, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=879	N=820	N=153	N=101	N=150	N=66	N=102	N=99	N=103
	2022	2023	2023	2023	2023	2023	2023	2023	2023
% Any opioid	N=868 12	<b>N=809 12</b>	N=146 12	N=99 13	N=150 17	N=64 14	N=102 -	N=99 14	N=103 15
% Heroin overdose	N=867 11	<b>N=806 9</b>	N=145 9	N=98 10	N=150 15	N=64 -	N=101 -	N=99 13	N=103 12
% Methadone overdose	N=867 1	<b>N=806 1</b>	N=145 -	N=98 0	N=150 -	N=64 -	N=101 0	N=99 -	N=103 0
% Morphine overdose	N=867 0	<b>N=806 -</b>	N=145 0	N=98 0	N=150 0	N=64 0	N=101 -	N=99 0	N=103 0
% Oxycodone overdose	N=867 -	<b>N=806 -</b>	N=145 0	N=98 -	N=150 0	N=64 0	N=101 0	N=99 0	N=103 -
% Stimulant overdose	N=878 4	<b>N=805 5</b>	N=147 4	N=98 -	N=150 -	N=63 11	N=102 -	N=99 -	N=101 7
% Other overdose	N=878 3	<b>N=805 4</b>	N=147 7	N=99 6	N=150 6	N=64 14	N=102 -	N=99 -	N=101 10
% Any drug overdose	N=868 17	<b>N=811 18</b>	N=147 17	N=100 17	N=150 23	N=64 27	N=102 8	N=99 17	N=103 23

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure for national estimates; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## 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 (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian

states and territories from 1 July 2022. 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:** From 2013-2023, at least four in five participants reported awareness of naloxone in each year, with 80% reporting awareness in 2023 (84% in 2022;  $p=0.033$ ) (Figure 34). There was large variation across capital city samples, however, ranging from 98% among Canberra participants to 48% among Adelaide participants (Table 18).

**Awareness of Take-Home Naloxone:** In 2023, 73% of participants had heard about take-home naloxone, a significant increase relative to 2022 (65%;  $p<0.001$ ), although it should be noted that this could be due to a change in how this question was asked (Figure 34). In 2023, 6% of the national sample reported having heard of paid access, a significant decrease compared to 2022 (12%;  $p<0.001$ ), and two thirds (67%) of participants reported having heard of free access (63% in 2022;  $p=0.132$ ). In 2023, knowledge regarding the take-home naloxone program was highest among the Canberra sample (97%), followed by the Melbourne sample (90%) (Table 18).

**Accessed Naloxone:** In 2023, half of the sample (53%) reported having ever accessed naloxone, a significant increase relative to 2022 (44%;  $p<0.001$ ), with 44% having done so in the past year, also a significant increase compared to 2022 (34%;  $p<0.001$ ). The majority of participants who had ever accessed naloxone and responded ( $n=424$ ) reported most recently accessing it from a NSP (58%), followed by a pharmacy (13%). The majority (96%) reported that they did not have to pay the last time they accessed naloxone.

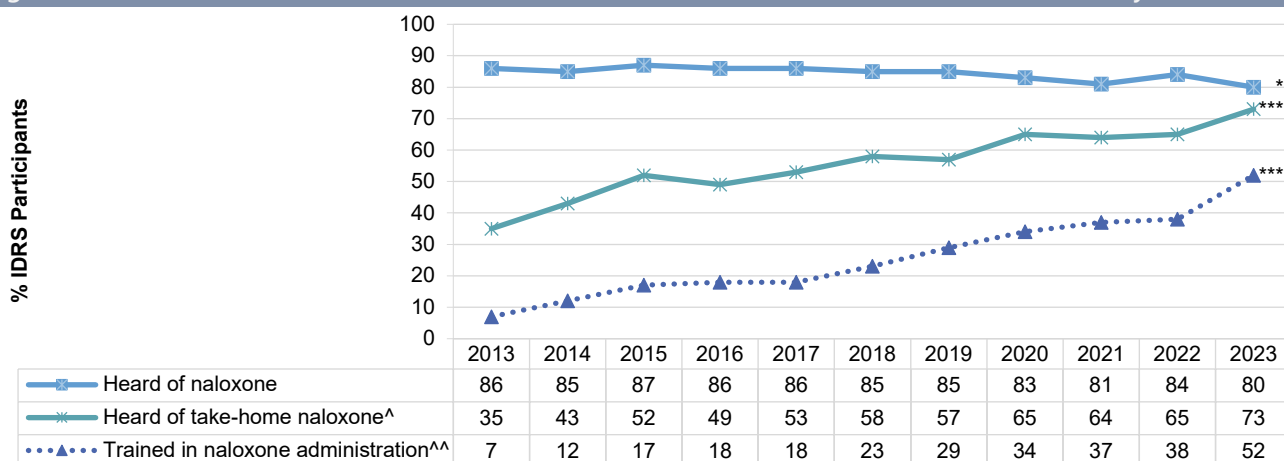
Two per cent of the total sample reported that they had tried to access naloxone in their lifetime but had been unsuccessful, with one per cent reporting this had occurred in the past year. An additional 49% of participants that they had never tried to access naloxone (note: a small per cent of participants reported never trying to access naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Out of those who ever had trouble accessing naloxone or had never tried to access naloxone ( $n=389$ ), reasons included 'didn't consider myself/my peers at risk of overdose' (20%), 'don't use opioids' (19%) and 'didn't know you could access naloxone' (13%).

Of those who had ever obtained naloxone, had used opioids in the past month and could respond ( $n=425$ ), 45% reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 17% reporting 'often', 9% 'sometimes', 4% 'rarely' and 12% 'never'.

**Education on Using Naloxone:** In 2023, half (52%) of the national sample had been trained in how to administer naloxone in their lifetime, a significant increase relative to 2022 (38%;  $p<0.001$ ), with 32% having done so in the past year, also a significant increase compared to 2022 (21%;  $p<0.001$ ). This increase could be due to a change in how this question was asked in 2023, although it is a continuation of an upward trend that has been observed since monitoring commenced (Figure 34). Among those who had been trained in naloxone administration in the last year, two thirds (66%) were taught how to administer naloxone at an NSP, followed by a 'health service' and 'other harm reduction service' (9%, respectively).

**Use of Naloxone to Reverse Overdose:** In 2023, of those that had heard about naloxone and could respond (n=809), 29% reported that they had resuscitated someone using naloxone at least once in their lifetime, a significant increase relative to 2022 (24%;  $p=0.034$ ), with 18% having done so in the past year. In 2023, of those that responded (n=809), 5% reported that they had ever been resuscitated by a peer using naloxone (6% in 2022;  $p=0.667$ ).

Figure 34: Lifetime awareness of naloxone, and education in naloxone administration, nationally, 2013-2023



Note. <sup>^</sup>Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. <sup>^^</sup>Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

Table 18: Lifetime awareness of naloxone, and education in naloxone administration, by capital city, 2023

	Syd N=148	Can N=100	Mel N=150	Hob N=63	Ade N=101	Per N=98	Bri/GC N=103
% Heard of naloxone	81	98	97	79	48	83	77
% Heard of take-home naloxone	73	97	90	68	31	80	72
% Trained in naloxone administration	55	76	68	38	11	63	51

Note. N is the number who responded (denominator). Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis.

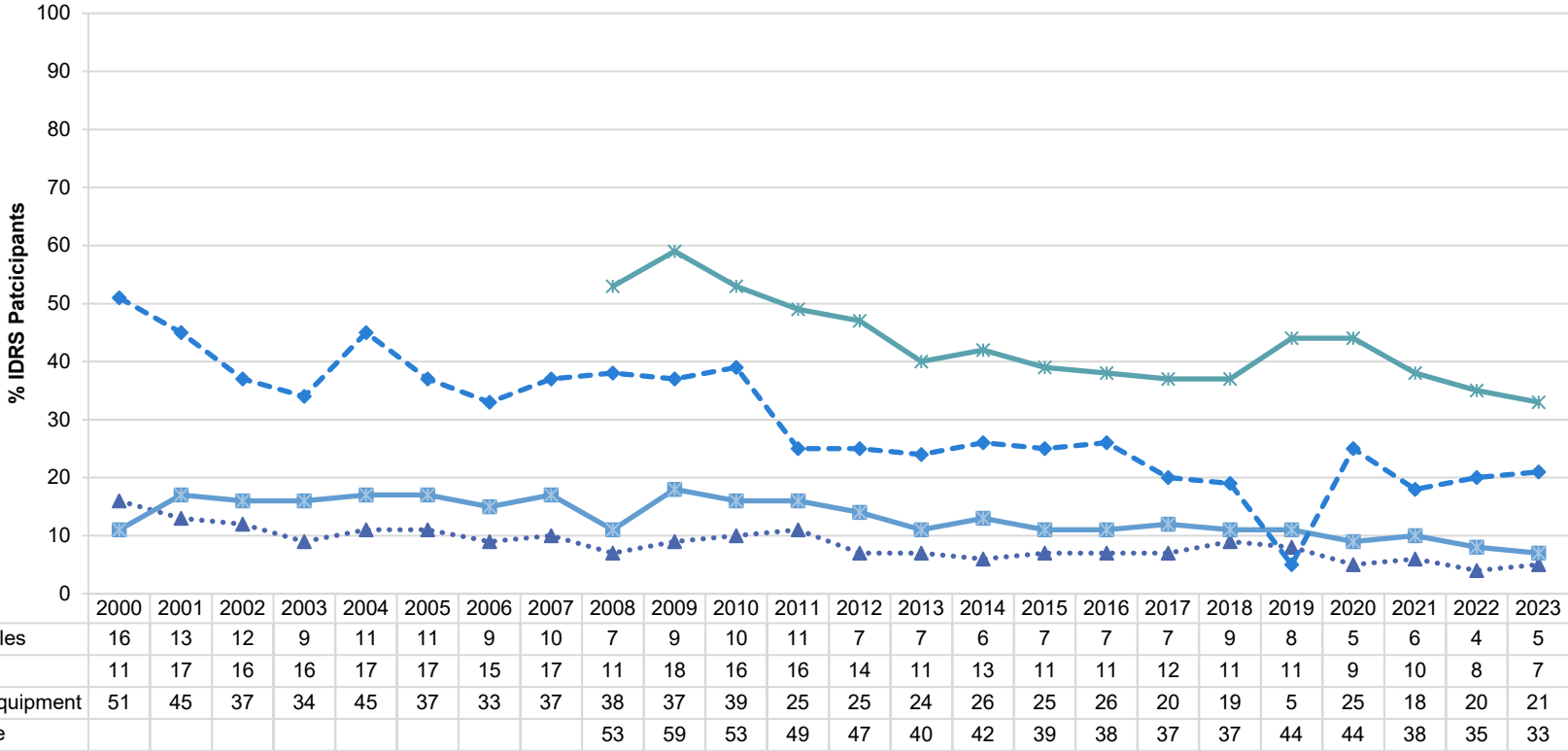
## Injecting Risk Behaviours and Harms

### Injecting Risk Behaviours

In 2023, 5% of the national sample reported receptive sharing (4% in 2022;  $p=0.478$ ) and 7% reported distributive sharing (8% in 2022;  $p=0.778$ ) in the past month, the latter being the lowest percentage since monitoring commenced. The per cent who had shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the month preceding interview more than halved between 2000 (51%) and 2011 (25%) and remained relatively stable from 2011-2023 (notwithstanding a sharp decline in 2019). Twenty-one per cent reported sharing other equipment in 2023, stable from 2022 (20%;  $p=0.716$ ) (Figure 35). The per cent of the sample who reported re-using their own needles in the past month has also declined over time, with one third (33%) reporting that they had re-used their own needle in 2023, the lowest per cent since monitoring began (35% in 2022;  $p=0.463$ ) (Figure 35).

One third (33%) of the 2023 sample reported that they had injected someone else after injecting themselves in the past month, a significant increase relative to 2022 (27%;  $p=0.008$ ) and 18% had been injected by someone else (15% in 2022;  $p=0.077$ ). The location of last injection remained stable between 2022 and 2023 ( $p=0.864$ ). Consistent with previous years, most participants (79%) in the national sample reported that they had last injected in a private home (78% in 2022) (Table 19). Thirteen per cent of Melbourne participants and 10% of Sydney participants reported last injecting at the Medically Supervised Injecting Room or Centre (Table 19).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 2000-2023



Note. Empty cell(s) indicates question not asked in respective year. 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.. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Table 19: Sharing needles and re-using needles and injecting equipment in the past month, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=879	N=820	N=153	N=101	N=150	N=66	N=101	N=99	N=103
	2022	2023	2023	2023	2023	2023	2023	2023	2023
<b>% Injecting behaviours past month</b>									
Borrowed a needle	N=868 4	<b>N=810 5</b>	N=150 5	N=98 -	N=150 -	N=64 -	N=102 6	N=99 11	N=101 -
Lent a needle	N=865 8	<b>N=808 7</b>	N=149 11	N=98 -	N=149 4	N=64 9	N=102 7	N=99 13	N=101 -
Shared any injecting equipment ^	N=872 <b>20</b>	<b>N=814 21</b>	N=153 20	N=101 21	N=150 27	N=66 11	N=102 14	N=97 29	N=99 25
Reused own needle	N=865 35	<b>N=810 33</b>	N=150 39	N=99 26	N=150 34	N=64 36	N=101 27	N=99 41	N=101 29
Injected partner/friend after self~	N=866 27	<b>N=811 33**</b>	N=150 35	N=99 23	N=150 43	N=64 33	N=102 30	N=99 38	N=101 31
Somebody else injected them after injecting themselves~	N=865 15	<b>N=810 18</b>	N=150 21	N=99 15	N=150 19	N=64 13	N=102 19	N=99 19	N=101 22
<b>% Location of last injecting use</b>	N=868	<b>N=812</b>	N=149	N=99	N=150	N=64	N=102	N=99	N=103
Private home	78	<b>79</b>	81	86	63	78	85	76	88
Car	5	<b>4</b>	-	-	5	-	-	9	-
Street/car park/beach	6	<b>8</b>	5	-	13	-	7	9	-
Public toilet	5	<b>5</b>	4	-	-	13	-	-	-
Medically supervised injecting Centre/Room	4	<b>4</b>	10	0	13	0	0	0	0
Other	1	<b>1</b>	-	-	-	0	0	-	0

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. - Values suppressed due to small cell size (n≤5 but not 0). N is the number who responded (denominator). Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table for national estimates; \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 (statistically significant changes in jurisdictional estimates for 2022 versus 2023 presented in text only).

### Self-Reported Injection-Related Injuries and Diseases

In 2023, one quarter (26%) of the national sample reported having an injection-related health issue in the month preceding interview, stable from 2022 (26%;  $p=0.957$ ) (Table 20). The most common injection-related health issue reported by participants was any infection/abscess (10%; 12% in 2022;  $p=0.189$ ) and any nerve damage (10%; 11% in 2022;  $p=0.872$ ). There was a significant decrease in participants reporting other serious injection-related infections (e.g., sepsis, osteomyelitis) in 2023 (1%) compared to 2022 (3%;  $p=0.044$ ).

Table 20: Injection-related issues in the past month, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=874	N=817	N=151	N=101	N=150	N=66	N=102	N=99	N=102
	2022	2023	2023	2023	2023	2023	2023	2023	2023
<b>% Artery Injection</b>	4	<b>4</b>	-	6	-	-	-	7	9
<b>% Any nerve damage</b>	11	<b>10</b>	8	14	5	-	13	13	18
<b>% Any thrombosis</b>	5	<b>6</b>	4	-	6	-	-	16	8
Blood clot	4	<b>6</b>	4	-	5	-	-	16	7
Deep vein thrombosis	1	-	-	-	-	0	0	0	-
<b>% Any infection/ abscess</b>	12	<b>10</b>	11	10	5	-	12	18	11
Skin abscess	10	<b>9</b>	10	10	-	-	11	16	11
Other serious infection (e.g., sepsis, osteomyelitis)	3	<b>1*</b>	-	-	-	0	-	-	0
Endocarditis	1	-	0	-	0	-	0	-	0
<b>% Dirty hit</b>	7	<b>6</b>	9	9	0	0	14	9	6
<b>% Any injection related problem</b>	26	<b>26</b>	24	28	17	21	29	41	32

Note. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table for national estimates; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Drug Treatment

In 2023, almost two fifths (39%) of the sample reported that they were in any drug treatment for their substance use (38% in 2022;  $p=0.799$ ), with the most common treatment being methadone (21%; 24% in 2022;  $p=0.271$ ) (Table 21). There was a significant increase in participants reporting buprenorphine depot injection in 2023 (7%) compared to 2022 (4%;  $p=0.001$ ) (Table 21).

Table 21: Any current drug treatment, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=879	N=820	N=153	N=101	N=150	N=66	N=102	N=99	N=103
	2022	2023	2023	2023	2023	2023	2023	2023	2023
<b>% Any current drug treatment</b>	38	<b>39</b>	39	51	53	21	17	48	40
Methadone	24	<b>21</b>	22	37	29	-	9	31	15
Buprenorphine	2	<b>1</b>	-	-	0	-	0	-	-
Buprenorphine-naloxone	5	<b>5</b>	-	-	5	9	-	-	10
Buprenorphine depot injection	4	<b>7**</b>	12	6	15	0	-	-	-
Drug counselling	9	<b>7</b>	5	12	5	-	-	11	12
Other	3	<b>2</b>	-	-	0	-	-	-	-

Note. - Values suppressed due to small cell size ( $n \leq 5$  but not 0). Due to the particularly small samples recruited in Darwin in 2023, data are not presented in this table. Syd = Sydney, Can = Canberra, Mel = Melbourne, Hob = Hobart, Ade = Adelaide, Per = Perth, Bri/GC = Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table for national estimates; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .



## Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past three months, a [cut-off value of four](#) was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a [cut-off value of five](#) as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=527), the median SDS score was five (IQR=2-9), with 57% scoring five or above, indicating possible dependence (58% in 2022;  $p=0.759$ ) (Table 22).

Of those who had recently used methamphetamine and commented (n=638), the median SDS score was three (IQR=1-7), with 47% scoring four or above, indicating possible dependence (47% in 2022;  $p=0.957$ ) (Table 22).

**Table 22: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, nationally, 2017-2023**

	2017	2018	2019	2020	2021	2022	2023
<b>Opioid</b>	N=659	N=659	N=618	/	N=553	N=530	<b>N=527</b>
<b>Median total score (IQR)</b>	7 (3-10)	5 (1-9)	6 (3-10)	/	6 (2-9)	5 (2-9)	<b>5 (2-9)</b>
% score 0	12	25	12	/	14	16	<b>17</b>
% score = 1	3	3	6	/	5	5	<b>6</b>
% score ≥ 5	67	57	63	/	57	58	<b>57</b>
<b>Methamphetamine</b>	N=609	N=680	N=673	/	N=700	N=666	<b>N=638</b>
<b>Median total score (IQR)</b>	3 (0-6)	1 (0-6)	3 (0-6)	/	3 (0-7)	3 (0-6)	<b>3 (1-7)</b>
% score 0	31	44	30	/	28	26	<b>25</b>
% score = 1	8	8	10	/	9	11	<b>10</b>
% score ≥ 4	45	36	42	/	47	47	<b>47</b>

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence was not asked of participants in 2020. The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

## Bloodborne Virus Testing and Treatment

In 2023, half (52%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year, a significant increase relative to 2022 (43%;  $p < 0.001$ ). Two fifths (43%) had received a PCR or RNA test, also a significant increase compared to 2022 (37% in 2022;  $p = 0.015$ ) and 7% reported having a current HCV infection (7% in 2022;  $p = 0.838$ ) (Table 22). Eight per cent of the total sample reported that they had received HCV treatment in the past year (10% in 2022;  $p = 0.431$ ), of which the majority (75%;  $n = 47$ ) reported that their treatment had been successful.

Most of the sample (85%) reported having ever had a test for human immunodeficiency virus (HIV) (33% within the past six months; 23% in 2022;  $p < 0.001$ ), of which 3% reported a positive diagnosis (2% in 2022;  $p = 0.735$ ) (Table 22).

Table 23: HCV and HIV testing and treatment, nationally, 2018-2023

%	National					
	N=905 2018	N=902 2019	N=884 2020	N=888 2021	N=879 2022	N=820 2023
<b>Past year Hepatitis C test</b>						
Past year hepatitis C antibody test	N=861 60	N=876 54	N=861 31	N=868 44	N=846 43	<b>N=785 52***</b>
Past year hepatitis C PCR or RNA test	N=794 45	N=817 44	N=831 36	N=839 40	N=803 37	<b>N=751 43*</b>
<b>Current hepatitis C status</b>						
Currently have hepatitis C <sup>^</sup>	N=807 20	N=823 15	N=836 11	N=826 9	N=805 7	<b>N=737 7</b>
<b>Past year treatment for hepatitis C</b>						
Received treatment in past year	N=852 18	N=794 15	N=854 9	N=862 12	N=835 10	<b>N=749 8</b>
Most recent treatment was successful (among those who had received treatment in past year)	N=99 94	N=79 97	N=80 72	N=100 69	N=85 69	<b>N=63 75</b>
<b>HIV test</b>				N=864	N=823	<b>N=789</b>
HIV test in past 6 months	/	/	/	31	23	<b>33***</b>
HIV test more than 6 months ago	/	/	/	53	55	<b>51</b>
<b>HIV status</b>				N=722	N=633	<b>N=670</b>
Lifetime HIV positive diagnosis	/	/	/	4	3	<b>3</b>

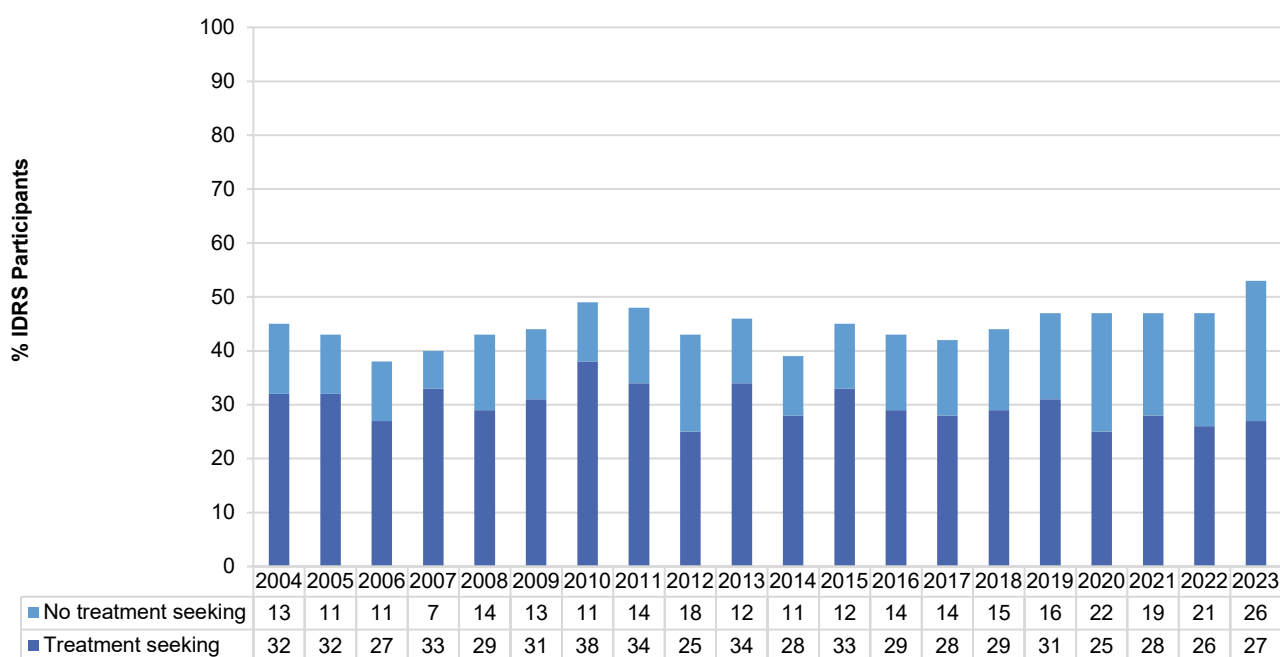
Note. <sup>^</sup>This includes people who had not been tested for HCV. - Values suppressed due to small numbers ( $n \leq 5$  but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2023 versus 2022 presented in table for national estimates; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Mental Health and Psychological Distress (K10)

### Mental Health

In 2023, half (53%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, a significant increase relative to 2022 (47%;  $p=0.034$ ), and the highest per cent reported since monitoring commenced (Figure 36). Amongst those who had experienced a mental health problem, the most commonly reported problems were depression (59%; 64% in 2022;  $p=0.666$ ) and anxiety (53%; 55% in 2022;  $p=0.343$ ). Fewer participants reported post-traumatic stress disorder (PTSD) (24%), schizophrenia (13%) and bipolar disorder (11%). One quarter of the total sample (27%; 51% of those who reported a mental health problem) had seen a mental health professional during the past six months, stable from 2022 (26%; 55% of those who reported a mental health problem;  $p=0.303$ ). Three quarters (73%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months (74% in 2022;  $p=0.750$ ).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2023



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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

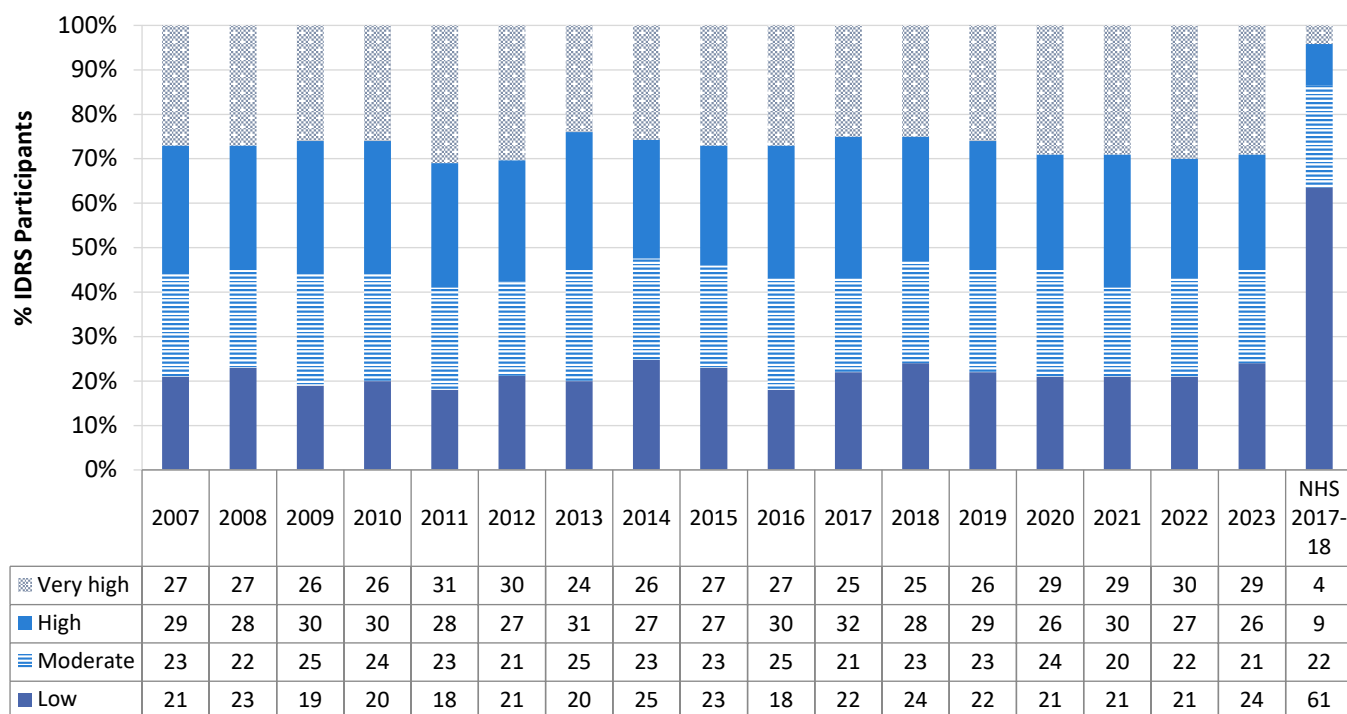
### Psychological Distress (K10)

The [Kessler Psychological Distress Scale 10 \(K10\)](#) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate ‘low’ psychological distress; scores between 16–21 indicate ‘moderate’ psychological distress; scores between 22–29 indicate ‘high’ psychological distress; and scores between 30–50 indicate ‘very high’ psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance. The K10 scores was stable between 2022 and 2023 ( $p=0.645$ ), with 29% having a score of 30 or more (30% in 2022) (Figure 37).

The [National Health Survey 2017-18](#) provides Australian population data for adult ( $\geq 18$  years) K10 scores. IDRS participants in 2023 reported greater levels of ‘moderate’, ‘high’ and ‘very high’ distress compared to the general population (Figure 37).

Figure 37: K10 psychological distress scores, nationally, 2008-2023 and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). The response option ‘Don’t know’ was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

## Health Service Access

Most participants (89%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023, a significant increase relative to 2022 (82%;  $p < 0.001$ ) (Table 24). The most common services accessed by participants for AOD support in 2023 were a NSP and a GP (76% and 37%, respectively).

Nearly all participants (96%) reported accessing any health service for any reason in the six months preceding interview in 2023, also a significant increase compared to 2022 (91%;  $p < 0.001$ ) (Table 24). The most common services accessed by participants for any reason in 2023 were a NSP (80%), a GP (66%) and the emergency department (28%).

Table 24: Health service access for alcohol and other drug reasons and for any reason in the past six months, nationally, 2022-2023

	AOD support		Any reason	
	2022 (N=877)	2023 (N=820)	2022 (N=879)	2023 (N=820)
% accessed a health service in the past 6 months	82	<b>89***</b>	91	<b>96***</b>
<b>Type of service accessed (participants could select multiple services)</b>				
GP	34	<b>37*</b>	61	<b>66*</b>
Emergency department	10	<b>13</b>	22	<b>28*</b>
Hospital admission (inpatient)	8	<b>9</b>	17	<b>20</b>
Medical tent (e.g., at a festival)	0	-	1	<b>1</b>
Drug and Alcohol counsellor	17	<b>16</b>	17	<b>17</b>
Hospital as an outpatient	3	<b>5</b>	9	<b>12</b>
Specialist doctor (not including a psychiatrist)	5	<b>3</b>	10	<b>10</b>
Dentist	5	<b>4</b>	16	<b>13</b>
Ambulance attendance	6	<b>7</b>	11	<b>14</b>
Other health professional (e.g., physiotherapist)	2	<b>2</b>	8	<b>11*</b>
Psychiatrist	6	<b>5</b>	11	<b>11</b>
Psychologist	6	<b>4</b>	11	<b>9</b>
NSP	69	<b>76**</b>	71	<b>80***</b>
Peer based harm reduction service	10	<b>10</b>	11	<b>11</b>
Other harm reduction service	1	<b>2</b>	2	<b>3</b>

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size ( $n \leq 5$  but not 0). Statistical significance for 2022 versus 2023 presented in table; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## Stigma

Questions regarding stigma were derived from the [Stigma Indicators Monitoring Project](#), with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 55% of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 25). Specifically, 12% of the national sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (13% of those who had attended a specialist AOD service), a significant decrease from 20% in 2022 ( $p < 0.001$ ; noting that this could be driven by fewer participants attending AOD services). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (32%; 36% of those who had attended general health care services), stable relative to 2022 (34% in 2022;  $p = 0.362$ ). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (15%) or the emergency department (10%). Two fifths (42%) of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (31%) (Table 25).

Notably, two fifths (43%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (26%), followed by delaying accessing health care (23%) and not attending follow-up appointments (17%).

Table 25: Self-reported experiences of stigma due to injecting drug use in the past six months, nationally, 2022-2023

	2022	2023
<b>% Experienced stigma in specialist AOD service</b>	N=861 20	N=815 12***
Needle and syringe program	/	3
Supervised injecting facility	/	-
Opioid treatment program	/	3
AOD counselling	/	1
Residential rehabilitation	/	-
Detoxification	/	-
Group therapy	/	-
Peer based HR service	/	-
Other	/	4
<b>% Experienced stigma in general health care service</b>	N=787 34	N=790 32
GP	/	15
Emergency department	/	10

Hospital admission (inpatient)	/	<b>8</b>
Medical tent	/	<b>0</b>
Dentist	/	<b>1</b>
Hospital outpatient	/	<b>3</b>
Specialist doctor	/	<b>1</b>
Ambulance	/	<b>3</b>
Psychiatrist	/	<b>1</b>
Psychologist	/	<b>1</b>
Other	/	<b>2</b>
<b>% Experienced stigma in non-health care setting</b>	/	<b>N=813 42</b>
Welfare and social service	/	<b>15</b>
Current of potential employer	/	<b>5</b>
School/uni/TAFE	/	<b>1</b>
Police	/	<b>31</b>
Other legal services	/	<b>6</b>
Housing and homelessness services	/	<b>15</b>
Other	/	<b>1</b>
<b>% Experienced stigma in any of the above settings<sup>^</sup></b>	/	<b>55</b>
<b>% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services</b>	/	<b>N=802 43</b>
Delayed accessing healthcare	/	<b>23</b>
Did not tell health worker about drug use	/	<b>26</b>
Downplayed need for pain medication	/	<b>14</b>
Looked for different services	/	<b>12</b>
Did not attend follow-up appointment	/	<b>17</b>
Other	/	<b>-</b>

Note. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. <sup>^</sup>Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

## COVID-19 Testing and Diagnosis

In 2023, 92% of the national sample had ever been tested for SARS-CoV-2 (86% in 2022; 43% in 2021; 20% in 2020), with 89% having been tested in the 12 months preceding interview (85% in 2022; 46% in 2021; 20% in 2020). Two fifths (42%) of participants reported having ever been diagnosed with the virus (22% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). One fifth (22%) of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, 83% reported that they had received at least one COVID-19 vaccine dose (84% in 2022), with participants receiving a median of three doses (IQR=2-4; 4% received one dose, 25% received two doses and 54% received three or more doses).

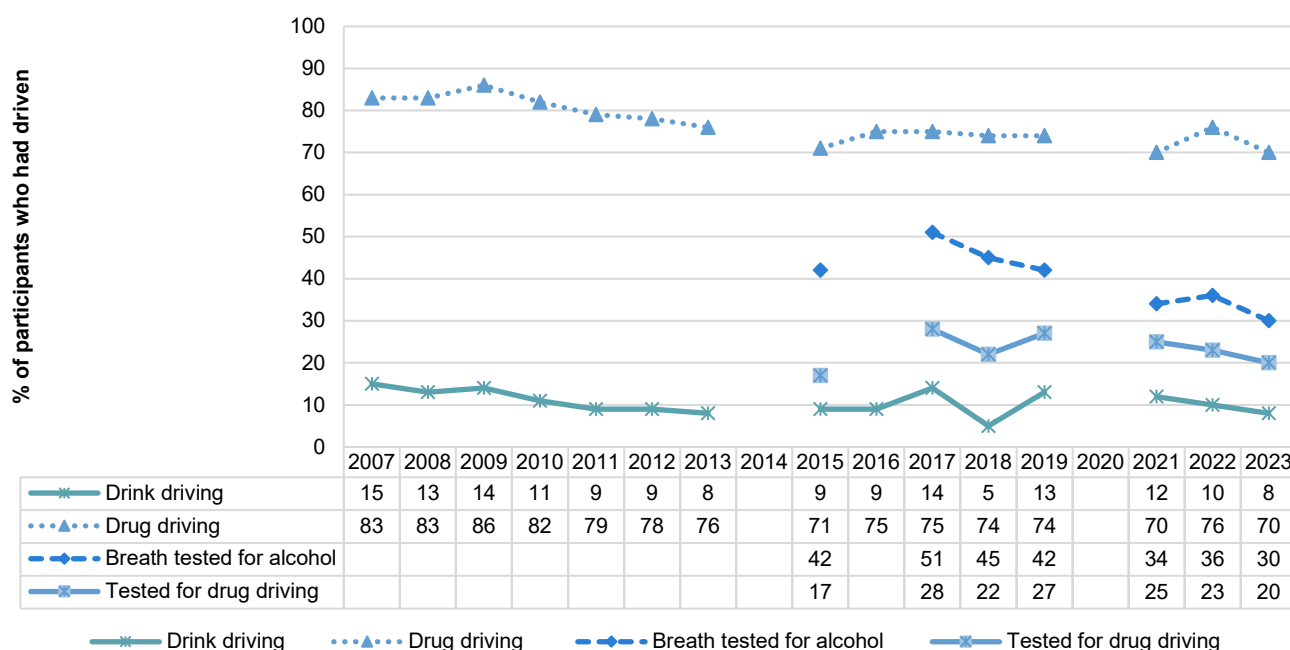
## Driving

Of the national sample, nearly two fifths (38%) of participants had driven a car, motorcycle or other vehicle in the last six months in 2023 (36% in 2022) (Figure 38). Of those who had driven recently, 8% reported driving while over the perceived legal limit of alcohol, stable relative to 2022 (10%;  $p=0.391$ ), and 70% reported driving within three hours of consuming an illicit or non-prescribed drug, also stable relative to 2022 (76%;  $p=0.085$ ).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded ( $n=208$ ), participants most commonly reported using methamphetamine crystal (54%) prior to driving, followed by heroin (45%) and cannabis (32%).

Of those who had recently driven, 20% reported that they had been tested for drug driving by the police roadside drug testing service (23%;  $p=0.330$ ), and 30% reported that they had been breath tested for alcohol by the police roadside testing service (36% in 2022;  $p=0.106$ ) in the six months prior to interview (Figure 38).

Figure 38: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, nationally, 2007-2023



Note. Computed of those who had driven a vehicle in the past six months. Empty cell(s) indicates question not asked in respective year. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

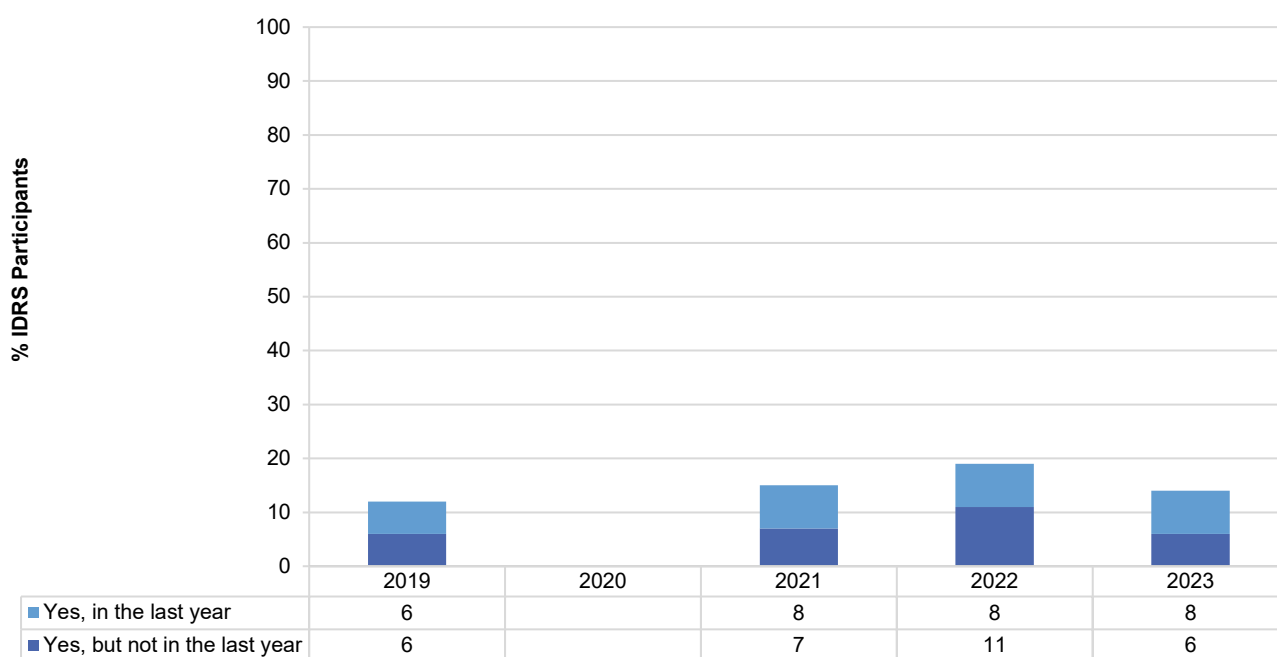


## Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a pilot fixed-site drug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 15% of participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia, a significant decrease relative to 2022 (19%;  $p=0.040$ ), with 8% having done so in the past year (8% in 2022;  $p=0.792$ ) (Figure 39). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2023 and responded ( $n=72$ ), equal percentages reported using colorimetric or reagent test kits, and testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) (38%, respectively). Of those who had used testing strips ( $n=23$ ), few participants ( $n\leq 5$ ) reported receiving a positive detection for fentanyl.

Figure 39: Lifetime and past year engagement in drug checking, nationally, 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year. – Percent suppressed due to small cell size ( $n\leq 5$  but not 0). Statistical significance for 2022 versus 2023 presented in figure; \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$ .

## Experience of Crime and Engagement with the Criminal Justice System

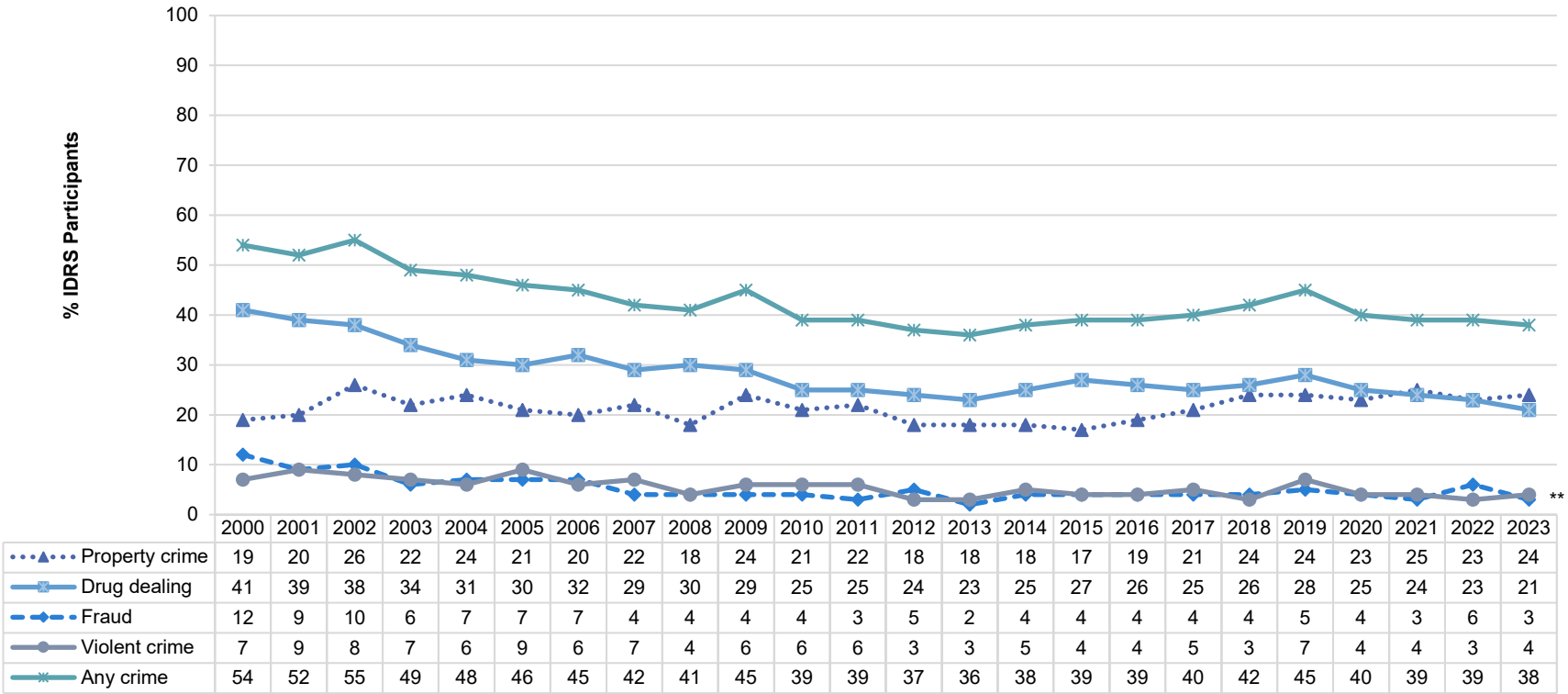
The per cent of participants reporting past month criminal activity declined from 2000 to 2010, stabilising from 2010 onwards. Property crime (24%) and selling drugs (21%) for cash profit remained the most common self-reported crimes in 2023, stable from 2022 (23%;  $p=0.956$  and 23%;  $p=0.544$ , respectively). Fewer participants reported past month violent crime (4%; 3% in 2022;  $p=0.199$ ) or fraud (3%; 6% in 2022;  $p=0.002$ ) (Figure 40). Being the victim of a crime involving violence (e.g., assault) in the month preceding interview remained stable in 2023 relative to 2022 (13%; 16% in 2022;  $p=0.143$ ) (Figure 41).

One third (33%) of participants reported a drug-related encounter with police which did not result in charge or arrest, a significant increase relative to 2022 (22%;  $p<0.001$ ). This predominantly comprised being stopped and searched (78%; 74% in 2022;  $p=0.311$ ), followed by stopped and questioned (73%; 54% in 2022;  $p<0.001$ ).

In 2023, almost one quarter of participants (24%) reported past year arrest, stable from 2022 (23% in 2022;  $p=0.404$ ). Of those who had been arrested and commented ( $n=191$ ), the main reasons for arrest in 2023 were property crime (25%), followed by use/possession of drugs (24%).

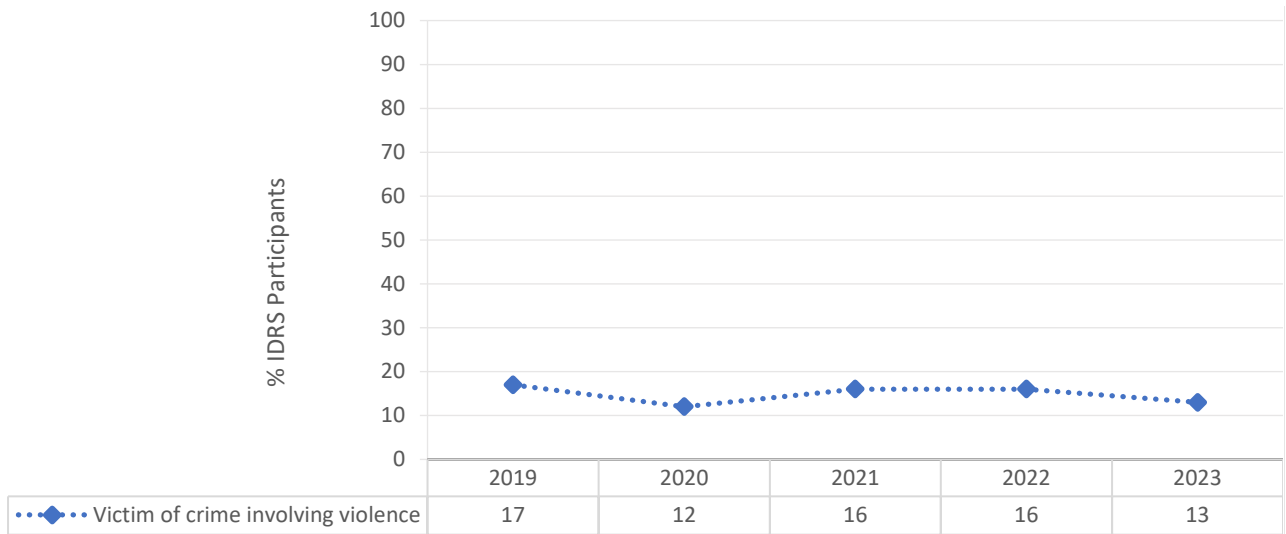
Three fifths of the national sample (60%) reported a lifetime prison history in 2023, stable compared to 2022 (60%;  $p=0.960$ ).

Figure 40: Self-reported criminal activity in the past month, nationally, 2000-2023



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .

Figure 41: Victim of crime involving violence in the past month, nationally, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. – Per cent suppressed due to small cell size ( $n \leq 5$  but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$ .