



VICTORIAN DRUG TRENDS 2020

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



VICTORIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Cristal Hall¹, Sophie Cameron Krepp¹, Sarah Eddy¹, Campbell Aitken¹, Debbie Scott⁵ & Paul Dietze^{1,2,3,4}

¹Behaviours and Health Risks, Burnet Institute

²National Drug Research Institute, Curtin University

³National Drug and Alcohol Research Centre, UNSW

⁴School of epidemiology and Preventive Medicine, Monash University

⁵Turning Point, Eastern Health



ISBN 978-0-7334-3971-1 ©NDARC 2021

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 information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

Suggested citation: Hall, C., Cameron Krepp, S., Eddy, S., Aitken, C., Scott, D. & Dietze, P. (2021). Victorian Drug Trends 2020: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. <http://doi.org/10.26190/232b-f919>

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

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

Table of Contents

SAMPLE CHARACTERISTICS	17
COVID-19	20
HEROIN	30
METHAMPHETAMINE	37
COCAINE	46
CANNABIS	48
PHARMACEUTICAL OPIOIDS	53
OTHER DRUGS	58
DRUG-RELATED HARMS AND OTHER ASSOCIATED BEHAVIOURS	61

List of Tables

Table 1: Demographic characteristics of the sample, nationally (2020) and Victoria, 2015-2020	17
Table 2: Social and financial impacts of COVID-19 restrictions, Victoria, 2020	23
Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Victoria, 2020	23
Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Victoria, 2020	29
Table 5: Past six month use of other opioids, Victoria, 2019-2020	57
Table 6: Past six month use of new psychoactive substances, Victoria, 2014-2020	58
Table 7: Past year non-fatal overdose by drug type, nationally and Victoria, 2015-2020	62
Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally and Victoria, 2015-2020	66
Table 9: Injection-related issues in the past month, Victoria, 2019-2020	66
Table 10: Current drug treatment, nationally and Victoria, 2015-2020	67

List of Figures

Figure 1: Drug of choice, Victoria, 2000-2020	18
Figure 2: Drug injected most often in the past month, Victoria, 2000-2020.....	19
Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2000-2020.....	19
Figure 4: Timeline of COVID-19 in Australian and IDRS data collection period, 2020	20
Figure 5: Health precautions related to COVID-19 in the past four weeks, Victoria, 2020	22
Figure 6: Participant concerns relating to the COVID-19 pandemic, Victoria, 2020.....	22
Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions), Victoria, 2020.....	24
Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions), Victoria, 2020.....	25
Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions), Victoria, 2020.....	26
Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions), Victoria, 2020	26
Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions), Victoria, 2020.....	27
Figure 12: Changes in aspects of drug treatment since March 2020 amongst participants reporting recent opioid agonist treatment, Victoria, 2020	28
Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions), Victoria, 2020.....	29
Figure 14: Past six month use and frequency of use of heroin, Victoria, 2000-2020.....	31
Figure 15: Median price of heroin per cap and gram, Victoria, 2000-2020	32
Figure 16: Current perceived purity of heroin, Victoria, 2000-2020	32
Figure 17: Current perceived availability of heroin, Victoria, 2000-2020.....	33
Figure 18: Purity of heroin seizures by Victorian law enforcement, July 2018–June 2019.....	33
Figure 19: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2019	34
Figure 20: Annual number of heroin-related events attended by Ambulance Victoria, Melbourne, 2012–2019	35
Figure 21: Percentage of calls to DirectLine in which heroin was identified as drug of concern, Victoria 2007–2019	36
Figure 22: Past six month use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2020..	37
Figure 23: Frequency of use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2020	38
Figure 24: Median price of methamphetamine crystal per point and gram, Victoria, 2003-2020.....	41
Figure 25: Current perceived purity of methamphetamine crystal, Victoria, 2002-2020	41
Figure 26: Current perceived availability of methamphetamine crystal, Victoria, 2002-2020	42
Figure 27: Purity of methamphetamine seizures by Victorian law enforcement, July 2018–June 2019.....	42
Figure 28: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2019	43
Figure 29: Annual number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2019	44

Figure 30: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2019.....45

Figure 31: Past six month use and frequency of use of cocaine, Victoria, 2000-2020..... 47

Figure 32: Past six month use and frequency of use of cannabis, Victoria, 2000-202049

Figure 33: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, Victoria, 2003-2020.50

Figure 34: Current perceived potency of hydroponic (a) and bush (b) cannabis, Victoria, 2006-2020..... 51

Figure 35: Current perceived availability of hydroponic (a) and bush (b) cannabis, Victoria, 2005-202052

Figure 36: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Victoria, 2000-202054

Figure 37: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Victoria, 2006-202054

Figure 38: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Victoria, 2006-202055

Figure 39: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Victoria, 2005-202056

Figure 40: Past six month use of other drugs, Victoria, 2000-2020.....59

Figure 41: Past 12 month non-fatal any overdose, Victoria, 2000-2020..... 62

Figure 42: Take-home naloxone program and distribution, Victoria, 2013-2020.....64

Figure 43: Borrowing and lending of needles and sharing of injecting equipment in the past month, Victoria, 2000-2020.....65

Figure 44: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2004-2020.....68

Figure 45: Self-reported criminal activity in the past month, Victoria, 2000-2020 68

Acknowledgements

Funding

In 2020, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government 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 IDRS 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sophie Cameron Krepp, Sarah Eddy, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute, Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr 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. In particular, we would like to thank Emma Woods, Michael Curtis, Filip Djordjevic, Reece Cossar, Ellie Walker, Dorian Raffaele and Ashleigh Stewart for conducting IDRS interviews in 2020.

We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League, for their contribution to the IDRS. We also gratefully acknowledge the input from Melissa Bremner from Victoria Police Forensic Service Department.

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

Abbreviations

ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information System
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OAT	Opioid agonist treatment
PBS	Pharmaceutical Benefits Scheme
SD	Standard deviation
UNSW	University of New South Wales
VADC	Victorian Alcohol and Drug Collection
VIC	Victoria
WA	Western Australia

Executive Summary

The Illicit Drug Reporting System (IDRS) has been running in Victoria since 1997. One component of the IDRS includes a survey of people who inject drugs. In 2020, the Victorian (VIC) IDRS sample comprised a sentinel sample of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Melbourne, Victoria. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from June to August, subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were administered via phone rather than face to face. This consideration should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

As in previous years, the VIC sample in 2020 mostly consisted of men (59%); the mean age of participants was 44 years. Fifty-eight per cent reported holding a post-school qualification, a significant increase from 2019 (37%; $p < 0.001$). Over two thirds of participants (72%) reported that heroin was their drug of choice, as well as the drug injected most frequently in the previous month (70%). Less than one fifth (17%) of the sample reported methamphetamine as their drug of choice, and a quarter (25%) as the drug injected most often in the past month.

COVID-19 Impact

This brief section was included to summarise data specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Twenty per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, the majority of

participants (87%) had practised social distancing and over two thirds (68%) had undergone home isolation. More than one quarter of the sample (26%) reported a change in the frequency of injecting drugs in the past month as compared with February 2020, of whom almost half (46%) reported greater frequency of injection. Most participants reported no change in their use of benzodiazepines (91%), pregabalin (90%), cocaine (87%), tobacco (83%), cannabis (77%), alcohol (76%), e-cigarettes (72%), methamphetamine (67%), and heroin (57%) since March 2020. Crystal methamphetamine and heroin were the drugs most participants reported had increased in price (89% and 65%, respectively) since March 2020. Heroin and crystal methamphetamine were also most commonly reported to have decreased in purity (by 43% and 42% of participants, respectively). Cannabis and methamphetamine were reported to have decreased in availability (40% and 36%, respectively). Of those participants who were in any drug treatment in the past six months ($n=116$), over half (62%) reported disruption to their drug treatment, such as 'appointments via phone/video rather than face-to-face' (48%). Of those participants on opioid agonist treatment since March 2020 ($n=95$), 43% reported receiving an increase in take-away doses, whilst 26% reported a decrease in pharmacy doses. Most participants reported no change to their injecting practices since March 2020. Almost a fifth (19%) of the sample reported having sought information on how to reduce the risk of contracting COVID-19 or avoiding the impacts of restrictions on drug acquisition and use. Most participants (83%) reported engaging in harm reduction behaviours to minimise the risk of acquiring COVID-19 while using or obtaining drugs, such as 'washing hands with soap/sanitiser before handling drugs/money' (70%). One-third of participants (33%) reported their mental health over the past four weeks to be 'worse' than in February 2020.

Heroin

Recent use (past six months) of heroin has remained fairly stable in recent years, with 85% of participants reporting recent use in 2020. Most participants (88%) reported weekly use of heroin in 2020. Significantly fewer participants (51%) perceived heroin to be 'very easy' to obtain in 2020 (68% in 2019; $p=0.011$).

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, although use has trended upwards since monitoring began in 2000. In 2020, two thirds of the sample (66%) reported recent use of any methamphetamine, with crystal methamphetamine remaining the most common form (64%; 68% in 2019; $p=0.608$).

Cocaine

Recent use of cocaine was similar to previous years, with 17% of the sample reporting recent use (10% in 2019; $p=0.089$). Injecting remained the most common route of administration (55%), followed by snorting (39%).

Cannabis

Recent use of cannabis remained stable in 2020, with 69% of the sample reporting recent use. Just under half (47%) of participants reported daily use, unchanged from 2019. Smoking continued to be the most common route of administration in 2020, reported by 99% of the sample. Hydroponic cannabis remained the most commonly used form of cannabis (90%), followed by bush cannabis (31%).

Pharmaceutical Opioids

Recent use of any methadone has remained stable in the past few years, reported by 52% of the sample in 2020. Any use of buprenorphine-naloxone decreased significantly in 2020 compared to 2019, with 15% of participants reporting recent use (24% in 2019; $p=0.042$). The most common non-prescribed pharmaceutical opioids used in 2020 were methadone (10%), morphine (8%), and oxycodone (7%).

Other Drugs

Recent use of new psychoactive substances remained low in 2020 at 6% of the sample (9% in 2019; $p=0.361$). A third of participants (33%) reported recent non-prescribed use of any benzodiazepine (40% in 2019; $p=0.212$). Alcohol use remained stable in 2020 relative to 2019, with 51% of participants reporting recent use (58% in 2019; $p=0.271$). While recent tobacco use remained highly prevalent in the sample, at 87%, this figure was a significant reduction from 2019 (94%; $p=0.045$), and the lowest per cent since monitoring began. Recent use of e-cigarettes also decreased in 2020, down to 10% of the sample (24% in 2019; $p=0.001$). A third of these participants (33%) reported using e-cigarettes as a smoking cessation tool.

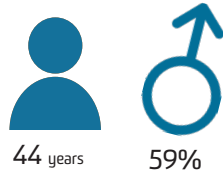
Drug-Related Harms and Associated Behaviours

One fifth of the sample (20%) reported a non-fatal overdose on any opioid in the past year, most commonly heroin (19%). Twenty-seven per cent of participants reported that they had resuscitated someone in the past year using naloxone. A. In 2020, more participants reported last injecting in a private home relative to 2019 (71% versus 55%; $p=0.003$), and fewer reported last injecting on a 'street, park or bench' relative to 2019 (10% versus 23%; $p=0.002$). Fifty-eight per cent of the sample were in drug treatment at the time of interview. Over half (57%) of participants self-reported a mental health problem in 2020, a significant increase from 2019 (42%; $p=0.014$). The most common mental health problems reported were depression (75%) and anxiety (60%). Self-reported criminal activity remained fairly stable in 2020, although significantly fewer reported an arrest in the past year (25% versus 43% in 2019; $p=0.001$), or a lifetime prison history (59% versus 71% in 2019; $p=0.035$).

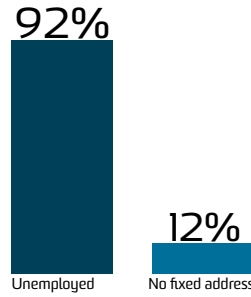
2020 SAMPLE CHARACTERISTICS



In 2020, 179 people from Melbourne, VIC participated in IDRS interviews.



The mean age in 2020 was 44, and 59% identified as male.

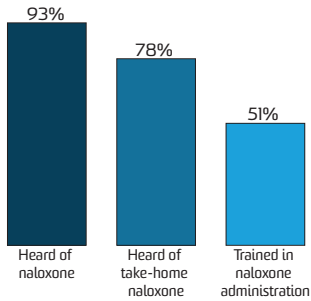


In the 2020 sample, 92% were unemployed and 12% had no fixed address.

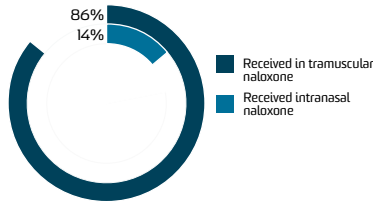
- ✓ Injected heroin
- ✓ Injected methamphetamine
- ✓ Injected other

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

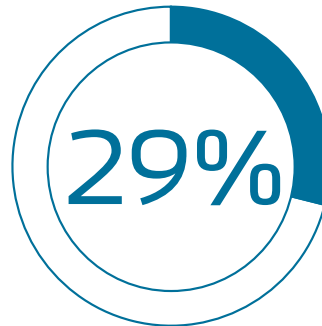
NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.



Of those who reported ever accessing naloxone, 86% received intramuscular naloxone and 14% intranasal naloxone.

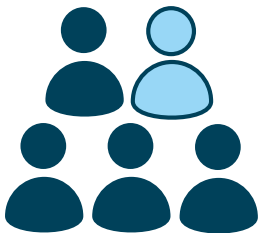


Of those who reported having heard of naloxone, 29% had used naloxone to resuscitate someone who had overdosed.



Of those who reported an opioid overdose, 33% said they had been resuscitated with naloxone by a peer.

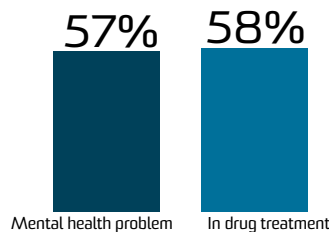
OTHER HARMS AND HELP-SEEKING



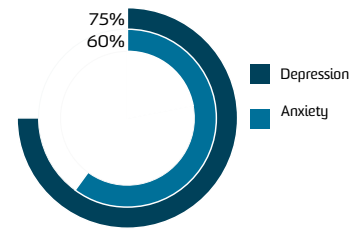
In the 2020 sample, 19% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.



In the 2020 sample, <5% had experienced a non-fatal stimulant overdose in the previous 12 months.

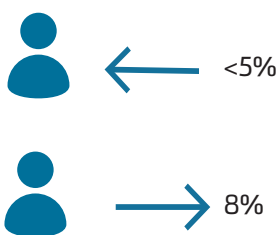


In the sample, 57% self reported a mental health problem in the six months prior to interview, and 58% were in drug treatment at the time of interview.

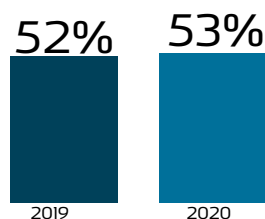


In the sample, 75% reported being diagnosed with depression and 60% with anxiety in the past six months.

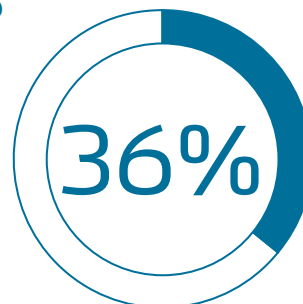
INJECTING RELATED RISKS AND HARMS



In 2020, <5% of the sample reported receptive needle sharing, and 8% reported distributing needles to others.

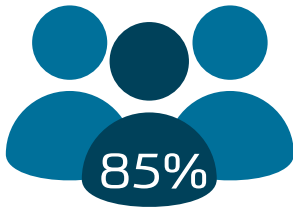


The number of people who re-used their own needles was stable between 2019 (52%) and 2020 (53%).

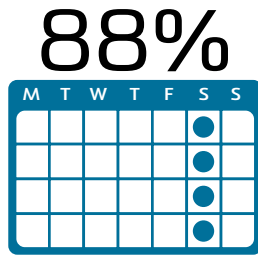


In 2020, just over one-third (36%) of the sample reported having an injection-related health issue in the month preceding interview.

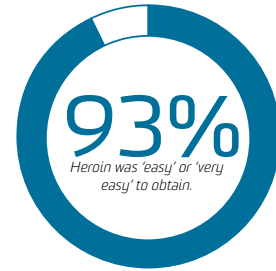
HEROIN



Past 6 month use of heroin was 85% in the 2020 sample (84% in 2019).



Of those who had recently consumed heroin, almost 9 in 10 used it weekly or more often.

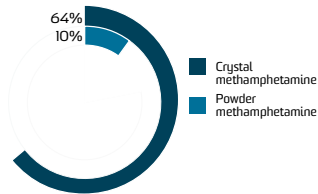


Of those who could comment 93% perceived heroin to be 'easy' or 'very easy' to obtain, down from 97% in 2019.

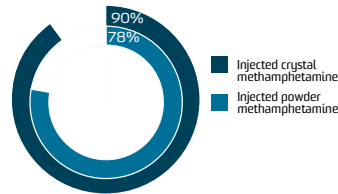
METHAMPHETAMINE



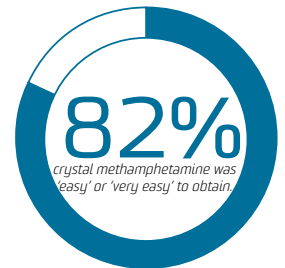
In the sample, 66% reported past 6 month use of any methamphetamine (70% in 2019).



Of the entire sample, 10% had recently consumed powder, and 64% crystal methamphetamine.

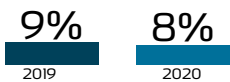


Injection was the main route of administration for crystal (90%) and powder (78%) among those who had consumed each form.



Of those who could comment 82% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

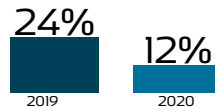
PHARMACEUTICAL MEDICINES



Past 6 month use of non-prescribed morphine was stable at 9% in the 2019 IDRS sample and 8% in 2020.



Past 6 month use of non-prescribed fentanyl was stable at 7% in the 2019 IDRS sample and <5% in 2020.

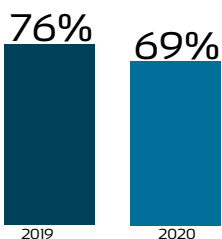


Past 6 month use of non-prescribed pregabalin decreased from 24% in the 2019 IDRS sample to 12% in 2020.

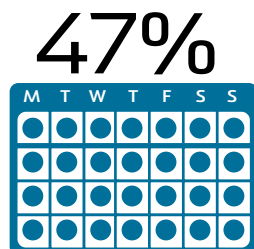


Past 6 month use of non-prescribed oxycodone was stable at 5% in the 2019 IDRS sample and 7% in 2020.

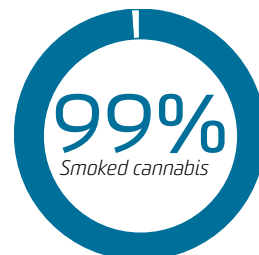
CANNABIS



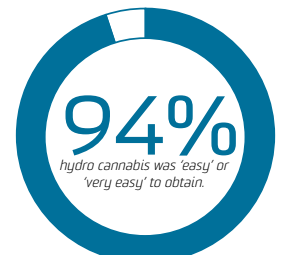
Past 6 month use of any cannabis was stable at 76% in the 2019 IDRS sample to 69% in 2020.



Of those who had consumed cannabis recently, just under half reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 99% had smoked it.



Of those who could comment 94% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

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 (NSPs) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

In 2019, 902 participants were recruited across capital cities nationally (May–July 2019), with 148 participants interviewed in Melbourne, Victoria (VIC), during May–June 2019.

IDRS 2020: 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 came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (the Northern Territory and Tasmania) 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 (bank transfer, PayID or gift voucher), if they completed the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June–September, 2020), with 179 participants interviewed in Melbourne, VIC, during June–August, 2020. In 2020, 84% of Melbourne participants were recruited via NSPs (59% in 2019; $p<0.001$), followed by 12% via word-of-mouth (37% in 2019; $p<0.001$). Fourteen per cent of the 2020 sample reported taking part in the 2019 interview (24% in 2019 had taken part in the 2018 interview; $p=0.035$).

Routinely Collected Data

Four different types of routinely collected data are presented in this report.

Drug seizure purity levels

The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for seizures of drugs in Victoria for inclusion in this report for the 2018/19 financial year.

Ambulance attendances at non-fatal drug-related events

Turning Point manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records. Data for the period between January 2005 and December 2019 are presented in this report.

Specialist drug treatment presentations

The Victorian Department of Health funds community-based agencies to provide specialist alcohol and drug treatment services across the state. Data on people seeking treatment from specialist alcohol and other drug agencies in Victoria are collected via the Alcohol and Drug Information System (ADIS) that has now become the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2018/19 financial year, 44,733 courses of treatment were delivered to 31,231 clients, compared to 60,182 courses of treatment delivered to 37,618 clients in the 2017/18 financial year.

Alcohol and other drug helpline calls

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, and calls from or about people who use drugs. This report presents data for the period between 1999 and 2019.

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 for the statistical significance of differences between estimates for 2019 and 2020 have been conducted. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#), but it should be noted that these data are from participants recruited in Melbourne, VIC, 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, nor does it include the implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Victoria (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

For consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have compared sample demographics for 2019 and 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours before and during the COVID-19 period, whereas those relating to shorter timeframes – such as within the previous six months or past month – may reflect behaviours during or subsequent to stringent restrictions, depending on the jurisdiction and timeframe. This may mean that some indicators are insensitive to the impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier [bulletins](#) released based on IDRS 2020 findings.

Additional Outputs

[Infographics](#) from this report are available for download. Numerous outputs from the IDRS triangulate key results from the annual interviews and other data sources and outline the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). They includes results from the [Ecstasy and Related Drugs Reporting System](#), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

In 2020, over half of the Melbourne sample was male (59%; 69% in 2019; $p=0.074$), and participants' mean age was 44 years (SD= 8; Table 1). Nine per cent of participants identified as Aboriginal and/or Torres Strait Islander, a significant decrease from 2019 (24%; $p<0.001$). Most of the sample (92%) were unemployed (90% in 2019; $p=0.723$), however, over half (58%) reported having received a post-school qualification(s), a significant increase from 2019 (37%; $p<0.001$). The median reported weekly income was \$533 (IQR=450–550), significantly higher than the \$400 (IQR=275–500; $p<0.001$) measured in the 2019 IDRS.

Participants most commonly reported that heroin was their drug of choice (72%, Figure 1; 69% in 2019; $p=0.663$) as well as the drug injected most often in the month preceding the interview (70%; Figure 2; 73% in 2019; $p=0.695$). Three quarters of participants (75%) reported high-frequency (weekly or more frequent) heroin use in the previous six months (Figure 3; 72% in 2019; $p=0.516$).

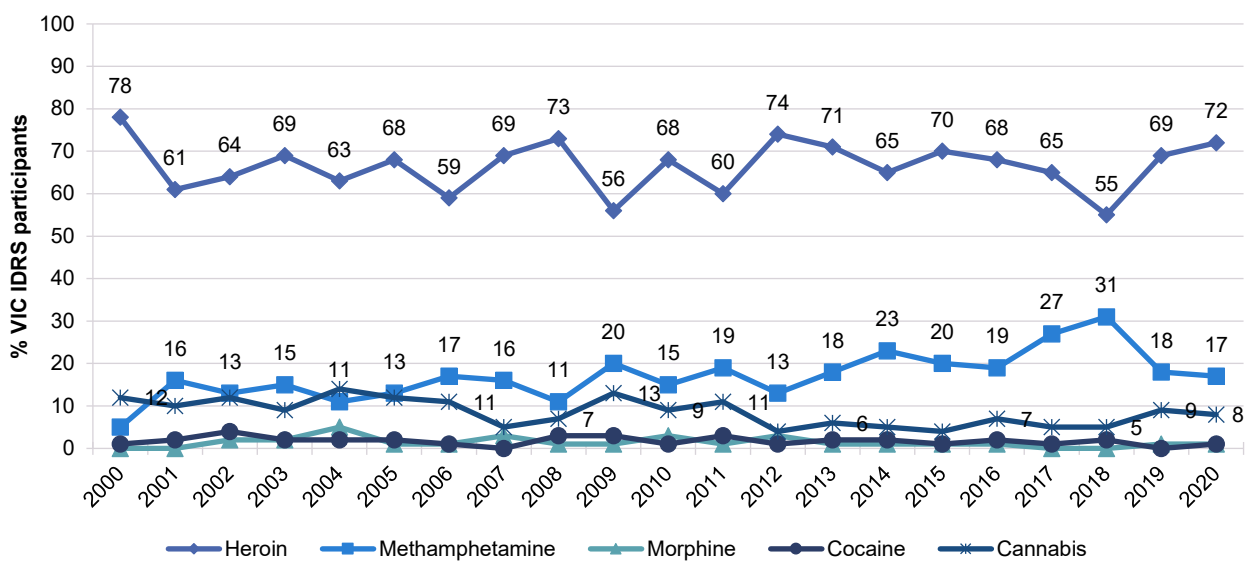
Table 1: Demographic characteristics of the sample, nationally (2020) and Victoria, 2015-2020

	National	Victoria					
	2020 (N=884)	2020 (N=179)	2019 (N=148)	2018 (N=150)	2017 (N=152)	2016 (N=175)	2015 (N=150)
Mean age (years; SD)	44 (9)	44 (8)	43 (8)	42 (8)	42 (8)	42 (9)	42 (8)
% Male	59	59	69	69	74	71	71
% Aboriginal and/or Torres Strait Islander	18	9***	24	15	20	10	16
% Sexual identity							
Heterosexual	86	88	90	90	85	89	91
Homosexual	4	-	-	-	-	-	-
Bisexual	8	7	-	9	-	7	7
Queer	1	0	0	/	/	/	/
Other	1	-	-	-	-	-	-
Mean years of school education (SD)	10 (2)	10** (2)	10 (2)	10 (2)	10 (2)	10 (2)	10 (2)
% Post-school qualification(s)^	62	58***	37	50	41	44	56
% Current accommodation							
Own home (inc. renting)	69	59	55	45	49	61	63
Parents'/family home	6	-	8	6	10	10	5
Boarding house/hostel	9	18**	7	11	12	5	17
Shelter/refuge	2	-	-	-	-	-	-
No fixed address	12	12**	27	31	22	15	7
Other	1	-	-	-	-	-	-

% Current employment status							
Unemployed	88	92	90	94	89	90	85
Full-time work	3	-	-	0	-	-	-
% Past month gov't pension, allowance or benefit	94	97	91	94	95	91	95
Current Median income/week (\$; IQR)	500 (421-555)	533 (450-550)***	400 (275-500)	400 (275-450)	392 (275-482)	400 (275-480)	375 (300-445)

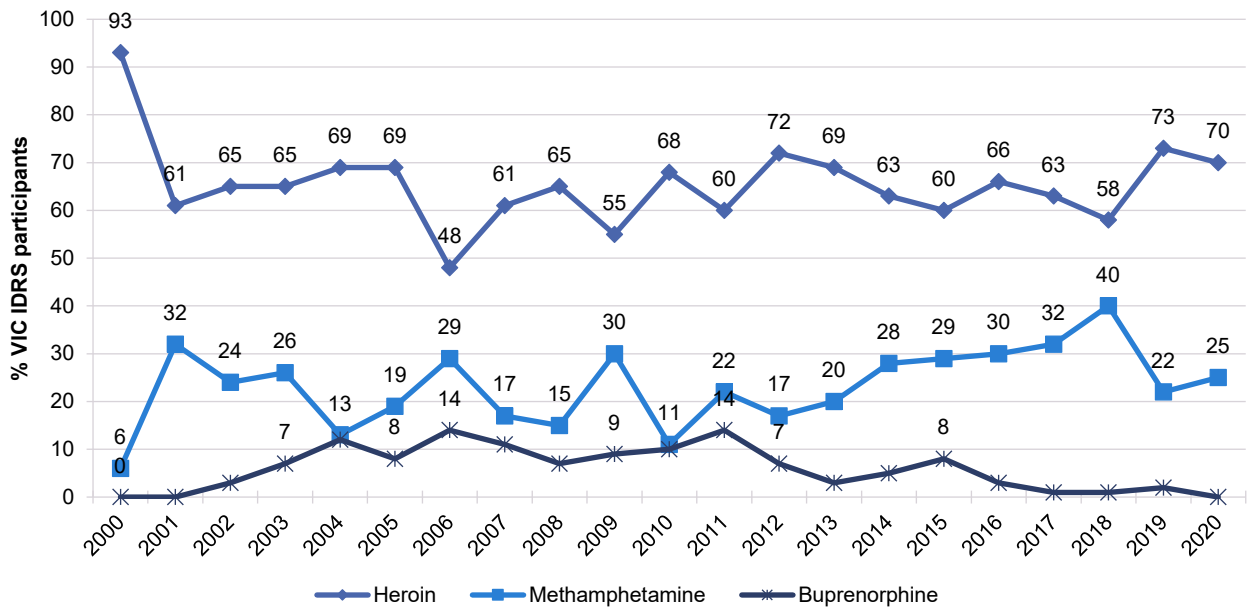
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college'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

Figure 1: Drug of choice, Victoria, 2000-2020



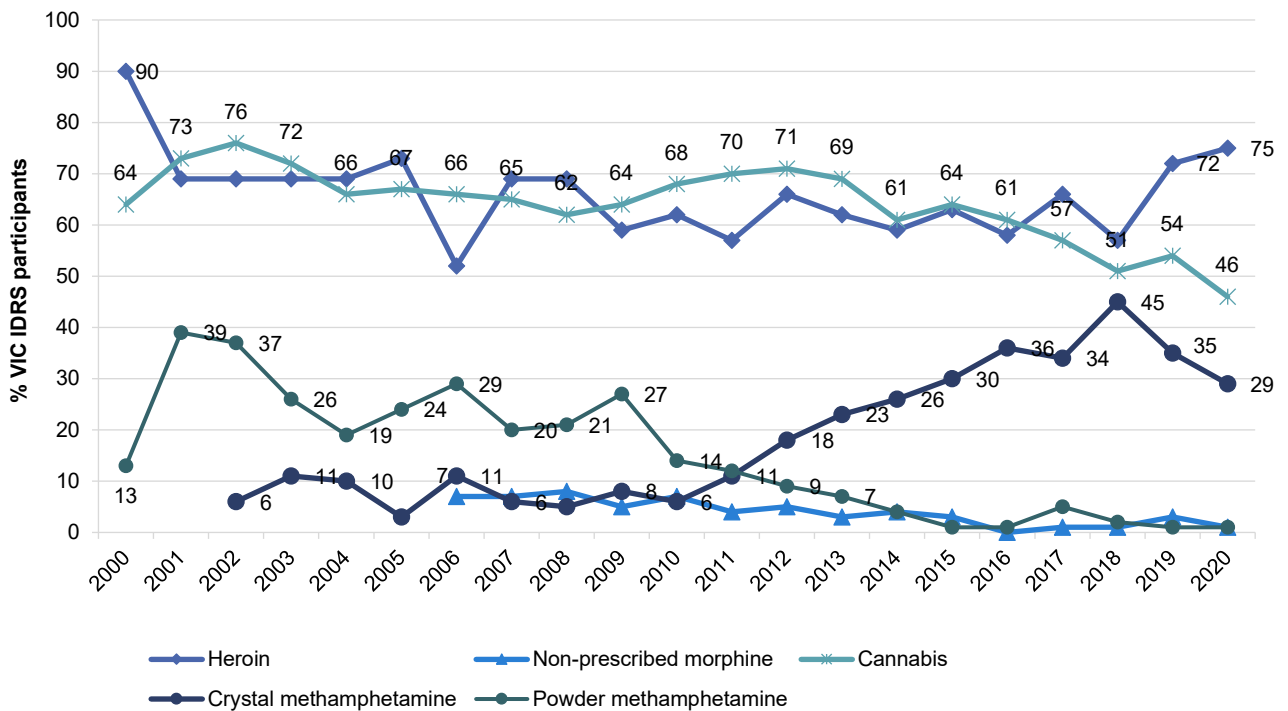
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, Victoria, 2000-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2000-2020



Note. Computed for the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

2

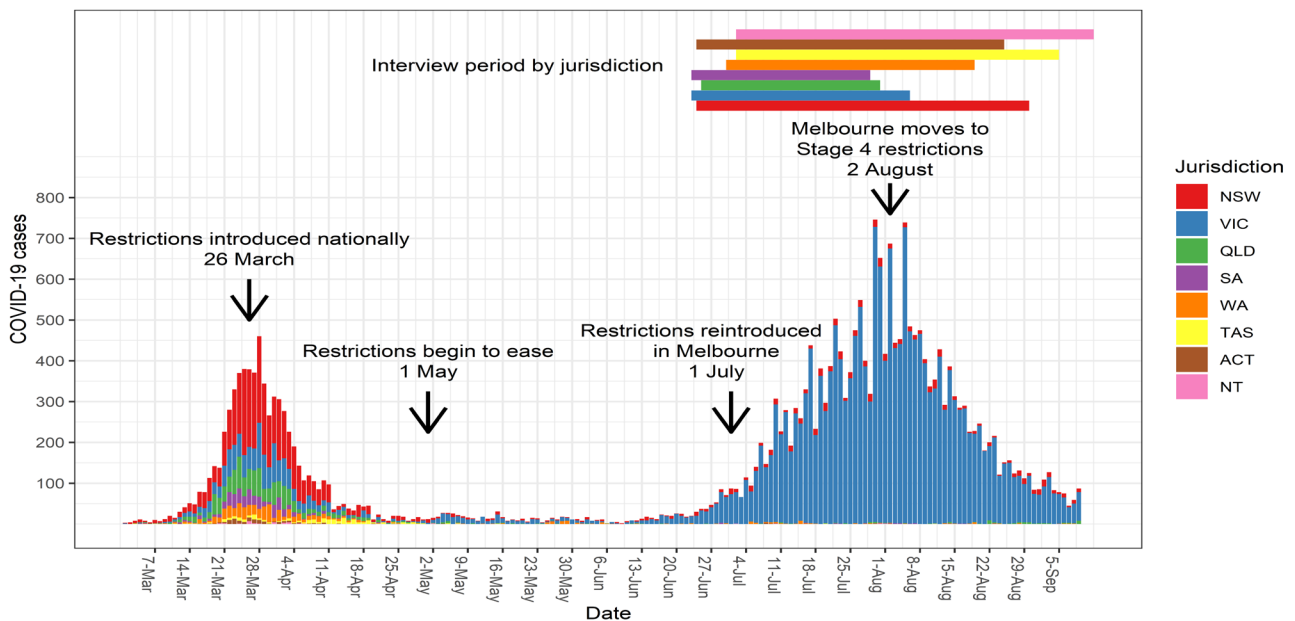
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in daily cases throughout March (peaking at 469 cases 28/3/2020), and declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (NSW) (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, but restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residences for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, strict restrictions were enforced again in Victoria (from July), with Stage 4 restrictions being implemented in early August 2020.

Victoria observed its first case of COVID-19 on 25 January 2020. The Victorian government declared a state of emergency on 16th March, allowing the enforcement of regulations aimed at managing the spread of COVID-19. This included a ‘stay-at-home’ order, and restrictions on movement and activities. From 28 March all overseas returned travellers were required to go into 14 days of hotel quarantine. During this first wave of the virus, the peak number of daily cases reported was 111 on 28 March. Victoria underwent some easing of restrictions in May and June; however, these were reintroduced on 1 July. The VIC–NSW border closed on 6 July. The second peak of 725 new cases occurred on 5 August, shortly after the introduction of stage four restrictions (2 August).

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



Note. Data obtained from <https://www.covid19data.com.au/>.

Methods

IDRS interviews in Victoria commenced on 23 June and concluded on 6 August, 2020 (Figure 4).

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions were asked about the impacts of COVID-19 on lifestyle factors such as housing situation and changes in employment, amongst others, as well about COVID-specific factors such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Background** section of this document.

COVID-19 Testing and Diagnosis

Twenty per cent of the Melbourne sample reported having been tested for SARS-CoV-2 by the time of interview, and no participants had been diagnosed with the virus. Over half (59%) of participants reported concern about contracting COVID-19; over a quarter (26%) reported being 'slightly' worried, whereas 20% reported being 'moderately' worried. Small numbers ($n \leq 5$) reported being 'very' to 'extremely' worried.

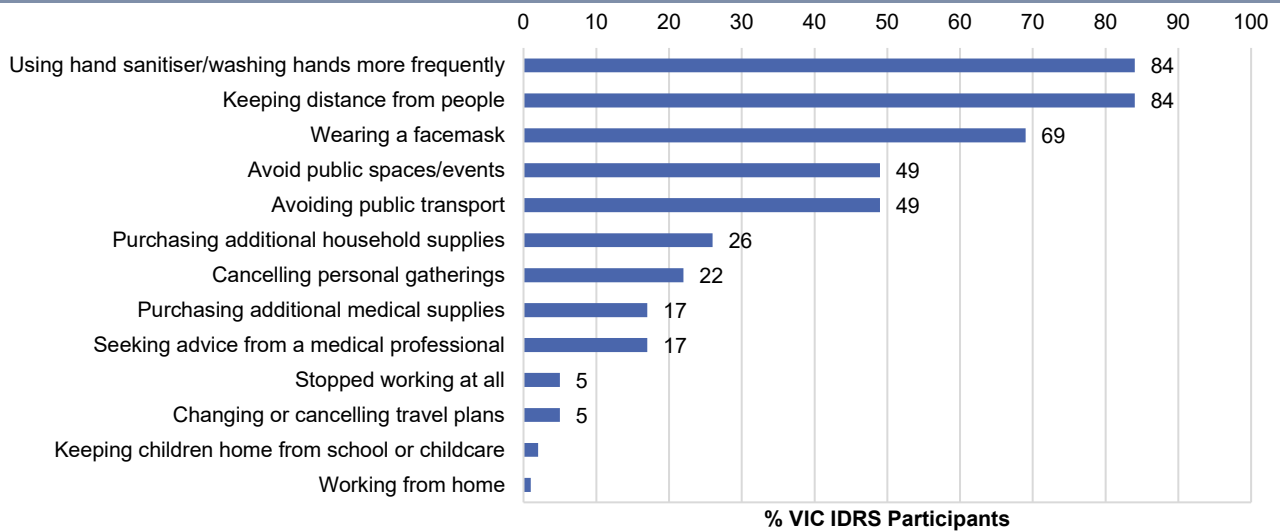
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, most (87%) participants had practised social distancing (i.e., avoiding public transport and social gatherings) and over two thirds (68%) had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise, collect groceries or provide caregiving. A few ($n \leq 5$) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants reported on various health precautions they had taken in the four weeks prior to interview (Figure 5). Most commonly participants reported 'using hand sanitiser/washing hands more frequently' (84%) and 'keeping distance from people' (84%), followed by 'wearing a facemask' (69%).

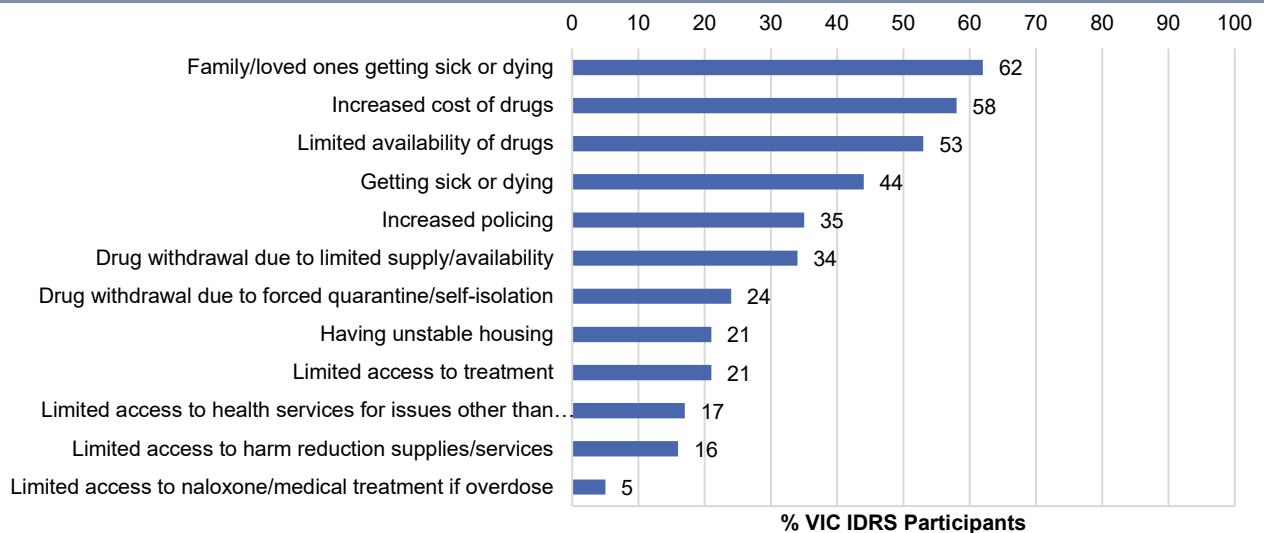
Lastly, participants reported on concerns related to the COVID-19 pandemic. Most commonly, concerns comprised 'family/loved ones getting sick or dying' (62%), 'increased cost of drugs' (58%), and 'limited availability of drugs' (53%; Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, Victoria, 2020



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

Figure 6: Participant concerns relating to the COVID-19 pandemic, Victoria, 2020



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

Housing. Nineteen per cent of participants indicated that their living situation had changed since the beginning of March 2020. Reasons included 'was given a new shelter/short term housing/put up in a hotel' (16%) and 'moved but was unrelated to COVID-19' (13%).

Employment and income. When asked about their income in the four weeks prior to interview relative to the month of February 2020, 37% of participants reported that they were receiving more income, 7% reported less income, and 56% reported a similar amount of income (Table 2).

Over two thirds of participants (69%) reported experiencing any financial difficulty during the past month. The most reported difficulties were being ‘unable to buy food’ (48%) and ‘unable to pay household or phone bills on time’ (35%). Additionally, 36% of the sample reported asking for financial help from friends or family, and 34% from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, Victoria, 2020

Victoria 2020	
N=179	
% Change in total income in the past month compared to February	
More money	37
Less money	7
About the same	56
% Financial difficulties in the past month#	N=176
Unable to buy food or went without meals	48
Asked for financial help from friends or family	36
Could not pay household or phone bills on time	35
Asked for help from welfare/community organisations	34
Difficulty paying for medications	28
Could not pay the mortgage or rent on time	15
Difficulty paying for medical treatment	14
Unable to heat/air-condition house	12
Requested deferred payment of mortgage/rent/loan	9

Note. The response ‘Don’t know’ was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. A tenth of participants (10%) reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020. The most common change was from methamphetamine to heroin (35%).

Frequency of drug injection: Just over a quarter (26%) of participants reported injecting drugs at a different frequency in the past month as compared to February, 2020. Of these participants, 46% reported greater frequency of injection, whilst 54% reported reduced frequency (14% and 12% of the total sample, respectively; Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Victoria, 2020

Victoria 2020		
	February	Past month
% Drug injected most often in that month	N=178	N=179
Heroin	69	70
Morphine	-	-
Methamphetamine	26	25
Oxycodone	0	0
Methadone	-	-
Buprenorphine-naloxone	-	-

% reporting change in drug injected most often from February to past month	Overall: 10%	
% Frequency of drug injection in that month	N=178	N=179
Not in the month	-	-
Weekly or less	14	13
More than weekly, not daily	30	34
Once a day	13	14
2-3 times a day	26	24
More than 3 times a day	14	13
% reporting decrease in frequency	Overall: 14%	
% reporting increase in frequency	Overall: 12%	
% reporting stable frequency	Overall: 74%	

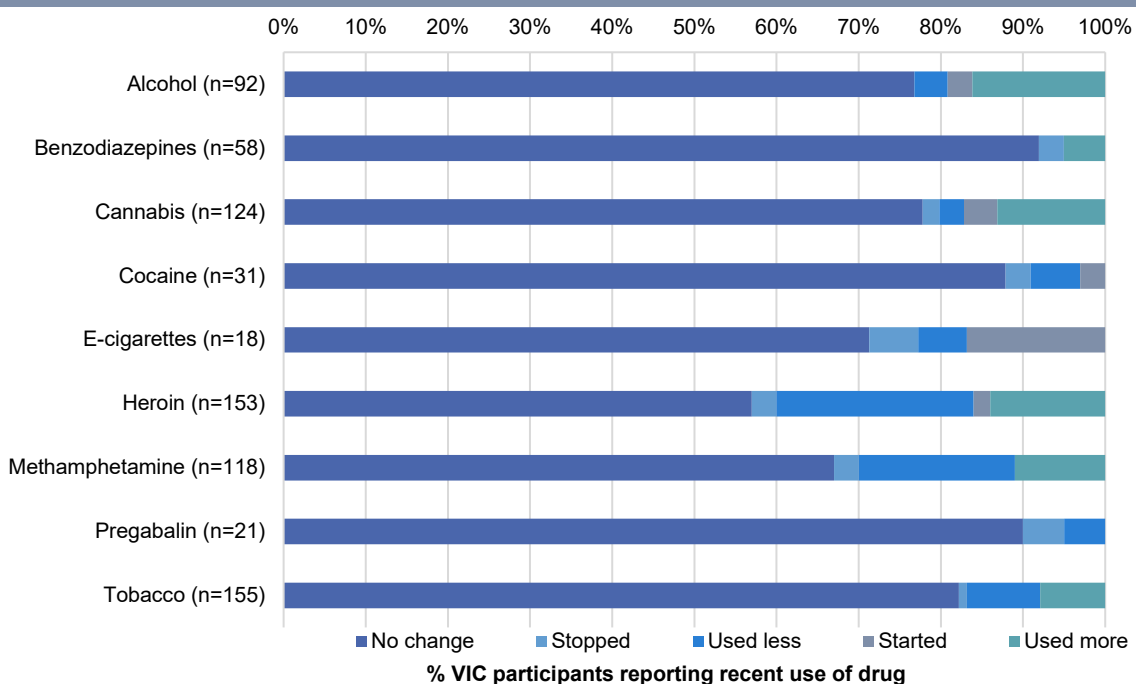
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for past month versus February.

Perceived changes in drug use. In 2020, additional questions were asked of participants who reported past six month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Most commonly participants reported no change in their use of benzodiazepines (91%), pregabalin (90%), cocaine (87%), tobacco (83%), cannabis (77%), alcohol (76%), e-cigarettes (72%), methamphetamine (67%), and heroin (57%) since March 2020.

The primary reasons given for decreasing use of heroin and methamphetamine were 'decreased availability' (29%), and 'drug is more expensive' (43%), respectively. Most commonly, participants reported an increase in their use of heroin due to 'greater anxiety/depression with COVID-19' (40%). Increased boredom was frequently cited as a reason for increase in use of tobacco (58%), cannabis (43%), alcohol (39%), heroin (36%), and methamphetamine (23%).

Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions), Victoria, 2020

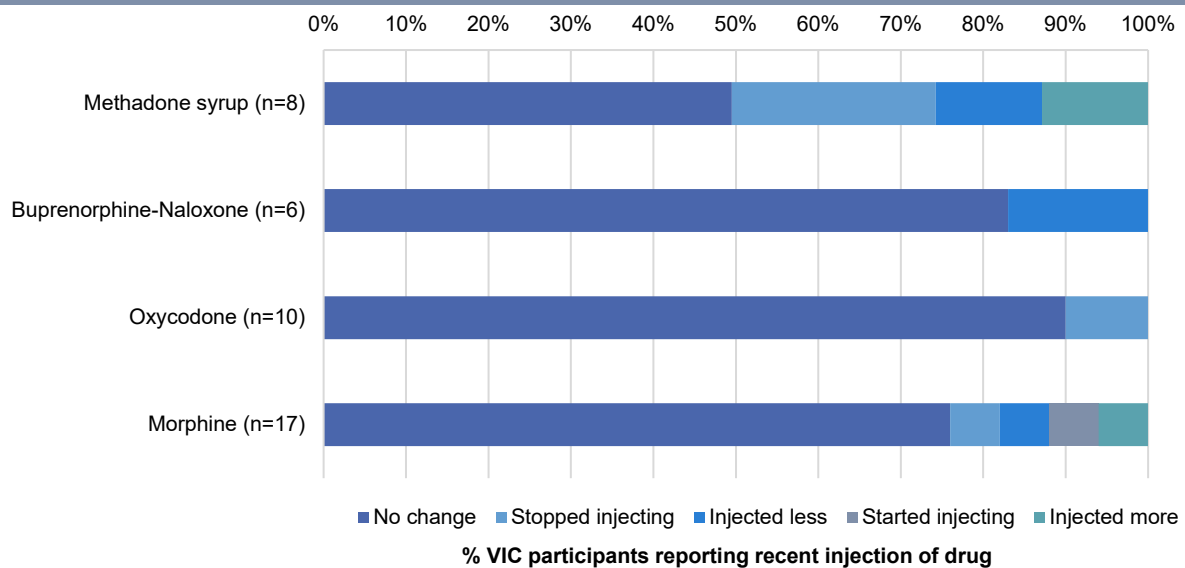


Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, relative to before (Figure 8).

No change in injection frequency was reported for methadone syrup (50%), buprenorphine-naloxone (83%), oxycodone (90%), and morphine (76%). Small numbers reporting should be noted here.

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions), Victoria, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

Price, Perceived Purity and Availability

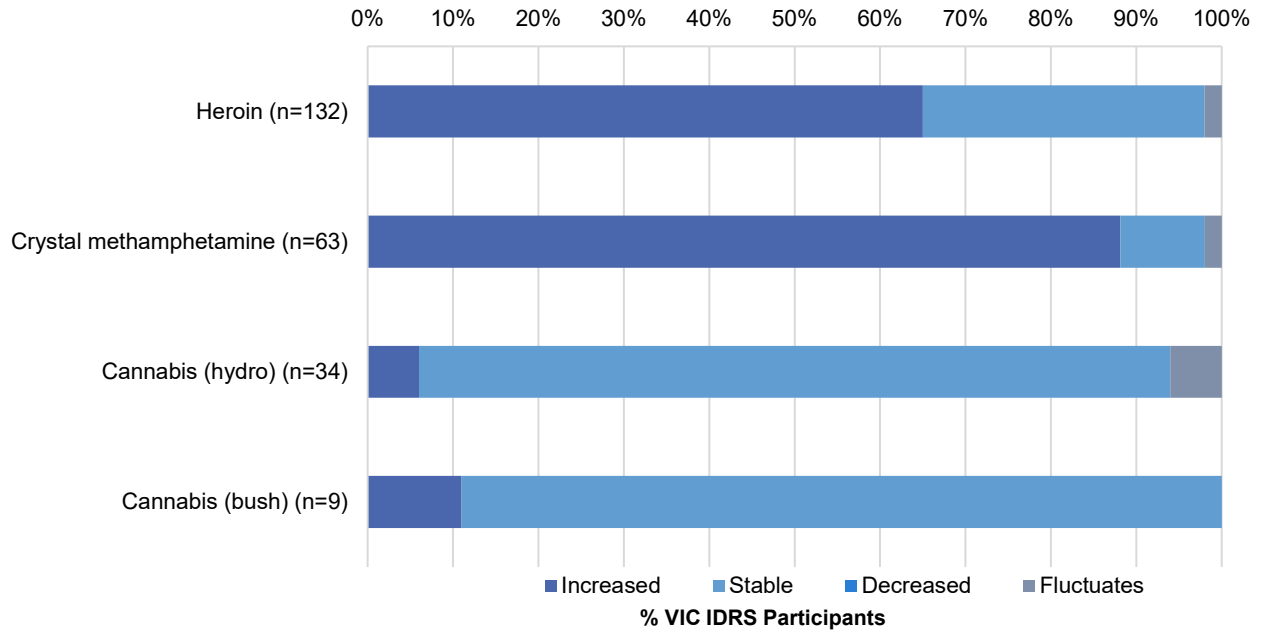
Participants were asked to answer on the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances, specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions).

Crystal methamphetamine and heroin were the illicit drugs most commonly reported to have increased in price since the beginning of March 2020 (by 89% and 65% of participants, respectively). The prices of bush cannabis (89%) and hydroponic cannabis (88%) were reported as stable (Figure 9). Small numbers (n≤5) reported on the price of other drugs.

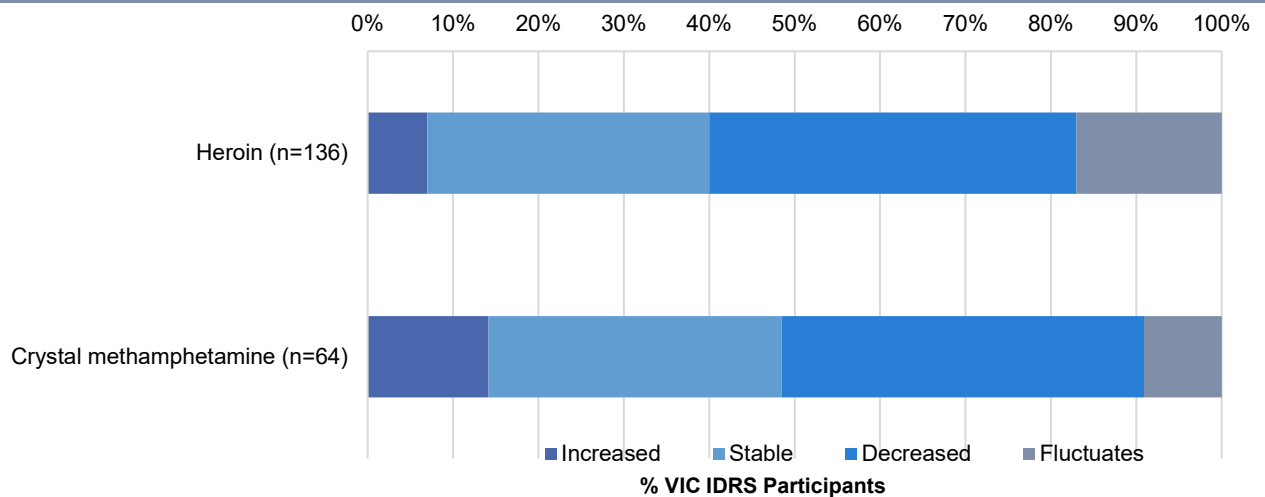
Participants perceived the purity of heroin and crystal methamphetamine to have decreased since the beginning of March 2020 (43% and 42%, respectively) (Figure 10). Bush cannabis, crystal methamphetamine and heroin were most commonly stated to have decreased in availability (by 40%, 36% and 35% of participants, respectively) (Figure 11). Small numbers (n≤5) reported on the perceived purity and availability of other drugs.

Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions), Victoria, 2020



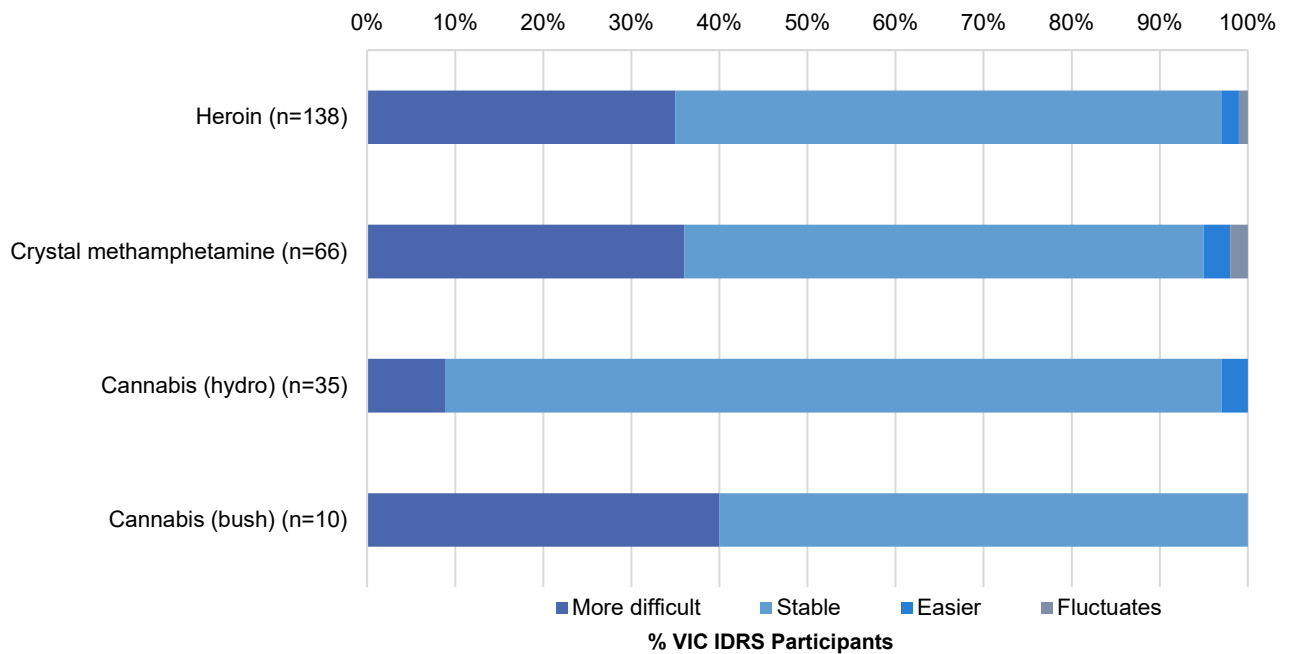
Note. Among those who commented. The response 'Don't know' was excluded from analysis. Due to small numbers (n≤5) reporting on other drugs, these numbers are suppressed.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions), Victoria, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions), Victoria, 2020



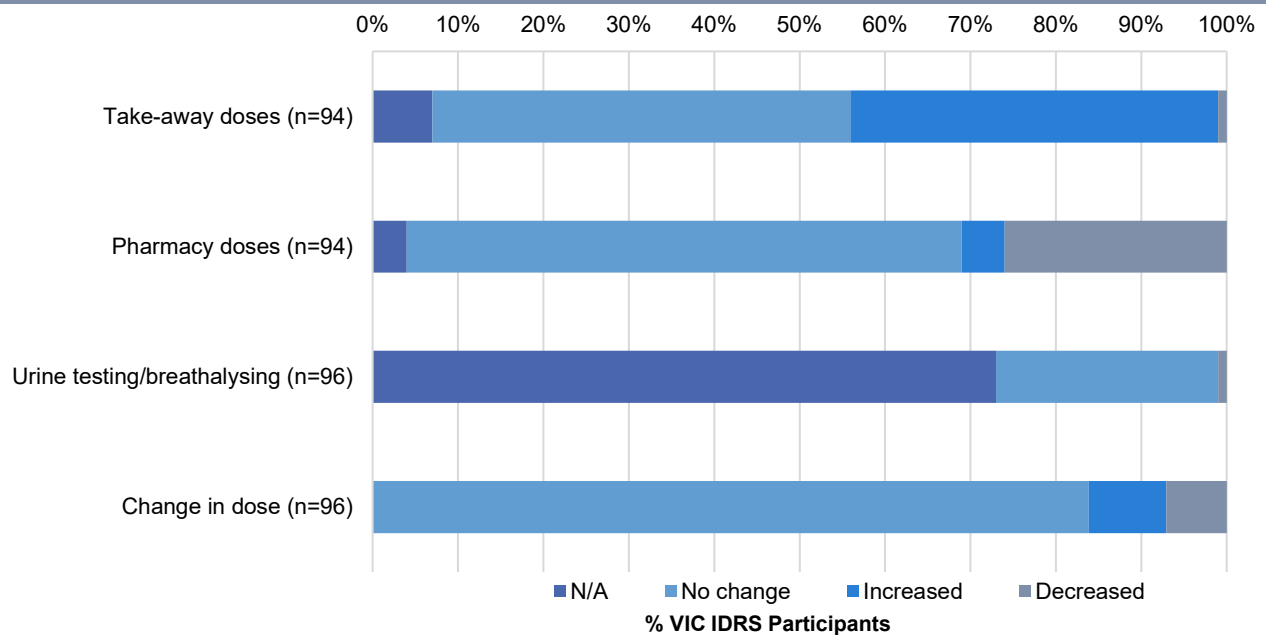
Note. Among those who commented. The response 'Don't know' was excluded from analysis. Due to small numbers (n≤5) reporting on other drugs, these numbers are suppressed.

Risk and Protective Behaviours

Drug Treatment. Of those participants who were in drug treatment in the six months prior to interview, half (50%) reported being in treatment both before and since March, 5% said before March but not after, and 9% said since March but not before. Of those in treatment at the time of interview (n=103), 85% reported that their treatment satisfaction had remained the same since the start of March, 9% said 'better', and 6% said 'worse'. Of those participants in treatment in the past six months (n=116), 62% reported any disruption to their drug treatment. The most common disruption was 'appointments via phone/video rather than face-to-face' (48%), followed by 'changed hours of service' (16%).

Additionally, for participants in opioid agonist treatment (OAT) in the past six months (n=103), 29% reported missing any dose due to service disruptions. Those in OAT since March (n=95) were asked about any changes to their treatment in this period. Forty-three per cent reported an increase in take-away doses, while 26% reported a decrease in pharmacy doses. The majority of the sample (83%) reported no change to their dose regime (Figure 12). When asked whether they felt involved in decision-making around these changes, 14% said 'extremely', 14% said 'very', 7% said 'moderately', 11% said 'slightly', 25% said 'not at all', and 29% reported no changes to their treatment.

Figure 12: Changes in aspects of drug treatment since March 2020 amongst participants reporting recent opioid agonist treatment, Victoria, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

Injecting equipment access and disposal. Eight per cent of participants reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions began). Of those who had trouble obtaining new sterile needles and syringes and commented (n=15), 60% reported having reused their own needles more than they normally would. Furthermore, 6% reported difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions). Small numbers (n≤5) specified barriers to safe disposal, therefore, these numbers are suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Injecting practices. The majority of participants reported 'no change' when reporting changes in their injecting practices since March, 2020 (since COVID-19 restrictions) with regards to borrowing, lending and reusing needles (Figure 13). Additionally, 81% of participants reported injecting 'alone' a similar amount since the beginning of March, and 12% reported injecting alone more often.

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February 2020 (before COVID-19 restrictions), 33% of participants rated their mental health as 'worse', 51% said 'similar' and 17% said their mental health was 'better'.

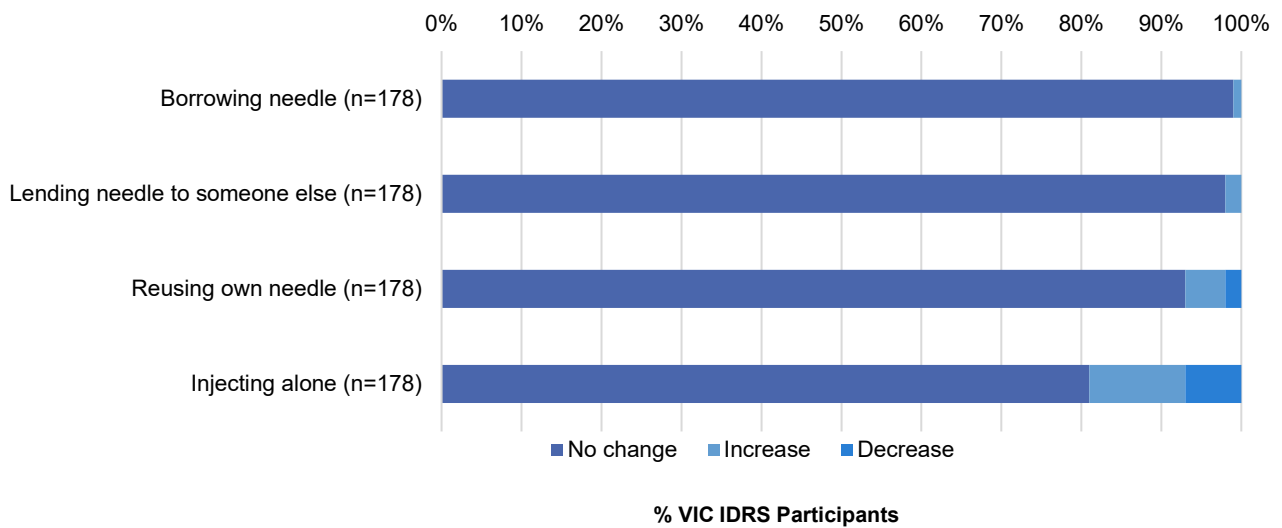
Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 56% said 'similar', 26% said 'worse' and 18% said 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Almost one fifth (19%) of participants sought information on how to reduce the risk of contracting COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were a harm reduction service and a general practitioner (8% and 6%, respectively).

The majority (83%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs

(Table 4). The most commonly reported behaviour was ‘washing hands with soap/sanitiser before handling drugs/money’ (70%).

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions), Victoria, 2020



Note. Among those who commented. The response ‘Don’t know’ was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Victoria, 2020

Victoria 2020	
% reporting harm reduction behaviours	N=179
Washed hands with soap/sanitiser before handling drugs or money	70
Avoided sharing needles/syringes with other people	56
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	43
Stocked up on sterile needle/syringes	39
Prepared your drugs yourself	39
Wiped down drug packages/wraps with soap/sanitiser	26
Stocked up on other sterile drug use equipment	21
Stocked up on illicit/non-prescribed drugs	16
Obtained take-home naloxone/Narcan	9
Avoided smoking/vaping drugs	9
Stocked up on prescription medicines prescribed to you	5

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of the sample reporting recent use of any heroin remained stable at 85% in 2020 (84% in 2019; $p=0.920$; Figure 14).

Frequency of Use

Median frequency of reported use was 120 days in 2020 (IQR=48–180), stable compared to 2019 (150 days; IQR=48–180; $p=0.943$; Figure 14). Among those reporting recent use, the per cent reporting daily use (43% in 2020 compared to 46% in 2019, $p=0.772$) and weekly use (88% in 2020 compared to 85% in 2019, $p=0.508$) remained consistent.

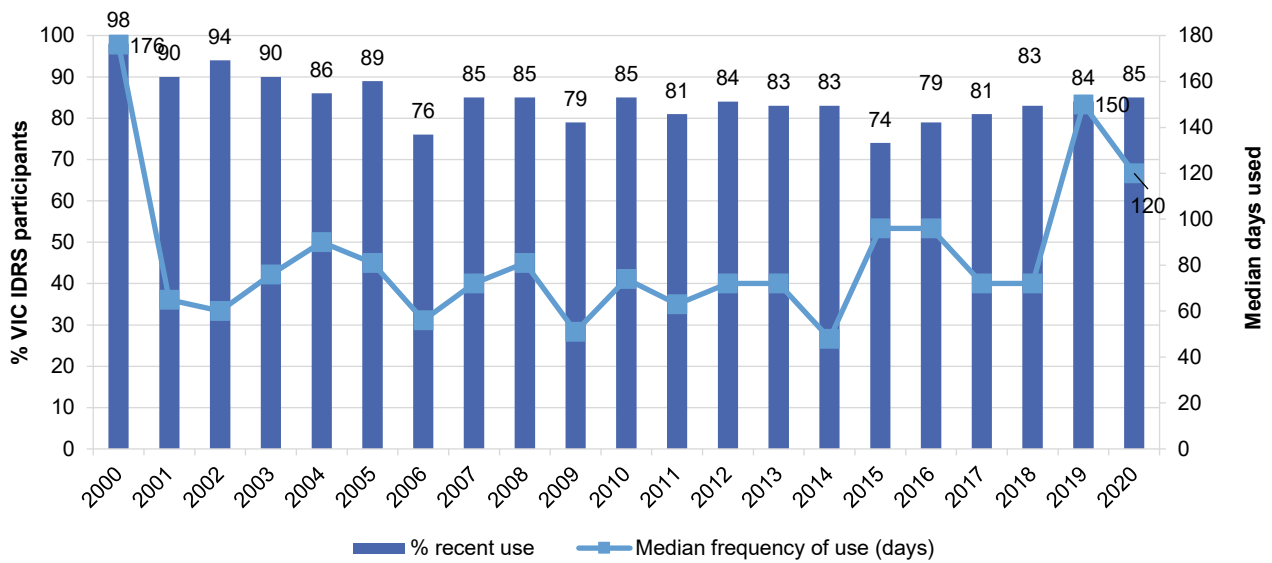
Routes of Administration

Injecting remained the most commonly reported route of administration in 2020 (100% versus 99% in 2019, $p=0.450$). Participants who reported injecting did so on a median of 120 days (IQR=48–180), stable from 2019 (150 days; IQR=48–180; $p=0.856$).

Quantity

Of those who reported recent use and commented ($n=152$), the median typical amount of heroin used per day in the previous six months was 0.3 grams (IQR=0.1–0.5) in 2020 (0.3 grams in 2019; IQR=0.2–0.5; $p=0.900$).

Figure 14: Past six month use and frequency of use of heroin, Victoria, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

The median price for a gram of heroin reported in 2020 was \$275 (IQR=200–400; $n=16$), stable in comparison to 2019 (\$250; IQR=200–300; $p=0.318$; Figure 15). The price of a gram of heroin reported by the Melbourne sample has remained relatively consistent since 2011, ranging from \$200 to \$300. Due to low numbers reporting on the price of a cap ($n \leq 5$), further details on price have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

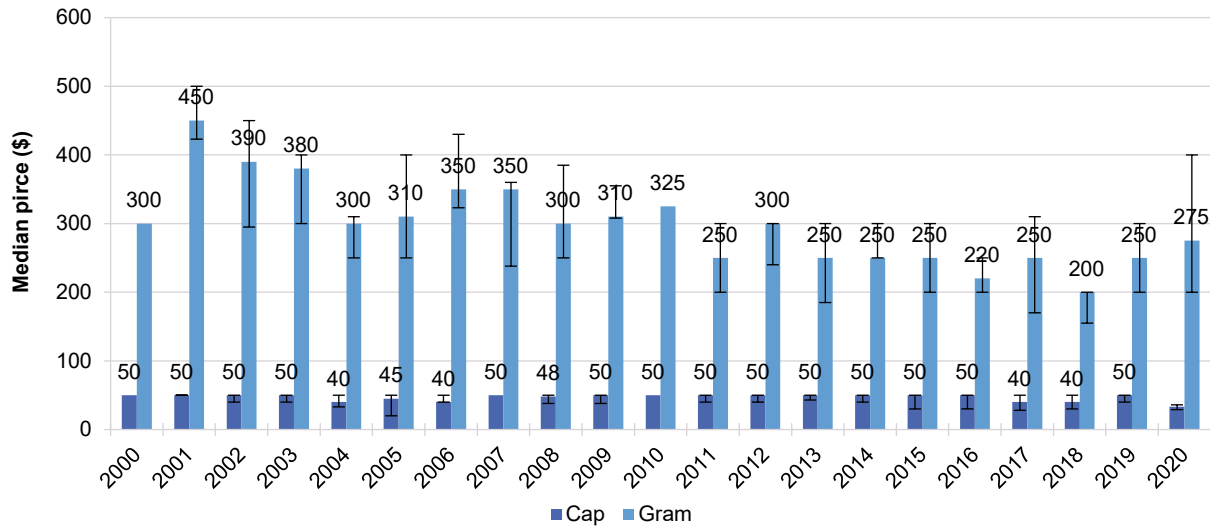
Perceived Purity

Among those who responded in 2020 ($n=137$), the most common perception was that current heroin purity was ‘low’ (34%; 21% in 2019; $p=0.043$; Figure 16).

Perceived Availability

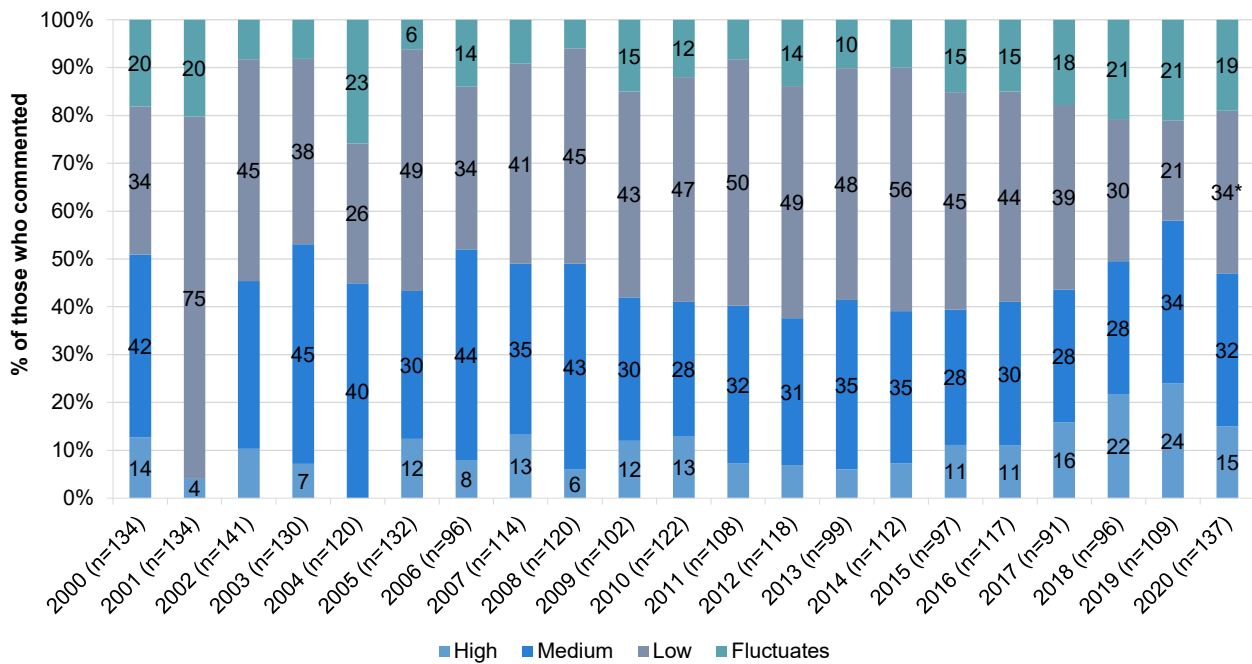
Among those who responded in 2020 ($n=139$), 42% perceived current availability as ‘easy’, a significant increase from 2019 (29%; $p=0.047$). Over half (51%) perceived current availability as ‘very easy’, a significant decrease from 2019 (68%; $p=0.011$; Figure 17).

Figure 15: Median price of heroin per cap and gram, Victoria, 2000-2020



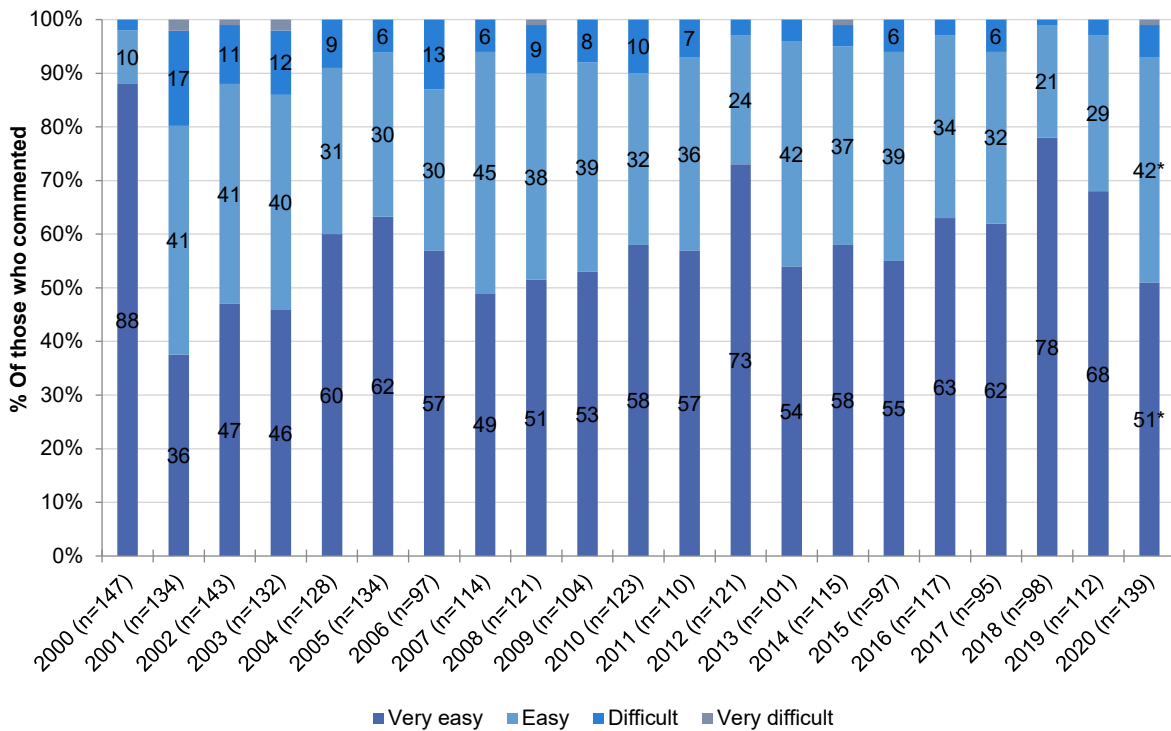
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 16: Current perceived purity of heroin, Victoria, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 17: Current perceived availability of heroin, Victoria, 2000-2020



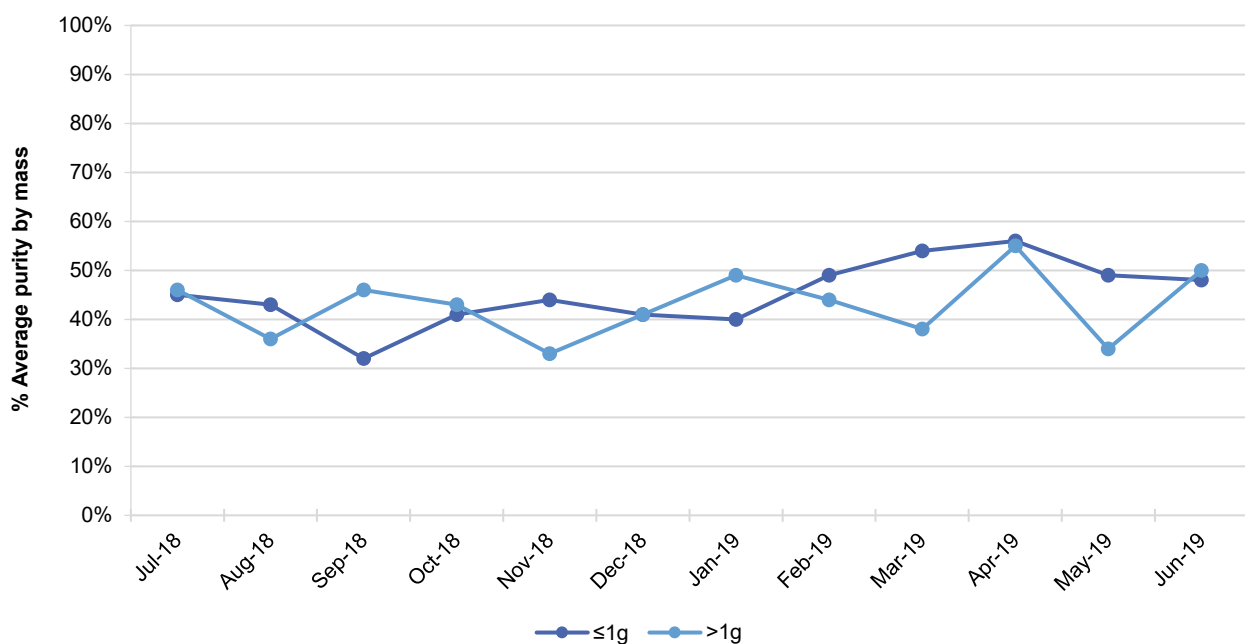
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Routinely Collected Data

Victoria Police Seizure Purity

Heroin seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year averaged 45% purity in those equal to or under 1 gram (IQR=41%–49%, range=32%–56%) and 44% in those over 1 gram (IQR=37%–48%, range=33%–55%; Figure 18).

Figure 18: Purity of heroin seizures by Victorian law enforcement, July 2018–June 2019



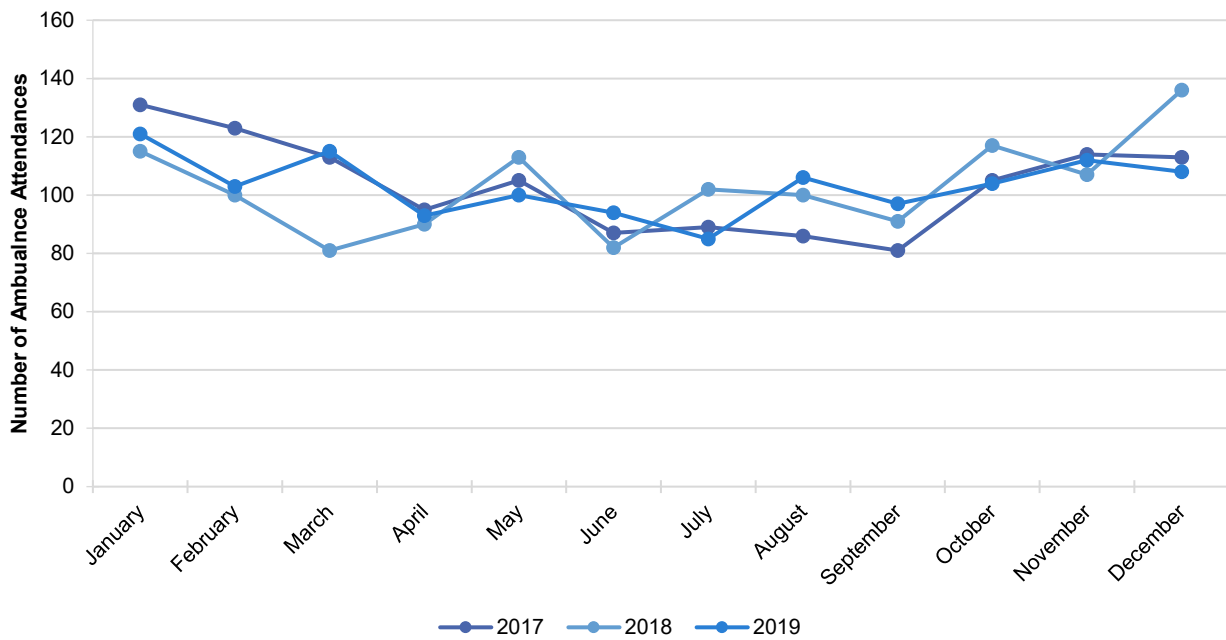
Note. Includes all forms of heroin seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

The number of heroin-related ambulance attendances in metropolitan Melbourne ranged between 81 and 136 per month during 2017–2019 (Figure 19).

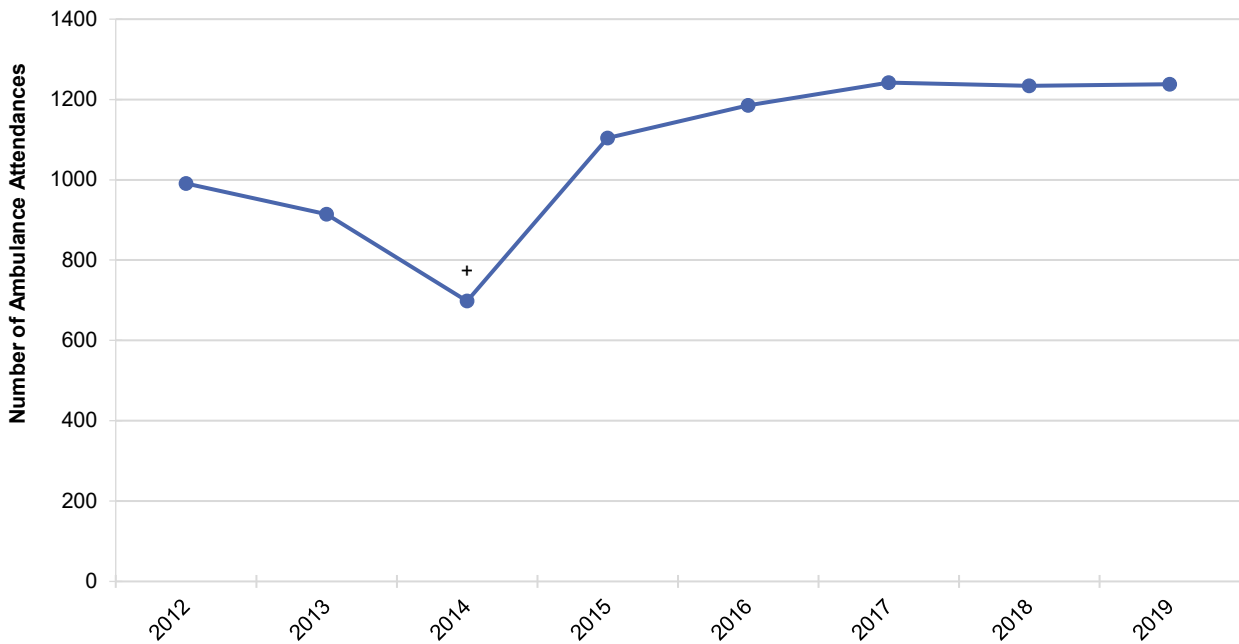
The annual total number of heroin-related attendances has remained relatively stable since 2016. In 2019 there were 1238 attendances (Figure 20). The median age of patients in 2019 was 41 years (range 16–76), consistent with previous years.

Figure 19: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2019



Note. Source: Turning Point

Figure 20: Annual number of heroin-related events attended by Ambulance Victoria, Melbourne, 2012–2019



Note. + = Data missing from October-December 2014 due to industrial action. Source: Turning Point

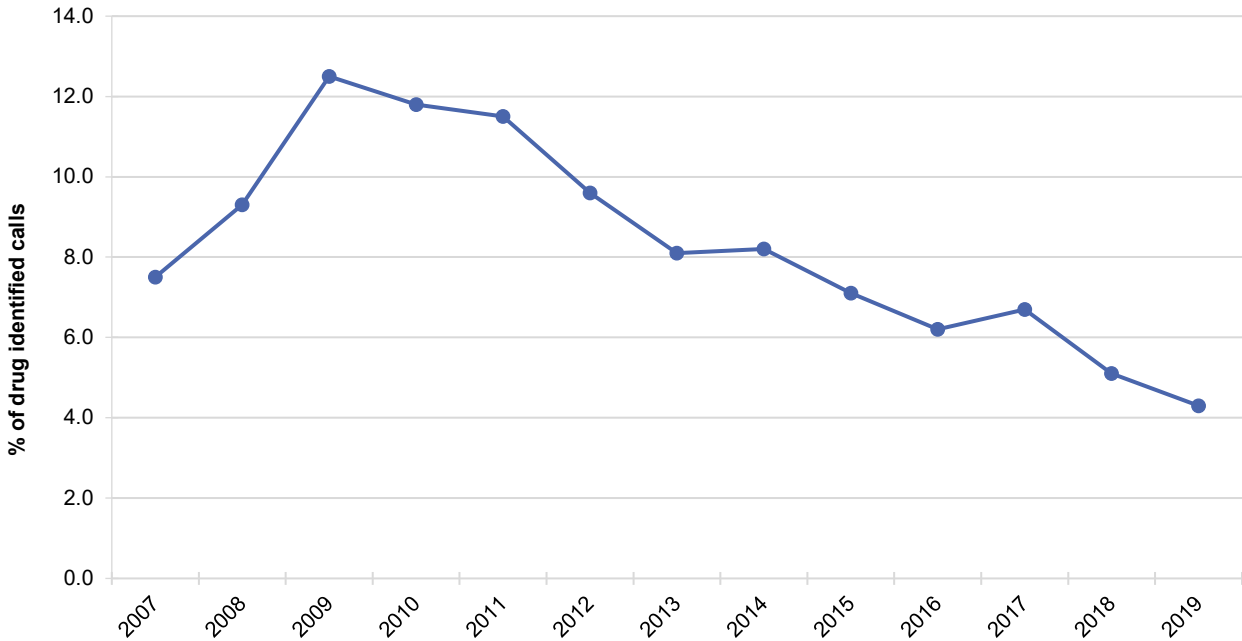
ADIS\VADC

In 2018/19, 2,471 courses of treatment were delivered to 1,521 clients for heroin, equivalent to 5.5% and 4.9% of the total courses delivered and clients treated, respectively. These were 33.2% and 30.0% decreases from courses delivered and clients treated in 2017/18 (3,699 and 2,172, respectively).

DirectLine

In 2019, DirectLine received 1,038 calls in which heroin was identified as the drug of concern, representing 4.3% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls with heroin identified as the drug of concern has declined steadily since 2009 (Figure 21).

Figure 21: Percentage of calls to DirectLine in which heroin was identified as drug of concern, Victoria 2007–2019



Note. Source: DirectLine, Turning Point.

4

Methamphetamine

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

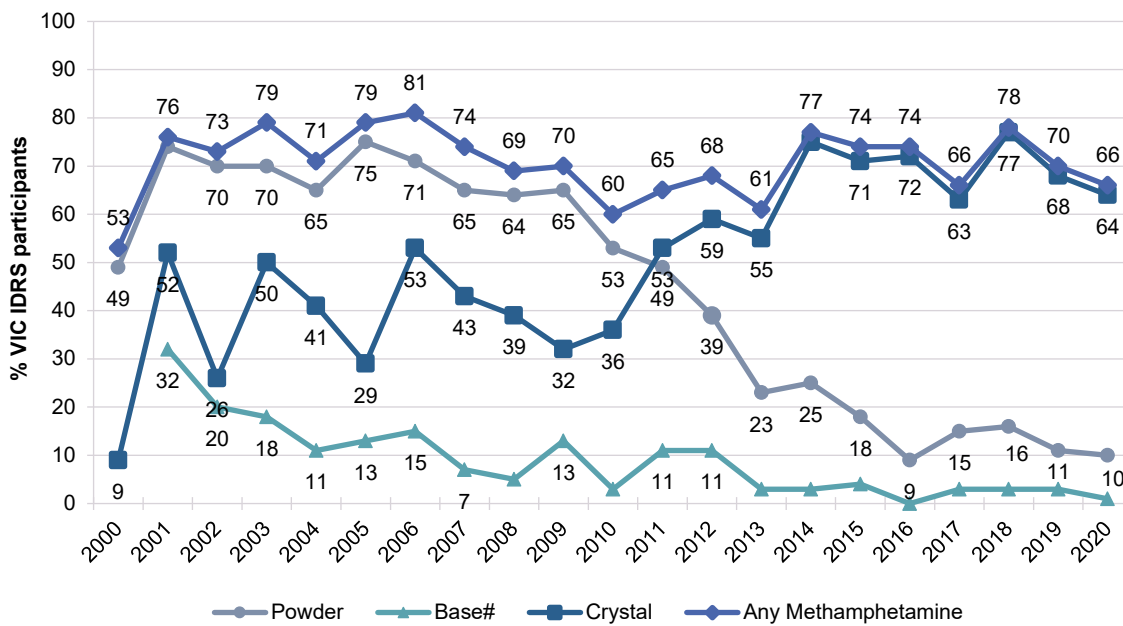
Recent Use (past 6 months)

Methamphetamine use remained stable in 2020, with two-thirds of the sample (66%) reporting recent use of any form of methamphetamine (powder, base and crystal; 70% in 2019; $p=0.557$; Figure 22).

Frequency of Use

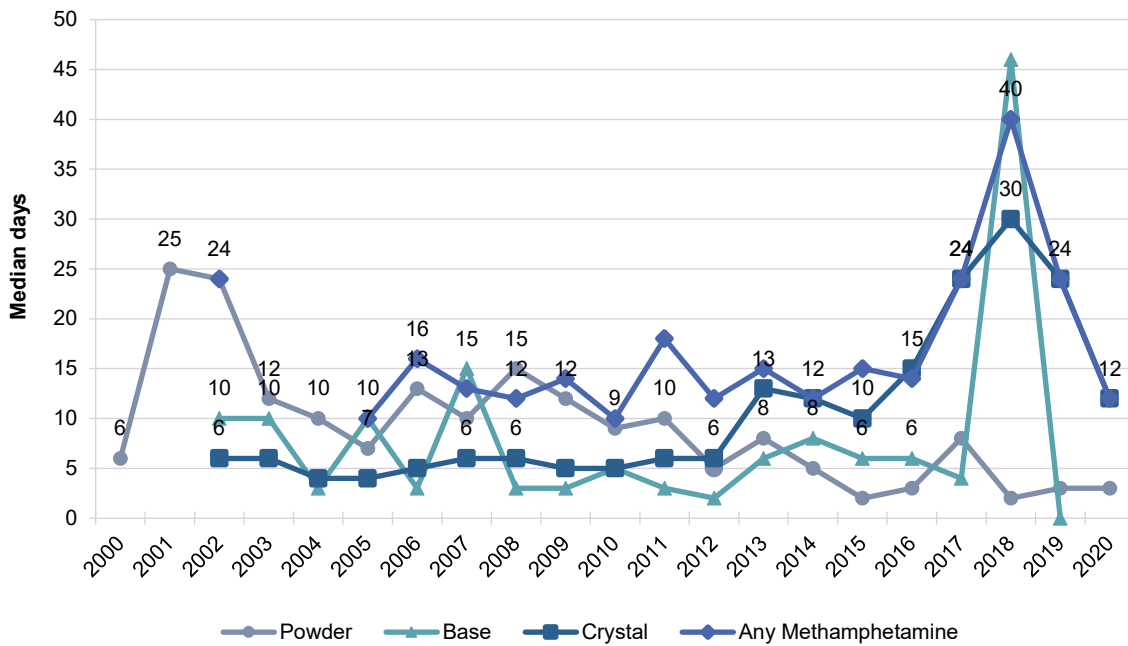
The median frequency of methamphetamine use over the six months preceding the interview was 12 days (IQR=5–60), lower than but not significantly different from 2019 (24 days; $p=0.369$; Figure 23). The proportion of participants reporting weekly use was not significantly different to 2019 (44% versus 51% in 2019; $p=0.366$), with a similar pattern evident for daily use (8% versus 16% in 2019; $p=0.106$).

Figure 22: Past six month use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2020.



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 23: Frequency of use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2020



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y-axis reduced to 50 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Fluctuations in frequency of use of base 2017-2019 are likely due to small numbers reporting. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): One tenth of participants reported recent use of powder methamphetamine (10%; $n=18$), similar to 2019 (11%; $p=0.968$; Figure 22).

Frequency of Use: Median frequency of reported use was 3 days in 2020 (IQR=1–4), unchanged from 2019 (3 days; IQR=1–5; $p=0.723$; Figure 23).

Routes of Administration: Injection remained the most common route of administration reported in 2020 (78%; 81% in 2019), followed by snorting (22%; 6% in 2019, $p=0.408$) and smoking (11%; 19% in 2019, $p=0.887$). Participants who reported injecting powder did so on a median of 4 days (IQR=2–6), stable relative to 2019 (2 days; IQR=1–4; $p=0.317$).

Quantity: Of those who reported recent use and commented ($n=17$), the median amount of powder used per day in the past six months was 0.3 grams (IQR=0.1–0.5; 0.1 grams in 2019, IQR=0.1–0.2, $p=0.214$).

Methamphetamine Base

Due to low numbers reporting on methamphetamine base, no further reporting on patterns of use is included. For further information, please refer to the [2019 Victoria IDRS report](#), or the [2020 IDRS National Report](#), or contact the Drug Trends team

Methamphetamine Crystal

Recent Use (past 6 months): Almost two thirds (64%) of the sample reported recent use (past six months) of crystal methamphetamine in 2020, versus 68% in 2019 ($p=0.608$; Figure 22).

Frequency of Use: Participants reported consuming crystal methamphetamine on a median of 12 days (IQR=5–56) in the six months prior to interview, stable compared to 2019 (24 days; IQR=4–90; $p=0.337$) (Figure 23). Forty-five per cent reported weekly usage (52% in 2019; $p=0.392$), while 8% reported daily use (16% in 2019; $p=0.099$).

Routes of Administration: A large majority (90%) of participants who had recently used crystal methamphetamine reported injecting (97% in 2019; $p=0.057$), with smoking the next most frequently reported route of administration (43%; 39% in 2019; $p=0.599$). Participants who reported injecting crystal did so on a median of 12 days (IQR=5–55), stable relative to 2019 (24 days; IQR=4–72; $p=0.484$).

Quantity: Of those who reported recent use and responded ($n=111$), the median amount of crystal used per day in the six months preceding interview was 0.1 grams (IQR=0.1–0.2), as in 2019 (0.1 grams, IQR=0.1–0.2, $p=0.479$).

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked in 2020. For further information, please refer to the [2019 IDRS Victoria Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Base

Questions pertaining to the price, perceived purity and availability of methamphetamine base were not asked in 2020. For further information, please refer to the [2019 IDRS Victoria Report](#), or the [2019 IDRS National Report](#).

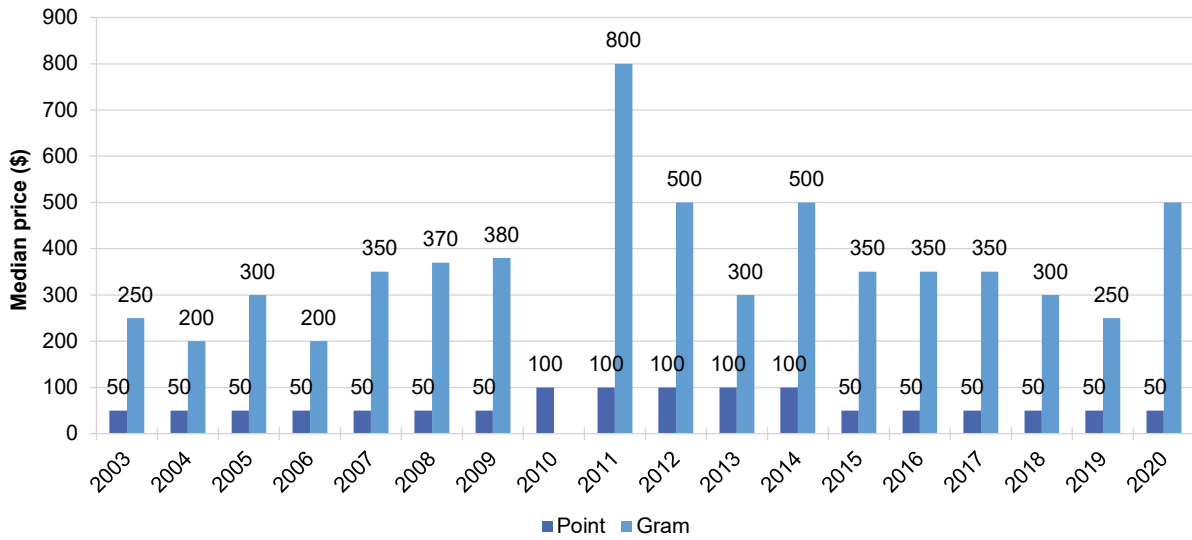
Methamphetamine Crystal

Price: The median price last paid for one point (0.1 gram) of crystal methamphetamine in 2020 was \$50 (IQR=50–78; \$50 in 2019; IQR=30–50; $p<0.001$; Figure 24). Due to low numbers reporting on the price of a gram ($n\leq 5$), further details on price have been suppressed. For further information, please refer to the [2019 IDRS Victoria Report](#), or the [2019 IDRS National Report](#).

Perceived Purity: Among those who were able to comment in 2020 ($n=64$), a quarter perceived current purity of crystal to be 'low' (25%; 18% in 2019; $p=0.437$), while 19% perceived the purity to be 'high', a significant decrease from 2019 (36%, $p=0.039$; Figure 25).

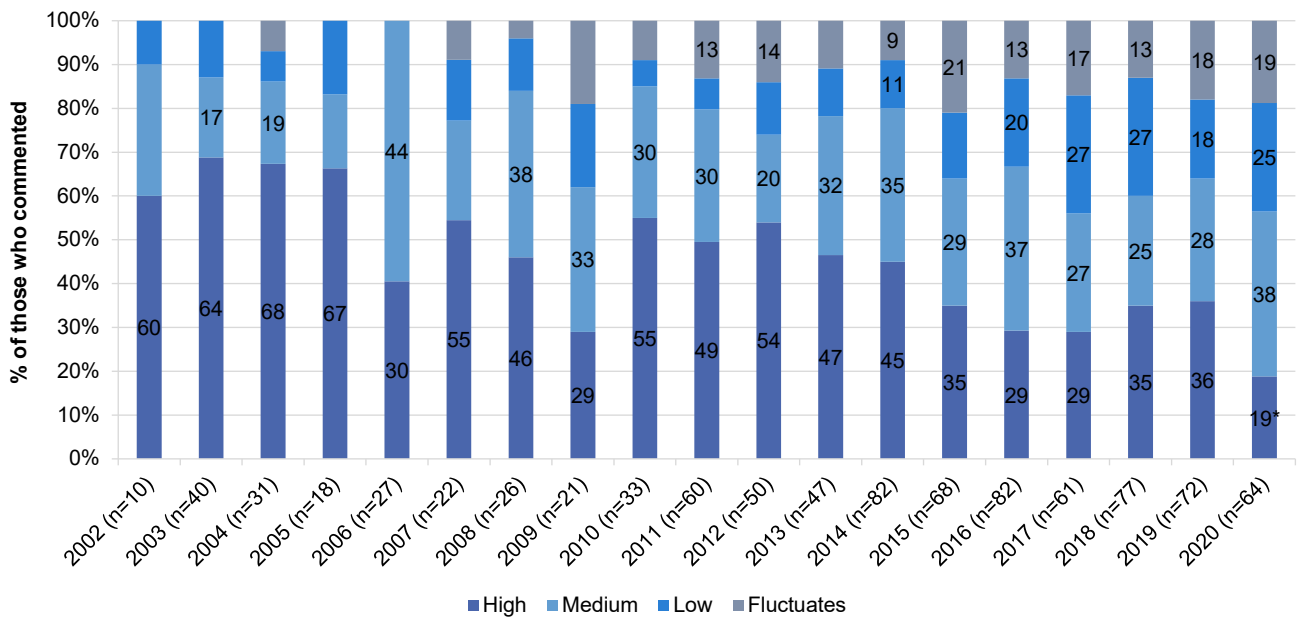
Perceived Availability: Among those who were able to comment in 2020 ($n=66$), close to half (45%) of the participants perceived crystal to be currently 'easy' to obtain (32% in 2019; $p=0.143$) and over one third (36%) found it 'very easy' to obtain, a significant decrease from 2019 (60%; $p=0.008$). Only 18% deemed crystal to be 'difficult' to obtain (8% in 2019, $p=0.120$; Figure 26).

Figure 24: Median price of methamphetamine crystal per point and gram, Victoria, 2003-2020



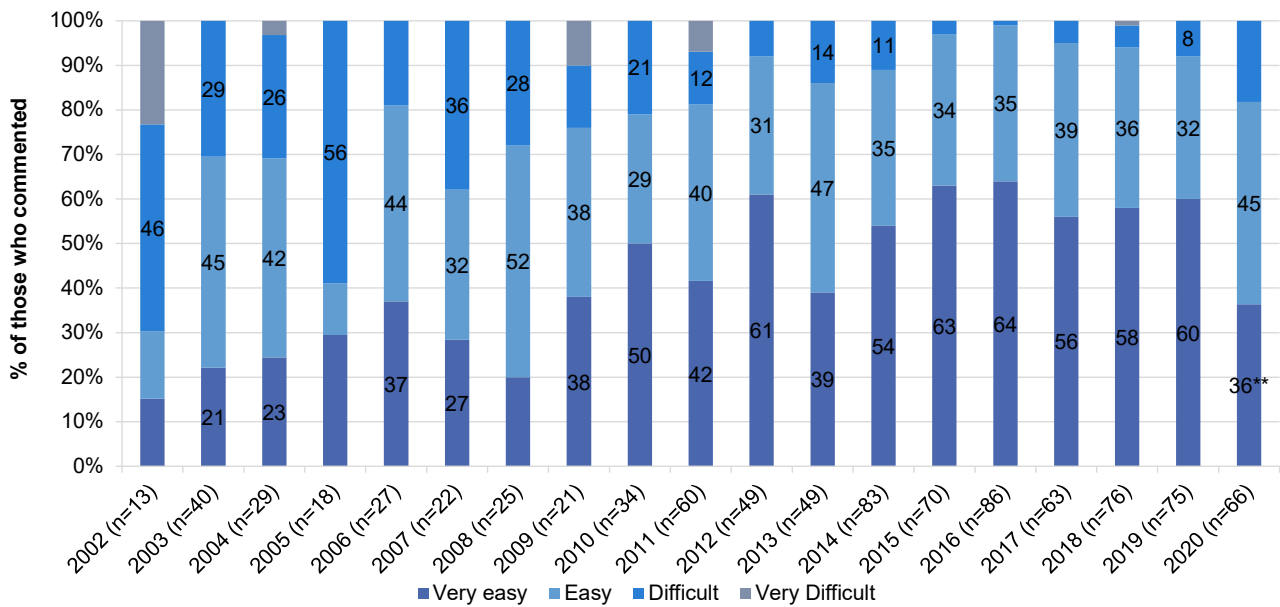
Note. Among those who commented. Data removed for gram in 2010 n<5. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 25: Current perceived purity of methamphetamine crystal, Victoria, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 26: Current perceived availability of methamphetamine crystal, Victoria, 2002-2020



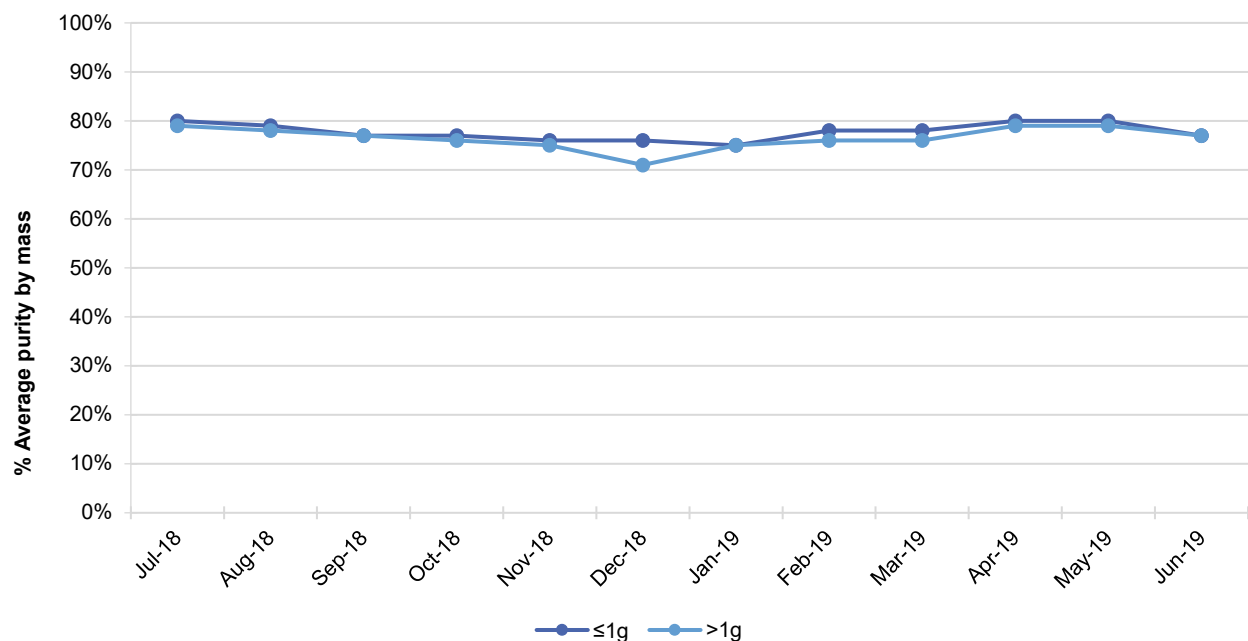
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year averaged 78% purity in those equal to or under 1 gram (IQR=76%–80%, range=75%–80%) and 77% in those over 1 gram (IQR=75%–79%, range=71%–79%; Figure 27).

Figure 27: Purity of methamphetamine seizures by Victorian law enforcement, July 2018–June 2019



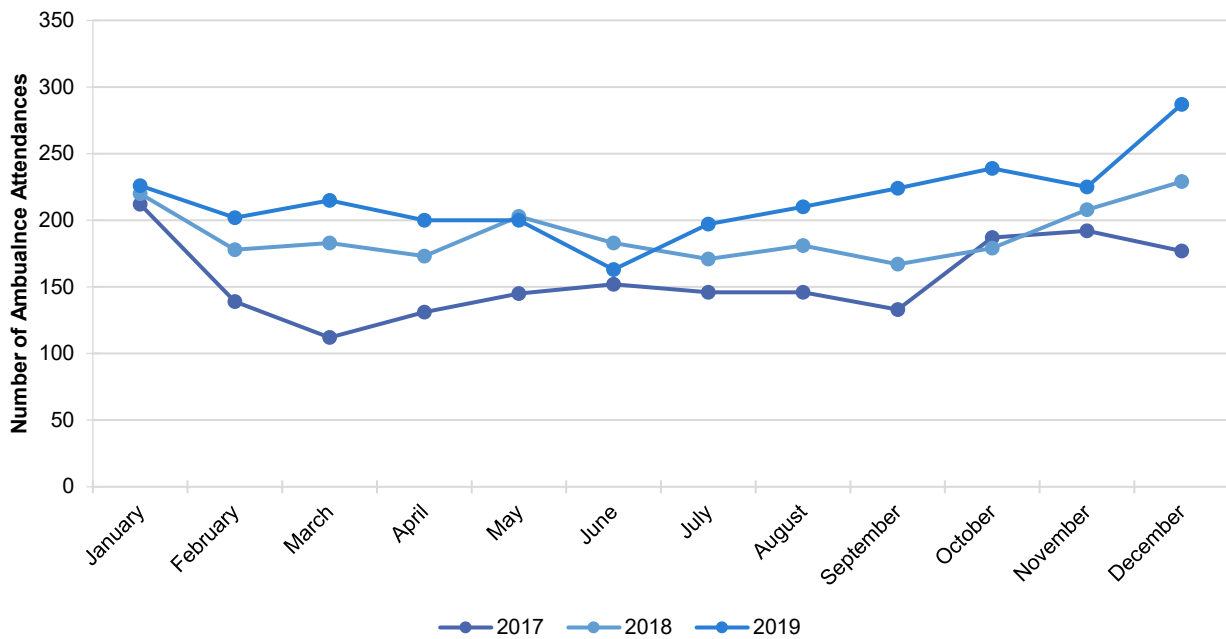
Note. Includes all forms (e.g. powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis.

Ambulance Attendances at Non-Fatal Drug Events

Use of crystal methamphetamine was categorised separately from amphetamines in metropolitan Melbourne ambulance attendances for the first time in 2012.

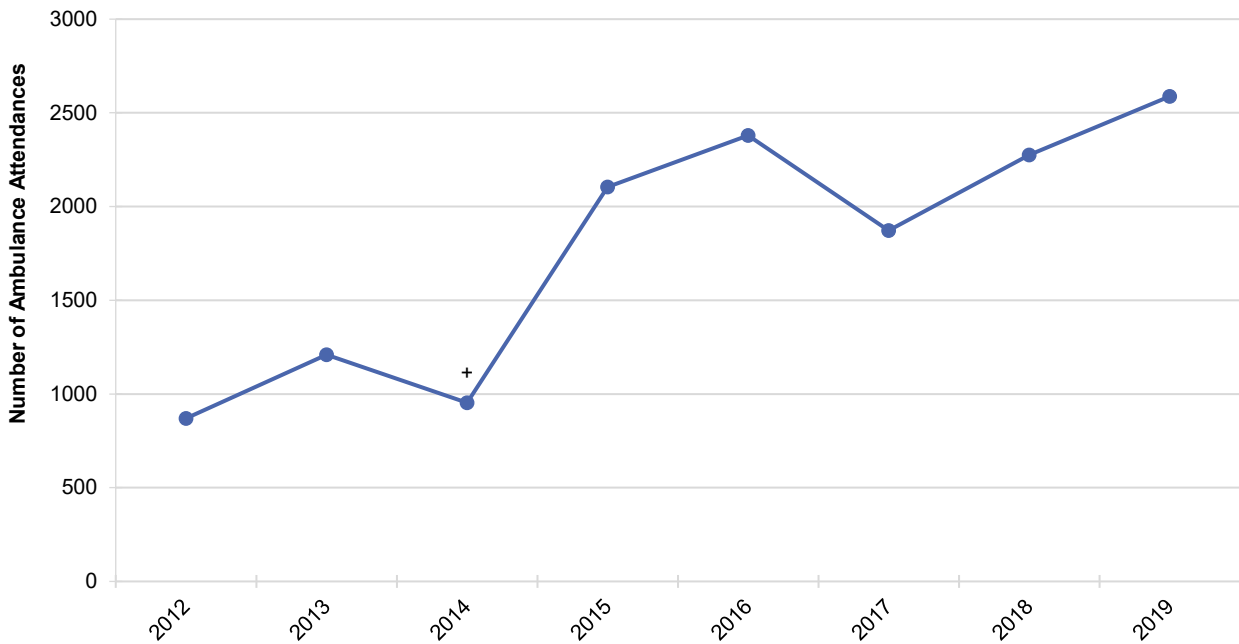
The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 112 and 287 per month during 2017–2019 (Figure 28). The annual total number of methamphetamine-related attendances has steadily risen since 2012, when 870 attendances were recorded. In 2019 there were 2588 attendances, the highest figure ever recorded (Figure 29). The median age of patients in 2019 was 32 years (range 12–81), consistent with recent years, though on an upward trend since 2012.

Figure 28: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2019



Source: Turning Point

Figure 29: Annual number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2019



Note. + = Data missing from October–December due to industrial action. Source: Turning Point

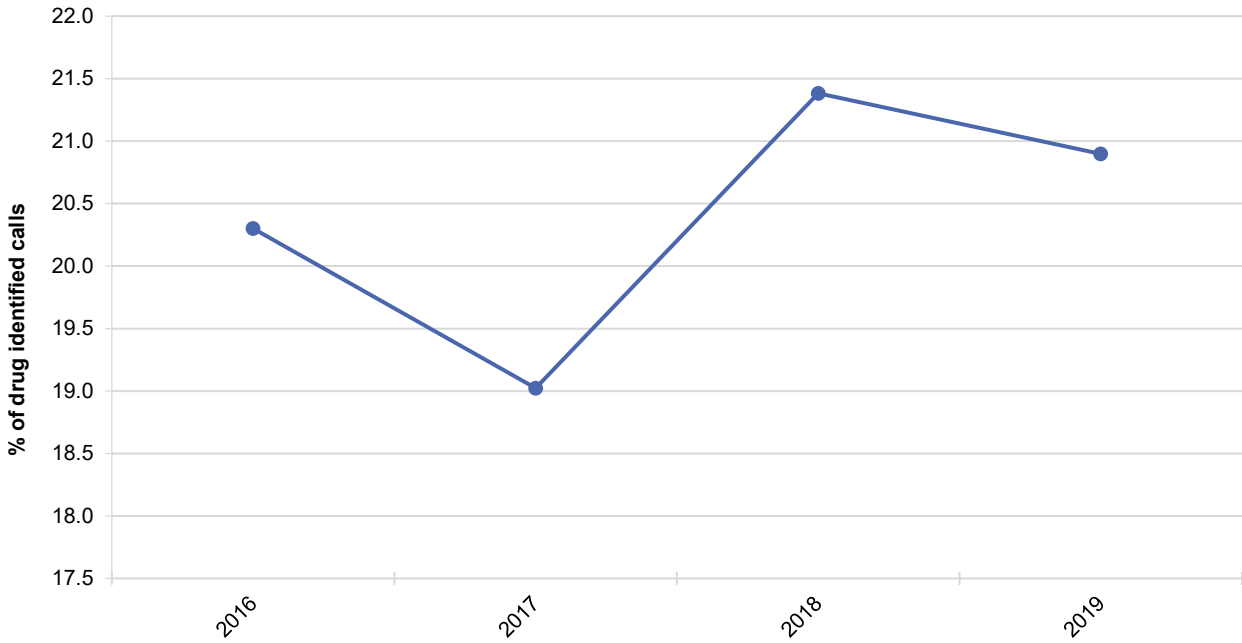
ADIS\VADC

In 2018/19, 3,374 courses of treatment were delivered to 2,589 clients for methamphetamine, equivalent to 7.5% and 8.3% of the total courses delivered and clients treated, respectively. These were 428.8% and 412.7% increases in courses delivered and clients treated over 2017/18 (638 and 505, respectively).

DirectLine

During 2019, DirectLine received 5,070 calls in which methamphetamine was identified as the drug of concern, representing 20.9% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls with methamphetamine identified as the drug of concern has remained largely stable since 2016 (Figure 30).

Figure 30: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2019



Source: DirectLine, Turning Point.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of 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)

Seventeen per cent of the Melbourne sample in 2020 reported recently consuming cocaine, largely consistent with previous years (10% in 2019; $p=0.089$; Figure 31).

Frequency of Use

The pattern of frequency of use has remained stable over the past few years. In 2020, participants reported their median frequency of use at 3 days (IQR=1-5) in the previous six months, as in 2019 (3 days; IQR=1-10; $p=0.342$; Figure 31).

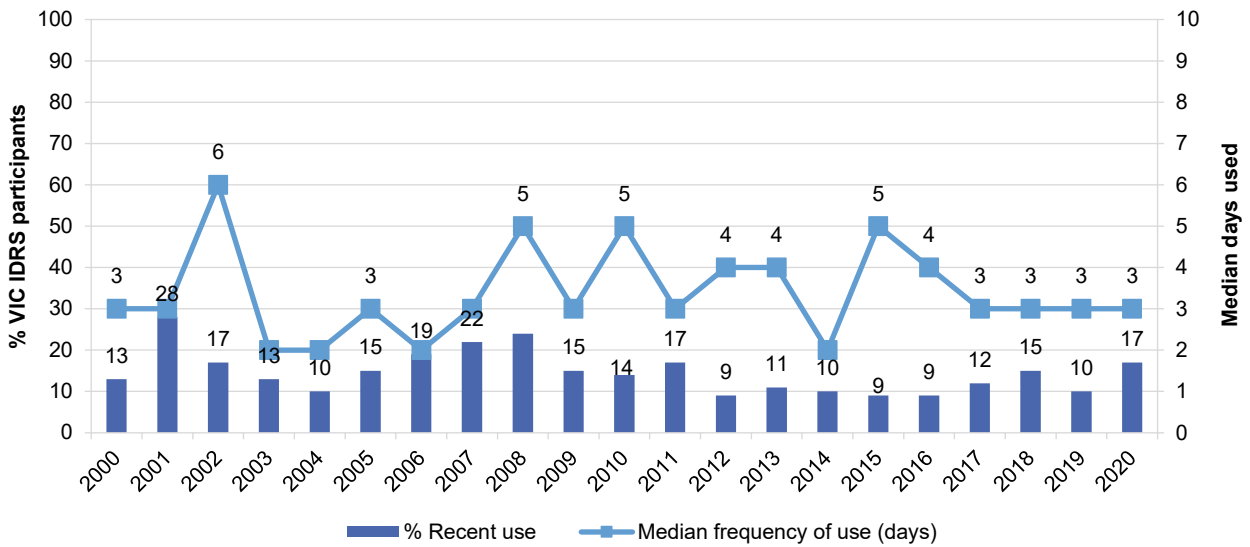
Routes of Administration

Injecting was the most common route of administration reported in 2020 (55%; 53% in 2019), followed by snorting (39%; 47% in 2019; $p=0.846$).

Quantity

Of those who reported recent use and responded ($n=27$), the median reported amount of cocaine used per day in the six months preceding interview was 0.2 grams (IQR=0.1–1.5; 0.1 gram in 2019; IQR=0.1–0.2; $p=0.345$).

Figure 31: Past six month use and frequency of use of cocaine, Victoria, 2000-2020



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 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked in 2020. For further information, please refer to the [2019 IDRS Victoria Report](#), or the [2019 IDRS National Report](#).

6

Cannabis

Participants were asked about their recent (past 6 month) use of indoor-cultivated hydroponic cannabis ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cannabis did not change significantly in 2020; it was reported by 69% of the sample (76% in 2019; $p=0.261$; Figure 32).

Frequency of Use

The median frequency of use in the previous six months was 155 days in 2020 (IQR=9–180), higher but not significantly different from previous years (96 median days in 2019; IQR=17–180; $p=0.650$). Prevalence of daily use of cannabis was unchanged from 2019 at 47%.

Routes of Administration

Smoking continued to be the most common route of administration in 2020 (99%; 100% in 2019). While a small number of cannabis consumers ($n\leq 5$) reported inhaling or vaporising in 2019, this was not observed in 2020 ($n=0$).

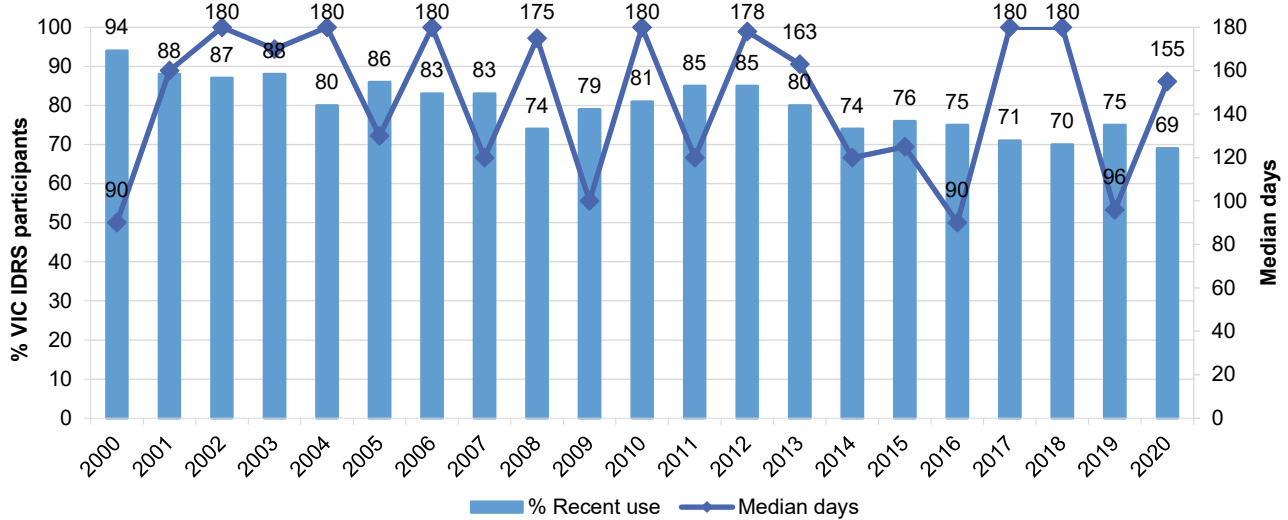
Quantity

Participants reported on the typical amount of cannabis used on last occasion. Ninety-six participants reported 1.0 gram (IQR=0.5–1.0; 1.0 gram in 2019; IQR=0.5–1.5; $p=0.269$), 11 participants reported three cones (IQR=2–4; 3 cones in 2019; IQR=1.8–3; $p=0.227$), and a further 13 participants reported one joint (IQR=1–1; one joint in 2019; IQR=1–1; $p=0.444$).

Forms Used

Of those who had consumed cannabis in the past six months and commented ($n=103$), 90% reported recent use of hydroponic cannabis (94% in 2019; $p=0.423$), and 31% bush cannabis (44% in 2019; $p=0.070$).

Figure 32: Past six month use and frequency of use of cannabis, Victoria, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: In 2020, the median price per bag of hydroponic cannabis was \$20 (IQR=\$15–\$20), consistent with previous years (\$20 in 2019; IQR=\$15–\$20; $p = 0.964$). The median price per ounce was \$260 (IQR=\$200–\$290), not significantly different from \$220 in 2019 (IQR=\$200–\$250; $p = 0.365$; Figure 33a).

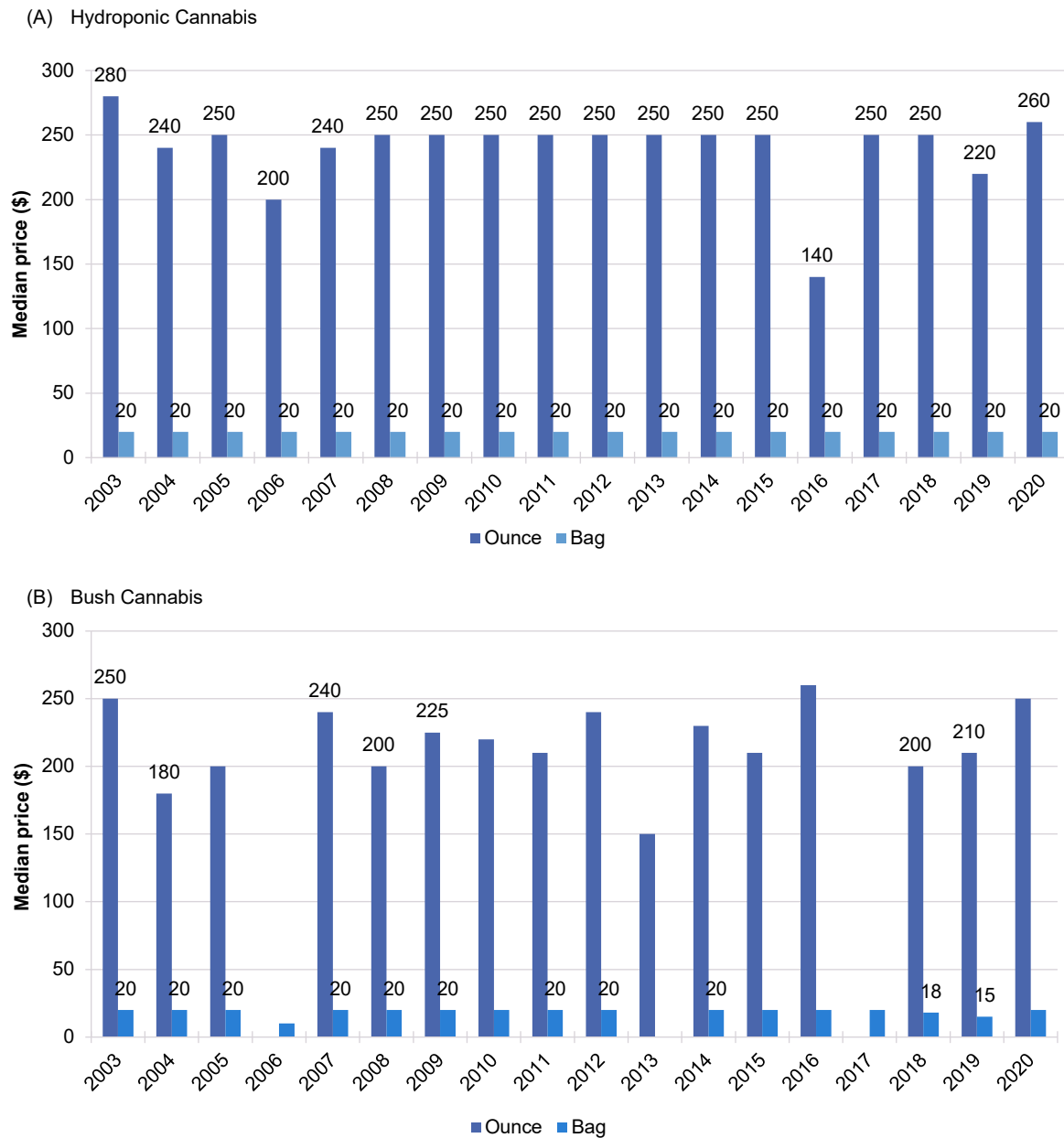
Perceived Potency: Among those who were able to comment in 2020 ($n = 35$), almost half (49%) perceived hydroponic cannabis to be of ‘high’ potency (66% in 2019; $p = 0.134$), and 40% perceived hydroponic cannabis to be of ‘medium’ potency (25% in 2019; $p = 0.170$; Figure 34a).

Perceived Availability: Among those who were able to comment in 2020 ($n = 34$), 59% perceived hydroponic cannabis to be ‘very easy’ to obtain (60% in 2019), and 35% perceived it to be ‘easy’ to obtain (25% in 2019; $p = 0.376$; Figure 35a).

Bush Cannabis

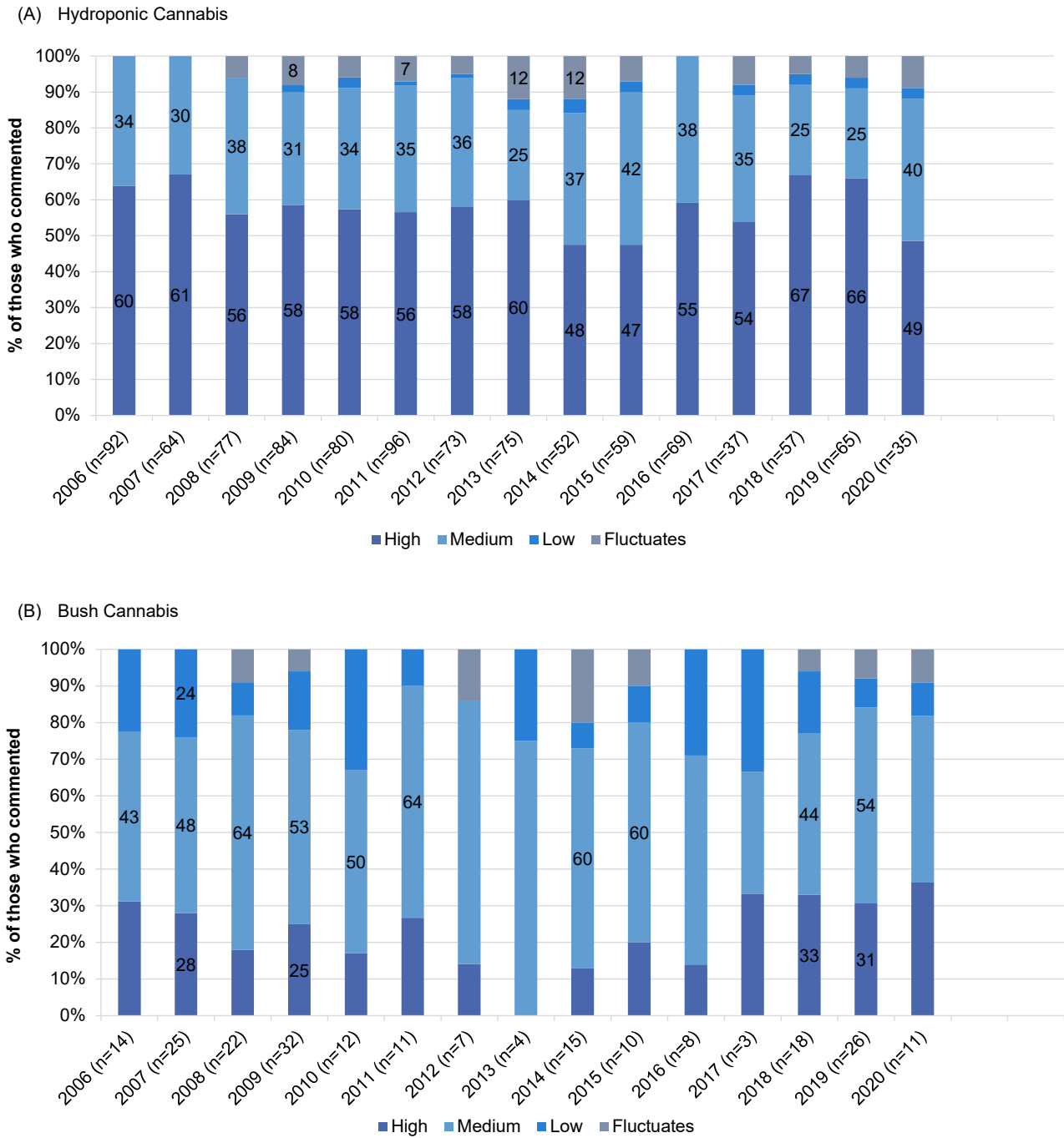
Due to low numbers ($n \leq 5$) reporting on median price, perceived potency and availability of bush cannabis, details have been suppressed (Figure 33b). For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 33: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, Victoria, 2003-2020



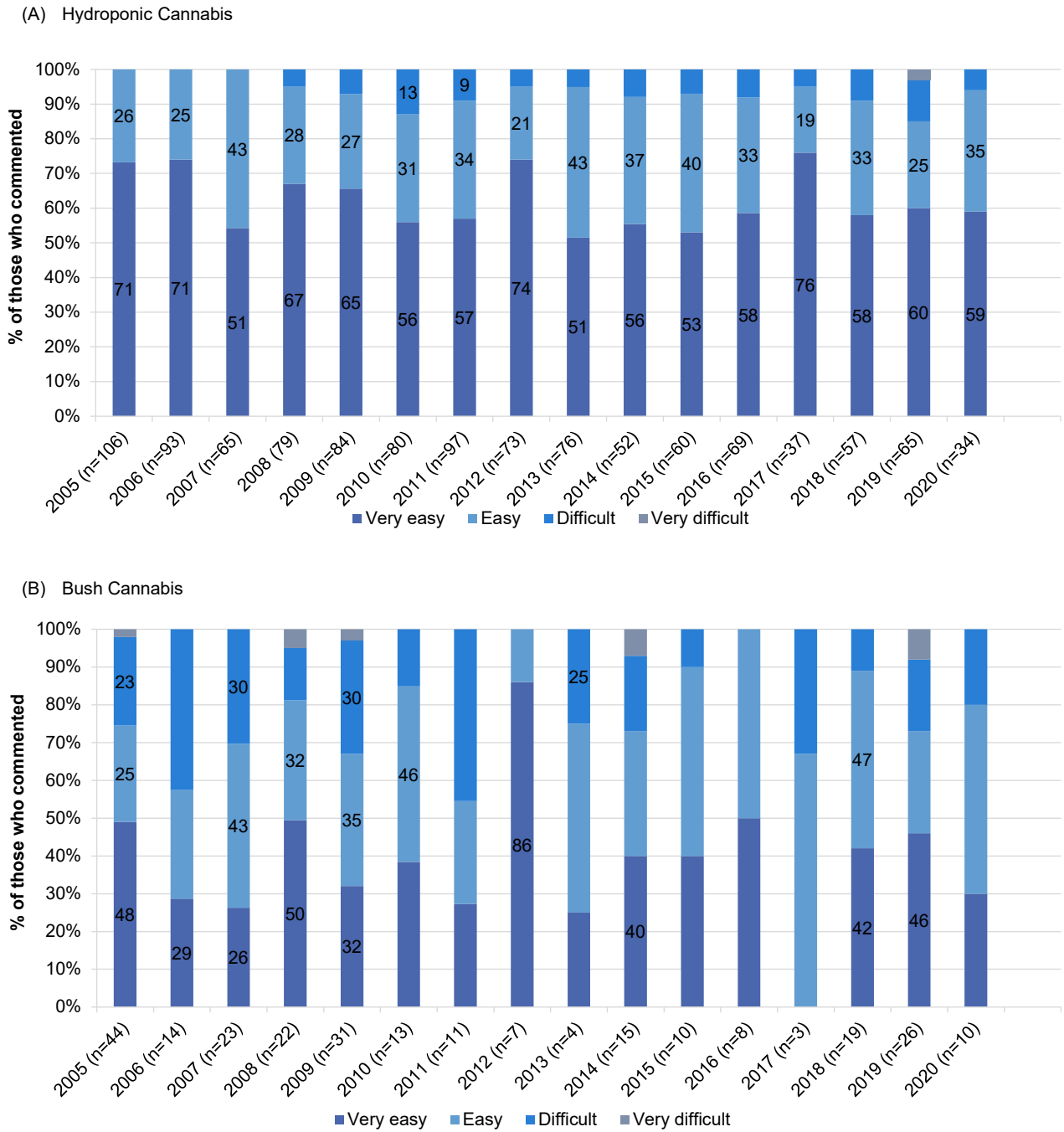
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 34: Current perceived potency of hydroponic (a) and bush (b) cannabis, Victoria, 2006-2020



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 35: Current perceived availability of hydroponic (a) and bush (b) cannabis, Victoria, 2005-2020



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

7

Pharmaceutical Opioids

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

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

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

Methadone

Any Recent Use (past 6 months): In 2020, over half (52%) of the Melbourne sample reported recent use of any prescribed and/or non-prescribed methadone (syrup or tablets), versus 48% in 2019 ($p=0.577$). Forty-five per cent reported prescribed use (42% in 2019; $p=0.668$) and 10% reported non-prescribed use (7% in 2019; $p=0.609$; Figure 36).

Frequency of Use: The frequency of non-prescribed methadone (syrup or tablets) was reported at 3 days (IQR=1–24), not significantly different from 2019 (5 days; IQR=3–25; $p=0.396$; Figure 36).

Recent Injection: Of those who had recently used any methadone (syrup or tablets) in 2020 ($n=91$), 9% reported recently injecting any methadone (14% in 2019; $p=0.417$). The median reported number of days of injecting any form was 9 (IQR=2–90), versus 6 days in 2019 (IQR=3–39; $p=0.740$).

Buprenorphine

Very low numbers ($n\leq 5$) reported using buprenorphine in the six months prior to interview and therefore no further reporting on patterns of use is included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

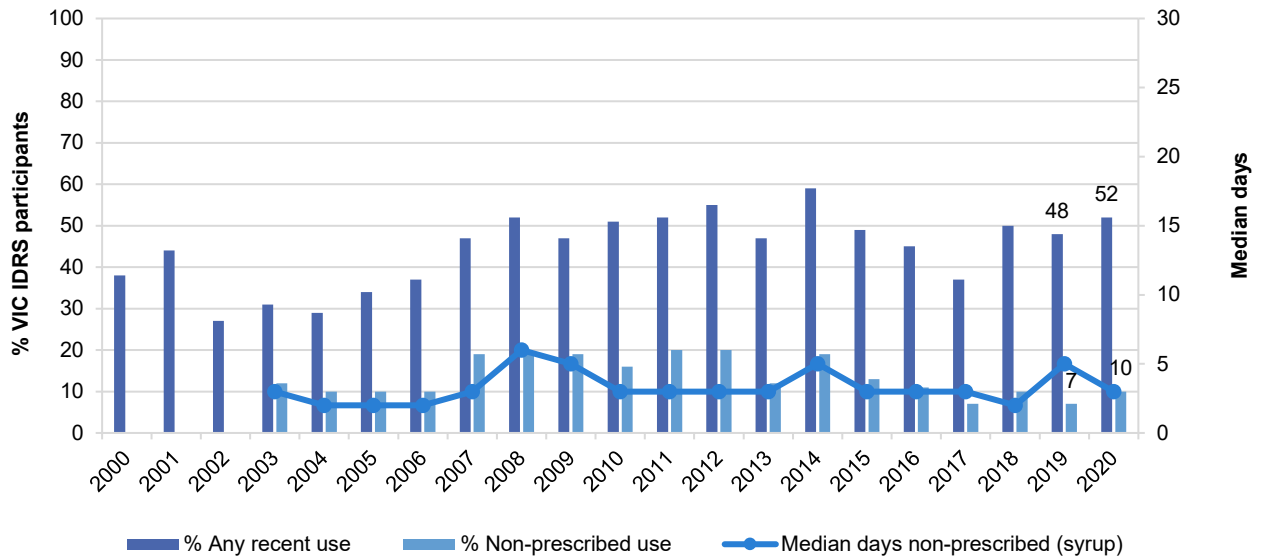
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2020, 15% of participants reported any recent use of buprenorphine-naloxone, a significant decline from 24% in 2019 ($p=0.042$). Eleven per cent reported prescribed use (16% in 2019; $p=0.205$) and 4% reported non-prescribed use; a significant decrease from 2019 (10%; $p=0.048$; Figure 37).

Frequency of Use: The median frequency of non-prescribed use was 6 days in the past six months (IQR=4–34), as in 2019 (6 days; IQR=4–15).

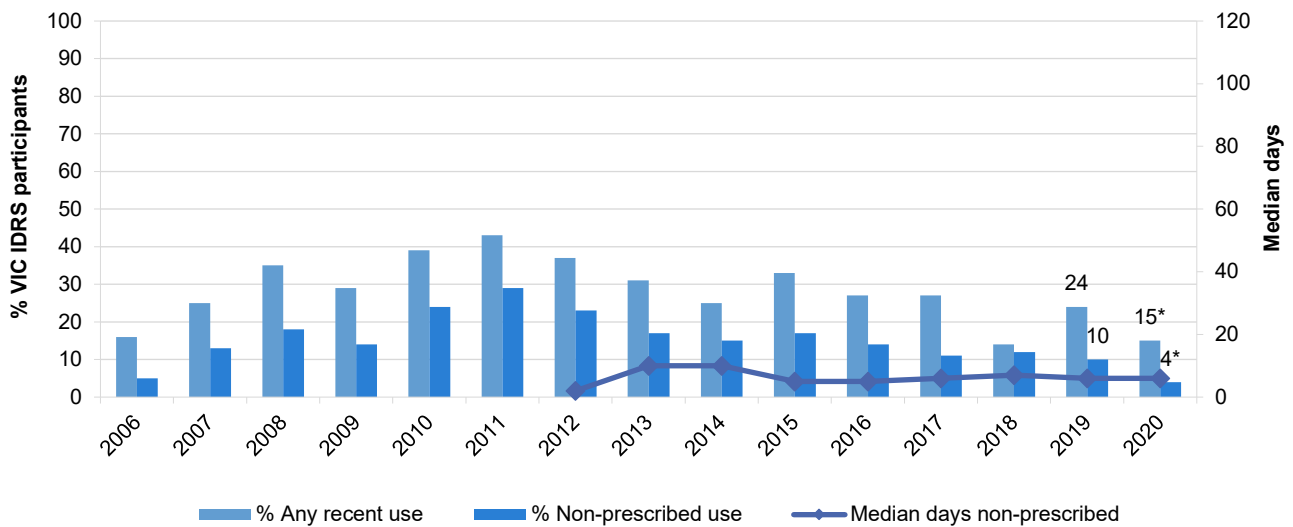
Recent Injection: Of participants who had recently used any buprenorphine-naloxone ($n=26$), 23% reported injecting it (44% in 2019; $p=0.143$). The median frequency of injection in the previous six months was 7 days (IQR=3–38; 6 days in 2019; IQR=3–37).

Figure 36: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Victoria, 2000-2020



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y-axis reduced to 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years 2000, 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 37: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Victoria, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablets; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablets and film; from 2016-2019 participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y-axis reduced to 120 days to improve visibility of trends. Data labels have been removed from figures in years 2006, 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

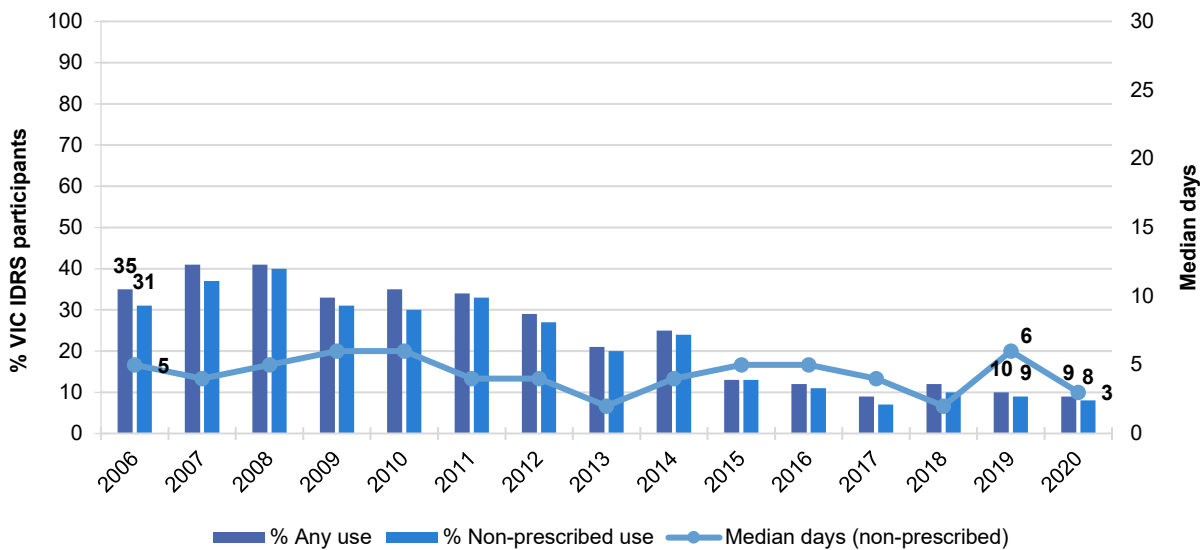
Morphine

Any Recent Use (past 6 months): Recent use of any morphine remained stable in 2020, reported by 9% of the sample (10% in 2019; $p=0.995$). This was mostly non-prescribed use, with 8% reporting recent non-prescribed use (9% in 2019; Figure 38).

Frequency of Use: The median frequency of non-prescribed use of morphine was 3 days (IQR=2–10) in the previous six months (6 days in 2019; IQR=3–60; $p=0.254$).

Recent Injection: Of those who had recently used any morphine in 2020 and commented ($n=17$), all participants (100%) reporting injecting morphine (80% in 2019; $p=0.184$). The median reported frequency of injecting was 3 days (IQR=2–10), as in 2019 (3 days; IQR=3–50; $p=0.506$).

Figure 38: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Victoria, 2006-2020



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y-axis reduced to 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in 2006, 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

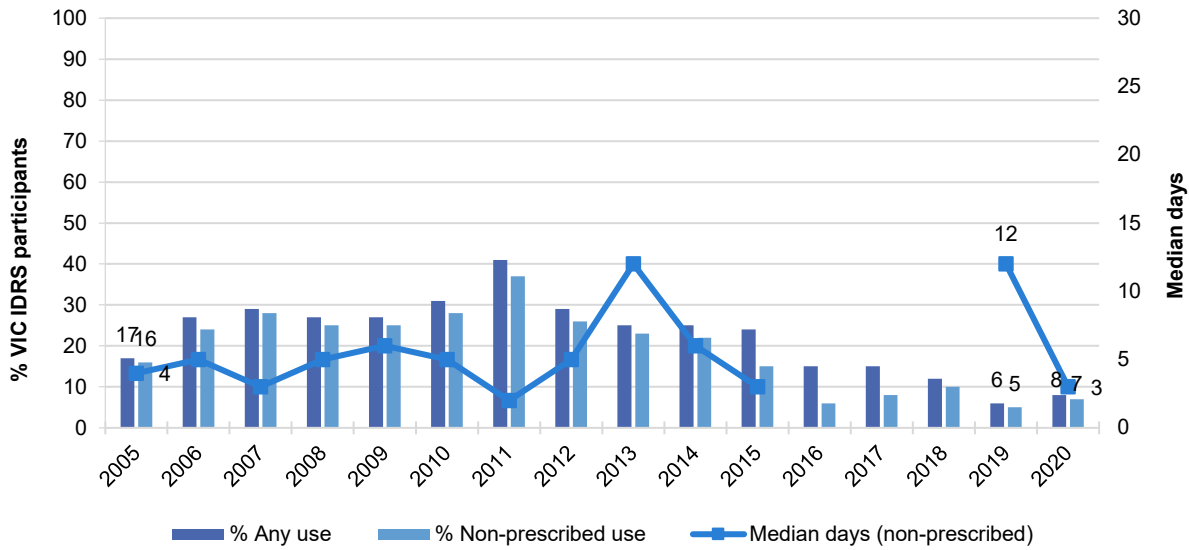
Oxycodone

Any Recent Use (past 6 months): Eight per cent reported recent use of oxycodone in 2020, stable relative to 2019 (6%; $p=0.525$; Figure 39). This was primarily non-prescribed oxycodone, at 7% of the sample (5% in 2019; $p=0.478$).

Frequency of Use: The median frequency of use of non-prescribed oxycodone remained stable in 2020 at 3 days in the six months prior to interview (IQR=1–3; 12 days in 2019; IQR=6–19; $p=0.109$).

Recent Injection: Of those who had recently used any oxycodone in 2020 and commented ($n=14$), 71% reported recently injecting any form (75% in 2019). The median frequency was three days (IQR=1–3) in the previous six months (10 days in 2019; IQR= 4–20; $p=0.105$).

Figure 39: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Victoria, 2005-2020



Note. From 2005 to 2015 participants were asked about any oxycodone; from 2016 to 2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016–2018). In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Total median days of non-prescribed use was not captured 2016–2018. Y-axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years 2005, 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Fentanyl

Very low numbers ($n \leq 5$) reported using fentanyl in the six months prior to interview and therefore no further reporting on patterns of use is included (8% in 2019). For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Other Opioids

In 2020, participants reported on prescribed and non-prescribed use of other opioids (Table 5). Seven per cent of participants reported any recent use of codeine (12% in 2019; $p = 0.188$), with 6% reporting prescribed use (9% in 2019; $p = 0.261$). Numbers are suppressed for non-prescribed use due to low numbers ($n \leq 5$) reporting such use. For more detailed information on the use of codeine, see Figure 25 in the [Victoria IDRS 2019 Report](#). Additionally, small numbers ($n \leq 5$) reported recent use of tapentadol and tramadol, therefore, numbers are suppressed. For more information, please refer to the [2020 IDRS National Report](#).

Table 5: Past six month use of other opioids, Victoria, 2019-2020

% Recent Use (past 6 months)	2019 (N=148)	2020(N=179)
Codeine		
Any prescribed use	9	6
Any non-prescribed use	-	-
Any prescribed/non-prescribed use	12	7
Any injection (prescribed and/or non-prescribed)	6	-
Tramadol		
Any prescribed use	0	0
Any non-prescribed use	0	-
Any prescribed/non-prescribed use	0	-
Any injection (prescribed and/or non-prescribed)	0	-
Tapentadol		
Any prescribed use	0	0
Any non-prescribed use	0	-
Any prescribed/non-prescribed use	0	-
Any injection (prescribed and/or non-prescribed)	0	0

Note. - Values suppressed due to small cell size (n≤5 but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

8

Other Drugs

New Psychoactive Substances (NPS)

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

In 2020, six per cent of the Melbourne sample reported any NPS use, similar to 2019 (9%; $p=0.361$). (Table 6). Six per cent reported using new individual drugs that mimic the effects of cannabis (9% in 2019; $p=0.261$) on a median of 2 days in the previous six-month period (IQR=2–137), consistent with 2019 (9 days; IQR=2-180; $p=0.489$). Very low numbers ($n\leq 5$) reported using other drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, Victoria, 2014-2020

% Recent Use (past 6 months)	2014 N=150	2015 N=150	2016 N=175	2017 N=152	2018 N=38	2019 N=148	2020 N=179
'New' drugs that mimic the effects of opioids	/	/	/	0	-	-	0
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-	0	0
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	/	-	0	0
'New' drugs that mimic the effects of cannabis	20	16	14	10	49	9	6
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	-	0	0	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	0	0	0
Any of the above	-	-	-	0	13	9	6

Note. - Values suppressed due to small cell size ($n\leq 5$ but not 0). / denotes that this item was not asked about in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Non-Prescribed Pharmaceutical Drugs

Refer to Figure 40 for recent use of other drugs.

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed benzodiazepine use was stable in 2020 relative to 2019. A third of participants (33%) reported recent non-prescribed use of any benzodiazepine (40% in 2019; $p=0.212$), 17% reported recent use of non-prescribed alprazolam (20% in 2019; $p=0.590$), and 24% reported recent non-prescribed use of other benzodiazepines (32% in 2019; $p=0.098$).

Frequency of Use: In 2020, the median frequency of non-prescribed benzodiazepines was three days (IQR=2–6) for alprazolam (5 days in 2019; IQR=2–10; $p=0.526$), and 10 days (IQR=3–20) for other benzodiazepines (6 days in 2019; IQR=2–24; $p=0.098$).

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting is included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Pharmaceutical Stimulants

In 2020, very low numbers ($n \leq 5$) reported non-prescribed use of pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use is included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Antipsychotics

Very low numbers ($n \leq 5$) reported using non-prescribed antipsychotics (asked as 'Seroquel' until 2019) in the last six months and therefore no further reporting on patterns of use is included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

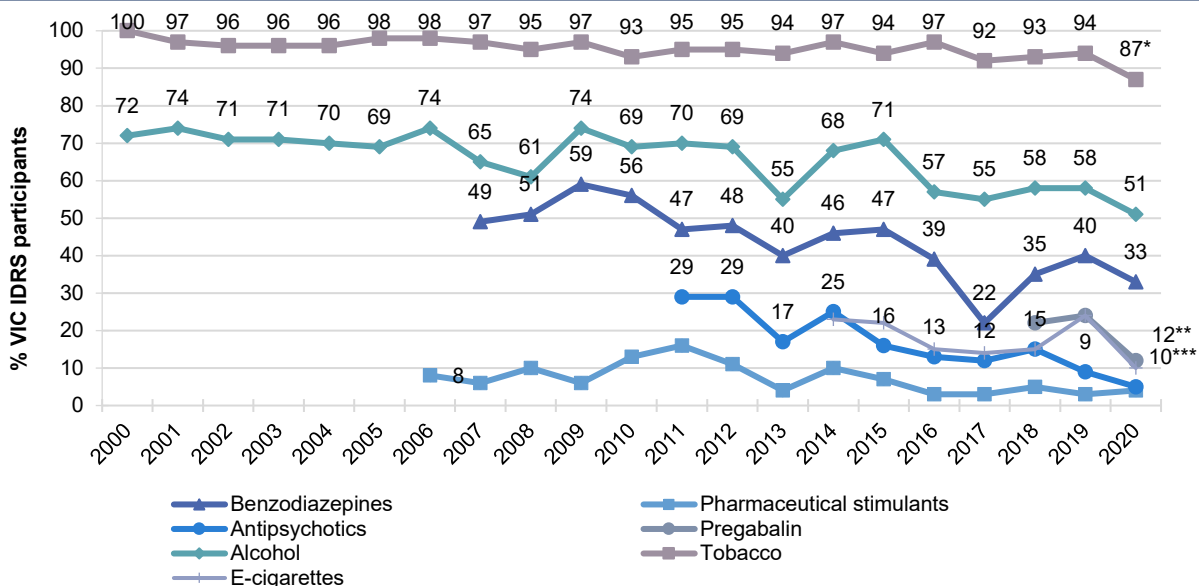
Pregabalin

Recent Use (past 6 months): In 2020, 12% of the sample reported use of non-prescribed pregabalin, a significant decrease from 2019 (24%; $p=0.007$). Low numbers ($n \leq 5$) reported recent use of prescribed pregabalin (11% in 2019) therefore numbers have been suppressed.

Frequency of Use: Participants reported median frequency of use at 7 days (IQR=4-30), stable compared to 2019 (4 days; IQR=2-10; $p=0.072$).

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 40: Past six month use of other drugs, Victoria, 2000-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels have been removed from figures with small cell size (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Licit and Other Drugs

Steroids

Very low numbers ($n \leq 5$) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use is included. For further information, please refer to the [2020 IDRS National Report](#) or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Just over half (51%) of the sample reported recently consuming alcohol in 2020, similar to the 58% recorded in 2019 ($p=0.271$).

Frequency of Use: Median frequency of use amongst alcohol consumers in 2020 was 24 days (IQR=4–113; 24 days in 2019; IQR=6–100; $p=0.983$), with 23% reporting daily use (22% in 2019).

Tobacco

Recent Use (past 6 months): In 2020, most of the sample (87%) reported recent tobacco use, but this was a significant decrease from 94% in 2019 ($p=0.045$), and the lowest per cent reported since monitoring began in 2000.

Frequency of Use: Median frequency of consuming tobacco in 2020 was 180 days (IQR=180-180), unchanged from 2019 (180 days; IQR=180–180; $p=0.130$). Of these participants, 90% reported daily consumption (95% in 2019; $p=0.204$).

E-cigarettes

Recent Use (past 6 months): One tenth of participants (10%) reported recent use of e-cigarettes in 2020, a significant decline from 24% in 2019 ($p=0.001$).

Frequency of Use: In 2020, the median frequency of e-cigarettes use amongst consumers was 17 days (IQR=3–150; 5 days in 2019; IQR=2–14; $p=0.057$). Over one fifth (22%) reported daily use (6% in 2019; $p=0.194$).

Forms Used: Among those recently consuming e-cigarettes ($n=18$), 78% reported that they contained nicotine, 17% reported cannabis, 0% said both cannabis and nicotine, and 6% said neither.

Reason for Use: A third of participants (33%) reported using e-cigarettes as a smoking cessation tool.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, 12% of participants reported recent use of GHB/GBL/1,4-BD. Further questions regarding recent use of GHB/GBL/1,4-BD were not asked of participants in 2019.

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

The way questions about overdose have been asked in the IDRS has varied over the years.

In 2020, participants were asked about their past 12 month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Overdoses relating to drugs other than opioids were separated into the following data coding:
 - **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.

In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

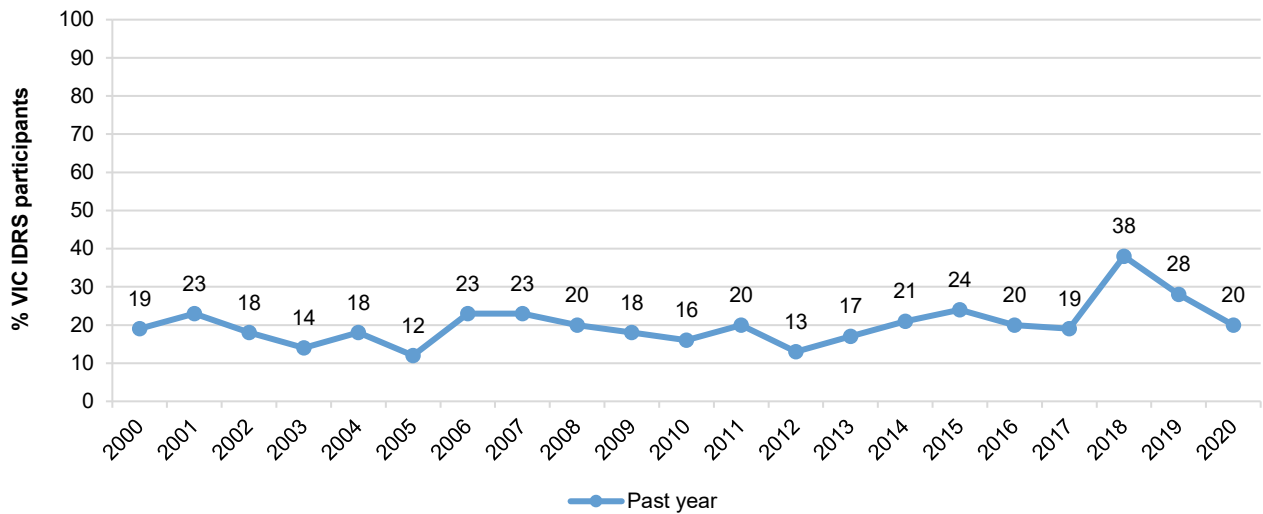
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total percentage of participants who have experienced any past 12 month overdose event by looking for any endorsement across the drug types queried (see below) but note that estimates may vary over time because of changed nuance in asking by drug type.

Not-fatal overdose from 'any' drug remained stable in 2020, reported by 20% of the sample (28% in 2019; $p=0.114$; Figure 41).

Almost one fifth (19%) of the Melbourne sample reported a non-fatal overdose on any opioid in the past 12 months, stable compared to 2019 (25%; $p=0.193$; Table 7). Nineteen per cent reported a non-fatal overdose on heroin (21% in 2019; $p=0.685$). Small numbers ($n \leq 5$) reported recent non-fatal overdoses on other opioids or other drugs, such that these numbers have been suppressed.

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

Figure 41: Past 12 month non-fatal any overdose, Victoria, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of improved capture of depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0) $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2019 versus 2020.

Table 7: Past year non-fatal overdose by drug type, nationally and Victoria, 2015-2020

	National 2020	2020	2019	2018	Victoria 2017	2016	2015
% Any opioid overdose	N=881 13	N=178 19	N=148 25	/	/	/	/
% Heroin overdose	N=882 11	N=178 19	N=143 21	N=150 28	N=152 18	N=175 17	N=150 10
% Methadone overdose	N=881 1	N=178 -	N=143 -	N=150 -	N=152 -	N=175 -	N=150 -
% Morphine overdose	N=881 <1	N=178 0	N=143 -	N=150 0	N=152 0	N=175 -	N=150 -
% Oxycodone overdose	N=881 0	N=178 0	N=143 -	N=150 -	N=152 0	N=175 -	N=150 -
% Other drug overdose							
Including stimulants	N=881 6	N=178 -	N=143 -	N=150 7	N=152 -	N=175 -	N=150 -
Not including stimulants	N=883 3	N=179 -	N=143 -	/	/	/	/
% Any drug overdose	N=880 18	N=178 20	N=143 28	N=150 31	N=152 20	N=175 20	N=150 17

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 mentioned. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2019 versus 2020.

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

Awareness of Naloxone: The percentage of participants reporting knowledge of naloxone has been consistently high since 2013. The majority (93%) of the Melbourne sample had heard of naloxone (92% in 2019; Figure 42).

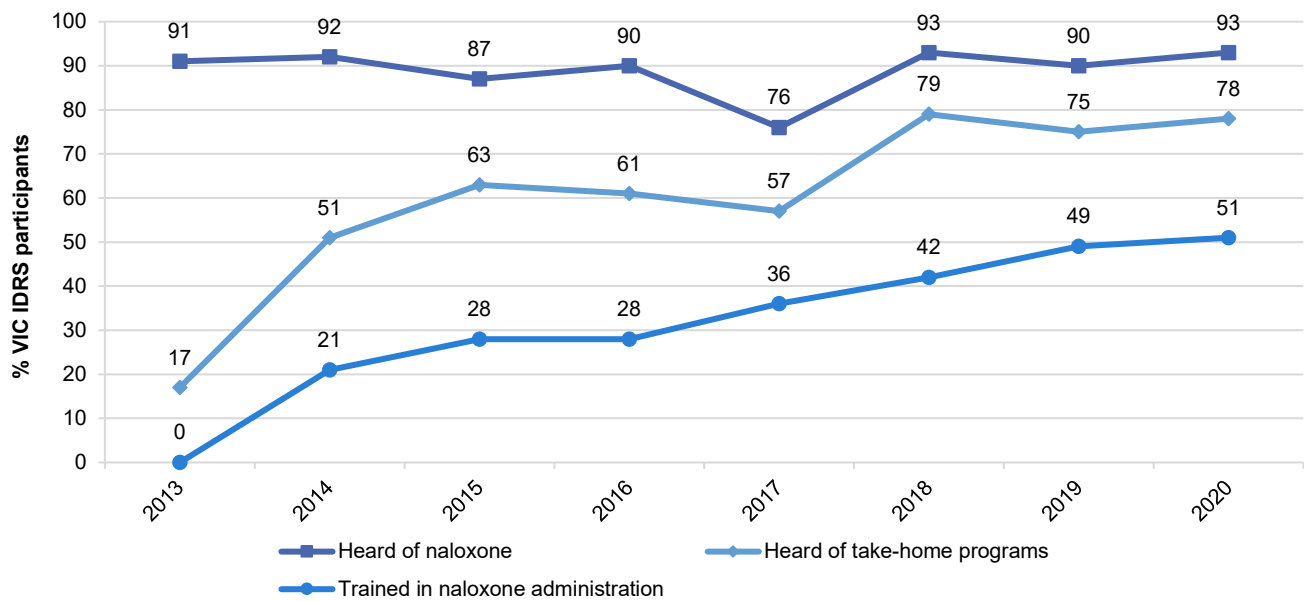
Awareness of Take-Home Programs (training program): Over three-quarters (78%) of participants reported that they had heard of take-home programs, similar to 2019 (75%; $p=0.791$; Figure 42).

Participation in Training Programs: In 2020, just over half (51%) of the sample reported having been trained in naloxone administration (49% in 2019; $p=0.740$; Figure 42).

Accessed Naloxone: Over half (55%) of participants reported having ever accessed naloxone. Of those participants who had never accessed naloxone, common reasons given included 'don't consider myself at risk of overdose' (30%) and 'don't use opioids' (13%). For those who had reported accessing naloxone for administration and could comment ($n=95$), 86% reported last receiving intramuscular naloxone and 14% reported receiving intranasal naloxone. Additionally, almost half (48%) of participants last accessed naloxone at an NSP, and all participants (100%) reported that they did not have to pay.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded ($n=164$), 29% reported that they had resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past-year opioid overdose and could respond ($n=33$), a third (33%) reported that they had ever been resuscitated by a peer using naloxone. Of participants who had ever accessed naloxone and commented ($n=95$), 38% reported that they 'always' had naloxone on hand when using opioids in the past month.

Figure 42: Take-home naloxone program and distribution, Victoria, 2013-2020



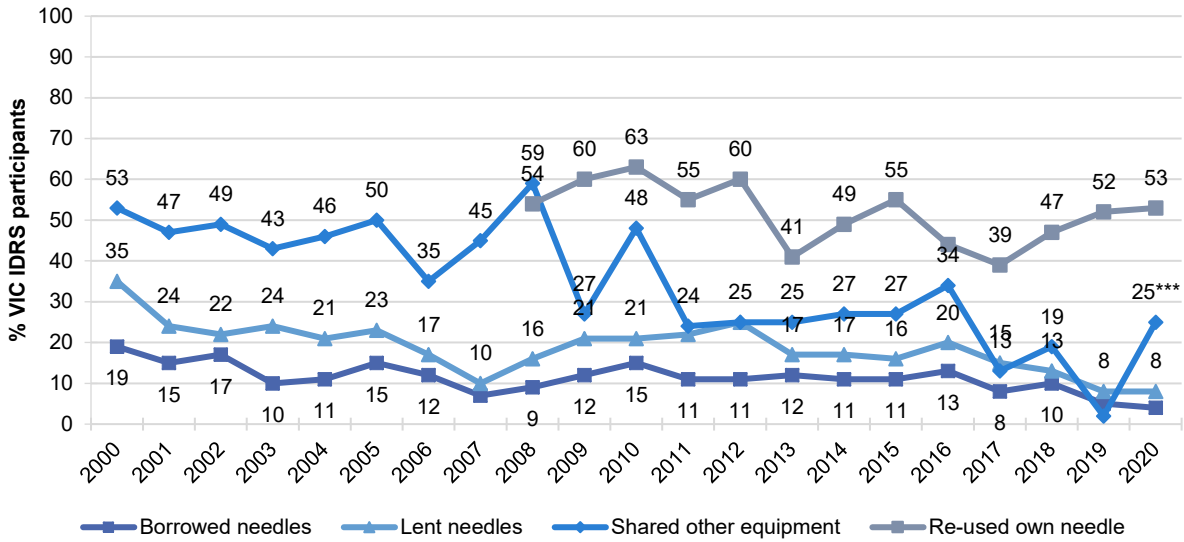
Note. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Injecting Risk Behaviours and Harms

Small numbers ($n \leq 5$) reported receptive needle sharing in 2020. Eight per cent reported distributive sharing in the past month, unchanged from 2019 (8%; $p = 0.976$; Figure 43). Twenty-five per cent indicated that they had shared other equipment (e.g., spoons, tourniquet, water, and filters), a substantial increase from 2019 (* $p < 0.001$). Thirty-seven per cent reported having injected someone else after injecting themselves (46% in 2019; $p = 0.140$), and almost one fifth (19%) reported being injected by someone else after they had injected themselves in the past month (23% in 2019; $p = 0.500$; Table 8).

The percentage of participants who reported that they had last injected in a private home significantly increased from 55% in 2019 to 71% in 2020 ($p = 0.003$). Additionally, reports of last injecting in ‘street, park or bench’ (10%) decreased significantly from 2019 (23%; $p = 0.002$). This may be due to COVID-19-related restrictions in public places or changes in housing availability.

Figure 43: Borrowing and lending of needles and sharing of injecting equipment in the past month, Victoria, 2000-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 8: Sharing and reusing needles and injecting equipment in the past month, nationally and Victoria, 2015-2020

	National			Victoria			
	2020 N=884	2020 N=179	2019 N=148	2018 N=150	2017 N=152	2016 N=175	2015 N=150
% Injecting behaviours past month							
Borrowed a needle	N=880 5	N=178 -	N=143 -	N=148 10	N=148 8	N=175 13	N=149 11
Lent a needle	N=875 9	N=177 8	N=142 8	N=147 13	N=247 15	N=175 20	N=145 16
Shared any injecting equipment ^	N=877 25	N=178 25***	N=148 -	N=28 19	N=19 13	N=175 34	N=41 27
Reused own needle	N=878 44	N=178 53	N=144 52	N=147 47	N=146 39	N=174 44	N=148 55
Injected partner/friend after self	N=878 32	N=178 37	N=148 46	N=149 34	N=146 27	N=150 34	/
Somebody else injected them after injecting themselves~	N=878 17	N=177 19	N=148 23	N=149 20	N=146 9	N=150 15	/
% Location of last injection	N=878	N=178	N=148	N=150	N=152	N=175	N=150
Private home	83	71**	55	61	58	66	66
Car	5	-	-	7	-	9	7
Street/car park/beach	5	10**	23	29	27	17	13
Public toilet	4	-	6	-	-	-	11
Medically supervised injected services	3	8	13	/	/	/	/
Other	1	-	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, 36% of the Melbourne sample reporting having an injection-related health issue in the past month (45% in 2019; p=0.137; Table 9). Most commonly, participants reported nerve damage (15%), followed by artery injection (11%). Just over one-tenth (11%) of participants reported a dirty hit in 2020, a significant decrease from 2019 (20%, p=0.027).

Table 9: Injection-related issues in the past month, Victoria, 2019-2020

	2020 (N=178)	2019 (N=148)
% Artery injection	11	18
% Any nerve damage	15	24
% Any thrombosis	10	6
Blood clot near the surface of skin	9	6
Blood clot in the deep veins	-	-
% Any infection/ abscess	8	15
Skin abscess or cellulitis	7	14
Endocarditis	-	-
Another serious infection (e.g. sepsis, osteomyelitis)	-	-
% Dirty hit	11*	20
% Any injection related problem	36	45

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Drug Treatment

The percentage of participants reporting any current drug treatment remained stable in 2020 relative to 2019. Fifty-eight per cent reported any drug treatment for substance use (51% in 2019; $p=0.376$), with 40% reporting currently receiving methadone (36% in 2019; $p=0.564$; Table 10).

Of those participants who were not currently in drug treatment ($n=76$), 9% reported that they had unsuccessfully attempted to access drug treatment in the last six months, and a further 13% reported wanting to access treatment but not attempting to do so. Few participants ($n\leq 5$) were able to comment on both the main substances for which they were seeking treatment and the main services that they had tried to access, therefore numbers have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 10: Current drug treatment, nationally and Victoria, 2015-2020

	National			Victoria			
	N=884 2020	N=179 2020	N=148 2019	N=150 2018	N=152 2017	N=174 2016	N=149 2015
% Current drug treatment	48	58	51	47	50	44	60
Methadone	31	40	36	35	31	29	38
Buprenorphine	2	-	-	-	-	-	-
Buprenorphine-naloxone	8	7	13	9	12	10	13
Buprenorphine depot injection	2	-	0	/	/	/	/
Drug counselling	11	9	-	-	-	-	6
Other	4	-	-	0	-	-	-

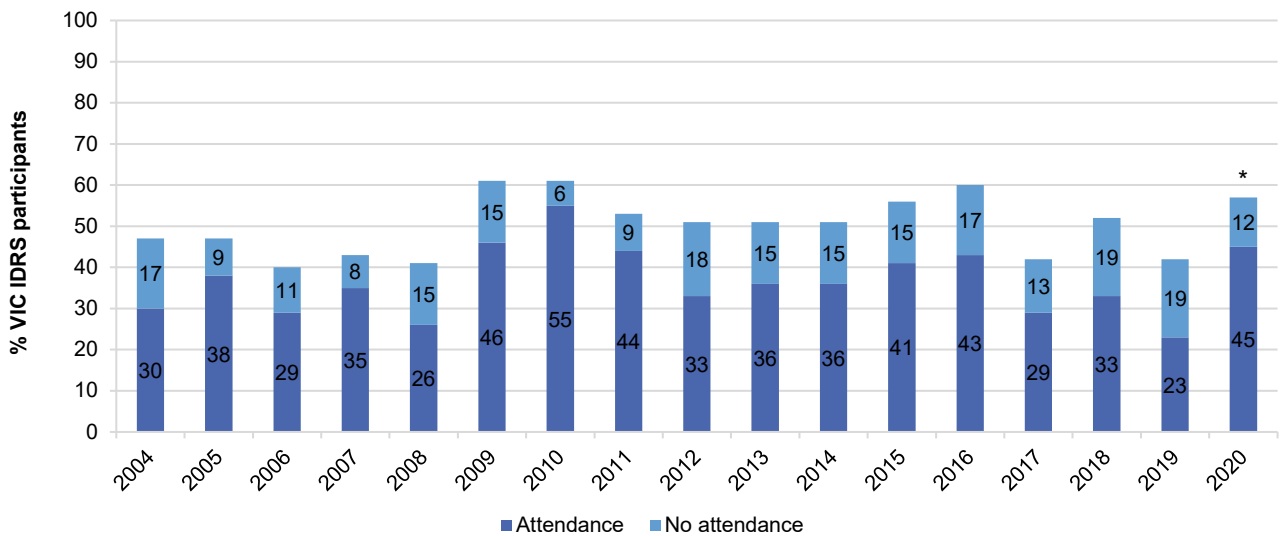
Note. Numbers suppressed when $n\leq 5$ (but not 0). / not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Mental Health

In 2020, over half (57%) of participants self-reported experiencing a mental health problem in the six months prior to interview (42% in 2019; $p=0.014$; Figure 44). Most commonly, participants reported experiencing depression (75%) and anxiety (60%), with a smaller percentage reporting post-traumatic stress disorder (14%).

More than a quarter (26%) of the total sample (45% of those who self-reported a mental health problem) reported seeing a mental health professional during the previous six months. Of those who attending a mental health professional in 2020 ($n=45$), almost three quarters (73%) were prescribed medication (73% in 2019).

Figure 44: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2004-2020



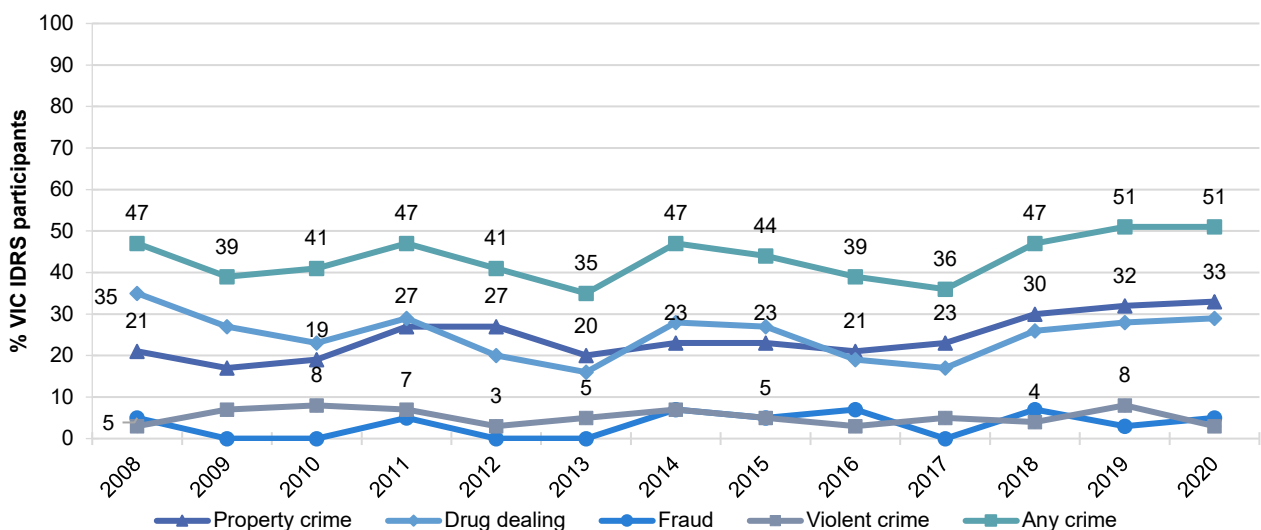
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who did not. Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Crime

The percentage reporting any crime in the past month remained stable in 2020 at 51% (51% in 2019). Most commonly, participants reported engaging in property crime (33%; 32% in 2019; p=0.888), followed by drug dealing (29%; 28% in 2019; p=0.864; Figure 45). One tenth (10%) of participants reported being the victim of a violent crime in the past month (15% in 2019; p=0.186), and low numbers reported violent crime and fraud in 2020 (n≤5).

In 2020, 25% of the sample indicated that they had been arrested in the past year, a significant decrease from 43% in 2019 (p=0.001). Fifty-nine per cent reported a lifetime prison history, significantly fewer than in 2019 (71%; p=0.035).

Figure 45: Self-reported criminal activity in the past month, Victoria, 2000-2020



Note. 'Any crime' comprises the percentage who reported any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.