IDRS

VICTORIAN DRUG TRENDS 2021

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

DOI: 10.26190/00hf-8p80

VICTORIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Joanna Wilson[1], Sarah Eddy[1], Debbie Scott[5] & Paul Dietze[1,2,3,4]

[1]Behaviours and Health Risks, Burnet Institute

[2]National Drug Research Institute, Curtin University

[3]National Drug and Alcohol Research Centre, UNSW

[4]School of epidemiology and Preventive Medicine, Monash University

[5]Turning Point, Eastern Health

DOI: 10.26190/00hf-8p80

ISBN 978-0-7334-4025-0

Suggested citation: Wilson, J., Eddy, S., Scott, D. & Dietze, P. (2022). Victorian Drug Trends 2021: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/00hf-8p80

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

DOI: 10.26190/00hf-8p80

Table of Contents

DOI: 10.26190/00hf-8p80

List of Tables

DOI: 10.26190/00hf-8p80

List of Figures

DOI: 10.26190/00hf-8p80

DOI: 10.26190/00hf-8p80

Acknowledgements

Funding

In 2021, 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 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Debbie Scott, Turning Point, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- 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, Doriano Raffaele, Peter Higgs and Dylan Vella-Horne for conducting the Victoria IDRS interviews in 2021. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS. We 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.

DOI: 10.26190/00hf-8p80

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDP	Methylenedioxypyrovalerone
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
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

DOI: 10.26190/00hf-8p80

Executive Summary

The Victorian (VIC) IDRS survey sample is a sentinel group 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 2021 from June-July. Eighty-two per cent of the interviews were delivered face-to-face and 18% were via telephone, due to COVID-19 restrictions being imposed in Victoria for much of the data collection period. This change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

There was a significant change in gender identity between 2021 and 2020 (p=0.019), with more participants identifying as male in 2021 (72%) compared to 2020 (59%), however age remained stable at a mean of 44 years. The majority (96%) of the sample was unemployed at the time of interview and received a government pension/allowance or benefit in the month prior to interview. Median weekly income decreased from $533 in 2020 to $378 in 2021 ($p$<0.001). Fewer participants (42%) reported holding a post-school qualification relative to 2020 (58%; p=0.007). In 2021, there was a significant change in drug of choice (p=0.003), with fewer participants nominating heroin (54%; 71% in 2020) as their drug of choice, and a greater number nominating methamphetamine (36%; 17% in 2020). Similarly, there was a difference in the drug injected most in the past month (p=0.015), marked by a decrease in heroin (56%; 70% in 2020), and an increase in methamphetamine (40%; 25% in 2020).

COVID-19 Impact

In 2021, 64% of the VIC sample had been tested for SARS-CoV-2 in the 12 months prior to interview and none had been diagnosed with the virus. The majority (71%) of participants were not worried about contracting COVID-19, and 22% of participants reported that they had quarantined for 14 or more days due to a possible exposure in the past 12 months. Sixteen per cent had received at least one dose of the COVID-19 vaccine by the time of interview.

Heroin

Recent use (i.e., past six months) of heroin has remained fairly stable in recent years, although decreased from 85% in 2020 to 76% in 2021 (p=0.049). Most of those reporting recent use reported using heroin weekly or more frequently in 2021 (79%). The reported median price of heroin was $100 for one point, a significant increase from $50 in 2020 ($p$<0.001). Perceived availability remained stable in 2021, with 45% of participants perceiving heroin as being ‘very easy’ to obtain.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years. In 2021, 79% of the sample reported recent use, a significant increase compared to 66% in 2020 (p=0.012). Seventy per cent of those reporting recent use reported using methamphetamine weekly or more frequently (44% in 2020; p<0.001). Crystal methamphetamine remains the most common form used (78%; 64% in 2020; p=0.008), with frequency of use also increasing from a median of 12 days in 2020 to 55 days in 2021 (p<0.001). Price, perceived purity, and availability remained stable in 2021.

Cocaine

Recent use of cocaine remained similar to previous years, with 18% of the sample reporting recent use (17% in 2020). Injecting remained the most common route of administration (70%), followed by snorting (37%).

DOI: 10.26190/00hf-8p80

Cannabis

Recent use of cannabis has remained stable in 2021, with 66% of the sample reporting recent use (69% in 2020). Over half (53%) of participants who had recently used cannabis reported daily use, similar to 2020 (47%). Hydroponic cannabis remained the form most commonly used (97%), followed by bush cannabis (28%).

Pharmaceutical Opioids

Recent use of any methadone significantly decreased from 52% in 2020 to 32% in 2021 (p<0.001), however non-prescribed use remained low and stable (5%; 10% in 2020). The most common non-prescribed pharmaceutical opioids used in 2021 were oxycodone (7%) and morphine (6%). Low numbers (n≤5) reported using fentanyl in the six months prior to interview

Other Drugs

Low numbers (6%) reported recent use of new psychoactive substances (predominantly 'new' drugs that mimic the effects of cannabis). Non-prescribed benzodiazepine use was reported by 37% of participants in 2021 (33% in 2020; p=0.455). Alcohol and tobacco use have remained stable in 2021 relative to 2020, with 49% and 93% reporting recent use, respectively. Twenty-nine per cent of those reporting recent use of alcohol and 94% of those reporting recent use of tobacco reported daily use. Recent use of e-cigarettes increased to 20% in 2021 from 10% in 2020 (p=0.022).

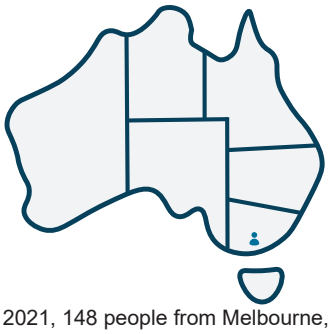
Drug-Related Harms and Other Associated Behaviours

In 2021, the majority (98%) of the sample reported using one or more drugs on the day preceding interview, with the most used being tobacco (81%), opioids (61%), cannabis (43%), and stimulants (33%). The most common combination of drugs used on the day preceding interview were opioids (26%), and concurrent use of cannabis and opioids (13%). Twenty-four per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug (20% in 2020; p=0.501), with 18% reporting a past year non-fatal heroin overdose (19% in 2020). Seventy-seven per cent of participants reported that they were aware of the take-home naloxone programs in 2021, and 51% reported having ever accessed naloxone. There was a significant decrease in the number of participants reporting re-using their own needle in the past month, from 53% in 2020 to 35% in 2021 (p=0.002). Four per cent of participants reported receptive sharing, and 8% reported distributive sharing of needles in the past month. One-quarter (24%) of the sample reported experiencing injection-related problems in the past month (a significant decrease from 36% in 2020; p=0.032), most commonly thrombosis (9%), infection/abscess (7%) and nerve damage (7%). Just over a third (34%) of the sample reported being in drug treatment at the time of interview, a significant decrease from 58% in 2020 (p<0.001), with 26% of the sample receiving methadone (40% in 2020; p=0.008). Almost three-fifths of participants (57%) reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, 50% had received an RNA test and 14% reported having a current HCV infection. The majority (93%) of the sample reported ever being tested for HIV, while 41% had been tested in the past month. Five per cent reported ever receiving a HIV positive diagnosis. Self-reported past six-month mental health problems remained relatively stable (48%; 57% in 2020; p=0.157), with the most common problems reported being depression (56%), anxiety (41%), PTSD (23%), and schizophrenia (20%). Twenty-nine per cent of participants reporting driving in the 6 months prior to interview, with 5% reporting driving while over the perceived legal limit of alcohol and 18% reporting driving within three hours of consuming an illicit or non-prescribed drug. Seven per cent of participants reported that they or someone else had ever tested the content and/or purity of their drugs. Fifty-seven per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 51% in 2020. Property crime and drug dealing were the most common self-reported crimes in the month preceding interview (41% and 31% respectively). Thirty-nine per cent of the sample had been arrested in the year prior to interview, a significant increase from 25% in 2020 (p=0.010), and 71% reported ever being in prison, another significant increase from 2020 (59%; p=0.035).

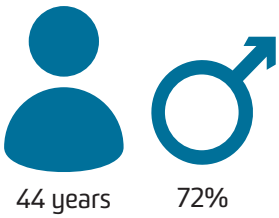
DOI: 10.26190/00hf-8p80

IDRS Illicit Drug Reporting System

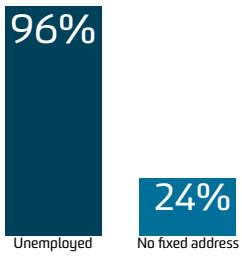
2021 SAMPLE CHARACTERISTICS



In 2021, 148 people from Melbourne, VIC participated in IDRS interviews.



The mean age in 2021 was 44, and 72% identified as male.

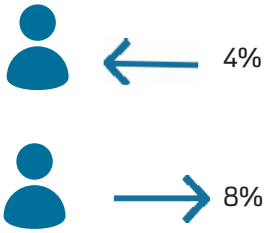


In the 2021 sample, 96% were unemployed and 24% had no fixed address.

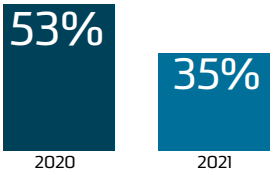
- Injected heroin
- Injected methamphetamine
- Injected other drug

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

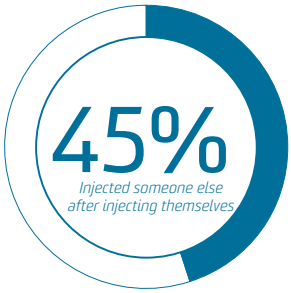
INJECTING RELATED RISKS AND HARMS



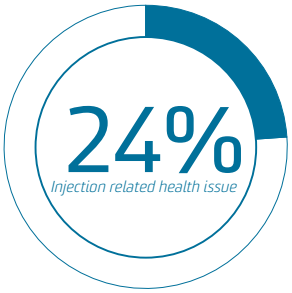
In 2021, 4% of the IDRS sample reported receptive needle sharing, and 8% reported distributive needle sharing.



The number of people who re-used their own needles decreased from 53% in 2020 to 35% 2021.

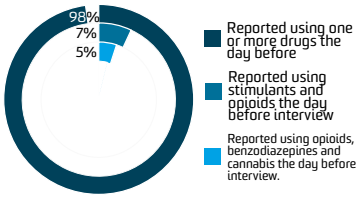


In the VIC sample, 45% of participants reported injecting someone else after injecting themselves.

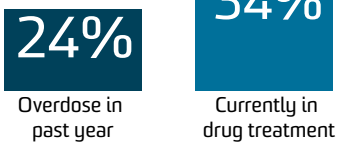


In 2021, 24% of the VIC sample reported having an injection-related health issue in the month preceding interview.

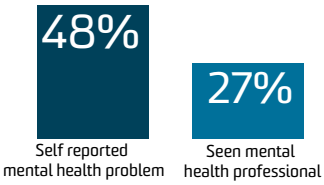
OTHER HARMS AND HELP-SEEKING



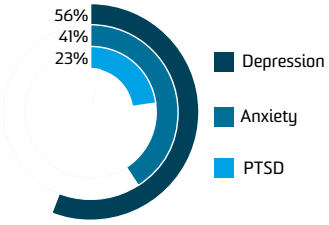
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 24% had experienced a non-fatal overdose in the previous 12 months and 34% were currently in drug treatment.

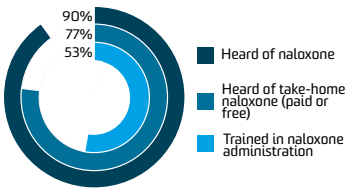


In the sample, 48% self reported a mental health problem in the six months prior to interview, and 27% had seen a mental health professional.



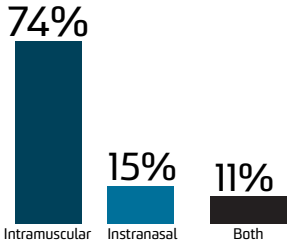
Of those who commented, the three most common mental health issues reported were depression (56%), anxiety (41%) and PTSD (23%).

NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.

Of those who reported having heard of naloxone, 27% had used naloxone to resuscitate someone who had overdosed.

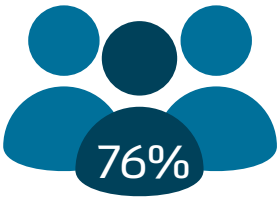


Of those who reported ever accessing naloxone, 74% received intramuscular naloxone, 15% intranasal naloxone and 11% both.

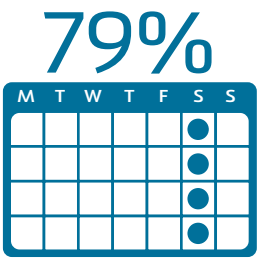
In 2021, n≤5 of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

DOI: 10.26190/00hf-8p80

HEROIN

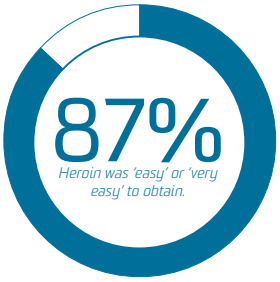


Past 6 month use of heroin was at 76% in the 2021 IDRS sample, a decrease from 85% 2020.



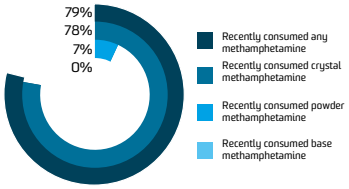
Of those who had recently consumed heroin, 79% used it weekly or more often, stable from 88% in 2020.

The median reported price for a point of heroin was $100 in 2021 and $50 in 2020.

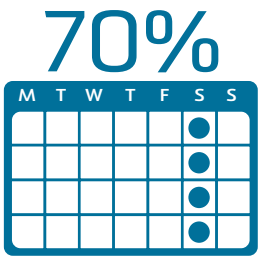


Of those who could comment 87% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 93 % in 2020.

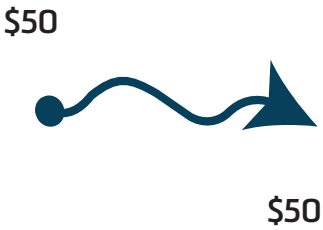
METHAMPHETAMINE



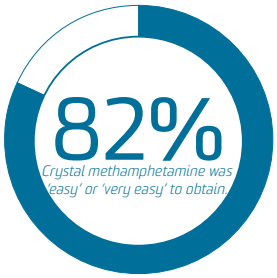
Past 6 month use of any (79%) and crystal (78%) methamphetamine increased since 2020 whereas recent use of powder (7%) and base (0%) remained stable.



Of those who had recently used any form of methamphetamine, 70% used it at least weekly, an increase from 44% in 2020.



The median reported price for a point of crystal methamphetamine was $50 in 2021, stable from $50 in 2020.



Of those who could comment, 82% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, stable from 82% in 2020.

OTHER DRUGS

Non-prescribed morphine

Past 6 month use of non-prescribed morphine was stable at 8% in the 2020 sample and 6% in 2021.

Non-prescribed fentanyl

Past 6 month use of non-prescribed fentanyl was stable at n≤5 in the 2020 sample to n≤5 in 2021.

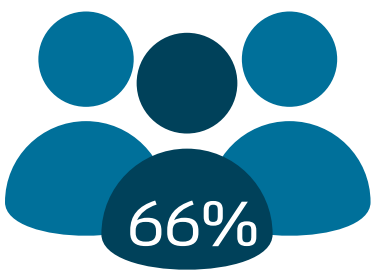
Non-prescribed pregabalin

Past 6 month use of non-prescribed pregabalin was stable at 12% in the 2020 sample and 20% in 2021.

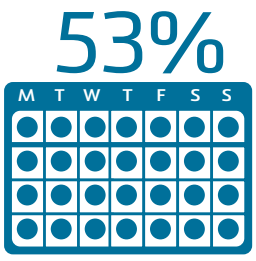
GHB/GBL/1,4-BD

Past 6 month use of GHB/GBL/1,4-BD was stable at 12% in the 2020 sample and 16% in 2021.

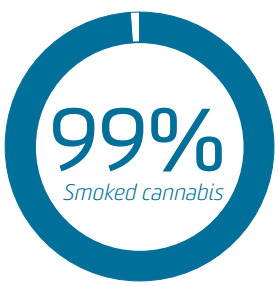
CANNABIS



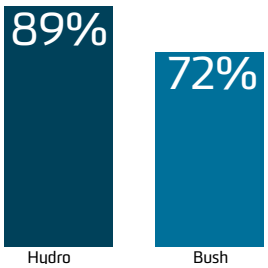
Past 6 month use of any cannabis was stable at 69% in the 2020 sample and 66% in 2021.



Of those who had consumed cannabis recently, over half reported daily use (53%).



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



Of those who could comment 89% perceived hydro and 72% perceived bush to be 'easy' or 'very easy' to obtain.

DOI: 10.26190/00hf-8p80

Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely-collected indicator data. 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 (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected illicit/non-prescribed substances at least monthly during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and 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.

IDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible 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 (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 148 participants recruited from Melbourne, Victoria. A total of 27 interviews were conducted via telephone in Melbourne.

DOI: 10.26190/00hf-8p80

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 2019/20 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 2012 and December 2020 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 2019/20 financial year, 56,511 courses of treatment were delivered to 26,549 clients, compared to 56,362 courses of treatment delivered to 29,411 clients in the 2018/19 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 2020.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021. 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.

DOI: 10.26190/00hf-8p80

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 and thus do not reflect trends in regional and remote areas of Victoria. 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 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).

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

Infographics from this report are available for download. There are a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other 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.

DOI: 10.26190/00hf-8p80

1

Sample Characteristics

There was a significant change in gender identity between 2021 and 2020 (p=0.019), with more participants identifying as male in 2021 (72%) compared to 2020 (59%). The mean age of the VIC sample was 44 years (SD= 9; 44 in 2020; SD=8; p=0.827) (Table 1). Employment status remained stable in 2021 (p=0.516), with the majority of the sample (96%) being unemployed at the time of interview (92% in 2020; p=0.516) and reporting that they had received a government pension, allowance or benefit in the month preceding interview (96%; 97% in 2020; p=0.968). Significantly fewer participants reported having received a post-school qualification(s) in 2021 (42%) compared to 2020 (58%; p=0.007). Participants reported a median weekly income of $378 (IQR=300–450), significantly lower than $533 (IQR=450–550; p<0.001) reported in 2020.

There was a significant change in drug of choice in 2021 (p=0.003). Specifically, fewer participants elected heroin as their drug of choice (54%; 71% in 2020), and a greater number elected methamphetamine (36%; 17% in 2020) (Figure 1). The drug injected most often in the past month also saw a significant change in 2021 (p=0.015). Specifically, there was a decrease in heroin being the drug injected most often in the month preceding interview (56%; 70% in 2020), with an inverse increase in methamphetamine being the drug injected most often (40%; 25% in 2020) (Figure 2).

Whilst a significant decrease was observed in the percentage of participants reporting heroin consumption on a weekly or more frequent basis (60%; 75% in 2020; p=0.004), a significant increase was observed in those reporting methamphetamine consumption on a weekly or more frequent basis (55%; 29% in 2020; p<0.001) (Figure 3).

DOI: 10.26190/00hf-8p80

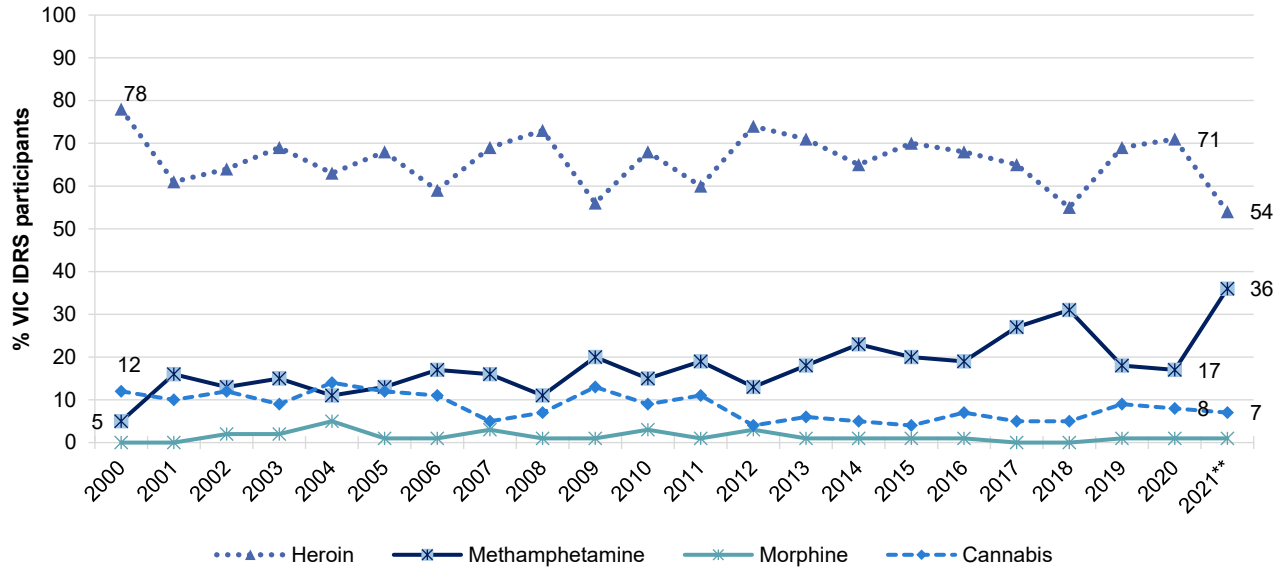
Table 1: Demographic characteristics of the sample, nationally, 2021, and Victoria, 2016-2021

	National	Victoria					
	2021	2021	2020	2019	2018	2017	2016
	(N=888)	(N=148)	(N=179)	(N=148)	(N=150)	(N=152)	(N=174)
Mean age (years; SD)	45 (10)	**44 (9)**	44 (8)	43 (8)	42 (8)	42 (8)	42 (9)
% Gender		*					
Female	34	**28**	41	31	31	26	29
Male	65	**72**	59	69	69	74	71
Non-binary	0	**0**	0	0	0	0	0
% Aboriginal and/or Torres Strait Islander	23	**26*** **	9	24	15	20	10
% Sexual identity							
Heterosexual	82	**83**	88	90	90	85	91
Homosexual	4	**6**	4	-	-	-	-
Bisexual	11	**10**	7	5	9	-	7
Queer	1	**-**	-	/	/	/	/
Other	1	**0**	0	-	-	-	-
Mean years of school education (range)	10 (1–12)	**10* (5–12)**	10 (2–12)	10 (1–12)	9 (1–12)	10 (6–12)	10 (5–12)
% Post-school qualification(s)^	58	**42****	58	37	50	41	44
% Current accommodation		**					
Own home *(inc. renting)*~	66	**44**	59	55	45	49	61
Parents'/family home	5	**7**	5	7	6	10	10
Boarding house/hostel	9	**14**	18	7	11	12	5
Shelter/refuge	2	**3**	3	-	-	-	-
No fixed address	16	**24**	12	27	31	22	15
Other	2	**9**	3	-	-	-	-
% Current employment status							
Unemployed	88	**96**	92	90	94	89	890
Full-time work	2	**-**	-	-	0	-	-
% Past month gov't pension, allowance or benefit	95	**96**	97	91	94	95	91
Current Median income/week ($; IQR)	358 (300–460)	**378*** (300–450)**	533 (450–550)	400 (275–500)	400 (275–450)	392 (275–482)	400 (274–480)

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. '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 2020 versus 2021.

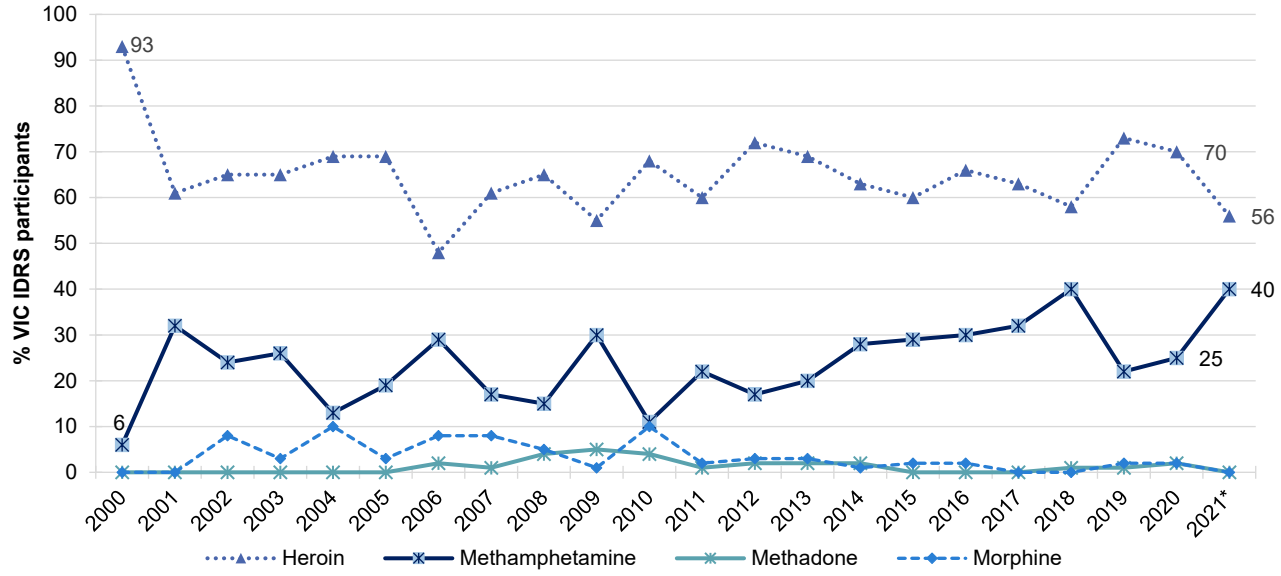
DOI: 10.26190/00hf-8p80

Figure 1: Drug of choice, Victoria, 2000-2021



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 are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

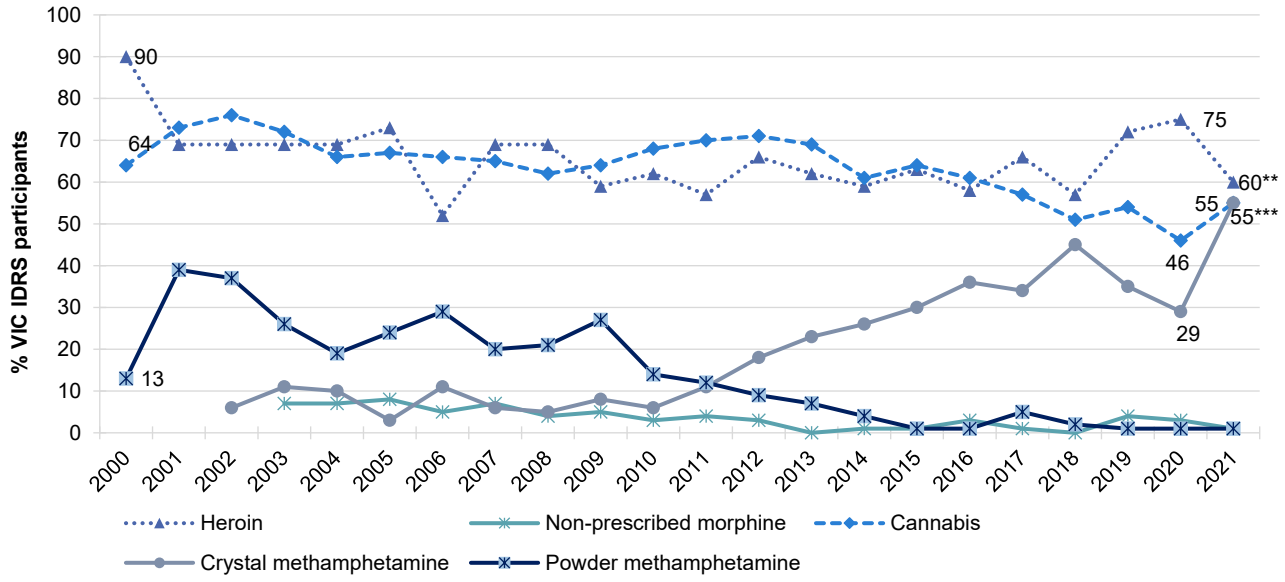
Figure 2: Drug injected most often in the past month, Victoria, 2000-2021



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 are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2000-2021



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

2

COVID-19

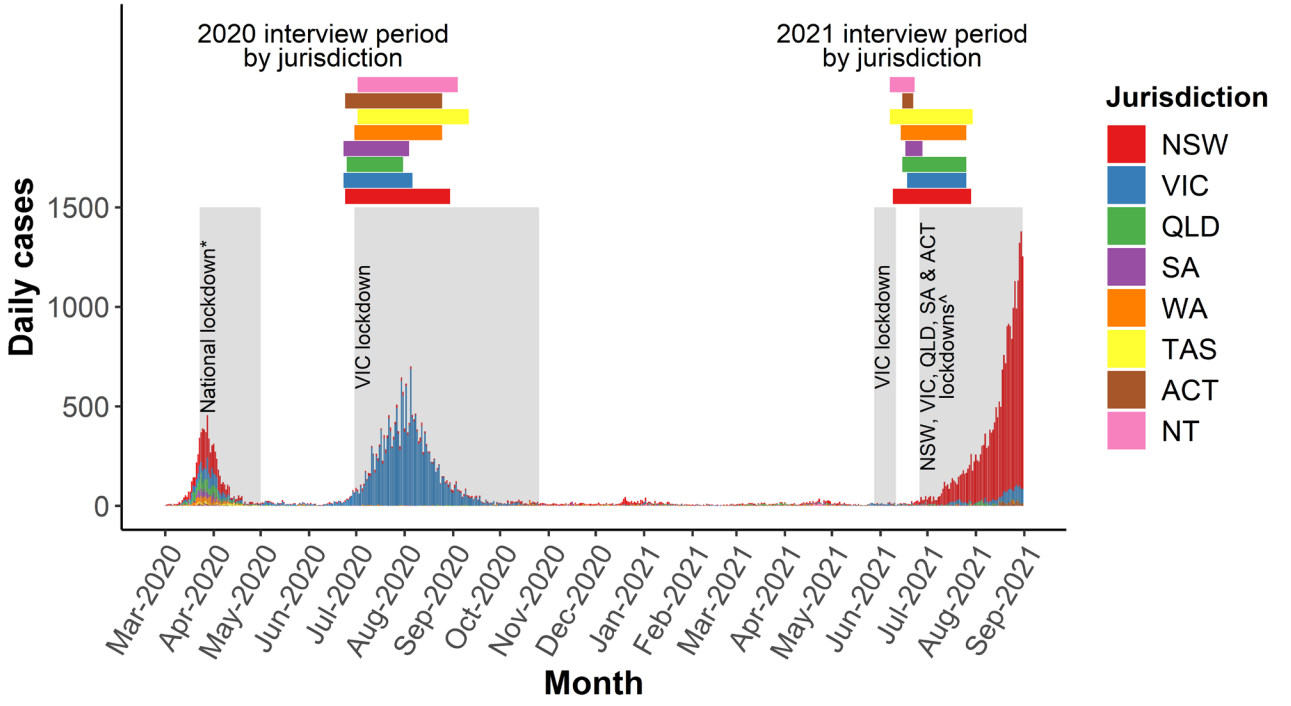
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28 March 2020), which declined shortly thereafter (<20 cases per day). There was a resurgence from late June 2020, largely based in Victoria (VIC) and to a lesser extent in New South Wales (NSW), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were reintroduced in Victoria from May-June 2021, and in NSW from June 2021 onwards, with other jurisdictions (VIC, QLD, ACT) introducing restrictions shortly thereafter. Victoria observed its first case of COVID-19 on 25 January 2020 and entered its first lockdown on 31 March 2020. A second wave of cases through July to October saw a peak of 725 cases on 5 August, and Victoria entered a second lockdown with stage 4 restrictions. Victorians could only leave their homes for essential reasons (i.e., going to work or school if permitted, shopping for essential items, exercise, and caregiving). Restrictions were eased after this period; however, these were reintroduced in short lockdowns from 13-17 February 2021, 27 May to 10 June, 16-27 July, and from the 5 of August. Notably, many of the 2021 Victorian IDRS interviews were conducted during the snap lockdown in July.

DOI: 10.26190/00hf-8p80

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021



Note. Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1. ^NSW lockdown 26 June onwards; VIC lockdowns 14 July-27 July and 5 August onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August; ACT lockdown 12 August onwards.

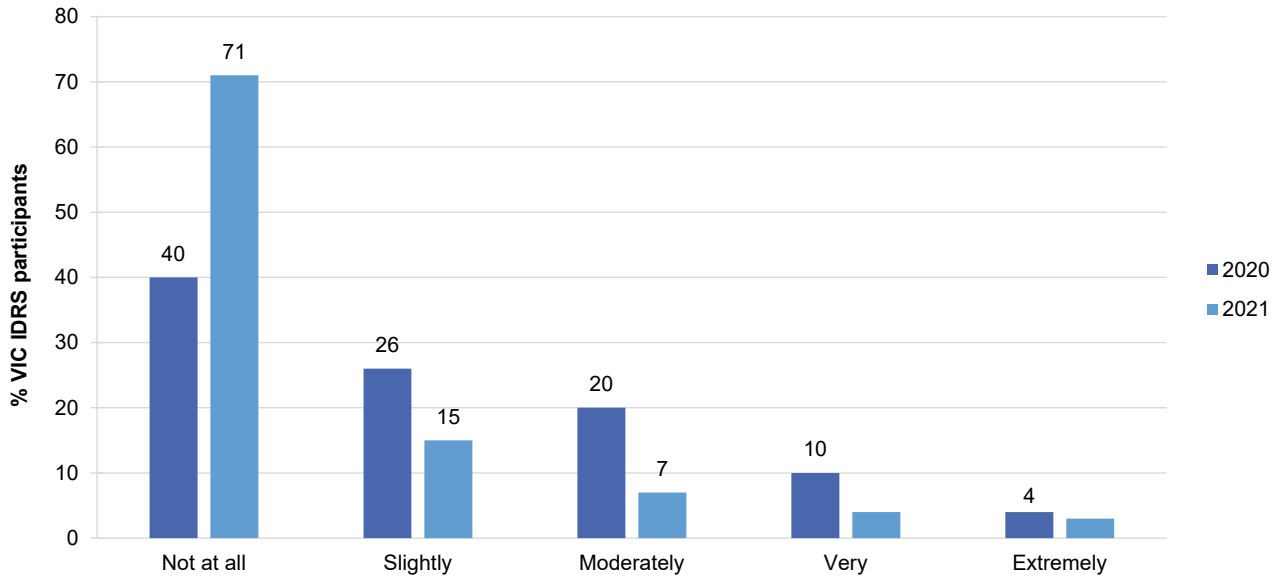
COVID-19 Testing and Diagnosis

Sixty-four per cent of the VIC sample had been tested for SARS-COV-2 in the 12 months prior to interview, and no participants had been diagnosed with the virus. Twenty-two per cent of participants reported that they had quarantined for 14 or more days due to a possible exposure since January 2020; 5% in the past month, 7% within the last six months, and 8% within the last 12 months. Sixteen per cent of the sample had received at least one dose of the COVID-19 vaccine at the time of interview, however rollout was still restricted during this period.

When asked how concerned participants currently were of contracting COVID-19, 15% of participants reported that they were ‘slightly’ concerned and 7% reported that they were ‘moderately’ concerned (Figure 5). A small number (n≤5) reported that they were ‘very’ or ‘extremely’ concerned about contracting COVID-19, and so these numbers are supressed. Further, 64% of participants reported that they would be concerned about their health if they did contract COVID-19, with 14% reporting that they would be ‘slightly’ concerned, 17% reporting ‘moderately’, 20% reporting ‘very’ and 13% reporting that they would be ‘extremely’ concerned.

DOI: 10.26190/00hf-8p80

Figure 5: Current concern related to contracting COVID-19, Victoria, 2020-2021



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). Y axis reduced to 80% to improve visibility of trends.

DOI: 10.26190/00hf-8p80

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 decreased significantly from 85% in 2020 to 76% in 2021 (p=0.049) (Figure 6).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Median days of use in the six months preceding interview in 2021 (80 days; IQR=24–180) decreased slightly but non-significantly compared to the estimate in 2020 (120 days; IQR=48–180; p=0.109) (Figure 6). Of participants who recently used heroin, 79% reported weekly or more frequent use (88% in 2020, p=0.054), while 39% reported daily use, stable from 2020 (43%, p=0.574).

Routes of Administration

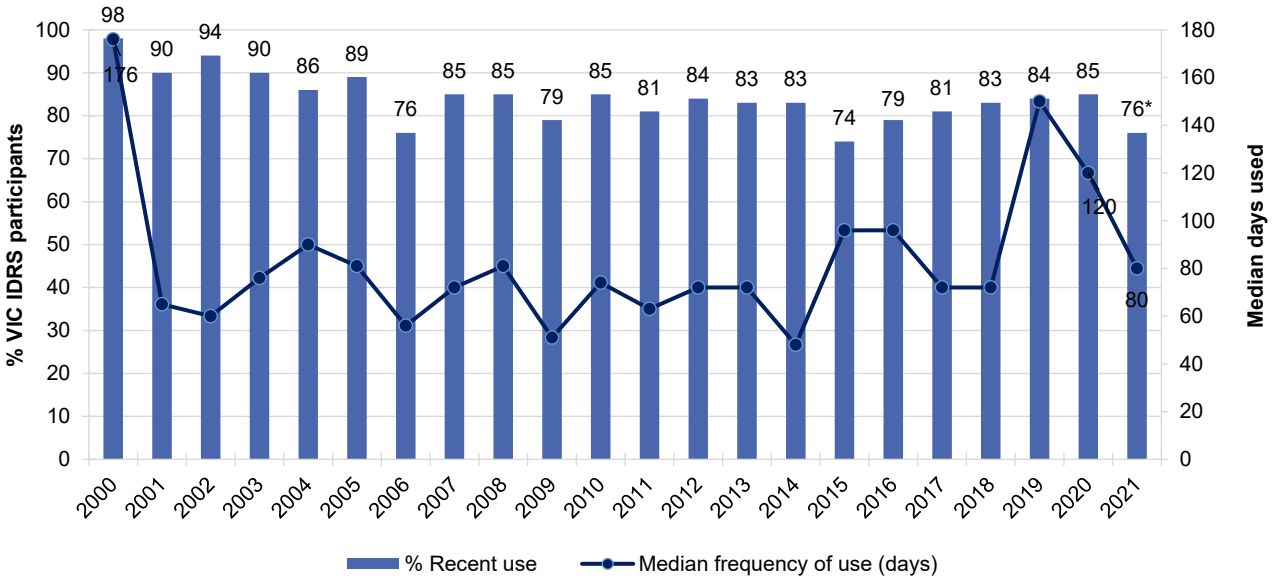
Injecting remained the most common route of administration among participants who had recently used heroin (99% in 2021 versus 100% in 2020; p=0.425). Participants who reported injecting did so on a median of 85 days (IQR=24–180), a slight but nonsignificant decrease from 2020 (120 days; IQR=48–180; p=0.133). Few participants reported smoking heroin (n≤5 in 2021 and 2020).

Quantity

Of those who reported recent use and responded (n=113), the median amount of heroin used per day in the six months preceding interview was 0.30 grams (IQR=0.10-0.80) in 2021 (0.30 grams in 2020; IQR=0.10–0.50; p=0.495). The median maximum amount of heroin used per day in the last six months was 0.60 grams (IQR=0.20–1.70; maximum quantity of heroin recently used was not collected in 2020).

DOI: 10.26190/00hf-8p80

Figure 6: Past six-month use and frequency of use of heroin, Victoria, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring for median frequency of use, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the reported median last price paid for heroin was $50 (IQR=50-50; n=9) for one cap (n≤5 in 2020; p=0.071) (Figure 7) and $100 for a point (IQR=50–100; n=38), a significant increase from $50 in 2020 (IQR=40–50; n=63; p<0.001). The reported median price of a gram of heroin was $250 (IQR=205–338; n=22), stable from 2020 ($275; IQR=200–400; n=16; p=0.622).

Perceived Purity

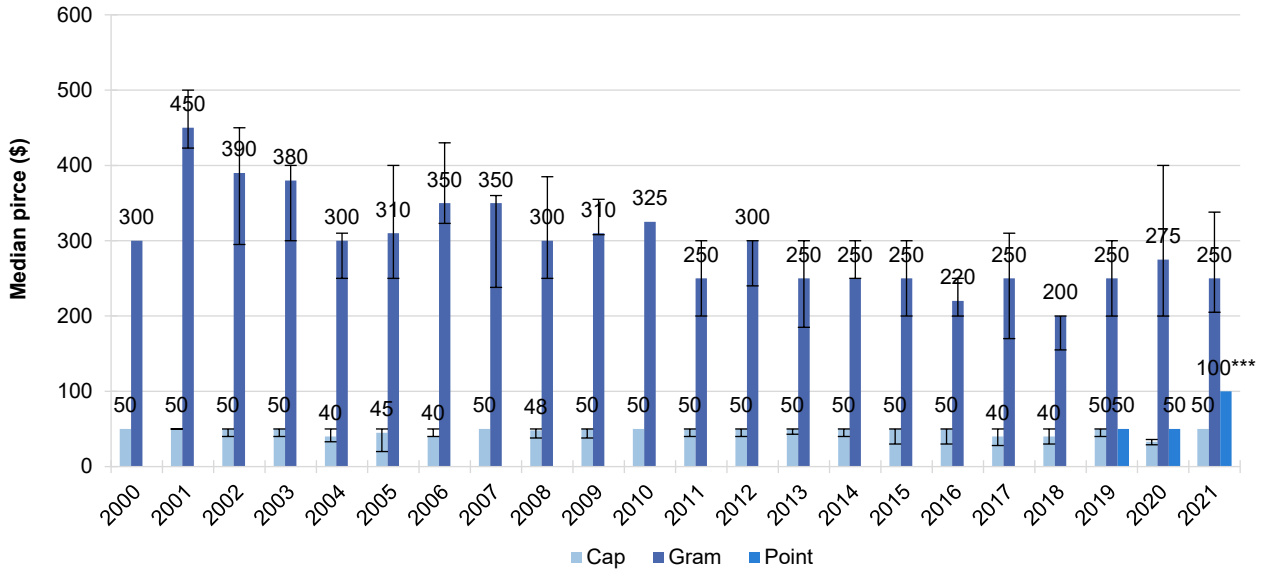
Perceived purity remained stable in 2021 compared to 2020 (p=0.349). Among those who were able to comment in 2021 (n=102), the most common perception was that current heroin purity was ‘medium’ (37%; 32% in 2020), while 29% reported purity to be ‘low’ (34% in 2020) (Figure 8).

Perceived Availability

Perceived current availability remained stable in 2021 compared to 2020 (p=0.103). Among those who were able to comment in 2021 (n=107), 45% perceived availability as ‘easy’ (42% in 2020), while 42% reported availability as ‘very easy’ (51% in 2020) (Figure 9).

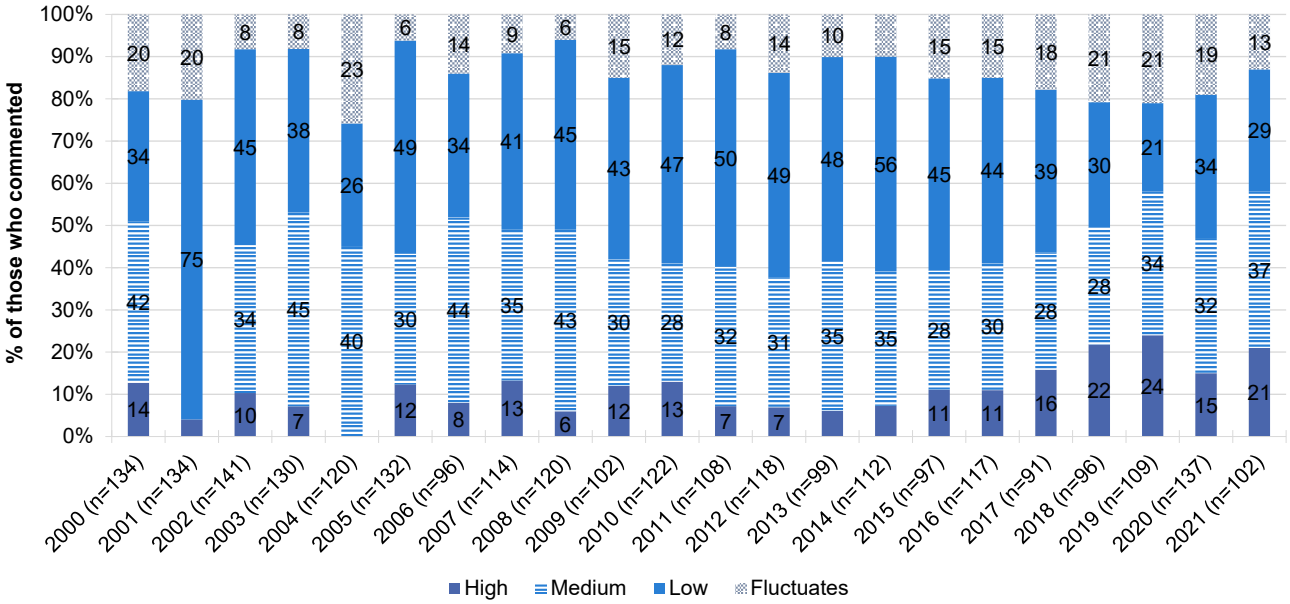
DOI: 10.26190/00hf-8p80

Figure 7: Median price of heroin per cap and gram, Victoria, 2000-2021



Note. Among those who commented. Point asked separately from 2018 onwards. 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 2020 versus 2021.

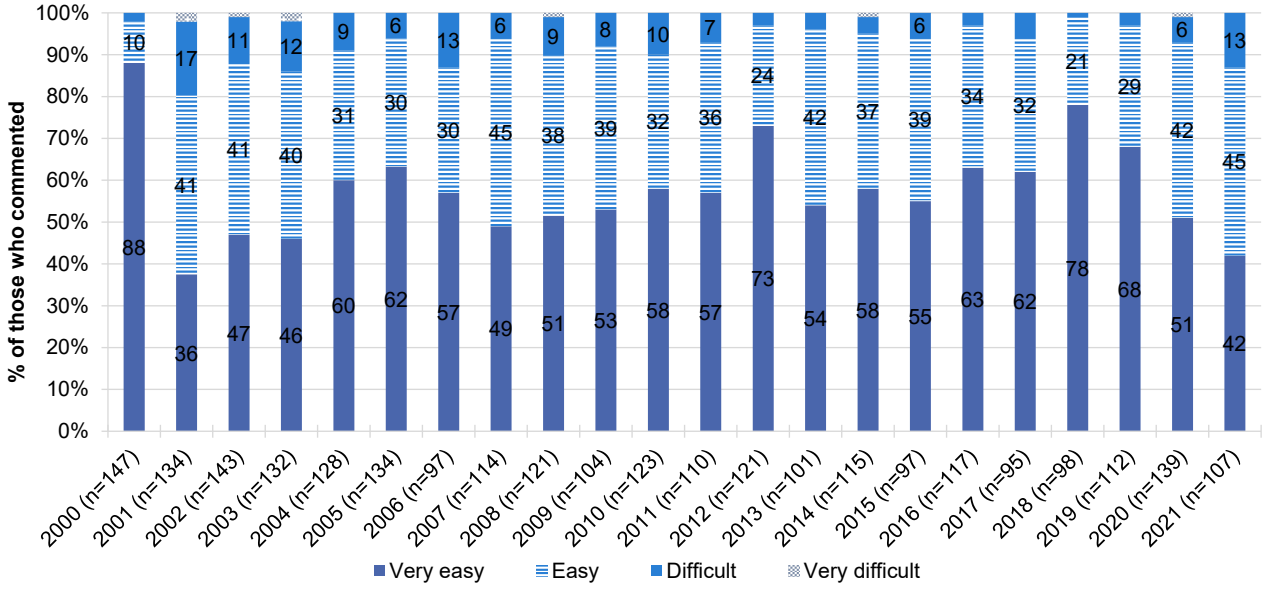
Figure 8: Current perceived purity of heroin, Victoria, 2000-2021



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 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Figure 9: Current perceived availability of heroin, Victoria, 2000-2021



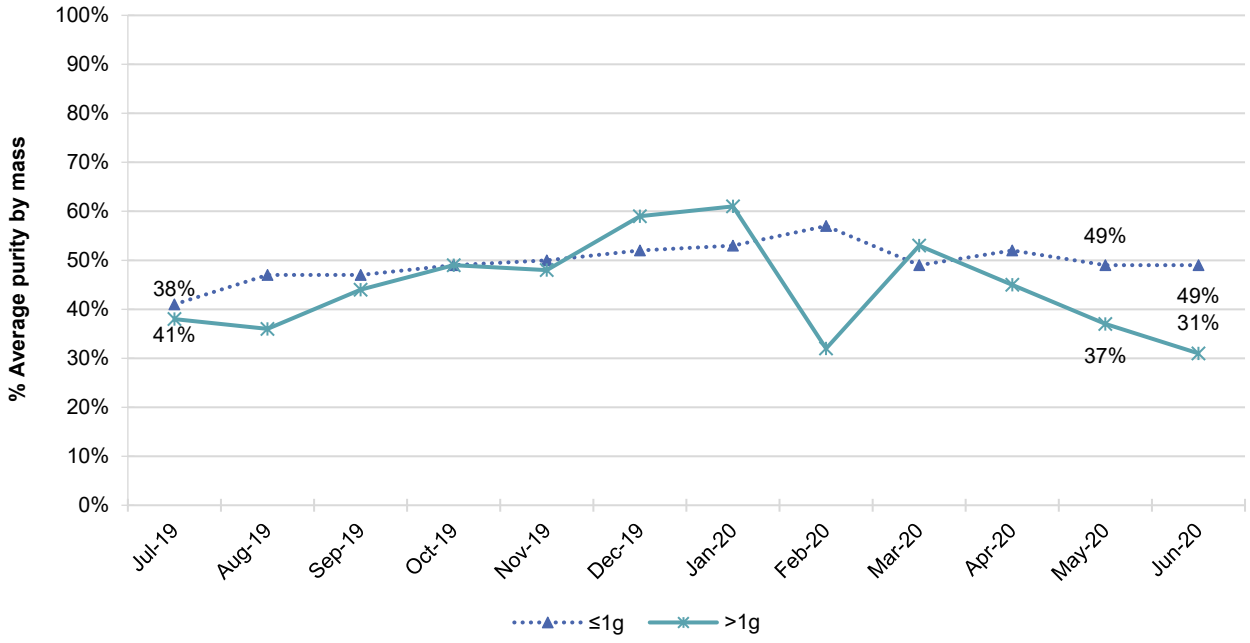
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Routinely Collected Data

Victoria Police Seizure Purity

Heroin seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year averaged 50% purity in those equal to or under one gram (IQR=48%–52%, range=41%–57%) and 42% in those over one gram (IQR=37%–51%, range=31%–61%) (Figure 10).

Figure 10: Purity of heroin seizures by Victorian law enforcement, July 2019–June 2020



Note. Includes all forms of heroin seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-19) and two most recent months (May-20 and Jun-20) of monitoring. Source: Victoria Police Forensic Services Department.

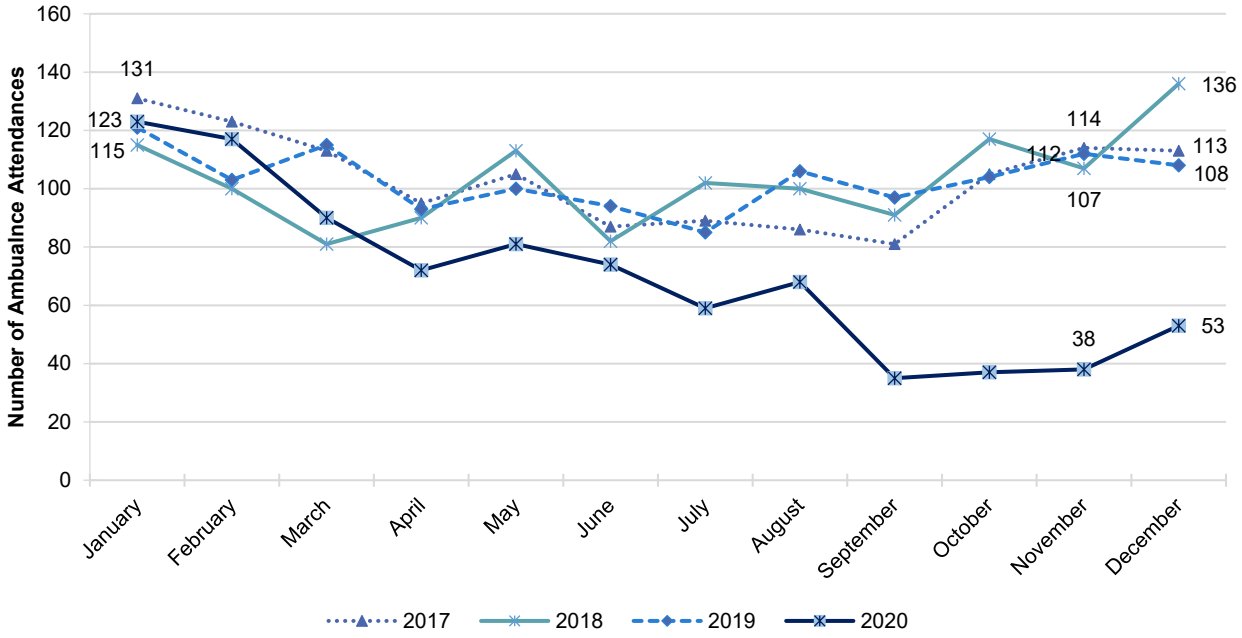
DOI: 10.26190/00hf-8p80

Ambulance Attendances at Non-Fatal Drug Events

The number of heroin-related ambulance attendances in metropolitan Melbourne ranged between 35 and 136 per month from 2017-2020 (Figure 11).

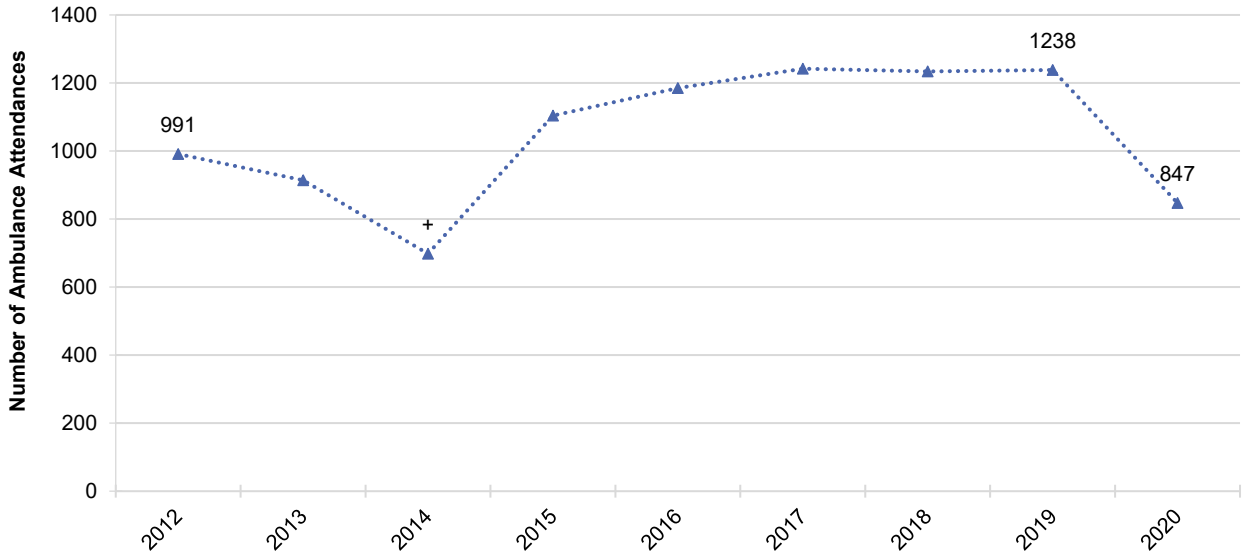
The annual total number of heroin-related attendances fell from 1238 in 2019 to 847 attendances in 2020, with the decline in 2020 appearing to derive from the onset of the COVID-19 epidemic (Figure 12). The median age of patients in 2020 was 40 years (range 15–68), consistent with previous years.

Figure 11: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2020



Note. Data labels are only provided for the first (January) and two last months (November and December) of monitoring. Source: Turning Point.

Figure 12: Annual number of heroin-related events attended by Ambulance Victoria, Melbourne, 2012–2020



Note. Data labels are only provided for the first (2012) and two most recent years (2019 and 2020) of monitoring. + = Data missing from October-December 2014 due to industrial action. Source: Turning Point.

DOI: 10.26190/00hf-8p80

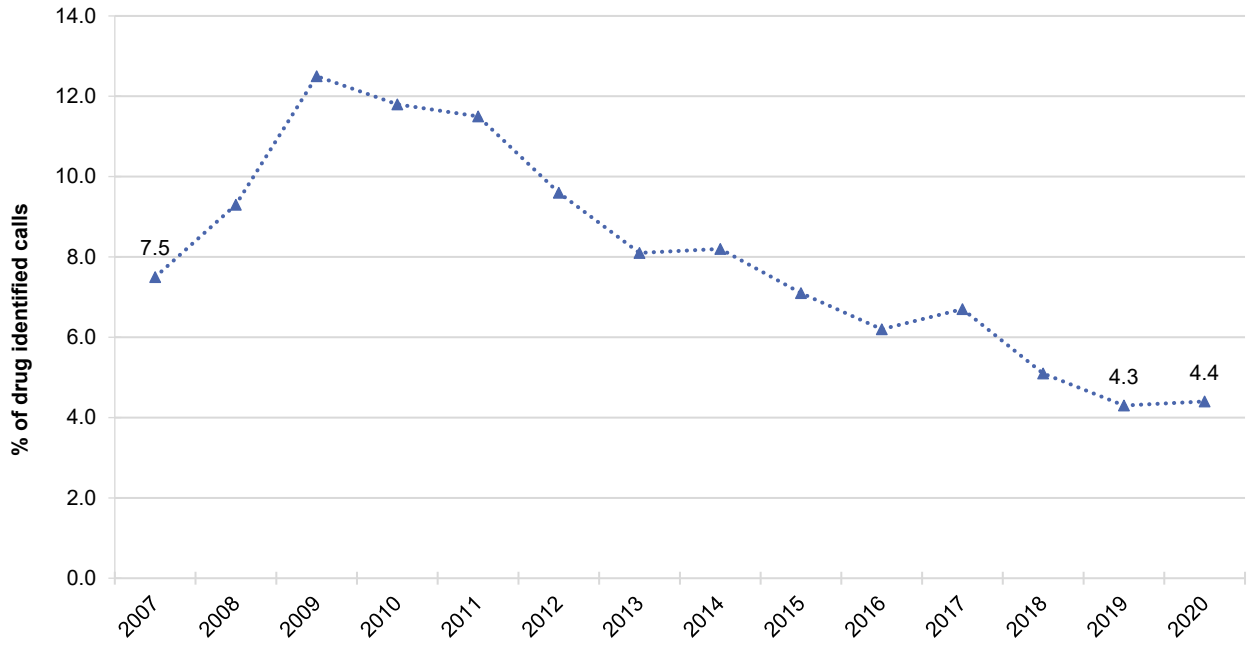
ADIS\VADC

In 2019/20, 3,058 courses of treatment were delivered to 1,604 clients for heroin, equivalent to 5.4% and 4.7% of the total courses delivered and clients treated, respectively. This represented a 11.5% increase and 1.4% decrease from courses delivered and clients treated in 2018/19 (2,742 and 1,627, respectively).

DirectLine

In 2020, DirectLine received 688 calls in which heroin was identified as the drug of concern, representing 4.4% 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, but plateaued from 2019 to 2020 (Figure 13).

Figure 13: Percentage of calls to DirectLine in which heroin was identified as drug of concern, Victoria 2007–2020



Note. Data labels are only provided for the first (2007) and two most recent years (2019 and 2020) of monitoring. Source: DirectLine, Turning Point.

DOI: 10.26190/00hf-8p80

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)

In 2021, 79% of participants reported recent use of any methamphetamine (powder, base, and crystal), a significant increase from 2020 (66%; p=0.012) (Figure 14).

Frequency of Use

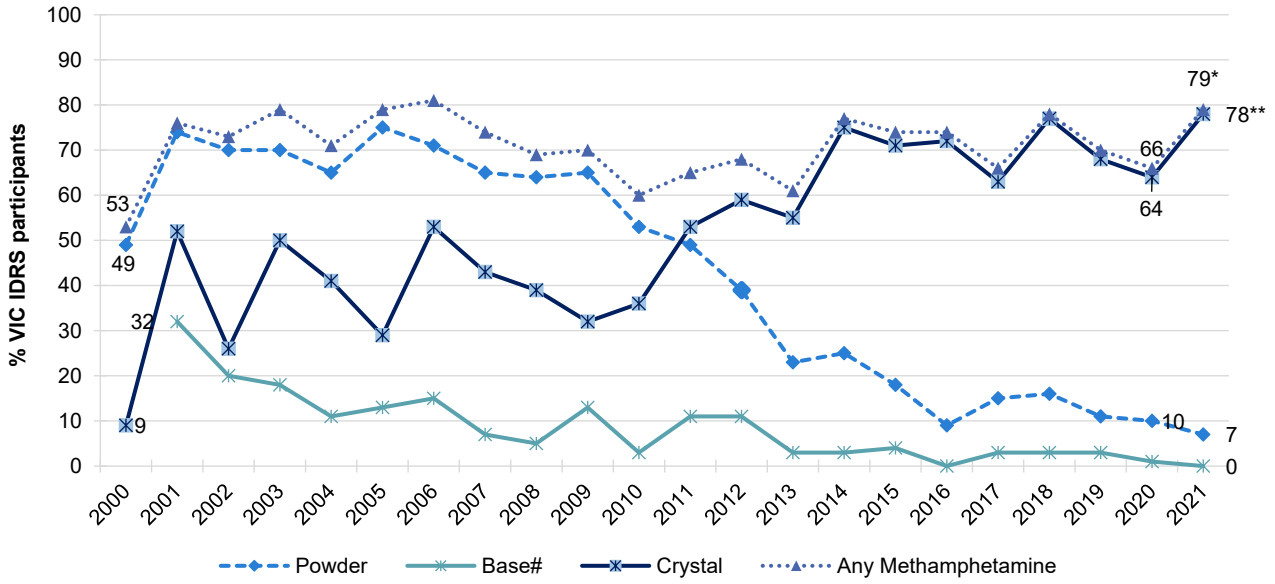
In 2021, frequency of use increased significantly in comparison to 2020 to a median of 55 days (IQR=15–150; 12 days in 2020; IQR=5–60; p<0.001) (Figure 15). Among participants who had recently used any methamphetamine in 2021, the number reporting weekly or more frequent use also increased significantly relative to 2020 (70% versus 44% in 2020; p<0.001), as did the number reporting daily use (19% versus 8% in 2020; p=0.021).

Forms of Methamphetamine

There has been a shift over time to decreasing use of methamphetamine powder and base forms and increasing use of crystal methamphetamine (Figure 14). Indeed, most participants reported using crystal methamphetamine in 2021 (78%), a significant increase relative to 2020 (64%; p=0.008), followed by powder methamphetamine (7%; 10% in 2020; p=0.388). No participants reported the use of base methamphetamine.

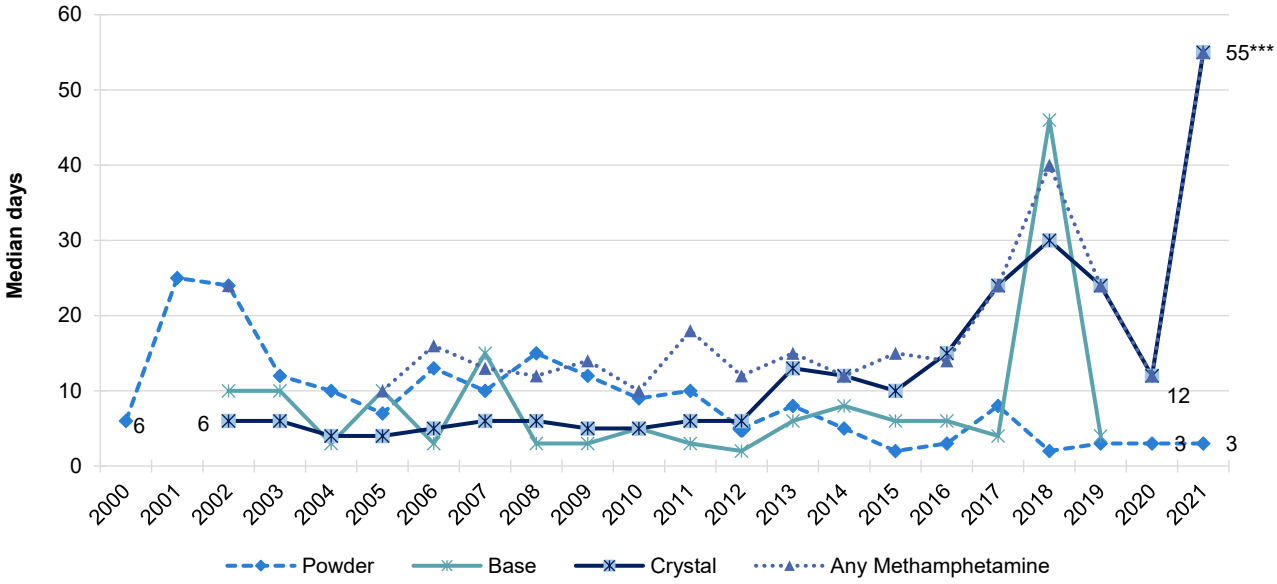
DOI: 10.26190/00hf-8p80

Figure 14: Past six-month use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any Methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000, 2001) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 15: Frequency of use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2021



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 60 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000, 2002, 2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Seven per cent of participants reported recent use of powder methamphetamine (n=10), similar to 2020 (10%; *p*=0.388) (Figure 14).

Frequency of Use: Median frequency of use was three days (IQR=2–5; n=10) in 2021, unchanged from 2020 (3 days; IQR=1–4; *p*=0.922) (Figure 15).

Routes of Administration: All participants reporting recent use reported recent injection of powder methamphetamine (100%; 78% in 2020; *p*=0.265). Participants who reported injecting powder did so on a median of three days (IQR=2–5), similar to 2020 (4 days; IQR=2–6; *p*=0.677).

Quantity: Of those who reported recent use and commented (n=10), the median amount of powder methamphetamine used per day in the past six months was 0.30 grams (IQR=0.20–0.50; 0.30 grams in 2020; IQR=0.10–0.50; n=17; *p*=0.462). The median maximum amount of powder methamphetamine used per day in the last six months was 0.40 grams (IQR=0.20–0.90; n=10; maximum quantity of powder recently used was not collected in 2020).

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 2020 Victoria IDRS report, or the 2021 IDRS National Report, or contact the Drug Trends team.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine have been increasing since monitoring began, surpassing powder methamphetamine from 2011 and peaking at 78% in 2021, a significant increase from 2020 (64%; *p*=0.008) (Figure 14).

Frequency of Use: Participants reported consuming crystal methamphetamine on a median of 55 days (IQR=15–153; n=116) in the six months prior to interview, a significant increase from 2020 (12 days; IQR=5–56; *p*<0.001) (Figure 15). Seventy-one per cent of those reporting recent use reported using crystal methamphetamine on a weekly or more frequent basis (45% in 2020; *p*<0.001), with 19% reporting daily use (8% in 2020; *p*=0.022), both significant increases from 2020.

Routes of Administration: The majority (91%) of participants who had recently used crystal methamphetamine had injected the form (90% in 2020; *p*=0.661) on a median of 52 days (IQR=17–148), a significant increase from 2020 (12 days; IQR–5-55; *p*<0.001). Over half (57%) reported smoking crystal methamphetamine (43% in 2020; *p*=0.056).

Quantity: Of those who reported recent use and responded (n=115), the median amount of crystal methamphetamine used per day was 0.20 grams (IQR=0.10–0.30; 0.10 grams in 2020; IQR=0.10–0.20; n=111; *p*=0.064). The median maximum amount of crystal methamphetamine used per day in the last six months was 0.30 grams (IQR=0.10–1.00; n=116; maximum quantity of crystal recently used was not collected in 2020).

DOI: 10.26190/00hf-8p80

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers reporting on the price, purity and availability of methamphetamine powder, no further reporting is included. For further information, please refer to the 2020 Victoria IDRS report, or the 2021 IDRS National Report, or contact the Drug Trends team.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and 2021.

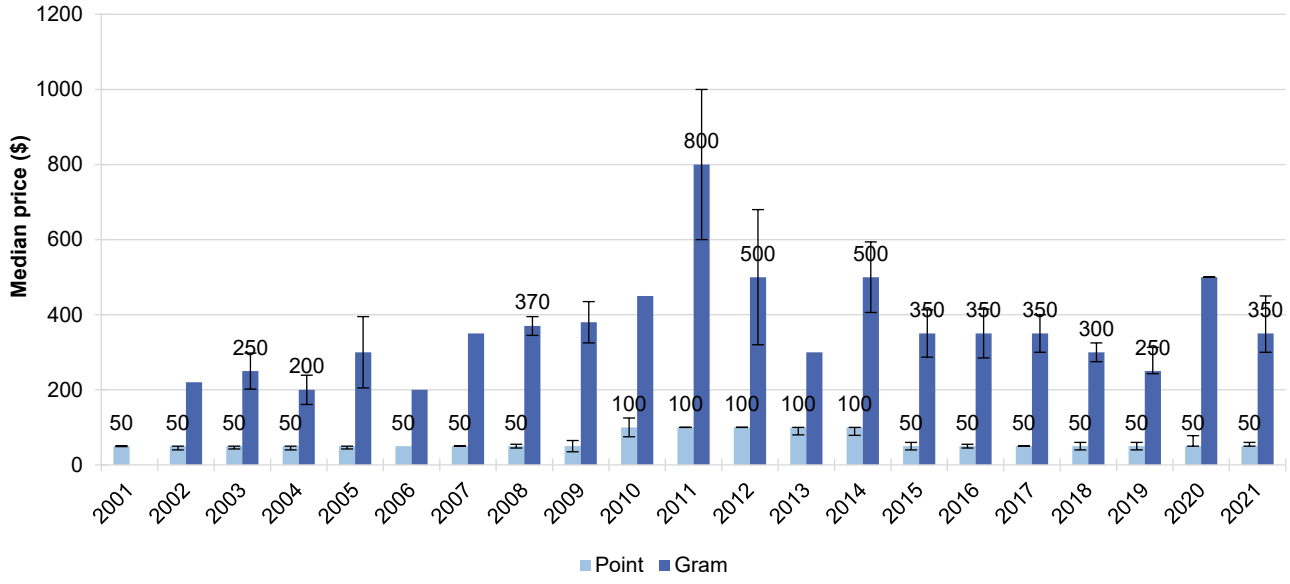
Methamphetamine Crystal

Price: The median price last paid for one point (0.10 gram) of crystal methamphetamine remained stable from 2020 at $50 (IQR=50–60; n=46; $50 in 2020; IQR=50–78; *p*=0.146). The median price per gram of crystal methamphetamine also remained stable at $350 (n≤5 in 2020) (Figure 16).

Perceived Purity: The perceived purity of crystal methamphetamine remained stable in 2021 relative to 2020 (*p*=0.866). Among those who were able to comment in 2021 (n=88), just over one-third (34%) perceived current purity of crystal methamphetamine to be 'medium' (38% in 2020), while 26% perceived purity to be 'low' (25% in 2020) (Figure 17).

Perceived Availability: The perceived availability of crystal methamphetamine remained stable in 2021 relative to 2020 (*p*=0.985). Among those who were able to comment in 2021 (n=94), close to half (47%) of the participants perceived crystal methamphetamine to be currently 'easy' to obtain (45% in 2020; *p*=0.985) and just over one-third (35%) found it 'very easy' to obtain (36% in 2020) (Figure 18).

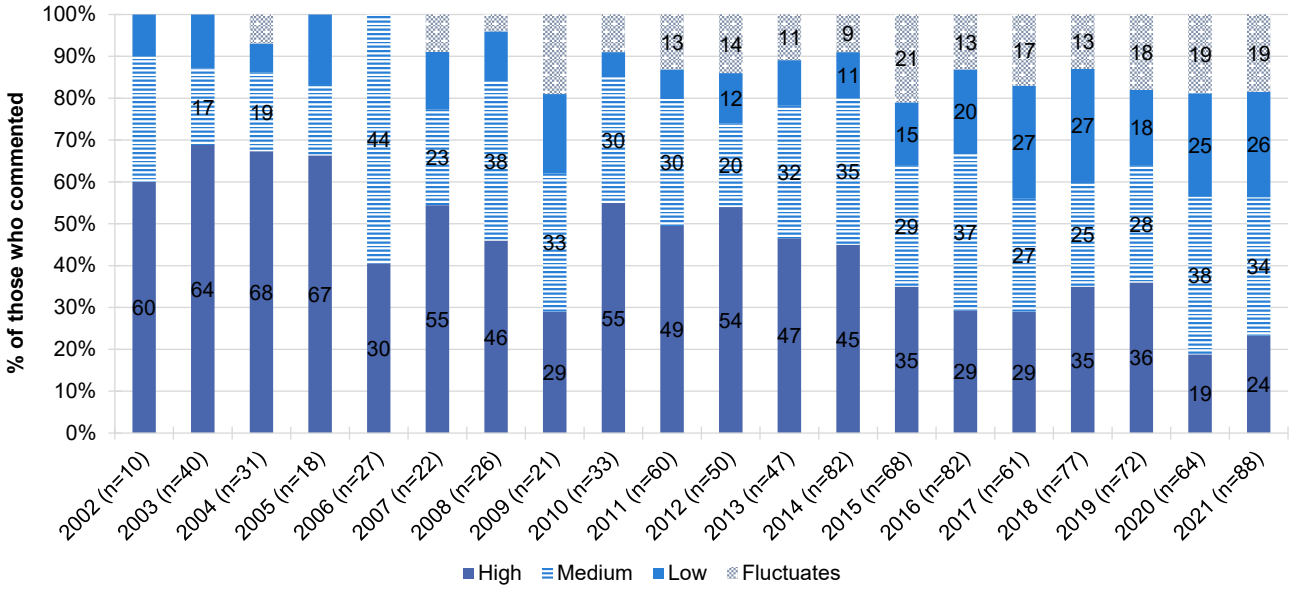
Figure 16: Median price of methamphetamine crystal per point and gram, Victoria, 2001-2021



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 2020 versus 2021.

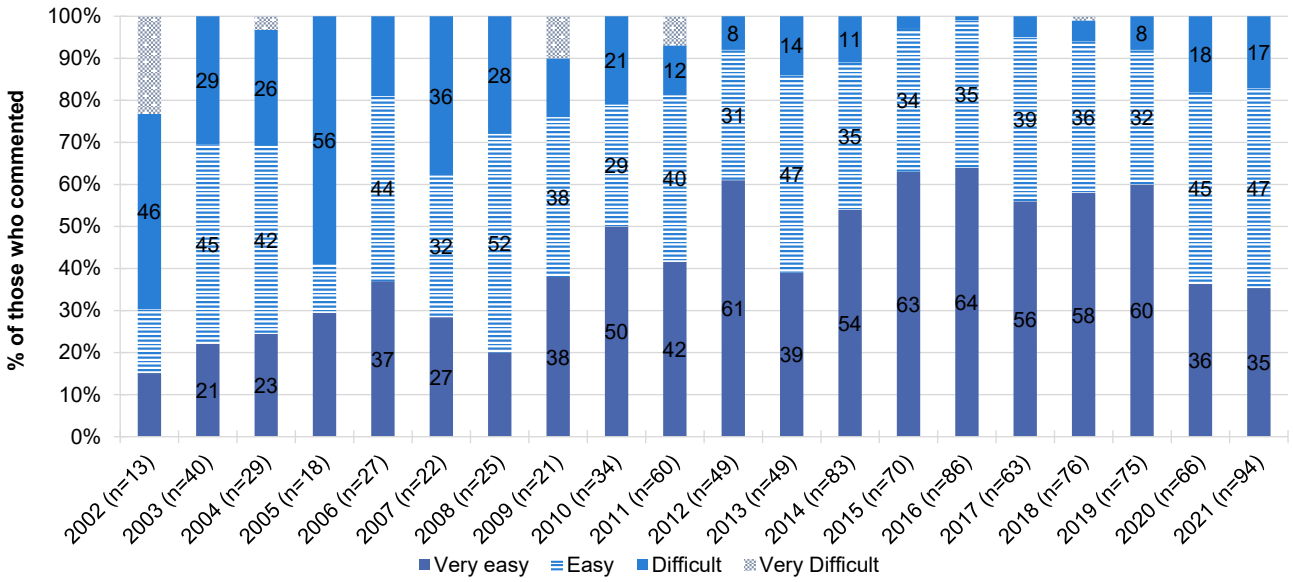
DOI: 10.26190/00hf-8p80

Figure 17: Current perceived purity of methamphetamine crystal, Victoria, 2002-2021



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 2020 versus 2021.

Figure 18: Current perceived availability of methamphetamine crystal, Victoria, 2002-2021



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 2020 versus 2021.

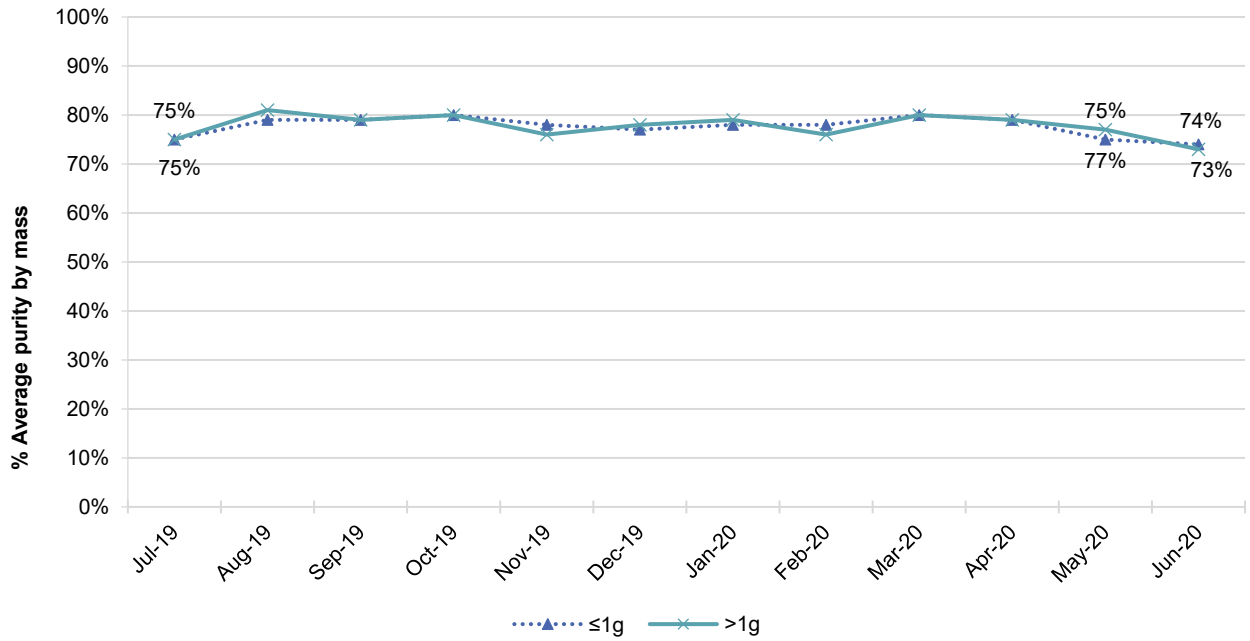
DOI: 10.26190/00hf-8p80

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year averaged 78% purity in those equal to or under one gram (IQR=76%–79%, range=74%–80%) and 78% in those over one gram (IQR=76%–80%, range=73%–81%) (Figure 19).

Figure 19: Purity of methamphetamine seizures by Victorian law enforcement, July 2019–June 2020



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. Data labels are only provided for the first (Jul-19) and two most recent months (May-20 and Jun-20) of monitoring. Source: Victoria Police Forensic Services Department.

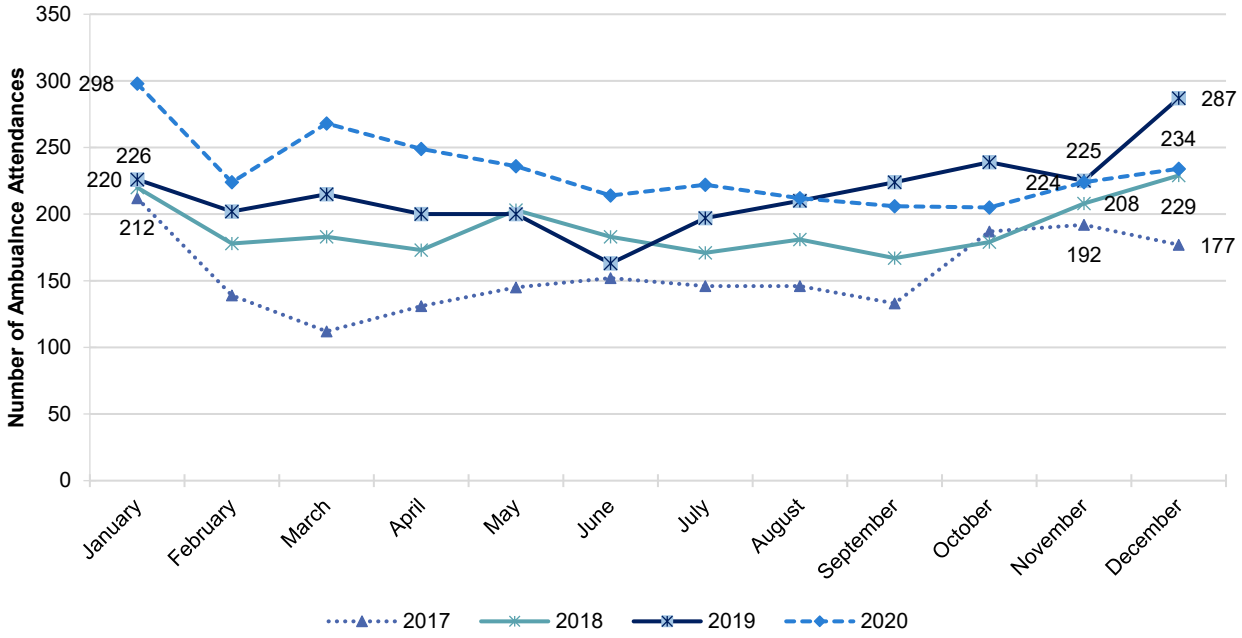
Ambulance Attendances at Non-Fatal Drug Events

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 298 per month during 2017–2020 (Figure 20). The annual total number of methamphetamine-related attendances has steadily risen since 2012, when 870 attendances were recorded. In 2020 there were 2792 attendances, the highest figure ever recorded, with the trend seemingly unaffected by the COVID-19 epidemic (Figure 21). The median age of patients in 2020 was 32 years (range 2–67), consistent with recent years, though on an upward trend since 2012.

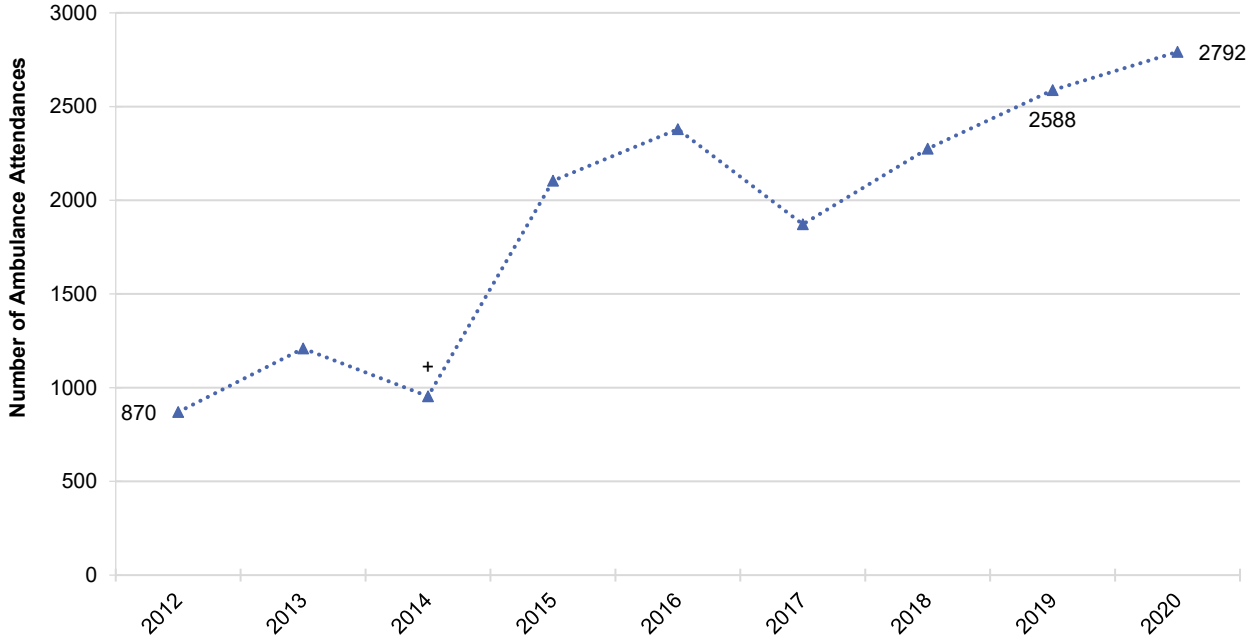
DOI: 10.26190/00hf-8p80

Figure 20: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2020



Note. Data labels are only provided for the first (January) and two most recent months (November and December) of monitoring. Source: Turning Point.

Figure 21: Annual number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2020



Note. Data labels are only provided for the first (2012) and two most recent years (2019 and 2020) of monitoring. + = Data missing from October–December due to industrial action. Source: Turning Point.

DOI: 10.26190/00hf-8p80

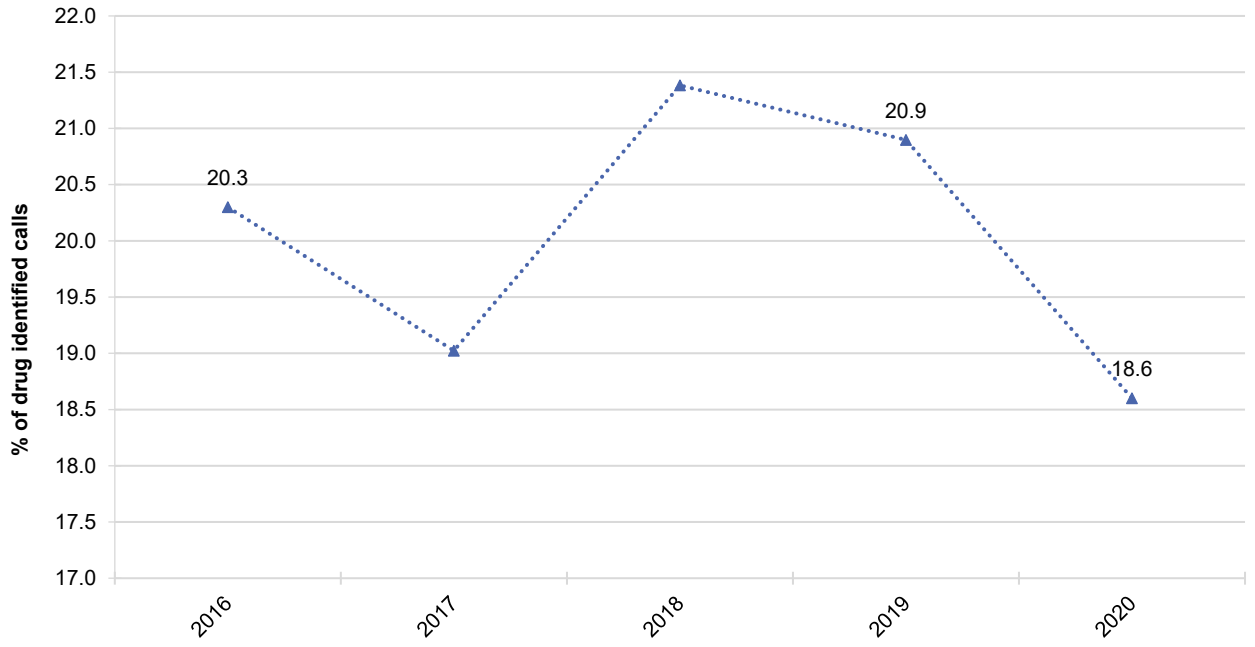
ADIS\VADC

In 2019/2020, 9,317 courses of treatment were delivered to 5,713 clients for methamphetamine, equivalent to 16.5% and 16.9% of the total courses delivered and clients treated, respectively. These were 175.2% and 120.4% increases in courses delivered and clients treated over 2018/19 (3,385 and 2,592, respectively).

DirectLine

During 2020, DirectLine received 2,888 calls in which methamphetamine was identified as the drug of concern, representing 18.6% 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 22).

Figure 22: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2019



Note. Data labels are only provided for the first (2016) and two most recent years (2019 and 2020) of monitoring. Source: DirectLine, Turning Point.

DOI: 10.26190/00hf-8p80

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)

Recent use of cocaine has fluctuated over the years, with 18% of the sample in 2021 recently consuming cocaine. This remained stable from 2020 (17%; p=0.942) and relative to previous years (Figure 23).

Frequency of Use

The pattern of frequency of use has remained stable over the past few years. In 2021, participants reported using cocaine on a median of three days (IQR=1-6) in the previous six months, stable from 2020 (3 days, IQR=1–5; p=0.283) (Figure 23). Small numbers (n≤5) reported weekly or more frequent use of cocaine in 2021 and 2020.

Routes of Administration

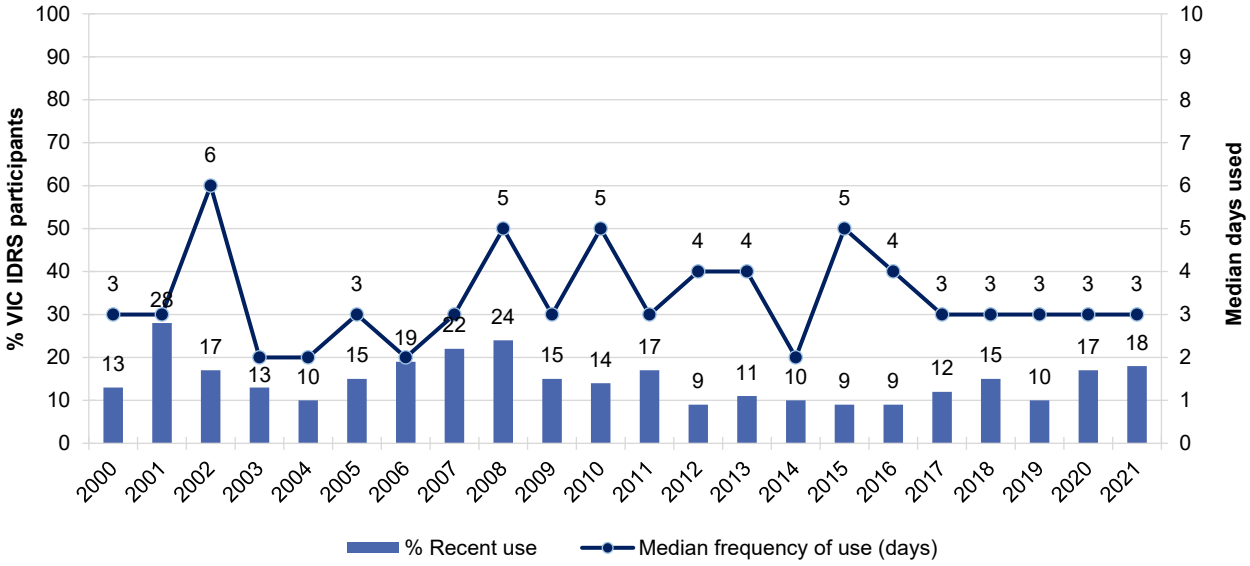
Seventy per cent of participants who had recently consumed cocaine reported injecting cocaine in the six months prior to interview, stable from 2020 (55%; p=0.283), while 37% reported snorting (39% in 2020). Participants who reported injecting cocaine did so on a median of three days (IQR=2-5), stable from 2020 (3 days; IQR=1-5; p=0.747).

Quantity

Of those who reported recent use and responded (n=25), the median amount of cocaine used per day in the six months preceding interview was 0.30 grams (IQR=0.20–0.50; 0.20 grams in 2020; IQR=0.10–0.0; n=27; p=0.403).

DOI: 10.26190/00hf-8p80

Figure 23: Past six month use and frequency of use of cocaine, Victoria, 2000-2021



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 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price

The median price for one gram of cocaine was reported to be $400 (n=9; IQR=350–500). The median price for one gram of cocaine has fluctuated considerably since monitoring first commenced (Figure 24).

Perceived Purity

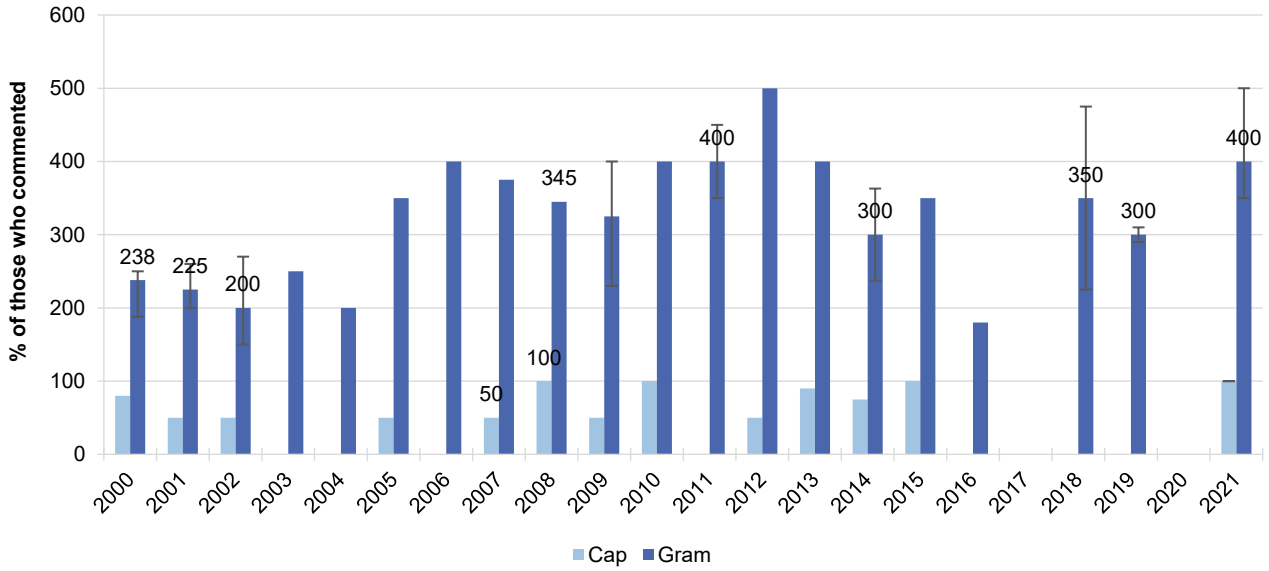
Of those who were able to comment in 2021 (n=13), 54% perceived cocaine to be of ‘medium’ purity (n≤5 for all other options) (Figure 25).

Perceived Availability

Numbers are supressed as small numbers (n≤5) reported on the availability of cocaine in 2021 (Figure 26).

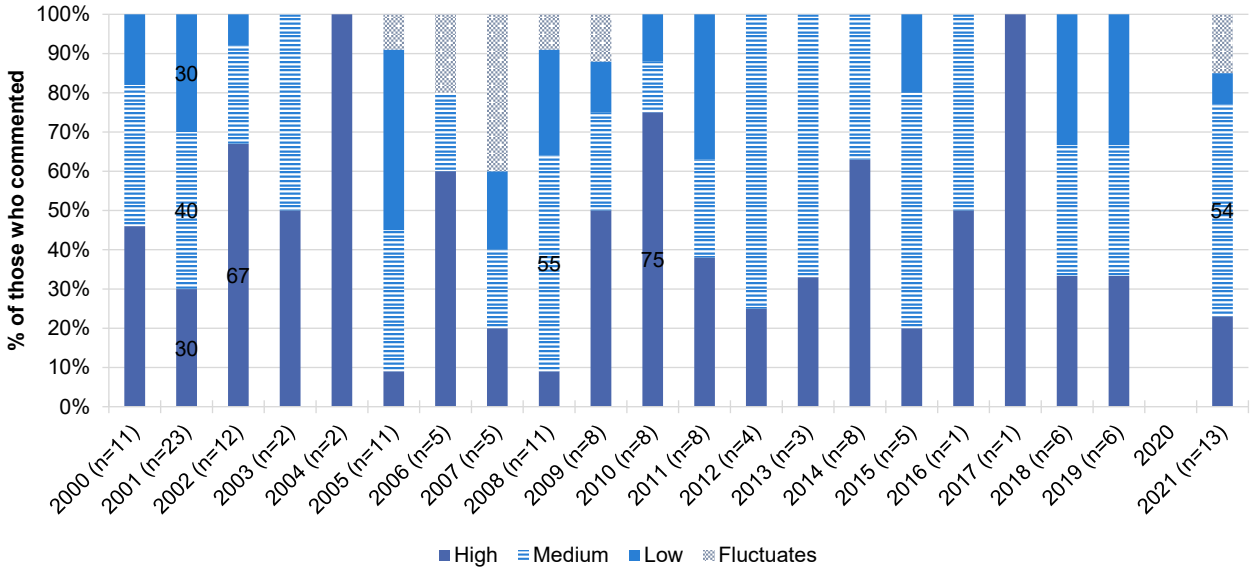
DOI: 10.26190/00hf-8p80

Figure 24: Median price of cocaine per cap and gram, Victoria, 2000-2021



Note. Among those who commented. The error bars represent IQR (not available for price of a cap prior to 2021). No data was available for the price of a cap in 2003, 2004, 2006, 2011, and 2016-2019. No data was available for the price of a gram in 2017. Price data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

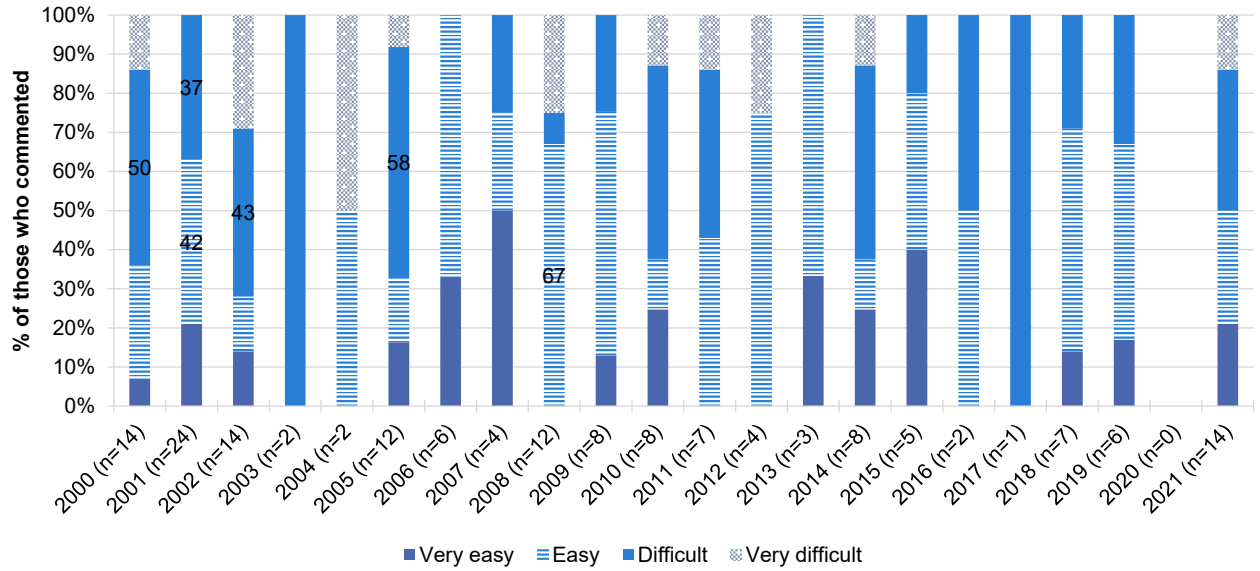
Figure 25: Current perceived purity of cocaine, Victoria, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

DOI: 10.26190/00hf-8p80

Figure 26: Current perceived availability of cocaine, Victoria, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

DOI: 10.26190/00hf-8p80

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent cannabis use has slowly decreased from a peak of 94% in 2000 to a low of 66% in 2021. Recent use of cannabis remained stable in 2021 at 66% relative to 2020 (69%; p=0.549) (Figure 27).

Frequency of Use

Frequency of use remained stable in 2021, with participants reporting use on a median of 180 days (IQR=48–180; 155 days in 2020; IQR=9–180; p=0.053) (Figure 27). Just over half of those reporting recent use (53%) reported using cannabis daily, stable relative to 2020 (47%; p=0.471).

Routes of Administration

Smoking continued to be the most common route of administration (99%; 99% in 2020).

Quantity

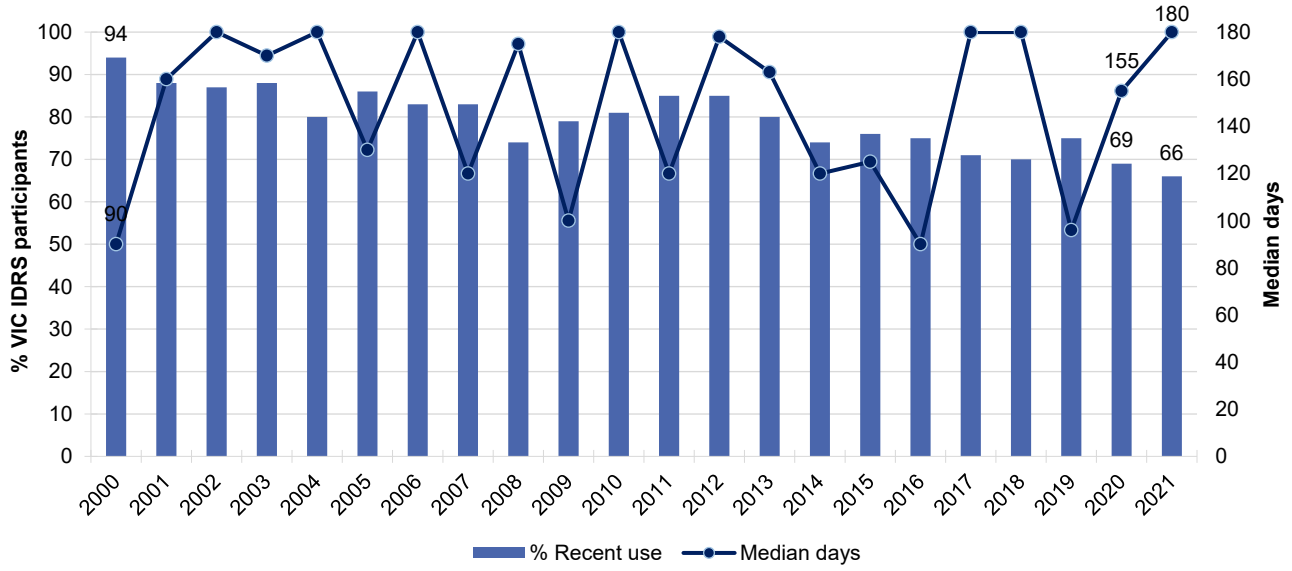
Of those who reported recent use of cannabis in 2021, the median quantity used on the last occasion was 1.30 grams (IQR=1.00–3.00; n=88), a significant increase relative to 2020 (1.00 gram; IQR=0.50–1.00; n=96; p<0.001), or three cones (IQR=3–7.5; n=7; 3 cones in 2020; IQR=2–4; n=11; p=0.330). Few participants (n≤5) reported using joints in 2021, therefore, these numbers are suppressed.

Forms Used

Of those who had consumed cannabis in the past six months and commented (n=96), the majority (97%) of participants reported recent use of hydroponic cannabis (90% in 2020; p=0.112), and 28% reported use of outdoor-grown 'bush' cannabis (31% in 2020; p=0.765). No participants reported use of hashish, hash oil, or pharmaceutical CBD oil in 2021.

DOI: 10.26190/00hf-8p80

Figure 27: Past six month use and frequency of use of cannabis, Victoria, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median last price paid per bag of hydroponic cannabis in 2021 was $20 (IQR=20–20; n=19; $20 in 2020; IQR=15–20; n=14; p=0.097) and the median price per ounce of hydroponic cannabis was $250 (IQR=240–250; n=14; $260 in 2020; IQR=200–290; n=8; p=0.577) (Figure 28a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable in 2021 relative to 2020 (p=0.958). Among those who were able to comment in 2021 (n=72), the majority of participants (54%) perceived hydroponic cannabis to be of 'high' potency (49% in 2020), while 35% perceived potency to be 'medium' (40% in 2020) (Figure 29a).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable in 2021 relative to 2020 (p=0.089). Among those who were able to comment in 2021 (n=76), the majority of participants (55%) perceived hydroponic cannabis to be 'easy' to obtain (35% in 2020), while 34% perceived it as being 'very easy' to obtain (59%) (Figure 30a).

Bush Cannabis

Price: Due to low numbers (n≤5) reporting on median price of bush cannabis, details have been suppressed (Figure 28b).

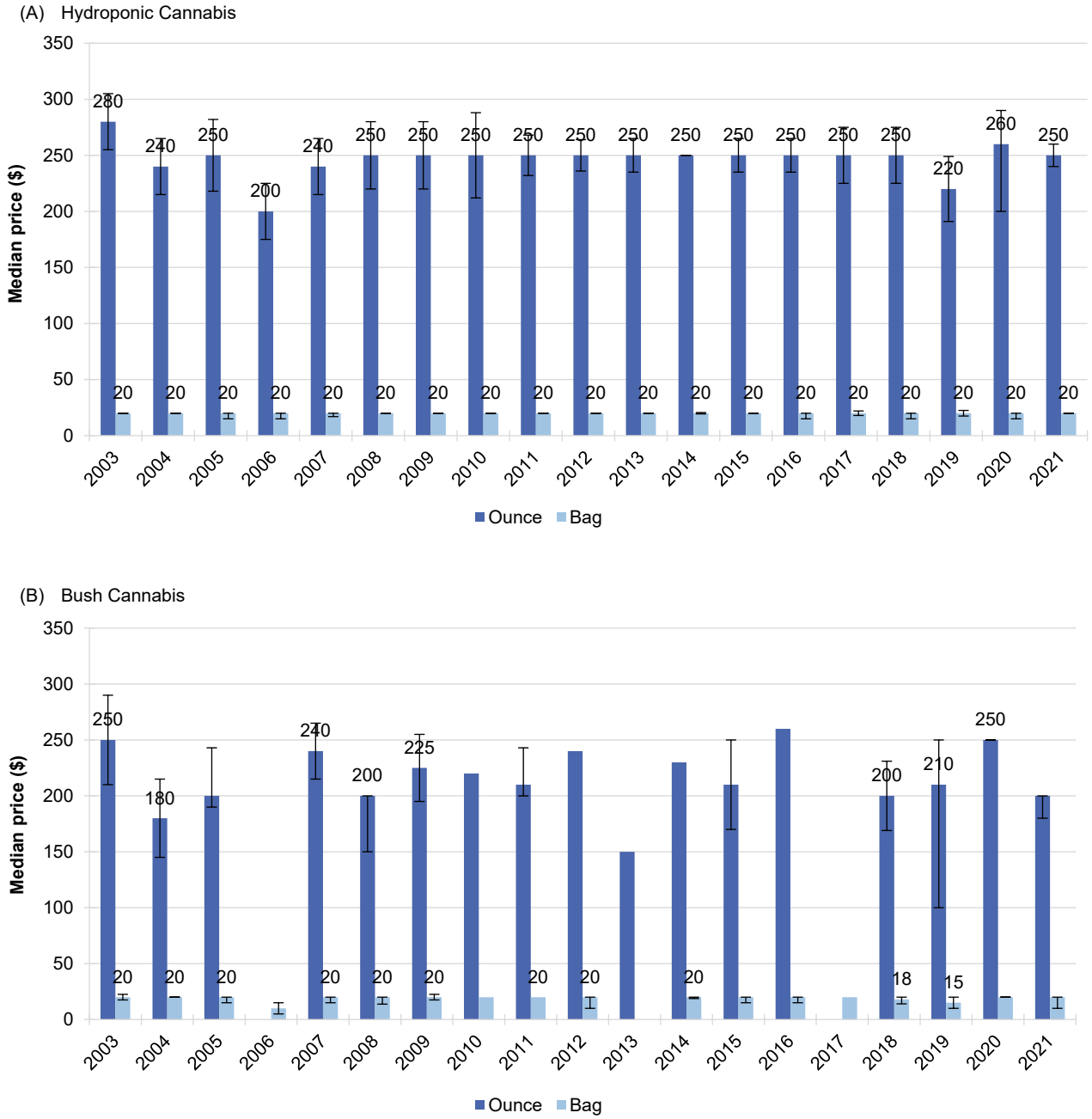
Perceived Potency: The perceived potency of bush cannabis remained stable in 2021 relative to 2020 (p=0.758). Among those who were able to comment in 2021 (n=18), half (50%) of participants perceived the potency of bush to be 'medium' (n≤5 for the other options; n≤5 reported on the potency of bush in 2020 and so numbers are supressed) (Figure 29b).

Perceived Availability: The perceived availability of bush cannabis remained stable in 2021 relative to 2020 (p=0.378). Among those who were able to comment in 2021 (n=18), almost three-fifths (56%)

DOI: 10.26190/00hf-8p80

of participants perceived that bush was ‘easy’ to obtain (n≤5 for the other options; n≤5 reported on the availability of bush in 2020 and so numbers are supressed options) (Figure 30b).

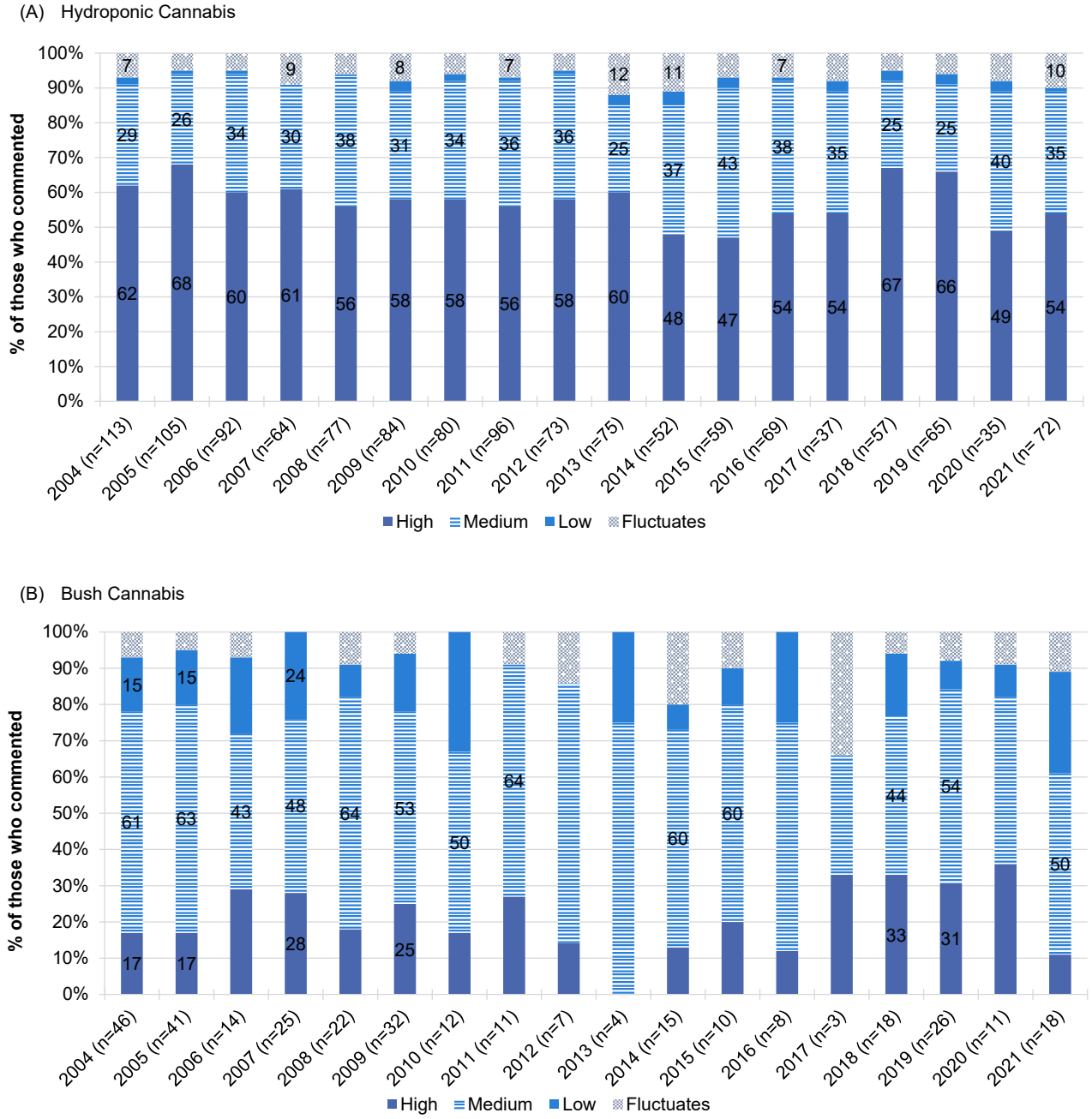
Figure 28: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, Victoria, 2003-2021



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data was available for the price of bush cannabis by ounce in 2006 and 2017, and bag in 2013. 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 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Figure 29: Current perceived potency of hydroponic (a) and bush (b) cannabis, Victoria, 2004-2021

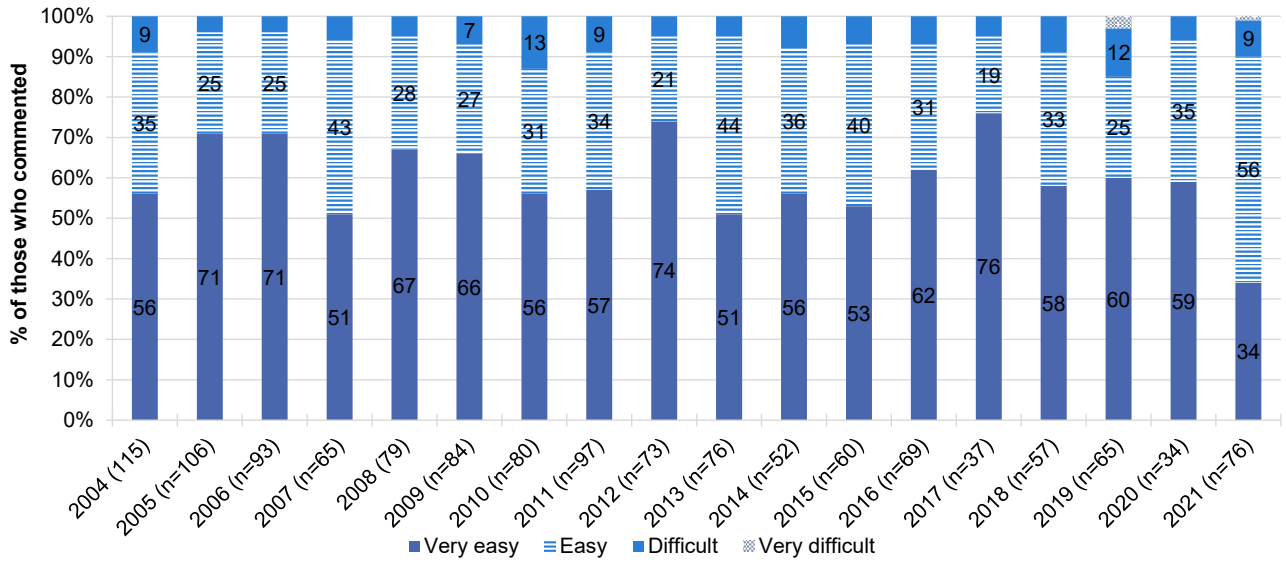


Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

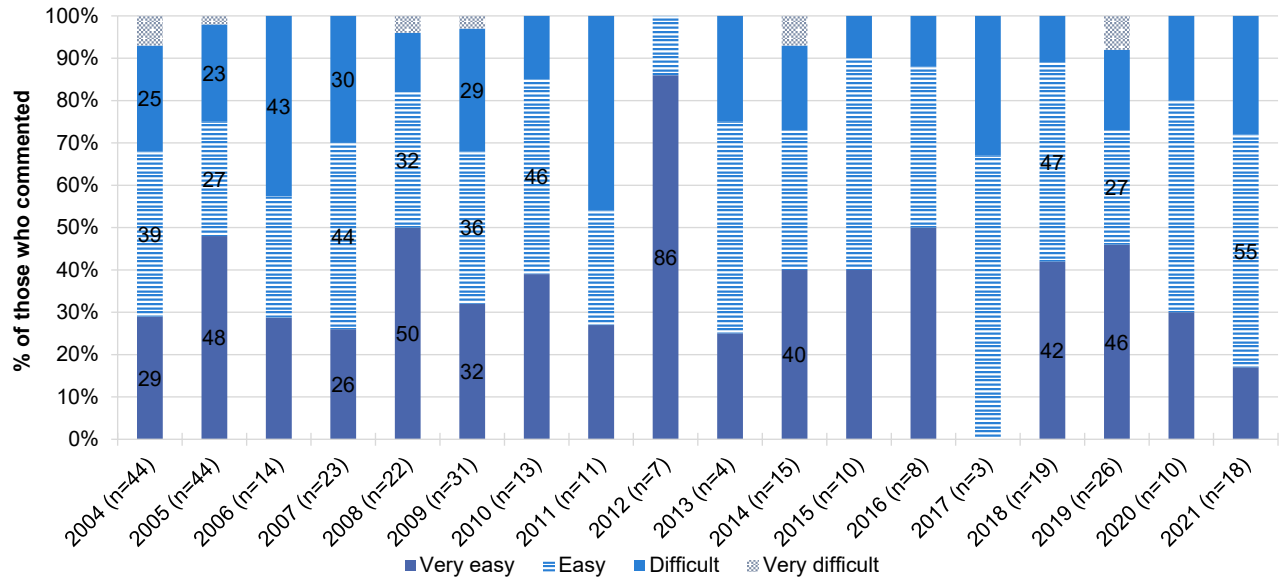
DOI: 10.26190/00hf-8p80

Figure 30: Current perceived availability of hydroponic (a) and bush (b) cannabis, Victoria, 2004-2021

(A) Hydroponic Cannabis



(B) Bush Cannabis



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 2020 versus 2021.

DOI: 10.26190/00hf-8p80

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

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

Methadone

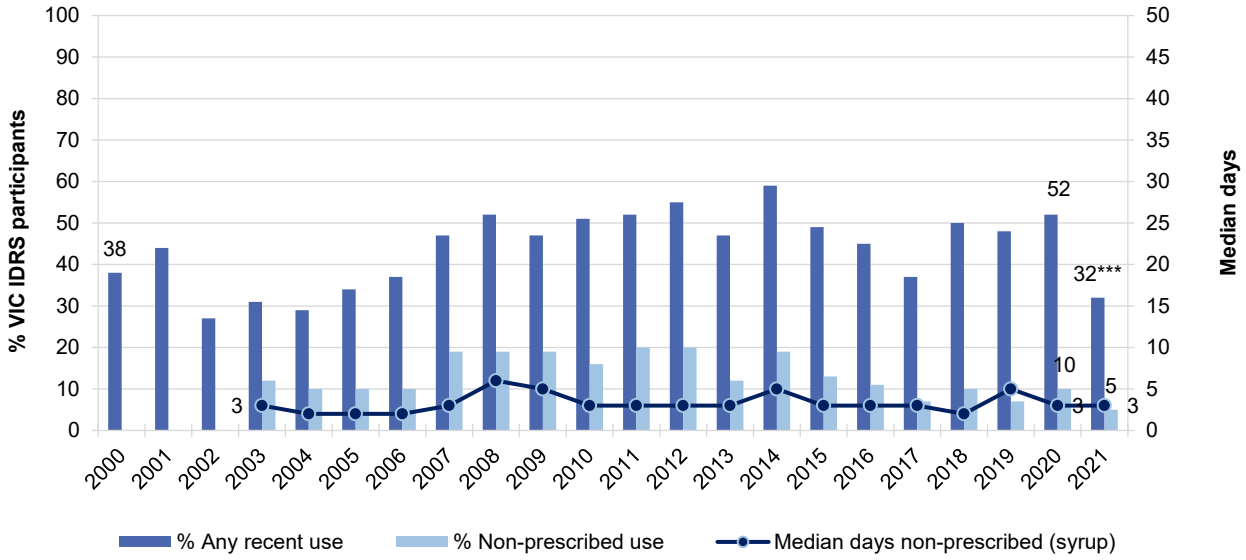
Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) in Victoria has fluctuated since monitoring began. In 2021, 32% of participants reported recent use of any prescribed and/or non-prescribed methadone, a significant decrease from 2020 (52%; $p<0.001$). The per cent reporting non-prescribed use remained stable in 2021 at 5% (10% in 2020; $p=0.140$, though methadone use historically has largely consisted of prescribed use, with 28% reporting prescribed use in 2021, a significant decrease from 45% in 2020 ($p=0.003$) (Figure 31).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained low and stable (3 days; IQR=2–42; 3 days in 2020; IQR=1–24; $p=0.777$) (Figure 31).

Recent Injection: Due to low numbers (n≤5) reporting on recent injection, details have been suppressed. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

DOI: 10.26190/00hf-8p80

Figure 31: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Victoria, 2000-2021



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). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends Data labels are only provided for the first (2000, 2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Buprenorphine

Due to low numbers (n≤5) reporting on recent use of buprenorphine, details have been suppressed. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

DOI: 10.26190/00hf-8p80

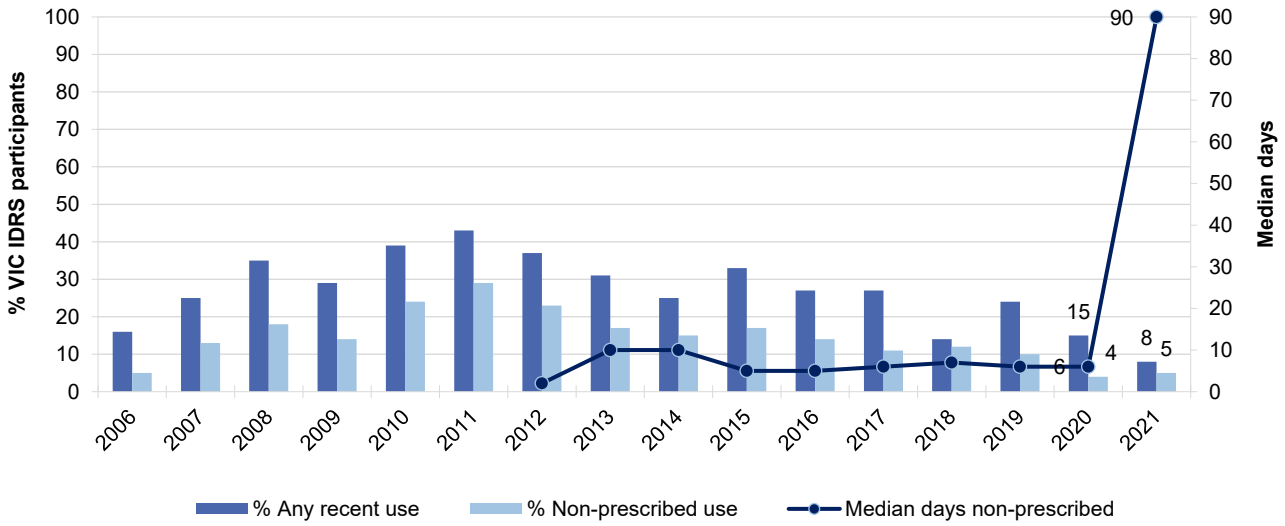
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2021, 8% of the sample reported recent use of any buprenorphine-naloxone (15% in 2020; *p*=0.092), with 5% reporting non-prescribed use (4% in 2020; *p*=0.954) (Figure 32). Small numbers (n≤5) reported prescribed use of buprenorphine-naloxone and so numbers are supressed.

Frequency of Use: Those reporting recent use reported a median of 90 days (IQR=5–120; n=12) of non-prescribed use of buprenorphine-naloxone in the past six months, a nonsignificant increase from 2020 (6 days; IQR=4–34; n=7; *p*=0.304) (Figure 32).

Recent Injection: Due to low numbers (n≤5) reporting on recent injection of prescribed and/or not prescribed buprenorphine-naloxone, details have been suppressed. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Figure 32: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Victoria, 2006-2021



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Data labels are only provided for the first (2006, 2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

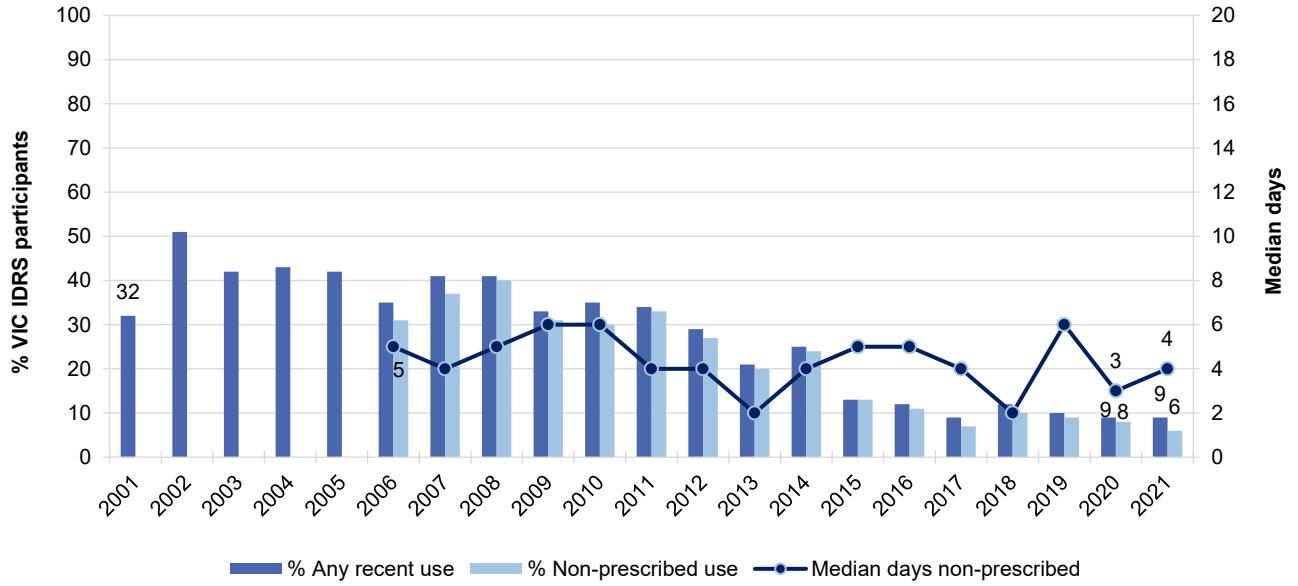
Morphine

Any Recent Use (past 6 months): The VIC sample has observed a downward trend in recent use of morphine since peaking in 2008 (Figure 33). In 2021, 9% of the sample had recently used any morphine (9% in 2020). This was mostly driven by non-prescribed use (6%; 8% in 2020; *p*=0.562). Small numbers (n≤5) reported prescribed use of morphine, and so numbers are supressed.

Frequency of Use: Participants reported a median of four days (IQR=3–12; n=9) of non-prescribed use of morphine in 2021, stable relative to 2020 (3 days; IQR=2–10; n=15; *p*=0.335) (Figure 33).

Recent Injection: Of those who had recently used any morphine in 2021 (n=14), half (50%) of participants reported injecting morphine, a significant decrease from 2020 (100%; *p*=0.004) on a median of three days (IQR=3–50; n=7), stable relative to 2020 (3 days; IQR=2–10; n=14; *p*=0.910).

Figure 33: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Victoria, 2001-2021



Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 20 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

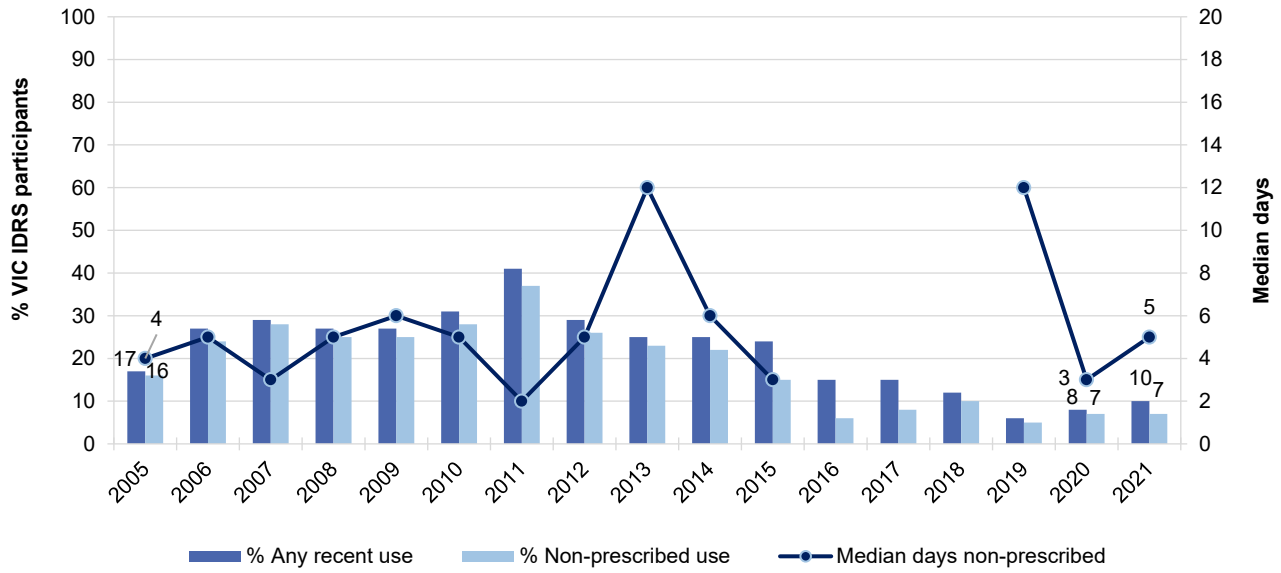
Oxycodone

Any Recent Use (past 6 months): Ten per cent reported recent use of oxycodone in 2021, stable from 2020 (8%; *p*=0.636) (Figure 34). In 2021, 5% of the sample had used prescribed oxycodone (n≤5 in 2020) and similarly, 7% had used non-prescribed oxycodone, stable from 7% in 2020 (*p*=0.987).

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of five days (IQR=2-108; n=10) in the six months preceding interview in 2021 (3 days in 2020; IQR=1–3; n=13; *p*=0.230) (Figure 34).

Recent Injection: Of those who had recently used any oxycodone in 2021 (n=15), 40% reported recently injecting any form (71% in 2020; *p*=0.185) on a median of 71 days (IQR=1–170; n=6) in the past six months (3 days in 2020; IQR=1–3; n=10; *p*=0.505).

Figure 34: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Victoria, 2005-2021



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, 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 20 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Fentanyl

Low numbers (n≤5) reported using fentanyl 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 2021 IDRS National Report, or contact the Drug Trends team.

Other Opioids

Low numbers (n≤5) reported using any form of codeine, tramadol, or tapentadol. For further information, please refer to the 2021 IDRS National Report.

DOI: 10.26190/00hf-8p80

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 in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

Recent Use (past 6 months): In 2021, the per cent reporting any NPS use remained stable among the sample, with 6% reporting recent use (6% in 2020) (Table 2). Five per cent reported using new individual drugs that mimic the effects of cannabis (6% in 2020) on a median of 150 days in the previous six-month period (IQR=68–180), a nonsignificant increase from 2020 (2 days; IQR=2–137; *p*=0.148). Very low numbers (n≤5) reported using other drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Table 2: Past six-month use of new psychoactive substances, Victoria, 2014-2021

% Recent Use (past 6 months)	2021 N=148	2020 N=179	2019 N=148	2018 N=150	2017 N=152	2016 N=174	2015 N=150	2014 N=150
'New' drugs that mimic the effects of opioids	**-**	0	-	-	0	/	/	/
'New' drugs that mimic the effects of ecstasy	**0**	0	0	0	/	/	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	**0**	0	0	-	/	-	-	-
'New' drugs that mimic the effects of cannabis	**5**	6	9	49	10	14	16	20
'New' drugs that mimic the effects of psychedelic drugs	**0**	0	0	0	-	/	/	/
'New' drugs that mimic the effects of benzodiazepines	**0**	0	0	0	/	/	/	/
Any of the above	**6**	6	9	13	0	3	-	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2021 (37%; 33% in 2020; *p*=0.455) (Figure 35). Of the total sample in 2021, 24% reported recent use of non-prescribed alprazolam (17% in 2020; *p*=0.200) and 28% reported recent use of non-prescribed other benzodiazepines (24% in 2020; *p*=0.392).

Frequency of Use: In 2021, those who reported recent use reported a median of six days (IQR=1–23; 3 days in 2020; IQR=2–6; *p*=0.151) and 30 days (IQR=6–95; 10 days in 2020; IQR=3–20; *p*=0.392) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Recent Injection: In 2021, very low numbers (n≤5) reported recent injection, therefore no further reporting on patterns will be included. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Pharmaceutical Stimulants

Recent Injection: In 2021, low numbers (n≤5) reported recent use of non-prescribed pharmaceutical stimulants, therefore no further reporting will be included. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Antipsychotics

Recent Use (past 6 months): In 2021, 5% of the sample had used non-prescribed antipsychotics, stable from 2020 (5%) (Figure 35).

Frequency of Use: Those reporting recent use reported using non-prescribed antipsychotics on a median of six days (IQR=2–28) in 2021, stable from four days in 2020 (IQR=3–5; *p*=0.671).

Recent Injection: In 2021, no consumers reported recent injection of antipsychotics. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Pregabalin

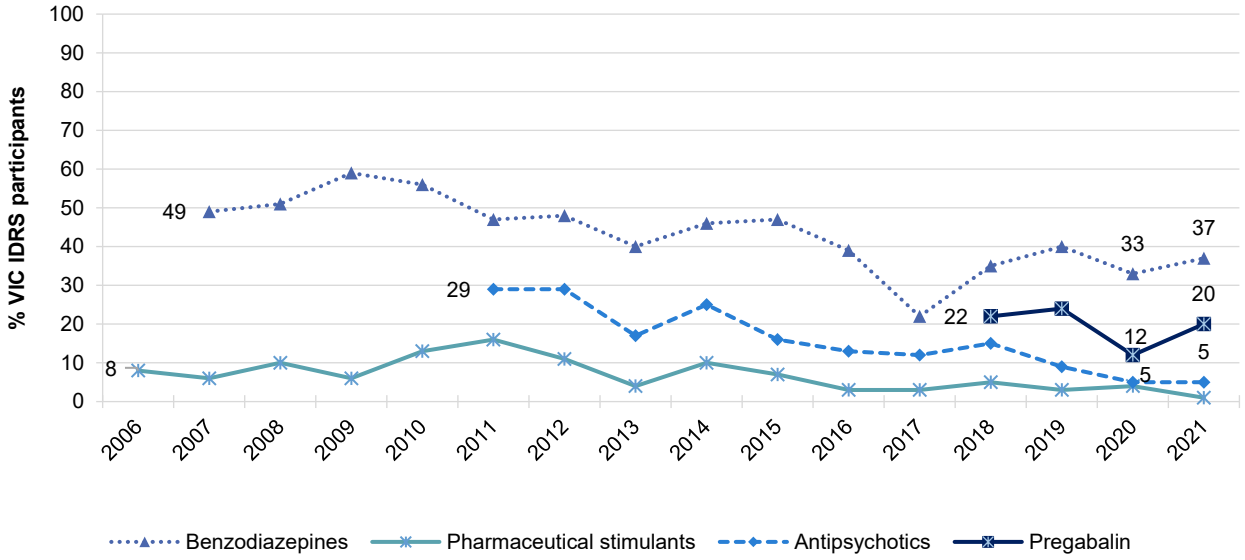
Recent Use (past 6 months): In 2021, 20% of the sample had used non-prescribed pregabalin in the six months preceding interview (12% in 2020; *p*=0.070) (Figure 35).

Frequency of Use: Those reporting recent use reported using non-prescribed pregabalin on a median of eight days (IQR=6–40) in 2021, stable from seven days in 2020 (IQR=4–30; *p*=0.215).

Recent Injection: In 2021, no consumers reported recent injection of pregabalin. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

DOI: 10.26190/00hf-8p80

Figure 35: Past six-month use of non-prescribed pharmaceutical drugs, Victoria, 2006-2021



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' 2011-2018) 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 are only provided for the first (2006, 2007, 2011, 2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Steroids

Low numbers (n≤5) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2021 IDRS National Report or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Forty-nine per cent of the sample reported recent use of alcohol in 2021 (51% in 2020; p=0.793) (Figure 36).

Frequency of Use: Median frequency of use amongst those reporting recent use in 2021 was 48 days (IQR=12–180; 24 days in 2020; IQR=4–113; p=0.087), with 29% reporting daily use (23% in 2020).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently common amongst the VIC IDRS sample. In 2021, the majority of the sample (93%) reported recent use of tobacco (87% in 2020; p=0.119) (Figure 36).

Frequency of Use: Median frequency of use amongst those reporting recent use in 2021 was 180 days (IQR=180–180; 180 days in 2020; IQR=180–180; p=0.204), with 94% reporting daily use (90% in 2020).

DOI: 10.26190/00hf-8p80

E-cigarettes

Recent Use (past 6 months): Twenty per cent of participants reported recent use of e-cigarettes in 2021, a significant increase from 2020 (10%; *p*=0.022) (Figure 36).

Frequency of Use: Median frequency of use amongst those reporting recent use in 2021 was 20 days (IQR=4–120; 17 days in 2020; IQR=3–150; *p*=0.912), with 24% reporting daily use (22% in 2020).

Forms Used: Among those reporting recent use (n=29), the majority (86%) reported using e-cigarettes containing nicotine. Small numbers (n≤5) reported using e-cigarettes that contained cannabis, and equally small numbers reported using e-cigarettes that contained neither cannabis nor nicotine; these numbers are suppressed. For further information, please refer to the 2021 IDRS National Report or contact the Drug Trends team.

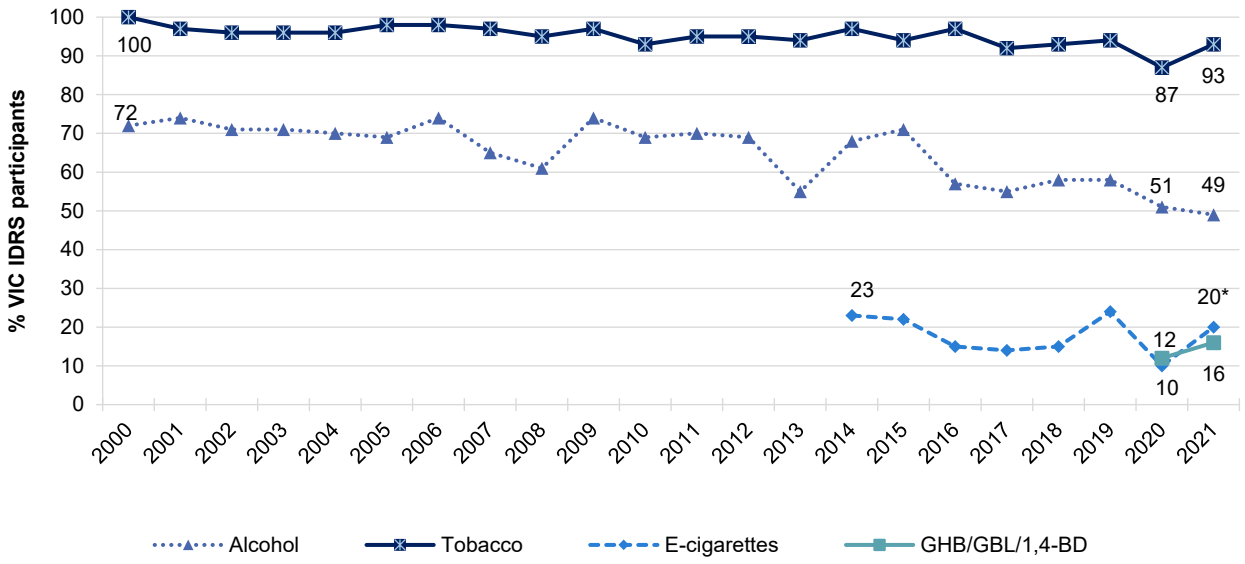
Reason for Use: Fifty-nine per cent of those reporting recent use reported using e-cigarettes as a smoking cessation tool, while 41% did not.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2021, 16% of participants reported recent use of GHB/GBL/1,4-BD (12% in 2020; *p*=0.400) (Figure 36). Among those reporting recent use, 96% reported swallowing as the route of administration. Further questions regarding recent use of GBH/GBL/1,4-BD were not asked of participants in 2020.

Recent Injection: In 2021, low numbers (n≤5) reported recent injection, therefore no further reporting will be included. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Figure 36: Past six-month use of licit and other drugs, Victoria, 2000-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000, 2014, 2020) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

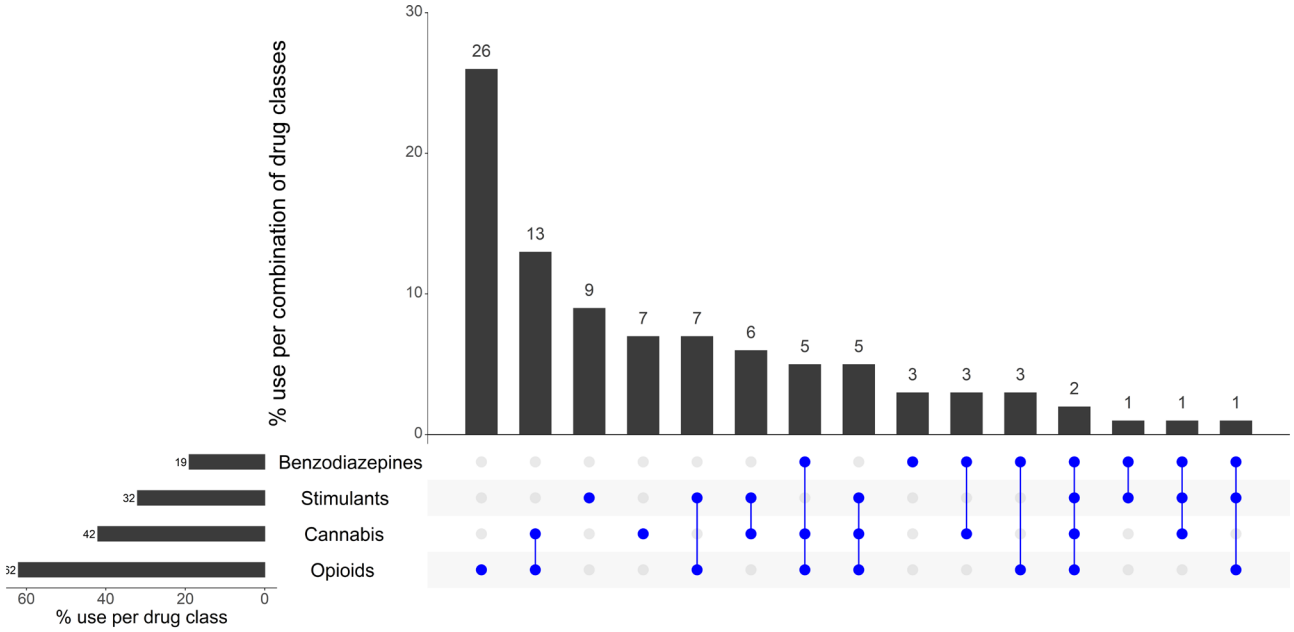
9

Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (98%) of the sample reported using one or more drugs (including alcohol, tobacco, and prescription medications) on the day preceding interview. The most commonly used substances of those who reported using one or more drugs (n=145) were tobacco (81%), opioids (61%), cannabis (43%), stimulants (33%), and benzodiazepines (19%). The most common combinations of drug classes on the day preceding interview were opioids (26%), followed by concurrent use of cannabis and opioids (13%), and stimulants (9%) (Figure 37).

Figure 37: Use of opioids, stimulants, benzodiazepines, and cannabis on the day preceding interview, Victoria, 2021



Note. % calculated out of IDRS 2021 sample. The horizontal bars represent the percent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the percent of participants who used the combination of drug classes represented by the blue circles on the day preceding interview. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 30% to improve visibility of trends.

DOI: 10.26190/00hf-8p80

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2021, 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). Drugs other than opioids were split 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.

It is important to note that overdose 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 per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked.

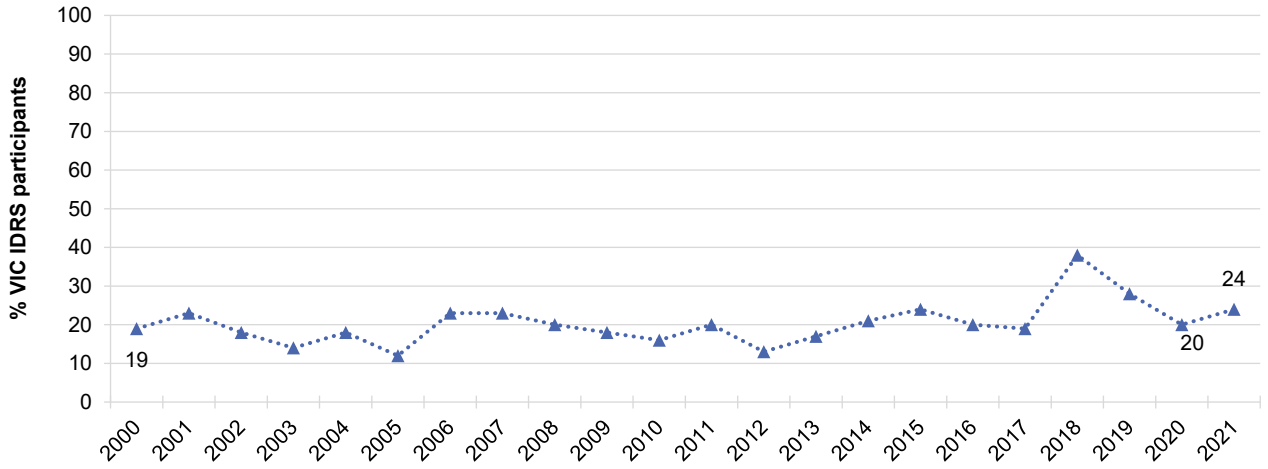
Overdose in the VIC sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). Nearly one-quarter (24%) of participants reported a past-year non-fatal overdose following any drug use in 2021, remaining stable from 2020 (20%; p=0.501) (Figure 38). Twenty per cent reported a non-fatal overdose following opioid use in the past 12 months in 2021 (19% in 2020; p=0.920). This was driven by 18% of the sample reporting a non-fatal overdose from heroin, stable from 2020 (19% in 2020).

Five per cent reported a non-fatal overdose whilst consuming an 'other drug' (n≤5 in 2020, p=0.099) (Table 3).

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

DOI: 10.26190/00hf-8p80

Figure 38: Past 12 month non-fatal any overdose, Victoria, 2000-2021



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 greater nuance in capturing overdose events. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 3: Past 12-month non-fatal overdose by drug type, nationally, 2021, and Victoria, 2015-2021

	National	Victoria						
	2021	2021	2020	2019	2018	2017	2016	2015
% Any opioid	N=888 11	**N=148 20**	N=178 19	N=148 25	N=150 /	N=152 /	N=174 /	N=150 /
% Heroin overdose	N=880 9	**N=148 18**	N=178 19	N=148 21	N=150 28	N=152 18	N=175 17	N=150 10
% Methadone overdose	N=880 1	**N=148 -**	N=178 -	N=148 -	N=150 -	N=152 -	N=175 -	N=150 -
% Morphine overdose	N=880 1	**N=148 -**	N=178 0	N=148 -	N=150 0	N=152 0	N=175 -	N=150 -
% Oxycodone overdose	N=880 0	**N=148 0**	N=178 0	N=148 -	N=150 -	N=152 0	N=175 -	N=150 -
% Stimulant	N=885 4	**N=146 -**	N=176 -	N=139 -	N=148 -	N=130 -	N=153 -	N=146 -
% Other drug overdose								
% Other overdose	N=885 3	**N=148 5**	N=178 -	N=148 -	/	/	/	/
% Any drug overdose	N=882 17	**N=148 24**	N=178 20	N=148 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 refer to. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration 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 OTC at pharmacies without a prescription, and at a reduced cost via prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA 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 (90%) of the VIC sample reported awareness of naloxone in 2021 (93% in 2020; p=0.429) (Figure 39).

Awareness of Take-Home Programs (training program): The awareness of the take-home naloxone programs has increased since 2013, with 77% reporting awareness of these programs in 2021, stable from 2020 (78%; p=0.895) (Figure 39).

Participation in Training Programs: Over half of the participants (53% reported participation in naloxone training programs in 2021, stable from 2020 (52%; p=0.911).

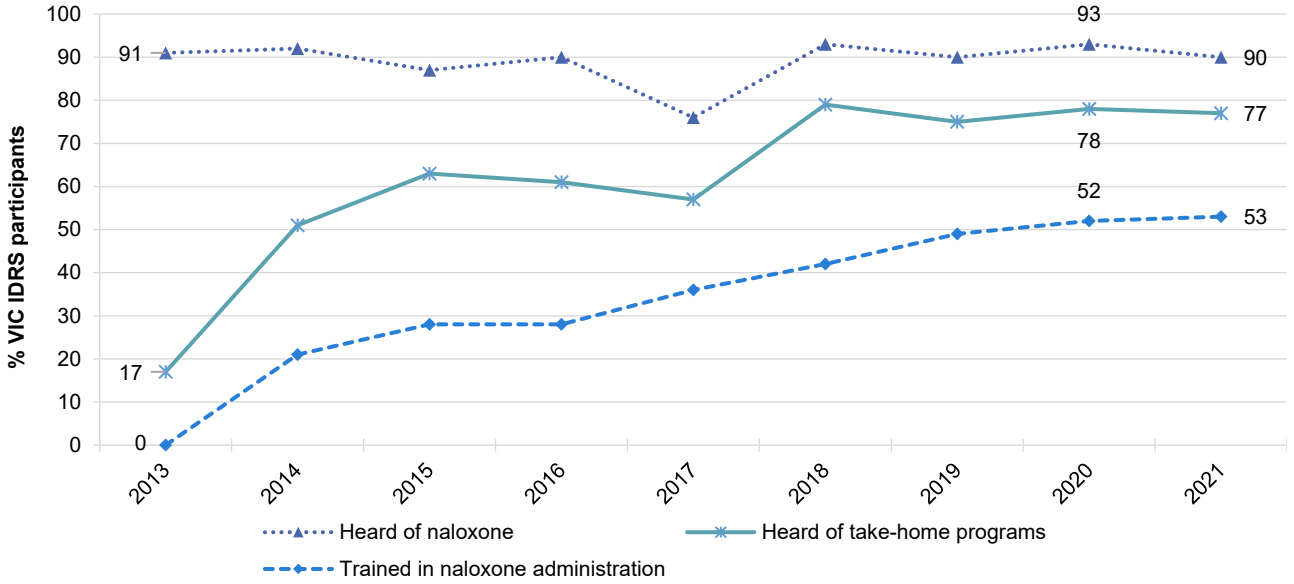
Accessed Naloxone: Fifty-one per cent of the VIC sample reported having ever accessed naloxone. Out of those who had either never accessed naloxone or experienced trouble accessing naloxone (n=80), reasons included 'don't consider myself/my peers at risk of overdose' (24%), 'don't use opioids' (21%) and 'didn't know you could access naloxone' (13%).

Use of Naloxone to Reverse Overdose: In 2021, of those who responded (n=147), 27% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Of those who responded (n=148), 5% (n=7) reported that they had been resuscitated by a peer using naloxone.

Of those who reported ever accessing naloxone and commented (n=73), on the last occasion 74% reported last receiving intramuscular naloxone and 15% reported receiving intranasal naloxone. On the last occasion, 42% of these participants accessed naloxone from a needle and syringe program, while 37% accessed naloxone from a health service. The majority (99%) of participants reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone, just over one-quarter (28%) reported that they 'always' had naloxone on hand when using opioids in the past month, 14% said 'sometimes' and 14% said 'never'.

DOI: 10.26190/00hf-8p80

Figure 39: Take-home naloxone program and distribution, Victoria, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

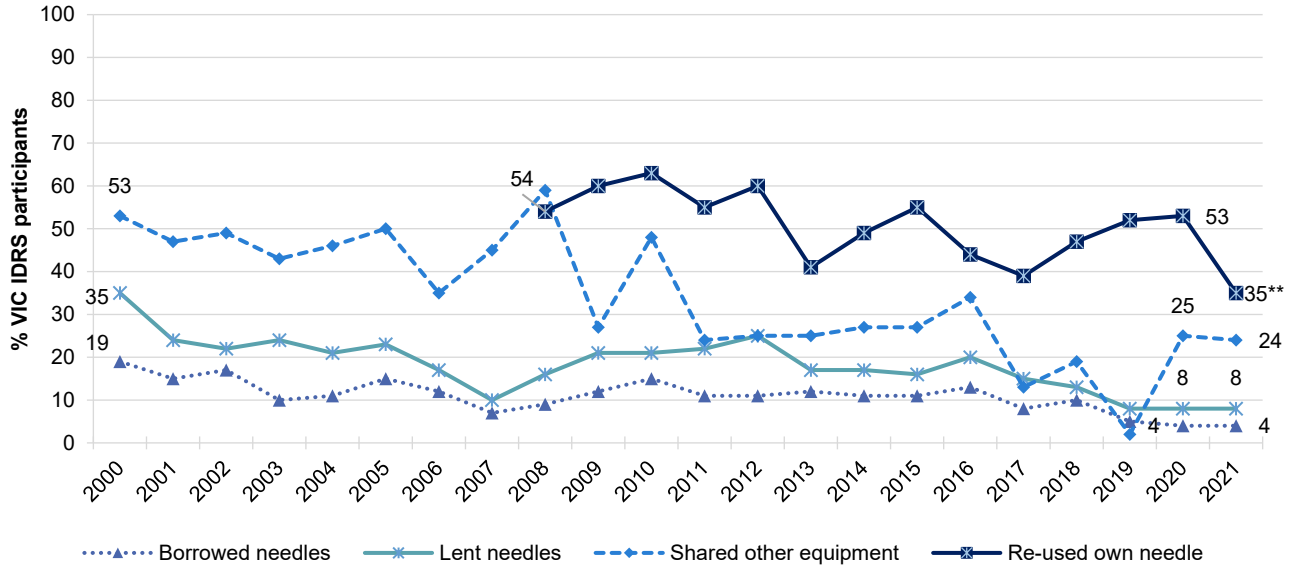
In 2021, 4% of participants (n=6) reported receptive sharing (n≤5 in 2020), and 8% (n=11) reported distributive sharing in the past month, stable from 2020 (8%; p=0.932) (Figure 40). Twenty-four per cent indicated that they had shared other equipment (e.g., spoons, tourniquet, water, and filters) in the past month, stable from 2020 (25%; p=0.972) (Figure 40). Thirty-five per cent of the sample reported that they had re-used their own needles in the past month, a significant decrease relative to 2020 (53%; p=0.002) (Figure 40).

Forty-five per cent of the 2021 sample reported that they had injected someone else after injecting themselves (37% in 2020; p=0.188), and 19% were injected by someone else who had previously injected themselves in the past month (19% in 2020) (Table 4).

The percentage of participants who reported that they had last injected in a private home remained stable at 66% in 2021 from 71% in 2020 (p=0.800) (Table 4).

DOI: 10.26190/00hf-8p80

Figure 40: Borrowing and lending of needles and sharing of injecting equipment in the past month, Victoria, 2000-2021



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 are only provided for the first (2000, 2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and Victoria, 2015-2021

	National	Victoria						
	2021 N=888	2021 N=148	2020 N=179	2019 N=148	2018 N=150	2017 N=152	2016 N=174	2015 N=150
% Injecting behaviours past month								
Borrowed a needle	N=880 6	**N=148 4**	N=178 4	N=143 5	N=148 10	N=148 8	N=175 13	N=149 11
Lent a needle	N=877 10	**N=148 8**	N=177 8	N=142 8	N=147 13	N=247 15	N=175 20	N=145 16
Shared any injecting equipment ^	N=881 18	**N=148 24**	N=178 25	N=148 -	N=28 19	N=19 13	N=175 34	N=41 27
Re-used own needle	N=880 38	**N=148 35****	N=178 53	N=144 52	N=147 47	N=146 39	N=174 44	N=148 55
Injected partner/friend after self~	N=882 34	**N=148 45**	N=178 37	N=148 46	N=149 34	N=146 27	N=150 34	/
Somebody else injected them after injecting themselves~	N=880 18	**N=148 19**	N=177 19	N=148 23	N=149 20	N=146 9	N=150 15	/
% Location of last injection	N=884	**N=148**	N=178	N=148	N=150	N=152	N=175	N=150
Private home	83	**66**	71	55	61	58	66	66
Car	4	**-**	4	-	7	-	9	7
Street/car park/beach	4	**11**	10	23	29	27	17	13
Public toilet	4	**4**	5	6	-	-	-	11
Medically supervised injected services	3	**8**	8	13	/	/	/	/
Other	2	**-**	-	-	-	-	-	-

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 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Self-Reported Injection-Related Health Problems

In 2021, significantly fewer participants reported having an injection-related health issue in the month preceding interview, relative to 2020 (24% in 2021; 36% in 2020; *p*=0.032) (Table 5). Most commonly, participants reported thrombosis (9%), followed by nerve damage (7%; 15% in 2020; *p*=0.027), and skin abscess (7%). Five per cent of participants reported a dirty hit in 2021, stable from 2020 (11%; *p*=0.077).

Table 5: Injection-related issues in the past month, Victoria, 2020-2021

	2021 (N=148)	2020 (N=179)
% Artery injection	**-*** **	11
% Any nerve damage	**7***	15
% Any thrombosis	**9**	10
Blood clot	**7**	9
Deep vein thrombosis	**-**	-
% Infection/ abscess	**7**	8
Skin abscess	**7**	7
Endocarditis	**-**	-
Osteomyelitis/Sepsis/Septic arthritis	**-**	-
% Dirty hit	**5**	11
% Any injection-related problem	**24***	36

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 2020 versus 2021.

Drug Treatment

The percentage of participants reporting any current drug treatment significantly decreased in 2021 relative to 2020. Thirty-four per cent reported any drug treatment for substance use (58% in 2020; p<0.001), with 26% reporting currently receiving methadone (40% in 2020; p=0.008) (Table 6).

In 2021, of those not currently in treatment (n=97), 8% of participants reported having difficulties accessing treatment in the past six months. Few participants (n≤5) were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Table 6: Current drug treatment, nationally, 2021, and Victoria, 2015-2021

	National	Victoria						
	2021 N=886	2021 N=148	2020 N=179	2019 N=148	2018 N=150	2017 N=152	2016 N=174	2015 N=150
% Current drug treatment	37	**34*** **	58	51	47	50	44	60
Methadone	24	**26** **	40	36	35	31	29	38
Buprenorphine	2	**0**	-	-	-	-	-	-
Buprenorphine-naloxone	5	**-**	7	13	9	12	10	13
Buprenorphine depot injection	2	**-**	-	0	/	/	/	/
Drug counselling	8	**-**	9	-	-	-	-	6
Other	4	**-**	-	-	0	-	-	-

Note. - Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Bloodborne Virus Testing and Treatment

In 2021, 57% of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, a significant increase relative to 2020 (38%; $p<0.001$), 50% had received an RNA test (43% in 2020; $p=0.281$), and 14% reported having a current HCV infection (18% in 2020; $p=0.372$) (Table 7). Thirteen per cent of the sample reported that they had received HCV treatment in the past year (16% in 2020; $p=0.544$), of which the majority (72%; n=13) reported that their treatment had been successful (56% in 2020; $p=0.415$).

The majority (93%) of participants reported having ever had a test for human immunodeficiency virus (HIV; 41% within the past six months), with the majority reporting that they had never received a positive diagnosis (95%).

Table 7: HCV Testing and Treatment, nationally and Victoria, 2021

%	National	Victoria 2021	Victoria 2020
	N=888	**N=148**	**N=179**
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	**N=145** **57**	N=175 38
Past year hepatitis C PCR or RNA test	N=839 40	**N=144** **50**	N=171 43
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	**N=136** **14**	N=168 18
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	**N=144** **17**	N=174 16
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	**N=18** **72**	N=27 56
HIV test (n)	N=727	**N=148**	
HIV test in past 6 months	31	**41**	/
HIV test more than 6 months ago	53	**52**	/
HIV status (n)	N=727	**N=148**	/
Lifetime HIV positive diagnosis	3	**5**	/

Note.– Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2020 versus 2021.

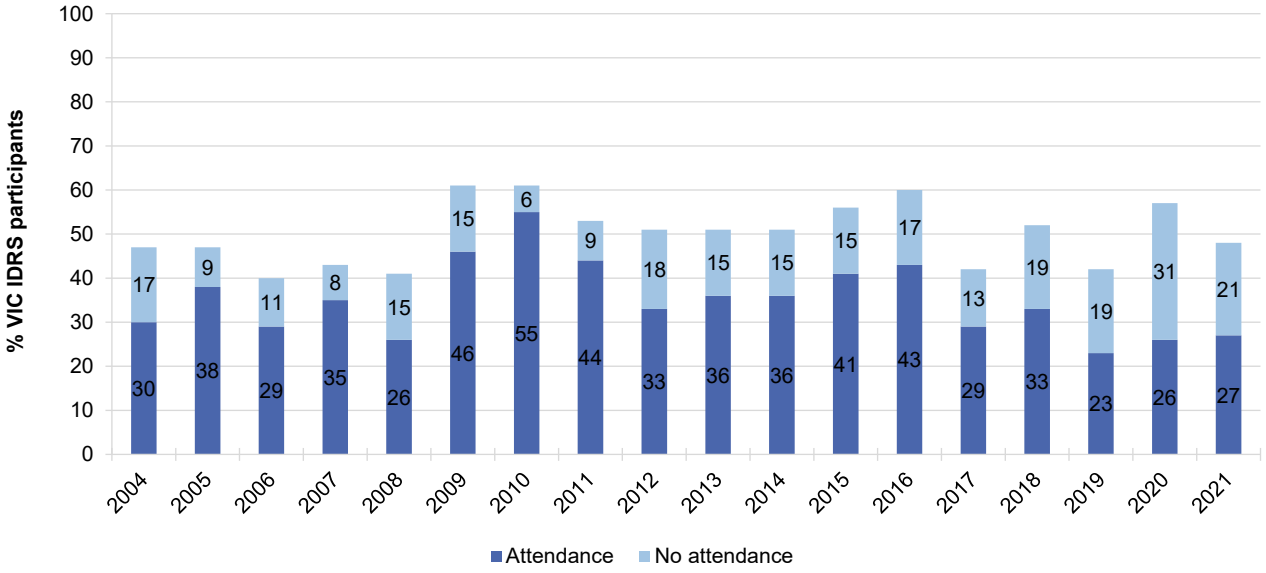
DOI: 10.26190/00hf-8p80

Mental Health

In 2021, 48% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2020 (57%; *p*=0.157) (Figure 41). Amongst this group, the most commonly reported problems comprised depression (56%) and anxiety (42%). A smaller proportion of participants reported post-traumatic stress disorder (23%).

Twenty-seven per cent of the sample (55% of those who reported a mental health problem) had seen a mental health professional during the past six months. Seventy-four per cent of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2020 (73%).

Figure 41: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2004-2021



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/00hf-8p80

Driving

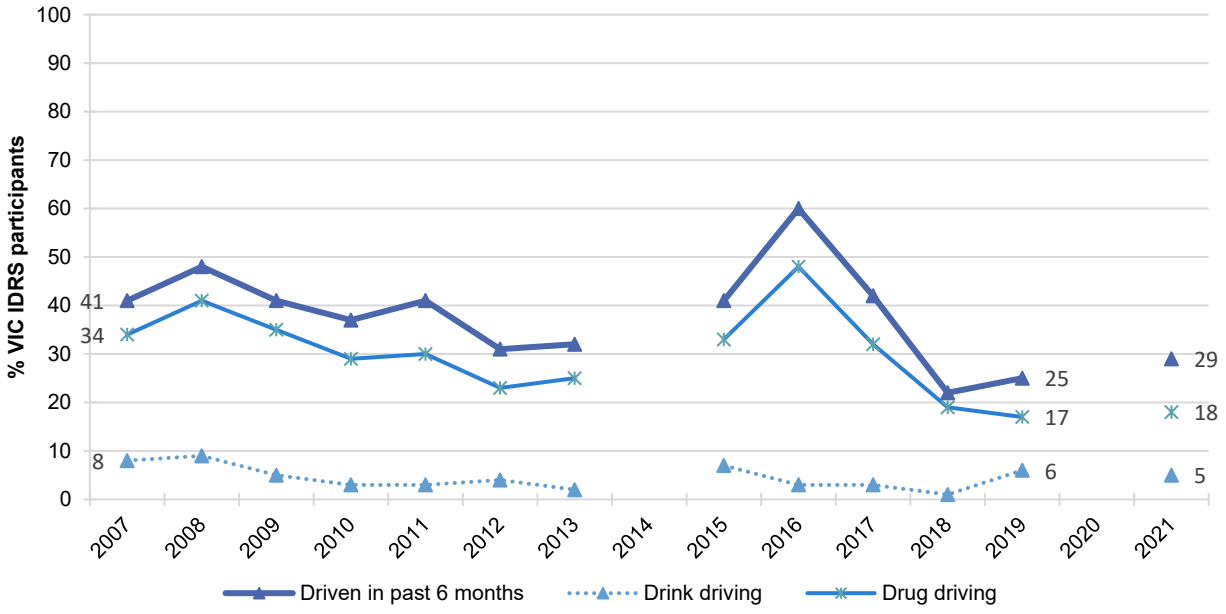
Twenty-nine per cent of the sample had driven a car, motorcycle, or other vehicle in the last six months. Out of the total sample that responded (n=147), 5% reported driving while over the perceived legal limit of alcohol and 18% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Table 8; Figure 42). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using crystal methamphetamine prior to driving (67%), with smaller numbers reporting the use of heroin (52%) and cannabis (33%). Seven per cent of the sample reported that they had been tested for drug driving by the police roadside drug testing service and another 7% reported being breath tested for alcohol by the police roadside testing service in the six months prior to interview.

Table 8: Participant reports of driving behaviour in the last six months, nationally and Victoria, 2021

%	National	VIC
	N=875	N=148
% Driven in last six months	36	29
% Driven over the legal alcohol limit in the last six months	4	5
% Driven within three hours of consuming illicit drug(s) last six months	25	18
% Tested for drug driving by police roadside drug testing last six months	9	7
% Breath tested for alcohol by police roadside testing last six months	13	7

Note: Questions about driving behaviour were not asked in 2020. Computed out of the total sample.

Figure 42: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Victoria, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2018 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.

DOI: 10.26190/00hf-8p80

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

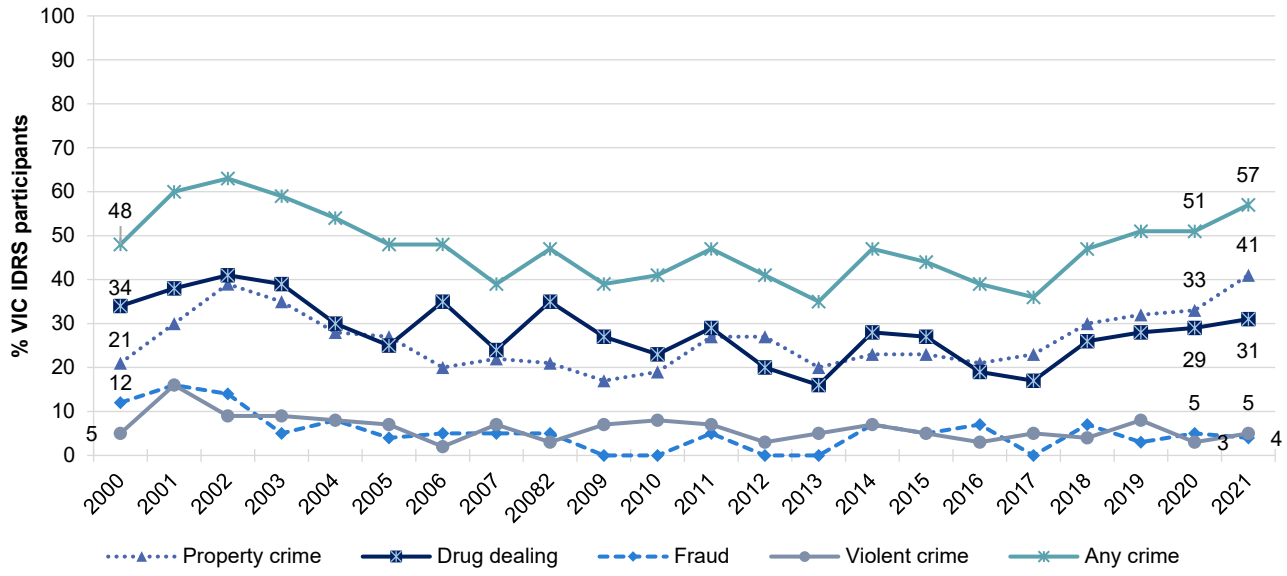
In 2021, 7% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. Few participants (n≤5) had reported testing their illicit drugs in the past year. Therefore, numbers and further reporting of trends have been suppressed. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Crime

Fifty-seven per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 51% in 2020 (p=0.358). Property crime and selling drugs for cash profit remained the most common self-reported crimes in the month preceding interview (41% and 31%, respectively) (Figure 43). Five per cent reported engaging in violent crime in 2021 (n≤5 in 2020). One-fifth (20%) reported being the victim of a crime involving violence (e.g., assault), a significant increase from 2020 (10%; p=0.009).

In 2021, 39% the sample had been arrested in the past year, a significant increase from 2020 (25%; p=0.010). Seventy-one per cent reported a lifetime prison history in 2021, another significant increase from 59% in 2020 from (p=0.035).

Figure 43: Self-reported criminal activity in the past month, Victoria, 2000-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.