IDRS

VICTORIAN DRUG TRENDS 2023

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

VICTORIAN DRUG TRENDS 2023: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Joanna Wilson[1], Paul Dietze[1,2]

[1] Disease Elimination Program, Burnet Institute

[2] National Drug Research Institute, Curtin University

ISSN 2981-9644 ©NDARC 2023

Suggested citation: Wilson J, & Dietze P. Victorian Drug Trends 2023: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2023. DOI: 10.26190/ry0f-gr29

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

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: drugtrends@unsw.edu.au

Table of Contents

List of Tables

List of Figures

Acknowledgements

Funding

In 2023, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program.

Research Team

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

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

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Bek Petrovic, Dylan Vella-Horne, Bianca Whiteside, Filip Djordjevic, Oisin Stronach, Peter Higgs, Matthew Cowman, Katyani Sharma, and Joanna Wilson for conducting the Melbourne, Victoria IDRS interviews in 2023. We would like to thank Turning Point for providing drug-related ambulance attendance and DirectLine data, the Victoria Police Forensic Services Department for providing drug seizure purity levels, and the Victorian Department of Health for providing data collected via the Alcohol and Drug Information System (ADIS) and the Victorian Alcohol and Drug Collection (VADC). We would like to thank the UNSW Community Reference Panel for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information System
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	general practitioner
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler Psychological Distress Scale 10
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Service
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction

REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
VDAC	Victorian Alcohol and Drug Collection
WA	Western Australia

Executive Summary

The Melbourne IDRS involves an annual survey of a sentinel group of people who inject drugs and have substantial knowledge of Melbourne's drug markets. The sample comprises people aged 18 years or older who report injecting illicit drugs on ≥6 days in the preceding six months and reside in Melbourne, Victoria. Participants are typically recruited via advertisements in needle and 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, or of drug use in the general population. **In the 2023 IDRS, data were collected in June. Some interviews between 2020 and 2023 were delivered via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020–2023 samples relative to previous years.**

Sample Characteristics

The characteristics of the IDRS sample recruited from Melbourne, Victoria (VIC) in 2023 (N=150) were consistent with previous years: almost three-quarters (74%) were male, and their mean age was 45 years. Most were unemployed at the time of interview (92%) and had received a government pension/allowance or benefit in the month prior to interview (94%), whilst 53% held a post-school qualification. At $407 (IQR=346–500), the median income per week in 2023 was comparable to that in 2022. Nominated drugs of choice and the drugs injected most often in the past month were similar for 2022 and 2023. In 2023, 57% reported that heroin was their drug of choice (55% in 2022), and three fifths (60%) reported that heroin was the drug they had injected most often in the past month (62% in 2022). Reports of weekly or more frequent use of heroin in 2023 (67%) were similar to 2022 (61%).

Heroin

The prevalence of recent (i.e., past six month) use of heroin has remained stable in recent years, with 87% reporting recent use in 2023 (78% in 2022). Most of those reporting recent use reported using heroin weekly or more frequently in 2023 (78%; 79% in 2022). There was a significant decrease in the median typical amount of heroin used per day, from 0.30 grams (IQR=0.10–0.50) in 2022 to 0.20 grams (IQR=0.10–0.30) in 2023 (p=0.003), and the median maximum amount used per day (0.40 grams; IQR=0.20–1.00; 0.70 grams in 2022, IQR=0.30–1.70; p=0.008). Perceived purity and availability in 2023 were comparable to 2022, with 30% of respondents perceiving purity to be 'high' in 2023 (26% in 2022), and 62% perceiving that heroin was 'very easy' to obtain (50% in 2022).

Methamphetamine

The prevalence of recent use of any methamphetamine has fluctuated over the years. In 2023, 77% of participants reported recent use of any methamphetamine, similar to 2022 (75%). Three fifths (61%) of those reporting recent use reported using methamphetamine weekly or more frequently in 2023 (60% in 2022). Crystal methamphetamine remained the most common form reportedly used (77%; 75% in 2022). Injection was the most commonly reported route of administration of crystal methamphetamine in 2023 (95%; 96% in 2022). Findings about price, perceived purity, and availability reported in 2023 were all similar to those from 2022.

Cocaine

Seventeen per cent of the sample reported recent use of cocaine in 2023, consistent with 2022 (19%) and previous years. Findings about price, perceived purity, and availability reported in 2023 were all similar to those from 2022.

Cannabis and/or Cannabinoid-related Products

Recent non-prescribed cannabis and/or related-cannabinoid product consumption in 2023 remained stable at 79% (82% in 2022). Fifty-three per cent of participants who reported recent use reported daily use, similar to 2022 (46%). Hydroponic cannabis remained the form most reportedly used (88%), followed by bush cannabis (30%). Reports of price, purity, and availability of non-prescribed cannabis in 2023 were comparable to 2022.

Pharmaceutical Opioids

In 2023, recent non-prescribed use of methadone (12%), buprenorphine tablets (n≤5), buprenorphine-naloxone (6%), morphine (5%), oxycodone (7%), fentanyl (5%) and codeine (n≤5) remained low and stable.

Other Drugs

Five per cent of participants reported recent use of new psychoactive substances (predominantly 'new' drugs that mimic the effects of cannabis; 6% in 2022). Non-prescribed benzodiazepine use was reported by 39% of participants in 2023 (36% in 2022). Reported non-prescribed use of antipsychotics (4%), pregabalin (23%), and Unisom (diphenhydramine) capsules (13%) remained similar to 2022. Sixty-five per cent reported recent use of alcohol, similar to 2022 (63%), and 93% reported recent tobacco use (91% in 2022). In 2023, there was a significant increase in non-prescribed e-cigarette use to 43% (25% in 2022; p=0.002), along with a significant increase in the frequency of use, from a median of 11 days in 2022 to 60 days in 2023 (p=0.005). One fifth (20%) of the sample reported recent use of GHB (16% in 2022).

Drug-Related Harms and Other Behaviours

- In 2023, 69% of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).
- Twenty-three per cent reported overdosing on any drug in the preceding year, with most reporting a non-fatal opioid overdose (17%).
- Most (90%) participants reported awareness of naloxone take-home programs, with 68% having been trained in naloxone administration in their lifetime. Seventy-one per cent of the sample who had heard about naloxone training programs reported having ever accessed naloxone, with 53% having done so in the past year. Thirty-five per cent of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime (33% in 2022).
- In 2023, few participants (n≤5) reported receptive sharing of a needle or syringe, while 4% reported distributive sharing of a needle or syringe in the past month. Thirty-four per cent of the sample reported that they had re-used their own needles in the past month.
- Seventeen per cent reported experiencing injection-related problems in the past month, most commonly any thrombosis (6%), followed by an infection/abscess (5%).
- Fifty-three per cent of participants reported receiving any drug treatment in 2023, similar to 2022 (43%), with significantly more participants reporting current buprenorphine depot

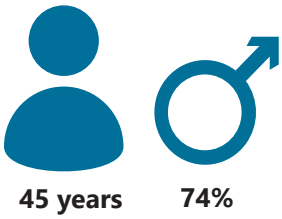
injection treatment in 2023 (15%; 4% in 2022; $p<0.001$).

- The median opioid Severity of Dependence (SDS) scale score was five (range: 0–15), with 56% scoring five or above, indicating possible dependence. The median methamphetamine SDS score was three (range: 0–15), with 43% scoring four or above, indicating possible dependence.
- Sixty-four per cent of the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year and 64% reported receiving an RNA test in the past year. Fourteen per cent of the sample reported that they had received HCV treatment in the past year, while 7% reported a current HCV infection.
- Self-reported mental health problems remained stable in 2022 (55%; 54% in 2022), with anxiety being the most commonly reported problem (60%), followed by depression (49%) and post-traumatic stress disorder (20%). Three-fifths (59%) reported high/very high psychological distress.
- Most (89%) participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, and 73% of the sample reported experiencing stigma in any setting in the six months preceding interview.
- In 2023, 91% of the Melbourne sample had been tested for SARS-CoV-2 in the past 12 months, with around one-quarter (23%) of participants having been diagnosed with the virus. At the time of interview, 84% reported that they had received at least one COVID-19 vaccine dose, with 81% having received two or more doses.
- Of those who had driven a motor vehicle recently ($n=52$), few ($n\leq5$) reported driving while over the perceived legal blood alcohol concentration, and 63% reported driving within three hours of consuming an illicit or non-prescribed drug, both similar to 2022 (16% and 77%, respectively).
- Eleven per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year.
- Approximately half (47%) of participants reported engaging in 'any' crime in the past month in 2023, similar to 48% in 2022, with 26% having been arrested in the past year (33% in 2023).

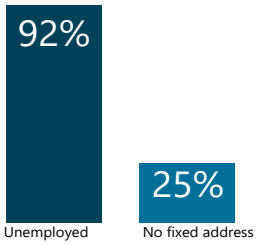
IDRS Illicit Drug Reporting System

2023 SAMPLE CHARACTERISTICS

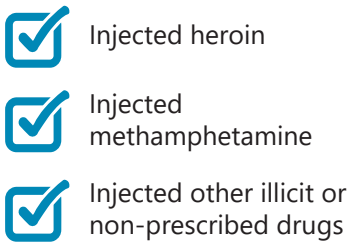
In 2023, 150 participants, recruited from Melbourne, VIC were interviewed.



The median age in 2023 was 45, and 74% identified as male.

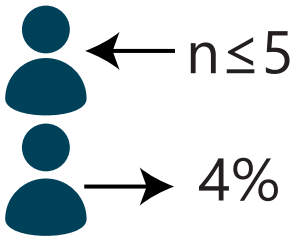


In the 2023 sample, 92% were unemployed and 25% had no fixed address.

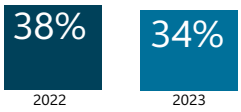


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

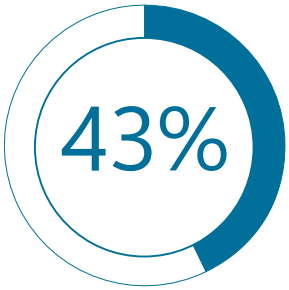
INJECTING RELATED RISKS AND HARMS



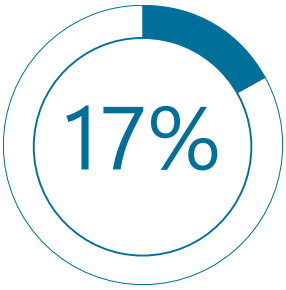
In 2023, few participants (n≤5) reported receptive sharing in the past month and 4% reported distributive sharing.



One third (34%) of participants reported re-using their own needles in the past month, stable from 2022 (38%).

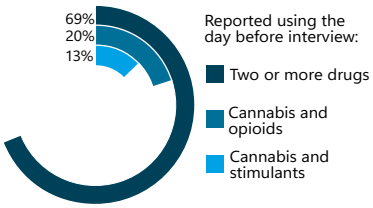


43% of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (34%).

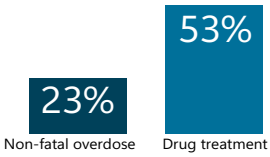


17% of participants reported having an injection-related health issue in the past month, stable from 2022 (19%).

OTHER HARMS AND HELP-SEEKING

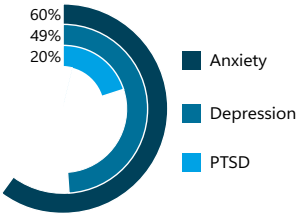


The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.



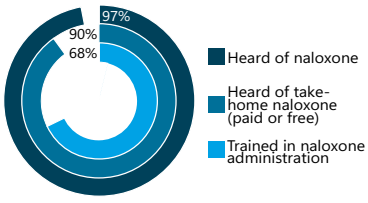
Past year non-fatal overdose (23%) and current drug treatment (53%) remained stable in 2023 relative to 2022.

In 2023, 55% of participants reported a mental health problem in the 6 months preceding interview, and 28% had seen a mental health professional.



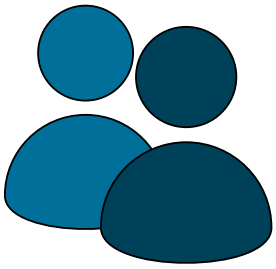
Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and PTSD.

NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone remained high and stable in 2023 relative to 2022, whereas there was a significant increase in knowledge of take-home naloxone and participants reporting having ever been trained in naloxone administration.

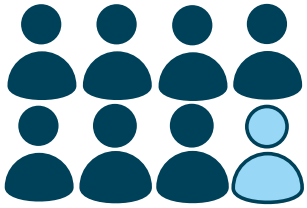
in 2023, one third (35%) of the sample reported ever using naloxone to resuscitate someone who had over-dosed, with one in five (20%) having done so in the past year.



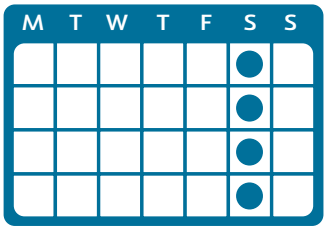
Half (49%) of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

In 2023, 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.

HEROIN



Past 6 month use of heroin was reported by 87% of the 2023 sample, stable relative to 2022 (78%).

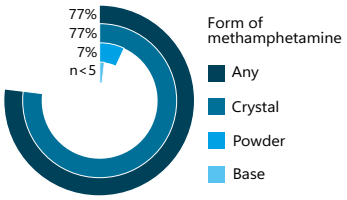


Of those who had recently consumed heroin, 78% reported weekly or more frequent use, stable from 2022 (79%).

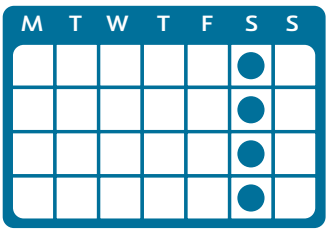
The median reported price for a point of heroin was $50 in 2023, stable compared to $50 in 2022.

Of those who could comment, 96% perceived heroin to be 'easy' or 'very easy' to obtain, stable relative to 2022 (92%).

METHAMPHETAMINE

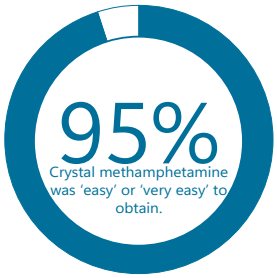


Past 6 month use of any methamphetamine, crystal, powder and base remained stable between 2022 and 2023.



Of those who had recently used any form of methamphetamine, 61% reported weekly or more frequent use, stable from 2022 (60%).

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



Of those who could comment, 95% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (92% in 2022).

OTHER DRUGS

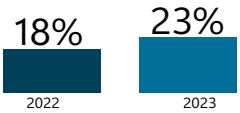
Non-prescribed morphine

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

Non-prescribed fentanyl

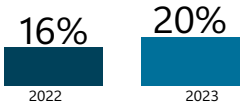
Past 6 month use of non-prescribed fentanyl remained stable between 2022 and 2023.

Non-prescribed pregabalin



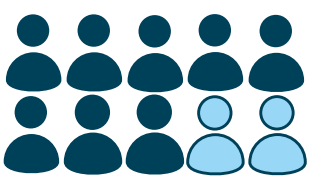
Past 6 month use of non-prescribed pregabalin remained stable between 2022 and 2023.

GHB/GBL/1,4-BD

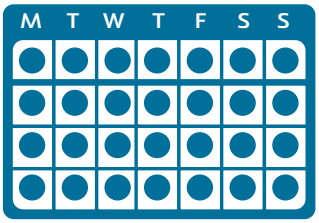


Past 6 month use of GHB/GBL/1,4-BD remained stable between 2022 and 2023.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

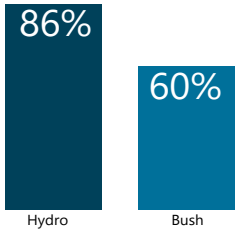


Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (79%) relative to 2022 (82%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, 53% reported daily use, stable from 2022 (46%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, all (100%) had smoked it.



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

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected psychoactive non-prescribed or illicit drugs at least six times during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and in the latter years were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2023: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

From 2021 onwards, a hybrid approach was used whereby interviews were conducted face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants

reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (May-July, 2023), with 150 participants recruited from Melbourne, VIC between 1st June and 30th June, 2023. All interviews in Melbourne were conducted face-to-face in 2023.

Five per cent of the 2023 Melbourne sample completed the interview in 2022, a significant decrease from 2022, when 13% of the sample had completed the interview in 2021 (p=0.015). In 2023, there was a significant change in recruitment methods (p<0.001), with more participants being recruited via word of mouth (60%; 53% in 2022), and more via NSPs (36%; 33% in 2022).

Routinely Collected Data

Three 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 2021/22 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 2022 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 were formerly collected via the Alcohol and Drug Information System (ADIS), now called the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2021/22 financial year, 65,799 courses of treatment were delivered to 29,971 clients, compared to 58,219 courses of treatment delivered to 26,112 clients in the 2020/21 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 2022.

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 2022 and 2023. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding the interview.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Melbourne, VIC, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Melbourne, VIC (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2023, must be taken into consideration when comparing COVID-19 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

The gender distribution of the sample in 2023 (74% male) was comparable to 2022 (66%; p=0.068). The median age of the sample was 45 years (IQR=40–51; 45 years in 2022; IQR=39–52; p=0.913) (Table 1).

In 2023, employment status reported by the sample was comparable to 2022 (p=0.347), with 92% being unemployed at the time of interview (90% in 2022), and 94% reporting receiving a government pension, allowance, or benefit in the past month (91% in 2022; p=0.501). The proportion reporting a post-school qualification remained stable in 2023 (53%; 56% in 2022; p=0.643). Participants reported a median weekly income of $407 (IQR=346–500) in 2023, a figure similar to that reported in 2022 ($400; IQR=308–500; p=0.440). Accommodation status of participants in 2023 was similar to 2022, with 56% reporting residing in a private house or flat (63% in 2022; p=0.601).

Results for reported drug of choice were similar in 2023 and 2022 (p=0.888), with 57% reporting heroin as their drug of choice (55% in 2022), and 30% reporting methamphetamine (32% in 2022) (Figure 1). Similarly, the percentages for 'drug injected most often in the past month' were comparable in 2023 and 2022 (p=0.374); most participants indicated heroin (60%; 62% in 2022), followed by methamphetamine (39%; 36% in 2022) (Figure 2).

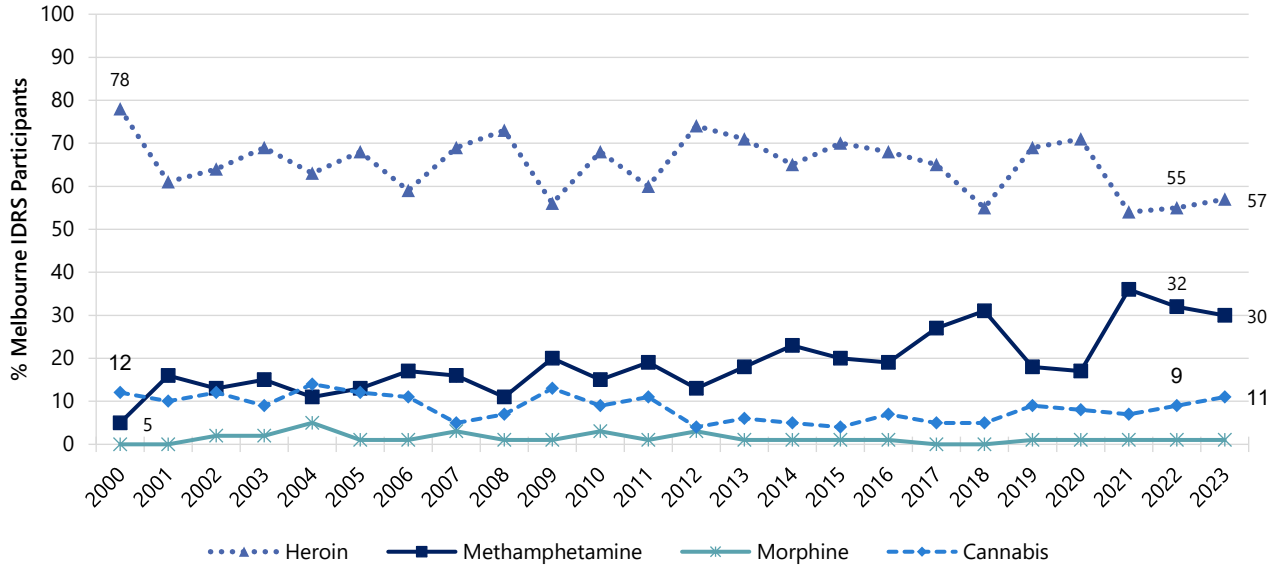
In 2023, reported weekly or more frequent consumption of heroin (67%; 61% in 2022; p=0.338), methamphetamine (47%; 45% in 2022; p=0.905), and cannabis (67%; 68% in 2022) were similar to 2022 (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Melbourne, VIC, 2016-2023

	Melbourne, VIC								National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N=174)	(N=152)	(N=150)	(N=148)	(N=179)	(N=148)	(N=151)	(N=150)	(N=820)
Median age (years; IQR)	41 (35–47)	42 (36–48)	42 (37–47)	42 (38–48)	43 (38–49)	43 (38–50)	45 (39–52)	**45 (40–51)**	45 (39–52)
% Gender									
Female	29	26	31	31	41	28	34	**25**	31
Male	71	74	69	69	59	72	66	**74**	68
Non-binary	0	0	0	0	0	0	0	**-**	-
% Aboriginal and/or Torres Strait Islander	10	20	15	24	9	26	25	**25**	26
% Sexual identity									
Heterosexual	91	85	90	90	88	83	86	**89**	85
Homosexual	-	-	**-**	-	4	6	5	**-**	4
Bisexual	7	-	9	5	7	10	8	**9**	10
Queer	/	/	/	/	-	-	-	**0**	10
Other	-	-	**-**	-	0	0	-	**-**	1
Mean years of school education (range)	10 (5–12)	10 (6–12)	9 (1–12)	10 (1–12)	10 (2–12)	10 (5–12)	10 (1–12)	**10 (0–12)**	10 (0–12)
% Post-school qualification(s) ^	44	41	50	37	58	42	56	**53**	61
% Current accommodation									
Own home *(inc. renting)~*	61	49	45	55	59	44	63	**56**	65
Parents'/family home	10	10	6	7	5	7	-	**6**	6
Boarding house/hostel	5	12	11	7	18	14	7	**9**	5
Shelter/refuge	-	-	-	-	3	-	-	**-**	3
No fixed address	15	22	31	27	12	24	22	**25**	19
Other	-	-	**-**	-	3	9	4	**-**	1
% Current employment status									
Unemployed	89	89	94	90	92	96	90	**92**	86
Full-time work	-	-	0	-	-	-	-	**-**	3
% Past month gov't pension, allowance or benefit	91	95	94	91	97	96	91	**94**	93
Current median income/week ($; IQR)	400 (274–480)	392 (275–482)	400 (275–450)	400 (275–500)	533 (450–550)	378 (300–450)	400 (308–500)	**407 (346–500)**	400 (335–500)

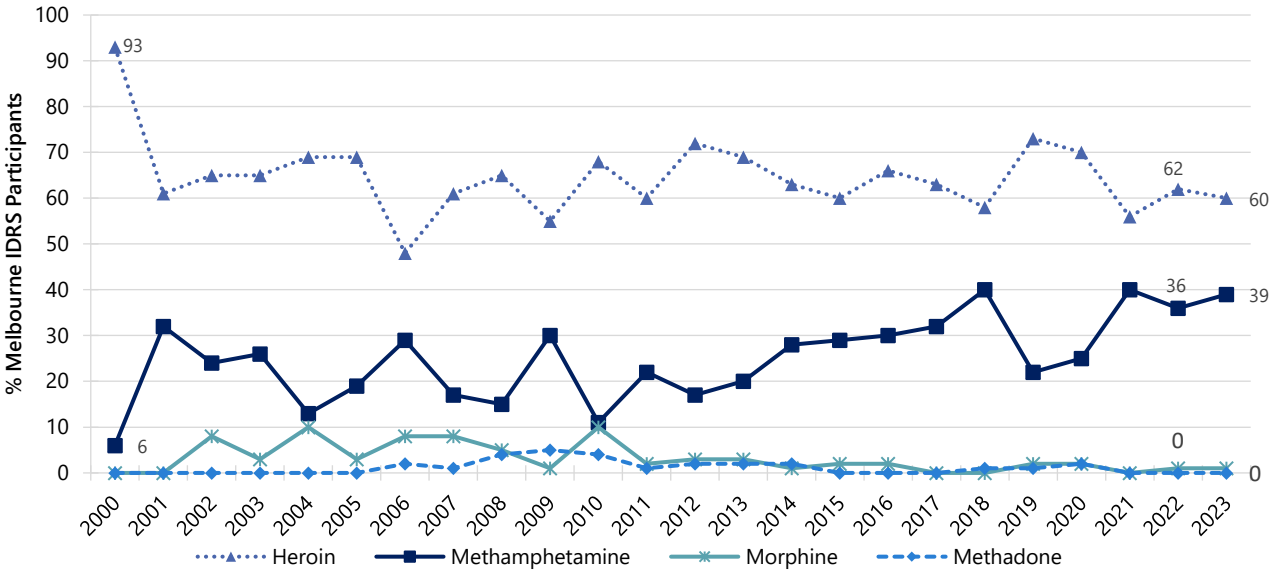
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. – Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Melbourne sample presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Melbourne, VIC, 2000-2023



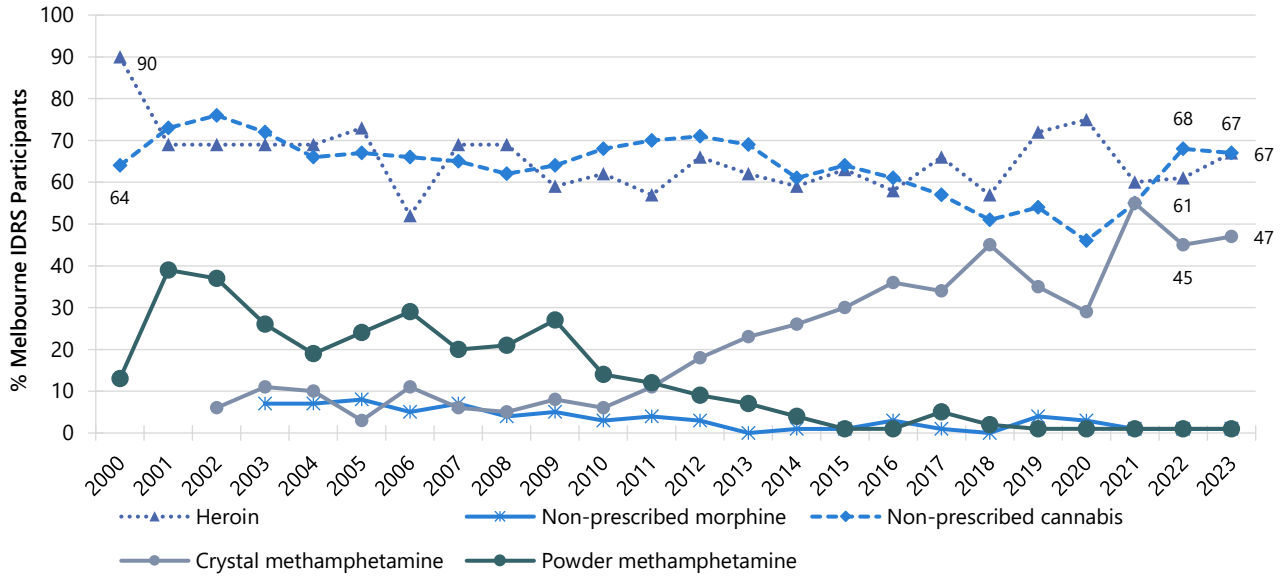
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

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



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 37%, 56%, 3%, 1% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

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



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2003) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 61%, 56%, 42%, 60%, and 5% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Eighty-seven per cent of the Melbourne sample reported recent use of any heroin in 2023, similar to 2022 (78%; p=0.072) (Figure 4).

Frequency of Use

Frequency of reported heroin use has fluctuated over the course of monitoring. In 2023, participants who reported recent use and commented (n=130) reported using heroin on a median of 72 days (IQR=24–180) in the past six months, stable from 2022 (72 days; IQR=24–180; n=117; p=0.561) (Figure 4). Of participants who reported using heroin, almost four-fifths (78%) reported weekly or more frequent use (79% in 2022; p=0.875), while 30% reported daily use (32% in 2022; p=0.683).

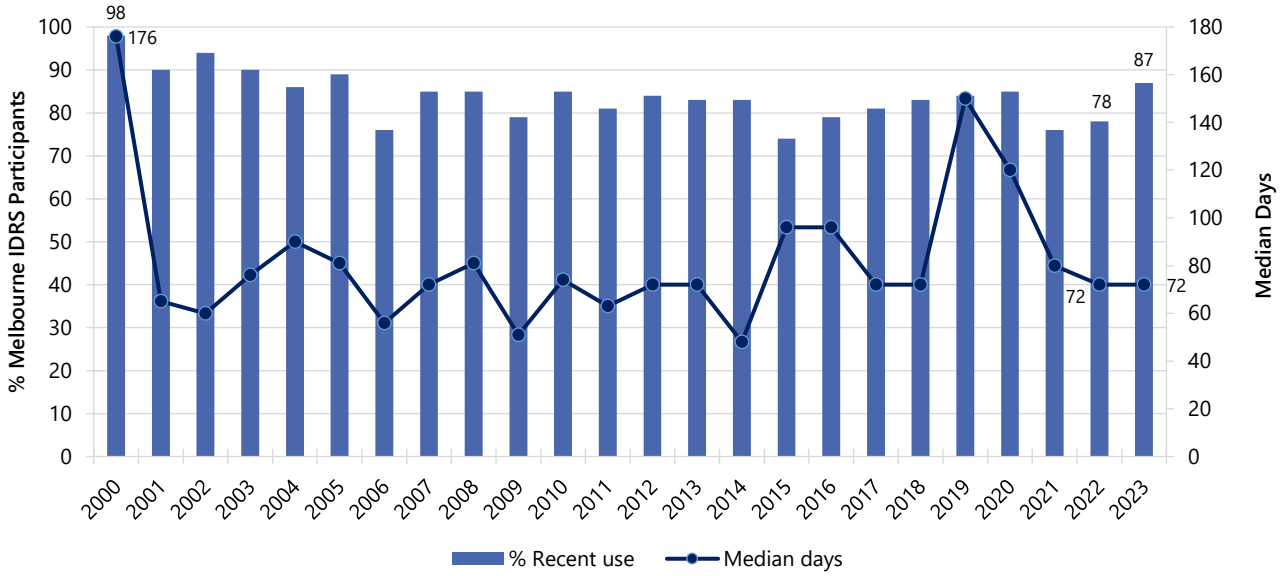
Routes of Administration

Among those who had recently consumed heroin and commented (n=130), injection remained the most commonly reported route of administration (99%; 100% in 2022). Participants who reported injection reported doing so on a median of 72 days (IQR=24–180) in the past six months, stable compared to 2022 (72 days; IQR=24–180; p=0.598). Six per cent of participants reported smoking heroin (n≤5 in 2022; p=0.106).

Quantity

Of those who reported recent use and responded (n=126), the median amount of heroin reportedly used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10–0.30) in 2023, a significant decrease from 0.30 grams in 2022 (IQR=0.10–0.50; n=112; p=0.003). Of those who reported recent use and responded (n=124), the median maximum amount of heroin used per day in the past six months was 0.40 grams (IQR=0.20–1.00) in 2023, a significant decrease from 0.70 grams in 2022; IQR=0.30–1.70; n=107; p=0.008).

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 120 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2023, the median price of one point (0.10 of a gram) of heroin reported by participants was $50 (IQR=50–100; n=62; $50 in 2022; IQR=48–70; n=44; p=0.016) (Figure 5). The reported median price of a gram of heroin in 2023 was $250 (IQR=180–475; n=7), similar to 2022 ($250; IQR=250–500; n=12; p=0.796). Due to few participants reporting on the price of a cap (n≤5), further details have been suppressed (n≤5 in 2022; p=0.270). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

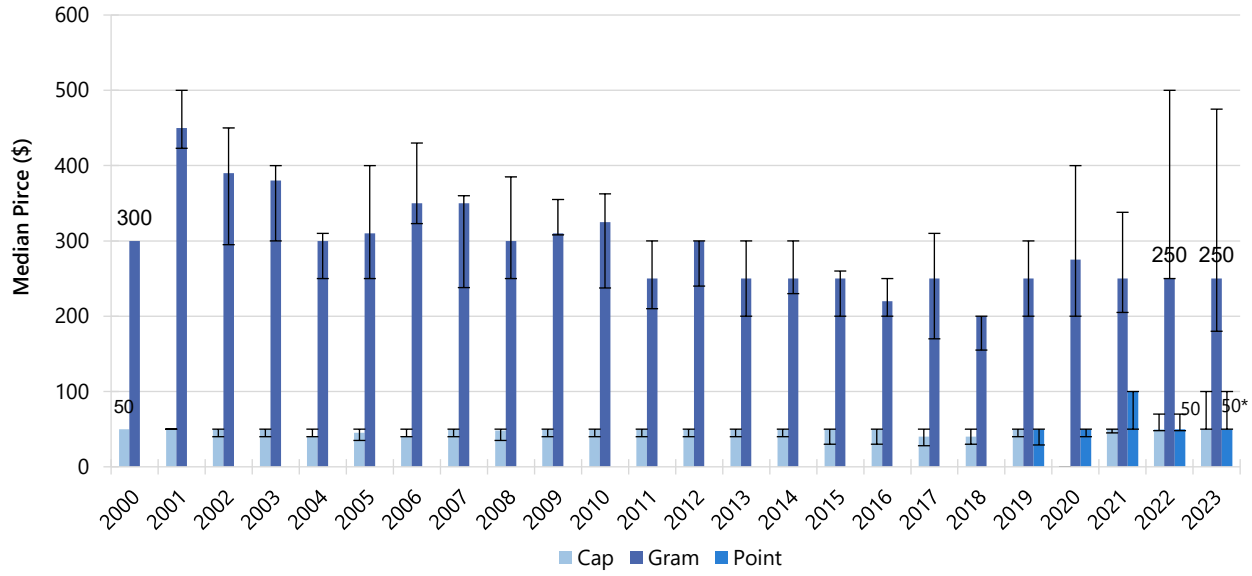
Perceived Purity

The perceived purity of heroin remained stable between 2022 and 2023 (p=0.323) (Figure 6). Among those who were able to comment in 2023 (n=122), the most common perception was that current heroin purity was 'high' (30%; 26% in 2022), with a further 29% reporting purity to be 'medium' (22% in 2022).

Perceived Availability

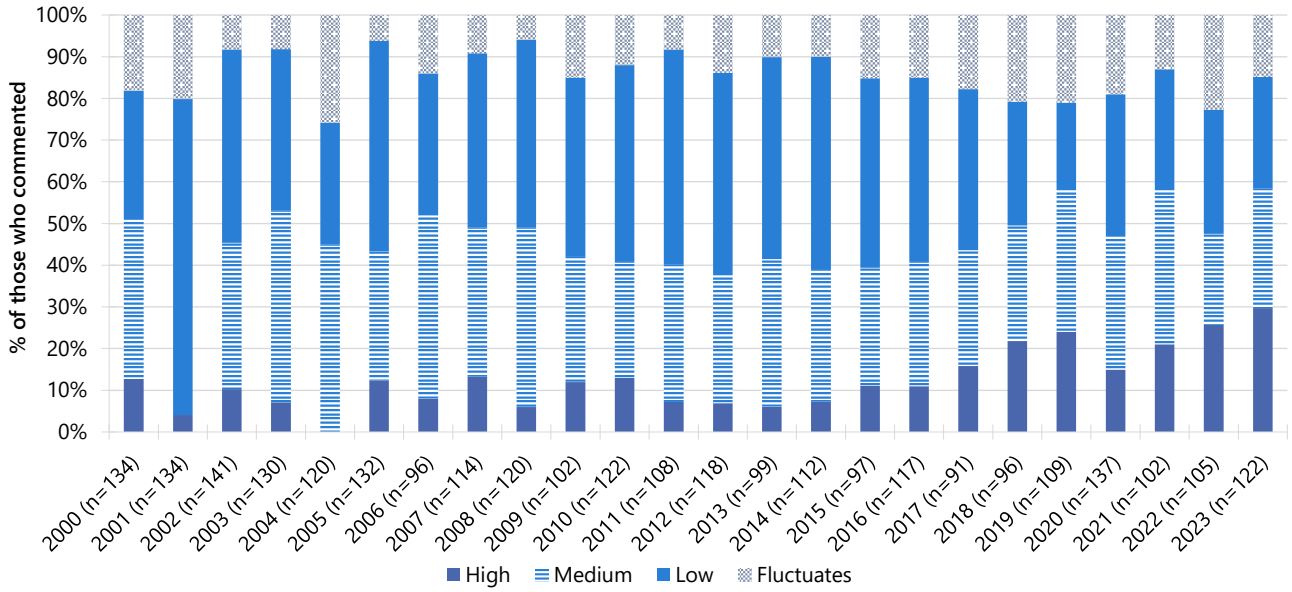
The perceived availability of heroin was similar in 2022 and 2023 (p=0.171). Among those who were able to comment in 2023 (n=126), three-fifths (62%) perceived heroin to be 'very easy' to obtain (50% in 2022), while 34% perceived it to be 'easy' to obtain (42% in 2022) (Figure 7).

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



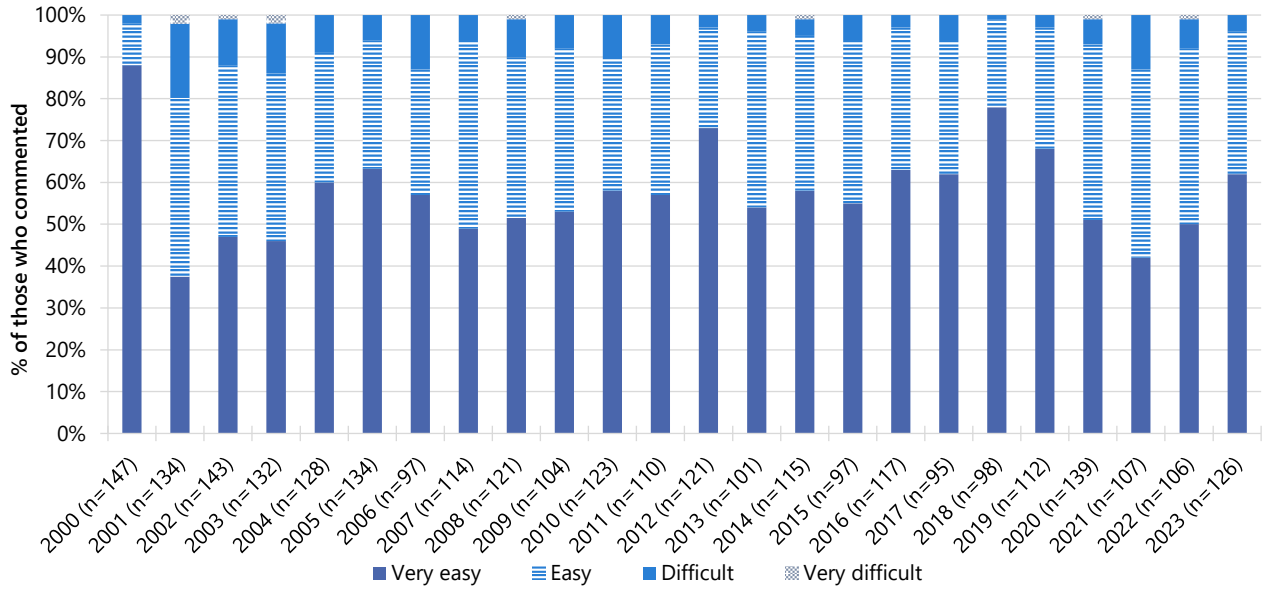
Note. Among those who commented. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first (2000/2019) and two most recent years (2022 and 2023) 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. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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



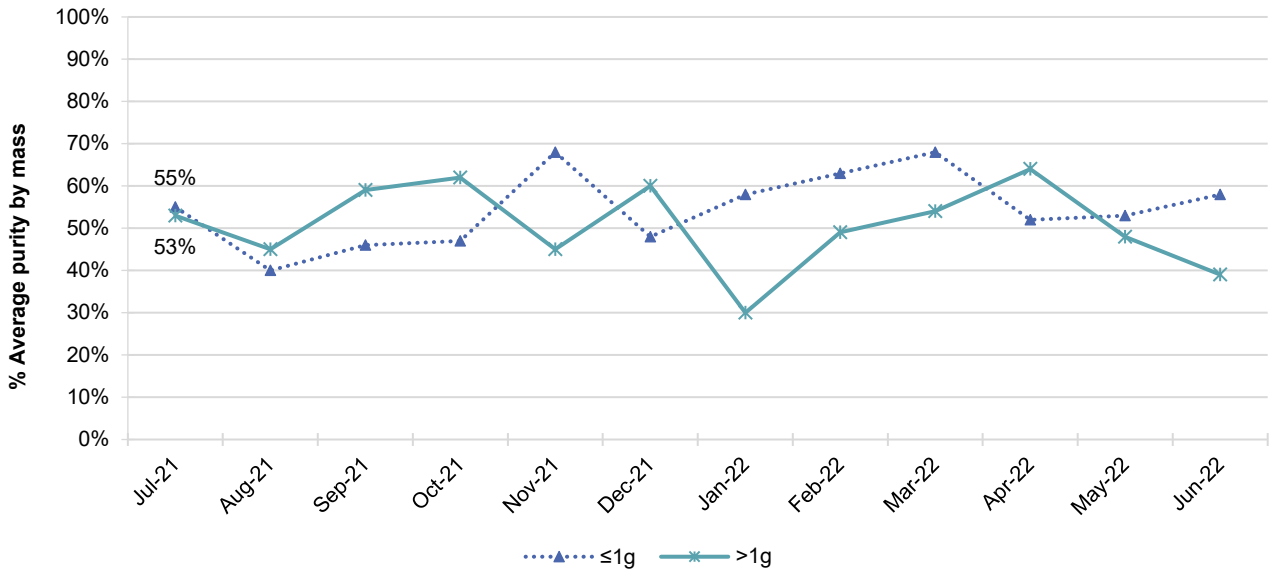
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Routinely Collected Data

Victoria Police Seizure Purity

Heroin seizures analysed by the Victoria Police Forensic Services Department during the 2021/22 financial year averaged 55% purity in those weighing one gram or less (IQR=47%–54%, range=40%–68%) and 51% in those weighing over one gram (IQR=45%–51%, range=30%–64%) (Figure 8).

Figure 8: Purity of heroin seizures by Victorian law enforcement, July 2021–June 2022

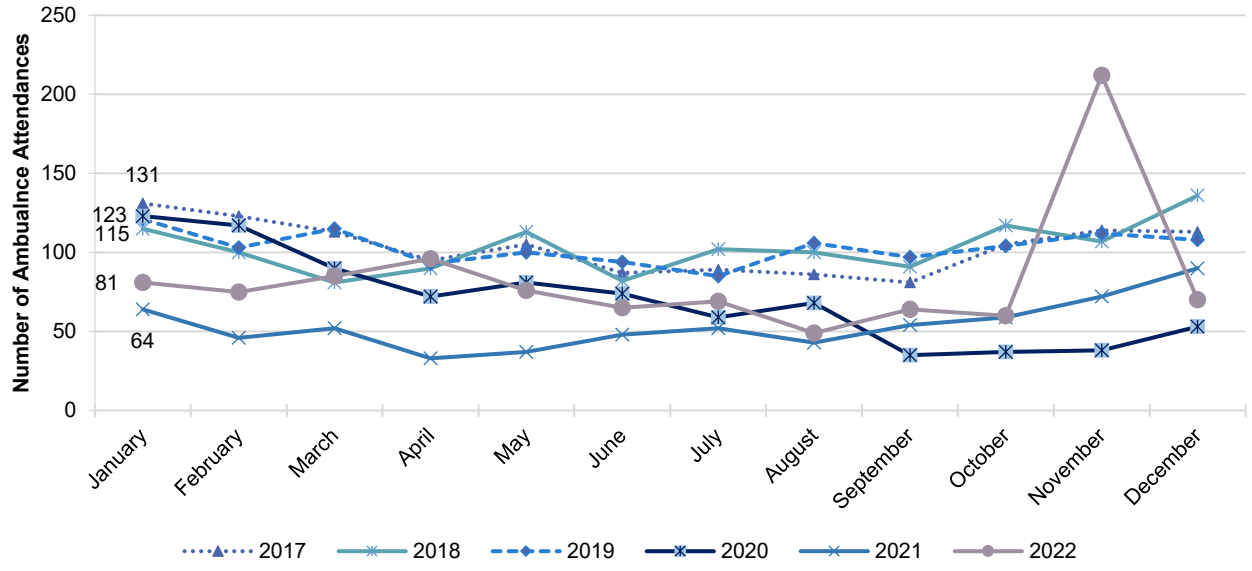


Note. Includes all forms of heroin seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-21) month of monitoring. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

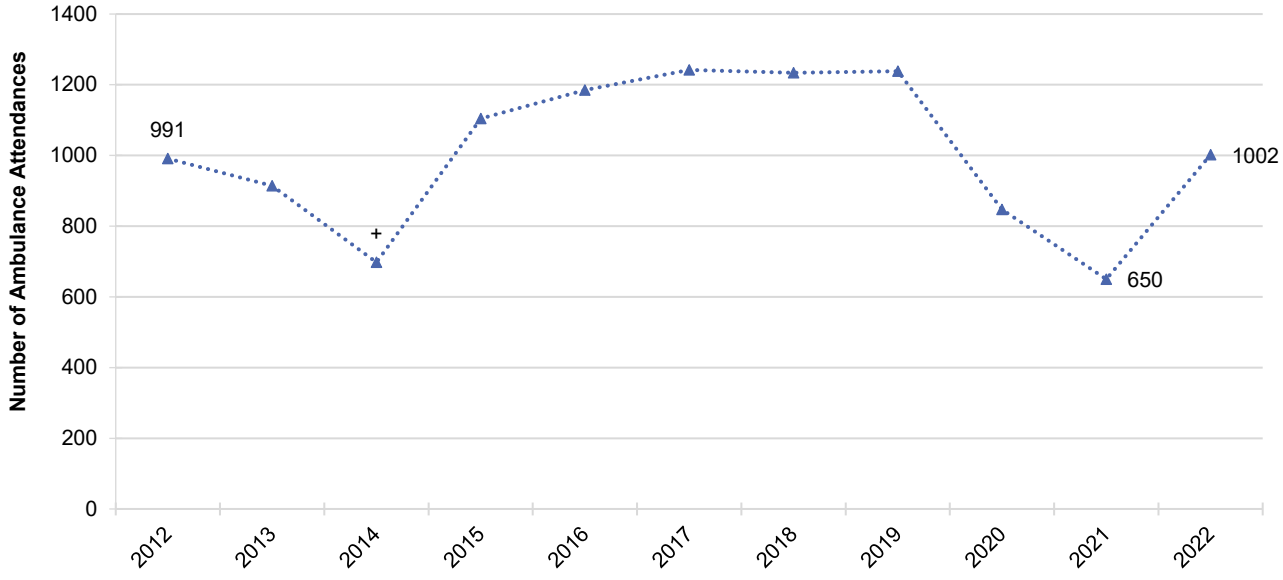
The number of heroin-related ambulance attendances in metropolitan Melbourne ranged between 33 and 212 per month from 2017 to 2022 (Figure 9). The annual number of heroin-related attendances rose from 650 in 2021 to 1002 in 2022 (Figure 10). The median age of patients in 2022 was 43 years (range 36–50), consistent with previous years.

Figure 9: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2022



Note. Data labels are only provided for the first (January) month of monitoring. Source: Turning Point.

Figure 10: Annual number of heroin-related events attended by Ambulance Victoria, Melbourne, 2012–2022



Note. Data labels are only provided for the first (2012) and two most recent years (2021 and 2022) of monitoring. + = Data missing from October-December 2014 due to industrial action. Source: Turning Point.

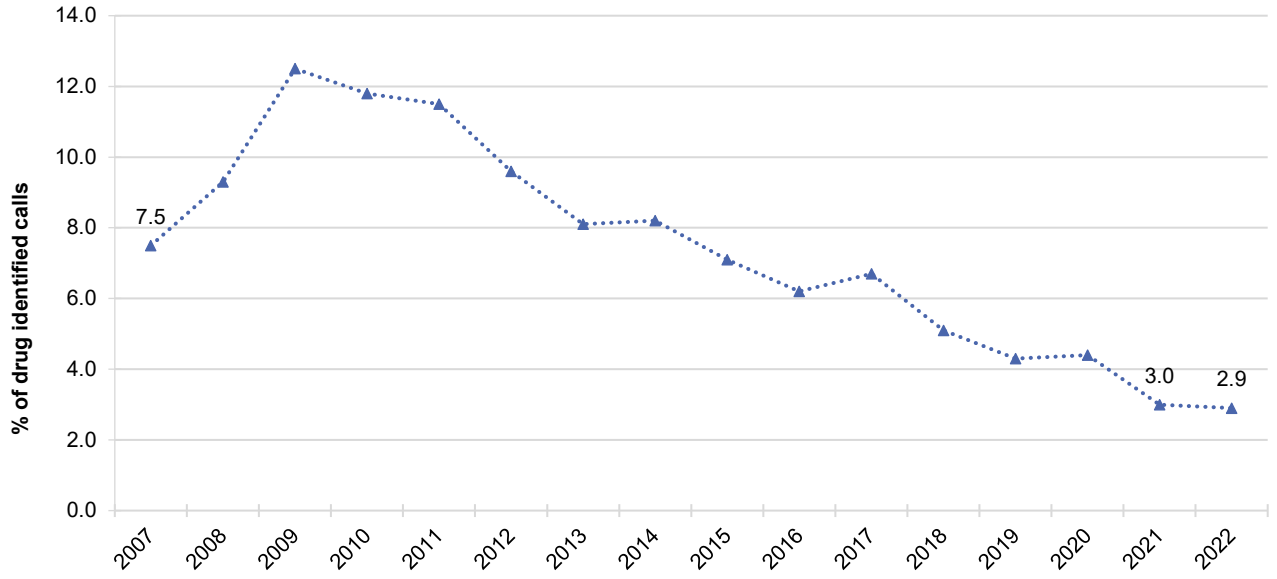
ADIS\VADC

In 2021/22, 3,054 courses of treatment were delivered to 1,630 clients for heroin, equivalent to 4.6% and 4.1% of the total courses delivered and clients treated, respectively. This represents a decrease of 0.2% and 7.2% from courses delivered and clients treated in 2020/21 (3,061 and 1,520, respectively).

DirectLine

In 2022, DirectLine received 432 calls in which heroin was identified as the drug of concern, representing 2.9% of all drug-identified calls in that year. The percentage of drug-related calls with heroin identified as the drug of concern has declined steadily since 2009 (Figure 11).

Figure 11: Percentage of calls to DirectLine in which heroin was identified as drug of concern, Victoria 2007–2022



Note. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring. Source: DirectLine, Turning Point.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2023, three-quarters (77%) of the Melbourne sample reported recent use of any methamphetamine (powder, base and crystal), a figure similar to that found in 2022 (75%; p=0.888) (Figure 12).

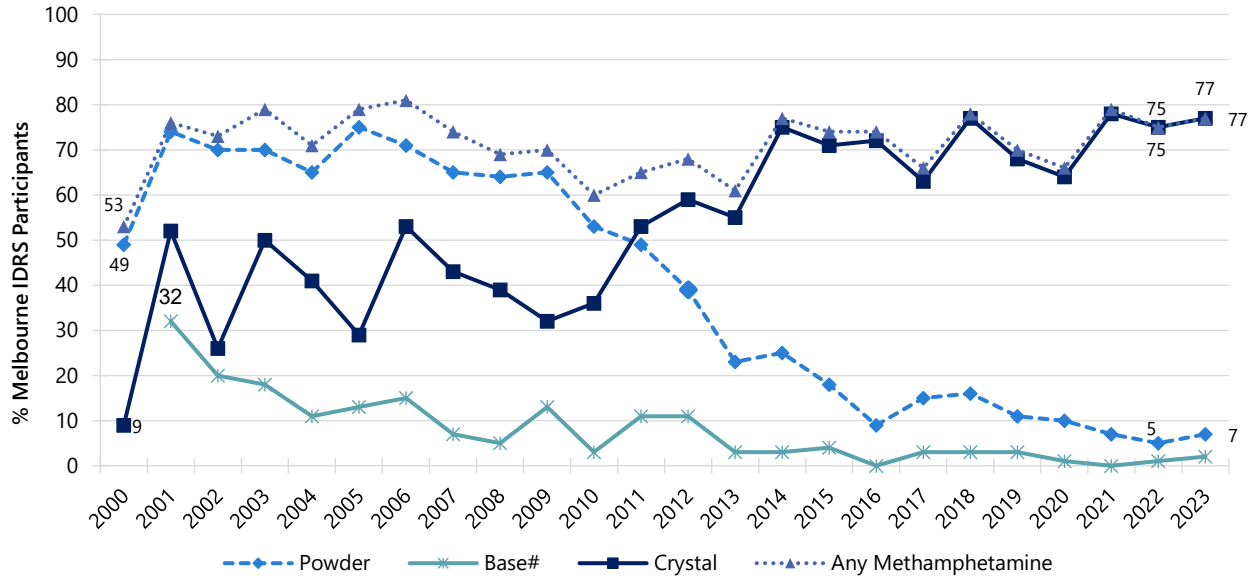
Frequency of Use

Among participants who reported any recent methamphetamine consumption in 2023 (n=115), median reported frequency of use remained stable at 48 days (IQR=6–160) in the past six months (36 days in 2022; IQR=7–90; n=113; p=0.426) (Figure 13). The per cent reporting weekly or more frequent use (61%) was similar to 2022 (60%), while the prevalence of reported daily use of methamphetamine (19%) was also similar to 2022 (15%; p=0.485).

Forms Used

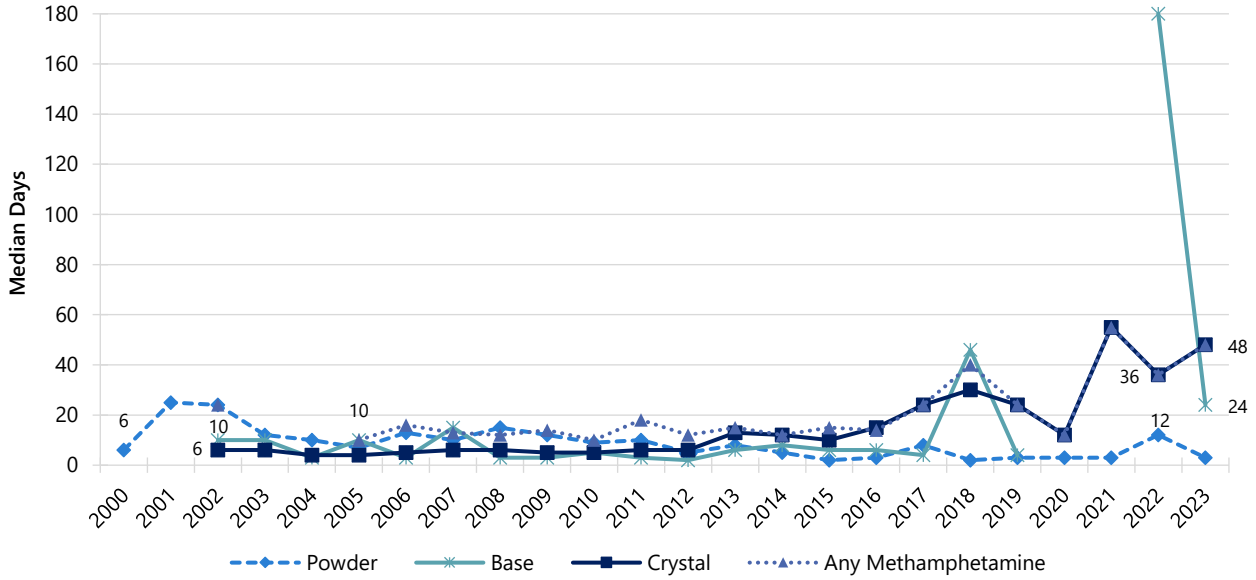
There has been a decrease over time in the use of powder and base forms of methamphetamine and an increase in use of crystal methamphetamine among IDRS samples (Figure 12). Of participants who had used methamphetamine in the six months preceding the interview in 2023 (n=115), all participants reported recent use of crystal methamphetamine (100%; 100% in 2022), whilst 10% reported using powder (6% in 2022; p=0.455). Small numbers (n≤5) reported using base methamphetamine in 2023 (n≤5 in 2022; p=0.622).

Figure 12: Past six month use of any methamphetamine, powder, base, and crystal, Melbourne, VIC, 2000-2023



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid methamphetamine not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Frequency of use of any methamphetamine, powder, base, and crystal, Melbourne, VIC, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. 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. No participants reported on frequency of use for base in 2021. Data labels are only provided for the first (2000/2002/2005) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Seven per cent of participants reported recent use of powder methamphetamine in 2023, similar to 2022 (5%; *p*=0.339) (Figure 12).

Frequency of Use: Of those who reported recent consumption of methamphetamine powder and commented (n=11), the median frequency of reported use was three days in the past six months (IQR=2–7; 12 days in 2022; IQR=3–16; n=7; *p*=0.361) (Figure 13).

Routes of Administration: Among participants who reported recent consumption of methamphetamine powder and commented (n=11), most (91%) reported recent injection (100% in 2022) in the past six months. Participants who reported injecting powder reported doing so on a median of two days (IQR=1–6), similar to 2022 (9 days; IQR=3–13; *p*=0.255).

Quantity: Of those who reported recent methamphetamine powder use and commented (n=11), the median amount of powder reportedly used on an average day of consumption in the past six months was 0.30 grams (IQR=0.20–0.40; 0.30 grams in 2022; IQR=0.10–0.50; n=7; *p*=0.748). Of those who reported recent methamphetamine powder use and commented (n=11), the median maximum amount of powder used per day in the past six months was 0.50 grams (IQR=0.20–1.90; 0.50 grams in 2022; IQR=0.30–1.50; n=7; *p*=0.855).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base, therefore further details are not reported (n≤5 in 2022; *p*=0.371). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of methamphetamine crystal have been increasing since monitoring began, surpassing powder methamphetamine from 2011 and peaking at 78% in 2021. In 2023, three-quarters (77%) of the sample reported recent use of methamphetamine crystal, a similar figure to that observed in 2022 (75%; *p*=0.888) (Figure 12).

Frequency of Use: In 2023, of those who reported recent methamphetamine crystal use and commented (n=115), frequency of use remained stable at a median of 48 days in the past six months (IQR=6–147; 36 days in 2022; IQR=7–90; n=113; *p*=0.395) (Figure 13). Three-fifths (61%) of those who reported recent methamphetamine crystal use reported weekly or more frequent use (60% in 2022), with 19% reporting daily use (14% in 2022; *p*=0.373), both figures similar to 2022.

Routes of Administration: Among those who had recently consumed crystal and commented (n=115), most (95%) participants reported injecting the drug (96% in 2022; *p*=0.748) and doing so on a median of 48 days in the past six months in 2023 (IQR=7–120), stable from 2022 (24 days; IQR=7–90; *p*=0.212). Half (50%) reported smoking methamphetamine crystal in 2023, similar to 2022 (39%; *p*=0.152).

Quantity: Of those who reported recent methamphetamine crystal use and responded (n=112), the median amount of crystal used on an average day of consumption in the past six months was 0.10 grams (IQR=0.10–0.30; 0.10 grams in 2022; IQR=0.10–0.20; n=108; *p*=0.766). Of those who reported recent methamphetamine crystal use and responded

(n=111), the median maximum amount of crystal used per day in the past six months was 0.30 grams (IQR=0.10–0.60; 0.30 grams in 2022; IQR=0.10–0.50; n=106; *p*=0.977).

Price, Perceived Purity and Perceived Availability

Methamphetamine Crystal

Price: The median of the reported price of one point (0.10 of a gram) of methamphetamine crystal was $50 in 2023 (IQR=50–50; n=54; $50 in 2022; IQR=50–50; n=60; *p*=0.009) (Figure 14). Few (n≤5) participants reported on the price per gram of methamphetamine crystal in 2023, and therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

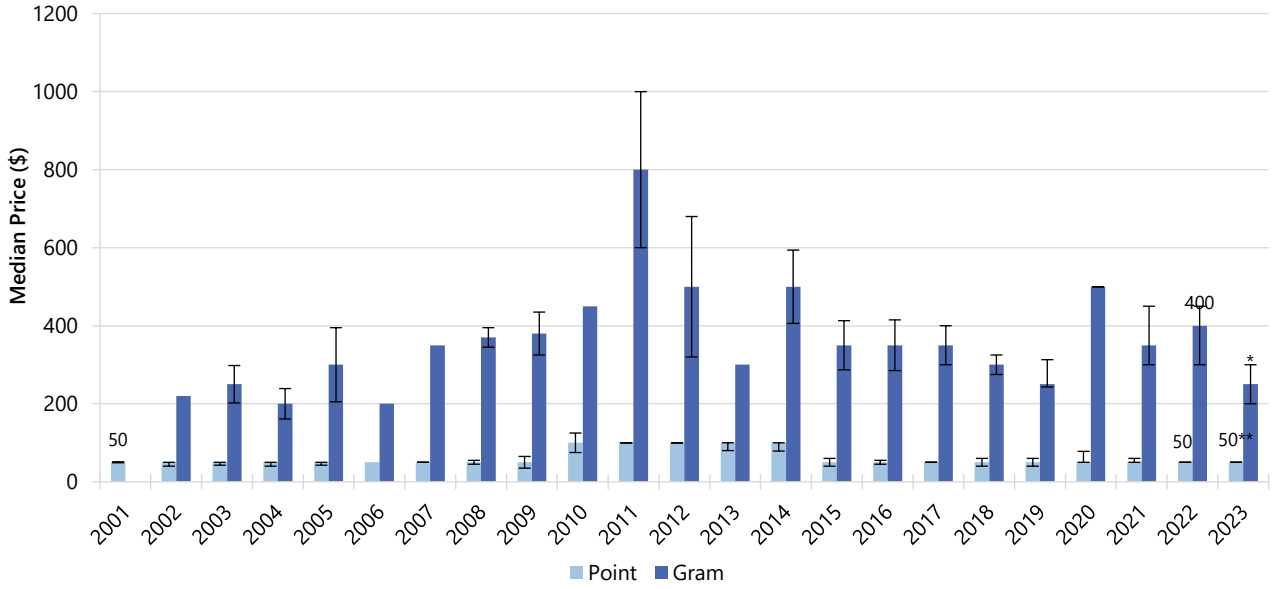
Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.590). Among those who were able to comment in 2023 (n=100), 36% reported that methamphetamine crystal was of 'medium' purity (31% in 2022), with a further 25% reporting purity to be 'low' (28% in 2022) and 22% reporting 'high' purity (28% in 2022). Seventeen per cent perceived the purity to be 'fluctuating' (12% in 2022) (Figure 15).

Perceived Availability: The perceived availability of methamphetamine crystal was similar in 2022 and 2023 (*p*=0.127). Among those who were able to comment in 2023 (n=102), 61% perceived crystal methamphetamine as being 'very easy' to obtain (47% in 2022), while 34% perceived crystal to be 'easy' to obtain (45% in 2022) (Figure 16).

Methamphetamine Powder and Base

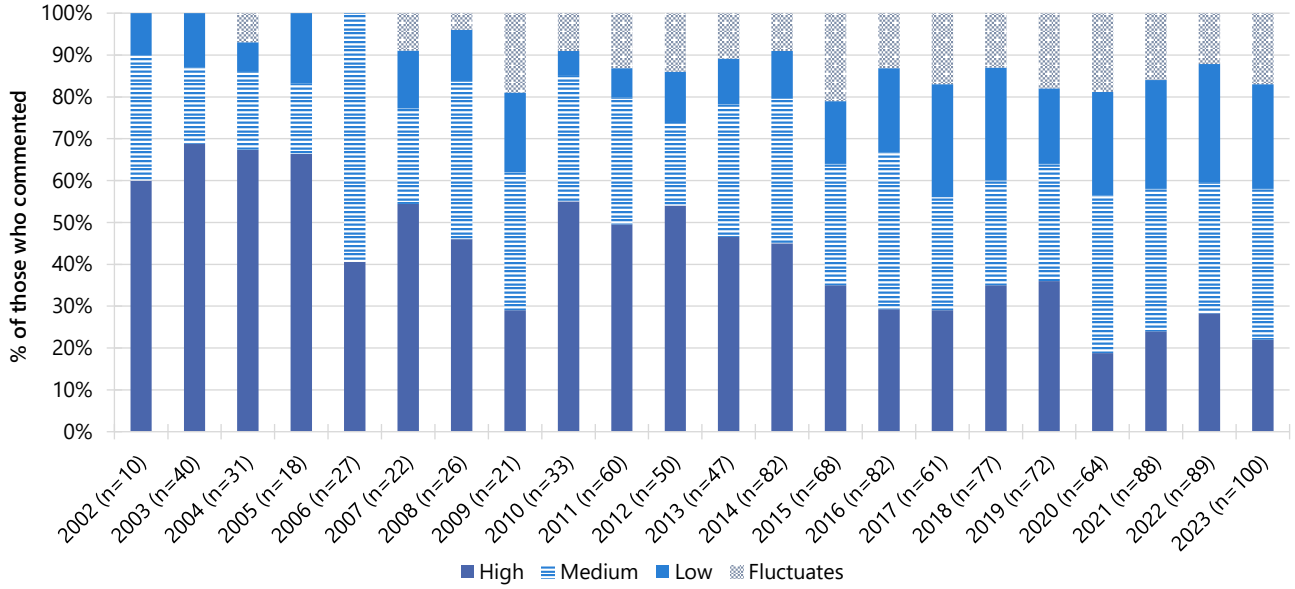
Due to low numbers (n≤5) reporting on the price, purity and availability of methamphetamine powder and/or base in 2023, further details are supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 14: Median price of methamphetamine crystal per point and gram, Melbourne, VIC, 2001-2023



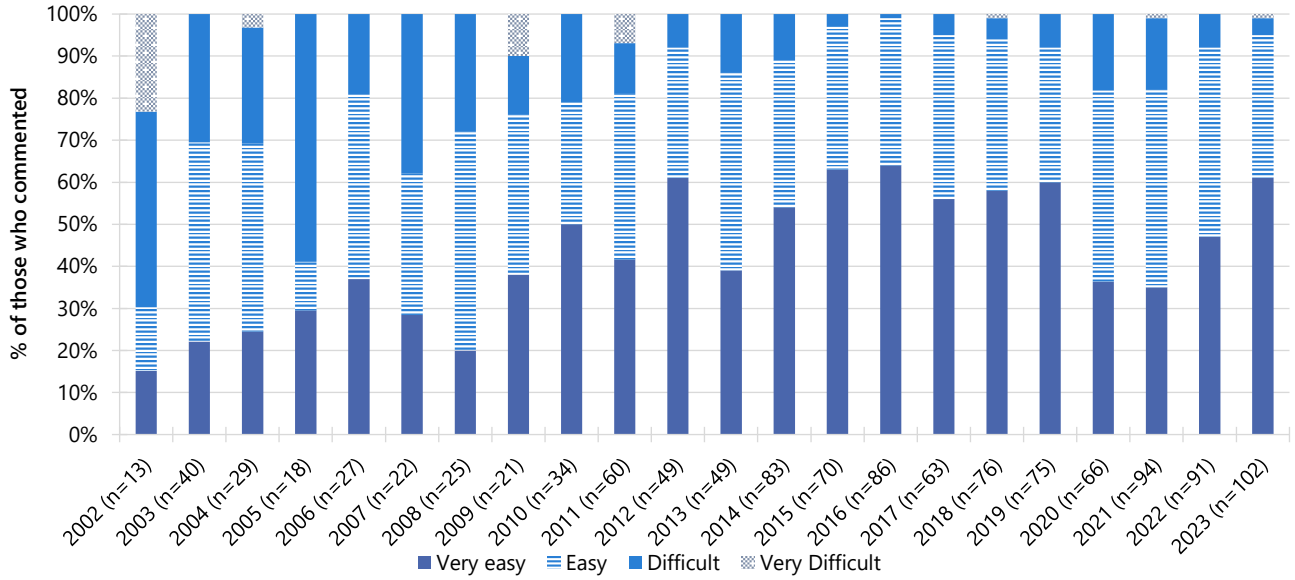
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2001, 2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived purity of methamphetamine crystal, Melbourne, VIC, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 16: Current perceived availability of methamphetamine crystal, Melbourne, VIC, 2002-2023



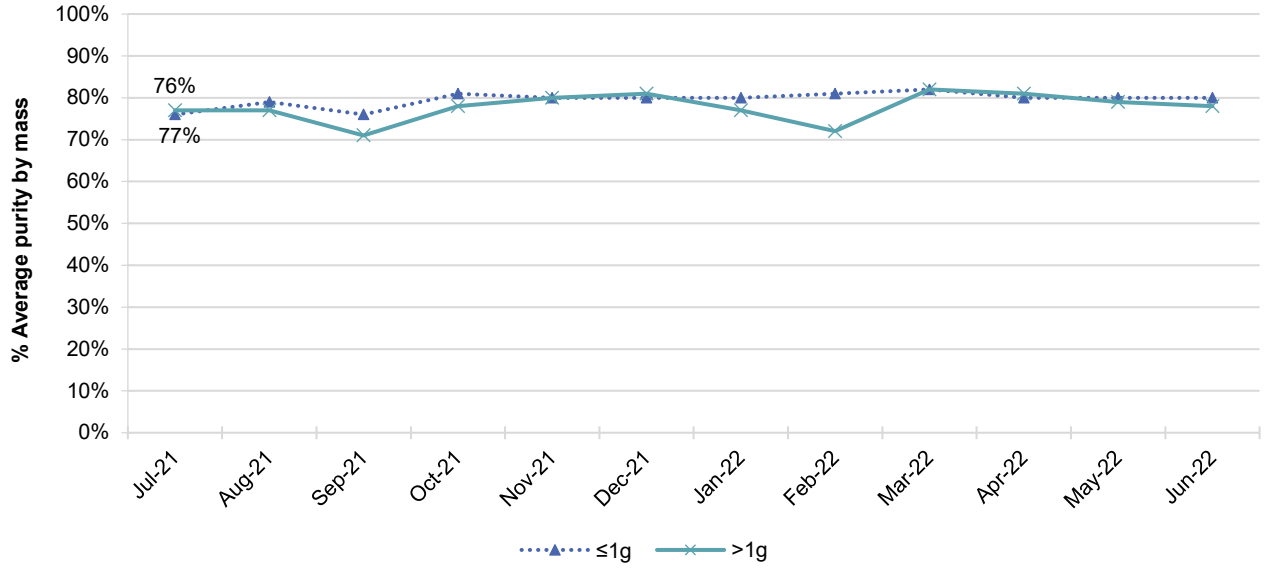
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2021/22 financial year averaged 80% purity in those weighing one gram or less (IQR=79%–80%, range=76%–82%) and 78% in those weighing over one gram (IQR=77%–78%, range=71%–82%) (Figure 17).

Figure 17: Purity of methamphetamine seizures by Victorian law enforcement, July 2021–June 2022

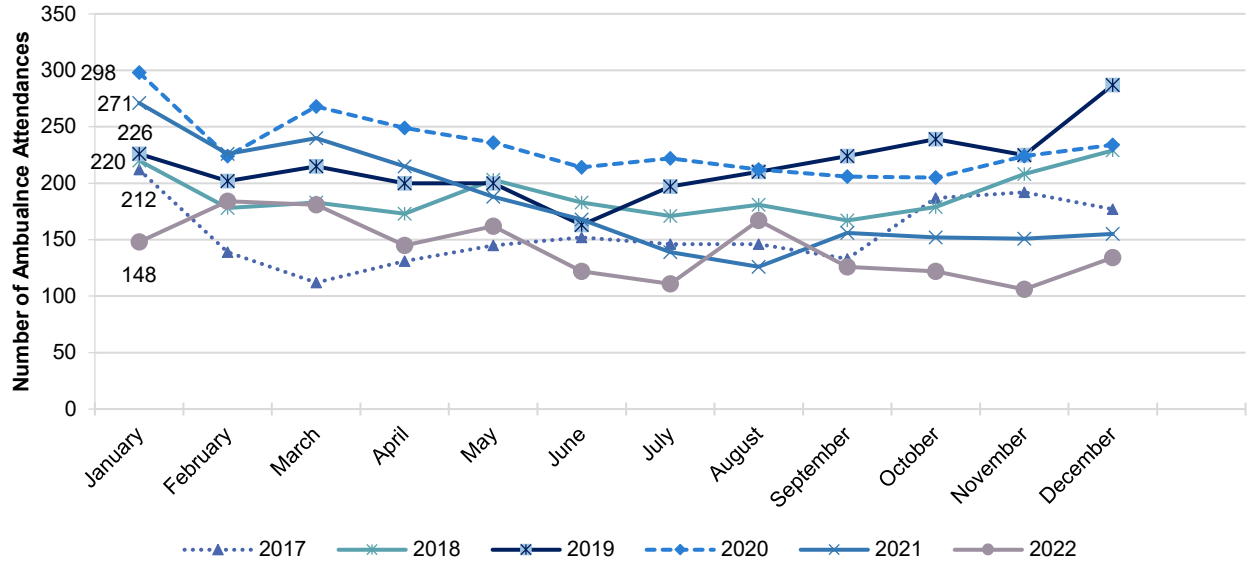


Note. Includes all forms (e.g., powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-21) and month of monitoring. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

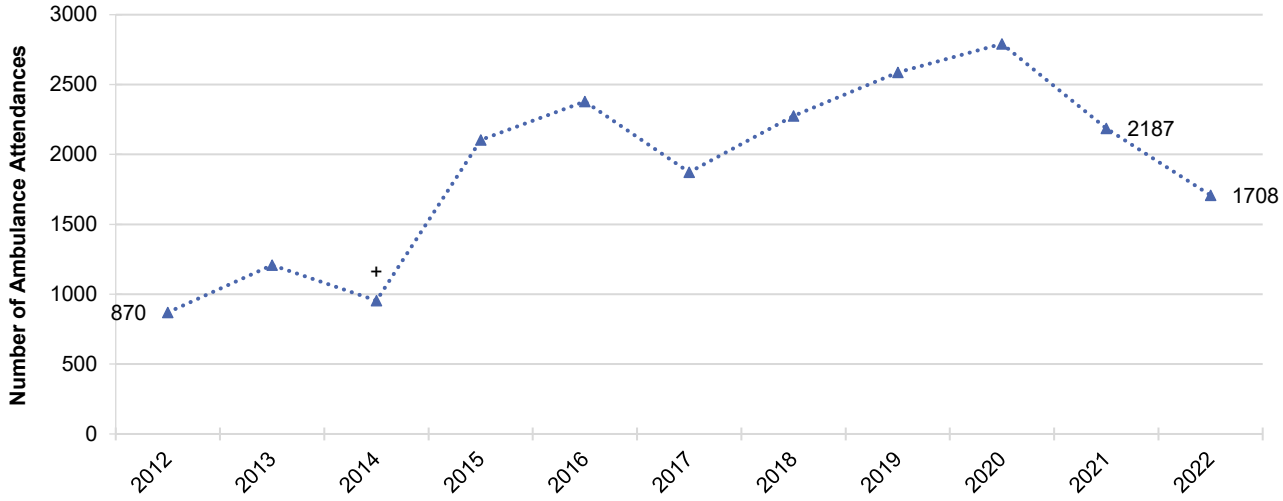
The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 106 and 298 per month during 2017–2022 (Figure 18). The annual number of methamphetamine-related attendances has risen steadily since 2012, when 870 attendances were recorded. In 2022 there were 1708 attendances, a reduction from 2021 (Figure 19). The median age of patients in 2022 was 33 years (range 26–41), consistent with recent years, though on an upward trend since 2012.

Figure 18: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2022



Note. Data labels are only provided for the first (January) month of monitoring. Source: Turning Point.

Figure 19: Annual number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2022



Note. Data labels are only provided for the first (2012) and two most recent years (2021 and 2022) of monitoring. + = Data missing from October–December due to industrial action. Source: Turning Point.

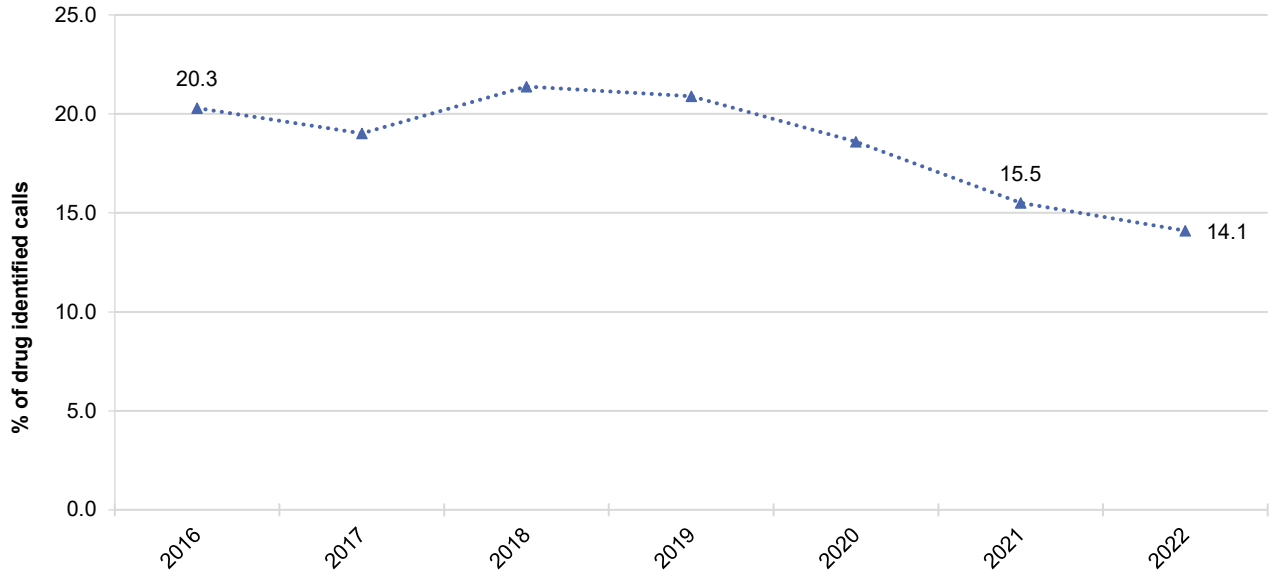
ADIS\VADC

In 2021/2022, 12,145 courses of treatment were delivered to 7,723 clients for methamphetamine, equivalent to 18.5% and 19.4% of the total courses delivered and clients treated, respectively. This represents an increase of 36.8% and 49.6% in courses delivered and clients treated from 2020/21 (8,878 and 5,162, respectively).

DirectLine

During 2022, DirectLine received 2,122 calls in which methamphetamine was identified as the drug of concern, representing 14.1% 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 decreased slowly since 2018 (Figure 20).

Figure 20: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2022



Note. Data labels are only provided for the first (2016) and two most recent years (2021 and 2022) of monitoring. Source: DirectLine, Turning Point.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 17% of the Melbourne sample reporting recent cocaine consumption in 2023, similar to 2022 (19%; p=0.655) (Figure 21).

Frequency of Use

Frequency of reported cocaine use has remained stable over the past few years. In 2023, participants reported using cocaine on a median of two days (IQR=1–3) in the past six months, similar to 2022 (2 days; IQR=1–4; n=29; p=0.537). Few participants (n≤5) reported using cocaine weekly or more frequently in 2023 (no participants in 2022; p=0.463) (Figure 21).

Routes of Administration

Most participants who reported recent cocaine consumption and commented in 2023 (n=25) reported snorting the substance (68%), similar to 2022 (69%). One-third (32%) of participants reported injection, stable from 2022 (48%; p=0.276). Few participants (n≤5) reported on any other route of administration; therefore, these data are suppressed.

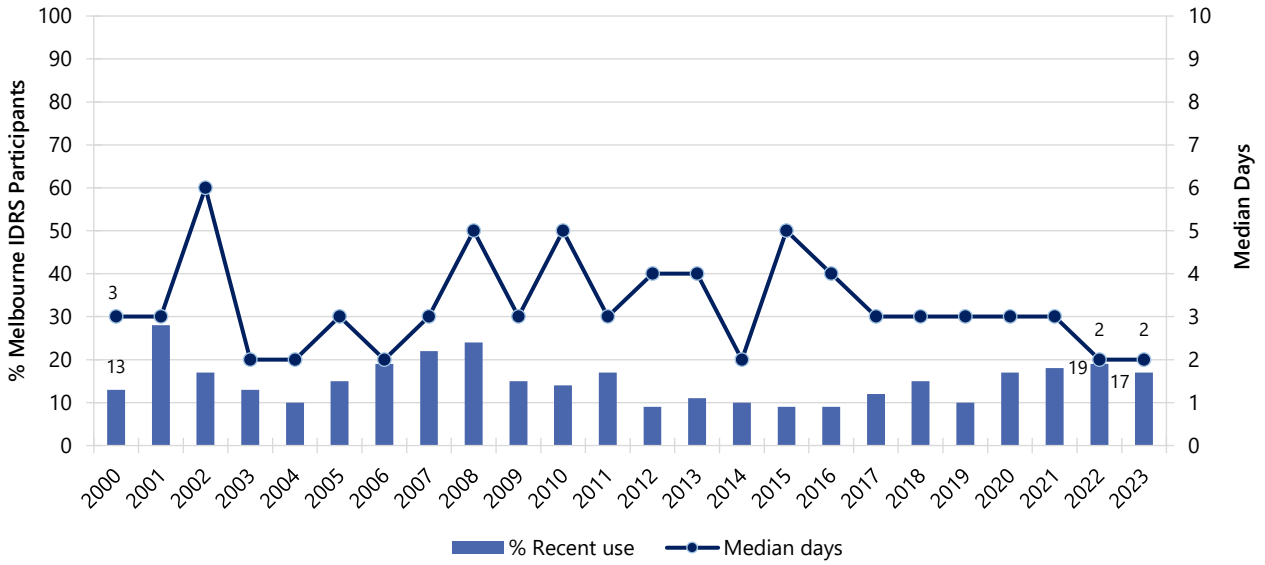
Quantity

Of those who reported recent cocaine use and responded (n=15), the median amount of cocaine used on an average day of consumption in the past six months was 0.50 grams (IQR=0.20–0.90; 0.20 grams in 2022; IQR=0.10–0.50; n=23; p=0.094).

Forms Used

Of those who reported recent cocaine use and responded (n=25), most reported using powder cocaine (92%; 90% in 2022); few (n≤5) participants reported use of crack cocaine.

Figure 21: Past six month use and frequency of use of cocaine, Melbourne, VIC, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

Due to few participants (n≤5) reporting on the price of cocaine in 2023, details have been supressed (Figure 22). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

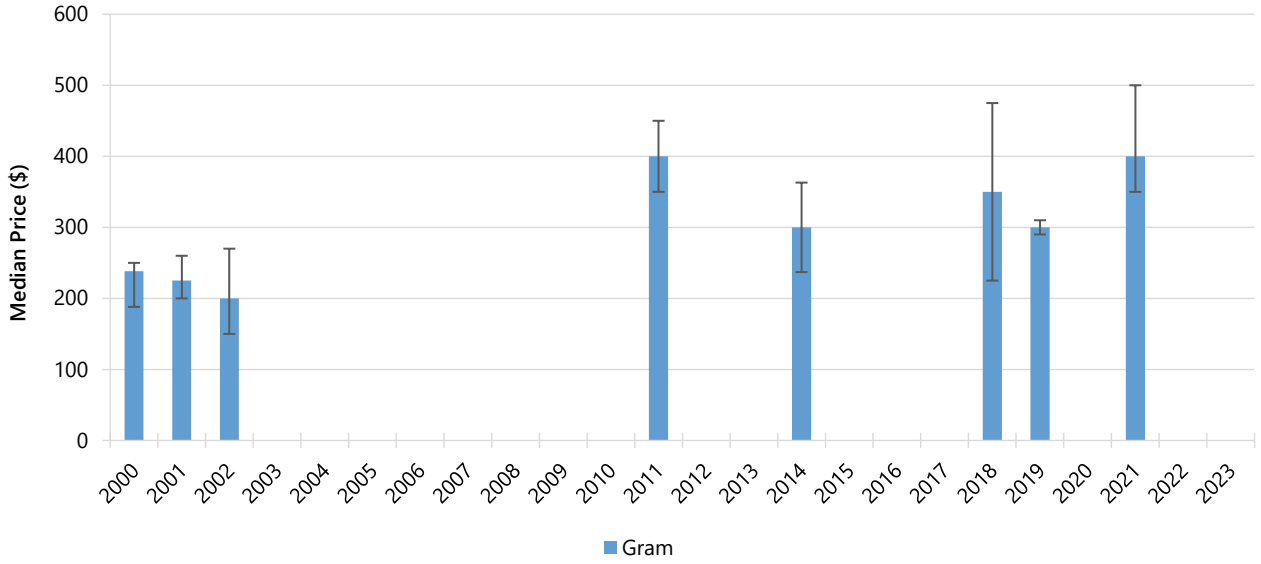
Perceived Purity

The perceived purity of cocaine remained stable between 2022 and 2023 (p=0.245) (Figure 23). Among those who were able to comment in 2023 (n=17), the most common perception was that current cocaine purity was 'high' (47%; n≤5 in 2022), with a further 35% reporting purity to be 'medium' (n≤5 in 2022).

Perceived Availability

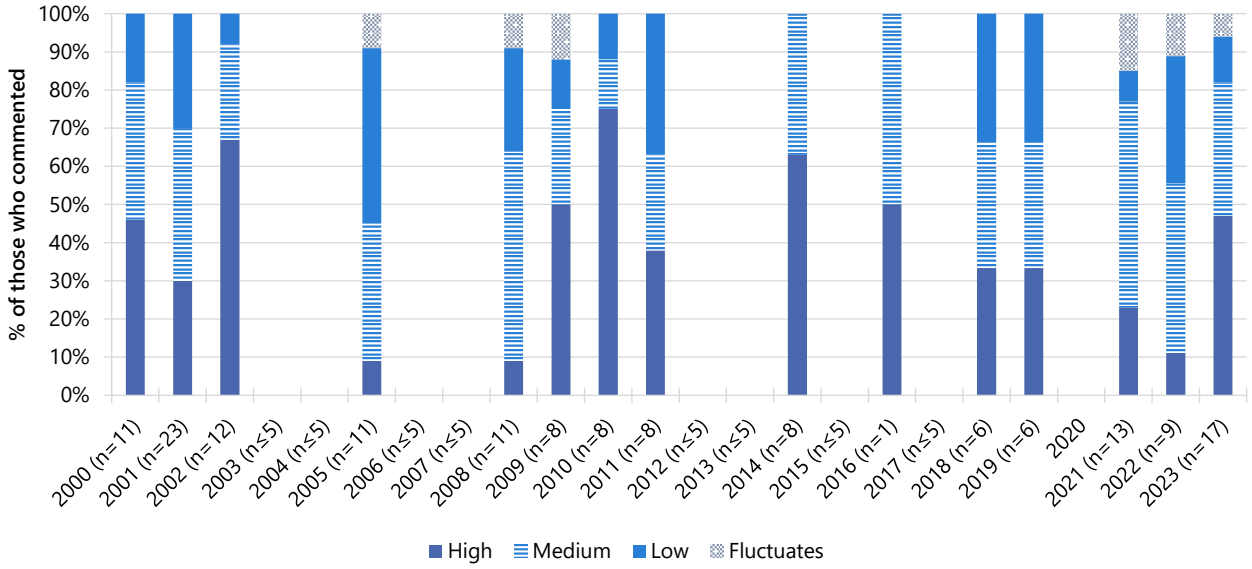
Among those who were able to comment in 2023 (n=16), half (50%) perceived heroin to be 'difficult' to obtain (n≤5 in 2022) (Figure 24).

Figure 22: Median price of cocaine per gram, Melbourne, VIC, 2000-2023



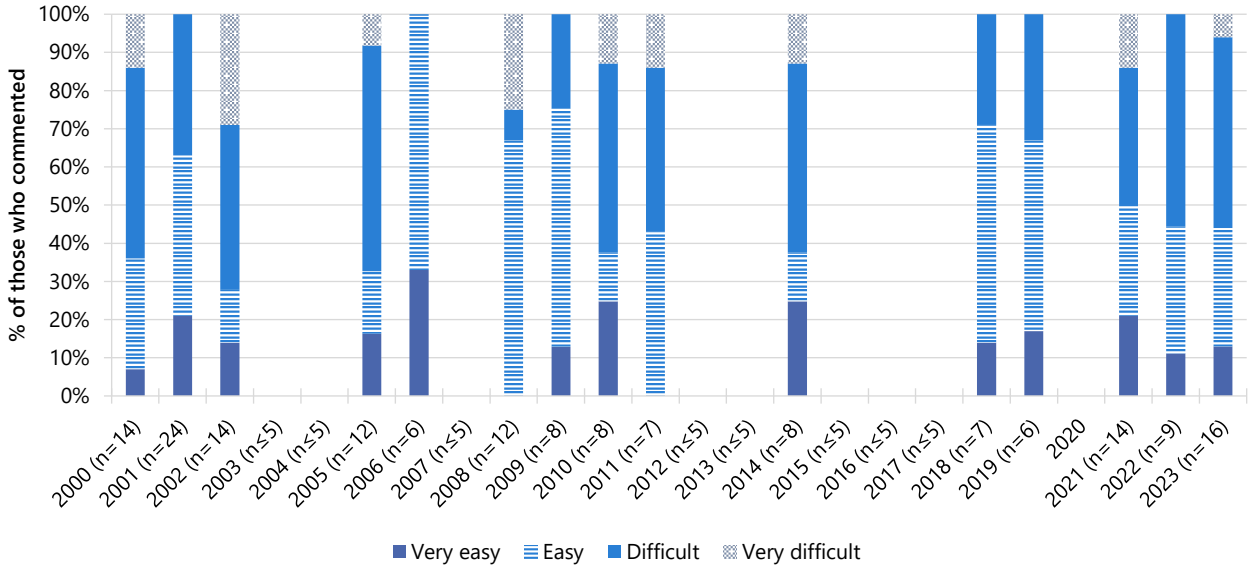
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2017. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived purity of cocaine, Melbourne, VIC, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 24: Current perceived availability of cocaine, Melbourne, VIC, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

5

Cannabis and/or Cannabinoid-related Products

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

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

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

Recent Use (past 6 months)

The per cent of participants reporting recent non-prescribed cannabis use and/or related-cannabinoid products decreased from a peak of 94% in 2000 to a low of 66% in 2021. In 2023, four-fifths (79%) of the sample reported past six-month use of non-prescribed cannabis and/or related-cannabinoid products, similar to 2022 (82%; p=0.464) (Figure 25). Few participants (n≤5) reported prescribed use in the six months preceding interview (no participants in 2022; p=0.498).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented in 2023 (n=118), frequency of reported use remained stable in 2023 at a median of 180 days (IQR=51–180; n=118; 120 days in 2022; IQR=48–180; n=123; p=0.389) (Figure 25). Fifty-

three per cent of those reporting recent use reported using non-prescribed cannabis and/or cannabinoid-related products daily, similar to 2022 (46%; p=0.367).

Routes of Administration

Among those who reported recent use and commented (n=118), smoking was the most common route of administration reported in 2023 (100%; 97% in 2022; p=0.122), with small numbers (n≤5) reporting swallowing in 2023 (n≤5 in 2022; p=0.677), and no participants reporting inhaling/vaporising (n≤5 in 2022; p=0.030).

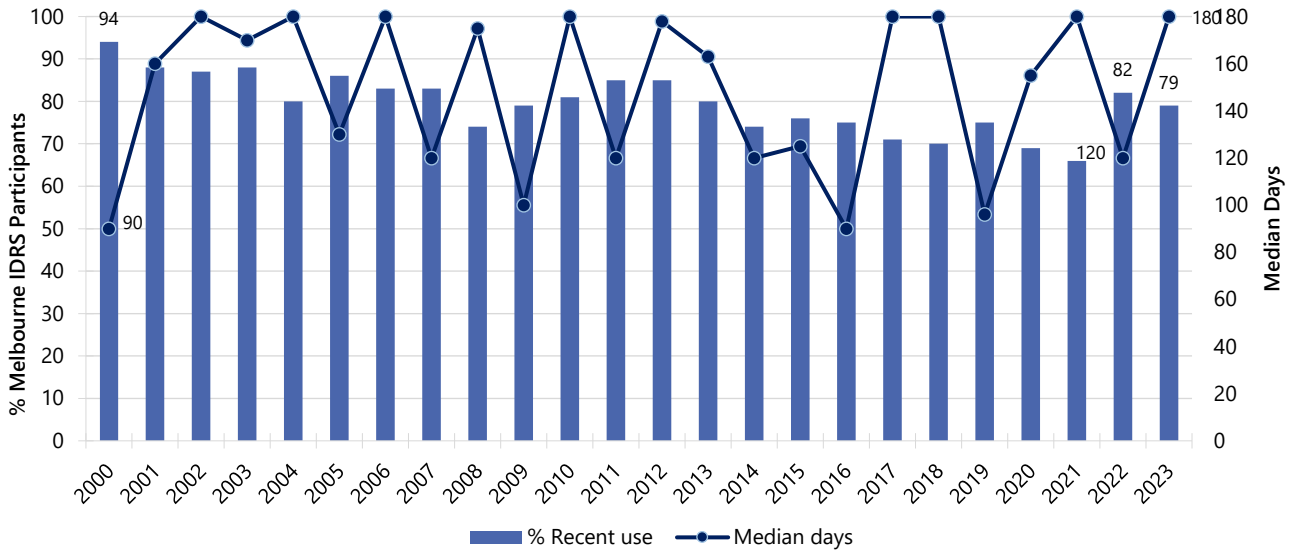
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.50–1.00; n=89), similar to 2022 (1.00 gram; IQR=0.50–1.00; n=82; p=0.843), or five cones (IQR=1.5–6.0; n=15; three cones in 2022; IQR=2.0–3.5; n=19; p=0.194) or one joint (IQR=1.0–1.8; n=10; 1 joint in 2022; IQR=1.0–1.3; n=16; p=0.827).

Forms Used

Of those who reported recent non-prescribed cannabis and/or cannabinoid-related product consumption in the past six months and commented (n=112), 88% reported recent use of hydroponic cannabis (94% in 2022; p=0.116), and 30% reported recent use of outdoor-grown 'bush' cannabis (35% in 2022; p=0.475). Few participants (n≤5) reported using hashish (0% in 2022; p=0.027), and no participants reported using hash oil (n≤5 in 2022), non-prescribed CBD extract (0% in 2022), or THC extract (0% in 2022) in the past six months.

Figure 25: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Melbourne, VIC, 2000-2023



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. 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 (2022 and 2023) 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. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median reported price per bag of hydroponic cannabis in 2023 was $20 (IQR=15–20; n=41; $20 in 2022; IQR=15–20; n=41; *p*=0.647) and the median reported price per ounce of hydroponic cannabis was $250 (IQR=230–250; n=7; $250 in 2022; IQR=230–280; n=9; *p*=0.703) (Figure 26a).

Perceived Potency: The perceived potency of hydroponic cannabis in 2023 was similar to 2022 (*p*=0.511). Among those who were able to comment in 2023 (n=88), three-fifths (59%) perceived hydroponic cannabis to be of 'high' potency (56% in 2022), while 32% reported potency to be 'medium' (28% in 2022) (Figure 27a).

Perceived Availability: The perceived availability of hydroponic cannabis in 2023 was similar to 2022 (*p*=0.804). Among those who were able to comment in 2023 (n=88), 47% perceived hydroponic cannabis to be 'very easy' to obtain (48% in 2022), with 39% reporting it to be 'easy' (40% in 2022) (Figure 28a).

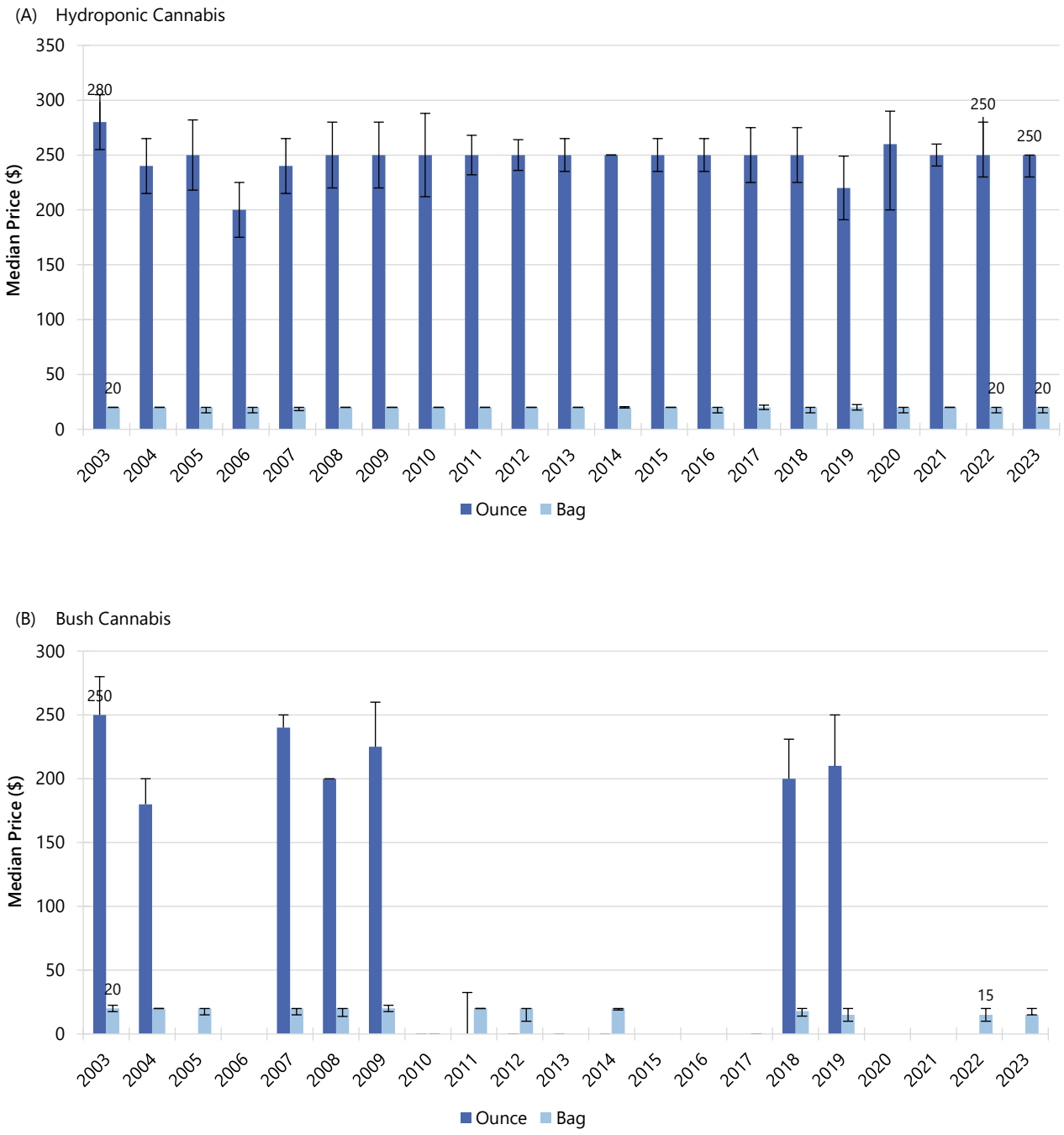
Bush Cannabis

Price: The median reported price per bag of bush cannabis in 2023 was $15 (IQR=15–20; n=9; $15 in 2022; IQR=10–20; n=6; *p*=0.754). Few participants (n≤5) reported on the price of an ounce of bush cannabis in 2023 and 2022 (Figure 26b).

Perceived Potency: The perceived potency of bush cannabis in 2023 was similar to 2022 (*p*=0.204). Among those who were able to comment in 2023 (n=25), almost half (48%) perceived potency to be 'medium' (40% in 2022) (Figure 27b).

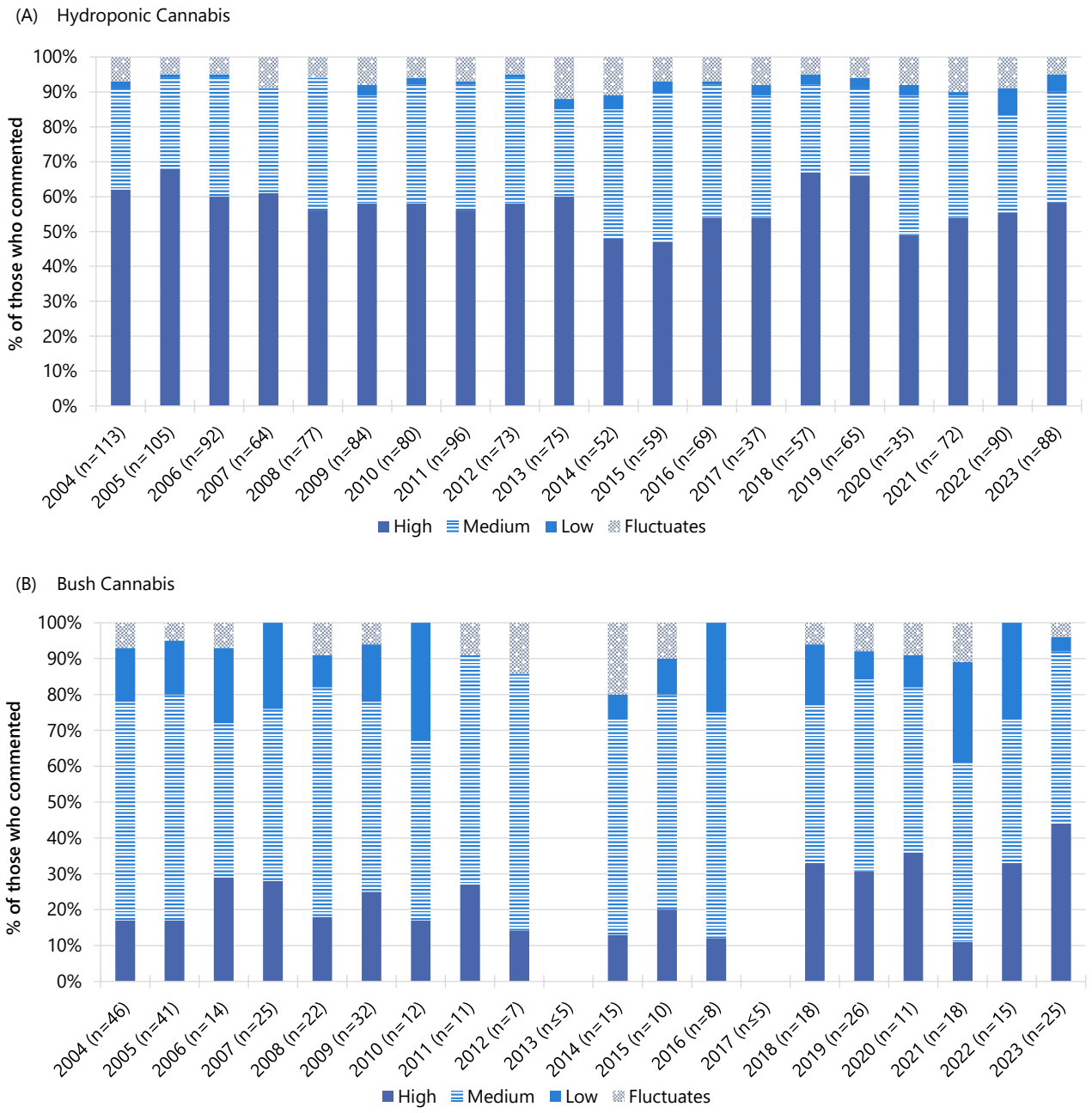
Perceived Availability: The perceived availability of bush cannabis remained stable between 2022 and 2023 (*p*=0.437). Among those who were able to comment in 2023 (n=25), 36% perceived bush to be 'very easy' to obtain (64% in 2022), while a further 36% perceived availability to be 'difficult' (n≤5 in 2022) (Figure 28b).

Figure 26: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Melbourne, VIC, 2003-2023



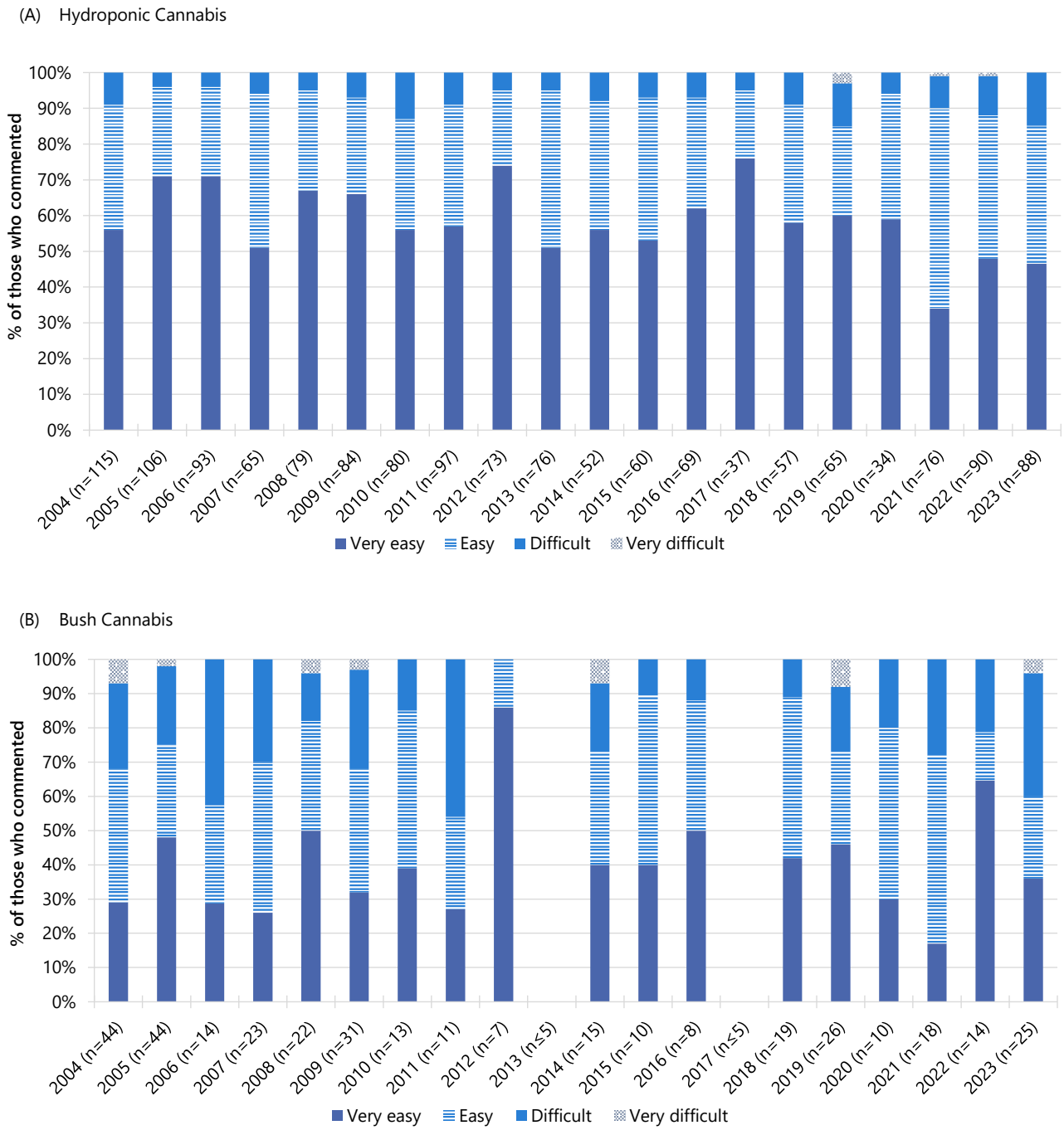
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. No participants reported on the price of an ounce of bush cannabis in 2006 and 2017, or the price of a bag in 2013. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) 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. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 27: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2004-2023



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 28: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2004-2023



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

The following section describes 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 or via another source (e.g., online); 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 (drugtrends@unsw.edu.au).

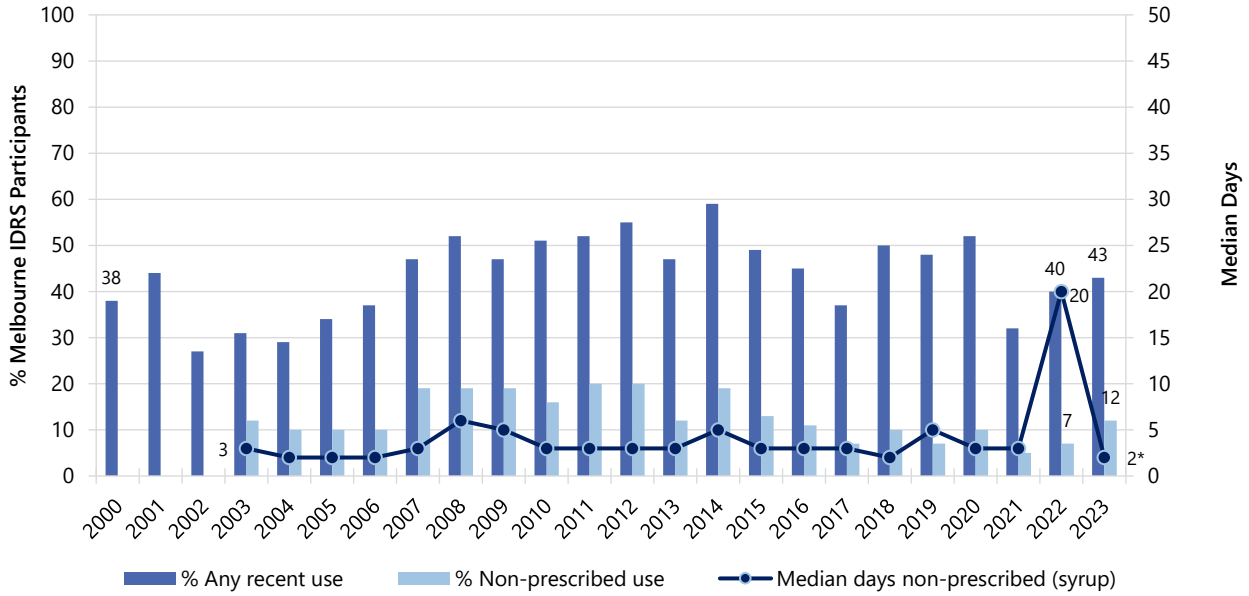
Methadone

Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) in Melbourne has fluctuated since monitoring commenced. In 2023, 43% of participants reported recent use of any prescribed and/or non-prescribed methadone, similar to 2022 (40%; p=0.646). The per cent reporting non-prescribed use in 2023 (12%) was similar to 2022 (7%; p=0.183), however, methadone use historically has largely consisted of prescribed use, with 34% reporting prescribed use in 2023, similar to 2022 (34%) (Figure 29).

Frequency of Use: Frequency of reported non-prescribed methadone syrup use decreased significantly to a median of two days in 2023 (IQR=1–9; n=18; 20 days in 2022; IQR=4–47; n=11; p=0.018)

Recent Injecting Use: Due to low numbers (n≤5) reporting recent injection of methadone in 2023 (10% in 2022; p=0.758), details have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Melbourne, VIC, 2000-2023



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Low numbers (n≤5) reported any recent use of buprenorphine tablets in 2023, a significant decrease from 2022 (7%; p=0.020). Further details are supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

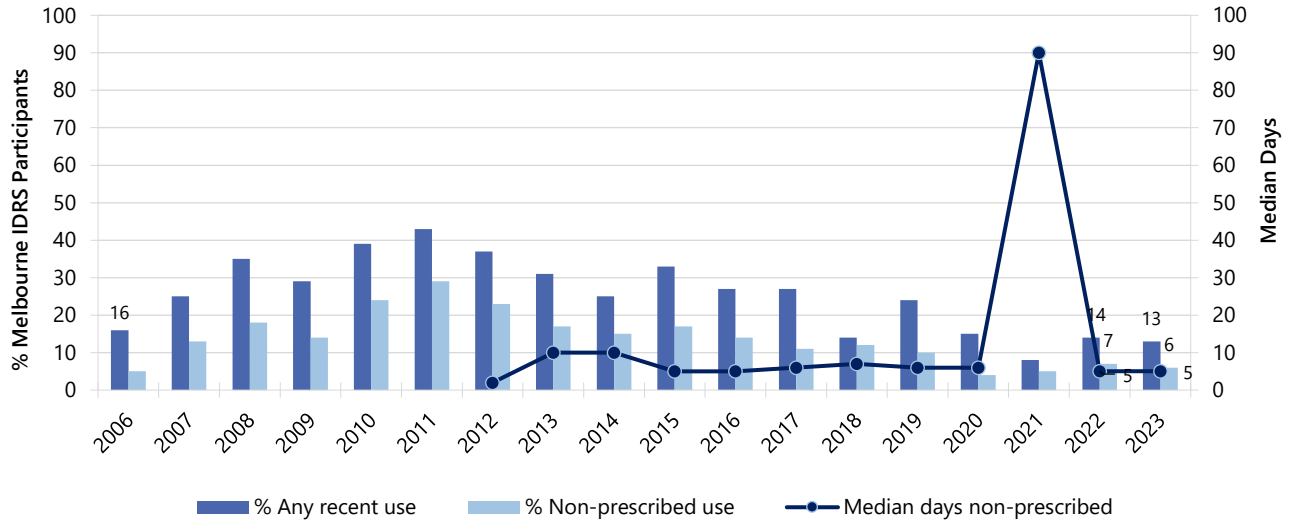
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2023, 13% of the sample reported recent use of any buprenorphine-naloxone (14% in 2022; p=0.861), with 7% reporting prescribed use (7% in 2022) and 6% reporting non-prescribed use (7% in 2022; p=0.812) (Figure 30).

Frequency of Use: Of those who reported recent non-prescribed buprenorphine-naloxone consumption and commented (n=9), frequency of use was low, at a median of five days (IQR=4–6) in the past six months, similar to 2022 (5 days; IQR=2–17; n=11; p=0.702) (Figure 30).

Recent Injecting Use: Among those who had recently use any buprenorphine-naloxone and commented (n=6), one-third (32%) reported recent injection (33% in 2022) on a median of six days in 2023 (IQR=4–6; 5 days in 2022; IQR=3–27; n=7; p=0.943).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Melbourne, VIC, 2006-2023



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 is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

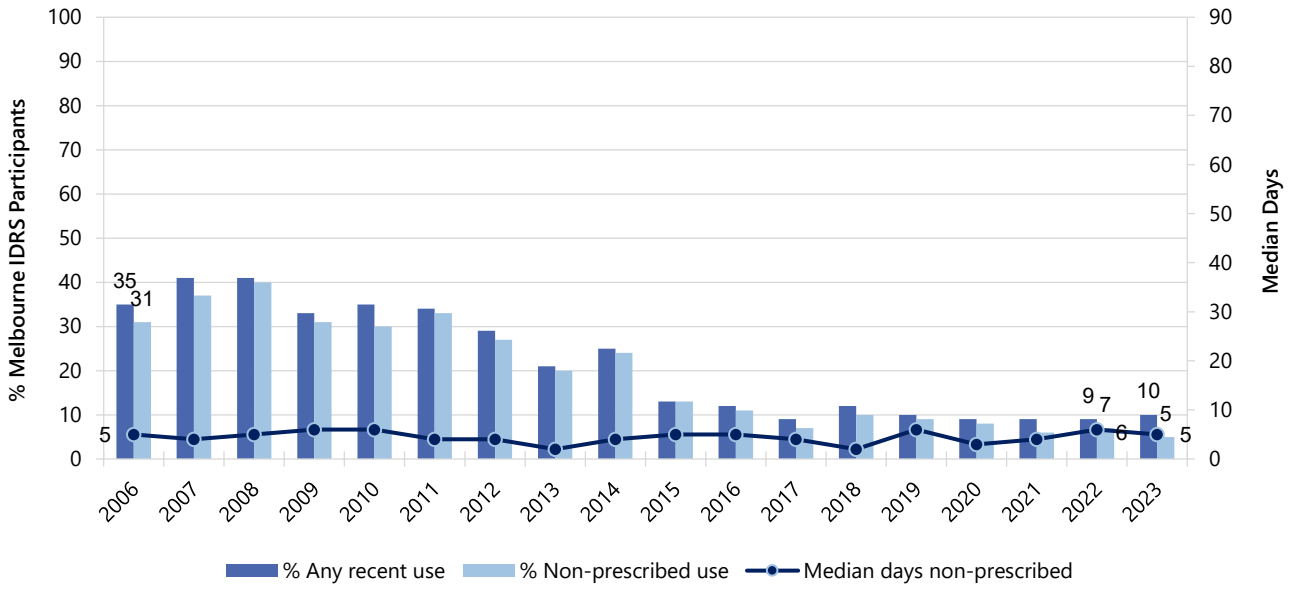
Morphine

Any Recent Use (past 6 months): In Melbourne, a downward trend has occurred in recent use of morphine since the peak in 2008 (Figure 31). In 2023, 10% of the sample reported recent use of any morphine, similar to 2022 (9%; p=0.845), with equal numbers reporting prescribed (5%; n≤5 in 2022; p=0.256) and non-prescribed use (5%; 7% in 2022; p=0.461).

Frequency of Use: Participants who reported recent non-prescribed morphine consumption and commented (n=7) reported use on a median of five days (IQR=3–16) in the past six months in 2023, similar to 2022 (6 days; IQR=3–16; n=11; p=0.964) (Figure 31).

Recent Injecting Use: Of those who reported recent non-prescribed morphine consumption and commented (n=15), 60% reported injecting morphine (57% in 2022) on a median of 10 days (IQR=4–90) in the past six months, similar to 2022 (6 days; IQR=3–13; n=8; p=0.439).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Melbourne, VIC, 2006-2023



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary Y axis reduced to 90 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 (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

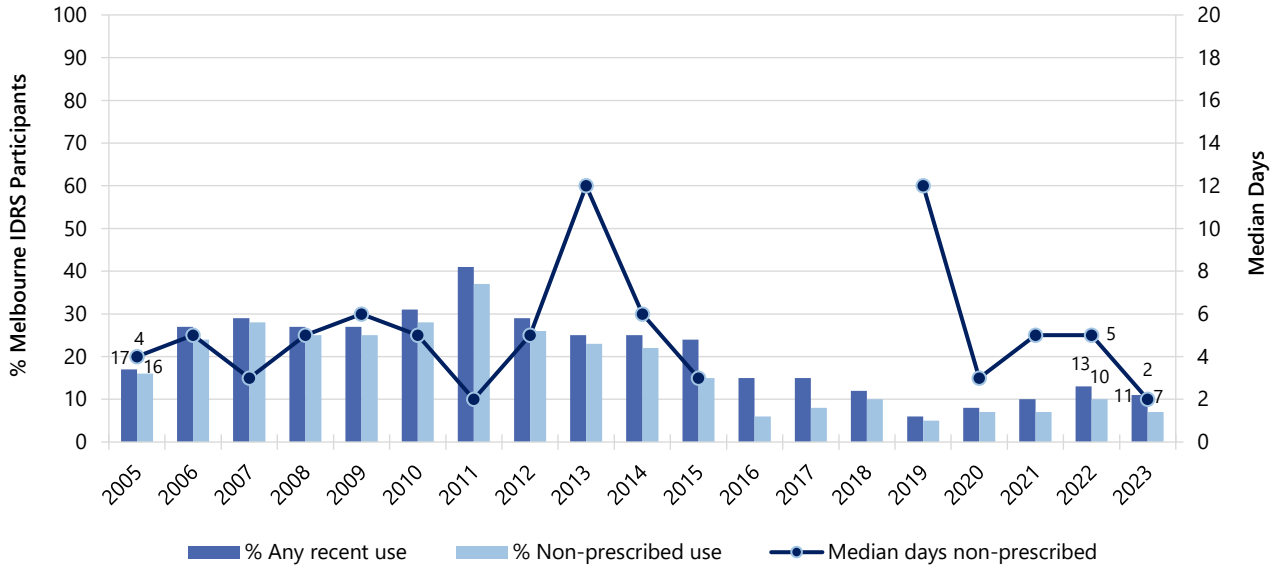
Oxycodone

Any Recent Use (past 6 months): Eleven per cent of participants reported recent use of oxycodone in 2023, similar to 2022 (13%; p=0.729) (Figure 32). In 2023, 7% of the sample reported non-prescribed oxycodone use (10% in 2022; p=0.309), and 5% reported prescribed oxycodone use (n≤5 in 2022; p=0.770).

Frequency of Use: Participants who reported recent non-prescribed oxycodone consumption and commented (n=10) reported use on a median of two days (IQR=2–6) in the past six months in 2023 (5 days in 2022; IQR=3–8; n=15; p=0.295) (Figure 32).

Recent Injecting Use: Due to low numbers (n≤5) reporting recent injection of oxycodone in 2023 (32% in 2022; p=0.717), details have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information. .

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Melbourne, VIC, 2005-2023



Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. In 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

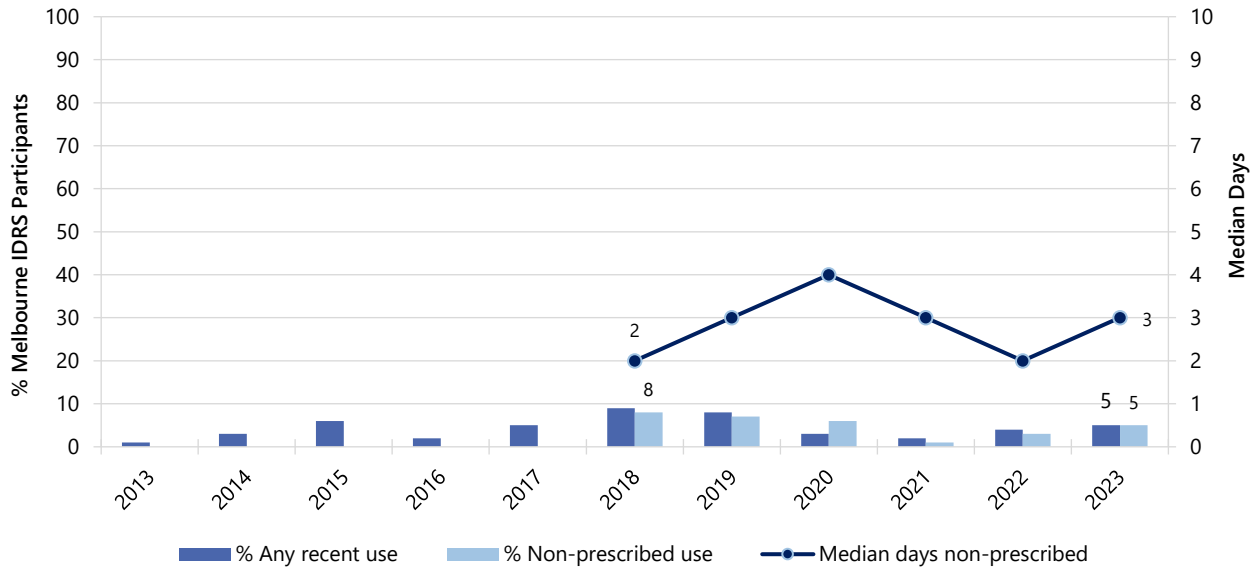
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 33). In 2023, 5% of the sample reported using any fentanyl in the six months preceding interview (4% in 2022; p=0.596). Few participants (n≤5) reported prescribed use in 2023 (n≤5 in 2022), and 5% reported non-prescribed use (n≤5 in 2022; p=0.256).

Frequency of Use: Participants who had recently consumed non-prescribed fentanyl and commented (n=8) reported use on a median of three days (IQR=2–34) in 2023 (n≤5 in 2022; p=0.603) (Figure 33).

Recent Injecting Use: Of those who had recently used any fentanyl in 2023 and commented (n=8), 88% reported recently injecting any form (n≤5 in 2022; p=0.245) on a median of three days (IQR=2–40) in the six months preceding interview in 2023 (n≤5 in 2022; p=0.418).

Figure 33: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Melbourne, VIC, 2013-2023



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2023 (Table 2). In 2023, 4% of participants reported any recent use of codeine (6% in 2022; p=0.595), with few (n≤5) reporting prescribed (n≤5 in 2022; p=0.723) and non-prescribed use (n≤5 in 2022; p=0.282). Six per cent reported recent use of any form of tramadol (9% in 2022; p=0.384), with most reporting prescribed use (5%; 4% in 2022; p=0.781). No participants reported recent use of any form of tapentadol (no participants in 2022). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Melbourne, VIC, 2019-2023

% Recent use (past 6 months)	2019 (N=148)	2020 (N=179)	2021 (N=148)	2022 (N=151)	2023 (N=150)
Codeine^					
Any use	12	7	-	6	**4**
Non-prescribed use	4	-	-	-	**-**
Any injection[#]	0	0	0	0	**0**
Tramadol					
Any use	10	4	-	9	**6**
Non-prescribed use	5	-	-	5	**-**
Any injection[#]	-		0	0	**-**
Tapentadol					
Any use	0	-	0	0	**0**
Non-prescribed use	0	0	0	0	**0**
Any injection[#]	0	0	0	0	**0**

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

7

Other Drugs

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

New Psychoactive Substances (NPS)

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

In 2023, the proportion reporting any NPS use was similar to that in 2022, with 5% reporting recent use (6% in 2022; p=0.802) (Table 3). Five per cent reported using new individual drugs that mimic the effects of cannabis (6% in 2022; p=0.617), on a median of 18 days in the past six-months (IQR=3–54; n=7), similar to 2022 (30 days; IQR=4–90; n=8; p=0.683). Few participants (n≤5) reported using other drugs that mimicked certain substances, thus no further reporting is included. For historical overview, please refer to Table 3, the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Melbourne, VIC, 2013-2023

% Recent Use (past 6 months)	2013 N=150	2014 N=150	2015 N=150	2016 N=174	2017 N=152	2018 N=150	2019 N=148	2020 N=179	2021 N=148	2022 N=151	2023 N=150
'New' drugs that mimic the effects of opioids	/	/	/	/	0[#]	-	-	0	-	0	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-[#]	0	0	0	0	0	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	/	-	-	-	/	-	0	0	0	0	**-**
'New' drugs that mimic the effects of cannabis	5	20	16	14	10	12	9	6	5	6	**5**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	0	0	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0[#]	0	0	0	0	**0**
Any of the above	-	-	-	3	0	13	9	6	6	6	**5**

Note. - Per cent 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', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): In 2023, prevalence of recent non-prescribed use of any benzodiazepines (39%) remained similar to that in 2022 (36%; p=0.640) (Figure 34). Of the total sample, 17% reported recent use of non-prescribed alprazolam (21% in 2022; p=0.453), and 32% reported recent use of non-prescribed other benzodiazepines (29% in 2022; p=0.616).

Frequency of Use: Among those who reported recent use and commented in 2023, the median number of days of reported recent use of non-prescribed alprazolam was eight (IQR=2–24; n=24; 5 days in 2022; IQR=2–14; n=30; p=0.517) and 14 days (IQR=4–90; n=48; 11 days in 2022; IQR=3–24; n=44; p=0.616) for non-prescribed use of other benzodiazepines.

Recent Injecting Use: In 2023, few participants (n≤5) reported recent injection of any non-prescribed benzodiazepines (no participants in 2022), therefore no further reporting is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Low numbers (n≤5) reported using non-prescribed pharmaceutical stimulants in the six months preceding interview in 2022 (4% in 2022; p=0.750), so no further reporting on patterns of use is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): In 2023, 4% of the sample reported non-prescribed antipsychotic consumption, similar to 2022 (5%; p=0.781) (Figure 34).

Frequency of Use: Few participants (n≤5) reported on the frequency of non-prescribed antipsychotic use in 2023, thus further reporting is supressed (4 days in 2022; n=8; IQR=2–13).

Recent Injecting Use: In 2023, no participants reported recent injection of antipsychotics. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2023, 23% of participants reported recent non-prescribed pregabalin consumption, similar to 2022 (18%; *p*=0.264) (Figure 34).

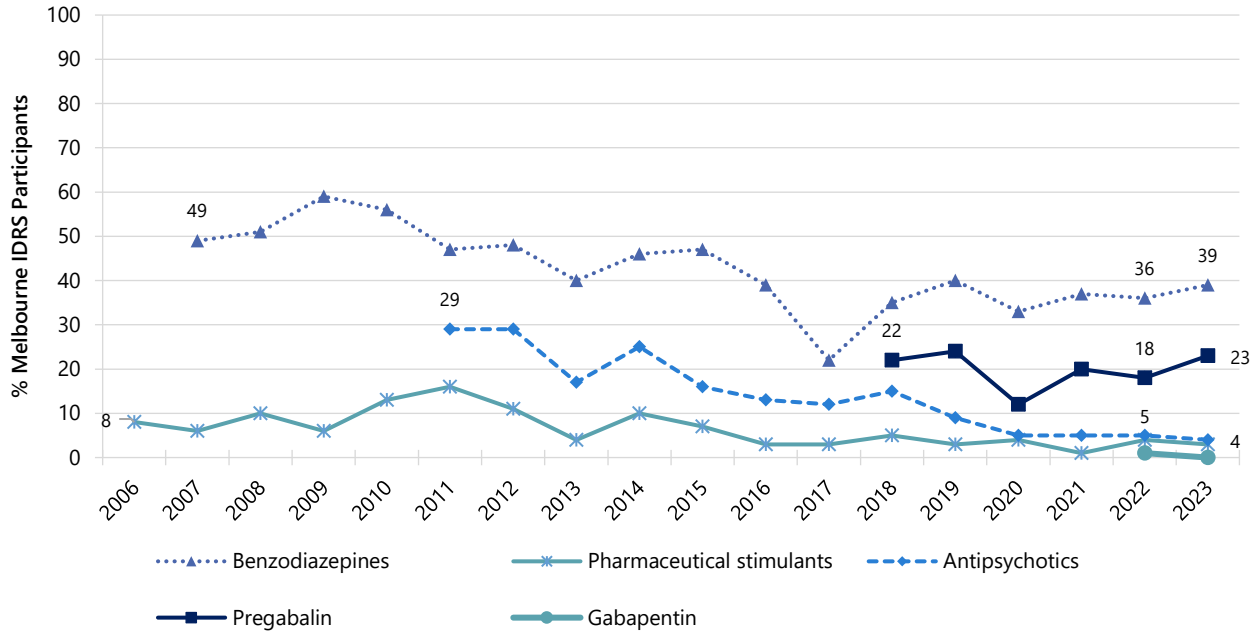
Frequency of Use: Participants who reported recent non-prescribed pregabalin consumption and commented (n=35) reported use on a median of five days (IQR=1–12) in 2023, similar to 2022 (5 days; IQR=2–9; n=26; *p*=0.924).

Recent Injecting Use: In 2023, no participants reported recent injection of any non-prescribed pregabalin (n≤5 in 2022; *p*=0.426). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

No participants reported using non-prescribed gabapentin in the six months preceding interview in 2023 (n≤5 in 2022; *p*=0.498). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 34: Past six month use of non-prescribed pharmaceutical drugs, Melbourne, VIC, 2006-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first (2006/2007/2011/2018/2022) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Sixty-five per cent of the sample reported recent use of alcohol in 2023, similar to 2022 (63%; p=0.724) (Figure 35).

Frequency of Use: Participants who reported recent alcohol consumption and commented (n=97) reported use on a median of 48 days in 2023 (IQR=8–180; 56 days in 2022; IQR=6–180; n=95; p=0.989), with 30% reporting daily use (29% in 2022).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Melbourne IDRS sample. In 2023, 93% reported recent use of tobacco (91% in 2022; p=0.520) (Figure 35).

Frequency of Use: Participants who reported recent tobacco consumption and commented (n=140), reported use on a median of 180 days in 2023 (IQR=180–180; 180 days in 2022; IQR=180–180; n=136; p=0.640), with 91% reporting daily use (89% in 2022; p=0.682).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, from 2022, IDRS participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few (n≤5) participants reported recent use of prescribed e-cigarettes in 2023.

Recent Use (past 6 months): Forty-three per cent of the sample reported recent use of non-prescribed e-cigarettes in 2023, a significant increase from 2022 (25%; p=0.002) (Figure 35).

Frequency of Use: Participants who reported recent non-prescribed e-cigarette consumption and commented (n=63) reported use on a median of 60 days in the past six months in 2023 (IQR=11–180), a significant increase from 2022 (11 days; IQR=2–72; n=36; p=0.005).

Forms Used: Among those who reported recent non-prescribed e-cigarette use in the past six months and commented (n=64), 93% reported using e-cigarettes that contained nicotine, a significant increase from 2022 (70%; p=0.003). Few (n≤5) participants reported using e-cigarettes that contained cannabis (11% in 2022; p=0.198), few (n≤5) reported using e-cigarettes that contained both cannabis and nicotine (n≤5 in 2022; p=0.635), and few (n≤5) reported using e-cigarettes that contained neither, a significant decrease from 2022 (43%; p<0.001).

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the past six months and commented (n=65), half (52%) reported using e-cigarettes as a smoking cessation tool, a significant increase from 31% in 2022 (p=0.044).

Steroids

Very few participants (n≤5) reported using non-prescribed steroids in the last six months, therefore no further reporting on patterns of use is included (no participant reported non-prescribed steroid use in 2022; p=0.498). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2023, one-fifth (20%) of participants reported recent use of GHB/GBL/1,4-BD, similar to 2022 (16%; p=0.447) (Figure 35).

Frequency of Use: Participants reported use of GHB/GBL/1,4-BD on a median of three days in the preceding six months (IQR=1–11; n=11), similar to 2022 (5 days; IQR=3–15; n=6; p=0.408).

Recent Injecting Use: In 2023, no participants reported recent injection (0% in 2022), therefore no further reporting on patterns of use is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Unisom

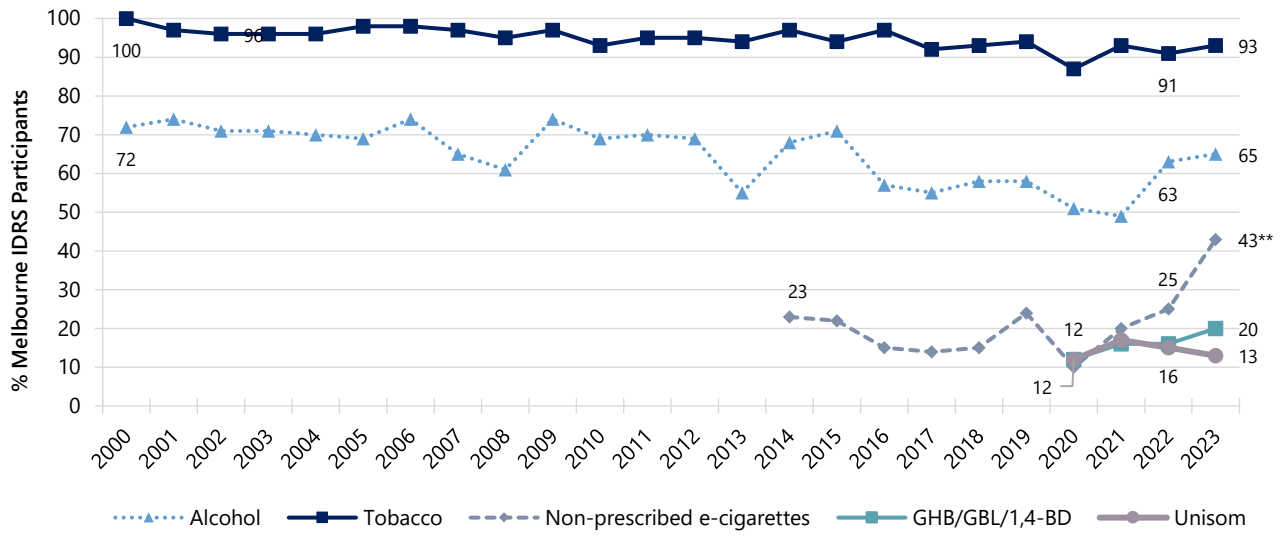
Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern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

Recent Use (past 6 months): In 2023, 13% of the sample reported non-prescribed use of Unisom gel capsules in the six months preceding interview (15% in 2022; p=0.749) (Figure 34).

Frequency of Use: Participants who reported recent non-prescribed Unisom consumption and commented (n=20) reported use on a median of 54 days (IQR=5–180) in 2023, stable from 2022 (42 days; IQR=17–110; p=0.881).

Recent Injecting Use: Of those who had recently used non-prescribed Unisom gel capsules (n=20), 85% reported recent injecting use (74% in 2022) on a median of 60 days (IQR=10–180; 35 days in 2022; IQR=18–170; n=17; *p*=0.664).

Figure 35: Past six month use of licit and other drugs, Melbourne, VIC, 2000-2023



Note. Participants were first asked about e-cigarettes in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

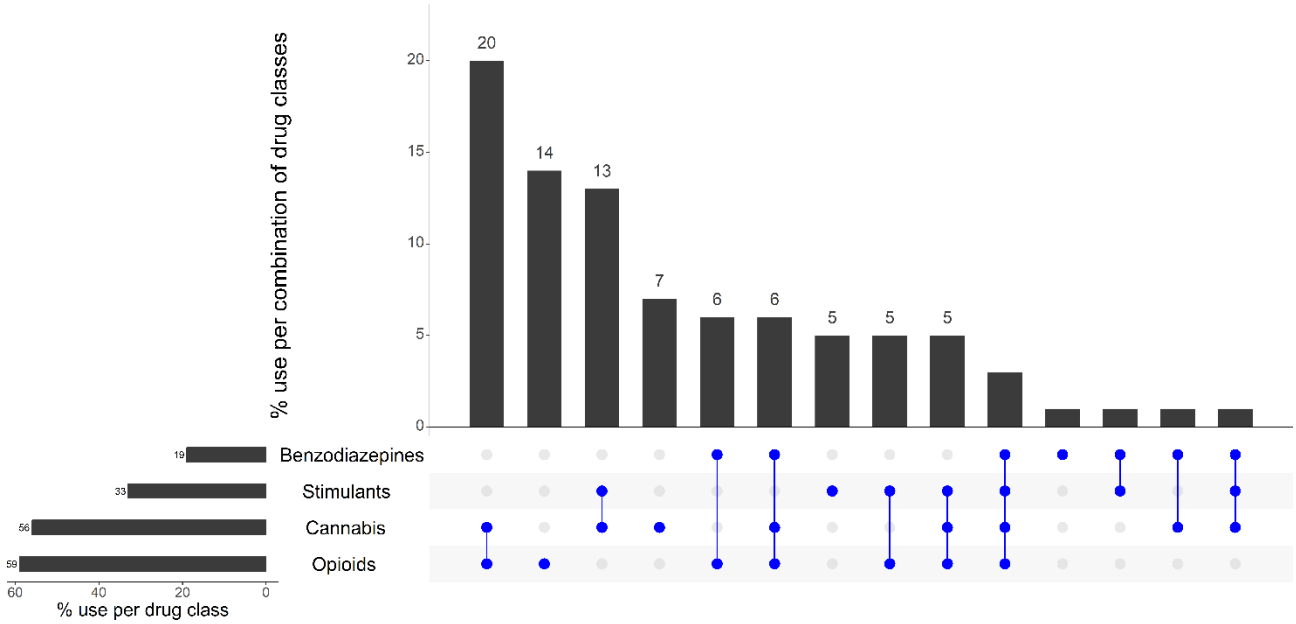
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, 97% of the sample reported using one or more drugs (including alcohol and prescription medications, excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs and commented (n=148), the substances most commonly reported were opioids (59%), cannabis (56%) and stimulants (33%).

Sixty-nine per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Twenty per cent of participants reported concurrent use of cannabis and opioids on the day preceding interview, whilst 13% reported concurrent use of cannabis and stimulants (Figure 36). Fourteen per cent of respondents reported using opioids alone, 7% reported using cannabis alone, whilst 5% reported using stimulants alone.

Figure 36: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Melbourne, VIC, 2023



Note. % calculated out of total IDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy 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. The response option 'Don't know' was excluded from analysis. Y axis reduced to 23% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

From 2022, 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:
  - **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.

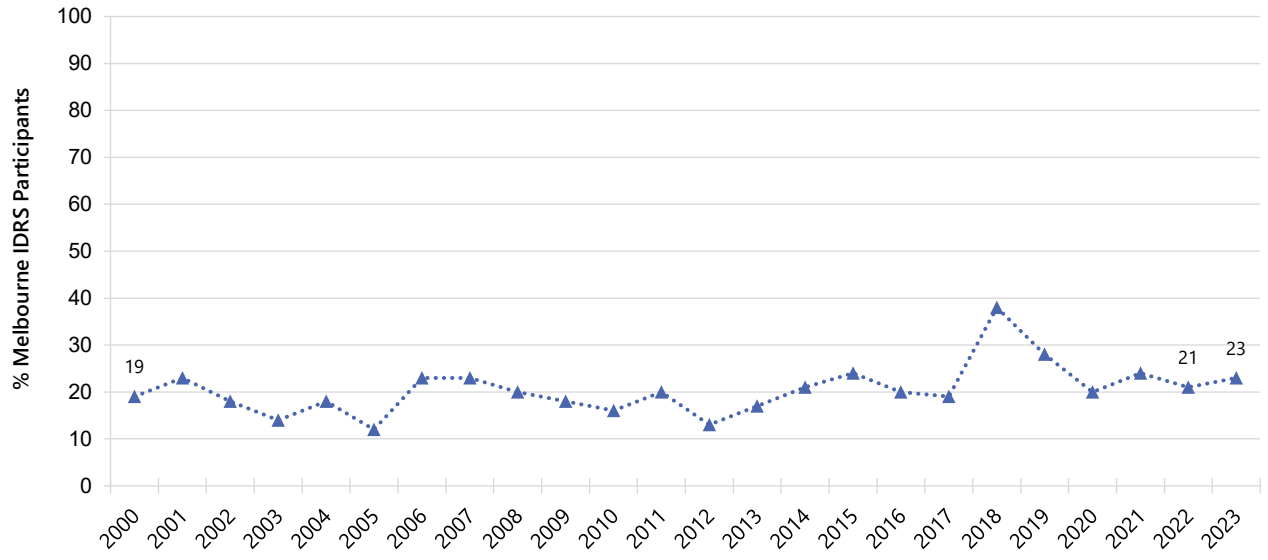
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Non-fatal overdose in the Melbourne IDRS sample has fluctuated over the years (likely to be partly due to differences in the way questions regarding overdose were asked). Almost one-quarter (23%) reported any past 12-month non-fatal overdose in 2023, similar to 2022 (21%; p=0.677) (Figure 37).

Seventeen per cent reported a non-fatal overdose following opioid use in the past 12 months in 2023 (17% in 2022), mostly following heroin use (15%; 17% in 2022; p=0.758). Few participants (n≤5) reported a non-fatal overdose whilst consuming a stimulant (n≤5 in 2022; p=0.371), while 5% reported a non-fatal 'other drug' overdose (n≤5 in 2022; p=0.770) (Table 4).

Participants who had overdosed on an opioid reported having done so on a median of one occasion (IQR=1–2) in the last 12 months. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information regarding non-fatal overdose.

Figure 37: Past 12 month non-fatal any overdose, Melbourne, VIC 2000-2023



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past 12-month non-fatal overdose by drug type, Melbourne, VIC, 2015-2023

	Melbourne, VIC								
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
% Any opioid	N=150	N=174 -	N=152	N=150 /	N=148 25	N=178 19	N=148 20	N=149 17	**N=150 17**
% Heroin overdose	N=150 10	N=175 17	N=152 18	N=150 28	N=148 21	N=178 19	N=148 18	N=102 6	**N=150 15**
% Methadone overdose	N=150 -	N=175 **-**	N=152 **-**	N=150 -	N=148 -	N=178 -	N=148 -	N=102 -	**N=150 -**
% Morphine overdose	N=150 -	N=175 -	N=152 0	N=150 0	N=148 -	N=178 0	N=148 -	N=102 -	**N=150 0**
% Oxycodone overdose	N=150 -	N=175 -	N=152 0	N=150 -	N=148 -	N=178 0	N=148 0	N=102 0	**N=150 0**
% Stimulant overdose	N=146 -	N=153 **-**	N=130 **-**	N=148 -	N=139 -	N=176 -	N=146 -	N=151 -	**N=150 -**
% Other overdose	/	/	/	/	N=148 -	N=178 -	N=148 5	N=151 -	**N=150 5**
% Any drug overdose	N=150 17	N=175 20	N=152 20	N=150 31	N=148 28	N=178 20	N=148 24	N=151 21	**N=150 23**

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Per cent suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take-home naloxone pilot program, naloxone was made available free of charge and without a prescription in Sydney, NSW, Adelaide, SA and Perth, WA. Following the evaluation of this pilot, the Australian Government announced that a national take-home naloxone program was to be implemented in all Australian states and territories from 1 July 2022 Furthermore, a 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 awareness of naloxone has been consistently high since 2013. The majority (97%) of the Melbourne sample reported awareness of naloxone in 2023 (92% in 2022; p=0.132) (Figure 38).

Awareness of Take-Home Naloxone : The percentage reporting that they were aware that naloxone was available for people to take home has increased since 2013, with 90% reporting awareness in 2023, a significant increase from 2022 (79%; p=0.015), although it should be noted that this could be due to a change in how this question was asked (Figure 38). In 2023, 10% of participants reported having heard of paid access (10% in 2022), and 84% of participants reported having heard of free access (79% in 2022; p=0.307).

Accessed Naloxone: Seventy-one per cent of the Melbourne sample reported having ever accessed naloxone, a significant increase from 55% in 2022 (p=0.009), with 53% having done so in the past year (29% in 2022; p<0.001). Most participants who had ever accessed naloxone and responded (n=105) reported accessing naloxone from an NSP (46%) the last time, followed by a health service (20%). Most (94%) reported that they did not have to pay the last time they accessed naloxone.

Few (n≤5) participants reported that they had tried to access naloxone in their lifetime but had been unsuccessful, and an additional 32% reporting that they had never tried to access naloxone (note: a small per cent of participants reported never trying to access naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Of those who had ever had trouble accessing naloxone or had never tried to access naloxone (n=46), reasons included 'don't use opioids' (33%), 'don't consider myself/my peers at risk of overdose' (17%) and 'didn't know you could access naloxone' (17%).

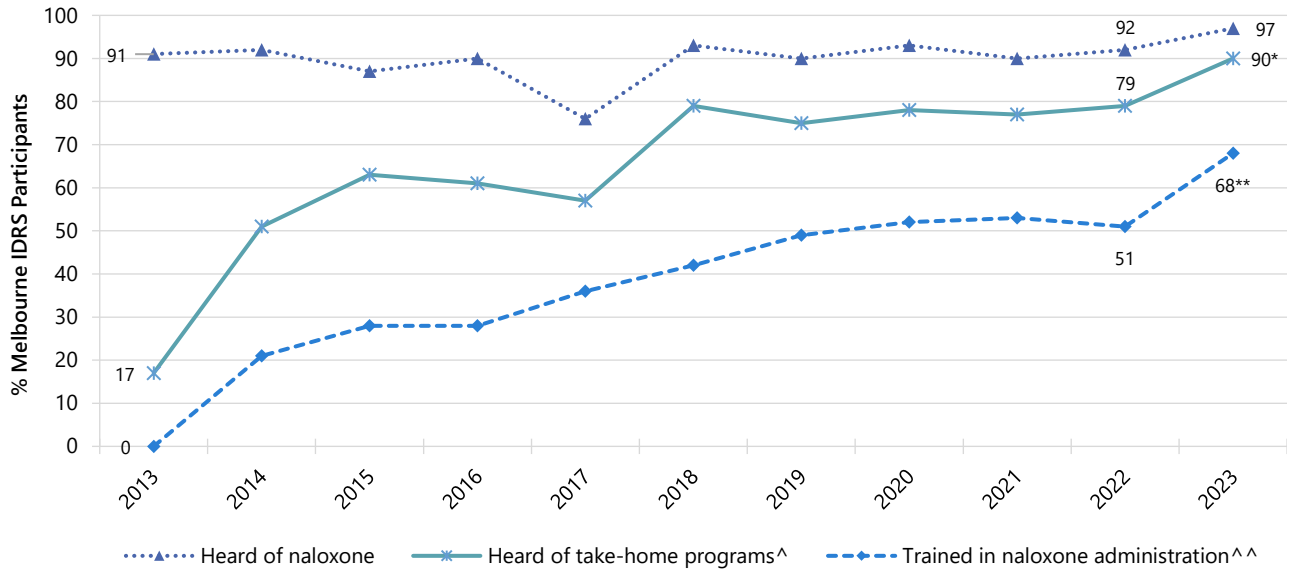
Of those who had ever obtained naloxone, had used opioids, and could respond (n=94), 40% reported that they 'always' had naloxone on hand when using opioids in the past month, 20% reported 'often', and 15% reported 'never' having naloxone on hand.

Education on Using Naloxone: In 2023, 68% had been trained in how to administer naloxone in their lifetime, a significant increase from 2022 (51%; p=0.004), with 27% having done so in the past year,

also a significant increase compared to 2022 (13%; p=0.003). This increase could be due to a change in how this question was asked in 2023, although it is a continuation of an upward trend that has been observed since monitoring commenced. (Figure 38). Among those who had been trained in naloxone administration in the last year, , half (49%) were taught how to administer naloxone at an NSP, followed by 'other harm reduction service' (24%).

Use of Naloxone to Reverse Overdose: In 2023, of those that had heard about naloxone and could response (n=150), 35% of the Melbourne sample reported that they had resuscitated someone using naloxone at least once in their lifetime (33% in 2022; p=0.815), with one-fifth (20%) reporting having done so in the past year. Of those who responded (n=150), five per cent reported that they had been resuscitated by a peer using naloxone in the past year (5% in 2022).

Figure 38: Lifetime awareness of naloxone, access to naloxone and education in naloxone administration, Melbourne, VIC, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Nationally, 80% had heard of naloxone, 73% had heard of the take-home naloxone program and 52% were trained in naloxone administration in 2023.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

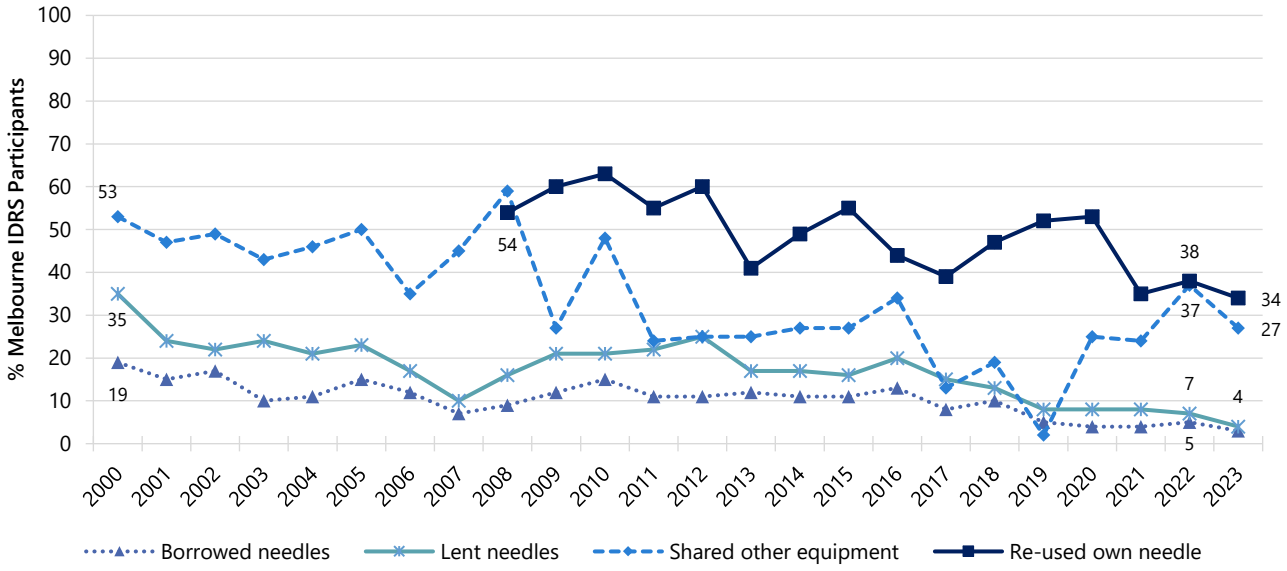
In 2023, few (n≤5) participants reported receptive needle sharing (5% in 2022; p=0.770), whilst 4% reported distributive needle sharing in the past month (7% in 2022; p=0.437) (Figure 39).

One-quarter (27%) indicated that they had shared other equipment (37% in 2022; p=0.113). One-third (34%) of the sample reported that they had re-used their own needles in the past month, similar to 2022 (38%; p=0.544) (Figure 39).

Forty-three per cent of the 2023 sample reported that they had injected someone else after injecting themselves (34% in 2022; p=0.154), and almost one-fifth (19%) reported being injected by someone else who had previously injected in the past month (21% in 2022; p=0.667) (Table 5).

Reports of the location of last injection remained were similar in 2022 and 2023 (p=0.064). Consistent with previous years, 63% reported that they had last injected in a private home (54% in 2022), while 13% reported last injecting in medically supervised injecting services (13% in 2022), and 13% reported last injecting in the street, a park, or at a beach (11% in 2022) (Table 5).

Figure 39: Borrowing and lending of needles and sharing of injecting equipment in the past month, Melbourne, VIC, 2000-2023



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

Table 5: Sharing and re-using needles and injecting equipment in the past month, Melbourne, VIC, 2015-2023

	Melbourne, VIC								
	2015 (N=150)	**2016 (N=174)**	**2017 (N=152)**	**2018 (N=150)**	**2019 (N=148)**	**2020 (N=179)**	**2021 (N=148)**	**2022 (N=151)**	**2023 (N=150)**
% Injecting behaviours past month									
Borrowed a needle	N=149 11	N=175 13	N=148 8	N=148 10	N=143 5	N=178 4	N=148 4	N=150 5	**N=150 -**
Lent a needle	N=145 16	N=175 20	N=247 15	N=147 13	N=142 8	N=177 8	N=148 8	N=149 7	**N=149 4**
Shared any injecting equipment ^	N=41 27	N=175 34	N=19 13	N=28 19	N=148 -	N=178 25	N=148 24	N=150 37*	**N=150 27**
Reused own needle	N=148 55	N=174 44	N=146 39	N=147 47	N=144 52	N=178 53	N=148 35	N=149 38	**N=150 34**
Injected partner/friend after self~	/	N=150 34	N=146 27	N=149 34	N=148 46	N=178 37	N=148 45	N=149 34	**N=150 43**
Somebody else injected them after injecting themselves~	/	N=150 15	N=146 9	N=149 20	N=148 23	N=177 19	N=148 19	N=149 21	**N=150 19**
% Location of last injecting use									
Private home	66	66	58	61	55	71	66	54	**63**
Car	7	9	-	7	-	4	-	10	**5**
Street/car park/beach	13	17	27	29	23	10	11	11	**13**
Public toilet	11	-	-	-	6	5	-	9	**-**
Medically supervised injecting Centre/Room	/	/	/	/	13	8	8	12	**13**
Other	-	-	-	-	-	-	-	4	**-**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them.^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. - Per cent suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

The percentage of participants who reported experiencing any injection-related injuries or diseases in the month preceding interview in 2023 (17%) was similar to 2022 (19%; p=0.660) (Table 6). The most common injection-related injury or disease reported by participants was any thrombosis (6%; 6% in 2022), followed by any infection/abscess (5%; 8% in 2022; p=0.366).

Table 6: Injection-related issues in the past month, Melbourne, VIC, 2020-2023

	2020	2021	2022	2023
	(N=179)	(N=148)	(N=149)	(N=150)
% Artery injection	11	-	-	**-**
% Any nerve damage	15	7	5	**5**
% Any thrombosis	10	9	6	**6**
Blood clot	9	7	4	**5**
Deep vein thrombosis	-	-	-	**-**
% Any infection/abscess	8	7	8	**5**
Skin abscess	7	7	6	**-**
Endocarditis	-	-	-	**0**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	**-**
% Dirty hit	11	5	-	**0**
% Any injection-related problem	36	24	19	**17**

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

Drug Treatment

The percentage of participants reporting that they were currently receiving any drug treatment in 2023 (53%) was similar to 2022 (43%; p=0.110), with methadone maintenance continuing to be the most commonly received treatment (29%; 33% in 2022; p=0.449) (Table 7). There was a significant increase in the percentage of the sample reporting current buprenorphine depot injection treatment in 2023 (15%; 4% in 2022; p<0.001).

Table 7: Current drug treatment, Melbourne, VIC, 2015-2023

	Melbourne, VIC								
	2015 (N=150)	2016 (N=174)	2017 (N=152)	2018 (N=150)	2019 (N=148)	2020 (N=179)	2021 (N=148)	2022 (N=151)	2023 (N=150)
% Any current drug treatment	60	44	50	47	51	58	34	43	**53**
Methadone	38	29	31	35	36	40	26	33	**29**
Buprenorphine	-	-	-	-	-	-	0	-	**0**
Buprenorphine-naloxone	13	10	12	9	13	7	-	-	**5**
Buprenorphine depot injection	/	/	/	/	0	-	-	4	**15*** **
Drug counselling	6	-	-	-	-	9	-	6	**5**
Other	-	-	-	0	-	-	-	-	**0**

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

Opioid and Methamphetamine Dependence

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

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

Of those who had recently used an opioid and commented (n=131), the median SDS score was five (IQR=0–15), with 56% scoring five or above, indicating possible dependence (Table 8). Of those who scored five or above (n=74), the majority (96%) reported specifically attributing their responses to heroin.

Of those who had recently used methamphetamine and commented (n=115), the median SDS score was three (IQR=0–15), with 43% scoring four or above, indicating possible dependence (Table 8).

Table 8: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Melbourne, VIC, 2018-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	**(N=121)**	**(N=127)**	**(N=128)**	**/**	**(N=116)**	**(N=112)**	**(N=131)**
Median total score (IQR)	8 (4-12)	6 (1–10)	7 (4–10)	/	5 (2–9)	4 (0–9)	**5 (2–9)**
% score 0	9	24	6	/	12	12	**16**
% score = 1	-	76	94	/	88	88	**6**
% score ≥ 5	72	60	74	/	52	61	**56**
Methamphetamine	**(N=98)**	**(N=115)**	**(N=98)**	**/**	**(N=116)**	**(N=102)**	**(N=115)**
Median total score (IQR)	2 (0-5)	0 (0–5)	1 (0–6)	/	3 (0–6)	1 (0–5)	**3 (0–7)**
% score 0	45	52	47	/	33	50	**40**
% score = 1	-	48	53	/	67	50	**60**
% score ≥ 4	40	33	35	/	41	35	**43**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2023, two-thirds (64%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year, a significant increase from 2022 (50%; p=0.020). Similarly, two-thirds (64%) of the sample reported that they had received an RNA test, also a significant increase from 46% in 2022 (p=0.005). Seven per cent reported a current HCV infection (8% in 2022; p=0.817; Table 9) and 14% reported that they had received HCV treatment in the past year (14%; p=0.865), of whom most (90%; n=18) reported that their treatment had been successful (67% in 2022; p=0.130).

Most participants (91%) reported having ever had a test for human immunodeficiency virus (HIV) (45% within the past six months, a significant increase from 22% in 2022; p<0.001), with 5% reporting having ever been diagnosed with HIV (6% in 2022; p=0.796) (Table 9).

Table 9: HCV and HIV testing and treatment, Melbourne, VIC, 2018-2023

%	Melbourne, VIC					
	2018 (N=150)	**2019 (N=148)**	**2020 (N=179)**	**2021 (N=148)**	**2022 (N=151)**	**2023 (N=150)**
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=144 74	N=144 64	N=175 38	N=145 57	N=149 50	**N=149** **64***
Past year hepatitis C PCR or RNA test	N=138 68	N=143 70	N=171 43	N=144 50	N=140 46	**N=148** **64****
Current hepatitis C status						
Currently have hepatitis C^	N=134 27	N=137 22	N=168 18	N=136 14	N=139 9	**N=146** **7**
Past year treatment for hepatitis C						
Received treatment in past year	N=143 24	N=93 14	N=174 16	N=144 17	N=146 15	**N=147** **14**
Most recent treatment was successful (among those who had received treatment in past year)	N=19 95	N=12 100	N=27 56	N=18 72	N=22 64	**N=20** **90**
HIV test				N=148	N=151	**N=146**
HIV test in past 6 months	/	**/**	/	41	21	**45*****
HIV test more than 6 months ago	/	**/**	/	52	62	**47***
HIV status			/	N=148	N=151	**N=146**
Lifetime HIV positive diagnosis	/	**/**	/	5	6	**5**

Note. ^This includes people who had not been tested for HCV. – Per cent 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

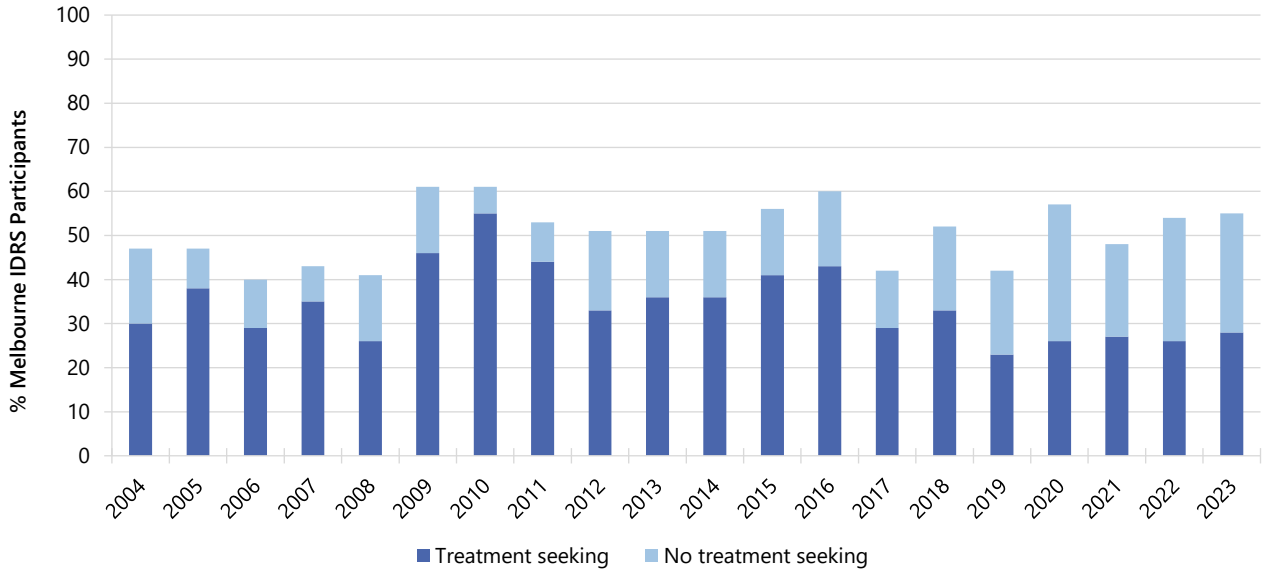
Mental Health and Psychological Distress (K10)

Mental Health

In 2023, 55% of the sample self-reported that they had experienced a mental health problem in the past six months, similar to 2022 (54%; p=0.904) (Figure 40). Amongst this group, the most commonly reported problems were anxiety (60%; 64% in 2022), depression (49%; 67% in 2022; p=0.173) and post-traumatic stress disorder (20%; 25% in 2022; p=0.590). A smaller percentage of participants reported schizophrenia (11%; 11% in 2022) and manic depression/bipolar (9%; 13% in 2022; p=456).

Twenty-eight per cent of the sample reported having seen a mental health professional in the past six months (52% of those who self-reported a mental health problem during the past six months, stable from 49% in 2022; p=0.744). Two-thirds (62%) of those who reported having seen a mental health professional reported that they had been prescribed medication for their mental health problem in the past six months, similar to 2022 (59%; p=0.817).

Figure 40: Self-reported mental health problems and treatment seeking in the past six months, Melbourne, VIC, 2004-2023



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2004) and two most recent years (2022 and 2023) 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. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

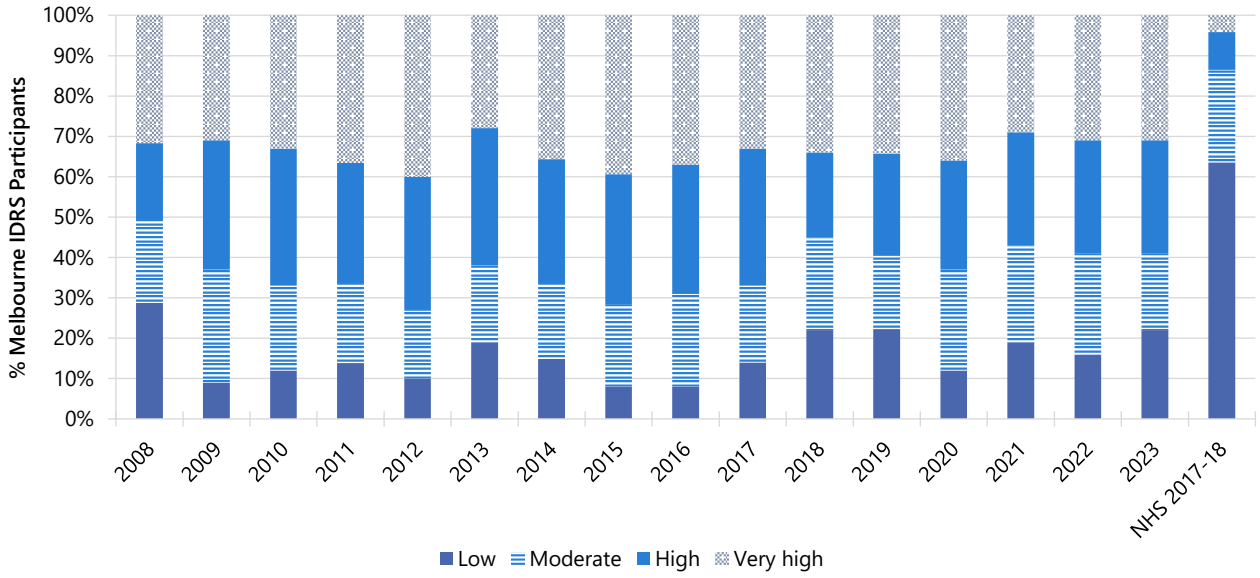
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem and possibly requiring clinical assistance.

Among those who responded 2023 (n=148), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.494), with almost one-third (31%) of the Melbourne IDRS participants having a score of 30 or more (31% in 2022) (Figure 41).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) scores on the K10. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 41).

Figure 41: K10 psychological distress scores, Melbourne, VIC, 2008-2023 and NHS 2017-2018



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) 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. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Most (89%) participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (84% in 2022; p=0.238) (Table 10). The most common services accessed by participants for AOD support in 2023 were NSPs (81%) and general practitioners (GPs) (52%).

The majority (97%) of participants reported accessing a health service for any reason in the six months preceding interview in 2023, a significant increase from 2022 (89%; p=0.013) (Table 10). Primary services reported by participants in 2023 were NSPs (85%) and GPs (73%).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Melbourne, VIC, 2022-2023

	AOD support		Any reason	
	2022 (N=151)	2023 (N=150)	2022 (N=151)	2023 (N=150)
% accessed a health service in the past 6 months	84	**89**	89	**97***
Type of service accessed ***(participants could select multiple services)***	N=151	**N=150**	N=151	**N=150**
GP	49	**52**	67	**73**
Emergency department	9	**13**	24	**33**
Hospital admission (inpatient)	6	**10**	19	**24**
Medical tent (e.g., at a festival)	0	**-**	0	**-**
Drug and Alcohol counsellor	15	**12**	14	**11**
Hospital as an outpatient	-	**-**	8	**7**
Specialist doctor (not including a psychiatrist)	-	**-**	7	**13**
Dentist	-	**-**	11	**12**
Ambulance attendance	4	**8**	15	**15**
Other health professional (e.g., physiotherapist)	-	**-**	5	**12***
Psychiatrist	-	**-**	9	**7**
Psychologist	-	**-**	8	**7**
NSP	71	**81***	68	**85****
Peer based harm reduction service	5	**-**	5	**-**
Other harm reduction service	5	**-**	8	**0*****

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

Stigma

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

In 2023, 49% of the sample reported experiencing stigma in any setting in the six months preceding interview (Table 11). Specifically, five per cent of the sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (six per cent of those who had attended a specialist AOD service), a significant decrease from 29% in 2022 ($p<0.001$). Thirty per cent reported experiencing stigma within general health care services in the six months preceding interview (35% of those who had attended general health care services), a significant decrease relative to 2022 (50% in 2022; $p=0.002$). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (15%) or the emergency department (12%). Thirty-seven per cent of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (24%) (Table 11).

Notably, 46% of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (29%), followed by delaying accessing health care (21%) and not attending follow-up appointments (19%).

Table 11: Self-reported experiences of stigma due to illicit/injecting drug use in the past six months, Melbourne, VIC, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=140 29	**N=150 5*** **
% Experiencing stigma in general health care service:	N=123 50	**n=150 30** **
% Experienced stigma in non-health care setting	/	**N=148 37**
% Experienced stigma in any of the above settings^	/	**49**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**n=143 46**
Delayed accessing healthcare	/	**21**
Did not tell health worker about drug use	/	**29**
Downplayed need for pain medication	/	**14**
Looked for different services	/	**13**
Did not attend follow-up appointment	/	**19**
Other	/	**0**

Note. N is the number who responded (denominator). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

COVID-19 Testing and Diagnosis

In 2023, 93% of the national sample reported having been tested for SARS-CoV-2 by the time of interview, with 91% reporting having been tested in the 12 months preceding interview (87% in 2022; 64% in 2021; 20% in 2020). Almost two-fifths (37%) of participants reported having ever been diagnosed with the virus (22% in 2022; no participants in 2021 or 2020), with participants reporting a median of one infection (IQR=1–2). Almost one-quarter (23%) of participants reported having been diagnosed with the virus in the past 12 months (22% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively).

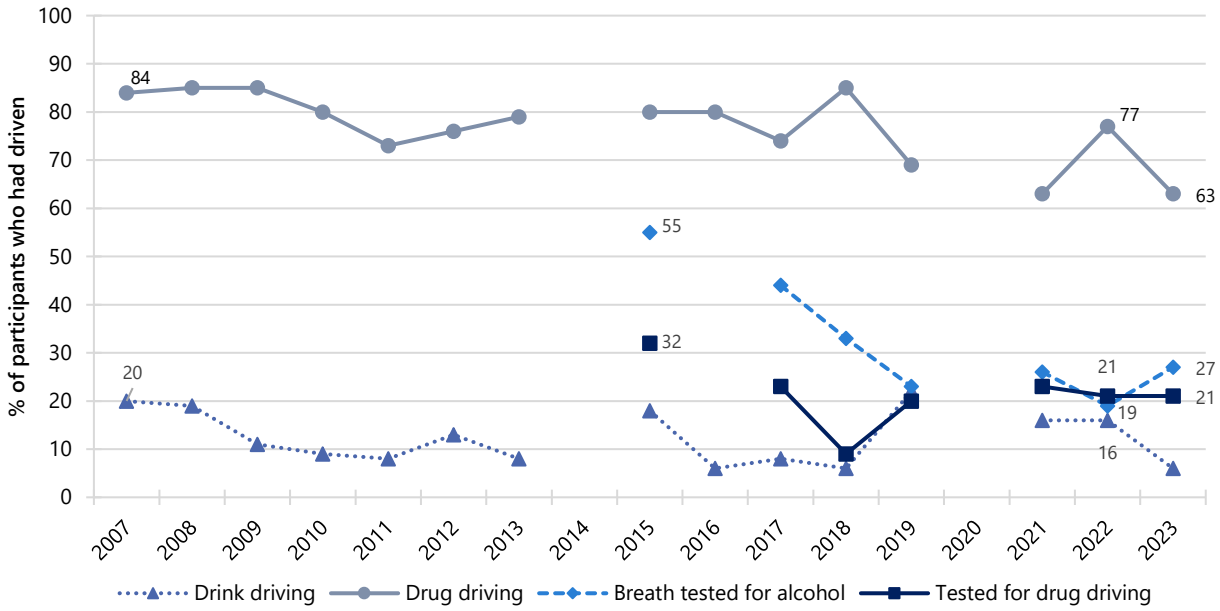
At the time of interview, 84% reported that they had received at least one COVID-19 vaccine dose (83% in 2022; p=0.525), with participants receiving a median of three doses (IQR=2–4: 3% received one dose, 22% received two doses and 59% received three or more doses).

Driving

In 2023, 35% of the Melbourne sample reported having driven a car, motorcycle or other motor vehicle in the past six months (48% in 2022). Of those who reported driving in the past six months and commented (n=51), few (n≤5) participants reported driving while over the perceived legal blood alcohol concentration (16% in 2022; *p*=0.185). Of those who reported driving in the past six months and commented (n=52), 63% reported driving within three hours of consuming an illicit drug in the past six months (77% in 2022; *p*=0.193) (Figure 42).

Of those who had driven within three hours of consuming of consuming an illicit or non-prescribed drug in the last six months and responded (n=33), participants most commonly reported using heroin (67%) within three hours of driving in the last six months, followed by methamphetamine crystal (55%) and cannabis (45%). Among those who reported driving in the last six months (n=52), 21% reported that they had been tested for drug driving by the police roadside drug testing service (21% in 2022; *p*=0.792), and 27% reported being breath tested for alcohol by the police roadside testing service in the past six months (19% in 2022).

Figure 42: Self-reported testing and driving, over the (perceived) legal limit for alcohol and three hours following illicit drug use, among those who had driven in the last six months, Melbourne, VIC, 2007-2023



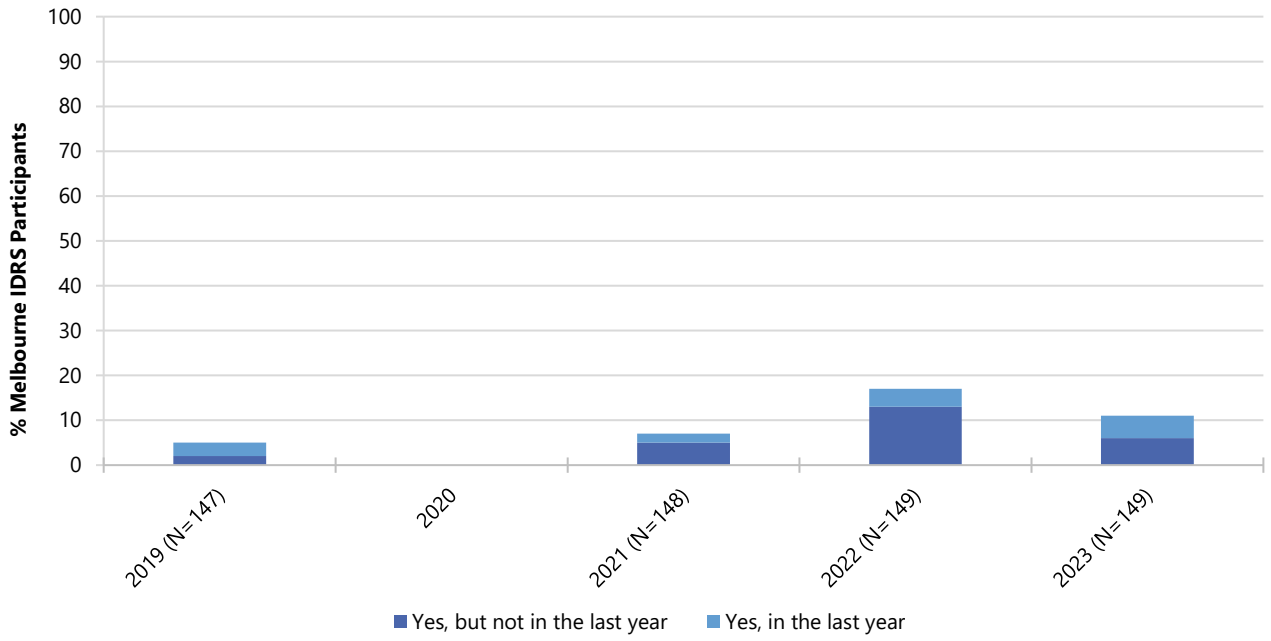
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) 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. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

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

In 2023, 11% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (17% in 2022; p=0.141), with 4% reporting doing so in the past year (4% in 2022). Few participants (n≤5) reported on the methods by which their drugs were tested, therefore, no further results are reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 43: Lifetime and past year engagement in drug checking, Melbourne, Vic, 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) 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. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

Forty-seven per cent of the Melbourne sample reported engaging in 'any' crime in the past month in 2023, similar to the 48% recorded in 2022 (p=0.812). Property crime (34%; 30% in 2022; p=0.460) and selling drugs for cash profit (23%; 25% in 2022; p=0.684) remained the most common self-reported crimes in the month preceding interview (Figure 44).

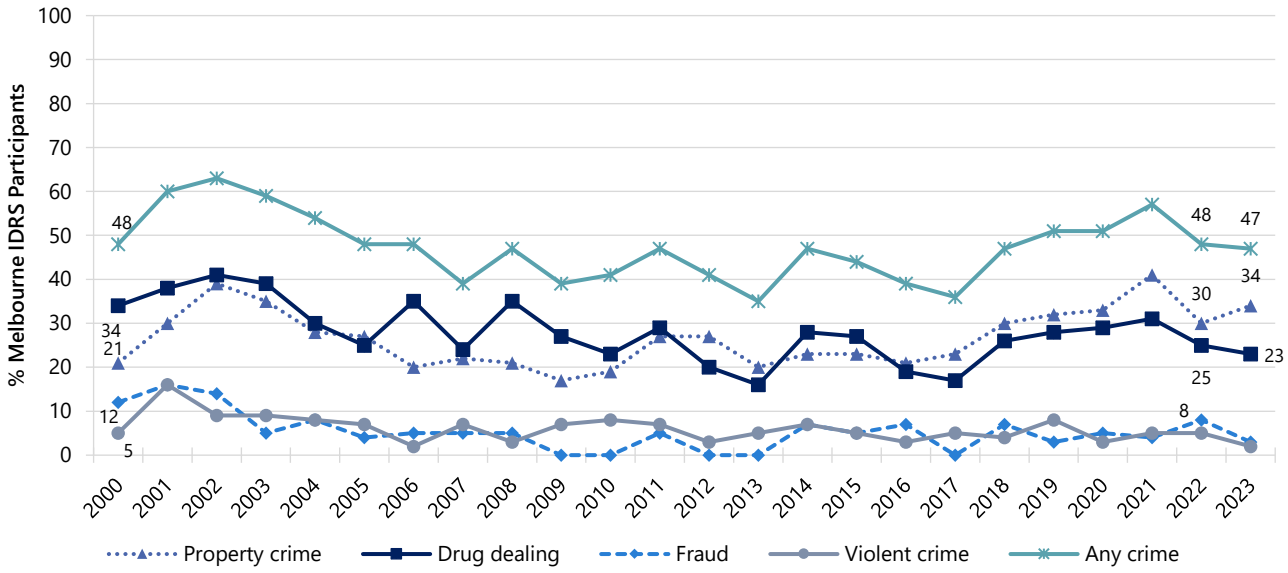
Seventeen per cent of participants reported being a victim of violence in the past month (20% in 2022; p=0.546) (Figure 45).

An additional 26% of participants (32% in 2022; p=0.256) reported a drug-related encounter with police that did not result in charge or arrest in the past 12 months. This predominantly comprised being stopped and searched (84%; 77% in 2022; p=0.431), followed by being stopped and questioned (82%; 65% in 2022; p=0.100).

In 2023, one-quarter (26%) of the sample reported having been arrested in the past year, similar to 2022 (33%; p=0.258). Of those who had been arrested and commented (n=39), the main reason for arrest in 2023 was property crime and COVID-19 restriction-related (19%, respectively).

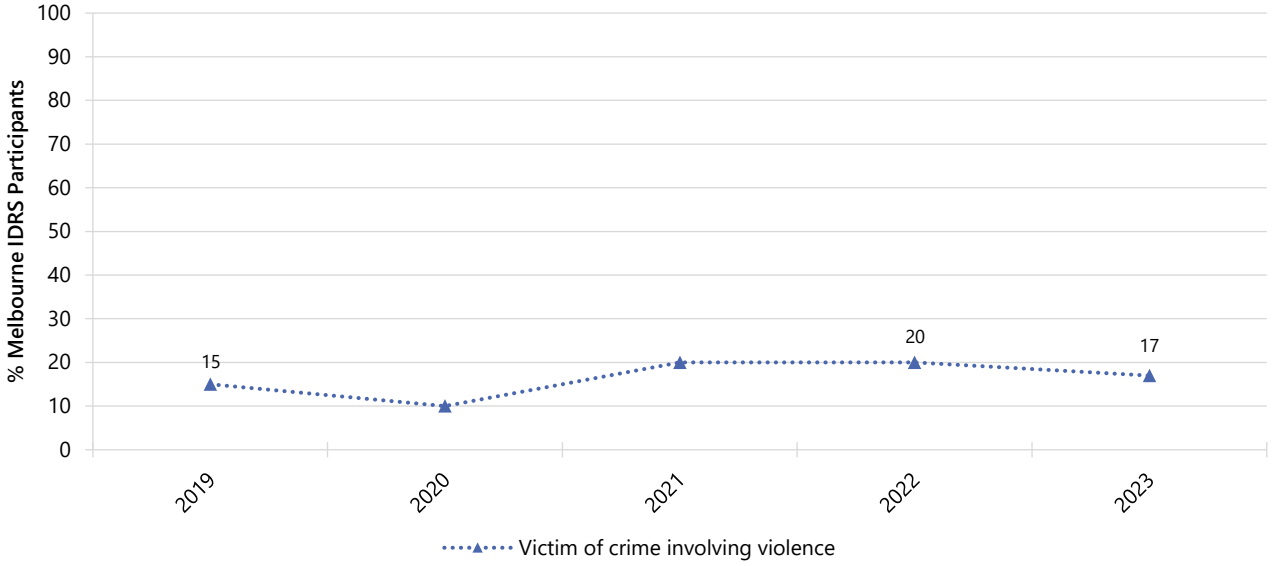
Three-quarters (74%) of the sample reported a lifetime prison history in 2023, similar to 68% in 2022 (p=0.308).

Figure 44: Self-reported criminal activity in the past month, Melbourne, VIC, 2000-2023



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 45: Victim of crime involving violence in the past month, Melbourne, VIC, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.