IDRS

VICTORIAN DRUG TRENDS 2024

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

VICTORIAN DRUG TRENDS 2024: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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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: mailto: paul.dietze@burnet.edu.au or drugtrends@unsw.edu.au

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Acknowledgements

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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 2024:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Haniene Tayeb, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Dylan Vella-Horne, Zachary Lloyd and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Sophie Haywood 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

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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
AIVL	Australian Injecting & Illicit Drug Users League
AOD	Alcohol and Other Drugs
AUDIT	Alcohol Use Disorders Identification Test
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
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 Survey
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

PTSD	Post-traumatic stress disorder
PVP	α-Pyrrolidinopentiophenone
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
STI	Sexually Transmitted Infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Melbourne, Victoria. Participants were 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, nor of use in the general population. **Data were collected in June, 2024. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Melbourne, Victoria (VIC) in 2024 (N=150) was mostly consistent with samples in previous years. Seventy-two per cent of participants were male (74% in 2023), but median age increased significantly to 48 years (45 years in 2023; p= 0.032). Ninety-four per cent of the sample were unemployed at the time of interview, and most (95%) had received a government pension/allowance or benefit in the month prior to interview. The reported median weekly income increased significantly from $407 (IQR=346-500) in 2023, to $450 (IQR=369-550) in 2024 (p=0.016). Current accommodation status remained stable between 2023 and 2024 (p=0.189), with most participants reporting residing at a private house/flat (63%) or at no fixed address (25%). Participants typically nominated heroin as their drug of choice in 2024 (64%; 57% in 2023), followed by methamphetamine (23%; 30% in 2023). Heroin was also the drug injected most often in the past month (67%; 60% in 2023), followed by methamphetamine (31%; 39% in 2023). Weekly or more frequent use of non-prescribed cannabis significantly decreased in 2024 (53%), relative to 2023 (67%; p=0.015).

Heroin

Eighty-three per cent of the Melbourne sample reported recent use in 2024, stable relative to 87% in 2023 (p=0.424). Frequency of use increased from a median of 72 days in 2023 to a median of 150 days in 2024 (p=0.003). Forty-four per cent reported daily use in 2024, a significant increase from 30% in 2023 (p=0.031). The reported median typical amount used per day decreased significantly from 0.2 grams in 2023, to 0.1 grams in 2024 (p=0.042). The reported frequency of injection increased significantly in 2024 to a median of 150 days (72 days in 2023). Perceived purity and availability remained stable between 2023 and 2024, with 46% perceiving purity to be 'medium' (29% in 2023) and 98% perceiving that heroin was 'easy' or 'very easy' to obtain (96% in 2023).

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years. In 2024, 70% of the Melbourne sample reported recent use of any form of methamphetamine (77% in 2023). Three fifths (60%) reported weekly or more frequent use of any methamphetamine, stable relative to 2023 (61%). Few participants (n≤5) reported recent use of methamphetamine powder in 2024, a significant decrease from 2023 (7%; p=0.02). Crystal methamphetamine remained the most common form reportedly used (70%; 77% in 2023). Injection remained the most commonly reported route of administration for crystal methamphetamine (90%; 95% in 2023), followed by smoking (48%; 50% in 2023). The median typical amount of methamphetamine crystal used per day changed significantly between 2024 and 2023 (0.1 grams; IQR=0-0.2; 0.1 grams; IQR=0.1=0.3

in 2023). The reported median maximum amount of methamphetamine crystal used per day decreased significantly, from 0.3 grams (IQR=0.1-0.6) in 2023 to 0.2 grams (IQR=0-0.5) in 2024. Findings about price, perceived purity, and availability reported in 2024 were all similar to those from 2023.

Cocaine

Recent use of cocaine remained stable at 14% (17% in 2023). Frequency of use remained low and stable at a median of two days (2 days in 2023), however, the frequency of injection increased significantly to a median of four days (n≤5 in 2023; p=0.025)

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024 remained stable at 69% (79% in 2023). Forty-nine per cent of participants who reported recent use reported daily use, similar to 2023 (53%). Reported use of hydroponic cannabis decreased significantly (75%; 88% in 2023; p=0.036), while there was a significant increase in bush cannabis use (50%; 30% in 2023; p=0.006). Reports of price, purity, and availability of non-prescribed cannabis in 2024 were comparable to 2023.

Pharmaceutical Opioids

In 2024, recent non-prescribed use of methadone (5%), buprenorphine tablets (n≤5), buprenorphine-naloxone (5%), morphine (n≤5), oxycodone (5%), and codeine (0%) remained low and stable relative to 2023. However, recent non-prescribed use of fentanyl decreased significantly in 2024 (n≤5; 5% in 2023; p=0.036). No participants reported any recent use of codeine in 2024, a significant decrease from 2023 (n≤5; p=0.03), Few participants (n≤5) reported any recent use of tramadol, and none reported prescribed recent use of tramadol, significant decreases from 2023 (6% and 5%; p=0.019 and p=0.015, respectively)

Other Drugs

Four per cent of participants reported recent use of new psychoactive substances in 2024 (5% in 2023), with all participants reporting them to be 'new drugs that mimic the effects of cannabis' (5% in 2023). Recent non-prescribed benzodiazepine use was reported by 27% of participants in 2024, a significant decrease from 39% in 2023 (p=0.027). Few participants (n≤5) reported recent use of non-prescribed pharmaceutical stimulants or antipsychotics, and none reported recent use of gabapentin. Sixteen per cent of participant reported recent use of non-prescribed Pregabalin in 2024, stable from 23% in 2023. Reported recent use of alcohol declined significantly in 2024 (52%; 65% in 2023; p=0.030), while reported use of tobacco (89%; 93% in 2023) remained stable. For the first time, participants were asked about their recent use of illicit smoked or non-smoked tobacco products, with 80% of participants reporting recent use. Reported recent use of non-prescribed e-cigarettes declined significantly, from 43% in 2023 to 29% in 2024 (p=0.017). Fourteen per cent of participants reported recent use of GHB/GBL/1,4-BD in 2024, stable from 20% in 2023. Recent use of Unisom was reported by 12% of participants in 2024 (13% in 2023).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2024, 61% of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Reported binge drug use in the 6-months preceding interviewing remained stable in 2024 at 48% (58% in 2023).

Injecting behaviours and equipment access

The median number of needles/syringes given out to others decreased significantly from a median of 10 (IQR=0-30) in 2023, to 5 (IQR=0-20) in 2024. In 2024, fewer participants reported obtaining needles or syringes from a partner or friend (5%; 17% in 2023; p=0.003), or a dealer (n≤5; 5% in 2023; p=0.067). There was a significant decrease in the number of participants reporting use of spoons/mixing containers (83%; 91% in 2023; p=0.045) and water (76%; 96% in 2023; p<0.001) in 2024.

In 2024, 4% reported receptive sharing and 7% reported distributive sharing of a needle or syringe in the past month (n≤5 and 4% in 2023, respectively). Two fifths (38%) of the sample reported that they had re-used their own needles in the past month (34% in 2023). Participants reporting injecting a partner/friend after injecting themselves decreased significantly from 43% in 2023, to 28% in 2024 (p=0.013).

Twenty per cent reported experiencing injection-related problems in the past month (17% in 2023), most commonly any nerve damage (8%).

Overdose, alcohol use, naloxone and drug checking

Twenty-two per cent reported overdosing on any drug in the preceding year, stable from 23% in 2023. Non-fatal overdose of any opioid was reported by 19% of participants (17% in 2023), with heroin being the most common opioid reported (19%; 15% in 2023). Few (n≤5) participants reported a stimulant overdose.

In 2024, almost all (94%) of the Melbourne sample reported awareness of naloxone, stable from 97% in 2023. Eighty-eight per cent of the sample reported awareness of naloxone take-home programs (90% in 2023), with 66% having been trained in naloxone administration in their lifetime (68% in 2023). Seventy-three per cent of the Melbourne sample reported having ever accessed naloxone, stable from 71% in 2023.

Seven per cent of participants (n≤5) reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year (11% in 2023).

Dependence, treatment and hepatitis C

Sixty-nine per cent scored five or above on the opioid Severity of Dependence Scale (SDS) and 31% scored four or above on the methamphetamine SDS, both indicating possible dependence in relation to opioid and methamphetamine use. Seven per cent of participants score a zero on the opioid SDS, a significant decrease from 16% in 2023 (p=0.037).

Over half (53%) of participants reported receiving any drug treatment in 2024, stable relative to 2023 (53%). Six per cent of the Melbourne sample reported being unable to access treatment in 2024, a significant decrease from 14% in 2023 (p=0.036).

The mean AUDIT-C score decreased significantly from 4.3 in 2023, to 3.3 in 2024 (p=0.001), as did the per cent of participants scoring four or above on the AUDIT-C (35%; 51% in 2023; p=0.021).

Seven tenths (69%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test (64% in 2023) and 69% reported receiving an RNA test (64% in 2023) in the past year. Ten per cent reported having a current HCV infection.

Sexual activity, mental health and health service access

Self-reported mental health problems remained stable in 2024 (56%; 55% in 2023), with depression being the most commonly

reported problem (65%), followed by anxiety (57%) and post-traumatic stress disorder (30%).

The K10 score remained stable between 2023 and 2024 (p=0.550), with 23% of participants scoring 'high' psychological distress and 39%scoring 'very high' (28% and 31% in 2023, respectively).

Over four fifths (85%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview (89% in 2023). Seventy-five per cent of participants reported using an NSP for 'any reason', a significant decrease from 85% in 2023 (p=0.047).

Driving, contact with policy and modes of purchasing drugs

Of those who had driven recently (n=39), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, and 80% reported driving within three hours of consuming an illicit or non-prescribed drug, both stable relative to 2023 (n≤5 and 63%, respectively).

Forty-four per cent of participants reported engaging in 'any' crime in the past month in 2024 (47% in 2023), with 22% having been arrested in the past year (26% in 2023), and 66% reporting a lifetime prison history (74% in 2023).

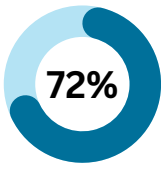
One fifth (22%) of participants reported a drug-related encounter with police which did not result in charge or arrest, stable relative to 2023 (28%). There was a significant decrease in participants reporting being stopped and questioned by police (45%; 76% in 2023; p=0.012).

In 2024, face-to-face contact was the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (83%). In 2024, 40% of participants reported purchasing illicit drugs via text message, a significant increase from 23% in 2023 (p=0.002).

2024 SAMPLE CHARACTERISTICS

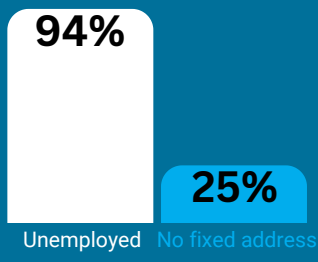
IDRS Illicit Drug Reporting System

In 2024, 150 participants, recruited from Melbourne, VIC were interviewed.



48 years **Male**

The median age in 2024 was 48, and 72% identified as male.

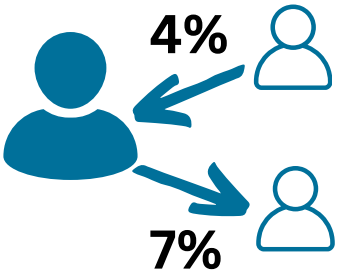


In the 2024 sample, 94% were unemployed and 25% had no fixed address.

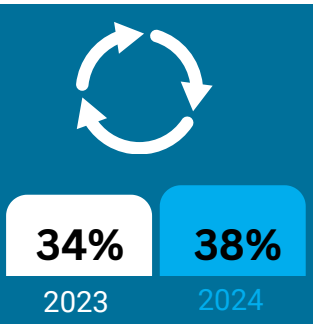
- **Injected heroin**
- **Injected methamphetamine**
- **Injected other illicit or non-prescribed drugs**

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

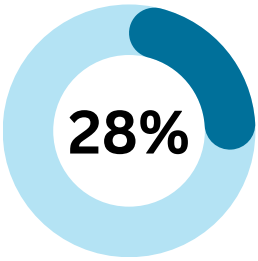
INJECTING-RELATED RISKS AND HARMS



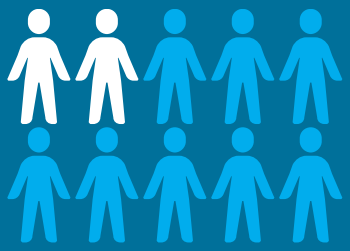
In 2024, 4% reported receptive sharing, and 7% reported distributive sharing in the past month.



38% of participants reported re-using their own needles in the past month, stable relative to 2023 (34%)



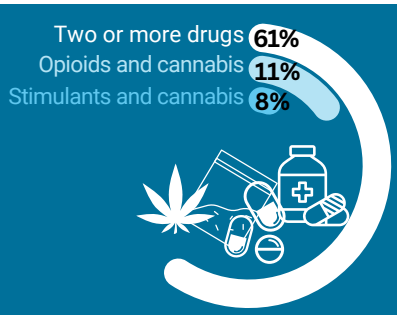
Percentage who reported injecting someone else after injecting themselves in the past month.



20% of participants reported having an injection-related health issue in the past month, stable from 2023 (17%).

*p<0.050; **p<0.010; ***p<0.001

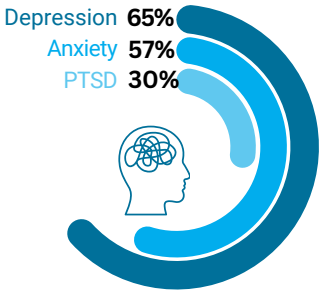
OTHER HARMS



In 2024, 61% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was opioids and cannabis (11%).

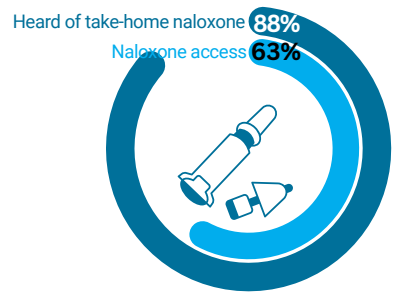
Past year non-fatal overdose remained stable in 2024 relative to 2023.

In 2024, 56% of participants reported a mental health problem in the 6 months preceding interview.

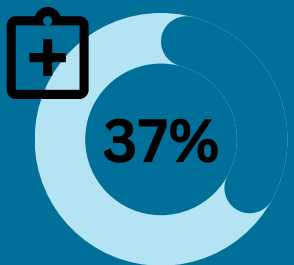


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

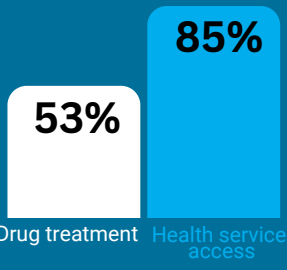


Knowledge of take-home naloxone and past year naloxone access remained stable in 2024.



Among those who were aware of naloxone, 37% reported ever using naloxone to resuscitate someone who had overdosed, with 35% having done so in the past year.

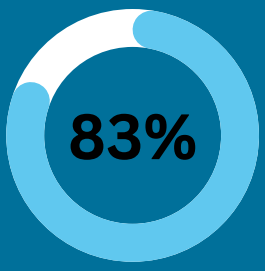
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



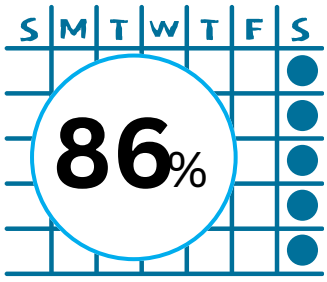
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

IDRS Illicit Drug Reporting System



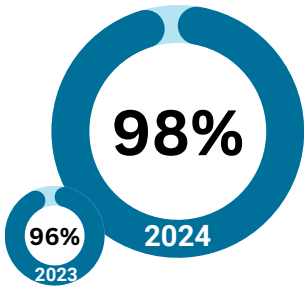
Past 6 month use of heroin remained stable in 2024 (83%) relative to 2023 (87%)



Of those who had recently consumed heroin, 86% reported weekly or more frequent use, stable from 2023 (78%).

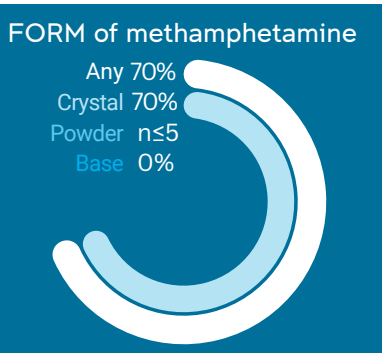
$50 2023 $50 2024

The median reported price for a point of heroin.

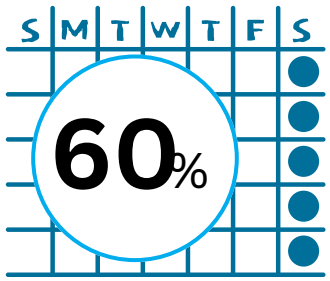


Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE



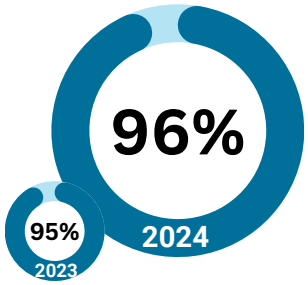
Past 6 month use any of any, crystal, powder and base methamphetamine in 2024



Of those who had recently used any form of methamphetamine, 60% reported weekly or more frequent use, stable from 2023 (61%).

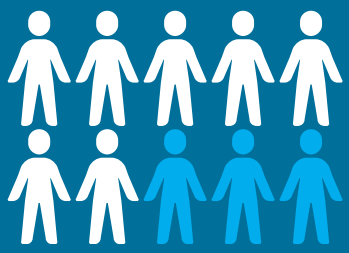
$50 2023 $50 2024

The median reported price for a point of crystal methamphetamine.

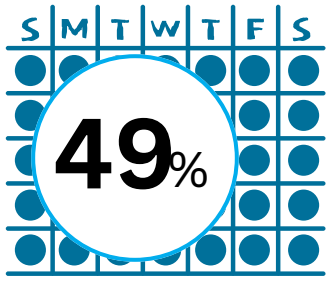


Percentage who perceived crystal methamphetamine as being 'easy' or 'very easy' to obtain.

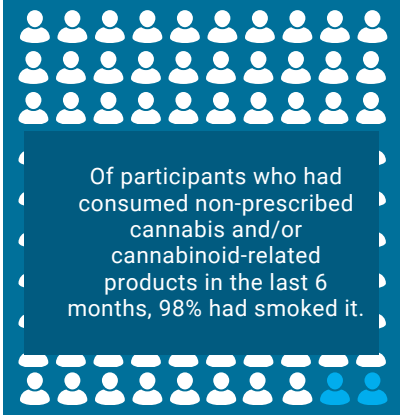
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



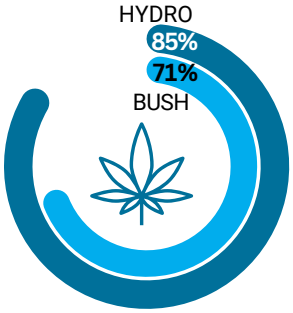
Past 6 month use remained stable in 2024 (69%) relative to 2023 (79%).



Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 49% reported daily use, stable from 2023 (53%).



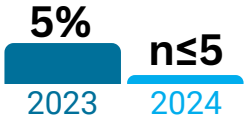
Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 98% had smoked it.



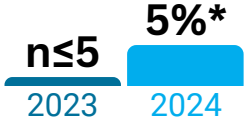
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2023).

PAST 6 MONTH USE OF OTHER DRUGS

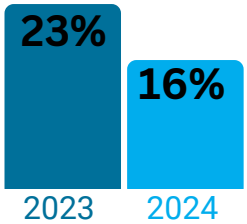
Non-prescribed morphine



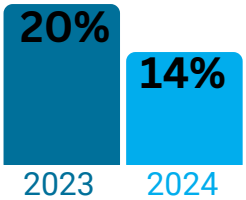
Non-prescribed fentanyl



Non-prescribed pregabalin



GHB/GBL/1,4-BD



Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of 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 non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2024: 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 either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants

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

2024 IDRS Sample

Between 1 June-12 July 2024, a total of 884 participants were recruited across capital cities nationally, with 150 participants recruited from Melbourne, Victoria (VIC) between 3 June-27 June, 2024. All interviews were conducted face-to-face in Melbourne, VIC.

Sixteen per cent of the 2024 Melbourne sample completed the interview in 2023, whereas 18% of participants in the Melbourne 2023 sample completed the interview in 2022 (p=0.631). In 2024, 53% of participants were recruited via word of mouth (60% in 2023), and one quarter (25%) were recruited via NSPs (36% in 2023).

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 2022/23 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 2023 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 2022/23 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 2021/22 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 2023.

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 2023 and 2024. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the *p*-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤ answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001	Statistical significance between 2023 and 2024

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, Victoria, 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 emerging 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 2020-2024, must be taken into consideration when comparing 2020-2024 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 national reports, jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

Gender identity remained stable between 2023 and 2024 (p=0.765), with almost three quarters (72%) identifying as males (74% in 2023). The median age of the sample was 48 years (IQR=42–54), a significant increase relative to 2023 (45 years; IQR=40–51; p=0.032) (Table 2).

In 2024, employment status reported by the sample was comparable to 2023 (p=0.297), with 94% being unemployed at the time of interview (92% in 2023), and 95% reporting receiving a government pension, allowance, or benefit in the past month (94% in 2023; p=0.796). The proportion reporting a post-school qualification remained stable in 2024 (60%; 53% in 2023; p=0.249). Participants reported a median weekly income of $450 (IQR=369–550) in 2024, a significant increase from a median of $407 reported in 2023 (IQR=346–500; p=0.016). Current accommodation status of participants remained stable between 2023 and 2024 (p=0.189), with 63% reporting residing in a private house or flat (56% in 2023).

Drug of choice remained stable in 2024 compared to 2023 (p=0.165), with participants typically reporting that heroin was their drug of choice in 2024 (64%; 57% in 2023), followed by methamphetamine (23%; 30% in 2023) (Figure 1). The drug injected most often in the last month also remained stable in 2024 relative to 2023 (p=0.393), with participants typically nominating heroin as the drug injected most often (67%; 60% in 2023), followed by methamphetamine (31%; 39% in 2023) (Figure 2).

Weekly or more frequent consumption of heroin (71%; 67% in 2023; p=0.527) and crystal methamphetamine (42%; 47% in 2023; p=0.416) remained stable in 2024, though significantly fewer participants reported weekly or more frequent use of cannabis (53%; 67% in 2023; p=0.015) (Figure 3).

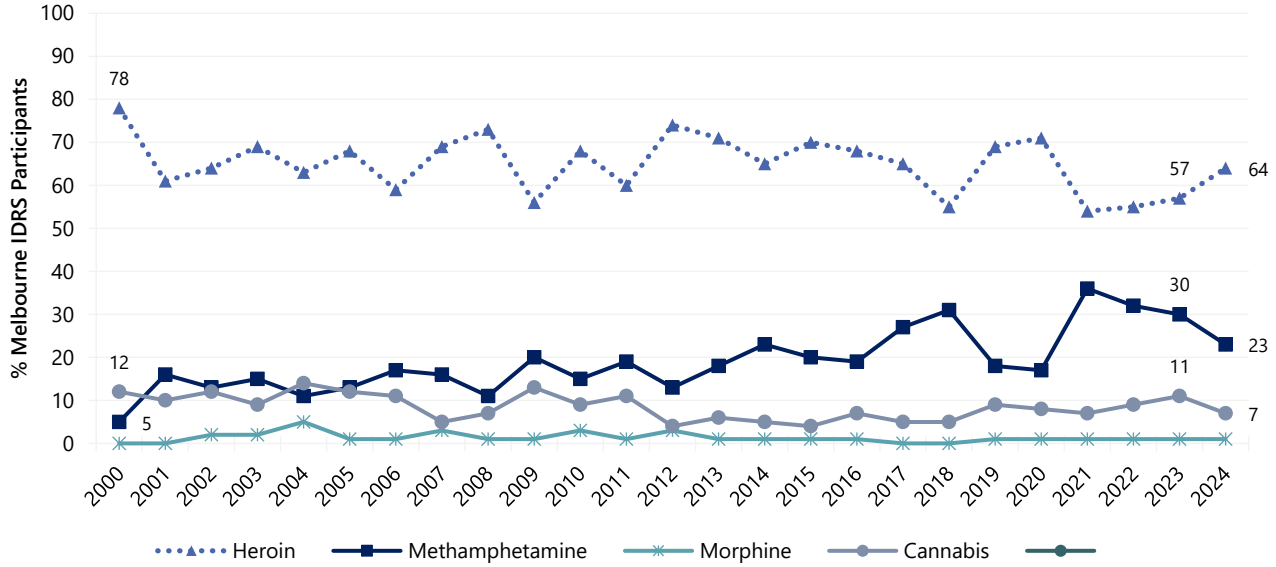
Table 2: Demographic characteristics of the sample, nationally, 2024, and Melbourne, VIC, 2016-2024

	Melbourne, VIC					National
	2020	2021	2022	2023	2024	2024
	(N=179)	(N=148)	(N=151)	(N=150)	(N=150)	(N=884)
Median age (years; IQR)	43 (38–49)	43 (38–50)	45 (39–52)	45 (40–51)	**48 (42–54)***	47 (40-53)
% Gender						
Female	41	28	34	25	**27**	30
Male	59	72	66	74	**72**	69
Non-binary	0	0	0	-	**-**	-
% Aboriginal and/or Torres Strait Islander	9	26	25	25	**20**	28
% Born in Australia	/	/	/	88	**86**	88
% English primary language spoken at home	/	/	/	94	**95**	96
% Sexual identity						
Heterosexual	88	83	86	89	**89**	85
Homosexual	4	6	5	-	**-**	4
Bisexual	7	10	8	9	**6**	9
Queer	-	-	-	0	**-**	1
Other	0	0	-	-	**-**	2
Mean years of school education (range)	10 (2–12)	10 (5–12)	10 (1–12)	10 (0–12)	**10 (2–12)**	10 (1-12)
% Post-school qualification(s)^	58	42	56	53	**60**	62
% Current accommodation						
Own home *(inc. renting)~*	59	44	63	56	**63**	66
Parents'/family home	5	7	-	6	**-**	5
Boarding house/hostel	18	14	7	9	**9**	6
Shelter/refuge	3	-	-	-	**-**	2
No fixed address	12	24	22	25	**25**	20
Other	3	9	4	-	**-**	1
% Current employment status						
Unemployed	92	96	90	92	**94**	89
Full-time work	-	-	-	-	**-**	3
Part time/casual				-	**4**	6
Self-employed				-	**-**	2
Other				0	**-**	1
% Past month gov't pension, allowance or benefit	97	96	91	94	**95**	94

	Melbourne, VIC					National
	2020	2021	2022	2023	2024	2024
	(N=179)	(N=148)	(N=151)	(N=150)	(N=150)	(N=884)
Current median income/week ($; IQR)	533 (450–550)	378 (300–450)	400 (308–500)	407 (346–500)	**450 (369–550)***	$424 (350-550)

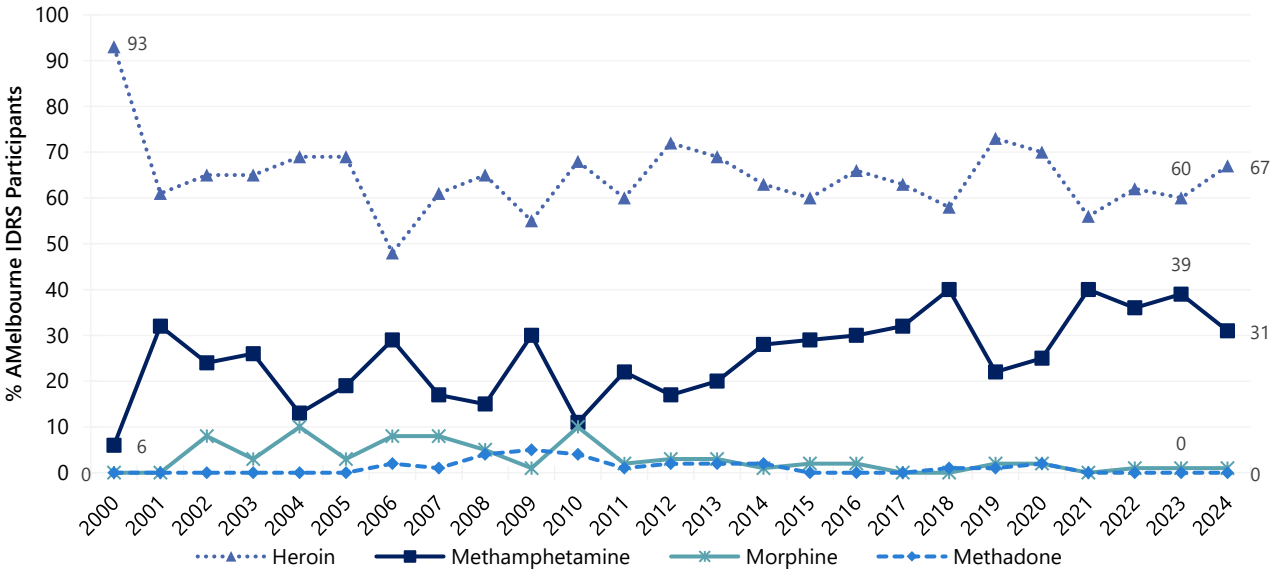
Note. ^Includes trade/technical and university qualifications. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 among the Melbourne sample is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Melbourne, VIC, 2000-2024



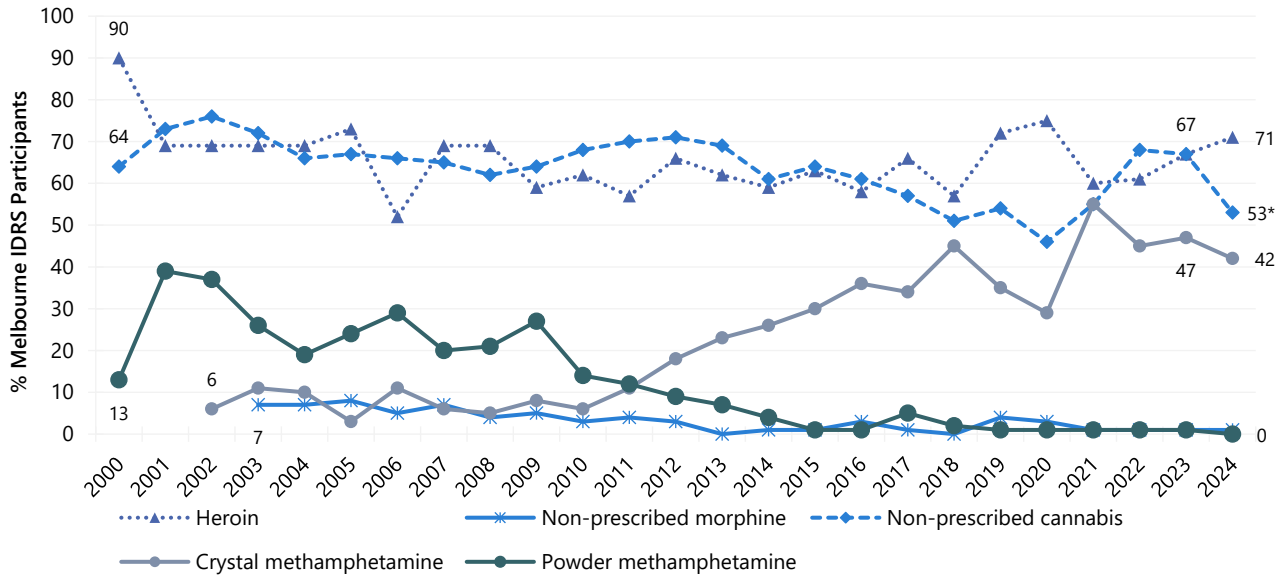
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Melbourne, VIC, 2000-2024



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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Melbourne, VIC, 2000-2024



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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-three per cent of the Melbourne sample reported recent use of any heroin in 2024, similar to 2023 (87%; p=0.424) (Figure 4).

Frequency of Use

Frequency of reported heroin use has fluctuated over the course of monitoring. In 2024, participants who reported recent use and commented (n=124) reported using heroin on a median of 150 days (IQR=65–180) in the past six months, a significant increase from 2023 (72 days; IQR=24–180; n=130; p=0.003) (Figure 4). Of participants who reported using heroin, 86% reported weekly or more frequent use (78% in 2023; p=0.108), while 44% reported daily use, a significant increase from 30% in 2023 (p=0.031).

Routes of Administration

Among those who had recently consumed heroin and commented (n=124), injection remained the most commonly reported route of administration (100%; 99% in 2023). Participants who reported injection reported doing so on a median of 150 days (IQR=65–180) in the past six months, a significant increase from 2023 (72 days; IQR=24–180; p=0.004). Few (n≤5) participants reported smoking heroin (6% in 2023; p=0.378).

Quantity

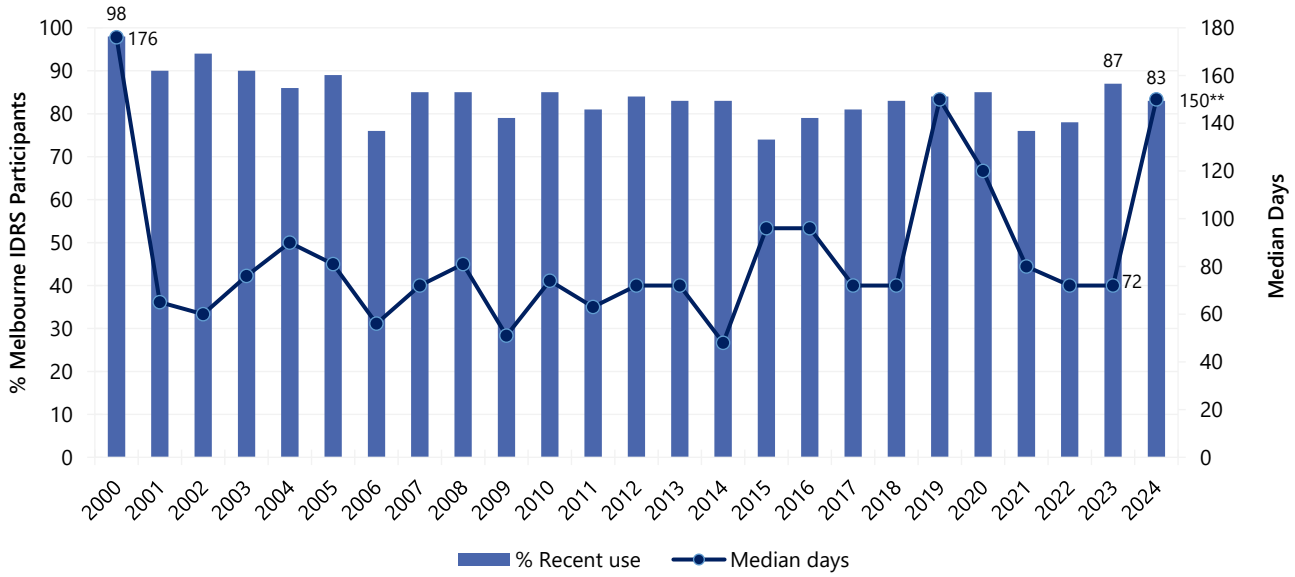
Of those who reported recent use and responded (n=123), the median amount of heroin used on an 'typical' day in the past six months was 0.10 grams (IQR=0.00–0.30) in 2024, a significant decrease from 0.20 grams in 2023 (IQR=0.10–0.30; n=126; p=0.042). Of those who reported recent use and responded (n=122), the median maximum amount of heroin used per day in the past six months was 0.30 grams (IQR=0.10–1.00) in 2024, stable from 0.40 grams in 2023 (IQR=0.20–1.00; n=124; p=0.099).

Forms Used

Among participants who reported recent use of heroin and commented (n=124), four fifths (81%) reported using white/off-white rock heroin, stable relative to 2023 (78%), whereas two fifths (39%) reported using white/off-white powder heroin, also stable relative to 2023 (44%; p=0.335). One fifth

(20%) reported using brown/beige rock (27% in 2023; p=0.197), and one tenth (11%) reported using brown/beige powder (17% in 2023; p=0.217). Few (n≤5) participants reported using homebake in 2024 (n≤5 in 2023). No participants reported using purple rock or purple powder in 2024 or 2023.

Figure 4: Past six month use and frequency of use of heroin, Melbourne, VIC, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2024, the median price of one point (0.10 of a gram) of heroin reported by participants was $50 (IQR=50–100; n=68; $50 in 2023; IQR=50–100; n=62; p=0.393) (Figure 5). The reported median price of a gram of heroin in 2024 was $275 (IQR=238–375; n=12), similar to 2023 ($250; IQR=180–475; n=7; p=0.966). Due to few participants reporting on the price of a cap (n≤5), further details are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

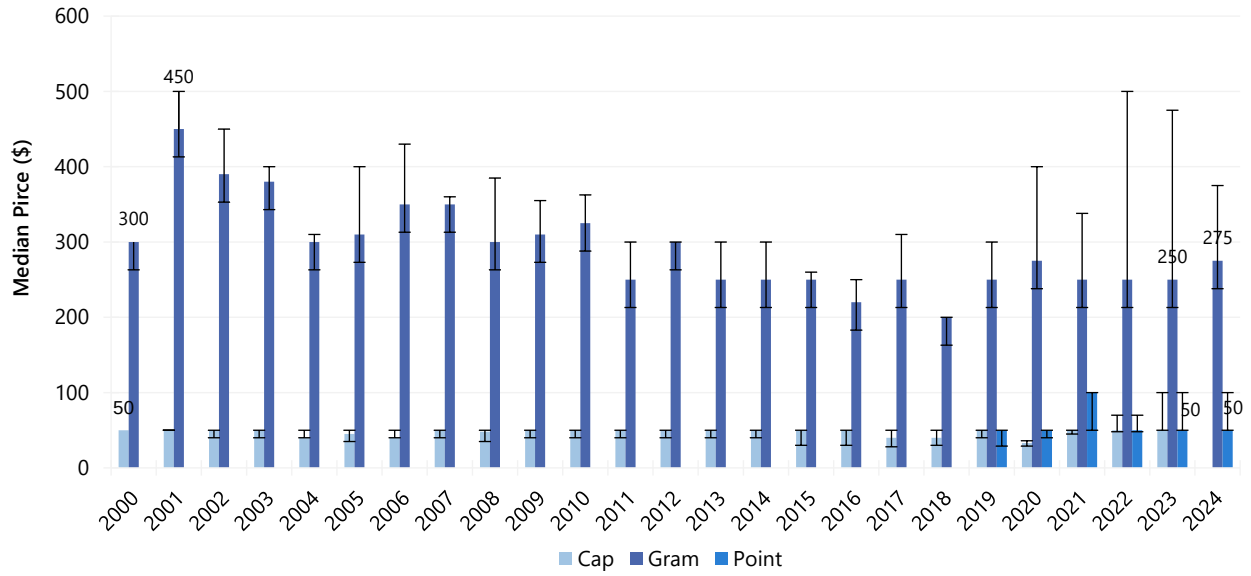
Perceived Purity

The perceived purity of heroin remained stable between 2023 and 2024 (p=0.058) (Figure 6). Among those who were able to comment in 2024 (n=114), 46% perceived purity to be 'medium' (29% in 2023), while one quarter (24%) perceived purity to be 'low' (27% in 2023) and one fifth (21%) reporting 'high' purity (30% in 2023).

Perceived Availability

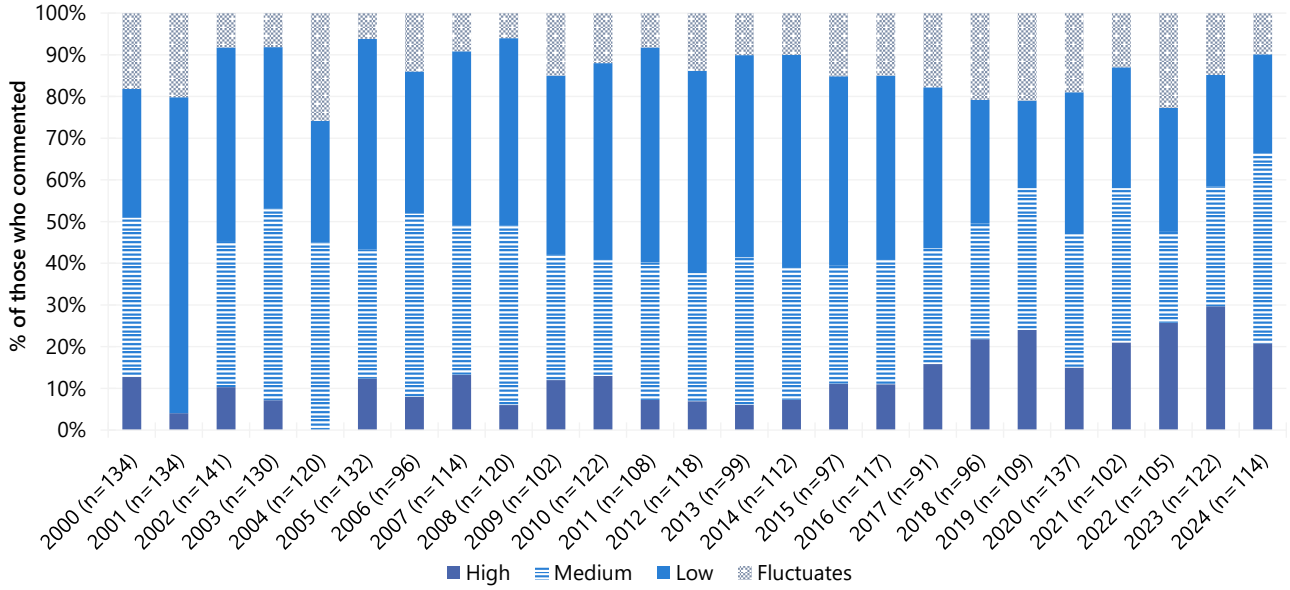
The perceived availability of heroin remained stable between 2023 and 2024 (p=0.344) (Figure 7). Among those who were able to comment in 2024 (n=119), 71% perceived current availability as 'very easy' (62% in 2023), and a further 27% perceived current availability as 'easy' (34% in 2023).

Figure 5: Median price of heroin per cap, gram and point, Melbourne, VIC, 2000-2024



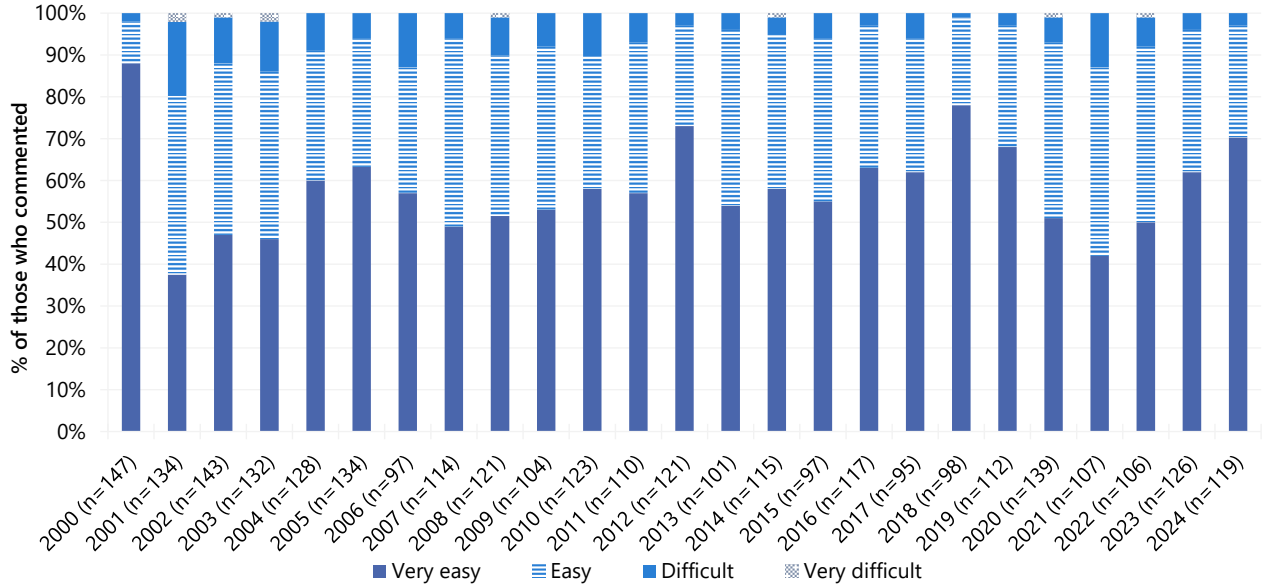
Note. Among those who commented. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first and two most recent years of monitoring. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 6: Current perceived purity of heroin, Melbourne, VIC, 2000-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Current perceived availability of heroin, Melbourne, VIC, 2000-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

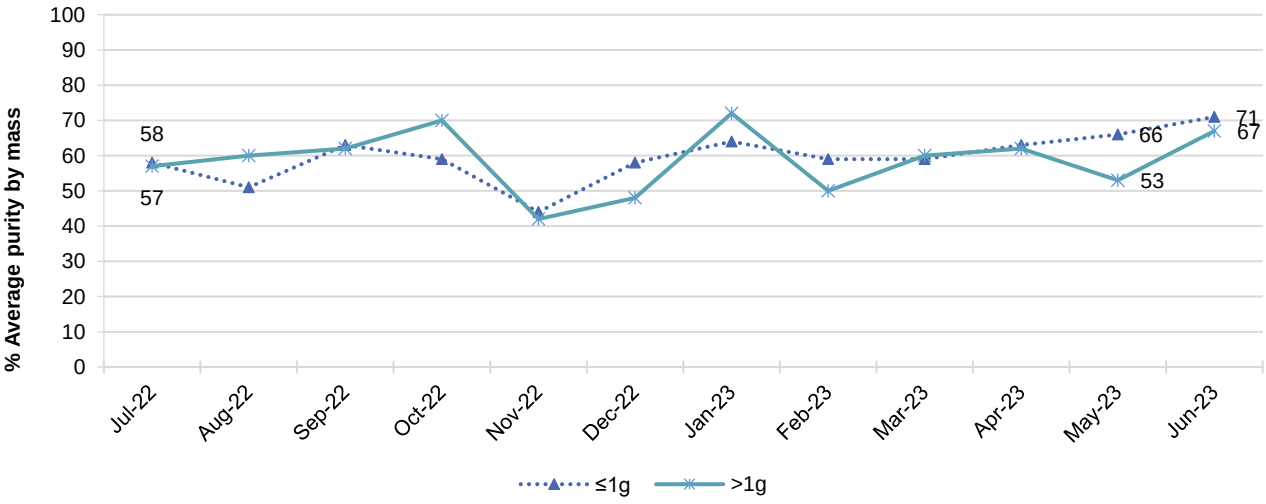
Routinely Collected Data

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)

Heroin seizures analysed by the Victoria Police Forensic Services Department during the 2022/23 financial year averaged 60% purity in those weighing one gram or less (IQR=58%–63%, range=44%–71%) and 59% in those weighing over one gram (IQR=51%–60%, range=42%–72%) (Figure 8).

Figure 8: Purity of heroin seizures by Victorian law enforcement, July 2022–June 2023

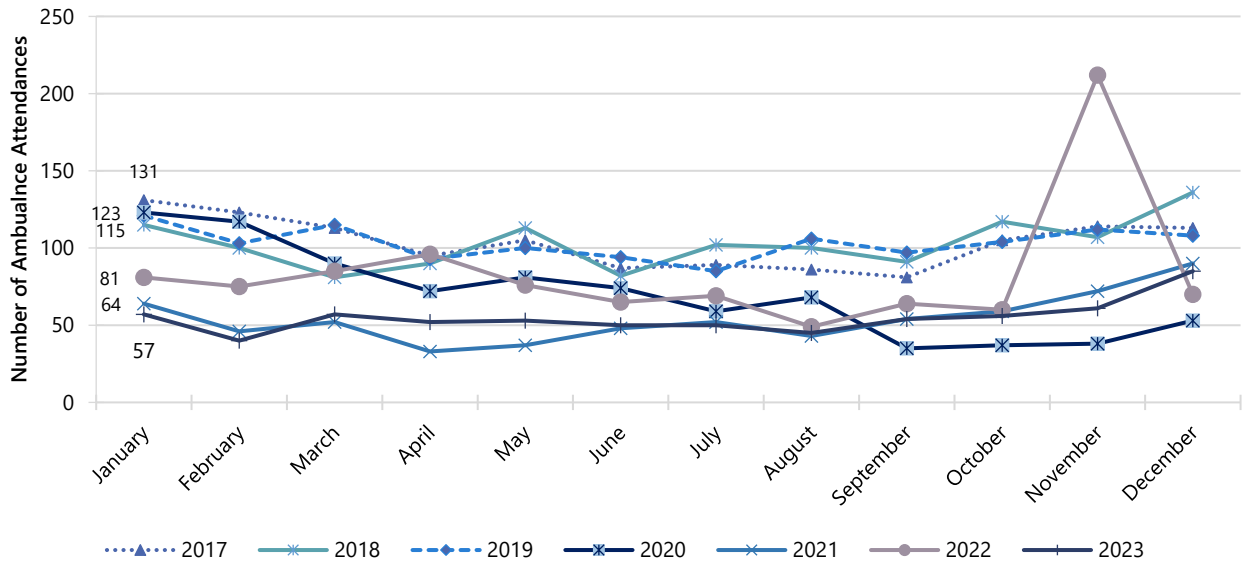


Note. Includes all forms of heroin seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-22) and last two months (May-23, Jun-23) of monitoring. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

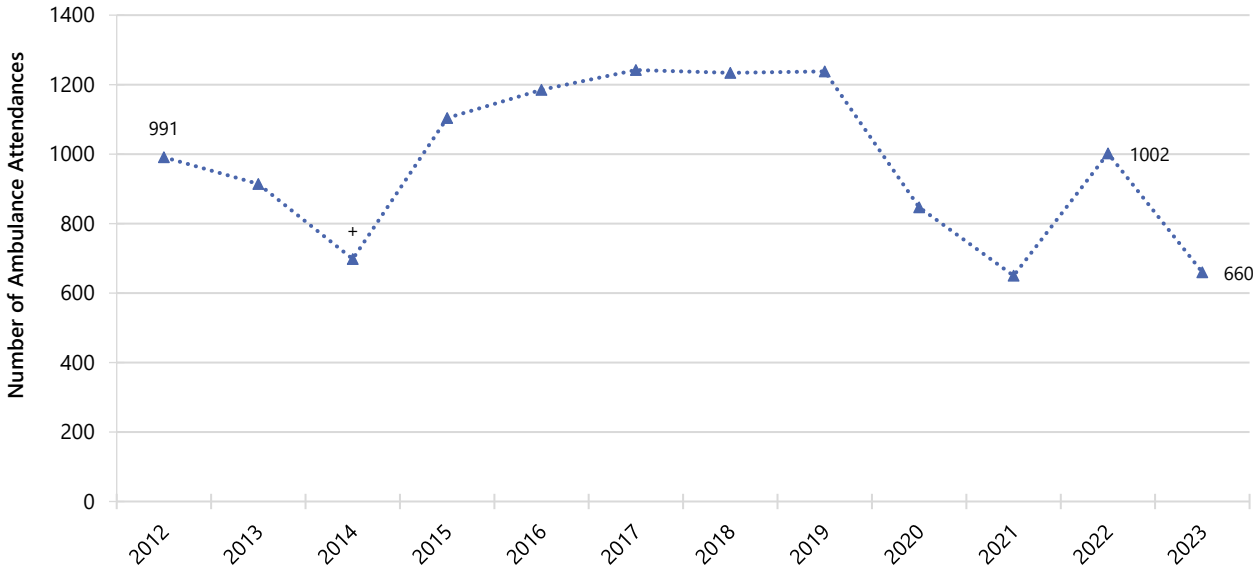
The number of heroin-related ambulance attendances in metropolitan Melbourne ranged between 33 and 212 per month from 2017 to 2023 (Figure 9). The annual number of heroin-related attendances fell from 1002 in 2022 to 660 in 2023 (Figure 10). The median age of patients in 2023 was 43 years (range 36–51), consistent with previous years.

Figure 9: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2023



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, 2012–2023



Note. Data labels are only provided for the first (2012) and two most recent years (2022 and 2023) of monitoring. + = Data missing from October-December 2014 due to industrial action. Source: Turning Point.

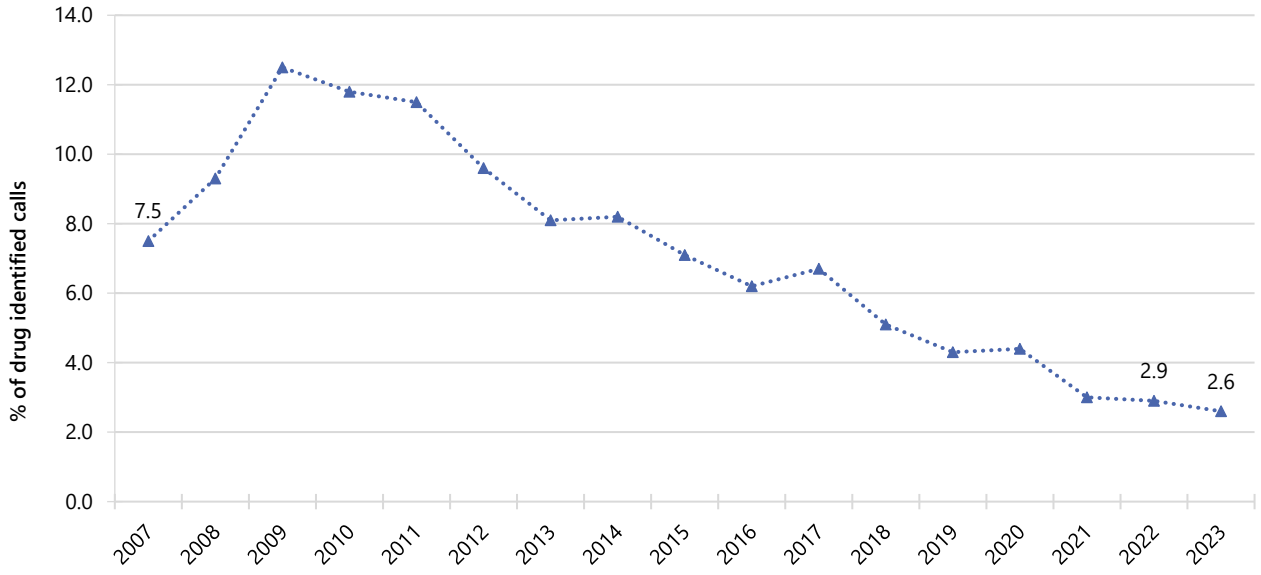
ADIS\VADC

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 2023, DirectLine received 467 calls in which heroin was identified as the drug of concern, representing 2.6% 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 2007–2023



Note. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) 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 2024, 70% of the Melbourne sample reported recent use of any methamphetamine (powder, base and crystal), a figure similar to that found in 2023 (77%; p=0.245) (Figure 12).

Frequency of Use

Among participants who reported any recent methamphetamine consumption and commented in 2024 (n=104), median reported frequency of use remained stable at 40 days (IQR=6–92) in the six months prior to interview (48 days in 2023; IQR=6–160; n=115; p=0.529) (Figure 13). The per cent reporting weekly or more frequent use (60%) was similar to 2023 (61%; p=0.887), while the reported daily use of methamphetamine (17%) was also similar to 2023 (19%; p=0.856).

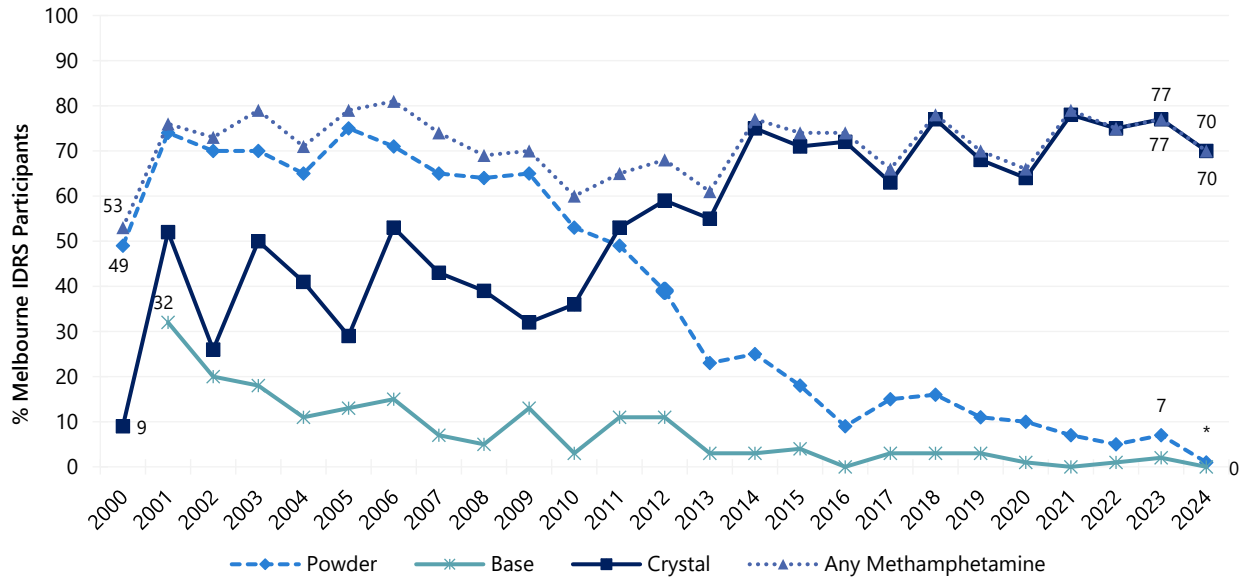
Forms Used

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 interview in 2024 (n=105), allreported recent use of methamphetamine crystal (100%; 100% in 2023; p=0.552), whilst few (n≤5) reported using powder, a significant decrease from 10% in 2023 (p=0.020). No participants reported using methamphetamine base in 2024 (n≤5 in 2023; p=0.248).

Number of Forms Used

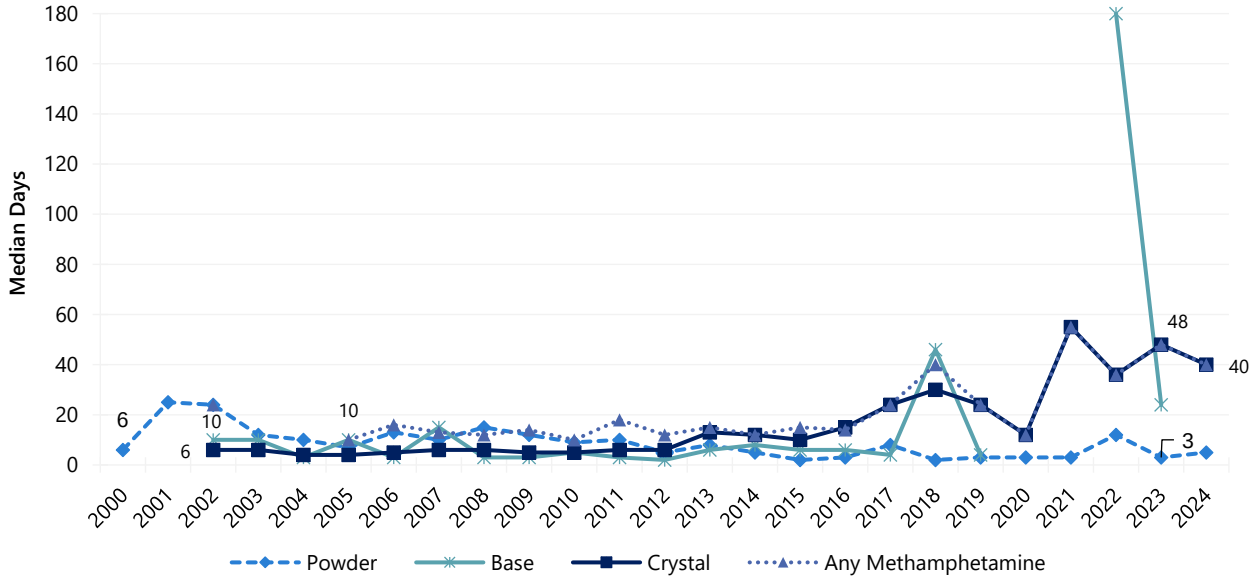
Among participants who had recently consumed any methamphetamine and commented (n=105), the median number of forms of methamphetamine used in the six months preceding interview was one (IQR= 1–1) in 2024 (1 in 2023; IQR=1–1; n=115; p=0.011).

Figure 12: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Melbourne, VIC, 2000-2024



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and methamphetamine base combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Melbourne, VIC, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Few participants (n≤5) reported recent use of methamphetamine powder, 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.

Methamphetamine Base

No participants reported recent use of methamphetamine base, 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.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of methamphetamine crystal have been increasing since monitoring began, surpassing methamphetamine powder from 2011 and peaking at 78% in 2021. In 2024, 70% of the sample reported recent use of methamphetamine crystal, a similar figure to that observed in 2023 (77%; *p*=0.245) (Figure 12).

Frequency of Use: In 2024, of those who reported recent methamphetamine crystal use and commented (n=104), frequency of use remained stable at a median of 40 days in the six months prior to interview (IQR=6–92; 48 days in 2023; IQR=6–147; n=115; *p*=0.536) (Figure 13). Three fifths (60%) of those who reported recent methamphetamine crystal use reported weekly or more frequent use (61% in 2023; *p*=0.887), with 17% reporting daily use (19% in 2023; *p*=0.856), both figures similar to 2023.

Routes of Administration: Among those who had recently consumed crystal and commented (n=105), most participants (90%) reported injecting the drug (95% in 2023; *p*=0.209) and doing so on a median of 36 days in the past six months in 2024 (IQR=6–96), stable from 2023 (48 days; IQR=7–120; *p*=0.675). Almost half (48%) reported smoking methamphetamine crystal in 2024, similar to 2023 (50%; *p*=0.785).

Quantity: Of those who reported recent methamphetamine crystal use and responded (n=103), the median amount of crystal used on a 'typical' day of consumption in the past six months was 0.10 grams (IQR=0.00–0.20; 0.10 grams in 2023; IQR=0.10–0.30; n=112; *p*=0.002). Of those who reported recent methamphetamine crystal use and responded (n=101), the median maximum amount of crystal used per day in the past six months was 0.20 grams (IQR=0.00–0.50), a significant decrease from 0.30 grams in 2023 (IQR=0.10–0.60; n=111; *p*=0.002).

Price, Perceived Purity and Perceived Availability

Methamphetamine Crystal

Price: Participants reported a median price of $50 (IQR=40–50; n=52) for one point (0.10 of a gram) of crystal in 2024 ($50 in 2023; IQR=50–50; n=54; *p*=0.803) (Figure 14). Few (n≤5) participants reported on the price of a gram in 2024 (n≤5 in 2023; *p*=0.686).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2023 and 2024 (*p*=0.847). Among those who were able to comment in 2024 (n=81), 37% reported that crystal was of 'medium' purity (36% in 2023), followed by 27% reporting crystal was of 'low' purity (25%

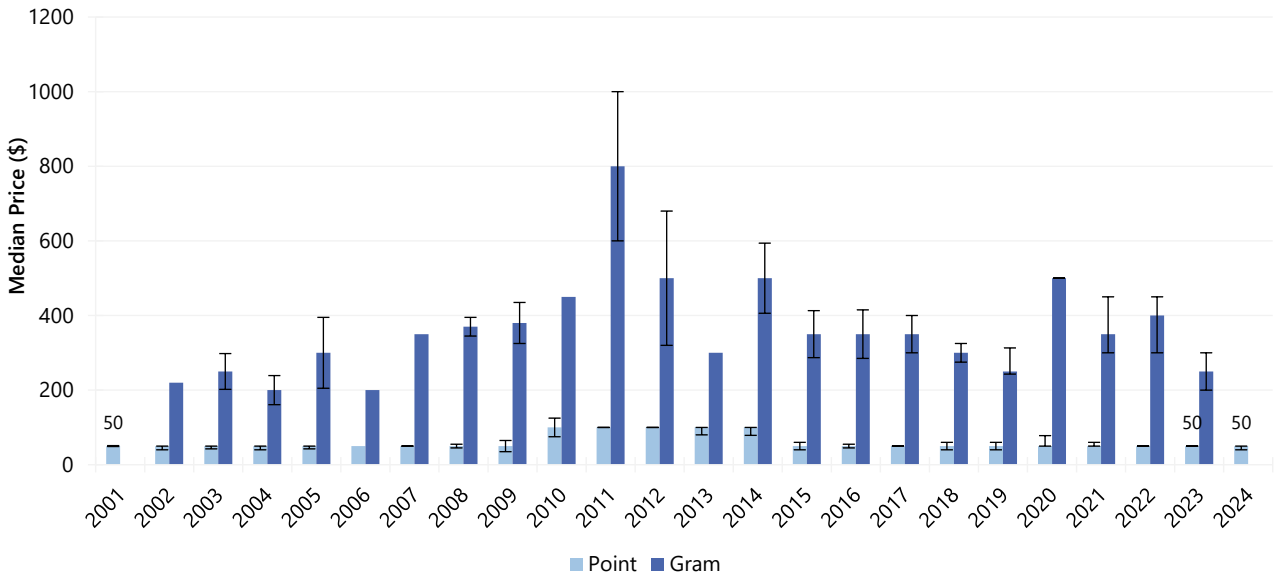
in 2023). Almost one quarter (23%) perceived the purity to be 'high' (22% in 2023) (Figure 15).

Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2023 and 2024 (p=0.179). Among those who were able to comment in 2024 (n=86), almost three quarters (74%) perceived crystal methamphetamine as being 'very easy' to obtain (61% in 2023) and one quarter (23%) reported 'easy' obtainment (34% in 2023) (Figure 16).

Methamphetamine Powder and Base

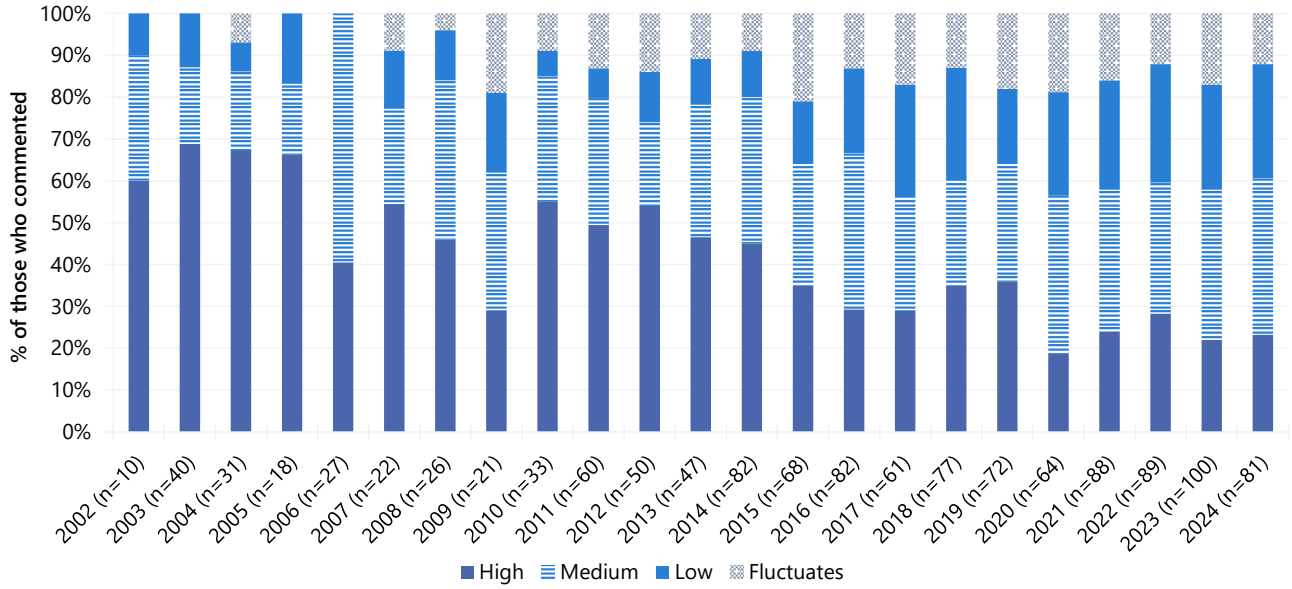
Due to low numbers (n≤5) reporting on the price, purity and availability of methamphetamine powder and/or base in 2024, further details are supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 14: Median price of methamphetamine crystal per point and gram, Melbourne, VIC, 2001-2024



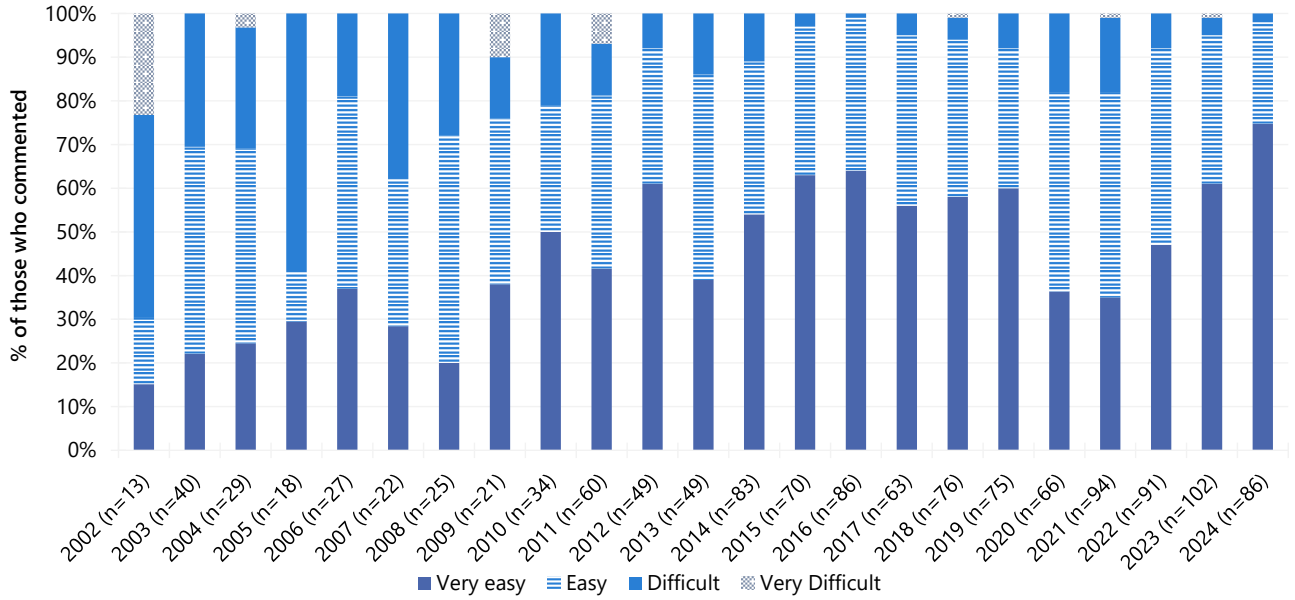
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived purity of methamphetamine crystal, Melbourne, VIC, 2002-2024



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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 16: Current perceived availability of methamphetamine crystal, Melbourne, VIC, 2002-2024



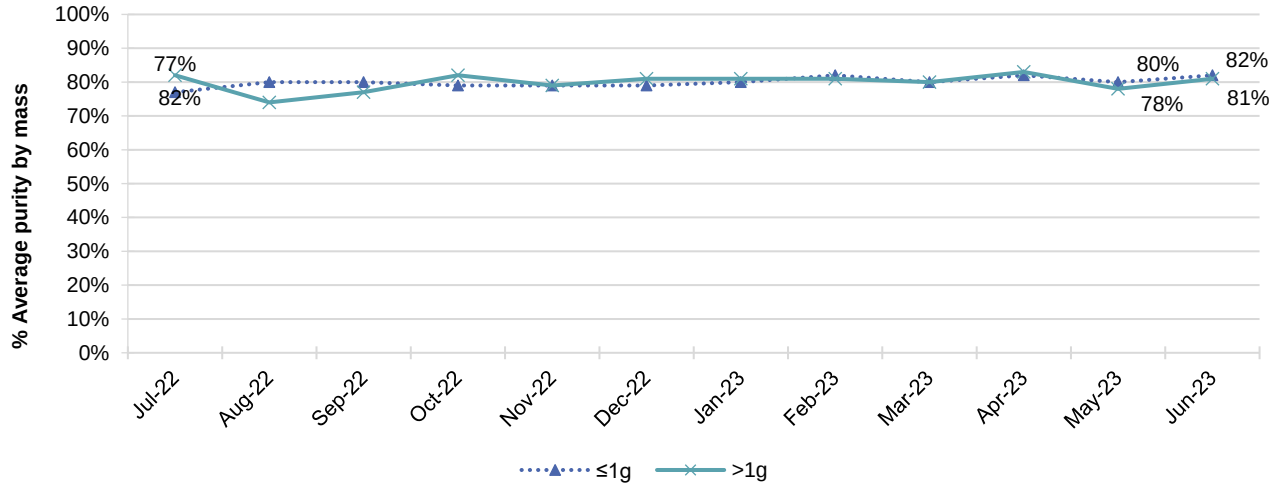
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2022/23 financial year averaged 80% purity in those weighing one gram or less (IQR=79%–80%, range=77%–82%) and 80% in those weighing over one gram (IQR=78%–81%, range=74%–83%) (Figure 17).

Figure 17: Purity of methamphetamine seizures by Victorian law enforcement, July 2022–June 2023

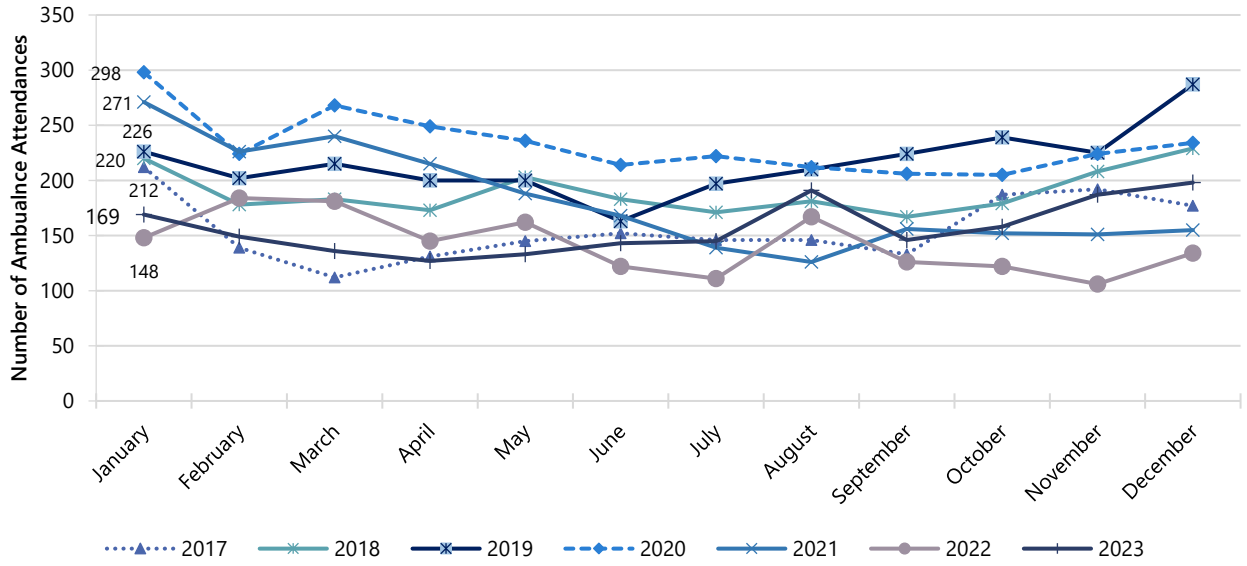


Note. Includes all forms (e.g., powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-22) and last two months (May-23, Jun-23) of monitoring. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

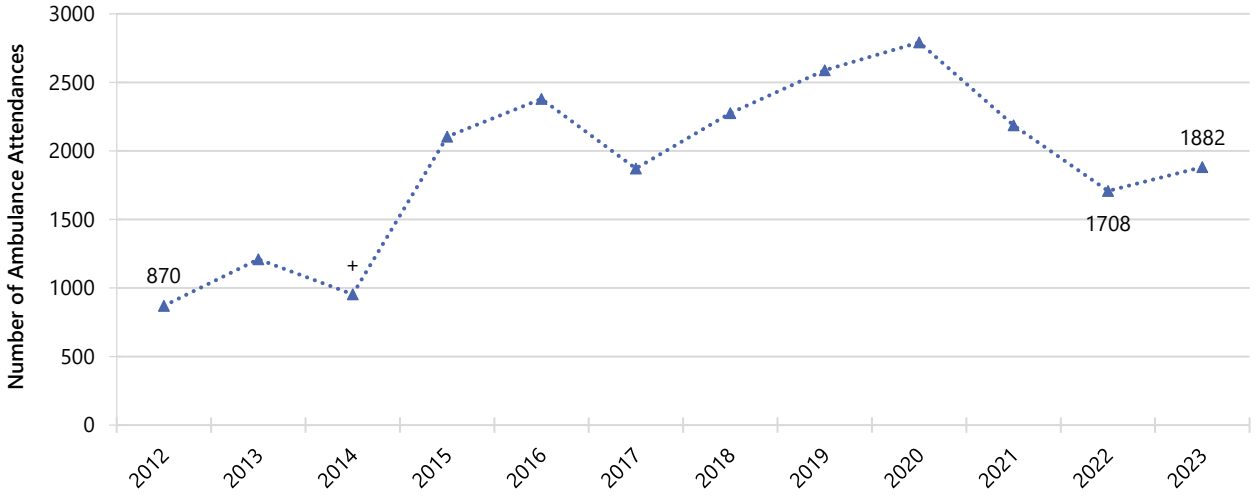
The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 106 and 298 per month during 2017–2023 (Figure 18). The annual number of methamphetamine-related attendances has risen steadily since 2012, when 870 attendances were recorded. In 2023 there were 1882 attendances, an increase from 2022 (Figure 19). The median age of patients in 2023 was 33.5 years (range 27–42), consistent with recent years, though on an upward trend since 2012.

Figure 18: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2023



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, 2012–2023



Note. Data labels are only provided for the first (2012) and two most recent years (2022 and 2023) of monitoring. + = Data missing from October–December due to industrial action. Source: Turning Point.

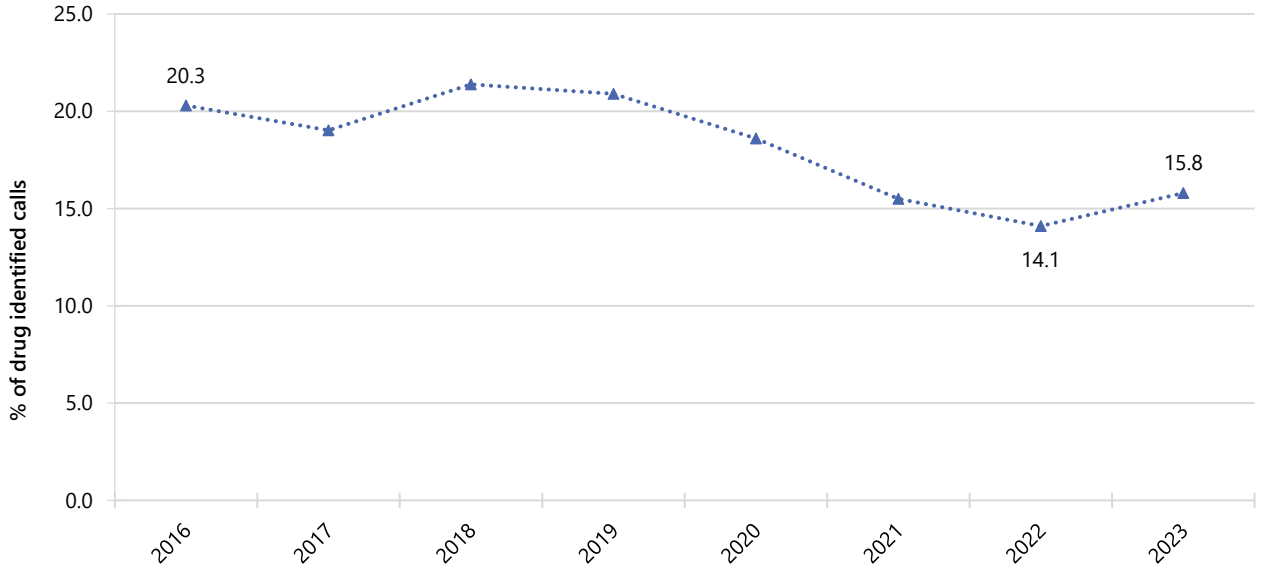
ADIS\VADC

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 2023, DirectLine received 2,883 calls in which methamphetamine was identified as the drug of concern, representing 15.8% 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, however increased in 2023 compared to 2022 (Figure 20).

Figure 20: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2023



Note. Data labels are only provided for the first (2016) and two most recent years (2022 and 2023) 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/rock 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 14% of the Melbourne sample reporting recent cocaine consumption in 2024, similar to 2023 (17%; p=0.629) (Figure 21).

Frequency of Use

Frequency of reported cocaine use has remained stable over the past few years. Among participants who had recently used cocaine and were able to comment in 2024 (n=21), participants reported using cocaine on a median of two days (IQR=1–5) in the six months prior to interview, stable from 2023 (2 days; IQR=1–3; n=25; p=0.523). Few participants (n≤5) reported using cocaine weekly or more frequently in 2024 (n≤5 in 2023; p=0.585) (Figure 21).

Routes of Administration

Of those who reported recent cocaine consumption and commented in 2024 (n=21), 62% reported snorting the substance, similar to 2023 (68%; p=0.763). Almost half (48%) of participants reported injection, stable from 2023 (32%; p=0.366). Few participants (n≤5) reported on any other route of administration; therefore, these data are suppressed.

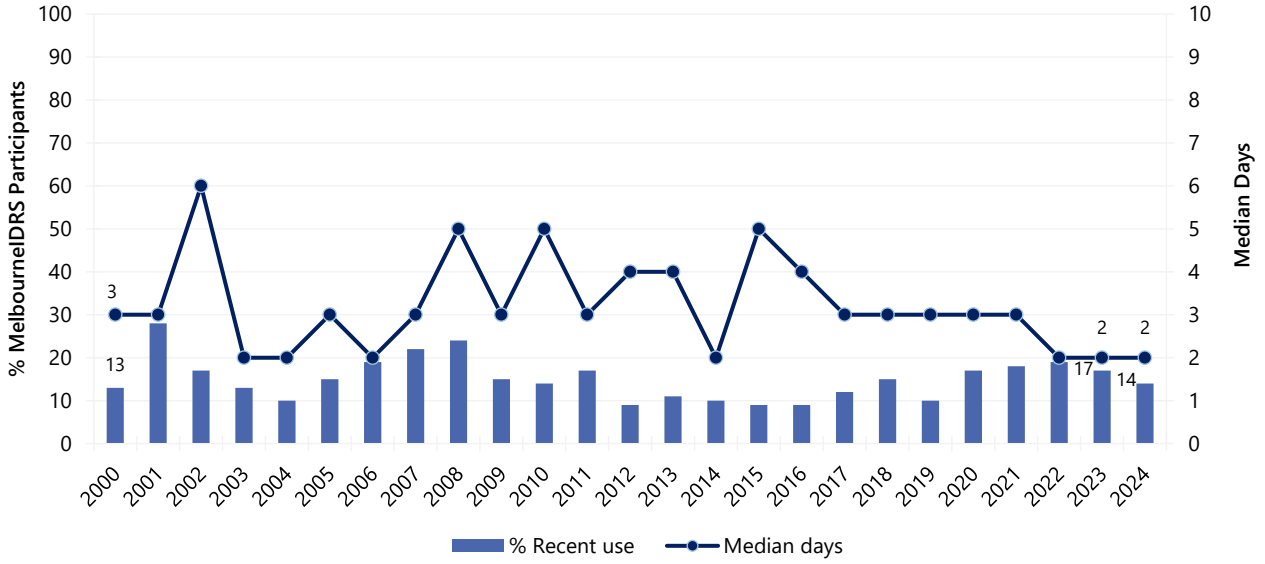
Quantity

Of those who reported recent cocaine use and responded (n=17), the median amount of cocaine used on a 'typical' day in the six months preceding interview was 0.50 grams (IQR=0.10–1.00; 0.50 grams in 2023; IQR=0.20–0.90; n=15; p=0.848).

Forms Used

Of those who reported recent cocaine use and responded (n=21), most reported using powder cocaine (95%; 92% in 2023); few (n≤5) participants reported use of crack/rock cocaine (n≤5 in 2023).

Figure 21: Past six month use and frequency of use of cocaine, Melbourne, VIC, 2000-2024



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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2024, the median price of one gram of cocaine reported by participants was $350 (IQR=200–400; n=9; n≤5 in 2023) (Figure 22). Due to few participants reporting on the price of a point/cap (n≤5), further details are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

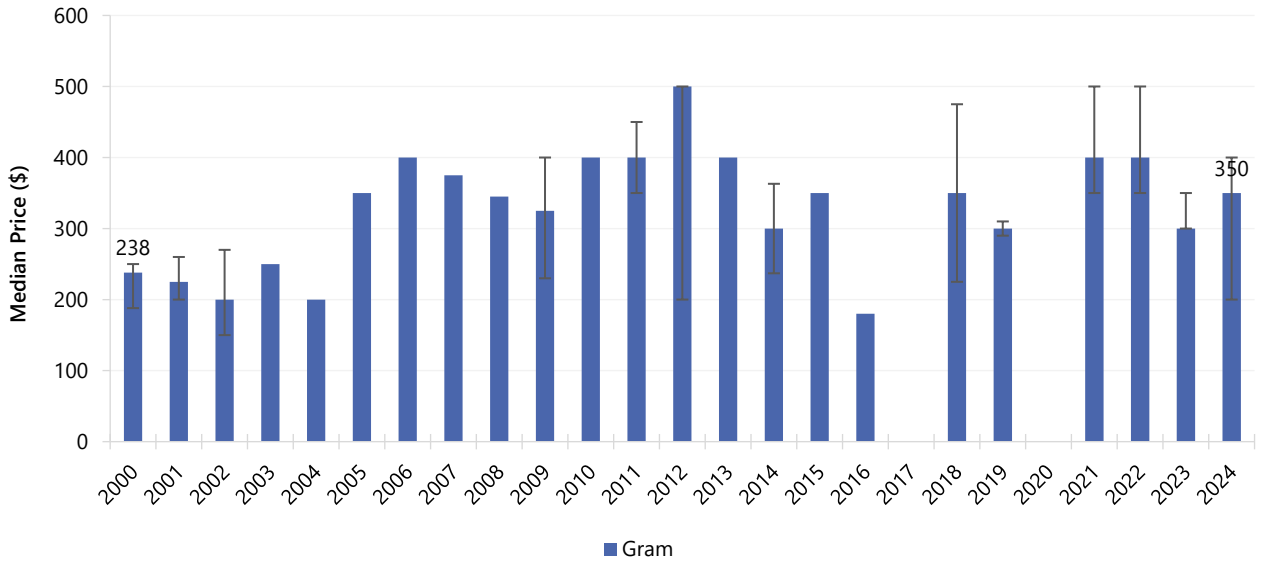
Perceived Purity

The perceived purity of cocaine remained stable between 2023 and 2024 (p=0.890) (Figure 23). Among those who were able to comment in 2024 (n=13), 46% perceived purity to be 'high' (47% in 2023).

Perceived Availability

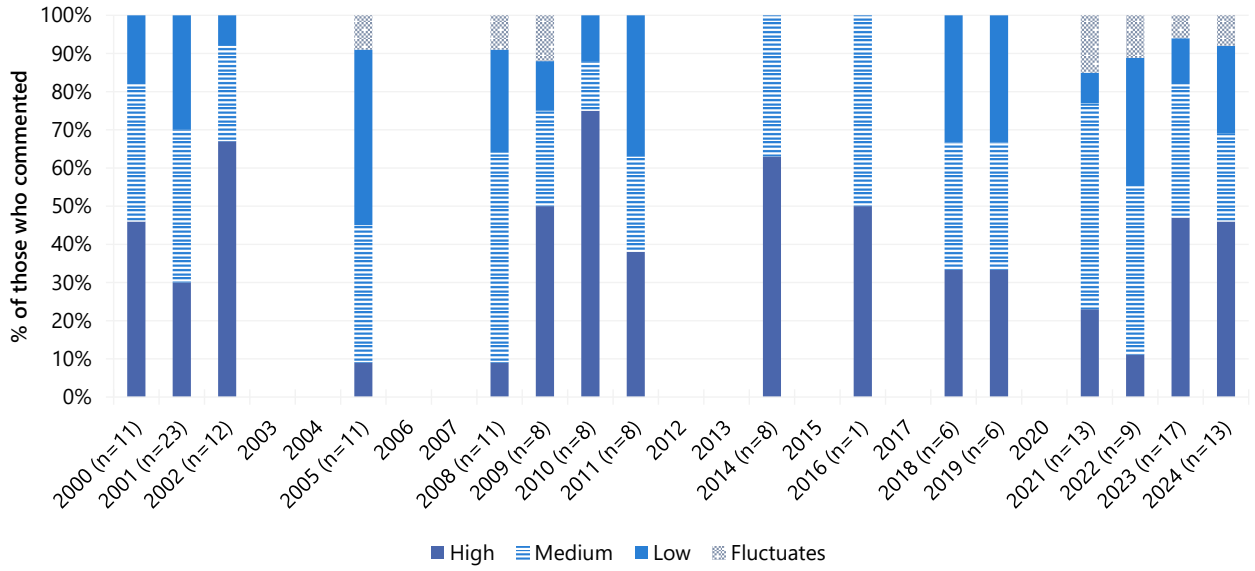
The perceived availability of cocaine remained stable between 2023 and 2024 (p=0.225) (Figure 24). Among those who were able to comment in 2024 (n=13), three fifths (62%) perceived current availability as 'easy' (n≤5 in 2023).

Figure 22: Median price of cocaine per gram, Melbourne, VIC, 2000-2024



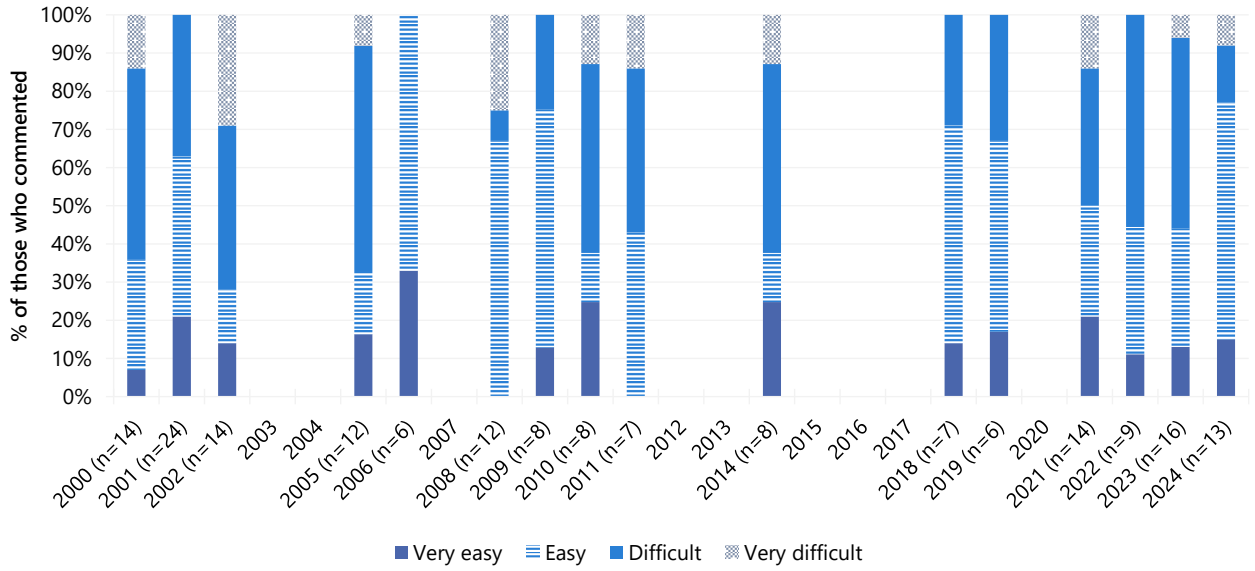
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived purity of cocaine, Melbourne, VIC, 2000-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 24: Current perceived availability of cocaine, Melbourne, VIC, 2000-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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'), 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

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Few (n≤5) participants reported prescribed use in the six months preceding interview (n≤5 in 2023; p=0.214).

In the remainder of this chapter, data from 2021-2024, 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 comparison between 2021-2024 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 and 2024 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 2024, 69% of the sample reported past six-month use of non-prescribed cannabis and/or related-cannabinoid products, similar to 2023 (79%; p=0.091) (Figure 25).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2024 (n=104), frequency of reported use remained stable at a median of 170 days (IQR=24–180) in the six months preceding interview (180 days in 2023; IQR=51–180; n=118; p=0.401)

(Figure 25). Almost half (49%) of those reporting recent use reported using non-prescribed cannabis and/or cannabinoid-related products daily, similar to 2023 (53%; p=0.688).

Routes of Administration

Among those who reported recent use and commented (n=104), smoking was the most common route of administration reported in 2024 (98%; 100% in 2023; p=0.218), with small numbers (n≤5) reporting swallowing (n≤5 in 2023; p=0.625), or inhaling/vaporising (0% in 2023; p=0.218).

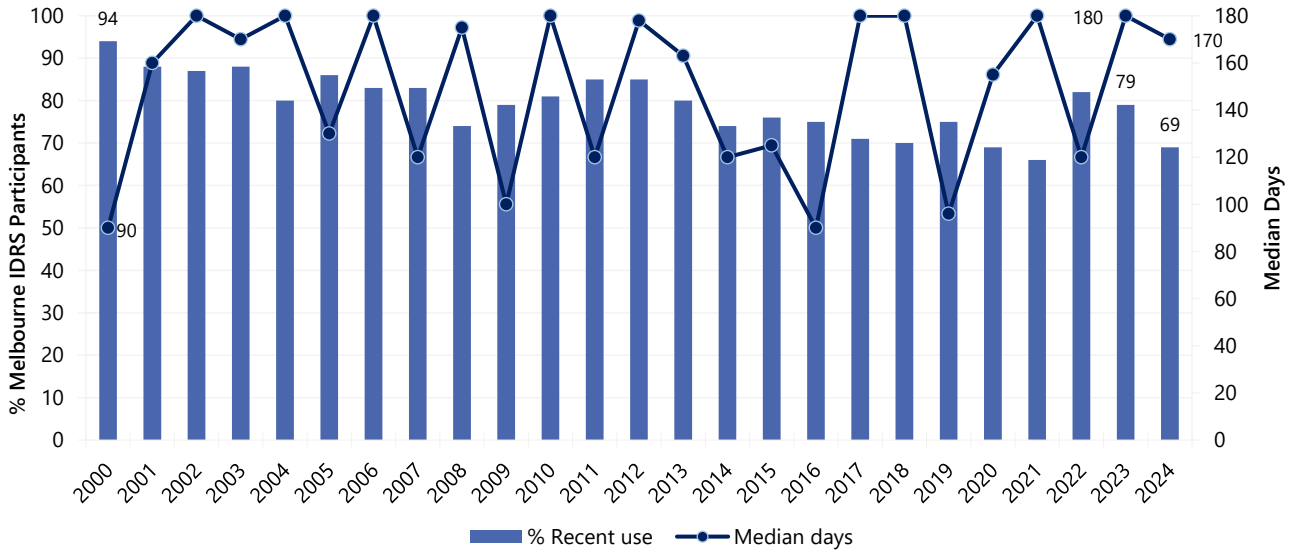
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.50–2.00; n=59), similar to 2023 (1.00 gram; IQR=0.50–1.00; n=89; p=0.347), or two cones (IQR=2.0–4.5; n=28; five cones in 2023; IQR=1.5–6.0; n=15; p=0.297) or one joint (IQR=1.0–1.3; n=16; 1 joint in 2023; IQR=1.0–1.8; n=10; p=0.904).

Forms Used

Of those who reported recent non-prescribed cannabis and/or cannabinoid-related product consumption in the past six months and commented (n=102), three quarters (75%) reported recent use of hydroponic cannabis, a significant decrease from 2023 (88%; p=0.036). There was a significant increase in those reporting recent use of outdoor-grown 'bush' cannabis in 2024 (50%; 30% in 2023; p=0.006). Few participants (n≤5) reported using hashish (n≤5 in 2023; p=0.215) or THC extract (0% in 2023; p=0.107). No participants reported using hash oil (0% in 2023), non-prescribed CBD extract (0% in 2023), or edibles (n≤5 in 2023) in the past six months.

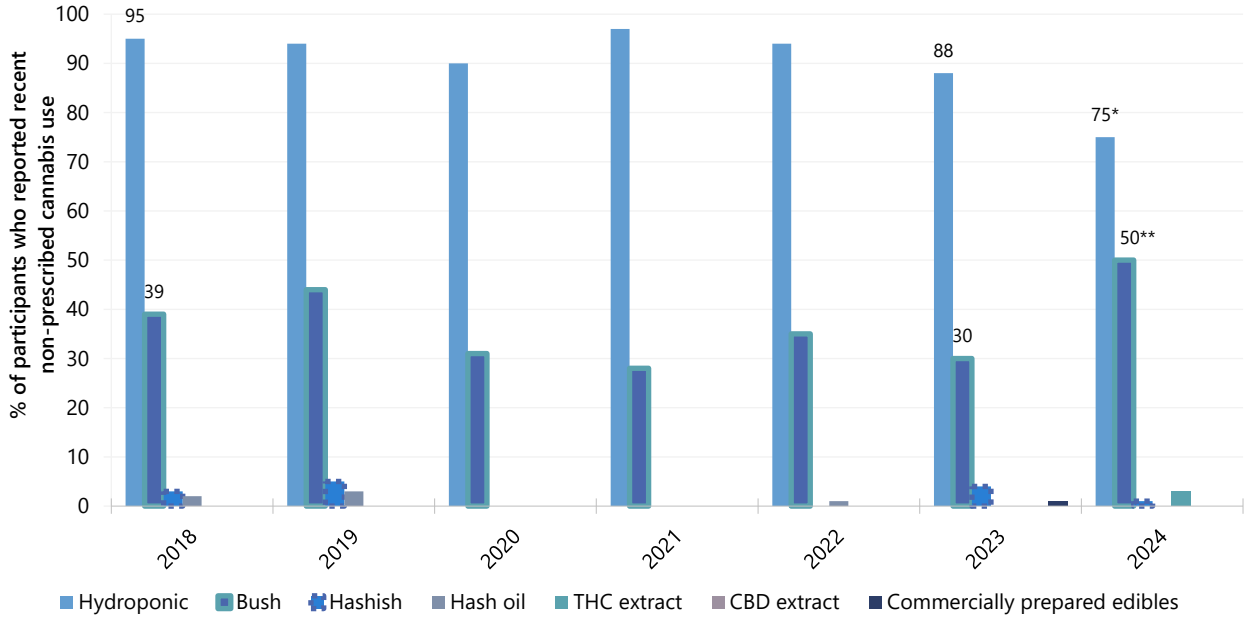
Figure 25: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Melbourne, VIC, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 26: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Melbourne, VIC, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median reported price per bag of hydroponic cannabis in 2024 was $20 (IQR=15–20; n=22; $20 in 2023; IQR=15–20; n=41; *p*=0.755) and the median reported price per ounce of hydroponic cannabis was $250 (IQR=250–280; n=9; $250 in 2023; IQR=230–250; n=7; *p*=0.472) (Figure 27a).

Perceived Potency: The perceived potency of hydroponic cannabis in 2024 was similar to 2023 (*p*=0.375). Among those who were able to comment in 2024 (n=61), 64% perceived hydroponic cannabis to be of 'high' potency (59% in 2023), while 30% reported potency to be 'medium' (32% in 2023) (Figure 28a).

Perceived Availability: The perceived availability of hydroponic cannabis in 2024 was similar to 2023 (*p*=0.582). Among those who were able to comment in 2024 (n=63), half (52%) perceived hydroponic cannabis to be 'very easy' to obtain (47% in 2023), with a further one third (33%) reporting it to be 'easy' (39% in 2023) (Figure 29a).

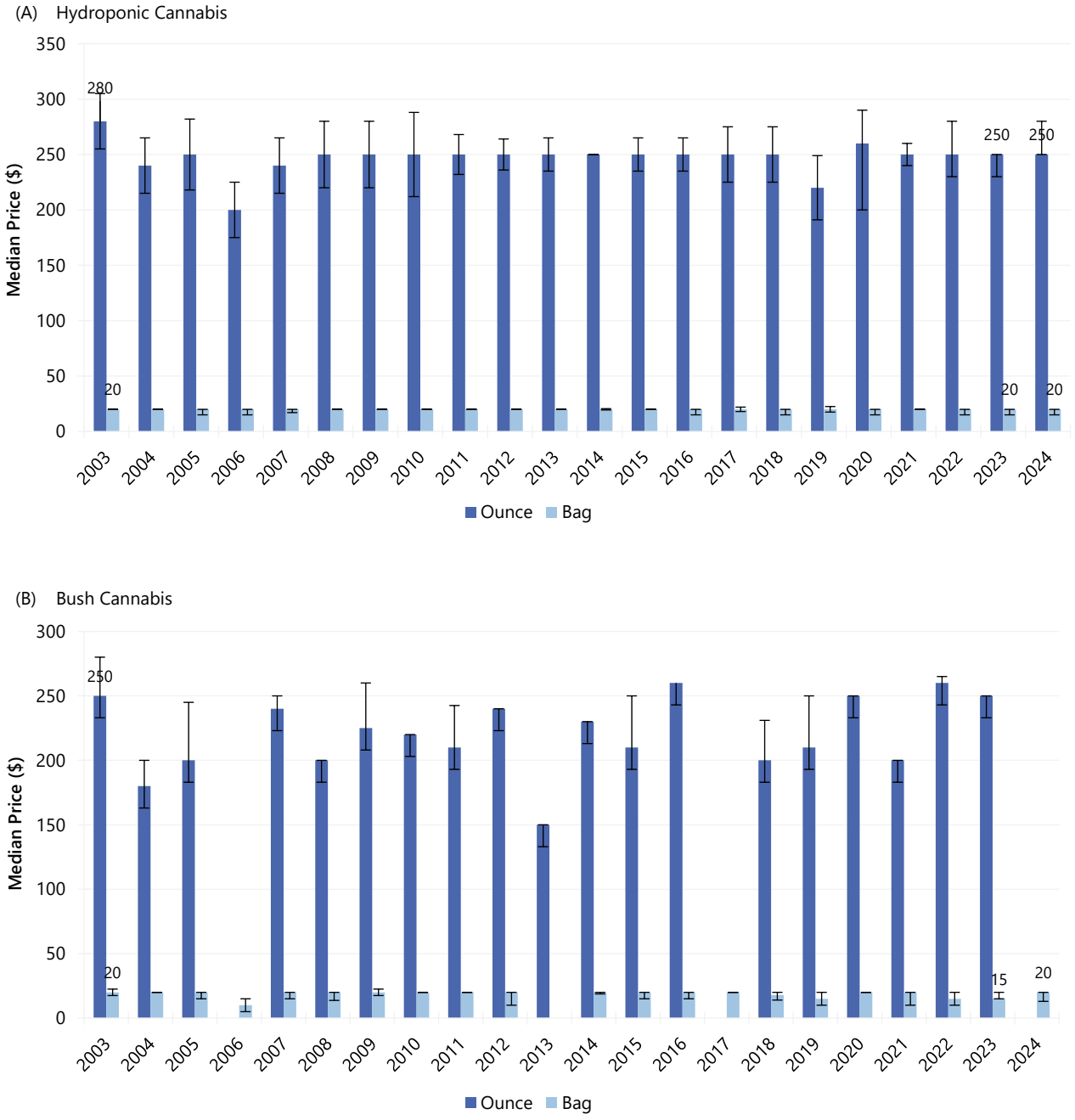
Bush Cannabis

Price: The median reported price per bag of bush cannabis in 2024 was $20 (IQR=13–20; n=7; $15 in 2023; IQR=15–20; n=9; *p*=0.775). Few participants (n≤5) reported on the price of an ounce of bush cannabis in 2024 and 2023, and therefore, these data are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information (Figure 27b).

Perceived Potency: The perceived potency of bush cannabis in 2024 was similar to 2023 (*p*=0.940). Among those who were able to comment in 2024 (n=20), half (50%) perceived potency to be 'high' (44% in 2023), with a further two fifths (40%) reporting potency to be 'medium' (48% in 2023) (Figure 28b).

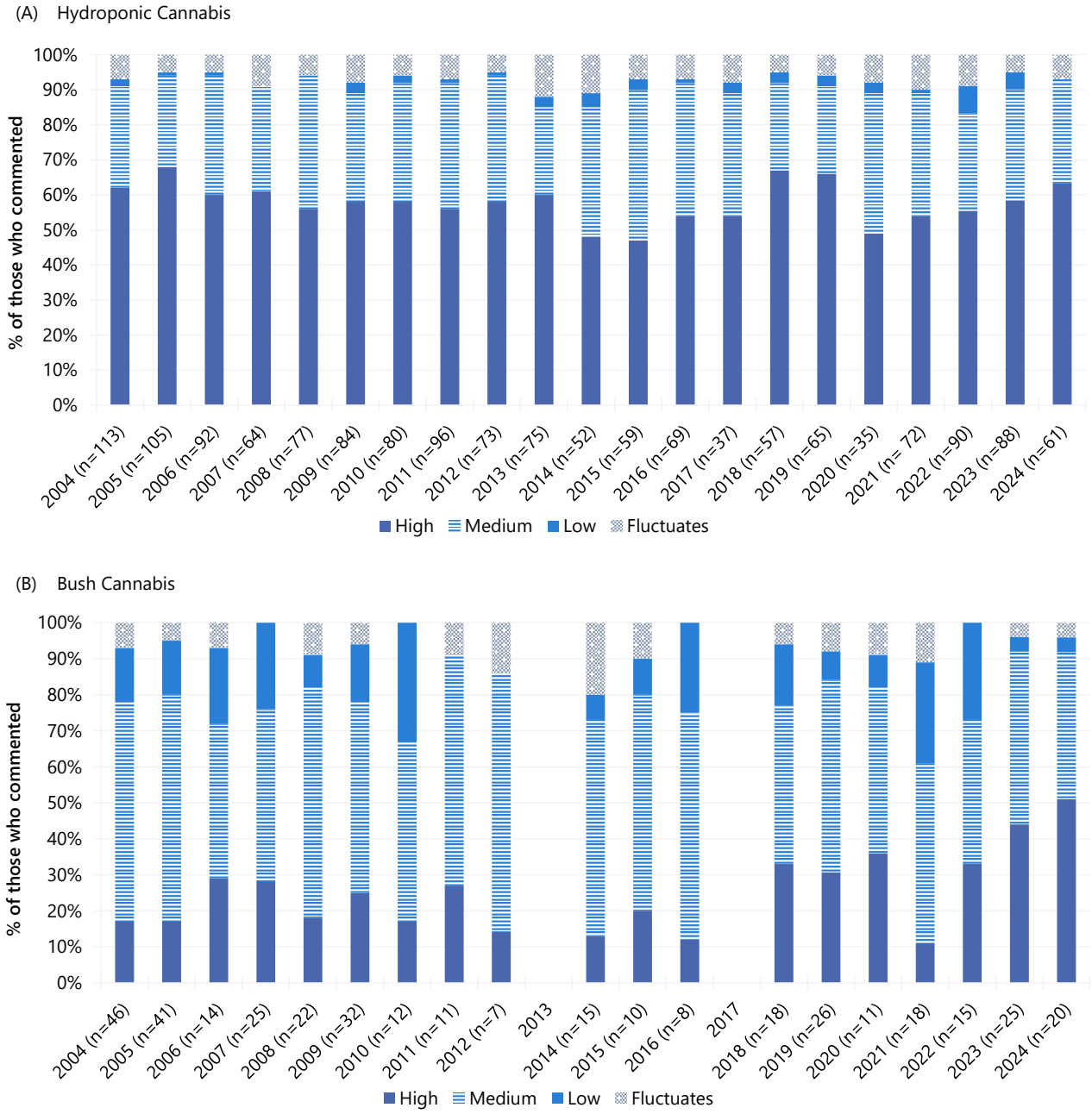
Perceived Availability: The perceived availability of bush cannabis remained stable between 2023 and 2024 (*p*=0.452). Among those who were able to comment in 2024 (n=21), 57% perceived bush to be 'very easy' to obtain (36% in 2023), while 29% perceived availability to be 'difficult' (36% in 2023) (Figure 29b).

Figure 27: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Melbourne, VIC, 2003-2024



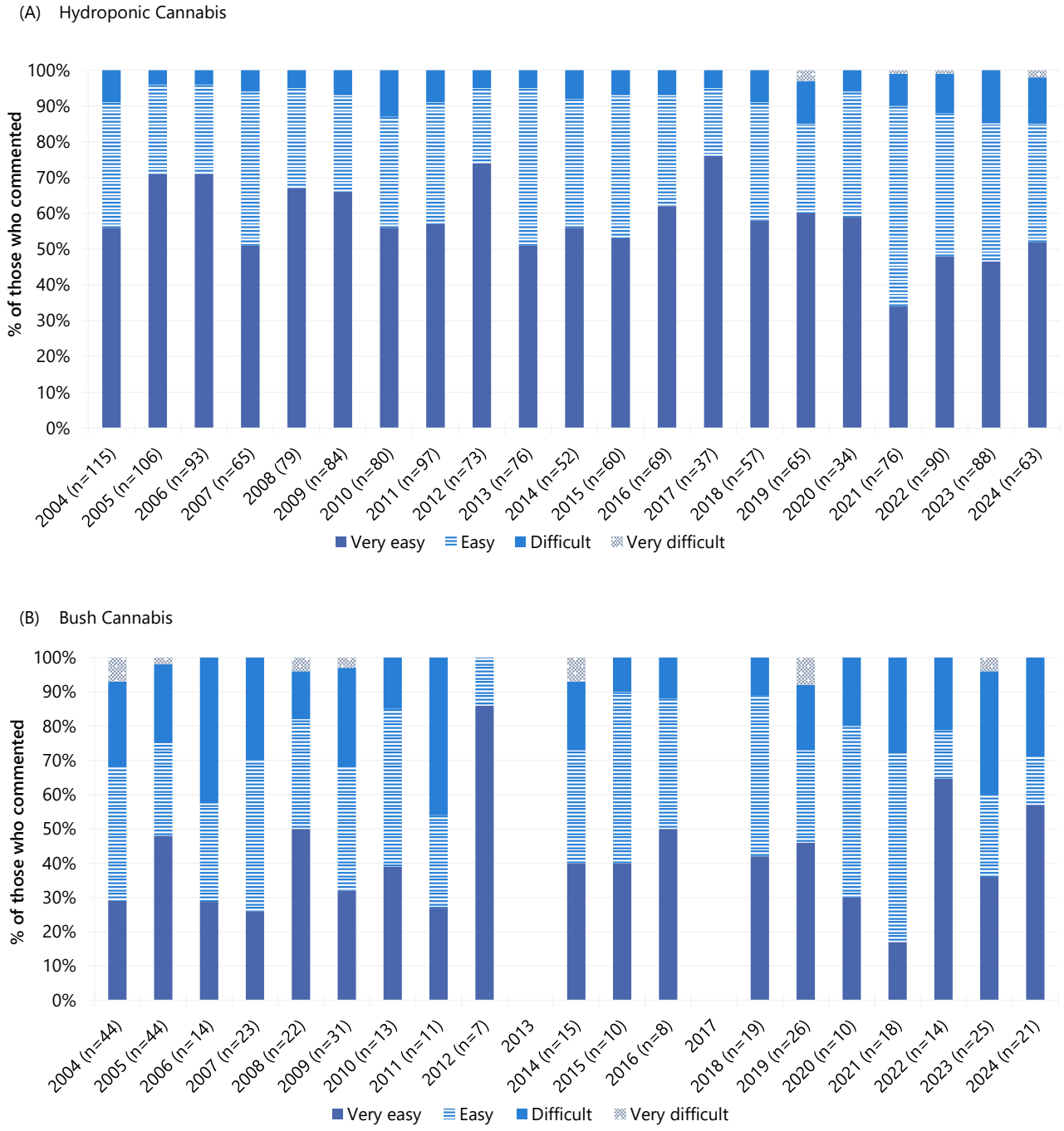
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures 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. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 28: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2004-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 29: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2004-2024



Note. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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).

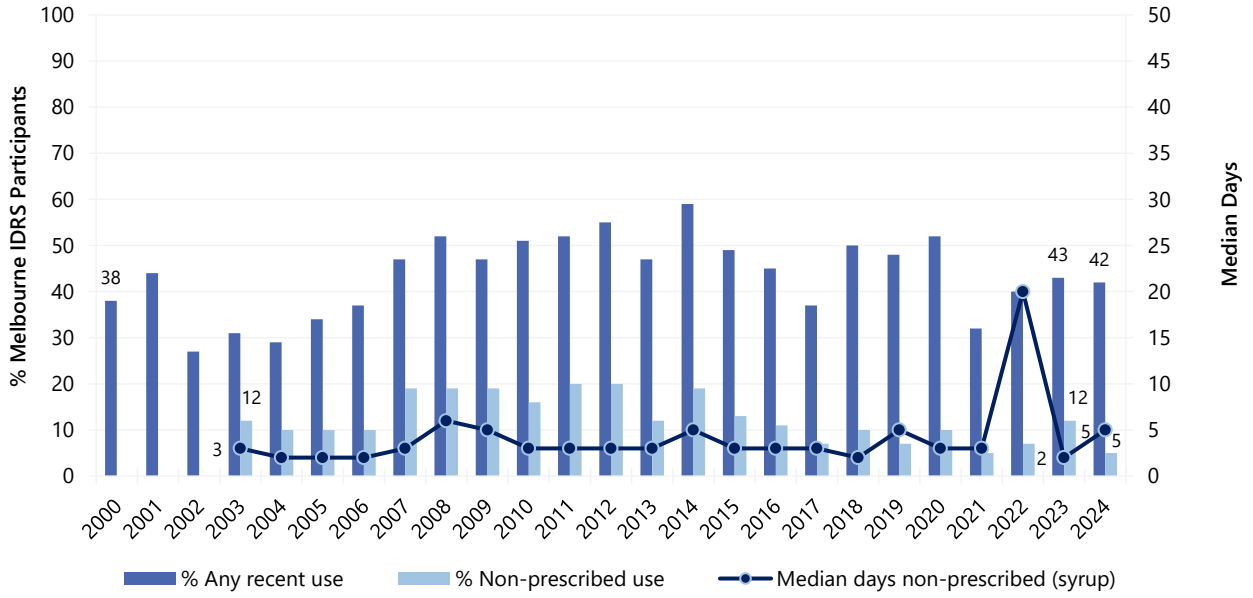
Methadone

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 2024, 42% of participants reported recent use of any prescribed and/or non-prescribed methadone, similar to 2023 (43%; p=0.904). The per cent reporting non-prescribed use in 2024 (5%) was similar to 2023 (12%; p=0.066), however, methadone use historically has largely consisted of prescribed use, with 39% reporting prescribed use in 2024, similar to 2023 (34%; p=0.473) (Figure 30).

Frequency of Use: Frequency of reported non-prescribed methadone syrup remained stable at a median of five days (IQR=2–12; n=7) in the six months preceding interview in 2024 (2 days in 2023; IQR=1–9; n=18; p=0.419).

Recent Injecting Use: Due to low numbers (n≤5) reporting recent injection of methadone in 2023 and 2024, details are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Melbourne, VIC, 2000-2024



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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine Tablet

Any Recent Use (past 6 months): The per cent reporting any recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2024, 4% of the Melbourne sample reported recent use of any buprenorphine-naloxone (n≤5 in 2023; p=0.282). Few (n≤5) participants reported non-prescribed use (n≤5 in 2023) or prescribed use of buprenorphine tablet (0% in 2023; p=0.247), therefore, further details on the frequency of use and recent injection are supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

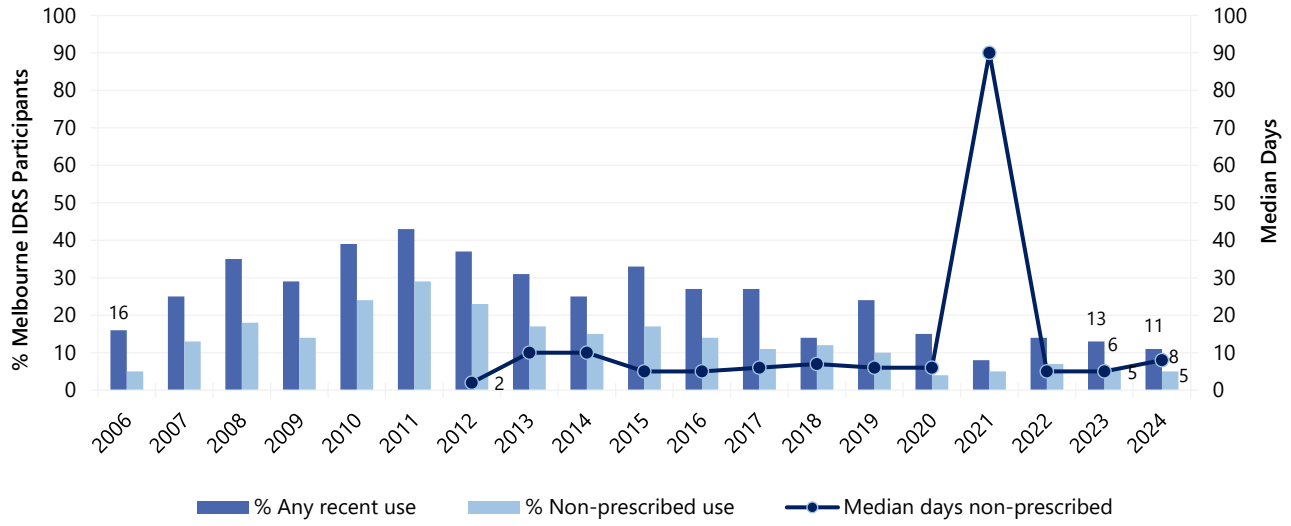
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2024, one tenth (11%) of the sample reported recent use of any buprenorphine-naloxone (13% in 2023; p=0.703), with 6% reporting prescribed use (7% in 2023) and 5% reporting non-prescribed use (6% in 2023) (Figure 31).

Frequency of Use: Of those who reported recent non-prescribed buprenorphine-naloxone consumption and commented (n=8), frequency of use remained stable at a median of eight days (IQR=5–23) in the past six months (5 days; IQR=4–6; n=9; p=0.188) (Figure 31).

Recent Injecting Use: Few (n≤5) participants reported recent injection of any buprenorphine-naloxone, therefore further details are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Melbourne, VIC, 2006-2024



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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

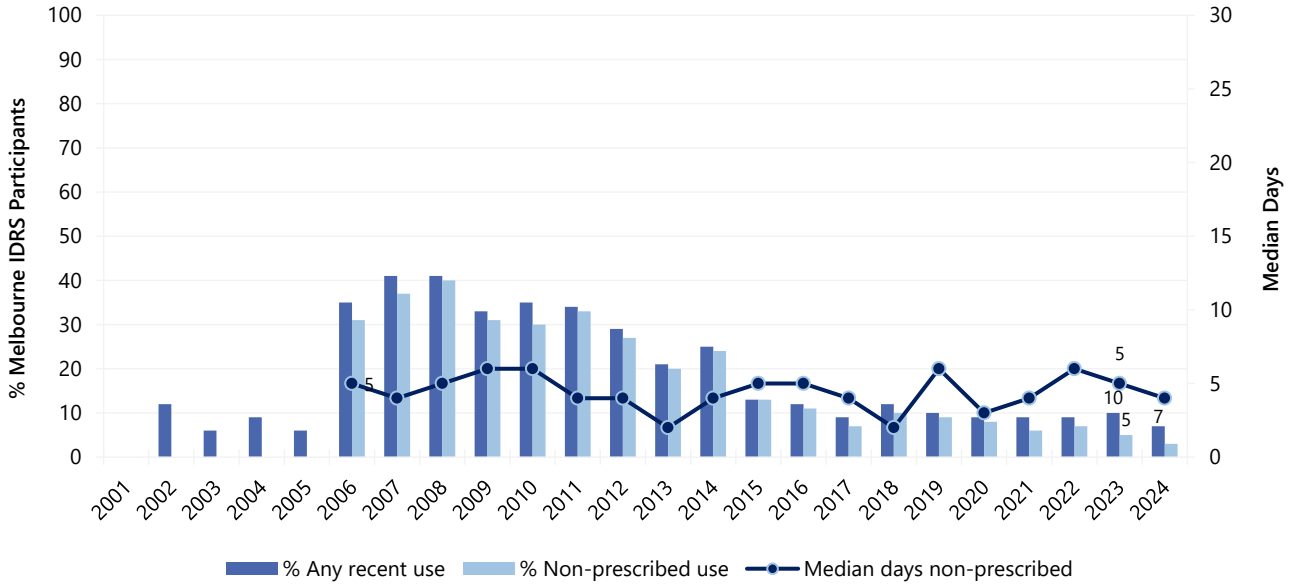
Morphine

Any Recent Use (past 6 months): In Melbourne, a downward trend has occurred in recent use of morphine since the peak in 2008 (Figure 32). In 2024, 7% of the sample reported recent use of any morphine, similar to 2023 (10%; p=0.411), with 4% reporting prescribed use (5% in 2023; p=0.781) and few (n≤5) reporting non-prescribed use (5% in 2023; p=0.541).

Frequency of Use: Few (n≤5) participants who reported recent non-prescribed morphine use were able to comment on frequency of use in 2024 (5 days in 2023; IQR=3–16; n=7), therefore further details are suppressed (Figure 32). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Of those who had recently used any morphine in 2024 and commented (n=10), 60% reported injecting morphine (60% in 2023), however few (n≤5) were able to comment on frequency of injection (10 days in 2023; IQR=4-90; n=15 p=0.841), therefore further details are supressed. 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 morphine, Melbourne, VIC, 2001-2024



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 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to **Table 1** for a guide to table/figure notes.

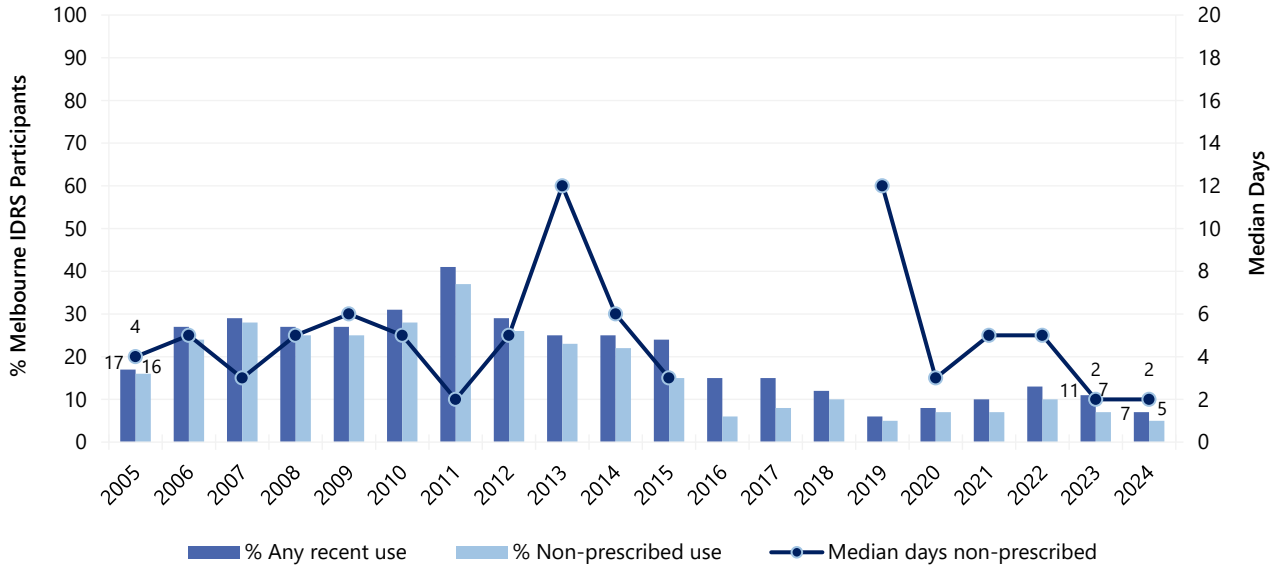
Oxycodone

Any Recent Use (past 6 months): Seven per cent of participants reported recent use of oxycodone in 2024, similar to 2023 (11%; p=0.327) (Figure 33). In 2024, 5% of the sample reported non-prescribed oxycodone use (7% in 2023; p=0.604), and few (n≤5) reported prescribed oxycodone use (5% in 2023; p=0.541).

Frequency of Use: Participants who reported recent non-prescribed oxycodone consumption and commented (n=7) reported use on a median of two days (IQR=1–9) in the past six months in 2024 (2 days in 2023; IQR=2–6; n=10; p=0.721) (Figure 33).

Recent Injecting Use: Due to few (n≤5) participants reporting recent injecting use in 2024, details regarding any recent injection (n≤5 in 2023) and frequency of any injection are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 33: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Melbourne, VIC, 2005-2024

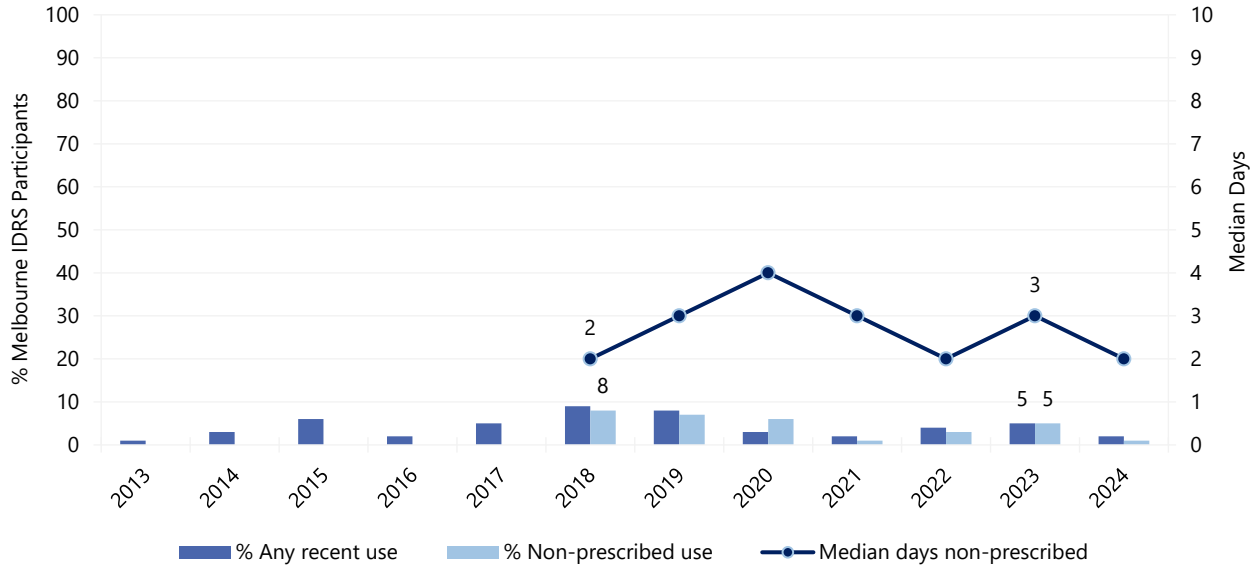


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed 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. From 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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to **Table 1** for a guide to table/figure notes.

Fentanyl

Due to few (n≤5) participants reporting recent use of any fentanyl in 2024 (5% in 2023; p=0.218), details regarding frequency of use (3 days in 2023; IQR=2-34; p=0.843) and recent injecting use (88% in 2023; p=0.491) are not reported. Please refer to Figure 34 for recent year trends in the Melbourne sample, and the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 34: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Melbourne, VIC, 2013-2024



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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to **Table 1** for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids. In 2024, no participants reported recent use of any codeine, a significant decrease from 2023 (4%; p=0.030). Few participants (n≤5) reported recent use of any form of tramadol, a significant decrease from 6% in 2023 (p=0.019), and few (n≤5) reported recent use of any form of tapentadol (0% in 2023; p=0.247) (Table 3). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of other opioids, Melbourne, VIC, 2019-2024

% Recent use (past 6 months)	2019 (N=148)	2020 (N=179)	2021 (N=148)	2022 (N=151)	2023 (N=150)	2024 (N=149)
Codeine^						
Any use	12	7	-	6	4	**0***
Non-prescribed use	4	-	-	-	-	**0**
Any injection#	0	0	0	0	0	**0**
Tramadol						
Any use	10	4	-	9	6	**-***
Non-prescribed use	5	-	-	5	-	**-**
Any injection#	-		0	0	-	**0**
Tapentadol						
Any use	0	-	0	0	0	**-**
Non-prescribed use	0	0	0	0	0	**-**
Any injection#	0	0	0	0	0	**0**

Note. ^Includes high and low dose. #Of those who reported past six month use. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to **Table 1** for a guide to table/figure notes.

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 2024, the per cent reporting any NPS use was similar to that in 2023, with 4% reporting recent use (5% in 2023; p=0.781) (Table 4). Four per cent reported using new drugs that mimic the effects of cannabis (5% in 2023), on a median of five days in the past six months (IQR=4–136; n=6), similar to 2023 (18 days; IQR=3–54; n=7). No participants reported using other drugs that mimicked certain substances, thus no further reporting is included. For historical overview, please refer to Table 4 for trends in use in the Melbourne sample and the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 4: Past six month use of new psychoactive substances, Melbourne, VIC, 2013-2024

% Recent Use (past 6 months)	2013 N=100	2014 N=106	2015 N=102	2016 N=101	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=101	2022 N=102	2023 N=102	2024 N=150
'New' drugs that mimic the effects of opioids	/	/	/	/	0[#]	-	-	0	-	0	0	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-[#]	0	0	0	0	0	0	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	/	-	-	-	/	-	0	0	0	0	-	**0**
'New' drugs that mimic the effects of cannabis	5	20	16	14	10	12	9	6	5	6	5	**4**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	0	0	0	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0[#]	0	0	0	0	0	**0**
Any of the above	-	-	-	3	0	13	9	6	6	6	5	**4**

Note. [#]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. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepine (e.g., Valium, Diazepam, Xanax, Kalma) decreased significantly in 2024, with one quarter (27%) reporting recent use (39% in 2023; p=0.027) (Figure 35).

Frequency of Use: Among those who had recently consumed non-prescribed benzodiazepines and commented (n=40), median frequency of use was eight days (IQR=3–24) in the six months preceding interview. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Due to few (n≤5) participants reporting recent injecting use in 2024, details regarding recent injection of any non-prescribed benzodiazepines (n≤5 in 2023) are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2024 (n=40), the most commonly used brands were Valium (diazepam) (68%), Xanax (alprazolam) (23%) and Diazepam (generic) 18%).

Pharmaceutical Stimulants

Low numbers (n≤5) reported using non-prescribed pharmaceutical stimulants in the six months preceding interview in 2024 (n≤5 in 2023), therefore no further reporting on patterns of use will be included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Few (n≤5) participants reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months prior to interview in 2024 (4% in 2023) (Figure 35) and therefore no further reporting on patterns of use is included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2024, 16% of the sample reported non-prescribed pregabalin consumption, similar to 2023 (23%; p=0.144) (Figure 35).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=24) reported use on a median of four days (IQR=3–11) in 2024, stable from five days in 2023 (IQR=1–12; n=35; p=0.870).

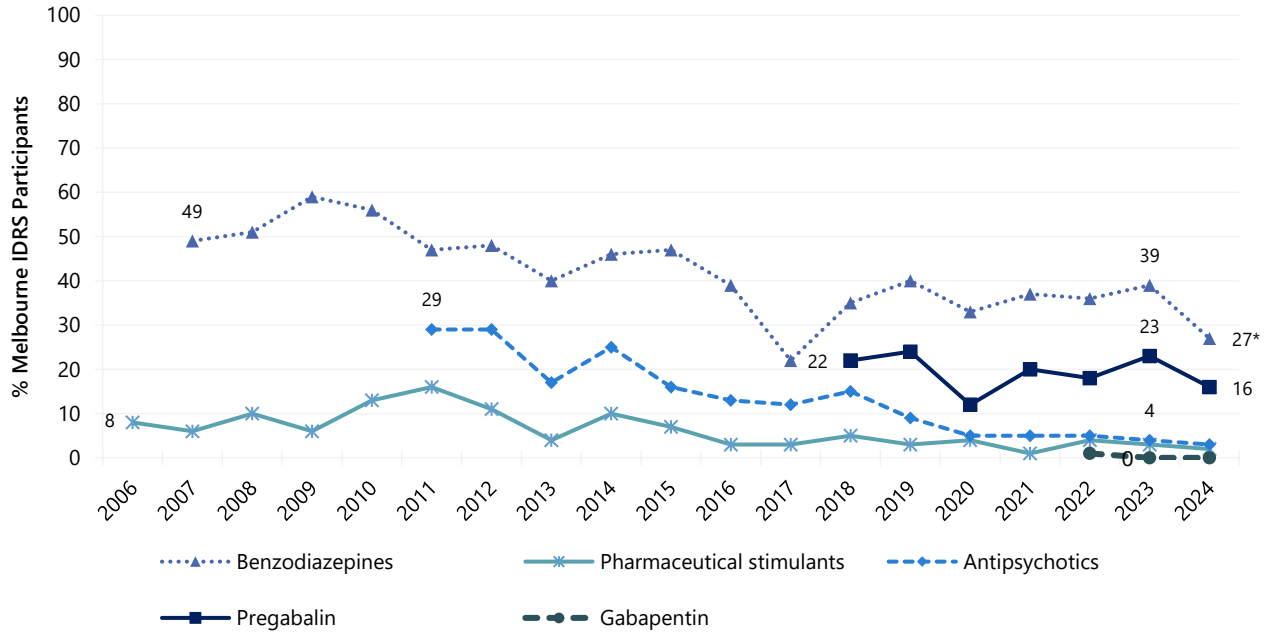
Recent Injecting Use: No participants reported recent injection of non-prescribed pregabalin in 2024 or 2023, therefore details regarding recent injection and median frequency of recent injection are not

reported. Please refer to the 2024 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 prior to interview in 2024 or 2023 (Figure 35) and therefore no further reporting on patterns of use is included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 35: Past six month use of non-prescribed pharmaceutical drugs, Melbourne, VIC, 2006-2024



Note. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Half (52%) of the sample reported recent use of alcohol in 2024, a significant decrease from 65% in 2023 (p=0.030) (Figure 36).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=78) reported use on a median of 83 days in six months preceding interview in 2024 (IQR=12–180; 48 days in 2023; IQR=8–180; n=97; p=0.417), with 36% reporting daily use (30% in 2023; p=0.521).

Tobacco

In 2024, questions about illicit tobacco were included for the first time. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Melbourne IDRS sample. In 2024, 89% reported recent use of tobacco (93% in 2023; *p*=0.311) (Figure 36). The majority (80%) reported recent use of smoked or non-smoked illicit tobacco products. Among those who reported recent use of smoked tobacco products (n=79), the most common products used were branded tobacco packs (88%), followed by unbranded loose tobacco (16%) and branded loose tobacco (14%).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=134) reported use on a median of 180 days in six months preceding interview in 2024 (IQR=180–180; 180 days in 2023; IQR=180–180; n=140; *p*=0.731), with 92% reporting daily use (91% in 2023; *p*=0.827).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2022, 2023 and 2024. The data presented from 2022 to 2024 refer to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use.

Recent Use (past 6 months): Three tenths (29%) of the sample reported recent use of non-prescribed e-cigarettes in 2024, a significant decrease from 2023 (43%; *p*=0.017) (Figure 36).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=43) reported use on a median of 90 days in six months preceding interview in 2024 (IQR=6–180), stable from 2023 (60 days; IQR=11–180; n=63; *p*=0.547).

Contents and Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=40), 90% reported using e-cigarettes that contained nicotine (93% in 2023; *p*=0.710). Among participants who had recently used e-cigarettes and responded in 2024 (n=43), participants most commonly reported using disposable devices (91%), followed by refillable devices (16%).

Few (n≤5) participants reported vaping substances other than nicotine/vape juice, therefore further details are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded (n=44), 45% reported using e-cigarettes as a smoking cessation tool, stable relative to 2023 (52%; *p*=0.558).

Nicotine Pouches

No participants reported recent use of nicotine pouches in 2024, therefore further details are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Kava

Few (n≤5) participants reported recent use of kava in 2024 (n≤5 in 2023), therefore further details are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Steroids

No participants reported using non-prescribed steroids in the six months preceding interview in 2024 (n≤5 in 2023) (Figure 36), therefore, no further reporting on patterns of use is included. Please refer to the 2024 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 2024, 14% of participants reported recent use of GHB/GBL/1,4-BD, stable from 2023 (20%; p=0.225) (Figure 36).

Frequency of Use: Participants who had recently consumed GHB/GBL/1,4-BD and commented (n=21) reported use on a median of five days (IQR=1–12) in six months preceding interview in 2024, stable from three days in 2023 (IQR=1–11; n=11; p=0.838).

Recent Injecting Use: In 2024, few (n≤5) participants reported recent injection of GHB/GBL/1,4-BD (no participants in 2023; p=0.412), therefore no further reporting on patterns of use is included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

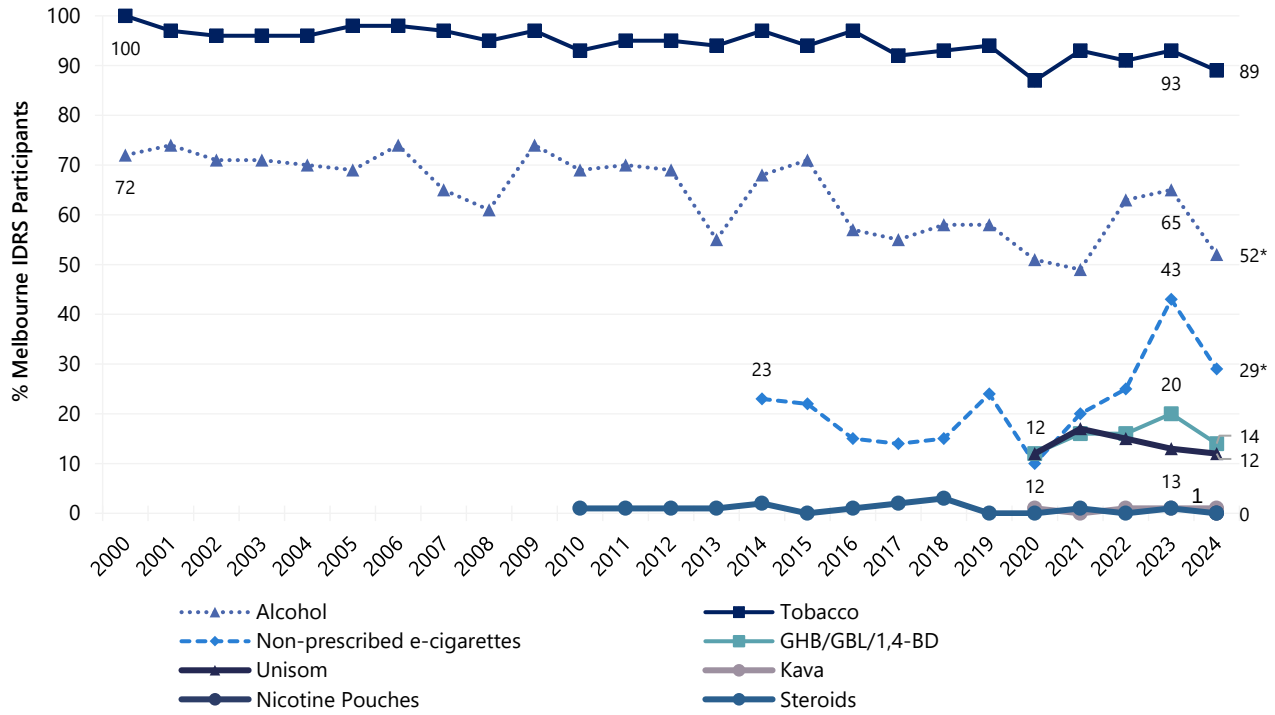
Unisom

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): Twelve per cent of the sample reported using Unisom in the six months prior to interview in 2024 (13% in 2023; p=0.856) (Figure 36). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Of those who had recently used Unisom and commented (n=18), 89% reported recent injecting use (85% in 2023).

Figure 36: Past six month use of licit and other drugs, Melbourne, VIC, 2000-2024



Note. Regarding e-cigarette use, 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. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

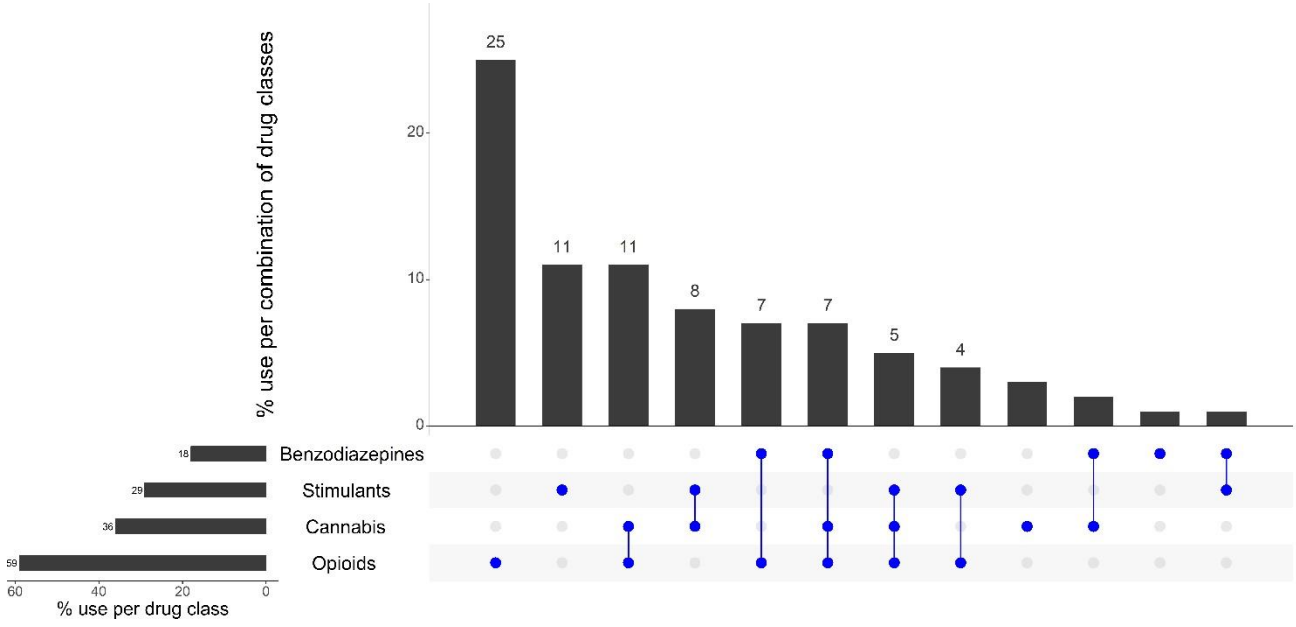
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2024, 90% of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs and commented (n=135), the most commonly used substances were opioids (66%), cannabis (41%) and stimulants (32%).

Three fifths (61%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Eleven per cent reported using cannabis and opioids concurrently, followed by a further 8% using stimulants and cannabis concurrently. One quarter (25%) reported using opioids alone, followed by stimulants alone (11%) (Figure 37).

Figure 37: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Melbourne, VIC, 2024

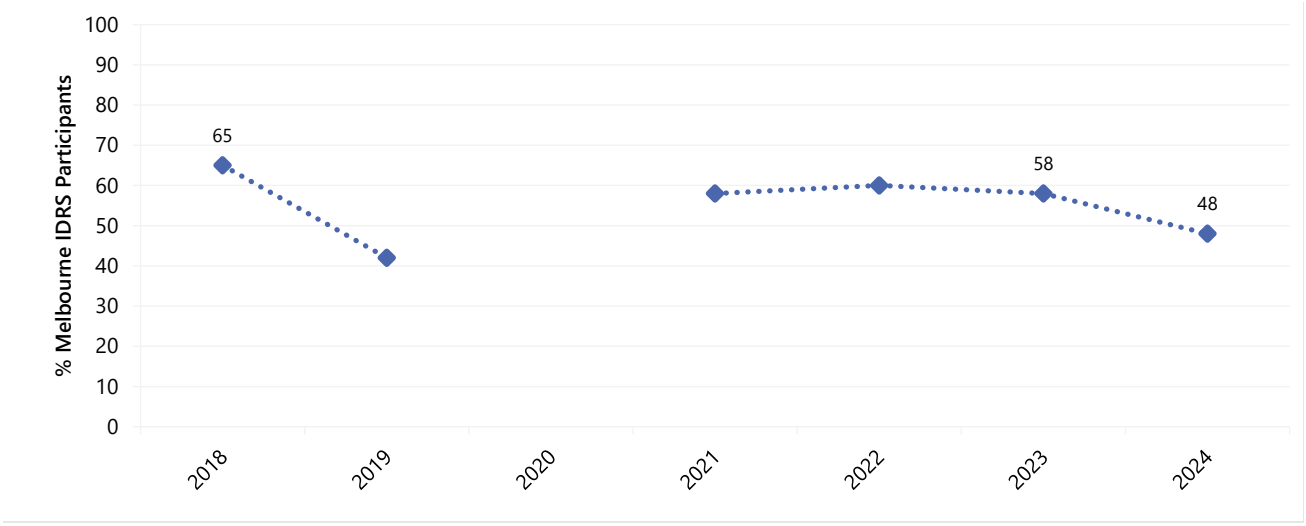


Note. % calculated out of total IDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue 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 Y axis reduced to 30% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. Almost half (48%) of the Melbourne sample had binged on one or more drugs in the preceding six months (58% in 2023; p=0.109) (Figure 38).

Figure 38: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Melbourne, VIC 2018-2024



Note. Participants were first asked about bingeing in 2018. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There have been some changes in the way questions about overdose have been asked over the years, which may account for some variation in estimates. From 2019 onwards, 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.

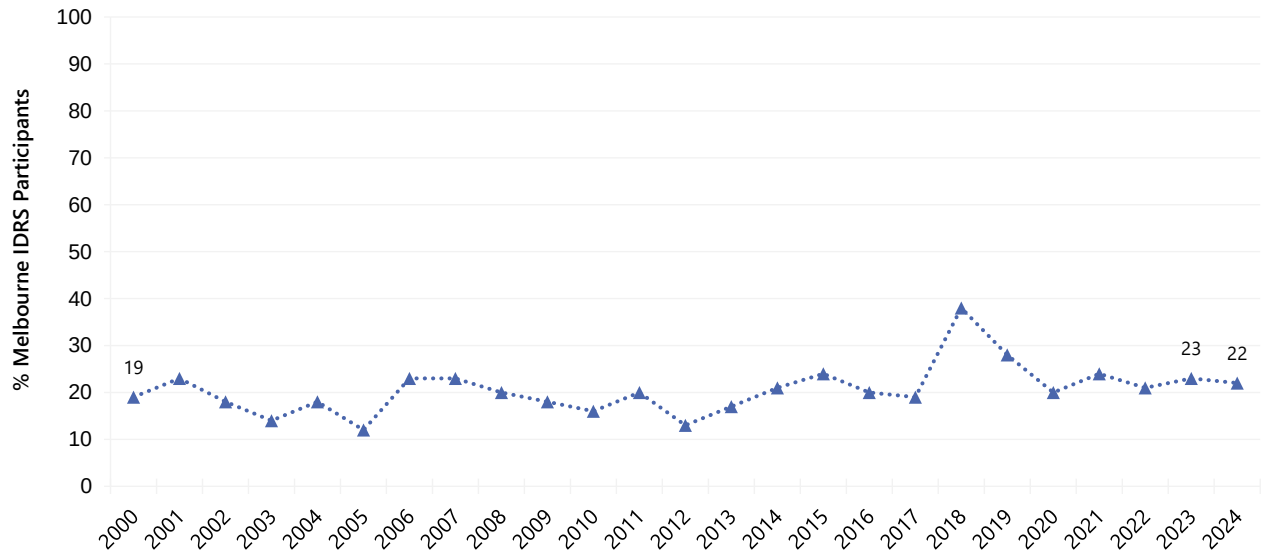
Each year, we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see Table 5 below).

Non-fatal overdose in the Melbourne sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose remained stable at 22% in 2024 (23% in 2023; p=0.887) (Figure 39).

One fifth (19%) of the sample reported a non-fatal overdose following opioid use in the past 12 months in 2024 (17% in 2023; p=0.763), mostly following heroin use (19%; 15% in 2023; p=0.440). Few participants (n≤5) reported a non-fatal overdose whilst consuming a stimulant (n≤5 in 2023; p=0.371), or 'other drug' (5% in 2023; p=0.335) (Table 5).

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 39: Past 12 month non-fatal any overdose, Melbourne, VIC, 2000-2024



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past 12-month non-fatal overdose by drug type, Melbourne, VIC, 2015-2024

	Melbourne, VIC									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% 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	**N=150 19**
% Heroin overdose	N=150 10	N=175 17	N=152 18	N=150 28	N=148 21	N=178 19	N=148 18	N=149 17	N=150 15	**N=150 19**
% Methadone overdose	N=150 -	N=175 -	N=152 -	N=150 -	N=148 -	N=178 -	N=148 -	N=149 -	N=150 -	**N=150 -**
% Morphine overdose	N=150 -	N=175 -	N=152 0	N=150 0	N=148 -	N=178 0	N=148 -	N=149 0	N=150 0	**N=150 0**
% Oxycodone overdose	N=150 -	N=175 -	N=152 0	N=150 -	N=148 -	N=178 0	N=148 0	N=149 0	N=150 0	**N=150 0**
% Stimulant overdose	N=146 -	N=153 -	N=130 -	N=148 -	N=139 -	N=176 -	N=146 -	N=151 -	N=150 -	**N=149 -**
% Other overdose	/	/	/	/	N=148 -	N=178 -	N=148 5	N=151 -	N=150 5	**N=149 -**
% 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	**N=150 22**

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. N is the number who responded (denominator). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

The mean score on the AUDIT-C for the Melbourne sample (including participants who had not consumed alcohol in the past 12 months) was 3.3 (SD=4.3) in 2024, a significant decrease relative to 2023 (4.3; SD=4.3; p=0.001).

AUDIT-C scores of ≥3 (women) and ≥4 (men) are likely to indicate hazardous drinking, and potentially alcohol dependence (Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels^, Melbourne, VIC, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Men														
Mean AUDIT-C score (SD)	4.6 (3.8)	4.5 (3.9)	4.5 (4.2)	4.1 (4.5)	5.8 (4.0)	5.0 (3.7)	4.9 (4.1)	4.1 (4.0)	4.0 (4.3)	3.8 (4.2)	5.8 (3.4)	8.5 (3.2)	3.8 (4.2)	4.3 (4.3)	3.2 (4.2)

Score of ≥4 (%)	58	53	50	46	68	63	51	43	44	42	67	91	44	51	35
	Women														
Mean AUDIT-C score (SD)	3.2 (3.2)	4.9 (4.4)	4.3 (4.0)	3.7 (3.9)	4.8 (4.2)	5.1 (4.8)	4.6 (3.9)	4 (4.2)	4.4 (4.1)	2.8 (4.2)	6.4 (3.6)	6.5 (4.7)	4.7 (4.3)	4.1 (4.6)	3.8 (4.4)
Score of ≥3 (%)	47	62	56	45	67	58	59	50	57	28	76	88	59	43	45

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to tables and figures.

). In 2024, one third (35%) of male participants (51% in 2023; p=0.021) had obtained a score of four or more, and 45% of female participants (43% in 2023) had obtained a score of three or more, indicative of hazardous use.

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels^, Melbourne, VIC, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Men														
Mean AUDIT-C score (SD)	4.6 (3.8)	4.5 (3.9)	4.5 (4.2)	4.1 (4.5)	5.8 (4.0)	5.0 (3.7)	4.9 (4.1)	4.1 (4.0)	4.0 (4.3)	3.8 (4.2)	5.8 (3.4)	8.5 (3.2)	3.8 (4.2)	4.3 (4.3)	3.2 (4.2)
Score of ≥4 (%)	58	53	50	46	68	63	51	43	44	42	67	91	44	51	35
	Women														
Mean AUDIT-C score (SD)	3.2 (3.2)	4.9 (4.4)	4.3 (4.0)	3.7 (3.9)	4.8 (4.2)	5.1 (4.8)	4.6 (3.9)	4 (4.2)	4.4 (4.1)	2.8 (4.2)	6.4 (3.6)	6.5 (4.7)	4.7 (4.3)	4.1 (4.6)	3.8 (4.4)
Score of ≥3 (%)	47	62	56	45	67	58	59	50	57	28	76	88	59	43	45

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to tables and figures.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of participants reporting awareness of naloxone has been consistently high since 2013. The majority (94%) of the Melbourne sample reported awareness of naloxone in 2024 (97% in 2023; p=0.413) (Figure 40).

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 88% reporting awareness in 2024 (90% in 2022; p=0.696) (Figure 40). In 2024, 88% of the Melbourne sample reported having heard of free access to naloxone (88% in 2023), and 5% reported having heard of paid access, stable from 2023 (10%; p=0.141).

Obtained Naloxone: Almost three quarters (73%) of the Melbourne sample reported having ever obtained naloxone (71% in 2023; p=0.702) (Figure 41), with three fifths (60%) having done so in the past year (53% in 2023; p=0.203). The majority (94%) reported that they did not have to pay the last

time they obtained naloxone. Of those who had ever accessed naloxone and responded (n=109), almost half (47%) reported obtaining naloxone from an NSP the last time, followed by a pharmacy (18%), and a Medically Supervised Injecting Room (18%).

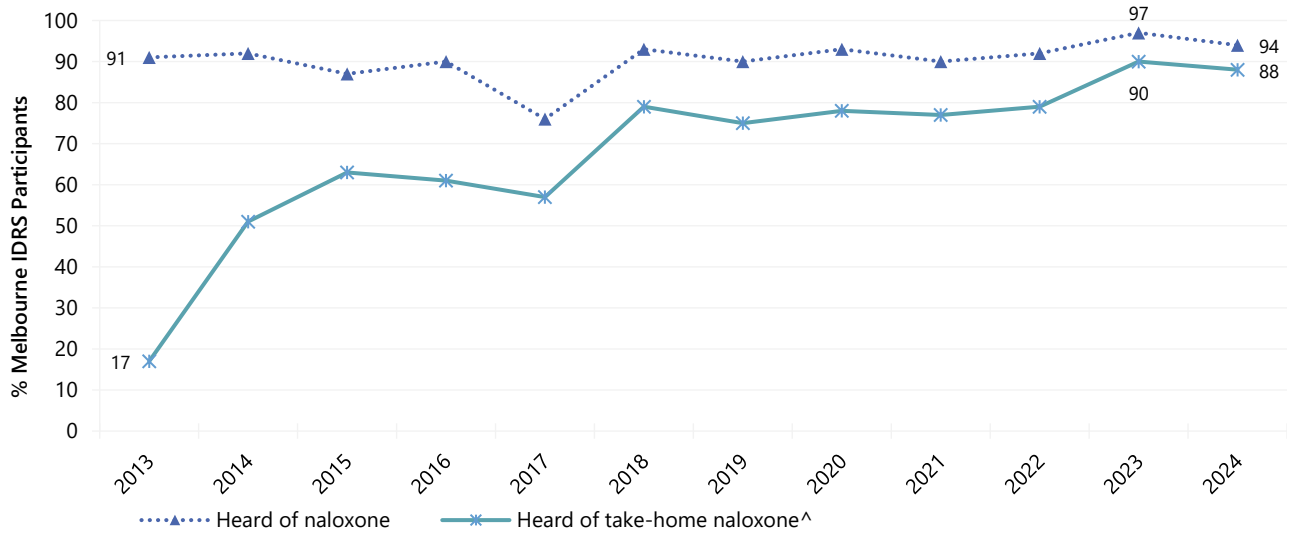
Five per cent of the Melbourne sample reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (n≤5 in 2023; *p*=0.572), and an additional 28% reported that they had never tried to access naloxone (note: a small per cent of participants reported never trying to access 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=44), reasons included: 'don't use opioids' (25%), 'don't consider myself/my peers at risk of overdose' (18%) and 'didn't know you could access naloxone' (16%).

Of those who had ever obtained naloxone, had used opioids recently, and could respond (n=109), 29% reported that they 'always' had naloxone on hand when using opioids in the past month, 21% reported 'often', and 18% reported 'never' having naloxone on hand.

Education on Using Naloxone: In 2024, 66% had been trained in how to administer naloxone in their lifetime (68% in 2023; *p*=0.802), with 30% having done so in the past year (27% in 2023; *p*=0.703) (Figure 41). Among those who had been trained in naloxone administration in the last year and commented (n=44), 45% were taught how to administer naloxone at an NSP, followed by 'other harm reduction service' (16%).

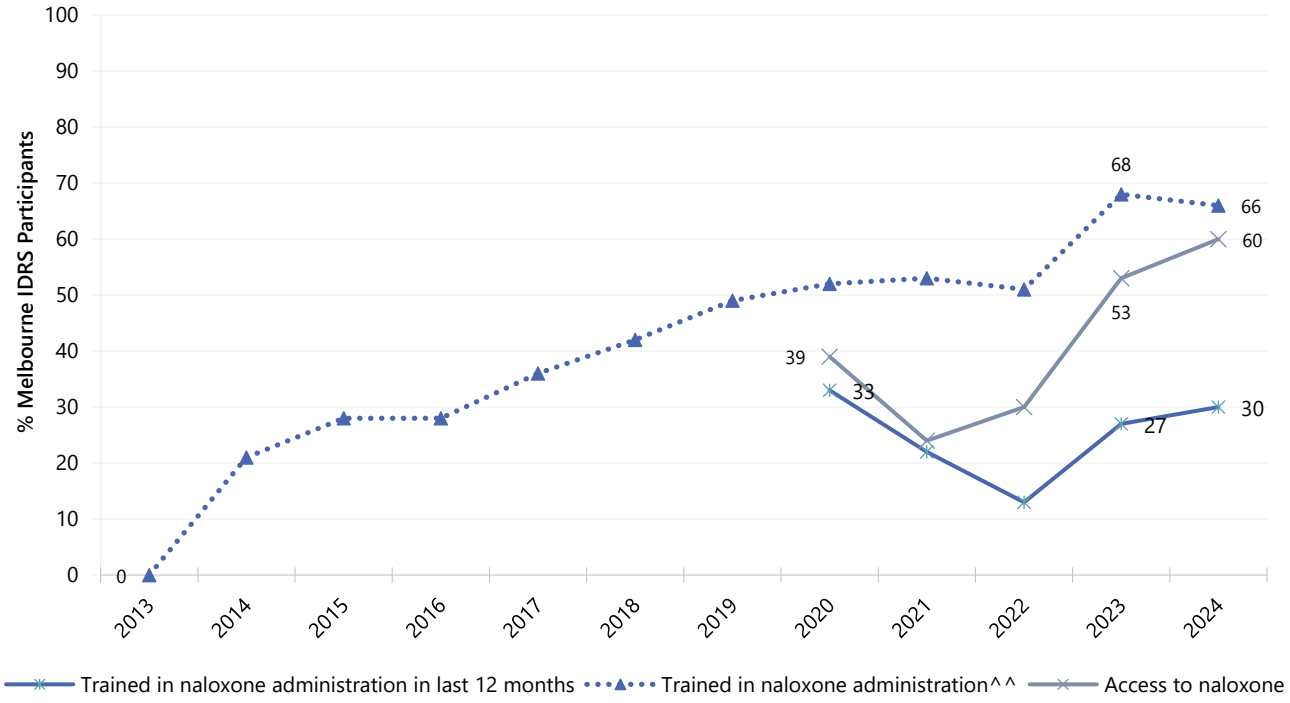
Use of Naloxone to Reverse Overdose: In 2024, of those that responded (n=150), 37% of the Melbourne sample reported that they had resuscitated someone using naloxone at least once in their lifetime (35% in 2023; *p*=0.817), with almost one quarter (23%) reporting having done so in the past year. Of those who responded (n=150), five per cent reported that they had been resuscitated by a peer using naloxone in the past year (5% in 2023).

Figure 40: Lifetime awareness of naloxone and naloxone take-home programs, Melbourne, VIC, 2013-2024



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. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 41: Past 12 month education in naloxone administration, and obtained naloxone, Melbourne, VIC, 2013-2024



Note. ^^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' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Equipment Access, and Injecting Behaviours

Equipment Access

In 2024, participants reported obtaining a median of 68 new needle and syringes in the past month (IQR=25–100; 100 in 2023; IQR=30–150; p=0.098), having a median of 10 'stored away' (IQR=0–50; 10 in 2023; IQR=2–50; p=0.240) and providing a median of five to others (IQR=0–20; 10 in 2023; IQR=0–30; p=0.007).

Thirteen of the sample reported difficulties obtaining new needles and syringes in the past month (9% in 2023; p=0.349), and few (n≤5) participants reported difficulties accessing filters (4% in 2023; p=0.173) (Table 7). Most participants reported that they obtained needles from an NSP(80%; 77% in 2023; p=0.575), followed by an NSP vending machine (28%; 32% in 2023; p=0.613).

Injecting Behaviours

In 2024, participants reported injecting on a median of 30 occasions in the past month (IQR=12–41; 28 occasions in 2023; IQR=10–60; p=0.969). In 2024, 4% reported receptive sharing (n≤5 in 2023; p=0.770) and 7% reported distributive sharing (4% in 2023; p=0.310) in the month prior to interview (Figure 42 and Table 8).

One fifth (20%) indicated that they had shared other equipment (27% in 2023; p=0.184). Almost two fifths (38%) of the sample reported that they had re-used their own needles in the past month, similar to 2023 (34%; p=0.471) (Figure 42 and Table 8).

Twenty-eight per cent of the 2024 sample reported that they had injected someone else after injecting themselves, a significant decrease from 2023 (43%; p=0.013), and 16% were injected by someone else in the past month (19% in 2023; p=0.649) (Table 8).

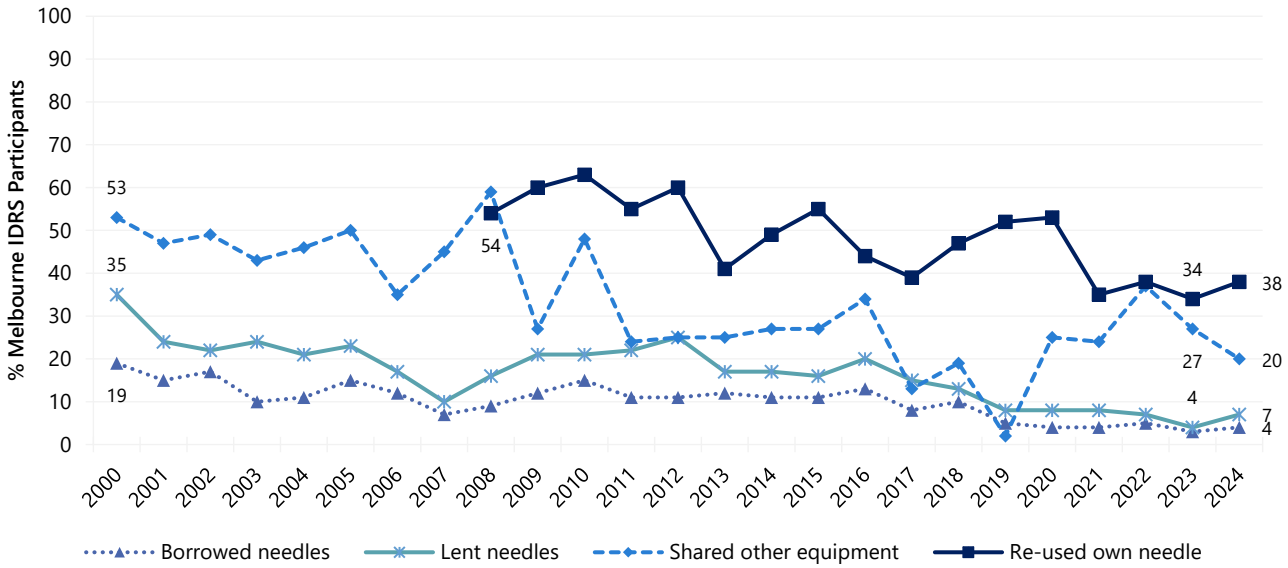
The location of last injection remained stable between 2023 and 2024 (p=0.637). Consistent with previous years, three fifths (62%) reported that they had last injected in a private home (63% in 2023). An additional 15% of participants reported that they had last injected on the street, park or beach (13% in 2023) (Table 8).

Table 7: Injecting equipment access in past month, Melbourne, VIC,2023-2024

Melbourne, VIC		
	2023 (N=150)	2024 (N=150)
% Location of needle/syringe access past month		**N=148**
NSP	77	**80**
NSP vending machine	32	**28**
Chemist	4	**5**
Friend/Partner	17	**5****
Dealer	5	**-**
Hospital	-	**-**
Outreach/peer worker	15	**9**
Medically supervised injecting Centre/Room	19	**20**
Other	0	**-**
%Difficulties accessing filters^ in the past month	4	**N=147 -**
% Difficulties accessing needles/syringes in past month	9	**N=149 13**
% Equipment used past month		**N=149**
Spoons/mixing containers	91	**83***
Tourniquet	56	**51**
Swabs	95	**89**
Water	96	**76*****
Any filters	78	**74**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2023 versus 2024 is presented in figure for national estimates; *p<0.050; **p<0.010; ***p<0.00. Please refer to Table 1 for a guide to table/figure notes.

Figure 42: Borrowing and lending of needles and sharing of injecting equipment in the past month, Melbourne, VIC, 2000-2024



Note. 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 and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Injecting behaviours in the past month, and location of last injection use, 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)	2024 (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 -	**N=149 4**
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	**N=148 7**
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	**N=150 20**
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	**N=149 38**
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	**N=149 28***
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	**N=149 16**
% Location of last injecting use	N=150	N=175	N=152	N=150	N=148	N=178	N=148	N=159	N=150	**N=149**
Private home	66	66	58	61	55	71	66	54	63	**62**
Car	7	9	-	7	-	4	-	10	5	**-**
Street/car park/beach	13	17	27	29	23	10	11	11	13	**15**
Public toilet	11	-	-	-	6	5	-	9	-	**5**
Medically supervised injecting Centre/Room	/	/	/	/	13	8	8	12	13	**12**
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. N is the number who responded (denominator). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2024 (20%), relative to 2023 (17%; p=0.660) (Table 9). The most common injection-related injuries and diseases reported by participants was any nerve damage (8%; 5% in 2023; p=0.343), any thrombosis (6%; 6% in 2023) and any infection/abscess (6%; 5% in 2023; including skin abscess or cellulitis; 5%; n≤5 in 2023; p=0.572).

Table 9: Injection-related issues in the past month, Melbourne, VIC, 2020-2024

	2020	2021	2022	2023	2024
	(N=179)	(N=148)	(N=149)	(N=150)	(N=150)
% Artery injection	11	-	-	-	**4**
% Any nerve damage	15	7	5	5	**8**
% Any thrombosis	10	9	6	6	**6**
Blood clot	9	7	4	5	**4**
Deep vein thrombosis	-	-	-	-	**-**
% Any infection/abscess	8	7	8	5	**6**
Skin abscess or cellulitis	7	7	6	-	**5**
Endocarditis	-	-	-	0	**0**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	-	**-**
% Dirty hit	11	5	-	0	**-**
% Any injection-related problem	36	24	19	17	**20**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

Fifty-three per cent of participants reported receiving any drug treatment in 2024, stable relative to 2023 (53%), with methadone continuing to be the most commonly received treatment (37%; 29% in 2023; p=0.181), followed by buprenorphine depot injection (12%; 15% in 2023; p=0.504) (Table 10). Of those who used either methadone or buprenorphine and commented (n=60), 92% reported receiving takeaway doses (92% in 2023).

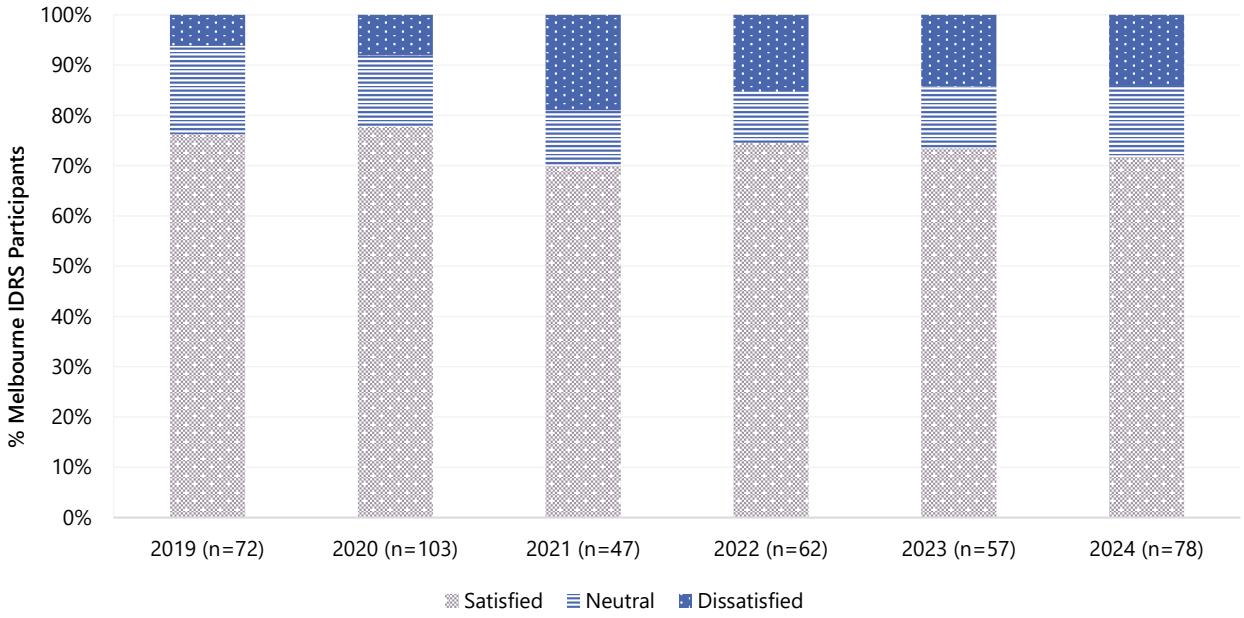
Amongst those who were currently receiving drug treatment and commented (n=78) in 2024, 71% of participants reported being satisfied with their current treatment (72% in 2023), with a further 14% reporting being dissatisfied (14% in 2023). Six per cent of participants reported having tried to access treatment in the past six months but could not, a significant decrease relative to 2023 (14%; p=0.036). The most commonly cited drug the last time treatment was required was heroin (78%; 52% in 2023; p=0.249). Due to low numbers (n≤5) for drug treatment services unable to be accessed the last time, further reporting is suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 10: Current drug treatment, Melbourne, VIC, 2015-2024

	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)	2024 (N=150)
% Any current drug treatment	60	44	50	47	51	58	34	43	53	**53**
Methadone	38	29	31	35	36	40	26	33	29	**37**
Buprenorphine	-	-	-	-	-	-	0	-	0	**-**
Buprenorphine-naloxone	13	10	12	9	13	7	-	-	5	**-**
Buprenorphine depot injection	/	/	/	/	0	-	-	4	15	**12**
Drug counselling	6	-	-	-	-	9	-	6	5	**-**
Other	-	-	-	0	-	-	-	-	0	**-**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

Figure 43: Treatment satisfaction amongst those who reported current treatment, Melbourne, VIC, 2019-2024



Note. 'Too early to say' excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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=124), the median SDS score was seven (IQR=3.8–10), with 69% scoring five or above, indicating possible dependence (56% in 2023; p=0.056) (Table 11). Seven per cent of participants obtained a score of zero on the opioid SDS, a significant decrease relative to 2023 (16%; p=0.037).

Of those who had recently used methamphetamine and commented (n=102), the median SDS score was one (IQR=0–4), with 31% scoring four or above, indicating possible dependence (Table 11). Half (49%) of participants obtained a score of zero on the methamphetamine SDS, indicative of no symptoms of methamphetamine dependence.

Table 11: 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, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Opioid	**(N=127)**	**(N=128)**	**/**	**(N=116)**	**(N=112)**	**(N=48)**	**(N=131)**	**(N=124)**
Median total score (IQR)	6 (1–10)	7 (4–10)	/	5 (2–9)	4 (0–9)	4 (0-7)	5 (2-9)	**7 (3.8-10)**
% score = 0	24	6	/	12	12	31	16	**7***
% score ≥ 5	60	74	/	52	61	48	56	**69**
Methamphetamine	**(N=115)**	**(N=98)**	**/**	**(N=116)**	**(N=102)**	**(N=91)**	(N=115)	**(N=102)**
Median total score (IQR)	0 (0–5)	1 (0–6)	/	3 (0–6)	1 (0–5)	4 (1-6)	3 (0-7)	**1 (0-4)**
% score = 0	52	47	/	33	50	21	40	**49**
% score ≥ 4	33	35	/	41	35	52	43	**31**

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. Imputation used for missing scale scores. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2024, 69% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (64% in 2023; p=0.389), 69% had received an RNA test (64% in 2023; p=0.387) and one tenth (10%) reported having a current HCV infection (7% in 2023; p=0.402) (Table 12). One tenth (11%) reported that they had received HCV treatment in the past year (14% in 2023; p=0.591). All of those who had reported receiving HCV treatment in the past year reported having been re-tested with a PCR/RNA test to determine whether they had acquired a new HCV infection (re-infection) after successful treatment (73% in 2023; p=0.113).

Amongst those who had undergone a HCV RNA test in the last year, and commented (n=99), half (46%) reported it took 1-5 days to receive a result (whether positive or negative), following the administration of the last HCV RNA test.

Eighty-four per cent of the total sample reported having ever had a test for human immunodeficiency virus (HIV) (34% within the past six months; 45% in 2023; p=0.074), of which few (n≤5) reported a positive diagnosis (5% in 2023; p=0.771) (Table 12).

Table 12: HCV and HIV testing and treatment, Melbourne, VIC, 2018-2024

%	Melbourne, VIC						
	2018 (N=150)	2019 (N=148)	2020 (N=179)	2021 (N=148)	2022 (N=151)	2023 (N=150)	2024 (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*	**N=148** **69**
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**	**N=148** **69**
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	**N=144** **10**
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	**N=147** **11**
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	**N=16** **81**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	/	**N=11** **100**
HIV test				N=148	N=151	N=146	**N=146**
HIV test in past 6 months	/	**/**	/	41	21	45	**34**
HIV test more than 6 months ago	/	**/**	/	52	62	47	**51**
HIV status			/	N=148	N=151	N=146	**N=122**
Lifetime HIV positive diagnosis	/	**/**	/	5	6	5	**-**

Note. ^This includes people who had not been tested for HCV. 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. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, one third (35%) of the sample reported some form of sexual activity in the past four weeks (42% in 2023; p=0.285). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented (n=51), participants reported a median of one partner (IQR: 1–1; 1 in 2023; IQR= 1–2; p=0.226). Few (n≤5) participants reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (data not collected in 2023).

Of those who commented (n=145), one fifth (19%) reported having a sexual health check-up in the six months prior to interview (22% in 2023; p=0.558), whilst three fifths (58%) had done so in their lifetime (63% in 2023; p=0.402). Of the total sample who responded (n=144), no participants reported

that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2024 (n≤5 in 2023; p=0.498), although 10% had received a positive diagnosis in their lifetime (14% in 2023; p=0.465).

Table 13: Sexual health behaviours, Melbourne, VIC, 2022-2024

	2022	2023	2024
Of those who responded[#]:	**N=139**	**N=146**	**N=144**
% Any sexual activity in the past four weeks	47	42	**35**
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	**N=51**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	**-**
Of those who responded[#]:	N=141	N=146	**N=145**
% Had a sexual health check in the last six months	11	22	**19**
% Had a sexual health check in their lifetime	70	63	**58**
Of those who responded[#]:	N=141	N=145	**N=144**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	**0**
% Diagnosed with a sexually transmitted infection in their lifetime	21	14	**10**

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

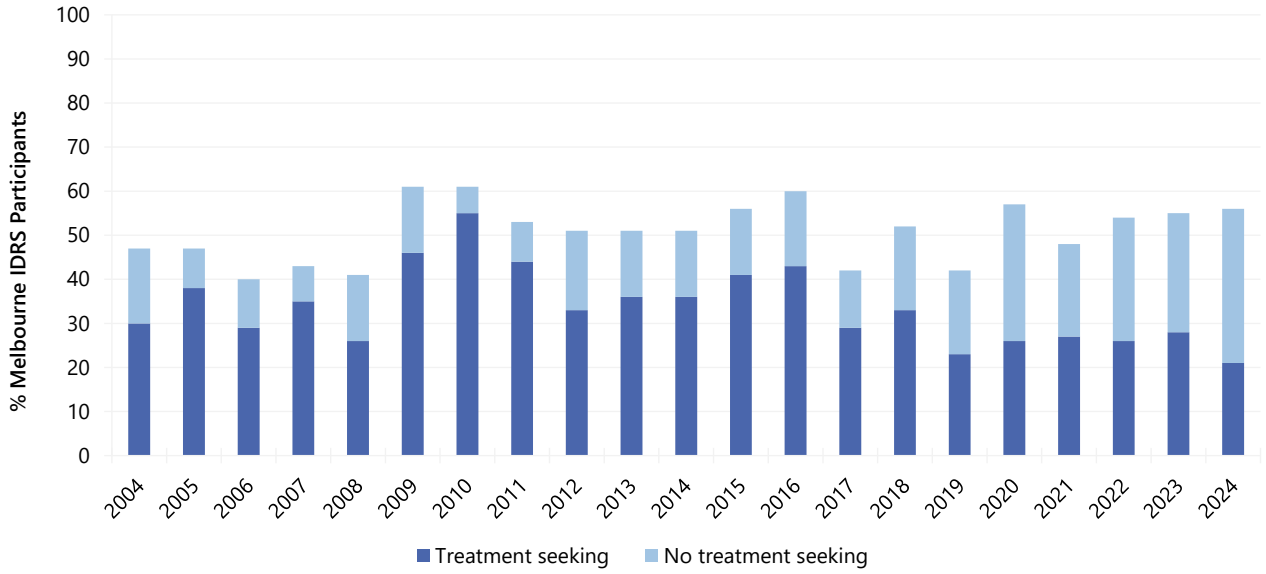
Mental Health and Psychological Distress (K10)

Mental Health

In 2024, 56% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2023 (55%; p=0.904) (Figure 44). Amongst this group, the most commonly reported problems were depression (65%; 49% in 2023; p=0.799), anxiety (57%; 60% in 2023; p=0.132) and post-traumatic stress disorder (PTSD) (30%; 20% in 2023; p=0.184).

One fifth (21%) of the Melbourne sample had seen a mental health professional during the past six months (28% in 2023; p= 0.185), 39% of those who self-reported a mental health problem during the past six months (52% in 2023; p=0.121). Three quarters (75%) of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable relative to 2023 (62%; p=0.313).

Figure 44: Self-reported mental health problems and treatment seeking in the past six months, Melbourne, VIC, 2004-2024



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. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

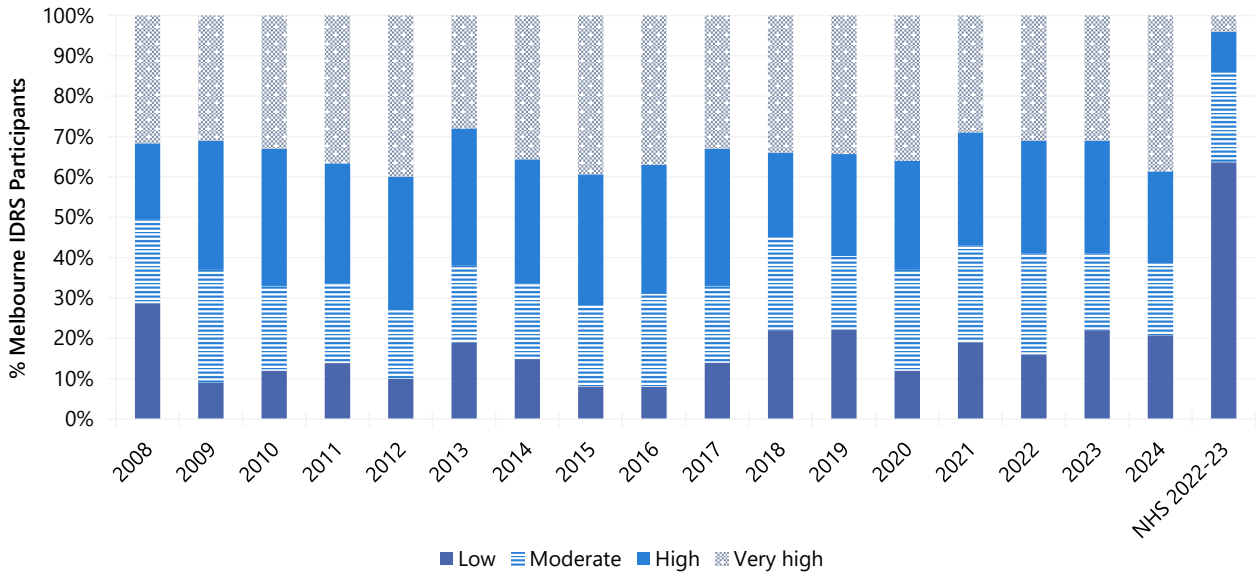
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured 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.

The per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.550) (Figure 45), with two fifths (39%) of the 2023 sample having a score of 30 or more (31% in 2023).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. Higher percentages of Melbourne IDRS participants in 2024 scored 'high' and 'very high' for distress than in the general population in 2022–23 (Figure 45).

Figure 45: K10 psychological distress scores, Melbourne, VIC, 2007-2024 and among the general population 2022-23



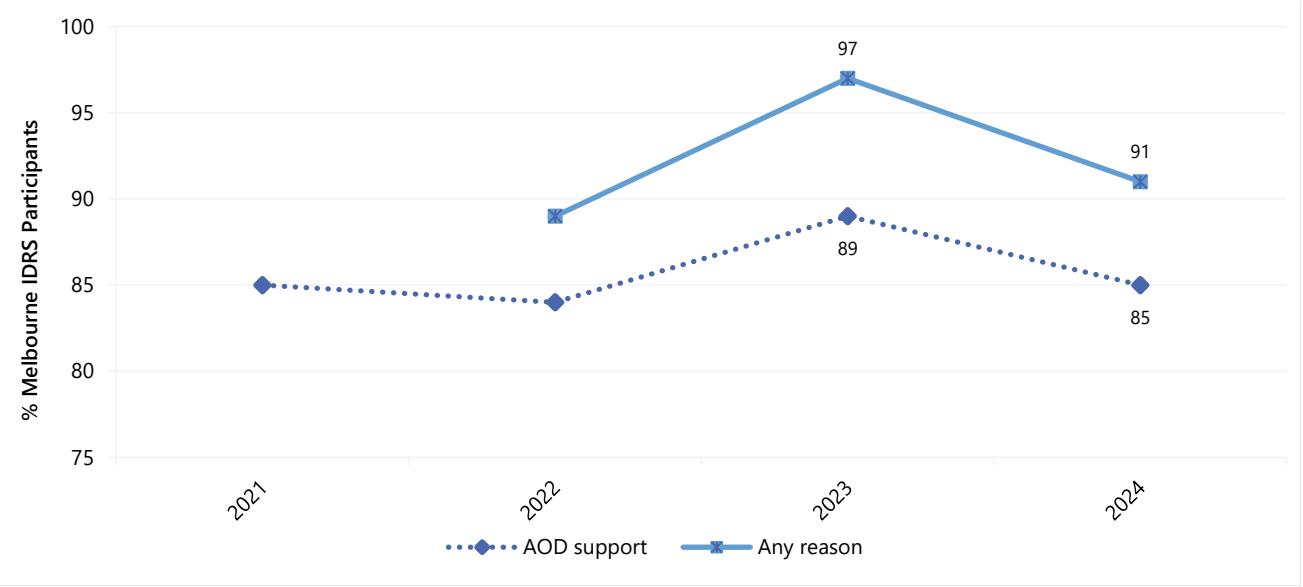
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Eighty-five per cent of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (89% in 2023; p=0.300) (Table 14). The most common services reported by participants for AOD support in 2024 were a NSP (72%; 81% in 2023; p=0.079) and a general practitioner (GP) (56%; 52% in 2023; p=0.561).

The majority (91%) reported accessing any health service in the six months preceding interview in 2024 (97% in 2023; p=0.055) (Table 14). Primary services reported by participants in 2024 were an NSP (75%; 85% in 2023; p=0.047), a GP (72%; 73% in 2023; p=0.891), and a pharmacy (45%; not asked in 2023).

Figure 46: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Melbourne, VIC, 2021-2024



Note. Questions regarding health service access for any reason were first asked in 2018, however due to differences in response options between 2018 and 2020, data are presented from 2021 onwards. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Melbourne, VIC, 2022-2024

	AOD support			Any reason		
	2022 (N=151)	2023 (N=150)	2024 (N=150)	2022 (N=151)	2023 (N=150)	2024 (N=150)
Type of service accessed *(participants could select multiple services)*						
GP	49	52	**56**	67	73	**72**
Emergency department	9	13	**10**	24	33	**23**
Hospital admission (inpatient)	6	10	**6**	19	24	**19**
Medical tent (e.g., at a festival)	0	-	**0**	0	-	**0**
Drug and Alcohol counsellor	15	12	**8**	14	11	**8**
Hospital as an outpatient	-	-	**-**	8	7	**7**
Specialist doctor (not including a psychiatrist)	-	-	**-**	7	13	**12**
Dentist	-	-	**-**	11	12	**10**
Ambulance attendance	4	8	**7**	15	15	**15**
Pharmacy	/	/	**31**	/	/	**45**
Other health professional (e.g., physiotherapist)	-	-	**-**	5	12	**11**
Psychiatrist	-	-	**-**	9	7	**5**
Psychologist	-	-	**-**	8	7	**7**
NSP	71	81	**72**	68	85	**75***
Peer based harm reduction service	5	-	**5**	5	-	**5**
Other harm reduction service	5	-	**13**	8	0	**14**

Note. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. For historical numbers, please refer to the data tables. Please refer to Table 1 for a guide to table/figure notes.

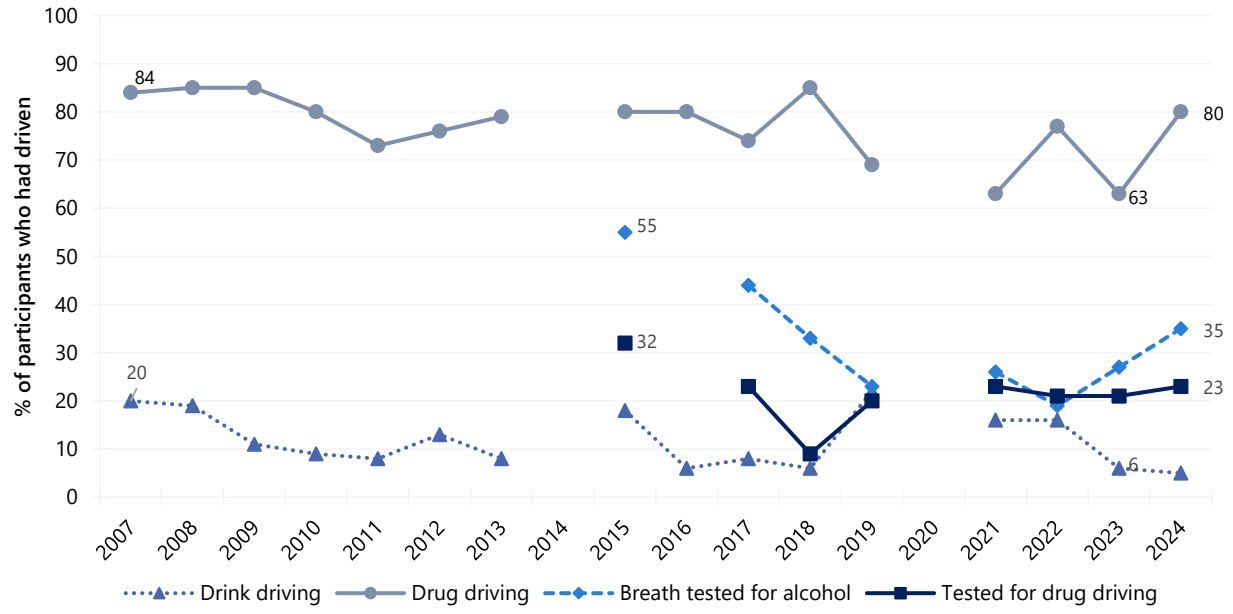
Driving

One quarter (27%) of the Melbourne sample had driven a car, motorcycle or other vehicle in the last six months in 2024 (35% in 2023; p=0.177). Of those who had driven within the last six months and commented (n=39), few (n≤5) reported driving while over the perceived legal limit of alcohol, stable relative to 2023 (n≤5). Among those who had driven within the last six months and commented (n=40), four fifths (80%) reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2023 (63%; p=0.113) (Figure 47).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=32), participants most commonly reported using heroin (69%) prior to driving, followed by cannabis (47%).

Of those who had recently driven and responded (n=40), 23% reported that they had been tested for drug driving by the police roadside drug testing service (21% in 2023), and 35% reported that they had been breath tested for alcohol by the police roadside testing service (27% in 2023; p=0.486) in the six months prior to interview.

Figure 47: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Melbourne, VIC, 2007-2024



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

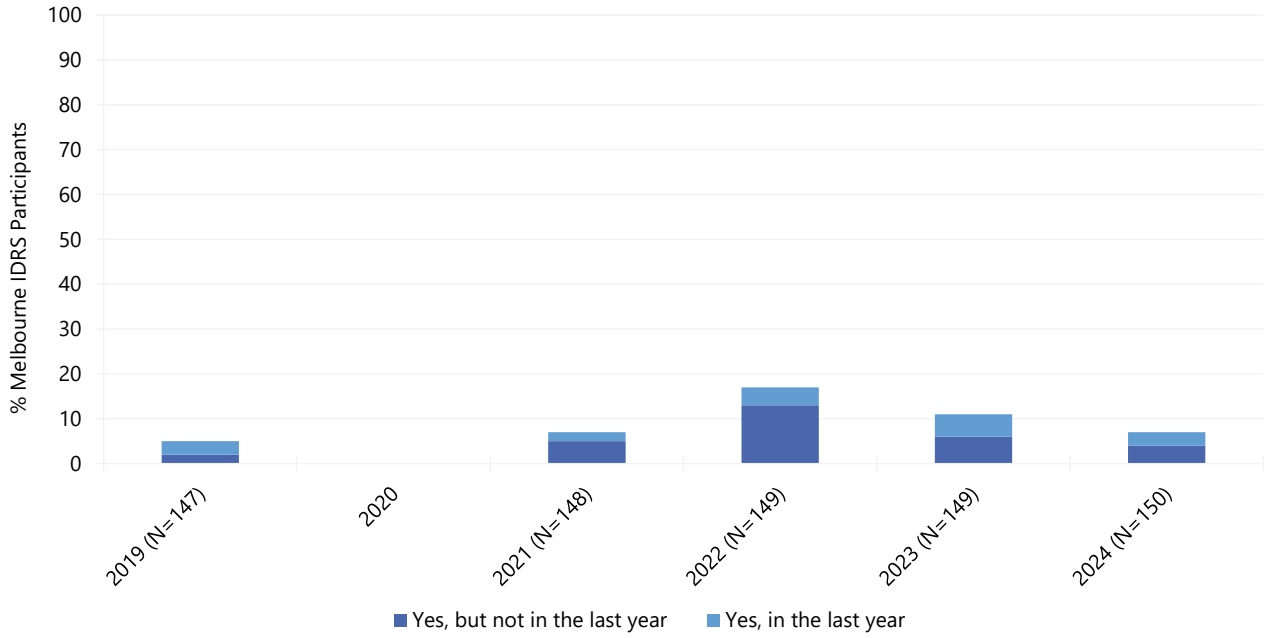
Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17

July 2022, and at CheQpoint. Queensland's first fixed-site drug checking service in Brisbane, which opened on April 20, 2024. CheQpoint, opened a second service on the Gold Coast in July 2024, shortly after IDRS recruitment had finished.

In 2024, 7% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (11% in 2023; p=0.230), with few (n≤5) participants reporting doing so in the past year (5% in 2023; p=0.378) (Figure 48). Few (n≤5) participants reported on the methods by which their drugs were tested, therefore, no further results are reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 48: Lifetime and past year engagement in drug checking, Melbourne, VIC, 2019-2024



Note. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

Forty-four per cent of the Melbourne sample reported engaging in 'any' crime in the past month in 2024, stable relative to 2023 (47%; p=0.731). Property crime (31%; 34% in 2023; p=0.618) and selling drugs for cash profit (19%; 23% in 2023; p=0.468) remained the most common self-reported crimes in the month preceding interview (Figure 49).

Sixteen per cent of participants reported being a victim of violence in the past month (17% in 2023; p=0.758) (Figure 50).

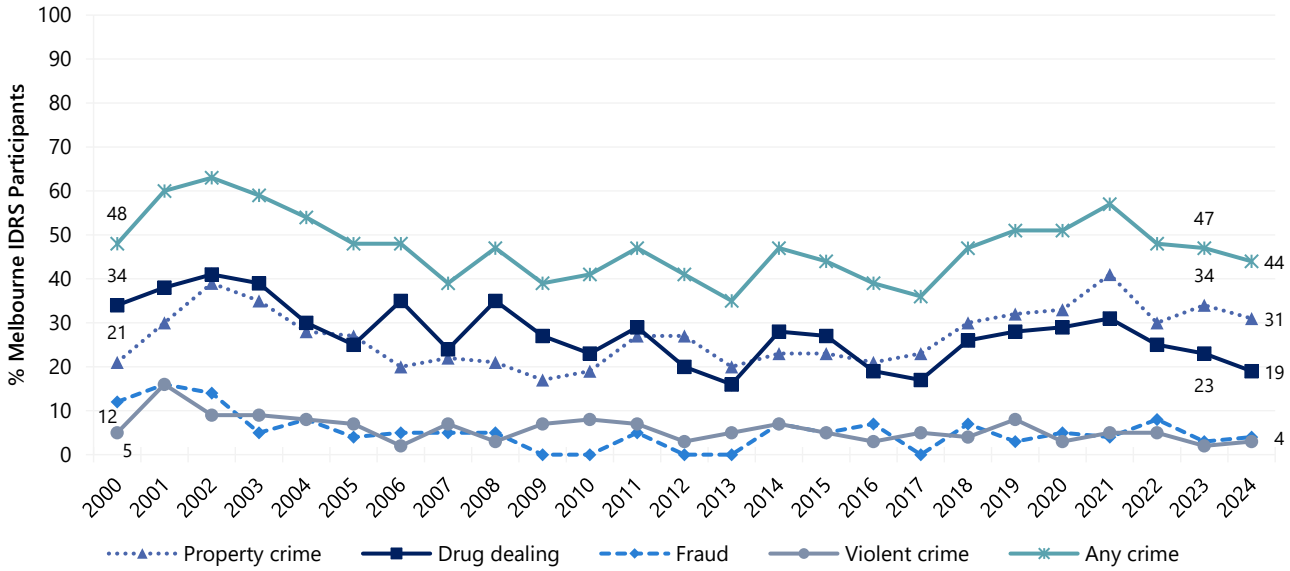
One fifth (22%) of participants reported a drug-related encounter with police that did not result in charge or arrest in the past 12 months (28% in 2023; p=0.348). This predominantly comprised being stopped and searched (58%; 78% in 2023; p=0.081) Forty-five per cent of the Melbourne IDRS

participants reported being stopped and questioned by police, a significant decrease from 76% in 2023 (p=0.012).

In 2024, one fifth (22%) of the sample had been arrested in the past year, stable relative to 2023 (26%; p=0.407). Of those who had been arrested and commented (n=30), the main reason for arrest in 2024 was property crime (43%).

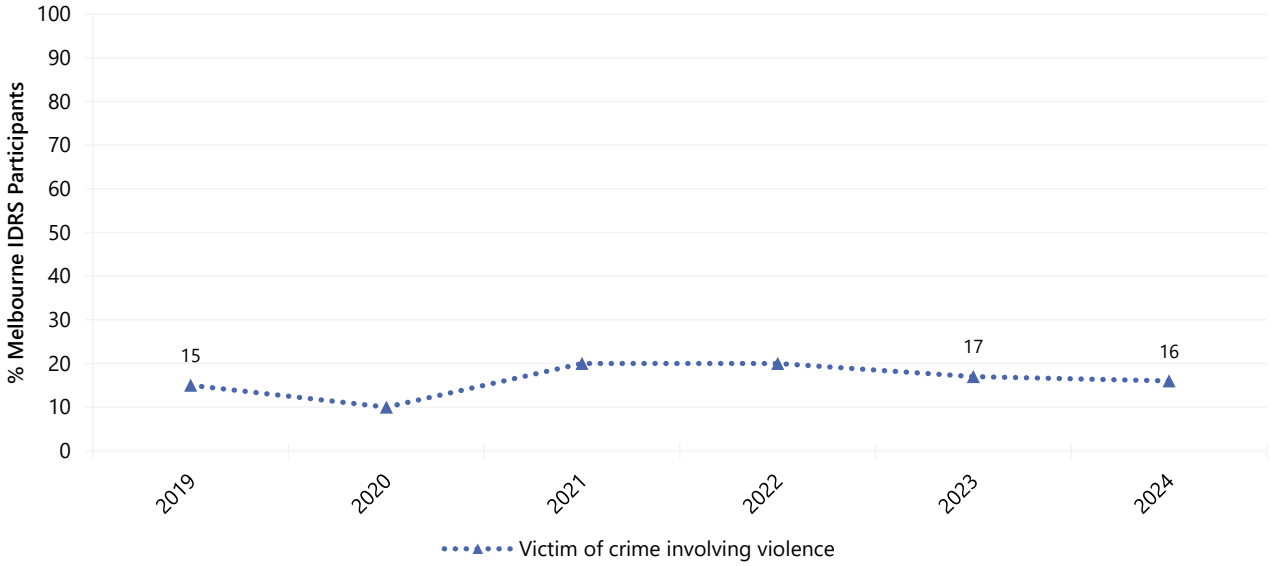
Sixty-six per cent of the sample reported a lifetime prison history in 2024 (74% in 2023; p=0.215).

Figure 49: Self-reported criminal activity in the past month, Melbourne, VIC, 2000-2024



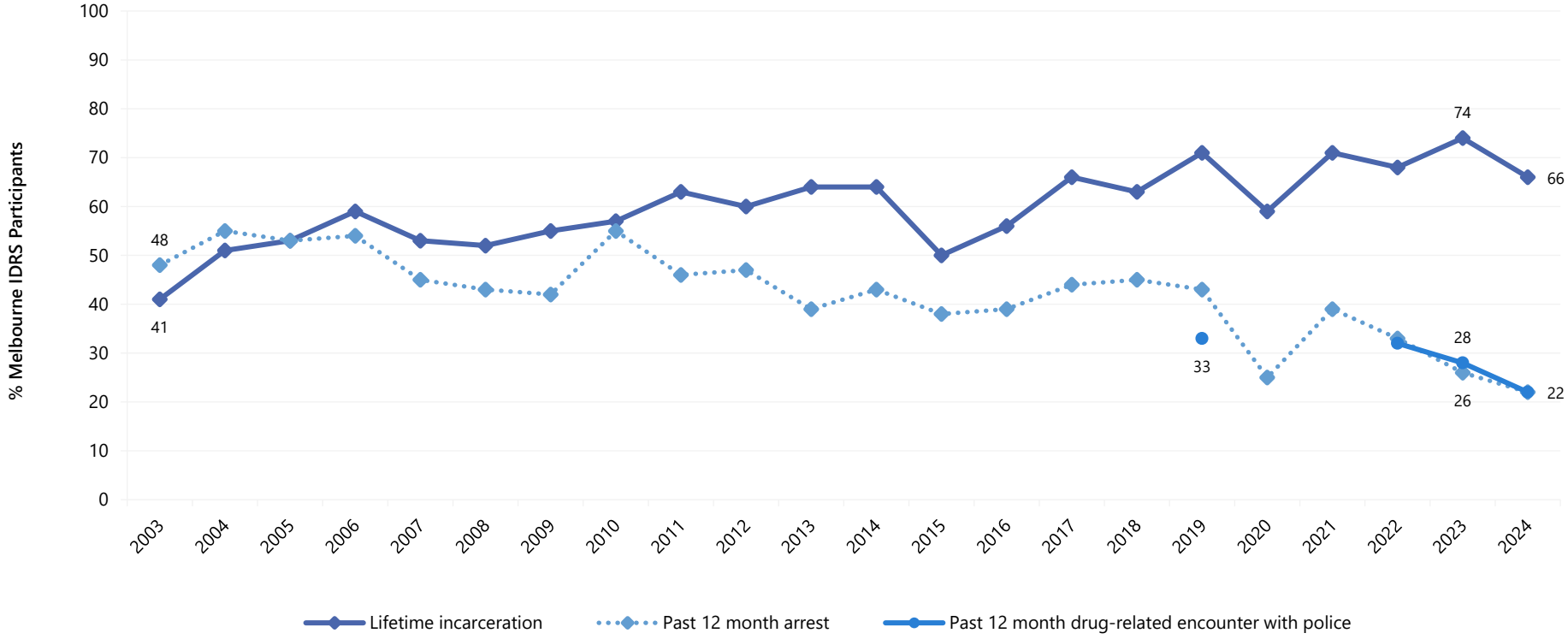
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 50: Victim of crime involving violence in the past month, Melbourne, VIC, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years 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 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 51: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Melbourne, VIC, 2003-2024



Note. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face contact (83%; 80% in 2023; p=0.546), followed by phone call (64%; 53%; p=0.081), and text messaging (40%), a significant increase from 2023 (23%; p=0.002). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been collected in person.

Table 15: Purchasing approaches in the past 12 months, Melbourne, VIC, 2024

	2023	2024
% Purchasing approaches in the last 12 months^#	N=150	**N=150**
Face-to-face	80	**83**
Surface web	-	**-**
Darknet market	0	**-**
Social networking or messaging applications`	-	**4**
Text messaging	23	**40****
Phone call	53	**64**
Grew/made my own	/	**-**
Other	/	**0**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. `This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.