IDRS

NEW SOUTH WALES DRUG TRENDS 2025

Key Findings from the New South Wales Illicit Drug Reporting System (IDRS) Interviews

NEW SOUTH WALES DRUG TRENDS 2025: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISSN 2981-9695

Suggested citation: Palmer L, Chandrasena U, Peacock A, & Sutherland R. New South Wales Drug Trends 2025: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2025. Available from: https://doi.org/10.26190/unsworks/31826

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: lily.palmer@unsw.edu.au or drugtrends@unsw.edu.au

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Acknowledgements

Funding

In 2025, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health, Disability and Ageing under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2025:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Haniene Tayeb, Olivia Price, Lily Palmer, Agata Chrzanowska, Cate King, 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;
- Dylan Vella-Horne, Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Jack Curran and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Erica Franklin, Grace Ha, Sumaya Akabai, Sophie Lorenzon, Jon Panther, RJ Menzies, Nerida Douglas and Julia Uporova for conducting the New South Wales IDRS interviews in 2025. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
AOD	Alcohol and other drugs
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
BTNX	BTNX Inc
CBD	Cannabidiol
COVID-19	Coronavirus disease of 2019
DSM	The Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GHB/GBL/1,4-BD	Gamma-hydroxybutyrate/Gamma-butyrolactone/1,4-Butanediol
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia

SD	Standard deviation
SDS	Severity of Dependence Scale
TAS	Tasmania
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Sydney, New South Wales (NSW). 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 2025. 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 2020-2025 samples, relative to previous years.**

Sample Characteristics

In 2025, the Sydney IDRS sample (N=157) predominantly comprised male participants (66%; 73% in 2024), with a mean age of 48 years (48 years in 2024). Consistent with previous years, the majority of the sample were unemployed at the time of interview (93%; 93% in 2024) and had received a government pension, allowance or benefit in the month preceding interview (97%; 98% in 2024). There was, however, a significant increase in median weekly income, from $390 in 2024 to $425 in 2025 ($p$=0.014). Current accommodation also significantly changed in 2025, relative to 2024 (p=0.005), with more participants living in a private house/flat (76%; 74% in 2024) and parents'/family home (7%; n≤5 in 2024). Half (51%) of the sample nominated heroin as their drug of choice (49% in 2024) and 51% nominated methamphetamine as the drug injected most often in the past month (53% in 2024), both stable relative to 2024.

Heroin

In 2025, 69% of the Sydney sample reported recent (i.e., past six month) use of heroin (73% in 2024). Among those who reported recent use, half (52%) reported using heroin daily (43% in 2024). The median price per cap and gram of heroin was $50 and $350, respectively, stable relative to 2024 ($50 and $400, respectively). The perceived purity and availability of heroin also remained stable, relative to 2024, with the largest per cent reporting it to be of 'high' purity (39%; 35% in 2024) and 'very easy' (60%; 50% in 2024) to obtain.

Methamphetamine

Three quarters (78%) of the sample reported recent use of any methamphetamine in 2025, stable from 83% in 2024. Crystal continued to be the most common form of methamphetamine used by participants (77%), followed by powder (5%) and base (4%). Participants who had recently used crystal reported use on a median of 90 days, the highest frequency of use observed since monitoring commenced, although stable relative to 2024 (median of 72 days). The median price per point of crystal remained stable in 2025 ($50; $50 in 2024), as did the price per gram ($200; $300 in 2024). The perceived purity and availability of crystal remained stable between 2024 and 2025, with the vast majority reporting 'easy' or 'very easy' obtainment (94%; 92% in 2024).

Cocaine

One quarter (25%) of the sample reported recent use of cocaine, stable relative to 2024 (29%). Participants who had recently used cocaine did so infrequently, on a median of three days in the six months preceding interview (4 days in 2024). The price, perceived

purity and perceived availability of cocaine remained stable in 2025, relative to 2024.

Cannabis and/or Cannabinoid-Related Products

Seventy-one per cent of the sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025, stable relative to 2024 (68%). Among those who reported recent use in 2025, half (52%) reported daily use (61% in 2024) and almost all (95%) reported using hydroponic cannabis (95% in 2024). In 2025, the median price per gram of non-prescribed hydroponic and bush cannabis was $20, respectively ($20 in 2024, respectively). The perceived purity and availability of both hydroponic and bush cannabis remained stable between 2024 and 2025. Almost three fifths (58%) of participants reported that both forms were 'very easy' to obtain. Equal percentages (40%) rated the potency of bush cannabis as 'medium' or 'high' (55% and 20% in 2024, respectively), while nearly three-fifths (58%) reported that the potency of hydroponic cannabis was 'high' (70% in 2024).

Pharmaceutical Opioids

The most commonly used non-prescribed pharmaceutical opioid in 2025 was oxycodone (12%; 9% in 2024), followed by methadone (10%; 12% in 2024). Equal percentages (6%) reported recent non-prescribed use of buprenorphine tablets, morphine and fentanyl in 2025 (n≤5; 9% and 7% in 2024, respectively), and 5% reported recent use of buprenorphine-naloxone (8% in 2024). Recent use of all non-prescribed pharmaceutical opioids remained stable in 2025 relative to 2024.

Other Drugs

Recent use of any new psychoactive substances (NPS) was reported by four per cent of participants (5% in 2024). Almost one fifth (17%) of the Sydney sample reported recent use of any non-prescribed benzodiazepines, a significant decrease relative to 2024 (31%; p=0.005). One quarter (27%) of the sample reported recent use of illicit e-cigarettes (31% in 2024), on a median of 120 days in the six months preceding interview (108 days in 2024). The majority (93%) of the sample reported recent tobacco use (91% in 2024), with 82% reporting the use of smoked or non-smoked illicit tobacco products, a significant increase relative to 2024 (64%; p<0.001). Fifteen per cent of the sample reported recent use of GHB/GBL/1,4-BD, stable relative to 2024 (16%).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

Almost two thirds (64%) of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).

Three fifths (62%) of the Sydney IDRS sample had binged on one or more drugs for 48 hours or more in the six months preceding interview, stable from 2024 (68%).

Injecting behaviours, equipment access and harms

In 2025, 5% of participants reported receptive sharing and 8% reported distributive sharing in the past month, stable from 2024 (5% and 12%, respectively). Almost two fifths (37%) reported that they had re-used their own needles in the past month (34% in 2024), and 9% reported difficulty accessing needles in the past month (11% in 2024). A significant decrease was observed in participants reporting they had obtained needles and syringes from the medically supervised injecting clinic (6%; 21% in 2024; p<0.001). One third (35%) of participants reported experiencing an injection-related problem in the past month, with a significant increase in reports of thrombosis (10%; n≤5 in 2024; p=0.001) –

mostly comprising blood clots near the surface of the skin (9%; n≤5 in 2024; p=0.003).

Overdose, naloxone and drug checking

Almost one fifth (18%) of the sample reported experiencing a non-fatal overdose in the 12 months preceding interview (17% in 2024). Eleven per cent reported a non-fatal opioid overdose, and 5% reported a non-fatal stimulant overdose.

The majority (86%) of the sample reported awareness of the take-home naloxone program, stable relative to 2024 (85%). Two thirds (63%) reported that they had obtained naloxone in the past year, also stable from 2024 (60%).

Fourteen per cent of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the last year (12% in 2024).

Dependence, treatment and Hepatitis C

Fifty-five per cent of those who reported recent methamphetamine use obtained an SDS score of ≥4, while two thirds (66%) of participants reporting recent opioid use obtained a score of ≥5, indicating possible dependence on these substances.

Forty-six per cent of the sample reported being in some form of drug treatment at the time of interview (46% in 2024), most commonly methadone (29; 27% in 2024). One tenth (11%) of the sample reported being unable to access treatment in 2025, of which 69% reported that they had tried to access treatment for methamphetamine use, a significant increase from 2024 (27%: p=0.032).

In 2025, three fifths (60%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (59% in 2024), and 56% had received an PCR or RNA test (54% in 2024). Few participants (n≤5) reported a current HCV infection (n≤5 in 2024), and 4% reported receiving HCV treatment in the year prior to interview (6% in 2024).

Sexual activity, mental health and health service access

Almost half (47%) of the Sydney sample reported past month sexual activity, and 27% reported a sexual health check in the preceding six months, both stable from 2024 (41% and 31%, respectively).

Half (52%) of the sample self-reported recently experiencing a mental health problem (52% in 2024), among which the most commonly reported problems were depression (70%; 64% in 2024) and anxiety (59%; 59% in 2024).

The majority (89%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in 2025 (94% in 2024), with the most common service accessed being a needle and syringe program (83%; 83% in 2024). There was a significant increase in those accessing a general practitioner for AOD support in 2025 (46%: 30% in 2024; p=0.003).

Driving, contact with police and modes of purchasing illicit drugs

Among those who had driven in the last six months, 71% of participants reported driving within three hours of consuming an illicit or non-prescribed drug (78% in 2024).

In 2025, two fifths (39%) of the sample reported engaging in 'any' crime in the past month (47% in 2024), and 14% were the victim of a crime involving violence (14% in 2024). One fifth (21%) reported past year arrest, and 45% reported a drug-related encounter with police which did not result in charge or arrest.

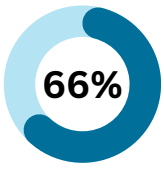
In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (81%; 86% in 2024).

2025 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

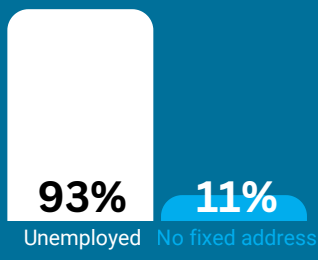
In June 2025, 157 participants, recruited from Sydney, NSW, were interviewed.

48 years



Male

Median age and per cent who identified as male.



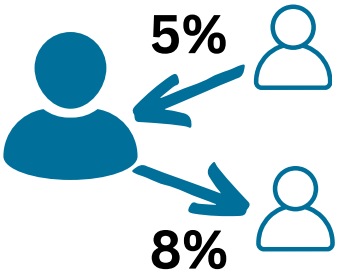
Unemployed | No fixed address

In the 2025 sample, 93% were unemployed and 11% had no fixed address.

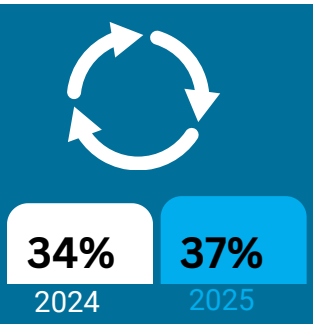
- **Injected heroin**
- **Injected methamphetamine**
- **Injected other illicit or non-prescribed drugs**

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

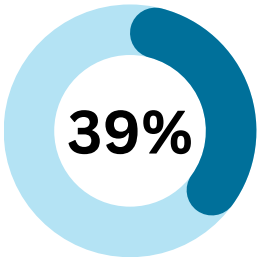
INJECTING-RELATED RISKS AND HARMS



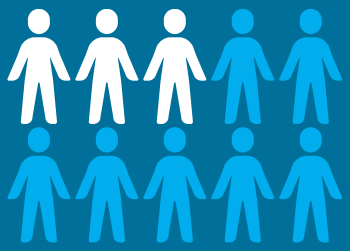
In 2025, 5% of participants reported receptive sharing in the past month, and 8% reported distributive sharing.



Percentage who reported re-using their own needles in the past month.

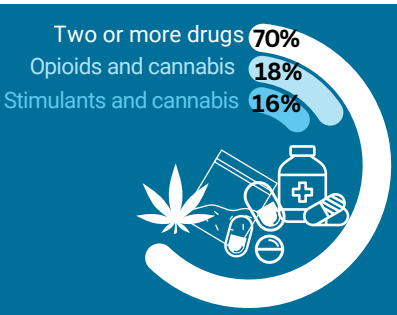


Percentage who reported injecting someone else after injecting themselves in the past month.



35% of participants reported having an injection-related health issue in the past month, stable from 2024 (29%).

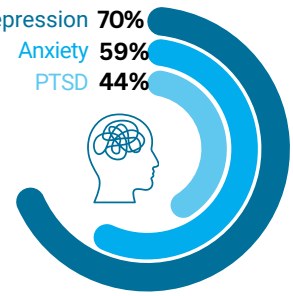
OTHER HARMS



In 2025, 64% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was opioids and cannabis (18%).

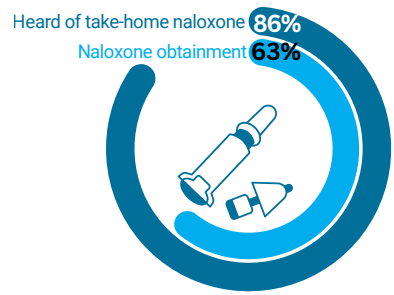
Past year non-fatal overdose remained stable in 2025 relative to 2024.

In 2025, 52% of participants self-reported a mental health problem in the 6 months preceding interview.



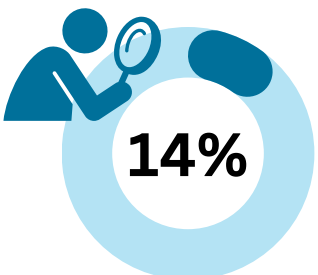
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

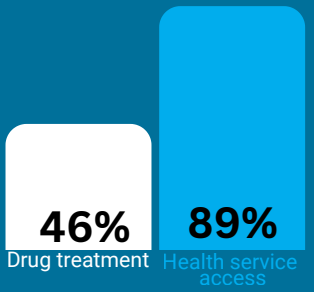


Knowledge of take-home naloxone and past year naloxone access remained stable in 2025.

Of those who responded, 34% reported ever using naloxone to resuscitate someone who had overdosed, with 24% having done so in the past year.



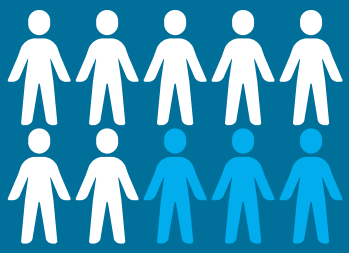
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



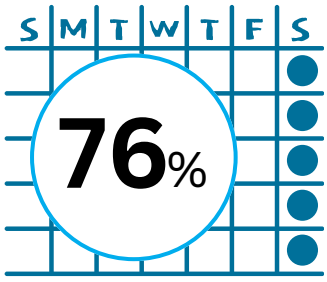
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

IDRS Illicit Drug Reporting System



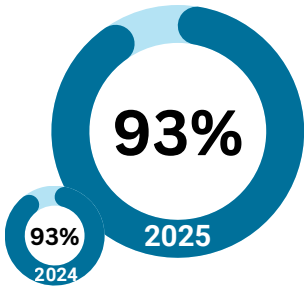
Past 6 month use of heroin remained stable in 2025 (69%) relative to 2024 (73%).



Of those who had recently consumed heroin, 76% reported weekly or more frequent use, stable from 2024 (73%).

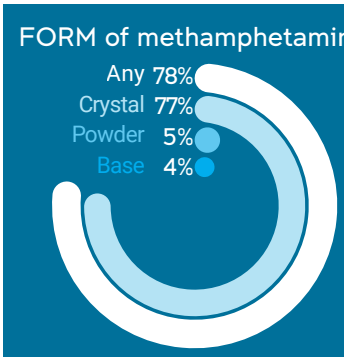
$50 2024 $50 2025

The median reported price for a point of heroin.

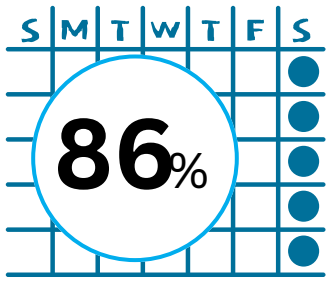


Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE



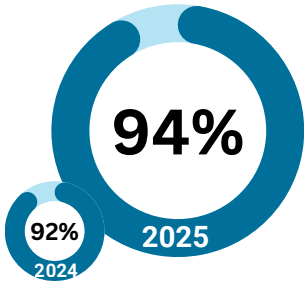
Past 6 month use of most forms remained stable in 2025, with the exception of powder (12% in 2024).



Of those who had recently used any form of methamphetamine, 86% reported weekly or more frequent use, stable from 2024 (76%).

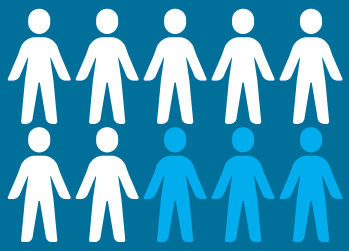
$50 2024 $50 2025

The median reported price for a point of methamphetamine crystal.

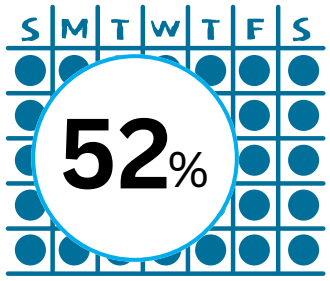


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



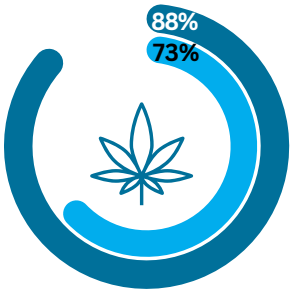
Past 6 month use remained stable in 2025 (71%) relative to 2024 (68%).



Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 52% reported daily use, stable from 2024 (61%).

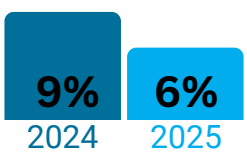
$20 Hydroponic $20 Bush

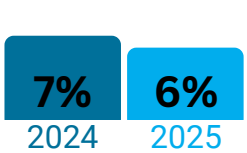
The median reported price for 1 gram of hydroponic and bush cannabis.

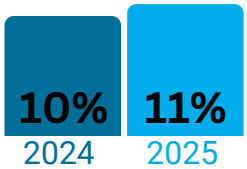


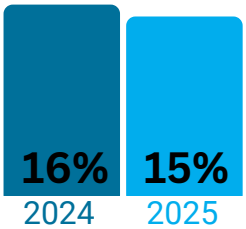
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain.

PAST 6 MONTH USE OF OTHER DRUGS









Background

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

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

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 in later years 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 2020-2025: 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 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.

2025 IDRS Sample

Between 26 May-15 July 2025, a total of 865 participants were recruited across capital cities nationally, with 157 participants interviewed in Sydney, New South Wales (NSW). The Sydney IDRS interviews were conducted between 3-25 June 2025; the vast majority (98%) (n=154) were conducted face-to-face.

In 2025, 51% of participants were recruited via a Needle and Syringe Program (NSP) (37% in 2024), followed by a further two fifths (40%) recruited via word-of-mouth (57% in 2024). Seventeen per cent in the Sydney 2025 sample had taken part in the 2024 interview (17% of the 2024 sample had taken part in the 2023 interview.

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 2024 and 2025. 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≤5 answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2024 and 2025

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 Sydney, NSW, 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 NSW (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

Infographics and the executive summary and 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, 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

In 2025, the Sydney IDRS sample, for the most part, was similar to the sample in 2024 and in previous years (Table 2).

Gender remained stable between 2024 and 2025 (p=0.361), with two thirds (66%) identifying as male (73% in 2024). The median age of the Sydney sample was 48 years (IQR=42-55; 48 years in 2024; IQR=40-54; p=0.199) (Table 2).

Employment status remained stable between 2024 and 2025 (p=0.986), with the majority (93%) of Sydney participants reporting that they were unemployed at the time of the interview (93% in 2024). Ninety-seven per cent reported that they had received a government pension, allowance or benefit in the last month (98% in 2024; p=0.724). The median weekly income was $425 (IQR=350-550) in 2025, a significant increase from 2024 ($390; IQR=325-500; p=0.014). Current accommodation significantly changed between 2024 and 2025 (p=0.005), with slightly more participants reporting residing in a private house/flat (76%; 74% in 2024) and in parents'/family home (7%; n≤5 in 2024). Less participants reported residing in a boarding house/hostel (n≤5; 9% in 2024) or having no fixed address in 2025 (11%; 16% in 2024).

The drug of choice reported by Sydney participants remained stable between 2024 and 2025 (p=0.664) (Figure 1). Consistent with previous years, the largest per cent reported heroin (51%; 49% in 2024) to be their drug of choice at the time of interview, followed by methamphetamine (41%; 40% in 2024).

In 2022, any methamphetamine overtook heroin as the drug injected the most in the month preceding interview for the first time since monitoring commenced. In 2025, the drug injected most often in the last month remained stable relative to 2024 (p=0.622), with half (51%) reporting methamphetamine (53% in 2024) as the drug most frequently injected, followed by heroin (47%; 43% in 2024) (Figure 2).

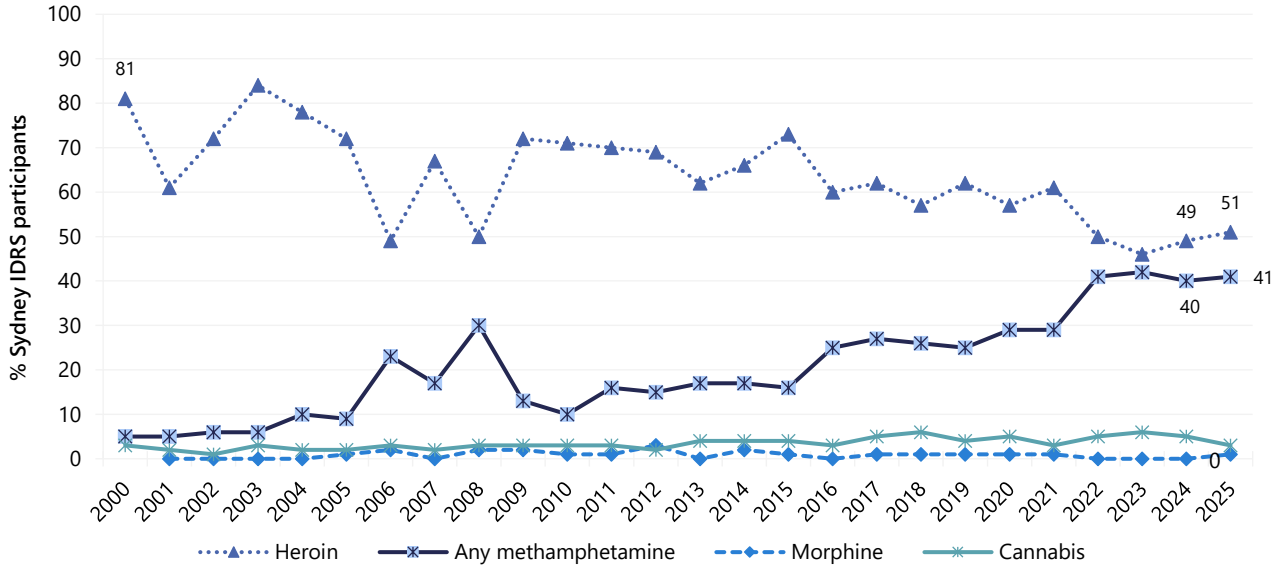
Weekly or more frequent use of methamphetamine crystal among the Sydney sample remained stable in 2025 relative to 2024 (66%; 62% in 2024; p=0.478), as did weekly or more frequent use of heroin (53%; 53% in 2024) and non-prescribed cannabis (56%; 60% in 2024; p=0.482) use (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2025, and Sydney, NSW, 2021-2025

	Sydney, NSW					National
	2021	2022	2023	2024	2025	2025
	(N=150)	(N=152)	(N=153)	(N=150)	(N=157)	(N=865)
Median age (years; IQR)	48 (40-53)	48 (41-51)	47 (40-52)	48 (40-54)	**48 (42-55)**	47 (41-54)
% Gender						
Female	28	29	29	26	**33**	34
Male	70	70	70	73	**66**	66
Non-binary	-	-	-	-	**-**	1
% Aboriginal and/or Torres Strait Islander	25	42	41	36	**40**	29
% Born in Australia	/	/	/	89	**90**	91
% English primary language spoken at home	/	/	/	93	**97**	98
% Sexual identity						
Heterosexual	73	86	79	79	**82**	82
Homosexual	9	5	10	7	**7**	5
Bisexual	13	9	9	12	**10**	9
Queer	-	0	0	-	**-**	2
Other identity	-	0	-	-	**-**	1
Mean years of school education (range)	10 (1-12)	10 (2-12)	10 (4-12)	10 (5-12)	**10 (2-12)**	10 (1-12)
% Post-school qualification(s)^	63	66	64	58	**50**	57
% Current accommodation					**	
Own home *(inc. renting)*	82	72	78	74	**76**	66
Parents'/family home	-	5	5	-	**7**	5
Boarding house/hostel	4	-	-	9	**-**	6
Shelter/refuge	-	-	-	-	**-**	2
No fixed address	8	18	16	16	**11**	20
Other	-	-	0	0	**-**	1
% Current employment status						
Unemployed	89	95	90	93	**93**	88
Full-time work	-	-	-	-	**-**	3
Part time/casual	/	/	7	5	**4**	6
Self-employed	/	/	-	-	**-**	2
Other	/	/	-	-	**0**	0
% Past month gov't pension, allowance or benefit	95	93	97	98	**97**	94
Current median income/week ($; IQR)	$348 (300-442)	$325 (250-400)	400 (324-500)	390 (325-500)	**425 * (350-500)**	465 (375-598)

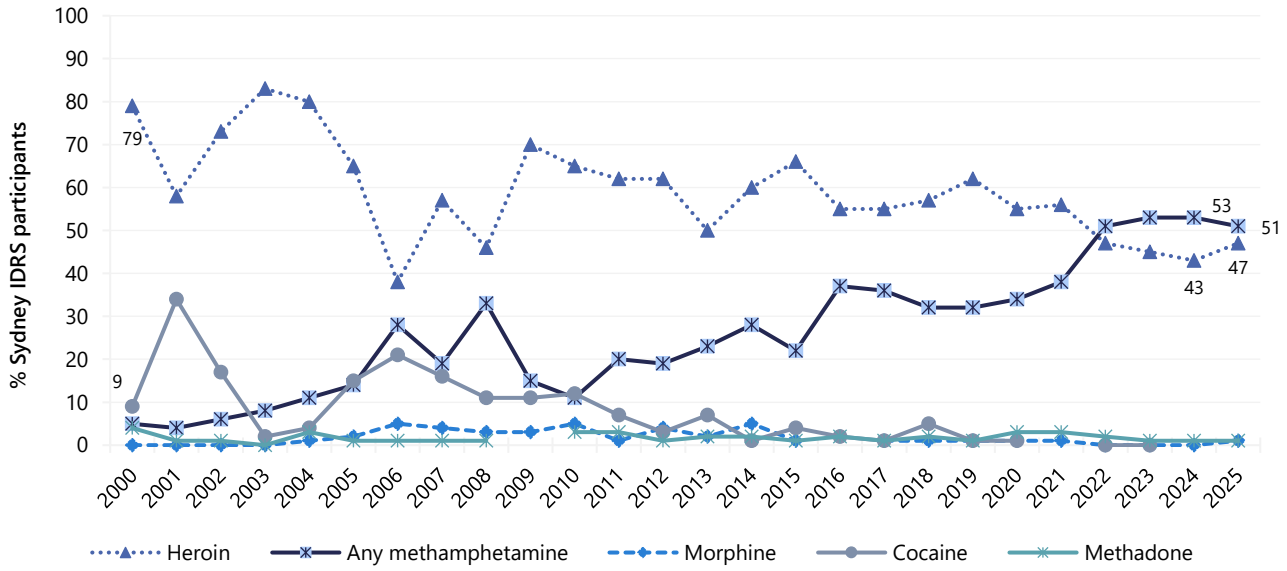
Note. ^Includes trade/technical and university qualifications. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 1: Drug of choice, Sydney, NSW, 2000-2025



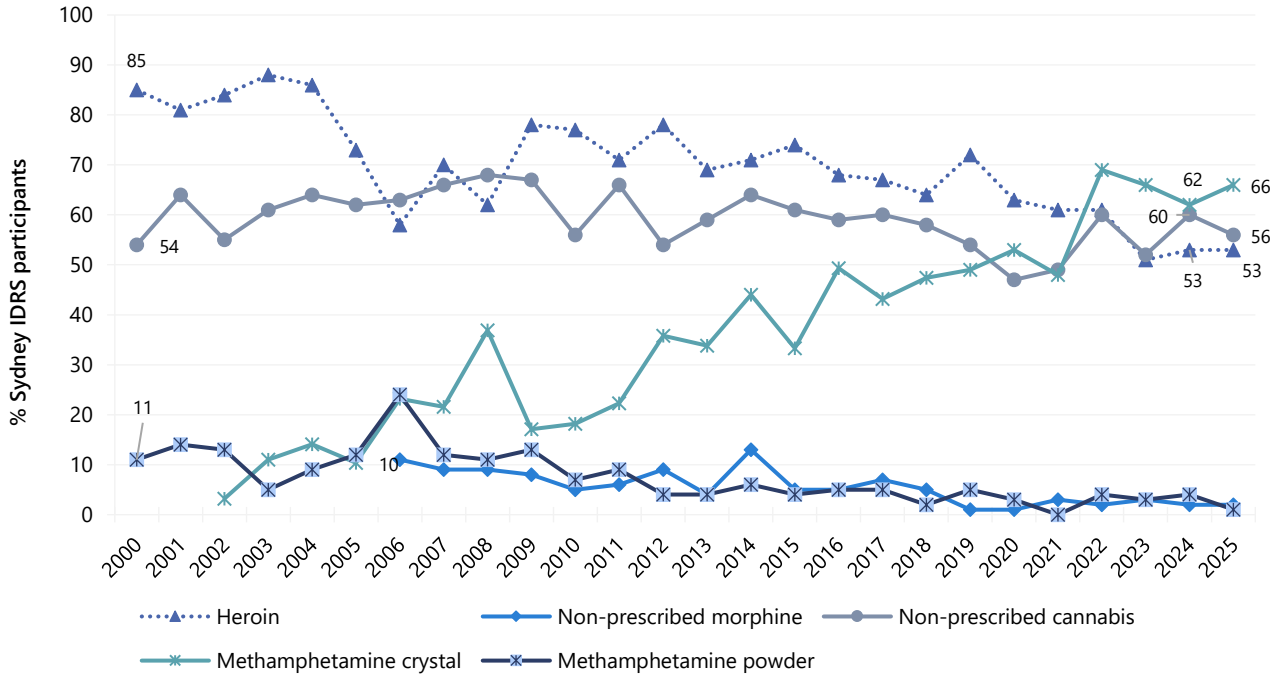
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 2: Drug injected most often in the past month, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

2

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin illicitly produced from pharmaceutical opioid products.

Patterns of Consumption

Recent Use (past 6 months)

Despite some fluctuation, the per cent reporting recent use of heroin has gradually declined over time from 93% in 2000 to 67% in 2023. In 2025, 69% of the sample reported recent heroin use, stable relative to 2024 (73%; p=0.526) (Figure 4).

Frequency of Use

The frequency of use of heroin has fluctuated considerably over the course of monitoring, ranging from a median of 72 days (i.e., three days a week) to 180 days (i.e., daily). In 2025, those who had recently consumed heroin (n=109) reported doing so on a median of 180 days (IQR=24-180) in the six months preceding interview, stable relative to 2024 (95 days; IQR=16-180; n=110; p=0.260) (Figure 4). Three quarters (76%) of participants who reported recent heroin use reported weekly or more frequent use (73% in 2024; p=0.640) and 52% reported daily use (43% in 2024; p=0.186).

Routes of Administration

Among participants who had recently consumed heroin and commented (n=109), injection remained the most common route of administration (98%; 98% in 2024). Participants reported injecting heroin on a median of 180 days (IQR=24-180), stable relative to 2024 (90 days; IQR=19-180; p=0.240). Sixteen per cent of participants who reported heroin use reported smoking (12% in 2024; p=0.445) as a route of administration. Few participants (n≤5) reported snorting (0% in 2024; p=0.498) or swallowing (0% in 2024; p=0.498) heroin in 2025.

Quantity

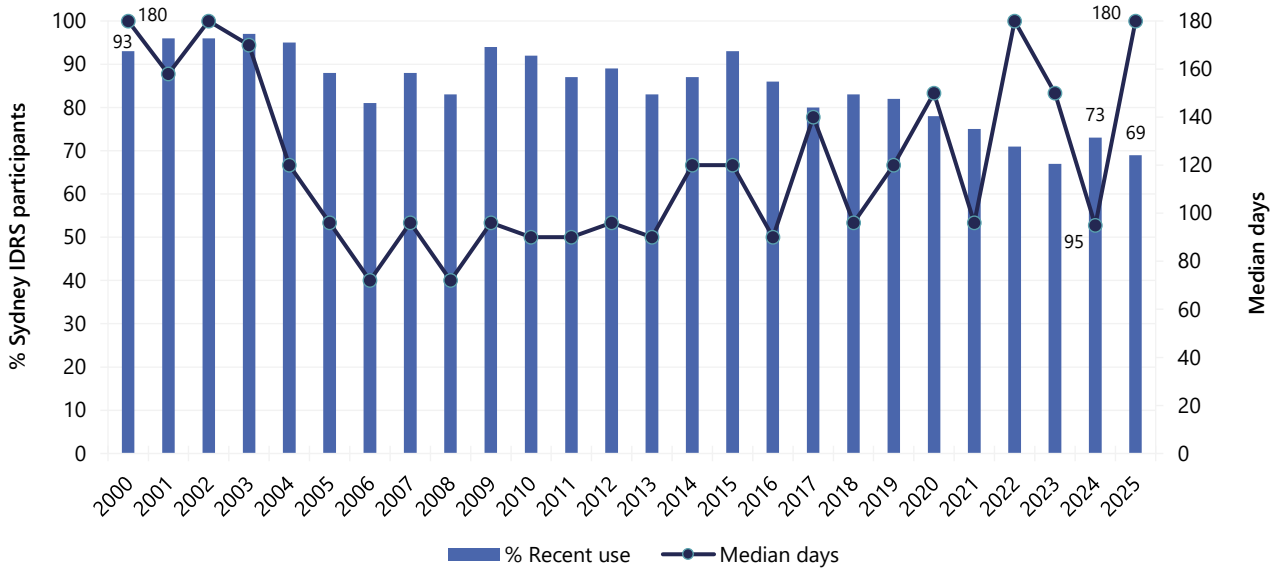
Of those who reported recent use and responded (n=103), the median amount of heroin consumed on a 'typical' day of use in the last six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2024; IQR=0.10-0.50; n=99; p=0.875). The median maximum amount of heroin used per day in the last six months was 0.50 grams (IQR=0.20-1.00; n=101; 0.50 grams in 2024; IQR=0.30-1.00; n=100; p=0.941).

Forms Used

Among participants who reported recent use of heroin and commented (n=109), almost two thirds (64%) reported using white/off-white powder heroin, stable relative to 2024 (70%; p=0.259), and three

fifths (60%) reported using white/off-white rock heroin (53% in 2024; p=0.647). Almost one fifth (17%) of participants reported using brown/beige powder, a significant decrease relative to 2024 (42%; p<0.001). Twenty-two per cent reported using brown/beige rock (29% in 2024; p=0.187). Few participants (n≤5) reported using homebake in 2025, stable relative to 2024 (n≤5; p=0.361). Few participants (n≤5) reported using purple rock (0% in 2024; p=0.499) or purple powder in 2025 (0% in 2024).

Figure 4: Past six month use and frequency of use of heroin, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2025, the median price per gram of heroin was $350 (IQR=240-450; n=11), stable relative to 2024 ($400; IQR=203-500; n=12; *p*=0.901) (Figure 5). The median price per cap was $50 (IQR=50-50; n=8; $50 in 2024; IQR=50-50; n=31; p=0.530) and the median price per point (0.10 of a gram) was $50 (IQR=50-50; n=48; $50 in 2024; IQR=50-50; n=28; *p*=0.886).

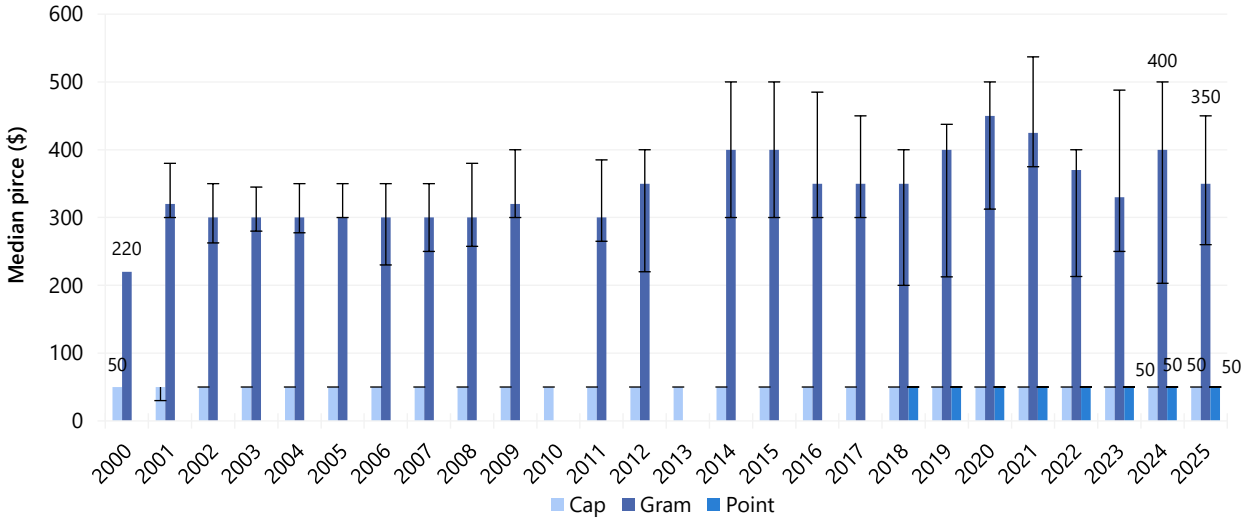
Perceived Purity

The perceived purity of heroin remained stable in 2025 compared to 2024 (*p*=0.665). Among those who were able to respond in 2025 (n=105), almost two fifths (39%) of participants perceived purity to be 'high' (35% in 2024), followed by 28% reporting 'medium' purity (34% in 2024) and one quarter (25%) reporting 'low' purity (21% in 2024) (Figure 6).

Perceived Availability

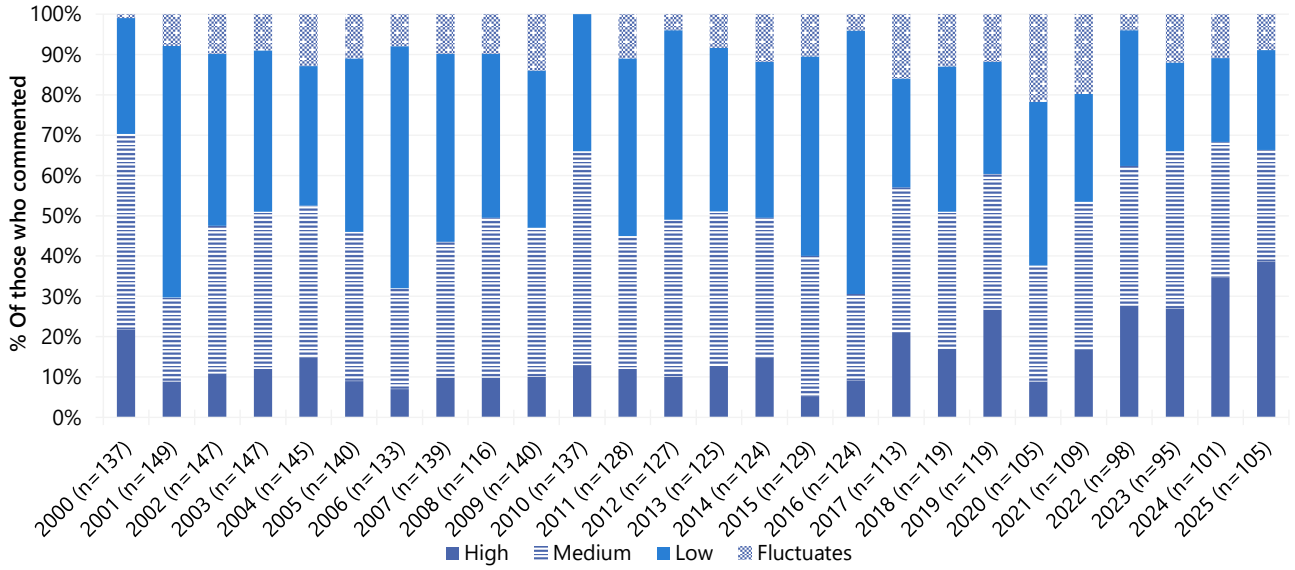
The perceived availability of heroin remained stable between 2025 and 2024 (*p*=0.276). Among those who responded in 2025 (n=107), three fifths (60%) perceived heroin to be 'very easy' (50% in 2024) to obtain and one third (33%) reported 'easy' obtainment (43% in 2024) (Figure 7). Seven per cent of participants reported availability to be 'difficult' (7% in 2024).

Figure 5: Median price of heroin per cap, gram and point, Sydney, NSW, 2000-2025



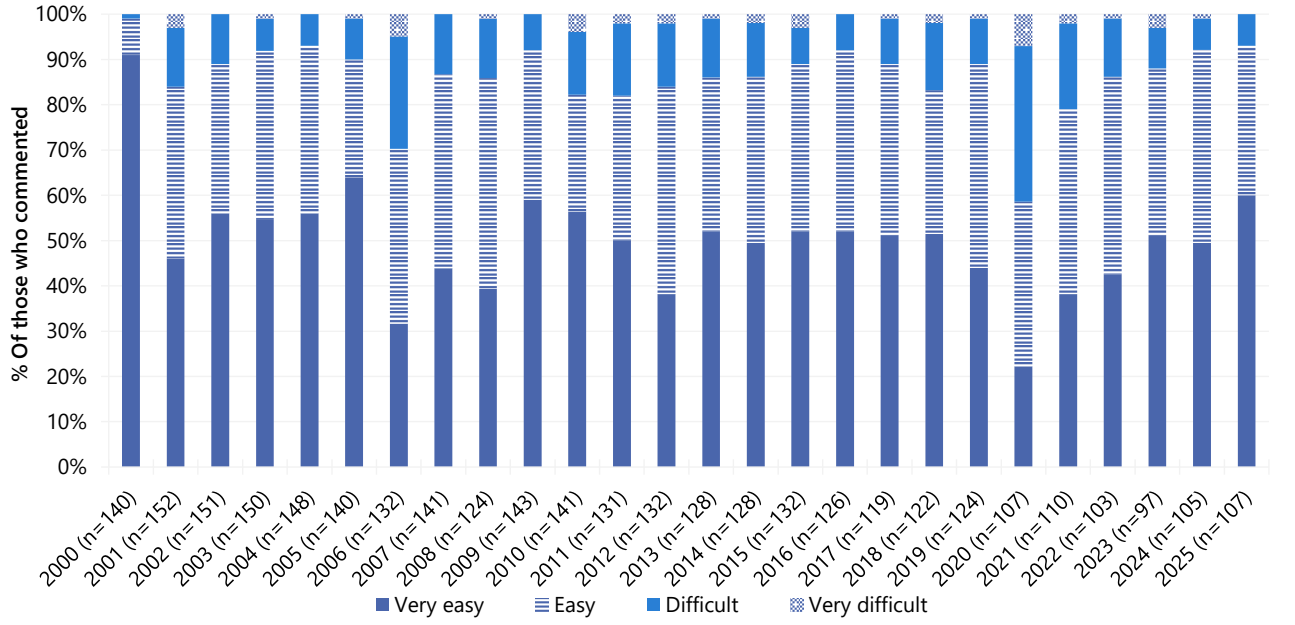
Note. Among those who commented. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017, a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

Figure 6: Current perceived purity of heroin, Sydney, NSW, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 7: Current perceived availability of heroin, Sydney, NSW, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

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)

Three quarters (78%) of the Sydney sample reported recent use of any methamphetamine in 2025, stable compared to 2024 (83%; p=0.323) (Figure 8).

Frequency of Use

Those who had recently consumed any methamphetamine in 2025 (n=122) did so on a median of 90 days (IQR=33-180) in the six months preceding interview, the highest frequency of use observed since monitoring commenced although stable compared to 2024 (73 days; IQR=24-180; n=124; p=0.287) (Figure 9). Weekly or more frequent use was reported by 86% of participants who had recently used methamphetamine in 2025, stable from 76% in 2024 (p=0.054). Furthermore, one third (33%) reported daily use in 2025, stable compared to 2024 (29%; p=0.578).

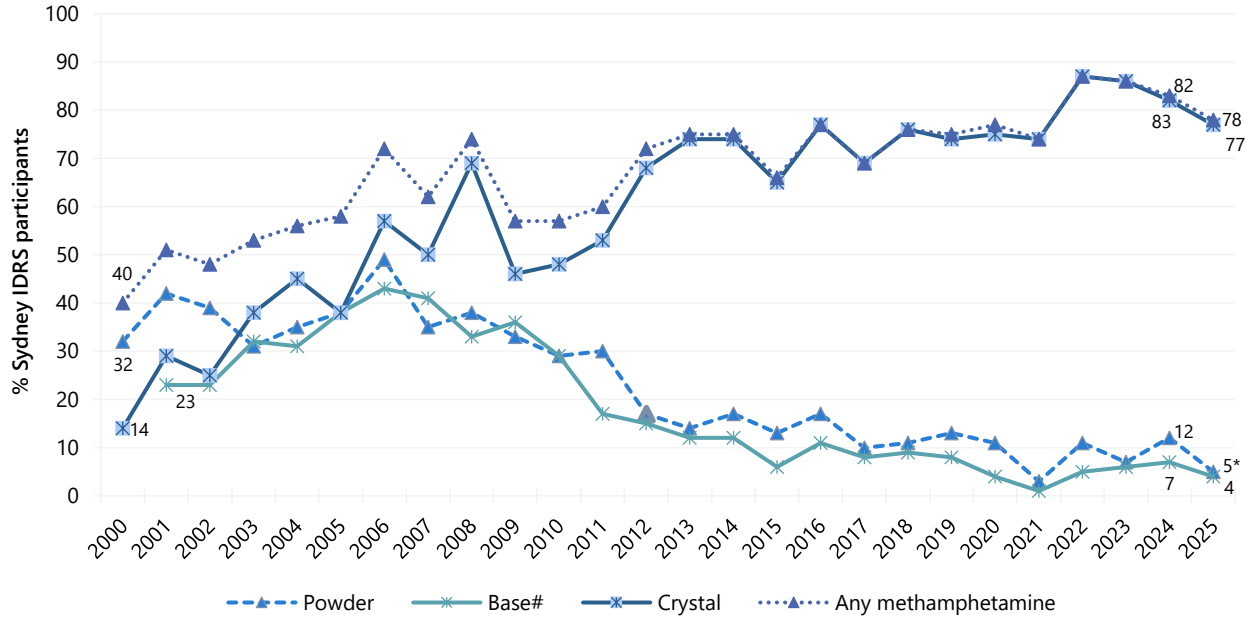
Forms Used

There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of methamphetamine crystal (Figure 8). Of participants who had used methamphetamine in the six months preceding the interview in 2025 (n=122), the majority of participants had used methamphetamine crystal (99%; 99% in 2024), followed by powder (7%; 15% in 2024; p=0.063) and base (6%; 9% in 2024; p=0.457).

Number of Forms Used

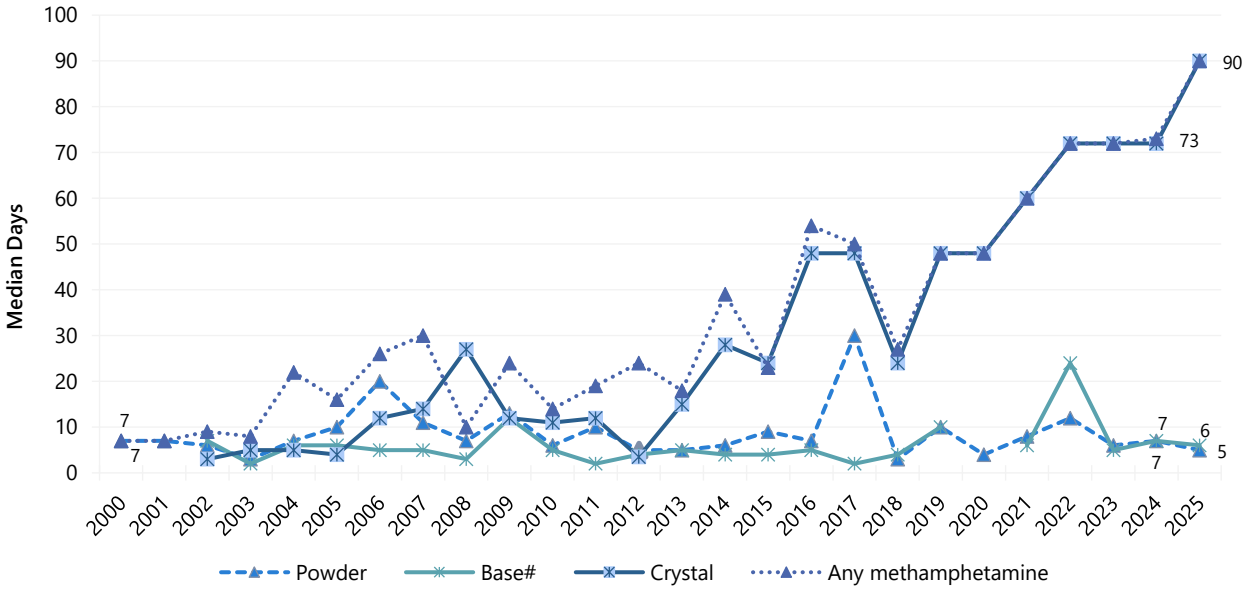
Among participants who had recently consumed any methamphetamine and commented (n=122), the median number of forms used in the six months preceding interview was one (IQR=1-1; 1 form in 2024; IQR=1-1; n=124; p=0.190).

Figure 8: Past six month use of any methamphetamine, and of methamphetamine powder, base, and crystal, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 9: Frequency of use of any methamphetamine, and of methamphetamine powder, base, and crystal, Sydney, NSW, 2000-2025



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Methamphetamine powder peaked in 2006 with 49% reporting recent use and has since gradually declined. In 2025, 5% of the Sydney sample reported recent use, a significant decrease relative to 2024 (12%; p=0.042) (Figure 8).

Frequency of Use: Those who had recently consumed powder and commented (n=8) reported use on a median five days (IQR=2-11) in the six months preceding interview, stable relative to 2024 (7 days; IQR=4-24; n=18; p=0.451) (Figure 9). Few participants (n≤5) who had recently used powder reported weekly or more frequent use, stable relative to 2024 (33%; n=6; p=0.375).

Routes of Administration: Among participants who had recently consumed powder and commented (n=8), all participants (100%) reported injecting (83% in 2024; p=0.529) and had done so on a median of five days (IQR=2-11; 10 days in 2024; IQR=4-30; p=0.381). Few participants (n≤5) reported other routes of administration.

Quantity: Of those who reported recent use and responded (n=6), the median amount consumed on a 'typical' day of use in the past six months was 0.50 grams (IQR=0.20-0.90; 0.20 grams in 2024; IQR=0.10-0.30; n=17; p=0.197). Of those who reported recent use and responded (n=6), the median maximum amount of powder used per day in the past six months was 0.50 grams (IQR=0.20-0.90; 0.20 grams in 2024; IQR=0.20-0.50; n=15; p=0.221).

Methamphetamine Base

Recent Use (past 6 months): Since peaking in 2006, with 43% of the Sydney sample reporting recent use, a gradual decline has been observed in the use of methamphetamine base. In 2025, 4% of participants reported recent use of base (7% in 2024; p=0.338) (Figure 8).

Frequency of Use: In 2025, participants who had recently used methamphetamine base (n=7) reported doing so on a median of six days (IQR=1-30) in the six months preceding interview (7 days in 2024; IQR=3-21; n=11; p=0.963) (Figure 9).

Routes of Administration: Among those who had recently used methamphetamine base and commented (n=7), 71% reported injecting as a route of administration (91% in 2024). Few participants (n≤5) reported other routes of administration in 2025.

Quantity: Few participants (n≤5) were able to report on the median amount consumed on a 'typical' day of use in the past six months (0.30 grams in 2024; IQR=0.10-0.40; n=8; p=0.651) and the median maximum amount of base used per day in the past six months (0.30 grams in 2024; IQR=0.20-0.50; n=8; p=0.765).

Methamphetamine Crystal

Recent Use (past 6 months): Consistent with previous years, methamphetamine crystal was the most common form of methamphetamine consumed in the Sydney sample and has gradually increased since monitoring commenced in 2000. In 2025, almost four fifths (77%) of the Sydney sample reported recent use of methamphetamine crystal, stable relative to 2024 (82%; p=0.329) (Figure 8).

Frequency of Use: Despite considerable fluctuation over time, frequency of methamphetamine crystal use in the six months preceding interview has gradually increased since reporting commenced. In 2025, participants reported using methamphetamine

crystal on a median of 90 days (IQR=42-180; n=121in the six months preceding interview, the highest frequency of use since monitoring commenced, although stable relative to 2024 (72 days; IQR=24-180; n=123; p=0.218).The majority (86%) of the Sydney sample who had recently used crystal reported consuming it on a weekly or more frequent basis, stable relative to 2024 (76%; *p*=0.054), and almost one third (32%) reported daily use (28% in 2024; *p*=0.578).

Routes of Administration: Among those who reported recent use and responded (n=121), the majority (93%) reported injecting methamphetamine crystal (94% in 2024; *p*=0.793) and had done so on a median of 90 days (IQR=24-180; n=113; 55 days in 2024; IQR=12-149; n=116; *p*=0.081). The second most common route of administration was smoking (48%; 50% in 2024; *p*=0.707).

Quantity: Of those who reported recent use and responded (n=116), the median amount consumed on a 'typical' day of use in the past six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2024; IQR=0.10-0.30; n=121; *p*=0.747). Of those who reported recent use and responded (n=113), the median maximum amount of crystal used per day in the past six months was 0.50 grams (IQR=0.20-1.00; 0.40 grams in 2024; IQR=0.20-0.50; n=120; *p*=0.389).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for one point (0.10 of a gram) of methamphetamine powder in 2025 was $50 (IQR=50-50; n=6; n≤5 in 2024; *p*=0.307). Few participants (n≤5) reported on the median price of one gram of methamphetamine powder. For historical overview, please refer to Figure 10. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2024 and 2025 (*p*=0.544). Among those who responded in 2025 (n=16), 44% of participants perceived purity to be 'low' (30% in 2024). Few participants were able to report other levels of purity in 2025 (Figure 12)

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2024 and 2025 (*p*=0.668). Of those who were able to comment in 2025 (n=20), the largest per cent perceived methamphetamine powder to be 'difficult' (35%; 36% in 2024) to obtain, followed by almost one third (30%) reporting it to be 'easy' to obtain (32% in 2024) (Figure 14).

Methamphetamine Base

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

Methamphetamine Crystal

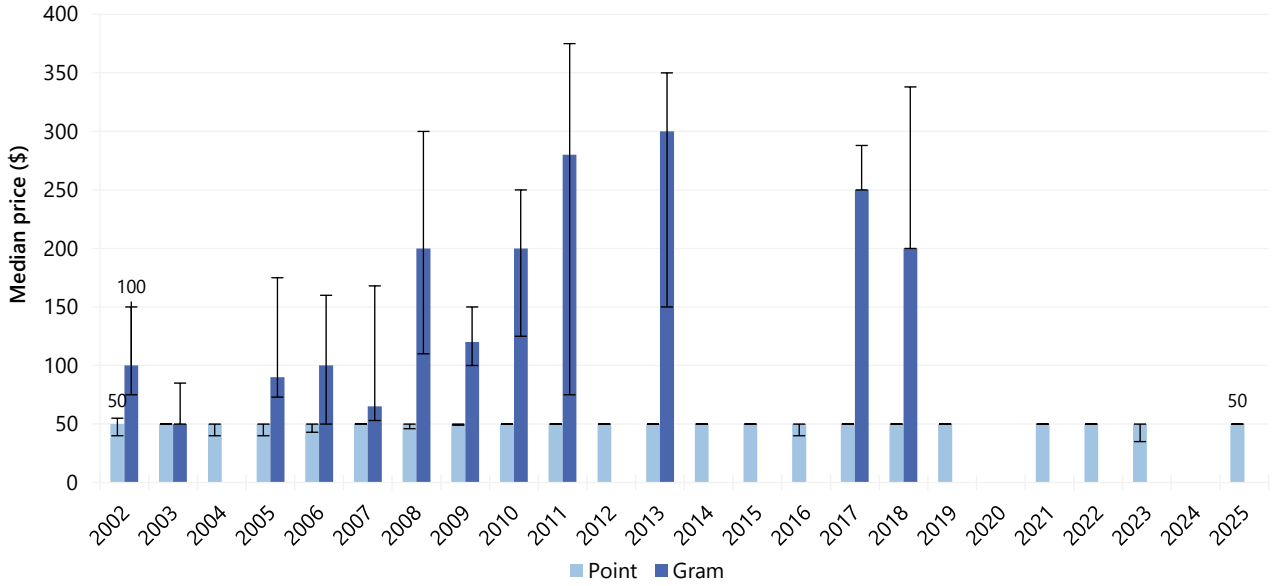
Price: The median price for one point (0.10 of a gram) of methamphetamine crystal has remained stable since monitoring commenced in 2001 at $50. The price for one point of methamphetamine crystal in 2025 was $50 (IQR=50-50; n=50; $50 in 2024; IQR=50-50; n=62; *p*=0.550). In 2025, the median price per

gram was $200 (IQR=150-241; n=14), stable relative to 2024 ($300; IQR=200-313; *p*=0.146) (Figure 11).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2024 and 2025 (*p*=0.370). Among those who commented in 2025 (n=122), one third (34%) of respondents perceived purity to be 'medium' (38%), one third (33%) of respondents perceived purity to be 'high' (36% in 2024) and almost one quarter (24%) perceived purity to be 'low' (15% in 2024). Ten per cent of respondents perceived purity to be 'fluctuating' (12% in 2024) (Figure 13).

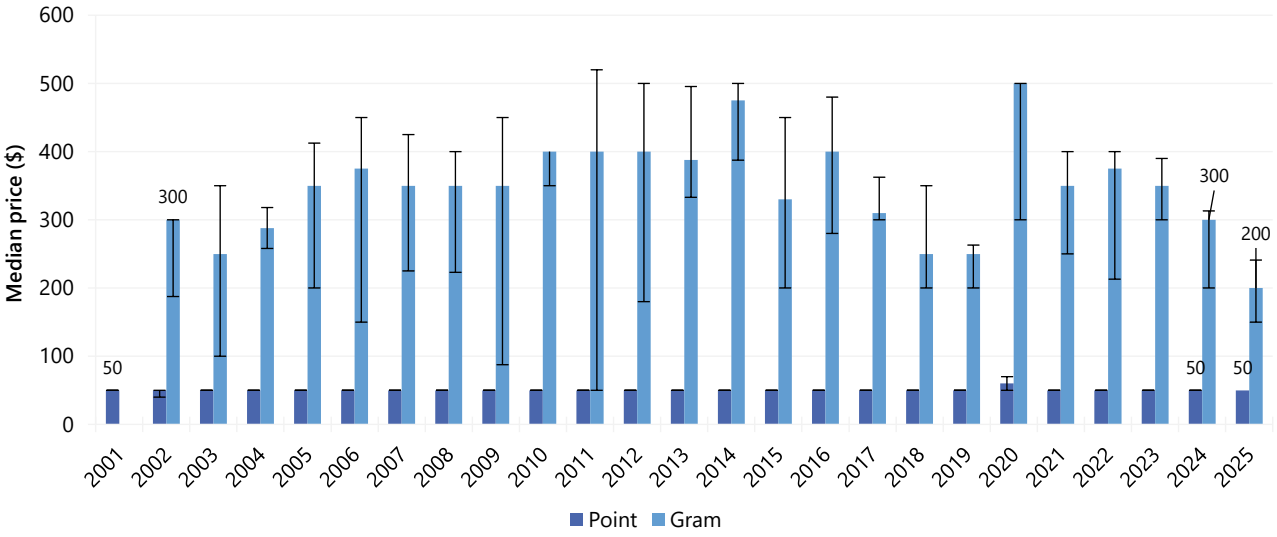
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2024 and 2025 (*p*=0.898). Of those who were able to comment in 2025 (n=125), the largest per cent reported methamphetamine crystal to be 'very easy' (64%; 61% in 2024) to obtain, with a further 30% reporting 'easy' obtainment (31% in 2024). In contrast, 6% perceived it to be 'difficult' to obtain (7% in 2024) (Figure 15).

Figure 10: Median price of methamphetamine powder per point and gram, Sydney, NSW, 2002-2025



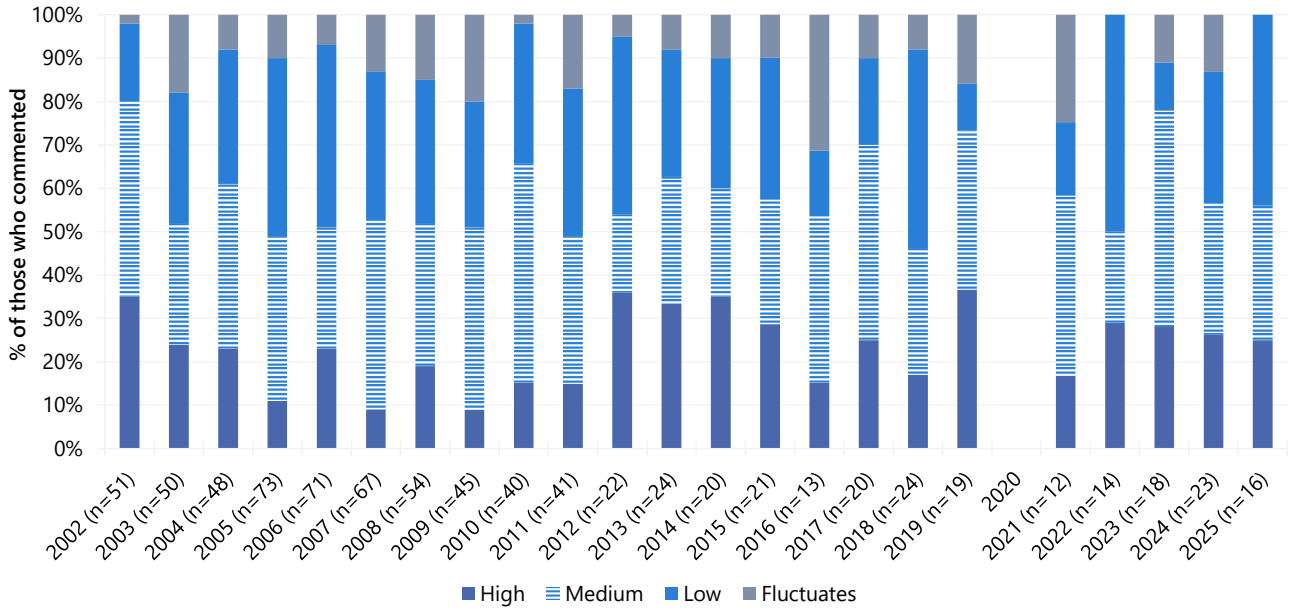
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 11: Median price of methamphetamine crystal per point and gram, Sydney, NSW, 2001-2025



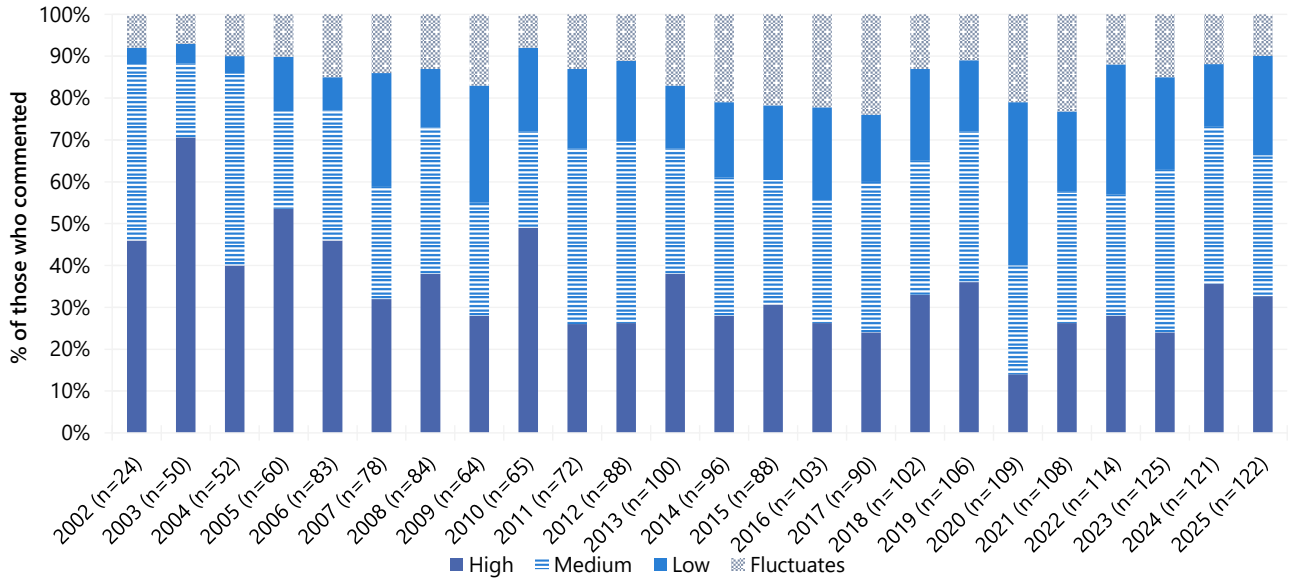
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 12: Current perceived purity of methamphetamine powder, Sydney, NSW, 2000-2025



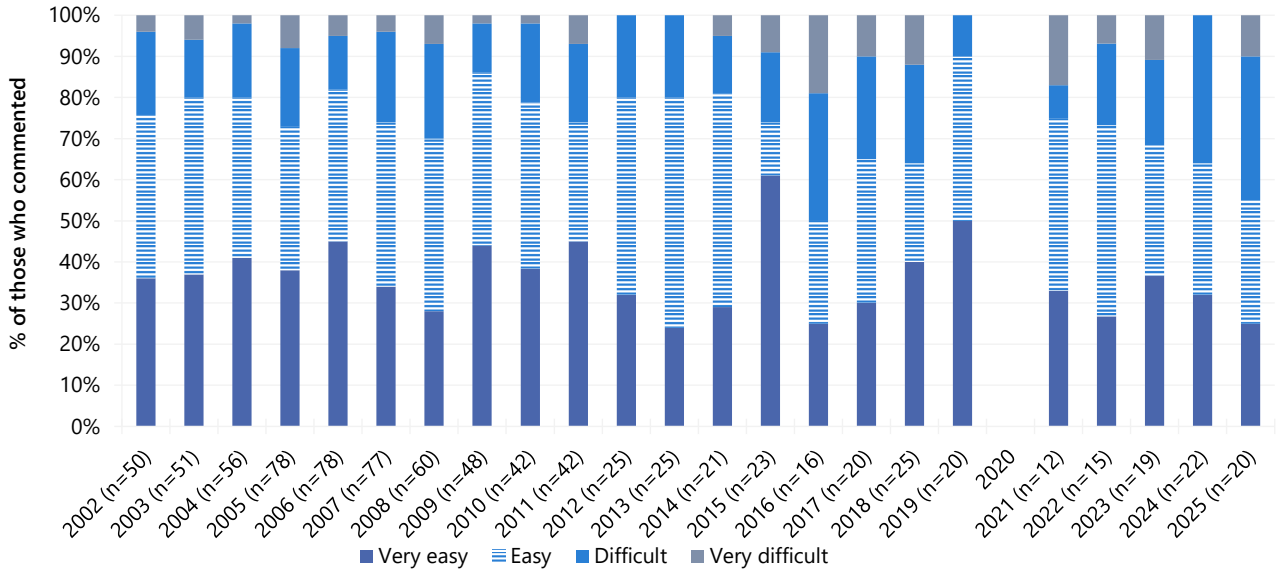
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 13: Current perceived purity of methamphetamine crystal, Sydney, NSW, 2000-2025



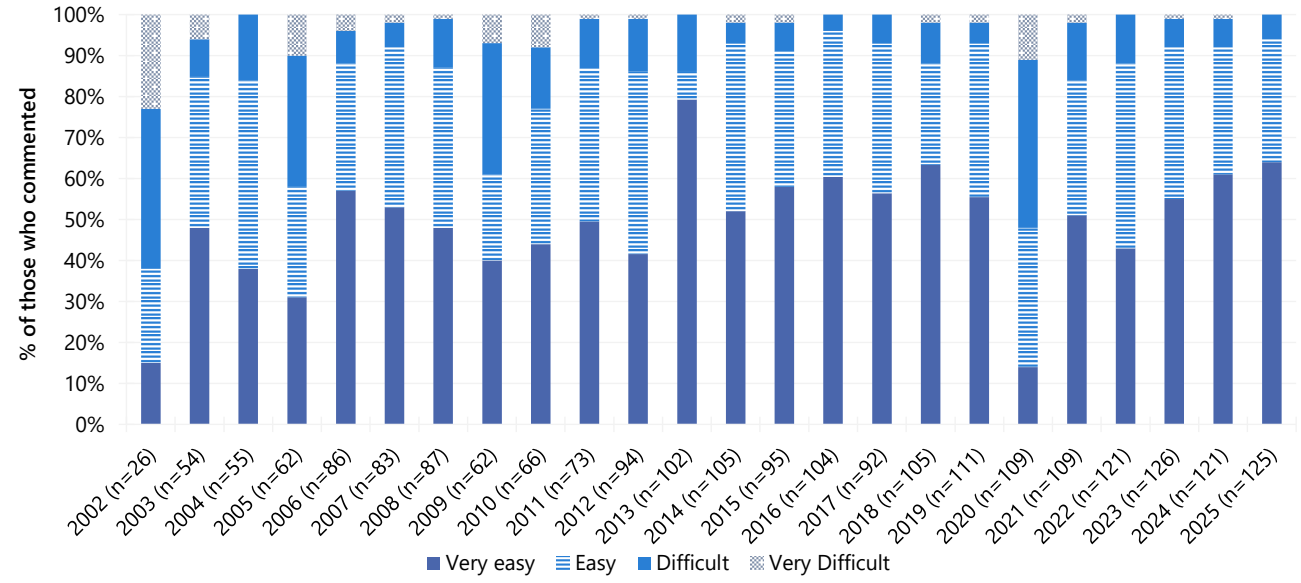
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 14: Current perceived availability of methamphetamine powder, Sydney, NSW, 2000-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 15: Current perceived availability of methamphetamine crystal, Sydney, NSW, 2002-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

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 peaked in 2001 with 84% of the Sydney sample reporting recent use. Despite some fluctuation, an overall downward trend has been observed since 2006, although this has stabilised in more recent years. In 2025, one quarter (25%) of participants reported recent cocaine use, stable relative to 2024 (29%; p=0.514) (Figure 16).

Frequency of Use

In 2025, participants reported consuming cocaine on a median of three days (IQR=1-5; n=38) in the six months preceding interview, stable from four days in 2024 (IQR=2-14; n=43; p=0.058) (Figure 16). Few participants (n≤5) who had recently used cocaine reported using it on a weekly or more frequent basis in 2025 (23% in 2024; p=0.153).

Routes of Administration

Among those who reported recent use of cocaine and responded in 2025 (n=39), the most common route of administration was injection (67%; 77% in 2024; p=0.338). Participants who reported injecting cocaine did so on a median of three days (IQR=1-5), a significant decrease relative to 2024 (5 days; IQR=2-12; p=0.048). Snorting was the second most common route of administration (41%; 28% in 2024; p=0.254).

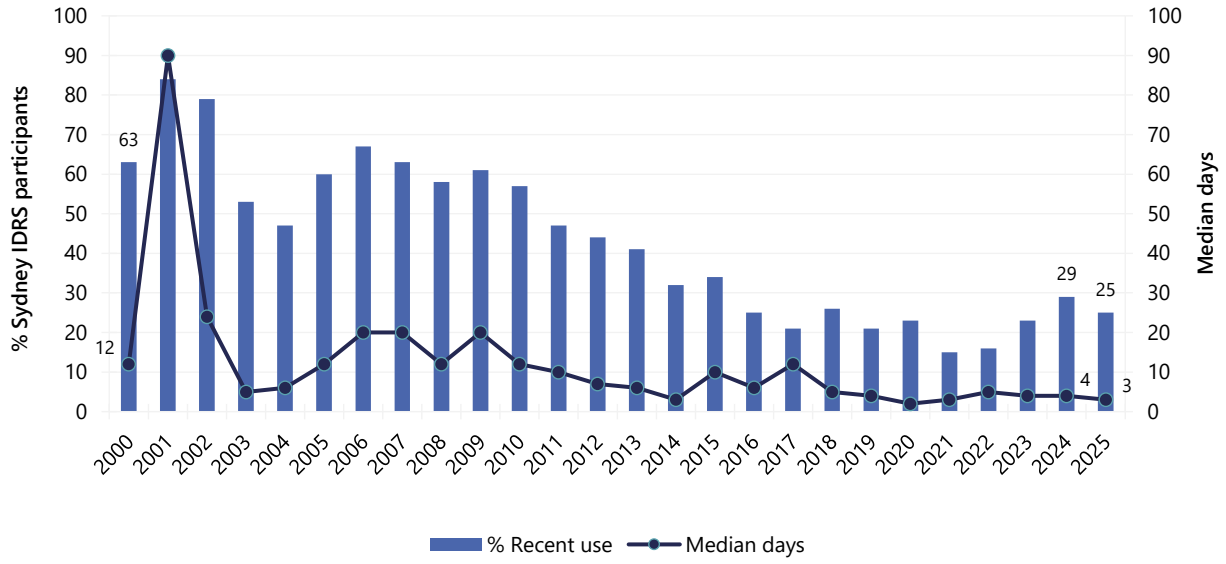
Quantity

Of those who reported recent use and responded (n=27), the median 'typical' amount of cocaine used per day in the six months prior to interview was 0.20 grams (IQR=0.10-0.80; 0.20 grams in 2024; IQR=0.10-1.00; n=36; p=0.746).

Forms used

Among participants who had recently consumed cocaine and commented (n=39), 77% reported using powder cocaine (79% in 2024), with 44% reporting use of crack/rock cocaine (37% in 2024; p=0.639).

Figure 16: Past six month use and frequency of use of cocaine, Sydney, NSW, 2000-2025



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 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). Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

Price, Perceived Purity and Perceived Availability

Price

The median price for one gram of cocaine has fluctuated between $200 in 2000-2003 and $400 in 2014-2015. In 2025, the median price for one point of cocaine was $50 (IQR=50-50; n=6; n≤5 in 2024; *p*=0.119) (Figure 17). Few participants (n≤5) reported on the median price for one gram of cocaine in 2025 and therefore these data are suppressed. Please refer to the 2025 National IDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

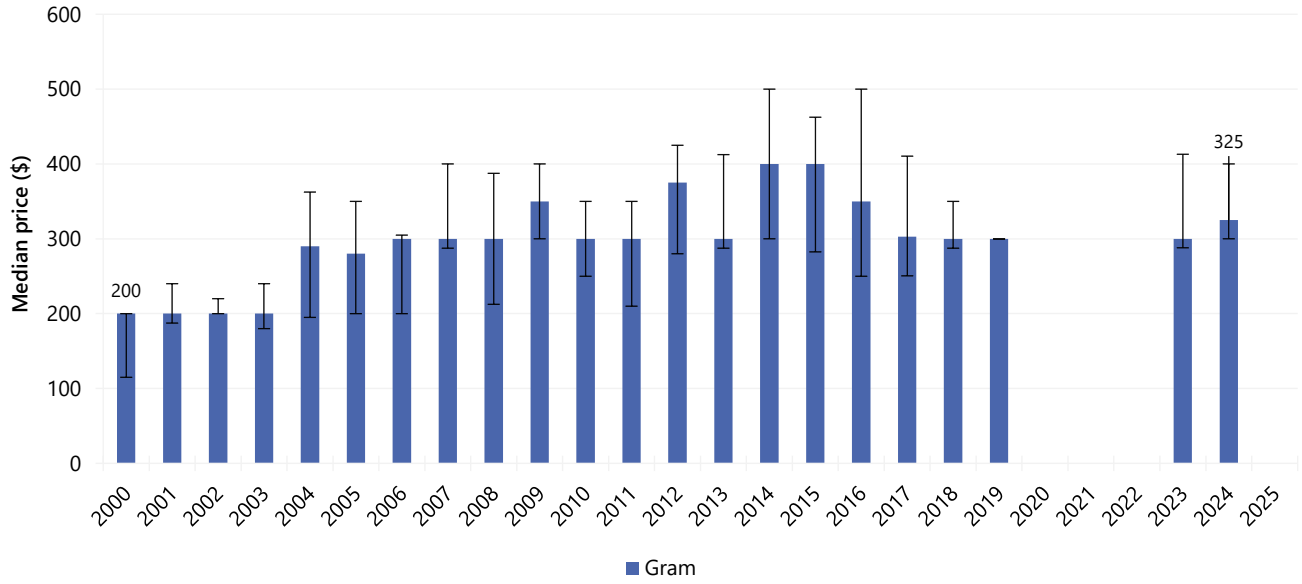
Perceived Purity

The perceived purity of cocaine remained stable between 2024 and 2025 (*p*=0.714). Among those who were able to comment in 2025 (n=33), the highest percentage (48%) perceived cocaine to be of 'high' purity (46% in 2024), and equal percentages (21%) perceived it to be of 'medium' purity (27% in 2024) and 'low' purity (24% in 2024), respectively (Figure 18).

Perceived Availability

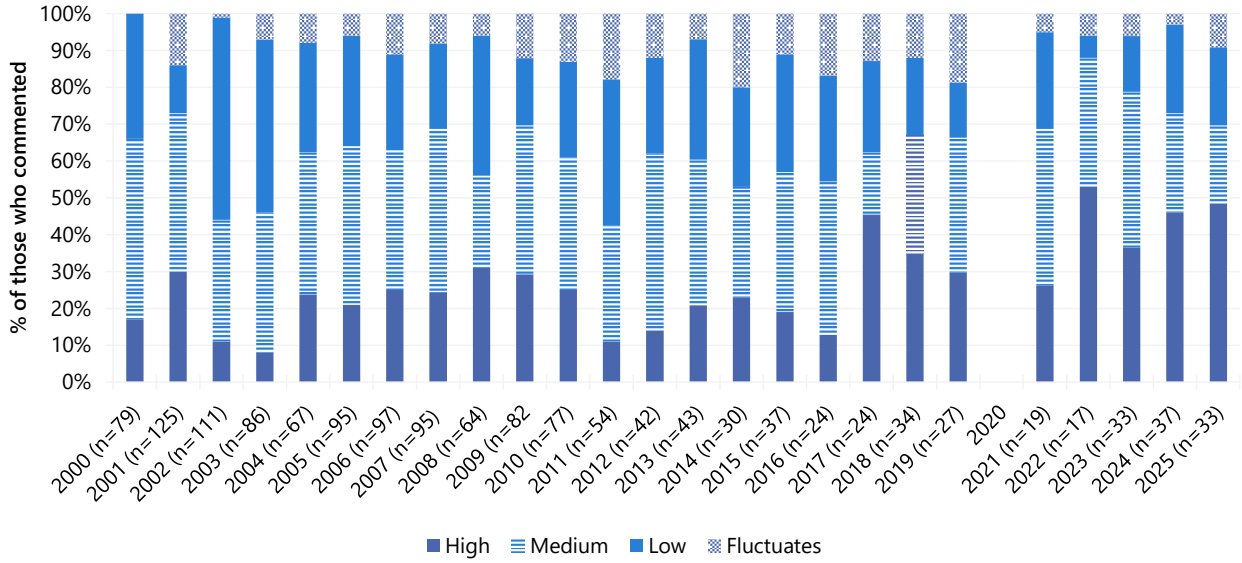
The perceived availability of cocaine remained stable between 2024 and 2025 (*p*=0.539). Amongst those who were able to comment in 2025 (n=35), the largest per cent (34%) perceived cocaine to be 'very easy' to obtain (27% in 2024) and a further 29% perceived it to be 'easy' (41% in 2024) to obtain. Conversely, 29% perceived availability to be 'difficult' (30% in 2024) (Figure 19).

Figure 17: Median price of cocaine per gram, Sydney, NSW, 2000-2025



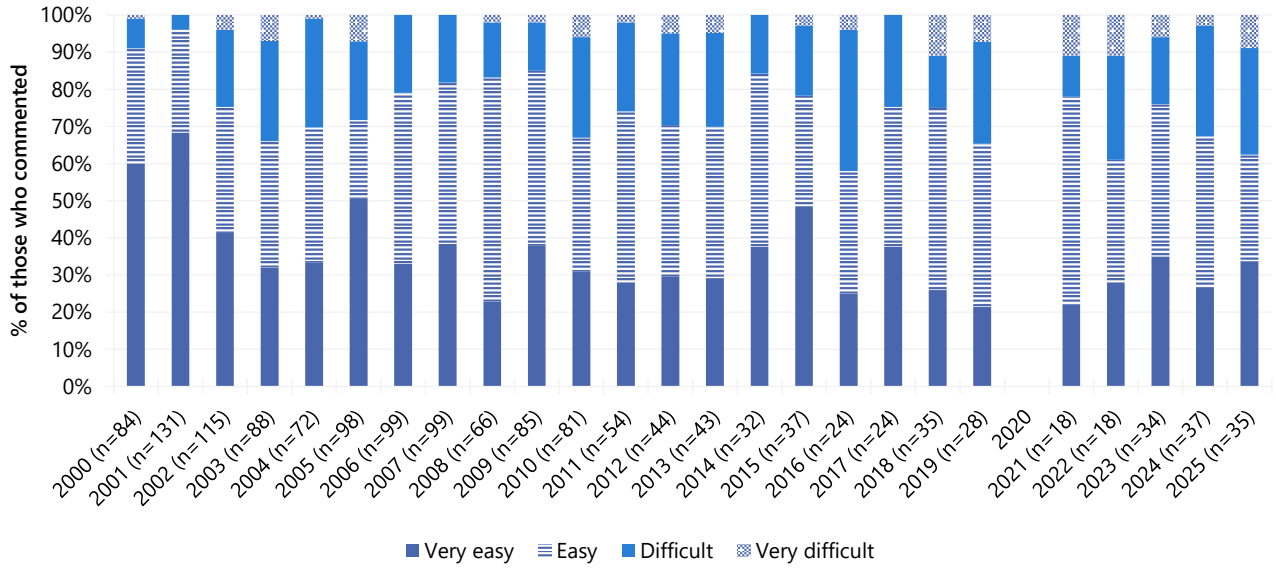
Note. Among those who commented. The error bars represent IQR. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

Figure 18: Current perceived purity of cocaine, Sydney, NSW, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $p<0.050$; $^{**}p<0.010$; $^{***}p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

Figure 19: Current perceived availability of cocaine, Sydney, NSW, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $p<0.050$; $^{**}p<0.010$; $^{***}p<0.001$. Please refer to Table 1 for a guide to tables/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 ('hydro'), 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. In 2025, 6% of participants reported prescribed use in the six months preceding interview (n=10), stable relative to 2024 (6%; n=9).

In the remainder of this chapter, data from 2021-2025, 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 2021-2025 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

At least seven in ten participants in the Sydney sample reported recent cannabis use each year between 2000 to 2019. In 2025, recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable relative to 2024, with 71% of the sample reporting recent use (68% in 2024; p=0.531) (Figure 20).

Frequency of Use

Since 2012, frequency of use has fluctuated considerably, ranging between a median of 90 and 180 days. Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2025 (n=112), frequency of use remained stable at a median of 180 days (IQR=24-180) in the six months preceding interview (180 days in 2024; IQR=53-180; n=102; *p*=0.123) (Figure 20), with half (52%) reporting daily use (61% in 2024; *p*=0.218).

Routes of Administration

Among those who responded in 2025 (n=112), most (99%) participants reported smoking non-prescribed cannabis and/or cannabinoid-related products in the past six months (95% in 2024; *p*=0.105). Few participants (n≤5) reported swallowing cannabis/cannabinoid-related products in the past six months in 2025, a significant decrease from 2024 (10%; *p*=0.043). Few participants (n≤5) reported inhaling/vaporising (n≤5 in 2024).

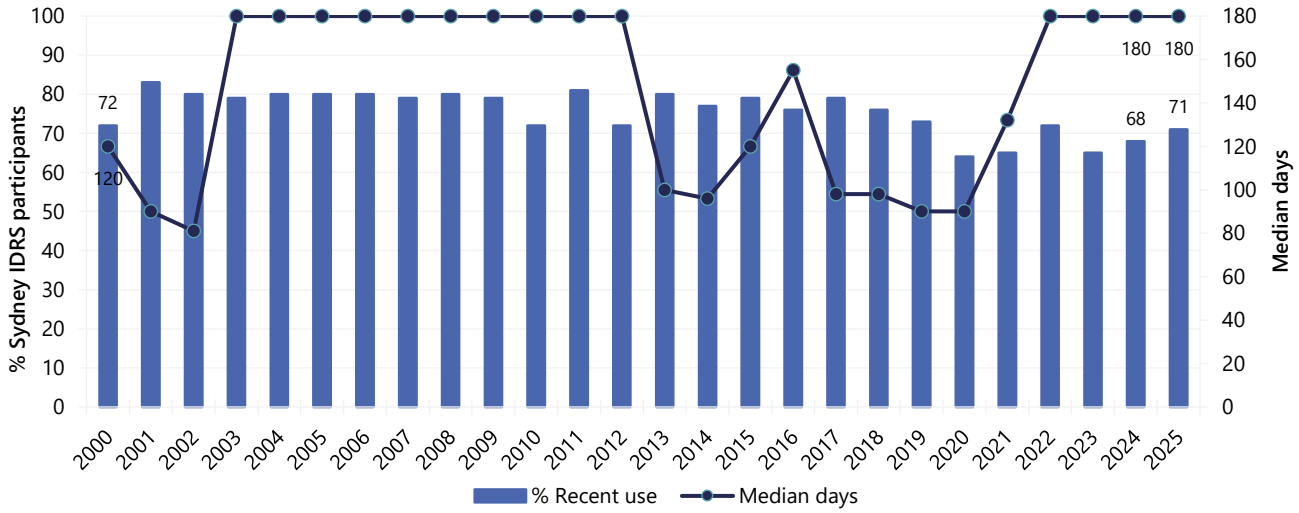
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025, the median 'typical' amount consumed on the last occasion of use was one gram (IQR=1.00-2.00; n=51; 1 gram in 2024; IQR=0.50-2.00; n=51; *p*=0.524), three cones (IQR=2.00-6.50; n=40; 4 cones in 2024; IQR=2.80-5.30; n=36; *p*=0.549) or one joint (IQR=1-2.5; n=6; 1 joint in 2024; IQR=1-2; n=11; *p*=0.610).

Forms Used

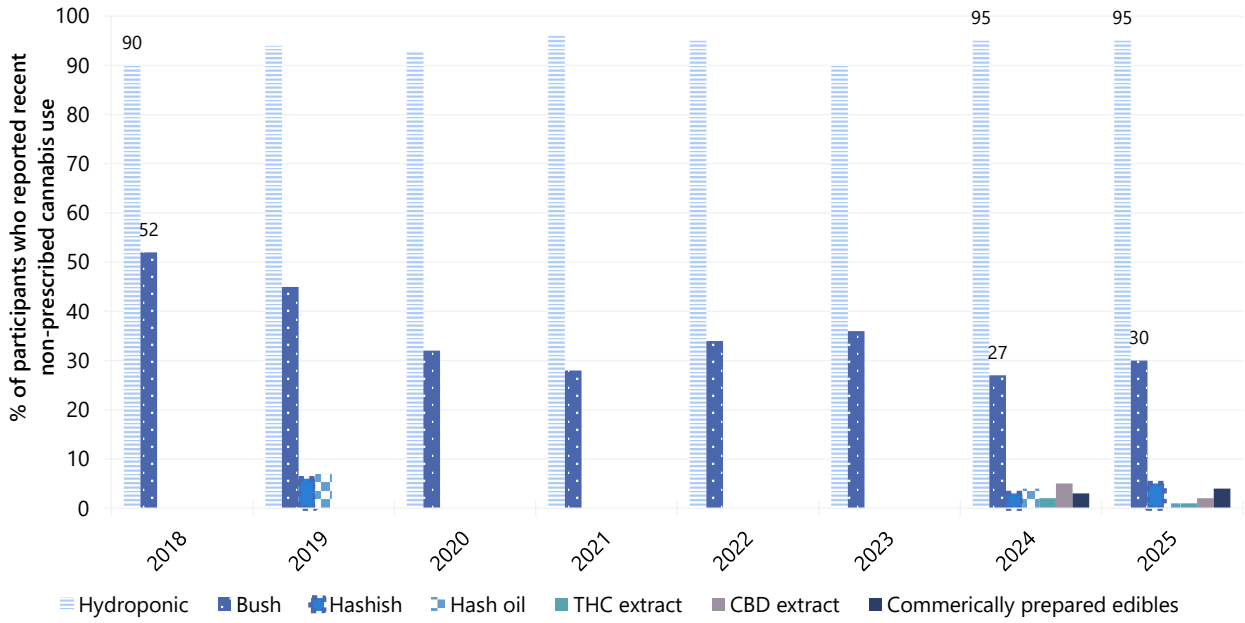
Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=110), most participants reported consuming hydroponic cannabis (95%; 95% in 2024), followed by bush cannabis (30%; 27% in 2024; *p*=0.649). Few participants (n≤5) reported consuming hashish (n≤5 in 2024; *p*=0.723), hash oil (n≤5 in 2024; *p*=0.196), CBD extract (n≤5 in 2024; *p*=0.608), THC extract (n≤5 in 2024; *p*=0.263) or edibles (n≤5 in 2024) in 2025.

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Sydney, NSW, 2000-2025



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, since 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 21: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Sydney, NSW, 2018-2025



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. 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). Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The price of hydroponic cannabis per gram has remained stable at $20 since monitoring commenced in 2003 ($20 in 2025; IQR=20-20; n=37; $20 in 2024; IQR=20-20; n=33; *p*=0.331). The median price per ounce of hydroponic cannabis has fluctuated since monitoring commenced, ranging between $263 and $350. In 2025, the median price per ounce was $300 (IQR=288-353; n=8), stable relative to 2024 ($350; IQR=280-305; n=8; *p*=0.517) (Figure 22).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2024 and 2025 (*p*=0.214). Among those who responded in 2025 (n=98), 58% of participants perceived potency to be 'high' (70% in 2024). Twenty-eight per cent of participants perceived it to be of 'medium' potency (15% in 2024) and 6% of participants perceived it to be of 'low' potency (8% in 2024) (Figure 23).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2024 and 2025 (*p*=0.520). Among those who commented in 2025 (n=99), almost three fifths (58%) perceived it to be 'very easy' to obtain (47% in 2024), followed by almost one third (30%) perceiving it to be 'easy' to obtain (38% in 2024). Conversely, 11% of participants perceived availability to be 'difficult' (13% in 2024) and few participants (n≤5) perceived it to be 'very difficult' (n≤5 in 2024) (Figure 24).

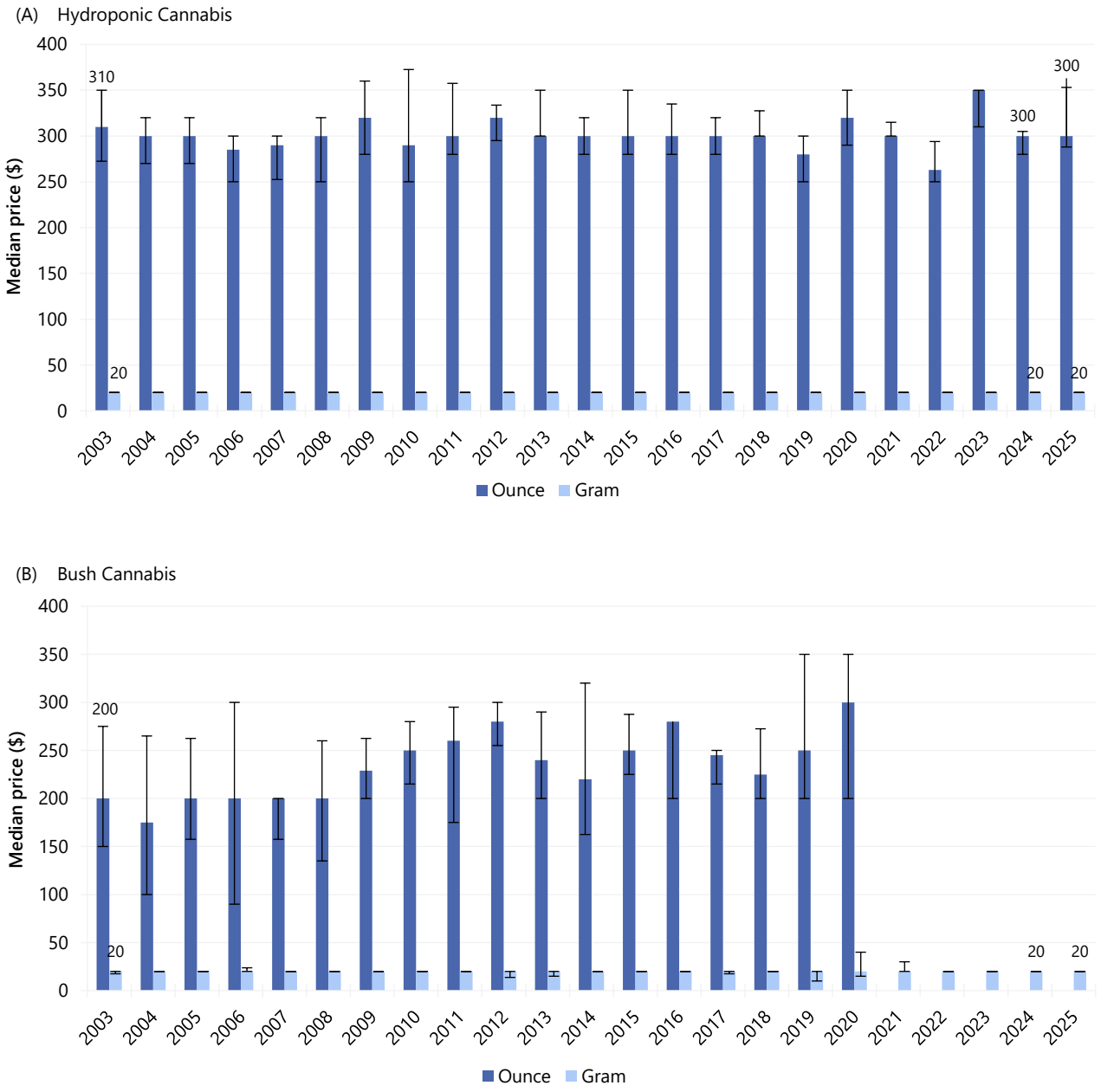
Bush Cannabis

Price: The price for one gram of bush cannabis has remained stable since monitoring commenced in 2003 ($20 in 2025; IQR=20-20; n=13; $20 in 2024; IQR=20-20; n=8; *p*=0.492). Few participants (n≤5) reported on the price of one ounce of bush cannabis in 2025 (0% in 2024) (Figure 22).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2024 and 2025 (*p*=0.521). Of those who were able to comment in 2025 (n=25), two fifths (40%) of respondents perceived potency to be 'high' (20% in 2024) and a further two fifths (40%) perceived potency to be 'medium' (55% in 2024). Few participants (n≤5) perceived potency to be 'low' (10% in 2024) (Figure 23).

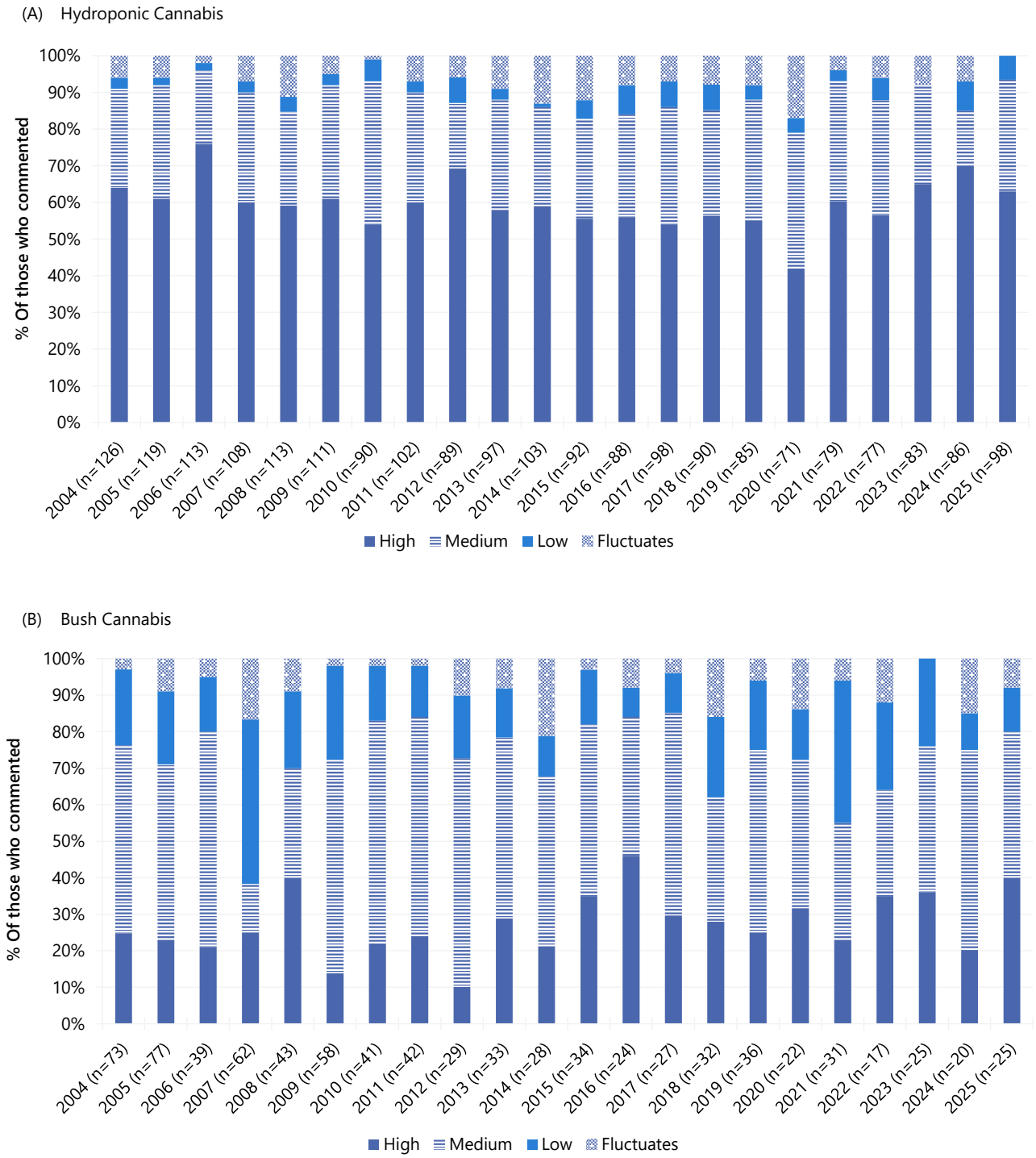
Perceived Availability: The perceived availability of bush cannabis remained stable between 2024 and 2025 (*p*=0.410). Among those who commented in 2025 (n=26), the largest per cent reported the availability of bush cannabis to be 'very easy' (58%; 35% in 2024), followed by 'difficult' (23%; n≤5 in 2024). Few participants (n≤5) perceived the availability of bush cannabis to be 'easy' (30% in 2024) or 'very difficult' (n≤5 in 2024) (Figure 24).

Figure 22: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2003-2025



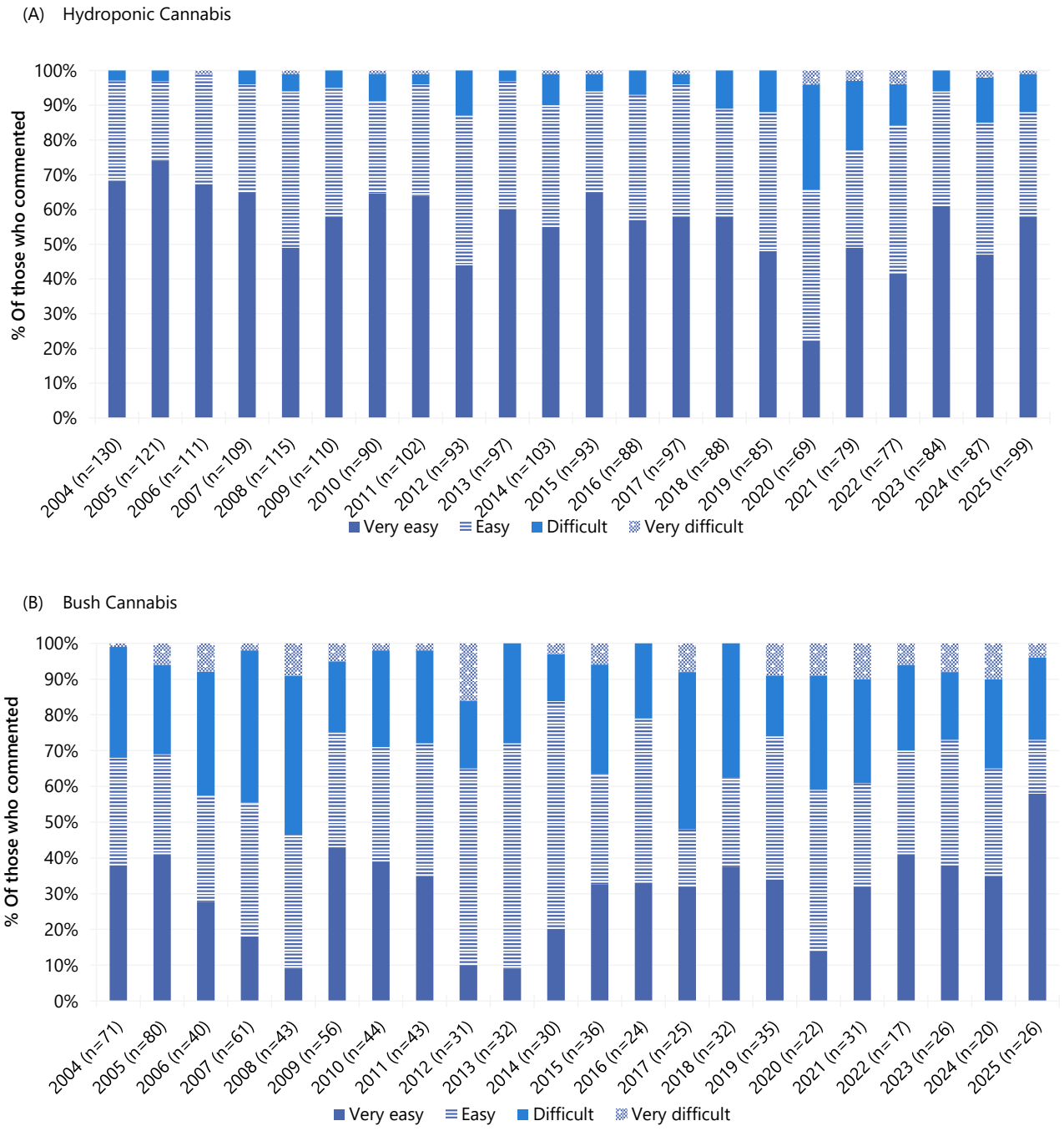
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 23: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2025



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. 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 not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 24: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2025



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. 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 not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

6

Pharmaceutical Opioids

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

- **Prescribed use**: use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use**: use of pharmaceutical opioids obtained from a prescription in someone else's name 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).

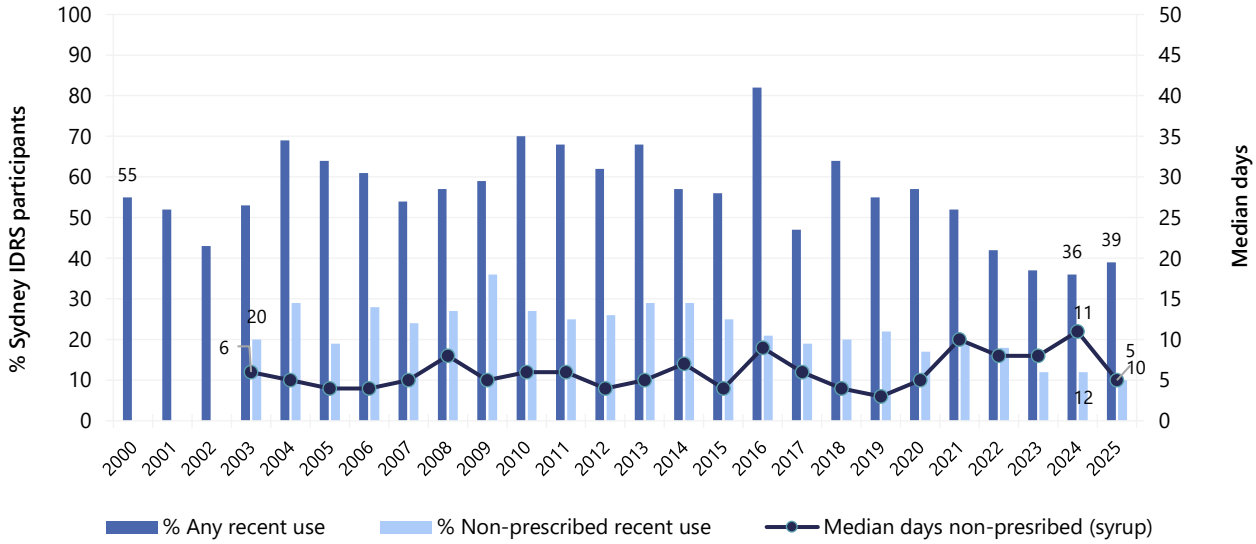
Methadone

Any Recent Use (past 6 months): Despite some fluctuation, the per cent reporting recent use of any (prescribed or non-prescribed) methadone has gradually declined since 2010 (Figure 25). In 2025, 39% of the sample reported any recent methadone use (36% in 2024; *p*=0.554). This largely comprised prescribed use (31%; 27% in 2024; *p*=0.527), with 10% of the sample reporting non-prescribed methadone use (12% in 2024; *p*=0.721).

Frequency of Use: Of those who had recently consumed non-prescribed methadone syrup and commented (n=16), participants reported a median of five days of use in the past six months (IQR=2-51; n=16; 11 days in 2024; IQR=3-42; n=16; *p*=0.958) (Figure 25).

Recent Injecting Use: Of those who had recently used any methadone (syrup and tablets) in 2025 and commented (n=62), almost one third (32%) reported injecting methadone (26% in 2024; *p*= 0.537) on a median of 48 days (IQR=5-93; n=19; 20 days in 2024; IQR=6-48; n=14; *p*=0.324).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Sydney, NSW, 2000-2025



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 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). Statistical significance for 2024 versus 2025 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to tables/figure notes.

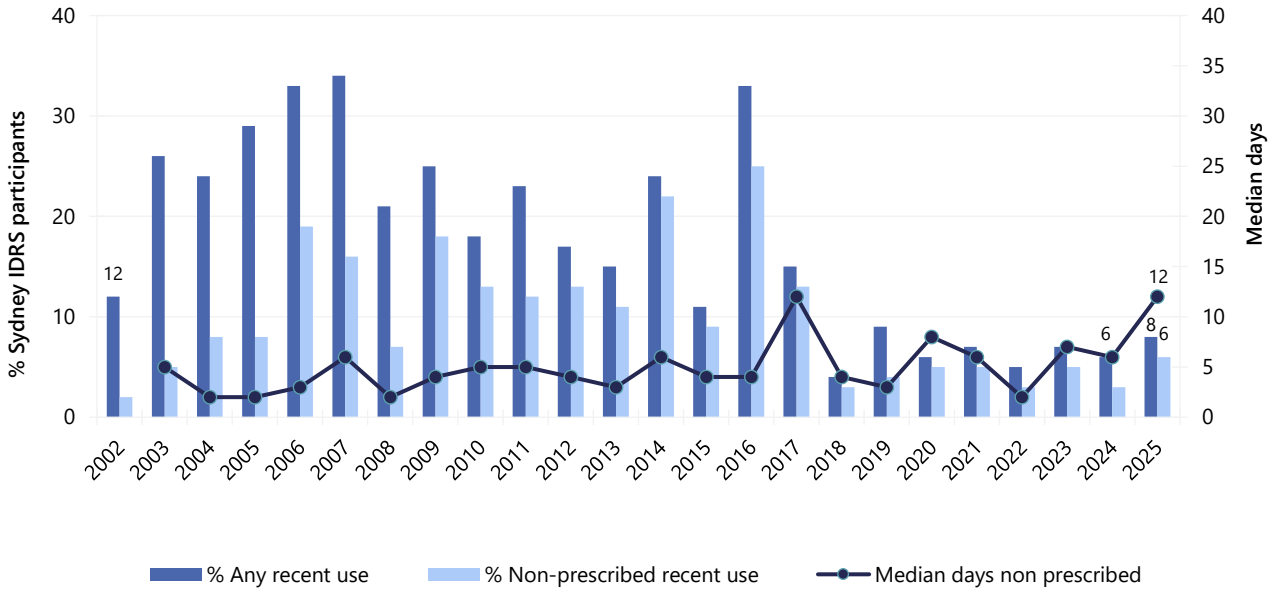
Buprenorphine Tablet

Any Recent Use (past 6 months): Despite some fluctuations, the per cent reporting any buprenorphine tablet use has gradually declined since peaking in 2007, with 34% of the Sydney sample reporting recent use. In 2025, 8% of the Sydney sample reported any buprenorphine tablet use (6% in 2024; *p*=0.642), with 6% reporting non-prescribed use (n≤5 in 2024; *p*=0.258) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine tablets in 2025 and commented (n=9), participants reported a median of twelve days of use in the past 6 months (IQR=3-180; n≤5 in 2024; *p*=0.274).

Recent Injecting Use: Of those who had recently used any non-prescribed buprenorphine tablets in 2025 and commented (n=12), three quarters (75%) reported injecting buprenorphine tablets (n≤5 in 2024; *p*=0.397) on a median of 12 days (IQR=4-180; n≤5 in 2024; *p*=0.687).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Sydney, NSW, 2002-2025



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and secondary Y axis reduced to 40 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

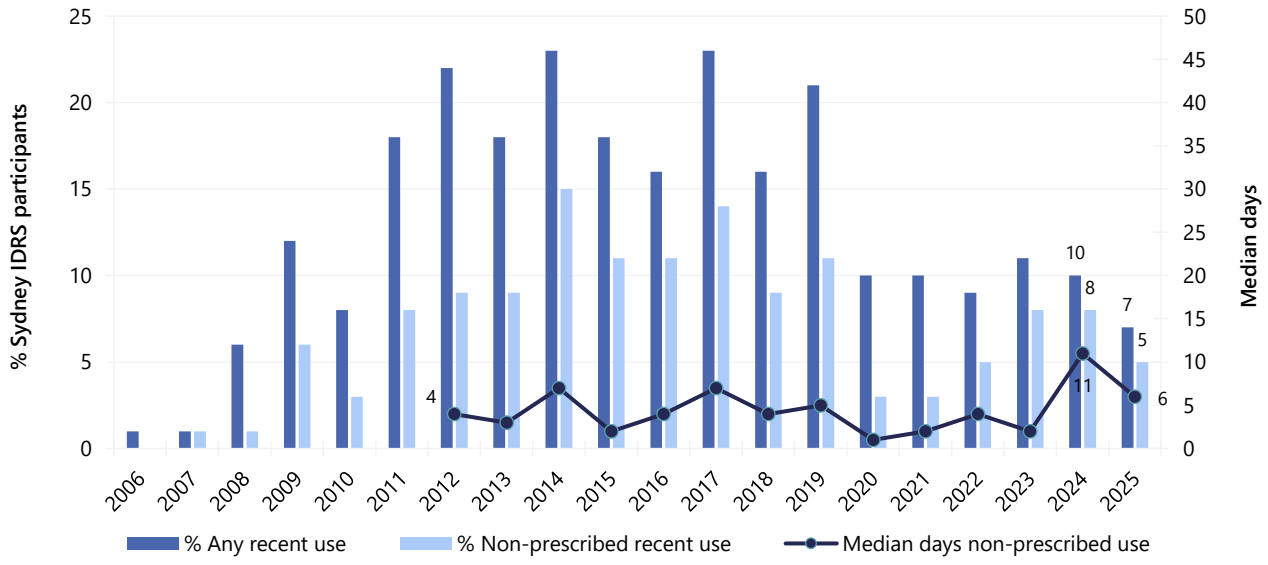
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent of the Sydney sample reporting recent use of prescribed or non-prescribed buprenorphine-naloxone has fluctuated considerably since monitoring commenced in 2006. In 2025, 7% of the sample reported any recent use of buprenorphine-naloxone (10% in 2024; *p*=0.414) (Figure 27). Prescribed buprenorphine-naloxone use remained low and stable in 2025 (n≤5; n≤5 in 2024; *p*=0.718). Five per cent of the sample reported non-prescribed buprenorphine-naloxone use in 2025 (8% in 2024; *p*=0.360).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=8), frequency of use remained stable at a median of six days in the six months preceding interview (IQR=2-8; 11 days in 2024; IQR=3-180; n=12; *p*=0.478).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2025 and commented (n=11), 55% reported recent injection (67% in 2024; n=12; *p*=0.689) on a median of two days (IQR=2-10; 3 days in 2024; IQR=1-25; *p*=0.911).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Sydney, NSW, 2006-2025



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. Y axis reduced to 25% and 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). Statistical significance for 2024 versus 2025 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to tables/figure notes.

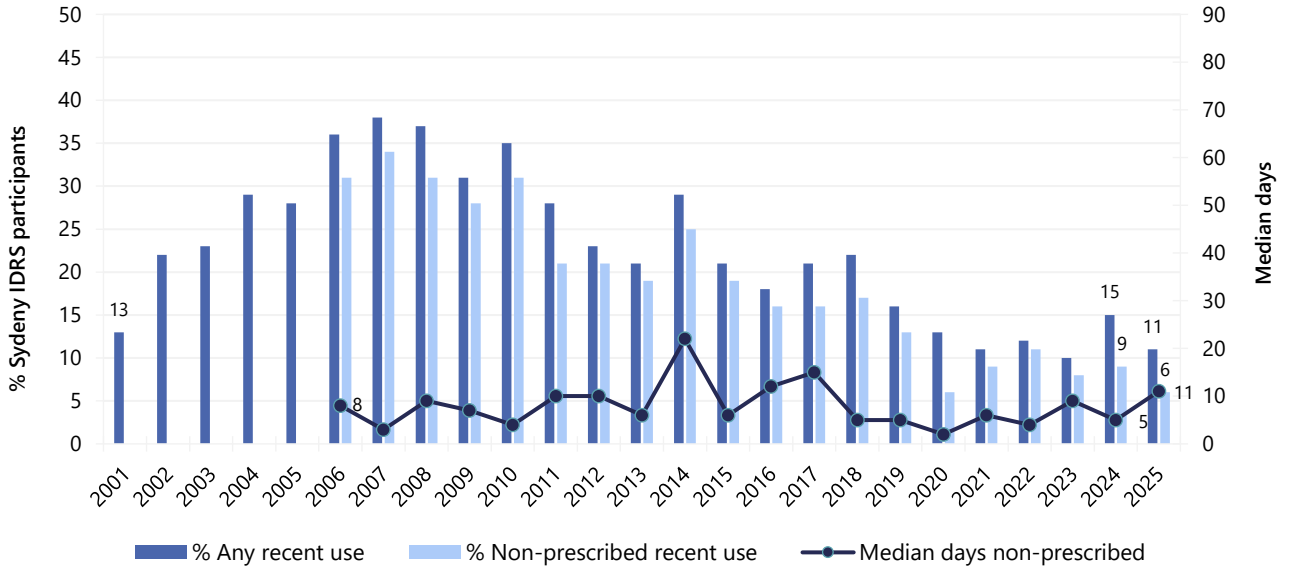
Morphine

Any Recent Use (past 6 months): Since peaking in 2007, with 38% of the sample reporting recent use of prescribed or non-prescribed morphine, a gradual decrease has been observed. In 2025, 11% of the Sydney sample reported recent use of any morphine, stable relative to 2024 (15%; p=0.389) (Figure 28). Six per cent of the Sydney sample reported non-prescribed morphine use (9% in 2024; p=0.512) while 4% reported prescribed morphine use (7% in 2024; p=0.338).

Frequency of Use: Of those who had recently used non-prescribed morphine and commented (n=10), participants reported a median of 11 days (IQR=2-21) of use in the six months preceding interview, stable relative to 2024 (5 days; IQR=3-20; n=13; p=0.755) (Figure 28).

Recent Injecting Use: Of those who had recently used any morphine in 2025 and commented (n=17), 71% reported recently injecting morphine (68% in 2024) on a median of nine days in the six months preceding interview (IQR=3-31; n=12; 5 days in 2024; IQR=1-22; n=14; p=0.325).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Sydney, NSW, 2001-2025



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 50% and secondary Y axis reduced to 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

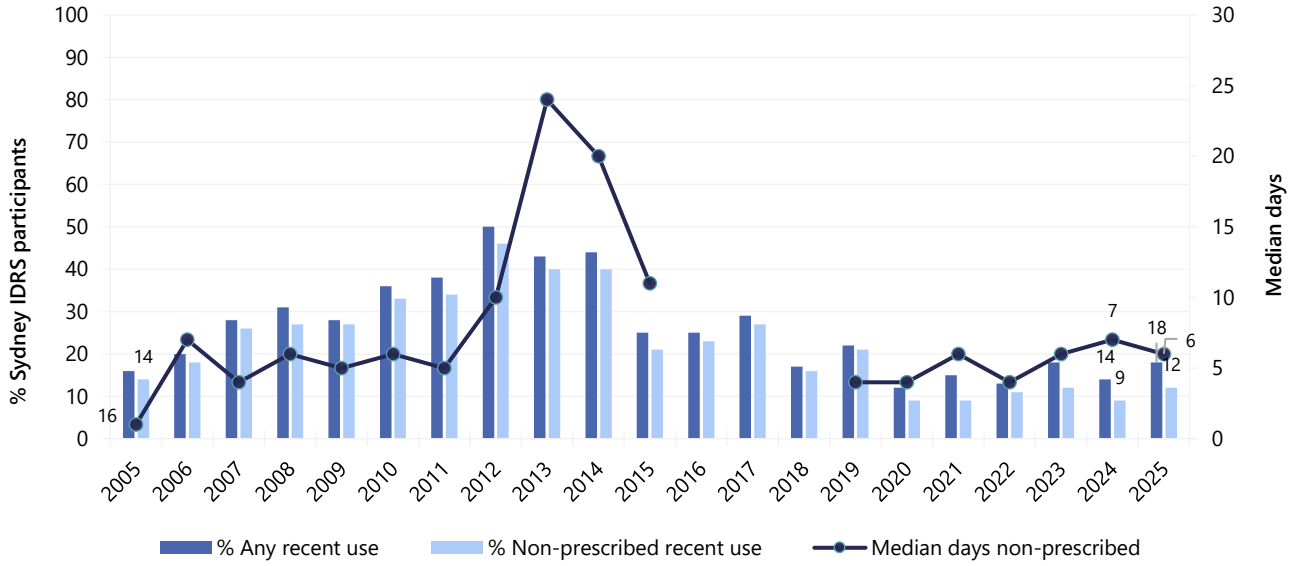
Oxycodone

Any Recent Use (past 6 months): Since peaking in 2012, with 50% of the sample reporting recent prescribed or non-prescribed use of oxycodone, a gradual decline has been observed. In 2025, 18% of the sample reported recently consuming any oxycodone (14% in 2024; *p*=0.436) (Figure 29). Twelve per cent of the sample reported recent non-prescribed use of oxycodone (9% in 2024; *p*=0.470) and 6% of participants reported prescribed use (5% in 2024; *p*=0.804).

Frequency of Use: Of those who had recently used non-prescribed oxycodone and commented (n=19), participants reported a median of six days (IQR=3-36) of use in the six months preceding interview, stable relative to 2024 (7 days; IQR=2-14; n=14; *p*=0.400) (Figure 29).

Recent Injecting Use: Of those who had recently used any oxycodone and commented (n=28), one third (36%) reported recently injecting oxycodone (52% in 2024; *p*=0.379) on a median of 31 days in 2025 (IQR=7-67; n=10), stable relative to 2024 (10 days; IQR=3-27; *p*=0.148).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Sydney, NSW, 2005-2025



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 2019-2022, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023 onwards, 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 30 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

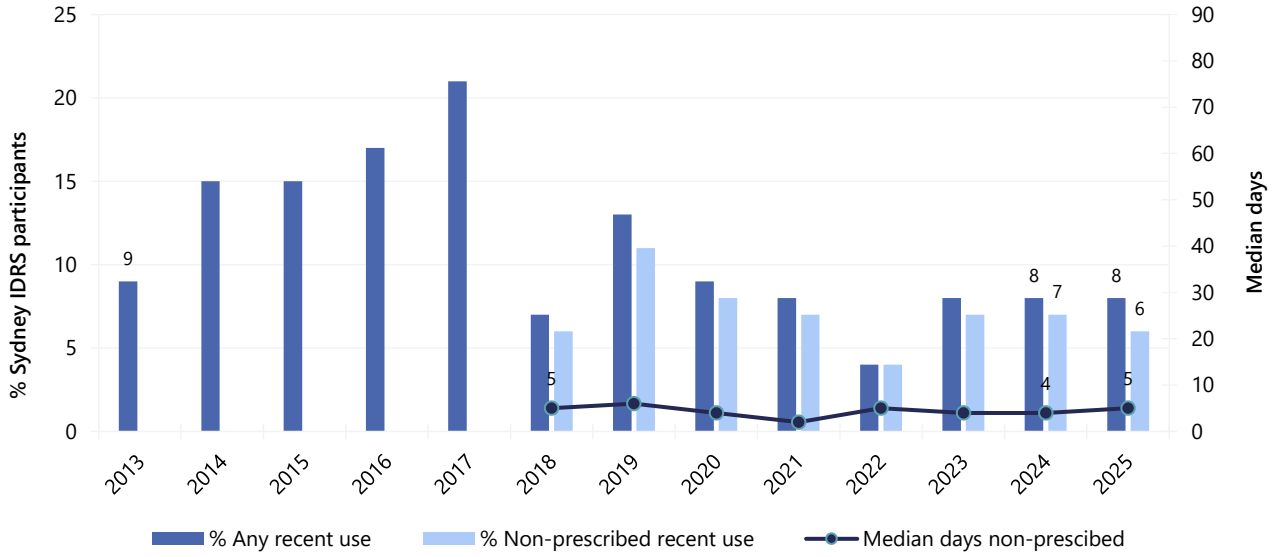
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent prescribed or non-prescribed fentanyl use among the Sydney sample has generally remained low, with the highest per cent observed in 2017 after which a substantial decrease was observed. In 2025, 8% of the sample reported any fentanyl use in the six months prior to interview, stable compared to 2024 (8% in 2024) (Figure 30). This mostly comprised of non-prescribed fentanyl use (6%; 7% in 2024), with few participants (n≤5) reporting recent prescribed use in 2025 (n≤5 in 2024; *p*=0.678).

Frequency of Use: Of those who had recently used non-prescribed fentanyl and commented (n=10), participants reported a median of five days (IQR=2-22) of use in the six months preceding interview, stable relative to 2024 (4 days; IQR=1-6; n=10; *p*=0.588) (Figure 30).

Recent Injecting Use: Of those who had recently used any fentanyl and commented (n=12), 83% reported recently injecting fentanyl (42% in 2024; *p*=0.089) on a median of two days in 2025 (IQR=2-16; n=10), stable relative to 2024 (2 days; IQR=1-5; *p*=0.605).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, NSW, 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. Y axis reduced to 25% and secondary Y axis reduced to 90 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2025, 10% of the sample reported any recent use of codeine (9% in 2024; p=0.692), with 8% reporting prescribed use (5% in 2024; p=0.347) and few participants (n≤5) reporting non-prescribed use (5% in 2024; p=0.367).

Four per cent of participants reported recent use of any form of tramadol in 2025 (4% in 2024). Due to low numbers (n≤5) reporting prescribed or non-prescribed use, or any recent injection, median days of non-prescribed or injecting use are not reported. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Few participants (n≤5) reported recent use of any form of tapentadol. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of other opioids, Sydney, NSW, 2019-2025

% Recent Use (past 6 months)	2019 (N=151)	2020 (N=155)	2021 (N=150)	2022 (N=152)	2023 (N=153)	2024 (N=150)	2025 (N=157)
Codeine^							
Any use	20	7	13	7	8	9	**10**
Non-prescribed use	10	-	5	-	5	5	**-**
Any injection#	7	-	0	-	-	-	**-**
Tapentadol							
Any use	0	-	0	0	0	-	**-**
Non-prescribed use	0	0	0	0	0	0	**0**
Any injection#	0	0	0	0	0	0	**0**
Tramadol							
Any use	8	-	-	4	5	4	**4**
Non-prescribed use	-	-	-	-	-	-	**-**
Any injection#	0	-	-	-	-	-	**-**

Note. ^Includes high and low dose. #Of those who reported past six month use. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/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. Questions regarding NPS were included in the IDRS survey since 2013.

Recent use of any NPS was reported by 4% of the Sydney sample in 2025 (5% in 2024; p=0.779) (Table 4). The numbers endorsing use of various NPS categories were low (n≤5). Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 4: Past six month use of new psychoactive substances, Sydney, NSW, 2013-2025

% 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=106	2025 N=105
'New' drugs that mimic the effects of opioids	/	/	/	/	-	0	-	0	0	-	-	0	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	0#	-	-	0	-	-	0	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	/	/		-	/	-	-	-	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	23	4	8	11	-	5	7	6	4	-	4	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	0#	-	-	0	0	-	-	-	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	-	0	-	0	-	0	-
'New' drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Any of the above	24	5	9	13	-	12	9	7	6	4	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 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) remained relatively stable between 2007-2014, before a gradual decline was observed from 2014-2022. In 2025, almost one fifth (17%) of the sample reported recent use of any non-prescribed benzodiazepines, a significant decrease relative to 2024 (31%; p=0.005) (Figure 31).

Frequency of Use: Of those who had recently used non-prescribed benzodiazepines and commented (n=26), participants reported a median of 15 days (IQR=4-45) of use in the six months preceding interview (18 days in 2024; IQR=4-48; p=0.647) (Figure 31).

Recent Injecting Use: Few participants (n≤5) reported injecting benzodiazepines in 2025. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2025 (n=22), the most commonly used benzodiazepine was Valium (diazepam) (59%), followed by Xanax (alprazolam) (50%) and Rivotril (clonazepam) (32%).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) has remained low and stable since monitoring commenced in 2006. In 2025, few participants (n≤5) reported recent use of non-prescribed pharmaceutical stimulants, a significant decrease relative to 2024 (9%; p=0.024) (Figure 31) and therefore, no further results are reported. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Antipsychotics

Recent Use (past 6 months): Since peaking in 2012, with 19% of the Sydney sample reporting recent non-prescribed antipsychotic use, recent use has remained low and stable in recent years. In 2025, few participants (n≤5) reported recent use of non-prescribed antipsychotics (7% in 2024; p=0.191) (Figure 31) and therefore, no further results are reported. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Pregabalin

Recent Use (past 6 months): Past six month non-prescribed pregabalin use was reported by 11% of the sample in 2025, remaining stable relative to 2024 (10%; p=0.849) (Figure 31).

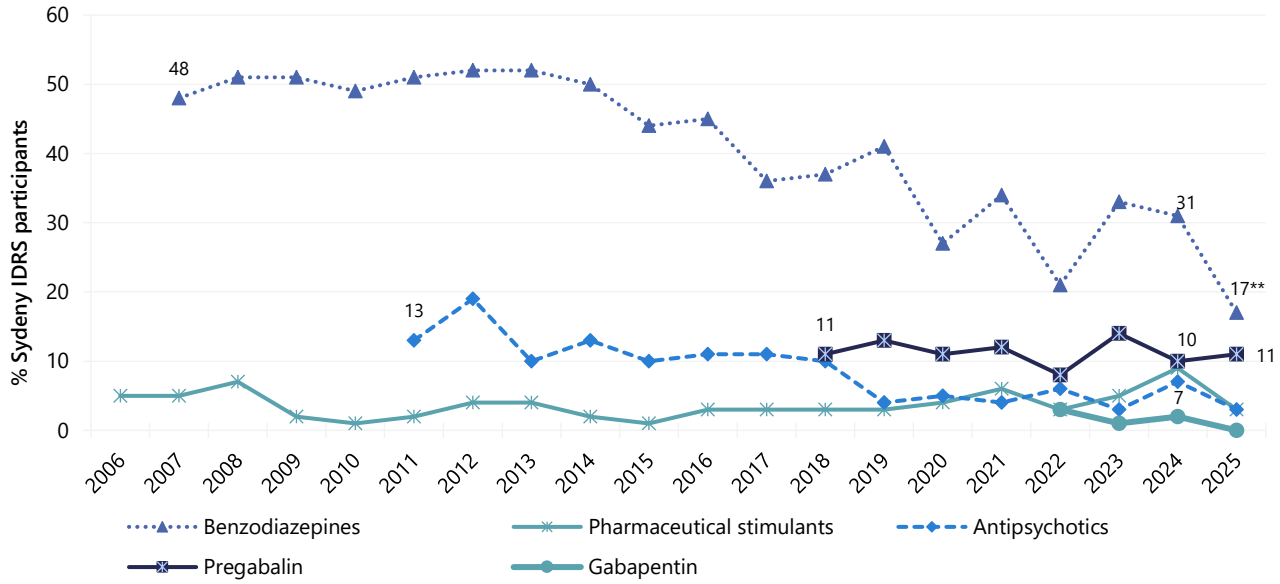
Frequency of Use: Of those who had recently used non-prescribed pregabalin and commented (n=17), participants reported a median of 12 days (IQR=3-24) of use in the six months preceding interview, stable relative to 2024 (5 days; IQR=2-20; n=15; p=0.414).

Recent Injecting Use: Few participants (n≤5) reported injecting pregabalin in 2025. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Gabapentin

Recent Use (past 6 months): No participants reported recent non-prescribed use of gabapentin in 2025 (n≤5 in 2024; *p*=0.115) (Figure 27), and therefore, no further results are reported. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Sydney, NSW, 2006-2025



Note. 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. 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. Y axis reduced to 60% 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Recent use of alcohol remained relatively stable between 2000-2018, before a gradual decline was observed from 2018-2020, stabilising again thereafter. In 2025, 44% of the sample reported recent alcohol use, stable relative to 2024 (46%; *p*=0.739) (Figure 32).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=69) reported use on a median of 12 days (IQR=3-90) in the six months preceding interview, equivalent to once a fortnight (24 days in 2024, IQR=6-96; n=69; *p*=0.463). One fifth (20%) of participants who had recently used alcohol reported daily use (17% in 2024; *p*=0.822).

Tobacco

From 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): Recent use of tobacco has consistently been high among the Sydney IDRS sample since reporting began. Consistent with previous years, the majority (93%) of the sample reported recent tobacco use (91% in 2024; p=0.530) (Figure 32). Four fifths (82%) of participants reported recent use of smoked or non-smoked illicit tobacco products, a significant increase relative to 2024 (64%; p<0.001).

Frequency of Use: Stable relative to previous years, participants in 2025 reported tobacco use on a median of 180 days in the six months preceding interview (IQR=180-180; n=145; 180 days in 2024; IQR=180-180; n=136; p=0.296), with 93% of participants who had recently used tobacco reporting daily use (90% in 2024; p=0.397).

E-cigarettes/'Vapes'

Legislation regulating e-cigarettes (also known as vapes) has changed markedly in recent years. From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose, and from 1 July 2024, all e-cigarette products, regardless of whether they contained nicotine, could only legally be sold in a pharmacy. From 1 October 2024, people 18 years and older could buy e-cigarettes from participating pharmacies with a nicotine concentration of 20 mg/mL or less *without a prescription*, where state and territory laws allowed: products with a nicotine concentration of >20 mg/mL still required a prescription.

To capture these changes, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. In 2025, participants were asked about their use of e-cigarettes obtained from pharmacy (with or without a prescription) and 'non-pharmacy' locations.

In 2025, few participants (n≤5) reported recent use of e-cigarettes that were obtained from a pharmacy. Between 2022 and 2024, few participants (n≤5) reported recent use of prescribed e-cigarettes (0% in 2022, n≤5 in 2023 and 0% in 2024, respectively). The 2025 data presented below refers only to use of e-cigarettes that were obtained from non-pharmacy locations. 2022-2024 data refers to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use (collectively referred to as 'illicit use' from herein).

Recent Use (past 6 months): One quarter (27%) of the sample reported recent illicit e-cigarette use, stable relative to 2024 (31%; p=0.447) (Figure 32).

Frequency of Use: Participants who had recently consumed illicit e-cigarettes and commented in 2025 (n=39) reported use on a median of 120 days in the six months preceding interview (IQR=23-180), stable relative to 108 days in 2024 (IQR=24-180; n=46; p=0.860). Forty-six per cent of those who had recently used illicit e-cigarettes reported daily use, stable relative to 2024 (46%).

Contents and Forms Used: Among participants who had recently used e-cigarettes and responded in 2025 (n=41), participants most commonly reported using disposable devices (73%), followed by re-fillable devices (22%).

Reasons for Use: Of those who reported *any* e-cigarette use in the last six months and responded (n=43), 28% reported using e-cigarettes as a smoking cessation tool, a significant decrease relative to 2024 (52%; p=0.034).

Nicotine Pouches

Recent Use (past 6 months): Few participants (n≤5) reported recent use of nicotine pouches in 2025 (n≤5 in 2024) (Figure 32). Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Steroids

Recent Use (past 6 months): Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2025 (0% in 2024; p=0.499) (Figure 32). Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2025, 15% of the Sydney sample reported recent use of GHB/GBL/1,4-BD, stable relative to 2024 (16%; p=0.873) (Figure 32).

Frequency of Use: Of those who had recently used non-prescribed GHB/GBL/1,4-BD and commented in 2025 (n=24), participants reported using GHB/GBL/1,4-BD on a median of three days in the six months preceding interview (IQR=1-26), stable relative to 2024 (3 days; IQR=3-48; n=24; p=0.274).

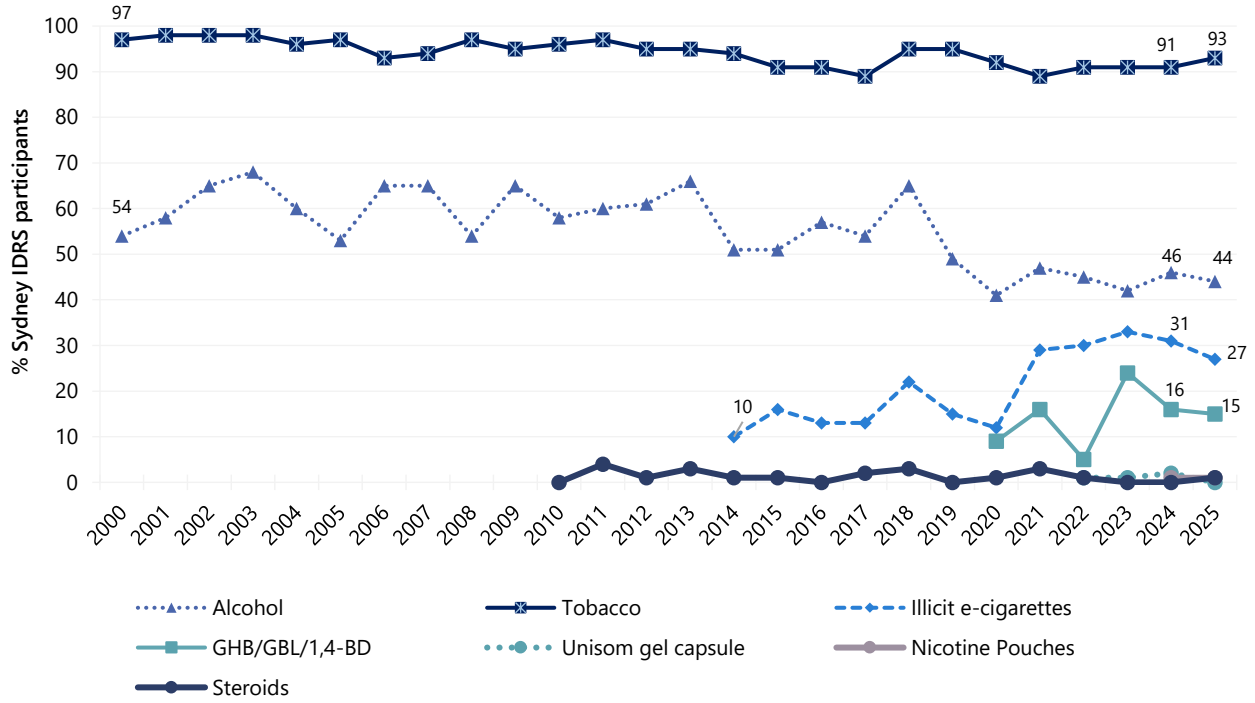
Recent Injecting Use: In 2025, few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD (0% in 2024; p=0.489). Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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): No participants reported recent non-prescribed use of Unisom gel capsules in 2025 (n≤5 in 2024; p=0.115) (Figure 32). Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 32: Past six month use of licit and other drugs, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

8

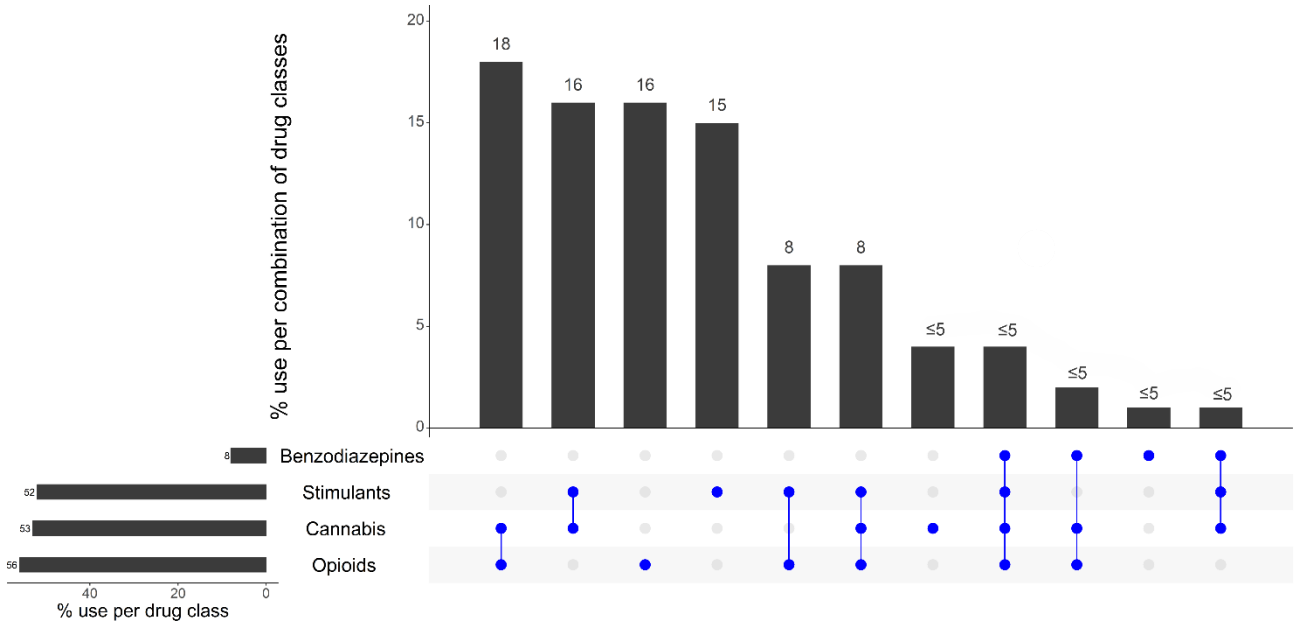
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2025, 93% 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=146), the most commonly used substances were cannabis (58%), followed by stimulants (45%), opioids (40%) and alcohol (16%).

Sixty-four per cent of participants (n=100) reported the use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Eighteen per cent of participants reported concurrent use of opioids and cannabis, followed by cannabis and stimulants (16%) on the day preceding interview (Figure 33). Additionally, 16% per cent reported using opioids alone, followed by 15% reporting using stimulants alone.

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Sydney, NSW, 2025

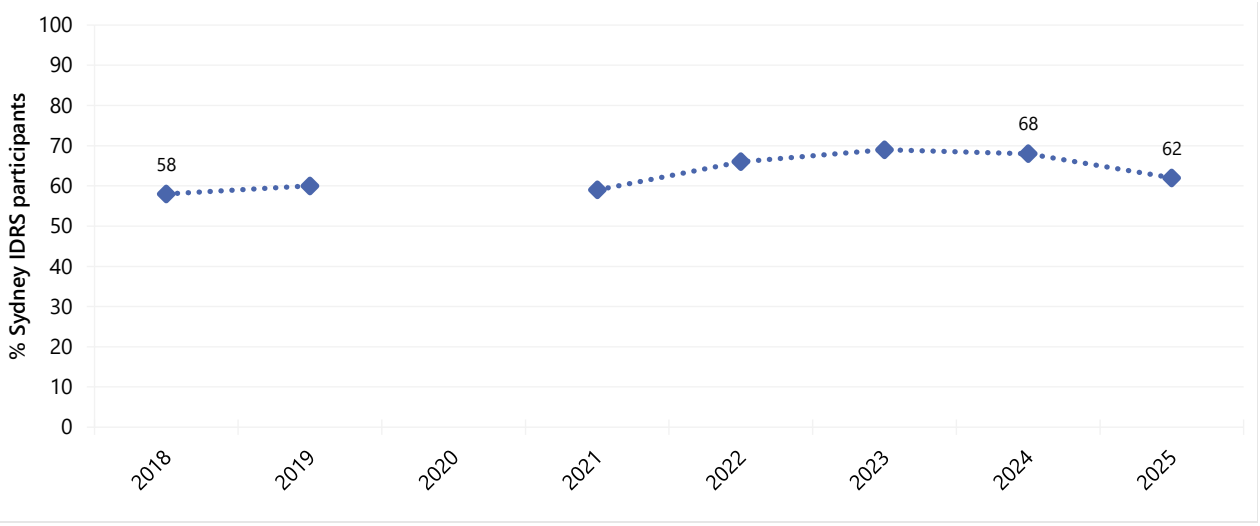


Note. % calculated out of total IDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue 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, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 20% 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. Three fifths (62%) of the Sydney sample had binged on one or more drugs in the preceding six months, stable relative to 2024 (68%; p=0.236) (Figure 34).

Figure 34: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Sydney, NSW, 2018-2025



Note. Participants were first asked about bingeing in 2018. 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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 (Table 5; see below).

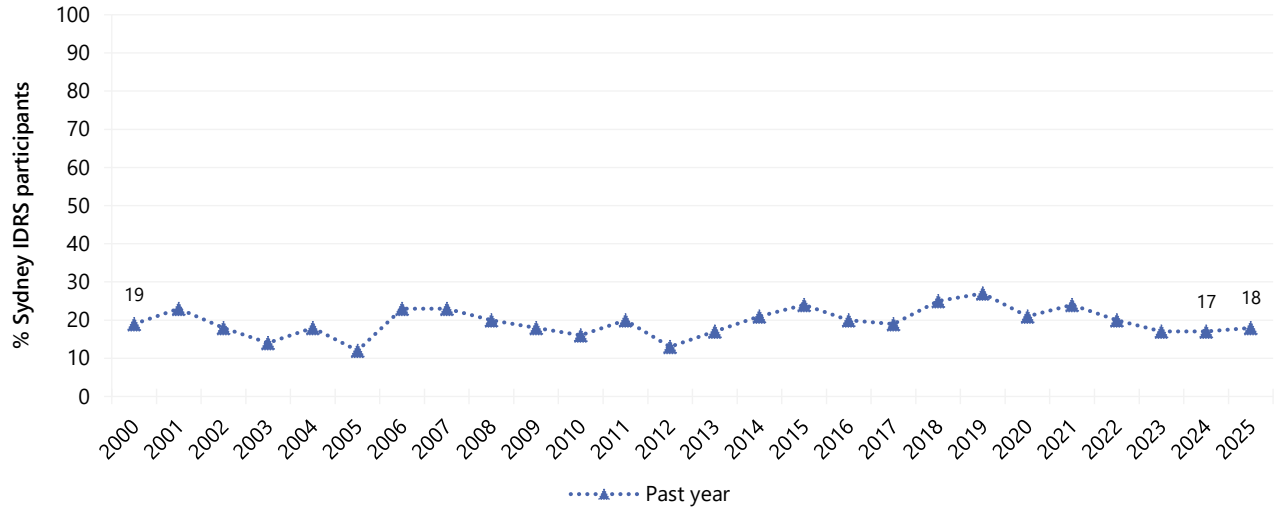
The per cent reporting non-fatal overdose on any drug in the 12 months preceding the interview has ranged between 12% and 27% over the course of monitoring. In 2025, 18% of the sample reported experiencing a non-fatal overdose in the 12 months preceding interview, stable relative to 2024 (17%) (Figure 35).

Eleven per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview (10% in 2024), most commonly an overdose following the use of heroin (10%; 9% in 2024; p=0.840) (Table 5). Participants who had overdosed on an opioid had done so on a median of two occasions (IQR=1-2; n=16) in the last 12 months. Among those who had experienced a past year non-fatal opioid overdose and commented (n=16), 50% reported being administered naloxone, and 50% reporting attendance of an ambulance. Few participants (n≤5) reported not receiving any treatment during their most recent non-fatal opioid overdose. The most commonly cited other drugs involved in participants' most recent opioid overdose comprised tobacco (56%).

Fiveper cent of the sample reported experiencing a **non-fatal overdose following stimulant use** in the past year (5% in 2024). Four per cent reported **a non-fatal overdose following 'other' drug use** in 2025 (5% in 2024; p=0.779) (Table 5).

Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 35: Past 12 month non-fatal any overdose, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Table 5: Past 12 month non-fatal overdose by drug type, Sydney, NSW, 2015-2025

	Sydney, NSW										
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
% Any opioid	N=150 15	N=144 17	N=150 12	N=148 17	N=150 19	N=155 12	N=150 16	N=152 14	N=146 12	N=150 10	**N =151 11**
% Heroin overdose	N=150 13	N=144 15	N=126 14	N=131 20	N=150 15	N=155 10	N=150 15	N=152 14	N=145 9	N=148 9	**N=151 10**
% Methadone overdose	N=150 -	N=144 -	N=131 0	N=145 -	N=150 1	N=155 1	N=150 -	N=152 -	N=145 -	N=148 -	**N=151 -**
% Morphine overdose	N=150 0	N=144 -	N=150 -	N=145 -	N=150 0	N=155 1	N=150 0	N=152 0	N=145 0	N=148 0	**N=151 0**
% Oxycodone overdose	N=150 0	N=144 0	N=143 0	N=148 -	N=150 0	N=155 1	N=150 0	N=152 0	N=145 0	N=148 0	**N=151 -**
% Stimulant overdose	N=150 -	N=144 4	-	-	N=151 9	N=154 6	N=150 6	N=151 5	N=147 4	N=148 5	**N=153 5**
% Other overdose	/	/	/	/	N=151 -	N=154 6	N=150 -	N=152 -	N=147 -	N=148 5	**N=153 4**
% Any drug overdose	N=150 18	N=144 20	N=125 19	N=128 25	N=151 27	N=155 21	N=150 24	N=152 20	N=147 17	N=150 17	**N=153 18**

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 2016-2018, 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). Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/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.

In 2025, the mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 2.3 (SD 3.5), a significant decrease relative to 2024 (2.4 (SD 3.5); p=0.011).

AUDIT-C scores of ≥3 (women) and ≥4 (men) are likely to indicate hazardous drinking, and potentially alcohol dependence. In 2025, almost one quarter (24%) of male participants had obtained a score of four or more (31% in 2024; p=0.356), and 26% of female participants had obtained a score of three or more (30% in 2024; p=0.803), indicative of hazardous use (Table 6).

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels, Sydney, NSW, 2010-2025

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Men															
Mean AUDIT-C score (SD)	3.3 (3.5)	3.4 (3.9)	3.1 (3.5)	4.2 (3.5)	3.6 (3.8)	3 (3.8)	3.5 (3.7)	4.1 (3.5)	3 (3.3)	2.6 (3.5)	6.8 (3.8)	5.9 (3.3)	2.4 (3.5)	2.3 (3.1)	2.4 (3.4)	**2.3* (3.5)**
Score of ≥4 (%)	43	38	34	49	42	34	39	48	36	30	70	76	30	32	31	**24**
	Women															
Mean AUDIT-C score (SD)	3.2 (3.5)	4 (3.9)	3.9 (3.5)	3.8 (3.5)	3.4 (3.5)	3.4 (3.4)	2.4 (3.5)	3.8 (3.3)	3.4 (4.0)	1.8 (2.6)	4.9 (3.9)	5.3 (3.9)	2.3 (3.4)	2.2 (3.5)	2.4 (3.6)	**2.1 (3.5)**
Score of ≥3 (%)	44	55	59	54	50	53	31	57	42	23	61	74	34	33	30	**26**

Note. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

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 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. In 2020, 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: In 2025, among those who responded (n=152), the majority (91%) of participants indicated awareness of naloxone, stable relative to 2024 (89%; p=0.571) (Figure 36).

Awareness of Take-Home Naloxone: At the commencement of monitoring in 2013, two in five participants (40%) were aware of naloxone training programs. This has increased substantially over time, with 86% of the Sydney sample reporting awareness of the naloxone take-home programs in 2025, stable relative to 2024 (85%; p=0.738) (Figure 36). In 2025, 84% reported having heard of free access, stable relative to 2024 (84%), with few participants (n≤5) reporting having heard of paid access (n≤5 in 2024).

Obtained Naloxone: Almost three quarters (73%) of those who responded (n=151) reported having ever obtained naloxone, stable relative to 2024 (67%; p=0.308), with 63% of participants having done so in the past year (60% in 2024; p=0.639) (Figure 36). Amongst participants who had ever obtained naloxone and responded (n=110), the largest proportion reported most recently accessing naloxone from a Needle and Syringe Program (NSP) (62%), followed by a drug treatment service (13%) and a medically supervised injecting centre/room (9%). The majority of participants (90%) who had obtained naloxone and commented (n=110) reported that they did not have to pay the last time they obtained naloxone.

In 2025, 82 (n=90) of the sample reported that they a median of two naloxone kits stored away at the time of interview (IQR=1-3). Among those with at least one naloxone kit stored away and who responded (n=78), 88% had at least one kit within its expiration date, 14% had at least one kit that was expired, and few participants (n≤5) had both expired and non-expired kits.

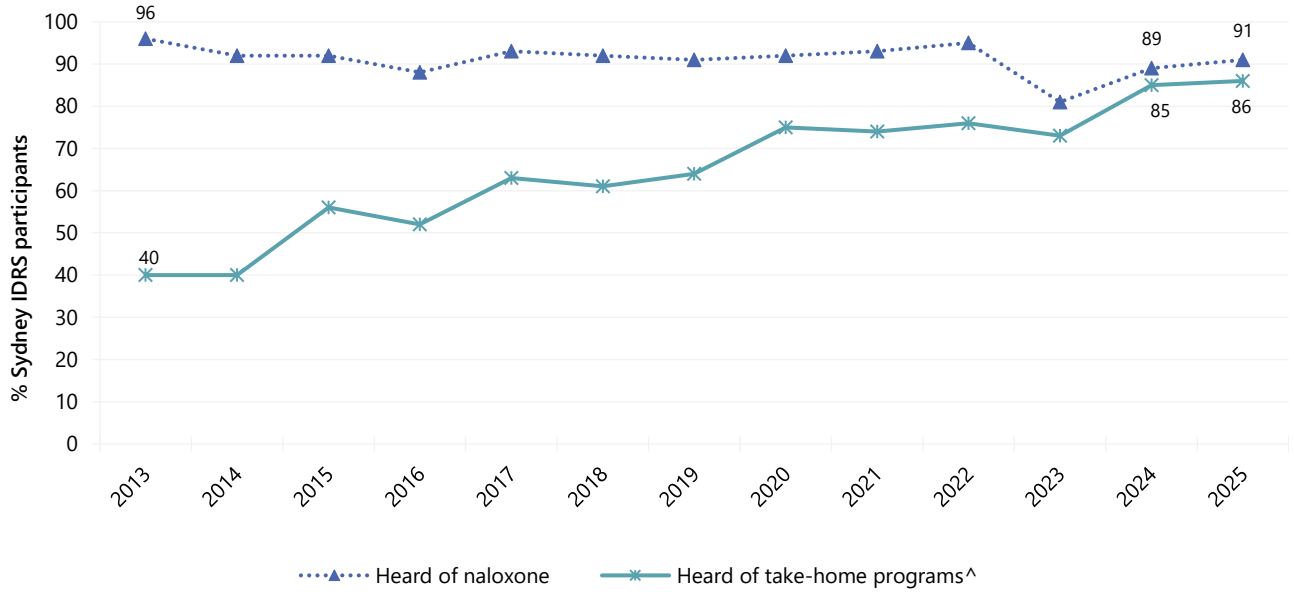
No participants in the Sydney sample reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (n≤5 in 2024; p=0.121), whereas 23% of participants reported never having tried to obtain naloxone, a significant decrease from 2024 (34%; p=0.042). Of those who had ever had trouble obtaining naloxone or had never tried to obtain naloxone and commented (n=31), the most common reasons included: 'don't use opioids' (29%) and 'don't consider myself/my peers at risk of overdose' (26%).

Of those who had ever accessed naloxone, had used opioids in the past month and commented (n=93), two thirds (66%) reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 15% reporting 'often', 9% 'sometimes', few participants (n≤5) 'rarely' and 8% 'never'.

Education on Using Naloxone: In 2025, 68% of the sample had been trained in how to administer naloxone in their lifetime (64% in 2024; *p*=0.535), with almost half (49%) reporting that they had been trained in the past year (44% in 2024; *p*=0.494) (Figure 37). Among those who had been trained in naloxone administration in the last year and responded (n=72), participants had most commonly been taught how to administer naloxone at a NSP (61%), followed by a medically supervised injecting centre/room (15%) and a drug treatment service (10%). Few participants (n≤5) reported that the training they received was online, in 2025.

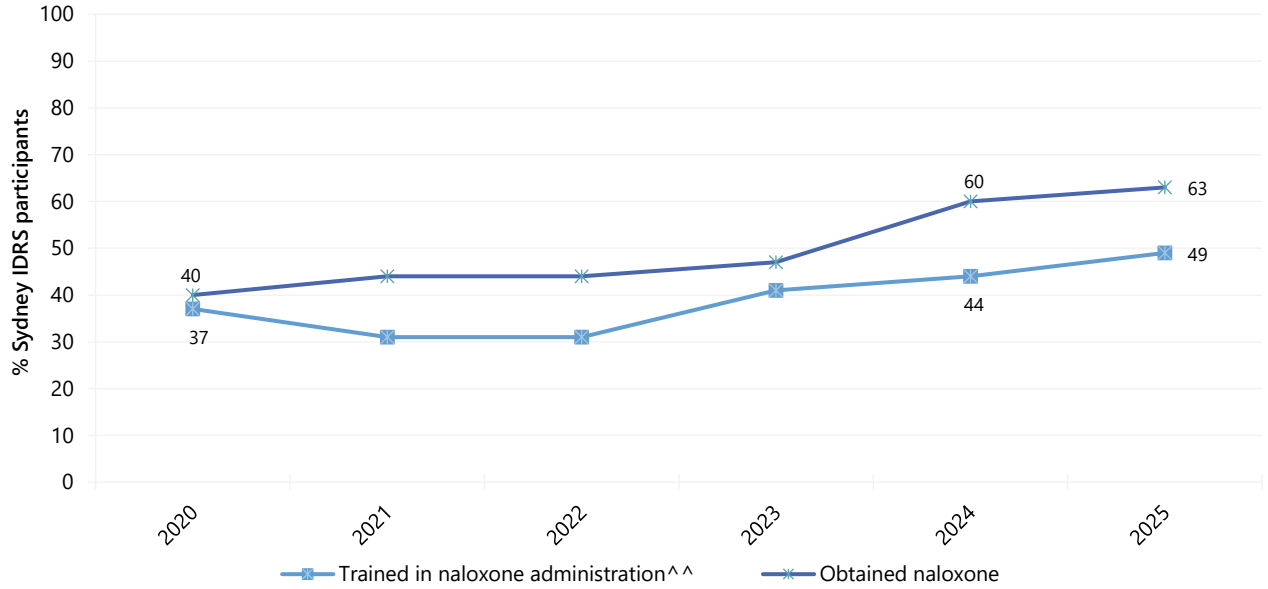
Use of Naloxone to Reverse Overdose: In 2025, of those who responded (n=152), one third (34%) reported resuscitating someone using naloxone at least once in their lifetime (34% in 2024), with almost one quarter (24%) having done so in the past year. Additionally, 6% reported they had been resuscitated by a peer using naloxone in the last year (4% in 2024; *p*=0.598).

Figure 36: Lifetime awareness of naloxone and naloxone take-home programs, Sydney, NSW, 2013-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 37: Past 12 month education in naloxone administration, and obtainment of naloxone, Sydney, NSW, 2020-2025



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). 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). Statistical significance for 2024 versus 2025 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 2025, participants reported obtaining a median of 100 new needle and syringes in the past month (IQR=40-200; 100 in 2024; IQR=28-200; p=0.110), having a median of 20 'stored away', a significant increase relative to 2024 (IQR=5-70; 10 in 2024; IQR=1-50; p=0.016) and providing a median of ten needles and syringes to others (IQR=0-50; 8 in 2024; IQR=0-20; p=0.214).

Nine per cent of those who commented (n=151) reported difficulties obtaining new needles and syringes in the past month (11% in 2024; p=0.441), and 7% reported difficulties accessing filters, a significant increase from 2024 (n≤5 in 2024; p=0.035) (Table 7). Nine per cent of those who commented (n=152) reported difficulties obtaining sterile water (not asked in 2024). Almost four fifths (79%) reported that they obtained needles from a NSP (82% in 2024; p=0.561), followed by a NSP vending machine (59%; 53% in 2024; p=0.416), and a partner or friend (11%; 17% in 2024; p=0.102). There was a significant decrease in participants reporting they had obtained needles from the medically supervised injecting clinic/room in 2025 (6%; 21% in 2024; p<0.001) (Table 7)).

Injecting Behaviours

In 2025, participants reported injecting on a median of 40 occasions in the past month, a significant increase relative to 2024 (IQR=19-61; 30 occasions in 2024; IQR=10-60; p=0.012). The per cent reporting receptive and distributive needle sharing remained stable between 2024 and 2025, with 5% reporting receptive needle sharing (5% in 2024) and 8% reporting distributive needle sharing (12% in 2024; p=0.257). Similarly, the per cent of participants who reported sharing injecting equipment other than syringes (e.g., spoons, tourniquet, water and filters) in the past month remained stable in 2025 (23%; 17% in 2024; p=0.199). Almost two fifths (37%) of the sample reported that they had re-used their own needles in the past month, stable relative to 34% in 2024 (p=0.635) (Figure 38 and Table 8). Fifty-four per cent of the Sydney sample reported reusing other injecting equipment in the past month, stable relative to 2024 (47%; p=0.308), most commonly spoons or mixing containers (47%; 41% in 2024; p=0.304), followed by water (26%; 21% in 2024; p=0.344) and tourniquets 22%; 23% in 2024; p=0.887).

Almost two fifths (39%) of participants reported that they had injected someone else in the past month (37% in 2024; p=0.819), and one fifth (22%) reported being injected by someone else , a significant increase from 2024 (13%; p=0.050) (Table 8).

The location of last injection remained stable between 2024 and 2025 (p=0.090). Four fifths (83%) were in a private home at the time of last injection (73% in 2024). Six per cent last injected outside (street/park/beach) (9% in 2024) and a further 6% last injected at the medically supervised injecting room/clinic (10% in 2024) (Table 8).

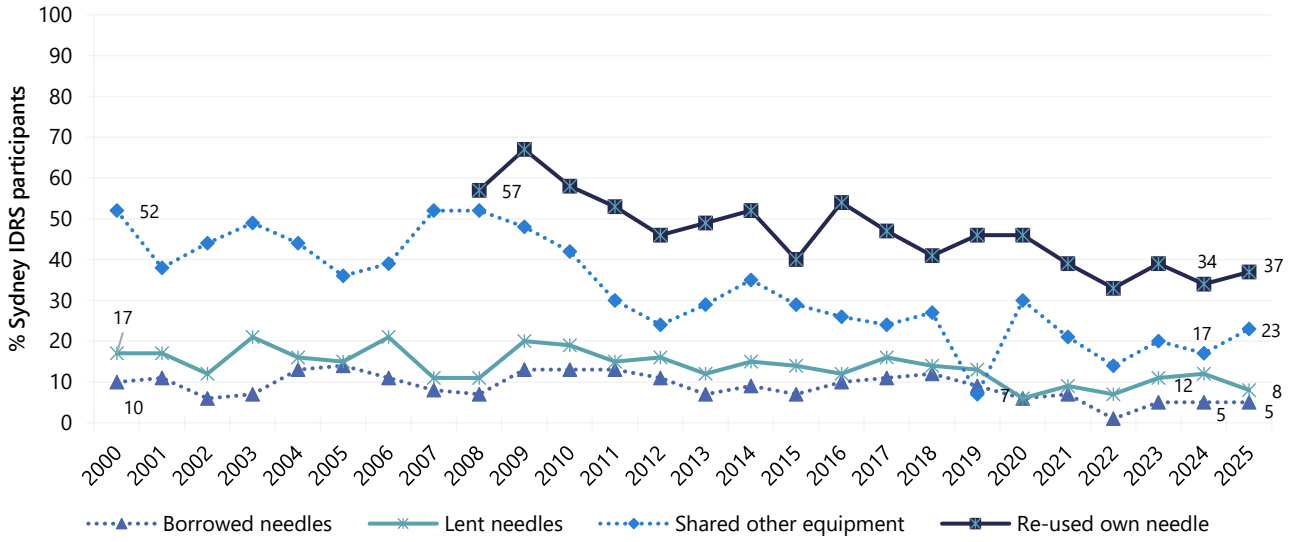
The site of last injection also remained stable between 2024 and 2025 (p=0.534). Two thirds (68%) reported injecting their arm (79% in 2024), followed by hand/wrist (11%; 6% in 2024) and leg (8%; 7% in 2024), with few participants reporting other injecting sites (n≤5) (Table 8).Almost half (49%) of the national sample reported injecting alone on the last occasion of injecting (51% in 2024; p=0.905).

Table 7: Injecting equipment access in past month, Sydney, NSW, 2023-2025

	2023 (N=153)	2024 (N=150)	2025 (N=152)
% Location of needle/syringe access past month			
NSP	84	82	**79**
NSP vending machine	59	53	**59**
Chemist	12	7	**-**
Friend/Partner	18	17	**11**
Dealer	7	5	**4**
Hospital	8	8	**7**
Outreach/peer worker	4	-	**-**
Medically supervised injecting Centre/Room	12	21	**6 *****
Other	-	-	**0**
% Difficulties accessing filters^ in the past month	-	-	**7**
% Difficulties accessing needles/syringes in past month	9	11	**9**
% Equipment used past month			
Needle and syringe (e.g., 0.5mL, 1mL)	97	99	**97**
Syringe or barrel (e.g., 3mL, 5mL, 10mL, 20mL, 50mL)	25	22	**20**
Spoons/mixing containers	93	93	**88**
Tourniquet	66	69	**63**
Swabs	91	94	**90**
Water	95	95	**97**
Any filters	68	85	**76**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2024 versus 2025 is presented in figure for national estimates; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 38: Borrowing and lending of needles and sharing of injecting equipment in the past month, Sydney, NSW, 2000-2025



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). Statistical significance for 2024 versus 2025 sample presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Table 8: Injecting behaviours in the past month, and location of last injection use, Sydney, NSW, 2015-2025

	2015 N=150	2016 N=147	2017 N=142	2018 N=151	2019 N=151	2020 N=155	2021 N=150	2022 N=152	2023 N=151	2024 N=150	2025 N=157
% Injecting behaviours past month											
Borrowed a needle	N=148 7	N=147 10	N=142 11	N=151 12	N=151 9	N=155 6	N=148 7	N=152 -	N=150 5	N=150 5	**N=151 5**
Lent a needle	N=148 14	N=145 12	N=142 16	N=150 14	N=149 13	N=154 6	N=148 9	N=151 7	N=149 11	N=148 12	**N=151 8**
Shared any injecting equipment ^	N=148 29	N=147 26	N=142 24	N=152 27	N=151 7	N=154 30	N=149 21	N=152 14	N=153 20	N=150 17	**N=154 23**
Reused own needle	N=148 40	N=147 54	N=142 47	N=151 41	N=151 46	N=154 46	N=149 39	N=150 33	N=150 39	N=149 34	**N=150 37**
Reused any other equipment	N=147 56	N=147 51	N=142 51	N=152 49	N=151 39	/	/	/	/		**N=151 54**
Injected partner/friend	/	N=147 28	N=141 31	N=151 32	N=150 36	N=155 26	N=150 26	N=152 31	N=150 35	N=150 37	**N=151 39**
Somebody else injected them	/	N=147 18	N=141 14	N=151 19	N=151 19	N=155 14	N=149 17	N=151 17	N=150 21	N=150 13	**N=151 22***
% Location of last injection	N=146	N=147	N=142	N=151	N=150	N=154	N=149	N=151	N=149	N=150	**N=150**
Private home	62	67	62	72	69	85	87	81	81	73	**83**
Car	3	5	-	3	-	-	5	-	-	0	**-**
Street/car park/beach	12	8	4	5	11	5	5	7	5	9	**6**
Public toilet	8	5	4	5	4	-	-	-	4	7	**-**
Medically supervised injected services	9	6	13	12	9	5	-	10	7	10	**6**
Prison	0	0	0	0	0	0	0	0	0	0	**0**
Stairwell	-	-	-	-	-	-	-	0	-	0	**0**
Other	2	4	8	-	-	-	-	0	-	-	**-**
% Last injection site											**N=152**
Arm	73	69	63	76	76	71	71	74	73	79	**68**
Leg	7	7	6	5	9	7	7	6	7	7	**8**
Hand/wrist	9	11	19	8	7	11	11	9	11	6	**11**
Foot	-	-	-	-	-	-	-	-	-	-	**-**
Groin	-	-	-	6	-	4	4	-	-	-	**5**
Neck	5	8	7	4	-	5	6	7	4	4	**5**
Other	-	-	-	-	-	-	-	-	-	-	**-**

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. N is the number who responded (denominator). Statistical significance for 2024 versus 2025 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

Self-Reported Injection-Related Injuries and Diseases

In 2025, 35% of the Sydney sample reported having an injection-related health issue in the month preceding interview, stable relative to 2024 (29%; p=0.268) (Table 9). The most common injection-related health issues reported by participants comprised any infection/abscess (16%; 16% in 2024; including skin abscess or cellulitis; 12%; 14% in 2024; p=0.743). In 2025, a significant increase was observed in those reporting 'any thrombosis' (10%; n≤5 in 2024; p=0.001) and in those reporting 'blood clots' (9%; n≤5 in 2024; p=0.003).

Table 9: Injection-related issues in the past month, Sydney, NSW, 2020-2025

	2020	2021	2022	2023	2024	2025
	(N=155)	(N=150)	(N=152)	(N=151)	(N=148)	(N=153)
% Artery injection	8	9	8	-	-	**7**
% Any nerve damage	10	13	14	8	11	**14**
% Any thrombosis	9	7	-	4	-	**10****
Blood clot near the surface of the skin	6	7	-	4	-	**9***
Blood clot in the deep veins	-	-	-	-	0	**-**
% Any infection/ abscess	7	9	16	11	16	**16**
Skin abscess or cellulitis	6	8	14	10	14	**12**
Endocarditis	0	-	-	0	-	**-**
Another serious infection (e.g. sepsis, osteomyelitis)	-	0	4	-	-	**5**
% Dirty hit	10	11	5	9	7	**11**
% Any injection related problem	31	32	28	24	29	**35**

Note. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Drug Treatment

In 2025, 46% of the Sydney sample were in any form of drug treatment at the time of interview (46% in 2024), most commonly methadone (29%; 27% in 2024; p=0.707) and buprenorphine depot injection (11%; 11% in 2024; p=0.852) (Table 10). Among those who used methadone or buprenorphine and commented (n=47) in 2025, 70% reported receiving takeaway doses, a significant increase from 2024 (47%; p=0.039).

Eleven per cent of participants reported that they had tried to access treatment in the past six months but were unable to, stable relative to 2024 (10%; p=0.848): two thirds (69%) of participants reported that they had been trying to access treatment for their methamphetamine use, a significant increase relative to 2024 (27%; p=0.032). Few participants (n≤5) reported trying to access treatment for heroin use (60% in 2024; p=0.073). The most common reason reported for being unable to access treatment was that it was 'too hard to get into treatment (e.g., no places available, long waiting list)' (44%; 53% in 2024; p=0.729). One third (35%) of participants reported that they had tried to access a rehabilitation/therapeutic community but were unable to (n≤5 in 2024; p=0.456).

Table 10: Any current drug treatment Sydney, NSW, 2015-2025

	Sydney, NSW										
	2015 N=150	2016 N=150	2017 N=151	2018 N=152	2019 N=151	2020 N=155	2021 N=150	2022 N=152	2023 N=153	2024 N=150	2025 N=157
% Current drug treatment	64	54	44	55	58	56	50	43	39	46	**46**
Methadone	54	41	31	48	42	44	37	30	22	27	**29**
Buprenorphine	-	-	-	0	-	0	-	-	-	-	**-**
Buprenorphine-naloxone	7	8	9	5	8	5	4	-	-	-	**0**
Buprenorphine depot injection	/	/	/	/		-	-	7	12	11	**11**
Drug counselling	0	-	-	-	14	17	11	7	5	9	**6**
Other	-	0	-	0	**-**	5	-	-	-	-	**-**

Note. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/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=102), the median SDS score was six (IQR=3-9), with two thirds (66%) scoring five or above, indicating possible dependence (63% in 2024; p=0.774) (Table 11). Fourteen per cent of participants obtained a score of zero on the opioid SDS (13% in 2024), indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=107), the median SDS score was four (IQR=1-6), with 55% scoring four or above, indicating possible dependence (51% in 2024; p=0.592) (Table 11). One fifth (22%) of participants obtained a score of zero on the methamphetamine SDS (20% in 2024; p=0.624), 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, Sydney, NSW, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Opioid	N=137	N=132	N=129	N=130	N=129	/	N=116	N=107	N=105	N=112	**N=102**
Median total score (IQR)	9 (7-11)	7 (5-10)	8 (4-10)	7 (4-10)	6 (4-9)	/	7 (4-9)	6 (3-9)	6 (2-9)	6 (2-9)	**6 (3-9)**
% score=0	-	5	8	10	5	/	8	7	13	13	**14**
% score ≥ 5	86	82	73	72	64	/	72	62	61	63	**66**
Methamphetamine	N=95	N=116	N=100	N=113	N=113	/	N=110	N=129	N=122	N=117	**N=107**
Median total score (IQR)	5 (2-9)	5 (1-9)	5 (1-8)	2 (0-6)	3 (1-6)	/	3 (0-6)	3 (1-7)	3 (1-7)	4 (1-7)	**4 (1-6)**
% score=0	17	24	19	41	22	/	31	21	22	20	**22**
% score ≥ 4	54	67	58	40	43	/	43	47	48	51	**55**

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. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Bloodborne Virus Testing and Treatment

In 2025, three fifths (60%) of participants reported having had an HCV antibody test in the last year (59% in 2024; p=0.901) and 56% reported receiving a PCR or RNA test (54% in 2024; p=0.724). Few participants (n≤5) reported a current hepatitis C virus (HCV) infection in 2025, stable relative to 2024 (n≤5) (Table 12). Four per cent of the sample reported receiving HCV treatment in the last year, stable from 6% in 2024 (p=0.437), however, few participants (n≤5) were able to comment on whether their treatment was successful (67% in 2024; p=0.604). Few participants (n≤5) 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 (n≤5 in 2024).

Among those who had undergone a HCV RNA test in the last year and commented (n=73), half (51%) the participants reported it took more than 5 days to receive a result (whether positive or negative). One fifth (22%) reported that it took 1-5 days, and 15% reported it took 0-14 hours (to receive a result (whether positive or negative), following the administration of the last HCV RNA test. Twelve per cent reported that they did not receive the result.

The majority (85%) of participants reported undergoing a test for human immunodeficiency virus (HIV) in their lifetime (40% in the past 6 months; 41% in 2024; p=0.900), with 8% reporting that they had received a positive diagnosis for HIV in their lifetime (n≤5 in 2024; p=0.287) (Table 12).

Table 12: HCV and HIV testing and treatment, Sydney, NSW, 2018-2025

	Sydney, NSW							
	2018	2019	2020	2021	2022	2023	2024	2025
	N=152	N=151	N=151	N=150	N=152	N=152	N=150	N=157
Past year Hepatitis C test								
Past year hepatitis C antibody test	N=151 64	N=151 61	N=151 24	N=147 41	N=148 34	N=140 58	N=143 59	**N=146 60**
Past year hepatitis C PCR or RNA test	N=133 44	N=144 47	N=145 39	N=145 43	N=142 40	N=136 56	N=139 54	**N=142 56**
Current hepatitis C status								
Currently have hepatitis C^	N=144 19	N=142 16	N=150 12	N=143 7	N=141 3	N=133 12	N=129 -	**N=138 -**
Past year treatment for hepatitis C								
Received treatment in past year	N=149 24	N=150 27	N=151 7	N=147 14	N=146 12	N=116 14	N=139 6	**N=141 4**
Most recent treatment was successful (among those who had received treatment in past year)	N=35 63	N=39 72	N=10 90	N=20 75	N=18 83	N=19 58	N=9 67	**N=6 83**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	N=10 80	N=6 -	**- -**
HIV test				N=136	N=118	N=144	N=133	**N=144**
HIV test in past 6 months	/	/	/	40	34	38	41	**40**
HIV test more than 6 months ago	/	/	/	52	48	44	48	**44**
HIV status				N=136	N=118	N=144	N=118	**N=121**
Lifetime HIV positive diagnosis	/	/	/	7	-	6	-	**8**

Note. ^The denominator 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. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Sexual Health Behaviours

In 2025, almost half (47%) of the Sydney sample reported some form of sexual activity in the past four weeks, stable relative to 2024 (41%; p=0.320). 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=63), participants reported a median of one partner (IQR=1-2; median of 1 partner in 2024; IQR=1-2; p=0.662). Ten per cent reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (12% in 2024; p=0.767) (Table 13).

Of those who commented in 2025 (n=143), one quarter (27%) reported having a sexual health check-up in the six months prior to interview (31% in 2024; p=0.501), whilst almost two thirds (64%) had done so in their lifetime (65% in 2024). Few participants (n≤5) reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2025, stable relative to 2024 (n≤5 in 2024; p=0.741) and 14% had received a positive diagnosis in their lifetime (15% in 2024; p=0.860).

Information about HIV testing provided in Table 12.

Table 13: Sexual health behaviours, Sydney, NSW, 2022-2025

	2022	2023	2024	2025
Of those who responded[#]:	N=137	N=143	N=133	**N=133**
% Any sexual activity in the past four weeks	42	60	41	**47**
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	n=131	**n=63**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	12	**10**
Of those who responded[#]:	N=137	N=141	N=131	**N=143**
% Had a sexual health check in the last six months	20	27	31	**27**
% Had a sexual health check in their lifetime	53	63	65	**64**
Of those who responded[#]:	N=137	N=141	N=131	**N=143**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	9	21	15	**14**

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

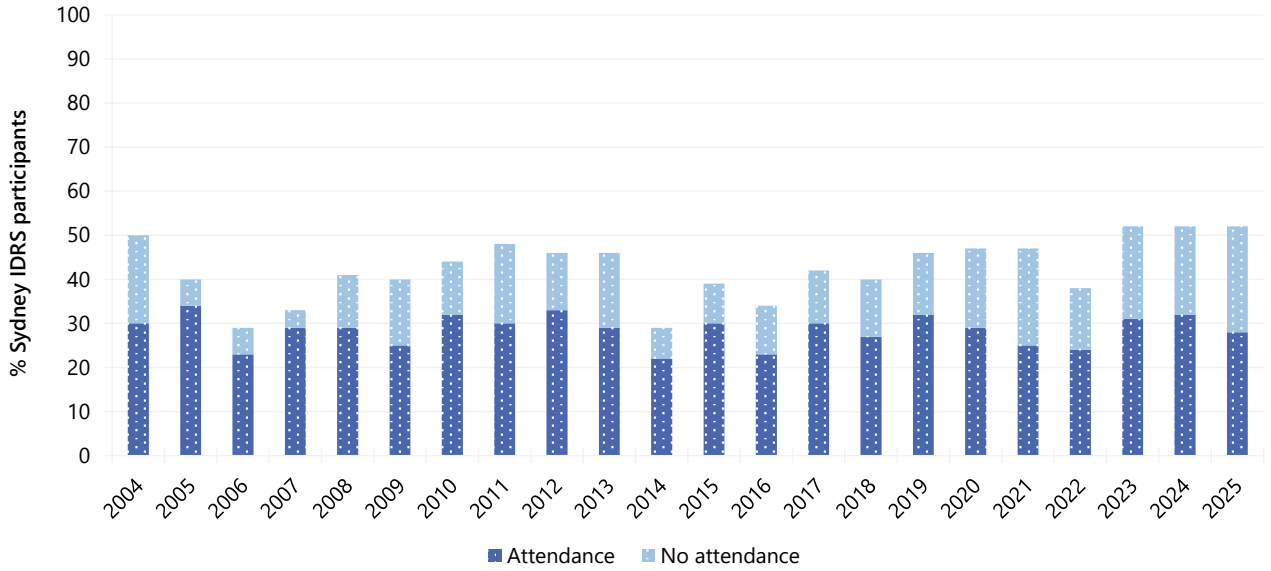
Mental Health and Psychological Distress (K10)

Mental Health

In 2025, half (52%) of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2024 (52%) (Figure 39). Among those who had experienced a mental health problem, the most commonly reported problems were depression (70%; 64% in 2024; p=0.900), followed by anxiety (59%; 59% in 2024; p=0.797) and post-traumatic stress disorder (PTSD) (44%; 33% in 2024; p=0.382).

Twenty-eight per cent of the total sample (53% of those who self-reported a mental health problem) had seen a mental health professional during the last six months, stable from 2024 (32%; p=0.518). Among those who had attended a mental health professional in 2025 (n=41), almost two thirds (64%) had been prescribed medication for their mental health problem in the preceding six months (61% in 2024; p=0.817).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2004-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Psychological Distress (K10)

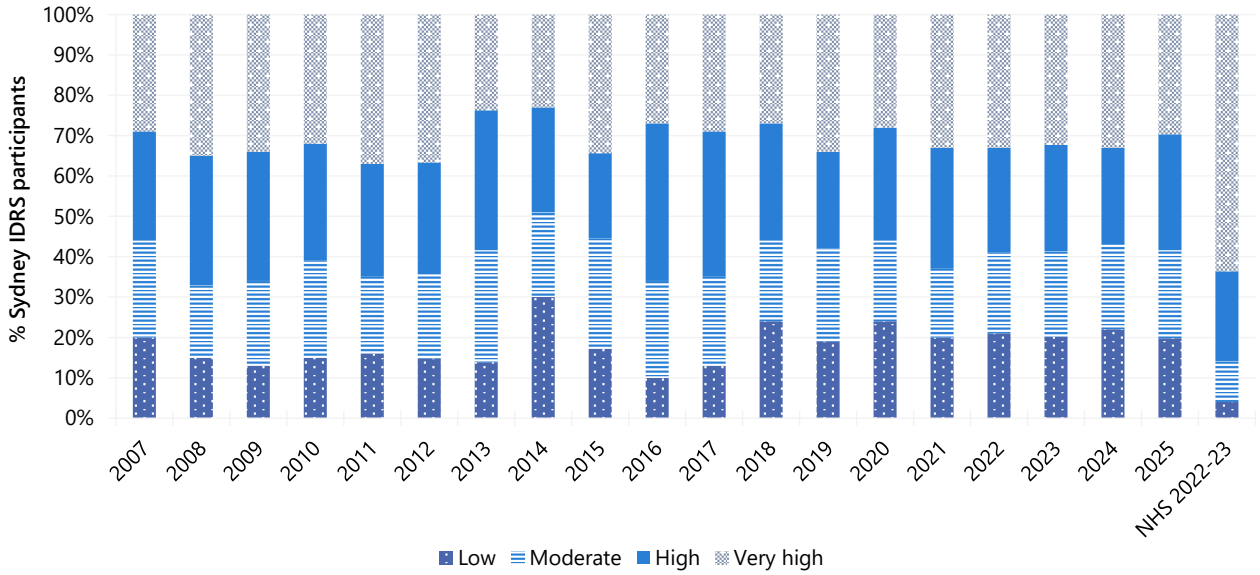
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

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

The per cent of participants scoring in each of the four K10 categories remained stable between 2024 and 2025 (p=0.797) (Figure 40), with almost one third (30%) of IDRS participants having a score of 30 or more (33% in 2024).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 40).

Figure 40: K10 psychological distress scores, Sydney, NSW, 2007-2025 and among the general population 2022-23



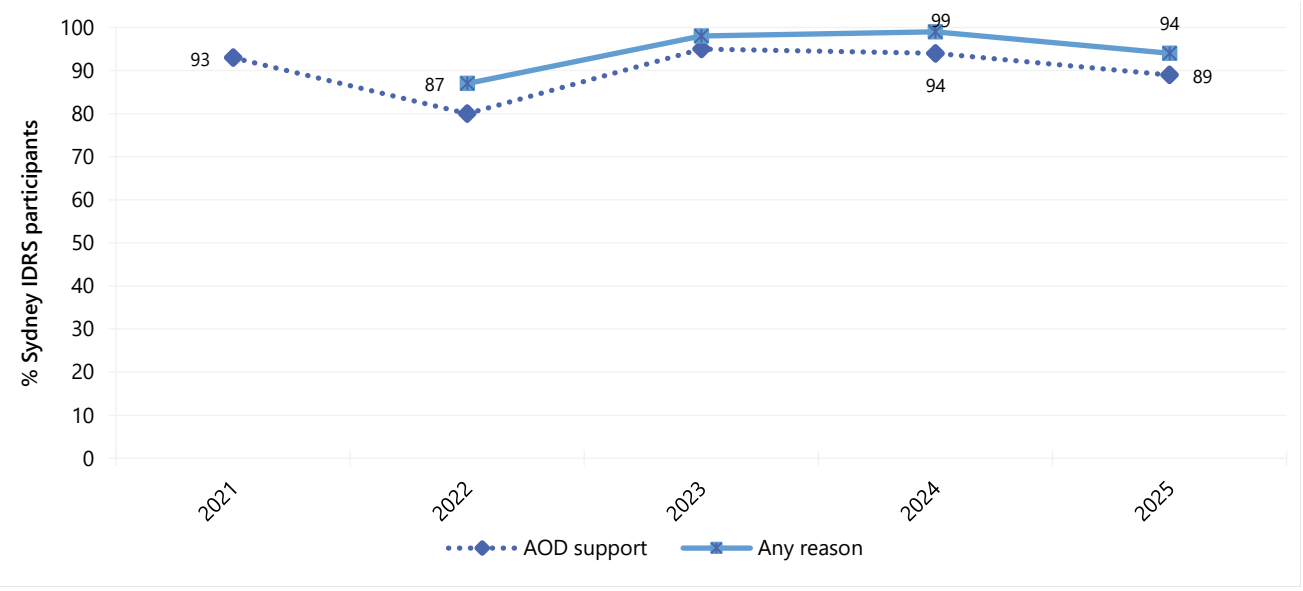
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Health Service Access

Eighty-nine per cent of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025, stable relative to 2024 (94%; p=0.159) (Figure 41). The most common service accessed by participants for AOD support in 2025 was a NSP (83%; 83% in 2024; p=0.876). Significant increases were observed in participants accessing a general practitioner (GP) (46%; 30% in 2024; p=0.003) and a pharmacy (35%; 21% in 2024; p=0.011) for AOD reasons in 2025 (Table 14)

Similarly, the majority (94%) of participants reported accessing any health service for any reason in the six months preceding interview in 2025, stable relative to 2024 (99%; p=0.061) (Figure 41). The most common services accessed by participants for any reason in 2025 were a NSP (85%; 87% in 2024; p=0.509), a GP (70%; 60% in 2024; p=0.077) and a pharmacy (50%; 46% in 2024; p=0.501). In 2025, 6% of participants reported accessing a psychologist in the six months preceding interview, a significant decrease from 15% in 2024 (p=0.027). Similarly, 7% reported accessing a harm reduction service (excluding NSPs and peer-based services), a decrease from 18% in 2024 (p=0.006) (Table 14).

Figure 41: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, Sydney, NSW, 2021-2025



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). Questions regarding health service access for any reason were first asked in 2018. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Table 14: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Sydney, NSW, 2022-2025

	AOD support				Any reason			
	2022	2023	2024	2025	2022	2023	2024	2025
% accessing health services	**N=152 80**	**N=153 95**	**N=150 94**	**N=157 89**	**N=152 87**	**N=153 98**	**N=150 99**	**N=157 94**
GP	25	31	30	**46****	49	64	60	**70**
In-person	/	/	/	**45**	/	/	/	**68**
Telehealth	/	/	/	**8**	/	/	/	**9**
Emergency department	16	20	13	**16**	26	34	27	**27**
Hospital admission (inpatient)	9	11	11	**13**	20	22	23	**22**
Medical tent (e.g., at a festival)	-	0	-	**0**	-	-	-	**-**
Drug and Alcohol counsellor	16	20	17	**18**	16	22	20	**20**
Hospital as an outpatient	7	7	11	**8**	9	12	16	**10**
Specialist doctor (not including a psychiatrist)	5	5	-	**-**	7	10	7	**4**
Dentist	7	-	6	**7**	19	11	12	**17**
Ambulance attendance	7	12	8	**8**	11	15	13	**18**
Pharmacy	/	/	21	**35**	/	/	46	**50**
Other health professional (e.g., physiotherapist)	-	-	-	**-**	7	8	5	**6**
Psychiatrist	9	6	7	**-**	13	14	12	**8**
Psychologist	8	5	9	**5**	14	8	15	**6***
NSP	66	86	83	**83**	66	89	87	**85**
Peer based harm reduction service	-	-	-	**-**	4	4	-	**-**
Other harm reduction service	-	-	16	**6***	-	-	18	**7****

Note. Statistical significance for 2024 versus 2025 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/figure notes.

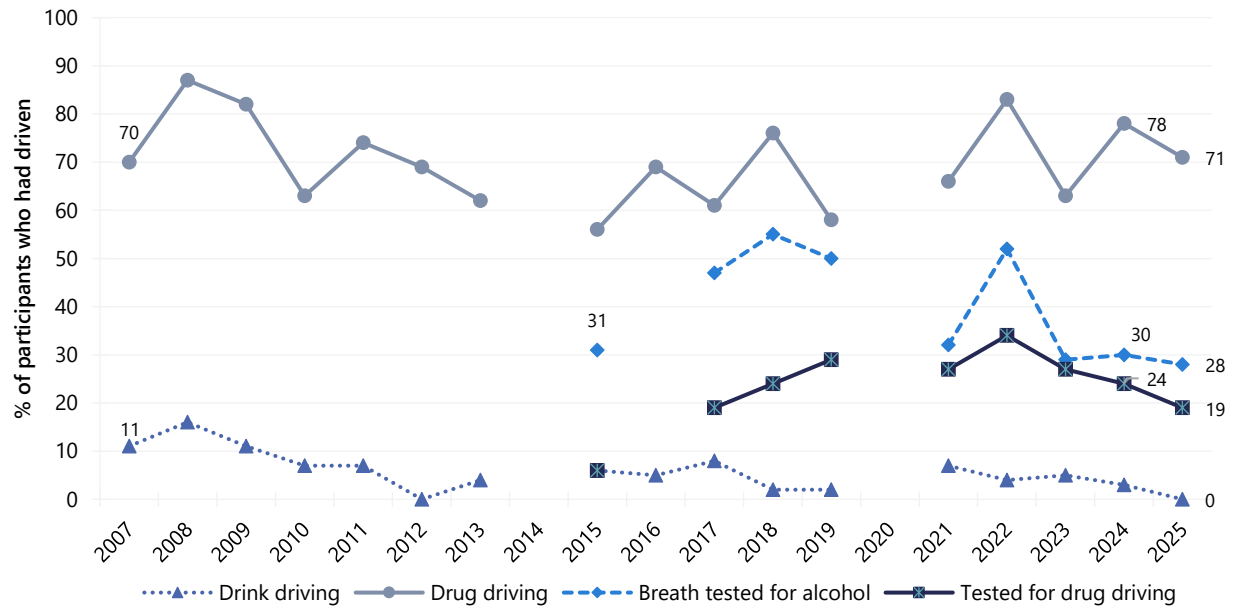
Driving

One quarter (28%) of the Sydney sample reported driving a car, motorcycle or other vehicle in the six months preceding interview (23% in 2024; p=0.353). Of those who had driven within the last six months and commented (n=43), no participants reported driving while over the perceived legal limit of alcohol (n≤5 in 2024; p=0.427), although 71% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2024 (78%; p=0.594) (Figure 42).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=30), participants most commonly reported using heroin (60%) prior to driving, followed by methamphetamine crystal (50%) and cannabis (27%).

Among those who had driven in the last six months (n=43), almost one fifth (19%) reported that they had been tested for drug driving by the police roadside drug testing service (24% in 2024; p=0.576), and 28% reported being breath tested for alcohol by the police roadside testing service in the past six months (30% in 2024) (Figure 42). Among those who had had been tested for drug driving by the police roadside drug testing service (n=8), few participants (n≤5) reported that a drug/s had been detected (not asked in 2024).

Figure 42: 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, Sydney, NSW, 2007-2025



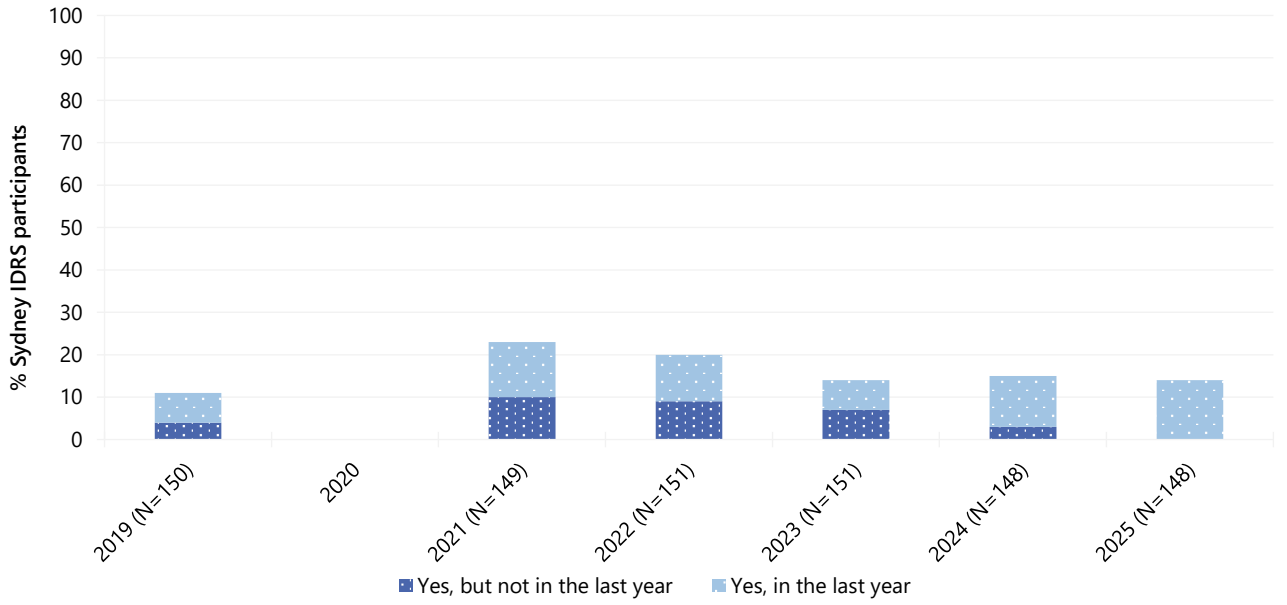
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/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 2025, the only government-sanctioned drug checking services that had operated in Australia were in the ACT, QLD, VIC and NSW. In Canberra, ACT, drug checking was provided at the Groovin the Moo festival in 2018 and 2019, and a fixed-site dug checking service (CanTEST) has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened in Brisbane on 20 April 20, 2024, and a second service opened in the Gold Coast in July 2024. Drug checking services were also provided at 3 festivals in 2024 - Rabbits Eat Lettuce and Wildlands (by Pill Testing Australia) and Earth Frequency (by CheQpoint) - and as part of the 2024 Qld Gov Schoolies Response (CheQpoint). However, all government funded services ceased in April 2025. In Victoria, drug checking was provided at 'up to' 10 festivals throughout 2024-2025 during an 18-month implementation trial and in March 2025, NSW commenced a 12-month trial of mobile drug checking at 'up to' 12 festivals.

In 2025, 14% of participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year (12% in 2024; p=0.726) (Figure 43). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2025 and responded (n=22), 64% reported using a personal testing kit – most commonly colorimetric or reagent test kits (50%), followed by testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) (27%). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=22), 59% reported that they had submitted drugs for testing at a drug checking service – most commonly at a fixed-site face-to-face testing service (e.g., a drop-in service in a central location) (59%), with no participants reporting submitting samples at an event based face-to-face drug checking service (e.g., a festival pill-testing service) or via a postal/online testing service (e.g., Energy Control, Ecstasy Data).

Figure 43: Lifetime and past year engagement in drug checking, Sydney, NSW 2019-2025



Note. Questions on drug checking commenced in 2019. In 2025, survey questions were separated into 'personal testing kits' and 'drug checking services' and focused on past year use only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports.

Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

In 2025, almost two fifths (39%) of the Sydney sample reported engaging in 'any' crime in the past month (47% in 2024; p=0.227) (Figure 44). Property crime was the most common self-reported crime in the month preceding interview (25%; 26% in 2024) followed by selling drugs for cash profit (24%; 29% in 2024; p=0.342). Few participants (n≤5) reported engaging in fraud or in violent crime in 2025 (4% in 2024; p=0.335; and 5% in 2024; p=0.572, respectively) (Figure 44).

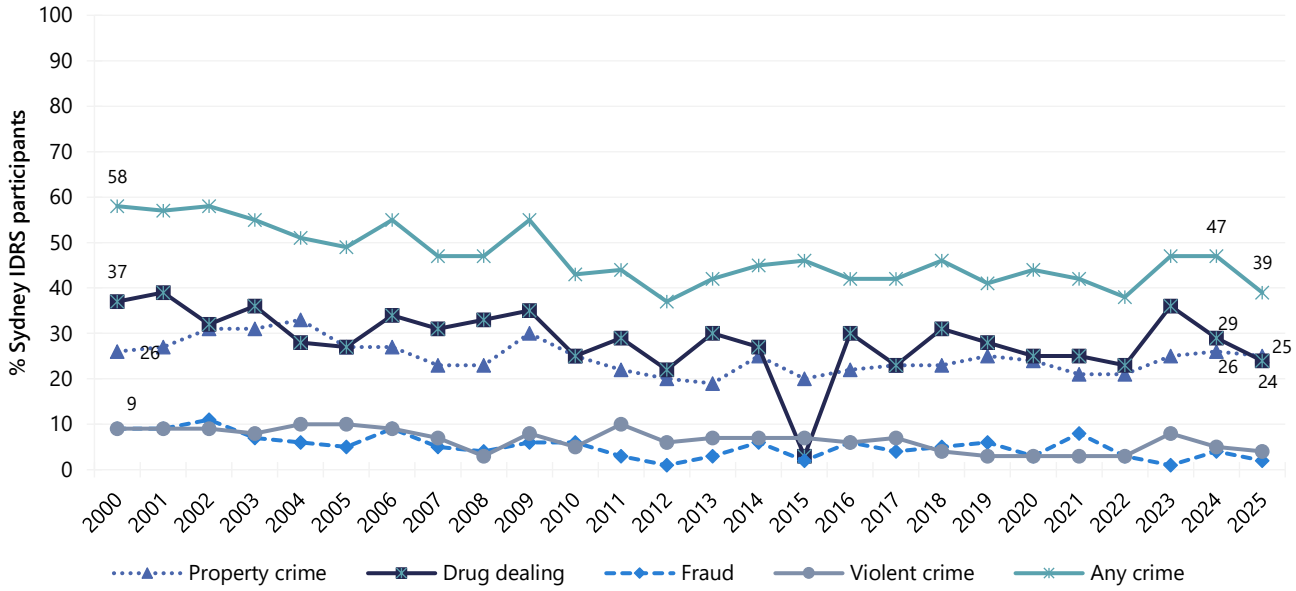
Fourteen per cent of participants reported being the victim of crime involving violence (e.g., assault) in the month preceding interview, stable relative to 2024 (14%) (Figure 45).

In 2025, one fifth (21%) of the sample had been arrested in the past year, stable relative to 2024 (25% ; p=0.474). Of those who had been arrested and commented (n=27), the most common reason for arrest in 2025 was use/possession of drugs (33%). In 2025, 14% of the sample had been convicted of a drug-related offence in the past year (13% in 2024; p=0.858), and 13% had been sentenced to a community corrections order (17% in 2024; p=0.398).

There was a significant decrease in participants reporting experiencing a drug-related encounter without arrest in 2025 (45%; 61% in 2024; p=0.010) (Figure 46). This predominantly comprised being stopped and searched (83%; 81% in 2024; p=0.829), followed by being stopped for questioning (70%; 52% in 2024; p=0.035).

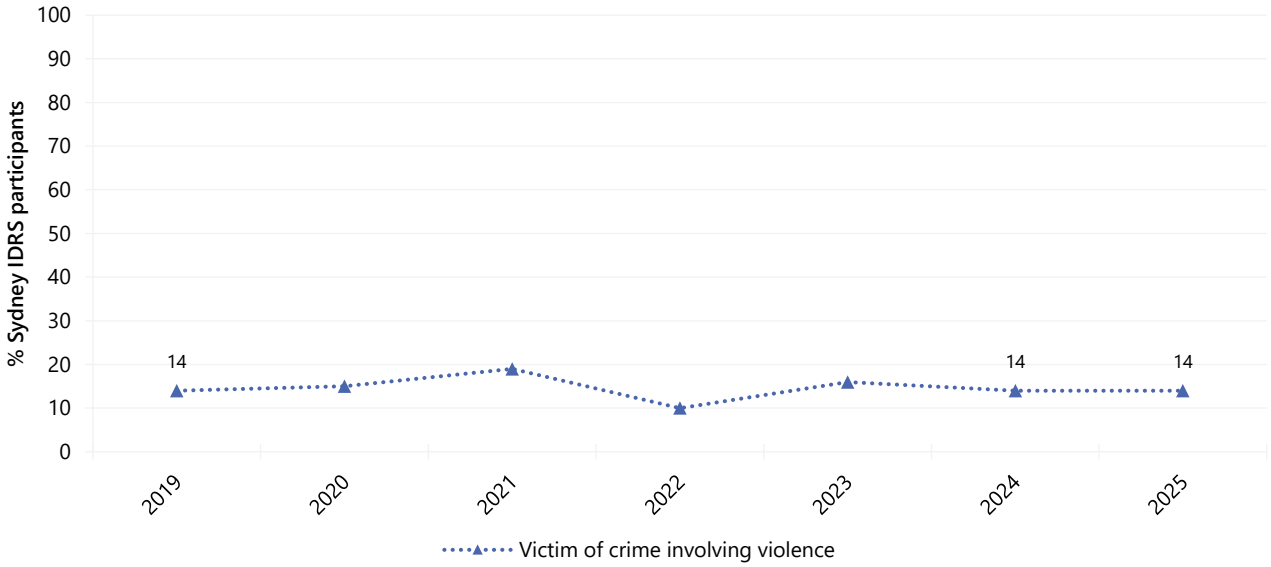
Almost three quarters (73%) of participants reported a lifetime prison history in 2025, stable from 64% in 2024 (p=0.135) (Figure 46).

Figure 44: Self-reported criminal activity in the past month, Sydney, NSW, 2000-2025



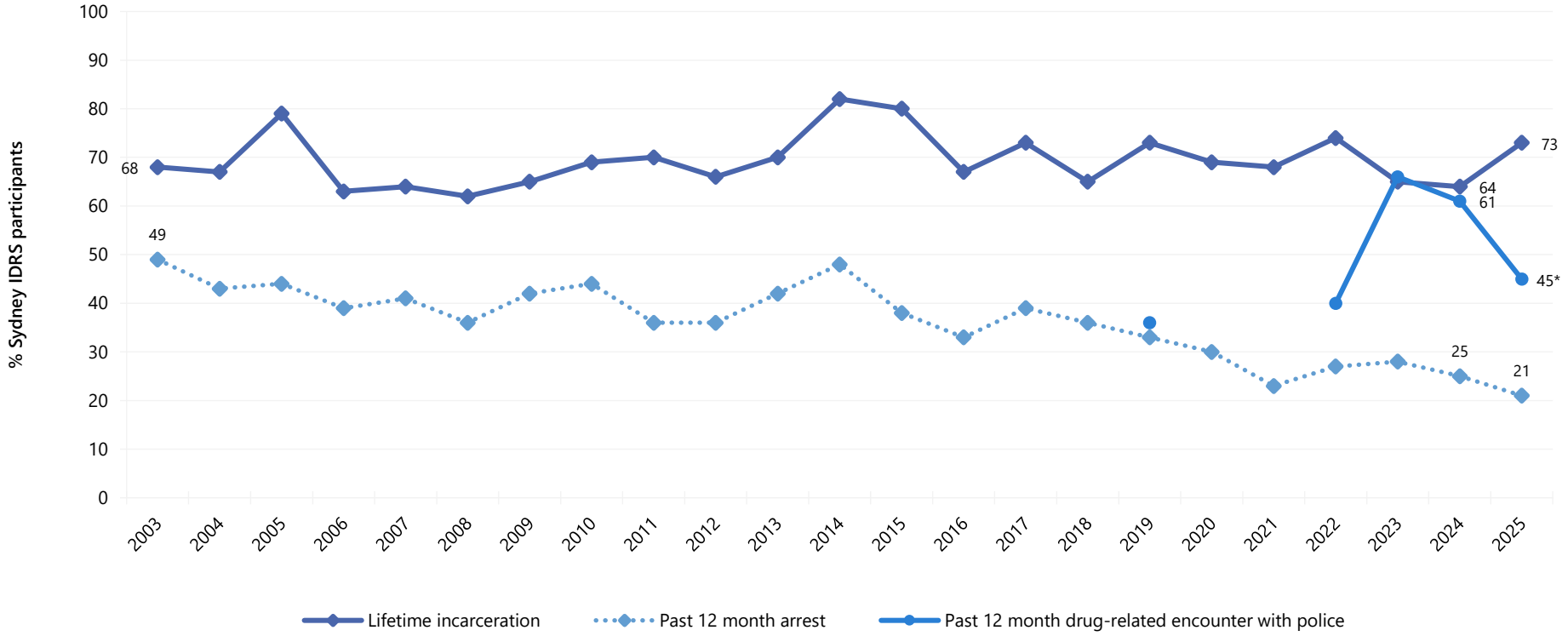
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 45: Victim of crime involving violence in the past month, Sydney, NSW 2019-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Figure 46: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to tables/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 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (81%; 86% in 2024; p=0.219). Almost two thirds (63%) of participants reported that they had arranged the purchase of illicit or non-prescribed drugs by phone call, a significant increase from 2024 (48%; p=0.010) 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 picked up in person.

Table 15: Purchasing approaches in the past 12 months, Sydney, NSW, 2022-2025

	2022	2023	2024	2025
% Purchasing approaches in the last 12 months^#	N=144	N=150	N=147	**N=155**
Face-to-face	71	80	86	**81**
Surface web	-	0	0	**-**
Darknet market	0	-	-	**-**
Social networking or messaging applications`	6	8	12	**8**
Text messaging	28	32	29	**34**
Phone call	63	54	48	**63****
Grew/made my own	/	/	-	**-**
Other	/	/	0	**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. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.