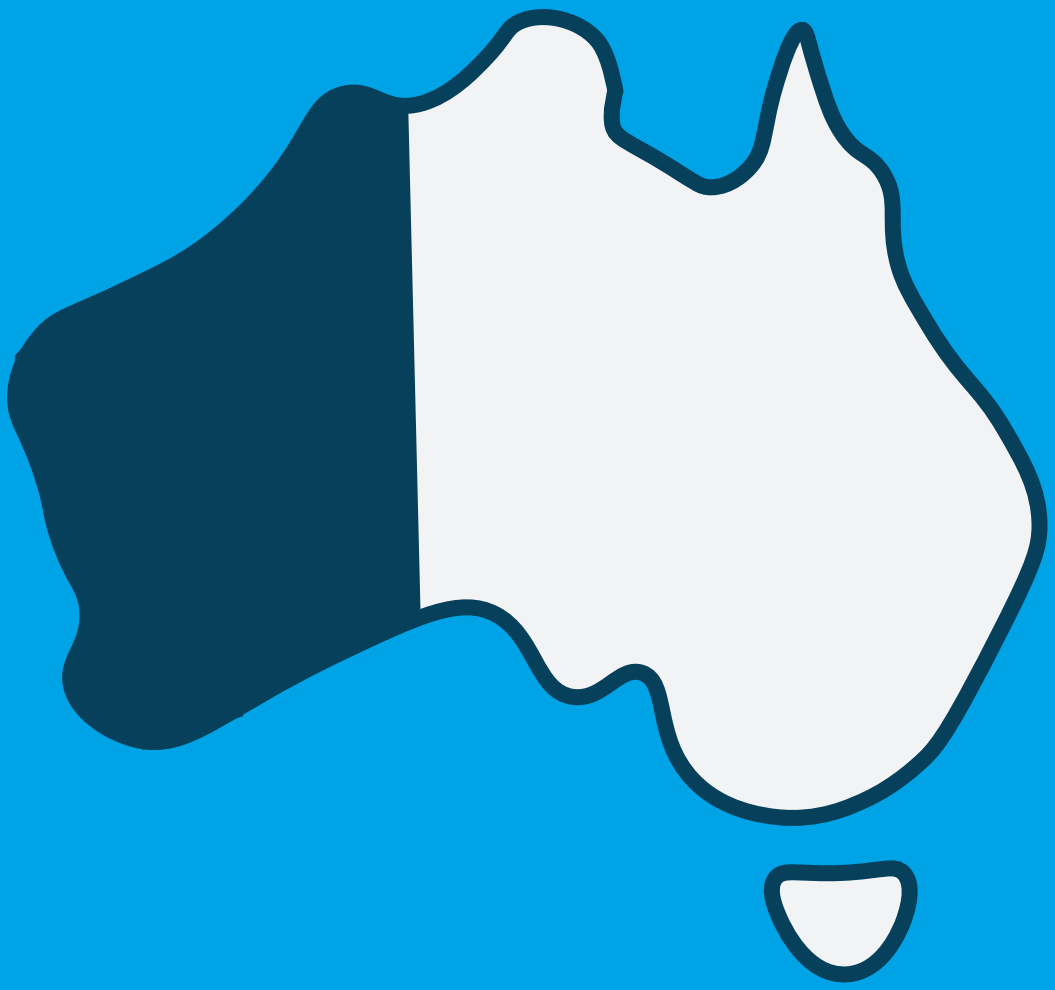
IDRS



WESTERN AUSTRALIAN DRUG TRENDS 2025

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

WESTERN AUSTRALIAN DRUG TRENDS 2025: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISSN 2981-9636

Suggested citation: Curran J., & Lenton S. Western Australian 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/31832

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

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: drugtrends@unsw.edu.au or jack.curran@curtin.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, Dr 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 Jeanie Phillips, and Maria Te Rito for conducting the Western Australia 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), and Peer Based Harm Reduction WA for their contribution to the IDRS.

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

Abbreviations

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

RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

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 Perth, Western Australia (WA). Participants were recruited via advertisements in needle and syringe programs, pharmacies providing Opioid Agonist Therapy (OAT), 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 between June and July 2025. Interviews from 2020 were delivered face-to-face as well as via telephone, while in 2022, they were only conducted via telephone to reduce the risk of COVID-19 transmission. All interviews prior to 2020 were conducted face-to-face. From 2023 they were again delivered face-to-face as well as via telephone. This methodological change should be factored into all comparisons of data from the 2020-2025 samples relative to previous years.**

Sample Characteristics

The 2025 Perth sample (N=100) was broadly consistent with 2024; 61% male (69% in 2024), median age 48 years (46 years in 2024). Unemployment remained high (88%; 82% in 2024) and most received government benefits in the prior month (95%; 87% in 2024). Median weekly income was $475 in 2025 ($450 in 2024). There was a significant change in accommodation type in 2025 relative to 2024 (p=0.042), with fewer reported living in private house/flat (49%; 58% in 2024) and more in shelters/refuge (20%; 7% in 2024). Participants typically endorsed heroin as their drug of choice in 2025 (55%; 66% in 2024) followed by methamphetamine (37%; 24% in 2024). Heroin was the drug most injected in the last month (51%; 56% in 2024), followed by methamphetamine (45%; 39% in 2024).

Heroin

The percentage of respondents who reported recent use of heroin remained stable between 2025 (65%) and 2024 (70%). Perceived purity and availability of heroin also remained stable, however, there was a significant decrease in the median price of one point of heroin from $100 in 2024 to $90 in 2025 ($p$<0.001).

Methamphetamine

There was a significant increase in the median typical amount of powder used per day in 2025, participants reported using 0.20 grams compared to 0.10 grams in 2024 (p=0.042). The perceived purity and availability of methamphetamine crystal and powder remained stable between 2025 and 2024. However, the reported median price of methamphetamine crystal decreased from $500 a gram in 2024 to $300 a gram in 2025 ($p$<0.001).

Cocaine

In 2025, recent use of cocaine remained stable at 13% (9% in 2024), and was used on a median of three days (2 days in 2024). In 2025, the median typical daily use was one gram, a significant increase from 0.10 grams in 2024 (p=0.026). The perceived purity significantly change in 2025 relative to 2024, with 78% of participants responding 'low' (0% in 2024; p=0.003).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable, with 66% of participants reporting recent use in 2025 (60% in 2024). In 2025, 27% of participants reported daily use, a significant decrease from 45% in 2024 (p=0.045). Hydroponic cannabis remained the form most commonly used (89%; 88% in 2024), followed

by bush cannabis (42%; 32% in 2024). Perceived purity, availability, and price of hydroponic and bush cannabis remained stable between 2025 and 2024.

Pharmaceutical Opioids

No significant differences in terms of non-prescribed recent use, nor frequency of use, were observed for methadone, buprenorphine-naloxone, morphine, codeine, or tapentadol between 2025 and 2024. There was a significant decrease in any (prescribed or non-prescribed) recent use of buprenorphine tablets in 2025 (0%) compared to 2024 (8%; p=0.007). Additionally, there was a significant decrease in the participants reporting any (non-prescribed or prescribed) recent use of tramadol in 2025 (n≤5) compared to 2024 (21%; p=0.001).

Other Drugs

There was a significant increase in the recent use of any NPS in 2025 (6%) relative to 2024 (0%; p=0.013). Alcohol use continued trending downward over the course of monitoring, with 53% reporting recent use in 2025 compared to 80% in 2000. While tobacco use has remained consistently high, but stable over the period of monitoring, with 89% reporting recent use in 2025 (81% in 2024). However, there was a significant increase in the recent use of illicit tobacco in 2025 (61%; 23% in 2024; p<0.001). Use of illicit e-cigarettes remained stable in 2025, with 30% reporting recent use (34% in 2024; p=0.548). Daily use remained consistent in 2025 (11%; 37% in 2024; p=0.614). Frequency of GHB/GBL/1,4-BD use remained stable in 2025 (7 days; 6 days in 2024). However, there was a significant increase in participants reporting recent use of GHB/GBL/1,4-BD in 2025 (27%) relative to 2024 (11%; p=0.005).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2025, 68% of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Fifty-eight per cent of the sample had binged on one or more drugs for 48 hours or more in the six months preceding interview (47% in 2024).

Injecting behaviours and equipment access

In 2025, few participants (n≤5) reported receptive sharing of a needle or syringe (8% in 2024) and 7% reported distributive sharing in the past month (15% in 2024). Twenty-seven per cent of the sample reported that they had re-used their own needles in the past month, a significant decrease from 44% in 2024 (p=0.021). Twenty per cent of the 2025 sample reported sharing other equipment (including swabs, water, tourniquets, etc.) (16% in 2024). There was a significant decrease in the number of participants reporting using spoons/mixing containers when injecting in the month prior to the interview (52%; 73% in 2024; p=0.003). Few participants (n≤5) reported reusing any filters in the month prior to the interview, a significant decrease from 2024 (11%; p=0.049).

Participant responses to the number of times they injected in the past month remained stable in 2025 (20 times) compared to 2024 (30 times).

Overdose, naloxone and drug checking

Twenty-two per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug (19% in 2024), with 14% reporting a past year non-fatal opioid overdose (18% in 2024). In 2025, 8% of participants reported a non-fatal stimulant overdose in the 12 months preceding the interview, a significant increase from 2024 (n≤5; p=0.018).

The number of respondents who reported having accessed naloxone in the past year remained stable (59%; 58% in 2024). The number of respondents who reported receiving training in naloxone administration in the last year remained stable (28%; 21% in 2024). The number of participants who reported that they had ever resuscitated someone using naloxone remained stable (51%; 41% in 2024).

In 2025, 10% 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 (7% in 2024).

Dependence, treatment and Hepatitis C

Fifty-eight percent of participants scored five or above on the Severity of Dependence Scale (SDS; 70% in 2024), indicating possible dependence relating to opioids, and 49% scored four or above (41% in 2024), indicating possible dependence relating to methamphetamine.

Two fifths (42%) of the sample reported being in any drug treatment for their substance use (43% in 2024), with methadone continuing to be the most common treatment received in 2025 (21%; 18% in 2024). Nine per cent of participants reported being unable to access treatment in the past year (17% in 2024)

In 2025, two fifths (41%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (52% in 2024), while 8% had received a PCR or RNA test, a significant decrease from 38% in 2024 ($p<0.001$).

Sexual activity, mental health and health service access

Fifty-six per cent of the sample reported engaging in sexual activity in the past month, a significant increase relative to 2024 (40%; $p=0.037$).

Self-reported mental health problems in the past six months remained stable in 2025 (51%; 47% in 2024). The two most commonly reported problems were depression (70%; 62% in 2024) and anxiety (54%; 64% in 2024).

The K10 score showed significant change from 2024 to 2025 ($p=0.028$), with 23% of participants scoring 'low' (12% in 2024) and 8% scoring moderate (21% in 2024).

There was a significant increase in the number of participants that reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025 (94%; 81% in 2024; $p=0.007$). Primary services reported by participants for AOD support in 2025 were pharmacies (75%; 38% in 2024; $p<0.001$) followed by NSPs (69%; 63% in 2024)

Driving, contact with police and modes of purchasing illicit drugs

Seventy-one per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (81% in 2024) and 11% of participants reported driving while over the perceived legal limit of alcohol ($n\leq5$ in 2024).

Fifty-three per cent of participants reported engaging in 'any' crime in the past month in 2025 (47% in 2024), with 22% arrested in the past year (20% in 2024), and 51% reporting a lifetime prison history (48% in 2024). Almost one quarter (23%) of participants reported being a victim of a violent crime in the past month in 2025, a significant increase relative to 2024 (6%; $p<0.001$)

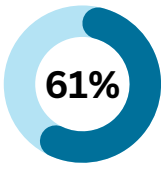
In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding the interview was face-to-face (73%; 72% in 2024).

2025 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

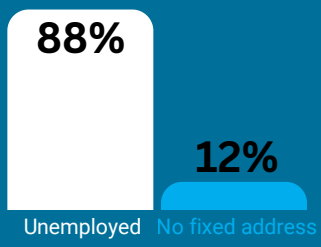
Between June-July, 100 participants, recruited from Perth, WA were interviewed.

48 years



Male

Median age and per cent who identified as male.



88% were unemployed and 12% had no fixed address.

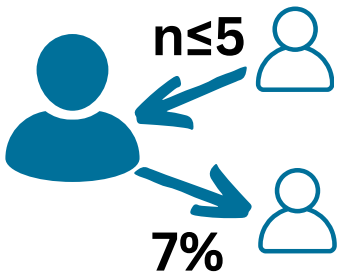
Injected heroin

Injected methamphetamine

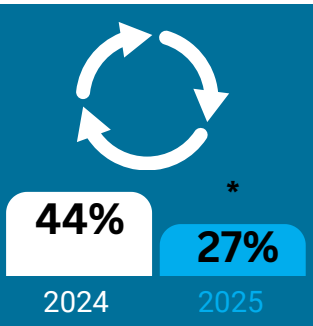
Injected other illicit or non-prescribed drugs

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

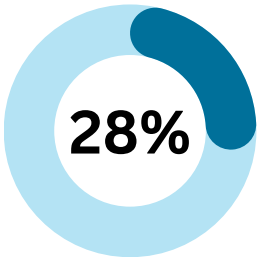
INJECTING-RELATED RISKS AND HARMS



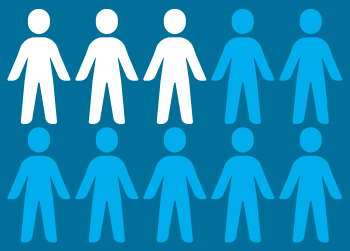
Few participants (n≤5) reported receptive sharing in the past month, and 7% reported distributive sharing.



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



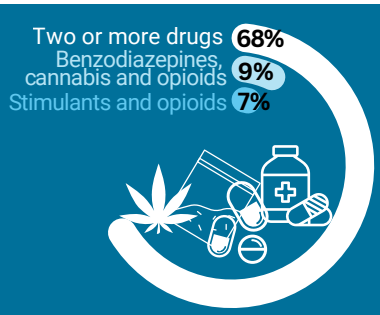
Percentage who reported injecting someone else in the past month.



35% of participants reported having an injection-related health issue in the past month, stable from 2024 (31%).

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

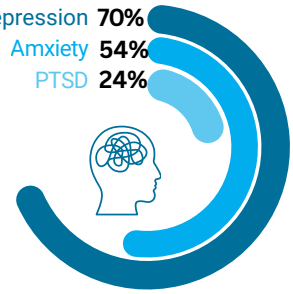
OTHER HARMS



68% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was benzodiazepines, cannabis and opioids (9%).

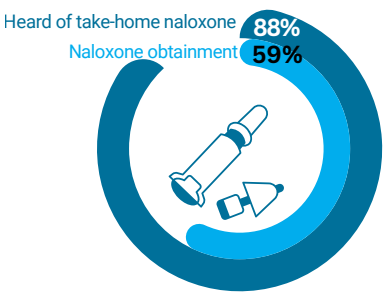
Past year non-fatal overdose remained stable in 2025, relative to 2024.

51% of participants self-reported a mental health problem in the 6 months preceding interview.

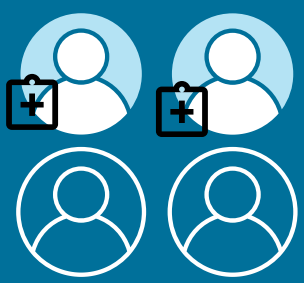


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

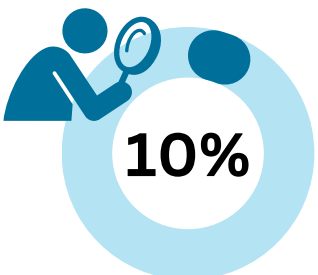
NALOXONE AND OTHER HARM REDUCTION STRATEGIES



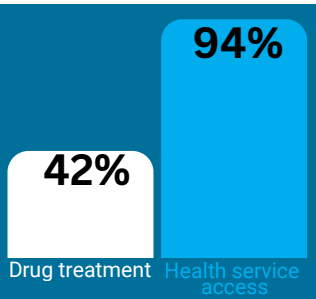
Knowledge of take-home naloxone and past year naloxone obtainment remained stable in 2025.



51% reported ever using naloxone to resuscitate someone who had overdosed, with 20% 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.

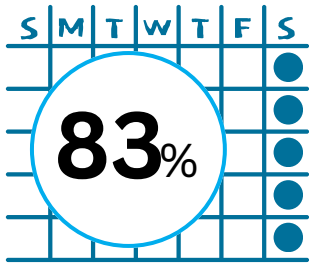


Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

IDRS Illicit Drug Reporting System

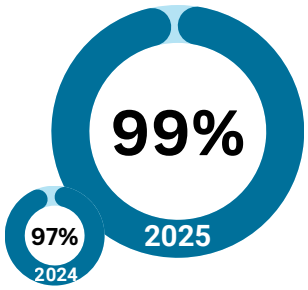
Past 6 month use of heroin remained stable in 2025 (65%) relative to 2024 (70%).



Of those who had recently consumed heroin, 83% reported weekly or more frequent use, stable from 2024 (88%).

$100 2024 $90*** 2025

The median reported price for 1 point of heroin significantly decreased from $100 in 2024 to $90 in 2025.

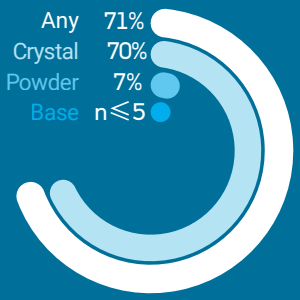


Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

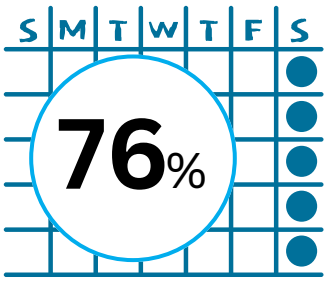
*p<0.050; **p<0.010; ***p<0.001

METHAMPHETAMINE

FORM of methamphetamine



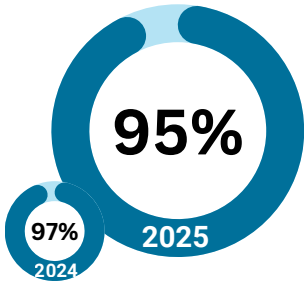
Past 6 month use remained stable in 2025 relative to 2024.



Of those who had recently used any form of methamphetamine, 76% reported weekly or more frequent use, stable from 2024 (73%).

$50 2024 $50** 2025

The median reported price for 1 point of methamphetamine crystal significantly changed in 2025 relative to 2024.

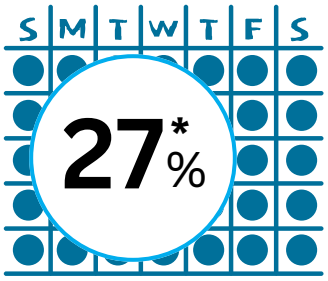


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

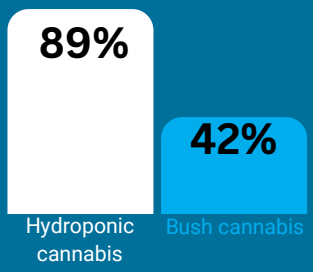
*p<0.050; **p<0.010; ***p<0.001

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

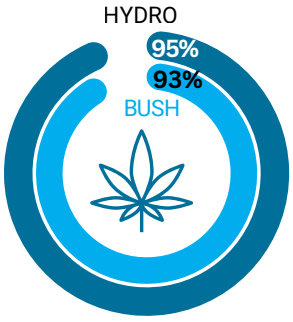
Past 6 month use remained stable in 2025 (66%) relative to 2024 (60%).



Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 27% reported daily use, a decrease from 2024 (45%).



The most common forms of cannabis remained stable in 2025 relative to 2024.

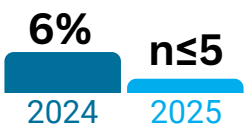


Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain.

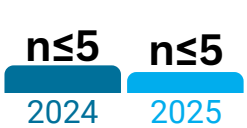
*p<0.050; **p<0.010; ***p<0.001

PAST 6 MONTH USE OF OTHER DRUGS

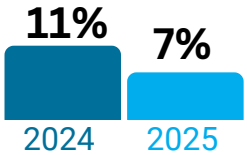
Non-prescribed morphine



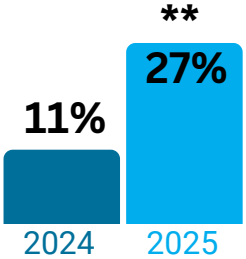
Non-prescribed fentanyl



Non-prescribed oxycodone



GHB/GBL/1,4-BD



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

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP), and peer referral) and needed to: i) be at least 17 years of age (16 years old in Perth, Western Australia (WA) (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks) and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2025: 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 old in Perth, Western Australia (WA)) to 18 years old.

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

A total of 865 participants were recruited across capital cities nationally (26 May-15 July 2025), with 100 participants recruited from Perth, WA between 3 June-10 July 2025. In 2025, 57 of the Perth interviews were conducted face-to-face and the remainder were via telephone.

In 2025, 19% of the Perth sample reported participating in the 2024 IDRS survey, while in 2024, 21% of participants reported participating in the 2023 survey (p=0.851).

In 2025, most participants were recruited via word of mouth (48%; 30% in 2024), followed by NSPs (39%; 48% in 2024), and via their treatment provider (9%; 14% in 2024).

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 the 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 Perth, Western Australia, 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 Perth, WA (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

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

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

1

Sample Characteristics

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

Gender identity remained stable between 2025 and 2024 (p=0.248), with three fifths (61%) identifying as male (69% in 2024). The median age of the sample was 48 years (IQR=39-56; 46 years in 2024; IQR=39-53; p=0.890) (Table 2). In 2025, the current employment status remained stable relative to 2024 (p=0.098), with most participants being unemployed at the time of interview (88%; 82% in 2024). Fifty-five per cent of participants reported that they had received a post-school qualification(s) (59% in 2024; p=0.570). Sexual identities reported in 2025 remained consistent with 2024 (p=0.148), with most participants reporting being heterosexual (84%; 90% in 2024). Most participants (95%) reported receiving a government pension, allowance or benefit in the past month, stable from 87% in 2024 (p=0.082). The median weekly income remained stable, with participants reporting a median of $475 (IQR=400-591) in 2025 ($450 in 2024; IQR=354-600; p=0.153).

Accommodation type differed significantly between 2025 and 2024 (p=0.042). In 2025, fewer participants reported living in a private house or flat (49%; 58% in 2024), while a higher proportion of participants reported residing in a shelter or refuge (20%; 7% in 2024). The proportion reporting no fixed address decreased from 19% in 2024 to 12% in 2025. The proportion living in a boarding house or hostel increased slightly (7%; 4% in 2024), while those living in a parents' or family home remained consistent at 12%.

Drug of choice remained stable between 2025 and 2024 (p=0.187), with respondents typically reporting that heroin was their drug of choice (55%; 64% in 2024), followed by methamphetamine (37%; 24% in 2024) (Figure 1). The drug injected most often in the past month also remained stable in 2025 relative to 2024 (p=0.834), with participants typically nominating heroin as the drug injected most often (51%; 56% in 2024), followed by methamphetamine (45%; 39% in 2024) (Figure 2).

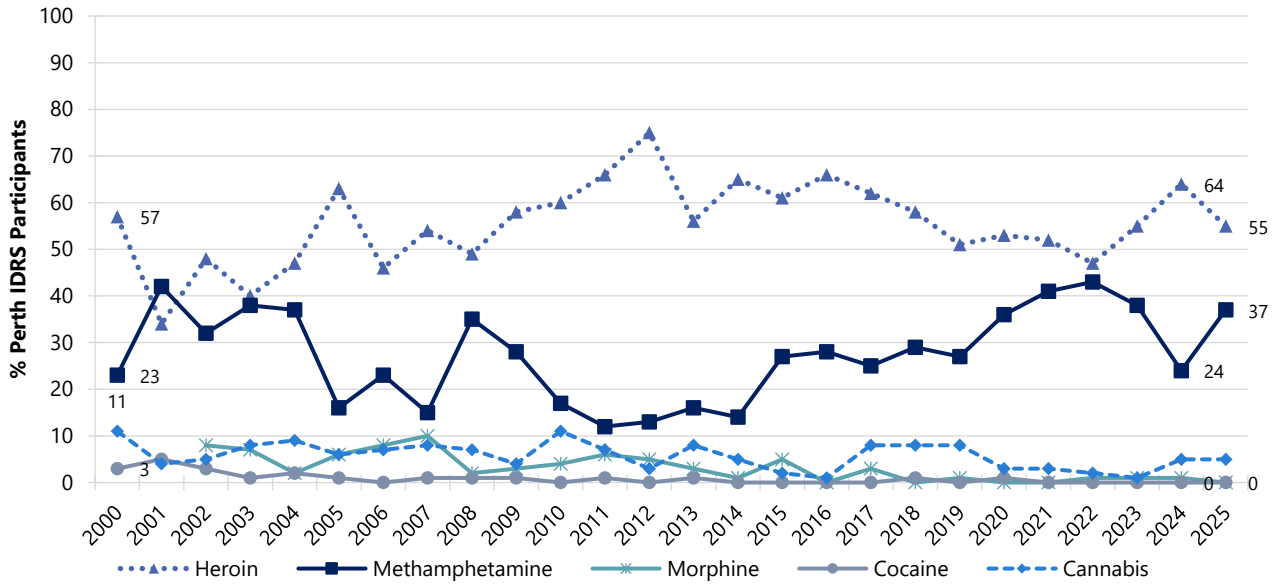
Weekly or more frequent consumption of heroin (54%; 61% in 2024; p=0.327), methamphetamine crystal (48%; 46% in 2024; p=0.780), and non-prescribed cannabis (44%; 44% in 2024) remained stable in 2025 relative to 2024 (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2025, and Perth, WA, 2021-2025

	Perth, WA					National
	2021	2022	2023	2024	2025	2025
	(N=99)	(N=100)	(N=99)	(N=103)	(N=100)	(N=865)
Median age (years; IQR)	47 (38-51)	44 (38-52)	46 (41-50)	46 (39-53)	**48 (39-56)**	47 (41-54)
% Gender						
Female	42	42	35	31	**39**	34
Male	58	55	65	69	**61**	66
Non-binary	0	-	0	0	**0**	1
% Aboriginal and/or Torres Strait Islander	13	17	18	17	**10**	29
% Born in Australia	/	/	/	81	**86**	91
% English primary language spoken at home	/	/	/	98	**100**	98
% Sexual identity						
Heterosexual	85	78	90	90	**84**	82
Homosexual	-	-	6	-	**9**	5
Bisexual	10	17	-	-	**-**	9
Queer	0	0	0	0	**-**	2
Other	-	0	0	-	**0**	1
Mean years of school education (range)	10 (6-12)	10 (6-12)	10 (3-12)	10 (3-12)	**11 (8-12)**	10 (1-12)
% Post-school qualification(s)^	68	70	56	59	**55**	57
% Current accommodation					*	
Own home *(inc. renting)~*	53	58	65	58	**49**	66
Parents'/family home	7	7	8	12	**12**	5
Boarding house/hostel	15	11	-	-	**7**	4
Shelter/refuge	-	-	-	7	**20**	4
No fixed address	21	16	20	19	**12**	19
Other	-	-	0	0	**0**	1
% Current employment status						
Unemployed	86	78	89	82	**88**	88
Full-time work	-	6	-	10	**-**	3
Part time/casual	/	/	/	-	**8**	6
Self-employed	/	/	/	-	**0**	2
Other	/	/	/	-	**0**	0
% Past month gov't pension, allowance or benefit	92	86	94	87	**87**	94
Current median income/week ($; IQR)	$363 (325-495)	$370 (300-462)	$395 (340-500)	$450 (354-600)	**$475 (400-591)**	$465 (375-598)

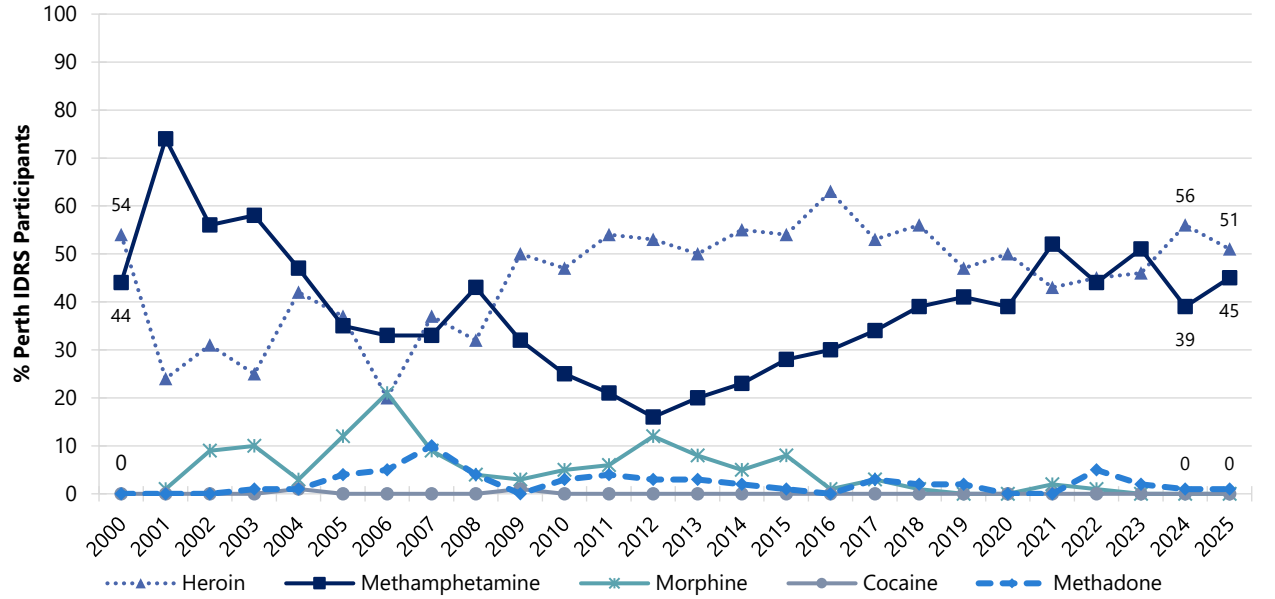
Note. ^Includes trade/technical and university qualifications. Statistical significance for 2024 versus 2025 among the Perth sample presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Perth, WA, 2000-2025



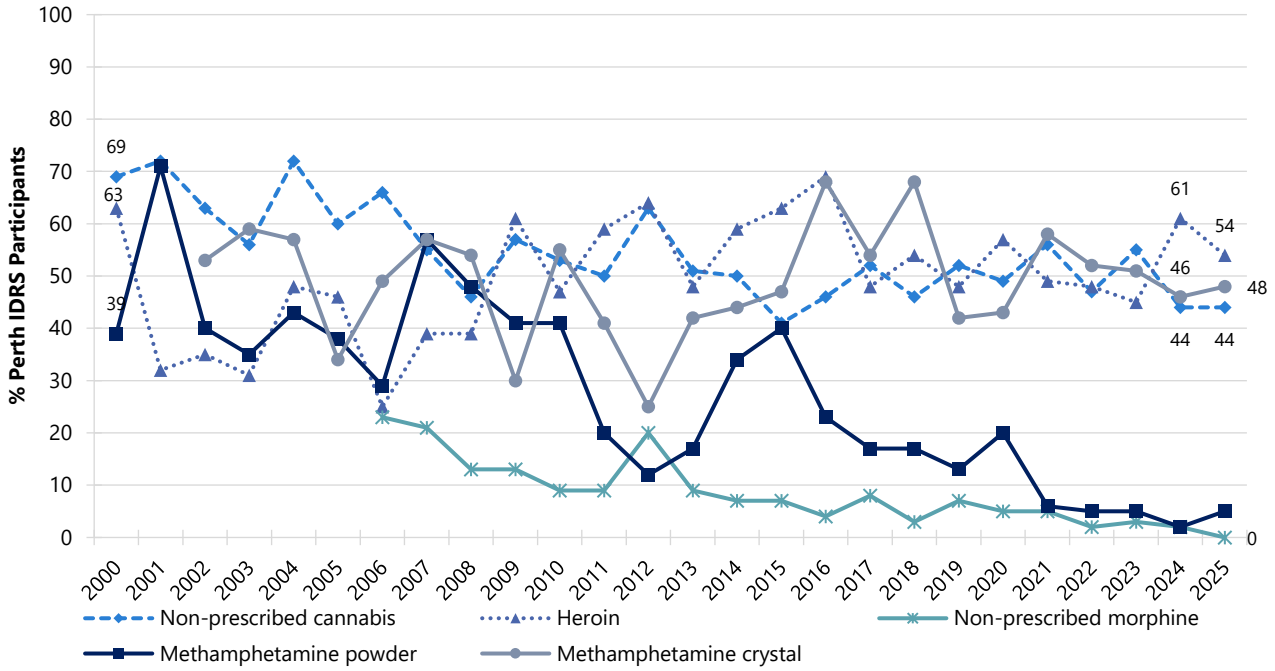
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Figure 2: Drug injected most often in the past month, Perth, WA, 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 but not 0). 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.

Figure 3: Weekly or more frequent substance use in the past six months, Perth, WA, 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 but not 0). Data for methamphetamine powder and non-prescribed morphine suppressed in 2023/2024 due to 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.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of respondents reporting recent use of any heroin remained stable between 2025 (65%) and 2024 (70%) (p=0.545) (Figure 4)

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. In 2025, participants who reported recent use and commented (n=65) had used heroin on a median of 150 days in the six months preceding interview (IQR=52-180), stable relative to 2024 (90 days; IQR=72-180; n=72; p=0.959). This represented the highest median days observed since monitoring commenced (Figure 4). However, there was no change in participants reporting daily use in 2025 (38%) relative to 2024 (38%), or weekly or more frequent use (83% in 2025; 88% in 2024; p=0.473).

Routes of Administration

Among participants who had recently consumed heroin and commented (n=65), injecting remained the most common route of administration (98%; 99% in 2024). Participants who reported injecting had done so on a median of 150 days (IQR=50-180; 90 days in 2024; IQR=72-180; p=0.969). One tenth (12%) of participants reported smoking in 2025 (n≤5 in 2024; p=0.115). Few participants (n≤5) reported snorting in 2025 (0% in 2024; p=0.223) and no participants reported swallowing (0% in 2024) in 2025.

Quantity

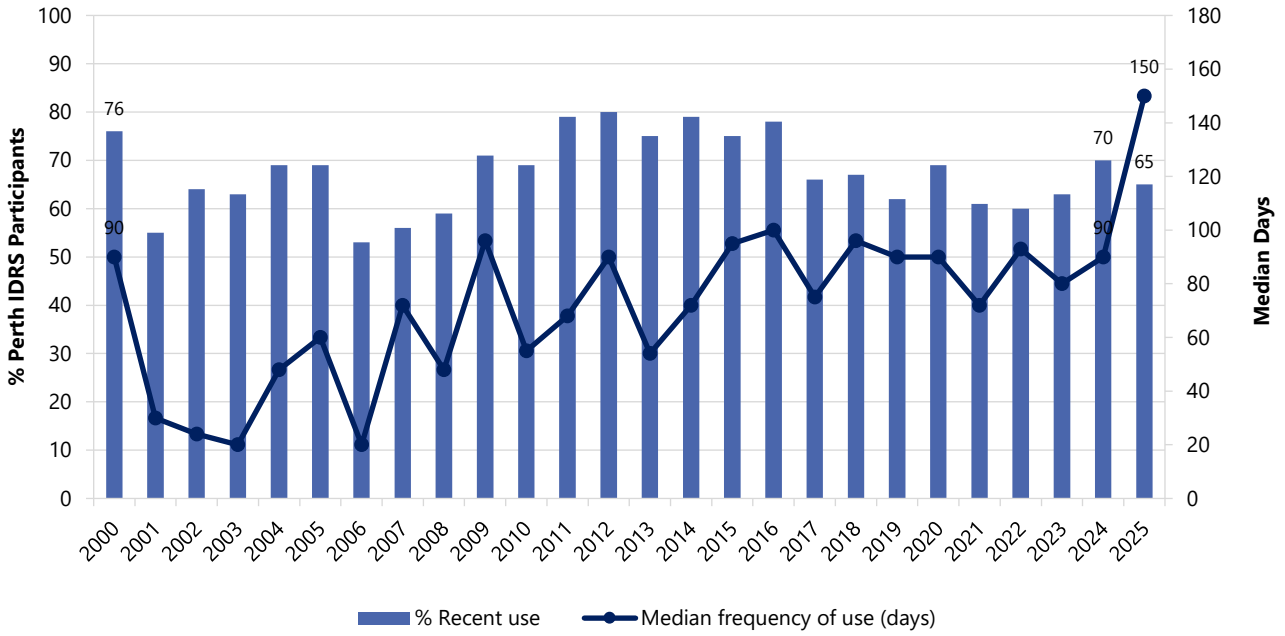
Of those who reported recent use and responded (n=65), the median 'typical' amount of heroin used on an average day in the six months preceding interview was 0.10 grams (IQR=0.10-0.20; 0.10 grams in 2024; IQR=0.10-0.20; n=72; p=0.493). Of those who reported recent use and responded (n=65), the median maximum amount of heroin used per day in the six months preceding interview was 0.30 grams (IQR=0.10-0.50; 0.20 grams in 2024; IQR=0.10-0.40; n=72; p=0.672).

Forms Used

Among participants who reported recent use of heroin and commented (n=64), nearly all (92%) reported using white/off-white rock heroin, stable relative to 2024 (83%; p=0.882), whereas 55%

reported using white/off-white powder heroin, also stable relative to 2024 (51%). Almost one fifth (19%) reported using brown/beige rock, a significant decrease relative to 2024 (34%; p=0.045), and one tenth (14%) reported using brown/beige powder, stable since 2024 (24%; p=0.150). Few participants (n≤5) reported using homebake in 2025, stable relative to 2024 (n≤5; p=0.621). No participants reported using purple rock or purple powder in 2025 or 2024.

Figure 4: Past six month use and frequency of use of heroin, Perth, WA, 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 but not 0). 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.

Price, Perceived Purity and Perceived Availability

Price

In 2025, the median price of one point (0.10 of a gram) of heroin was $90 (IQR=80-100; n=39), a significant decrease from $100 in 2024 (IQR=100-120; n=62; p<0.001). The median price per gram remained stable ($400 in 2025; IQR=400-500; n=9; n≤5; p=0.848). Due to low numbers reporting on the price of one cap (n≤5), current market trends will not be presented. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

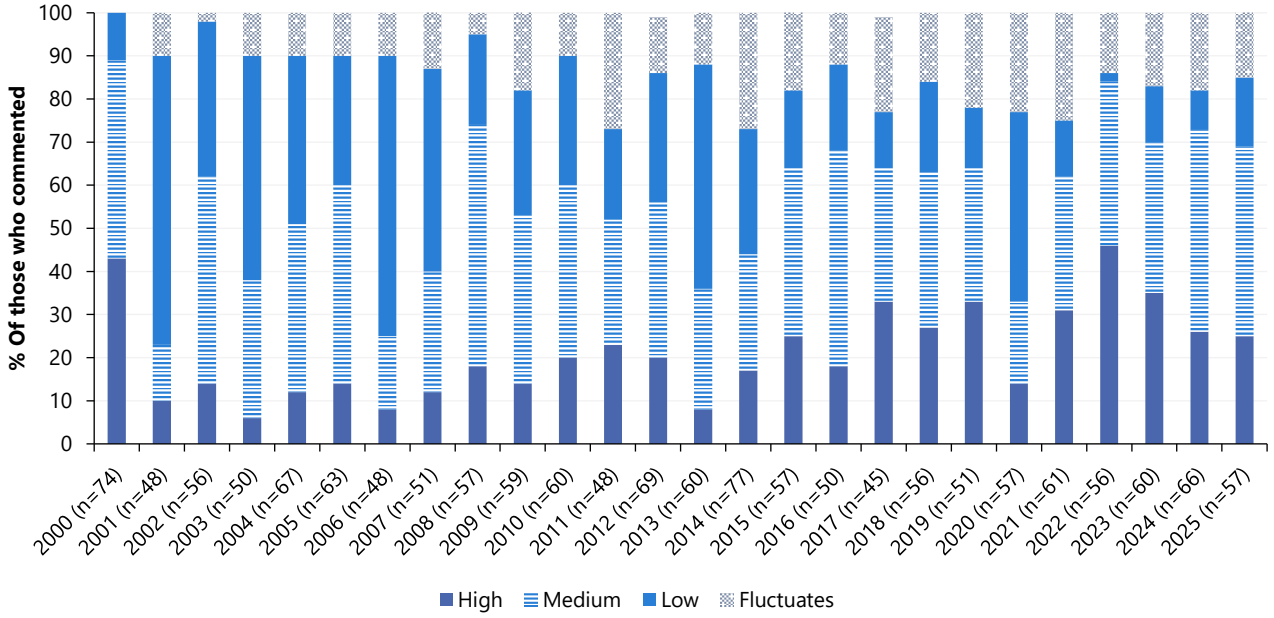
Perceived Purity

The perceived purity of heroin remained stable between 2025 and 2024 (p=0.728) (Figure 5). Among those who were able to comment in 2025 (n=57), almost half (44%) perceived purity to be 'medium' (47% in 2024), followed by one quarter (25%) who perceived it as 'high' purity (26% in 2024), while 16% reported 'low purity (9% in 2024) or 'fluctuating' (18% in 2024) (Figure 5).

Perceived Availability

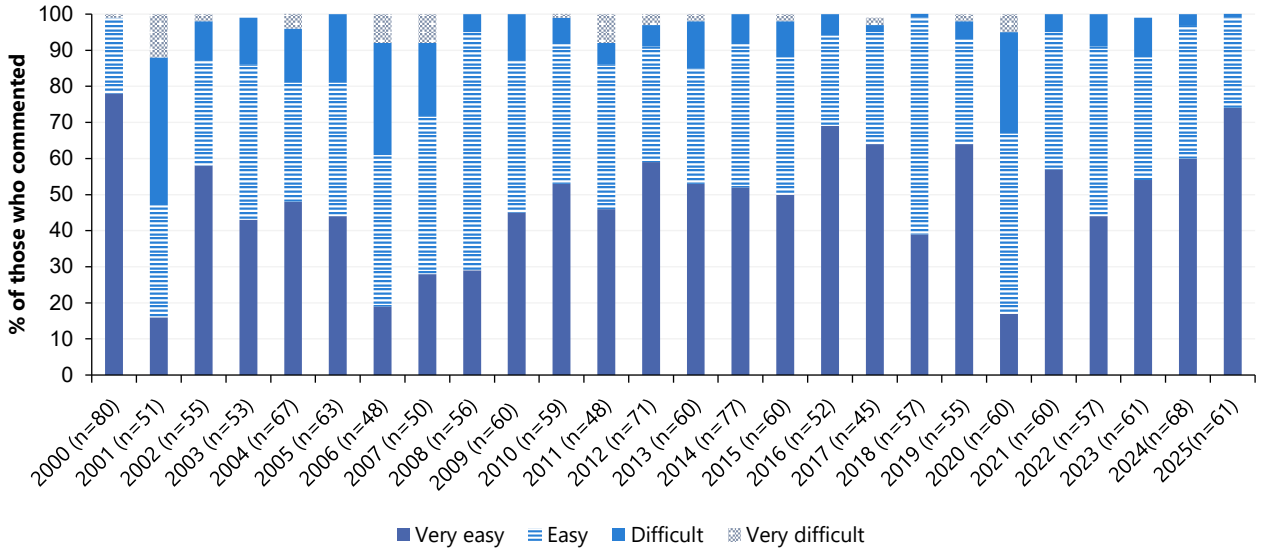
The perceived availability of heroin remained stable between 2024 and 2025 (p=0.275). Among those who were able to comment in 2025 (n=61), three quarters (74%) perceived current availability as 'very easy' (60% in 2024), followed by one quarter (25%) perceiving 'easy' (37% in 2024) (Figure 6).

Figure 5: Current perceived purity of heroin, Perth, WA, 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 and figures.

Figure 6: Current perceived availability of heroin, Perth, WA, 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 table/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). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on methamphetamine base, please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2025, 71% of participants reported recent use of any methamphetamine (powder, base and crystal), stable from 65% in 2024 (p=0.375) (Figure 7).

Frequency of Use

Participants who reported recent use and commented (n=70), had used any methamphetamine on a median of 69 days in the six months preceding interview (IQR=24-139), stable from 66 days in 2024 (IQR=12-168; n=66; p=0.908) (Figure 8). In 2025, one fifth (19%) of participants who had recently used any methamphetamine reported using it daily, stable relative to 2024 (24%; p=0.527), whilst 76% reported weekly or more frequent consumption (73% in 2024; p=0.691).

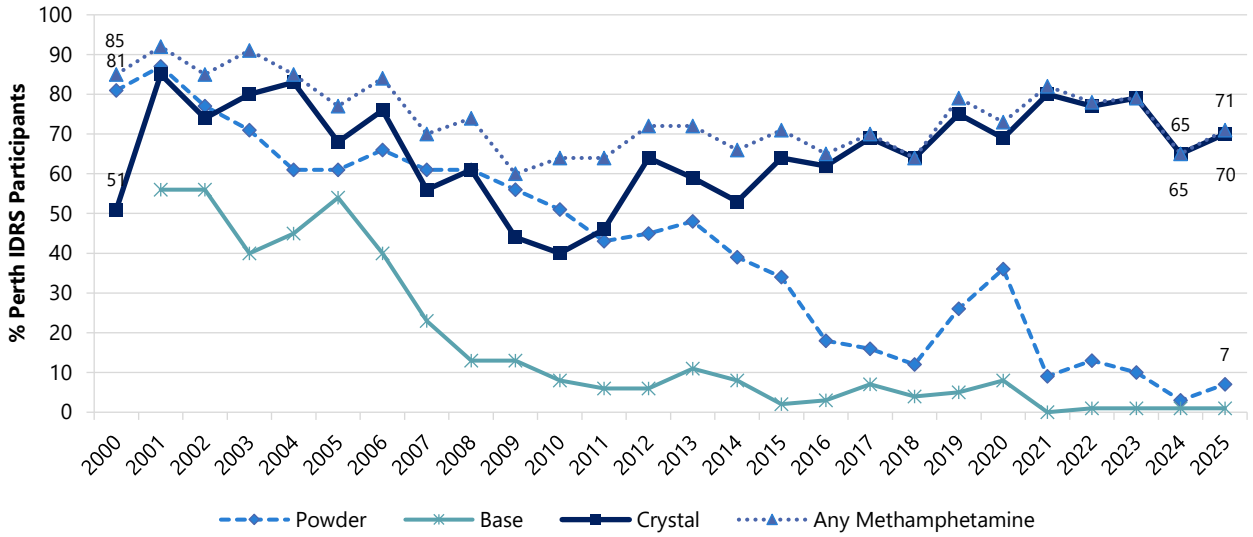
Forms Used

The forms of methamphetamine used by participants have shifted over time. Recent use of methamphetamine base and powder have substantially decreased over the years, while the use of methamphetamine crystal has gradually increased from 2010 onwards (Figure 7). Of participants who had used methamphetamine in the six months preceding interview in 2025 (n=71), most had used methamphetamine crystal (99%; 100% in 2024), followed by powder (10%; n≤5 in 2024; p=0.327), whilst few participants (n≤5) reported using base (n≤5 in 2024).

Number of Forms Used

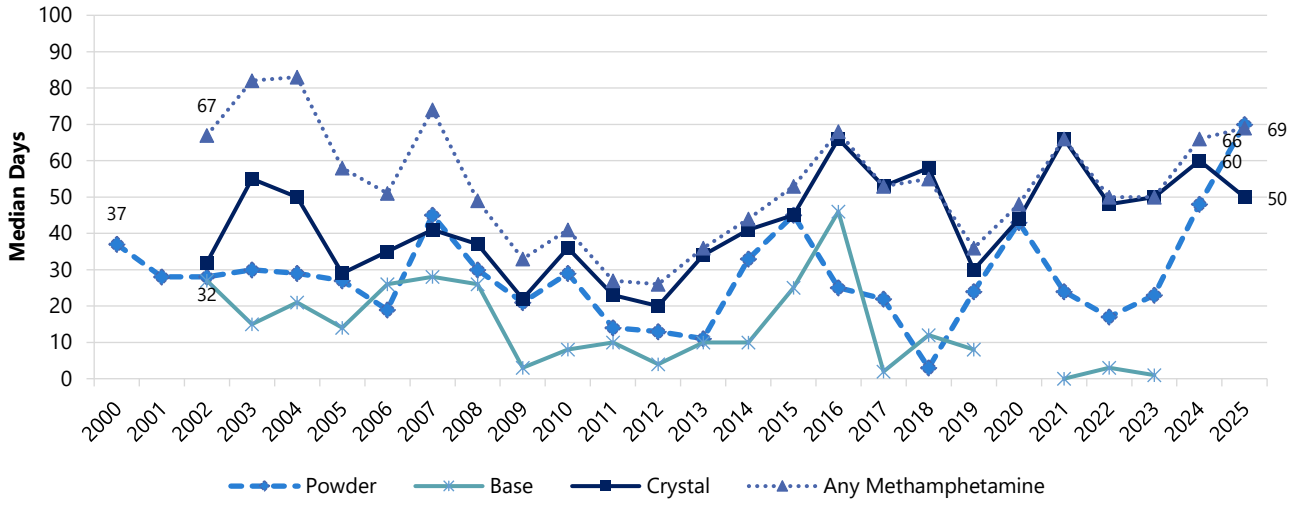
In 2025, among participants who had recently consumed any methamphetamine and commented (n=71), the median number of forms of methamphetamine used in the six months preceding interview was one (IQR=1-1), stable relative to 2024 (1 form in 2024; IQR=1-1; n=67; p=0.712).

Figure 7: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Perth, WA, 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 but not 0). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1for a guide to table/figure notes.

Figure 8: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Perth, WA, 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 but not 0). 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.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of methamphetamine powder gradually declined from 2000-2018, before subsequently increasing from 2018-2020, and declining again thereafter**.** Seven per cent of participants reported recent use of methamphetamine powder in 2025, stable from 2024 (n≤5; *p*=0.209) (Figure 7).

Frequency of Use: Among those who had recently consumed powder and commented (n=7), the median days of use was 70 days (IQR=30-180; n≤5 in 2024; *p*=0.298) (Figure 8). Few participants (n≤5) reported weekly use (n≤5 in 2024) and daily use (0% in 2024; *p*=0.475) respectively.

Routes of Administration: Among participants who had recently consumed powder and commented (n=7), all participants reported injecting as a route of administration (100%; n≤5 in 2024) and had done so on a median of 50 days (IQR=18-180; n≤5 in 2024; *p*=0.356). Few participants (n≤5) reported smoking powder (0% in 2024).

Quantity: Of those who reported recent use and commented (n=7), the median amount of powder used on a 'typical' day in the six months preceding interview was 0.20 grams (IQR=0.20-0.40; n≤5 in 2024; *p*=0.042). Of those who reported recent use and commented (n=7), the median maximum amount of powder used per day in the six months preceding interview was 0.50 grams (IQR=0.30-0.50; n≤5 in 2024; *p*=0.485).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base, therefore further details are not reported. Please refer to the 2025 IDRS National IDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au) for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been generally increasing from 2010 onwards. Since 2011, methamphetamine crystal has been consistently surpassing methamphetamine base and powder. In 2025, 70% of the sample reported recent use, stable relative to 2024 (65%; *p*=0.452) (Figure 7).

Frequency of Use: Of those who had recently consumed crystal and commented (n=69), frequency of use in the six months preceding interview remained stable at a median of 50 days (IQR=12-130; 60 days in 2024; IQR=12-158; n=66; *p*=0.907) (Figure 8). Seventy per cent of those who had recently consumed crystal reported weekly or more frequent use, stable from 2024 (71%; *p*=0.848), with a further 16% reporting daily use, stable relative to 2024 (23%; *p*=0.383).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=70), the majority reported having injected it (90%; 97% in 2024; *p*=0.166) and had done so on a median of 50 days (IQR=18-110; 55 days in 2024; IQR=12-159; n=67; *p*=0.990). Fifty-three per cent reported smoking methamphetamine crystal (42% in 2024; *p*=0.235), while few participants (n≤5) reported swallowing (n≤5 in 2024), and snorting (0% in 2024) as routes of administration, respectively.

Quantity: Of those who reported recent use and responded (n=70), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.20),

stable relative to 2024 (0.20 grams; IQR=0.10-0.20; n=65; *p*=0.794). Of those who reported recent use and responded (n=70), the median maximum amount of crystal used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.50), stable relative to 2024 (0.30 grams; IQR=0.20-0.60; n=65; *p*=0.657).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Few participants (n≤5) reported on the median price for one point (0.10 of a gram) of methamphetamine powder and no participants reported on the price of a gram in 2025. Therefore, data for price (Figure 9), perceived purity (Figure 11), and perceived availability (Figure 13), 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).

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

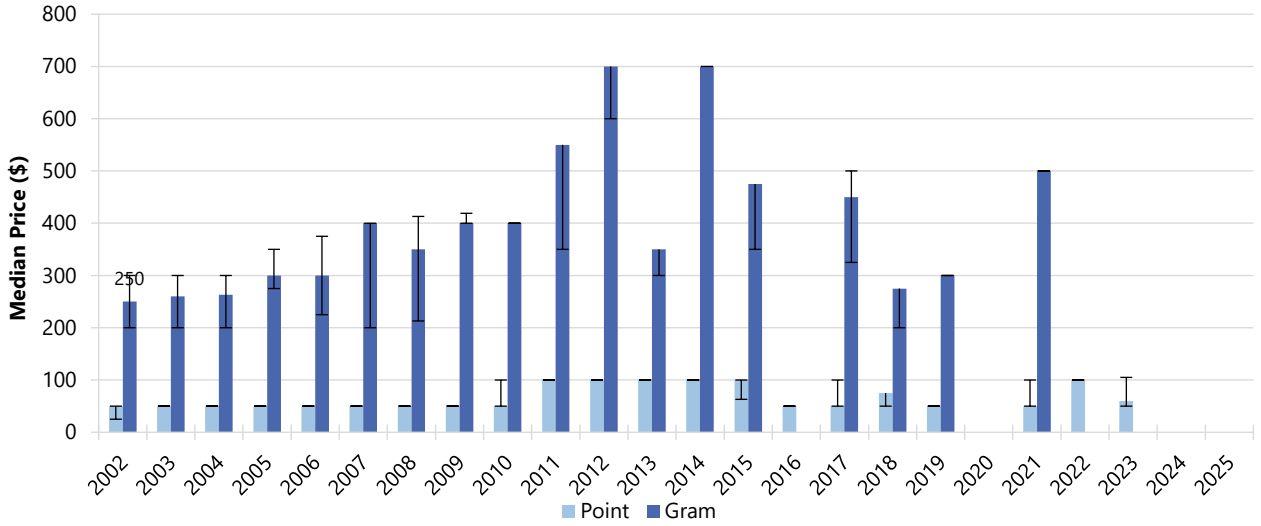
Methamphetamine Crystal

Price: In 2025, the median price for one point (0.10 or a gram) of methamphetamine crystal was $50 (IQR=49-50; n=28; $50 in 2024; IQR=50-80; n=44; *p*=0.006) representing a significant change from 2024. In 2025, the median price of one gram of methamphetamine crystal was $300 (IQR=250-350; n=13), a significant decrease from 2024 ($500; IQR=450-525; n=8; *p*<0.001) (Figure 10).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2025 and 2024 (*p*=0.757). Among those who were able to comment in 2025 (n=65), 37% reported 'high' purity (29% in 2024), followed by 31% reporting that crystal was of 'medium' purity (32% in 2024). One fifth (18%) perceived the purity to be 'fluctuating' (19% in 2024), while 14% perceived it to be 'low' (19% in 2024) (Figure 12).

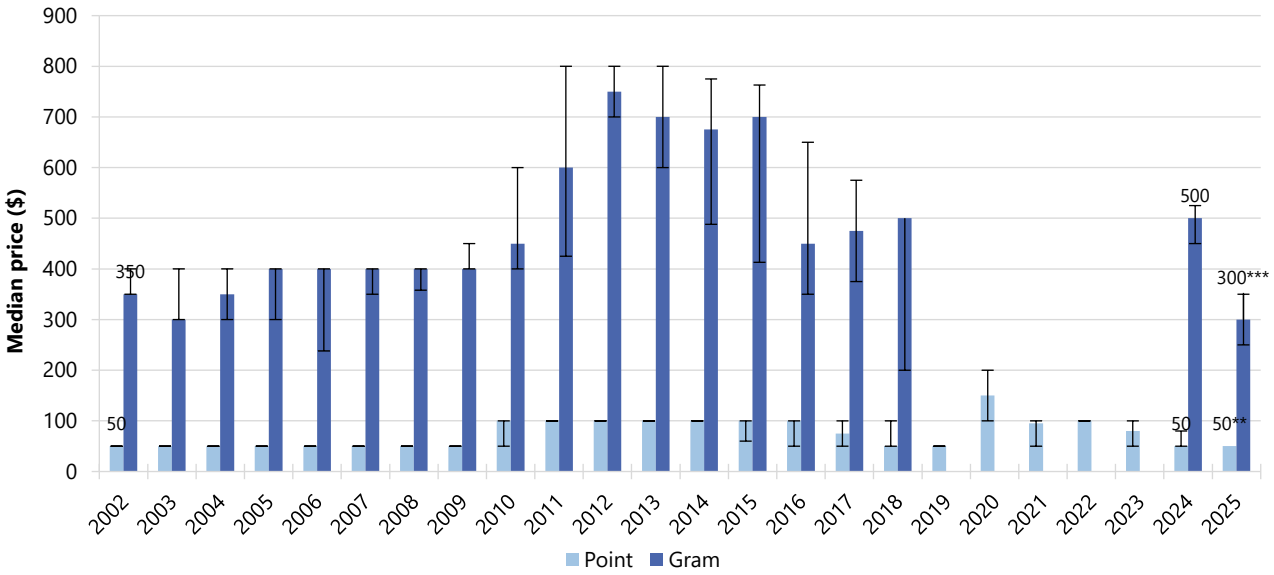
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2025 and 2024 (*p*=0.530). Among those who were able to comment in 2025 (n=65), 78% perceived methamphetamine crystal as being 'very easy' to obtain (71% in 2024), while nearly one fifth (17%) of participants found it 'easy' to obtain (26% in 2024). Few participants (n≤5) thought that it was 'difficult' (n≤5 in 2024), and none considered it 'very difficult' (0% in 2024) to obtain (Figure 14).

Figure 9: Median price of methamphetamine powder per point and gram, Perth, WA, 2002-2025



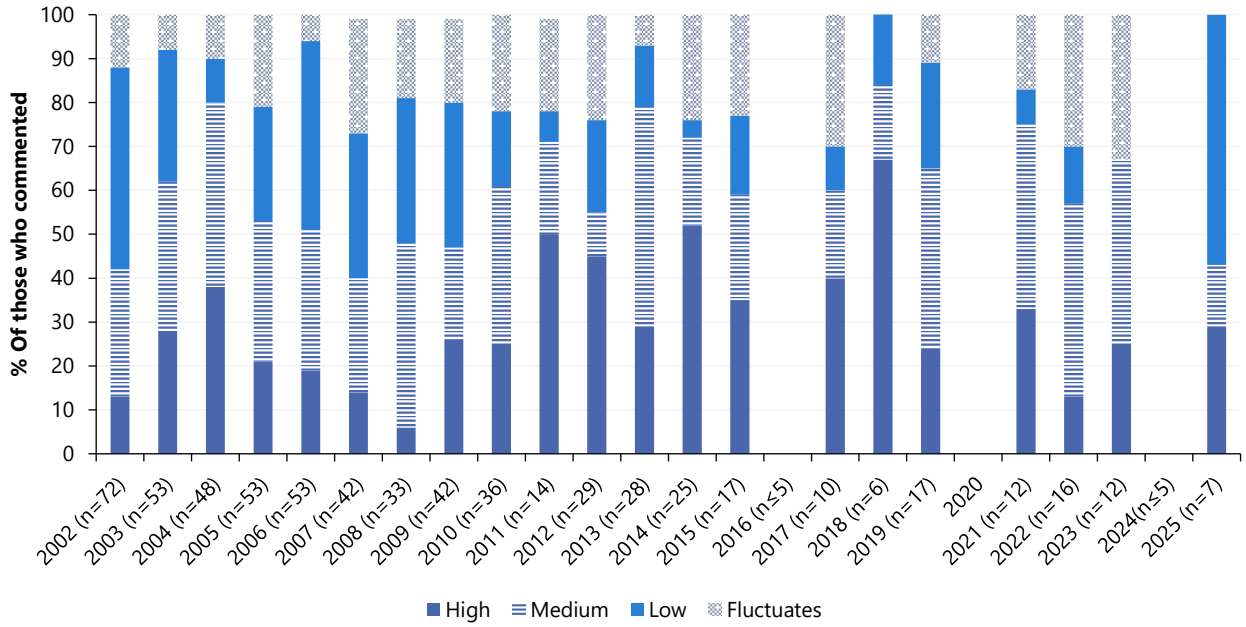
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 10: Median price of methamphetamine crystal per point and gram, Perth, WA, 2002-2025



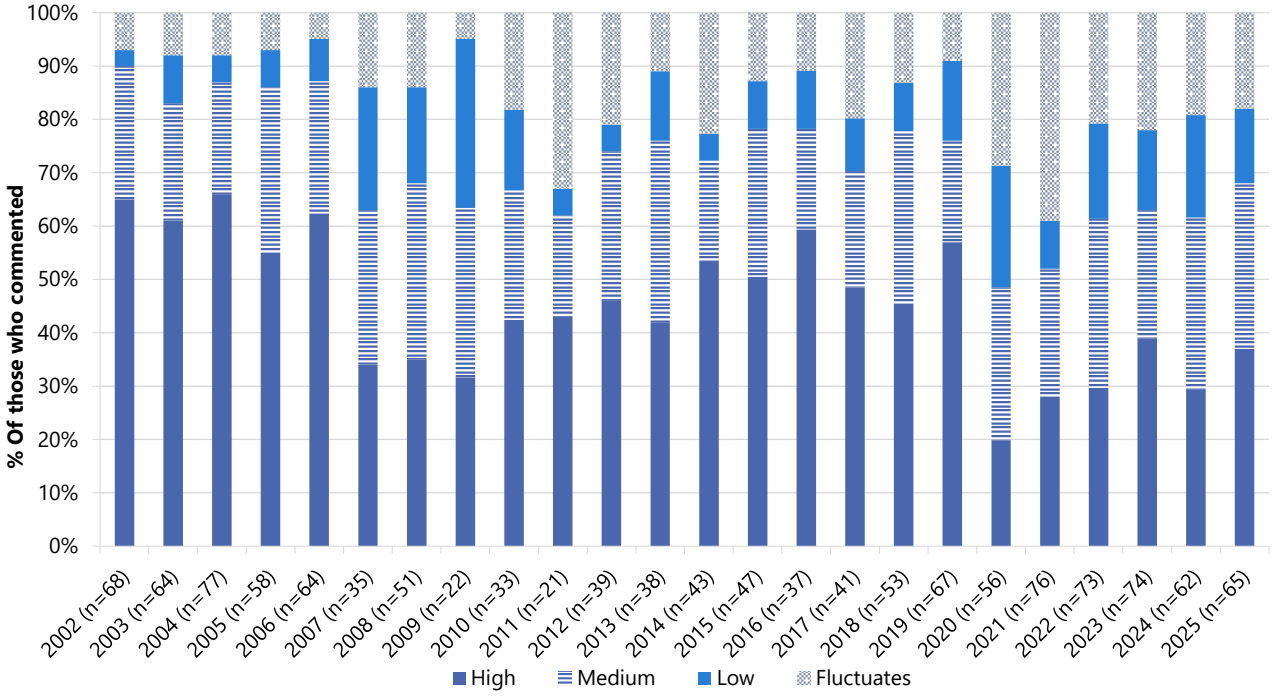
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The error bars represent 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 table/figure notes.

Figure 11: Current perceived purity of methamphetamine powder, Perth, WA, 2002-2025



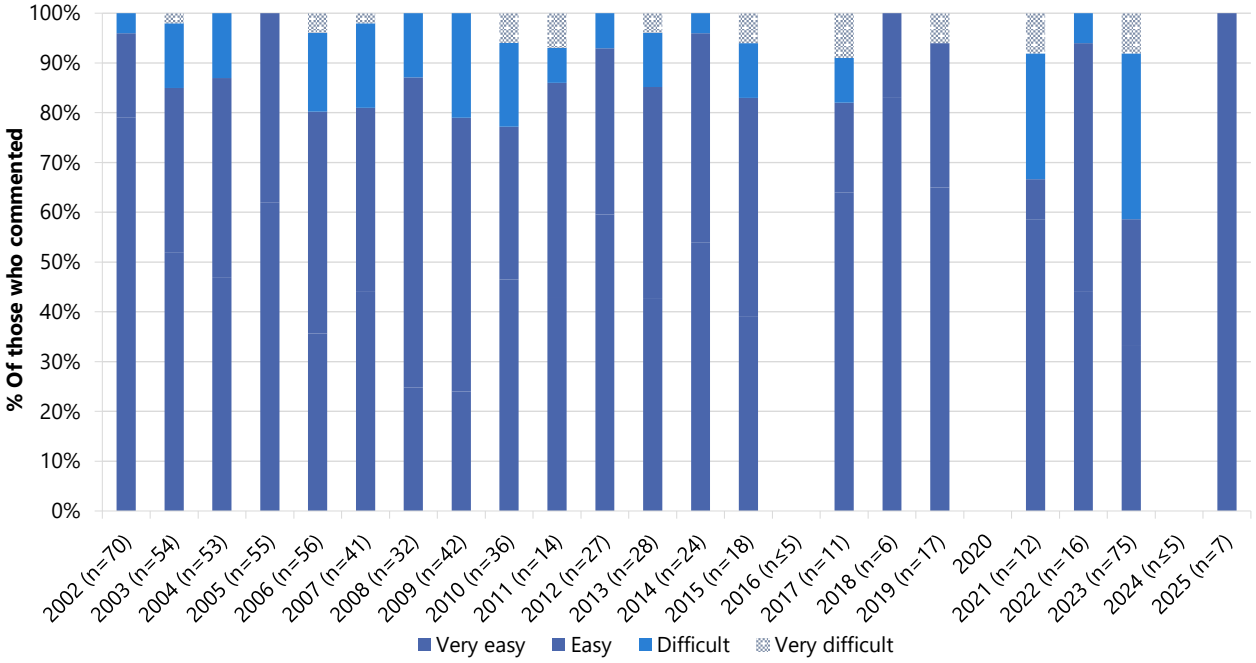
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2024 versus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

Figure 12: Current perceived purity of methamphetamine crystal, Perth, WA, 2002-2025



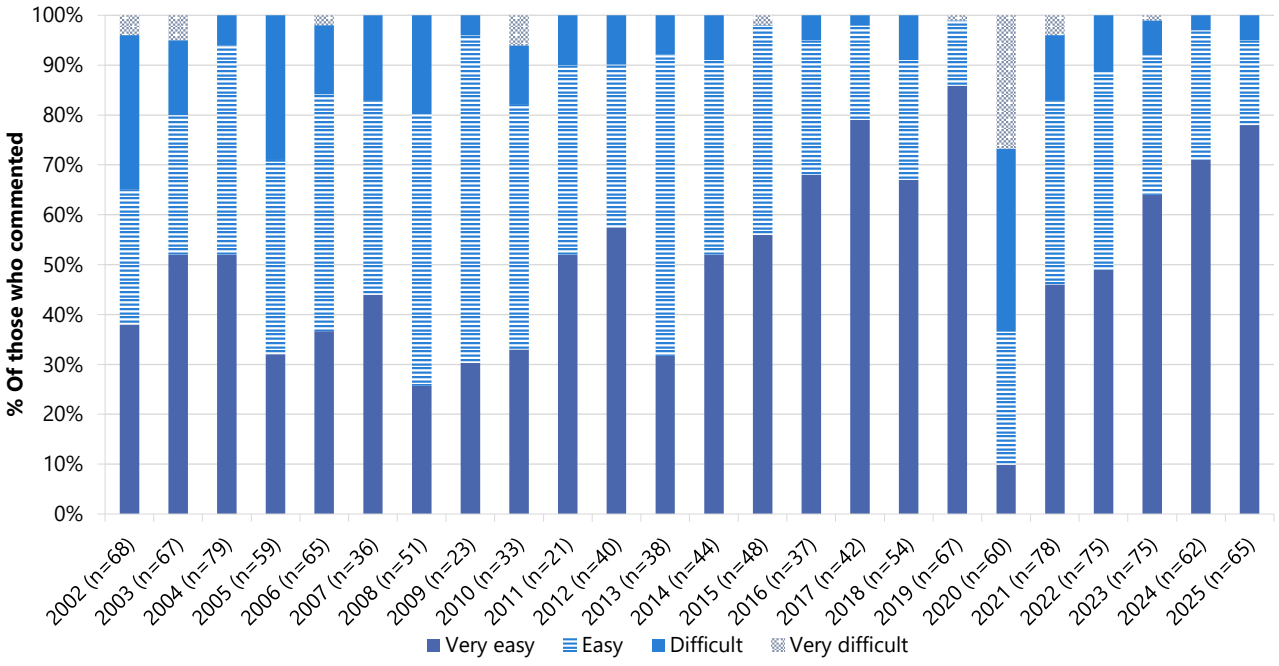
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2024 versus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

Figure 13: Current perceived availability of methamphetamine powder, Perth, WA, 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 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of methamphetamine crystal, Perth, WA, 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 1for a guide to table/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)

Cocaine use amongst people who inject drugs in Perth has remained infrequent and sporadic with 13% of the sample recently consuming cocaine in 2025, stable relative to 2024 (9%; p=0.371) (Figure 15).

Frequency of Use

Of those who had recently consumed any cocaine and commented in 2025 (n=13), frequency of cocaine use in the last six months was reported at a median of three days (IQR=2-8), which was similar to participant reports in 2024 (2 days; IQR=1-5; n=9; p=0.153) (Figure 15). No participants reported using cocaine on a weekly or more frequent basis in the six months prior to interview (0% in 2024); please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=13), all (100%) reported snorting (89% in 2024; p=0.409). Few participants (n≤5) reported injecting cocaine in 2025 (n≤5 in 2024). No participants reported smoking (n≤5 in 2024) or swallowing (n≤5 in 2024) cocaine in 2025

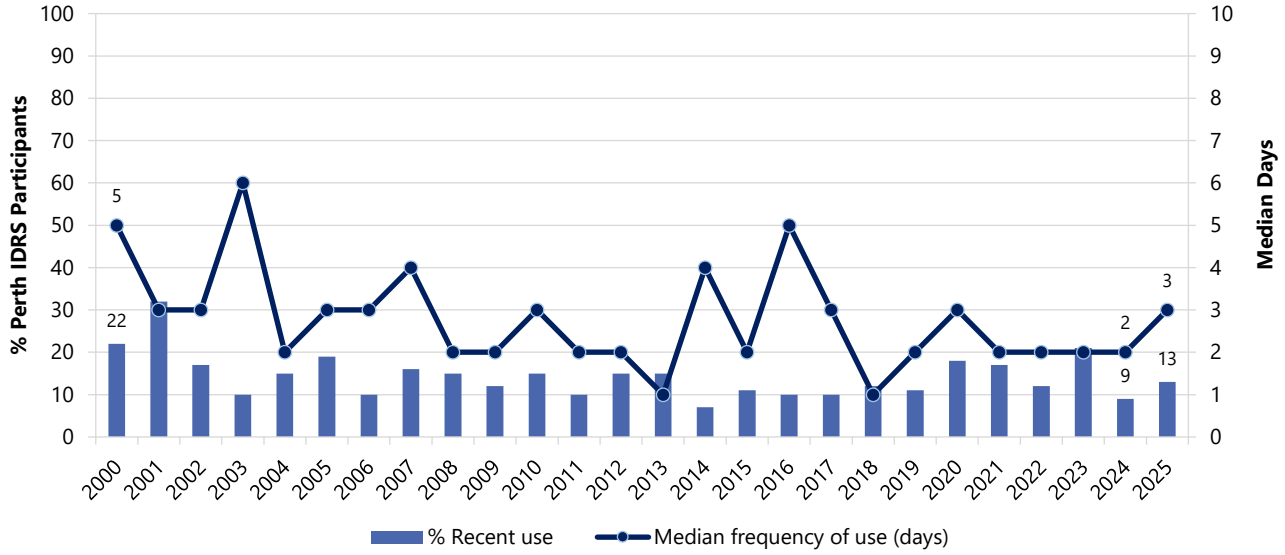
Quantity

Of those who reported recent use and responded (n=6), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 1 gram (IQR=0.60-1.00), a significant increase from 2024 (0.10 gram; IQR=0.10-0.40; n=8; p=0.026).

Forms Used

Among those who reported recent use of cocaine in 2025 (n=13), all (100%) reported recent use of powder cocaine (100% in 2024). No participants reported using crack/rock cocaine (0% in 2024). Please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 15: Past six month use and frequency of use of cocaine, Perth, WA, 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 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Price, Perceived Purity and Perceived Availability

Few participants (n≤5) were able to report on the price of cocaine. Therefore, current market trends will not be presented. 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 changed significantly between 2025 and 2024 (p=0.003). There were more participants perceiving cocaine as 'low' purity in 2025 (78%) relative to 2024 (0%), and fewer participants reporting 'medium (0%; 60% in 2024)

The perceived availability of cocaine remained stable between 2024 and 2025 (p=0.066). The majority of participants (67%; 60% in 2024) perceived the availability of cocaine as 'easy'. Few participants (n≤5) reported on other response options.

5

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2025, 7% of participants reported prescribed use in the six months preceding interview (8% in 2024).

In the remainder of this chapter, data from 2021-2025, and between 2000-2016, refers to non-prescribed cannabis use only, while 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)

The per cent reporting recent non-prescribed cannabis use and/or related-cannabinoid products has fluctuated throughout the years. Past six month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2025, with 66% reporting recent use (60% in 2024; p=0.461) (Figure

Frequency of Use

Frequency of use in the six months preceding interview remained stable at a median of 81 days in 2025 (IQR=12-180; n=66; 160 days in 2024; IQR=20-180; n=62; p=0.124) (Figure 16). Twenty-seven per cent reported daily use, a significant decrease to 2024 (45%; p=0.045).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=66), smoking continued to be the most common route of administration in 2024 (100%; 97% in 2024; *p*=0.233), followed by swallowing (11%; n≤5 in 2024; *p*=0.765).

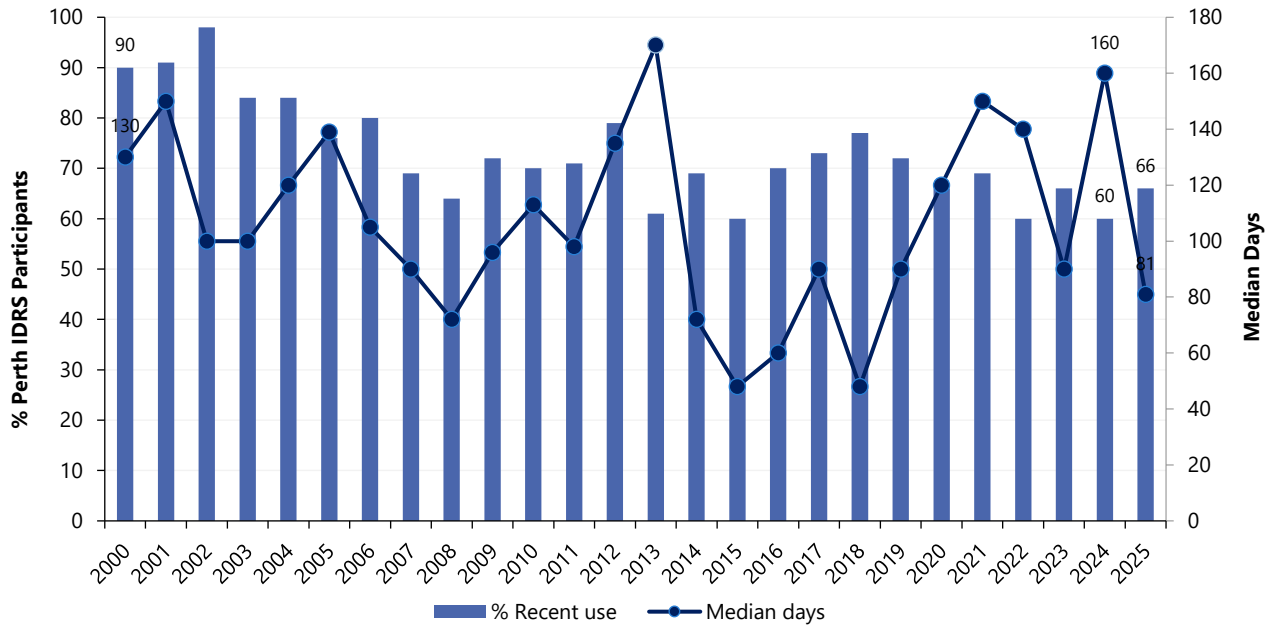
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025 and commented, the median 'typical' amount used on the last occasion of use was two grams (IQR=1.00-2.00; n=13; 1 gram in 2024; IQR=0.70-2.00; n=29; *p*=0.210) or two cones (IQR=1-4; n=39; 2 cones in 2024; IQR=2-3; n=29; *p*=0.283) or one joint (IQR-1-1; n=13; n≤5 in 2024; *p*=0.478).

Forms Used

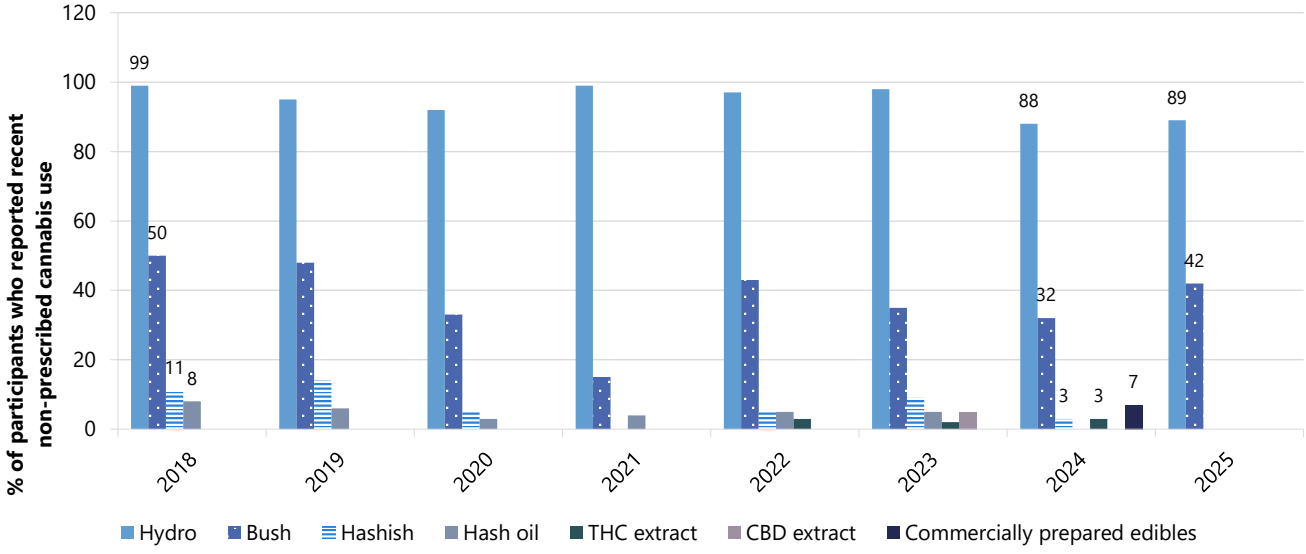
Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=57), 89% reported recent use of hydroponic cannabis, stable relative to 2024 (88%), and two fifth (42%) reported recent use of outdoor-grown 'bush' cannabis (32% in 2024; *p*=0.339). Few participants (n≤5) in 2025 reported using edibles (n≤5 in 2024; *p*=0.679), hash oil (0% in 2024; *p*=0.239) and CBD extract (0% in 2024; *p*=0.491). No participants reported using hashish (n≤5 in 2024) or THC extract (n≤5 in 2024) (Figure 17).

Figure 16: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Perth, WA, 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, from 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 but not 0). 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.

Figure 17: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Perth, WA, 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. 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 table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Due to few participants (n≤5) reporting on the price of hydroponic cannabis in 2025, further details are not reported (Figure 18a). Please refer to the 2025 IDRS National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2025 and 2024 (p=0.221). Among those who were able to comment in 2025 (n=38), 87% reported 'high' potency (71% in 2024), with one tenth of participants (11%) reporting 'medium' (18% in 2024). Few participants (n≤5) reported 'fluctuating' (10% in 2024) potency and no participants perceived the potency of hydroponic cannabis as 'low', consistent with 2024 (0%) (Figure 19a).

Perceived Availability: Perceived availability remained relatively stable between 2025 and 2024. Among those who were able to comment in 2025 (n=38), almost two thirds (63%) perceived hydroponic cannabis to be 'very easy' to obtain (63% in 2024), with a further one third (32%) reporting 'easy' obtainment (33% in 2024) (Figure 20a).

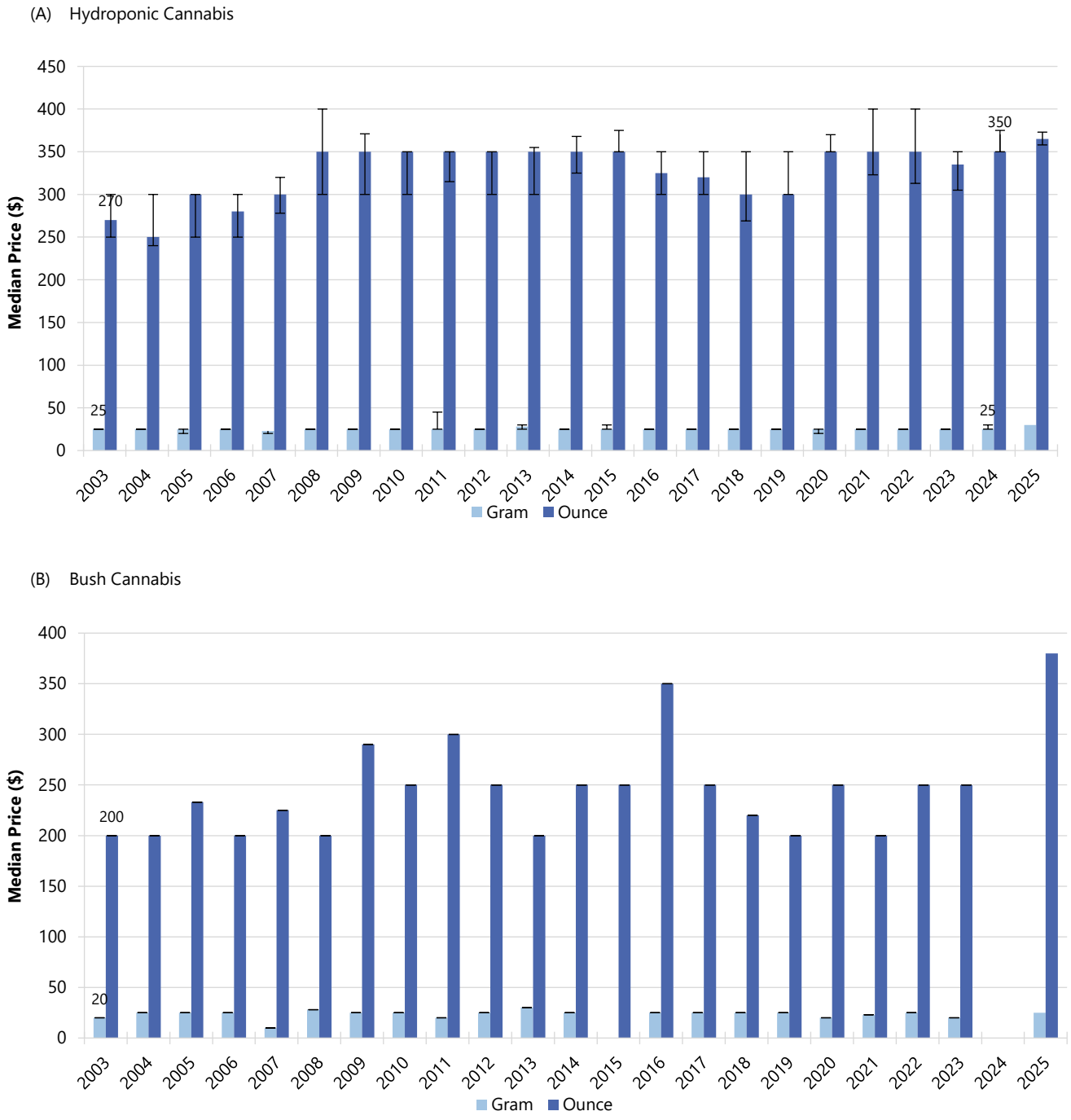
Bush Cannabis

Price: Due to few participants (n≤5) reporting on price of bush cannabis in 2025 further details are not reported (Figure 18a). Please refer to the 2025 IDRS National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2025 and 2024 (p=0.707). Among those who were able to comment in 2025 (n=15), few participants (n≤5) reported on the potency ('high', 'medium', 'low', or 'fluctuates'), hence details have been suppressed (Figure 19b).

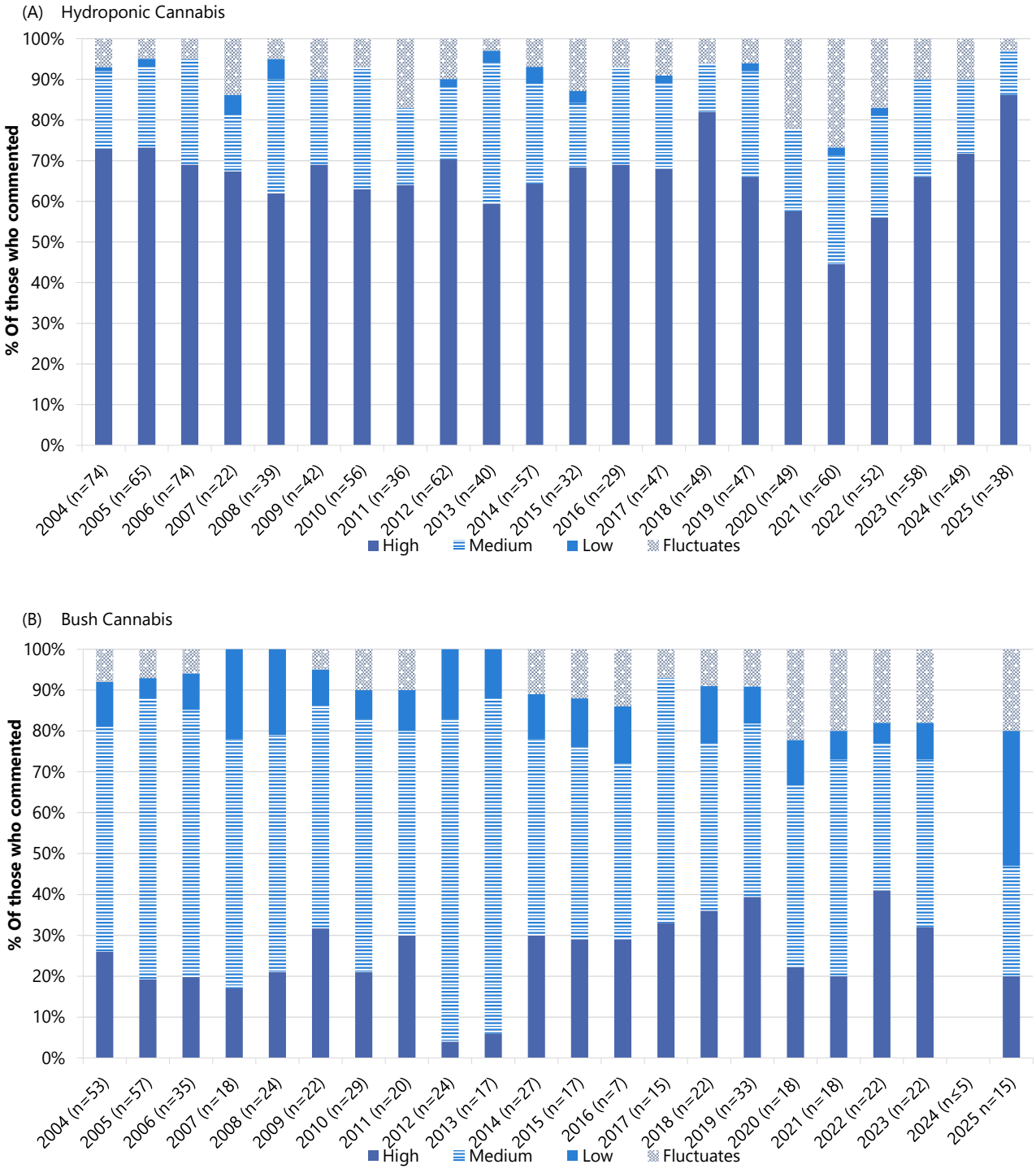
Perceived Availability: Perceived availability remained stable between 2025 and 2024 (p=0.618). Among those who were able to comment in 2025 (n=15), almost three quarters (63%) perceived bush cannabis to be 'very easy' to obtain (n≤5 in 2024) (Figure 20a).

Figure 18: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2003-2025



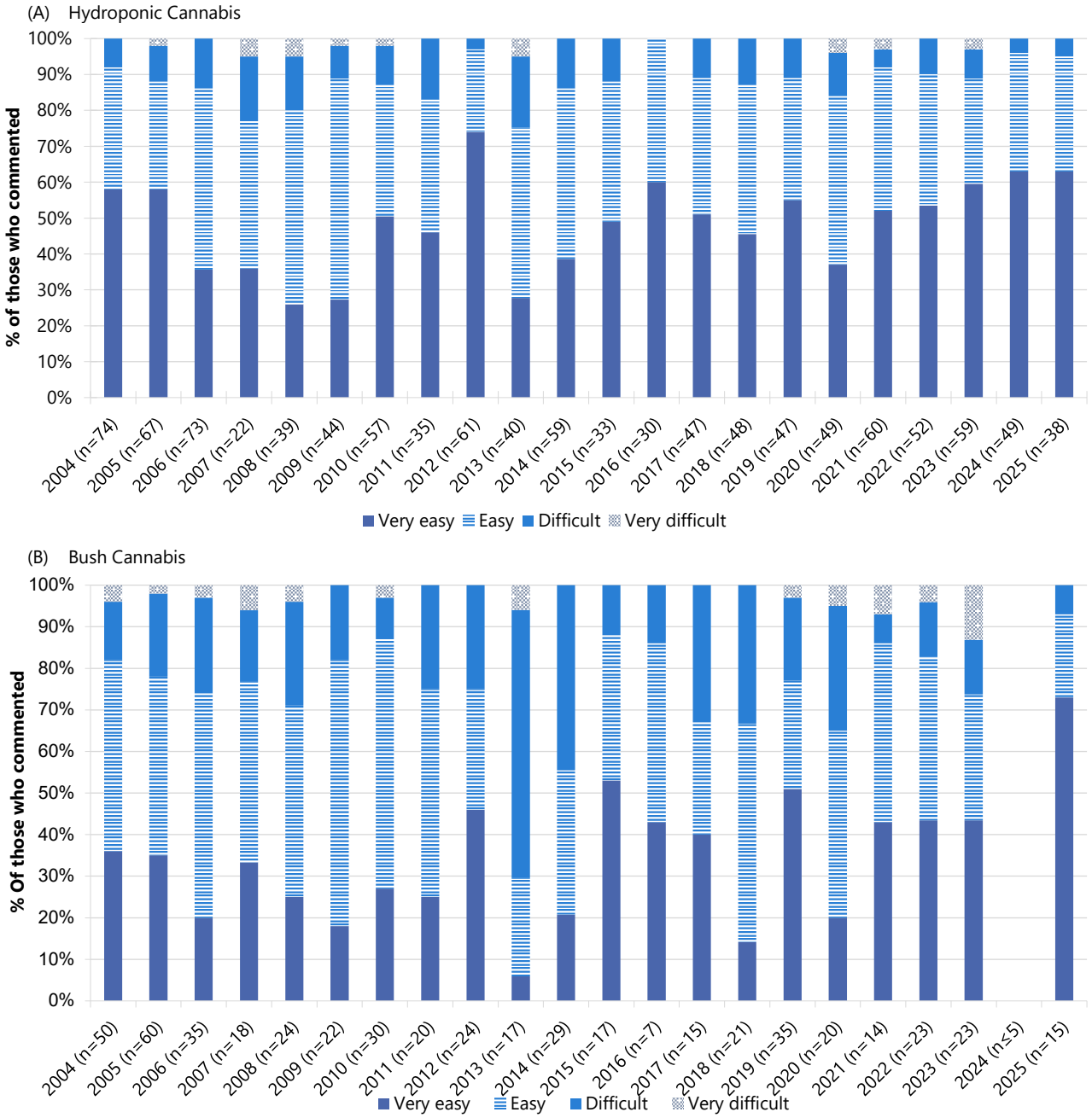
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. Median price for a gram or ounce of bush cannabis was not reported by any participants in 2024. 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.

Figure 19: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 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. 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 table/figure notes.

Figure 20: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 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. 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 table/figure notes.

6

Pharmaceutical Opioids

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

• **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

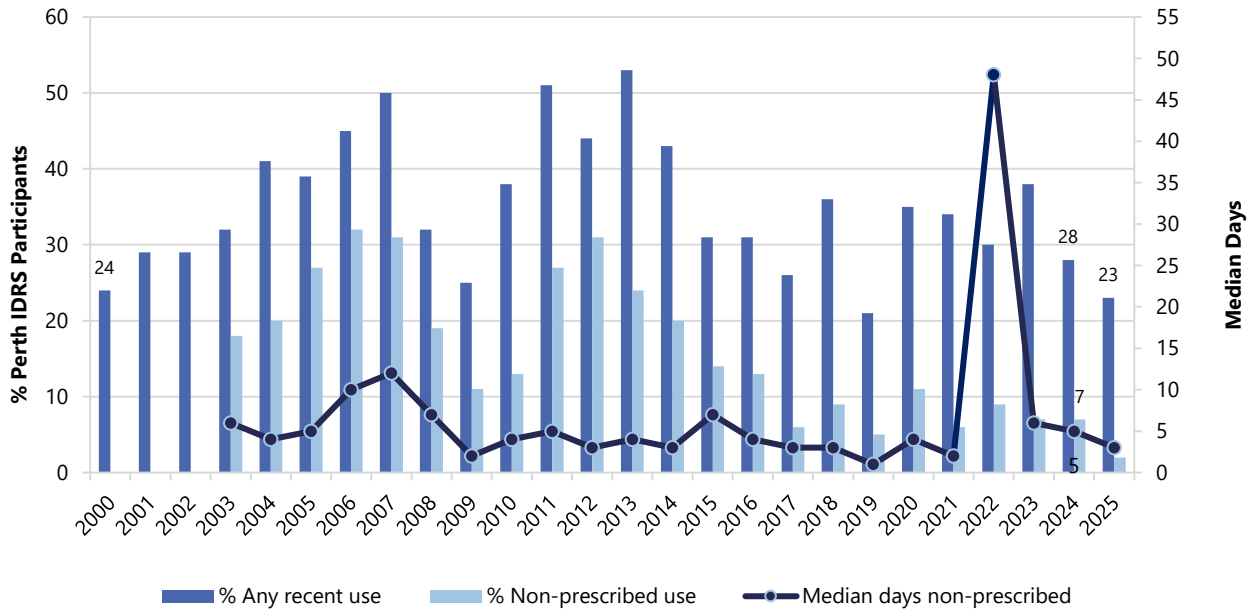
Methadone

Any Recent Use (past 6 months): In 2025, 23% of participants reported recent use of any methadone (including syrup and tablets) (28% in 2024; *p*=0.426). Methadone use historically has largely consisted of prescribed use, with 21% reporting prescribed use in 2025 (22% in 2024; *p*=0.862). Few participants (n≤5) reported non-prescribed methadone use in 2025 (7% in 2024; *p*=0.170) (Figure 21).

Frequency of Use: Due to few participants (n≤5) reporting recent non-prescribed use in 2025 details regarding frequency of 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).

Recent Injecting Use: Due to few participants (n≤5) reporting on recent injection of any methadone in 2025, details are suppressed and therefore are not interpreted further. 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 21: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Perth, WA, 2000-2025



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and 55 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Buprenorphine Tablet

Due to few participants (n≤5) reporting any recent buprenorphine tablet use in 2025, details regarding frequency of use (1 day in 2024; IQR=1-2) and recent injecting use (0% in 2024) 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).

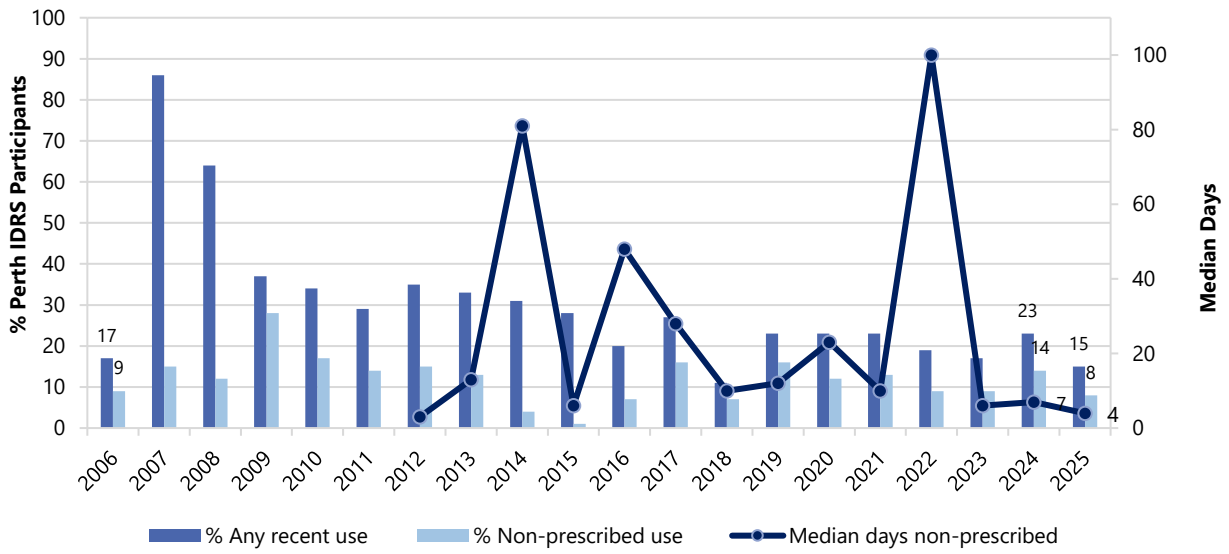
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2025, 15% of participants reported recent use of any buprenorphine-naloxone (23% in 2024; *p*=0.162). Eight per cent of the sample reported recent use of non-prescribed buprenorphine-naloxone (14% in 2024; *p*=0.263), while 8% reported prescribed use (11% in 2024; *p*=0.629) (Figure 22).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=8), frequency of use in the past six months remained stable at a median of four days (IQR=2-10; 7 days in 2024; IQR=4-15; n=14; *p*=0.218) (Figure 22).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2025 (n=15), two fifths (40%) reported injecting (33% in 2024; *p*=0.747) on a median of eight days (IQR=5-25), stable from 2024 (30 days; IQR=6-150; n=24; *p*=0.517).

Figure 22: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Perth, WA, 2006-2025

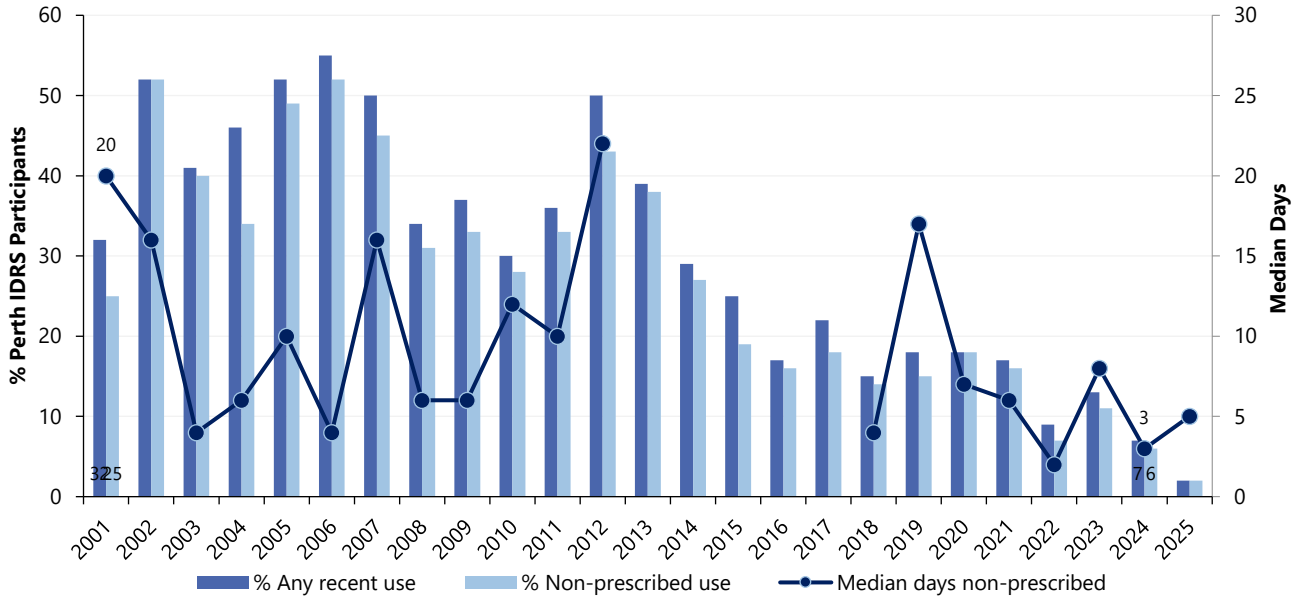


Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Secondary Y axis reduced to 100 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Morphine

Due to few participants (n≤5) reporting any recent morphine use in 2025, details regarding frequency of use (3 days in 2024; IQR=2-68) and recent injecting use (71% in 2024) 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).

Figure 23: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Perth, WA, 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 60% and secondary Y axis to 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

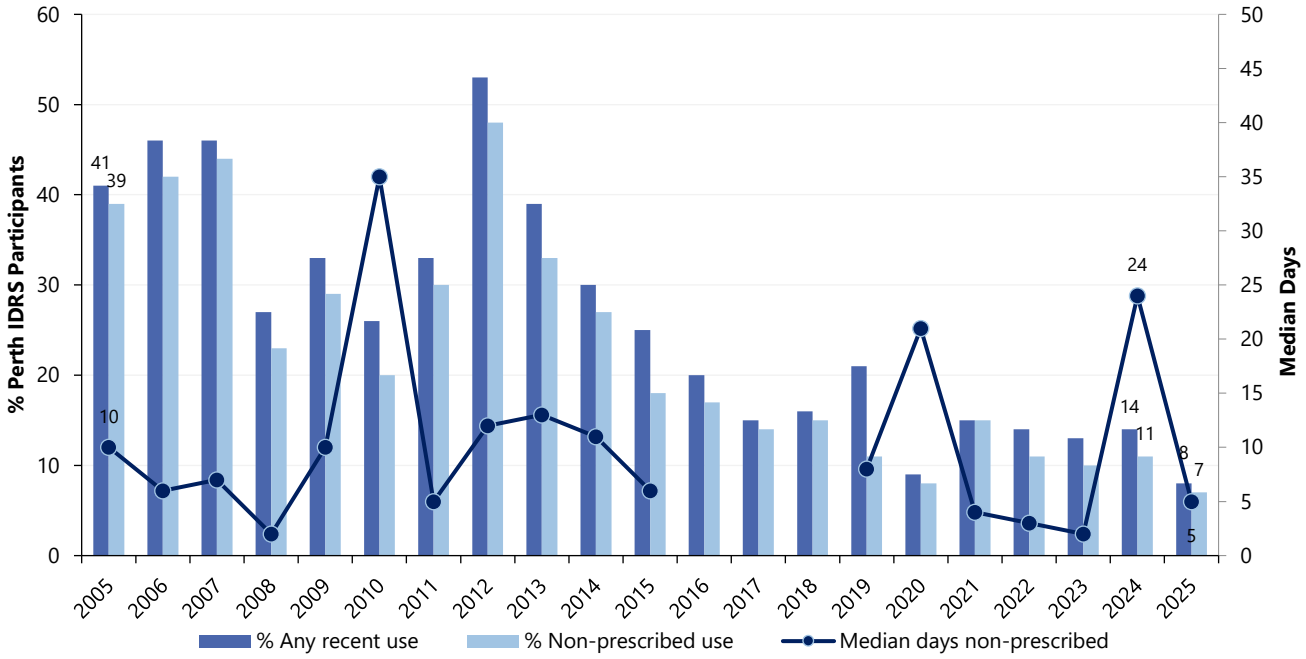
Oxycodone

Any Recent Use (past 6 months): There has been a downward trend in the number of people reporting recent any oxycodone since 2012. However, recent use of any oxycodone remained stable between 2025 (8%) and 2024 (14%; *p*=0.263) (Figure 24). In 2025, 7% of participants reported non-prescribed use of oxycodone (11% in 2024; *p*=0.453), while few participants (n≤5) reported using prescribed oxycodone in the six months prior to interview (n≤5 in 2024; *p*=0.212).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=7) reported use on a median of five days in the six months preceding interview (IQR=3-11) in 2025, stable relative to 2024 (24 days; IQR=3-75; n=11; *p*=0.201) (Figure 24).

Recent Injecting Use: In 2025, few participants (n≤5) reported recent injection (43% in 2024) of oxycodone (prescribed or non-prescribed), therefore no further details 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 24: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Perth, WA, 2005-2025

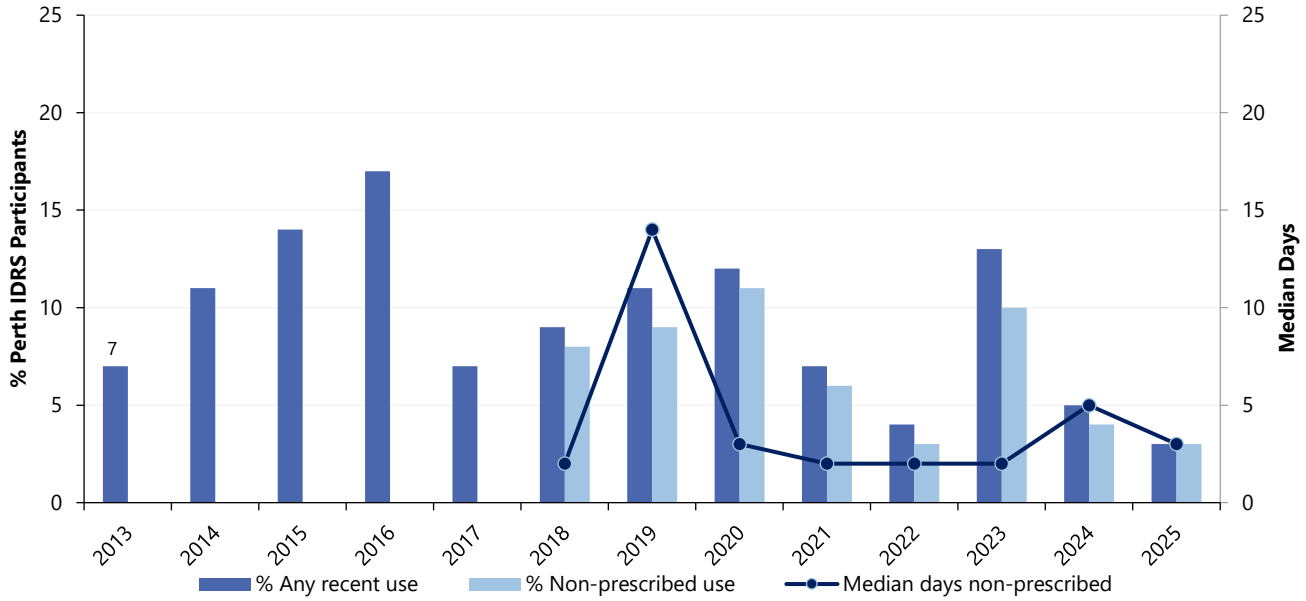


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and secondary Y axis to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Fentanyl

Due to few participants (n≤5) reporting recent use of any fentanyl in 2025, details regarding frequency of use and recent injecting use estimates are shown (Figure 25) but are not interpreted further. 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 25: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Perth, WA, 2013-2025



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). Y axis reduced to 25% and secondary Y axis to 25 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2025, 10% of participants reported any recent use of codeine (12% in 2024; p=0.817), few participants (n≤5) reported recent prescribed use of codeine (7% in 2024; p=0.332) with 7% reporting recent non-prescribed (6% in 2024; p=0.332). No participants reported any recent injection in 2025 (n≤5 in 2024).

Few participants (n≤5) reported recent use of any tramadol in 2025, a significant decrease from 2024 (21%; p<0.001). No participants reported any recent injection in 2025 (n≤5 in 2024).

Seven per cent of participants reported recent use of tapentadol in the six months prior to interview (8% in 2024). Six per cent reported non-prescribed use (7% in 2024), while few participants (n≤5) reported using prescribed tapentadol in the six months prior to interview (n≤5 in 2024). Few participants (n≤5) reported any recent injection in 2025 or 2024. 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, Perth, WA, 2019-2025

% Recent use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)	2025 (N=100)
Codeine^							
Any use	26	10	16	10	20	12	**10**
Non-prescribed use	16	-	9	-	10	6	**7**
Any injection#	13	0	0	0	15	0	**0**
Tramadol							
Any use	34	15	16	18	22	21	**-**
Non-prescribed use	13	8	11	7	9	12	**-**
Any injection#	9	-	0	-	9	-	**0**
Tapentadol							
Any use	9	-	7	-	-	8	**7**
Non-prescribed use	8	-	-	-	-	7	**6**
Any injection#	11	-	0	0	0	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 table/figure notes.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) 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.

Recent Use (past 6 months): In 2025, six per cent of the sample reported any recent NPS use, a significant increase from 2024 (0%; p=0.013) (Table 4). Few participants (n≤5) reported any specific NPS use in the six months prior to interview, therefore no further reporting on patterns of use will be included. Please refer to the 2025 IDRS National 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, Perth, WA, 2014-2025

% Recent Use (past 6 months)	2014 N=98	2015 N=89	2016 N=71	2017 N=73	2018 N=93	2019 N=95	2020 N=100	2021 N=99	2022 N=99	2023 N=98	2024 N=103	2025 N=100
'New' drugs that mimic the effects of opioids	/	/	/	0	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	-	-	-	/	-	-	-	0	-	-	0	**0**
'New' drugs that mimic the effects of cannabis	22	8	-	12	-	-	7	-	-	-	0	**-**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	0	9	-	-	0	0	-	0	**-**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	0	0	-	0	-	0	0	**-**
Any of the above	22	8	6	12	18	11	15	-	7	12	0	**6***

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 table/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 stable in 2025 (33%; 31% in 2024; p=0.877) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed benzodiazepines and commented (n=33), median frequency of use was 24 days (IQR=6-72), stable compared to 2024 (20 days; IQR=6-77; n=32).

Recent Injecting Use: Due to few participants (n≤5) reporting recent injecting use in 2025 (0% in 2024; p=0.231), details regarding recent injection of any non-prescribed benzodiazepines and frequency of any injection 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).

Forms Used: Among those who reported non-prescribed benzodiazepine use and responded in 2025 (n=33), the most commonly used benzodiazepines were Valium (diazepam) (61%), Clonazepam (generic) (45%) and Xanax (alprazolam) (29%).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) remained stable in 2025, with 20% of participants reporting recent use (15% in 2024; p=0.357) (Figure 26).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=20) reported use on a median of five days (IQR=3-17) in 2025, stable from three days in 2024 (IQR=2-6; n=15; *p*=0.247).

Recent Injecting Use: Due to no participants reporting on recent injection, further details are not reported. Please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Antipsychotics

Few participants (n≤5) reported using non-prescribed antipsychotics in the six months prior to interview in 2025 (n=6 in 2024) (Figure 26), therefore no further details regarding patterns of use are included. 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): Recent use of non-prescribed pregabalin remained stable in 2025, with 27% of participants reporting recent use (19% in 2024; *p*=0.249) (Figure 26).

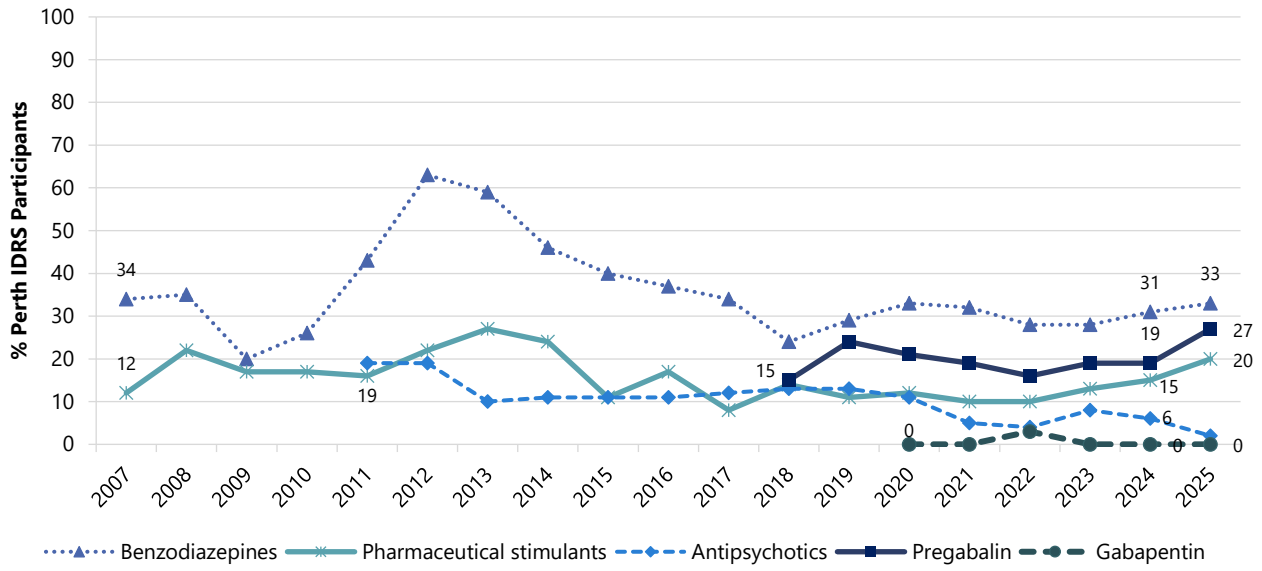
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=27) reported use on a median of five days in the six months preceding interview (IQR=3-12) in 2025, stable from five days in 2024 (IQR=2-13; n=20; *p*=0.650).

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

Gabapentin

Recent Use (past 6 months): Similarly to last year no participants reported on the use of gabapentin in the six months prior to interview in 2025 (Figure 26). Please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 26: Past six month use of non-prescribed pharmaceutical drugs, Perth, WA, 2007-2025



Note. From 2019 to 2023, participants were asked about their use of no-prescribed alpazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam, seperately. 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. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Fifty-three per cent the sample reported recent use of alcohol in 2025, stable from 52% in 2024 (Figure 27).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=53) reported use on a median of 30 days in the six months preceding interview in 2025 (IQR=14-72; 24 days in 2024; IQR=7-90; n=54; p=0.461), with 13% reporting daily use (15% in 2024).

Tobacco

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

Recent Use (past 6 months): Tobacco use has remained fairly high and consistent across the years, with 89% of participants reporting recent use in 2025 (81% in 2024; p=0.121) (Figure 27). Sixty-one per cent of participants reported recent use of smoked or non-smoked illicit tobacco products, a significant increase from 23% in 2024 (p<0.001). Among those who reported recent use of illicit

smoked tobacco products and commented (n=60), the most common products used were branded tobacco packs (75%), unbranded loose tobacco (37%), and branded loose tobacco (25%).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=89), reported use on a median of 180 days in the six months preceding interview in 2025 (IQR=180-180; 180 days in 2024; IQR=180-180; n=83; *p*=0.977), with 83% reporting daily use (84% in 2024; *p*=0.837).

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 reported recent use of prescribed e-cigarettes (n<5 in 2022, 0% in 2023, and n<5 in 2024). The data presented below from 2025 refers only to the use of e-cigarettes that were obtained from non-pharmacy locations. 2022-2025 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): Nearly one third of participants (30%) reported recent use of illicit e-cigarettes in 2025, stable relative to 2024 (34%; *p*=0.548) (Figure 27).

Frequency of Use: Participants who had recently consumed illicit e-cigarettes and commented (n=30), reported use on a median of 90 days in the six months preceding interview (IQR=30-180) in 2025, stable relative to 2024 (120 days; IQR=23-180; n=51; *p*=0.945). Daily use was reported by 37% of participants (46% in 2024; *p*=0.614).

Contents and Forms Used: Among participants who had recently used e-cigarettes and responded in 2025 (n=30), all participants reported using disposable devices (100%).

Reason for Use: Of those who reported any e-cigarette use in the six months prior to interview and responded (n=31), 13% reported using e-cigarettes as a smoking cessation tool, a significant decrease from 53% in 2024 (*p*=0.001).

Nicotine Pouches

Recent Use (past 6 months): Six per cent of the sample reported recent us of nicotine pouches in 2025 (n≤5 in 2024; *p*=0.166)

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2025 (0% in 2024; *p*=0.493), therefore, no further reporting on patterns of use will be included. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2025, 27% of participants reported recent use of GHB/GBL/1,4-BD, a significant increase from 11% in 2024 (*p*=0.005) (Figure 27).

Frequency of Use: Participants reported use of GHB/GBL/1,4-BD on a median of seven days in the preceding six months (IQR=2-17; n=27), consistent with 2024 (6 days; IQR=2-22; n=11; *p*=0.770).

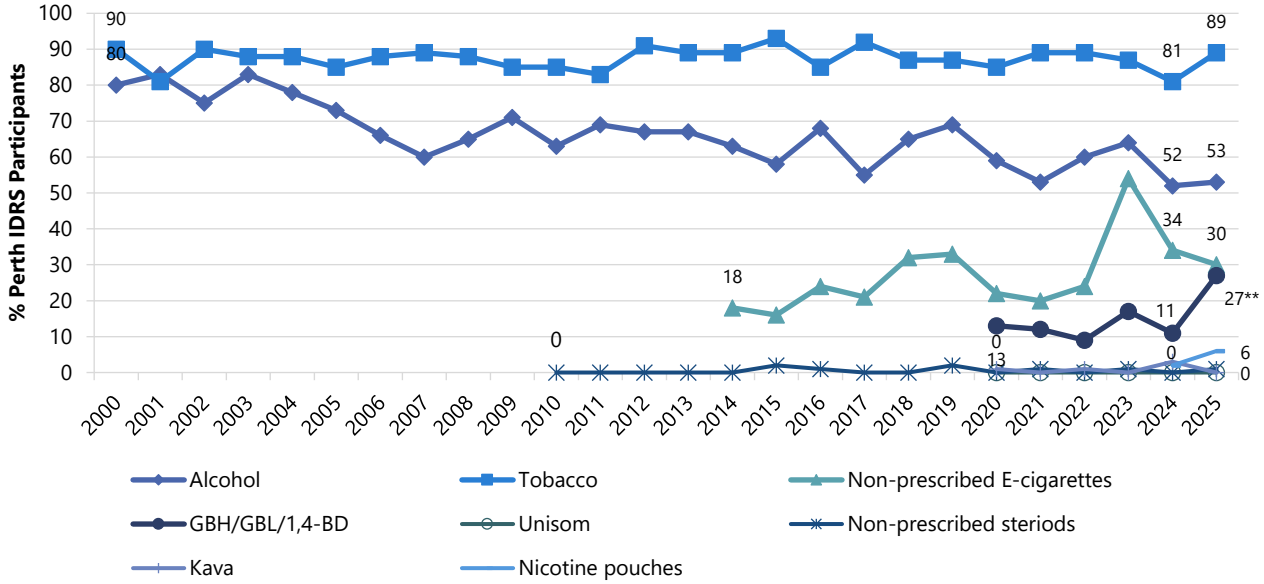
Recent Injecting Use: In 2025, few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD (0% in 2024), therefore no further reporting will be included. Please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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): Similarly to last year, no participants reported on the use of Unisom in the six months prior to interview (0% in 2024) (Figure 27). Please refer to the 2025 IDRS National Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 27: Past six month use of licit and other drugs, Perth, WA, 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. 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.

8

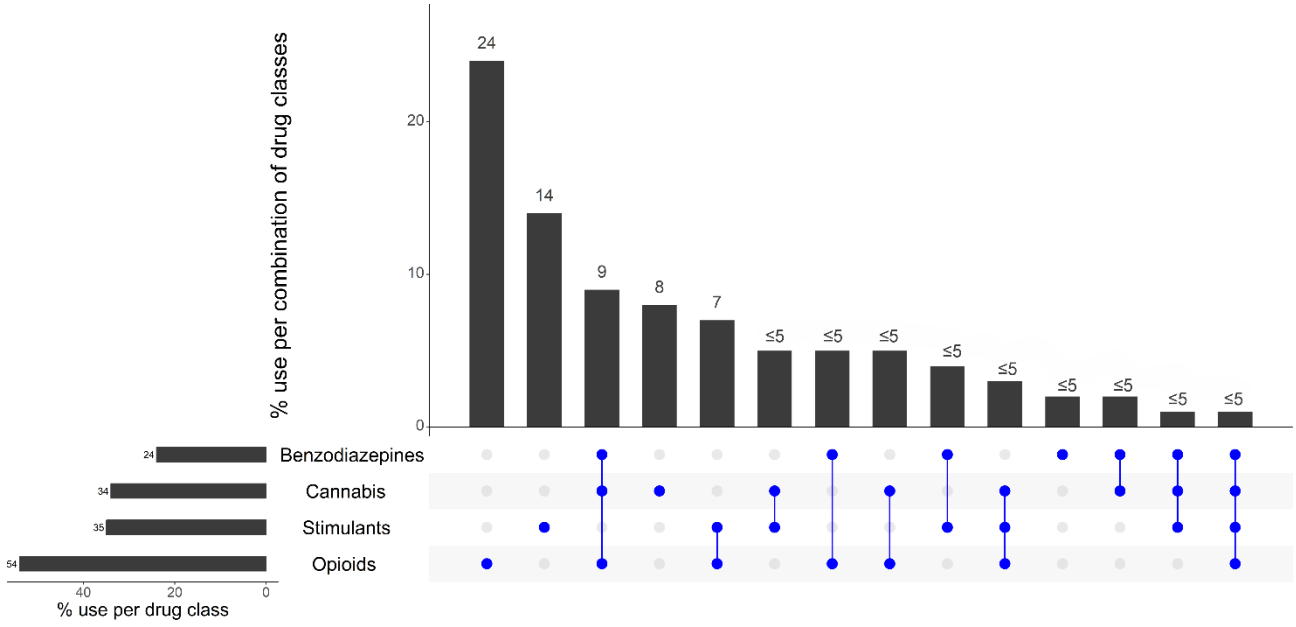
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2025, the majority (95%) 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 (n=95), the most commonly used substances were stimulants (63%), opioids (43%), cannabis (36%), and benzodiazepines (25%).

Sixty-eight per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Nine per cent of the participants reported concurrent use of opioids, cannabis and benzodiazepines on the day preceding the interview (Figure 28). One quarter (24%) of the participants reported using opioids alone, 14% reported using stimulants alone, and 8% reported using cannabis alone.

Figure 28: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Perth, WA, 2025

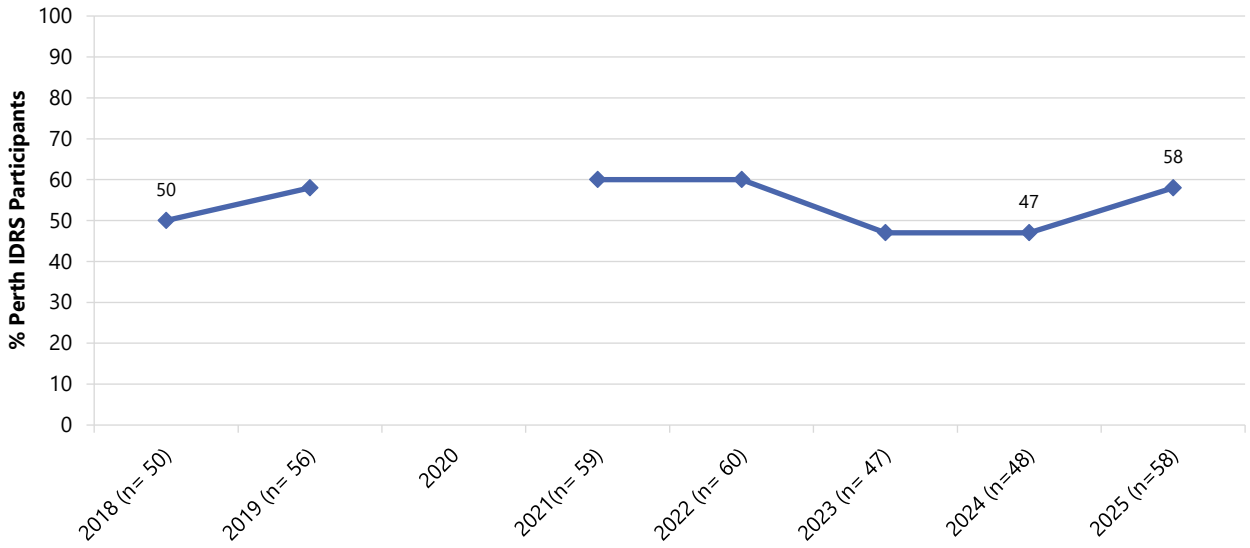


Note. % calculated out of total IDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue 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, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option Y axis reduced to 30% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

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. Fifty-eight per cent of the sample had binged on one or more drugs in the preceding six months, consistent with 2024 (47%; p=0.129) (Figure 29).

Figure 29: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Perth, WA, 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 but not 0). 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.

Overdose Events

Non-Fatal Overdose

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

From 2019 onwards, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

- **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
- **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample.

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

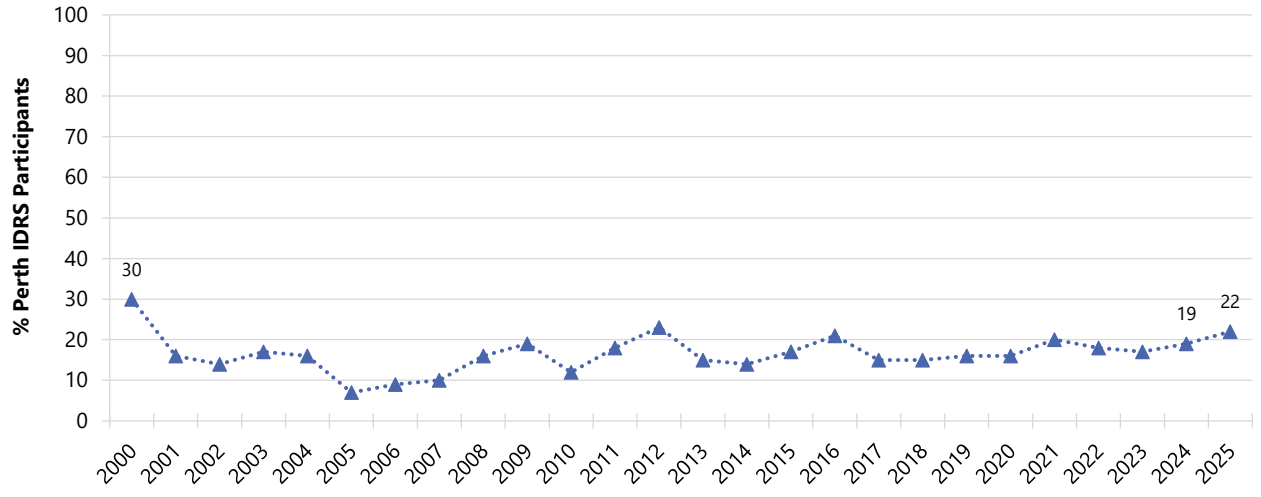
Non-fatal overdose in the sample has remained stable over the years. In 2025, one fifth of the sample (22%) reported a non-fatal overdose on 'any' drugs in the past 12 months, stable from 2024 (19%; p=0.600) (Figure 30).

Fourteen per cent of participants reported a **non-fatal overdose following opioid use** in the past 12 months in 2025 (18% in 2024; p=0.564), whilst 8% of participants reported a **non-fatal overdose following stimulant use** in the past 12 months, a significant increase from 2024 (n≤5; p=0.018). Thirteen per cent of participants reported a non-fatal overdose following heroin use, stable relative to 2024 (18%; p=0.436) (Table 5).

Participants who had overdosed on an opioid (n=14) had done so on a median of two occasions (IQR=1-3) in the 12 months preceding interview. Among those who had overdosed on an opioid in the past year and commented (n=14), 79% reported receiving naloxone. The most commonly cited other drugs involved in participants' most recent opioid overdose was benzodiazepines (64%).

Six per cent of the sample reported a **non-fatal overdose following other drug use** in 2025 (n≤5 in 2024; p=0.064), though few participants (n≤5) were able to comment on the specific drugs the non-fatal overdose was attributed to. Please refer to the 2025 IDRS National Report or national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 30: Past 12 month non-fatal any overdose, Perth, WA, 2000-2025



Note. Estimates from 2000-2006 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Table 5: Past 12-month non-fatal overdose by drug type, Perth, WA, 2016-2025

	Perth, WA									
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any opioid	N=71	N=73	N=96 10	N=95 12	N=99 12	N=96 10	N=100 15	N=99 14	N=102 18	**N=100 14**
% Heroin overdose	N=69 19	N=68 10	N=81 12	N=94 10	N=99 12	N=95 8	N=100 14	N=99 13	N=102 18	**N=100 13**
% Methadone overdose	N=66 -	N=72 0	N=96 0	N=94 -	N=99 0	N=95 0	N=100 -	N=99 -	N=102 -	**N=100 0**
% Morphine overdose	N=66 -	N=69 0	N=95 -	N=94 0	N=99 0	N=95 -	N=100 0	N=99 0	N=102 0	**N=100 0**
% Oxycodone overdose	N=66 -	N=69 0	N=93 0	N=94 0	N=99 0	N=95 0	N=100 -	N=99 0	N=102 0	**N=100 0**
% Stimulant overdose	N=66 -	N=68 -	N=94 -	N=96 -	N=99 -	N=99 -	N=100 -	N=99 -	N=102 -	**N=100 8***
% Other overdose	/	/	/	N=94 -	N=100 -	N=99 8	N=100 -	N=99 -	N=102 -	**N=100 6**
% Any drug overdose	N=66 21	N=68 15	N=78 15	N=94 16	N=99 16	N=95 20	N=100 18	N=99 17	N=102 19	**N=100 22**

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. N is the number who responded (denominator). / Not asked. 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 table/figure notes.

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

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

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 3.1 (SD=3.6). a significant increase relative to 2024 (2.7; SD=3.6; p=0.004). AUDIT-C scores of ≥3 (women) and ≥4 (men) are likely to indicate hazardous drinking, and potentially alcohol dependence. In 2025, 43% of male participants (41% in 2024) had obtained a score of four or more, and just under two fifths (37%) of female participants had obtained a score of three or more, indicative of hazardous drinking (19% in 2024; p=0.185) (Table 6).

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

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Men															
Mean AUDIT-C score (SD)	4 (4.1)	4.2 (3.9)	4.1 (4)	3.4 (3.4)	4.7 (3.8)	3.6 (3.9)	4 (3.6)	4 (3.4)	3.7 (3.8)	3.8 (3.3)	6.4 (3.5)	5.8 (3.3)	3.9 (4.1)	3.3 (3.4)	3.3 (3.9)	**3.3 (3.4)**
Score of ≥4 (%)	46	50	46	39	56	38	52	47	40	47	72	70	42	41	41	**43**
	Women															
Mean AUDIT-C score (SD)	2.7 (3.3)	3.5 (3)	3.5 (3)	4 (3.6)	3.9 (4)	2.5 (3.6)	3 (3.6)	5.3 (3.6)	2.5 (3.6)	2.4 (3.1)	4.1 (3.3)	5.5 (4)	1.9 (2.7)	3.5 (4.1)	1.4 (2.5)	**2.7 (3.8)**
Score of ≥3 (%)	43	57	53	55	50	30	39	70	35	32	53	68	26	46	19	**37**

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/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 (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian

states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The percentage of participants who were aware of naloxone in the last decade has remained high and stable In 2025, 88% of the sample reported awareness of naloxone (84% in 2024; p=0.538) (Figure 31).

Awareness of Take-Home Naloxone: The per cent of participants who were aware of take-home naloxone has fluctuated somewhat over time, ranging between 62% and 88% over the monitoring period. In 2025, 88% reported awareness of take-home naloxone, stable relative to 2024 (81%; p=0.252) (Figure 31). In 2025, no participants reported having heard of paid access (n≤5 in 2024), and 88% of participants reported having heard of free access (80% in 2024; p=0.249).

Obtained Naloxone: In 2025, three quarters (75%) of the sample reported having obtained naloxone at least once in their lifetime (65% in 2024; p=0.133), with 59% reporting access within the past year (58% in 2024; p=0.884) (Figure 32). For those who reported obtaining naloxone in the lifetime (n=75), the majority of these participants last obtained naloxone from an NSP (47%, 100% in-person and 0% via post), followed by a pharmacy (23%). The majority (97%) reported that they did not have to pay the last time they obtained naloxone.

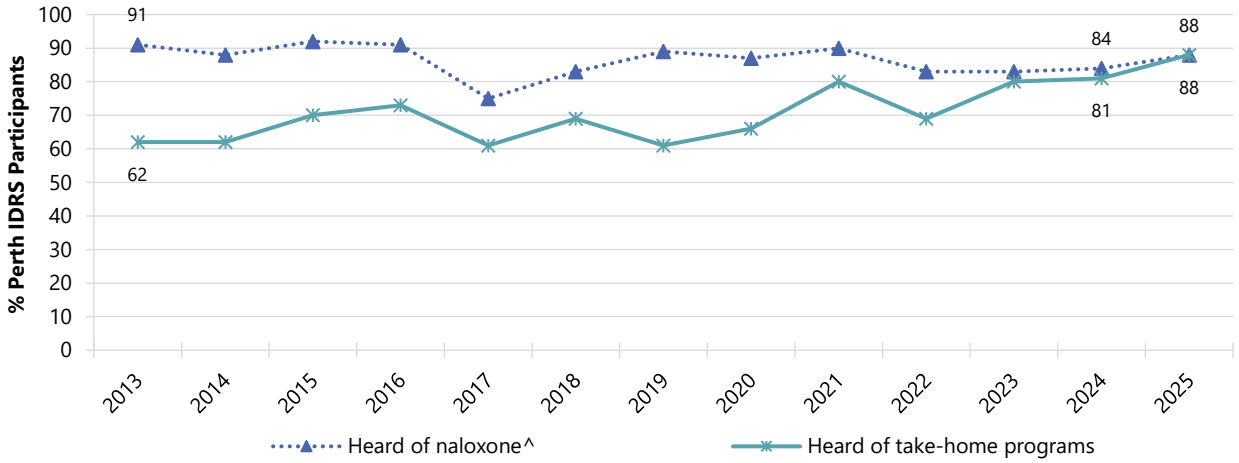
In 2025, of those who reported obtaining naloxone at least once in their lifetime (n=88), reported that they had a median of two naloxone kits stored away at the time of interview (IQR=1-4). Among those with at least one naloxone kit stored away and who responded (n=53), 94% had at least one kit within its expiration date. Few participants (n≤5) had at least one kit that was expired, or had both expired and non-expired kits respectively. Few participants (n≤5) reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (n≤5 in 2024). An additional 25% of participants reported that they had never tried to obtain naloxone (note: a small per cent of participants reported never trying to obtain naloxone despite having obtained it in their lifetime, this could reflect that they had been given naloxone, but never actively sought it out) (37% in 2024; p=0.073).

Of those who responded ever obtaining naloxone, had used opioids in the past month, and could respond (n=59), 54% reported that they 'always' had naloxone on hand when using opioids in the past month, followed by one quarter (24%) reporting 'often'.

Education on Using Naloxone: In 2025, 58% had been trained in how to administer naloxone in their lifetime, stable relative to 2024 (49%; p=0.265). Twenty-eight per cent of participants reported receiving training in naloxone administration in the past year, stable from 2024 (21%; p=0.256) (Figure 31). Among those who had been trained in naloxone administration in the last year and responded (n=28), most participants (46%) were taught how to administer naloxone at an NSP. All participants (n=28) reported that the training they received was in-person.

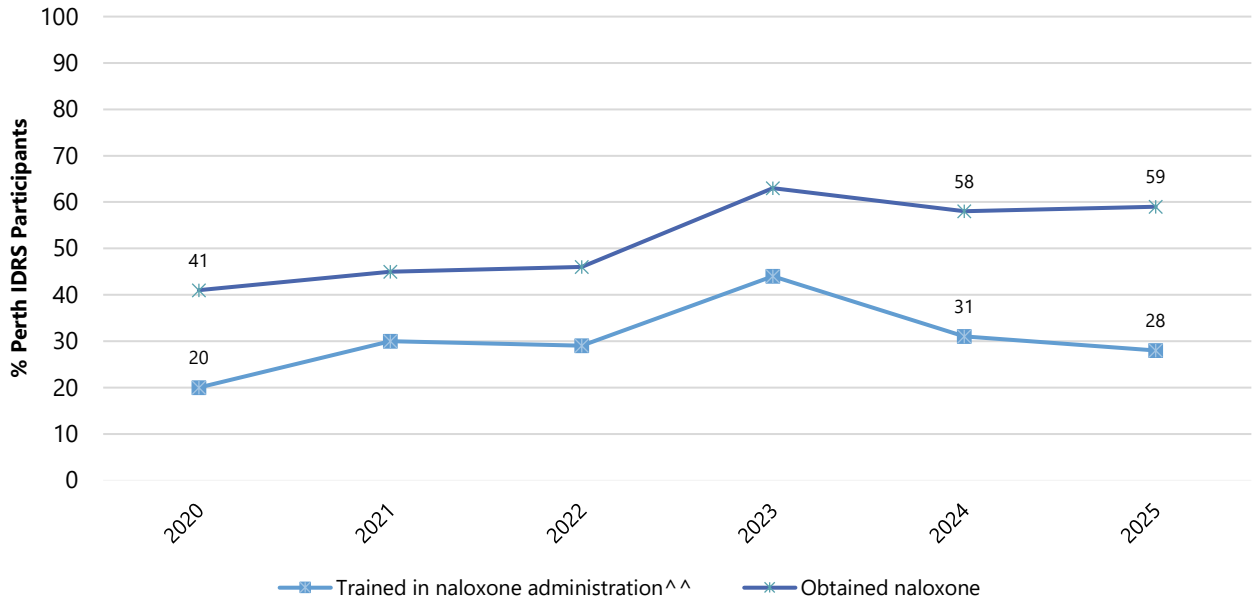
Use of Naloxone to Reverse Overdose: In 2025, half (51%) of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime, consistent with 2024 (41%; p=0.207), with one fifth (20%) having done so in the past year. One tenth (11%) of the sample reported that they had been resuscitated by a peer using naloxone in the last year (11% in 2024).

Figure 31: Lifetime awareness of naloxone, and education in naloxone administration, Perth, WA, 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 but not 0). 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.

Figure 32: Past 12 month education in naloxone administration, and obtainment of naloxone, Perth, WA, 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 but not 0). 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=9-200; 60 in 2024; IQR=20-200; p=0.783), having a median of 18 'stored away' (IQR=2-100; 25 in 2024; IQR=5-100; p=0.504) and providing a median of 10 to others (IQR=0-50; 10 in 2024; IQR=0-50; p=0.974).

Twelve per cent of the sample reported difficulties obtaining new needles and syringes in the past month (12% in 2024), and 6% reported difficulties accessing filters (n≤5 in 2024; p=0.168) (

Table 7). Few participants (n≤5) reported difficulties obtaining sterile water (not asked in 2024). The majority of participants reported that they obtained needles from an NSP (77%; 84% in 2024; *p*=0.266), followed by a chemist (21%; 19% in 2024; *p*=0.849) (Table 7).

Injecting Behaviours

In 2025, participants reported injecting on a median of 20 occasions in the past month (IQR=8-40; 30 occasions in 2024; IQR=12-31; *p*=0.525). In 2025, few participants (n≤5) reported receptive sharing (8% in 2024; *p*=0.568), and 7% of participants reported distributive sharing in the month prior to interview, stable from 2024 (15%; *p*=0.118) (Figure 33).

One fifth (20%) of the sample reported having shared injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month, stable relative to 2024 (16%; *p*=0.468). Twenty-seven per cent of the sample reported that they had reused their own needles in the past month, a significant decrease relative to 2024 (44%; *p*=0.021) (Figure 33). In 2025, 61% of the sample reported re-using other injecting equipment in the past month (53% in 2024, *p*=0.327), most commonly tourniquets (42%; 34% in 2024; *p*=0.253) and spoons and mixing containers (37%; 39% in 2024; p=0.881) (Table 7).

In 2025, 28% of the sample reported that they had injected someone else in the past month (37% in 2024; *p*=0.233), and 21% were injected by someone else in the past month (16% in 2024; *p*=0.367) (Table 8).

The location of last injection remained stable between 2025 and 2024 (*p*=0.235). Consistent with previous years, most participants (84%) reported that they had last injected in a private home (74% in 2024). An additional 7% of participants reported injecting in a public toilet (7% in 2024) (Table 8).

Nearly half (48%) of the sample reported injecting alone on the last occasion of injecting (52% in 2024; *p*=0.673).

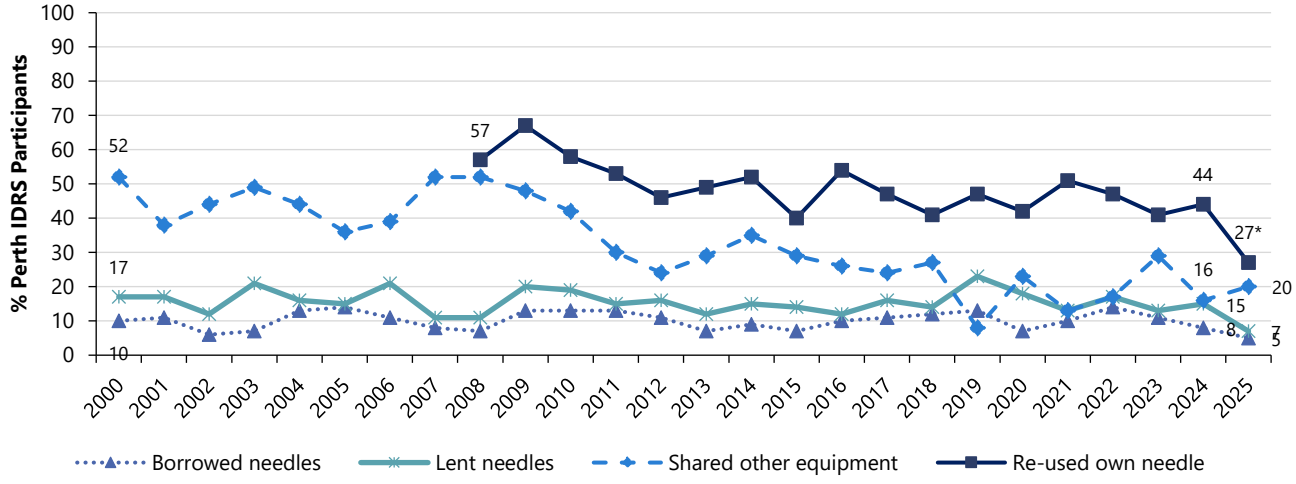
The site of last injection also remained stable between 2025 and 2024 (*p*=0.950). Consistent with previous years, the majority of the sample (74%) reported injecting in their arm on the last occasion of injecting. An additional 13% reported injecting into their hand/wrist (15% in 2024), and 6% into their leg (n≤5 in 2024) (Table 8).

Table 7: Injecting equipment access in past month, Perth, WA,2023-2025

	Perth, WA		
	2023 (N=99)	2024 (N=103)	2025 (N=90)
% Location of needle/syringe access past month			
NSP	82	84	**77**
NSP vending machine	-	-	**0**
Chemist	32	19	**21**
Friend/Partner	19	9	**12**
Dealer	8	-	**0**
Hospital	6	0	**0**
Outreach/peer worker	-	0	**0**
Medically supervised injecting Centre/Room	0	0	**0**
Other	-	-	**0**
%Difficulties accessing filters^ in the past month	-	-	6
% Difficulties accessing needles/syringes in past month	14	12	**12**
% Equipment used past month			
Needle and syringe (e.g., 0.5mL, 1mL)	97	96	**97**
Syringe or barrel (e.g., 3mL, 5mL, 10mL, 20mL, 50mL)	21	13	**8**
Spoons/mixing containers	67	73	**52****
Tourniquet	47	58	**55**
Swabs	89	88	**88**
Water	84	93	**94**
Any filters	71	75	**62**

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 table/figure notes.

Figure 33: Borrowing and lending of needles and sharing of injecting equipment in the past month, Perth, WA, 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 but not 0). 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.

Table 8: Injecting behaviours in the past month, and location last injection use, Perth, WA, 2015-2025

	2015 (N=74)	2016 (N=69)	2017 (N=73)	2018 (N=100)	2019 (N=95)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)	2025 (N=100)
% Injecting behaviours past month											
Borrowed a needle	N=74 8	N=69 6	N=70 10	N=94 16	N=95 13	N=100 7	N=99 10	N=100 14	N=99 11	N=102 8	**N=100 -**
Lent a needle	N=74 14	N=69 15	N=70 21	N=95 17	N=92 23	N=99 18	N=99 13	N=100 17	N=99 13	N=101 15	**N=100 7**
Shared any injecting equipment ^	N=74 32	N=69 25	N=70 22	N=99 26	N=96 8	N=99 23	N=99 13	N=99 17	N=97 29	N=102 16	**N=100 20**
Reused own needle	N=73 39	N=69 38	N=69 48	N=95 44	N=95 47	N=100 42	N=99 51	N=100 47	N=99 41	N=101 44	**N=100 27***
Reused any other equipment	N=74 57	N=69 52	N=69 49	N=97 41	N=95 28	/	/	/	N=99 67	N=103 53	**N=100 61**
Injected partner/friend	/	N=69 31	N=70 27	N=96 29	N=95 33	N=100 33	N=99 36	N=100 27	N=99 38	N=101 37	**N=100 28**
Somebody else injected them	/	N=69 17	N=70 14	N=96 12	N=95 25	N=100 16	N=99 17	N=100 13	N=99 19	N=101 16	**N=100 21**
% Location of last injecting use											
Private home	81	83	74	76	76	80	70	80	76	74	**84**
Car	14	7	10	11	10	9	10	-	9	9	**-**
Street/car park/beach	-	-	-	-	8	-	-	9	9	10	**-**
Public toilet	-	-	10	10	-	7	14	-	-	7	**7**
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	0	0	0	**0**
Prison	0	0	0	0	0	0	0	0	0	0	**0**
Stairwell	0	0	0	0	-	0	0	0	-	0	**0**
Other	-	-	-	-	-	-	-	-	-	0	**0**
% Last injection site											**N = 99**
Arm	69	72	74	76	68	77	70	77	68	74	**74**
Leg	8	-	-	6	10	7	9	-	8	-	**6**
Hand/wrist	14	14	13	10	13	10	14	12	14	15	**13**
Foot	-	0	-	0	0	-	-	-	-	0	**-**
Groin	-	-	0	-	0	0	-	-	-	0	**0**
Neck	-	9	-	6	9	-	0	-	-	6	**-**
Other	-	0	-	0	-	0	0	-	-	0	**-**

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 table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2025 (35%), relative to 2024 (31%; p=0.657) (Table 9). The most common injection-related health issues reported consisted of any infection/abscess (15%; 10% in 2024; p=0.298), dirty hit (14%; 10% in 2024; P=0.390), artery injection (7%; 11% in 2024; p=0.452), and any nerve damage (6%; 11% in 2024; p=0.316).

Table 9: Injection-related issues in the past month, Perth, WA, 2020-2025

	2020	2021	2022	2023	2024	2025
	(N=100)	(N=98)	(N=100)	(N=99)	(N=103)	(N=100)
% Artery injection	10	-	-	7	11	**7**
% Any nerve damage	13	13	17	13	11	**6**
% Any thrombosis	6	-	7	16	8	**-**
Blood clot	-	-	6	16	8	**-**
Deep vein thrombosis	-	0	-	0	-	**0**
% Any infection/abscess	9	14	9	18	10	**15**
Skin abscess	7	10	8	16	8	**12**
Endocarditis	0	0	0	-	-	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	-	-	**-**
% Dirty hit	11	10	6	9	10	**14**
% Any injection-related problem	33	33	31	41	31	**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 table/figure notes.

Drug Treatment

The percentage of participants reporting that they were currently receiving any drug treatment in 2025 (42%) compared to 2024 (43%) remained stable. One fifth (21%) of participants reported receiving methadone (18% in 2024; p=0.708), which continued to be the most common treatment received in 2025 (Table 10). Among those who reported methadone or buprenorphine treatment and commented (n=28), two thirds (64%) reported receiving takeaway doses (66% in 2024).

Nine per cent of participants reported having tried to access treatment in the past six months but were unable to (17% in 2024; p=0.102). Few participants (n≤5) reported the specific drug for which treatment was required. Few participants (n≤5) reported the specific type of service they had attempted to access but were unable to.

Table 10: Current drug treatment, Perth, WA, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	(N=102)	(N=101)	(N=100)	(N=101)	(N=99)	(N=100)	(N=99)	(N=100)	(N=99)	(N=103)	(N=100)
% Any current drug treatment	36	42	48	34	28	48	46	40	48	43	**42**
Methadone	20	18	18	25	10	24	27	24	31	18	**21**
Buprenorphine	-	-	0	0	0	0	-	-	-	0	**0**
Buprenorphine-naloxone	7	7	9	-	7	14	8	10	-	10	**7**
Buprenorphine depot injection	/	/	/	/	0	-	-	-	-	9	**10**
Drug counselling	-	-	-	-	9	17	9	8	11	-	**7**
Other	-	-	-	-	-	-	-	-	-	-	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

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

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

Of those who had recently used an opioid and commented (n=66), the median SDS score was six (IQR=2-10), with 58% scoring five or above, indicating possible dependence (70% in 2024; p=0.164) (Table 11). Seventeen per cent of participants obtained a score of zero on the opioid SDS (16% in 2024), indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=70), the median SDS score was three (IQR=1-8), with 49% scoring four or above, indicating possible dependence (41% in 2024; p=0.389) (Table 11). One fifth (21%) of participants obtained a score of zero on the methamphetamine SDS (23% in 2024; p=0.832), 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, Perth, WA, 2017-2025

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Opioid	**N=57**	**N=76**	**N=59**	**/**	**N=66**	**N=60**	**N=72**	**N=74**	**N=66**
Median total score (IQR)	7 (3-10)	6 (2-9)	6 (3-9)	/	6 (2-9)	7 (3-11)	5 (1-9)	8 (3-12)	**6 (2-10)**
% score 0	12	18	17	/	14	-	18	16	**17**
% score ≥ 5	67	59	61	/	64	60	56	70	**58**
Methamphetamine	**N=50**	**N=64**	**N=67**	**/**	**N=81**	**N=75**	**N=77**	**N=64**	**N=70**
Median total score (IQR)	1 (0-5)	2 (0-6)	2 (0-5)	/	4 (0-6)	4 (0-7)	2 (0-5)	3 (1-6)	**3 (1-8)**
% score 0	44	42	33	/	31	24	27	23	**21**
% score ≥ 4	32	39	39	/	51	52	42	41	**49**

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 table/figure notes.

Bloodborne Virus Testing and Treatment

In 2025, 41% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (52% in 2024; p=0.203), 8% had received a PCR or RNA test, a significant decrease from 38% in 2024 (p=0.001). No participants reported having a current HCV infection (n≤5 in 2024; p=0.246) (Table 12). Few participants (n≤5) reported that they had received HCV treatment in the past year (n≤5 in 2024), and as such, few participants (n≤5) were able to comment on whether treatment was successful. Please refer to the 2025 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Three quarters (74%) of the sample reported having had a test for human immunodeficiency virus (HIV) at least once in their lifetime (21% within the past six months; 23% in 2024; p=0.860), with few participants (n≤5) reporting that they had ever received a positive diagnosis (n≤5 in 2024; p=0.667) (Table 12).

Table 12: HCV and HIV testing and treatment, Perth, WA, 2018-2025

	2018 (N=100)	2019 (N=96)	2020 (N=100)	2021 (N=99)	2022 (N=100)	2023 (N=99)	2024 (N=103)	2025 (N=100)
Past year Hepatitis C test								
Past year hepatitis C antibody test	N=87 54	N=86 63	N=98 35	N=99 38	N=98 43	N=97 51	N=99 52	**N=99** **41**
Past year hepatitis C PCR or RNA test	N=76 45	N=63 43	N=91 35	N=86 36	N=92 39	N=94 48	N=97 38	**N=96** **8*** **
Current hepatitis C status								
Currently have hepatitis C^	N=39 41	N=36 22	N=95 0	N=91 7	N=94 9	N=94 -	N=97 -	**N=96** **0**
Past year treatment for hepatitis C								
Received treatment in past year	N=40 28	N=22 27	N=96 6	N=97 8	N=95 8	N=94 6	N=97 -	**N=96** **-**
Most recent treatment was successful (among those who had received treatment in past year)	N=16 94	N=8 100	N=6 100	N=8 -	N=8 75	N=6 -	-	**-**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	-	-	**-**
HIV test	/	/	N=100	N=99	N=100	N=99	N=99	**N=99**
HIV test in past 6 months	/	/	/	20	25	38	23	**21**
HIV test more than 6 months ago	/	/	/	69	52	46	60	**53**
HIV status	/	/	N=100	N=98	N=100	N=99	N=82	**N=73**
Lifetime HIV positive diagnosis	/	/	/	-	-	0	-	**-**

Note. ^This includes people who had not been tested for HCV. N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. 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 table/figure notes.

Sexual Health Behaviours

In 2025, 56% of the sample reported some form of sexual activity in the past four weeks, a significant increase relative to 2024 (40%; p=0.037). 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=56), participants reported a median of one partner (IQR: 1-2; 1 partner in 2024; IQR:1-1; p=0.126). Eleven per cent of participants reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (n ≤5 in 2024; p=0.462).

Of those who commented (n=100), one fifth (20%) reported having a sexual health check-up in the six months prior to interview a (18% in 2024; p=0.852). Seventy-one per cent of participants reported

undergoing a sexual health check at least once in their lifetime (60% in 2024; p=0.106). Of the total sample who responded (n=100), 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 (n≤5 in 2024; p=0.445) and 29% had received a positive diagnosis in their lifetime (27% in 2024; p=0.872) (Table 13).

Table 13: Sexual health behaviours, Perth, WA, 2022-2025

	2022	2023	2024	2025
Of those who responded[#]:	**N=94**	**N=99**	**N=100**	**N=100**
% Any sexual activity in the past four weeks	51	49	40	**56***
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	N=40	**N=56**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	-	**11**
Of those who responded[#]:	**N=92**	**N=97**	**N=99**	**N=100**
% Had a sexual health check in the last six months	23	39	18	**20**
% Had a sexual health check in their lifetime	66	75	60	**71**
Of those who responded[#]:	**N=92**	**N=97**	**N=99**	**N=100**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	22	15	27	**29**

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 table/figure notes.

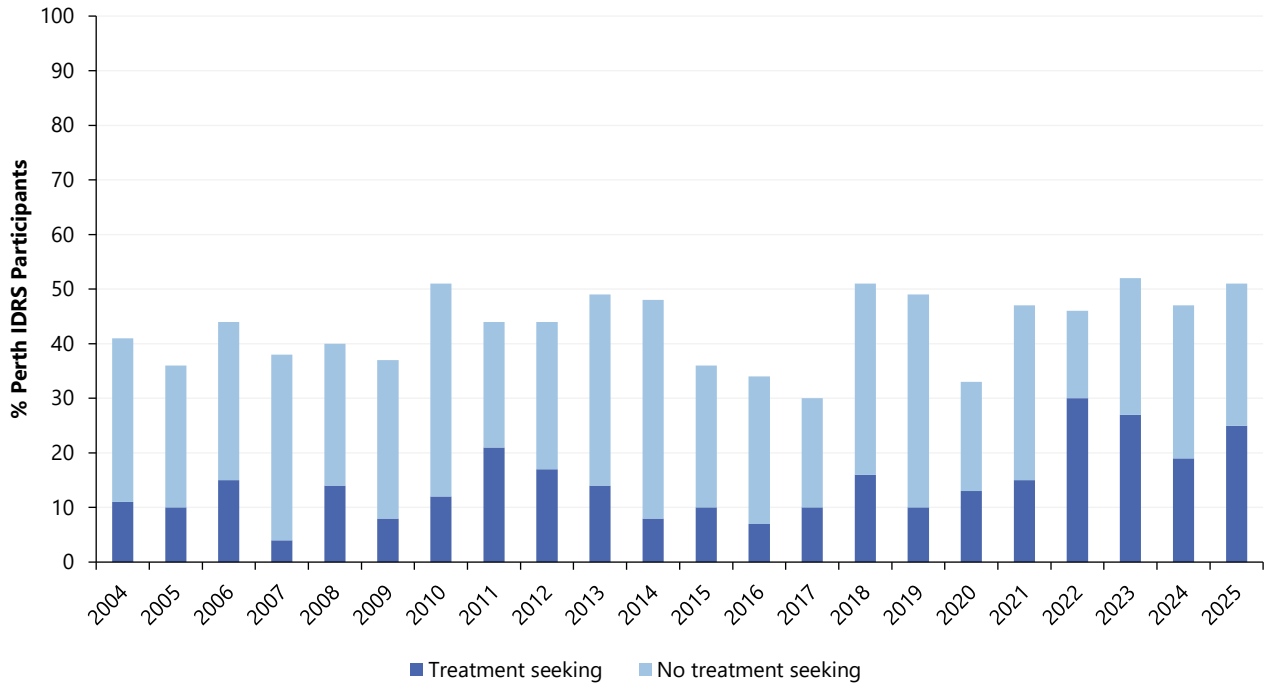
Mental Health and Psychological Distress (K10)

Mental Health

In 2025, half (51%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2024 (47%; p=0.673) (Figure 34). Amongst this group, the three most commonly reported problems were depression (70%; 62% in 2024; p=0.368), anxiety (54%; 64% in 2024; p=0.761), and PTSD (24%; 28% in 2024).

One quarter (25%) of the total sample had seen a mental health professional during the past six months (19% in 2024; p=0.307) (Figure 34). This is equivalent to 50% of those who self-reported a mental health problem during the past six months, stable from 40% in 2024 (p=0.410). Eighty-four per cent of those who reported having seen a mental health professional about a mental health problem reported that they had been prescribed medication for their mental health problem in the six months preceding the interview (58% in 2024; p=0.088).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 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. 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.

Psychological Distress (K10)

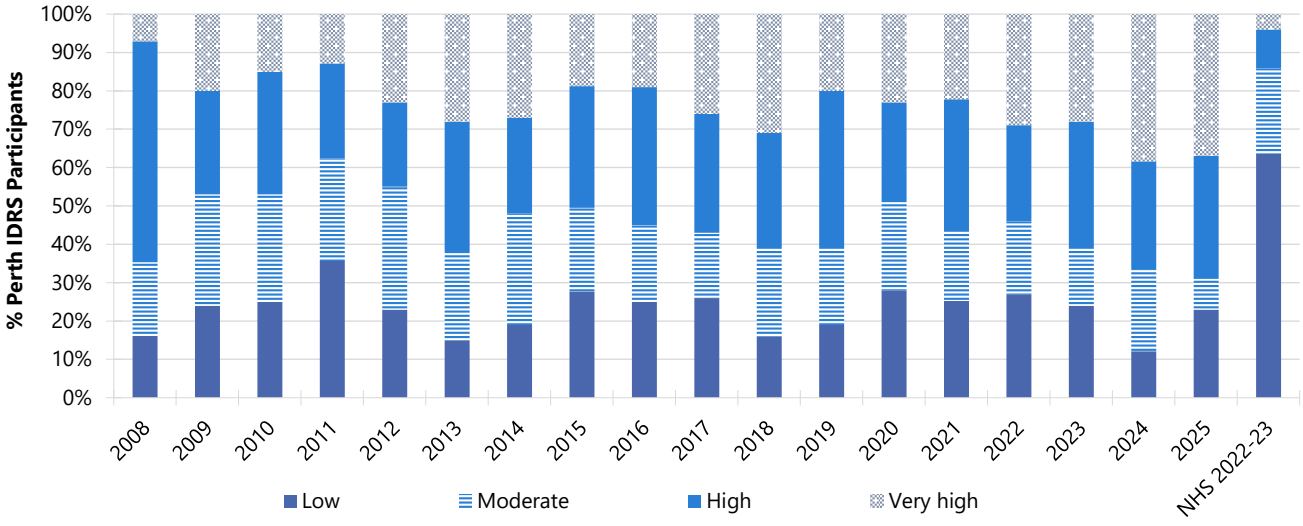
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

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

Among those who responded in 2025 (n=100), the per cent of participants scoring in each of the four K10 categories changed significantly between 2025 and 2024 (p=0.028), reflected by an increase in the percentage of participants scoring in the 'high' and 'very high' distress categories, and a corresponding decrease in the proportion scoring 'low' or 'moderate' distress (Figure 35). Thirty-seven per cent of the IDRS participants had a score of 30 or more (38% in 2024).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2025 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 35).

Figure 35: K10 psychological distress scores, Perth, WA, 2008-2025 and among the general population, 2022-23



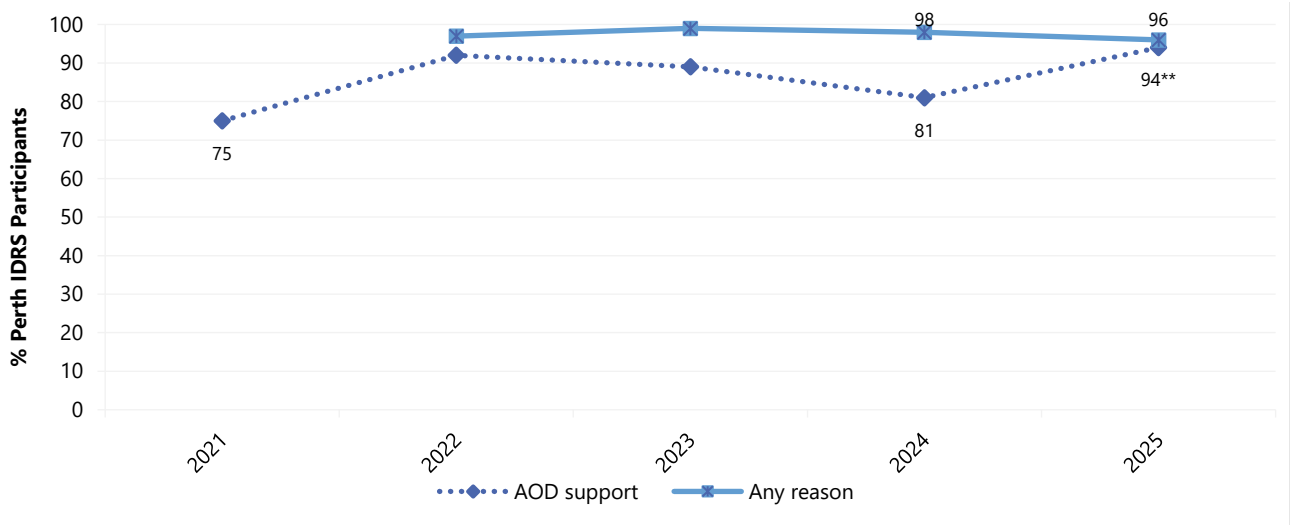
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure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

Health Service Access

The majority (94%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025, a significant increase from 81% in 2024 (p=0.007) (Table 14). Primary services reported by participants for AOD support in 2025 were pharmacy (75%; 38% in 2024; p<0.001), followed by NSPs (69%; 63% in 2024; p=0.452), GPs (57%; 43% in 2024; p=0.054), and peer-based harm reduction services (19%; 22% in 2024; p=0.602).

Ninety-six per cent of participants reported accessing any health service for any reason in the six months preceding interview in 2025 (98% in 2024; p=0.440) (Table 14). Primary services reported by participants in 2025 were pharmacy (85%; 76% in 2024; p=0.119), GPs (74%; 81% in 2024; p=0.320), NSPs (69%; 67% in 2024; p=0.762), and emergency departments (30%; 28% in 2024; p=0.875) (Figure 36).

Figure 36: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Perth, WA, 2021-2025



Note. Questions regarding health service access for any reason were first asked in 2018, however due to differences in response options between 2018-2020, data are presented from 2021. 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.

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

	AOD support				Any reason			
	2022 (N=100)	2023 (N=99)	2024 (N=103)	2025 (N=100)	2022 (N=100)	2023 (N=99)	2024 (N=103)	2025 (N=100)
% accessing health service	**92**	**89**	**81**	**94**	**97**	**99**	**98**	**96**
GP	37	45	43	**57**	76	73	81	**74**
In-person	/	/	/	**56**	/	/	/	**73**
Telehealth	/	/	/	**-**	/	/	/	**6**
Emergency department	9	16	9	**13**	31	23	28	**30**
Hospital admission (inpatient)	7	14	9	**9**	19	21	16	**19**
Medical tent (e.g., at a festival)	0	0	0	**-**	-	-	0	**-**
Drug and Alcohol counsellor	24	17	12	**15**	24	19	12	**15**
Hospital as an outpatient	-	-	-	**-**	6	17	12	**-**
Specialist doctor (not including a psychiatrist)	16	6	6	**-**	26	11	11	**-**
Dentist	-	-	-	**-**	18	14	19	**11**
Ambulance attendance	8	9	-	**8**	15	16	10	**11**
Pharmacy	/	/	38	**75*** **	/	/	76	**85**
Other health professional (e.g., physiotherapist)	-	7	-	**-**	20	12	13	**7**
Psychiatrist	8	-	-	**-**	15	7	7	**-**
Psychologist	9	-	-	**6**	17	7	8	**9**
NSP	68	42	63	**69**	69	44	67*	**69**
Peer based harm reduction service	53	57	22	**19**	54	61	22	**23**
Other harm reduction service	0	7	-	**-**	-	11	-	**-**

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 table/figure notes.

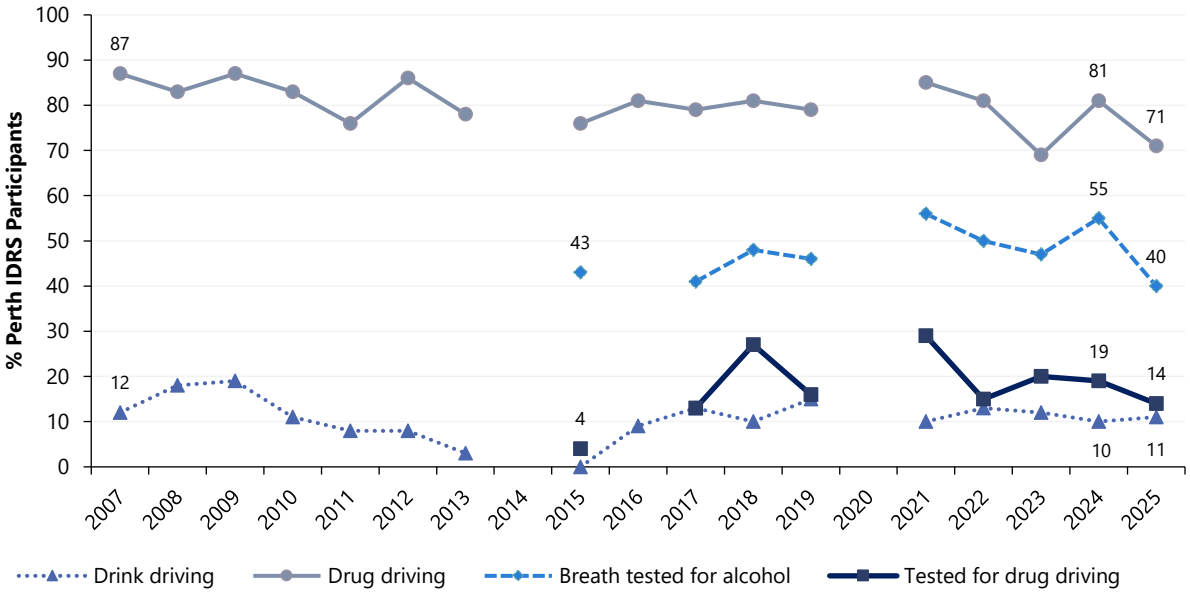
Driving

In 2025, 57% of the sample had driven a car, motorcycle or other vehicle in the last six months (42% in 2024; p=0.051) (Figure 37). Of those who had driven recently and responded (n=56), 11% reported driving while over the perceived legal limit of alcohol in the last six months, stable relative to 2024 (10%), and 71% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2024 (81%; p=0.345) (Figure 37).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=57), participants most commonly reported using crystal methamphetamine (58%) prior to driving, followed by heroin (55%), and cannabis (23%).

Of those who had recently driven (n=57), 14% reported that they had been tested for drug driving by the police roadside drug testing service (19% in 2024; p=0.581), and 40% reported that they had been breath tested for alcohol by the police roadside testing service (55% in 2024; p=0.223) in the six months prior to interview. Among those who had had been tested for drug driving by the police roadside drug testing service (n=8), few participants (n≤5) reported a detected drug.

Figure 37: 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, Perth, WA, 2007-2024



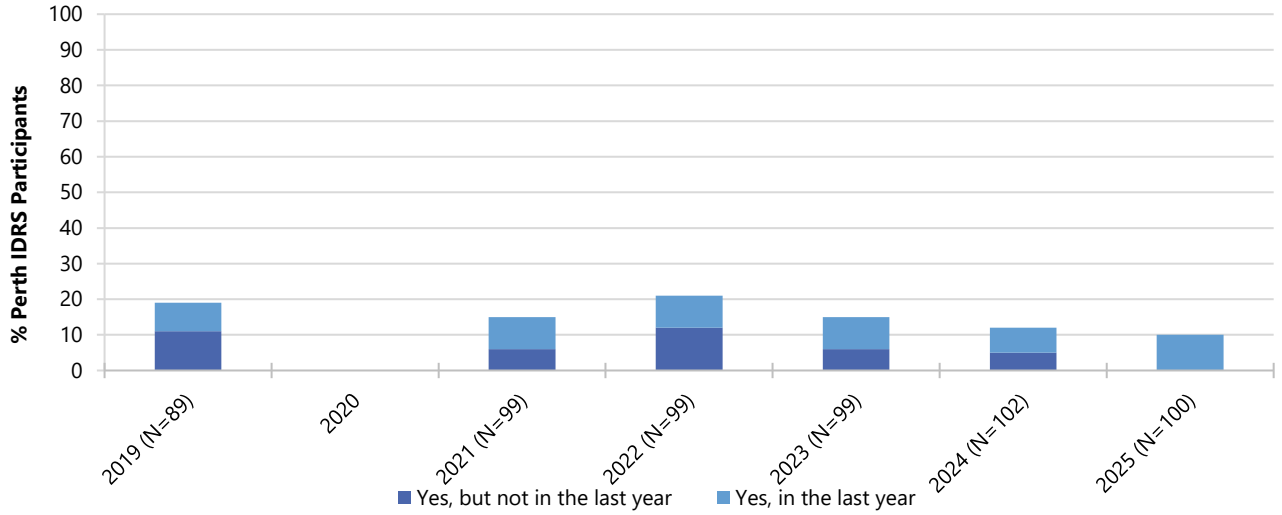
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years of monitoring. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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, 10% of the sample reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia in the past year (7% in 2024; p=0.451) (Figure 38). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2025 and responded (n=10), all participants (100%) reported using a personal testing kit, most commonly colorimetric or reagent test kits (100%). No participants reported that they had submitted drugs for testing at a drug checking service.

Figure 38: Lifetime and past year engagement in drug checking, Perth, WA 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 only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

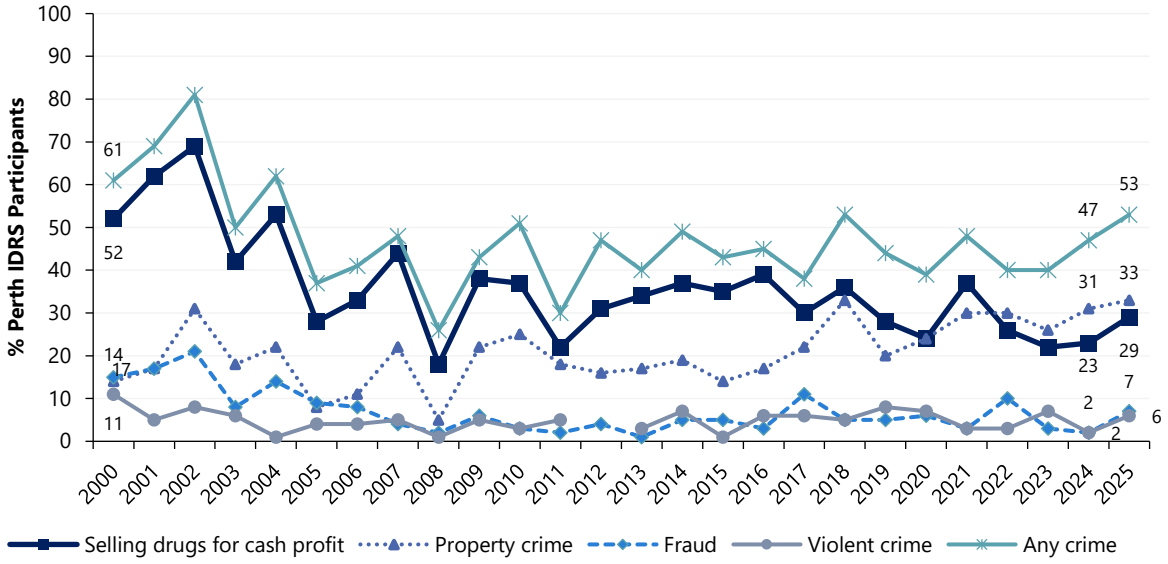
Experience of Crime and Engagement with the Criminal Justice System

In 2025, 53% of the sample reported engaging in 'any' crime in the past month, stable from 48% in 2024 (p=0.473). Property crime (33%; 31% in 2024; p=0.876) and selling drugs for cash profit (29%; 23% in 2024; p=0.422) remained the most common self-reported crimes in the month preceding interview (Figure 39). Seven per cent reported fraud (n≤5 in 2024; p=0.170) and 6% reported violent crime (n≤5 in 2024; p=0.279). Almost one quarter (23%) reported being the victim of a crime involving violence, a significant increase relative to 2024 (6%; p<0.001) (Figure 40).

In 2025, one fifth (22%) of the sample reported being arrested in the 12 months preceding interview, stable relative to 2024 (20%; p=0.856). Of those who had been arrested and commented (n=25), the main reasons for arrest in 2025 were, property crime (48%), use/possession of drugs (29%) and other violent crime (14%). In 2025, 8% of the sample had been convicted of a drug-related offence in the past year (9% in 2024), and 10% had been sentenced to a community corrections order (6% in 2024; p=0.435).

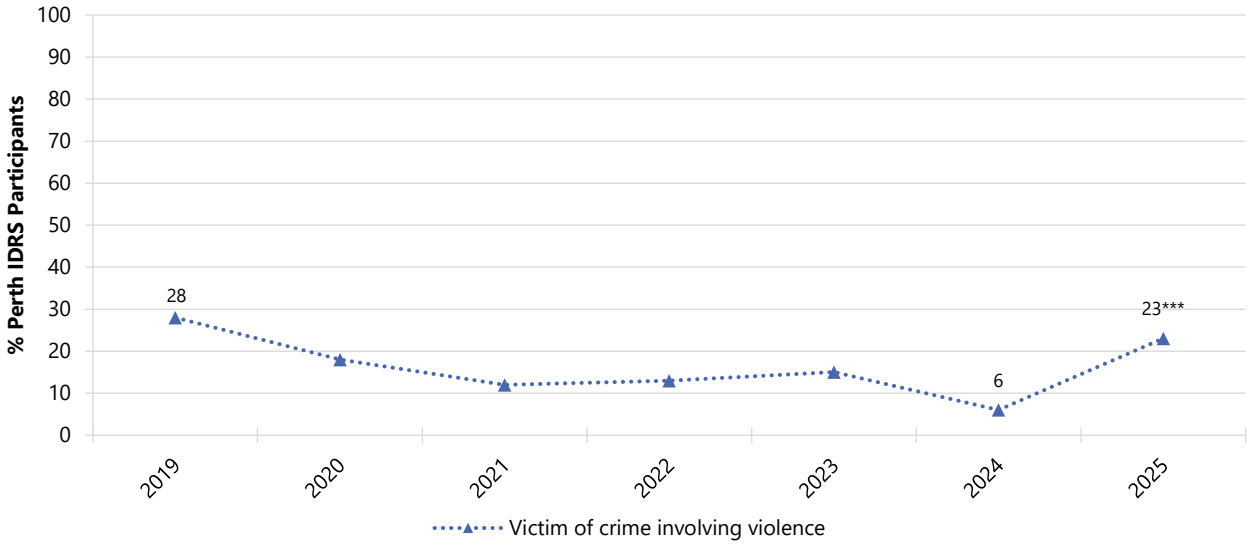
One fifth (22%) of the sample reported a drug-related encounter which did not result in charge or arrest (24% in 2024; p=0.748). This predominantly comprised being stopped and searched, representing an increase from 40% in 2024 to 73% in 2025 (p=0.042). Lifetime prison history was reported by 51% of the sample, stable relative to 2024 (48%; p=0.675) (Figure 41).

Figure 39: Self-reported criminal activity in the past month, Perth, WA, 2000-2025



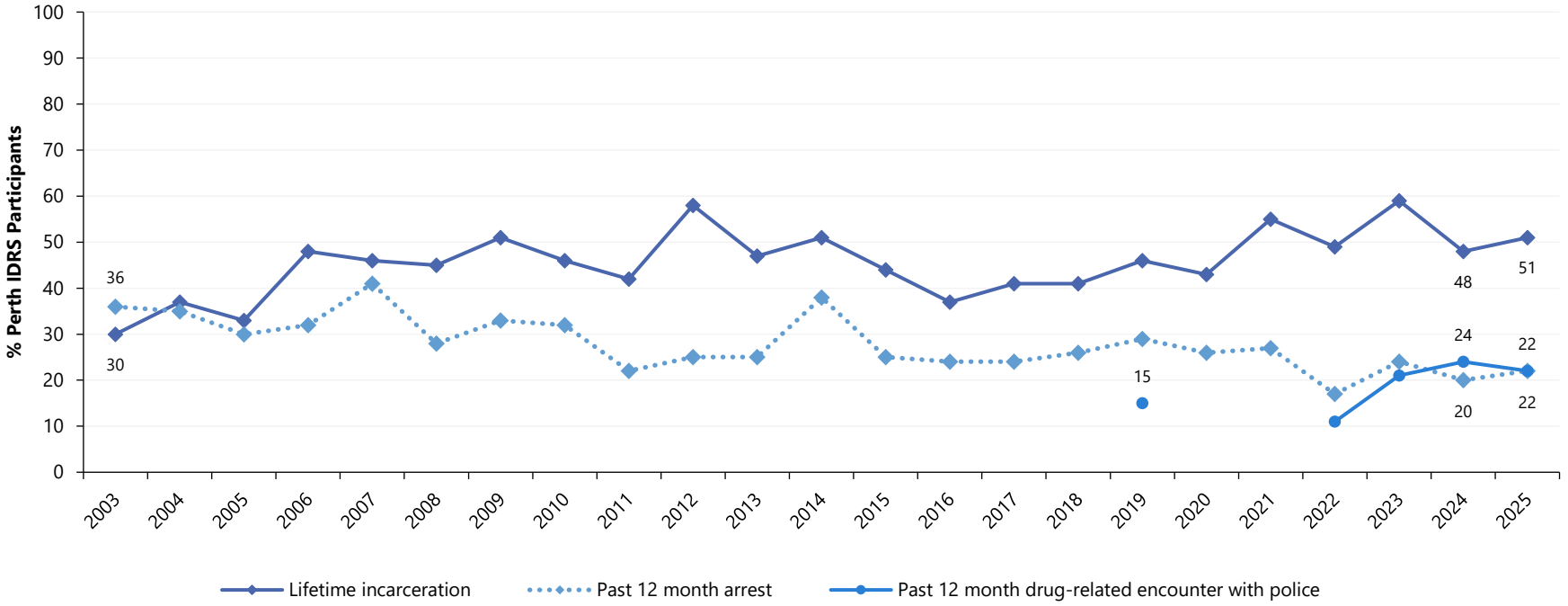
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 40: Victim of crime involving violence in the past month, Perth, WA, 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. 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.

Figure 41: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Perth, WA, 2003-2025



Note. Statistical significance for2024 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.

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 (73%; 72% in 2024; p=0.872), followed by phone call (50%; 59% in 2024; p=0.259). Almost two fifths (38%) of the sample reported arranging the purchase of illicit or non-prescribed drugs via text messaging (50% in 2024; p=0.093), followed by social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (34%; 41% in 2024; p=0.314). 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, Perth, WA, 2022-2025

	2022	2023	2024	2025
% Purchasing approaches in the last 12 months^#	N=99	N=99	N=102	N=98
Face-to-face	71	70	72	**73**
Surface web	-	-	-	**-**
Darknet market	-	-	-	**-**
Social networking or messaging applications`	20	18	41	**34**
Text messaging	65	42	50	**38**
Phone call	71	62	59	**50**
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 table/figure notes.