



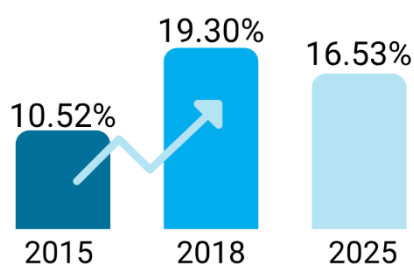
Trends in self-reported non-fatal opioid overdose amongst samples of people who inject drugs in Australia, 2015-2025

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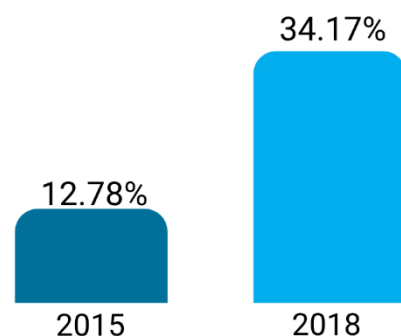
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Key Findings

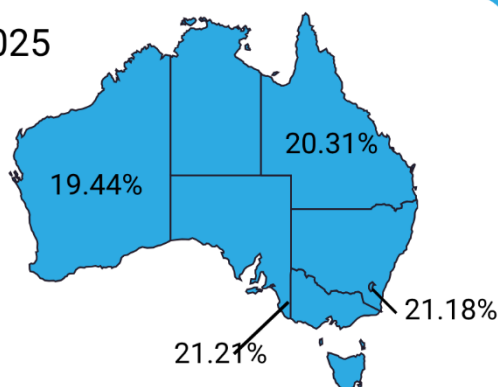


Past 12-month non-fatal overdose in the IDRS sample almost doubled between 2015 and 2018 before subsequently declining and stabilising at ~16% of the sample.



The peak in 2018 was mostly driven by an increase in the Melbourne sample.

2025



However, past-year non-fatal overdose is now observed at similar levels across several capital city samples.



These trends mirror patterns in other opioid-related harms and heroin market indicators.

Note. Past year opioid overdose is presented as a percentage of those who reported past six month use of any prescribed or non-prescribed opioids (including heroin, pharmaceutical opioids, and OAT).

Introduction



Opioids are the leading drug type involved in overdoses in Australia. Overdose deaths attributed to opioids reached a peak of 5.8 deaths per 100,000 Australians in 2017, declining slowly in the following years (1). People who inject opioids are at higher risk of experiencing both fatal and non-fatal opioid overdose compared to those who use opioids via other routes of administration due to the rapid onset of drug effects when injected (2). History of non-fatal opioid overdose has also been found to strongly predict future fatal overdose (3).

This bulletin explores trends in self-reported past 12-month opioid overdose amongst samples of people who regularly inject drugs recruited annually between 2015-2025 for the Illicit Drug Reporting System (IDRS).

Methods

Data were collected as part of the IDRS. Interviews were conducted with people aged 18 or older residing in capital city areas of Australia who injected illicit or non-prescribed drugs on a monthly or more frequent basis in the six months prior to interview. These interviews were conducted predominantly via face-to-face surveys as well as telephone surveys in some instances after the onset of the COVID-19 pandemic. Please refer to the [IDRS Background and Methods](#) document for further details.

Data from annual cross-sectional surveys conducted between 2015 and 2025 were used for analyses (N=9,680). Participants who reported use of any prescribed or non-prescribed opioid (including heroin, pharmaceutical opioids, and OAT) in the six months prior to interview were included in analyses (N=7,553).

Past 12-month non-fatal opioid overdose was captured with the question 'How many times have you accidentally overdosed on an opioid in the last 12 months?'. Responses were dichotomised to identify those who reported experiencing any opioid overdose (0 = no, 1 = yes). Frequencies of opioid overdose were analysed by residing capital city and year.

Results

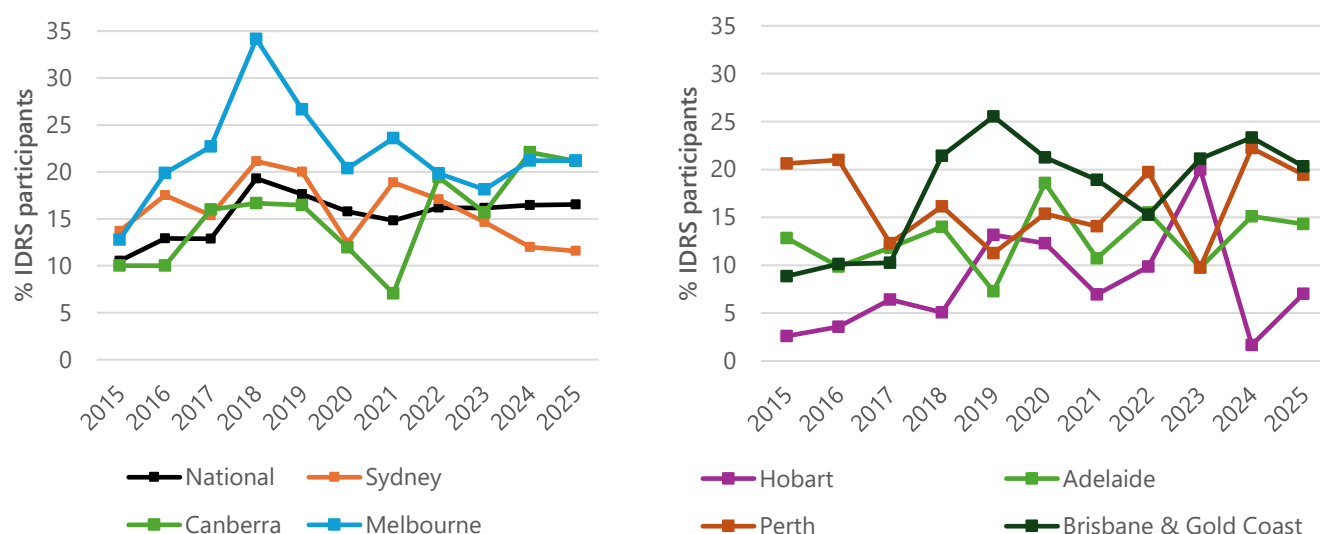
Table 1 and figure 1 below show that self-reported non-fatal opioid overdose amongst people who report any opioid use in the previous six months in the national IDRS sample almost doubled between 2015 and 2018 before stabilising at around 16% of the sample through to 2025. The peak in 2018 was mostly driven by the increase in Melbourne that year, in which 34% of the sample reported a past year non-fatal opioid overdose. This decreased in the following years, remaining stable since 2020 and is now comparable with Canberra, Perth and Brisbane/Gold Coast.

Table 1: Percentage of IDRS participants reporting experiencing a non-fatal opioid overdose in the previous 12 months of those who report any opioid use in the previous 6 months, 2015-2025

	National	Sydney	Canberra	Melbourne	Hobart	Adelaide	Perth	Darwin	Brisbane & Gold Coast
2015	N=751 10.52	N=146 13.70	N=90 10.00	N=133 12.78	N=77 -	N=78 12.82	N=63 20.63	N=85 -	N=72 8.86
2016	N= 688 12.93	N=137 17.52	N=50 -	N=146 19.86	N=84 -	N=61 9.84	N=62 20.97	N=69 -	N=79 10.13
2017	N=675 12.89	N=117 15.38	N=75 16.00	N=119 22.69	N=78 -	N=76 11.84	N=57 12.28	N=75 -	N=78 10.26
2018	N=658 19.30	N=123 21.14	N=84 16.67	N=120 34.17	N=79 -	N=50 14.00	N=62 16.13	N=56 12.50	N=84 21.43
2019	N=732 17.62	N=140 20.00	N=85 16.47	N=135 26.67	N=76 13.16	N=55 -	N=80 11.25	N=67 -	N=94 25.53
2020	N=704 15.77	N=134 12.43	N=92 11.96	N=162 20.37	N=57 12.28	N=70 18.57	N=78 15.38	N=31 0	N=80 21.25
2021	N=654 14.83	N=127 18.90	N=85 7.06	N=123 23.58	N=72 -	N=56 10.71	N=71 14.08	N=46 -	N=74 18.92
2022	N=618 16.18	N=123 17.07	N=72 19.44	N=126 19.84	N=61 9.84	N=58 15.52	N=71 19.72	N=35 0	N=72 15.28
2023	N=600 16.17	N=116 14.66	N=83 15.66	N=138 18.12	N=45 20.00	N=41 -	N=80 9.76	N=26 0	N=71 21.13
2024	N=614 16.45	N=125 12.00	N=77 22.08	N=132 21.21	N=60 -	N=53 15.09	N=81 22.22	N=26 0	N=60 23.33
2025	N=593 16.53	N=121 11.57	N=85 21.18	N=132 21.21	N=57 -	N=49 14.29	N=72 19.44	N=13 0	N=64 20.31

Note. N is the number reporting any prescribed or not prescribed opioid use (including heroin, pharmaceutical opioids and OAT) in the previous 6 months. - = data suppressed due to small numbers (n≤5).

Figure 1: Percentage of IDRS participants reporting experiencing a non-fatal opioid overdose in the previous 12 months of those who report any opioid use in the previous 6 months, 2015-2025



Note: Darwin not included in Figure 1 due to the particularly small samples recruited in certain years (see Table 1 for further information).

Discussion



The trends observed in non-fatal opioid overdose amongst the IDRS sample align with trends of other opioid-related harms in Australia. Non-fatal overdoses increased to a peak in 2018 before subsequently declining and then stabilising, mirroring the national trend in fatal overdose rates (1). The trend observed in the Melbourne sample also aligns with trends in heroin-related ambulance (4) and emergency department attendances (5), and the purity-adjusted price of heroin which declined from 2014 to a low in 2019 (6). Heroin overdose deaths were also found to be highest in Melbourne in 2018 compared to any other capital city or regional area in Australia (7). These findings highlight the importance of monitoring non-fatal opioid overdose amongst people who inject drugs as a potential lead indicator of opioid related harms that can inform harm reduction strategies.

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