IDRS

NEW SOUTH WALES DRUG TRENDS 2022

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

NEW SOUTH WALES DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2022:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Daisy Gibbs, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- Chris Moon and Warren Que Noy, Northern Territory Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Avid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
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 Sydney, New South Wales (NSW). Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2022 from June-July. Interviews in 2020, 2021 and 2022 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The Sydney IDRS sample (N=152) in 2022 comprised predominantly male participants (70%) with a mean age of 46 years. There was a significant increase in the per cent of participants who identified as being of Aboriginal and/ or Torres Strait Islander decent (42%; 25% in 2021; p=0.002). Sexual identity significantly changed in 2022 relative to 2021 (p=0.015), with more participants identifying as heterosexual (86%; 73% in 2021). Consistent with previous years, the majority of the sample were living in their own home (72%), unemployed at the time of interview (95%), and had received a government pension, allowance or benefit in the month preceding interview (93%). Notably, the median income of participants significantly decreased from $348 in 2021 to $325 in 2022 ($p$=0.029). Half (50%) of the sample nominated heroin as their drug of choice. However, methamphetamine was the drug injected most often in the past month (51%).

Heroin

In 2022, 72% of participants reported recent (i.e., past six month) use of heroin, the lowest per cent since monitoring began, although stable relative to 2021 (75%). Among those who reported recent use (n=109), 86% reported using heroin weekly or more frequently and 54% reported daily use, a significant increase from 35% in 2021 (p=0.007). The median price per cap of heroin was $50, stable from 2021. Perceived purity significantly changed between 2021 and 2022 (p<0.001), with more participants reporting 'high' purity in 2022 (28%; 17% in 2021). Perceived availability of heroin remained stable between 2021 and 2022, with most participants reporting heroin to be 'easy' (44%) or 'very easy' (43%) to obtain in 2022 (41% and 38% in 2021, respectively).

Methamphetamine

The majority (87%) of the sample reported recent use of any methamphetamine in 2022, a significant increase from 74% in 2021 (p=0.007). All of these participants reported recent use of methamphetamine crystal. Among those who reported recent use of any methamphetamine, both weekly or more frequent use (80%, 68% in 2021; p=0.043) and daily use (27%, 15% in 2021; p=0.021) significantly increased. The price per point and gram of methamphetamine crystal remained stable at $50 and $375, respectively. The perceived purity of methamphetamine crystal remained stable between 2021 and 2022, with participants generally reporting 'low' purity (31%; 19% in 2021). Perceived availability also remained stable between 2021 and 2022. The largest per cent of participants reported methamphetamine crystal to be 'easy' to obtain in 2022 (45%; 33% in 2021).

Cocaine

Sixteen per cent of the sample reported recent use of cocaine, stable relative to 2021 (15% in 2021). Participants who had recently used cocaine did so infrequently, on a median of five days in the six months preceding interview.

Cannabis and/or Cannabinoid Related Products

Almost three-quarters of the sample (72%) reported non-prescribed cannabis use in the six months preceding interview in 2022, of which 57% reported daily use. Most of the sample (95%) reported using hydroponic cannabis. In 2022, the median price per gram of non-prescribed hydroponic and bush

cannabis was $20, respectively, stable from 2021. Both hydroponic and bush cannabis were largely perceived as being of 'high' purity (56% and 35%, respectively) and 'easy' or 'very easy' to obtain (85% and 70%, respectively).

Pharmaceutical Opioids

Consistent with previous years, the most common non-prescribed pharmaceutical opioid recently used by participants was methadone (18%), followed by morphine (11%) and oxycodone (11%). Four per cent of participants reported recent non-prescribed fentanyl use.

Other Drugs

Recent use of any new psychoactive substance was reported by 4% of participants. One-fifth (21%) of participants reported recent use of any non-prescribed benzodiazepines, a significant decrease from 34% in 2021 (p=0.015). This included a significant decrease in the recent use of non-prescribed alprazolam (11%, 21% in 2021; p=0.013). The majority (91%, 89% in 2021) of the sample reported recent tobacco use and almost half (45%, 47% in 2021) reported recent alcohol use, both stable from 2021. Recent use of non-prescribed e-cigarettes also remained stable at 30% (29% in 2021). Recent use of GHB/GBL/1,4-BD significantly declined from 16% in 2021 to 5% in 2022 (p=0.003).

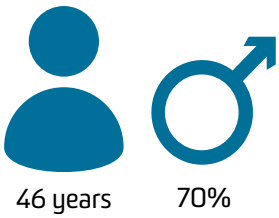
Drug-Related Harms and Other Behaviours

Three-fifths (61%) of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One-fifth (20%) of the sample reported experiencing a non-fatal overdose in the 12 months preceding interview, with opioids (14%) being the most common substance involved. Three-quarters (78%) of participants reported awareness of the naloxone take-home program, and 48% of participants reported ever being trained in how to administer naloxone. Few participants (n≤5) reported receptive needle sharing in the past month, a significant decrease from 7% in 2021 (p=0.019), and 7% reported distributive needle sharing in 2022. Twenty-eight per cent of participants reported experiencing an injection-related health issue in the past month, most commonly infection/abscess (16%) and nerve damage (14%). Forty-three per cent of the sample reported currently being in some form of drug treatment at the time of the interview, most commonly methadone (30%). Thirty-four per cent of participants reported receiving an HCV antibody test in the last year and 34% reported receiving a HIV test in the past six months. Almost two-fifths (38%) self-reported experiencing a mental health problem in the six months preceding interview, most commonly depression and anxiety. Of those who had recently driven a vehicle (n=29), 83% reported driving within three hours of consuming an illicit or non-prescribed drug, a significant increase from 66% in 2021 (p<0.001). Eleven per cent of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year. In 2022, almost two-fifths (38%) of the Sydney, NSW sample reported engaging in 'any' crime in the past month, with 10% reporting being the victim of a crime involving violence in the past month. The majority (89%) of the sample had been tested for SARS-CoV-2 in the last 12 months, with 28% of participants having ever been diagnosed with the virus. In 2022, 88% of the Sydney, NSW sample reported having received at least one dose of the COVID-19 vaccination by the time of interview, with 84% having received two or more doses. Almost one-third (29%) of the sample reported some level of concern about contracting COVID-19, a significant decrease from 47% in 2021 (p=0.013), and 61% reported that they would be concerned about their health if they were to contract COVID-19.

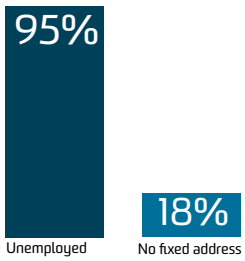
IDRS Illicit Drug Reporting System

2022 SAMPLE CHARACTERISTICS

In 2022, 152 participants, recruited from Sydney, NSW, were interviewed.



The mean age in 2022 was 47, and 70% identified as male.

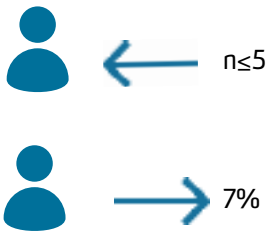


In the 2022 sample, 95% were unemployed and 18% had no fixed address.

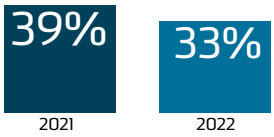
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

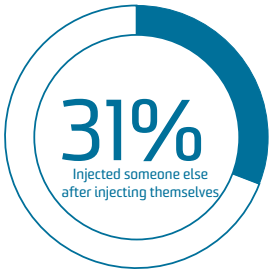
INJECTING RELATED RISKS AND HARMS



In 2022, few (n≤5) participants reported receptive sharing in the past month and 7% reported distributive sharing.



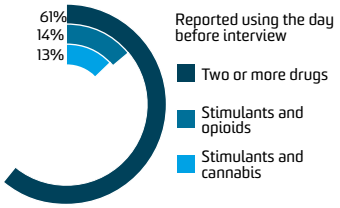
33% of participants reported re-using their own needles in the past month, stable from 2021 (39%).



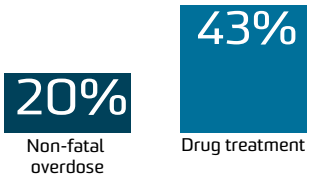
31% of participants reported injecting someone else after injecting themselves in the past month, stable from 2021 (26%).

28% of participants reported having an injection-related health issue in the past month, stable from 2021 (32%).

OTHER HARMS AND HELP-SEEKING

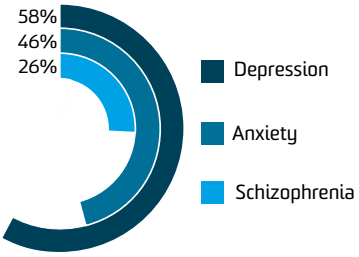


The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.



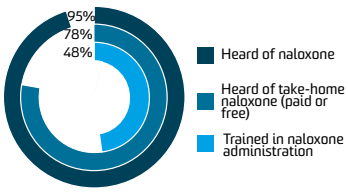
Past year non-fatal overdose (20%) and past 6-month drug treatment (43%) remained stable in 2022 relative to 2021.

In 2022, 38% of participants reported a mental health problem in the 6 months preceding interview, and 24% had seen a mental health professional.



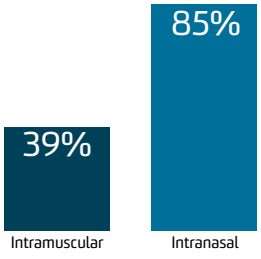
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND HARM REDUCTION



Knowledge of naloxone, and take-home naloxone programs, remained high and stable in 2022, however fewer participants reported ever being trained in naloxone administration.

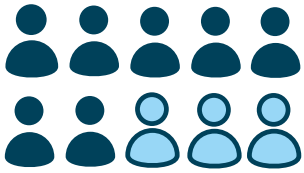
One-quarter (25%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.



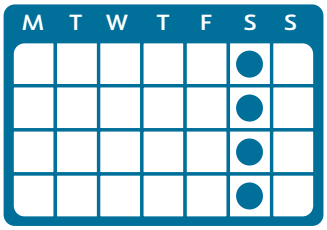
Of those who reported ever accessing naloxone, most (85%) participants reported receiving intranasal naloxone on the last occasion of access.

In 2022, 11% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN

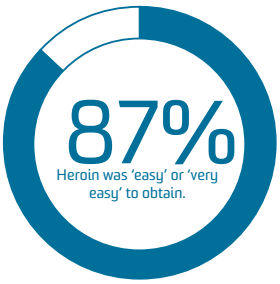


Past 6 month use of heroin remained stable in 2022 (72%) relative to 2021 (75%).



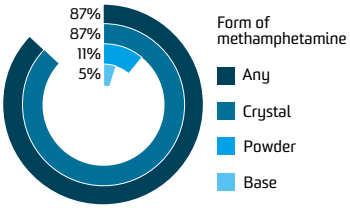
Of those who had recently consumed heroin, 86% reported weekly or more frequent use, stable from 2021 (81%).

The median reported price for a point of heroin was $50 in 2022, stable compared to $50 in 2021.

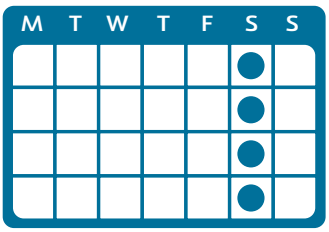


Of those who could comment, 87% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (79%).

METHAMPHETAMINE

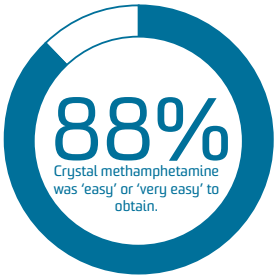


Past 6 month use of any methamphetamine (87%), crystal (87%) and powder (11%) increased in 2022 relative to 2021, whereas base remained stable.



Of those who had recently used any form of methamphetamine, 80% reported weekly or more frequent use, an increase from 68% in 2021.

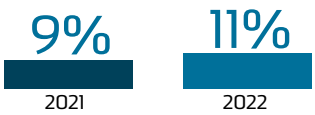
In 2022, the median reported price for a point of crystal methamphetamine was $50 ($50 in 2021).



Of those who could comment, 88% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, stable from 2021 (84%).

OTHER DRUGS

Non-prescribed morphine

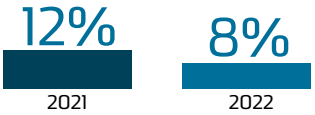


Past 6 month use of non-prescribed morphine remained stable between 2021 and 2022.

Non-prescribed fentanyl

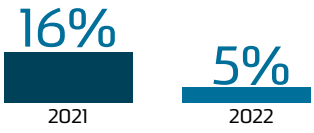
Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

Non-prescribed pregabalin



Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

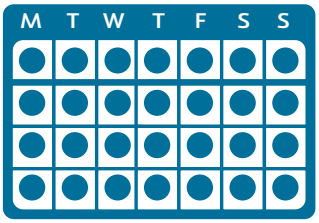
GHB/GBL/1,4-BD



Past 6 month use of GHB/GBL/1,4-BD decreased between 2021 and 2022.

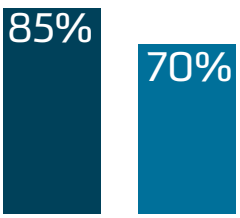
CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022 (72%) relative to 2021 (65%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (57%), stable from 2021 (45%).

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



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

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and 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 2020-2022: 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

   Age eligibility criterion: Changed from 17 years old (16 years in Perth, Western Australia (WA)) to 18 years old.

In 2021 and 2022, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (June-July 2022), with 152 participants interviewed in Sydney, New South Wales (NSW). The Sydney IDRS Interviews were

conducted between 22 June and 15 July 2022; 96% (n=146) were conducted face-to-face and 4% (n=6) via telephone.

In 2022, there was a significant change in recruitment methods compared to 2021 (p<0.001), with fewer participants being recruited via NSPs (30%; 55% in 2021), and more via word-of-mouth (54%; 36% in 2021). Few participants (n≤5) in the Sydney 2022 sample had taken part in the 2021 interview (10% of the 2021 sample had taken part in the 2020 interview; p=0.032).

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 2021 and 2022. 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.

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2020-2022 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

The mean age of Sydney participants in 2022 was 46 years old (SD 8), stable from 47 years old (SD 10) in 2021 (p=0.062; Table 1). Gender identity remained stable between 2021 and 2022 (p=0.937), with the majority (70%) of participants identifying as male in 2022 (70% in 2021). There was a significant increase in the per cent of participants who identified as being of Aboriginal and/ or Torres Strait Islander decent (42%; 25% in 2021; p=0.002). A significant change was observed in sexual identify between 2021 and 2022 (p=0.015), with more participants identifying as heterosexual in 2022 (86%; 73% in 2021), and fewer identifying as bisexual (9%; 13% in 2021).

Current accommodation remained stable between 2021 and 2022 (p=0.115), with the largest per cent (72%) living in a private home (82% in 2021). The majority of the sample were unemployed (95%; 89% in 2021; p=0.448) at the time of the interview and 93% had received a government pension, allowance or benefit in the last month (95% in 2021; p=0.618). The median weekly income was $325 (IQR=250-400)**,** a significant decrease from $348 in 2021 (IQR=300-442; p=0.029).

The drug of choice reported by Sydney participants remained stable between 2021 and 2022 (p=0.083; Figure 1), although the gap between heroin and methamphetamine has narrowed substantially. Consistent with previous years, the largest per cent reported heroin (50%; 61% in 2021) to be their drug of choice at the time of interview, followed by methamphetamine (41%; 29% in 2021). The drug injected most often in the month preceding interview significantly changed between 2021 and 2022 (p=0.047), with methamphetamine overtaking heroin for the first time since monitoring commenced. Specifically, in 2022 (Figure 2), 51% reported that methamphetamine was the drug injected most often in the last month (38% in 2021), while 47% reported that heroin was the drug injected most often (56% in 2021).

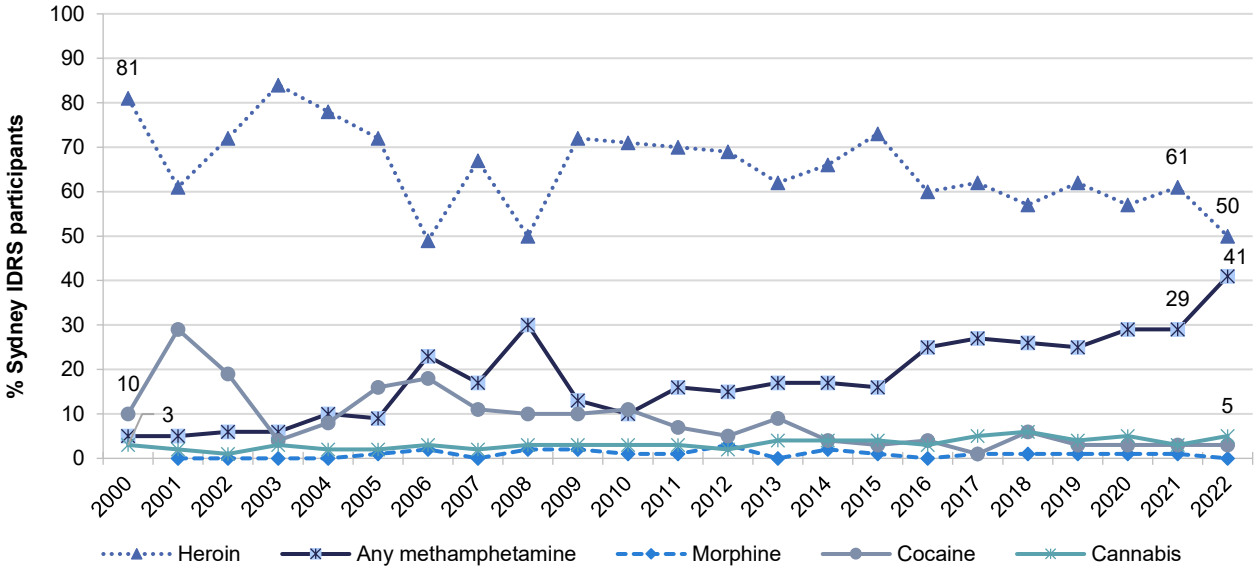
Weekly or more frequent use of crystal methamphetamine significantly increased in 2022 (69%; 48% in 2021; p<0.001), while weekly or more frequent heroin (61%; 61% in 2021) and cannabis (60%; 49% in 2021; p=0.086) use remained stable (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022, and Sydney, NSW, 2016-2022

	Sydney, NSW							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=151)	(N=151)	(N=152)	(N=151)	(N=155)	(N=150)	(N=152)	(N=879)
Mean age (years; SD)	43 (10)	44 (9)	43 (10)	46 (9)	44 (9)	47 (10)	**46 (8)**	46 (10)
% Gender								
Female	27	34	32	29	38	28	**29**	33
Male	73	66	67	70	61	70	**70**	66
Non-binary	/	/	/	/	-	-	**-**	0
% Aboriginal and/or Torres Strait Islander	24	28	29	32	26	25	**42****	27
% Sexual identity							*	
Heterosexual	87	88	78	83	83	73	**86**	83
Homosexual	4	5	4	5	8	9	**5**	4
Bisexual	9	13	7	9	8	13	**9**	11
Queer	-	-	-	-	-	-	**0**	1
Other	-	-	-	0	-	-	**0**	1
Mean years of school education (range)	10 (8-11)	10 (8-11)	10 (8-11)	10 (2-12)	10 (4-12)	10 (1-12)	**10 (2-12)**	10 (0-12)
% Post-school qualification(s)^	56	47	49	56	61	63	**66**	63
% Current accommodation								
Own home *(inc. renting)* ~	51	60	70	75	73	82	**72**	68
Parents'/family home	-	4	9	-	-	-	**5**	5
Boarding house/hostel	17	7	5	-	8	4	**-**	8
Shelter/refuge	-	-	-	-	-	-	**-**	2
No fixed address	27	27	13	13	13	8	**18**	16
Other	-	-	-	-	-	-	**-**	2
% Current employment status								
Unemployed	89	91	87	91	92	89	**95**	87
Full-time work	-	-	-	0	-	-	**-**	3
% Past month gov't pension, allowance or benefit	88	97	94	95	95	95	**93**	92
Current median income/week ($; IQR)	$333 (250-415)	$335 (257-423)	$306 (260-400)	$350 (260-450)	$450 (378-550)	$348 (300-442)	**$325* (250-400)**	$385 (300-490)

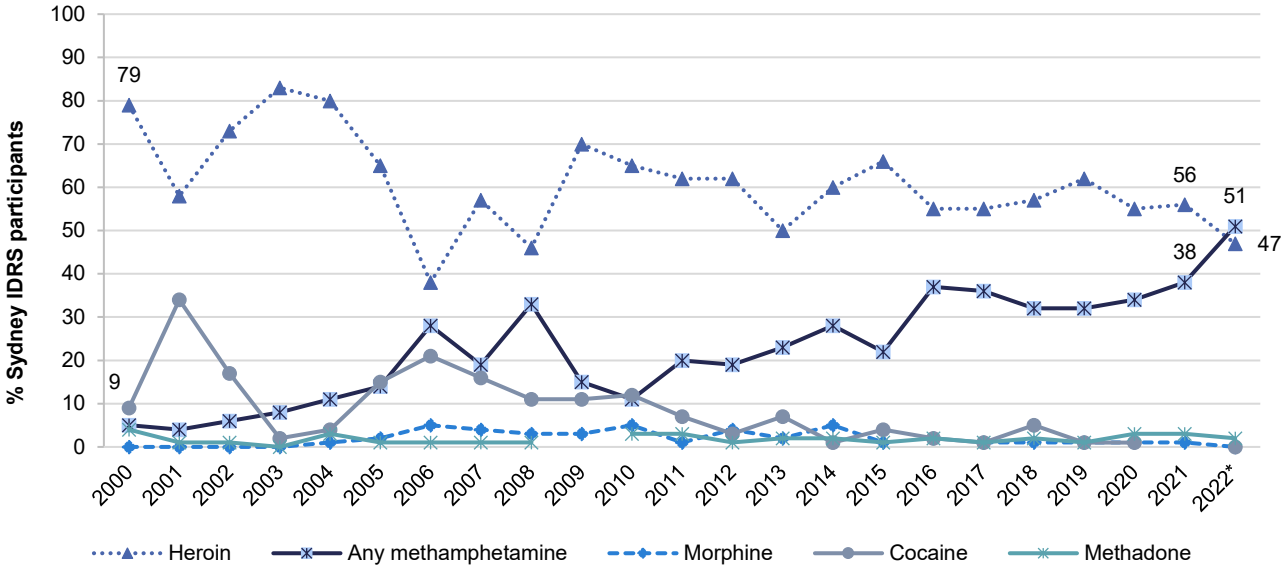
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Sydney, NSW, 2000-2022



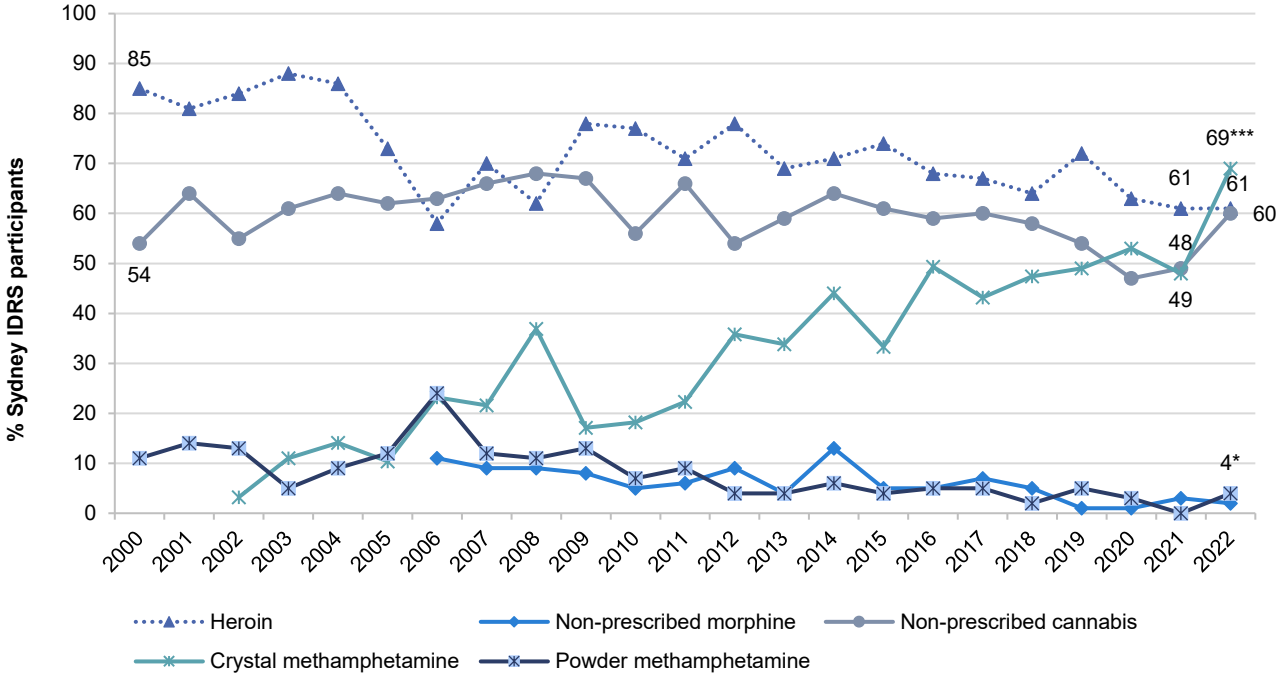
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug injected most often in the past month, Sydney, NSW, 2000-2022



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Sydney, NSW, 2000-2022



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2006/) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin 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 per cent reporting recent use of heroin remained relatively high and stable from 2000-2015, peaking at 97% in 2003, however has been gradually declining since 2015. In 2022, 72% of the Sydney sample reported recently using heroin, the lowest per cent recorded since monitoring began, although stable from 2021 (75%; *p*=0.509; Figure 4).

Frequency of Use

The frequency of use of heroin has fluctuated considerably over time, ranging from a median of 72 days (i.e., three days a week) and 180 days (i.e., daily). In 2022, those who had recently consumed heroin (n=109) reported doing so on a median of 180 days (IQR=60-180), a significant increase from 96 days in 2021 (IQR=24-180; *p*=0.043; Figure 4). Eighty-six per cent of participants who reported recent heroin use reported weekly or more frequent use (81% in 2021; *p*=0.367) and 54% reported daily use (35% in 2021; *p*=0.007).

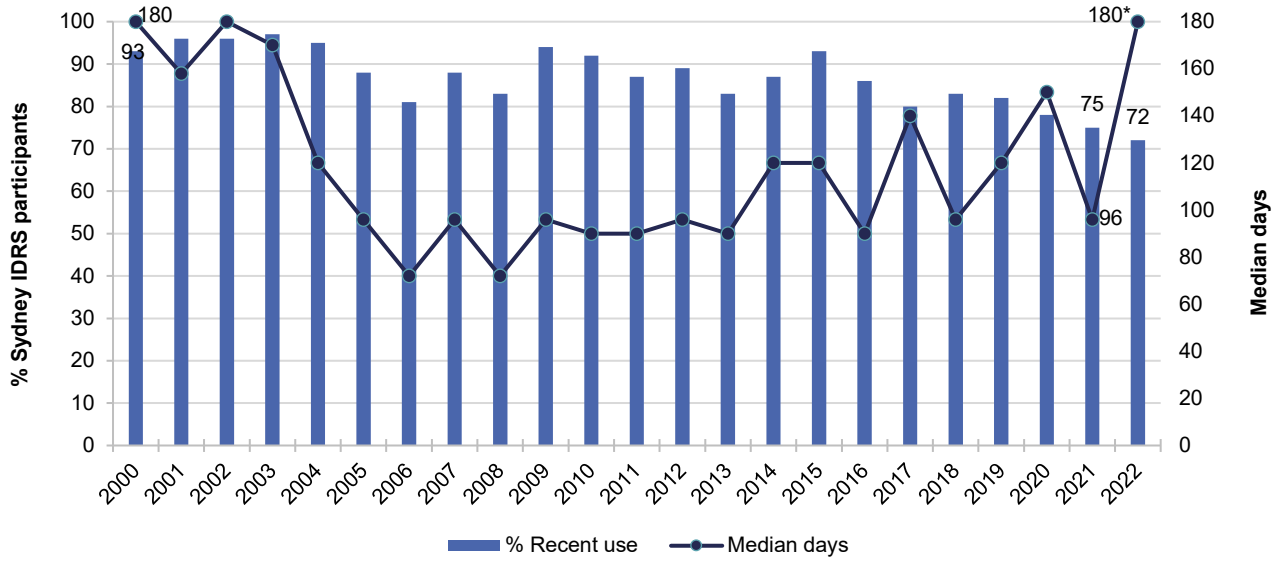
Routes of Administration

Consistent with previous years, injection was the most frequently reported route of administration among participants who had recently consumed heroin (100%; 99% in 2021). Participants reported injecting heroin on a median of 180 days (IQR=60-180), stable relative to 2021 (96 days; IQR=24-180; *p*=0.067). Seven per cent of participants reported smoking (9% in 2021; *p*=0.802) and few participants (n≤5) reported snorting and swallowing heroin in 2022.

Quantity

Of those who reported recent use and responded (n=101), the median amount of heroin consumed on a 'typical' day of use in the last six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.30; *p*=0.438). The median maximum amount of heroin used per day in the last six months was 0.50 grams (IQR=0.20-1.00; n=103; 0.40 grams in 2021; IQR=0.20-0.60; *p*=0.197).

Figure 4: Past six month use and frequency of use of heroin, Sydney, NSW, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2022, the median price per gram of heroin was $370 (IQR=213-400; n=10), stable from 2021 ($425; IQR=313-500; n=6; p=0.325; Figure 5). The median price per cap and point was $50 in 2022 (IQR=50-50; n=17; $50 in 2021; IQR=50-50; n=17; p=0.203 and IQR=50-50; n=65; $50 in 2021; IQR=50-50; n=64; p=0.731, respectively).

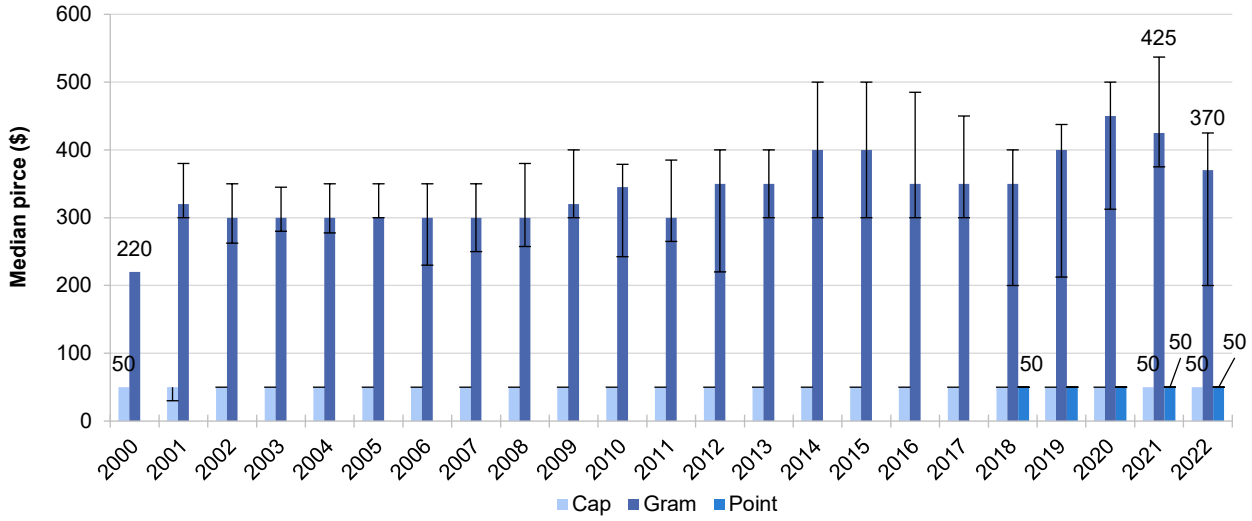
Perceived Purity

There were significant differences in the perceived purity of heroin between 2021 and 2022 (p<0.001). Among those who were able to respond in 2022 (n=98), more participants reported heroin to be of 'low' (34%; 27% in 2021) or 'high' (28%; 17% in 2021) purity, although the largest per cent (35%; 37% in 2021) continued to report 'medium' purity (Figure 6).

Perceived Availability

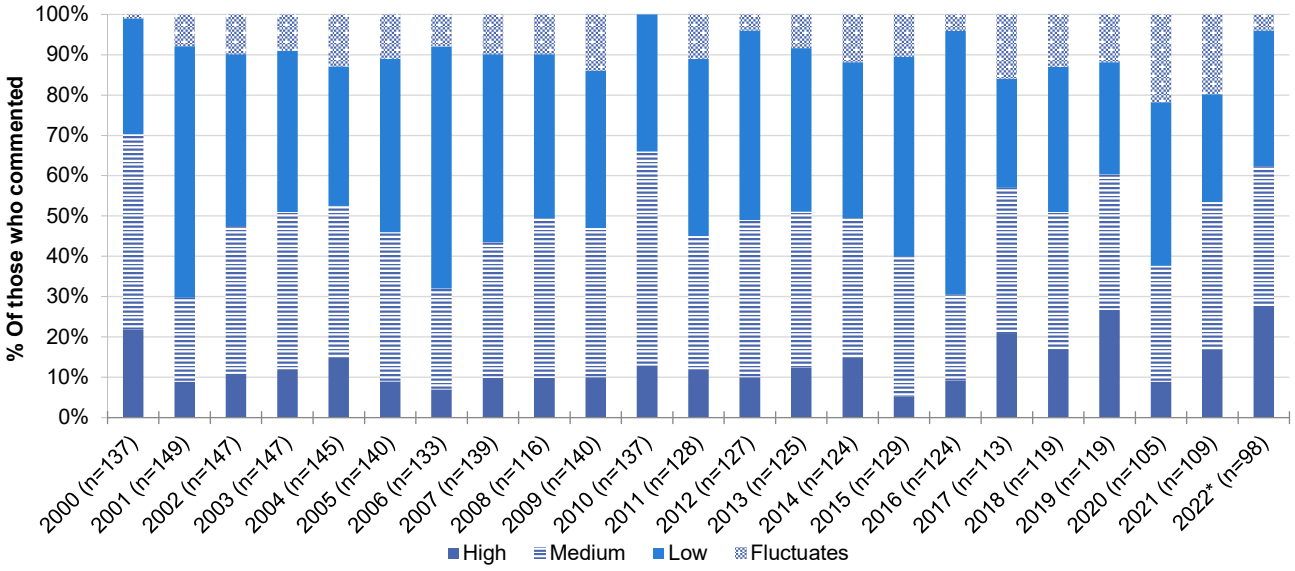
The perceived availability of heroin remained stable between 2021 and 2020 (p=0.571). Among those who responded in 2022 (n=103), participants most commonly perceived heroin to be 'very easy' (43%; 38% in 2021) and 'easy' (44%; 41% in 2021) to obtain (Figure 7). Thirteen per cent of participants reported availability to be 'difficult' (19% in 2021).

Figure 5: Median price of heroin per cap, gram and point, Sydney, NSW, 2000-2022



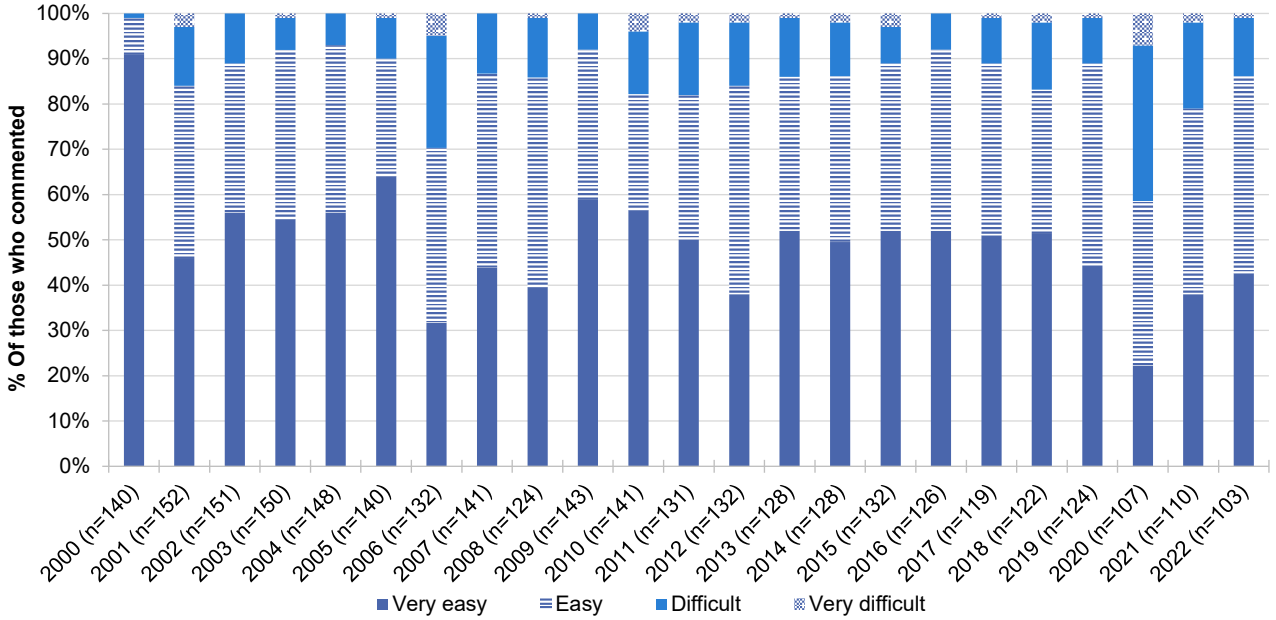
Note. Among those who commented. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. Data labels are only provided for the first (2000/20018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived purity of heroin, Sydney, NSW, 2000-2022



Note. The response 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Sydney, NSW, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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).

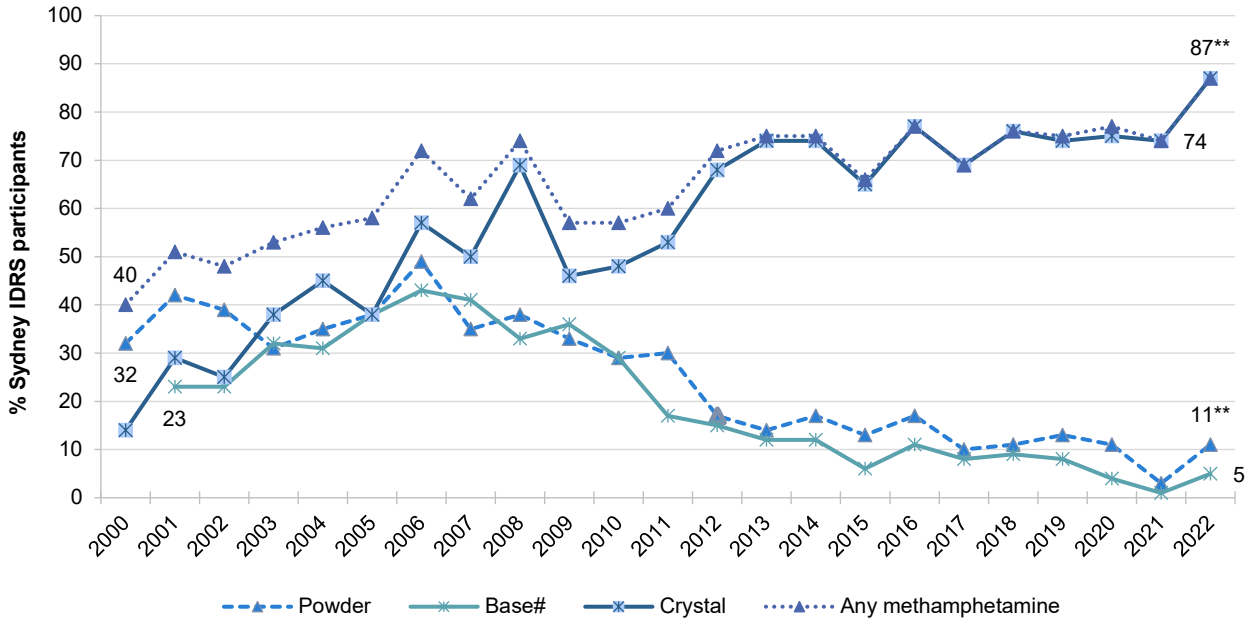
Recent Use (past 6 months)

The majority (87%) of the Sydney sample reported recent use of any methamphetamine in 2022, a significant increase compared to 2021 (74% in 2021; *p*=0.007; Figure 8).

Frequency of Use

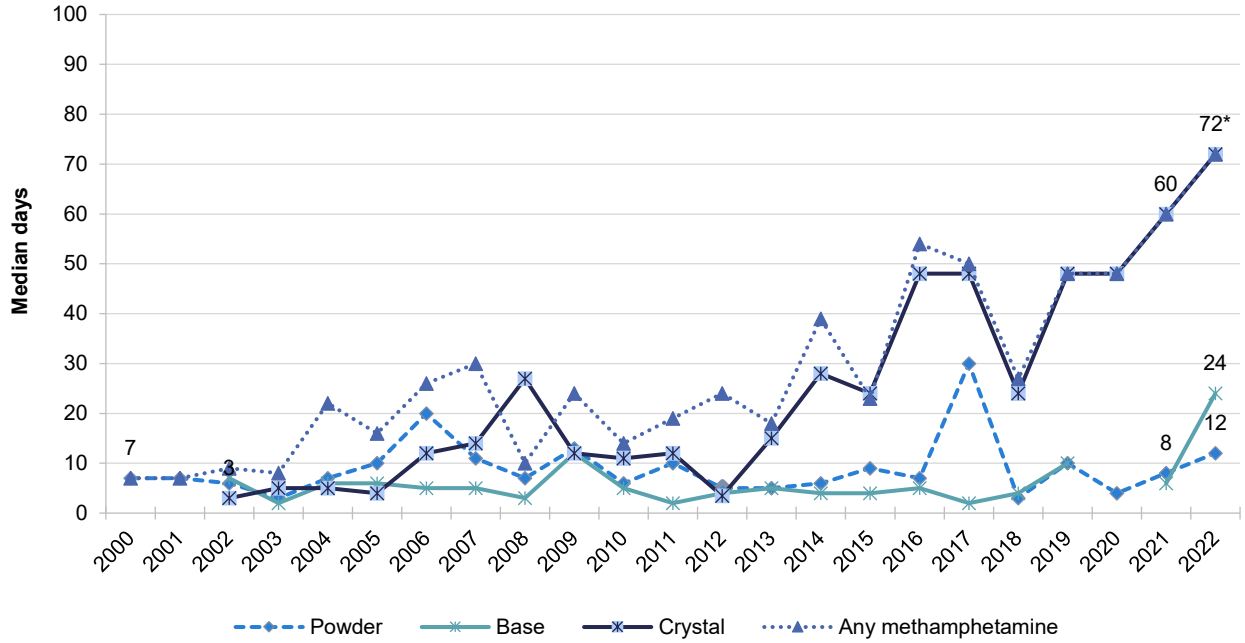
Those who had recently consumed any methamphetamine in 2022 (n=131) did so on a median of 72 days (IQR=24-180), the highest frequency of use observed since monitoring began, and a significant increase relative to 2021 (60 days; IQR=20-96; *p*=0.031; Figure 9). Weekly or more frequent use was reported by 80% of participants who had recently used methamphetamine in 2022, a significant increase from 68% in 2021 (*p*=0.043). Similarly, daily use increased significantly from 15% in 2021 to 27% in 2022 (*p*=0.021).

Figure 8: Past six-month use of any methamphetamine, powder, base, and crystal, Sydney, NSW, 2000-2022



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Sydney, NSW, 2000-2022



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. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Eleven per cent of participants reported recent use of methamphetamine powder in 2022, a significant increase from n≤5 in 2021 (*p*=0.009; Figure 8).

Frequency of Use: The frequency of methamphetamine powder use in the six months preceding the interview has fluctuated over time. However, since 2013, it has remained lower than the frequency of methamphetamine crystal use. In 2022, participants who had recently used methamphetamine powder reported doing so on a median of 12 days (IQR=3-30; n=16; 8 days in 2021; IQR=4-11; *p*=0.343; Figure 9). Thirty-eight per cent of participants who had recently used powder reported consuming it on a weekly or more frequent basis (0% in 2021; *p*=0.267), with few participants (n≤5) reporting daily use (0% in 2021)

Routes of Administration: All participants who reported recent use of methamphetamine powder, reported injecting it in 2022 (75% in 2021; *p*=0.200) and had done so on a median of 7 days (IQR=2-24; 10 days in 2021; IQR=6-11; *p*=0.0693) Few participants (n≤5) reported other routes of administration.

Quantity: Of those who reported recent use and responded (n=17), the median amount consumed on a 'typical' day of use in the past six months was 0.10 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.20-0.40; *p*=0.681). Of those who reported recent use and responded (n=16), the median maximum amount of powder used per day in the past six months was 0.20 grams (IQR=0.10-0.40; 0.30 grams in 2021; IQR=0.20-0.60; *p*=0.812).

Methamphetamine Base

Recent Use (past 6 months): The recent use of methamphetamine base has been gradually declining since 2006. In 2022, 5% of participants reported recent use of base (n≤5 in 2021; *p*=0.173; Figure 8).

Frequency of Use: In 2022, participants who had recently used methamphetamine base (n=7) reported doing so on a median of 24 days (IQR=14-64; n≤5 2021; *p*=0.238; Figure 9).

Routes of Administration: The majority (87%) of participants who reported recent use of methamphetamine base, reported injecting it in 2022 (n≤5 in 2021). Few participants (n≤5) reported other routes of administration in 2022.

Quantity: Of those who reported recent use of base and responded (n=7), the median amount consumed on a 'typical' day of use in the past six months was 0.10 grams (IQR=0.10-0.30; 0.30 grams in 2021; IQR=0.20-0.30; *p*=0.453). Of those who reported recent use and responded (n=7), the median maximum amount of base used per day in the past six months was 0.20 grams (IQR=0.10-1.00; 0.50 grams in 2021; IQR=0.40-0.50; *p*=0.460).

Methamphetamine Crystal

Recent Use (past 6 months): Consistent with previous years, methamphetamine crystal was the most common form of methamphetamine consumed in the Sydney sample, with recent use significantly increasing from 2021 (74%) to 2022 (87%; *p*=0.007; Figure 8).

Frequency of Use: Notwithstanding considerable fluctuation over time, frequency of methamphetamine crystal use in the six months preceding interview has gradually increased since reporting began. In 2022, frequency increased to the highest median days recorded (72 days; IQR=24-180; n=131; 60 days in 2021; IQR=13-96; *p*=0.042; Figure 9). Seventy-nine per cent of participants who had recently used crystal reported consuming it on a weekly or more frequent basis, a significant increase from 2021 (65%; *p*=0.022), and 27% reported daily use, also a significant increase from 2021 (*p*=0.021).

Routes of Administration: Injecting was the most common route of administration reported by participants who had recently used methamphetamine crystal (98%; n=132; 94% in 2021; *p*=0.192), consistent with previous years. Median days of injection in 2022 was 72 days (IQR=24-180; 60 days in 2021; IQR=12-

96; *p*=0.087). The second most common route of administration was smoking (33%; 40% in 2021; *p*=0.286).

Quantity: Of those who reported recent use and responded (n=128), the median amount consumed on a 'typical' day of use in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.20; *p*=0.066). Of those who reported recent use and responded (n=130), the median maximum amount of crystal used per day in the past six months was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2021; IQR=0.10-0.50; *p*=0.370).

Price, Perceived Purity and Perceived

Methamphetamine Powder

Due to low numbers historically reporting on the price, perceived purity and perceived availability of methamphetamine powder, long-term data are not presented. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Price: The median price for a point of methamphetamine powder remained stable between 2021 and 2022 ($50 in 2022; IQR=50-50; n=7; $50 in 2021; IQR=50-50; n=6; *p*=0.212). Few participants (n≤5) reported on the price of a gram of methamphetamine powder.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.089). Of those who responded in 2022 (n=14), the largest per cent perceived the purity of methamphetamine powder to be 'low' (50%, 42% in 2021). Few participants (n≤5) perceived the purity as 'medium' or 'high'.

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.797). Of those who were able to comment in 2022 (n=15), 47% perceived methamphetamine powder to be 'easy' to obtain (42% in 2021).

Methamphetamine Base

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

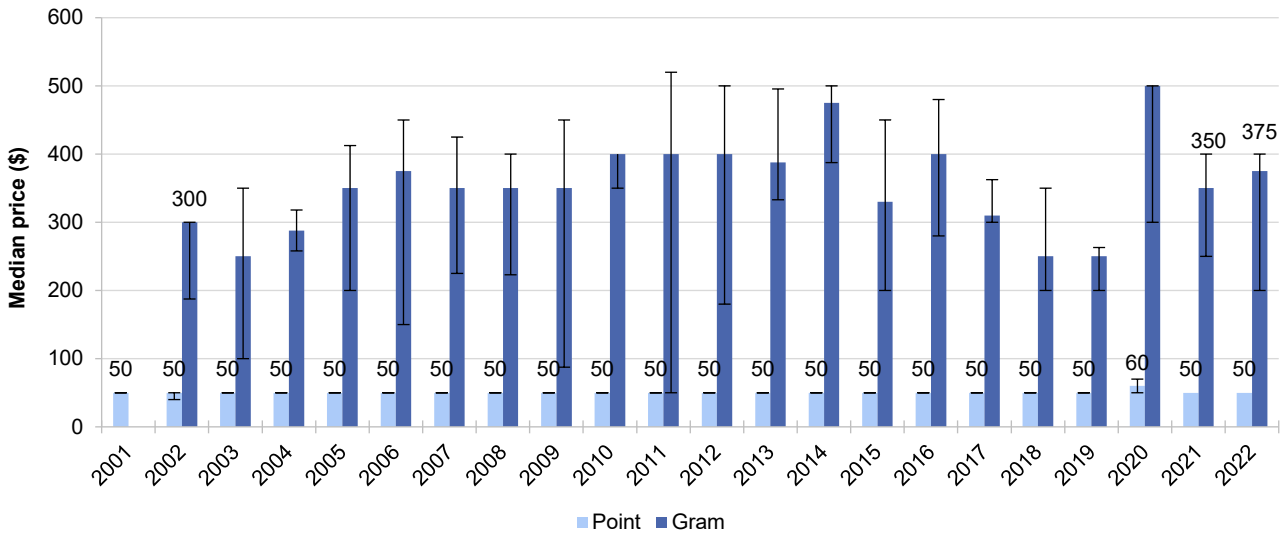
Methamphetamine Crystal

Price: The median price for a point of methamphetamine crystal remained stable at $50 (IQR=50-50; n=81; $50 in 2021; IQR=50-50; n=69; *p*=0.646). The median price per gram was $375 (IQR=213-400; n=10; $350 in 2021; IQR=300-450; *p*=0.446; Figure 10).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2021 and 2022 (*p*=0.083). Among those who commented in 2022 (n=114), almost equal proportions perceived purity to be 'low' (31%; 19% in 2021), 'medium' (29%; 31% in 2021) and 'high' (28%, 26% in 2021; Figure 11).

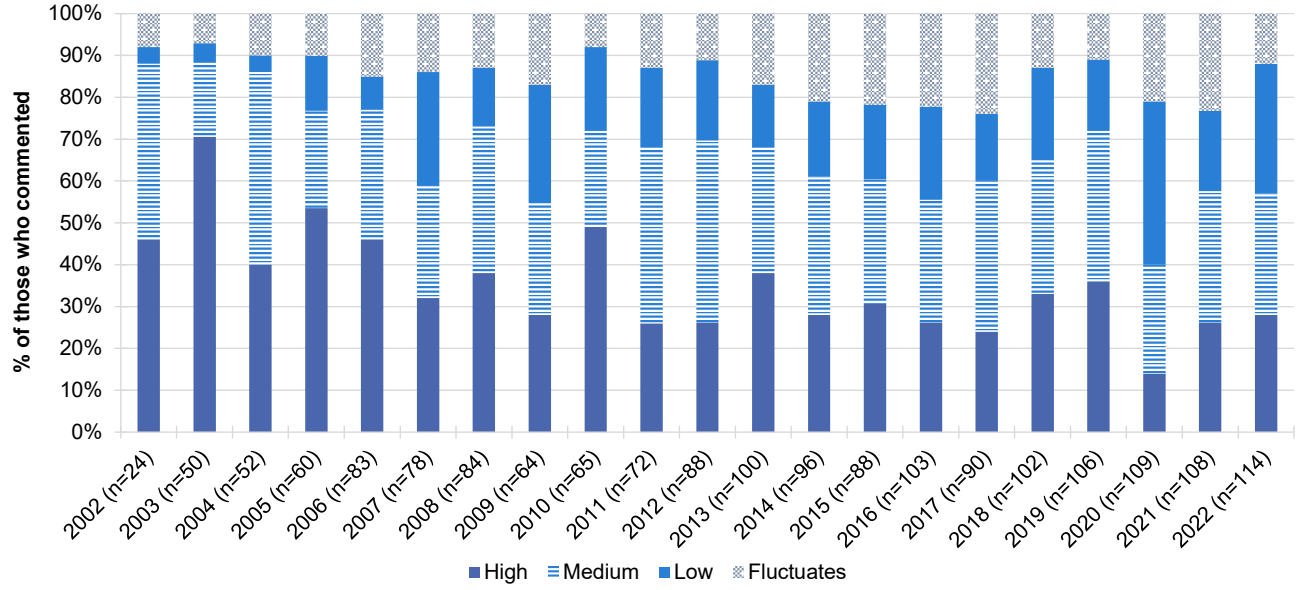
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2021 and 2022 (*p*=0.148). Of those who were able to comment in 2022 (n=121), the majority reported crystal methamphetamine to be 'easy' (45%; 33% in 2021) or 'very easy' (43%; 51% in 2021) to obtain. Conversely, the per cent of participants reporting methamphetamine crystal to be 'difficult' to obtain was 12% (14% in 2021; Figure 12).

Figure 10: Median price of methamphetamine crystal per point and gram, Sydney, NSW, 2001-2022



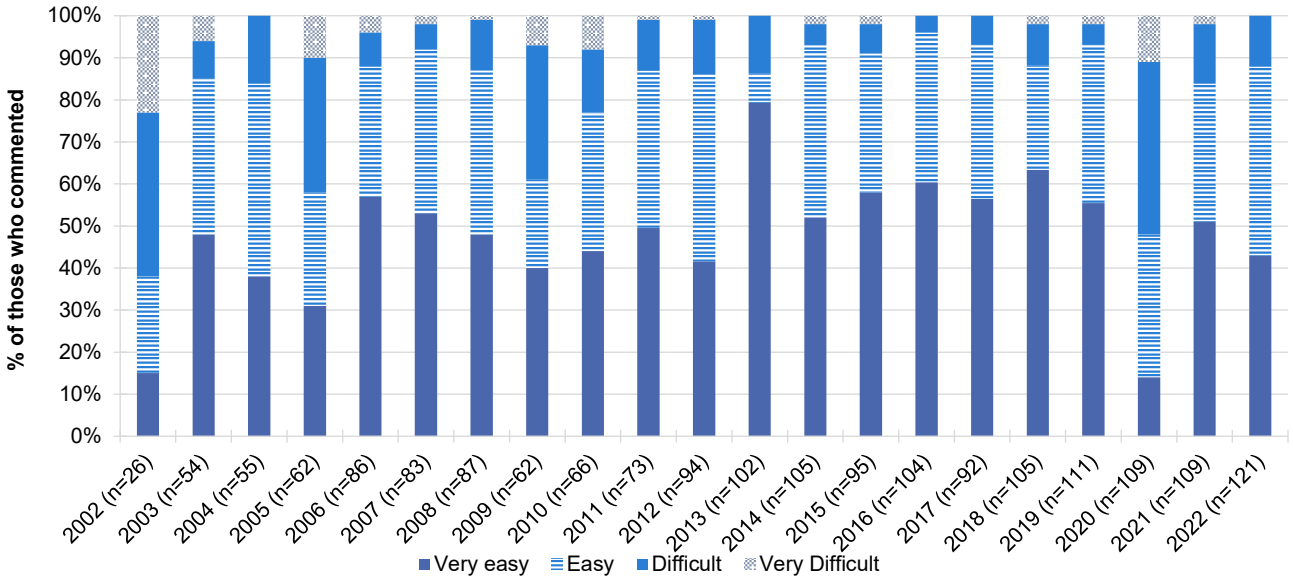
Note. Among those who commented. No data available for gram in 2001. Data labels are only provided for the first (2001/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of methamphetamine crystal, Sydney, NSW, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded.) For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of methamphetamine crystal, Sydney, NSW, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2006, a downward trend has been observed in cocaine use among the Sydney sample. In 2022, the per cent of participants reporting recent cocaine use remained stable at 16% (15% in 2021; Figure 13).

Frequency of Use

In 2022, participants reported consuming cocaine on a median of five days (IQR=2-21; n=24) in the six months preceding interview, stable from three days (IQR=2-12; *p*=0.242) in 2021 (Figure 13). One-quarter (25%) of participants who had recently used cocaine reported using cocaine on a weekly or more frequent basis in 2022 (22% in 2021).

Routes of Administration

Among those who reported recent use of cocaine and responded (n=24), the main route of administration in 2022 was injection (79%; 61% in 2021; *p*=0.212). Participants who reported injecting cocaine did so on a median of five days (IQR=3-39), stable relative to 2021 (9 days; IQR=2-38; *p*=0.784). Snorting was the second most common route of administration (38%; 43% in 2021; *p*=0.771).

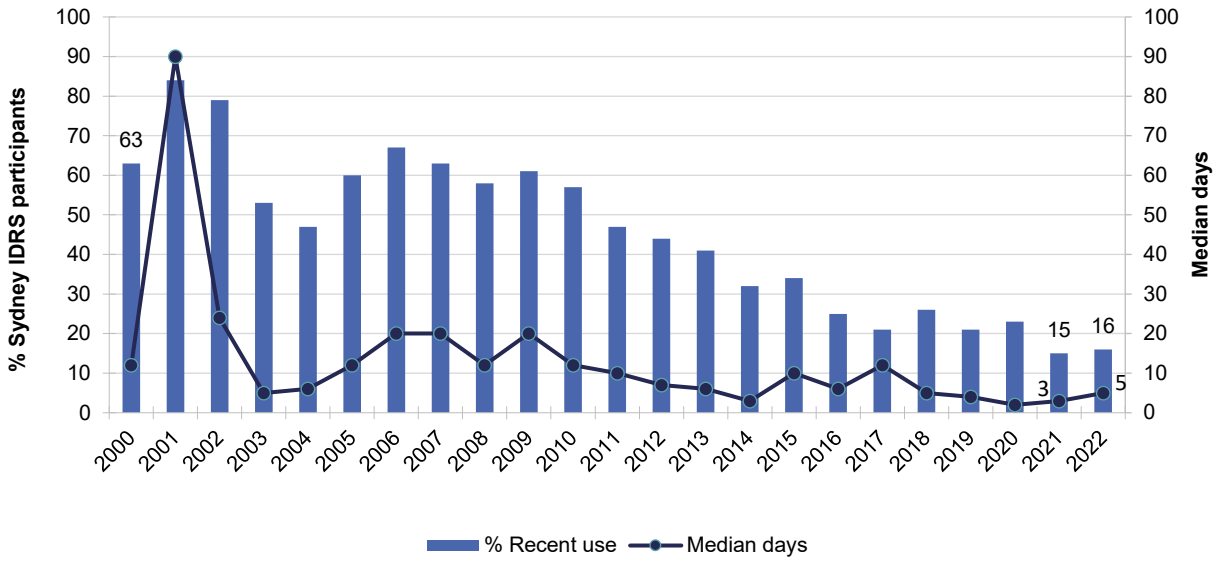
Quantity

Of those who reported recent use and responded (n=23), the median 'typical' amount of cocaine used per day in the six months prior to interview was 0.50 grams (0.20-1.00; 0.30 grams in 2021; IQR=0.10-1.00; *p*=0.215).

Forms used

Among participants who had recently consumed cocaine and commented (n=24), two-thirds reported using powder cocaine (65%; 83% in 2021; *p*=0.193), with few participants (n≤5) reporting use of crack cocaine.

Figure 13: Past six month use and frequency of use of cocaine, Sydney, NSW, 2000-2022



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 (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

The median price for one gram of cocaine was $275 in 2022 (IQR=213-338; n=6; $325 in 2021; IQR=300-363; n=8; *p*=0.209). Few participants (n≤5) reported on the price of one point of cocaine (Figure 14).

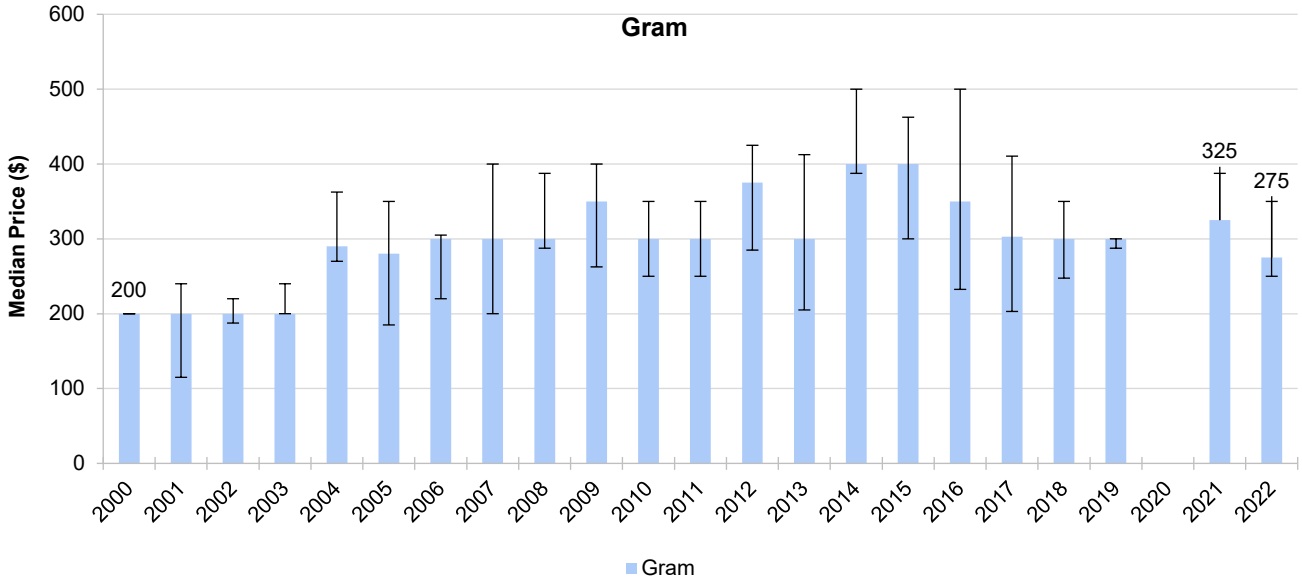
Perceived Purity

The perceived purity of cocaine remained stable between 2021 and 2022 (*p*=0.232). Among those who were able to comment in 2022 (n=17), 53% perceived cocaine to be of 'high' purity (26% in 2021) and 35% perceived it to be of 'medium' purity (42% in 2021). Few participants (n≤5) perceived the purity of cocaine to be 'low or 'fluctuating' (Figure 15).

Perceived Availability

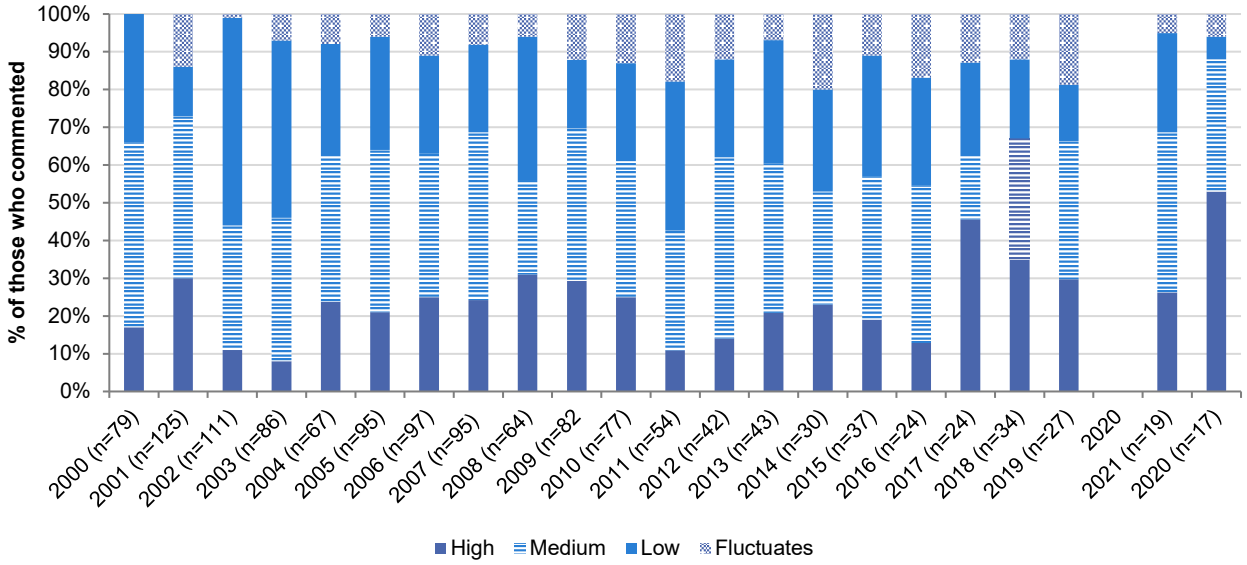
The perceived availability of cocaine remained stable between 2021 and 2022 (*p*=0.427). Amongst those who were able to comment in 2022 (n=18), the largest per cent perceived cocaine to be 'easy' (33%) to obtain (56% in 2021; *p*= 0.427) Few participants (n≤5) perceived cocaine to be 'very easy', 'difficult' or 'very difficult' to obtain in 2022 and 2021. (Figure 16).

Figure 14: Median price of cocaine per cap and gram, Sydney, NSW, 2000-2022



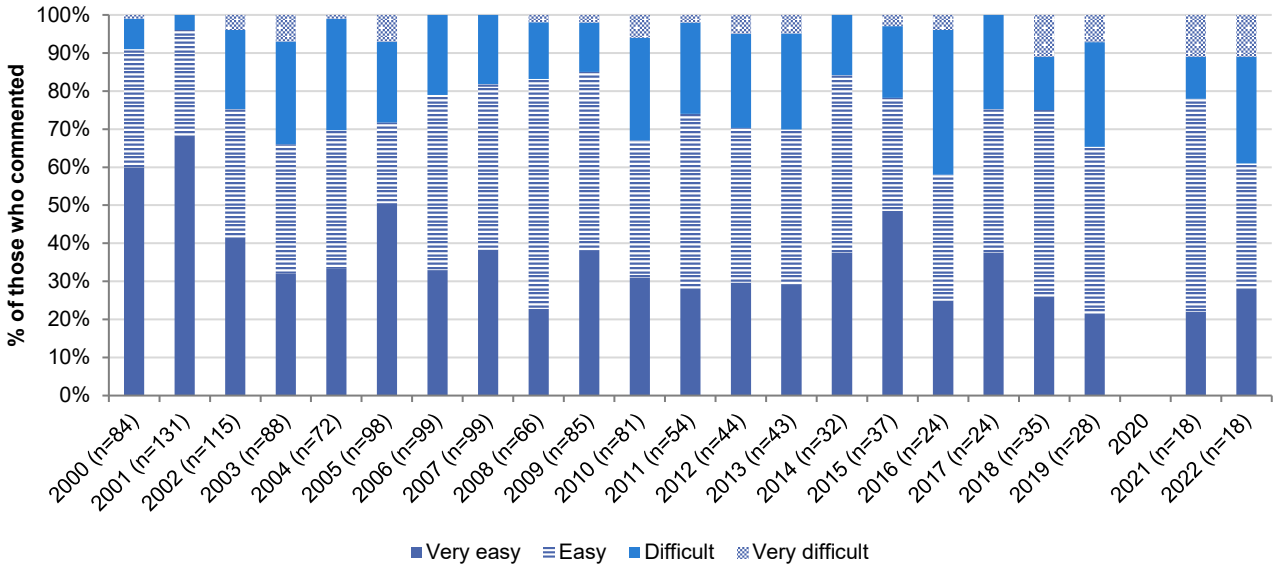
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived purity of cocaine, Sydney, NSW, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; p<0.050; **p<0.010; ***p<0.001.

Figure 16: Current perceived availability of cocaine, Sydney, NSW, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; $p<0.050$; $^{**}p<0.010$; $^{***}p<0.001$.

5

Cannabis and/or Cannabinoid Related Products

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil and CBD and THC extract.

Terminology throughout this chapter refers to:

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

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); few participants (n≤5) reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

At least seven in ten participants in the Sydney sample reported recent cannabis use each year between 2000 to 2019. In 2020, recent cannabis use declined to the lowest per cent (64%) observed since monitoring began. In 2022, recent use of non-prescribed cannabis and/or cannabinoid related products remained stable relative to 2021, with 72% of the sample reporting recent use (65% in 2021; p=0.180; Figure 17).

Frequency of Use

Since 2012, frequency of use has fluctuated considerably, ranging between a median of 90 and 180 days. In 2022, those who had recently used non-prescribed cannabis and/or cannabinoid related products reported doing so on a median of 180 days in the previous six months (IQR=48-180; n=110; 132 days in 2021; IQR=24-180; p=0.146; Figure 17), with 57% reporting daily use (45% in 2021; p=0.102).

Routes of Administration

Among those who responded in 2022 (n=110), all participants reported smoking non-prescribed cannabis and/or cannabinoid products in the past six months (100%; 98% in 2021; *p*=0.218). Few participants (n≤5) reported inhaling/vaporising cannabis.

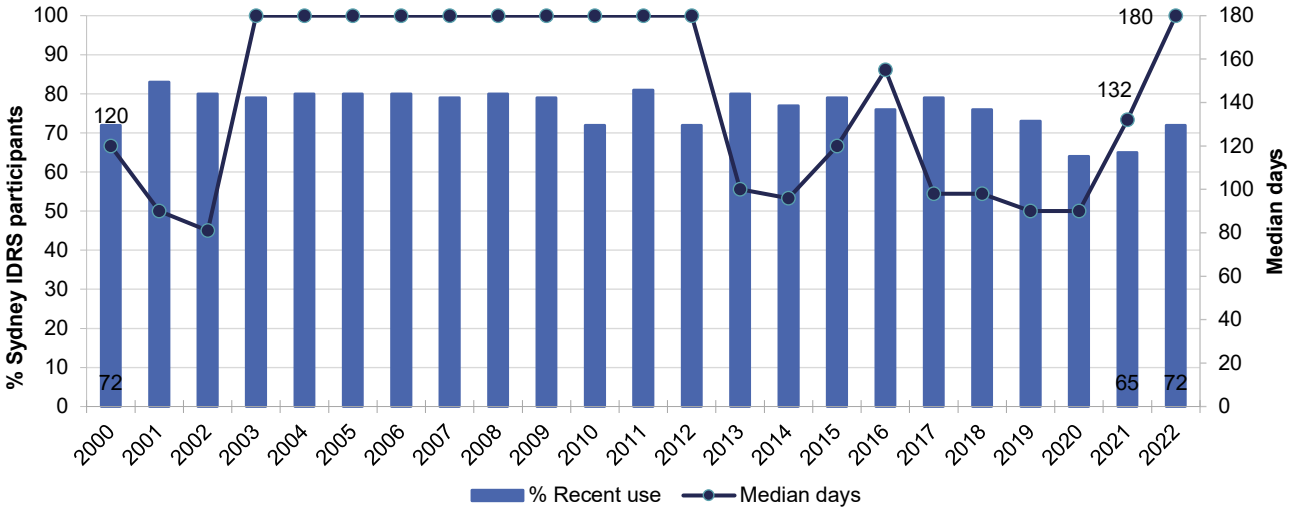
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022, the median 'typical' amount consumed was one gram (IQR=0.90-1.00; n=62; one gram in 2021; IQR=1.00-2.00; *p*=0.123), two cones (IQR=2-3.3; n=28; 2 cones in 2021; IQR=2-4; *p*=0.873) and one joint (IQR=1-3; n=16; one joint in 2021; IQR=1-2; *p*=0.765).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid related products in the six months preceding interview (n=99), most participants reported consuming hydroponic cannabis (95%; 96% in 2021), followed by bush cannabis (34%; 28% in 2021; *p*=0.356). Few participants (n≤5) reported consuming hashish, hash oil, pharmaceutical CBD oil or THC extract.

Figure 17: Past six month use and frequency of use of non-prescribed cannabis, Sydney, NSW, 2000-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The price of hydroponic cannabis per gram has remained stable at $20 since monitoring began in 2003 ($20 in 2022; IQR=20-20; n=40; $20 in 2021; IQR=20-20; n=40; *p*=0.719). The median price of one ounce of hydroponic cannabis was $263 in 2022 (IQR=250-294; n=6; $300 in 2021; IQR=300-315; n=6; *p*=0.114; Figure 18).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2021 and 2022 (*p*=0.581). Among those who responded in 2022 (n=77), the majority of participants perceived potency to be 'high' (56%; 61% in 2021), while approximately one-third (31%) perceived potency to be 'medium' (33% in 2021; Figure 19).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2021 and 2022 (*p*=0.173). Among those who commented in 2022 (n=77), 43% perceived hydroponic cannabis to be 'easy' to obtain (28% in 2021) followed by 42% who perceived it to be 'very easy' to obtain (49% in 2021). Conversely, about one-in-ten (12%) participants perceived hydroponic cannabis to be 'difficult' to obtain in 2022 (20% in 2021; Figure 20).

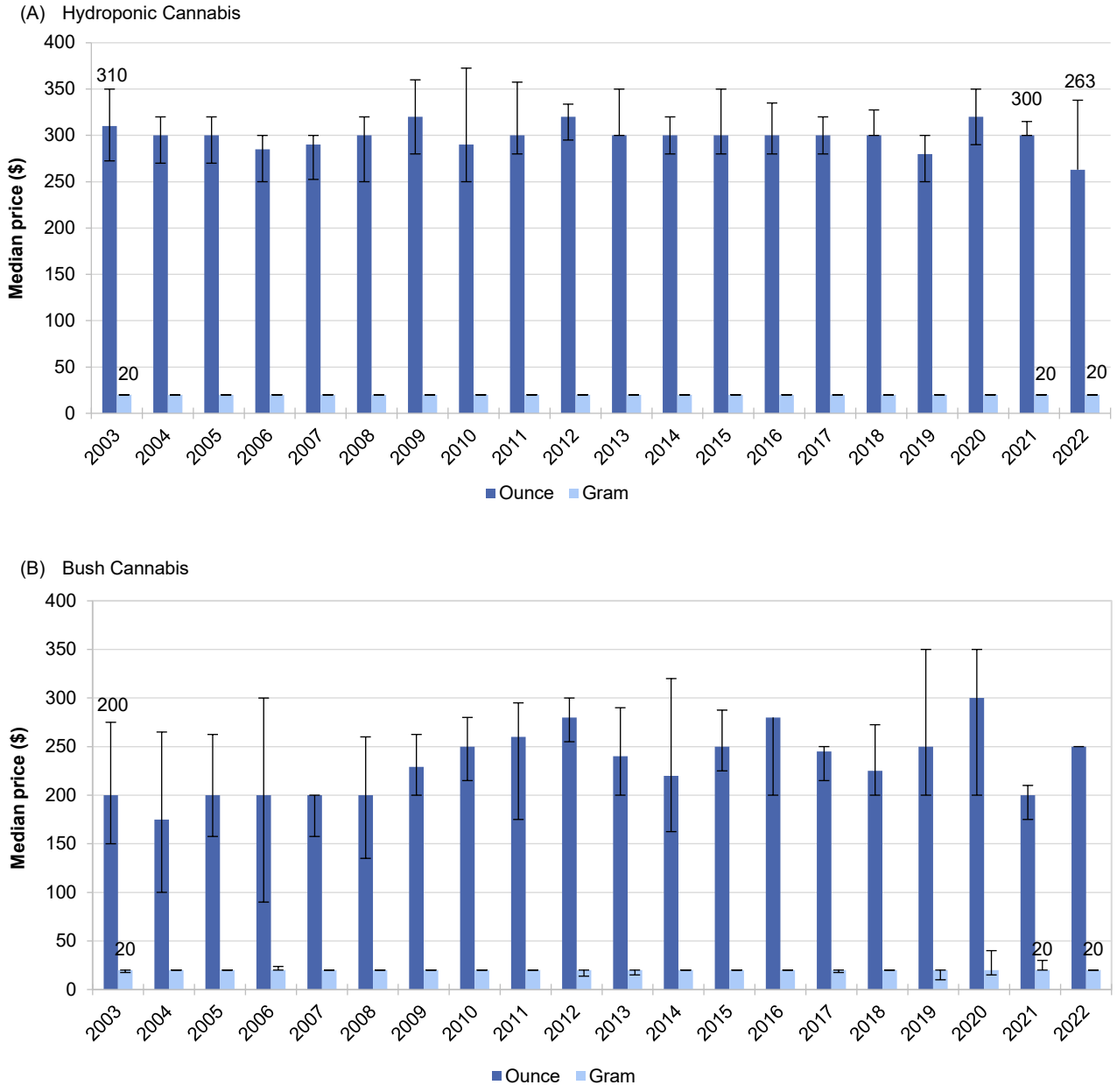
Bush Cannabis

Price: The price for one gram of bush cannabis has remained stable since monitoring began in 2003 ($20 in 2022; IQR=20-20; n=7; $20 in 2021; IQR=20-20; n=9). Few participants (n≤5) reported on the price of one ounce of bush cannabis in 2022 (Figure 18).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2021 and 2022 (*p*=0.583). Of those who were able to comment in 2022 (n=17), the largest per cent perceived potency to be 'high' (35%; 23% in 2021), followed by 'medium' (29%; 32% in 2021; Figure 19).

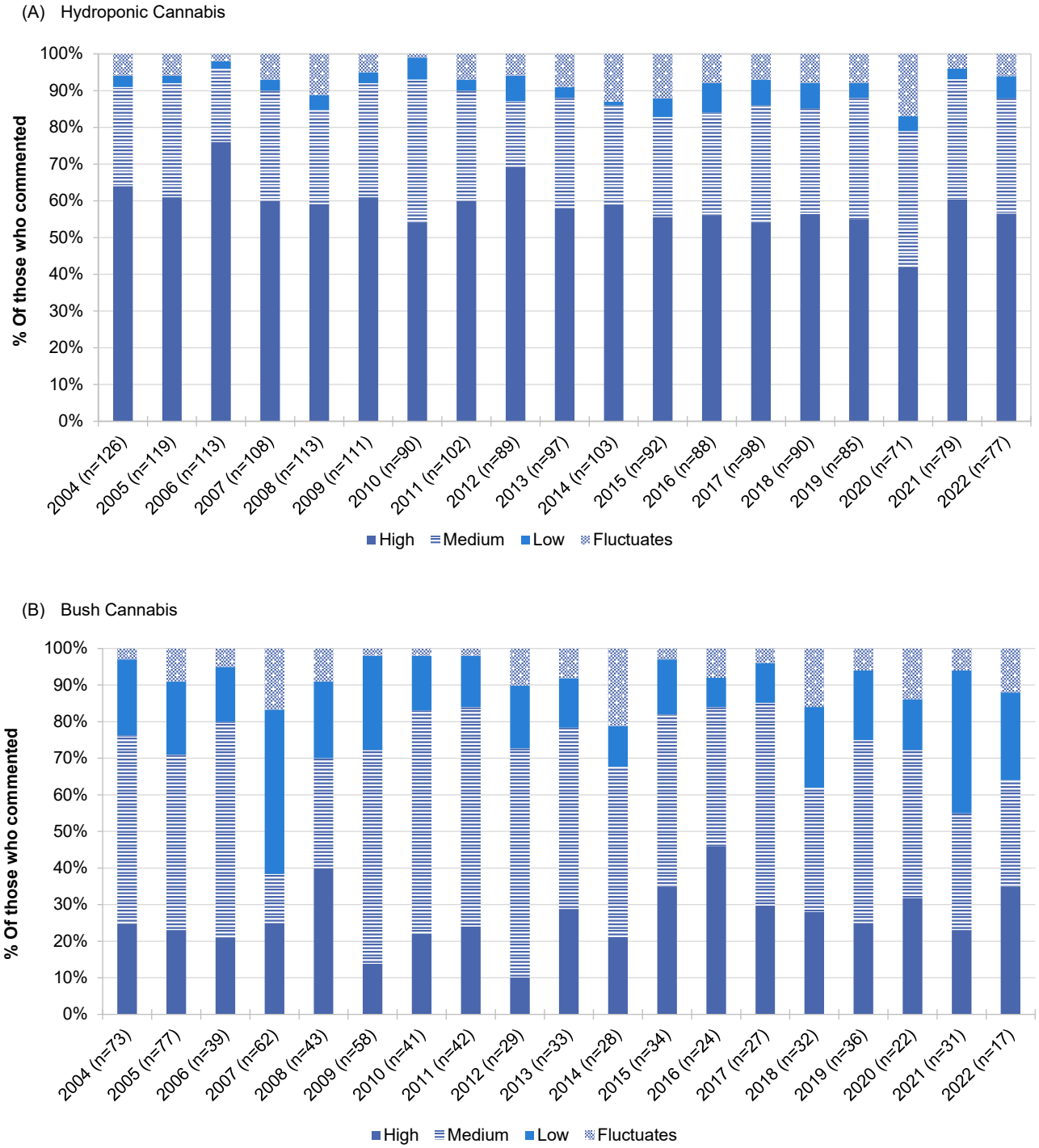
Perceived Availability: There were no significant differences in perceived availability between 2021 and 2022 (*p*=0.970). Among those who commented in 2022 (n=17), the largest per cent reported the availability of bush cannabis to be 'very easy' (41%; 32% in 2021). Few participants (n≤5) perceived the availability of bush cannabis to be 'easy', 'difficult' or 'very difficult' (Figure 20).

Figure 18: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2003-2022



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. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

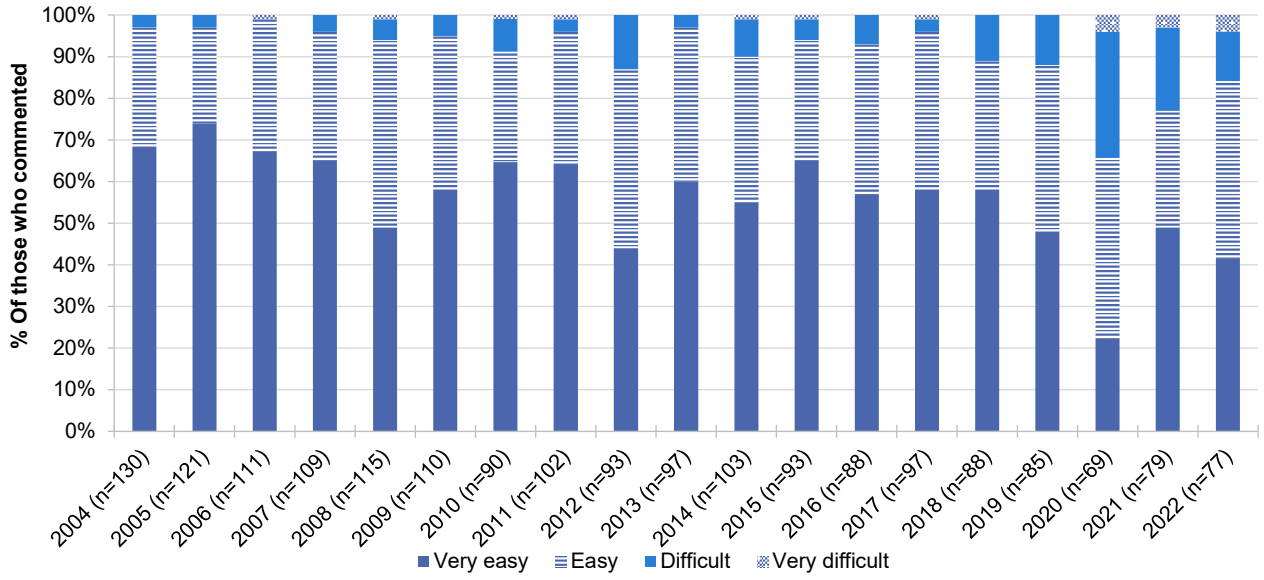
Figure 19: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2022



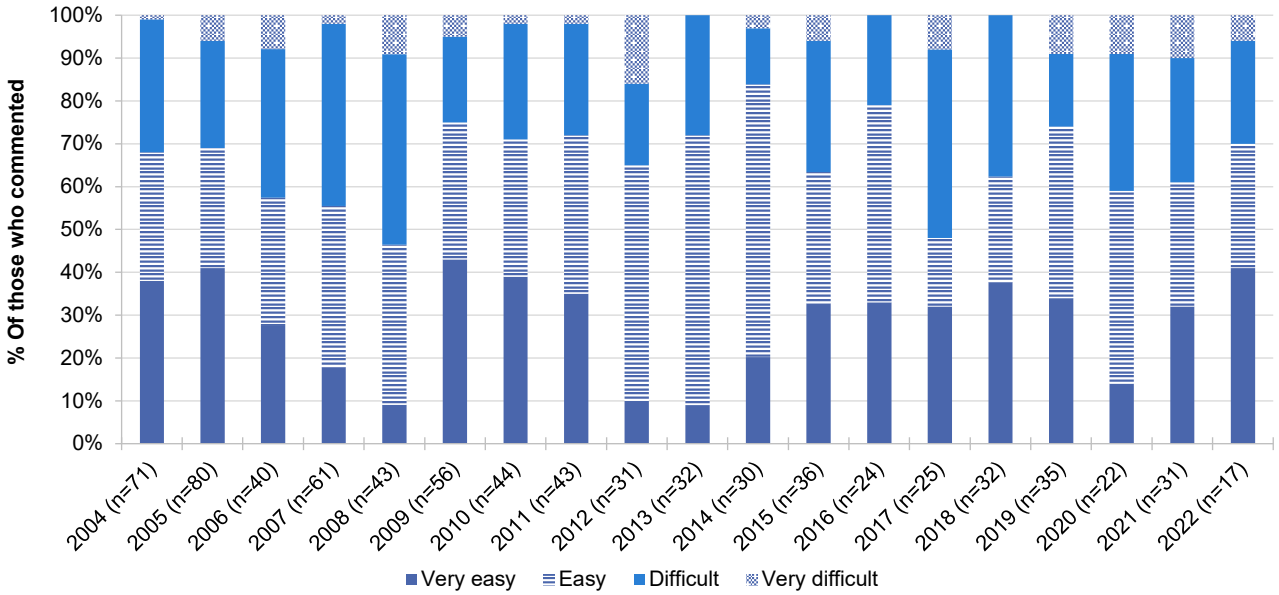
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001

Figure 20: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2022

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

The following section describes rates of 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).

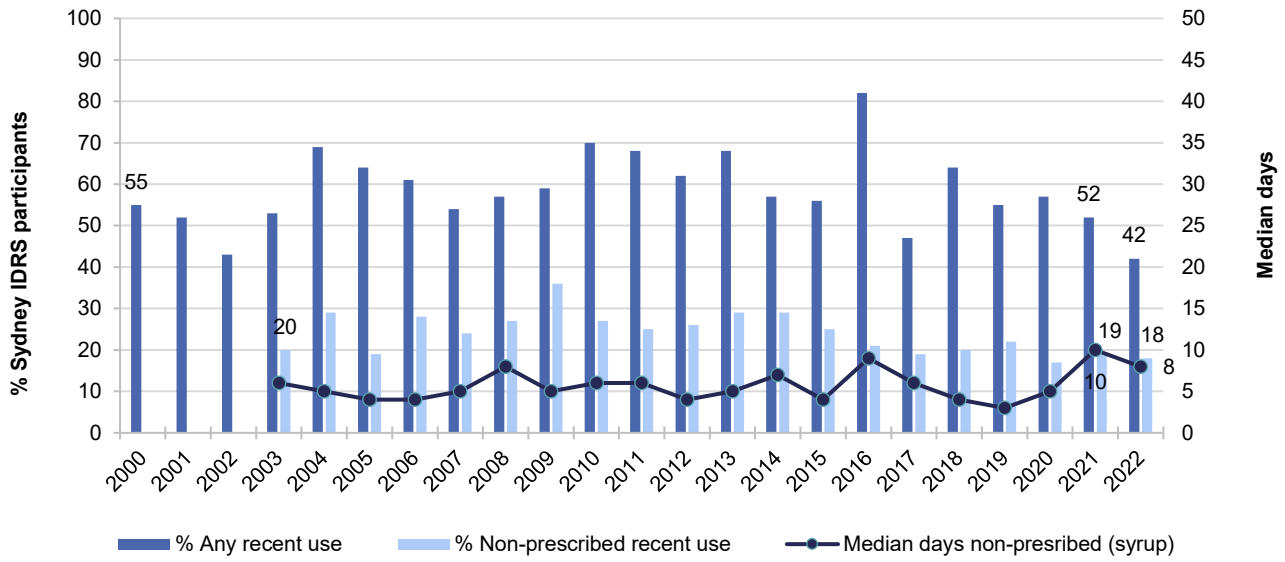
Methadone

Any Recent Use (past 6 months): Since monitoring began, the per cent of the Sydney sample reporting recent use of prescribed or non-prescribed methadone (including syrup and tablets) has fluctuated (Figure 21). In 2022, 42% of the sample reported recent prescribed or non-prescribed methadone use (52% in 2021; p=0.111). One-third (32%) of the sample reported recent use of prescribed methadone in 2022 (40% in 2021; p=0.155) and 18% of the sample reported recent use of non-prescribed methadone (19% in 2021; p=0.878).

Frequency of Use: Participants who had recently used non-prescribed methadone syrup reported doing so on a median of eight days in the past six months (IQR=4-44; n=27; 10 days in 2021; IQR=2-23; p=0.922; Figure 21).

Recent Injecting Use: Of those who had recently used any methadone (syrup and tablets) in 2022 and commented (n=25), two-fifths (39%) reported injecting methadone (40% in 2021) on a median of twelve days (IQR=4-72; 24 days in 2021; IQR=3-58; p=0.786).

Figure 21: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Sydney, NSW, 2000-2022

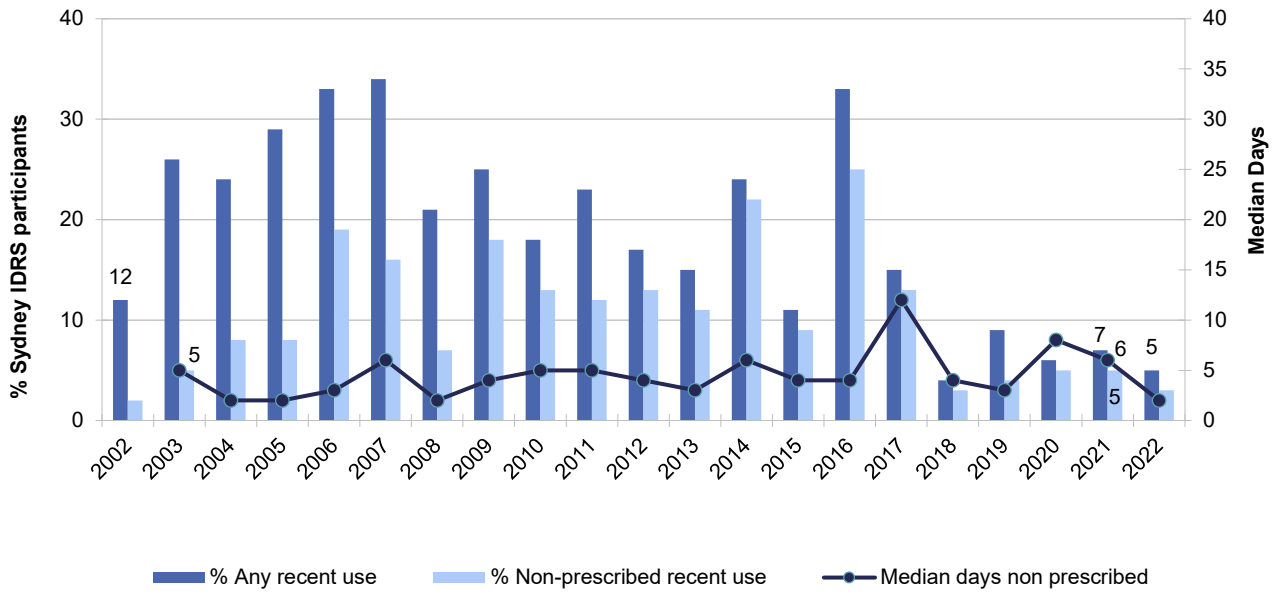


Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Five per cent of the Sydney sample reported using any buprenorphine tablet (7% in 2021; p=0.633; Figure 22) in the six months preceding interview. Few (n≤5) participants reported non-prescribed use or recent injection of buprenorphine tablet, therefore data regarding median frequency of non-prescribed use and any injection in the six months prior to interview are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 22: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Sydney, NSW, 2002-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and 40 days to improve visibility of trends. Data labels are only provided for the first (2002 and 2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

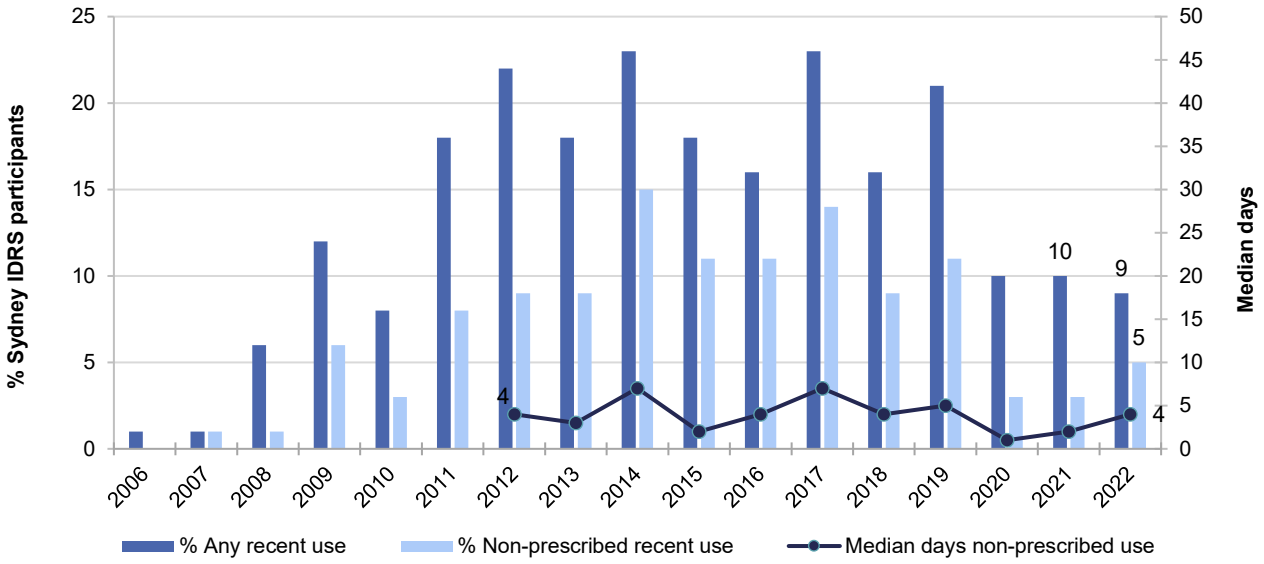
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent of the Sydney sample reporting recent use of prescribed or non-prescribed buprenorphine-naloxone has fluctuated considerably since monitoring began in 2006. In 2022, 9% of the sample reported any recent use of buprenorphine-naloxone (10% in 2021; p=0.698; Figure 23). Prescribed buprenorphine-naloxone use remained low and stable in 2022 (5%; 7% in 2021; p=0.460). Five per cent of the sample reported non-prescribed buprenorphine-naloxone use in 2022 (n≤5 in 2021; p=0.770).

Frequency of Use: Participants who had recently used non-prescribed buprenorphine-naloxone (n=7) reported doing so on a median of four days (IQR=3-18) in the past six months (n≤5 in 2021; p=0.245) (Figure 23).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2022 and commented (n=13), 46% reported injecting buprenorphine-naloxone (n≤5 in 2021; p=0.433), however few participants (n≤5) reported on the frequency of buprenorphine-naloxone injections in 2022.

Figure 23: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Sydney, NSW, 2006-2022



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 25% and 50 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

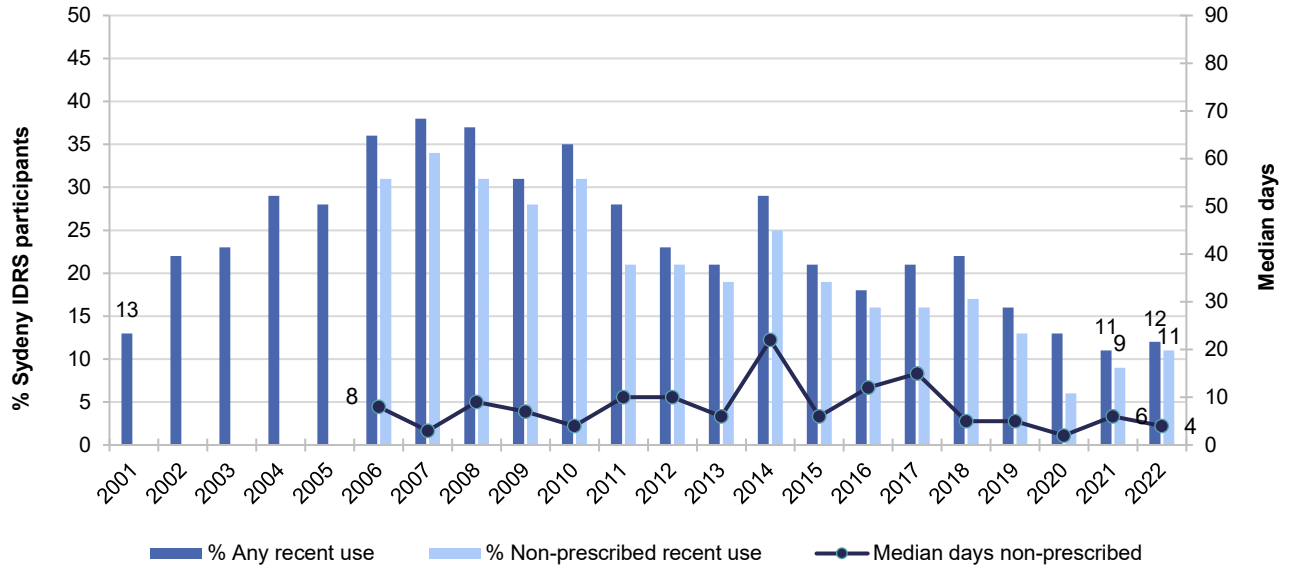
Morphine

Any Recent Use (past 6 months): Since peaking in 2007 with 38% of the sample reporting recent use of prescribed or non-prescribed morphine, a gradual decrease has been observed. In 2022, one-tenth (12%) of the Sydney sample reported recent use of any morphine (11% in 2021; p=0.851; Figure 24). This largely comprised of non-prescribed morphine use (11%; 9% in 2021, p=0.565). Few participants (n≤5) reported recently using prescribed morphine.

Frequency of Use: Participants who had recently used non-prescribed morphine (n=17) reported doing so on a median of four days in the six months preceding interview (IQR=1-10; 6 days in 2021; IQR=1-60; p=0.608; Figure 24).

Recent Injecting Use: Of those who had recently used any morphine in 2022 and commented (n=18), 78% reported recently injecting morphine (69% in 2021; p=0.703) on a median of four days in the six months preceding interview (IQR=2-10; 10 days in 2021; IQR=1-115; p=0.681).

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Sydney, NSW, 2001-2022



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 50% and 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

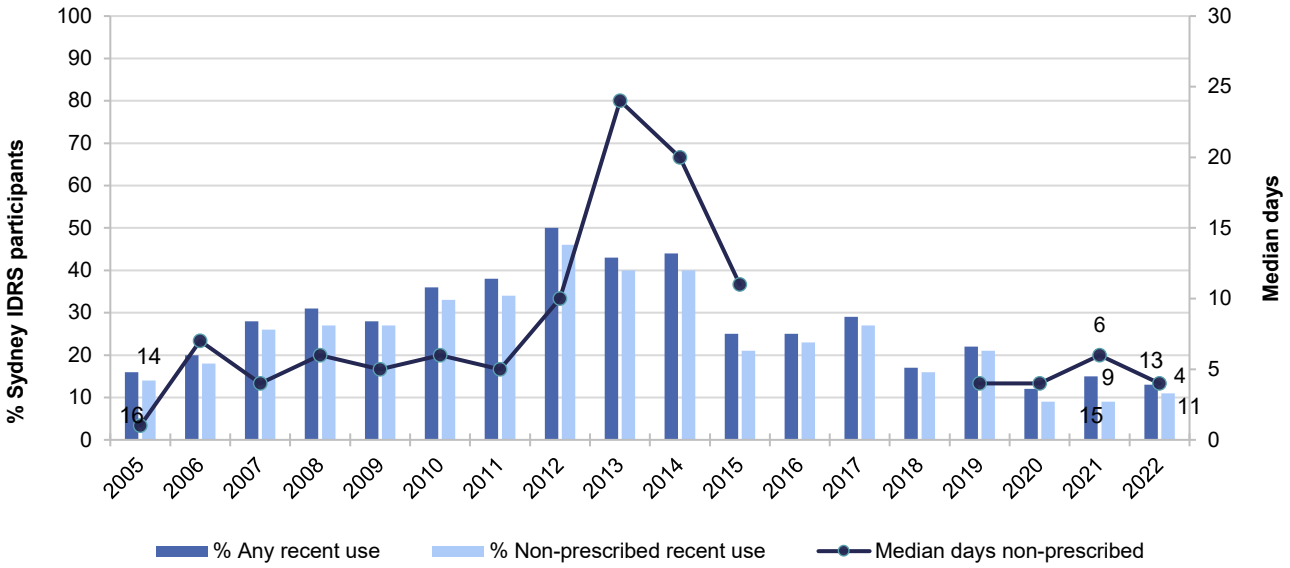
Oxycodone

Any Recent Use (past 6 months): Since peaking in 2012 with 50% of the sample reporting recent prescribed or non-prescribed use of oxycodone, a gradual decline has been observed. In 2022, 13% of the sample reported recently consuming oxycodone (15% in 2021; p=0.865; Figure 25). Eleven per cent of the sample reported non-prescribed use of oxycodone (9% in 2021; p=0.564) and few participants (n≤5) reported prescribed use (6% in 2021; p=0.256).

Frequency of Use: Participants reported using non-prescribed oxycodone on a median of four days (IQR=2-8; n=16) in the six months preceding interview, stable from 2021 (6 days; IQR=1-6; p=0.625; Figure 25).

Recent Injecting Use: Though not statistically significant, recent injection of any oxycodone increased between 2021 (36%) and 2022 (65%; n=20; p=0.129). The median frequency of injection of any oxycodone remained stable at three days in 2022 (IQR=2-10; 4 days in 2021; IQR=1-17; p=0.769).

Figure 25: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Sydney, NSW, 2005-2022



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 Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

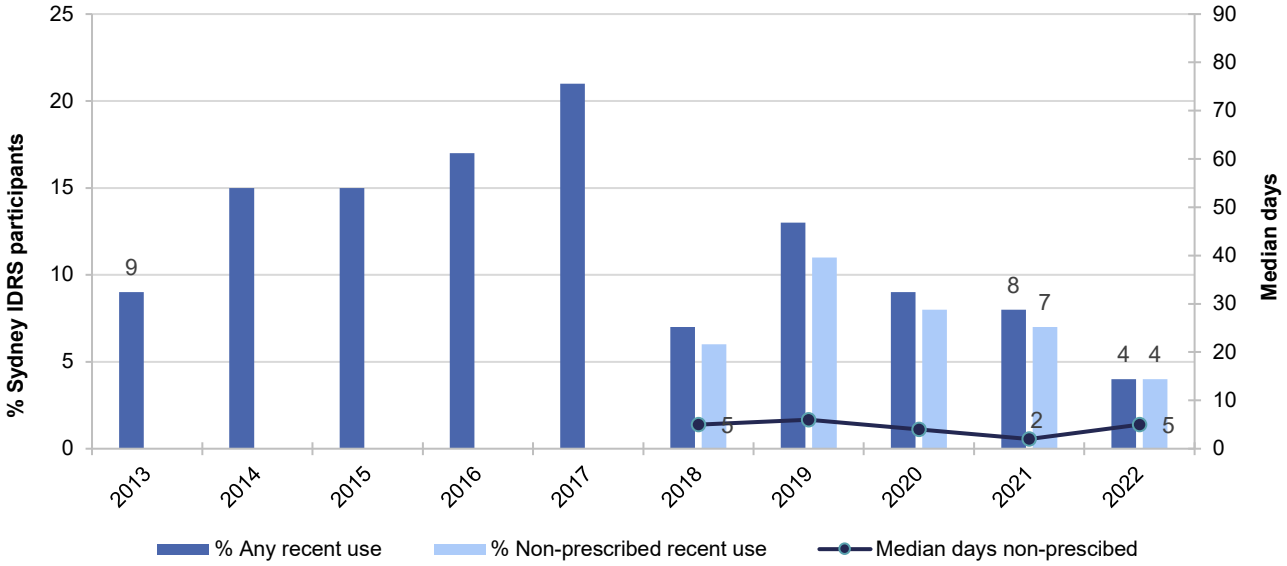
Fentanyl

Any Recent Use (past 6 months): The per cent reporting prescribed or non-prescribed fentanyl use peaked in 2017, with 21% of the sample reporting recent use, and has since been declining. In 2022, 4% of the sample reported recent fentanyl use, the lowest per cent observed since monitoring commenced (8% in 2021; p=0.158; Figure 26). This mostly comprised non-prescribed fentanyl use (4%; 7% in 2021; p=0.224), with few (n≤5) participants reporting recent prescribed use in 2022.

Frequency of Use: Those who had recently used non-prescribed fentanyl did so infrequently, on a median of five days (IQR=4-19; n=6), stable from two days in 2021 (IQR=2-5; p=0.242; Figure 26).

Recent Injecting Use: Due to low numbers (n≤5) reporting recent injection of any fentanyl, median days of recent injection are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, NSW, 2013-2022



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 90 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.000.for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2022 (Table 2). Seven per cent of the sample reported any recent use in 2022 (13% in 2021; p=0.135). This was mostly driven by prescribed use (5%; 10% in 2021; p=0.084), whereas few participants (n≤5) reported non-prescribed use in 2022 (5% in 2021; p=0.376). See Figure 29 in the New South Wales IDRS 2019 Report for more detailed data on use of codeine.

Four per cent of participants reported recent use of any form of tramadol in 2022 (n≤5 in 2021). Due to low numbers (n≤5) reporting prescribed or non-prescribed use, or any recent injection, median days of non-prescribed or injecting use are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

No participants reported recent use of any form of tapentadol. For further information, please refer to the National IDRS Report.

Table 2: Past six-month use of other opioids, Sydney, NSW, 2019-2022

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

Note. – Values suppressed due to small cell size (n≤5 but not 0). ^Includes high and low dose. [#]Of those who reported past six-month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001

7

Other Drugs

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

New Psychoactive Substances (NPS)

NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets. Questions regarding NPS were included in the IDRS survey since 2013.

Recent use of any NPS was reported by 4% of the Sydney sample in 2022 (6% in 2021; p=0.437; Table 3). The numbers endorsing use of each of the NPS categories were low (n≤5). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six-month use of new psychoactive substances, Sydney, NSW, 2016-2022

% Recent Use (past 6 months)	2013 N=151	2014 N=150	2015 N=150	2016 N=150	2017 N=150	2018 N=150	2019 N=151	2020 N=155	2021 N=150	2022 N=152
'New' drugs that mimic the effects of opioids	/	/	/	/	-	0	-	0	0	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	0#	-	-	0	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	/	/		-	/	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	23	4	8	11	-	5	7	6	4	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	0#	-	-	0	0	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	-	0	-	**0**
Any of the above	24	5	9	13	-	12	9	7	6	**4**

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. #In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained relatively stable between 2007-2014, before a gradual decline was observed from 2014-2022. In 2022, one-fifth (21%) of the sample reported recent use of any non-prescribed benzodiazepines, a significant decrease from 34% in 2021 (p=0.015;) (Figure 27). Eleven per cent of the Sydney sample reported recently using non-prescribed alprazolam in 2022 (21% in 2021; p=0.013) and 18% reported using other non-prescribed benzodiazepines (25% in 2021; p=0.132).

Frequency of Use: Participants reported using non-prescribed alprazolam on a medium of four days in the past six months (IQR=2-12; n=16; 9 days in 2021; IQR=3-30; *p*=0.114) and non-prescribed other benzodiazepines on a medium of five days in the past six months (IQR=3-12; n=27; 9 days in 2021; IQR=3-36; *p*=0.132).

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

Pharmaceutical Stimulants

Recent Use (past 6 months): Few participants (n≤5) reported recent use of non-prescribed pharmaceutical stimulants in 2022 (6% in 2021; *p*=0.168; Figure 27), and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Since peaking in 2012 with 19% of the Sydney sample reporting recent non-prescribed antipsychotic (asked as 'Seroquel' 2011-2018) use, recent use has been declining. In 2022, 6% of the sample reported recently using non-prescribed antipsychotics (4% in 2021; *p*=0.597; Figure 27).

Frequency of Use: Participants reported using non-prescribed antipsychotics on a median of eight days in 2022 (IQR=2-48; n=9; 8 days in 2021; IQR=2-25; *p*=0.635).

Recent Injecting Use: No participants reported injecting non-prescribed antipsychotics in 2022. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

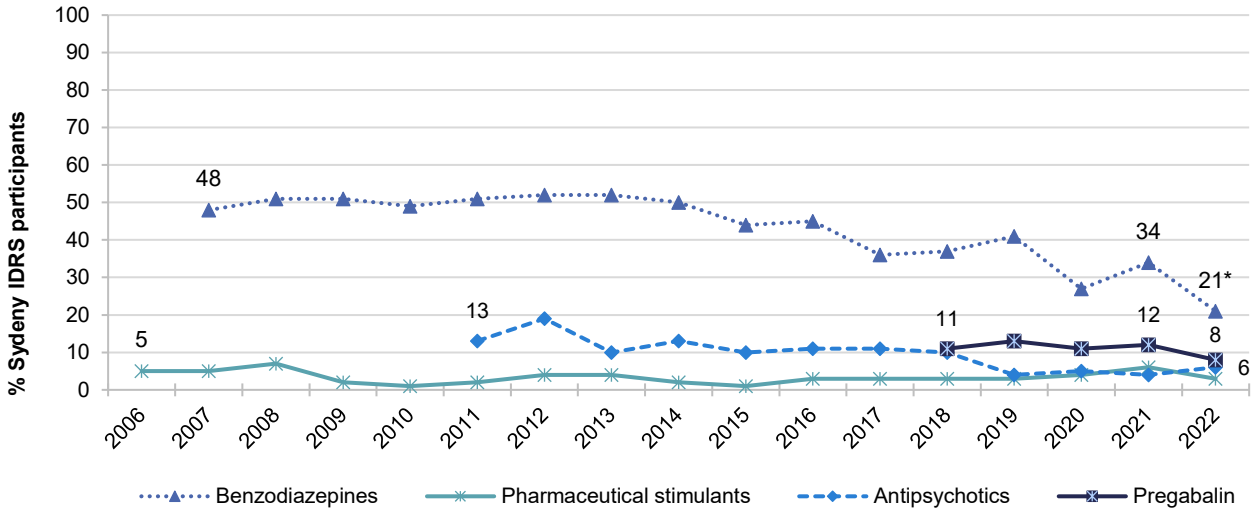
Pregabalin

Recent Use (past 6 months): Past six-month non-prescribed pregabalin use was reported by 8% of the sample, stable from 12% in 2021 (*p*=0.259; Figure 27).

Frequency of Use: Participants reported consuming pregabalin on a median of four days (IQR=1-10; n=12) in 2022, stable relative to 2021 (2 days; IQR=1-20; *p*=0.677).

Recent Injecting Use: No participants reported injecting pregabalin in 2022. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six-month use of non-prescribed pharmaceutical drugs, Sydney, NSW, 2006-2022



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 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 (2006/2007/2011/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Almost half (45%) of the Sydney sample reported consuming alcohol in the six months preceding interview in 2022, stable relative to 2021 (47% in 2021; p=0.812; Figure 28).

Frequency of Use: Participants reported consuming alcohol on a median of 24 days in the six months preceding interview in 2022 (IQR=6-92; n=68; 24 days in 2021; IQR=3-128; p=0.789), with 16% of participants who had recently used alcohol reporting daily use (20% in 2021; p=0.662).

Tobacco

Recent Use (past 6 months): Recent use of tobacco has consistently been high among the Sydney IDRS sample since reporting began. Consistent with previous years, the majority (91%) of the sample reported recent tobacco use (89% in 2021; p=0.571; Figure 28).

Frequency of Use: Stable relative to previous years, participants reported tobacco use on a median of 180 days in the six months preceding interview in 2022 (IQR=180-180; n=138; 180 days in 2021; IQR=180-180; p=0.658), with 93% of participants who had recently used tobacco reporting daily use (92% in 2022; p=0.632).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. No participants reported recent use of prescribed e-cigarettes in 2022.

Recent Use (past 6 months): One-third (30%) of the sample reported recent non-prescribed e-cigarette use, stable relative to 2021 (29%; *p*=0.895; Figure 28), and the highest per cent observed since monitoring began.

Frequency of Use: Frequency of use remained stable with participants reporting using non-prescribed e-cigarettes on a median of twenty days in the six months preceding interview (n=44; IQR=4-135) in 2022 (15 days in 2021; IQR=4-107; *p*=0.788). Among those who had recently used non-prescribed e-cigarettes and responded, 25% reported daily use (23% in 2021).

Forms Used: Among those who had recently used non-prescribed e-cigarettes and responded (n=42), 79% reported using e-cigarettes that contained nicotine (90% in 2021; *p*=0.227). Few participants (n≤5) reported using e-cigarettes that contained cannabis (10% in 2021; *p*=0.676) or both cannabis and nicotine (10% in 2021, *p*=0.676). Twenty-nine per cent reported using e-cigarettes that contained neither nicotine nor cannabis (10% in 2021, *p*=0.049).

Reasons for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the last six months and responded (n=49), 47% reported using e-cigarettes as a smoking cessation tool (61% in 2021, *p*=0.216).

Steroids

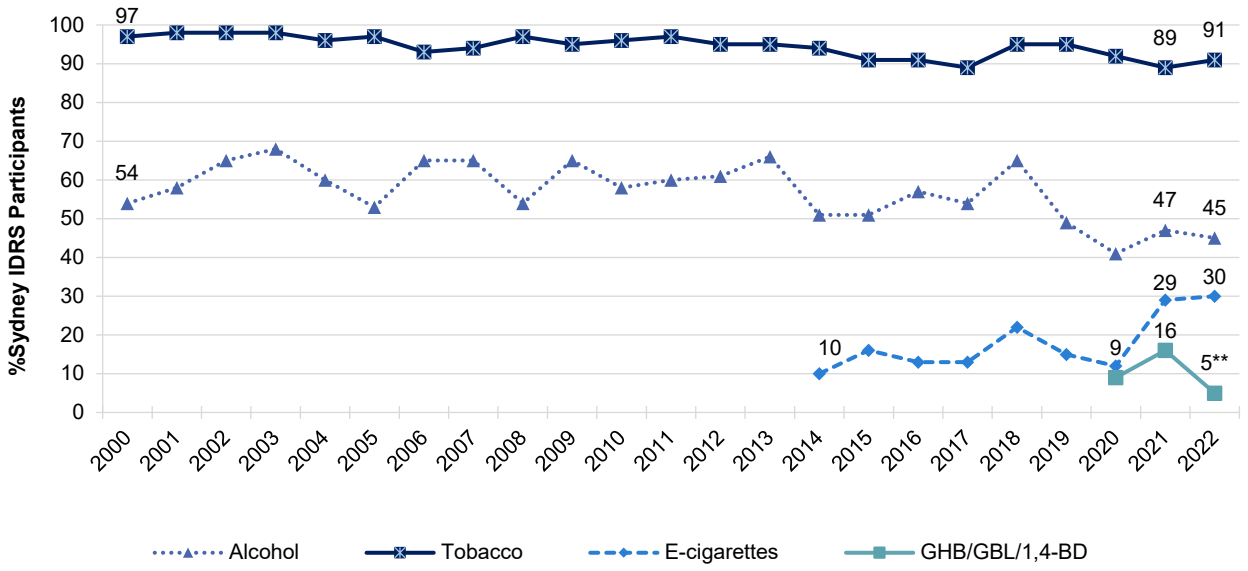
Few participants (n≤5) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2022, there was a significant decline in the per cent of participants reporting recent use of GHB/GBL/1,4-BD (5% in 2022; 16% in 2021; *p*=0.003; Figure 28).

Recent Injecting Use: In 2022, no participants reported recent injection (n≤5 in 2021), therefore no further reporting on patterns of injecting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 28: Past six-month use of licit and other drugs, Sydney, NSW, 2000-2022



Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001

8

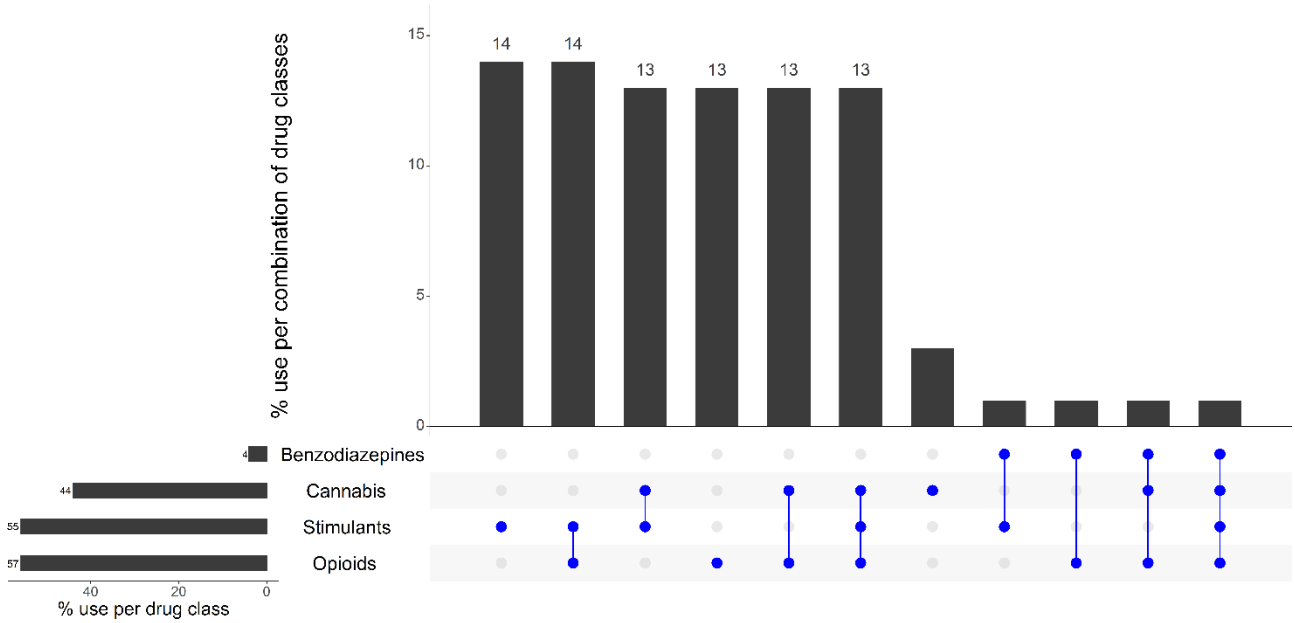
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, the majority (95%) of the sample reported using one or more drugs (including alcohol and prescription medications; excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=144), the most commonly used substances were opioids (57%), followed by stimulants (55%) and cannabis (44%).

Sixty-one per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Fourteen per cent of participants reported concurrent use of stimulants and opioids, 13% reported concurrent use of cannabis and opioids, and cannabis and stimulants, respectively, on the day preceding interview (Figure 29). Additionally, 13% reported using concurrent use of cannabis, stimulants and opioids. Fourteen per cent of respondents reported using stimulants alone, whilst 13% reported using opioids alone.

Figure 29: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Sydney, NSW, 2022



Note. % calculated out of total IDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 15% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
    - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
    - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

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

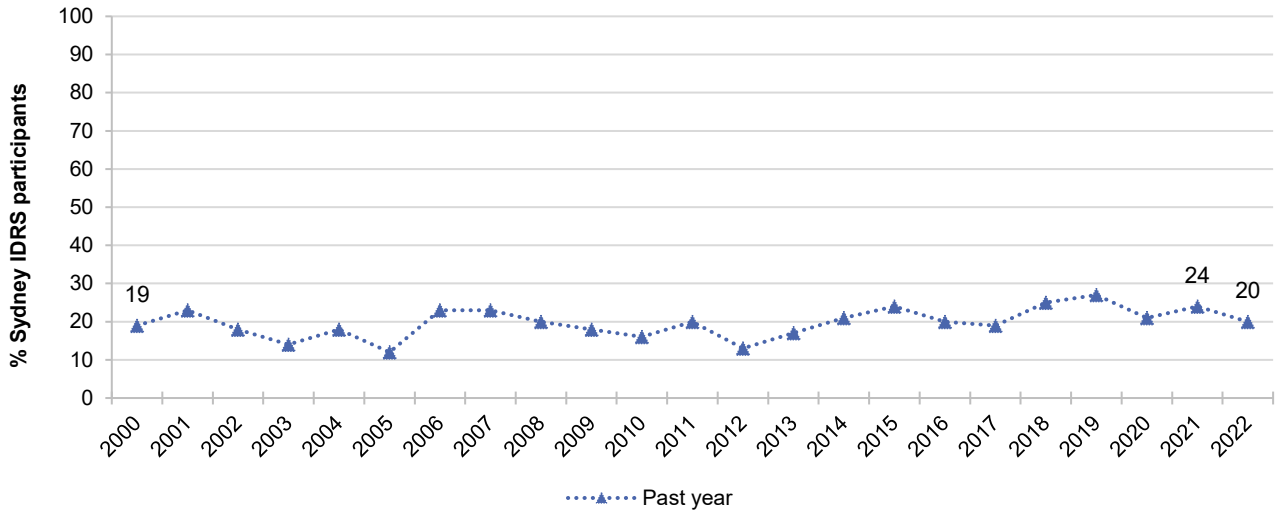
Non-fatal overdose on any drug in the 12 months preceding the interview has ranged between 12% and 27% since monitoring began in 2000. In 2022, 20% of the sample reported experiencing a non-fatal overdose in the 12 months preceding the interview (24% in 2021; p=0.482; Figure 30).

Fourteen per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview (16% in 2021; p=0.754), most commonly an overdose following the use of heroin (14%; 15% in 2021; p=0.869; Table 4). Among those who had experienced a past year non-fatal opioid overdose, the majority (77%) reported receiving treatment on the last occasion of overdose, most commonly by receiving naloxone/Narcan (68%), followed by ambulance attendance (32%).

Five per cent of the sample reported experiencing a **non-fatal overdose following stimulant use** in the past year (6% in 2021; p=0.618), with methamphetamine crystal the most common substance involved (5%). Few participants (n≤5) reported an accidental overdose following consumption of an 'other' drug not including stimulants (n≤5 in 2021; Table 4).

Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past 12 month non-fatal any overdose, Sydney, NSW, 2000-2022



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past 12 months non-fatal overdose by drug type, nationally, 2022, and Sydney, NSW, 2016-2022

	Sydney, NSW							National
	2016	2017	2018	2019	2020	2021	2022	2022
% Any opioid	**N=148 16**	**N=150 12**	N=148 17	N=150 19	N=155 12	N=150 16	**N=152 14**	N=868 12
% Heroin overdose	N=144 15	N=126 14	N=131 20	N=150 15	N=155 10	N=150 15	**N=152 14**	N=867 11
% Methadone overdose	N=145 -	N=131 0	N=145 -	N=150 1	N=155 1	N=150 -	**N=152 -**	N=867 1
% Morphine overdose	N=148 -	N=150 -	N=145 -	N=150 0	N=155 1	N=150 0	**N=152 0**	N=867 0
% Oxycodone overdose	N=147 0	N=143 0	N=148 -	N=150 0	N=155 1	N=150 0	**N=152 0**	N=867 0
% Stimulant overdose	N=144 4	-	-	N=151 9	N=154 6	N=150 6	**N=151 5**	N=878 4
% Other overdose	/	/	/	N=151 -	N=154 6	N=150 -	**N=152 -**	N=878 3
% Any drug overdose	N=144 20	N=125 19	N=128 25	N=151 27	N=155 21	N=150 24	**N=152 20**	N=868 17

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2016-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month. 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot

program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. 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: Since monitoring began in 2013, the per cent of participants reporting awareness of naloxone has ranged between 88% and 96%, indicating a high awareness of naloxone amongst the Sydney sample. In 2022, 95% of participants reported being aware of naloxone, stable from 93% in 2021 (p=0.481; Figure 31).

Awareness of Take-Home Programs (training program): At the commencement of monitoring in 2013, two in five participants (40%) were aware of naloxone training programs. In 2022, three-quarters (78%) of Sydney participants reported awareness of the naloxone take-home programs (74% in 2021; p=0.492; Figure 31).

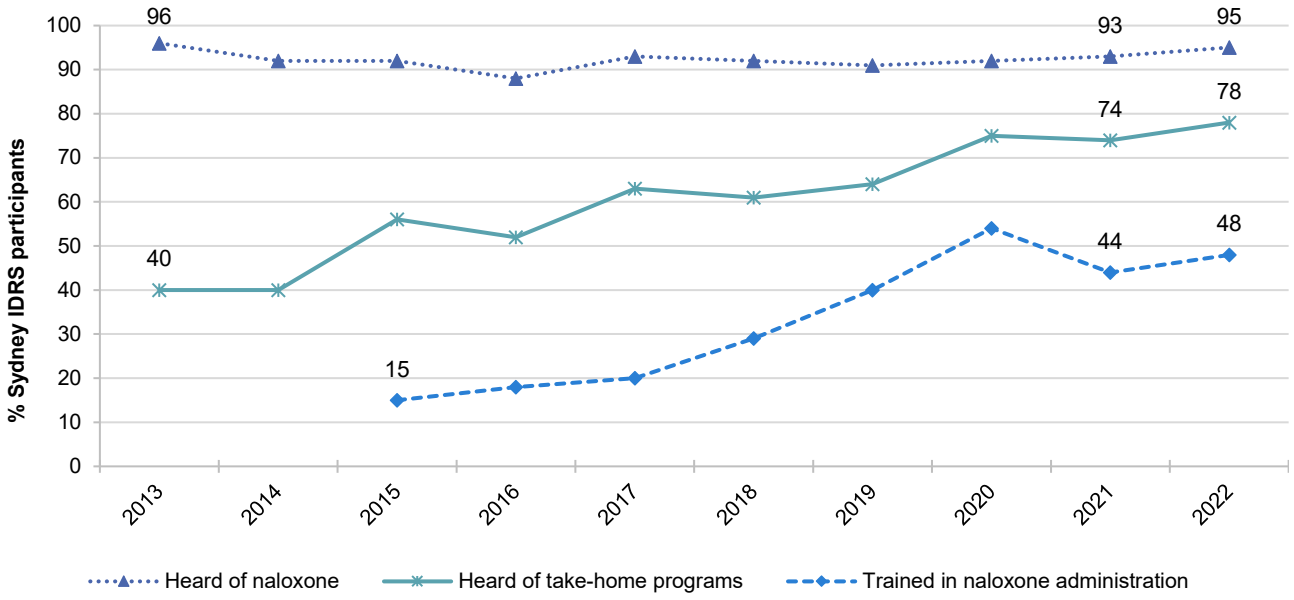
Participation in Training Programs: In 2022, 48% of participants reported being trained in how to administer naloxone (44% in 2021; p=0.563; Figure 31). Among those who responded (n=83), 49% received their last naloxone training via a NSP, followed by a health service (29%), and a drug treatment service (10%).

Accessed Naloxone: Seventy-four per cent of the Sydney sample who had heard about naloxone training programs reported accessing naloxone in their lifetime (73% in 2021; p=0.877) and 58% reported accessing naloxone in the 12 months preceding interview (60% in 2021; p=0.888). On the last occasion of naloxone access, half (49%) of participants accessed naloxone via a NSP, followed by a health service (29%), and the majority (96%) of participants reported that they did not have to pay the last time they accessed naloxone. Of those who reported that they had ever accessed naloxone and could respond (n=83), 14% reported receiving intramuscular naloxone only on the last occasion of access, 60% reported receiving intranasal only, and 25% reported receiving both.

In 2022, few participants (n≤5) reported having difficulties accessing naloxone in their lifetime. Out of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=73), reasons included ‘don’t consider myself/my peers at risk of overdose’ (34%), ‘don’t use opioids’ (19%), ‘other’ (18%) and ‘didn’t know you could access naloxone’ (14%).

Use of Naloxone to Reverse Overdose: In 2022, of those who responded (n=152), 25% reported resuscitating someone using naloxone at least once in their lifetime (30% in 2021; p=0.360), and 8% reported they had been resuscitated by a peer using Narcan/naloxone in the last year (7% in 2021). Of those who had ever accessed naloxone and could respond (n=85), 36% reported that they ‘always’ had naloxone on hand when using opioids in the past month, followed by 12% reporting ‘often’, 8% ‘sometimes’, 11% ‘rarely’ and 21% ‘never’.

Figure 31: Lifetime awareness of take-home naloxone program and distribution, Sydney, NSW, 2013-2022



Note. Data labels are only provided for the first (2013 and 2015) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Risk Behaviours and Harms

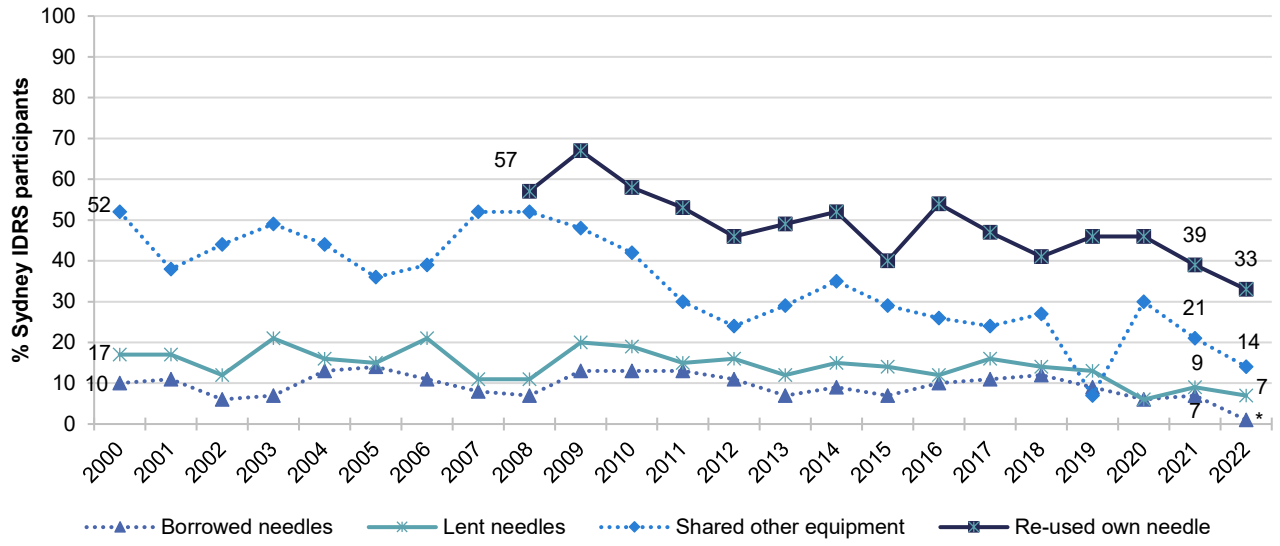
Injecting Risk Behaviours

Receptive needle sharing significantly declined in 2022, with few participants (n≤5) reporting receptive needle sharing in the month preceding interview (7% in 2021; p=0.019). Distributive needle sharing remained stable between 2021 and 2022, with 7% reporting distributive needle sharing in 2022 (9% in 2021, p=0.530). Similarly, the per cent of participants who reported sharing other equipment remained stable in 2022 (14%; 21% in 2021; p=0.180). One-third (33%) of the sample reported that they had re-used their own needles in the past month, stable relative to 39% in 2021 (p=0.283; Figure 32 and Table 5).

One-third (31%) reported that they had injected someone else after injecting themselves in the past month (26% in 2021; p=0.371), and one-sixth (17%) reported being injected by someone else who had previously injected (17% in 2021, p=0.875).

The location of last injection significantly changed between 2021 and 2022 (p=0.001). Most participants (81%) were in a private home at the time of last injection, a decrease from 87% in 2021. Seven per cent last injected outside (street/park/beach) (5% in 2021) and one per cent last injected at a Medically supervised injected service (n≤5 in 2021).

Figure 32: Borrowing and lending of needles and sharing of injecting equipment in the past month, Sydney, NSW, 2000-2022



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 sample presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Sydney, NSW, 2016-2022

	Sydney, NSW								National
	2015 N=150	2016 N=147	2017 N=142	2018 N=151	2019 N=151	2020 N=155	2021 N=150	2022 N=152	2022 N=879
% Injecting behaviours past month									
Borrowed a needle	N=148 7	N=147 10	N=142 11	N=151 12	N=151 9	N=155 6	N=148 7	**N=152 -***	N=868 4
Lent a needle	N=148 14	N=145 12	N=142 16	N=150 14	N=149 13	N=154 6	N=148 9	**N=151 7**	N=865 8
Shared any injecting equipment ^	N=148 29	N=147 26	N=142 24	N=152 27	N=151 7	N=154 30	N=149 21	**N=152 14**	N=872 20
Reused own needle	N=148 40	N=147 54	N=142 47	N=151 41	N=151 46	N=154 46	N=149 39	**N=150 33**	N=865 35
Injected partner/friend after self~	/	N=147 28	N=141 31	N=151 32	N=150 36	N=155 26	N=150 26	**N=152 31**	N=866 27
Somebody else injected them after injecting themselves~	/	N=147 18	N=141 14	N=151 19	N=151 19	N=155 14	N=149 17	**N=151 17**	N=865 15
% Location of last injection	N=146	N=147	N=142	N=151	N=150	N=154	N=149	**N=151****	N=884
Private home	62	67	62	72	69	85	87	**81**	83
Car	3	5	-	3	-	-	5	**-**	4
Street/car park/beach	12	8	4	5	11	5	5	**7**	4
Public toilet	8	5	4	5	4	-	-	**-**	4
Medically supervised injected services	9	6	13	12	9	5	-	**1**	3
Other	2	4	8	-	-	-	-	**0**	2

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ with a new or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

In 2022, 28% of the sample reported having an injection-related health issue in the month preceding interview, stable relative to 2021 (32%; *p*=0.444; Table 6). The most common injection-related health issues reported by participants were nerve damage (14%; 13% in 2021; *p*=0.862) and a skin abscess or cellulitis (14%; 8% in 2021; *p*=0.140). Another serious infection (e.g., sepsis, osteomyelitis) significantly increased from 0% in 2021 to 4% in 2022 (*p*=0.030).

Table 6: Injection-related issues in the past month, Sydney, NSW, 2020-2022

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Sydney sample presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

In 2022, 43% of the Sydney sample were currently in any form of drug treatment (50% in 2021; *p*=0.254). Almost one-third (30%) of the Sydney sample were participating in a methadone program (37% in 2021; *p*=0.230) and 7% in counselling (11% in 2021; *p*=0.226; Table 7).

Table 7: Any current drug treatment, nationally, 2022, and Sydney, NSW, 2015-2022

	Sydney, NSW								National
	2015	2016	2017	2018	2019	2020	2021	2022	2022
	N=150	N=150	N=151	N=152	N=151	N=155	N=150	N=152	N=879
% Current drug treatment	64	54	44	55	58	56	50	**43**	38
Methadone	54	41	31	48	42	44	37	**30**	24
Buprenorphine	-	-	-	0	-	0	-	**-**	2
Buprenorphine-naloxone	7	8	9	5	8	5	4	**-**	5
Buprenorphine depot injection	/	/	/	/		-	-	**6**	3
Drug counselling	0	-	-	-	14	17	11	**7**	9
Other	-	0	-	0	**-**	5	-	**-**	3

Note. - Values 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 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

One-third (34%) of participants reported having had an HCV antibody test in the last year (41% in 2021; *p*=0.285), and 40% of participants reported receiving an RNA test in 2022 (43% in 2021; *p*=0.630). Four per cent of the Sydney sample reported a current hepatitis C virus (HCV) infection in 2022 (7% in 2021; *p*=0.437; Table 8). Twelve per cent of the sample reported receiving HCV treatment in the last year (14% in 2021; *p*=0.856), of which the majority (83%; 75% in 2021; *p*=0.697) reported that their treatment was successful.

The majority (83%) of participants reported undergoing a test for human immunodeficiency virus (HIV) in their lifetime (34% in the past 6 months), with few participants (n≤5) reporting that they had received a positive diagnosis for HIV in their lifetime (Table 8).

Table 8: HCV and HIV testing and treatment, nationally, 2022, and Sydney, NSW, 2018-2022

	Sydney, NSW					National
	2018	2019	2020	2021	2022	2022
	N=152	N=151	N=151	N=150	N=152	N=879
Past year Hepatitis C test (n)						
Past year hepatitis C antibody test	N=151 64	N=151 61	N=151 24	N=147 41	**N=148 34**	N=846 43
Past year hepatitis C PCR or RNA test	N=133 44	N=144 47	N=145 39	N=145 43	**N=142 40**	N=803 37
Current hepatitis C status (n)						
Currently have hepatitis C^	N=144 19	N=142 16	N=150 12	N=143 7	**N=141 4**	N=805 7
Past year treatment for hepatitis C (n)						
Received treatment in past year	N=149 24	N=150 27	N=151 7	N=147 14	**N=146 12**	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=35 63	N=39 72	N=10 90	N=20 75	**N=18 83**	N=85 69
HIV test (n)				N=136	**N=118**	N=823
HIV test in past 6 months	/	/	/	40	**34**	23
HIV test more than 6 months ago	/	/	/	52	**48**	55
HIV status (n)				N=136	**N=118**	N=633
Lifetime HIV positive diagnosis	/	/	/	7	**-**	3

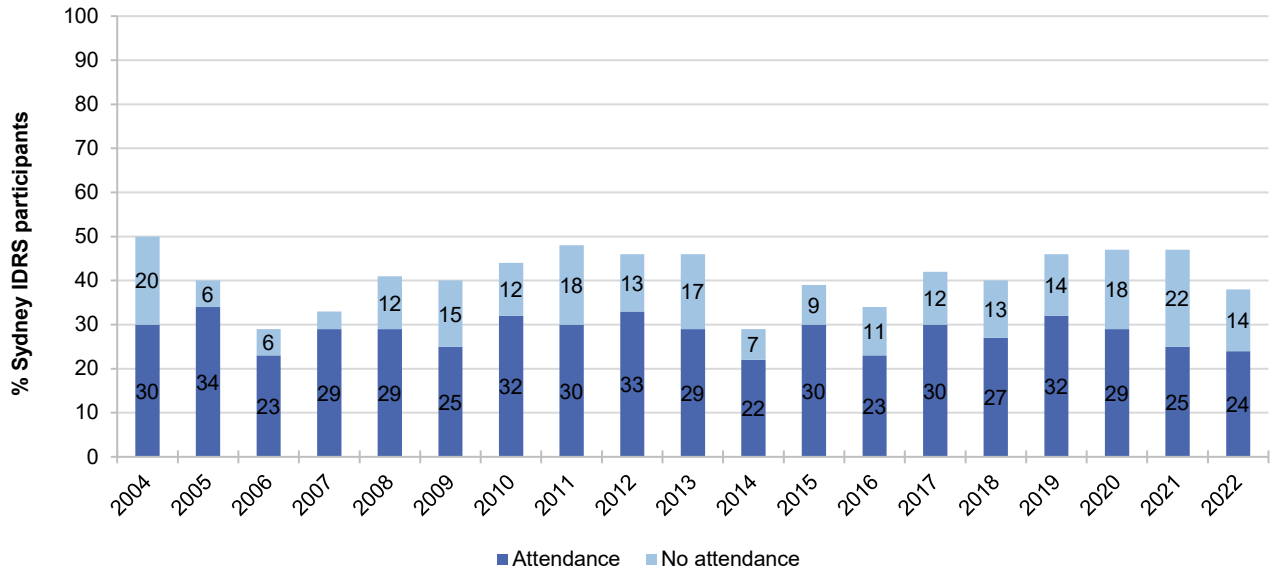
Note. ^The denominator includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statical significance for 2021 versus 2022 presented in table; **p*<0.050; ***p*<0.010; ****p*<0.001.

Mental Health

Thirty-eight per cent of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months in 2022, stable relative to 2021 (47% in 2021; *p*=0.106; Figure 33). Amongst this group, the most commonly reported problems were depression (58%), followed by anxiety (46%), schizophrenia (26%) and post-traumatic stress disorder (PTSD) (25%).

One-quarter of the total sample (24%; 64% of those who reported a mental health problem) had seen a mental health professional during the last six months, stable from 2021 (54%; *p*=0.272). Among those who had attended a mental health professional in 2022 (n=36), 78% had been prescribed medication for their mental health problem in the preceding six months (78% in 2021).

Figure 33: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2004-2022

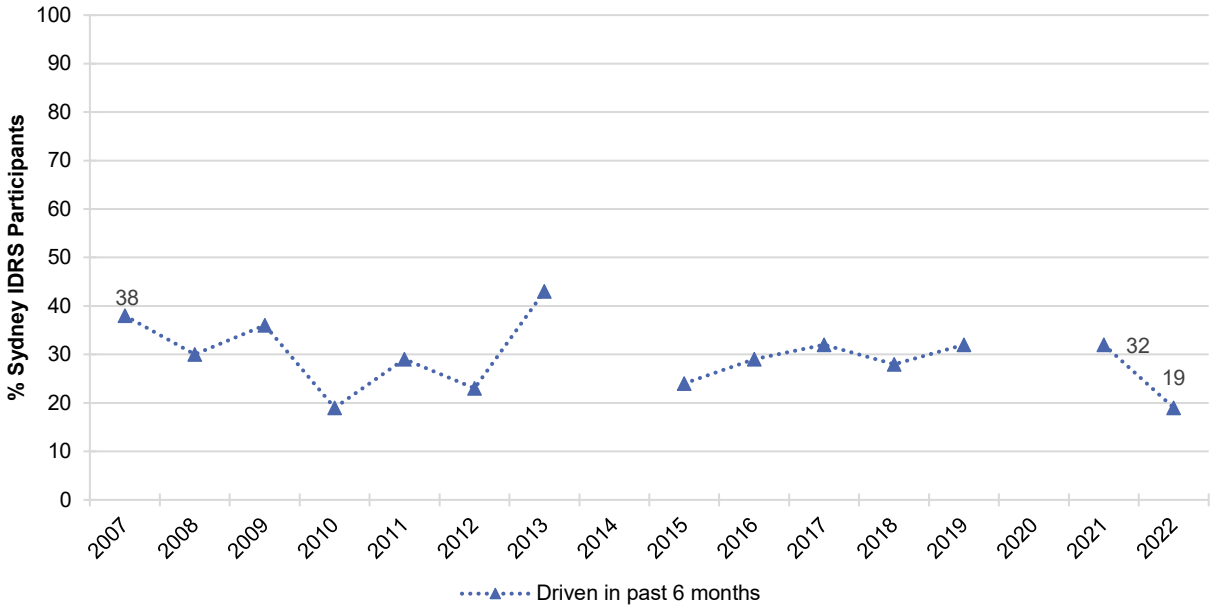


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Driving

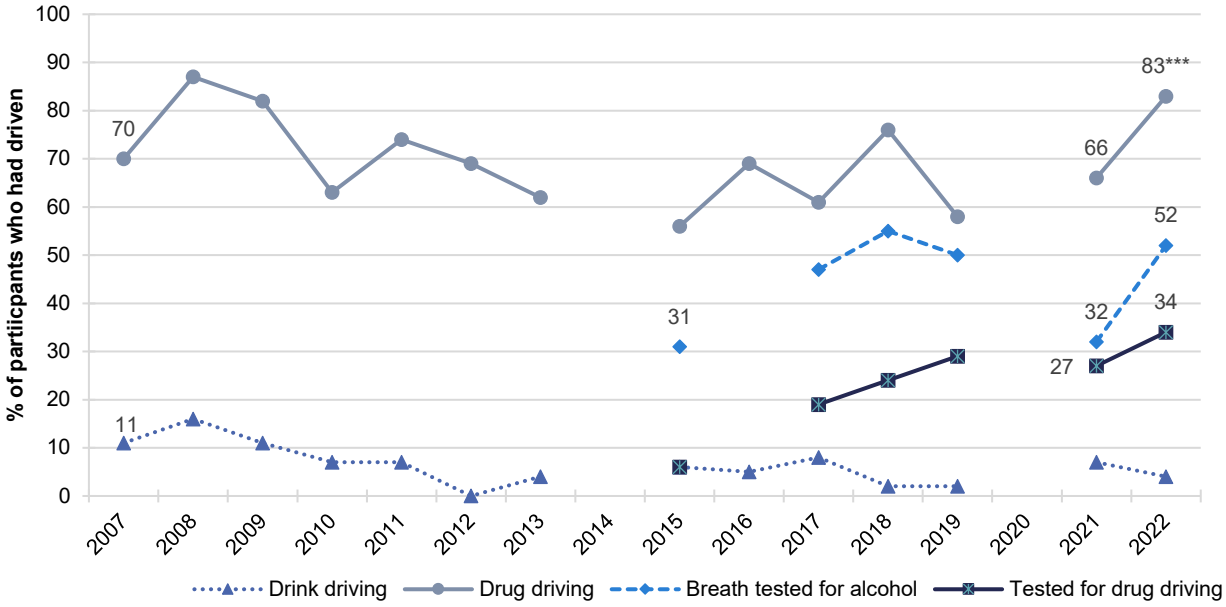
Nineteen per cent of the Sydney sample reported driving a car, motorcycle or other vehicle in the six months preceding the interview (Figure 34). Few participants (n≤5; Figure 35) who had recently driven and responded (n=28) reported driving while over the perceived legal alcohol limit in the last six months. Among those who had driven in the last six months (n=29), 83% (16% of the whole sample), reported driving within three hours of consuming an illicit or non-prescribed drug, a significant increase from 66% in 2021 (p<0.001). Among those who had driven in the last six months (n=29), one-third (34%) reported that they had been tested for drug driving by the police roadside drug testing service (27% in 2021), and half (52%) reported being breath tested for alcohol by the police roadside testing service in the past six months (32% in 2021; Figure 35).

Figure 34: Self-reported driving in the past six months, Sydney, NSW, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001

Figure 35: Self-reported testing and driving In the past six months, over the (perceived) legal limit for alcohol and three hours following Illicit drug use, among recent drivers, Sydney, NSW, 2007-2022



Note. Computer of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. Data labels are only provided for the first (2007/2015) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Stastistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

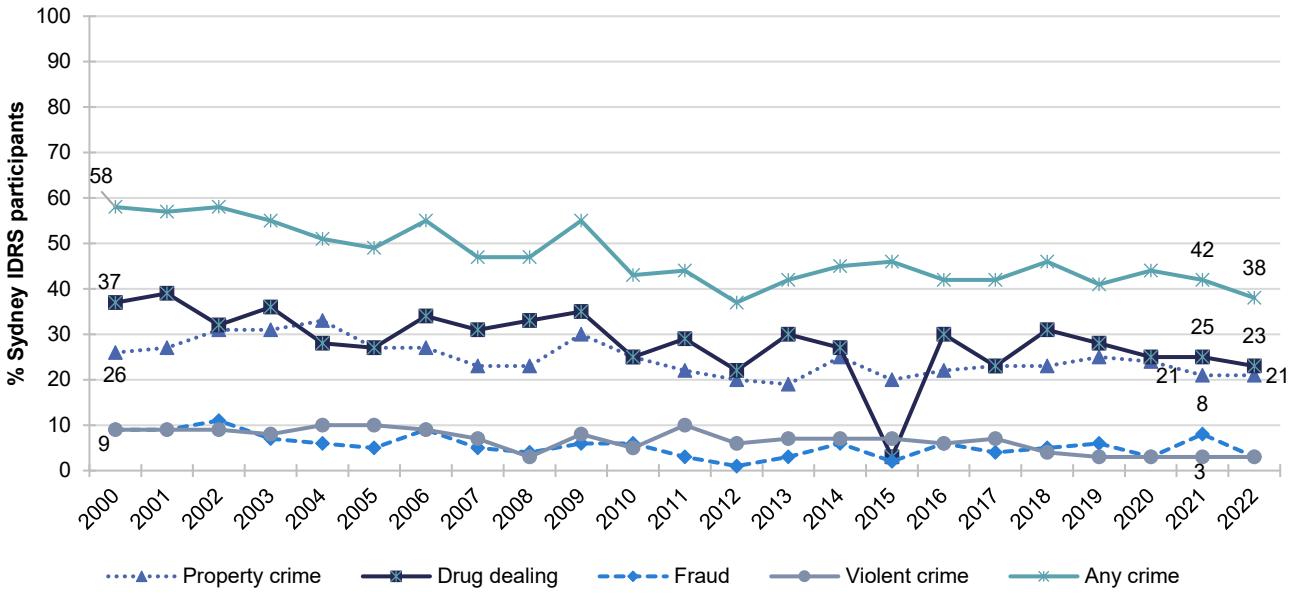
In 2022, 21% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (11% in the past year). Among those who reported that they or someone else had tested their drugs in the past year (n=17), 50% used colorimetric or reagent test kits. Few participants (n≤5) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) in the past year. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Experience of Crime and Engagement with the Criminal Justice System

In 2022, 38% of participants reported engaging in 'any' crime in the past month (42% in 2021; *p*=0.625; Figure 36). Selling drugs for cash profit remained the most common self-reported crime in the month preceding the interview (23%; 25% in 2021; *p*=0.779), followed by 21% reporting property crime (21% in 2021; Figure 36). Low numbers (n≤5) reported engaging in violent crime and fraud in 2022. Conversely, one-tenth (10%) reported being the victim of a crime involving violence in the last month (e.g., assault) (19% in 2021; *p*=0.051).

In 2022, 27% of the sample had been arrested in the past year, stable relative to 2021 (23%; *p*=0.495). Almost three-quarters (74%) reported a lifetime prison history in 2022, also stable from 68% in 2021 (*p*=0.257). In 2022, 39% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021).

Figure 36: Self-reported criminal activity in the past month, Sydney, NSW, 2000-2022



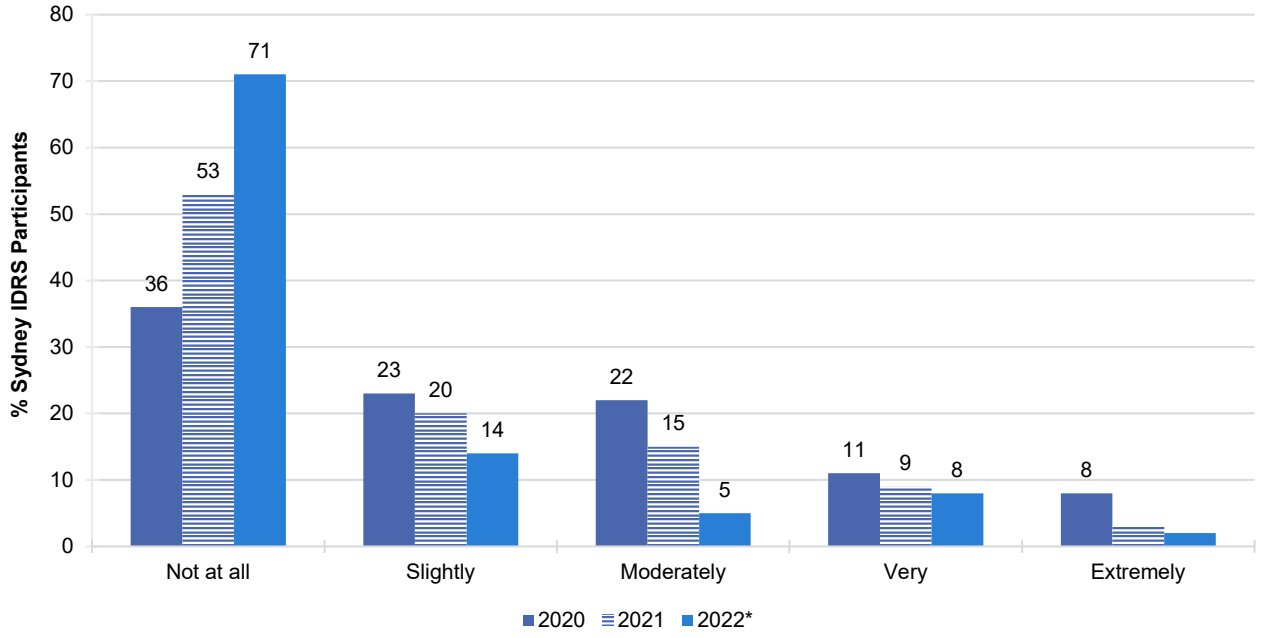
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

The majority (89%; 66% in 2021) of the Sydney sample had been tested for SARS-COV-2 in the last 12 months with 28% of participants having ever been diagnosed with the virus. Forty-seven per cent reported that they had quarantined for seven or more days due to a possible exposure or positive test in the past 12 months (n≤5 in the month prior to interview; 27% in the six months prior to interview and18% in the 12 months prior to interview). The majority of participants (88%) reported that they had received at least one dose of the COVID-19 vaccine at the time of the interview. The median number of doses received was three with 59% of participants reporting that they had received three or more doses.

There were significant differences in levels of concern about contracting COVID-19 between 2021 and 2022 (p=0.013). In 2021, almost half (46%) reported some level of concern whilst in 2022 this decreased to 29%. In 2022, 14% reported they were 'slightly' concerned, 8% reported being 'very' concerned and 5% reported being 'moderately' concerned. Few participants (n≤5) reported being 'extremely' concerned (Figure 37). Two-thirds (61%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 17% reporting that they would be 'slightly' concerned, 15% reporting 'moderately', 20% reporting 'very', and 9% reporting that they would be 'extremely' concerned.

Figure 37: Current concern related to contracting COVID-19, Sydney, NSW, 2020-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.