IDRS

VICTORIAN DRUG TRENDS 2022

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

VICTORIAN DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Sarah Eddy[1], Joanna Wilson[1] and Paul Dietze[1,2]

[1] Behaviours and Health Risks, Burnet Institute

[2] National Drug Research Institute, Curtin University

ISBN 978-0-7334-4066-3

Suggested citation: Eddy, S., Wilson, J., & Dietze, P. (2022). Victorian Drug Trends 2022: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/5hmv-er59

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

Table of Contents

List of Tables

List of Figures

Acknowledgements

Funding

In 2022, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (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, Dr Rachel Sutherland and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy 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;
- 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

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Jen McLachlan, Dylan Vella-Horne, Claire Sidlow, Bianca Whiteside, Michael Curtis, Peter Higgs, Samantha Colledge-Frisby, and Tarryn Beardmore for conducting the Victorian IDRS interviews in 2022. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
Alpha-PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
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
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
RNA	Ribonucleic acid
SD	Standard deviation
UNSW	University of New South Wales
VIC	Victoria

Executive Summary

The Melbourne IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Melbourne, Victoria. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2022 from May to 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 IDRS sample recruited from Melbourne, Victoria (VIC) in 2022 (N=151) was consistent with previous years; two thirds (66%) were male, and the mean age was 46 years. The majority of the sample were unemployed at the time of interview (90%) and had received a government pension/allowance or benefit in the month prior to interview (91%). The median income per week remained stable in 2022, at $400 (IQR=308–500). Significantly more participants held a post-school qualification in 2022 (56%) compared to 2021 (42%; *p*=0.015). Nominated drug of choice and drug injected most often in the past month were similar for 2021 and 2022. In 2022, 55% reported that heroin was their drug of choice (54% in 2021), and three fifths (62%) reported that heroin was the drug they had injected most often in the past month (56% in 2021). Weekly or more frequent use of heroin in 2022 (61%) was similar to 2021 (60%).

Heroin

The prevalence of recent (i.e., past six month) use of heroin has remained stable in recent years, with 78% reporting recent use in 2022 (76% in 2021). Most of those reporting recent use reported using heroin weekly or more frequently in 2022 (79%; 79% in 2021). The median price of a point of heroin was reportedly $50 in 2022, a significant decrease from $100 in 2021 (*p*<0.001). Perceived purity and availability remained stable between 2021 and 2022, with 30% of respondents perceiving purity to be 'low' in 2022 (29% in 2021), and 50% perceiving that heroin was 'very easy' to obtain (42% in 2021).

Methamphetamine

The prevalence of recent use of any methamphetamine has fluctuated over the years. In 2022, 75% of participants reported recent use of any methamphetamine, similar to 2021 (79%). Three fifths (60%) of those reporting recent use reported using methamphetamine weekly or more frequently in 2022 (70% in 2021; *p*=0.136). Crystal methamphetamine remained the most common form reportedly used (75%; 78% in 2021). Injection was the most commonly reported route of administration of crystal methamphetamine in 2022 (96%; 91% in 2021), yet there was a significant decrease in the per cent reporting smoking the substance (39%; 57% in 2021; *p*=0.012). Price, perceived purity, and availability reported in 2022 were all similar to findings from 2021.

Cocaine

Nineteen per cent of the Melbourne sample reported recent use of cocaine in 2022, consistent with 2021 (18%) and previous years. There was a significant increase in those reporting snorting as their route of administration in 2022 (69%), relative to 2021 (37%; *p*=0.033).

Cannabis and/or Cannabinoid Related Products

There was a significant increase in recent non-prescribed cannabis and/or related cannabinoid product consumption in 2022, reported by 82% of the sample (66% in 2021; *p*=0.002). Nearly half (47%) of participants who reported recent use reported daily use, stable from 2021 (53%). Hydroponic cannabis remained the form most reportedly used (94%), followed by bush cannabis (35%). Reports of price, purity, and availability of non-prescribed cannabis in 2022 were comparable to 2021, although there was a change in the perceived availability of bush cannabis (*p*=0.012), with a greater number of participants perceiving that bush was 'very easy' to obtain (64%), relative to 2021 (17%).

Pharmaceutical Opioids

Reported recent use of any methadone and buprenorphine-naloxone remained stable in 2022, reported by 40% (32% in 2021) and 14% (8% in 2021) of participants, respectively. The most common non-prescribed pharmaceutical opioids reportedly used in 2022 were oxycodone (10%), morphine (7%), and tramadol (5%; n≤5 in 2021; *p*=0.036).

Other Drugs

Six per cent of participants reported recent use of new psychoactive substances (predominantly 'new' drugs that mimic the effects of cannabis; 6% in 2021). Non-prescribed benzodiazepine use was reported by 36% of participants in 2022 (37% in 2021). Reported non-prescribed use of pregabalin in 2022 (18%) was comparable to 2021 (20%), although there was a decrease in frequency of reported use from a median of 8 days in the past six months in 2021 to 5 days in 2022 (*p*=0.009). Sixty-three per cent reported recent use of alcohol, a significant increase from 2021 (49%; *p*=0.022). Reported recent use of tobacco and e-cigarettes in 2022 were comparable to 2021. In 2022, there was a significant decrease in those reporting using e-cigarettes as a smoking cessation tool (31%; 59% in 2021; *p*=0.031). One sixth (16%) of the sample reported recent use of GHB (16% in 2021).

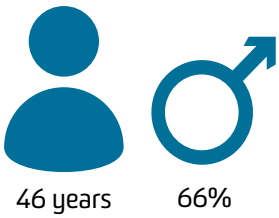
Drug-Related Harms and Other Behaviours

In 2022, the majority (97%) of the Melbourne sample reported using one or more drugs (excluding alcohol, prescription medications, tobacco, and e-cigarettes) on the day preceding interview, with the most frequently reported being opioids (60%) and cannabis (52%). Approximately one fifth (21%) of participants reported overdosing on any drug in the preceding year (24% in 2021), mostly following opioid use. Approximately four fifths (79%) reported awareness of the availability of take-home naloxone in 2022 (77% in 2021), and 70% reported having ever accessed naloxone (67% in 2021). Almost two fifths (38%) reported that they had re-used their own needles in the past month (35% in 2021). Thirty-seven per cent of the sample reported sharing other injection equipment in 2022, a significant increase from 2021 (24%; *p*=0.026). The per cent reporting experiencing injection-related problems in the past month (19%) was not significantly different to 2021 (24%), with the most common being any infection/abscess (8%). Two fifths (43%) of the sample were currently in any drug treatment, a figure comparable to 2021 (34%). Half (50%) reported that they had received a hepatitis C virus (HCV) antibody test in the past year, while 46% reported receiving a HCV RNA test in the past year, and 9% reported having a current HCV infection. Most participants (83%) reported ever being tested for HIV, and 21% reported being tested in the past six months, while 6% reported ever receiving a HIV positive diagnosis. In 2022, self-reported mental health problems (54%) were reported at a comparable frequency to 2021 (48%), with the most cited problems being depression (67%) and anxiety (64%). Of those who reported experiencing a mental health problem in the past six months, almost half (49%) reported treatment seeking. One third (32%) of participants reported driving a motor vehicle in the past six months, of whom 77% reported driving within three hours of consuming an illicit drug, and 16% reported driving while over the perceived legal limit of alcohol. Seventeen per cent of the 2022 sample reported that they or someone else had ever tested the content and/or purity of their drugs. Almost half (48%) of participants reported engaging in 'any' crime in the past month in 2022, similar to 2021 (57%). In 2022, the majority (85%) of the Melbourne sample reported having been tested for SARS-CoV-2 in the past 12 months, and 22% had received a positive diagnosis. Eighty-three per cent reported receiving at least one COVID-19 vaccine dose at the time of interview. Two thirds (66%) of participants were 'not at all' worried about contracting COVID-19.

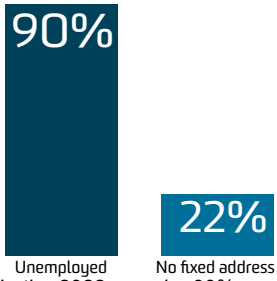
IDRS Illicit Drug Reporting System

2022 SAMPLE CHARACTERISTICS

In 2022, 151 participants, recruited from Melbourne, VIC, were interviewed.



The mean age in 2022 was 46, and 66% identified as male.

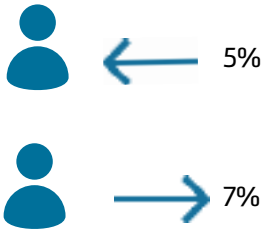


In the 2022 sample, 90% were unemployed and 22% had no fixed address.

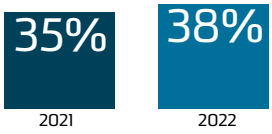
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

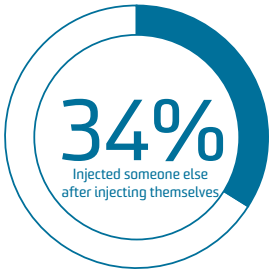
INJECTING RELATED RISKS AND HARMS



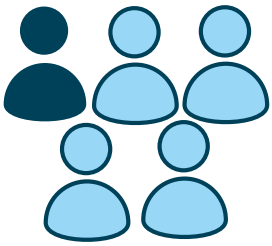
In 2022, 5% of participants reported receptive sharing in the past month and 7% reported distributive sharing.



38% of participants reported re-using their own needles in the past month, stable from 2021 (35%).

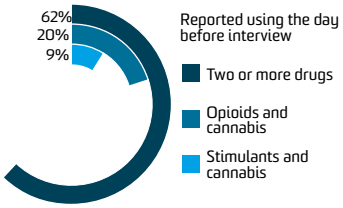


34% of participants reported injecting someone else after injecting themselves in the past month, stable from 2021 (45%).

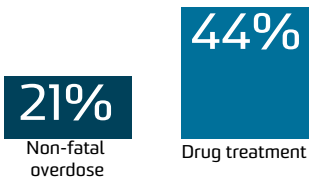


19% of participants reported having an injection-related health issue in the past month, stable from 2021 (24%).

OTHER HARMS AND HELP-SEEKING

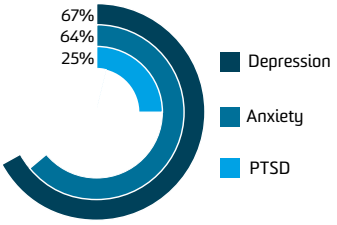


The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.



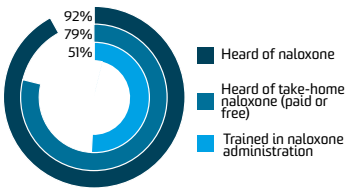
Past year non-fatal overdose (21%) and past 6-month drug treatment (44%) remained stable in 2022 relative to 2021.

In 2022, 54% of participants reported a mental health problem in the 6 months preceding interview, and 26% had seen a mental health professional.



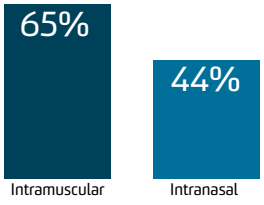
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

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.

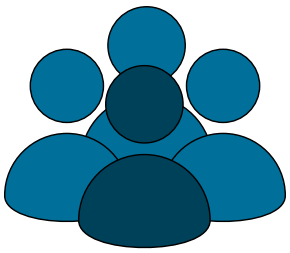
One-third (34%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.



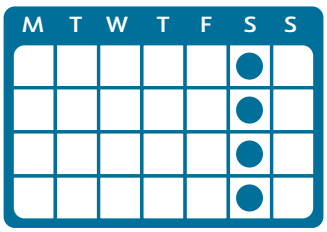
Of those who reported ever accessing naloxone, two-thirds (65%) of participants reported receiving intramuscular naloxone on the last occasion of access.

In 2022, 4% 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.

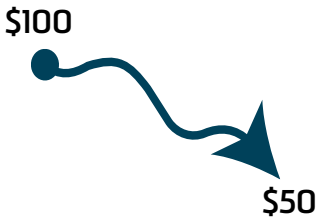
HEROIN



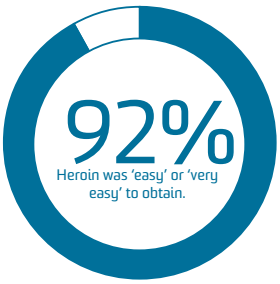
Past 6 month use of heroin remained stable in 2022 (78%) relative to 2021 (76%).



Of those who had recently consumed heroin, 79% reported weekly or more frequent use, stable from 2021 (79%).

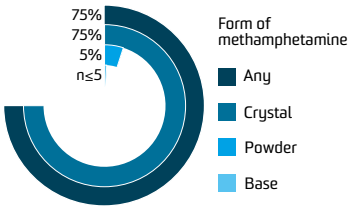


The median reported price for a point of heroin was $50 in 2022, a decrease from $100 in 2021.

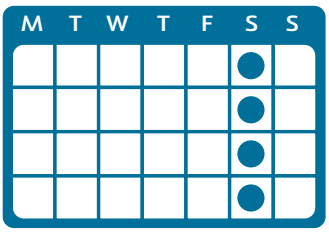


Of those who could comment, 92% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (87%).

METHAMPHETAMINE

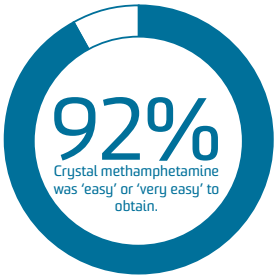


Past 6 month use of all forms of methamphetamine remained stable in 2022 relative to 2021.



Of those who had recently used any form of methamphetamine, 60% reported weekly or more frequent use, stable from 2021 (70%).

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



Of those who could comment, 92% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, stable from 2021 (82%).

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.

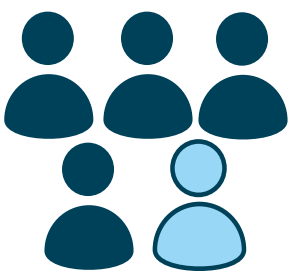
Non-prescribed pregabalin

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

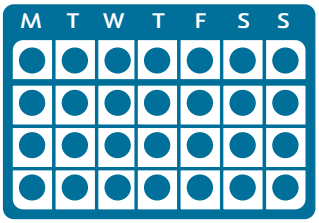
GHB/GBL/1,4-BD

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

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

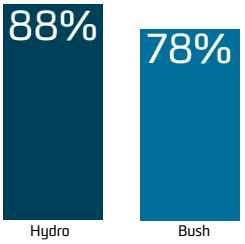


Past 6 month use of non-prescribed cannabis and/or cannabinoid related products increased in 2022 (82%) relative to 2021 (66%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (46%), stable from 2021 (53%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 97% 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 project that 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 at least monthly 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 and Hobart, Tasmania) also offering face-to-face interviews;
2. Means of consenting participants: participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

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, but telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 879 participants was recruited across capital cities nationally (May-July, 2022), with 151 participants recruited from Melbourne, VIC between 24th May and 7th July, 2022. Twenty interviews (13%) were conducted via telephone in Melbourne, VIC.

In 2022, the percentages of participants recruited via the various methods remained similar to those for 2021 (p=0.449), with half (53%) of participants being recruited via word-of-mouth (47% in 2021) and a third (33%) recruited via NSPs (38% in 2021). Thirteen per cent of the Melbourne 2022 sample reported taking part in the 2021 interview (16% of the 2021 sample had taken part in the 2020 interview; p=0.503).

Routinely Collected Data

Three types of routinely collected data are presented in this report.

Drug seizure purity levels

The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for seizures of drugs in Victoria for inclusion in this report for the 2020/21 financial year.

Ambulance attendances at non-fatal drug-related events

Turning Point manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records. Data for the period between January 2012 and December 2021 are presented in this report.

Specialist drug treatment presentations

The Victorian Department of Health funds community-based agencies to provide specialist alcohol and drug treatment services across the state. Data on people seeking treatment from specialist alcohol and other drug agencies in Victoria are collected via the Alcohol and Drug Information System (ADIS) that has now become the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2020/21 financial year, 58.202 courses of treatment were delivered to 26,098 clients, compared to 57,290 courses of treatment delivered to 26,557 clients in the 2019/20 financial year.

Alcohol and other drug helpline calls

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, and calls from or about people who use drugs. This report presents data for the period between 1999 and 2021.

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 Melbourne, VIC, 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 the implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Melbourne, VIC (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2021-2022 data to those from previous years, and treated with caution.

Additional Outputs

Infographics, executive summary and data tables from this report are available for download. A range of outputs from the IDRS 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 gender distribution of the sample in 2022 (66% male) was comparable to 2021 (72%; *p*=0.265). The mean age of the sample was 46 years (SD=9; 44 years in 2021; SD=9; *p*=0.057) (Table 1). In 2022 employment status reported by the sample was comparable to 2021 (*p*=0.142), with the majority (90%) being unemployed at the time of interview (96% in 2021), and 91% reporting having received a government pension, allowance, or benefit in the past month (96% in 2022; *p*=0.1160). Significantly more participants reported holding a post-school qualification in 2022 (56%; 42% in 2021; *p*=0.015). Participants reported a median weekly income of $400 (IQR=308–500) in 2022, a figure similar to that reported in 2021 ($378; IQR=300–450; *p*=0.128). There was a significant change in reported accommodation status of participants in 2022 (*p*=0.012). Specifically, a greater number of participants reported residing in a private house or flat (63%) than in 2021 (44%).

Reported drug of choice was similar in 2022 and 2021 (*p*=0.905), with 55% reporting heroin as their drug of choice (54% in 2021), and 32% reporting methamphetamine (36% in 2021) (Figure 1). Similarly, the percentages for ‘drug injected most often in the past month’ were comparable in 2022 and 2021 (*p*=0.403); most participants indicated heroin (62%; 56% in 2021), followed by methamphetamine (36%; 40% in 2021) (Figure 2).

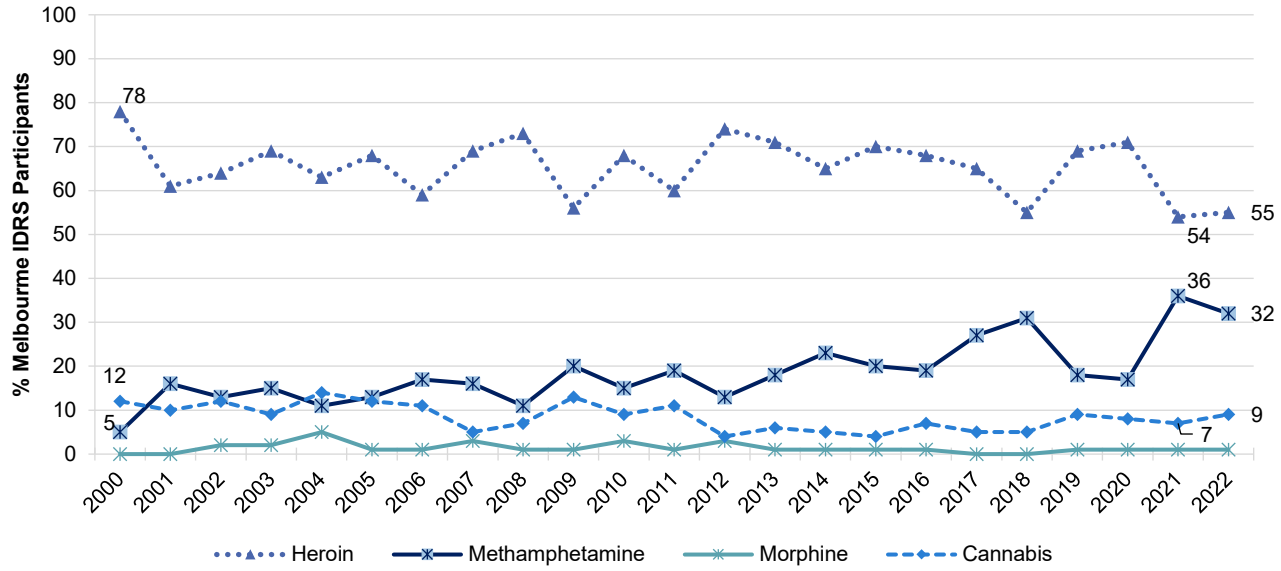
In 2022, reported weekly or more frequent consumption of heroin (61%; 60% in 2021; *p*=0.902) and methamphetamine (45%; 55% in 2021; *p*=0.086) were similar to 2021, while there was a significant increase in the percentage reporting weekly or more frequent use of cannabis (68%), compared with 2021 (55%; *p*=0.035) (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022 and Melbourne, VIC 2016-2022

	Melbourne, VIC							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=174)	(N=152)	(N=150)	(N=148)	(N=179)	(N=148)	(N=151)	(N=879)
Mean age (years; SD)	42 (9)	42 (8)	42 (8)	43 (8)	44 (8)	44 (9)	**46 (9)**	46 (10)
% Gender								
Female	29	**26**	31	31	41	28	**34**	33
Male	71	74	69	69	59	72	**66**	66
Non-binary	0	0	0	0	0	0	**0**	1
% Aboriginal and/or Torres Strait Islander	10	20	15	24	9	26	**25**	27
% Sexual identity								
Heterosexual	91	**85**	90	90	88	83	**85**	83
Homosexual	-	-	-	-	4	6	**5**	4
Bisexual	7	-	9	5	7	10	**8**	11
Queer	/	/	/	/	-	-	**-**	1
Other	-	-	-	-	0	0	**-**	1
Mean years of school education (range)	10 (5-12)	10 (6-12)	9 (1-12)	10 (1-12)	10 (2-12)	10 (5-12)	**10 (1-12)**	10 (0-12)
% Post-school qualification(s)^	44	41	50	37	58	42	**56***	63
% Current accommodation							*	
Own home *(inc. renting)* ~	61	49	45	55	59	44	**63**	68
Parents'/family home	10	10	6	7	5	7	**-**	5
Boarding house/hostel	5	12	11	7	18	14	**7**	8
Shelter/refuge	-	-	-	-	3	-	**-**	2
No fixed address	15	22	31	27	12	24	**22**	16
Other	-	-	-	-	3	9	**4**	2
% Current employment status								
Unemployed	89	89	94	90	92	96	**90**	87
Full-time work	-	-	0	-	-	-	**-**	3
% Past month gov't pension, allowance or benefit	91	95	94	91	97	96	**91**	92
Current median income/week ($; IQR)	400 (274-480)	392 (275-482)	400 (275-450)	400 (275-500)	533 (450-550)	378 (300-450)	**400 (308-500)**	385 (300-490)

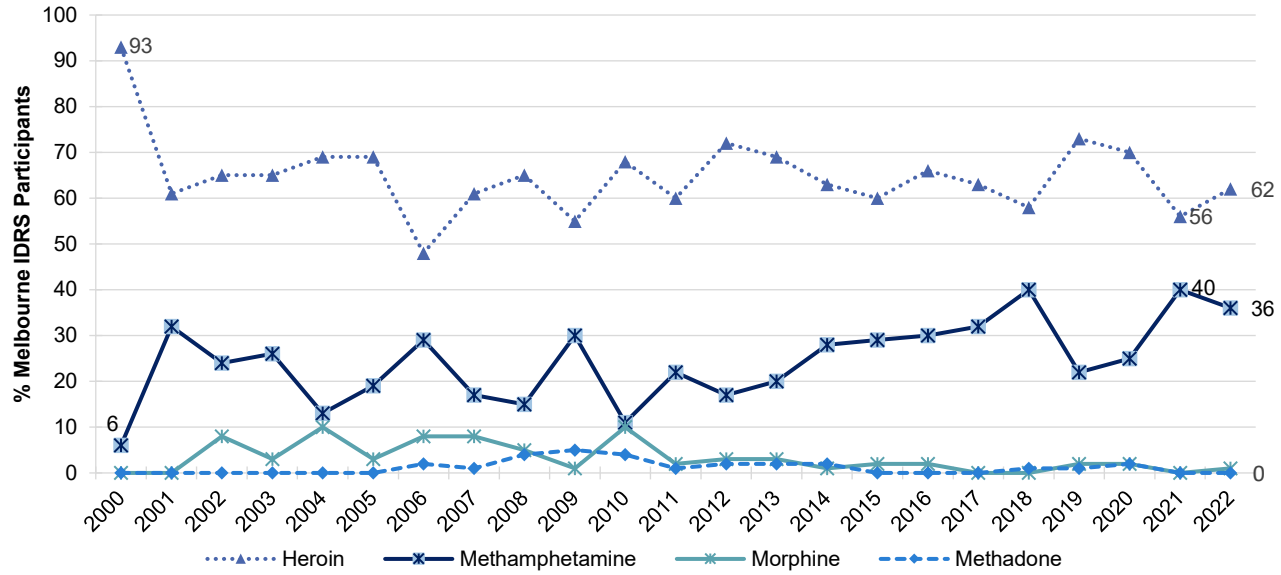
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. The 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, Melbourne, VIC, 2000-2022



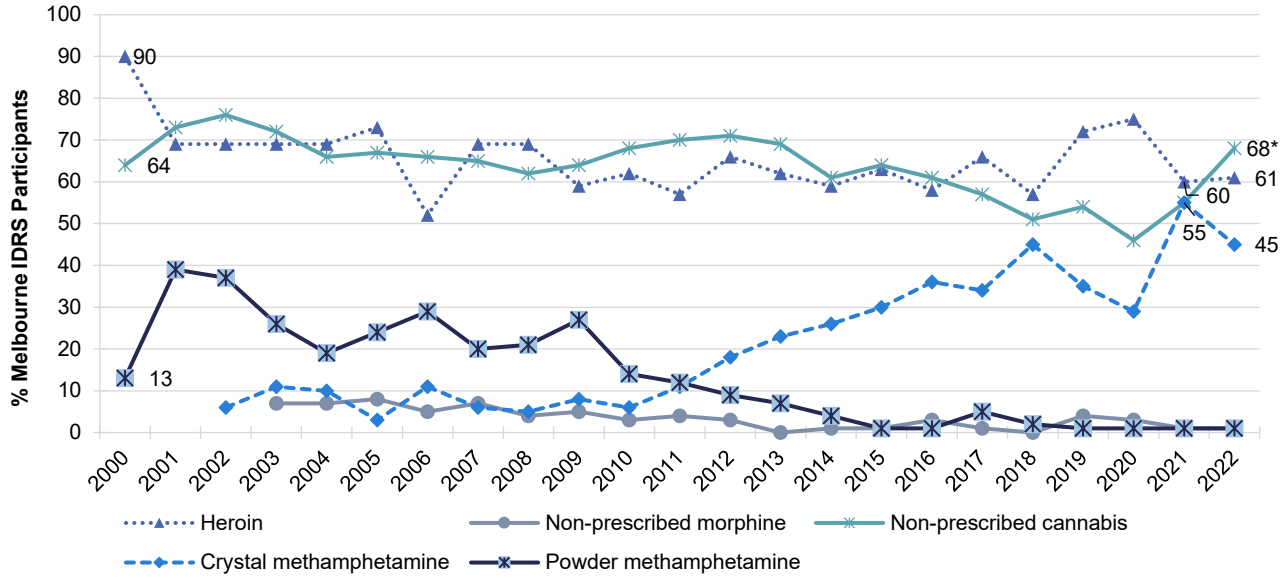
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, and are suppressed for small numbers (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, Melbourne, VIC, 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, and are suppressed for 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, Melbourne, VIC, 2000-2022



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000/2002/2003) and two most recent years (2021 and 2022) of monitoring, and are suppressed for 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. Statstical 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 and of homebake heroin. Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products, which involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

Seventy-eight per cent of the Melbourne sample reported recent use of any heroin in 2022, similar to 2021 (76%; *p*=0.784) (Figure 4).

Frequency of Use

Frequency of reported heroin use has fluctuated over the course of monitoring. In 2022, participants who reported recent use and commented (n=117), reported using heroin on a median of 72 days (IQR=24–180) in the past six months, similar to the 80 days (IQR=24–180) reported in 2021 (*p*=0.734) (Figure 4). Of participants who reported using heroin, 79% reported weekly or more frequent use (79% in 2021), while 32% reported daily use (39% in 2021; *p*=0.329).

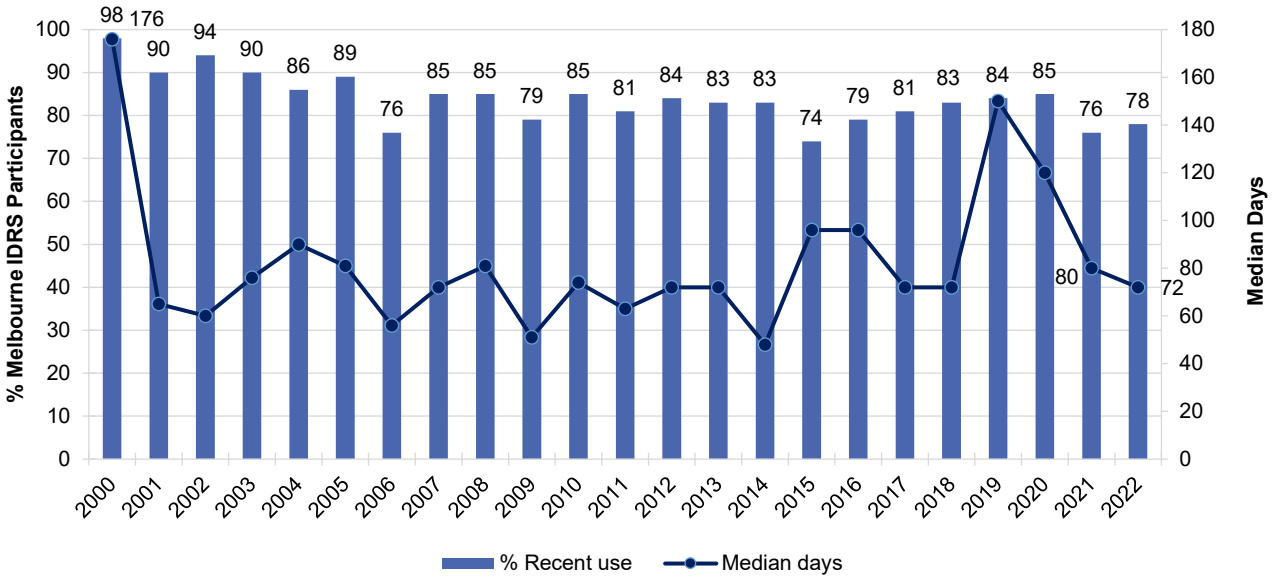
Routes of Administration

Injection remained the most commonly reported route of administration, reported by all (100%) of those who reported recent heroin use (99% in 2021; *p*=0.489). Participants who reported injection reported doing so on a median of 72 days (IQR=24–180) in the past six months, a figure similar to that found in 2021 (85 days; IQR=24–180; *p*=0.655). Few participants reported smoking heroin (n≤5 in 2022 and 2021; *p*=0.678).

Quantity

Of those who reported recent use and responded (n=112), the median amount of heroin reportedly used on an average day of consumption in the past six months was 0.30 grams (IQR=0.10–0.50) in 2022 (0.30 grams in 2021; IQR=0.10–0.80; *p*=0.827). Of those who reported recent use and responded (n=107), the median maximum amount of heroin used per day in the past six months was 0.70 grams (IQR=0.30–1.70) in 2022 (0.60 grams in 2021; IQR=0.20–1.70; *p*=0.938).

Figure 4: Past six month use and frequency of use of heroin, Melbourne, VIC, 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 of one point (0.10 of a gram) of heroin reported by participants was $50 (IQR=48–70; n=44), a significant decrease relative to 2021 ($100; IQR=50–100; n=38; p<0.001) (Figure 5). The reported median price of a gram of heroin was $250 (IQR=250–500; n=12), similar to 2021 ($250; IQR=205–338; n=22; p=0.276). Due to few participants reporting on the price of a cap (n≤5), further details on price have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

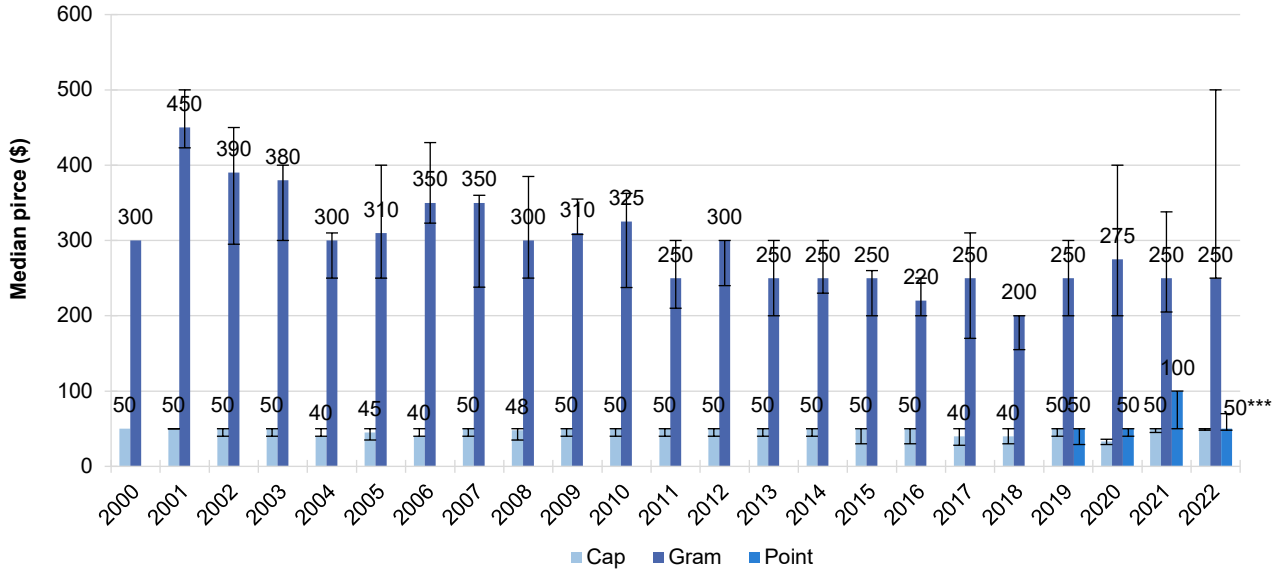
Perceived Purity

The perceived purity of heroin did not differ significantly between 2021 and 2022 (p=0.060) (Figure 6). Among those who were able to comment in 2022 (n=105), the most common perception was that current heroin purity was 'low' (30%; 29% in 2021), though 26% perceived purity to be 'high' (21% in in 2021).

Perceived Availability

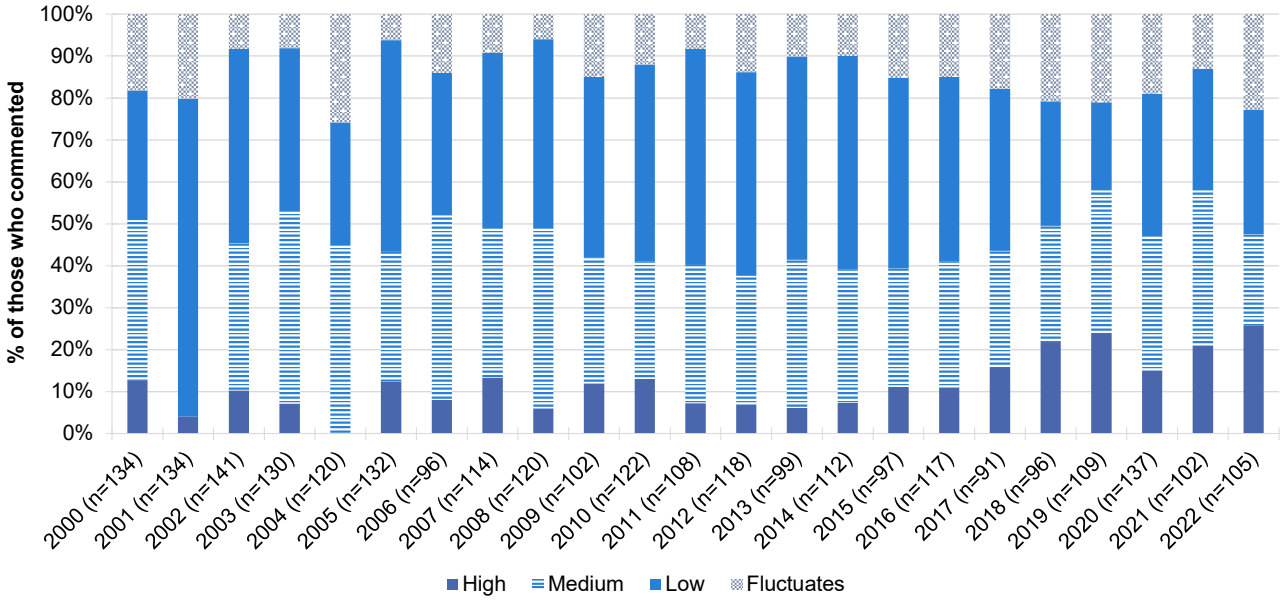
The perceived availability of heroin was similar in 2021 and 2022 (p=0.213). Among those who were able to comment in 2022 (n=106), half (50%) perceived current availability as 'very easy' (42% in 2021), while 42% perceived availability as 'easy' (45% in 2021) (Figure 7).

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



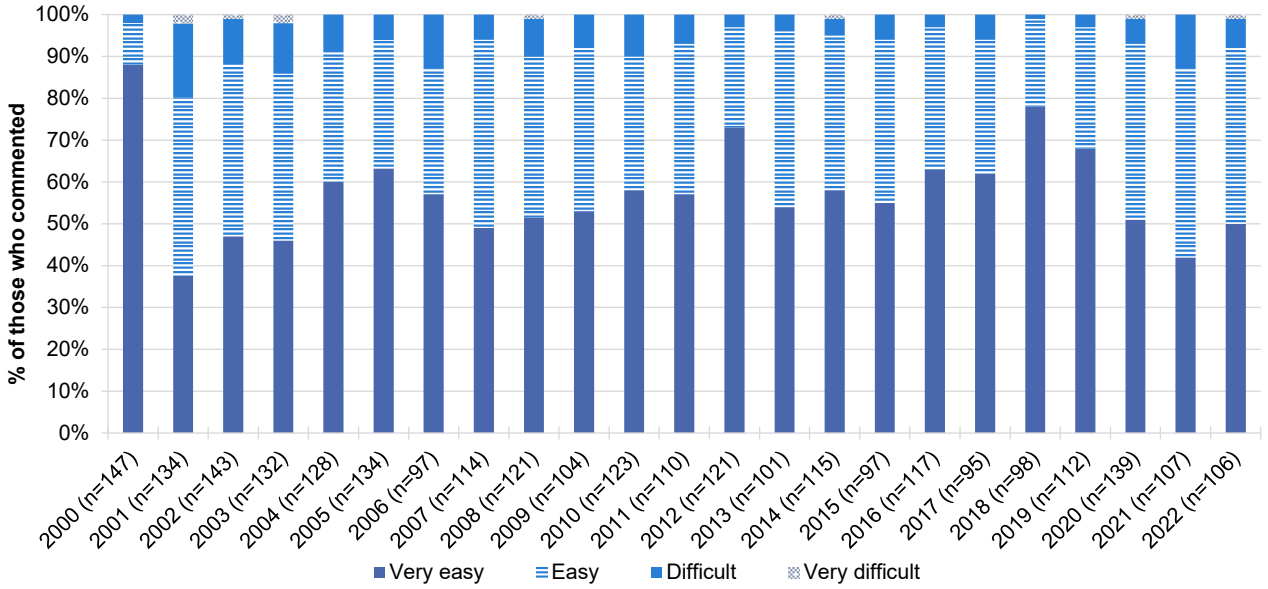
Note. Among those who commented. Between 2009-2017 a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). The error bars represent the IQR. The response option 'Don't 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, Melbourne, VIC, 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.

Figure 7: Current perceived availability of heroin, Melbourne, VIC, 2000-2022



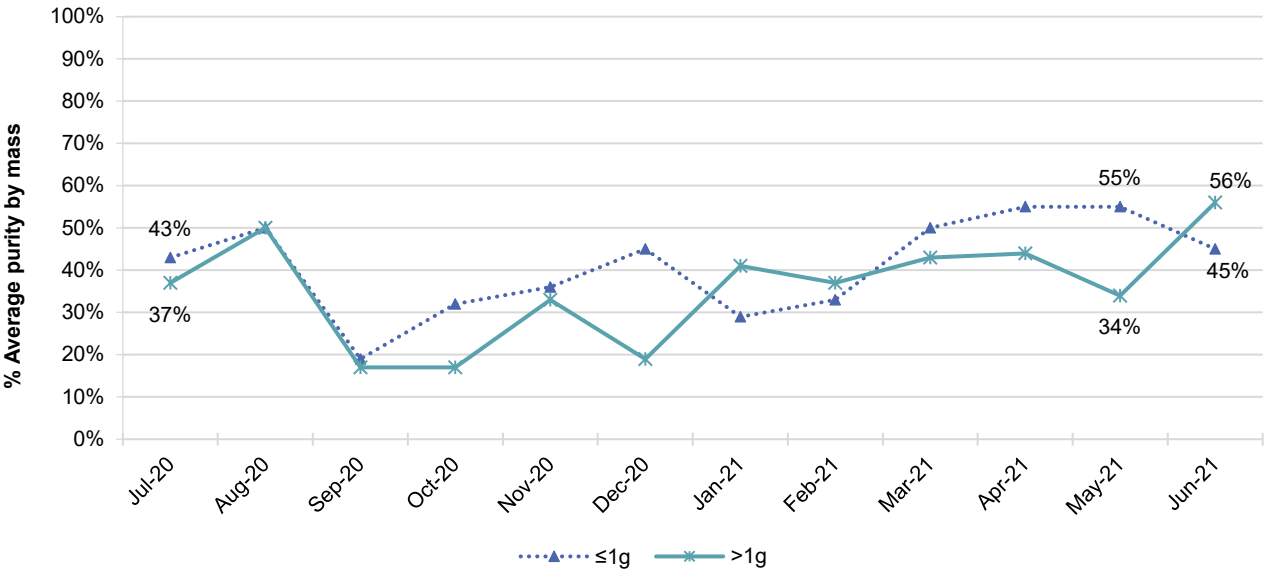
Note. The response option 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022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

Routinely Collected Data

Victoria Police Seizure Purity

Heroin seizures analysed by the Victoria Police Forensic Services Department during the 2020/21 financial year averaged 41% purity in those weighing one gram or less (IQR=32%–44%, range=19%–55%) and 36% in those weighing over one gram (IQR=23%–37%, range=17%–56%) (Figure 8).

Figure 8: Purity of heroin seizures by Victorian law enforcement, July 2020–June 2021

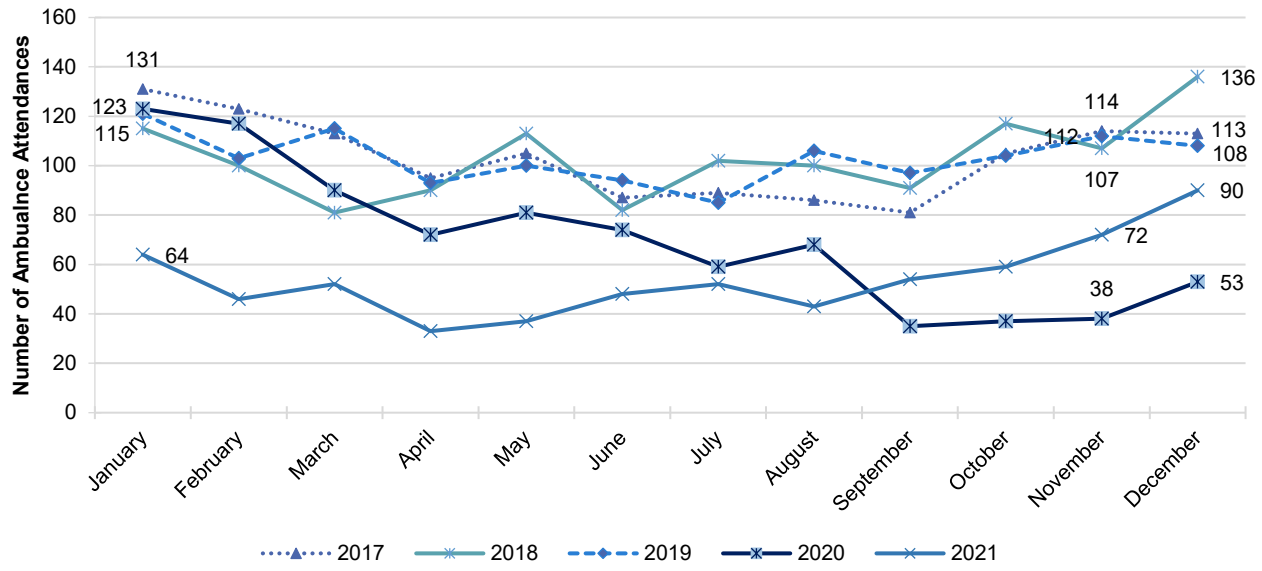


Note. Includes all forms of heroin seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-20) and two most recent months (May-21 and Jun-21) of monitoring.
Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

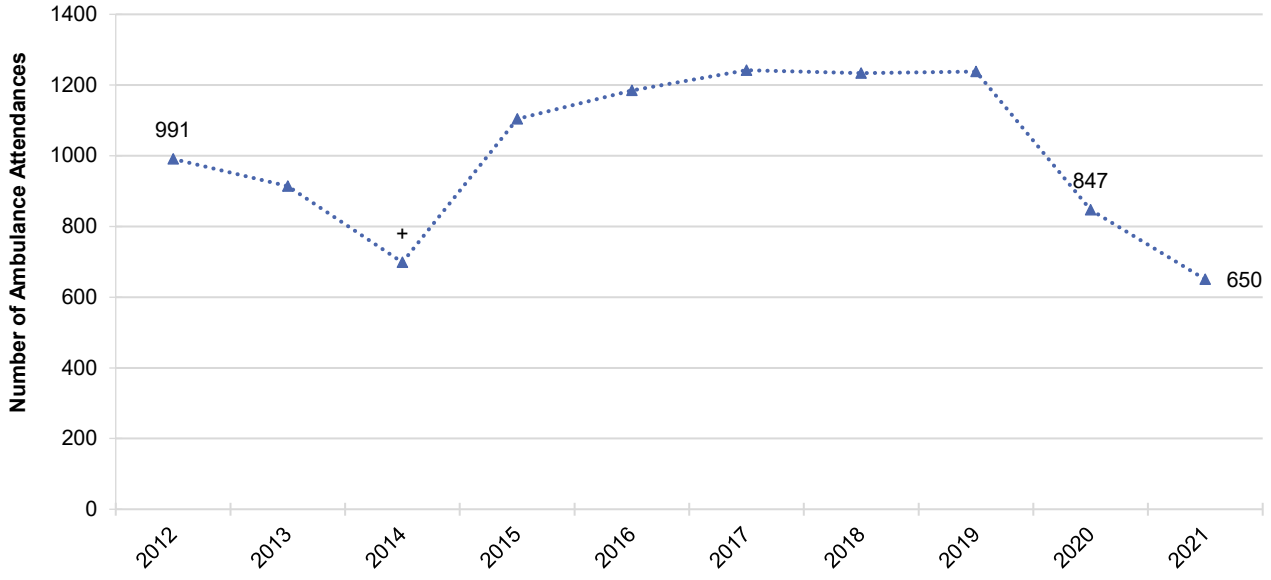
The number of heroin-related ambulance attendances in metropolitan Melbourne ranged between 33 and 136 per month from 2017-2021 (Figure 9). The annual number of heroin-related attendances fell from 847 in 2020 to 650 in 2021, the lowest recorded since 2012; the decline from 2019 appears to derive from the onset of the COVID-19 epidemic (Figure 10). The median age of patients in 2021 was 42 years (range 35–50), consistent with previous years.

Figure 9: Monthly number of heroin-related events attended by Ambulance Victoria, Melbourne, 2017–2021



Note. Data labels are only provided for the first (January) and two last months (November and December) of monitoring. Source: Turning Point.

Figure 10: Annual number of heroin-related events attended by Ambulance Victoria, Melbourne, 2012–2021



Note. Data labels are only provided for the first (2012) and two most recent years (2020 and 2021) of monitoring. + = Data missing from October-December 2014 due to industrial action. Source: Turning Point.

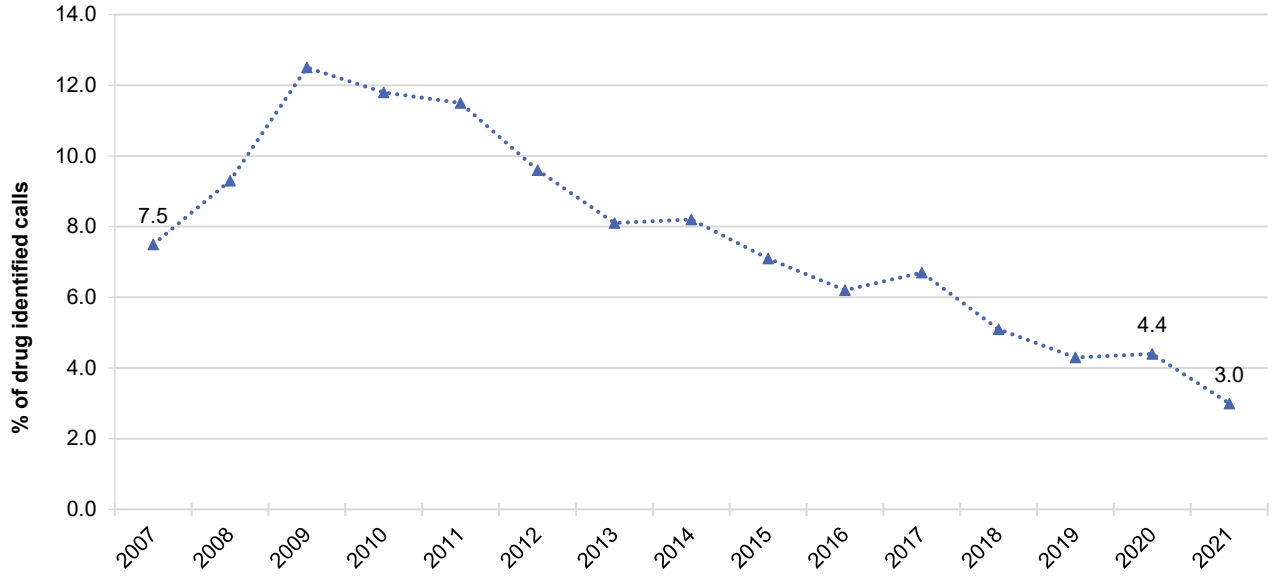
ADIS\VADC

In 2020/21, 3,061 courses of treatment were delivered to 1,520 clients for heroin, equivalent to 5.3% and 4.6% of the total courses delivered and clients treated, respectively. This represents a decrease of 0.7% and 5.2% from courses delivered and clients treated in 2019/20 (3,081 and 1,604, respectively).

DirectLine

In 2021, DirectLine received 461 calls in which heroin was identified as the drug of concern, representing 3.0% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls with heroin identified as the drug of concern has declined steadily since 2009 (Figure 11).

Figure 11: Percentage of calls to DirectLine in which heroin was identified as drug of concern, Victoria 2007–2021



Note. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring. Source: DirectLine, Turning Point.

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), 'base' (wet, oily powder) and 'crystal' (clear, ice-like crystals).

Patterns of Consumption (any methamphetamine)

Recent Use (past 6 months)

In 2022, 75% of participants reported recent use of any methamphetamine (powder, base and crystal), a figure similar to that found in 2021 (79%; *p*=0.484) (Figure 12).

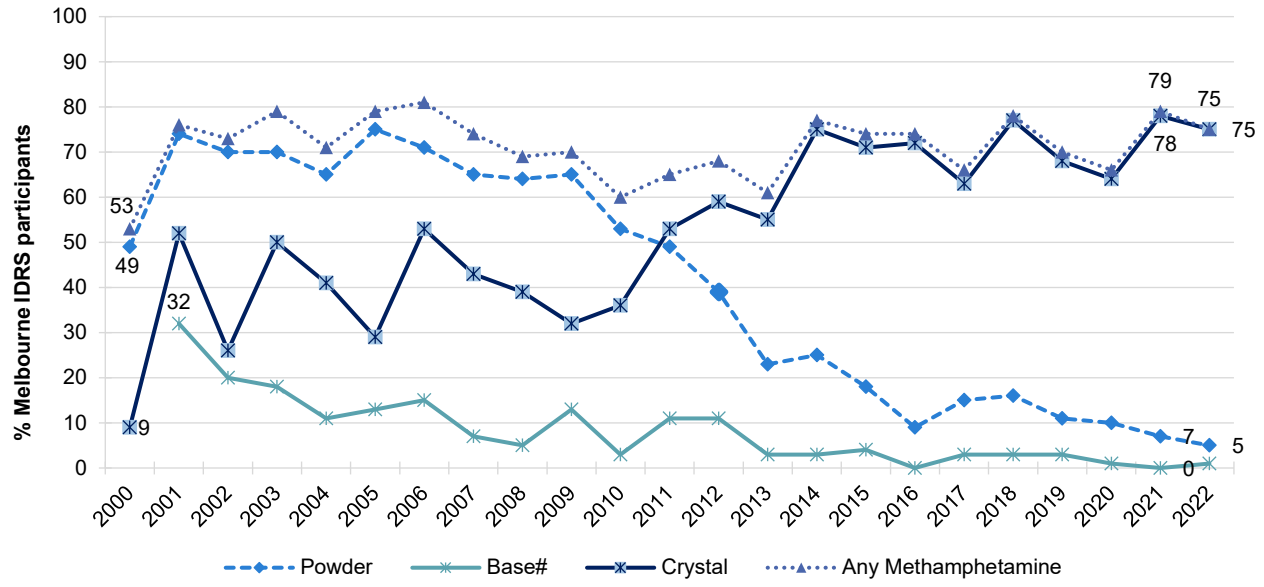
Frequency of Use

In 2022, reported frequency of use remained largely stable at a median of 36 days (IQR=7–90) in the past six months (55 days in 2021; IQR=15–150; *p*=0.095) (Figure 13). Among participants who reported any recent methamphetamine consumption in 2022, the per cent reporting weekly or more frequent use (60%) was similar to 2021 (70%; *p*=0.136), while reported daily use of methamphetamine (15%) was also similar to 2021 (19%; *p*=0.481).

Forms of Methamphetamine

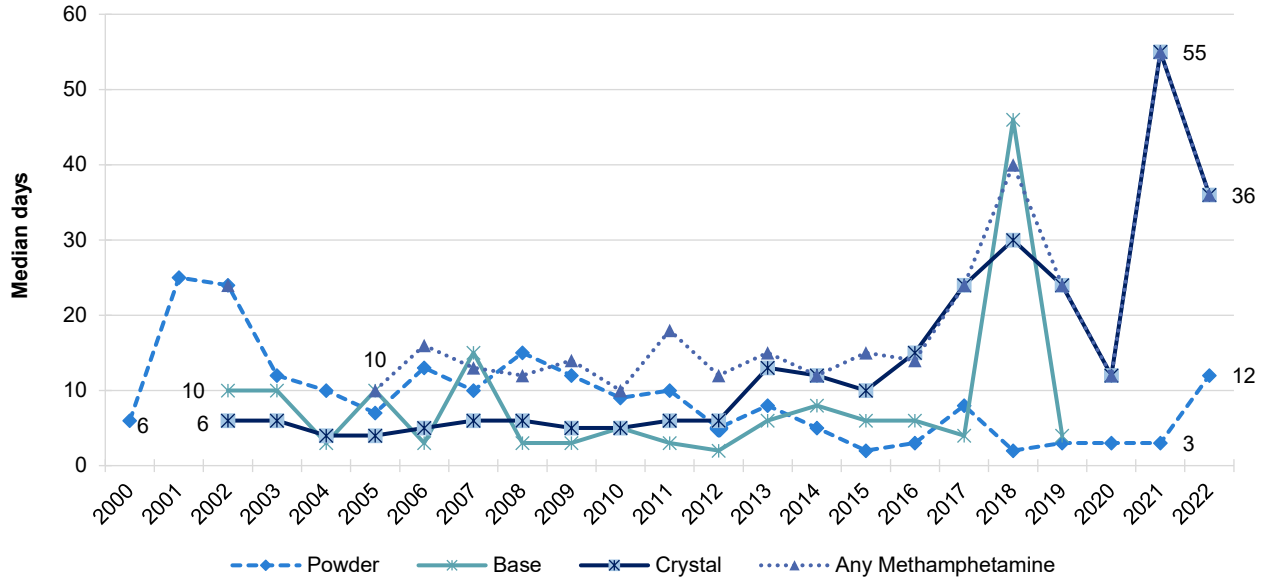
There has been a shift over time to decreased use of powder and base forms of methamphetamine and increasing use of crystal methamphetamine among IDRS samples (Figure 12). In 2022, most participants reported recent use of crystal methamphetamine (75%; 78% in 2021; *p*=0.580), while few participants reported using powder (5%; 7% in 2021; *p*=0.457). Small numbers (n≤5) reported using base methamphetamine in 2022 (no participants in 2021).

Figure 12: Past six-month use of any methamphetamine, powder, base, and crystal, Melbourne, VIC, 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, and are suppressed for 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 13: Frequency of use of any methamphetamine, powder, base, and crystal, Melbourne, VIC, 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 60 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 (2000/2002/2005) and two most recent years (2021 and 2022) of monitoring, and are suppressed for 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): Five per cent of participants reported recent use of powder methamphetamine in 2022 (n=7), similar to 2021 (7%; *p*=0.457) (Figure 12).

Frequency of Use: Of those who reported recent consumption of methamphetamine powder and commented (n=7), the median frequency of reported use was 12 days in the past six months (IQR=3–16; 3 days in 2021; IQR=2–5; *p*=0.323) (Figure 13).

Routes of Administration: Among participants who reported recent consumption of methamphetamine powder and commented (n=7), all (100%) reported recent injection (100% in 2021) in past six months. Participants who reported injecting powder reported doing so on a median of nine days (IQR=3–13), similar to 2021 (3 days; IQR=2–5; *p*=0.323).

Quantity: Of those who reported recent methamphetamine powder use and commented (n=7), the median amount of powder reportedly used on an average day of consumption in the past six months was 0.30 grams (IQR=0.10–0.50; 0.30 grams in 2021; IQR=0.20–0.50; *p*=0.554). Of those who reported recent methamphetamine powder use and commented (n=7), the median maximum amount of powder used per day in the past six months was 0.50 grams (IQR=0.30–1.50; 0.40 grams in 2021; IQR=0.20–0.90; *p*=0.805).

Methamphetamine Base

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

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of methamphetamine crystal have been increasing since monitoring began, surpassing powder methamphetamine from 2011 and peaking at 78% in 2021. In 2022, 75% of the sample reported recent use of methamphetamine crystal, a similar figure to that observed in 2021 (*p*=0.580) (Figure 12).

Frequency of Use: In 2022, of those who reported recent methamphetamine crystal use and commented (n=113), frequency of use remained stable at a median of 36 days in the past six months (IQR=7–90; 55 days in 2021; IQR=15–153; *p*=0.067) (Figure 13). Three fifths (60%) of those who reported recent methamphetamine crystal use reported weekly or more frequent use (71% in 2021; *p*=0.102), with 14% reporting daily use (19% in 2021; *p*=0.374), both figures similar to 2021.

Routes of Administration: The majority (96%) of participants who had recently used methamphetamine crystal reported injecting the drug (91% in 2021; *p*=0.166) and doing so on a median of 24 days in the past six months in 2022 (IQR=7–90), a significant decrease from 2021 (52 days; IQR=17–148; *p*=0.031). Approximately two fifths (39%) reported smoking methamphetamine crystal in 2022, a significant decrease from 57% in 2021 (*p*=0.012).

Quantity: Of those who reported recent methamphetamine crystal use and responded (n=108), the median amount of crystal used on an average day of consumption in the past six months was 0.10 grams (IQR=0.10–0.20; 0.20 grams in 2021; IQR=0.10–0.30; *p*=0.168). Of those who reported recent methamphetamine crystal use and responded (n=106), the median maximum amount of crystal used per day in the past six months was 0.30 grams (IQR=0.10–0.50; 0.30 grams in 2021; IQR=0.10-1.00; *p*=0.405).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to few participants reporting on the price, purity and availability of methamphetamine powder, no further reporting is included. For further information, please refer to the 2022 IDRS National Report, or contact the Drug Trends team.

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 IDRS National Report.

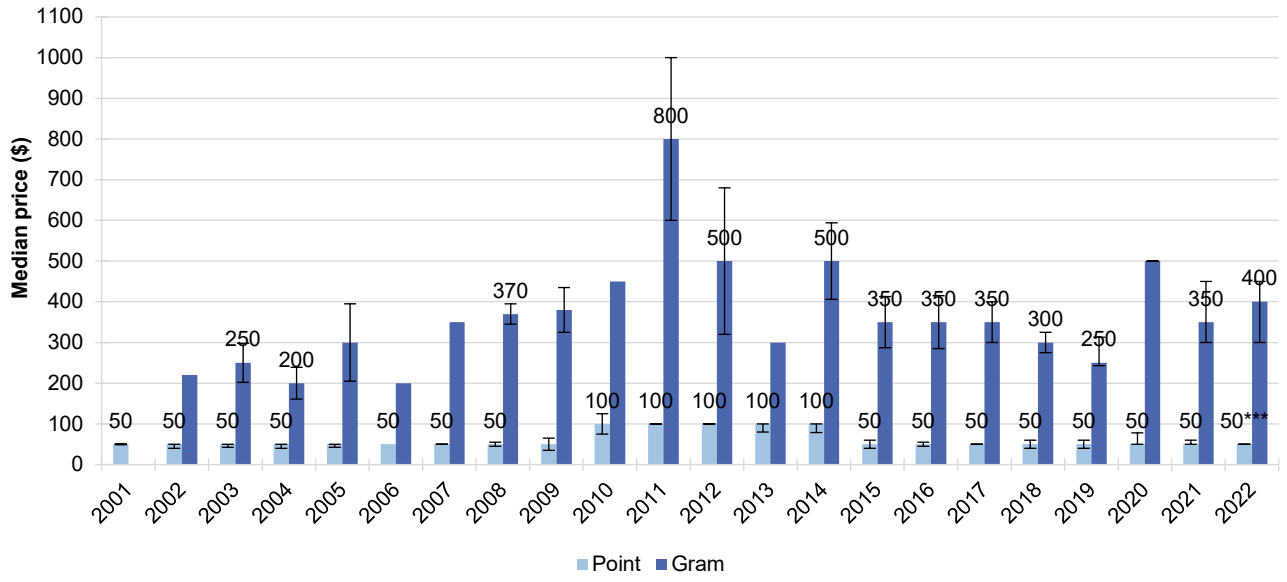
Methamphetamine Crystal

Price: The median of the reported price of one point (0.10 of a gram) of methamphetamine crystal was $50 in 2022 (IQR=50–50; n=60; $50 in 2021; IQR=50–60; n=46; *p*<0.001) (Figure 14). The median of the reported price per gram of methamphetamine crystal was $400 (IQR=325–429), similar to 2021 ($350; IQR=300–450; *p*=0.810).

Perceived Purity: The perceived purity of methamphetamine crystal remained was similar in 2021 and 2022 (*p*=0.829). Among those who were able to comment in 2022 (n=89), 31% reported that methamphetamine crystal was of 'medium' purity (34% in 2021), with equal percentages reporting 'high' (28%; 24% in 2021) and 'low' purity (28%; 26% in 2021). Twelve per cent perceived the purity to be 'fluctuating' (16% in 2021) (Figure 15).

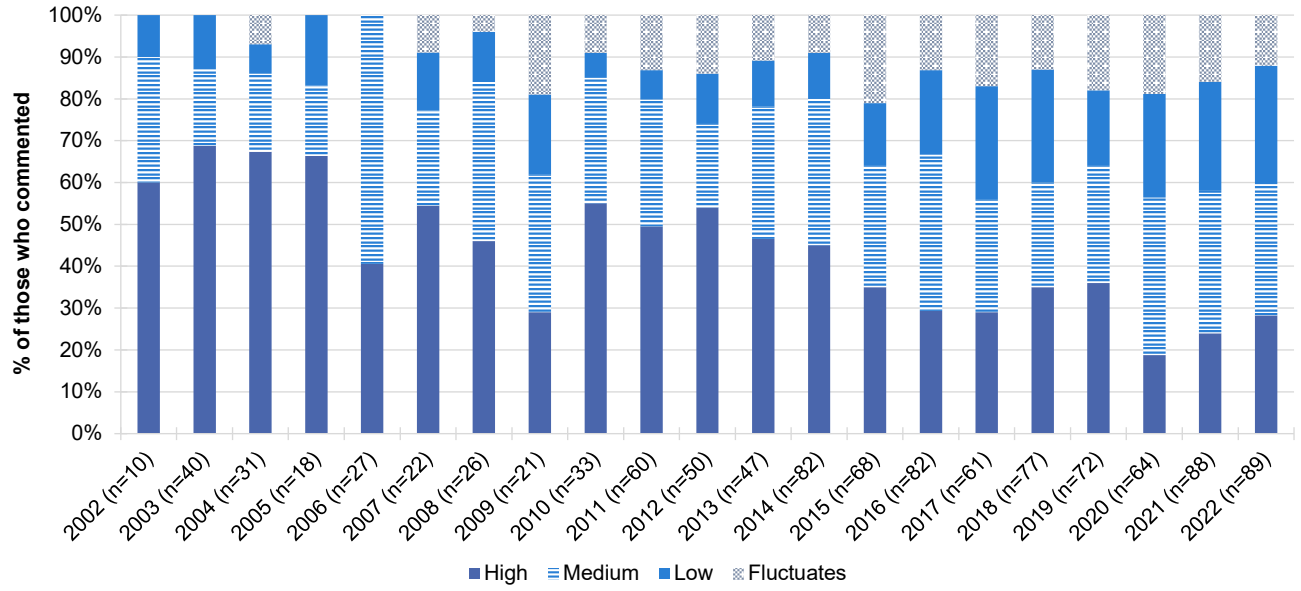
Perceived Availability: The perceived availability of crystal methamphetamine was similar in 2021 and 2022 (*p*=0.088). Among those who were able to comment in 2022 (n=91), 47% perceived crystal methamphetamine as being 'very easy' to obtain (35% in 2021), while 45% perceived crystal to be 'easy' to obtain (47% in 2021) (Figure 16).

Figure 14: Median price of methamphetamine crystal per point and gram, Melbourne, VIC, 2001-2022



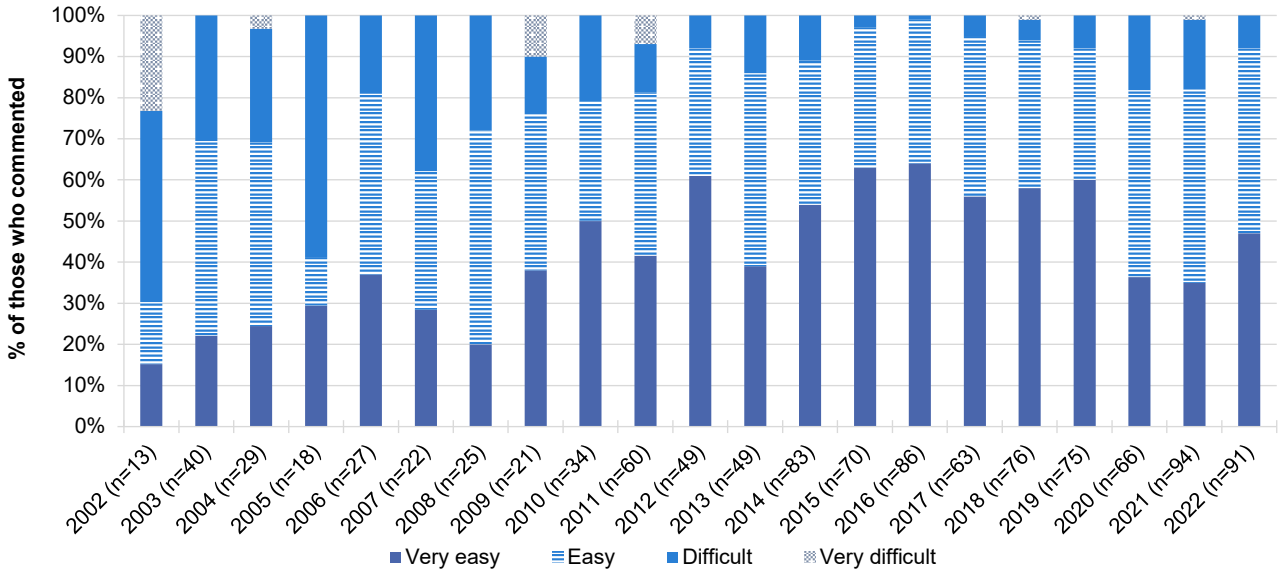
Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 15: Current perceived purity of methamphetamine crystal, Melbourne, VIC, 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 16: Current perceived availability of methamphetamine crystal, Melbourne, VIC, 2002-2022



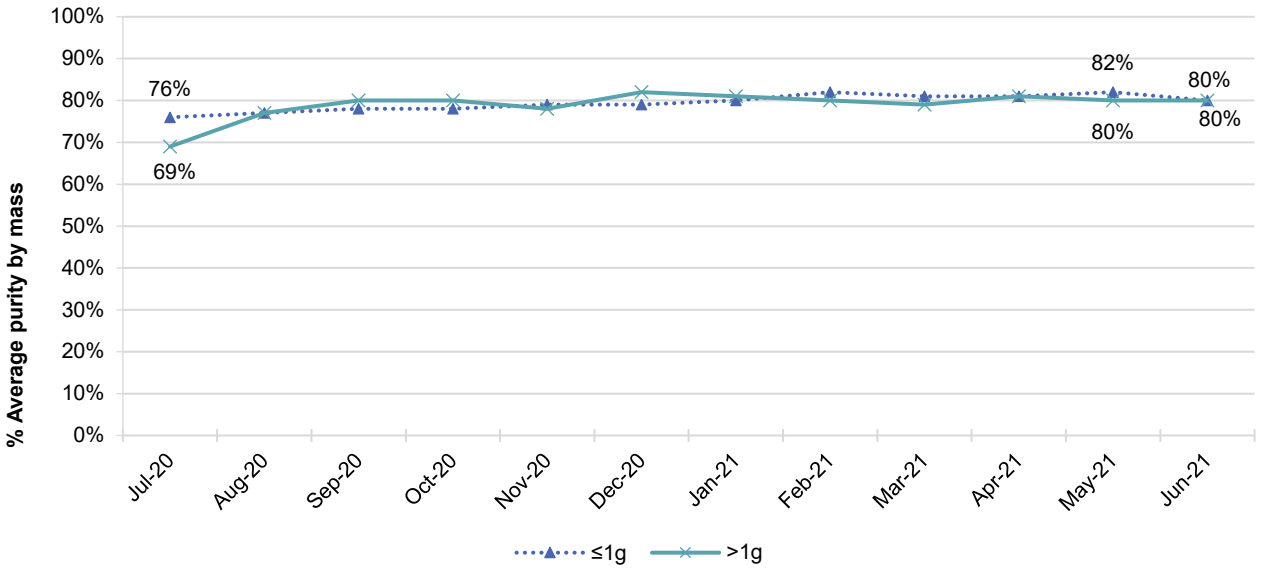
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels suppressed for all stacked bar charts, with data not provided for years where fewer than six participants (n≤5) responded. For historical numbers, please refer to the data tables. The response option 'Don't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

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2020/21 financial year averaged 79% purity in those weighing one gram or less (IQR=78%–80%, range=76%–82%) and 79% in those weighing over one gram (IQR=78%–80%, range=69%–82%) (Figure 17).

Figure 17: Purity of methamphetamine seizures by Victorian law enforcement, July 2020–June 2021

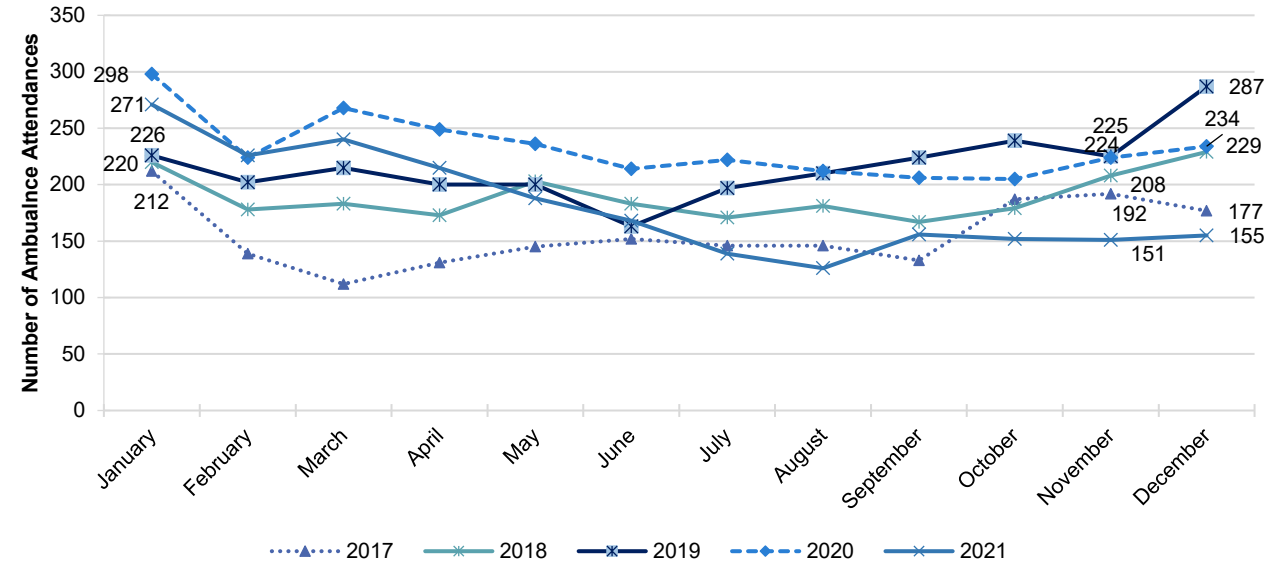


Note. Includes all forms (e.g., powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-20) and two most recent months (May-21 and Jun-21) of monitoring. Source: Victoria Police Forensic Services Department.

Ambulance Attendances at Non-Fatal Drug Events

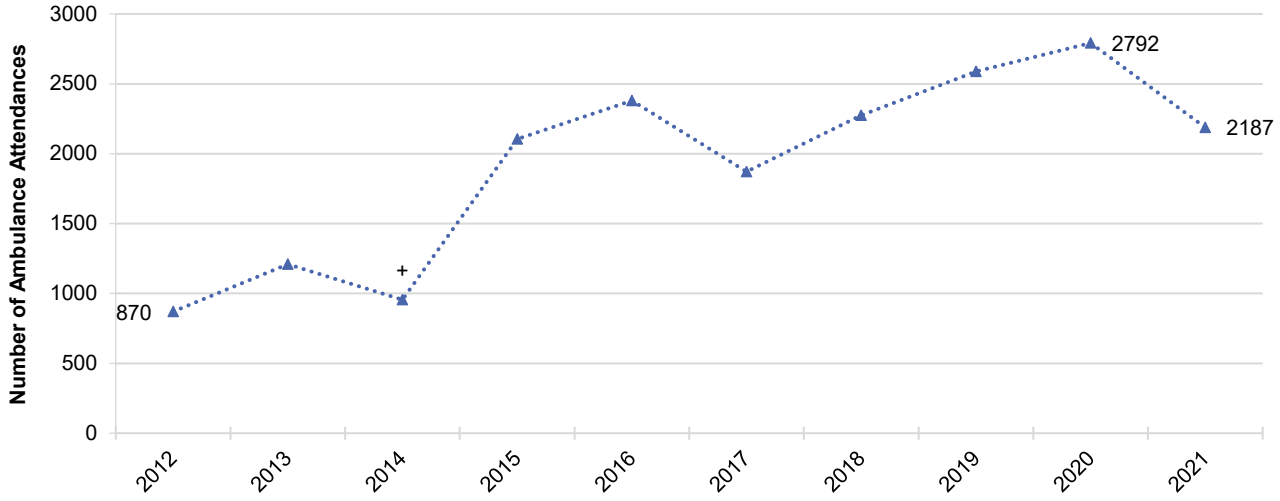
The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 112 and 298 per month during 2017–2021 (Figure 18). The annual number of methamphetamine-related attendances has risen steadily since 2012, when 870 attendances were recorded. In 2021 there were 2187 attendances, a reduction from 2020 (Figure 19). The median age of patients in 2021 was 32 years (range 26–41), consistent with recent years, though on an upward trend since 2012.

Figure 18: Monthly number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2021



Note. Data labels are only provided for the first (January) and two most recent months (November and December) of monitoring. Source: Turning Point.

Figure 19: Annual number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2021



Note. Data labels are only provided for the first (2012) and two most recent years (2020 and 2021) of monitoring. + = Data missing from October–December due to industrial action. Source: Turning Point.

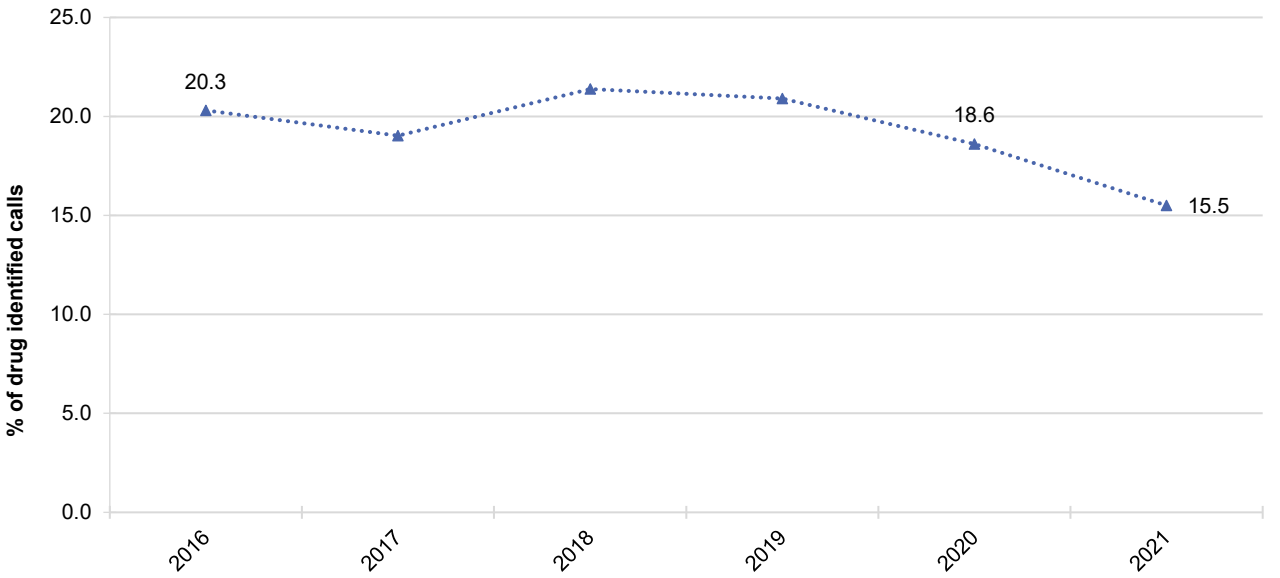
ADIS\VADC

In 2020/2021, 8,875 courses of treatment were delivered to 5,159 clients for methamphetamine, equivalent to 15.3% and 15.5% of the total courses delivered and clients treated, respectively. This represents a decrease of 5.5% and 9.7% in courses delivered and clients treated from 2019/20 (9,394 and 5,716, respectively).

DirectLine

During 2021, DirectLine received 2,359 calls in which methamphetamine was identified as the drug of concern, representing 15.5% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls with methamphetamine identified as the drug of concern has remained largely stable since 2016 (Figure 20).

Figure 20: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2021



Note. Data labels are only provided for the first (2016) and two most recent years (2020 and 2021) of monitoring. Source: DirectLine, Turning Point.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' 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 encountered infrequently in Australia.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 19% of the Melbourne sample reporting recent cocaine consumption in 2022. This was similar to the figure in 2021 (18%; *p*=0.878) and those in previous years (Figure 21).

Frequency of Use

The pattern of frequency of reported use has remained stable over the past few years. In 2022, participants reported using cocaine on a median of two days (IQR=1–4) in the past six months, similar to 2021 (3 days; IQR=1–6; *p*=0.270). No participants reported using cocaine weekly or more frequently in 2022 (7% in 2021; *p*=0.228) (Figure 21).

Routes of Administration

Most participants who reported recent cocaine consumption in 2022 reported snorting the substance (69%), a significant increase from 2021 (37%; p=0.033). Approximately half (48%) of participants reported injection, not significantly different from 2021 (70%; p=0.116). Few participants (n≤5) reported on any other route of administration; therefore, these data are suppressed.

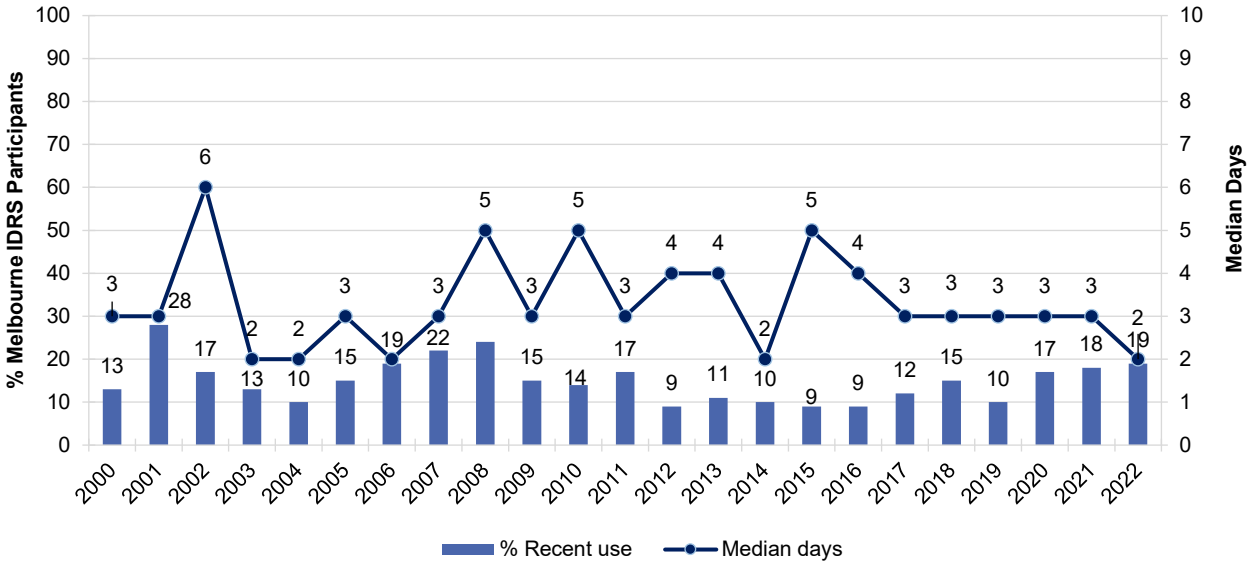
Quantity

Of those who reported recent cocaine use and responded (n=23), the median amount of cocaine used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10–0.50; 0.30 grams in 2021; IQR=0.20–0.50; *p*=0.215).

Forms used

Of those who reported recent cocaine use and responded (n=29), the majority reported using powder cocaine (90%; 89% in 2021), while no participants reported use of crack cocaine.

Figure 21: Past six month use and frequency of use of cocaine, Melbourne, VIC, 2000-2022

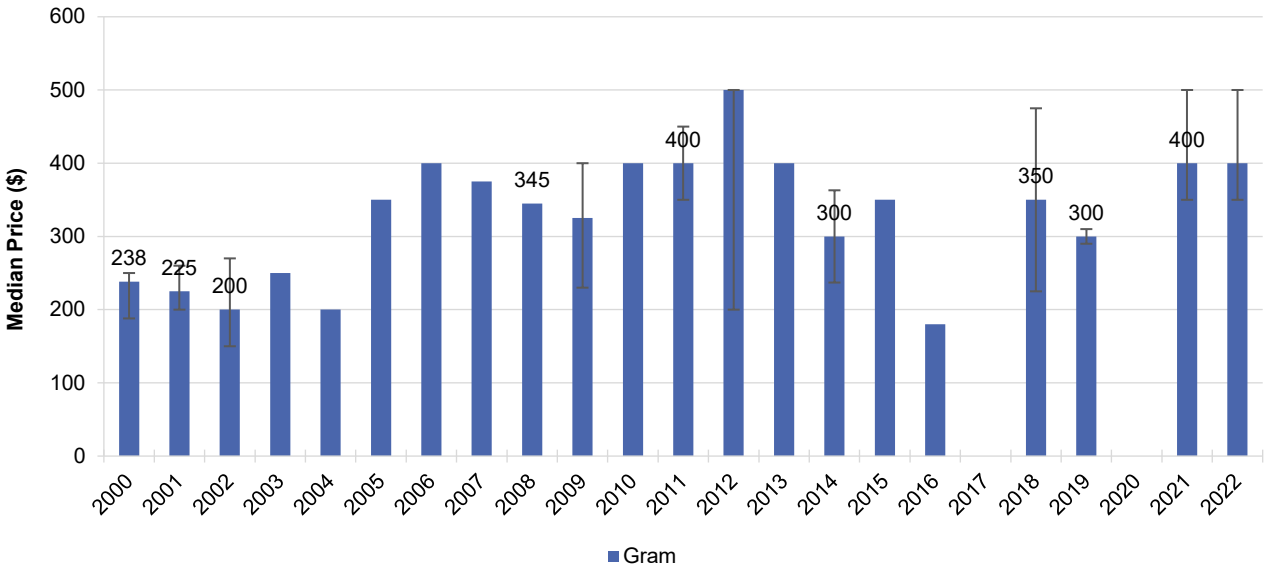


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). For historical numbers, 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

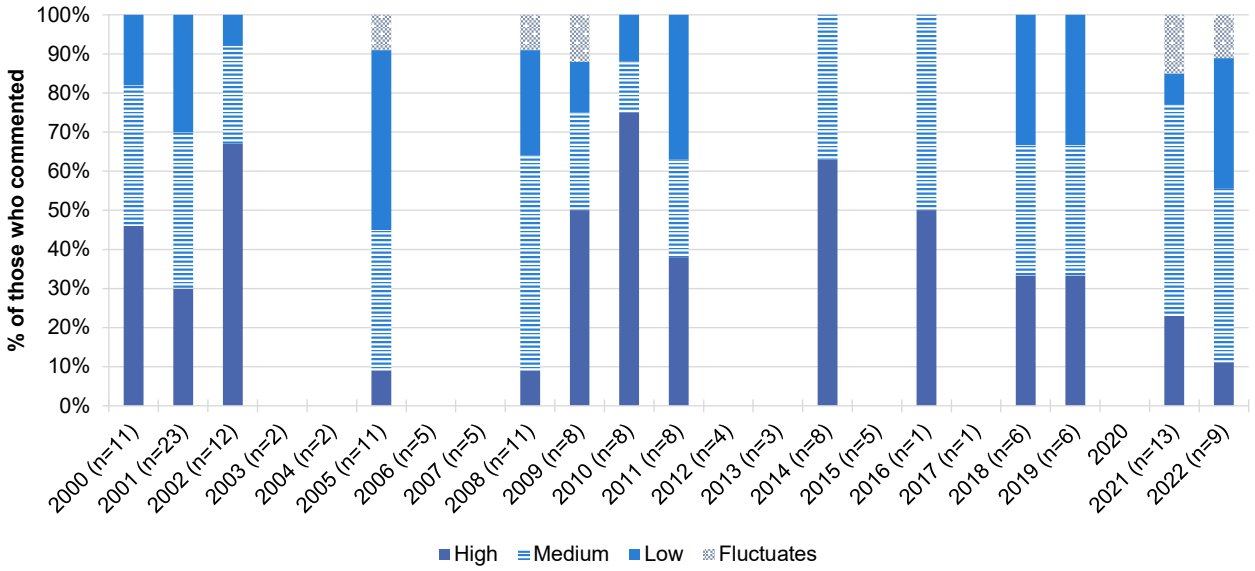
Due to few participants (n≤5) reporting prices in 2022, details have been supressed (Figure 22). There were no significant differences in perceptions of purity (p=0.531) (Figure 23) or perceived availability (p=0.684) (Figure 24) of cocaine between 2021 and 2022. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 22: Median price of cocaine per cap and gram, Melbourne, VIC, 2000-2022



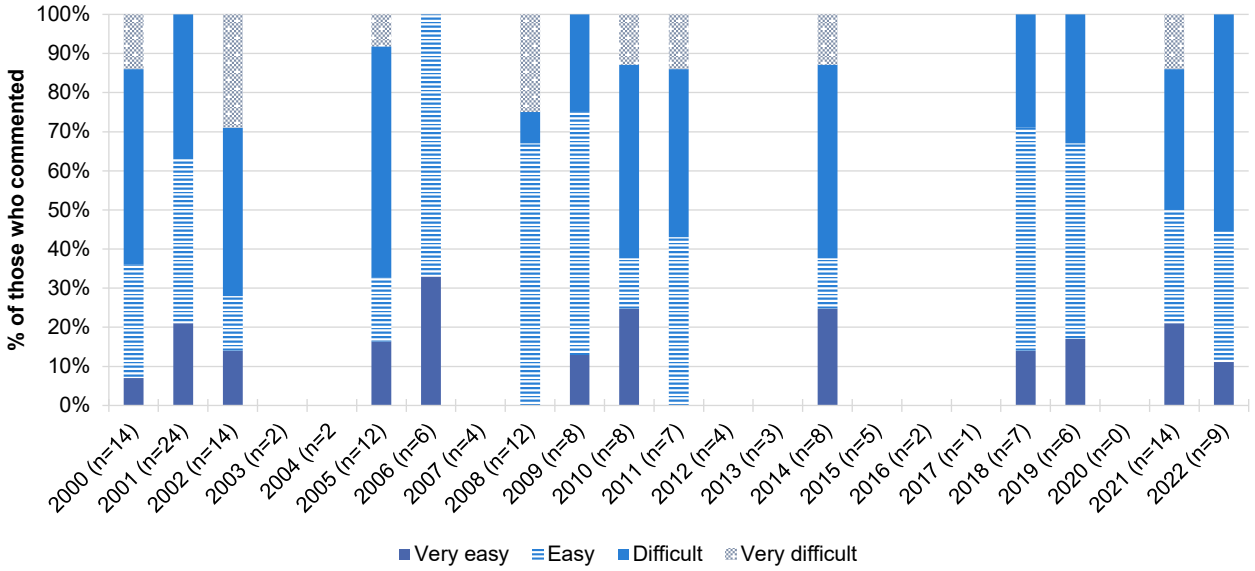
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2017 and 2020. No participants reported on the price of a cap in 2003, 2004, 2006, 2011, 2016, 2017, 2018, 2019 and 2020. Data labels have been removed from figures with small cell size (i.e,. n≤5 but not 0). 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 23: Current perceived purity of cocaine, Melbourne, VIC, 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 24: Current perceived availability of cocaine, Melbourne, VIC, 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 ('hydroponic') and outdoor-cultivated cannabis ('bush'), as well as hashish, hash oil and cannabidiol (CBD) and tetrahydrocannabinol (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 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 and THC extract); no participants 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 recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are comparable.

Recent Use (past 6 months)

The per cent of participants reporting recent non-prescribed cannabis use and/or related cannabinoid products has slowly decreased from a peak of 94% in 2000 to a low of 66% in 2021. In 2022, there was a significant increase in reported past six-month use of non-prescribed cannabis and/or related cannabinoid products compared to 2021, with 82% reporting recent use (66% in 2021; p=0.002) (Figure 25).

Frequency of Use

Frequency of reported use in 2022 was not significantly different to 2021, at a median of 120 days (IQR=48–180; 180 days in 2021; IQR=48–180; p=0.440) (Figure 25). Forty-six per cent of those reporting recent use reported using non-prescribed cannabis and/or cannabinoid -related products daily, similar to 2021 (53%; p=0.416).

Routes of Administration

Smoking was the most common route of administration reported in 2022 (97%; 99% in 2022; *p*=0.388), with small numbers (n≤5) reporting inhaling/vaporising in 2022 (0% in 2021; *p*=0.036).

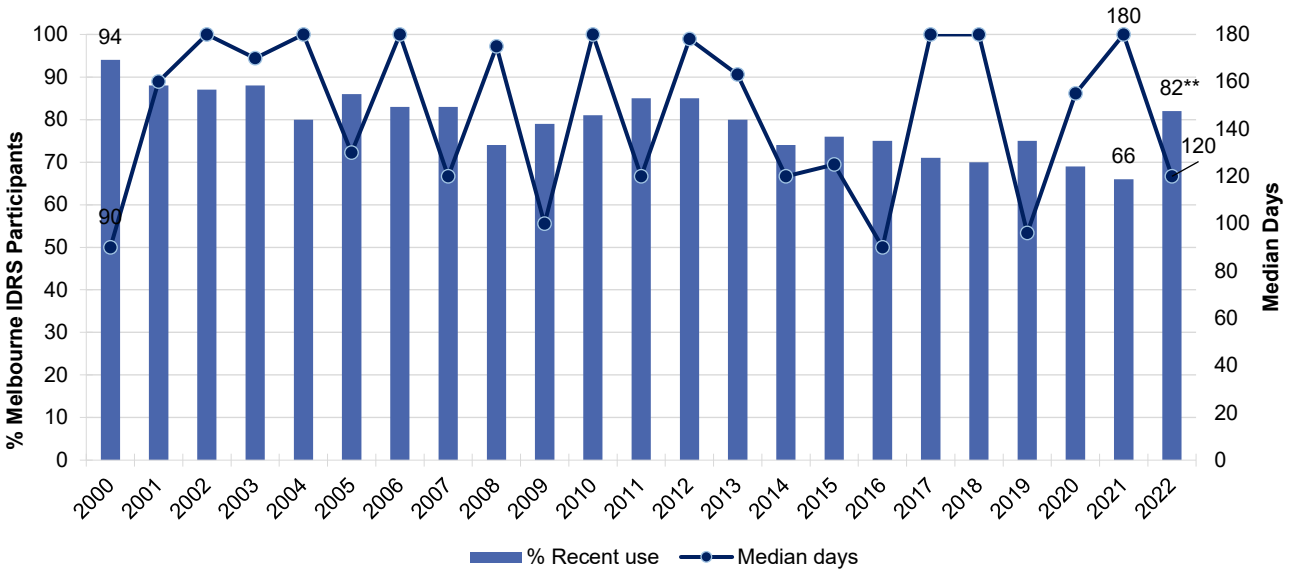
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2022, the median 'typical' amount used on the last occasion of use was 1.00 grams (IQR=0.50–1.00; n=82), a significant reduction from 1.30 grams in 2021 (IQR=1.00–3.00; n=88; *p*<0.001), or three cones (IQR=2–3.5; n=19; 3 cones in 2021; IQR=3–7.5; n=7; *p*=0.114) or one joint (IQR=1–1.3; n=16; n≤5 in 2021; *p*=0.656).

Forms Used

Of those who reported recent non-prescribed cannabis and/or cannabinoid-related product consumption in the past six months and commented (n=116), 94% reported recent use of hydroponic cannabis (97% in 2021; *p*=0.517), and 35% reported recent use of outdoor-grown 'bush' cannabis (28% in 2021; *p*=0.309). Few participants (n≤5) reported using hash oil (0% in 2021), and no participants reported using hashish (0% in 2021), non-prescribed CBD extract (0% in 2021), or THC extract (not asked in 2021) in the past six months.

Figure 25: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Melbourne, VIC, 2000-2022



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 Australian 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, and are suppressed for 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: Consistent with previous years, the median reported price per bag of hydroponic cannabis in 2022 was $20 (IQR=15–20; n=41; $20 in 2021; IQR=20–20; n=19; *p*=0.075) and the median reported price per ounce of hydroponic cannabis was $250 (IQR=230–280; n=9; $250 in 2021; IQR=240–250; n=14; *p*=0.624) (Figure 26a).

Perceived Potency: The perceived potency of hydroponic cannabis in 2022 was similar to 2021 (*p*=0.269). Among those who were able to comment in 2022 (n=90), 56% perceived hydroponic cannabis to be of 'high' potency (54% in 2021), while 28% reported potency to be 'medium' (35% in 2021) (Figure 27a).

Perceived Availability: The perceived availability of hydroponic cannabis in 2022 was similar to 2021 (*p*=0.187). Among those who were able to comment in 2022 (n=90), 48% perceived hydroponic cannabis to be 'very easy' to obtain (34% in 2021), with 40% reporting it to be 'easy' (55% in 2021) (Figure 28a).

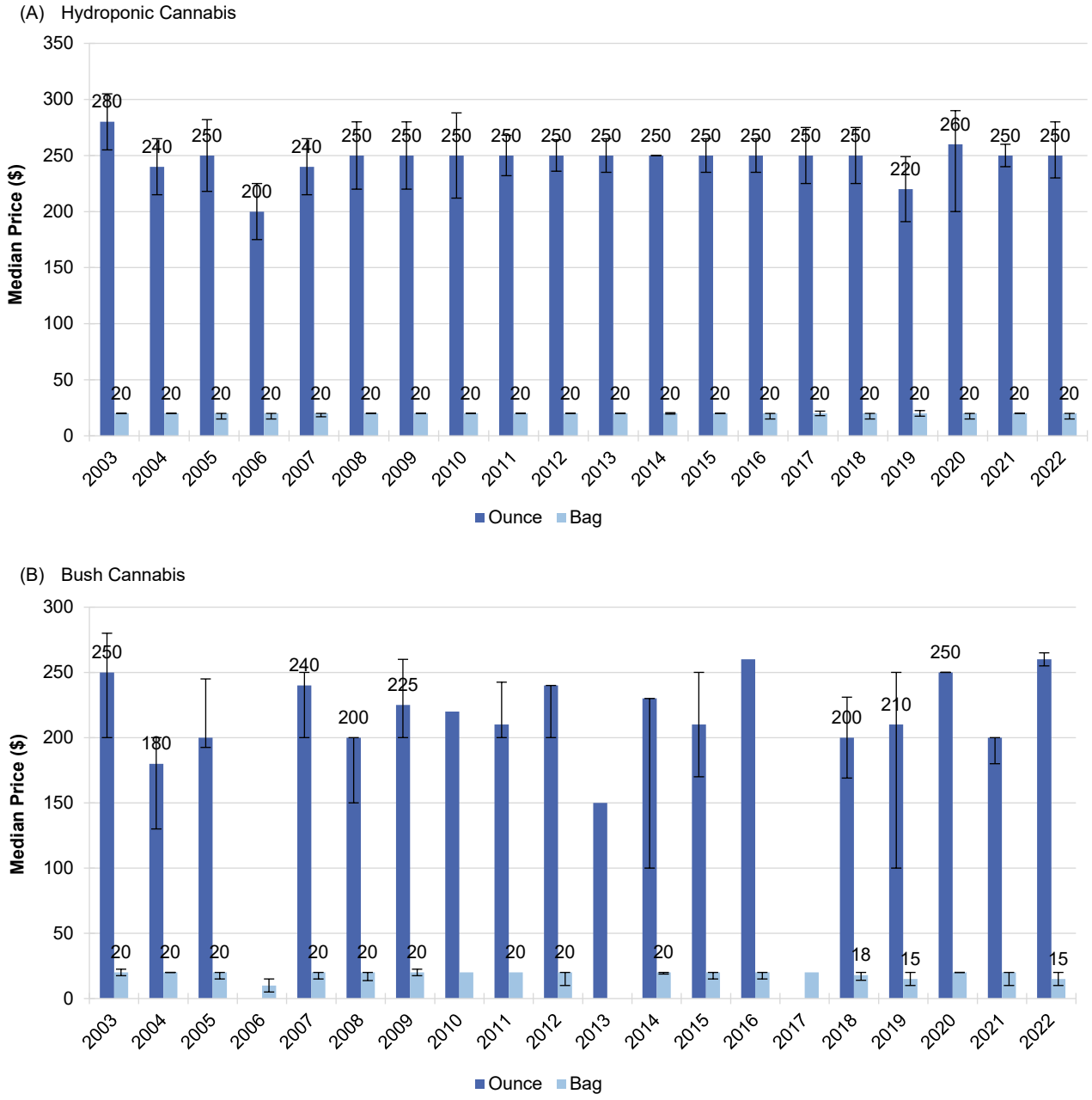
Bush Cannabis

Price: The median reported price per bag of bush cannabis in 2022 was $15 (IQR=10–20; n=6; n≤5 in 2021; *p*=0.833). Few participants (n≤5) reported on the price of an ounce of bush cannabis in either 2022 or 2021. (Figure 26b).

Perceived Potency: The perceived potency of bush cannabis in 2022 was similar to 2021 (*p*=0.351). Among those who were able to comment in 2022 (n=15), 40% perceived potency to be 'medium' (50% in 2021) (Figure 27b).

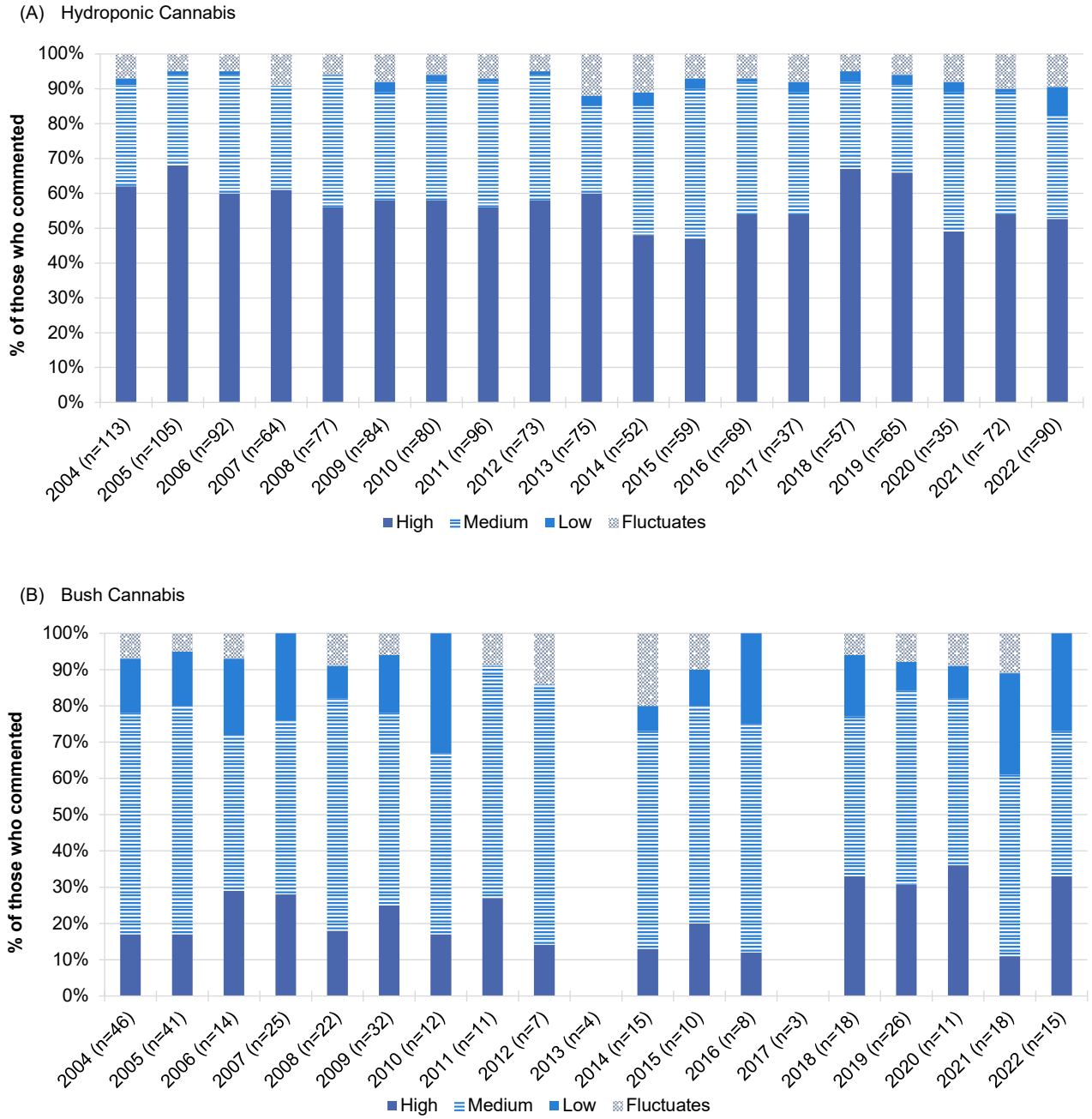
Perceived Availability: There was a change in the perceived availability of bush cannabis between 2021 and 2022 (*p*=0.012). Among those who were able to comment in 2022 (n=14), a greater number perceived bush to be 'very easy' to obtain (64%; 17% in 2021), while there was a decrease in those reporting it to be 'easy' to obtain (n≤5 in 2022; 56% in 2021) (Figure 28b).

Figure 26: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Melbourne, VIC, 2003-2022



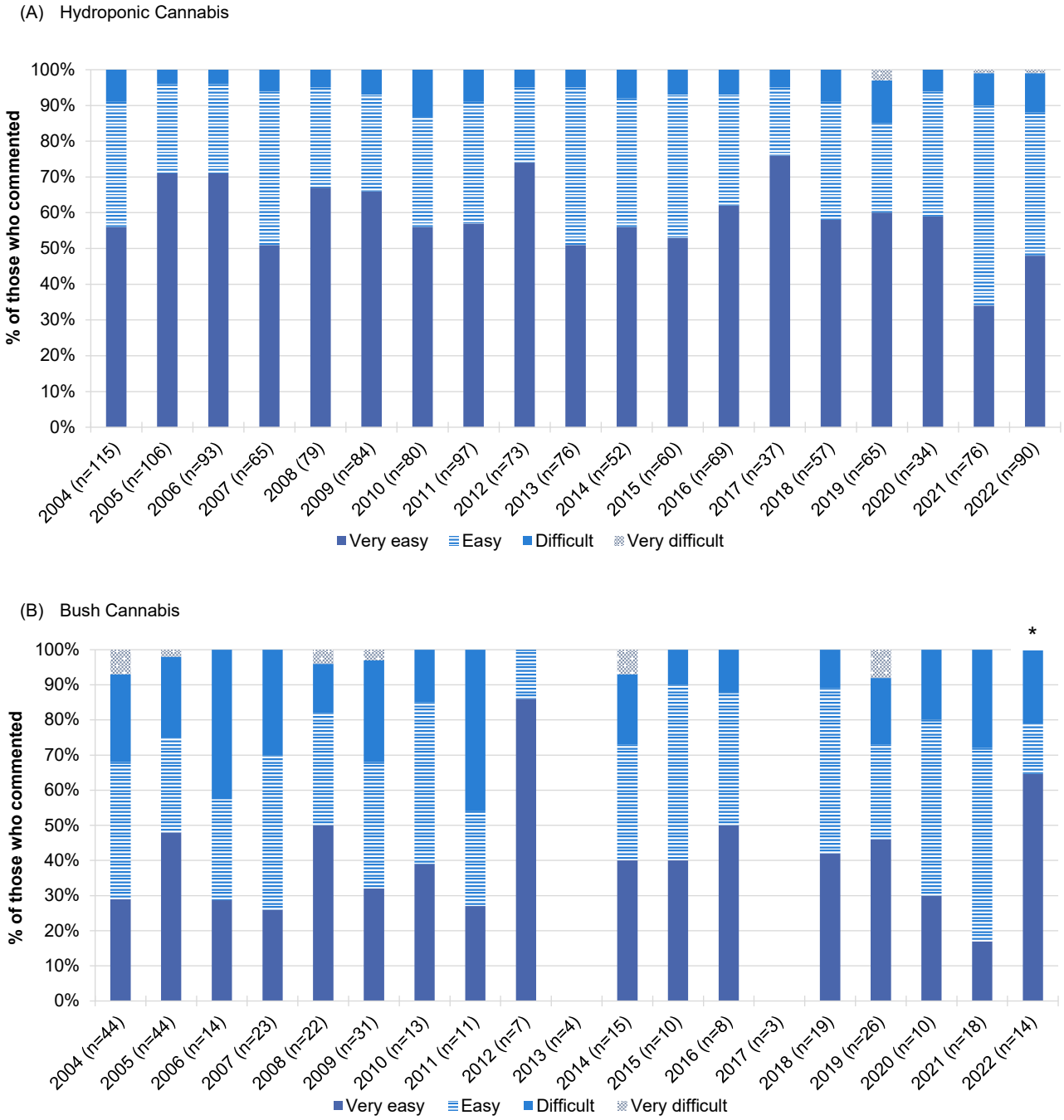
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). The error bars represent the IQR. The response 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 27: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Melbourne, VIC, 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 28: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Melbourne, VIC, 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.

6

Pharmaceutical Opioids

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

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

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

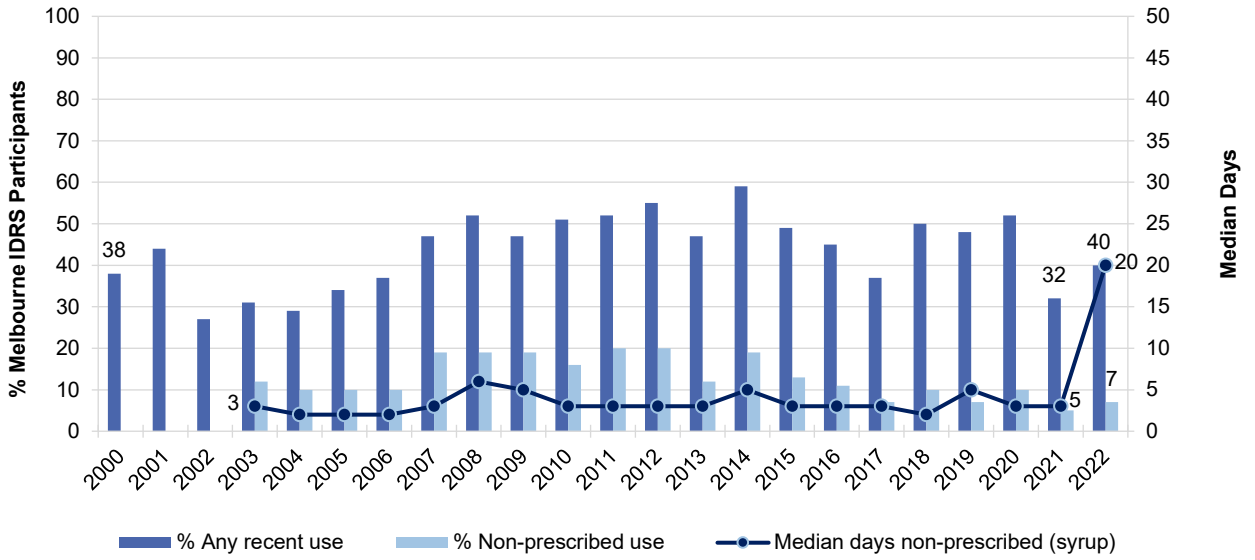
Methadone

Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) in Melbourne has fluctuated since monitoring commenced. In 2022, 40% of participants reported recent use of any prescribed and/or non-prescribed methadone, similar to 2021 (32% in 2021; p=0.148). The per cent reporting non-prescribed use in 2022 (7%) was similar to 2021 (5%; p=0.461), however, methadone use historically has largely consisted of prescribed use, with 34% reporting prescribed use in 2022, also similar to 2021 (28%; p=0.266) (Figure 29).

Frequency of Use: Frequency of reported non-prescribed methadone syrup use was low in 2022 at 20 days (IQR=4–47), not significantly different from 2021 (3 days; IQR=2–42; p=0.466) (Figure 29).

Recent Injecting Use: Of those who reported any recent methadone use (n=61), 10% reported injection in the past six months (n≤5 in 2021; p=0.135). Due to few participants (n≤5) reporting on median frequency of recent injection, details have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Melbourne, VIC, 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, and are suppressed for 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. Statistically significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablets

Seven per cent of participants reported any recent use of buprenorphine tablets in 2022 (n≤5 in 2021; p=0.052). Of those who reported any recent use (n=11), 55% reported injecting the substance in the past six months, at a median frequency of six days (IQR=4–24; n≤5 in 2021; p=0.896). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

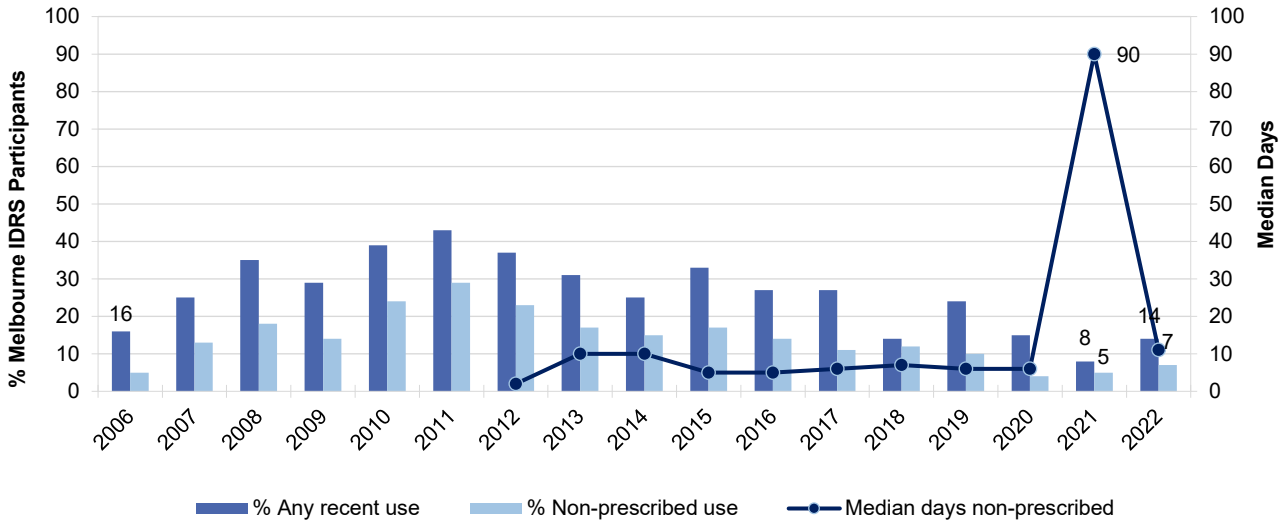
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2022, 14% of the sample reported recent use of any buprenorphine-naloxone (8% in 2021; p=0.140), with equal numbers reporting prescribed (7%; n≤5 in 2021; p=0.290) and non-prescribed use (7%; 5% in 2021; p=0.461) (Figure 30).

Frequency of Use: Of those who reported recent non-prescribed buprenorphine-naloxone consumption and commented (n=11), frequency of use was low, at a median of five days (IQR=2–17) in the past six months, not significantly different from 2021 (90 days; IQR=5–180; p=0.254) (Figure 30).

Recent Injecting Use: Those who reported any recent injection of any buprenorphine-naloxone (n=7) reported doing so on a median of five days in 2022 (IQR=3–27; n≤5 in 2021; p=0.421).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Melbourne, VIC, 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 100 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, and are suppressed for 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. Statistically significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

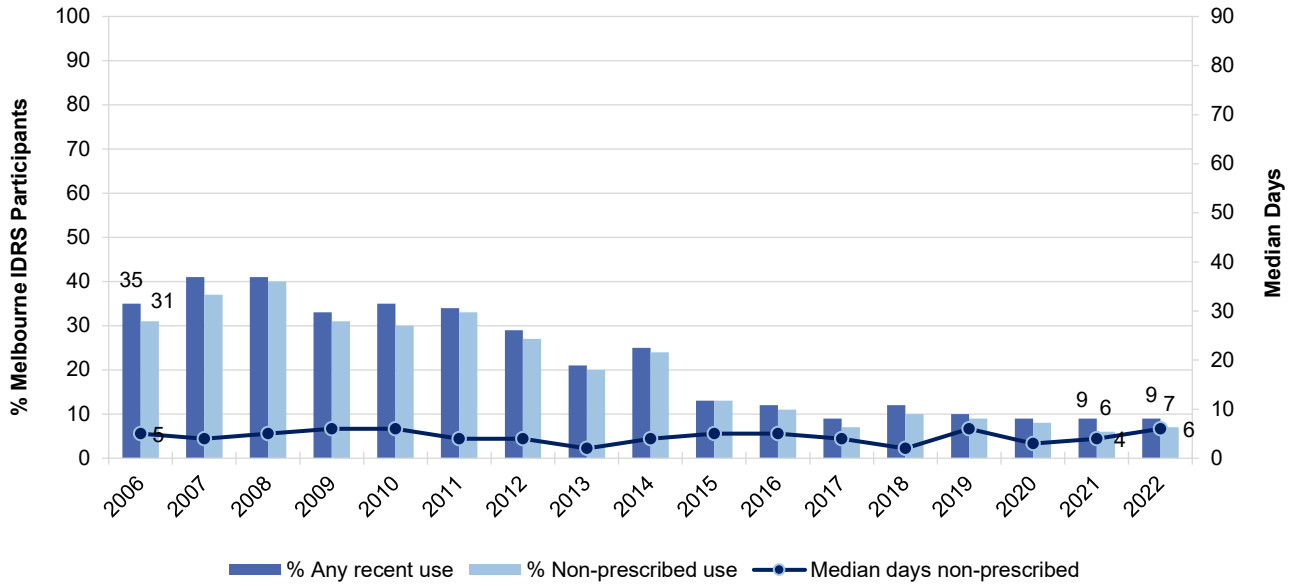
Morphine

Any Recent Use (past 6 months): In Melbourne, the IDRS sample has observed a downward trend in recent use of morphine since peaking in 2008 (Figure 31). In 2022, 9% of the sample reported recent use of any morphine, similar to 2021 (9%). This figure was mostly driven by reports of non-prescribed use (7%; 6% in 2021; p=0.812), with few participants (n≤5) reporting recent prescribed use in both years.

Frequency of Use: Participants who reported recent non-prescribed morphine consumption and commented (n=11) reported use on a median of six days (IQR=3–16) in the past six months in 2022, stable relative to 2021 (4 days; IQR=3–12; p=0.938) (Figure 31).

Recent Injecting Use: Of those who reported recent non-prescribed morphine consumption and commented (n=14), 57% reported injecting morphine (50% in 2021) on a median of six days (IQR=3–13) in the past six months, similar to 2021 (3 days; IQR=3–50; p=0.770).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Melbourne, VIC, 2006-2022



Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2006) and two most recent years (2021 and 2022) of monitoring, but are suppressed for 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.

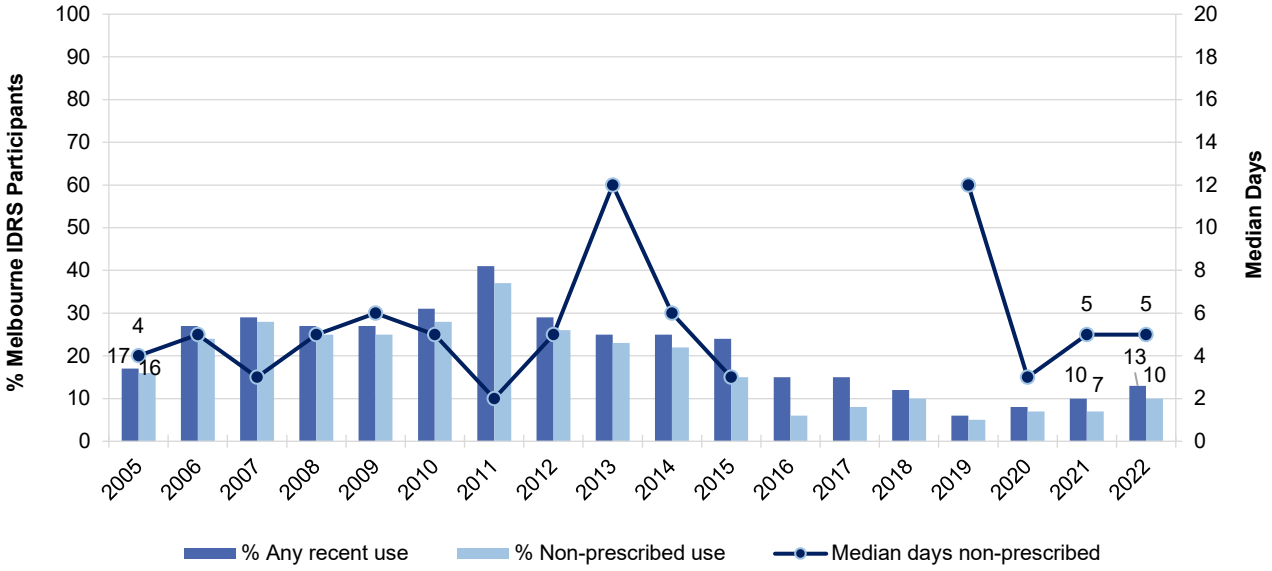
Oxycodone

Any Recent Use (past 6 months): Thirteen per cent of participants reported recent use of oxycodone in 2022, similar to 2021 (10%; p=0.473) (Figure 32). In 2022, 10% of the sample reported non-prescribed oxycodone (7% in 2021; p=0.311) use but few (n≤5) reported prescribed oxycodone use (5% in 2021; p=0.572).

Frequency of Use: Participants who reported recent non-prescribed oxycodone consumption and commented (n=15) reported use on a median of five days (IQR=3–8) in the past six months in 2022 (5 days in 2021; IQR=2–108; p=0.655) (Figure 32).

Recent Injecting Use: Of those who reported recent oxycodone consumption in 2022 (n=19), 32% reported recently injecting any form (40% in 2021; p=0.728), on a median of 4 days (IQR=2–6) in the past six months (71 days in 2021; IQR=1–170; p=0.936).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Melbourne, VIC, 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 20 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, and are suppressed for 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.

Fentanyl

Any Recent Use (past 6 months): Few participants (4%) reported any recent use of fentanyl in 2022 (n≤5 in 2021; p=0.501). Few (n≤5) reported non-prescribed use in 2022 so further reporting is supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2022 (Table 2). In 2022, 6% of participants reported any recent use of codeine (n≤5 in 2021; p=0.061), with few (n≤5) reporting prescribed and non-prescribed use. Nine per cent reported recent use of any form of tramadol (n≤5 in 2021; p=0.056), with a significant increase in non-prescribed recent use (5%; n≤5 in 2021; p=0.036) No participants reported recent use of any form of tapentadol (n≤5 participants in 2021; p=0.244). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Melbourne, VIC, 2019-2022

% Recent Use (past 6 months)	2019 (N=148)	2020 (N=179)	2021 (N=148)	2022 (N=151)
Codeine^				
Any use	12	7	-	**6**
Non-prescribed use	4	-	-	**-**
Any injection#	0	0	0	**0**
Tramadol				
Any use	10	4	-	**9**
Non-prescribed use	5	-	-	**5***
Any injection#	-		0	**0**
Tapentadol				
Any use	0	-	0	**0**
Non-prescribed use	0	0	0	**0**
Any injection#	0	0	0	**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 (NPS), non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances

NPS 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 the term has come to include drugs that have only recently appeared in recreational drug markets.

In 2022, the per cent reporting any NPS use was similar to that found in 2021, with 6% reporting recent use (6% in 2021) (Table 3). Six per cent reported using new individual drugs that mimic the effects of cannabis (5% in 2021; *p*=0803), on a median of 30 days in the past six-months (IQR=4–90), similar to 2021 (150 days; IQR=68–180; *p*=0.358). Few participants (n≤5) reported using other drugs that mimicked certain substances, thus no further reporting is included. 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, Melbourne, VIC, 2013-2022

% Recent Use (past 6 months)	2013 N=150	2014 N=150	2015 N=150	2016 N=174	2017 N=152	2018 N=150	2019 N=148	2020 N=179	2021 N=148	2022 N=151
'New' drugs that mimic the effects of opioids	/	/	/	/	0[#]	-	-	0	-	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-[#]	0	0	0	0	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	/	-	-	-	/	-	0	0	0	**0**
'New' drugs that mimic the effects of cannabis	5	20	16	14	10	12	9	6	5	**6**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	0	0	0	0	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0[#]	0	0	0	**0**
Any of the above	-	-	-	3	0	13	9	6	**6**	**6**

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' and 'new drugs that mimic the effects of opioids'. [#]In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. 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): In 2022, reported recent non-prescribed use of any benzodiazepines was similar to 2021 (36%; 37% in 2021; *p*=0.902) (Figure 33). Of the total sample, 29% reported recent use of non-prescribed benzodiazepines (28% in 2021; *p*=0.894) and 21% reported recent use of non-prescribed alprazolam (24% in 2021; *p*=0.574).

Frequency of Use: In 2022, the median days of reported recent use on non-prescribed alprazolam was five days (IQR=2–14; 6 days in 2021; IQR=1–23; *p*=0.974) and 11 days (IQR=3–24; 30 days in 2021; IQR=6–95; *p*=0.894) for non-prescribed use other benzodiazepines.

Recent Injecting Use: In 2022, no participants reported recent injection of any non-prescribed benzodiazepines (n≤5 in 2021; *p*=0.495), therefore no further reporting is included. 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): Recent use of non-prescribed pharmaceutical stimulants in 2022 (4%) was stable relative to 2021 (n≤5 in 2021; *p*=0.283) (Figure 33).

Frequency of Use: In 2022, those who reported recent pharmaceutical stimulant consumption reported using non-prescribed pharmaceutical stimulants on a median of two days (IQR=1–3; n≤5 in 2021; *p*=0.229) in the past six months.

Recent Injecting Use: In 2022, no participants reported recent injection of any non-prescribed pharmaceutical stimulants (n≤5 in 2021). 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): In 2022, 5% of the sample reported non-prescribed antipsychotic consumption, similar to 2021 (5%) (Figure 33).

Frequency of Use: Those reporting recent antipsychotic use reported using non-prescribed antipsychotics on a median of four days (IQR=2–13) in 2022, similar to six days in 2021 (IQR=2–28; *p*=0.711).

Recent Injecting Use: In 2022, no consumers reported recent injection of antipsychotics. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

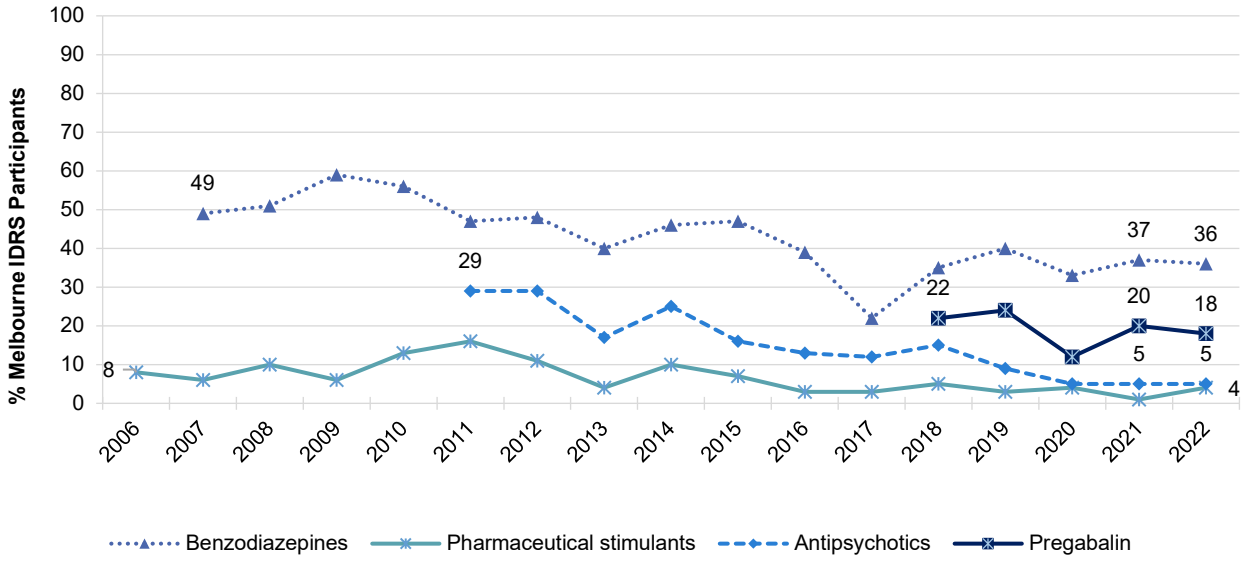
Pregabalin

Recent Use (past 6 months): In 2022, 18% of participants reported recent non-prescribed pregabalin consumption in the past six months, similar to 2021 (20%; *p*=0.770) (Figure 33).

Frequency of Use: Participants who reported recent non-prescribed pregabalin consumption and commented (n=26) reported use on a median of five days (IQR=2–9) in 2022, a significant decrease from eight days in 2021 (IQR=6–40; *p*=0.009).

Recent Injecting Use: In 2022, few participants (n≤5) reported recent injection of any non-prescribed pregabalin (0% in 2021; *p*=0.473), therefore no further reporting is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 33: Past six month use of non-prescribed pharmaceutical drugs, Melbourne, VIC, 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, and are suppressed for 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): Sixty-three per cent of the sample reported recent use of alcohol in 2022, a significant increase from 49% in 2021 (p=0.022) (Figure 34).

Frequency of Use: Participants who reported recent alcohol consumption and commented (n=95) reported use on a median of 56 days in 2022 (IQR=6–180; 48 days in 2021; IQR=12–180; p=0.865), with 29% reporting daily use (29% in 2021).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Melbourne IDRS sample. In 2022, 91% reported recent use of tobacco (93% in 2021; p=0.679) (Figure 34).

Frequency of Use: Participants who reported recent tobacco consumption and commented (n=136), reported use on a median of 180 days in 2022 (IQR=180–180; 180 days in 2021; IQR=180–180; p=0.126), with 89% reporting daily use (94% in 2021; p=0.201).

E-cigarettes

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

Recent Use (past 6 months): One quarter (25%) of participants reported recent use of non-prescribed e-cigarettes in 2022, similar to 2021 (20%; p=0.272) (Figure 34).

Frequency of Use: Participants who reported recent non-prescribed e-cigarettes consumption and commented (n=36), reported use on a median of 11 days in the past six months in 2022 (IQR=2–72; 20 days in 2021; IQR=4–120; *p*=0.377).

Forms Used: Among those who reported recent non-prescribed e-cigarette use in the past six months and commented (n=37), 70% reported using e-cigarettes that contained nicotine (86% in 2021; *p*=0.234), 11% reported using e-cigarettes that contained cannabis (n≤5 in 2021; *p*=0.380), 5% reported using e-cigarettes that contained both cannabis and nicotine (n≤5 in 2021), and 41% reported using e-cigarettes that contained neither, a significant increase from 2021 (14%; *p*=0.028).

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the past six months and commented (n=39), 31% reported using e-cigarettes as a smoking cessation tool, a significant decrease from 59% in 2021 (*p*=0.031).

Steroids

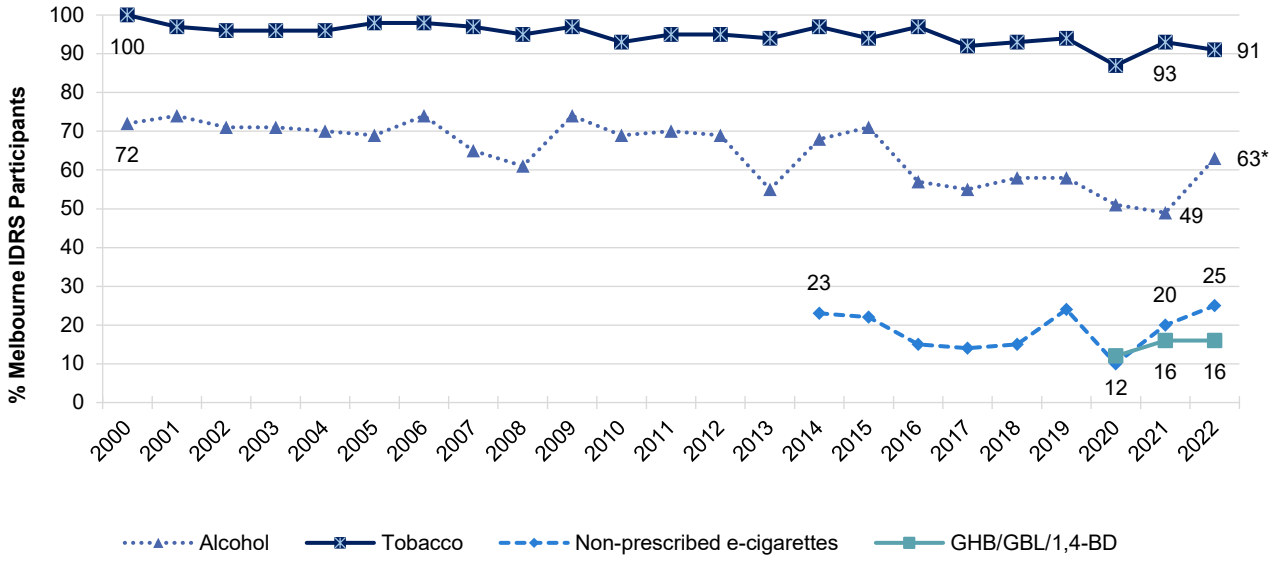
Very few participants (n≤5) reported using non-prescribed steroids in the last six months, therefore no further reporting on patterns of use is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2022,16% of participants reported recent use of GHB/GBL/1,4-BD, similar to 2021 (16%) (Figure 34).

Recent Injecting Use: In 2022, no participants reported recent injection of GHB/GBL/1,4-BD, therefore no further reporting is included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 34: Past six month use of licit and other drugs, Melbourne, VIC, 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, ands are suppressed for 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

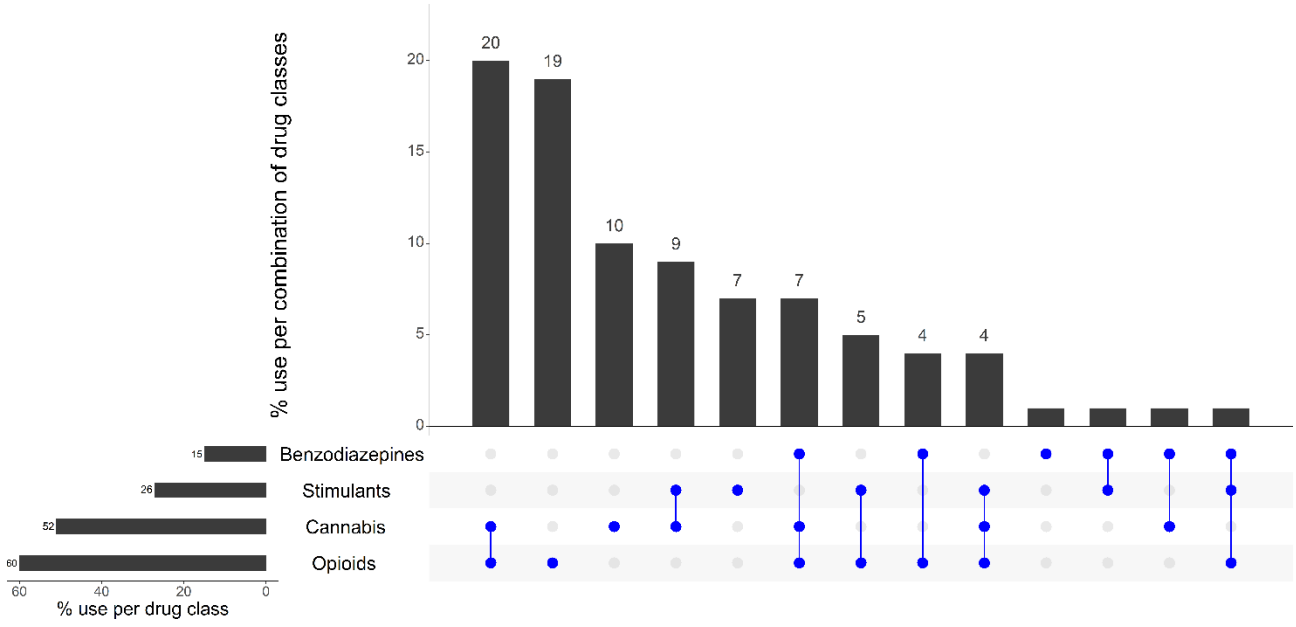
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, the majority (97%) 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=146), the substances most commonly reported were opioids (60%), cannabis (52%) and stimulants (26%).

Sixty-two per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Twenty per cent of participants reported concurrent use of cannabis and opioids on the day preceding interview, whilst 9% reported concurrent use of cannabis and stimulants (Figure 35). Nineteen per cent of respondents reported using opioids alone, 10% reported using cannabis alone, whilst 7% reported using stimulants alone.

Figure 35: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Melbourne, VIC, 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, 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxymethamphetamine (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 20% 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 that the IDRS has been running.

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 data coding:
  - **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 *d*-lysergic acid (LSD).

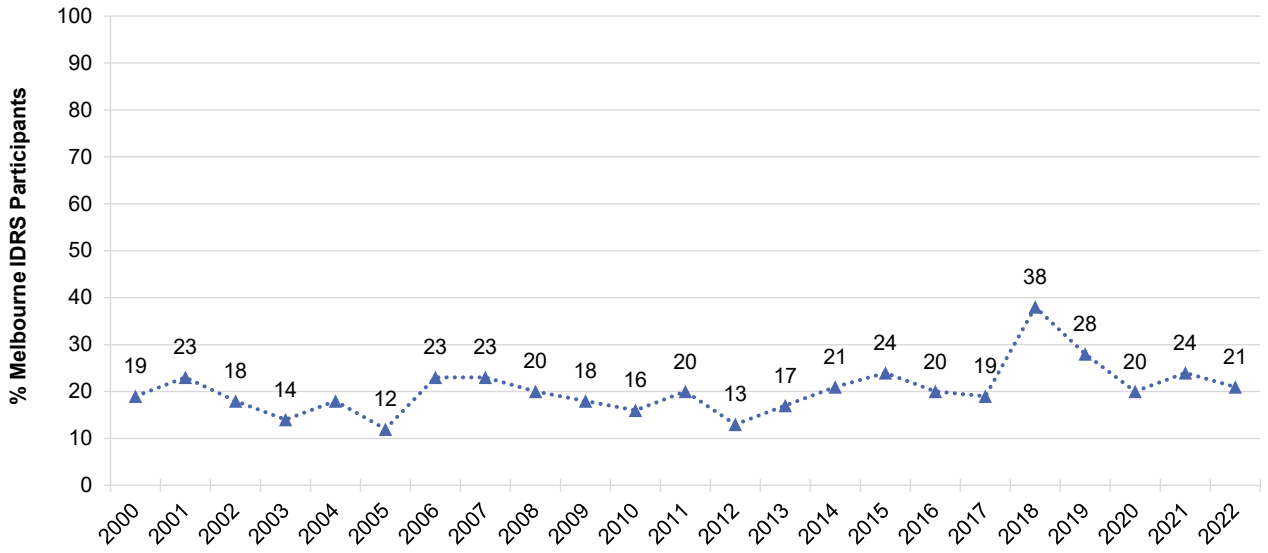
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types 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 consistent from 2019 onwards).

Overdose in the Melbourne IDRS sample has fluctuated over the years (likely to be partly due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose in 2022 (21%) was similar to 2021 (24%; p=0.574) (Figure 36).

Seventeen per cent reported a non-fatal overdose following opioid use in the past 12 months in 2022 (20% in 2021; p=0.660), mostly following heroin use (17%; 18% in 2021; p=0.765). Few participants (n≤5) reported a non-fatal overdose whilst consuming a stimulant (n≤5 in 2021) or 'other drug' (5% in 2021; p=0.570) (Table 4).

Participants who had overdosed on an opioid reported having done so on a median of one occasion (IQR=1–2) in the last 12 months. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information regarding non-fatal overdose.

Figure 36: Past 12 month non-fatal any overdose, Melbourne, VIC, 2000-2022



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). 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.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2022, and Melbourne, VIC, 2015-2022

	Melbourne, VIC								National
	2015	2016	2017	2018	2019	2020	2021	2022	2022
% Any opioid	N=150	N=174 -	N=152	N=150 /	N=148 25	N=178 19	N=148 20	**N=149 17**	N=868 12
% Heroin overdose	N=150 10	N=175 **17**	N=152 18	N=150 28	N=148 21	N=178 19	N=148 18	**N=149 17**	N=867 11
% Methadone overdose	N=150 -	N=175 **-**	N=152 **-**	N=150 -	N=148 -	N=178 -	N=148 -	**N=149 -**	N=867 1
% Morphine overdose	N=150 -	N=175 -	N=152 **0**	N=150 0	N=148 -	N=178 0	N=148 -	**N=149 0**	N=867 0
% Oxycodone overdose	N=150 -	N=175 -	N=152 0	N=150 -	N=148 -	N=178 0	N=148 0	**N=149 0**	N=867 -
% Stimulant overdose	N=146 -	N=153 **-**	N=130 **-**	N=148 -	N=139 -	N=176 -	N=146 -	**N=151 -**	N=878 4
% Other overdose	/	/	/	/	N=148 -	N=178 -	N=148 5	**N=151 -**	N=878 3
% Any drug overdose	N=150 17	N=175 20	N=152 **20**	N=150 31	N=148 28	N=178 20	N=148 24	**N=151 21**	N=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 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – 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 significant 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 Australian Capital Territory (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 Therapeutic Goods Administration listed 'naloxone when used for the treatment of opioid overdose' on both Schedule 3 and Schedule 4, meaning naloxone can be purchased over the counter at pharmacies without a prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, South Australia and WA. This program is now being rolled out across the remaining Australian jurisdictions. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The per cent of participants reporting knowledge of naloxone has been consistently high since 2013. The majority (92%) of the Melbourne sample reported awareness of naloxone in 2022 (90% in 2021; p=0.545) (Figure 37).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of take-home naloxone programs has increased since 2013, with 79% reporting awareness of these programs in 2022, similar to 2021 (77%; p=0.782) (Figure 37). In 2022, 10% of participants reported having heard of paid access (16% in 2021; p=0.129), and 78% of participants reported having heard of free access (74% in 2021; p=0.488).

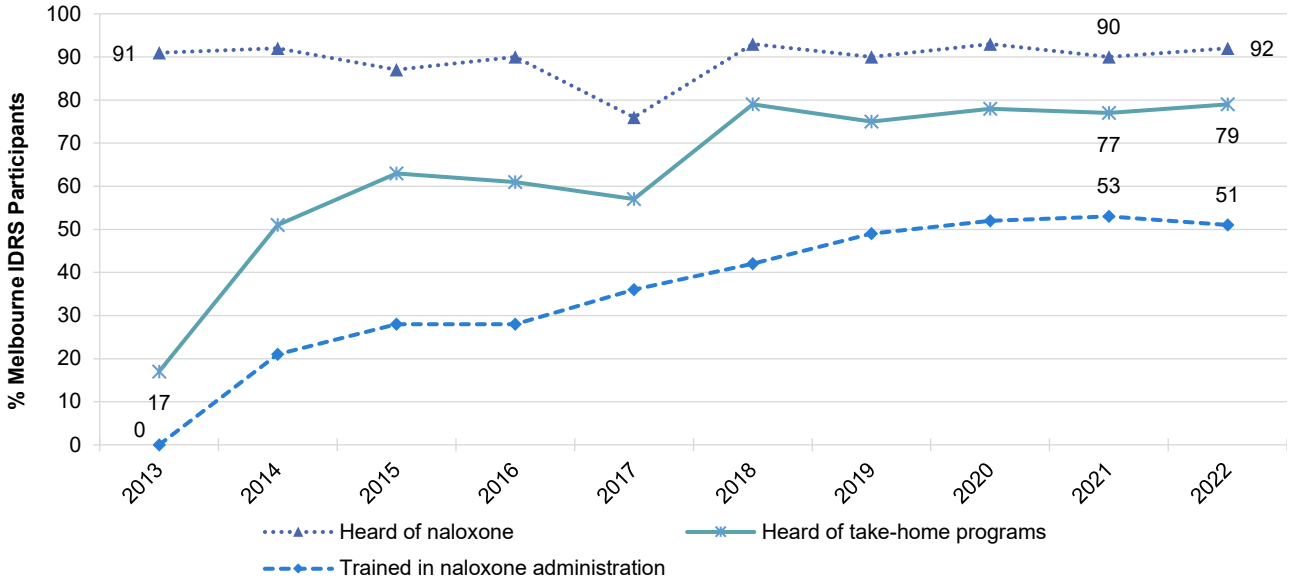
Participation in Training Programs: In 2022, 51% of the sample had been trained in how to administer naloxone in their lifetime, a figure similar to that observed in 2021 (53%; p=0.812) (Figure 37). Of these participants, 41% reported participating in their last naloxone training course at an NSP, while 32% reported participating at a health service.

Accessed Naloxone: Seventy per cent (70%) of the Melbourne sample reported having ever accessed naloxone (67% in 2021; p=0.570), with 37% having done so in the past year (32% in 2021; p=0.402). Five per cent of the sample reported that they had tried to access naloxone in their lifetime but had been unsuccessful (9% in 2021; p=0.343). Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=52), reasons included 'don't use opioids' (21%), 'don't consider myself/my peers at risk of overdose' (21%), and 'didn't know you could access naloxone' (12%).

Of those who reported ever accessing naloxone and commented (n=77), 56% reported receiving intramuscular naloxone on the last occasion and 35% reported receiving intranasal naloxone. Most participants (99%; n=79) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and commented (n=82), 27% reported that they 'always' had naloxone on hand when using opioids in the past month, 16% said 'often', 20% said 'sometimes', 10% said 'rarely', and 17% said 'never'.

Use of Naloxone to Reverse Overdose: In 2022, 34% of the Melbourne sample reported that they had ever resuscitated someone using naloxone at least once in their lifetime (27% in 2021; p=0.070). Of those who reported any opioid overdose in the last year and responded (n=23), 35% reported that they had been resuscitated by a peer using naloxone in the past year (n=8, 24% in 2021; p=0.545).

Figure 37: Lifetime awareness of take-home naloxone program and distribution, Melbourne, VIC, 2013-2022



Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, and are suppressed for 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

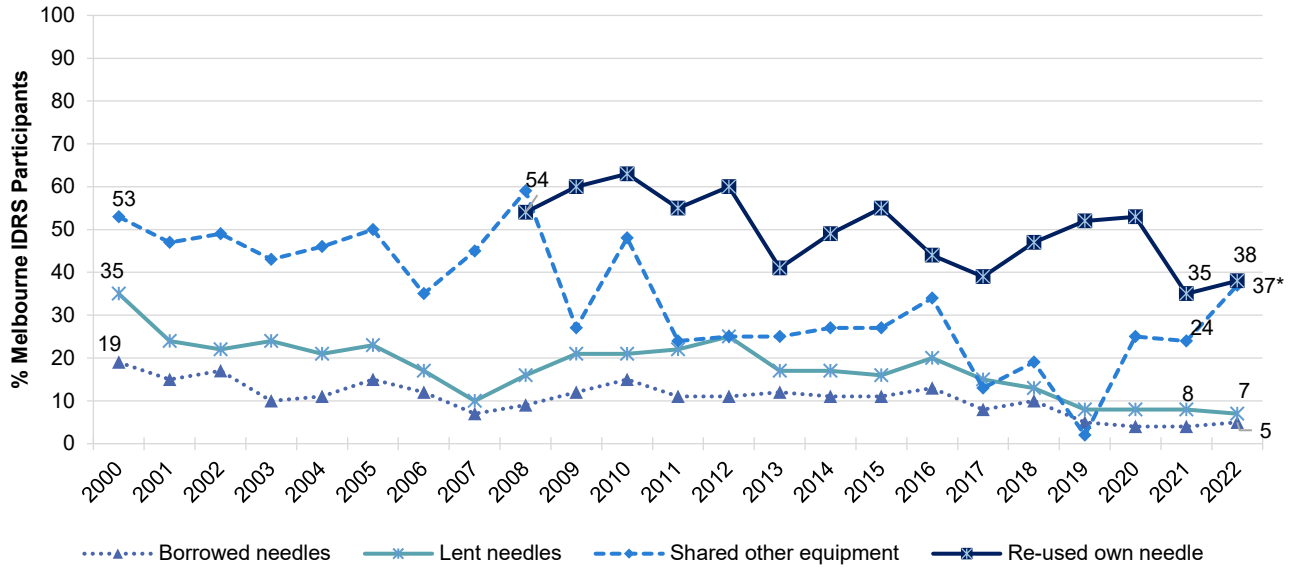
Injecting Risk Behaviours

In 2022, 5% of participants reported receptive needle sharing (4% in 2021), whilst 7% reported distributive needle sharing in the past month (8% in 2021; p=0.817) (Figure 38). Thirty-seven per cent indicated that they had shared other equipment, a significant increase from 24% in 2021 (p=0.026). Nearly two fifths (38%) of the sample reported that they had re-used their own needles in the past month, similar to 2021 (35%; p=0.724) (Figure 38).

One third (34%) of the 2022 sample reported that they had injected someone else after injecting themselves (45% in 2021; p=0.078), and 21% reported being injected by someone else who had previously injected in the past month (19% in 2021; p=0.769) (Table 5).

Reports of the location of last injection remained were similar in 2021 and 2022 (p=0.088). Consistent with previous years, 54% reported that they had last injected in a private home (66% in 2021), while 12% reported last injecting in medically supervised injecting services (12% in 2021), and 11% reported last injecting in the street, park, or beach (11% in 2021) (Table 5).

Figure 38: Borrowing and lending of needles and sharing of injecting equipment in the past month, Melbourne, VIC, 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, and are suppressed for 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.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Melbourne, VIC, 2015-2022

	Melbourne, VIC								National
	2015 N=150	2016 N=174	2017 N=152	2018 N=150	2019 N=148	2020 N=179	2021 N=148	2022 N=151	2022 N=879
% Injecting behaviours past month									
Borrowed a needle	N=149 11	N=175 13	N=148 8	N=148 10	N=143 5	N=178 4	N=148 4	**N=150 5**	N=868 4
Lent a needle	N=145 16	N=175 20	N=247 15	N=147 13	N=142 8	N=177 8	N=148 8	**N=149 7**	N=865 8
Shared any injecting equipment ^	N=41 **27**	N=175 34	N=19 13	N=28 19	N=148 -	N=178 25	N=148 24	**N=150 37***	N=872 20
Re-used own needle	N=148 **55**	N=174 44	N=146 39	N=147 47	N=144 52	N=178 53	N=148 35	**N=149 38**	N=865 35
Injected partner/friend after self~	/	N=150 34	N=146 27	N=149 34	N=148 46	N=178 37	N=148 45	**N=149 34**	N=866 27
Somebody else injected them after injecting themselves~	/	N=150 15	N=146 9	N=149 20	N=148 23	N=177 19	N=148 19	**N=149 21**	N=865 15
% Location of last injection	N=150	N=175	N=152	N=150	N=148	N=178	N=148	**N=159**	N=868
Private home	66	66	58	61	55	71	66	**54**	78
Car	7	9	-	7	-	4	-	**10**	5
Street/car park/beach	13	17	27	29	23	10	11	**11**	6
Public toilet	11	-	-	-	6	5	-	**9**	5
Medically supervised injected services	/	/	/	/	13	8	8	**12**	2
Other	-	-	-	-	-	-	-	**4**	1

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ 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

The per cent of participants who reported experiencing any injection-related injuries or diseases in the month preceding interview in 2022 (19%) was similar to 2021 (24%; p=0.332) (Table 6). The most common injection-related injuries or diseases reported by participants was any infection/abscess (8%; 7% in 2021), followed by any thrombosis (6%; 9% in 2021; p=0.384).

Table 6: Injection-related issues in the past month, Melbourne, VIC, 2020-2022

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

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 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

The per cent of participants reporting that they were currently receiving any drug treatment in 2022 (43%) was similar to 2021 (34%; p=0.131), with methadone continuing to be the most commonly received treatment (33%; 26% in 2021; p=0.175) (Table 7).

Table 7: Any current drug treatment, nationally, 2022, and Melbourne, VIC, 2015-2022

	Melbourne, VIC								National
	2015 N=150	2016 N=174	2017 N=152	2018 N=150	2019 N=148	2020 N=179	2021 N=148	2022 N=151	2022 N=879
% Any current drug treatment	60	44	50	47	51	58	34	**43**	38
Methadone	38	29	31	35	36	40	26	**33**	24
Buprenorphine	-	-	-	-	-	-	0	**-**	2
Buprenorphine-naloxone	13	10	12	9	13	7	-	**-**	5
Buprenorphine depot injection	/	/	/	/	0	-	-	**4**	3
Drug counselling	6	-	-	-	-	9	-	**6**	9
Other	-	-	-	0	-	-	-	**-**	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

In 2022, 50% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (57% in 2021; p=0.204), 46% reported that they had received an RNA test (50% in 2021; p=0.552) and 9% reported a current HCV infection (14% in 2021; p=0.187) (Table 8). Fifteen per cent of the total sample reported that they had received HCV treatment in the past year, of whom the majority (64%; n=14) reported that their treatment had been successful (72% in 2021; p=0.737).

Most participants (83%) reported having ever had a test for human immunodeficiency virus (HIV) (21% within the past six months), with 6% reporting having ever been diagnosed with HIV (Table 8).

Table 8: HCV and HIV testing and treatment nationally 2022 and Melbourne, VIC Australia, 2018-2022

%	Melbourne, VIC					National
	2018 N=150	**2019 N=148**	**2020 N=179**	**2021 N=148**	**2022** N=151	**2022** N=879
Past year Hepatitis C test (n)						
Past year hepatitis C antibody test	N=144 74	N=144 64	N=175 38	N=145 57	**N=149** **50**	N=846 43
Past year hepatitis C PCR or RNA test	N=138 68	N=143 70	N=171 43	N=144 50	**N=140** **46**	N=803 37
Current hepatitis C status (n)						
Currently have hepatitis C^	N=134 27	N=137 22	N=168 18	N=136 14	**N=139** **9**	N=805 7
Past year treatment for hepatitis C (n)						
Received treatment in past year	N=143 24	N=93 14	N=174 16	N=144 17	**N=146** **15**	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=19 95	N=12 100	N=27 56	N=18 72	**N=22** **64**	N=85 69
HIV test (n)				N=148	**N=151**	N=823
HIV test in past 6 months	/	/	/	41	**21**	23
HIV test more than 6 months ago	/	/	/	52	**62**	55
HIV status (n)			/	N=148	**N=151**	N=633
Lifetime HIV positive diagnosis	/	/	/	5	**6**	3

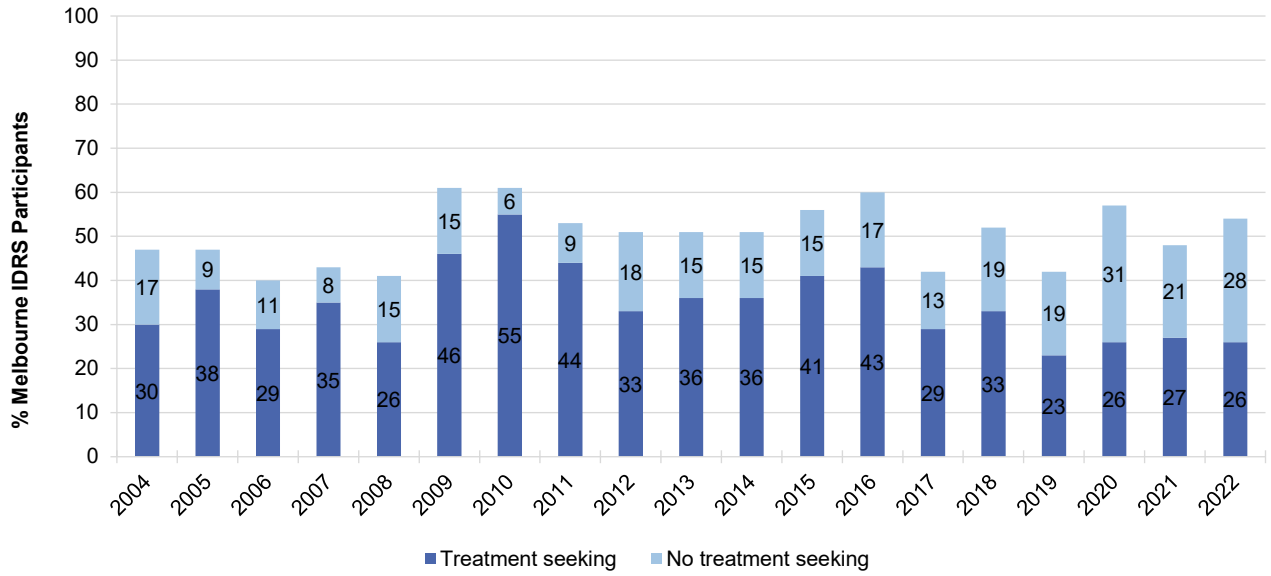
Note. ^The denominator includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past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

Mental Health

In 2022, 54% of the sample self-reported that they had experienced a mental health problem in the past six months, similar to 2021 (48%; p=0.416) (Figure 39). Amongst this group, the most commonly reported problems were depression (67%), anxiety (64%) and post-traumatic stress disorder (25%). A smaller percentage of participants reported manic depression/bipolar (13%) and schizophrenia (11%).

One quarter (26%) of the sample reported having seen a mental health professional in the past six months (49% of those who self-reported a mental health problem during the past six months, stable from 55% in 2021; p=0.508). Three fifths (59%) of those who reported having seen a mental health professional reported that they had been prescribed medication for their mental health problem in the past six months, similar to 2021 (74%; p=0.235).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, Melbourne, VIC, 2004-2022

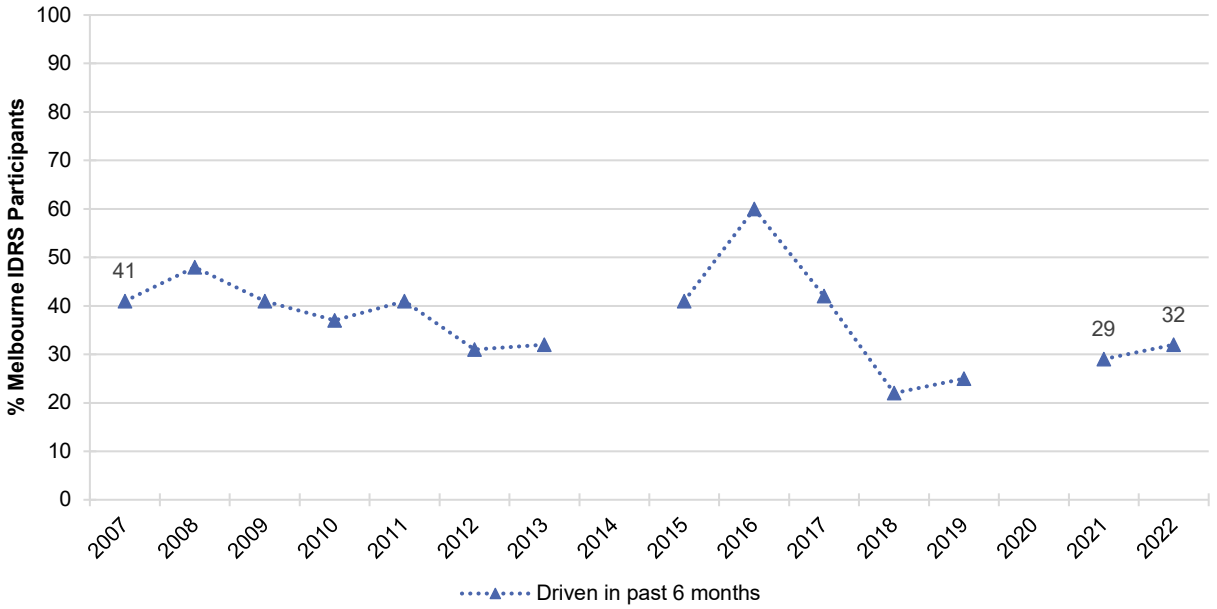


Note. The combination of the proportion who report treatment seeking and no treatment is the proportion who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure;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

Driving

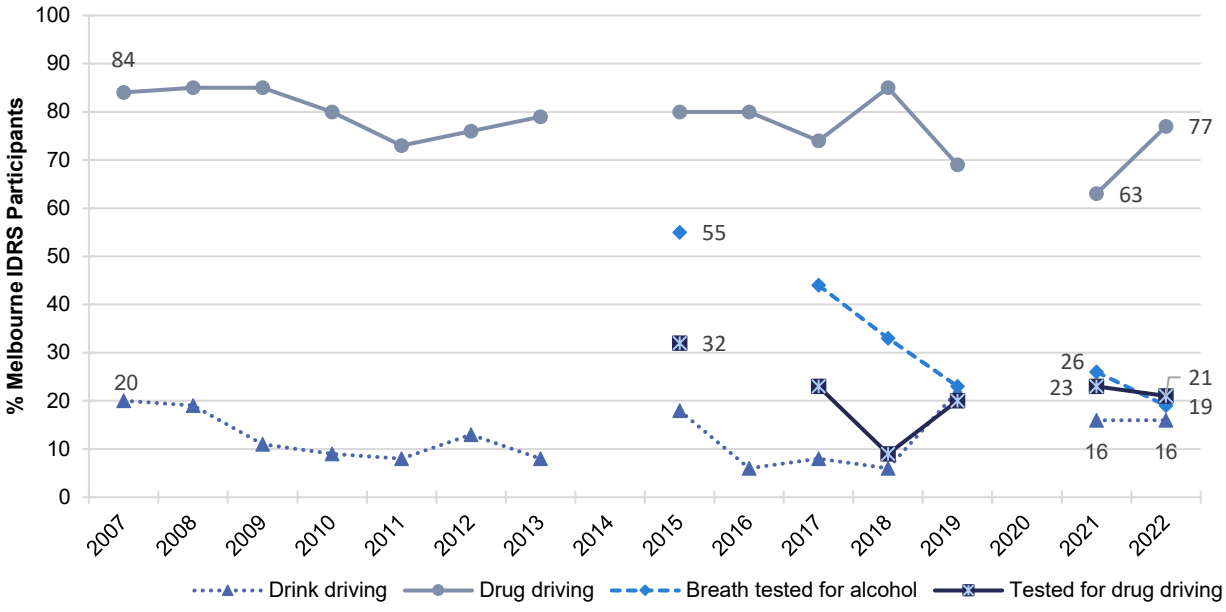
In 2022, 32% of the Melbourne sample reported having driven a car, motorcycle or other motor vehicle in the past six months (Figure 40). Of those who reported driving in the past six months and commented (n=45), 16% reported driving while over the perceived legal limit of alcohol (16% in 2021). Of those who reported driving in the past six months and commented (n=47), 77% reported driving within three hours of consuming an illicit drug in the past six months (71% in 2021; p=0.181) (Figure 41). Among those who reported driving in the last six months (n=48), 21% reported that they had been tested for drug driving by the police roadside drug testing service, and 19% reported being breath tested for alcohol by the police roadside testing service in the past six months (Figure 41).

Figure 40: Self-reported driving in the past six months Melbourne, VIC, 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, and are suppressed for 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 41: Self-reported testing and driving over the (perceived) legal limit for alcohol and within three hours following illicit drug use in the last six months, among recent drivers, Melbourne, VIC, 2007-2022



Note. Computed 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.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.

Drug Checking

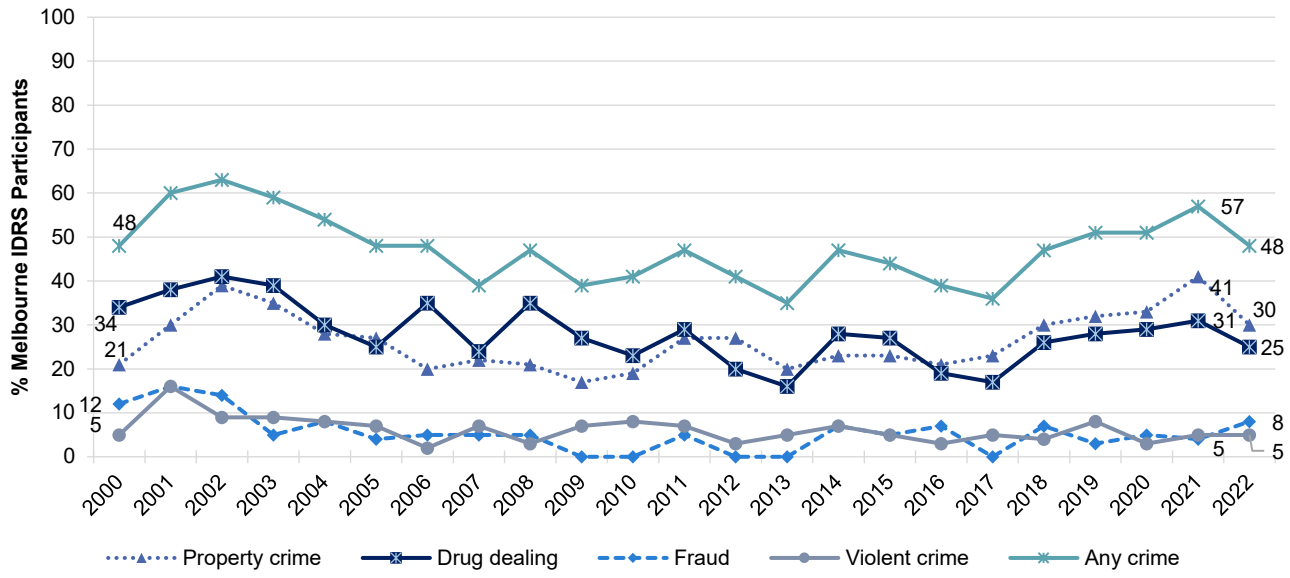
Drug checking is a common strategy used to test the purity and contents of illicit drugs.

In 2022, 17% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (4% in the past year). Given small numbers of past year drug checking, no further results will be reported. 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

Almost half (48%) of participants reported engaging in 'any' crime in the past month in 2022, similar to the 57% observed in 2021 (p=0.138). The per cent reporting past month property crime in 2022 (30%) remained stable relative to 2021 (41%; p=0.056). The per cent reporting selling drugs for cash profit was similar for 2021 and 2022 (25%; 31% in 2021; p=0.306) (Figure 42). Five per cent reported past month violent crime in 2022 (5% in 2021), while 20% reported being the victim of a crime involving violence in the past month (e.g., assault), similar to 2021 (20%). In 2022, one third of the sample reported being arrested in the past year, similar to the 39% observed in 2021 (p=0.277). Thirty-two per cent of participants reported a drug-related encounter with police in the past 12 months that did not result in charge or arrest (data not collected in 2021). Approximately two thirds (68%) of the sample reported a lifetime prison history in 2022, similar to the 71% observed in 2021 (p=0.616).

Figure 42: Self-reported criminal activity in the past month, Melbourne, VIC, 2000-2022



Note. 'Any crime' comprises the proportion 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, and are suppressed for 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

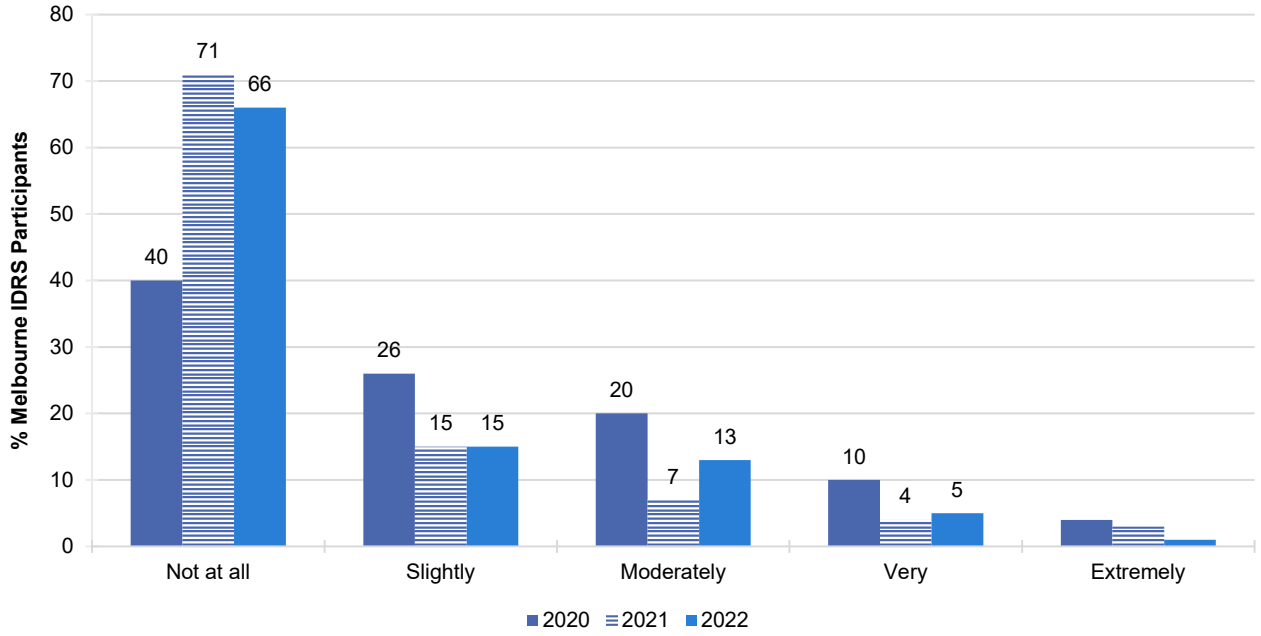
In 2022, the majority (85%) of the Melbourne IDRS sample reported having been tested for SARS-COV-2 in the past 12 months (64% in 2021), of whom 74% reported receiving a PCR test and 56% a rapid antigen test. Twenty-two per cent of participants reported having been diagnosed with the virus (no participants reported having been diagnosed with the virus in 2021 or 2020).

In 2022, 43% reported that they had quarantined for at least 14 days due to a positive test or possible exposure in the month prior to interview (5% in 2021), while 22% reported having done so in the past six months, and 16% in the past 12 months. At the time of interview, 83% reported that they had

received at least one COVID-19 vaccine dose (median 3 doses; 4% received one dose; 34% received two doses; 45% received three or more doses).

When asked how worried they currently were about contracting COVID-19, 34% of participants reported some level of concern: 15% responded that they were 'slightly' concerned, 13% reported 'moderately' concerned, and 5% reported 'very' concerned (stable from 2021, *p*=0.515). Few participants (n≤5) reported feeling 'extremely' concerned, therefore these data are suppressed (Figure 43). Further, nearly two thirds (65%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 20% reporting that they would be 'slightly' concerned, 15% reporting 'moderately', 19% reporting 'very' and 12% reporting that they would be 'extremely' concerned.

Figure 43: Current concern related to contracting COVID-19, Melbourne, VIC, 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.