IDRS



AUSTRALIAN DRUG TRENDS 2022

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



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

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Research Team

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

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- Joanna Wilson and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia;
- Chris Moon and Warren Que Noy, Northern Territory Department of 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.

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Participants

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

Contributors

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

Abbreviations

ACT	Australian Capital Territory
Ade	Adelaide
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
Bri	Brisbane
Can	Canberra
CBD	Cannabidiol
CPR	Cardiopulmonary resuscitation
Dar	Darwin
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
Hob	Hobart
IDRS	Illicit Drug Reporting System
IQR	Interquartile Range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
Melb	Melbourne
N (or n)	Number of Participants
NDARC	National Drug and Alcohol Research Centre
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-Counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
Per	Perth
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard Deviation
Syd	Sydney
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria

WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in the capital cities of Australia. Participants were recruited via advertisements in needle 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-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 in 2022 (N=879) was relatively similar to the sample in 2021. The 2022 sample predominantly identified as male (66%) with a mean age of 46 years (SD:10), stable from 2021. In 2022, more participants reported having a post-school qualification compared to 2021 (63% versus 58% in 2021; p=0.015) and fewer participants reporting receiving a government pension, allowance or benefit in the past month (92% versus 95% in 2021; p=0.012). The drug of choice remained stable in 2022 with 46% nominating methamphetamine as their drug of choice (45% in 2021), followed by heroin (39%; 40% in 2021). Most participants nominated methamphetamine as the drug injected most often in the past month (54%; 53% in 2021). There was a significant increase in weekly or more frequent consumption of non-prescribed cannabis in 2022 compared to 2021 (60% versus 54%; p=0.013).

Heroin

Recent (i.e., past six month) use of any heroin was reported by 53% of the 2022 sample, the second lowest percentage since monitoring began, although there was large variation across capital cities (e.g., n≤5 of participants in the Darwin sample versus 78% in the Melbourne sample). Median frequency of use remained stable at 80 days in 2022 (72 days in 2021), although, among those who reported recent use, significantly more participants reported daily use (35% versus 28% in 2021; p=0.046). The reported median price for one gram of heroin significantly increased from $300 in 2021 to $400 in 2022 ($p$=0.019), although there were no statistically significant changes in the perceived purity and perceived availability of heroin.

Methamphetamine

Recent use of any methamphetamine has been gradually increasing since 2010. In 2022, 81% reported recent use, the second highest per cent since monitoring began, although stable from 2021 (80%). Crystal was the most common form of methamphetamine used by participants (80%), followed by powder (11%) and base (3%). Relative to 2021, frequency of any methamphetamine use was relatively stable at a median of 60 days (72 median days in 2021). There were significant changes in the perceived purity (p=0.024) and availability (p=0.005) of methamphetamine crystal in 2022 relative to 2021, although median price remained stable. Specifically, in 2022, more participants perceived purity to be ‘low’ and ‘medium’ (24% and 33%, respectively versus 21% and 30%, respectively in 2021) and availability as ‘very easy’ (53% versus 46% in 2021).

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the national sample since the beginning of monitoring (peak of 35% in 2001). In 2022, recent use of cocaine remained stable relative to 2021 (15%, respectively), as did median frequency of use (2 days vs 3 days in 2021). Market trends for cocaine remained stable between 2021 and 2022.

Cannabis and/or Cannabinoid Related Products

Significantly more participants reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022 relative to 2021 (72% versus 67% in 2021; *p*=0.030). Frequency of use remained stable at a median of 180 days. Half (51%) of those who had recently used cannabis reported daily use (51% in 2021). There were no significant changes in relation to the price, perceived purity, or perceived availability of bush and hydroponic cannabis in 2022 relative to 2021.

Pharmaceutical Opioids

Non-prescribed use of most forms of pharmaceutical opioids has mainly remained stable or significantly declined since monitoring of each opioid first began. In 2022, morphine was the most common pharmaceutical opioid used in a non-prescribed context (14%), followed by methadone and oxycodone (10%, respectively). Five per cent of the national sample reported recent non-prescribed fentanyl use, the lowest per cent since monitoring began and stable from 6% in 2021.

Other Drugs

Use of NPS has gradually declined over the period of monitoring (12% in 2013). In 2022, 6% reported recent any NPS use, the lowest per cent since monitoring began. Use of 'new' drugs that mimic the effects of cannabis and amphetamine or cocaine were reported by 2%, respectively. Recent use of alcohol (58%) significantly increased compared to 2021 (52%; *p*=0.013), whilst recent use of GHB /GBL/1,4-BD significantly decreased (7% vs 10% in 2021; *p*=0.015). Use of all other monitored drugs remained stable.

Drug-Related Harms and Other Behaviours

In 2022, 55% of the national IDRS sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview. Nearly one in five participants (17%) reported non-fatal overdose on any drug in the preceding year, most commonly heroin (11%). Nearly two-fifths (38%) had ever been trained in naloxone administration. In 2022, 4% of participants reported receptive sharing of a needle or syringe and 8% reported distributive sharing in the past month, the lowest percentages since monitoring began. One in four participants (26%) reported experiencing injection-related problems in the past month, most commonly infection/abscess (12%) and nerve damage (11%). Almost two-fifths of the sample were currently in any drug treatment (38%), stable relative to 2021 (37%). Two-fifths of participants in 2022 (43%) reported that they had received a hepatitis C virus (HCV) antibody test in the past year, 37% had received an RNA test and 7% reported having a current HCV infection. Self-reported mental health problems remained stable in 2022 (47% in 2022 and 2021, respectively). Seventy-six per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (70% in 2021; *p*=0.108) and 10% reported driving while over the perceived legal limit of alcohol (12% in 2021; *p*=0.515). Nineteen per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 8% having done so in the past year. Self-reported past month criminal activity remained stable in 2022 (39%), although there was an increase in self-reported past month fraud (6% versus 3% in 2021; *p*=0.008).

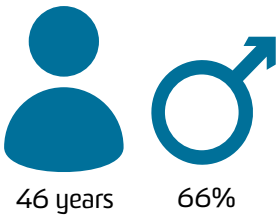
In 2022, 83% of the national sample had been tested for SARS-CoV-2 by the time of interview and 27% had been diagnosed with the virus. The majority (65%) of participants were 'not at all' worried about contracting COVID-19, and 45% of participants reported that they had quarantined for at least seven days due to a positive test or possible exposure in the past 12 months. The majority (84%) had received at least one dose of the COVID-19 vaccine by the time of interview.

IDRS Illicit Drug Reporting System

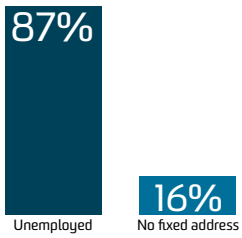
2022 SAMPLE CHARACTERISTICS



In 2022, 879 participants, recruited from all capital cities across Australia, were interviewed.



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

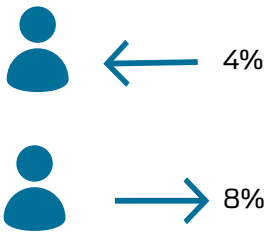


In the 2022 sample, 87% were unemployed and 16% had no fixed address.

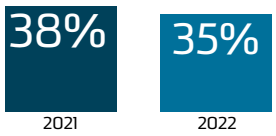
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

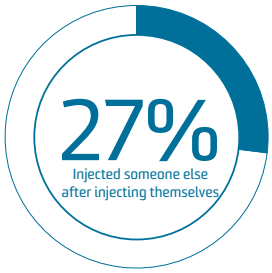
INJECTING RELATED RISKS AND HARMS



In 2022, 4% of participants reported receptive sharing in the past month, and 8% reported distributive sharing.



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

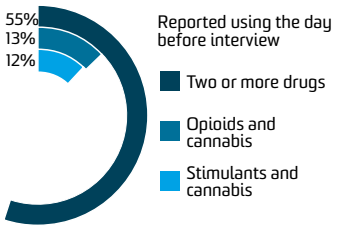


27% of participants reported injecting someone else after injecting themselves in the past month, a significant decline from 2021 (34%).

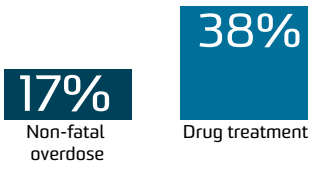


One-quarter (26%) of participants reported having an injection-related health issue in the past month, stable from 2021 (26%).

OTHER HARMS AND HELP-SEEKING



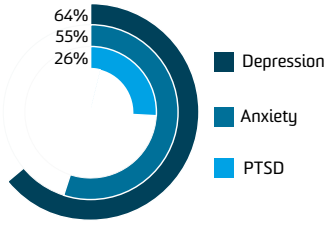
The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.



Past year non-fatal overdose (17%) and past 6-month drug treatment (38%) remained stable in 2022 relative to 2021.

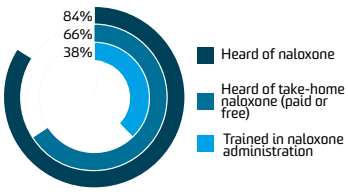


In 2022, 47% of participants reported a mental health problem in the 6 months preceding interview, and 26% had seen a mental health professional.



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

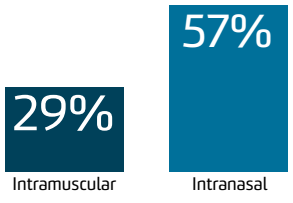
NALOXONE AND HARM REDUCTION



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



Among those who had heard of naloxone, one-quarter (24%) reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.



Of those who reported ever accessing naloxone, most (57%) reported receiving intranasal naloxone on the last occasion of access.

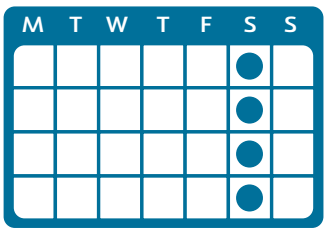


In 2022, 8% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN



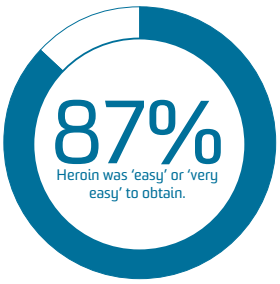
Past 6 month use of heroin remained stable in 2022 (53%) relative to 2021 (50%).



Of those who had recently consumed heroin, 77% reported weekly or more frequent use, stable from 2021 (75%).

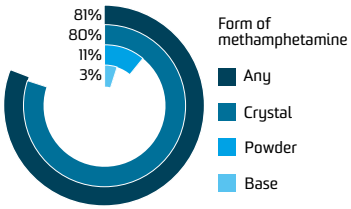


The median reported price for a point of heroin was $70 in 2022, stable compared to $80 in 2021.

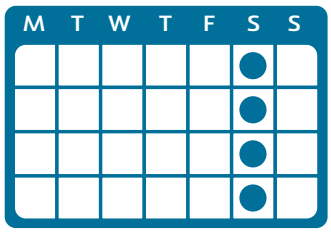


Of those who could comment, 87% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (84%).

METHAMPHETAMINE



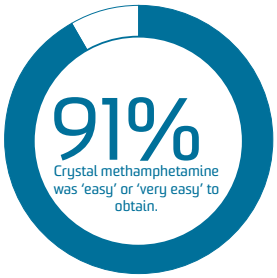
Past 6 month use of any methampetamine (81%), crystal (80%), powder (11%) and base (3%) remained stable from 2021.



Of those who had recently used any form of methamphetamine, 74% reported weekly or more frequent use, stable from 2021 (74%).



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



Of those who could comment, 91% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, an increase from 86% in 2021.

OTHER DRUGS

Non-prescribed morphine



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

Non-prescribed fentanyl



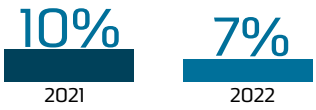
Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

Non-prescribed pregabalin



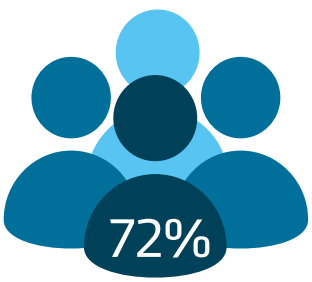
Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

GHB/GBL/1,4-BD

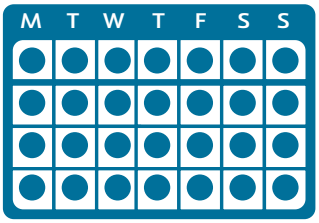


Past 6 month use of GHB/GBL/1,4-BD significantly decreased to 7% in 2022 from 10% in 2021.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS



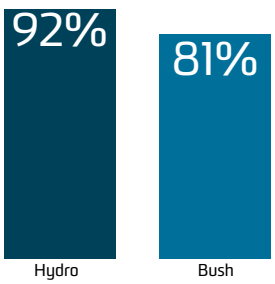
Past 6 month use of non-prescribed cannabis and/or cannabinoid related products significantly increased from 67% in the 2021 IDRS sample to 72% in 2022.



Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (51%), stable from 2021 (51%).



Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 98% had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain, stable from 2021.

1

Background and Methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel cross-sectional group of people who regularly inject drugs, recruited from all capital cities of Australia (N=879 in 2022). The results from the IDRS interviews are not representative of all people who consume drugs, nor of illicit drug use in the general population, but this is not the aim of these data. Rather, these data are intended to provide evidence indicative of trends that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia.

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (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 in the latter years were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
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 face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

Through 23rd May-15th July 2022, a total of 879 participants were recruited across capital cities nationally. The number of participants recruited from the capital city in each jurisdiction were: Sydney, NSW n=152; Melbourne, VIC n=151; Adelaide, SA n=103; Canberra, ACT n=101; Hobart, TAS n=102; Brisbane and Gold Coast, QLD n=100; Darwin, NT n=70; and Perth, WA n=100. Eighteen per cent (n=154) of all 2022 interviews were conducted via telephone: Sydney, NSW n=6; Melbourne, VIC n=20; Adelaide, SA n=5; Canberra, ACT n=2; Hobart, TAS n=20; Brisbane, QLD n=2; Darwin, NT n=0; and Perth, WA n=99.

In 2022, there was no significant change in recruitment methods compared to 2021 (p=0.349), with most participants recruited via needle and syringe programs (NSPs) (51%; 54% in 2021), followed by word-of-mouth (39%; 38% in 2021). Eighteen per cent of the 2022 sample had taken part in the 2021 interview (17% of the 2021 sample had taken part in the 2020 interview; p=0.050).

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. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. 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 six months preceding interview.

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 capital cities, 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 jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

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

Additional Outputs

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

2

Sample Characteristics

Participants were asked questions about select sociodemographic characteristics, as well as key drug use characteristics of interest.

Sample Characteristics

The mean age of the sample was 46 years (SD=10; 45 years in 2021; SD=10; *p*=0.053). Gender remained stable (*p*=0.705), with most of the sample identifying as male (66%; 65% in 2021) (Table 1).

The majority of the sample (87%) were unemployed at the time of interview (88% in 2021; *p*=0.953), although three-fifths (63%) of the sample reported having received a post-school qualification(s), a significant increase compared to 2021 (58%; *p*=0.015). Fewer participants reported receiving a government pension, allowance or benefit in the past month compared to 2021 (92% versus 95% in 2021; *p*=0.012). The median weekly income in 2022 was $385 (IQR=300-490), stable relative to 2021 ($358; IQR=300-460; *p*=0.063).

In 2022, drug of choice remained stable compared to 2021 (*p*=0.568), with nearly half of participants nominating methamphetamine (46%; 45% in 2021) as their drug of choice followed by two-fifths nominating heroin (39%; 40% in 2021) (Figure 1). The drug injected most often in the past month also remained stable in 2022 relative to 2021 (*p*=0.498), with methamphetamine reported as the drug injected most often by 54% of the sample (53% in 2021) (Figure 2).

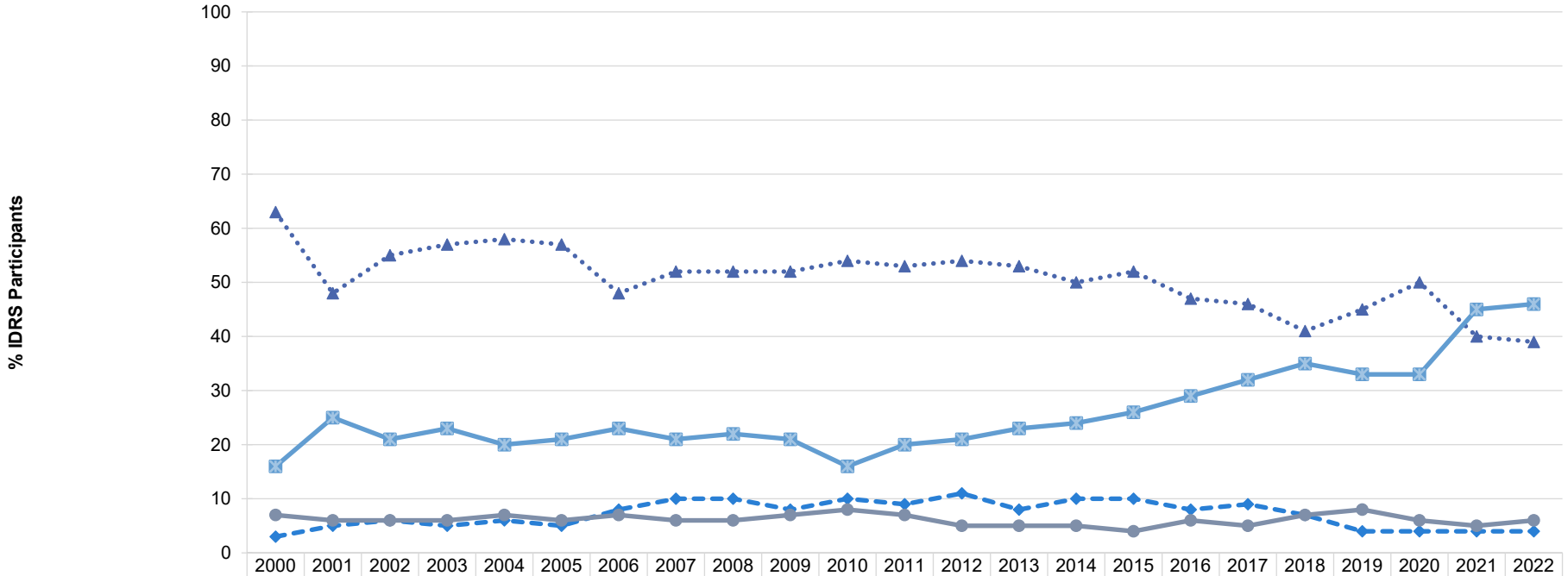
Weekly or more frequent consumption of heroin among the total sample remained stable in 2022 compared to 2021 (40% versus 37%; *p*=0.205), as did weekly or more frequent consumption of crystal methamphetamine (58% versus 57%; *p*=0.631) (Figure 3). There was a significant increase in weekly or more frequent consumption of cannabis in 2022 compared to 2021 (60% versus 54%; *p*=0.013) (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2021-2022, and by capital city, 2022

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
	N=888	N=879	N=152	N=101	N=151	N=102	N=103	N=100	N=70	N=100
	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022
Mean age (years; SD)	45 (10)	**46 (10)**	46 (8)	45 (10)	46 (9)	43 (9)	48 (10)	44 (11)	47 (10)	45 (11)
% Gender										
Female	34	**33**	29	30	34	31	35	42	39	30
Male	65	**66**	70	70	66	69	65	55	61	69
Non-binary	0	**1**	-	0	0	0	0	-	0	-
% Aboriginal and/or Torres Strait Islander	23	**27**	42	24	25	15	25	17	36	23
% Sexual identity										
Heterosexual	82	**83**	86	86	85	82	83	77	83	82
Homosexual	4	**4**	5	0	5	-	7	-	-	-
Bisexual	11	**11**	9	10	8	14	10	17	14	12
Queer	1	**1**	0	-	-	-	0	-	0	0
Other	1	**1**	0	-	-	0	0	0	-	-
Mean years of school education (range)	10 (1-12)	**10 (0-12)**	10 (2-12)	10 (0-12)	10 (1-12)	10 (7-12)	10 (2-12)	10 (6-12)	10 (2-12)	10 (4-12)
% Post-school qualification(s)^	58	**63***	66	60	56	65	64	70	54	73
% Current employment status										
Unemployed	88	**87**	95	89	90	85	81	78	86	85
Full time work	2	**3**	-	-	-	-	-	6	-	-
% Past month gov't pension, allowance or benefit	95	**92****	93	92	91	93	93	86	96	89
Current median income/week ($; IQR)	358 (300-460)	**385 (300-490)**	325 (250-400)	388 (300-498)	400 (308-500)	418 (315-496)	350 (293-450)	370 (300-462)	425 (350-500)	450 (340-520)
% Current accommodation										
Own home (incl..renting)	66	**68**	72	71	63	70	73	58	81	61
Parents'/family home	5	**5**	5	-	-	10	-	7	-	-
Boarding house/hostel	9	**8**	-	-	7	7	14	11	-	14
Shelter/refuge	2	**2**	-	-	-	-	-	-	-	-
No fixed address	16	**16**	18	18	22	12	11	16	-	18
Other	2	**2**	-	-	4	0	0	-	0	0

Note. ^Includes trade/technical and university qualifications. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. Bri (Brisbane) includes Brisbane and the Gold Coast. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the national sample presented in table; *p<0.050; **p<0.010; ***p<0.001. For sample characteristics over the whole duration of the project, see methods for the annual interviews.

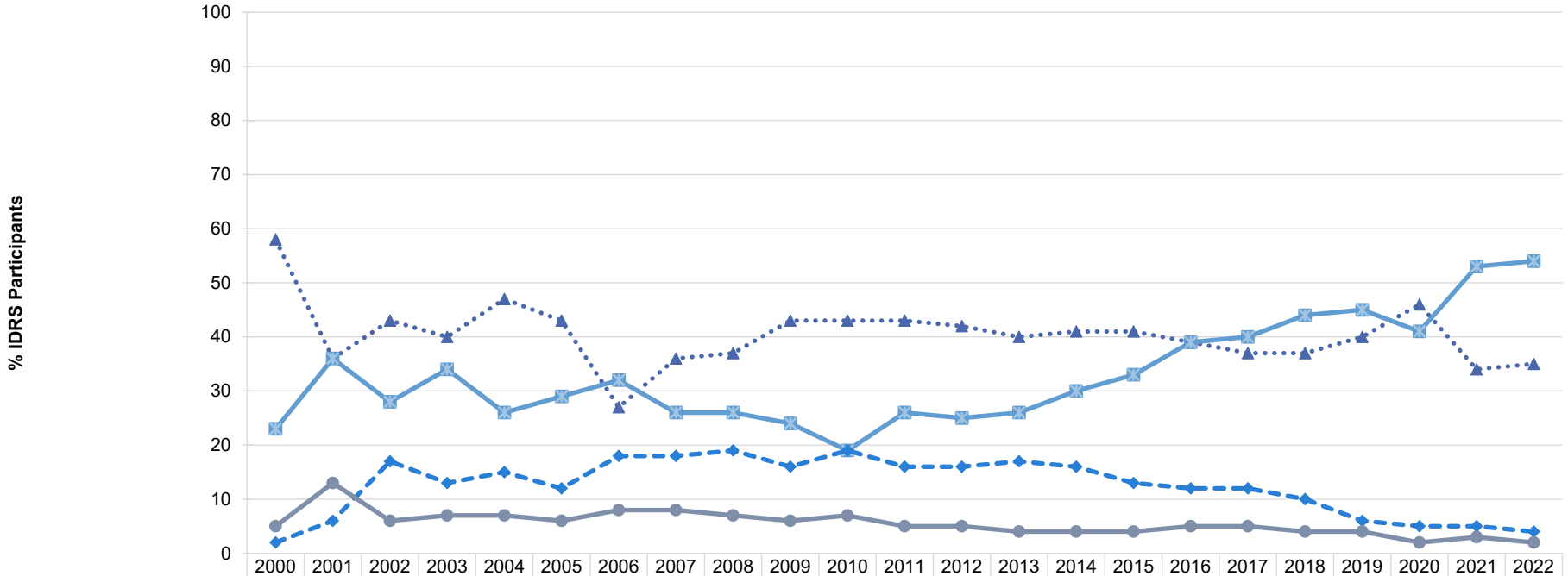
Figure 1: Drug of choice, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Heroin	63	48	55	57	58	57	48	52	52	52	54	53	54	53	50	52	47	46	41	45	50	40	39
Methamphetamine	16	25	21	23	20	21	23	21	22	21	16	20	21	23	24	26	29	32	35	33	33	45	46
Morphine	3	5	6	5	6	5	8	10	10	8	10	9	11	8	10	10	8	9	7	4	4	4	4
Cannabis	7	6	6	6	7	6	7	6	6	7	8	7	5	5	5	4	6	5	7	8	6	5	6

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. 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.

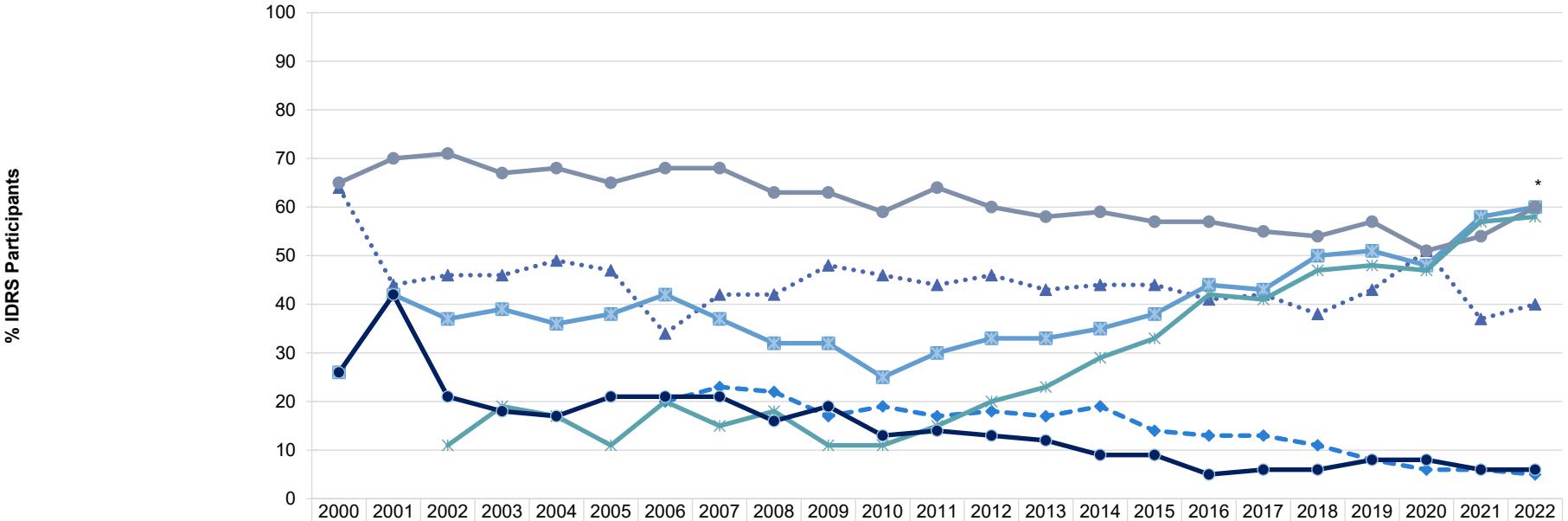
Figure 2: Drug injected most often in the past month, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Heroin	58	36	43	40	47	43	27	36	37	43	43	43	42	40	41	41	39	37	37	40	46	34	35
Methamphetamine	23	36	28	34	26	29	32	26	26	24	19	26	25	26	30	33	39	40	44	45	41	53	54
Morphine	2	6	17	13	15	12	18	18	19	16	19	16	16	17	16	13	12	12	10	6	5	5	4
Methadone	5	13	6	7	7	6	8	8	7	6	7	5	5	4	4	4	5	5	4	4	2	3	2

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. 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, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Heroin	64	44	46	46	49	47	34	42	42	48	46	44	46	43	44	44	41	42	38	43	51	37	40
Any methamphetamine	26	42	37	39	36	38	42	37	32	32	25	30	33	33	35	38	44	43	50	51	48	58	60
Non-prescribed morphine	/	/	/	/	/	/	20	23	22	17	19	17	18	17	19	14	13	13	11	8	6	6	5
Non-prescribed cannabis	65	70	71	67	68	65	68	68	63	63	59	64	60	58	59	57	57	55	54	57	51	54	60
Crystal methamphetamine	/	/	11	19	17	11	20	15	18	11	11	15	20	23	29	33	42	41	47	48	47	57	58
Powder methamphetamine	26	42	21	18	17	21	21	21	16	19	13	14	13	12	9	9	5	6	6	8	8	6	6

Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. / Not asked. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001.. 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.

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

There has been some fluctuation in recent use of any heroin over time. In 2022, 53% of the sample reported recent use of heroin (50% in 2021; *p*=0.254) (Figure 4). Consistent with previous years, marked differences across capital cities can be observed, ranging from n≤5 of participants in Darwin to almost four-fifths of participants in the Melbourne sample (78%). There was no statistically significant change in the percentage reporting recent use from 2021 to 2022 by capital city.

Frequency of Use

Median frequency of use nationally was equivalent to approximately three days a week in the past six months (median 80 days, IQR=24-180), stable compared to 2021 (72 days, IQR=24-180; *p*=0.171) (Figure 4). Weekly or more frequent use among those who reported recent use was also stable in 2022 compared to 2021 (77% in 2022 versus 75% in 2021; *p*=0.480), however, there were significantly more participants that reported daily use (35% versus 28% in 2021; *p*=0.046).

The Sydney sample had the highest per cent of participants reporting daily heroin use (54% of people who reported recent use, versus 35% in 2021; *p*=0.009), followed by Canberra (35%), Melbourne (32%), Perth (32%), Brisbane (29%) and Adelaide (19%). No participants reported daily use in the Hobart or Darwin samples.

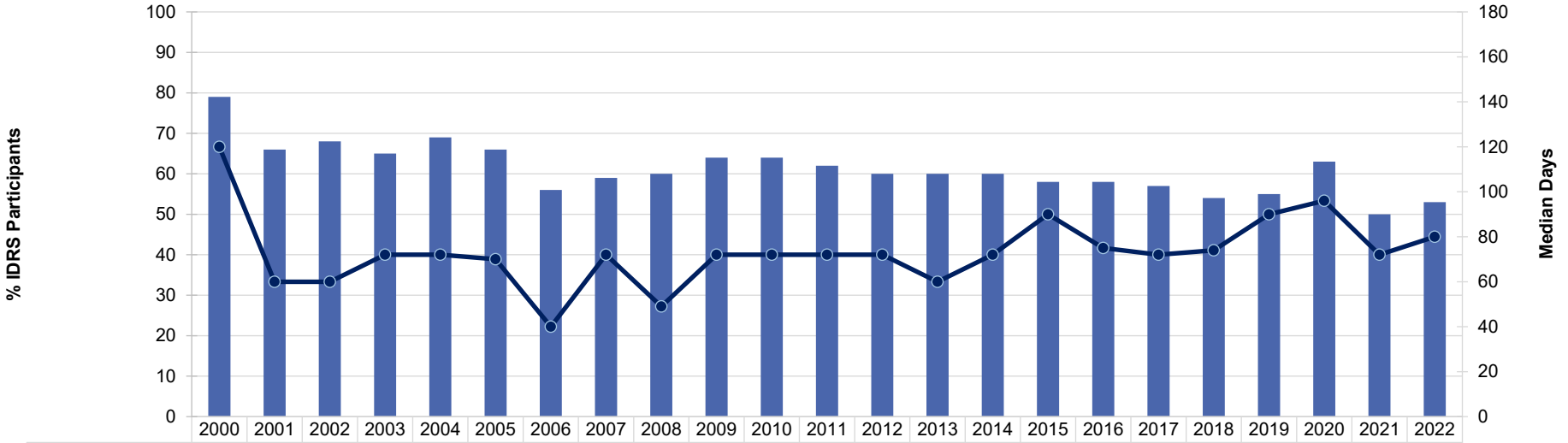
Routes of Administration

Injecting remained the most common route of administration among participants who consumed heroin, with 99% reporting heroin injecting use in the past six months (100% in 2021; *p*=0.687). Participants who reported injecting did so on a median of 80 days (IQR=24-180), stable from 2021 (72 days; IQR=24-180; *p*=0.156). Few participants reported smoking (5%; 5% in 2021; *p*=0.872) and snorting (n≤5; 2% in 2021; *p*=0.376) heroin.

Quantity

Of those who reported recent use and responded (n=437), the median amount of heroin used on a 'typical' day in the last six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2021; IQR=0.10-0.40; *p*=0.462). The median maximum amount of heroin used per day in the last six months was 0.40 grams (IQR=0.20-1.00; n=434; 0.40 grams in 2021; IQR=0.20-1.00; *p*=0.502).

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



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Used	79	66	68	65	69	66	56	59	60	64	64	62	60	60	60	58	58	57	54	55	63	50	53
Median days	120	60	60	72	72	70	40	72	49	72	72	72	72	60	72	90	75	72	74	90	96	72	80

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. 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 2: Past six month use of heroin, by capital city, 2000–2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	95	92	97	38	73	80	56	86
2001	96	83	90	24	65	55	36	62
2002	96	89	94	21	48	64	22	81
2003	97	88	90	26	55	63	16	64
2004	95	91	86	19	60	69	34	79
2005	88	86	89	19	61	69	24	64
2006	81	71	76	9	60	53	12	63
2007	88	72	85	-	67	57	7	65
2008	83	86	85	-	51	59	14	74
2009	94	78	79	12	72	71	13	75
2010	92	78	85	8	64	69	5	81
2011	87	79	81	19	57	79	9	65
2012	89	74	84	9	52	80	11	65
2013	83	75	83	10	41	75	17	72
2014	85	75	83	13	43	79	7	66
2015	91	79	74	-	49	75	14	50
2016	86	70	77	7	37	78	7	58
2017	80	74	80	15	52	66	13	55
2018	83	75	83	8	35	67	9	45
2019	82	77	85	15	28	62	-	63
2020	78	85	86	24	47	69	-	64
2021	75	78	76	11	23	61	-	43
2022	**72**	**66**	**78**	**22**	**35**	**60**	**-**	**51**

Note. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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 reported median price for heroin nationally was $400 for one gram (IQR=250-500; n=54), a significant increase from $300 in 2021 (IQR=250-400; n=73; p=0.019). The median last price per cap has remained relatively stable over the years, with a median price of $50 per cap in 2022 (IQR=50-50; n=31) and 2021 (IQR=50-74; n=38; p=0.057) (Figure 5). Additionally, participants reported a median price of $70 per point (0.10 of a gram; IQR=50-100; n=239), relatively stable as compared to $80 in 2021 (IQR=50-100; n=225; p=0.052).

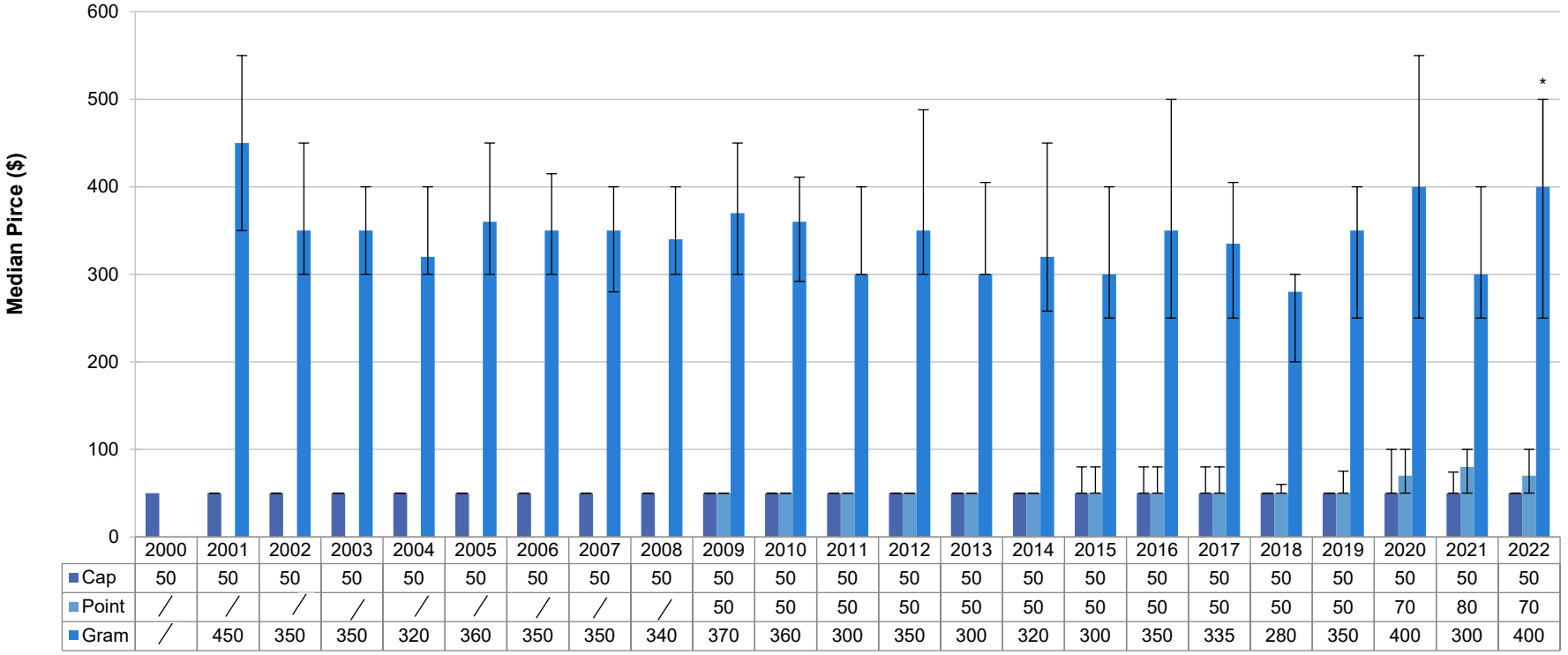
Perceived Purity

Among those who were able to comment in 2022 (n=419), there was no significant change in the perceived purity of heroin relative to 2021 (p=0.304). One-third (32%) reported the perceived purity of heroin to be 'medium' in 2022 (33% in 2021), 29% reported 'high' (24% in 2021), and one-quarter (26%) reported 'low' (28% in 2021) (Figure 6). The per cent reporting the perceived purity of heroin as 'high' in 2022 was the largest since monitoring began.

Perceived Availability

Among those who were able to comment in 2022 (n=433), there was no significant change in the perceived availability of heroin relative to 2021 (p=0.581). The majority of participants perceived heroin to be 'easy' (44%; 44% in 2021) or 'very easy' (43%; 40 % in 2021) to obtain. One-tenth of participants perceived it to be 'difficult' (11%; 14% in 2021) (Figure 7).

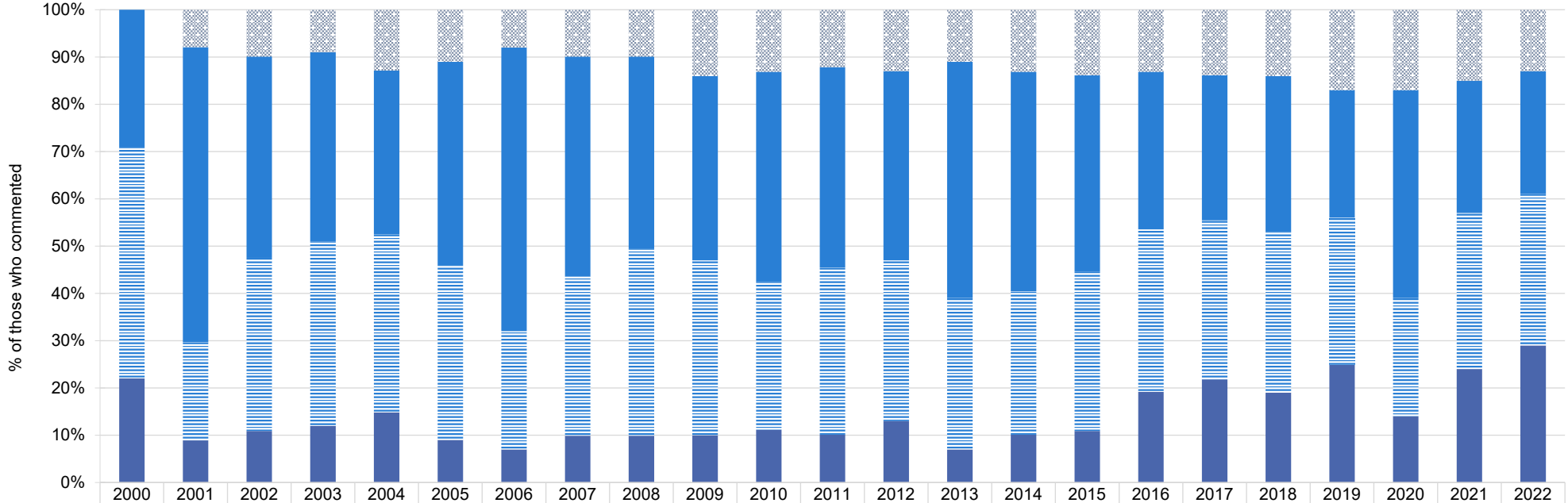
Figure 5: Median price of heroin per cap, point and gram, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cap	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Point	/	/	/	/	/	/	/	/	/	50	50	50	50	50	50	50	50	50	50	50	70	80	70
Gram	/	450	350	350	320	360	350	350	340	370	360	300	350	300	320	300	350	335	280	350	400	300	400

Note. Among those who commented. / Not asked. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point (thus, the same values appear for cap and point during this period); in 2018 these measures were separated out into their own response options. 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.

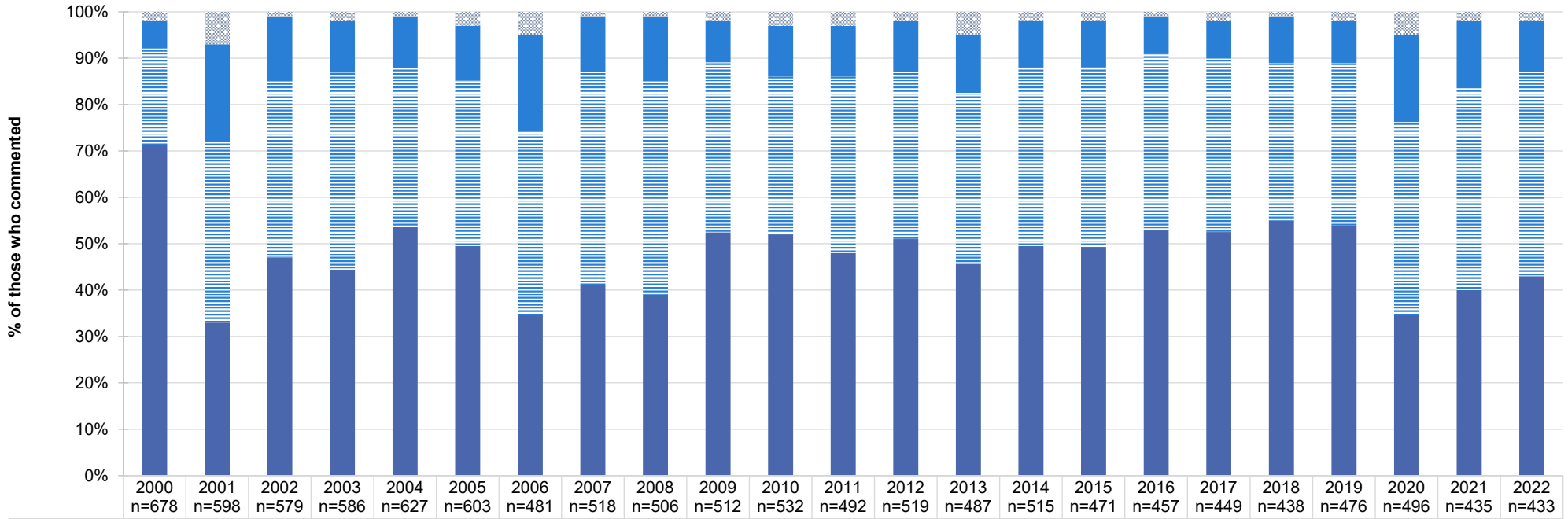
Figure 6: Current perceived purity of heroin, nationally, 2000-2022



	2000 n=623	2001 n=578	2002 n=568	2003 n=570	2004 n=602	2005 n=591	2006 n=486	2007 n=510	2008 n=491	2009 n=501	2010 n=520	2011 n=485	2012 n=504	2013 n=475	2014 n=499	2015 n=460	2016 n=451	2017 n=430	2018 n=422	2019 n=455	2020 n=485	2021 n=421	2022 n=419
Fluctuates	-	8	10	9	13	11	8	10	10	14	13	12	13	11	13	14	13	14	14	17	17	15	13
Low	29	63	43	40	35	43	60	47	41	39	44	42	40	50	46	42	33	31	33	27	44	28	26
Medium	49	21	37	39	38	37	25	34	40	37	31	35	34	32	30	34	34	34	34	31	25	33	32
High	22	9	11	12	15	9	7	10	10	10	11	10	13	7	10	11	19	22	19	25	14	24	29

Note. The response option 'Don't know' was excluded from analysis. - Values suppressed due to small cell size (n≤5 but not 0). 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, nationally, 2000-2022



	2000 n=678	2001 n=598	2002 n=579	2003 n=586	2004 n=627	2005 n=603	2006 n=481	2007 n=518	2008 n=506	2009 n=512	2010 n=532	2011 n=492	2012 n=519	2013 n=487	2014 n=515	2015 n=471	2016 n=457	2017 n=449	2018 n=438	2019 n=476	2020 n=496	2021 n=435	2022 n=433
Very difficult	2	7	1	2	1	3	5	1	1	2	3	3	2	5	2	2	1	2	1	2	5	2	2
Difficult	6	21	14	11	11	12	21	12	14	9	11	11	11	13	10	10	8	8	10	9	19	14	11
Easy	21	39	38	42	34	36	40	46	46	37	34	38	36	38	39	39	38	37	34	35	42	44	44
Very easy	72	33	47	44	53	50	35	41	39	53	52	48	51	47	50	49	53	52	55	54	35	40	43

Note. 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.

4

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)

Recent use of any methamphetamine (powder, base and crystal) peaked in 2003 (89%), before declining to 60% in 2010. In the following years, the per cent of participants reporting recent use of any methamphetamine has been gradually increasing. In 2022, the second highest per cent reported recent use (81%), although this was stable from 2021 (80%; p=0.588) (Figure 8). At least 70% of participants in all capital cities reported recent use of methamphetamine in 2022, ranging from 70% in the Brisbane sample to 90% in the Adelaide sample. A significant increase between 2021 and 2022 was observed in Sydney (87% versus 74% respectively; p=0.007), whilst use in all other capital cities remained relatively stable (Table 3).

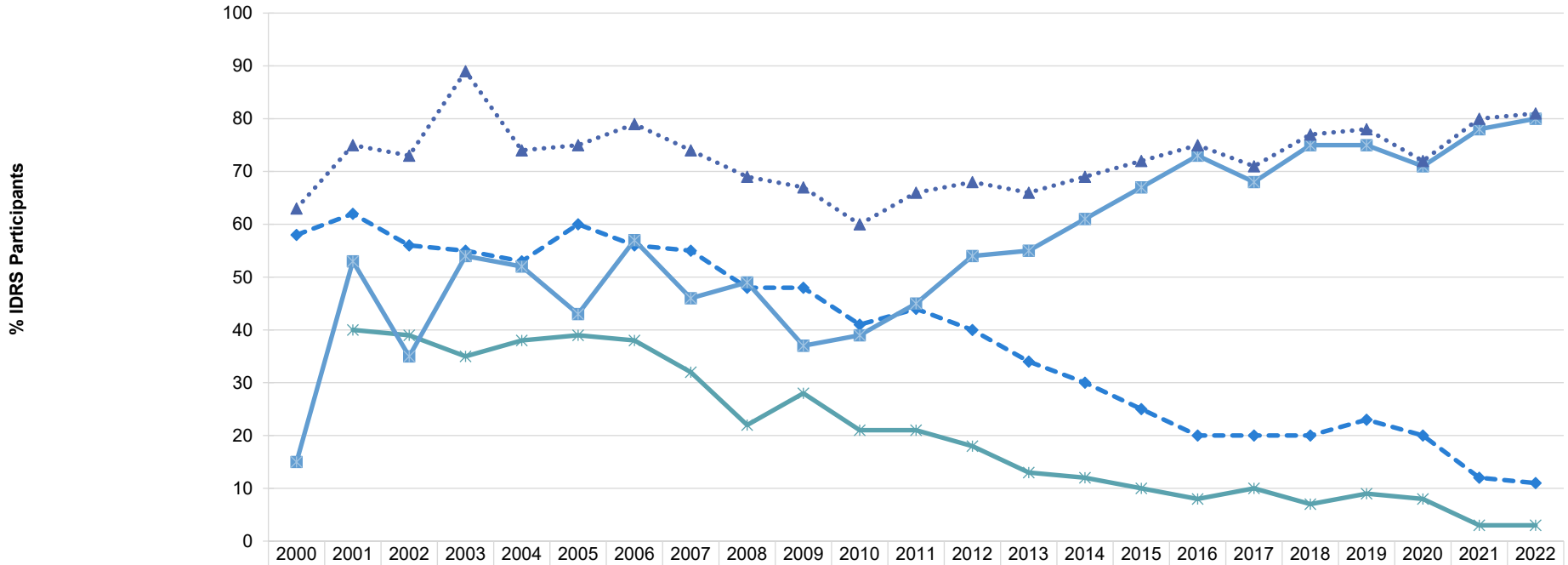
Frequency of Use

In 2022, participants reported using methamphetamine on a median of 60 days (IQR=20-120), stable from 2021 (72 days; IQR=20-120; p=0.896) (Figure 9). The per cent of participants who had recently used methamphetamine reporting weekly or more frequent use also remained stable between 2022 and 2021 (74%, respectively), as did the per cent reporting daily use (21%; 19% in 2021; p=0.545). A significant increase in daily use among participants who had recently used methamphetamine was observed in the Sydney sample (27% in 2022; 15% in 2021; p=0.023); no other jurisdictions recorded a statistically significant change in daily use.

Forms of Methamphetamine

The forms of methamphetamine used by participants have shifted over time, with use of powder and base methamphetamine decreasing and use of crystal methamphetamine increasing (Figure 8). In 2022, crystal methamphetamine continued to be the most reported form of methamphetamine (80%; 78% in 2021; p=0.379), followed by powder (11%; 12% in 2021; p=0.660) and base methamphetamine (3%; 3% in 2021; p=0.581).

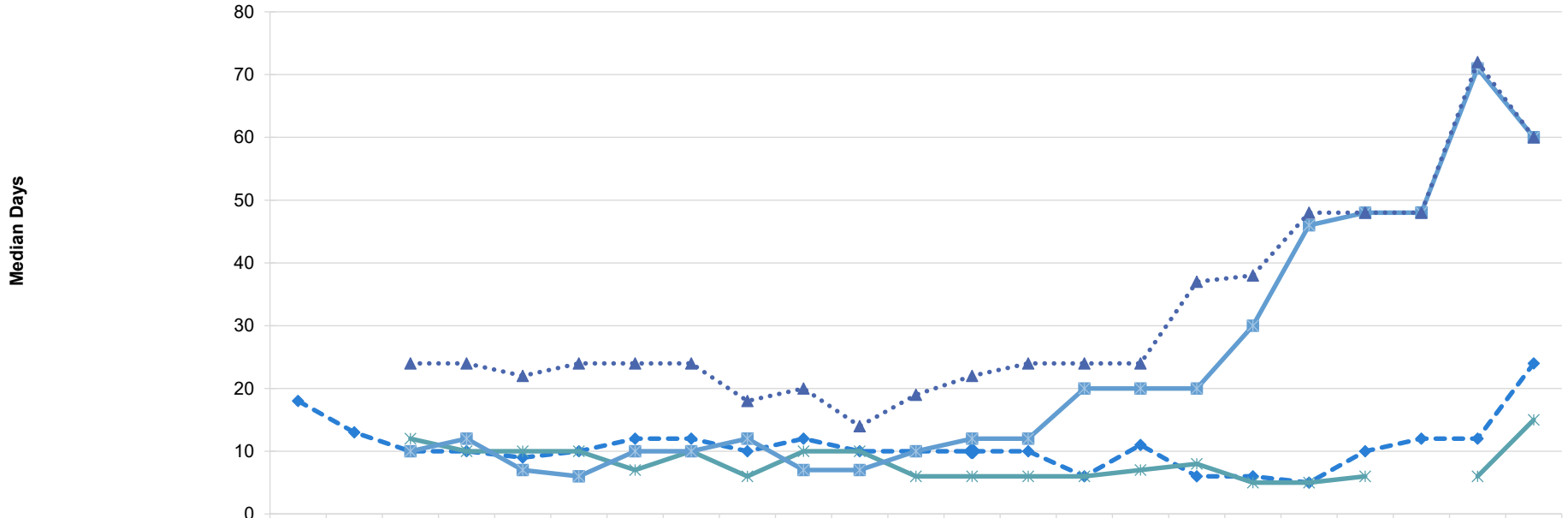
Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Powder	58	62	56	55	53	60	56	55	48	48	41	44	40	34	30	25	20	20	20	23	20	12	11
Base#	/	40	39	35	38	39	38	32	22	28	21	21	18	13	12	10	8	10	7	9	8	3	3
Crystal	15	53	35	54	52	43	57	46	49	37	39	45	54	55	61	67	73	68	75	75	71	78	80
Any Methamphetamine	63	75	73	89	74	75	79	74	69	67	60	66	68	66	69	72	75	71	77	78	72	80	81

Note. / Not asked. #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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Powder	18	13	10	10	9	10	12	12	10	12	10	10	10	10	6	11	6	6	5	10	12	12	24
Base	/	/	12	10	10	10	7	10	6	10	10	6	6	6	6	7	8	5	5	6	/	6	15
Crystal	/	/	10	12	7	6	10	10	12	7	7	10	12	12	20	20	20	30	46	48	48	71	60
Any Methamphetamine	/	/	24	24	22	24	24	24	18	20	14	19	22	24	24	24	37	38	48	48	48	72	60

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 80 days to improve visibility of trends. / Not asked. 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. 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 3: Past six month use of any methamphetamine, by capital city, 2000–2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	40	68	53	83	52	85	74	71
2001	51	82	76	85	81	92	70	83
2002	48	70	73	84	85	85	72	81
2003	53	71	79	88	72	90	71	89
2004	56	81	71	91	71	85	70	81
2005	58	73	79	95	78	75	72	78
2006	72	92	81	83	78	86	64	82
2007	62	83	74	88	74	70	68	78
2008	74	74	68	74	69	74	57	59
2009	57	75	70	80	61	63	55	70
2010	57	59	60	70	74	64	36	59
2011	60	73	65	77	66	64	55	71
2012	72	77	67	77	79	72	48	53
2013	75	66	61	74	75	72	43	58
2014	75	76	77	70	75	66	37	72
2015	66	81	74	72	76	71	67	67
2016	77	83	73	75	77	65	71	70
2017	69	80	66	69	76	70	66	74
2018	76	85	78	79	83	67	75	72
2019	76	79	70	81	90	79	90	68
2020	77	65	66	77	81	73	83	63
2021	74	75	79	89	88	82	76	79
2022	**87****	**81**	**75**	**84**	**90**	**78**	**80**	**70**

Note. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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): Nationally, the use of methamphetamine powder has decreased over time. In 2022, recent use remained stable at 11% (12% in 2021; *p*=0.660), though this was the lowest percentage of use since monitoring began (Figure 8). Most capital cities have reflected this trend, although a significant increase in recent use of methamphetamine powder was observed in Sydney (11% in 2022; n≤5 in 2021; *p*=0.012). Conversely, a significant decrease was observed in recent use of methamphetamine powder in Canberra (n≤5 in 2022; 13% in 2021; *p*=0.002) (Table 4).

Frequency of Use: Nationally, frequency of use remained stable in 2022 at a median of 24 days (IQR=6-80; 12 days in 2021; IQR=3-72; *p*=0.196) (Figure 9). In 2022, half (51%) of those who had recently used methamphetamine powder reported weekly or more frequent use, stable from 47% in 2021 (*p*=0.572).

Routes of Administration: Nearly all (99%) participants who had recently used methamphetamine powder reported injecting powder in the past six months (95% in 2021; *p*=0.213) and reported doing so on a median of 20 days (IQR=5-72), stable relative to 2021 (12 days; IQR=3-72; *p*=0.455). One-quarter (28%) reported smoking powder methamphetamine (26% in 2021; *p*=0.872).

Quantity: Of those who reported recent use and responded (n=97), the median amount of powder used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.40; *p*=0.421). The median maximum amount of powder used per day in the last six months was 0.30 grams (IQR=0.20-0.50; n=96; 0.40 grams in 2021; IQR=0.20-1.00; *p*=0.135).

Methamphetamine Base

Recent Use (past 6 months): Base has typically been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has gradually declined over time. The per cent of participants reporting recent use of base remained stable at 3% in 2022 (3% in 2021; *p*=0.581), the lowest per cent since monitoring began (Figure 8). Use was low across all capital cities and was largely stable from 2021. There was, however, a significant decline in recent use of base among the Canberra sample (n≤5 in 2022; 8% in 2021; *p*=0.039) (Table 5).

Frequency of Use: Participants reported using base on a median of 15 days in the preceding six months (IQR=3-30; 6 days in 2021; IQR=2-30; *p*=0.223) (Figure 9).

Routes of Administration: Injecting was most common route of administration reported by participants who had used methamphetamine base (97%; 100% in 2021), with fewer participants reporting smoking (21%; 8% in 2021). Due to small numbers reporting recent use, significance testing for routes of administration were not undertaken.

Quantity: Of those who reported recent use and responded (n=27), the median amount of base used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2021; IQR=0.10-0.50; *p*=0.918). The median maximum amount of base used per day in the last six months was 0.30 grams (IQR=0.20-0.50; n=27; 0.50 grams in 2021; IQR=0.20-0.60; *p*=0.659).

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine have been increasing since 2012 (Figure 8), surpassing powder methamphetamine from 2012 onwards. In 2022, 80% of the sample reported recent use of methamphetamine crystal (78% in 2021; *p*=0.379), the highest per cent since monitoring commenced in 2000. Recent use of crystal methamphetamine was high across all capital cities in 2022, ranging from 70% in the Brisbane sample to 87% in the Sydney sample (Table 6), with the latter

increasing significantly relative to 2021 (74%; *p*=0.007).

Frequency of Use: Median days of use remained stable in 2022 at 60 days (IQR=18-120; 71 days in 2021; IQR=20-110; *p*=0.959) (Figure 9). Among those who had recently used crystal methamphetamine in 2022, frequency of use on a weekly or more frequent basis (73%) was also stable relative to 2021 (73%; *p*=0.955), as was daily use (21%; 18% in 2021; *p*=0.256).

Routes of Administration: Consistent with previous years, the most common route of administration was injecting (98%; 97% in 2021; *p*=0.252), followed by smoking (36%; 37% in 2021; *p*=0.537). Participants who reported injecting did so on a median of 48 days in the preceding six months (IQR=15-100; 60 days in 2021; IQR= 20-96; *p*=0.777). There was considerable variation in the per cent of participants nominating smoking as a route of administration across capital cities, ranging from 48% (of those who reported recent use) in the Perth sample to 21% in the Darwin sample.

Quantity: Of those who reported recent use and responded (n=691), the median amount of crystal used on a 'typical' day of consumption in the past six months was 0.10 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.20; *p*=0.658). The median maximum amount of crystal used per day in the last six months was 0.30 grams (IQR=0.20-0.50; n=684; 0.30 grams in 2021; IQR=0.20-0.50; *p*=0.034).

Table 4: Past six month use of powder methamphetamine, by capital city, 2000-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	32	63	49	77	51	81	70	58
2001	42	63	74	45	47	87	63	80
2002	39	51	70	35	56	77	67	55
2003	31	48	70	51	53	71	60	58
2004	35	41	65	60	44	61	60	61
2005	38	59	75	76	39	61	69	65
2006	49	58	71	54	39	66	57	54
2007	35	55	65	63	42	61	58	62
2008	38	37	64	61	34	61	50	35
2009	33	46	65	56	33	54	50	46
2010	29	48	53	56	29	51	25	41
2011	30	46	49	67	36	43	43	40
2012	17	42	39	70	34	45	46	30
2013	14	29	23	61	40	48	31	37
2014	17	36	25	50	34	39	16	31
2015	13	15	18	49	32	34	25	27
2016	17	18	9	33	19	18	24	27
2017	10	20	15	30	18	16	19	34
2018	11	23	16	22	31	12	17	34
2019	13	27	11	35	44	26	15	20
2020	11	13	10	43	35	36	-	19
2021	-	13	7	16	34	9	-	19
2022	**11***	**-****	**5**	**18**	**31**	**13**	**-**	**11**

Note. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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<0.005.

Table 5: Past six month use of base methamphetamine, by capital city, 2001-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2001	23	36	32	52	59	56	18	75
2002	23	30	20	74	65	56	21	42
2003	32	13	18	46	51	40	30	50
2004	31	25	11	72	46	45	26	60
2005	38	28	13	79	61	54	16	40
2006	43	32	15	55	52	37	25	53
2007	41	32	8	48	42	22	20	48
2008	33	18	5	25	37	13	10	34
2009	36	21	13	55	31	12	16	41
2010	29	18	3	40	43	8	6	30
2011	17	17	11	39	35	6	12	37
2012	15	15	11	43	32	6	7	21
2013	12	6	3	17	31	11	7	22
2014	12	-	3	19	30	8	-	22
2015	6	10	4	9	26	-	-	20
2016	11	5	0	-	24	-	6	14
2017	8	11	3	-	30	7	7	20
2018	9	8	-	-	8	-	10	14
2019	8	8	-	-	24	-	-	16
2020	4	-	-	8	28	8	-	10
2021	-	8	0	-	-	0	-	8
2022	**5**	**-***	**-**	**-**	**10**	**-**	**0**	**-**

Note. Base asked separately from 2001 onwards. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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.

Table 6: Past six month use of crystal methamphetamine, by capital city, 2000-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	14	17	9	6	11	51	6	13
2001	29	72	52	56	58	85	24	75
2002	25	34	26	20	56	74	20	39
2003	38	65	50	69	48	80	34	60
2004	45	73	41	52	48	83	32	51
2005	38	62	29	50	46	68	21	36
2006	57	88	53	56	49	76	29	55
2007	50	80	43	38	41	56	29	39
2008	69	68	39	32	49	61	28	40
2009	46	57	32	26	30	43	15	46
2010	48	48	36	20	60	40	18	37
2011	53	57	53	26	44	46	28	50
2012	68	66	59	43	56	64	26	44
2013	74	61	55	45	57	59	30	50
2014	74	72	75	54	60	53	26	58
2015	65	79	71	59	70	64	60	62
2016	77	78	73	73	73	75	62	69
2017	69	79	63	65	72	69	60	69
2018	76	85	77	76	79	64	74	70
2019	74	77	68	76	89	75	87	65
2020	75	63	64	77	80	69	83	63
2021	74	74	78	85	83	80	74	78
2022	**87****	**81**	**75**	**84**	**83**	**77**	**80**	**70**

Note. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). The response '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.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for a point (0.10 of a gram) of methamphetamine powder has remained stable at $50 (IQR=50-100; n=67; $50 in 2021; IQR=50-80; n=69; *p*=0.063) across the duration of monitoring (Figure 10). In contrast, the median price of one gram has fluctuated over time, with a gram reported to be a median of $200 in 2022 (IQR=200-300; n=13; $225 in 2021; IQR=156-388; n=10; *p*=0.802), although small numbers reporting should be noted.

Perceived Purity: Among those who responded in 2022 (n=110), the perceived purity of powder remained stable relative to 2021 (*p*=0.649). Equal percentages reported purity to be 'low' (31%; 24% in 2021) or 'medium' (31%; 36% in 2021), followed by 26% reporting 'high' purity (25% in 2021) (Figure 12).

Perceived Availability: Among those who responded in 2022 (n=116), the perceived availability of methamphetamine powder remained stable relative to 2021 (*p*=0.164). In 2022, two-fifths reported methamphetamine powder to be 'very easy' (41%; 32% in 2021) or 'easy' (37%; 32% in 2021) to obtain (Figure 14).

Methamphetamine Base

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

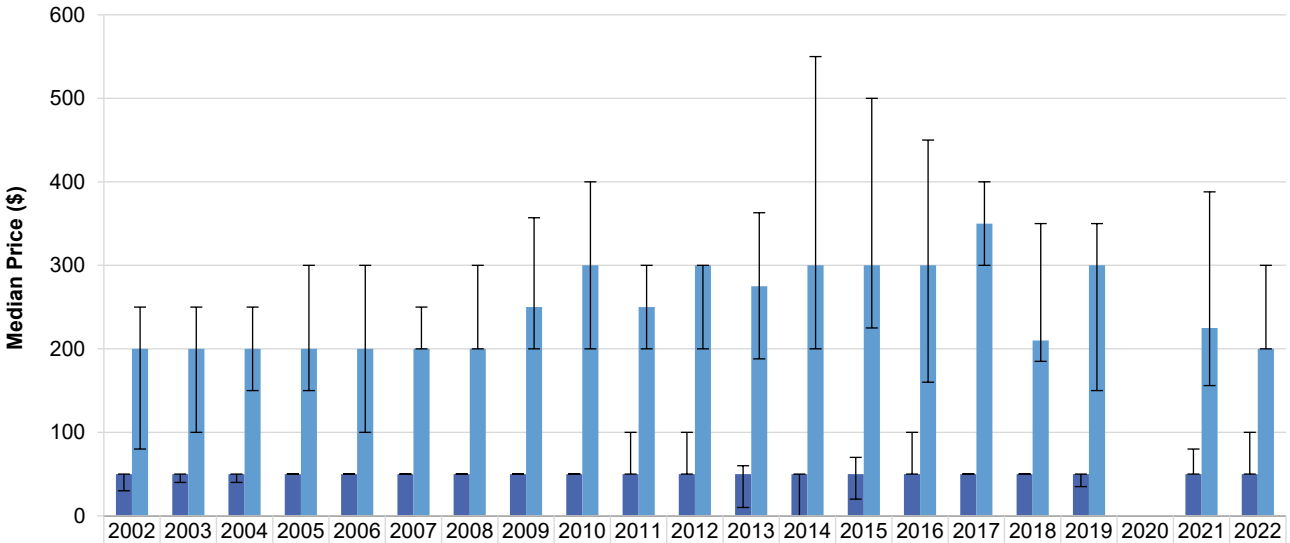
Methamphetamine Crystal

Price: The median price for a point (0.10 of a gram) of crystal remained stable in 2022 ($50; IQR=50-100; n=420) compared to 2021 ($50; IQR=50-100; n=438; *p*=0.089). Across the years, the median price of a gram of crystal has fluctuated between $250 and $600. In 2022, the median price for a gram of crystal was $400 (IQR=238-500; n=52), stable relative to 2021 ($400; IQR=300-500; n=67; *p*=0.414) (Figure 11).

Perceived Purity: Among those that were able to comment in 2022 (n=633), there was a significant change in the perceived purity of methamphetamine crystal compared to 2021 (*p*=0.024). Slightly more participants perceived the purity of crystal to be 'low' (24%) and 'medium' (33%) in 2022 compared to 2021 (21% and 30%, respectively). Fifteen per cent of participants perceived the purity to be 'fluctuating' (21% in 2021) (Figure 13).

Perceived Availability: Among those who commented in 2022 (n=651), the perceived availability of methamphetamine crystal significantly changed relative to 2021 (*p*=0.005). Specifically, there was an increase in the percentage of participants who reported that crystal methamphetamine was 'very easy' to obtain (53% versus 46% in 2021) (Figure 15).

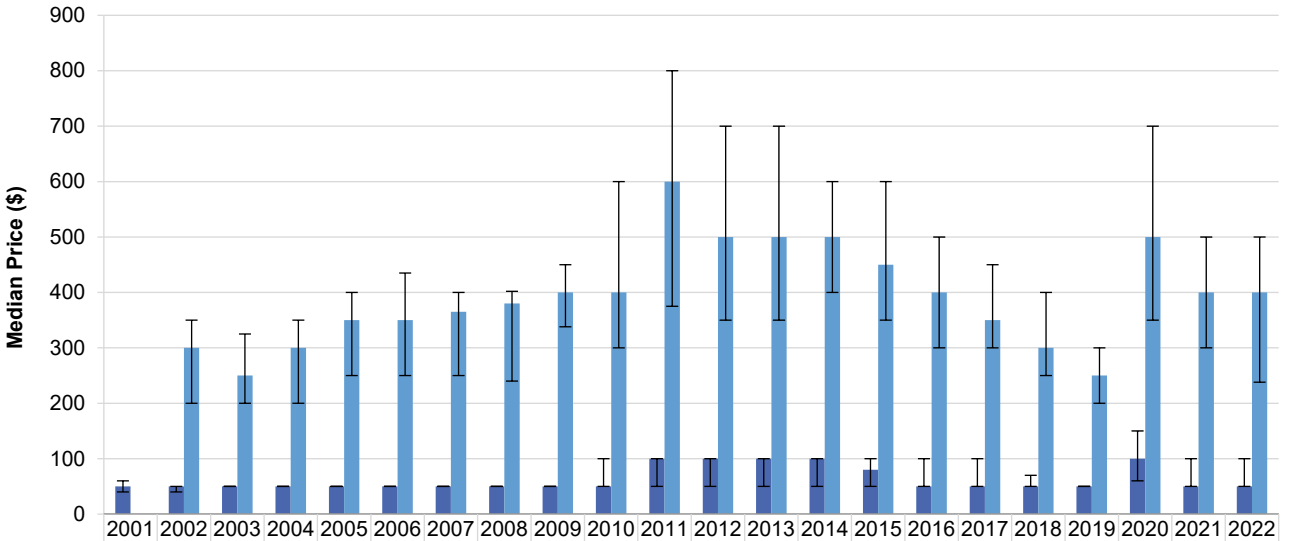
Figure 10: Median price of powder methamphetamine per point and gram, nationally, 2002-2022



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Point	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	/	50	50
Gram	200	200	200	200	200	200	200	250	300	250	300	275	300	300	300	350	210	300	/	225	200

Note. Among those who commented. / Not asked. Price data for powder not collected in 2020 The error bars represent the IQR. 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.

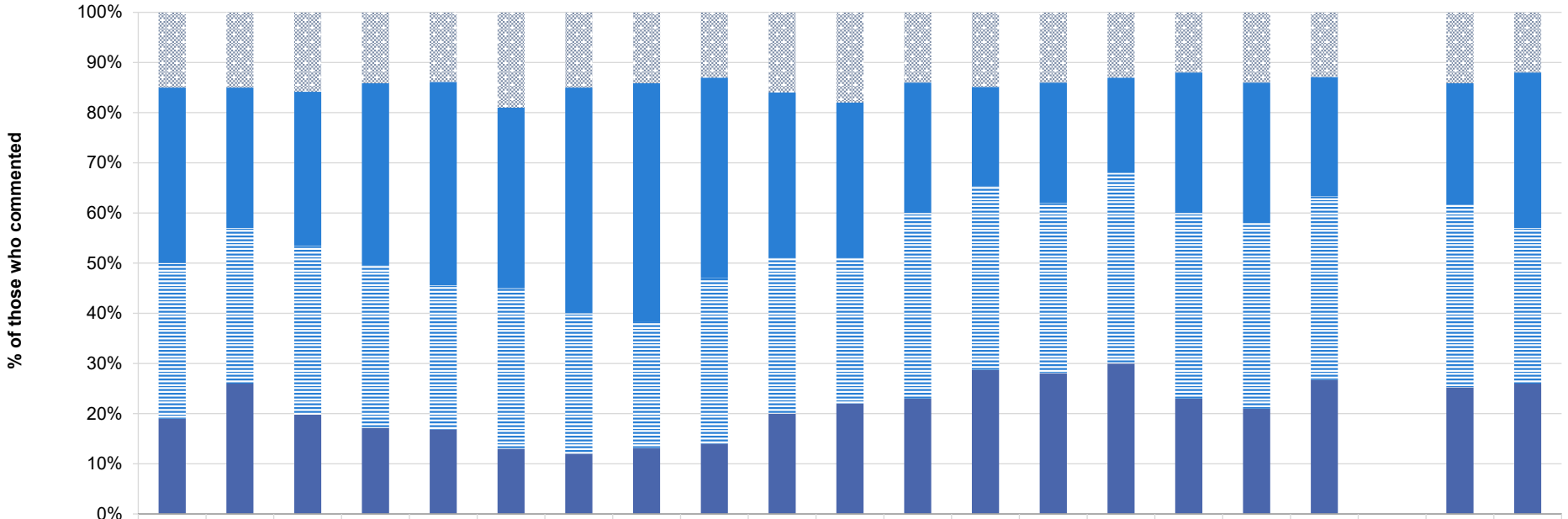
Figure 11: Median price of methamphetamine crystal per point and gram, nationally, 2001-2022



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Point	50	50	50	50	50	50	50	50	50	50	100	100	100	100	80	50	50	50	50	100	50	50
Gram	/	300	250	300	350	350	365	380	400	400	600	500	500	500	450	400	350	300	250	500	400	400

Note. Among those who commented. / Not asked. No data available for gram in 2001. The error bars represent the IQR. 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.

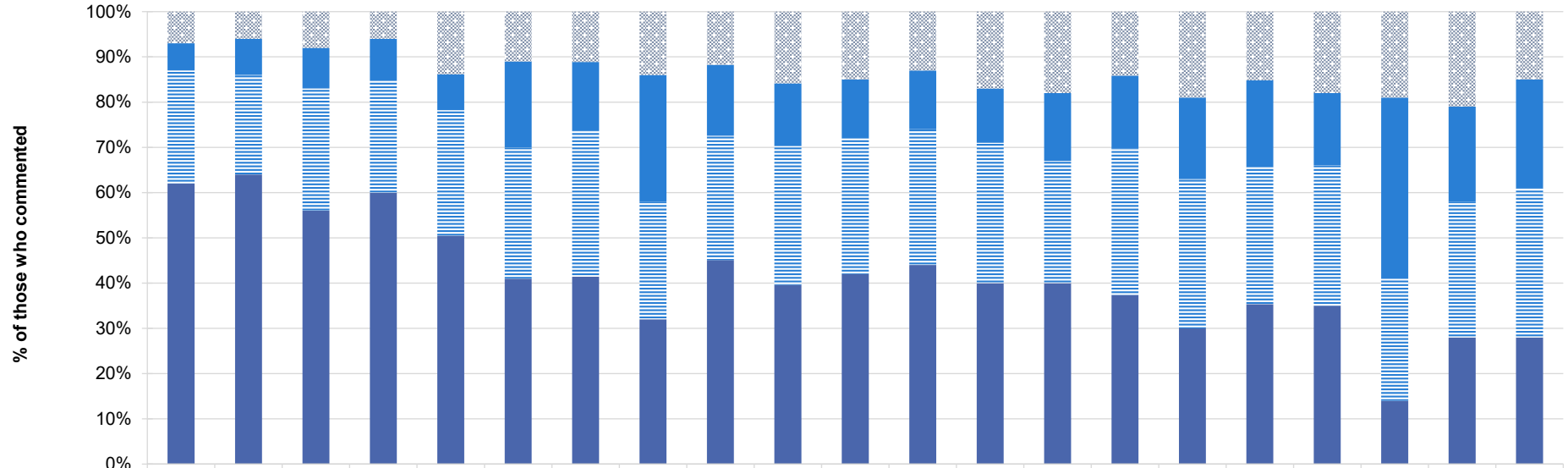
Figure 12: Current perceived purity of powder methamphetamine, nationally, 2002-2022



	2002 n=380	2003 n=433	2004 n=419	2005 n=487	2006 n=439	2007 n=435	2008 n=342	2009 n=363	2010 n=291	2011 n=313	2012 n=288	2013 n=239	2014 n=192	2015 n=171	2016 n=112	2017 n=139	2018 n=139	2019 n=165	2020	2021 n=107	2022 n=110
Fluctuates	15	15	16	14	14	19	15	14	13	16	18	14	15	14	13	12	14	13	/	14	12
Low	35	28	31	36	41	36	45	47	40	33	31	26	20	24	19	28	28	24	/	24	31
Medium	31	31	34	32	29	32	28	25	33	31	29	37	37	34	38	37	37	37	/	36	31
High	19	26	20	17	17	13	12	13	14	20	22	23	29	28	30	23	21	27	/	25	26

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. / Not asked. Data on perceived purity of powder not collected in 2020. Statistical significance for 2021 versus 2022 is presented in figure; *p<0.050; **p<0.010; ***p<0.001.

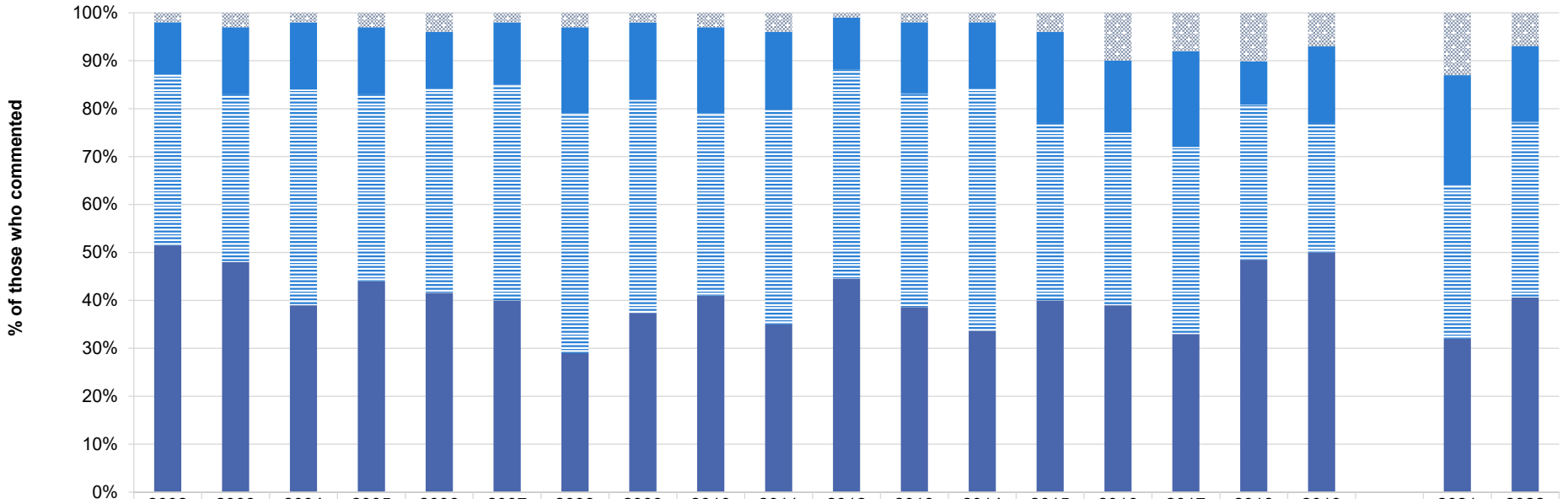
Figure 13: Current perceived purity of crystal methamphetamine, nationally, 2002-2022



	2002 n=209	2003 n=395	2004 n=389	2005 n=314	2006 n=397	2007 n=320	2008 n=312	2009 n=241	2010 n=244	2011 n=299	2012 n=364	2013 n=375	2014 n=441	2015 n=473	2016 n=525	2017 n=508	2018 n=561	2019 n=613	2020 n=536	2021 n=623	2022* n= 633
Fluctuates	7	6	8	6	14	11	11	14	12	16	15	13	17	18	14	19	15	18	19	21	15
Low	6	8	9	9	8	19	15	28	16	14	13	13	12	15	16	18	19	16	40	21	24
Medium	25	22	27	25	28	29	32	26	28	31	30	30	31	27	32	33	30	31	27	30	33
High	62	64	56	60	51	41	41	32	46	40	42	44	40	40	37	30	35	35	14	28	28

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. 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.

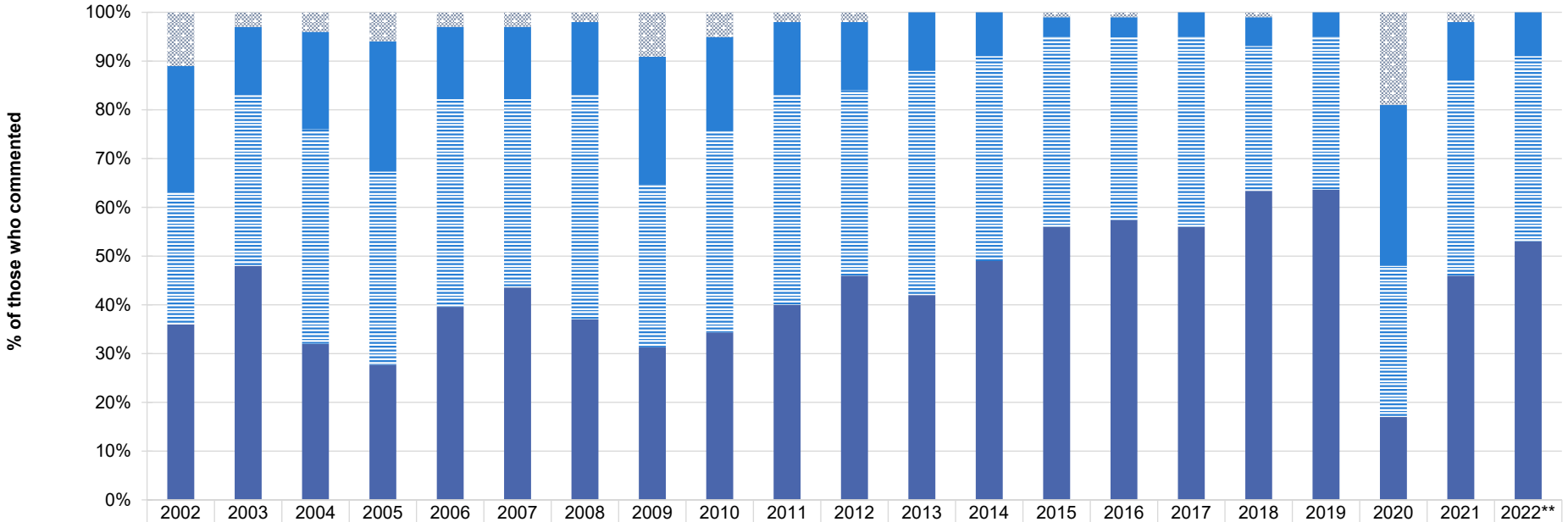
Figure 14: Current perceived availability of powder methamphetamine, nationally, 2002-2022



	2002 n=380	2003 n=449	2004 n=442	2005 n=499	2006 n=450	2007 n=442	2008 n=353	2009 n=368	2010 n=296	2011 n=313	2012 n=295	2013 n=238	2014 n=192	2015 n=178	2016 n=119	2017 n=146	2018 n=145	2019 n=177	2020	2021 n=109	2022 n=116
Very difficult	2	3	2	3	4	2	3	2	3	4	1	2	2	4	10	8	10	7	/	13	7
Difficult	11	14	14	14	12	13	18	16	18	16	11	15	14	19	15	20	9	16	/	23	16
Easy	36	35	45	39	43	45	50	44	38	45	44	45	51	37	36	39	32	27	/	32	37
Very easy	52	48	39	44	42	40	29	37	41	35	45	39	34	40	39	33	48	50	/	32	41

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. / Not asked. Data on perceived availability of powder not collected in 2020. Statistical significance for 2021 versus 2022 is presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of crystal methamphetamine, nationally, 2002-2022



	2002 n=215	2003 n=410	2004 n=402	2005 n=319	2006 n=400	2007 n=326	2008 n=317	2009 n=242	2010 n=247	2011 n=307	2012 n=375	2013 n=379	2014 n=451	2015 n=501	2016 n=545	2017 n=526	2018 n=582	2019 n=638	2020 n=553	2021 n=641	2022** n=651
Very difficult	11	3	4	6	3	3	2	9	5	2	2	0	0	1	1	0	1	0	19	2	0
Difficult	26	14	20	27	15	15	15	26	19	15	14	12	9	4	4	5	6	5	33	12	9
Easy	27	35	44	40	43	39	46	33	41	43	38	46	42	39	38	39	30	31	31	40	38
Very easy	36	48	32	28	40	44	37	31	34	40	46	42	49	56	58	56	64	63	17	46	53

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. 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.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of cocaine has generally decreased over the period of monitoring. In 2022, 15% of the IDRS sample reported cocaine use in the past six months, stable from 2021 (15%; *p*=0.948) (Figure 16). The per cent reporting use in each capital city also remained stable in 2022, ranging from 10% in the Adelaide sample to 19% in the Melbourne sample.

Frequency of Use

Median frequency of use at the national level has varied between two and eight days, with a median of two days (IQR=1-6; n=131) observed in 2022, stable from 2021 (3 days; IQR=1-5; *p*=0.756) (Figure 16). Of those who had recently used cocaine and commented (n=131), almost one-tenth (9%) reported weekly or more frequent use, consistent with 2021 (8%; *p*=0.817).

Routes of Administration

No statistically significant changes in route of administration were observed between 2021 and 2022. Snorting was the most common route of administration among those reporting recent use (61%; 58% in 2021; *p*=0.708). Fifty-two per cent of participants reported injecting (50% in 2021; *p*=0.813) on a median of two days (IQR=1-8), stable relative to 2021 (3 days; IQR=1-6; *p*=0.632). A smaller per cent reported smoking (8%; 5% in 2021; *p*=0.437) and no participants reported swallowing cocaine (4% in 2021; *p*=0.060).

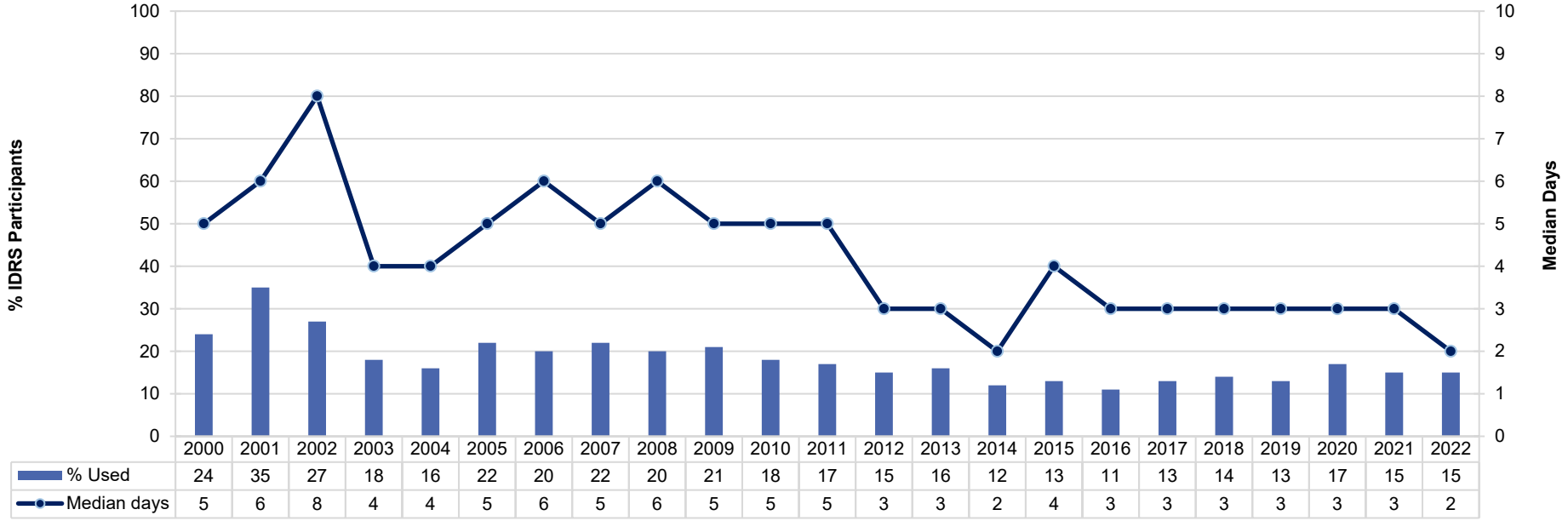
Quantity

Of those who reported recent use and responded (n=105), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.10-1.00; 0.30 grams in 2021; IQR=0.10-1.00; *p*=0.930).

Forms used

Among participants who had recently consumed cocaine and commented (n=132), the vast majority reported using powder cocaine (82%; 88% in 2021; *p*=0.186), with few participants reporting use of crack cocaine (6%; data not collected in 2021).

Figure 16: Past six month use and frequency of use of cocaine, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Used	24	35	27	18	16	22	20	22	20	21	18	17	15	16	12	13	11	13	14	13	17	15	15
Median days	5	6	8	4	4	5	6	5	6	5	5	5	3	3	2	4	3	3	3	3	3	3	2

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. 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 7: Past six month use of cocaine, by capital city, 2000-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	63	15	13	6	20	22	18	13
2001	84	40	28	8	27	32	13	28
2002	79	18	17	12	26	17	10	15
2003	53	13	13	9	13	10	-	16
2004	47	10	10	-	6	15	10	10
2005	60	20	15	8	16	19	10	11
2006	67	8	19	12	8	10	8	9
2007	63	18	22	-	7	16	9	15
2008	58	18	24	-	-	15	-	13
2009	61	22	15	-	10	12	12	15
2010	57	6	14	-	12	15	-	13
2011	47	8	17	7	12	10	-	13
2012	44	16	9	11	7	15	-	-
2013	41	16	11	-	9	15	7	11
2014	32	15	10	8	7	7	-	9
2015	34	12	9	-	13	11	-	8
2016	25	8	10	6	6	10	-	9
2017	21	18	12	11	10	10	9	9
2018	26	14	15	11	10	12	6	9
2019	21	15	10	6	16	12	9	10
2020	23	19	17	16	14	18	-	19
2021	15	16	18	16	16	17	-	12
2022	**16**	**17**	**19**	**14**	**10**	**12**	**12**	**17**

Note. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). The response option 'Don't know' was excluded from analysis. Significant for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

The median price for one gram of cocaine has fluctuated considerably since monitoring first commenced. In 2022, the median price of cocaine was reported to be $300 for one gram (n=27; IQR=250-350), relatively stable compared to 2021 ($350; IQR=300-400; n=37; p=0.094), and $50 for a point/cap (n=11; IQR=50-100; $90 in 2021; IQR=50-100; n=9; p=0.903) (Figure 17).

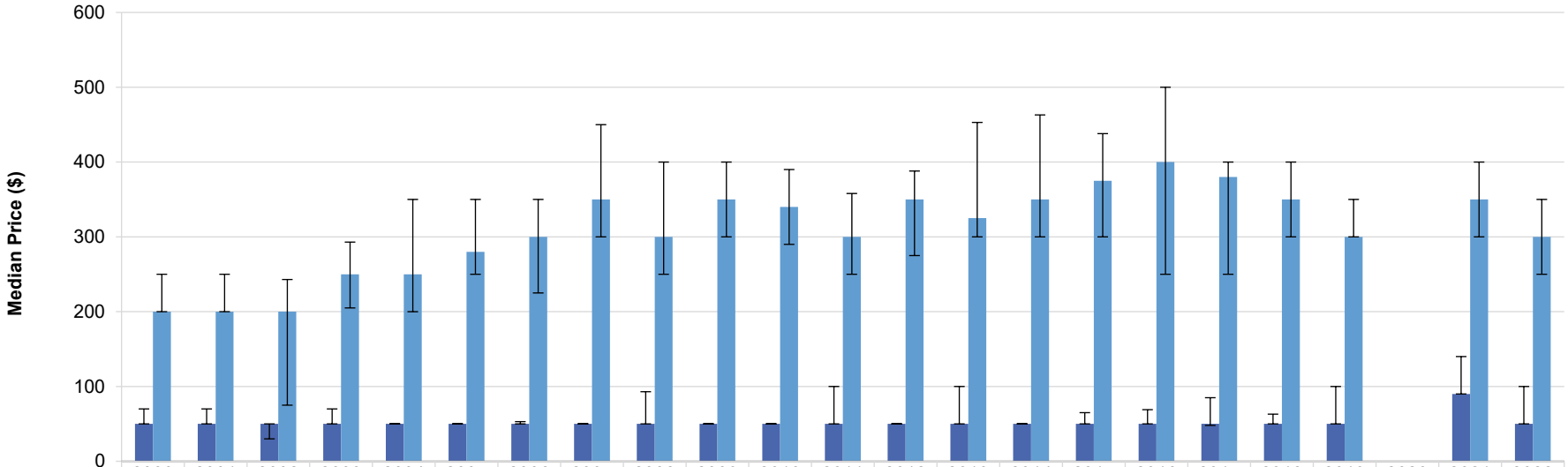
Perceived Purity

Among those who responded in 2022 (n=61), the perceived purity of cocaine remained stable relative to 2021 (p=0.880). Nearly two-fifths perceived cocaine to be of 'high' purity (38%; 33% in 2021), followed by one-quarter (25%) perceiving it to be of 'medium' (30% in 2021) or 'low' (23%; 25% in 2021) purity (Figure 18).

Perceived Availability

Among those able to comment in 2022 (n=63), the perceived availability of cocaine remained stable relative to 2021 (p=0.337). Two-fifths (40%) reported cocaine to be 'easy' to obtain in 2022 (45% in 2021), with a further 32% reporting it to be 'difficult' to obtain (22% in 2021) (Figure 19).

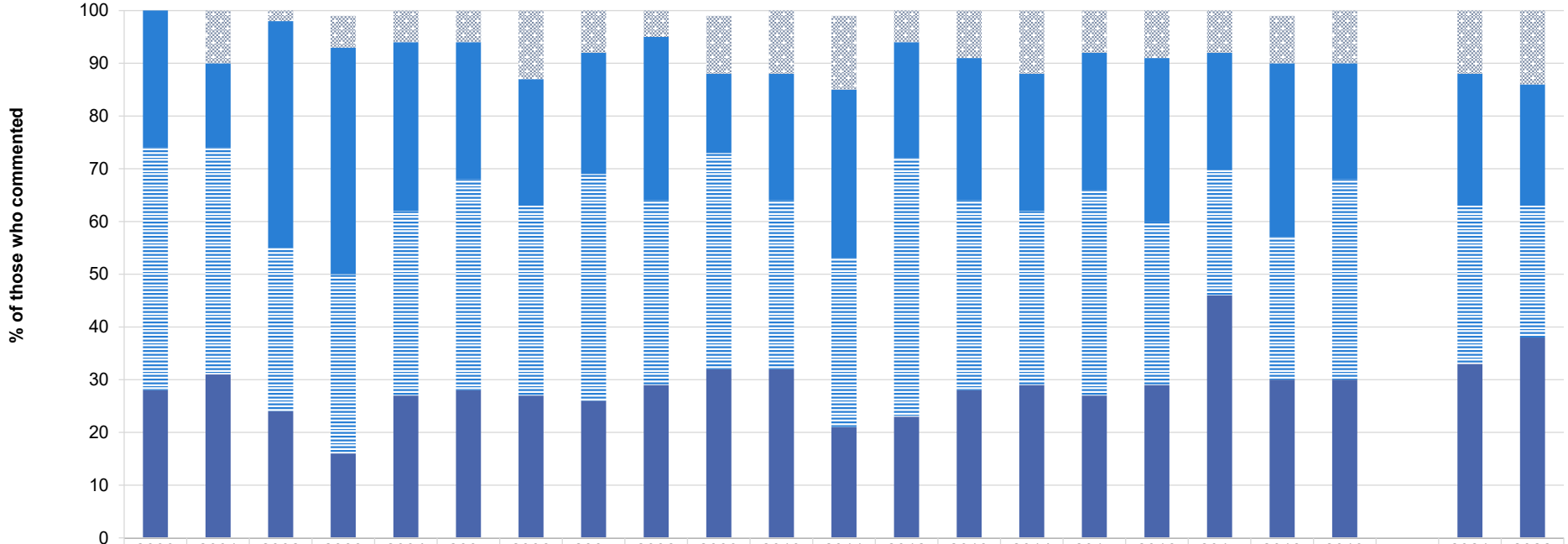
Figure 17: Median price of cocaine per cap/point and gram, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cap/Point	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	/	90	50
Gram	200	200	200	250	250	280	300	350	300	350	340	300	350	325	350	375	400	380	350	300	/	350	300

Note. Among those who commented. The error bars represent IQR. / Not asked. Price data not collected in 2020. 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.

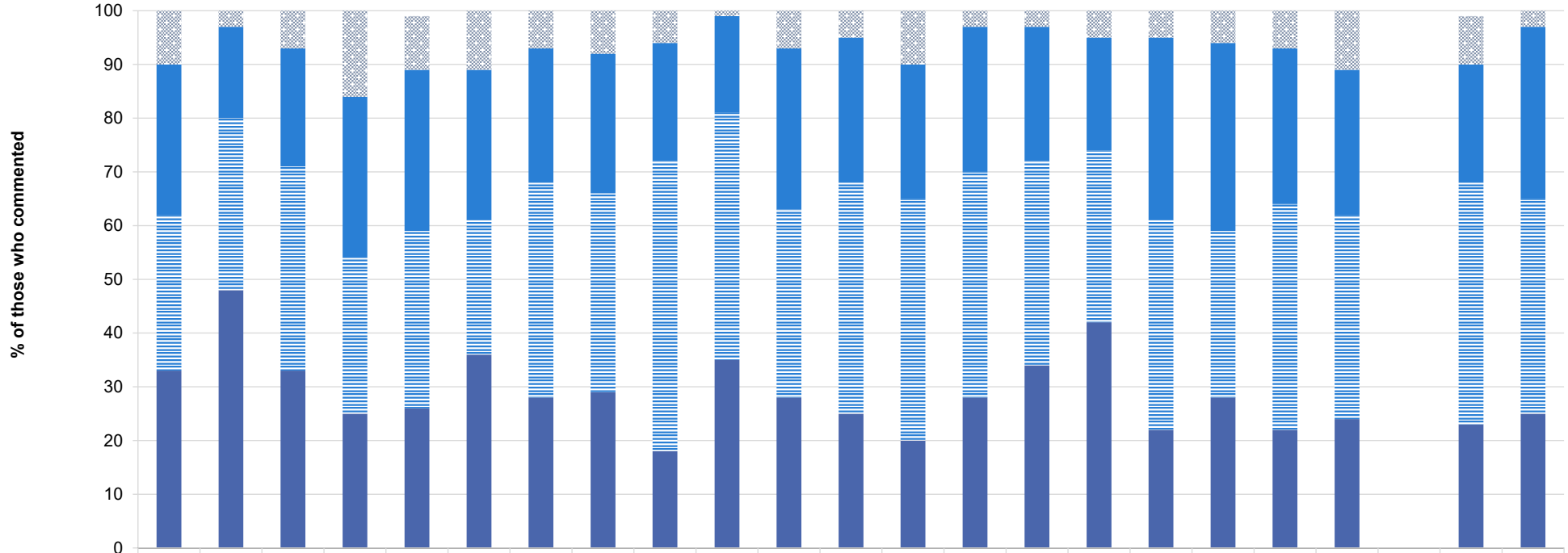
Figure 18: Current perceived purity of cocaine, nationally, 2000-2022



	2000 n=138	2001 n=208	2002 n=160	2003 n=111	2004 n=100	2005 n=149	2006 n=132	2007 n=140	2008 n=97	2009 n=111	2010 n=104	2011 n=84	2012 n=74	2013 n=64	2014 n=51	2015 n=62	2016 n=42	2017 n=46	2018 n=66	2019 n=79	2020	2021 n=64	2022 n=61
Fluctuates	0	10	3	6	6	6	13	9	5	11	13	14	7	9	12	8	10	9	9	10	/	13	15
Low	27	16	43	43	32	26	24	23	31	15	24	32	22	27	26	26	31	22	33	22	/	25	23
Medium	46	43	31	34	35	40	36	43	35	41	32	32	49	36	33	39	31	24	27	38	/	30	25
High	28	31	24	16	27	28	27	26	29	32	32	21	23	28	29	27	29	46	30	30	/	33	38

Note. The response option 'Don't know' was excluded from analysis. / Not asked. Purity data not collected in 2020. Statistical significance for 2021 versus 2022 presented in figure; $p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 19: Current perceived availability of cocaine, nationally, 2000-2022



	2000 n=158	2001 n=222	2002 n=252	2003 n=119	2004 n=106	2005 n=154	2006 n=134	2007 n=148	2008 n=103	2009 n=116	2010 n=108	2011 n=83	2012 n=80	2013 n=64	2014 n=53	2015 n=62	2016 n=41	2017 n=51	2018 n=69	2019 n=84	2020	2021 n=64	2022 n=63
Very difficult	10	3	7	16	10	11	7	8	6	2	7	5	10	3	4	5	5	6	7	11	/	9	3
Difficult	28	17	22	30	30	28	25	26	22	18	30	27	25	27	25	21	34	35	29	27	/	22	–
Easy	29	32	38	29	33	25	40	37	54	46	35	43	45	42	38	32	39	31	42	38	/	45	40
Very easy	33	48	33	25	26	36	28	29	18	35	28	25	20	28	34	42	22	28	22	24	/	23	25

Note. The response option 'Don't know' was excluded from analysis. / Not asked. Availability data not collected in 2020. - Values suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in figure; $p<0.050$; **$p<0.010$; ***$p<0.001$.

6

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 CBD and THC extract.

Terminology throughout this chapter refers to **prescribed use:** use of cannabis and/or cannabinoids related products obtained by a prescription in the person's name; **non-prescribed use:** use of cannabis and/or cannabinoids 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 cannabinoids related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); few participants (1%; n=8) reported prescribed use in the six months preceding interview.

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

Recent Use (past 6 months)

Over the course of monitoring, at least two in three participants nationally have reported recent use of non-prescribed cannabis and/or cannabinoid related products. In 2022, a significantly higher percentage reported recent use of non-prescribed cannabis and/or cannabinoid related products compared to 2021 (72% versus 67% in 2021; p=0.030) (Figure 20). This appears to have largely been driven by a significant increase among the Melbourne sample (82% versus 66% in 2021; p=0.002), with use in all other capital cities remaining stable in 2022 (Table 8).

Frequency of Use

In 2022, the median frequency of use in the past six months was 180 days (i.e., daily; IQR=48-180), stable compared to 2021 (180 days; IQR=45-180; p=0.759) (Figure 20). Half (51%) of those who had recently used non-prescribed cannabis and/or cannabinoid related products reported daily use (51% in 2021; p=0.859).

Routes of Administration

Smoking remained the most common route of administration (98%; 97% in 2021; p=0.363). A smaller per cent reported inhaling/vaporising (9%; 8% in 2021; p=0.461) and swallowing (4%; 5% in 2021; p=0.481) non-prescribed cannabis and/or cannabinoid related products.

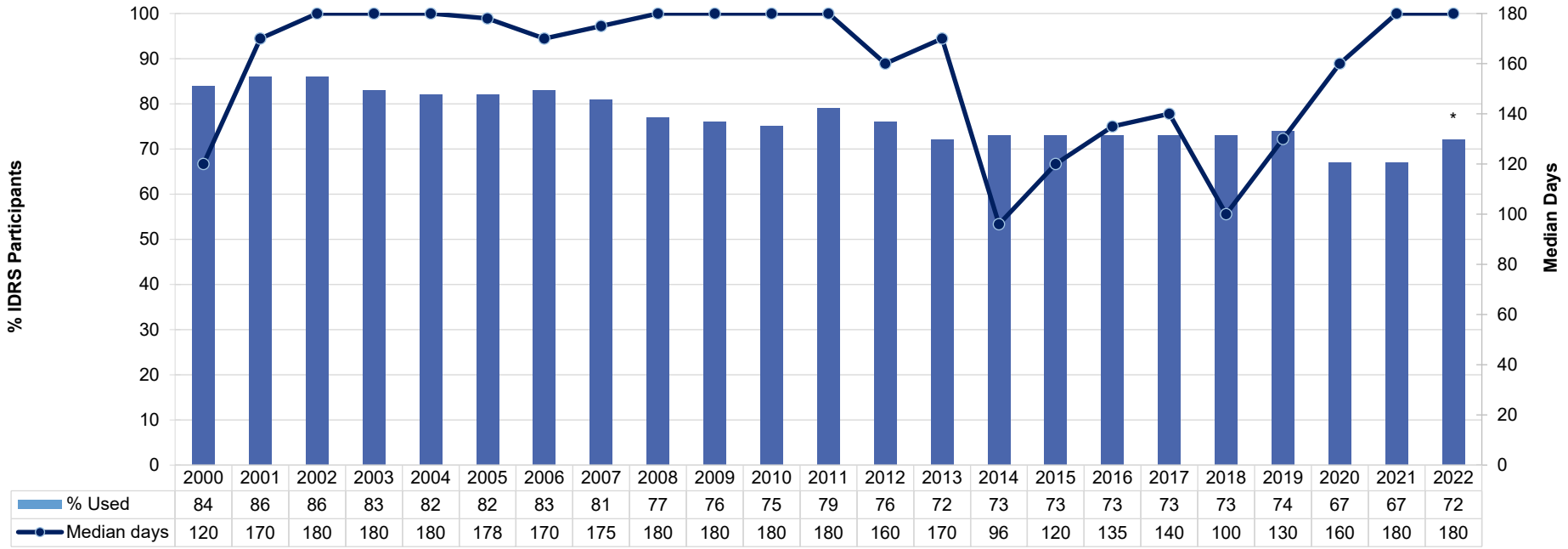
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products and commented (n=612), the median 'typical' amount used on the last occasion of use was one gram (IQR=0.50-1.50; n=303; 1.00 gram in 2021; IQR=1.00-2.00; p=0.001) or three cones (IQR=2-4; n=206; 2.5 cones in 2021; IQR=2-4; p=0.730) or one joint (IQR=1-2; n=85; 1 joint in 2021; IQR=1-2; p=0.824).

Forms of Cannabis

Of those who had used non-prescribed cannabis and/or cannabinoid related products in the past six months and commented (n=600), 91% reported recent use of hydroponic cannabis (91% in 2021; p=0.914), and two-fifths (43%) reported recent use of outdoor-grown 'bush' cannabis, a significant increase relative to 2021 (37%; p=0.038). A smaller percentage reported having used hashish (5%; 4% in 2021; p=0.571), hash oil (4%; 3% in 2021; p=0.428) and non-prescribed CBD extract (2%; 2% reported use of CBD oil in 2021; p=0.649). Two per cent reported use of THC extract in the preceding six months (not asked in 2021).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Used	84	86	86	83	82	82	83	81	77	76	75	79	76	72	73	73	73	73	73	74	67	67	72
Median days	120	170	180	180	180	178	170	175	180	180	180	180	160	170	96	120	135	140	100	130	160	180	180

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. 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.

Table 8: Past six month non-prescribed use of cannabis and cannabinoid products, by capital city, 2000-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2000	72	84	85	90	88	90	84	84
2001	83	85	88	94	85	91	81	82
2002	80	89	87	91	85	98	83	82
2003	79	86	88	88	80	81	83	76
2004	80	85	81	87	83	84	75	75
2005	80	89	86	87	80	76	79	76
2006	80	90	83	88	77	80	84	85
2007	79	83	83	87	81	69	83	84
2008	80	80	74	86	75	64	78	82
2009	79	81	79	89	61	72	79	69
2010	72	81	81	79	66	70	72	77
2011	81	87	85	78	69	71	71	79
2012	72	81	85	81	61	79	71	70
2013	80	75	80	71	61	61	67	67
2014	77	74	75	82	75	69	62	70
2015	79	81	76	73	74	60	72	60
2016	76	69	77	74	73	70	72	64
2017	79	76	71	73	73	73	59	70
2018	76	79	70	81	70	77	60	67
2019	73	79	76	76	79	72	72	65
2020	64	77	69	72	67	66	60	64
2021	65	75	66	67	67	69	59	68
2022	**72**	**77**	**82****	**70**	**72**	**60**	**70**	**64**

Note. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. 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 Potency and Perceived Availability

Price

Consistent with previous years, the median price per gram of hydroponic cannabis nationally was $20 (IQR=20-25; n=188; $20 in 2021; IQR=20-25; n=184; *p*=0.151), and $20 for bush (IQR=20-20; n=56; $20 in 2021; IQR=11-20; n=70; *p*=0.340). The price per ounce of hydroponic cannabis was $300 in 2022 (IQR=250-300; n=57), stable from 2021 ($290; IQR=250-324; n=66; *p*=0.882), and $220 for bush (IQR=200-250; n=30), also stable from 2021 ($200; IQR=200-250; n=34; *p*=0.511) (Figure 21).

Perceived Potency

Among those that were able to comment in 2022 (hydroponic: n=488; bush: n=187), the perceived potency of non-prescribed cannabis remained stable relative to 2021 (hydroponic: *p*=0.594; bush: *p*=0.586). Nearly three-fifths (59%) perceived hydroponic cannabis to be of 'high' potency (58% in 2021) followed by 29% perceiving it to be of 'medium' potency (28% in 2021). In contrast, the per cent reporting bush to be of 'high' potency was 37% in 2022 (33% in 2021), with a larger per cent perceiving it to be of 'medium' potency (43%; 43% in 2021) (Figure 22).

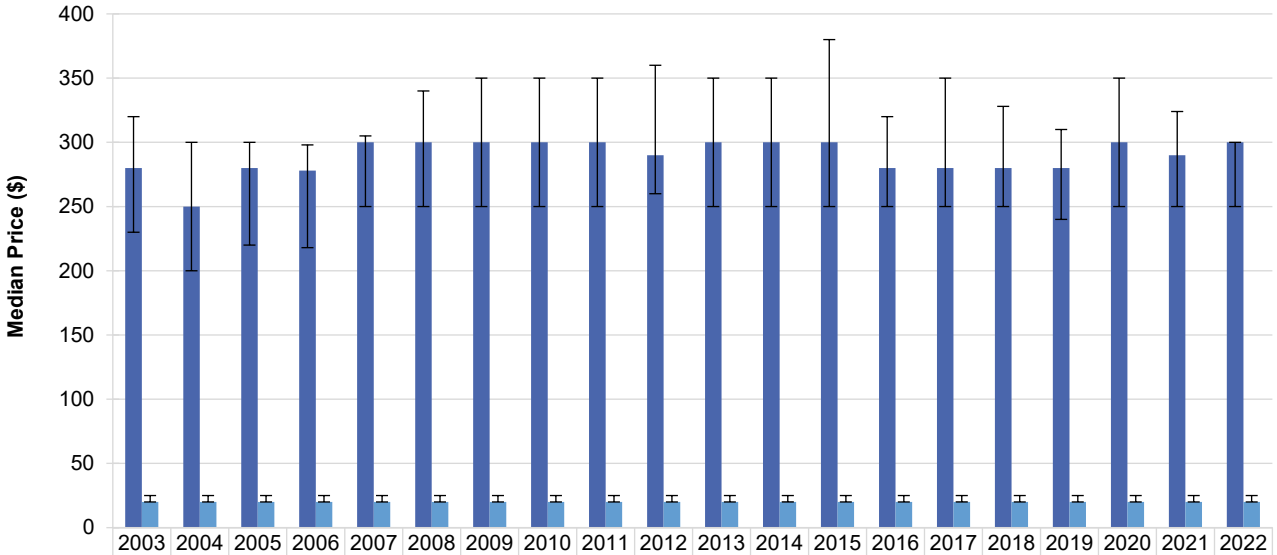
Perceived Availability

Among those that were able to comment in 2022 (hydroponic: n=489; bush: n=189), the perceived availability of non-prescribed cannabis remained stable relative to 2021 (hydroponic: *p*=0.198; bush: *p*=0.187). Most participants either perceived the availability of hydroponic to be 'very easy' (53%; 49%

in 2021) or 'easy' (39%; 39% in 2021). Reports of bush availability were similar (46% 'very easy'; 36% in 2021; 35% 'easy'; 42% in 2021) (Figure 23).

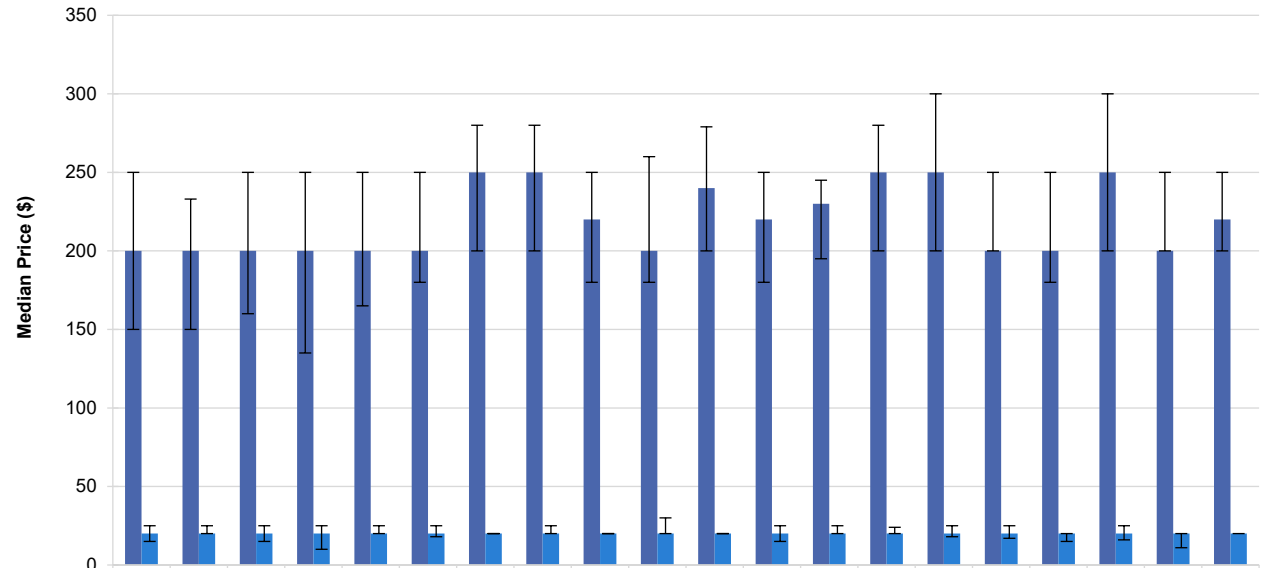
Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2003-2022

(A) Hydroponic cannabis



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Ounce	280	250	280	278	300	300	300	300	300	290	300	300	300	280	280	280	280	300	290	300
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20

(B) Bush cannabis

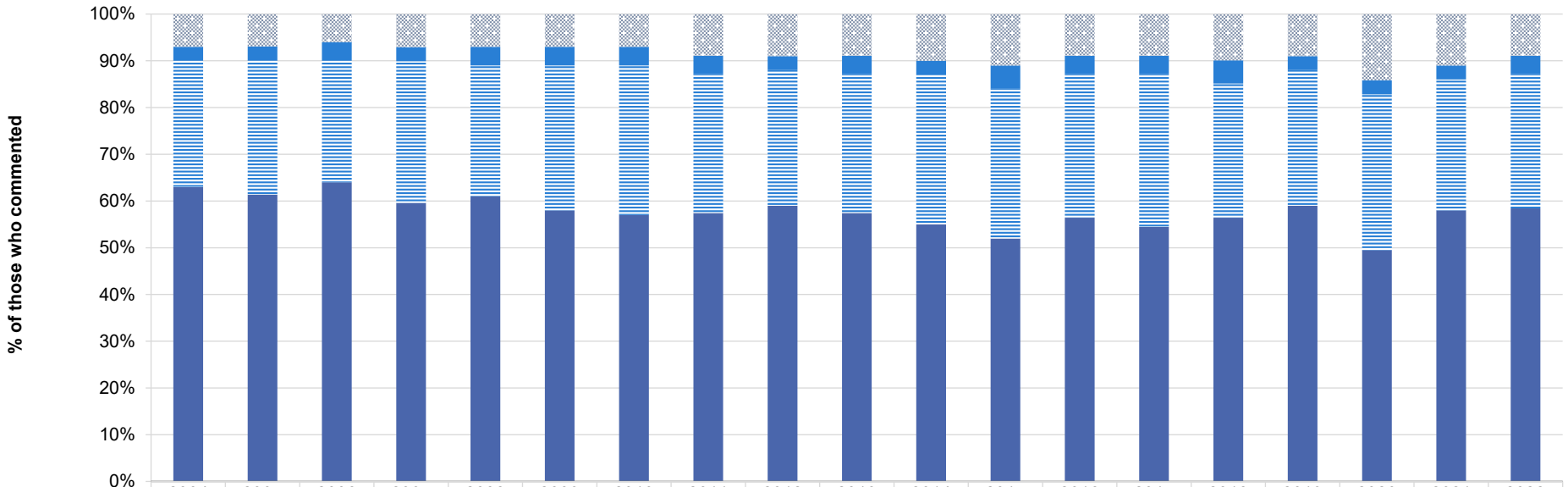


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Ounce	200	200	200	200	200	200	250	250	220	200	240	220	230	250	250	200	200	250	200	220
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20

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. 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.

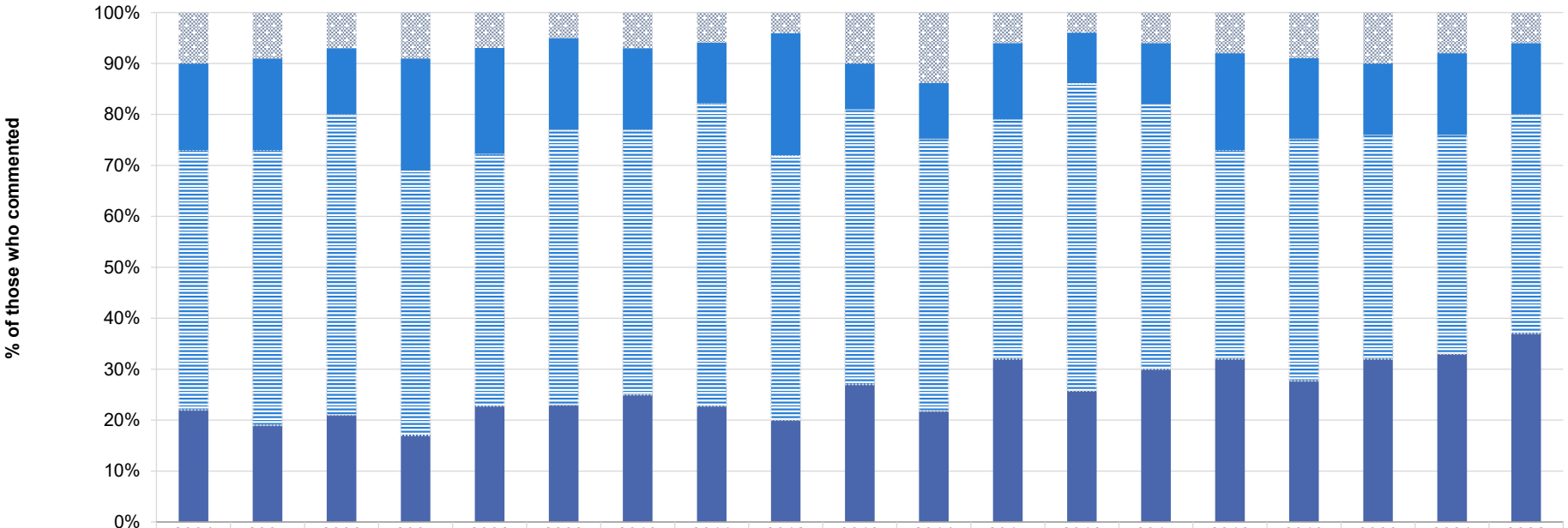
Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2022

(A) Hydroponic cannabis



	2004 (n=710)	2005 (n=661)	2006 (n=646)	2007 (n=508)	2008 (n=552)	2009 (n=526)	2010 (n=485)	2011 (n=549)	2012 (n=526)	2013 (n=461)	2014 (n=479)	2015 (n=435)	2016 (n=447)	2017 (n=418)	2018 (n=445)	2019 (n=475)	2020 (n=348)	2021 (n=455)	2022 (n=488)
Fluctuates	7	7	6	7	7	7	7	9	9	9	10	11	9	9	10	9	14	11	9
Low	3	3	4	3	4	4	4	4	3	4	3	5	4	4	5	3	3	3	4
Medium	27	29	26	30	28	31	32	30	29	30	32	32	31	33	29	29	33	28	29
High	63	62	64	59	61	58	57	58	59	58	55	52	57	55	57	59	49	58	59

(B) Bush cannabis

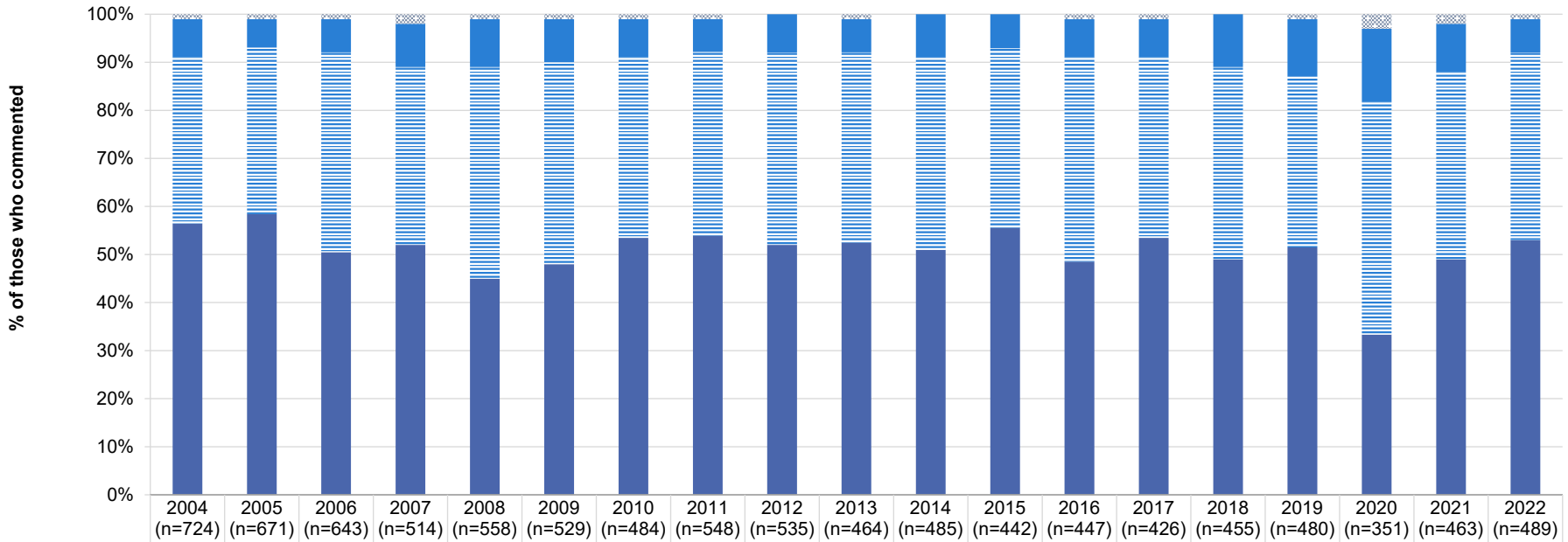


	2004 (n=469)	2005 (n=450)	2006 (n=302)	2007 (n=310)	2008 (n=283)	2009 (n=328)	2010 (n=279)	2011 (n=237)	2012 (n=224)	2013 (n=207)	2014 (n=205)	2015 (n=186)	2016 (n=168)	2017 (n=181)	2018 (n=198)	2019 (n=275)	2020 (n=157)	2021 (n=212)	2022 (n=187)
Fluctuates	10	9	7	9	7	5	7	6	4	10	14	6	4	6	8	9	10	8	6
Low	17	18	13	22	21	18	16	12	24	9	11	15	10	12	19	16	14	16	14
Medium	51	54	59	52	50	54	52	60	52	54	54	47	61	52	41	48	44	43	43
High	22	19	21	17	23	23	25	23	20	27	22	32	26	30	32	28	32	33	37

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. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

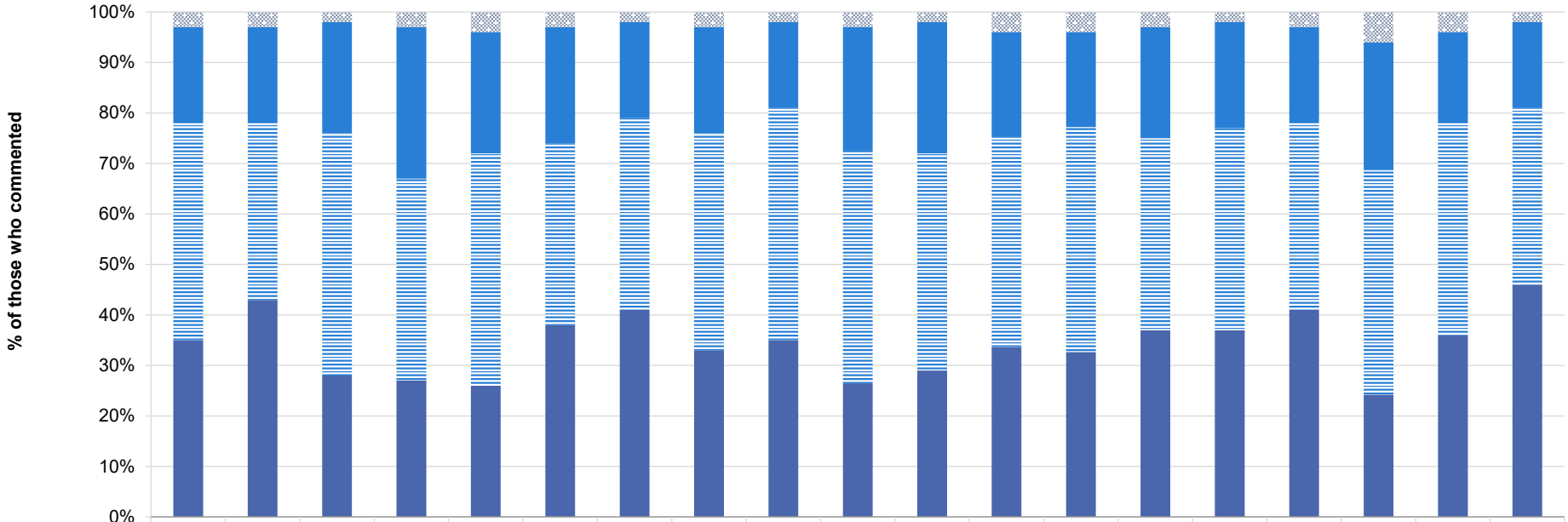
Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2022

(A) Hydroponic cannabis



	2004 (n=724)	2005 (n=671)	2006 (n=643)	2007 (n=514)	2008 (n=558)	2009 (n=529)	2010 (n=484)	2011 (n=548)	2012 (n=535)	2013 (n=464)	2014 (n=485)	2015 (n=442)	2016 (n=447)	2017 (n=426)	2018 (n=455)	2019 (n=480)	2020 (n=351)	2021 (n=463)	2022 (n=489)
Very difficult	1	1	1	2	1	1	1	1	0	1	0	0	1	1	0	1	3	2	-
Difficult	8	6	7	9	10	9	8	7	8	7	9	7	8	8	11	12	15	10	7
Easy	35	35	42	37	44	42	38	39	40	40	40	37	43	38	40	36	48	39	39
Very easy	57	59	51	52	45	48	54	55	52	53	51	55	49	54	49	52	33	49	53

(B) Bush cannabis



	2004 (n=458)	2005 (n=462)	2006 (n=303)	2007 (n=315)	2008 (n=283)	2009 (n=318)	2010 (n=288)	2011 (n=240)	2012 (n=230)	2013 (n=204)	2014 (n=211)	2015 (n=188)	2016 (n=166)	2017 (n=181)	2018 (n=202)	2019 (n=279)	2020 (n=160)	2021 (n=212)	2022 (n=189)
Very difficult	3	3	2	3	4	3	2	3	2	3	2	4	4	3	2	3	6	4	-
Difficult	19	19	22	30	24	23	19	21	17	25	26	21	19	22	21	19	25	18	17
Easy	43	35	48	40	46	36	38	43	46	47	43	42	45	38	40	37	44	42	35
Very easy	35	43	28	27	26	38	41	33	35	27	29	34	33	37	37	41	24	36	46

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. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

7

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout this chapter refers to **prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name; **non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and **any use**: use of pharmaceutical opioids obtained through either of the above means. Contact the Drug Trends team (drugtrends@unsw.edu.au) for information on price and perceived availability of non-prescribed pharmaceutical opioids.

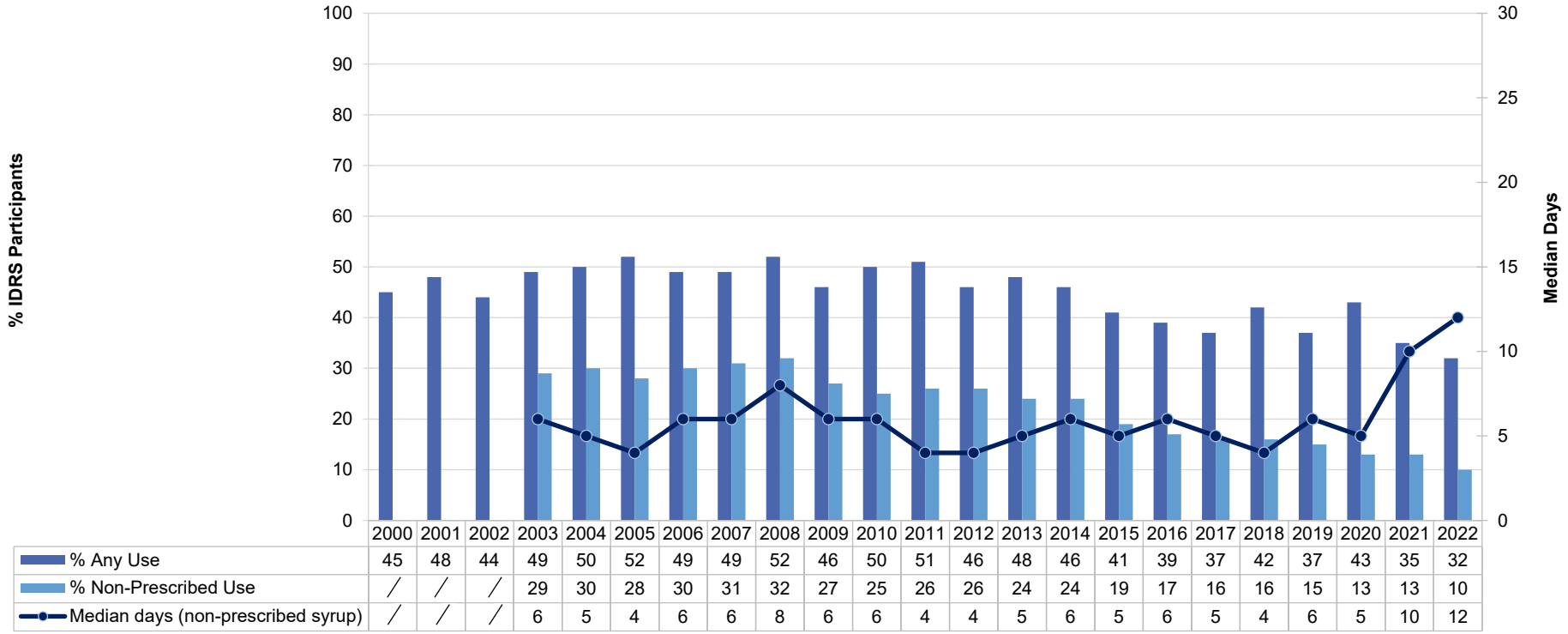
Methadone

Any Recent Use (past 6 months): Recent use of any methadone (including liquid and tablets) has generally ranged between one-third and half of participants over the course of monitoring. In 2022, almost one-third (32%; 35% in 2021; *p*=0.180) of participants reported recent use of any methadone (prescribed and non-prescribed) (Figure 24). Historically, methadone use has largely consisted of prescribed use (25% in 2022; 25% in 2021; *p*=0.867), with the per cent reporting non-prescribed use peaking at 32% in 2008 and declining to 10% nationally in 2022 (13% in 2021; *p*=0.089), the lowest percentage reported since monitoring began (Figure 24). The per cent reporting non-prescribed use varied across capital cities, from n≤5 in the Darwin and Adelaide samples to 18% in the Sydney sample (Table 9).

Frequency of Use: Frequency of non-prescribed methadone syrup use in the six months preceding interview remained stable at a median of 12 days in 2022 (IQR=4-48; 10 days in 2021; IQR=2-35; *p*=0.845) (Figure 24).

Recent Injecting Use: Of those who had recently used methadone syrup or tablets (n=282), one-third (35%) reported recently injecting methadone, stable relative to 2021 (37%; *p*=0.739). In 2022, participants reported injecting methadone on a median of 30 days (IQR=4-96), stable from 2021 (24 days; IQR=3-71; *p*=0.174).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	45	48	44	49	50	52	49	49	52	46	50	51	46	48	46	41	39	37	42	37	43	35	32
% Non-Prescribed Use	/	/	/	29	30	28	30	31	32	27	25	26	26	24	24	19	17	16	16	15	13	13	10
Median days (non-prescribed syrup)	/	/	/	6	5	4	6	6	8	6	6	4	4	5	6	5	6	5	4	6	5	10	12

Note. Includes methadone syrup and tablets except where otherwise specified. / Not asked. Non-prescribed use not distinguished in 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 30 days to improve visibility of trends. 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 9: Past six month non-prescribed use of methadone, by capital city, 2003-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2003	20	27	13	76	33	18	39	18
2004	29	30	11	75	19	20	35	28
2005	19	34	11	60	27	27	41	22
2006	28	39	11	63	28	32	33	20
2007	24	34	21	66	27	31	33	20
2008	27	35	21	70	17	19	45	27
2009	36	26	20	68	10	11	32	11
2010	27	25	19	58	17	13	27	15
2011	25	25	22	53	15	27	30	16
2012	26	27	21	47	14	31	27	12
2013	29	29	12	51	20	24	13	16
2014	29	27	21	51	9	20	16	17
2015	25	16	17	36	11	14	17	14
2016	21	12	13	40	6	13	14	19
2017	19	13	7	39	6	-	18	19
2018	20	13	11	42	-	9	8	18
2019	22	15	7	29	8	-	13	19
2020	17	7	10	26	9	11	-	20
2021	19	14	5	32	7	6	10	13
2022	**18**	**8**	**7**	**16**	**-**	**9**	**-**	**10**

Note. Includes methadone syrup and tablets. - Values suppressed due to small cell size (n≤5 but not 0). From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

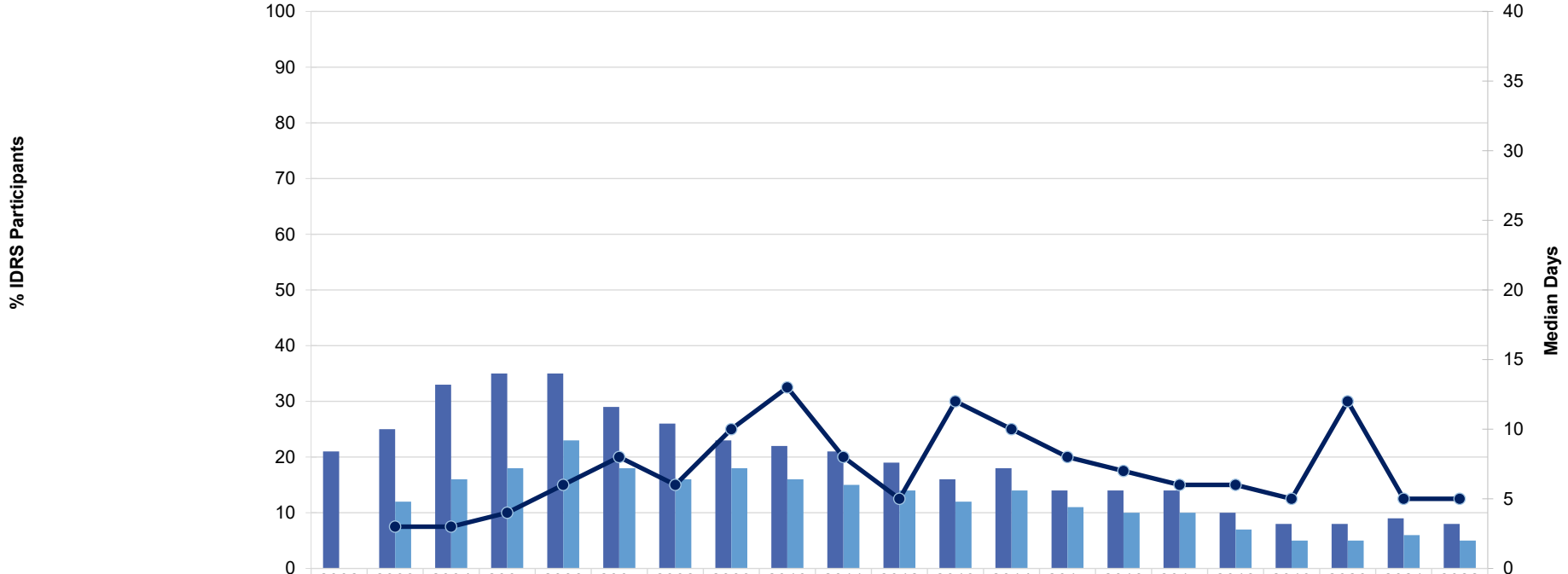
Buprenorphine Tablet

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine tablet use has declined from 2006 onwards (Figure 25). In 2022, 8% of the sample reported recent use of any buprenorphine in tablet form, stable from 9% in 2021 (p=0.795). Four per cent reported prescribed use (2% in 2021; p=0.162), and 5% reported non-prescribed use (6% in 2021; p=0.265) (Figure 25). Recent non-prescribed buprenorphine tablet use remained stable in each capital city in 2022 (Table 10).

Frequency of Use: Participants reported use of non-prescribed buprenorphine in tablet form on a median of five days in 2022 (IQR=2-27; 5 days in 2021; IQR=2-49; p=0.932) (Figure 25).

Recent Injecting Use: Of those who had recently used buprenorphine in tablet form in 2022 (n=72), 61% reported recently injecting tablet form of buprenorphine, stable relative to 2021 (68%; p=0.389) and had done so on a median of six days in the six months preceding interview (IQR=2-90), also stable from 2021 (8 days; IQR=2-72; p=0.907).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, nationally, 2002-2022



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	21	25	33	35	35	29	26	23	22	21	19	16	18	14	14	14	10	8	8	9	8
% Non-Prescribed Use	/	12	16	18	23	18	16	18	16	15	14	12	14	11	10	10	7	5	5	6	5
Median days (non-prescribed)	/	3	3	4	6	8	6	10	13	8	5	12	10	8	7	6	6	5	12	5	5

Note. / Not asked. Non-prescribed use not distinguished in 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 40 days to improve visibility of trends. 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 10: Past six month non-prescribed use of buprenorphine tablet, by capital city, 2003-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2003	5	-	32	-	10	18	13	7
2004	8	-	35	-	12	23	15	20
2005	8	15	29	-	14	34	20	20
2006	19	34	29	6	14	32	14	30
2007	16	28	26	6	11	19	-	31
2008	7	25	19	-	12	18	18	25
2009	18	23	25	12	9	16	-	31
2010	13	27	21	-	9	18	8	27
2011	12	21	18	6	8	11	8	33
2012	13	20	19	6	9	14	10	22
2013	11	16	9	9	7	10	20	16
2014	22	12	12	11	-	19	12	19
2015	9	11	12	13	6	8	10	17
2016	11	8	4	10	-	9	16	26
2017	13	14	6	9	7	10	-	25
2018	-	9	5	11	-	8	-	12
2019	4	-	-	-	0	-	-	15
2020	5	0	0	11	-	9	0	14
2021	5	-	-	11	-	-	-	20
2022	**-**	**-**	**4**	**7**	**-**	**-**	**-**	**15**

Note. In 2002, the IDRS interview did not distinguish between prescribed and non-prescribed use. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). The response option 'Don't know' was excluded from analysis. Values suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

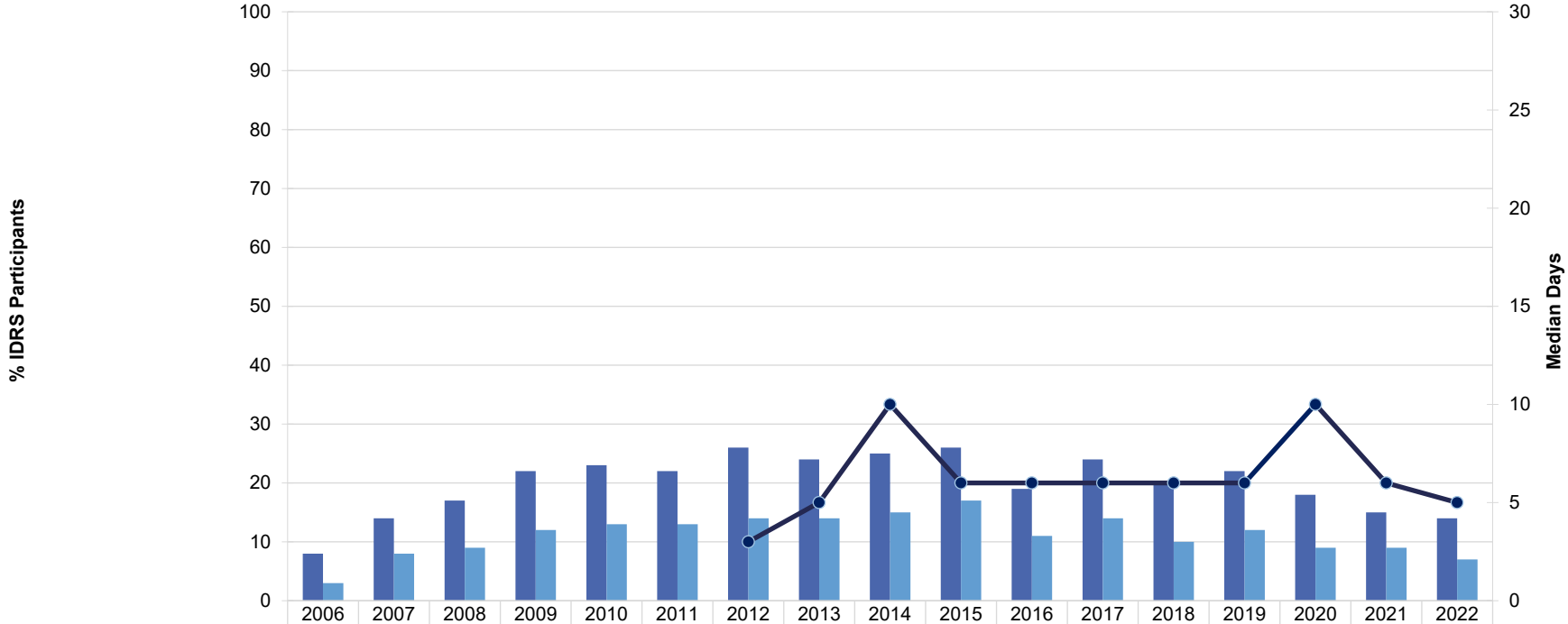
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any recent buprenorphine-naloxone use has remained relatively stable over the past decade. In 2022, 14% of the sample reported recent use of any buprenorphine-naloxone, stable from 2021 (15%; p=0.495). Seven per cent reported recent prescribed use in 2022, stable from 2021 (7%), and a further 7% reported non-prescribed use, also stable from 2021 (9%; p=0.339) (Figure 26). Recent non-prescribed buprenorphine-naloxone use remained stable in each capital city in 2022 (Table 11).

Frequency of Use: Frequency of non-prescribed use remained stable in 2022 at a median of five days in the six months preceding interview (IQR=2-24; 6 days in 2021; IQR=2-49) (Figure 26).

Recent Injecting Use: Of those who had recently used buprenorphine-naloxone in 2022 (n=123), 45% reported injecting as a route of administration, stable from 41% in 2021 (p=0.527). Participants reported injecting buprenorphine-naloxone on a median of 15 days (IQR=3-90) in the six months preceding interview (6 days in 2021; IQR=2-90; p=0.492).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, nationally, 2006-2022



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	8	14	17	22	23	22	26	24	25	26	19	24	20	22	18	15	14
% Non-Prescribed Use	3	8	9	12	13	13	14	14	15	17	11	14	10	12	9	9	7
Median days (non-prescribed film)	/	/	/	/	/	/	3	5	10	6	6	6	6	6	10	6	5

Note. / Not asked. 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 30 days to improve visibility of trends. 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 11: Past six month non-prescribed use of buprenorphine-naloxone (any form), by capital city, 2006-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2006	-	-	5	-	-	9	-	7
2007	-	6	13	-	-	15	-	24
2008	-	10	18	-	-	12	-	16
2009	6	11	14	-	9	28	8	22
2010	-	12	24	-	8	17	15	21
2011	8	12	29	-	-	14	14	11
2012#	9	9	23	11	18	22	8	15
2013	9	11	17	9	9	22	19	22
2014	15	16	15	11	9	18	20	16
2015	11	12	17	13	15	19	22	27
2016	11	7	14	7	6	-	9	23
2017^	14	13	11	14	14	16	10	24
2018	9	16	12	12	-	7	-	18
2019	11	14	10	7	8	16	10	22
2020	-	-	4	23	11	12	-	15
2021	-	9	5	21	10	13	-	11
2022	**5**	**-**	**7**	**13**	**8**	**9**	**-**	**10**

Note. Data collected from 2006 onwards. # Includes 'tablet' and 'film' forms from 2012-2016. ^ Includes only 'film' form from 2017 onwards. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Morphine

Any Recent Use (past 6 months): After remaining relatively stable from 2001-2007, the per cent reporting recent morphine use has been declining from 2008 onwards (Figure 27). In 2022, 16% of the national sample had recently used any morphine (19% in 2021; *p*=0.156), the lowest percentage reporting recent use since the commencement of monitoring. Nationally, this per cent mostly comprised non-prescribed use (14% in 2022; 16% in 2021; *p*=0.152), with non-prescribed use lowest in the Melbourne and Perth samples (7%, respectively) and highest in the Darwin and Hobart samples (27%, respectively) (Table 12). Three per cent of the national sample reported recent prescribed use in 2022 (4% in 2021; *p*=0.360).

Frequency of Use: Frequency of non-prescribed morphine use has fluctuated over time, though remained stable in 2022 at a median of 10 days in the preceding six months (IQR=2-48; 10 days in 2021; IQR=3-54; *p*=0.720) (Figure 27).

Recent Injecting Use: Of those who had recently used morphine and commented (n=141), the majority (82%) reported injecting it, stable relative to 2021 (84%; *p*=0.646). Those who reported injecting morphine did so on a median of 10 days (IQR=2-72) in the six months preceding interview, stable from 2021 (11 days; IQR=3-90; *p*=0.755).

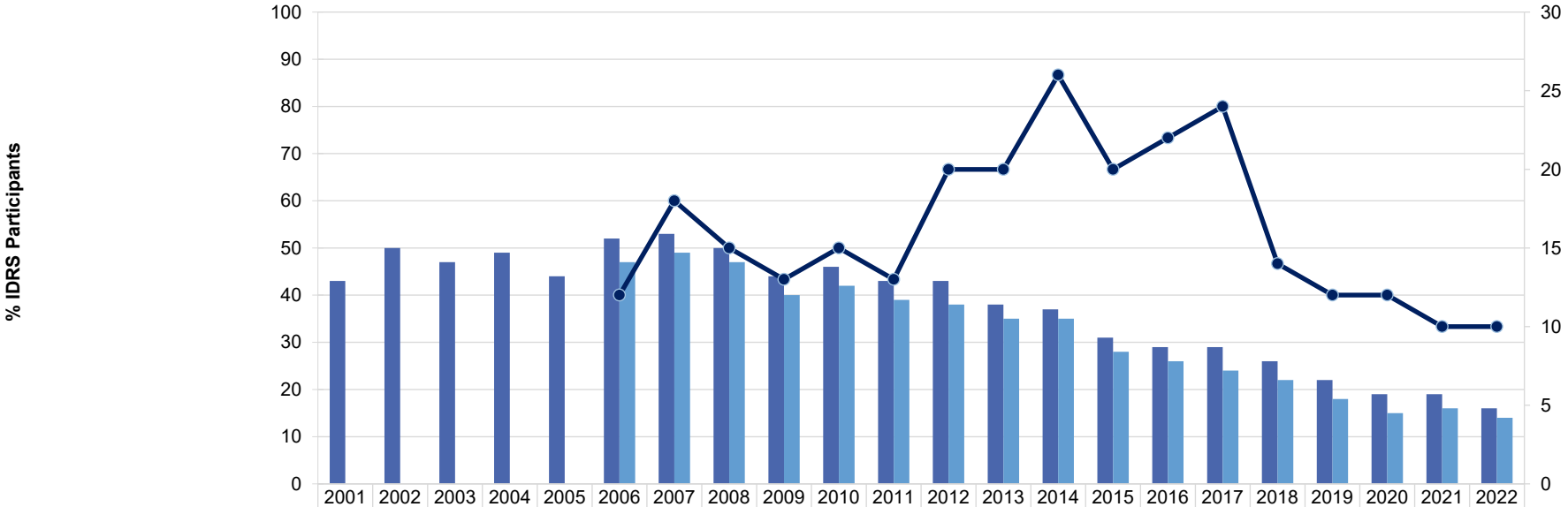
Oxycodone

Any Recent Use (past 6 months): After a gradual increase from 2005 to 2012, the per cent reporting recent oxycodone use has been declining (Figure 28). In 2022, 13% of the national sample had recently used any oxycodone, stable relative to 2021 (14%; *p*=0.946). Five per cent of the sample reported prescribed use (5% in 2021; *p*=0.440), and one-tenth (10%) reported non-prescribed use (9% in 2021; *p*=0.867). The per cent reporting non-prescribed oxycodone use declined across all capital cities from 2012 onwards but remained stable in 2022 relative to 2021 (Table 13).

Frequency of Use: In 2022, participants reported using non-prescribed oxycodone on a median of five days in the preceding six months (IQR=2-10; 4 days in 2021; IQR=2-12, *p*=0.481) (Figure 28).

Recent Injecting Use: Of those who had recently used oxycodone and commented (n=115), half (50%) reported injecting as a route of administration, stable relative to 2021 (43%; *p*=0.245). The median days injected in the past six months also remained stable (6 days; IQR=2-24; 5 days in 2021; IQR=2-14; *p*=0.398).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, nationally, 2001-2022



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	43	50	47	49	44	52	53	50	44	46	43	43	38	37	31	29	29	26	22	19	19	16
% Non-Prescribed Use	/	/	/	/	/	47	49	47	40	42	39	38	35	35	28	26	24	22	18	15	16	14
Median days (non-prescribed)	/	/	/	/	/	12	18	15	13	15	13	20	20	26	20	22	24	14	12	12	10	10

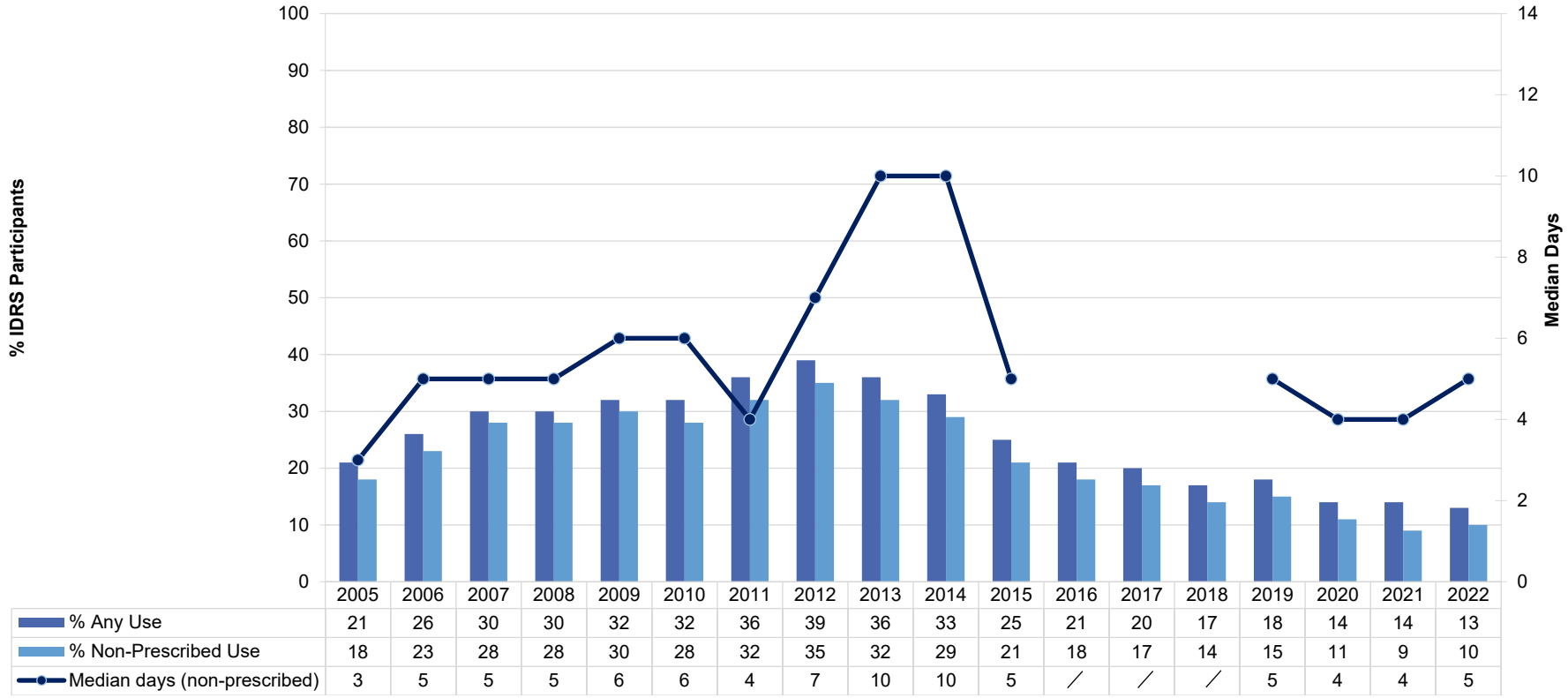
Note. / Not asked. Non-prescribed use not distinguished in 2001-2005. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 12: Past six month non-prescribed use of morphine, by capital city, 2006-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2006	31	52	31	58	48	52	70	51
2007	34	53	37	67	41	45	73	57
2008	31	35	40	81	30	31	85	51
2009	28	38	31	81	22	33	61	38
2010	31	36	30	73	24	28	89	38
2011	21	30	33	73	20	33	72	39
2012	21	30	27	64	23	43	69	34
2013	19	23	20	65	22	37	74	38
2014	25	12	24	71	20	27	80	32
2015	19	20	13	47	20	19	69	29
2016	16	12	10	51	18	16	71	33
2017	16	21	7	42	12	18	60	26
2018	17	10	10	47	7	14	54	29
2019	13	11	9	26	10	15	40	28
2020	7	8	8	38	11	18	32	21
2021	9	9	6	40	8	16	36	18
2022	**11**	**10**	**7**	**27**	**10**	**7**	**27**	**19**

Note. From 2001-2005, the IDRS did not distinguish between prescribed and non-prescribed morphine. Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, nationally, 2005-2022



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	21	26	30	30	32	32	36	39	36	33	25	21	20	17	18	14	14	13
% Non-Prescribed Use	18	23	28	28	30	28	32	35	32	29	21	18	17	14	15	11	9	10
Median days (non-prescribed)	3	5	5	5	6	6	4	7	10	10	5	/	/	/	5	4	4	5

Note. / Not asked. 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 14 days to improve visibility of trends. 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 13: Past six month non-prescribed use of oxycodone, by capital city, 2005-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2005	14	14	16	30	11	39	11	16
2006	18	22	24	29	20	42	7	21
2007	26	23	28	36	20	44	11	39
2008	27	27	25	53	15	23	28	26
2009	27	27	25	56	9	29	35	34
2010	33	13	28	60	17	20	22	26
2011	34	23	37	45	23	30	26	34
2012	46	34	26	56	26	48	19	29
2013	40	17	23	61	18	33	23	37
2014	40	16	22	47	21	27	22	38
2015	21	15	19	27	25	18	23	24
2016	23	12	10	28	16	17	18	22
2017	27	9	8	29	13	14	14	18
2018	16	10	10	28	-	15	11	18
2019	21	14	5	22	13	11	12	20
2020	9	8	7	24	11	8	9	15
2021	9	-	7	17	9	15	-	10
2022	**11**	**6**	**10**	**12**	**10**	**11**	**-**	**11**

Note. Data on oxycodone use not collected from 2000-2005. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016). 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.

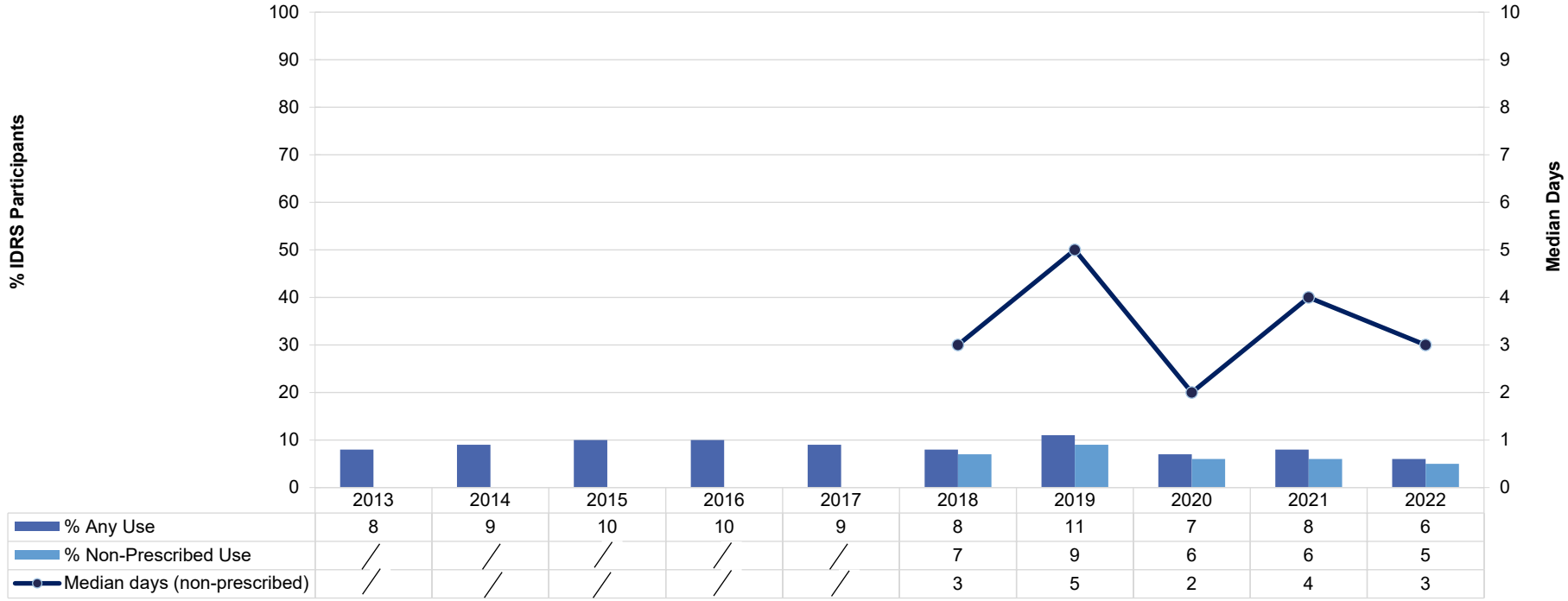
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low since monitoring began (Figure 29), with 6% reporting any recent use in 2022, the lowest per cent since monitoring began (8% in 2021; p=0.077). Five per cent reported non-prescribed use (6% in 2021; p=0.343) and 1% reported prescribed use (2% in 2021; p=0.126). Non-prescribed fentanyl use was highest in the Hobart and Canberra samples (10% and 9%, respectively) (Table 14).

Frequency of Use: In 2022, participants reported non-prescribed use on a median of three days (IQR=1-7) in the past six months, stable relative to 2021 (4 median days; IQR=2-11; p=0.114) (Figure 29).

Recent Injecting Use: Of those who had recently used fentanyl (n=50), three-quarters (74%) reported injecting it (83% in 2021; p=0.363) and had done so on a median of three days (IQR=2-8) in the past six months (3 days in 2021; IQR=1-7; p=0.874).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, nationally, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
% Any Use	8	9	10	10	9	8	11	7	8	6
% Non-Prescribed Use	/	/	/	/	/	7	9	6	6	5
Median days (non-prescribed)	/	/	/	/	/	3	5	2	4	3

Note. / Not asked. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. 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 14: Past six month non-prescribed use of fentanyl, by capital city, 2018-2022

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
2018	6	6	8	0	-	8	-	16
2019	11	10	7	-	-	9	13	13
2020	8	9	-	-	10	11	-	-
2021	7	10	-	12	6	6	-	-
2022	**4**	**9**	**-**	**10**	**6**	**-**	**0**	**-**

Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. - Values suppressed due to small cell size (n≤5 but not 0). Bri (Brisbane) includes Brisbane and the Gold Coast. 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.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 15). In 2022, almost one-tenth (9%) of participants reported any recent use of codeine (10% in 2021; p=0.417), with 5% reporting prescribed use (6% in 2021; p=0.338), and 4% reporting non-prescribed use (5% in 2021; p=0.652). Of those who reported recent use (n=78), small numbers (n≤5) reported recent injecting use (2% in 2021; p=0.255).

In 2022, 10% reported any recent use of tramadol (8% in 2021; p=0.400), with 5% reporting prescribed use (4% in 2021; p=0.416) and 5% reporting non-prescribed use (5% in 2021; p=0.834). Of those reporting recent use (n=84), one-tenth (12%) reported recent injecting use (11% in 2021).

One per cent of the sample reported recent use of tapentadol in 2022 (2% in 2021; p=0.551), with small numbers (n≤5) reporting prescribed use (n≤5 in 2021). One per cent reported recent non-prescribed use in 2022 (n≤5 in 2021; p=0.773) and no participants reported recent injecting use (0% in 2021).

One per cent of participants reported any recent use of other opioids (not listed in Table 15).

Table 15: Past six month use of other opioids, nationally, 2019-2022

%	2019 (N=896)	2020 (N=880)	2021 (N=887)	2022 (n=878)
Codeine^				
Any use	9	10	10	**9**
Non-prescribed use	9	4	5	**4**
Any injecting use#	5	7	2	**-**
Tramadol				
Any use	16	7	8	**10**
Non-prescribed use	7	4	5	**5**
Any injecting use#	9	8	11	**12**
Tapentadol				
Any use	2	1	2	**1**
Non-prescribed use	1	-	-	**1**
Any injecting use#	-	-	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 figure; *p<0.050; **p<0.010; ***p<0.001.

8

Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2022, 6% of the national sample reported any recent NPS use, the lowest per cent observed since monitoring began (6% in 2021; *p*=0.619) (Table 16). 'New' drugs that mimic the effects of amphetamine or cocaine (2%; 1% in 2021; *p*=0.095) and 'new' drugs that mimic the effects of cannabis (2%; 4% in 2021; *p*=0.049) were the most commonly used NPS, although use was infrequent (median 3 days for 'new' drugs that mimic the effects of cannabis; IQR=2-60; median 2 days in 2021; IQR=1-120; *p*=0.645). A small per cent (1%) reported use of new drugs that mimic the effects of opioids (1% in 2021; *p*=0.798).

Table 16: Past six month use of new psychoactive substances, nationally, 2013-2022

%	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	N=887	N=898	N=888	N=877	N=888	N=905	N=902	N=884	N=887	N=874
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	2	1	1	**1**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	1[#]	1	2	-	1	**1**
'New' drugs that mimic the effects of amphetamine or cocaine	4	4	3	4	/	2	1	2	1	**2**
'New' drugs that mimic the effects of cannabis	9	8	8	8	5	5	6	5	4	**2***
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	1[#]	2	1	1	0	**1**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	1	-	1	**0**
Any of the above	12	11	10	11	8	11	11	8	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', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs; from 2018 onwards, these two NPS classes were seperated out. 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.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has been gradually decreasing, from 46% in 2007 when monitoring commenced to 25% in 2022, the lowest per cent recorded since monitoring began (29% in 2021; *p*=0.125) (Figure 30). Of the total sample, 11% reported use of non-prescribed alprazolam, a significant decrease relative to 2021 (16%; *p*=0.005), and 20% reported use of non-prescribed other benzodiazepines, stable relative to 2021 (22%; *p*=0.329).

Frequency of Use: In 2022, participants reported using non-prescribed alprazolam on a median of five days (IQR=2-14; 6 days in 2021; IQR=2-24; *p*=0.426) and 'other' benzodiazepines on a median of 8 days (IQR=3-24; 12 days in 2021; IQR=3-48; *p*=0.329) in the six months preceding interview.

Recent Injecting Use: In 2022, 4% of participants who had recently used any non-prescribed benzodiazepines reported injecting as a route of administration (7% in 2021; *p*=0.159). Similarly, 3%

of participants who had recently used any benzodiazepines (including alprazolam, prescribed or non-prescribed) reported injecting as a route of administration (4% in 2021; *p*=0.332).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring began (Figure 30). One-fifth (18%) reported recent use in 2006, declining to 7% in 2022 (6% in 2021; *p*=0.633).

Frequency of Use: Frequency of non-prescribed use remained stable at four days in 2022 (IQR=1-14; 3 days in 2021; IQR=2-8; *p*=0.469).

Recent Injecting Use: Nearly two-fifths (39%) of those who had recently used non-prescribed pharmaceutical stimulants in 2022 reported injecting it (35% in 2021; *p*=0.702) on a median of four days in the past six months (IQR=3-17; 4 days in 2021; IQR=3-7; *p*=0.585).

Antipsychotics

Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed antipsychotics (asked as 'Seroquel' from 2011-2018) has gradually decreased over time, with 5% reporting use in 2022, the lowest per cent since monitoring began (5% in 2021; *p*=0.438) (Figure 30).

Frequency of Use: Frequency of non-prescribed use remained stable at five days in 2022 (IQR=2-38; 7 days in 2021; IQR=4-30; *p*=0.527).

Recent Injecting Use: No participants reported recent injecting of antipsychotics in 2022 (0% in 2021).

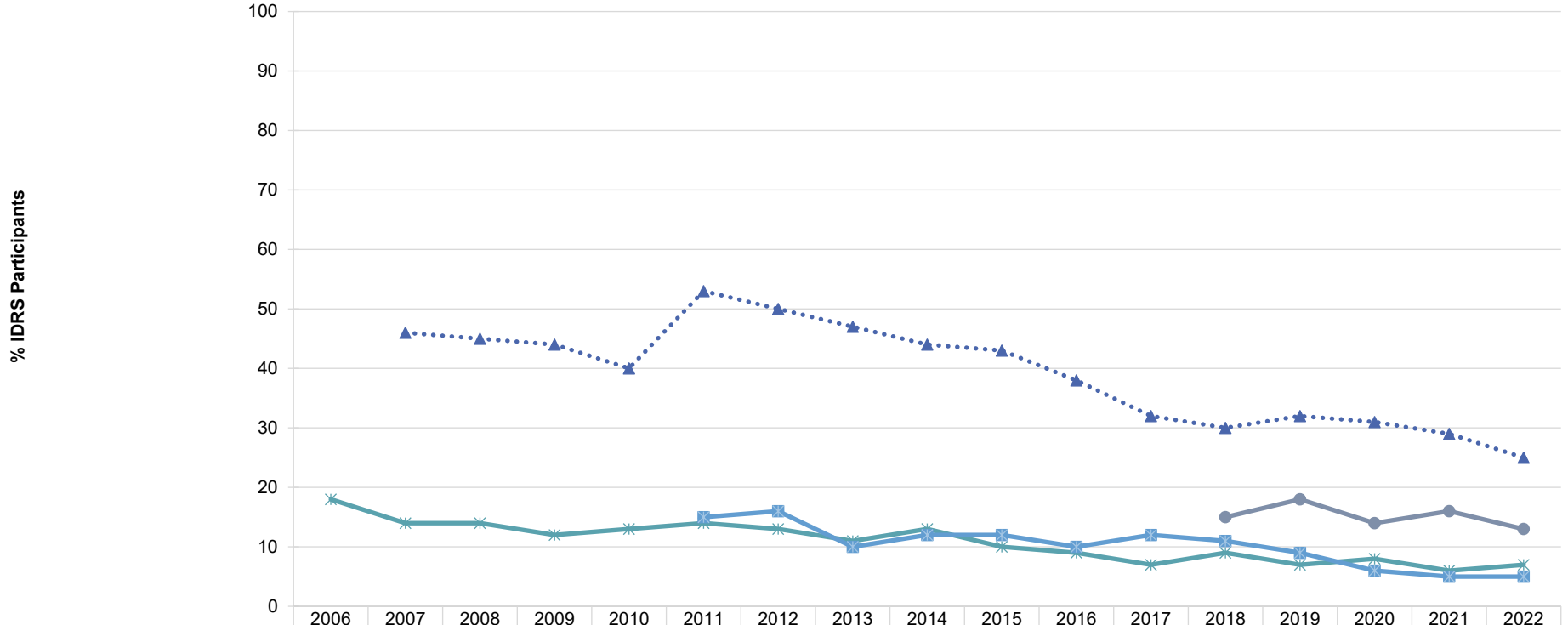
Pregabalin

Recent Use (past 6 months): In 2022, 13% of the national sample reported non-prescribed pregabalin use in the six months preceding interview (16% in 2021; *p*=0.164) (Figure 30). The highest per cent of non-prescribed pregabalin use was observed in the Melbourne and Perth samples (18% and 16%, respectively).

Frequency of Use: Non-prescribed use was infrequent, with participants reporting use on a median of six days of use in the preceding six months (IQR=2-20), consistent with 2021 reports (median 6 days; IQR=2-24; *p*=0.335).

Recent Injecting Use: Of those who had recently used non-prescribed pregabalin (n=118), 6% reported recent injecting use (6% in 2021) on a median of two days (IQR=2-47; 5 days in 2021; IQR=2-11; *p*=0.942).

Figure 30: Past six month use of non-prescribed pharmaceutical drugs, nationally, 2006-2022



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Benzodiazepines	/	/	/	/	/	53	50	47	44	43	38	32	30	32	31	29	25
Pharmaceutical stimulants	/	/	/	/	/	/	/	/	/	/	/	/	9	7	8	6	7
Antipsychotics						15	16	10	12	12	10	12	11	9	6	5	5
Pregabalin													15	18	14	16	13

Note. Non-prescribed use is reported. / Not asked. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' from 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 from 2007 onwards. 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): Fifty-eight per cent of the sample reported recent use of alcohol in 2022, a significant increase relative to 2021 (52% in 2021; *p*=0.013) (Figure 31).

Frequency of Use: Participants who reported recent alcohol use in 2022, reported use on a median of 24 days (IQR=6-120; 36 days in 2021; IQR=6-150; *p*=0.336), with 20% reporting daily use (22% in 2021; *p*=0.383).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively high since the IDRS began. In 2022, the majority of the national sample reported recent use (90%; 90% in 2021; *p*=0.872) (Figure 31).

Frequency of Use: Frequency of use remained high among those reporting recent use at a median of 180 days (IQR=180-180 days; 180 days in 2021; IQR=180-180; *p*=0.434), with 90% reporting daily use in 2022 (91% in 2021; *p*=0.602).

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-fifth (22%) of the sample reported non-prescribed e-cigarette use in 2022, the highest percentage since monitoring began, but stable relative to 2021 (18% reporting any e-cigarette use in 2021; *p*=0.057) (Figure 31).

Frequency of Use: Frequency of non-prescribed use remained stable in 2022 at a median of 20 days (IQR=4-132; 19 days in 2021; IQR=5-120; *p*=0.705), with 24% of those who had recently used non-prescribed e-cigarettes reporting daily use (23% in 2021).

Forms Used: Among those who reported recent non-prescribed use and commented (n=333), the majority (80%) reported using e-cigarettes containing nicotine (88% in 2021; *p*=0.077), followed by 8% who reported using e-cigarettes containing cannabis (9% in 2021; *p*=0.837) and 6% who reported using e-cigarettes containing both nicotine and cannabis (9% in 2021; *p*=0.395). Two-fifths (43%) reported using e-cigarettes that contained neither cannabis nor nicotine, a significant increase relative to 2021 (12% in 2021; *p*<0.001). Few participants (n≤5) reported using e-cigarettes that contained another substance.

Reason for Use: Almost half (47%) of those who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes in 2022 reported that they did not use e-cigarettes as a smoking cessation tool (38% in 2021; *p*=0.088).

Steroids

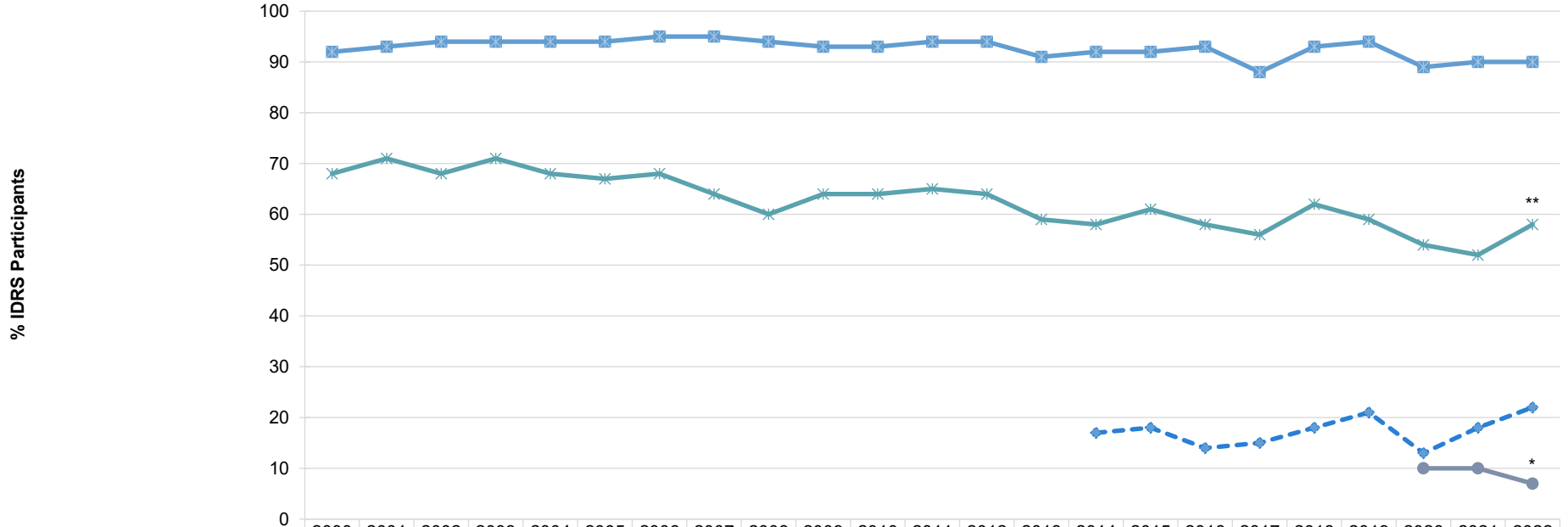
Recent Use (past 6 months): Reports of recent use of non-prescribed steroids have remained consistently low (between <1% and 3%) since monitoring began in 2010. Few participants (n≤5) reported recent use in 2022.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2022, 7% of the sample reported recent use of GHB/GBL/1,4-BD, a significant decrease relative to 2021 (10%; *p*=0.015) (Figure 31).

Recent Injecting Use: Of those that reported recent use, a small number reported injecting as a route of administration (n≤5).

Figure 31: Past six month use of licit and other drugs, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alcohol	68	71	68	71	68	67	68	64	60	64	64	65	64	59	58	61	58	56	62	59	54	52	58
Tobacco	92	93	94	94	94	94	95	95	94	93	93	94	94	91	92	92	93	88	93	94	89	90	90
Non-prescribed e-cigarettes	/	/	/	/	/	/	/	/	/	/	/	/	/	/	17	18	14	15	18	21	13	18	22
GHB/GBL/1,4-BD	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	10	10	7

Note. / Not asked. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. 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.

9

Drug-Related Harms and Other Behaviours

Participants were asked about various drug-related harms and associated behaviours, including non-fatal overdose, injecting risk, drug treatment, mental health and crime. It should be noted that the following data refer to participants' understandings of these behaviours (e.g., may not represent medical diagnoses in the case of reporting on health conditions).

Participants were also asked about COVID-19 testing, diagnosis, vaccination and current concern of contracting COVID-19.

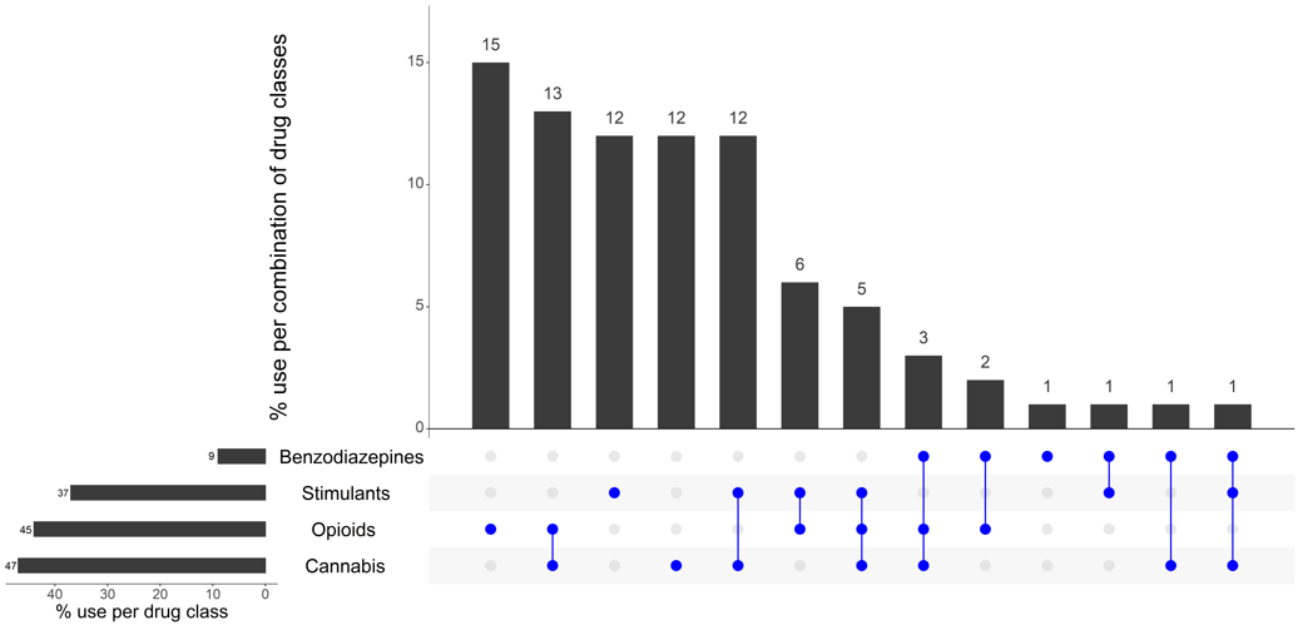
Polysubstance Use

In 2022, the majority of the sample (95%) reported using one or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview. Of

those who reported using one or more drugs (n=836), the most commonly used substances were tobacco (71%), cannabis (47%), opioids (45%), stimulants (37%) and benzodiazepines (9%).

Half (55%) of the sample reported using two or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview. Approximately one in ten participants reported concurrent use of cannabis and opioids (13%) and cannabis and stimulants (12%) on the day preceding interview (Figure 32). Fifteen per cent of respondents reported using opioids alone, whilst 12% reported using stimulants alone, and cannabis alone, respectively.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, nationally, 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, MDMA and 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.

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

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;

- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
  - **Other drug overdose: '**Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

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

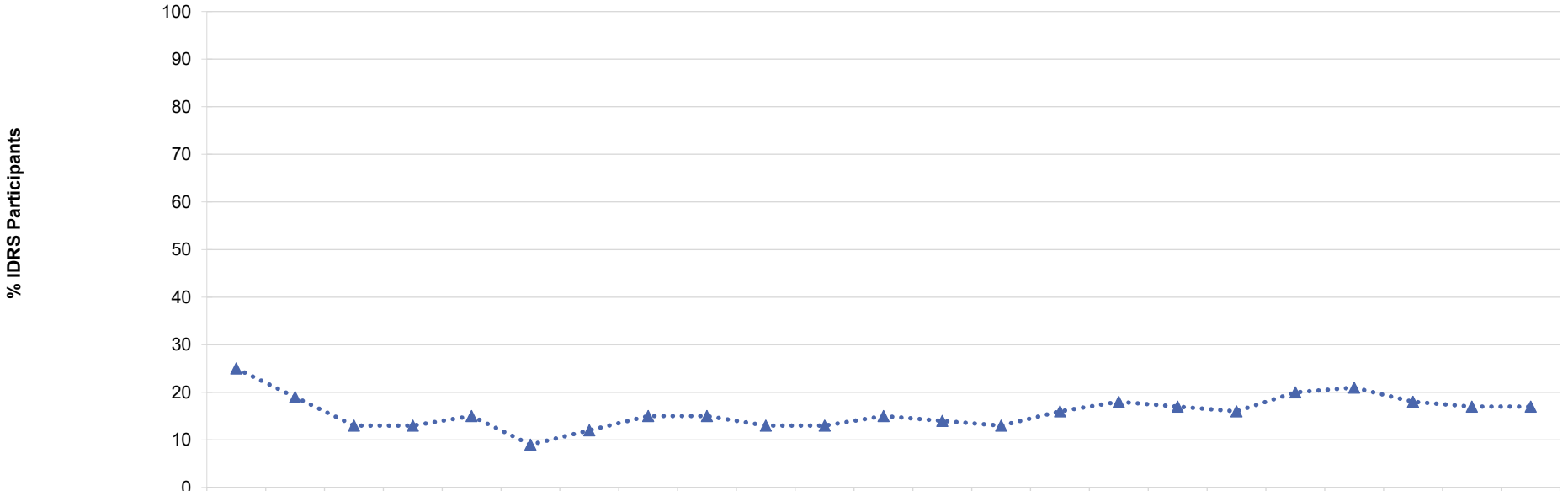
After some fluctuations from 2000-2006 (likely due to differences in the way questions regarding overdose were asked), the per cent reporting **any past 12-month non-fatal overdose** remained relatively stable from 2007-2017. After a slight increase in 2018 and 2019 (20% and 21%, respectively), the per cent reporting any past 12-month non-fatal overdose has remained relatively stable (17% in 2022 and 2021, respectively; p=0.707) (Figure 33). In 2022, the per cent reporting any past 12-month non-fatal overdose was highest in the Melbourne and Sydney samples (21% and 20%, respectively) and lowest in the Darwin sample (0%) (Table 17).

Twelve per cent reported a **non-fatal overdose following opioid use** in the past 12 months (11% in 2021; p=0.650), whilst 4% reported a **non-fatal overdose following stimulant use** in the past 12 months (4% in 2021; p=0.799) (Table 17).

The most commonly cited substance involved in past year non-fatal overdoses was heroin (11% of the total sample in 2022; 9% in 2021; p=0.235). Participants who had overdosed on an opioid had done so on a median of one occasion (IQR=1-3) in the last 12 months. Among those that had overdosed on an opioid in the past year and commented (n=99), 36% reported that an ambulance had attended their most recent overdose, 54% reported receiving naloxone from someone, 17% were admitted to an emergency department and 10% reported getting CPR from a friend, partner or peer. Twenty-four per cent reported not receiving any treatment. The most commonly cited drugs involved in participants' most recent opioid overdose were benzodiazepines (including alprazolam; 21%), alcohol (14%), cannabis (18%) and crystal methamphetamine (11%).

Please contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings regarding non-fatal overdose in the IDRS sample.

Figure 33: Past 12-month any non-fatal overdose, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Past 12 month	25	19	13	13	15	9	12	15	15	13	13	15	14	13	16	18	17	16	20	21	18	17	17

Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. 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 17: Past 12-month non-fatal overdose by drug type, nationally, 2021-2022, and by capital city, 2022

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
	N=888	**N=879**	**N=152**	**N=101**	**N=151**	**N=102**	**N=103**	**N=100**	**N=70**	**N=100**
	2021	**2022**	2022	2022	2022	2022	2022	2022	2022	2022
% Any opioid	N=882 11	**N=868 12**	N=152 14	N=101 14	N=149 17	N=93 6	N=103 9	N=100 15	N=70 0	N=100 11
% Heroin overdose	N=880 9	**N=867 11**	N=152 14	N=101 12	N=149 17	N=93 -	N=102 6	N=100 14	N=70 0	N=100 10
% Methadone overdose	N=880 1	**N=867 1**	N=152 -	N=101 -	N=149 -	N=93 -	N=102 -	N=100 -	N=70 0	N=100 -
% Morphine overdose	N=880 1	**N=867 0**	N=152 0	N=101 0	N=149 0	N=93 0	N=102 -	N=100 0	N=70 0	N=100 0
% Oxycodone overdose	N=880 0	**N=867 -**	N=152 0	N=101 0	N=149 0	N=93 0	N=102 0	N=100 -	N=70 0	N=100 0
% Stimulant overdose	N=885 4	**N=878 4**	N=151 5	N=101 -	N=151 -	N=102 6	N=103 -	N=100 -	N=70 0	N=100 -
% Other overdose	N=885 3	**N=878 3**	N=151 -	N=101 -	N=151 -	N=102 6	N=103 -	N=100 -	N=70 0	N=100 -
% Any drug overdose	N=882 17	**N=868 17**	N=152 20	N=101 18	N=151 21	N=102 12	N=103 18	N=100 18	N=70 0	N=100 16

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. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Bri (Brisbane) includes Brisbane and the Gold Coast. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure for national estimates; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: From 2013-2022, the per cent of the national sample who have heard of naloxone has remained stable, with almost four in five participants reporting awareness of naloxone in each year (84% in 2022; 81% in 2021; p=0.069) (Figure 34). There was large variation across capital cities, however, ranging from 95% among Sydney participants to 54% among Darwin participants (Table 18).

Awareness of Take-Home Programs (training program): In 2022, two-thirds (66%) of participants had heard about the take-home naloxone programs (64% in 2021*;* p=0.391) (Figure 34). In 2022, 12% of the national sample reported having heard of paid access (12% in 2021; p=0.942), and 64% of participants reported having heard of free access (62% in 2021; p=0.372). In 2022, knowledge regarding the take-home naloxone program was highest among the Canberra sample (81%) followed by the Melbourne and Sydney samples (79% and 78%, respectively) (Table 18).

Participation in Training Programs: In 2022, nearly two-fifths (38%) had been trained in how to administer naloxone in their lifetime (37% in 2021; p=0.661) (Figure 34). Participation in the naloxone training programs ranged from n≤5 in the Darwin sample to 56% in the Canberra sample (Table 18).

Accessed Naloxone: In 2022, 68% of those who had heard about the take-home naloxone programs reported having ever accessed naloxone (67% in 2021; p=0.611), with 52% having done so in the past year (48% in 2021; p=0.259).

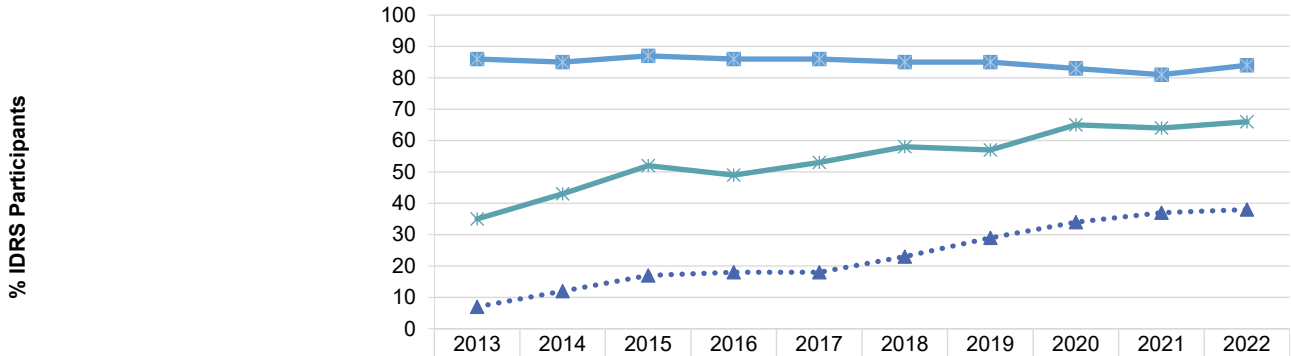
Five per cent of the total sample reported that they had tried to access naloxone in their lifetime but had been unsuccessful. Out of those that had never accessed or had trouble accessing naloxone (n=457), the reasons why they had not accessed it were ‘didn’t consider myself/my peers at risk of overdose’ (23%), ‘don’t use opioids’ (22%) and ‘didn’t know you could access naloxone’ (8%).

Of those who reported that they had ever accessed naloxone and could respond (n=370), nearly three-fifths (57%) reported receiving intranasal naloxone only on the last occasion of access, almost one-third (29%) received intramuscular naloxone only, and 14% received both. On the last occasion of access, the majority (60%) reported accessing naloxone via a needle and syringe program (NSP), followed by a health service (15%) and a pharmacy (10%). The majority (96%) did not have to pay the last time they accessed naloxone. Of those that had ever accessed naloxone and could respond (n=383), two-fifths (41%) reported that they ‘always’ had naloxone on hand when using opioids in the past month, followed by 13% reporting ‘often’, 10% ‘sometimes’, 8% ‘rarely’ and 16% ‘never’.

Use of Naloxone to Reverse Overdose: In 2022, of those that could respond (n=861), one-quarter (24%) reported that they had resuscitated someone using naloxone at least once in their lifetime (23% in 2021). Of those who reported past year opioid overdose and could respond (n=94), half (52%) reported that they had been resuscitated by a peer using naloxone, a significant increase from 35% in 2021 (p=0.022).

In 2022, of those that responded (n=872), 6% reported that they had been resuscitated by a peer using naloxone in the past year (4% in 2021; p=0.096).

Figure 34: Lifetime awareness of take-home naloxone program and distribution, nationally, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Heard of naloxone	86	85	87	86	86	85	85	83	81	84
Heard of take-home programs	35	43	52	49	53	58	57	65	64	66
Trained in naloxone administration	7	12	17	18	18	23	29	34	37	38

Note. 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 18: Lifetime awareness of take-home naloxone program and distribution, by capital city, 2022

	Syd N=152	Can N=101	Mel N=150	Hob N=94	Ade N=103	Per N=99	Dar N=70	Bri N=100
% Heard of naloxone	95	93	92	91	64	83	54	86
% Heard of the take-home naloxone program	78	81	79	58	33	72	34	71
% Trained in naloxone administration	48	56	51	21	15	54	_	33

Note. N is the number who responded (denominator). Bri (Brisbane) includes Brisbane and the Gold Coast. The response option 'Don't know' was excluded from analysis.

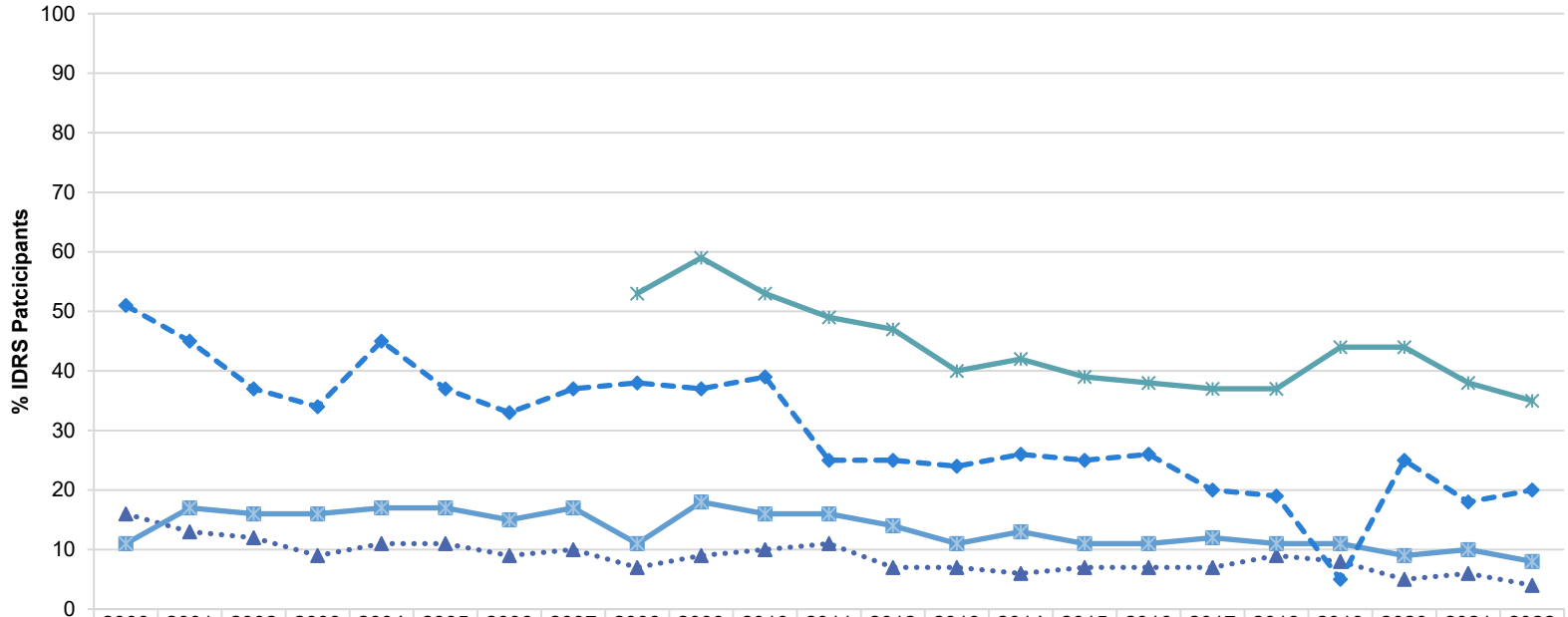
Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2022, 4% of the national sample reported receptive sharing (6% in 2021; p=0.126) and 8% reported distributive sharing (10% in 2021; p=0.115) in the past month, the lowest percentages since monitoring began. The per cent who had shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the month preceding interview more than halved between 2000 (51%) and 2011 (25%) and remained relatively stable from 2011-2022 (notwithstanding a sharp decline in 2019). Twenty per cent reported sharing other equipment in 2022, stable from 2021 (18%; p=0.251) (Figure 35). The per cent of the sample who reported re-using their own needles in the past month has also declined over time, with 35% reporting that they had re-used their own needle in 2022 (38% in 2021; p=0.217) (Figure 35).

One-quarter (27%) of the 2022 sample reported that they had injected someone else after injecting themselves in the past month, a significant decrease relative to 2021 (34%; p=0.001) and 15% had been injected by someone else (18% in 2021; p=0.096). The location of last injecting use significantly changed between 2021 and 2022 (p=0.035). Consistent with previous years, most participants (78%) in the national sample reported that they had last injected in a private home, although this was a slight decline from 2021 (83%) (Table 19). Thirteen per cent of Melbourne participants and 10% of Sydney participants reported last injecting at a Medically Supervised Injecting Room or Centre (Table 19).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Borrowed needles	16	13	12	9	11	11	9	10	7	9	10	11	7	7	6	7	7	7	9	8	5	6	4
Lent needles	11	17	16	16	17	17	15	17	11	18	16	16	14	11	13	11	11	12	11	11	9	10	8
Shared other equipment	51	45	37	34	45	37	33	37	38	37	39	25	25	24	26	25	26	20	19	5	25	18	20
Re-used needle	/	/	/	/	/	/	/	/	53	59	53	49	47	40	42	39	38	37	37	44	44	38	35

Note. / Not asked. 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. 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 19: Sharing needles and injecting equipment in the past month, nationally, 2021-2022, and by capital city, 2022

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
	N=888	**N=879**	**N=152**	**N=101**	**N=151**	**N=102**	**N=103**	**N=100**	**N=70**	**N=100**
	2021	**2022**	2022	2022	2022	2022	2022	2022	2022	2022
% Injecting behaviours past month										
Borrowed a needle	N=880 6	**N=868 4**	N=152 -	N=99 -	N=150 5	N=94 -	N=103 -	N=100 14	N=70 -	N=100 -
Lent a needle	N=877 10	**N=865 8**	N=151 7	N=99 6	N=149 7	N=94 6	N=103 -	N=100 17	N=70 -	N=99 9
Shared any injecting equipment ^	N=881 18	**N=872 20**	N=152 14	N=99 18	N=150 37	N=101 14	N=102 17	N=99 17	N=70 10	N=99 24
Reused own needle	N=880 38	**N=865 35**	N=150 33	N=99 41	N=149 38	N=94 34	N=103 24	N=100 47	N=70 20	N=100 35
Injected partner/friend after self~	N=882 34	**N=866 27****	N=152 31	N=99 19	N=149 34	N=94 19	N=103 21	N=100 27	N=70 23	N=100 31
Somebody else injected them after injecting themselves~	N=880 18	**N=865 15**	N=151 17	N=99 9	N=149 21	N=94 11	N=103 10	N=100 13	N=70 13	N=100 19
% Location of last injecting use	N=884	**N=868***	N=151	N=101	N=150	N=94	N=103	N=100	N=70	N=100
Private home	83	**78**	81	86	54	81	87	80	88	82
Car	4	**5**	-	-	10	11	-	-	-	-
Street/car park/beach	4	**6**	7	-	11	-	-	9	-	8
Public toilet	4	**5**	-	7	9	6	7	-	-	-
Medically supervised injecting Centre/Room	3	**2**	10	0	13	0	-	0	0	-
Other	2	**1**	0	-	4	-	0	-	0	-

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

Self-Reported Injection-Related Injuries and Diseases

In 2022, one-quarter (26%) of the national sample reported having an injection-related health issue in the month preceding interview, stable from 2021 (26%; p=0.957) (Table 20). The most common injection-related health issue reported by participants was any infection/abscess (12%; 8% in 2021; p=0.008), followed by any nerve damage (11%; 11% in 2021) and a dirty hit (7%; 7% in 2021; p=0.780).

Table 20: Injection-related issues in the past month, nationally, 2021-2022, and by capital city, 2022

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
	N=885	N=874	N=152	N=101	N=149	N=100	N=103	N=100	N=69	N=100
	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022
% Artery Injection	6	**4**	8	-	-	-	6	-	0	-
% Any nerve damage	11	**11**	14	9	5	12	9	17	-	14
% Any thrombosis	6	**5**	-	7	6	-	6	7	-	-
Blood clot	5	**4**	-	-	4	-	-	6	-	-
Deep vein thrombosis	1	**1**	-	-	-	-	-	-	-	0
% Any infection/ abscess	8	**12****	16	18	8	9	16	9	-	13
Skin abscess	7	**10****	14	15	6	7	13	8	-	12
Other serious infection (e.g., sepsis, osteomyelitis)	1	**1**	-	7	-	-	-	-	0	-
Endocarditis	1	**3**	-	-	-	0	-	0	0	0
% Dirty hit	7	**7**	5	11	-	8	9	6	-	10
% Any injection related problem	26	**26**	28	30	19	22	25	31	16	34

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

Drug Treatment

In 2022, almost two-fifths (38%) of the sample reported that they were in any drug treatment for their substance use (37% in 2021; p=0.737), with the most common treatment being methadone (24%; 24% in 2021) (Table 21). There was a significant increase in participants reporting buprenorphine depot injection in 2022 (4%) compared to 2021 (2%; p=0.012) (Table 21).

Table 21: Any current drug treatment, nationally, 2021-2022, and by capital city, 2022

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri
	N=886	N=879	N=152	N=101	N=151	N=101	N=103	N=100	N=68	N=100
	2021	**2022**	2022	2022	2022	2022	2022	2022	2022	2022
% Any current drug treatment	37	**38**	43	57	44	26	26	41	10	48
Methadone	24	**24**	30	43	33	9	14	24	9	16
Buprenorphine	2	**2**	-	-	-	-	-	-	0	9
Buprenorphine-naloxone	5	**5**	-	-	-	11	-	10	0	7
Buprenorphine depot injection	2	**4***	7	-	4	0	-	-	0	-
Drug counselling	8	**9**	7	15	6	7	-	8	-	26
Other	3	**3**	-	10	-	0	-	-	0	6

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

Bloodborne Virus Testing and Treatment

In 2022, two-fifths (43%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (44% in 2021; p=0.699), 37% had received an RNA test (40% in 2021; p=0.208) and 7% reported having a current HCV infection (9% in 2021; p=0.155) (Table 22). Ten per cent of the total sample reported that they had received HCV treatment in the past year, of which the majority (69%; n=59) reported that their treatment had been successful.

Almost four-fifths of the sample (78%) reported having ever had a test for human immunodeficiency virus (HIV) (23% within the past six months; 31% in 2021; p<0.001), of which 3% reported a positive diagnosis (3% of the entire sample and who commented) (Table 22).

Table 22: HCV and HIV testing and treatment, nationally, 2018-2022

%				National

	N=905	N=902	N=884	N=888	N=879
	2018	2019	2020	2021	2022
Past year Hepatitis C test (n)					
Past year hepatitis C antibody test	N=861 60	N=876 54	N=861 31	N=868 44	**N=846** **43**
Past year hepatitis C PCR or RNA test	N=794 45	N=817 44	N=831 36	N=839 40	**N=803** **37**
Current hepatitis C status (n)					
Currently have hepatitis C^	N=807 20	N=823 15	N=836 11	N=826 9	**N=805** **7**
Past year treatment for hepatitis C (n)					
Received treatment in past year	N=852 18	N=794 15	N=854 9	N=862 12	**N=835** **10**
Most recent treatment was successful (among those who had received treatment in past year)	N=99 94	N=79 97	N=80 72	N=100 69	**N=85** **69**
HIV test (n)				N=864	**N=823**
HIV test in past 6 months	/	/	/	31	**23*** **
HIV test more than 6 months ago	/	/	/	53	**55**
HIV status (n)				N=722	**N=633**
Lifetime HIV positive diagnosis	/	/	/	4	**3**

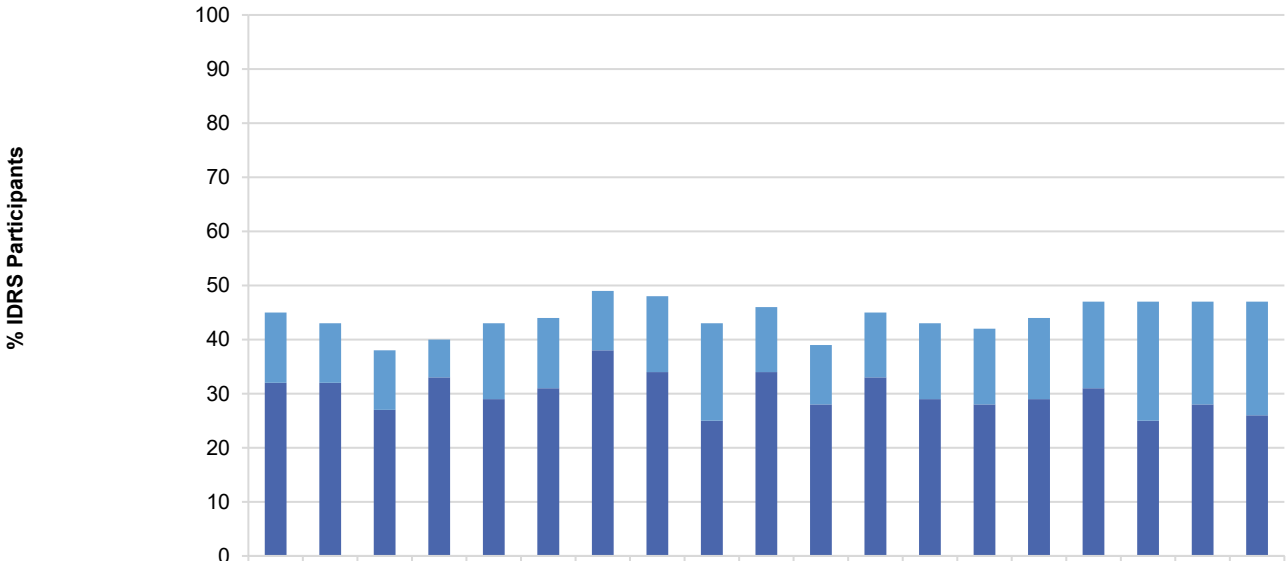
Note. ^This includes people who had not been tested for HCV. - Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months.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

Mental Health

In 2022, 47% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2021 (47%; p=0.921) (Figure 36). Amongst those who had experienced a mental health problem, the most commonly reported problems were depression (64%; 64% in 2021; p=0.718) and anxiety (55%; 49% in 2021; p=0.267). Smaller proportions reported post-traumatic stress disorder (PTSD) (26%), schizophrenia (16%) and bipolar disorder (14%).

One-quarter of the total sample (26%; 55% of those who reported a mental health problem) had seen a mental health professional during the past six months, stable from 2021 (28%; 58% of those who reported a mental health problem; p=0.359). Three-quarters (74%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months (75% in 2021; p=0.911).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2022



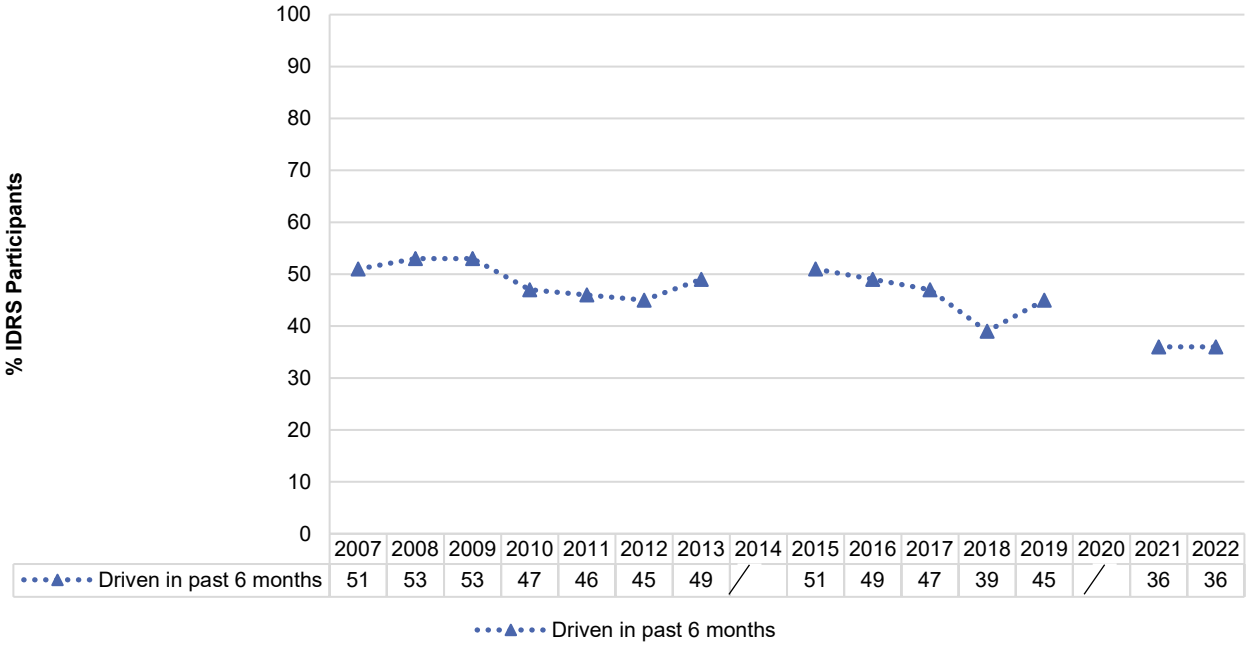
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
No treatment seeking	13	11	11	7	14	13	11	14	18	12	11	12	14	14	15	16	22	19	21
Treatment seeking	32	32	27	33	29	31	38	34	25	34	28	33	29	28	29	31	25	28	26

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

Driving

Of the national sample, one-third (36%) had driven a car, motorcycle or other vehicle in the last six months in 2022 (Figure 37). Of those who had driven recently, 10% reported driving while over the perceived legal limit of alcohol, stable relative to 2021 (12%; p=0.515), and 76% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2021 (70%; p=0.108). Of those who had recently driven, 23% reported that they had been tested for drug driving by the police roadside drug testing service, and 36% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (Figure 38).

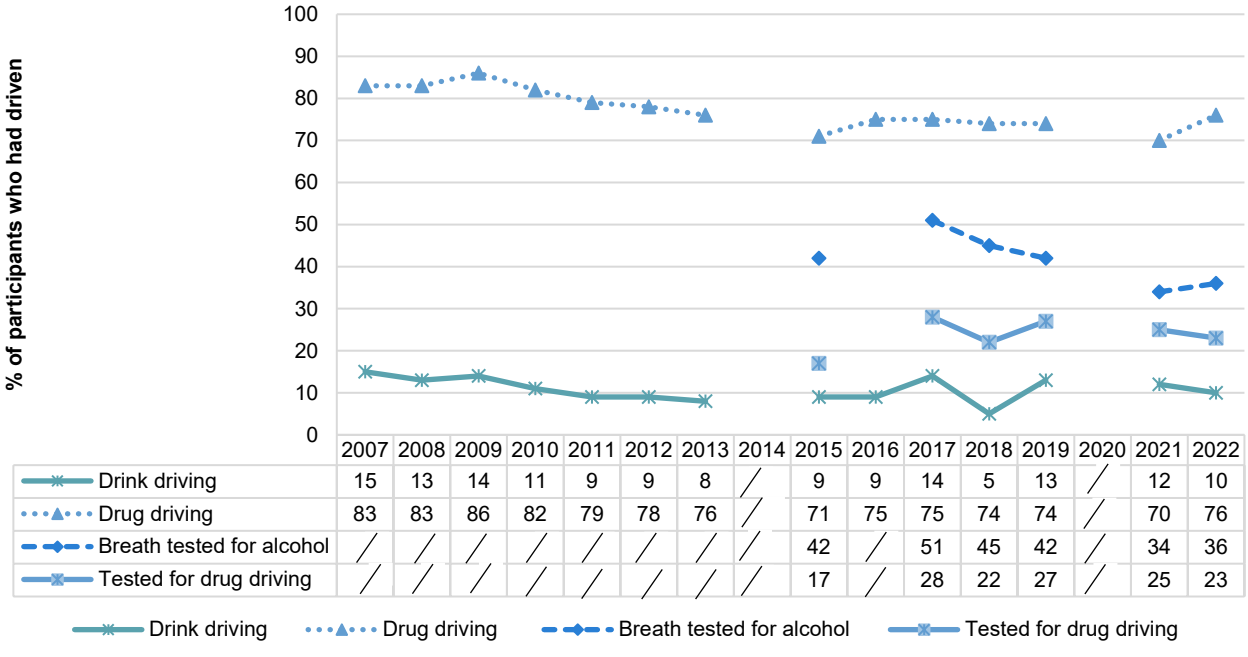
Figure 37: Self-reported driving in the past six months, nationally, 2007-2022



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Driven in past 6 months	51	53	53	47	46	45	49	/	51	49	47	39	45	/	36	36

Note. Computed of the entire sample. / Not asked. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020. 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 38: 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, nationally, 2007-2022



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Drink driving	15	13	14	11	9	9	8	/	9	9	14	5	13	/	12	10
Drug driving	83	83	86	82	79	78	76	/	71	75	75	74	74	/	70	76
Breath tested for alcohol	/	/	/	/	/	/	/	/	42	/	51	45	42	/	34	36
Tested for drug driving	/	/	/	/	/	/	/	/	17	/	28	22	27	/	25	23

Note. Computed of those who had driven a vehicle in the past six months. / Not asked. 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 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time of interviewing in 2022, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT, in 2018 and 2019; CanTEST, the pilot fixed-site dug checking service in Canberra, became operational on the 17th July, 2022.

In 2022, 19% of participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia (14% in 2021; *p*=0.012), with 8% having done so in the past year (8% in 2021; *p*=0.663). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2022 (n=73), nearly half (47%) reported using colorimetric or reagent test kits, followed by 42% using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Of those who had used testing strips (n=25), 39% reported receiving a positive detection for fentanyl.

Experience of Crime and Engagement with the Criminal Justice System

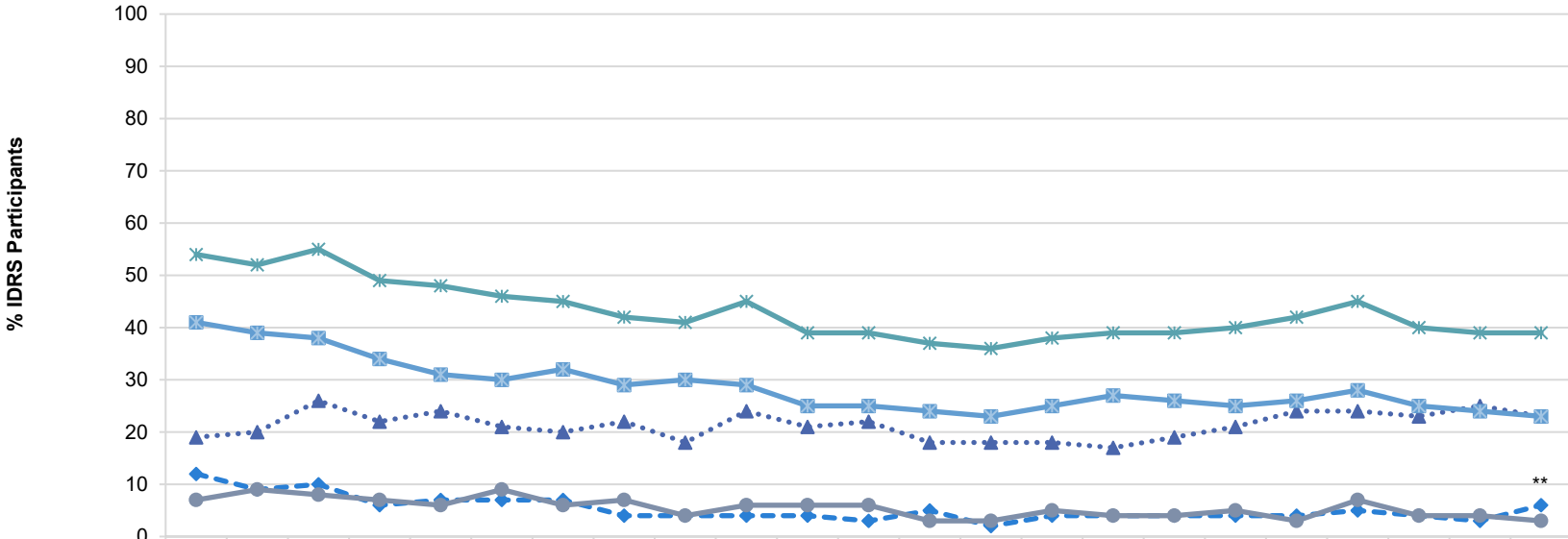
The per cent of participants reporting past month criminal activity declined from 2000 to 2010, stabilising from 2010 onwards. Property crime and selling drugs for cash profit remained the most common self-reported crimes in 2022 (23%, respectively). Few participants reported past month violent crime (3%; 4% in 2021; *p*=0.173). In 2022, significantly more participants reported engaging in fraud (6%; 3% in 2021; *p*=0.008) (Figure 39). Being the victim of a crime involving violence (e.g., assault) in the month preceding interview remained stable in 2022 relative to 2021 (16%, respectively; *p*=0.692).

In 2022, 22% of the sample reported a drug-related encounter with police in the last 12 months which did not result in charge or arrest (data not collected in 2021): this was highest in Sydney (39%) and lowest in Darwin (n≤5).

In 2022, there was a significant decrease in the per cent of participants reporting past year arrest (23%; 31% in 2021; *p*<0.001), although there was considerable variation across capital cities, ranging from 12% in Darwin to 33% in Melbourne.

Three-fifths of the national sample (60%) reported a lifetime prison history in 2022, stable compared to 2021 (60%; *p*=0.961). This ranged from 45% in the Hobart sample to 74% in the Sydney sample.

Figure 39: Self-reported criminal activity in the past month, nationally, 2000-2022



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Property crime	19	20	26	22	24	21	20	22	18	24	21	22	18	18	18	17	19	21	24	24	23	25	23
Drug dealing	41	39	38	34	31	30	32	29	30	29	25	25	24	23	25	27	26	25	26	28	25	24	23
Fraud	12	9	10	6	7	7	7	4	4	4	4	3	5	2	4	4	4	4	4	5	4	3	6
Violent crime	7	9	8	7	6	9	6	7	4	6	6	6	3	3	5	4	4	5	3	7	4	4	3
Any crime	54	52	55	49	48	46	45	42	41	45	39	39	37	36	38	39	39	40	42	45	40	39	39

Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. 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

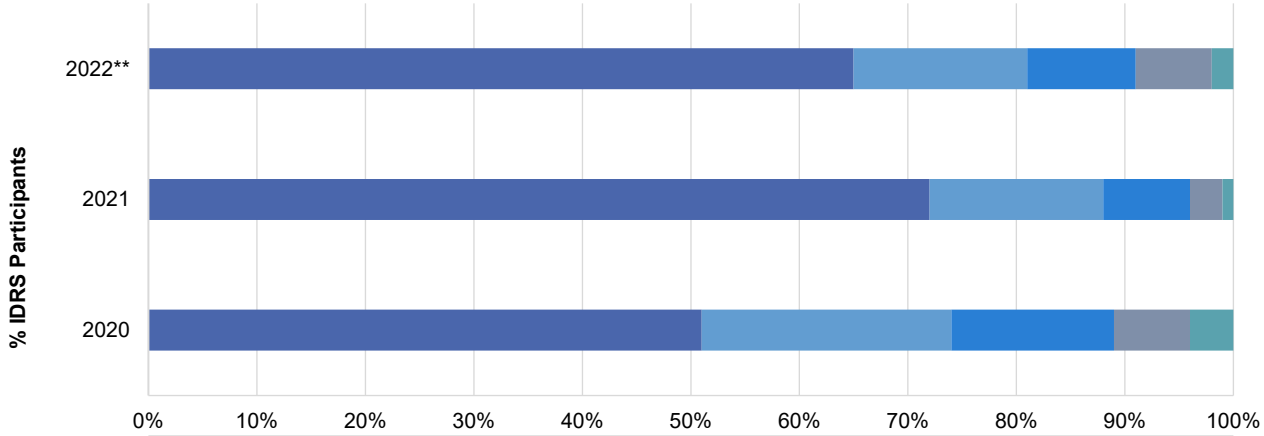
In 2022, four-fifths (83%) of the IDRS sample had been tested for SARS-COV-2 by the time of interview (46% in 2021; 20% in 2020), of whom 60% had received a PCR test and 61% a rapid antigen test. Twenty-seven per cent of participants reported having been diagnosed with the virus (no participants had been diagnosed with the virus in 2021 and 2020).

In 2022, 45% of participants reported quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with 6% quarantining in the month prior to interview and 27% in the six months prior to interview.

At the time of interview 84% of participants reported that they had received at least one COVID-19 vaccine dose (median three doses (IQR=2-3): 4% received one dose, 34% received two doses and 46% received three or more doses).

When participants were asked how worried they currently were of contracting COVID-19, 35% reported some level of concern: 16% responded that they were 'slightly' concerned, 10% reported 'moderately', 7% reported 'very' and 2% reported being 'extremely' concerned. This was a significant change relative to 2021 (p=0.001) (Figure 40). Further, just under two-thirds (64%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 18% reporting that they would be 'slightly' concerned, 16% reporting 'moderately', 21% reporting 'very' and 9% reporting that they would be 'extremely' concerned.

Figure 40: Current concern related to contracting COVID-19, nationally, 2020-2022



	2020	2021	2022**
Not at all	51	72	65
Slightly	23	16	16
Moderately	15	8	10
Very	7	3	7
Extremely	4	1	2

Note. 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.