IDRS



VICTORIA DRUG TRENDS 2019

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



VICTORIA DRUG TRENDS 2019: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISBN 978-0-7334-3905-6 © NDARC 2020

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Suggested citation: Stevens, R., Hall, C., Fetene, D., Curtis, M., & Dietze, P. (2020). Victoria Drug Trends 2019: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. http://doi.org/10.26190/5e45f989e7871

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

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

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Acknowledgements

Funding

In 2019, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Georgia Kelly, Rosie Swanton, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell, and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Renee Stevens, Cristal Hall, Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute, Victoria;
- Callula Sharman and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Jodie Grigg, James Fetherston, Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health; and
- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We acknowledge the University of New South Wales Community Reference Panel and all other individuals who contributed to the development of the questionnaire. We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Emma Woods, Cristal Hall, Ellie Walker, Michael Curtis, Ashleigh Stewart, Reece Cossar, Peter Higgs, DeArne Quelch and Filip Djordevic for conducting IDRS interviews in 2019.

We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
MSIR	Medically Supervised Injecting Room
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
SD	Standard deviation
VIC	Victoria
WA	Western Australia

Executive Summary

Sample Characteristics

The Victorian (VIC) IDRS sample in 2019 was comprised mostly of males (69%) with a mean age of 43, consistent with the Victorian profile in previous years. Over half (69%) reported that heroin was their drug of choice and the drug they injected most often in the past month (73%). The percentage of participants reporting methamphetamine as their drug of choice (18%) and as the drug injected the most often in the past month (22%) both decreased since 2018 (31% and 40%, respectively).

Heroin

Recent (past six month) use of heroin amongst the VIC sample has remained reasonably stable over the past 10 years (85% in 2019, 79% in 2009). The percentage of participants reporting daily use of heroin increased in 2019 (46% in 2019, 31% in 2018). The median price for one gram of heroin ($250) has remained stable over the course of monitoring.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, showing a general increase relative to when monitoring first began, with 70% reporting recent use in 2019. Crystal methamphetamine (68%) remains the predominant form of methamphetamine used since 2011.

Cocaine

Recent use of cocaine has remained low and stable amongst the VIC sample since the beginning of monitoring (10% in 2019, 13% in 2000). Injecting remains the predominant route of administration (53%), followed by snorting (47%).

Cannabis

Cannabis remained stable in 2019 with 76% reporting recent use. Just under half (47%) of recent consumers reported using cannabis daily (35% in 2018). All consumers reported smoking as their only route of administration.

Pharmaceutical Opioids

Use of all forms of pharmaceutical opioids has fluctuated since monitoring of each opioid first began. In 2019, the use of buprenorphine-naloxone increased to 24% from 14% in 2018. The most common non-prescribed pharmaceutical opioids used in 2019 were buprenorphine-naloxone (12%), morphine (9%), methadone (7%), fentanyl (7%) and oxycodone (5%).

Other Drugs

Use of new psychoactive substances (NPS) was uncommon. Non-prescribed benzodiazepine use has increased over the past few years (22% in 2017 versus 40% in 2019). Alcohol use has trended down slowly over the period of monitoring (72% in 2000 and 58% in 2019). Tobacco use has remained high, with nearly all participants reporting recent use (100% in 2000 and 98% in 2019). Of recent tobacco consumers, the majority (92%) reported daily use. There has been an increase in use of e-cigarettes, with 24% reporting recent use (15% in 2018). Half of these participants reported using e-cigarettes as a smoking cessation tool.

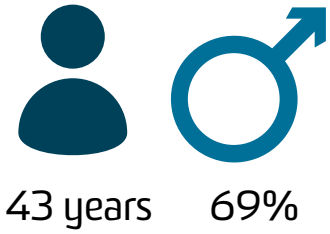
Drug-Related Harms and Other Risks

Over one-quarter (26%) of the VIC sample in 2019 reported overdosing on any drug in the preceding year, most commonly heroin. Seven per cent of the VIC sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. Only a small number of participants reported receptive or distributive sharing of injecting equipment. Thirteen per cent reported last injecting at the Medically Supervised Injecting Room (MSIR) in North Richmond.

VICTORIA 2019 SAMPLE CHARACTERISTICS



In 2019, 148 people from Victoria participated in IDRS interviews.



The mean age in 2019 was 43, and 69% identified as male.



In the 2019 Victorian sample, 90% were unemployed.

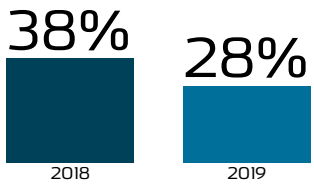
1 Heroin

2 Crystal Methamphetamine

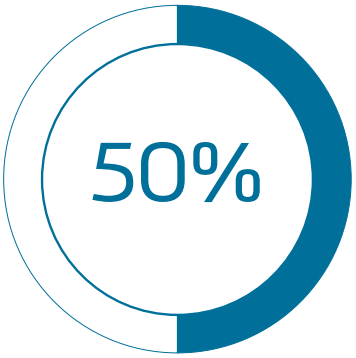
3 Morphine

The three most commonly injected drugs were heroin, crystal methamphetamine and morphine.

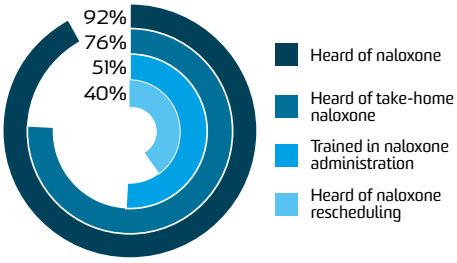
NALOXONE AND SEEKING HELP



Just under 1 in 3 (28%) participants had experienced a non-fatal overdose in the previous 12 months.

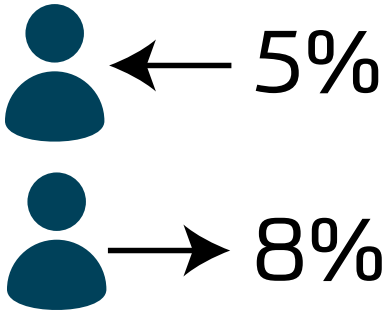


Half of the Victorian IDRS participants reported that they were currently in drug treatment.

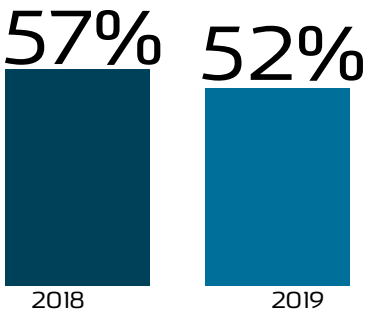


Victorian IDRS participant's knowledge of the take-home naloxone programe.

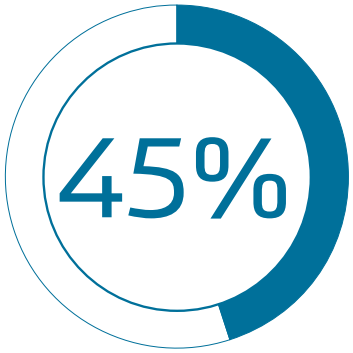
INJECTING RELATED RISKS AND HARMS



In 2019, 6% of the Victorian IDRS sample reported receptive needle sharing and 5% reported distributive needle sharing.

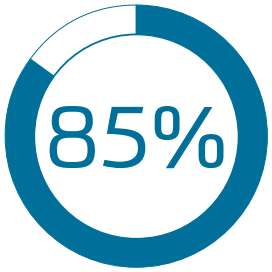


In 2019, just over half (51%) of the sample reported that they had re-used their own needles in the past month (57% in 2018).

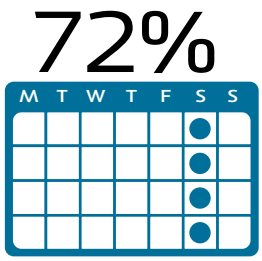


In 2019, under half (45%) of the Victorian sample reported having an injection-related health issue in the month preceding interview.

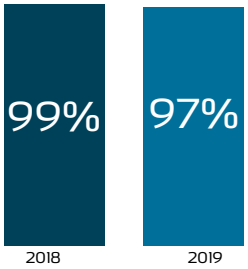
HEROIN



85% of Victorian IDRS participants reported using heroin in the past 6 months.



Of those who had recently consumed heroin 72% used it weekly or more.

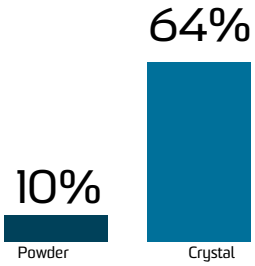


Of those who could comment 97% perceived heroin to be 'easy' or 'very easy' to obtain in 2019.

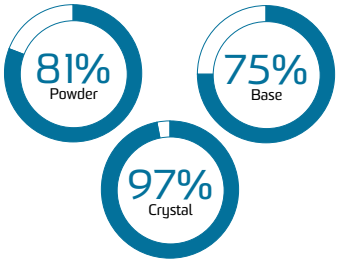
METHAMPHETAMINE



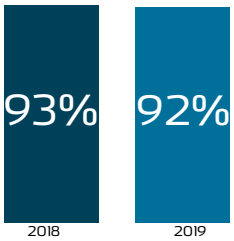
Almost 3 in 4 (70%) Victorian 2019 IDRS participants reported past 6 month use of any methamphetamine.



Of the entire sample, 10% had recently consumed powder, and 64% crystal methamphetamine.



Injection was the main route of administration for powder, crystal and base among those who had consumed each form.

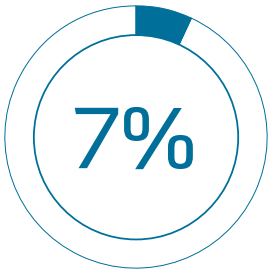


Of those who could comment 97% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

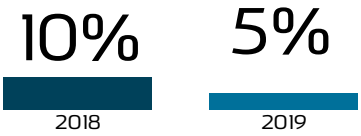
PHARMACEUTICAL OPIOIDS



Past 6 month use of non-prescribed morphine remained low at 10% in 2019 (9% in 2018)



7% of Victorian IDRS participants reported using non-prescribed fentanyl in the past 6 months.

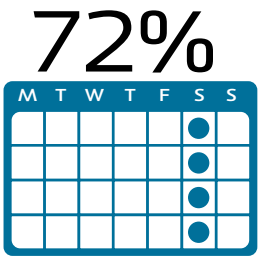


in 2019, 5% of Victorian IDRS participants reported using non-prescribed oxycodone in the past 6 months.

CANNABIS



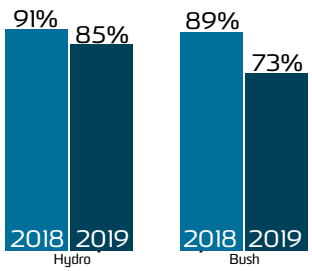
Three in four (75%) of Victorian participants in the 2019 IDRS sample reported past 6 month use of cannabis.



Of those who had consumed cannabis recently, 72% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 100% had smoked it.



Of those who could comment, high percentages perceived bush and hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

Full details of the methods for the annual interviews are available for download. To summarise, participants are recruited from multiple sources (e.g. needle and syringe programs (NSP) and peer referral) and need to: i) be at least 18 years of age; ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants are reimbursed $40 for their time and expenses incurred. In 2019, 148 participants were recruited across the Collingwood, Dandenong, Footscray, Frankston, North Richmond and St. Kilda sites. Nearly a quarter (24%) of participants disclosed that they had participated in the Victorian IDRS in 2018.

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. The statistical significances of differences between estimates for 2018 and 2019 are reported. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported).

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, or of illicit drug use in the general population, but rather 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 emerging trends in illicit drug use, market features and harms in Victoria (see section on ‘Additional Outputs’ below for details of other outputs providing such profiles).

Additional outputs

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

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

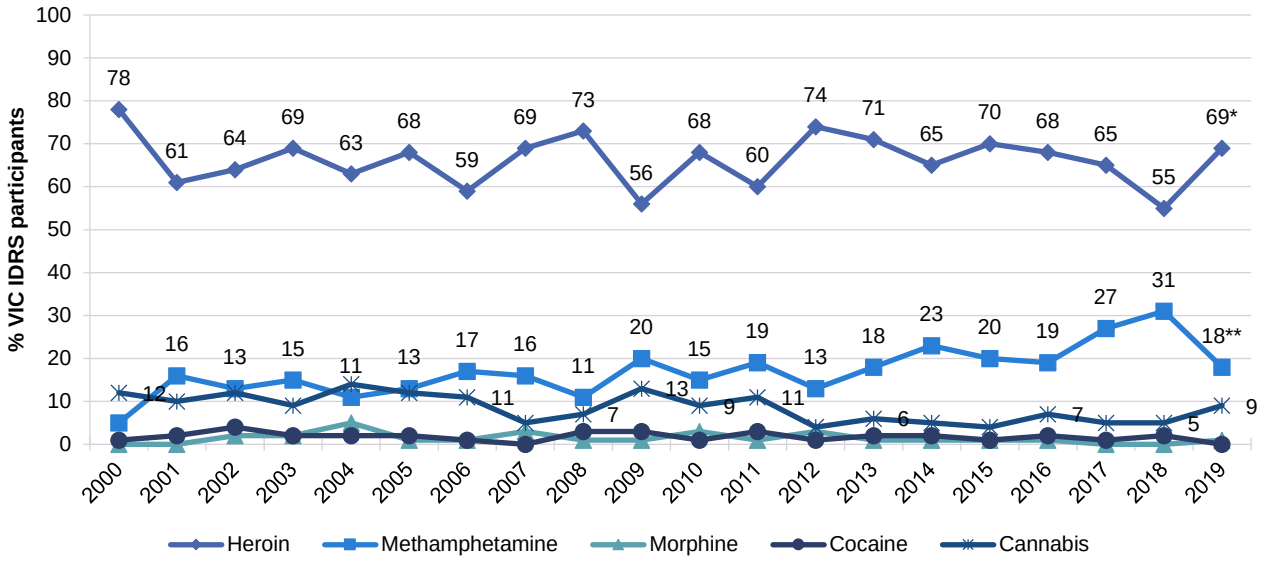
1

Sample Characteristics

The 2019 Victorian IDRS sample was comprised mostly of males (69%) with a mean age of 43 years (range: 22-66, Table 1). Most of the sample were unemployed (90%) and 36% held a post-school qualification, down from 50% in 2018 (p=0.015). One in four (25%) participants identified as Aboriginal and/or Torres Strait Islander, an increase from 2018 (15%; p=0.033).

Participants typically reported that heroin was their drug of choice (69%, Figure 1) as well as the drug injected most often in the month preceding the interview (73%, Figure 2). Reports of methamphetamine as drug of choice (18% versus 31% in 2018; p=0.006) and as the drug injected the most in the month preceding interview (22% in 2019 versus 40% in 2018; p=0.008) were less frequent in 2019. The large majority of participants (84%) reported high-frequency (weekly or more frequent) heroin use in the previous six months in 2019 (Figure 3).

Figure 1: Drug of choice, Victoria, 2000-2019



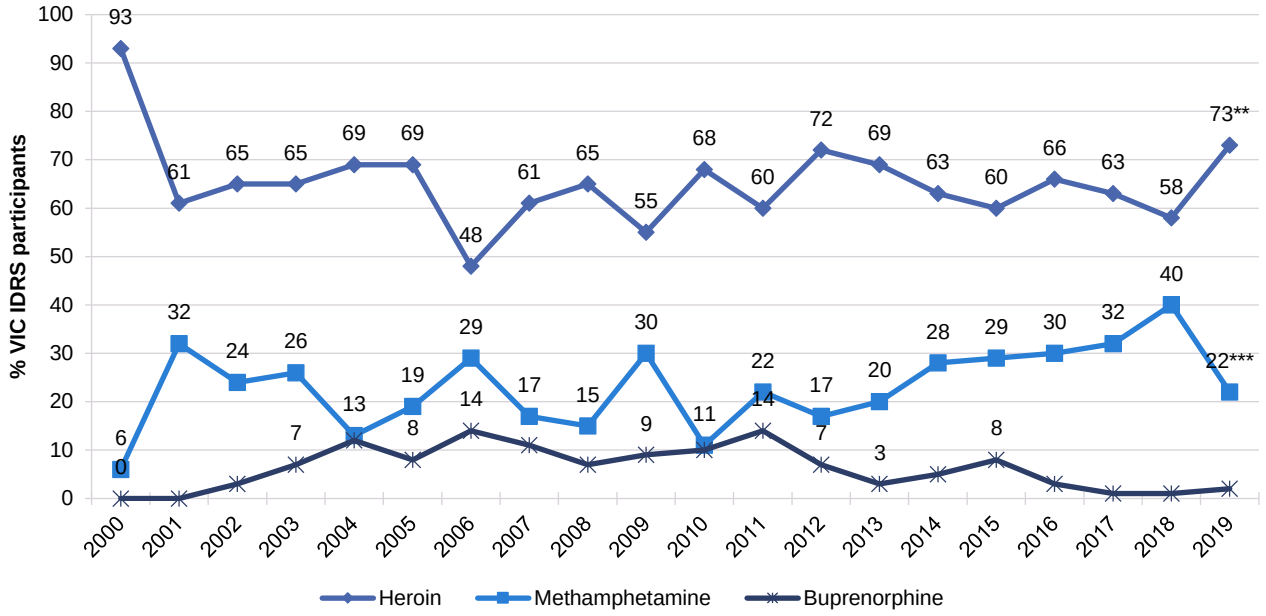
Note. Substances listed in this figure are those endorsed primarily; nominal percentages endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010, ***p<0.001 for 2018 versus 2019.

Table 1: Demographic characteristics, nationally (2019) and Victorian (2014-2019) samples

	National	Victoria					
	2019 (n=902)	**2019 (n=148)**	**2018** (n=150)	**2017** (n=150)	**2016** (n=150)	**2015** (n=150)	**2014** (n=150)
Mean age (years; SD)	44 (9.0)	**43** (8.1)	42	42 (8.0)	42 (8.8)	42 (7.7)	40 (8.8)
% Male#	68	**69**	69	74	71	71	75
% Aboriginal and/or Torres Strait Islander#	22	**25***	15	20	10	16	13
% Sexual identity#							
Heterosexual	87	**91**	90	85	89	91	89
Gay male	1	**-**	-	-	-	-	-
Lesbian	2	**-**	0	0	-	0	-
Bisexual	8	**5**	9			7	8
Other	1	**-**	-	-	-	-	-
Mean years of school completed (IQR)	10 (9-11)	**9.5** (9-11)	9.5 (8-10)	9.9 (9-11)	9.9 (9-11)	9.9 (9-11)	9.9 (9-11)
% Completed trade/tech qualification	47	**31***	44	34	38	48	43
% Completed university/college	11	**5**	6	7	6	8	3
% Accommodation#							
Own home *(inc. renting)*~	70	**55**	45	49	61	63	57
Parents'/family home	6	**8**	6	10	10	5	10
Boarding house/hostel	6	**8**	11	12	5	17	11
Shelter/refuge	2	**-**	3	3	3	1	1
No fixed address	9	**27**	31	22	15	7	19
Other	-	**-**	3	3	4	5	2
Employment status							
% Unemployed	87	**90**	94	89	90	85	89
% Full-time work	3	**-**	0	1	3	3	1
% Gov't pension, allowance or benefit main income source	88	**85 (n=144)**	89	95	91	88	87
Median income/week ($; IQR)	350	**400 (n=146)**	400	392	400	375	N/A

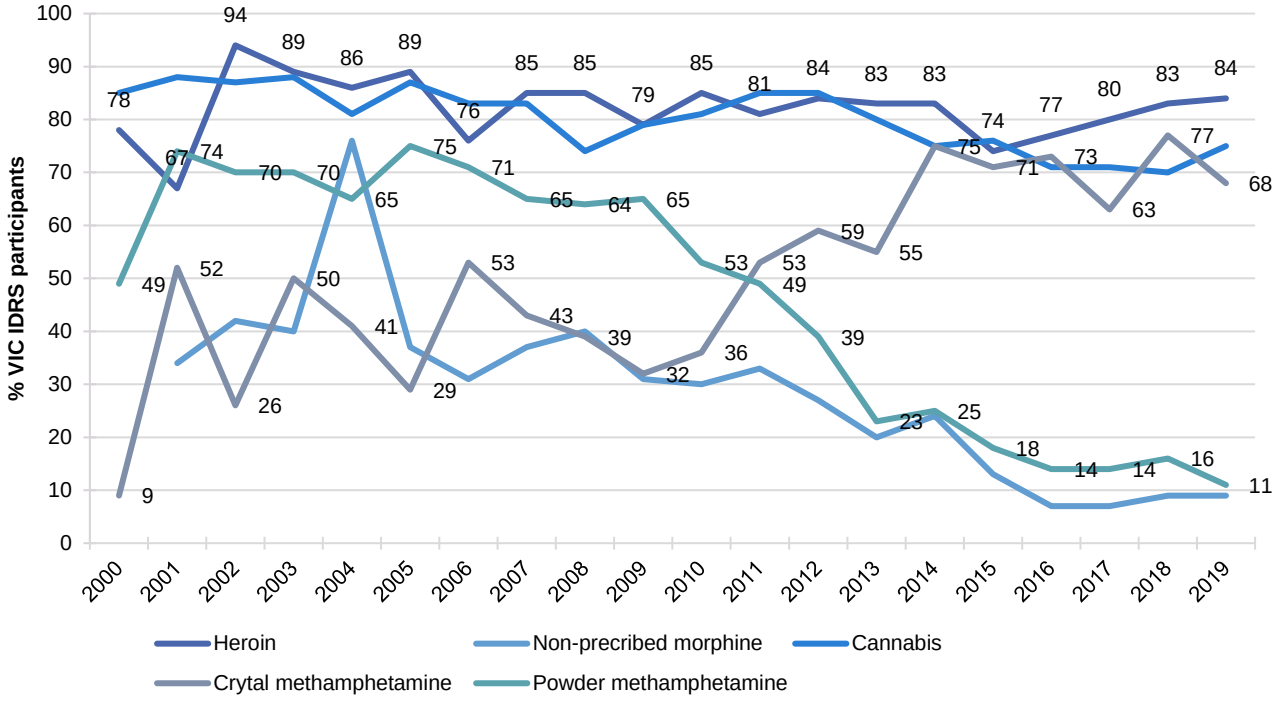
Note. #Data missing for one participant (n=147) in the 2019 sample
^ Includes trade/technical and university qualifications.
~ Includes private rental and public housing.
- Values suppressed due to small cell size (n≤5 but not 0).
/ Denotes that this item was not asked in these years. N/A, not available.
*p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug injected most often in the past month, Victoria, 2000-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2000-2019



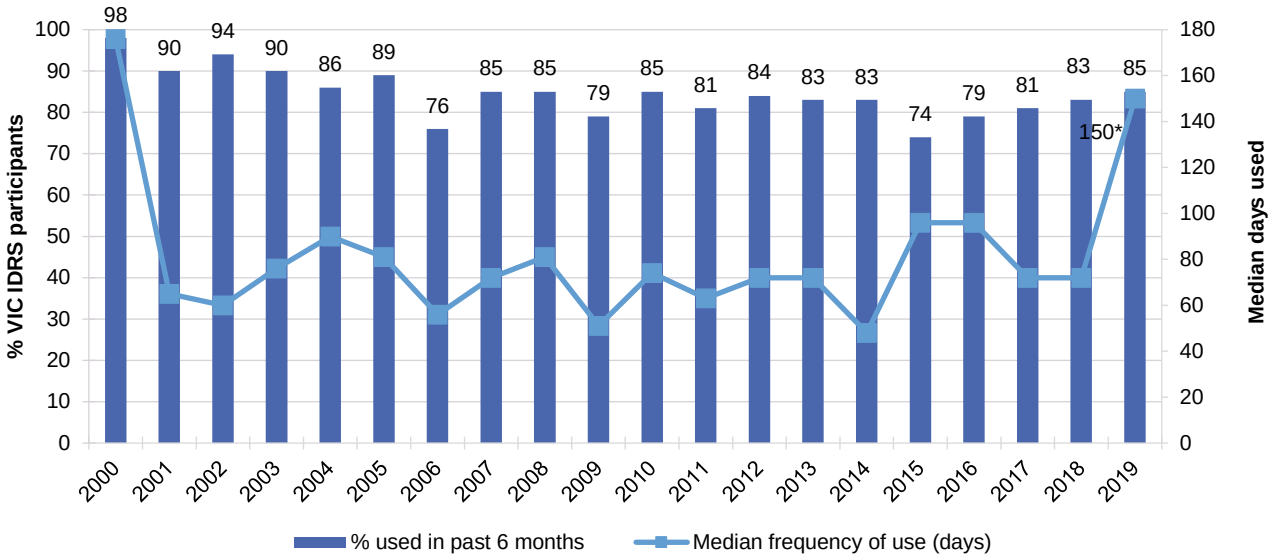
Note. These figures are for the entire sample. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Heroin

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

Figure 4: Past six month use and frequency of use of heroin, Victoria, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Recent Use (past 6 months)

Recent use (within the last 6 months) of heroin (any form) remained consistent at 85% of the sample, compared to 83% in 2018 (p=0.778) (Figure 4). Of the participants who reported recent heroin use, white/off white rock was the form of heroin reported as most commonly used (77%), followed by brown/beige rock (12%) and white/off white powder (7%).

Frequency of Use (past 6 months)

Median frequency of use was 150 days in 2019 (IQR=48-180), more than double the median frequency in 2018 (72 days; IQR=12-180; p=0.012) (Figure 4). Among people reporting recent use of

heroin, the number of people reporting daily use also increased significantly (46% in 2019 compared to 31% in 2018; *p*=0.019).

Routes of Administration

Injecting remained the most common route of administration in 2019 (99% versus 100% in 2018).

Quantity

The median amount of any form of heroin reportedly used on a typical day was 0.5 grams (IQR=0.10-5.00).

Market Trends

Price

In 2019, the reported median price paid for a gram of heroin was $250 (IQR=200-300; n=11); and $50 per cap (IQR=35-50; n=21) (Figure 5). The price of heroin reported by the Victorian sample has remained relatively consistent since 2011. One gram has ranged from $200 to $300, while the price of a cap has varied between $40 and $50.

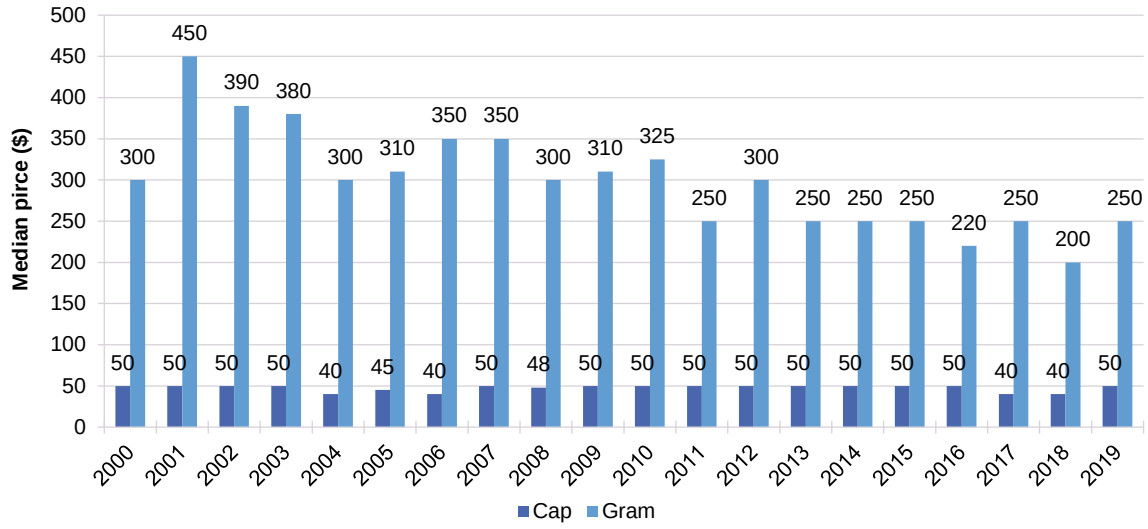
Perceived Purity

Among those who were able to comment in 2019 (n=109), more than half reported perceived purity of heroin to be either 'high' (24%) or 'medium' (34%), consistent with 2018 (22% and 28%, respectively) (Figure 6). Twenty-one per cent reported heroin purity to be 'low' (30% in 2018), with another 21% reporting purity had 'fluctuated'.

Perceived Availability

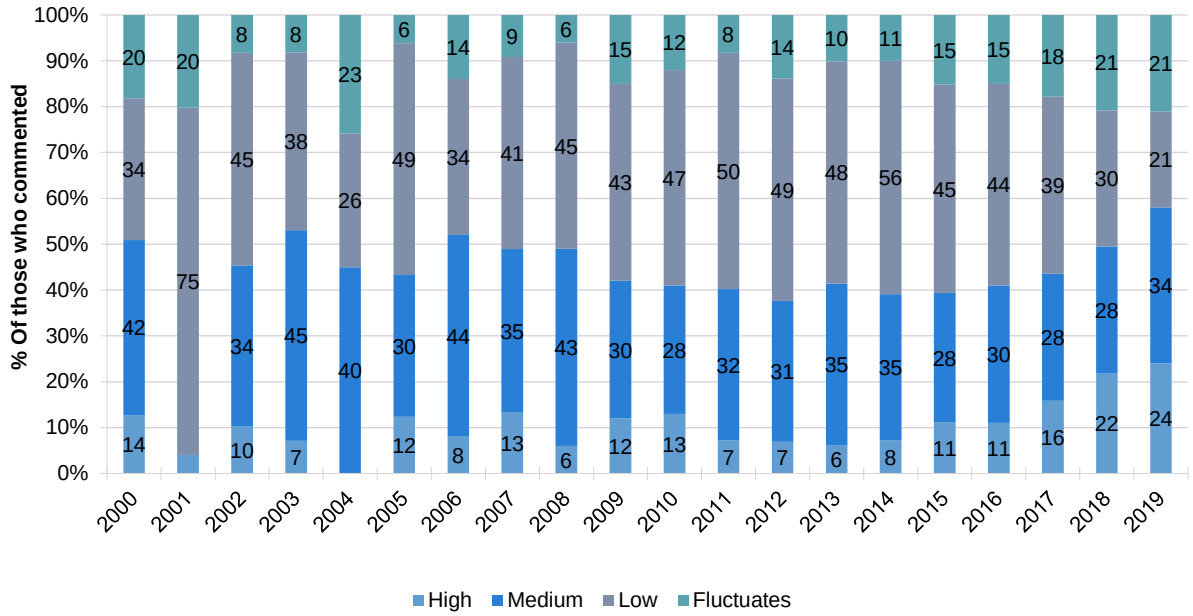
Of those able to comment on perceptions of current availability (n=112), most reported that heroin was 'very easy' (68%) or 'easy' (29%) to obtain, consistent with findings in 2018 (78% and 21%, respectively) (Figure 7).

Figure 5: Median price of heroin per cap and gram, Victoria, 2000-2019



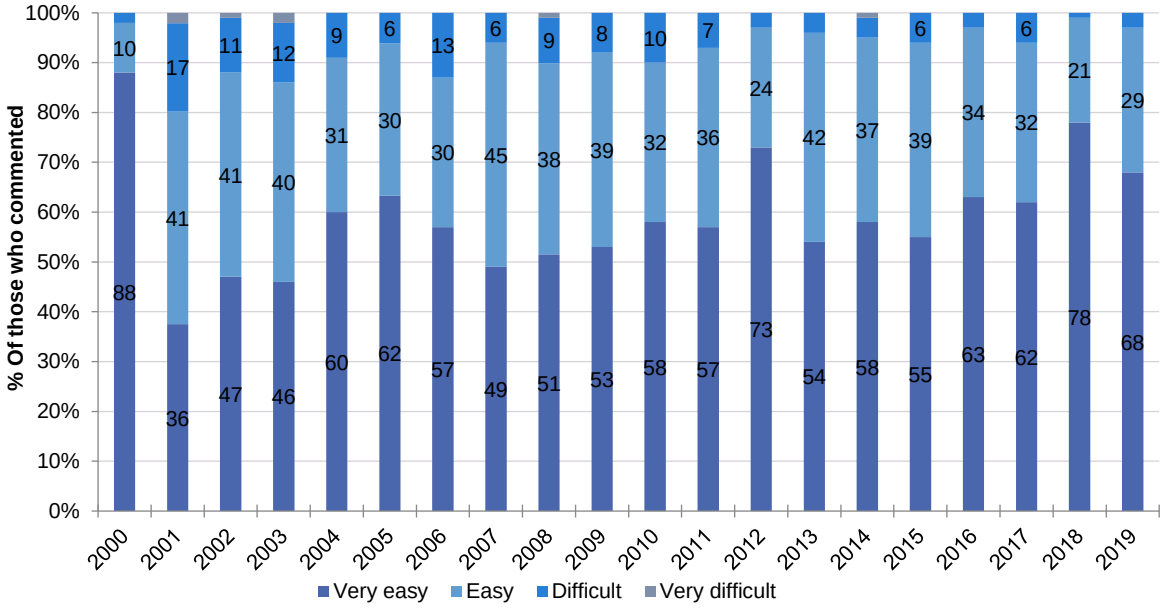
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 6: Current perceived purity of heroin, Victoria, 2000-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 7: Current perceived availability of heroin, Victoria, 2000-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals) (Figure 8).

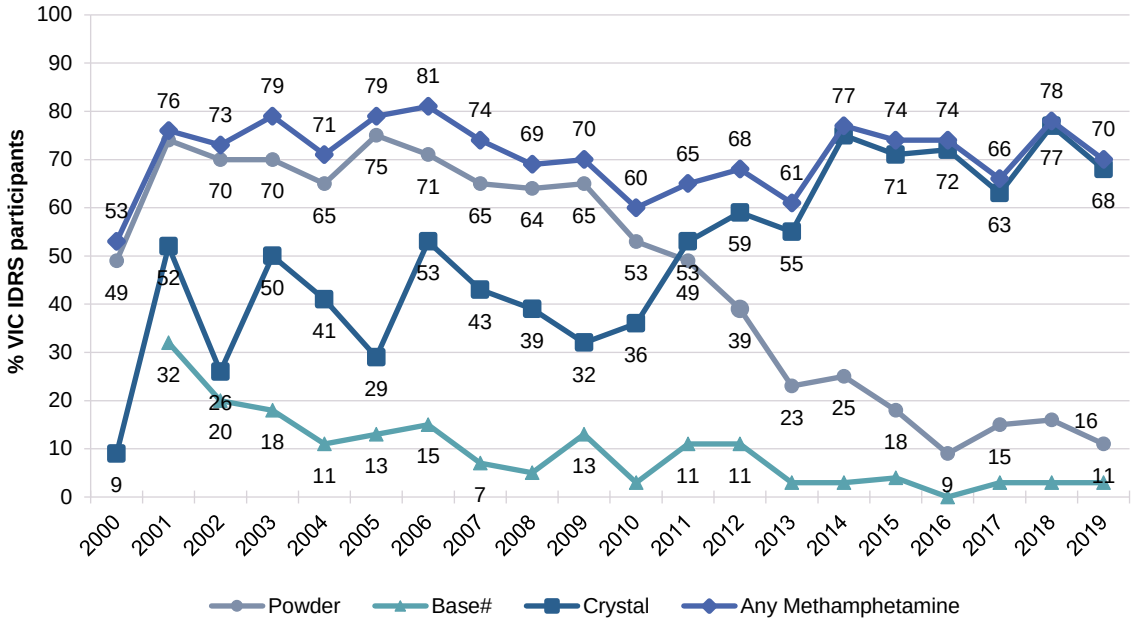
Recent Use (past 6 months)

Methamphetamine use has remained consistent, with 70% of the sample reporting recent use of some form of methamphetamine in 2019 (78% in 2018) and 16% reporting daily use (17% in 2018) (Figure 8).

Frequency of Use (past 6 months)

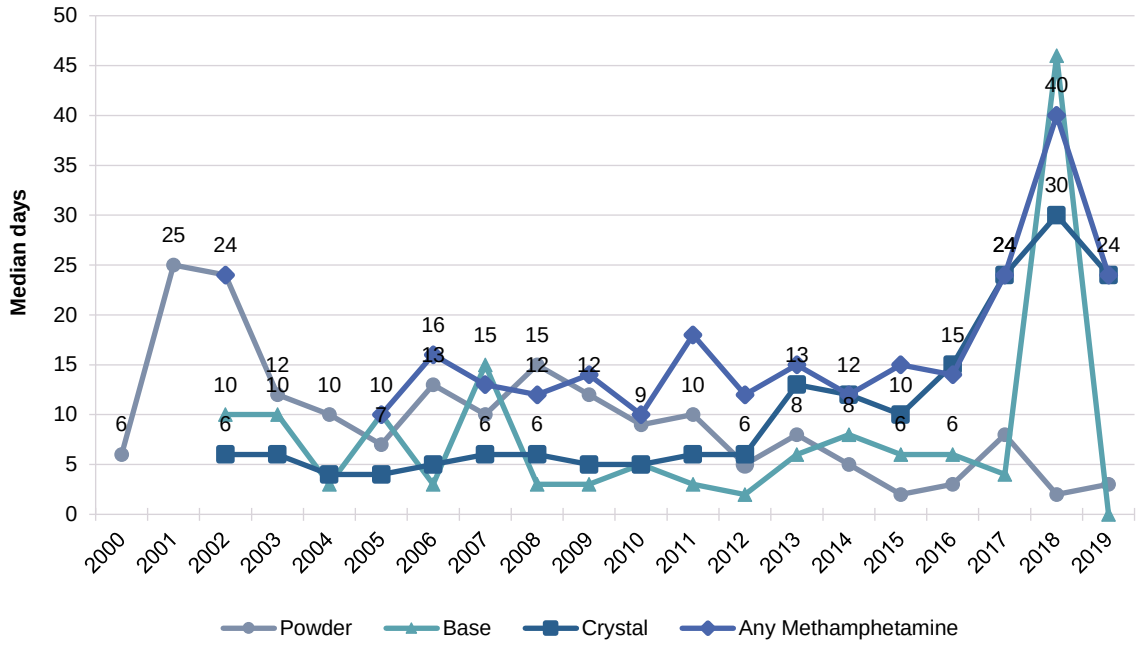
The median frequency of use over the six months preceding the interview was 24 days (IQR=4-90), a non-significant decrease from 2018 (40 days; *p*=0.101) (Figure 9).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Victoria, 2000-2019



Note. # Base asked about separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder or base methamphetamine. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal methamphetamine, Victoria, 2000-2019



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 50 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Fluctuations in frequency of use of base 2017-2019 are likely due to small numbers reporting. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption (by form)

Powder Methamphetamine

Recent Use (past 6 months): Eleven per cent of the total sample reported recent use of powder methamphetamine (n=16), similar to 2018 (16%; p=0.180) (Figure 8).

Frequency of Use (past 6 months): The median frequency of use in the past six months was three days in 2019 (IQR=1-5), a non-significant increase from two days in 2018 (IQR=1-7; p=0.680) (Figure 9).

Routes of Administration: Injection remained the most common route of administration in 2019 (81% versus 96% in 2018), although smoking doubled from 8% in 2018 to 19% in 2019. Snorting remained consistent (6%; 8% in 2018).

Quantity: The median amount of powder methamphetamine reportedly used on a typical day was 0.1 grams (IQR=0.05-0.30).

Base Methamphetamine

Due to low numbers reporting use, no details will be provided about the price, perceived purity, and availability of base. For further information, please refer to the National Report, or contact the researchers.

Crystal Methamphetamine

Recent Use (past 6 months): Sixty-eight per cent of participants reported recent use (past six months) of crystal methamphetamine in 2019, a non-significant decrease from 77% in 2018 (*p*=0.080) (Figure 8).

Frequency of Use (past 6 months): The median frequency of use over the six month period prior to the interview was 24 days in 2019 (IQR=4-90), a non-significant decrease from 30 days in 2018 (IQR=6-100; *p*=0.310) (Figure 9).

Routes of Administration: Injecting continued to be the most frequent route of administration among consumers (97% in 2019 versus 95% in 2018), followed by smoking (39% in 2019 versus 32% in 2018).

Quantity: The median quantity of crystal methamphetamine reportedly used on a typical day was 0.1 grams (IQR=0.1-0.2).

Perceived Availability: Seventy-five participants were able to comment on the availability of crystal in 2019. Similar to 2018, nearly all perceived crystal to be either 'very easy' (60% versus 58% in 2018) or 'easy' (32% versus 36% in 2018) to obtain, with only 8% reporting crystal to be 'difficult' to obtain (5% in 2018) (Figure 12).

Market Trends

Powder Methamphetamine

Due to low numbers reporting use, no details will be provided about the price, perceived purity, and availability of powder methamphetamine. For further information, please refer to the National Report, or contact the researchers.

Base Methamphetamine

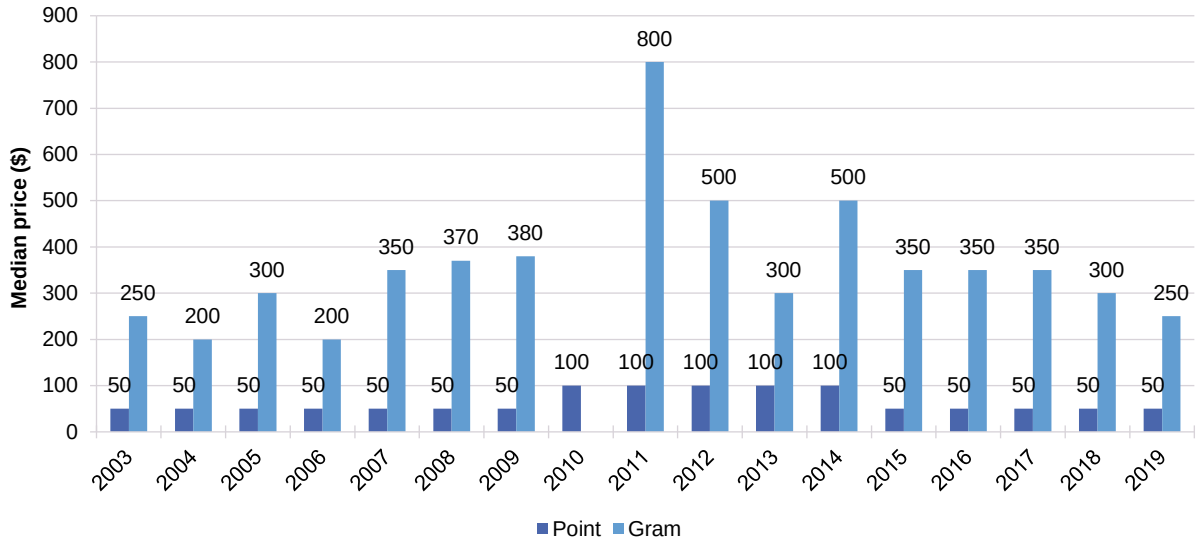
Due to low numbers reporting use, no details will be provided about the price, perceived purity, and availability of base methamphetamine. For further information, please refer to the National Report, or contact the researchers.

Crystal Methamphetamine

Price: The median reported price paid for a point remained consistent at $50 (IQR=30-50, n=53), while the price of a gram dropped to $250 per gram (IQR=228-338; n=12), the lowest price since monitoring commenced (Figure 10).

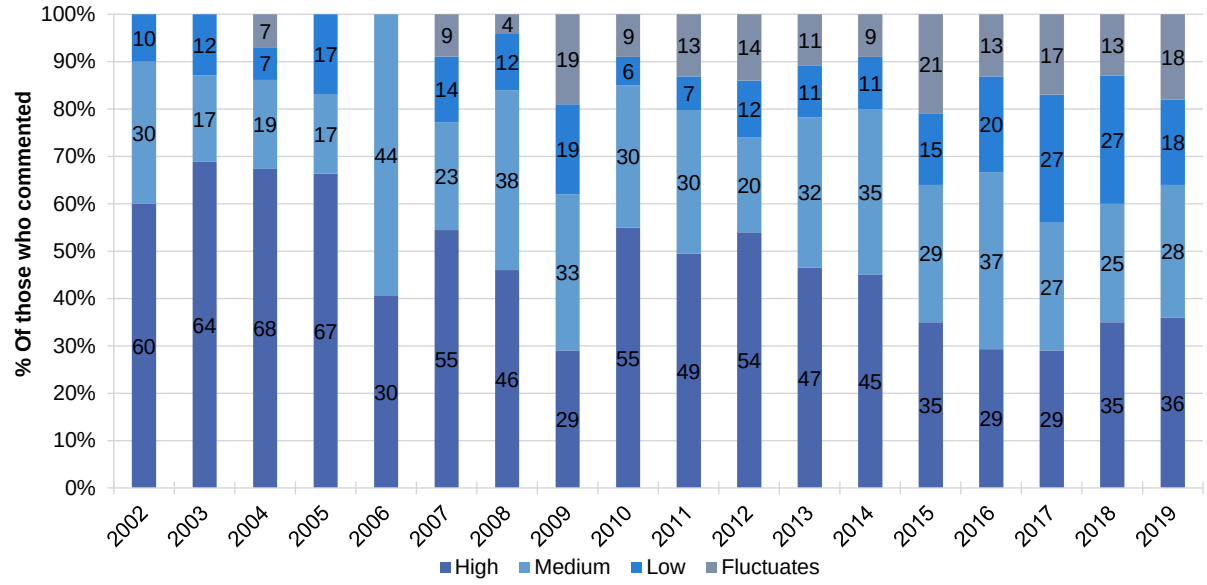
Perceived Purity: Of those able to comment in 2019 (n=72), perception of purity remained consistent with 2018. Two-thirds perceived purity as either 'high' (36% versus 35% in 2018) or 'medium' (28% versus 25%). The remaining one-third perceived purity as either 'low' (18% versus 27%) or 'fluctuates' (18% versus 13%) (Figure 11).

Figure 10: Median price of crystal methamphetamine per point and gram, Victoria, 2003-2019



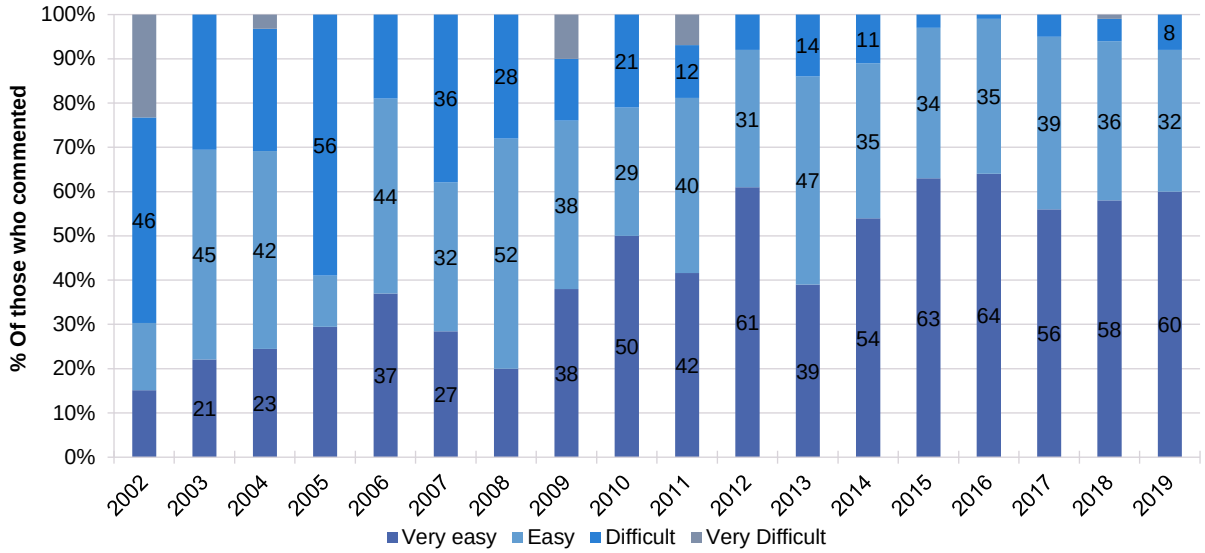
Note. Among those who commented. Data removed for gram in 2010 n<5. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 11: Current perceived purity of crystal methamphetamine, Victoria, 2002-2019



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 12: Current perceived availability of crystal methamphetamine, Victoria, 2002-2019



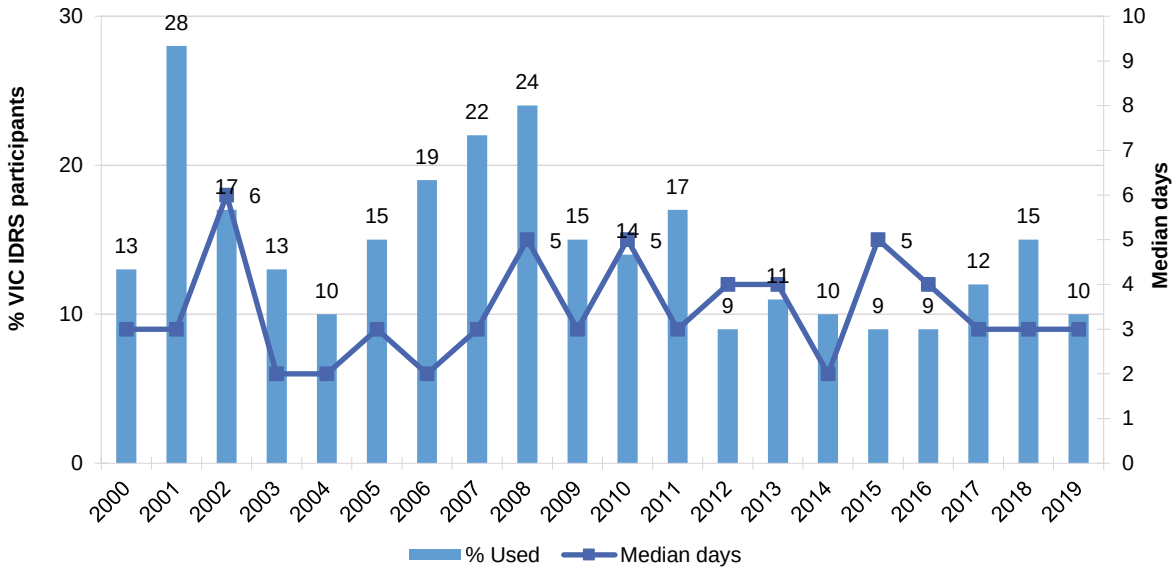
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine (Figure 13). 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.

Figure 13: Past six month use and frequency of use of cocaine, Victoria, 2000-2019



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 30% and 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine decreased non-significantly from 15% in 2018 to 10% in 2019 (p=0.202). Powder cocaine was the most reported form of cocaine used in 2019 (73%), followed by rock (20%) and crack (7%).

Frequency of Use (past 6 months)

In 2019, the median frequency of use was three days (IQR=1-10), consistent with 2018 (3 days; IQR=3-6; *p*=0.679).

Routes of Administration

Injecting and snorting remained the most frequently reported routes of administration at 53% and 47%, respectively (64% and 50% in 2018, respectively).

Quantity

The median quantity of any form of cocaine reportedly used on a typical day was one-tenth of a gram (IQR=0.10-0.75).

Market Trends

Price

Seven participants were able to comment on the price of a gram, with the median price reported as $300 (IQR=280-300); no participants were able to provide the price per cap (Figure 14).

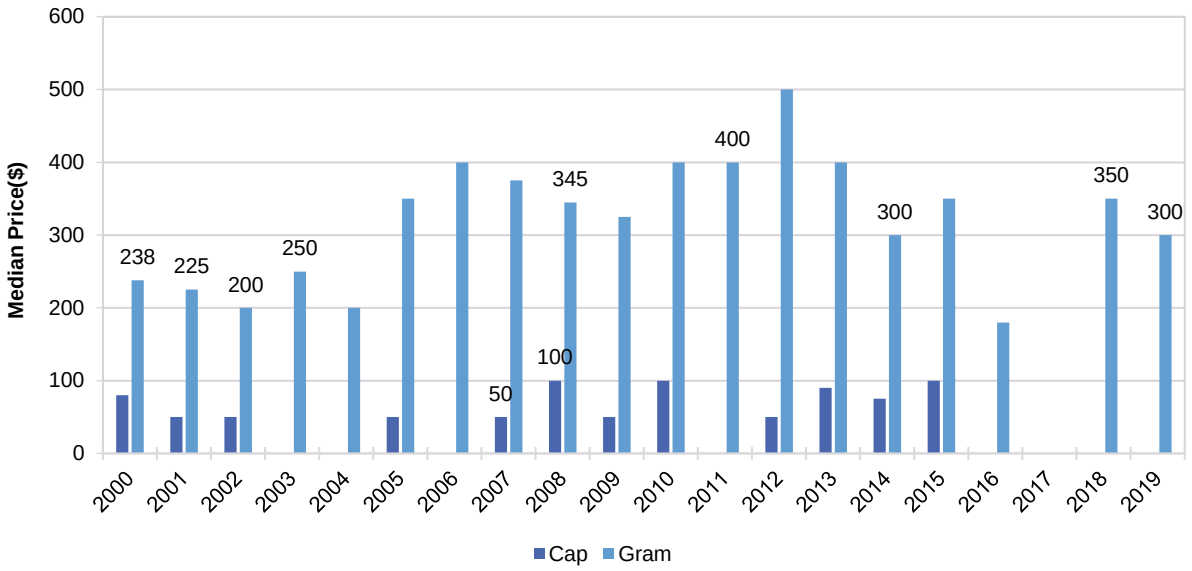
Perceived Purity

Among those who were able to comment in 2019 (n=6), perceptions of purity remained unchanged from 2018 and was equally divided between ‘high’, ‘medium’, and ‘low’ (33% each).

Perceived Availability

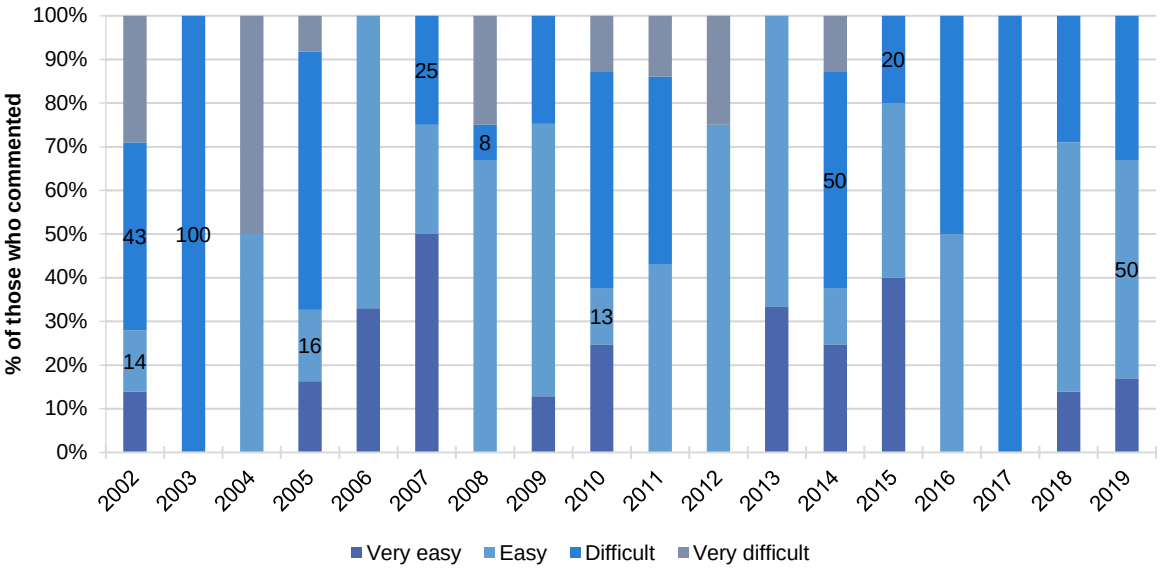
Of those able to comment (n=6), two-thirds perceived availability to be either ‘easy’ (50%) or ‘very easy’ (17%), consistent with 2018 reports (57% and 14%, respectively) (Figure 15).

Figure 14: Median price of cocaine per cap and gram, Victoria, 2000-2019



Note. Among those who commented. No data was available for the price of a cap in 2003, 2004, 2006, 2011, and 2016-2019. No data was available for the price of a gram in 2017. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Current perceived availability of cocaine, Victoria, 2002-2019



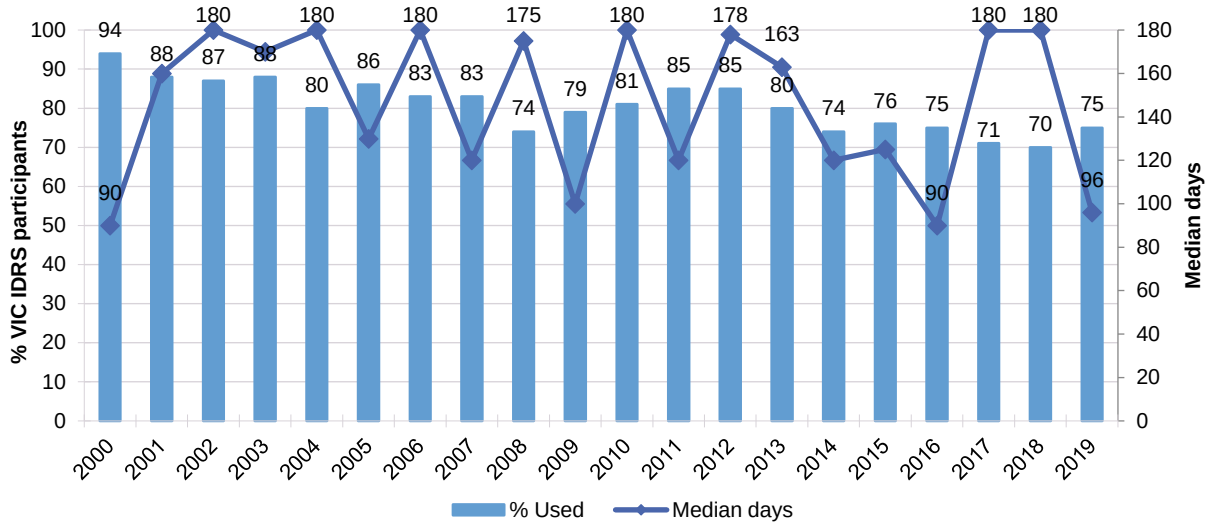
Note. The response 'Don't know' was excluded from analysis; Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil along with the frequency of use (Figure 16).

Figure 16: Past six month use and frequency of use of cannabis, Victoria, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Recent Use (past 6 months)

Seventy-six per cent of the sample had recently used cannabis, a non-significant increase from 2018 (70%; p=0.286) (Figure 16).

Frequency of Use (past 6 months)

The median frequency of use was 96 days in 2019 (IQR=14-180), down from 180 days in 2018 (IQR=12-180; p=0.903) (Figure 16). Although this difference appears large, it was non-significant because about half of those who reported recent use reported daily use in both years (47% and 50% for 2019 and 2018, respectively; p=0.589).

Routes of Administration

Similar to 2018, all participants who had recently used cannabis in 2019 reported smoking it. Notably, a small number of cannabis consumers (n≤5) inhaled or vaped in 2019, when none had done so in 2018.

Quantity

The median amount of any form of cannabis reportedly used in a typical day was one gram (IQR=0.5-1.5; n=78) or 2.5 cones (IQR=1.25-3.00; n=20).

Forms of Cannabis

Recent use of hydroponic cannabis (94%) and bush cannabis (44%) were reported more frequently than recent use of hash oil (5%). Eighty-five per cent of cannabis consumers reported hydroponic cannabis as the form most used in the six months preceding the interview.

Market Trends

Hydroponic Cannabis

Price: In 2019, the median price per gram was $20 (IQR=15-20; n=40); and $220 per ounce (IQR=200-257; n=18). The price for a gram has remained unchanged since reporting started in 2003. There was a slight decrease in the price per ounce compared to 2018 (Figure 17).

Perceived Potency: Sixty-five participants (44% of the sample) were able to comment on the potency of hydroponic cannabis. Perceptions of potency were consistent with those of 2018, with the majority reporting it as ‘high’ (66% versus 67% in 2018) and a large minority as ‘medium’ (25% versus 25% in 2018) (Figure 18). Few participants perceived potency to be ‘fluctuating’ (6% versus 5% in 2018).

Perceived Availability: Of those able to comment (n=65), 85% reported current availability as either ‘very easy’ (60%) or ‘easy’ (25%), consistent with 2018 figures (58% and 33%, respectively) There was a slight increase in participants reporting hydroponic cannabis to be ‘difficult’ (12% versus 9% in 2018) or ‘very difficult’ (3%; 2018 numbers equal to or less than five and suppressed) to obtain (Figure 19).

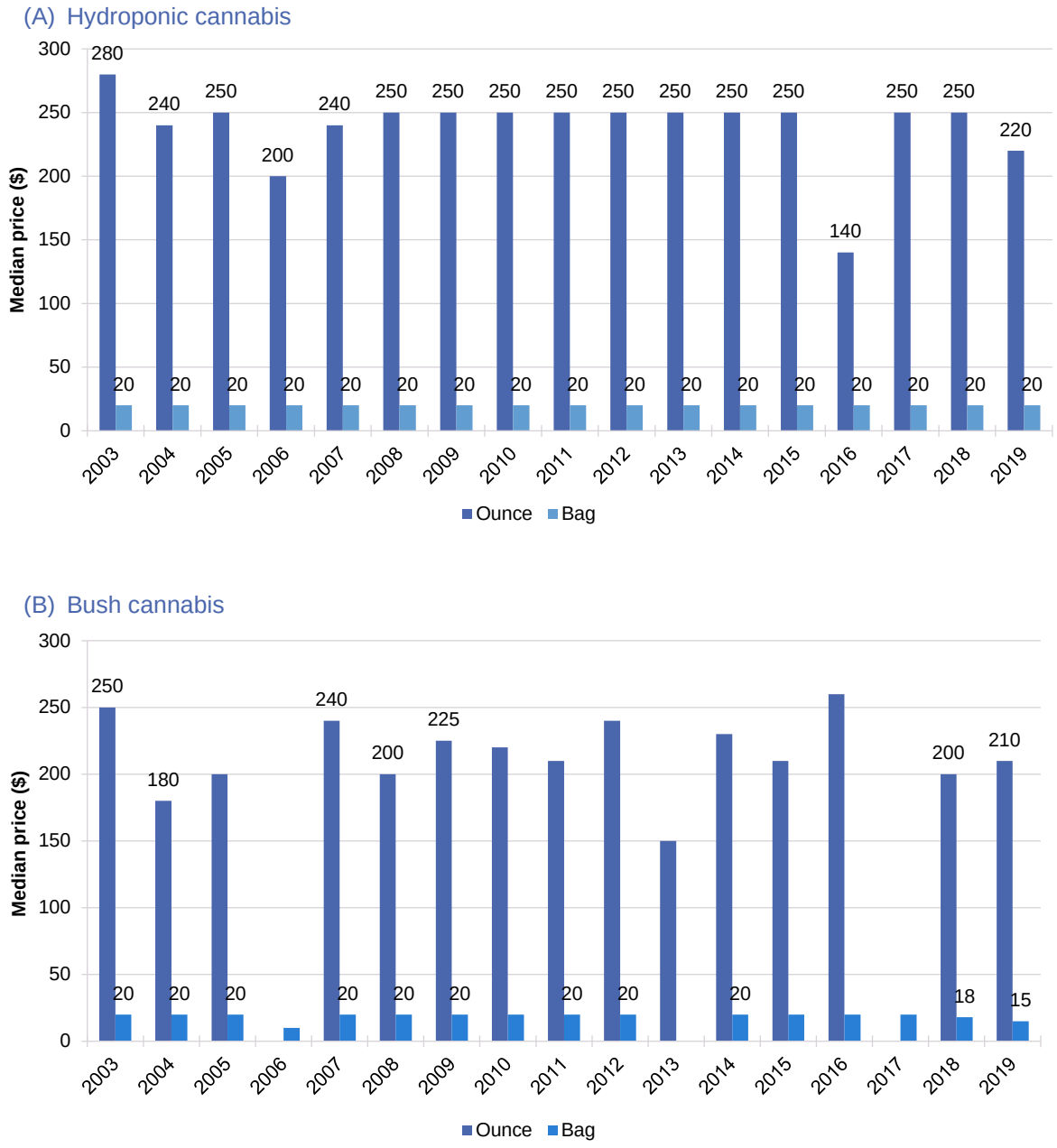
Bush Cannabis

Price: In 2019, the median price for one gram of bush cannabis was $15 (IQR=10-20; n=20) and $210 per ounce (IQR=100-250; n=6) (Figure 17).

Perceived Potency: Twenty-six participants were able to comment on perceived potency in 2019. Most perceived potency to be ‘medium’ (54% versus 45% in 2018) and one-third reported it to be ‘high’ (31% versus 33% in 2018) (Figure 18). There was a slight decrease in consumers who perceived potency to be ‘low’ (8% versus 17% in 2018).

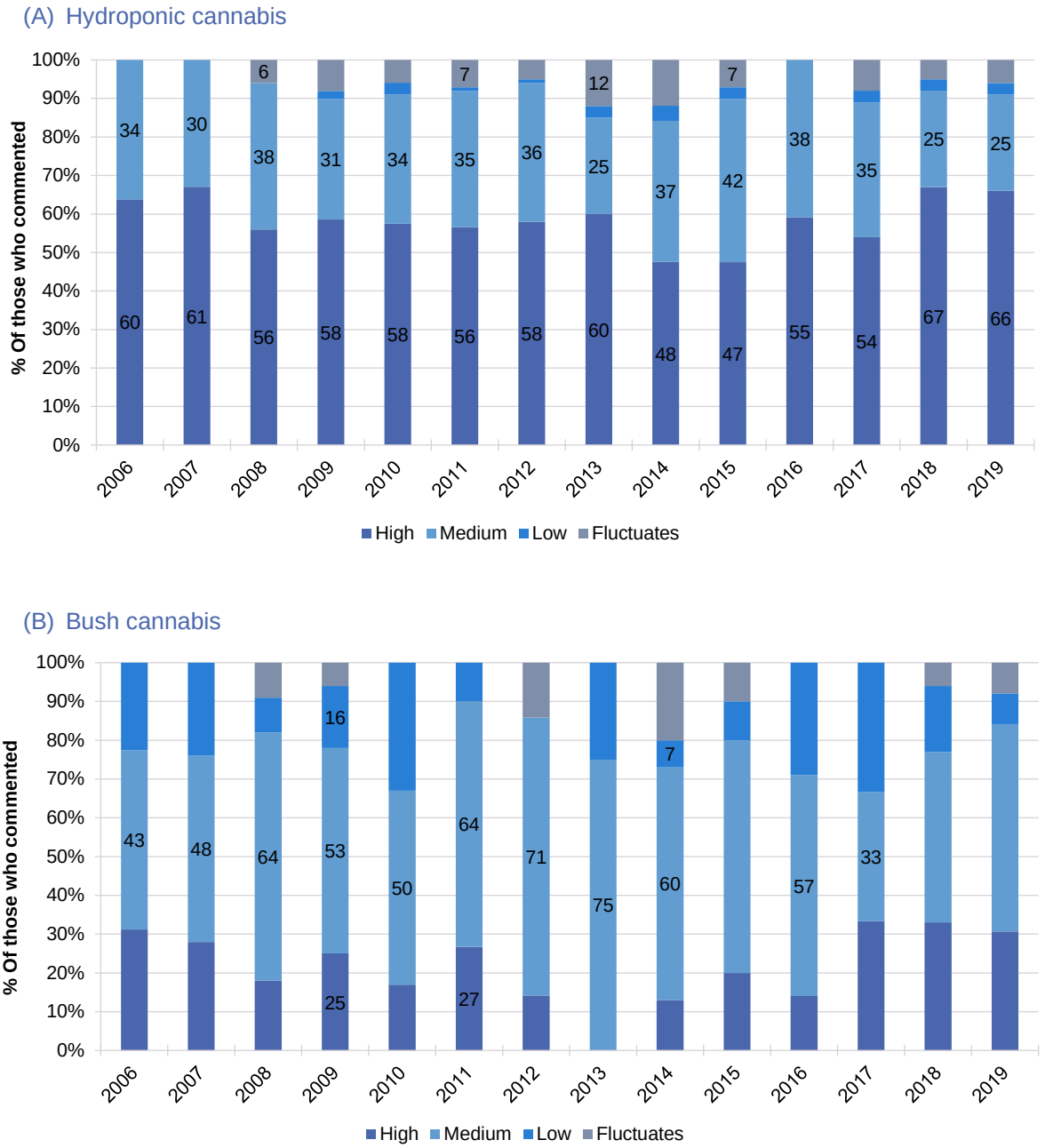
Perceived Availability: Of those able to comment on current availability (n=26), nearly half perceived availability as ‘very easy’ (46% versus 42% in 2018). There was a decrease in consumers who perceived availability as ‘easy’ (27% versus 47% in 2018), with an increase in reporting bush cannabis to be ‘difficult’ (19% versus 11% in 2018) and ‘very difficult’ (8%; 2018 numbers ≤ 5 and suppressed) to obtain (Figure 19).

Figure 17: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Victoria, 2003-2019



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data was available for an ounce in 2006 or 2017. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

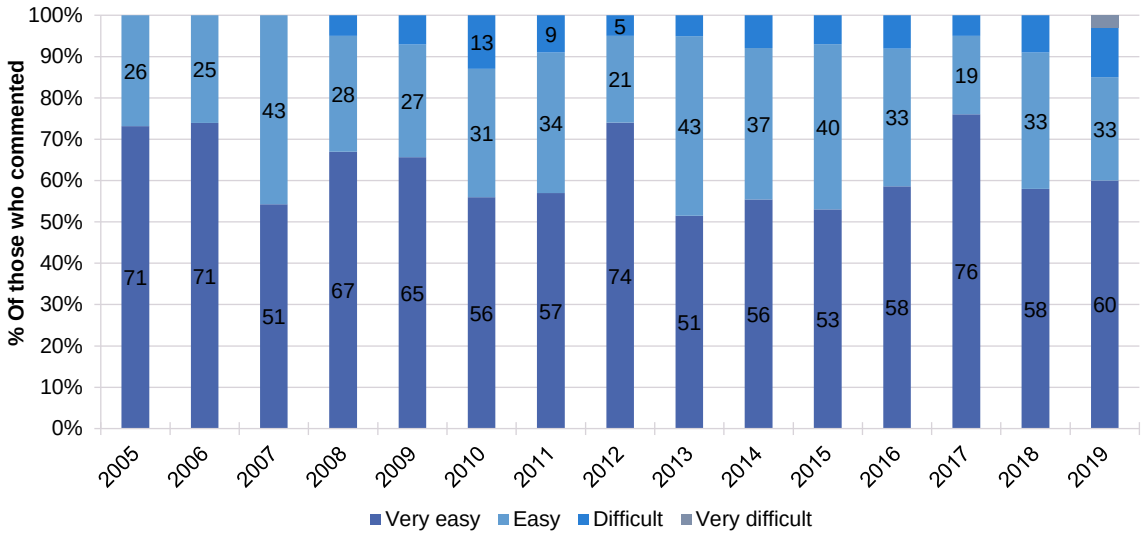
Figure 18: Current perceived potency of hydroponic (a) and bush (b) cannabis, Victoria, 2006-2019



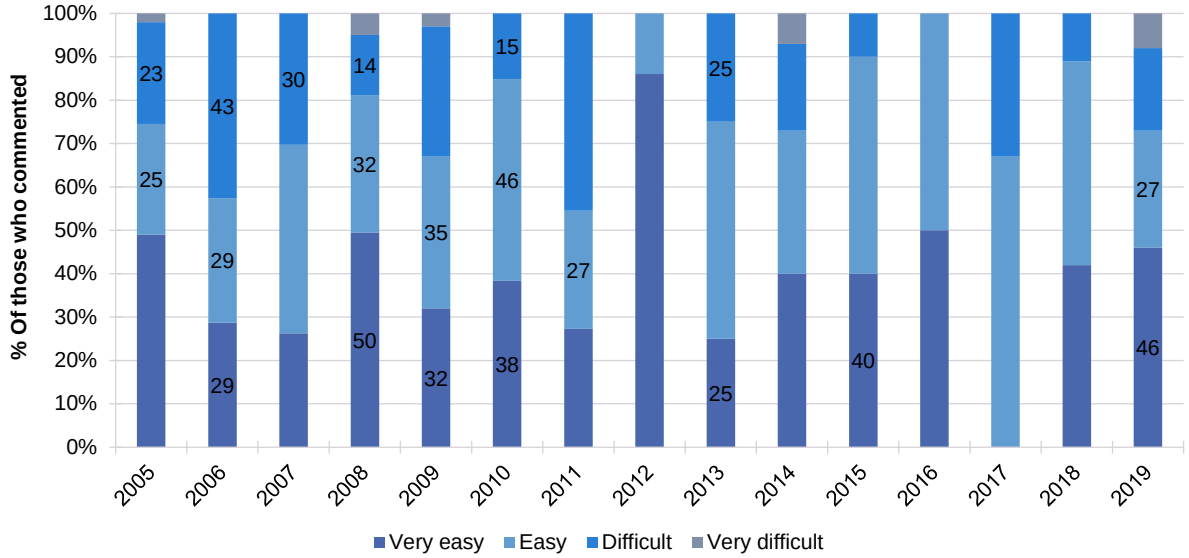
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 19: Current perceived availability of hydroponic (a) and bush (b) cannabis, Victoria, 2005-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Pharmaceutical Opioids

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

• **Prescribed Use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-Prescribed Use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
• **Any Use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Methadone

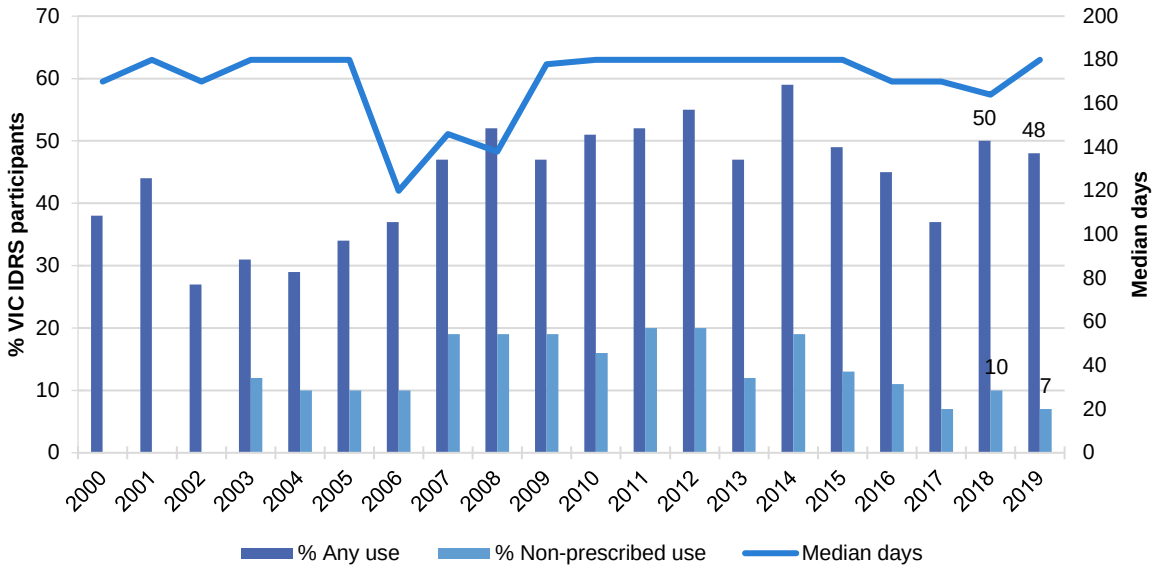
Recent Use (past 6 months): Reports of recent (prescribed and non-prescribed) use of methadone were consistent with previous years, with 48% (n=71) of the total sample reporting recent use, compared to 50% in 2018 (p=0.691) (Figure 20).

Frequency of Use (past 6 months): The median frequency of any use of methadone was reported as 180 days in 2019 (IQR=90-180). The median frequency for prescribed use was 180 days (IQR=143-180) and five days for non-prescribed use (IQR=2-30).

Routes of Administration: Swallowing remained the most frequently reported ROA for both prescribed (100% versus 98% in 2018) and non-prescribed (82% versus 93% in 2018) methadone. The median reported number of days of injecting any methadone was 13 (IQR=3-51). Five participants reported injecting as a means of administration for prescribed (8%) and non-prescribed (46%) methadone.

Form: Less than half (42%) of the sample reported recently using methadone prescribed to them (44% in 2018; p=0.767). There was a small, non-significant decrease in non-prescribed methadone use reported, from 10% of the sample in 2018 to 7% in 2019 (p=0.421).

Figure 20: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, Victoria, 2000-2019



Note**.** Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 70% and increased to 200 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years 2000, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Buprenorphine-Naloxone

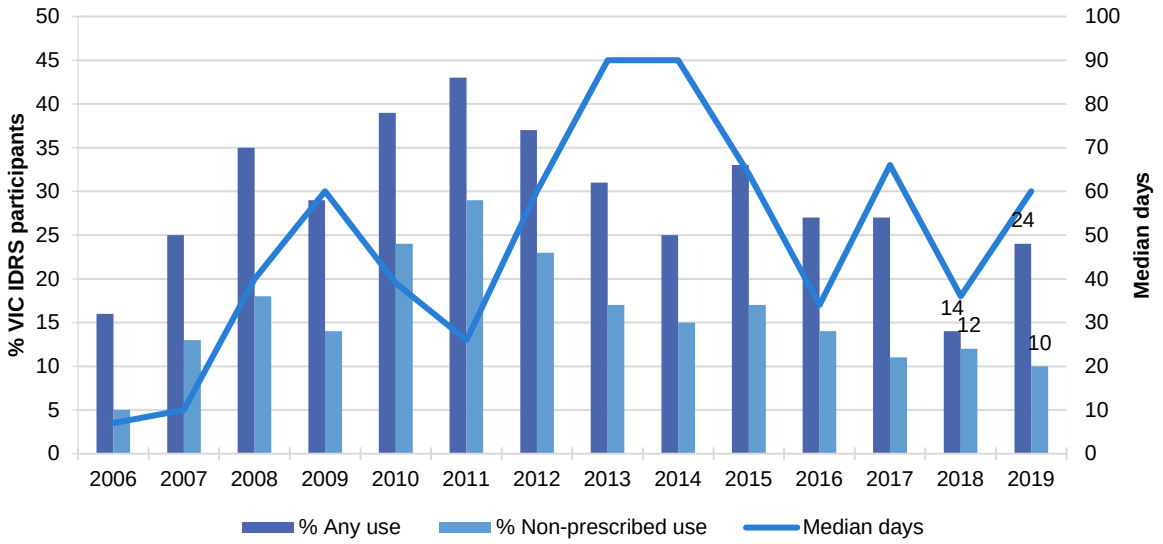
Recent Use (past 6 months): In 2019, 24% of the sample reported recent use of buprenorphine-naloxone (prescribed and non-prescribed), a significant increase from 14% in 2018 (p=0.026). This continues a fluctuating pattern over time (Figure 21).

Frequency of Use (past 6 months): The median reported frequency of use was 60 days (IQR=6-180) in 2019. There was a higher median frequency of prescribed (90 days; IQR=30-180) than non-prescribed (6 days; IQR=3-20) use in the previous six months (Figure 21).

Routes of Administration: For prescribed use, nearly all consumers reported swallowing buprenorphine-naloxone (92% versus 86% in 2018; p=0.537), while one in four consumers reported injecting (25%). There was a non-significant decrease in injecting (from 94% in 2018 to 80%; p=0.229) as the most frequently reported route of administration for non-prescribed use. Other notable routes of administration for non-prescribed use included swallowing (27%) and smoking (20%). Six days in the preceding six months was the median frequency of injecting any form of buprenorphine-naloxone (IQR=3-48).

Form: There were small non-significant changes in both prescribed (16% versus 14% in 2018; p=0.618) and non-prescribed (10% versus 12% in 2018; p=0.689) use in 2019.

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, Victoria, 2006-2019



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablets; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablets and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 100 days to improve visibility of trends. Data labels have been removed from figures in years 2006, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Morphine

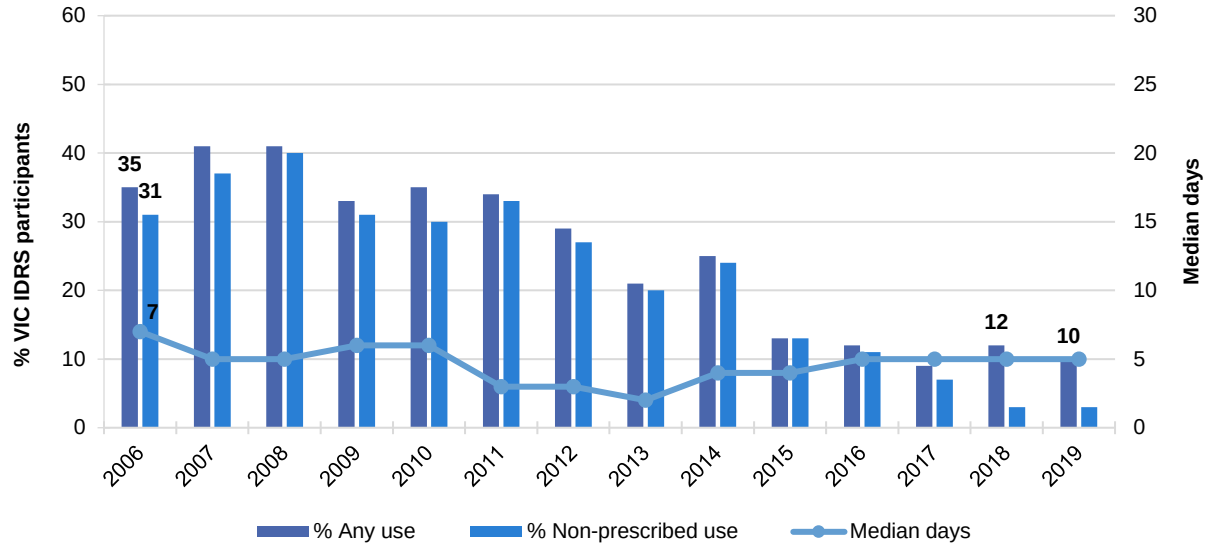
Recent Use (past 6 months): Ten per cent of the sample reported recent use of morphine (prescribed and non-prescribed), a non-significant decrease from 12% in 2018 (*p*=0.690). Morphine use has remained stable since 2015 (Figure 22).

Frequency of Use (past 6 months): Median frequency of any use was reported as five days (IQR=2-35) in 2019, with a median frequency of five days for prescribed (IQR=2.0-16.5) and six days for non-prescribed (IQR=2.5-60.0) morphine in the previous six months (Figure 22).

Routes of Administration: Seventy-five per cent of prescribed use involved swallowing (unchanged from 75% in 2018), while injecting was most frequently reported for non-prescribed use (92% versus 86% in 2018). The median days of injecting any form of morphine was reported as three days (IQR=2-80). Other notable routes of administration included 50% of prescribed morphine consumers reporting injecting use (unchanged from 2018) and 23% of non-prescribed morphine consumers reporting swallowing (14% in 2018).

Form: Recent non-prescribed use decreased from 10% in 2018 to 9% in 2019 (*p*=0.837).

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, Victoria, 2006-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 60% and 30 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years 2006, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Oxycodone

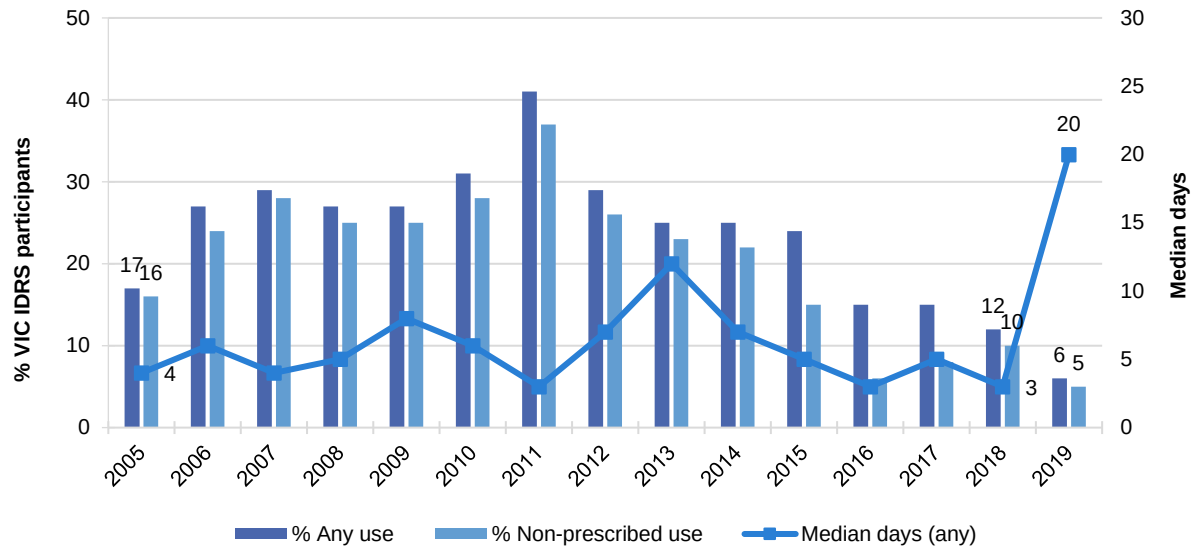
Recent Use (past 6 months): Six per cent of the total sample reported recent use of any oxycodone (prescribed and non-prescribed), a significant decrease from 12% in 2018 (*p*=0.033) (Figure 23).

Frequency of Use (past 6 months): While the number of participants reporting oxycodone use declined since 2011, frequency of recent use increased in 2019. The median frequency of any use was reported as 20 days (IQR=4-35) in 2019, compared to three days in the previous six months in 2018. The median frequency for prescribed use was 26 days (IQR=21.0-25.5) and 12 days for non-prescribed (IQR=3-39) use in the previous six months.

Routes of Administration: Swallowing was the only means of administration reported for prescribed use. Injecting (86%) was the most frequently reported route of administration by consumers reporting non-prescribed use, followed by swallowing (29%). The reported median days of injecting was 10 (IQR=3-58) among consumers using non-prescribed oxycodone.

Form: Recent non-prescribed use decreased by half, from 10% in 2018 to 5% (*p*=0.090).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, Victoria, 2005-2019



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2019, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 30 days to improve visibility of trends. Data labels have been removed from figures in years 2005, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Fentanyl

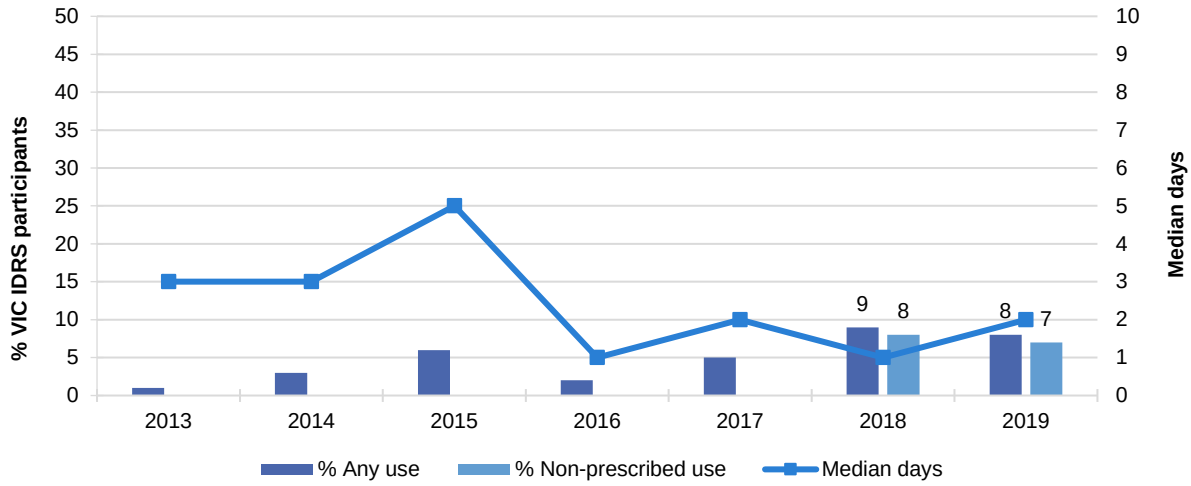
Recent Use (past 6 months): Eight per cent of participants reported fentanyl (prescribed and non-prescribed) use, similar to 2018 (9%; *p*=0.737) (Figure 24).

Frequency of Use (past 6 months): The median reported frequency of any use was two days (IQR=1-4) in the past six months in 2019, a non-significant increase from one day (IQR=1.0-7.5; *p*=0.722) in 2018. The median frequency for prescribed use was one day (IQR=1-1) and three days for non-prescribed use (IQR=2-4.5) in the previous six months in 2019.

Routes of Administration: Ninety per cent of non-prescribed fentanyl consumers reported injecting the drug, with the remaining 10% reporting swallowing. The median number of days for non-prescribed injecting was three (IQR=2-4).

Form: There was a non-significant decrease in the number of participants reporting non-prescribed use, from 8% in 2018 to 7% in 2019 (*p*=0.693).

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of use of fentanyl, Victoria, 2013-2019



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 10 days to improve visibility of trends Data labels have been removed from figures in years 2013, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Codeine

Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g. Nurofen Plus) over the counter, while high-dose codeine (≥30mg, e.g. Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that purchases of all codeine products, low and high-dose, require a prescription from a doctor.

Recent Use (past 6 months): In 2019, 12% of the sample reported recent use of codeine (prescribed and non-prescribed), a non-significant decrease from 18% in 2018 (*p*=0.162), continuing a fluctuating trend overtime (Figure 25).

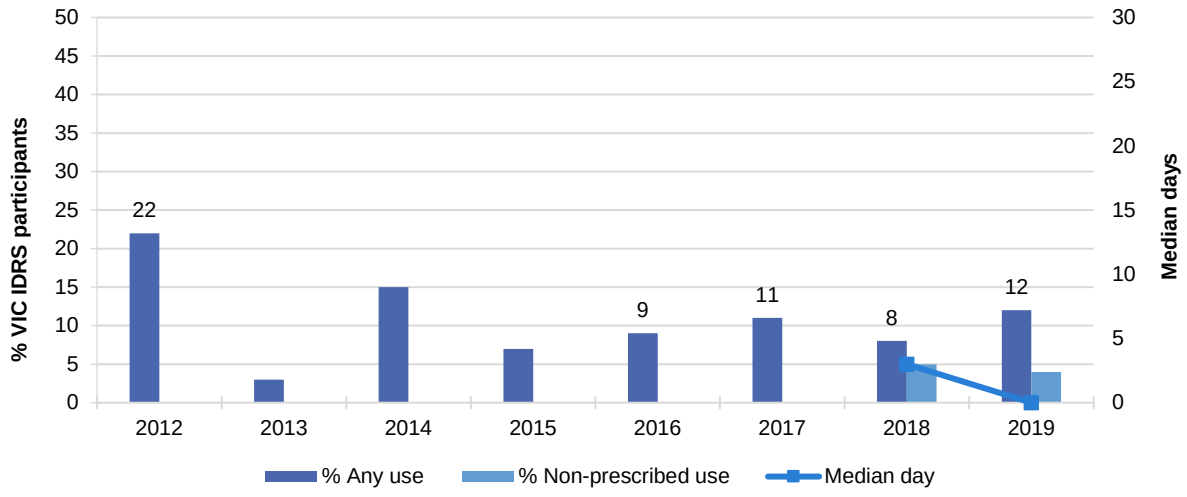
Frequency of Use (past 6 months): The median frequency of any use was six days (IQR=3-16) in 2019, a non-significant decrease from 12 days in 2018 (IQR=3-81; *p*=0.089). The median frequencies of prescribed and non-prescribed use were five (IQR=3.0-10.5) and four (IQR=2-61) days, respectively, in 2019.

Routes of Administration: All recent codeine consumers reported swallowing it in 2019.

Form: More than twice as many participants reported prescribed (10%) than non-prescribed (4%) codeine use. Among those who reported recent use, high-dose codeine was the most commonly reported form of prescribed (79%) and non-prescribed (83%; median 5 days; IQR=2-94) use.

Use for Non-Pain Purposes: Very low numbers reported use of low-dose codeine for non-medical/pain purposes. It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February 2018).

Figure 25: Past six month use and frequency of low-dose codeine (for non-pain purposes), Victoria, 2012-2019



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 50% and 30 days to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

7

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months)

In 2019, there was a non-significant (p=0.380) decrease in the number of participants reporting recent use of any NPS, from 13% in 2018 to 10%, comparable to findings from previous years.

Frequency of Use (past 6 months)

NPS which mimic the effects of cannabis were the most commonly reported NPS used in 2019 (10%), with a median frequency of nine days in the preceding six months (IQR=2-180). Other NPS were used, but due to low numbers reporting use, these numbers have been suppressed.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Forty per cent of the sample reported recent use of non-prescribed benzodiazepines, a non-significant increase from 35% in 2018 (p=0.373) (Figure 26). The use of non-prescribed benzodiazepines decreased to its lowest level in 2017 and has since returned to levels similar to those when reporting commenced in 2007. There were no reports of injecting use.

Frequency of Use (past 6 months): Frequency of use was low at a median of six days (IQR=2-75).

Pharmaceutical Stimulants

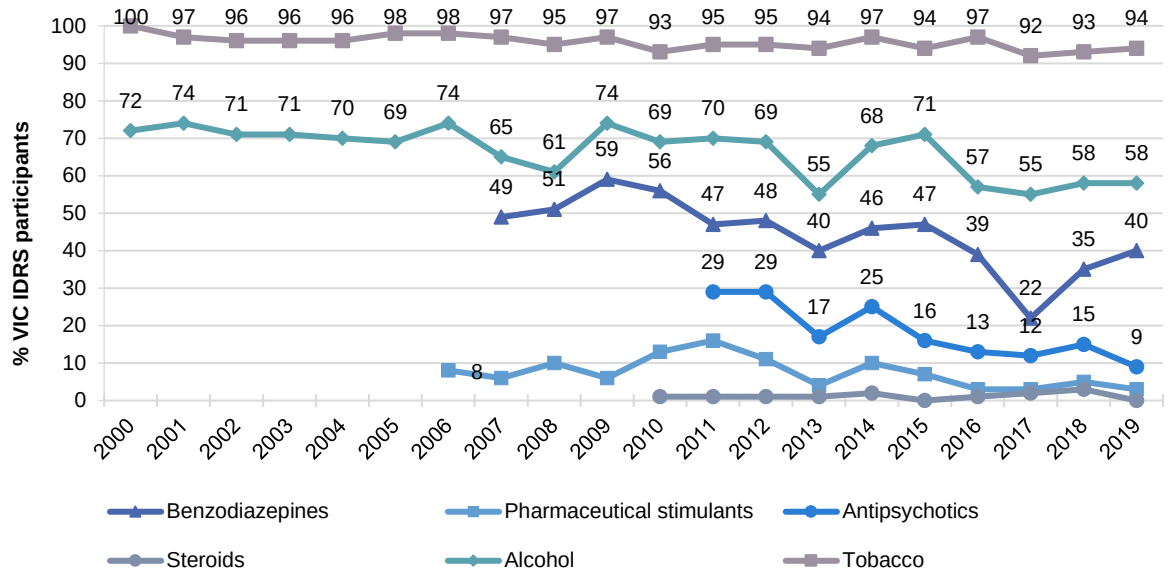
Very low numbers reported non-prescribed use of pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use is included. For information on the national sample, please refer to the National Report or contact the Drug Trends team.

Anti-psychotics

Recent Use (past 6 months): Non-prescribed use of anti-psychotics decreased to 9% in 2019 (15% in 2018; *p*=0.085), continuing a decreasing trend since 2011.

Frequency of Use (past 6 months): Frequency of use was low at a median of two days (IQR=1-4), similar to 2018 (3 days; IQR=1.0-17.5; *p*=0.254).

Figure 26: Past six month use of other drugs, Victoria, 2000-2019



Note. Non-prescribed use is reported for prescription medicines (i.e. benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 (asked as 'Seroquel' until 2019) and e-cigarettes in 2014. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Licit and Other Drugs

Steroids

No participants reported steroid use in 2019. For information on the national sample, please refer to the National Report or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): In 2019, more than half the sample reported recent alcohol use (58%), consistent with levels of use in 2018 (58%; *p*=0.958). Reported use of alcohol declined between 2000 and 2015, but has remained relatively stable since 2016.

Frequency of Use (past 6 months): Of those who reported recent use, there was a non-significant decrease in the number of consumers reporting daily alcohol intake, from 28% in 2018 to 22% in 2019 (*p*=0.431).

Tobacco

Recent Use (past 6 months): Tobacco use has remained consistently high since reporting started in 2000. Nearly all (94%) of the sample reported recent use of tobacco, similar to 2018 (93%; *p*=0.679).

Frequency of Use (past 6 months): Of those who reported recent use, the majority used tobacco daily (95% versus 94% in 2018; *p*=0.618). The median frequency of use was 180 days (IQR=180-180) in the past six months.

E-cigarettes

Recent Use (past 6 months): Twenty-four per cent of participants reported recent use (past 6 months) of e-cigarettes in 2019, a significant increase from 2018 (15%; *p*=0.036). Among those who had recently used e-cigarettes (n=36), 86% reported using e-cigarettes containing nicotine, 8% reported using neither cannabis nor nicotine and no participants reported using e-cigarettes containing both nicotine and cannabis in 2019. Fifty per cent of those who reported using e-cigarettes in the previous six months were using them as a smoking cessation tool in 2019.

Frequency of Use (past 6 months): Median frequency of use in the previous six months was five days (IQR=2.0-15.5).

8

Drug-Related Harms and Other Risk Factors

Polysubstance Use

Ninety-nine per cent of the sample reported using one or more drugs on the day preceding interview in 2019. The most commonly used substances were tobacco (83%), heroin (51%), cannabis (46%), methadone (29%) and alcohol (22%). Ninety-two per cent had used an opioid (81%), benzodiazepine (19%), and/or stimulant (21%) on the day preceding interview. Thirty-six per cent reported using a combination of opioids, stimulants and/or benzodiazepines on the day preceding interview, with the most common combinations being opioids and stimulants (13%) and opioids and benzodiazepines (17%).

Overdose

Non-fatal overdose

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

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

- **opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic); and
- **'other drug' overdose** including alcohol, cannabis, amyl nitrite/alkyl nitrite, benzodiazepines, NPS, pharmaceutical stimulants or any other drug.

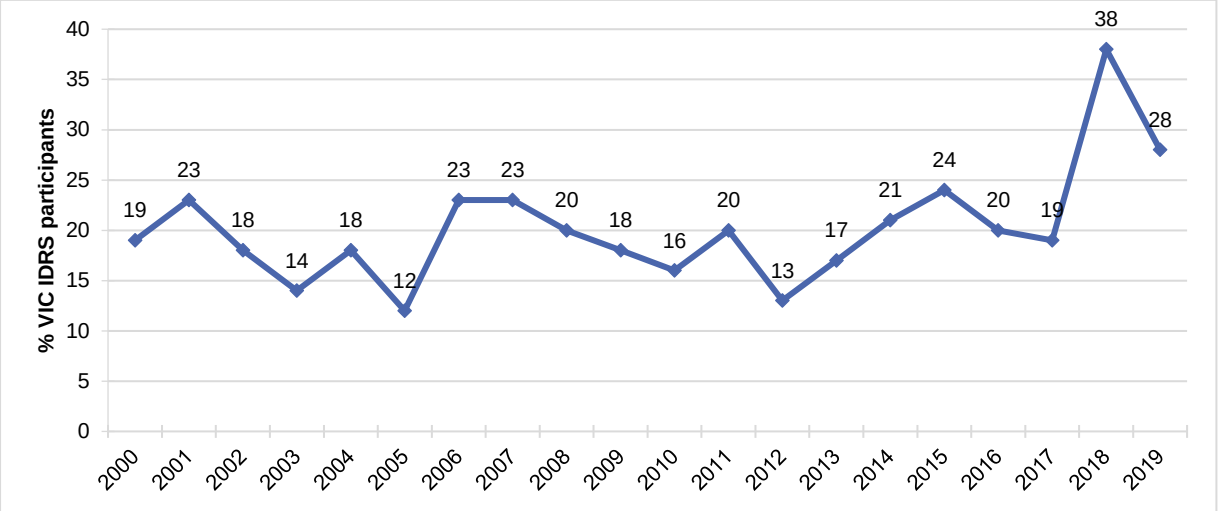
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below) but note that estimates may vary over time because of changed nuance in asking by drug type.

Twenty-eight per cent of the total sample reported at least one non-fatal adverse event in the past 12 months (Figure 27), a non-significant decrease from 38% in 2018 (p=0.066).

Heroin was the substance most commonly cited as being involved in past year non-fatal overdoses (20% of the total sample) (Table 2).

Of those who had overdosed on heroin in the last year (n=30), 75% reported receiving naloxone on the occasion of their last overdose, 54% reported that an ambulance had attended, 18% reported no treatment, and no participants reported receiving cardiopulmonary resuscitation from a friend, partner or peer.

Figure 27: Past 12 month non-fatal overdose, Victoria, 2000-2019



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 2: Past year non-fatal overdose by drug type, nationally (2019) and Victoria, 2014-2019

	National	Victoria					
	2019	2019	2018	2017	2016	2015	2014
Heroin overdose	106	**30**	**42**	28	29	15	16
Methadone overdose	6	**-**	**-**	<5	-	<5	-
Morphine overdose	9	**-**	**0**	0	-	<5	-
Oxycodone overdose	-	**-**	**-**	0	-	<5	-
Other drug overdose	66	**6**	**10**	<5	6	7	7
Any drug overdose	188	**40**	**47**	31	35	26	23

Note**.** Participants reported on whether they had overdosed following use of 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). / participants not asked. *One participant did not specify which opioid they had overdosed on in 2019. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning

naloxone can be purchased over the counter at pharmacies without a prescription, and at a reduced cost via prescription. Participants are asked a range of questions about take-home naloxone in the IDRS (Figure 28).

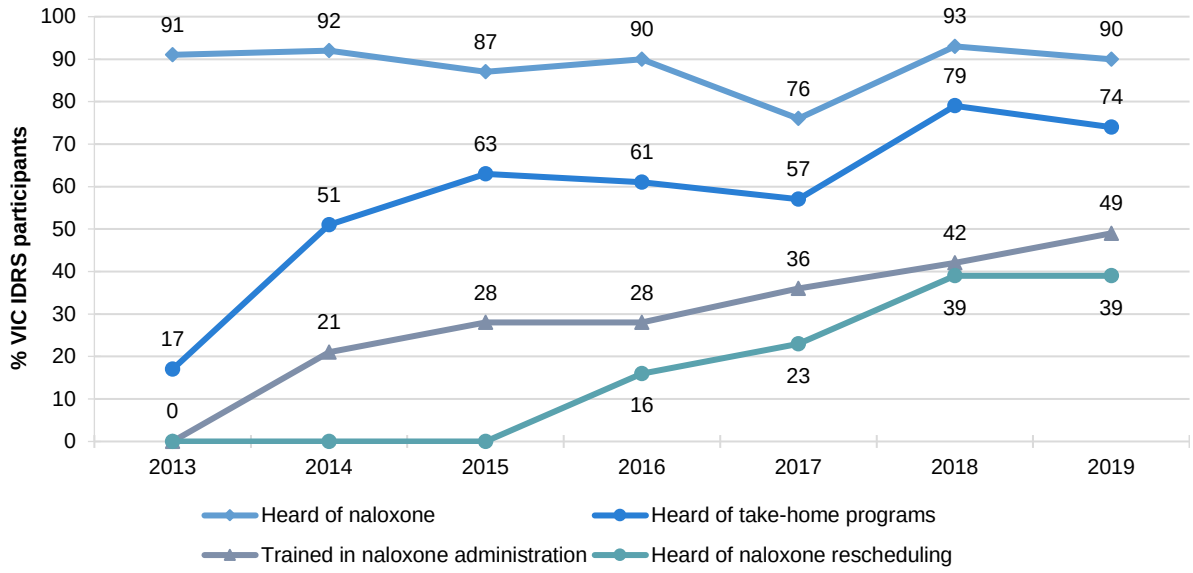
Awareness of naloxone: The percentage of participants who have heard of naloxone continues to be very high (90%).

Awareness of training programs: Awareness of the take-home naloxone program has generally increased since its introduction in 2013 (17%). There was a slight, non-significant decrease from 79% in 2018 to 74% in 2019 (p=0.312).

Participation in training programs: Forty-nine per cent of participants reported being trained in using naloxone, a non-significant increase from 2018 (42%; p=0.206).

Use of naloxone to reverse overdose: Seven per cent of participants had been resuscitated with naloxone by someone who had been trained through the take-home naloxone program in 2019 (n=10). Of those who had completed the take-home naloxone program (n=73), 44% reported having used the naloxone to resuscitate someone who had overdosed.

Figure 28: Take-home naloxone program and distribution, Victoria, 2013-2019



Note. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

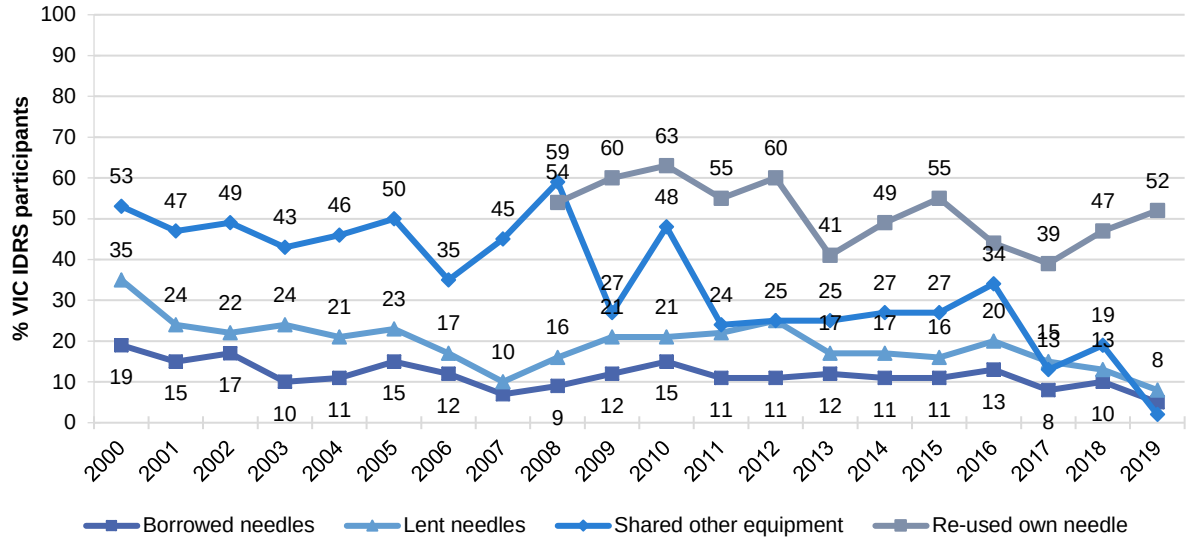
In 2019, 5% of the sample reported receptive sharing and 8% distributive sharing in the past month (Figure 29).

Forty-six per cent reported that they had injected someone else after injecting themselves, compared to 34% in 2018, while 23% reported being injected by someone else who had previously injected in the past month (Table 3).

There was a non-significant increase in the number of participants reporting re-using their own needles or syringes, from 47% in 2018 to 52% in 2019 (p=0.375). Of the 48 participants (32%) who reported re-using other injecting equipment, spoons for mixing were most frequently reported (94%), followed by tourniquets (46%) and water (10%).

Slightly more than half (55%) of the participants in the sample reported that they had last injected in a private home, whilst 13% of participants reported last injecting at the MSIR in North Richmond.

Figure 29: Borrowing and lending of needles and sharing of injecting equipment in the past month, Victoria, 2000-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 3: Sharing and re-using needles and injecting equipment in the past month, nationally (2019) and Victoria (2014-2019)

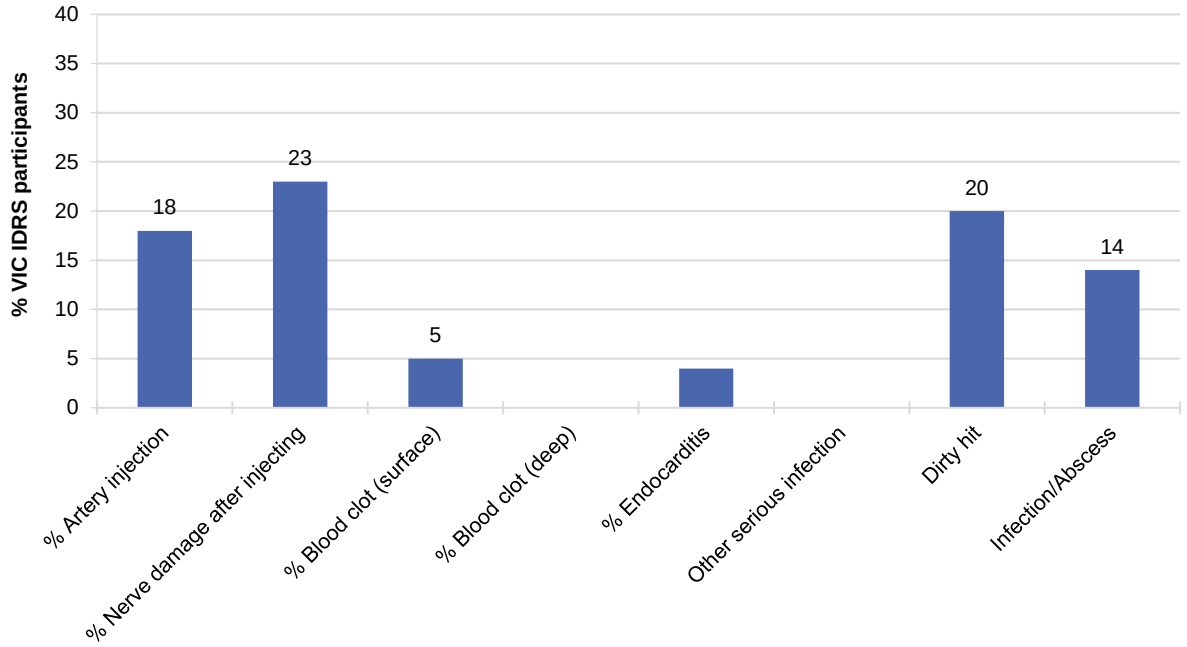
	National 2019 N=902	Victoria 2019 N=148	2018 N=150	2017 N=150	2016 N=150	2015 N=150	2014 N=150
% Borrowed a needle	8	**5**	10	8	13	11	11
% Lent a needle	11	**8**	13	15	20	16	17
% Shared any injecting equipment ^ (n)	5 (n=42)	**-**	19 (n=28)	13 (n=19)	34	27 (n=41)	27 (n=41)
Shared spoon/mixing container #	86	**-**	93	89	84	90	95
Shared filter #	29	**-**	36	16	29	20	15
Shared tourniquet #	43	**-**	25	5	12	15	7
Shared water #	45	**-**	25	26	39	24	15
Shared swabs #	21	**-**	0	-	-	-	-
Shared wheel filter #	5	**-**	0	0	-	-	-
% Reused own needle	44	**52**	47	39	44	55	49
% Reused own injecting equipment ^ (n)	28 (n=249)	**32** (n=48)**	41 (n=60)	N/A	53 (n=95)	64 (n=95)	55 (n=82)
Private home	77	**55**	61	58	66	66	72
Car	4	**-**	-	-	9	7	7
Street/car park/beach	7	**23**	29	27	17	13	12
Public toilet	7	**6**	5	-	5	11	6
MSIR	N/A	**13**	/	/	/	/	/
Other	<5	**-**	<5	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. # amongst those who reported sharing any injecting equipment. ˜ 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/A, not available./ Participants first asked about injecting other and being injected by others in 2016. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Self-Reported Injection-Related Health Problems

Forty-three per cent of participants in 2019 reported an injection-related health issue in the month preceding interview. The most prominent issues were nerve damage after injecting (23%), having a dirty hit (20%) and an artery injection (18%) (Figure 30).

Figure 30: Injection-related issues in the past month, Victoria 2019



Note. Values suppressed due to small cell size (n≤5 but not 0). Y axis reduced to 40% to improve visibility of trends.

Drug Treatment

The number of participants reporting current drug treatment in 2019 was similar to previous years, with 50% (47% in 2018; *p*=0.569) reporting that they were currently in treatment for their substance use (most commonly receiving methadone: 36%) (Table 4).

Seven per cent of the total sample reported that they had recently tried but were unable to access drug treatment. Of those participants (n=10), most reported seeking treatment for heroin use (70%).

The main services that people had accessed in the past six months for drug and/or alcohol support were GPs (n=77) and drug and alcohol counsellors (n=20).

Table 4: Current drug treatment nationally and Victoria, 2014-2019

	National	Victoria					
	2019	**2019**	2018	2017	2016	2015	2014
	N=901	**N=148**	N=150	N=152	N=174	N=149	N=150
% Current drug treatment	48	**50**	47	50	44	60	66
Methadone	27	**36**	35	31	29	38	45
Buprenorphine	3	**-**	-	4	-	-	-
Buprenorphine-naloxone	10	**13**	9	12	10	13	12
Drug counselling	12	**-**	-	-	-	5	6
Other	<5	**-**	-	-	-	-	-
% Recently tried to access treatment but unable	6	**7**	/	/	/	/	/

Note. Numbers suppressed when n≤5 (but not 0). / Denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

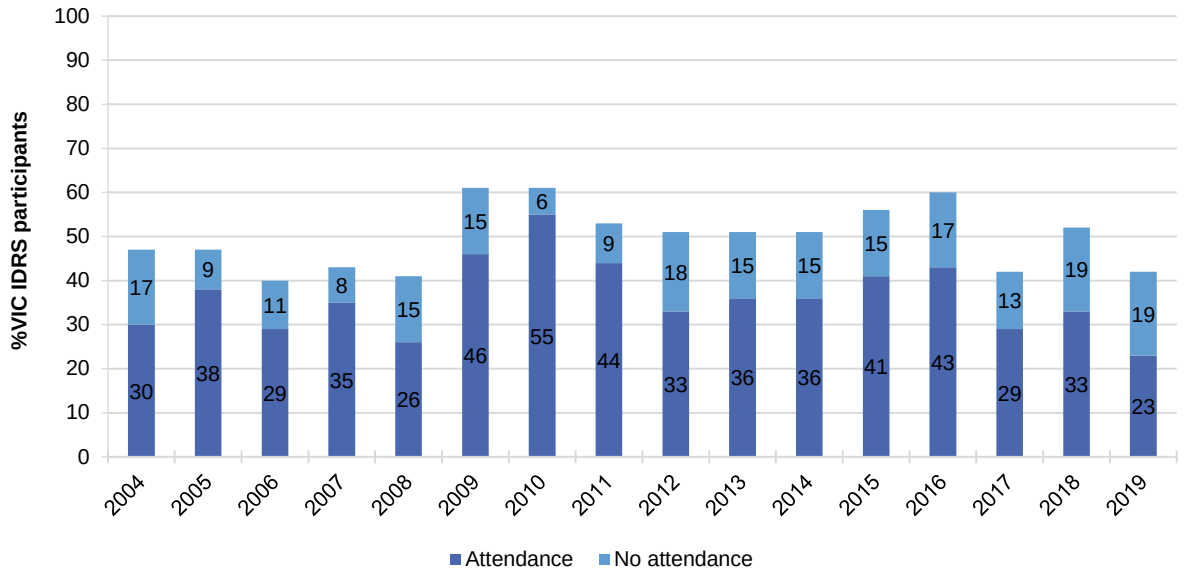
Mental Health

In 2019, 42% of the sample reported that they had experienced a mental health problem in the preceding six months, compared to 52% in 2018 (p=0.144) (Figure 31).

Amongst this group, the most commonly reported problems were depression (76%) and anxiety (48%). Smaller numbers reported post-traumatic stress disorder (21%), schizophrenia (17%) and panic disorders (9%).

Of those who reported a mental health problem (n=61), 54% reported having seen a mental health professional during the last six months, most commonly a GP (70%), psychiatrist (24%), psychologist (30%) or counsellor (18%). Thirty-nine per cent of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months, compared to 58% in 2018 (p=0.031).

Figure 31: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2004-2019



Note. Stacked bar graph of % who reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who did not. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Sexual Health Behaviours

In 2019, the IDRS sample was asked detailed questions about their sexual health behaviours for the first time. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview. Sixty-four per cent of those who responded (n=92) in Victoria indicated that they had had penetrative sex in the past six months. Small percentages indicated that they did not know the HIV status of a partner that they had sex with without a barrier and that drugs/alcohol impaired their ability to negotiate their wishes during sex (15%). Thirty-seven per cent of the whole sample indicated that they had had a sexual health check in the previous year. These figures were comparable to those found in the national sample.

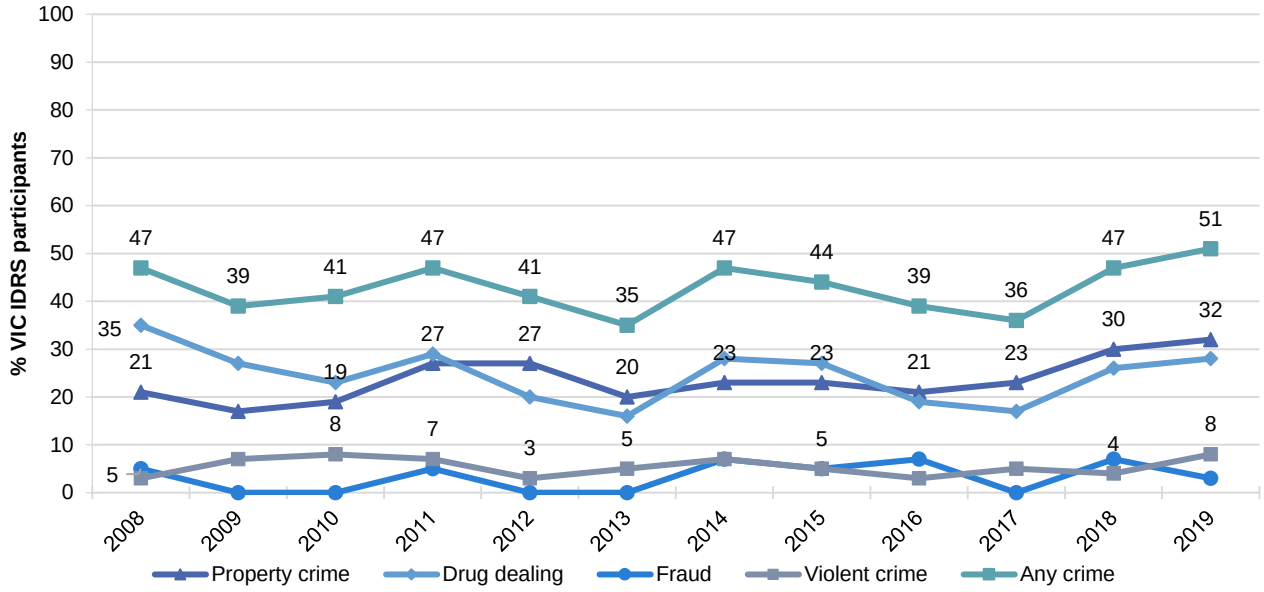
Crime

Forty-three per cent of participants reported being arrested in the 12 months preceding interview, a non-significant decrease from 45% in 2018 (*p*=0.715).

Seventy-one per cent of participants reported a history of imprisonment, compared to 63% in 2018 (*p*=0.159).

Reports of criminal activity in the previous month have fluctuated since monitoring first began, with 28% reporting drug dealing and 32% reporting property crime in the past month in 2019 (Figure 32).

Figure 32: Self-reported criminal activity in the past month, Victoria, 2008-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.