IDRS

NEW SOUTH WALES DRUG TRENDS 2023

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

NEW SOUTH WALES DRUG TRENDS 2023: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Udesha Chandrasena[1], Fiona Jones[1], Amy Peacock[1,2] and Rachel Sutherland[1]

[1] National Drug and Alcohol Research Centre, UNSW Sydney

[2] School of Psychology, University of Tasmania

ISSN 2981-9695

Suggested citation: Chandrasena U, Jones F, Peacock A, & Sutherland R. New South Wales Drug Trends 2023: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2023; DOI: 10.26190/4ex0-sy13

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.

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: u.chandrasena@unsw.edu.au or drugtrends@unsw.edu.au

Table of Contents

List of Tables

List of Figures

Acknowledgements

Funding

In 2023, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health and Aged Care 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 the IDRS in 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, Daisy Gibbs, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford 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; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Candice Gilford, Grace (Ye Eun) Ha, Jon Panther, Kareem Soliman, Marcel Mellor Hutchings, MJ Stowe, Nerida Douglas, Will Hodges Ryan, Julia Uporova, Antonia Karlsson and Cate King for conducting the New South Wales IDRS interviews in 2023. We would like to thank the UNSW Community Reference Panel for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
AOD	Alcohol and other drugs
BTNX	BTNX Inc
CBD	Cannabidiol
COVID-19	Coronavirus disease of 2019
DSM	The Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Acid

SA	South Australia
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
TAFE	Technical and Further Education
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 ≥6 days in the preceding six months and resided in Sydney, New South Wales (NSW). Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June, 2023. Interviews from 2020-2022 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews in 2023 and prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The Sydney IDRS sample (N=153) in 2023 comprised predominantly male participants (70%), with a mean age of 47 years (48 years in 2022). Consistent with previous years, the majority of the sample were living in their own home (78%), unemployed at the time of interview (90%) and had received a government pension, allowance or benefit in the month preceding interview (97%). There was, however, a significant change to the median weekly income reported by Sydney participants, with a significant increase from $325 in 2022 to $400 in 2023 ($p<0.001$). Forty-six per cent of the sample nominated heroin as their drug of choice (50% in 2022) while the largest per cent nominated methamphetamine as the drug injected most often in the past month (53%), stable relative to 2022.

Heroin

In 2023, two thirds (67%) of the Sydney sample reported recent (i.e., past six month) use of heroin, the lowest per cent since monitoring commenced, although stable relative to 2022 (71%). Among those who reported recent use, almost half (47%) reported using heroin daily, also stable relative to 2022 (54%). The median price per cap and gram of heroin was $50 and $330, respectively ($50 and $370, respectively, in 2022). Perceived purity of heroin remained stable in 2023, with the largest per cent reporting it to be of 'medium' purity (39%; 35% in 2022), followed by 'low' (22%; 34% in 2022) Similarly, the perceived availability remained stable in 2023, with the largest per cent reporting it to be 'very easy' to obtain (51%; 43% in 2022).

Methamphetamine

The majority (86%) of the sample reported recent use of any methamphetamine in 2023, stable from 87% in 2022. Seven per cent of participants reported recent use of methamphetamine powder, stable relative to 2022 (11% in 2022). Consistent with previous years, the majority (86%) of the Sydney sample reported using methamphetamine crystal in the six months preceding interview (87% in 2022). Among those who reported recently using methamphetamine crystal, the median days of use was 72 days (i.e. three days a week) in both 2022 and 2023, representing the highest median days of use recorded throughout monitoring. Participants reported a median price of $50 per point of methamphetamine ($50 in 2022). The perceived purity and availability of methamphetamine crystal remained stable between 2022 and 2023, with the largest percentage of participants reporting it to be of 'medium' (39%; 29% in 2022) purity and 'very easy' (55%; 43% in 2022) to obtain.

Cocaine

Almost one quarter (23%) of the sample reported recent use of cocaine, stable relative to 2022 (16%). Participants who had recently used cocaine did so infrequently, on a median of four days in the six months preceding interview (5 days in 2022).

Cannabis and/or Cannabinoid-Related Products

Two thirds (65%) of the Sydney sample reported non-prescribed cannabis and/or cannabinoid-related product use in the six months preceding interview in 2023 (72% in 2022), of which 56% reported daily use (57% in 2022). Most of the sample (90%) reported using hydroponic cannabis (95% in 2022). In 2023, the median price per gram of non-prescribed hydroponic and bush cannabis was $20, respectively, stable from 2022. While there were no significant changes to the perceived potency of hydroponic cannabis, the perceived availability of hydroponic cannabis significantly changed in 2023 relative to 2022 (p=0.031). The largest per cent reported hydroponic cannabis to be 'very easy' (61%) to obtain, an increase from 42% in 2022. There were no significant changes to the perceived potency or availability of bush cannabis in 2023.

Pharmaceutical Opioids

The most common non-prescribed pharmaceutical opioids recently used by participants was methadone (12%; 18% in 2022) and oxycodone (12%; 11% in 2022). There was a significant decrease in any recent injection of oxycodone, from 65% in 2022 to 33% in 2023 (p=0.044). Seven per cent of participants reported recent non-prescribed fentanyl use (4% in 2022).

Other Drugs

Recent use of any new psychoactive substance was reported by 6% of participants, stable relative to 2022 (4% in 2022). One third (33%) of the Sydney sample reported recent use of any non-prescribed benzodiazepines, a significant increase from 21% in 2022 (p=0.022). Two fifths (42%) of the sample reported recent use of alcohol and, although not statistically significant, this represented the second lowest percentage observed since monitoring commenced (45% in 2022). While non-prescribed e-cigarette use remained stable in 2023 with one third (33%) reporting recent use (30% in 2022), frequency of use significantly increased from a median of 20 days in 2022 to daily (180 days) use in 2023 (p=0.002). Similarly, the per cent reporting daily non-prescribed e-cigarette use significantly increased from one quarter (25%) of those reporting recent use in 2022 to half (52%) in 2023 (p=0.015). Recent use of GHB/GBL/1,4-BD also significantly increased from 5% in 2022 to 24% in 2023 (p<0.001).

Drug-Related Harms and Other Behaviours

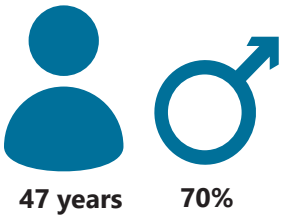
- Almost two thirds (63%) of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).
- Almost one fifth (17%) of the sample reported experiencing a non-fatal overdose in the 12 months preceding interview (20% in 2022), with 'any opioids' (12%) being the most common substance involved (14% in 2022).
- A significant decrease was observed in participants indicating awareness of naloxone in 2023 (81%; 95% in 2022; p<0.001). Fifty-three per cent of the sample reported ever accessing naloxone in their lifetime (56% in 2022). One in three (33%) reported resuscitating someone using naloxone at least once in their lifetime (25% in 2022).
- Five per cent of participants reported receptive needle sharing in the past month, stable relative to 2022 (n≤5).

- One quarter (24%) of the sample reported having an injection-related health issue in the month preceding interview (28% in 2022), with significantly fewer participants reporting experiencing an artery injection in 2023 (n≤5; 8% in 2022; p=0.031).
- Thirty-nine per cent of the sample reported currently being in some form of drug treatment at the time of the interview (43% in 2022), most commonly methadone treatment (22%; 30% in 2022).
- Among those who had recently used opioids and commented, 61% scored five or above on the Severity of Dependence (SDS) scale, indicating possible dependence. Of those who had recently used methamphetamine and commented, 48% scored four or above on the SDS scale, indicating possible dependence.
- The percentage of participants who reported having had an hepatitis C (HCV) antibody test in the last year significantly increased from 34% in 2022 to 58% in 2023 (p<0.001). Similarly, significantly more participants reported receiving a PCR or RNA test in 2023 compared to 2022 (54%; 40% in 2022; p=0.025). There was also a significant increase in participants reporting a current HCV infection in 2023 (11%; 5% in 2023; p=0.018).
- Half (52%) of the Sydney sample self-reported that they had recently experienced a mental health problem, a significant increase relative to 2022 (38% in 2022; p=0.015), with the most common reported problem being depression (65%).
- Almost one third (32%) of the Sydney sample scored 30 or more on the K10 scale (33% in 2022), indicating high psychological distress.
- The majority (95%) of participants reported accessing any health service for alcohol and/or drug support in 2023, a significant increase from 80% in 2022 (p<0.001), with significantly more participants accessing NSPs (86%; 66% in 2022; p<0.001), followed by a GP (31%; 25% in 2022).
- In 2023, three quarters (76%) of the sample reported experiencing stigma related to their illicit drug use in any setting in the six months preceding interview. These experiences of stigma most commonly occurred when visiting a non-health setting (66%).
- The vast majority (87%) reported that they had received at least one COVID-19 vaccine dose (88% in 2022) at the time of interview, with participants receiving a median of 3 doses.
- Among those who had driven in the last six months, almost two third (63%) of participants reported driving within three hours of consuming an illicit or non-prescribed drug (83% in 2022).
- Seven per cent of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the last year (11% in 2022).
- In 2023, almost half (47%) of the Sydney sample reported engaging in 'any' crime in the past month (38% in 2022; p=0.152). Selling drugs for cash profit remained the most common self-reported crime in the month preceding interview and significantly increased from 23% in 2022 to 36% in 2023 (p=0.030). Two in three (63%) participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant increase from 39% in 2022 (p<0.001).

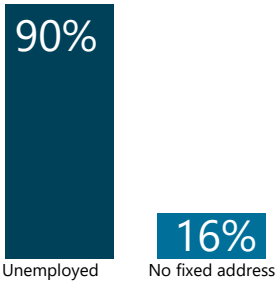
IDRS Illicit Drug Reporting System

2023 SAMPLE CHARACTERISTICS

In 2023, 153 participants, recruited from Sydney, NSW were interviewed.



The median age in 2023 was 47, and 70% identified as male.

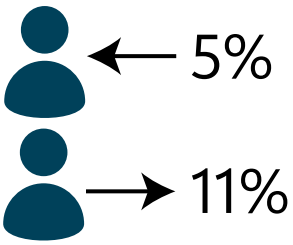


In the 2023 sample, 90% were unemployed and 16% had no fixed address.

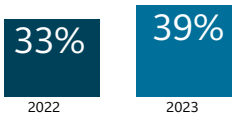
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

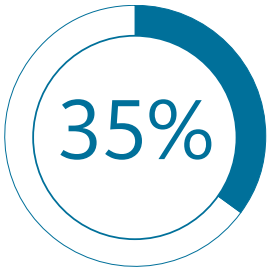
INJECTING RELATED RISKS AND HARMS



In 2023, 5% participants reported receptive sharing in the past month and 11% reported distributive sharing.



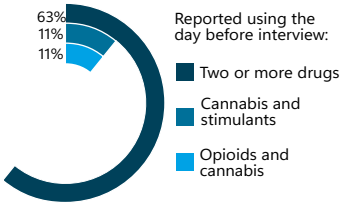
Two fifth (39%) of participants reported re-using their own needles in the past month, stable from 2022 (33%).



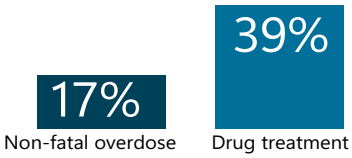
35% of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (31%).

One quarter (24%) of participants reported having an injection-related health issue in the past month, stable from 2022 (28%).

OTHER HARMS AND HELP-SEEKING

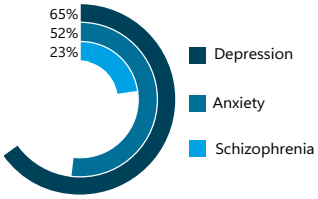


The most common patterns of poly substance use on the day preceding interview were cannabis and stimulants, and opioids and cannabis.



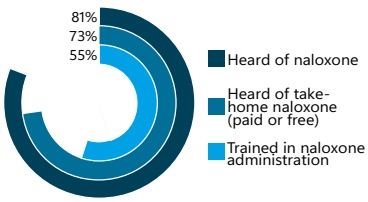
Past year non-fatal overdose (17%) and current drug treatment (39%) remained stable in 2023 relative to 2022.

In 2023, half (52%) of participants reported a mental health problem in the 6 months preceding interview, and one third (31%) 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 schizophrenia.

NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone signficantly decreased to 81% in 2023 (95% in 2022).

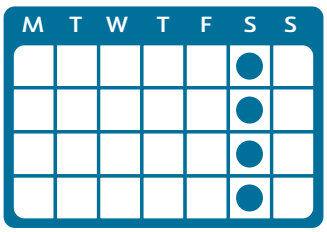
In 2023, one third (33%) of the sample reported ever using naloxone to resuscitate someone who had overdosed, with one quarter (23%) having done so in the past year.

Three quarters (76%) of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

In 2023, 13% 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.

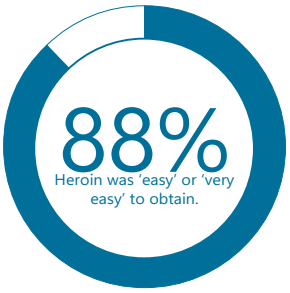
HEROIN

Past 6 month use of heroin was reported by 67% of the 2023 sample, stable



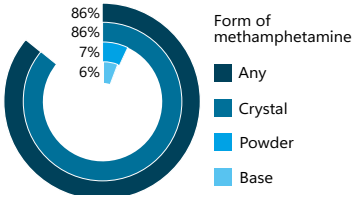
Of those who had recently consumed heroin, 76% reported weekly or more frequent use, stable from 2022 (86%).

The median reported price for a point of heroin was $50 in 2023, stable compared to $50 in 2022.

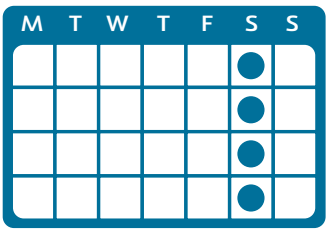


Of those who could comment, 88% perceived heroin to be 'easy' or 'very easy' to obtain, stable relative to 2022 (87%).

METHAMPHETAMINE

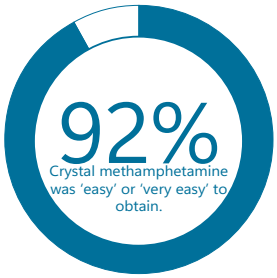


Past 6 month use of any methamphetamine, crystal, powder and base remained stable between 2022 and 2023.



Of those who had recently used any form of methamphetamine, 78% reported weekly or more frequent use, stable from 2022 (80%).

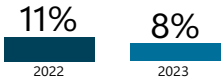
In 2023, the median reported price for a point of crystal methamphetamine was $50 ($50 in 2022).



Of those who could comment, 92% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (88% in 2022).

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine remained stable between 2022 and 2023.

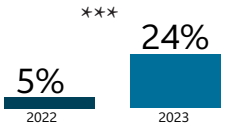
Non-prescribed fentanyl

Past 6 month use of non-prescribed fentanyl remained stable between 2022 and 2023.

Non-prescribed pregabalin

Past 6 month use of non-prescribed pregabalin remained stable between 2022 and 2023.

GHB/GBL/1,4-BD

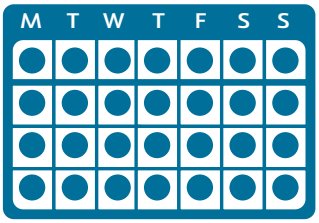


Past 6 month use of GHB/GBL/1,4-BD significantly increased in 2023 relative to 2022.

*$p<0.050$; **$p<0.010$; ***$p<0.001$

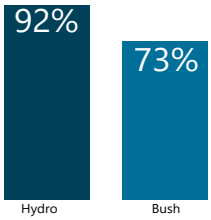
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (65%) relative to 2022 (72%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, 56% reported daily use, stable from 2022 (57%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, all (100%) had smoked it.



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

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2023: 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 in Perth, Western Australia (WA)) to 18 years old.

These changes were carried through between 2021 and 2023. A hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via

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

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (June-July 2023), with 153 participants interviewed in Sydney, New South Wales (NSW). The Sydney IDRS interviews were conducted between 7-30 June 2023; 100% (n=153) were conducted face-to-face.

In 2023, there was a significant change in recruitment methods compared to 2022 (p=0.003), with more participants being recruited via NSPs (40%; 30% in 2022), and fewer participants via word-of-mouth (47%; 54% in 2022). Few participants (n≤5) in the Sydney 2023 sample had taken part in the 2022 interview (6% of the 2022 sample had taken part in the 2021 interview; p=0.405).

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 2022 and 2023. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

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

Differences in the methodology, and the events of COVID-19, must be taken into consideration when comparing 2020-2023 data to previous years, and treated with caution.

Additional Outputs

Infographics, executive summary and data tables from this report are available for download. There are a range of outputs from the IDRS which triangulate key results from the annual interviews and

other data sources and consider the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

The median age of the Sydney sample was 47 years (IQR=40-52; 48 years in 2022; IQR=41-51; p=0.637) and 70% identified as male (70% in 2022) (Table 1). Similar to previous years, the majority (90%) of Sydney participants reported being unemployed at the time of the interview (95% in 2022; p=0.381) and 97% had received a government pension, allowance or benefit in the last month (93% in 2022; p=0.109). The median weekly income was $400 (IQR=324-500), a significant increase from $325 (IQR=250-400) in 2022 (p<0.001).

The drug of choice reported by Sydney participants remained stable between 2022 and 2023 (p=0.715) (Figure 1), with the gap between heroin and methamphetamine continuing to narrow. Consistent with previous years, the largest per cent reported heroin (46%; 50% in 2022) to be their drug of choice at the time of interview, followed by methamphetamine (42%; 41% in 2022). In 2022, methamphetamine overtook heroin as the drug injected the most in the month preceding the interview for the first time since monitoring began. In 2023, the drug injected most often in the last month remained stable relative to 2022 (p=0.834), with half (53%) reporting methamphetamine (51% in 2022), followed by heroin (45%; 47% in 2022) (Figure 2).

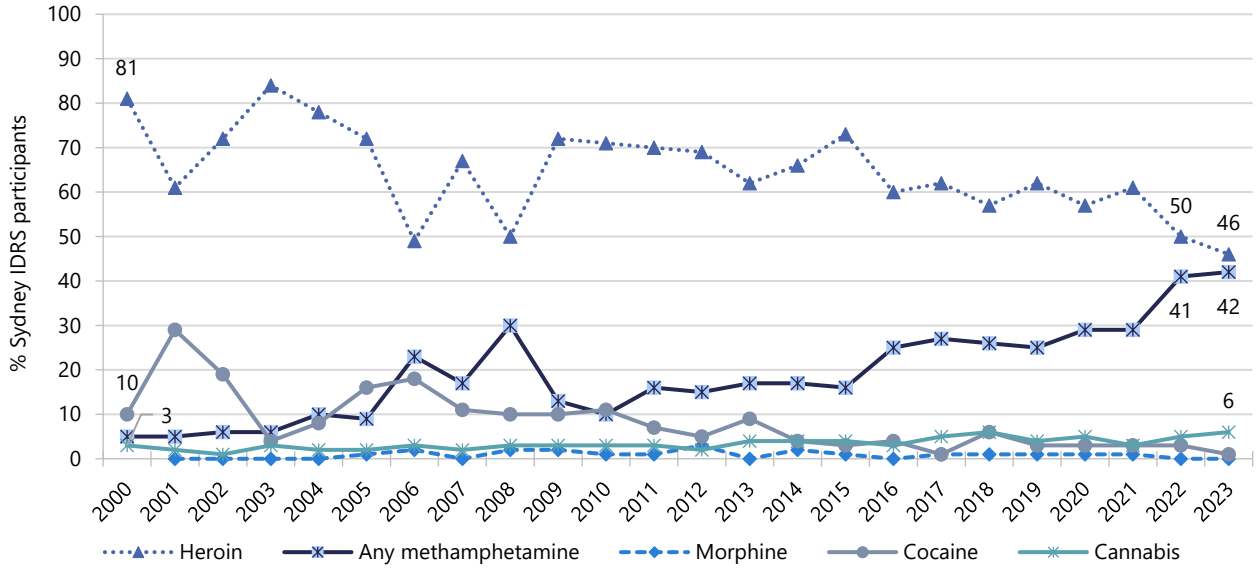
Weekly or more frequent use of crystal methamphetamine among the Sydney sample remained stable in 2023 compared to 2022 (66%; 69% in 2022; p=0.622), as did weekly or more frequent heroin (51%; 61% in 2022; p=0.086) and cannabis (52%; 60% in 2022; p=0.207) use (Figure 3)

Table 1: Demographic characteristics of the sample, nationally, 2023, and Sydney, NSW, 2016-2023

	Sydney, NSW								National
	2016	2017	2018	2019	2020	2021	2022	2023	2022
	(N=151)	(N=151)	(N=152)	(N=151)	(N=155)	(N=150)	(N=152)	(N=153)	(N=820)
Median age (years; IQR)	44 (36-49)	44 (38-49)	42 (38-50)	46 (40-52)	44 (39-50)	48 (40-53)	48 (41-51)	**47 (40-52)**	46 (40-52)
% Gender									
Female	27	34	32	29	38	28	29	**29**	31
Male	73	66	67	70	61	70	70	**70**	68
Non-binary	/	/	/	/	-	-	-	**-**	-
% Aboriginal and/or Torres Strait Islander	24	28	29	32	26	25	42	**41**	26
% Sexual identity									
Heterosexual	87	88	78	83	83	73	86	**79**	85
Homosexual	4	5	4	5	8	9	5	**10**	4
Bisexual	9	13	7	9	8	13	9	**9**	10
Queer	-	-	-	-	-	-	0	**0**	0
Other	-	-	-	0	-	-	0	**-**	1
Mean years of school education (range)	10 (8-11)	10 (8-11)	10 (8-11)	10 (2-12)	10 (4-12)	10 (1-12)	10 (2-12)	**10 (4-12)**	10 (0-12)
% Post-school qualification(s) ^	56	47	49	56	61	63	66	**64**	61
% Current accommodation									
Own home *(inc. renting)* ~	51	60	70	75	73	82	72	**78**	65
Parents'/family home	-	4	9	-	-	-	5	**5**	6
Boarding house/hostel	17	7	5	-	8	4	-	**-**	5
Shelter/refuge	-	-	-	-	-	-	-	**-**	3
No fixed address	27	27	13	13	13	8	18	**16**	19
Other	-	-	-	-	-	-	-	**0**	1
% Current employment status									
Unemployed	89	91	87	91	92	89	95	**90**	86
Full-time work	-	-	-	0	-	-	-	**-**	3
% Past month gov't pension, allowance or benefit	88	97	94	95	95	95	93	**97**	93
Current median income/week ($; IQR)	$333 (250-415)	$335 (257-423)	$306 (260-400)	$350 (260-450)	$450 (378-550)	$348 (300-442)	$325 (250-400)	**400 (324-500)*** **	400 (335-500)

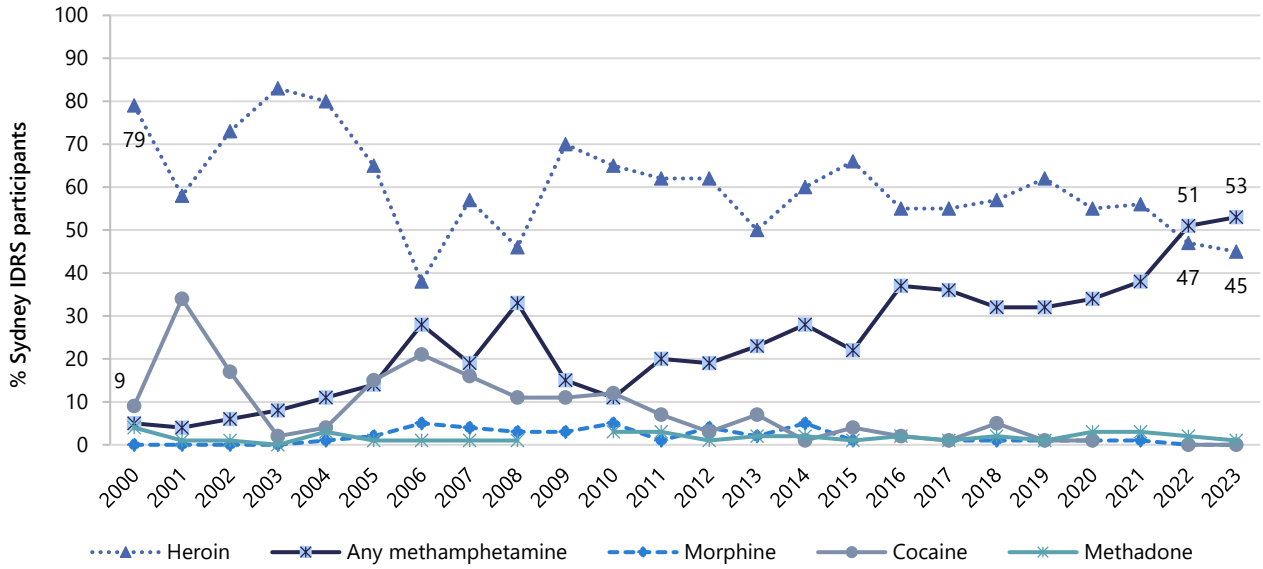
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Sydney, NSW, 2000-2023



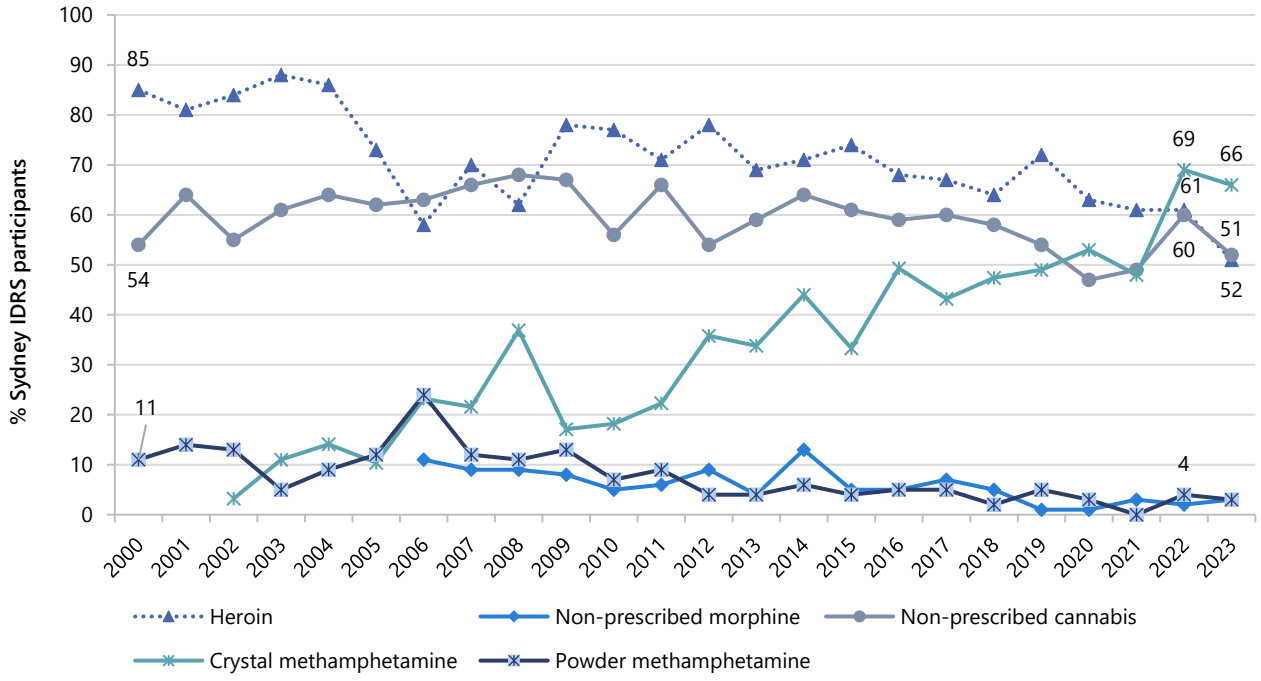
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug injected most often in the past month, Sydney, NSW, 2000-2023



Note. Participants could only endorse one substance. No participant reported cocaine as the drug injected most often in 2023. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Sydney, NSW, 2000-2023



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2006/) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Despite some fluctuation, the per cent reporting recent use of heroin has gradually declined over time from 93% in 2000 to 67% in 2023 (71% in 2022; p=0.530), the lowest per cent reported since monitoring commenced (Figure 4).

Frequency of Use

The frequency of use of heroin has fluctuated considerably over time, ranging from a median of 72 days (i.e., three days a week) to 180 days (i.e., daily). In 2023, those who had recently consumed heroin (n=103) reported doing so on a median of 150 days (IQR=24-180), stable relative to 2022 (180 days; IQR=60-180; p=0.238) (Figure 4). Three quarters (76%) of participants who reported recent heroin use reported weekly or more frequent use (86% in 2022; p=0.081) and 47% reported daily use (54% in 2022; p=0.338).

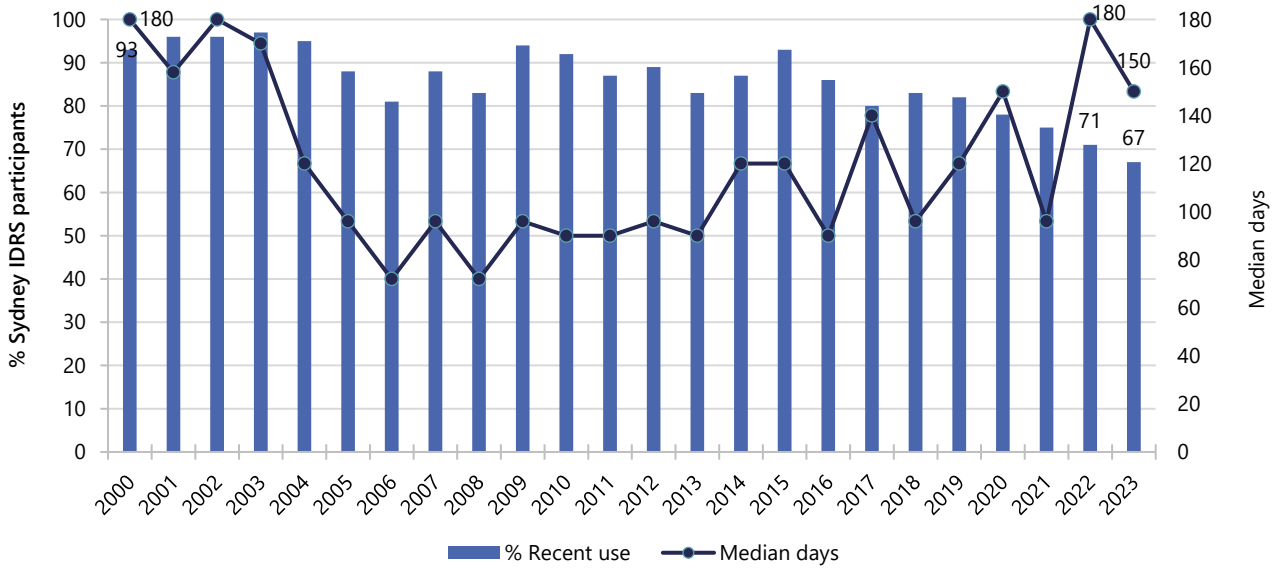
Routes of Administration

Consistent with previous years, injection was the most frequently reported route of administration among participants who had recently consumed heroin (97%; 100% in 2022; p=0.115). Participants reported injecting heroin on a median of 160 days (IQR=24-180), stable relative to 2022 (180 days; IQR=60-180; p=0.302). One in ten (10%) participants who reported heroin use reported smoking (7% in 2022; p=0.615) heroin. Few participants (n≤5) reported snorting or swallowing heroin in 2023 (n≤5 in 2022; p=0.247 and n≤5 in 2022, respectively).

Quantity

Of those who reported recent use and responded (n=99), the median amount of heroin consumed on a 'typical' day of use in the last six months was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.30; n=101; p=0.679). The median maximum amount of heroin used per day in the last six months was 0.50 grams (IQR=0.20-1.00; n=97; 0.50 grams in 2022; IQR=0.20-1.00; n=103; p=0.891).

Figure 4: Past six month use and frequency of use of heroin, Sydney, NSW, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2023, the median price per gram of heroin was $330 (IQR=250-488; n=10), stable from 2022 ($370; IQR=213-400; n=10; p=0.909) (Figure 5). The median price per cap and point (0.10 of a gram) was $50 in 2023 (IQR=50-50; n=21; $50 in 2022; IQR=50-50; n=17; p=0.079 and IQR=50-50; n=40; $50 in 2022; IQR=50-50; n=65; p=0.325, respectively).

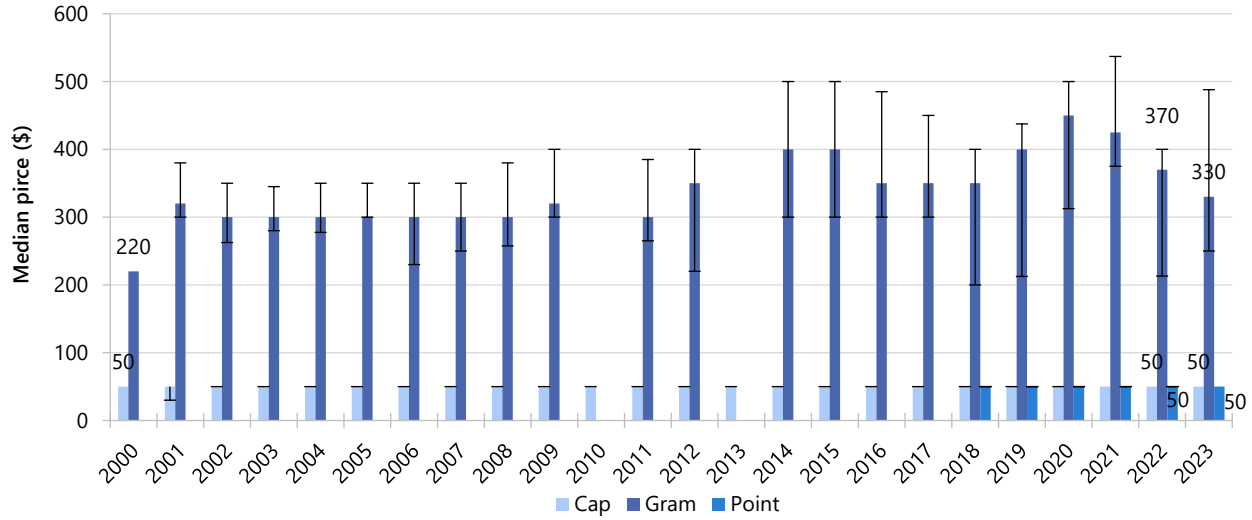
Perceived Purity

The perceived purity of heroin remained stable in 2023 compared to 2022 (p=0.116). Among those who were able to respond in 2023 (n=95), two fifths (39%) of participants reported perceived purity to be 'medium' (35% in 2022), followed by 22% reporting 'low' purity (34% in 2022) (Figure 6).

Perceived Availability

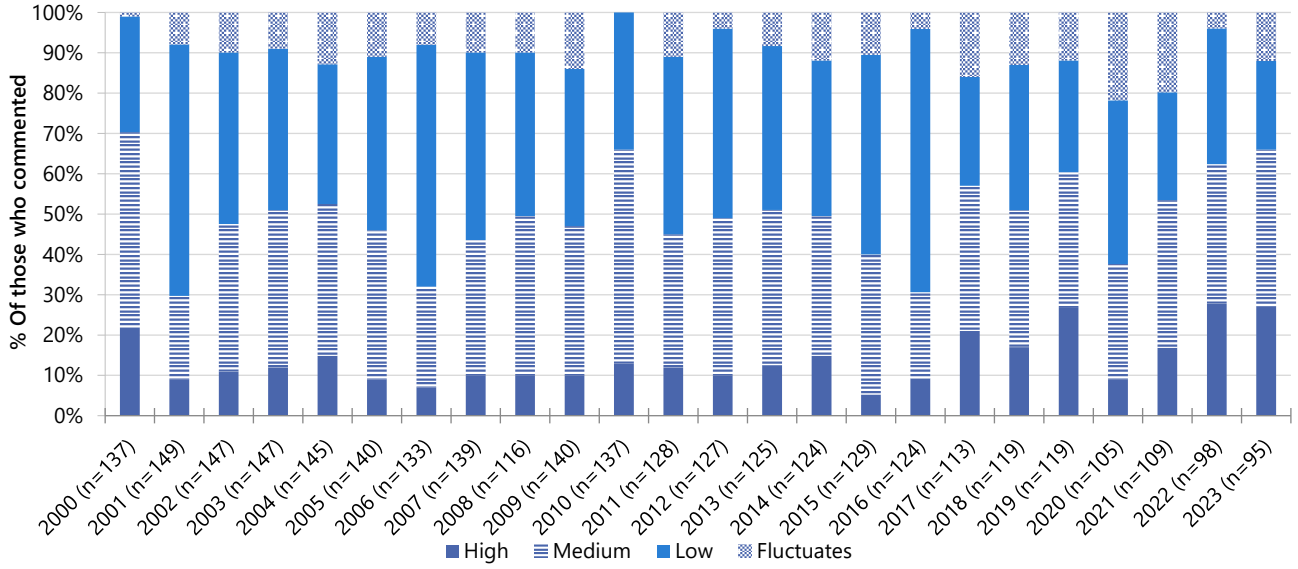
The perceived availability of heroin remained stable between 2023 and 2022 (p=0.419). Among those who responded in 2023 (n=97), participants most commonly perceived heroin to be 'very easy' (51%; 43% in 2022) and 'easy' (37%; 44% in 2022) to obtain (Figure 7). One tenth (9%) of participants reported availability to be 'difficult' (13% in 2022).

Figure 5: Median price of heroin per cap, gram and point, Sydney, NSW, 2000-2023



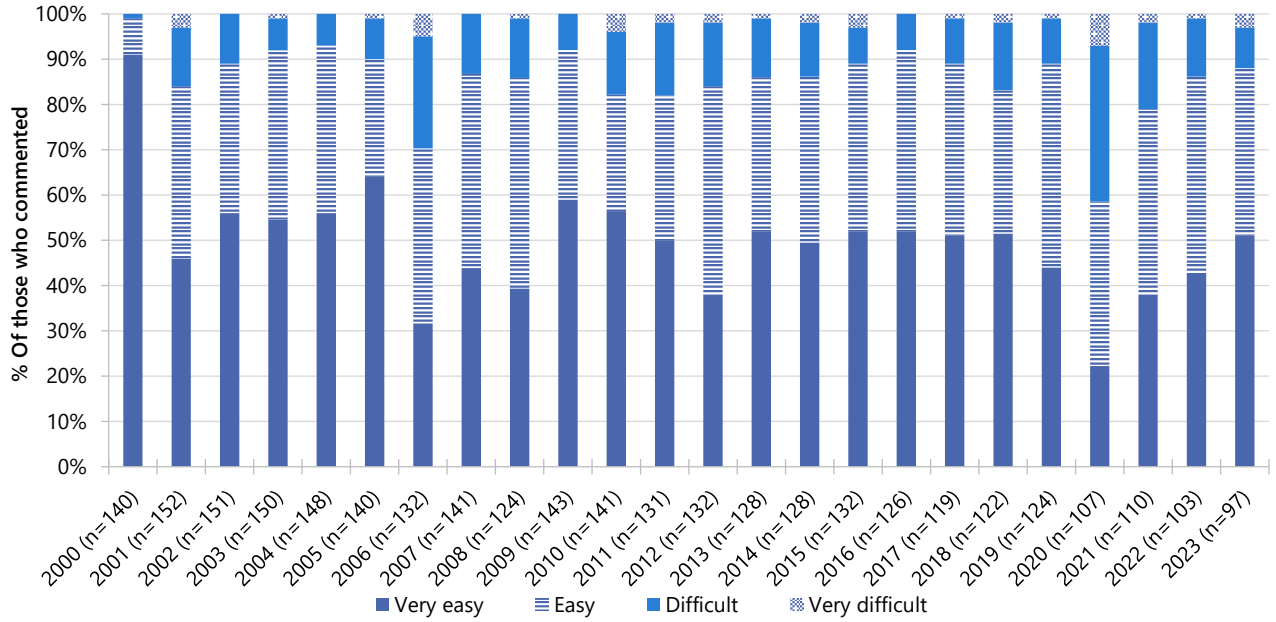
Note. Among those who commented. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. Data labels are only provided for the first (2000/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived purity of heroin, Sydney, NSW, 2000-2023



Note. The response 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Sydney, NSW, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

The majority (86%) of the Sydney sample reported recent use of any methamphetamine in 2023, stable compared to 2022 (87%; p=0.866) (Figure 8).

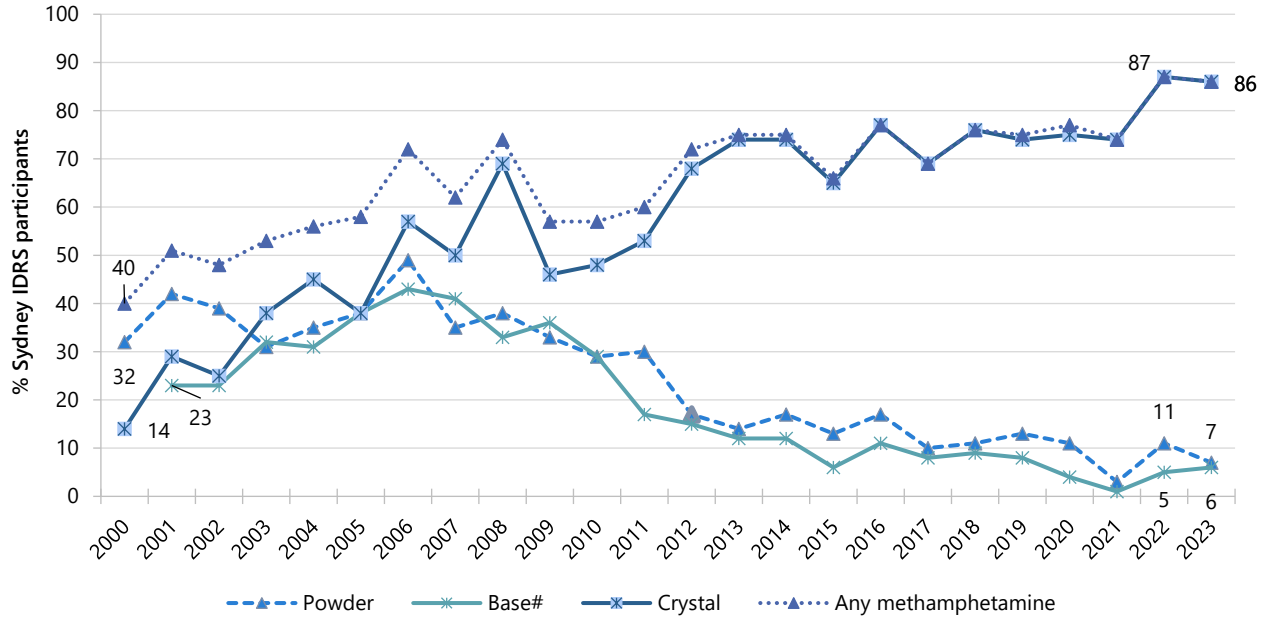
Frequency of Use

Those who had recently consumed any methamphetamine in 2023 (n=129) did so on a median of 72 days (IQR=24-180), stable compared to 2022 (72 days; IQR=24-180; p=0.591) (Figure 9) and the highest frequency of use observed since monitoring commenced. Weekly or more frequent use was reported by four fifths (78%) of participants who had recently used methamphetamine in 2023, stable from 80% in 2022 (p=0.763). Furthermore, one third (35%) reported daily use in 2023, stable compared to 2022 (27%; p=0.233).

Forms Used

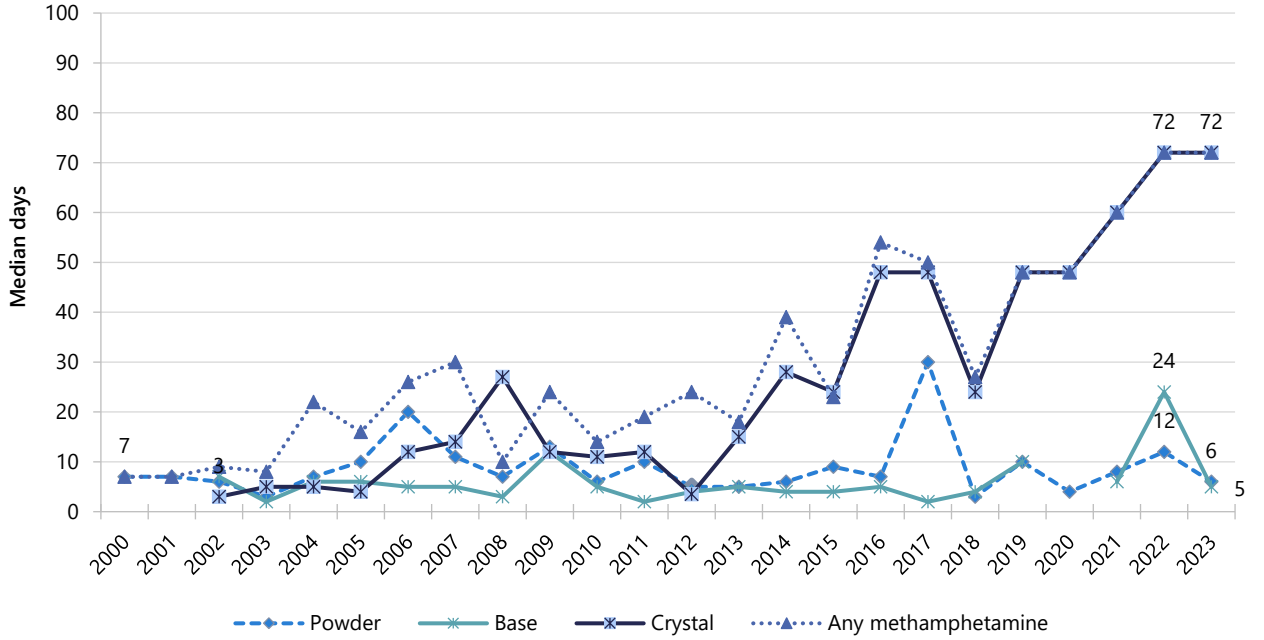
There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 8). Of participants who had used methamphetamine in the six months preceding the interview in 2023 (n=131), all participants had used crystal methamphetamine (100%; 100% in 2022), followed by powder (8%; 12% in 2022; p=0.416) and base (7%; n≤5 in 2022; p=0.613).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Sydney, NSW, 2000-2023



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Sydney, NSW, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Seven per cent of participants reported recent use of methamphetamine powder in 2023, stable relative to 2022 (11%; p=0.327) (Figure 8).

Frequency of Use: In 2023, participants who had recently used methamphetamine powder reported doing so on a median of six days (IQR=5-37; n=11; 12 days in 2022; IQR=3-30; n=16; p=0.882) (Figure 9). Few participants (n≤5) who had recently used powder reported consuming it on a weekly or more frequent basis (38% in 2022).

Routes of Administration: Among participants who had recently consumed powder and commented (n=11), four fifths (82%) reported injecting (100% in 2022; p=0.157) and had done so on a median of seven days (IQR=5-24; 7 days in 2022; IQR=2-24; p=0.442). Few participants (n≤5) reported other routes of administration (n≤5 in 2022).

Quantity: Of those who reported recent use and responded (n=11), the median amount consumed on a 'typical' day of use in the past six months was 0.20 grams (IQR=0.10-0.40; 0.10 grams in 2022; IQR=0.10-0.30; n=17; p=0.237). Of those who reported recent use and responded (n=10), the median maximum amount of powder used per day in the past six months was 0.40 grams (IQR=0.20-0.90; 0.20 grams in 2022; IQR=0.10-0.40; n=16; p=0.151).

Methamphetamine Base

Recent Use (past 6 months): Since peaking in 2006 with 43% of the Sydney sample reporting recent use, a gradual decline has been observed in use of methamphetamine base. In 2023, 6% of participants reported recent use of base (5% in 2022; p=0.796) (Figure 8).

Frequency of Use: In 2023, participants who had recently used methamphetamine base (n=9) reported doing so on a median of five days (IQR=3-24; 24 days in 2022; IQR=14-64; n=7; p=0.393) (Figure 9).

Routes of Administration: The majority (89%) of participants who reported recent use of methamphetamine base (n=9) reported injecting it in 2023 (86% in 2022). Few participants (n≤5) reported other routes of administration in 2023.

Quantity: Of those who reported recent use of base and responded (n=8), the median amount consumed on a 'typical' day of use in the past six months was 0.50 grams (IQR=0.30-0.60; 0.10 grams in 2022; IQR=0.10-0.30; n=7; p=0.053). Of those who reported recent use and responded (n=8), the median maximum amount of base used per day in the past six months was 0.50 grams (IQR=0.40-0.80; 0.20 grams in 2022; IQR=0.10-1.00; n=7; p=0.322).

Methamphetamine Crystal

Recent Use (past 6 months): Consistent with previous years, methamphetamine crystal was the most common form of methamphetamine consumed in the Sydney sample. In 2023, the vast majority (86%) of the Sydney sample reported recent use of methamphetamine crystal, stable relative to 2022 (87%; p=0.866) (Figure 8).

Frequency of Use: Despite considerable fluctuation over time, frequency of methamphetamine crystal use in the six months preceding the interview has gradually increased since reporting commenced. In 2023, participants reported using methamphetamine crystal on a median of 72 days (IQR=24-180; n=130). Along with 2022, this represented the highest median days of use recorded since monitoring commenced (72 days in 2022; IQR=24-180; n=131; p=0.650) (Figure 9). Seventy-seven per cent of participants who had recently used crystal reported consuming it on a weekly or more frequent basis, stable relative to 2022 (79%; p=0.657), and 35% reported daily use (27% in 2022; p=0.235).

Routes of Administration: Among those who reported recent use and responded (n=131), the majority (94%) reported injecting methamphetamine crystal (98% in 2022; p=0.137). Median days of injection in 2023 was 72 days (IQR=20-180; n=122; 72 days in 2022; IQR=24-180; p=0.792). The second most common route of administration was smoking (43%; 33% in 2022; p=0.102).

Quantity: Of those who reported recent use and responded (n=129), the median amount consumed on a 'typical' day of use in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.30; n=128; p=0.969). Of those who reported recent use and responded (n=127), the median maximum amount of crystal used per day in the past six months was 0.40 grams (IQR=0.20-1.00; 0.30 grams in 2022; IQR=0.20-0.50; n=130; p=0.121).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers historically reporting on the price, perceived purity and perceived availability of methamphetamine powder, long-term data are not presented. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Price: The median price for a point (0.10 of a gram) of methamphetamine powder remained stable between 2022 and 2023 ($50 in 2023; IQR=35-50; n=6; $50 in 2022; IQR=50-50; n=7; p=0.438). No participants reported on the price of a gram of methamphetamine powder in 2023 (n≤5 in 2022).

Perceived Purity: Among those who responded in 2023 (n=18), the perceived purity of methamphetamine powder significantly changed, relative to 2022 (p=0.046). The largest per cent perceived purity to be 'medium' (50%), an increase from 21% in 2022. Furthermore, significantly fewer participants perceived purity to be 'low' (11%) in 2023 compared to 2022 (50%).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2022 and 2023 (p=0.838). Of those who were able to comment in 2023 (n=19), the largest per cent perceived methamphetamine powder to be 'very easy' (37%; 27% in 2022) to obtain, followed by 'easy' (32%; 47% in 2022).

Methamphetamine Base

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

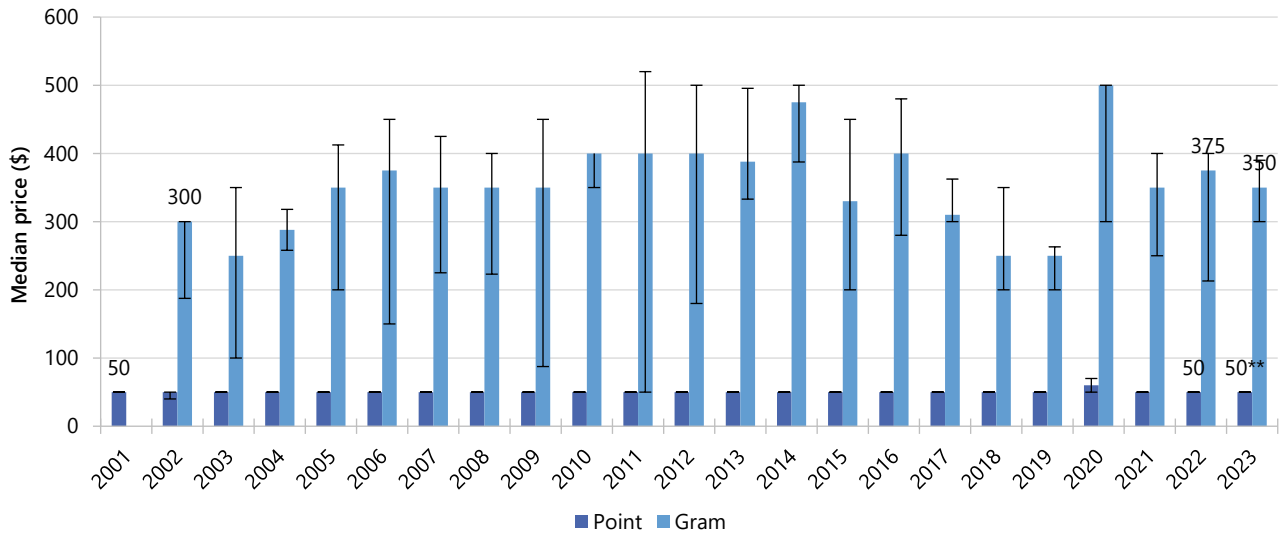
Methamphetamine Crystal

Price: In 2023, the median price for a point (0.10 of a gram) of methamphetamine crystal was $50 (IQR=50-50; n=73; $50 in 2022; IQR=50-50; n=81; *p*=0.003). The median price per gram remained stable at $350 in 2023 (IQR=300-390; n=15; $375 in 2022; IQR=213-400; n=10; *p*=0.844) (Figure 10).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.210). Among those who commented in 2023 (n=125), the largest percentage of participants reported perceived purity to be 'medium' (39%; 29% in 2022), followed by 'high' (24%; 28% in 2022) purity (Figure 11).

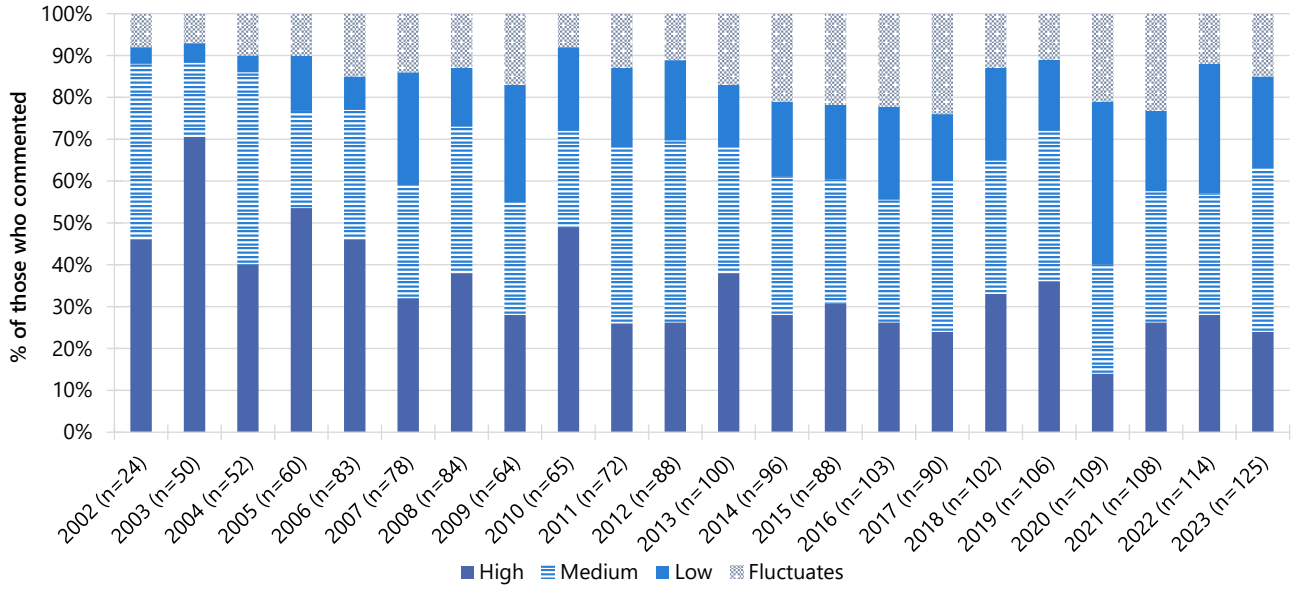
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.120). Of those who were able to comment in 2023 (n=126), the largest per cent reported crystal methamphetamine to be 'very easy' (55%; 43% in 2022) to obtain, followed by 'easy' (37%; 45% in 2022) obtainment (Figure 12).

Figure 10: Median price of methamphetamine crystal per point and gram, Sydney, NSW, 2001-2023



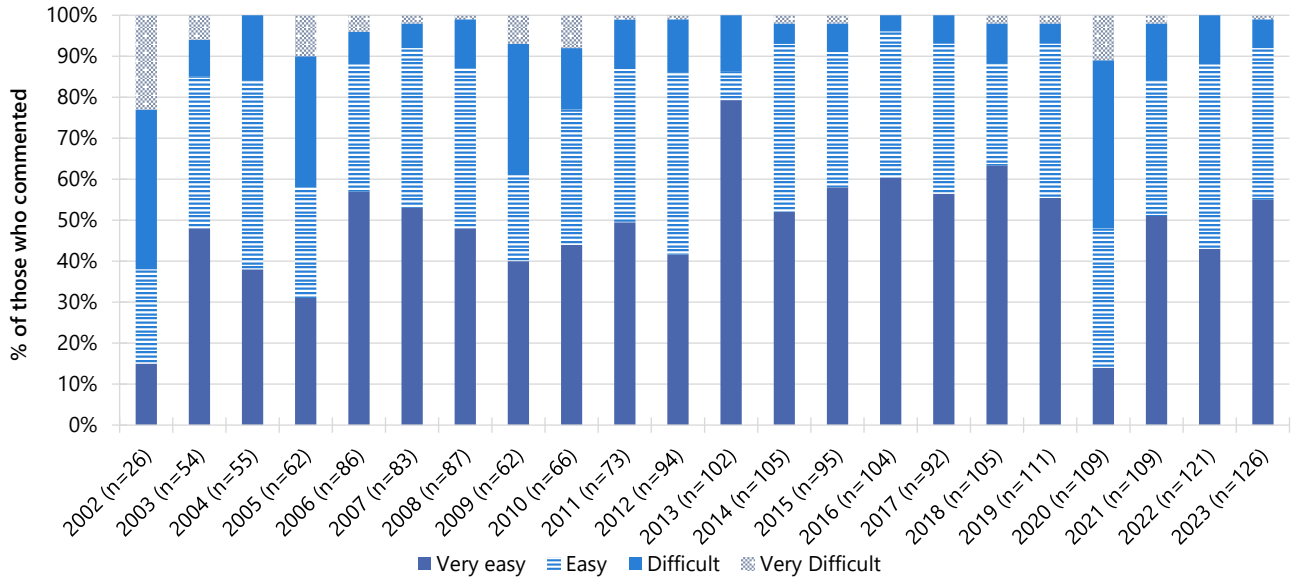
Note. Among those who commented. No data available for gram in 2001. Data labels are only provided for the first (2001/2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 11: Current perceived purity of methamphetamine crystal, Sydney, NSW, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of methamphetamine crystal, Sydney, NSW, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine peaked in 2001 with 90% of the Sydney sample reporting recent use. Despite some fluctuation, a downward trend has been observed since 2006 among the sample. In 2023, the per cent of participants reporting recent cocaine use remained stable at 23% (16% in 2022; p=0.151) (Figure 13).

Frequency of Use

In 2023, participants reported consuming cocaine on a median of four days (IQR=1-19; n=35) in the six months preceding interview, stable from five days (IQR=2-21; n=24; p=0.399) in 2022 (Figure 13). One quarter (23%) of participants who had recently used cocaine reported using cocaine on a weekly or more frequent basis in 2023 (25% in 2022).

Routes of Administration

Among those who reported recent use of cocaine and responded (n=35), the main route of administration in 2023 was injection (74%; 79% in 2022; p=0.762). Participants who reported injecting cocaine did so on a median of six days (IQR=1-23), stable relative to 2022 (5 days; IQR=3-39; p=0.603). Snorting was the second most common route of administration (37%; 38% in 2022).

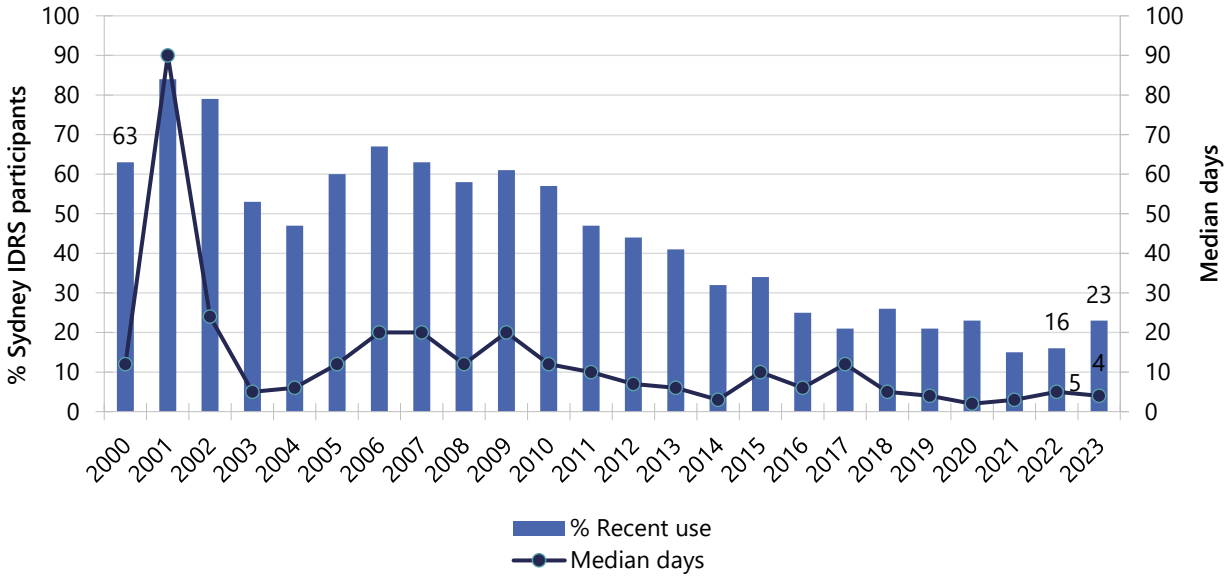
Quantity

Of those who reported recent use and responded (n=32), the median 'typical' amount of cocaine used per day in the six months prior to interview was 0.20 grams (IQR=0.10-0.50; 0.50 grams in 2022; IQR=0.20-1.00; n=23; p=0.067).

Forms used

Among participants who had recently consumed cocaine and commented (n=35), four fifths (83%) reported using powder cocaine (65% in 2022; p=0.207), with few participants (n≤5) reporting use of crack cocaine (n≤5 in 2022).

Figure 13: Past six month use and frequency of use of cocaine, Sydney, NSW, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 between $200 in 2000-2003 and $400 in 2014-2015. In 2023, the median price for one gram of cocaine was reported to be $300 (IQR=288-413; n=8), stable relative to 2022 ($275; IQR=213-338; n=6; p=0.470). The median price per point/cap of cocaine remained stable at $50 (IQR=28-50; n=6) in 2023 (n≤5 in 2022; p=0.161). (Figure 14).

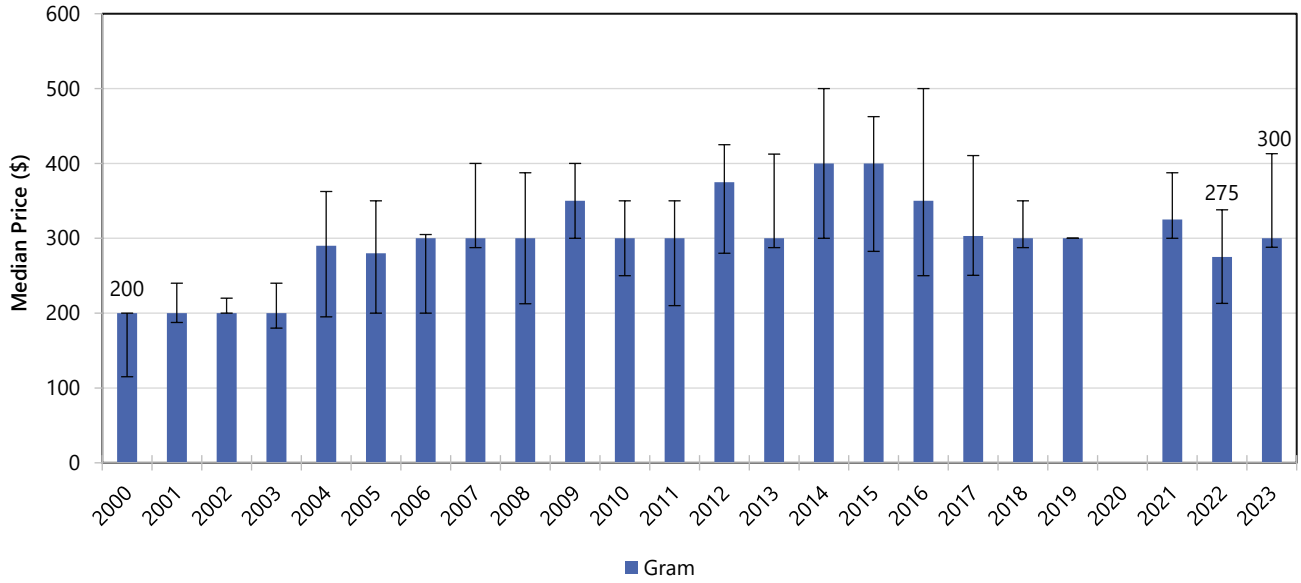
Perceived Purity

The perceived purity of cocaine remained stable between 2022 and 2023 (p=0.727). Among those who were able to comment in 2023 (n=33), 42% perceived cocaine to be of 'medium' purity (35% in 2022) and 36% perceived it to be of 'high' purity (53% in 2022). Few participants (n≤5) perceived the purity of cocaine to be 'low or 'fluctuating' (n≤5 in 2022) (Figure 15).

Perceived Availability

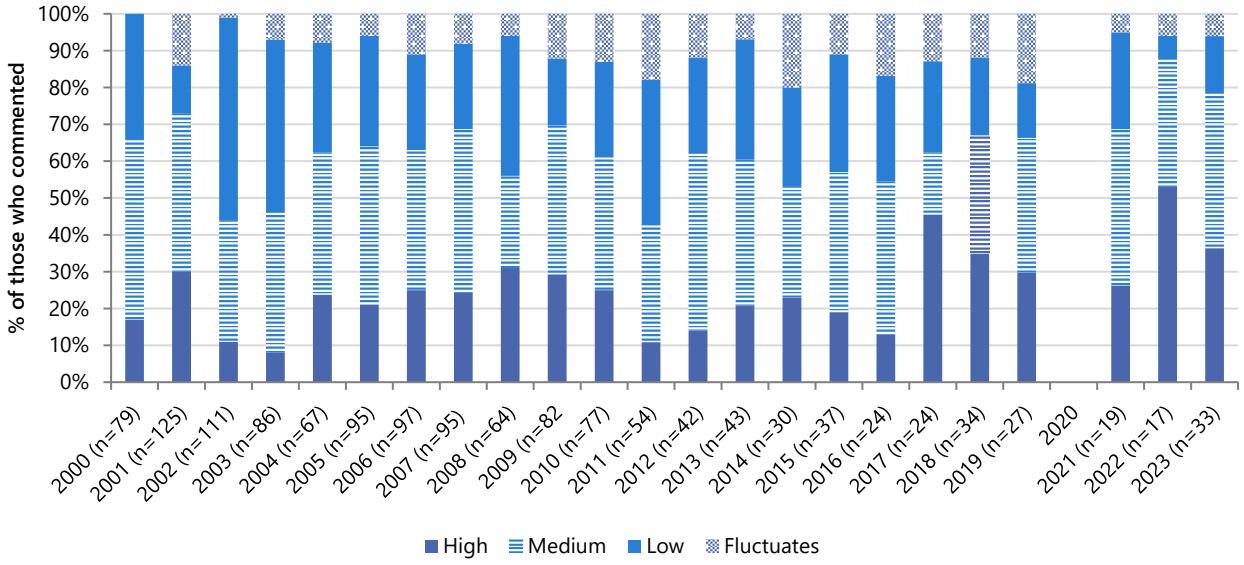
The perceived availability of cocaine remained stable between 2022 and 2023 (p=0.702). Amongst those who were able to comment in 2023 (n=34), the largest per cent perceived cocaine to be 'easy' (41%) to obtain (33% in 2022), followed by 'very easy' (35%; 28% in 2022). Additionally, 18% perceived availability to be 'difficult' to obtain in 2023 (28% in 2022) (Figure 16).

Figure 14: Median price of cocaine per gram, Sydney, NSW, 2000-2023



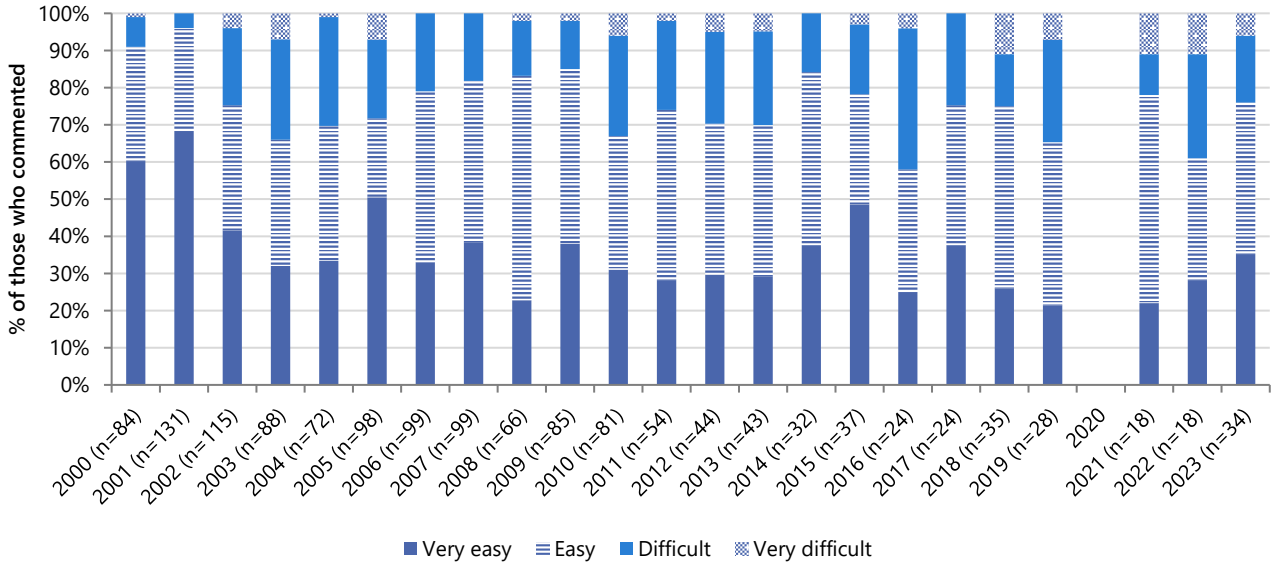
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived purity of cocaine, Sydney, NSW, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; p<0.050; **p<0.010; ***p<0.001.

Figure 16: Current perceived availability of cocaine, Sydney, NSW, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; $p<0.050$; $^{**}p<0.010$; $^{***}p<0.001$.

5

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

In 2023, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

In the remainder of this chapter, data from 2021-2023, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2023 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 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

At least seven in ten participants in the Sydney sample reported recent cannabis use each year between 2000 to 2019. In 2023, recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable relative to 2022, with 65% of the sample reporting recent use (72% in 2022; p=0.220) (Figure 17). Few participants (n≤5) reported prescribed use in the six months preceding interview (n≤5 in 2022).

Frequency of Use

Since 2012, frequency of use has fluctuated considerably, ranging between a median of 90 and 180 days. In 2023, those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported doing so on a median of 180 days in the previous six months (IQR=24-180; n=99; 180 days in 2022; IQR=48-180; n=110; p=0.766) (Figure 17), with 56% reporting daily use (57% in 2022; p=0.886).

Routes of Administration

Among those who responded in 2023 (n=100), all (100%) participants reported smoking non-prescribed cannabis and/or cannabinoid-related products in the past six months (100% in 2022). Few participants (n≤5) reported inhaling/vaporising or swallowing cannabis.

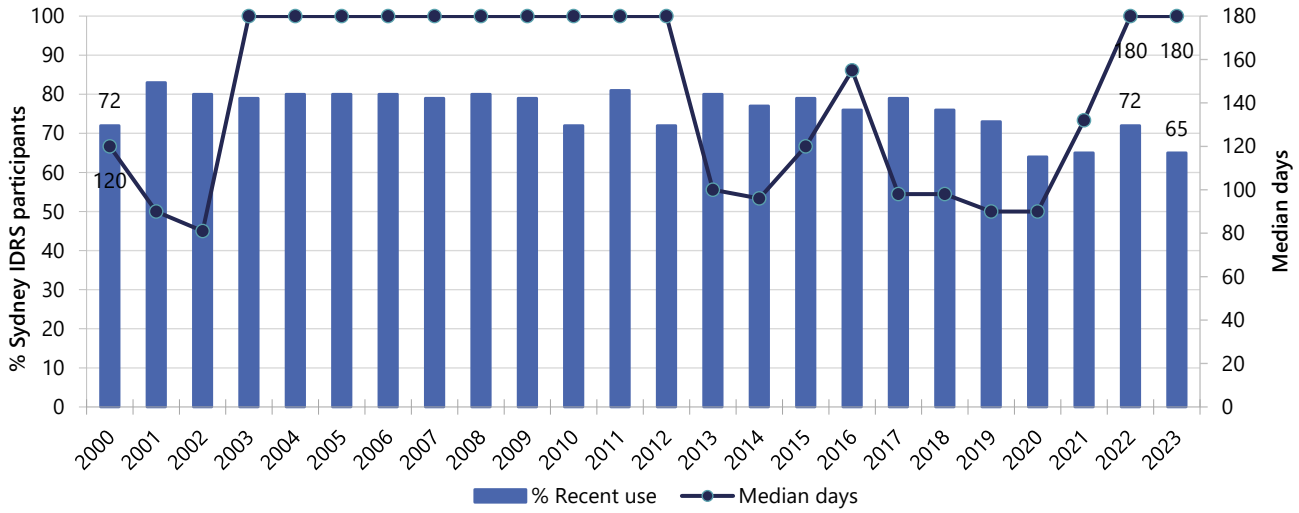
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, the median 'typical' amount consumed on the last occasion of use was one gram (IQR=1-1; n=46; 1 gram in 2022; IQR=0.90-1.00; n=62; p=0.840), three cones (IQR=2-5; n=41; 2 cones in 2022; IQR=2-3.5; n=28; p=0.246) or one joint (IQR=1-1; n=10; 1 joint in 2022; IQR=1-3; n=16; p=0.488).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=99), most participants reported consuming hydroponic cannabis (90%; 95% in 2022; p=0.283), followed by bush cannabis (36%; 34% in 2022; p=0.878). Few participants (n≤5) reported consuming hashish (no participant used hashish in 2022; p=0.059), hash oil (no participant used hash oil in 2022; p=0.246), CBD oil (n≤5 in 2022) or THC extract in 2023 (n≤5 in 2022).

Figure 17: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Sydney, NSW, 2000-2023



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, since 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The price of hydroponic cannabis per gram has remained stable at $20 since monitoring commenced in 2003 ($20 in 2023; IQR=20-20; n=33; $20 in 2022; IQR=20-20; n=40; p=0.972). The median price per ounce of hydroponic cannabis has fluctuated since monitoring commenced. In 2022, the median price per ounce was reported to be $263 (IQR=250-294; n=6), while in 2023, it was reported to be $350 (IQR=310-350; n=7), marking the lowest and highest median prices reported since monitoring began (p=0.113) (Figure 18).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2022 and 2023 (p=0.094). Among those who responded in 2023 (n=83), the majority of participants perceived potency to be 'high' (65%; 56% in 2022), while approximately one quarter (27%) perceived potency to be 'medium' (31% in 2022) (Figure 19).

Perceived Availability: A significant change was observed in the perceived availability of hydroponic cannabis between 2022 and 2023 (p=0.031). Among those who commented in 2023 (n=84), more participants perceived hydroponic cannabis to be 'very easy' to obtain (61%; 42% in 2022). An additional one third (33%) perceived hydroponic cannabis to be 'easy' to obtain (43% in 2022). Conversely, fewer participants perceived availability to be 'difficult' (n≤5; 12% in 2022) (Figure 20).

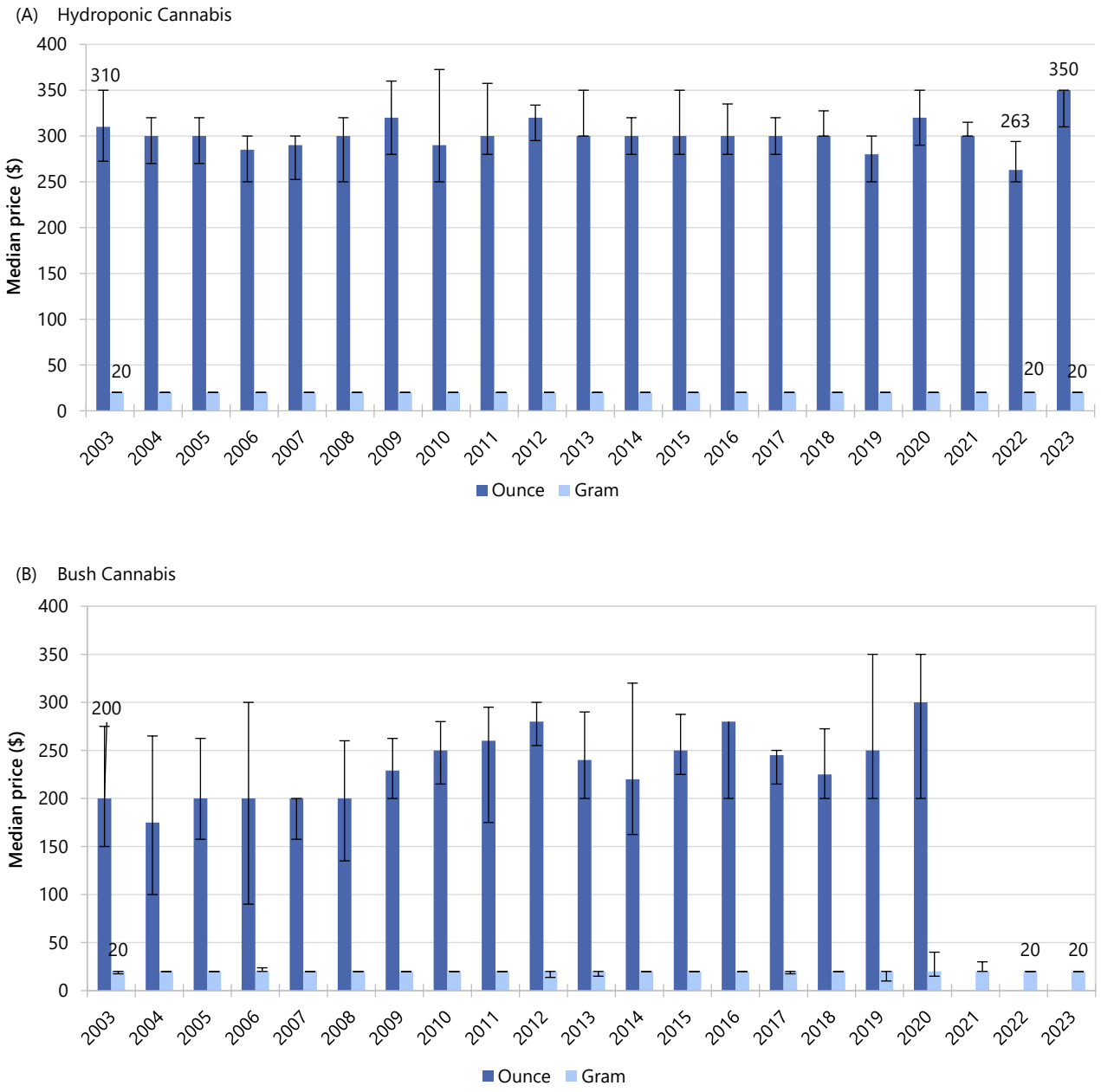
Bush Cannabis

Price: The price for one gram of bush cannabis has remained stable since monitoring commenced in 2003 ($20 in 2023; IQR=20-20; n=10; $20 in 2022; IQR=20-20; n=7; *p*=0.257). Few participants (n≤5) reported on the price of one ounce of bush cannabis in 2023 (n≤5 in 2022; *p*=0.667) (Figure 18).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2022 and 2023 (*p*=0.436). Of those who were able to comment in 2023 (n=25), the largest per cent perceived potency to be 'medium' (40%; 29% in 2022), followed by 'high' (36%; 35% in 2022) (Figure 19).

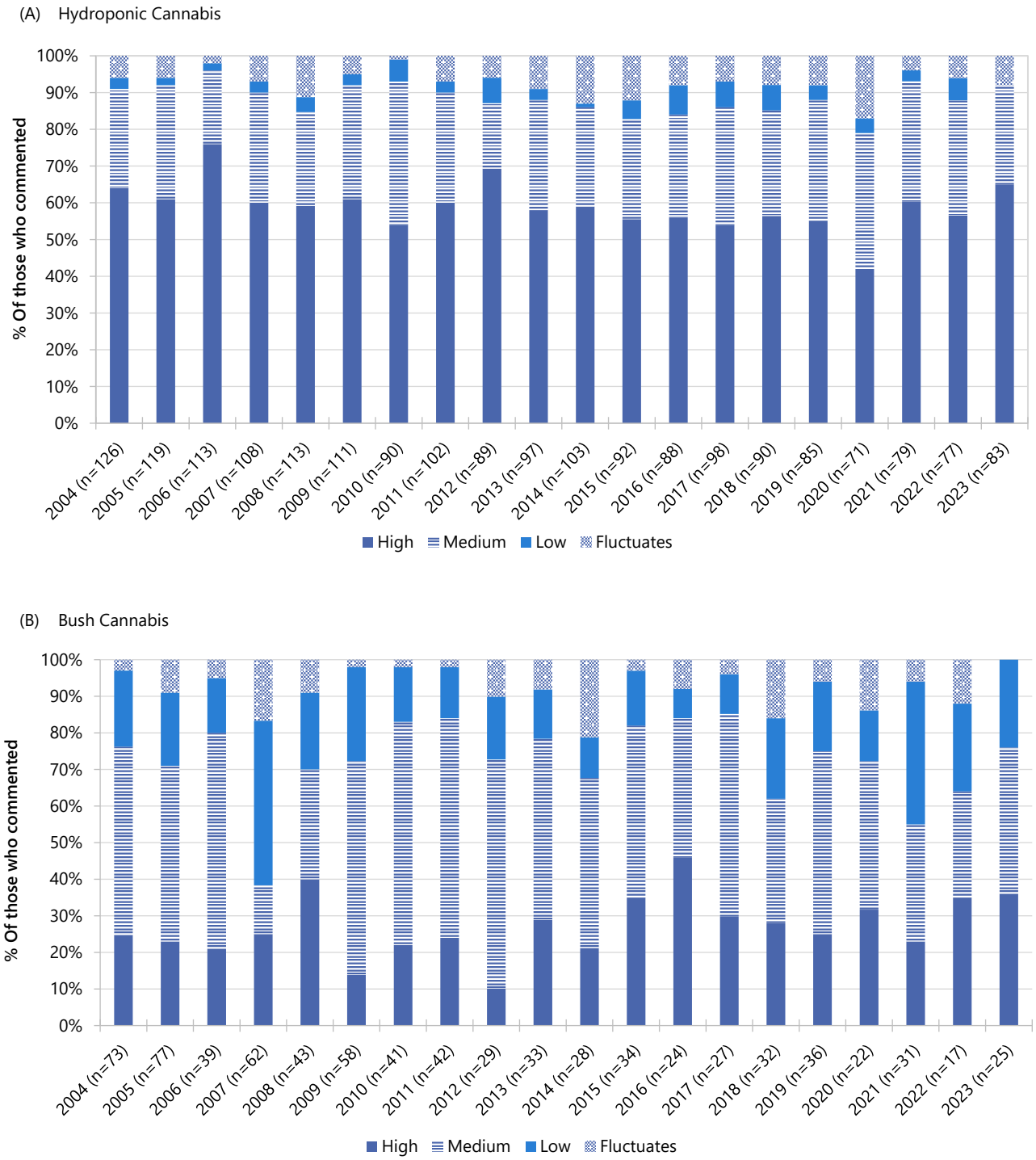
Perceived Availability: There were no significant differences in perceived availability between 2022 and 2023. Among those who commented in 2023 (n=26), the largest per cent reported the availability of bush cannabis to be 'very easy' (38%; 41% in 2022), followed by 'easy' (35%; 29% in 2022). Few participants (n≤5) perceived the availability of bush cannabis to be 'difficult' or 'very difficult' (n≤5 in 2022) (Figure 20).

Figure 18: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2003-2023



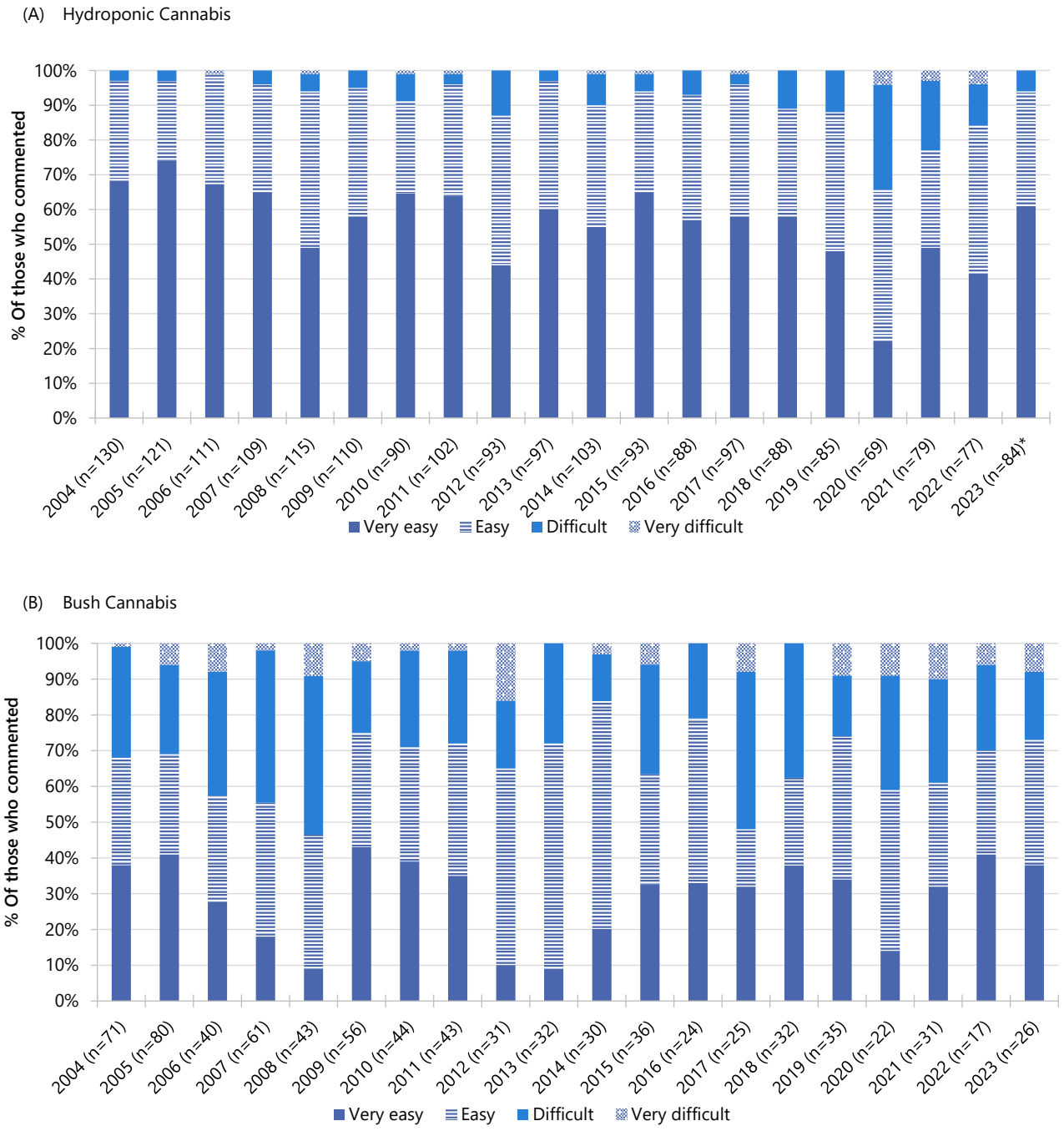
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2023



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 (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'. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001

Figure 20: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Sydney, NSW, 2004-2023



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 (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'. Data labels suppressed for all stacked bar charts, with data not provided for years where n≤5 responded. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

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

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

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

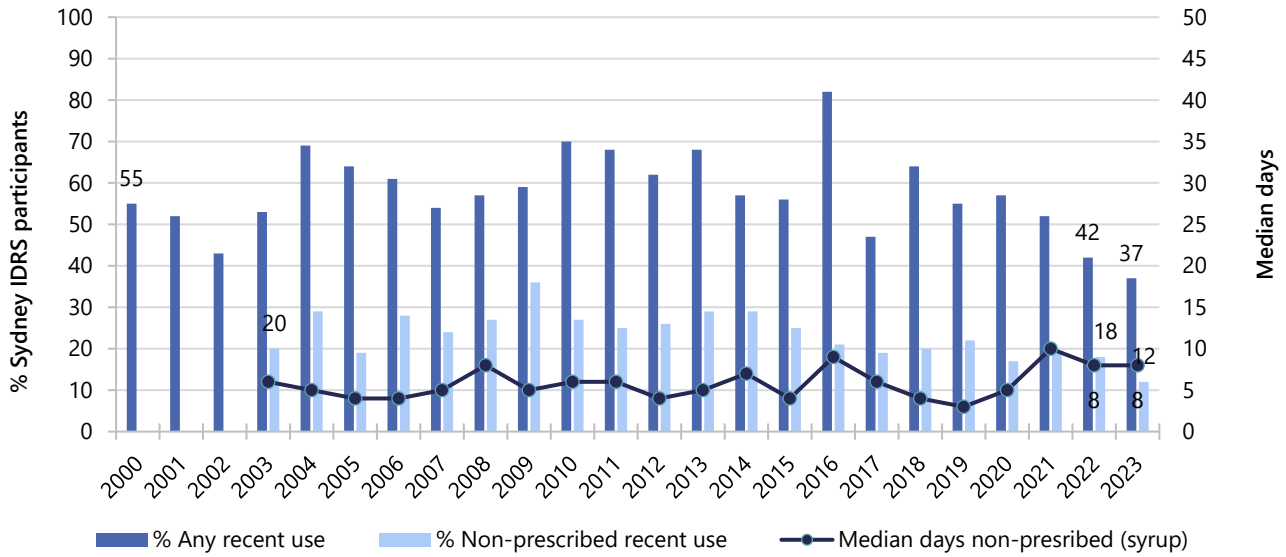
Methadone

Any Recent Use (past 6 months): Since monitoring commenced, the per cent of the Sydney sample reporting recent use of prescribed or non-prescribed methadone (including syrup and tablets) has fluctuated (Figure 21). In 2023, 37% of the sample reported any recent methadone use (42% in 2022; p=0.414), the lowest per cent reported since monitoring commenced. Furthermore, 12% of the sample reported recent use of non-prescribed methadone (18% in 2022; p=0.207), the lowest per cent reported since monitoring commenced in 2003, and one quarter (27%) of the sample reported recent use of prescribed methadone in 2023 (32% in 2022; p=0.448)

Frequency of Use: Participants who had recently used non-prescribed methadone syrup reported doing so on a median of eight days in the past six months (IQR=3-57; n=18; 8 days in 2022; IQR=4-44; n=27; p=0.972) (Figure 21).

Recent Injecting Use: Of those who had recently used any methadone (syrup and tablets) in 2023 and commented (n=25), 44% reported injecting methadone (39% in 2022; p= 0.697) on a median of 12 days (IQR=4-90; 12 days in 2022; IQR=4-72; p=0.633).

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Sydney, NSW, 2000-2023



Note**.** Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

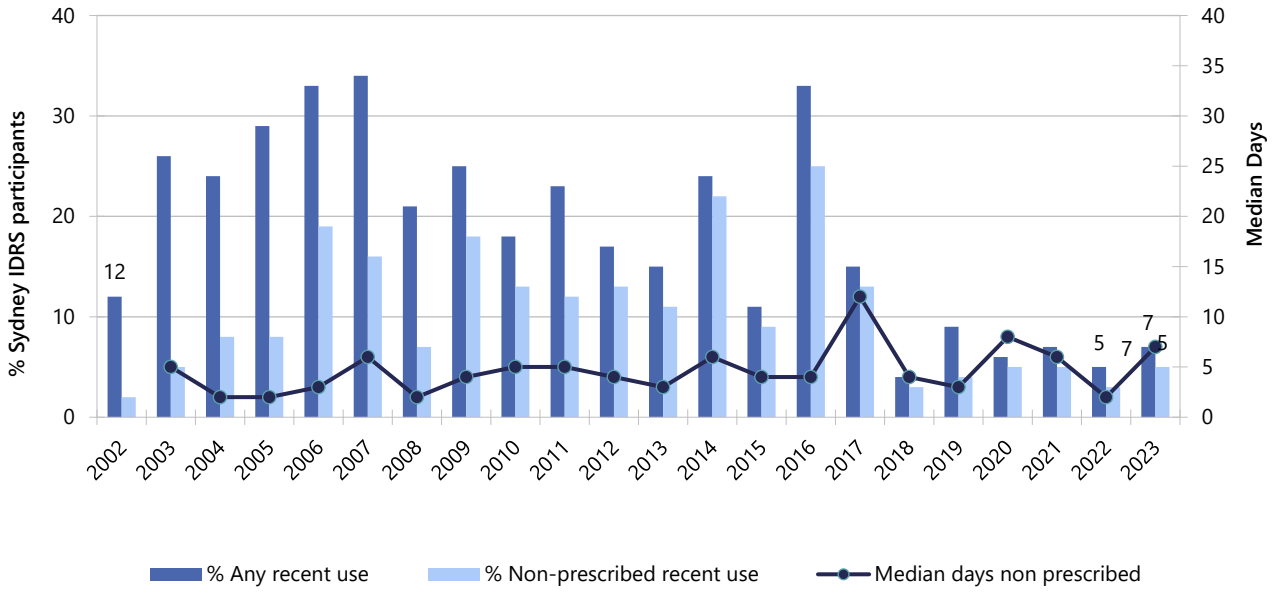
Buprenorphine Tablet

Any Recent Use (past 6 months): The per cent reporting any buprenorphine tablet use has fluctuated considerably over time, ranging between 34% in 2007 and 4% in 2018. In 2023, 7% of the Sydney sample reported any buprenorphine tablet use (5% in 2022; p=0.803), with 5% reporting non-prescribed use in 2023 (n≤5 in 2022; p=0.573) (Figure 22).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine tablet and commented (n=8), the median frequency of use was reported to be seven days (IQR=2-35) in the six months preceding interview (n≤5 in 2022; p=0.298) (Figure 22).

Recent Injecting Use: Of those who had recently used any buprenorphine tablet in 2023 and commented (n=10), 60% reported injecting it (n≤5 in 2022) on a median of 20 days (IQR=6-74; n≤5 in 2022; p=0.092).

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Sydney, NSW, 2002-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and secondary axis reduced to 40 days to improve visibility of trends. Data labels are only provided for the first (2002/2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

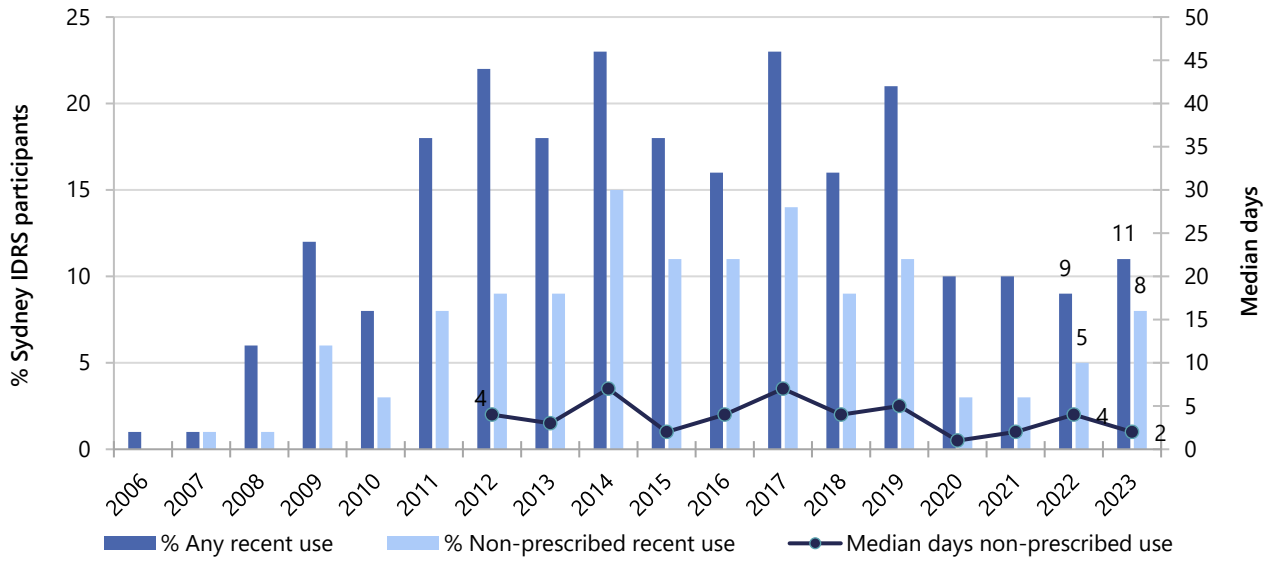
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent of the Sydney sample reporting recent use of prescribed or non-prescribed buprenorphine-naloxone has fluctuated considerably since monitoring commenced in 2006. In 2023, 11% of the sample reported any recent use of buprenorphine-naloxone (9% in 2022; p=0.565) (Figure 23). Prescribed buprenorphine-naloxone use remained low and stable in 2023 (4%; 5% in 2022; p=0.781). Eight per cent of the sample reported non-prescribed buprenorphine-naloxone use in 2023 (5% in 2022; p=0.344).

Frequency of Use: Participants who had recently used non-prescribed buprenorphine-naloxone (n=12) reported doing so on a median of two days (IQR=1-5) in the past six months (4 days in 2022; IQR=3-18; n=7; p=0.281) (Figure 23).

Recent Injecting Use: Few (n≤5) participants reported recent injection of buprenorphine-naloxone, therefore details regarding median frequency of recent injection are not reported. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Sydney, NSW, 2006-2023



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 25% and secondary axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

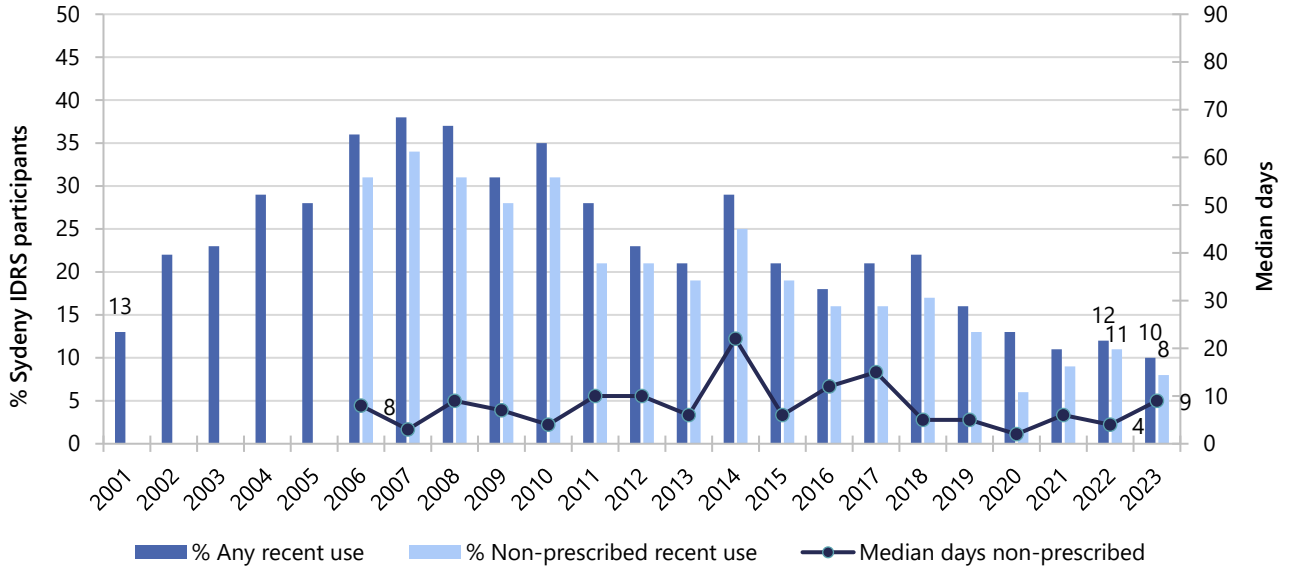
Morphine

Any Recent Use (past 6 months): Since peaking in 2007 with 38% of the sample reporting recent use of prescribed or non-prescribed morphine, a gradual decrease has been observed. In 2023, one tenth (10%) of the Sydney sample reported recent use of any morphine (12% in 2022; p=0.724), the lowest per cent reported since monitoring commenced (Figure 24). This largely comprised non-prescribed morphine use (8%; 11% in 2022, p=0.339). Few participants (n≤5) reported recently using prescribed morphine (n≤5 in 2022; p=0.371).

Frequency of Use: Participants who had recently used non-prescribed morphine (n=12) reported doing so on a median of nine days in the six months preceding interview (IQR=2-24; 4 days in 2022; IQR=1-10; n=17; p=0.304) (Figure 24).

Recent Injecting Use: Of those who had recently used any morphine in 2023 and commented (n=13), four fifths (81%) reported recently injecting morphine (78% in 2022) on a median of 12 days in the six months preceding interview (IQR=3-24; n=13; 4 days in 2022; IQR=2-10; n=13; p=0.328).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Sydney, NSW, 2001-2023



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 50% and secondary axis reduced to 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

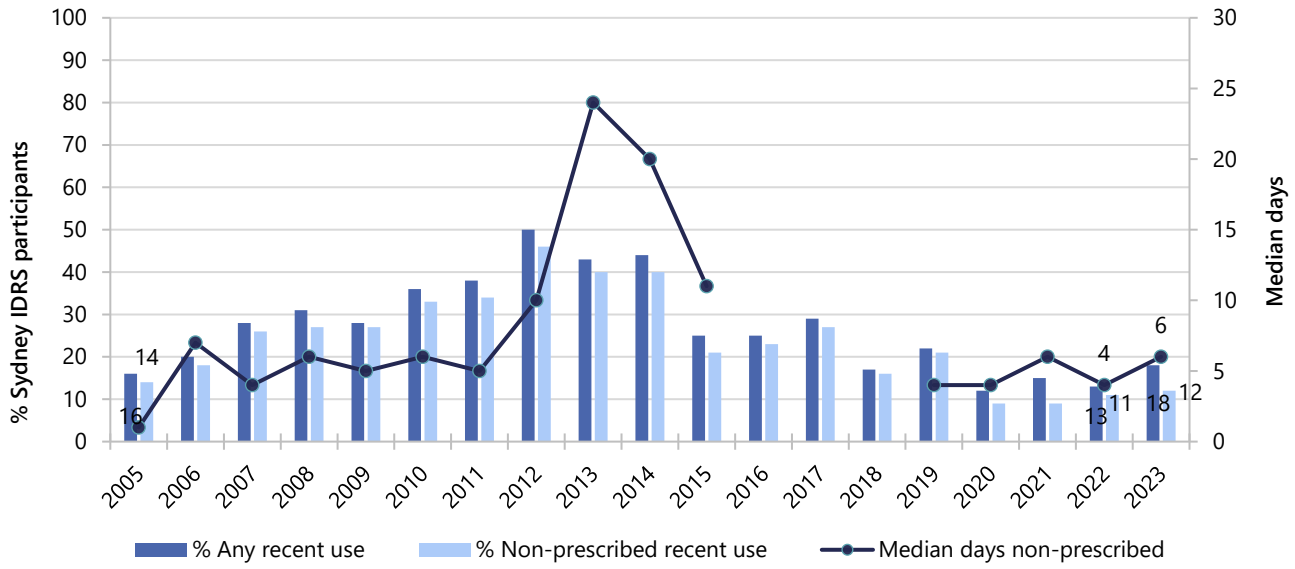
Oxycodone

Any Recent Use (past 6 months): Since peaking in 2012 with 50% of the sample reporting recent prescribed or non-prescribed use of oxycodone, a gradual decline has been observed. In 2023, 18% of the sample reported recently consuming any oxycodone (13% in 2022; p=0.341) (Figure 25). Twelve per cent of the sample reported recent non-prescribed use of oxycodone (11% in 2022; p=0.855) and 6% of participants reported prescribed use (n≤5 in 2022; p=0.257).

Frequency of Use: Participants reported using non-prescribed oxycodone on a median of six days (IQR=2-36; n=19) in the six months preceding interview, stable from 2022 (4 days; IQR=2-8; n=16; p=0.536) (Figure 25).

Recent Injecting Use: Of those who had recently used any oxycodone (n=27), one third (33%) reported recently injecting oxycodone, a significant decrease relative to 2022 (65%; p=0.044). The median frequency of injection of any oxycodone remained stable at six days in 2022 (IQR=2-20; n=9; 3 days in 2022; IQR=2-10; n=13; p=0.685).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Sydney, NSW, 2005-2023



Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' and oxycodone-naloxone. In 2023, participants were asked about recent use and frequency of use 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. Secondary Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

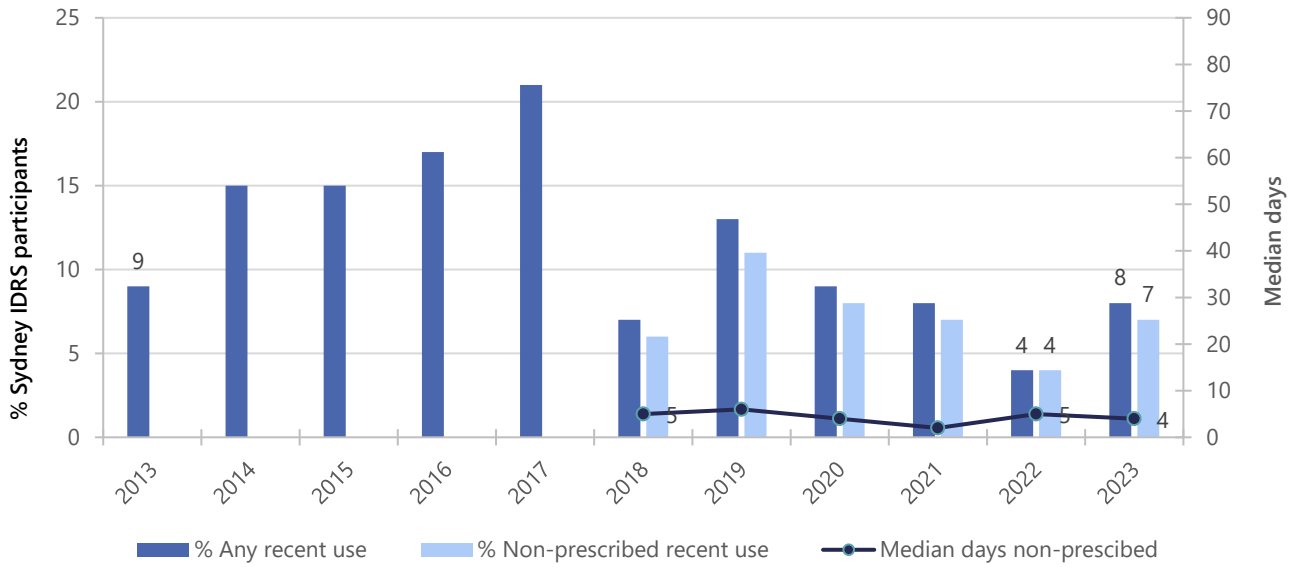
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent prescribed or non-prescribed fentanyl use among the Sydney sample has remained generally low, with the highest per cent observed in 2017. In 2023, 8% of the sample reported any fentanyl use in the six months prior to interview, stable compared to 2022 (4% in 2022; p=0.227) (Figure 26). This mostly comprised of non-prescribed fentanyl use (7%; 4% in 2022; p=0.437), with few (n≤5) participants reporting recent prescribed use in 2023 (0% in 2022; p=0.498).

Frequency of Use: Those who had recently used non-prescribed fentanyl did so infrequently, on a median of four days (IQR=1-11; n=10), stable from five days in 2022 (IQR=4-19; n=6; p=0.511) (Figure 26).

Recent Injecting Use: Of those who had recently used any fentanyl (n=12), three quarters (75%) reported recently injecting fentanyl (33% in 2022; p=0.141). The median frequency of injection of any fentanyl remained stable at two days in 2023 (IQR=1-6; n=9; n≤5 in 2022).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, NSW, 2013-2023



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and secondary Y axis reduced to 90 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.000.for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2023 (Table 2). Eight per cent of the sample reported any recent use of codeine in 2023 (7% in 2022; p=0.827), with 4% reporting prescribed use (5% in 2022; p=0.781) and 5% reporting non-prescribed use (n≤5 in 2022; p=0.378).

Five per cent of participants reported recent use of any form of tramadol in 2023 (4% in 2022). Due to low numbers (n≤5) reporting prescribed or non-prescribed use, or any recent injection, median days of non-prescribed or injecting use are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

No participants reported recent use of any form of tapentadol. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Sydney, NSW, 2019-2023

% Recent Use (past 6 months)	2019 (N=151)	2020 (N=155)	2021 (N=150)	2022 (N=152)	2023 (N=153)
Codeine^					
Any use	20	7	13	7	**8**
Non-prescribed use	10	-	5	-	**5**
Any injection[#]	7	-	0	-	**-**
Tapentadol					
Any use	0	-	0	0	**0**
Non-prescribed use	0	0	0	0	**0**
Any injection[#]	0	0	0	0	**0**
Tramadol					
Any use	8	-	-	4	**5**
Non-prescribed use	-	-	-	-	**-**
Any injection[#]	0	-	-	-	**-**

Note. – Per cent 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 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$

7

Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent use of any NPS was reported by 6% of the Sydney sample in 2023 (4% in 2022; p=0.593) (Table 3). 'New' drugs that mimic the effects of cannabis was the most common NPS reported by the Sydney sample (4%, n≤5 in 2022; p=0.121). Among those who reported recent use (n=6), the median frequency of use was reported to be two days (IQR=1-2; n≤5 in 2022; p=0.190). The numbers endorsing use of all other NPS categories were low (n≤5). Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Sydney, NSW, 2013-2023

% Recent Use (past 6 months)	2013 N=151	2014 N=150	2015 N=150	2016 N=150	2017 N=150	2018 N=150	2019 N=151	2020 N=155	2021 N=150	2022 N=152	2023 N=153
'New' drugs that mimic the effects of opioids	/	/	/	/	-	0	-	0	0	-	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	0#	-	-	0	-	-	**0**
'New' drugs that mimic the effects of amphetamine or cocaine	/	/		-	/	-	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	23	4	8	11	-	5	7	6	4	-	**4**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	0#	-	-	0	0	-	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	-	0	-	0	-
Any of the above	24	5	9	13	-	12	9	7	6	4	**6**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. #In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained relatively stable between 2007-2014, before a gradual decline was observed from 2014-2022. In 2023, one third (33%) of the sample reported recent use of any non-prescribed benzodiazepines, a significant increase from 21% in 2022 (p=0.022) (Figure 27). Seventeen per cent of the Sydney sample reported recently using non-prescribed alprazolam in 2023 (11% in 2022; p=0.142) and 26% reported using other non-prescribed benzodiazepines (18% in 2022; p=0.102).

Frequency of Use: Participants reported using non-prescribed alprazolam on a median of seven days in the past six months (IQR=3-40; n=26; 4 days in 2022; IQR=2-12; n=16; p=0.135) and non-prescribed other benzodiazepines on a median of 10 days in the past six months (IQR=5-24; n=40; 5 days in 2022; IQR=3-12; n=27; p=0.102).

Recent Injecting Use: Few participants (n≤5) reported injecting any benzodiazepines (n≤5 in 2022; p=0.556). Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants has remained low and stable since monitoring commenced in 2006. In 2023, 5% of the Sydney sample reported recent use (n≤5 in 2022; p=0.378; Figure 27), on a median of 10 days (IQR=4-19; n=8; n≤5 in 2022).

Antipsychotics

Recent Use (past 6 months): Since peaking in 2012 with 19% of the Sydney sample reporting recent non-prescribed antipsychotic (asked as 'Seroquel' 2011-2018) use, recent use has been declining. In 2023, few participants (n≤5) reported recently using non-prescribed antipsychotics (6% in 2022; p=0.169) (Figure 27) and therefore, no further reporting on patterns of use will be included. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): Past six month non-prescribed pregabalin use was reported by 14% of the sample (8% in 2022; p=0.137) (Figure 27).

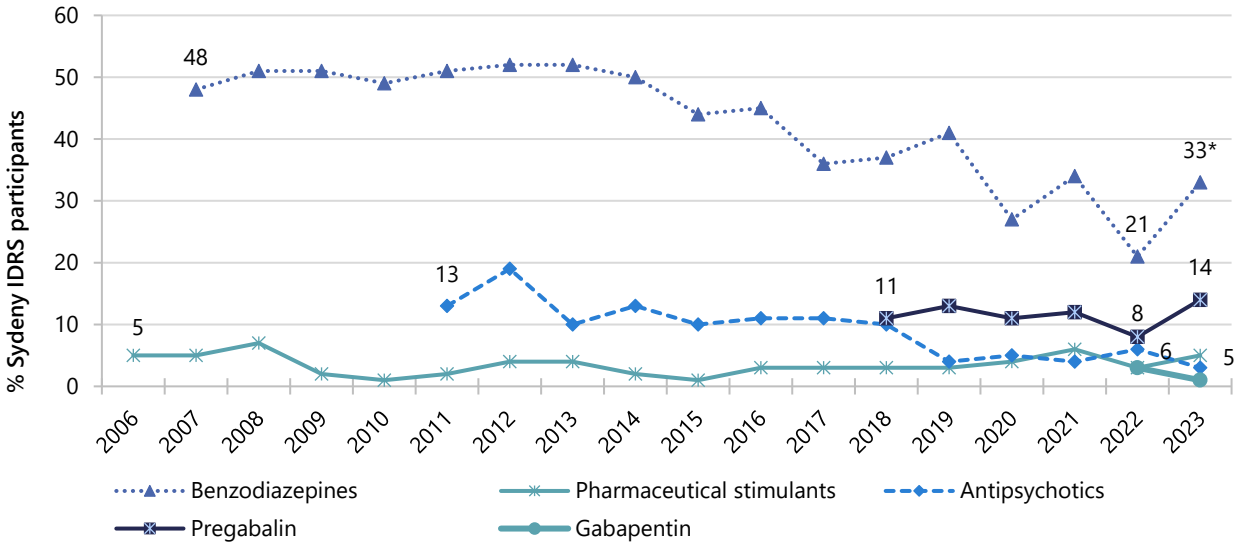
Frequency of Use: Participants reported consuming pregabalin on a median of seven days (IQR=2-20; n=21) in 2023, stable relative to 2022 (4 days; IQR=1-10; n=12; p=0.267).

Recent Injecting Use: Few participants (n≤5) reported injecting pregabalin in 2023 (no participants reported injecting non-prescribed pregabalin in 2022; p=0.271). Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

Recent Use (past 6 months): Few participants (n≤5) reported recent non-prescribed use of gabapentin in 2023 (n≤5 in 2022; Figure 23), and therefore, no further results are reported. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six month use of non-prescribed pharmaceutical drugs, Sydney, NSW, 2006-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018/2022) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Recent use of alcohol remained relatively stable between 2000-2018, before a gradual decline was observed from 2018-2022. In 2023, two fifths (42%) reported recent alcohol use, the second lowest per cent observed since monitoring commenced (45% in 2022; p=0.644) (Figure 28).

Frequency of Use: Participants reported consuming alcohol on a median of 22 days in the six months preceding interview in 2023 (IQR=6-96; n=64; 24 days in 2022; IQR=6-92; n=68; p=0.991), with 23% of participants who had recently used alcohol reporting daily use (16% in 2022; p=0.381).

Tobacco

Recent Use (past 6 months): Recent use of tobacco has consistently been high among the Sydney IDRS sample since reporting began. Consistent with previous years, the majority (91%) of the sample reported recent tobacco use (91% in 2022) (Figure 28).

Frequency of Use: Stable relative to previous years, participants reported tobacco use on a median of 180 days in the six months preceding the interview in 2023 (IQR=180-180; n=139; 180 days in 2022; IQR=180-180; n=138; p=0.466), with 91% of participants who had recently used tobacco reporting daily use (93% in 2022; p=0.653).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, since 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 2023.

Recent Use (past 6 months): One third (33%) of the sample reported recent non-prescribed e-cigarette use, stable relative to 2022 (30%; p=0.715) (Figure 28). Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2023.

Frequency of Use: Of those who had recently used non-prescribed e-cigarettes and commented in 2023 (n=50), frequency of use significantly increased from a median of 20 days (IQR=4-135; n=44) in 2022 to daily use (180 days; IQR=26-180; n=50) in 2023 (p=0.002). Among those who had recently used non-prescribed e-cigarettes and responded, the per cent of the sample reporting daily non-prescribed e-cigarette use significantly increased from 25% in 2022 to 52% in 2023 (p=0.015).

Forms Used: Among those who had recently used non-prescribed e-cigarettes and responded (n=50), 72% reported using e-cigarettes that contained nicotine (79% in 2022; p=0.616). Few participants (n≤5) reported using e-cigarettes that contained cannabis (n≤5 in 2022; p=0.590) or both cannabis and nicotine (n≤5 in 2022; p=0.590). Thirty-eight per cent reported using e-cigarettes that contained neither nicotine nor cannabis (29% in 2022; p=0.378).

Reasons for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the last six months and responded (n=54), 57% reported using e-cigarettes as a smoking cessation tool (47% in 2022; p=0.331).

Steroids

No participants reported using non-prescribed steroids in the last six months (n≤5 in 2022; p=0.498) and therefore no further reporting on patterns of use will be included. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2023, there was a significant increase in the per cent of participants reporting recent use of GHB/GBL/1,4-BD, with one quarter (24%) of the Sydney sample reporting recent use (5% in 2022; p<0.001) (Figure 28).

Frequency of Use: Of those who had recently used non-prescribed GHB/GBL/1,4-BD and commented in 2023 (n=10), participants reported using GHB/GBL/1,4-BD on a median of 12 days (IQR=4-72), stable relative to 2022 (4 days; IQR=2-7; n=8; p=0.065).

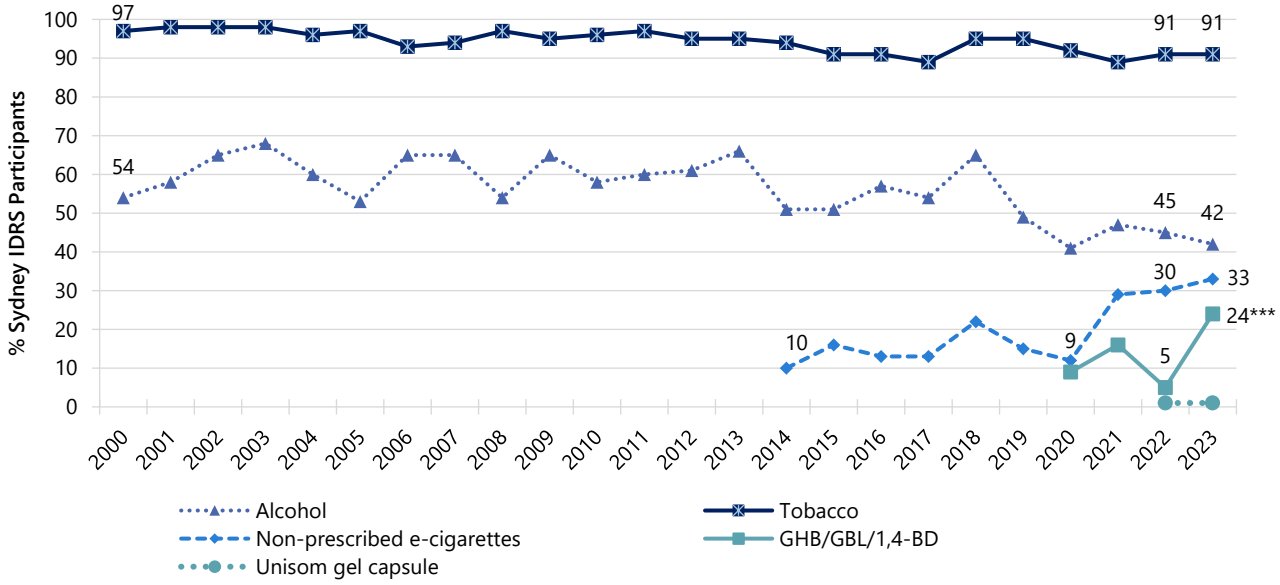
Recent Injecting Use: In 2023, few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD (0% in 2022), therefore no further reporting on patterns of injecting will be included. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

Recent Use (past 6 months): Few participants (n≤5) reported recent non-prescribed use of Unisom gel capsules in 2023 (n≤5 in 2022; Figure 23), and therefore, no further results are reported. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 28: Past six month use of licit and other drugs, Sydney, NSW, 2000-2023



Note. Monitoring of e-cigarettes commenced in 2014. Participants were first asked about e-cigarettes in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001

8

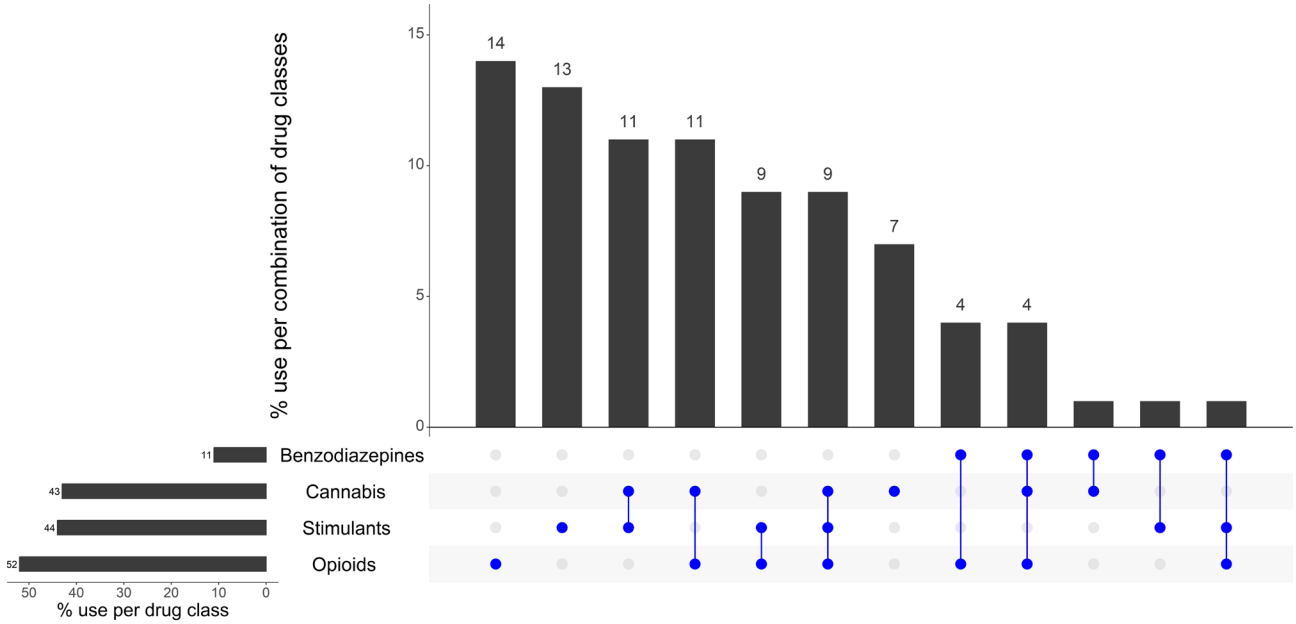
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, 97% of the sample 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 and commented (n=152), the most commonly used substances were opioids (52%), followed by stimulants (44%) and cannabis (43%).

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

Figure 29: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Sydney, NSW, 2023



Note. % calculated out of total IDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 15% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2023, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and

- **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

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

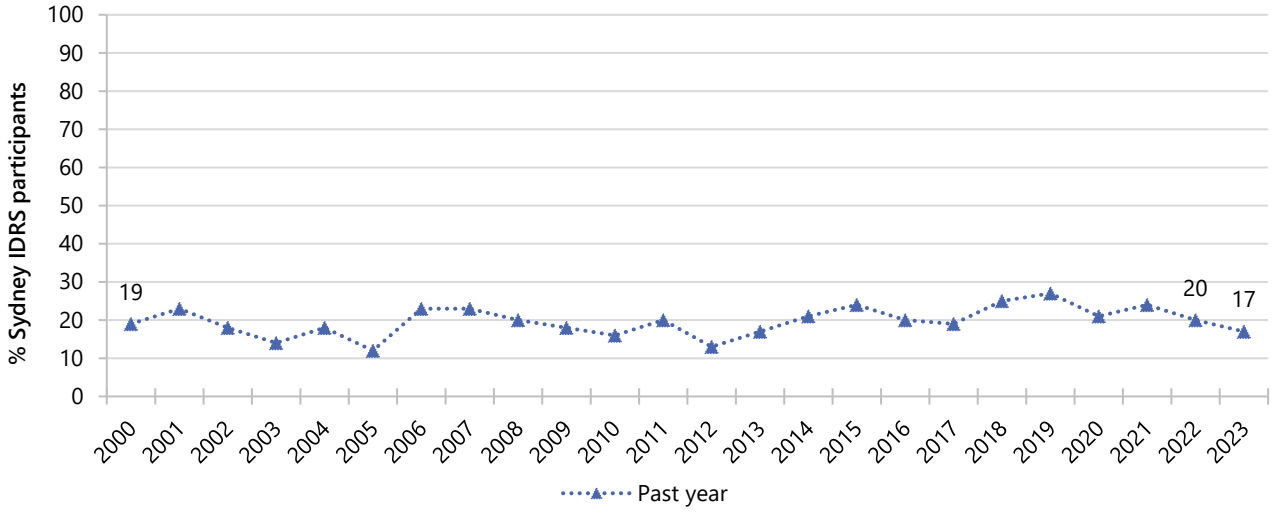
The per cent reporting non-fatal overdose on any drug in the 12 months preceding the interview has ranged between 12% and 27%. In 2023, 17% of the sample reported experiencing a non-fatal overdose in the 12 months preceding the interview (20% in 2022; p=0.550) (Figure 30).

Twelve per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding the interview (14% in 2022; p=0.487), most commonly an overdose following the use of heroin (9%; 14% in 2022; p=0.160) (Table 4). 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 who had experienced a past year non-fatal opioid overdose, the majority (88%) reported receiving treatment on the last occasion of an overdose, with the most common treatment reported being ambulance attendance (47%), followed by receiving naloxone (35%). The most commonly cited other drugs involved in participants' most recent opioid overdose were benzodiazepines (including alprazolam; 38%). Few participants (n≤5) reported on the main reasons for not seeking treatment during last non-fatal opioid overdose.

Four per cent of the sample reported experiencing a **non-fatal overdose following stimulant use** in the past year (5% in 2022). Few participants (n≤5) reported on the most common substances involved in the past year non-opioid overdose following stimulant use. Few participants (n≤5) reported an accidental overdose following consumption of an 'other' drug not including stimulants (n≤5 in 2022; Table 4).

Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past 12 month non-fatal any overdose, Sydney, NSW, 2000-2023



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past 12 month non-fatal overdose by drug type, Sydney, NSW, 2016-2023

	Sydney, NSW							
	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
% Any opioid	**N=148 16**	**N=150 12**	N=148 17	N=150 19	N=155 12	N=150 16	N=152 14	**N=146 12**
% Heroin overdose	N=144 15	N=126 14	N=131 20	N=150 15	N=155 10	N=150 15	N=152 14	**N=145 9**
% Methadone overdose	N=145 -	N=131 0	N=145 -	N=150 1	N=155 1	N=150 -	N=152 -	**N=145 -**
% Morphine overdose	N=148 -	N=150 -	N=145 -	N=150 0	N=155 1	N=150 0	N=152 0	**N=145 0**
% Oxycodone overdose	N=147 0	N=143 0	N=148 -	N=150 0	N=155 1	N=150 0	N=152 0	**N=145 0**
% Stimulant overdose	N=144 4	-	-	N=151 9	N=154 6	N=150 6	N=151 5	**N=147 4**
% Other overdose	/	/	/	N=151 -	N=154 6	N=150 -	N=152 -	**N=147 -**
% Any drug overdose	N=144 20	N=125 19	N=128 25	N=151 27	N=155 21	N=150 24	N=152 20	**N=147 17**

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2016-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Per cent suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

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

Awareness of Naloxone: Although four fifths (81%) of participants indicated awareness of naloxone in 2023, there was a significant decrease in naloxone awareness among the Sydney sample in 2023 compared to 2022 (95% in 2022; $p<0.001$) (Figure 31). In 2023, significantly fewer participants reported having heard of paid access (5%; 14% in 2022; $p=0.007$), and 68% of participants reported having heard of free access (76% in 2022; $p=0.168$).

Awareness of Take-Home Naloxone: At the commencement of monitoring in 2013, two in five participants (40%) were aware of naloxone training programs. Three quarters (73%) of the Sydney sample reported awareness of the naloxone take-home programs in 2023 (76% in 2022; $p=0.504$), although it should be noted that there was a change in 2023 in how this question was asked (Figure 31).

Accessed Naloxone: Fifty-three per cent of the Sydney sample reported ever accessing naloxone in their lifetime (56% in 2022; $p=0.734$) and almost half (47%) reported accessing naloxone in the 12 months preceding interview (44% in 2022; $p=0.646$). On the last occasion of naloxone access, 65% of participants accessed naloxone via a NSP, followed by a health service (16%), and the majority (92%) of participants reported that they did not have to pay the last time they accessed naloxone.

Few participants ($n\leq5$) reported that they had tried to access naloxone in their lifetime but had been unsuccessful (note: a small per cent of participants reported never trying to access naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=66), reasons included 'didn't know you could access naloxone' (23%) and 'don't consider myself/my peers at risk of overdose' (12%).

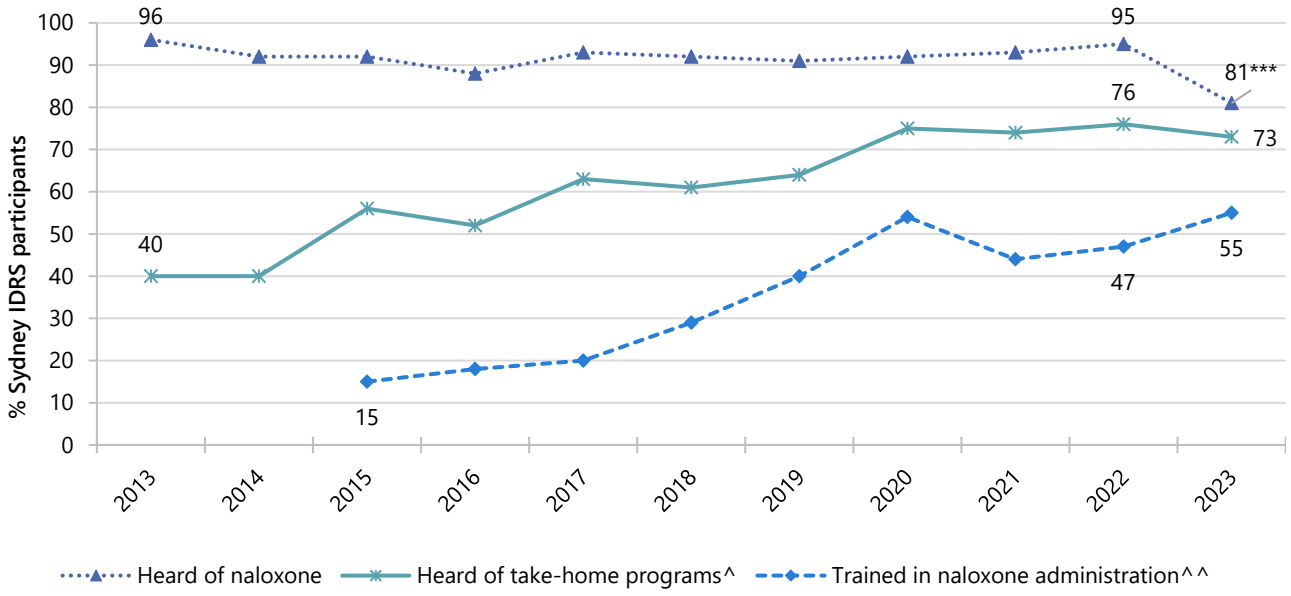
Of those who had ever accessed naloxone, had used opioids in the past month and could respond (n=79), 57% reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 13% reporting 'often', 6% 'sometimes', 0% 'rarely' and 14% 'never'.

Education on Using Naloxone: In 2023, 55% had been trained in how to administer naloxone in their lifetime (47% in 2022; $p=0.171$), with two fifths (41%) having done so in the past year (31% in 2022; $p=0.096$). The percentage of participants reporting on being trained in administering naloxone may be affected by a change in how this question was asked in 2023 (Figure 31). In the last year, most

participants (65%) were taught how to administer naloxone at a NSP, followed by a health service (13%) and other harm reduction services (12%).

Use of Naloxone to Reverse Overdose: In 2023, of those who responded (n=148), 33% reported resuscitating someone using naloxone at least once in their lifetime (25% in 2022; *p*=0.134), with almost one quarter (23%) having done so in the past year (n≤5 in 2022). Additionally, 4% reported they had been resuscitated by a peer using naloxone in the last year (8% in 2022; *p*=0.227).

Figure 31: Lifetime awareness of naloxone, and education in naloxone administration, Sydney, NSW, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data labels are only provided for the first (2013 and 2015) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Risk Behaviours and Harms

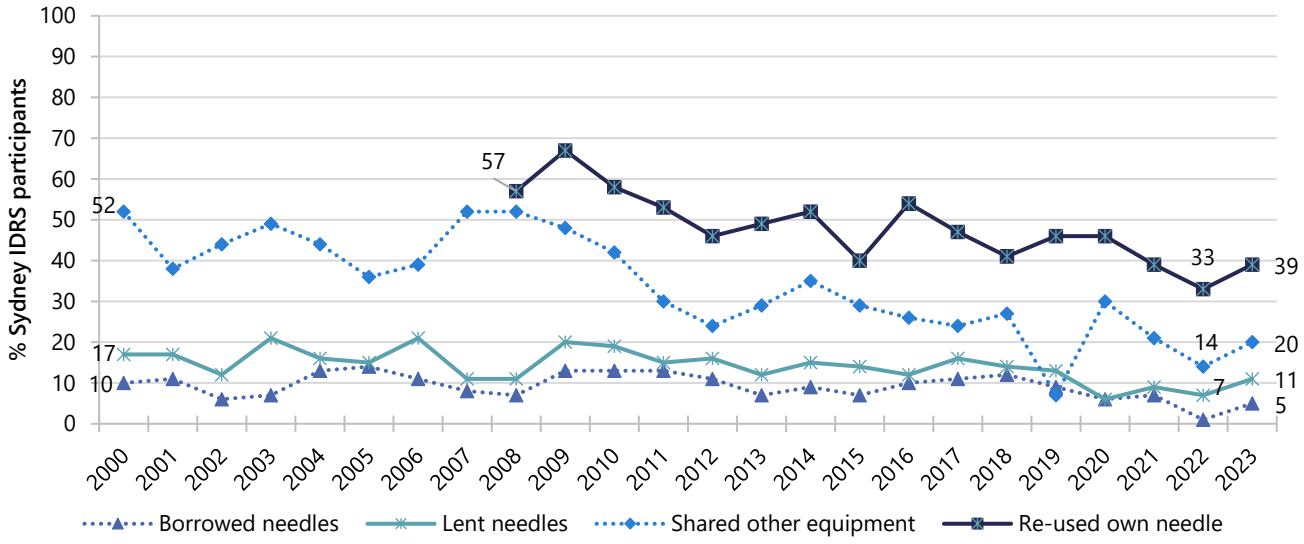
Injecting Risk Behaviours

The per cent reporting receptive and distributive needle sharing remained stable between 2022 and 2023, with 5% reporting receptive needle sharing (n≤5 in 2022; p=0.102) and 11% reporting distributive needle sharing (7% in 2022, p=0.249). Similarly, the per cent of participants who reported sharing other equipment remained stable in 2023 (20%; 14% in 2022; p=0.292). Two fifths (39%) of the sample reported that they had re-used their own needles in the past month, stable relative to 33% in 2022 (p=0.283) (Figure 32 and Table 5).

Thirty-five per cent of participants reported that they had injected someone else after injecting themselves in the past month (31% in 2022; p=0.536), and one fifth (21%) reported being injected by someone else who had previously injected themselves (17% in 2022; p=0.312).

The location of last injection remained stable between 2022 and 2023 (p=0.483). Most participants (81%) were in a private home at the time of last injection (81% in 2022). Seven per cent last injected at a medically supervised injecting service (10% in 2022) and 5% last injected outside (street/park/beach) (7% in 2022).

Figure 32: Borrowing and lending of needles and sharing of injecting equipment in the past month, Sydney, NSW, 2000-2023



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 sample presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 5: Sharing needles and injecting equipment in the past month, Sydney, NSW, 2015-2023

	Sydney, NSW								
	2015 N=150	2016 N=147	2017 N=142	2018 N=151	2019 N=151	2020 N=155	2021 N=150	2022 N=152	2023 N=151
% Injecting behaviours past month									
Borrowed a needle	N=148 7	N=147 10	N=142 11	N=151 12	N=151 9	N=155 6	N=148 7	N=152 -	**N=150 5**
Lent a needle	N=148 14	N=145 12	N=142 16	N=150 14	N=149 13	N=154 6	N=148 9	N=151 7	**N=149 11**
Shared any injecting equipment ^	N=148 29	N=147 26	N=142 24	N=152 27	N=151 7	N=154 30	N=149 21	N=152 14	**N=153 20**
Reused own needle	N=148 40	N=147 54	N=142 47	N=151 41	N=151 46	N=154 46	N=149 39	N=150 33	**N=150 39**
Injected partner/friend after self˜	/	N=147 28	N=141 31	N=151 32	N=150 36	N=155 26	N=150 26	N=152 31	**N=150 35**
Somebody else injected them after injecting themselves˜	/	N=147 18	N=141 14	N=151 19	N=151 19	N=155 14	N=149 17	N=151 17	**N=150 21**
% Location of last injection	N=146	N=147	N=142	N=151	N=150	N=154	N=149	N=151	**N=149**
Private home	62	67	62	72	69	85	87	81	**81**
Car	3	5	-	3	-	-	5	-	**-**
Street/car park/beach	12	8	4	5	11	5	5	7	**5**
Public toilet	8	5	4	5	4	-	-	-	**4**
Medically supervised injected services	9	6	13	12	9	5	-	10	**7**
Other	2	4	8	-	-	-	-	0	**-**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them.^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ with a new or used needle. - Per cent suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

In 2023, one quarter (24%) of the Sydney sample reported having an injection-related health issue in the month preceding the interview, stable relative to 2022 (28%; p=0.505) (Table 6). The most common injection-related health issues reported by participants were any infection/abscess (11%; 16% in 2022; p=0.238), followed by skin abscess or cellulitis (10%; 14% in 2022; p=0.373). Artery injection significantly decreased from 8% in 2022 to n≤5 in 2023 (p=0.031).

Table 6: Injection-related issues in the past month, Sydney, NSW, 2020-2023

	2020	2021	2022	2023
	(N=155)	(N=150)	(N=152)	(N=151)
% Artery injection	8	9	8	**-***
% Any nerve damage	10	13	14	**8**
% Any thrombosis	9	7	-	**4**
Blood clot near the surface of the skin	6	7	-	**4**
Blood clot in the deep veins	-	-	-	**-**
% Any infection/ abscess	7	9	16	**11**
Skin abscess or cellulitis	6	8	14	**10**
Endocarditis	0	-	-	**0**
Another serious infection (e.g. sepsis, osteomyelitis)	-	0	4	**-**
% Dirty hit	10	11	5	**9**
% Any injection related problem	31	32	28	**24**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Drug Treatment

In 2023, 39% of the Sydney sample were currently in any form of drug treatment (43% in 2022; p=0.481). One fifth (22%) of the Sydney sample were participating in a methadone program (30% in 2022; p=0.096) and 12% reported buprenorphine depot injection (7% in 2022; p=0.173) (Table 7).

Table 7: Any current drug treatment Sydney, NSW, 2015-2023

	Sydney, NSW								
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
	N=150	**N=150**	**N=151**	**N=152**	**N=151**	**N=155**	**N=150**	**N=152**	**N=153**
% Current drug treatment	64	54	44	55	58	56	50	43	**39**
Methadone	54	41	31	48	42	44	37	30	**22**
Buprenorphine	-	-	-	0	-	0	-	-	**-**
Buprenorphine-naloxone	7	8	9	5	8	5	4	-	**-**
Buprenorphine depot injection	/	/	/	/		-	-	7	**12**
Drug counselling	0	-	-	-	14	17	11	7	**5**
Other	-	0	-	0	**-**	5	-	-	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=105), the median SDS score was six (IQR=2-9), with 61% scoring five or above, indicating possible dependence (62% in 2022) (Table 8). Of those who scored five or above (n=64), 80% reported specifically attributing their responses to heroin and 6% to methadone.

Of those who had recently used methamphetamine and commented (n=122), the median SDS score was three (IQR=1-7), with 48% scoring four or above, indicating possible dependence (47% in 2022) (Table 8).

Table 8: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Sydney, NSW, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	N=129	N=130	N=129	/	N=116	N=107	**N=105**
Median total score (IQR)	8 (4-10)	7 (4-10)	6 (4-9)	/	7 (4-9)	6 (3-9)	**6 (2-9)**
% score 0	8	10	5	/	8	7	**13**
% score = 1	-	-	6	/	-	7	**7**
% score ≥ 5	73	72	64	/	72	62	**61**
Methamphetamine	N=100	N=113	N=113	/	N=110	N=129	**N=122**
Median total score (IQR)	5 (1-8)	2 (0-6)	3 (1-6)	/	3 (0-6)	3 (1-7)	**3 (1-7)**
% score 0	19	41	22	/	31	21	**22**
% score = 1	7	8	11	/	7	9	**9**
% score ≥ 4	58	40	43	/	43	47	**48**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

Almost three fifths (58%) of participants reported having had an HCV antibody test in the last year, a significant increase from 34% in 2022 ($p<0.001$). Similarly, significantly more participants reported receiving a PCR or RNA test in 2023 compared to 2022 (54%; 40% in 2022; $p=0.025$). Eleven per cent of the Sydney sample reported a current hepatitis C virus (HCV) infection in 2023, a significant increase from 3% in 2022 ($p=0.018$) (Table 9). Fourteen per cent of the sample reported receiving HCV treatment in the last year (12% in 2022; $p=0.374$), of which almost three fifths (58%; 83% in 2022; $p=0.151$) reporting that their treatment was successful.

The majority (83%) of participants reported undergoing a test for human immunodeficiency virus (HIV) in their lifetime (38% in the past 6 months), with 5% of participants reporting that they had received a positive diagnosis for HIV in their lifetime (n≤5 in 2022; $p=0.541$) (Table 9).

Table 9: HCV and HIV testing and treatment, Sydney, NSW, 2018-2023

	Sydney, NSW					
	2018	2019	2020	2021	2022	2023
	N=152	N=151	N=151	N=150	N=152	N=152
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=151 64	N=151 61	N=151 24	N=147 41	N=148 34	**N=140 58*** **
Past year hepatitis C PCR or RNA test	N=133 44	N=144 47	N=145 39	N=145 43	N=142 40	**N=136 54***
Current hepatitis C status						
Currently have hepatitis C^	N=144 19	N=142 16	N=150 12	N=143 7	N=141 3	**N=133 11***
Past year treatment for hepatitis C						
Received treatment in past year	N=149 24	N=150 27	N=151 7	N=147 14	N=146 12	**N=116 14**
Most recent treatment was successful (among those who had received treatment in past year)	N=35 63	N=39 72	N=10 90	N=20 75	N=18 83	**N=19 58**
HIV test				N=136	N=118	**N=144**
HIV test in past 6 months	/	/	/	40	34	**38**
HIV test more than 6 months ago	/	/	/	52	48	**44**
HIV status				N=136	N=118	**N=144**
Lifetime HIV positive diagnosis	/	/	/	7	-	**5**

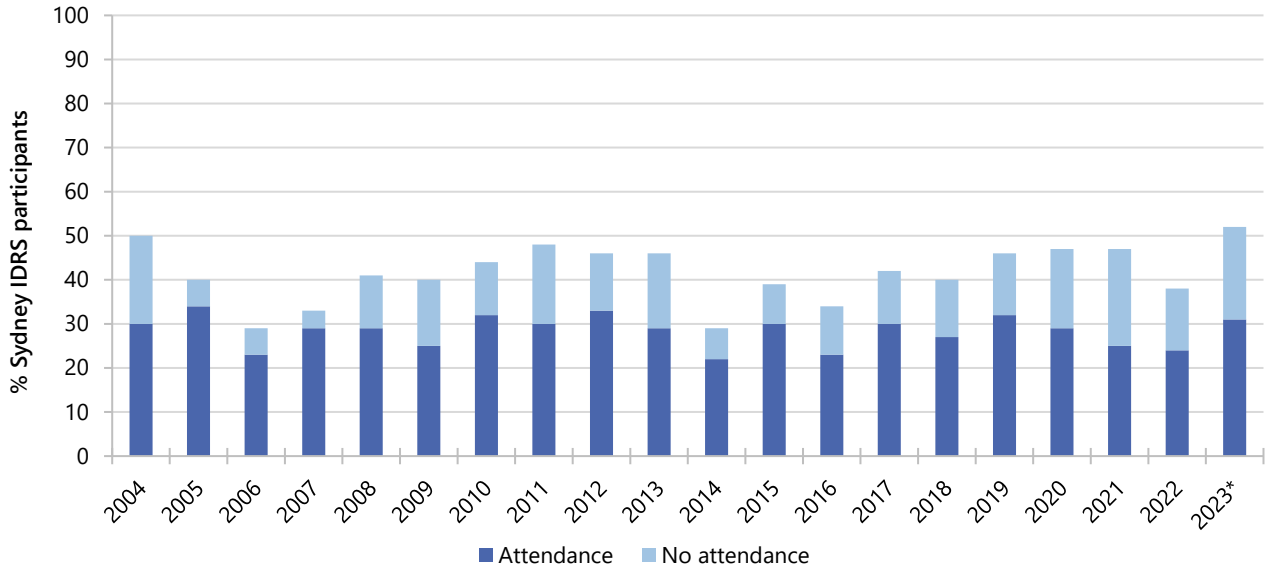
Note. ^The denominator includes people who had not been tested for HCV. – Per cent suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Mental Health and Psychological Distress (K10)

Half (52%) of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months in 2023, a significant increase relative to 2022 (38% in 2022; p=0.015) (Figure 33). Amongst this group, the most commonly reported problems were depression (65%; 58% in 2022; p=0.093), followed by anxiety (52%; 46% in 2022; p=0.125), schizophrenia (23%; 26% in 2022; p=0.847) and manic depression/bipolar (20%; 19% in 2022; p=0.530).

Almost one third (31%) of the total sample (60% of those who self-reported a mental health problem) had seen a mental health professional during the last six months, stable from 2022 (64% in 2022; p=0.721). Among those who had attended a mental health professional in 2023 (n=45), 58% had been prescribed medication for their mental health problem in the preceding six months (78% in 2022; p=0.100).

Figure 33: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2004-2023



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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

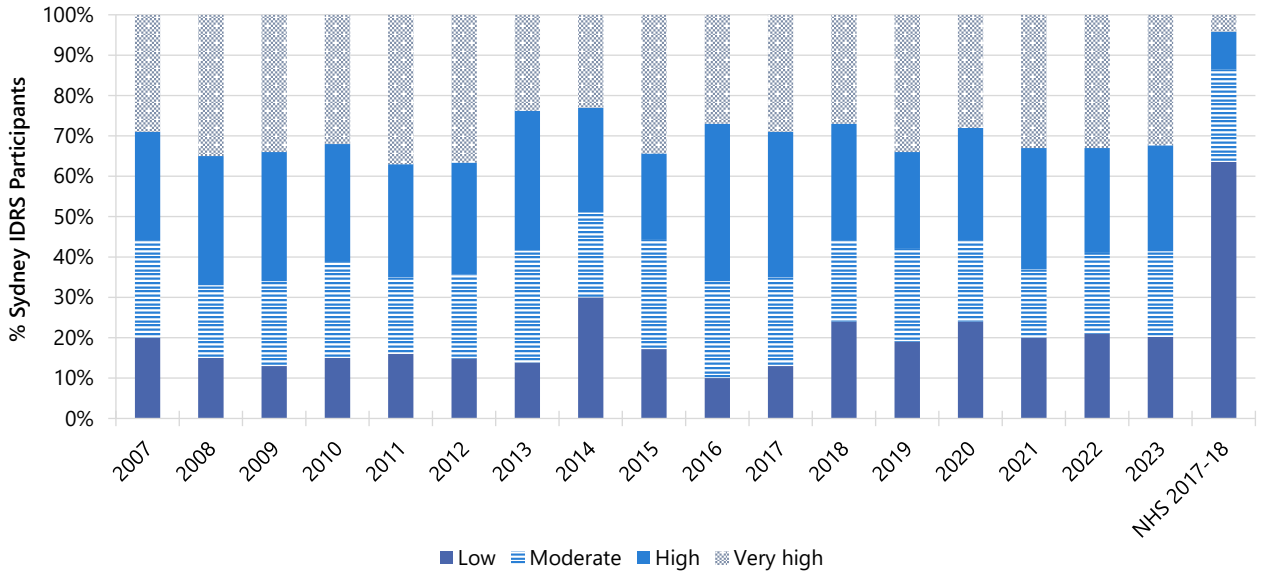
The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population,

scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.995) (Figure 34), with almost one third (32%) of IDRS participants having a score of 30 or more (33% in 2022).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 34).

Figure 34: K10 psychological distress scores, Sydney, NSW, 2007-2023 and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

The majority (95%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023, a significant increase from 80% in 2022 ($p<0.001$) (Table 10). Significantly more participants reported accessing a NSP in 2023 compared to 2022 (86%; 66% in 2022; $p<0.001$), followed by a GP (31%; 25% in 2022; $p=0.258$).

Similarly, the majority (98%) of the Sydney sample reported accessing a health service for any reason in the six months preceding the interview, a significant increase from 87% in 2022 ($p<0.001$). Primary services reported by participants in 2023 were a NSP (89%; 66% in 2022; $p<0.001$) and a GP (64%; 49% in 2022; $p=0.010$) (Table 10).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Sydney, NSW, 2022-2023

	AOD support		Any reason	
	2022 (N=152)	2023 (N=153)	2022 (N=152)	2023 (N=153)
% accessed a health service in the past 6 months	80	**95*** **	87	**98*** **
Type of service accessed *(participants could select multiple services)*	**N=152**	**N=153**	**N=152**	**N=153**
GP	25	**31**	49	**64***
Emergency department	16	**20**	26	**34**
Hospital admission (inpatient)	9	**11**	20	**22**
Medical tent (e.g., at a festival)	-	**0**	-	**-**
Drug and Alcohol counsellor	16	**20**	16	**22**
Hospital as an outpatient	7	**7**	9	**12**
Specialist doctor (not including a psychiatrist)	5	**5**	7	**10**
Dentist	7	**-**	19	**11**
Ambulance attendance	7	**12**	11	**15**
Other health professional (e.g., physiotherapist)	-	**-**	7	**8**
Psychiatrist	9	**6**	13	**14**
Psychologist	8	**5**	14	**8**
NSP	66	**86*** **	66	**89*** **
Peer based harm reduction service	-	**-**	4	**4**
Other harm reduction service	-	**-**	-	**-**

Note. The response option 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, three quarters (76%) of the Sydney sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 11). Specifically, 23% of the Sydney sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (25% of those who had attended a specialist AOD service), stable relative to 2022 (17%; p=0.198). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (42%; 47% of those who had attended general health care services), stable relative to 2022 (34%; p=0.183). Self-reported experiences of stigma while attending general health care services most commonly occurred whilst visiting a GP (21%) or the emergency department (16%). Two thirds (66%) of participants reported experiencing stigma in non-health care settings, most commonly from police (60%), followed by housing/homelessness services (22%) (not asked in 2022) (Table 11).

Notably, 53% of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling a health worker about drug use (28%), followed by delaying accessing health care (26%).

Table 11: Self-reported experiences of stigma due to illicit/injecting drug use in the past six months, Sydney, NSW, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service:	N=150 17	**N=152** **23**
Needle and syringe program	/	**7**
Supervised injecting facility	/	**-**
Opioid treatment program	/	**6**
AOD counselling	/	**-**
Residential rehabilitation	/	**-**
Detoxification	/	**0**
Group therapy	/	**-**
Peer based harm reduction service	/	**-**
Other	/	**4**
% Experienced stigma in general health care service:	N=132 34	**N=149** **42**
GP	/	**21**
Emergency department	/	**16**
Hospital admission (inpatient)	/	**7**
Medical tent	/	**0**
Dentist	/	**-**

Hospital outpatient	/	**-**
Specialist doctor	/	**-**
Ambulance	/	**4**
Psychiatrist	/	**-**
Psychologist	/	**-**
Other	/	**-**
% Experienced stigma in non-health care service:	/	**N=151 66**
Welfare and social service	/	**21**
Current of potential employer	/	**5**
School/uni/TAFE	/	**-**
Police	/	**60**
Other legal services	/	**9**
Housing and homelessness services	/	**22**
Other	/	**0**
% Experienced stigma in any of the above settings ^	/	**76**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**n=151 53**
Delayed accessing healthcare	/	**26**
Did not tell health worker about drug use	/	**28**
Downplayed need for pain medication	/	**19**
Looked for different services	/	**12**
Did not attend follow-up appointment	/	**23**
Other	/	**0**

Note. N is the number who responded (denominator). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

In 2023, 95% of the Sydney sample had ever been tested for SARS-CoV-2, with 94% having been tested in the 12 months preceding interview (91% in 2022; 66% in 2021; 41% in 2020). Almost half (48%) of the participants reported having ever been diagnosed with the virus (28% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). Seventeen per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.

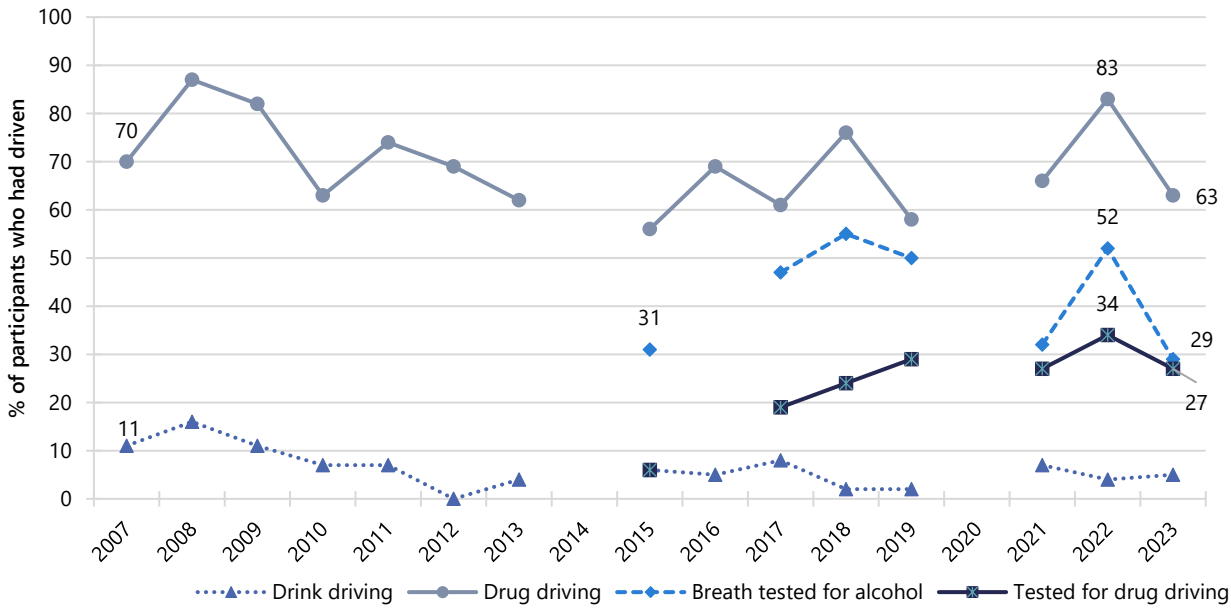
At the time of interview, the majority (87%) reported that they had received at least one COVID-19 vaccine dose (88% in 2022; p=0.735), with participants receiving a median of three doses (IQR=2-4; 6% received one dose, 28% received two doses and 52% received three or more doses).

Driving

Twenty-nine per cent of the Sydney sample reported driving a car, motorcycle or other vehicle in the six months preceding the interview (19% in 2022; p=0.078). Few participants (n≤5) who had recently driven and responded (n=39) reported driving while over the perceived legal alcohol limit in the last six months (n≤5 in 2022) (Figure 35). Among those who had driven in the last six months (n=41), 63% (17% of the whole sample) reported driving within three hours of consuming an illicit or non-prescribed drug (83% in 2022; p=0.114).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=26), participants most commonly reported using heroin (54%) prior to driving, followed by methamphetamine crystal (46%) and cannabis (35%). Among those who had driven in the last six months (n=41), one quarter (27%) reported that they had been tested for drug driving by the police roadside drug testing service (34% in 2022; p=0.596), and 29% reported being breath tested for alcohol by the police roadside testing service in the past six months (52% in 2022; p=0.084) (Figure 35).

Figure 35: Self-reported testing and driving over the (perceived) legal limit for alcohol or within three hours following Illicit drug use, among those who had driven in the last six months, Sydney, NSW, 2007-2023



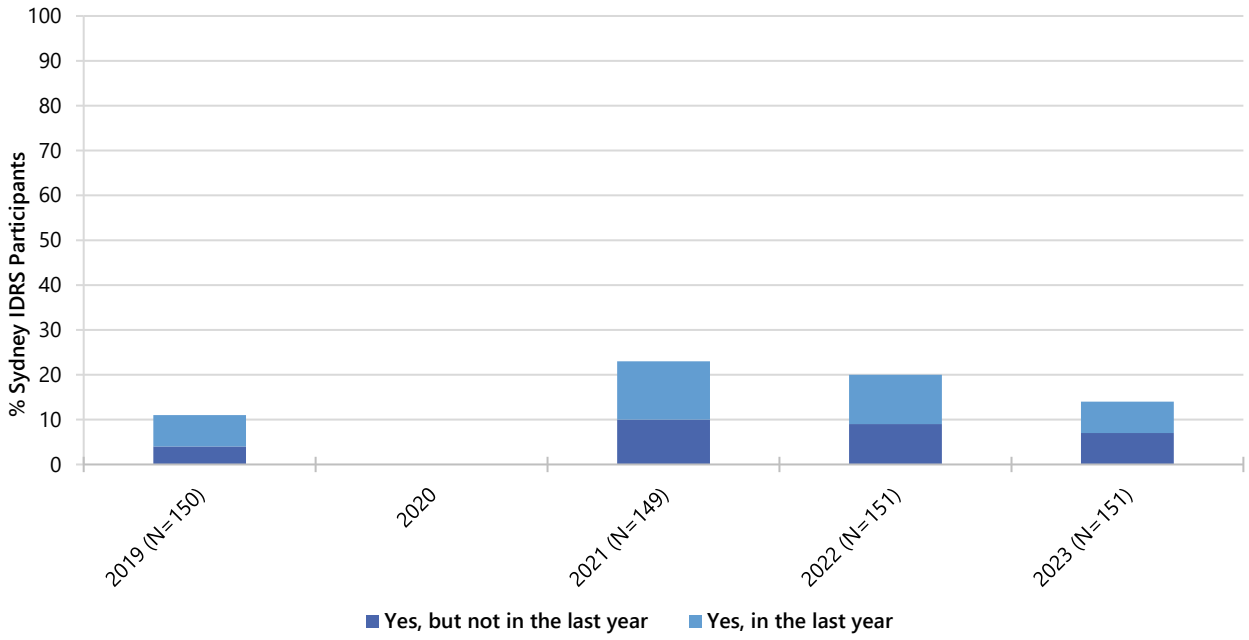
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Stastistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site dug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 13% of participants reported that they or someone else had ever tested the contents and/or purity of their illicit drugs in Australia (21% in 2022; p=0.127), with 7% of the sample doing so in the past year (11% in 2022; p=0.238). Among those who reported that they or someone else had tested their drugs in the past year and commented (n=10), 60% used colorimetric or reagent test kits. Few participants (n≤5) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) in the past year. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 36: Lifetime and past year engagement in drug checking, Sydney, NSW 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

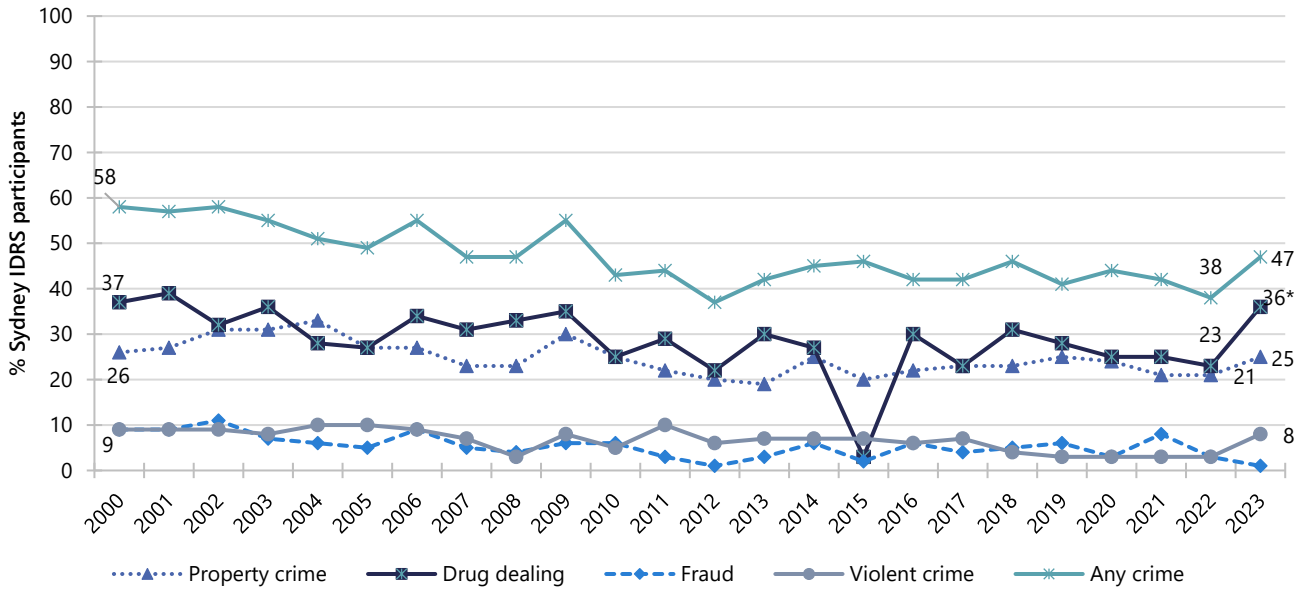
In 2023, almost half (47%) of the Sydney sample reported engaging in 'any' crime in the past month (38% in 2022; p=0.152) (Figure 37). Selling drugs for cash profit remained the most common self-reported crime in the month preceding the interview and significantly increased from 23% in 2022 to 36% in 2023 (p=0.030). This was followed by property crime (25%; 21% in 2022; p=0.396) and 8% of the sample reported engaging in violent crime (n≤5 in 2022; p=0.126). Few participants (n≤5) reported engaging in fraud in 2023 (n≤5 in 2022; p=0.448) (Figure 37).

Sixteen per cent of participants reported being the victim of violence in the past month (10% in 2022; p=0.221) (Figure 38).

In 2023, one quarter (28%) of the sample had been arrested in the past year, stable relative to 2022 (27% in 2022). Of those who had been arrested and commented (n=35), the main reason for arrest in 2023 was use/possession of drugs (34%), followed by property crime (26%). Few participants (n≤5) reported other reasons for arrest. More than three in five participants (63%) reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant increase from 39% in 2022 (p<0.001). This predominantly comprised of being stopped and searched (86%; 86% in 2022). This was followed by being stopped for questioning, which significantly increased from 41% in 2022 to 69% in 2023 (p=0.001).

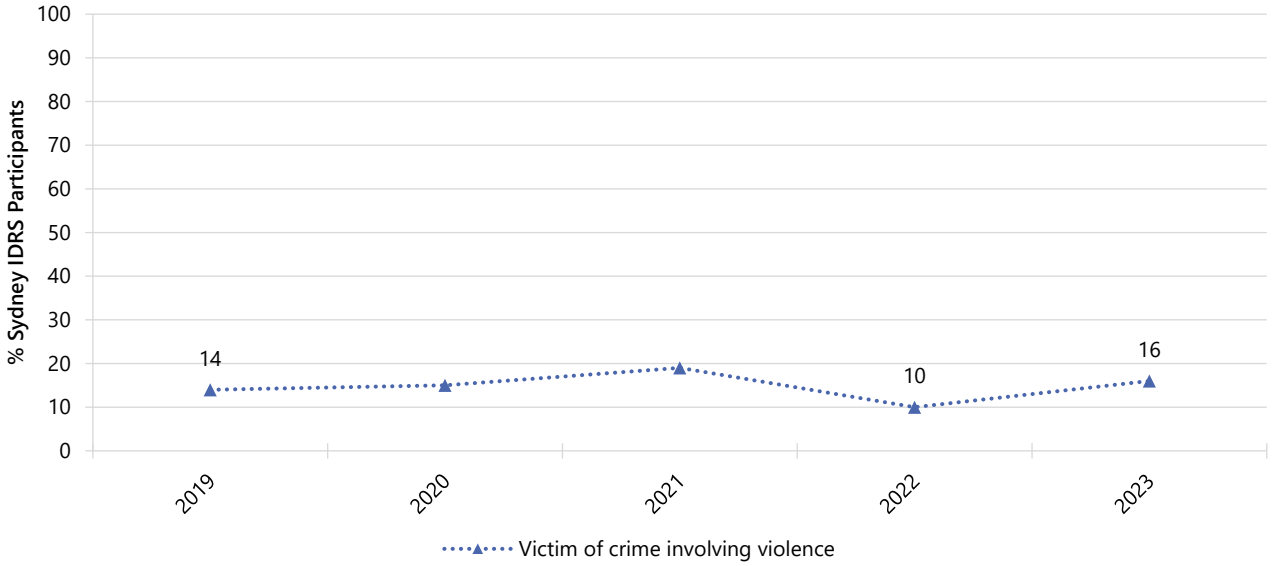
Two thirds (65%) reported a lifetime prison history in 2023, stable from 74% in 2022 (p=0.108).

Figure 37: Self-reported criminal activity in the past month, Sydney, NSW, 2000-2023



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 38: Victim of crime involving violence in the past month, Sydney, NSW 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.