Australian Drug Trends 2025: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews

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Publication details:
2981-9326 (ISSN)

Publication Date:
2025-09-26

DOI:
https://doi.org/10.26190/unsworks/31585

IDRS

AUSTRALIAN DRUG TRENDS 2025

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AUSTRALIAN DRUG TRENDS 2025: KEY FINDINGS FROM THE NATIONAL ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISSN 2981-9326

Suggested citation: Sutherland R, Uporova J, Karlsson A, Palmer L, Tayeb H, Chrzanowska A, Chandrasena U, Price O, Bruno R, Dietze P, Lenton S, Salom C, Radke S, Curran J, Vella-Horne D, Wilson J, Daly C, Thomas N, Degenhardt L, Farrell M, & Peacock A. Australian Drug Trends 2025: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2025. Available from: https://doi.org/10.26190/unsworks/31585

Please note that, as with all statistical reports, the data in this report may be subject to minor revisions over time. For the most up-to-date information, 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 Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Acknowledgements

Funding

In 2025, 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, Disability and Ageing 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 2025:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Olivia Price, Haniene Tayeb, Lily Palmer, Agata Chrzanowska, Cate King, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales Sydney, New South Wales;
- Dylan Vella-Horne, Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Jack Curran 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. We would like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

ACT	Australian Capital Territory
Ade	Adelaide
AIVL	Australian Injecting & Illicit Drug Users League
ADHD	Attention-deficit hyperactivity disorder
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
Bri/GC	Brisbane/Gold Coast
Can	Canberra
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
Dar	Darwin
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GHB/GBL/1,4-BD	Gamma-hydroxybutyrate/Gamma-butyrolactone/1,4-Butanediol
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
Hob	Hobart
IDRS	Illicit Drug Reporting System
IQR	Interquartile Range
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
Mel	Melbourne
N (or n)	Number of Participants
NDARC	National Drug and Alcohol Research Centre
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-Counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
Per	Perth
PTSD	Post-traumatic stress disorder

QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard Deviation
SDS	Severity of Dependence Scale
STI	Sexually Transmitted Infection
Syd	Sydney
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The IDRS comprises a sentinel sample of people who regularly inject illicit drugs, recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral, across each capital city of Australia. The results are not representative of all people who inject drugs, nor of use in the general population. **Data were collected in 2025 from May-July. Since 2020, interviews were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2025 samples relative to previous years.**

Sample Characteristics

The 2025 IDRS sample (N=865) was mostly similar to the sample in 2024 and in previous years. Participants predominantly identified as male (66%) with a median age of 47 years, both stable from 2024. In 2025, most participants reported being unemployed at the time of the interview (88%; 89% in 2024), although the median weekly income significantly increased ($465; $424 in 2024; $p<0.001$). Drug of choice remained stable, with 44% nominating methamphetamine (42% in 2024) and 42% nominating heroin (39% in 2024) as their drug of choice. Most participants continued to nominate methamphetamine as the drug injected most often in the past month (57%; 59% in 2024). Weekly or more frequent consumption of non-prescribed cannabis significantly decreased from 57% in 2024 to 52% in 2025 ($p=0.041$).

Heroin

In 2025, 54% of the sample reported recent heroin use, stable relative to 2024 (51%). Median frequency of use also remained stable at a median of 120 days in the past six months (90 days in 2024). There was a significant decrease in the reported median price for one point of heroin in 2025 ($50; IQR=50-50) relative to 2024 ($80; IQR=50-100; $p=0.003$). Perceived purity and perceived availability remained stable, with 33% reporting 'medium' purity (39% in 2024) and 93% reporting 'easy' or 'very easy' obtainment (91% in 2024).

Methamphetamine

Recent use of any methamphetamine has been gradually increasing since 2010, however has remained relatively stable from 2021 onwards. In 2025, 82% reported recent use, stable from 2024 (82%). Crystal continued to be the most common form of methamphetamine used by participants (79%; 81% in 2024). Use of methamphetamine powder remained stable relative to 2024 (8%; 8% in 2024) and use of methamphetamine base significantly decreased (3%; 5% in 2024; $p=0.020$). The reported median price for one point of powder and crystal was $50, respectively. Perceived purity for powder and crystal remained stable, albeit mixed. Perceived availability also remained stable, with 67% reporting 'easy' or 'very easy' obtainment of methamphetamine powder, and 96% reporting 'easy' or 'very easy' obtainment of methamphetamine crystal.

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the sample since the commencement of monitoring (peak of 35% in 2001), although remained stable in 2025

relative to 2024. In 2025, 19% of participants reported recent use on a median of two days. The median price for one gram of cocaine remained stable at $300 ($300 in 2024). Perceived purity and availability of cocaine also remained stable, with 36% of participants reporting 'high' purity (50% in 2024), and 62% reporting 'easy' or 'very easy' obtainment (67% in 2024).

Cannabis and/or Cannabinoid-Related Products

At least two thirds of the IDRS sample have reported recent use of non-prescribed cannabis and/or cannabinoid-related products since monitoring commenced. In 2025, 65% reported recent non-prescribed use (69% in 2024). There were no significant changes in the perceived purity or availability of bush and hydroponic cannabis in 2025, relative to 2024. The price per gram of hydro and bush cannabis remained stable at $20, respectively.

Pharmaceutical Opioids

Overall, non-prescribed use of most forms of pharmaceutical opioids has either remained stable or declined since monitoring of each opioid first commenced. In 2025, significant decreases were observed in recent use of non-prescribed buprenorphine-naloxone (6%; 9% in 2024; p=0.041), frequency of use of buprenorphine-naloxone (3 days; 7 days in 2024; p=0.010) and recent use of non-prescribed tramadol (2%; 4% in 2024; p=0.013). In 2025, oxycodone and morphine were the most commonly used non-prescribed pharmaceutical opioids (10% and 9%, respectively).

Other Drugs

Use of any NPS has fluctuated between 5% and 12% since monitoring commenced in 2013, with 6% reporting recent use in 2025 (5% in 2024). Benzodiazepines remained the most common non-prescribed pharmaceutical drug reported by participants in 2025 (23%; 25% in 2024), followed by pregabalin (16%; 13% in 2024). Recent use of non-prescribed antipsychotics significantly decreased in 2025 (3%; 5% in 2024; p=0.033). Recent use of tobacco remained high yet stable (87%; 87% in 2024), however recent use of illicit tobacco increased significantly in 2025 (63%; 46% in 2024; p<0.001). Illicit e-cigarettes were used by one quarter (25%) of the sample in 2025, stable relative to 2024 (27%), with participants consuming illicit cigarettes on a median of 93 days in the six months preceding interview in 2025. Use of all other monitored drugs remained stable.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2025, two thirds (66%) of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Three fifths (60%) of the national IDRS sample had binged on one or more drugs for 48 hours or more in the six months preceding interview.

Injecting behaviours and equipment access

In 2025, 5% of participants reported receptive sharing of a needle or syringe (5% in 2024) and 8% reported distributive sharing (9% in 2024) in the past month. Thirty-one per cent reported re-using their own needles in the past month, stable relative to 2024 (35%), and 19% reported sharing other equipment, a significant increase relative to 2024 (15%; p=0.021).

Thirty per cent reported having an injection-related problem in the past month (29% in 2024), most commonly any infection/abscess (14%; 13% in 2024) and any nerve damage (12%; 12% in 2024).

Overdose, naloxone and drug checking

In 2025, one fifth (19%) of the sample reported any past 12-month non-fatal overdose, stable relative to 2024 (21%), most commonly from heroin (10%; 11% in 2024).

Awareness of take-home naloxone significantly increased in 2025 (80%) relative to 2024 (73%; $p<0.001$), as did past year access (55%; 46% in 2024; $p<0.001$).

In 2025, 15% of participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year (11% in 2024; $p=0.035$).

Dependence, drug treatment and HCV

In 2025, 35% of male participants obtained an AUDIT-C score of ≥4, and 39% of female participants obtained a score of ≥3, indicative of hazardous alcohol use.

Fifty-four per cent of those who reported recent methamphetamine use obtained an SDS score of ≥4, while 59% of participants reporting recent opioid use obtained a score of ≥5, indicating possible dependence on these substances.

Almost two fifths (38%) of the sample reported that they were in any drug treatment for their substance use at the time of interview (37% in 2024), with the most common treatment being methadone (20%).

In 2025, 51% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (53% in 2024), and 39% had received an PCR or RNA test (44% in 2024; $p=0.048$). Four per cent reported having a current HCV infection (4% in 2024) and 5% reported that they had received HCV treatment in the past year (6% in 2024). Almost one third (30%) of the sample reported having had a test for human immunodeficiency virus in the past six months, stable relative to 2024 (30%).

Sexual activity, mental health and health service access

Half (49%) of the sample reported engaging in sexual activity in the past four weeks and one fifth (22%) reported having a sexual health check-up in the past six months.

Self-reported mental health problems remained stable in 2025 (55%) relative to 2024 (53%). Three fifths (62%) reported high/very high psychological distress (59% in 2024).

Most participants (90%) reported accessing any health service for alcohol and/or drug support in the six months preceding interview in 2025 (84% in 2024; $p<0.001$).

Driving, contact with police and modes of purchasing drugs

Seventy-seven per cent of those who had recently driven reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (77% in 2024) and 9% reported driving while over the perceived legal limit of alcohol (9% in 2024).

Twenty-nine per cent of participants reported a drug-related encounter with police which did not result in charge or arrest, stable relative to 2024 (32%).

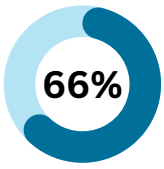
In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (79%; 85% in 2024; $p=0.005$).

2025 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

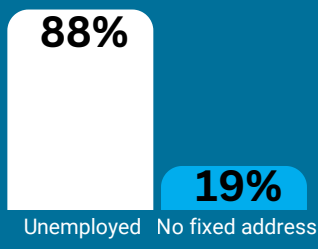
Between May-July, 865 participants, recruited from all capital cities across Australia, were interviewed.

47 years



Male

Median age and per cent who identified as male.

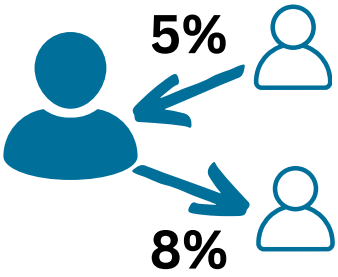


In the 2025 sample, 88% were unemployed and 19% had no fixed address.

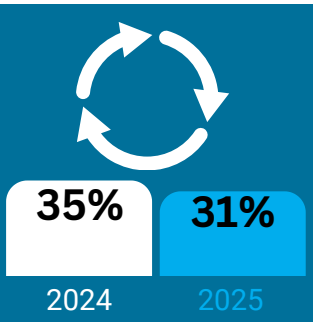
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

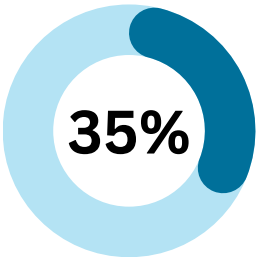
INJECTING-RELATED RISKS AND HARMS



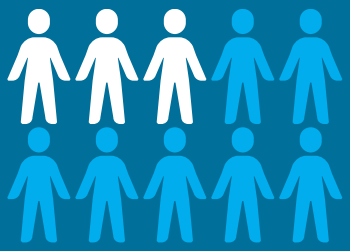
5% of participants reported receptive sharing in the past month, and 8% reported distributive sharing.



Percentage who reported re-using their own needles in the past month.

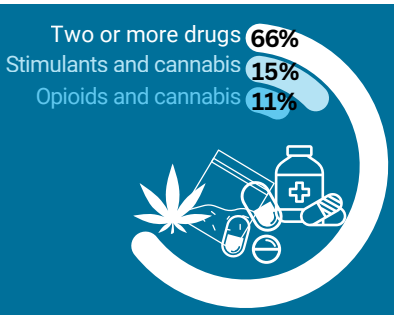


Percentage who reported injecting someone else after injecting themselves in the past month.

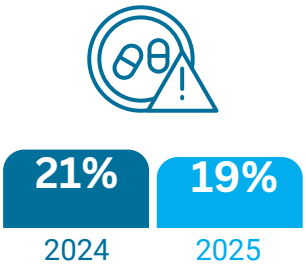


30% of participants reported having an injection-related health issue in the past month, stable from 2024 (29%).

OTHER HARMS

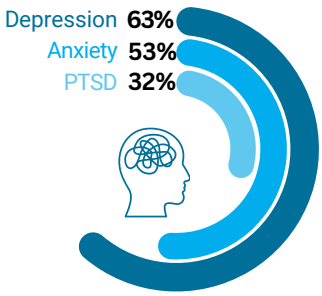


66% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug class was stimulants and cannabis (15%).



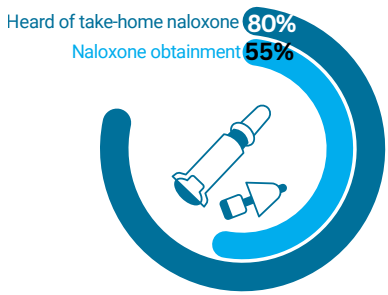
Past year non-fatal overdose remained stable in 2025 relative to 2024.

55% of participants self-reported a mental health problem in the 6 months preceding interview.



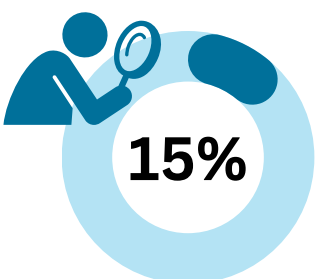
Among those who reported a mental health problem, the 3 most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

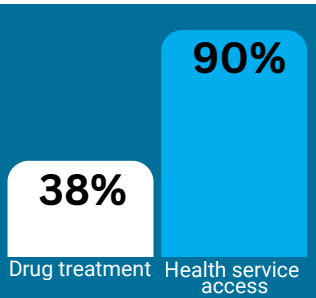


Knowledge of take-home naloxone and past year naloxone obtainment both significantly increased in 2025 relative to 2024.

32% reported ever using naloxone to resuscitate someone who had overdosed, with 18% having done so in the past year.



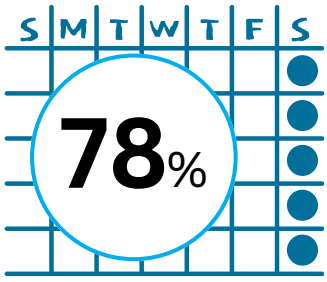
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



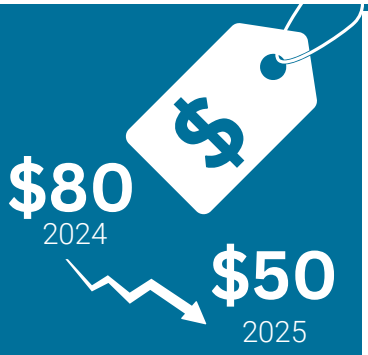
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

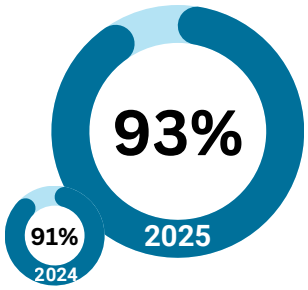
Past 6 month use of heroin remained stable in 2025 (54%) relative to 2024 (51%).



Of those who had recently consumed heroin, 78% reported weekly or more frequent use, stable from 2024 (75%).

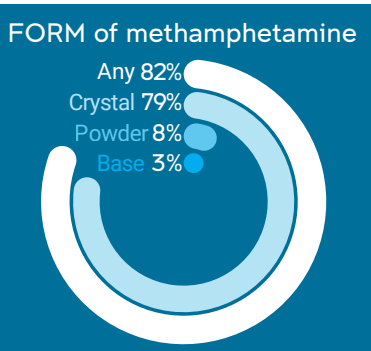


The median reported price for a point of heroin significantly decreased in 2025 relative to 2024.

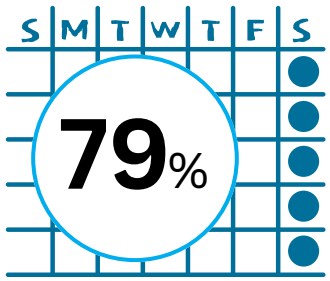


Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

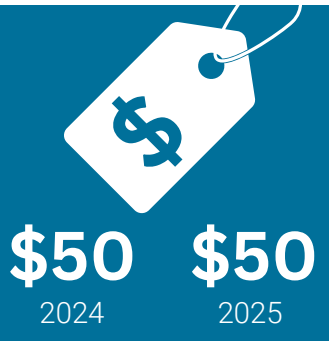
METHAMPHETAMINE



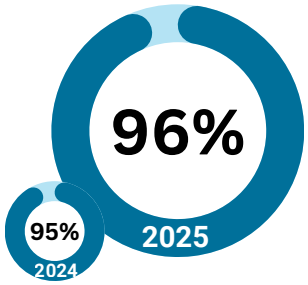
Past 6 month use of base significantly decreased in 2025 relative to 2024 with the other forms remaining stable.



Of those who had recently used any form of methamphetamine, 79% reported weekly or more frequent use, stable from 2024 (78%).



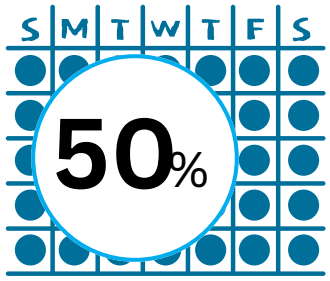
The median reported price for 1 point of methamphetamine crystal.



Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

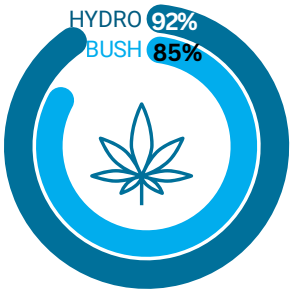
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

Past 6 month use remained stable in 2025 (65%) relative to 2024 (69%).



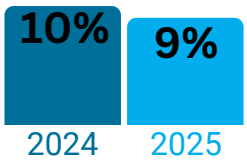
Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 50% reported daily use, stable from 2024 (55%).

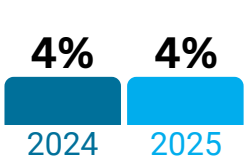
The median reported price for 1 gram of hydroponic and bush cannabis.

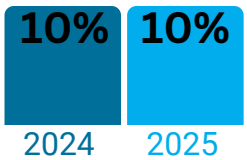


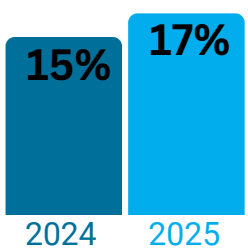
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2024).

PAST 6 MONTH USE OF OTHER DRUGS









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Background and Methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel cross-sectional group of people who regularly inject drugs, recruited from all capital cities of Australia (N=865 in 2025). The results from the IDRS interviews are not representative of all people who consume drugs, nor of illicit drug use in the general population, but this is not the aim of these data. Rather, these data are intended to provide evidence indicative of trends that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia.

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2025: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

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

In 2023, there was considerable difficulty in recruiting participants from Darwin, despite extensive recruitment efforts. Although it is difficult to provide a definitive reason for this, it seems that this was reflective of a disruption to the drug markets in Darwin, with fewer clients entering the recruitment sites (i.e., Needle and Syringe Programs in Darwin and Palmerston) during the recruitment period than has been observed in previous years. Similar impacts were also observed in other research projects, with the Australian Needle and Syring Program Survey recruiting 20 people who inject drugs from three sites in Darwin, Palmerston and Alice Springs in 2022 (compared to 85 people in 2019). Data from the NT IDRS are included in the national estimates but are not presented individually in jurisdictional tables for 2023 due to small numbers (n<50) reporting.

2025 IDRS Sample

Between 26 May-15 July 2025, a total of 865 participants were recruited across capital cities nationally. The number of participants recruited from the capital city in each jurisdiction were: Sydney, NSW, n=157; Melbourne, VIC, n=151; Adelaide, SA, n=105; Canberra, ACT, n=100; Hobart, TAS, n=95; Brisbane and Gold Coast, QLD, n=104; Darwin, NT, n=53; and Perth, WA, n=100. Nine per cent (n=81) of all 2025 interviews were conducted via telephone/videoconference: Canberra, ACT n=4, Sydney, NSW n=2, Melbourne, VIC n=2, Adelaide, SA n=11; Hobart, TAS n=18 and Perth, WA n=43.

In 2025, most participants continued to be recruited via needle and syringe programs (NPSs) (55%; 51% in 2024) and word-of-mouth (37%; 41% in 2024). Few participants (2%) were recruited via a treatment provider (2% in 2024) and social media (2%; 2% in 2024). One quarter (24%) of the 2025 sample had taken part in the 2024 interview (22% of the 2024 sample had taken part in the 2023 interview; p=0.351).

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 2024 and 2025. 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 six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for figures and tables)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2024 and 2025
Syd	Sydney
Can	Canberra
Mel	Melbourne
Hob	Hobart
Ade	Adelaide
Per	Perth
Dar	Darwin
Bri/GC	Brisbane and the Gold Coast (and the Sunshine Coast 2014-16)

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (comprehensive jurisdictional findings are provided separately; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

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

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

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Sample Characteristics

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

Sample Characteristics

In 2025, the median age of the sample was 47 years (IQR=41-54; 47 years in 2024; IQR=40-53; p=0.254). Gender remained stable compared to 2024 (p=0.259), with two thirds (66%) of the sample identifying as male (69% in 2024) (Table 2). In 2025, current employment status remained stable relative to 2024 (p=0.628), with most participants reporting that they were unemployed at the time of the interview (88%; 89% in 2024). However, the median weekly income significantly increased from $424 (IQR=350-550) in 2024 to $465 (IQR=375-598) in 2025 (p<0.001). Current accommodation type also significantly changed between 2024 and 2025 (p=0.021), although most participants continued to report living in their own house/flat (66%; 66% in 2024). One fifth (19%) reported having 'no fixed address' in 2025 (20% in 2024), followed by 5% in parent's/family home (5% in 2024). In 2025, there were significantly more participants that reported English as their primary language spoken at home (98%) compared to the 2024 sample (96%; p=0.043), however, the percentage who reported being born in Australia was stable (91%; 88% in 2024; p=0.074). In 2025, fewer participants reported having post-school qualifications (57%), a significant decrease relative to 2024 (62%; p=0.018) (Table 2).

In 2025, drug of choice remained stable compared to 2024 (p=0.074), with 44% of the sample nominating methamphetamine as their drug of choice (42% in 2024), followed by two fifths (42%) nominating heroin (39% in 2024) as their drug of choice (Figure 1). The drug injected most often in the past month also remained stable in 2025 relative to 2024 (p=0.441), with methamphetamine reported as the drug injected most often by 57% of the sample (59% in 2024) (Figure 2), followed by heroin (37%; 34% in 2024).

Weekly or more frequent consumption of 'any' methamphetamine (65% versus 64%; p=0.877) and heroin (42% versus 39%; p=0.225) remained stable in 2025 compared to 2024, while weekly or more frequent use of non-prescribed cannabis significantly decreased in 2025 (52%) relative to 2024 (57%; p=0.041) (Figure 3).

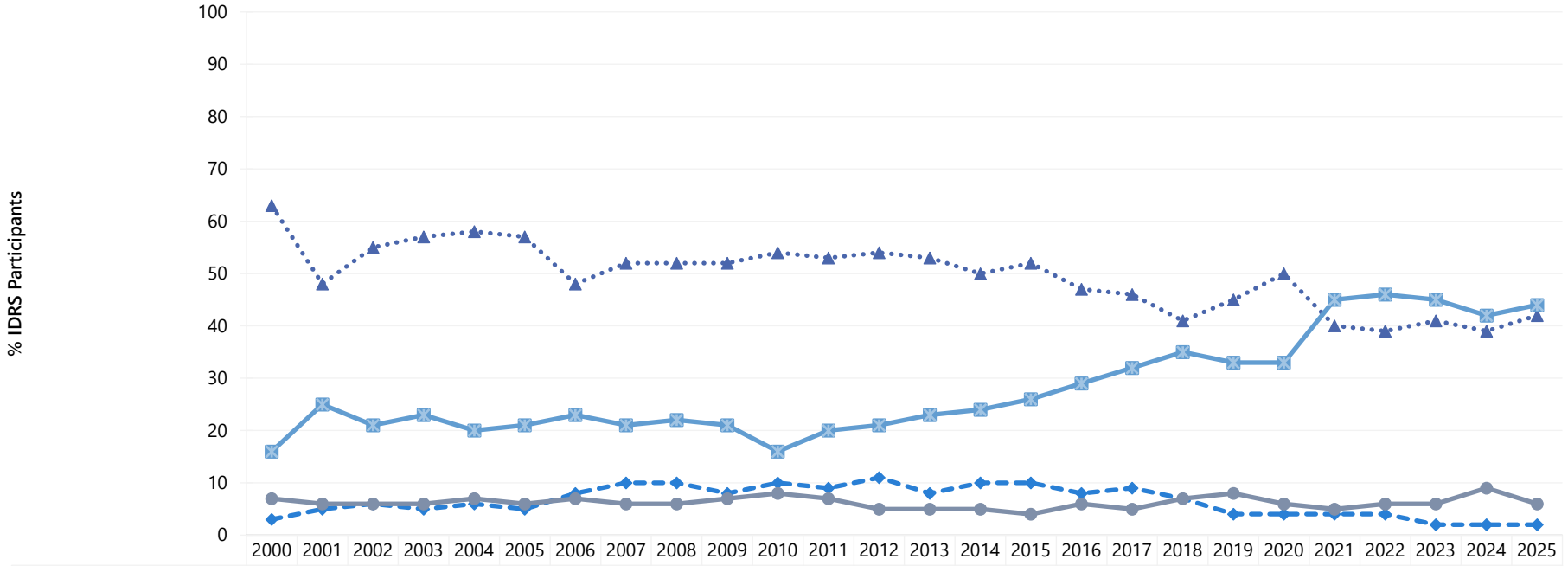
Table 2: Demographic characteristics of the sample, nationally, 2024-2025, and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	N=865	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025
Median age (years; IQR)	47 (40-53)	**47 (41-54)**	48 (42-55)	49 (43-55)	47 (43-53)	45 (41-52)	48 (43-55)	48 (39-56)	46 (37-52)	45 (49-52)
% Gender										
Female	30	**34**	33	24	28	35	42	39	40	35
Male	69	**66**	66	73	71	65	57	61	60	65
Non-binary	-	**1**	-	-	-	0	-	0	0	0
% Aboriginal and/or Torres Strait Islander	28	**29**	40	22	21	29	29	10	54	32
% Born in Australia	88	**91**	90	90	91	99	90	86	91	92
% English primary language spoken at home	96	**98***	97	98	95	100	100	100	98	100
% Sexual identity										
Heterosexual	85	**82**	82	89	79	85	82	84	83	77
Homosexual	4	**5**	7	-	6	0	-	90	-	-
Bisexual	9	**9**	10	-	10	12	12	-	-	13
Queer	1	**2**	-	0	-	-	-	-	0	-
Other identity	2	**1**	-	-	-	0	-	0	-	-
Mean years of school education (range)	10 (1-12)	**10 (1-12)**	10 (2-12)	10 (4-12)	10 (3-12)	10 (6-12)	10 (4-12)	11 (8-12)	10 (7-12)	10 (1-12)
% Post-school qualification(s)^	62	**57***	50	65	49	58	68	55	43	66
% Current employment status										
Unemployed	89	**88**	93	81	89	85	89	88	81	81
Employed full time	3	**3**	-	-	-	-	-	-	-	8
Part time/casual	6	**6**	4	-	5	6	8	8	11	7
Self-employed	2	**2**	-	-	-	-	-	0	0	-
Other	1	**0**	0	0	-	0	0	0	0	0
% Past month gov't pension, allowance or benefit	94	**94**	97	96	93	97	94	95	91	87
Current median weekly income ($; IQR)	424 (350-550)	**465*** (375-598)**	$425 (350-550)	$450 (375-564)	$500 (379-600)	$540 (400-600)	$441 (371-550)	$475 (400-591)	$500 400-606)	$450 (385-600)
% Current accommodation		*								
Own home *(incl..renting)*	66	**66**	76	74	62	69	65	49	66	60
Parents'/family home	5	**5**	7	-	4	-	6	12	0	-

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	N=865	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025
Boarding house/hostel	6	**4**	-	0	5	7	-	7	-	-
Shelter/refuge	2	**4**	-	-	-	-	-	20	-	-
No fixed address	20	**19**	11	20	25	18	22	12	25	25
Other	1	**1**	-	-	-	0	-	0	-	-

Note. ^Includes trade/technical and university qualifications. Statistical significance for 2024 versus 2025 is presented in table for national estimates; *p<0.050; **p<0.010; ***p<0.001. For sample characteristics over the whole duration of the project, see methods for the annual interviews. Please refer to Table 1 for a guide to table/figure notes.

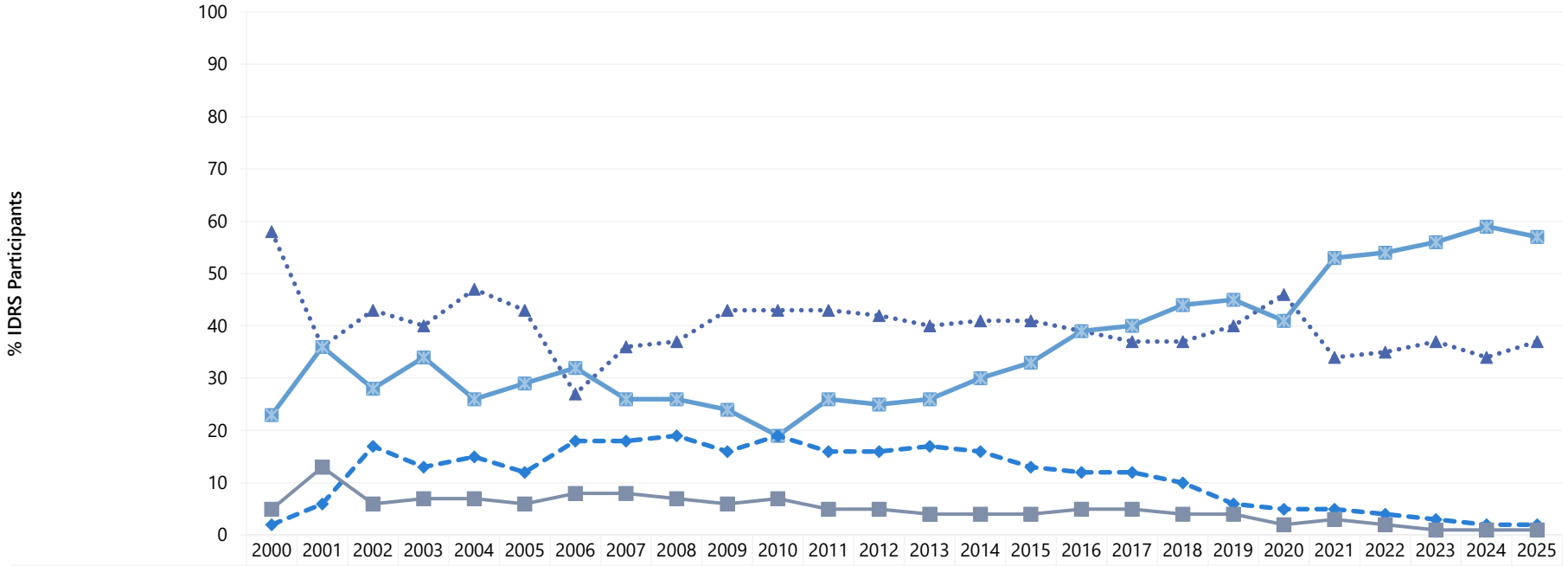
Figure 1: Drug of choice, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Heroin	63	48	55	57	58	57	48	52	52	52	54	53	54	53	50	52	47	46	41	45	50	40	39	41	39	42
Methamphetamine	16	25	21	23	20	21	23	21	22	21	16	20	21	23	24	26	29	32	35	33	33	45	46	45	42	44
Morphine	3	5	6	5	6	5	8	10	10	8	10	9	11	8	10	10	8	9	7	4	4	4	4	2	2	2
Cannabis	7	6	6	6	7	6	7	6	6	7	8	7	5	5	5	4	6	5	7	8	6	5	6	6	9	6

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

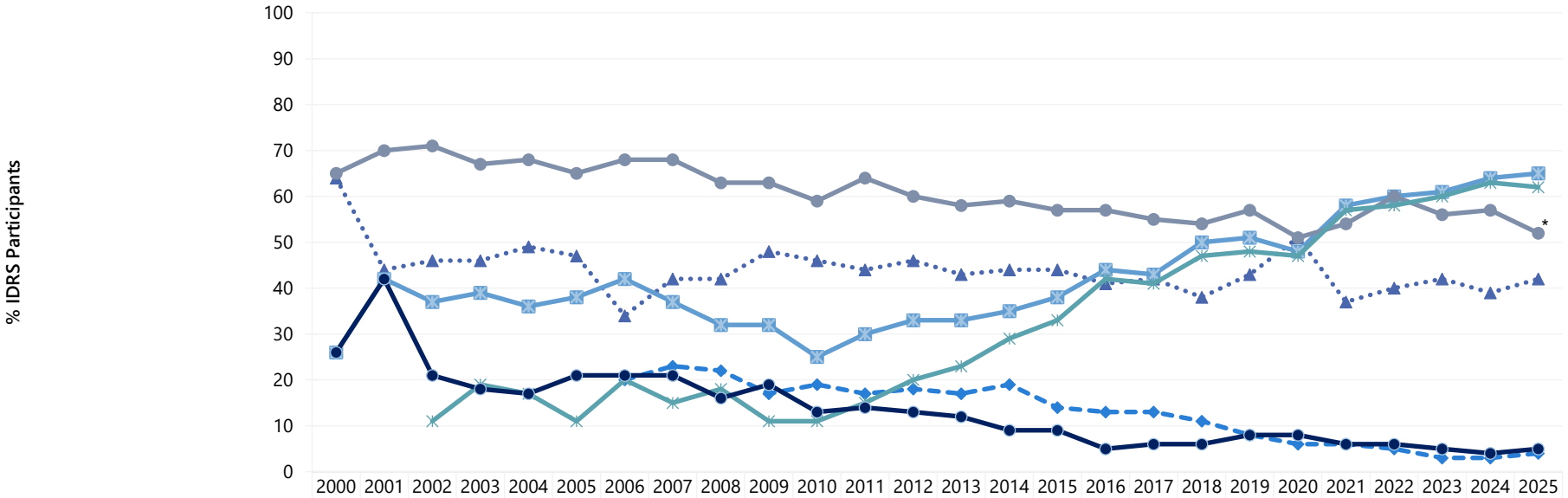
Figure 2: Drug injected most often in the past month, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Heroin	58	36	43	40	47	43	27	36	37	43	43	43	42	40	41	41	39	37	37	40	46	34	35	37	34	37
Methamphetamine	23	36	28	34	26	29	32	26	26	24	19	26	25	26	30	33	39	40	44	45	41	53	54	56	59	57
Morphine	2	6	17	13	15	12	18	18	19	16	19	16	16	17	16	13	12	12	10	6	5	5	4	3	2	2
Methadone	5	13	6	7	7	6	8	8	7	6	7	5	5	4	4	4	5	5	4	4	2	3	2	1	1	1

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Heroin	64	44	46	46	49	47	34	42	42	48	46	44	46	43	44	44	41	42	38	43	51	37	40	42	39	42
Any methamphetamine	26	42	37	39	36	38	42	37	32	32	25	30	33	33	35	38	44	43	50	51	48	58	60	61	64	65
Non-prescribed morphine							20	23	22	17	19	17	18	17	19	14	13	13	11	8	6	6	5	3	3	4
Non-prescribed cannabis	65	70	71	67	68	65	68	68	63	63	59	64	60	58	59	57	57	55	54	57	51	54	60	56	57	52
Methamphetamine crystal			11	19	17	11	20	15	18	11	11	15	20	23	29	33	42	41	47	48	47	57	58	60	63	62
Methamphetamine powder	26	42	21	18	17	21	21	21	16	19	13	14	13	12	9	9	5	6	6	8	8	6	6	5	4	5

Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. 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, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis. Statistical significance for 2024 versus 2025 is presented in figure**;** *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

There has been some fluctuation in recent use of any heroin over time. In 2025, 54% of the national sample reported recent use of heroin (51% in 2024; p=0.340) (Figure 4). Recent use of heroin remained stable in all capital city samples (Table 3).

Frequency of Use

Among those who reported recent heroin use and commented (n=465), participants reported use on a median of 120 days in the past six months (IQR=24-180). This is the highest frequency of use recorded since monitoring commenced, yet was stable relative to 2024 (90 days; IQR=24-180; n=454; p=0.155) (Figure 4). Weekly or more frequent use among those who reported recent use was also stable in 2025 (78%) compared to 2024 (75%; p=0.389), as was daily use (42%; 38% in 2024; p=0.229).

Routes of Administration

Injecting remained the most common route of administration among participants who consumed heroin in 2025 (99%; 99% in 2024). Participants who reported injecting did so on a median of 120 days (IQR=24-180), stable relative to 2024 (90 days; IQR=24-180; p=0.149). Fewer participants reported smoking (9%; 6% in 2024; p=0.106) and snorting (1%; n≤5 in 2024; p=0.506).

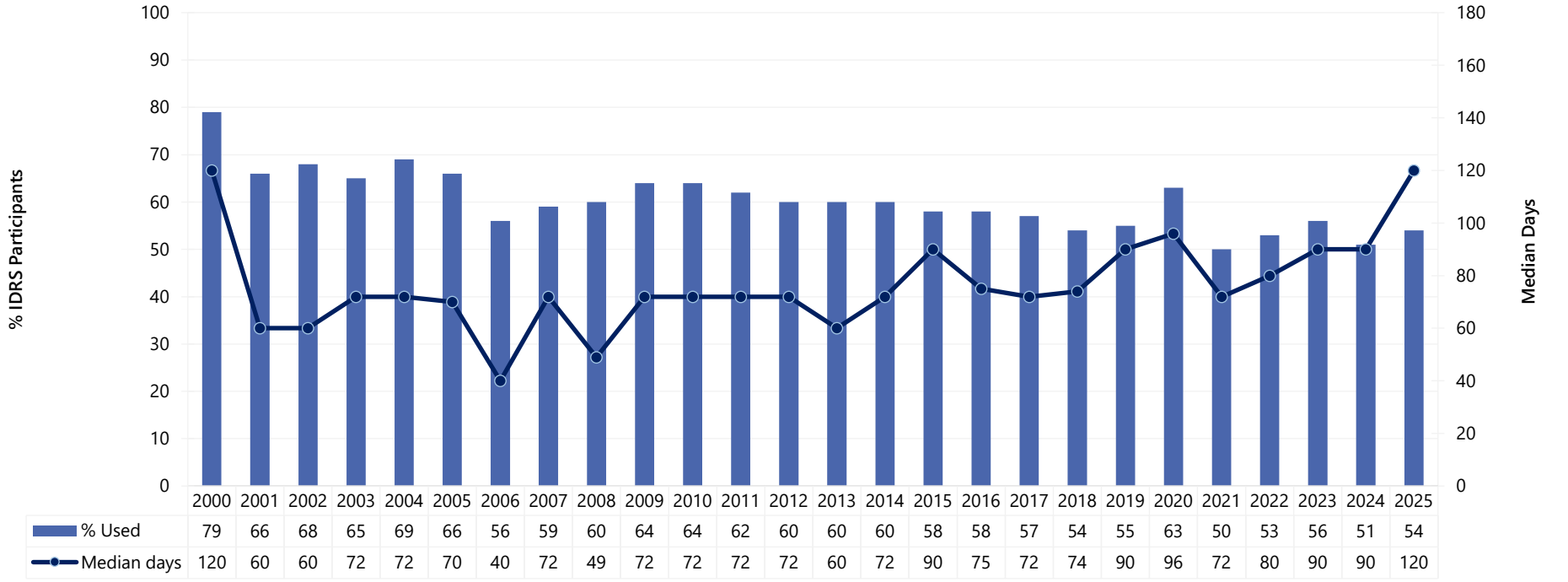
Quantity

Of those who reported recent use and responded (n=443), the median amount of heroin used on a 'typical' day in the last six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2024; IQR=0.10-0.30; n=425; p=0.286). The median maximum amount of heroin used per day in the last six months was 0.40 grams (IQR=0.20-1.00; n=437; 0.30 grams in 2024; IQR=0.10-0.80; n=428; p=0.165).

Forms Used

Among participants who reported recent use of heroin and commented (n=461), 72% reported using white/off-white rock heroin, a significant increase relative to 2024 (66%; p=0.044), and nearly half (47%) reported using white/off-white powder heroin, stable relative to 2024 (p=0.383). Twenty-eight per cent reported using brown/beige rock, stable relative to 2024 (26%; p=0.369), and 16% reported using brown/beige powder, a significant decrease relative to 2024 (25%; p=0.015). Two per cent reported using homebake in 2024, stable relative to 2024 (2%). Few participants (n≤5) reported using purple rock or purple powder in 2025 (0% in 2024).

Figure 4: Past six month use and frequency of use of heroin, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Used	79	66	68	65	69	66	56	59	60	64	64	62	60	60	60	58	58	57	54	55	63	50	53	56	51	54
Median days	120	60	60	72	72	70	40	72	49	72	72	72	72	60	72	90	75	72	74	90	96	72	80	90	90	120

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 3: Past six month use of heroin, by capital city, 2000–2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	95	92	97	38	73	80	56	86
2001	96	83	90	24	65	55	36	62
2002	96	89	94	21	48	64	22	81
2003	97	88	90	26	55	63	16	64
2004	95	91	86	19	60	69	34	79
2005	88	86	89	19	61	69	24	64
2006	81	71	76	9	60	53	12	63
2007	88	72	85	-	67	57	7	65
2008	83	86	85	-	51	59	14	74
2009	94	78	79	12	72	71	13	75
2010	92	78	85	8	64	69	5	81
2011	87	79	81	19	57	79	9	65
2012	89	74	84	9	52	80	11	65
2013	83	75	83	10	41	75	17	72
2014	85	75	83	13	43	79	7	66
2015	91	79	74	-	49	75	14	50
2016	86	70	77	7	37	78	7	58
2017	80	74	80	15	52	66	13	55
2018	83	75	83	8	35	67	9	45
2019	82	77	85	15	28	62	-	63
2020	78	85	86	24	47	69	-	64
2021	75	78	76	11	23	61	-	43
2022	72	66	78	22	35	60	-	51
2023	67	81	87	11	22	63	~	46
2024	73	74	83	12	21	70	-	37
2025	**69**	**81**	**81**	**16**	**28**	**65**	**-**	**39**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2025, the reported median price for one point of heroin was $50 (IQR=50-90; n=215), a significant decrease relative to $80 in 2024 (IQR=50-100; n=235; p=0.003) and returning to the median price observed in 2009-2019. The median price per cap remained stable ($50; IQR=50-50; n=21; $50 in 2024; IQR=50-50; n=41; p=0.991), as did the median price of one gram ($400 in 2025; IQR=273-500; n=32; $325 in 2024; IQR=228-430; n=38; p=0.327) (Figure 5).

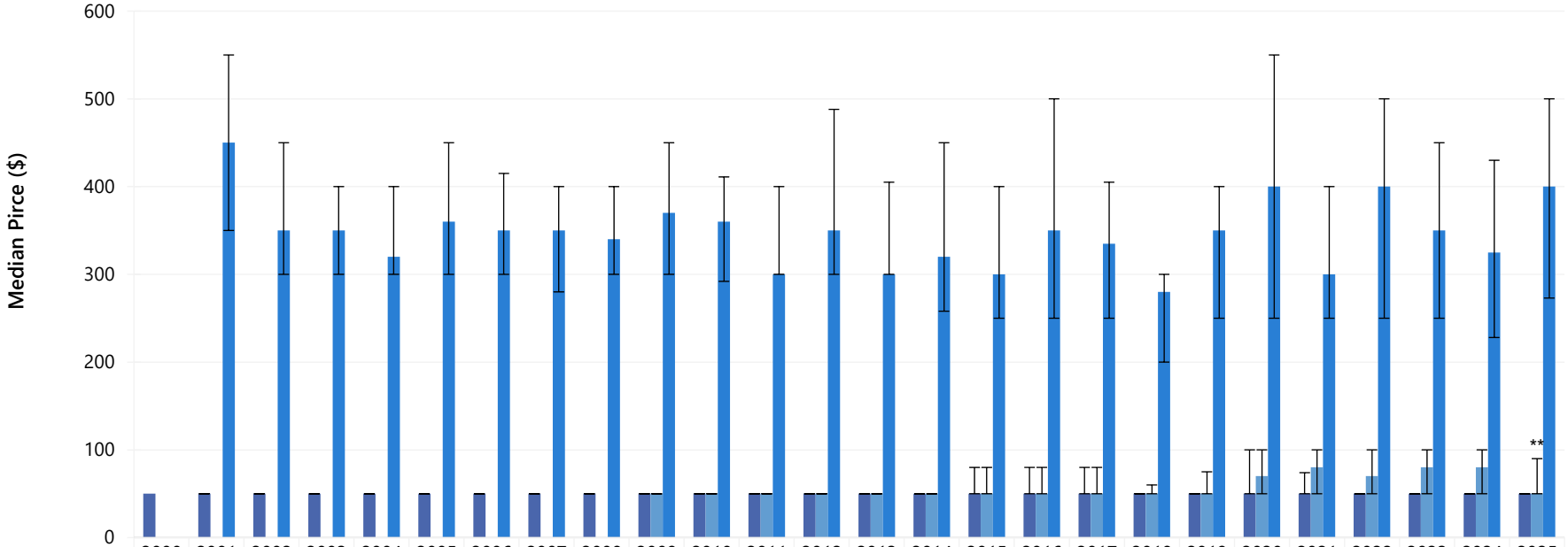
Perceived Purity

Among those who were able to comment in 2025 (n=426), there was no significant change in the perceived purity of heroin relative to 2024 (p=0.317). One third (33%) perceived the purity of heroin to be 'medium' in 2025 (39% in 2024), 30% reported 'high' (30% in 2024) purity, and 23% reported 'low' (20% in 2024) purity (Figure 6). In 2025 and 2024, the per cent reporting the perceived purity of heroin as 'high' was the highest since monitoring commenced.

Perceived Availability

Among those who were able to comment in 2025 (n=443), the perceived availability of heroin remained stable relative to 2024 (p=0.446). Most participants perceived heroin to be 'very easy' (60%; 55% in 2024) to obtain, and one third (33%) reported that it was 'easy' (36% in 2024) to obtain. Six per cent perceived it to be 'difficult' to obtain (7% in 2024) (Figure 7).

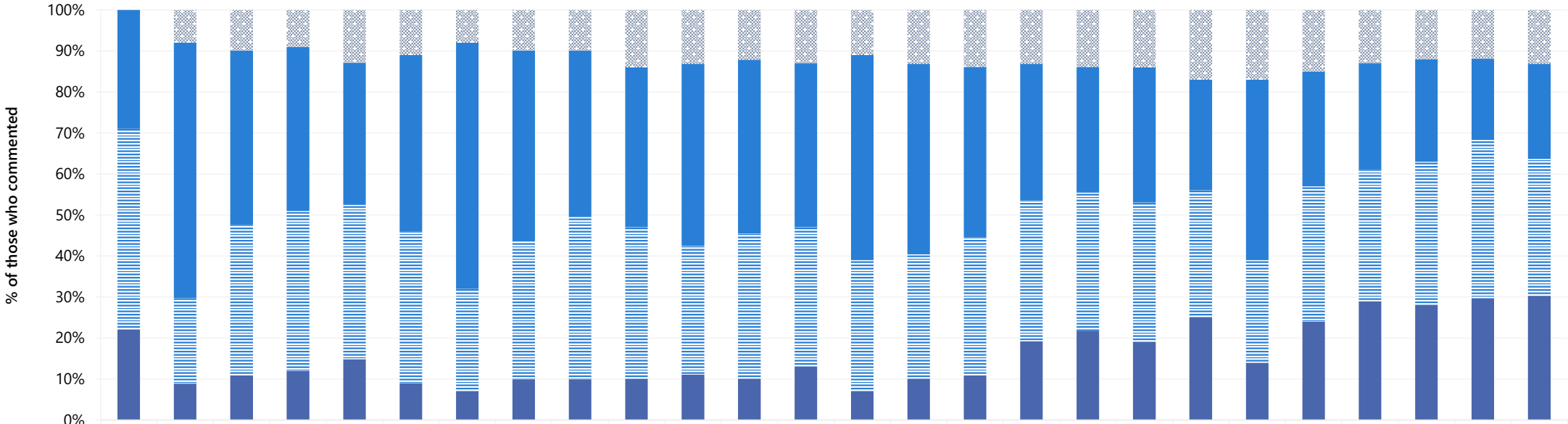
Figure 5: Median price of heroin per cap, point and gram, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cap	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Point										50	50	50	50	50	50	50	50	50	50	50	70	80	70	80	80	50
Gram		450	350	350	320	360	350	350	340	370	360	300	350	300	320	300	350	335	280	350	400	300	400	350	325	400

Note. Among those who commented. Between 2009-2017 a cap was referred to as cap/point (thus, the same values appear for cap and point during this period); in 2018 these measures were separated out into their own response options. The error bars represent the IQR. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

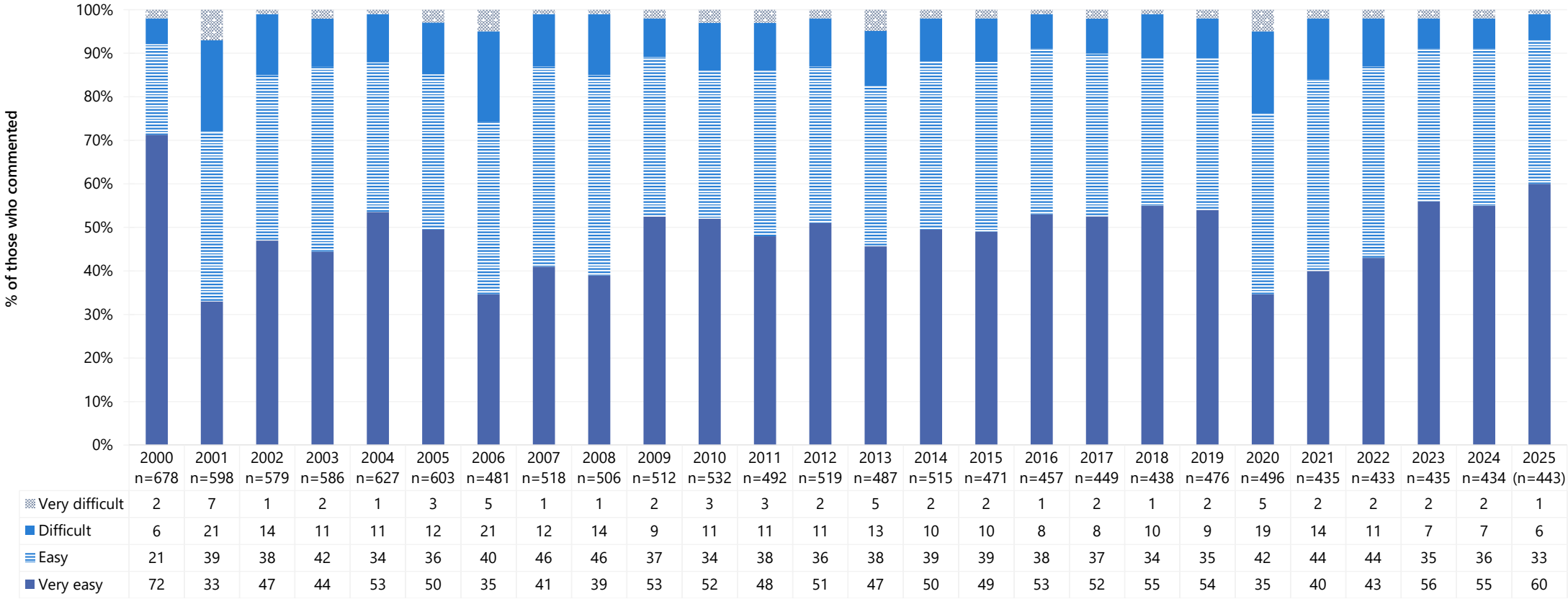
Figure 6: Current perceived purity of heroin, nationally, 2000-2025



	2000 n=623	2001 n=578	2002 n=568	2003 n=570	2004 n=602	2005 n=591	2006 n=486	2007 n=510	2008 n=491	2009 n=501	2010 n=520	2011 n=485	2012 n=504	2013 n=475	2014 n=499	2015 n=460	2016 n=451	2017 n=430	2018 n=422	2019 n=455	2020 n=485	2021 n=421	2022 n=419	2023 n=422	2024 n=414	2025 (n=426)
Fluctuates	0	8	10	9	13	11	8	10	10	14	13	12	13	11	13	14	13	14	14	17	17	15	13	12	12	13
Low	29	63	43	40	35	43	60	47	41	39	44	42	40	50	46	42	33	31	33	27	44	28	26	25	20	23
Medium	49	21	37	39	38	37	25	34	40	37	31	35	34	32	30	34	34	34	34	31	25	33	32	35	39	33
High	22	9	11	12	15	9	7	10	10	10	11	10	13	7	10	11	19	22	19	25	14	24	29	28	30	30

Note. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Current perceived availability of heroin, nationally, 2000-2025



	2000 n=678	2001 n=598	2002 n=579	2003 n=586	2004 n=627	2005 n=603	2006 n=481	2007 n=518	2008 n=506	2009 n=512	2010 n=532	2011 n=492	2012 n=519	2013 n=487	2014 n=515	2015 n=471	2016 n=457	2017 n=449	2018 n=438	2019 n=476	2020 n=496	2021 n=435	2022 n=433	2023 n=435	2024 n=434	2025 (n=443)
Very difficult	2	7	1	2	1	3	5	1	1	2	3	3	2	5	2	2	1	2	1	2	5	2	2	2	2	1
Difficult	6	21	14	11	11	12	21	12	14	9	11	11	11	13	10	10	8	8	10	9	19	14	11	7	7	6
Easy	21	39	38	42	34	36	40	46	46	37	34	38	36	38	39	39	38	37	34	35	42	44	44	35	36	33
Very easy	72	33	47	44	53	50	35	41	39	53	52	48	51	47	50	49	53	52	55	54	35	40	43	56	55	60

Note. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine (powder, base and crystal) peaked in 2003 (89%), before declining to 60% in 2010. The per cent of participants reporting recent use of any methamphetamine then gradually increased between 2010 and 2021, before subsequently stabilising. In 2025, 82% reported recent use, stable from 2024 (82%; p=0.848) (Figure 8). Any recent methamphetamine use remained high and stable across all capital city samples (Table 4).

Frequency of Use

In 2025, participants reported using methamphetamine on a median of 80 days (i.e. roughly three times per week; IQR=24-180; n=703), stable relative to 2024 (72 days; IQR=24-170; n=722; p=0.500) (Figure 9). Weekly or more frequent use, among those who reported recent use and commented (n=703), also remained stable in 2025 (79%; 78% in 2024; p=0.751), as did the per cent reporting daily use (26%; 24% in 2024; p=0.361).

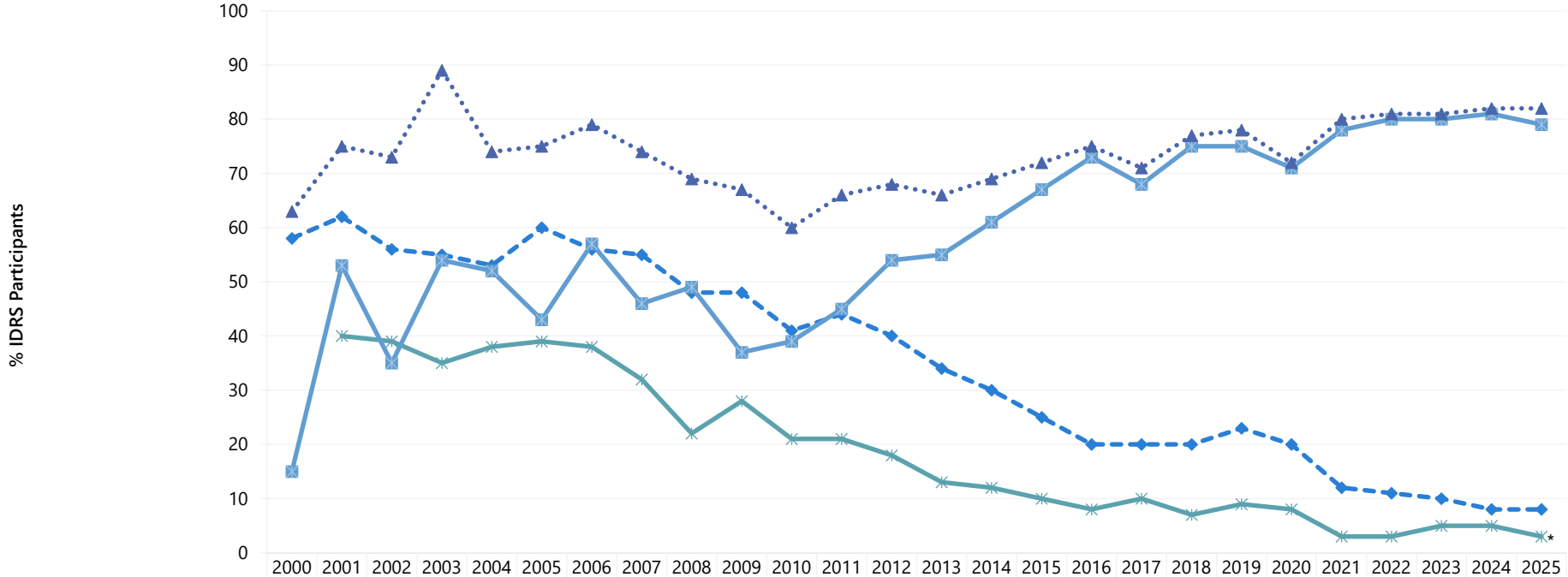
Forms Used

The forms of methamphetamine used by participants have shifted over time, with use of methamphetamine powder and base decreasing and use of methamphetamine crystal increasing (Figure 8). Among those who reported recent use of any methamphetamine (n=706) in 2025, nearly the entire sample (97%; 99% in 2024) reported using methamphetamine crystal, followed by 10% reporting methamphetamine powder (10% in 2024; p=0.855) and 3% reporting methamphetamine base, a significant decrease from 6% in 2024 (p=0.020).

Number of Forms Used

Among participants who had recently consumed any methamphetamine and commented in 2025 (n=706), the median number of forms of methamphetamine used was one (IQR=1-1), stable relative to 2024 (1 form; IQR=1-1; n=725; p=0.088). This was consistent across jurisdictions.

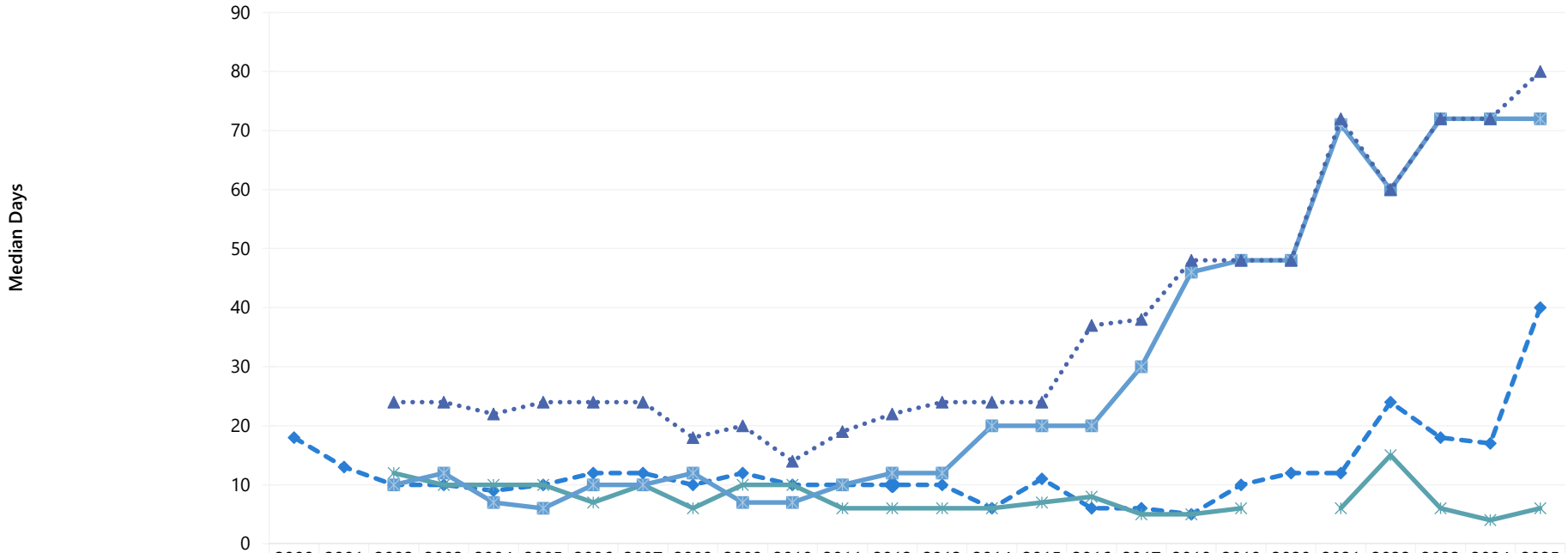
Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Powder	58	62	56	55	53	60	56	55	48	48	41	44	40	34	30	25	20	20	20	23	20	12	11	10	8	8
Base		40	39	35	38	39	38	32	22	28	21	21	18	13	12	10	8	10	7	9	8	3	3	5	5	3
Crystal	15	53	35	54	52	43	57	46	49	37	39	45	54	55	61	67	73	68	75	75	71	78	80	80	81	79
Any Methamphetamine	63	75	73	89	74	75	79	74	69	67	60	66	68	66	69	72	75	71	77	78	72	80	81	81	82	82

Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Frequency of use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Powder	18	13	10	10	9	10	12	12	10	12	10	10	10	10	6	11	6	6	5	10	12	12	24	18	17	40
Base			12	10	10	10	7	10	6	10	10	6	6	6	6	7	8	5	5	6		6	15	6	4	6
Crystal			10	12	7	6	10	10	12	7	7	10	12	12	20	20	20	30	46	48	48	71	60	72	72	72
Any Methamphetamine			24	24	22	24	24	24	18	20	14	19	22	24	24	24	37	38	48	48	48	72	60	72	72	80

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 90 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 4: Past six month use of any methamphetamine, by capital city, 2000–2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	40	68	53	83	52	85	74	71
2001	51	82	76	85	81	92	70	83
2002	48	70	73	84	85	85	72	81
2003	53	71	79	88	72	90	71	89
2004	56	81	71	91	71	85	70	81
2005	58	73	79	95	78	75	72	78
2006	72	92	81	83	78	86	64	82
2007	62	83	74	88	74	70	68	78
2008	74	74	68	74	69	74	57	59
2009	57	75	70	80	61	63	55	70
2010	57	59	60	70	74	64	36	59
2011	60	73	65	77	66	64	55	71
2012	72	77	67	77	79	72	48	53
2013	75	66	61	74	75	72	43	58
2014	75	76	77	70	75	66	37	72
2015	66	81	74	72	76	71	67	67
2016	77	83	73	75	77	65	71	70
2017	69	80	66	69	76	70	66	74
2018	76	85	78	79	83	67	75	72
2019	76	79	70	81	90	79	90	68
2020	77	65	66	77	81	73	83	63
2021	74	75	79	89	88	82	76	79
2022	87	81	75	84	90	78	80	70
2023	86	75	77	88	91	79	~	73
2024	83	85	70	91	96	65	87	85
2025	**78**	**73**	**73**	**95**	**93**	**71**	**96**	**88**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Use of methamphetamine powder has decreased over the course of monitoring. In 2025, 8% reported recent use, the lowest per cent recorded for the second time running since monitoring began, though stable relative to 2024 (8%; p=0.856) (Figure 8). The per cent reporting recent use significantly decreased in the Sydney sample (5%; 12% in 2024; p=0.042) (Table 5).

Frequency of Use: Participants reported using methamphetamine powder on a median of 40 days in the preceding six months (IQR=10-120; n=68), a non-significant increase from 2024 (17 days; IQR=4-72; n=72; p=0.057) (Figure 9). In 2025, three fifths (62%) of those who had recently used methamphetamine powder reported weekly or more frequent use, stable from 49% in 2024 (p=0.137), although there was a significant increase in daily use (24%; 10% in 2024; p=0.041).

Routes of Administration: Among participants who had recently consumed methamphetamine powder and commented (n=69), most (97%) participants reported injecting powder in the past six months, stable relative to 2024 (96%). Participants who reported injecting methamphetamine powder did so on a median of 36 days (IQR=10-120), stable relative to 2024 (22 days; IQR=4-72; p=0.072). Thirty per cent reported smoking methamphetamine powder, stable relative to 2024 (22%; p=0.263).

Quantity: Of those who reported recent use and responded (n=67), the median amount of powder used on a 'typical' day in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2024; IQR=0.10-0.50; n=70; p=0.235). The median maximum amount of powder used per day in the last six months was 0.30 grams (IQR=0.20-0.50; n=66; 0.50 grams in 2024; IQR=0.20-0.60; n=66; p=0.320).

Methamphetamine Base

Recent Use (past 6 months): Base has typically been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has gradually declined over time. There was a significant decrease the per cent of participants reporting recent use, from 5% in 2024 to 3% in 2025 (p=0.020) (Figure 8). The per cent reporting recent use significantly decreased in the Adelaide sample (n≤5; 17% in 2024; p<0.001) (Table 6).

Frequency of Use: Participants reported using methamphetamine base on a median of six days in the preceding six months (IQR=2-14; n=22; 4 days in 2024; IQR=2-13; n=42; p=0.909) (Figure 9).

Routes of Administration: Among participants who had recently consumed methamphetamine base and commented (n=23), injecting remained the most common route of administration (78%; 95% in 2024). Few participants (n≤5) reported smoking, swallowing or snorting. Due to small numbers reporting recent use, significance testing for routes of administration were not undertaken.

Quantity: Of those who reported recent use and responded (n=17), the median amount of base used on a 'typical' day in the past six months was 0.30 grams (IQR=0.10-0.50; 0.30 grams in 2024; IQR=0.20-0.50; n=38; p=0.632).

The median maximum amount of base used per day in the last six months was 0.30 grams (IQR=0.10-1.00; n=17; 0.50 grams in 2024; IQR=0.20-0.80; n=38; *p*=0.912).

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of methamphetamine crystal more than doubled between 2009 (37%) and 2021 (78%) (Figure 8), surpassing methamphetamine powder from 2012 onwards, but have remained relatively stable since 2021 onwards. In 2025, 79% of the national sample reported recent use of methamphetamine crystal, stable from 2024 (81%; *p*=0.465). Recent use remained high and stable in all capital city samples (Table 7).

Frequency of Use: In 2025, median days of use remained stable at 72 days (IQR=24-180; n=685; 72 days in 2024; IQR=24-170; n=711; *p*=0.497), the highest median frequency for the third year running since monitoring commenced (Figure 9). Almost four fifths (78%) of those who had recently used methamphetamine crystal reported weekly or more frequent use (78% in 2024; *p*=0.893), and one quarter (26%) reported daily use (24% in 2024; *p*=0.354).

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=687), the most common route of administration was injecting (95%; 97% in 2024; *p*=0.151), consistent with previous years. Participants who reported injecting did so on a median of 72 days in the preceding six months (IQR=24-170), stable relative to 2024 (72 days; IQR=24-150; *p*=0.413). Forty-four per cent reported smoking methamphetamine crystal in 2025, stable relative to 2024 (41%; *p*=0.418).

Quantity: Of those who reported recent use and responded (n=671), the median amount of crystal used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2024; IQR=0.10-0.30; n=689; *p*=0.963). The median maximum amount of crystal used per day in the last six months was 0.30 grams (IQR=0.20-0.70; n=656; 0.30 grams in 2024; IQR=0.20-0.60; n=689; *p*=0.964).

Table 5: Past six month use of methamphetamine powder, by capital city, 2000-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	32	63	49	77	51	81	70	58
2001	42	63	74	45	47	87	63	80
2002	39	51	70	35	56	77	67	55
2003	31	48	70	51	53	71	60	58
2004	35	41	65	60	44	61	60	61
2005	38	59	75	76	39	61	69	65
2006	49	58	71	54	39	66	57	54
2007	35	55	65	63	42	61	58	62
2008	38	37	64	61	34	61	50	35
2009	33	46	65	56	33	54	50	46
2010	29	48	53	56	29	51	25	41
2011	30	46	49	67	36	43	43	40
2012	17	42	39	70	34	45	46	30
2013	14	29	23	61	40	48	31	37
2014	17	36	25	50	34	39	16	31
2015	13	15	18	49	32	34	25	27
2016	17	18	9	33	19	18	24	27
2017	10	20	15	30	18	16	19	34
2018	11	23	16	22	31	12	17	34
2019	13	27	11	35	44	26	15	20
2020	11	13	10	43	35	36	-	19
2021	-	13	7	16	34	9	-	19
2022	11	-	5	18	31	13	-	11
2023	7	10	7	14	23	10	~	7
2024	12	9	-	13	15	-	-	10
2025	**5***	**11**	**-**	**12**	**23**	**7**	**0**	**-**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.005. Please refer to Table 1 for a guide to table/figure notes.

Table 6: Past six month use of methamphetamine base, by capital city, 2001-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2001	23	36	32	52	59	56	18	75
2002	23	30	20	74	65	56	21	42
2003	32	13	18	46	51	40	30	50
2004	31	25	11	72	46	45	26	60
2005	38	28	13	79	61	54	16	40
2006	43	32	15	55	52	37	25	53
2007	41	32	8	48	42	22	20	48
2008	33	18	5	25	37	13	10	34
2009	36	21	13	55	31	12	16	41
2010	29	18	3	40	43	8	6	30
2011	17	17	11	39	35	6	12	37
2012	15	15	11	43	32	6	7	21
2013	12	6	3	17	31	11	7	22
2014	12	-	3	19	30	8	-	22
2015	6	10	4	9	26	-	-	20
2016	11	5	0	-	24	-	6	14
2017	8	11	3	-	30	7	7	20
2018	9	8	-	-	8	-	10	14
2019	8	8	-	-	24	-	-	16
2020	4	-	-	8	28	8	-	10
2021	-	8	0	-	-	0	-	8
2022	5	-	-	-	10	-	0	-
2023	6	10	-	-	13	-	~	-
2024	7	-	0	-	17	-	-	-
2025	**4**	**8**	**0**	**-**	**-*** **	**-**	**0**	**-**

Note. Base asked separately from 2001 onwards. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 7: Past six month use of methamphetamine crystal, by capital city, 2000-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	14	17	9	6	11	51	6	13
2001	29	72	52	56	58	85	24	75
2002	25	34	26	20	56	74	20	39
2003	38	65	50	69	48	80	34	60
2004	45	73	41	52	48	83	32	51
2005	38	62	29	50	46	68	21	36
2006	57	88	53	56	49	76	29	55
2007	50	80	43	38	41	56	29	39
2008	69	68	39	32	49	61	28	40
2009	46	57	32	26	30	43	15	46
2010	48	48	36	20	60	40	18	37
2011	53	57	53	26	44	46	28	50
2012	68	66	59	43	56	64	26	44
2013	74	61	55	45	57	59	30	50
2014	74	72	75	54	60	53	26	58
2015	65	79	71	59	70	64	60	62
2016	77	78	73	73	73	75	62	69
2017	69	79	63	65	72	69	60	69
2018	76	85	77	76	79	64	74	70
2019	74	77	68	76	89	75	87	65
2020	75	63	64	77	80	69	83	63
2021	74	74	78	85	83	80	74	78
2022	87	81	75	84	83	77	80	70
2023	86	74	77	85	88	79	~	70
2024	82	83	70	89	92	65	87	85
2025	**77**	**71**	**72**	**92**	**83**	**70**	**96**	**88**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for one point (0.10 of a gram) of methamphetamine powder remained stable in 2025 ($50; IQR=50-50; n=35; $50 in 2024; IQR=50-50; n=45; *p*=0.745), as did the median price for one gram of methamphetamine powder ($300; IQR=200-300; n=9; $160 in 2024; IQR=150-300; n=9; *p*=0.390) (Figure 10).

Perceived Purity: Among those who responded in 2025 (n=83), the perceived purity of methamphetamine powder remained stable relative to 2024 (*p*=0.956). One third (33%) of participants perceived purity to be 'low' (29% in 2024), followed by 28% reporting 'medium' purity (30% in 2024) and 25% reporting 'high' purity (26% in 2024) (Figure 12).

Perceived Availability: Among those who responded in 2025 (n=88), the perceived availability of methamphetamine powder remained stable relative to 2024 (*p*=0.703). In 2025, 43% perceived methamphetamine powder to be 'very easy' to obtain (49% in 2024), 24% perceived it to be 'easy' to obtain (25% in 2024) and 23% perceived it to be 'difficult' to obtain (20% in 2024) (Figure 14).

Methamphetamine Base

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

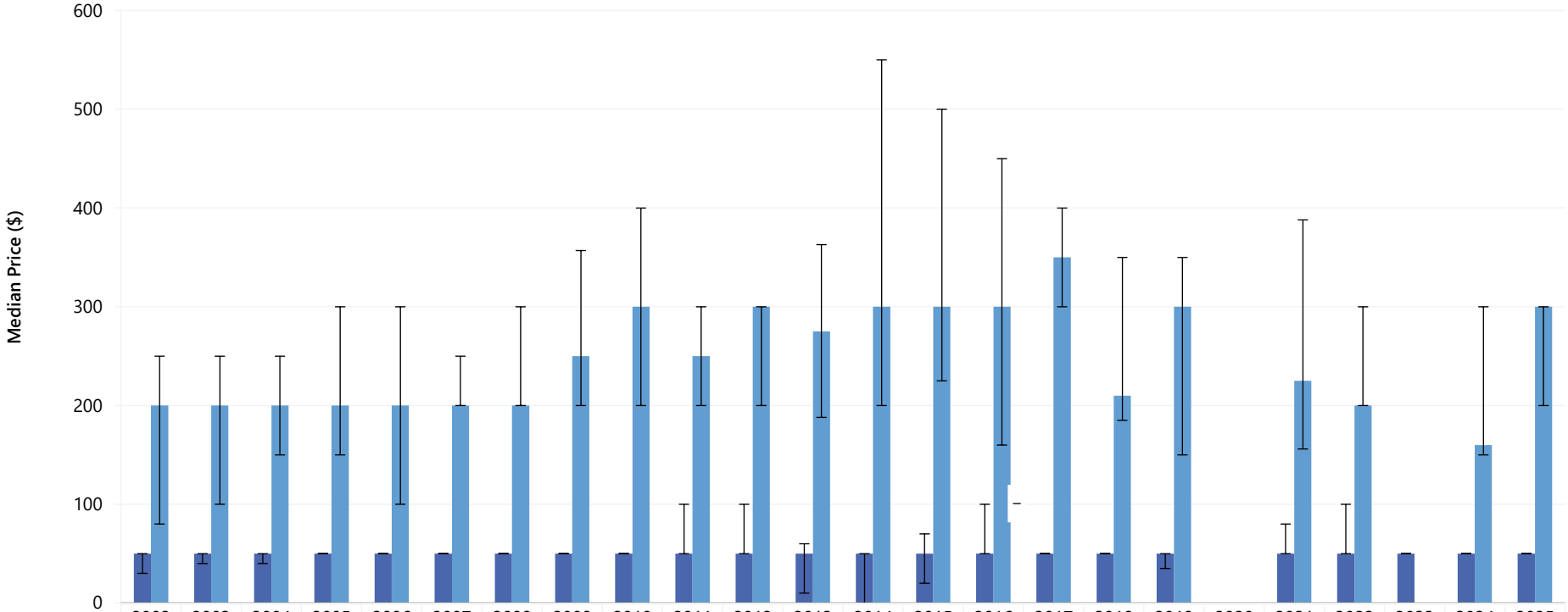
Methamphetamine Crystal

Price: The median price for one point (0.10 of a gram) of methamphetamine crystal in 2025 was $50 (IQR=50-50; n=328; $50 in 2024; IQR=50-50; n=373; *p*=0.003). Across the years, the median price for one gram of crystal has fluctuated between $250 and $600. In 2025, the median price for one gram of crystal was $250 (IQR=200-300; n=67), a significant decrease from 2024 ($300; IQR=200-450; n=58; *p*=0.035) (Figure 11).

Perceived Purity: Among those that were able to comment in 2025 (n=628), the perceived purity of methamphetamine crystal remained stable relative to 2024 (*p*=0.984). One third (34%) of participants perceived the purity of crystal to be 'medium' (34% in 2024) followed by 28% reporting 'high' (29% in 2024) purity. One fifth (21%) perceived the purity to be 'low' (20% in 2024), followed by 17% reporting 'fluctuating' purity (17% in 2024) (Figure 13).

Perceived Availability: Among those who commented in 2025 (n=647), the perceived availability of methamphetamine crystal remained stable relative to 2024 (*p*=0.827). Seventy per cent of participants perceived that methamphetamine crystal was 'very easy' to obtain (69% in 2024), and a further 26% perceived it to be 'easy' to obtain (26% in 2024). Four per cent perceived methamphetamine crystal as 'difficult' to obtain (5% in 2024) (Figure 15).

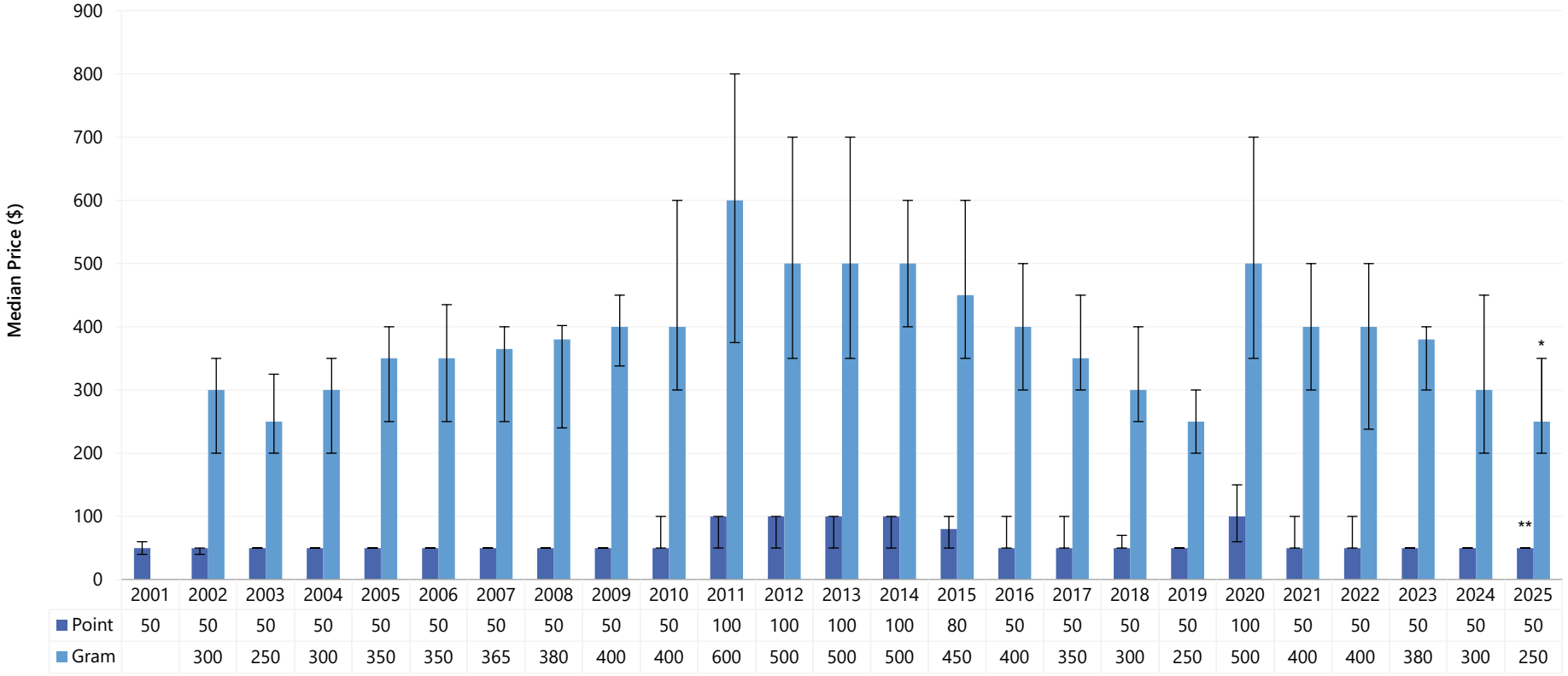
Figure 10: Median price of methamphetamine powder per point and gram, nationally, 2002-2025



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Point	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50		50	50	50	50	50
Gram	200	200	200	200	200	200	200	250	300	250	300	275	300	300	300	350	210	300		225	200		160	300

Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

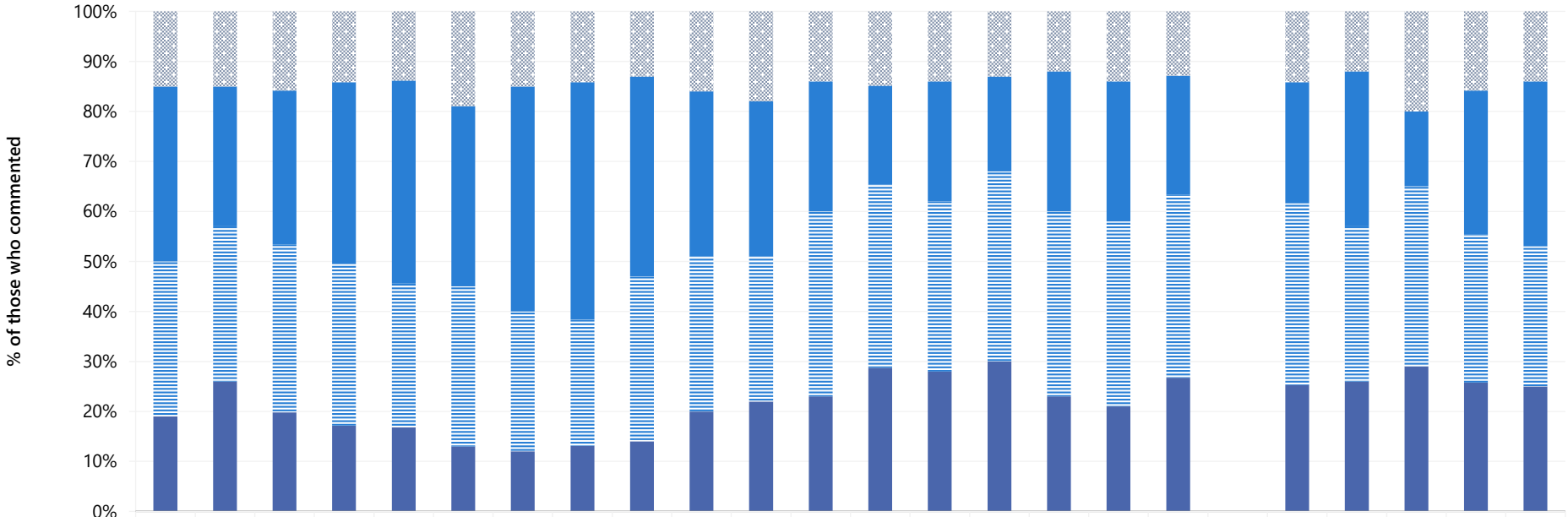
Figure 11: Median price of methamphetamine crystal per point and gram, nationally, 2001-2025



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Point	50	50	50	50	50	50	50	50	50	50	100	100	100	100	80	50	50	50	50	100	50	50	50	50	50
Gram		300	250	300	350	350	365	380	400	400	600	500	500	500	450	400	350	300	250	500	400	400	380	300	250

Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

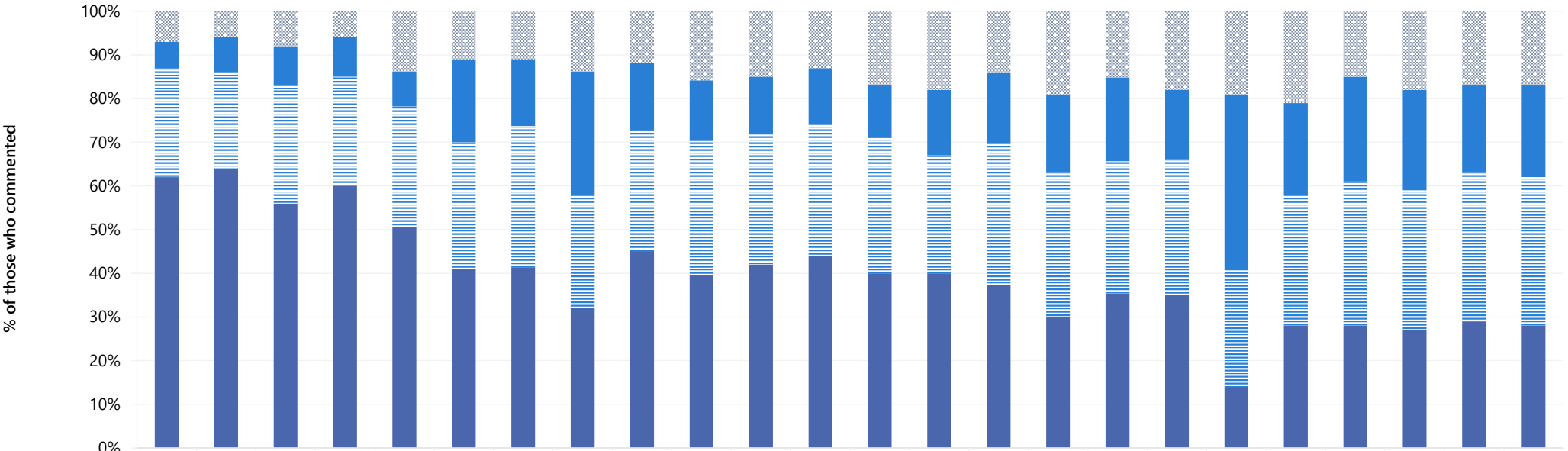
Figure 12: Current perceived purity of methamphetamine powder, nationally, 2002-2025



	2002 n=380	2003 n=433	2004 n=419	2005 n=487	2006 n=439	2007 n=435	2008 n=342	2009 n=363	2010 n=291	2011 n=313	2012 n=288	2013 n=239	2014 n=192	2015 n=171	2016 n=112	2017 n=139	2018 n=139	2019 n=165	2020	2021 n=107	2022 n=110	2023 n=92	2024 n=94	2025 n=83
Fluctuates	15	15	16	14	14	19	15	14	13	16	18	14	15	14	13	12	14	13		14	12	20	16	14
Low	35	28	31	36	41	36	45	47	40	33	31	26	20	24	19	28	28	24		24	31	15	29	33
Medium	31	31	34	32	29	32	28	25	33	31	29	37	37	34	38	37	37	37		36	31	36	30	28
High	19	26	20	17	17	13	12	13	14	20	22	23	29	28	30	23	21	27		25	26	29	26	25

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

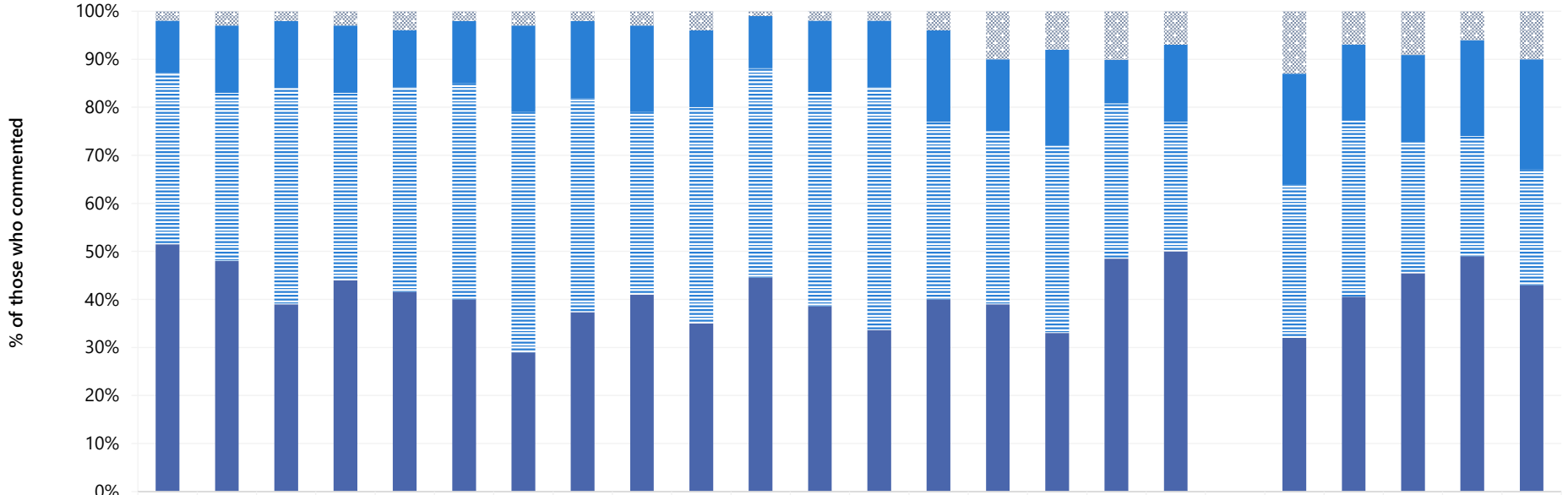
Figure 13: Current perceived purity of methamphetamine crystal, nationally, 2002-2025



	2002 n=209	2003 n=395	2004 n=389	2005 n=314	2006 n=397	2007 n=320	2008 n=312	2009 n=241	2010 n=244	2011 n=299	2012 n=364	2013 n=375	2014 n=441	2015 n=473	2016 n=525	2017 n=508	2018 n=561	2019 n=613	2020 n=536	2021 n=623	2022 n= 633	2023 n=606	2024 n=661	2025 (n=628)
Fluctuates	7	6	8	6	14	11	11	14	12	16	15	13	17	18	14	19	15	18	19	21	15	18	17	17
Low	6	8	9	9	8	19	15	28	16	14	13	13	12	15	16	18	19	16	40	21	24	23	20	21
Medium	25	22	27	25	28	29	32	26	28	31	30	30	31	27	32	33	30	31	27	30	33	32	34	34
High	62	64	56	60	51	41	41	32	46	40	42	44	40	40	37	30	35	35	14	28	28	27	29	28

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

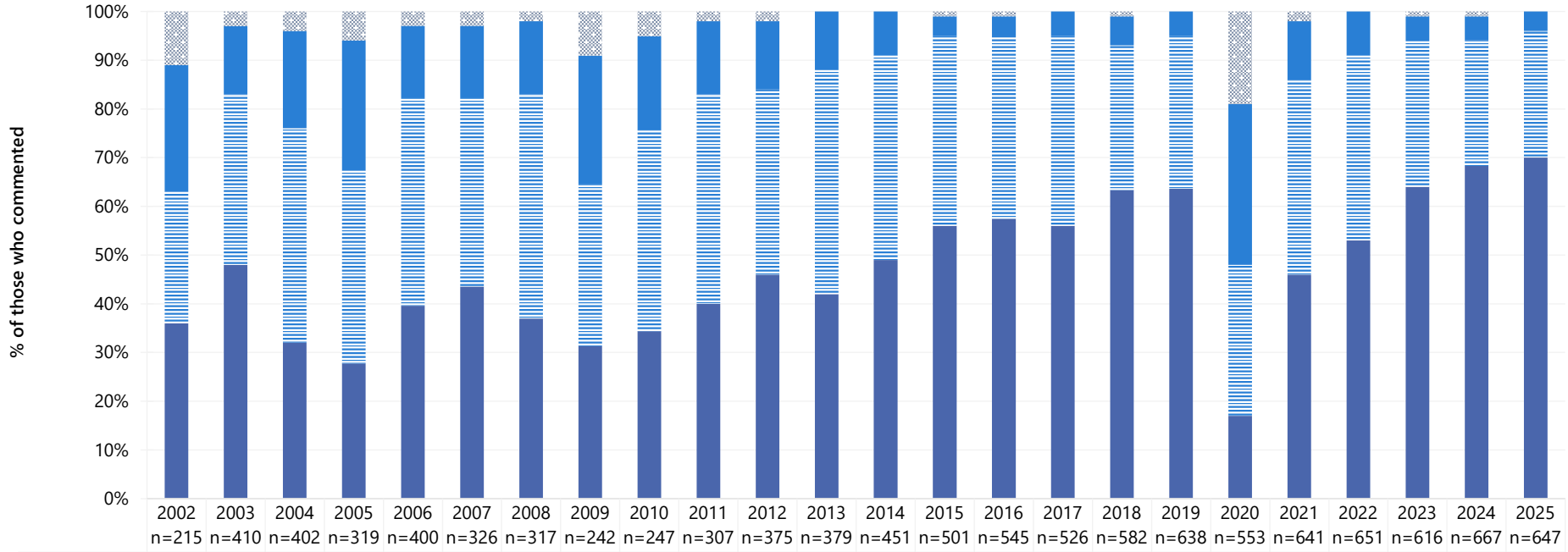
Figure 14: Current perceived availability of methamphetamine powder, nationally, 2002-2025



	2002 n=380	2003 n=449	2004 n=442	2005 n=499	2006 n=450	2007 n=442	2008 n=353	2009 n=368	2010 n=296	2011 n=313	2012 n=295	2013 n=238	2014 n=192	2015 n=178	2016 n=119	2017 n=146	2018 n=145	2019 n=177	2020	2021 n=109	2022 n=116	2023 n=95	2024 n=96	2025 n=88
Very difficult	2	3	2	3	4	2	3	2	3	4	1	2	2	4	10	8	10	7		13	7	9	6	10
Difficult	11	14	14	14	12	13	18	16	18	16	11	15	14	19	15	20	9	16		23	16	18	20	23
Easy	36	35	45	39	43	45	50	44	38	45	44	45	51	37	36	39	32	27		32	37	27	25	24
Very easy	52	48	39	44	42	40	29	37	41	35	45	39	34	40	39	33	48	50		32	41	45	49	43

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of methamphetamine crystal, nationally, 2002-2025



	2002 n=215	2003 n=410	2004 n=402	2005 n=319	2006 n=400	2007 n=326	2008 n=317	2009 n=242	2010 n=247	2011 n=307	2012 n=375	2013 n=379	2014 n=451	2015 n=501	2016 n=545	2017 n=526	2018 n=582	2019 n=638	2020 n=553	2021 n=641	2022 n=651	2023 n=616	2024 n=667	2025 n=647
Very difficult	11	3	4	6	3	3	2	9	5	2	2	0	0	1	1	0	1	0	19	2	0	1	1	-
Difficult	26	14	20	27	15	15	15	26	19	15	14	12	9	4	4	5	6	5	33	12	9	5	5	4
Easy	27	35	44	40	43	39	46	33	41	43	38	46	42	39	38	39	30	31	31	40	38	30	26	26
Very easy	36	48	32	28	40	44	37	31	34	40	46	42	49	56	58	56	64	63	17	46	53	64	69	70

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and crack/rock 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 35% of the sample reporting use, before subsequently declining to 11% in 2016 and mostly stabilising thereafter. In 2025, recent use of cocaine remained stable among the national sample, with 19% reporting use in the six months preceding interview (17% in 2024; p=0.303) (Figure 16). The per cent reporting use in each capital city sample remained stable in 2025 (Table 8).

Frequency of Use

Median frequency of use among the sample has varied between a median of two and eight days, with a median of two days (IQR=1-6; n=167) observed in 2025, stable from 2024 (2 days; IQR=1-6; n=154; p=0.840) (Figure 16). Of those who had recently used cocaine in 2025 and commented (n=167), 8% reported weekly or more frequent use, stable relative to 2024 (13%; p=0.152).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=168), consistent with previous years, snorting (64%; 61% in 2024; p=0.566) and injecting (43%; 44% in 2024; p=0.908) were the two most common routes of administration in 2025. Participants who reported injecting cocaine in the preceding six months had done so on a median of three days (IQR=1-6), stable relative to 2024 (4 days; IQR=2-8; p=0.254). The per cent who reported smoking cocaine remained low and stable at 5% (6% in 2024).

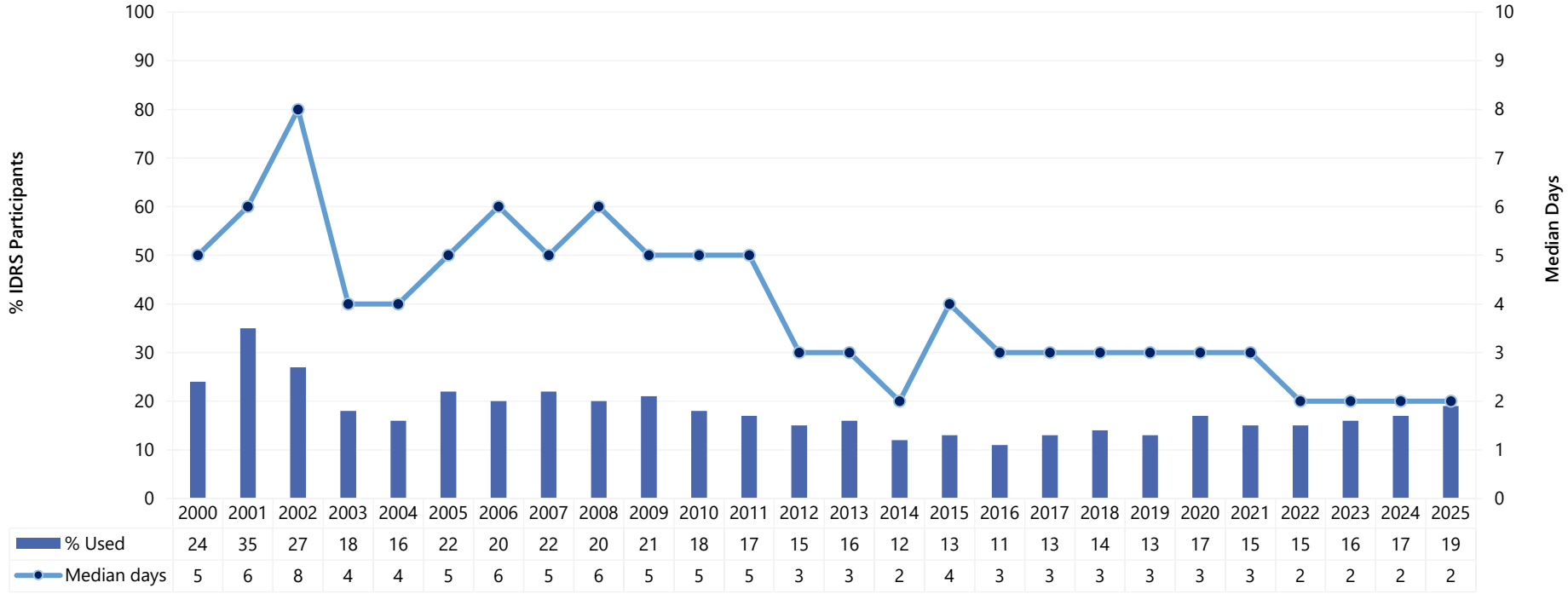
Quantity

Of those who reported recent use and responded (n=102), the median amount of cocaine used on a 'typical' day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-1.00; 0.40 grams in 2024; IQR=0.10-1.0; n=128; p=0.806).

Forms Used

Among participants who had recently consumed cocaine and commented (n=168), the vast majority reported using powder cocaine (86%; 83% in 2024; p=0.538), with fewer participants reporting use of crack/rock cocaine (24%) in 2025 (24% in 2024).

Figure 16: Past six month use and frequency of use of cocaine, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Used	24	35	27	18	16	22	20	22	20	21	18	17	15	16	12	13	11	13	14	13	17	15	15	16	17	19
Median days	5	6	8	4	4	5	6	5	6	5	5	5	3	3	2	4	3	3	3	3	3	3	2	2	2	2

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 10 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Past six month use of cocaine, by capital city, 2000-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	63	15	13	6	20	22	18	13
2001	84	40	28	8	27	32	13	28
2002	79	18	17	12	26	17	10	15
2003	53	13	13	9	13	10	-	16
2004	47	10	10	-	6	15	10	10
2005	60	20	15	8	16	19	10	11
2006	67	8	19	12	8	10	8	9
2007	63	18	22	-	7	16	9	15
2008	58	18	24	-	-	15	-	13
2009	61	22	15	-	10	12	12	15
2010	57	6	14	-	12	15	-	13
2011	47	8	17	7	12	10	-	13
2012	44	16	9	11	7	15	-	-
2013	41	16	11	-	9	15	7	11
2014	32	15	10	8	7	7	-	9
2015	34	12	9	-	13	11	-	8
2016	25	8	10	6	6	10	-	9
2017	21	18	12	11	10	10	9	9
2018	26	14	15	11	10	12	6	9
2019	21	15	10	6	16	12	9	10
2020	23	19	17	16	14	18	-	19
2021	15	16	18	16	16	17	-	12
2022	16	17	19	14	10	12	12	17
2023	23	12	17	15	12	21	~	13
2024	29	18	14	18	13	9	14	20
2025	**25**	**23**	**17**	**13**	**16**	**13**	**15**	**29**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

The median price for one gram of cocaine has fluctuated between $200 and $400 since monitoring commenced in 2000. In 2025, the median price of cocaine was reported to be $300 for one gram (IQR=288-350; n=36), stable relative to 2024 ($300; IQR=300-400; n=37; p=0.964). Participants reported a median of $50 for a point in 2025 (IQR=50-100; n=10), also stable relative to 2024 ($70; IQR=50-100; n=12; p=0.670) (Figure 17).

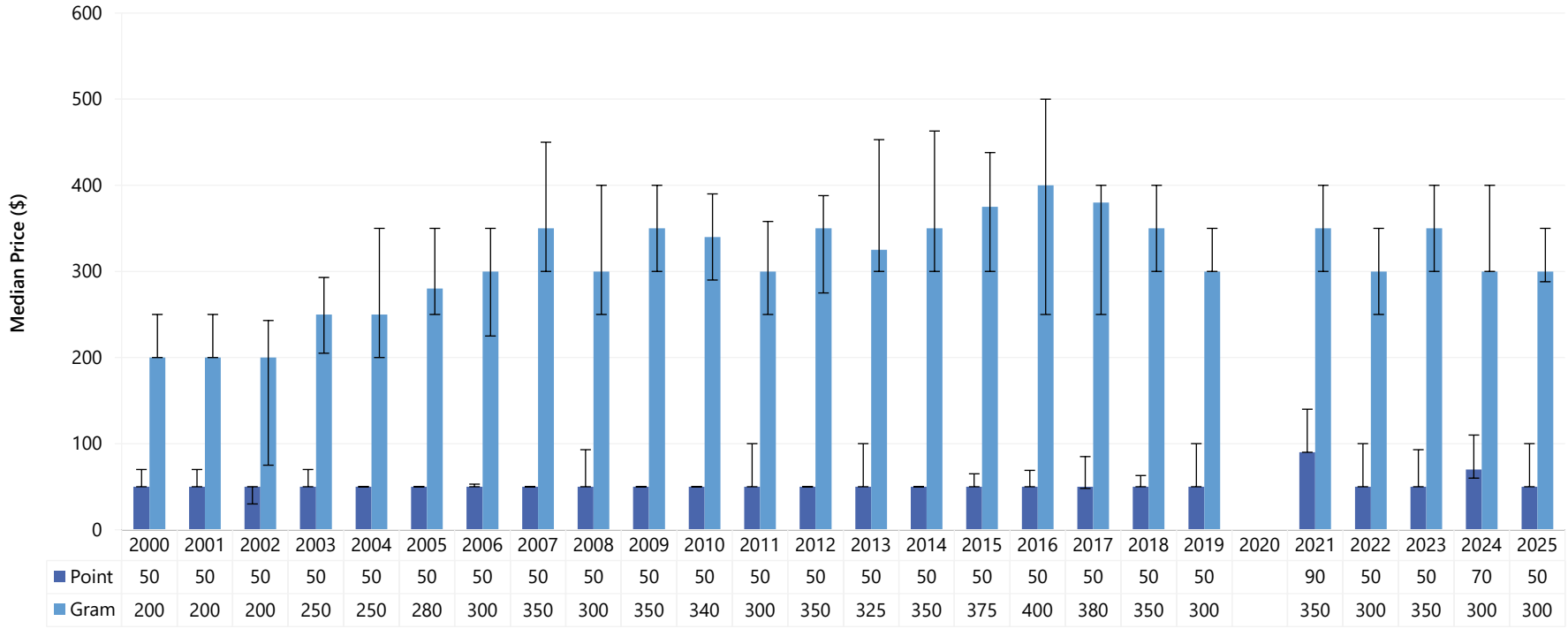
Perceived Purity

Among those who responded in 2025 (n=98), the perceived purity of cocaine remained stable relative to 2024 (p=0.114). Thirty-six per cent perceived cocaine to be of 'high' purity (50% in 2024), followed by 32% perceiving it to be of 'low' purity (20% in 2024) and 24% perceiving it to be of 'medium' purity (26% in 2024) (Figure 18).

Perceived Availability

Among those able to comment in 2025 (n=105), the perceived availability of cocaine remained stable relative to 2024 (p=0.594). One third (36%) reported cocaine to be 'easy' to obtain in 2025 (40% in 2024), with a further 26% reporting it to be 'very easy' to obtain (27% in 2024). Twenty-nine per cent perceived cocaine to be 'difficult' to obtain (28% in 2024) and 10% perceived cocaine to be 'very difficult' to obtain (5% in 2024) (Figure 19).

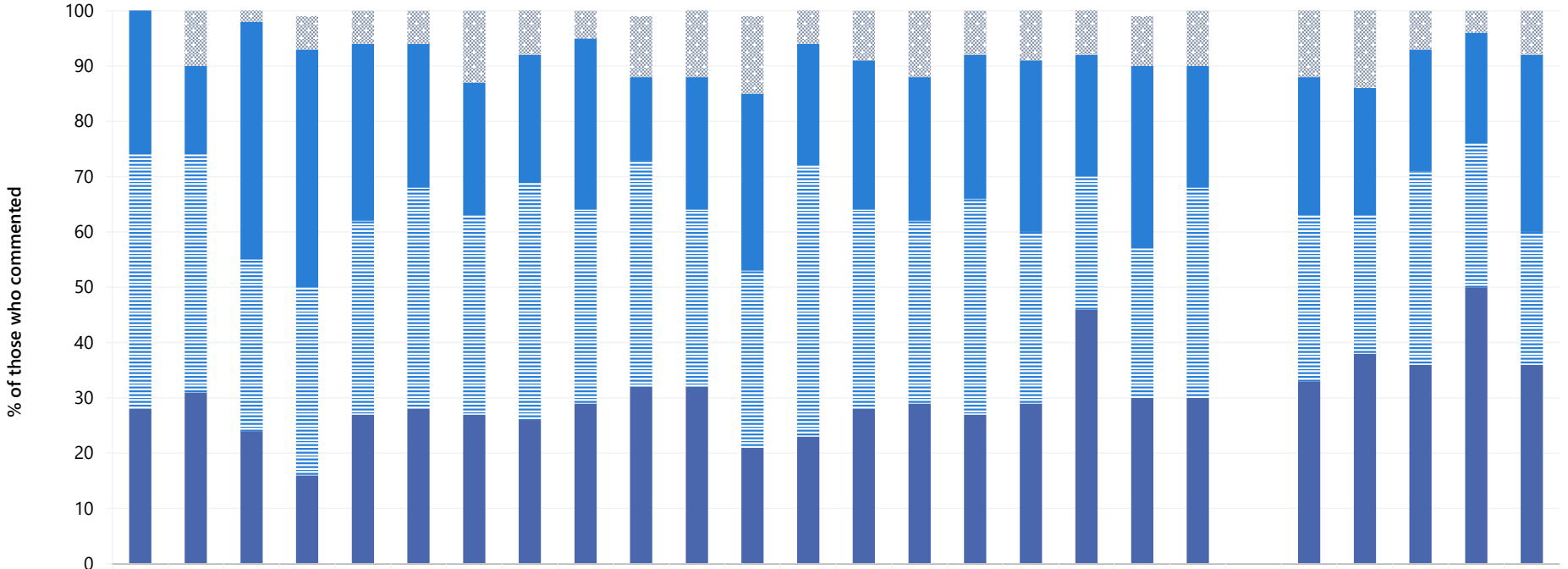
Figure 17: Median price of cocaine per point and gram, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Point	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50		90	50	50	70	50
Gram	200	200	200	250	250	280	300	350	300	350	340	300	350	325	350	375	400	380	350	300		350	300	350	300	300

Note. Among those who commented. The error bars represent IQR. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

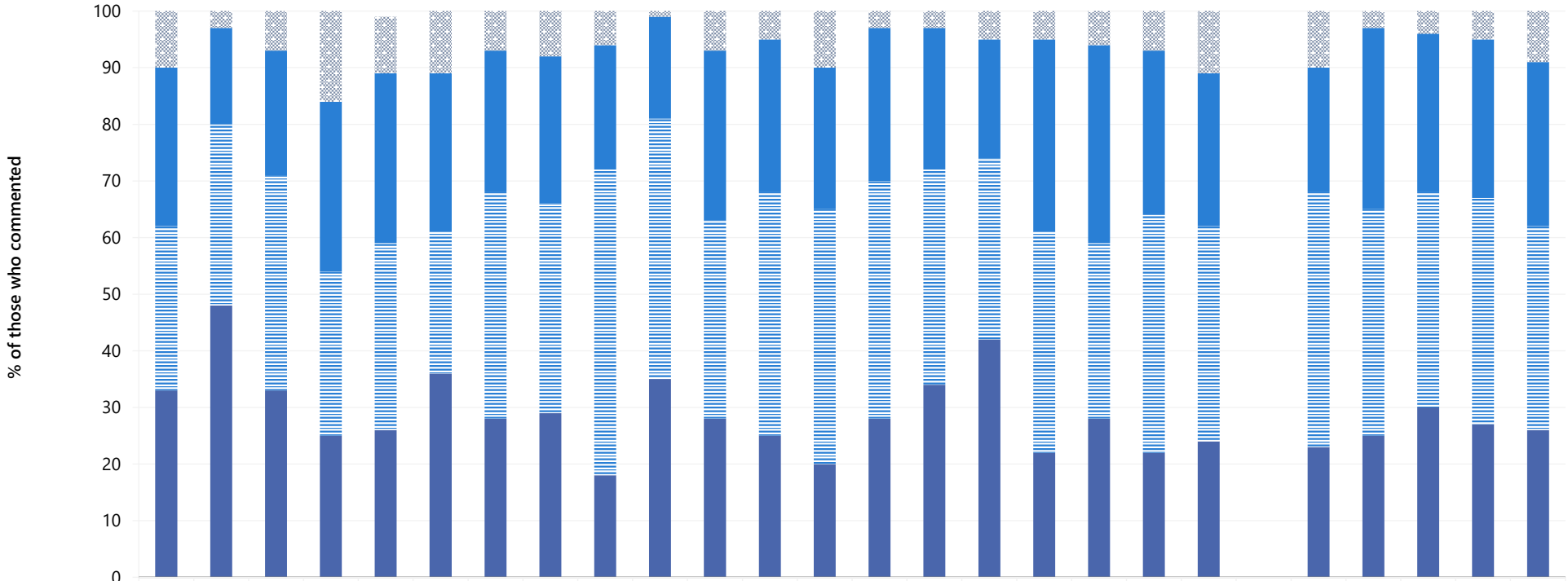
Figure 18: Current perceived purity of cocaine, nationally, 2000-2025



	2000 n=138	2001 n=208	2002 n=160	2003 n=111	2004 n=100	2005 n=149	2006 n=132	2007 n=140	2008 n=97	2009 n=111	2010 n=104	2011 n=84	2012 n=74	2013 n=64	2014 n=51	2015 n=62	2016 n=42	2017 n=46	2018 n=66	2019 n=79	2020	2021 n=64	2022 n=61	2023 n=91	2024 n=98	2025 n=98
Fluctuates	0	10	3	6	6	6	13	9	5	11	13	14	7	9	12	8	10	9	9	10		13	15	7	4	8
Low	27	16	43	43	32	26	24	23	31	15	24	32	22	27	26	26	31	22	33	22		25	23	22	20	32
Medium	46	43	31	34	35	40	36	43	35	41	32	32	49	36	33	39	31	24	27	38		30	25	35	26	24
High	28	31	24	16	27	28	27	26	29	32	32	21	23	28	29	27	29	46	30	30		33	38	36	50	36

Note. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 19: Current perceived availability of cocaine, nationally, 2000-2025



	2000 n=158	2001 n=222	2002 n=252	2003 n=119	2004 n=106	2005 n=154	2006 n=134	2007 n=148	2008 n=103	2009 n=116	2010 n=108	2011 n=83	2012 n=80	2013 n=64	2014 n=53	2015 n=62	2016 n=41	2017 n=51	2018 n=69	2019 n=84	2020	2021 n=64	2022 n=63	2023 n=90	2024 n=104	2025 n=105
Very difficult	10	3	7	16	10	11	7	8	6	2	7	5	10	3	4	5	5	6	7	11		10	4	4	5	10
Difficult	28	17	22	30	30	28	25	26	22	18	30	27	25	27	25	21	34	35	29	27		22	32	28	28	29
Easy	29	32	38	29	33	25	40	37	54	46	35	43	45	42	38	32	39	31	42	38		45	40	38	40	36
Very easy	33	48	33	25	26	36	28	29	18	35	28	25	20	28	34	42	22	28	22	24		23	25	30	27	26

Note. Statistical significance for 2024 versus 2025 is presented in figure; $p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

6

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 ('hydroponic'), 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

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2025, 7% of participants reported prescribed use in the six months preceding interview (n=62), stable relative to 2024 (7%; n=62; *p*=0.921), although higher than reported in 2023 (3%) and 2022 (1%).

In the remainder of this chapter, data from 2021-2025, and between 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). While comparison between 2021-2025 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 and 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Over the course of monitoring, at least two in three participants nationally have reported recent use of non-prescribed cannabis and/or cannabinoid-related products. In 2025, 65% reported recent use of non-prescribed cannabis and/or cannabinoid-related products, the lowest per cent since monitoring commenced, although stable compared to 2024 (69%; *p*=0.177) (Figure 20). The per cent reporting non-prescribed use remained high and stable across most capital city samples, though a significant decrease was observed in the Adelaide sample in 2025 (63%; 76% in 2024; *p*=0.038) (Table 9).

Frequency of Use

In 2025, the median frequency of use in the past six months was 180 days (i.e., daily; IQR=30-180; n=565), stable compared to 2024 (180 days; IQR=50-180; n=606; *p*=0.051) (Figure 20). Half of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported daily use (50%; 55% in 2024; *p*=0.119).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=566), smoking remained the most common route of administration (97%), although this was a significant increase relative to 2024 (95%; *p*=0.021). Conversely, significantly fewer participants reported inhaling/vaporising (4%) in 2025 compared to 2024 (9%; *p*=<0.001). Six per cent of participants reported swallowing cannabis and/or cannabinoid-related products (7% in 2024; *p*=0.355).

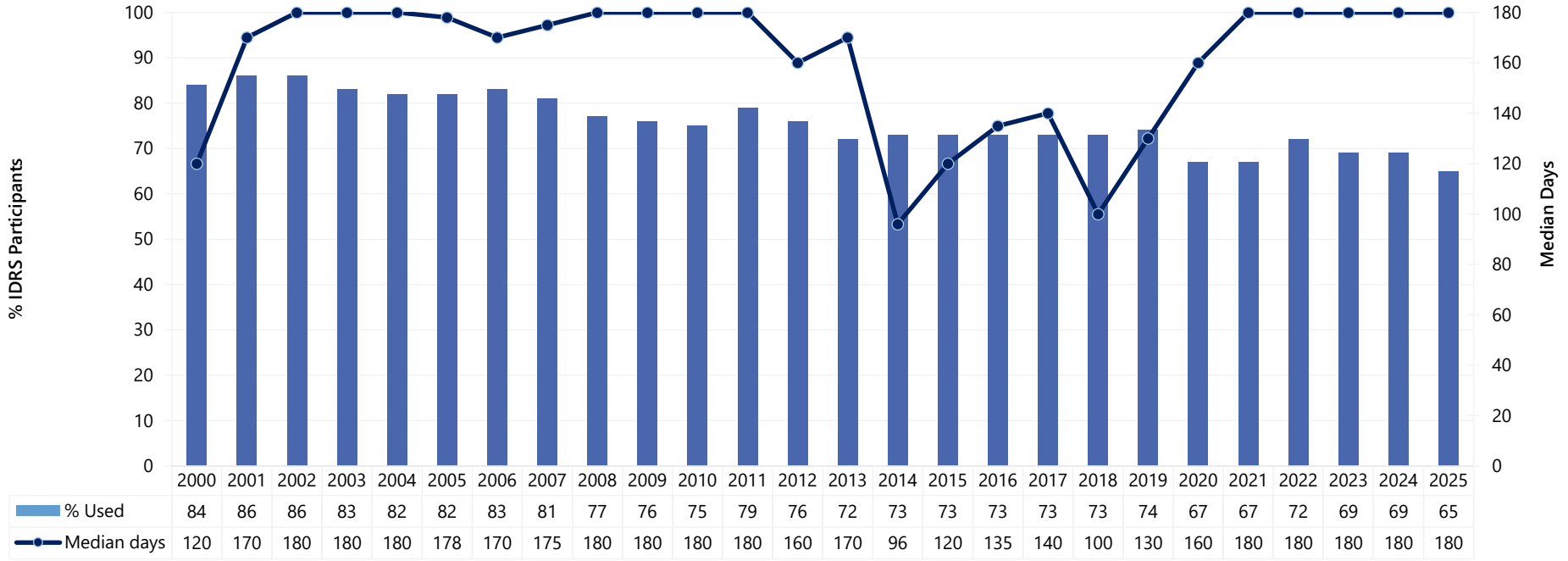
Quantity

Among those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products and commented (n=538), the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-2.00; n=241; 1.00 gram in 2024; IQR=0.50-2.00; n=282; *p*=0.347) or two cones (IQR=2-4; n=216; 3 cones in 2024; IQR=2-5; n=219; *p*=0.204) or one joint (IQR=1-2; n=59; 1 joint in 2024; IQR=1-1; n=65; *p*=0.189).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the past six months and commented (n=532), 86% reported recent use of hydroponic cannabis (88% in 2024; p=0.372), and two fifths (40%) reported recent use of outdoor-grown 'bush' cannabis (41% in 2024; p=0.718). There was a significant decrease in reported recent use of 'hashish' in 2025 (3%; 6% in 2024; p=0.020). Smaller percentages reported having used hash oil (3%; 4% in 2024; p=0.116), non-prescribed THC extract (2%; 4% in 2024; p=0.118), non-prescribed CBD extract (2%; 2% in 2024; p=0.387) and commercially prepared edibles (3%; 4% in 2024; p=0.495) (Figure 21).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and cannabinoid-related products, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Used	84	86	86	83	82	82	83	81	77	76	75	79	76	72	73	73	73	73	73	74	67	67	72	69	69	65
Median days	120	170	180	180	180	178	170	175	180	180	180	180	160	170	96	120	135	140	100	130	160	180	180	180	180	180

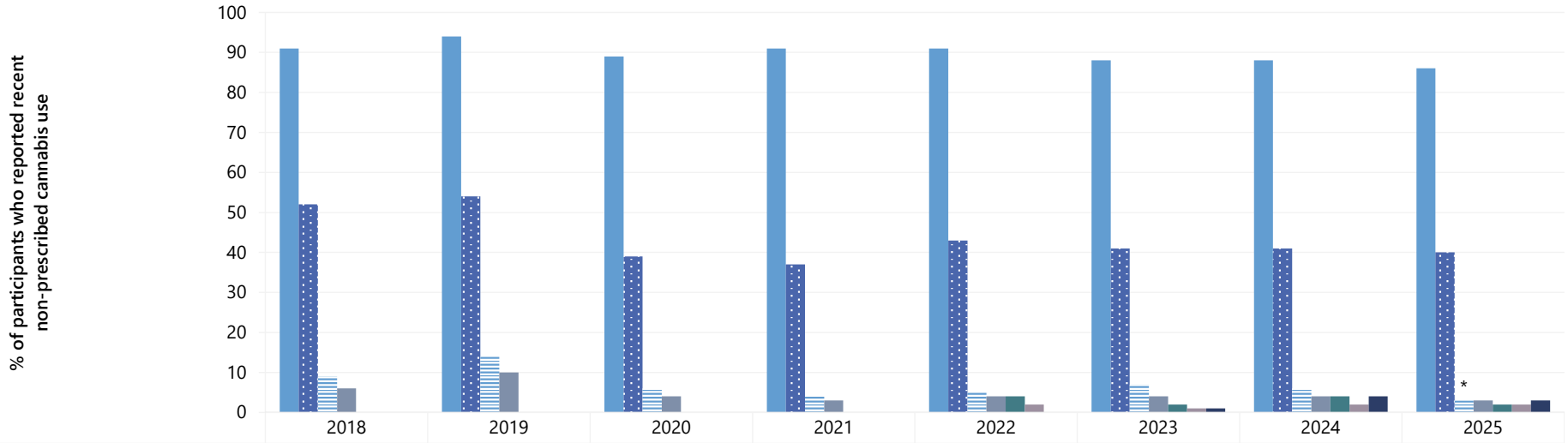
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022 few (n≤5) people reported use of prescribed cannabis only). Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 9: Past six month non-prescribed use of cannabis and cannabinoid-related products, by capital city, 2000-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2000	72	84	85	90	88	90	84	84
2001	83	85	88	94	85	91	81	82
2002	80	89	87	91	85	98	83	82
2003	79	86	88	88	80	81	83	76
2004	80	85	81	87	83	84	75	75
2005	80	89	86	87	80	76	79	76
2006	80	90	83	88	77	80	84	85
2007	79	83	83	87	81	69	83	84
2008	80	80	74	86	75	64	78	82
2009	79	81	79	89	61	72	79	69
2010	72	81	81	79	66	70	72	77
2011	81	87	85	78	69	71	71	79
2012	72	81	85	81	61	79	71	70
2013	80	75	80	71	61	61	67	67
2014	77	74	75	82	75	69	62	70
2015	79	81	76	73	74	60	72	60
2016	76	69	77	74	73	70	72	64
2017	79	76	71	73	73	73	59	70
2018	76	79	70	81	70	77	60	67
2019	73	79	76	76	79	72	72	65
2020	64	77	69	72	67	66	60	64
2021	65	75	66	67	67	69	59	68
2022	72	77	82	70	72	60	70	64
2023	65	75	79	73	71	66	~	59
2024	68	74	69	74	76	60	69	58
2025	**71**	**66**	**64**	**68**	**63***	**66**	**60**	**61**

Note. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 21: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, nationally, 2018-2025



	2018	2019	2020	2021	2022	2023	2024	2025
Hydroponic	91	94	89	91	91	88	88	86
Bush	52	54	39	37	43	41	41	40
Hashish	9	14	6	4	5	7	6	3
Hash oil	6	10	4	3	4	4	4	3
THC extract					4	2	4	2
CBD extract					2	1	2	2
Commerically prepared edibles						1	4	3

Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram of hydroponic cannabis nationally was $20 (IQR=20-20; n=104; $20 in 2024; IQR=20-25; n=144; *p*=0.102). The price per ounce of hydroponic cannabis was $250 (IQR=200-300; n=37), stable from 2024 ($280; IQR=250-323; n=48; *p*=0.147) (Figure 22A).

Perceived Potency: Among those that were able to comment in 2025 (n=383), the perceived potency of non-prescribed cannabis remained stable relative to 2024 (*p*=0.155). Almost two thirds (64%) perceived hydroponic cannabis to be of 'high' potency (65% in 2024) followed by 26% perceiving it to be of 'medium' potency (21% in 2024) Fewer participants perceived it to be of 'low' potency (4%; 6% in 2024) (Figure 23A).

Perceived Availability: Among those that were able to comment in 2025 (n=383), the perceived availability of non-prescribed cannabis remained stable relative to 2024 (*p*=0.530). The majority of participants perceived the availability of hydroponic to be 'very easy' (61%; 61% in 2024) or 'easy' (31%; 28% in 2024) (Figure 24A).

Bush Cannabis

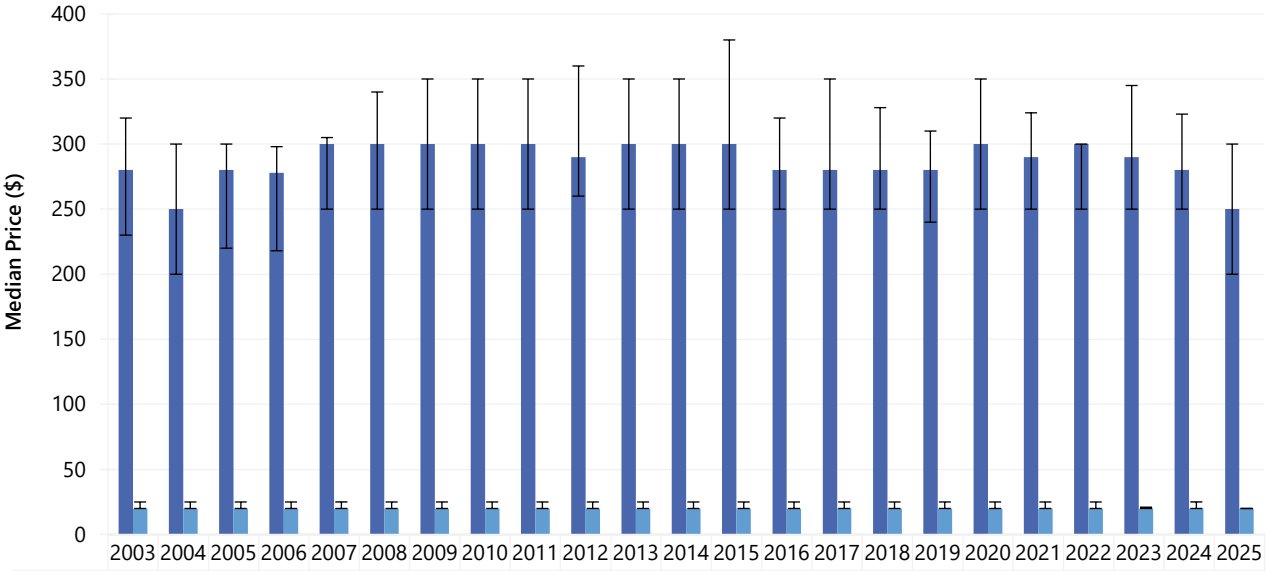
Price: Consistent with previous years, the median price per gram of bush cannabis was $20 (IQR=20-20; n=39; $20 in 2024; IQR=20-20; n=29; *p*=0.391). The price per ounce of bush cannabis significantly increased, from $180 in 2024 ($180; IQR=150-240; n=20) to $240 in 2025 (IQR=200-300; n=13; *p*=0.039), similar to the median price reported in 2023 (Figure 22B).

Perceived Potency: Among those who were able to comment in 2025 (n=134), the perceived potency of non-prescribed cannabis remained stable relative to 2024 (*p*=0.869). In 2025, the per cent reporting bush to be of 'high' potency was 40% (39% in 2024), with 39% perceiving it to be of 'medium' potency (39% in 2024) (Figure 23B).

Perceived Availability: Among those that were able to comment in 2025 (n=135), the perceived availability of non-prescribed cannabis remained stable relative to 2024 (*p*=0.237). The majority of participants perceived the availability of bush cannabis to be 'very easy' (58%; 47% in 2024) or 'easy' (27%; 32% in 2024) (Figure 24B).

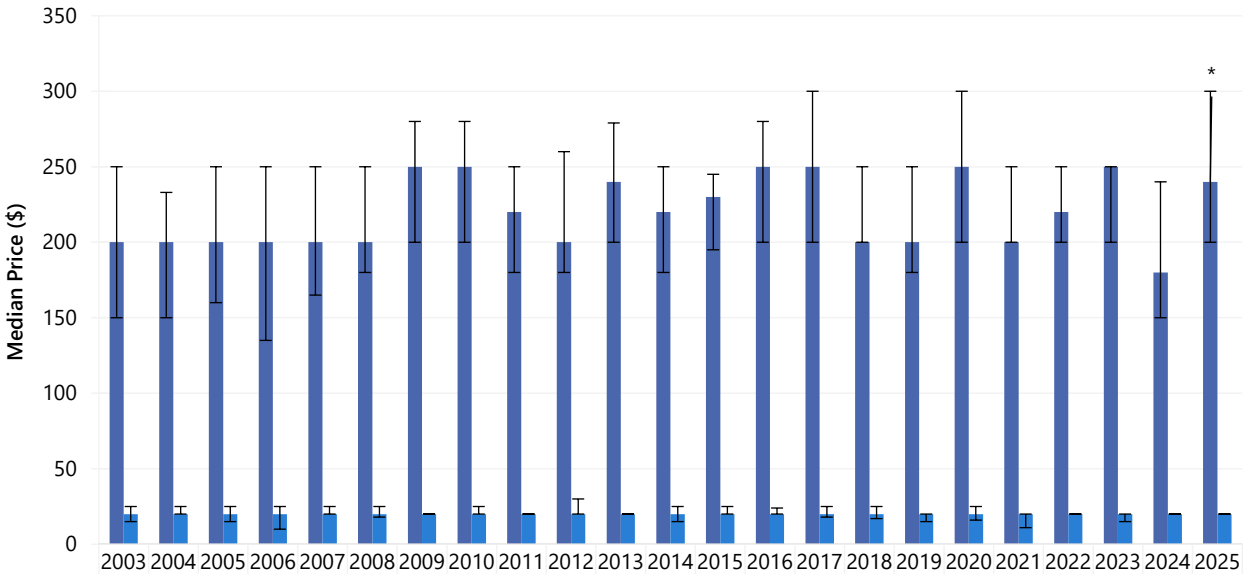
Figure 22: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2003-2025

(A) Hydroponic cannabis



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ounce	280	250	280	278	300	300	300	300	300	290	300	300	300	280	280	280	280	300	290	300	290	280	250
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20

(B) Bush cannabis

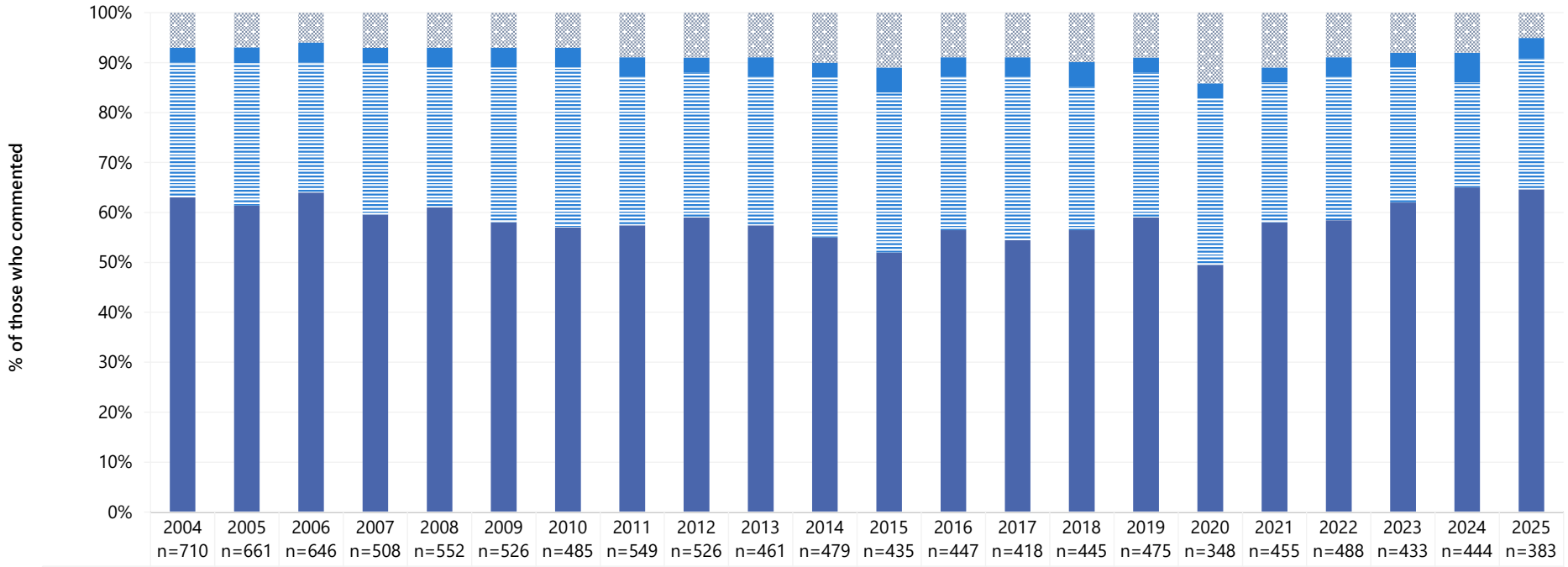


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ounce	200	200	200	200	200	200	250	250	220	200	240	220	230	250	250	200	200	250	200	220	250	180	240
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20

Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. The error bars represent the IQR. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

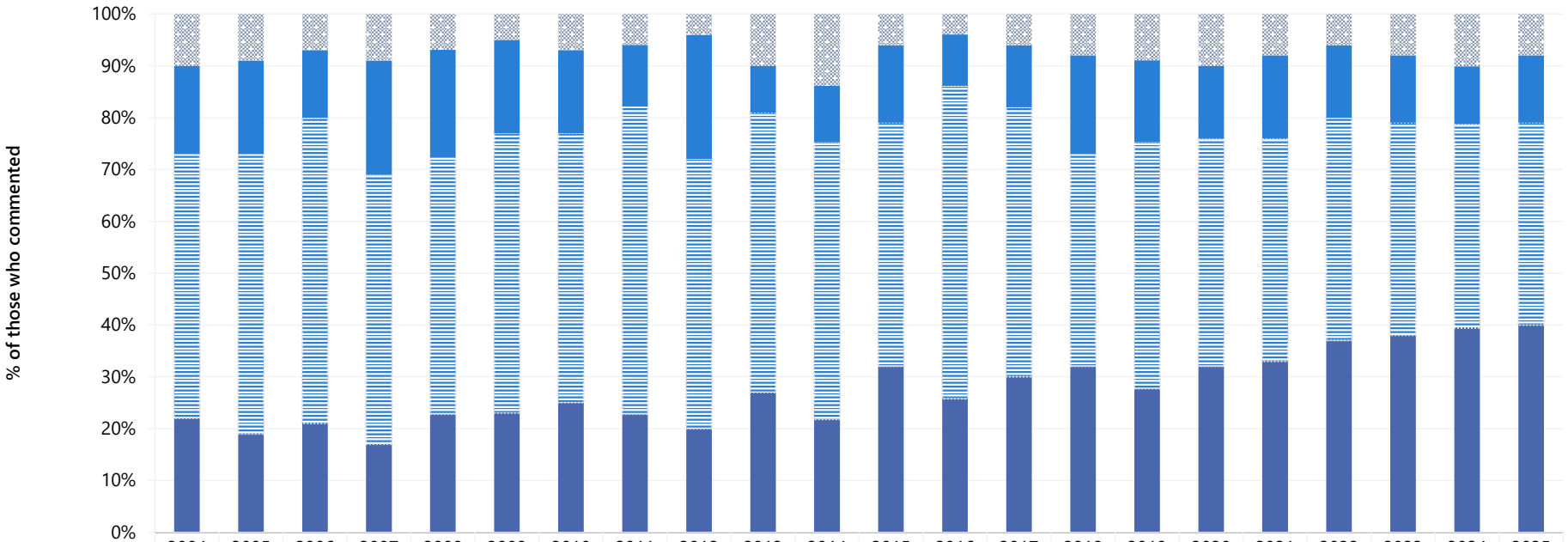
Figure 23: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2025

(A) Hydroponic cannabis



	2004 n=710	2005 n=661	2006 n=646	2007 n=508	2008 n=552	2009 n=526	2010 n=485	2011 n=549	2012 n=526	2013 n=461	2014 n=479	2015 n=435	2016 n=447	2017 n=418	2018 n=445	2019 n=475	2020 n=348	2021 n=455	2022 n=488	2023 n=433	2024 n=444	2025 n=383
Fluctuates	7	7	6	7	7	7	7	9	9	9	10	11	9	9	10	9	14	11	9	8	8	5
Low	3	3	4	3	4	4	4	4	3	4	3	5	4	4	5	3	3	3	4	3	6	4
Medium	27	29	26	30	28	31	32	30	29	30	32	32	31	33	29	29	33	28	29	27	21	26
High	63	62	64	59	61	58	57	58	59	58	55	52	57	55	57	59	49	58	59	62	65	64

(B) Bush cannabis

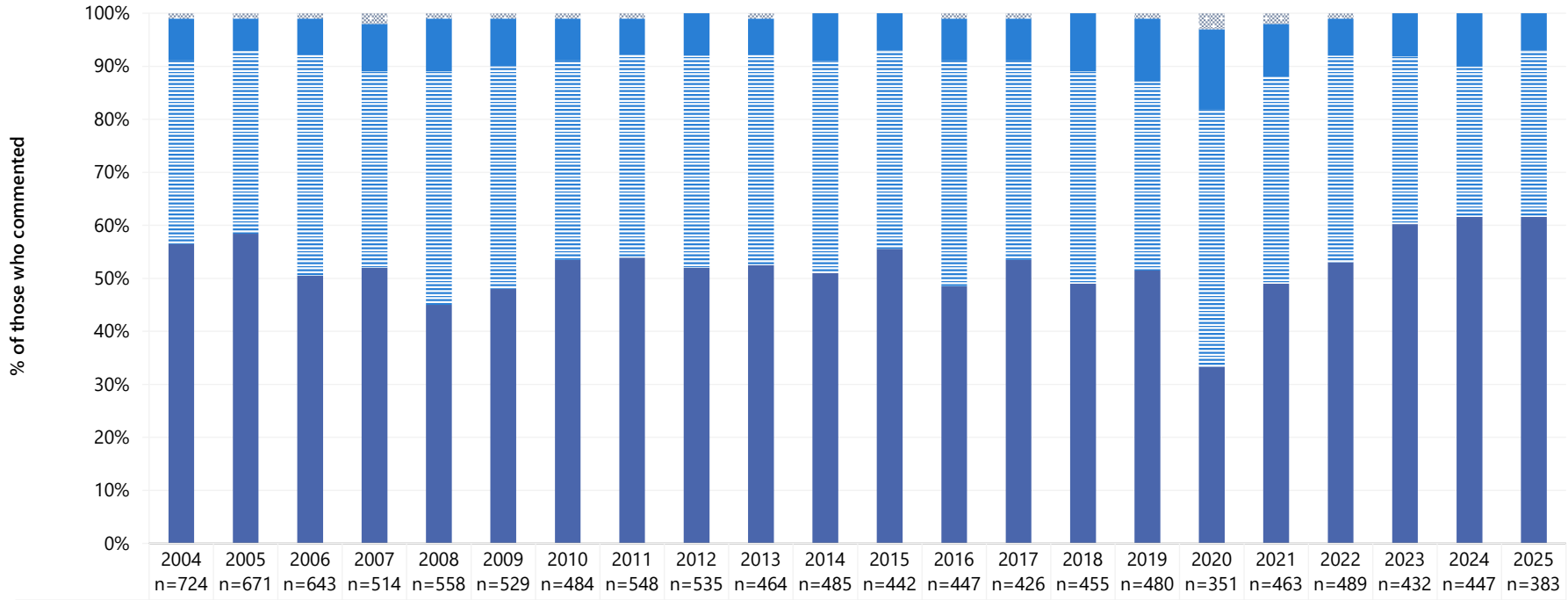


	2004 n=469	2005 n=450	2006 n=302	2007 n=310	2008 n=283	2009 n=328	2010 n=279	2011 n=237	2012 n=224	2013 n=207	2014 n=205	2015 n=186	2016 n=168	2017 n=181	2018 n=198	2019 n=275	2020 n=157	2021 n=212	2022 n=187	2023 n=167	2024 n=153	2025 n=134
Fluctuates	10	9	7	9	7	5	7	6	4	10	14	6	4	6	8	9	10	8	6	8	10	8
Low	17	18	13	22	21	18	16	12	24	9	11	15	10	12	19	16	14	16	14	13	11	13
Medium	51	54	59	52	50	54	52	60	52	54	54	47	61	52	41	48	44	43	43	41	39	39
High	22	19	21	17	23	23	25	23	20	27	22	32	26	30	32	28	32	33	37	38	39	40

Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

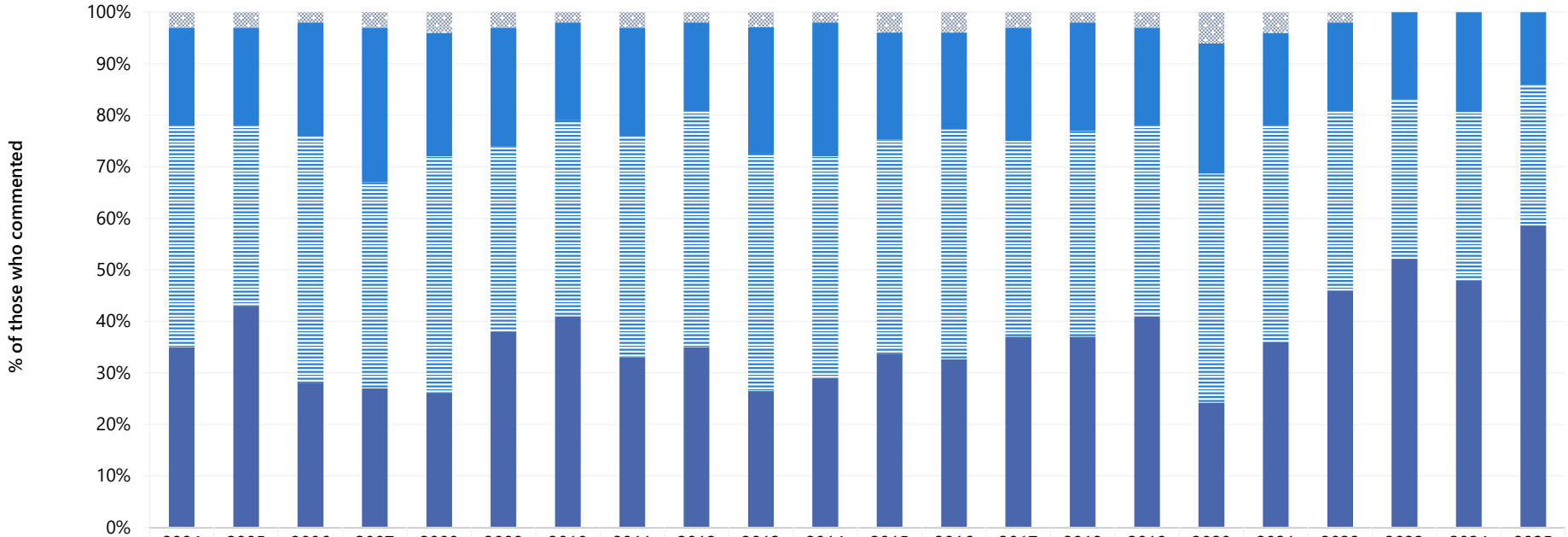
Figure 24: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2004-2025

(A) Hydroponic cannabis



	2004 n=724	2005 n=671	2006 n=643	2007 n=514	2008 n=558	2009 n=529	2010 n=484	2011 n=548	2012 n=535	2013 n=464	2014 n=485	2015 n=442	2016 n=447	2017 n=426	2018 n=455	2019 n=480	2020 n=351	2021 n=463	2022 n=489	2023 n=432	2024 n=447	2025 n=383
Very difficult	1	1	1	2	1	1	1	1	0	1	0	0	1	1	0	1	3	2	1	-	-	-
Difficult	8	6	7	9	10	9	8	7	8	7	9	7	8	8	11	12	15	10	7	8	10	7
Easy	35	35	42	37	44	42	38	39	40	40	40	37	43	38	40	36	48	39	39	31	28	31
Very easy	57	59	51	52	45	48	54	55	52	53	51	55	49	54	49	52	33	49	53	59	61	61

(B) Bush cannabis



	2004 n=458	2005 n=462	2006 n=303	2007 n=315	2008 n=283	2009 n=318	2010 n=288	2011 n=240	2012 n=230	2013 n=204	2014 n=211	2015 n=188	2016 n=166	2017 n=181	2018 n=202	2019 n=279	2020 n=160	2021 n=212	2022 n=189	2023 n=168	2024 n=155	2025 n=135
Very difficult	3	3	2	3	4	3	2	3	2	3	2	4	4	3	2	3	6	4	2	-	-	-
Difficult	19	19	22	30	24	23	19	21	17	25	26	21	19	22	21	19	25	18	17	16	19	14
Easy	43	35	48	40	46	36	38	43	46	47	43	42	45	38	40	37	44	42	35	29	32	27
Very easy	35	43	28	27	26	38	41	33	35	27	29	34	33	37	37	41	24	36	46	49	47	58

Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Pharmaceutical Opioids

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

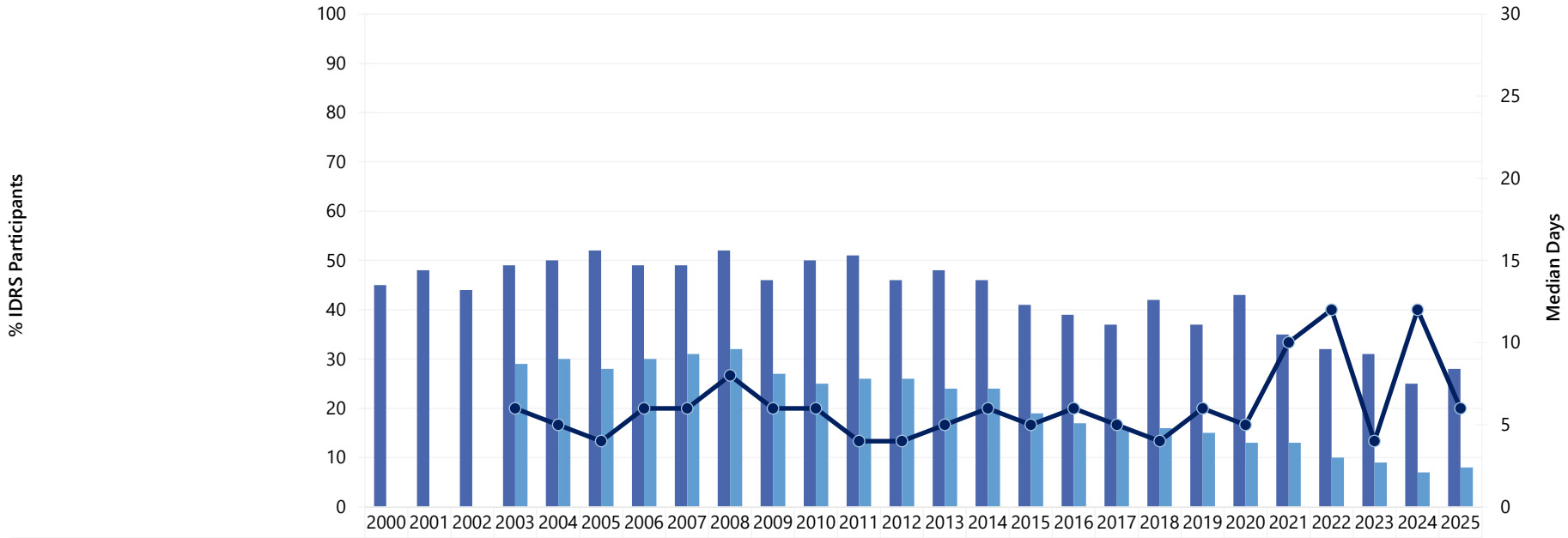
Methadone

Any Recent Use (past 6 months): Since peaking at 52% in 2005 and 2008, respectively, a gradual decline in any methadone use is observed. In 2025, 28% of the sample reported any recent use, stable relative to 2024 (25%; p=0.336), though representing the second lowest per cent observed since monitoring commenced (Figure 25). Historically, methadone use has largely consisted of prescribed use (21% in 2025; 21% in 2024; p=0.771) with the per cent reporting non-prescribed methadone use remaining low and stable in 2025, relative to 2024 (8%; 7% in 2024; p=0.585) (Figure 25). The per cent reporting non-prescribed use remained stable across all capital city samples in 2025, relative to 2024 (Table 10).

Frequency of Use: Frequency of non-prescribed methadone syrup use in the six months preceding interview remained stable (median 6 days in 2025; IQR=2-24; n=61; 12 days in 2024 (IQR=3-48; n=69; p=0.151) (Figure 25).

Recent Injecting Use: Of those who had recently used methadone syrup or tablets and commented (n=238), almost one quarter (24%) reported injecting methadone, stable relative to 2024 (25%; p=0.822). Participants who reported injecting methadone did so on a median of 24 days (IQR=7-90), stable relative to 2024 (40 days; IQR=12-86; p=0.611).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	45	48	44	49	50	52	49	49	52	46	50	51	46	48	46	41	39	37	42	37	43	35	32	31	25	28
% Non-Prescribed Use				29	30	28	30	31	32	27	25	26	26	24	24	19	17	16	16	15	13	13	10	9	7	8
Median days (non-prescribed syrup)				6	5	4	6	6	8	6	6	4	4	5	6	5	6	5	4	6	5	10	12	4	12	6

Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 10: Past six month non-prescribed use of methadone, by capital city, 2003-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	20	27	13	76	33	18	39	18
2004	29	30	11	75	19	20	35	28
2005	19	34	11	60	27	27	41	22
2006	28	39	11	63	28	32	33	20
2007	24	34	21	66	27	31	33	20
2008	27	35	21	70	17	19	45	27
2009	36	26	20	68	10	11	32	11
2010	27	25	19	58	17	13	27	15
2011	25	25	22	53	15	27	30	16
2012	26	27	21	47	14	31	27	12
2013	29	29	12	51	20	24	13	16
2014	29	27	21	51	9	20	16	17
2015	25	16	17	36	11	14	17	14
2016	21	12	13	40	6	13	14	19
2017	19	13	7	39	6	-	18	19
2018	20	13	11	42	-	9	8	18
2019	22	15	7	29	8	-	13	19
2020	17	7	10	26	9	11	-	20
2021	19	14	5	32	7	6	10	13
2022	18	8	7	16	-	9	-	10
2023	12	10	12	11	-	7	~	7
2024	12	6	5	10	-	7	-	8
2025	**10**	**8**	**9**	**16**	**6**	**-**	**0**	**7**

Note. Includes methadone syrup and tablets. From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

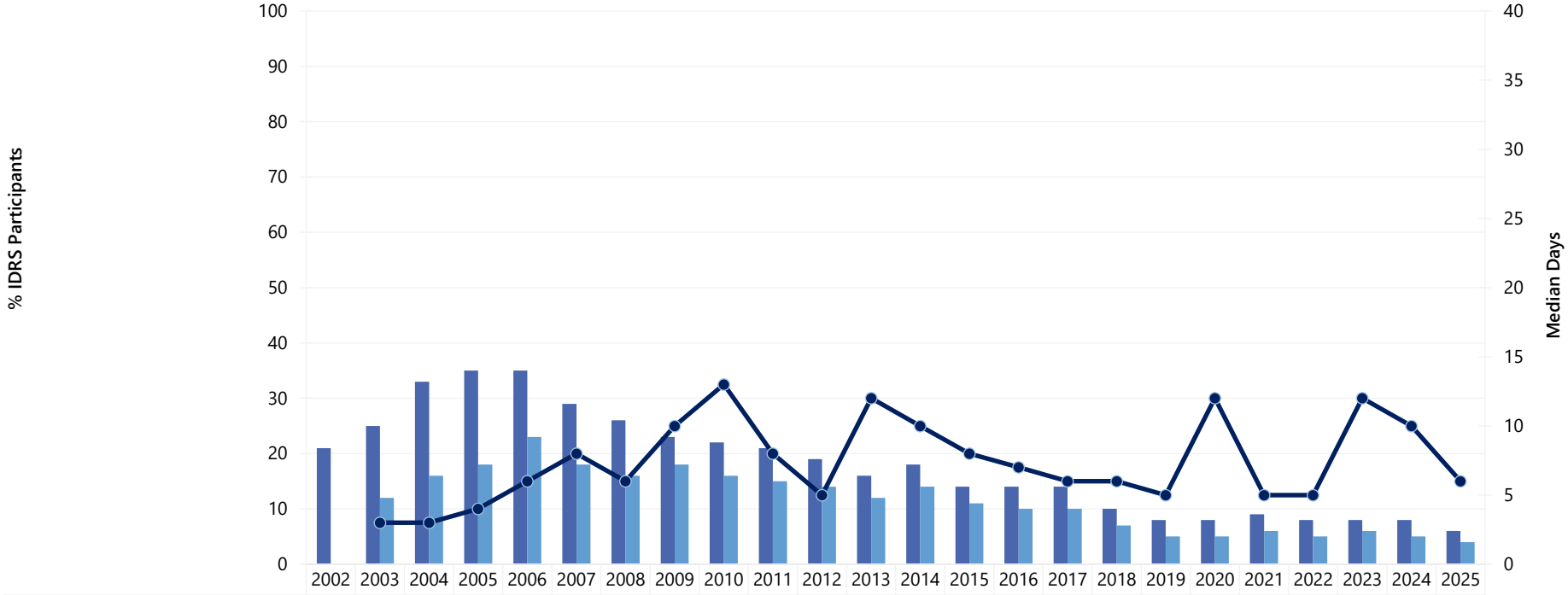
Buprenorphine Tablet

Any Recent Use (past 6 months): Since peaking at 35% in 2005 and 2006, respectively, the per cent reporting recent use of any buprenorphine in tablet form has gradually declined over time. In 2025, 6% of the national sample reported recent use of any buprenorphine tablet, stable relative to 2024 (8%; p=0.223) (Figure 26). Two per cent reported prescribed use (3% in 2024; p=0.375), and 4% reported non-prescribed use (5% in 2024; p=0.565) (Figure 26). Recent non-prescribed use remained low across all capital city samples, with a significant decrease observed in the Perth sample, from 6% in 2024 to 0% in 2025 (p=0.029) (Table 11).

Frequency of Use: Participants reported use of non-prescribed buprenorphine in tablet form on a median of six days in the six months preceding interview (IQR=3-69; n=35; 10 days in 2024; IQR=2-90; n=42; p=0.785) (Figure 26).

Recent Injecting Use: Of those who had recently used buprenorphine in tablet form in 2025 and commented (n=53), two thirds (66%) reported recent injection, stable relative to 2024 (59%; p=0.459). Participants who reported injecting buprenorphine tablet did so on a median of 15 days (IQR=5-138) in the six months preceding interview, also stable from 2024 (15 days; IQR=6-90; p=0.679).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, nationally, 2002-2025



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	21	25	33	35	35	29	26	23	22	21	19	16	18	14	14	14	10	8	8	9	8	8	8	6
% Non-Prescribed Use		12	16	18	23	18	16	18	16	15	14	12	14	11	10	10	7	5	5	6	5	6	5	4
Median days (non-prescribed)		3	3	4	6	8	6	10	13	8	5	12	10	8	7	6	6	5	12	5	5	12	10	6

Note. Non-prescribed use not distinguished in 2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 40 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 11: Past six month non-prescribed use of buprenorphine tablet, by capital city, 2003-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	5	-	32	-	10	18	13	7
2004	8	-	35	-	12	23	15	20
2005	8	15	29	-	14	34	20	20
2006	19	34	29	6	14	32	14	30
2007	16	28	26	6	11	19	-	31
2008	7	25	19	-	12	18	18	25
2009	18	23	25	12	9	16	-	31
2010	13	27	21	-	9	18	8	27
2011	12	21	18	6	8	11	8	33
2012	13	20	19	6	9	14	10	22
2013	11	16	9	9	7	10	20	16
2014	22	12	12	11	-	19	12	19
2015	9	11	12	13	6	8	10	17
2016	11	8	4	10	-	9	16	26
2017	13	14	6	9	7	10	-	25
2018	-	9	5	11	-	8	-	12
2019	4	-	-	-	0	-	-	15
2020	5	0	0	11	-	9	0	14
2021	5	-	-	11	-	-	-	20
2022	-	-	4	7	-	-	-	15
2023	5	-	-	20	-	-	~	11
2024	-	-	-	8	-	6	-	16
2025	**6**	**6**	**-**	**7**	**-**	**0***	**0**	**9**

Note. In 2002, the IDRS interview did not distinguish between prescribed and non-prescribed use. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

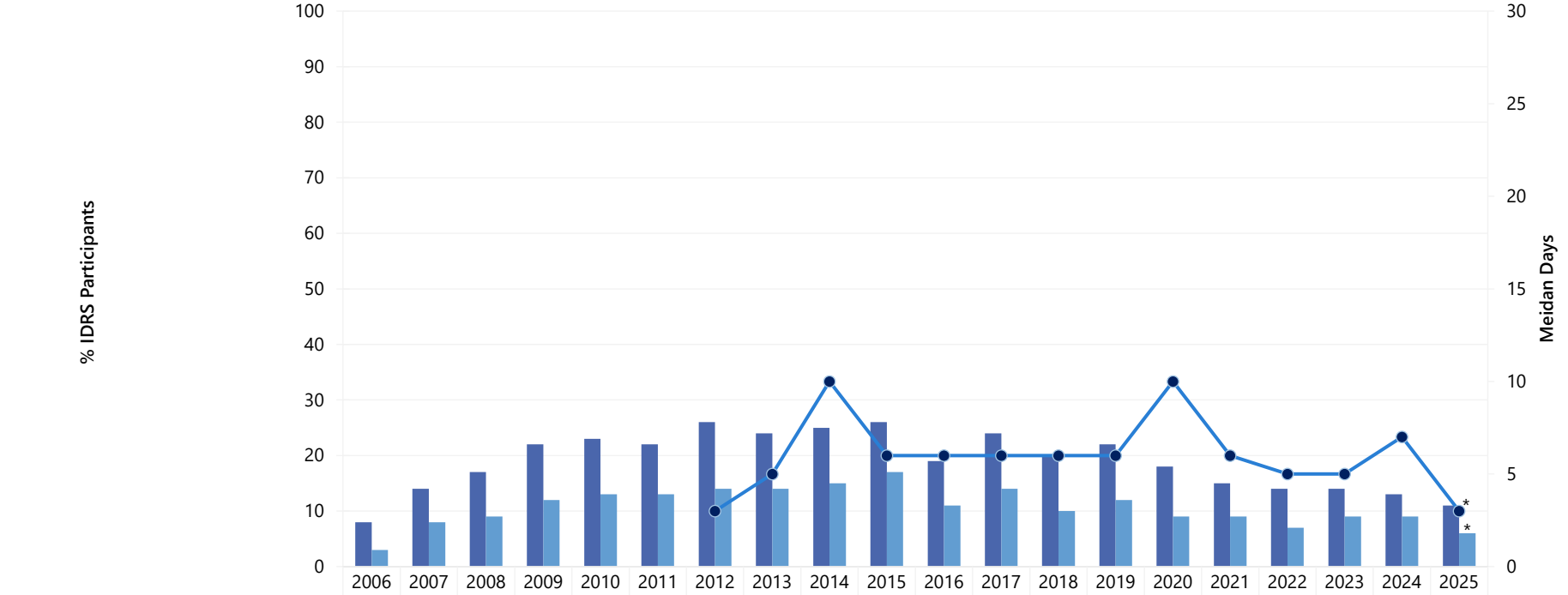
Buprenorphine-Naloxone

Any Recent Use (past 6 months): After remaining relatively stable from 2009-2015, the per cent reporting any recent buprenorphine-naloxone use has been gradually declining over the past decade. In 2025, 11% of the sample reported recent use of any buprenorphine-naloxone, stable from 2024 (13%; p=0.456), representing the lowest percentage reporting recent use since 2006. Five per cent reported recent prescribed use, stable relative to 2024 (4%; p=0.219), and 6% reported non-prescribed use, a significant decrease from 9% in 2024 (p=0.041) (Figure 27). Recent non-prescribed buprenorphine-naloxone use remained low and stable in all capital city samples in 2025 (Table 12).

Frequency of Use: In 2025, participants reported using non-prescribed buprenorphine-naloxone on a median of three days (IQR=2-21; n=54) in the six months preceding interview, a significant decrease from seven days in 2024 (IQR=4-30; n=80; p=0.010) (Figure 27).

Recent Injecting Use: Of those who had recently used buprenorphine-naloxone and commented in 2025 (n=98), 44% reported injecting as a route of administration, stable from 48% in 2024 (p=0.576). Participants reported injecting buprenorphine-naloxone on a median of four days (IQR=2-24) in the six months preceding interview (12 days in 2024; IQR=3-61; p=0.096).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, nationally, 2006-2025



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	8	14	17	22	23	22	26	24	25	26	19	24	20	22	18	15	14	14	13	11
% Non-Prescribed Use	3	8	9	12	13	13	14	14	15	17	11	14	10	12	9	9	7	9	9	6
Median days (non-prescribed film)							3	5	10	6	6	6	6	6	10	6	5	5	7	3

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. Secondary Y axis reduced to 30 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 12: Past six month non-prescribed use of buprenorphine-naloxone (any form), by capital city, 2006-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2006	-	-	5	-	-	9	-	7
2007	-	6	13	-	-	15	-	24
2008	-	10	18	-	-	12	-	16
2009	6	11	14	-	9	28	8	22
2010	-	12	24	-	8	17	15	21
2011	8	12	29	-	-	14	14	11
2012#	9	9	23	11	18	22	8	15
2013	9	11	17	9	9	22	19	22
2014	15	16	15	11	9	18	20	16
2015	11	12	17	13	15	19	22	27
2016	11	7	14	7	6	-	9	23
2017^	14	13	11	14	14	16	10	24
2018	9	16	12	12	-	7	-	18
2019	11	14	10	7	8	16	10	22
2020	-	-	4	23	11	12	-	15
2021	-	9	5	21	10	13	-	11
2022	5	-	7	13	8	9	-	10
2023	8	-	6	18	8	9	~	15
2024	8	-	5	10	10	14	11	13
2025	**5**	**-**	**6**	**11**	**9**	**8**	**-**	**7**

Note. Data collected from 2006 onwards. # Includes 'tablet' and 'film' forms from 2012-2016. ^ Includes only 'film' form from 2017 onwards. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

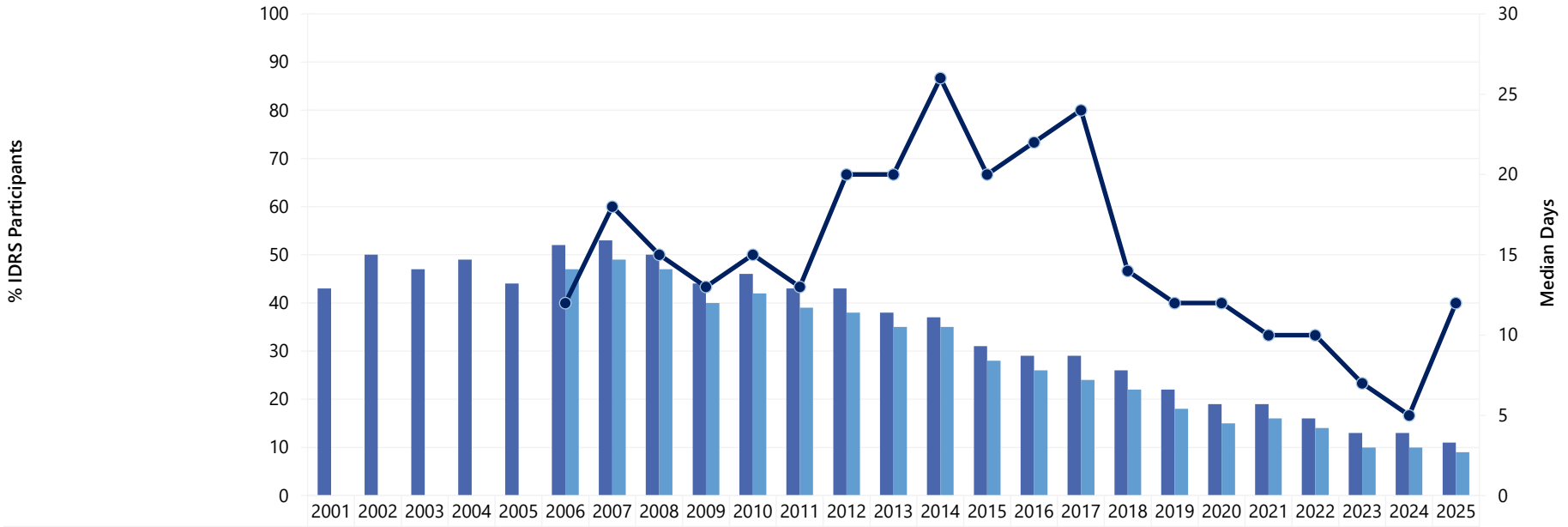
Morphine

Any Recent Use (past 6 months): After remaining relatively stable from 2001-2007, the per cent reporting recent morphine use has been declining from 2008 onwards (Figure 28). In 2025, 11% of the national sample had recently used any morphine (13% in 2024; p=0.129), representing the lowest percentage reporting recent use since the commencement of monitoring. Nationally, this per cent mostly comprised of non-prescribed use (9%; 10% in 2024; p=0.688), also representing the lowest percentage reporting recent use across the monitoring period. Non-prescribed morphine use remained stable across all capital city samples in 2025 compared to 2024 (Table 13). Two per cent of the national sample reported recent prescribed use in 2025, a significant decrease from 4% in 2024 (p=0.005).

Frequency of Use: Since peaking at a median of 26 days of use in 2014, a gradual decline in the frequency of non-prescribed morphine use has been observed. In 2025, participants reported a median of 12 days of non-prescribed use (IQR=2-60; n=81), stable relative to 2024 (5 days; IQR=2-36; n=89; p=0.057) (Figure 28).

Recent Injecting Use: Of those who had recently used morphine and commented (n=93), four fifths (81%) reported injecting as a route of administration, stable relative to 2024 (82%; p=0.853). Those who reported injecting morphine did so on a median of 20 days (IQR=3-84) in the six months preceding interview, a significant increase from six days in 2024 (IQR=2-48; p=0.048).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, nationally, 2001-2025



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	43	50	47	49	44	52	53	50	44	46	43	43	38	37	31	29	29	26	22	19	19	16	13	13	11
% Non-Prescribed Use						47	49	47	40	42	39	38	35	35	28	26	24	22	18	15	16	14	10	10	9
Median days (non-prescribed)						12	18	15	13	15	13	20	20	26	20	22	24	14	12	12	10	10	7	5	12

Note. Non-prescribed use not distinguished in 2001-2005. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 13: Past six month non-prescribed use of morphine, by capital city, 2006-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2006	31	52	31	58	48	52	70	51
2007	34	53	37	67	41	45	73	57
2008	31	35	40	81	30	31	85	51
2009	28	38	31	81	22	33	61	38
2010	31	36	30	73	24	28	89	38
2011	21	30	33	73	20	33	72	39
2012	21	30	27	64	23	43	69	34
2013	19	23	20	65	22	37	74	38
2014	25	12	24	71	20	27	80	32
2015	19	20	13	47	20	19	69	29
2016	16	12	10	51	18	16	71	33
2017	16	21	7	42	12	18	60	26
2018	17	10	10	47	7	14	54	29
2019	13	11	9	26	10	15	40	28
2020	7	8	8	38	11	18	32	21
2021	9	9	6	40	8	16	36	18
2022	11	10	7	27	10	7	27	19
2023	8	6	5	20	8	11	~	8
2024	9	8	-	26	9	6	14	11
2025	**6**	**9**	**6**	**22**	**9**	**-**	**15**	**13**

Note. From 2001-2005, the IDRS did not distinguish between prescribed and non-prescribed morphine ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

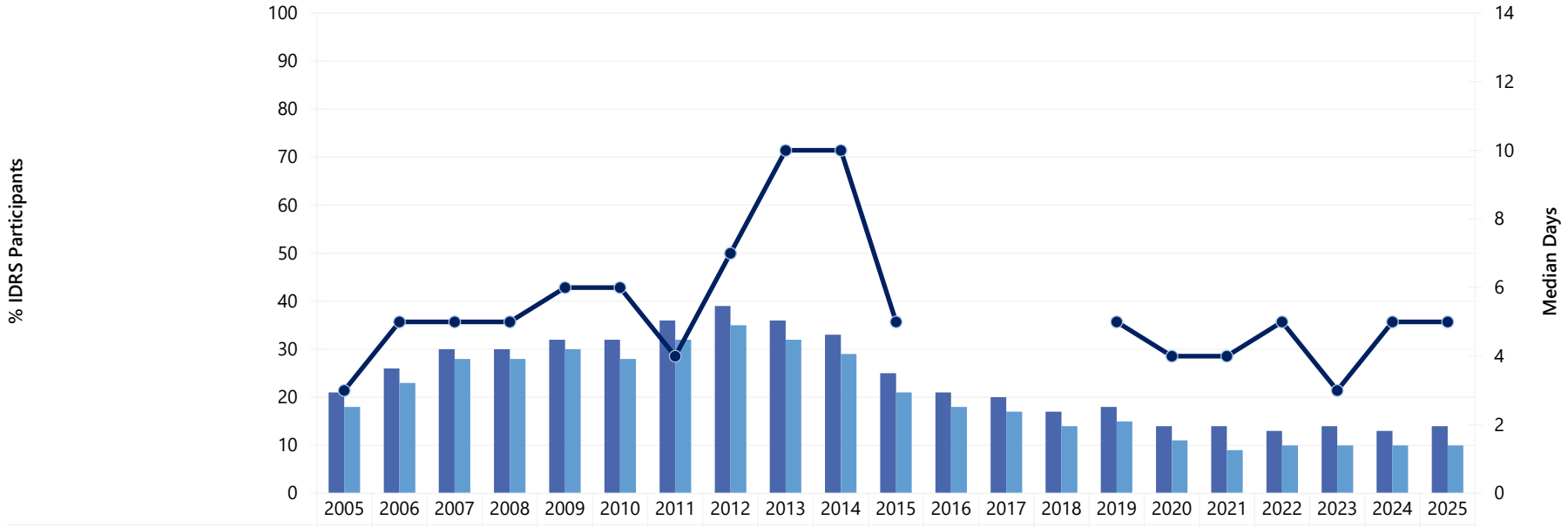
Oxycodone

Any Recent Use (past 6 months): The percentage of participants reporting recent oxycodone use peaked at 39% in 2012, gradually decreased from 2013 to 2019, and has remained relatively stable ever since (Figure 29). In 2025, 14% of the national sample had recently used any oxycodone, stable relative to 2024 (13%; p=0.946). Five per cent of the sample reported prescribed use (5% in 2024; p=0.908), and one tenth (10%) reported non-prescribed use (10% in 2024; p=0.869). The per cent reporting recent non-prescribed oxycodone use remained largely stable in all capital city samples in 2025 compared to 2024 (Table 14).

Frequency of Use: In 2025, participants reported using non-prescribed oxycodone on a median of five days in the six months preceding interview (IQR=2-14; n=82; 5 days in 2024; IQR=2-16; n=87; p=0.615) (Figure 29).

Recent Injecting Use: Of those who had recently used oxycodone and commented (n=118), almost two fifths (38%) reported injecting as a route of administration, stable relative to 2024 (47%; p=0.192). Participants reported injecting non-prescribed oxycodone on a median of six days in the six months preceding interview (IQR=3-21), stable relative to 2024 (4 days; IQR=2-12; p=0.324).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, nationally, 2005-2025



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	21	26	30	30	32	32	36	39	36	33	25	21	20	17	18	14	14	13	14	13	14
% Non-Prescribed Use	18	23	28	28	30	28	32	35	32	29	21	18	17	14	15	11	9	10	10	10	10
Median days (non-prescribed)	3	5	5	5	6	6	4	7	10	10	5				5	4	4	5	3	5	5

Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 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 14 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Past six month non-prescribed use of oxycodone, by capital city, 2005-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2005	14	14	16	30	11	39	11	16
2006	18	22	24	29	20	42	7	21
2007	26	23	28	36	20	44	11	39
2008	27	27	25	53	15	23	28	26
2009	27	27	25	56	9	29	35	34
2010	33	13	28	60	17	20	22	26
2011	34	23	37	45	23	30	26	34
2012	46	34	26	56	26	48	19	29
2013	40	17	23	61	18	33	23	37
2014	40	16	22	47	21	27	22	38
2015	21	15	19	27	25	18	23	24
2016	23	12	10	28	16	17	18	22
2017	27	9	8	29	13	14	14	18
2018	16	10	10	28	-	15	11	18
2019	21	14	5	22	13	11	12	20
2020	9	8	7	24	11	8	9	15
2021	9	-	7	17	9	15	-	10
2022	11	6	10	12	10	11	-	11
2023	12	10	7	15	6	10	~	11
2024	9	9	5	21	8	11	0	16
2025	**12**	**14**	**4**	**13**	**10**	**7**	**-**	**12**

Note. Data on oxycodone use not collected from 2000-2004. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

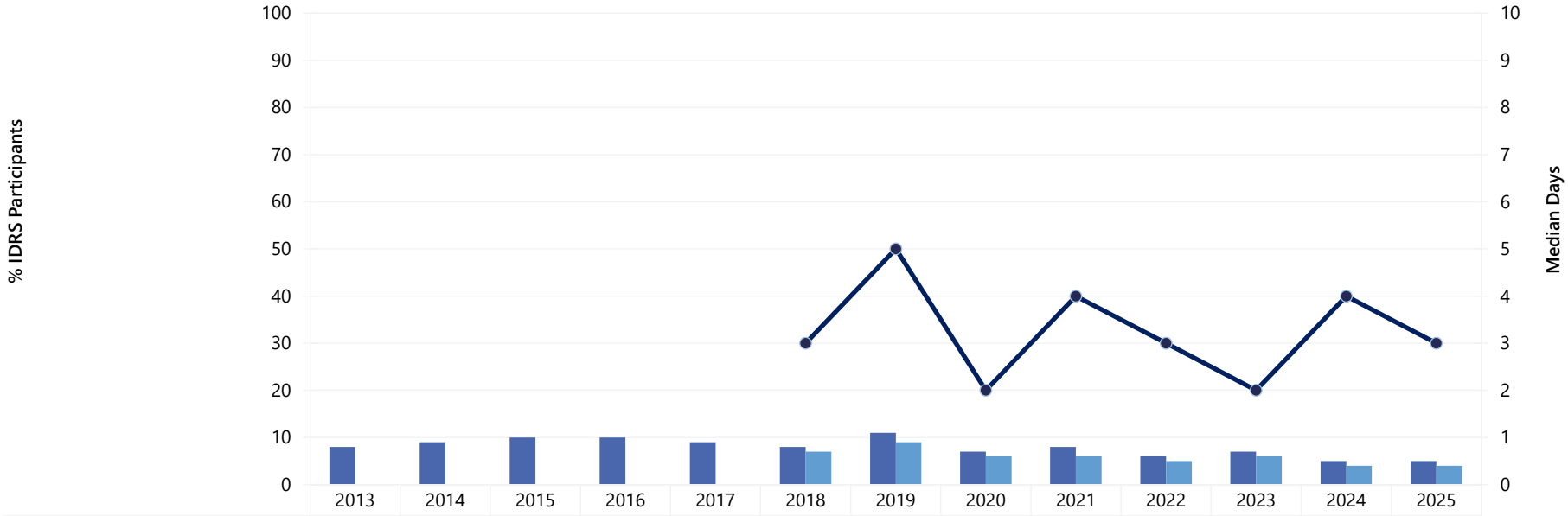
Fentanyl

Any Recent Use (past 6 months): The per cent reporting any recent use of fentanyl has remained low and stable since monitoring commenced, with 5% reporting any recent use in 2025 (5% in 2024; p=0.825) (Figure 30). Four per cent reported non-prescribed use (4% in 2024) and 1% reported prescribed use (1% in 2024; p=0.379). Non-prescribed fentanyl use remained low and stable in all capital city samples in 2025 (Table 15).

Frequency of Use: In 2025, participants reported non-prescribed use on a median of three days (IQR=1-12; n=37) in the six months preceding interview, stable relative to 2024 (4 days; IQR=1-14; n=38; p=0.906) (Figure 30).

Recent Injecting Use: Of those who had recently used fentanyl and commented (n=44), three quarters (75%) of participants reported injecting in 2025, stable relative to 2024 (62%; p=0.194). Participants reported injecting fentanyl on a median of three days (IQR=1-7) in the past six months (3 days in 2024; IQR=1-7; p=0.839).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, nationally, 2013-2025



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% Any Use	8	9	10	10	9	8	11	7	8	6	7	5	5
% Non-Prescribed Use						7	9	6	6	5	6	4	4
Median days (non-prescribed)						3	5	2	4	3	2	4	3

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. Secondary Y axis reduced to 10 days to improve visibility of trends. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 15: Past six month non-prescribed use of fentanyl, by capital city, 2018-2025

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2018	6	6	8	0	-	8	-	16
2019	11	10	7	-	-	9	13	13
2020	8	9	-	-	10	11	-	-
2021	7	10	-	12	6	6	-	-
2022	4	9	-	10	6	-	0	-
2023	7	7	5	11	-	10	~	-
2024	7	14	-	-	-	-	-	-
2025	**6**	**11**	**-**	**-**	**-**	**-**	**0**	**-**

Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. ~Due to the particularly small samples recruited in Darwin in 2023 (n<50), data are not presented in this table. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 16). In 2025, almost one tenth (8%) of participants reported any recent use of codeine (8% in 2024; p=0.924), with 4% reporting prescribed use (4% in 2024; p=0.619), and 4% reporting non-prescribed use (4% in 2024; p=0.627). Of those who reported recent use (n=67), 9% reported injecting as a route of administration (n≤5 in 2024; p=0.744).

In 2025, 3% reported any recent use of tramadol, a significant decrease relative to 2024 (6%; p=0.010). Two per cent reported prescribed use (3% in 2024; p=0.129) and 2% reported non-prescribed use, a significant decrease from 4% in 2024 (p=0.013). Of those who reported recent use (n=30), few participants (n≤5) reported injecting as a route of administration (n≤5 in 2024; p=0.661).

Two per cent of the sample reported recent use of tapentadol in 2025, stable relative to 2024 (2%; p=0.869). One per cent of participants reported prescribed use (1% in 2024) and 2% reported non-prescribed use (1% in 2024; p=0.838). Of those who reported recent use (n=20), almost one third (30%) reported injecting as a route of administration in 2025 (0% in 2024; p=0.020).

Few participants (n≤5) reported any recent use of other opioids in 2025 (1% in 2024; p=0.507) (not listed in Table 16).

Table 16: Past six month use of other opioids, nationally, 2019-2025

%	2019 (N=896)	2020 (N=880)	2021 (N=887)	2022 (n=878)	2023 (N=819)	2024 (N=881)	2025 (N=863)
Codeine^							
Any use	9	10	10	9	10	8	**8**
Non-prescribed use	9	4	5	4	4	4	**4**
Any injecting use[#]	5	7	2	-	-	-	**9**
Tramadol							
Any use	16	7	8	10	9	6	**3***
Non-prescribed use	7	4	5	5	4	4	**2***
Any injecting use[#]	9	8	11	12	10	-	**-**
Tapentadol							
Any use	2	1	2	1	1	2	**2**
Non-prescribed use	1	-	-	1	0	1	**2**
Any injecting use[#]	-	-	0	0	0	0	**30***

Note. ^Includes high and low dose. [#]Of those who reported past six month use. Statistical significance for 2024 versus 2025 is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

8

Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2025, 6% of the sample reported any recent NPS use, stable relative to 2024 (5%; p=0.458) (Table 17). 'New' drugs that mimic the effects of cannabis (2%; 2% in 2024), 'new' drugs that mimic the effects of opioids (2%; 1% in 2024; p=0.443) and 'new' drugs that mimic the effects of benzodiazepines (2%; n≤5 in 2024; p=0.011) were the three most commonly used NPS classes. One per cent reported use of 'new' drugs that mimic the effects of ecstasy (1% in 2024), 'new' drugs that mimic the effects of amphetamines/cocaine (1% in 2024; p=0.616) and 'new' drugs that mimic the effects of psychedelics (2% in 2024; p=0.055), respectively (Table 17).

Table 17: Past six month use of new psychoactive substances, nationally, 2013-2025

%	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	N=887	N=898	N=888	N=877	N=888	N=905	N=902	N=884	N=887	N=870	N=818	N=883	N=865
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	2	1	1	1	1	1	**2**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	1[#]	1	2	-	1	1	-	1	**1**
'New' drugs that mimic the effects of amphetamine or cocaine	4	4	3	4	/	2	1	2	1	2	2	1	**1**
'New' drugs that mimic the effects of cannabis	9	8	8	8	5	5	6	5	4	2	3	2	**2**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	1[#]	2	1	1	0	1	2	2	**1**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	1	-	1	0	-	-	**2***
'New' drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	/	/	**-**
Any of the above	12	11	10	11	8	11	11	8	7	6	7	5	**6**

Note. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs; from 2018 onwards, these two NPS classes were separated out. Statistical significance for 2024 versus 2025 is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated over time, peaking at 53% in 2011, and declining thereafter. Almost one quarter (23%) of the sample reported recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) in the six months preceding interview, stable relative to 2024 (25%; p=0.434) (Figure 31).

Frequency of Use: In 2025, participants reported using non-prescribed benzodiazepines on a median of 10 days (IQR=3-30; n=199) in the six months preceding interview, stable relative to 2024 (10 days; IQR=4-48; n=219).

Recent Injecting Use: In 2025, 4% of participants who had recently used any non-prescribed benzodiazepines reported injecting as a route of administration (4% in 2024; p=0.801). Similarly, 4% of participants who had recently used prescribed or non-prescribed benzodiazepines reported injecting as a route of administration (3% in 2024; p=0.538).

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2025 (n=194), the most commonly used benzodiazepine was Valium (diazepam) (70%), followed by Xanax (alprazolam) (31%), Diazepam (generic) (17%), Clonazepam (generic) (11%) and Serepax (oxazepam) (11%).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed use of pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) gradually decreased between 2006 and 2017 and has remained relatively stable since (Figure 31). In 2025, 8% reported recent use, stable from 2024 (9%; p=0.343).

Frequency of Use: In 2025, participants reported using non-prescribed pharmaceutical stimulants on a median of five days (IQR=2-10; n=66) in the six months preceding interview, stable relative to 2024 (4 days; IQR=2-8; n=78; p=0.661).

Recent Injecting Use: Almost one fifth (18%) of those who had recently used non-prescribed pharmaceutical stimulants reported injecting as a route of administration (20% in 2024; p=0.830) and had done so on a median of four days in the past six months (IQR=1-41; 5 days in 2024; IQR=1-6; p=0.554).

Antipsychotics

Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed antipsychotics (asked as 'Seroquel' from 2011-2018) gradually decreased between 2011 and 2020, before subsequently stabilising. In 2025, however, 3% reported recent use, a significant decrease relative to 2024 (5%; p=0.033) (Figure 31).

Frequency of Use: Frequency of non-prescribed use remained stable at six days in 2025 (IQR=2-24; n=26; 5 days in 2024; IQR=2-19; n=44; *p*=0.603).

Recent Injecting Use: No participants reported recently injecting antipsychotics in 2025 (0% in 2024).

Pregabalin

Recent Use (past 6 months): In 2025, 16% of the sample reported non-prescribed pregabalin use in the six months preceding interview; this has remained relatively stable since monitoring commenced (13% in 2024; *p*=0.097) (Figure 31).

Frequency of Use: Non-prescribed use was infrequent, with participants reporting use on a median of six days in the preceding six months (IQR=2-24; n=140), stable relative to 2024 (median 5 days; IQR=2-15; n=117; *p*=0.200).

Recent Injecting Use: Of those who had recently used non-prescribed pregabalin and commented (n=141), 8% reported injecting as a route of administration, stable relative to 2024 (n≤5; *p*=0.304), and had injected on a median of eight days (IQR=3-30) in the six months preceding interview (n≤5 in 2024; *p*=0.664).

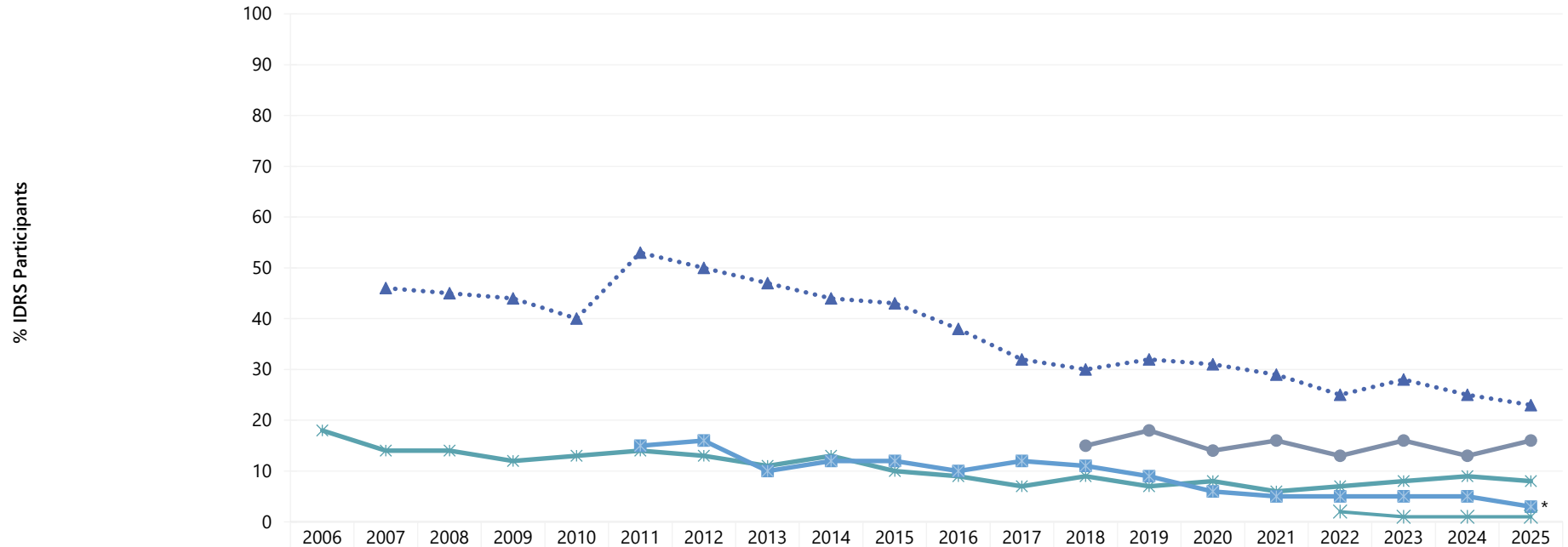
Gabapentin

Recent Use (past 6 months): In 2025, 1% of the sample reported non-prescribed gabapentin use in the six months preceding interview (1% in 2024; *p*=0.321) (Figure 31).

Frequency of Use: Participants reported use on a median of six days in the preceding six months (IQR=2-15; n=8), stable relative to 2024 (median 8 days; IQR=2-19; n=6; *p*=0.895).

Recent Injecting Use: Few participants (n≤5) reported recently injecting non-prescribed gabapentin (n≤5 in 2024).

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, nationally, 2006-2025



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Benzodiazepines		46	45	44	40	53	50	47	44	43	38	32	30	32	31	29	25	28	25	23
Pharmaceutical stimulants	18	14	14	12	13	14	13	11	13	10	9	7	9	7	8	6	7	8	9	8
Antipsychotics						15	16	10	12	12	10	12	11	9	6	5	5	5	5	3
Pregabalin													15	18	14	16	13	16	13	16
Gabapentin																	2	1	1	1

Note. From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed from 2007 onwards. Non-prescribed use of all these substances is reported. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): In 2025, 53% of the sample reported recent use of alcohol, stable relative to 51% in 2024 (p=0.392) (Figure 32).

Frequency of Use: Participants who reported recent alcohol use in 2025 reported use on a median of 24 days (IQR=6-90; n=456), stable relative to 2024 (24 days; IQR=6-120; n=448; p=0.184), with 16% reporting daily use (21% in 2024; p=0.073).

Tobacco

From 2024, questions about illicit tobacco were included for the first time. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Tobacco use has remained high since the IDRS commenced. In 2025, 87% of the sample reported recent use, stable from 2024 (87%; p=0.946) (Figure 32) and 63% reported recent use of smoked or non-smoked illicit tobacco, a significant increase from 46% in 2024 (p<0.001).

Frequency of Use: Frequency of use remained high among those reporting recent use at a median of 180 days (i.e., daily; IQR=180-180; n=752; 180 days in 2024; IQR=180-180; n=768; p=0.410), with 89% reporting daily use in 2025 (88% in 2024; p=0.408).

E-cigarettes/'Vapes'

Legislation regulating e-cigarettes (also known as vapes) has changed markedly in recent years. From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose, and from 1 July 2024, all e-cigarette products, regardless of whether they contained nicotine, could only legally be sold in a pharmacy. From 1 October 2024, people 18 years and older could buy e-cigarettes from participating pharmacies with a nicotine concentration of 20 mg/mL or less *without a prescription*, where state and territory laws allowed: products with a nicotine concentration of >20 mg/mL still required a prescription.

To capture these changes, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. In 2025, participants were asked about their use of e-cigarettes obtained from pharmacy (with or without a prescription) and 'non-pharmacy' locations.

In 2025, few participants (1%; n=8) reported recent use of e-cigarettes that were obtained from a pharmacy. Between 2022 and 2024, few participants reported recent use of prescribed e-cigarettes (n≤5 in 2022; 1% in 2023 and 2024, respectively). The 2025 data presented below refers only to use of e-cigarettes that were obtained from non-pharmacy locations, 2022-2024 data refers to non-prescribed e-cigarette use, while data from 2021 and earlier captures any e-cigarette use (collectively referred to as 'illicit use' from herein).

Recent Use (past 6 months): One quarter (25%) of the sample reported illicit e-cigarette use in 2025, stable relative to 2024 (27%; p=0.280) (Figure 32).

Frequency of Use: Frequency of illicit use remained stable relative to 2024, with participants reporting a median of 93 days of use (i.e., every second day; IQR=24-180; n=204; 90 days in 2024; IQR=12-180; n=240; *p*=0.140). Daily use of illicit e-cigarettes was reported by two fifths (42%) of participants who reported recent use, stable relative to 2024 (37%; *p*=0.290).

Contents and Forms Used: Among those who reported recent illicit use and commented (n=209), the majority (88%) reported using disposable devices, followed by re-fillable devices (13%).

Reason for Use: Almost two fifths (37%) of those who had recently used *any* e-cigarettes in 2025 reported that they had used e-cigarettes as a smoking cessation tool, stable relative to 2024 (42%; *p*=0.223).

Nicotine Pouches

Recent Use (past 6 months): Two per cent of the sample reported recent use of nicotine pouches in 2025, stable relative to 2024 (3%; *p*=0.766) (Figure 32).

Frequency of Use: Participants reported using nicotine pouches on a median of seven days (IQR=4-30; n=21) in the six months preceding interview, stable relative to 2024 (4 days; IQR=1-23; n=24; *p*=0.224).

Steroids

Recent Use (past 6 months): Reports of recent use of non-prescribed steroids have remained consistently low (between <1% and 3%) since monitoring commenced in 2010. One per cent of the sample reported recent use in 2025 (1% in 2024; *p*=0.797) (Figure 32).

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2025, 17% of the sample reported recent use of GHB/GBL/1,4-BD, stable relative to 2024 (15%; *p*=0.201) (Figure 32).

Frequency of Use: Participants reported use of GHB/GBL/1,4-BD on a median of five days in the preceding six months (IQR=2-20; n=147), consistent with 2024 (median 5 days; IQR=2-20; n=131; *p*=0.619).

Recent Injecting Use: Of those who reported recent use (n=148), few participants (n≤5) reported injecting as a route of administration (5% in 2024; *p*=0.760).

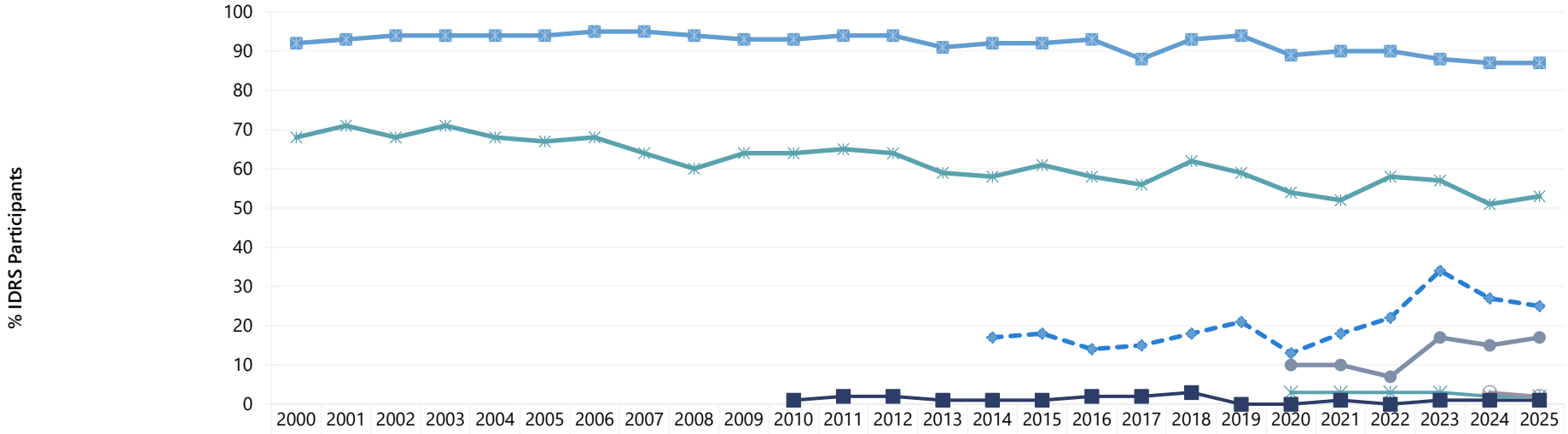
Unisom

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): In 2025, 2% of the national sample reported use of Unisom in the six months preceding interview (2% in 2024; *p*=0.245) (Figure 32).

Recent Injecting Use: Of those who had recently used Unisom (n=14), 79% reported injecting as a route of administration (77% in 2024).

Figure 32: Past six month use of licit and other drugs, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Alcohol	68	71	68	71	68	67	68	64	60	64	64	65	64	59	58	61	58	56	62	59	54	52	58	57	51	53
Tobacco	92	93	94	94	94	94	95	95	94	93	93	94	94	91	92	92	93	88	93	94	89	90	90	88	87	87
Illicit e-cigarettes															17	18	14	15	18	21	13	18	22	34	27	25
GHB/GBL/1,4-BD																					10	10	7	17	15	17
Unisom																					3	3	3	3	2	2
Nicotine pouches																									3	2
Non-prescribed steroids											1	2	2	1	1	1	2	2	3	-	-	1	-	1	1	1

Note. Regarding e-cigarette use, 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 illicit e-cigarettes only. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

9

Drug-Related Harms and Other Behaviours

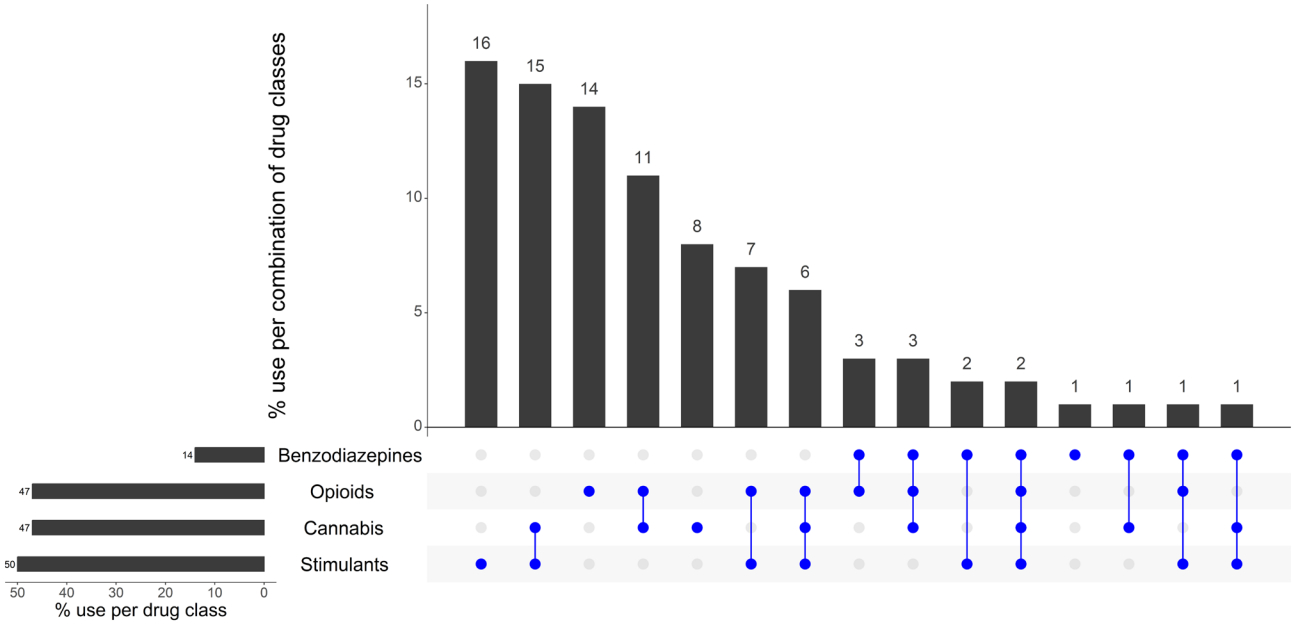
Participants were asked about various drug-related harms and other behaviours, including polysubstance use and bingeing, non-fatal overdose, AUDIT-C, naloxone awareness and uptake, equipment access and injecting behaviours, injection-related injuries and diseases, drug treatment, opioid and methamphetamine dependence, bloodborne virus testing and treatment, sexual health behaviours, mental health and psychological distress, health service access, driving under the influence of drugs, drug checking and crime. It should be noted that the following data refer to participants' understanding of these behaviours (e.g., may not represent medical diagnoses in the case of reporting on health conditions).

Polysubstance Use

In 2025, the majority of the sample (94%) 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=815), the most commonly used substances were cannabis (51%), opioids (50%), stimulants (50%), alcohol (21%) and benzodiazepines (15%).

Two thirds (66%) of the sample reported using two or more drugs (including alcohol and prescription medications, but excluding tobacco and e-cigarettes) on the day preceding interview. Fifteen per cent reported concurrent use of cannabis and stimulants, and 11% reported concurrent use of opioids and cannabis, on the day preceding interview (Figure 33). Sixteen per cent of respondents reported using stimulants alone, 14% reported using opioids alone, and 8% reported using cannabis alone.

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, nationally, 2025

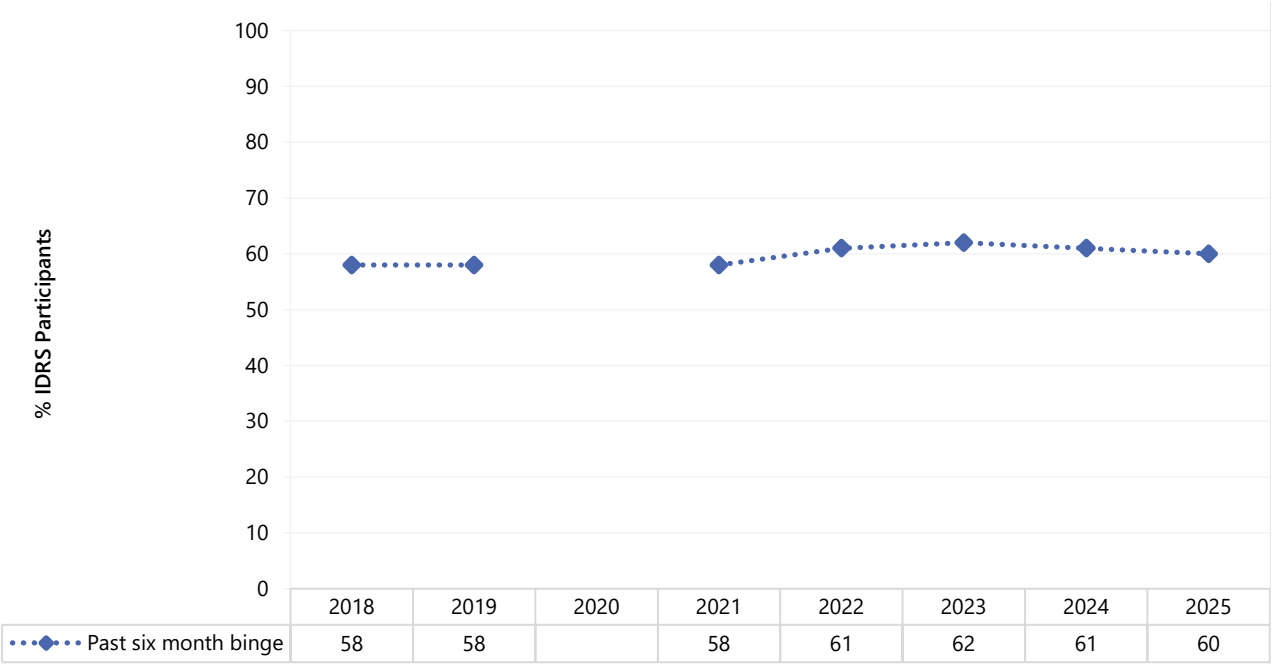


Note. % calculated out of total IDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue 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, ecstasy and pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 20% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. The per cent of the sample who have reported bingeing has remained stable over time. In 2025, three fifths (60%) of the sample had binged on one or more drugs in the preceding six months, stable from 2024 (61%; p=0.661) (Figure 34).

Figure 34: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), nationally, 2018-2025



	2018	2019	2020	2021	2022	2023	2024	2025
Past six month binge	58	58		58	61	62	61	60

Note. Participants were first asked about bingeing in 2018. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables and figures.

Overdose Events

Non-Fatal Overdose

There have been some changes in the way questions about overdose have been asked over the years, which may account for some variation in estimates.

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

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

It is important to note that overdose episodes reported across the drug types may not be unique given high rates of polysubstance use amongst the sample.

Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see Table 18).

Despite some fluctuation since monitoring commenced in 2000, the per cent reporting **any past 12 month non-fatal overdose** has remained relatively stable. In 2025, one fifth (19%) of the sample reported any past 12-month non-fatal overdose, stable relative to 2024 (21%; p=0.466) (Figure 35). Non-fatal overdose in the past 12-months remained stable in most capital city samples in 2025, relative to 2024 (Table 18). There was, however, a significant decrease observed in the Adelaide sample (13%; 27% in 2024; p=0.017).

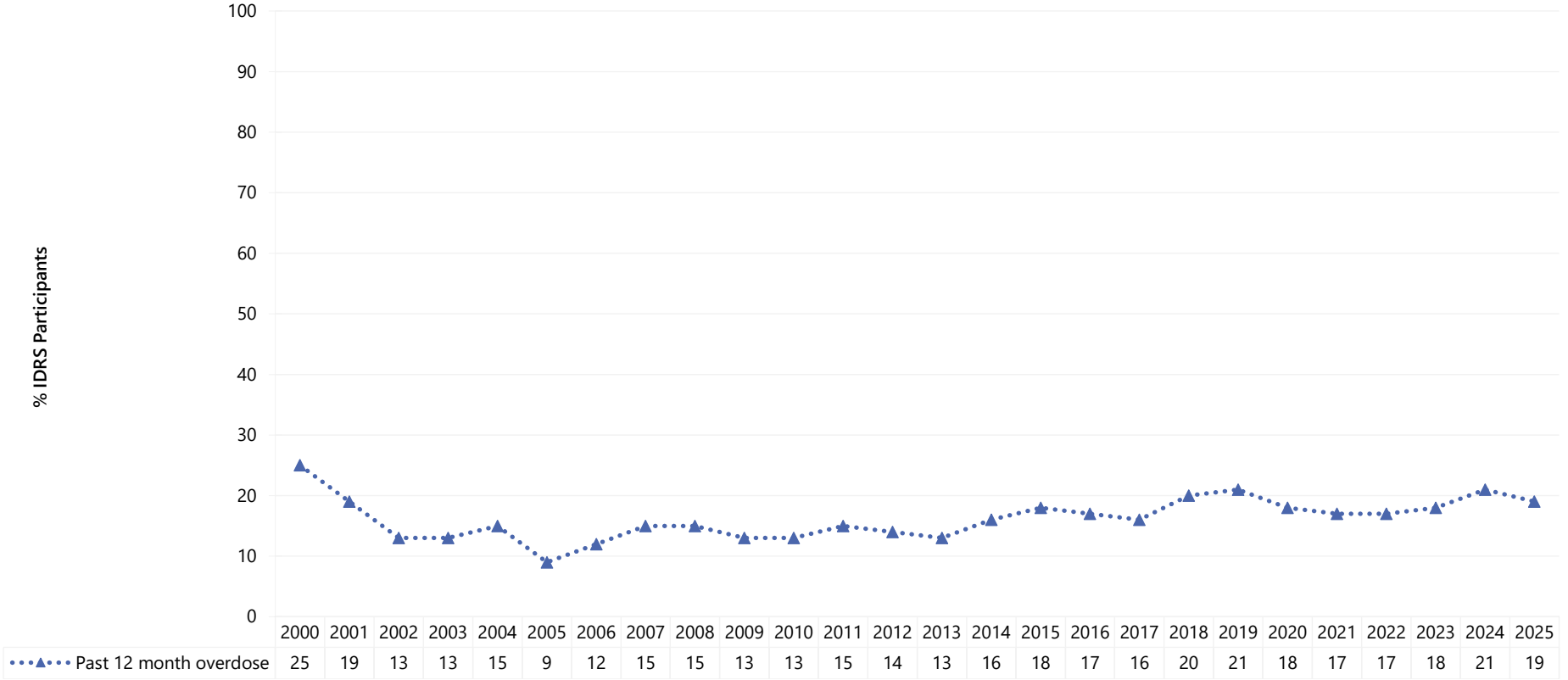
Twelve per cent of the national sample reported a **non-fatal overdose following opioid use** in the past 12 months (12% in 2024; p=0.881), whilst 5% reported a **non-fatal overdose following stimulant use** in the past 12 months (6% in 2024; p=0.410) (Table 18). The most commonly cited substance involved in past year non-fatal overdose was heroin (10%; 11% in 2024; p=0.758).

Participants who had overdosed on an opioid (n=104) had done so on a median of two occasions (IQR=1-2) in the last 12 months. Among those who had overdosed on an opioid in the past year and commented (n=102), 60% reported being administered naloxone, 48% reported that an ambulance

had attended their most recent overdose, 26% were admitted to an emergency department and 11% reported receiving oxygen. Fourteen per cent reported not receiving any treatment. The most commonly cited other drugs involved in participants' most recent opioid overdose were tobacco (38%), methamphetamine crystal (29%), benzodiazepines (22%), cannabis (19%) and alcohol (16%).

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

Figure 35: Past 12-month any non-fatal overdose, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Past 12 month overdose	25	19	13	13	15	9	12	15	15	13	13	15	14	13	16	18	17	16	20	21	18	17	17	18	21	19

Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 18: Past 12-month non-fatal overdose by drug type, nationally, 2024-2025, and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	**N=865**	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
	2024	**2025**	2025	2025	2025	2025	2025	2025	2025	2025
% Any opioid	N=881 12	**N=856** **12**	N=151 11	N=98 19	N=150 19	N=95 -	N=105 7	N=100 14	N=53 0	N=104 14
% Heroin overdose	N=878 11	**N=854** **10**	N=151 10	N=97 16	N=150 18	N=95 -	N=104 -	N=100 13	N=53 0	N=104 11
% Methadone overdose	N=878 -	**N=854** **-**	N=151 -	N=97 0	N=150 -	N=95 0	N=104 0	N=100 0	N=53 0	N=104 0
% Morphine overdose	N=878 -	**N=854** **-**	N=151 0	N=97 0	N=150 -	N=95 0	N=104 0	N=100 0	N=53 0	N=104 -
% Oxycodone overdose	N=878 -	**N=854** **1**	N=151 -	N=97 0	N=150 -	N=95 -	N=104 0	N=100 0	N=53 0	N=104 -
% Stimulant overdose	N=873 6	**N=856** **5**	N=153 5	N=98 6	N=150 -	N=95 6	N=105 -	N=100 8	N=53 0	N=102 11
% Other overdose	N=873 6	**N=856** **5**	N=153 4	N=98 9	N=150 4	N=95 -	N=105 -	N=100 6	N=53 -	N=102 6
% Any drug overdose	N=881 21	**N=859** **19**	N=153 18	N=98 30	N=151 21	N=95 14	N=105 13	N=100 22	N=53 -	N=104 27

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. N is the number who responded (denominator). Statistical significance for 2024 versus 2025 is presented in table for national estimates; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

The mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 2.9 (SD 3.7) in 2025, a significant change relative to 2024 (2.9; SD 3.9; p=0.004).

AUDIT-C scores of ≥4 (men) and ≥3 (women) are likely to indicate hazardous drinking, and potentially, alcohol dependence (Table 19). In 2025, one third (35%) of male participants had obtained a score of four or more (36% in 2024; p=0.802), and two fifths (39%) of female participants had obtained a score of three or more (35% in 2024; p=0.425), indicative of hazardous use.

Table 19: AUDIT-C total scores and per cent of participants scoring above recommended levels, nationally, 2010-2025

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Men															
Mean AUDIT-C score (SD)	4.1 (3.9)	4.3 (3.9)	4.1 (3.9)	4.3 (4.0)	4.5 (4.0)	4.1 (3.9)	4.1 (3.9)	4.6 (3.6)	3.5 (3.6)	3.7 (3.8)	6.4 (3.5)	6.8 (3.4)	3.5 (4.0)	3.4 (3.8)	3.0 (3.9)	**2.9 (3.6)**
Score of ≥4 (%)	50	50	48	50	53	49	46	53	41	43	71	81	41	42	36	**35**
	Women															
Mean AUDIT-C score (SD)	3.2 (3.4)	3.6 (3.7)	3.5 (3.5)	3.6 (3.6)	3.9 (3.8)	3.4 (3.8)	3.4 (3.6)	4.0 (3.5)	3.5 (3.7)	2.7 (3.4)	5.3 (3.4)	5.7 (3.5)	3.2 (3.8)	3.0 (3.8)	2.7 (3.8)	**2.8 (3.7)**
Score of ≥3 (%)	45	51	50	49	53	44	47	54	49	36	74	77	44	39	35	**39**

Note. Monitoring of AUDIT commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2024 versus 2025 is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

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

Awareness of Naloxone: From 2013-2025, at least four in five participants reported awareness of naloxone each year. In 2025, 86% of the sample reported that they had heard of naloxone, a significant increase from 80% in 2024 (p=0.002), although similar to what was observed in earlier years (Figure 36). There was large variation across capital city samples, however, ranging from 45% among Darwin participants to 97% among Melbourne participants (Table 20).

Awareness of Take-Home Naloxone: In 2025, four fifths (80%) of participants had heard about take-home naloxone, a significant increase relative to 2024 (73%; p<0.001), and the highest per cent since monitoring commenced (Figure 36). In 2025, 2% of the national sample reported having heard of paid access (2% in 2024; p=0.503), and 79% of participants reported having heard of free access, a significant increase from 72% in 2024 (p=0.001). In 2025, knowledge regarding the take-home naloxone program was highest among the Canberra and Melbourne samples (93%, respectively) (Table 20).

Obtained Naloxone: In 2025, two thirds (65%) of the sample reported having obtained naloxone at least once in their lifetime, a significant increase relative to 2024 (54%; p<0.001), with 55% having done so in the past year, also a significant increase relative to 2024 (46%; p<0.001) (Figure 37). Among participants who had ever obtained naloxone and responded (n=549), the majority reported most recently accessing naloxone from a Needle and Syringe Program (NSP) (60%; 60% in-person and n≤5 via post), followed by a pharmacy (12%) and the medically supervised injecting centre/room (7%). The majority (95%) reported that they did not have to pay the last time they obtained naloxone.

In 2025, of those who reported obtaining naloxone at least once in their lifetime (n=552), a median of two naloxone kits were stored away at the time of interview (IQR=1-3). Among those with at least one naloxone kit stored away and who responded (n=371), 93% had at least one kit within its expiration date, 11% had at least one kit that was expired, and 4% had both expired and non-expired kits.

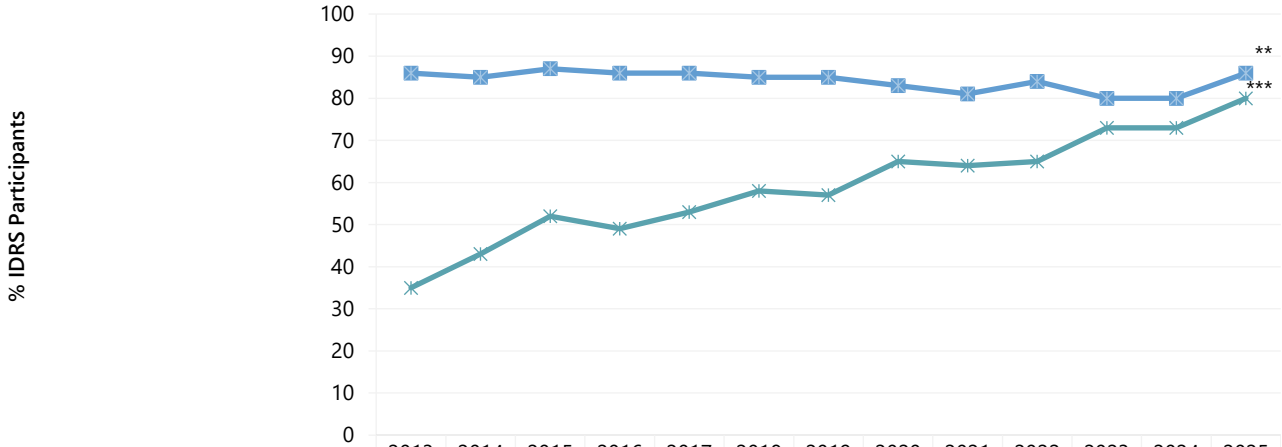
Three per cent of the sample reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (2% in 2024; p=0.533), with 1% reporting this had occurred in the past year (2% in 2024; p=0.841). An additional 29% of participants reported that they had never tried to obtain naloxone, a significant decrease relative to 2024 (48%; p<0.001) (note: a small per cent of participants reported never trying to obtain naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Out of those who had trouble obtaining naloxone or had never tried to obtain naloxone (n=263), the reasons included: 'don't use opioids' (22%), 'didn't consider myself/my peers at risk of overdose' (19%) and 'not available in the pharmacy' (7%).

Of those who had ever obtained naloxone, had used opioids in the past month and responded (n=460), 49% reported that they 'always' had naloxone on hand when using opioids, followed by 21% reporting 'often', 14% 'sometimes', 8% 'rarely' and 8% 'never'.

Education on Using Naloxone: In 2025, 56% of the sample had been trained in how to administer naloxone in their lifetime, stable relative to 2024 (51%; p=0.096), with one third (32%) having done so in the past year, also stable compared to 2024 (29%; p=0.087) (Figure 37). Among those who had been trained in naloxone administration in the last year and responded (n=271), three fifths (58%) were taught how to administer naloxone at a NSP, followed by a medically supervised injecting centre/room (12%), in the community/at home (8%) and a drug treatment service (7%). Two per cent (n=6) reported that the training they received was online.

Use of Naloxone to Reverse Overdose: In 2025, one third (32%) of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime, a significant increase from 27% in 2024 (p=0.038), with 18% having done so in the past year. In 2025, of those who responded (n=856), 8% reported that they had been resuscitated by a peer using naloxone in the past year, stable relative to 2024 (5%; p=0.084).

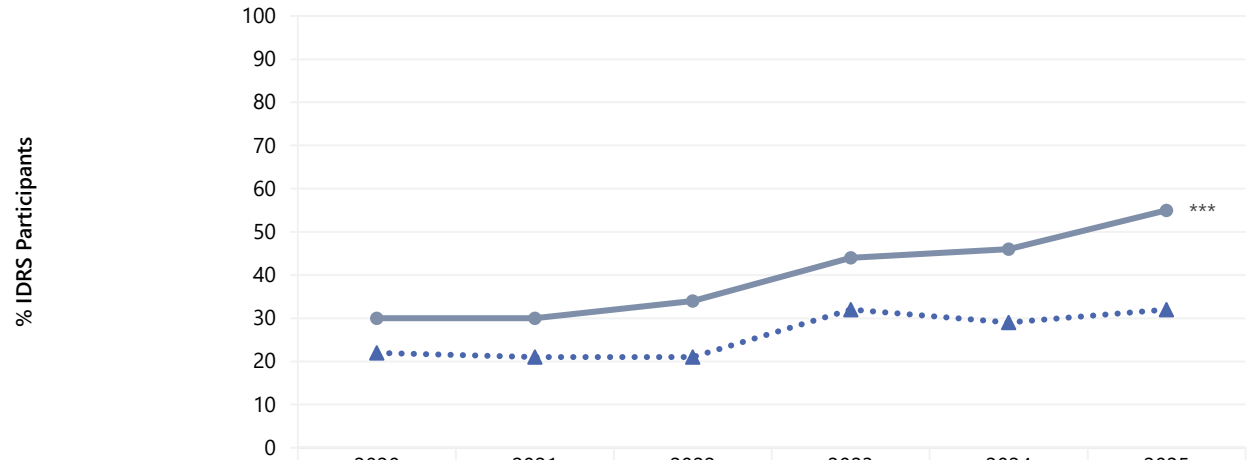
Figure 36: Lifetime awareness of naloxone and naloxone take-home programs, nationally, 2013-2025



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Heard of naloxone	86	85	87	86	86	85	85	83	81	84	80	80	86
Heard of take-home naloxone^	35	43	52	49	53	58	57	65	64	65	73	73	80

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. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 37: Past 12 month education in naloxone administration, and obtainment of naloxone, nationally, 2020-2025



	2020	2021	2022	2023	2024	2025
Trained in naloxone administration^^	22	21	21	32	29	32
Obtained naloxone	30	30	34	44	46	55

Note. ^^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' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 20: Lifetime awareness of naloxone, and past year access and education in naloxone administration, by capital city, 2025

	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
% Heard of naloxone	91	96	97	89	67	88	45	90
% Heard of take-home naloxone	86	93	93	80	52	88	42	85
% Obtained naloxone in past year	63	70	71	45	30	59	21	51
% Trained in naloxone administration in past year	49	35	38	20	18	28	-	42

Note. N is the number who responded (denominator). Please refer to Table 1 for a guide to table/figure notes.

Equipment Access and Injecting Behaviours

Equipment Access

In 2025, participants reported obtaining a median of 100 new needle and syringes (IQR=25-200; 100 in 2024; IQR=20-200; p=0.147) and reported providing a median of 10 needles and syringes to others in the past month (IQR=0-50; 10 in 2024; IQR=0-45; p=0.624). Participants reported having a median of 15 needles and syringes currently 'stored away' (IQR=2-58; 12 in 2024; IQR=1-50; p=0.231).

Eleven per cent of the sample reported difficulties obtaining new needles and syringes in the past month (11% in 2024; p=0.762) (Table 21), 4% reported difficulties accessing filters (2% in 2024; p=0.054) and 9% reported difficulties obtaining sterile water (not asked in 2024). The majority of participants reported that they obtained needles from an NSP (84%; 88% in 2024; p=0.031) in the past month, followed by a NSP vending machine (22%; 24% in 2024; p=0.210) and a friend/partner (13%; 14% in 2024; p=0.330) (Table 21).

Injecting Behaviours

In 2025, participants reported injecting on a median of 30 occasions in the past month (IQR=12-60), a significant increase relative to 2024 (25 occasions; IQR=12-31; p<0.001). In 2025, 5% of the sample reported receptive sharing (5% in 2024; p=0.911) and 8% reported distributive sharing (9% in 2024; p=0.741) in the past month. The per cent who had shared injecting equipment other than syringes (e.g., spoons, tourniquet, water, and filters) in the month preceding interview more than halved between 2000 (51%) and 2011 (25%) and remained relatively stable from 2011-2023 (notwithstanding a sharp decline in 2019). One fifth (19%) reported sharing other equipment in 2025, a significant increase relative to 2024 (15%; p=0.021), but similar to the per cent reported in 2021-2023 (Table 22 and Figure 38). The per cent of the sample who reported re-using their own needles in the past month has also declined over time, reaching the lowest per cent since monitoring commenced in 2025 (31%), though remaining stable relative to 2024 (35%; p=0.097) (Table 22 and Figure 38). In 2025, 55% of the sample reported re-using other injecting equipment in the past month, a significant increase relative to 2024 (47%, p<0.001) (Table 22), most commonly spoons and mixing containers (35%; 32% in 2024; p=0.136) and tourniquets (35%; 28% in 2024; p=0.002).

Thirty-five per cent of the 2025 sample reported that they had injected someone else in the past month, stable relative to 2024 (34%; p=0.836) and 21% had been injected by someone else, a significant increase relative to 2024 (17%; p=0.018) (Table 22).

The location of last injection remained stable between 2024 and 2025 (p=0.856). Consistent with previous years, most participants (80%) in the national sample reported that they had last injected in a private home (78% in 2024) (Table 22). Seventeen per cent of Melbourne participants and 4% of Sydney participants reported last injecting at the Medically Supervised Injecting Room or Centre (Table 22). Fifty-four per cent of the national sample reported injecting alone on the last occasion of injecting (51% 2024; p=0.216).

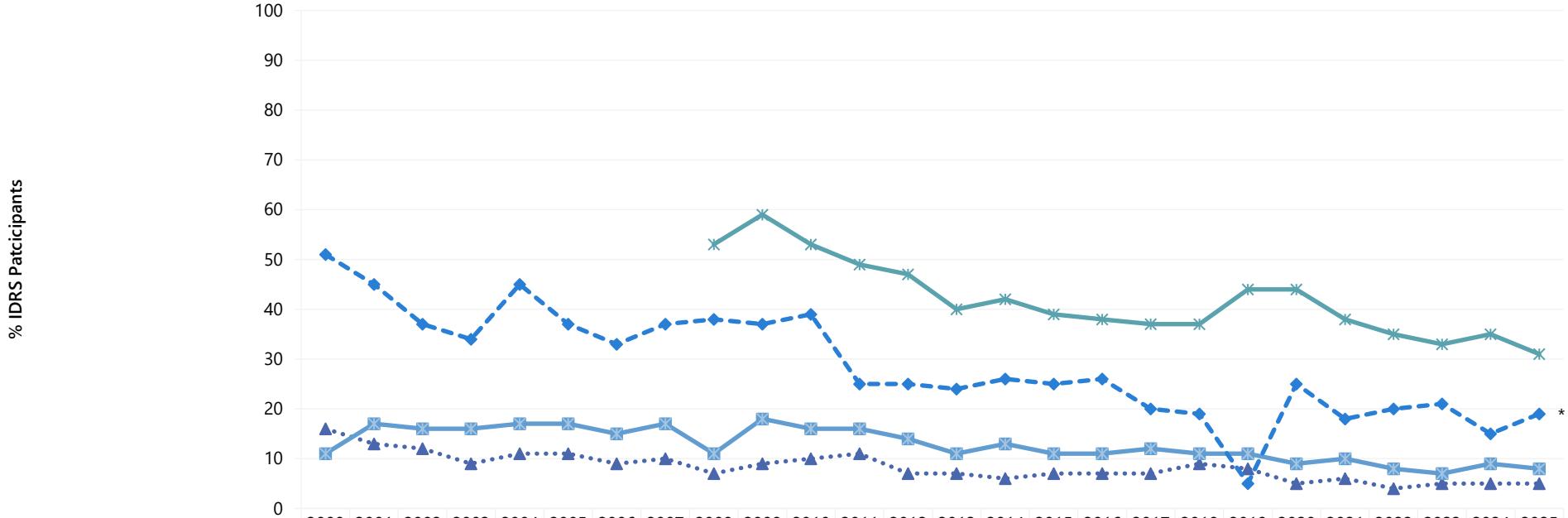
There was a significant change in the site of last injection between 2024 and 2025 (p=0.022). In 2025, fewer participants reported injecting in their arm on the last occasion of injecting (76%; 80% in 2024) and more participants reporting injecting in their hand/wrist (10%; 8% in 2024) and leg (6%; 4% in 2024) (Table 22).

Table 21: Injecting euipment access in past month, nationally, 2024-2025 and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	N=865	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025
% Location of needle/syringe access past month	n=865	**n=845**	n=152	n=98	n=151	n=95	n=104	n=90	n=53	n=101
NSP	88	**84***	79	89	75	86	85	77	96	94
NSP vending machine	24	**22**	59	10	26	16	20	0	15	-
Posted from NSP	/	**1**	-	0	0	0	-	-	0	0
Chemist	11	**11**	-	19	9	13	6	21	0	21
Friend/Partner	14	**13**	11	12	11	9	25	13	11	10
Dealer	4	**3**	4	-	0	-	6	0	-	-
Hospital	2	**2**	7	0	-	0	-	0	0	-
Outreach/peer worker	2	**2**	-	-	9	0	-	0	-	-
Medically supervised injecting Centre/Room	7	**4***	6	0	17	0	0	0	0	0
Other	2	**3**	0	14	5	0	-	0	0	-
%Difficulties accessing filters^ in the past month	2	**4**	7	-	-	-	-	6	0	6
%Difficulties accessing needles/syringes in past month	11	**11**	9	13	14	17	7	12	-	10
%Equipment used past month	n=881	**n=860**	n=153	n=100	n=150	n=95	n=105	n=100	n=53	n=104
Needle and syringe (e.g., 0.5mL, 1mL)	93	**95**	97	91	93	94	96	97	92	93
Syringe or barrel (e.g., 3mL, 5mL, 10mL, 20mL, 50mL)	20	**18**	20	16	12	37	9	8	13	30
Spoons/mixing containers	64	**65**	88	91	87	43	39	52	-	65
Tourniquet	52	**56**	63	51	55	56	63	55	38	59
Swabs	85	**85**	90	86	95	66	89	88	91	71
Water	88	**90**	97	93	86	71	97	94	96	83
Any filters	64	**63**	76	88	83	31	46	62	30	59

Note. ^Filters included wheel filters, Sterifilt basic filters, Sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2024 versus 2025 is presented in figure for national estimates; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 38: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Borrowed needles	16	13	12	9	11	11	9	10	7	9	10	11	7	7	6	7	7	7	9	8	5	6	4	5	5	5
Lent needles	11	17	16	16	17	17	15	17	11	18	16	16	14	11	13	11	11	12	11	11	9	10	8	7	9	8
Shared other equipment	51	45	37	34	45	37	33	37	38	37	39	25	25	24	26	25	26	20	19	5	25	18	20	21	15	19
Re-used needle									53	59	53	49	47	40	42	39	38	37	37	44	44	38	35	33	35	31

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 22: Injecting behaviours in the past month, and location of last injection use, nationally, 2024-2025, and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	**N=865**	**N=157**	**N=100**	**N=151**	**N=95**	**N=105**	**N=100**	**N=53**	**N=104**
	2024	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**
% Injecting behaviours past month										
Borrowed a needle	N=8805	**N=8545**	N=1515	N=979	N=1515	N=95 -	N=104 -	N=100 -	N=52 -	N=10410
Lent a needle	N=8709	**N=8508**	N=1518	N=9511	N=1519	N=957	N=102 -	N=1007	N=53 -	N=10318
Shared any injecting equipment ^	N=88215	**N=86019***	N=15423	N=10022	N=15027	N=9512	N=10413	N=10020	N=53 -	N=10421
Reused own needle	N=87535	**N=85231**	N=15037	N=9843	N=14935	N=9522	N=10323	N=10027	N=5317	N=10435
Reused any other equipment	N=88147	**N=85755*** **	N=15154	N=10054	N=15171	N=9541	N=10459	N=10061	N=5332	N=10448
Injected partner/friend ~	N=87734	**N=85535**	N=15139	N=9841	N=15037	N=9516	N=10439	N=10028	N=5330	N=10439
Somebody else injected them ~	N=88717	**N=85421***	N=15122	N=9718	N=15022	N=9516	N=10421	N=10021	N=5317	N=10430
% Location of last injecting use	N=877	**N=849**	N=150	N=97	N=149	N=94	N=105	N=99	N=53	N=102
Private home	78	**80**	83	82	59	90	87	84	85	77
Car	3	**3**	-	-	-	-	-	-	-	-
Street/car park/beach	8	**8**	6	8	18	-	-	-	-	12
Public toilet	6	**6**	-	-	8	-	7	7	-	6
Medically supervised injecting Centre/Room	4	**3**	6	0	11	0	0	0	0	0
Prison	0	**0**	0	0	0	0	0	0	0	0
Stairwell	-	**-**	0	0	-	0	0	0	0	-
Other	1	**-**	-	0	0	0	-	0	0	-
% Last injection site	N=877	**N=855*** **	N=152	N=97	N=150	N=95	N=105	N=99	N=53	N=104
Arm	80	**76**	68	76	69	79	86	74	85	80
Leg	4	**6**	8	8	4	6	-	6	-	-
Hand/wrist	8	**10**	11	9	14	7	6	13	-	7
Foot	1	**2**	-	-	-	-	-	-	0	-
Groin	2	**1**	5	-	-	0	0	0	-	0
Neck	5	**5**	5	-	9	-	-	-	-	-
Other	0	**1**	-	0	0	-	0	-	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. N is the number who responded (denominator). Statistical significance for 2024 versus 2025 is presented in table for national estimates; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

In 2025, 30% of the sample reported having an injection-related health issue in the month preceding interview, stable relative to 2024 (29%; p=0.462) (Table 23). The most common injection-related health issue reported by participants was any infection/abscess (14%; 13% in 2024; p=0.570), closely followed by any nerve damage (12%; 12% in 2024; p=0.878).

Table 23: Injection-related issues in the past month, nationally, 2024-2025, and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=877	N=865	N=153	N=100	N=149	N=94	N=102	N=100	N=53	N=104
	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025
% Artery Injection	6	**7**	7	15	-	-	-	7	0	11
% Any nerve damage	12	**12**	14	12	7	15	9	6	-	28
% Any thrombosis	6	**6**	10	-	7	-	-	-	0	8
Blood clot	5	**5**	9	-	5	-	-	-	0	6
Deep vein thrombosis	1	**2**	-	-	-	-	0	0	0	-
% Any infection/ abscess	13	**14**	16	11	9	16	10	15	-	28
Skin abscess	11	**12**	12	11	9	16	9	12	0	23
Other serious infection (e.g., sepsis, osteomyelitis)	3	**3**	5	0	-	0	-	-	0	9
Endocarditis	1	**1**	-	0	0	0	0	-	-	-
% Dirty hit	7	**9**	11	8	5	10	7	14	0	18
% Any injection related problem	29	**30**	35	30	22	28	24	35	-	54

Note. Statistical significance for 2024 versus 2025 is presented in table for national estimates; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

In 2025, almost two fifths (38%) of the sample reported that they were in any drug treatment for their substance use, stable from 37% in 2024 (p=0.516), with the most common treatment being methadone (20%; 19% in 2024; p=0.955), followed by buprenorphine depot injection (8%; 7% in 2024; p=0.285) (Table 24). Among those who reported oral methadone or buprenorphine treatment and commented (n=219), 73% reported receiving takeaway doses of methadone/buprenorphine (69% in 2024; p=0.453).

One tenth (10%) of participants reported having tried to access treatment in the past six months but being unable to, stable relative to 2024 (10%). Among those who had tried to access treatment but been unable to, most reported that, on the most recent occasion, they had been seeking treatment for their methamphetamine (55%; 44% in 2024; p=0.183) or heroin (33%; 40% in 2024; p=0.435) use. The most common service that participants had tried to access, but were unable to, were rehabilitation/therapeutic community (44%; 38% in 2024; p=0.441) and detoxification (19%; 30% in 2024; p=0.121), with the most common reasons being 'too hard to get into treatment (e.g., no places available, long waiting list)' (55%; 55% in 2024) and 'lack of support' (17%; 26% in 2024; p=0.206).

Table 24: Any current drug treatment, nationally, 2024-2025, and by capital city, 2025

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
	N=884	N=865	N=157	N=100	N=151	N=95	N=105	N=100	N=53	N=104
	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025
% Any current drug treatment	37	**38**	46	49	49	31	17	42	-	41
Methadone	19	**20**	29	31	31	-	11	21	-	9
Buprenorphine	2	**2**	-	0	0	-	-	0	0	9
Buprenorphine-naloxone	3	**4**	0	-	-	11	-	7	-	9
Buprenorphine depot injection	7	**8**	11	12	12	8	-	10	0	-
Drug counselling	6	**5**	6	-	-	-	-	7	-	11
Other	3	**3**	-	-	-	6	-	-	0	9

Note. Statistical significance for 2024 versus 2025 is presented in table for national estimates; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

From 2015, 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=500), the median SDS score was six (IQR=2-9), with three fifths (59%) scoring five or above, indicating possible dependence (59% in 2024; p=0.904) (Table 25). Fifteen per cent of participants obtained a score of zero on the opioid SDS (15% in 2024), indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=674), the median SDS score was four (IQR=1-8), with 54% scoring four or above, indicating possible dependence (49% in 2024; p=0.062) (Table 25). One fifth (22%) of participants obtained a score of zero on the methamphetamine SDS, indicative of no symptoms of methamphetamine dependence (22% in 2024).

Table 25: 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, nationally, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Opioid	**N=690**	**N=674**	**N=659**	**N=659**	**/**	**/**	**N=553**	**N=530**	**N=527**	**N=530**	**N=500**
Median total score (IQR)	7 (4-10)	7 (4-10)	7 (3-10)	5 (1-9)	/	/	6 (2-9)	5 (2-9)	5 (2-9)	6 (2-9)	**6 (2-9)**
% score = 0	8	9	12	25	/	/	14	16	17	15	**15**
% score ≥ 5	72	73	67	57	/	/	57	58	57	59	**59**
Methamphetamine	**N=616**	**N=639**	**N=609**	**N=680**	**/**	**/**	**N=700**	**N=666**	**N=638**	**N=696**	**N=674**
Median total score (IQR)	3 (0-6)	3 (0-7)	3 (0-6)	1 (0-6)	/	/	3 (0-7)	3 (0-6)	3 (1-7)	3 (1-7)	**4 (1-8)**
% score = 0	32	31	31	44	/	/	28	26	25	22	**22**
% score ≥ 4	43	46	45	36	/	/	47	47	47	49	**54**

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. Imputation used for missing scale scores. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2025, half (51%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year, stable relative to 2024 (53%; p=0.554). Two fifths (39%) of participants had received a PCR or RNA test in the past year, a significant decrease relative to 2024 (44%; p=0.048) and 4% reported having a current HCV infection (4% in 2024; p=0.615) (Table 26). Five per cent of the sample reported that they had received HCV treatment in the past year, stable relative to 2024 (6%; p=0.664), of which the majority (63%; n=26) reported that their treatment had been successful (77% in 2024; p=0.246). Ninety-six per cent of these participants reported having been re-tested with a PCR/RNA test to determine whether they had acquired a new HCV infection (re-infection) after successful treatment (81% in 2024; p=0.124).

Amongst those who had undergone an HCV RNA test in the last year and commented (n=309), almost two fifths (38%) reported it took more than five days to receive a result (whether positive or negative) following the administration of the last HCV RNA test, followed by 28% reporting 1-5 days, and another 28% reporting 0-14 hours.

Four fifths (79%) of the total sample reported having had a test for human immunodeficiency virus (HIV) in their lifetime (30% within the past six months; 30% in 2024; p=0.911), of which 4% reported a positive diagnosis (3% in 2024; p=0.192) (Table 26).

Table 26: HCV and HIV testing and treatment, nationally, 2018-2025

	2018	2019	2020	2021	2022	2023	2024	2025
%	**N=905**	**N=902**	**N=884**	**N=888**	**N=879**	**N=820**	**N=884**	**N=865**
Past year Hepatitis C test								
Past year hepatitis C antibody test	N=861 60	N=876 54	N=861 31	N=868 44	N=846 43	N=785 52	N=847 53	**N=831** **51**
Past year hepatitis C PCR or RNA test	N=794 45	N=817 44	N=831 36	N=839 40	N=803 37	N=751 44	N=833 44	**N=802** **39***
Current hepatitis C status								
Currently have hepatitis C^	N=807 20	N=823 15	N=836 11	N=826 9	N=805 7	N=737 7	N=808 4	**N=780** **4**
Past year treatment for hepatitis C								
Received treatment in past year	N=852 18	N=794 15	N=854 9	N=862 12	N=835 10	N=749 8	N=830 6	**N=799** **5**
Most recent treatment was successful (among those who had received treatment in past year)	N=99 94	N=79 97	N=80 72	N=100 69	N=85 69	N=63 75	N=47 77	**N=41** **63**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	N=43 77	N=36 81	**N=26** **96**
HIV test				N=864	N=823	N=789	N=835	**N=815**
HIV test in past 6 months	/	/	/	31	23	33	30	**30**
HIV test more than 6 months ago	/	/	/	53	55	51	50	**49**
HIV status				N=722	N=633	N=669	N=672	**N=643**
Lifetime HIV positive diagnosis	/	/	/	4	3	3	3	**4**

Note. ^This includes people who had not been tested for HCV. N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on current and past year; HIV questions focus on lifetime and past six months. Statistical significance for 2024 versus 2025 is presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2025, half (49%) of the sample reported some form of sexual activity in the past four weeks, stable relative to 2024 (44%; *p*=0.056) (Table 27). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented (n=366), participants reported a median of one partner (IQR=1-2; median of 1 partner in 2024; IQR=1-2; *p*=0.808). One tenth (10%) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (10% in 2024; *p*=0.900) (Table 27).

Of those who commented (n=808), one fifth (22%) reported having a sexual health check-up in the six months prior to interview (23% in 2024; *p*=0.591), whilst 64% had done so in their lifetime (61% in 2024; *p*=0.196). Two per cent of the sample reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months, stable relative to 2024 (2%; *p*=0.851) and 17% had received a positive diagnosis in their lifetime (18% in 2024; *p*=0.696) (Table 27). The most common STI reported amongst participants who commented (n=13) was gonorrhoea (46%), with few participants (n≤5) reporting other STIs.

Information about HIV testing provided in Table 26.

Table 27: Sexual health behaviours, nationally, 2022-2025

	2022	2023	2024	2025
Of those who responded[#]:	n=809	n=788	n=837	**n=805**
% Any sexual activity in the past four weeks	48	47	44	**49**
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	n=362	**n=387**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	10	**10**
Of those who responded[#]:	n=813	n=786	n=831	**n=808**
% Had a sexual health check in the last six months	17	24	23	**22**
% Had a sexual health check in their lifetime	60	64	61	**64**
Of those who responded[#]:	n=813	n=784	n=830	**n=805**
% Diagnosed with a sexually transmitted infection in the last six months	1	2	2	**2**
% Diagnosed with a sexually transmitted infection in their lifetime	15	17	18	**17**

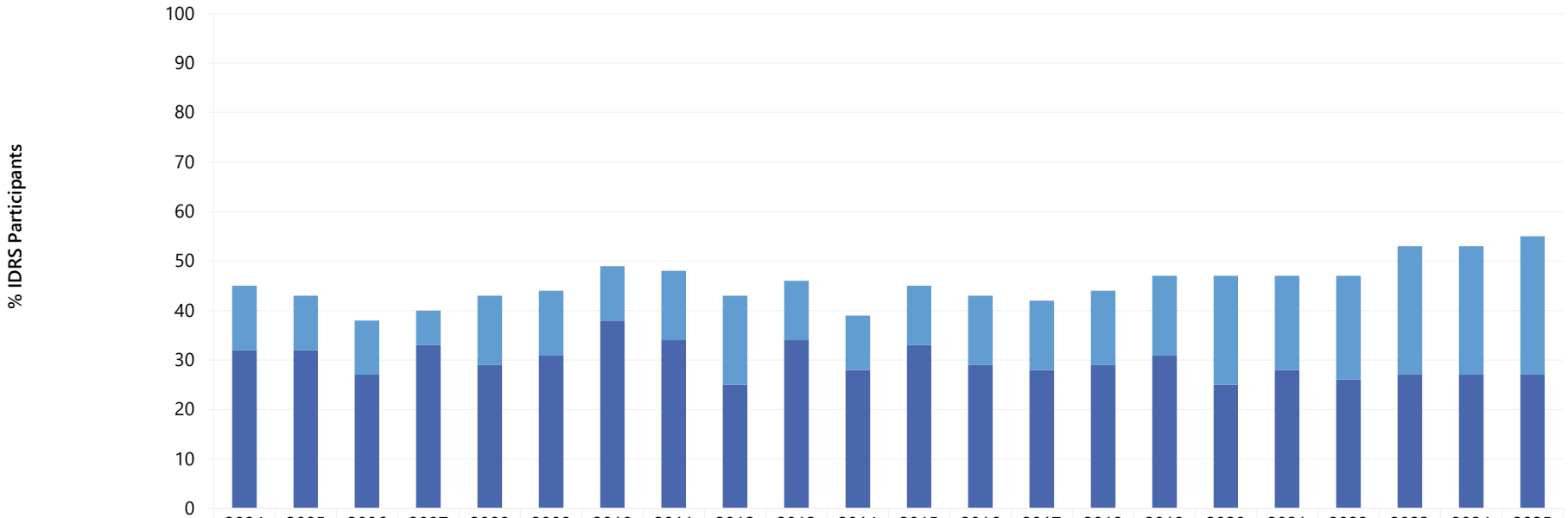
Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2024 versus 2025 is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Mental Health and Psychological Distress (K10)

Mental Health

In 2025, 55% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2024 (53%; p=0.359). Amongst those who had experienced a mental health problem, the most commonly reported problems were depression (63%; 63% in 2024; p=0.570) and anxiety (53%; 59% in 2024; p=0.426). Fewer participants reported post-traumatic stress disorder (PTSD) (32%), schizophrenia (19%), attention deficit hyperactivity disorder (ADHD) (15%) and bipolar disorder (11%). Twenty-seven per cent of the total sample (49% of those who reported a mental health problem) had seen a mental health professional during the past six months, stable from 2024 (27%; p=0.957; 51% of those who reported a mental health problem) (Figure 39). Sixty-nine per cent of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months (66% in 2024; p=0.481).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2025



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
No treatment seeking	13	11	11	7	14	13	11	14	18	12	11	12	14	14	15	16	22	19	21	26	26	28
Treatment seeking	32	32	27	33	29	31	38	34	25	34	28	33	29	28	29	31	25	28	26	27	27	27

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. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

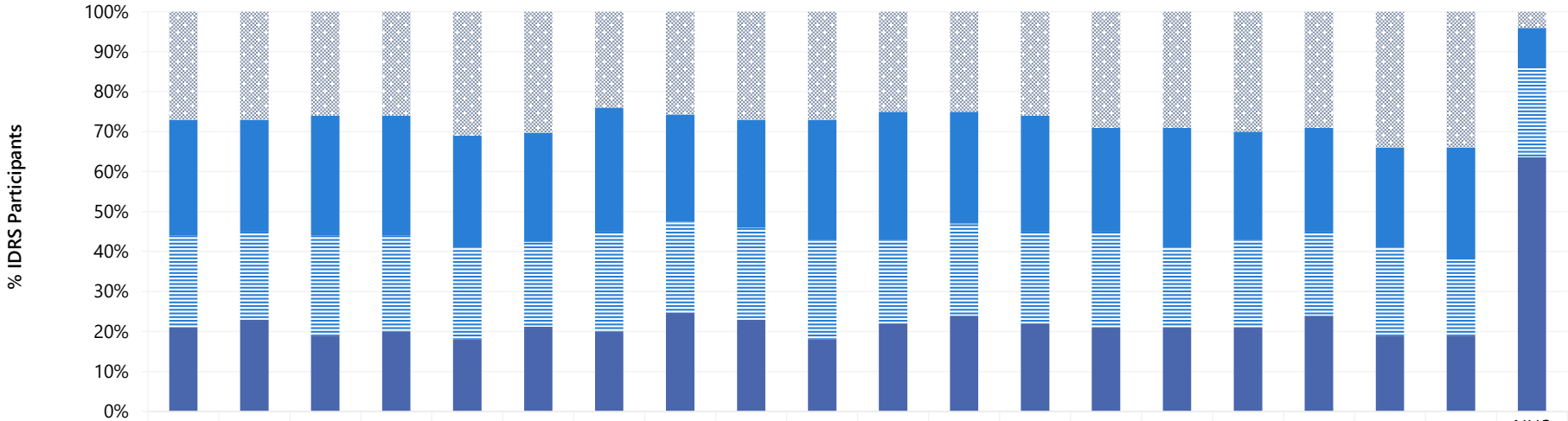
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured 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; scores 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.

Among those who responded in 2025 (n=812), the per cent of participants scoring in each of the four K10 categories remained stable relative to 2024 (p=0.323), with 34% having a score of 30 or more (34% in 2024) (Figure 40).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2025 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 40).

Figure 40: K10 psychological distress scores, nationally, 2007-2025, and among the general population, 2022-23



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	NHS 2022-23
Very high	27	27	26	26	31	30	24	26	27	27	25	25	26	29	29	30	29	34	34	4
High	29	28	30	30	28	27	31	27	27	30	32	28	29	26	30	27	26	25	28	10
Moderate	23	22	25	24	23	21	25	23	23	25	21	23	23	24	20	22	21	22	19	22
Low	21	23	19	20	18	21	20	25	23	18	22	24	22	21	21	21	24	19	19	63

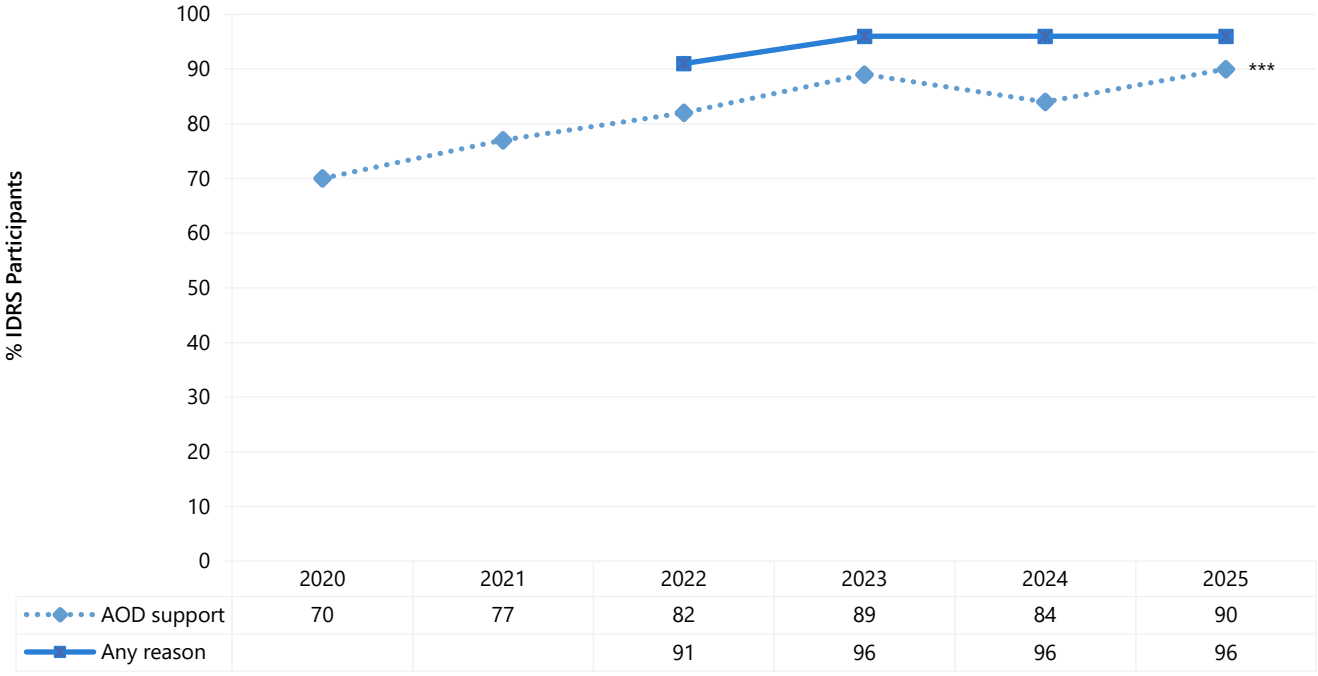
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Ninety per cent of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025, a significant increase relative to 2024 (84%; $p<0.001$) (Figure 41). The most common services accessed by participants for AOD support in 2025 were a NSP (80%; 74% in 2024; $p=0.002$), a general practitioner (GP) (41%; 34% in 2024; $p=0.008$) and a pharmacy (32%; 24% in 2024; $p<0.001$) (Table 28).

Nearly all participants (96%) reported accessing any health service for any reason in the six months preceding interview in 2025, stable relative to 2024 (96%) (Figure 41). The most common services accessed by participants for any reason in 2025 were a NSP (84%; 82% in 2024; $p=0.477$), a GP (68%; 64% in 2024; $p=0.100$) and a pharmacy (53%: 46% in 2024; $p=0.013$) (Table 28).

Figure 41: Health service access for alcohol and other drug reasons, and for any reason in the past six months, nationally, 2020-2025



	2020	2021	2022	2023	2024	2025
AOD support	70	77	82	89	84	90
Any reason			91	96	96	96

Note. Questions regarding health service access for AOD support were first asked in 2018, however due to differences in response options between 2018 and 2021, data are only presented from 2022 onwards. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 28: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, nationally, 2022-2025

	AOD support				Any reason			
	2022	2023	2024	2025	2022	2023	2024	2025
	N=877	N=820	N=884	N=864	N=879	N=820	N=884	N=864
% accessing health services	82	89	84	**90*** **	91	96	96	**96**
GP	34	37	34	**41****	61	66	64	**68**
In-person	/	/	/	**40**	/	/	/	**67**
Telehealth	/	/	/	**6**	/	/	/	**10**
Emergency department	10	13	12	**11**	22	28	25	**23**
Hospital admission (inpatient)	8	9	9	**8**	17	20	20	**19**
Medical tent (e.g., at a festival)	0	-	-	**-**	1	1	-	**1**
Drug and Alcohol counsellor	17	16	13	**14**	17	17	14	**15**
Hospital as an outpatient	3	5	5	**3***	9	12	10	**8**
Specialist doctor (not including a psychiatrist)	5	3	2	**2**	10	10	8	**7**
Dentist	5	4	4	**3**	16	13	13	**12**
Ambulance attendance	6	7	7	**6**	11	14	14	**13**
Pharmacy	/	/	24	**32*****	/	/	46	**53***
Other health professional (e.g., physiotherapist)	2	2	2	**2**	8	11	8	**8**
Psychiatrist	6	5	5	**4**	11	11	9	**7**
Psychologist	6	4	6	**5**	11	9	10	**8**
NSP	69	76	74	**80****	71	80	82	**84**
Peer based harm reduction service	10	10	7	**5**	11	11	7	**6**
Other harm reduction service	6	7	8	**7**	6	7	9	**8**

Note. Statistical significance for 2024 versus 2025 is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

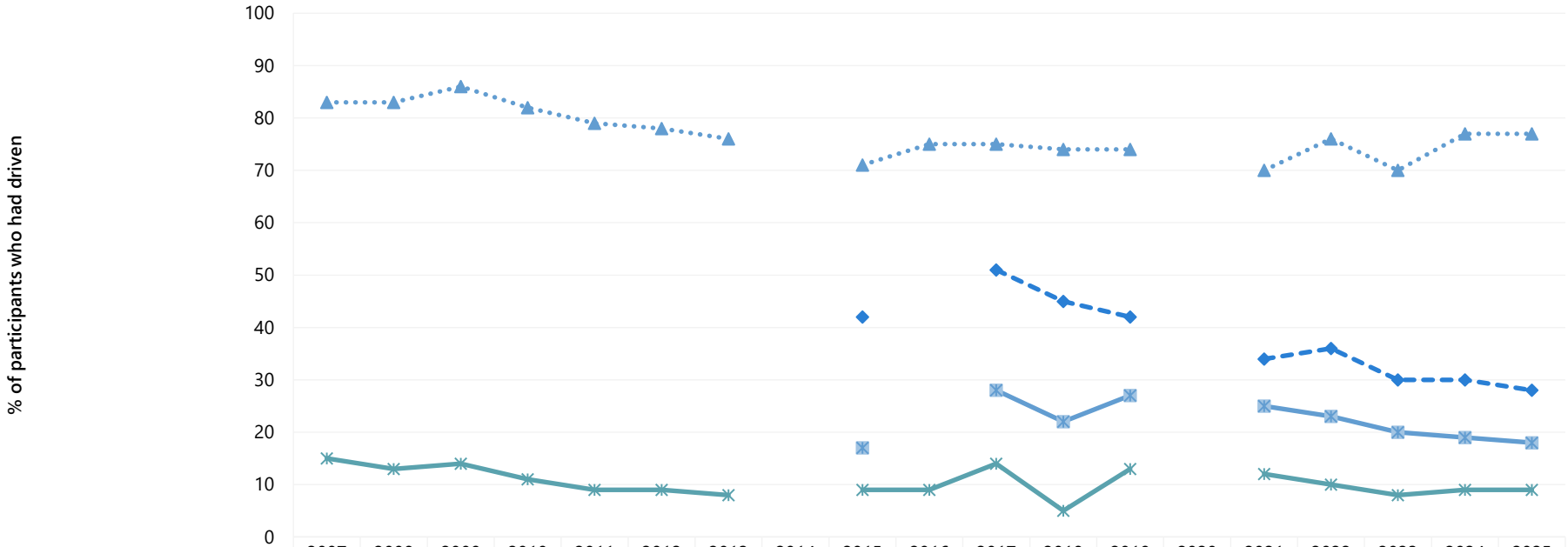
Driving

Thirty-seven per cent of participants had driven a car, motorcycle or other vehicle in the last six months in 2025, stable relative to 2024 (33%; p=0.079). Of those who had driven within the last six months and commented in 2025 (n=311), 9% (n=27) reported driving while over the perceived legal limit of alcohol, stable relative to 2024 (9%). Among those who had driven within the last six months and commented (n=310), 77% (n=238) reported driving within three hours of consuming an illicit or non-prescribed drug, also stable relative to 2024 (77%) (Figure 42).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=238), participants most commonly reported using methamphetamine crystal (54%) prior to driving, followed by heroin (45%) and cannabis (24%).

Of those who had driven in the six months prior to interview and commented (n=314), 18% (n=56) reported that they had been tested for drug driving by the police roadside drug testing service (19% in 2024; p=0.754), and 28% (n=87) reported that they had been breath tested for alcohol by the police roadside testing service (30% in 2024; p=0.583) (Figure 42). Among those who had had been tested for drug driving by the police roadside drug testing service (n=56), 45% reported that a drug/s had been detected, mostly commonly methamphetamine (32%), followed by cannabis (13%) (not asked in 2024).

Figure 42: 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, nationally, 2007-2025



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Drink driving	15	13	14	11	9	9	8		9	9	14	5	13		12	10	8	9	9
Drug driving	83	83	86	82	79	78	76		71	75	75	74	74		70	76	70	77	77
Breath tested for alcohol									42		51	45	42		34	36	30	30	28
Tested for drug driving									17		28	22	27		25	23	20	19	18

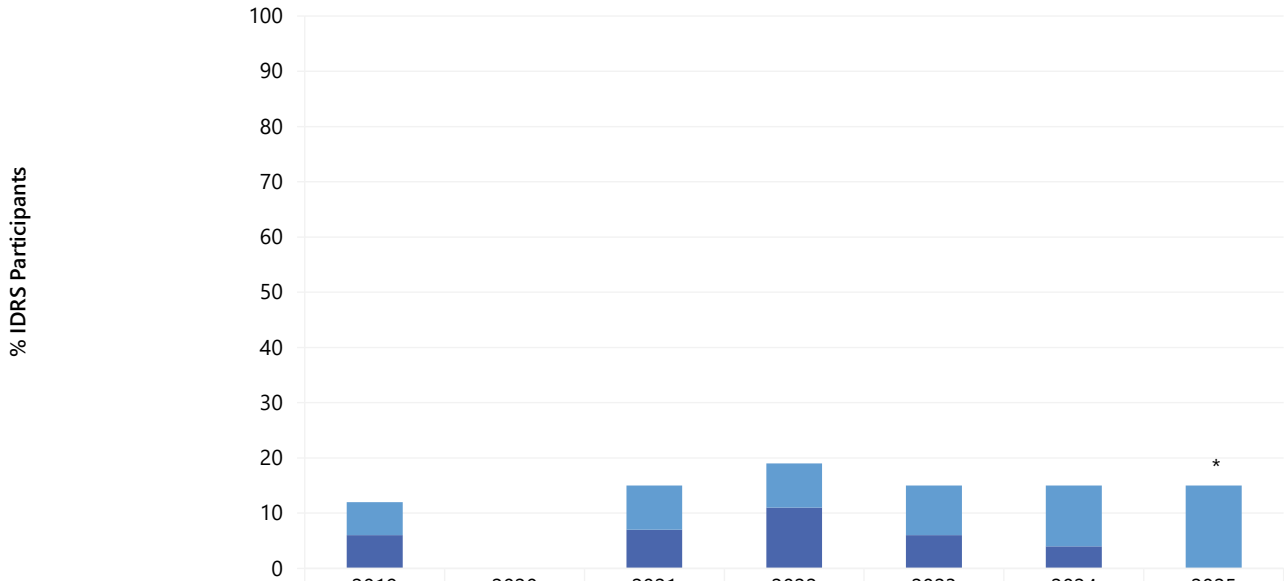
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2025, the only government-sanctioned drug checking services that had operated in Australia were in the ACT, QLD, VIC and NSW. In Canberra, ACT, drug checking was provided at the Groovin the Moo festival in 2018 and 2019, and a fixed-site dug checking service (CanTEST) has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened in Brisbane on 20 April 20, 2024, and a second service opened in the Gold Coast in July 2024. Drug checking services were also provided at 3 festivals in 2024 - Rabbits Eat Lettuce and Wildlands (by Pill Testing Australia) and Earth Frequency (by CheQpoint) - and as part of the 2024 Qld Gov Schoolies Response (CheQpoint). However, all government funded services ceased in April 2025. In Victoria, drug checking was provided at 'up to' 10 festivals throughout 2024-2025 during an 18-month implementation trial and in March 2025, NSW commenced a 12-month trial of mobile drug checking at 'up to' 12 festivals.

In 2025, 15% of participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year, a significant increase relative to 2024 (11%; p=0.035) (Figure 43). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2025 and responded (n=128), 66% reported using a personal testing kit, most commonly colorimetric or reagent test kits (45%), followed by testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) (26%). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=128), 41% reported that they had submitted drugs for testing at a drug checking service – most commonly at a fixed-site face-to-face drug checking service (e.g., a drop-in service in a central location) (38%), followed by an event-based face-to-face testing service (e.g., festival pill-testing service) (5%). No participants reported submitting samples via a postal/online testing service (e.g., Energy Control, Ecstasy Data).

Figure 43: Lifetime and past year engagement in drug checking, nationally, 2019-2025



	2019	2020	2021	2022	2023	2024	2025
Yes, in the last year	6		8	8	9	11	15
Yes, but not in the last year	6		7	11	6	4	

Note. Questions on drug checking commenced in 2019. In 2025, survey questions were separated into 'personal testing kits' and 'drug checking services' and focused on past year use only. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

Past month self-reported criminal activity declined to the lowest per cent observed since monitoring commenced in 2013 (36%), and, despite some fluctuations, has remained largely stable since. In 2025, 'any' past month crime remained stable relative to 2024 (44%; 44% in 2024; p=0.766) (Figure 45).

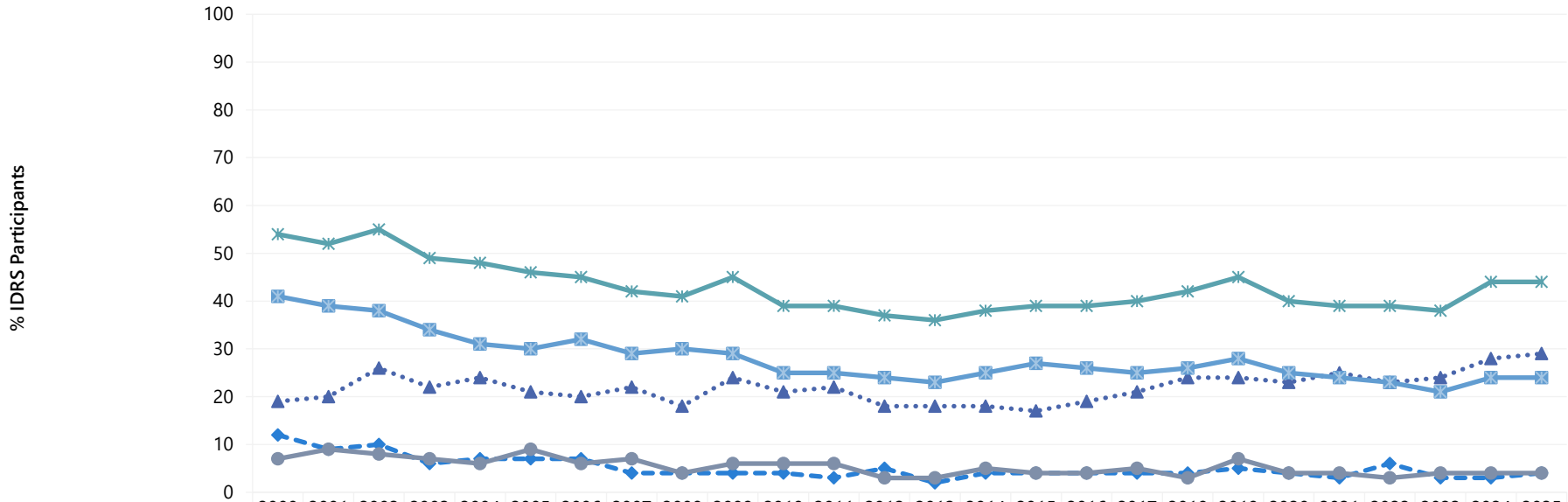
Property crime (29%) and selling drugs for cash profit (24%) remained the most common self-reported crimes in 2025, stable relative to 2024 (28%; p=0.510 and 24%; p=0.911, respectively). Fewer participants reported past month violent crime (4%; 4% in 2024; p=0.902) or fraud (4%; 3% in 2024; p=0.355) (Figure 44). Being the victim of a crime involving violence (e.g., assault) in the month preceding interview significantly increased in 2025, relative to 2024 (17%; 14% in 2024; p=0.038) (Figure 45).

Three fifths of the sample (60%) reported a lifetime prison history in 2025, stable relative to 2024 (59%; p=0.625) (Figure 46).

Twenty-nine per cent of participants reported a drug-related encounter with police which did not result in charge or arrest, stable relative to 2024 (32%; p=0.180) (Figure 46). This predominantly comprised being stopped and searched (67%; 65% in 2024; p=0.779), followed by stopped and questioned (48%; 51% in 2024; p=0.480). Thirty per cent were asked to move along (30% in 2024; p=0.921), one quarter (26%) were stopped and issued a court attendance notice (30% in 2024; p=0.249), and almost one quarter (24%) were stopped and issued a caution (2%3 in 2024; p=0.839).

In 2025, one fifth of participants (22%) reported past year arrest, stable from 2024 (24%; p=0.600) (Figure 46). Of those who had been arrested and commented in 2025 (n=194), the main reasons for arrest were use/possession of drugs (29%), followed by property crime (28%). In 2025, 9% of the sample had been convicted of a drug-related offence in the past year (10% in 2024; p=0.622), and 9% had been sentenced to a community corrections order (9% in 2024; p=0.861).

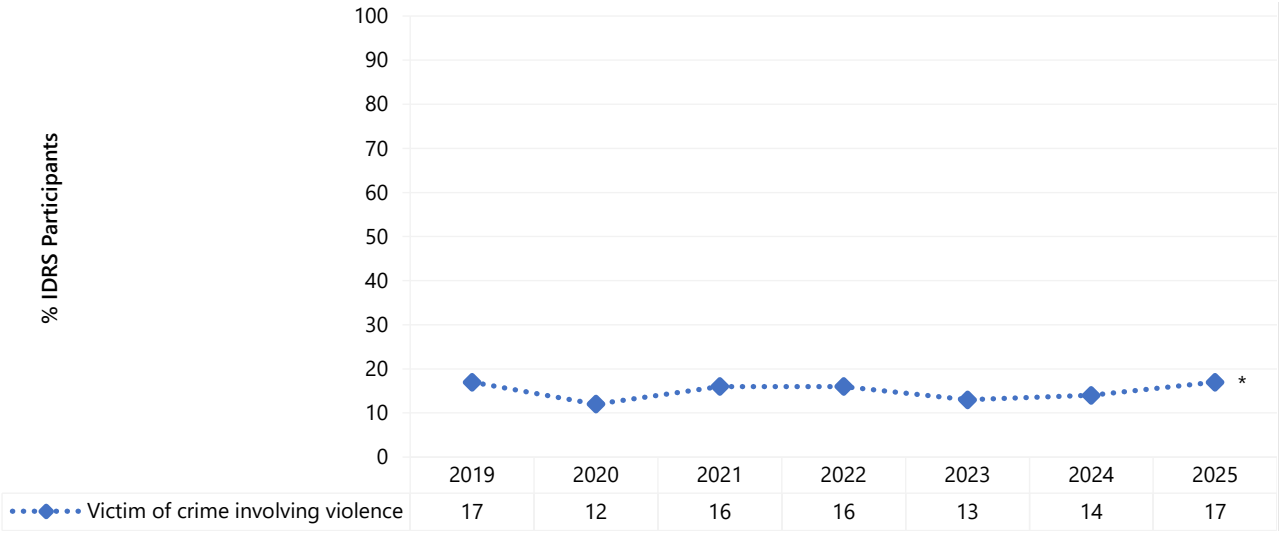
Figure 44: Self-reported criminal activity in the past month, nationally, 2000-2025



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Property crime	19	20	26	22	24	21	20	22	18	24	21	22	18	18	18	17	19	21	24	24	23	25	23	24	28	29
Selling drugs for cash profit	41	39	38	34	31	30	32	29	30	29	25	25	24	23	25	27	26	25	26	28	25	24	23	21	24	24
Fraud	12	9	10	6	7	7	7	4	4	4	4	3	5	2	4	4	4	4	4	5	4	3	6	3	3	4
Violent crime	7	9	8	7	6	9	6	7	4	6	6	6	3	3	5	4	4	5	3	7	4	4	3	4	4	4
Any crime	54	52	55	49	48	46	45	42	41	45	39	39	37	36	38	39	39	40	42	45	40	39	39	38	44	44

Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

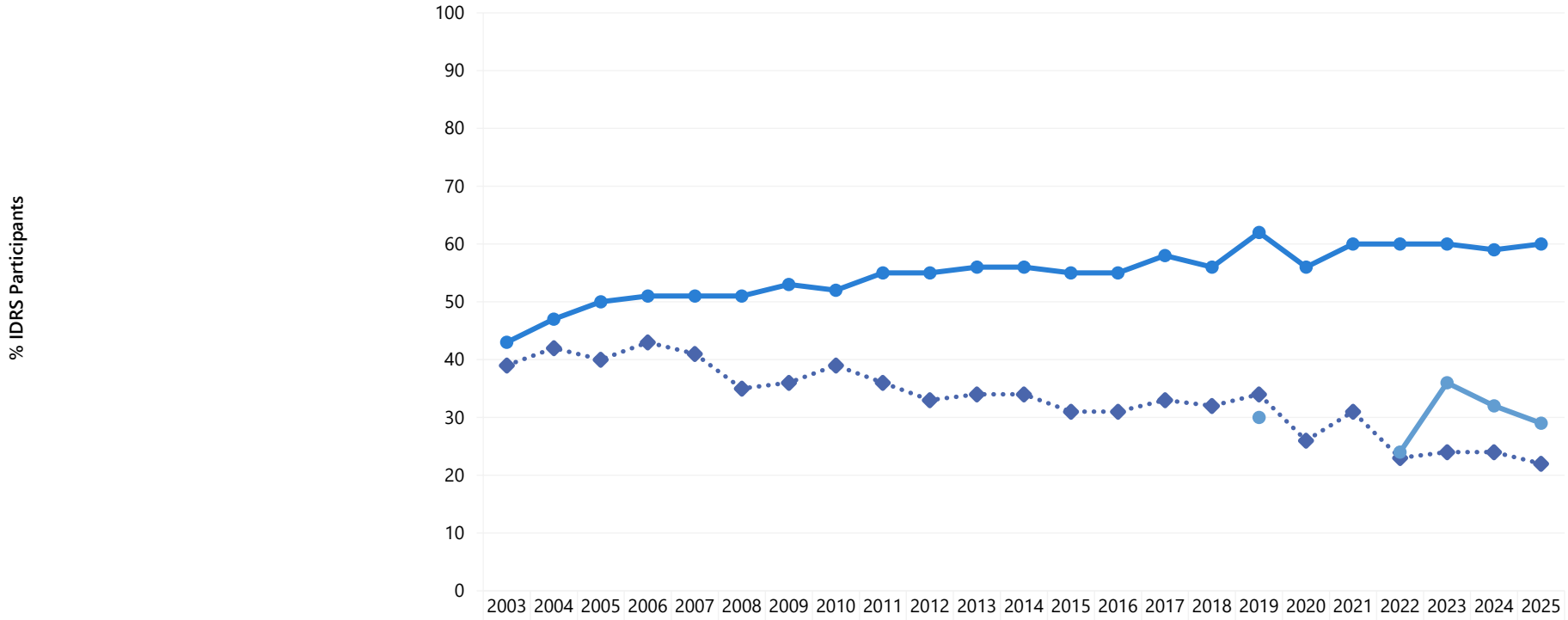
Figure 45: Victim of crime involving violence in the past month, nationally, 2019-2025



	2019	2020	2021	2022	2023	2024	2025
Victim of crime involving violence	17	12	16	16	13	14	17

Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Statistical significance for 2024 versus 2025 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 46: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, nationally, 2003-2025



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Past 12 month arrest	39	42	40	43	41	35	36	39	36	33	34	34	31	31	33	32	34	26	31	23	24	24	22
Past 12 month drug-related encounter with police																	30			24	36	32	29
Lifetime incarceration	43	47	50	51	51	51	53	52	55	55	56	56	55	55	58	56	62	56	60	60	60	59	60

Note. Statistical significance for 2024 versus 2025 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchasing Approaches

In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (79%), a significant decrease relative to 85% in 2024 (p=0.005) (Table 29). This was followed by phone call (52%; 54% in 2024; p=0.494) and text messaging (30%), a significant decrease relative to 2024 (35%; p=0.035). Eleven per cent reported using social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (13% in 2024; p=0.240). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 29: Purchasing approaches in the past 12 months, nationally, 2022-2025

	2022	2023	2024	2025
% Purchasing approaches in the last 12 months^#	N=855	N=809	N=873	**N=853**
Face-to-face	74	79	85	**79****
Surface web	1	1	1	**1**
Darknet market	2	1	2	**1**
Social networking or messaging applications`	11	11	13	**11**
Text messaging	37	34	35	**30***
Phone call	62	56	54	**52**
Grew/made my own	/	/	2	**2**
Other	/	/	-	**-**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. ` This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.