Tasmanian Drug Trends 2018

Key findings from the Ecstasy and Related Drug Reporting System (EDRS) Interviews

TASMANIAN DRUG TRENDS 2018: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS)

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ISBN 978-0-7334-3874-5 ©NDARC 2019

Suggested citation: Bruno, R, Sharman, C., Ney, L., & Bucher, E. (2019). *Tasmanian Drug Trends 2018: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS).* Sydney, National Drug and Alcohol Research Centre, UNSW Sydney.

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ACKNOWLEDGEMENTS

In 2018, the Ecstasy and Related Drug Reporting System Project was supported by funding from the Australian Government Department of Health and was coordinated by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales. The EDRS team would like to thank the Australian Government Department of Health for their continued assistance and support throughout the year.

The following researchers and research institutions contributed to EDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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

Thank you to Oliver De Angelis, Madeline Anderson, Jane Akhurst, Paris Baker, Ellie Bucher, Molly Ferguson, Jess Forward, Hannah Lethbridge and Thomas Norman who conducted the interviews with individuals who consume ecstasy and related drugs. We would also like to thank Dr Amy Peacock and Dr Allison Matthews for input, and Dr Bethany Lusk and Ellie Bucher for co-ordination.

Thanks also to the members of the 2018 Tasmanian IDRS/EDRS Steering Committee: Debra Rabe (Alcohol, Tobacco and Other Drugs Council of Tasmania), Peter Boyles and Sam Halliday (Pharmaceutical Services, Department of Health and Human Services), Sylvia Engels and Adrian Reynolds (Mental Health and Alcohol and Drug Directorate, Department of Health and Human Services), Emma Fitzpatrick, Jason Elmer, Marco Cosentino, and Linzie Jones (Tasmania Police), Michael Voumard (Anglicare), and Tania Joughin and Kellie Bryan (The Link).

Thanks also to the following local organisations and persons who generously provided indicator data: Tasmania Police (Sergeant John Delpero).

The authors would also like to extend their appreciation to the people who gave their time and trust to share their experiences which has informed much of the data contained in this report.

LIST OF ABBREVIATIONS

1,4B	1,4 butanediol
2CB	4-bromo-2,5-dimethoxyphenethylamine
2CE	2,5-dimethoxy-4-ethylphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MEO-DMT	5-methoxy-N,N-dimethyltryptamine
ACC	Australian Crime Commission
ACIC	Australian Criminal Intelligence Commission
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
AIHW	Australian Institute of Health and Welfare
α-PVP	Alpha-Pyrrolidinopentiophenone
BZP	Benzylpiperazine
DMT	N,N-dimethyltryptamine
DOI	2,5-dimethoxy-4-iodoamphetamine
DPFEM	Department of Police, Fire & Emergency Management
DXM	Dextromethorphan
DUI	Driving under the influence
ERD	Ecstasy and related drug(s)
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy-butyrate
GP	General Practitioner
IDRS	Ilicit Drug Reporting System
K10	Kessler Psychological Distress Scale
LSA	d-lysergic acid amide
LSD	d-lysergic acid
M	Mean
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-methylenedioxy-2-aminoindane
MDMA	3,4-methylenedioxymethamphetamine (ecstasy)
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N	(or n) number of participants
NBOMe	N-methoxybenzyl
NPS	New psychoactive substances
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NMDS	National Minimum Data Set for Alcohol and other Drug Treatment Services
OCD	Obsessive-compulsive disorder
OD	Overdose
OFT	Oral fluid test
PDI	Party Drugs Initiative (now EDRS)
PMA	Paramethoxyamphetamine
PTSD	Post-traumatic Stress Disorder

SCRA	Synthetic Cannabinoid Receptor Agonist
SD	Standard deviation
SDS	Severity of Dependence Scale
STI	Sexual Transmitted Infection
95%CI	95% confidence interval

EXECUTIVE SUMMARY

 **Background and methods**	The Ecstasy and Related Drugs Reporting System (EDRS) is an annual, national project designed to monitor data associated with the use of ecstasy and related drugs (methamphetamine, cocaine, LSD, ketamine and New Psychoactive Substances), in order that this information could act as an early warning indicator of the availability and use of these drugs. Each year, in each capital city, people who regularly consume ecstasy and related drugs are interviewed face to face about the drugs they use and their health. To complement and interpret this information, data relating to drug use such as health and law enforcement data are also examined. The project is coordinated nationally by the National Drug and Alcohol Research Centre and it is funded by the Australian Government Department of Health
 **Participants**	In 2018, 100 people who live in Hobart who use ecstasy at least once a month were interviewed. EDRS participants are typically in their twenties, and predominantly male. They are typically employed (~60% of 2018 sample) and the majority have completed at least year 11. Rates of involvement in drug treatment or prison history are low, and typically 5% or less of the samples. These demographics have been largely consistent over EDRS survey waves. It is important to note that participants are deliberately selected to represent people that are heavily engaged in ecstasy and related drug use, because it is assumed that new trends will emerge in this group earlier than the general population. These participants do not represent the profile of all people who use ecstasy.

Ecstasy

Use

- Participants were recruited based on frequent ecstasy use. Typically, ecstasy was used approximately fortnightly, although 36% used weekly or more often.
- While tablets were the most commonly used form, three-fifths had recently used ecstasy in capsules and half had used the high potency crystal form. Tablet use was more frequent (approximately fortnightly) than use of other forms (typically less than monthly among consumers of these forms).
- Participants typically used two tablets when they used ecstasy. There are growing indications of increased high-quantity use, with 7% of participants in 2014 and 26% in 2018 reporting usually using more than two pills in a session.
- Participants were given a screening tool to assess for symptoms of dependence. Half reported no symptoms of dependence. However, 16% of participants screened positive for possible ecstasy use disorder. This is a lower rate than seen in recent surveys (one third or more in 2015 and 2016), though is consistent with 10% in 2017.
- Past year ecstasy use in the general Australian adult population has declined from 3.5% in 2007 to 2.2% in 2016. Levels of use in Tasmania in 2016 are comparable with rates nationally.

Price

- In 2018, the median price reported was $25 per ecstasy pill or capsule. Prices for tablets and capsules had remained at $30-35 for much of decade previous to 2018, with 2018 representing a slight decline in prices.

Perceived Purity

- Consumers reported that tablets were variable in purity (one-third of participants) or medium in purity (one quarter of participants). Capsules and crystal were regarded as more consistent, typically considered ‘medium’ and ‘high’ respectively.
- In terms of trends in purity of tablets over time, the proportion of participants reporting that tablets were ‘low’ in purity has declined since 2010-11 (41-47% respectively to 10-20% in 2012-18). Over the past 5 years, one-third or more of participants have noted that purity fluctuated, reflecting the inconsistent and unpredictable nature of the ecstasy market.

Perceived Availability

- The proportion of participants reporting that ecstasy tablets were ‘very easy’ to access has steadily increased over the past 5 years, from 14% in 2013 to 46% in 2018.
- Consistent with their lower rates of use, capsules and crystal were typically considered more difficult to access than tablets, most commonly regarded as ‘easy’ and ‘difficult’ respectively in 2018.
- Tasmania police seizures of tablets suspected to be ecstasy have been greater since 2014/15 than the previous 4 years, (mean >75 seizures of >5500 tablets 2014/15-17/18 compared with mean 9 seizures of >330 tablets 2011/12-2013/14).

Meth-amphetamine

- Around four in 10 participants had used any form of methamphetamine in the last 6 months; typically on 3 occasions in this period. This is a sustained decline from the rate of use in 2013 and 2014 (around 6 in 10).
- It was uncommon among participants for methamphetamine to be a drug of choice, nominated by around 7%. Only a small proportion (7%) used methamphetamine weekly or more frequently in the past six months. There has been little change in these figures over the past five years of the EDRS study in Hobart.
- Methamphetamine powder was the form most commonly used (by 55% of those recently using the drug). However, a similar proportion (43% of those recently using) had most commonly used the crystalline form.
- In 2017/18, Tasmania Police seized approximately 3kg of methamphetamines and over 500 individual seizures. This was a slight decrease from the previous two years with approximately 4kg of seized substances and over 600 individual seizures per annum. However, considering trends over the past decade, this represents a sustained reduction in average annual weight of seizures but an increase in the annual number of seizures.

Powder

- *Use:* Almost 3 in 10 of the EDRS participants using powder meth-amphetamine, on a median of twice in the past 6 months, typically snorting or swallowing 0.1g per session. Rates of use of powder form have fallen over the past 5 years, from around 60% in 2012-14, however it remained the form most commonly used in 2018.
- *Price:* Participants typically paid $50 per point (~0.1g) of powder methamphetamine; this has been $40-50/point for the past decade
- *Perceived Purity:* Powder methamphetamine was typically considered 'medium' in purity; consumer subjective reports of purity have declined between 2017 and 2018, with 29% of those consuming this form considering it to be 'high' purity 2018, compared with 60% in 2017.
- *Perceived Availability:* Almost 80% of consumers regarded this form as 'easy' or 'very easy' to access in 2018.

Crystal

- *Use:* Rates of use of crystalline form have remained in the minority of over the past 5 years, at approximately 15-25% of each sample. Similar to rates in 2016, almost one in four reported use of this form in 2018. Among participants in 2018, this was typically used on 6 occasions in the past 6 months, predominantly smoked, and in doses of to 0.2g.
- *Price:* Participants most paid between $60 per point (~0.1g) of crystal methamphetamine, lower than prices over most the past decade
- *Perceived Purity:* In 2018 a large percentage (40%) of consumers considered crystal methamphetamine to be 'high' in purity, although there is some suggestion of a decline in perceptions of purity since 2017
- *Perceived Availability:* Crystal form has been increasingly perceived as 'easy' or 'very easy' to access over the past five years among the EDRS sample, with all reporting it as 'easy' or 'very easy' to obtain in 2018.

Health effects

- Participants were given a screening tool to assess for symptoms of methamphetamine dependence. On this instrument, three in five of those recently using the drug reported no symptoms of dependence. One in eight methamphetamine consumers interviewed screened positive for possible methamphetamine dependence.

<table>
<tr>
<td> 
Cannabis</td>
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In 2018, more than 9 in 10 participants reported using cannabis. Most used multiple times per week; and one-quarter of those using cannabis were smoking every day.
While the overall proportion of EDRS participants reporting recent cannabis use has increased by a small amount over the past decade (76% in 2009; 94% in 2018), the frequency of use among participants has increased substantially, with one-third of recent consumers in 2009-2011 smoking weekly or more, but two-thirds smoking at this frequency in 2013-2018.
Tasmania police have typically made approximately 2000 cannabis seizures per annum over the past decade. In 2016/17 more than 250kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14.

Outdoor cultivated cannabis

Price: Participants reported most commonly paying $15 per gram of outdoor cultivated cannabis and $80 per quarter-ounce (7g). These prices for quarter ounce purchases are slightly higher than the typical price range over the past 5 years.
Perceived Purity: Consumer subjective reports have typically considered outdoor cultivated cannabis as ‘medium’ in purity over the past 10 years
Perceived Availability: The majority of consumers regarded this as ‘easy’ or ‘very easy’ to access, though the proportion rating it as ‘very easy’ appears to have declined slightly in 2018.

Indoor cultivated cannabis

Price: Participants reported most commonly paying a median of $20 per gram of indoor cultivated cannabis and $90 per quarter-ounce (7g). These prices are consistent with the typical price range over the past 5 years.
Perceived Purity: Consumer subjective reports most commonly consider indoor cultivated cannabis as ‘high’ in potency.
Perceived Availability: The majority regarded this as ‘easy’ to ‘very easy’ to access. There appears to be very little difference between the forms in terms of availability trends over the past 5 years.

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Cocaine</td>
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Use: In 2018, around 2 in 5 participants had reported using cocaine, at a median frequency of three times in the past 180 days. This rate of cocaine use is significantly higher than use in the past 5 years of the EDRS study. Participants reported typically snorting around one gram of cocaine when they used the drug. Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year

Price: In 2018 the median price of a gram of cocaine was reported to be $350 (range $250-$450)
Perceived Purity: In 2018, cocaine was typically reported as ‘medium’ to ‘high’ in purity
Perceived Availability: In 2018, the majority of consumers continued to regard cocaine as ‘difficult’ to access; however, there seemed to be an increase in availability compared to previous years, with more than one third considering it ‘easy’ or ‘very easy’ to access in 2018, in contrast to rates of 20% in the previous three years.
Tasmania Police seizures of cocaine over the past five years have been greater in both number and weight than the previous five years (average 17 seizures, 106g per annum in 2013/14-2017/18 compared with 3 seizures, 36g per annum over the 2007/08-2011/12).

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 **Alcohol**	• All of the EDRS participants reported recent alcohol consumption in 2018. This was, on average, regular (47 of the past 180 days), with four in five drinking weekly or more frequently, and nearly half engaging in very heavy (6 of more standard drinks) weekly or more. • One quarter were experiencing alcohol related harms to an extent that they may be experiencing alcohol use disorder (Zone 4 on the AUDIT). • While the overall proportion of the EDRS participants reporting alcohol consumption has remained unchanged, the median frequency of use appears to have declined over the past 5 years (72-80 days of the past 180 in the 2012-16 surveys; 47 in 2018). This is due to a small reduction in the proportion reporting at least weekly use in the past two surveys (90% or more in 2014-16; 78% in 2018).
 **Tobacco**	• Among EDRS participants, smoking remains very common, with 9 in 10 participants recently smoking cigarettes in 2018. • However, there has been a decline in daily smoking, with less than half of recent smokers being daily smokers in 2017 and 2018, compared with around 60% in 2014-2016. • Use of nicotine-based e-cigarettes has significantly increased in the past 4 years (from 2 in 10 in 2015 to 3 in 10 in 2018), although this remains infrequent (median of once in the past six months in 2018).
 **Other drugs**	**Psychedelics** • *Use:* Psychedelic use remains common but infrequent among participants in the EDRS, with 2 in 5 reporting recent use of LSD (typically swallowing 1 tab on two occasions in the past 180 days), and one-third reporting recent psychedelic mushroom use on a median of three occasions in the past 180 days. • *Price:* Participants reported most commonly paying $25 per tab of LSD, higher than the price in 2014-17. • *Purity:* There is no objective purity data available for LSD from Tasmania Police. Consumer subjective reports have typically considered LSD to be 'high' or 'medium' in purity over the past decade. • *Availability:* Tasmania police made 15 seizures in 2017/18. Seizures since 2014/15 have been consistently greater than that over the remainder of the past decade (1-3 per annum in 2008/09-2013/14). The majority of consumers regarded LSD as 'easy' to access in 2018. There are some indications that availability has declined in recent years, with the proportion of consumers regarding LSD as 'easy' or 'very easy' to access falling from 90% in 2014 to 60% in 2018. **New psychoactive substance (NPS) use** • One-quarter of the EDRS participants reported recently using a drug that they believed was a new psychoactive substance. Typically this related to psychedelic use (DMT) or synthetic cannabinoids, in contrast to the predominance of stimulant substances in previous years (2014 and before). • Of note, one-third of participants reported recently using capsules with 'unknown contents', a trend that has been increasing over the past 5 years (~11% in 2014), suggesting the potential for a higher rate of unwitting use of NPS among these participants.

 **Other drugs (Cont)**	**Inhalants** • Use of nitrous oxide has significantly increased between the 2016, 2017 and 2018 studies, and has been increasing over the past 5 years. In 2018, more than four in ten participants had used nitrous oxide on a median of 3 occasions in the past 180 days, typically using more than six bulbs per occasion. Amyl nitrite use was reported by two in 10 participants, on a median of two occasions in the past 180 days. **Non-prescribed pharmaceuticals** • While use remained infrequent, rates of non-prescribed use of pharmaceuticals were similar to those in 2017, with two-fifths reporting recent non-prescribed benzodiazepines (40% in 2018; 35% in 2017), and more than one quarter reporting non-prescribed pharmaceutical stimulant use (28% in 2018, 35% in 2017).
 **Mental health and drug treatment seeking**	**Mental health** • Almost six in ten of the EDRS participants self-reported experiencing a mental health problem in the past 6 months. This is higher than rates over the past four years of EDRS samples. However, nearly two-thirds of those reporting a mental health problem in 2018 had attended a mental health professional; this reflects an increase in help-seeking over the past 5 years. • Using a validated measure of psychological distress, approximately three in ten participants scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10 people). However, the proportion scoring in the 'low' range has been steadily increasing in recent years (2 in 10 in 2015; more than 4 in 10 in 2018). **Help-seeking for substance use** • Three in ten participants accessed a health service in relation to drug use in the past 6 months. This is consistent with 2017, which was an increase over rates in the previous years, where rates were typically 10-15% in 2014-16. • It was most common for participants to access general medical practitioners, specialist drug and alcohol workers, or hospital emergency services for this assistance.
 **Overdose**	• Seventeen percent of the EDRS participants reported experiencing an overdose on a stimulant drug in the past 6 months. This was typically in relation to ecstasy, with co-incident alcohol use; and in a nightclub, music or party environment. • Eight percent of the EDRS participants reported experiencing an overdose on a depressant drug in the past 6 months, this was typically excessive alcohol consumption.

 **Drug Treatment**	The proportion of closed drug treatment cases relating to methamphetamine as a primary drug has increased from 10% in 2012/13 to over 20% in 2016/17. Treatment episodes relating to ecstasy as a principal drug remain at 1-2% of all closed episodes over the past decade.
 **Sexual risk behaviour**	• Six in ten of the participants had casual sex while affected by substances in the past 6 months. This is consistent with the rates in previous EDRS samples. • Rates of consistent protective barrier use during these encounters has been reported by 20% or less of EDRS participants between 2015 and 2018. • Rates of recent engagement in sexual health check-ups has increased over the past 5 years, from 38% in 2014 to 50% in 2018.
 **Driving Risk**	• In 2018, 80% of participants had driven a vehicle in the past six months; of these, almost one-third reported driving while over the legal alcohol limit and 56% had driven soon after consuming non-prescribed substances. • While half of drivers in the EDRS sample had experienced roadside breath testing in the previous six months, only 10% had been saliva tested; this is relatively consistent with rates over the past 5 years.

1.0 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative or PDI) is a companion project to the Illicit Drug Reporting System (IDRS). The IDRS focuses on drugs such as methamphetamine, opioids, cannabis, and cocaine, and issues that pertain particularly to intravenous drug use in Australia. In contrast, the EDRS aims to examine emerging trends in the use, price, purity and availability of ecstasy and related drugs (ERD) in Australia. ERD are defined as drugs commonly used recreationally in the context of venues such as nightclubs and dance- or music-related events. These drugs primarily include ecstasy, methamphetamine, cocaine, d-lysergic acid (LSD), ketamine, gamma-hydroxy-butyrate (GHB) and new psychoactive substances (NPS).

The feasibility of the EDRS was assessed with a two-state trial funded by the National Drug Law Enforcement Research Fund (NDLERF) in 2000 and NDLERF provided additional funding for a two-year project in every Australian state and territory beginning in 2003. The EDRS was funded by the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy as a project under the cost-shared funding arrangement in 2005 and by the AGDH since 2006.

The current report contains new data collected in Tasmania in 2018. Reports detailing Tasmanian drug trends from 1999 through to 2017 are available as technical reports from the National Drug and Alcohol Research Centre, University of New South Wales..

1.1 Aims

The aims of the Tasmanian EDRS are: to describe the demographic characteristics and patterns of ecstasy and other drug use among a sample of people who regularly consume and people who regularly consume psychostimulants in Hobart and surrounding areas; to examine and identify trends in the price, purity, and availability of ERD in Hobart; to examine the nature and incidence of risk behaviours and health-related harms among the group of participating people who use ecstasy and other non-prescribed stimulants; to investigate other emerging trends in local ERD markets that may warrant further investigation or monitoring; and to identify issues that are pertinent to developing harm-reduction strategies. A further aim is to, where possible, incorporate converging data from indicator data and to identify emerging trends through comparison with EDRS data collected in Hobart in previous years.

2.0 METHODS

The EDRS uses a convergent validity methodology involving the triangulation of data from two different sources. The two components include a survey of EDRS participants in Hobart, and an examination of existing data sources that pertain to ERD in Tasmania. Focusing on convergent trends among the two data sources allows the validity of each data set to be established. Specific information about the three data sources used in the present study is outlined below.

2.1 Survey of EDRS participants

2.1.1 Recruitment

One hundred EDRS participants were interviewed using a structured face-to-face interview between April and June 2017. Interviews were conducted at locations such as cafes, bars, and the University of Tasmania. Inclusion criteria for the study included at least monthly use of ecstasy or other psychostimulants in the last six months, an age of at least 17 years, and having resided in the greater Hobart area for at least 12 months prior to the interview. Participants were recruited through

posters and flyers distributed in the Hobart area at various locations (e.g., cafes, bars, nightclubs, music stores, universities, youth services), internet forums, social media (facebook, Instagram), and through snowball methods (word of mouth and recruitment through friends and associates). Full details of the methods for the annual interviews are available for download.

2.1.2 Procedure

Participants contacted the researchers through voicemail, email, or SMS to leave their contact details and were subsequently contacted by one of the interviewers. Participants were screened by phone to establish their eligibility for the study. Interviewers arranged to meet eligible participants at a mutually acceptable time and place. Prior to commencing the interview, participants gave written informed consent. Participants were informed that the survey was strictly confidential, that they could not be personally identified in any way, and that they were free to withdraw at any time without prejudice, or decline to answer any questions. Interviews took a median of 60 minutes to complete (range 20-90 minutes) and participants were reimbursed a sum of $40 for their time and out of pocket expenses.

2.1.3 Measures

The structured interview focused on the six-month period preceding the interview and assessed demographic characteristics; patterns of ecstasy and other drug use including frequency, quantity and route of administration; the price, purity, and availability of different drugs; patterns of purchasing; symptoms of dependence; help seeking; injecting drug use; overdose; safe sex; problems associated with drug use (e.g., work/study, risk to self/others, social, legal problems); psychological distress; mental health; and self-reported criminal activity.

2.1.4 Data analysis

Differences between the means of continuous normally distributed variables were analysed using *t*-tests. The non-parametric Mann-Whitney *U* test was used to analyse differences on continuous variables that did not follow a normal distribution. Chi-square tests and 95% confidence intervals (95%CI) were used to analyse differences between categorical variables. Confidence intervals for the difference between two proportions were determined according to Tandberg[1] using an implementation of the optimal methods identified in Newcombe (1998).

2.2 Other indicators

Data from existing sources such as survey, health and law enforcement data were collated to provide contextual information and to complement and validate the data from the survey of people who regularly use ecstasy and related and related drugs. The pilot study for the IDRS (Hando et al., 1998) recommended that such data should be available at least annually; include 50 or more cases; provide brief details of non-prescribed drug use; be collected in the main study site (Hobart or Tasmania for the current study); and include details on the main non-prescribed drugs under investigation. However, due to the relatively small size of the non-prescribed drug-using population in Tasmania and a paucity of available data, the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution and the relevant limitations of each data source are noted in the text. The following included data sources fulfilled the majority of these criteria.

[1] Tandberg, D. *Improved confidence intervals for the difference between two proportions and Number Needed to Treat (NNT)*. Available on the University of Oxford Centre for Evidence Based Medicine website: www.cebm.net.

2.2.1 National Drug Strategy Household Surveys (2001, 2004, 2007, 2010, 2013, 2016).

The National Drug Strategy Household Survey (NDSHS), run by the Australian Institute of Health and Welfare (AIHW), represents a prevalence study of drug use amongst the general community, surveying 1,031 individuals in Tasmania in the 1998 study, 1,349 individuals in 2001, 1,208 in 2004, 1,143 in 2007, 1,060 in 2010, 1,134 in 2013 and 1,098 in 2016 who were over 14 years of age, could speak English, and who lived in private dwellings. The survey investigated use of the following non-prescribed drugs relevant to this report: cannabis; methamphetamine; hallucinogens; cocaine; ecstasy/designer drugs; and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

2.2.2 Police and Justice data.

Tasmania Police State Intelligence Services, the Australian Criminal Intelligence Commission (ACIC), and the state Justice Department have provided information on drug seizures, charges and prices. Data on the purity of drugs seized are also provided through the ACIC; however, not all drug seizures are analysed for purity. Data from the ACIC for the 2017/18 financial year were not available at the time of publication. Where available, data from Tasmania Police have been used to examine changes in key law enforcement-related variables. It should be noted that these data are preliminary and subject to revision (totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules), and this issue is noted in the text as is relevant.

2.2.3 The National Minimum Data Set for Alcohol and other Drug Treatment Services (NMDS).

The NMDS was developed as a nationally consistent response to data collection for alcohol and other drug treatment services. Data for the 2017/18 financial year were unavailable at time of publication (NMDS)

3.0 DEMOGRAPHICS

3.1 Overview of EDRS sample

 Demographics Key Points	• EDRS participants are typically in their twenties, and predominantly male. They are typically employed (~60% of 2018 sample) and the majority have completed at least year 11. • Rates of involvement in drug treatment; and those with a prison history are low, and typically 5% or less of the samples. [Table 3.1.1] • These demographics have been largely consistent over EDRS survey waves. • Participants are deliberately selected to represent people that are heavily engaged in use of ecstasy and related drugs – they do not represent the profile of all people who use ecstasy or other psychostimulants.

Table 3.1.1: Demographic characteristics of the EDRS sample, 2014-2018

Variable	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Mean age (range)	24 (17-38)	24 (17-55)	25 (18-49)	23 (17-39)	**25 (17-42)**
Sex (% male)	63	63	51	65	**64**
Aboriginal / Torres Strait Islander (%)	3	4	5	1	**2**
Sexual orientation (%)					
Heterosexual	93	85	92	85	**87**
Bisexual	5	9	7	13	**10**
Gay or lesbian	1	6	1	2	**2**
Other	1	0	0	0	**0**
English speaking (%)	98	97	99	100	**98**
Accommodation (%)					
Own/rented	76	65	77	63	**54**
Live with family	23	33	23	36	**40**
Boarding house^	1	0	0	0	**1**
No fixed address	0	1	0	0	**2**
Mean school years (range)	12 (10-12)	12 (10-12)	12 (9-12)	12 (8-12)	**11 (8-12)**
Tertiary education (%)					
None	51	55	56	60	**43**
Trade/technical	19	28	25	27	**38**
University/college	30	17	19	13	**19**
Employment (%)					
Not employed/on a pension	13	12	13	15	**23**
Full-time	27	23	17	21	**13**
Part-time/casual	29	14	29	27	**49**
Home duties	0	4	1	-	**-**
Student	19	19	22	18	**6**
Work and study	12	28	17	16	**6**
Annual income (%)					
$1-7,799	1	4	4	10	**8**
$7,800-12,999	6	8	9	22*	**6***
$13,000-20,799	26	26	23	23	**29**
$20,800-31,199	34	34	25	14	**24**
$31,200-41,599	12	16	26	11*	**13**
$41,600-$51,999	10	3	8	5	**7**
$52,000+	11	10	5	13	**9**
Currently in drug treatment (%)					
Methadone/Buprenorphine	0	0	0	3	**4**
AOD Counselling	2	0	1	3	**5**
Detoxification	0	0	0	1	**1**
Therapeutic community	0	0	0	0	**0**
Narcotics Anonymous	0	0	0	0	**0**
Other	0	1	0	0	**1**
Previous prison conviction (%)	2	1	5	2	**5**

Source: EDRS interviews, 2014-2018

^Includes hostel/refuge; #Includes 'part-time students; *Significantly different to previous year (p<.05).

4.0 CONSUMPTION PATTERNS

4.1 Drug use history and current drug use

 Current use Key Points	• On average, participants were using ecstasy or other stimulants fortnightly or more often. [Table 4.1.1] • Around one third regarded ecstasy as their drug of choice; less than 10% regarded methamphetamine as their preferred drug. Typically alcohol or cannabis (both by one-third) was the drug most frequently used among participants. • One-third had 'binged' on psychostimulants in the last six months, which refers to 48 hours or longer of use without sleep. This is a pattern of substance use that increases harm from use. • One in five participants had a lifetime history of injecting drug use, and around one in 10 participants had injected in the previous month. • Detailed patterns of recent drug use [Table 4.1.2] demonstrate that participants are polysubstance consumers. Alcohol, cannabis and tobacco use were almost ubiquitous among this sample; and four in five drunk alcohol more than weekly; over half smoked cannabis weekly or more frequently; and one in three used ecstasy weekly or more in the past 6 months. Frequent (weekly) methamphetamine use was uncommon, reported by 7% of participants. [Figure 4.1.2] • Between the 2017 and 2018 samples, there were significant increases in use of cocaine (from one-quarter to two-fifths of participants) and in use of nitrous oxide (from one third in 2017 to nearly half in 2018). However, the use of each of these substances was infrequent – less than once monthly on average. [Table 4.1.2]

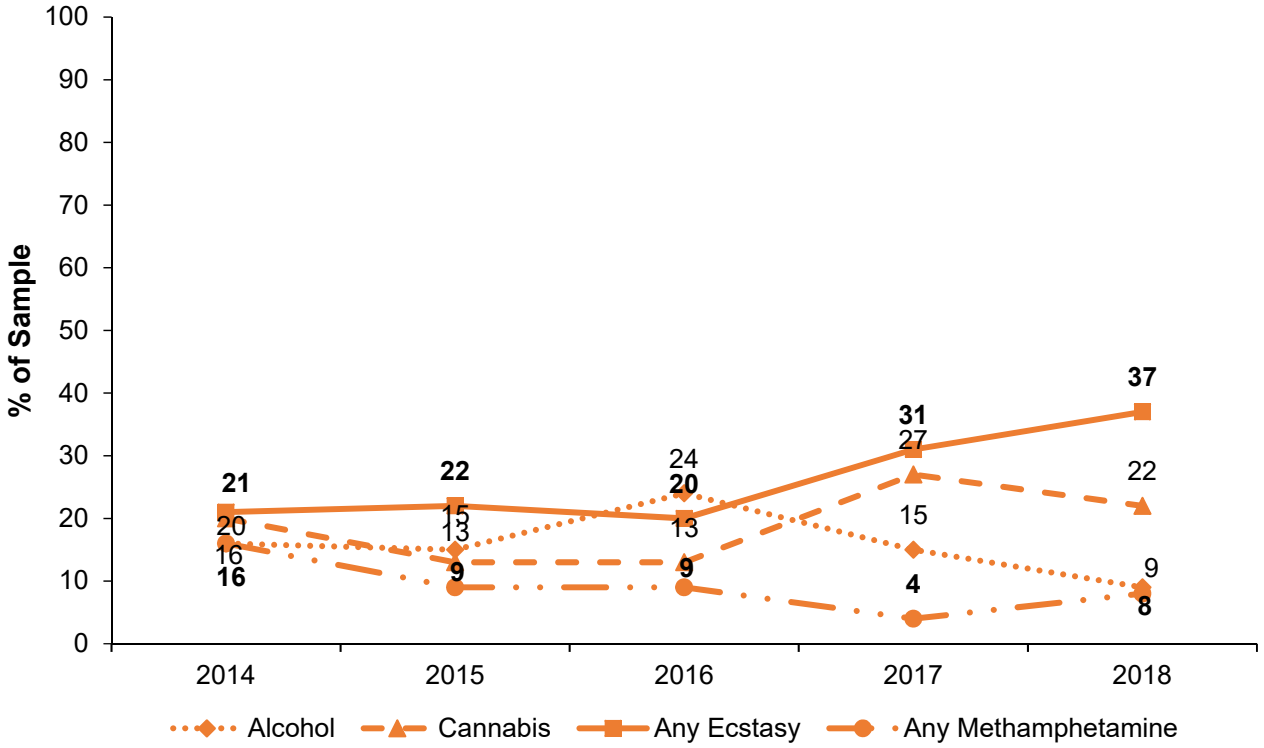
Table 4.1.1: Drug use history and drug preferences of EDRS sample, 2014-2018

Variable (%)	2014 n=100	2015 n=100	2016 n=100	2017 n=100	**2018 n=100**
Drug of choice (%)					
Ecstasy	21	22	20	31	37
Cocaine	10	18	13	6	8
Methamphetamine (any form)	16	9	9	4	8
Powder (speed)	*16*	*8*	*2*	*1*	*1*
Base	*0*	*0*	*0*	*0*	*0*
Crystal (ice)	*0*	*1*	*7*	*3*	*7*
Cannabis	20	13	13	27	22
Alcohol	16	15	24	15	9
LSD	8	14	6	10	4
Mushrooms	1	3	5	2	2
Ketamine	0	3	2	0	1
Heroin	1	0	2	1	2
Benzodiazepines	0	0	1	1	1
Other Opiates	1	1	1	1	4
NPS	1	0	1	0	0
Drug used^ most often last month (%)					
Ecstasy	8	6	8	8	**16**
Cocaine	0	0	1	0	**1**
Methamphetamine (any form)	7	0	4	2	**4**
Powder (speed)	*4*	*0*	*0*	*0*	***0***
Base	*0*	*0*	*0*	*0*	***0***
Crystal (ice)	*3*	*0*	*4*	*2*	***4***
Cannabis	32	23	28	34	**36**
Alcohol	51	59	53	51	**34**
LSD	0	3	1	1	**1**
Mushrooms	1	0	2	0	**0**
Ketamine	0	0	0	0	**0**
Heroin	0	0	0	0	**0**
Benzodiazepines	0	0	0	2	**0**
Pharmaceutical Stimulants	0	0	1	1	**1**
Other Opiates	1	1	0	0	**6**
NPS	0	0	0	0	**0**
Frequency of stimulant use past month (%)					
Not in the last month	7	12	5	7	**6**
Monthly	31	36	25	20	**19**
Fortnightly	37	37	39	37	**33**
Weekly	14	13	20	23	**29**
More than once per week	10	3	9	13	**13**
Once a day	1	0	2	0	**0**
More than once a day	0	0	0	0	**0**
Binged on any stimulant last 6 months (%)	24	19	29	25	**37**
Injected lifetime (%)	15	10	19	16	**19**
Injected last month (%)	8	10	10	8	**11**
Mean age first injection (years)	21	20	21	22	**19**

Source: EDRS interviews, 2014-2018

^ 'used' refers to any of the following routes of administration: smoke/inhale, snort, swallow/ingest and inject.

Figure 4.1.1: Drug of choice among EDRS participants, 2014-2018



Source: EDRS interviews, 2014-2018

Table 4.1.2: Proportion of EDRS participants reporting recent (past 6 month) drug use, 2014-2018

Variable (%)	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Alcohol					
Used last 6 months	98	100	98	98	**100**
Median days used last 6 months	72	72	80	49	**46.5**
(range)	(4-180)	(10-180)	(6-180)	(1-180)	**(1-180)**
Cannabis					
Used last 6 months	76	80	77	84	**94***
Median days used last 6 months	16	80	100	60	**42.5**
(range)	(9-25)	(1-180)	(2-180)	(2-180)	**(1-180)**
Tobacco					
Used last 6 months	83	85	76	86	**91**
Median days used last 6 months	180	180	180	168	**160**
(range)	(2-180)	(1-180)	(1-180)	(1-180)	**(1-180)**
Ecstasy pills/tablets					
Used last 6 months	92	99	98	93	**88**
Median days used last 6 months	8	10	10	10	**12**
(range)	(1-72)	(2-110)	(1-70)	(1-96)	**(1-72)**
Ecstasy powder					
Used last 6 months	20	15	29	24	**41***
Median days used last 6 months	4	2	4	3	**4**
(range)	(1-36)	(1-20)	(1-30)	(1-21)	**(1-72)**
Ecstasy capsules					
Used last 6 months	49	50	41	60	**62**
Median days used last 6 months	2	5	2.5	3	**5.5**
(range)	(1-48)	(1-25)	(1-10)	(1-20)	**(1-48)**
Ecstasy crystal/rock					
Used last 6 months	29	36	34	47	**53**
Median days used last 6 months	4	2	4	3	**2**
(range)	(1-36)	(1-20)	(1-30)	(1-21)	**(1-72)**
Any ecstasy					
Used last 6 months	100	100	100	100	**100**
Median days used last 6 months	11	12	12	13	**12.5**
(range)	(1-100)	(5-119)	(3-76)	(2-100)	**(2-120)**
Methamphetamine powder					
Used last 6 months	58	39*	32	29	**29**
Median days used last 6 months	3	2	2	2	**2**
(range)	(1-180)	(1-14)	(1-60)	(1-30)	**(1-90)**
Methamphetamine base					
Used last 6 months	17	5*	4	1	**5**
Median days used last 6 months	8	1.50	2~	1~	**1~**
(range)	(1-100)	(1-5)	(1-60)	(1-1)	**(1-12)**
Crystal methamphetamine					
Used last 6 months	14	13	21	14	**23**
Median days used last 6 months	3.5	8	10	5.50	**6**
(range)	(1-150)	(1-50)	(1-180)	(1-140)	**(1-150)**
Any methamphetamine					
Used last 6 months	64	45	42	40	**44**
Median days used last 6 months	3	2	3	2	**3**
(range)	(1-180)	(1-50)	(1-180)	(1-140)	**(1-150)**

Source: EDRS interviews, 2014-2018

*Significant change (p<.05) relative to previous year; ~ n<10

Table 4.1.2: Proportion of EDRS participants reporting recent (past 6 month) drug use, 2014-2018 (cont.)

Variable (%)	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Pharmaceutical stimulants^					
Used last 6 months	18	13	20	35*	**28**
Median days used last 6 months	2.5	2	2	3	**3.5**
(range)	(1-48)	(1-14)	(1-15)	(1-60)	**(1-30)**
Cocaine					
Used last 6 months	22	17	24	24	**42***
Median days used last 6 months	2	1	2	2	**3**
(range)	(1-13)	(1-8)	(1-12)	(1-120)	**(1-65)**
LSD					
Used last 6 months	35	41	39	39	**41**
Median days used last 6 months	2	3	4	2	**2**
(range)	(1-48)	(1-45)	(1-20)	(1-26)	**(1-32)**
MDA					
Used last 6 months	6	4	8	13	**18**
Median days used last 6 months	3.5~	2	2	2	**2**
(range)	(2-10)	(1-5)	(1-150)	(1-12)	**(1-50)**
Ketamine					
Used last 6 months	14	5	3	17*	**23**
Median days used last 6 months	2	1.50	3~	2	**1**
(range)	(1-13)	(1-3)	(1-10)	(1-7)	**(1-120)**
GHB/GBL/1,4B					
Used last 6 months	0	0	1	3	**1**
Median days used last 6 months	-	-	-	1~	**1~**
(range)				(1-2)	**(1)**
Amyl nitrite					
Used last 6 months	12	12	11	16	**19**
Median days used last 6 months	3	1	2	2	**2**
(range)	(1-40)	(1-10)	(1-60)	(1-20)	**(1-55)**
Nitrous oxide					
Used last 6 months	17	6	15	29*	**44***
Median days used last 6 months	3	1	2	4	**2.5**
(range)	(1-15)	(1-1)	(1-180)	(1-60)	**(1-72)**
Benzodiazepines^					
Used last 6 months	31	17*	21	35	**40**
Median days used last 6 months	3	8	5	4	**3.5**
(range)	(1-50)	(2-19)	(1-30)	(1-60)	**(1-120)**
Antidepressants^					
Used last 6 months	0	3	1	3	**2**
Median days used last 6 months	-	3.5~	8~	3~	**2~**
(range)		(1-6)	(8-8)	(1-3)	**(1-3)**
Heroin					
Used last 6 months	2	1	3	2	**3**
Median days used last 6 months	2.5~	3~	6~	51.50~	**15~**
(range)	(1-4)	(3-3)	(2-14)	(3-100)	**(10-90)**

Source: EDRS interviews, 2014-2018

*Significant change (p<.05) relative to previous year; ^Includes only non-prescribed use; ~ n<10

Table 4.1.2: Proportion of EDRS participants reporting recent (past 6 month) drug use, 2014-2018 (cont.)

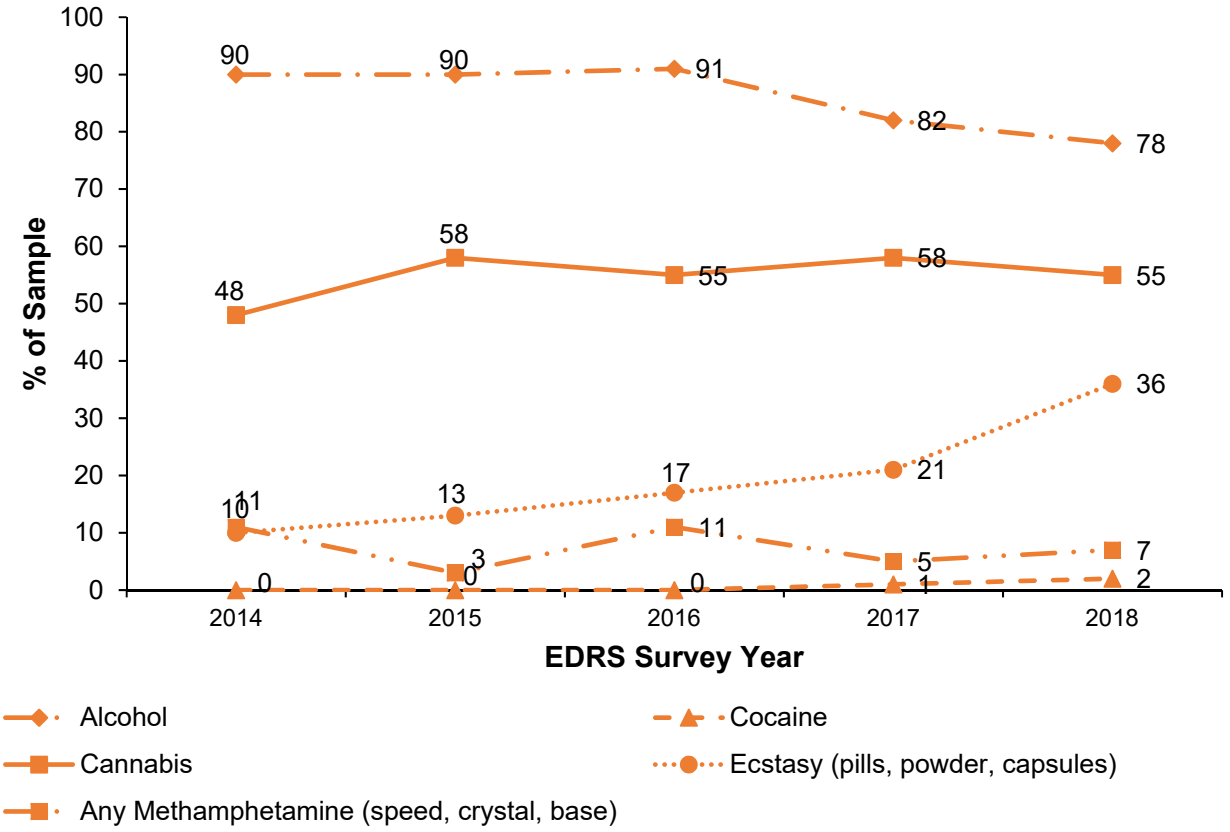
Variable (%)	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Methadone[#]					
Used last 6 months	3	4	1	6	**8**
Median days used last 6 months	15.5~*	3~	70~	95~	**163~**
(range)	(1-30)	(2-180)	(70-70)	(1-180)	**(1-180)**
Buprenorphine[#]					
Used last 6 months	2	0	0	1	**4**
Median days used last 6 months	2~	0	0	5~	**3~**
(range)	(1-3)	(0-0)	(0-0)	(5-5)	**(2-48)**
Other opioids[^]					
Used last 6 months	11	6	5	24*	**16**
Median days used last 6 months	7	3~	10~	4.5	**9**
(range)	(1-45)	(1-20)	(3-21)	(1-105)	**(1-180)**
Mushrooms					
Used last 6 months	21	15	24	25	**34**
Median days used last 6 months	3	3	3	2	**3**
(range)	(1-15)	(1-20)	(1-24)	(1-11)	**(1-48)**
Mephedrone					
Used last 6 months	23	9*	5	1	**3**
Median days used last 6 months	2~	2~	2~	2~	**1~**
(range)	(1-60)	(1-20)	(2-2)	(2-2)	**(1-3)**
Over-the-counter codeine[^]					
Used last 6 months	12	10	13	27*	**4**
Median days used last 6 months	2	15	5	5	**7.5**
(range)	(1-50)	(1-72)	(1-150)	(1-15)	**(1-90)**
Over-the-counter stimulants[^]					
Used last 6 months	2	1	5	7	**13**
Median days used last 6 months	5.5~	5~	5~	4~	**2**
(range)	(4-7)	(5-5)	(2-48)	(1-12)	**(1-24)**
Steroids					
Used last 6 months	0	4	1	0	**1**
Median days used last 6 months	-	48	24	0	**48**
(range)		(48-48)	(24-24)	(0-0)	**(48-48)**
Antipsychotics[#]					
Used last 6 months	7	4	3	5	**6**
Median days used last 6 months	2~	4~	2~	10~	**1~**
(range)	(1-12)	(2-130)	(1-20)	(3-26)	**(1-15)**
E-cigarettes					
Used last 6 months	32	23	15	31*	**37**
Median days used last 6 months	3	3	3	2	**4**
(range)	(1-180)	(1-120)	(1-20)	(1-180)	**(1-180)**

Source: EDRS interviews, 2014-2018

*Significant change (p<.05) relative to previous year

[#]Includes illicit - non-prescribed and licit - prescribed use; [^]Includes only non-prescribed use; ~ n<10

Figure 4.1.1: Drugs used weekly or more among EDRS participants, Tasmania, 2014-2018



Source: EDRS interviews, 2014-2018

4.2 Ecstasy use

 Ecstasy use Key Points	• Participants were recruited based on frequent ecstasy use. Typically, ecstasy was used approximately fortnightly, although 36% used weekly or more often. [Table 4.2.1] • While tablets/pills were the most commonly used form, three-fifths had recently used ecstasy in capsules and half had used the high potency crystal form. Tablet use was more frequent (approximately fortnightly) than use of other forms (typically less than monthly among consumers of these forms). [Table 4.2.1] • Participants typically used two tablets when they used ecstasy. There are growing indications of increased high-quantity use, with 7% of participants in 2014 and 26% in 2018 reporting usually using more than two pills in a session. [Table 4.2.1] • Participants were given a screening tool to assess for symptoms of dependence. On this instrument, half reported no symptoms of dependence. However, 16% of participants screened positive for possible ecstasy use disorder. This is a lower rate than seen in recent surveys (one third or more in 2015 and 2016), though is consistent with 10% in 2017. [Table 4.2.2] • Past year ecstasy use in the general Australian adult population has declined from 3.5% in 2007 to 2.2% in 2016. Levels of use in Tasmania in 2016 are comparable with rates nationally. [Figure 4.2.3]

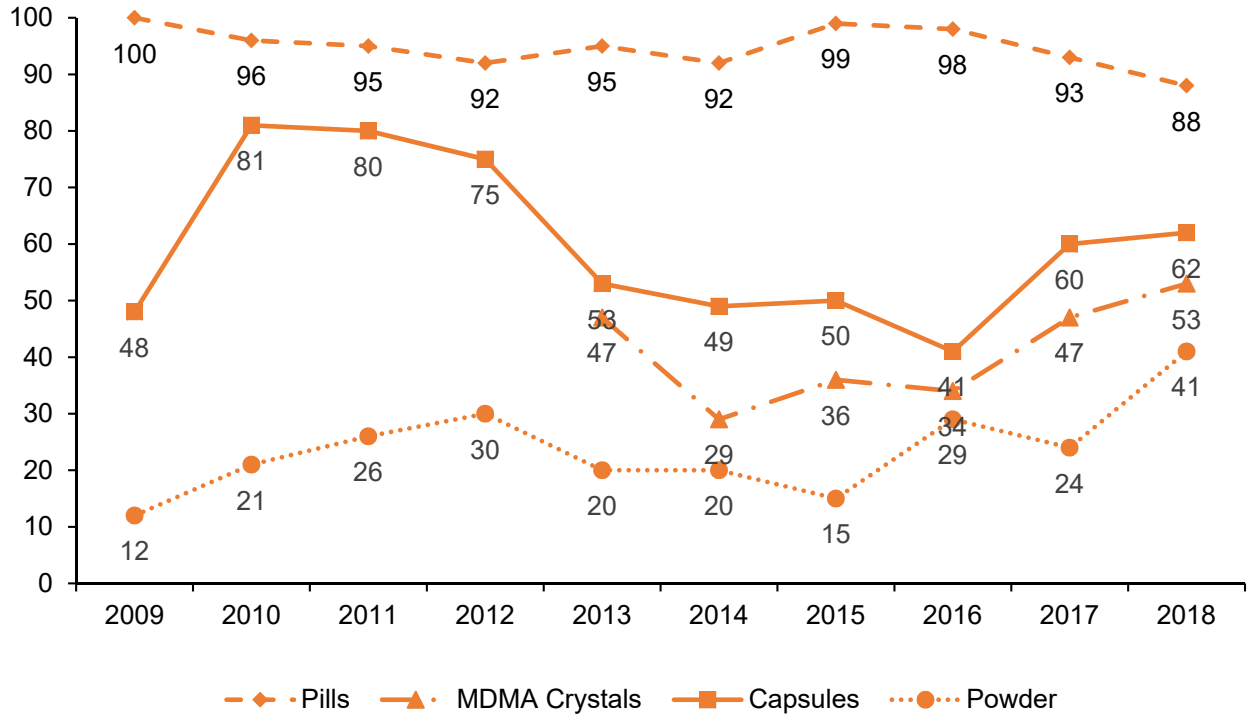
4.2.1 Ecstasy use among EDRS participants

Table 4.2.1: Patterns of ecstasy use in the past 6 months among EDRS participants, 2014-2018

Ecstasy	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Forms used (%)^					
Tablets/pills	92	99	98	93	**88**
Capsules	49	50	41	60	**62**
Powder	20	15	29	24	**41**
MDMA crystals	29*	36	34	47	**53**
Median days use#^	11	12	12	13	**13**
(range)	(1-100)	(5-119)	(3-76)	(2-100)	**(2-120)**
Tablets/pills	8	10	10	10	**12**
(range)	(1-72)	(2-110)	(1-70)	(1-96)	**(1-72)**
Capsules	2	5	2.5	3	**6**
(range)	(1-48)	(1-25)	(1-10)	(1-20)	**(1-48)**
Powder	5	2	4.5	3	**4**
(range)	(1-36)	(1-10)	(1-20)	(1-12)	**(1-72)**
MDMA crystals	4	2	4	3	**2**
(range)	(1-36)	(1-20)	(1-30)	(1-21)	**(1-72)**
Use weekly or more often (%)#^	10	12	17	21	**36**
Recent binge on ecstasy† (%)	10	14	19	16	**37**
Median pills 'typical' session (range)^	2 (0.5-4)	1 (1-3)	1 (1-7)	2 (1-5)	**2 (1-8)**
Median pills 'biggest' session (range)^	2 (1-10)	2 (1-15)	3 (1-12)	3 (1-20)	**4 (1.5-21)**
Used > 2 pills typical session (%)^	7	4	13	16	**26**
Median caps 'typical' session (range)^	1 (0.5-5)	1 (1-4)	1 (1-3)	2 (1-5)	**2 (1-25)**
Median crystals 'typical' session (range)^	0.25 grams (0.1-2; n=12) or 2 points (0.25-4; n=10)	1.2 grams (0.25-2; n=3) or 2 points (0.25-5; n=18)	0.75 grams (0.5-1.5, n=4) or 1 point (1-3, n=3)	0.5 grams (.25-2; n=5) or 2 points (.75-5; n=19)	**0.65 grams (.08-3; n=8) or 2 points (.05-5; n=20)**

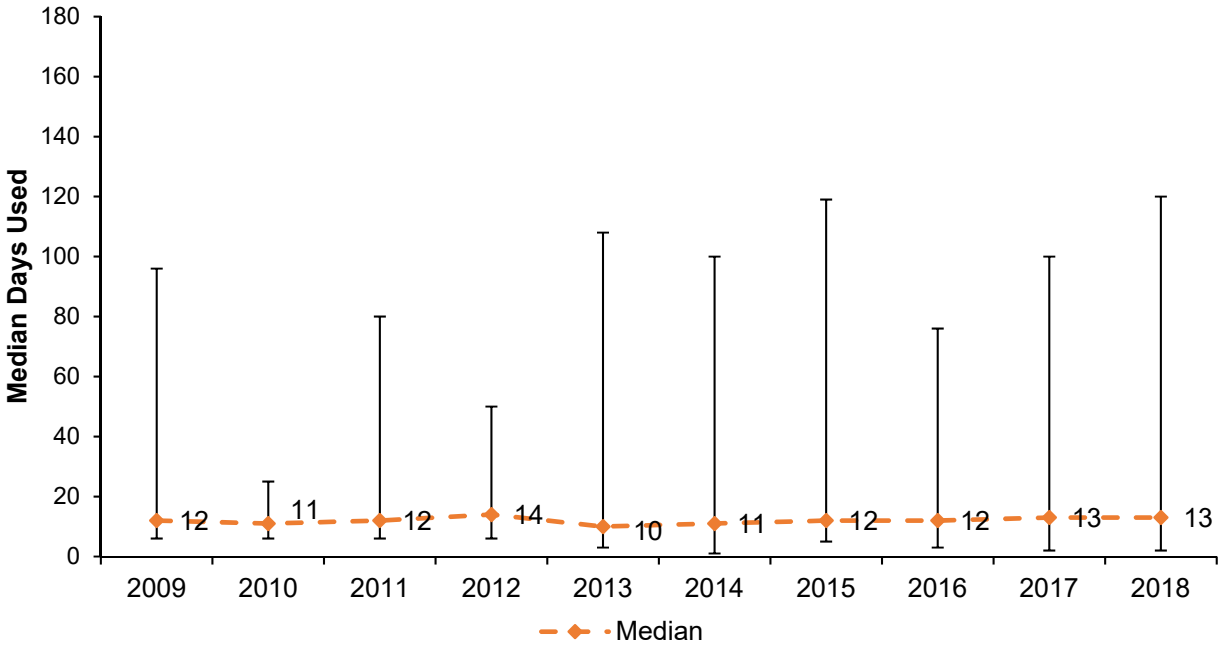
Source: EDRS interviews, 2014-2018
†Binged defined as the use of stimulants for more than 48 hours continuously without sleep
#Includes pills, powder and capsules combined. In 2016, frequency of use was reported by ecstasy form.
^Among those who had used in last six months

Figure 4.2.1.1: Forms of ecstasy used among EDRS participants in the preceding 6 months, 2009-2018



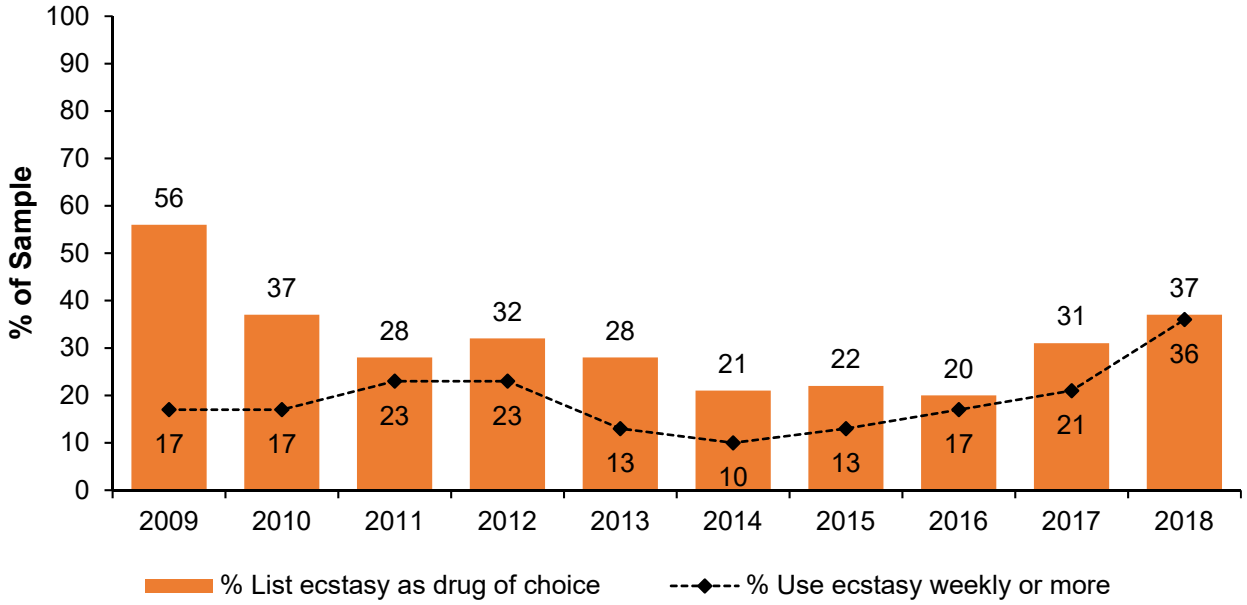
Source: EDRS interviews, 2009-2018
Note: MDMA crystals were included in the EDRS survey from 2013 onwards.

Figure 4.2.1.2: Frequency and range of ecstasy use among EDRS participants in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 4.2.1.3: Proportion of EDRS participants who listed ecstasy as their drug of choice and proportion of EDRS participants reporting weekly or more ecstasy use in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

4.2.2 Self-reported symptoms of ecstasy dependence

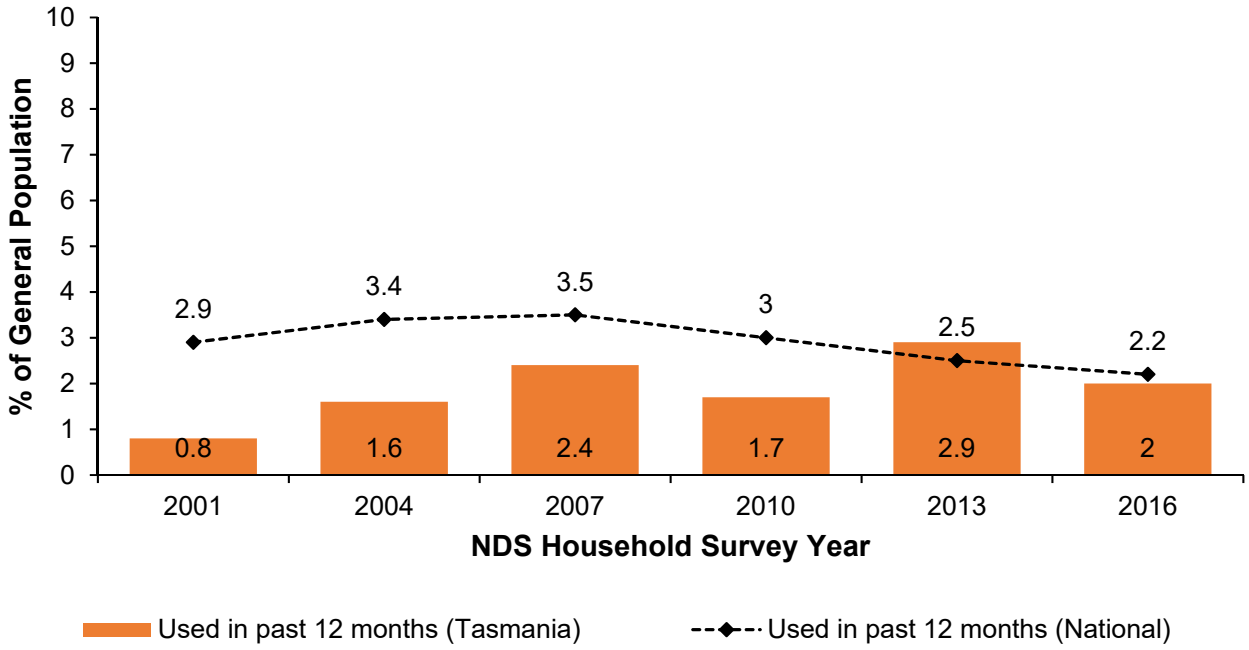
Table 4.2.2: Self-reported symptoms of ecstasy dependence, 2014-2018

Symptoms	2014 n=100†	2015 n=78	2016 n=100	2017 n=100	**2018 n=99**
Recently used ecstasy (%)	100	100	97	100	**100**
Median SDS score (range)	- -	2 (0-9)	1 (0-10)	0 (1-10)	**1 (0-11)**
SDS score = 0 % (n) (no symptoms of dependence)	-	32 (25)	47 (46)	57 (57)	**48 (47)**
SDS score 3+ % (n) (screened likely experiencing dependence)	-	42 (32)	34 (33)	10 (10)	**16 (16)**
Of those 3+ % (n) in drug treatment (any non-pharmacotherapy)	-	3 n = 1	0 n = 0	10 n = 1	**13 n = 2**

Source: EDRS interviews, 2014-2018
†In 2014 SDS questions pertained to stimulant rather than exclusive ecstasy use.

4.2.3 Ecstasy use in the general population

Figure 4.2.3: Prevalence of ecstasy use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey, 2001-2016

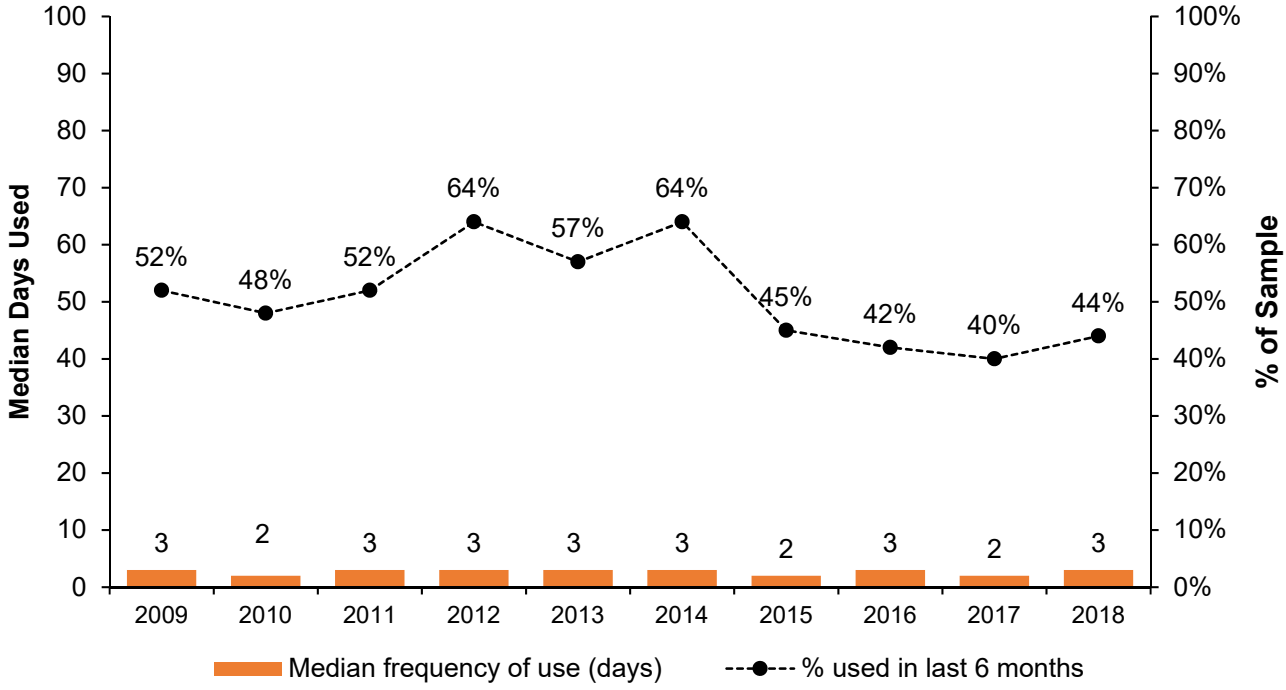
*Statistically significant change since preceding survey.

4.3 Methamphetamine use

 Meth-amphetamine use Key Points	• Around 4 in 10 participants had used any form of methamphetamine in the last 6 months, at a median frequency of three times in the last 180 days. This represents a sustained decline from the proportion using in 2013 and 2014 (around 6 in 10 participants). [Figure 4.3.1] • It was uncommon among participants for methamphetamine to be a drug of choice, nominated by around 7%. Consistent with this, only a small proportion (7%) used methamphetamine weekly or more frequently in the past six months. There has been little change in these figures over the past five years of the EDRS study in Hobart. [Figure 4.3.2] • Methamphetamine powder was the form most commonly used (by 55% of those recently using the drug). However, a similar proportion (43% of those recently using methamphetamine) had most commonly used the crystalline form. [Figure 4.3.4] • Almost 3 in 10 of the EDRS participants reported use of powder form methamphetamine [Figure 4.3.3], on a median of twice in the past 6 months, typically snorting or swallowing 0.1g per session [Table 4.3.1]. Rates of use of powder form methamphetamine have fallen over the past 5 years, from around 60% in 2012-2014 [Figure 4.3.3]. • Rates of use of crystalline methamphetamine have remained in the minority of each sample over the past 5 years, at approximately 15-25% of each sample. Similar to rates in 2016, almost one in four reported recent use of this form in 2018 [Figure 4.3.3]. Among the participants in 2018, this was typically used on 6 occasions in the past 6 months, predominantly smoked, and using close to 0.2g per session. [Table 4.3.1] • Participants were given a screening tool to assess for symptoms of methamphetamine dependence. On this instrument, three in five of those recently using the drug reported no symptoms of dependence. One in eight methamphetamine consumers interviewed screened positive for possible methamphetamine dependence. [Table 4.3.2] • Past year methamphetamine use in the general Australian adult population has declined from 2.1% in 2010 and 2013 to 1.4% in 2016. Levels of use in Tasmania in 2016 are comparable with rates nationally. [Figure 4.3.5]

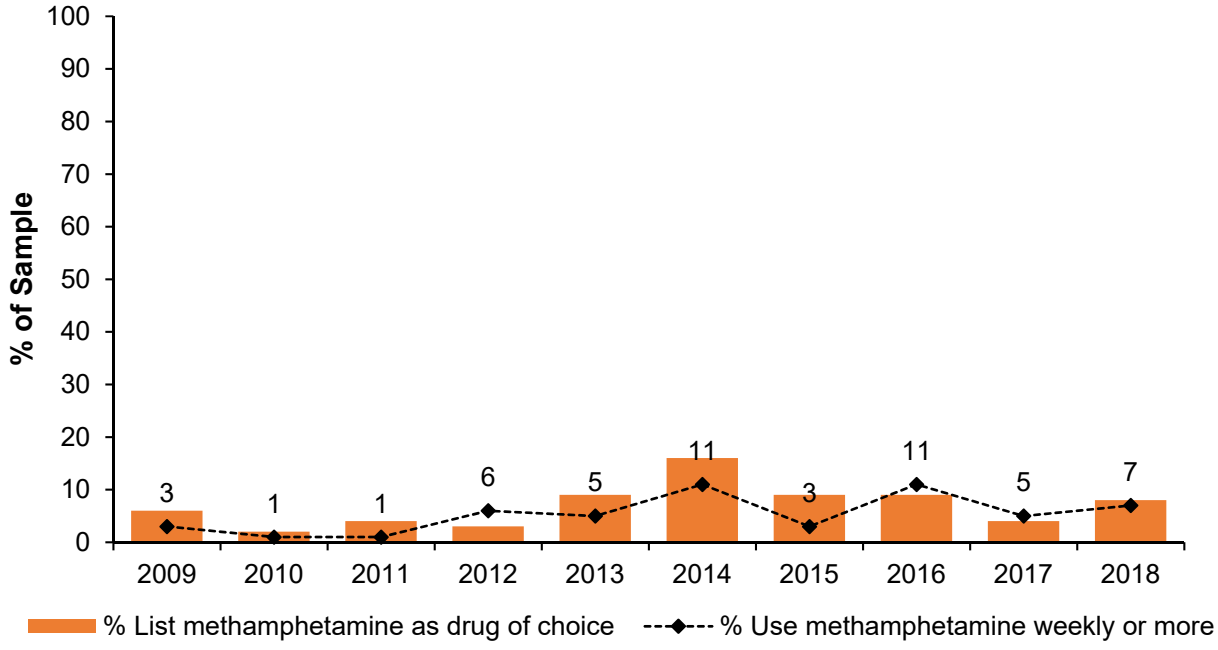
4.3.1 Methamphetamine use among EDRS participants

Figure 4.3.1: Prevalence and frequency of use of methamphetamine in the preceding 6 months, 2009-2018



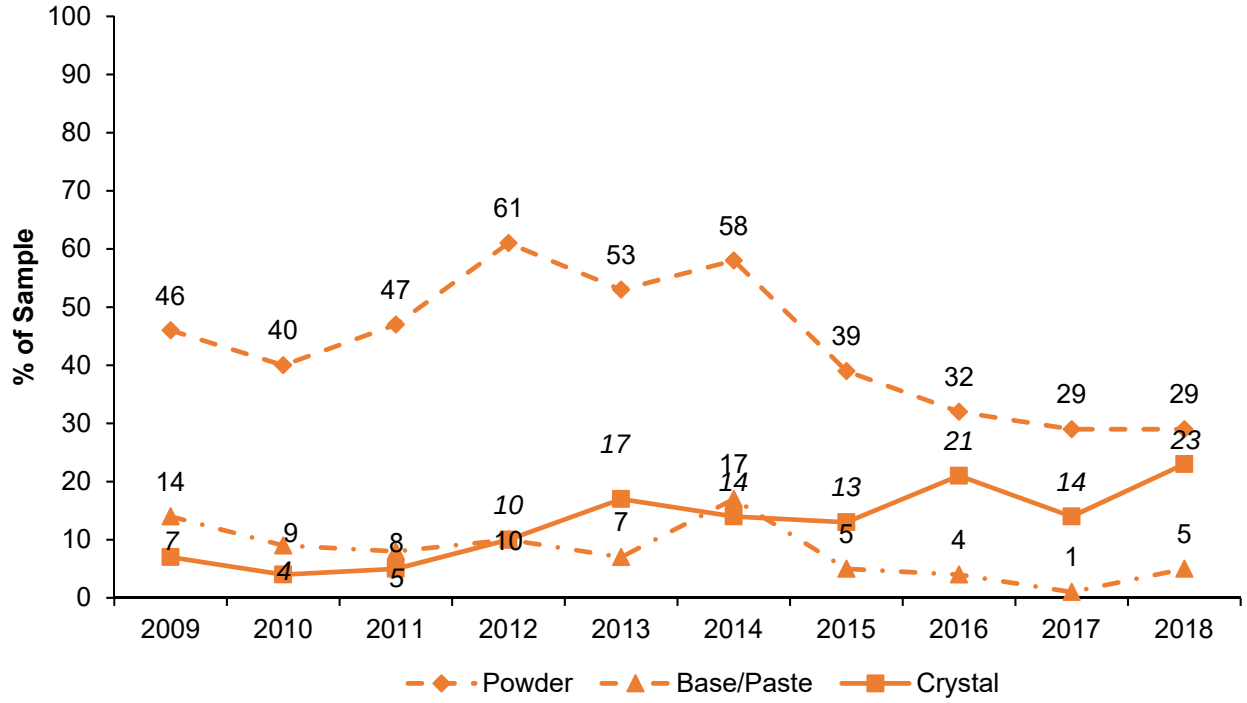
Source: EDRS interviews, 2009-2018

Figure 4.3.2: Proportion of EDRS participants reporting weekly or more use of methamphetamine in the preceding 6 months, and EDRS participants who listed any form of methamphetamine as their drug of choice, 2009-2018



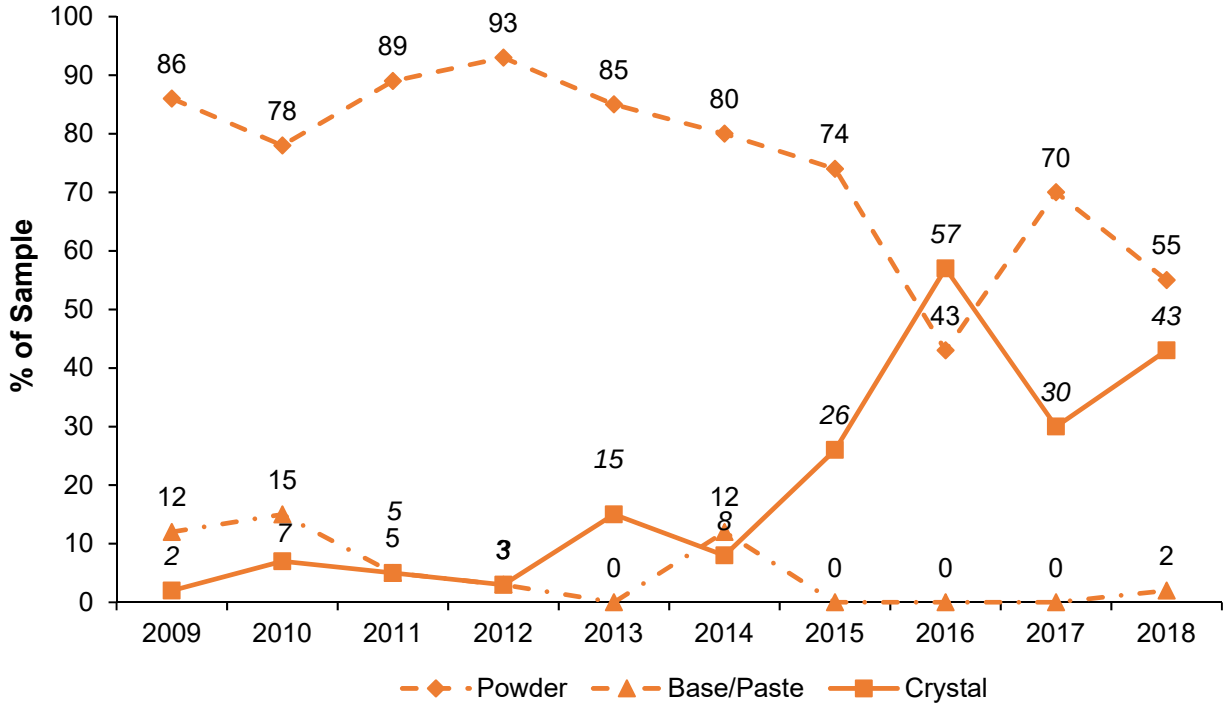
Source: EDRS interviews, 2009-2018

Figure 4.3.3: Proportion of EDRS participants reporting methamphetamine use in the past six months, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 4.3.4 Forms of methamphetamine most often used among EDRS participants who had used any form of methamphetamine in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Table 4.3.1: Patterns of methamphetamine use (any form) among EDRS participants in the preceding 6 months, 2014-2018

Methamphetamine	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	64	45	42	40	**44**
Median days used[#] (range)	3 (1-180)	2 (1-50)	3 (1-180)	2 (1-140)	**3 (1-150)**
Methamphetamine powder					
Used in last 6 months (%)	58	39	32	29	**29**
Median days used[#] (range)	3 (1-180)	2 (1-14)	2 (1-60)	2 (1-30)	**2 (1-90)**
Route (%)[#]					
Smoked	11	0	0	0	**10**
Snorted	83	90	81	59	**59**
Swallowed	44	13	16	52	**52**
Injected	9	10	16	14	**10**
Shaft/shelved	2	0	0	0	**0**
Median points[#]					
Typical session (range)	2 (0.5-7)	2 (1-5)	1 (1-3)	1 (0.5-1)	**1 (1-2)**
Biggest session (range)	3.5 (0.5-15)	2 (1-6)	2 (0.5-5)	1 (0.5-2)	**1 (1-7)**
Methamphetamine base					
Used in last 6 months (%)	17	5	4	1	**5**
Median days used[#] (range)	8 (1-100)	2 (1-5)	2 (1-60)	1 (1-1)	**1 (1-12)**
Route (%)[#]					
Smoked	12	25~	-	-	**20~**
Snorted	24	25~	-	-	**0~**
Swallowed	82	75~	-	-	**20~**
Injected	41	25~	-	-	**60~**
Shaft/shelved	6	0~	-	-	**0~**
Median points[#]					
Typical session (range)	2 (0.5-5)	1~ (1-2)	0.6~ (0.6-0.6)	-	**2.5~ (1-3)**
Biggest session (range)	2 (0.5-25)	1~ (1-2)	0.6~ (0.6-0.6)	-	**2.5~ (1-6)**
Methamphetamine crystal					
Used in last 6 months (%)	14	13	21	14	**23**
Median days used[#] (range)	3.5 (1-150)	8 (1-50)	10 (1-180)	5.5 (1-140)	**6 (1-150)**
Route (%)[#]					
Smoked	86	80	76	79	**74**
Snorted	21	10	19	0	**22**
Swallowed	21	20	5	7	**22**
Injected	21	30	43	50	**44**
Shaft/shelved	0	10	0	0	**0**
Median points[#]					
Typical session (range)	1.5 (1-7)	1 (0.25-2)	1 (0.5-3)	1 (0.5-5)	**1.75 (0.5-6)**
Biggest session (range)	4.5 (1-8)	1 (0.25-2)	1.75 (0.6-6)	2 (0.5-10)	**2 (0.5-12)**

Source: EDRS interviews, 2014-2018

[#]Among those who had used in last six months; ~ n<10; - n<5.

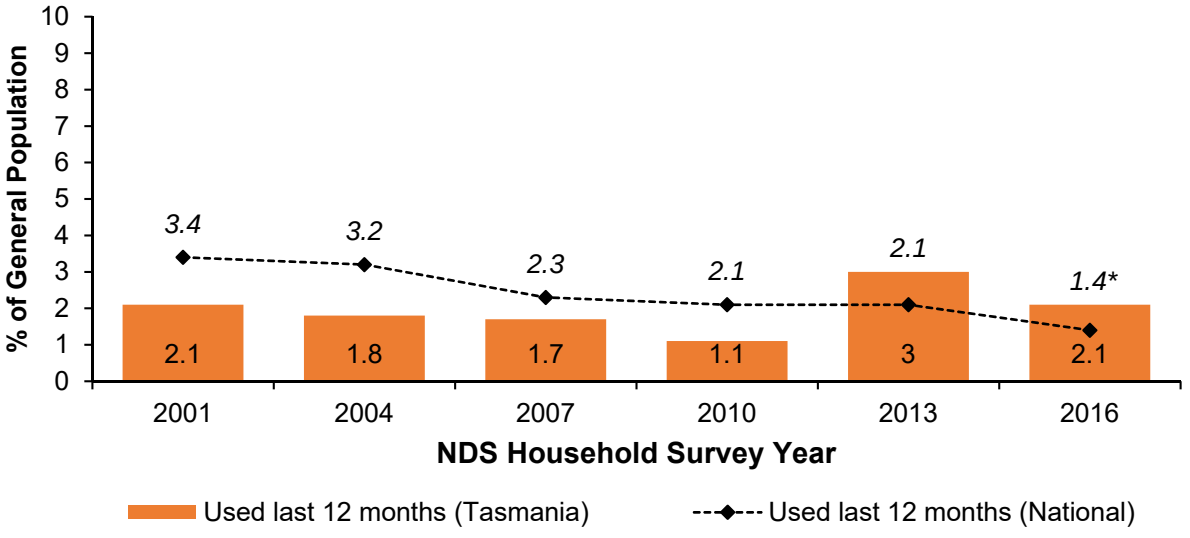
Table 4.3.2: Self-reported symptoms of methamphetamine dependence, 2014-2018

Symptoms	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Recently used any amphetamine (%)	64	45	42	40	**44**
Median SDS score (range)	-	2 (0-7)	1 (1-10)	0 (0-12)	**0 (0-14)**
SDS score = 0 % (no symptoms of dependence)	-	28 n = 9	44 n = 18	58 n = 25	**61 n = 25**
SDS score 4+ % (screened likely experiencing dependence)	-	28 n = 9	34 n = 14	23 n = 10	**12 n = 5**
Of those 4+ % in drug treatment (any non-pharmacotherapy)	-	0 n = 0	7 n = 1	20 n = 2	**60 n = 3**

Source: EDRS interviews, 2014-2018
Note: Methamphetamine SDS was not included in the EDRS prior to 2015

4.3.2 Methamphetamine use in the general population

Figure 4.3.5: Prevalence of meth/amphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



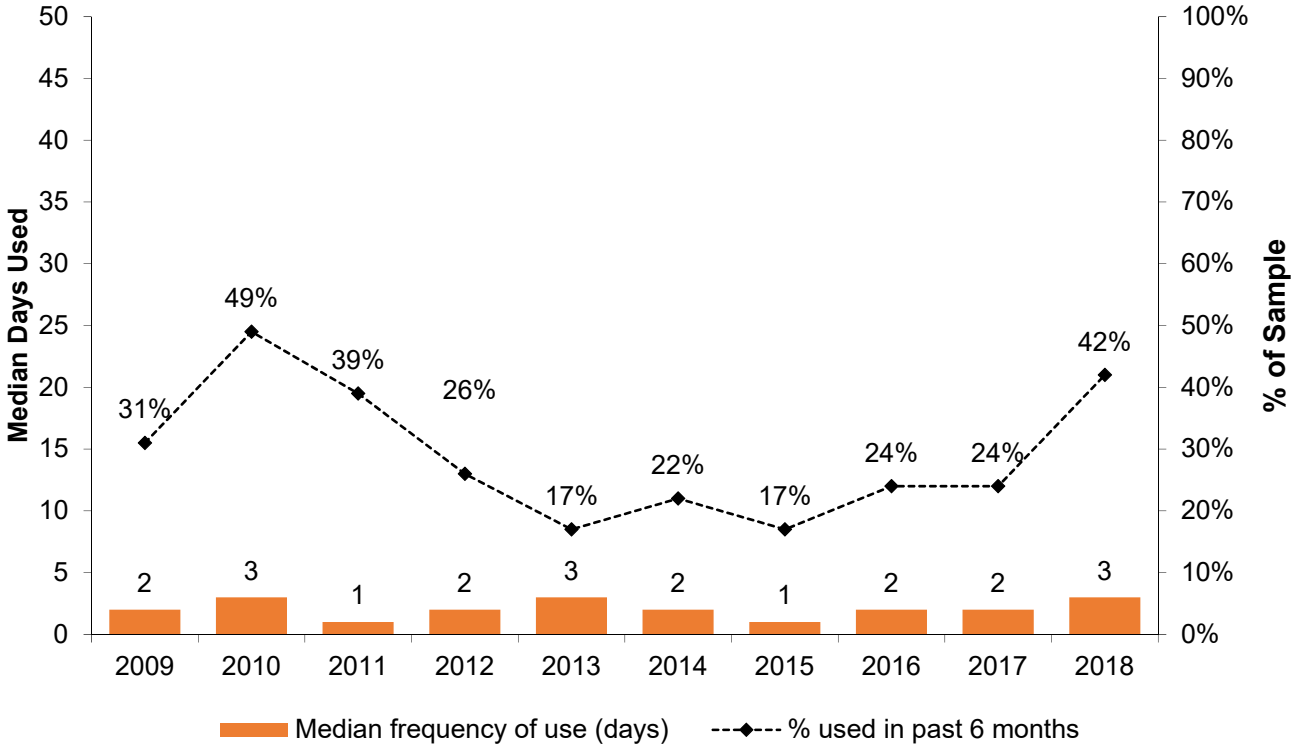
Source: NDSHS, 2001-2016
*Statistically significant change since preceding survey (p<.05).

4.4 Cocaine use

Cocaine use Key Points	• In 2018, around 2 in 5 participants had reported using cocaine, at a median frequency of three times in the past 180 days. This rate of cocaine use is significantly higher than use in the past 5 years of the EDRS study [Figure 4.4.1]. • Participants reported typically snorting around one gram of cocaine when they used the drug • Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year [Figure 4.4.2]

4.4.1 Cocaine use among EDRS participants

Figure 4.4.1: Prevalence and frequency of use of cocaine among EDRS participants in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

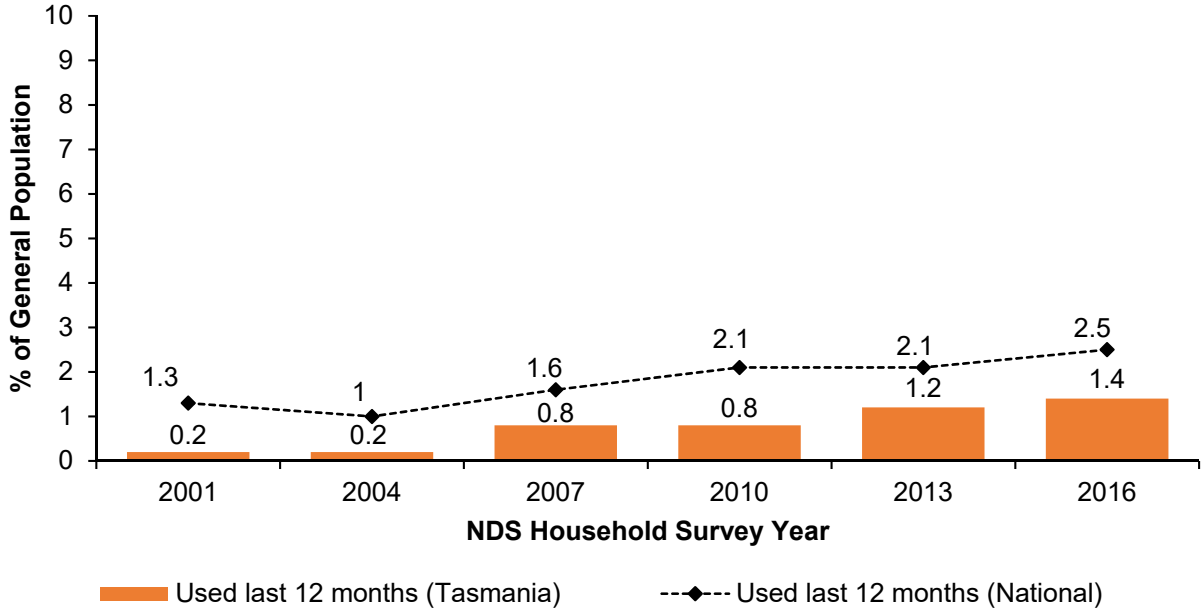
Table 4.4.1: Patterns of cocaine use among EDRS participants in the preceding 6 months, 2014-2018

Cocaine	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used in last 6 months (%)	22	17	24	24	**42***
Median days used# (range)	2 (1-13)	1 (1-8)	2 (1-12)	2 (1-120)	**3 (1-65)**
Route (%)#					
Smoked	0	0	0	0	**2**
Snorted	100	85	86	96	**86**
Swallowed	10	23	21	13	**17**
Injected	0	8	4	0	**0**
Shafted/shelved	10	10	0	0	**0**
Median amounts used per session#					
Grams typical	0.4	2~	1~	1~	**1**
(range)	(0.1-1)	(1-3)	(0.25-1)	(.15-3)	**(.25-2)**
Grams biggest	0.5	2~	1~	2~	**1.1**
(range)	(0.1-7)	(1-3)	(0.3-1.5)	(.15-4)	**(.25-5)**
Points typical	1~	3~	1~	1~	**1~**
(range)	(0.25-3)	(1-7)	(0.5-3)	(1-2)	**(1-4)**
Points biggest	1~	4~	1~	1~	**1~**
(range)	(0.25-3)	(1-7)	(0.5-4)	(1-4)	**(1-6)**

Source: EDRS interviews, 2014-2018
#Among those who had used in last six months; ~ n<10

4.4.2 Cocaine use in the general population

Figure 4.4.2: Prevalence of cocaine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



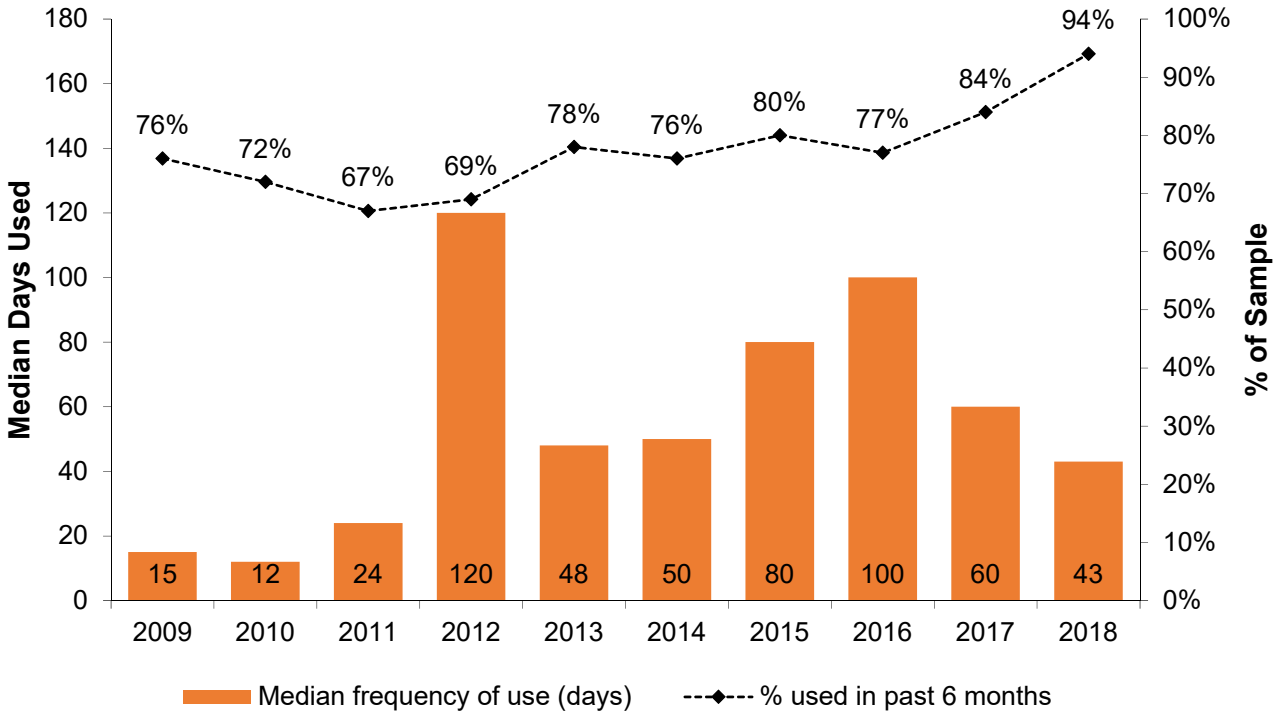
Source: NDSHS, 2001-2016
*Significant difference (p<.05) from previous year.

4.5 Cannabis use

Cannabis use Key Points	
	• In 2018, more than 9 in 10 participants reported using cannabis. Most used multiple times per week; and one-quarter of those using cannabis were smoking every day [Table 4.5.1] • While the overall proportion of EDRS participants reporting recent cannabis use has increased by a small amount over the past decade (76% in 2009; 94% in 2018), the frequency of use among participants has increased substantially, with around one-third of recent consumers in 2009-2011 smoking weekly or more, but two-thirds smoking at this frequency in 2013-2018 [Figure 4.5.2] • Approximately 12% of the Tasmanian adult population are estimated to have smoked cannabis in the past year, consistent with rates nationally and with trends in 2016 [Figure 4.5.2]

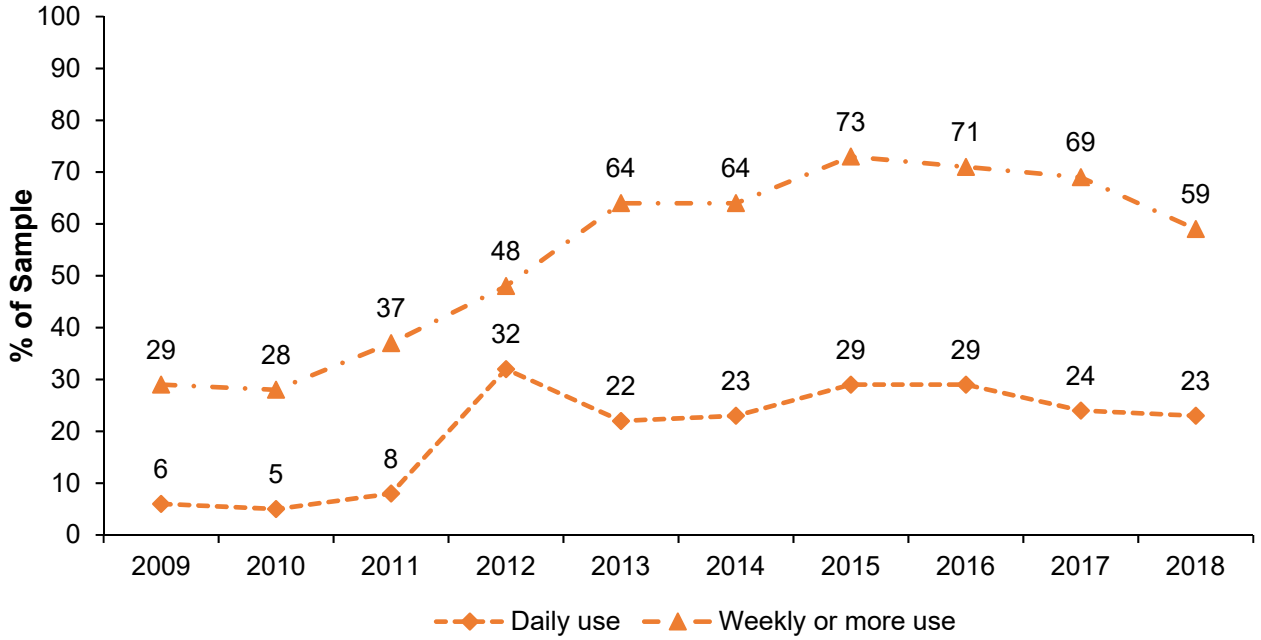
4.5.1 Cannabis use among EDRS participants

Figure 4.5.1: Prevalence and frequency of cannabis use among EDRS participants in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 4.5.2: 'Daily' and 'weekly or more' cannabis use among EDRS participants who had used cannabis in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

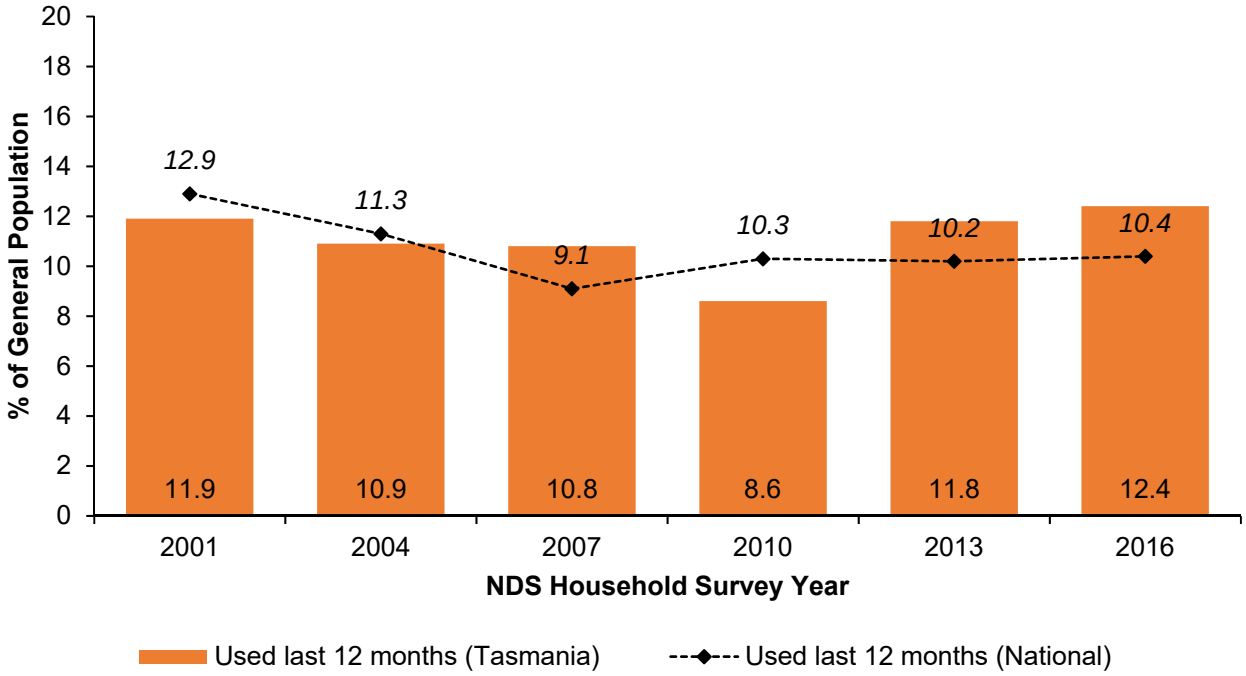
Table 4.5.1: Patterns of cannabis use among EDRS participants over the preceding 6 months, 2014-2018

Cannabis	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	76	80	77	84	**94**
Used daily (%)#	23	29	29	24	**23**
Median days used# (range)	50 (1-180)	80 (1-180)	100 (2-180)	60 (2-180)	**43 (1-180)**
Median cones last session# (range)	n=36 5 (1-10)	n=30 4 (1-70)	n=38 6 (1-30)	n=39 4 (.5-30)	**n=44 3 (1-20)**
Median joints last session# (range)	n=35 1 (0.3-5)	n=25 1 (1-4)	n=21 2 (0.5-2)	n=30 1.5 (0.2-8)	**n=30 1 (0.15-4)**

Source: EDRS interviews, 2014-2018
#Among those who had used in last six months

4.5.2 Cannabis use in the general population

Figure 4.5.3: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

4.6 Other drug use

Other drug use Key Points

Alcohol

- All of the EDRS participants reported recent alcohol consumption in 2018. This was, on average, regular (median 47 of the past 180 days), with four in five drinking weekly or more frequently, and nearly half engaging in very heavy (6 or more standard drinks) weekly or more [Table 4.6.1]. One quarter were experiencing alcohol related harms to an extent that they may be experiencing alcohol use disorder (AUDIT Zone 4). [Table 4.6.1]
- While the overall proportion of EDRS participants reporting alcohol consumption has remained unchanged, the median frequency of use appears to have declined over the past 5 years (72-80 days of the past 180 in the 2012-16 surveys; 47 in 2018). This is due to a small reduction in the proportion reporting at least weekly use in the past two surveys (90% or more in 2014-16; 78% in 2018). [Figures 4.6.1 & 2]

Tobacco

- Among EDRS participants, smoking remains very common, with 9 in 10 participants recently smoking cigarettes in 2018. [Figure 4.6.2]
- However, there has been a decline in daily smoking, with less than half of recent smokers being daily smokers in 2017 and 2018, compared with around 60% in 2014-2016 [Figure 4.6.5].
- Use of nicotine based e-cigarettes has significantly increased in the past 4 years (from 2 in 10 in 2015 to 3 in 10 in 2018), although this remains infrequent (median of once in the past six months in 2018). [Table 4.1.2]

Psychedelics

- Psychedelic use remains common but infrequent among participants in the EDRS, with 2 in 5 reporting recent use of LSD (typically swallowing 1 tab on two occasions in the past 180 days), and one-third reporting recent psychedelic mushroom use on a median of three occasions in the past 180 days. [Table 4.6.3]

Inhalants

- Use of nitrous oxide has significantly increased between the 2016, 2017 and 2018 studies, and has been increasing over the past 5 years. In 2018, more than four in ten participants had used nitrous oxide on a median of 3 occasions in the past 180 days, typically using more than six bulbs per occasion. Amyl nitrite use was reported by two in 10 participants, on a median of two occasions in the past 180 days. [Table 4.6.4]

Non-prescribed pharmaceuticals

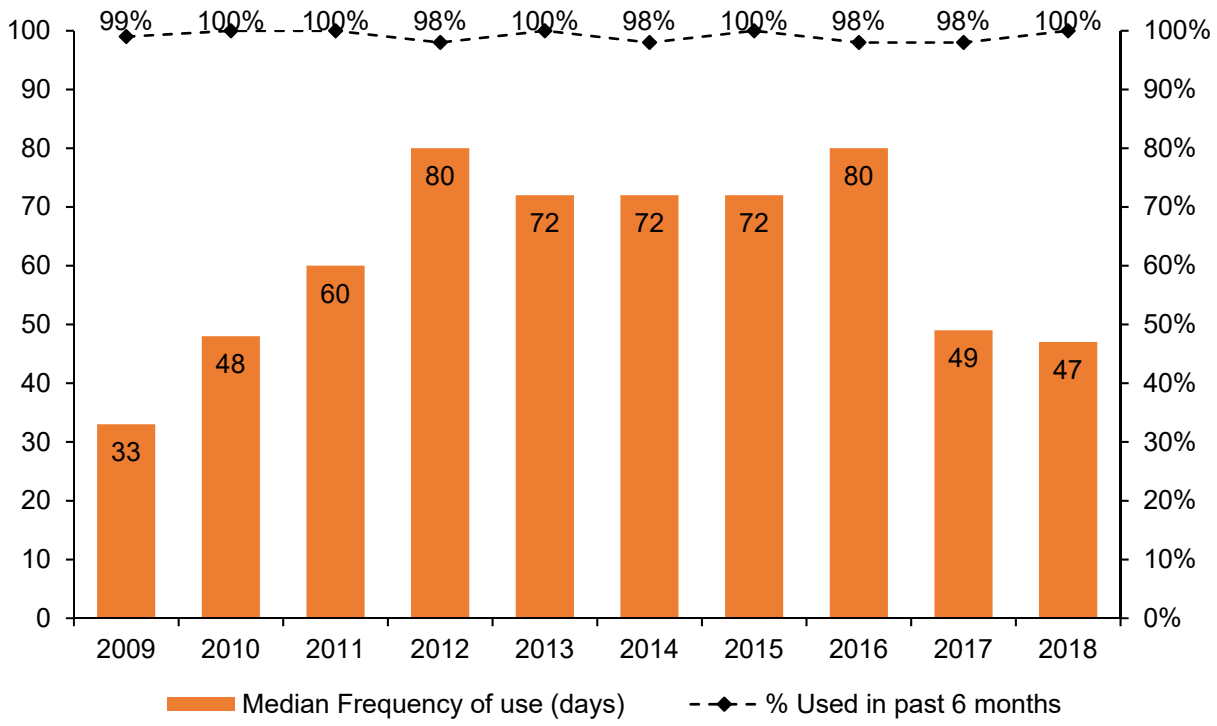
- While use remained infrequent, rates of non-prescribed use of pharmaceuticals were similar to those in 2017, with two-fifths reporting recent non-prescribed benzodiazepines (40% in 2018; 35% in 2017), and more than one quarter reporting non-prescribed pharmaceutical stimulant use (28% in 2018, 35% in 2017) [Table 4.6.5]

New psychoactive substance (NPS) use

- One-quarter of the EDRS participants reported recently using a drug that they believed was a new psychoactive substance. Typically this related to psychedelic use (DMT) or synthetic cannabinoids, in contrast to the predominance of stimulant substances in previous years (2014 and before). [Table 4.6.6]
- Of note, one-third of participants reported recently using capsules with ‘unknown contents’, a trend that has been increasing over the past 5 years (~11% in 2014), suggesting the potential for a higher rate of unwitting use of NPS among these participants. [Table 4.6.6]

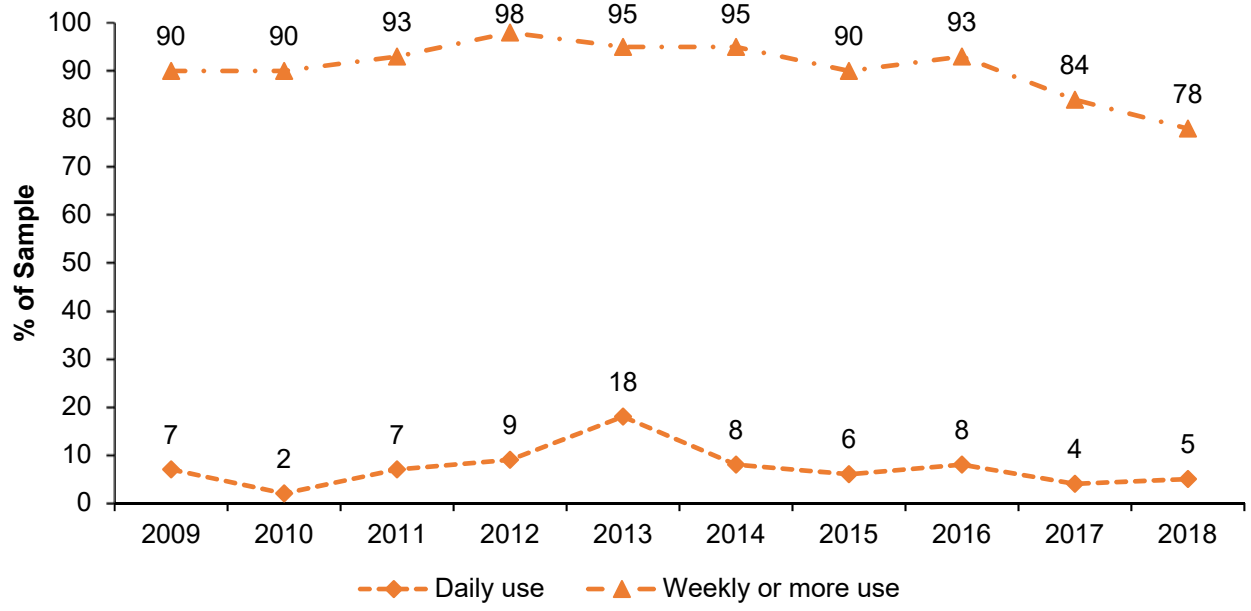
4.6.1 Alcohol use among EDRS participants

Figure 4.6.1: Prevalence and frequency of alcohol use among EDRS participants in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 4.6.2: 'Daily' and 'weekly or more' alcohol use among EDRS participants who had used alcohol in the preceding 6 months, 2009-2018



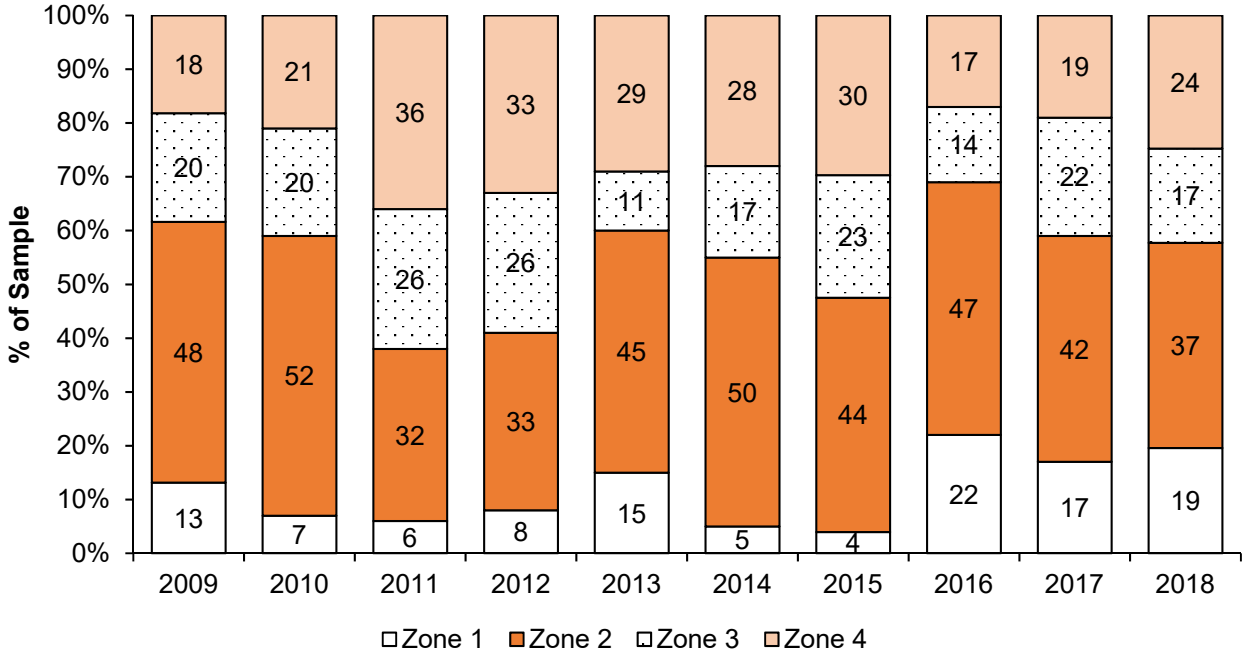
Source: EDRS interviews, 2009-2018

Table 4.6.1: Patterns of alcohol use among EDRS participants, 2014-2018

Alcohol	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	98	100	98	98	**100**
Median days used[#] (range)	72 4-180	72 10-180	80 6-180	49 (1-180)	**47 (1-180)**
Weekly or more (%)[#]	95	90	93	84	**78**
Daily (%)[#]	8	6	8	4	**5**
AUDIT: frequency of 6+ drinks on one occasion					
< Weekly	19	28	41	39	**50**
Weekly	74	69	54	58	**45**
Daily or almost daily	6	3	4	3	**4**
AUDIT					
Zone 1	5	4	22	17	**19**
Zone 2	50	44	47	42	**37**
Zone 3	17	23	14	22	**17**
Zone 4	28	30	17	19	**24**

Source: EDRS interviews, 2014-2018. Note: 'Zone 1' refers to low risk drinking or abstinence; 'Zone 2' relates to alcohol use in excess of low risk guidelines; 'Zone 3' is indicative of harmful and hazardous drinking; and 'zone 4' related to harmful drinking behaviours whereby a person would benefit from referral to a specialist for diagnostic evaluation and possible treatment for alcohol dependence.
[#]Among those who had used in last six months

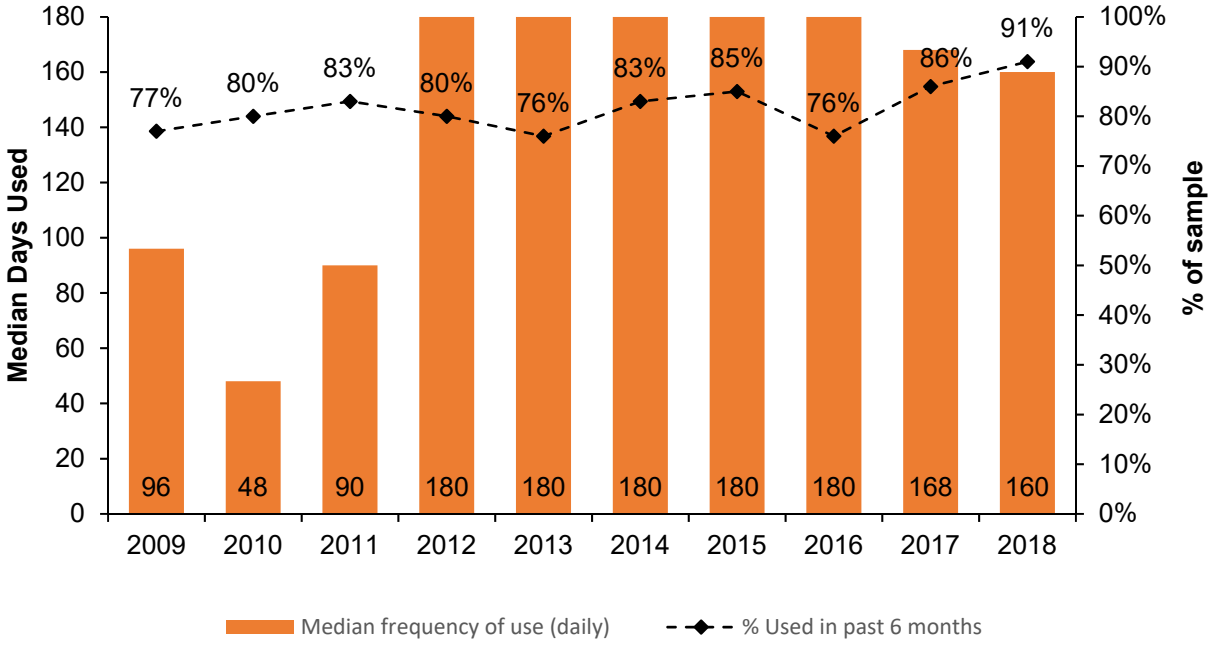
Figure 4.6.3: Proportion of EDRS participants categorised within each AUDIT risk zone, 2009-2018



Source: EDRS interviews, 2009-2018
Note: 'Zone 1' refers to low risk drinking or abstinence; 'Zone 2' relates to alcohol use in excess of low risk guidelines; 'Zone 3' is indicative of harmful and hazardous drinking; and 'zone 4' related to harmful drinking behaviours whereby a person would benefit from referral to a specialist for diagnostic evaluation and possible treatment for alcohol dependence.

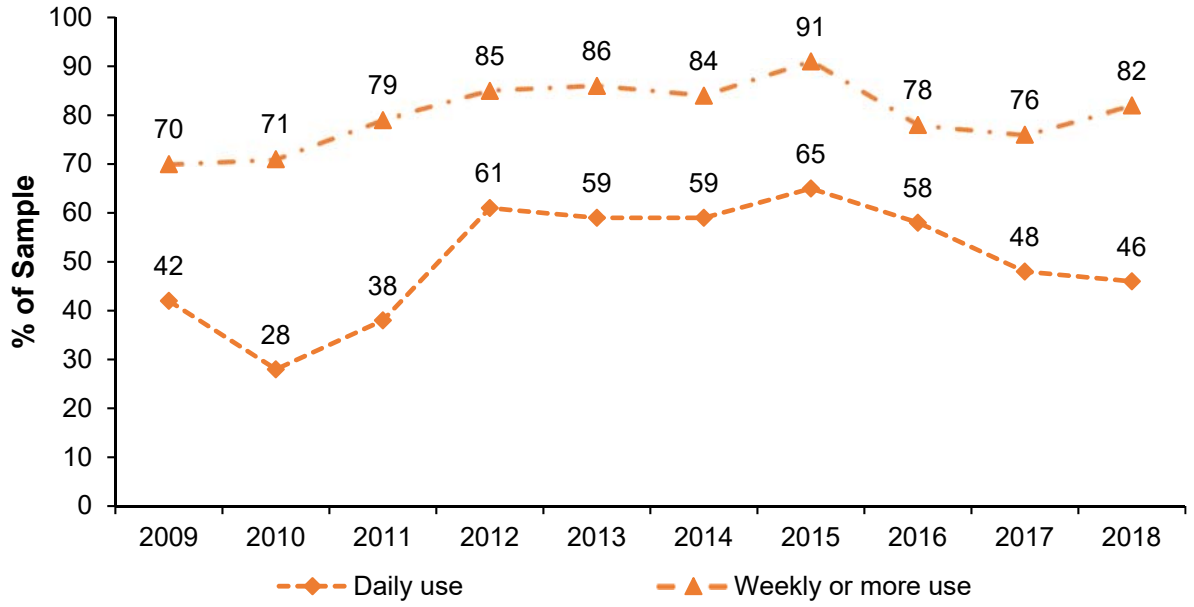
4.6.2 Tobacco use among EDRS participants

Figure 4.6.4: Prevalence and frequency of tobacco use among EDRS participants in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 4.6.5: 'Daily' and 'weekly or more' tobacco use among EDRS participants who had used tobacco in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018

Table 4.6.2: Patterns of tobacco use among EDRS participants in the preceding 6 months, 2014-2018

Tobacco	2014 n=99	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	83	85	76	86	**91**
Median days used[#] (range)	180 (2-180)	180 (1-180)	180 (1-180)	168 (1-180)	**160 (1-180)**
Weekly or more (%)[#]	84	91	78	76	**82**
Daily (%)[#]	59	65	58	48	**46**
e-cigarettes					
Used last 6 months (%)[#]	32	23	15	31	**37**
Nicotine only	-	71	73	48	**79***
Cannabis only	-	0	0	0	**9**
Both nicotine & cannabis	-	6	13	10	**6**
Neither	-	24	13	42	**6**
Median days used[#]	3	3	3	2	**4**
(range)	(1-180)	(1-120)	(1-20)	(1-180)	**(1-180)**
Nicotine only	-	3	3	1	**1**
(range)	-	(1-120)	(1-12)	(1-1)	**(1-1)**
Cannabis only	-	0	0	0	**1**
(range)	-	-	-	-	**(1-1)**
Both nicotine & cannabis	-	3	1.5	1	**1**
(range)	-	(3-3)	(1-2)	(1-1)	**(1-1)**
Neither	-	2	12	1	**1**
(range)	-	(1-3)	(4-20)	(1-1)	**(1-1)**

Source: EDRS interviews, 2014-2018

[#]Among those who had used in last six months

4.6.3 Psychedelic use among EDRS participants

Table 4.6.3: Patterns of LSD use among EDRS participants in the preceding 6 months, 2014-2018

LSD	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used in last 6 months (%)	35	41	39	39	**41**
Median days used[#] (range)	2 1-48	3 1-45	4 1-20	2 (1-26)	**2 (1-32)**
Route (%)[#]					
Smoked	0	0	0	0	**0**
Snorted	0	6	0	0	**0**
Swallowed	100	97	100	100	**100**
Injected	3	0	0	0	**0**
Shelved/Shafted	0	3	0	0	**0**
Median tabs/drops[#]					
Typical session	1	1	1	1	**1**
(range)	(0.5-6)	(0.5-4)	(1-3)	(0.5-3)	**(0.5-4)**
Biggest session	2	2	1	2	**1**
(range)	(0.5-27)	(0.5-10)	(1-5)	(0.5-6)	**(0.5-8)**
Psychedelic mushrooms					
Used in last 6 months (%)	21	15	24	25	**34**
Median days used[#] (range)	3 (1-15)	3 (1-20)	3 (1-24)	2 (1-11)	**3 (1-48)**

Source: EDRS interviews, 2014-2018
[#]Among those who had used in the preceding six months.

4.6.4 Inhalant use among EDRS participants

Table 4.6.4: Patterns of amyl nitrite and nitrous oxide use among EDRS participants in the preceding 6 months, 2014-2018

Amyl nitrite	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	12	12	11	16	**19**
Median days used[#] (range)	3 (1-40)	1 (1-10)	2 (1-60)	2 (1-20)	**2 (1-55)**
Nitrous oxide					
Used last 6 months (%)	5	6	15	29	**44***
Median days used[#] (range)	3 (1-15)	1 (1-1)	2 (1-180)	4 (1-60)	**2.5 (1-72)**
Bulbs used[#]					
Typical session	10	4	7	4	**6.5**
(range)	(2-100)	(2-7)	(2-50)	(1-30)	**(1-75)**
Biggest session	12.5	4	10	5	**10**
(range)	(2-60)	(2-7)	(2-50)	(1-50)	**(1-150)**

Source: EDRS interviews, 2014-2018
[#]Among those who had used in the preceding six months.

4.6.5 Non-medical use of pharmaceuticals among EDRS participants

Table 4.6.5.1: Patterns of benzodiazepine and pharmaceutical stimulant use among EDRS participants in the preceding 6 months, 2014-2018

Benzodiazepines	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	40	23	25	41	**48**
Injected last 6 months (%)	0	0	0	2	**0**
Median days used[#] (range)	4.5 (1-180)	9 (2-180)	6 (1-180)	6 (1-180)	**6 (1-180)**
Prescribed use last 6 months (%)	13	8	9	15	**17**
Non-prescribed use last 6 months (%)	31	17	21	35	**40**
Pharmaceutical stimulants					
Used last six months (%)	18	13	20	36	**30**
Median days used[#] (range)	2.5 (1-48)	2 (1-14)	2 (1-15)	4 (1-180)	**5 (1-180)**
Median tablets typical session[#] (range)	3 (1-8)	1 (1-6)	2.75 (1-5)	2 (0.5-23)	**2 (0.25-6)**
Median tablets biggest session[#] (range)	3 (1-20)	2 (1-6)	3 (1-12)	3 (0.5-30)	**2 (0.4-10)**
Prescribed use last 6 months (%)	2	0	2	1	**2**
Non-prescribed use last 6 months (%)	18	13	20	35	**28**

Source: EDRS interviews, 2014-2018
[#]Among those who had used in the preceding six months; ˜ n<10;

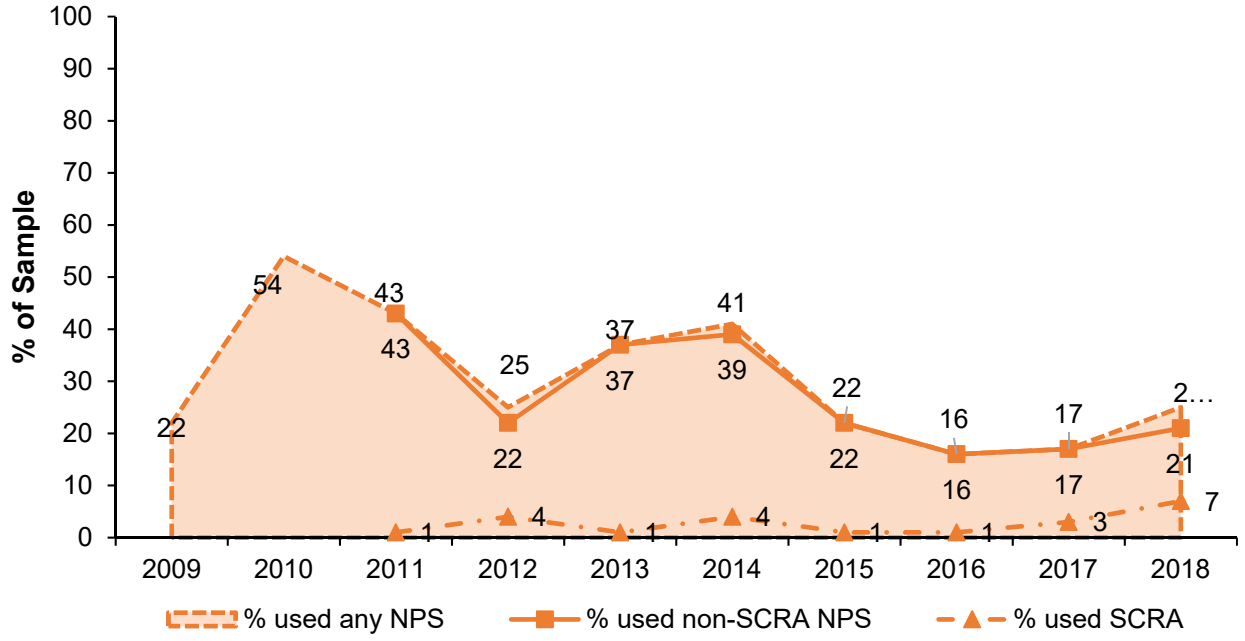
Table 4.6.5.2: Patterns of codeine use among EDRS participants in the preceding 6 months, 2014-2018

Codeine-based over-the-counter preparations	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Used last 6 months (%)	12	10	13	27	**31**
Injected last 6 months (%)	0	0	0	0	**0**
Median days use[#] (range)	2 (1-50)	15 (1-72)	5 (1-150)	5 (1-15)	**4 (1-160)**
Codeine-based prescription preparations					
Used last 6 months (%)	12	10	13	27	**15^**
Injected last 6 mths (%)	0	0	0	0	**0**
Median days use[#] (range)	2 (1-50)	15 (1-72)	5 (1-150)	5 (1-15)	**6^ (1-180)**

Source: EDRS interviews, 2014-2018;
^only for non-prescribed use

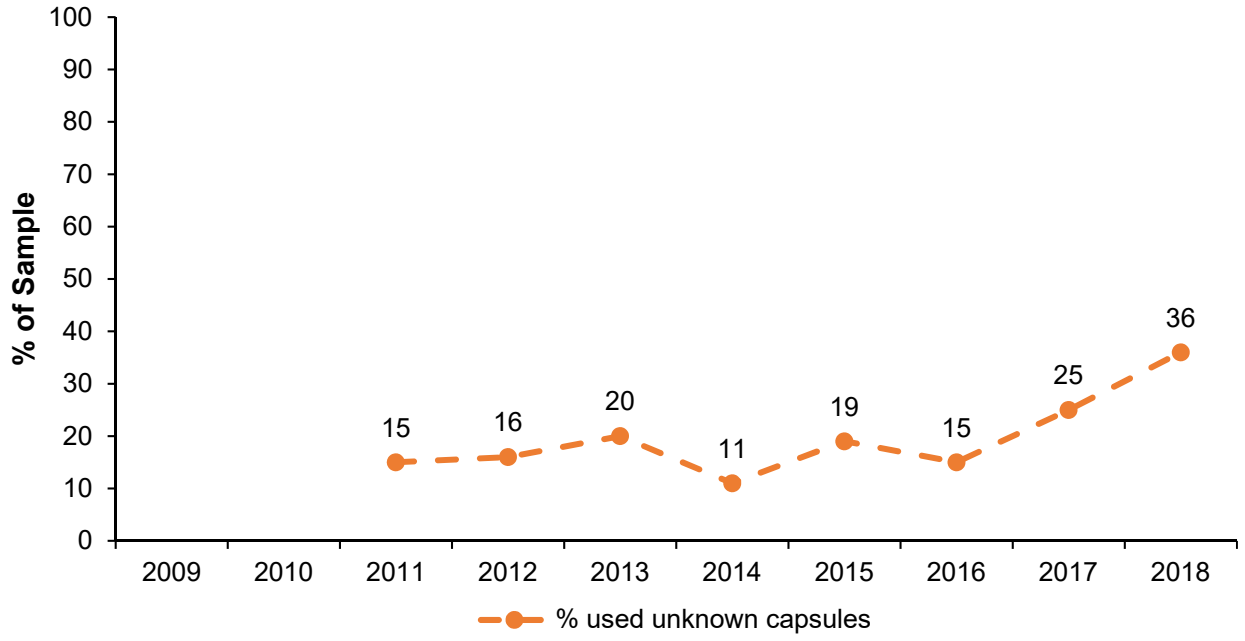
4.6.6 New psychoactive substance (NPS) use among EDRS participants

Figure 4.6.6: Proportion of EDRS participants using NPS, non-SCRA NPS and SCRAs alone in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018
Note: SCRA data not available prior to 2011.

Figure 4.6.7: Proportion of EDRS participants using 'unknown capsules' in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018
Note: this question was not asked prior to 2011

Table 4.6.6: Patterns of NPS use among EDRS participants in the preceding 6 months, 2014-2018

NPS	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Any NPS†	41	22*	16	17	**25**
Stimulants					
Mephedrone	23	9*	5	1	**3**
Methylone (bk-MDMA)	4	5	4	2	**4**
Other cathinone^	2	0	0	0	**0**
MDAI	1	0	0	-	**-**
BZP	0	0	0	0	**-**
MDPV (ivory wave)	3	1	0	2	**0**
Benzo fury	1	0	0	-	**-**
'New drugs that mimic the effects of amphetamines or cocaine'	-	-	-	2	**1**
Psychedelic phenethylamines					
2CB	4	1	1	6	**1**
2CI	4	3	3	4	**2**
2CE	2	0	1	-	**-**
2C-other	0	1	0	1	**0**
DOI	0	0	0	-	**-**
Mescaline#	4	5	3	2	**3**
NBOMe	5	5	0	6	**1**
4-FA-	-	-	0	0	**0**
Psychedelic tryptamines					
DMT#	9	4	4	4	**9**
5-MeO-DMT#	1	0	0	0	**0**
4-AcO-DMT	-	-	0	0	**-**
Ayauasca	-	0	0	0	**0**
Dox	-	-	-	2	**1**
'New drugs that mimic the effects of ecstasy'	-	-	-	1	**1**
'Other new drugs that mimic the effects of psychedelic drugs'	-	-	-	0	**1**
PMA	0	0	0	0	**2**
Plant derivatives					
Datura	0	0	0	-	**-**
Salvia divinorum	1	1	0	1	**1**
LSA (wood rose seeds)	1	0	0	-	**-**
'New synthetic opioids'	-	-	-	0	**0**
Synthetic cannabinoids	4	1	1	3	**7**
Other substances					
Methoxetamine (MXE)	10	4	5	1	**0**
DXM**	5	1	0	-	**3**
Ephedrine	-	-	-	-	**-**
Melanotan	-	-	-	-	**-**
Herbal highs	3	4	0	1	**2**
Etizolam	-	-	0	2	**2**

Source: EDRS interviews, 2014-2018

*Indicates significant difference to previous year (p<.05).

**Dextromethorphan (a common ingredient in over-the-counter cough medicines); #Can also be derived from plants ; ^Includes methcathinone; † Does not include unknown capsules.

5.0 DRUG MARKET TRENDS: PRICE, PURITY, AND AVAILABILITY

5.1 Ecstasy

Ecstasy market indicators

Key Points

Price

- In 2018, the median price reported was $25 per ecstasy pill or capsule. Prices for tablets and capsules had remained at $30-35 for much of decade previous to 2018, with 2018 representing a slight decline in reported prices. [Figure 5.1.1 and Table 5.1.1]

Perceived Purity

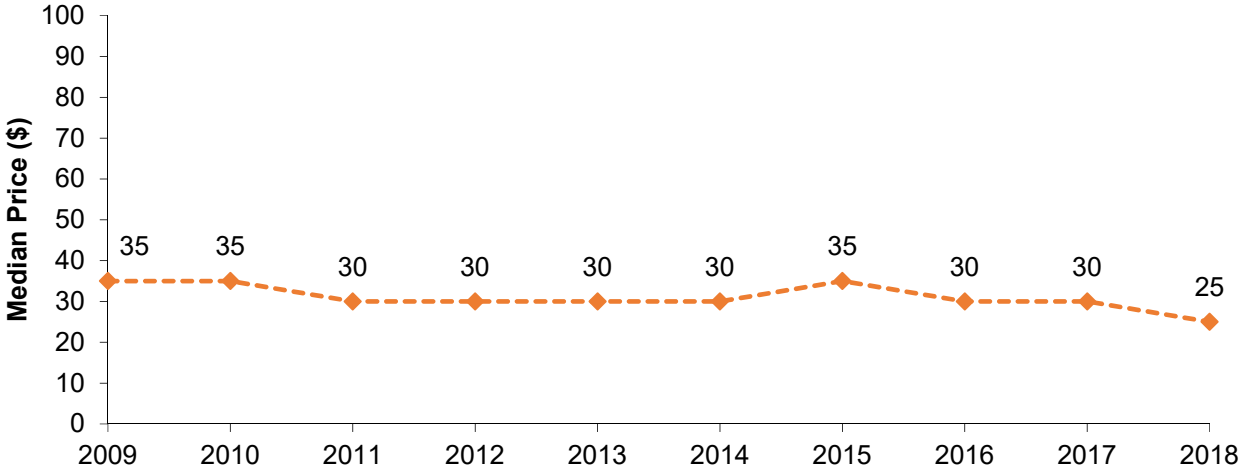
- Consumers reported that pills/tablets were variable in purity (two-fifths of participants) or medium in purity (one quarter of participants). Capsules and crystal were regarded as more consistent, typically considered 'medium' and 'high' respectively. [Table 5.3.1]
- In terms of trends in purity of tablets over time, the proportion of participants reporting that tablets were 'low' in purity has declined since 2010-11 (41-47% respectively to 10-20% in 2012-18). Over the past 5 years, one-third or more of participants have noted that purity fluctuated, reflecting the inconsistent and unpredictable nature of the ecstasy market. [Figure 5.1.2]

Perceived Availability

- The proportion of participants reporting that ecstasy tablets were 'very easy' to access has steadily increased over the past 5 years, from 14% in 2013 to 46% in 2018. [Figure 5.1.3]
- Consistent with their lower rates of use, capsules and crystal were typically considered more difficult to access than pills/tablets, most commonly regarded as 'easy' and 'difficult' respectively in 2018. [Table 5.1.5]
- Tasmania police seizures of tablets suspected to be ecstasy have been greater since 2014/15 than the previous 4 years, (mean >75 seizures of >5500 tablets 2014/15-17/18 compared with mean 9 seizures of >330 tablets 2011/12-2013/14). [Figure 5.1.4]

5.1.1 Price of ecstasy

Figure 5.1.1: Median price per ecstasy pill estimated from EDRS participant purchases, 2009-2018



Source: EDRS interviews, 2009-2018

Table 5.1.1: Last purchase price of ecstasy among EDRS participants who commented, 2014-2018

Ecstasy	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Pill/tablet					
Median last price Last price per pill[#] (range)	n=88 $30 (5-45)	n=73 $35 (10-50)	n=94 $30 (15-50)	n=89 $30 (12-50)	**n=86 $25 (10-50)**
Powder					
Median last price Last price per gram[#] (range)	n=4 - -	n=7 $300~ (40-350)	n=4 - -	n=0 - -	**n=7 $150~ (50-300)**
Capsule					
Median last price Last price per capsule[#] (range)	n=27 $30 (15-50)	n=32 $30 (5-40)	n=42 $35 (20-45)	n=49 $30 (15-40)	**n=57 $25 (15-50)**
MDMA crystal					
Median last price Last price per gram[#] (range)	n=20 $290 (40-400)	n=10 $225 (80-350)	n=11 $300 (25-550)	n=16 $225 (40-350)	**n=16 $200 (30-300)**
Median last price Last price per point[#] (range)	n=9 $35~ (25-350)	n=9 $50~ (20-85)	n=4 - -	n=11 $30 (20-70)	**n=10 $27.5 (20-75)**

Source: EDRS interviews, 2014-2018

[#]Among those who had purchased ecstasy in the preceding 6 months; ~n<10; data not reported where n<5

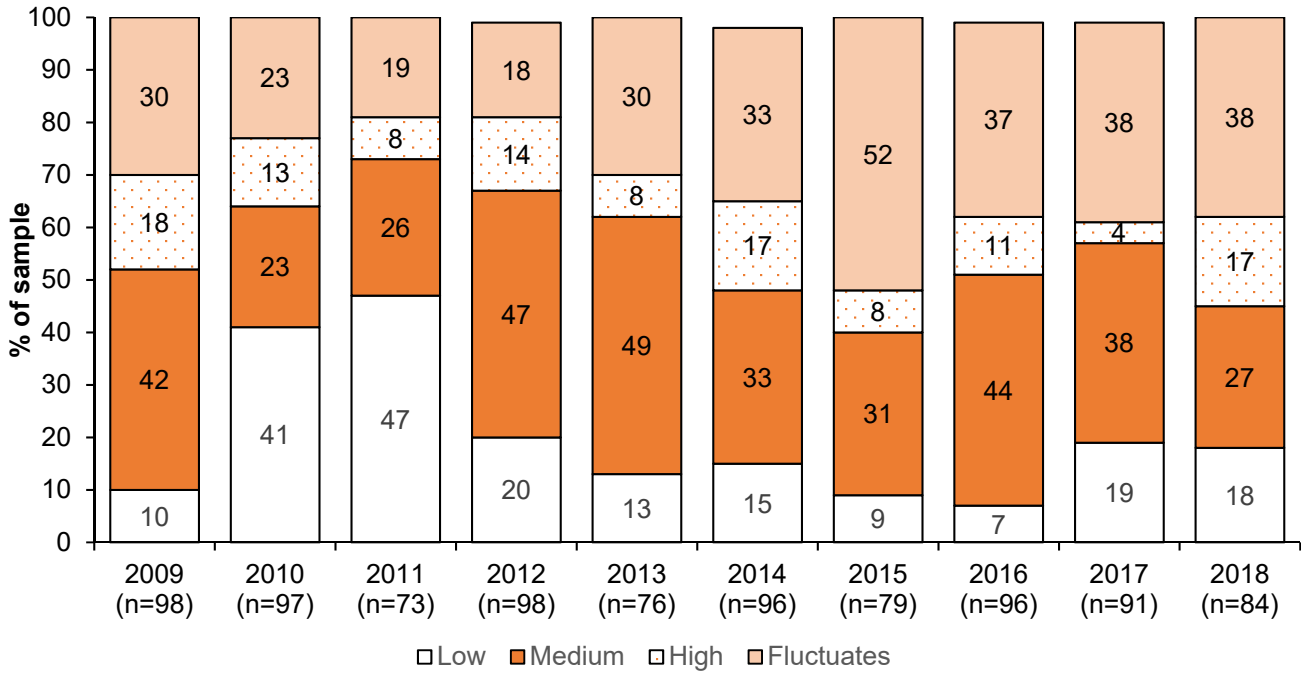
Table 5.1.2: Price per tablet of ecstasy reported by Tasmania Police, 2008/09-2017/18

Ecstasy	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	**17/18**
Price per pill	$35-40	$35-50	$30-50	-	$35	$50	$40-50	$40-50	$40-50	-

Source: ACC (2008-2015), ACIC (2016-2018)
Note: 2017/18 data was not available at the time of publication.

5.1.2 Perceived purity of ecstasy

Figure 5.1.2: Perceived current purity of ecstasy among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018
Note: 2015 and 2016 data includes only non-crystal forms; 2017 and 2018 relate to pill form only.

Table 5.1.3: Perceived current purity of ecstasy among EDRS participants who commented, 2014-2018

Ecstasy	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Pill/tablet					
Purity	n=96	n=78	n=90	n=91	**n=84**
Low (%)	15	9	7	19	**18**
Medium (%)	33	31	44	38	**27**
High (%)	17	8	11	4	**17**
Fluctuates (%)	33	52	37	38	**38**
Powder					
Purity	-	-	n=4~	n=16	**n=17**
Low (%)	-	-	-	19	**6**
Medium (%)	-	-	-	69	**47**
High (%)	-	-	-	6	**35**
Fluctuates (%)	-	-	-	6	**12**
Capsule					
Purity	-	-	n=3~	n=58	**n=59**
Low (%)	-	-	-	19	**12**
Medium (%)	-	-	-	47	**41**
High (%)	-	-	-	19	**32**
Fluctuates (%)	-	-	-	16	**15**
MDMA crystal					
Purity	n=31	n=24	n=26	n=35	**n=37**
Low (%)	3	4	4	3	**5**
Medium (%)	16	25	42	20	**38**
High (%)	65	50	46	63	**51**
Fluctuates (%)	10	17	8	14	**5**

Source: EDRS interviews, 2014-2018
Note: Prior to 2016, purity questions were not asked for powder and capsules. ~n<10; data not reported for n<5

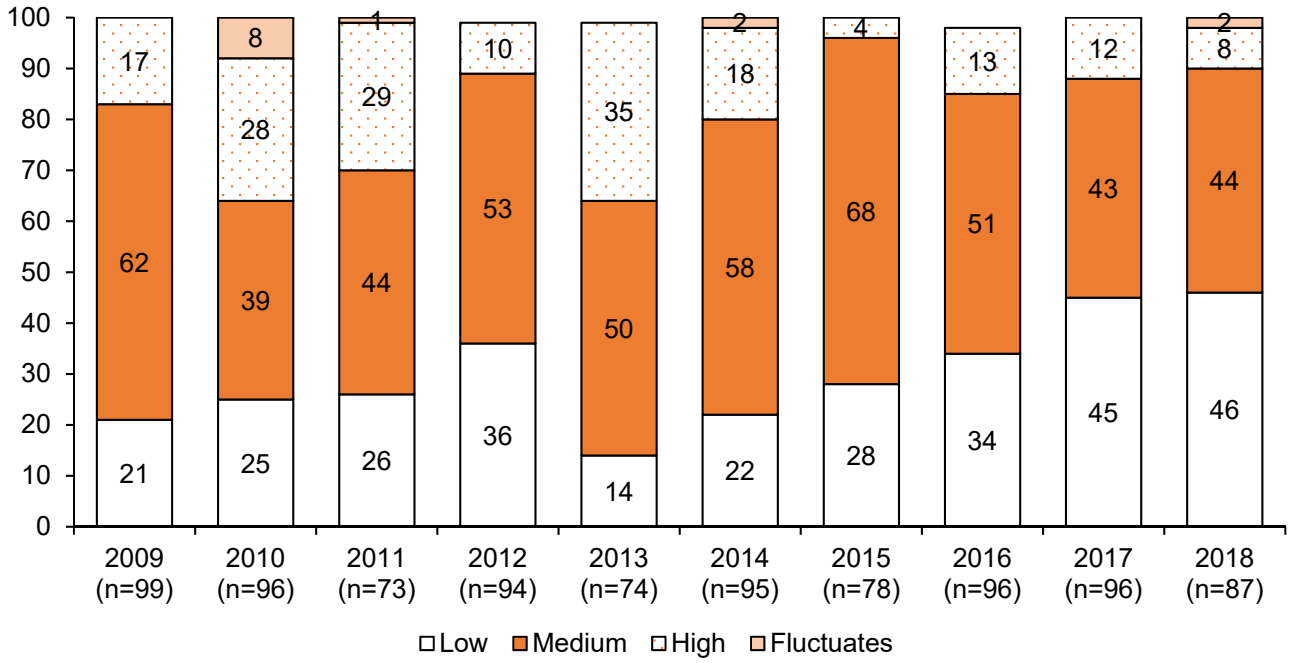
Table 5.1.4: Median purity of phenethylamine seizures, 2007/08-2016/17

Purity	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	**2017/ 18**
Median purity (%)	*	n=1 34.2	*	*	*	n=1 64.0	*	n=2 49.4	*	**n/a**

Source: ACC (2008-2015), ACIC (2016-2017)
Note: 2017/18 data was not available at the time of publication; *no purity testing was conducted.

5.1.3 Perceived availability of ecstasy

Figure 5.1.3: Reported current availability of ecstasy pills among EDRS participants who commented, 2009-2018



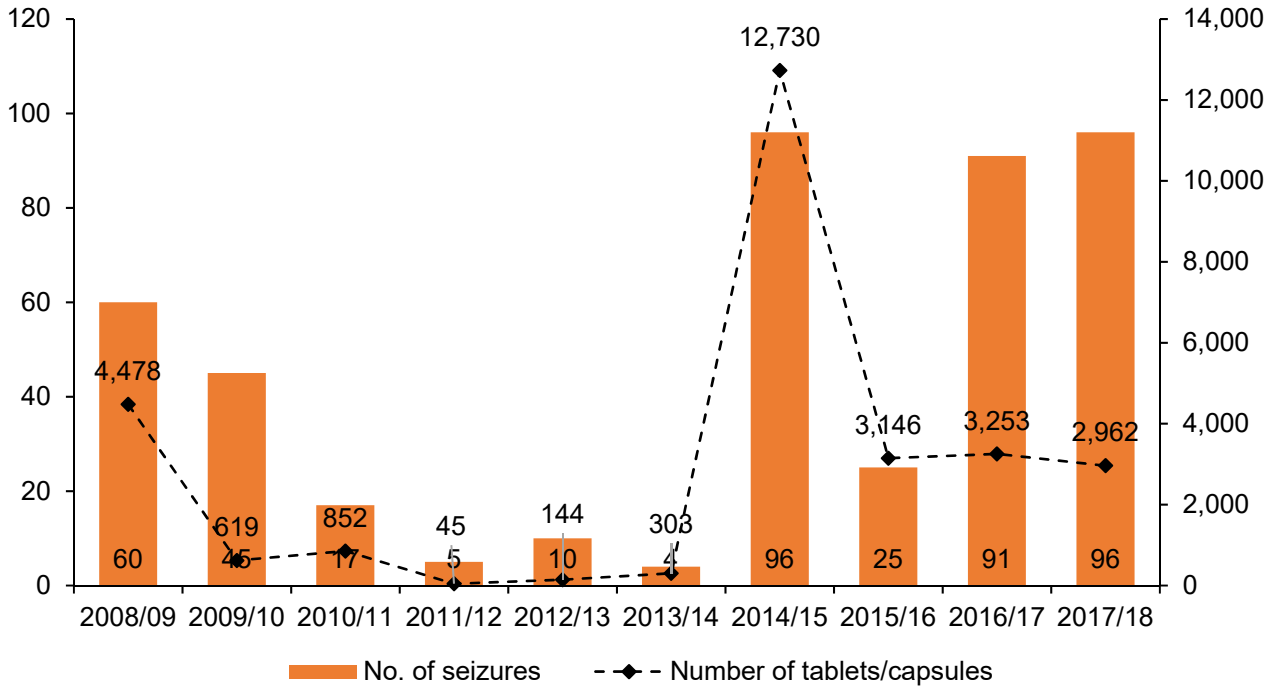
Source: EDRS interviews, 2009-2018

Table 5.1.5: Reported current availability of ecstasy among EDRS participants who commented, 2014-2019

Ecstasy	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Pill/tablet					
Ease of access	n=95	n=78	n=90	n=96	**n=87**
Very Easy (%)	22	28	34	45	**46**
Easy (%)	58	68	51	43	**44**
Difficult (%)	18	4	13	12	**8**
Very Difficult (%)	2	-	-	-	**2**
Powder					
Ease of access	-	-	n=4~	n=15	**n=19**
Very Easy (%)	-	-	-	20	**5**
Easy (%)	-	-	-	53	**53**
Difficult (%)	-	-	-	27	**42**
Very Difficult (%)	-	-	-	-	**-**
Capsule					
Ease of access	-	-	n=3~	n=60	**n=62**
Very Easy (%)	-	-	-	20	**27**
Easy (%)	-	-	-	55	**48**
Difficult (%)	-	-	-	23	**24**
Very Difficult (%)	-	-	-	2	**-**
MDMA crystal					
Ease of access	n=31	n=24	n=26	n=37	**n=39**
Very Easy (%)	16	8	27	14	**18**
Easy (%)	26	29	39	41	**33**
Difficult(%)	48	42	23	35	**41**
Very Difficult (%)	10	21	4	11	**8**

Source: EDRS interviews, 2014-2019
~n<10. Note: Data not reported where n<5.

Figure 5.1.4: Total number of tablets/capsules suspected to contain ecstasy seized by Tasmania Police, 2008/09-2017/18



Source: State Intelligence Services, Tasmania Police, ACIC, 2007/08-2016/17
Note: Data includes only those seizures that were recorded in tablet/capsule form. Totals may differ from those reported in the Department of Police and Emergency Management and ACIC annual reports due to differences in counting rules.

5.2 Methamphetamine

Meth-amphetamine market indicators

Key Points

Price

Powder

- Participants reported most commonly paying $50 per point (~0.1g) of powder methamphetamine; this has remained stable at $40-50 per point for the past decade. [Figure 5.2.1]

Base/paste

- Use was too uncommon among 2018 EDRS participants to estimate price trends.

Crystal

- Participants most paid $60 per point (~0.1g) of crystal methamphetamine, which is lower than has been reported over most the past decade. [Figure 5.2.1.3]

Perceived Purity

Data from police seizures reported a median purity of 81%, but it should be noted that only a small, non-representative number of seizures were analysed for purity [Table 5.2.2]

Powder

- Powder methamphetamine was typically considered 'medium' in purity; consumer subjective reports of powder methamphetamine purity have changed between 2017 and 2018, with 29% of those consuming this form considering it to be 'high' in purity 2018, compared with almost 60% in 2017. [Figure 5.2.4]

Base/paste

- Use was too uncommon among 2018 EDRS participants to estimate purity trends

Crystal

- In 2018 a large percentage (40%) of consumers considered crystal methamphetamine to be 'high' in purity, although there is some suggestion of a decline in perceptions of purity since 2017 [Figure 5.2.6]

Perceived Availability

In 2017/2018 Tasmania Police seized just under 3kg of substances likely to be methamphetamines; this was a decline from almost 5kg in the previous year. There were more than 550 individual seizures in 2017/18, comparable to that in the previous year. Considering trends over the past decade, this represents a decline in average annual weight of seizures but a substantial increase in the annual number of seizures [Figure 5.2.9]

Powder

- Almost 80% of consumers regarded this form as 'easy' or 'very easy' to access in 2018 [Figure 5.2.8]

Base/paste

- Use was too uncommon among 2018 EDRS participants to estimate availability; inferring low availability [Figure 5.2.8]

Crystal

- Crystal methamphetamine has been increasingly perceived as 'easy' or 'very easy' to access over the past five years among EDRS consumers, with 100% of EDRS participants reporting it as 'easy' or 'very easy' to obtain in 2018 [Figure 5.2.8]

5.2.1 Price of methamphetamine

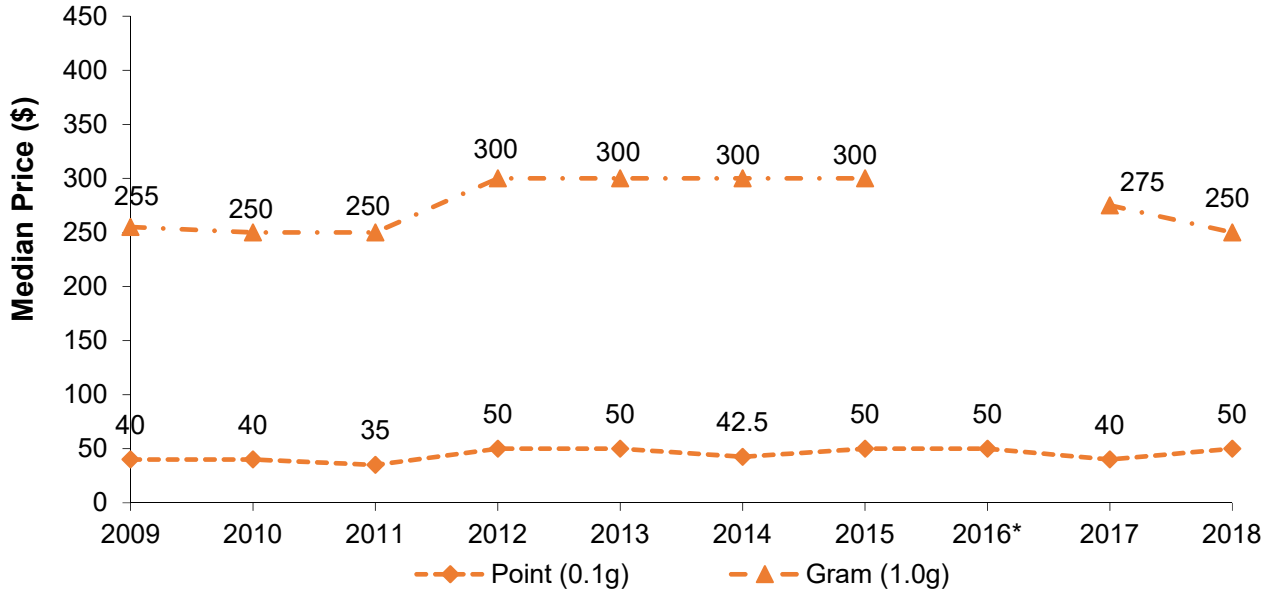
Table 5.2.1: Last purchase price of methamphetamine forms among EDRS participants who commented, 2014-2018

Methamphetamine	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Powder					
Median last price	n=16	n=19	n=23	n=11	**n=7**
Price per point	$42.50	$50	$50	$40	**$50˜**
(range)	(25-100)	(25-100)	(40-80)	(20-100)	**(25-180)**
Median last price	n=17	n=6	n=2	n=8	**n=5**
Price per gram	$300	$300˜	-	$275˜	**$250˜**
(range)	(150-350)	(150-320)	-	(30-300)	**(25-300)**
Crystal					
Median last price	n=8	n=9	n=14	n=8	**n=15**
Price per point	$100˜	$100˜	$95	$75˜	**$60**
(range)	(50-100)	(40-100)	(45-100)	(50-100)	**(40-100)**
Median last price	n=3	n=3	n=5	n=2	**n=3**
Price per gram	-	-	$500˜	-	**-**
(range)	-	-	(450-600)	-	**-**

Source: EDRS interviews, 2014-2018.
˜n<10. Data with n<5 not reported; insufficient data available to report on trends in the base form

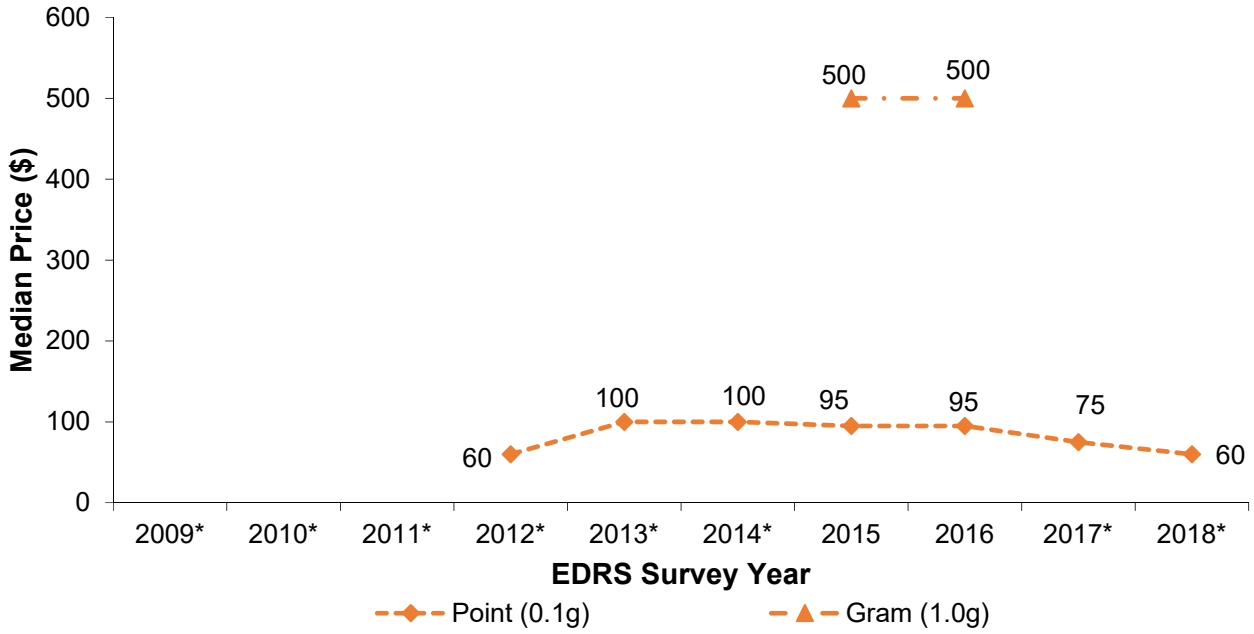
Methamphetamine powder

Figure 5.2.1: Median price of methamphetamine powder estimated from EDRS participants' purchases, 2009-2018



Source: EDRS interviews, 2009-2018
*Price not reported for n<5.

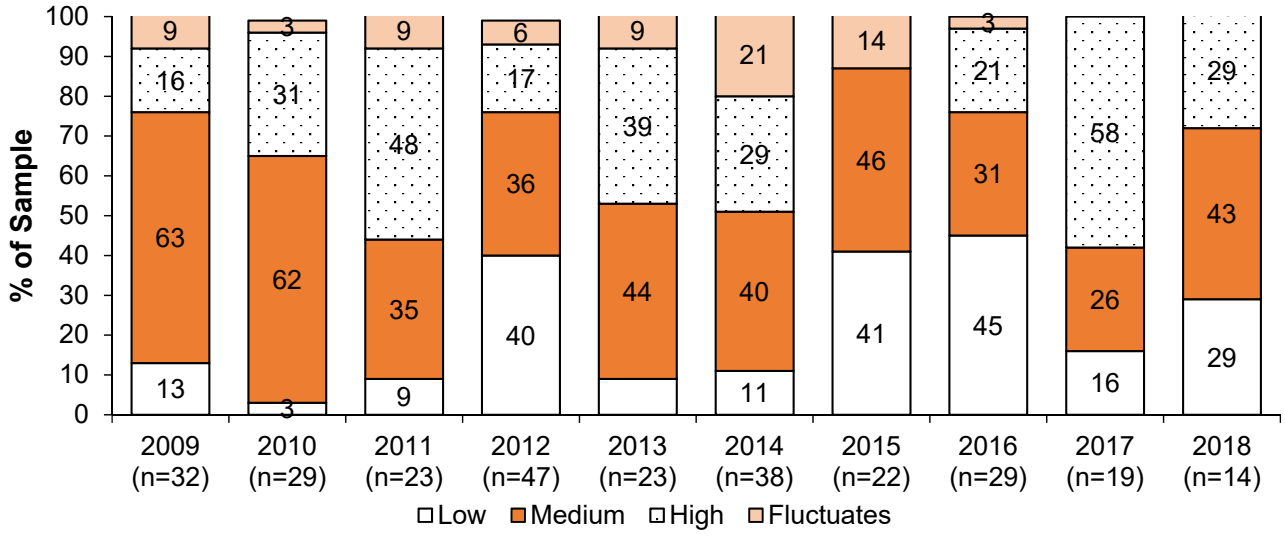
Figure 5.2.2: Median price of crystal methamphetamine (ice) estimated from EDRS participants' purchases, 2009-2018



Source: EDRS interviews, 2009-2018
*Price not reported for n<5.

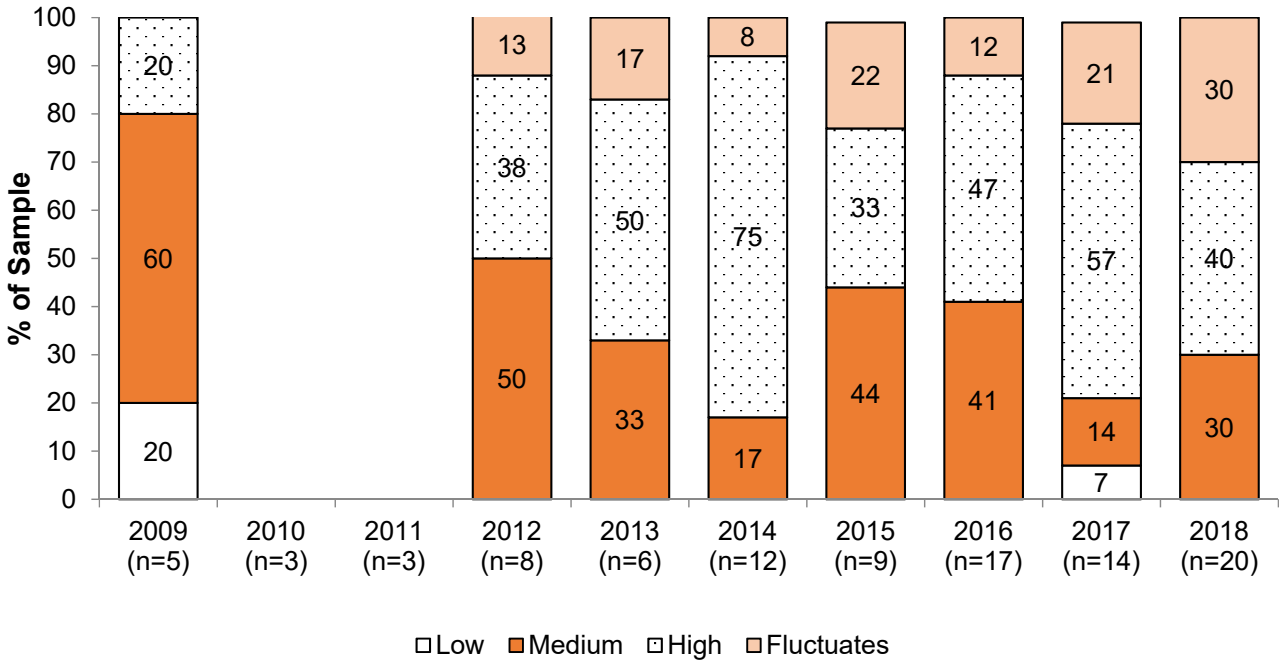
5.2.2 Purity of methamphetamine

Figure 5.2.3: Reported current methamphetamine powder purity among EDRS participants who commented, 2009-2018



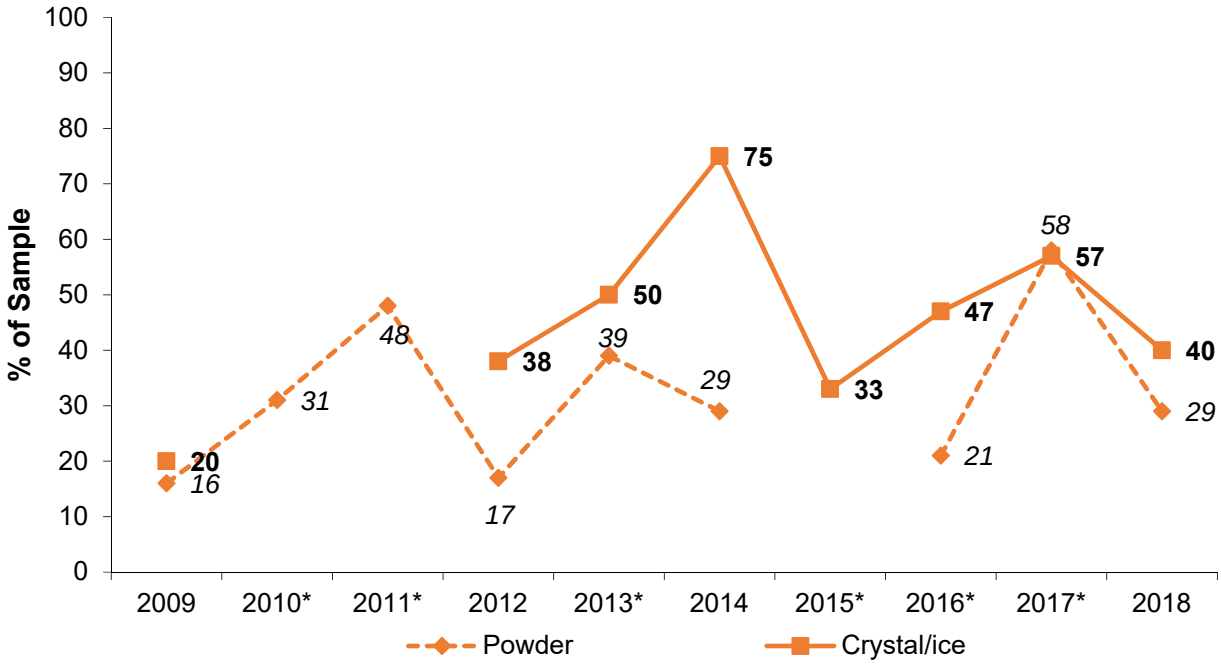
Source: EDRS interviews, 2009-2018

Figure 5.2.4: Reported current methamphetamine crystal purity among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018
Note: Data only included for years where n≥5.

Figure 5.2.5: Proportion of participants reporting powder, and crystal/ice purity as 'high', among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018
*Purity not reported for n<5.

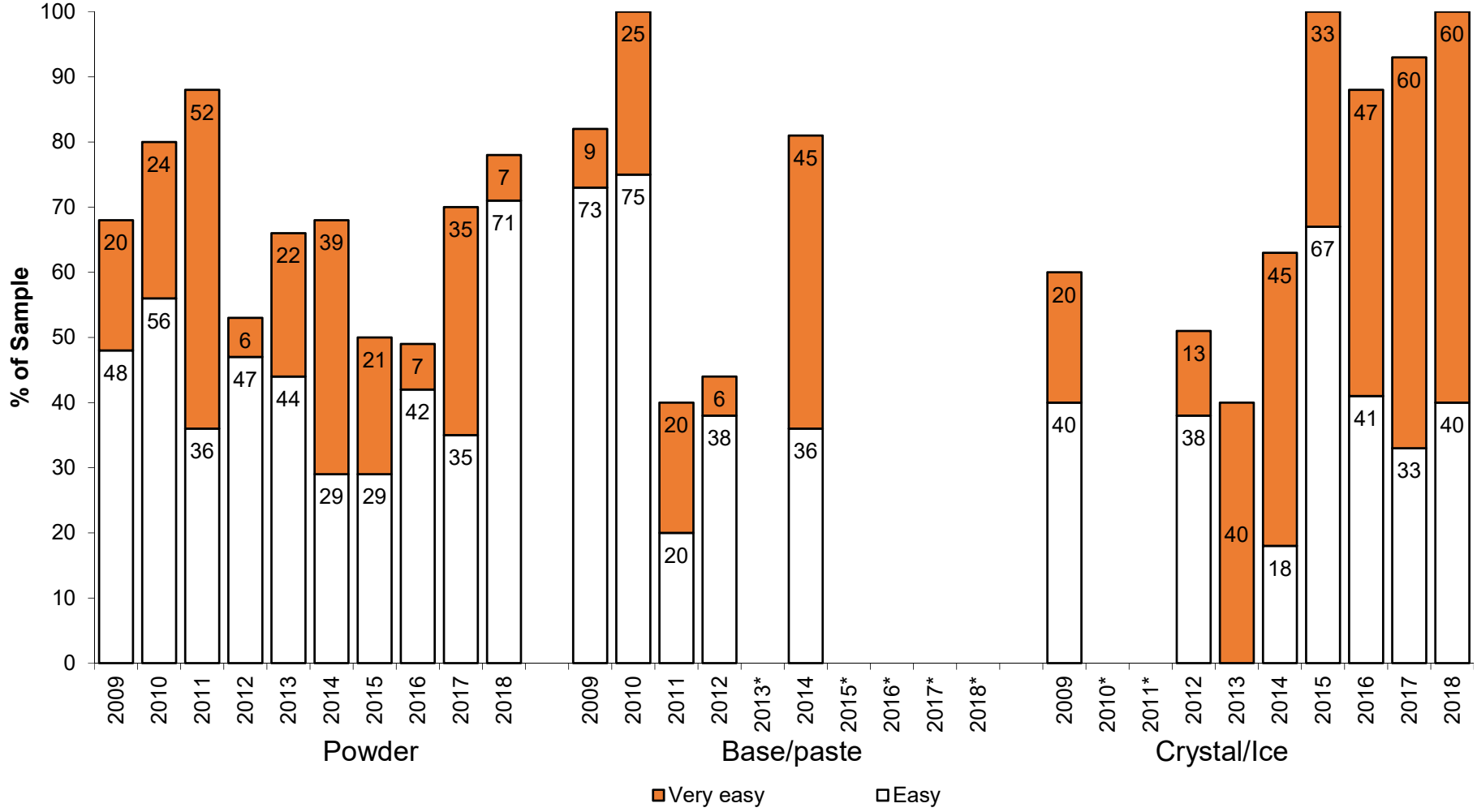
Table 5.2.2: Median purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2008/09-2017/18

Median purity	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	**2017/ 18**
≤2 g										
Purity (%)	n=11 12.6	- -	n=3 33.6	n=2 5.2	n=1 64	- -	n=3 78	- -	n=2 80.8	**n=2 81.0**
> 2 g										
Purity (%)	n=9 7.8	n=5 4.4	n=50 9.3	n=21 71.9	n=6 62.2	n=17 64.3	n=20 67.2	n=1 74.8	n=5 74.8	**n=5 77.6**
Total										
Purity (%) (range)	n=20 **9.2** (3.2-14.1)	n=5 **4.4** (1.3-6.7)	n=53 **9.3** (1.8-36.6)	n=23 **7.9** (1.7-71.9)	n=7 **64** (5.7-77.6)	n=17 **64.3** (10.2-79.0)	n=23 **73.1** (31.5-79.8)	n=1 **74.8** -	n=7 75.3 (72.7-81.0)	**n=7 81.0 (75.1-72.7)**

Source: ACC (2008-2015), ACIC (2016-2018)
Note: No seizures made by the Australian Federal Police in the state were analysed during these reporting periods.

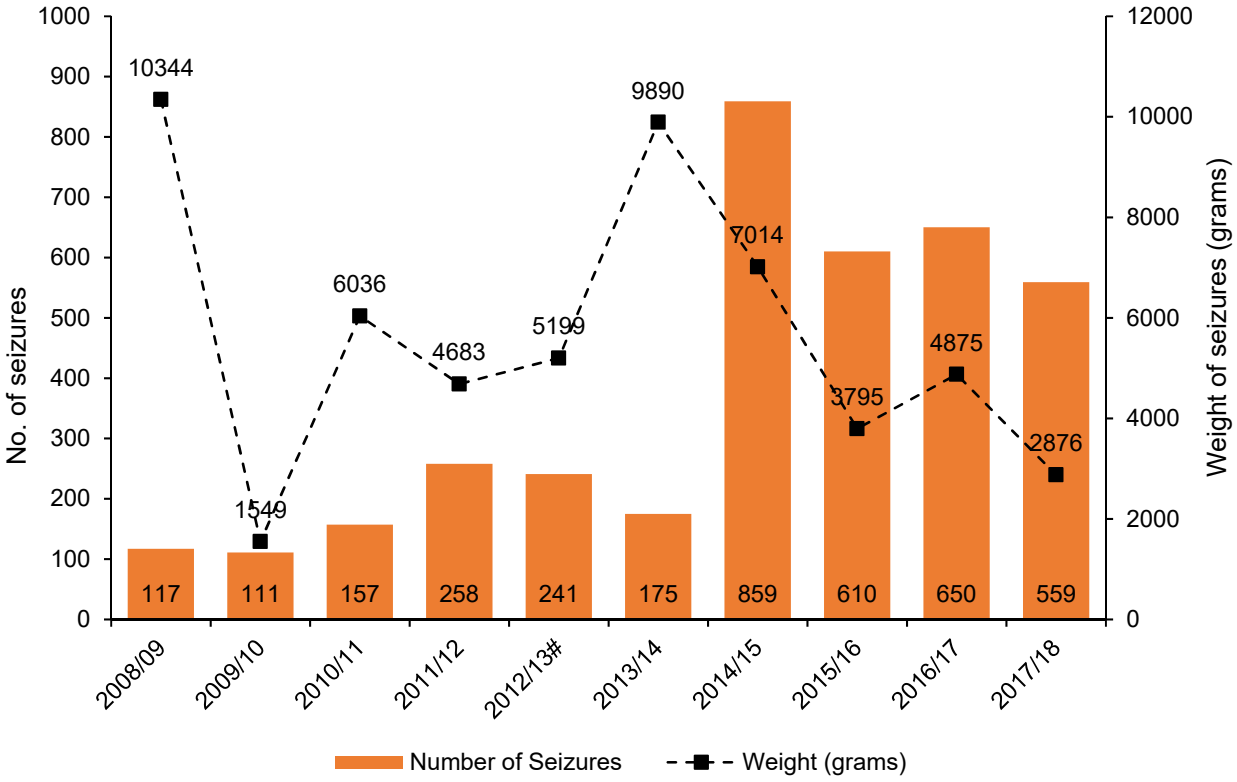
5.2.3 Availability of methamphetamine

Figure 5.2.6: Proportion of EDRS participants reporting various forms of methamphetamine as 'very easy' or 'easy' to obtain in the preceding 6 months, 2009-2018



Source: EDRS interviews, 2009-2018
*Data not reported where n<5.

Figure 5.2.7: Seizures of methamphetamine by Tasmania Police, 2008/09-2017/18



Source: Australian Crime Commission, State Intelligence Service, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

5.3 Cocaine

Cocaine market indicators

Key Points

Price

- In 2018 the median price of a gram of cocaine was reported to be $350 (range $250-$450) [Table 5.3.1]

Perceived Purity

- In 2018, cocaine was typically reported as 'medium' to 'high' in purity [Figure 5.3.1]

Perceived Availability

- In 2018, the majority of consumers continued to regard cocaine as 'difficult' to access; however, there seemed to be a increase in availability compared to previous years, with more than one third considering it 'easy' or 'very easy' to access in 2018, in contrast to rates of 20% in the previous three years [Figure 5.3.2]
- Tasmania Police seizures of cocaine over the past five years have been greater in both number and weight than the previous five years (average 17 seizures, 106g per annum in 2013/14-2017/18 compared with 3 seizures, 36g per annum over the 2007/08-2011/12) [Table 5.3.2]

5.3.1 Price of cocaine

Table 5.3.1: Last purchase price of cocaine among EDRS participants who commented, 2014-2018

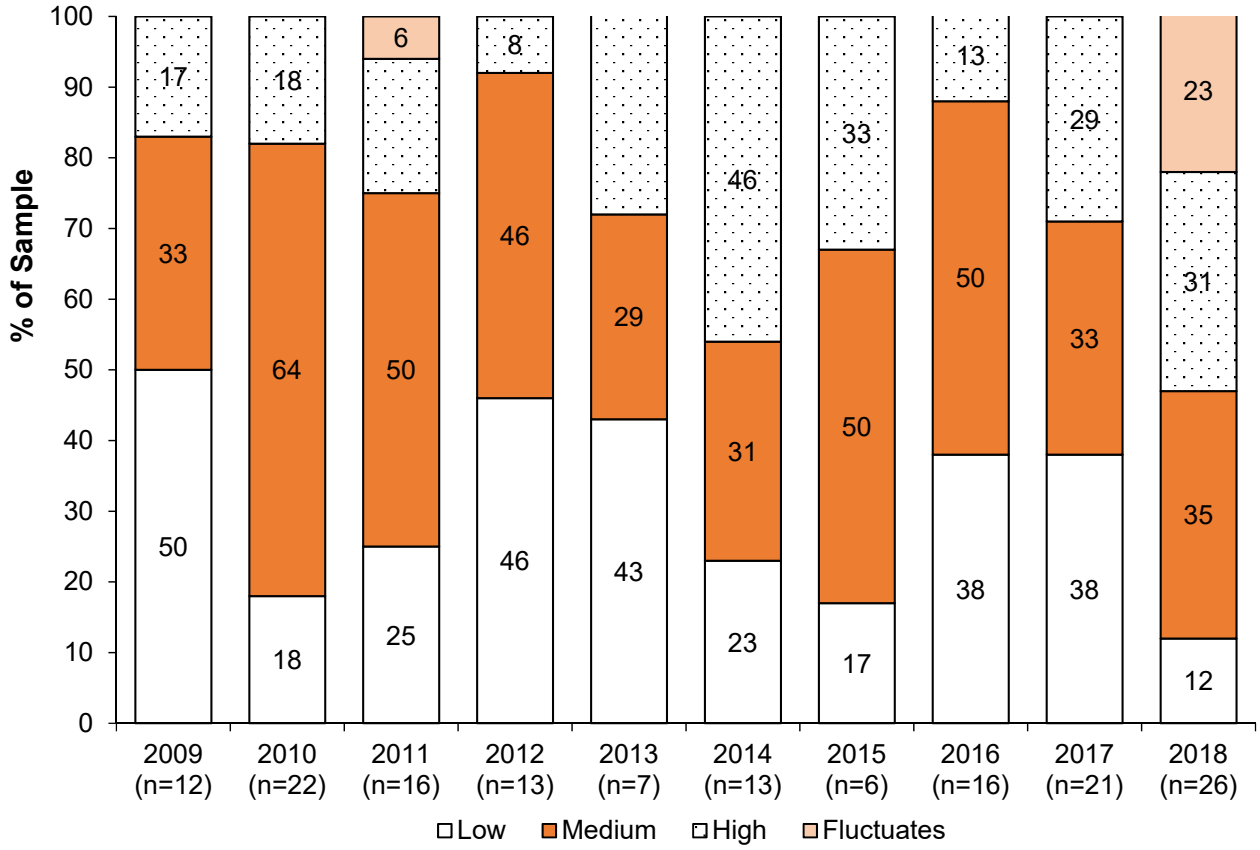
Cocaine	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Median last price	n=1	n=2	n=7	n=5	**n=4**
Price per point	-	-	$90~	$60~	**-**
(range)	-	-	(70-120)	(40-90)	**-**
Median last price	n=9	n=2	n=6	n=5	**n=19**
Price per gram	$350~	-	$387.50~	$350~	**$350**
(range)	(75-400)	-	(250-500)	(300-400)	**(250-450)**

Source: EDRS interviews, 2014-2018

~n<10. Data not reported where n<5

5.3.2 Purity of cocaine

Figure 5.3.1: Reported current cocaine purity among EDRS participants who commented, 2009-2018

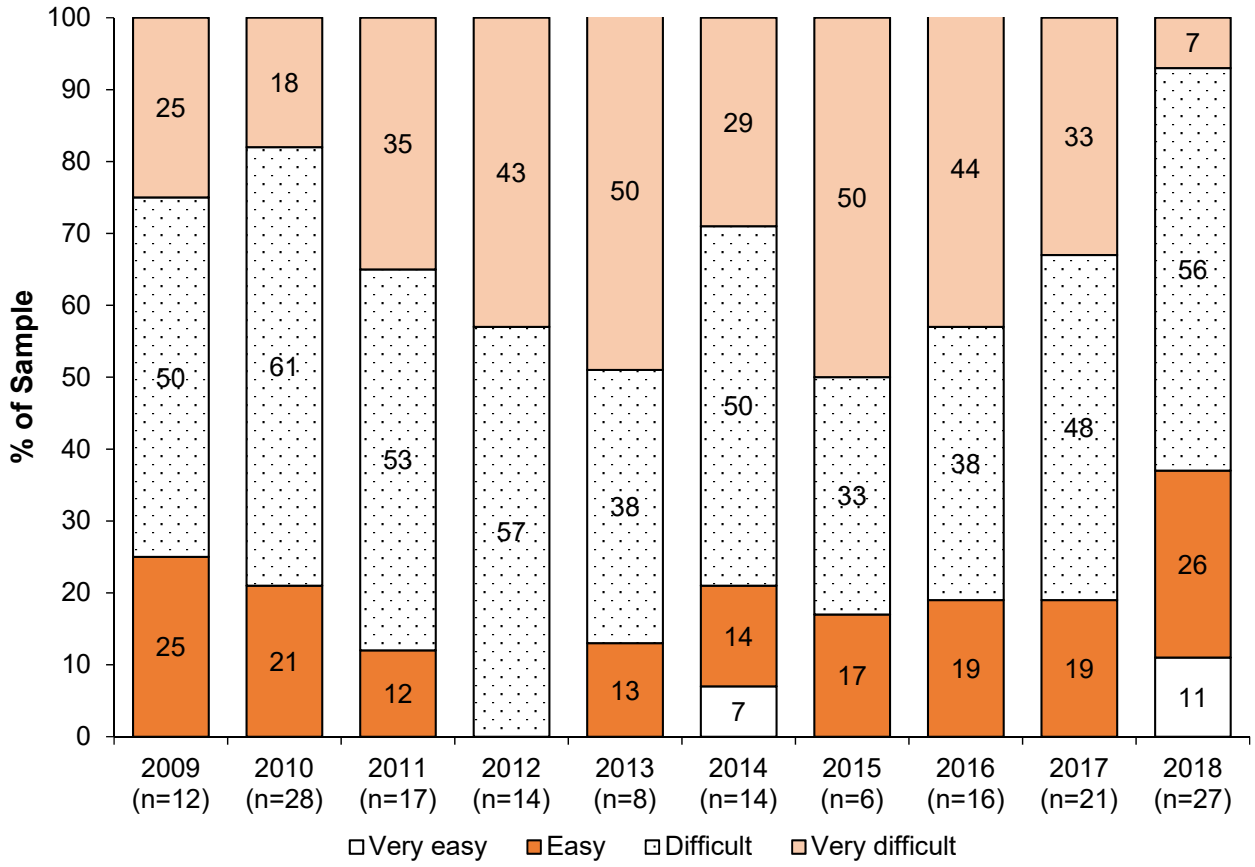


Source: EDRS interviews, 2009-2018
Note: Only a small number of cases are reported each year: trends should be interpreted cautiously.

There was one cocaine seizure analysed for purity by Tasmanian Police as reported in the 2016/17 non-prescribed drug data report (66.2% purity) (ACIC, 2018). One other sample of cocaine (>2 grams) was analysed (29.8% purity) in the 2011/12 reporting period (ACC, 2013). There was one AFP seizure of cocaine in Tasmania during 2017/18, of >2 grams analysed at 66.2% purity. Given the paucity of data it is not possible to infer any trends in purity.

5.3.3 Availability of cocaine

Figure 5.3.2: Reported current availability of cocaine among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018
Note: Where n<10, data should interpreted with caution.

Table 5.3.2: Cocaine seizures, 2008-2018

Seizures	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	**2017 /18**
Number	2	3	3	7	0	2	25	12	21	**27**
Weight (g)	7	46	28	64	-	25	273	30	64	**138**

Source: ACC, ACIC and State Intelligence Services, Tasmania Police, 2007/08-2016/17
Note: 2017/18 data were provided by Tasmania Police State Intelligence Service. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

5.4 LSD

LSD market indicators

Key Points

Price

- Participants reported most commonly paying $25 per tab of LSD, higher than the price in 2014-17 [Table 5.4.1]

Perceived Purity

There is no objective purity data available for LSD from Tasmania Police.

- Consumer subjective reports have typically considered LSD to be 'high' or 'medium' in purity over the past decade [Figure 5.4.1]

Perceived Availability

Tasmania police made 15 seizures in 2017/18. Seizures since 2014/15 have been consistently greater than that over the remainder of the past decade (1-3 per annum in 2008/09-2013/14). [Table 5.4.2]

- The majority of consumers regarded LSD as 'easy' to access in 2018. There are some indications that availability has declined in recent years, with the proportion of consumers regarding LSD as 'easy' or 'very easy' to access falling from 90% in 2014 to 60% in 2018. [Figure 5.4.2]

5.4.1 Price of LSD

Table 5.4.1: Last purchase price of LSD among EDRS participants who commented, 2014-2018

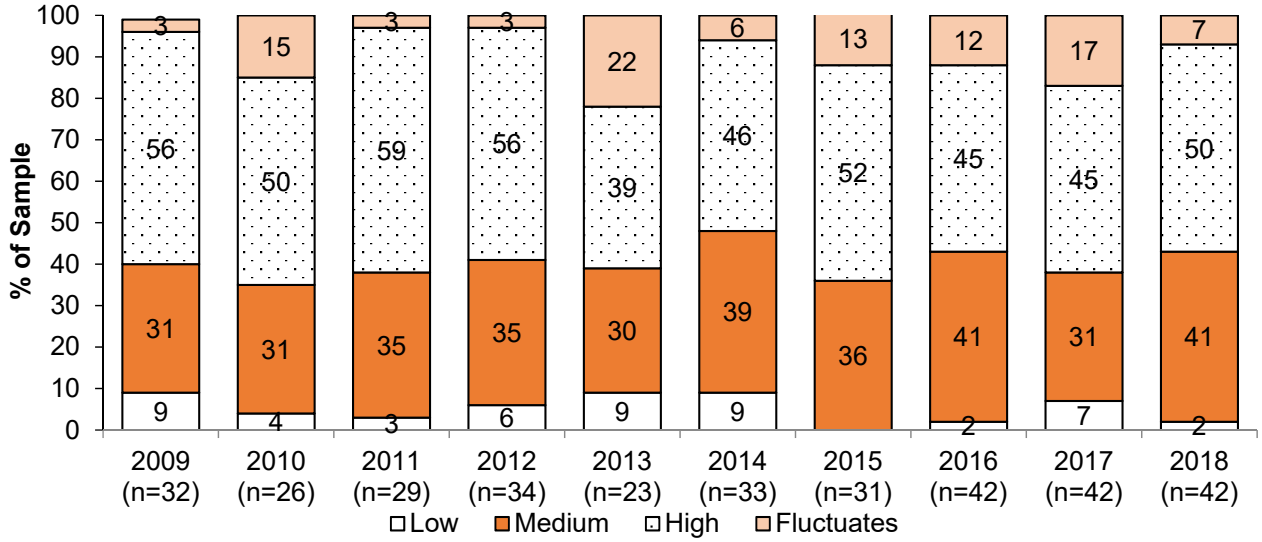
LSD	2014	2015	2016	2017	**2018**
Median last price	n=30	n=30	n=42	n=42	**n=37**
Price per tab	$20	$15	$15	$15	**$25**
(range)	(10-39)	(5-30)	(4-40)	(6-35)	**(10-50)**

Source: EDRS interviews, 2014-2018

During the 2016/17 period, Tasmania Police reported a price of $10-20 for one tab of LSD (ACIC, 2018), which is relatively consistent with the price reported by EDRS participants in 2018. Data for the 2017/18 reporting period were unavailable at the time of publication.

5.4.2 Purity of LSD

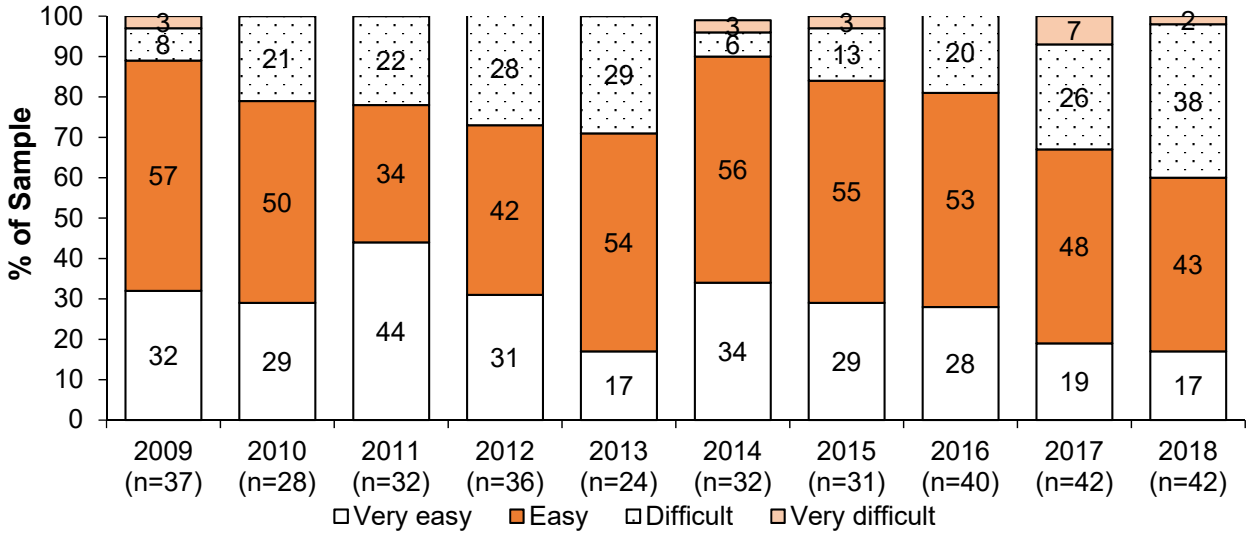
Figure 5.4.1: Reported current LSD purity among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018

5.4.3 Availability of LSD

Figure 5.4.2: Reported current availability of LSD among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018

Table 5.4.2: Hallucinogen seizures, 2008/09-2017/18

Seizures	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015/ 16	2016/ 17	**2017/ 18**
Number	2	1	3	0	2	3	6	19	7	**15**

Source: ACC, ACIC and State Intelligence Services, Tasmania Police, 2007/08-2017/18

5.5 Cannabis

Cannabis market indicators

Key Points

Price

Outdoor cultivated cannabis

- Participants reported most commonly paying $15 per gram of outdoor cultivated cannabis and $80 per quarter-ounce (7g). These prices for quarter ounce purchases are slightly higher than the typical price range over the past 5 years. [Figure 5.5.1]

Indoor cultivated cannabis

- Participants reported most commonly paying a median of $20 per gram of indoor cultivated cannabis and $90 per quarter-ounce (7g). These prices are consistent with the typical price range over the past 5 years. [Figure 5.5.1]

Perceived Purity

Purity of cannabis seizures are not analysed by Tasmania police and as such there are no objective purity data available

Outdoor cultivated cannabis

- Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 10 years. [Figure 5.5.2]

Indoor cultivated cannabis

- Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency. [Figures 5.5.3 and 5.5.4]

Perceived Availability

Tasmania police have typically made approximately 2000 cannabis seizures per annum over the past decade. In 2016/17 more than 250kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14. [Figure 5.2.3.4]

Outdoor cultivated cannabis

- The majority of consumers regarded this as 'easy' or 'very easy' to access, though the proportion rating it as 'very easy' appears to have declined slightly in 2018. [Figure 5.5.5]

Indoor cultivated cannabis

- The majority regarded this as 'easy' to 'very easy' to access. There appears to be very little difference between the forms in terms of availability trends over the past 5 years. [Figures 5.5.6 & 7]

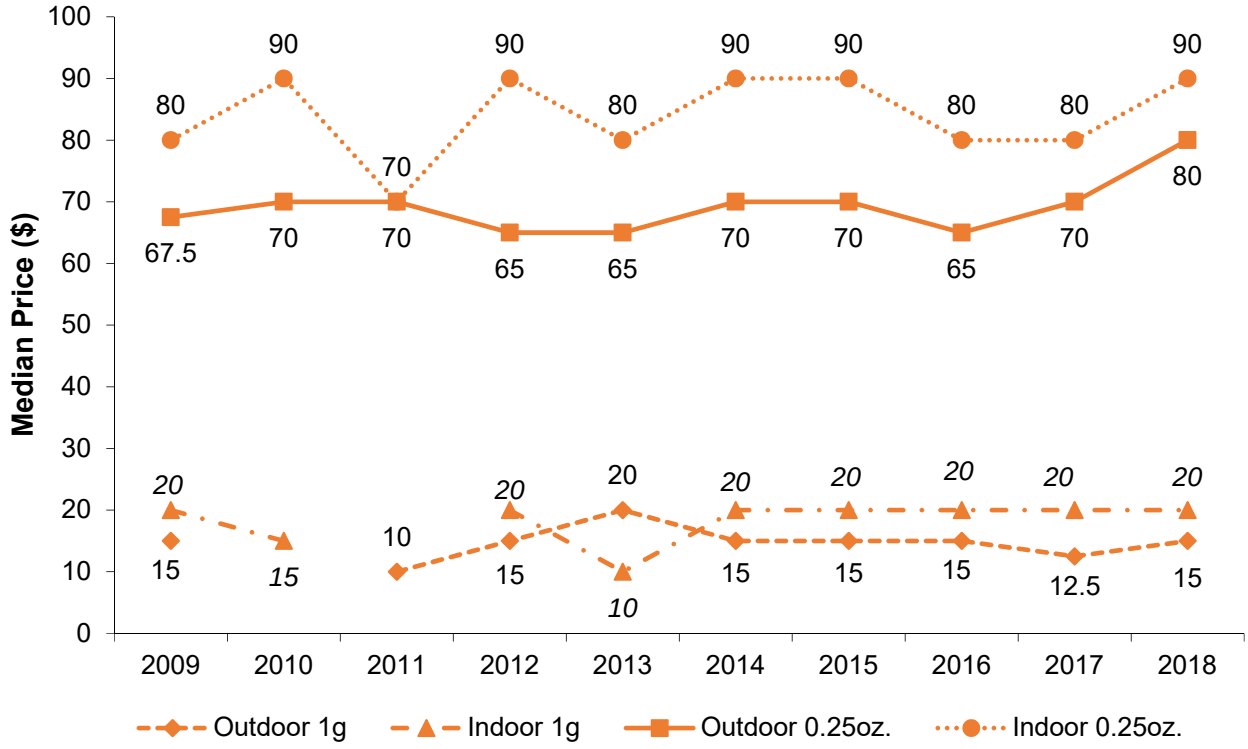
5.5.1 Price of cannabis

Table 5.5.1: Price and weights of outdoor and indoor cultivated cannabis purchased by EDRS participants, 2014-2018

Cannabis	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Outdoor cannabis					
Median last price Price per one gram (range)	n=9 $15~ (10-25)	n=9 $15~ (5-20)	n=9 $15~ (5-25)	n=18 $12.50 (8-25)	**n=9 $15~ (5-25)**
Median last price Price per 1/4 ounce (range)	n=18 $70 (50-100)	n=25 $70 (50-100)	n=27 $65 (25-90)	n=24 $70 (50-250)	**n=13 $80 (60-95)**
Median last price Price per 1/2 ounce (range)	n=10 $150 (80-190)	n=12 $130 (85-160)	n=6 $150~ (40-220)	n=16 $135 (80-170)	**n=8 $135~ (50-180)**
Median last price Price per one ounce (range)	n=20 $225 (100-290)	n=11 $200 (200-300)	n=21 $200 (80-275)	n=21 $250 (100-330)	**n=18 $210 (70-280)**
Indoor cannabis					
Median last price Price per one gram (range)	n=9 $20~ (10-25)	n=15 $20 (15-20)	n=14 $20 (10-20)	n=21 $20 (8-25)	**n=9 $20~ (10-30)**
Median last price Price per 1/4 ounce (range)	n=17 $90 (65-120)	n=35 $90 (60-100)	n=38 $80 (50-100)	n=36 $80 (25-100)	**n=21 $90 (70-250)**
Median last price Price per 1/2 ounce (range)	n=13 $150 (130-240)	n=27 $155 (110-175)	n=23 $150 (100-180)	n=29 $150 (100-190)	**n=13 $150 (50-200)**
Median last price Price per one ounce (range)	n=21 $300 (250-350)	n=31 $300 (180-330)	n=35 $280 (200-310)	n=31 $300 (95-350)	**n=13 $260 (80-320)**

Source: EDRS interviews, 2014-2018
~n<10.

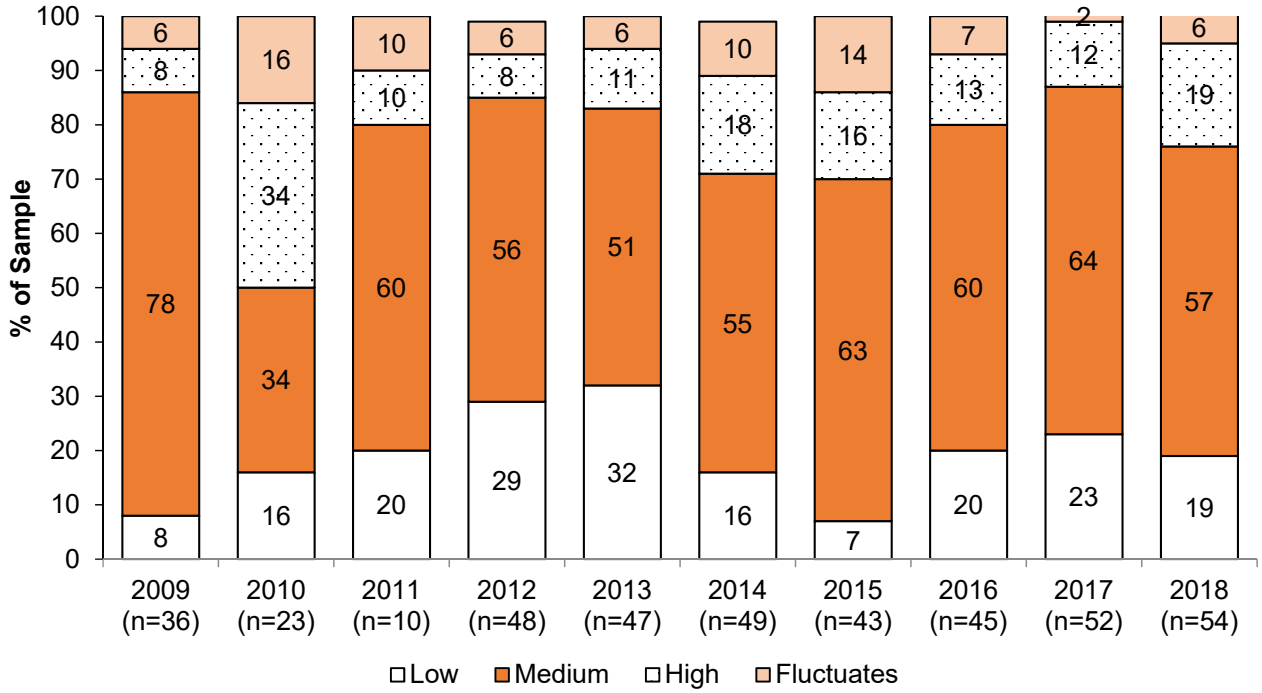
Figure 5.5.1: Median prices of quarter and one ounce purchases of outdoor and indoor cultivated cannabis among EDRS participants who commented, 2009-2018



Source: **EDRS interviews, 2009-2018**

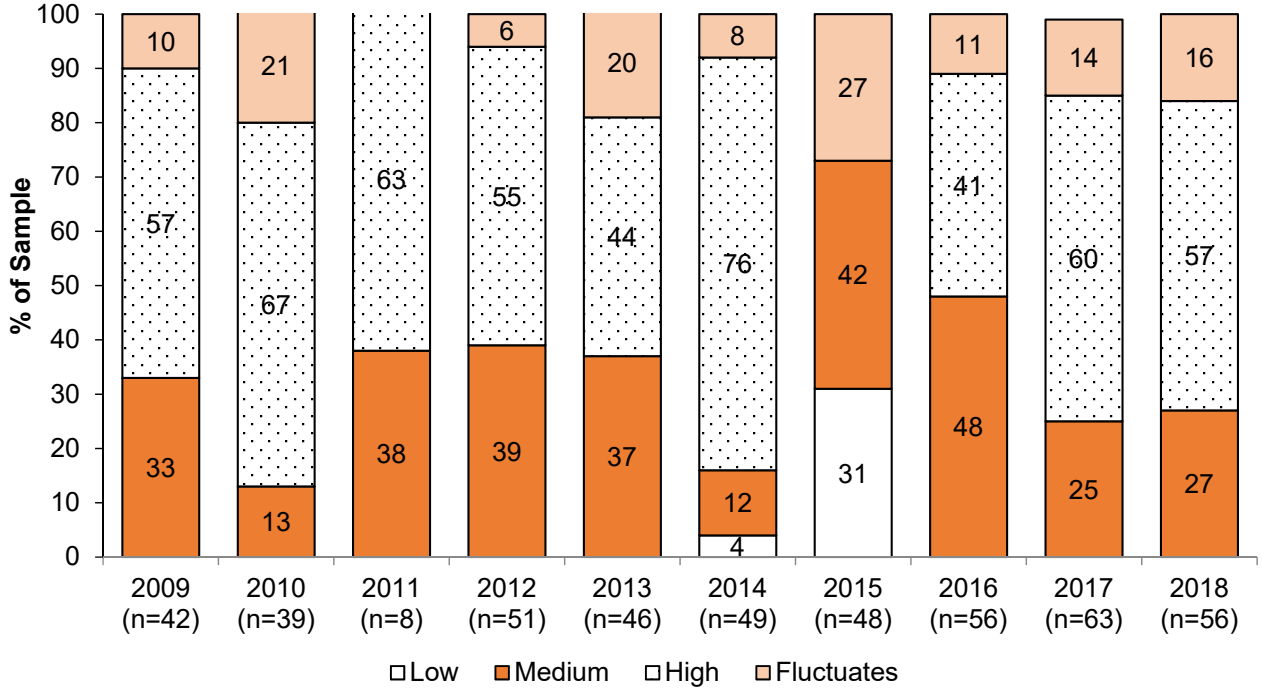
5.5.2 Potency of cannabis

Figure 5.5.2: Reported current potency of outdoor cultivated cannabis among EDRS participants who commented, 2009-2018



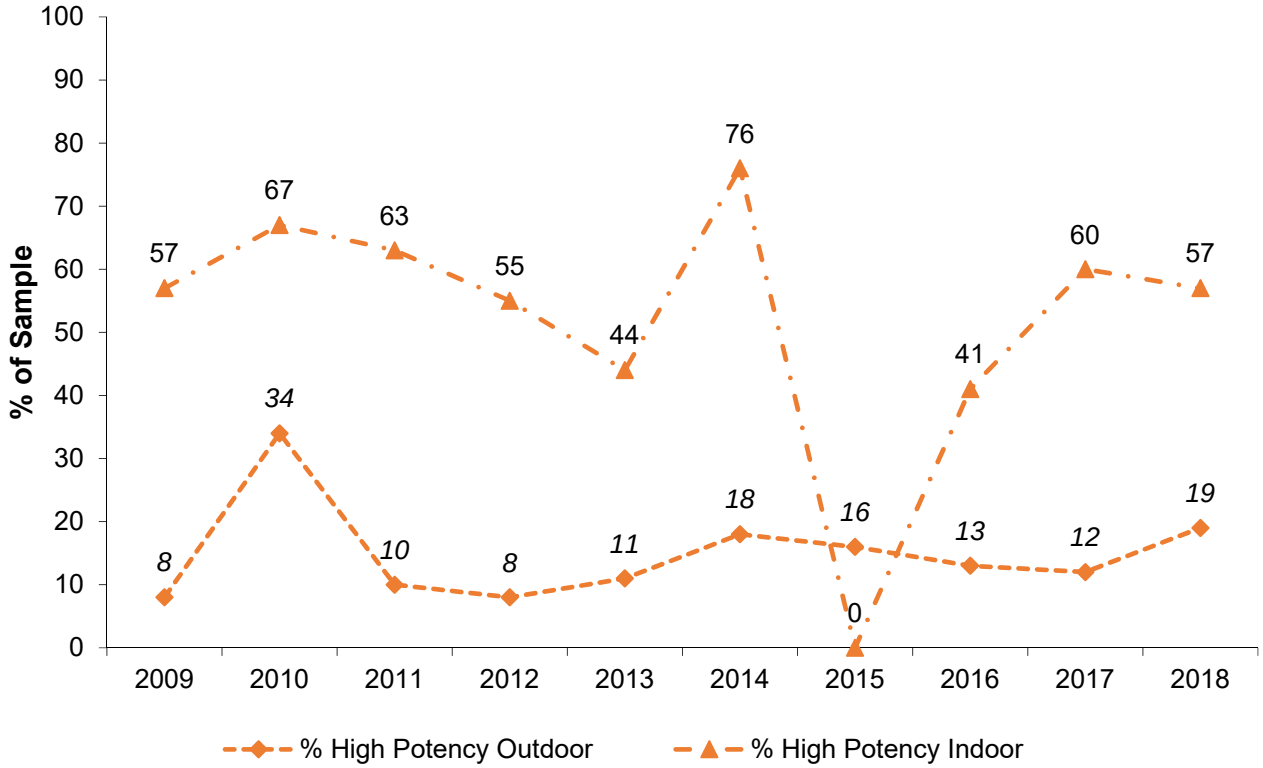
Source: EDRS interviews, 2009-2018

Figure 5.5.3: Reported current potency of indoor cultivated cannabis among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018

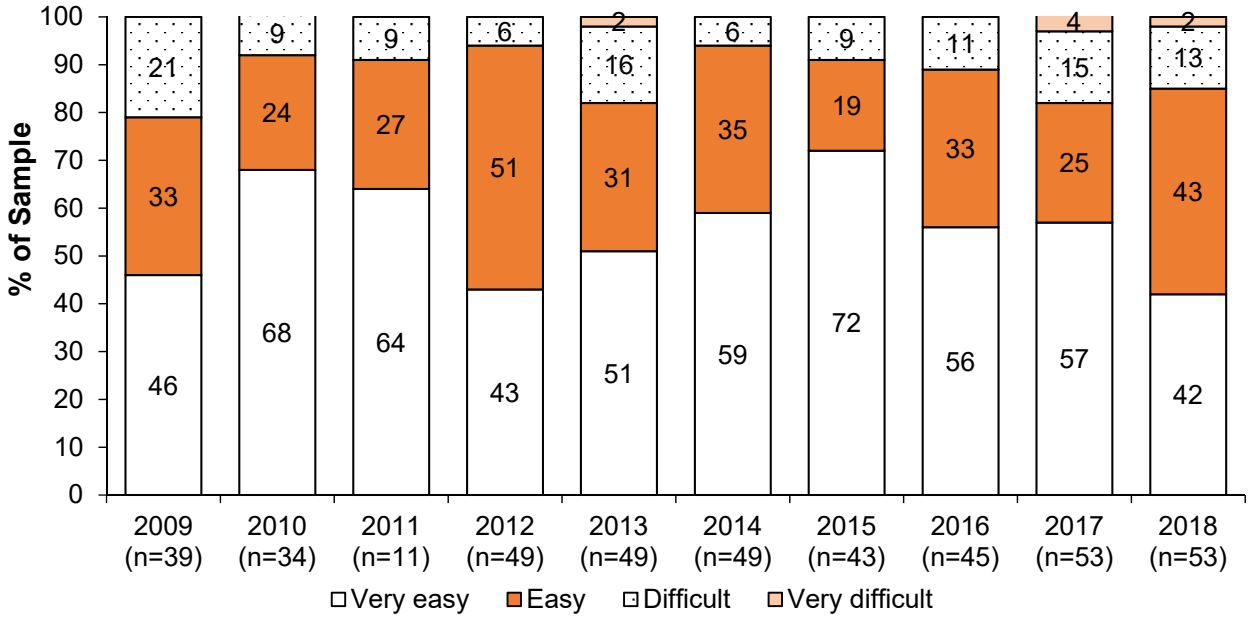
Figure 5.5.4: Proportion of participants who reported current cannabis potency as 'high' among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018

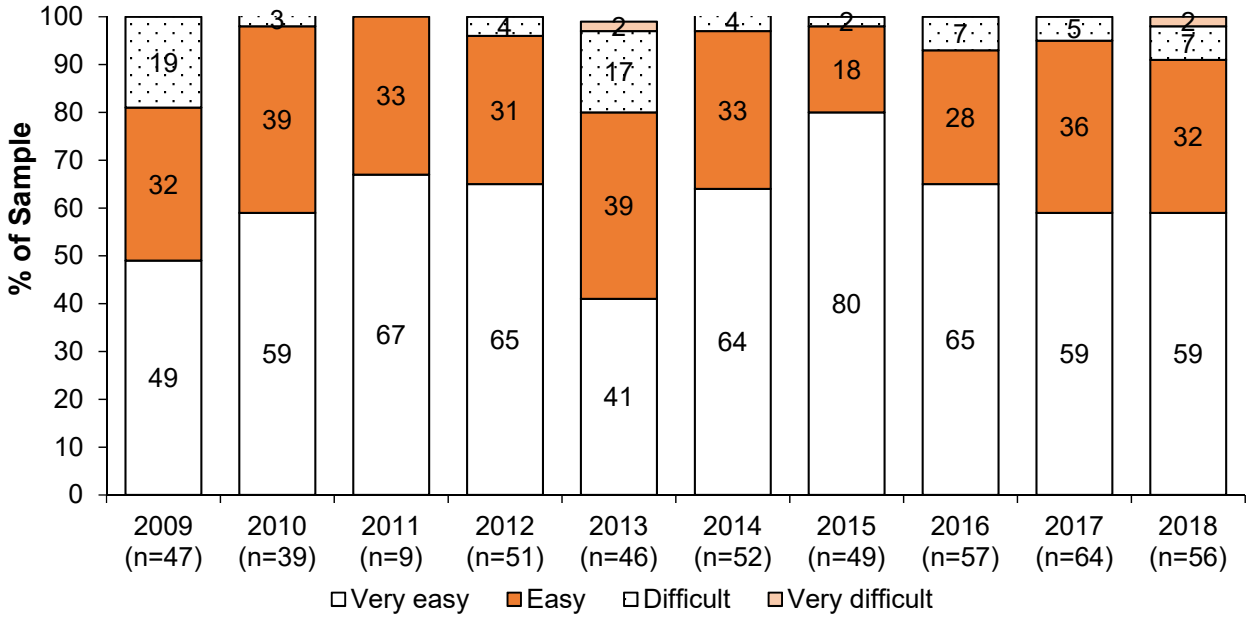
5.5.3 Availability of cannabis

Figure 5.5.5: Reported current availability of outdoor cannabis among EDRS participants who commented, 2009-2018



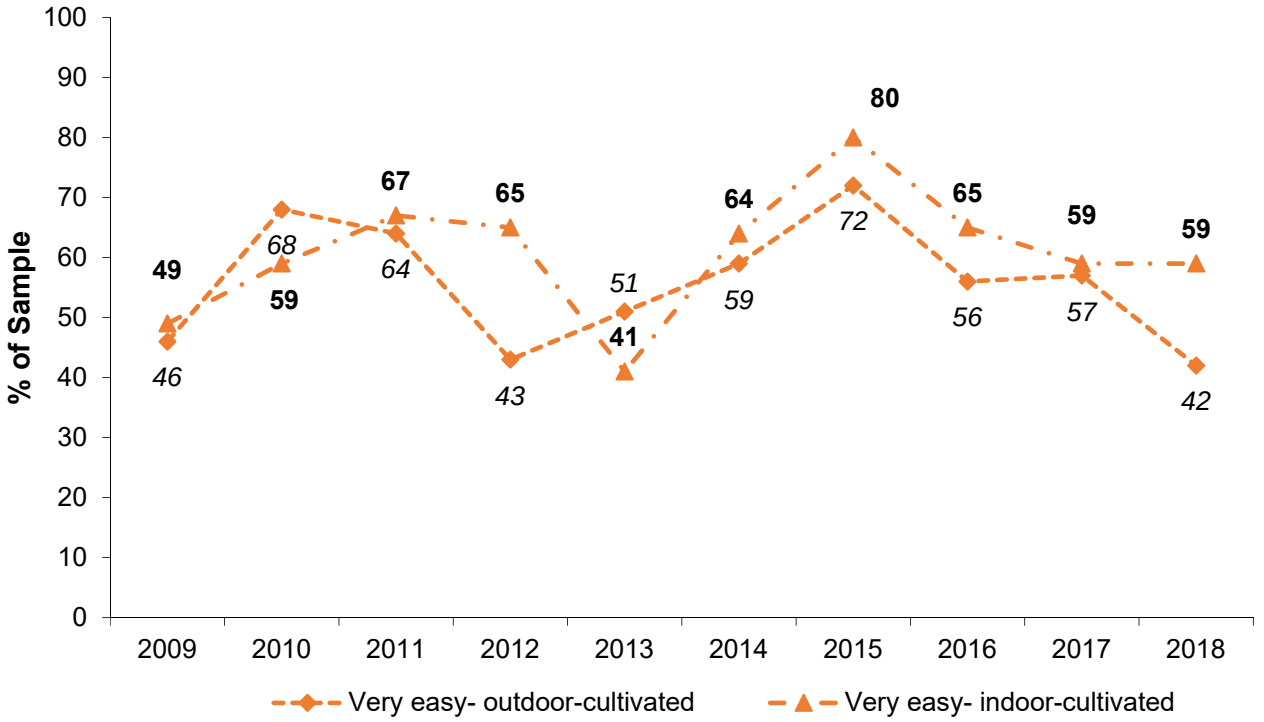
Source: EDRS interviews, 2009-2018

Figure 5.5.6: Reported current availability of indoor cannabis among EDRS participants who commented, 2009-2018



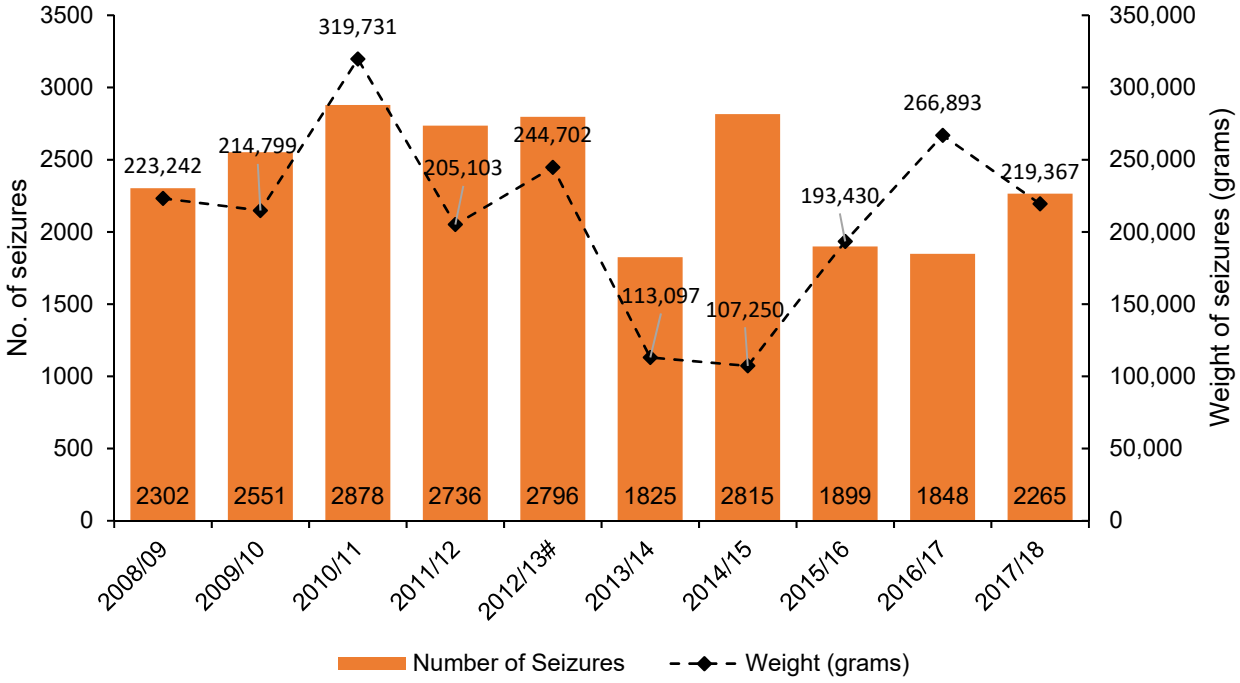
Source: EDRS interviews, 2009-2018

Figure 5.5.7: Reported current cannabis availability among EDRS participants who commented, 2009-2018



Source: EDRS interviews, 2009-2018

Figure 5.5.8: Seizures of cannabis by Tasmania Police, 2008/09-2017/18



Source: Australian Crime Commission, State Intelligence Service, Tasmania Police Note: Data in 2017/18 were provided by Tasmania Police State Intelligence Service. These data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

6.0 HEALTH-RELATED TRENDS

Health related trends

Key Points

Overdose

- Seventeen percent of the EDRS participants reported experiencing an overdose on a stimulant drug in the past 6 months. This was typically in relation to ecstasy, with co-incident alcohol use; and in a nightclub, music or party environment. [Table 6.1.1 and 6.1.2]
- Eight percent of the EDRS participants reported experiencing an overdose on a depressant drug in the past 6 months. This typically involved excessive alcohol consumption. [Table 6.1.1 and 6.1.2]

Help-seeking for substance use

- Three in ten participants accessed a health service in relation to drug use in the past 6 months. This is consistent with 2017, which was an increase over rates in the previous years, where rates were typically 10-15% in 2014-16. [Table 6.2.1]
- It was most common for participants to access general medical practitioners, specialist drug and alcohol workers, or hospital emergency services for this assistance. [Table 6.2.1].

Mental health

- Almost six in ten of the EDRS participants self-reported experiencing a mental health problem in the past 6 months. This is higher than rates over the past four years of EDRS samples. However, nearly two-thirds of those reporting a mental health problem in 2018 had attended a mental health professional; this reflects an increase in help-seeking over the past 5 years. [Table 6.3.1]
- Using a validated measure of psychological distress, approximately three in ten participants scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10 people). However, the proportion scoring in the 'low' range has been steadily increasing in recent years (2 in 10 in 2015; more than 4 in 10 in 2018). [Figure 6.3.1]

Drug treatment

- The proportion of closed drug treatment cases relating to methamphetamine as a primary drug has increased from 10% in 2012/13 to over 20% in 2016/17. Treatment episodes relating to ecstasy as a principal drug remain at 1-2% of all closed episodes over the past decade. [Figure 6.4.2]

6.1 Overdose

Table 6.1.1: Overdose (OD) on both stimulants and depressants among EDRS participants, 2014-2018

Overdose (%)	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Overdose on any drug past in 6 months (%)	21	14	7	21	**24**
Overdose on stimulant drug in past 6 months (%)	10	9	2	12	**17**
Overdose on depressant drug in past 6 months (%)	14	5	5	15	**8**

Source: EDRS interviews, 2014-2018

Table 6.1.2: Characteristics of last overdose on stimulant and depressant drugs among EDRS participants who had experienced an overdose episode in the last six months, 2014-2018

Variable (%)	Stimulant overdose					Depressant overdose				
	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Main drug (%)[#]	n=10	n=7	n=2	n=12	**n=14**	n=14	n=4	n=5	n=15	**n=8**
Ecstasy	50	57	50	83	**57**	-	-	-	-	**-**
Meth powder	-	-	50	-	**7**	-	-	-	-	**-**
Meth base	10	-	-	-	**-**	-	-	-	-	**-**
Crystal meth	10	-	-	8	**14**	-	-	-	-	**-**
Alcohol	-	-	-	-	**-**	86	75	60	73	**71**
Benzodiazepines	-	-	-	8	**-**	7	25	-	13	**-**
Pharm. stimulants	-	-	-	-	**-**	-	-	-	-	**-**
Other opioids	-	-	-	-	**-**	-	-	-	7	**29**
Heroin	-	-	-	-	**-**	7	-	20	-	**-**
Cocaine	-	-	-	-	**-**	-	-	-	-	**-**
MDA	-	-	-	-	**7**	-	-	-	-	**-**
LSD	10	29	-	-	**7**	-	-	-	-	**-**
Other NPS	20	14	-	-	**-**	-	-	-	-	**-**
Antipsychotics	-	-	-	-	**-**	-	-	20	7	**-**
Other drugs (%)[#†]	n=10	n=7	n=2	n=12	**n=17**	n=14	n=4	n=5	n=15	**n=8**
Ecstasy	10	29	-	8	**47**	7	-	40	20	**25**
Meth powder	-	14	-	8	**-**	-	-	-	-	**13**
Meth base	-	-	-	-	**-**	-	-	-	-	**-**
Crystal meth	-	14	50	-	**12**	-	-	20	-	**-**
Alcohol	50	71	100	67	**77**	14	25	20	40	**50**
Cannabis	20	29	50	42	**35**	29	50	20	47	**63**
Antidepressants	-	-	-	-	**-**	-	-	-	-	**-**
Benzodiazepines	10	-	-	-	**12**	-	-	-	7	**25**
Amyl nitrite	-	-	-	-	**-**	-	-	-	-	**-**
LSD	10	-	-	8	**6**	-	-	-	7	**-**
Other opioids	10	-	-	8	**-**	-	25	-	7	**7**
Methadone	-	-	-	-	**-**	-	-	-	-	**-**
Energy drinks	-	-	-	-	**-**	-	-	-	-	**-**
Mushrooms	-	-	-	-	**-**	-	-	20	-	**-**
Ketamine	20	-	-	-	**6**	-	-	-	-	**-**
Cocaine	-	29	-	8	**12**	-	-	-	-	**-**
Heroin	-	-	-	-	**-**	-	-	20	-	**-**
Nitrous oxide	-	-	-	-	**-**	-	-	-	7	**-**
Last location (%)[#†]	n=10	n=7	n=2	n=12	**n=17**	n=14	n=4	n=5	n=15	**n=8**
Home	30	14	-	25	**-**	14	25	20	40	**13**
Friend's home	30	14	-	8	**24**	-	-	20	13	**13**
Dealer's home	-	-	-	-	**-**	7	25	-	-	**-**
Pub	10	14	-	-	**6**	7	-	40	-	**-**
Live music event	-	29	50	-	**29**	-	25	-	7	**13**
Nightclub	-	-	50	50	**24**	7	-	-	7	**13**
Rave/dance party	30	29	-	-	**12**	7	-	-	-	**13**
Outdoors	-	-	-	8	**-**	7	-	-	-	**-**
Private party	-	-	-	-	**6**	50	25	20	13	**13**
Other	-	-	-	8	**-**	-	-	-	20^	**26**
Treatment (%)[#†]	n=10	n=7	n=2	n=12	**n=16**	n=17	n=4	n=5	n=15	**n=8**
None	50	43	100	17	**88**	64	50	60	7	**63**
Watched by friends~	40	14	-	59	**-**	36	50	40	73	**-**
Onsite help	-	-	-	-	**-**	-	-	-	-	**-**
Hospital/ambulance	-	29	-	25	**12**	-	-	-	-	**25**
Taken to doctor	-	-	-	-	**-**	-	-	-	13	**-**
Other	20	14	-	16	**-**	7	-	20	-	**13**
Don't know	10	-	-	-	**6**	7	-	-	7	**-**
Median hours partying before OD* (range)	11 (1-36)	7 (2-24)	- -	- -	**-** **-**	6.5 (3-16)	6 6-10	- -	- -	**-** **-**

Source: EDRS interviews, 2014-2018 [#]Among those reporting an overdose episode in last six months; [†]Multiple responses allowed; ^All listed 'public place' as last location; *Median hours partying before OD data was not collected in 2016, 2017 or 2018. ~Not listed as a response option in 2018.

6.2 Help-seeking behaviour

Table 6.2.1: Access to health services in the last six months among EDRS participants, 2014-2018

Variable	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Accessed any health service in last 6 months (%)	78	65	68	87	**89**
Median number of times accessed services	n=77 4	n=51 3	n=68 4	-	-
(range)	(1-25)	(1-38)	(1-43)	-	-
Services accessed (%)	n=77	n=51	n=68	n=87	**n=89**
GP	84	86	82	83	**88**
Psychologist	14	16	19	16	**29**
Psychiatrist	3	6	10	11	**12**
Drug/alcohol counsellor	7	4	9	13	**7**
Social/welfare worker	5	14	7	9	**11**
Dentist	29	41	28	38	**30**
Specialist doctor	21	10	12	7	**9**
Emergency Department	14	8	16	24	**17**
Hospital (inpatient)	17	8	3	7	**9**
Hospital (outpatient)	8	6	7	9	**9**
Medical tent/First Aid	4	12	3	11	**6**
Ambulance	5	-	4	9	**3**
Other health service	**16**	10	19	13	**18**
Accessed health service in relation to drug use in last 6 months (%)	11	6	17	31	**31**
Median number of visits related to drug use	n=11 5	n=5 4	n=17 3	n=31 -	**n=31** **-**
(range)	(1-22)	(1-14)	(1-26)	-	**-**
Services accessed in relation to drug use (%)*	n=11	n=5	n=17	n=31	**n=31**
GP	73	40	59	35	**45**
First aid	-	-	6	-	**-**
Ambulance	-	-	6	10	**16**
Emergency	9	-	12	10	**19**
Hospitalisation	9	-	12	6	**3**
Counsellor	-	-	-	-	**-**
Drug & alcohol worker	46	40	35	39	**23**
Psychologist	18	40	47	16	**13**
Psychiatrist	-	-	6	6	**10**
Social/welfare worker	-	20	12	10	**16**
Specialist doctor	-	-	6	-	**-**
Dentist	9	-	6	3	**-**
Medical tent at a festival	-	-	-	23	**10**
Other	9	-	-	-	**-**
Main drug on last visit (%)*	n=11	n=5	n=17	-	**-**
Alcohol	18	-	12	-	**-**
Ecstasy	9	20	36	-	**-**
Methamphetamine	27	20	18	-	**-**
Cannabis	9	40	12	-	**-**
Polydrug	-	-	18	-	**-**
Pharmaceutical stimulants	9	-	-	-	**-**
Tobacco	9	-	-	-	**-**
Other	18	-	6	-	**-**

Source: EDRS interviews, 2014-2018

*Out of the total number of treatment episodes; participants may have attended more than one service. Note: number of visits related to drug use was not recorded in 2017 or 2018.

6.3 Mental health problems and psychological distress

6.3.1 Mental health problems

Table 6.3.1: Self-reported mental health problems among EDRS participants in the preceding 6 months, 2014-2018

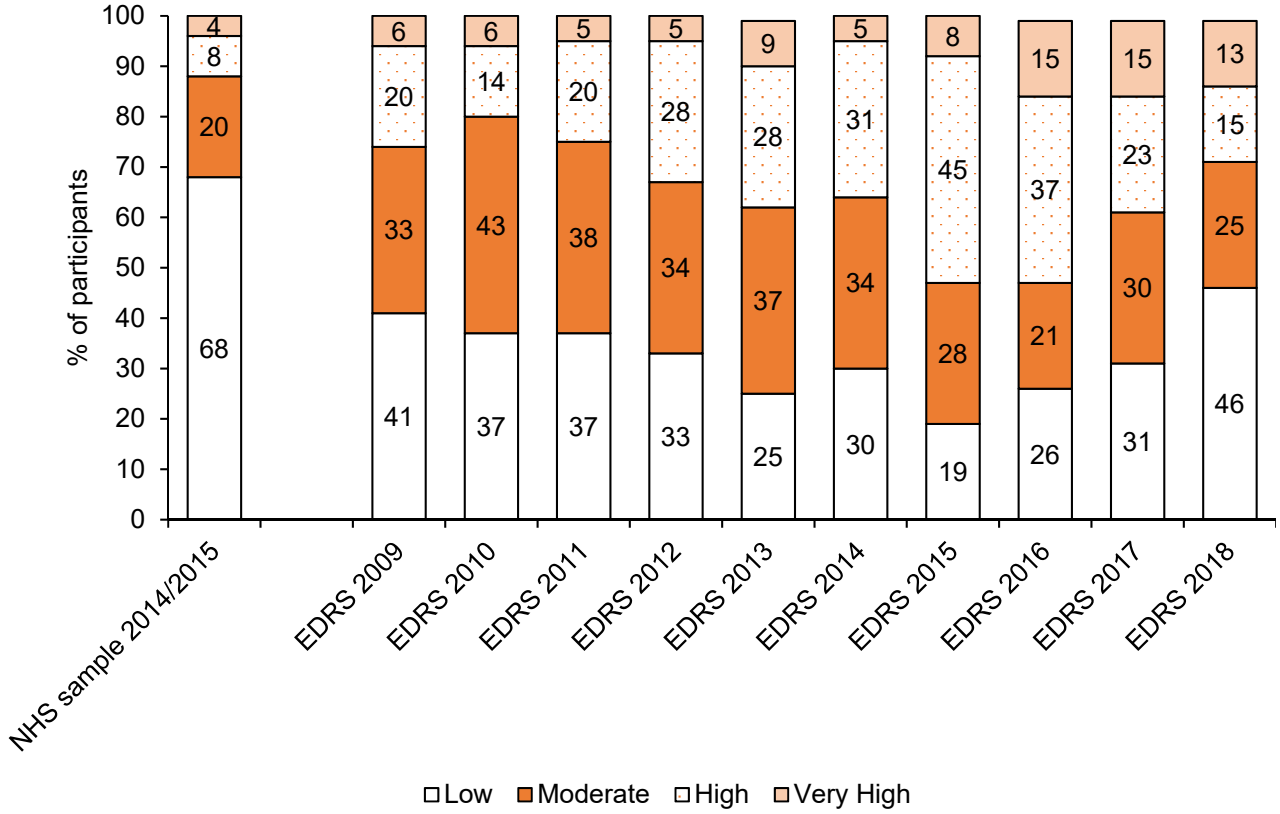
Mental health	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Experienced mental health problem in last 6 months (%)	33	45	47	47	**59**
Among those with a self-reported mental health problem…					
Mental health problem (%)*	n=33	n=35	n=47	n=47	**n=59**
Depression	61	74	75	72	**64**
Anxiety	70	66	60	75	**80**
Paranoia	21	26	13	21	**17**
Panic	6	3	9	23	**14**
Psychosis	3	6	-	11	**9**
OCD	3	-	6	13	**9**
Bipolar disorder	-	9	-	11	**9**
Eating disorder	3	-	-	2	**-**
Self-harm	-	-	-	-	**-**
Schizophrenia	-	-	-	2	**-**
Mania	3	-	-	9	**2**
Personality disorder	3	6	4	6	**5**
Phobia	6	-	-	6	**2**
PTSD	9	6	4	11	**14**
Other	9	3	9	13	**5**
Attended mental health professional (%)*	42	47	56	57	**63**
Prescribed antidepressants (%)*	18	13	19	17	**27**
Prescribed benzodiazepines (%)*	15	13	15	11	**15**
Prescribed antipsychotics (%)*	3	13	2	4	**9**

Source: EDRS interviews, 2014-2018

*Among those who had experienced a mental health problem

6.3.2 Psychological distress

Figure 6.3.1: Responses to the K10 questionnaire in the National Health Survey 2014/15 (Tasmania, aged 18-24) and EDRS, 2009-2018

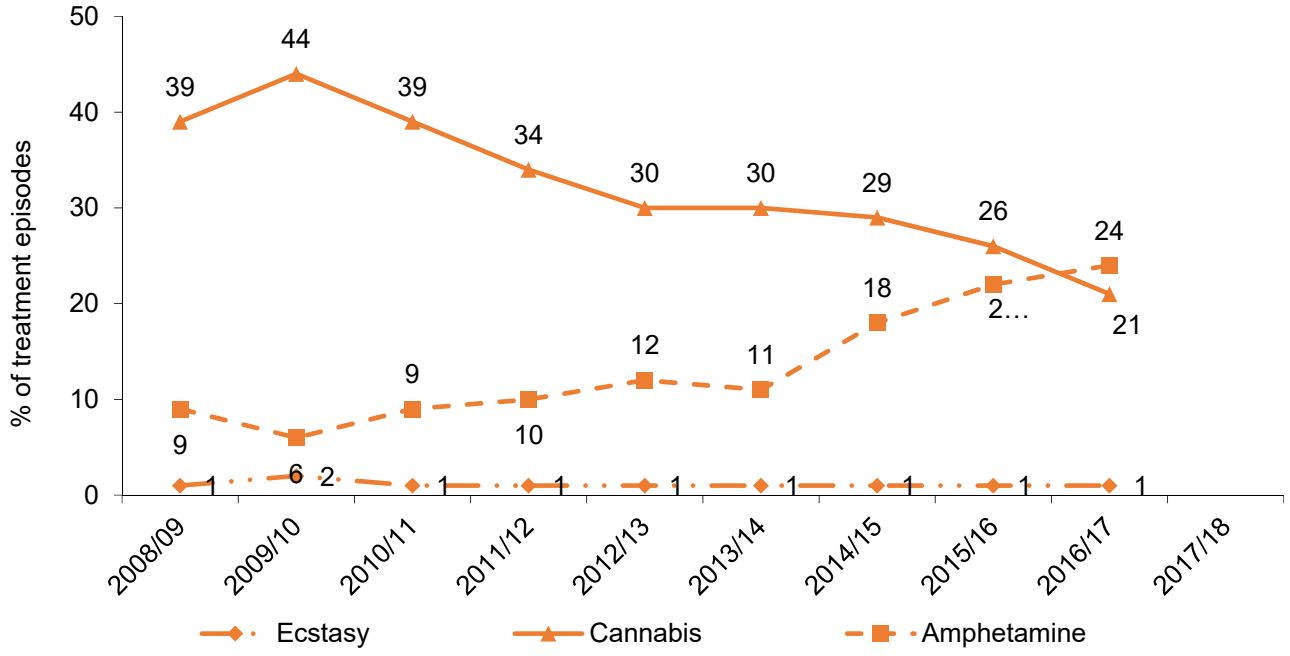


Source: EDRS interviews, 2009-2018; National Health Survey, 2014/15

6.4 Drug treatment indicator data

6.4.1 NMDS treatment episode data

Figure 6.4.1: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Closed treatment episodes by principal drug of concern, 2008/09-2017/18



Source: Australian Institute of Health and Welfare. Data from 2017/18 not available at time of publication
Note: Data for 2017/18 was not available at time of publication

7.0 RISK BEHAVIOUR

 **Sexual risk behaviour**	• Six in ten of the participants had casual sex while affected by substances in the past 6 months. This is consistent with the rates in previous EDRS samples. Rates of consistent protective barrier use during these encounters has been consistently reported by 20% or less of EDRS participants between 2015 and 2018. Rates of recent engagement in sexual health check-ups has increased over the past 5 years, from 38% in 2014 to 50% in 2018. [Table 7.2.1]
 **Driving Risk**	• In 2018, 80% of participants had driven a vehicle in the past six months; of these, almost one-third reported driving while over the legal alcohol limit and 56% had driven soon after consuming non-prescribed substances. • While half of drivers in the EDRS sample had experienced roadside breath testing in the previous six months, only 10% had been saliva tested; this is relatively consistent with rates over the past 5 years. [Table 7.3.1]

7.1 Injecting drug use

Table 7.1.1: Injecting risk behaviour during the preceding 6 months among EDRS participants, 2014-2018

Variable (%)	2014 n=8	2015 n=8	2016 n=10	2017 n=8	**2018 n=8**
Injected last 6 months[#] (%)	8	10	10[#]	8[#]	**11[#]**
Used needle after someone[#]	n=1	n=0	n=2	n=0	**n=0**
Lent a needle[#]	-	-	n=1	n=1	**n=0**
Injected a partner/friend after injecting self[#]	-	-	n=4	n=5	**n=3**
Injected by somebody else after injecting themselves[#]	-	-	n=1	n=3	**n=3**

Source: EDRS interviews, 2014-2018
Note: [#]Prior to 2016, injecting risk behaviour data during the six months prior to interview was collected, whereas in 2016, 2017 and 2018 risk behaviours during the past month prior to interview were collected. Given that data mostly relates to n≤10, only n are reported, not %.

7.2 Sexual risk behaviour

Table 7.2.1: Sexual activity, barrier use, and sexual health among EDRS participants, 2014-2018

Variable (%)	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Casual sex past 6 months (%)	62	63	62	61	**61**
Number of casual partners (%)*	n=61	n=49	n=62	n=61	**n=61**
One partner	20	16	18	23	**25**
Two partners	25	29	24	23	**26**
Three-five partners	34	39	37	39	**31**
Six-ten partners	13	16	19	10	**10**
More than ten partners	8	-	2	5	**8**
Casual sex with drugs/alcohol (%)*	93	90	95	89	**90**
Number of times (%)#	n=57	n=44	n=59	n=53	**n=55**
Once	7	2	3	9	**15**
Twice	16	32	17	13	**16**
Three-five times	35	34	34	38	**29**
Six-ten times	21	23	29	15	**18**
More than ten times	21	9	27	25	**22**
Drugs used last time (%)#	n=57	n=44	n=58	n=54	**n=55**
Ecstasy	68	60	64	32	**64**
Cannabis	35	16	24	39	**55**
Alcohol	98	96	85	91	**78**
Meth. powder	19	2	5	-	**-**
Meth. base	2	-	-	-	**-**
Crystal meth	2	5	12	6	**7**
Cocaine	4	-	9	2	**16**
LSD	-	9	9	7	**7**
GHB	-	-	-	-	**-**
Amyl nitrite	-	-	2	-	**2**
Nitrous oxide	2	-	-	6	**6**
Methadone	4	-	-	2	**4**
Benzodiazepines	4	-	-	6	**9**
Mushrooms	2	-	3	-	**6**
Pharm. stimulants	-	2	-	-	**2**
MDA	2	-	2	-	**6**
Mephedrone	4	1	-	-	**-**
Methylone	-	-	-	-	**-**
Other	5	2	2	4	**4**
Protective barrier use under influence (%)#	n=57	n=44	n=59	n=54	**n=54**
Always	28	16	17	20	**19**
Never	16	18	15	30	**22**
Inconsistent or rare use	56	66	68	50	**59**
Ever had sexual health check (%)	n=98	n=78	n=100	n=100	**n=99**
No	43	45	39	25	**24**
Yes (in the last year)	38	28	36	56	**51**
Yes (more than 1 year ago)	19	27	25	19	**25**
Don't know	-	-	-	-	**-**
Ever diagnosed with an STI (%)	n=98	n=78	n=100	n=100	**n=98**
No	80	83	83	88	**82**
Yes (in the last year)	7	5	4	4	**6**
Yes (more than 1 year ago)	13	12	13	8	**12**
Don't know	-	-	-	-	**-**

Source: EDRS interviews, 2014-2018

*Of those who had sex with a casual partner in the last six months; #Of those who had sex with a casual partner while under the influence of alcohol/drugs in last six months.

7.3 Driving risk behaviour

Table 7.3.1: Driving under the influence (DUI) of alcohol and other drugs among EDRS participants who had driven a car in the last six months, 2009-2018

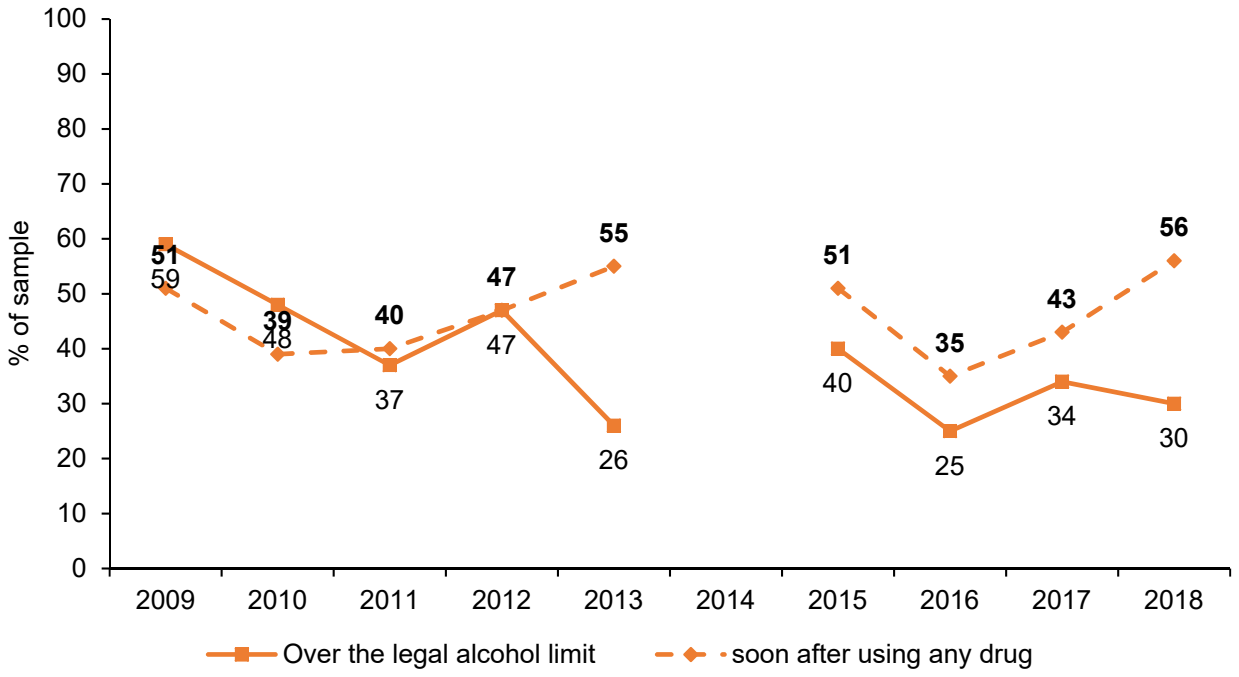
Variable (%)	2009	2010	2011	2012	2013	2014	2015	2016	2017	**2018**
Driven a vehicle in the past 6 months (%)	87	88	87	75	67	-	76	71	79	**80**
Among those who have recently driven a vehicle	n=87	n=88	n=65	n=75	n=51		n=59	n=71	n=79	**n=80**
Driven over legal alcohol limit past 6 months (%)	59	48	37	47	26	-	40	25	34	**30**
Median times driven over legal limit past 6 months# (range)	n=51 4 (1-30)	n=42 3 (1-24)	n=24 2 (1-20)	n=35 2 (1-14)	n=13 1 (1-20)	- - -	n=23 4 (1-28)	- - -	n=27 3 (1-100)	**n=23** **2** **(1-10)**
Breath tested past 6 months (%)	56	61	50	40	29	-	44	-	58	**55**
Driven soon after using any drug in past 6 months (%)	51	39	40	47	55	-	51	35	43	**56**
Median times DUI of drugs in last 6 months* (range)	n=44 3 (1-180)	n=34 3 (1-180)	n=26 6 (1-180)	n=35 30 (1-180)	n=28 8 (1-160)	- - -	n=30 6 (1-100)	- - -	n=34 3.5 (1-180)	**n=45** **10** **(1-180)**
Saliva tested last 6 months (%)	2	5	-	11	16	-	5	-	13	**10**
Drugs DUI last 6 mths (%)*^	n=44	n=34	n=26	n=35	n=28	-	n=30	-	n=34	**n=45**
Cannabis	48	59	81	83	82	-	77	-	85	**76**
Ecstasy	71	62	27	51	25	-	37	-	24	**18**
Meth. powder	7	12	23	46	14	-	3	-	-	**2**
Meth. base	7	6	4	9	4	-	-	-	-	**-**
Crystal meth	9	-	4	3	4	-	-	-	9	**11**
Benzodiazepines	5		4	-	7	-	-	-	9	**4**
Psychedelic mushrooms	5	6	4	-	-	-	-	-	-	**2**
LSD	11	9	8	11	4	-	17	-	6	**7**
Amyl nitrite	-	-	-	-	-	-	-	-	-	**-**
Nitrous oxide	7	-	-	-	-	-	-	-	3	**4**
Cocaine	2	3	-	9	-	-	3	-	3	**7**
Ketamine	-	-	-	-	-	-	3	-	-	**-**
Other opioids	2	3	12	-	4	-	-	-	9	**11**
Pharmaceutical stimulants	-	-	-	-	4	-	3	-	-	**7**
GHB	-	-	-	-	-	-	-	-	-	**-**
Methadone	-	3	-	-	-	-	-	-	3	**-**
2CI/2CB/2CE	2	-	-	-	-	-	-	-	-	**-**
Mephedrone	-	12	-	-	-	-	-	-	-	**-**
Methylone	-	3	-	-	-	-	-	-	-	**-**
Heroin	-	-	8	-	4	-	-	-	3	**-**

Source: EDRS interviews, 2009-2018.

Note: questions not asked in 2014

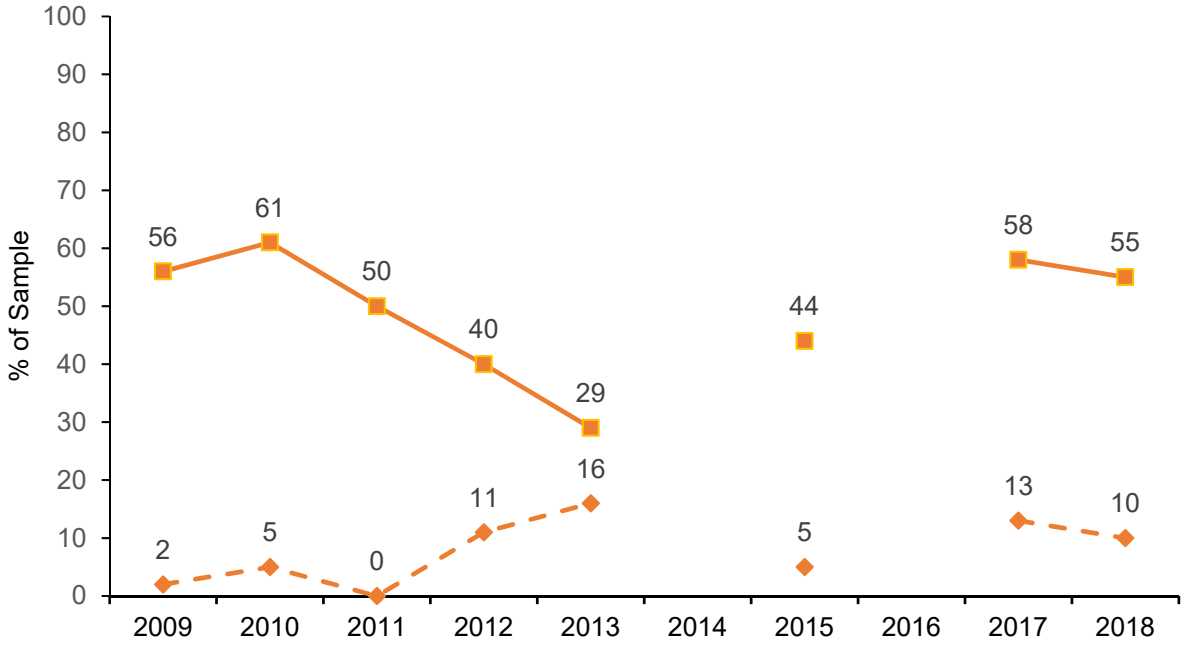
#Among those who had driven while over the legal limit of alcohol in the past 6 months; *Among those who had driven under the influence of drugs in the past 6 months; [a] Refers to most recent occasion in 2015; ^Drugs used on any occasion of DUI of drugs, not necessarily simultaneously.

Figure 7.3.1: Proportion of EDRS participants who recently drove under the influence of alcohol or drugs, among those who recently drove, 2009-2018



Source: EDRS interviews, 2009-2018
Note: questions not asked in 2014

Figure 7.3.2: Proportion of EDRS participants recently exposed to roadside drug and breath testing, among those who recently drove 2009-2018



Source: EDRS interviews, 2009-2018
Note: questions not asked in 2014 and 2016

Table 7.3.2: Tasmania Police roadside drug testing statistics, 2013/14-2017/18

Roadside drug tests	2013/14	2014/15	2015/16	2016/17	**2017/18**
Number of roadside drug tests conducted	1,819	3,431	3,738	3,726	**3,936**
Proportion of drivers tested who returned positive tests for prohibited drugs (%)	35.1	56.1	51.8	55.2	**56.2**

Source: Department of Police, Fire and Emergency Management Annual Reports, 2013-2018

Table 7.3.3: Tasmania Police positive roadside drug test results, 2012/13-2017/18

	Oral Fluid Testing					
	2012/ 13	2013/ 14	2014 /15	2015 /16	**2016 /17**	**2017/18**
Drugs detected in positive tests (%)	n= 480	n= 535	n= 1924	n= 2294	**n= 2158***	**n= 2212***
Amphetamine	44	44	37	41	**n/r**	**n/r**
Cocaine	3	1	1	1		
Methamphetamine	17	28	27	31		
Cannabis	57	71	65	60		
Ecstasy (MDMA)	-	-	<1	<1		
Opiates	8	5	6	6		
Benzodiazepines	n/a	n/a	n/a	n/a		

Source: Tasmania Police State Intelligence Services

Note: Multiple drugs may be indicated on one OFT. n/a: not assessed. Data from 2016/17 and 2017/18 was taken from the DPFEM 2017/18 Annual report, and relate to the number of drug driving offenders reported. This is indicative but not directly comparable to the more detailed previous analyses (2012/13-15/16), which relate to the number of positive tests. The comparable figures for number of offenders was 1,500 in 2014/15; 2,021 in 2015/16. Drug types identified in these drug types was not available at the time of reporting.

7.4 Binge drug use

Table 7.4.1: Binge drug use among EDRS participants, 2014-2018

Variable	2014 n=100	2015 n=78	2016 n=100	2017 n=100	**2018 n=100**
Binged on any stimulant drug, past 6 months (%)[#]	24	19	29	25	**37**
Median times binged, past 6 months[*] (range)	3 (1-40)	5 (1-24)	3 (1-24)	2 (1-30)	**2 (1-24)**
Median length (days) biggest binge, past 6 months[*] (range)	3 (2-8.5)	3 (2-5)	3 (2-8)	3 (2-8)	**2.5 (2-14)**
Drugs used in binge session (%)*					
Ecstasy	54	73	66	64	**70**
Meth. powder	46	13	14	24	**16**
Meth. base	13	-	-	-	**-**
Crystal meth.	33	33	38	32	**41**
Pharm. stimulants	4	7	3	8	**3**
Cocaine	17	-	7	12	**35**
LSD	29	27	17	16	**5**
Ketamine	13	7	-	-	**16**
MDA	-	7	-	-	**8**
GHB	-	-	-	-	**-**
Amyl nitrite	-	-	-	-	**5**
Nitrous oxide	13	13	3	8	**14**
Cannabis	58	33	59	60	**76**
Alcohol	88	93	83	72	**70**
Benzodiazepines	25	13	17	16	**27**
Mushrooms	8	-	-	8	**8**
2CI	-	-	-	-	**-**
Other opioids	4	7	-	-	**-**
Mephedrone	4	-	-	-	**-**
Methylone	-	-	-	-	**-**
DOI	-	-	-	-	**-**
BZP	-	-	-	-	**-**
OTC codeine	-	-	-	4	**5**
Energy drinks	17	13	31	36	**27**
Other	17	7	10	24	**8**

Source: EDRS interviews, 2014-2018

[#]Used for 48 hours continuously without sleep; *Among those who had binged in the preceding 6 months.

8.0 CRIMINAL ACTIVITY, POLICING, AND MARKET CHANGES

Law enforcement related trends

Key Points

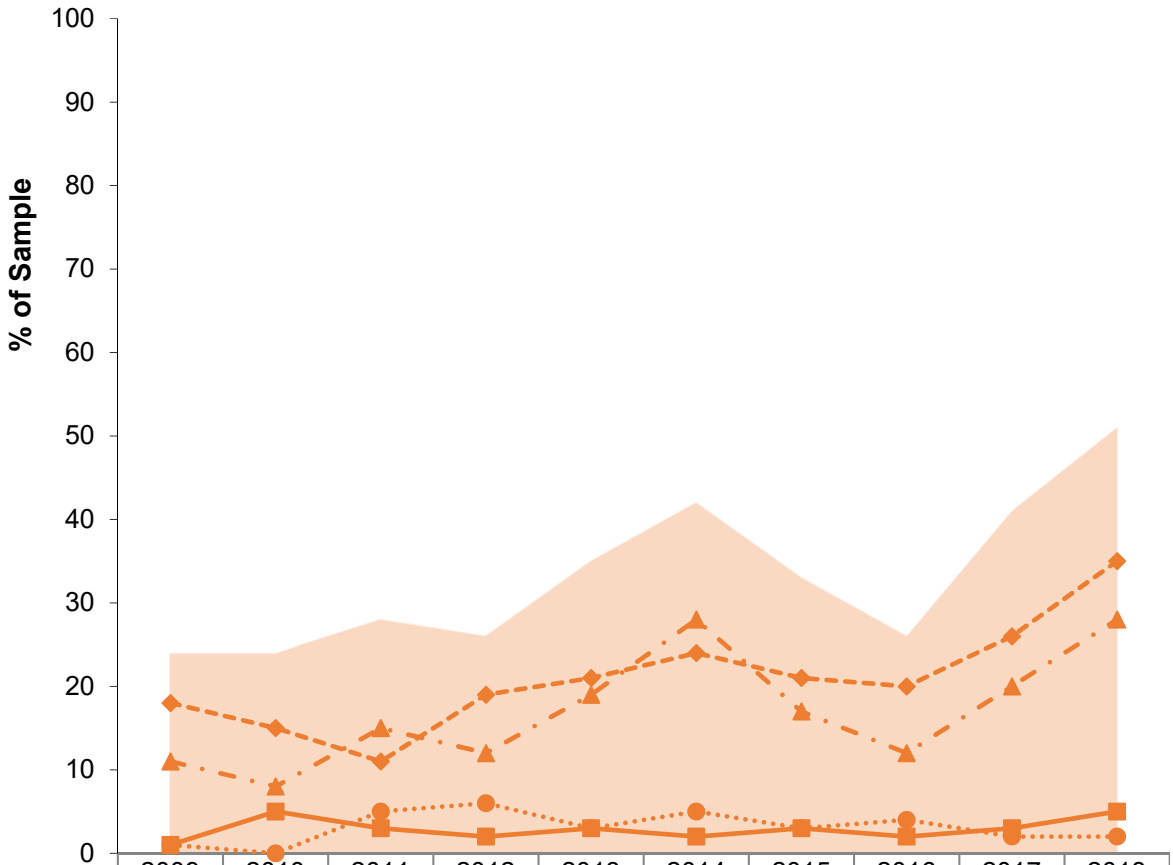
- Just over half of EDRS participants self-reported engaging in crime in the past month, most commonly dealing for cash profit and property crime. [Figure 8.1]

Tasmania Police arrests

- The number of ecstasy-related arrests increased over the past 5 years from less than 10 per annum during 2010/11-2013/14 to more than 60 per annum in 2016/17 and 2017/18 [Figure 8.2.1]
- Methamphetamine-related arrests increased sharply in 2014/15 from a baseline or around 120 per annum in the 5 year period prior to 2014/15 to over 400 cases per annum. Rates of methamphetamine related arrests have continued to increase to 588 in 2017/18, with one third of these being provider arrests [Figure 7.2.2]
- The numbers of cannabis related arrests have increased from approximately 1450 per annum between 2014/15 and 2016/17 to over 1700 in 2017/18 [Figure 7.2.4]

8.1 Reports of criminal activity among EDRS participants

Figure 8.1.1: Self-reported criminal activity in the preceding month among EDRS participants, 2009-2018



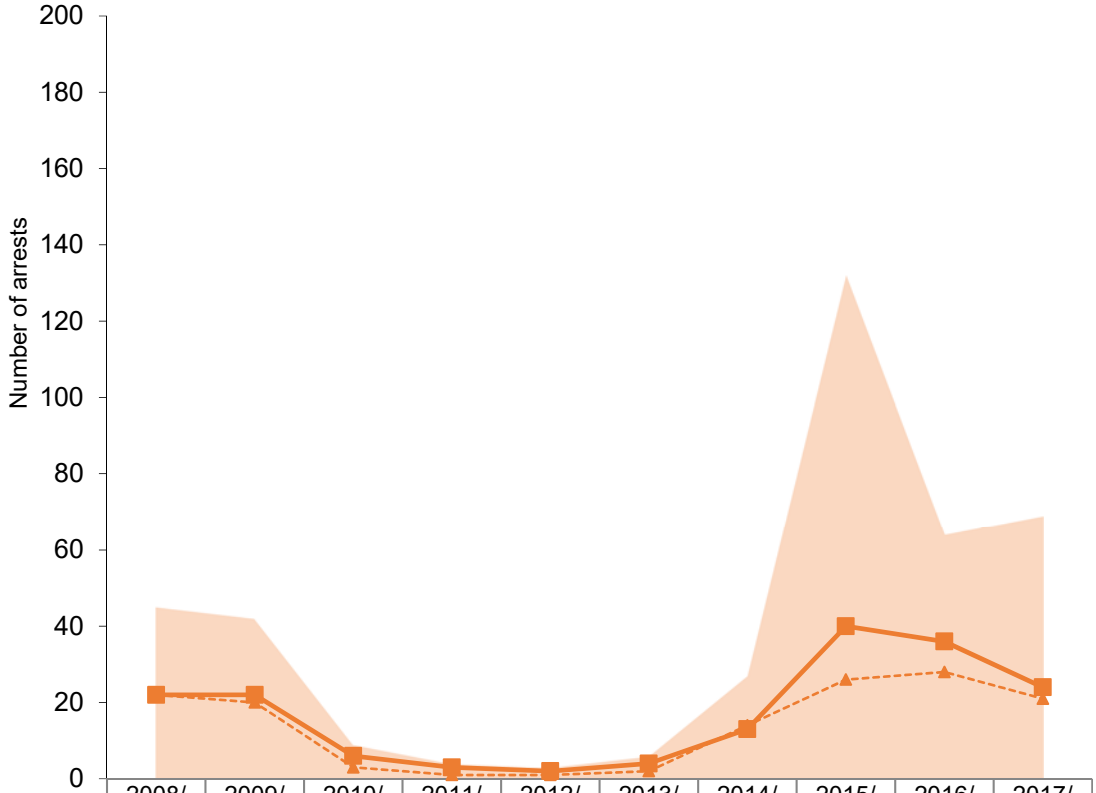
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Any crime	24	24	28	26	35	42	33	26	41	51
Dealing	18	15	11	19	21	24	21	20	26	35
Property crime	11	8	15	12	19	28	17	12	20	28
Violent crime	1	5	3	2	3	2	3	2	3	5
Fraud	1	0	5	6	3	5	3	4	2	2

Source: EDRS interviews, 2009-2018
Note: 'Dealing' refers to dealing for cash profit.

8.2 Drug-related consumer and provider arrests made by Tasmania Police

8.2.1 Ecstasy

Figure 8.2.1: Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 2008/09-2017/18

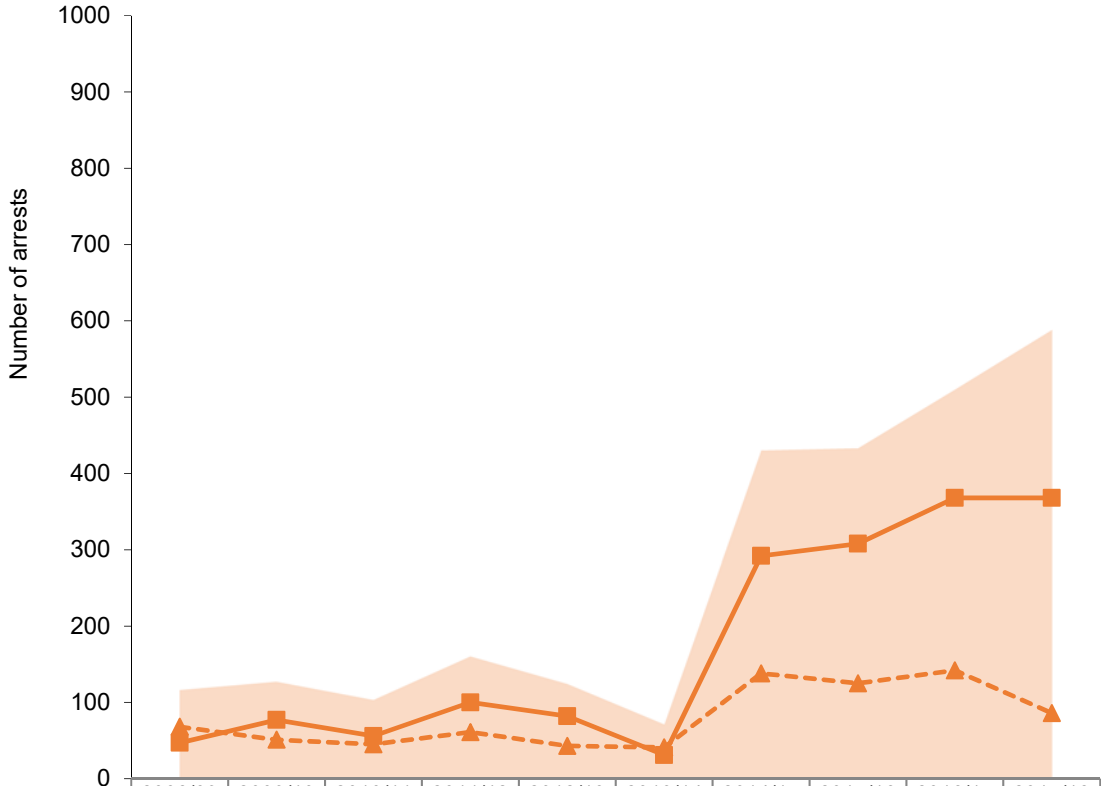


	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Total arrests	45	42	9	4	3	6	27	132	64	69
Consumer arrests	22	22	6	3	2	4	13	40	36	24
Provider arrests	22	20	3	1	1	2	14	26	28	21

Source: State Intelligence Services, Tasmania Police, 2008-2018
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

8.2.2 Methamphetamine

Figure 8.2.2: Consumer and provider arrests for methamphetamine and related substances, 2008/09-2017/18

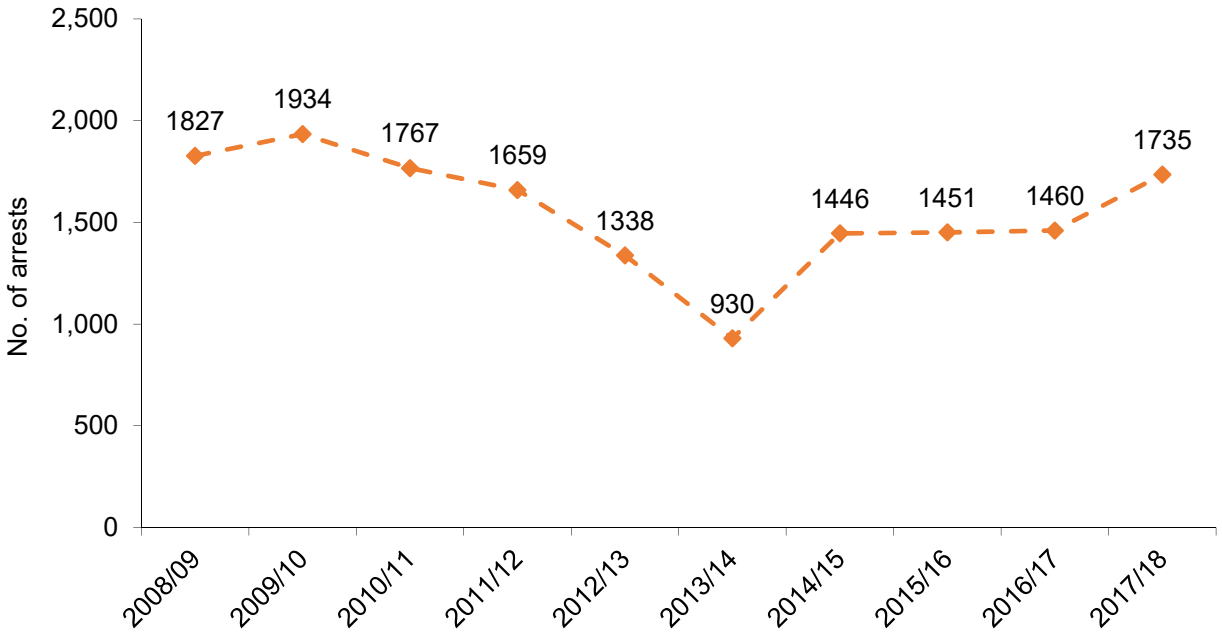


	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Total arrests	117	128	104	161	125	72	430	433	510	588
Consumer arrests	47	77	56	100	82	31	292	308	368	368
Provider arrests	68	51	45	61	43	41	138	125	142	86

Source: ACIC, 2008-2018
Note: Cases relate to both arrest and summons charges. 'Consumer' refers to persons charged with use-type offences (e.g., possession, administration), while 'provider' refers to persons charged with supply-type offences (e.g., supply, cultivation or manufacture). Where a person has been charged with multiple offences, that person is only counted once. The sum of consumer and provider arrests may not equal total arrests due to missing data.

8.2.3 Cannabis

Figure 8.2.3: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2007/08-2017/18



Source: ACIC, 2008-2018

8.2.4 Cocaine

Table 8.2.1: Consumer and provider arrests for cocaine, 2008/09-2017/18

Arrests (n)	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	**2017 /18**
Consumer	1	1	0	1	1	0	2	6	7	**3**
Provider	0	2	1	1	1	1	4	3	2	**2**
Total	1	3	1	2	2	1	6	9	9	**14**

Source: ACIC, 2008-2018

8.2.5 Hallucinogens

Table 8.2.2: Consumer and provider arrests for hallucinogens, 2008/09-2017/18

Arrests (n)	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	**2017 /18**
Consumer	2	7	6	1	0	3	6	8	8	**16**
Provider	0	1	2	2	3	1	4	1	2	**9**
Total	2	8	8	3	3	4	10	9	10	**26**

Source: ACIC, 2008-2018