Tasmanian Drug Trends

Key findings from the Illicit Drug Reporting System (IDRS) Interviews

IDRS

TASMANIAN DRUG TRENDS 2018: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACIC	Australian Criminal Intelligence Commission
ADIS	Alcohol and Drug Information Service
AGDH	Australian Government Department of Health
AIDS	Auto-immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
AUDIT	Alcohol Use Disorders Identification Test
DPFEM	Department of Police, Fire & Emergency Management
DPIPWE	Department of Primary Industries, Parks, Water and Environment
EDRS	Ecstasy & related Drug Reporting System
GP	General Practitioner
HIV	Human immunodeficiency virus
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
K10	Kessler 10 Psychological Distress Scale
MDMA	3,4-Methylenedioxymethamphetamine
N	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NGO	Non-government organisations
NHS	National Health Survey
NMDS	National Minimum Data Set (for Alcohol and Drug Treatment Services)
NSP	Needle and Syringe Program(s)
NSW	New South Wales
OFT	Oral fluid test
OP	Oxycontin Perdue
OST	Opioid Substitution Therapy
OTC	Over-the-counter
PWID	People who inject drugs
SCRAs	Synthetic cannabinoid receptor agonists
SD	Standard deviation
SDS	Severity of Dependence Scale
TASPOL	Tasmania Police
UNSW	University of New South Wales

EXECUTIVE SUMMARY

 **Background and methods**	The Illicit Drug Reporting System is an annual, national project designed to monitor data associated with the use of heroin, cocaine, methamphetamine and cannabis, 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 inject 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 needle and syringe program, 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 inject drugs at least once a month were interviewed. IDRS participants are typically in their late 30s-early 40s, predominantly male, and not currently employed. They have typically completed Year 10 and six in ten have technical qualifications. Half have a prison history; and less than half are currently involved in drug treatment (typically opioid substitution treatment). These demographics have been largely consistent over IDRS survey waves, with the exception of increasing age. On average, participants were injecting several times per week, with one third injecting every day. More than half nominated an opioid as their drug of choice and drug most often injected. One third nominated methamphetamines as drug most often injected, predominantly crystal methamphetamine. The rate of participants nominating methamphetamine (and crystal form in particular) as the drug most often injected, has increased over the past 5 years. Detailed patterns of recent drug use demonstrate that participants are polysubstance consumers, with most participants using both stimulant and depressant drugs. In terms of very frequent use (weekly or more often), three-quarters of participants smoked cannabis, half used pharmaceutical opioids and half used methamphetamines at this frequency. It is important to note that participants are deliberately selected to represent people that are heavily engaged in injecting 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 inject drugs.

Meth-amphetamine

- Around 4 in 5 participants had used any form of methamphetamine in the last 6 months, at a median frequency of 34 of the last 180 days. These rates are not significantly different to rates in the 2017 survey
- One third of participants considered methamphetamine to be their drug of choice. One half of the sample used weekly or more frequently in the last 6 months.
- Crystal form methamphetamine was the form most commonly used. Use of powder form methamphetamine has steadily declined in the past 5 years, and use of the base/paste form is now very uncommon.
- 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:* Powder form methamphetamine was used by one fifth of participants, at a median of 6 occasions in the past 180 days, typically using 0.2g per session and injecting. The proportion of participants reporting recent use, and the frequency of this use has been declining in the past 5 years.
- *Price:* Participants reported most commonly paying $50 per point (~0.1g) of powder methamphetamine; these are a return to typical prices over the past decade after some indications of an increase in 2017.
- *Purity:* Half of consumers in 2018 rated powder methamphetamine purity as 'low'. There has been an ongoing trend toward reducing subjective purity of methamphetamine powder over the past 5 years.
- *Availability:* Consistent with declining trends in use of this form, availability appears to be declining in recent years, with only 7 in 10 consumers perceiving it as 'easy' to 'very easy' to access in 2018, compared with around 90% in 2014 and prior.

Crystal

- *Use:* Crystal form methamphetamine was used by three-quarters of participants, at a median of 30 occasions in the past 180 days, typically using 0.1g per session. While the drug was typically injected, one-quarter of these participants had (also) recently smoked crystal methamphetamine.
- *Price:* Crystal purchases were split, at either $50 or $100 per point (~0.1g) for this form; this suggests some decline in prices in comparison to recent years.
- *Purity:* Consumer subjective reports of crystal methamphetamine purity have remained stable over the past three years, typically considered 'medium' or 'high' by two-thirds of consumers. This is a decrease from levels in 2011-2013 where two-thirds considered purity as 'high'.
  Availability: Consistent with trends in use, availability has been perceived as increasing, with all consumers considering it at least easily accessed, and 7 in 10 considering it as 'very easy' to access; this is a substantial increase from reports prior to 2014, where one-third to one-half of consumers considered it difficult to access.

Health effects

- As per trends identified in 2015 - 2017, around half of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug, but only half of these were currently involved in treatment, and this was typically opioid substitution therapy, which is not efficacious in the treatment of methamphetamine dependence.

Opioids

- Overall, rates of opioid use among IDRS participants has remained relatively stable between 2015 and 2018 following a notable decline from previous rates. This is also apparent in needle and syringe program data
- Among recent opioid consumers contributing to the IDRS, almost three quarters screened positive for likely opioid dependence, and two thirds of these individuals were currently involved in drug treatment.

Morphine

- *Use:* The proportion of IDRS participants reporting morphine use in the past 6 months has substantially declined from 2009 (81%) and 2018 (47%) surveys, despite a similar proportion of the sample regarding morphine as their drug of choice. The median frequency of use was greater among the 2017 and 2018 participants than over the past decade. MS Contin remains the form most commonly used, and respondents typically inject 60-80mg when they use.
- *Price:* Since 2009, all forms of morphine have robustly been sold at $1 per mg
- *Availability:* Three quarters of consumers who recently used morphine regarded it as 'easy' or 'very easy' to access in 2018. This is in keeping with the past decade.

Oxycodone

- *Use:* The proportion of IDRS participants reporting oxycodone use in the past 6 months has substantially declined from 2010 (60%) and 2018 (28%) studies, despite a similar proportion of the sample regarding opioids as their drug of choice. Oxycodone was not frequently used in 2018, at a median of 9 of the past 180 days, and 9% of the sample used it weekly or more frequently.
- The 'tamper resistant' OP OxyContin formulation was the most commonly used form, most commonly injected. Use of the non-'tamper resistant' generic oxycodone formulation continues to be low, and it was uncommon for participants to report this as the oxycodone form most frequently used.
- *Price:* Prior to the introduction of the 'tamper-resistant' OxyContin reformulation, these tablets were purchased at $1 per mg. In 2015 and 2016, the reformulated OxyContin tablets were sold at around $0.5 per mg. In 2017 and 2018, reformulated OxyContin had returned to purchase prices of $1 per mg
- *Availability:* There appears to have been a decline in oxycodone availability between 2017 and 2018: in 2018 one third of recent consumers reported it to be 'easy' or 'very easy' to access, compared to two thirds of consumers in 2015-2017.

Methadone

- *Use:* Nearly one third of IDRS participants in 2018 reported recent use of illicit - non-prescribed physeptone tablets, with one in four reporting recent illicit - non-prescribed methadone syrup use. These rates are a substantial decline since 2009 where half the sample reported recent use of each form, despite around two thirds of the participants each year reporting opioids as their drug of choice. On average, illicit - non-prescribed methadone use was infrequent (6-10 days of the last 180).
- *Price:* Physeptone tablets have been purchased for $2 per mg over the past 5 years.
- *Availability:* Methadone has been considered difficult to access over the past 5 years.

Buprenorphine

- *Use:* Illicit - non-prescribed use of buprenorphine remains uncommon among IDRS participants.

Cannabis

- In 2018, four-fifths of participants reported using cannabis recently. Most used multiple times per week.
- Daily smoking rates had been declining over the past 5 years however in 2018 there was a significant *increase* in daily smoking among cannabis consumers (62% in 2018; 40% in 2017).
- While most used both indoor and outdoor cultivated cannabis, indoor has increasingly been the predominant form used (90% of smokers in 2018 predominantly using indoor cultivated cannabis).
- 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.
- Over the past decade, Tasmania police typically make more than 2000 cannabis seizures per annum. In 2017/18 approximately 220kg of cannabis was seized, which is relatively consistent with seizures in the previous two years (<200kg per annum).

Outdoor cultivated cannabis

- *Price:* Participants reported most commonly paying $25 per gram of outdoor cultivated cannabis and $75 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years.
- *Purity:* Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 5 years.
- *Availability:* The majority regarded this as 'easy' or 'very easy' to access.

Indoor cultivated cannabis

- *Price:* Participants reported most commonly paying $25 per gram of indoor cultivated cannabis and $100 per quarter-ounce (7g). The prices for quarter ounce purchases are higher than 2016 and 2017 though similar to the typical price over the past 10 years.
- *Purity:* Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2018, 5 in 10 considered it 'high' and 3 in 10 considered it as 'medium'. Over the past decade, the proportion of consumers considering indoor cultivated cannabis as 'high' in potency has slowly declined (66% in 2009).
- *Availability:* The majority regarded this as 'easy' to 'very easy' to access. In keeping with use, indoor cultivated cannabis appears slightly easier to access than outdoor cultivated cannabis, a situation that has been consistent since 2011.

 **Cocaine**	*Use* • In 2018, around 1 in 10 participants reported using cocaine, at a median frequency of three times in the past 180 days. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade. This is also apparent in data from the Tasmanian needle and syringe program. • Typically, participants snorted less than half a gram of the drug when they used. • Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year. *Price, Purity* • Because cocaine use has been so uncommon and infrequent, too few IDRS participants have been able to report on purchase prices or purity for reliable trends to be determined (<5 per annum). This situation has remained unchanged over the past 5 IDRS surveys. *Availability* • The low level of use of cocaine is clearly suggestive of low availability of the drug locally. However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than the last decade (average 20 seizures, 77g per annum in 2015/17-2017/18 compared with 2 seizures, 24g per annum over the 2007/08-2013/14).
 **Heroin**	*Use* • One-sixth of the participants nominated heroin as their drug of choice Just 9% of participants reported using heroin in the past 6 months, and this was infrequent, with 3% using it weekly or more. • These low rates of use are consistent with other indicators, with 1% of people accessing primary needle and syringe program outlets nominating heroin as the drug they are about to inject and past year heroin use being less than 1% in Tasmanian general population surveys • These patterns of low levels of use, despite strong interest in the drug, have remained consistent over the past decade. *Price* • Because heroin use has been so infrequent, too few IDRS participants have been able to report on purchase prices for reliable trends to be determined. *Purity* • 2018 IDRS participants mostly reported heroin to be of ‘medium’ purity *Availability* • Consistent with low rates of heroin use despite a high preference for opioids in the sample, the majority of those reporting recent use considered heroin difficult or very difficult to access in 2018. This is broadly in keeping with trends in the past decade.

 **Benzo-diazepines**	• Two-thirds of the IDRS participants reported recent use of benzodiazepines in 2018. This level of use has been stable over the past 4 years, but is a sustained reduction from levels seen earlier in the decade (79% in 2009). • In 2017 and 2018, there was a substantial decline in the median frequency of benzodiazepine use (140-150 of the last 180 days in 2013-2016 participants; 94 of the past 180 days in 2018 participants) reflecting lower rates of chronic daily benzodiazepine prescriptions in these participants. • These points relate to both licit - prescribed and illicit - non-prescribed use of benzodiazepines. • Illicit - non-prescribed use of alprazolam has been consistently low in the past four years (22% in 2018), but remains the benzodiazepine most commonly injected (9% in 2018). • Approximately 3% of the Tasmanian adult population are estimated to have used benzodiazepines for non-medical purposes in the past year.
 **Alcohol**	• Approximately two-thirds of the IDRS participants reported recent alcohol consumption in 2018. This was, on average, infrequent (12 of the past 180 days), with one third of these participants drinking weekly or more frequently, and one in seven of these engaging in very heavy (6 or more standard drinks) weekly or more.
 **Tobacco**	• Among IDRS participants, smoking remains very common, with almost all (97%) participants recently smoking cigarettes in 2018. • Despite reductions in smoking rates earlier in the decade, almost all participants were daily smokers. • Use of nicotine e-cigarettes remains uncommon, with 16% of participants reporting recent but very infrequent use.
 **Prescription Stimulants**	• Approximately one quarter of participants reported recent use of prescription stimulants. This is similar to levels in the past few years but represents a sustained decline from rates over the past decade (35-42% in 2009-2012). • Use of prescription stimulants is infrequent, on average on 5 occasions in the previous 180 days. Methylphenidate was more commonly used than dexamphetamine.
 **New Psychoactive Substance Use**	• Seven percent of the IDRS participants reported recently using a drug that they believed was a novel psychoactive substance. This is a slightly lower rate to that seen in the past five years. • The new psychoactive substances most commonly reported were from the stimulant or psychedelic class, rather than synthetic cannabinoids or psychedelics. • No participants reported use of opioid-class or cannabinoid NPS.

 **Injecting risk behaviours and harms**	• Two percent of the 2018 PWID participants reported using another person's used syringe in the past six months; and one fifth reused their own injecting equipment. Reuse typically occurred between once and five times, and typically related to 1mL syringes. • The rates of report of most recent injection being in a high-risk site (groin, neck) was reported by 6% in 2018, which is slightly lower than 2016 and 2017 but consistent with the remainder of the previous decade • Two-thirds of participants reported injection-related problems in the preceding month, typically non-serious issues including scarring, bruising or problems injecting. These rates have remained similar over the past 5 IDRS samples
 **Mental health**	• Half of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2018, almost 2/3 of those reporting a mental health problem had attended a mental health professional; this is a reduction from rates in 2013 and 2014 where three-quarters had accessed mental health treatment • While these mental health problems typically related to high-prevalence conditions such as anxiety and depression; psychoses and traumatic stress conditions were reported in particularly high rates (17% and 25% of those with mental health conditions respectively) • Using a validated measure of psychological distress, more than half of the IDRS sample 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)
 **Overdose**	• In 2018, two percent of the 2018 PWID participants experienced a non-fatal overdose on pharmaceuticals in the previous year • In 2016, the Tasmanian rate of opioid overdoses was equivalent to the rate nationally (~45 per million)
 **Drug Treatment**	Since 2013/14 there have been approximately 3,300 closed treatment presentations per annum. In this time the proportion of cases with methamphetamine as a principal drug of concern has steadily increased (11% in 2013/14 to 24% in 2016/17). The proportion of cases relating to cannabis as a principal substance has declined in this time (30% in 2013/14 to 21% in 2016/17). The majority of treatment episodes in Tasmania (38%) continue to relate to alcohol.
 **Driving Risk**	• In 2018, only 40% of participants had driven a vehicle in the past six months; of these, nearly two-thirds had driven soon after consuming illicit - non-prescribed substances. These rates are slightly lower to those seen over the past 5 IDRS surveys • The proportion of drivers in the IDRS sample that had experienced roadside drug testing in the previous six months has substantially increased, from 13% in 2013 to 34% in 2018

1 INTRODUCTION

In 1998, the National Drug and Alcohol Research Centre (NDARC) was commissioned by the Commonwealth Department of Health and Family Services (now the Australian Government Department of Health) (AGDH) to begin a national trial of the Illicit Drug Reporting System (IDRS), following a successful pilot study of the project's methods in New South Wales in 1996 and in the following years a multi-state trial in New South Wales, South Australia and Victoria. Subsequently, funding has been provided for IDRS data collection in all Australian states and territories since 1999, initially by the National Drug Law Enforcement Research Fund (NDLERF) (2000-05) and subsequently the Australian Government Department of Health.

The intention of the IDRS is to provide a coordinated approach to the monitoring of trends associated with the use of methamphetamine, opioids, cannabis and cocaine, in order that this information can act as an early indicator of emerging trends in illicit - non-prescribed drug use. Additionally, the IDRS aims to be timely and sensitive enough to signal the existence of emerging problems of national importance rather than to describe phenomena in detail; instead, providing direction for issues that may require more detailed data collection, or are important from a policy perspective.

The full IDRS methodology involves a triangulated approach to data collection on drug trends, involving standardised surveys of people who regularly inject illicit drugs, and an examination of existing available data sources or indicators relevant to drug use in each state.

The 2018 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using these methods. The methods are intended to complement and supplement each other, with each having its various strengths and limitations. Results are summarized by drug type to provide the reader with an abbreviated picture of illicit drug usage in Hobart and recent trends. 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 at http://ndarc.med.unsw.edu.au.

1.1 Study aims

The specific aim of the Tasmanian component of the IDRS is to: i) monitor the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis; and ii) identify emerging trends in illicit - non-prescribed drug markets in Australia that require further investigation.

2 METHOD

The IDRS is essentially a convergent validity study, where information from two main sources, each with its own inherent advantages and limitations, is compiled and compared to determine drug trends. The two components of the IDRS are a survey of people who regularly inject illicit drugs (PWID, or alternatively referred to as 'consumers'), and an examination of existing indicator data on drug-related issues. Details of each dataset are provided below. Previous work with the IDRS methodology has found that people who regularly inject drugs are an informative sentinel group for detecting illicit drug trends due to their high exposure to many types of illicit drugs. This group also has first-hand knowledge of the price, purity and availability of illicit drugs. The collection and analysis of existing drug use indicator data provides quantitative contextual support for the drug trends detected by the PWID surveys.

Data sources complemented each other in the nature of the information they provided, with information from the three sources used to determine whether there was convergent validity for detected trends, and the most reliable or 'best' indicator of a particular trend used when summarising such trends. Findings from the 2018 Tasmanian IDRS are also compared with findings from the previous Tasmanian studies to determine any changes in drug trends over time.

2.1 Survey of people who inject drugs (PWID)

The PWID survey was conducted during May-June 2018, and consisted of face-to-face interviews with 100 people who regularly injected illicit drugs. Inclusion criteria for participation in the study were that the individual must have injected at least once monthly in the six months prior to interview, and have resided in Hobart for the past twelve months or more. Participants were recruited using a variety of methods, including advertisements distributed through Needle and Syringe Program (NSP) outlets, and health services, and snowball methods (recruitment of friends and associates through word of mouth). Participants were interviewed at places convenient to them, such as health services and NSP outlets. Two agencies – Anglicare (Hobart and Glenorchy site) and Department of Health and Human Services Eastern Shore NSP assisted the researchers by providing support as recruitment and interview sites for IDRS participants. The major locations for recruitment and subsequent interview were Hobart city, Glenorchy, and the Eastern Shore (Rosny).

A standardised interview schedule used in previous IDRS research was administered to participants. The interview schedule contained sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking, health and general changes in drug use. Participants were screened for eligibility both by referring staff members of the recruitment sites and the interviewers, the latter through a series of questions designed to elicit participants' knowledge of injecting drug use practice. Both the University of New South Wales and the Tasmanian Social Sciences Human Research Ethics Committee granted ethical approval for the survey (approval H0007853 for the Tasmanian Committee). Participants were provided with an information sheet describing the interview content prior to commencement (subsequent to screening), allowing them to make an informed decision about their involvement. Information provided was entirely confidential, and participants were informed they were free to withdraw from participation without prejudice or to decline to answer any questions if they so wished. Interviews generally lasted between 50 and 60 minutes, and participants were reimbursed $AUD40 for their time and out-of-pocket expenses.

Full details of the methods for the annual interviews are available for download.

2.2 Other indicators

To complement and validate data collected from the survey, a range of secondary data sources was examined, including health, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should be available at least annually, include 50 or more cases, provide brief details of illicit drug use, be collected in the main study site (Hobart or Tasmania for the current study), and include details on the four main illicit drugs under investigation (heroin, cannabis, cocaine and methamphetamine). However, due to the relatively small size of the illicit drug-using population in Tasmania (in comparison to other jurisdictions involved in the IDRS), 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 attention is drawn to relevant data limitations in the text. Data sources that fulfil the majority of these criteria and have been included in this report are outlined below.

2.2.1 Needle and Syringe Program data

The Needle and Syringe Program (NSP) has been operating in Tasmania since the introduction of the *HIV/AIDS Preventive Measures Act* in 1993. Staff record the number of needle/syringes ordered from all outlets participating in the program (around 90 outlets); and for participating non-pharmacy outlets (Anglicare Hobart, Glenorchy, and Burnie; Eastern Shore Needle and Syringe Program and Clarence GP Superclinic; Bridgewater Community Centre, Salvation Army Launceston; Youth Family and Community Corrections Devonport), data are collected regarding sex, age, equipment shared since last visit, last drug used, and disposal methods for each client transaction. The data provided represent responses from 18,795 occasions of service in these seven sites (denominator based on number of cases identified from reported drug type) in the 2017/18 financial year.

There has also been some inconsistency between outlets in the wording of questions asked of clients, most notably in the question regarding substance used (the majority of services ask 'what is the drug you most often inject?' while some find that asking 'what is the drug you are about to inject?' more useful for health intervention purposes) and in regards to differing participant age categories adopted across sites, which may impede clear comparisons of trends across years for this dataset.

2.2.2 The 2001, 2004, 2007, 2010, 2013 and 2016 National Drug Strategy Household Surveys

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 illicit 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.

2.2.3 Police and Justice Department data

Tasmania Police State Intelligence Services, the Australian Criminal Intelligence Commision (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.

2.2.4 Coronial findings on illicit - non-prescribed drug-related fatalities

In previous IDRS reports, overdose-related fatalities data from 1998 to the present (provided by the Australian Bureau of Statistics, ABS) have been presented. The ABS has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS), and in 2006 the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. This data is subject to a revision process: preliminary data is released and then two successive revisions are published at 12 month intervals. Data through to 2016 (Roxburgh, Dobbins, Degenhardt, Peacock, 2018) is available in interactive data cubes at https://drugtrends.shinyapps.io/Deaths/.

2.2.7 Tasmanian alkaloid poppy crop data

Tasmania has had a commercial opiate alkaloid industry for many years, where farmers are licensed to grow the poppy (*Papaver somniferum*) for production of codeine and related products by pharmaceutical companies. The Tasmanian Government has international obligations under the United Nations Convention on Narcotic Drugs to ensure licensing of crops, and that there is limited diversion, as some of the poppy strains grown can be converted into opium. Data on diversion rates of Tasmanian poppy crops are obtained directly from the Poppy Advisory and Control Board of the Tasmanian Justice Department or via the Department of Primary Industries, Parks, Water and Environment (DPIPWE), as they are a useful indicator of potential illicit use of opium or poppy tar (DPIPWE Annual Report, 2018).

3 DEMOGRAPHICS

3.1 Overview of the PWID sample

 Demographics Key Points	• IDRS participants are typically in their late 30s-early 40s, predominantly male, and not currently employed. They have typically completed year 10 and six in ten have technical qualifications. Half have a prison history; and less than half are currently involved in drug treatment (typically opioid substitution treatment). [Table 3.1] • These demographics have been largely consistent over IDRS survey waves, with the exception of increasing age. • Participants are deliberately selected to represent people that are heavily engaged in injecting drug use – they do not represent the profile of all PWID.

Table 3.1.1: Demographic characteristics of the PWID sample

Characteristic	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Mean age (range)	38 (19-64)	41 (27-62)	41 (19-55)	41 (21-60)	**42 (24-68)**
Sex (% male)	65	63	61	60	**63**
Aboriginal and/or Torres Strait Islander (%)	10	15	16	18	**17**
Sexual orientation (%):					
Heterosexual	97	96	93	91	**89**
Bisexual	2	0	3	8	**7**
Gay or lesbian	1	4	4	1	**4**
Other	1	0	0	0	**0**
English speaking (%)	100	100	100	100	**100**
Accommodation					
Own/rented (%)	80	87	77	82	**75**
Live with family (%)	11	3	5	6	**8**
Boarding house[#] (%)	6	7	9	4	**6**
No fixed address (%)	3	3	8	8	**11**
School education (mean no. years, range)	10 (6-12)	10 (5-12)	10 (6-12)	10 (6-12)	**10 (6-12)**
Tertiary education (%):					
None	41	45	44	42	**36**
Trade/technical	49	52	51	49	**59**
University/college	11	3	5	9	**5**
Employment (%)					
Not employed/on a pension	75	84	85	80	**88**
Full-time	6	2	2	3	**0**
Part-time/casual	8	8	6	7	**10**
Home duties	6	4	2	2	**0**
Student	1	1	4	5	**1**
Work and Study	0	0	1	1	**1**
Annual income (%)					
$1-7,799	4	0	1	1	**4**
$7,800-12,999	11	8	5	8	**6**
$13,000-20,799	35	46	33	36	**34**
$20,800-31,199	37	36	48	45	**47**
$31,200-41,599	7	7	8	3	**6**
$41,600-$51,999	2	0	4	2	**2**
$52,000+	3	2	1	4	**1**
Currently in drug treatment (%)	45	55	57	44	**45**
Methadone	32	36	35	27	**24**
Buprenorphine	10	15	16	14	**18**
AOD Counselling	1	4	3	3	**2**
Detoxification	0	0	0	0	**1**
Therapeutic community/ rehab	1	0	0	0	**0**
Narcotics Anonymous	0	0	0	0	**0**
Other	1	0	2	0	**0**
Previous prison conviction (%)	41	48	42	50	**48**

Source: IDRS PWID interviews

[#] includes hostel/refuge

4 CONSUMPTION PATTERNS

4.1 Drug use history and current drug use

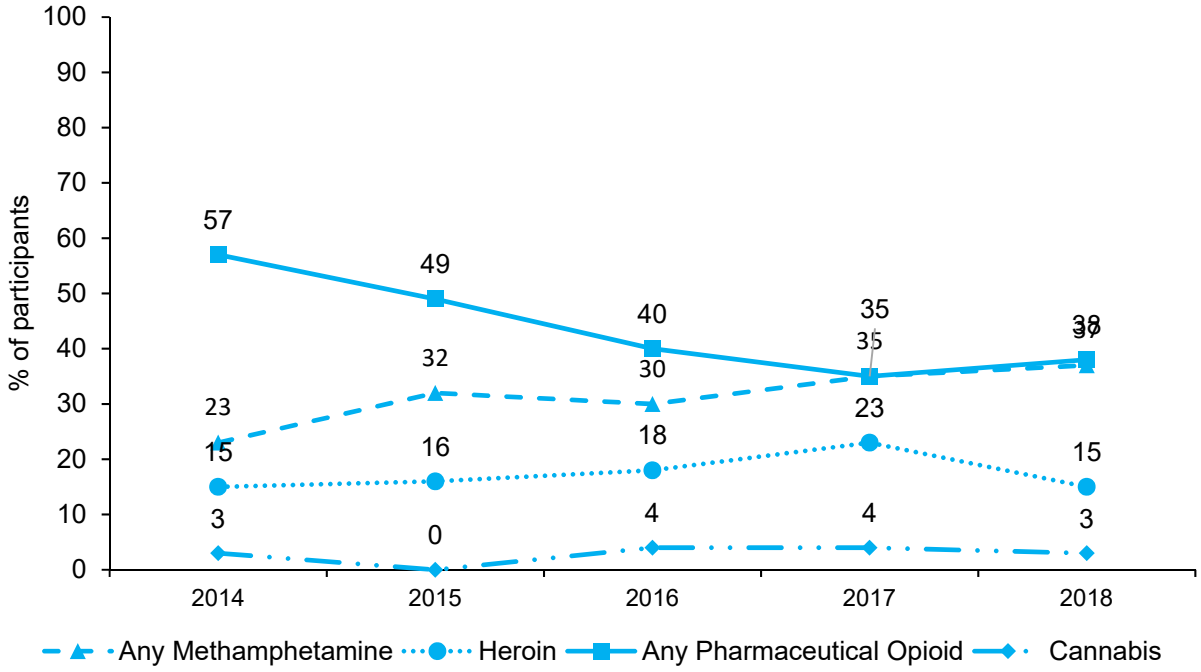
 Current use Key Points	• On average, participants were injecting several times per week, with one third injecting every day. • More than half nominated an opioid as their drug of choice and drug most often injected. One third nominated methamphetamines as drug most often injected, predominantly crystal methamphetamine. The rate of participants nominating methamphetamine (and crystal form in particular) as the drug most often injected, has increased over the past 5 years. [Table 4.1.1] • Detailed patterns of recent drug use [Table 4.1.2] demonstrate that participants are polysubstance consumers, with most participants using both stimulant and depressant drugs. • In terms of very frequent use (weekly or more often), three-quarters of participants smoked cannabis, half used pharmaceutical opioids and half used methamphetamines at this frequency. [Figure 4.1.2]

Table 4.1.1: Injection history and drug preferences, 2014-18

Variable	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Mean age first injection (range)	20 (11-60)	21 (10-55)	20 (9-47)	21 (13-57)	**21 (11-53)**
Drug of choice (%)					
Heroin	15	16	18	23	**15**
Cocaine	0	0	0	0	**0**
Methamphetamine (any form)	23	32	30	35	**37**
Powder (speed)	*9*	*23*	*12*	*18*	***17***
Base	*0*	*0*	*0*	*0*	***0***
Crystal (ice)	*14*	*9*	*18*	*17*	***20***
Methadone	24	19	11	13	**8**
Morphine	24	26	22	20	**24**
Oxycodone	3	2	3	0	**4**
Fentanyl	0	0	0	0	**1**
Other Pharmaceutical Opioid	0	0	0	0	**1**
Cannabis	3	0	4	4	**3**
Ecstasy	0	0	2	0	**0**
Alcohol	0	0	0	0	**0**
Drug injected most often in last month (%)					
Heroin	0	0	2	1	**2**
Cocaine	0	0	0	0	**0**
Methamphetamine (any form)	22	39	36	39	**45**
Powder (speed)	*14*	*16*	*8*	*3*	***2***
Base	*0*	*0*	*0*	*0*	***0***
Crystal (ice)	*8*	*23*	*28*	*36*	***43***
Methadone	24	21	26	24	**14**
Morphine	40	29	23	29	**30**
Buprenorphine	7	7	5	3	**2**
Oxycodone	4	1	2	0	**1**
Frequency of injecting in last month (%)					
Weekly or less	17	24	26	17	**12**
More than weekly, but less than daily	47	51	50	48	**53**
Once per day	20	15	6	23	**21**
2-3 times a day	16	9	12	6	**14**
>3 times a day	0	0	5	1	**0**
Location of last injection (%)					
Private home	85	94	92	88	**88**
Public toilet	7	2	1	4	**4**
Car	8	3	6	6	**6**
Street/park or beach	0	1	1	2	**2**

Source: IDRS PWID interviews

Figure 4.1.1: Drug of choice within the Tasmanian IDRS PWID cohort, 2014-2018



Source: IDRS PWID interviews

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

Drug Class	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Heroin Used last 6 months Median days used last 6 months (range)	13 3 (1-180)	5 3 (1-30)	7 15 (2-86)	15 10 (1-90)	**8** **12 (3-180)**
Homebake heroin Used last 6 months Median days used last 6 months (range)	2 47 (3-90)	1 5 (5)	3 3 (3)	8 7 (1-100)	**4** **6 (2-24)**
Any heroin (inc. homebake) Used last 6 months Median days used last 6 months (range)	*14* *3 (1-180)*	*6* *4 (1-30)*	*9* *15 (2-86)*	17 14 (1-104)	**9** **14 (2-180)**
Methadone (licit - prescribed) Used last 6 months Median days used last 6 months (range)	32 98 (20-180)	33 180 (48-180)	34 180 (7-180)	25 180 (18-180)	**25** **180 (6-180)**
Methadone (illicit –non-prescribed) Used last 6 months Median days used last 6 months (range)	35 12 (1-90)	20 11 (1-72)	23 12 (1-94)	29 12 (1-180)	**10** **12 (2-90)**
Physeptone (licit - prescribed) Used last 6 months Median days used last 6 months (range)	3 4 (2-180)	1 1 (1)	3 168 (12-180)	3 180 (48-180)	**0** **-**
Physeptone (illicit – non-prescribed) Used last 6 months Median days used last 6 months (range)	38 6 (1-180)	29 5 (1-72)	32 6 (1-72)	32 10 (1-48)	**30** **6 (1-52)**
Any methadone (inc. Physeptone) Used last 6 months Median days used last 6 months (range)	*55* *90 (1-180)*	*47* *178 (1-180)*	*55* *148 (1-180)*	*49* *160 (1-180)*	***49*** ***48 (1-180)***
Buprenorphine (licit - prescribed) Used last 6 months Median days used last 6 months (range)	4 30 (1-180)	6 180 (90-180)	11 168 (1-180)	10 168 (1-180)	**9** **173 (3-180)**
Buprenorphine (illicit non-prescribed) Used last 6 months Median days used last 6 months (range)	11 4 (1-180)	13 3 (1-180)	10 15 (1-90)	9 5 (1-90)	**11** **4 (1-180)**
Any Buprenorphine (exc. bup/nalox) Used last 6 months Median days used last 6 months (range)	*15* *12 (1-180)*	*18* *34 (1-180)*	*19* *72 (1-180)*	*19* *30 (1-180)*	***18*** ***75 (1-180)***
Bup/naloxone tablets (licit - prescribed) Used last 6 months Median days used last 6 months (range)	3 2 (1-90)	0 -	n/a -	n/a -	n/a -
Bup/naloxone tablets (illicit – non-prescribed) Used last 6 months Median days used last 6 months (range)	6 9 (1-180)	3 24 (3-120)	n/a -	n/a -	n/a -
Any Buprenorphine-naloxone tablets Used last 6 months Median days used last 6 months (range)	*9* *6 (1-180)*	*3* *24 (3-120)*	n/a -	n/a -	n/a -
Bup/naloxone film (licit - prescribed) Used last 6 months Median days used last 6 months (range)	10 89 (1-180)	10 180 (60-180)	5 180 (150-180)	8 83 (7-180)	**11** **90 (55-180)**
Bup/naloxone film (illicit – non-prescribed) Used last 6 months Median days used last 6 months (range)	11 3 (1-180)	12 9 (1-160)	7 48 (4-90)	14 2 (1-60)	**12** **12 (1-180)**
Any Buprenorphine-naloxone film Used last 6 months Median days used last 6 months (range)	*19* *48 (1-180)*	*20* *120 (1-180)*	*12* *75 (4-180)*	*20* *5 (1-180)*	***20*** ***100 (55-180)***

Table 4.1.2: Proportion of PWID reporting recent drug use, 2014-2018 (continued)

Drug Class	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Morphine (licit - prescribed) Used last 6 months Median days used last 6 months (range)	4 15 (3-60)	5 180 (180)	2 93 (5-180)	3 180 (4-180)	**3** **180 (48-180)**
Morphine (illicit – non-prescribed) Used last 6 months Median days used last 6 months (range)	71 44 (1-180)	47 48 (1-180)	51 32 (1-180)	42 65 (2-180)	**47** **60 (1-180)**
Any Morphine Used last 6 months Median days used last 6 months (range)	*71* *48 (1-180)*	*48* *48 (1-180)*	*51* *40 (1-180)*	*44* *80 (2-180)*	***48*** ***65 (1-180)***
Generic Oxycodone (licit - prescribed) Used last 6 months Median days used last 6 months (range)			0 -	0 -	**1** **48 (48)**
Generic Oxycodone (illicit) Used last 6 months Median days used last 6 months (range)			7 6 (1-36)	10 5 (1-60)	**9** **12 (1-180)**
OP Oxycodone (licit - prescribed) Used last 6 months Median days used last 6 months (range)			0 -	1 180 (180)	**2** **114 (48-180)**
OP Oxycodone (Illicit) Used last 6 months Median days used last 6 months (range)			18 4 (1-180)	16 5 (1-90)	**17** **10 (1-36)**
Other Oxycodone (licit - prescribed) Used last 6 months Median days used last 6 months (range)	7 30 (1-180)	1 32 (32)	1 n/r	0 -	**1** **2 (2)**
Other Oxycodone (illicit – non-prescribed) Used last 6 months Median days used last 6 months (range)	47 6 (1-180)	27 5 (1-120)	10 3 (1-6)	13 2 (1-60)	**10** **3 (1-30)**
Any Oxycodone Used last 6 months Median days used last 6 months (range)	*49* *6 (1-180)*	*28* *6 (1-120)*	*28* *4 (1-180)*	*29* *3 (1-180)*	***30*** ***12 (1-180)***
Fentanyl (any) Used last 6 months Median days used last 6 months (range)	2 46 (2-90)	1 10 (10)	4 2 (1-40)	2 8 (1-14)	**0** **-**
Over-the-counter codeine Used last 6 months Median days used last 6 months (range)	13 24 (2-180)	24 12 (1-90)	34 11 (1-180)	27 7 (2-180)	**23** **7 (23-180)**
Other types of opioids Used last 6 months Median days used last 6 months (range)	24 20 (2-180)	17 13 (2-180)	21 12 (1-180)	26 8 (1-180)	**26** **25 (1-180)**
Powder methamphetamine/speed Used last 6 months Median days used last 6 months (range)	50 11 (1-180)	49 12 (1-170)	33 6 (1-180)	30 4 (1-180)	**22** **6 (1-180)**
Base/point/wax methamphetamine Used last 6 months Median days used last 6 months (range)	19 12 (1-75)	9 6 (2-72)	4 11 (1-180)	3 3 (2-3)	**2** **4 (4-24)**
Ice/shabu/crystal methamphetamine Used last 6 months Median days used last 6 months (range)	54 6 (1-180)	58 18 (1-170)	73 24 (1-180)	65 15 (1-180)	**76** **30 (1-180)**
Amphetamine liquid Used last 6 months Median days used last 6 months (range)	4 12 (1-45)	3 1 (1-6)	1 24 (24)	3 7 (2-25)	**0** **-**
Any form methamphetamine Used last 6 months Median days used last 6 months (range)	*70* *18 (1-180)*	*72* *23 (1-180)*	*75* *31 (1-180)*	*69* *20 (1-180)*	***78*** ***34 (1-180)***

Table 4.1.2: Proportion of PWID reporting recent drug use, 2014-2018 (continued)

Drug Class	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Pharm. stimulants (licit - prescribed)					
Used last 6 months	2	2	0	1	**0**
Median days used last 6 months (range)	100 (20-180)	13 (1-24)	-	90 (90)	**-**
Pharm. stimulants (illicit – non-prescribed)					
Used last 6 months	34	25	26	16	**23**
Median days used last 6 months (range)	10 (1-180)	12 (1-72)	8 (1-96)	5 (1-90)	**5 (1-40)**
Any form pharmaceutical stimulants					
Used last 6 months	*35*	*26*	*26*	*17*	***23***
Median days used last 6 months (range)	*10 (1-180)*	*12 (1-160)*	*8 (1-96)*	*5 (1-90)*	***5 (1-40)***
Cocaine					
Used last 6 months	8	2	6	11	**11**
Median days used last 6 months (range)	2 (1-6)	8 (1-15)	2 (1-3)	2 (1-14)	**3 (1-24)**
Hallucinogens					
Used last 6 months	13	8	14	6	**10**
Median days used last 6 months (range)	2 (1-40)	1 (1-8)	2 (1-180)	2 (1-2)	**2 (1-48)**
Ecstasy					
Used last 6 months	20	7	15	14	**10**
Median days used last 6 months (range)	2 (1-30)	2 (1-4)	1 (1-26)	2 (1-20)	**4 (1-20)**
Alprazolam (licit - prescribed)					
Used last 6 months	4	3	2	2	**3**
Median days used last 6 months (range)	126 (6-180)	180 (3-180)	91 (2-180)	66 (2-130)	**90 (90-180)**
Alprazolam (illicit – non-prescribed)					
Used last 6 months	36	21	21	23	**22**
Median days used last 6 months (range)	4 (1-150)	5 (1-180)	5 (1-168)	4 (1-36)	**4 (1-100)**
Any alprazolam					
Used last 6 months	*39*	*24*	*23*	*25*	***23***
Median days used last 6 months (range)	*n/r*	*n/r*	*n/r*	*n/r*	***n/r***
Benzodiazepines (licit - prescribed) (excl. alprazolam)					
Used last 6 months	46	38	42	36	**33**
Median days used last 6 months (range)	180 (1-180)	180 (24-180)	168 (4-180)	168 (2-180)	**180 (7-180)**
Benzodiazepines (illicit – non-prescribed)(excl. alprazolam)					
Used last 6 months	48	45	49	36	**47**
Median days used last 6 months (range)	20 (1-180)	24 (1-180)	10 (1-180)	15 (1-180)	**12 (1-180)**
Any benzodiazepine **(excl. alprazolam)**					
Used last 6 months	*74*	*64*	*67*	*58*	***68***
Median days used last 6 months (range)	*n/r*	*n/r*	*n/r*	*n/r*	***n/r***
Any benzodiazepines					
Used last 6 months	*78*	*66*	*68*	*64*	***64***
Median days used last 6 months (range)	*180 (1-180)*	*140 (1-180)*	*150 (1-180)*	*65 (1-180)*	***93 (2-180)***
Seroquel (licit - prescribed)					
Used last 6 months	11	7	9	6	**10**
Median days used last 6 months (range)	180 (10-180)	180 (2-180)	180 (36-180)	172 (7-180)	**180 (90-180)**
Seroquel (illicit – non-prescribed)					
Used last 6 months	15	9	9	21	**15**
Median days used last 6 months (range)	5 (2-90)	5 (1-12)	8 (1-48)	2 (1-60)	**4 (1-180)**
Any Seroquel					
Used last 6 months	*24*	*14*	*17*	*27*	***25***
Median days used last 6 months (range)	*11 (2-180)*	*7 (1-180)*	*48 (1-180)*	*4 (1-180)*	***40 (1-180)***

Table 4.1.2: Proportion of PWID reporting recent drug use, 2014-2018 (continued)

Drug Class	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Steroids					
Used last 6 months	1	0	2	4	**3**
Median days used last 6 months (range)	n/r	-	49 (8-90)	10 (2-15)	**2 (1-180)**
Alcohol					
Used last 6 months	51	46	55	55	**64**
Median days used last 6 months (range)	6 (1-180)	10 (1-180)	11 (1-180)	10 (1-173)	**12 (1-180)**
Cannabis					
Used last 6 months	82	73	74	73	**81**
Median days used last 6 months (range)	180 (1-180)	170 (1-180)	168 (3-180)	168 (2-180)	**180 (2-180)**
Inhalants					
Used last 6 months	5	2	3	5	**4**
Median days used last 6 months (range)	12 (3-30)	3 (1-5)	1 (1-10)	7 (1-16)	**8 (1-72)**
Tobacco					
Used last 6 months	89	97	97	88	**97**
Median days used last 6 months (range)	180 (60-180)	180 (20-180)	180 (24-180)	180 (60-180)	**180 (2-180)**
E-cigarette					
Used last 6 months	16	26	13	17	**16**
Median days used last 6 months (range)	30 (1-180)	5 (1-180)	3 (1-24)	24 (2-180)	**4 (1-180)**
Novel psychoactive substance (NPS)					
Used last 6 months	20	15	9	16	**7**
Median days used last 6 months (range)	2 (1-90)	10 (1-180)	10 (1-90)	n/r	**n/r**
Synthetic cannabis					
Used last 6 months	3	2	1	5	**0**
Median days used last 6 months (range)	1 (1-48)	4 (1-6)	1 (1)	3 (2-7)	**-**
NPS that mimic amphetamine/cocaine					
Used last 6 months				9	**4**
Median days used last 6 months (range)				8 (1-20)	**2 (1-180)**
NPS that mimic opioids					
Used last 6 months				0	**0**
Median days used last 6 months (range)				-	**-**
NPS that mimic ecstasy/psychedelics					
Used last 6 months				5	**3**
Median days used last 6 months (range)				2 (1-3)	**4 (1-4)**

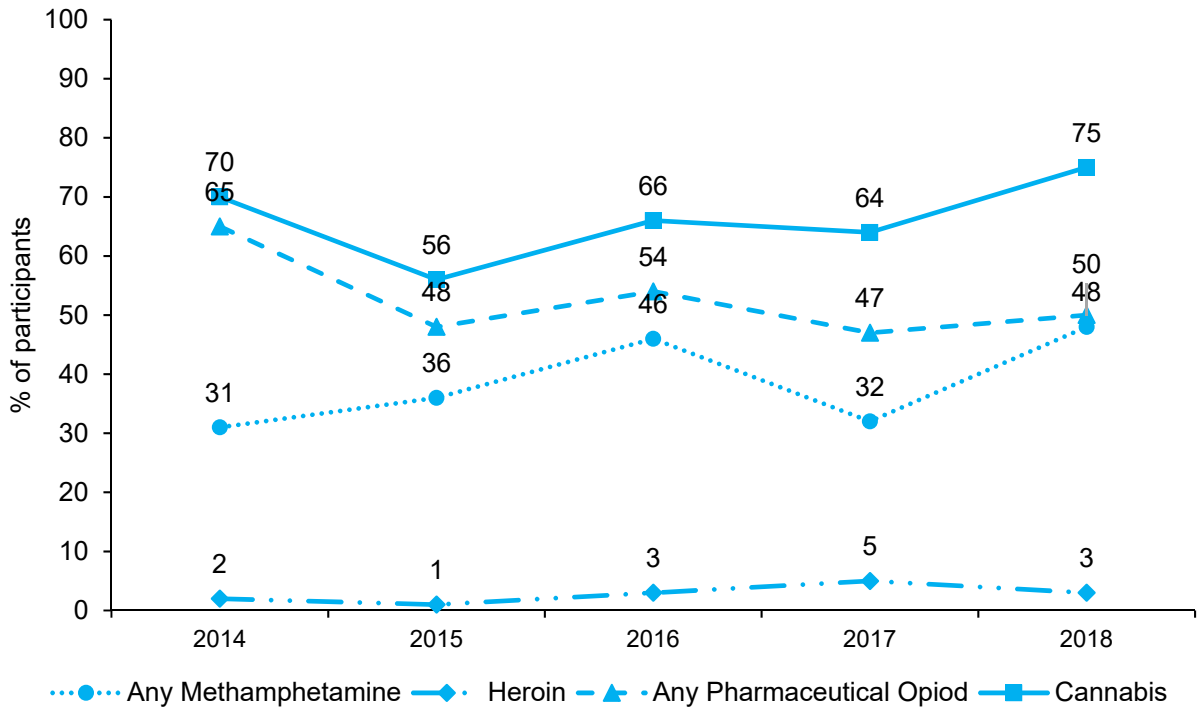
Source: IDRS PWID interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

***** Between 2014 and 2015, 'other oxycodone' refers to a combined total of generic, reformulated and other oxycodone use

n/r: this data was not reported; n/a: not assess

Figure 4.1.2: Drugs used weekly or more within the IDRS PWID cohort, Tasmania, 2014-2018



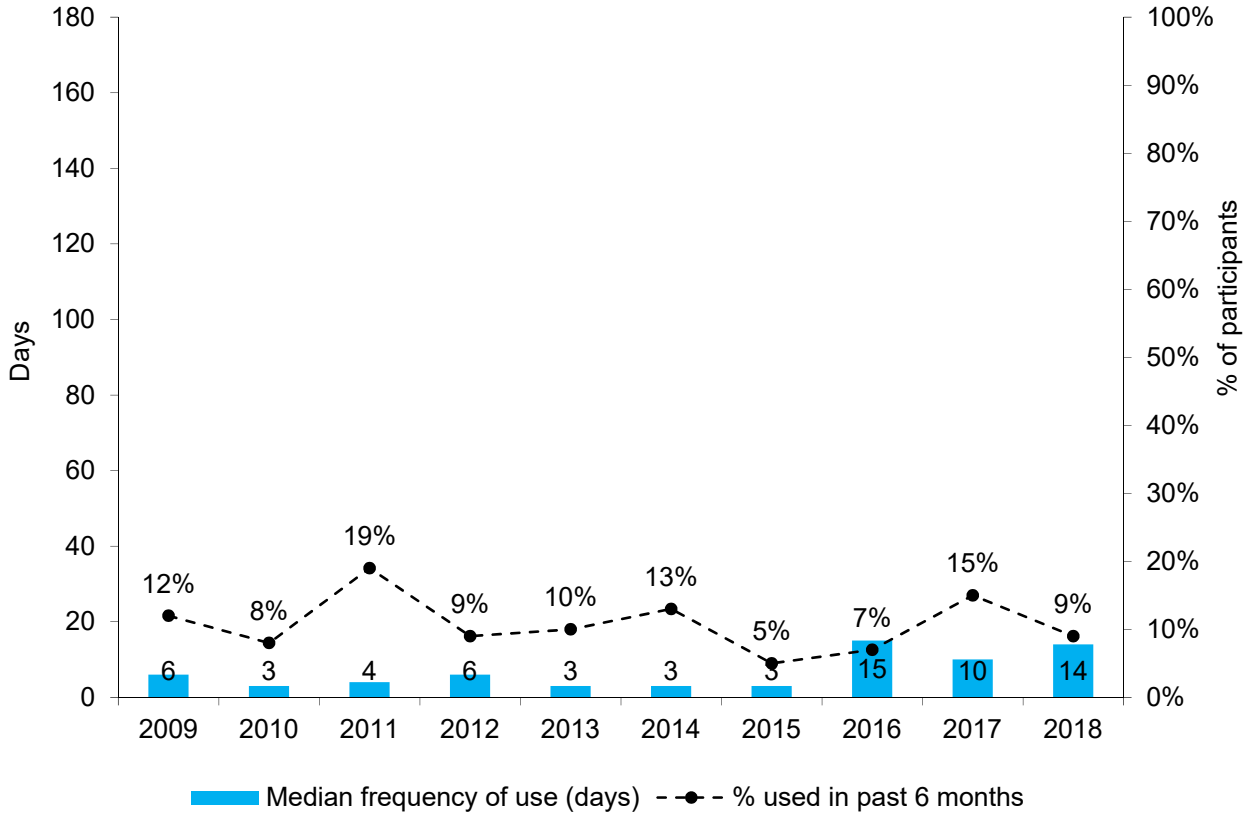
Source: IDRS PWID interviews

4.2 Heroin Use

Heroin use Key Points	• One-sixth of the participants nominated heroin as their drug of choice, but only two reported that this was the drug they had most often injected in the past 6 months. [Table 4.1] • Just 9% of participants reported using heroin in the past 6 months, and this was infrequent, with 3% using it weekly or more. [Figures 4.1.2 & 4.2.1] • These low rates of use are consistent with other indicators, with 1% of people accessing primary needle and syringe program outlets nominating heroin as the drug they are about to inject [Figure 4.2.3] and past year heroin use being less than 1% in Tasmanian general population surveys. [Figure 4.2.2] • These patterns of low levels of use, despite strong interest in the drug, have remained consistent over the past decade. [Figure 4.2.1]

4.2.1 Current patterns of heroin use

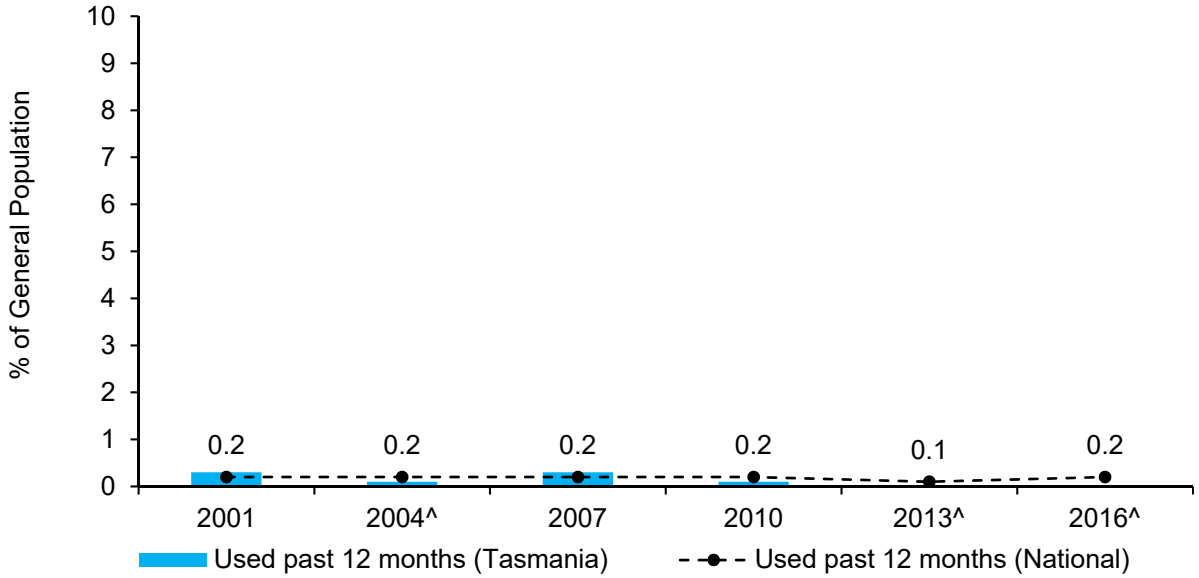
Figure 4.2.1: Prevalence and frequency of use of heroin in the preceding six months, 2009-2018



Source: IDRS PWID interviews

4.2.2 Prevalence of heroin use

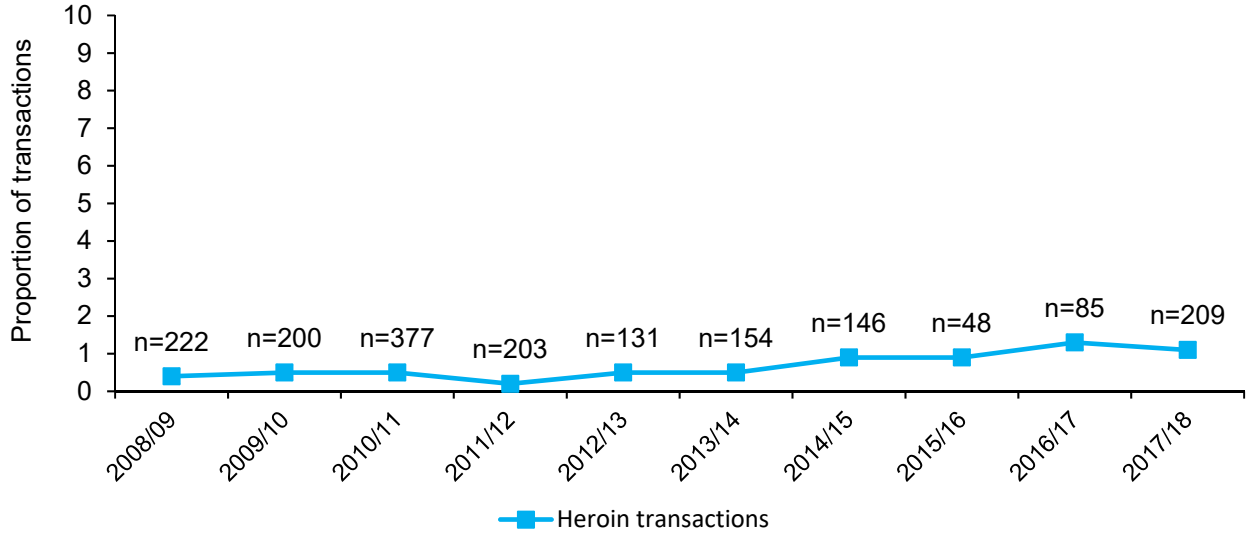
Figure 4.2.2: Prevalence of heroin use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016
^ In 2004, less than 0.1% of the Tasmanian sample reported recent use of heroin. In 2013 and 2016, the rate of the Tasmania sample reporting recent use of heroin was nil or rounded to zero. As such, only national rates are numerated in the figure

4.2.3 Heroin use among NSP clients

Figure 4.2.3: Proportion of heroin reported as 'drug about to inject' in transactions at Tasmanian non-pharmacy Needle and Syringe Program outlets, 2008/09-2017/18



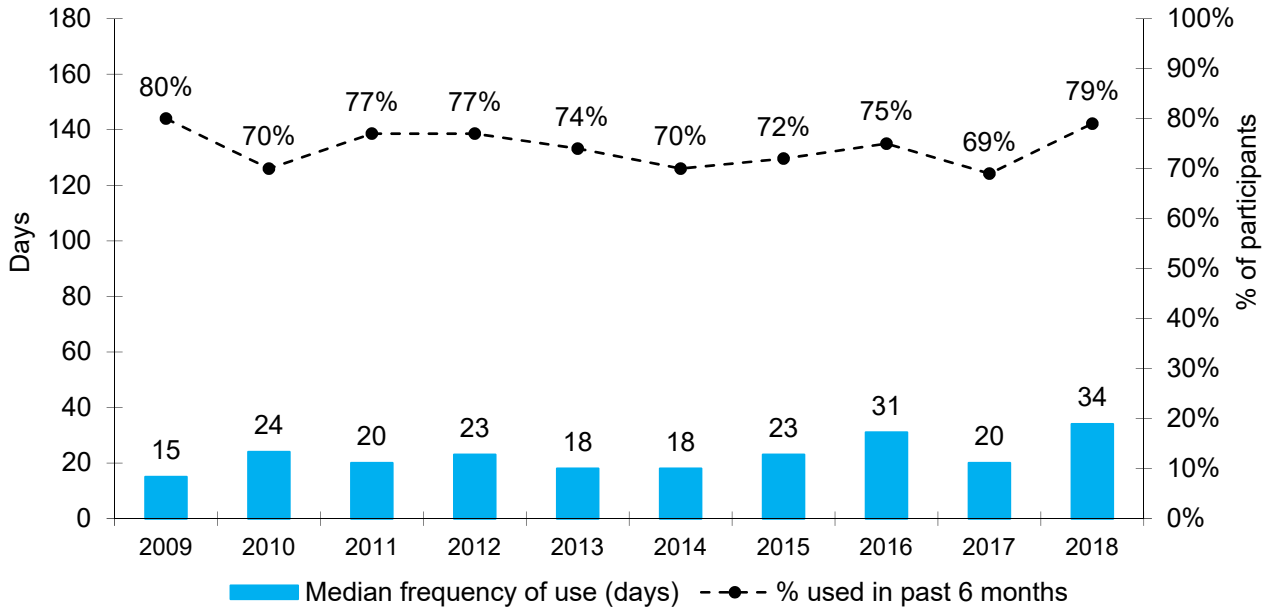
Source: Population Health, Department of Health and Human Services
*Data from 2016/17 is preliminary and based on a small number of sites

4.3 Methamphetamine Use

 Meth-amphetamine use Key Points	• Around 4 in 5 participants had used any form of methamphetamine in the last 6 months, at a median frequency of 34 of the last 180 days. These rates are not significantly different to rates in the 2017 survey and are consistent with levels of use in 2016. [Figure 4.3.1.1] • One third of participants considered methamphetamine to be their drug of choice. One half of the sample used methamphetamine weekly or more frequently in the last 6 months. [Figure 4.3.1.2] • Crystal form methamphetamine was the form most commonly used. Use of powder form methamphetamine has steadily declined in the past 5 years, and use of the base/paste form is now very uncommon. [Figures 4.3.1.3 and 4.3.1.4] • Powder form methamphetamine was used by one fifth of participants, at a median of 6 occasions in the past 180 days, typically using 0.2g per session and injecting. The proportion of participants reporting recent use, and the frequency of this use has been declining in the past 5 years. [Table 4.3.1] • Crystal form methamphetamine was used by three-quarters of participants, at a median of 30 occasions in the past 180 days, typically using 0.1g per session. While the drug was typically injected, one-quarter of these participants had (also) recently smoked crystal methamphetamine. [Table 4.3.1] • As per trends identified in 2015 - 2017, around half of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug, but only half of these were currently involved in treatment, and this was typically opioid substitution therapy, which is not efficacious in the treatment of methamphetamine dependence. [Table 4.3.2] • Past year methamphetamine use in the general Australian adult population has declined from 2.1% in 2013 to 1.4% in 2016; levels of use in Tasmania have followed the national trend but there is limited sensitivity to identify whether there is a clear reduction in use. [Figure 4.3.3]

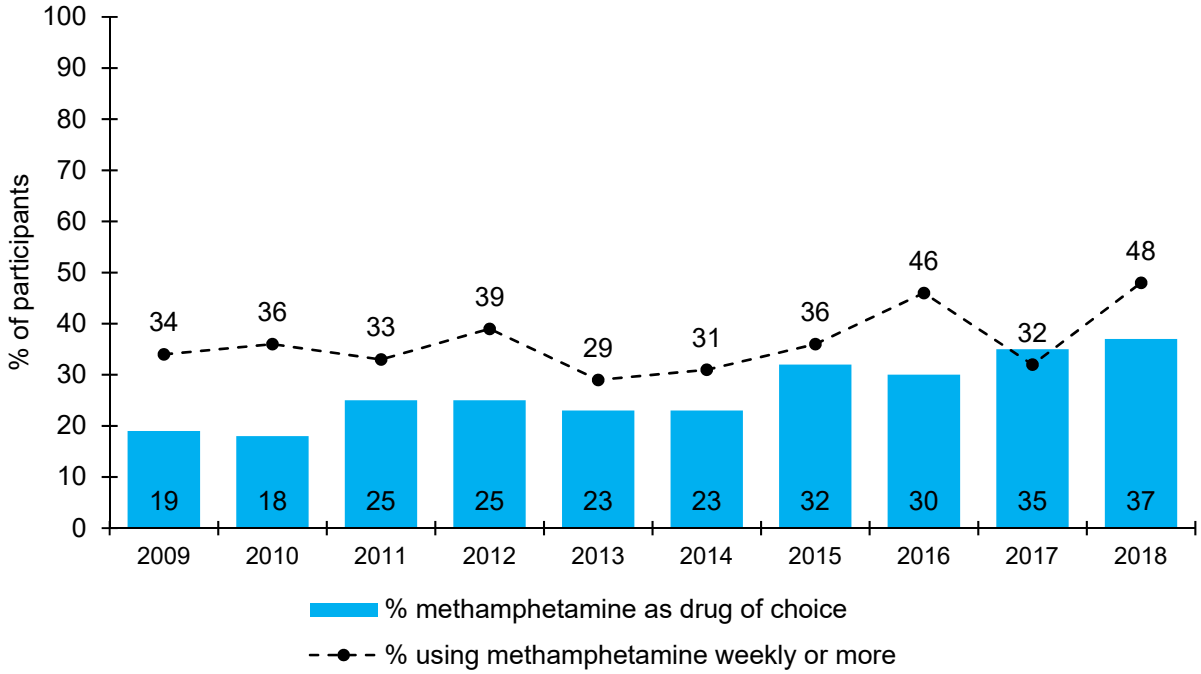
4.3.1 Current patterns of methamphetamine use

Figure 4.3.1.1: Prevalence and frequency of use of methamphetamine in the preceding six months among PWID, 2009-2018



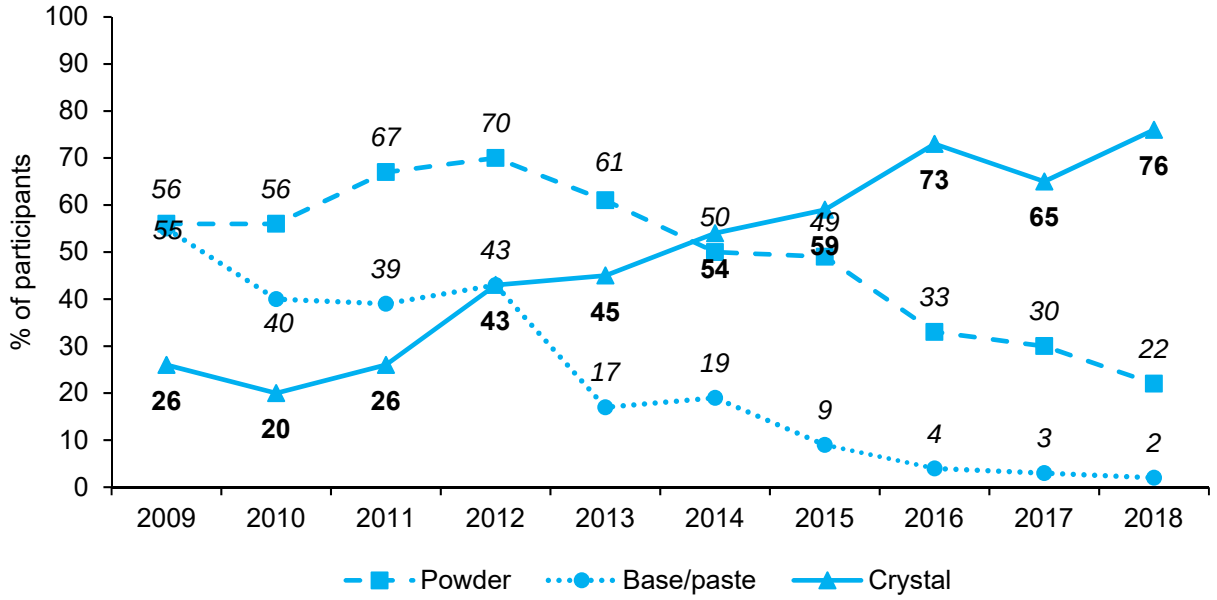
Source: IDRS PWID interviews

Figure 4.3.1.2: Proportion of PWID reporting methamphetamine as drug of choice and weekly or more methamphetamine use in the preceding six months, 2009-2018



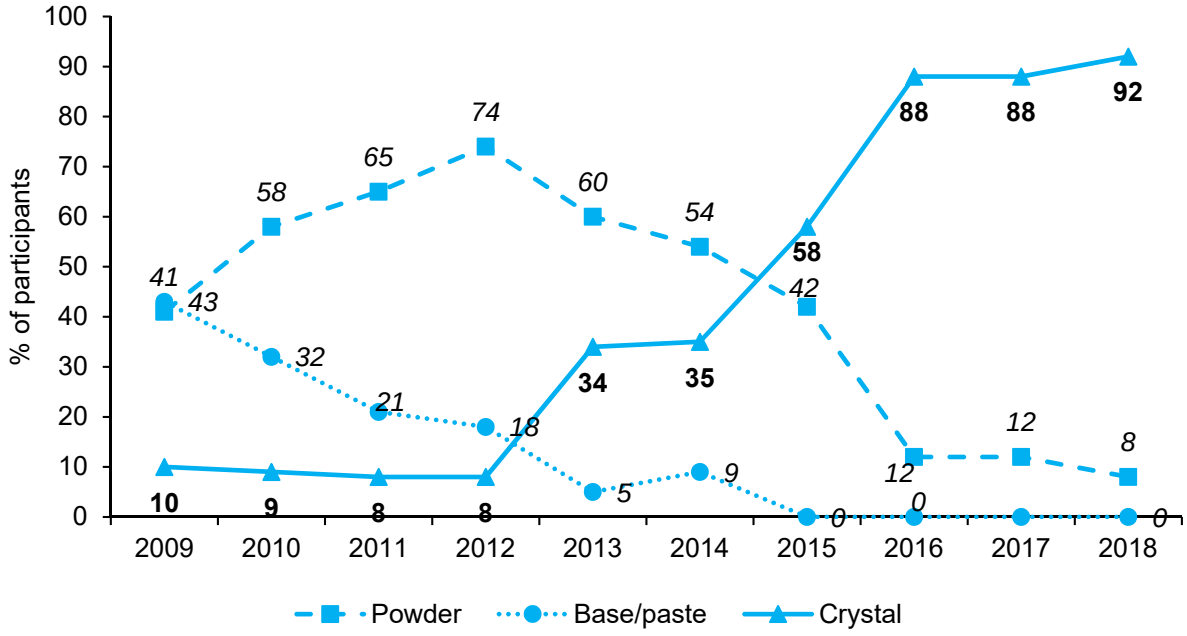
Source: IDRS PWID interviews

Figure 4.3.1.3: Proportion of PWID sample reporting use of each methamphetamine form in the past six months, 2009-2018



Source: IDRS PWID interviews

Figure 4.3.1.4: Forms of methamphetamine most often used among IDRS PWID participants that had recently used a form of methamphetamine, 2009-2018



Source: IDRS PWID interviews

Table 4.3.1: Patterns of methamphetamine (any form) use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Any use in last 6 months (%)	70	72	75	69	**79**
Median days used (range)	18 (1-180)	23 (1-180)	31 (1-180)	20 (1-180)	**34 (1-180)**
Methamphetamine powder					
Used in last 6 months (%)	50	49	33	30	**22**
Median days used (range)	11 (1-180)	12 (1-170)	6 (1-180)	4 (1-180)	**6 (1-180)**
Route (%)[#]					
Injected	98	100	97	100	**100**
Smoked	6	2	15	7	**14**
Snorted	6	2	12	3	**9**
Swallowed	6	0	9	7	**9**
Median points used in a typical session (range)			1.5 (.5-5) n=24	1 (.5-5) n=26	**2 (.5-5) n=21**
Methamphetamine base					
Used in last 6 months (%)	19	9	4	3	**2**
Median days used (range)	12 (1-75)	6 (2-72)	11 (1-180)	3 (2-3)	**2 (4-24)**
Route (%)[#]					
Injected	95	100	100	100	**100**
Smoked	0	11	25	0	**0**
Snorted	0	0	50	0	**0**
Swallowed	5	0	50	0	**0**
Median points used in a typical session (range)			2 (1.5-2.5) n=3	3 (1-5) n=2	**2 (1-3) n=2**
Methamphetamine crystal					
Used in last 6 months (%)	54	58	73	65	**76**
Median days used (range)	6 (1-180)	18 (1-170)	24 (1-180)	15 (1-180)	**30 (1-180)**
Route (%)[#]					
Injected	93	97	97	99	**99**
Smoked	15	20	38	20	**28**
Snorted	4	2	3	0	**3**
Swallowed	2	5	7	8	**11**
Median points used in a typical session (range)			1 (.5-3) n=63	1 (.5-7.5) n=64	**1 (.5-5) n=71**

Source: IDRS PWID interviews
[#]among those who had used in last six months

4.3.2 Self-reported symptoms of methamphetamine dependence

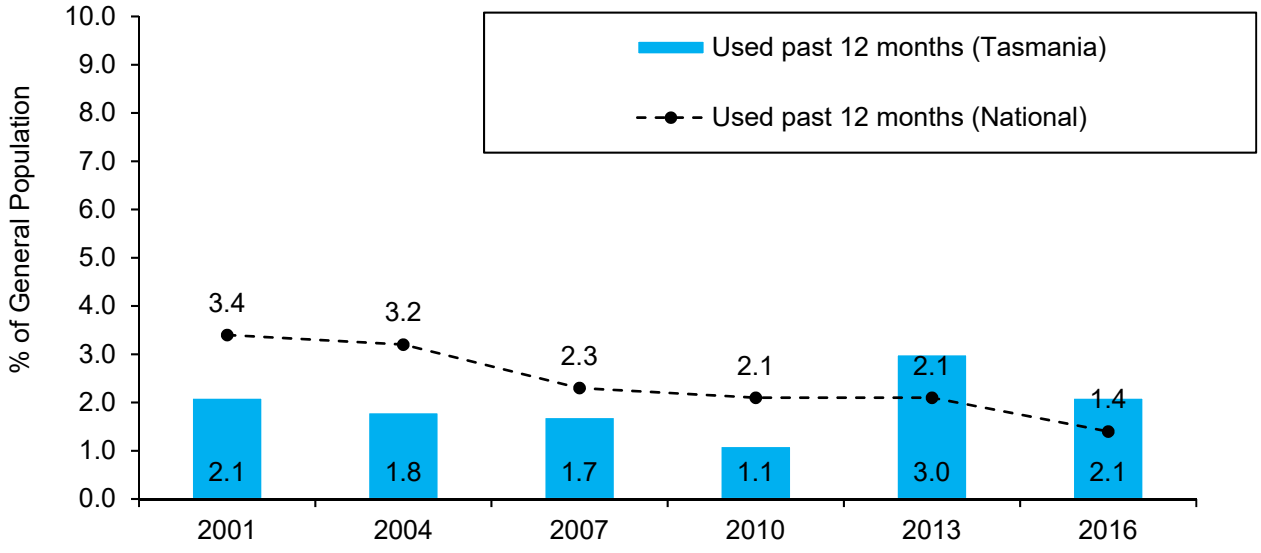
Table 4.3.2: Self-reported symptoms of methamphetamine dependence, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Recently used any methamphetamine	n=57	n=61	n=63	n=65	**n=76**
Median SDS score (range)	3 (0-14)	4 (0-14)	4 (0-13)	3 (0-14)	**3.5 (0-15)**
SDS score = 0 (no symptoms reported)	19 n=11	31 n=19	27 n=17	22 n=14	**32 n=24**
SDS score 4+ (screened as likely dependent)	46 n=26	51 n=31	51 n=32	49 n=32	**49 n=37**
Of those 4+ % in any drug treatment (inc OST)	27 n=7	48 n=15	63 n=20	44 n=14	**43 n=16**

Source: IDRS PWID interviews

4.3.3 Prevalence of methamphetamine use

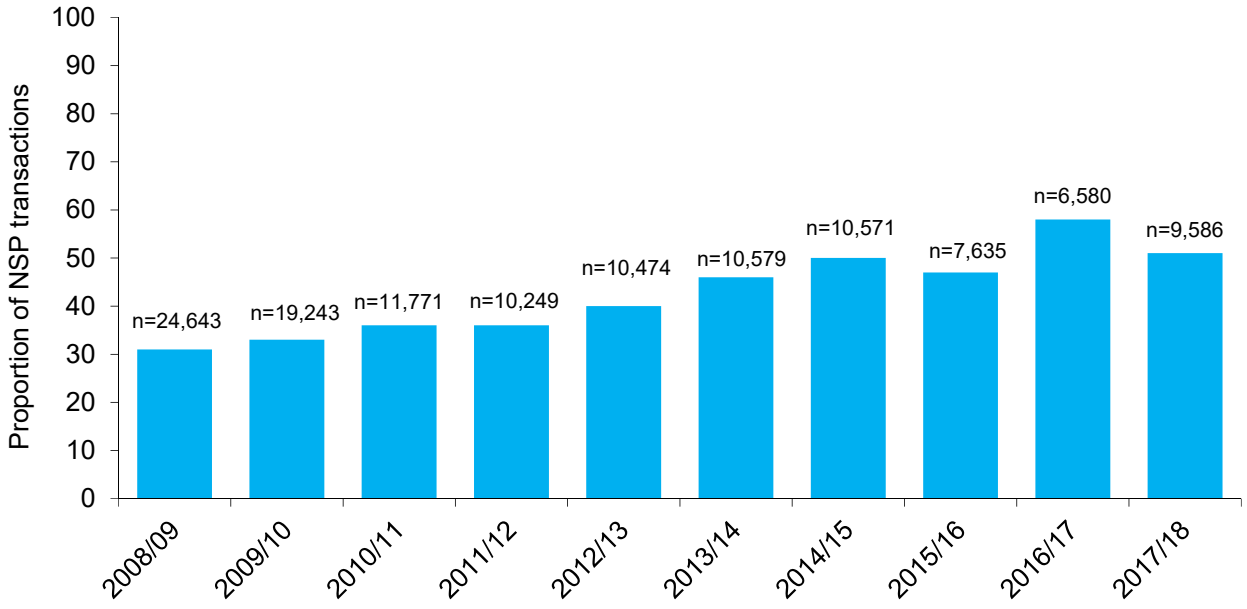
Figure 4.3.3: Prevalence of methamphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.3.4 Methamphetamine use among PWID

Figure 4.3.4: Proportion of Tasmanian non-pharmacy Needle and Syringe Program clients reporting methamphetamine as 'drug about to inject', 2008/09-2017/18



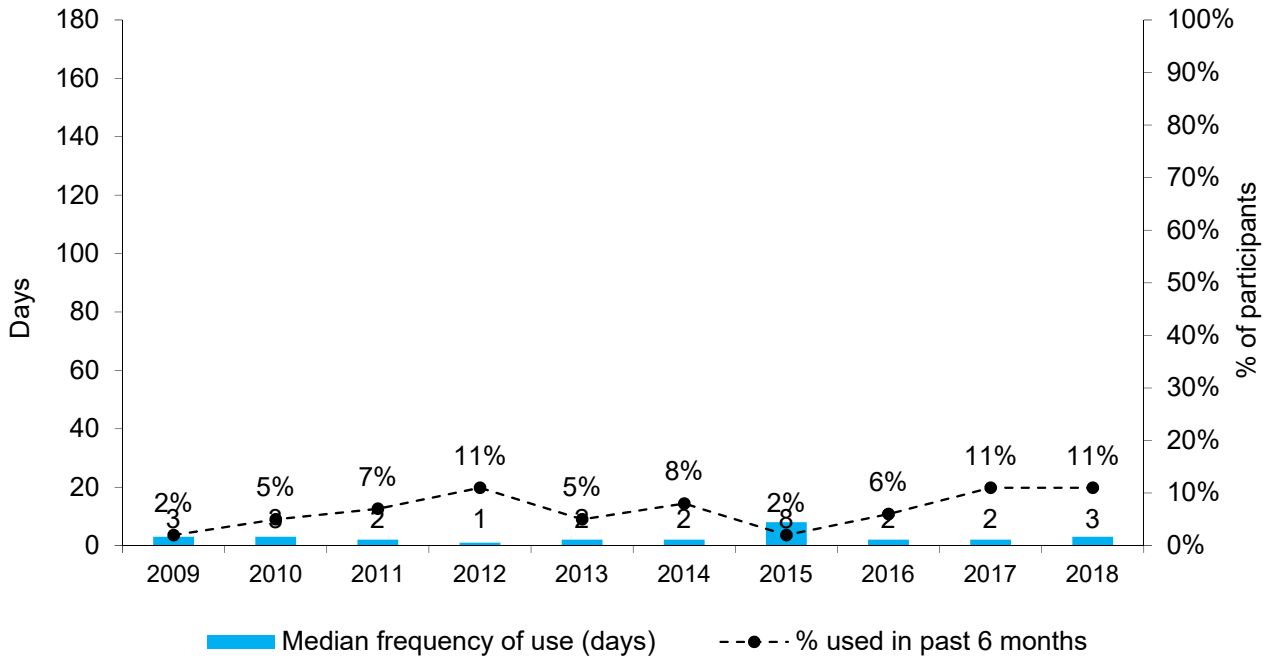
Source: Population Health, Department of Health and Human Services
Note: These figures include some estimated data for a number of services, based on average monthly client transactions, where data were missing. Data from 2016/17 is based on a small number of NSP sites; data from 2017/18 excludes any cases coded as amphetamine tablets (n=500).

4.4 Cocaine Use

Cocaine use Key Points	• In 2018, around 1 in 10 participants had reported using cocaine, at a median frequency of three times in the past 180 days. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade [Figure 4.4.1]. This is also apparent in data from the Tasmanian needle and syringe program [Table 4.4.3] • Typically, participants snorted volumes of less than half a gram of the drug when they used. [Table 4.4.1] • 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 Current patterns of cocaine use

Figure 4.4.1: Prevalence and frequency of cocaine use in the preceding six months, 2009-2018



Source: IDRS PWID interviews

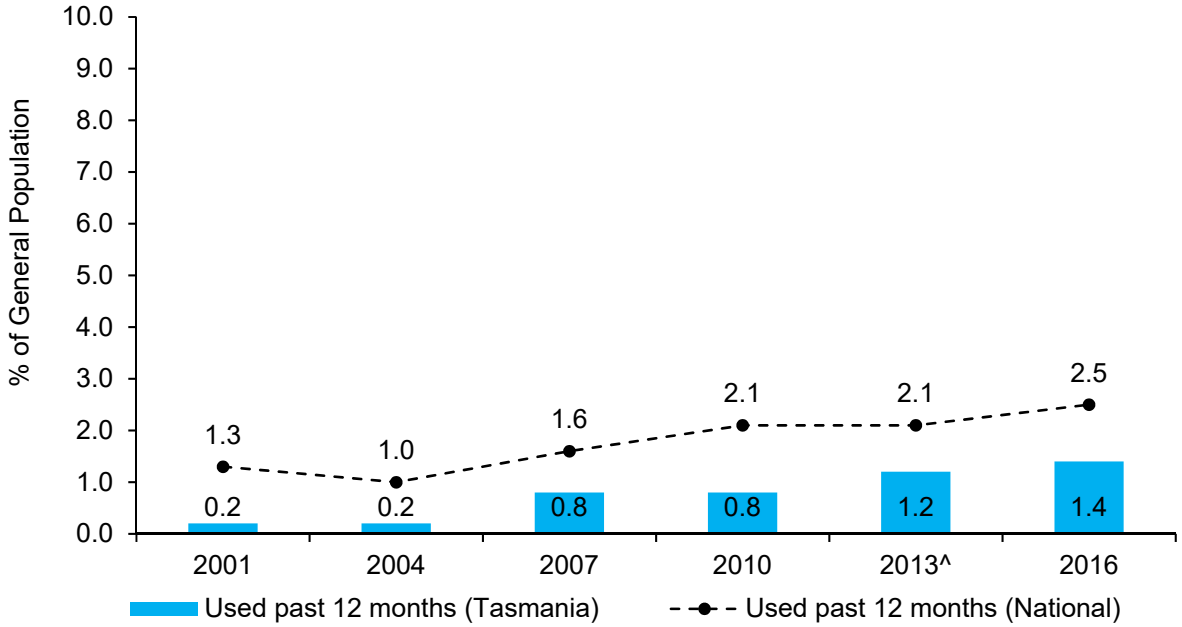
Table 4.4.1: Patterns of cocaine use over the preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used in last 6 months (%)	8	2	6	11	**11**
Median days used (range)	2 (1-6)	8 (1-15)	2 (1-3)	2 (1-14)	**3 (1-24)**
Route (%)[#]					
Injected	0	~	83	64	**27**
Smoked	0	~	0	0	**9**
Snorted	100	~	17	55	**73**
Swallowed	13	~	0	0	**0**
Median amounts used per session Grams typical (range)			.5 (.05-3) n=5	.2 (.1-1) n=9	**.3 (.05-1) n=8**

Source: IDRS PWID interviews
[#]among those who had used in last six months
~ not reported as n<5 cases

4.4.2 Prevalence of use

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



Source: National Drug Strategy Household Survey 2001-2016.
^ The 2013 Tasmanian estimate of past 12 month use has a very large standard error and is considered unreliable.

4.4.3 Cocaine use among PWID

Table 4.4.3: Percentage of Tasmanian non-pharmacy Needle and Syringe Program clients reporting cocaine as the 'drug about to inject', 2008/09-2017/18

Year	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	**2017/18**
Number of transactions reporting cocaine	16	36	19	18	33	47	40	18	4^	**4**
% of total transactions reporting cocaine	<0.1	0.1	<0.1	<0.1	<0.1	0.2	0.2	0.1	<0.1^	**<.01**

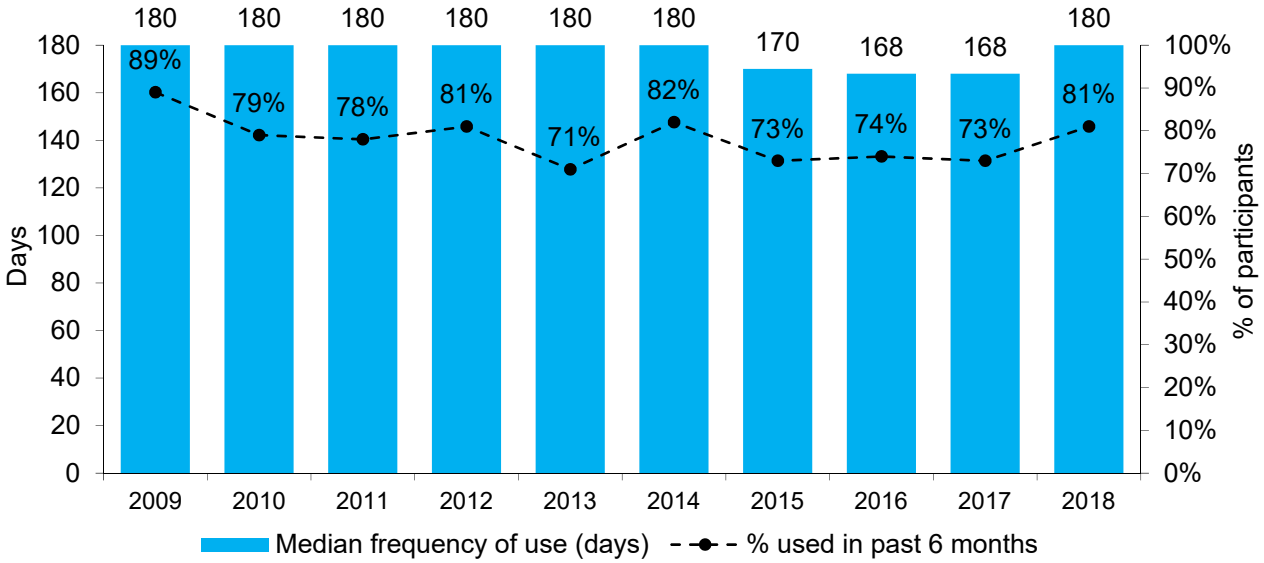
Source: Population Health, Department of Health and Human Services
^Data from 2016/17 based on a small number of sites

4.5 Cannabis

 Cannabis use Key Points	• In 2018, four-fifths of participants reported using cannabis recently. Most used multiple times per week. [Figure 4.5.1.1 and 4.5.1.2] • Daily smoking rates had been declining over the past 5 years however in 2018 there was a significant increase in daily smoking among cannabis consumers. (62% in 2018; 40% in 2017) [Table 4.5.1] • While most used both indoor and outdoor cultivated cannabis, indoor has increasingly been the predominant form used in recent years (90% of smokers in 2018 predominantly using indoor cultivated cannabis). [Table 4.5.1] • 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]

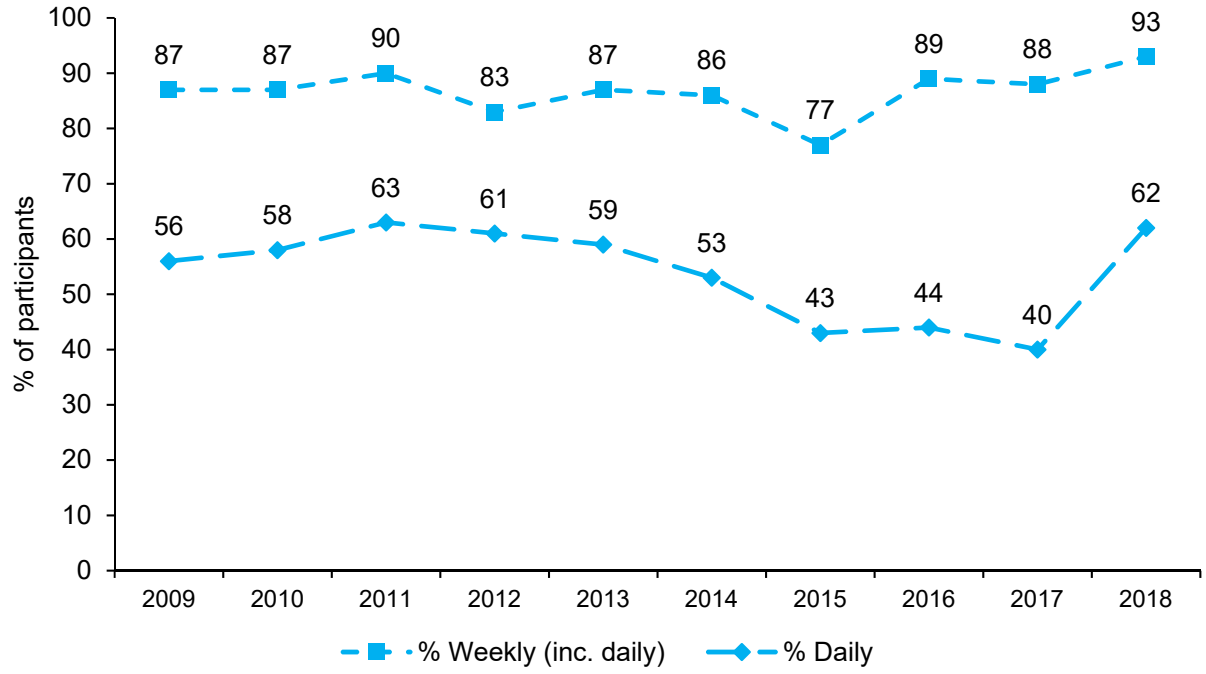
4.5.1 Cannabis use among PWID participants

Figure 4.5.1.1: Prevalence and frequency of use of cannabis in the preceding six months, 2009-2018



Source: IDRS PWID interviews

Figure 4.5.1.2: 'Daily' and 'weekly or more' cannabis use, among those who had used cannabis in the last six months, 2009-2018



Source: IDRS PWID interviews

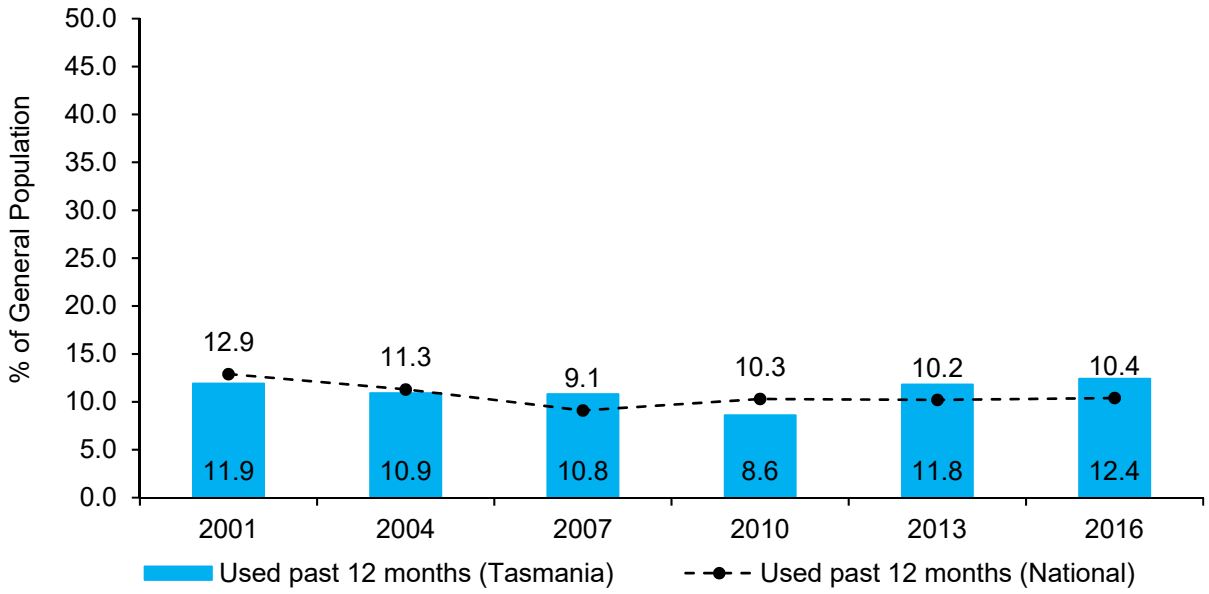
Table 4.5.1: Past six month patterns of cannabis use among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used last 6 months (%)	82	73	74	73	**81**
Used daily (%)[#]	53	43	44	40	**62***
Forms used[#]					
Indoor	87	89	90	94	**92**
Outdoor	73	67	74	55	**72**
Hashish	16	18	21	14	**13**
Hashish oil	9	6	8	9	**8**
Main form used[#]					
Indoor	77	74	77	82	**90**
Outdoor	23	26	22	18	**10**
Median days used (range)[#]	180 (1-180)	170 (1-180)	168 (3-180)	168 (2-180)	**180 (2-180)**
Median cones last session (range)[#]	5 (1-40) n=54	5 (1-90) n=50	6 (1-100) n=28	10 (.5-50) n=31	**3 (1-12) n=37**
Median joints last session (range)[#]	1 (1-3) n=8	1 (1-6) n=14	2 (1-6) n=9	2 (1-10) n=6	**1 (.25-3) n=7**

Source: IDRS PWID interviews
[#]among those who had used in last six months; *indicates significant difference to previous year

4.5.2 Prevalence of cannabis use

Figure 4.5.2: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.6 Opioids

Opioid use Key Points

- Overall, rates of opioid use among IDRS participants has remained relatively stable between 2015 and 2018 following a notable decline from previous rates. This is also apparent in needle and syringe program data. [Figure 4.6.9]
- Among recent opioid consumers contributing to the IDRS, almost three quarters screened positive for likely opioid dependence, and two thirds of these individuals were currently involved in drug treatment. [Table 4.6.5]

Morphine

- The proportion of IDRS participants reporting morphine use in the past 6 months has substantially declined from 2009 (81%) to 2018 (47%), despite a similar proportion of the sample regarding morphine as their drug of choice. [Figures 4.6.1.1 & 2]
- The median frequency of use was greater among the 2017 and 2018 participants than over the past decade. [Figure 4.6.1.1]
- MS Contin remains the form most commonly used among participants, who typically inject 60-80mg when they use. [Table 4.6.1]

Oxycodone

- The proportion of IDRS participants reporting oxycodone use in the past 6 months has substantially declined from 2010 (60%) to 2018 (28%), despite a similar proportion of the sample regarding opioids as their drug of choice. [Figure 4.6.2.1]
- Oxycodone was not frequently used in 2018, at a median of 9 of the past 180 days, and 9% of the sample using it weekly or more frequently. [Figure 4.6.2.2]
- The 'tamper resistant' OP OxyContin formulation was the most commonly used form, most commonly injected. [Table 4.6.2]
- Use of the non-'tamper resistant' generic oxycodone formulation continues to be low, and it was uncommon for participants to report this as the oxycodone form most frequently used. [Table 4.6.2].

Methadone

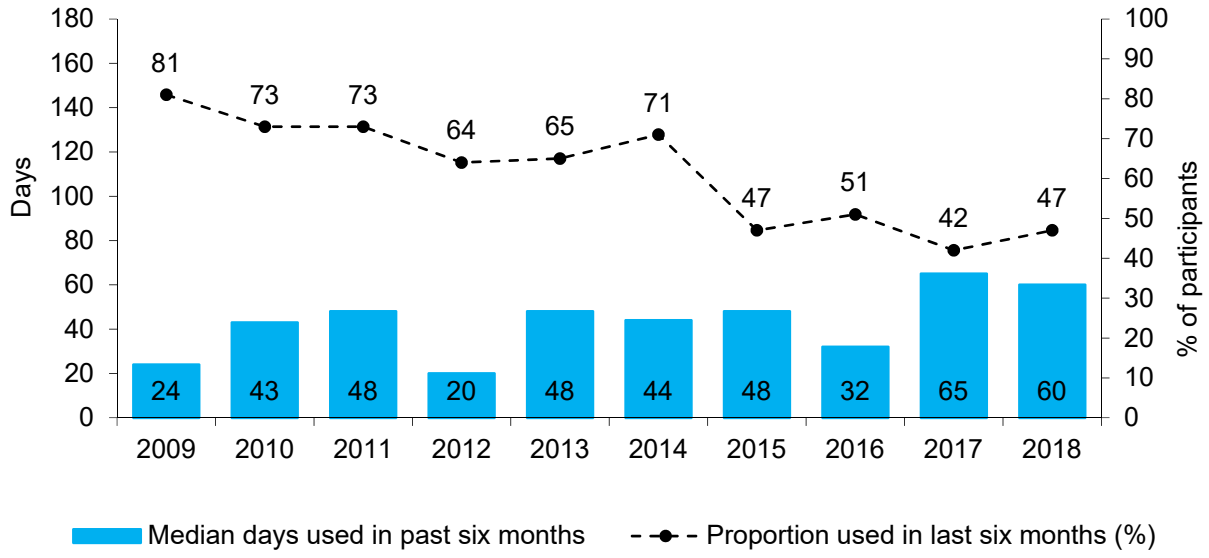
- Nearly one third of IDRS participants in 2018 reported recent use of illicit - non-prescribed physeptone tablets, with one in 4 reporting recent illicit - non-prescribed methadone syrup use. These rates are a substantial decline since 2009 where half the sample reported recent use of each form, despite around two thirds of the participants each year reporting opioids as their drug of choice [Figure 4.3.6.1]
- On average, illicit - non-prescribed methadone use was infrequent (6-10 days of the last 180) [Figure 4.3.6.2]

Buprenorphine

- Illicit - non-prescribed use of buprenorphine remains uncommon among IDRS participants [Table 4.6.4]

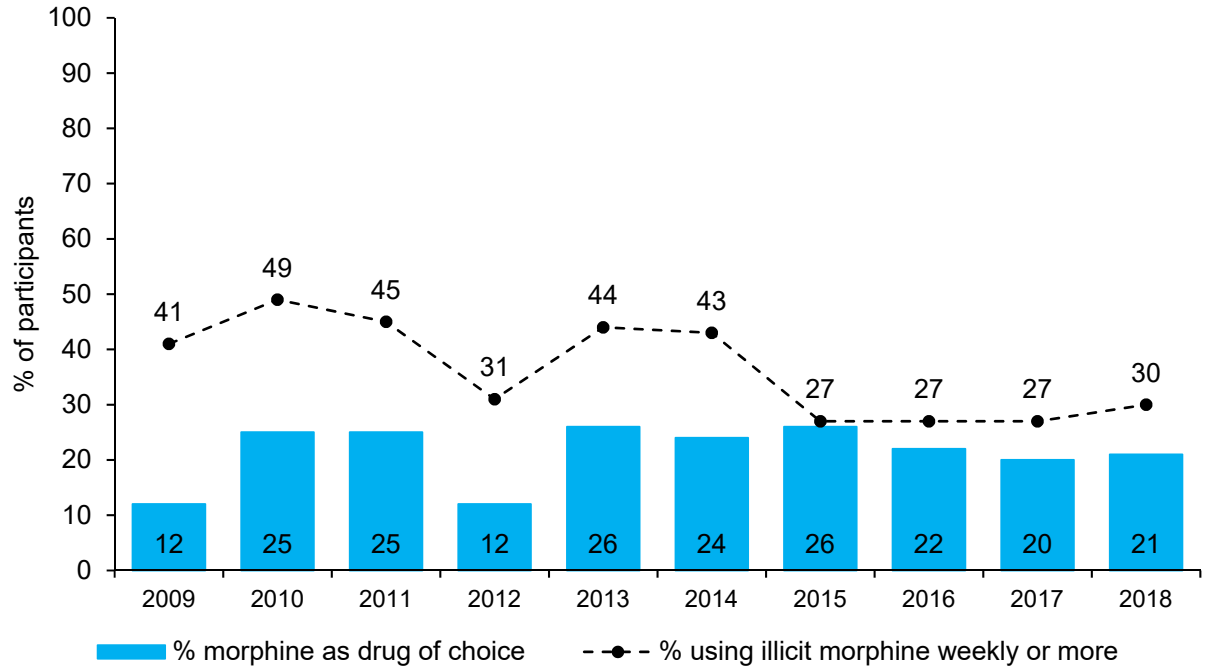
4.6.1 Use of morphine

Figure 4.6.1.1: Proportion of Tasmanian IDRS PWID cohort reporting use of illicit - non-prescribed morphine, and the median frequency of this use, in the six months prior to interview, 2009-2018



Source: IDRS PWID interviews

Figure 4.6.1.2: Proportion of PWID sample reporting morphine as drug of choice and weekly or more morphine use in the preceding six months, 2009-2018



Source: IDRS PWID interviews

Table 4.6.1: Patterns of illicit - non-prescribed morphine use over preceding six months among PWID, 2014-2018

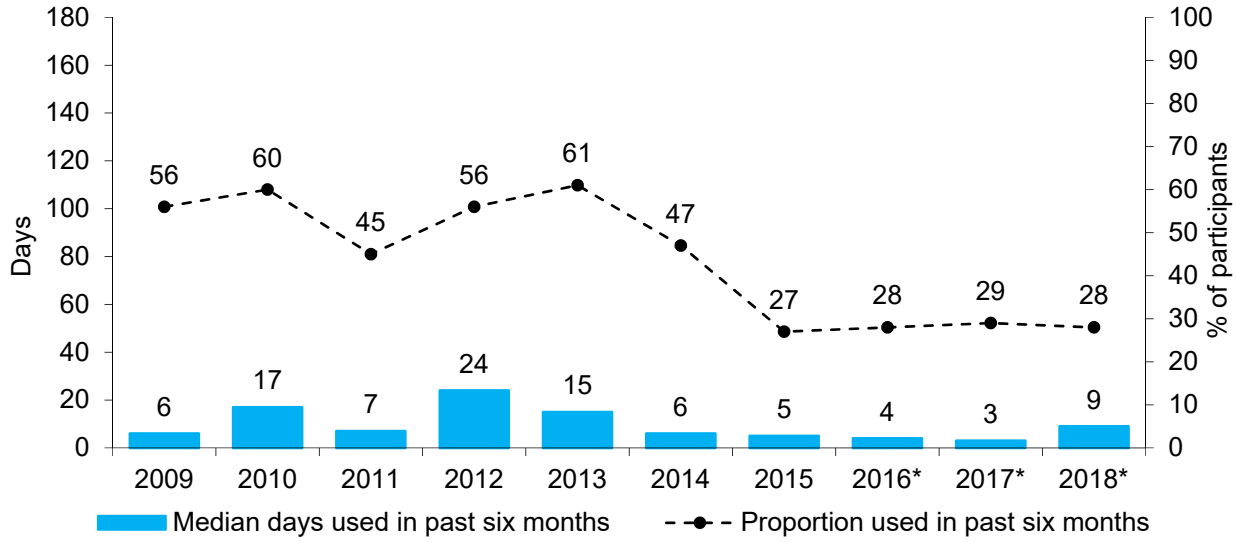
	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used last 6 months (%)	71	47	51	42	**47**
Median days used (range)	44 (1-180)	48 (1-180)	32 (1-180)	65 (2-180)	**60 (1-180)**
Median illicit - non-prescribed dose (range)	80mg (20-300) n=68	60mg (30-300) n=47	60mg (5-500) n=48	70mg (20-200) n=42	**60mg (1-400) n=46**
Forms used most often (%)[#]					
MS Contin (illicit - non-prescribed)	78	82	80	71	**78**
Kapanol (illicit - non-prescribed)	7	8	13	7	**11**
Powder (illicit - non-prescribed)	0	0	8	0	**0**
Route (%)[#]					
Injected	100	100	100	100	**96**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	10	11	4	7	**13**

Source: IDRS PWID interviews

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

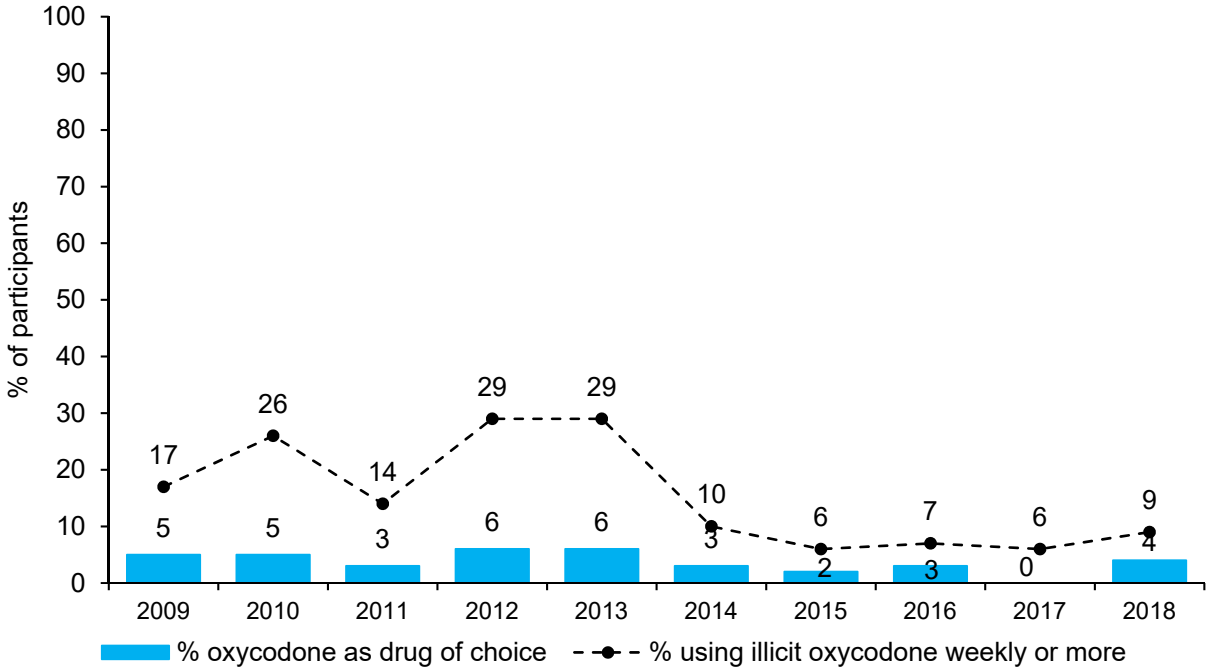
4.6.2 Use of oxycodone

Figure 4.6.2.1: Proportion of Tasmanian IDRS PWID cohort reporting use of illicit - non-prescribed oxycodone, and the median frequency of this use, in the six months prior to interview, 2009-2018



Source: IDRS PWID interviews
*Refers combined total of illicit - non-prescribed generic, reformulated and other oxycodone use

Figure 4.6.2.2: Proportion of PWID reporting oxycodone as drug of choice and weekly or more oxycodone use in the preceding six months, 2009-2018



Source: IDRS PWID interviews

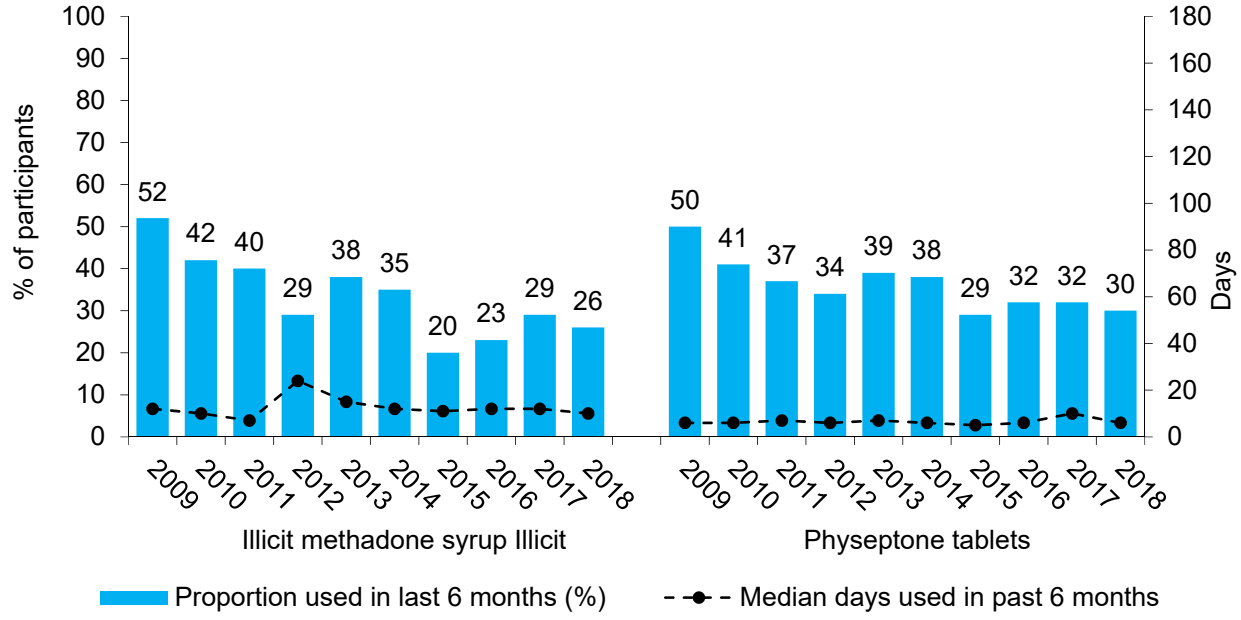
Table 4.6.2: Patterns of illicit - non-prescribed oxycontin use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Any use in last 6 months (%)	47	27	28	29	**28**
Median days used (range)	6 (1-180)	5 (1-120)	n/a	n/a	**n/a**
Median illicit - non-prescribed dose (range)	70mg (5-300) n=44	60mg (15-160) n=27	n/a	n/a	**n/a**
Illicit forms used most often (%)[#]					
Generic			18	21	**25**
OP			57	41	**46**
Other			25	38	**29**
Route (%)[#]					
Injected	98	93	n/a	n/a	**n/a**
Smoked	0	0			
Snorted	0	0			
Swallowed	6	11			
OP oxycodone (illicit – non-prescribed)					
Used last 6 months (%)			18	16	**17**
Median days used (range)			4 (1-180)	5 (1-90)	**10 (1-36)**
Median illicit - non-prescribed dose (range)			40mg (10-300) n=18	55mg (2-200) n=16	**80mg (1-180) n=17**
Route (%)[#]					
Injected			83	81	**89**
Smoked			0	0	**0**
Snorted			0	0	**0**
Swallowed			17	19	**11**
Generic oxycodone (illicit – non-prescribed)					
Used last 6 months (%)			7	10	**9**
Median days used (range)			6 (1-36)	5 (1-60)	**12 (1-180)**
Median illicit - non-prescribed dose (range)			80mg (20-240) n=7	80mg (40-200) n=10	**60mg (30-100) n=9**
Route (%)[#]					
Injected			86	100	**82**
Smoked			0	0	**0**
Snorted			0	0	**0**
Swallowed			14	10	**18**
Other oxycodone (illicit – non-prescribed)					
Used last 6 months (%)			10	13	**10**
Median days used (range)			3 (1-60)	2 (1-60)	**2.5 (1-30)**
Median illicit - non-prescribed dose (range)			60mg (5-100) n=9	50mg (10-200) n=13	**45mg (10-120) n=10**
Route (%)[#]					
Injected			83	46	**80**
Smoked			0	0	**0**
Snorted			0	0	**0**
Swallowed			17	54	**30**

[#]among those who had used in last six months. n/a: not assessed

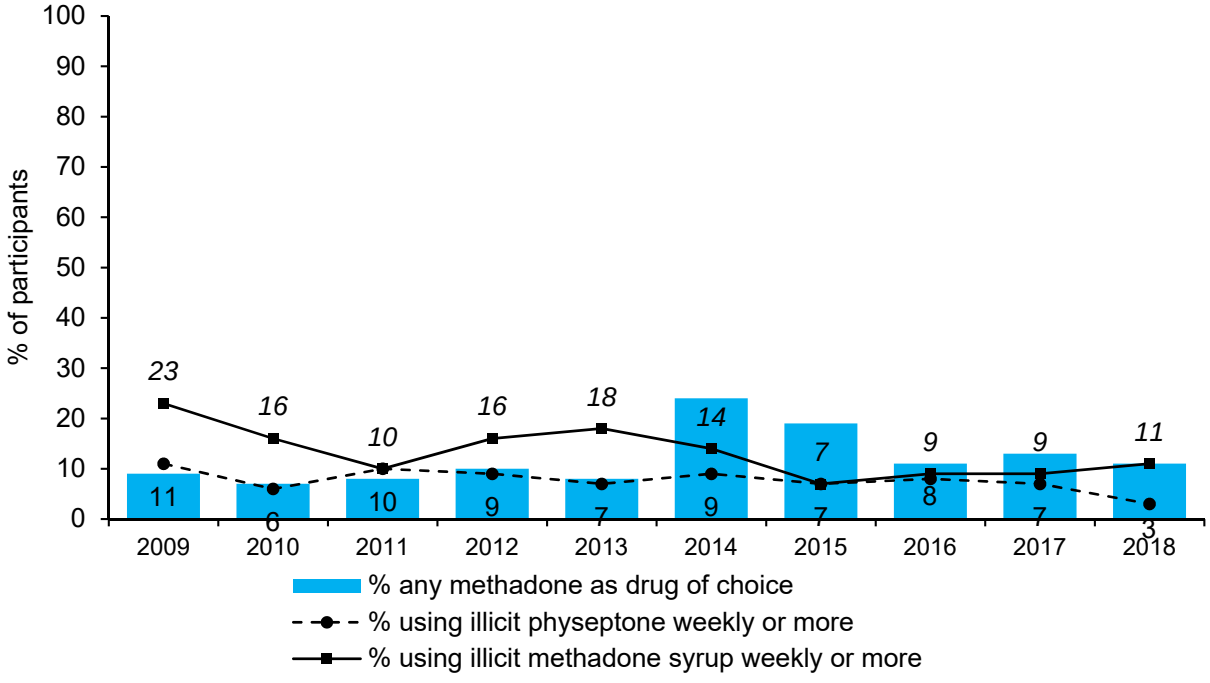
4.6.3 Use of methadone

Figure 4.6.3.1: Proportion of Tasmanian IDRS PWID cohorts reporting non-prescription use of methadone, and the median frequency of this use, in the six months prior to interview, 2009-2018



Source: IDRS PWID interviews

Figure 4.3.6.2: Proportion of PWID sample reporting methadone as drug of choice and weekly or more methadone use in the preceding six months, 2009-2018



Source: IDRS PWID interviews

Table 4.6.3: Patterns of illicit - non-prescribed methadone use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Forms used most often (%)					
Syrup (illicit - non-prescribed)	21	10	13	29	**15**
Physeptone (illicit - non-prescribed)	23	19	20	16	**10**
Methadone syrup (illicit – non-prescribed)					
Used last 6 months (%)	35	20	23	29	**26**
Median days used (range)	12 (1-90)	11 (1-72)	12 (1-94)	12 (1-180)	**10 (2-90)**
Median illicit - non-prescribed dose (range)	50mg (5-160) n=32	60mg (10-110) n=20	50mg (5-100) n=23	50mg (5-150) n=27	**60mg (4-160) n=25**
Route (%)[#]					
Injected	97	100	96	90	**96**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	11	0	13	31	**35**
Physeptone tablets (illicit – non-prescribed)					
Used last 6 months (%)	38	29	32	32	**30**
Median days used (range)	6 (1-180)	5 (1-72)	6 (1-72)	10 (1-48)	**6 (1-52)**
Median illicit - non-prescribed dose (range)	50mg (10-150) n=34	40mg (4-100) n=29	50mg (10-100) n=31	50mg (10-160) n=32	**50mg (3-100) n=28**
Route (%)[#]					
Injected	95	100	100	97	**93**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	13	10	16	6	**20**

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

4.6.4 Use of buprenorphine

Table 4.6.4: Patterns of illicit - non-prescribed buprenorphine use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Illicit forms used most often (%)[#]					
Subutex	60	56	50	39	**50**
Suboxone	40	44	50	61	**50**
Subutex tablets (illicit – non-prescribed)					
Used last 6 months (%)	11	13	10	9	**11**
Median days used (range)	4 (1-180)	3 (1-180)	15 (1-90)	5 (1-90)	**4 (1-180)**
Median illicit - non-prescribed dose (range)			6mg (.8-8) n=7	3.5mg (2-8) n=6	**4mg (1-60) n=11**
Route (%)[#]					
Injected	55	92	100	100	**82**
Smoked	0	0	10	0	**18**
Snorted	0	0	0	0	**9**
Swallowed	55	15	10	0	**27**
Suboxone film (illicit – non-prescribed)					
Used last 6 months (%)	11	12	7	14	**12**
Median days used (range)	3 (1-180)	9 (1-160)	48 (4-90)	2 (1-60)	**12 (1-180)**
Median illicit - non-prescribed dose (range)			4mg (1-8) n=7	8mg (2-8) n=11	**3mg (1-60) n=10**
Route (%)[#]					
Injected	55	92	86	86	**75**
Smoked	0	0	0	7	**17**
Snorted	0	0	0	0	**0**
Swallowed	55	17	29	7	**33**
Suboxone tablets (illicit – non-prescribed)					
Used last 6 months (%)	6	3	n/a	n/a	**n/a**
Median days used (range)	9 (1-180)	24 (3-120)	n/a	n/a	**n/a**
Median illicit - non-prescribed dose (range)					
Route (%)[#]					
Injected	67	67			
Smoked	0	0	n/a	n/a	**n/a**
Snorted	0	0			
Swallowed	33	33			

[#]among those who had used in last six months. n/a: not assessed

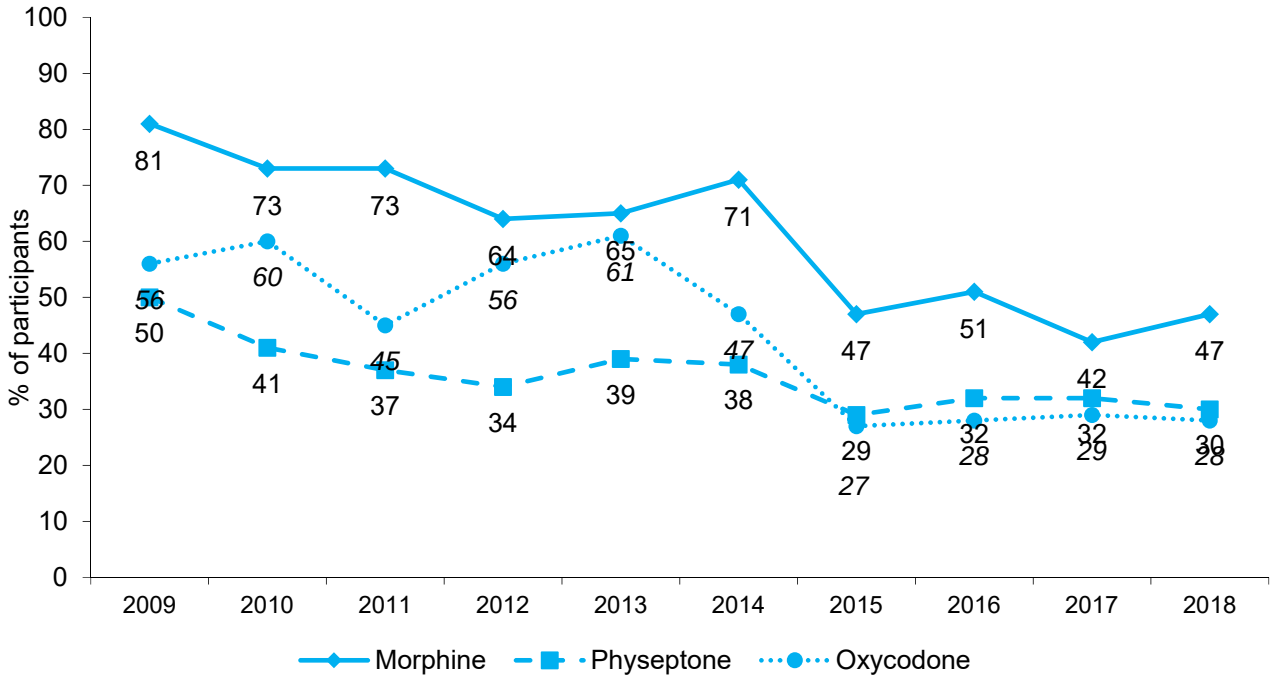
4.6.5 Self-reported symptoms of opioid dependence

Table 4.6.5: Self-reported symptoms of opioid dependence, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Recently used any opioid	n=95	n=83	n=81	n=77	**n=83**
Mean SDS score (range)	7 (0-14)	5 (0-15)	7 (0-15)	6 (0-14)	**6 (0-15)**
SDS score = 0 (no symptoms of dependence)	5 n=5	7 n=6	4 n=3	9 n=7	**8 n=7**
SDS score 5+ (screened positive for likely dependence)	72 n=68	61 n=51	80 n=65	64 n=49	**71 n=57**
Of those 5+ % in any drug treatment	46 n=31	61 n=31	63 n=41	71 n=35	**61 n=35**

4.6.6 Use of different forms of pharmaceutical opioids

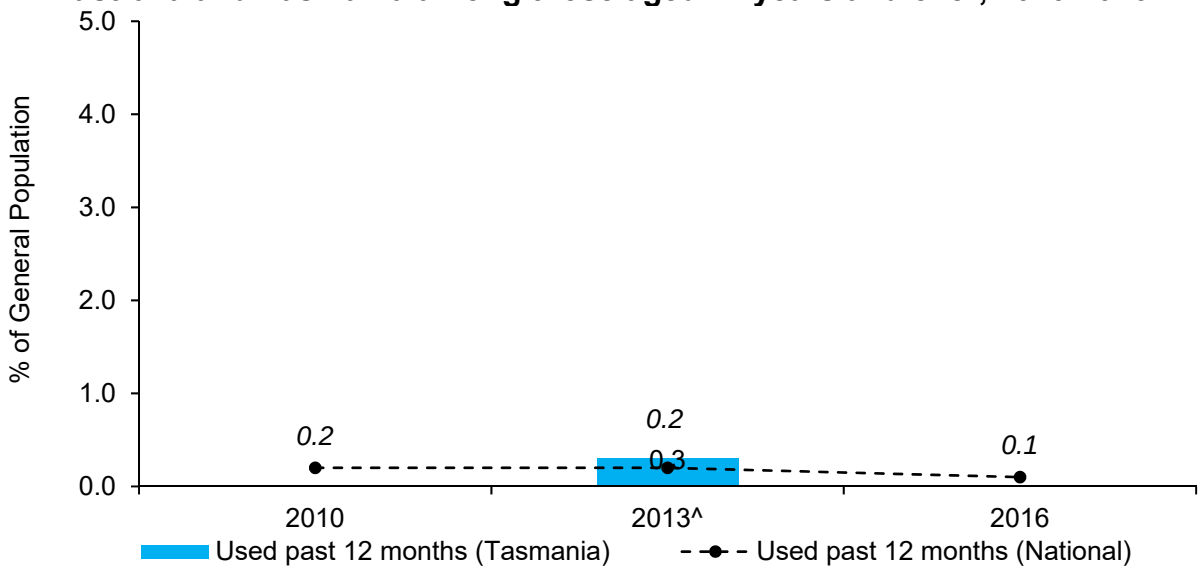
Figure 4.6.6: Proportion of Tasmanian IDRS PWID cohort reporting non-prescription use of pharmaceutical opioids in the six months prior to interview, 2009-2018



Source: IDRS PWID interviews

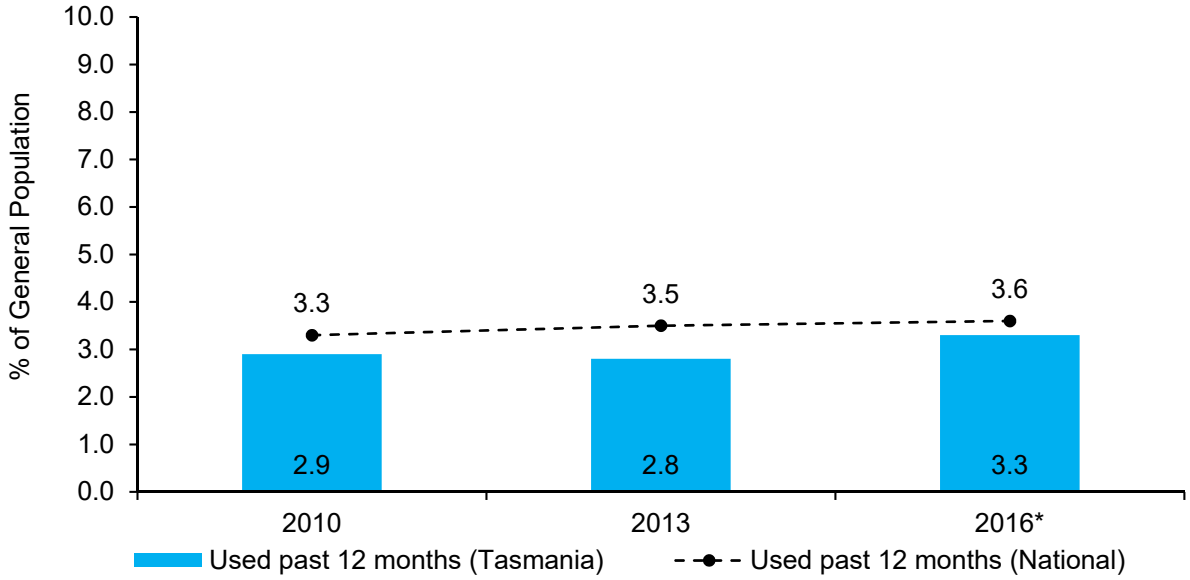
4.6.8 Prevalence of opioid use

Figure 4.6.8.1: Prevalence of non-medical methadone or buprenorphine* use in Australia and Tasmania among those aged 14 years and over, 2010-2016



Source: National Drug Strategy Household Survey 2010-2016
* Use of buprenorphine was only included in the 2010-2013 surveys ^ The 2013 Tasmanian estimate of past 12 month use has a very large standard error and is considered unreliable for general use

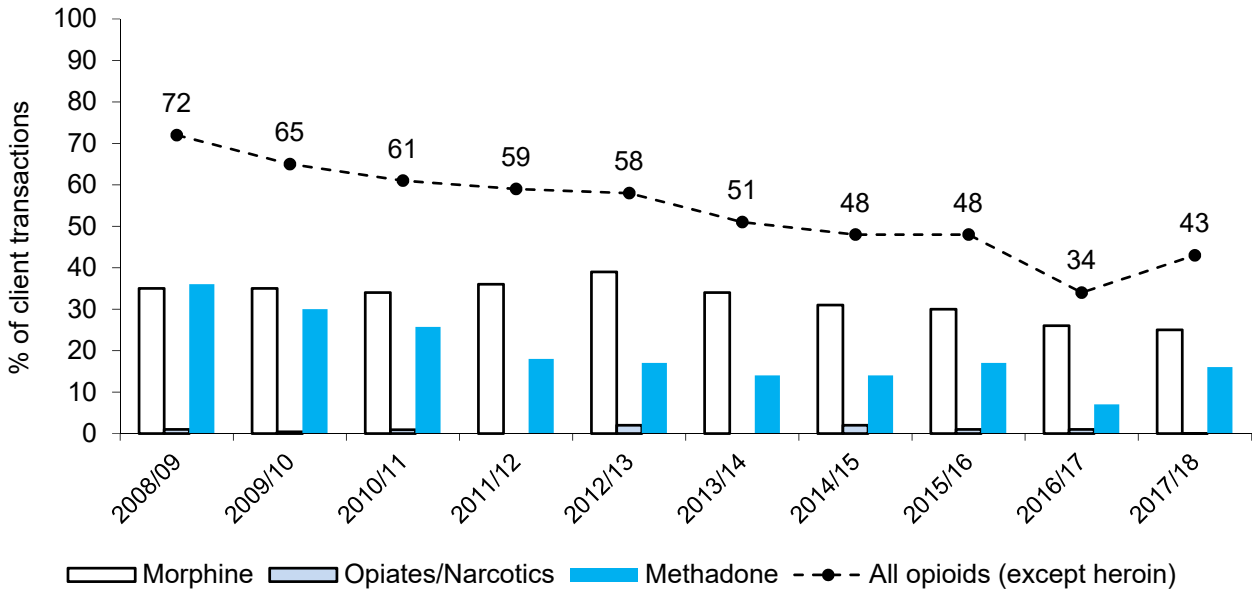
Figure 4.6.8.2: Prevalence of painkillers/analgesics and other opioid use (excluding heroin, methadone and buprenorphine) in Australia and Tasmania among those aged 14 years and over, 2010-2016



Source: National Drug Strategy Household Survey 2001-2016
Note: For 2010, 'Pain-killers/analgesics and opioids' refers to the combined rates from the 'pain-killer/analgesics' and 'other opiates' sections and may include the use of non-opioid over-the-counter (OTC) drugs such as paracetamol and aspirin. In 2013, a new question was added to the survey and captured the types of prescription and over-the-counter analgesics used allowing the 2013 data to be reanalysed including and excluding non-opioid over-the-counter drugs such as paracetamol and aspirin. In 2016, pain-killer/analgesics and opioids sections were combined into one section and references and questions about use of non-opioid over-the-counter (OTC) drugs such as paracetamol and aspirin were removed. **Data for 2010 and 2013 include OTC; 2016 does not include OTC.**

4.6.9 Pharmaceutical opioid use among PWID and other groups

Figure 4.6.9: Percentages of Tasmanian non-pharmacy Needle and Syringe Program clients reporting opioids as 'drug about to inject', 2008/09-2017/19



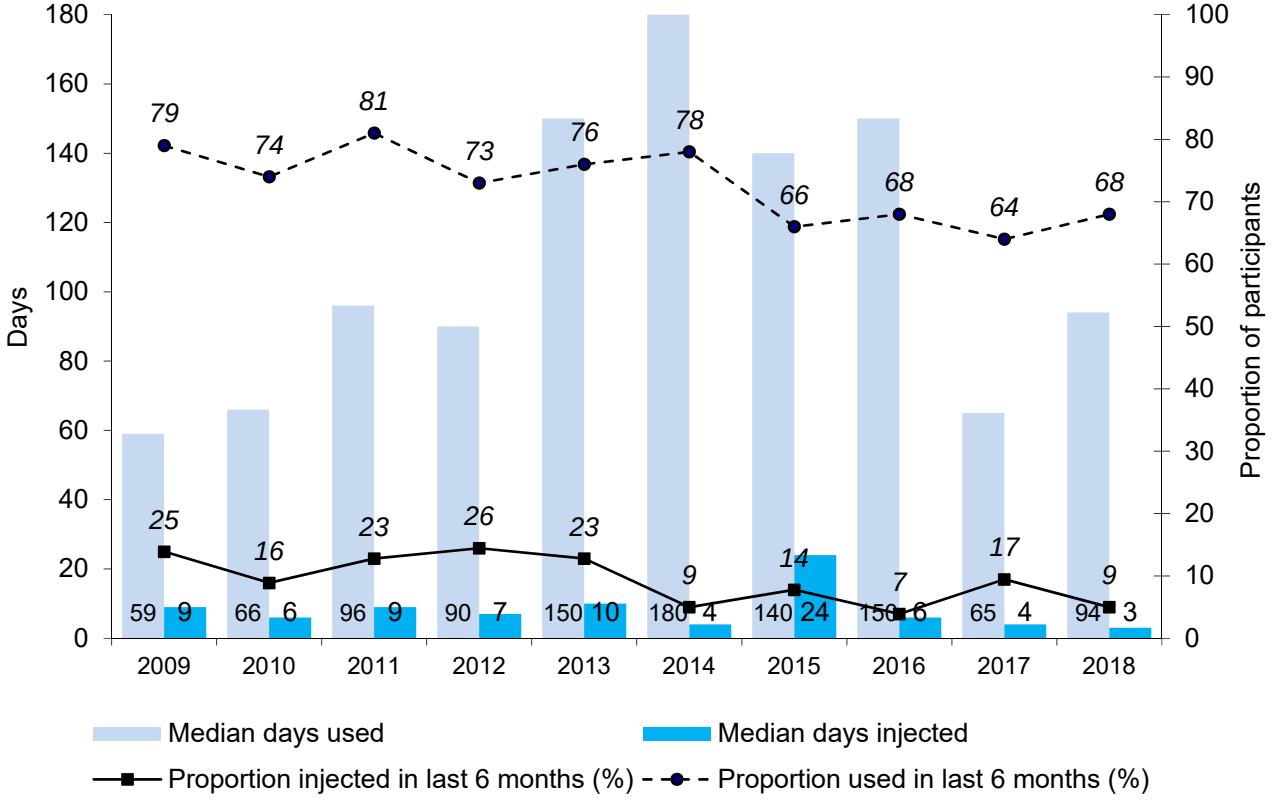
Source: Population Health, Department of Health and Human Services. Data for 2016/17 is preliminary and based on a small number of sites

4.7 Benzodiazepines

Benzodiazepine use Key Points	• Two-thirds of the IDRS participants reported recent use of benzodiazepines in 2018. This level of use has been stable over the past 4 years, but is a sustained reduction from levels seen earlier in the decade. (79% in 2009). • In 2017 and 2018, there was a substantial decline in the median frequency of benzodiazepine use (140-150 of the last 180 days in 2013-2016 participants; 94 of the past 180 days in 2018 participants) reflecting lower rates of chronic daily benzodiazepine prescriptions in these participants. [Figure 4.7.1] • These points relate to both licit - prescribed and illicit - non-prescribed use of benzodiazepines. • Illicit - non-prescribed use of alprazolam has been consistently low in the past four years (22% in 2018), but this remains the benzodiazepine most commonly injected (9% in 2018). [Table 4.7.1.1] • Approximately 3% of the Tasmanian adult population are estimated to have used benzodiazepines for non-medical purposes in the past year. [Figure 4.7.2]

4.7.1 Benzodiazepine use

Figure 4.7.1: Proportion of participants reporting recent use of benzodiazepines and median frequency of this use, 2009-2018



Source: IDRS PWID interviews

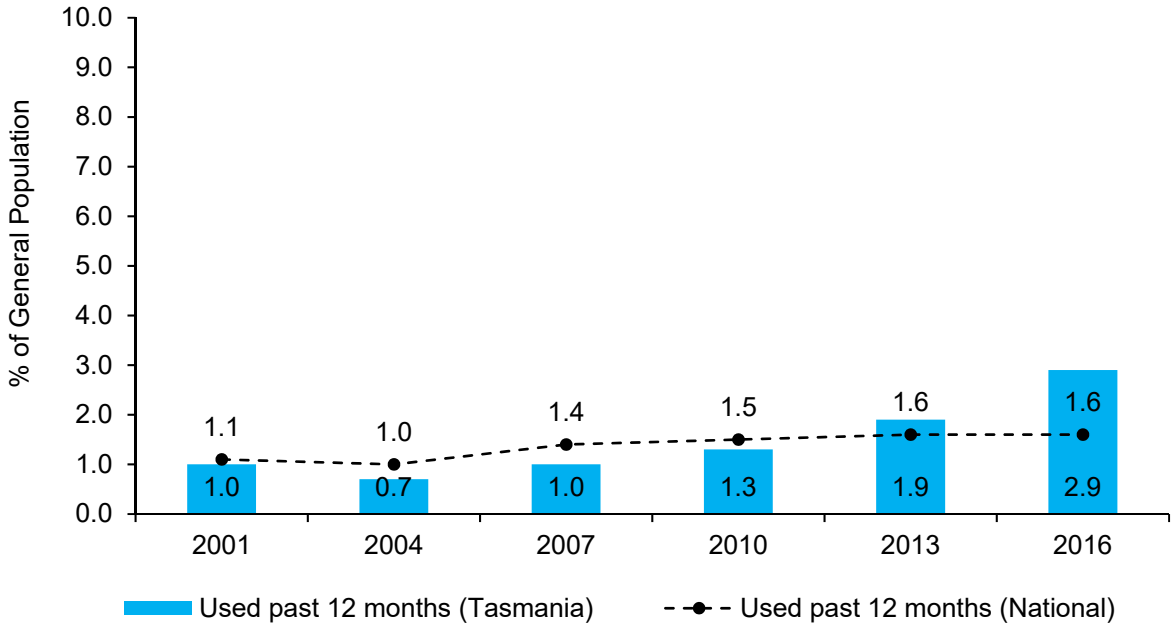
Table 4.7.1.1: Patterns of benzodiazepine use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Any use in last 6 months	78	66	68	64	**68**
Median days used last 6 months (range)	180 (1-180)	140 (1-180)	150 (1-180)	65 (1-180)	**93 (2-180)**
Any injection in last 6 months	9	14	7	17	**9**
Median days injected in last 6 months (range)	4 (1-93)	24 (1-180)	6 (1-48)	4 (1-36)	**3 (1-60)**
Alprazolam					
Any use in last 6 months	39	24	23	25	**23**
Median days used last 6 months (range)	n/r	n/r	n/r	n/r	**n/r**
Any injection in last 6 months	8	9	6	13	**9**
Median days injected in last 6 months (range)	n/r	n/r	n/r	n/r	**n/r**
Alprazolam (illicit - non-prescribed only)					
Any use in last 6 months	36	21	21	23	**22**
Median days used last 6 months (range)	4 (1-150)	5 (1-180)	5 (1-168)	4 (1-36)	**4 (1-100)**
Any injection in last 6 months	8	9	6	13	**9**
Median days injected in last 6 months (range)	4 (1-12)	7 (2-110)	7 (1-48)	3 (1-36)	**2 (1-60)**
Other benzodiazepines (illicit - non-prescribed only)					
Any use in last 6 months	48	45	49	36	**47**
Median days used last 6 months (range)	20 (1-180)	24 (1-180)	10 (10-180)	15 (1-180)	**12 (1-180)**
Any injection in last 6 months	1	7	1	3	**1**
Median days injected in last 6 months (range)	2 (2)	35 (1-180)	6 (6)	2 (2-4)	**5 (5)**

Source: IDRS PWID interviews
n/r: this data was not reported

4.7.2 Prevalence of benzodiazepine use

Figure 4.7.2: Prevalence of benzodiazepine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.7.3 Benzodiazepine use among PWID

Table 4.7.2: Proportion of transactions in which benzodiazepines were reported as 'drug about to inject' by Tasmanian non-pharmacy Needle and Syringe Program clients, 2007/08-2017/18

Year	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of transactions reporting benzodiazepines	147	201	215	125	63	108	81	44	16^	76
Percent of total transactions reporting benzodiazepines	0.4%	0.6%	0.7%	0.6%	0.4%	0.5%	0.4%	0.2%	0.2%^	<0.1%

Source: Population Health, Department of Health and Human Services; 2016/17 data is preliminary and based on a small number of sites

4.8 Other drugs

Other drug use Key Points

Alcohol

- Approximately two-thirds of the IDRS participants reported recent alcohol consumption in 2018. This was, on average, infrequent (12 of the past 180 days), with one third of these participants drinking weekly or more frequently, and one in seven of these engaging in very heavy (6 or more standard drinks) weekly or more. [Table 4.8.1]

Tobacco

- Among IDRS participants, smoking remains very common, with almost all (97%) participants recently smoking cigarettes in 2018. [Figure 4.8.2.1]
- Despite reductions in smoking rates earlier in the decade, almost all participants were daily smokers. [Figure 4.8.2.2]
- Use of nicotine e-cigarettes remains uncommon, with 16% of participants reporting recent and infrequent use. [Table 4.8.2]

Prescription stimulants

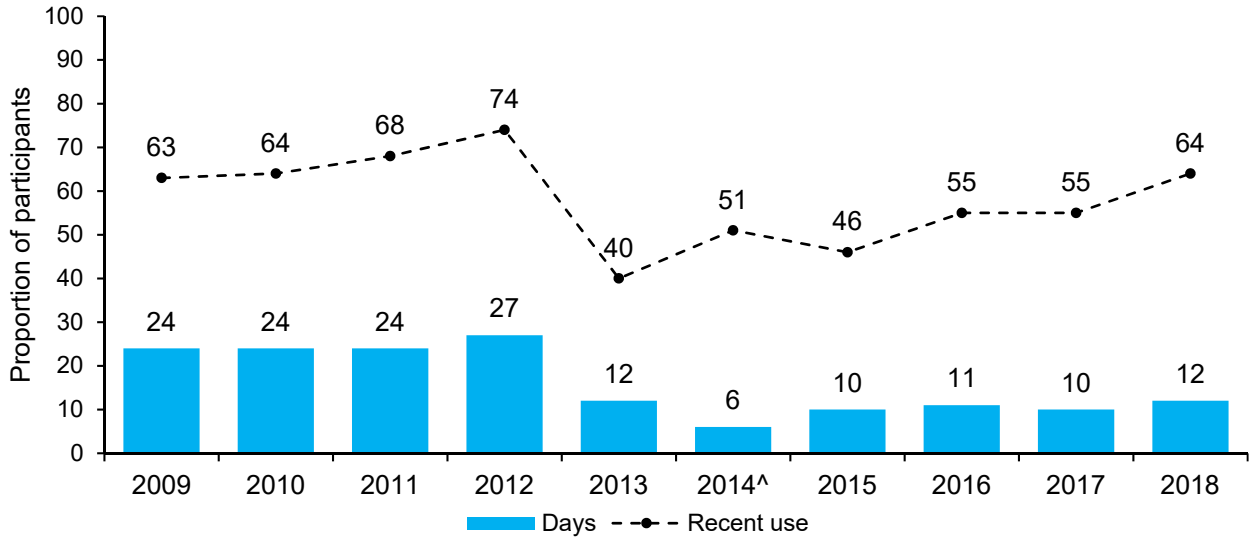
- Approximately one quarter of participants in the 2018 IDRS reported recent use of prescription stimulants. This is similar to levels in the past few years but represents a sustained decline from rates over the past decade (35-42% in 2009-2012). [Figure 4.8.3]
- Use of prescription stimulants is infrequent, on average on 5 occasions in the previous 180 days. Methylphenidate was more commonly used than dexamphetamine. [Table 4.8.3].

New psychoactive substance (NPS) use

- Seven percent of the IDRS participants reported recently using a drug that they believed was a new psychoactive substance. This is a slightly lower rate to that seen in the past five years [Figure 4.9.1]
- The new psychoactive substances most commonly reported were from the stimulant or psychedelic class, rather than synthetic cannabinoids or psychedelics. [Table 4.9.1]
- No participants reported use of opioid-class or cannabinoid NPS. [Table 4.9.1]

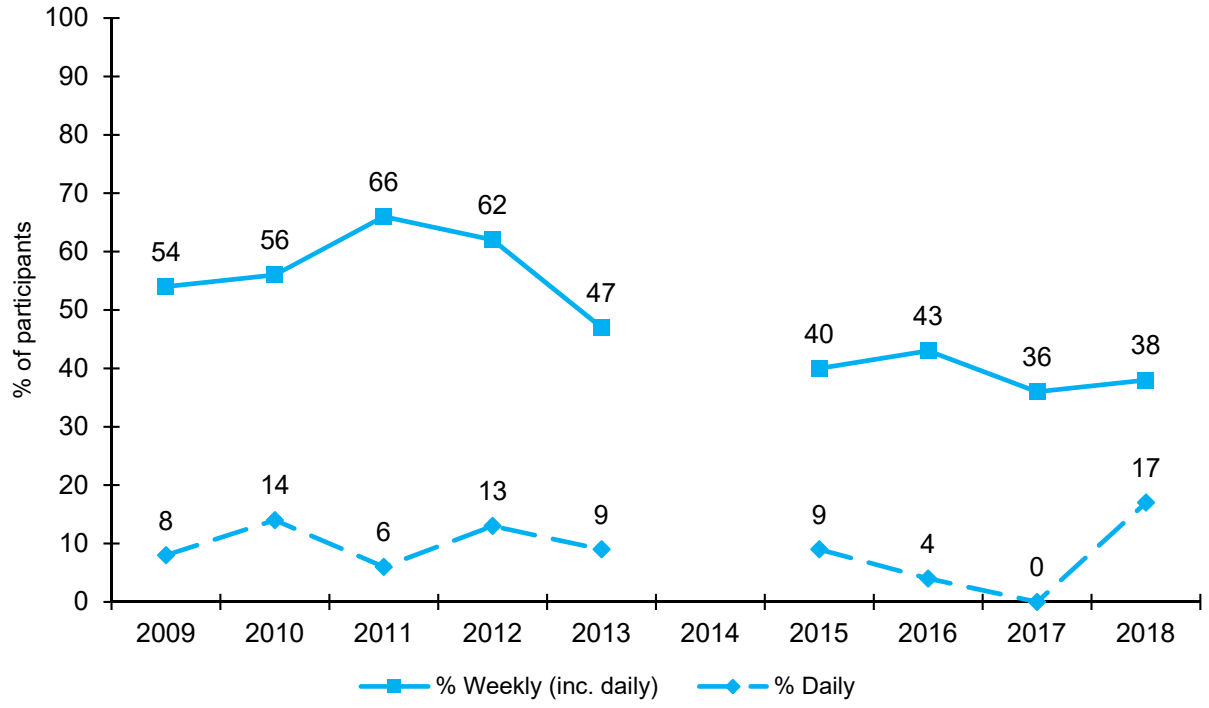
4.8.1 Alcohol

Figure 4.8.1.1: Rates of alcohol use and median frequency of use amongst Tasmanian IDRS samples, 2009-2018



Source: IDRS participant interviews
^ Note that there was substantial missing data for 2014 and thus these figures should be treated with caution

Figure 4.8.1.2: 'Daily' and 'weekly or more' alcohol use, among those who had consumed alcohol in the last six months, 2009-2018



^ Rates of alcohol use for the 2014 IDRS sample were not displayed due to unreliable estimates of use based on missing data

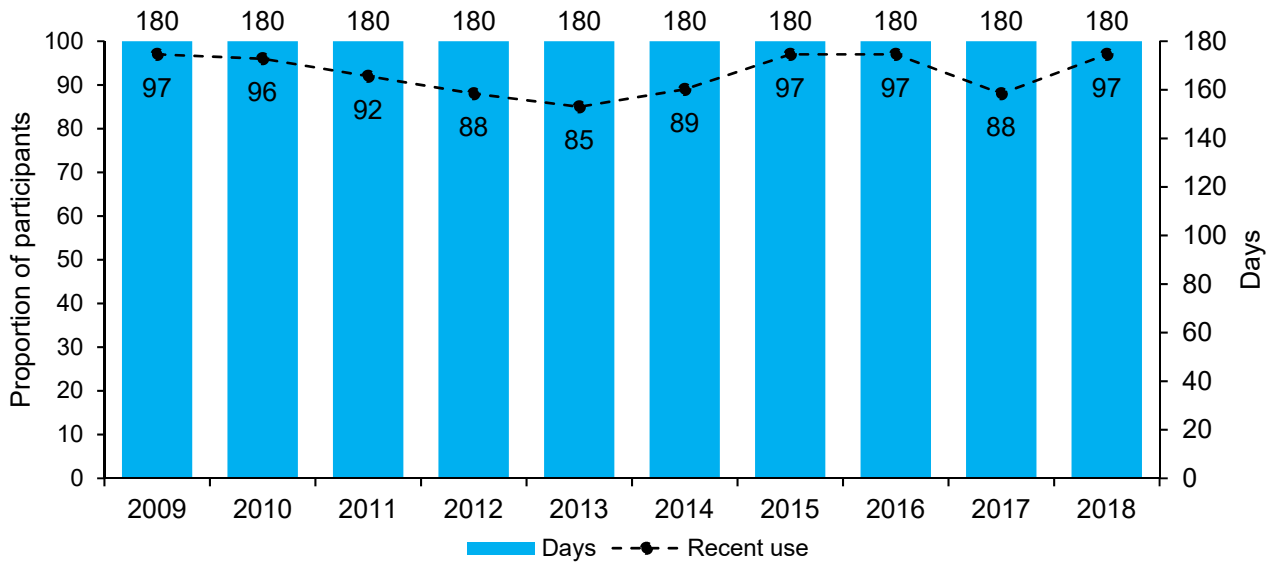
Table 4.8.1: Patterns of alcohol use among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used last 6 months (%)	51	46	55	55	**64**
Median days used (range)	6 (1-180)	10 (1-180)	11 (1-180)	10 (1-173)	**10 (1-173)**
Weekly or more (%)[#]	-	40	43	36	**38**
Daily (%)[#]	-	9	4	0	**17**
AUDIT: frequency of 6+ drinks on one occasion					
< Weekly	36	43	48	55	**55**
Weekly	18	5	10	10	**8**
Daily or almost daily	7	8	4	5	**7**

Source: IDRS participant interviews
[#]among those who had used in last six months
^ Rates of alcohol use for the 2014 IDRS sample were not displayed due to unreliable estimates of use based on missing data

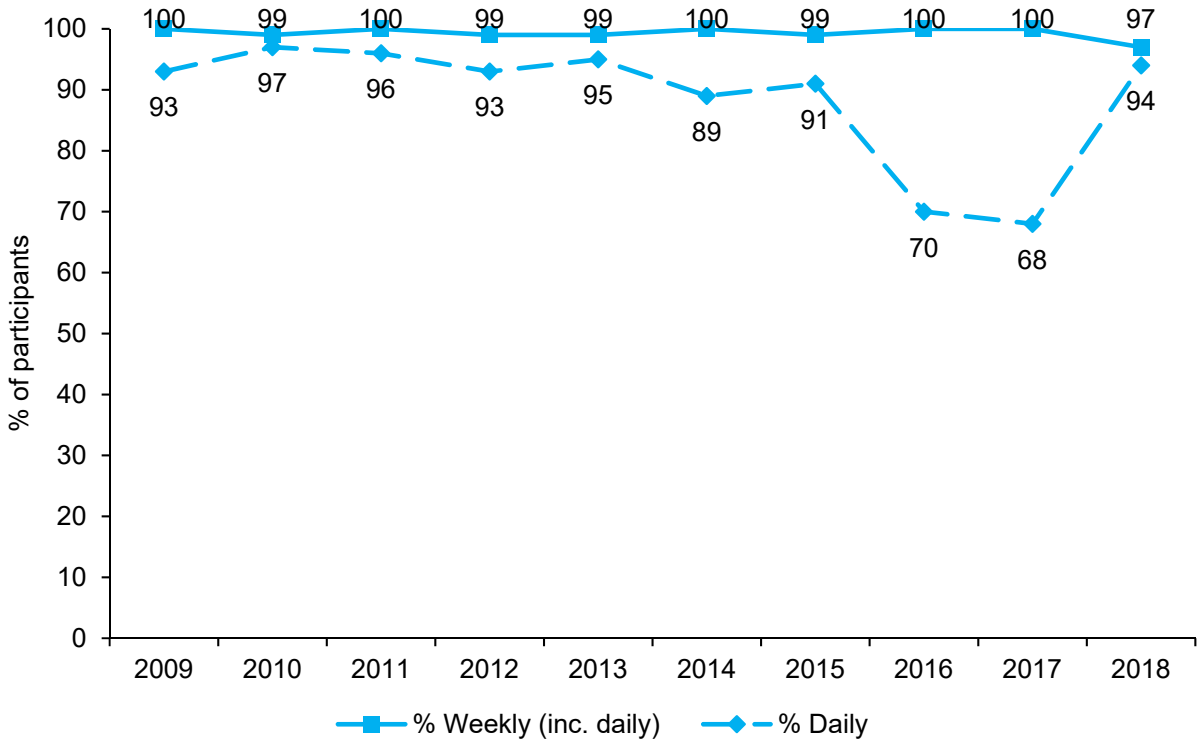
4.8.2 Tobacco

Figure 4.8.2.1: Rates of tobacco use and median frequency of use amongst Tasmanian IDRS samples, 2009-2018



Source: IDRS participant interviews

Figure 4.8.2.2: 'Daily' and 'weekly or more' tobacco use, among those who had used tobacco in the last six months, 2009-2018



Source: IDRS participant interviews

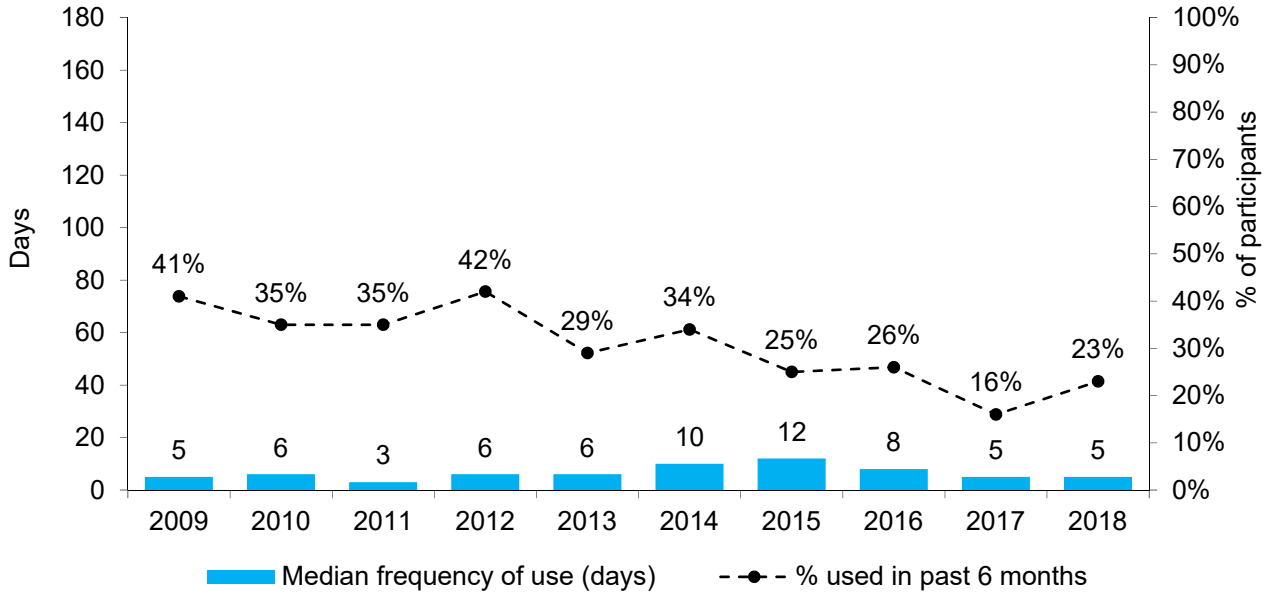
Table 4.8.2: Patterns of tobacco use among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used last 6 months (%)	89	97	97	88	**97**
Median days used (range)	180 (60-180)	180 (20-180)	180 (24-180)	180 (60-180)	**180 (2-180)**
Weekly or more (%)[#]	100	99	100	100	**97**
Daily (%)[#]	89	91	70	68	**94**
E-cigarettes					
Used last 6 months (%)	16	26	13	17	**16**
Median days used (range)	30 (1-180)	5 (1-180)	3 (1-24)	24 (2-180)	**4 (1-180)**

Source: IDRS participant interviews
[#]among those who had used in last six months

4.8.3 Prescription stimulants (dexamphetamine, methylphenidate)

Figure 4.8.3: Prevalence and frequency of use of illicit - non-prescribed pharmaceutical stimulants in the preceding six months, 2009-2018



Source: IDRS PWID interviews

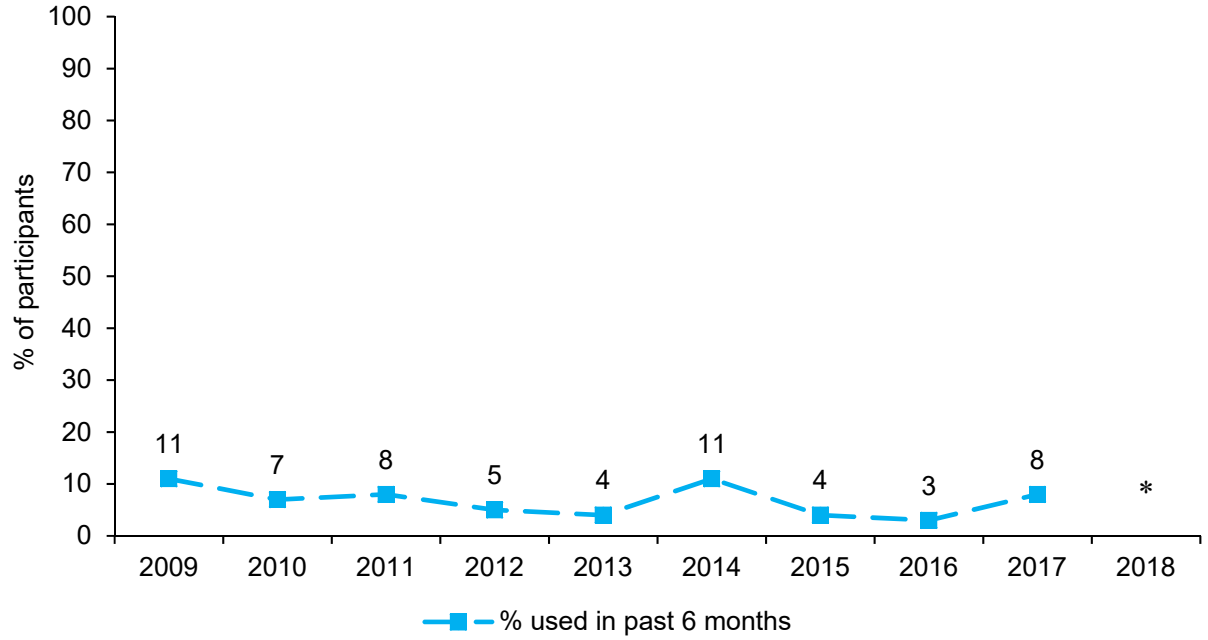
Table 4.8.3: Patterns of illicit - non-prescribed pharmaceutical stimulant use over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Used in last 6 months (%)	34	25	26	16	**23**
Median days used (range)	10 (1-180)	12 (1-72)	8 (1-96)	5 (1-90)	**5 (1-90)**
Route (%)[#]					
Injected	97	100	92	75	**78**
Smoked	0	0	0	0	**0**
Snorted	3	0	0	0	**0**
Swallowed	15	12	23	25	**39**
Main form used (%)[#]					
Methylphenidate	58	32	58	60	**57**
Dexamphetamine	39	68	39	40	**44**

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

4.8.4 Alkaloid poppies

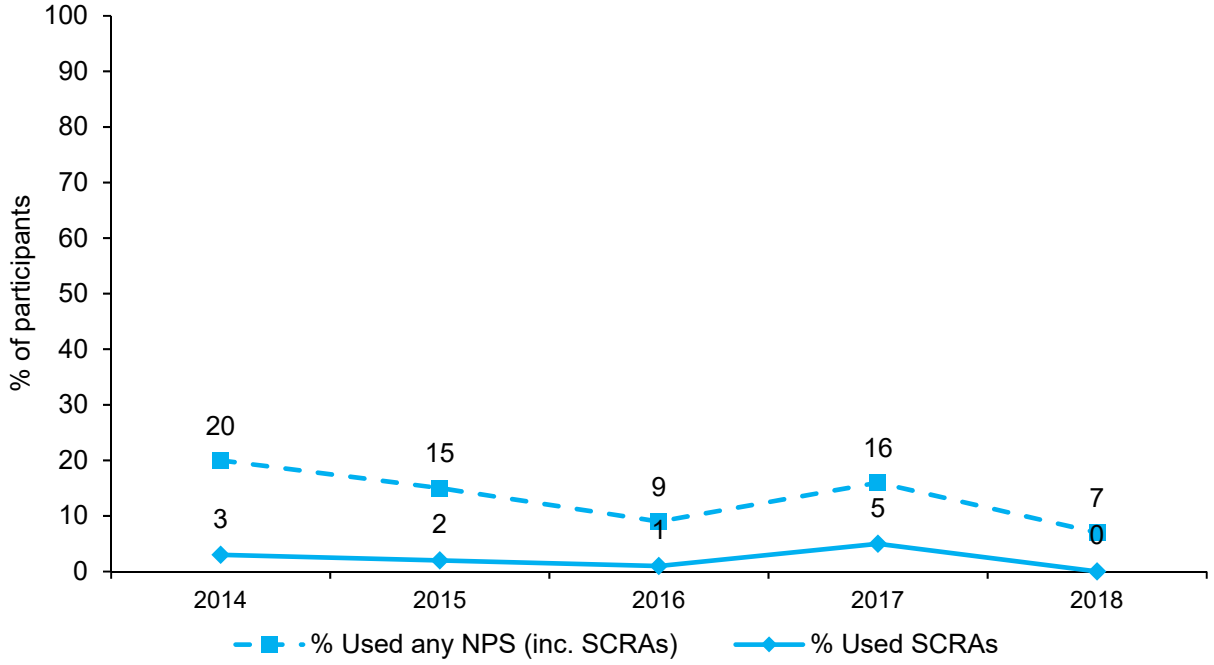
Figure 4.8.4: Proportion of Tasmanian IDRS PWID reporting use of alkaloid poppies in the preceding six months, 2009-2018



Source: IDRS PWID interviews; *note: not specifically collected in 2018

4.8.5 New psychoactive substance (NPS) use

Figure 4.8.5: Proportion of Tasmanian IDRS PWID cohort reporting use of new psychoactive substances (NPS) and synthetic cannabinoid receptor agonists (SCRAs) in the six months prior to interview, 2014-2018



Source: IDRS PWID interviews

Table 4.8.5: Use of new psychoactive substances (NPS) over preceding six months among PWID, 2014-2018

	2014 n=101	2015 n=100	2016 n=99	2017 n=100	**2018 n=100**
Any use in last 6 months (%)	20	15	9	16	**7**
Median days used (range)	2 (1-90)	10 (1-180)	10 (1-90)	n/r	**n/r**
Synthetic cannabinoid receptor agonists (SCRAs)					
Used last 6 months (%)	3	2	1	5	**0**
Median days used (range)	1 (1-48)	4 (1-6)	1 (1)	3 (2-7)	**-**
'New' drugs that mimic effects of amphetamines or cocaine					
Used last 6 months (%)	n/a	n/a	n/a	9	**4**
Median days used (range)				8 (1-20)	**2 (1-180)**
'New' drugs that mimic effects of opioids					
Used last 6 months (%)	n/a	n/a	n/a	0	**0**
Median days used (range)				-	**-**
'New' drugs that mimic effects of ecstasy or psychedelics					
Used last 6 months (%)	n/a	n/a	n/a	5	**3**
Median days used (range)				2 (1-3)	**4 (1-4)**

Source: IDRS PWID interviews
n/r: this data was not reported; n/a: not assessed

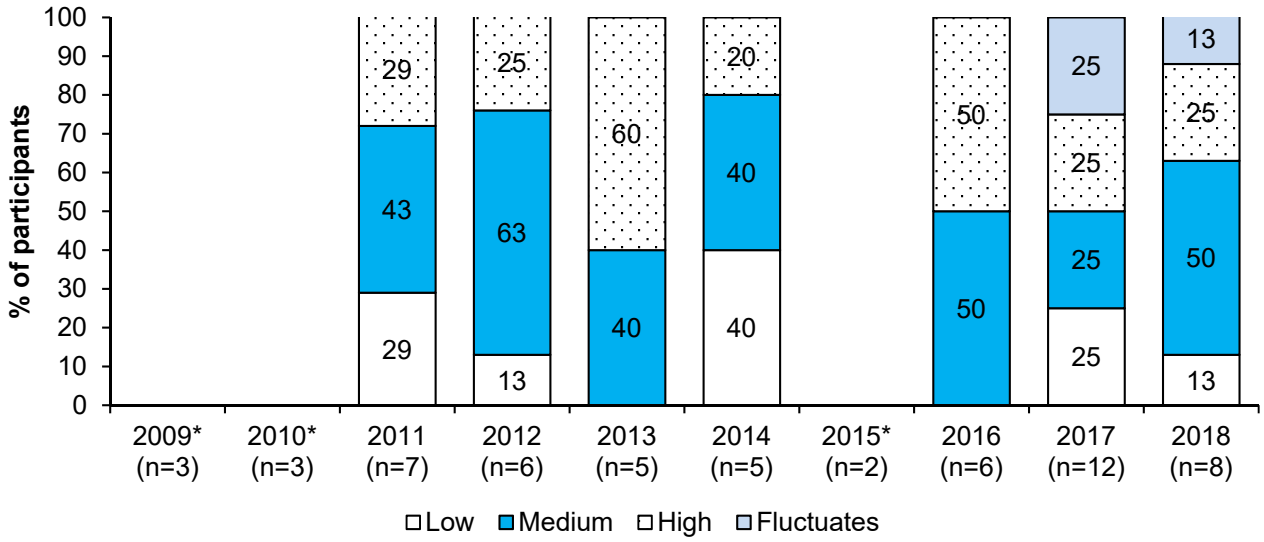
5 Drug Market: Price, Purity, Availability and Supply

5.1 Heroin

Heroin market indicators Key Points	**Price** • Because heroin use has been so infrequent, too few IDRS participants have been able to report on purchase prices for reliable trends to be determined. **Purity** • 2018 IDRS participants mostly reported heroin to be of 'medium' purity. [Figure 5.1.2] **Availability** • Consistent with low rates of heroin use despite a high preference for opioids in the sample, the majority of those reporting recent use considered heroin difficult or very difficult to access in 2018. This is broadly in keeping with trends in the past decade. [Figure 5.1.3].

5.1.1 Purity

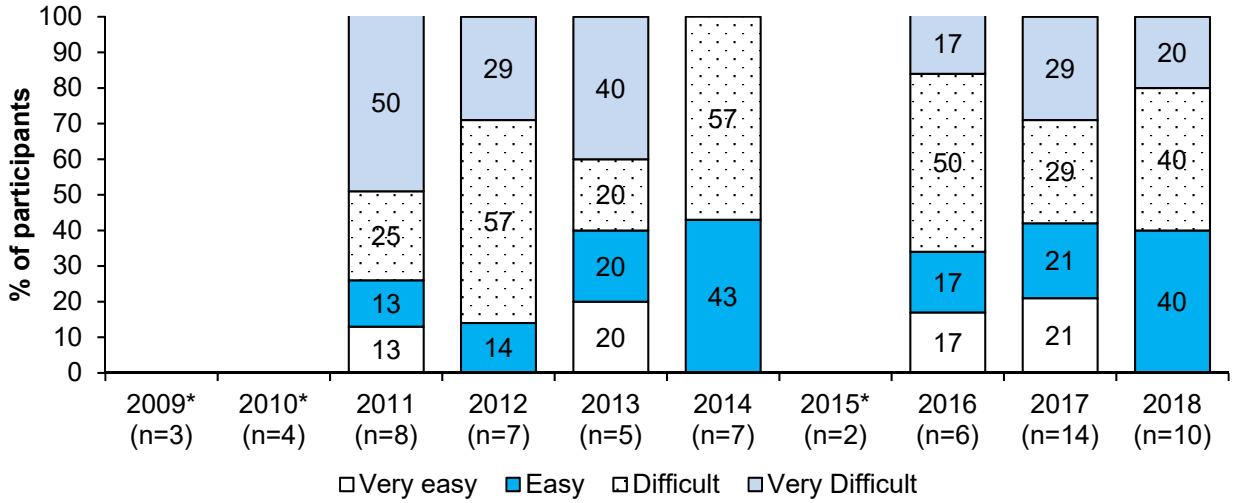
Figure 5.1.1: Perceptions of heroin purity, among those who commented, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

5.1.2 Availability

Figure 5.1.2: Participant reports of current heroin availability, of those who commented, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

5.2 Methamphetamine

 Meth-amphetamine market indicators Key Points	**Price** *Powder* • Participants reported most commonly paying $50 per point (~0.1g) of powder methamphetamine; these are a return to typical prices over the past decade after some indications of an increase in 2017. [Table 5.2.1] *Base/paste* • Use was too uncommon among 2018 IDRS participants to estimate price trends. *Crystal* • Crystal purchases were split, at either $50 or $100 per point (~0.1g) for this form; this suggests some decline in prices in comparison to recent years. [Figure 5.2.1.3] **Purity** *Powder* • Half of consumers in 2018 rated powder methamphetamine purity as 'low'. There has been an ongoing trend toward reducing subjective purity of methamphetamine powder over the past 5 years. [Figure 5.2.2.1] *Base/paste* • Use was too uncommon among 2018 IDRS participants to estimate purity trends. *Crystal* • Consumer subjective reports of crystal methamphetamine purity have remained stable over the past three years, typically considered 'medium' or 'high' by two-thirds of consumers. This is a decrease from levels in 2011-2013 where two-thirds considered purity as 'high'. [Figure 5.2.2.3]

 Meth-amphetamine market indicators Key Points (cont)	**Availability** In 207/18 Tasmania police seized approximately 3kg of substances likely to be methamphetamines from approximately 550 individual seizures. This is a slight decrease from approximately 4kg in 2015/16 and 16/17 and over 600 individual seizures per annum. 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 5.2.3.2] *Powder* • Consistent with declining trends in use of this form, availability appears to be declining in recent years, with only 7 in 10 consumers perceiving it as 'easy' to 'very easy' to access in 2018, compared with around 90% in 2014 and prior [Figure 5.2.2.1] *Base/paste* • Use was too uncommon among 2018 IDRS participants to estimate availability; clearly this is an indication of low availability of this form in the current market [Figure 5.2.3.1] *Crystal* • Consistent with trends in use, availability of crystal methamphetamine has been perceived as increasing, with all consumers considering it at least easily accessed, and 7 in 10 considering it as 'very easy' to access; this is a substantial increase from reports prior to 2014, where one-third to one-half of consumers considered it difficult to access [Figure 5.2.3.1]

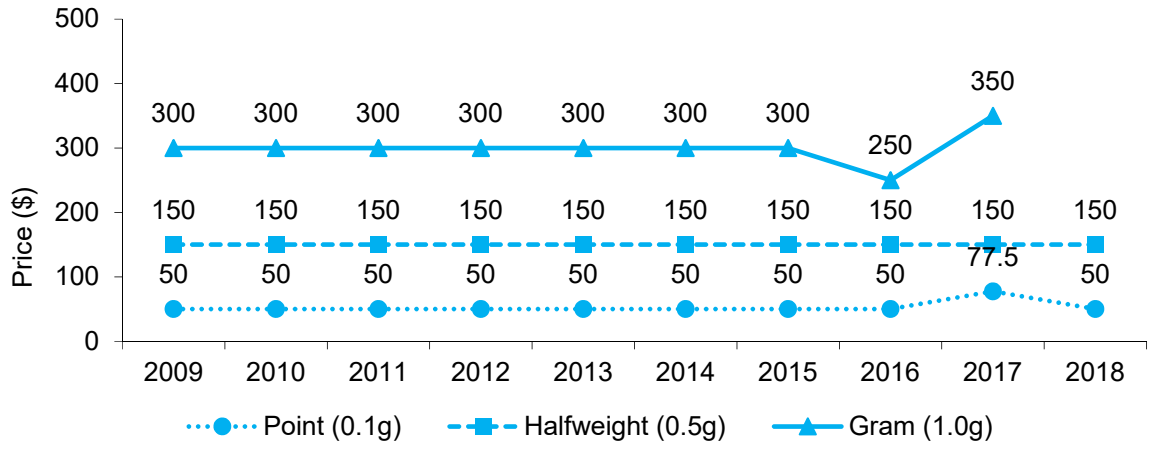
5.2.1 Price

Table 5.2.1: Most common amounts and prices of methamphetamine purchased by PWID, 2014-2018

Modal last price	2014	2015	2016	2017	**2018**
Powder					
Point (range)	$50 ($50-100) n=24	$50 ($5-100) n=33	$100 ($25-100) n=15	$100 ($50-100) n=14	**$50 ($33-100) n=14**
Gram (range)	$300 ($200-350) n=9	$300 ($300-700) n=6	$250 ($100-350) n=6	$350 ($300-400) n=6	-
Base					
Point (range)	$50 ($50-100) n=5	-	-	-	-
Gram (range)	$300 ($50-300) n=5	-	-	-	-
Crystal					
Point (range)	$100 ($40-150) n=29	$100 ($0-100) n=39	$100 ($40-100) n=57	$100 ($50-100) n=55	**$50; $100# ($50-100) n=56**
Gram (range)	$300 ($150-1000) n=8	-	$425† ($50-600) n=5	$500 ($80-700) n=10	**$450 ($450-600) n=7**

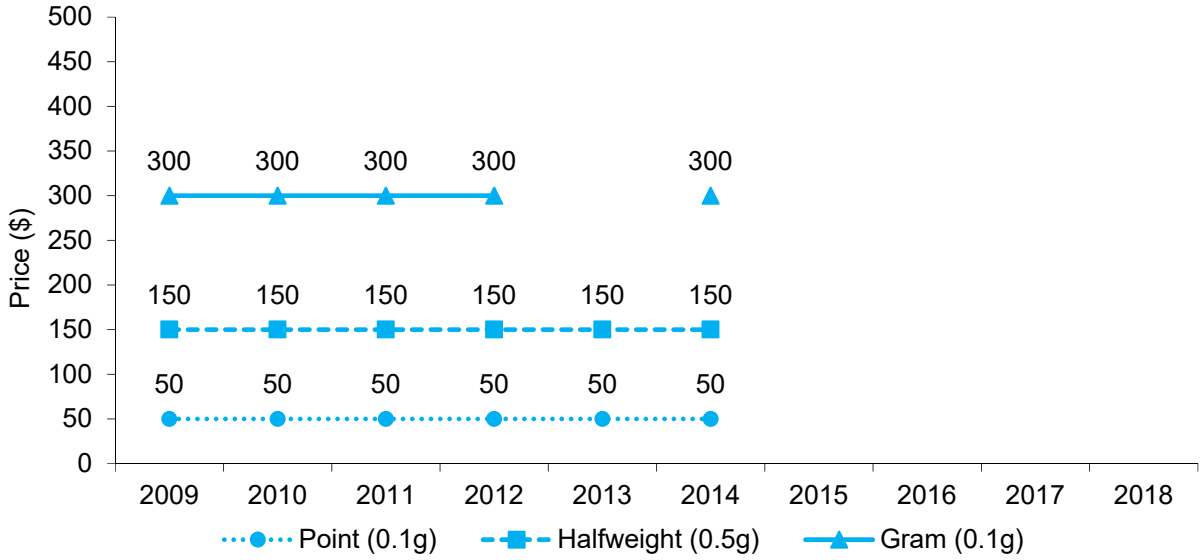
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.
† Median price was substituted where no single mode was reported
# Note that the distribution was nearly bimodal: n=21 reporting $50; n=20 reporting $100; median= $75

Figure 5.2.1.1: Median prices of powder methamphetamine estimated from PWID purchases, 2009-2018



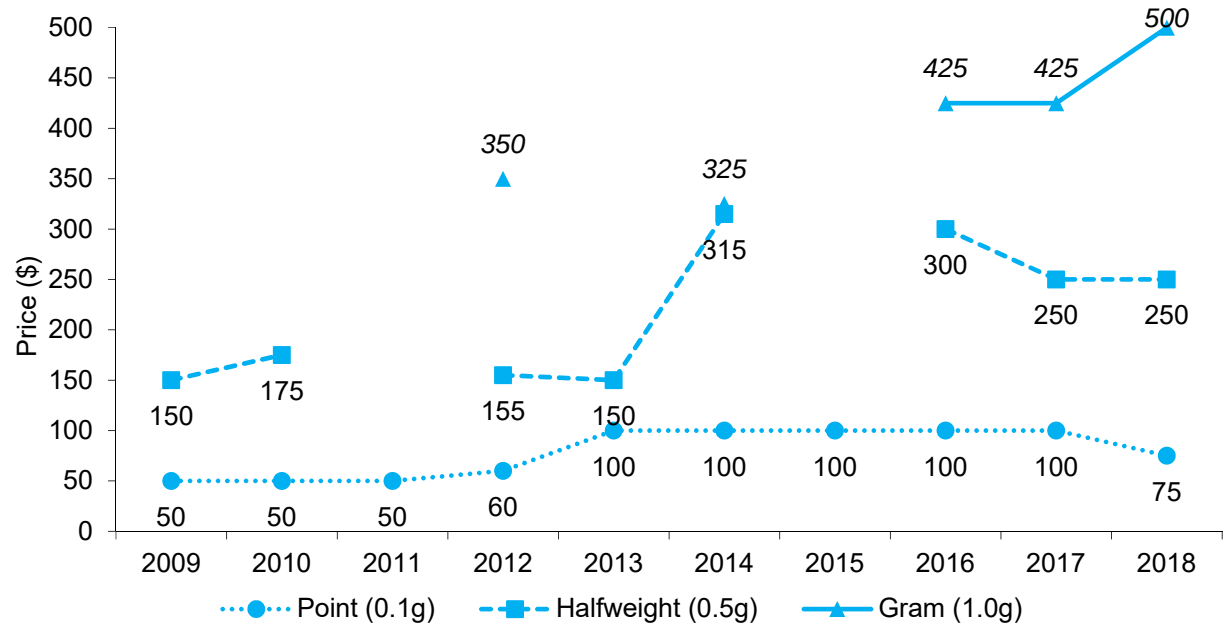
Source: IDRS PWID interviews

Figure 5.2.1.2: Median prices of base/paste methamphetamine estimated from PWID purchases, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

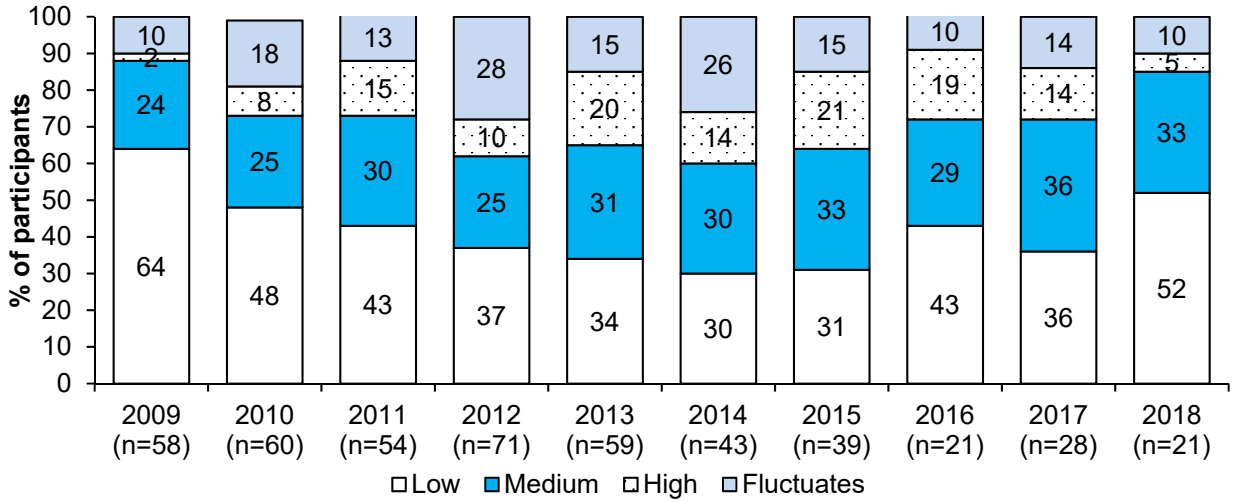
Figure 5.2.1.3: Median prices of crystal methamphetamine/ice estimated from PWID purchases, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

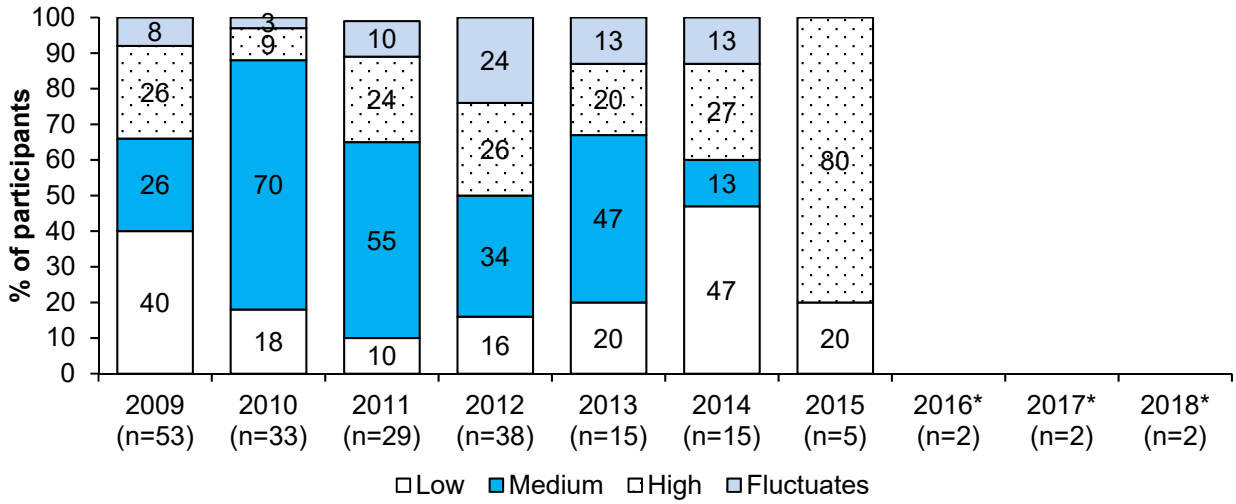
5.2.2 Purity

Figure 5.2.2.1: Perceptions of methamphetamine powder purity, among those who commented, 2009-2018



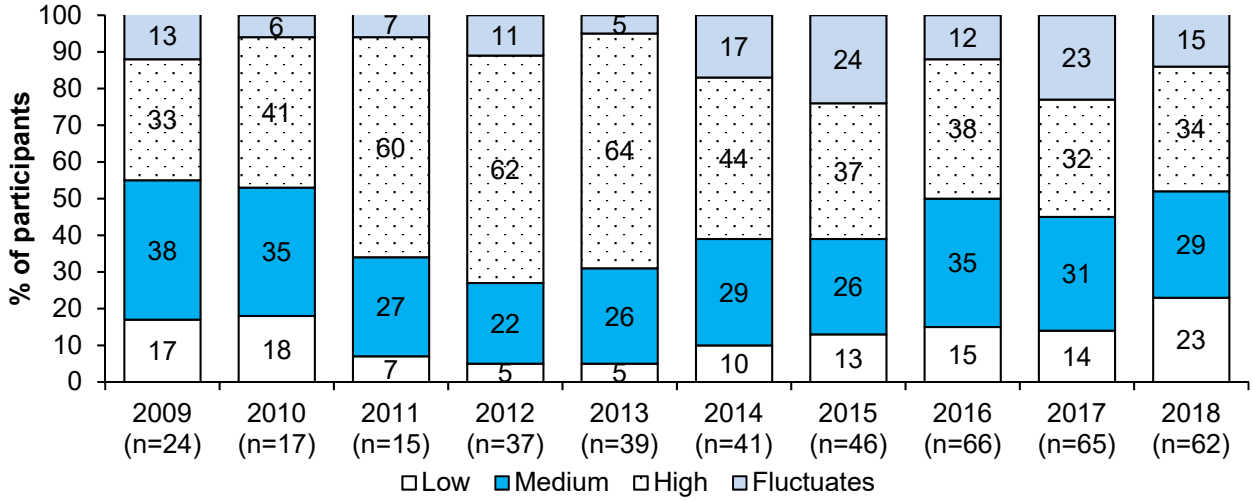
Source: IDRS PWID interviews

Figure 5.2.2.2: Perceptions of methamphetamine base/paste purity, among those who commented, 2009-2018



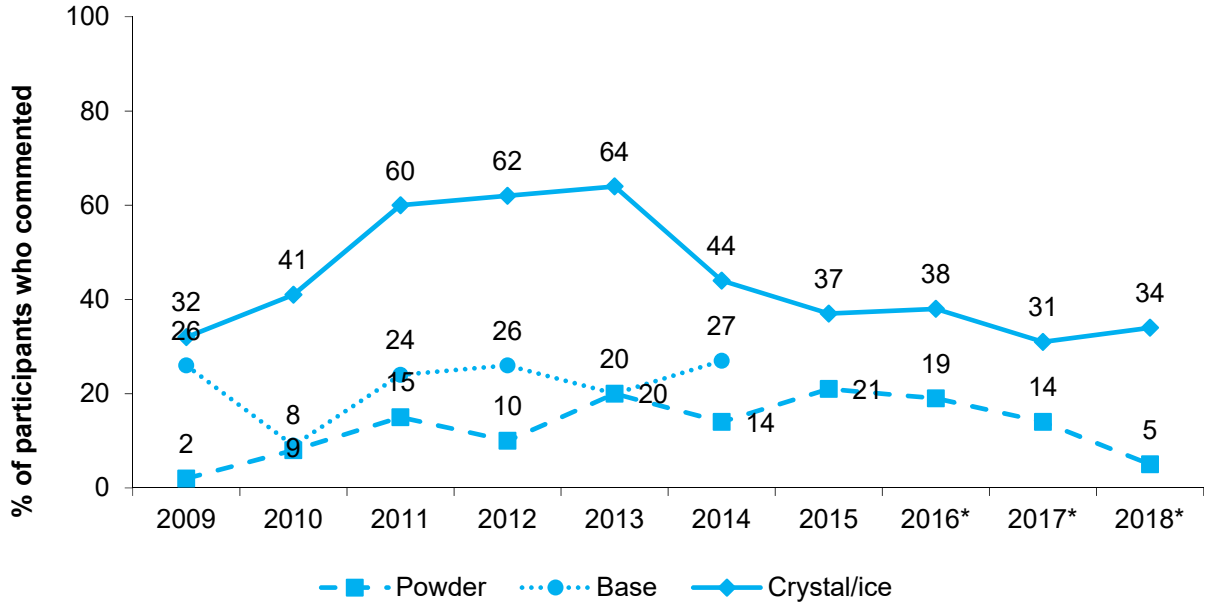
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Figure 5.2.2.3: Perceptions of crystal methamphetamine purity, among those who commented, 2009-2018



Source: IDRS PWID interviews

Figure 5.2.2.4: Proportion of participants reporting powder, base and crystal/ice purity as 'high', amongst those who commented, 2009-2018



Source: IDRS PWID interviews
* Results for base in 2015, 2016, 2017 and 2018 are omitted due to a low number of respondents

Table 5.2.2: Purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2007/08-2016/17

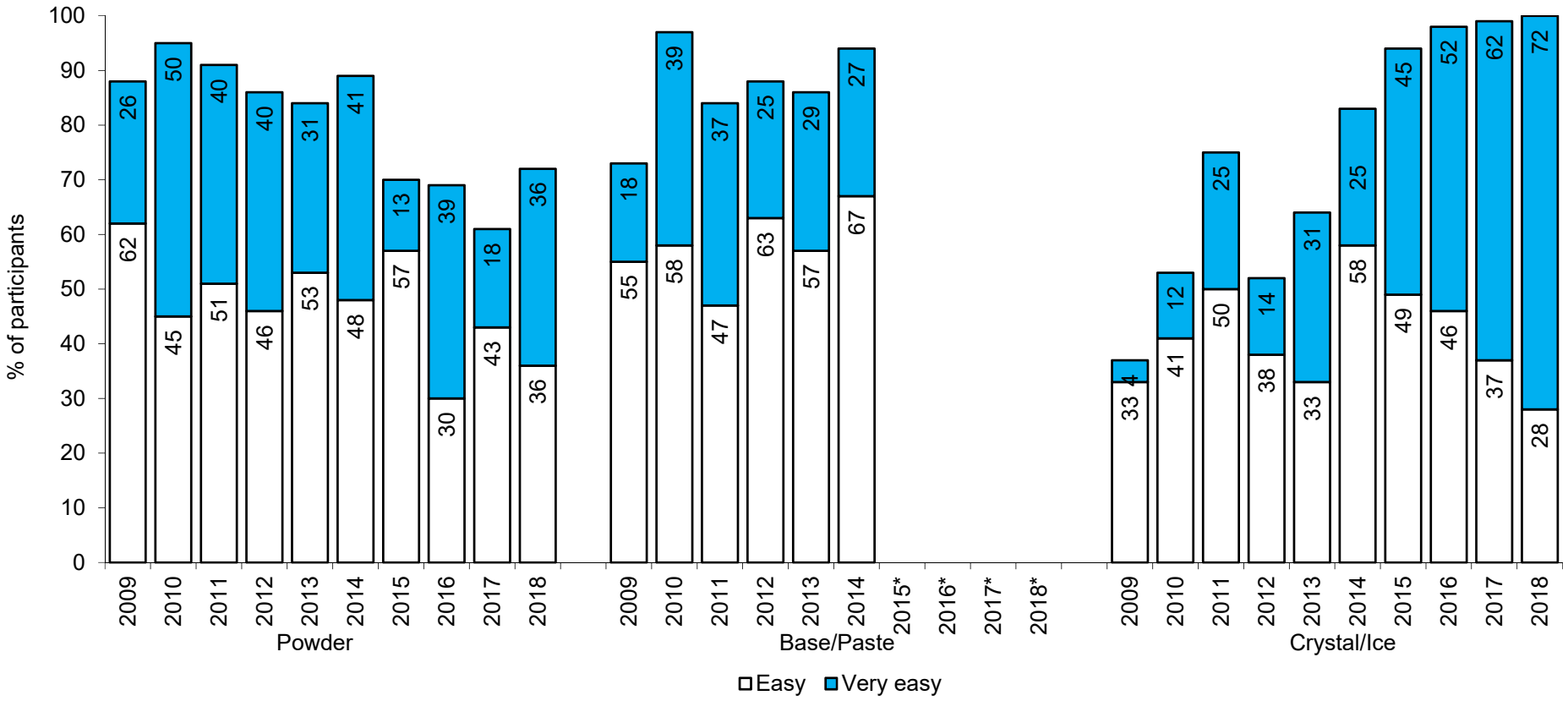
	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17
≤2g										
n	*7*	*11*	*-*	*3*	*2*	*1*	*-*	*3*		*2*
Median % purity	7.6%	12.6%		33.6%	5.2%	64.0%		78%		79.9%
>2g										
n	*32*	*9*	*5*	*50*	*21*	*6*	*17*	*20*	*1*	*5*
Median % purity	8.5%	7.8%	4.4%	9.3%	7.9%	62.2%	64.3%	67.2%	74.8%	74.8%
Total										
n	*39*	*20*	*5*	*53*	*23*	*7*	*17*	*23*	*1*	*7*
Median % purity	**8.5%**	**9.2%**	**4.4%**	**9.3%**	**7.9%**	**64.0%**	**64.3%**	**73.1%**	**74.8%**	**75.1%**
Range in % purity	*(2-40%)*	*(3-14%)*	*(1-7%)*	*(1.8-36.6%)*	*(1.7-71.9%)*	*(5.7-77.6%)*	*(10.2-79.0%)*	*(31.5-79.8%)*	-	-

Source: ABCI, ACC, ACIC; Tasmania Police State Intelligence Services

Note: No seizures made by the Australian Federal Police in the state were analysed between 1997/98 and 2012/13; one seizure detected by the Australian Federal Police in 2014/15 >2gs had a median purity of 80.2% (range 80.2%). All analysed seizures of amphetamines in this period revealed methamphetamine rather than amphetamine. Data for 2017/18 were not available at the time of publication

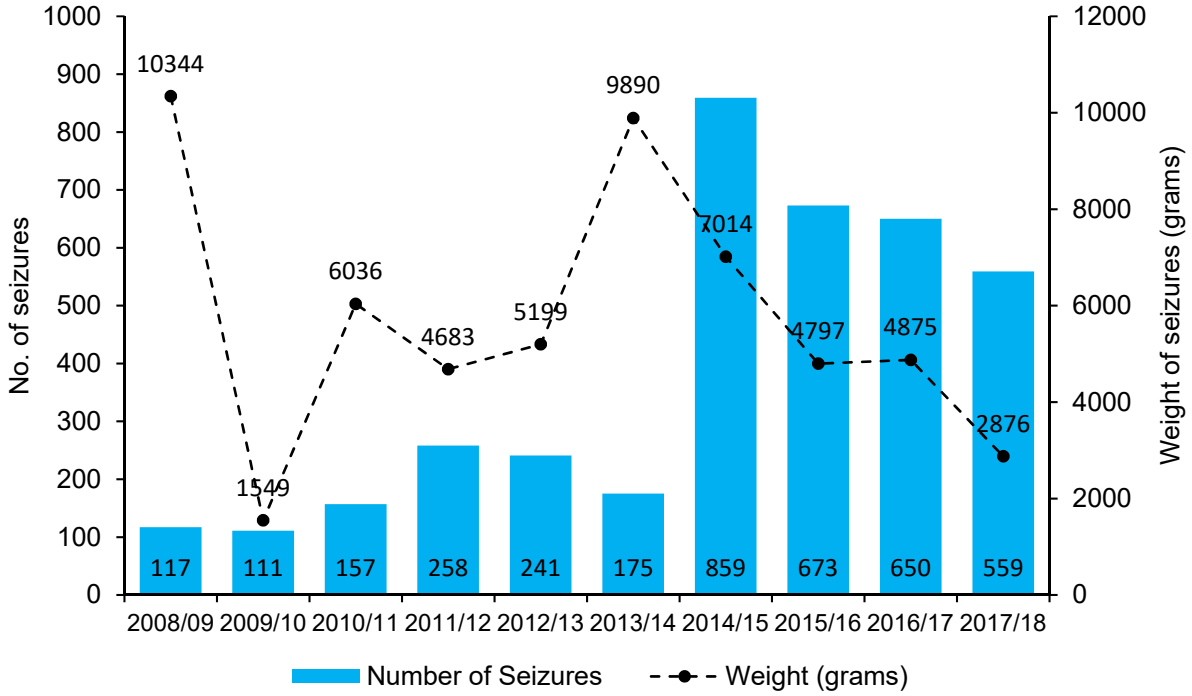
5.2.3 Availability

Figure 5.2.3.1: PWID reports of ease of availability of different methamphetamine forms, amongst those who commented, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Figure 5.2.3.2: Seizures of methamphetamine by Tasmania Police, 2008/09-2017/18



Source: ABCI, ACC, ACIC, State Intelligence Service, Tasmania Police
Note: 2017/18 data was provided by Tasmania Police State Intelligence Service and includes only seizures weighed in grams. 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, Purity

- Because cocaine use has been so uncommon and infrequent, too few IDRS participants have been able to report on purchase prices or purity for reliable trends to be determined (<5 per annum). This situation has remained unchanged over the past 5 IDRS surveys.

Availability

- The low level of use of cocaine is clearly suggestive of low availability of the drug locally. However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than the last decade (average 20 seizures, 77g per annum in 2015/17-2017/18 compared with 2 seizures, 24g per annum over the 2007/08-2013/14). [Table 5.3.1]

5.3.1 Availability

Table 5.3.1: Cocaine seizures, 2007/08-2017/18

Seizures	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	**2017 /18**
Number	0	2	3	3	7	0	2	25	12	21	**27**
Weight (g)	0	7	46	28	64	-	25	273	30	64	**138**

Source: ABCI, ACC, ACIC and State Intelligence Services, Tasmania Police
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. In 2016/17, the Australian Federal Police made a single seizure of 187,064 grams of cocaine in Tasmania.

5.4 Cannabis

Cannabis market indicators

Key Points

Price

Outdoor cultivated cannabis

- Participants reported most commonly paying $25 per gram of outdoor cultivated cannabis and $75 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years. [Figure 5.4.1]

Indoor cultivated cannabis

- Participants reported most commonly paying $25 per gram of indoor cultivated cannabis and $100 per quarter-ounce (7g). The prices for quarter ounce purchases are higher than 2016 and 2017 though similar to the typical price over the past 10 years. [Figure 5.4.1]

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 5 years. [Figure 5.4.2.1]

Indoor cultivated cannabis

- Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2018, 5 in 10 considered it 'high' and 3 in 10 considered it as 'medium'. Over the past decade, the proportion of consumers considering indoor cultivated cannabis as 'high' in potency has slowly declined (66% in 2009). [Figures 5.4.2.2 & 3]

Availability

Tasmania police typically make more than 2000 cannabis seizures per annum over the past decade. In 2017/18 approximately 220kg of cannabis was seized, which is relatively consistent with seizures in the previous two years (<200kg per annum). [Figure 5.2.3.4]

Outdoor cultivated cannabis

- The majority of consumers regarded this as 'easy' or 'very easy' to access. [Figure 5.4.3.1]

Indoor cultivated cannabis

- The majority regarded this as 'easy' to 'very easy' to access. In keeping with use, indoor cultivated cannabis appears slightly easier for consumers to access, a situation that has been consistent since 2011. [Figures 5.4.3.2 & 3]

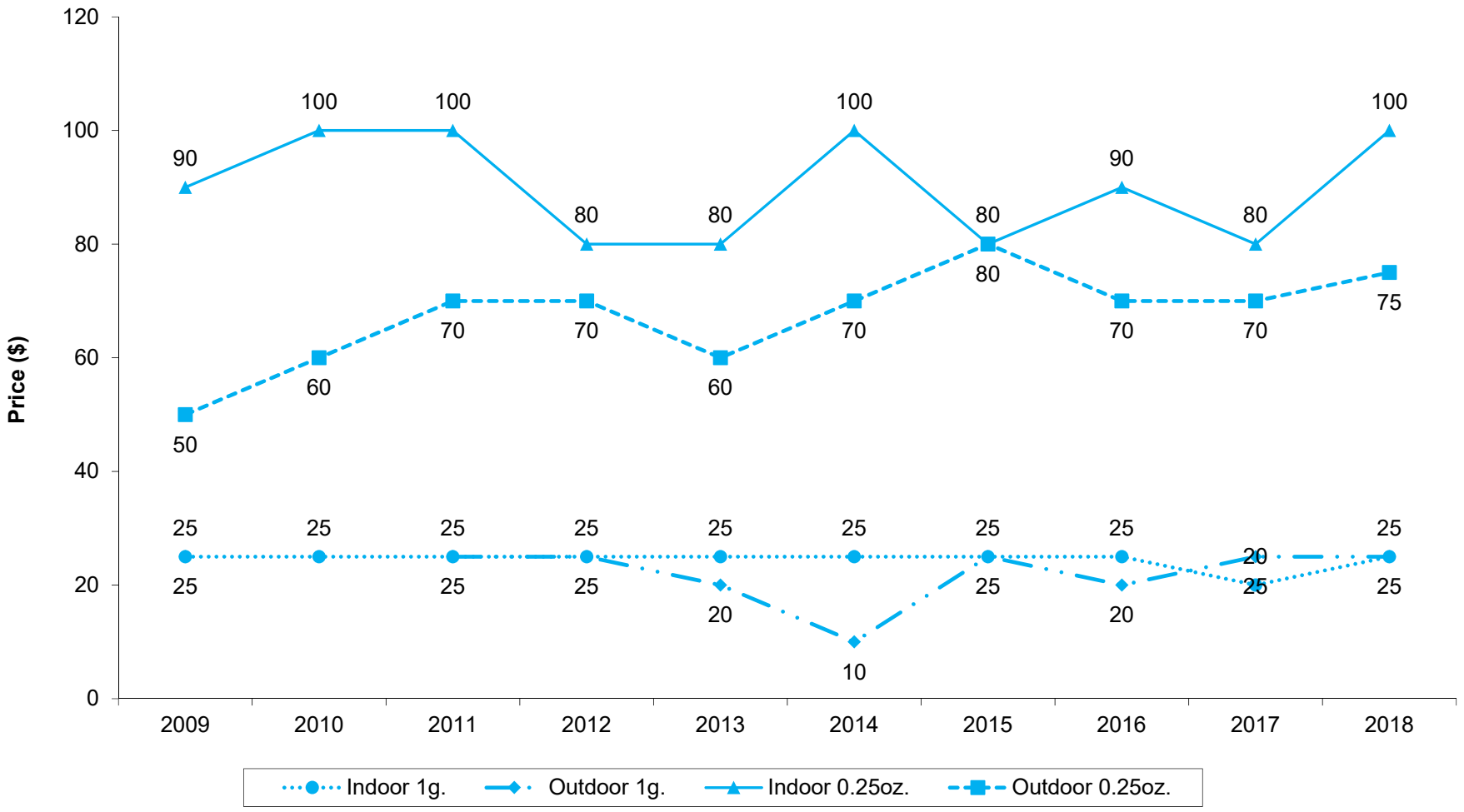
5.4.1 Price

Table 5.4.1: Most common amounts and prices of cannabis purchased by PWID, 2014-2018

Outdoor-cultivated cannabis	2014	2015	2016	2017	**2018**
Modal last price					
One gram (range)	$10 ($10-25) n=14	$25 ($20-25) n=8	$20† ($10-25) n=16	$25 ($10-25) n=13	**$25 ($10-25) n=18**
1/4 ounce (range)	-	-	$70† ($40-90) n=9	$70 ($50-100) n=13	**$75† ($60-100) n=6**
1/2 ounce (range)	-	-	-	$150 ($100-150) n=8	**-**
One ounce (range**)**	$200 ($150-250) n=8	-	-	$200 ($80-300) n=7	**$200 ($100-250) n=8**
Indoor-cultivated cannabis	2014	2015	2016	2017	**2017**
Modal last price					
One gram (range)	$25 ($20-25) n=13	$25 ($20-25) n=21	$25 ($10-25) n=24	$20 ($10-25) n=36	**$25 ($10-25) n=23**
1/4 ounce (range)	$100 ($50-100) n=20	$80 ($75-100) n=22	$90 ($60-100) n=20	$80 ($70-100) n=22	**$100 ($70-100) n=21**
1/2 ounce (range)	$150 ($85-160) n=6	$150 ($140-180) n=9	$170 ($10-250) n=5	$150 ($130-170) n=12	**-**
One ounce (range)	$250 ($250-300) n=8	$300 ($150-380) n=16	$300 ($25-300) n=12	$280 ($150-320) n=12	**$250 ($180-350) n=14**

Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.
† Median substituted, as no single mode exists.
^ Questions were changed in 2015 from dollar value deals to gram based information.
Note: Range in parentheses

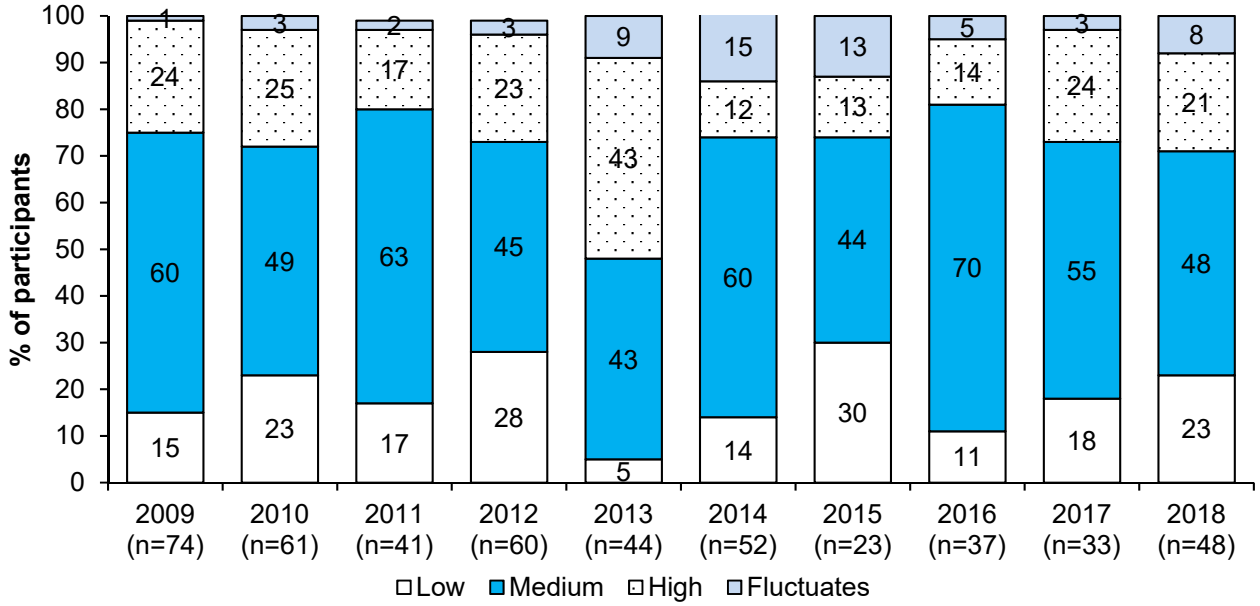
Figure 5.4.1: Modal prices of one gram and quarter ounce purchases of outdoor and indoor-cultivated cannabis, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded
† Median price was substituted where no single mode was reported

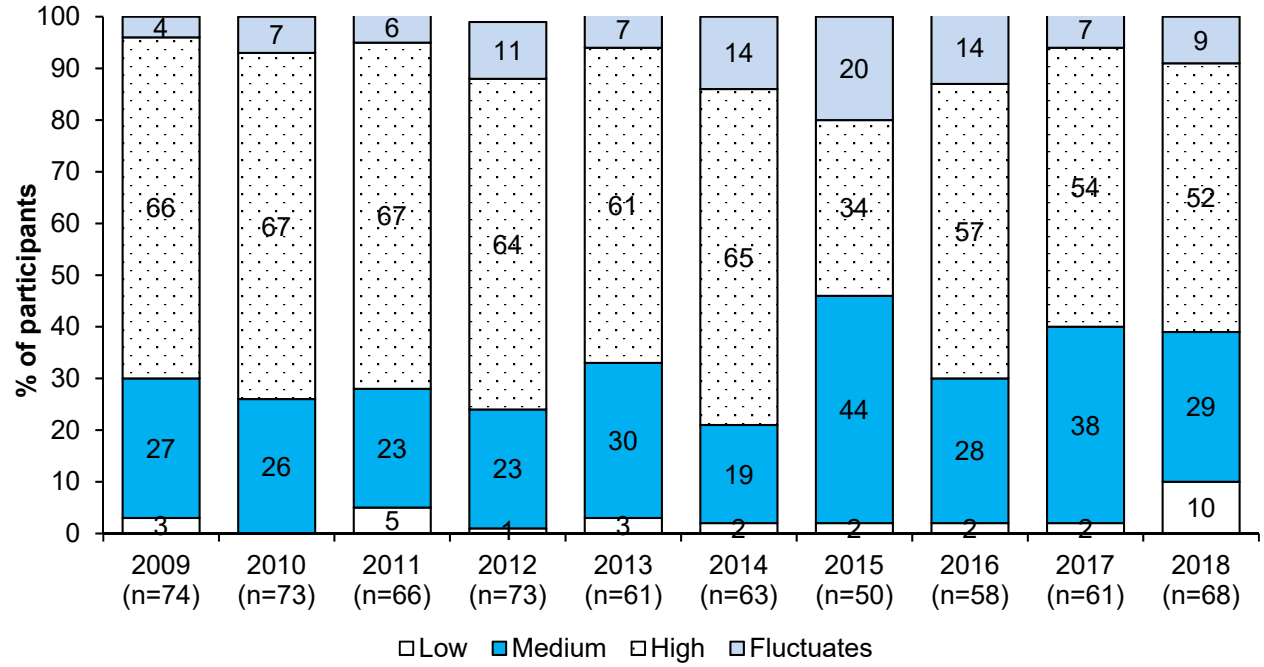
5.4.2 Potency

Figure 5.4.2.1: Current potency of outdoor-cultivated cannabis, 2009-2018



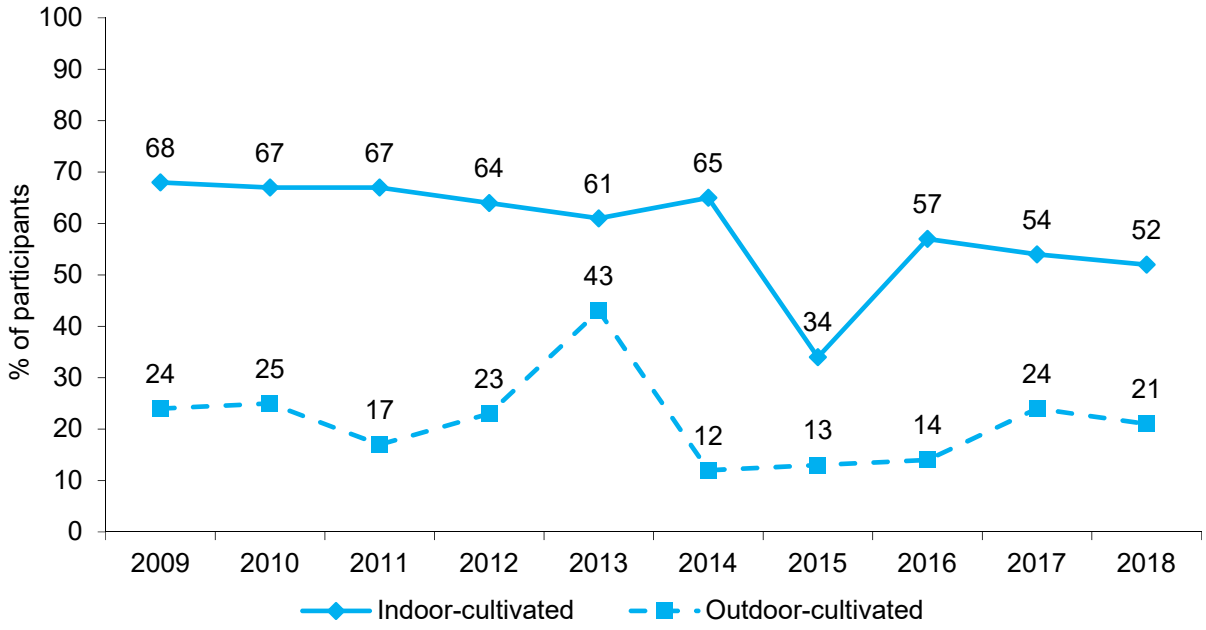
Source: IDRS PWID interviews

Figure 5.4.2.2: Current potency of indoor-cultivated cannabis, 2009-2018



Source: IDRS PWID interviews

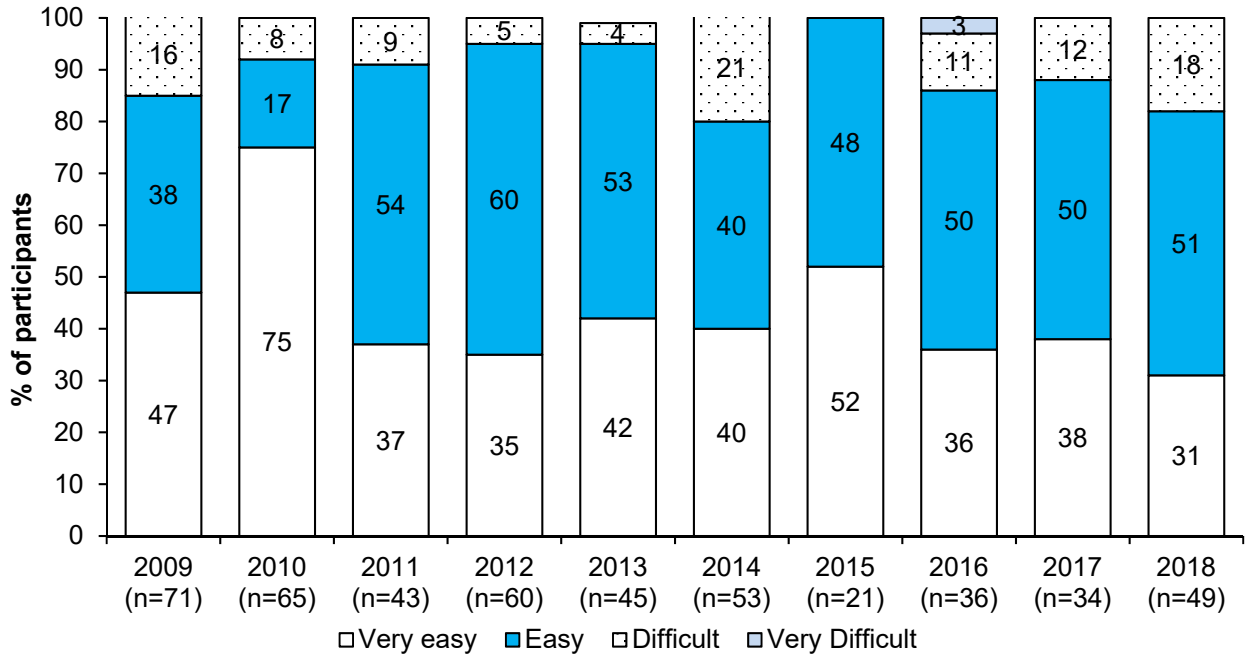
Figure 5.4.2.3: Proportion of participants reporting outdoor and indoor-cultivated cannabis potency as 'high', amongst those who commented, 2009-2018



Source: IDRS PWID interviews

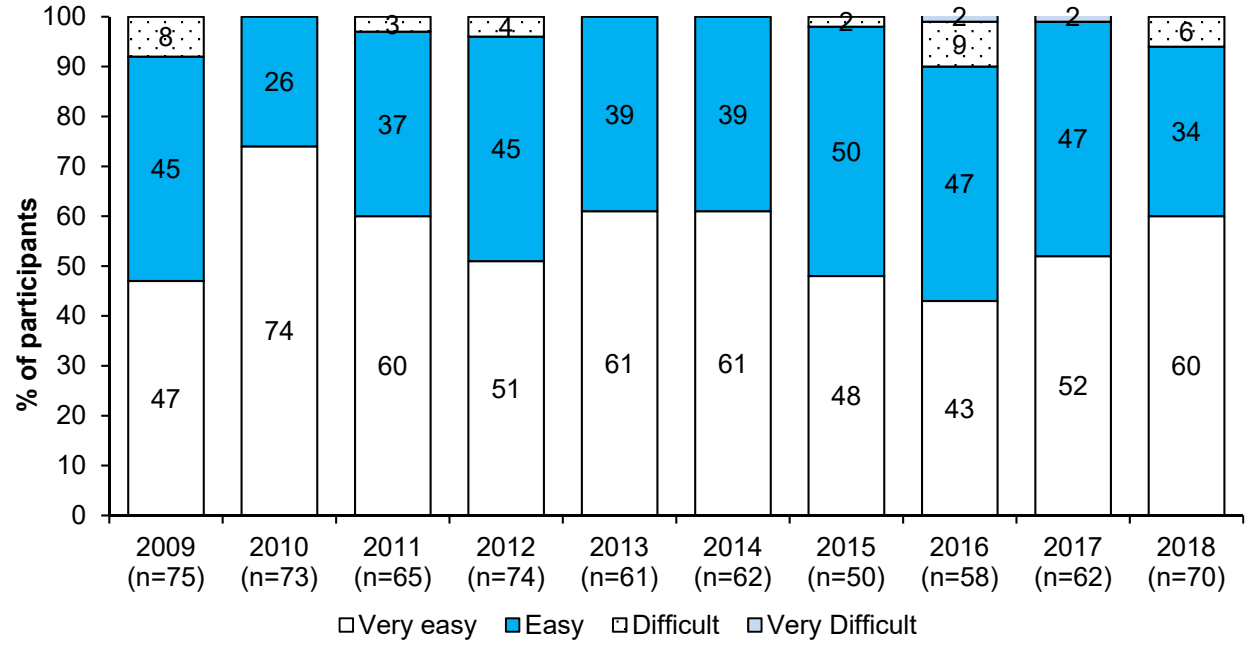
5.4.3 Availability

Figure 5.4.3.1: PWID reports of current availability of bush cannabis, 2009-2018



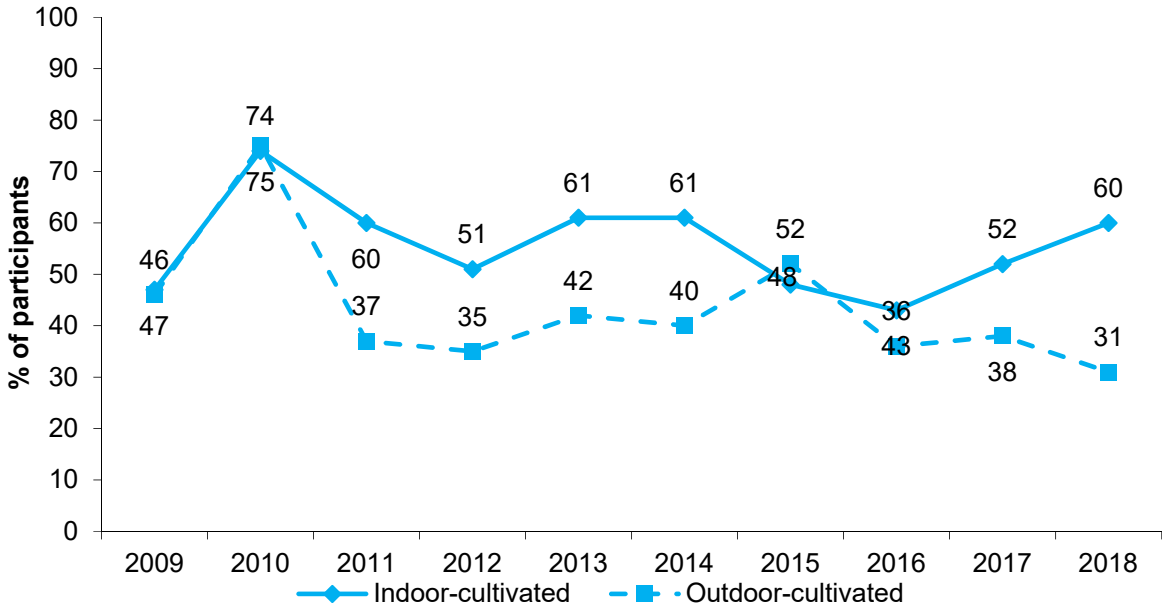
Source: IDRS PWID interviews

Figure 5.4.3.2: PWID reports of current availability of hydro cannabis, 2009-2018



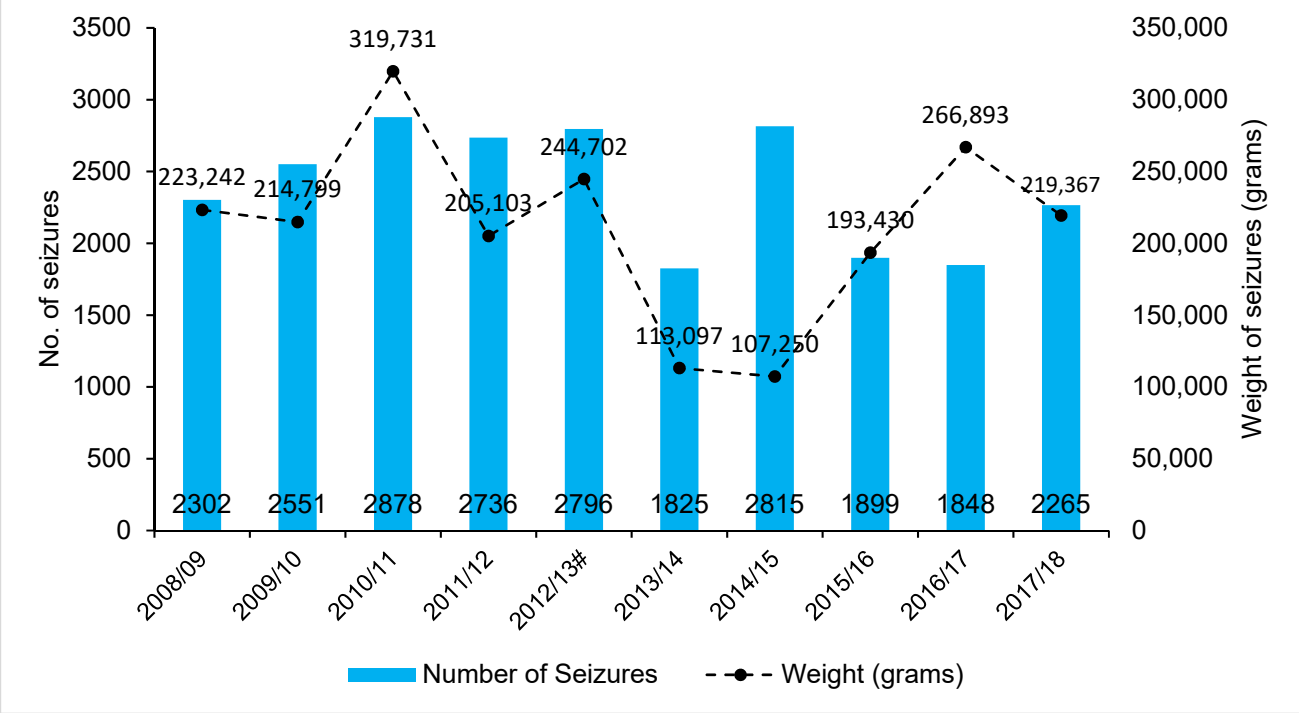
Source: IDRS PWID interviews

Figure 5.4.3.3: Proportion of participants reporting outdoor and indoor-cultivated cannabis availability as 'very easy', amongst those who commented, 2009-2018



Source: IDRS PWID interviews

Figure 5.4.3.4: Seizures of cannabis by Tasmania Police, 2008/09-2017/18



Source: ABCI, ACC, ACIC, 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.

5.5 Opioids

Opioid market indicators

Key Points

Price

Morphine

- Since 2009, all forms of morphine have robustly been sold at $1 per mg. [Figure 5.5.1.1]

Oxycodone

- Prior to the introduction of the 'tamper-resistant' OxyContin reformulation, these tablets were purchased at $1 per mg. In 2015 and 2016, the reformulated OxyContin tablets were sold at around $0.5 per mg. In 2017 and 2018, reformulated OxyContin has returned to purchase prices of $1 per mg. [Figure 5.5.1.2]

Methadone

- Physeptone tablets have been purchased for $2 per mg over the past 5 years. [Table 5.5.1]

Availability

Morphine

- Three quarters of consumers who recently used morphine regarded it as 'easy' or 'very easy' to access in 2018. This is in keeping with the past decade. [Figure 5.5.4]

Oxycodone

- There appears to have been a decline in oxycodone availability between 2017 and 2018: in 2018 one third of recent consumers reported it to be 'easy' or 'very easy' to access, compared to two thirds of consumers in 2015-2017. [Figure 5.5.4]

Methadone

- Methadone has predominantly considered difficult to access in the past 5 years. [Figure 5.5.4].

5.5.1 Price

Table 5.5.1: Modal last purchase price for most recent purchase of pharmaceutical opioids, 2014-2018

Preparation	2014 IDRS		2015 IDRS		2016 IDRS		2017 IDRS		2018 IDRS	
	Price	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***
MS Contin										
10 mg tablet	$10 ($10)	*8*	-	*-*	-	*-*	-	*-*	**-**	***-***
30 mg tablet	$30 ($25-30)	*24*	$30 ($25-$30)	*25*	$30 ($15-40)	*22*	$30 ($30-35)	*17*	**$30 ($30-45)**	***16***
60 mg tablet	$60 ($40-60)	*38*	$60 ($30-70)	*32*	$60 ($0-60)	*31*	$60 ($20-60)	*25*	**$60 ($50-80)**	***28***
100 mg tablet	$100 (40-120)	*40*	$100 ($70-100)	*33*	$100 ($80-100)	*21*	$100 ($50-100)	*17*	**$100 ($10-100)**	***11***
Kapanol										
20 mg capsule	$20 ($20)	*11*	$20 ($20)	*7*	$20 ($10-20)	*13*	$20 ($20)	*6*	***$20 ($20)***	***8***
50 mg capsule	$50 ($35-50)	*28*	$50 ($25-50)	*21*	$50 ($30-400)	*19*	$50 ($25-50)	*13*	***$50 ($40-60)***	***21***
100 mg capsule	$100 ($60-100)	*20*	$100 ($60-$100)	*9*	$100 ($50-100)	*7*	$100 ($85-$110	*7*	***$100 ($100-120)***	***10***
Anamorph										
30 mg tablet	$30 ($30-40)	*14*	$30 ($20-$30)	*10*	$30 ($20-30)	*6*	-	*-*	**$30 ($10-35)**	***15***

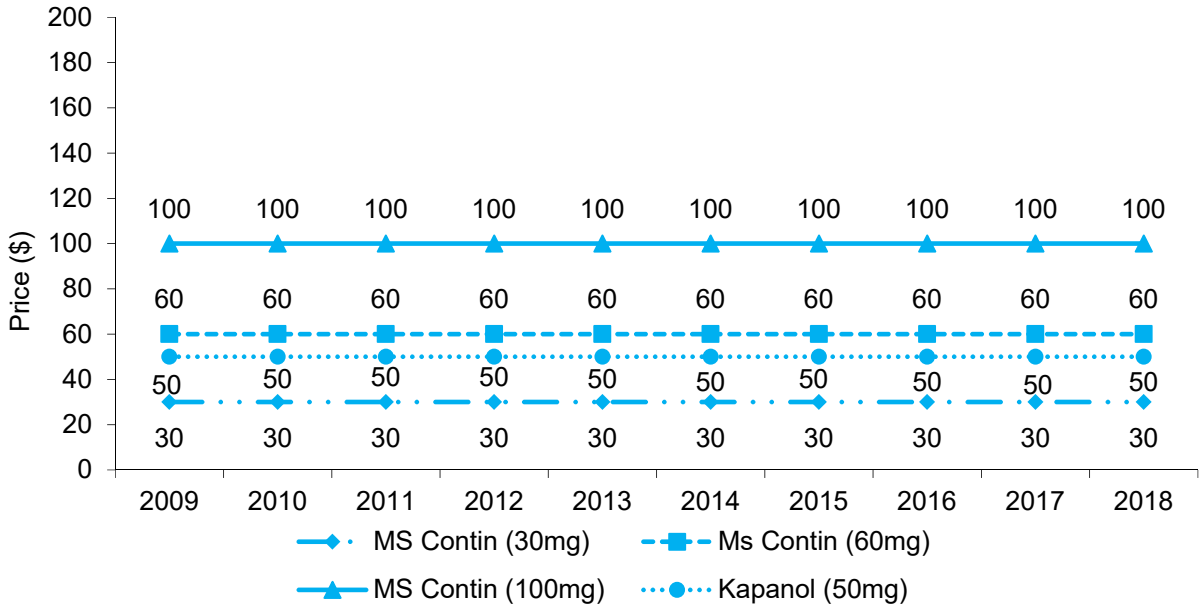
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded
Note: Reported price range in parentheses.
n/r = Not reported

Table 5.5.1 Modal last purchase price for most recent purchase of pharmaceutical opioids, 2014-2018 (continued)

Preparation	2014 IDRS		2015 IDRS		2016 IDRS		2017 IDRS		2018 IDRS	
	Price	*n*	Price	*n*	Price	*n*	Price	*n*	Price	*n*
OxyContin (original)										
10 mg tablet	-	-	-	-	n/r	-	n/r	-	**n/r**	**-**
20 mg tablet	$20 ($10-25)	*13*	-	-	n/r	-	n/r	-	**n/r**	**-**
40 mg tablet	$40 ($25-50)	*14*	-	-	n/r	-	n/r	-	**n/r**	**-**
80 mg tablet	$80 ($65-80)	*14*	-	-	n/r	-	n/r	-	**n/r**	**-**
OxyContin (reformulated)										
10 mg tablet	-	-	-	-	-	-	$10 ($10-20)	*5*	**-**	**-**
20 mg tablet	-	-	$10 ($0-20)	*8*	$15 ($5-20)	*5*	$20 ($20-25)	*6*	**-**	**-**
40 mg tablet	-	-	$20 ($20-40)	*6*	$20 ($15-50)	*10*	$40 ($20-40)	*5*	**$40 ($20-80)**	***6***
80 mg tablet	-	-	-	-	-	-	-	-	**-**	**-**
OxyContin (generic)										
10 mg tablet			-	-	-	-	-	-	**-**	**-**
20 mg tablet			-	-	-	-	-	-	**-**	**-**
40 mg tablet			-	-	-	-	-	-	**-**	**-**
80 mg tablet			-	-	-	-	-	-	**-**	**-**
Methadone syrup (price per mg)	$1 ($0.8-1)	*28*	$1 ($1-5.83)	*8*	$1 ($1-2)	*8*	$1 ($0.5-2)	*13*	**$1 ($1-2)**	***7***
Physeptone										
5 mg tablet	-	-	-	-	-	-	-	-	**-**	**-**
10 mg tablet	$20 ($10-20)	*30*	$15 ($10-20)	*10*	$20($8-20)	*18*	$20 ($6.50-20)	*20*	**$20 ($10-20)**	***19***

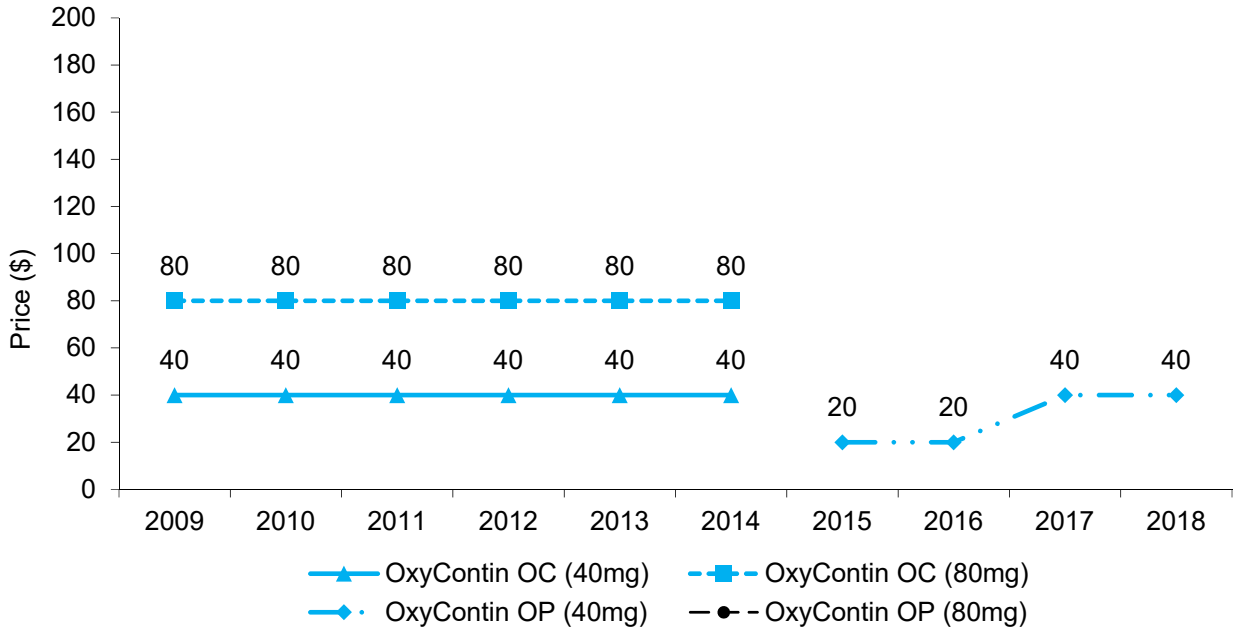
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded
Note: Reported price range in parentheses.
n/r = Not reported

Figure 5.5.1.1: Modal prices of morphine estimated from PWID purchases, 2009-2018



Source: IDRS PWID interviews

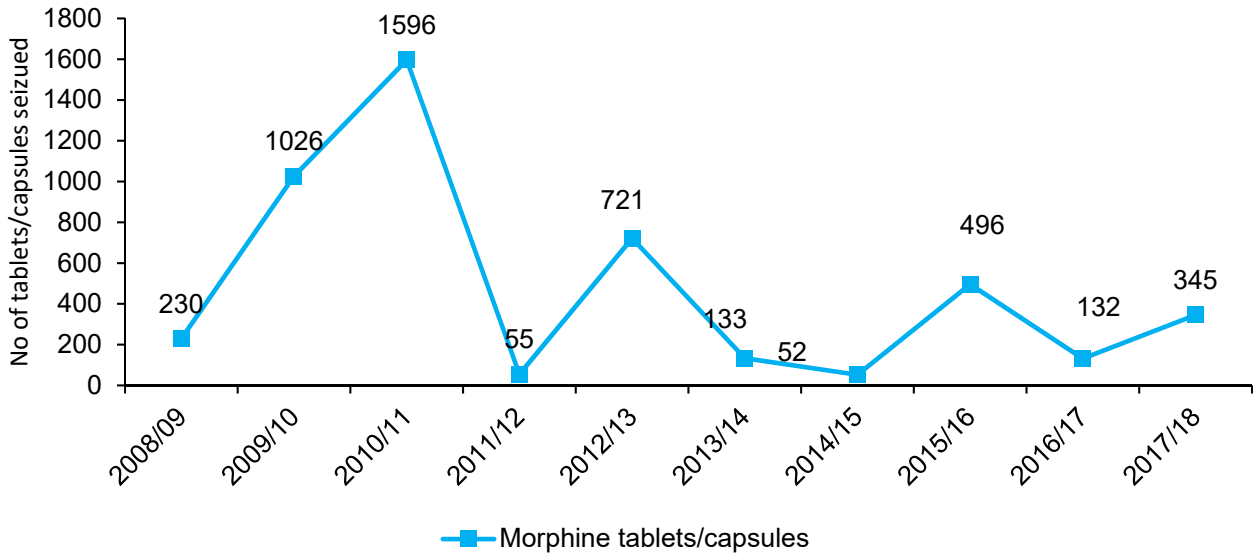
Figure 5.5.1.2: Modal prices of Oxycodone estimated from PWID purchases, 2009-2018



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded

5.5.2 Availability

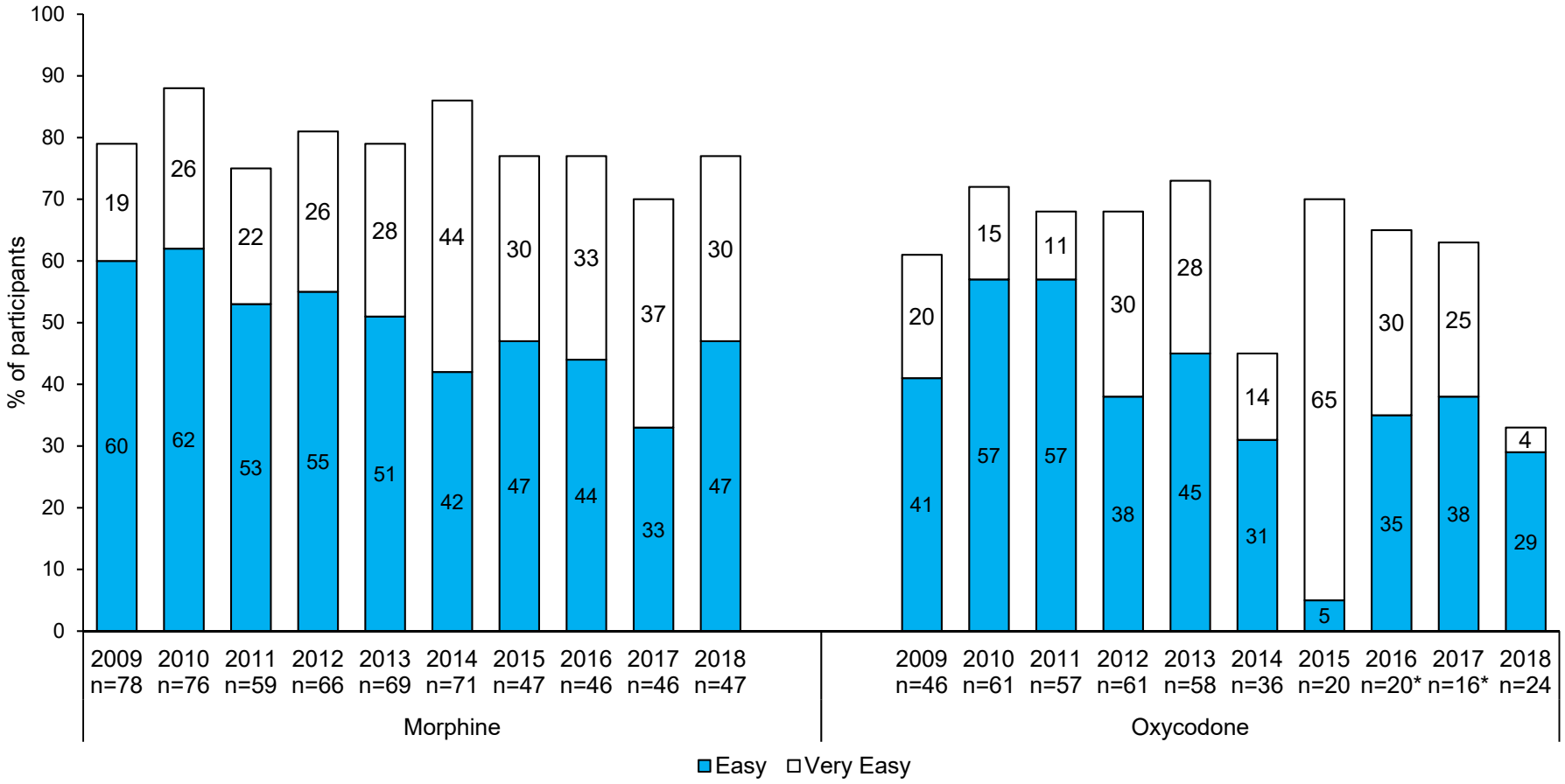
Figure 5.5.2.1: Number of morphine tablets and capsules seized by Tasmania Police, 2008/09-2017/18



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

5.5.4 Trends in availability of different forms of pharmaceutical opioids across IDRS studies

Figure 5.5.4: PWID reports of 'easy' or 'very easy' availability of illicit - non-prescribed pharmaceutical opioids, 2009-2018



Source: IDRS PWID interviews
*Refers to reformulated 'OP' oxycodone, rather than 'OC' oxycodone

5.6 Other drugs

5.6.1 Alkaloid poppies

 Alkaloid poppy market indicators Key Points	**Availability** • Prior to 2016/17, the average number of poppies stolen from Tasmanian crops was approximately 1,700 per annum. In 2016/17, there was a substantial increase in the number of poppies stolen (over 12,000 capsules). In 2017/18, the numbers stolen returned to the previous average (approximately 1,400 capsules).

Table 5.6.1: Tasmanian alkaloid poppy crop diversion rates, 2008/09-2017/18

	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18
Number of capsules stolen	2,280	4,772	1,473	687	2,895	3,923	331	516	12,239	1,430
Cost per hectare of securing poppy crops	$33	$30	$26	$26	$19	n/r	n/r	$32	n/r	n/r
Number of capsules stolen per hectare sown	0.14	0.23	0.06	0.03	0.09	0.18	0.01	0.03	1.50	0.08
Number of theft incidents reported	17	33	11	12	19	21	7	10	28	14
% of PWID sample reporting use	11	7	8	5	4	11	4	3	8	n/r
Median days used (among PWID using)	3 (1-90)	14 (1-45)	15 (2-30)	n/r	n/r	n/r	n/r	n/r	n/r	n/r
TASPOL seizures	*445 g of poppy products; 231 units*	*908 caps; 3 units liquid; 2 units plant material; 49.2g seed; 0.3g veg matter*	*56 plants; 15.5g seed; 114g veg matter*	*24 plants;4 units veg matter; 116 caps; 0.6g resin*	*1,258 caps; 1001 liquid units; 200 plants; 17g seeds*	*46 units/ counts*	*n/r*	*n/r*	*n/r*	*n/r*

Source: Poppy Advisory and Control Board, Department of Justice Tasmania, Department of Justice Tasmania Annual Report, Tasmania Police State Intelligence Services, DPIPWE, IDRS PWID interviews.
Note: 'caps' refers to poppy capsules
* May be an overestimate of seizures as Tasmania Police data are an amalgamation of plants, capsules and weight of seizures. Data reported here are the best estimate of seizure quantity. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. n/r = Not reported

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Health related trends

Key Points

Overdose

- Two percent of the 2018 PWID participants experienced a non-fatal overdose on pharmaceuticals in the previous year. [Table 6.1.1]
- In 2016, the Tasmanian rate of opioid overdoses was equivalent to the rate nationally (~45 per million). [Figure 6.1.1]

Drug treatment

- Since 2013/14 there have been approximately 3,300 closed treatment presentations per annum. In this time the proportion of cases with methamphetamine as a principal drug of concern has steadily increased (11% in 2013/14 to 24% in 2016/17). The proportion of cases relating to cannabis as a principal substance has declined in this time (30% in 2013/14 to 21% in 2016/17). The majority of treatment episodes in Tasmania (38%) continue to relate to alcohol. [Table 6.2.2]

Injecting risk behaviours and harms

- Two percent of the 2018 PWID participants reported using another person's used syringe in the past six months; and one fifth reused their own injecting equipment. Reuse typically occurred between once and five times, and typically related to 1mL syringes. [Table 6.4.1]
- The rates of report of most recent injection being in a high-risk site (groin, neck) was reported by 6% in 2018, which is slightly lower than 2016 and 2017 but consistent with the remainder of the previous decade. [Table 6.4.1]
- Two-thirds of participants reported injection-related problems in the preceding month, typically non-serious issues including scarring, bruising or problems injecting. These rates have remained similar over the past 5 IDRS samples. [Table 6.6.2].

Mental health

- Half of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2018, almost two-thirds of those reporting a mental health problem had attended a mental health professional; this is a reduction from rates in 2013 and 2014 where three-quarters had accessed mental health treatment. [Table 6.7.1]
- While these mental health problems typically related to high-prevalence conditions (anxiety & depression; psychoses and traumatic stress conditions were reported in particularly high rates (17% and 25% of those with mental health conditions respectively). [Table 6.7.1]
- Using a validated measure of psychological distress, more than half of the IDRS sample 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). [Figure 6.7.1]

Driving Risk

- In 2018, only 40% of participants had driven a vehicle in the past six months; of these, nearly two-thirds had driven soon after consuming illicit - non-prescribed substances. These rates are slightly lower to those seen over the past 5 IDRS surveys. [Table 6.8.1.1]
- The proportion of drivers in the IDRS sample that had experienced roadside drug testing in the previous six months has substantially increased, from 13% in 2013 to 34% in 2018. [Figure 6.8.1.2]

6.1 Overdose and drug-related fatalities

6.1.1 Opioids

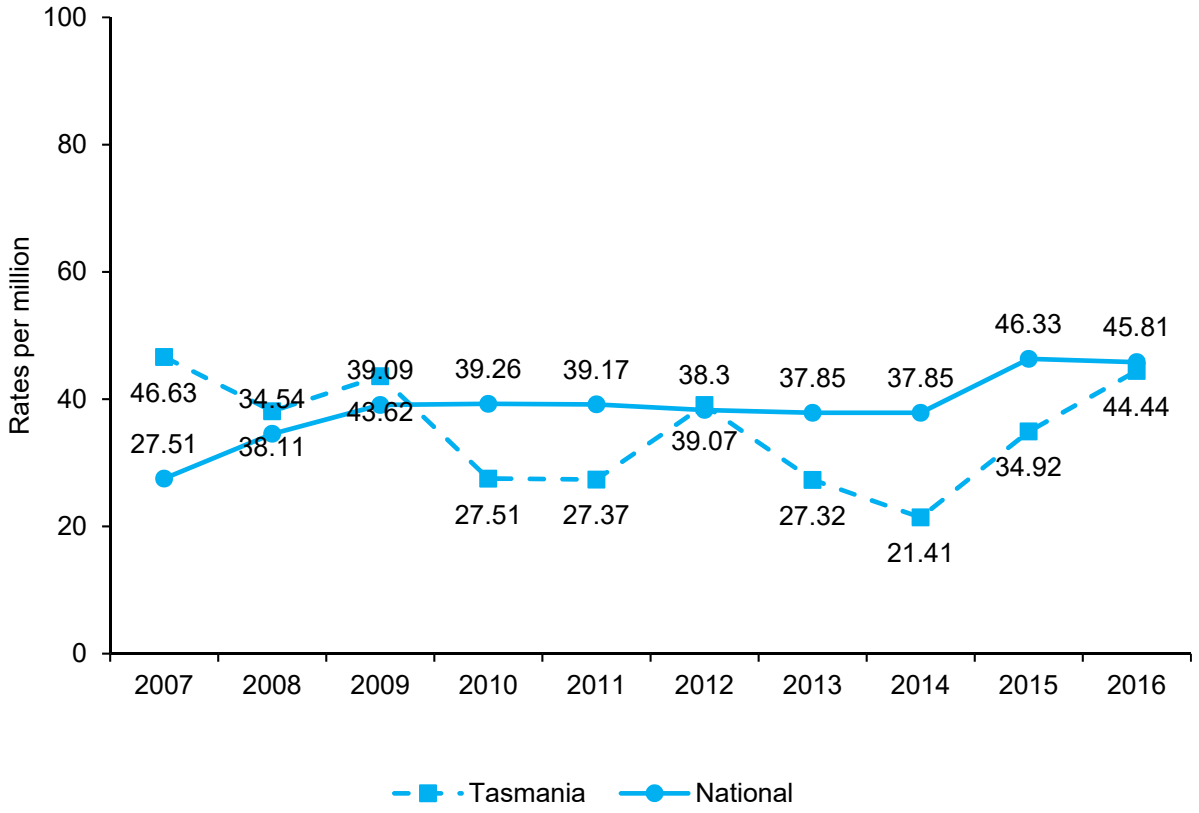
Table 6.1.1: Reported experience of non-fatal overdose among the PWID sample, 2009-2018

Overdosed last 12 months	2009 N=100	2010 N=100	2011 N=100	2012 N=106	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100
Heroin (%)	1	0	1	0	1	1	1	2	2	**0**
Any Pharmaceutical Opioid (%)	10	4	5	6	7	4	2	1	5	**2**
Methamphetamine (%)	0	1	0	2	2	2	1	3	2	**2**

Source: IDRS PWID interviews.

Fatal Opioid Overdoses

Figure 6.1.1: Rate of accidental deaths per million persons due to opioid use among those aged 15-54 years, 2008-2016



Source: Roxburgh & Burns, 2016a; ABS population data cubes
* Data for causes of death since 2012 were not available at time of publication

6.1.2 Stimulants

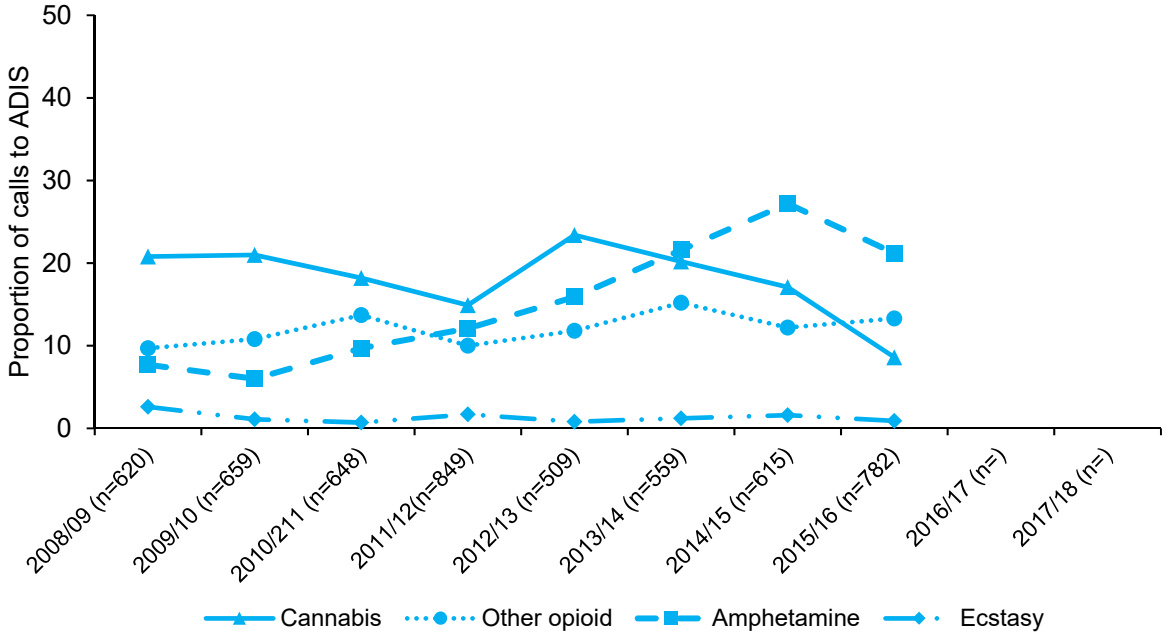
Non-fatal stimulant overdoses

Participants were asked if they had ever experienced a non-fatal methamphetamine overdose. Methamphetamine overdose is often characterised by profuse sweating, increased pulse, blood pressure and body temperature, and in severe cases (which occur infrequently) can also result in cardiovascular problems, stroke, kidney failure and death. Amongst the current cohort, no participants reported experiencing a non-fatal methamphetamine overdose in the preceding 12 months. This is lower than 2017 (when 2 participants reported an overdose in the past 12 months).

6.2 Drug treatment

6.2.1 Information-seeking: Alcohol and Drug Information Service (ADIS)

Figure 6.2.1: Percentage of calls to ADIS referring to persons using specific drugs, 2008/09-2017/18



Source: ADIS Tasmania Reports, Turning Point Alcohol and Drug Centre.
Note: 2016/17 and 2017/18 data not available at time of publication

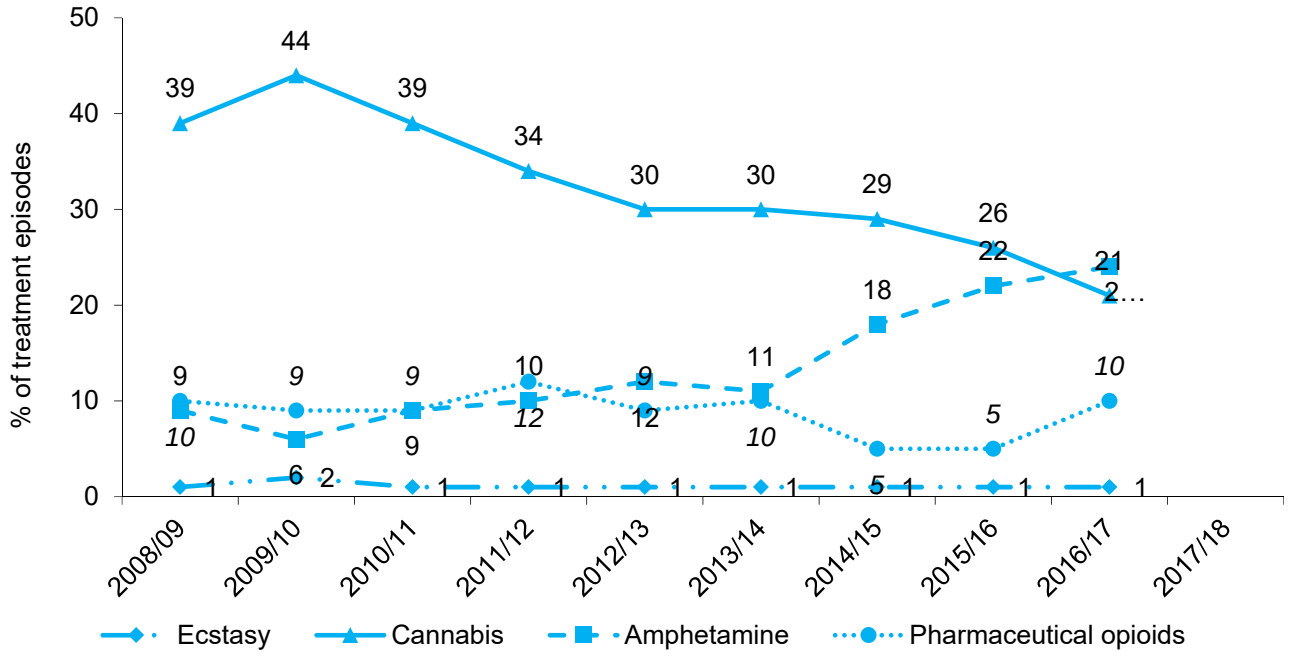
6.2.2 Treatment: Tasmanian Alcohol and Other Drug Treatment Minimum Data Set

Table 6.2.2: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set, 2007/08-2016/17

Total Data Set	2007/08*	2008/09*	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
n	2,302	2,081	1,544	1,738	1,672	2,338	2,841	3,241	3,840	3,389
% receiving service for their own use	92% (n=2,124)	95% (n=1,983)	94% (n=1,452)	95% (n=1,653)	93% (n=1,554)	91% (n=2,130)	93% (n=2,649)	92% (n=2,972)	93% (n=3,585)	96% (n=3,252)
Sex (% male)	69% (n~1,455)	70% (n=1,388)	71% (n=1,030)	74% (n=1,215)	72% (n=1,117)	68% (n=1,449)	69% (n=1,798)	72% (n=2,021)	65% (n=2,484)	66% (n=2,135)
Aboriginal and/or Torres Strait Islander	11% (n~232)	10% (n=198)	10% (n=141)	11% (n=189)	n/r	8% (n=167)	8% (n=212)	10% (n=285)	11% (n=420)	12% (n=379)
Principal drug of concern										
Alcohol	32% (n~682)	38%(n~748)	34% (n=500)	39% (n~641)	39% (n=619)	39% (n=840)	41% (n=1078)	40% (n=1200)	39% (n=1408)	38% (n=1226)
Nicotine	n/r	1%(n~22)	<1% (n=4)	<1% (n~7)	1% (n=16)	1% (n=16)	1% (n=15)	1% (n=19)	<1% (n=13)	<1% (n=12)
Cannabis	45% (n~936)	39% (n~767)	44% (n=644)	39% (n~643)	34% (n=540)	30% (n=638)	30% (n=784)	29% (n=861)	26% (n=918)	21% (n=699)
Amphetamine	11% (n~239)	9% (n=167)	6% (n=88)	9% (n~142)	10% (n=154)	12% (n=263)	11% (n=290)	18% (n=545)	22% (n=789)	24% (n=780)
Cocaine	0	0	<1% (n=1)	<1% (n~2)	<1% (n=1)	<1% (n=2)	<1% (n=4)	<1% (n=3)	<1% (n=3)	<1% (n=8)
'Ecstasy'	2% (n~36)	1% (n~26)	2% (n=28)	<1% (n~10)	<1% (n=8)	<1% (n=4)	<1% (n=8)	1% (n=15)	1% (n=28)	1% (n=39)
Heroin	<1% (n~7)	<1% (~10)	<1% (n=9)	<1% (n~8)	<1% (n=6)	1% (n=14)	<1% (n=10)	<1% (n=6)	<1% (n=6)	1% (n=21)
Morphine	5% (n~97)	6% (n~127)	6% (n=89)	5% (n~84)	7% (n=102)	5% (n=110)	4% (n=110)	3% (n=81)	3% (n=120)	5% (n=168)
Methadone	1% (n~23)	1% (n~26)	1% (n=18)	1% (n~20)	1% (n=15)	1% (n=29)	1% (n=31)	1% (n=26)	1% (n=43)	1% (n=34)
Other opioids	<1% (n~12)	2% (n~38)	2% (n~22)	2% (n~36)	4% (n=64)	1% (n=15)	5% (n=142)	1% (n=22)	1% (n=8)	1% (n=39)
Benzodiazepines	1% (~27)	1% (n~28)	1% (n~19)	2% (n~31)	1% (n=17)	2% (n=45)	2% (n=50)	1% (n=37)	1% (n=43)	1% (n=43)
Other	2% (n~36)	0	3% (n~36)	<1% (n~5)	<1% (n=12)	<1% (n=5)	1% (n=30)	<1% (n=11)	1% (n=27)	4% (n=116)

Source: Australian Institute of Health and Welfare
* The total number of closed treatment episodes may be undercounted because two agencies only supplied drug diversion data
n/r: Not reported
~ Approximately
Note: Multiple presentations of the same individual excluded. Data for 2017/18 were not available at the time of publication.

Figure 6.2.2: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Principal drug of concern, 2008/09-2017/18

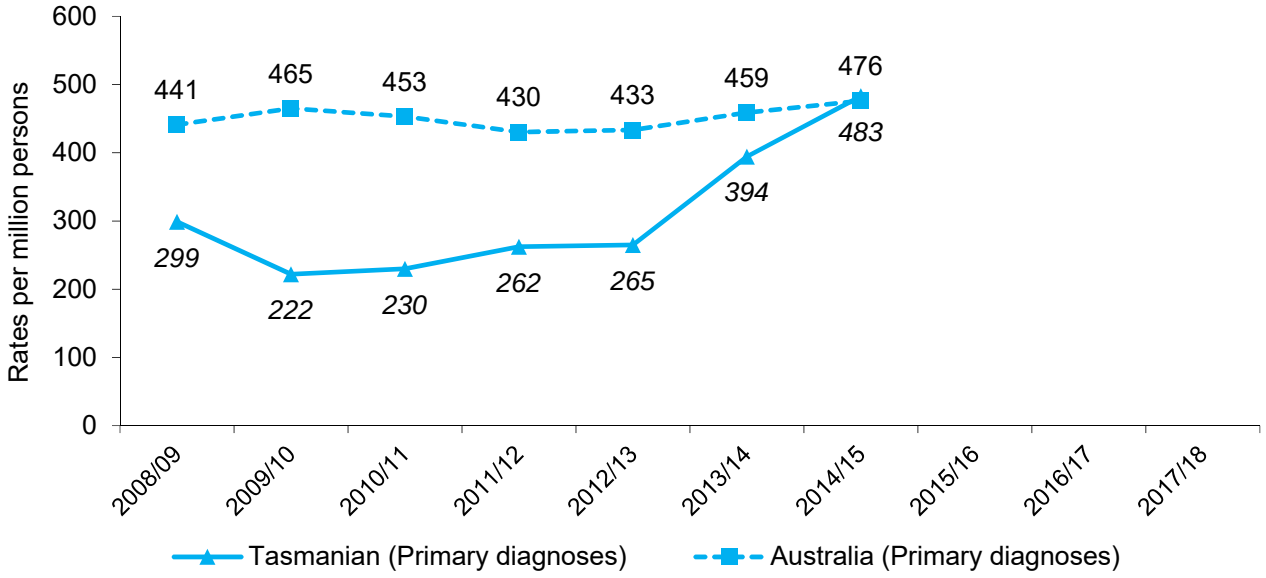


Source: Australian Institute of Health and Welfare. Data from 2017/18 not available at time of publication

6.3 Hospital admissions

6.3.1 Heroin and other opioids

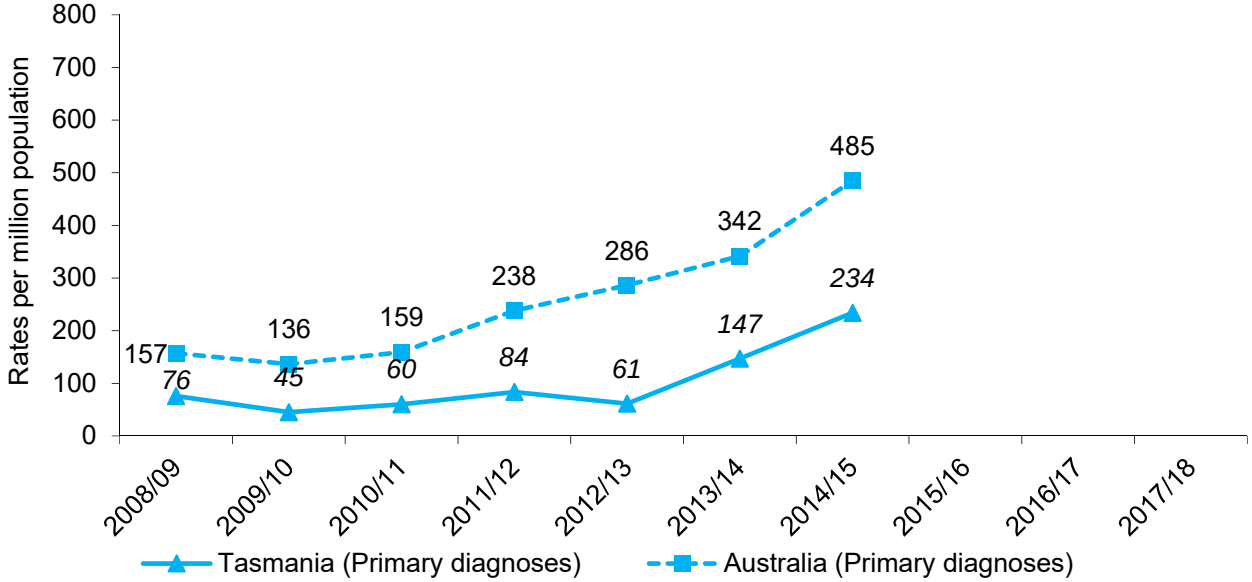
Figure 6.3.1: Public hospital admissions among persons aged 15-54 where opioids were noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2008/09-2017/18



Source: Roxburgh & Breen, 2017
Note: 2015/16, 2017/17 and 2017/18 data were not available at the time of publication

6.3.2 Methamphetamine

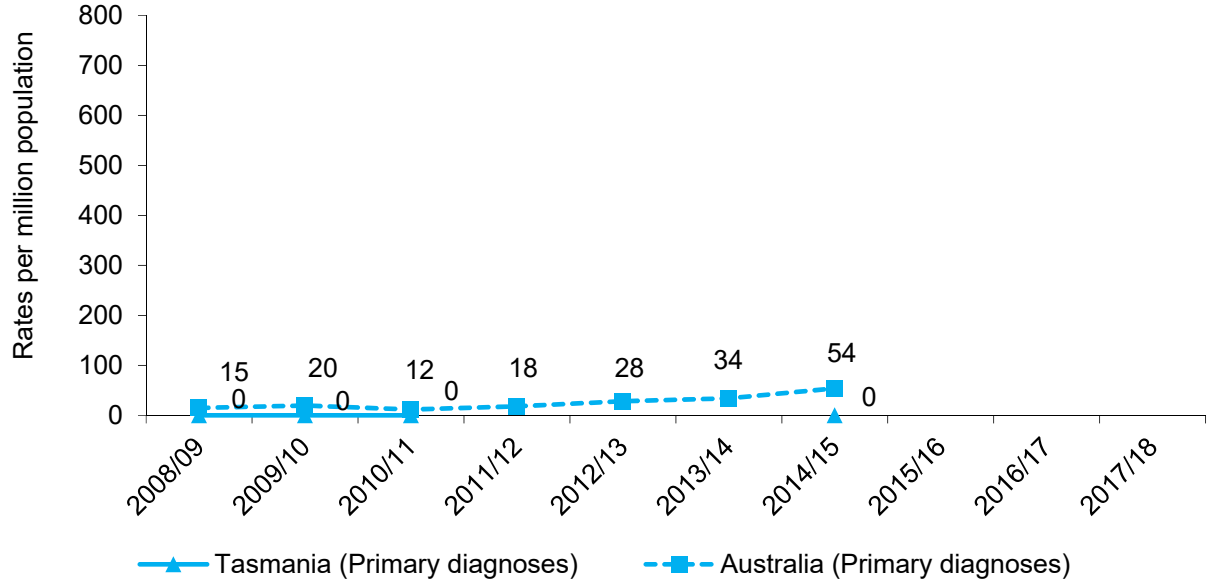
Figure 6.3.2: Public hospital admissions among persons aged 15-54 where methamphetamine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2008/09-2017/18



Source: Roxburgh & Breen, 2017
Note: 2015/16, 2016/17 and 2017/18 data were not available at the time of publication

6.3.3 Cocaine

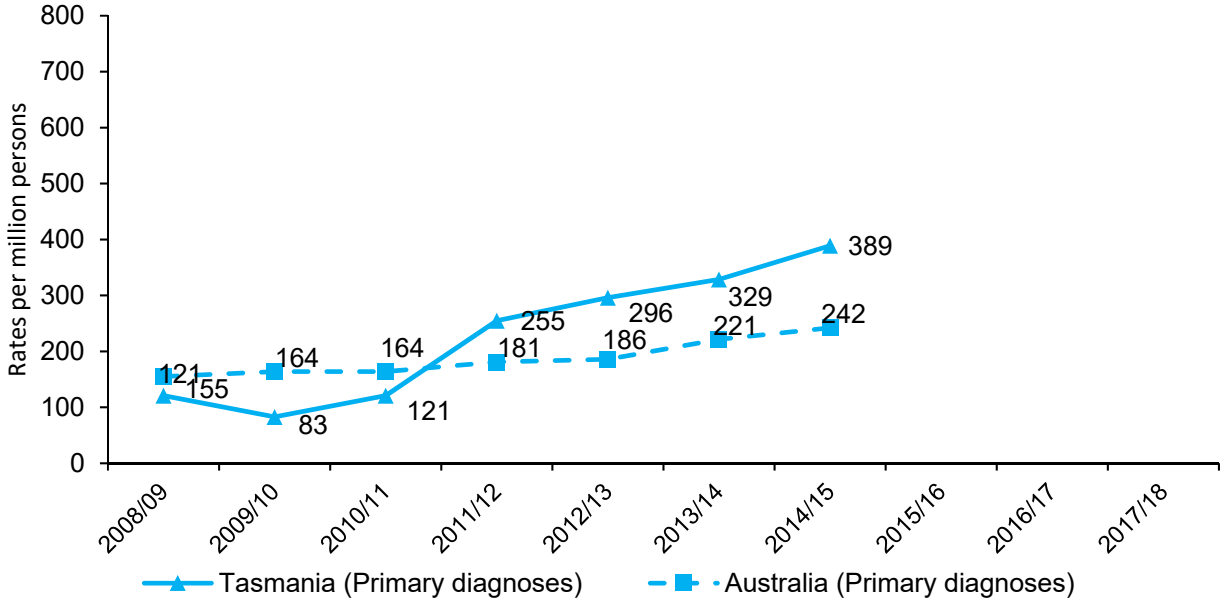
Figure 6.3.3: Public hospital admissions among persons aged 15-54 where cocaine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2008/09-2017/18



Source: Roxburgh & Breen, 2017
Note: 2015/16, 2016/17 and 2017/19 data were not available at the time of publication

6.3.4 Cannabis

Figure 6.11: Public hospital admissions among persons aged 15-54 where cannabis was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2008/09-2017/18

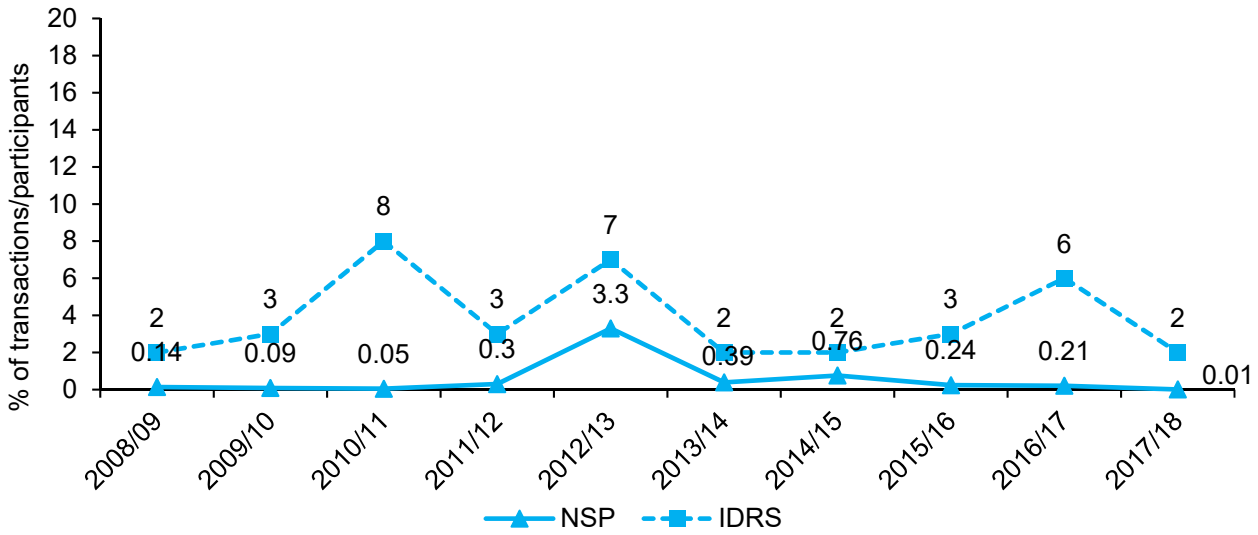


Source: Roxburgh & Breen, 2017
Note: 2015/16 and 2016/17 data were not available at the time of publication

6.4 Injecting risk behaviours

6.4.1 Sharing of injecting equipment

Figure 6.4.1: Reported sharing of needles and syringes by non-pharmacy Needle and Syringe Program clients and IDRS participants, 2008/09 – 2017/18



Source: Population Health, Department of Health and Human Services. IDRS PWID interviews
NSP data from 2017/18 are preliminary and based on a small number of sites

Table 6.4.1: Injecting risk behaviours of the Tasmanian IDRS PWID sample, over the preceding six months, 2009-2018

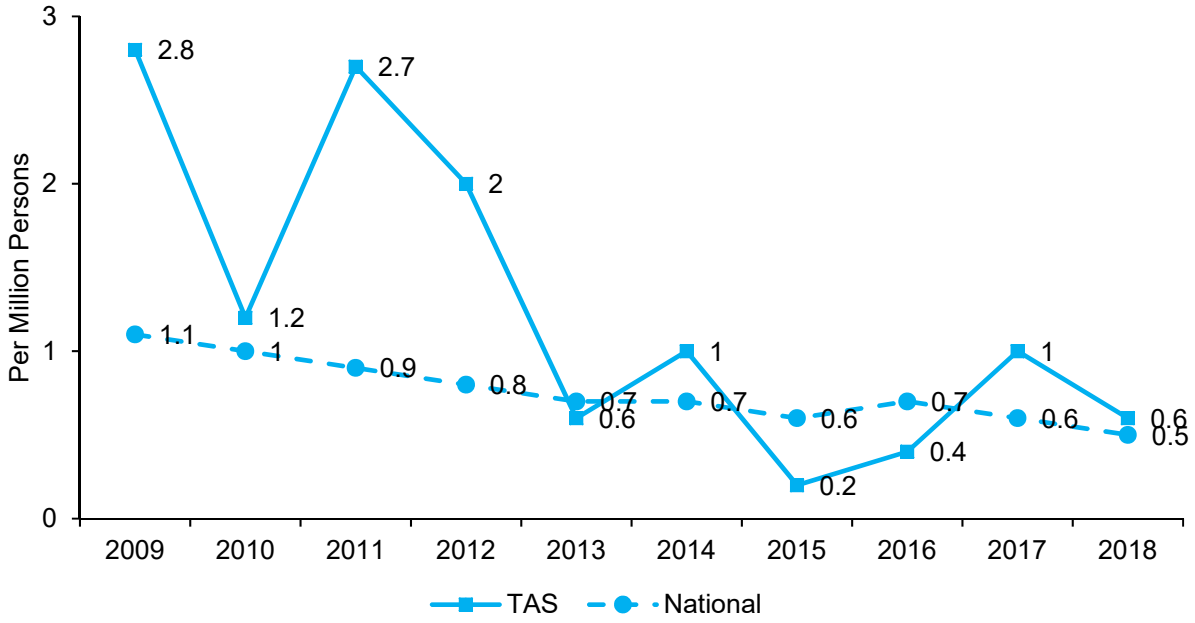
	2009 N=100 %	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	2017 N=100 %	**2018 N=100 %**
Borrowed used needles	2	3	8	2	7	2	2	3	6	**2**
Lent used needles to others	13	12	10	9	5	6	5	4	9	**4**
Shared equipment										
Spoons/containers	17	19	17	15	19	13	2	5	2	**4**
Water	6	6	8	9	11	15	4	2	5	**2**
Filters	8	12	3	4	12	5	1	1	1	**0**
Tourniquets	16	14	10	11	13	5	3	5	5	**4**
Re-used own injecting equipment	63	43	52	63	49	41	32	29	29	**19**
One occasion	14	16	15	23	17	10	14	11	8	**7**
Two occasions	16	10	18	16	14	19	10	9	10	**6**
3-5 occasions	17	5	10	17	13	8	3	6	4	**6**
6-10 occasions	8	7	5	2	3	3	3	2	4	**0**
>10 occasions	8	5	4	6	2	2	1	1	3	**0**
Equipment re-used										
0.5mL needle/syringe			-	-	1	1	0	0	1	**0**
1mL needle/syringe			18	20	9	13	14	11	15	**10**
3mL barrel			5	12	10	8	9	6	2	**4**
5mL barrel			10	10	5	7	7	2	4	**6**
10mL barrel			7	9	8	3	12	6	4	**7**
20mL barrel			11	13	14	9	4	2	8	**5**
50mL barrel			0	0	0	0	0	0	1	**1**
Detachable needle-tip			5	0	6	2	0	4	3	**2**
Winged-infusion set			24	26	12	19	9	8	10	**6**
Last injection site										
Arm	72	78	69	76	73	70	70	70	65	**73**
Hand/wrist	14	14	19	10	14	13	16	12	19	**16**
Leg	5	3	5	4	5	4	8	7	4	**3**
Neck	1	1	2	4	2	3	3	6	3	**6**
Groin	5	2	3	1	4	2	2	3	6	**0**
Foot	3	2	0	4	2	7	1	2	2	**0**
Sources of needles/syringes										
Non-pharmacy NSP	98	98	98	97	98	97	100	100	97	**94**
Vending machine	1	0	0	33	29	46	22	20	15	**24**
Pharmacy	19	26	12	12	16	12	12	17	23	**19**
Friend	8	15	8	10	11	8	2	5	11	**14**
Partner	1	8	4	0	3	1	0	0	2	**2**
Dealer	2	1	2	0	1	1	0	0	1	**3**
Able to access filters						85	66	94	95	**94**
Wheel filters[#]						55	87	66	73	**84**
Cigarette filters[#]						47	74	42	33	**57**
Cotton filters[#]						9	57	6	14	**39**

Source: IDRS PWID interviews

[#]among those were able to access filters

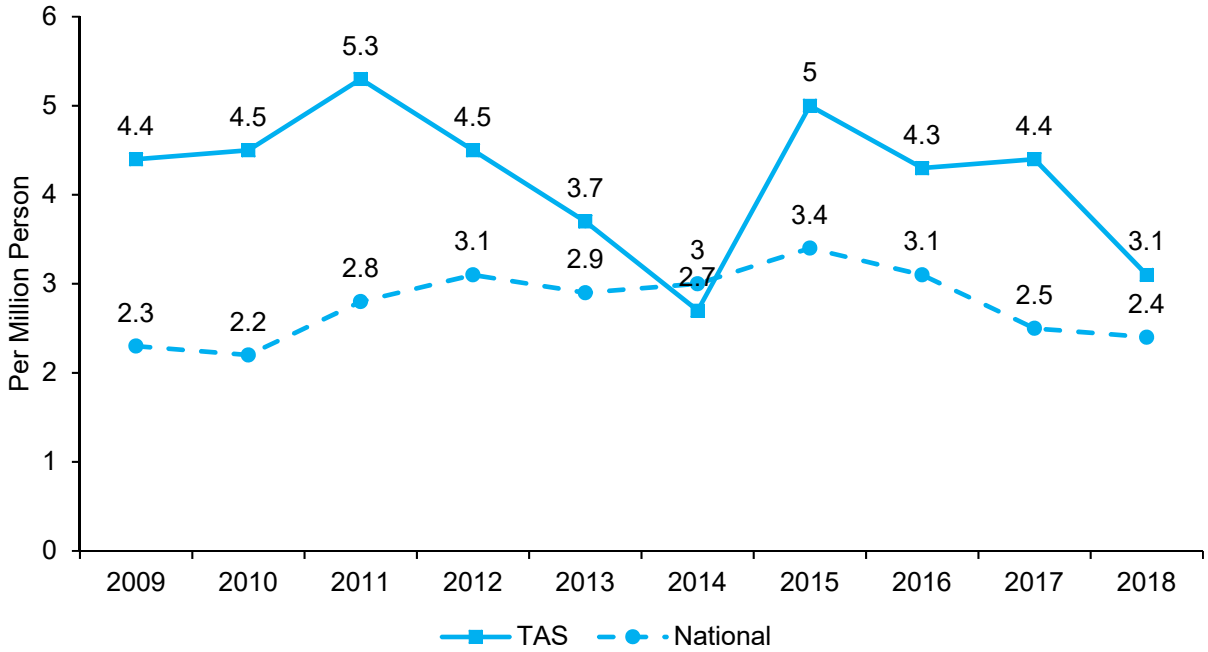
6.5 Blood-borne viral infections

Figure 6.5.1: Total notifications of incident hepatitis B infections in Australia and Tasmania, 2008-2018



Source: Australian National Notifiable Diseases Surveillance System, 2018

Figure 6.5.2: Total notifications of incident hepatitis C infections in Australia and Tasmania, 2008-2018



Source: Australian National Notifiable Diseases Surveillance System, 2018

6.6 Self-reported injection-related health problems

Table 6.6.1: Injection-related health problems reported by participants in the PWID survey in the month prior to interview, 2009-2018

	2009 N=100 %	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	2017 N=100 %	2018 N=100 %
Scarring/bruising	71	51	38	42	40	52	47	49	47	**50**
Difficulty injecting	53	42	42	46	40	51	33	35	39	**30**
Thrombosis	10	9	4	3	1	13	1	4	4	**9**
'Dirty hit'	17	12	14	14	17[£]	17[¥]	9	10	6	**12**
Infections/abscesses	7	10	4	9	3	6	5	5	5	**7**
Overdose	4	2	1	2	0	1	0	1	0	**1**
At least one injection-related problem	80 (range 1-5, median 2[*])	63 (range 1-4, median 2[*])	61 (range 1-4, median 1[*])	59 (range 1-4, median 2[*])	58 (range 1-3, median 2*)	70 (range 1-4, median 2*)	58 (range 1-4, median 2*)	65 (range 1-4, median 1*)	62 (range 1-3, median 2*)	**67 (range 1-4, median 1*)**
Median injection frequency	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	**More than once per week**
% injecting daily	30	43	36	26	28	36	24	23	23	**22**

Source: IDRS PWID interviews.
Note: only 87 participants completed this section in 2014; 86 participants in 2015; 82 participants in 2016, 94 participants in 2017 and 90 participants in 2018

6.7 Mental health and psychological distress

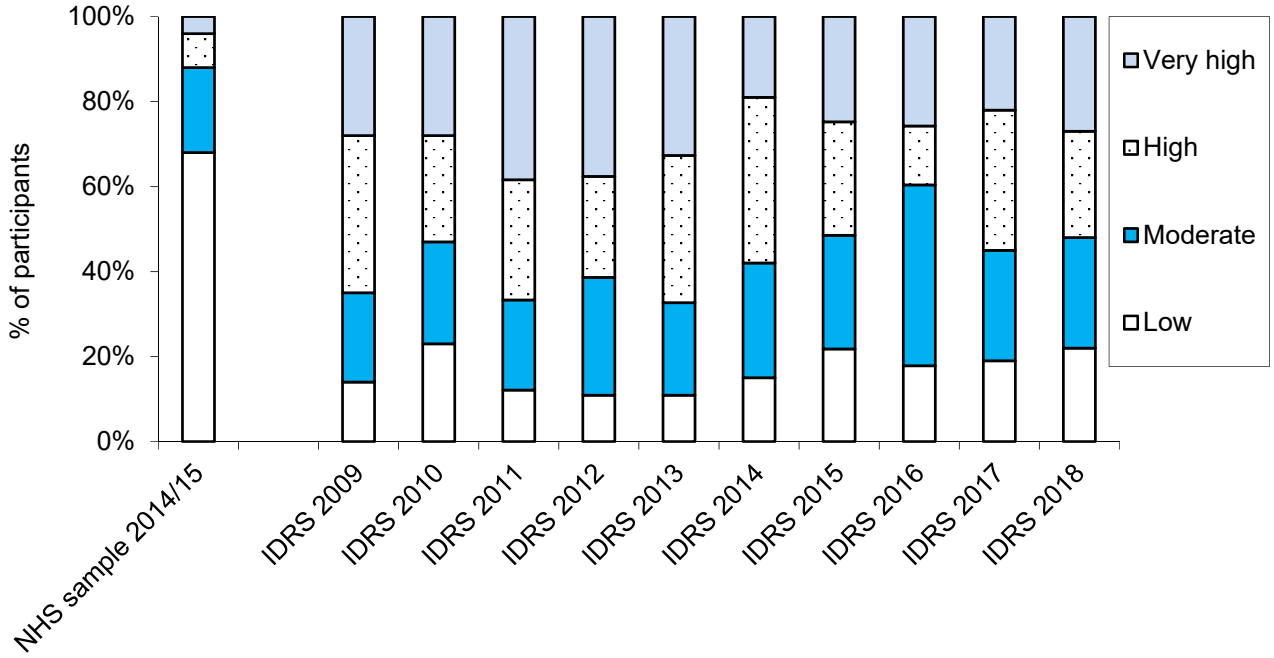
6.7.1 Mental health

Table 6.7.1: Self-reported mental health problems in last six months, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Experienced mental health problem in last 6 months (%)	46	52	69	47	54	44	53	47	52	**48**
Mental health problem	n=46	n=52	n=65	n=49	n=53	n=35	n=42	n=40	n=48	**n=48**
Depression (%)[#]	67	77	72	82	74	69	69	70	75	**85**
Bipolar Disorder (%)[#]	20	14	12	12	19	6	7	13	17	**19**
Anxiety (%)[#]	44	52	46	67	57	60	71	65	60	**73**
Panic (%)[#]	11	19	9	25	17	20	21	18	10	**19**
Paranoia (%)[#]	4	12	3	20	6	3	5	18	15	**17**
Schizophrenia (%)[#]	7	14	8	4	17	9	10	8	17	**8**
Drug-Induced Psychosis (%)[#]	2	2	5	16	8	6	5	8	10	**17**
Obsessive-Compulsive Disorder (%)[#]	-	4	2	8	8	-	2	8	6	**15**
Personality disorder (%)[#]	7	10	5	14	8	3	-	5	6	**8**
Post-Traumatic Stress Disorder (%)[#]	4	8	12	-	25	17	21	10	21	**25**
Attended mental health professional (%)[#]	61	73	80	57	79	77	76	68	65	**63**
Prescribed antidepressants (%)[#]	30	42	52	25	55	34	31	33	40	**31**
Prescribed benzodiazepines (%)[#]	24	19	31	18	28	31	41	40	23	**23**
Prescribed antipsychotics (%)[#]	11	15	26	10	21	17	7	18	15	**21**

Source: IDRS PWID interviews
[#]among those who had experienced a mental health problem

Figure 6.7.1: Responses to the K10 questionnaire in the National Health Survey 2014/15 and Tasmanian IDRS, 2009-2018



Source: IDRS PWID interviews and National Health Survey (ABS), 2014/15
Note: 83, 80 and 89 participants completed the K10 as part of the 2015, 2016 and 2018 IDRS, respectively

6.8 Driving risk behaviour

Table 6.8.1.1: Proportion of PWID driving a car in the preceding six months that had driven soon after using non-prescription drugs, 2009-2018

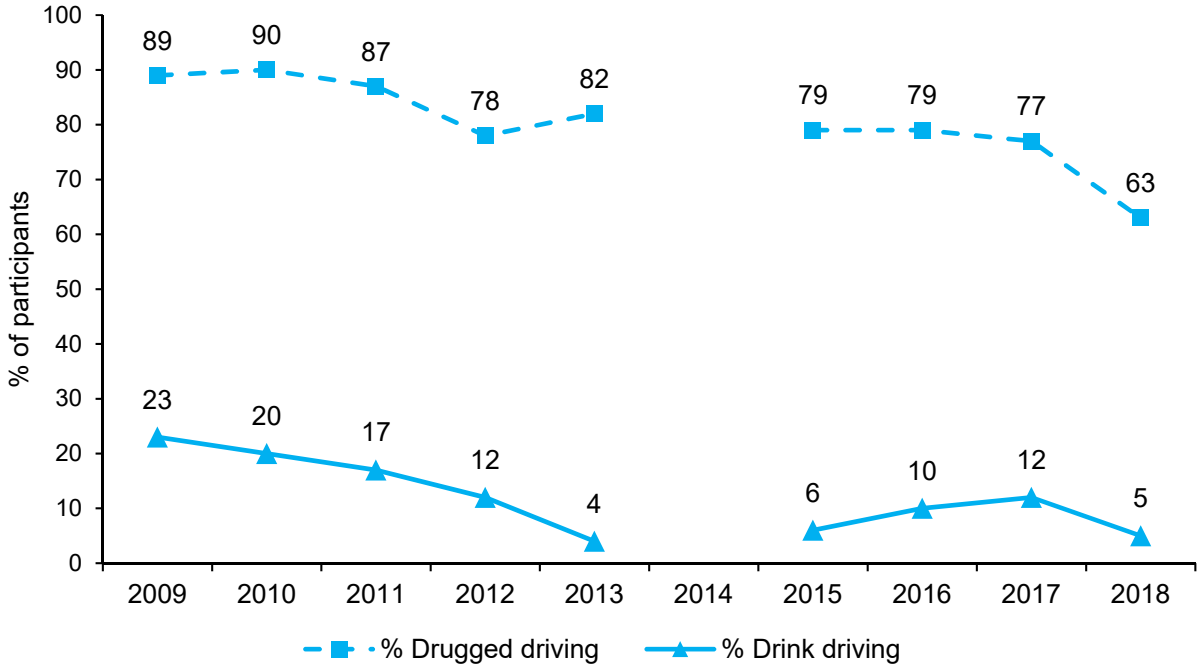
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Drove a vehicle in last 6 months (%)	65	59	63	64	55	58	57	48	57	**41**
Drove a vehicle after consuming illicit - non-prescribed drugs (%)[#]	89	90	87	78	82	85	79	80	77	**63**
Heroin (%)[#]	0	0	2	0	4	0	2	n/a	7	**5**
Methadone (illicit) (%)[#]	14	25	10	16	11	19	10	n/a	16	**7**
Morphine illicit (%)[#]	18	22	22	9	39	42	25	n/a	21	**24**
Methamphetamine (%)[#]	20	8	13	7	28	36	35	n/a	40	**32**
Powder (%)[#]	*12*	*8*	*10*	*6*	*20*	*25*	*15*	*n/a*	*9*	***7***
Base (%)[#]	*8*	*0*	*2*	*1*	*4*	*4*	*4*	*n/a*	*0*	***0***
Crystal/Ice (%)[#]	0	0	2	0	17	19	*29*	*n/a*	*35*	***32***
Cannabis (%)[#]	40	27	23	28	37	23	23	n/a	39	**22**
Benzodiazepines (%)[#]	5	12	13	6	17	15	13	n/a	14	**7**
Ecstasy (%)[#]	6	2	0	0	4	2	2	n/a	0	**0**

Source: IDRS PWID interviews

[#]among those who had driven in the past six months

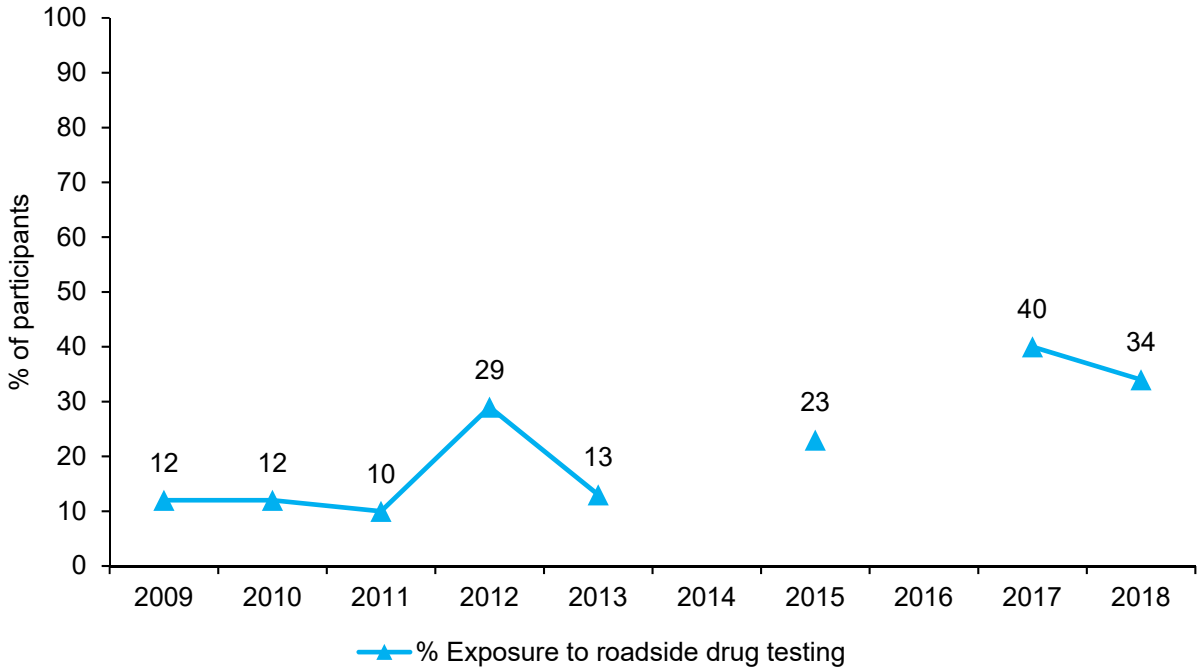
Note: Participants were asked whether they had driven within 1 hour of consuming illicit - non-prescribed drugs in the 2007-2013 IDRS interviews, whereas in the 2014 and 2015 IDRS interview participants were asked whether they had driven after consuming illicit - non-prescribed drugs (and believed they were still under the influence), and in the 2016 IDRS interview participants were asked whether they had driven within 3 hours of consuming illicit - non-prescribed drugs. As such, these numbers are not directly comparable. *n/a*: not assessed

Figure 6.8.1.1: Self-report drink driving and drugged driving, among those who drove in the past six months, 2009-2018



Source: IDRS PWID interviews. Note: questions were not asked in 2014

Figure 6.8.1.2: Experience of roadside drug testing in the past 6 months, among those who drove in the past six months, 2009-2018



Source: IDRS PWID interviews

Table 6.8.1.2: 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 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Law enforcement related trends

Key Points

- One third of participants had been arrested in the preceding year, similar to the average rate over the past 5 IDRS studies. This was most typically for property crime or driving offences. [Table 7.1]
- One-third of participants self-reported engaging in crime in the past month, most commonly property crime and dealing. Rates of criminal engagement have declined over the past 5 years from 49% in 2014. [Figure 7.1]

Tasmania Police arrests

- 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]

7.1 Reports of criminal activity among PWID participants

Table 7.1: Self-reported arrests among PWID, 2009-2018

Activity	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %
% arrested last 12 months	49	47	34	37	39	35	34	26	35	**31**
% arrested for:										
Property crime	23	20	15	14	20	16	12	7	10	**12**
Use/possession-drugs	4	9	4	8	4	6	2	3	2	**3**
Violent crime	10	19	4	7	6	1	7	2	3	**5**
Fraud	2	0	1	0	0	0	0	0	0	**2**
Dealing/trafficking	4	2	1	4	1	1	1	0	0	**1**
Driving offence	12	6	7	11	15	4	8	6	7	**8**
Alcohol and driving	5	5	1	4	1	1	5	0	1	**0**
Drugs and driving	2	2	5	6	2	4	4	3	12	**3**
Use/possession-weapons	5	2	0	0	1	2	0	0	2	**1**
Other reason	9	6	5	5	5	6	4	5	3	**7**

Source: IDRS PWID interviews

Figure 7.1: Self-reported criminal activity in the preceding month amongst PWID, 2009-2018

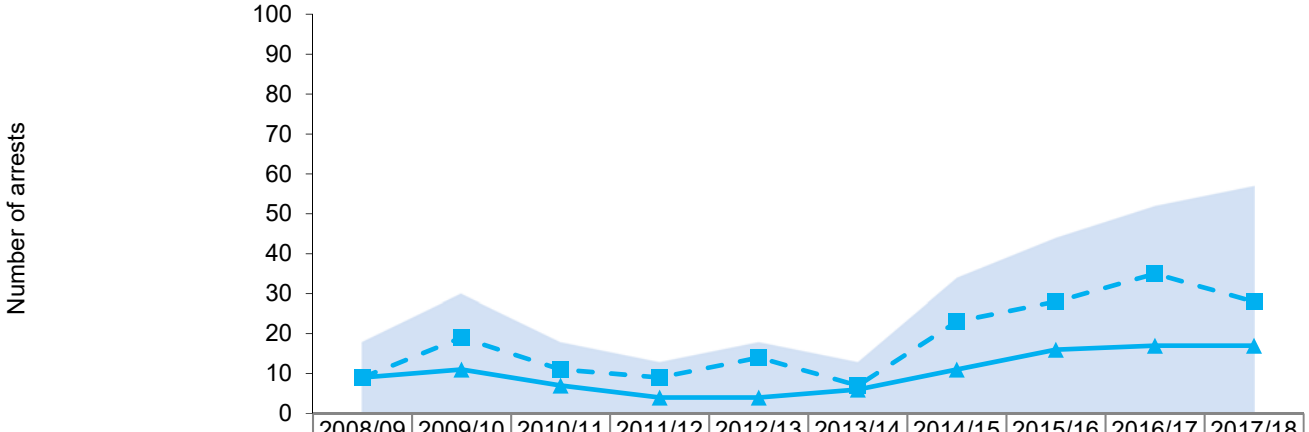
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Any crime	62	51	41	57	49	49	34	33	33	34
Dealing	37	35	26	36	27	32	21	16	23	19
Property crime	33	29	29	25	32	26	21	20	18	19
Violent crime	13	13	5	5	2	5	3	4	1	3
Fraud	2	3	4	8	2	1	4	1	3	1

Source: IDRS PWID interviews

7.2 Arrests

7.2.1 Heroin and other opioids

Figure 7.2.1: Number of arrests for opioid-related offences in Tasmania, 2008/09-2017/18

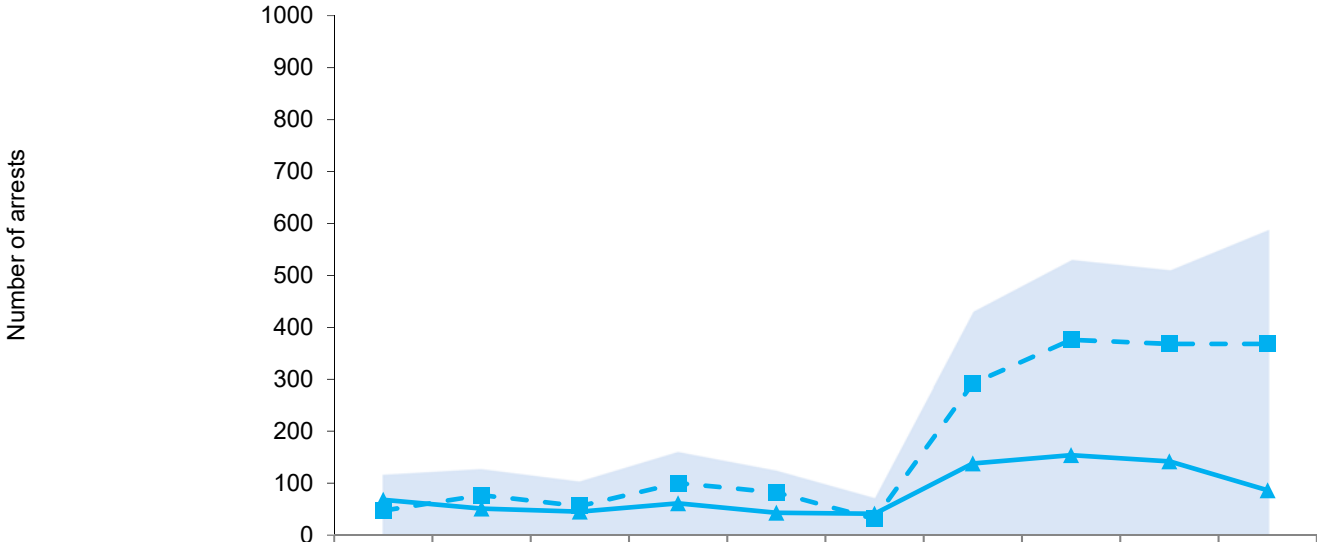


	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Total arrests	18	30	18	13	18	13	34	44	52	57
Consumer arrests	9	19	11	9	14	7	23	28	35	28
Provider arrests	9	11	7	4	4	6	11	16	17	17

Source: Australian Illicit Drug Reports 1997/98-2001/02, Australian Bureau of Criminal Intelligence; Illicit Drug Data report 2002/03- 2008/09, Australian Criminal Intelligence Commission 2008-2018; and Tasmania Police State Intelligence Services State-wide Illicit Drug Reports Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report and ACC-IDDI due to differences in counting rules. '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 within a category, that person is only counted once in these statistics. Note: Total arrests includes those offenders whose consumer/provider status was not stated, so total may exceed the sum of the consumer and provider arrests.

7.2.2 Methamphetamine

Figure 7.2.2: Number of arrests for methamphetamine related offences in Tasmania, 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	530	510	588
Consumer arrests	47	77	56	100	82	31	292	376	368	368
Provider arrests	68	51	45	61	43	41	138	154	142	86

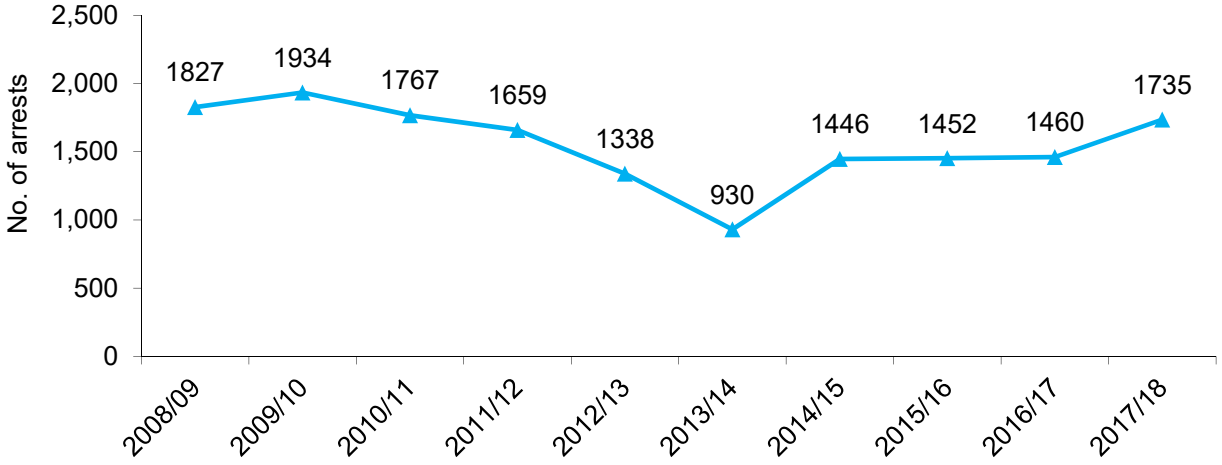
Source: Australian Crime Commission (previously the Australian Bureau of Criminal Intelligence) and State Intelligence Services, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Cases here relate to both arrest and summons charges for methamphetamine-related offences.

7.2.3 Cocaine

Arrests for cocaine-related offences in Tasmania have been infrequent. Between 2004/05 and 2013/14, the number of arrest relating to cocaine offences ranged between zero and three (Australian Bureau of Criminal Intelligence, 2001; Australian Crime Commission, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, & 2015; and State Intelligence Services, Tasmania). In 2014/2015, Tasmanian Police made 6 arrests for cocaine-related offences. In 2015/16, Tasmanian Police made 9 arrests for cocaine-related offences (six consumer and three provider arrests). In 2016/17 Tasmanian Police made 9 arrests for cocaine-related offences (seven consumer and two provider arrests). In 2017/18, Tasmania Police made 14 arrests for cocaine-related offences (16 consumer and nine provider arrests).

7.2.4 Cannabis

Figure 7.2.4: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2008/09-2017/18



Source: Australian Crime Commission and State Intelligence Services, 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

Table 7.2.4: Drug diversions or cautions issued statewide by Tasmania Police, 20078/09-2017/18

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number cautions/ diversions	1,528	1,609	1,132	869	778	690	648	624	518	627
No. diverted to health intervention	536	615	413	307	260	205	216	178	109	

Source: Alcohol and Drug Services, Tasmanian Department of Health and Human Services.
Note: Data from the second half of the 2010/11 and in subsequent years of reporting does not include persons less than 18 years of age. Data for numbers diverted to health interventions for 2016/17 is preliminary and subject to revision.