



EDRS



TASMANIA DRUG TRENDS 2019

Key Findings from the Tasmania Ecstasy and
Related Drugs Reporting System (EDRS) Interviews



TASMANIA DRUG TRENDS 2019: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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ISBN 978-0-7334-3913-1 ©NDARC 2020

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Suggested citation: Sharman, C, Wilson, T. & Bruno, R (2020). Tasmania Drug Trends 2019: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. <http://doi.org/10.26190/5e45d617e63c3>

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Acknowledgements

Funding

In 2019, the Ecstasy and Related Drug Reporting System Project was supported by funding from the Australian Government Department of Health and was coordinated by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales. The EDRS team would like to thank the Australian Government Department of Health for their continued assistance and support throughout the year.

Research Team

The authors wish to thank the following people from NDARC for their ongoing support and contribution:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales
- Amy Kirwan, Crystal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom Institute for Social Science Research, The University of Queensland.

Participants

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

Contributors

Thank you to Oliver De Angelis, Madeline Anderson, Jane Akhurst, Hannah Lethbridge, Ruby Marris, Lauren McKeogh, Thomas Norman and Callula Sharman who conducted the interviews with individuals who consume ecstasy and related drugs. We would also like to thank Dr Amy Peacock for input, and Callula Sharman for co-ordination. Tanya Wilson provided editorial assistance to this report.

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

Thanks also to the key experts who willingly provided their time, effort, and experience to contribute to the project, as well as the following local organisations and persons who generously provided indicator data: Tasmania Police (Sergeant John Delpero).

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

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
2C-T-7	2,5-dimethoxy-4-(n)-propylthiophenethylamine
5-HTP	5-hydroxytryptophan
ABCI	Australian Bureau of Criminal Intelligence
ACIC	Australian Criminal Intelligence Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
AIHW	Australian Institute of Health and Welfare
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
BZP	Benzylpiperazine
CIDI	Comprehensive International Diagnostic Interview
DACAS	Drug and Alcohol Clinical Advisory Service
DHHS	Department of Health and Human Services
DMT	N,N-dimethyltryptamine
DOI	2,5-dimethoxy-4-iodoamphetamine
DSM	Diagnostic and Statistical Manual (of mental disorders)
DXM	Dextromethorphan
DUI	Driving under the influence
ERD	Ecstasy and related drug(s)
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy-butyrate
GLBT	Gay lesbian bisexual transgender
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
ICD	International Classification of Diseases
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user
K10	Kessler Psychological Distress Scale
KE	Key expert(s) (previously 'key informant')
LSA	d-lysergic acid amide

LSD	d-lysergic acid
M	Mean
MAOI	Monoamine oxidase inhibitor
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine (ecstasy)
MDEA	3,4-methylenedioxyethamphetamine
MDPV	Methylenedioxypyrovalerone
MSM	Methylsulfonylmethane
N	(or n) number of participants
NPS	New psychoactive substances
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NMDS	National Minimum Data Set for Alcohol and other Drug Treatment Services Needle and Syringe Program
NSP	Obsessive-compulsive disorder
OCD	Oral fluid test
OFT	Party Drugs Initiative (now EDRS)
PDI	Phencyclidine
PCP	Paramethoxyamphetamine
PMA	Post-traumatic Stress Disorder
PTSD	Regular ecstasy user(s) (previously 'party drug user')
EDRS	Standard deviation
SD	Severity of Dependence Scale
SDS	Statistical Package for the Social Sciences
SPSS	Specific serotonin reuptake inhibitor
SSRI	95% confidence interval

Executive Summary

Sample Characteristics

EDRS participants are typically in their mid-twenties, and predominantly male. The majority of the sample are employed in some capacity (71% of 2019 sample) and have completed some sort of technical or university degree (79%).

Ecstasy

Typically, ecstasy was used less than fortnightly. Two in ten used weekly or more often in the past six months, but this was a significant decline from 2018 where one-third used weekly. Tablets were the most commonly and frequently used form but their use has declined (88% in 2018, 74% in 2019). Half had recently used crystal form. Use of powder has declined (41% in 2018, 27% in 2019). There are growing indications of high-quantity use, with 20% of participants in 2019 reporting usually using more than two pills in a session. However recent 'binge' use (use for 48 hours or more without sleep) involving ecstasy significantly declined from 37% in 2018 to 12% in 2019. Around one in ten screened positive for possible ecstasy use disorder.

Methamphetamine

Recent use of methamphetamine in the Tasmanian cohort has remained consistent since 2015 (45% in 2019). Only a small proportion (11%) used methamphetamine weekly or more in the past six months. Powder was the form predominantly used. Smoking of the crystalline form also significantly declined in 2019.

Cocaine

Four in ten participants had reported recently using cocaine, at a median frequency of two days in the past 180 days. This rate of cocaine use is consistent with 2018, but substantially higher than use in the previous five years.

Cannabis

Almost 9 in 10 participants (88%) reported recent use of cannabis. The frequency of cannabis use has decreased substantially in the past five years, with three quarters of recent consumers in 2015 smoking weekly or more, but half smoking at this frequency in 2019.

New Psychoactive Substances (NPS)

One-quarter of the participants in 2019 reported recently using a drug they thought was a NPS. Most notable was use of the brief psychedelic DMT. There was a significant decline in participants reporting recently using capsules with unknown contents in 2019 (6%, compared with 36% in 2018).

Other Drug Use

Almost all participants reported recent alcohol consumption, with over one-third engaging in very heavy (6 of more standard drinks) weekly or more use. One in ten were experiencing alcohol related harms at a level reflecting possible alcohol use disorder (AUDIT Zone 4), a significant decline from the one in four in 2018. Tobacco smoking remains common (84% recent) but daily smoking has declined (65% in 2015, 44% in 2019). Psychedelic use remains common but infrequent among EDRS participants, with 44% of participants reporting recent use of LSD (typically swallowing 1 tab in a two month period) and 29% recently using psychedelic mushrooms.

Drug-Related Harms and Other Risks

Fourteen percent of participants reported experiencing an overdose on a stimulant drug in the past year. This was typically in relation to ecstasy. Twenty seven per cent reported experiencing an overdose on a depressant drug in the past year, this was typically excessive alcohol consumption. Almost one-quarter of participants accessed a health service in relation to drug use in the past six months. This is a slight reduction compared to 2017 and 2018.

Six in ten participants self-reported a mental health problem, and one-third scored in high

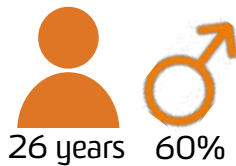
risk categories on a screening tool for current psychological distress.

Nine in ten participants had recently engaged in penetrative sex in the past six months; of these, three in ten had done so without a protective barrier despite not knowing the HIV or STI status of their partner. Similar rates reported at least an occasion where they reported that drugs and/or alcohol impaired their ability to negotiate their wishes during intercourse.

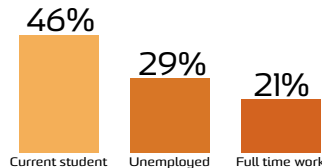
TASMANIA 2019 SAMPLE CHARACTERISTICS



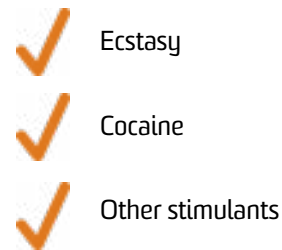
In 2019, 100 people from Tasmania participated in EDRS interviews.



The median age in 2019 was 26 (IQR = 23-29), and 60% identified as male.

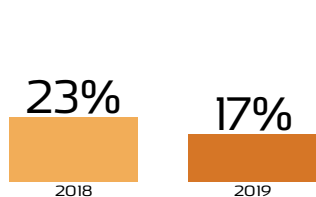


In the 2019 sample, 46% were students, 29% were unemployed, and 21% were employed full time.

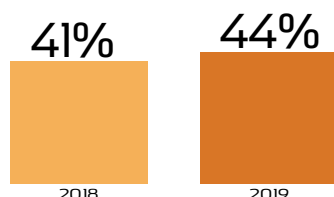


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

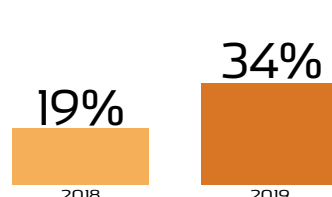
OTHER DRUGS



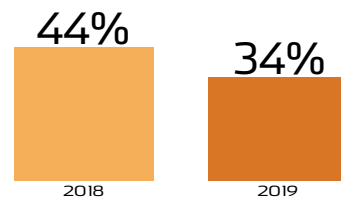
Past 6 month use of ketamine was reported by 17% of the 2019 EDRS sample, down from 23% in 2018.



Past 6 month use of LSD was reported by 44% in 2019, stable from 41% in the 2018 EDRS sample.



Past 6 month use of amyl nitrite increased from 19% in 2018 to 34% in the 2019 EDRS sample.

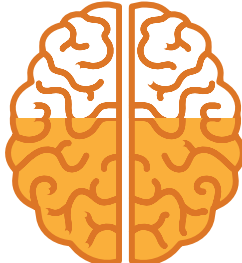


Past 6 month use of nitrous oxide (nangs) dropped to 34% in 2019 (44% in 2018).

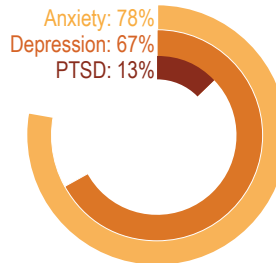
DRUG TREATMENT AND MENTAL HEALTH



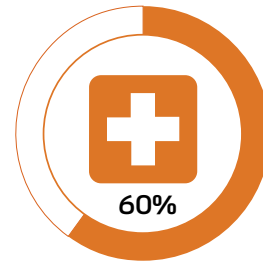
Of the 2019 EDRS sample 5% reported that they were currently receiving drug treatment.



Over half of the Tasmanian sample (62%) self-reported that they had experienced a mental health problem in the previous 6 months.

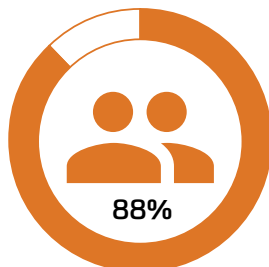


Of those who commented, the most common self-reported mental health concern was anxiety (78%), followed by depression (67%), and PTSD (13%).

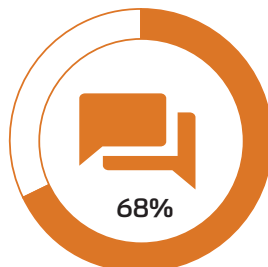


Of those self-reporting a mental health problem, 60% reported seeing a mental health professional in the previous 6 months.

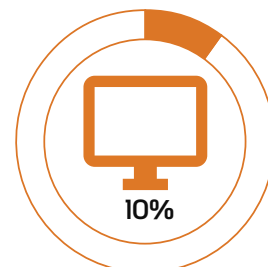
MODES OF PURCHASING



In 2019, 88% of the EDRS sample reported buying drugs face to face in the previous 12 months.

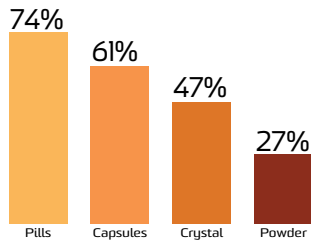


In 2019, 68% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

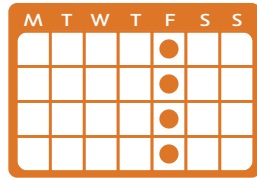


In 2019, 10% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

ECSTASY

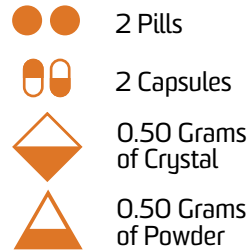


Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.

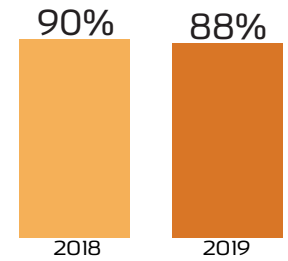


17%

Of those who had recently consumed ecstasy, 17% used it weekly or more often.



Median amounts of ecstasy consumed in a 'typical' session using each form.

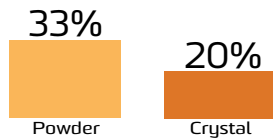


Of those who could comment 88% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

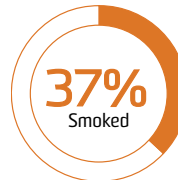
METHAMPHETAMINE



Just under half (45%) of people in the Tasmanian EDRS sample had used methamphetamine in the previous 6 months.



Of the entire sample, 33% had recently consumed powder, and 20% crystal methamphetamine.



37% of people who had recently used crystal smoked it. Of those who had recently used powder, 63% snorted it.



Of those who could comment 100% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



Just over 1 third (38%) of the entire sample used cocaine in the past 6 months.



Of people who had consumed cocaine in the last 6 months, 92% had snorted it.

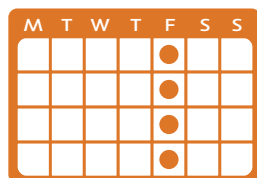


Of those who could comment 50% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



Almost 9 in 10 (88%) of the sample had used cannabis in the previous 6 months.

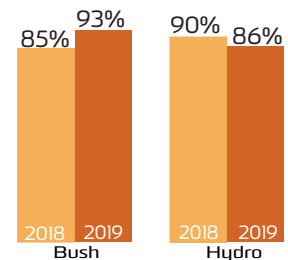


75%

Of those who had consumed cannabis recently, 75% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 98% had smoked it.



Of those who could comment 86% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

The current report contains new data collected in Tasmania in 2019. Reports detailing Tasmanian drug trends from 1999 through to 2018 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>.

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

Methods

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

Recruitment

One hundred people who use ecstasy and related drugs were interviewed using a structured face-to-face interview between April and June 2017. Interviews were conducted at locations such as cafes, bars, and the University of Tasmania. Inclusion criteria for the study included at least monthly use of ecstasy or other psychostimulants in the last six months, an age of at least 18 years, and having resided in the greater Hobart area for at least 12 months prior to the interview. Participants were recruited through posters and flyers distributed in the Hobart area at various locations (e.g., cafes, bars, nightclubs, music stores, universities, youth services), internet forums, social media (Facebook, Instagram), and through snowball methods (word of mouth and recruitment through friends and associates).

Procedure

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

Measures

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

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

Interpretation of Findings

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

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

Additional Outputs

[Infographics](#) from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs, including injecting drug use.

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

1

Sample Characteristics

EDRS participants are typically in their mid-twenties, and predominantly male. The majority of the sample are employed in some capacity (71% of 2019 sample) and have completed some sort of technical or university degree (79%). Generally, rates of involvement in drug treatment or prison history are low, and typically 6% or less of the samples (Table 1). These demographics have been largely consistent over EDRS survey waves, although an increase in university level education and current engagement in both work and study was apparent in the 2019 sample compared with 2018.

Participants are deliberately selected to represent people who are heavily engaged in use of ecstasy and related drugs – they do not represent the profile of all people who use ecstasy or other psychostimulants.

Table 1: Demographic characteristics of the sample, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Mean age (range)	24 (17-55)	25 (18-49)	23 (17-39)	25 (17-42)	26 (18-47)
Sex (% male)	63	51	65	64	60
Aboriginal / Torres Strait Islander (%)	4	5	1	2	7
Sexual Orientation					
Heterosexual	85	92	85	87	86
Bisexual	9	7	13	10	10
Gay or lesbian	6	1	2	2	3
Other	0	0	0	0	1
Accommodation					
Own/rented	65	77	63	54	63
Live with family	33	23	36	40	27
Boarding house [^]	0	0	0	1	5
No fixed address	1	0	0	2	1
Public Housing	n/a	n/a	n/a	n/a	4 [^]
Tertiary education (%)					
None	55	56	60	43	24 ^{**}
Trade/technical	28	25	27	38	47
University/college	17	19	13	19	32 [*]
Employment (%)					
Not employed/on a pension	12	13	15	23	16
Full-time	23	17	21	13	13
Part-time/casual [@]	14	29	27	49	24 ^{**}
Home duties	4	1	-	-	-
Student	19	22	18	6	12
Work and study [#]	28	17	16	6	34 ^{***}
Annual Income (%)					
\$1-7,799	4	4	10	8	2
\$7,800-12,999	8	9	22	6 [*]	10
\$13,000-20,799	26	23	23	29	25
\$20,800-31,199	34	25	14	24	23
\$31,200-41,599	16	26	11	13	17
\$41,600-\$51,999	3	8	5 [*]	7	7
\$52,000+	10	5	-	9	-
Currently in drug treatment (%)					
Methadone/Buprenorphine	0	0	3	4	3
AOD Counselling	0	1	3	5	2
Detoxification	0	0	1	1	0
Therapeutic community	0	0	0	0	1
Narcotics Anonymous	1	0	0	1	1
Previous prison conviction (%)	1	5	2	5	6

Source: EDRS interviews[^]Includes hostel/refuge; [#]Includes 'part-time students'[^]significant change due to the inclusion of the new public housing item; n/a: not assessed; [@]includes 'self-employed'Note. ^{*}*p*<0.050; ^{**}*p*<0.010; ^{***}*p*<0.001 for 2018 versus 2019.

2

Drug Use History and Current Drug Use

On average, in the six months prior to interview, participants were using ecstasy or other stimulants fortnightly or more (Table 2).

Typically, cannabis and alcohol were the drugs most frequently used among participants, with half (47%) reporting alcohol as the drug they most often consumed. Ecstasy was the main drug of choice (29%), followed by cannabis (26%).

Around one-fifth had 'binged' on stimulants in the last six months, which refers to 48 hours or longer of use without sleep. This is a pattern of substance use that increases harm from use. Rates of 'binge' psychostimulant use in 2019 had significantly declined from the one in three reported in the 2018 sample.

Thirteen percent of participants had a lifetime history of injecting drug use, and 7% had injected in the previous month.

Detailed patterns of recent drug use (Table 3) demonstrate that participants are polysubstance consumers. Alcohol, cannabis, ecstasy and tobacco were consumed by the majority of this sample. Around three in four consumed alcohol more than weekly; and half smoked cannabis weekly or more frequently. Less than one in five used ecstasy weekly or more frequently, a significant decline from the greater than one-third reported in 2018. Frequent (weekly) methamphetamine use was uncommon, reported by less than 10% of participants (Figure 2).

Between the 2018 and 2019 samples, there were significant increases in use of amyl nitrite (from one in five to one-third of participants). There were significant declines in the proportion reporting use of ecstasy pills (from around nine in ten to three-quarters) and ecstasy in powder form; and significant declines in how often participants were using cannabis and tobacco (Table 3).

Table 2: Drug use history and drug preferences, Tasmania, 2015-2019

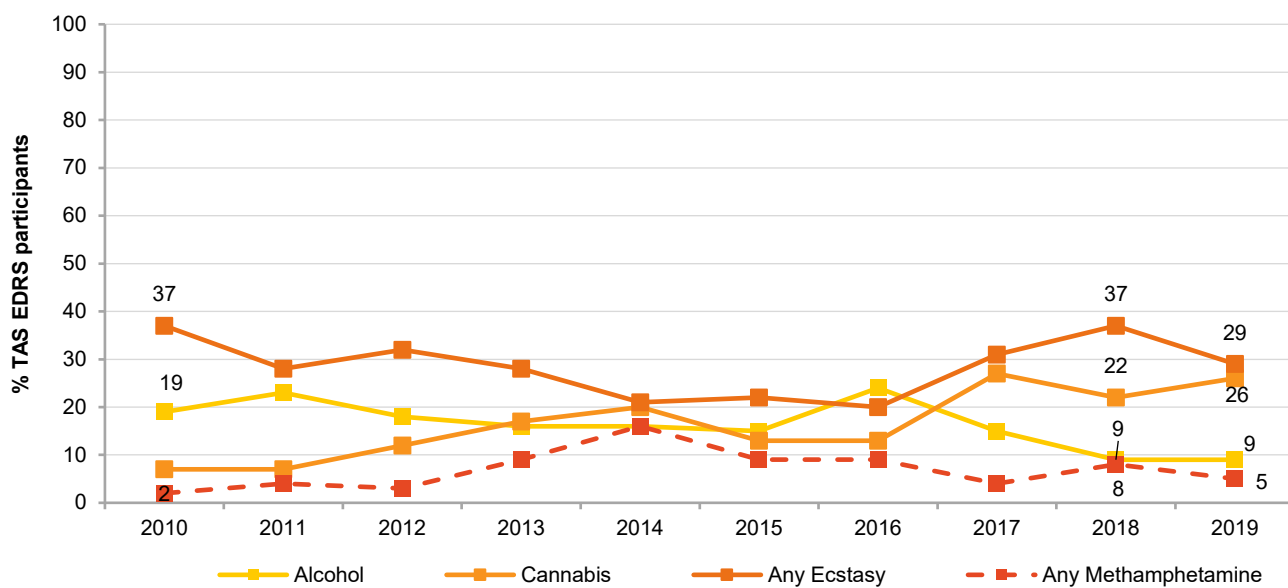
%	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Drug of choice					
Ecstasy	22	20	31	37	29
Cocaine	18	13	6	8	10
Methamphetamine (any form)	9	9	4	8	5
Powder (speed)	8	2	1	1	0
Base	0	0	0	0	0
Crystal	1	7	3	7	5
Cannabis	13	13	27	22	26
Alcohol	15	24	15	9	9
LSD	14	6	10	4	7
Other	7	12	5	10	13
Drug used^ most often last month					
Ecstasy	6	8	8	16	9
Cocaine	0	1	0	1	2
Methamphetamine (any form)	0	4	2	4	4
Powder (speed)	0	0	0	0	0
Base	0	0	0	0	0
Crystal	0	4	2	4	4
Cannabis	23	28	34	36	28
Alcohol	59	53	51	34	47~
LSD	3	1	1	1	3
Other	1	3	3	7	4
Frequency of stimulant use past month					
Not in the last month	12	5	7	6	6
Monthly	36	25	20	19	28
Fortnightly	37	39	37	33	32
Weekly	13	20	23	29	25
More than once per week	3	9	13	13	8
Once a day	0	2	0	0	1
More than once a day	0	0	0	0	0
Binged on any stimulant last 6 months*	19	29	25	37	19**
Injected lifetime	10	19	16	19	13
Injected last month	10	10	8	11	7
Mean age first injection (years)*	20	21	22	19	19

Source: EDRS interviews

^ 'used' refers to any of the following routes of administration: smoke/inhale, snort, swallow/ingest and inject.+ consumed a stimulant for 48 continuous hours without sleep. #among those who have recently injected; ~p=0.06

*significantly different to previous year (p<.050); **significantly different to previous year (p<.010); ***significantly different to previous year ***p<.001)

Figure 1: Drug of choice, Tasmania, 2010-2019



Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 3: Recent drug use, 2015-2019

Variable (%)	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Alcohol					
Used last 6 months	100	98	98	100	94
Median days used last 6 months (range)	72 (10-180)	80 (6-180)	49 (1-180)	47 (1-180)	40 (6-180)
Cannabis					
Used last 6 months	80	77	84	94	86
Median days used last 6 months (range)	80 (1-180)	100 (2-180)	60 (2-180)	43 (1-180)	28* (1-180)
Tobacco					
Used last 6 months	85	76	86	91	84
Median days used last 6 months (range)	180 (1-180)	180 (1-180)	168 (1-180)	160 (1-180)	86* (1-180)
Ecstasy pills/tablets					
Used last 6 months	99	98	93	88	74*
Median days used last 6 months (range)	10 (2-110)	10 (1-70)	10 (1-96)	12 (1-72)	9 (1-60)
Ecstasy powder					
Used last 6 months	15	29	24	41	27*
Median days used last 6 months (range)	2 (1-20)	4 (1-30)	3 (1-21)	4 (1-72)	3 (1-24)
Ecstasy capsules					
Used last 6 months	50	41	60	62	61
Median days used last 6 months (range)	5 (1-25)	2.5 (1-10)	3 (1-20)	5.5 (1-48)	5 (1-48)
MDMA crystal					
Used last 6 months	36	34	47	53	47
Median days used last 6 months (range)	2 (1-20)	4 (1-30)	3 (1-21)	2 (1-72)	5 (1-48)
Any ecstasy					
Used last 6 months	100	100	100	100	95
Median days used last 6 months (range)	12 (5-119)	12 (3-76)	13 (2-100)	12.5 (2-120)	12 (1-90)
Methamphetamine powder					
Used last 6 months	39*	32	29	29	33
Median days used last 6 months (range)	2 (1-14)	2 (1-60)	2 (1-30)	2 (1-90)	2.5 (1-80)
Methamphetamine base					
Used last 6 months	5*	4	1	5	3
Median days used last 6 months (range)	1.50 (1-5)	2~ (1-60)	1~ (1-1)	1~ (1-12)	2~ (2-25)
Crystal methamphetamine					
Used last 6 months	13	21	14	23	20
Median days used last 6 months (range)	8 (1-50)	10 (1-180)	5.50 (1-140)	6 (1-150)	6 (1-72)
Any methamphetamine					
Used last 6 months	45	42	40	44	45
Median days used last 6 months (range)	2 (1-50)	3 (1-180)	2 (1-140)	3 (1-150)	3 (1-80)

Source: EDRS interviews. Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019; ~ $n < 10$

Table 3: Recent drug use, 2015-2019 (cont.)

Variable (%)	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Pharmaceutical stimulants[^]					
Used last 6 months	13	20	35*	28	19
Median days used last 6 months (range)	2 (1-14)	2 (1-15)	3 (1-60)	3.5 (1-30)	2 (1-48)
Cocaine					
Used last 6 months	17	24	24	42*	38
Median days used last 6 months (range)	1 (1-8)	2 (1-12)	2 (1-120)	3 (1-65)	2 (1-48)
LSD					
Used last 6 months	41	39	39	41	44
Median days used last 6 months (range)	3 (1-45)	4 (1-20)	2 (1-26)	2 (1-32)	3 (1-90)
Mushrooms					
Used last 6 months	15	24	25	34	29
Median days used last 6 months (range)	3 (1-20)	3 (1-24)	2 (1-11)	3 (1-48)	2 (1-10)
MDA					
Used last 6 months	4	8	13	18	8
Median days used last 6 months (range)	2 (1-5)	2 (1-150)	2 (1-12)	2 (1-50)	2~ (1-4)
Ketamine					
Used last 6 months	5	3	17*	23	17
Median days used last 6 months (range)	1.50 (1-3)	3~ (1-10)	2 (1-7)	1 (1-120)	2 (1-20)
GHB/GBL/1,4B					
Used last 6 months	0	1	3	1	2
Median days used last 6 months (range)	-	-	1~ (1-2)	1~ (1)	5~ (2-8)
Amyl nitrite					
Used last 6 months	12	11	16	19	34*
Median days used last 6 months (range)	1 (1-10)	2 (1-60)	2 (1-20)	2 (1-55)	4 (1-80)
Nitrous oxide					
Used last 6 months	6	15	29*	44*	34
Median days used last 6 months (range)	1 (1-1)	2 (1-180)	4 (1-60)	2.5 (1-72)	3 (1-72)
Benzodiazepines[^]					
Used last 6 months	17*	21	35	40	29
Median days used last 6 months (range)	8 (2-19)	5 (1-30)	4 (1-60)	3.5 (1-120)	3 (1-180)
Heroin					
Used last 6 months	1	3	2	3	3
Median days used last 6 months (range)	3~ (3-3)	6~ (2-14)	51.50~ (3-100)	15~ (10-90)	20~ (1-90)

Source: EDRS interviews

Note. [^]Includes only non-prescribed use; ~ n<10. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 3: Recent drug use, 2015-2019 (cont.)

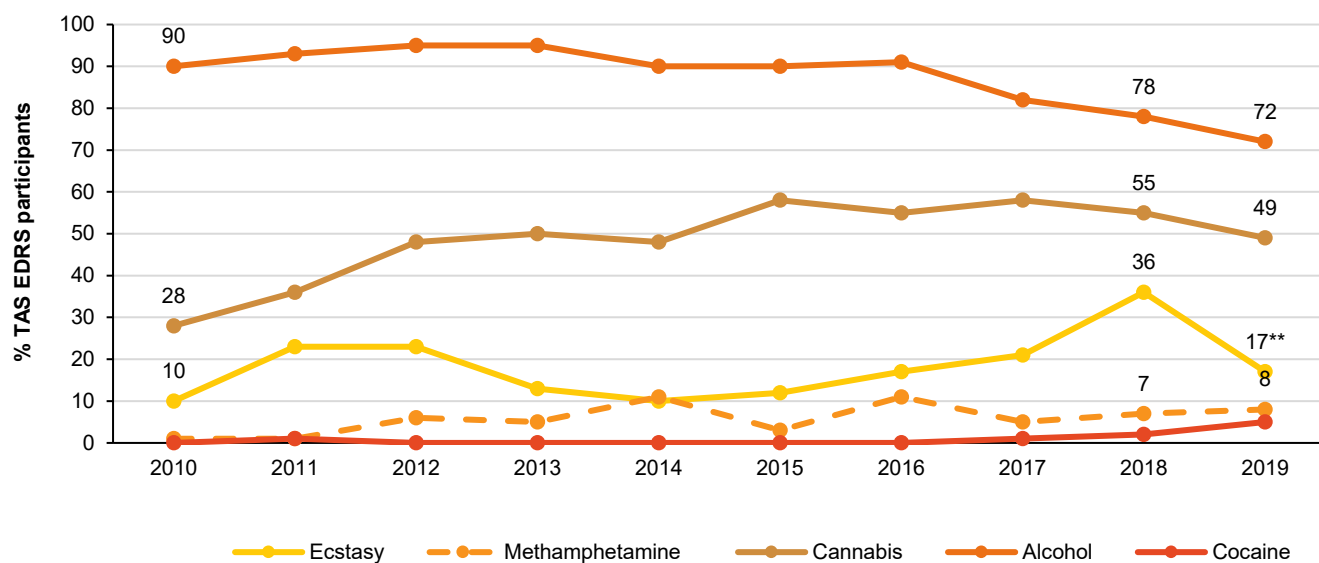
Variable (%)	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Methadone[#]					
Used last 6 months	4	1	6	8	3
Median days used last 6 months (range)	3~ (2-180)	70~ (70-70)	95~ (1-180)	163~ (1-180)	180~ (24-180)
Buprenorphine[#]					
Used last 6 months	0	0	1	4	3
Median days used last 6 months (range)	0 (0-0)	0 (0-0)	5~ (5-5)	3~ (2-48)	136~ (90-180)
Other opioids[^]					
Used last 6 months	6	5	24*	16	9
Median days used last 6 months (range)	3~ (1-20)	10~ (3-21)	5 (1-105)	9 (1-180)	48~ (4-180)
Mephedrone					
Used last 6 months	9*	5	1	3	0
Median days used last 6 months (range)	2~ (1-20)	2~ (2-2)	2~ (2-2)	1~ (1-3)	0 (0-0)
Over-the-counter codeine[^]					
Used last 6 months	10	13	27*	4	9
Median days used last 6 months (range)	15 (1-72)	5 (1-150)	5 (1-15)	7.5~ (1-90)	2~ (1-5)
Over-the-counter stimulants[^]					
Used last 6 months	1	5	7	13	4
Median days used last 6 months (range)	5~ (5-5)	5~ (2-48)	4~ (1-12)	2 (1-24)	4~ (1-7)
Steroids					
Used last 6 months	4	1	0	1	0
Median days used last 6 months (range)	48~ (48-48)	24~ (24)	0 (0)	48 (48-48)	0 (0-0)
Antipsychotics[#]					
Used last 6 months	4	3	5	6	3
Median days used last 6 months (range)	4~ (2-130)	2~ (1-20)	10~ (3-26)	1~ (1-15)	5~ (2-6)
e-cigarettes					
Used last 6 months	23	15	31*	37	26
Median days used last 6 months (range)	3 (1-120)	3 (1-20)	2 (1-180)	4 (1-180)	5 (1-90)

Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

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

Figure 2: Drugs used weekly or more, Tasmania, 2010-2019



Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

3

Ecstasy/MDMA

Participants were asked about their recent (past six month) use of various forms of ecstasy (3,4-methylenedoxymethamphetamine), including pills, capsules, crystal, and powder.

EDRS Interview

Participants were recruited based on frequent ecstasy use. Typically, ecstasy was used less than fortnightly, although 17% used weekly or more often. This is a significant decline from the 36% of participants reporting weekly or more use in 2018 [Table 4].

While tablets were the most commonly used form, the proportion reporting using this form significantly declined from 88% in 2018 to 74% in 2019. Six in ten had recently used ecstasy in capsule form and half had used the high potency crystal form. The proportion reporting recent use of powder form declined significantly from 41% in 2018 to 27% in 2019.

Tablet use was more frequent (more than monthly) than use of other forms (typically monthly or less among consumers of these forms) [Table 4].

Participants typically used two tablets or capsules when they used ecstasy. There are growing indications of increased high-quantity use, with 4% of participants in 2015 and 20% in 2019 reporting usually using more than two pills in a session [Table 4]. However, recent 'binge' use (use for 48 hours or more without sleep) involving ecstasy significantly declined from 37% in 2018 to 12% in 2019.

Participants were given a screening tool to assess for symptoms of dependence. On this instrument, 63% reported no symptoms of dependence. However, 13% of participants screened positive for possible ecstasy use disorder. This is consistent with trends in 2018 and 2017 [Table 5].

EDRS Indicator Data

Past year ecstasy use in the general Australian adult population has declined from 3.5% in 2007 to 2.2% in 2016. Levels of use in Tasmania in 2016 are comparable with rates nationally [Figure 6].

Ecstasy Use among EDRS Participants

Table 4: Ecstasy use in the past six months, Tasmania, 2015-2019

Ecstasy	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Forms used (%)[^]					
Tablets/pills	99	98	93	88	74*
Capsules	50	41	60	62	61
Powder	15	29	24	41	27*
MDMA crystals	36	34	47	53	47
Frequency of use					
Median days use ^{#^} (range)	12 (5-119)	12 (3-76)	13 (2-100)	13 (2-120)	12 (1-90)
Tablets/pills (range)	10 (2-110)	10 (1-70)	10 (1-96)	12 (1-72)	9 (1-60)
Capsules (range)	5 (1-25)	2.5 (1-10)	3 (1-20)	6 (1-48)	5 (1-48)
Powder (range)	2 (1-10)	4.5 (1-20)	3 (1-12)	4 (1-72)	3 (1-24)
MDMA crystals (range)	2 (1-20)	4 (1-30)	3 (1-21)	2 (1-72)	5 (1-48)
Use weekly or more often (%) ^{#^}	12	17	21	36	17**
Quantity of use					
Recent binge on ecstasy [†] (%)	14	19	16	37	12***
Median pills 'typical' session (range) [^]	1 (1-3)	1 (1-7)	2 (1-5)	2 (1-8)	2 (.05-10)
Median pills 'biggest' session (range) [^]	2 (1-15)	3 (1-12)	3 (1-20)	4 (1.5-21)	3 (0.5-27)
Used > 2 pills typical session (%) [^]	4	13	16	26	20
Median caps 'typical' session (range) [^]	1 (1-4)	1 (1-3)	2 (1-5)	2 (1-25)	2 (0.5-10)
Median crystals 'typical' session (range) [^]	1.2 grams (0.25-2; n=3)	0.75 grams (0.5-1.5; n=4)	0.5 grams (.25- 2; n=5)	0.65 grams (.08-3; n=8)	0.5 grams (.18-1.5; n=9)
	or 2 points (0.25-5; n=18)	or 1 point (1-3, n=3)	or 2 points (.75-5; n=19)	or 2 points (.05-5; n=20)	or 1 point (0.25-4)

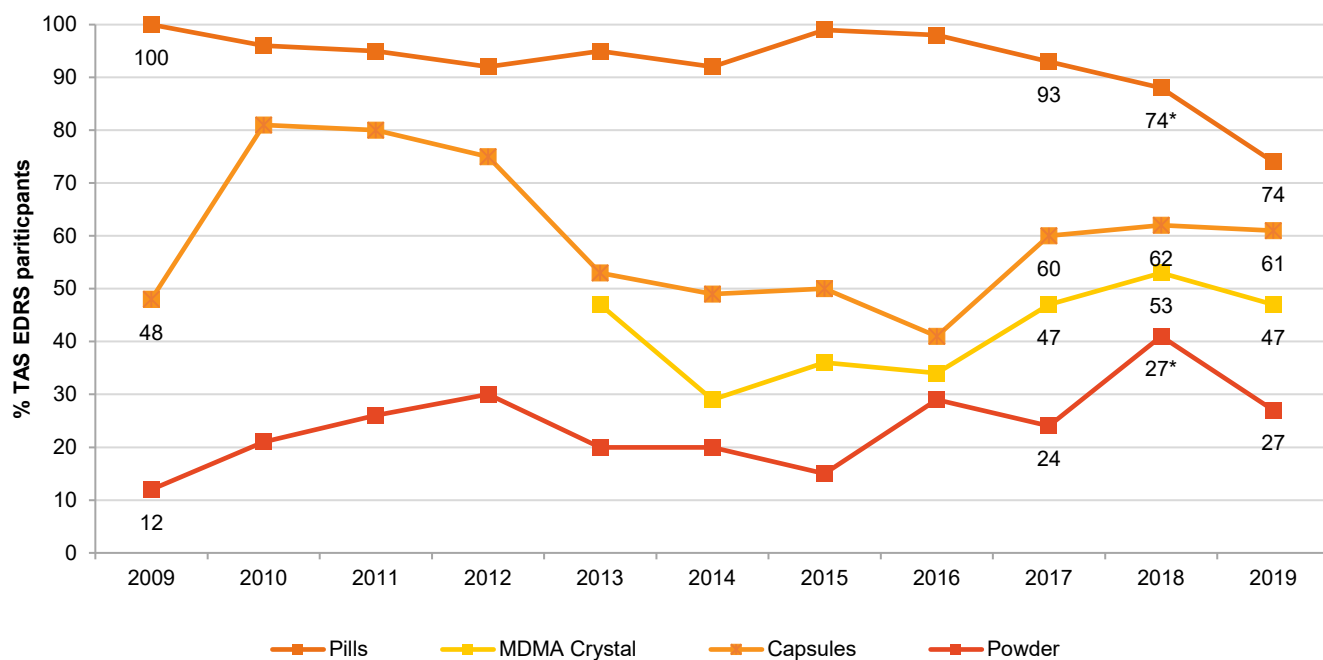
Source: EDRS interviews

[†]Binged defined as the use of stimulants for more than 48 hours continuously without sleep

[#]includes pills, powder and capsules combined. In 2016, frequency of use was reported by ecstasy form. [^]Among those who had used in last six months.

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

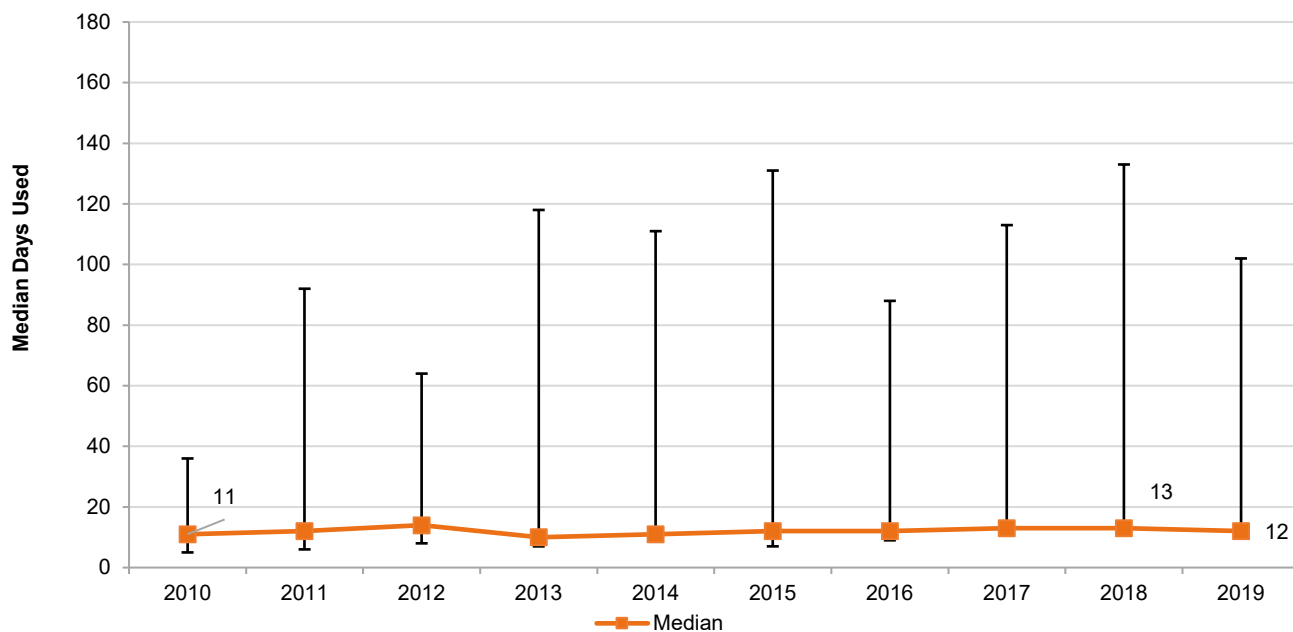
Figure 3: Forms of ecstasy used in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

Note: MDMA crystals were included in the EDRS survey from 2013 onwards. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

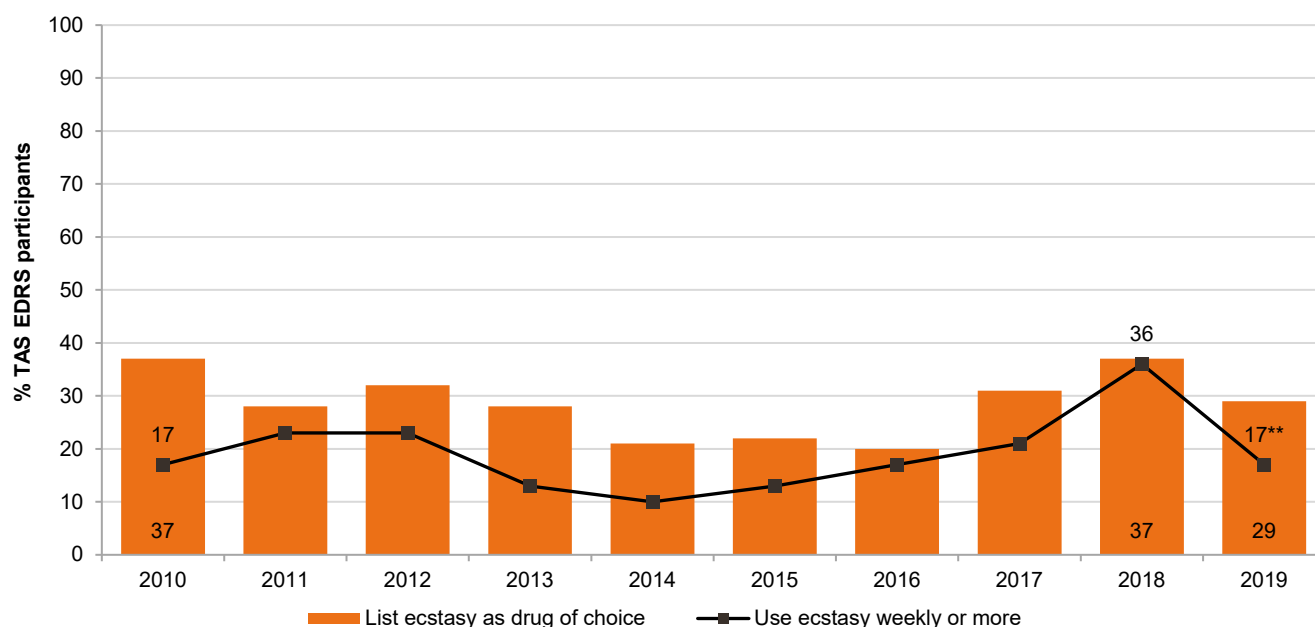
Figure 4: Frequency and range of ecstasy use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 5: Ecstasy as drug of choice and weekly or more ecstasy use in the past six months among the full sample, Tasmania, 2010-2019



Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 5: Self-reported symptoms of ecstasy dependence, Tasmania, 2015-2019

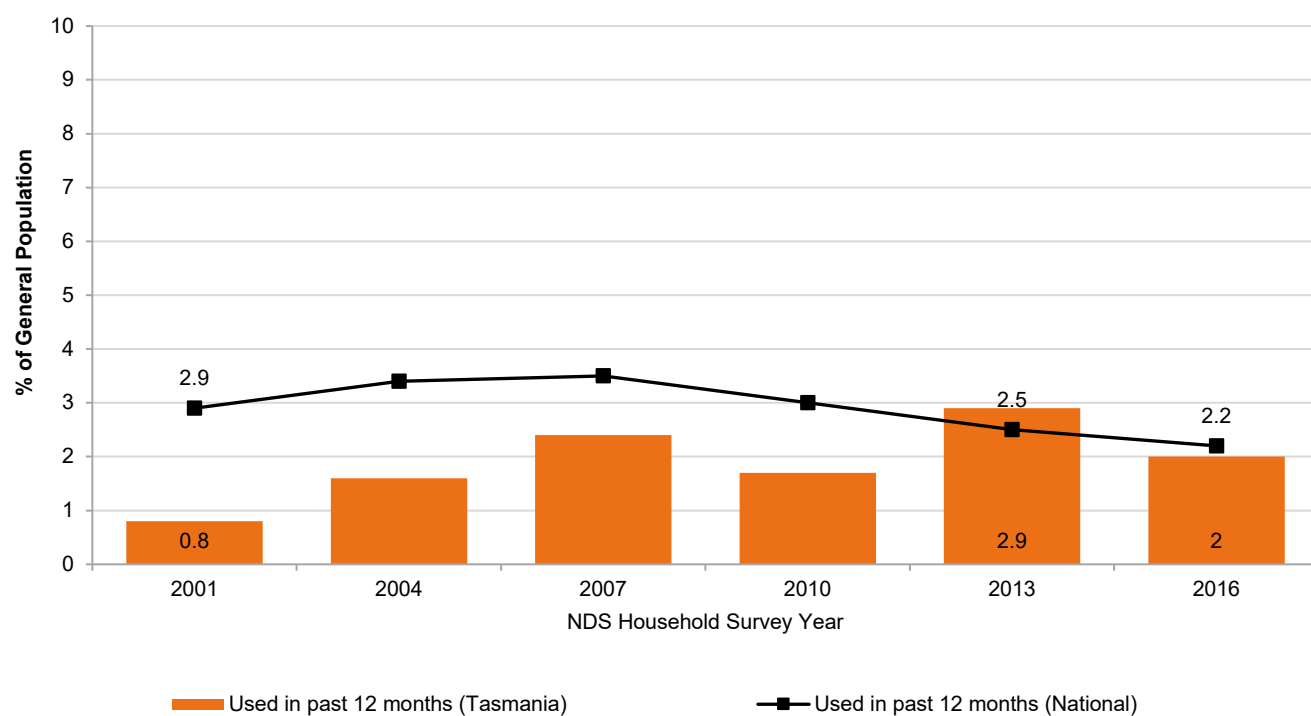
	2015 N=78	2016 N=100	2017 N=100	2018 N=99	2019 N=98
Recently used ecstasy (%)	100	97	100	100	95
Median SDS score (range)	2 (0-9)	1 (0-10)	0 (1-10)	1 (0-11)	0 (0-6)
SDS score = 0 % (n) (no symptoms of dependence)	32 (25)	47 (46)	57 (57)	48 (47)	63* (59)
SDS score 3+ % (n) (screened likely experiencing dependence)	42 (32)	34 (33)	10 (10)	16 (16)	13 (12)
Of those 3+ % (n) in drug treatment (any non-pharmacotherapy)	3 (1)	0	10 (1)	13 (2)	8 (1)

Source: EDRS interviews

Note: this uses the Severity of Dependence Scale, which is a screening tool for possible ecstasy dependence with good sensitivity and specificity for DSM-defined dependence. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Ecstasy Use among the General Population

Figure 6: Prevalence of ecstasy use in Australia and TAS among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey, 2001-2016

4

Methamphetamine

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

EDRS Interview

Almost half of the participants had used any form of methamphetamine in the last 6 months, at a median frequency of three days in the last 180 days. These trends are consistent with previous years [Figure 7].

It was uncommon among participants for methamphetamine to be a drug of choice, nominated by around 5%. Consistent with this, only a small proportion (11%) used methamphetamine weekly or more frequently in the past six months. There has been little change in these figures over the past five years of the EDRS study in Hobart [Figure 8].

Methamphetamine powder was the form most commonly used (by two-thirds of those recently using the drug) [Figure 10].

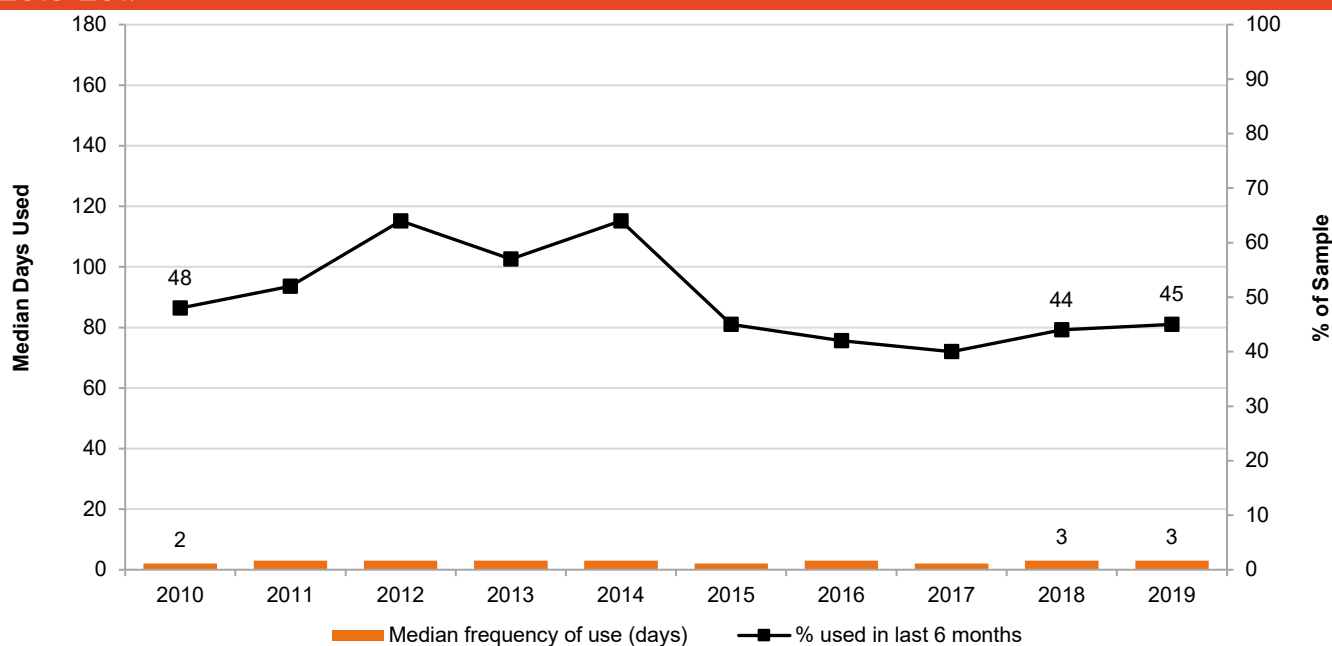
One-third of the EDRS participants reported use of powder form methamphetamine [Figure 9], on a median of three days in the past 6 months, typically snorting or swallowing 0.1g per session [Table 6]. Rates of use of powder form methamphetamine have remained relatively consistent over the past five years [Figure 9].

Rates of use of crystalline methamphetamine have remained in the minority of each sample over the past five years, at approximately 15-25% of each sample. Similar to rates in 2018, 1 in 5 reported recent use of this form in 2019 [Figure 9]. Among the participants in 2019, this was typically used on six days in the past six months, predominantly injected, and using 0.1g per session [Table 6]. Notably, there was a significant decline in the proportion of crystal methamphetamine reporting smoking it, dropping from 74% in 2018 to 37% in 2019.

Participants were given a screening tool to assess for symptoms of methamphetamine dependence. On this instrument, almost seven in ten of those recently using the drug reported no symptoms of dependence. Two in ten recent methamphetamine consumers interviewed screened positive for possible methamphetamine dependence [Table 7].

Methamphetamine Use Among EDRS Participants

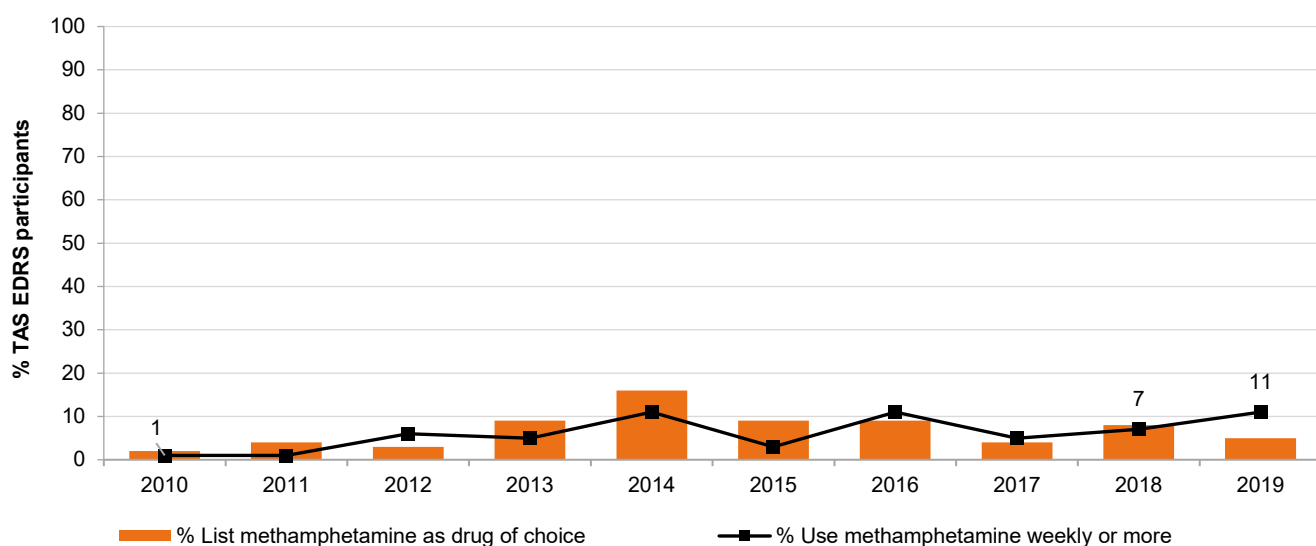
Figure 7: Prevalence and frequency of use of methamphetamine (any form) in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

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

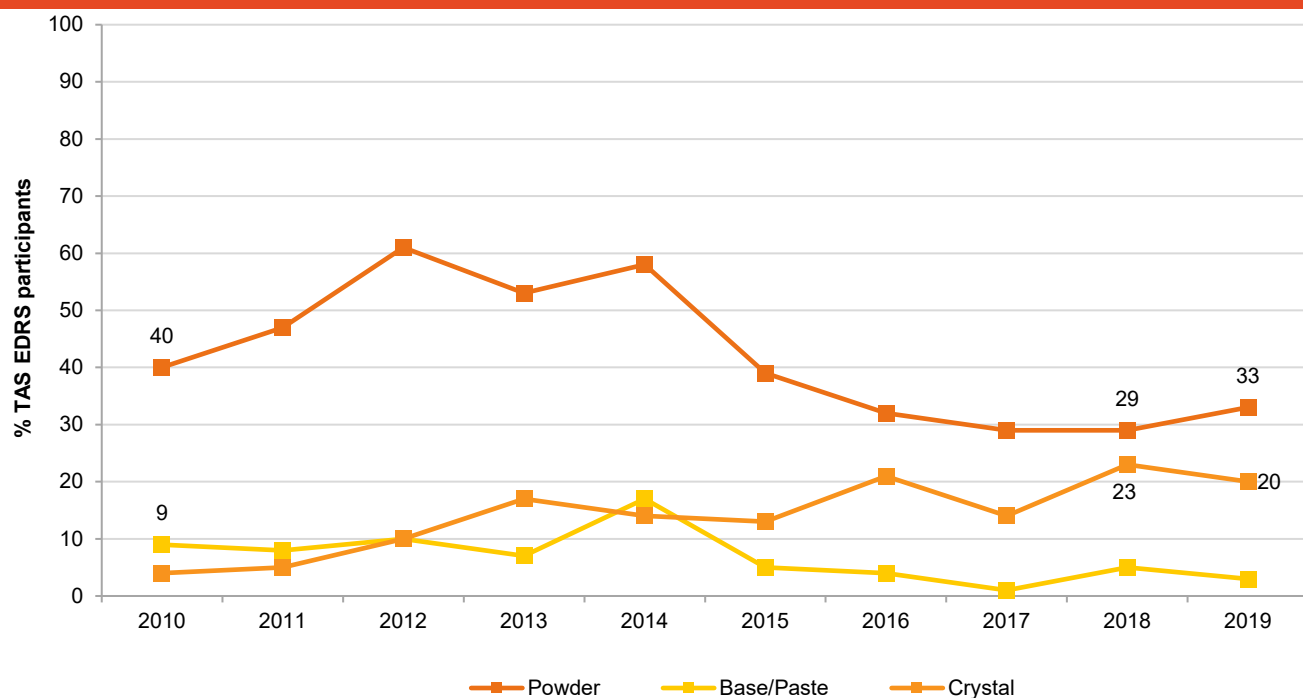
Figure 8: Weekly or more use of methamphetamine in the preceding six months among the full EDRS sample, 2010-2019



Source: EDRS interviews

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

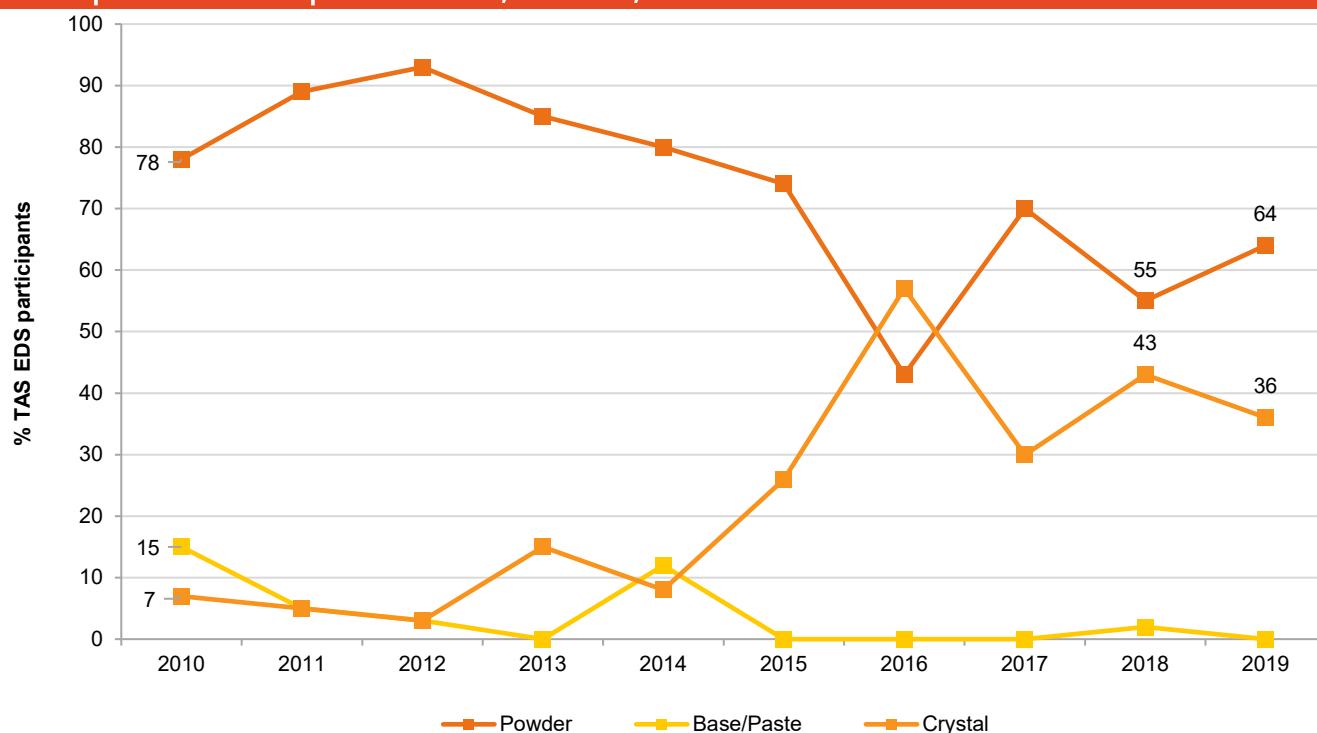
Figure 9: Methamphetamine use in the past six months (among the full EDRS sample), Tasmania, 2010-2019



Source: EDRS interviews

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

Figure 10: Forms of methamphetamine most often used among participants who had used any form of methamphetamine in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

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

Table 6: Methamphetamine use in the past six months, Tasmania, 2015-2019

Methamphetamine	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Any form methamphetamine					
Used last 6 months (%)	45	42	40	44	45
Median days used [#] (range)	2 (1-50)	3 (1-180)	2 (1-140)	3 (1-150)	3 (1-180)
Methamphetamine powder					
Used in last 6 months (%)	39	32	29	29	33
Median days used [#] (range)	2 (1-14)	2 (1-60)	2 (1-30)	2 (1-90)	3 (1-80)
Route (%)[#]					
Smoked	0	0	0	10	6
Snorted	90	81	59	59	63
Swallowed	13	16	52	52	47
Injected	10	16	14	10	16
Median points[#]					
Typical session (range)	2 (1-5)	1 (1-3)	1 (.5-1)	1 (1-2)	1 (.5-3)
Biggest session (range)	2 (1-6)	2 (.5-5)	1 (.5-2)	1 (1-7)	1 (.5-3)
Methamphetamine base					
Used in last 6 months (%)	5	4	1	5	3
Median days used [#] (range)	2 (1-5)	2 (1-60)	1 (1-1)	1 (1-12)	2 (2-25)
Route (%)[#]					
Smoked	25~	-	-	20~	-
Snorted	25~	-	-	0~	-
Swallowed	75~	-	-	20~	-
Injected	25~	-	-	60~	-
Median points[#]					
Typical session (range)	1~ (1-2)	.6~ (.6-.6)	-	2.5~ (1-3)	-
Biggest session (range)	1~ (1-2)	.6~ (.6-.6)	-	2.5~ (1-6)	-
Methamphetamine crystal					
Used in last 6 months (%)	13	21	14	23	20
Median days used [#] (range)	8 (1-50)	10 (1-180)	5.5 (1-140)	6 (1-150)	6 (1-72)
Route (%)[#]					
Smoked	80	76	79	74	37***
Snorted	10	19	0	22	32
Swallowed	20	5	7	22	5
Injected	30	43	50	44	58
Shaft/shelved	10	0	0	0	0
Median points[#]					
Typical session (range)	1 (.25-2)	1 (.5-3)	1 (.5-5)	1.75 (.5-6)	1 (.25-4)
Biggest session (range)	1 (.25-2)	1.75 (.6-6)	2 (.5-10)	2 (.5-12)	2 (.25-6)

Source: EDRS interviews [#]Among those who had used in last six months; ~ n<10; - n<5. ***= significant at $p<.001$; -Values suppressed due to small cell size (n≤5 but not 0)

Table 7: Self-reported symptoms of methamphetamine dependence among recent consumers, Tasmania, 2015-2019

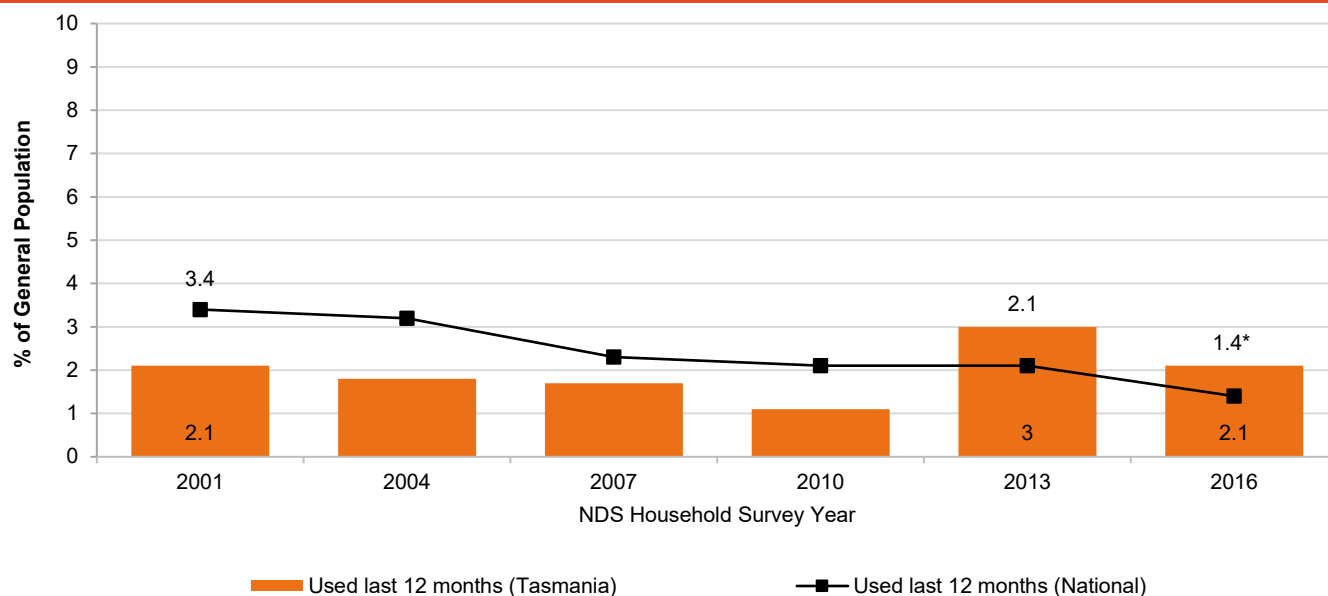
Symptoms (%)	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Recently used any methamphetamine	45	42	40	44	45
Median SDS score (range)	2 (0-7)	1 (1-10)	0 (0-12)	0 (0-14)	0 (0-13)
SDS score = 0 (no symptoms of dependence)	28 n=9	44 n=18	58 n=25	61 n=25	68 n=30
SDS score 4+ (screened likely experiencing dependence)	28 n=9	34 n=14	23 n=10	12 n=5	21 n=9
Of those 4+ % in drug treatment (any non-pharmacotherapy)	0 n=0	7 n=1	20 n=2	60 n=3	33 n=3

Source: EDRS interviews

Note: this uses the Severity of Dependence Scale, which is a screening tool for possible methamphetamine dependence with good sensitivity and specificity for DSM-defined dependence.

Methamphetamine Use Among the General Population

Figure 11: Prevalence of meth/amphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cocaine Use

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

EDRS Interview

In 2019, around 4 in 10 participants had reported using cocaine, at a median frequency of two days in the past six months. This rate of cocaine use is consistent with rates in 2018, but substantially higher than use in the previous five years of the EDRS study (approximately 2 in 10 reporting use) [Figure 12].

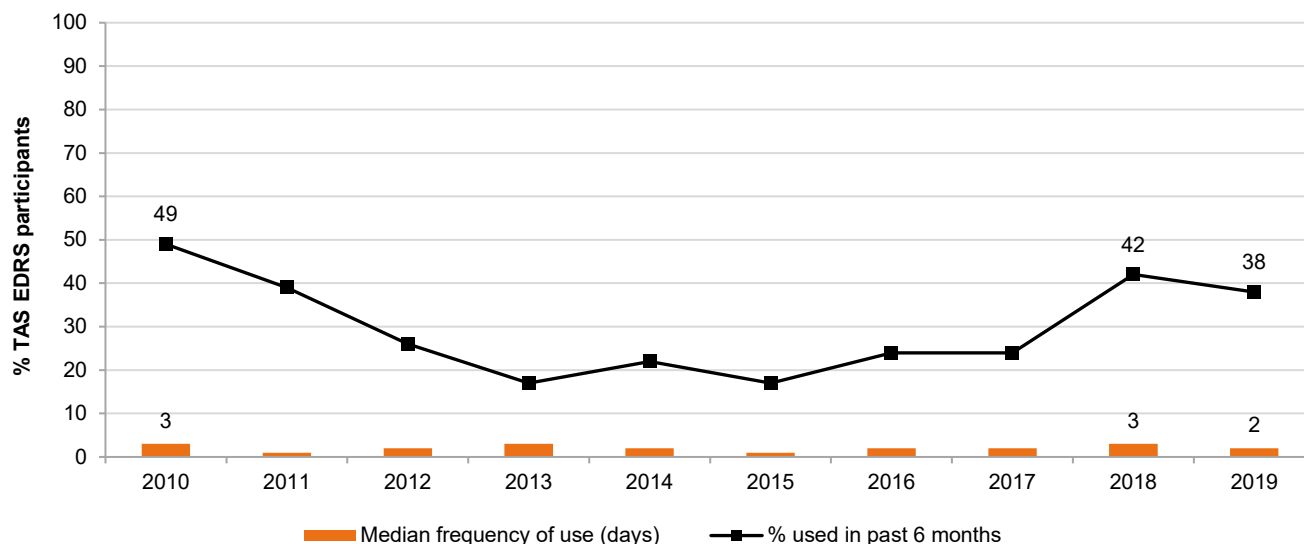
Participants reported typically snorting around one gram of cocaine when they used the drug [Table 8].

EDRS Indicator Data

Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year [Figure 13].

Cocaine Use Among EDRS Participants

Figure 12: Prevalence and frequency of use of cocaine in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

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

Table 8: Cocaine use in the past six months, Tasmania, 2015-2019

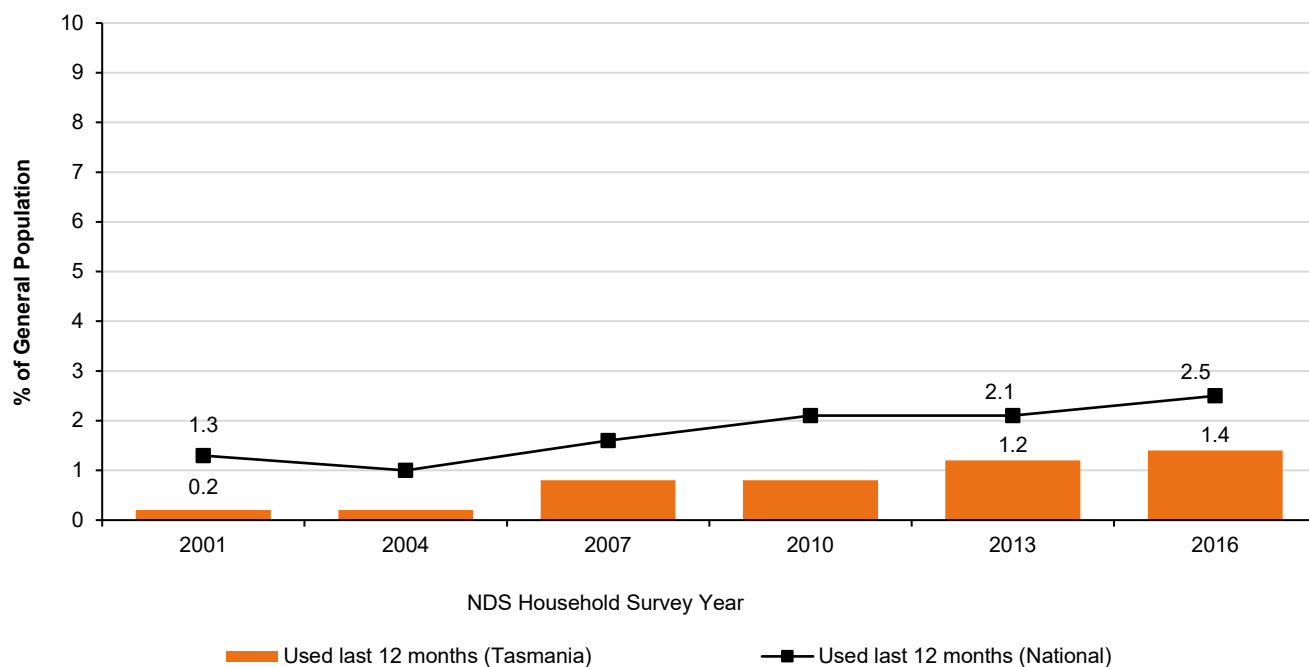
	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Used in last 6 months (%)	17	24	24	42	38
Median days used[#] (range)	1 (1-8)	2 (1-12)	2 (1-120)	3 (1-65)	2 (1-48)
Route (%)[#]					
Smoked	0	0	0	2	3
Snorted	85	86	96	86	97
Swallowed	23	21	13	17	16
Injected	8	4	0	0	0
Shafted/shelved	10	0	0	0	0
Median amounts used per session[#]					
Grams typical (range)	2~ (1-3)	1~ (0.25-1)	1~ (.15-3)	1 (.25-2)	1 (0.2-2)
Grams biggest (range)	2~ (1-3)	1~ (0.3-1.5)	2~ (.15-4)	1.1 (.25-5)	1.5 (0.5-5)
Points typical (range)	3~ (1-7)	1~ (0.5-3)	1~ (1-2)	1~ (1-4)	1 (0.25-4)
Points biggest (range)	4~ (1-7)	1~ (0.5-4)	1~ (1-4)	1~ (1-6)	1 (0.5-4)

Source: EDRS interviews, 2015-2019

[#]Among those who had used in last six months; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019. ~ $n < 10$.

Cocaine Use Among the General Population

Figure 13: Prevalence of cocaine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

6

Cannabis Use

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

EDRS Interview Data

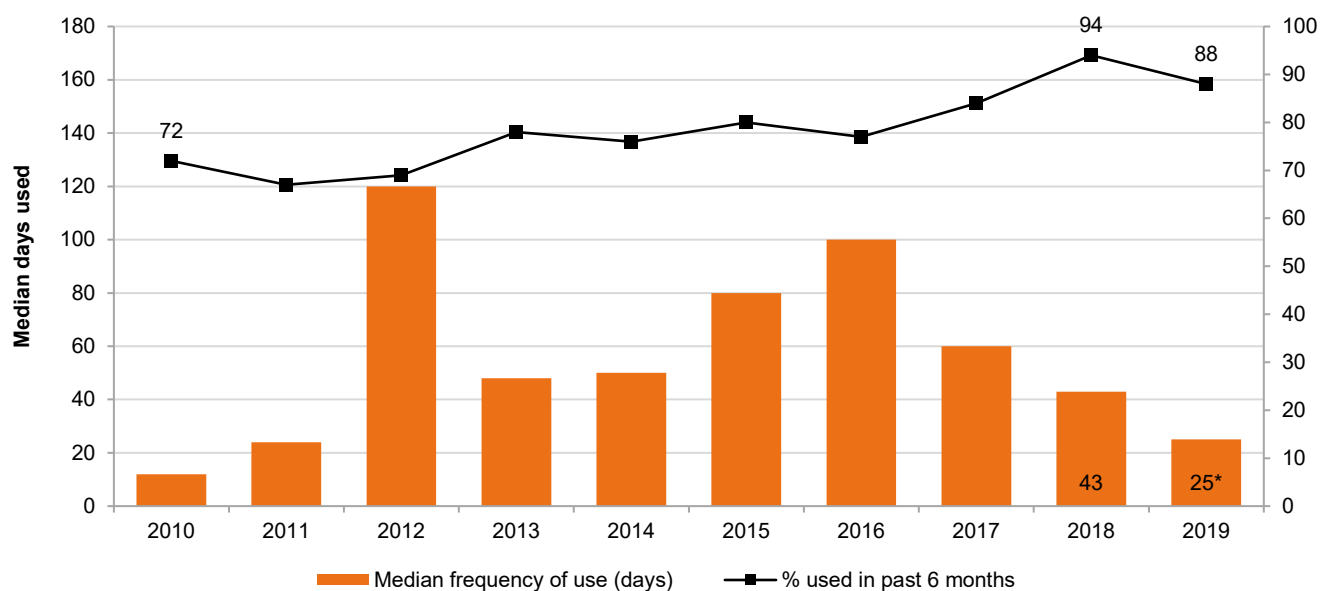
In 2019, almost 9 in 10 participants reported using cannabis. Half reported using weekly or more; and 23% of those using cannabis were smoking every day [Table 9].

While the overall proportion of EDRS participants reporting recent cannabis use has increased by a small amount over the past five years (80% in 2015; 88% in 2019), the frequency of use among participants has decreased substantially, with three quarters of recent consumers in 2015 smoking weekly or more, but around half were smoking at this frequency in 2019 [Table 9].

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 15].

Cannabis Use among EDRS Participants

Figure 14: Prevalence and frequency of cannabis use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

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

Table 9: Cannabis use in the past six months, Tasmania, 2015-2019

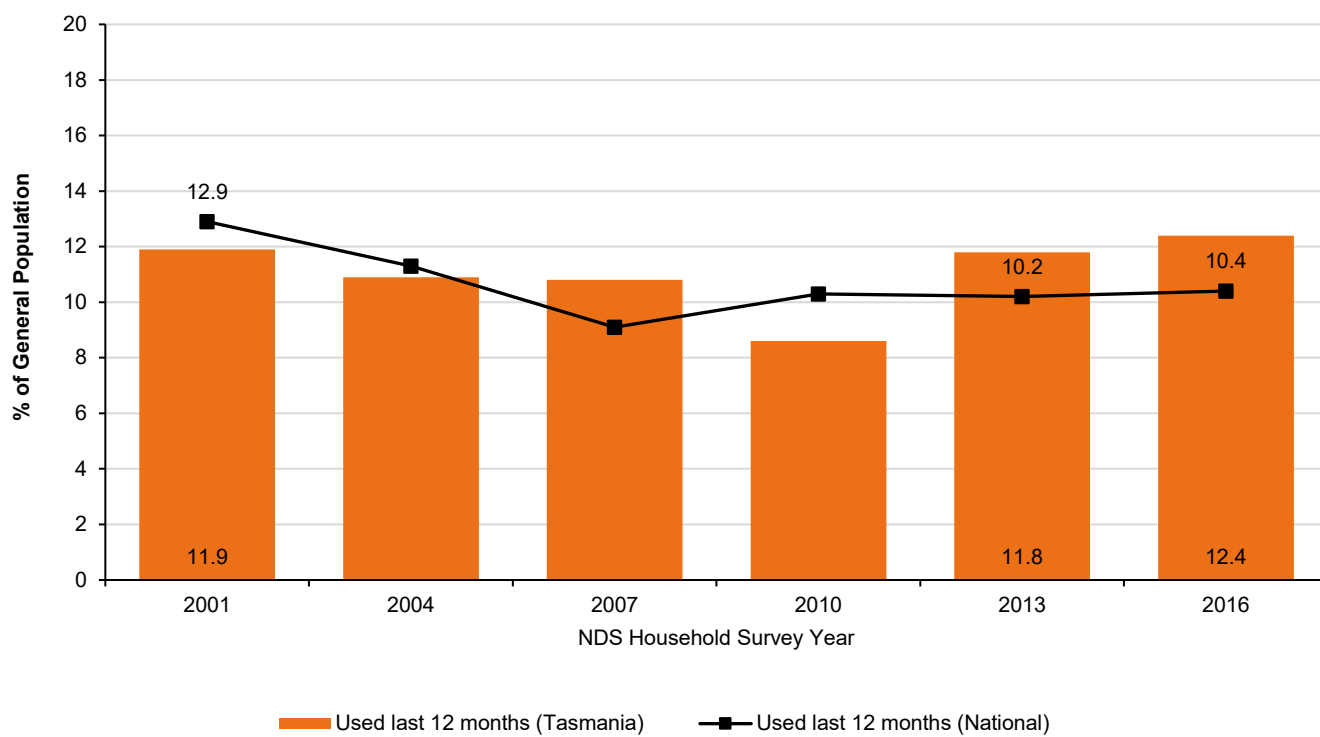
	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Used last 6 months (%)	80	77	84	94	88
Used weekly or more (%) [#]	73	71	69	59	51
Median days used [#] (range)	80 (1-180)	100 (2-180)	60 (2-180)	43 (1-180)	25* (1-180)
Median cones last session [#] (range)	n=30 4 (1-70)	n=38 6 (1-30)	n=39 4 (.5-30)	n=44 3 (1-20)	n=27 4 (0.5-42)
Median joints last session [#] (range)	n=25 1 (1-4)	n=21 2 (0.5-2)	n=30 1.5 (0.2-8)	n=30 1 (0.15-4)	n=40 1 (0.2-4)

Source: EDRS interviews

[#]Among those who had used in last six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Cannabis Use in the General Population

Figure 15: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

7

Other Drug Use

Alcohol

Almost all of the EDRS participants (94%) reported recent alcohol consumption in 2019. This was on average, regular (44 of the past 180 days), with almost four in five drinking weekly or more frequently, and over one-third engaging in very heavy (6 of more standard drinks) weekly or more [Table 10]. One in ten were experiencing alcohol related harms to an extent that they may be experiencing alcohol use disorder (Zone 4 on the AUDIT), but this represented a significant decline from the previous study (24% in 2018 to 12%) [Table 10].

Tobacco

Among EDRS participants, smoking remains very common. Eighty four percent of participants recently smoking cigarettes in 2019 [Figure 18]. However, there has been a decline in daily smoking, with 44% of recent smokers doing so daily in 2019, compared with 65% in 2015 [Table 11].

Psychedelics

Psychedelic use remains common but infrequent among participants in the EDRS, with almost half of participants reporting recent use of LSD (typically swallowing 1 tab on three days in the past 180 days). Twenty nine percent of participants reported recent psychedelic mushroom use on a median of two days in the past 180 days [Table 12].

Inhalants

One-third of participants each reported recent use of amyl nitrite or nitrous oxide in the 2019 study. This was a significant increase in the proportion using amyl nitrite from previous years (19% in 2018). Participants reported a median use of 4 days in the past 180 days for both of these drugs [Table 13].

Non-Prescribed Pharmaceuticals

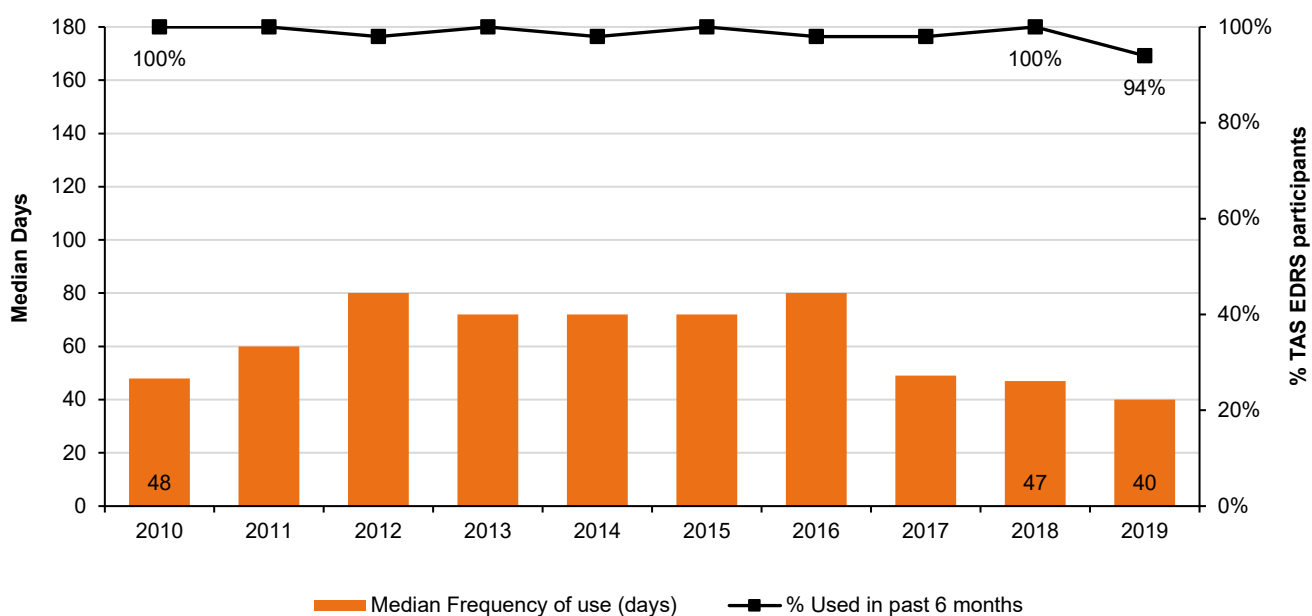
There were significant declines in the proportion of participants reporting recent pharmaceutical stimulant use (19% in 2019, 30% in 2018) and over-the-counter codeine (≤ 5 participants in 2019, 31% in 2018) use. Use of each of these forms was infrequent. Almost 4 in 10 recently used benzodiazepines, on an average of 5 days in the previous 180 days [Table 14].

New Psychoactive Substances

One quarter of the participants in 2019 reported recently using a drug they thought was a novel psychoactive substance. Most notable was use of the brief psychedelic DMT, used by approximately 1 in 20 participants. Use of synthetic cannabinoids was uncommon (by 3% in 2019) [Table 16]. There was a significant decline in participants reporting recently using capsules of unknown content in 2019 (6%, compared with 36% in 2018) [Figure 20].

Alcohol Use Among EDRS Participants

Figure 16: Prevalence and frequency of alcohol use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews.

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 10: Alcohol use in the past six months, Tasmania, 2015-2019

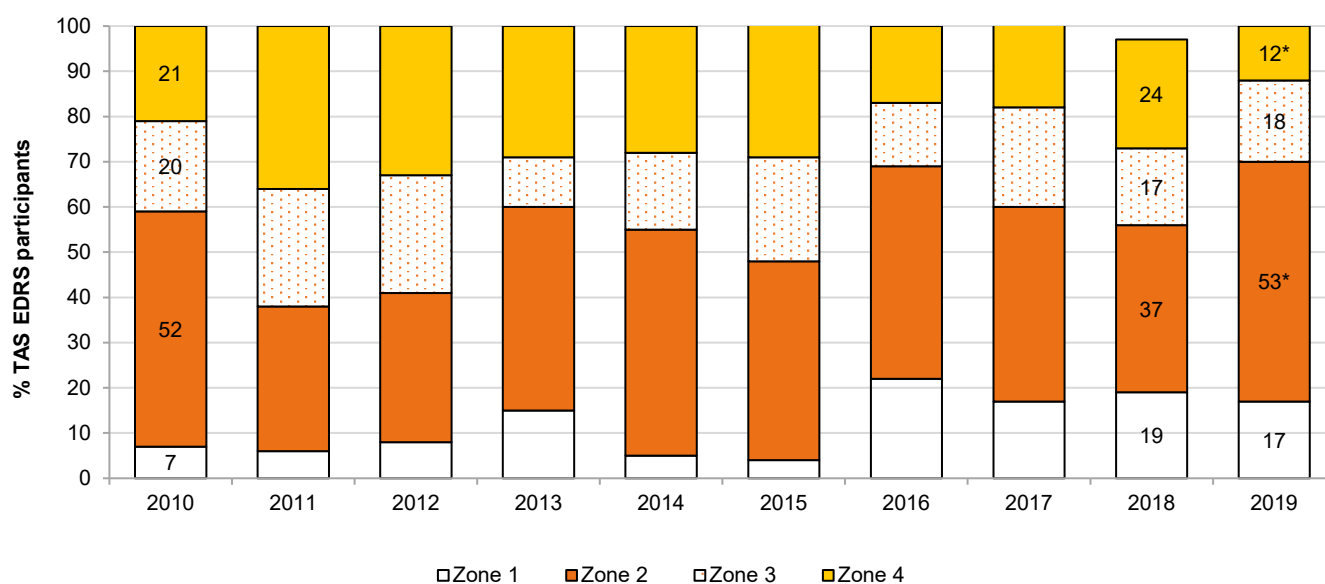
	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 n=98
Used last 6 months (%)	100	98	98	100	94
Median days used [#] (range)	72 10-180	80 6-180	49 (1-180)	47 (1-180)	44 (6-180)
Weekly or more (%) [#]	90	93	84	78	78
Daily (%) [#]	-	8	-	-	-
AUDIT: frequency of 6+ drinks on one occasion					
< Weekly	28	41	39	50	62
Weekly >	69	54	58	45	36
Daily or almost daily	-	-	-	-	-
AUDIT					
Zone 1	4	22	17	19	17
Zone 2	44	47	42	37	53*
Zone 3	23	14	22	17	18
Zone 4	30	17	19	24	12*

Source: EDRS interviews

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

[#]Among those who had used in last six months -Values suppressed due to small cell size (≤ 5 but not 0)

Figure 17: Proportion of participants categorised within each AUDIT risk zone, Tasmania, 2010-2019

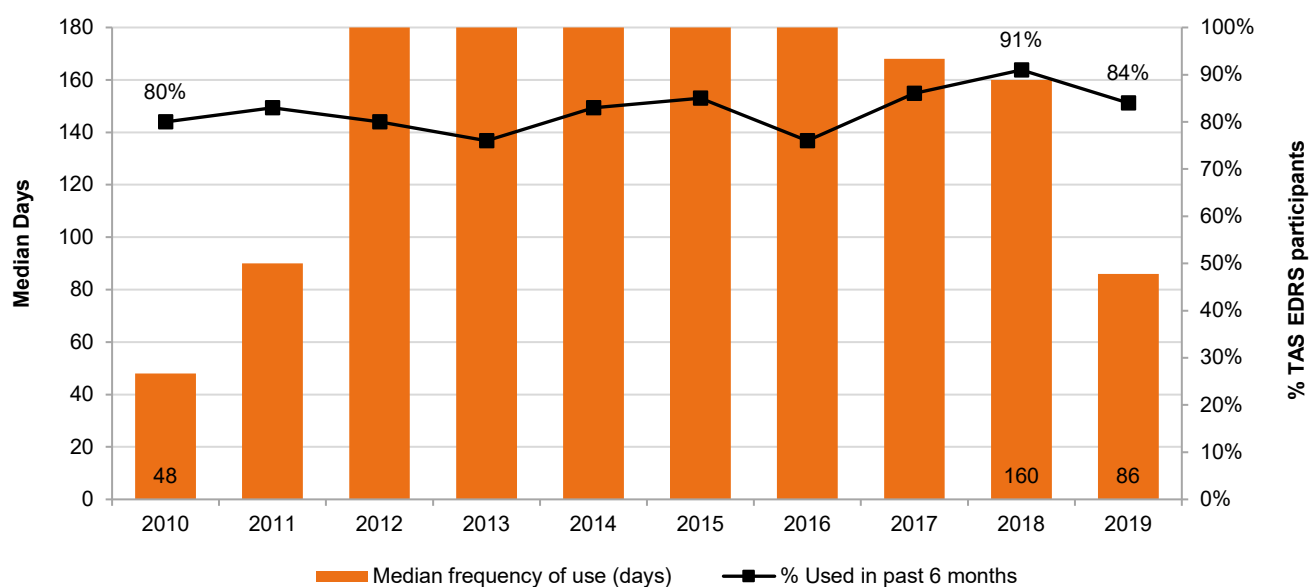


Source: EDRS interviews

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

Tobacco Use among EDRS Participants

Figure 18: Prevalence and frequency of tobacco use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

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

Table II: Tobacco use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Tobacco					
Used last 6 months (%)	85	76	86	91	84
Median days used [#] (range)	180 (1-180)	180 (1-180)	168 (1-180)	160 (1-180)	86** (1-180)
Weekly or more (%) [#]	91	78	76	82	71~
Daily (%) [#]	65	58	48	46	44
e-cigarettes					
Used last 6 months (%)	23	15	31	37	25~
Nicotine only [#]	71	73	48	79	71
Cannabis only [#]	0	0	0	9	8
Both nicotine & cannabis [#]	6	13	10	6	21~
Neither [#]	24	13	42	6	0
Median days used[#]	3	3	2	4	5
(range)	(1-120)	(1-20)	(1-180)	(1-180)	(1-90)
Nicotine only [#]	3	3	1	1	2
(range)	(1-120)	(1-12)	(1-1)	(1-1)	(1-90)
Cannabis only [#]	0	0	0	1	5
(range)	-	-	-	(1-1)	(4-5)
Both nicotine & cannabis [#]	3	1.5	1	1	5
(range)	(3-3)	(1-2)	(1-1)	(1-1)	(2-10)
Neither [#]	2	12	1	1	0
(range)	(1-3)	(4-20)	(1-1)	(1-1)	(0-0)

Source: EDRS interviews

[#]among those who had used in last six months; ~p=0.07

*p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Psychedelic Use among EDRS Participants

Table 12: LSD and psychedelic mushroom use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Used in last 6 months (%)	41	39	39	41	44
Median days used [#] (range)	3 1-45	4 1-20	2 (1-26)	2 (1-32)	3 (1-90)
Route (%)[#]					
Snorted	6	0	0	0	0
Swallowed	97	100	100	100	98
Injected	0	0	0	0	5
Shelved/Shafted	3	0	0	0	0
Median tabs/drops[#]					
Typical session (range)	1 (0.5-4)	1 (1-3)	1 (0.5-3)	1 (0.5-4)	1 (0.15-3)
Biggest session (range)	2 (0.5-10)	1 (1-5)	2 (0.5-6)	1 (0.5-8)	1 (0.25-5)
Psychedelic mushrooms					
Used in last 6 months (%)	15	24	25	34	29
Median days used [#] (range)	3 (1-20)	3 (1-24)	2 (1-11)	3 (1-48)	2 (1-10)

Source: EDRS interviews

[#]Among those who had used in the preceding six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Inhalant Use among EDRS Participants

Table 13: Amyl nitrite/nitrous oxide use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Amyl nitrite					
Used last 6 months (%)	12	11	16	19	34*
Median days used [#] (range)	1 (1-10)	2 (1-60)	2 (1-20)	2 (1-55)	4 (1-80)
Nitrous oxide					
Used last 6 months (%)	6	15	29	44	34
Median days used [#] (range)	1 (1-1)	2 (1-180)	4 (1-60)	3 (1-72)	3 (1-72)
Bulbs used [#]					
Typical session (range)	4 (2-7)	7 (2-50)	4 (1-30)	7 (1-75)	7 (1-100)
Biggest session (range)	4 (2-7)	10 (2-50)	5 (1-50)	10 (1-150)	10 (1-100)

Source: EDRS interviews

[#]Among those who had used in the preceding six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Non-Medical Use of Pharmaceuticals among EDRS Participants

Table 14: Benzodiazepine and pharmaceutical stimulant use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Benzodiazepines					
Used last 6 months (%)	23	25	41	48	39
Injected last 6 months (%)	0	0	2	0	2
Median days used [#] (range)	9 (2-180)	6 (1-180)	6 (1-180)	6 (1-180)	5 (1-180)
Prescribed use last 6 months (%)	8	9	15	17	17
Non-prescribed use last 6 months (%)	17	21	35	40	30
Pharmaceutical stimulants					
Used last six months (%)	13	20	36	30	19~
Median days used [#] (range)	2 (1-14)	2 (1-15)	4 (1-180)	5 (1-180)	2 (1-48)
Median tablets typical session [#] (range)	1 (1-6)	2.75 (1-5)	2 (0.5-23)	2 (0.25-6)	n/r
Median tablets biggest session [#] (range)	2 (1-6)	3 (1-12)	3 (0.5-30)	2 (0.4-10)	n/r
Prescribed use last 6 months (%)	0	2	1	2	-
Non-prescribed use last 6 months (%)	13	20	35	28	19

Source: EDRS interviews

[#]Among those who had used in the preceding six months; ~ n<10; N/r = not recorded

-n<5; ~p=0.07. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 15: Codeine use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Codeine-based over-the-counter preparations					
Used last 6 months (%)	10	13	27	31	4***
Injected last 6 months (%)	0	0	0	0	0
Median days use [#] (range)	15 (1-72)	5 (1-150)	5 (1-15)	4 (1-160)	2 (1-5)
Codeine-based prescription preparations					
Used last 6 months (%)	10	13	27	15^	25
Injected last 6 months (%)	0	0	0	0	0
Median days use [#] (range)	15 (1-72)	5 (1-150)	5 (1-15)	6^ (1-180)	7 (1-180)

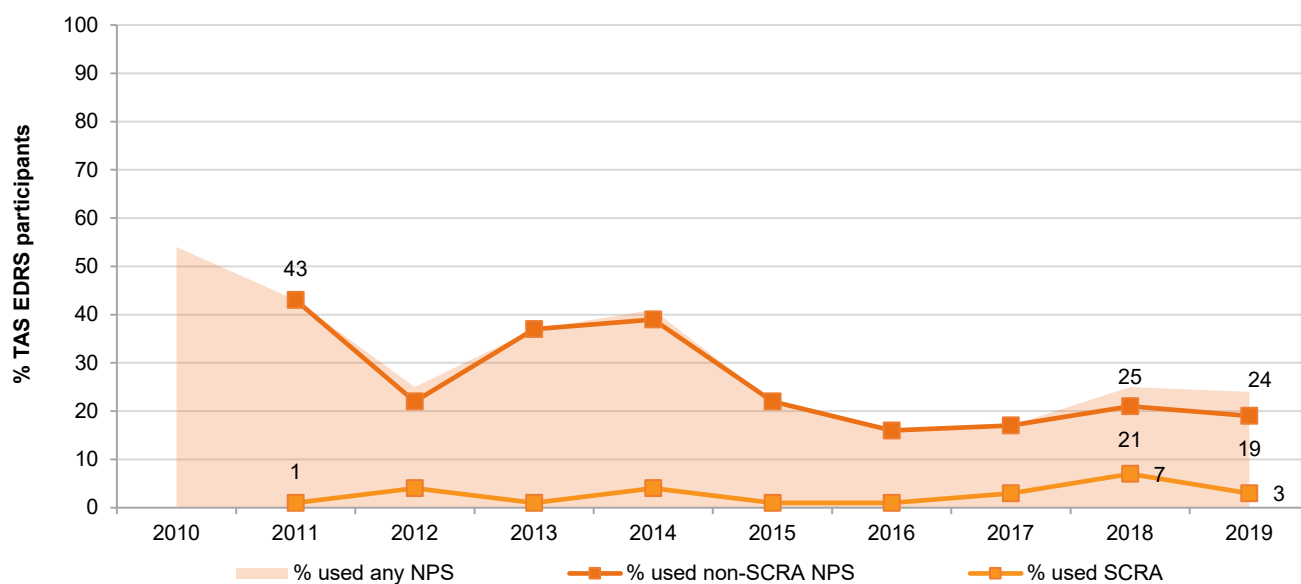
Source: EDRS interviews

^note: only for non-prescribed use

In 2019, participants were not asked whether they had injected codeine. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

New Psychoactive Substance (NPS) Use among EDRS Participants

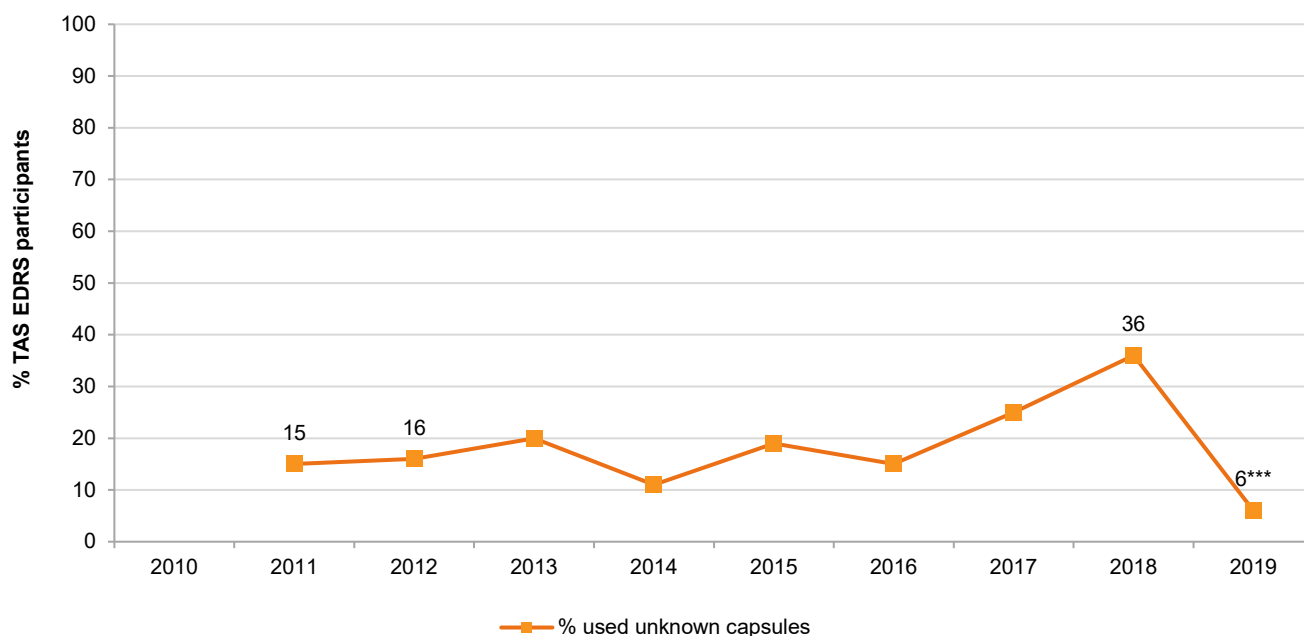
Figure 19: NPS, non-SCRA NPS and SCRA use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

Note: SCRA data not available prior to 2011.

Figure 20: Unknown capsule use in the past six months, Tasmania, 2010-2019



Source: EDRS interviews

Note: question was not asked prior to 2011. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 16: NPS use in the past six months, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Any NPS†	22*	16	17	25	24
Stimulants					
Mephedrone	9*	5	1	3	0
Methylone (bk-MDMA)	5	4	2	4	3
Other cathinone^	0	0	0	0	0
MDAI	0	0	-	-	-
BZP	0	0	0	-	-
MDPV (ivory wave)	1	0	2	0	0
Benzo fury	0	0	-	-	1
'New drugs that mimic the effects of amphetamines or cocaine'	-	-	2	1	1
Psychedelic phenethylamines					
2CB	1	1	6	1	3
2CI	3	3	4	2	0
2CE	0	1	-	-	0
2C-other	1	0	1	0	0
DOI	0	0	-	-	-
Mescaline#	5	3	2	3	0
NBOMe	5	0	6	1	3
Psychedelic tryptamines					
DMT#	4	4	4	9	6
5-MeO-DMT#	0	0	0	0	2
4-AcO-DMT	-	0	0	-	-
Ayauasca	0	0	0	0	1
DoX	-	-	2	1	0
'New drugs that mimic the effects of ecstasy'	-	-	1	1	2
'Other new drugs that mimic the effects of psychedelic drugs'	-	-	0	1	2
PMA	0	0	0	2	0
Plant derivatives					
Salvia divinorum	1	0	1	1	2
LSA (wood rose seeds)	0	0	-	-	-
'New synthetic opioids'	-	-	0	0	2
Synthetic cannabinoids	1	1	3	7	3
Other substances					
Methoxetamine (MXE)	4	5	1	0	1
DXM†	1	0	-	3	-
Herbal highs	4	0	1	2	1
Etizolam	-	0	2	2	1
Phenibut	-	-	-	-	4

Source: EDRS interviews, 2015-2019

*Indicates significant difference to previous year ($p < .05$). †Dextromethorphan (a common ingredient in over-the-counter cough medicines); #Can also be derived from plants; ^Includes methcathinone; † Does not include unknown capsules. * $p < 0.050$;

** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

8

Drug Market Trends: Price, Perceived Purity, and Perceived Availability

Ecstasy

Price

In 2019, the median price reported was \$25 per ecstasy pill or capsule. This is consistent with prices in 2018, and is a slight decline from years previous to 2018 with reports of \$30-35 per pill or capsule. [Figure 24 and Table 17].

Perceived Purity

Forty-five percent of consumers reported that the purity of pills 'fluctuates' and 31% reported 'medium' purity. Capsules and crystal were regarded as more consistent, both typically considered 'high' in purity [Table 18]. In terms of trends in purity of tablets over time, the proportion of participants reporting that tablets were 'low' in purity has declined since 2010-11 (41-47% respectively to 0-20% in 2012-19). Over the past 5 years, one-third or more of participants have noted that purity 'fluctuated', reflecting the inconsistent and unpredictable nature of the ecstasy market [Figure 21].

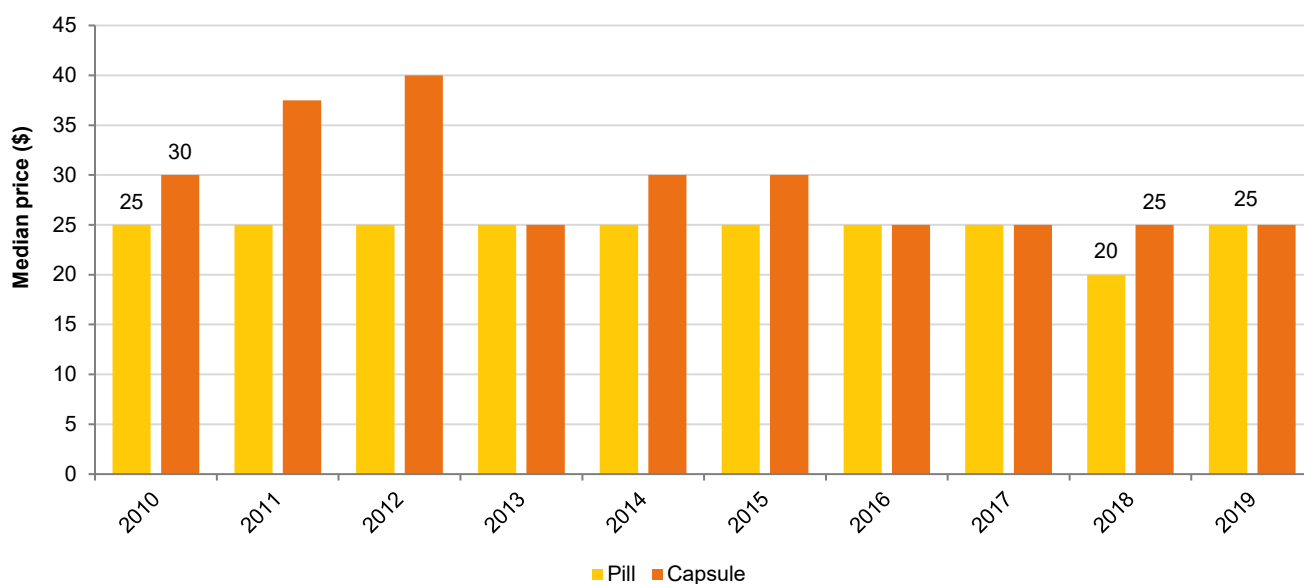
Perceived Availability

The proportion of participants reporting that ecstasy tablets were 'very easy' to access has increased over the past 5 years, from 28% in 2015 to 47% in 2019 [Table 19].

Consistent with their lower rates of use, capsules and crystal were typically considered more difficult to access than tablets, with both most commonly regarded as 'easy' in 2019, although there are indications of increases in availability for both powder and crystal forms [Table 19]. Tasmania police seizures of pills/capsules suspected to be ecstasy have been greater since 2014/15 than the previous four years, (mean >75 seizures of >5500 tablets 2014/15-17/18 compared with mean 9 seizures of >330 tablets 2011/12-2013/14) [Figure 23].

Price of Ecstasy

Figure 24: Median price of ecstasy pill and capsule, Tasmania 2010-2019



Source: EDRS interviews

Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 17: Last purchase price of ecstasy among those who commented, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Pill/tablet					
Median last price	n=73	n=94	n=89	n=86	n=63
Last price per pill# (range)	\$35 (10-50)	\$30 (15-50)	\$30 (12-50)	\$25 (10-50)	\$25 (12-50)
Powder					
Median last price	n=7	n=4	n=0	n=7	n=5
Last price per gram# (range)	\$300~ (40-350)	- -	- -	\$150~ (50-300)	\$120 (100-250)
Capsule					
Median last price	n=32	n=42	n=49	n=57	n=55
Last price per capsule# (range)	\$30 (5-40)	\$35 (20-45)	\$30 (15-40)	\$25 (15-50)	\$25 (12-50)
MDMA Crystal					
Median last price	n=10	n=11	n=16	n=16	n=20
Last price per gram# (range)	\$225 (80-350)	\$300 (25-550)	\$225 (40-350)	\$200 (30-300)	\$200 (12-350)
Median last price	n=9	n=4	n=11	n=10	n=8
Last price per point# (range)	\$50~ (20-85)	- -	\$30 (20-70)	\$27.5 (20-75)	\$27.50 (20-160)

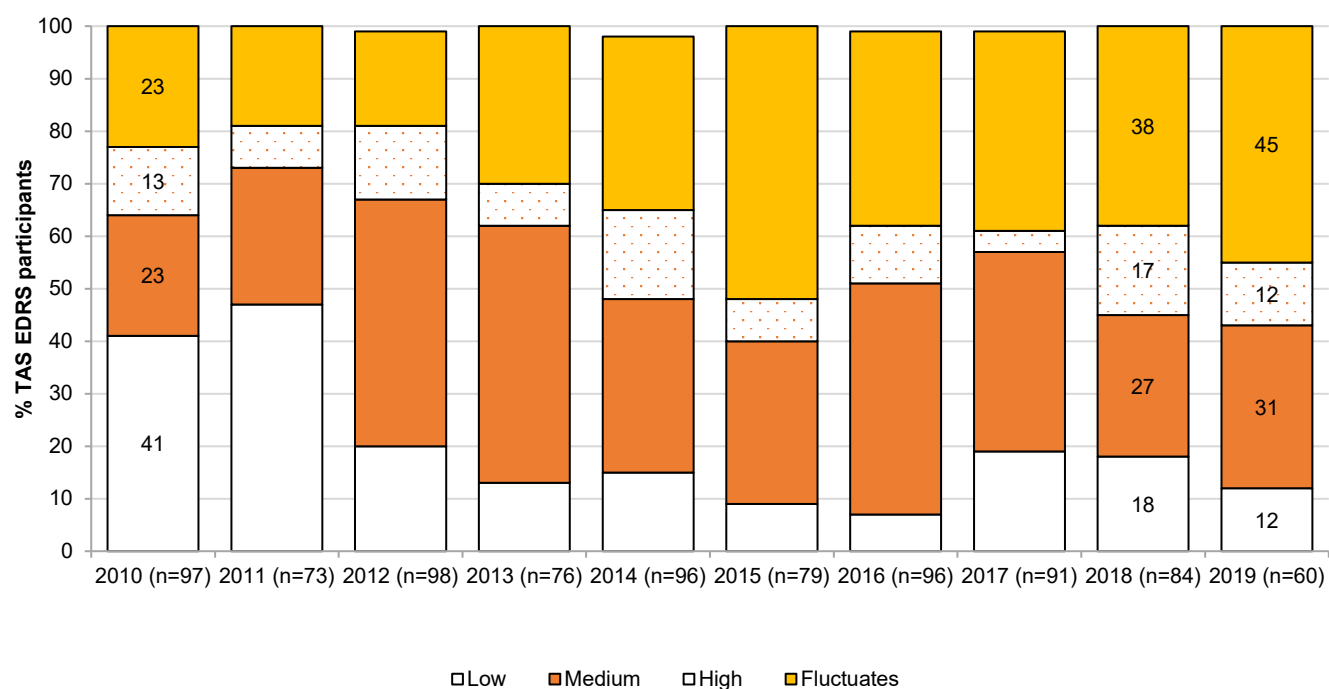
Source: EDRS interviews

#Among those who had purchased ecstasy in the preceding 6 months; ~ $n < 10$; - data not reported where $n < 5$. * $p < 0.050$;

** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Perceived Purity of Ecstasy

Figure 21: Current perceived purity of ecstasy among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note: 2015 and 2016 data includes only non-crystal forms; 2017, 2018 and 2019 relate to pill form only.

Table 18: Current perceived purity of ecstasy among those who commented, Tasmania, 2015-2019

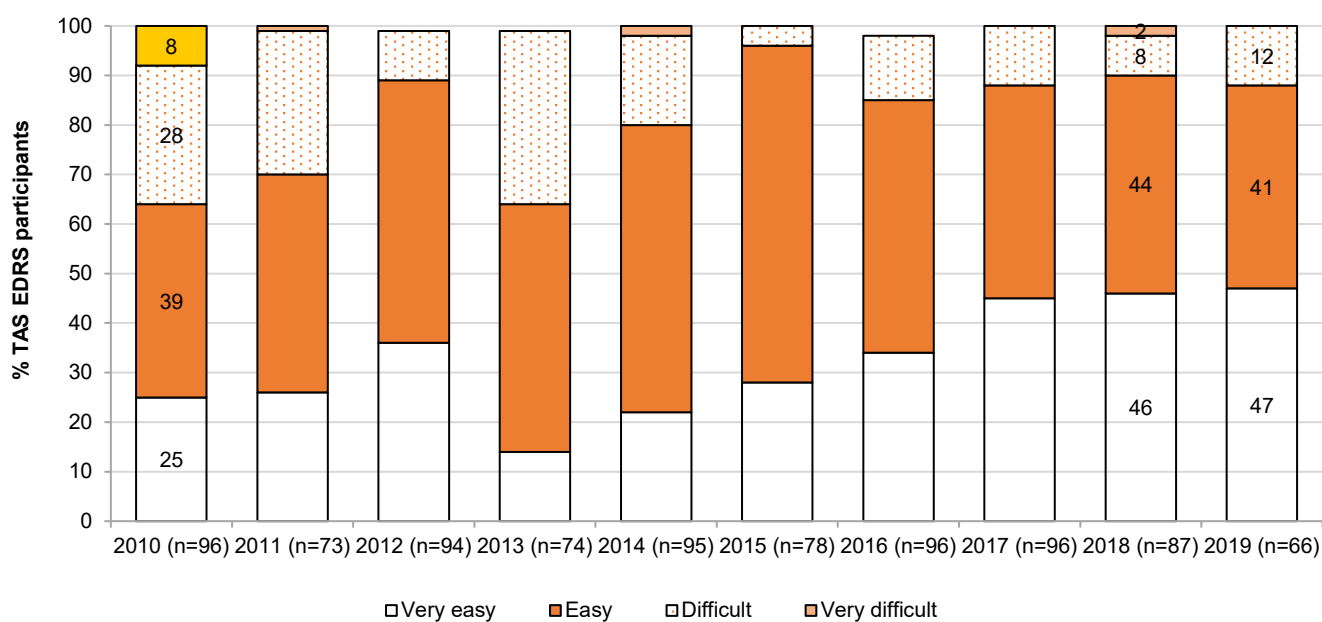
Ecstasy	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Pill/tablet					
Perceived purity	n=78	n=90	n=91	n=84	n=60
Low (%)	9	7	19	18	12
Medium (%)	31	44	38	27	31
High (%)	8	11	4	17	12
Fluctuates (%)	52	37	38	38	45
Powder					
Purity	-	n=4~	n=16	n=17	n=14
Low (%)	-	-	19	6	0
Medium (%)	-	-	69	47	36
High (%)	-	-	6	35	43
Fluctuates (%)	-	-	6	12	21
Capsule					
Purity	-	n=3~	n=58	n=59	n=58
Low (%)	-	-	19	12	8
Medium (%)	-	-	47	41	28
High (%)	-	-	19	32	45
Fluctuates (%)	-	-	16	15	19
MDMA Crystal					
Purity	n=24	n=26	n=35	n=37	n=44
Low (%)	4	4	3	5	0
Medium (%)	25	42	20	38	23
High (%)	50	46	63	51	66
Fluctuates (%)	17	8	14	5	11

Source: EDRS interviews

Note: Prior to 2016, purity questions were not asked for powder and capsules. ~n<10; data not reported for n<5. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Perceived Availability of Ecstasy

Figure 22: Current perceived availability of ecstasy pills among those who commented, Tasmania, 2010-2019



Source: EDRS interviews.

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

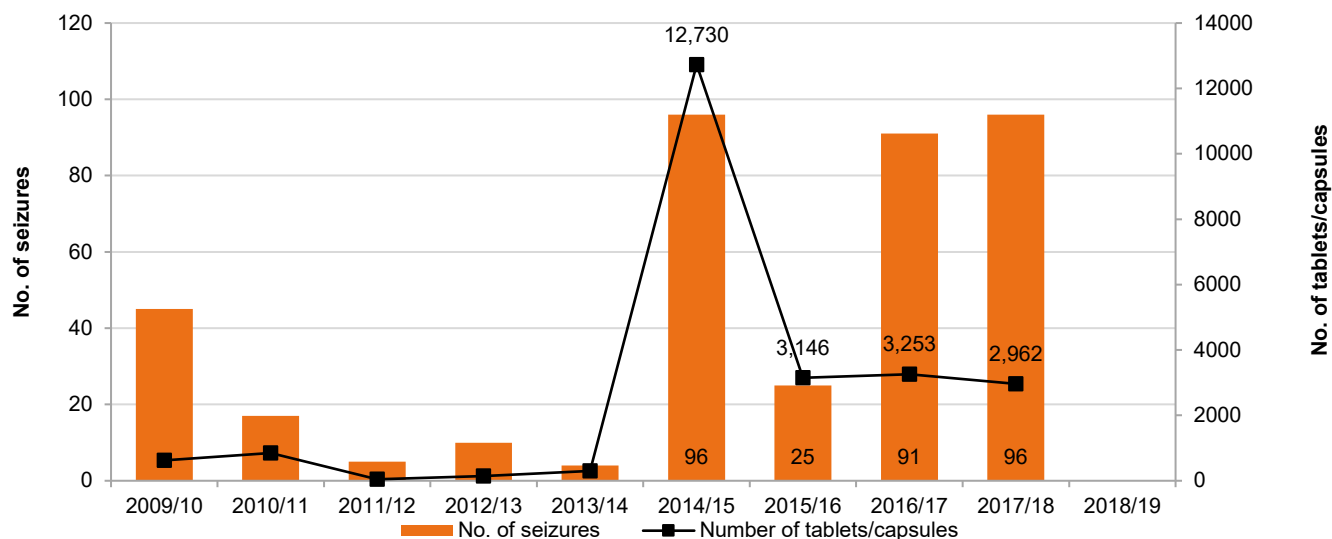
Table 19: Current perceived availability of ecstasy among those who commented, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Pill/tablet					
Ease of access	n=78	n=90	n=96	n=87	n=66
Very Easy (%)	28	34	45	46	47
Easy (%)	68	51	43	44	41
Difficult (%)	4	13	12	8	12
Very Difficult (%)	-	-	-	2	0
Powder					
Ease of access	-	n=4~	n=15	n=19	n=14
Very Easy (%)	-	-	20	5	43*
Easy (%)	-	-	53	53	29
Difficult (%)	-	-	27	42	28
Very Difficult (%)	-	-	-	-	0
Capsule					
Ease of access	-	n=3~	n=60	n=62	n=60
Very Easy (%)	-	-	20	27	25
Easy (%)	-	-	55	48	57
Difficult (%)	-	-	23	24	18
Very Difficult (%)	-	-	2	-	0
MDMA Crystal					
Ease of access	n=24	n=26	n=37	n=39	n=43
Very Easy (%)	8	27	14	18	26
Easy (%)	29	39	41	33	56*
Difficult(%)	42	23	35	41	16*
Very Difficult (%)	21	4	11	8	2

Source: EDRS interviews

Note: Data not reported where n<5. ~n<10. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 23: Total number of tablets/capsules suspected to contain ecstasy seized by Tasmania Police, 2009/10-2018/19



Source: State Intelligence Services, Tasmania Police, ACIC, 2007/08-2016/17

Note: Data includes only those seizures that were recorded in tablet/capsule form. Totals may differ from those reported in the Department of Police and Emergency Management and ACIC annual reports due to differences in counting rules. Data from 2018/19 was not available at time of publication.

Methamphetamine

Price

Powder

Participants reported paying approximately \$50 per point (~0.1g) of powder methamphetamine; this has remained stable at \$40-50 per point for the past decade [Figure 24].

Crystal

Participants reported paying \$50 per point (~0.1g) of crystal methamphetamine, which is lower than prices over the past 5 years (median \$100 in 2015) [Figure 29].

Perceived Purity

Data from police seizures in 2017/18 reported a median purity around 50%, which is a decline from the levels >70% since 2015/16. However, it should be noted that only a small, non-representative number of seizures were analysed for purity [Table 21].

Powder

Powder methamphetamine was typically considered 'high' in purity [Figure 26].

Crystal

In 2019 crystal methamphetamine was typically regarded to be 'high' in purity [Figure 27].

The proportions of participants reporting on subjective purity for either methamphetamine form are too small, however, to identify any meaningful purity trends.

Perceived Availability

In 2017/18 Tasmania Police seized just under 3kg of substances likely to be methamphetamines, this was a decline from almost 5kg in the previous year. There were more than 550 individual seizures in 2017/18, comparable to that in the previous year [Figure 30].

Powder

Eighty-four percent of consumers regarded this form as 'easy' or 'very easy' to access in 2019 [Figure 29].

Crystal

Crystal methamphetamine has been increasingly perceived as 'easy' or 'very easy' to access over the past five years among EDRS consumers, with all of the EDRS consumers recently using the drug reporting it as 'easy' or 'very easy' to obtain in both 2018 and 2019 [Figure 29].

Price of Methamphetamine

Table 20: Last purchase price of methamphetamine among those who commented, Tasmania, 2015-2019

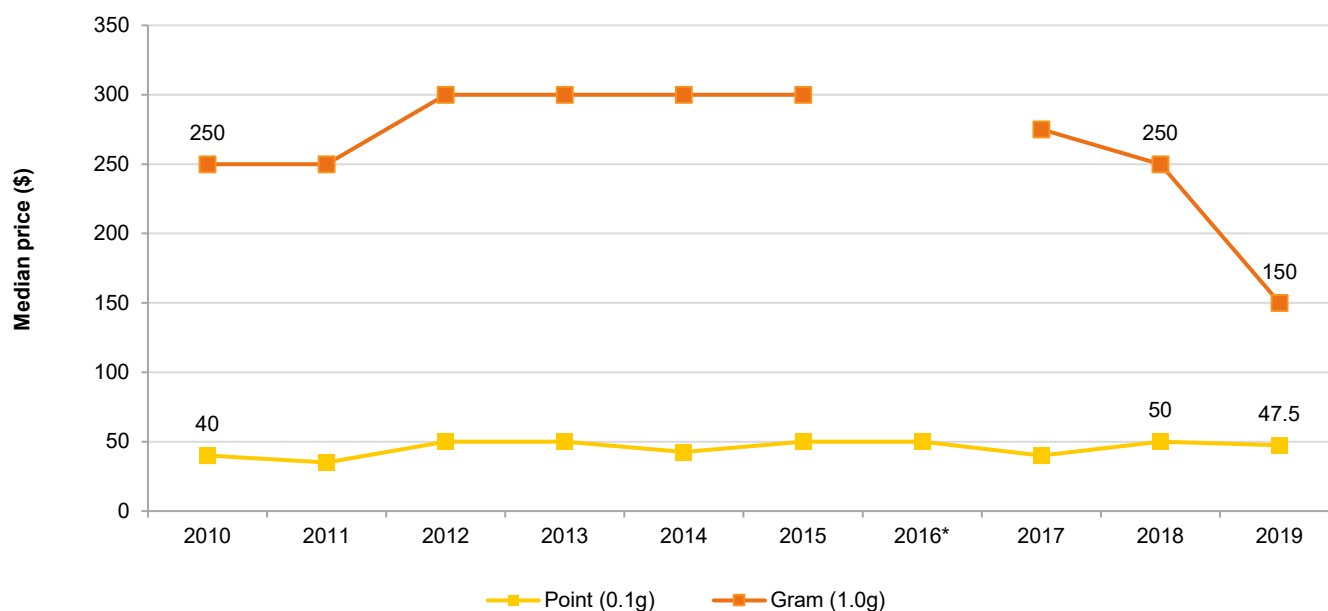
	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Powder					
Median last price	n=19	n=23	n=11	n=7	n=8
Price per point (range)	\$50 (25-100)	\$50 (40-80)	\$40 (20-100)	\$50~ (25-180)	\$47.50~ (20-100)
Median last price	n=6	n=2	n=8	n=5	n=6
Price per gram (range)	\$300~ (150-320)	- -	\$275~ (30-300)	\$250~ (25-300)	\$150~ (35-300)
Crystal					
Median last price	n=9	n=14	n=8	n=15	n=15
Price per point (range)	\$100~ (40-100)	\$95 (45-100)	\$75~ (50-100)	\$60 (40-100)	\$50 (40-100)
Median last price	n=3	n=5	n=2	n=3	n=1
Price per gram (range)	- -	\$500~ (450-600)	- -	- -	- -

Source: EDRS interviews

~n<10. Data with n<5 not reported; insufficient data available to report on trends in the base form. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Methamphetamine Powder

Figure 24: Median price of methamphetamine powder among those who commented, Tasmania, 2010-2019

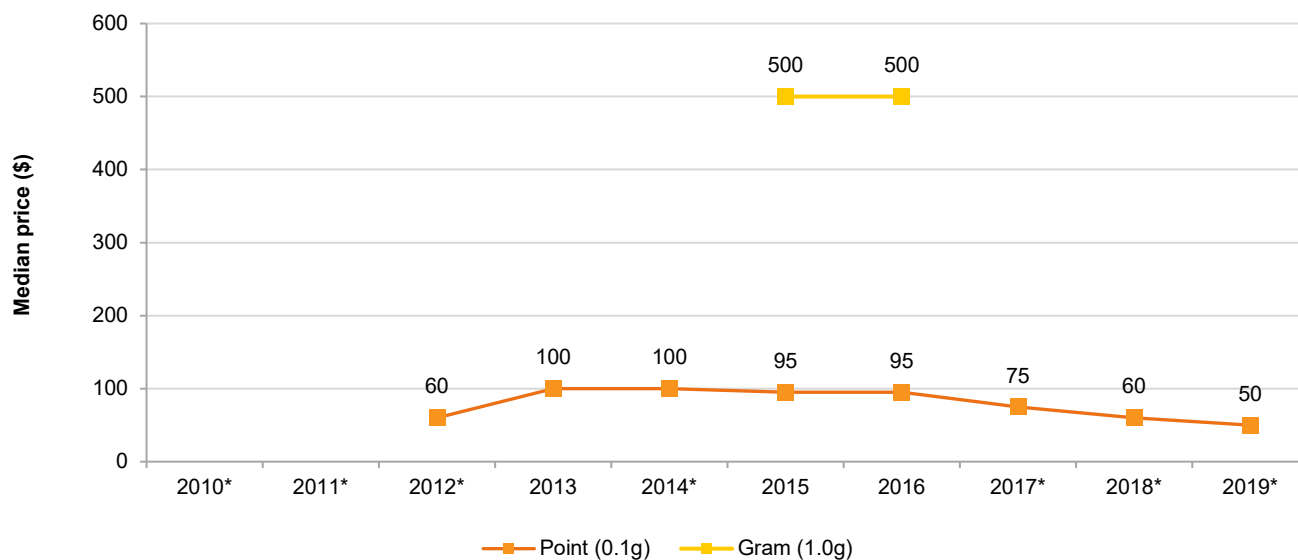


Source: EDRS interviews

*Price not reported for n<5. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Crystal Methamphetamine

Figure 25: Median price of crystal methamphetamine (ice) among those who commented, Tasmania, 2010-2019



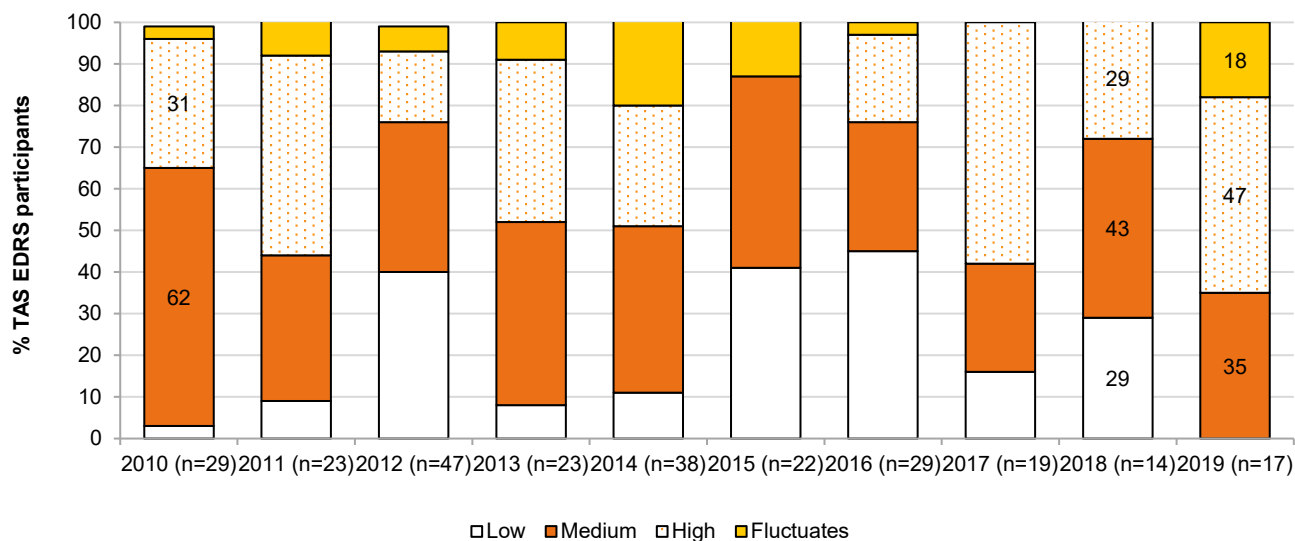
Source: EDRS interviews

*Price not reported for $n < 5$. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Perceived Purity of Methamphetamine

Methamphetamine Powder

Figure 26: Current perceived methamphetamine powder purity among those who commented, Tasmania, 2010-2019

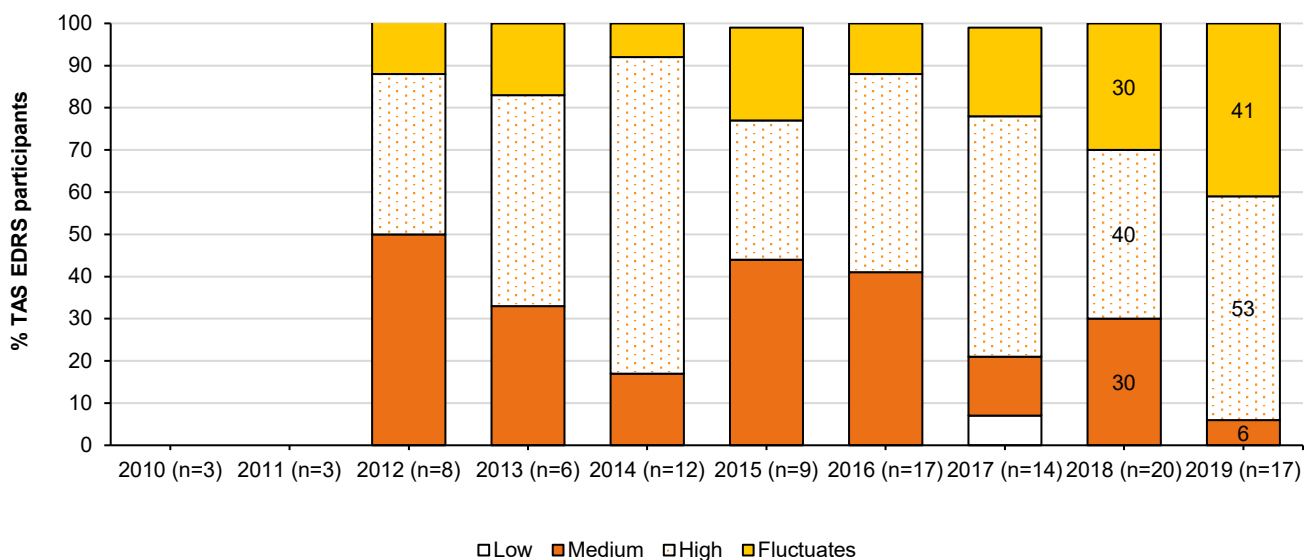


Source: EDRS interviews.

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Methamphetamine Crystal

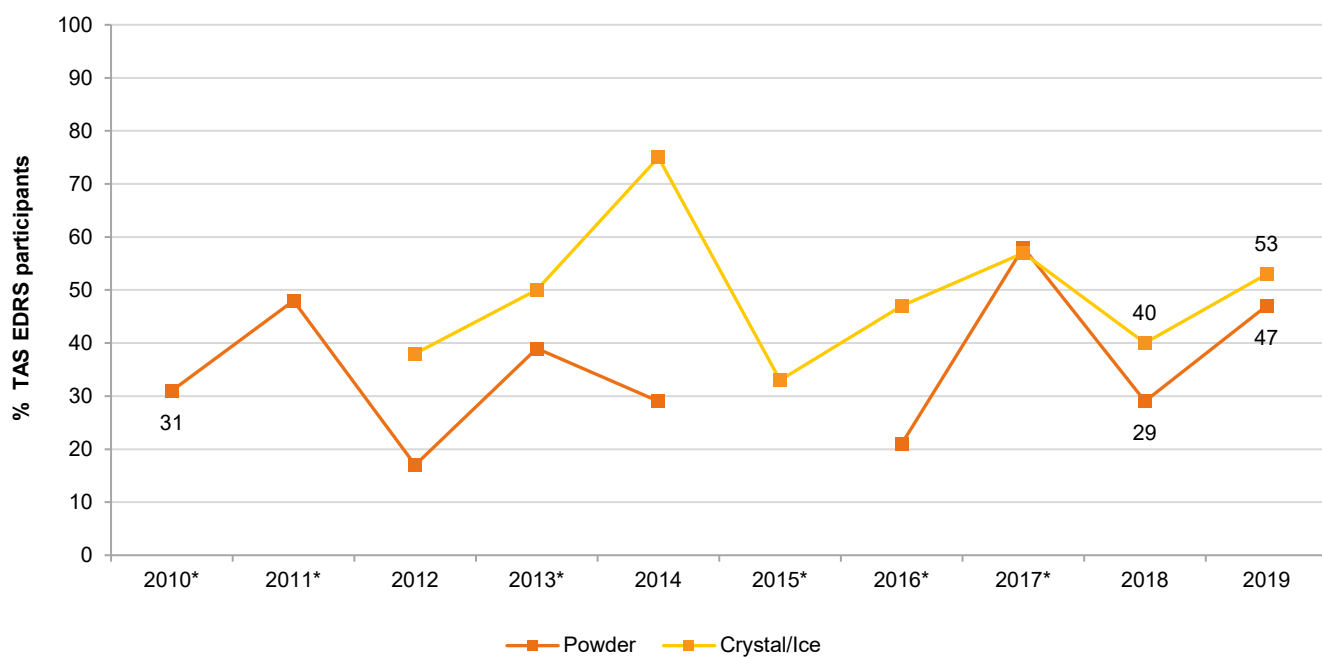
Figure 27: Current perceived methamphetamine crystal purity among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note: Data only included for years where $n \geq 5$. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 28: Reports of methamphetamine powder, and crystal purity as 'high' among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note. Purity not reported for n<5. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Table 21: Median purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2009/10-2018/19

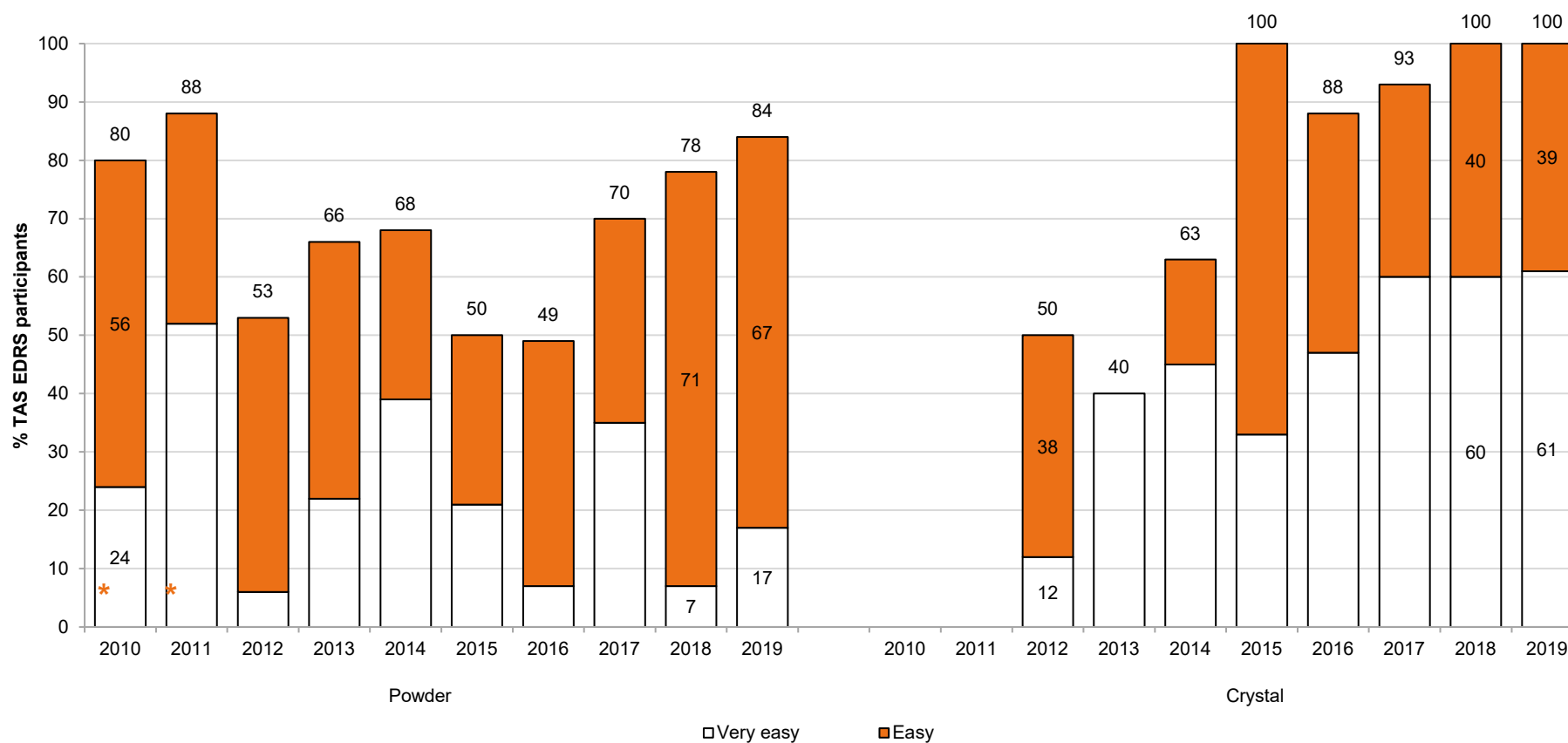
	2009 /10	2010 /11	2011 /12	2012 /13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19
≤2 g										
Purity (%)	- -	n=3 33.6	n=2 5.2	n=1 64	- -	n=3 78	- -	n=2 80.8	n=2 45.7	n/r
> 2 g										
Purity (%)	n=5 4.4	n=50 9.3	n=21 7.9	n=6 62.2	n=17 64.3	n=20 67.2	n=1 74.8	n=5 74.8	n=6 61.6	n/r
Total										
Purity (%) (range)	n=5 4.4 (1.3-6.7)	n=53 9.3 (1.8-36.6)	n=23 7.9 [^] (1.7-71.9)	n=7 64 (5.7-77.6)	n=17 64.3 (10.2-79.0)	n=23 73.1 (31.5-79.8)	n=1 74.8	n=7 75.1 (72.7-81.0)	n=8 48.6 (1.2-79.9)	n/r

Source: ACC (2009-2015), ACIC (2016-2018)

Note: No seizures made by the Australian Federal Police in the state were analysed during these reporting periods. n/r Data from 2018/19 was not available at time of publication. [^]Note: data published in the IDDR in 2011/12 are unclear, with 2 small seizures analysed at a median purity of 5.2% (min 1.7-max 8.7); and 21 >2g seizures analysed at a median purity of 7.9%, with no minimum range reported, but a maximum of 71.9%; the overall purity was reported in the report at a median of 7.9% with no minimum range but a maximum of 71.9%.

Perceived Availability of Methamphetamine

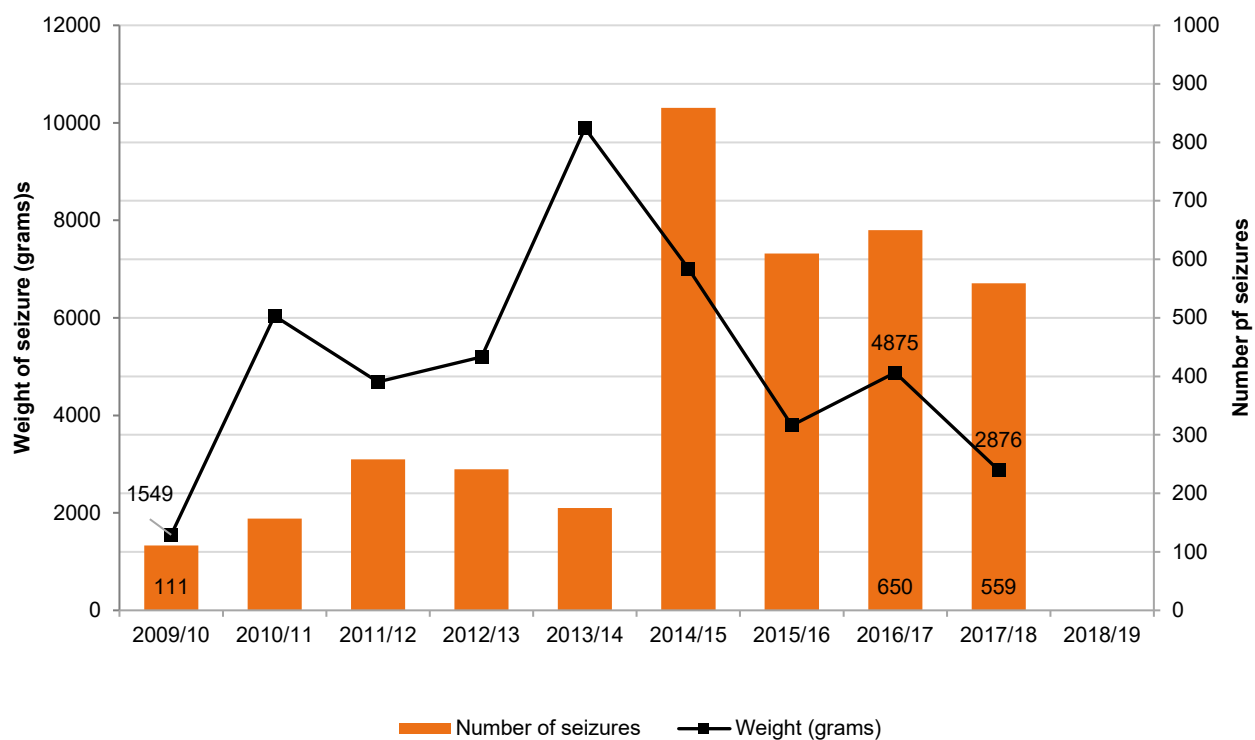
Figure 29: Reports of methamphetamine as 'very easy' or 'easy' to obtain in the past six months among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

*Data not reported where n<5. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Figure 30: Seizures of methamphetamine by Tasmania Police, 2009/10-2018/19



Source: Australian Crime Commission, State Intelligence Service, Tasmania Police

Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

Data from 2018/19 was not available at time of publication.

Cocaine

In 2019 the median price of a gram of cocaine was reported to be \$320 (range \$130-\$450) [Table 22].

Perceived Purity

In 2019, cocaine was typically reported to be 'medium' in subjective purity. Twenty-eight percent of participants perceived cocaine purity to fluctuate and the same proportion (28%) also perceived it to be of high purity [Figure 31].

Perceived Availability

In 2019, the majority of consumers continued to regard cocaine as 'difficult' to access; however, there seemed to be an increase in availability compared to previous years, with half of recent consumers considering it 'easy' or 'very easy' to access in 2019 and one-third in 2018, in contrast to rates of one in five in the previous three years [Figure 32].

Tasmania Police seizures of cocaine over the past five years have been greater in both number and weight than the previous five years (average 17 seizures, 106g per annum in 2013/14-2017/18 compared with 3 seizures, 36g per annum over the 2007/08-2011/12) [Table 23].

Price of cocaine

Table 22: Last purchase price of cocaine, Tasmania, 2015-2019

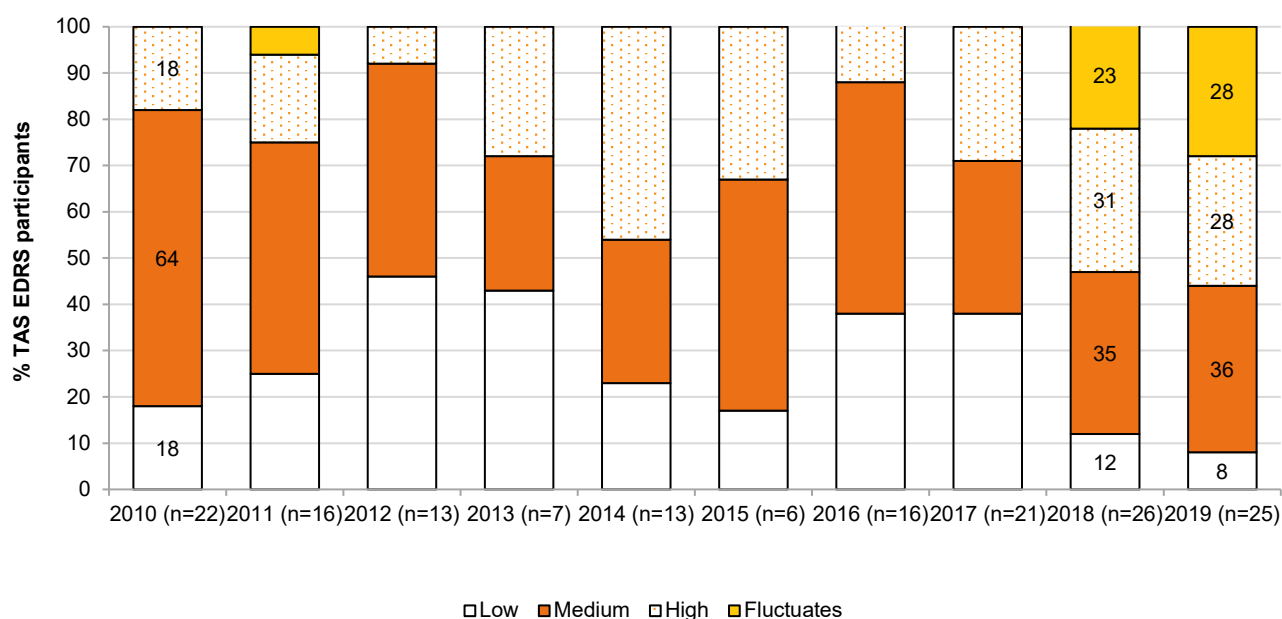
	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Median last price	n=2	n=7	n=5	n=4	n=1
Price per point	-	\$90~	\$60~	-	-
(range)	-	(70-120)	(40-90)	-	-
Median last price	n=2	n=6	n=5	n=19	n=21
Price per gram	-	\$387.50~	\$350~	\$350	\$320
(range)	-	(250-500)	(300-400)	(250-450)	(130-450)

Source: EDRS interviews

~n<10. Data not reported where n<5. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Perceived Purity of Cocaine

Figure 31: Current perceived cocaine purity, Tasmania, 2010-2019



Source: EDRS interviews

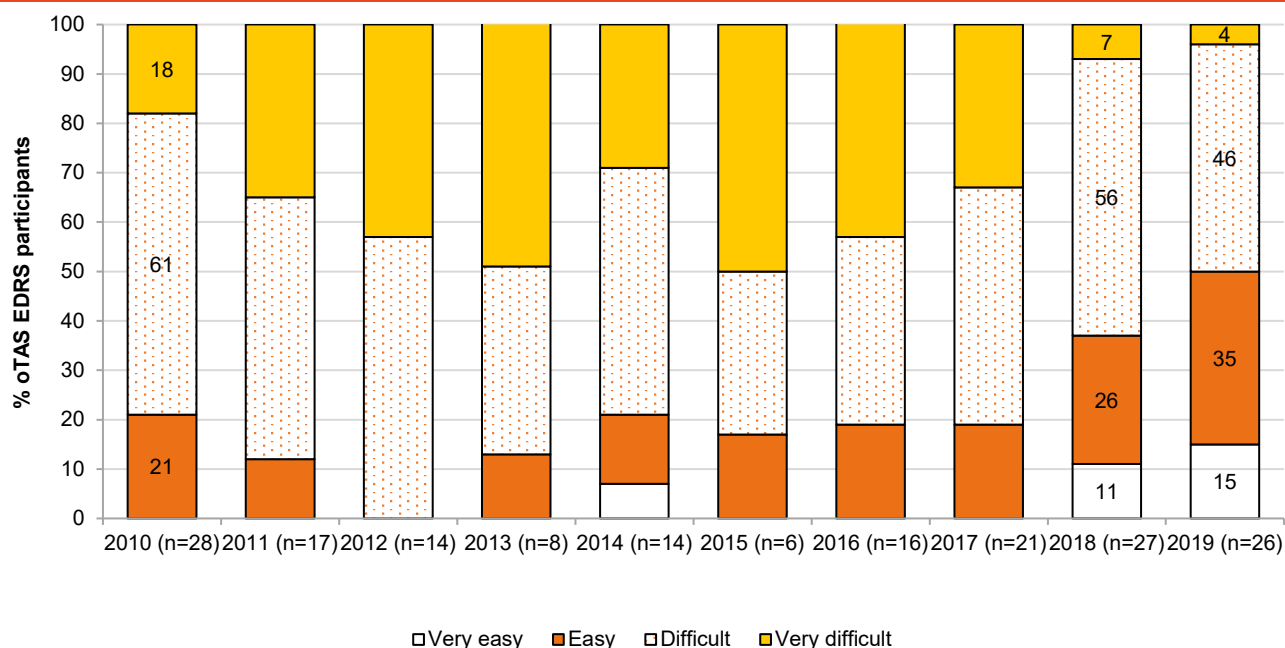
Note: Only a small number of cases are reported each year: trends should be interpreted cautiously. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Indicator Data

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

Perceived Availability of Cocaine

Figure 32: Current perceived availability of cocaine, Tasmania, 2010-2019



Source: EDRS interviews

Note: Where n<10, data should be interpreted with caution. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Table 23: Cocaine seizures, 2009/10-2018/19

Seizures	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018/19
Number	3	3	7	0	2	25	12	21	27	n/r
Weight (g)	46	28	64	-	25	273	30	64	138	n/r

Source: ACC, ACIC and State Intelligence Services, Tasmania Police, 2007/08-2016/17

Note: 2017/18 data were provided by Tasmania Police State Intelligence Service. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data from 2018/19 was not available at time of publication.

LSD

Price

In 2019, participants reported most commonly paying \$20 per tab of LSD, lower than the price in 2018 (\$25) but higher than the price in 2015-17 (\$15) [Table 24].

Perceived Purity

There is no objective purity data available for LSD from Tasmania Police. Consumer subjective reports have typically considered LSD to be 'high' in subjective purity over the past decade, although there was a significant increase in reporting of 'fluctuating' recent purity levels in 2019 [Figure 33].

Perceived Availability

Tasmania police made 15 seizures in 2017/18. Seizures since 2014/15 have been consistently greater than that over the remainder of the past decade (1-3 per annum in 2009/10-2013/14), however they remain minimal overall [Table 25].

The majority of consumers regarded LSD as 'easy' to access in 2019 [Figure 34].

Price of LSD

Table 24: Last purchase price of LSD, Tasmania, 2015-2019

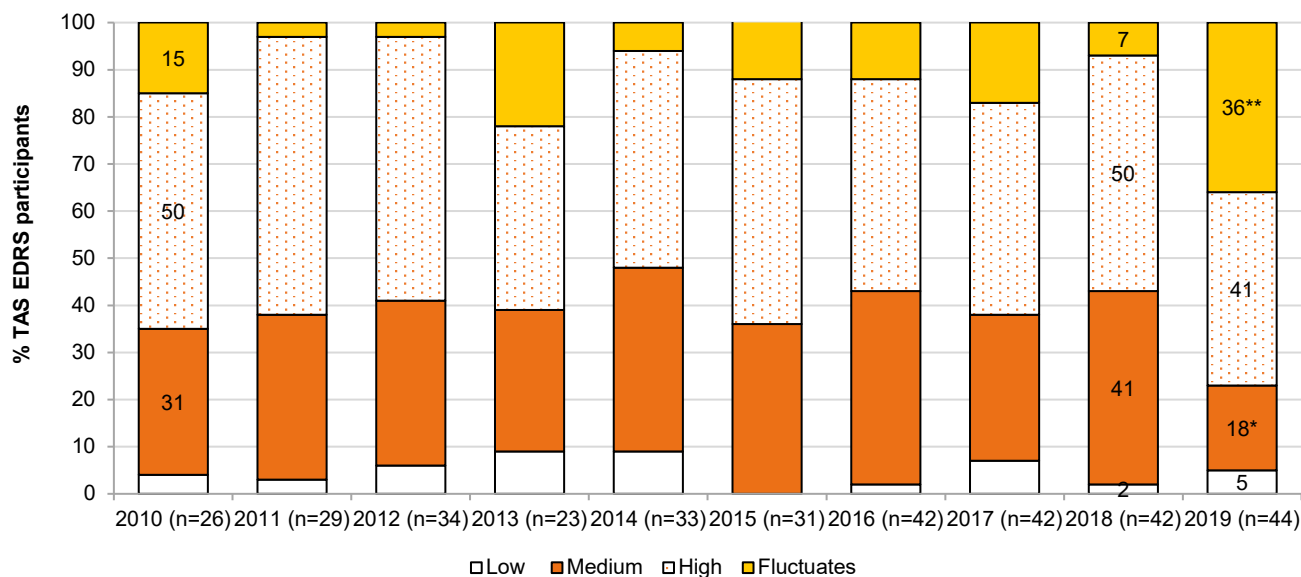
LSD	2015	2016	2017	2018	2019
Median last price	n=30	n=42	n=42	n=37	n=39
Price per tab	\$15	\$15	\$15	\$25	\$20
(range)	(5-30)	(4-40)	(6-35)	(10-50)	(10-35)

Source: EDRS interviews

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019. During the 2016/17 period, Tasmania Police reported a price of \$10-20 for one tab of LSD (ACIC, 2018), which is relatively consistent with the price reported by EDRS in 2018. Data for the 2017/18 reporting period were unavailable at the time of publication.

Perceived Purity of LSD

Figure 33: Current perceived purity of LSD, Tasmania, 2010-2019

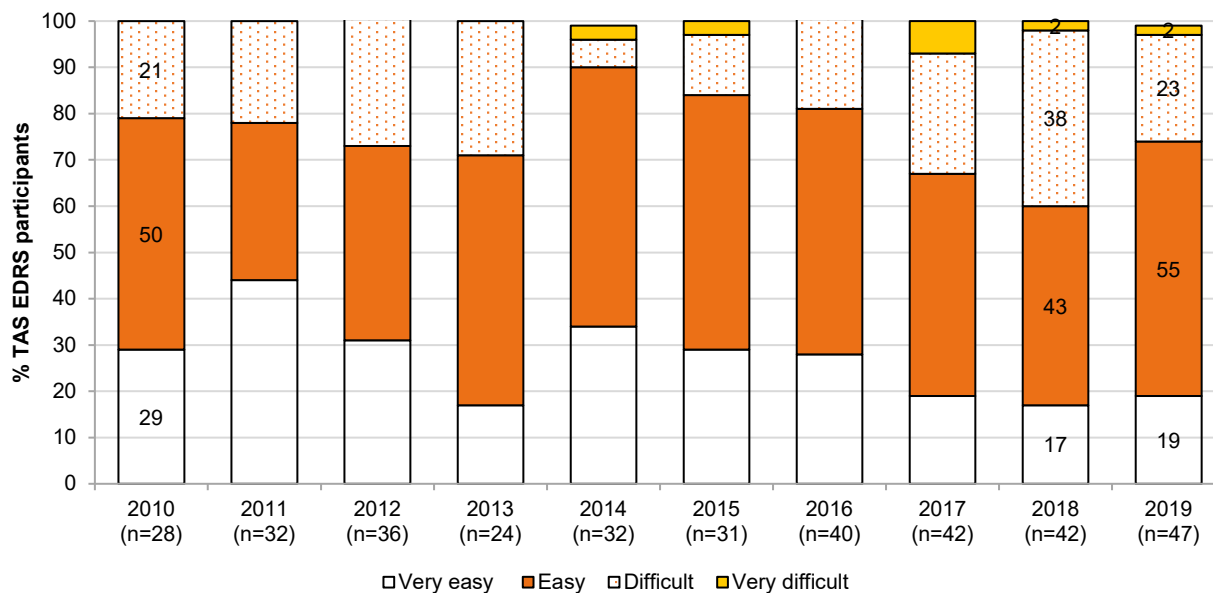


Source: EDRS interviews

Note: * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Perceived Availability of LSD

Figure 34: Current perceived availability of LSD, Tasmania, 2010-2019



Source: EDRS interviews

Note: * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 25: Hallucinogen seizures, 2009/10-2018/19

Seizures	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015/16	2016/17	2017/18	2018/19
Number	1	3	0	2	3	6	19	7	15	n/r

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

Data from 2018/19 was not available at time of publication.

Cannabis

Price

Outdoor cultivated cannabis

Participants reported most commonly paying \$15 per gram of outdoor cultivated cannabis and \$200 per ounce (28g). These prices are consistent with the typical price range over the past five years [Figure 35; Table 26].

Indoor cultivated cannabis

Participants reported most commonly paying a median of \$20 per gram of indoor cultivated cannabis and \$280 per ounce (28g). These prices are consistent with the typical price range over the past five years [Figure 35; Table 26].

Perceived Potency

Potency of cannabis seizures are not analysed by Tasmania police and as such there are no objective potency data available.

Outdoor cultivated cannabis

Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in potency over the past 10 years. However, in 2019 there was a trend to less participants reporting 'medium' subjective potency with somewhat more reporting 'low' purity [Figure 36].

Indoor cultivated cannabis

Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency [Figure 37].

Perceived Availability

Tasmania police have typically made approximately 2000 cannabis seizures per annum over the past decade. In 2017/18 more than 200kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14 [Figure 42].

Outdoor cultivated cannabis

The majority (93%) of consumers regarded this as 'easy' or 'very easy' to access; the proportion rating it as 'very easy' has increased in 2019 to return to trends seen prior to 2018 [Figure 39].

Indoor cultivated cannabis

The majority regarded this as 'very easy' to access, with substantially less participants reporting this form as 'easy' to access in 2019 compared with 2018 [Figure 40]. There appears to be very little difference between the forms in terms of availability trends over the past 5 years with majority of participants reporting either form as 'easy' or 'very easy' to access [Figure 41].

Price of Cannabis

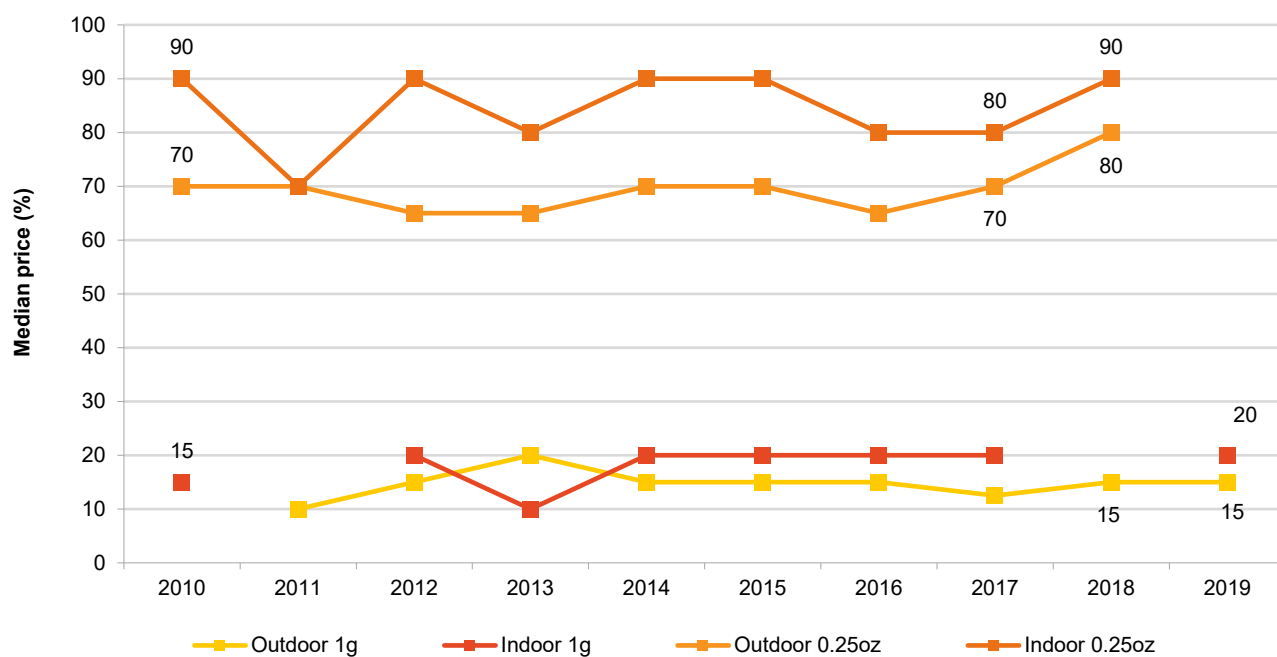
Table 26: Price and weights of outdoor and indoor cultivated cannabis purchased by the sample, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Outdoor cannabis					
Median last price Price per one gram (range)	n=9 \$15~ (5-20)	n=9 \$15~ (5-25)	n=18 \$12.50 (8-25)	n=9 \$15~ (5-25)	n=17 \$15 (5-100)
Median last price Price per 1/4 ounce (range)	n=25 \$70 (50-100)	n=27 \$65 (25-90)	n=24 \$70 (50-250)	n=13 \$80 (60-95)	- - -
Median last price Price per 1/2 ounce (range)	n=12 \$130 (85-160)	n=6 \$150~ (40-220)	n=16 \$135 (80-170)	n=8 \$135~ (50-180)	- - -
Median last price Price per one ounce (range)	n=11 \$200 (200-300)	n=21 \$200 (80-275)	n=21 \$250 (100-330)	n=18 \$210 (70-280)	n=13 \$200 (90-300)
Indoor cannabis					
Median last price Price per one gram (range)	n=15 \$20 (15-20)	n=14 \$20 (10-20)	n=21 \$20 (8-25)	n=9 \$20~ (10-30)	n=22 \$20 (10-25)
Median last price Price per 1/4 ounce (range)	n=35 \$90 (60-100)	n=38 \$80 (50-100)	n=36 \$80 (25-100)	n=21 \$90 (70-250)	- - -
Median last price Price per 1/2 ounce (range)	n=27 \$155 (110-175)	n=23 \$150 (100-180)	n=29 \$150 (100-190)	n=13 \$150 (50-200)	- - -
Median last price Price per one ounce (range)	n=31 \$300 (180-330)	n=35 \$280 (200-310)	n=31 \$300 (95-350)	n=13 \$260 (80-320)	n=13 \$280 (250-1120)

Source: EDRS interviews

~n<10. Note: no quarter ounce prices were recorded in 2019. Not reported where n<5 (-). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 35: Median prices of quarter ounce and one gram purchases of outdoor and indoor cultivated cannabis, Tasmania, 2010-2019

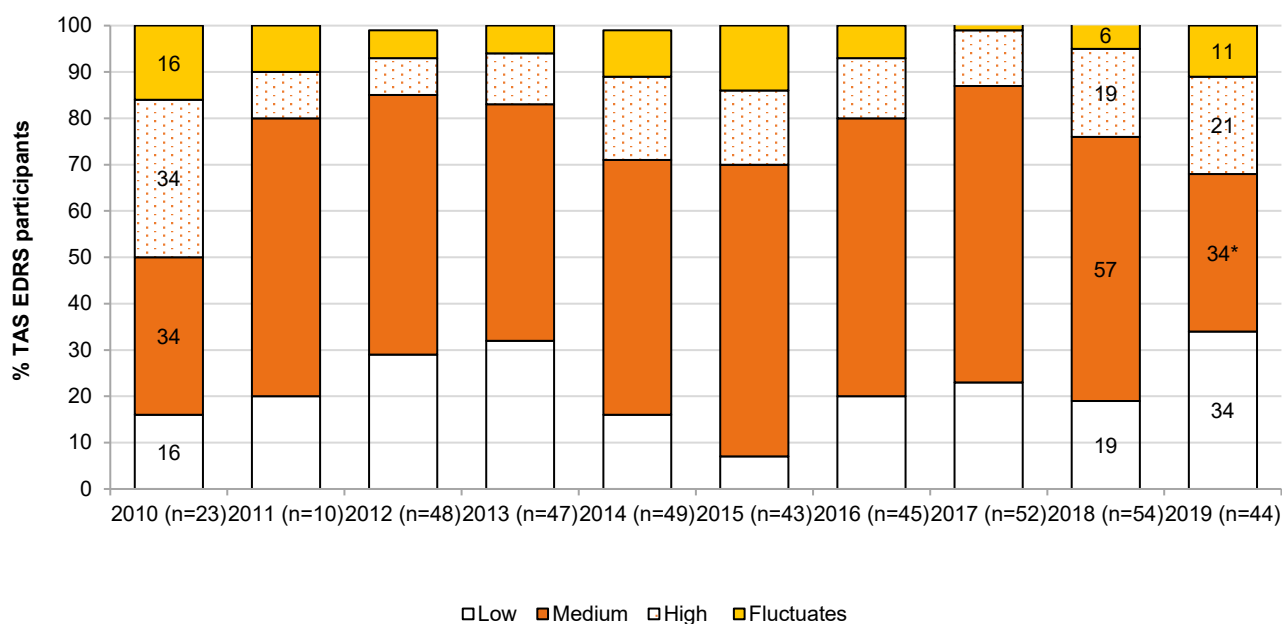


Source: EDRS interviews.

Note: no quarter ounce prices were recorded in 2019; no data reported where $n < 10$. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2018 versus 2019.

Perceived Potency of Cannabis

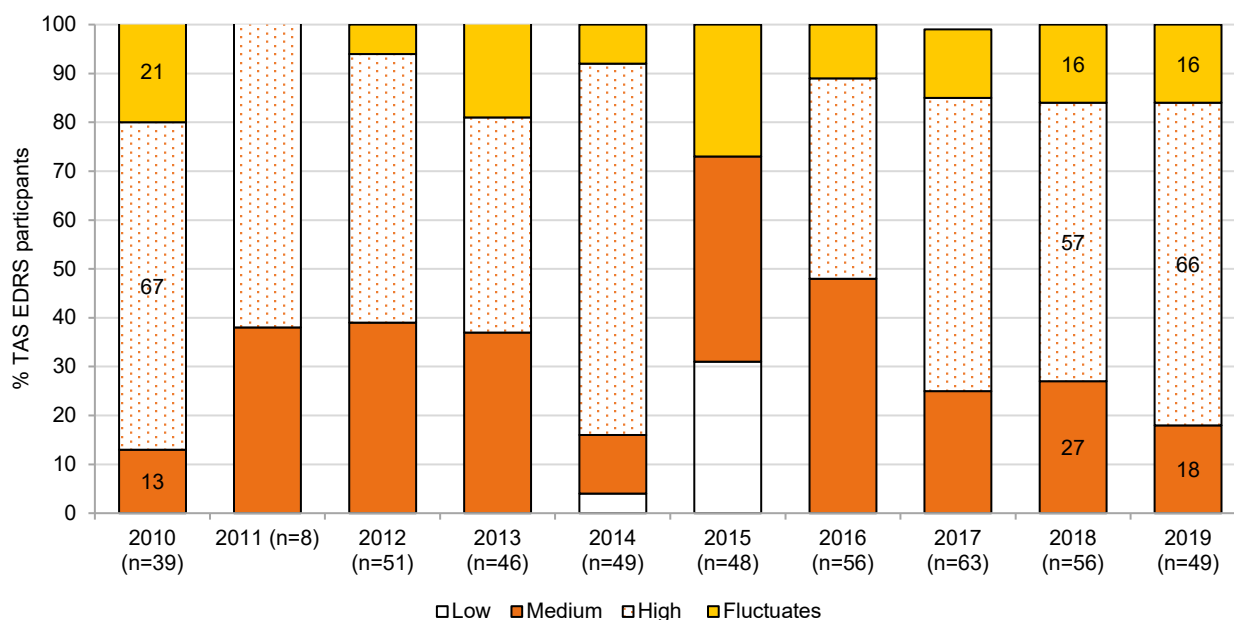
Figure 36: Current perceived potency of outdoor cultivated cannabis, Tasmania, 2010-2019



Source: EDRS interviews

Note: * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

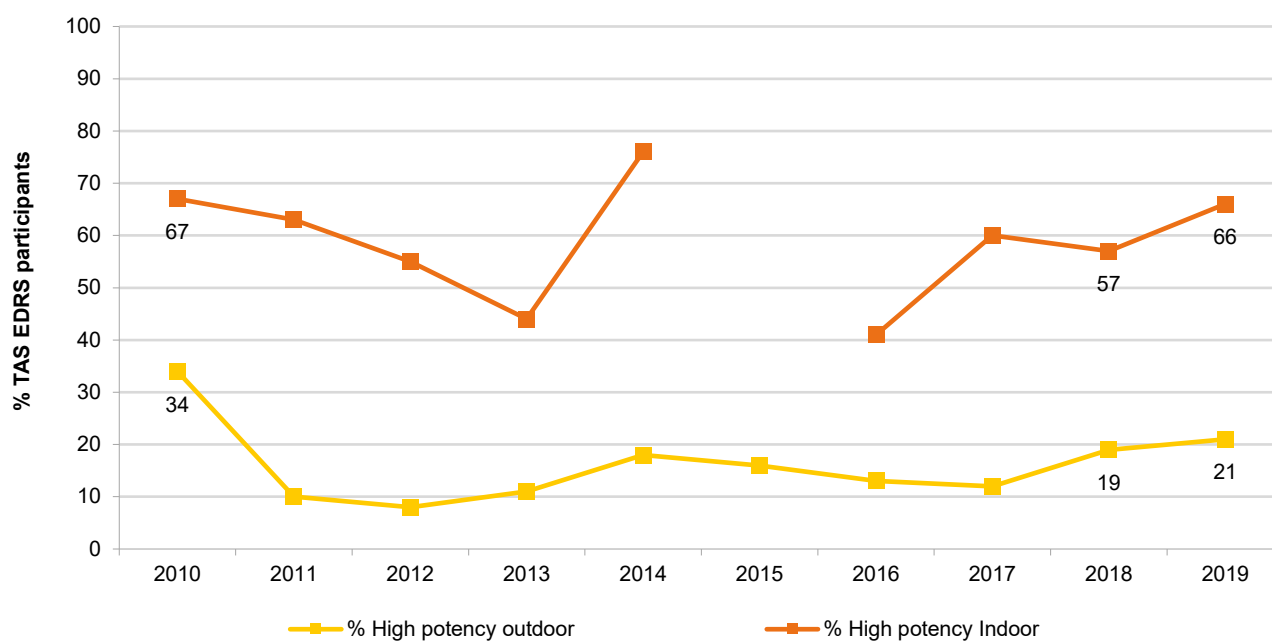
Figure 37: Current perceived potency of indoor cultivated cannabis, Tasmania, 2010-2019



Source: EDRS interviews

Note: * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 38: Cannabis potency perceived as 'high' among those who commented, Tasmania, 2010-2019

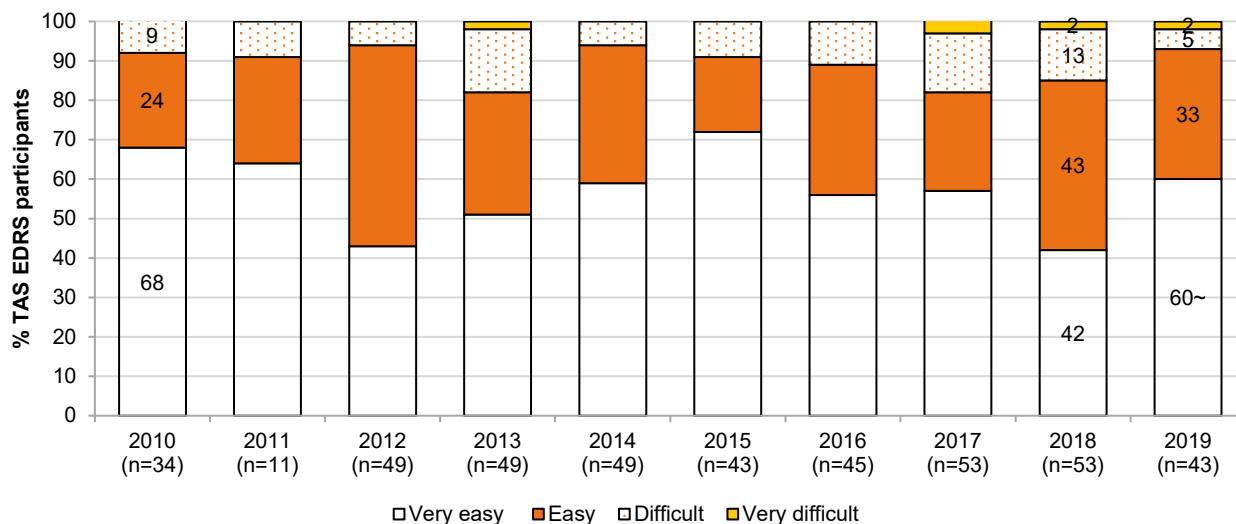


Source: EDRS interviews

Note: * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Perceived Availability of Cannabis

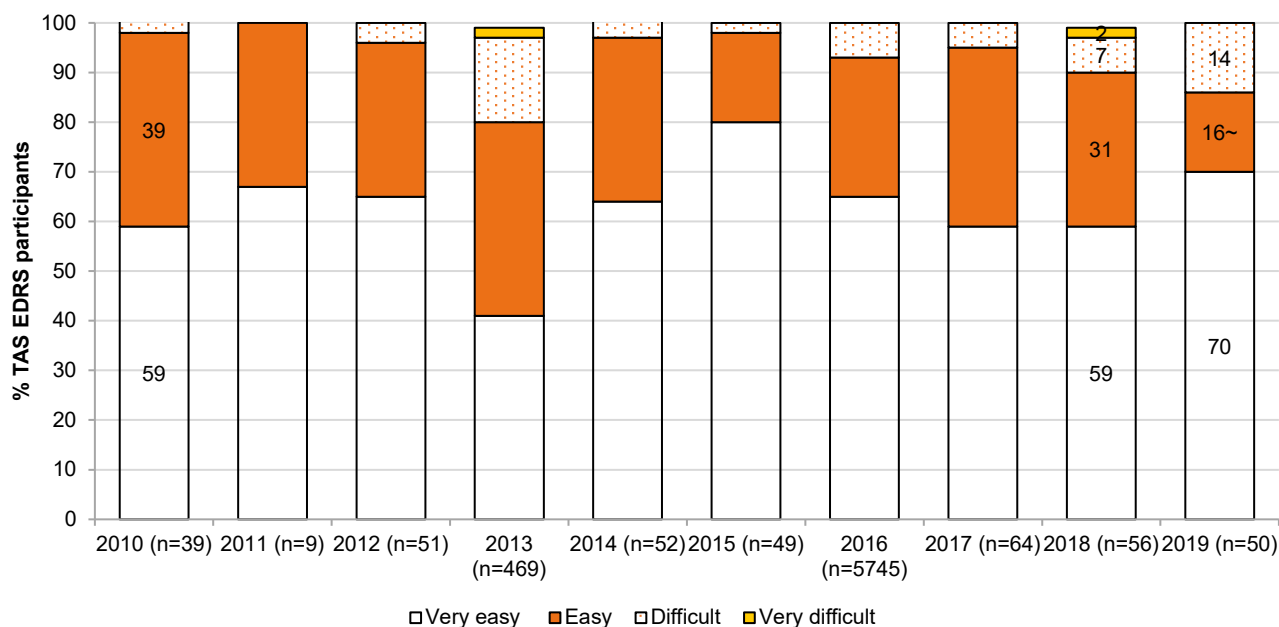
Figure 39: Current perceived availability of outdoor cannabis among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note: ~ $p=0.08$. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

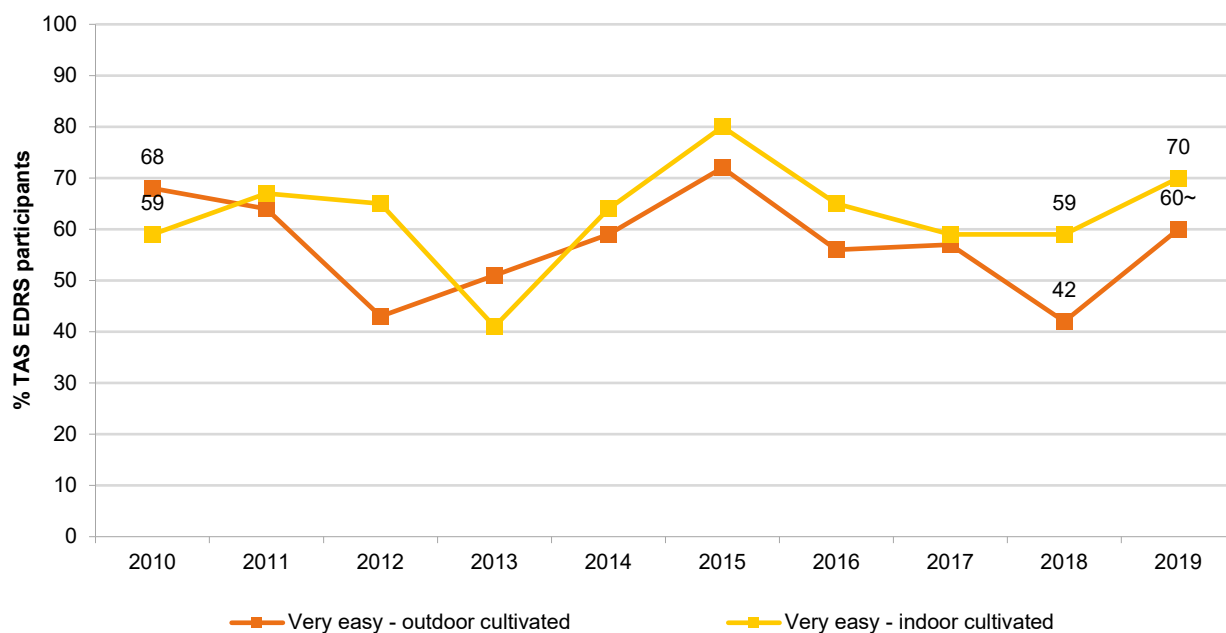
Figure 40: Current perceived availability of indoor cannabis among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note ~ $p=0.07$. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

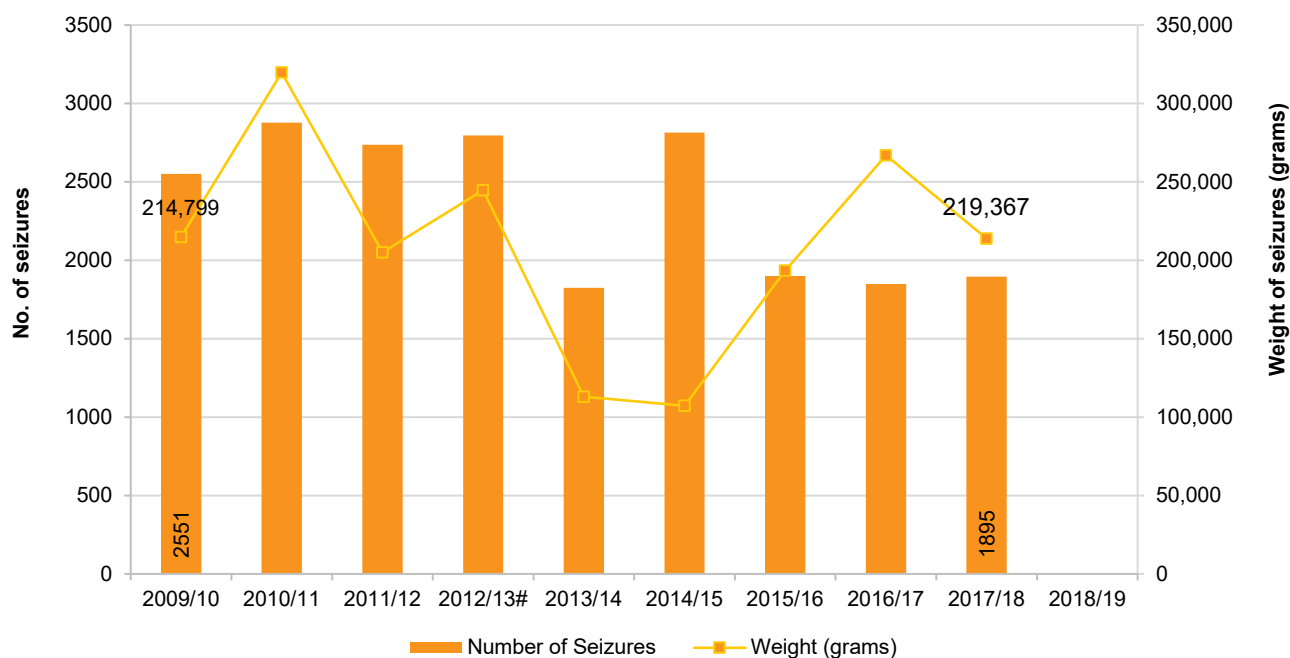
Figure 41: Current perceived availability of cannabis among those who commented, Tasmania, 2010-2019



Source: EDRS interviews

Note ~ $p=0.08$. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Figure 42: Seizures of cannabis by Tasmania Police, 2009/10-2018/19



Source: Australian Crime Commission, State Intelligence Service and 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.

9

Health-Related Trends

Overdose

- Fourteen per cent of the EDRS participants reported experiencing an overdose on a stimulant drug in the past year. This was typically in relation to ecstasy [Table 27].
- Twenty-seven percent of the EDRS participants reported experiencing an overdose on a depressant drug in the past year, this was typically excessive alcohol consumption [Table 27].

Help-Seeking for Substance Use

- Almost one-quarter of participants accessed a health service in relation to drug use in the past six months. This is a slight reduction compared to 2017 and 2018 where almost one-third accessed drug-related health services [Table 28].
- It was most common for participants to access general medical practitioners, specialist drug and alcohol workers, or psychologists for this assistance. There was an increase in utilisation of psychologists in the 2019 sample compared with 2018 [Table 28].

Mental Health

- Six in ten participants reported experiencing a mental health problem in the past six months. This has increased in the past five years (less than 50% in 2017 and prior). Sixty percent of those reporting a mental health problem in 2019 had attended a mental health professional; this reflects an increase in help-seeking over the past 5 years (less than 50% in 2015) [Table 29].
- Using a validated measure of psychological distress, one third of participants scored in the 'high' and 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (15% in 2017/2018). The proportion of participants scoring in the 'low' range has been significantly reduced from 2018 to 2019 (46% and 30%, respectively) [Figure 43].

Drug Treatment

The proportion of closed drug treatment cases relating to methamphetamine as a primary drug has increased from 6% in 2009/10 to 24% in 2017/18.

Overdose

Table 27: Overdose (OD) on both stimulants and depressants in the full EDRS sample, Tasmania, 2015-2019

Overdose (%)	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Overdose on any drug past in 6 months (%)	14	7	21	24	38[^]
Overdose on stimulant drug in past 6 months (%)	9	2	12	17	14[^]
Overdose on depressant drug in past 6 months (%)	5	5	15	8	27[^]

Source: EDRS interviews

[^]Note: In 2019 EDRS participants were asked only about 12 month overdose experiences so the data is not directly comparable; in 2019 'depressant' drug class includes alcohol (24%) and opioid (3%). Nine percent of the sample reported an overdose on a hallucinogen. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Help-Seeking Behaviour

Table 28: Access to health services in last six months, Tasmania, 2015-2019

Variable	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Accessed any health service in last 6 months (%)	65	68	87	89	90
Services accessed (%)	n=51	n=68	n=87	n=89	n=89
GP	86	82	83	88	85
Psychologist	16	19	16	29	27
Psychiatrist	6	10	11	12	7
Drug/alcohol counsellor	4	9	13	7	3
Social/welfare worker	14	7	9	11	7
Dentist	41	28	38	30	33
Specialist doctor	10	12	7	9	11
Emergency Department	8	16	24	17	16
Hospital (inpatient)	8	3	7	9	12
Hospital (outpatient)	6	7	9	9	7
Medical tent/First Aid	12	3	11	6	3
Ambulance	-	4	9	3	7
Other health service	10	19	13	18	12
Accessed health service in relation to drug use in last 6 months (%)	6	17	31	31	23
Services accessed in relation to drug use*	n=5	n=17	n=31	n=31	n=23
GP	40	59	35	45	48
First aid	-	6	-	-	-
Ambulance	-	6	10	16	13
Emergency	-	12	10	19	26
Hospitalisation	-	12	6	3	13
Counsellor	-	-	-	-	-
Drug & alcohol worker	40	35	39	23	30
Psychologist	40	47	16	13	39#
Psychiatrist	-	6	6	10	9
Social/welfare worker	20	12	10	16	9
Specialist doctor	-	6	-	-	-
Dentist	-	6	3	-	-
Medical tent at a festival	-	-	23	10	9

Source: EDRS interviews

#Out of the total number of treatment episodes; participants may have attended more than one service. * $p < 0.050$;

** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Mental Health Problems and Psychological Distress

Mental Health Problems

Table 29: Self-reported mental health problems in the past six months, Tasmania, 2015-2019

Mental health	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Experienced mental health problem in last 6 months (%)	45	47	47	59	62
Among those with a self-reported mental health problem...					
Mental health problem (%)**	n=35	n=47	n=47	n=59	n=63
Depression	74	75	72	64	67
Anxiety	66	60	75	80	78
Paranoia	26	13	21	17	8
Panic	3	9	23	14	5
Psychosis	6	-	11	9	5
OCD	-	6	13	9	3
Bipolar disorder	9	-	11	9	2
Eating disorder	-	-	2	-	-
Schizophrenia	-	-	2	-	3
Mania	-	-	9	2	2
Personality disorder	6	4	6	5	3
Phobia	-	-	6	2	0
PTSD	6	4	11	14	13
ADHD	-	-	-	-	7
Other	3	9	13	5	12
Attended mental health professional (%)*	47	56	57	63	60
Prescribed antidepressants (%)*	13	19	17	27	18
Prescribed benzodiazepines (%)*	13	15	11	15	8
Prescribed antipsychotics (%)*	13	2	4	9	3
Prescribed mood stabilisers (%)*	-	-	-	-	7

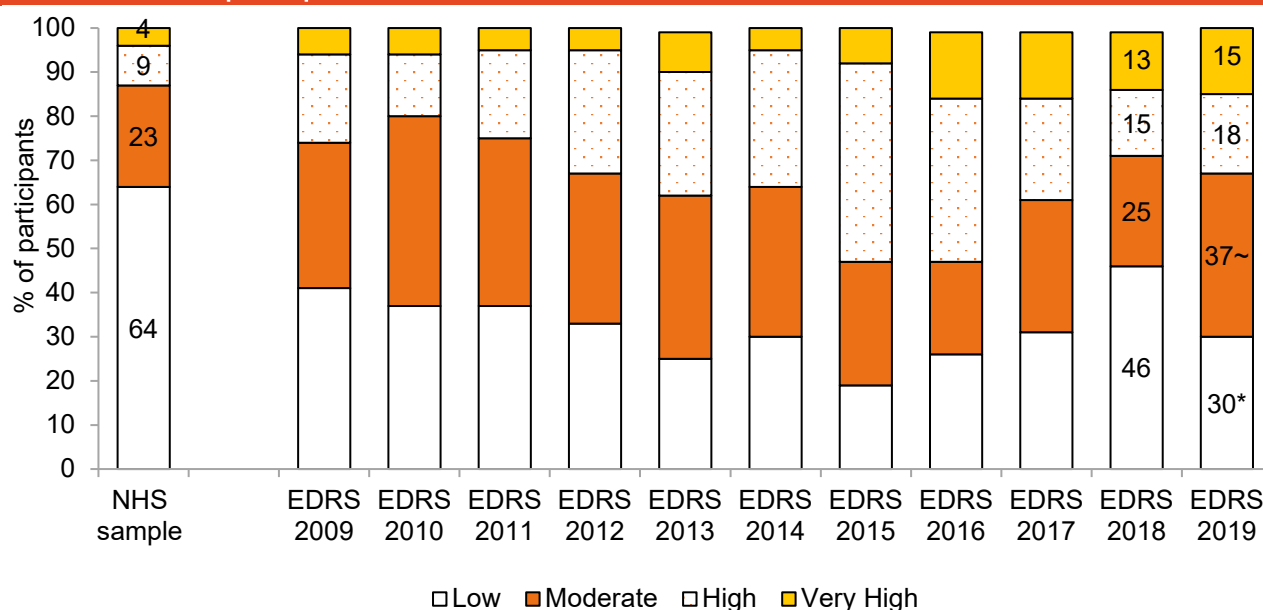
Source: EDRS interviews

*Among those who had experienced a mental health problem; + Multiple response allowed; * $p < 0.050$; ** $p < 0.010$;

*** $p < 0.001$ for 2018 versus 2019.

Psychological Distress

Figure 43: Responses to the K10 questionnaire in the National Health Survey 2017/18 (Tasmania, aged 18-24) and EDRS participants, 2010-2019

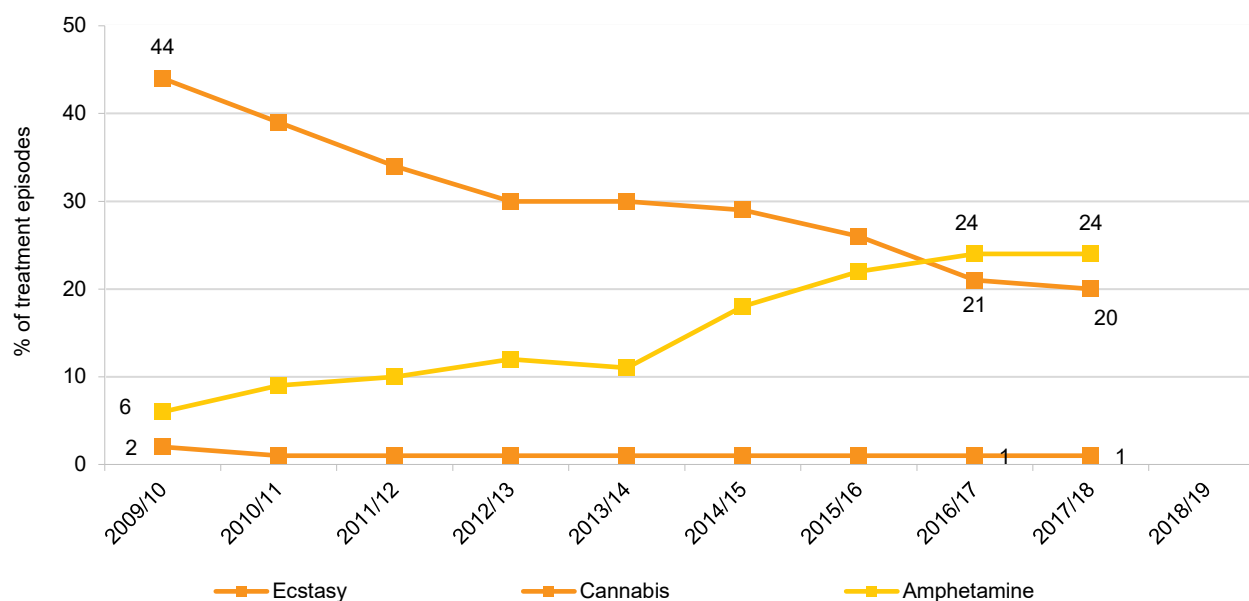


Source: EDRS interviews, 2009-2019; National Health Survey, 2017/18

Note: ~= $p < 0.1$. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Drug Treatment Indicator Data

Figure 44: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Closed treatment episodes by principal drug of concern, 2009/10-2018/19



Source: Australian Institute of Health and Welfare.

Data from 2018/2019 not available at time of publication

10

Risk Behaviour

Most participants had engaged in penetrative sex in the previous six months (93%). Of these, three in ten had done so without a barrier without knowing the HIV or STI status of their partner. Similar rates (27%) reported at least one occasion where they reported that drugs and/or alcohol impaired their ability to negotiate their wishes during intercourse. Half of the sample reported having a sexual health check in the previous year [Table 31].

In 2019, 75% of participants had driven a vehicle in the past six months; of these, almost one-third reported driving while over the legal alcohol limit and over one-third had driven soon after consuming illicit substances.

While half of drivers in the EDRS sample had experienced roadside breath testing in the previous six months, only 8% had been saliva tested; this is largely consistent with rates over the past 5 years [Table 32].

Injecting Drug Use

Table 30: Injecting risk behaviour in the past six months, Tasmania, 2015-2019

Variable (%)	2015 n=8	2016 n=10	2017 n=8	2018 n=8	2019 N=8
Injected last 6 months [#] (%)	10	10 [#]	8 [#]	11 [#]	5 ⁺
Used needle after someone [#]	n=0	n=2	n=0	n=0	n=1
Lent a needle [#]	-	n=1	n=1	n=0	n=1
Injected a partner/friend after injecting self [#]	-	n=4	n=5	n=3	-
Injected by somebody else after injecting themselves [#]	-	n=1	n=3	n=3	-

Source: EDRS interviews

Note: [#]prior to 2016, injecting risk behaviour data during the six months prior to interview was collected, whereas in 2016, 2017 and 2018 risk behaviours during the past month prior to interview were collected. Given that data mostly relates to n≤10, only n are reported, not %; + In the last month; * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Sexual Risk Behaviour

Table 31: Sexual risk behaviour, 2019

	2019
Any penetrative sex in the past six months %	93
Of those who responded [#] :	n=93
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	29
Of those who responded [#] :	n=89
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	27
Of the total TAS sample (past 12 months):	n=98
% had sexual health check	53
% Diagnosed with a sexually transmitted infection [#]	1

Source: EDRS interviews 2019

Note: new questions added in 2019 interviews.

Driving Risk Behaviour

Table 32: Driving under the influence (DUI) of alcohol and other drugs among participants who had driven a car in the last six months, Tasmania, 2010-2019

Variable (%)	2015	2016	2017	2018	2019
Driven a vehicle in the past 6 months (%)	76	71	79	80	75
Among those who have recently driven a vehicle	n=59	n=71	n=79	n=80	n=73
Driven over legal alcohol limit past 6 months (%)	40	25	34	30	30
Median times driven over legal limit past 6 months [#] (range)	n=23 4 (1-28)	- - -	n=27 3 (1-100)	n=23 2 (1-10)	n=22 2 (1-15)
Breath tested past 6 months (%)	44	-	58	55	51
Driven soon after using any drug in past 6 months (%)	51	35	43	56	37*
Median times DUI of drugs in last 6 months* (range)	n=30 6 (1-100)	- - -	n=34 3.5 (1-180)	n=45 10 (1-180)	n=26 3 (1-180)
Saliva tested last 6 months (%)	5	-	13	10	8
Drugs DUI last 6 months (%)@^	n=30	-	n=34	n=45	n=26
Cannabis	77	-	85	76	77
Ecstasy	37	-	24	18	15
Meth. powder	3	-	-	2	4
Meth. base	-	-	-	-	-
Crystal meth	-	-	9	11	7
Benzodiazepines	-	-	9	4	19
Psychedelic mushrooms	-	-	-	2	-
LSD	17	-	6	7	8
Nitrous oxide	-	-	3	4	1
Cocaine	3	-	3	7	15
Ketamine	3	-	-	-	-
Other opioids	-	-	9	11	-
Pharmaceutical stimulants	3	-	-	7	4
Methadone	-	-	3	-	-
Heroin	-	-	3	-	4

Source: EDRS interviews. Note: questions not asked in 2014

[#]Among those who had driven while over the legal limit of alcohol in the past 6 months

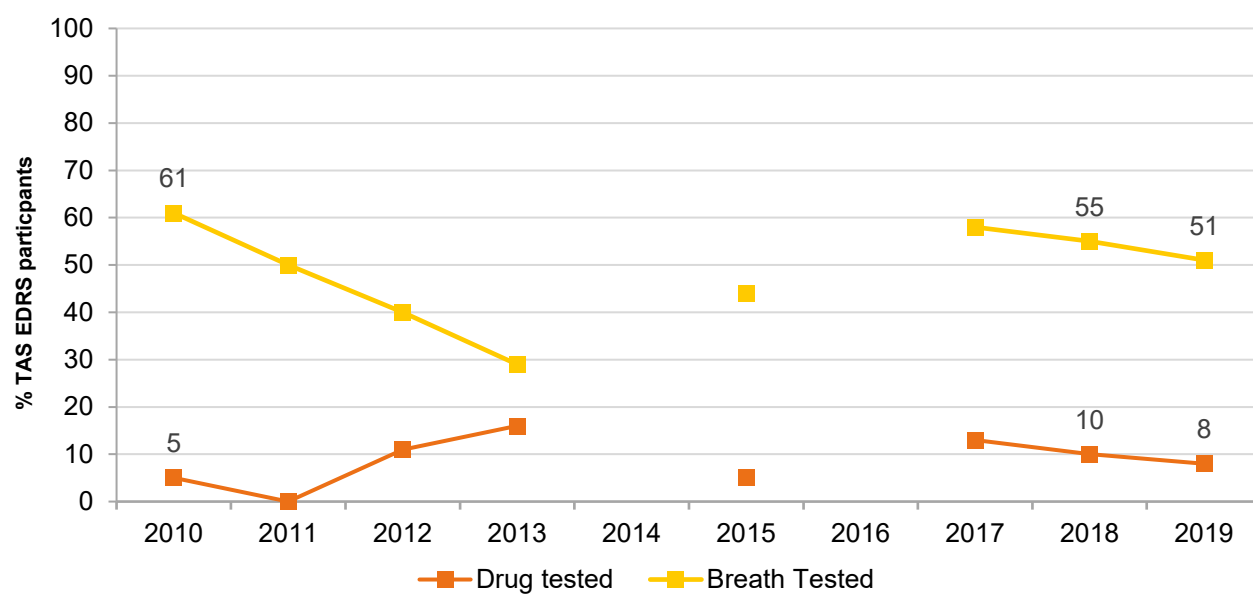
[@]Among those who had driven under the influence of drugs in the past 6 months

^aRefers to most recent occasion in 2015

[^]Drugs used on any occasion of DUI of drugs, not necessarily simultaneously.

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 45: Exposure to roadside drug and breath testing, among those who recently drove, Tasmania, 2010-2019



Source: EDRS interviews

Note: questions not asked in 2014 and 2016. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 33: Tasmania Police roadside drug testing statistics, 2014/15-2018/19

Roadside drug tests	2014/15	2015/16	2016/17	2017/18	2018/19
Number of roadside drug tests conducted	3,431	3,738	3,726	3,936	4,518
Proportion of drivers tested who returned positive tests for prohibited drugs (%)	56.1	51.8	55.2	56.2	53.7
Drugs detected in positive tests (%)	n=1924	n=2294	n=2158*	n=2212*	n=2430
Amphetamine	37	41	n/r	n/r	n/r
Cocaine	1	1			
Methamphetamine	27	31			
Cannabis	65	60			
Ecstasy (MDMA)	<1	<1			
Opiates	6	6			
Benzodiazepines	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 -2018/19 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.

Binge Drug Use

Table 34: Binge drug use, Tasmania, 2015-2019

	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=98
Binged on any stimulant drug, past 6 months (%)#	19	29	25	37	19**
Median times binged, past 6 months* (range)^	5 (1-24)	3 (1-24)	2 (1-30)	2 (1-24)	3 (1-20)
Median length (days) biggest binge, past 6 months^ (range)	3 (2-5)	3 (2-8)	3 (2-8)	2.5 (2-14)	3 (1-15)
Drugs used in binge session (%)^					
Ecstasy	73	66	64	70	61
Meth. powder	13	14	24	16	17
Meth. base	-	-	-	-	6
Crystal meth.	33	38	32	41	33
Pharm. stimulants	7	3	8	3	-
Cocaine	-	7	12	35	28
LSD	27	17	16	5	-
Ketamine	7	-	-	16	-
MDA	7	-	-	8	-
Amyl nitrite	--	--	--	-5	-
Nitrous oxide	13	3	8	14	22
Cannabis	33	59	60	76	67
Alcohol	93	83	72	70	89
Benzodiazepines	13	17	16	27	22
Mushrooms	-	-	8	8	-
Other opioids	7	-	-	-	-
OTC codeine	-	-	4	5	-
Energy drinks	13	31	36	27	33
Other	7	10	24	8	1

Source: EDRS interviews

#Used for 48 hours continuously without sleep

^Among those who had binged in the preceding 6 months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

11

Criminal Activity, Policy, and Market Changes

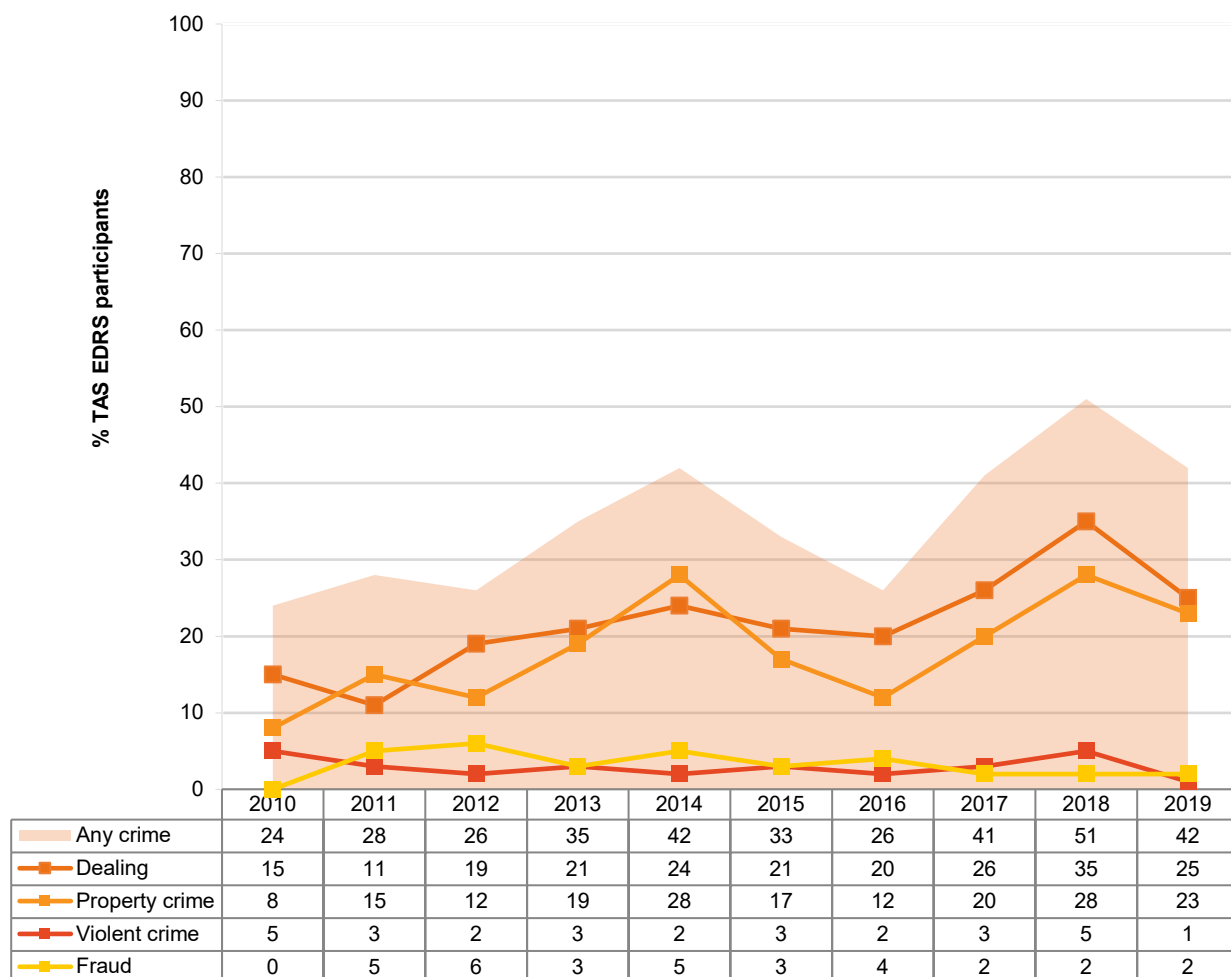
Four in ten EDRS participants self-reported engaging in crime in the past month, most commonly dealing for cash profit and property crime [Figure 46].

Tasmania Police Arrests

- The number of ecstasy-related arrests increased over the past 5 years from less than 10 per annum during 2010/11-2013/14 to more than 60 per annum in 2016/17 and 2017/18 [Figure 47].
 - 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 remained around 500 cases per annum between 2015/16 and 2017/18, with one quarter of these being provider arrests [Figure 48].
 - 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 49].
-

Reports of Criminal Activity

Figure 48: Self-reported criminal activity in the past month, Tasmania, 2010-2019



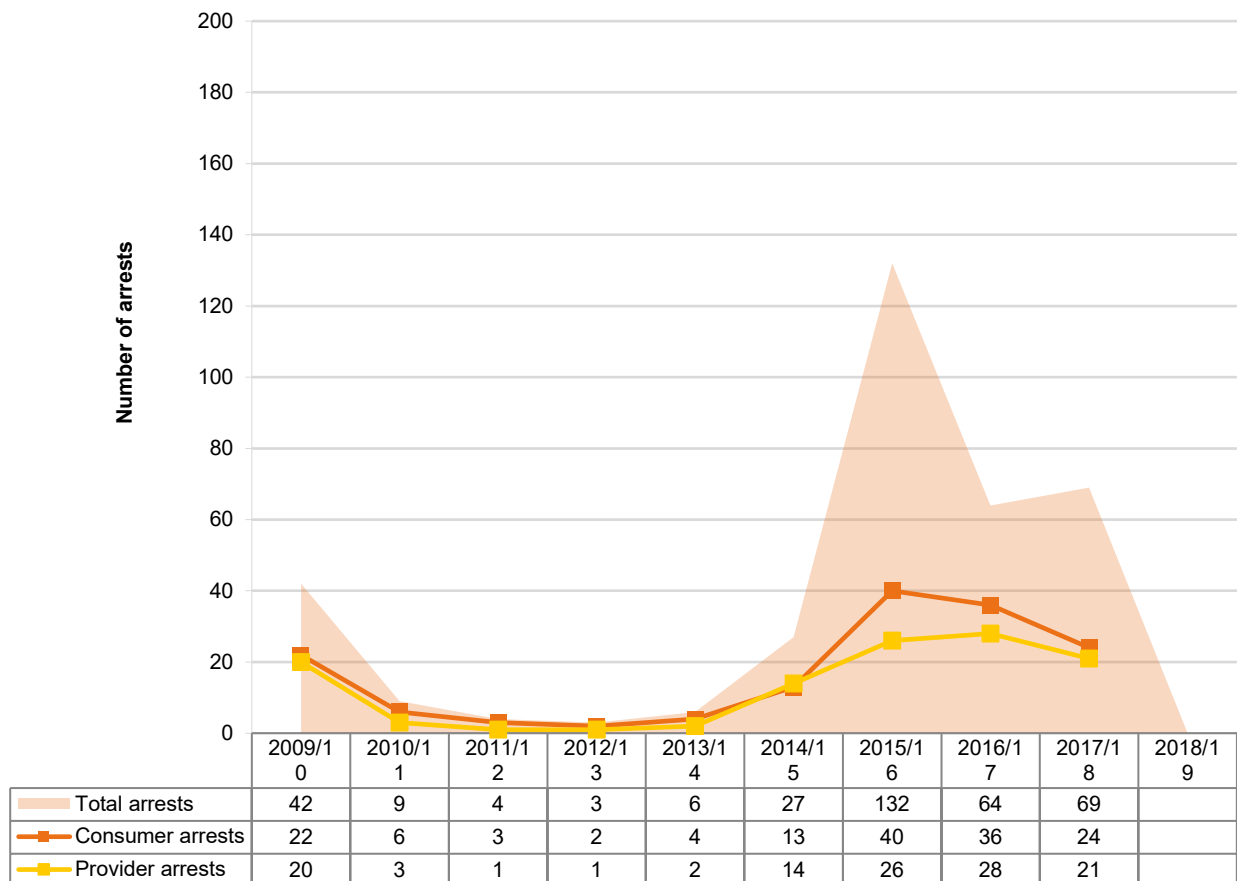
Source: EDRS interviews

Note: 'Dealing' refers to dealing for cash profit.

Drug-Related Consumer and Provider Arrests made by Tasmania Police

Ecstasy

Figure 49: Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 2009/10-2018/19



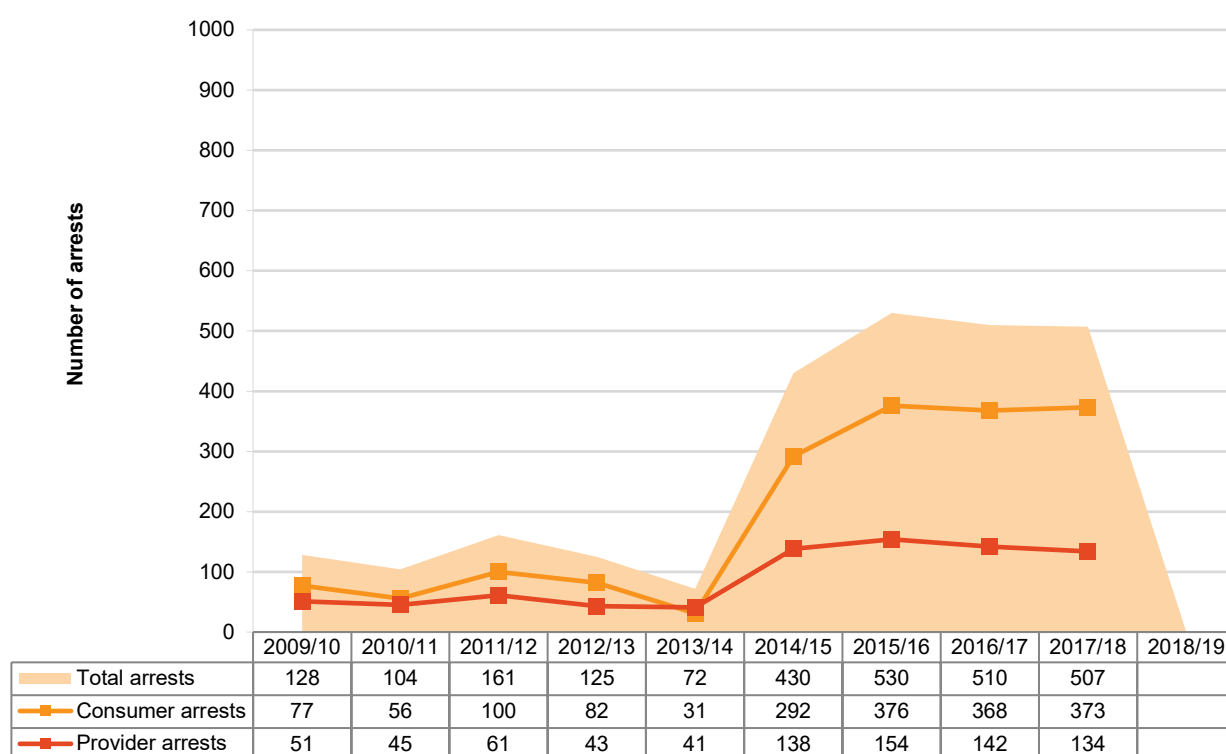
Source: State Intelligence Services, Tasmania Police, 2008-2018

Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

Data for 2018/19 not available at time of publication.

Methamphetamine

Figure 50: Consumer and provider arrests for methamphetamine and related substances, 2009/10-2018/19

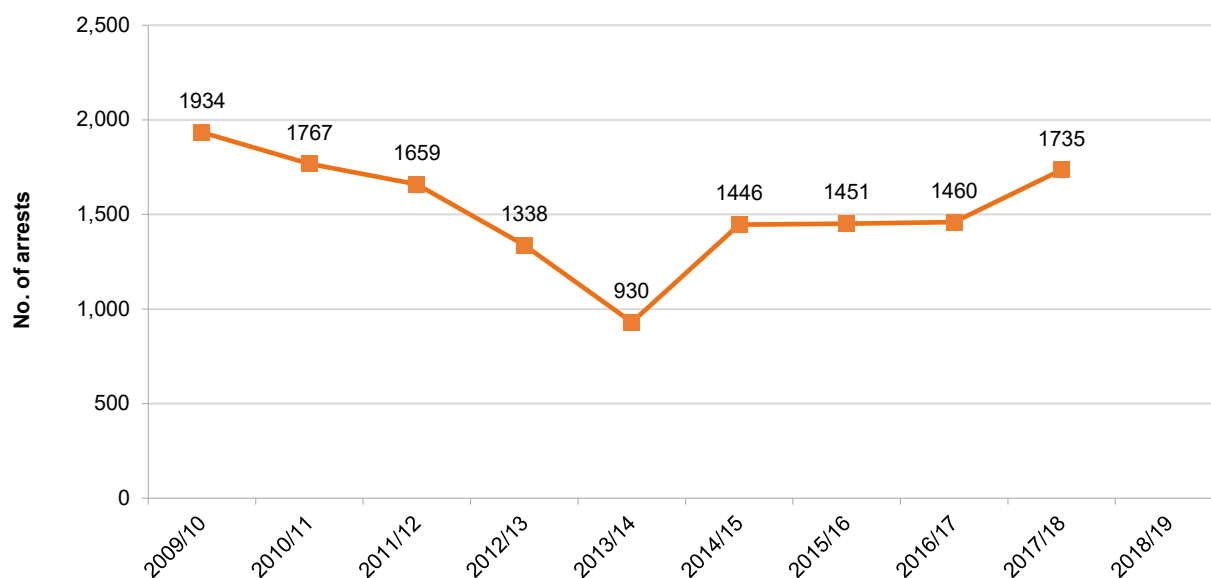


Source: ACIC, 2008-2018

Note: Cases relate to both arrest and summons charges. 'Consumer' refers to persons charged with use-type offences (e.g., possession, administration), while 'provider' refers to persons charged with supply-type offences (e.g., supply, cultivation or manufacture). Where a person has been charged with multiple offences, that person is only counted once. The sum of consumer and provider arrests may not equal total arrests due to missing data. Data for 2018/19 not available at time of publication.

Cannabis

Figure 50: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2009/10-2018/19



Source: ACIC, 2008-2018

Cocaine

Table 35: Consumer and provider arrests for cocaine, 2009/10-2018/19

Arrests (n)	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018/19
Consumer	1	0	1	1	0	2	6	7	3	
Provider	2	1	1	1	1	4	3	2	2	
Total	3	1	2	2	1	6	9	9	14	

Source: ACIC, 2008-2018

Data for 2018/19 not available at time of publication.

Hallucinogens

Table 36: Consumer and provider arrests for hallucinogens, 2009/10-2018/19

Arrests (n)	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018/19
Consumer	7	6	1	0	3	6	8	8	16	
Provider	1	2	2	3	1	4	1	2	9	
Total	8	8	3	3	4	10	9	10	26	

Source: ACIC, 2008-2018

Data for 2018/19 not available at time of publication.