IDRS

TASMANIA DRUG TRENDS 2019

Key Findings from the Tasmania Illicit Drug Reporting System (IDRS) Interviews

TASMANIA DRUG TRENDS 2019: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISBN 978-0-7334-3912-4

Suggested citation: Sharman, C. & Bruno, R. (2020). Tasmania Drug Trends 2019: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. http://doi.org/10.26190/5e4caf3e57d2a

Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at Drug Trends.

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Acknowledgements

Funding

In 2019, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program**.**

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2019:

- 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, Cristal Hall, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
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- Jodie Grigg, James Fetherston, Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health; and
- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

The authors would 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 Hannah Lethbridge, Madeleine Anderson, Ruby Marris, Scarlett Bones and Molly Ferguson who conducted the interviews with individuals who inject drugs. We would also like to thank Dr Amy Peacock for input, and Callula Sharman for co-ordination.

We acknowledge the University of New South Wales Community Reference Panel and all other individuals who contributed to the development of the questionnaire. We are most grateful to the staff of services who very generously provided the researchers with space and support for interviewing participants: Anglicare (Hobart and Glenorchy site) and the Eastern Shore Needle and Syringe Program and Clarence GP Superclinic. We also thank the Link Youth Health Service, community pharmacies and needle and syringe programs who distributed information about the research to their clients. We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

Thanks also to the 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: the Tasmanian Needle/Syringe Program (Myf Briggs), Poppy Advisory and Control Board (Elissa Nightingale), and Tasmania Police (Sergeant John Delpero). We would like to acknowledge

the Australian Institute of Health and Welfare for data from the National Hospital Morbidity Database. We would like to acknowledge the Australian Bureau of Statistics (ABS) for access to data from their cause of death collection.

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

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission (now ACIC)
ACIC	Australian Criminal Intelligence Commission
AIDS	Auto-immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
AUDIT	Alcohol Use Disorders Identification Test
DIPWE	Department of Primary Industries, Parks, Water and Environment
DPFEM	Department of Police, Fire and Emergency Management
DSM-III-R	Diagnostic & Statistical Manual of Mental Disorders, 3rd Edition, Revised
EDRS	Ecstasy & related Drug Reporting System
GP	General Practitioner
HIV	Human immunodeficiency virus
IDDI	Illicit Drug Diversion Initiative
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
K10	Kessler 10 Psychological Distress Scale
MDMA	3,4-Methylenedioxymethamphetamine
N	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program(s)
OFT	Oral fluid test
OST	Opioid Substitution Therapy
OTC	Over-the-counter
PWID	People who inject drugs
SCRA	Synthetic Cannabinoid Receptor Agonists
SD	Standard deviation
SDS	Severity of Dependence Scale
TAS	Tasmania
TASPOL	Tasmania Police
UNSW	University of New South Wales

Executive Summary

Sample Characteristics

IDRS participants are typically in their late 30s-early 40s, predominantly male and not currently employed. Just over half have a prison history and less than half are currently involved in drug treatment.

On average, participants were injecting several times per week, with one third injecting every day. Around 40% nominated an opioid as their drug of choice, whereas 40% nominated methamphetamine as their preferred drug (31% crystal form). There were significant increases in how often participants used methamphetamines between the 2018 and 2019 samples, and significant decreases in the proportion of the sample using the pharmaceutical opioid morphine in this period.

Heroin

Fifteen percent of participants reported using heroin in the past 6 months, and this was typically infrequent. Subjective purity was typically reported as 'low'. Availability of heroin appears to have slightly increased in 2019, with the majority of those reporting recent use considered heroin easy or very easy to access, compared with the majority of the 2018 sample who reported heroin as 'difficult' to 'very difficult' to access. However, this access still appears to be limited given the small proportion of participants reporting recent heroin use.

Methamphetamine

Eight in ten participants had used any form of methamphetamine in the last 6 months, at a median frequency of 58 of the last 180 days. While the proportion using methamphetamine remained consistent with the 2018 survey, there was a significant increase in how often participants were using the drug, up from a median of 34 days in the 2018 survey. Almost six in ten reported using methamphetamine weekly or more frequently in the last 6 months. Half of those that had recently used methamphetamine were screened as likely dependent on the drug, but under half of these were currently involved in treatment, and this was typically treatment for other substances such as opioids.

Crystal methamphetamine was the form most commonly used. While there was no change in the proportion of participants that reported recently using this form of the drug (three quarters of the sample in 2018 and 2019), there was a doubling of the frequency of use, rising from a median of 30 of the previous 180 days in 2018 to 65 days in 2019. While injecting remained the main mode of administration for crystal in this sample, there have been steady increases in recent smoking of the drug, with 40% of recent consumers reporting smoking methamphetamine in the past six months. Availability of crystal methamphetamine has been perceived as increasing, with almost all consumers considering it at least easily accessed; this is a substantial increase from reports prior to 2014, where it was more typically considered difficult to access.

Cocaine

In 2019, six percent of participants had reported using cocaine, at a median frequency of five times in the past 180 days. Typically, this was snorted rather than injected. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade.

Cannabis

Three quarters of participants reported recent use of cannabis. More than half of these participants smoked daily. Most used both indoor and outdoor-cultivated cannabis. While indoor has been the predominant form used in recent years (e.g. 90% of smokers in 2018 predominantly using indoor-cultivated cannabis), there was a significant increase in participants reporting outdoor cultivated cannabis as the form they had most often used in 2019 (25% of smokers). There were some indications of increased availability of outdoor cultivated cannabis in 2019.

Pharmaceutical Opioids

Overall, rates of opioid use among IDRS participants declined in the 2019 study, following a period of relative stability over the previous five years. This is also apparent in needle and syringe program data. Among recent opioid consumers contributing to the IDRS, just over half screened positive for likely opioid dependence, and seven in ten of these individuals were currently involved in drug treatment.

The proportion of IDRS participants reporting morphine use in the past 6 months has substantially declined from 2010 (73%) to 2019 (26%); and in particular there was a decline in both the proportion reporting use and the frequency of this use between 2018 and 2019 (47% reporting recent use on a median of 60 of the last 180 days in 2018; 26% recently using on a median of 24 days in 2019). In 2019, the proportion of the sample regarding morphine as their drug of choice has also declined from 24% in 2018 to 8%.

The proportion of IDRS participants reporting oxycodone use in the past 6 months has remained relatively consistent over the past five years, with 21% reporting recent use in 2019. The 'tamper resistant' OP OxyContin was the most commonly used form, most commonly injected.

Other Drugs

Among IDRS participants, smoking remains very common, with almost all (89%) participants recently smoking cigarettes in 2019. Despite reductions in smoking rates earlier in the decade, most smokers were daily smokers. Use of nicotine e-cigarettes remains uncommon, with 17% of participants reporting recent and infrequent use.

Sixteen percent of the IDRS participants reported recently using a drug that they believed was a novel psychoactive substance. This is a slightly higher rate to that seen 2018. Stimulant NPS were the most frequently consumed class.

Drug-Related Harms and Other Risk Factors

Six percent of the 2019 IDRS participants reported using another person's used syringe in the past six months; and one third reused their own injecting equipment. Rates of reusing equipment significantly increased from the rates seen in 2018 (19%). Reuse typically occurred between once and five times, and typically related to 0.5mL and 1mL syringe sets, which was responsible for the increased rates of reuse. Reports of most recent injection being in a high-risk site (groin, neck) was reported by 4% in 2019.

One in ten of the IDRS participants in 2019 reported experiencing a non-fatal overdose on opioids in the previous year, with equal numbers relating this to heroin and to pharmaceutical opioids.

Six in ten of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2019, 60% of those reporting a mental health problem had attended treatment with mental health professional.

Half of the IDRS participants reported driving a vehicle in the past six months, and three-quarters of these had reported driving under the influence of drugs at least once in this time. Consistent with patterns of substance use, this was most typically related to methamphetamine and to cannabis use, with significant increases in the proportion of participants driving under the influence of these drugs in 2019 compared to 2018. However, there were no overall changes in the proportion of participants reporting recent drugged-driving in this sample compared to 2018.

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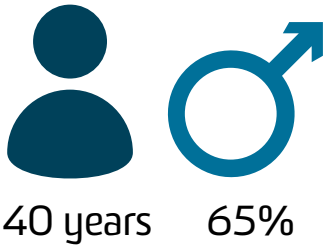
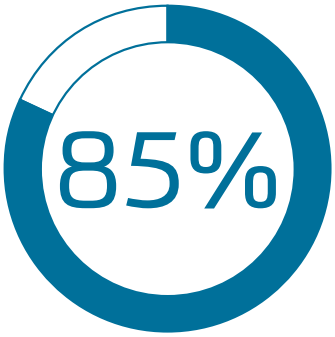
TASMANIA 2019 SAMPLE CHARACTERISTICS

In 2019, 99 people from Tasmania participated in IDRS interviews.



The mean age in 2019 was 40, and 65% identified as male.



In the 2019 Tasmanian sample, 85% were unemployed.

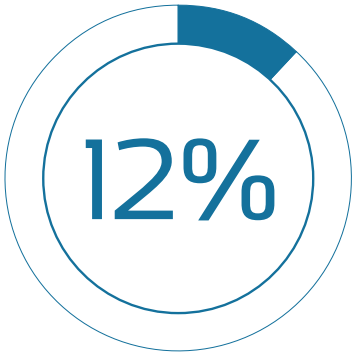
1 Crystal Methamphetamine

2 Methadone

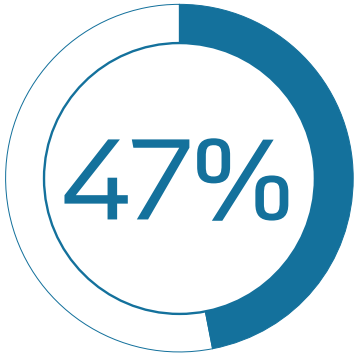
3 Morphine

The three most commonly injected drugs were crystal methamphetamine, methadone, and morphine.

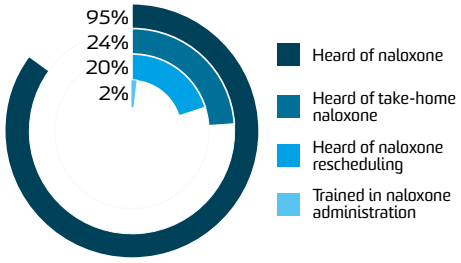
NALOXONE AND SEEKING HELP



Just over 1 in 10 (12%) had experienced a non-fatal overdose in the previous 12 months.

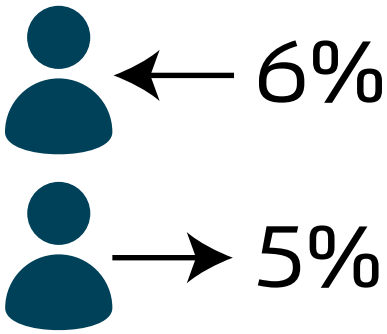


47% of IDRS participants reported that they were currently in drug treatment.

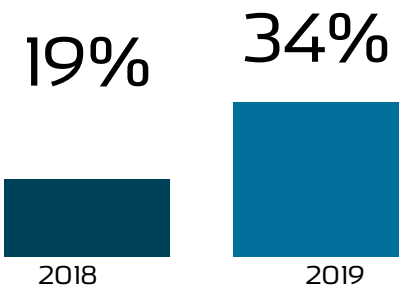


Tasmanian IDRS participants' knowledge of the take-home naloxone program.

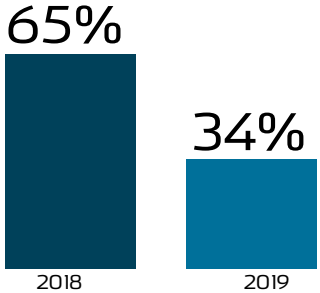
INJECTING RELATED RISKS AND HARMS



In 2019, 6% of the Tasmanian IDRS sample reported receptive needle sharing and 5% reported distributive needle sharing.



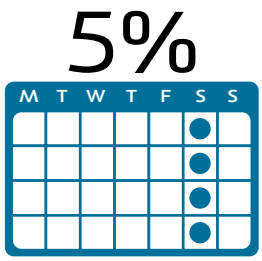
In 2019, just over one-third (34%) of the sample reported that they had re-used their own needles in the past month (19% in 2018).



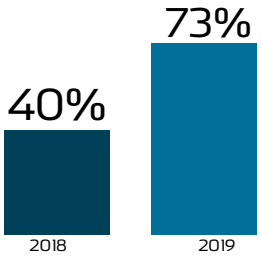
In 2019, one-third (34%) of the Tasmanian sample reported having an injection-related health issue in the month preceding interview.

HEROIN

15% of Tasmanian IDRS participants reported using heroin in the past 6 months.



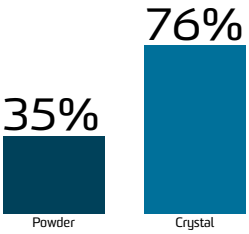
Of those who had recently consumed heroin 5% used it weekly or more.



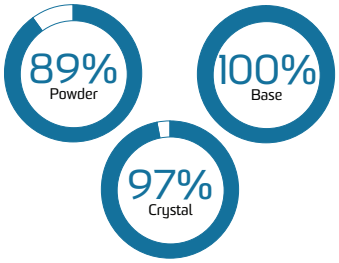
Of those who could comment 73% perceived heroin to be 'easy' or 'very easy' to obtain in 2019.

METHAMPHETAMINE

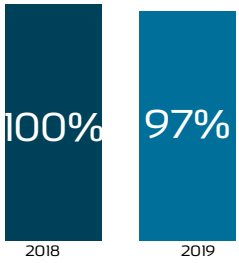
Four in five (81%) Tasmanian 2019 IDRS participants reported past 6 month use of any methamphetamine.



Of the entire sample, 35% had recently consumed powder, and 76% crystal methamphetamine.

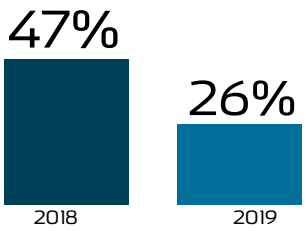


Injection was the main route of administration for powder, crystal and base among those who had consumed each form.

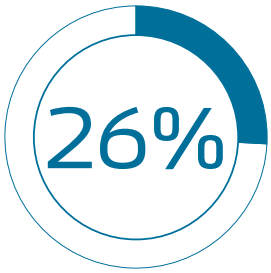


Of those who could comment 97% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

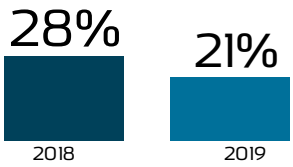
PHARMACEUTICAL OPIOIDS



Past 6 month use of non-prescribed morphine decreased to 26% in 2019 (47% in 2018).



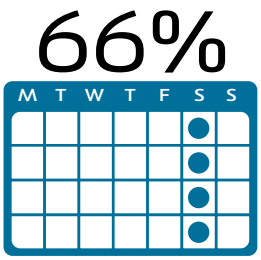
26% of Tasmanian IDRS participants reported using non-prescribed methodone in the past 6 months.



21% of Tasmanian IDRS participants reported using non-prescribed oxycodone in the past 6 months.

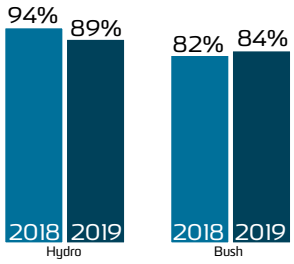
CANNABIS

Four in five (81%) of Tasmanian participants in the 2019 IDRS sample reported past 6 month use of cannabis.



Of those who had consumed cannabis recently, 66% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 99% had smoked it.



Of those who could comment, high percentages perceived bush and hydro to be 'easy' or 'very easy' to obtain.

Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. The 2019 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using these methods.

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

Methods

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

Data sources complemented each other in the nature of the information they provided, with information from both sources used to determine whether there was convergent validity for detected trends, and the most reliable or 'best' indicator of a particular trend used when summarising such trends. Findings from the 2019 Tasmanian IDRS are also compared with findings from the previous Tasmanian studies to determine any changes in drug trends over time.

Full details of the methods for the annual interviews are available for download. The PWID survey was conducted during June-July 2019, and consisted of face-to-face interviews with 99 people who regularly injected illicit drugs. Inclusion criteria for participation in the study were that the individual must have injected at least once monthly in the six months prior to interview, and have resided in Hobart for the past twelve months or more. Participants were recruited using a variety of methods, including advertisements distributed through Needle and Syringe Program (NSP) outlets, and health services, and snowball methods (recruitment of friends and associates through word of mouth). Participants were interviewed at places convenient to them, such as health services and NSP outlets. Two agencies – Anglicare (Hobart and Glenorchy site) and Department of Health and Human Services Eastern Shore NSP assisted the researchers by providing support as recruitment and interview sites for IDRS participants. The major locations for recruitment and subsequent interview were Hobart city, Glenorchy, and the Eastern Shore (Rosny).

A standardised interview schedule used in previous IDRS research was administered to participants. The interview schedule contained sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking, health and general changes in drug use. Participants were screened for eligibility both by referring staff members of the recruitment sites and the interviewers, the latter

through a series of questions designed to elicit participants' knowledge of injecting drug use practice. Both the University of New South Wales and the Tasmanian Social Sciences Human Research Ethics Committee granted ethical approval for the survey (approval H0007853 for the Tasmanian Committee). Participants were provided with an information sheet describing the interview content prior to commencement (subsequent to screening), allowing them to make an informed decision about their involvement. Information provided was entirely confidential, and participants were informed they were free to withdraw from participation without prejudice or to decline to answer any questions if they so wished. Interviews generally lasted between 50 and 60 minutes, and participants were reimbursed $AUD40 for their time and out-of-pocket expenses.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and ranges are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution.

Other Indicators

To complement and validate data collected from the survey, a range of secondary data sources was examined, including health, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should be available at least annually, include 50 or more cases, provide brief details of illicit drug use, be collected in the main study site (Hobart or Tasmania for the current study), and include details on the four main illicit drugs under investigation (heroin, cannabis, cocaine and methamphetamine). However, due to the relatively small size of the illicit drug-using population in Tasmania (in comparison to other jurisdictions involved in the IDRS), and a paucity of available data, the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution and attention is drawn to relevant data limitations in the text. Data sources that fulfil the majority of these criteria and have been included in this report are outlined below.

Needle and Syringe Program data

The Needle and Syringe Program (NSP) has been operating in Tasmania since the introduction of the *HIV/AIDS Preventive Measures Act* in 1993. Staff record the number of needle/syringes ordered from all outlets participating in the program (around 90 outlets); and for participating non-pharmacy outlets (Anglicare Hobart, Glenorchy, and Burnie; Eastern Shore Needle and Syringe Program and Clarence GP Superclinic; Bridgewater Community Centre, Salvation Army Launceston; Youth Family and Community Corrections Devonport), data are collected regarding sex, age, equipment shared since last visit, last drug used, and disposal methods for each client transaction. The data provided represent responses from 12,907 occasions of service in these seven sites (denominator based on number of cases identified from reported drug type) in the 2018/19 financial year.

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

National Drug Strategy Household Surveys (2001-2016)

The National Drug Strategy Household Survey (NDSHS), run by the Australian Institute of Health and Welfare (AIHW), represents a prevalence study of drug use amongst the general community, surveying 1,031 individuals in Tasmania in the 1998 study, 1,349 individuals in 2001, 1,208 in 2004, 1,143 in 2007, 1,060 in 2010, 1,134 in 2013 and 1,098 in 2016 who were over 14 years of age, could speak English, and who lived in private dwellings. The survey investigated use of the following illicit

drugs relevant to this report: cannabis; methamphetamine; hallucinogens; cocaine; ecstasy/designer drugs; and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

Police and Justice Department data

Tasmania Police State Intelligence Services, the Australian Criminal Intelligence Commission (ACIC), and the state Justice Department have provided information on drug seizures, charges and prices. Data on the purity of drugs seized are also provided through the ACIC; however, not all drug seizures are analysed for purity. Data from the ACIC for the 2018/19 financial year were not available at the time of publication. Where available, data from Tasmania Police have been used to examine changes in key law enforcement-related variables. It should be noted that these data are preliminary and subject to revision (totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules), and this issue is noted in the text as is relevant.

Coronial findings on illicit drug-related fatalities

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

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 survey data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide analysis of market and drug use trends among sentinel groups of drug injectors and indications 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 (past 6 months) of various substances, 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 IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics & Drug Use History

Sample Characteristics

IDRS participants are typically in their late 30s-early 40s, predominantly male, and not currently employed. They have typically completed year 10 and six in ten have technical qualifications. Just over half have a prison history; and less than half are currently involved in drug treatment (typically opioid substitution treatment) (Table 1). These demographics have been largely consistent over IDRS survey waves.

Participants are deliberately selected to represent people that are heavily engaged in injecting drug use – they do not represent the profile of all people who inject drugs.

On average, participants were injecting several times per week, with one third injecting every day. Around 40% nominated an opioid as their drug of choice, whereas 40% nominated methamphetamine as their preferred drug (31% crystal form) (Table 2).

Almost six in ten participants nominated a form of methamphetamine as the drug they most often injected, predominantly the crystal methamphetamine form. The rate of participants nominating methamphetamine (and crystal form in particular) as the drug most often injected, has gradually increased over the past 5 years, and significantly so since the 2018 sample (Table 2).

Drug Use History

Detailed patterns of recent drug use (Table 3) demonstrate that participants are polysubstance consumers, with most participants using both stimulant and depressant drugs. In terms of very frequent use (weekly or more often), two thirds of participants smoked cannabis, one third used pharmaceutical opioids and six in ten used methamphetamines at least weekly (Figure 3). There were significant increases in how often participants used methamphetamines between the 2018 and 2019 samples, and significant decreases in the proportion of the sample using the pharmaceutical opioid morphine in this period.

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

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Mean age (range)	41 (27-62)	41 (19-55)	41 (21-60)	42 (24-68)	**40 (22-69)**
Sex (% male)	63	61	60	63	**65**
Aboriginal and/or Torres Strait Islander (%)	15	16	18	17	**15**
Sexual orientation (%)					
Heterosexual	96	93	91	89	**92**
Bisexual	0	3	8	7	**4**
Gay or lesbian	4	4	1	4	**3**
Other	0	0	0	0	**1**
Accommodation (%)					
Own/rented	87	77	82	75	**37^**
Live with family	3	5	6	8	**14**
Boarding house#	7	9	4	6	**7**
No fixed address	3	8	8	11	**16**
Public Housing	*n/a*	*n/a*	*n/a*	*n/a*	**26^**
Tertiary education (%)					
None	45	44	42	36	**36**
Trade/technical	52	51	49	59	**59**
University/college	3	5	9	5	**5**
Employment (%)					
Not employed/on a pension	84	85	80	88	**85**
Full-time	2	2	3	0	**0**
Part-time/casual	8	6	7	10	**13**
Home duties	4	2	2	0	**2**
Student	1	4	5	1	**0**
Work and Study	0	1	1	1	**0**
Annual income (%)					
$1-7,799	0	1	1	4	**0**
$7,800-12,999	8	5	8	6	**3**
$13,000-20,799	46	33	36	34	**37**
$20,800-31,199	36	48	45	47	**47**
$31,200-41,599	7	8	3	6	**5**
$41,600-$51,999	0	4	2	2	**7**
$52,000+	2	1	4	1	**1**
Currently in drug treatment (%)					
Any Treatment	55	57	44	45	**46**
Methadone	*36*	*35*	*27*	*24*	***38***
Buprenorphine	*15*	*16*	*14*	*18*	***3***
AOD Counselling	*4*	*3*	*3*	*2*	***9***
Detoxification	*0*	*0*	*0*	*1*	***3***
Therapeutic community/ rehab	*0*	*0*	*0*	*0*	***6***
Narcotics Anonymous	*0*	*0*	*0*	*0*	***2***
Other	*0*	*2*	*0*	*0*	***1***
Previous prison conviction (%)	48	42	50	48	**58**

Source: IDRS interviews

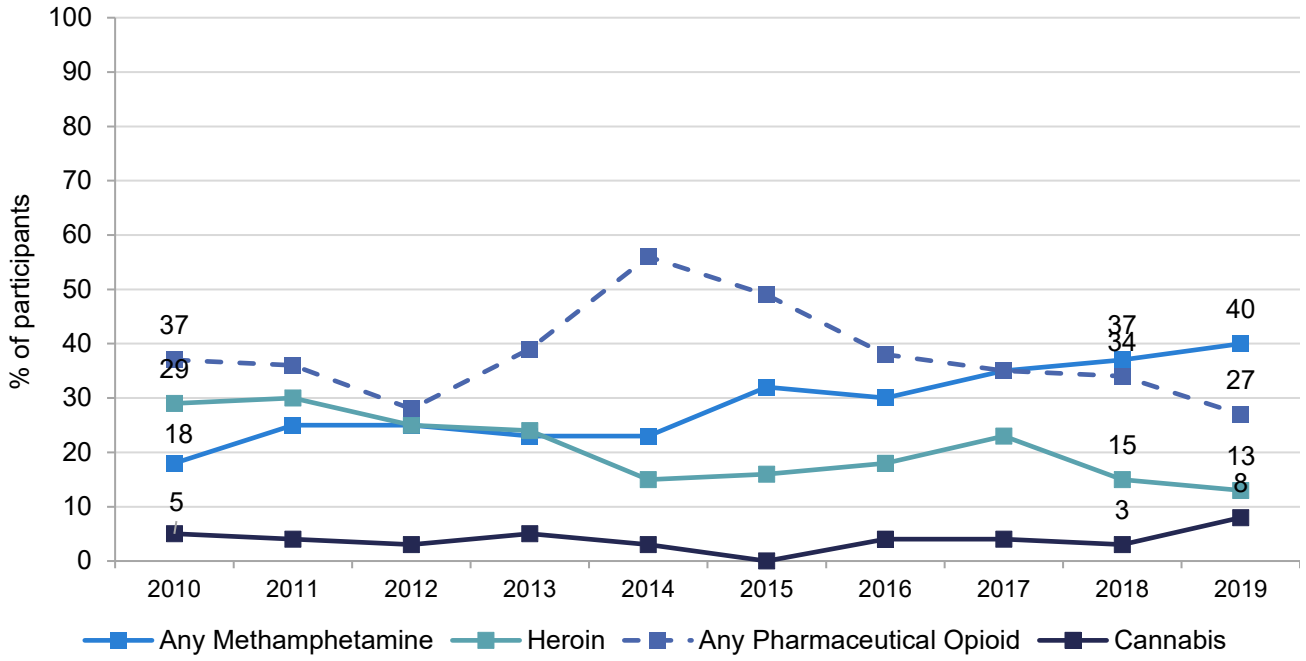
includes hostel/refuge; n/a: not applicable as question first asked in 2019; ^significant change due to the inclusion of the new public housing item; *=significant at $p<.05$

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

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Mean age first injection (range)	21 (10-55)	20 (9-47)	21 (13-57)	21 (11-53)	**21 (12-50)**
Drug of choice (%)					
Heroin	16	18	23	15	**13**
Cocaine	0	0	0	0	**2**
Methamphetamine (any form)	32	30	35	37	**40**
Powder (speed)	*23*	*12*	*18*	*17*	***9***
Base	*0*	*0*	*0*	*0*	***0***
Crystal (ice)	*9*	*18*	*17*	*20*	***31***
Methadone	19	11	13	8	**18**
Morphine	26	22	20	24	**8****
Oxycodone	2	3	0	4	**0**
Fentanyl	0	0	0	1	**0**
Other Pharmaceutical Opioid	0	0	0	1	**1**
Cannabis	0	4	4	3	**8**
Ecstasy	0	2	0	0	**0**
Alcohol	0	0	0	0	**4**
Drug injected most in last month (%)					
Heroin	0	2	1	2	**2**
Cocaine	0	0	0	0	**0**
Methamphetamine (any form)	39	36	39	45	**59***
Powder (speed)	*16*	*8*	*3*	*2*	***4***
Base	*0*	*0*	*0*	*0*	***0***
Crystal (ice)	*23*	*28*	*36*	*43*	***57****
Methadone	21	26	24	14	**21**
Morphine	29	23	29	30	**15***
Buprenorphine	7	5	3	2	**2**
Oxycodone	1	2	0	1	**1**
Frequency of injecting last month (%)					
Weekly or less	24	26	17	12	**25***
More than weekly, but less than daily	51	50	48	53	**42**
Once per day	15	6	23	21	**11**
2-3 times a day	9	12	6	14	**21**
>3 times a day	0	5	1	0	**0**
Location of last injection (%)					
Private home	94	92	88	88	**87**
Public toilet	2	1	4	4	**5**
Car	3	6	6	6	**6**
Street/park or beach	1	1	2	2	**-**
Stairwell	-	-	-	-	**2**

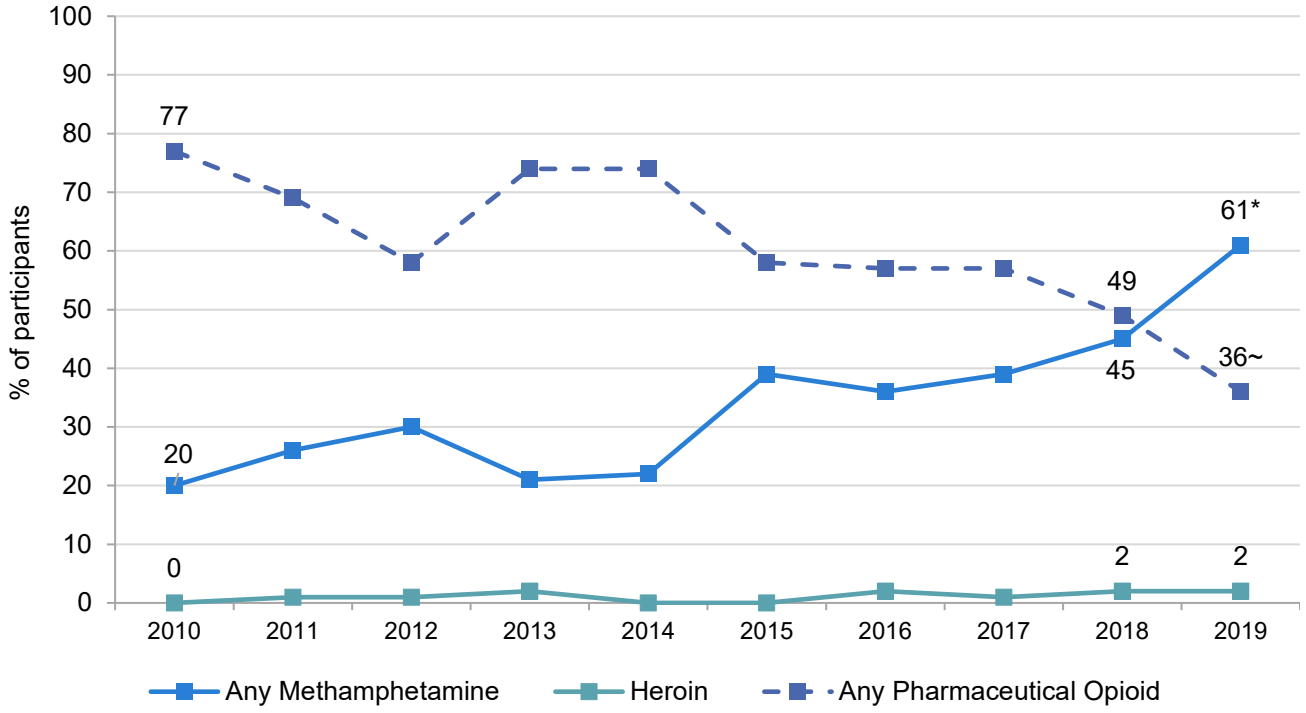
Source: IDRS interviews
*=significant at p<.05; **=significant at p<.01

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



Source: IDRS interviews
Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances.

Figure 2: Drug injected most often in the past month, Tasmania, 2010-2019



Source: IDRS interviews.
Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. *p<0.05; ~p=0.065.

Table 3: Recent drug use, Tasmania, 2015-2019

Use in last 6 months	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Heroin (inc. homebake) Used last 6 months Median days used last 6 months (range)	6 4 (1-30)	9 15 (2-86)	17 14 (1-104)	9 14 (2-180)	**15** **4 (1-180)**
Methadone (prescribed) Used last 6 months Median days used last 6 months (range)	33 180 (48-180)	34 180 (7-180)	25 180 (18-180)	25 180 (6-180)	**26** **180 (3-180)**
Methadone (not prescribed) Used last 6 months Median days used last 6 months (range)	20 11 (1-72)	23 12 (1-94)	29 12 (1-180)	10 12 (2-90)	**21** **24 (3-180)**
Physeptone (prescribed) Used last 6 months Median days used last 6 months (range)	1 1 (1)	3 168 (12-180)	3 180 (48-180)	0 -	**1** **180 (180)**
Physeptone (not prescribed) Used last 6 months Median days used last 6 months (range)	29 5 (1-72)	32 6 (1-72)	32 10 (1-48)	30 6 (1-52)	**19** **10 (1-180)**
Any methadone (inc. Physeptone) Used last 6 months Median days used last 6 months (range)	*47* *178 (1-180)*	*55* *148 (1-180)*	*49* *160 (1-180)*	*49* *48 (1-180)*	***39*** ***180 (2-180)***
Buprenorphine tablet (prescribed) Used last 6 months Median days used last 6 months (range)	6 180 (90-180)	11 168 (1-180)	10 168 (1-180)	9 173 (3-180)	**4** **120 (90-180)**
Buprenorphine tablet (not prescribed) Used last 6 months Median days used last 6 months (range)	13 3 (1-180)	10 15 (1-90)	9 5 (1-90)	11 4 (1-180)	**4** **3.5 (1-30)**
Any buprenorphine tablet Used last 6 months Median days used last 6 months (range)	*18* *34 (1-180)*	*19* *72 (1-180)*	*19* *30 (1-180)*	*18* *75 (1-180)*	***8*** ***30 (3-180)***
Buprenorphine-naloxone film (prescribed) Used last 6 months Median days used last 6 months (range)	10 180 (60-180)	5 180 (150-180)	8 83 (7-180)	11 90 (55-180)	**15** **90 (6-180)**
Buprenorphine-naloxone film (not prescribed) Used last 6 months Median days used last 6 months (range)	12 9 (1-160)	7 48 (4-90)	14 2 (1-60)	12 12 (1-180)	**7** **6 (1-180)**
Any buprenorphine-naloxone film Used last 6 months Median days used last 6 months (range)	*20* *120 (1-180)*	*12* *75 (4-180)*	*20* *5 (1-180)*	*20* *100 (55-180)*	***22*** ***82 (1-180)***

Table 3: Recent drug use, Tasmania, 2015-2019 (continued)

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Morphine (prescribed) Used last 6 months Median days used last 6 months (range)	5 180 (180)	2 93 (5-180)	3 180 (4-180)	3 180 (48-180)	***3*** ***4 (1-180)***
Morphine (not prescribed) Used last 6 months Median days used last 6 months (range)	47 48 (1-180)	51 32 (1-180)	42 65 (2-180)	47 60 (1-180)	***26***** ***24 (1-180)***
Any Morphine Used last 6 months Median days used last 6 months (range)	*48* *48 (1-180)*	*51* *40 (1-180)*	*44* *80 (2-180)*	*48* *65 (1-180)*	***27****** ***24 (15-180)***
Any Oxycodone Used last 6 months Median days used last 6 months (range)	*28* *6 (1-120)*	*28* *4 (1-180)*	*29* *3 (1-180)*	*30* *12 (1-180)*	***21*** ***12 (1-180)***
Any fentanyl Used last 6 months Median days used last 6 months (range)	*1* *10 (10)*	*4* *2 (1-40)*	*2* *8 (1-14)*	*0* *-*	***3*** ***2 (1-5)***
Over-the-counter codeine Used last 6 months Median days used last 6 months (range)	24 12 (1-90)	34 11 (1-180)	27 7 (2-180)	23 7 (23-180)	**13** **10 (1-90)**
Other types of opioids (including tapentadol and tramadol) Used last 6 months Median days used last 6 months (range)	17 13 (2-180)	21 12 (1-180)	26 8 (1-180)	26 25 (1-180)	**14** **2.5 (1-4)**
Powder methamphetamine/speed Used last 6 months Median days used last 6 months (range)	49 12 (1-170)	33 6 (1-180)	30 4 (1-180)	22 6 (1-180)	***35****** ***10 (1-180)***
Base/point/wax methamphetamine Used last 6 months Median days used last 6 months (range)	9 6 (2-72)	4 11 (1-180)	3 3 (2-3)	2 4 (4-24)	**5** **4 (1-10)**
Crystal/Ice/shabu/ methamphetamine Used last 6 months Median days used last 6 months (range)	58 18 (1-170)	73 24 (1-180)	65 15 (1-180)	76 30 (1-180)	**76** **65***** **(1-180)**
Amphetamine liquid Used last 6 months Median days used last 6 months (range)	3 1 (1-6)	1 24 (24)	3 7 (2-25)	0 -	**-** **-**
Any form methamphetamine Used last 6 months Median days used last 6 months (range)	*72* *23 (1-180)*	*75* *31 (1-180)*	*69* *20 (1-180)*	*78* *34 (1-180)*	***81*** ***58** (1-180)***

Table 3: Recent drug use, Tasmania, 2015-2019 (continued)

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Pharm. stimulants (prescribed) Used last 6 months Median days used last 6 months (range)	2 13 (1-24)	0 -	1 90 (90)	0 -	**3** **90 (30-180)**
Pharm. stimulants (not prescribed) Used last 6 months Median days used last 6 months (range)	25 12 (1-72)	26 8 (1-96)	16 5 (1-90)	23 5 (1-40)	**16** **3 (1-180)**
Any pharmaceutical stimulants Used last 6 months Median days used last 6 months (range)	*26* *12 (1-160)*	*26* *8 (1-96)*	*17* *5 (1-90)*	*23* *5 (1-40)*	***19*** ***4 (1-180)***
Cocaine Used last 6 months Median days used last 6 months (range)	2 8 (1-15)	6 2 (1-3)	11 2 (1-14)	11 3 (1-24)	**6** **5 (1-12)**
Hallucinogens Used last 6 months Median days used last 6 months (range)	8 1 (1-8)	14 2 (1-180)	6 2 (1-2)	10 2 (1-48)	**8** **4 (1-96)**
Ecstasy Used last 6 months Median days used last 6 months (range)	7 2 (1-4)	15 1 (1-26)	14 2 (1-20)	10 4 (1-20)	**20*** **4 (1-48)**
Alprazolam (prescribed) Used last 6 months Median days used last 6 months (range)	3 180 (3-180)	2 91 (2-180)	2 66 (2-130)	3 90 (90-180)	**6** **180 (1-180)**
Alprazolam (not prescribed) Used last 6 months Median days used last 6 months (range)	21 5 (1-180)	21 5 (1-168)	23 4 (1-36)	22 4 (1-100)	**20** **6 (1-90)**
Any alprazolam Used last 6 months Median days used last 6 months (range)	*24* *n/r*	*23* *n/r*	*25* *n/r*	*23* *n/r*	***23*** ***10 (1-180)***
Benzodiazepines (prescribed) (excl. alprazolam) Used last 6 months Median days used last 6 months (range)	38 180 (24-180)	42 168 (4-180)	36 168 (2-180)	33 180 (7-180)	**34** **140 (1-180)**
Benzodiazepines (not prescribed) (excl. alprazolam) Used last 6 months Median days used last 6 months (range)	45 24 (1-180)	49 10 (1-180)	36 15 (1-180)	47 12 (1-180)	**34** **10 (1-180)**
***Any benzodiazepine* (excl. alprazolam)** Used last 6 months Median days used last 6 months (range)	*64* *n/r*	*67* *n/r*	*58* *n/r*	*68* *n/r*	***55*** ***60 (1-180)***
Any benzodiazepines Used last 6 months Median days used last 6 months (range)	*66* *140 (1-180)*	*68* *150 (1-180)*	*64* *65 (1-180)*	*64* *93 (2-180)*	***62*** ***180***** ***(1-180)***
Anti-psychotics~ (prescribed) Used last 6 months Median days used last 6 months (range)	7 180 (2-180)	9 180 (36-180)	6 172 (7-180)	10 180 (90-180)	**17** **180 (2-180)**
Anti-psychotics~ (not prescribed) Used last 6 months Median days used last 6 months (range)	9 5 (1-12)	9 8 (1-48)	21 2 (1-60)	15 4 (1-180)	**15** **4 (1-48)**

Table 3: Recent drug use, Tasmania, 2015-2019 (continued)

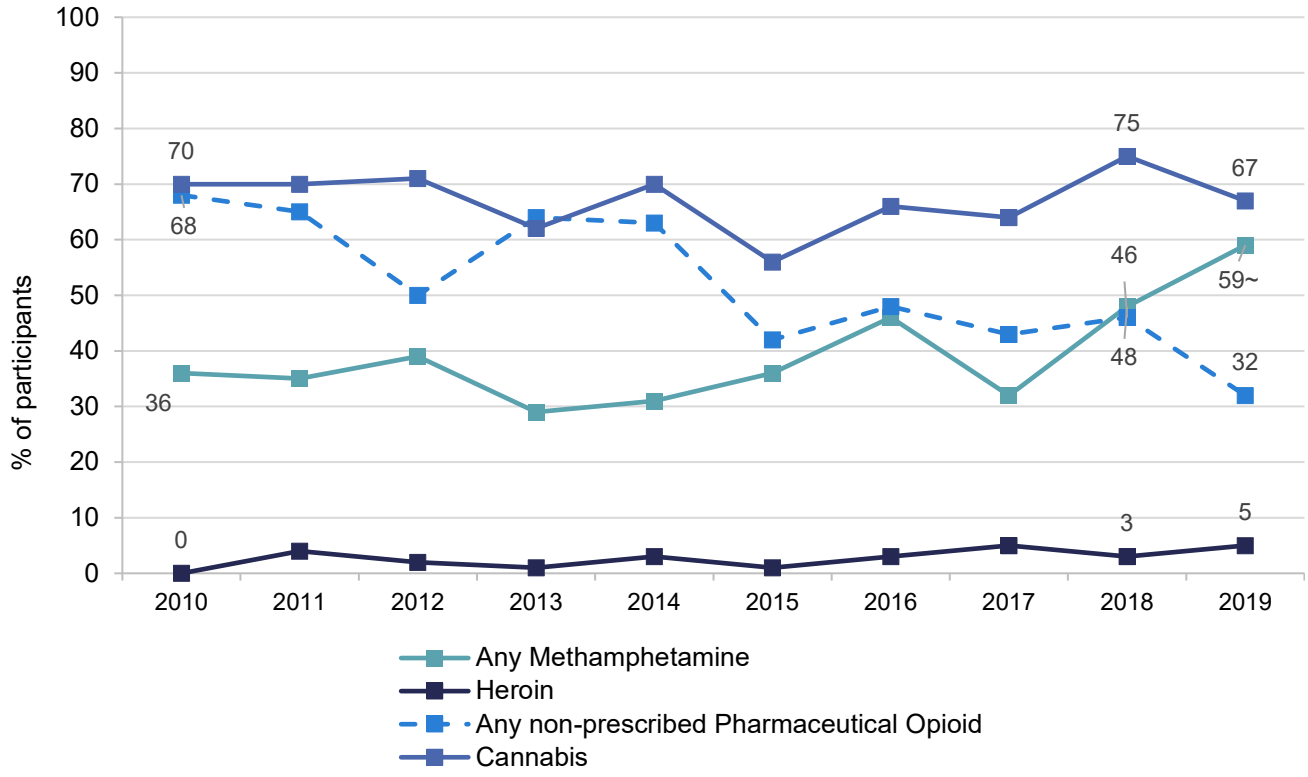
	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Steroids Used last 6 months Median days used last 6 months (range)	0 -	2 49 (8-90)	4 10 (2-15)	3 2 (1-180)	**0** **-**
Alcohol Used last 6 months Median days used last 6 months (range)	46 10 (1-180)	55 11 (1-180)	55 10 (1-173)	64 12 (1-180)	**59** **16 (1-180)**
Cannabis Used last 6 months Median days used last 6 months (range)	73 170 (1-180)	74 168 (3-180)	73 168 (2-180)	81 180 (2-180)	**76** **180 (2-180)**
Inhalants Used last 6 months Median days used last 6 months (range)	2 3 (1-5)	3 1 (1-10)	5 7 (1-16)	4 8 (1-72)	**6** **2 (1-14)**
Tobacco Used last 6 months Median days used last 6 months (range)	97 180 (20-180)	97 180 (24-180)	88 180 (60-180)	97 180 (2-180)	**89** **180 (1-180)**
E-cigarette Used last 6 months Median days used last 6 months (range)	26 5 (1-180)	13 3 (1-24)	17 24 (2-180)	16 4 (1-180)	**17** **2 (1-30)**
Any novel psychoactive substance (NPS) Used last 6 months Median days used last 6 months (range)	*15* *10 (1-180)*	*9* *10 (1-90)*	*16* *n/r*	*7* *n/r*	***16*** ***n/r***
Synthetic cannabis Used last 6 months Median days used last 6 months (range)	2 4 (1-6)	1 1 (1)	5 3 (2-7)	0 -	**4** **2 (1-4)**
NPS that mimic amphetamine/cocaine Used last 6 months Median days used last 6 months (range)			9 8 (1-20)	4 2 (1-180)	**4** **37 (3-70)**
NPS that mimic opioids Used last 6 months Median days used last 6 months (range)			0 -	0 -	**4** **1 (1-6)**
NPS that mimic ecstasy/psychedelics Used last 6 months Median days used last 6 months (range)			5 2 (1-3)	3 4 (1-4)	**4** **4 (2-6)**

Source: IDRS interviews

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

~ Anti-psychotics were asked as 'Seroquel' until 2019; n/r: this data was not reported; *= significant at p<.05, **= significant at p<.01, ***=significant at p<.001

Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2010-2019



Source: IDRS interviews
Computed of the entire sample regardless of whether they had used the substance in the past six month;
*=significant at p<.05; ~p=0.067

2

Heroin

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

IDRS Interview Data

Thirteen percent of participants nominated heroin as their drug of choice, but only one reported that this was the drug they had most often injected in the past month (Table 2). Fifteen percent of participants reported using heroin in the past 6 months, and this was typically infrequent, with 5% of participants using it weekly or more (Figure 3 & Figure 4).

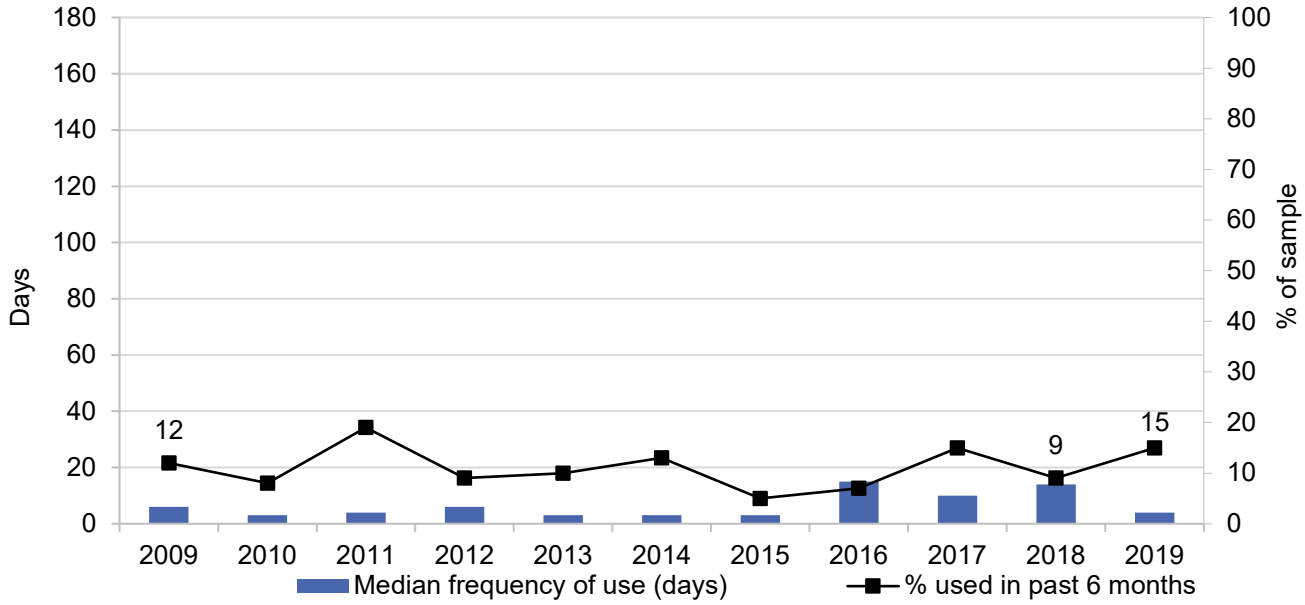
These patterns of low levels of use, despite strong interest in the drug, have remained consistent over the past decade (Figure 4).

Indicator Data

These low rates of use are consistent with other indicators, with 2% of people accessing primary needle and syringe program outlets nominating heroin as the drug they are about to inject (Figure 6) and past year heroin use being less than 1% in Tasmanian general population surveys (Figure 5).

Heroin Use among IDRS Participants

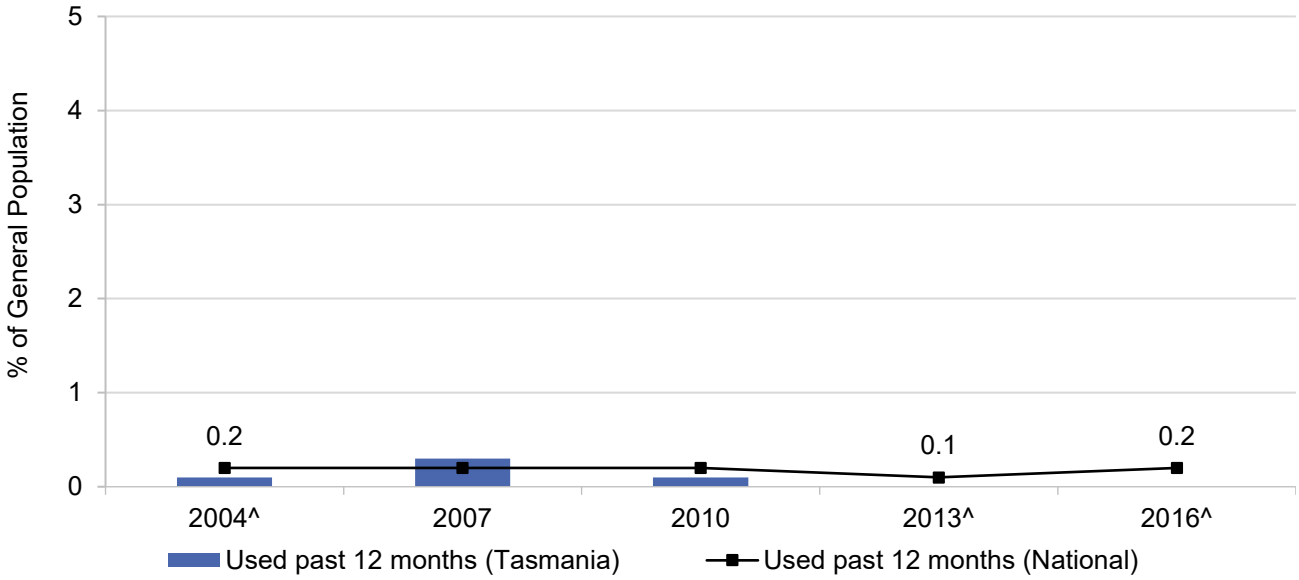
Figure 4: Past six month use and frequency of use of heroin, Tasmania, 2009-2019



Source: IDRS interviews
Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number.

Heroin Use among the General Population

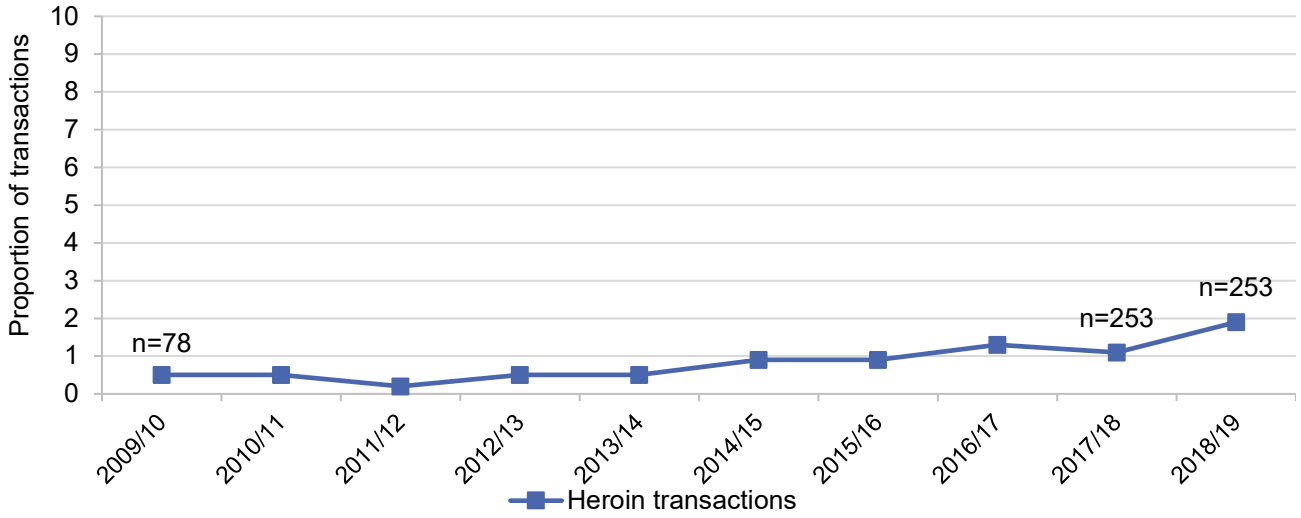
Figure 5: Prevalence of heroin use in Australia and Tasmania among those aged 14 years and over, 2004-2016



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

Heroin Use among NSP Clients

Figure 6: Proportion of heroin reported as 'drug about to inject' in transactions at Tasmanian non-pharmacy Needle and Syringe Program outlets, 2009/10-2018/19



Source: Population Health, Department of Health and Human Services

3

Methamphetamine

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

IDRS Interview Data

Eight in ten participants had used any form of methamphetamine in the last 6 months, at a median frequency of 58 of the last 180 days. There was a significant increase in how often participants were using methamphetamine, up from a median of 34 days in the 2018 survey (Figure 7). Four in ten participants considered methamphetamine to be their drug of choice, with almost six in ten using methamphetamine weekly or more frequently in the last 6 months (Table 4).

Crystal: Crystal form methamphetamine was the form most commonly used (Figure 9). While there was no change in the proportion of participants that reported recently using this form of the drug (three quarters of the sample in 2018 and 2019), there was a doubling of the frequency of use, rising from a median of 30 of the previous 180 days in 2018 to 65 days in 2019 (Table 4). Participants typically used between 0.1 and 0.2g per session. While injecting remained the main mode of administration for crystal methamphetamine in this sample, there have been steady increases in recent smoking of the drug, with four in ten recent consumers reporting smoking methamphetamine in the past six months (Table 4).

Powder: Use of the powder form, which dominated use prior to 2014, had been in steady decline since this time. However, in 2019 there was a significant increase in use, with one in three participants using this form in the past six months (Figure 9 and Figure 10). Powder form methamphetamine was at a median of 10 days in the past 180 days, typically using just over 0.1g per session and injecting (Table 4). One quarter of those that recently used methamphetamine noted that powder was the form that they used most often, which was an increase from reports in 2018 (Figure 9). Typically, these participants used methamphetamine less often than those that reported the crystal form as the main form that they consumed.

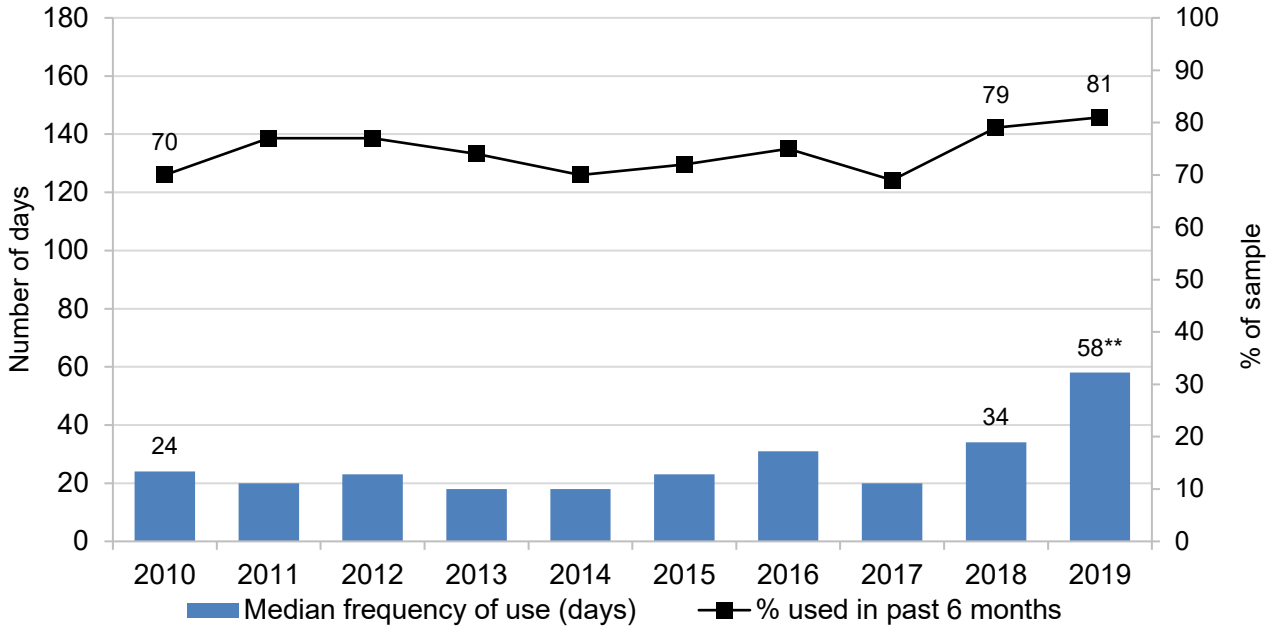
As per trends identified in 2016-2018, approximately half of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug, but under half of these were currently involved in treatment, and this was typically opioid substitution therapy, which is not efficacious in the treatment of methamphetamine dependence (Table 5).

Indicator Data

Consistent with this increased frequency of use among IDRS participants, there has been an increase in the proportion of clients of Tasmania's needle/syringe program picking up equipment for methamphetamine use in 2018/19 (Figure 11).

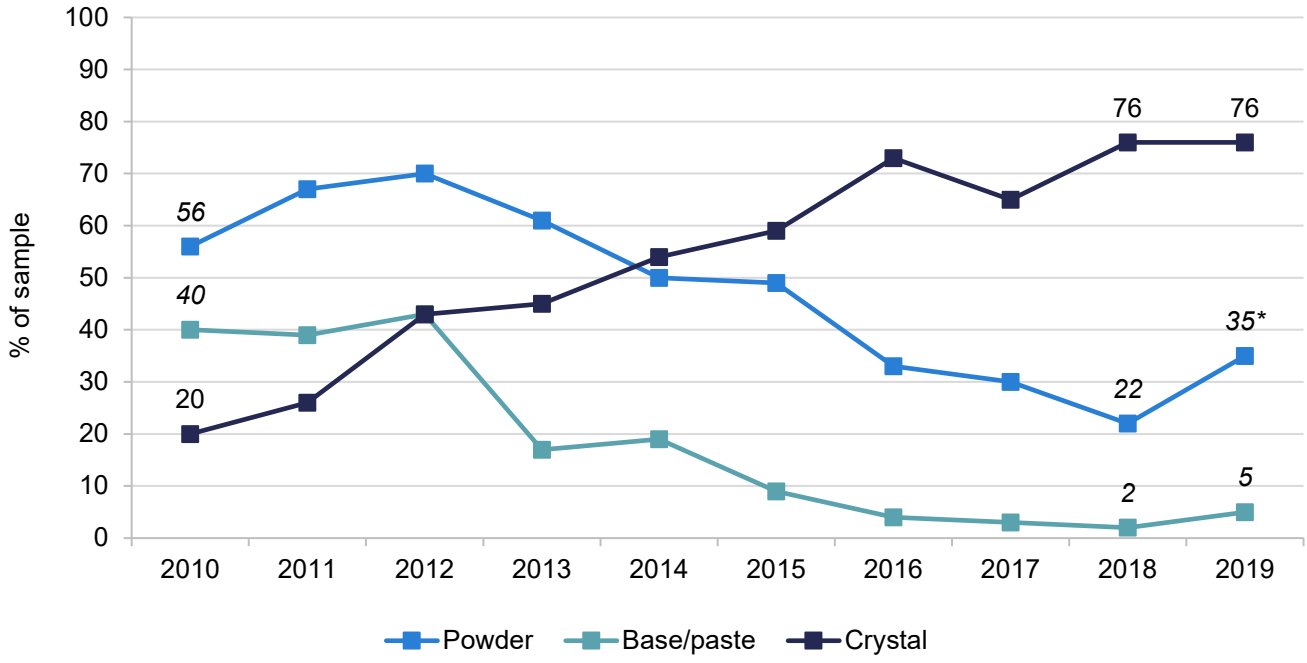
Methamphetamine Use among IDRS Participants

Figure 7: Past six month use and frequency of use of any methamphetamine, Tasmania, 2010-2019



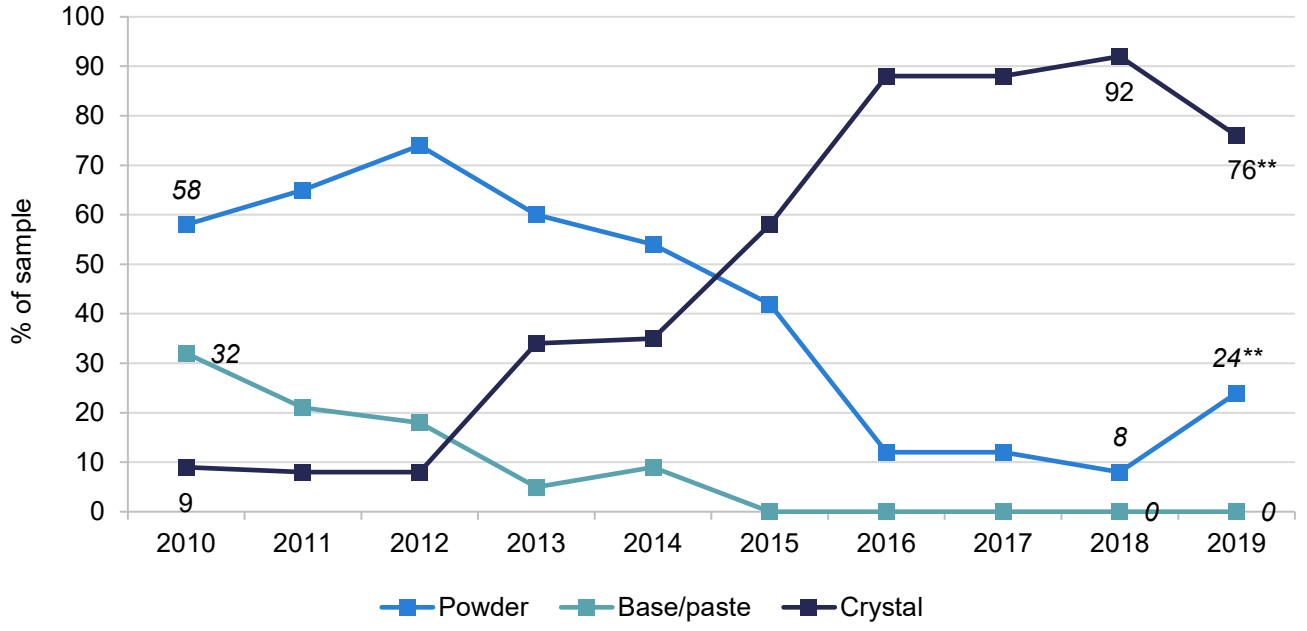
Source: IDRS interviews
Includes methamphetamine forms crystal, powder, base and the liquid combined; ** = significant at p<.01

Figure 8: Past six month use of methamphetamine powder, base, and crystal, Tasmania, 2010-2019



Source: IDRS interviews
These data are as a proportion of the full participant sample each year; Figures for liquid not reported historically due to small numbers; * = significant at p<.05

Figure 9: Forms of methamphetamine most often used among participants that had recently used methamphetamine, Tasmania, 2010-2019



Source: IDRS interviews
Computed among those that reported past six months; ** = significant at p<.01

Table 4: Patterns of methamphetamine use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Any use in last 6 months (%)	72	75	69	79	**81**
Median days used (range)	23 (1-180)	31 (1-180)	20 (1-180)	34 (1-180)	**58** (1-180)**
% Used weekly or more#	36	46	32	48	**58**
% Reporting Methamphetamine as drug of choice#	32	30	35	37	**40**
Methamphetamine powder					
Used in last 6 months (%)	49	33	30	22	**35***
Median days used (range)	12 (1-170)	6 (1-180)	4 (1-180)	6 (1-180)	**10 (1-180)**
Route (%)#					
Injected	100	97	100	100	**89**
Smoked	2	15	7	14	**14**
Snorted	2	12	3	9	**17**
Swallowed	0	9	7	9	**17**
Median points used in a typical session (range)		1.5 (.5-5) n=24	1 (.5-5) n=26	2 (.5-5) n=21	**1.4 (.5-6) n=28**
Methamphetamine base					
Used in last 6 months (%)	9	4	3	2	**5**
Median days used (range)	6 (2-72)	11 (1-180)	3 (2-3)	2 (4-24)	**4 (1-10)**
Route (%)#					
Injected	100	100	100	100	**100**
Smoked	11	25	0	0	**0**
Snorted	0	50	0	0	**0**
Swallowed	0	50	0	0	**0**
Median points used in a typical session (range)		2 (1.5-2.5) n=3	3 (1-5) n=2	2 (1-3) n=2	**1 (.5-1.5) n=3**
Methamphetamine crystal					
Used in last 6 months (%)	58	73	65	76	**76**
Median days used (range)	18 (1-170)	24 (1-180)	15 (1-180)	30 (1-180)	**65** (1-180)**
Route (%)#					
Injected	97	97	99	99	**97**
Smoked	20	38	20	28	**41**
Snorted	2	3	0	3	**11**
Swallowed	5	7	8	11	**12**
Median points used in a typical session (range)		1 (.5-3) n=63	1 (.5-7.5) n=64	1 (.5-5) n=71	**1.5 (.5-5.5) n=74**

Source: IDRS interviews

#among those who had used in last six months; * = significant at p<.05, ** = significant at p<.01

Self-Reported Symptoms of Methamphetamine Dependence

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

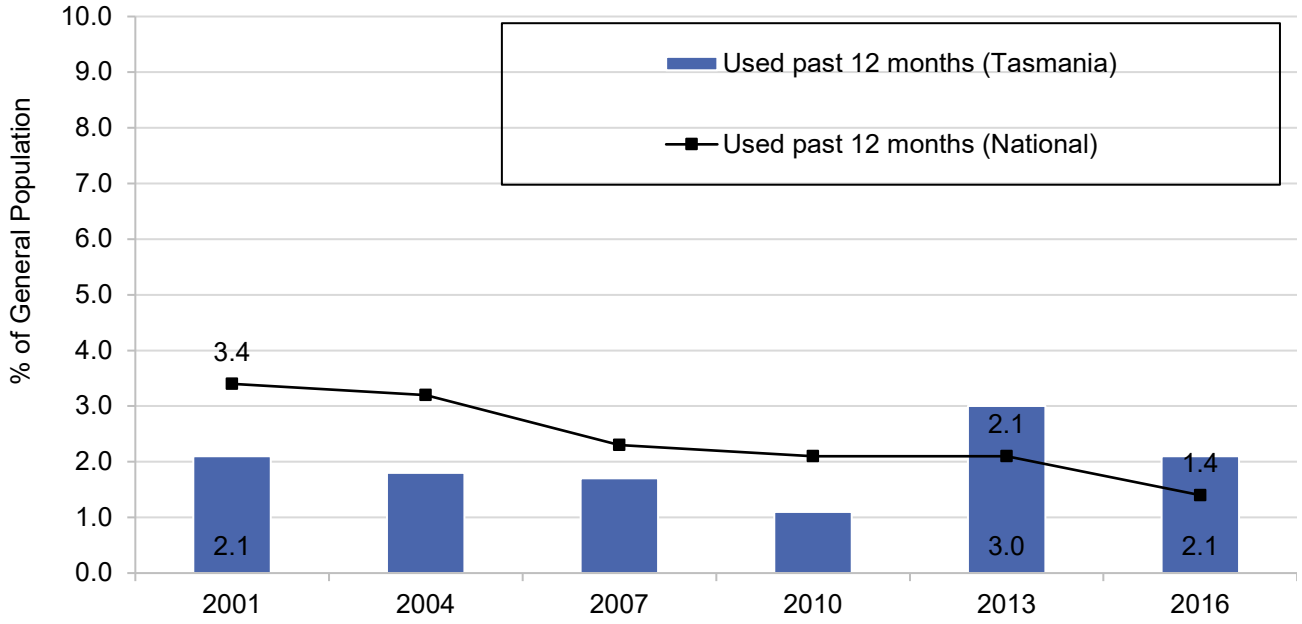
	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Recently used any methamphetamine	n=61	n=63	n=65	n=76	**n=81**
Median SDS score (range)	4 (0-14)	4 (0-13)	3 (0-14)	3.5 (0-15)	**3.5 (0-15)**
SDS score = 0 (no symptoms reported)	31 n=19	27 n=17	22 n=14	32 n=24	**28 n=21**
SDS score 4+ (screened as likely dependent)	51 n=31	51 n=32	49 n=32	49 n=37	**50 n=38**
Of those 4+ % in any drug treatment (inc OST)	48 n=15	63 n=20	44 n=14	43 n=16	**42 n=16**

Source: IDRS interviews

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

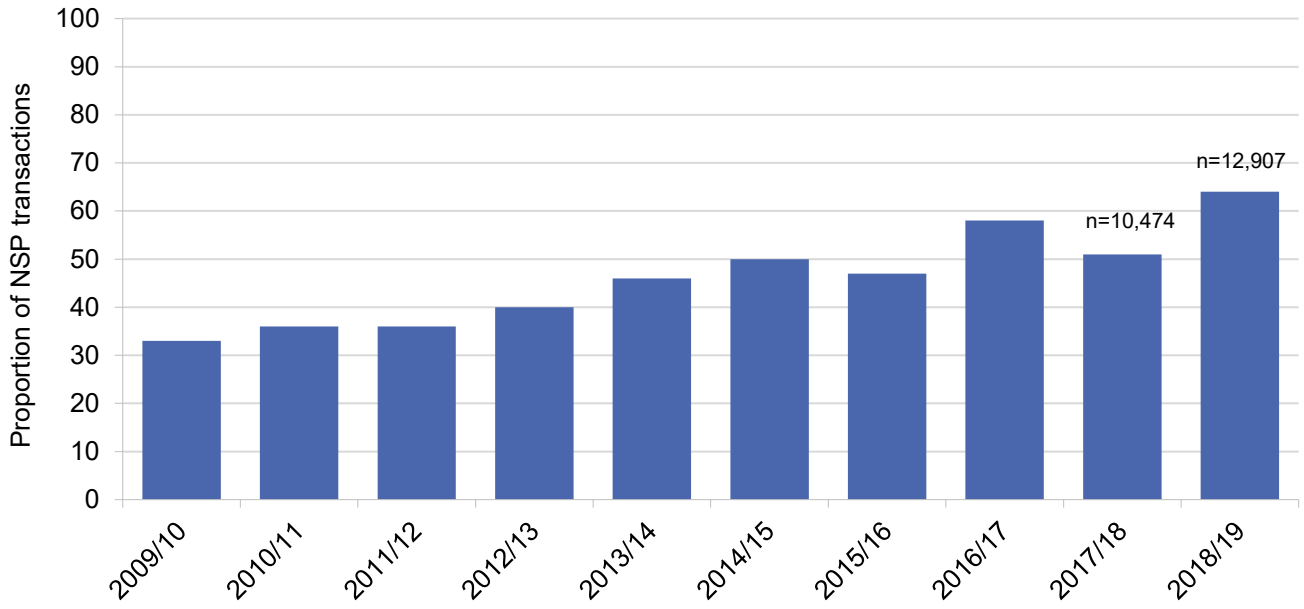
Figure 10: Prevalence of methamphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

Methamphetamine Use among NSP Clients

Figure 11: Proportion of Tasmanian non-pharmacy Needle and Syringe Program clients reporting methamphetamine as 'drug about to inject', 2009/10-2018/19



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

4

Cocaine

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 most prevalent in North America and infrequently encountered in Australia.

IDRS Interview Data

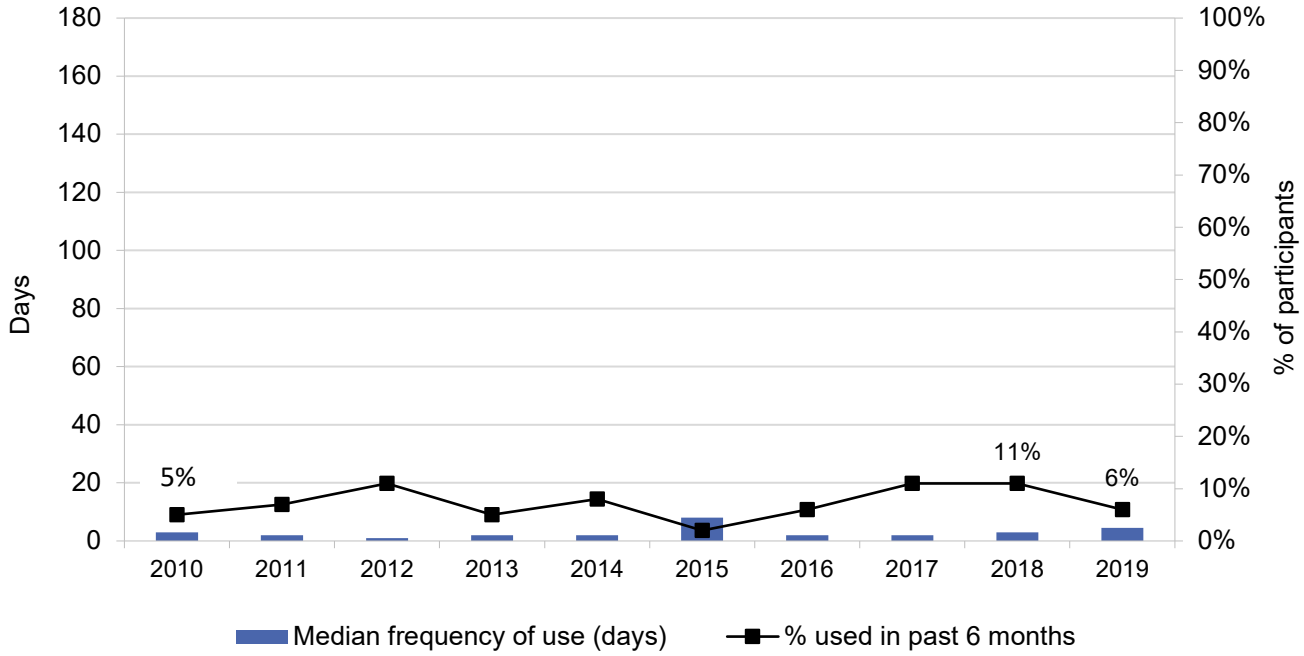
In 2019, six percent of participants had reported using cocaine recently, at a median frequency of five days in the past 180 days. Typically, this was snorted rather than injected. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade (Figure 12).

Indicator Data

The low use of cocaine is also apparent in data from the Tasmanian needle and syringe program (Table 7). Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year (Figure 13).

Cocaine Use among IDRS Participants

Figure 12: Past six month use and frequency of use of cocaine, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number.

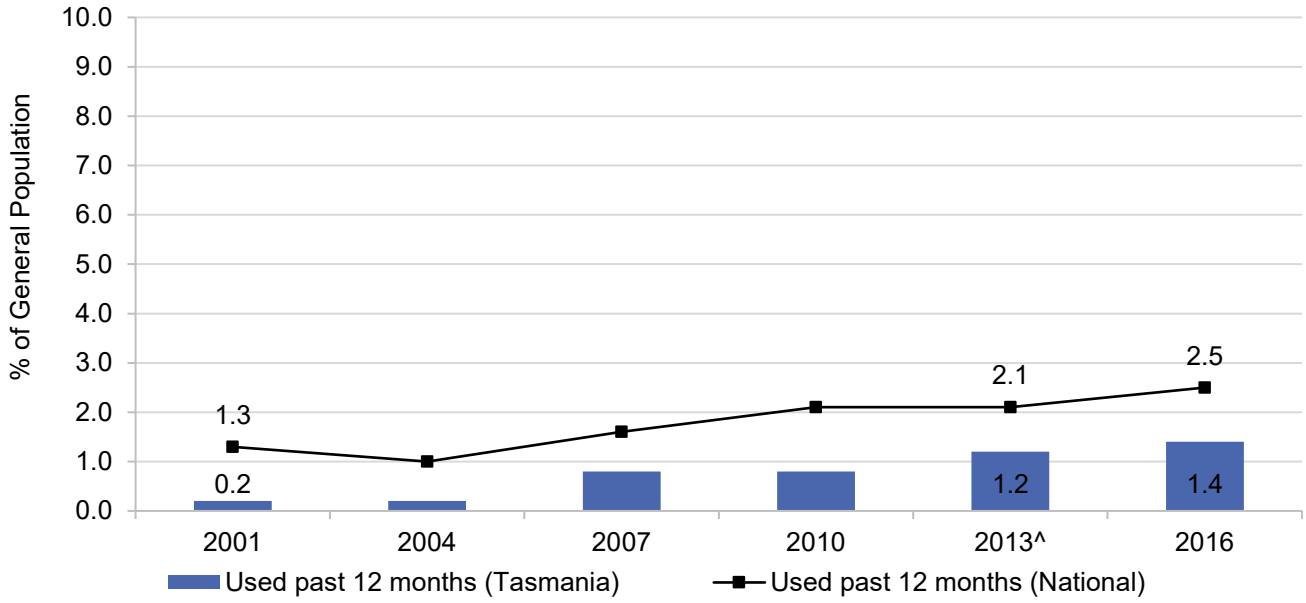
Table 6: Patterns of cocaine use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Used in last 6 months (%)	2	6	11	11	**6**
Median days used (range)	8 (1-15)	2 (1-3)	2 (1-14)	3 (1-24)	**5 (1-12)**
Route (%)#					
Injected	~	83	64	27	**50**
Smoked	~	0	0	9	**0**
Snorted	~	17	55	73	**83**
Swallowed	~	0	0	0	**17**
Median amounts used per session Grams typical (range)		.5 (.05-3) n=5	.2 (.1-1) n=9	.3 (.05-1) n=8	-

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

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

Cocaine Use among NSP Clients

Table 7: Percentage of Tasmanian non-pharmacy Needle and Syringe Program clients reporting cocaine as the 'drug about to inject', 2009/10-2018/19

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of transactions reporting cocaine	36	19	18	33	47	40	18	4^	4	**8**
% of total transactions reporting cocaine	0.1	<0.1	<0.1	<0.1	0.2	0.2	0.1	<0.1^	<.01	**<.01**

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

5

Cannabis

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.

IDRS Interview Data

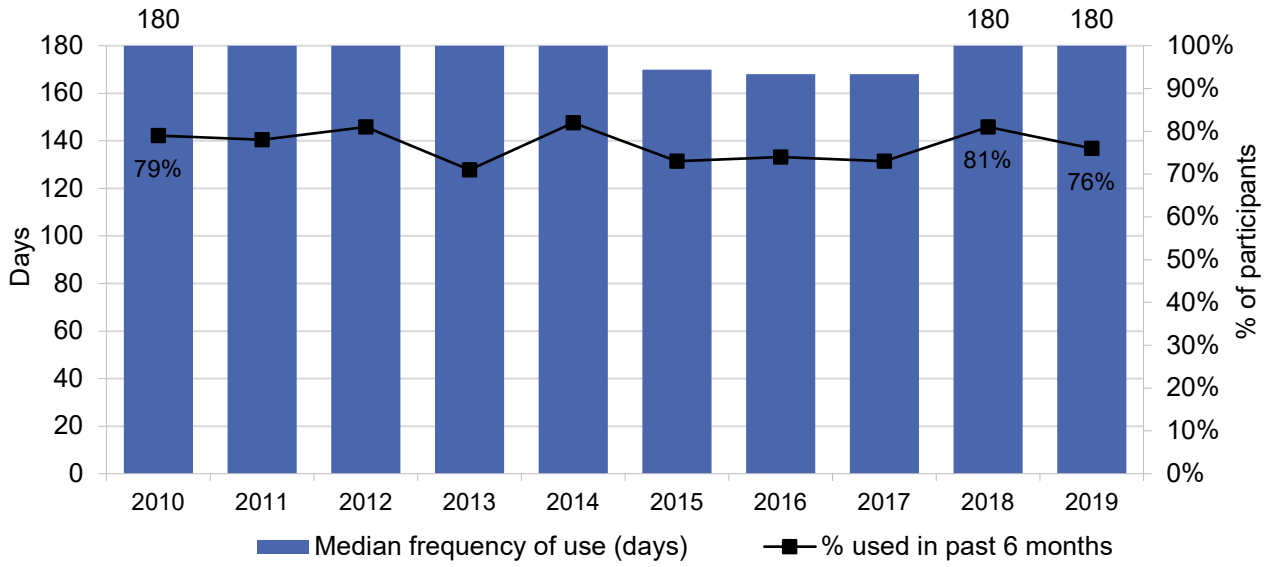
In 2019, three quarters of participants reported recent use of cannabis. More than half of these participants smoked daily (Figure 14 and Figure 15). Most used both indoor and outdoor-cultivated cannabis. While indoor has been the predominant form used in recent years (e.g. 90% of smokers in 2018 predominantly using indoor-cultivated cannabis), there was a significant increase in participants reporting outdoor cultivated cannabis as the form they had most often used in 2019 (25% of smokers) (Table 8).

Indicator Data

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 16).

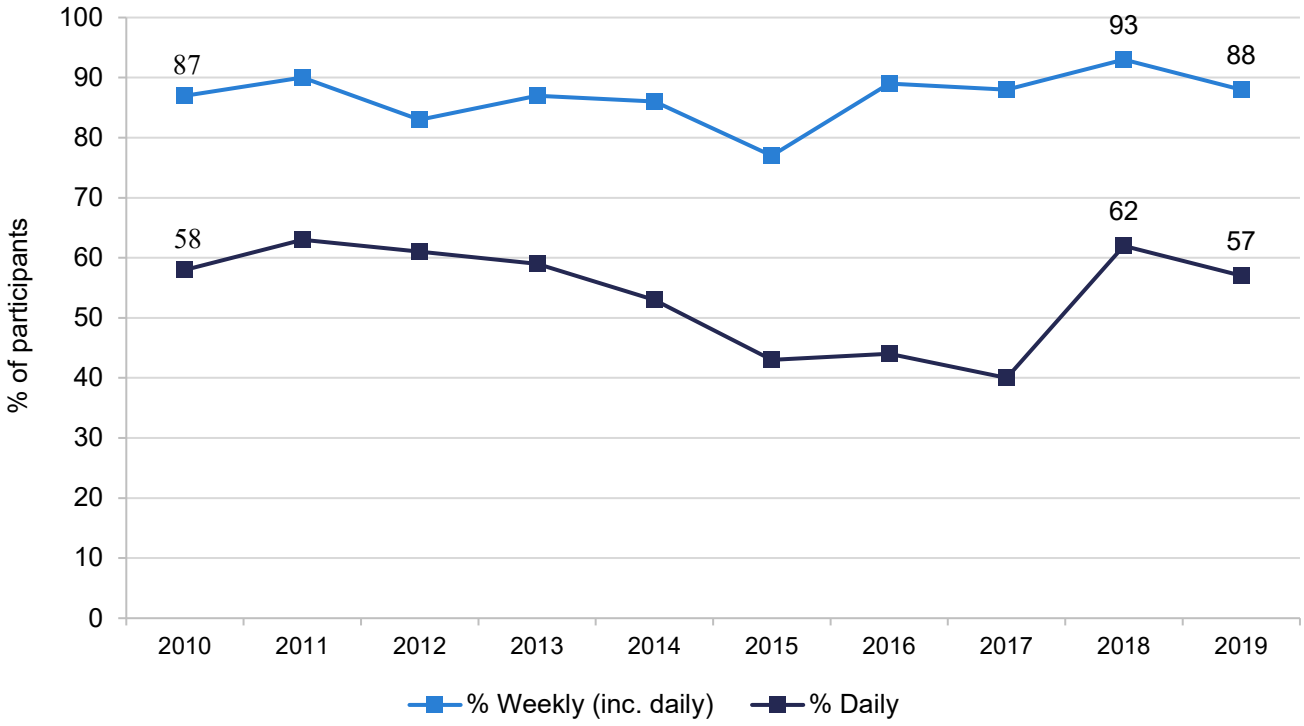
Cannabis Use among IDRS participants

Figure 14: Past six month use and frequency of use of cannabis, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number.

Figure 15: 'Daily' and 'weekly or more' cannabis use, among participants who had used cannabis in the past six months, 2010-2019



Source: IDRS interviews
Computed among those who reported past six months use.

Table 8: Patterns of cannabis use in the past six months, Tasmania, 2015-2019

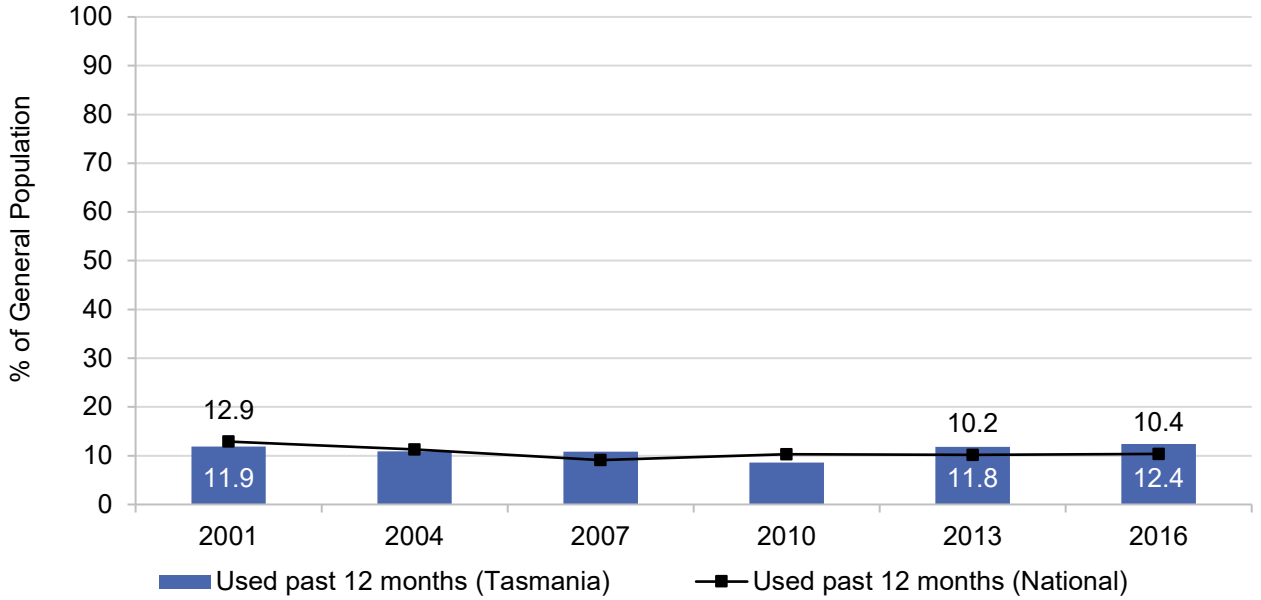
	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Used last 6 months (%)	73	74	73	81	**76**
Used daily (%)#	43	44	40	62	**57**
Forms used#					
Indoor	89	90	94	92	**93**
Outdoor	67	74	55	72	**89**
Hashish	18	21	14	13	**17**
Hashish oil	6	8	9	8	**12**
Main form used#					
Indoor	74	77	82	90	**71****
Outdoor	26	22	18	10	**25***
Frequency of use					
Median days used (range)#	170 (1-180)	168 (3-180)	168 (2-180)	180 (2-180)	**180 (2-180)**
Median cones last session (range)#	5 (1-90) n=50	6 (1-100) n=28	10 (.5-50) n=31	3 (1-12) n=37	**3 (1-30) n=26**
Median joints last session (range)#	1 (1-6) n=14	2 (1-6) n=9	2 (1-10) n=6	1 (.25-3) n=7	**1 (1-4) n=10**

Source: IDRS interviews

#among those who had used in last six months; * = significant at p<.05, ** = significant at p<.01

Cannabis Use among the General Population

Figure 16: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

6

Pharmaceutical Opioids

Overall, rates of opioid use among IDRS participants declined in the 2019 study, following a period of relative stability over the previous five years (Figure 22). This is also apparent in needle and syringe program data (Figure 25). Among recent opioid consumers contributing to the IDRS, just over half screened positive for likely opioid dependence, and seven in ten of these individuals were currently involved in drug treatment (Table 13).

Morphine

The proportion of IDRS participants reporting non-prescribed morphine use in the past 6 months has substantially declined from 2010 (73%) to 2019 (26%); and in particular there was a decline in both the proportion of participants reporting use and the frequency of this use between 2018 and 2019 (47% reporting recent use on a median of 60 of the last 180 days in 2018; 26% recently using on a median of 24 days in 2019) (Figure 17). In 2019, the proportion of the sample regarding morphine as their drug of choice has also decline from 24% in 2018 to 8% (Table 2). MS Contin remains the form most commonly used among participants (81%), who typically inject 60mg when they use (Table 9).

Oxycodone

The proportion of IDRS participants reporting non-prescribed oxycodone use in the past 6 months has remained relatively consistent over the past five years, with 21% reporting recent use in 2019. Oxycodone was not frequently used in 2019, at a median of 12 of the past 180 days (Figure 18). The 'tamper resistant' OP OxyContin formulation was the most commonly used form, most commonly injected (Table 10).

Methadone

Two in ten IDRS participants in 2019 reported recent use of non-prescribed physeptone tablets, with similar proportions reporting recent non-prescribed methadone syrup use. Use of physeptone tablets in particular declined from 30% of participants in 2018 to 19% in 2019 (Table 11). On average, non-prescribed physeptone use was infrequent with a median of 10 days in the last 180 (Table 11).

Buprenorphine

Non-prescribed use of non-prescribed buprenorphine remains uncommon among IDRS participants (Table 12).

Fentanyl

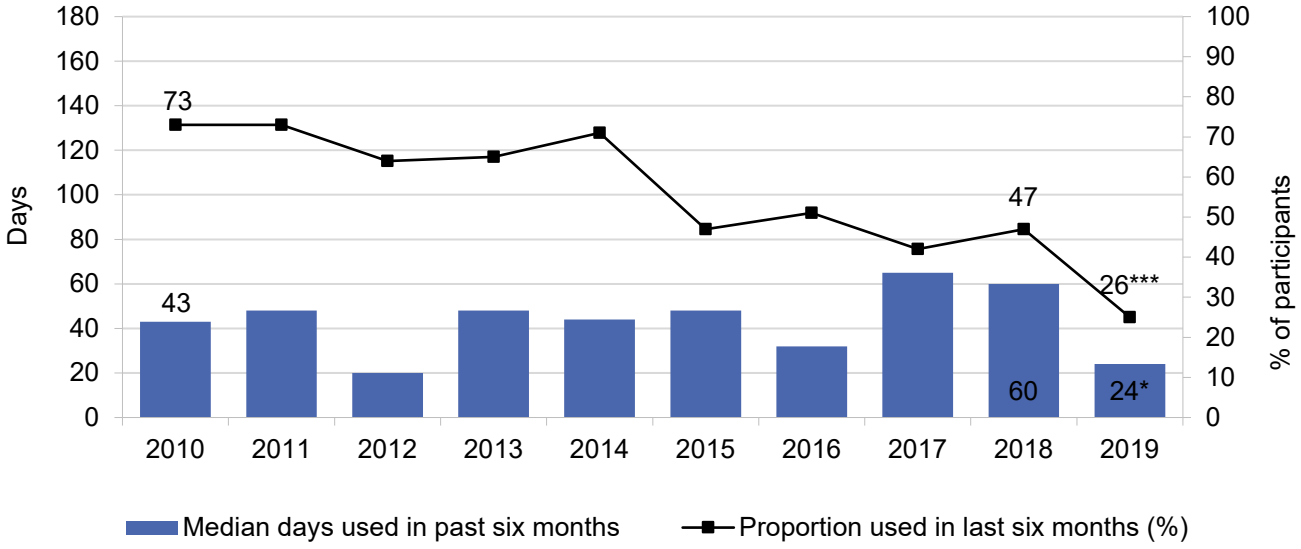
Three percent of the sample recently used fentanyl, in keeping with the very low rate of use of the drug in the past 5 years (Figure 20). Use was infrequent, reported at a median of two days in the past 180 days (Figure 20). This has been consistent with trends over the past 5 years.

Codeine

Note: Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC[1]), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access. Thirteen percent of the total IDRS sample recently reported low dose codeine use (Figure 21). There was a trend to a decline between 2018 (23% reporting use) and 2019. Use was generally infrequent (median frequency of 10 occasions out of the past 180 days in 2019 (Figure 21).

Morphine Use among IDRS Participants

Figure 17: Past six month use (non-prescribed) and frequency of use of morphine, Tasmania, 2010-2019



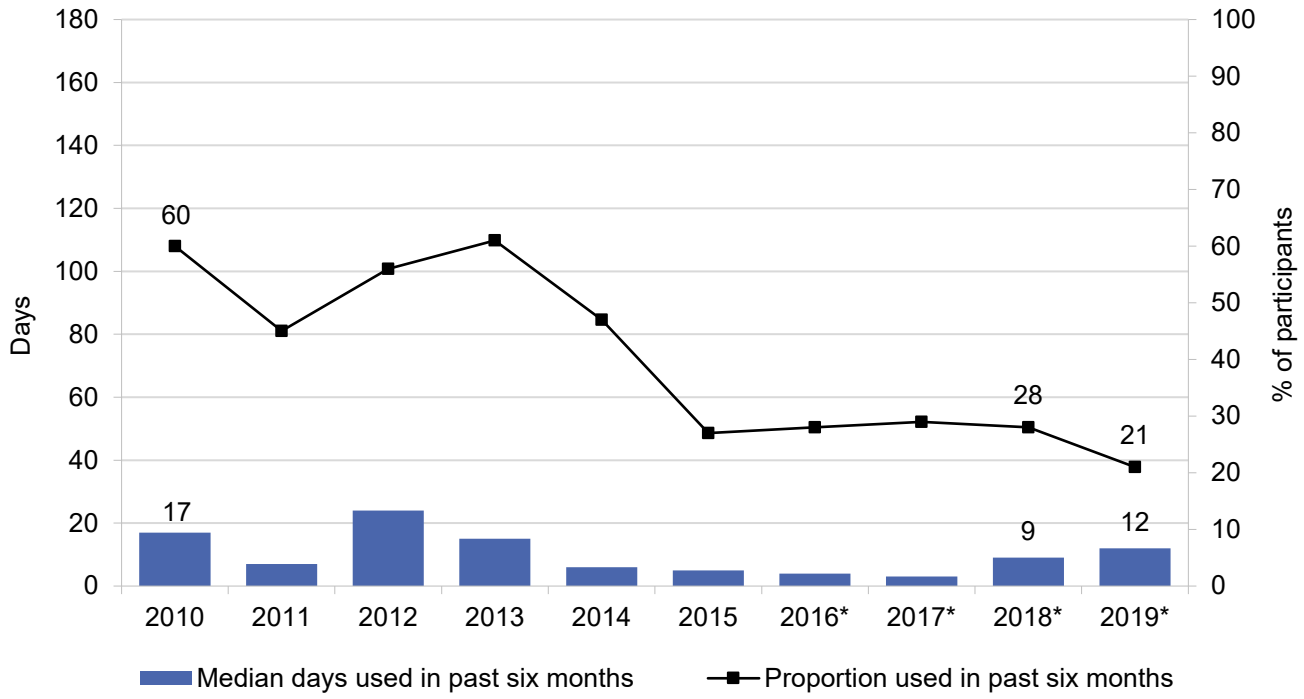
Source: IDRS interviews
Median days computed among those who reported recent (maximum 180 days); Median days rounded to the nearest whole number; * = significant at p=<.05, *** = significant at p=<.001

Table 9: Patterns of non-prescribed morphine use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Used last 6 months (%)	47	51	42	47	**26*** **
Median days used (range) #	48 (1-180)	32 (1-180)	65 (2-180)	60 (1-180)	**24* (1-180)**
Median non-prescribed dose (range) #	60mg (30-300) n=47	60mg (5-500) n=48	70mg (20-200) n=42	60mg (30-400) n=46	**60mg (30-240) n=24**
% Used weekly or more#	27	27	27	30	**58**
% Reported morphine as drug of choice#	26	22	20	21	**27**
Forms used most often (%)#					
MS Contin (non-prescribed)	82	80	71	78	**81**
Kapanol (non-prescribed)	8	13	7	11	**15**
Powder (non-prescribed)	0	8	0	0	**4**
Route (%)#					
Injected	100	100	100	96	**100**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	11	4	7	13	**4**

Source: IDRS interviews
#among those who had used in last six months; *=significant at p<.05; ***=significant at p<.001

Figure 18: Past six month (non-prescribed) and frequency of use of oxycodone, Tasmania, 2010-2019



Source: IDRS interviews

*Refers combined total of non-prescribed generic, reformulated and other oxycodone use; Median days computed among those who reported recent (maximum 180 days); Median days rounded to the nearest whole number.

Table 10: Patterns of non-prescribed oxycodone use over the past six months, Tasmania, 2015-2019

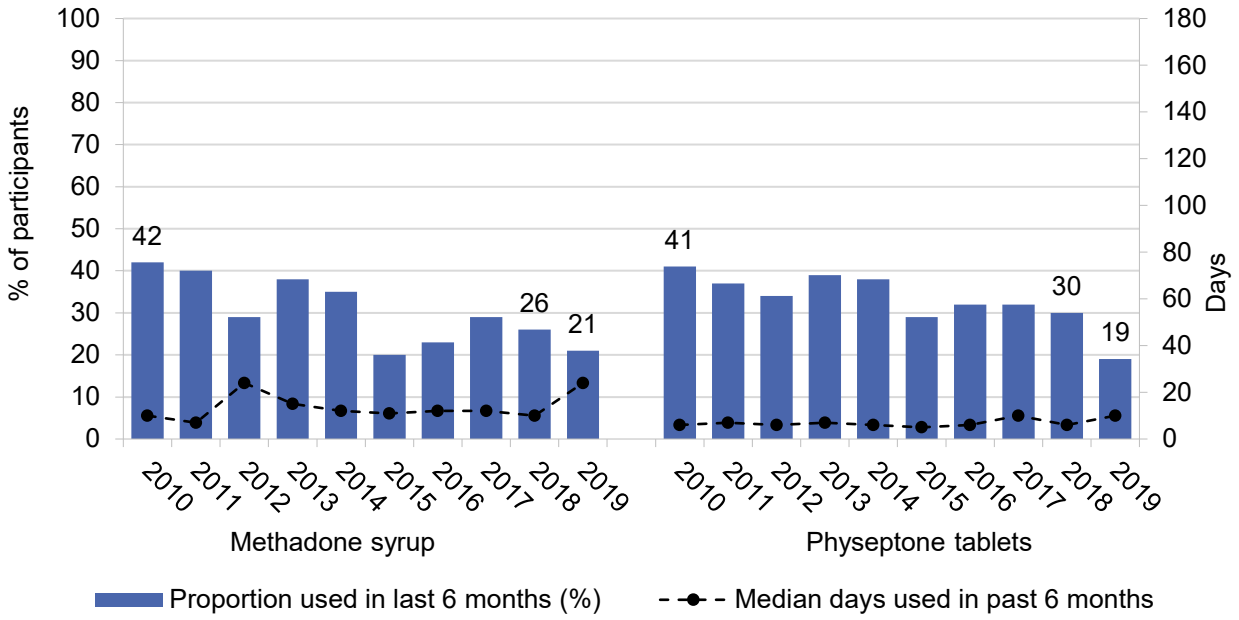
	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Any use in last 6 months (%)	27	28	29	28	**21**
Median days used (range)	5 (1-120)	n/r	n/r	n/r	**12 (1-90)**
Median non-prescribed dose (range)	60mg (15-160) n=27	n/r	n/r	n/r	**n/r**
Non-prescribed form used most often (%)[#] Generic OP Other		18 57 25	21 41 38	25 46 29	**30** **50** **20**
Route (%)[#] Injected Smoked Snorted Swallowed	93 0 0 11	n/r	n/r	n/r	**85** **0** **10** **40**
OP oxycodone (non-prescribed)					
Used last 6 months (%)		18	16	17	**15**
Median days used (range)		4 (1-180)	5 (1-90)	10 (1-36)	**n/r**
Median non-prescribed dose (range)		40mg (10-300) n=18	55mg (2-200) n=16	80mg (1-180) n=17	**n/r**
Route (%)[#] Injected Smoked Snorted Swallowed		83 0 0 17	81 0 0 19	89 0 0 11	**87** **0** **7** **40**
Generic oxycodone (non-prescribed)					
Used last 6 months (%)		7	10	9	**10**
Median days used (range)		6 (1-36)	5 (1-60)	12 (1-180)	**n/r**
Median non-prescribed dose (range)		80mg (20-240) n=7	80mg (40-200) n=10	60mg (30-100) n=9	**n/r**
Route (%)[#] Injected Smoked Snorted Swallowed		86 0 0 14	100 0 0 10	82 0 0 18	**80** **0** **10** **60**
Other oxycodone (non-prescribed)					
Used last 6 months (%)		10	13	10	**6**
Median days used (range)		3 (1-60)	2 (1-60)	2.5 (1-30)	**n/r**
Median non-prescribed dose (range)		60mg (5-100) n=9	50mg (10-200) n=13	45mg (10-120) n=10	**n/r**
Route (%)[#] Injected Smoked Snorted Swallowed		83 0 0 17	46 0 0 54	80 0 0 30	**83** **0** **17** **50**

Source: IDRS interviews

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

Methadone Use among IDRS Participants

Figure 19: Past six month (non-prescribed) and frequency of use of methadone, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported recent (maximum 180 days); Median days rounded to the nearest whole number.

Table 11: Patterns of non-prescribed methadone use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Forms used most often (%)					
Syrup (non-prescribed)	10	13	29	15	**15**
Physeptone (non-prescribed)	19	20	16	10	**0**
Methadone syrup (non-prescribed)					
Used last 6 months (%)	20	23	29	26	**21**
Median days used (range)	11 (1-72)	12 (1-94)	12 (1-180)	10 (2-90)	**24 (3-180)**
Median non-prescribed dose (range)	60mg (10-110) n=20	50mg (5-100) n=23	50mg (5-150) n=27	60mg (4-160) n=25	**50mg (5-200) n=21**
Route (%)#					
Injected	100	96	90	96	**100**
Smoked	0	0	0	0	**n/r**
Snorted	0	0	0	0	**n/r**
Swallowed	0	13	31	35	**14**
Physeptone tablets (non-prescribed)					
Used last 6 months (%)	29	32	32	30	**19**
Median days used (range)	5 (1-72)	6 (1-72)	10 (1-48)	6 (1-52)	**10 (1-180)**
Median non-prescribed dose (range)	40mg (4-100) n=29	50mg (10-100) n=31	50mg (10-160) n=32	50mg (3-100) n=28	**60mg (10-120) n=15**
Route (%)#					
Injected	100	100	97	93	**100**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	10	16	6	20	**5**

Source: IDRS interviews

#among those who had used in last six months; change in physeptone tablet use between 2018 and 2019 p=0.07

Buprenorphine Use among IDRS Participants

Table 12: Patterns of non-prescribed buprenorphine use over the past six months, Tasmania, 2015-2019

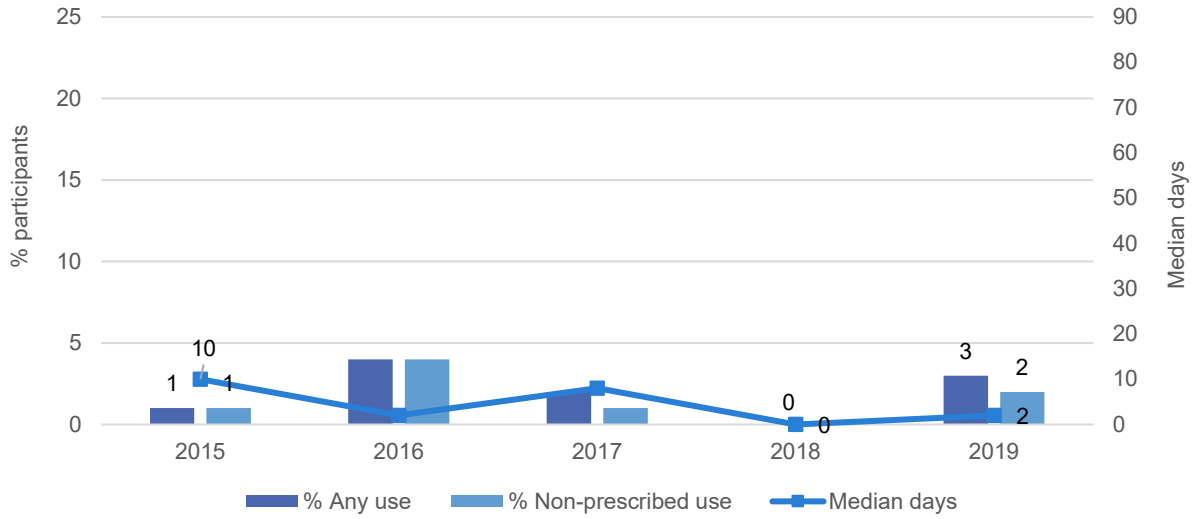
	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Non-prescribed forms used most often (%)# Subutex Suboxone	56 44	50 50	39 61	50 50	**n/a**
Subutex tablets (non-prescribed)					
Used last 6 months (%)	13	10	9	11	**4**
Median days used (range)	3 (1-180)	15 (1-90)	5 (1-90)	4 (1-180)	**4 (1-30)**
Median non-prescribed dose (range)		6mg (.8-8) n=7	3.5mg (2-8) n=6	4mg (1-60) n=11	**-**
Route (%)# Injected Smoked Snorted Swallowed	 92 0 0 15	 100 10 0 10	 100 0 0 0	 82 18 9 27	 **100** **25** **0** **25**
Suboxone film (non-prescribed)					
Used last 6 months (%)	12	7	14	12	**7**
Median days used (range)	9 (1-160)	48 (4-90)	2 (1-60)	12 (1-180)	**6 (1-180)**
Median non-prescribed dose (range)		4mg (1-8) n=7	8mg (2-8) n=11	3mg (1-60) n=10	**-**
Route (%)# Injected Smoked Snorted Swallowed	 92 0 0 17	 86 0 0 29	 86 7 0 7	 75 17 0 33	 **86** **29** **0** **14**

Source: IDRS interviews

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

Fentanyl

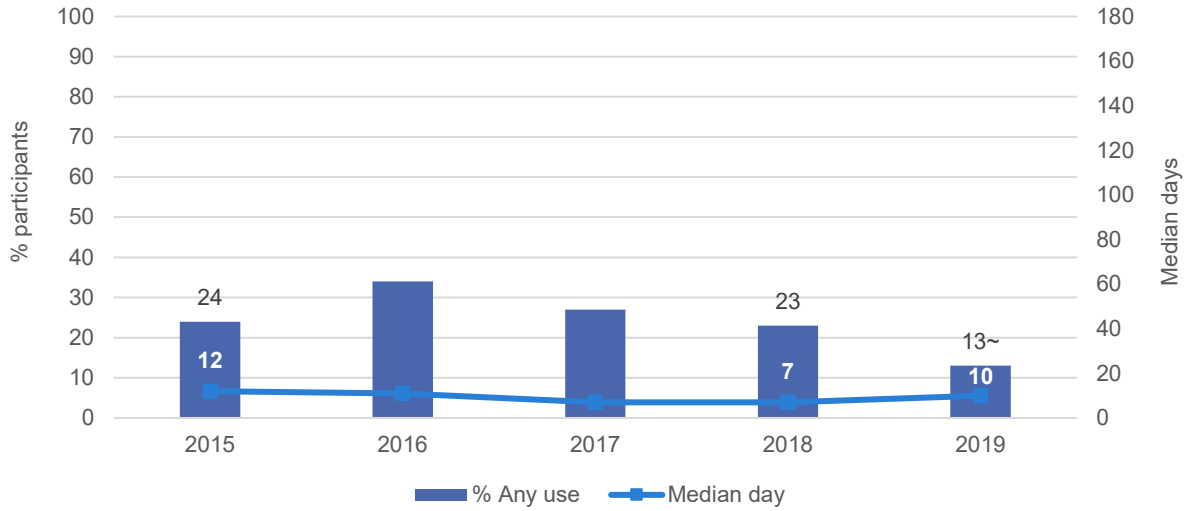
Figure 20: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, Tasmania, 2015-2019



Source: IDRS interviews
Data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 90 days to improve visibility of trends.

Codeine

Figure 21: Past six month use and frequency of low-dose codeine (for non-pain purposes), Tasmania, 2015-2019



Source: IDRS interviews
Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018); ~p=0.067

Self-Reported Symptoms of Opioid Dependence

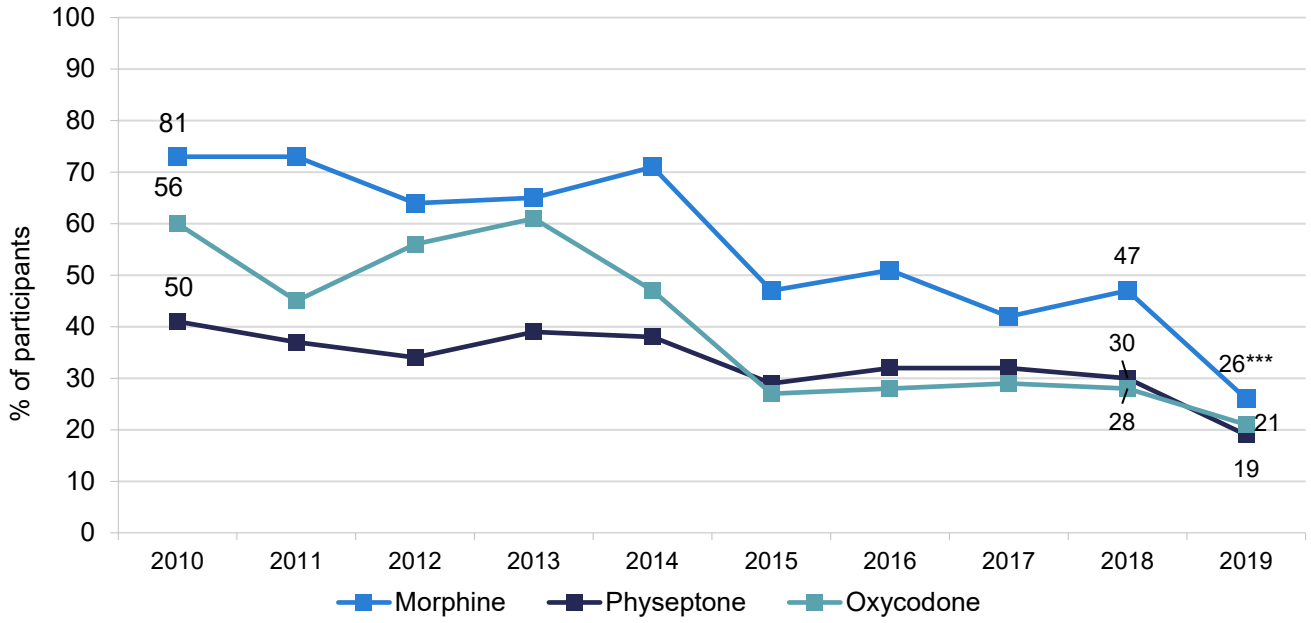
Table 13: Self-reported symptoms of opioid dependence, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Recently used any opioid	n=83	n=81	n=77	n=83	**n=77**
Mean SDS score (range)	5 (0-15)	7 (0-15)	6 (0-14)	6 (0-15)	**5 (0-15)**
SDS score = 0 (no symptoms of dependence)	7 n=6	4 n=3	9 n=7	8 n=7	**15 n=11**
SDS score 5+ (screened positive for likely dependence)	61 n=51	80 n=65	64 n=49	71 n=57	**53 n=38**
Of those 5+ % in any drug treatment	61 n=31	63 n=41	71 n=35	61 n=35	**71 n=27**

Source: IDRS interviews
This uses the Severity of Dependence Scale, which is a screening tool for possible pharmaceutical opioid dependence with good sensitivity and specificity for DSM-defined dependence.

Pharmaceutical Opioid use among IDRS Participants

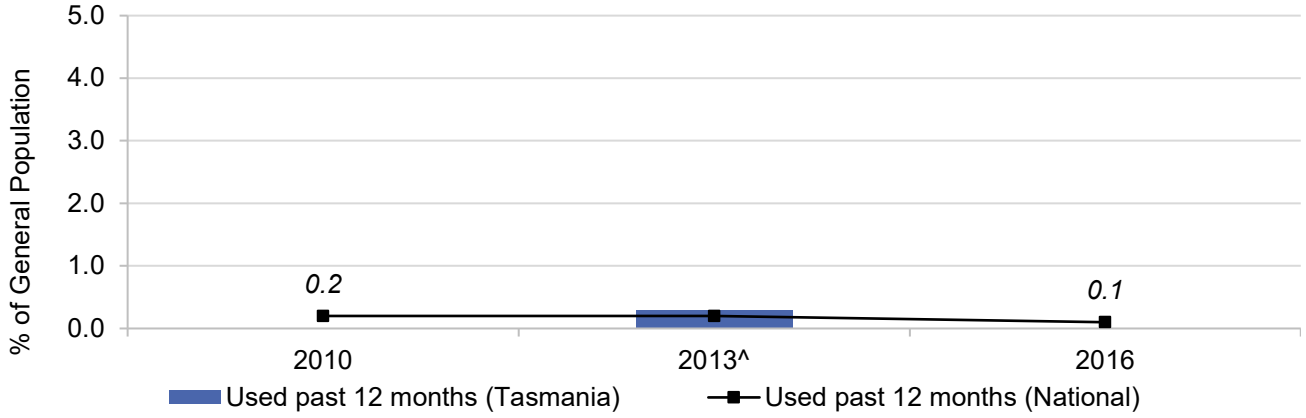
Figure 22: Past six month (non-prescribed) pharmaceutical opioid use, Tasmania, 2010-2019



Source: IDRS Interviews
This is a proportion of the full sample each year; ***=significant at p<.001

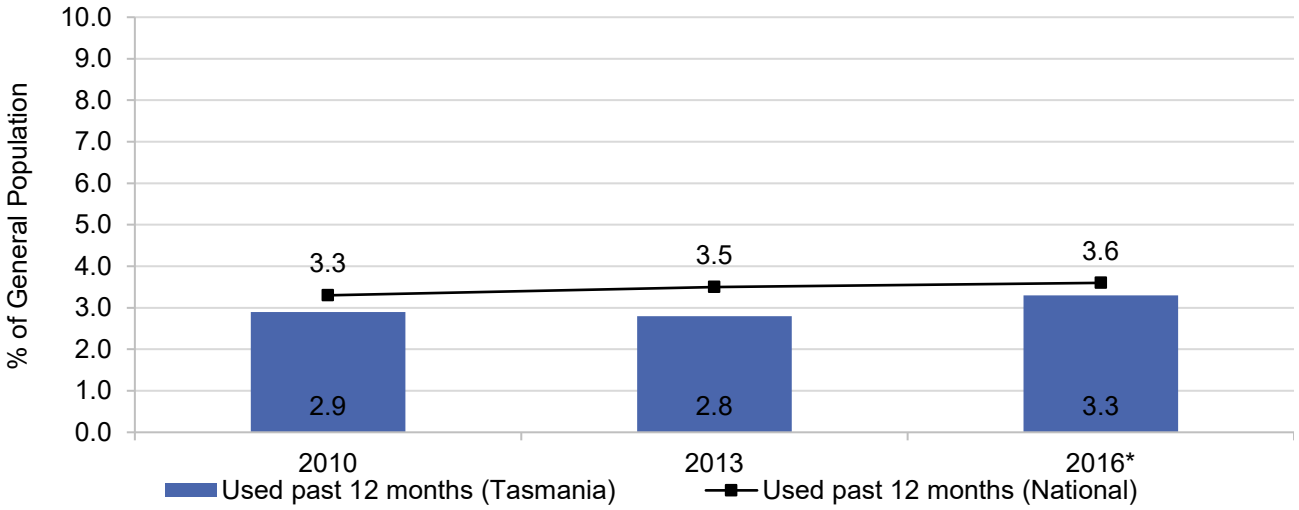
Opioid Use among the General Population

Figure 23: Prevalence of non-medical methadone or buprenorphine* use in Australia and Tasmania among those aged 14 years and over, 2010-2016



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

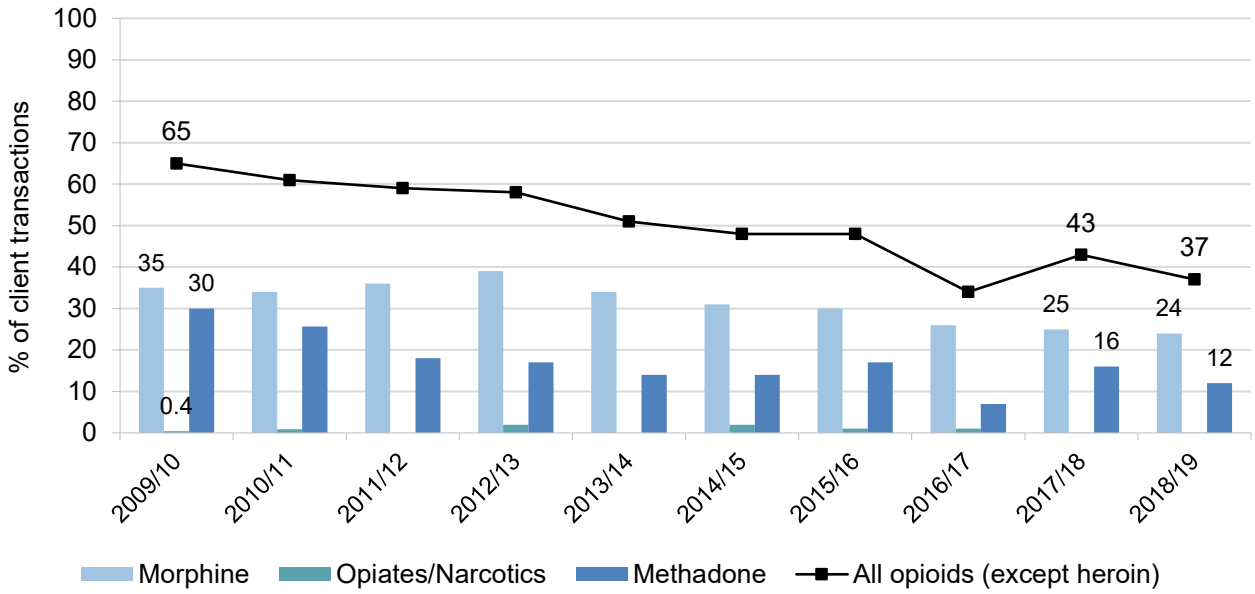
Figure 24: Prevalence of painkillers/analgesics and other opioid use (excluding heroin, methadone and buprenorphine) in Australia and Tasmania among those aged 14 years and over, 2010-2016



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

Pharmaceutical Opioid Use among NSP Clients

Figure 25: Percentages of Tasmanian non-pharmacy Needle and Syringe Program clients reporting opioids as 'drug about to inject', 2009/10-2018/19



Source: Population Health, Department of Health and Human Services

7

Benzodiazepines

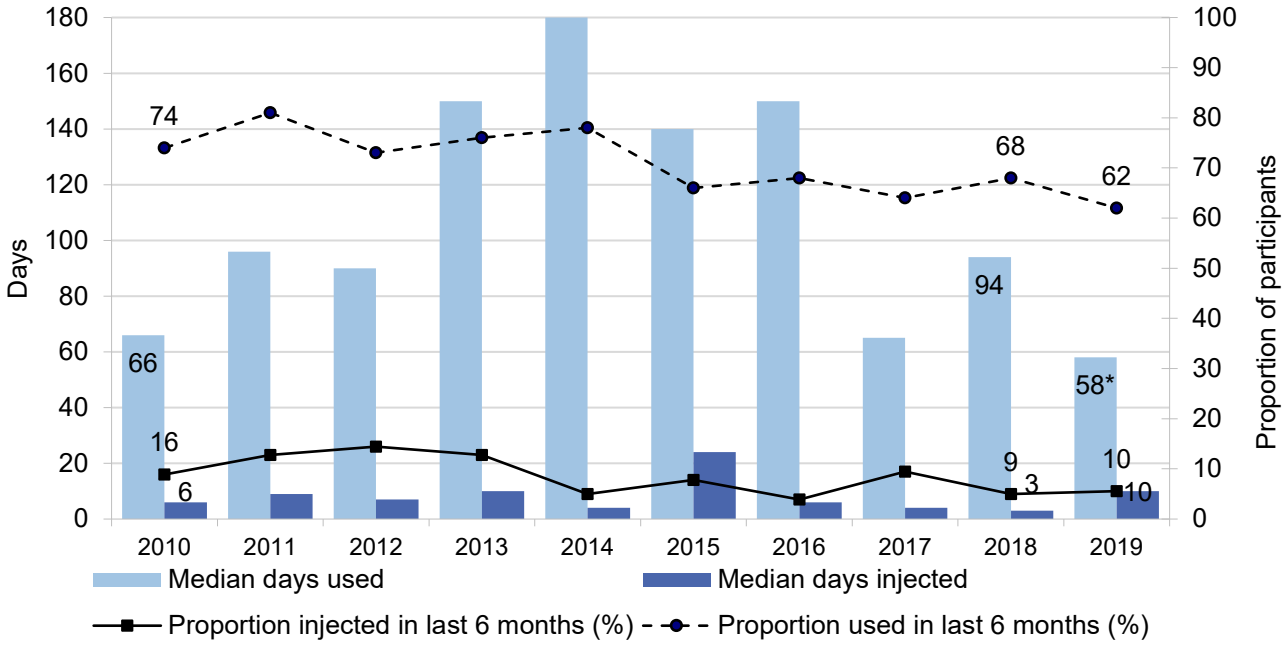
IDRS Interview Data

Six in ten of the IDRS participants reported recent use of benzodiazepines in 2019. This level of use has been stable over the past 5 years, but is a sustained reduction from levels seen earlier in the decade (74% in 2010) (Figure 26). In 2019 there was a substantial decrease in the median frequency of benzodiazepine use (58 days of the past 180 days in 2019 participants; 94 in 2018). These points relate to both prescribed and non-prescribed use of benzodiazepines.

Non-prescribed use of alprazolam has been consistently low in the past five years (20% in 2019), although one in ten participants reported recent injection of alprazolam (Table 14).

Benzodiazepine Use among IDRS Participants

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of benzodiazepines, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number; * = significant at p<.05

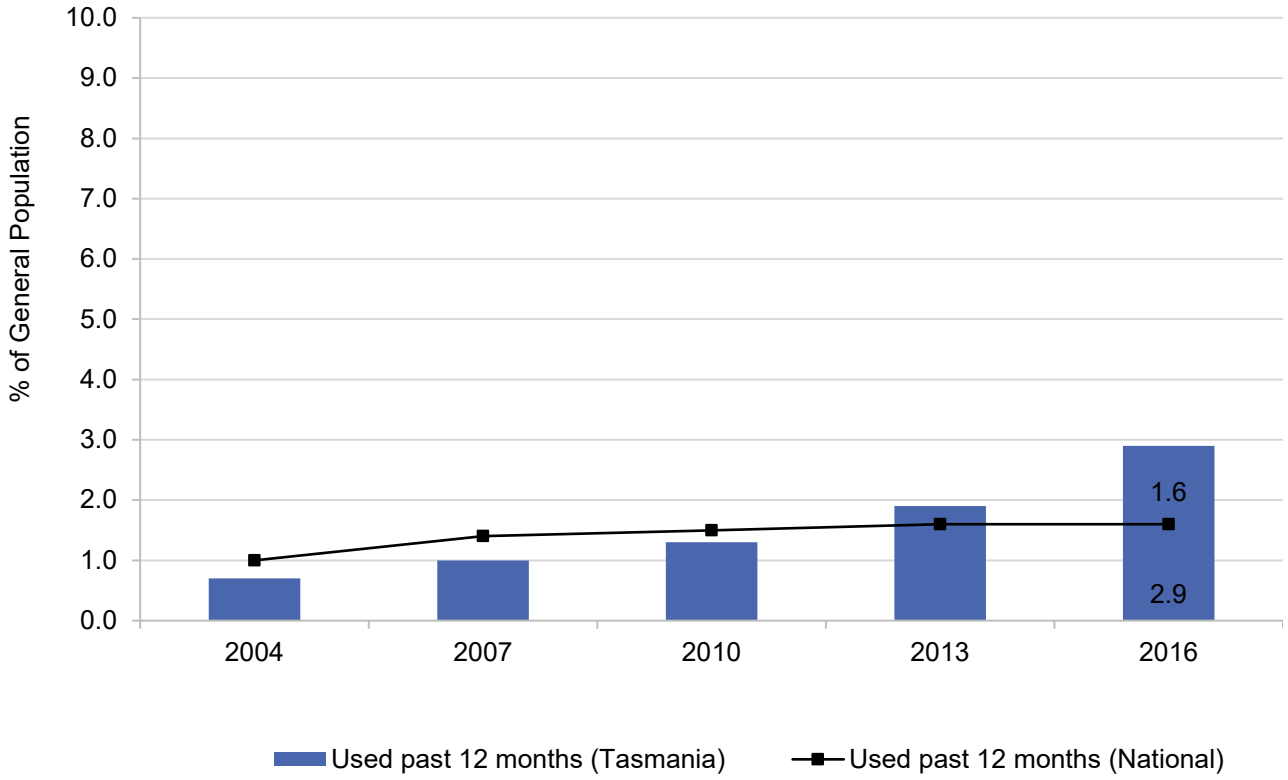
Table 14: Patterns of benzodiazepine use in the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Any Benzodiazepine (both prescribed and non-prescribed)					
Any use in last 6 months	66	68	64	68	**62**
Median days used last 6 months (range)	140 (1-180)	150 (1-180)	65 (1-180)	94 (2-180)	**58* (1-180)**
Any injection in last 6 months	14	7	17	9	**10**
Median days injected in last 6 months (range)	24 (1-180)	6 (1-48)	4 (1-36)	3 (1-60)	**10 (1-94)**
Alprazolam (both prescribed and non-prescribed)					
Any use in last 6 months	24	23	25	23	**23**
Median days used last 6 months (range)	n/r	n/r	n/r	n/r	**10 (1-180)**
Any injection in last 6 months	9	6	13	9	**9**
Median days injected in last 6 months (range)	n/r	n/r	n/r	n/r	**6 (1-90)**
Alprazolam (non-prescribed only)					
Any use in last 6 months	21	21	23	22	**20**
Median days used last 6 months (range)	5 (1-180)	5 (1-168)	4 (1-36)	4 (1-100)	**6 (1-90)**
Any injection in last 6 months	9	6	13	9	**9**
Median days injected in last 6 months (range)	7 (2-110)	7 (1-48)	3 (1-36)	2 (1-60)	**20 (1-90)**
Other benzodiazepines (non-prescribed only)					
Any use in last 6 months	45	49	36	47	**34~**
Median days used last 6 months (range)	24 (1-180)	10 (10-180)	15 (1-180)	12 (1-180)	**10 (1-180)**
Any injection in last 6 months	7	1	3	1	**3**
Median days injected in last 6 months (range)	35 (1-180)	6 (6)	2 (2-4)	5 (5)	**4 (1-6)**

Source: IDRS interviews
n/r: this data was not reported; *= significant at p<.05; ~p=0.063

Benzodiazepine Use among the General Population

Figure 27: Prevalence of benzodiazepine use in Australia and Tasmania among those aged 14 years and over, 2004-2016



Source: National Drug Strategy Household Survey 2004-2016

Benzodiazepine Use among NSP Clients

Table 15: Percentages of Tasmanian non-pharmacy Needle and Syringe Program clients reporting benzodiazepines as 'drug about to inject', 2009/10-2018/19

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of transactions reporting benzodiazepines	201	215	125	63	108	81	44	16^	76	60
Percent of total transactions reporting benzodiazepines	0.6%	0.7%	0.6%	0.4%	0.5%	0.4%	0.2%	0.2%^	<0.1%	<0.1%

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

8

Other Drugs

New Psychoactive Substances (NPS)

Sixteen percent of the IDRS participants reported recently using a drug that they believed was a novel psychoactive substance. This is a slightly higher rate to that seen 2018 (Figure 28). While similar numbers of participants reported use of stimulant, psychedelic, amphetamine, opioid and synthetic cannabinoid effect class substances, stimulant NPS were the most frequently consumed class (Table 16).

Pharmaceutical Stimulants

Approximately 15% of participants in the 2019 IDRS reported recent use of prescription stimulants. This is similar to levels in the past few years but represents a sustained decline from rates over the past decade (35-42% in 2009-2012) (Figure 29). How often participants used prescription stimulants increased substantially in 2019, from 5 days in the previous 180 days in 2018 and 2017 to 30 days in 2019. Methylphenidate was more commonly used than dexamphetamine (Table 17).

Alcohol

Approximately six in ten of the IDRS participants reported recent alcohol consumption in 2019. This was, on average, infrequent (16 of the past 180 days), with almost half of these participants drinking weekly or more frequently. Two in ten participants engaged in very heavy drinking (6 or more standard drinks) weekly or more (Table 18).

Tobacco

Among IDRS participants, smoking remains very common, with almost all (89%) participants recently smoking cigarettes in 2019 (Figure 32). Despite reductions in smoking rates earlier in the decade, most smokers were daily smokers (Table 19).

Use of nicotine e-cigarettes remains uncommon, with 17% of participants reporting recent and infrequent use (Table 19).

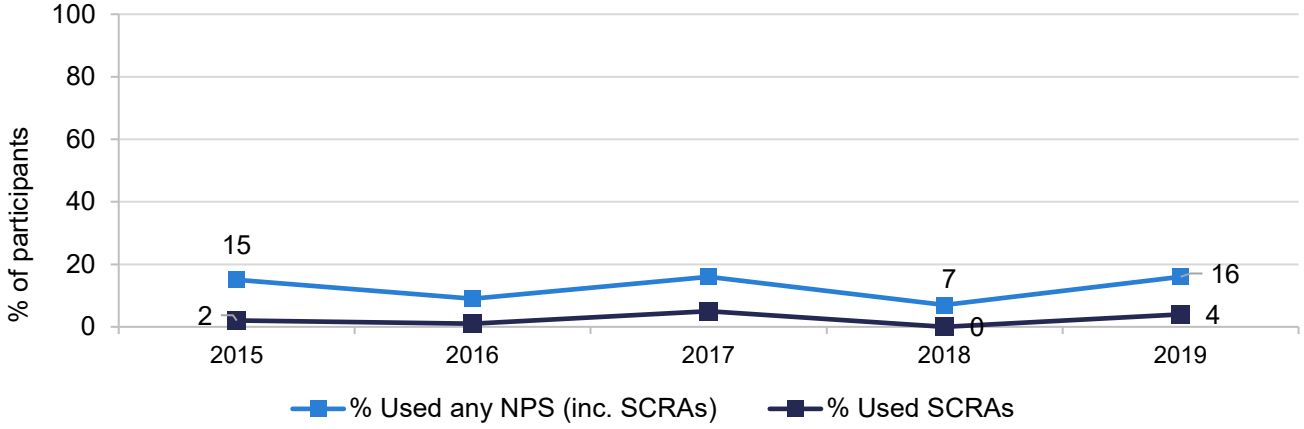
Anti-Psychotics

Over the past 5 years, a notable proportion of participants have reported non-prescribed use of antipsychotic medications (typically quetiapine {Seroquel}). In 2015, this was reported by 9% of the sample on a median of 5 of the past 180 days. In 2019, 15% reported non-

prescribed use of any antipsychotic, on a median of 4 occasions in the past 180 days (Table 20). This was consistent with rates reported in 2018 (15%, median 4 occasions). It should be noted that prior to 2019, only quetiapine use was asked about, however in 2019 this was broadened to include other antipsychotics. In 2019, quetiapine was most commonly reported, but olanzapine and aripiprazole were also used.

New Psychoactive Substance (NPS) Use among IDRS Participants

Figure 28: Past six month use of new psychoactive substances (NPS) and synthetic cannabinoid receptor agonist (SCRAs), Tasmania, 2015-2019



Source: IDRS interviews

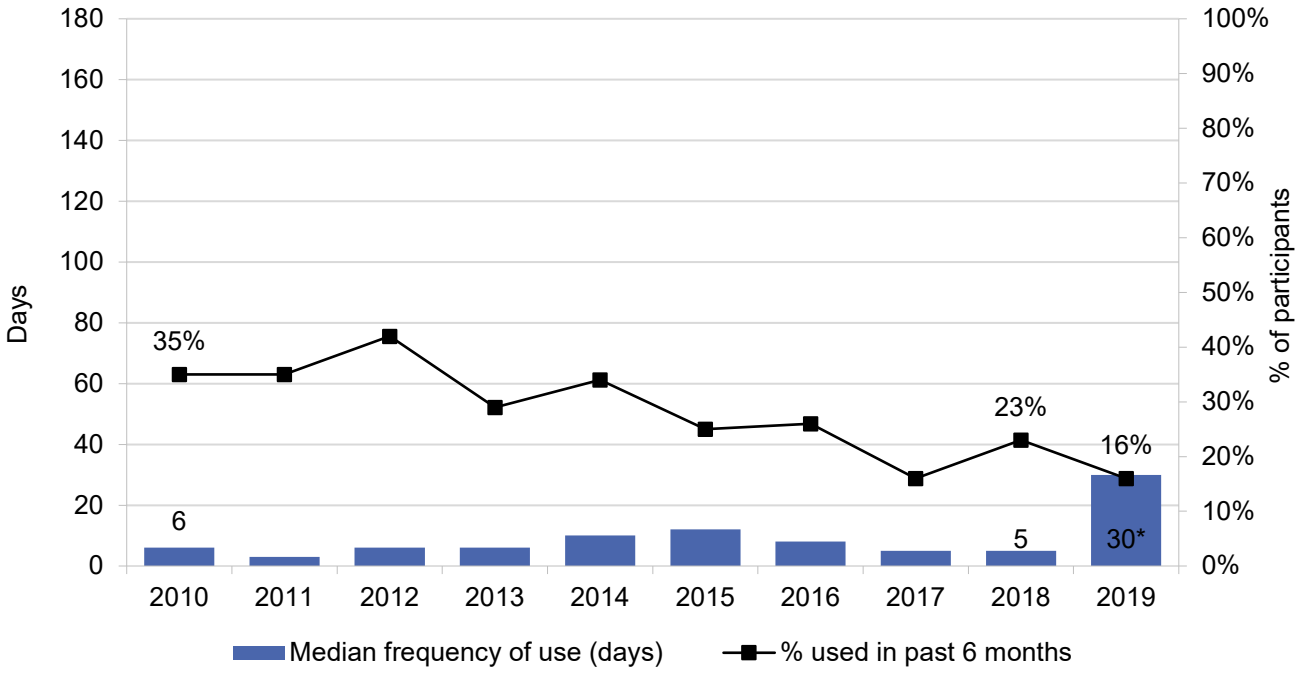
Table 16: Past six month use of new psychoactive substance (NPS), Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=100
Any use in last 6 months (%)	15	9	16	7	**16**
Median days used (range)	10 (1-180)	10 (1-90)	n/r	n/r	**n/r**
Synthetic cannabinoid receptor agonists (SCRA)					
Used last 6 months (%)	2	1	5	0	**4**
Median days used (range)	4 (1-6)	1 (-)	3 (2-7)	-	**2 (1-4)**
'New' drugs that mimic effects of amphetamines or cocaine					
Used last 6 months (%)	n/a	n/a	9	4	**4**
Median days used (range)			8 (1-20)	2 (1-180)	**36 (3-70)**
'New' drugs that mimic effects of opioids					
Used last 6 months (%)	n/a	n/a	0	0	**4**
Median days used (range)			-	-	**1 (1-6)**
'New' drugs that mimic effects of ecstasy or psychedelics					
Used last 6 months (%)	n/a	n/a	5	3	**4**
Median days used (range)			2 (1-3)	4 (1-4)	**4 (2-6)**

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

Pharmaceutical Stimulant Use among IDRS Participants

Figure 29: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number; *= significant at p<.05

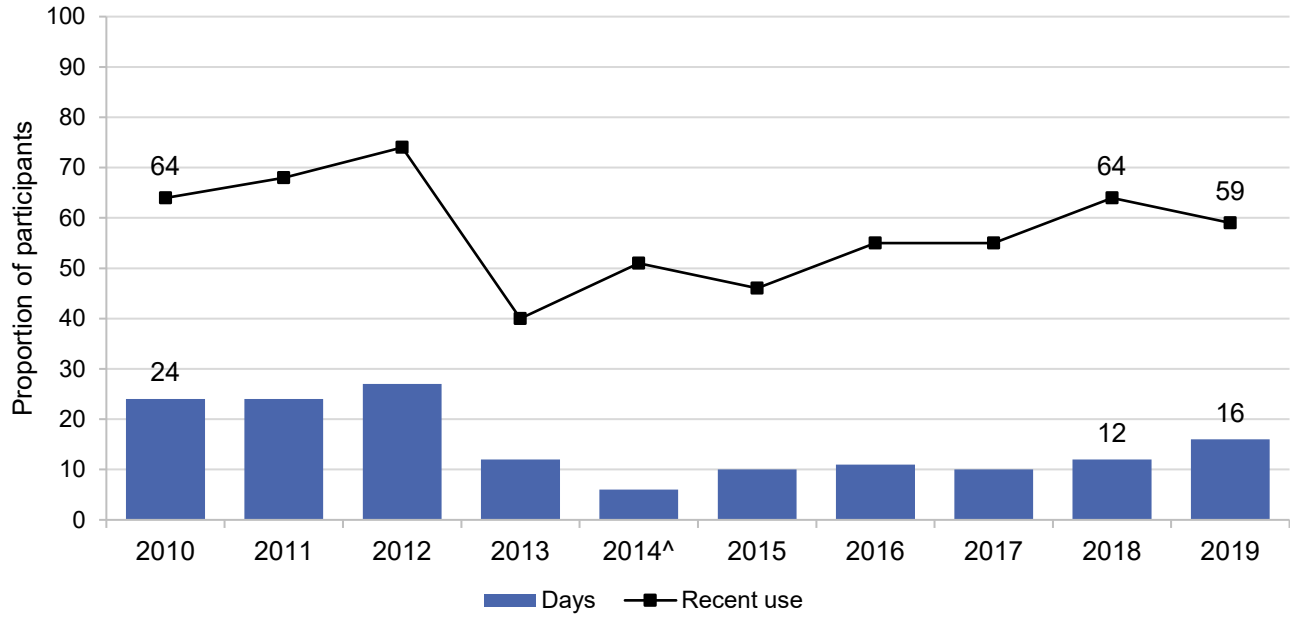
Table 17: Patterns of non-prescribed pharmaceutical stimulant use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Used in last 6 months (%)	25	26	16	23	**16**
Median days used (range)	12 (1-72)	8 (1-96)	5 (1-90)	5 (1-90)	**30* (1-180)**
Route (%)#					
Injected	100	92	75	78	**80**
Smoked	0	0	0	0	**7**
Snorted	0	0	0	0	**0**
Swallowed	12	23	25	39	**40**
Main form used (%)#					
Methylphenidate (Ritalin)	32	58	60	57	**71**
Dexamphetamine	68	39	40	44	**29**

Source: IDRS interviews
#among those who had used in last six months; *= significant at p<.05

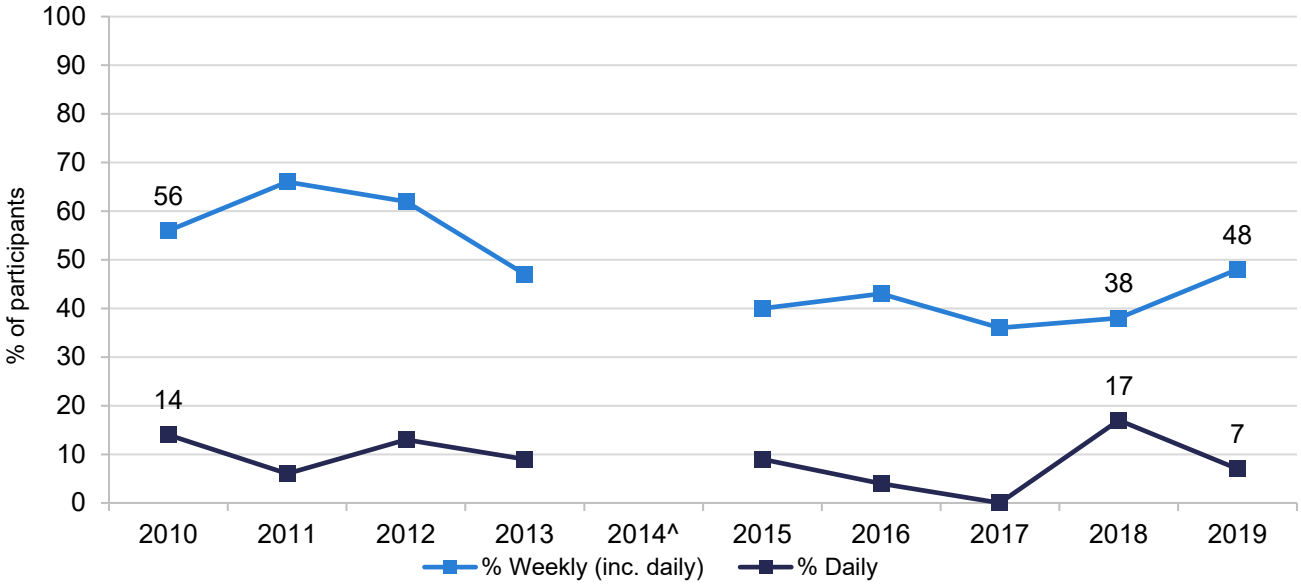
Alcohol Use among IDRS Participants

Figure 30: Past six month use of alcohol, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number: ^ note that there was substantial missing data for 2014 and thus these figures should be treated with caution.

Figure 31: 'Daily' and 'weekly or more' frequent alcohol use, among participants who had consumed alcohol in the past six months, Tasmania, 2010-2019



Source: IDRS interviews
Among those who reported past six months use; ^ rates of alcohol use for the 2014 IDRS sample were not displayed due to unreliable estimates of use based on missing data.

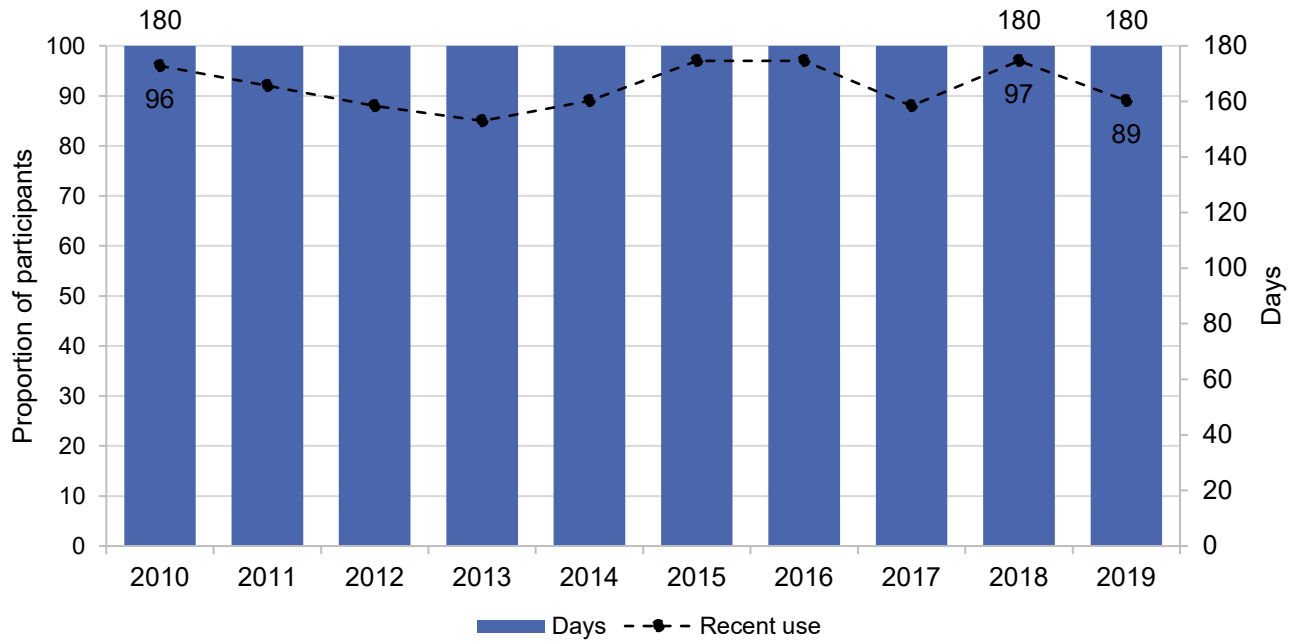
Table 18: Patterns of alcohol use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Used last 6 months (%)	46	55	55	64	**59**
Median days used (range)	10 (1-180)	11 (1-180)	10 (1-173)	10 (1-173)	**16 (1-180)**
Weekly or more (%)#	40	43	36	38	**48**
Daily (%)#	9	4	0	17	**7**
AUDIT: frequency of 6+ drinks on one occasion < Weekly Weekly Daily or almost daily	 43 5 8	 48 10 4	 55 10 5	 55 8 7	 **36** **10** **10**

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

Tobacco Use among IDRS Participants

Figure 32: Past six month use of tobacco, Tasmania, 2010-2019



Source: IDRS interviews
Median days computed among those who reported Recent Use (maximum 180 days). Median days rounded to the nearest whole number.

Table 19: Patterns of tobacco use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Tobacco					
Used last 6 months (%)	97	97	88	97	**89**
Median days used (range)	180 (20-180)	180 (24-180)	180 (60-180)	180 (2-180)	**180 (1-180)**
Weekly or more (%)#	99	100	100	97	**98**
Daily (%)#	91	70	68	94	**93**
E-cigarettes (nicotine)					
Used last 6 months (%)	26	13	17	16	**17**
Median days used (range)	5 (1-180)	3 (1-24)	24 (2-180)	4 (1-180)	**2 (1-30)**

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

Table 20: Patterns of non-prescribed antipsychotics use over the past six months, Tasmania, 2015-2019

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Antipsychotics (non-prescribed)					
Used last 6 months (%)	9	9	21	15	**15^**
Median days used (range)	5 (1-12)	8 (1-48)	2 (1-60)	4 (1-180)	**4 ^ (1-180)**

Source: IDRS interviews
^ Prior to 2019 this referred exclusively to quetiapine (Seroquel) use. In 2019 these figures relate primarily to quetiapine but also include olanzapine and aripiprazole use.

9

Drug Market: Price, Purity, Availability and Supply

Heroin

Price

Because heroin use has been so infrequent, too few IDRS participants have been able to report on purchase prices for reliable trends to be determined.

Perceived Purity

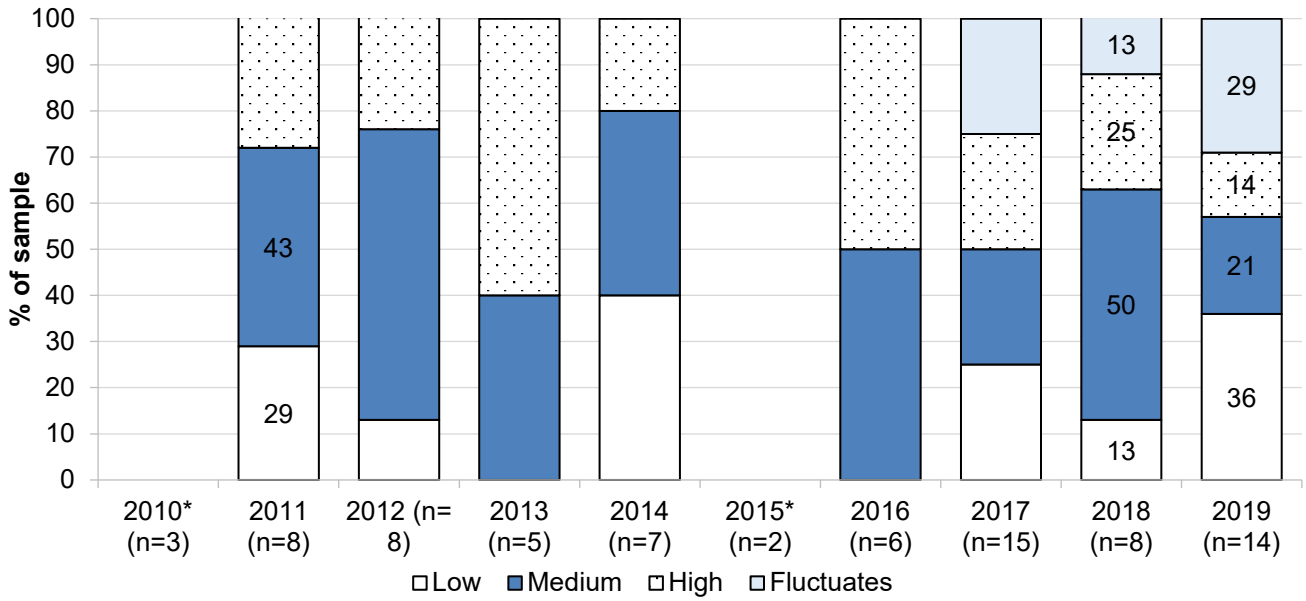
2019 IDRS participants mostly perceived heroin to be of 'low' or 'fluctuating' purity (Figure 33).

Perceived Availability

Availability of heroin appears to have slightly increased in 2019, with the majority of those reporting recent use considered heroin 'easy' or 'very easy' to access, compared with the majority of the 2018 sample who reported heroin as 'difficult' to 'very difficult' to access (Figure 34). However, this access still appears to be limited given the small proportion of participants reporting recent heroin use in 2019 (Figure 4).

Perceived Purity of Heroin

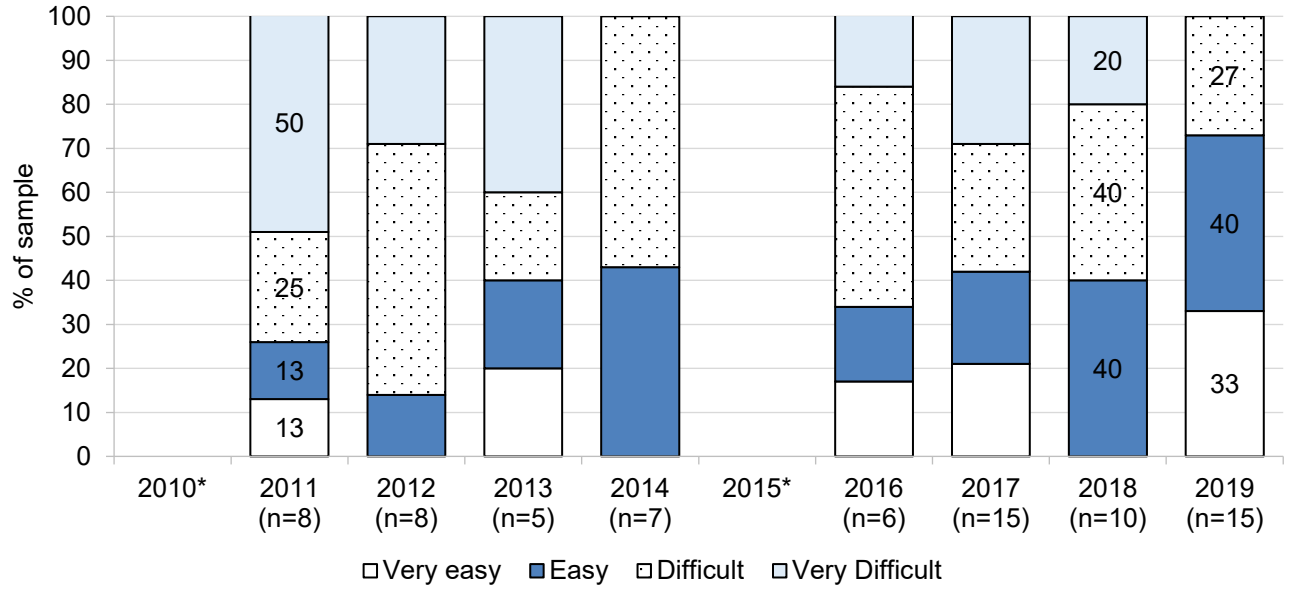
Figure 33: Current perceived purity of heroin, Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis; * Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Perceived Availability of Heroin

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



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis; * Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Methamphetamine

Price

Powder: similar to 2018, participants reported most commonly paying $50 per point (~0.1g) of powder methamphetamine; this is a return to typical prices over the past decade after some indications of an increase in 2017 (Table 21 and Figure 35).

Base/paste: use was too uncommon among 2019 IDRS participants to estimate price trends.

Crystal: crystal was reported most commonly at $50 per point (~0.1g); this suggests some decline in prices in comparison to recent years (Table 21 and Figure 36).

Perceived Purity

Powder: one quarter of consumers in 2019 rated powder methamphetamine purity as 'low' which was a substantial decline from 2018 (52%). The limited data available suggests trends toward increased subjective purity of methamphetamine powder in 2019 (Figure 37).

Base/paste: use was too uncommon among 2019 IDRS participants to estimate purity trends.

Crystal: reports of crystal methamphetamine purity have remained stable over the past three years, typically considered 'medium' or 'high' by two-thirds of consumers. This is a decrease from levels in 2011-2013 where two-thirds considered purity as 'high' (Figure 38).

Indicator Data

Limited data from Tasmania Police suggest similar levels of methamphetamine purity since 2012/13 (n<25 per annum) in the range of 50-75% purity, in contrast to the typical 10% or lower purity levels prior to this time (Table 22).

Perceived Availability

Powder: While there were some increases in the proportion reporting recent powder methamphetamine use for the first time in over 5 years, less than 6 in 10 consumers reported it as 'easy' or 'very easy' to access in 2019, compared with around 9 in 10 in 2014 and prior (Figure 40).

Base/paste: Use was too uncommon among 2019 IDRS participants to estimate availability; clearly this is an indication of low availability of this form in the current market.

Crystal: consistent with trends in use, availability of crystal methamphetamine has been perceived as increasing, with almost all consumers considering it at least easily accessed, and almost 7 in 10 considering it as 'very easy' to access; this is a substantial increase from reports prior to 2014, where it was more typically considered difficult to access (Figure 40).

Indicator Data

In 2017/18 Tasmania police seized approximately 3kg of substances likely to be methamphetamines from approximately 550 individual seizures. This is a slight decrease

from approximately 4kg in 2015/16 and 16/17 and over 600 individual seizures per annum. Considering trends over the past decade, this represents a decline in average annual weight of seizures but a substantial increase in the annual number of seizures (Figure 41).

Reported Price of Methamphetamine

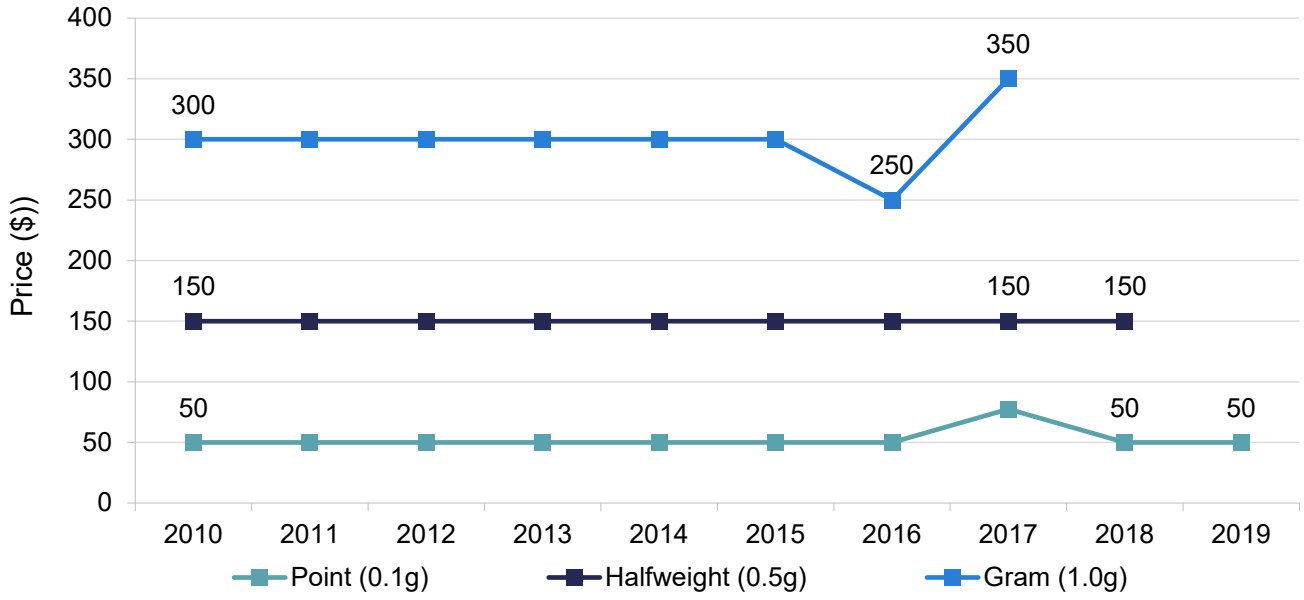
Table 21: Modal reported prices of methamphetamine purchases, Tasmania, 2015-2019

Modal last price	2015	2016	2017	2018	2019
Powder					
Point (range)	$50 ($5-100) n=33	$100 ($25-100) n=15	$100 ($50-100) n=14	$50 ($33-100) n=14	**$50 ($30-100) n=19**
Gram (range)	$300 ($300-700) n=6	$250 ($100-350) n=6	$350 ($300-400) n=6	-	**-**
Crystal					
Point (range)	$100 ($0-100) n=39	$100 ($40-100) n=57	$100 ($50-100) n=55	$50; $100# ($50-100) n=56	**$50 ($18-100) n=55**
Gram (range)	-	$425† ($50-600) n=5	$500 ($80-700) n=10	$450 ($450-600) n=7	**-**

Source: IDRS interviews

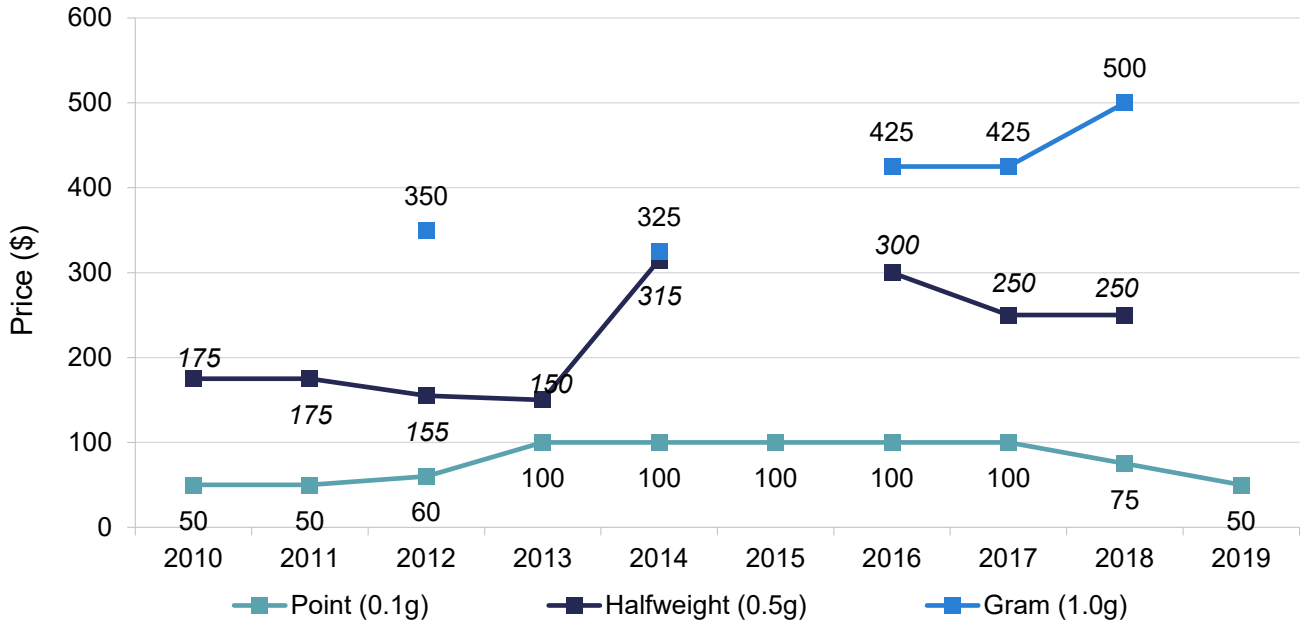
Among those who commented; * Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded; † Median price was substituted where no single mode was reported; # Note that the distribution was nearly bimodal: n=21 reporting $50; n=20 reporting $100; median= $75.

Figure 35: Median price of powder methamphetamine per point, halfweight and gram, Tasmania, 2010-2019



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

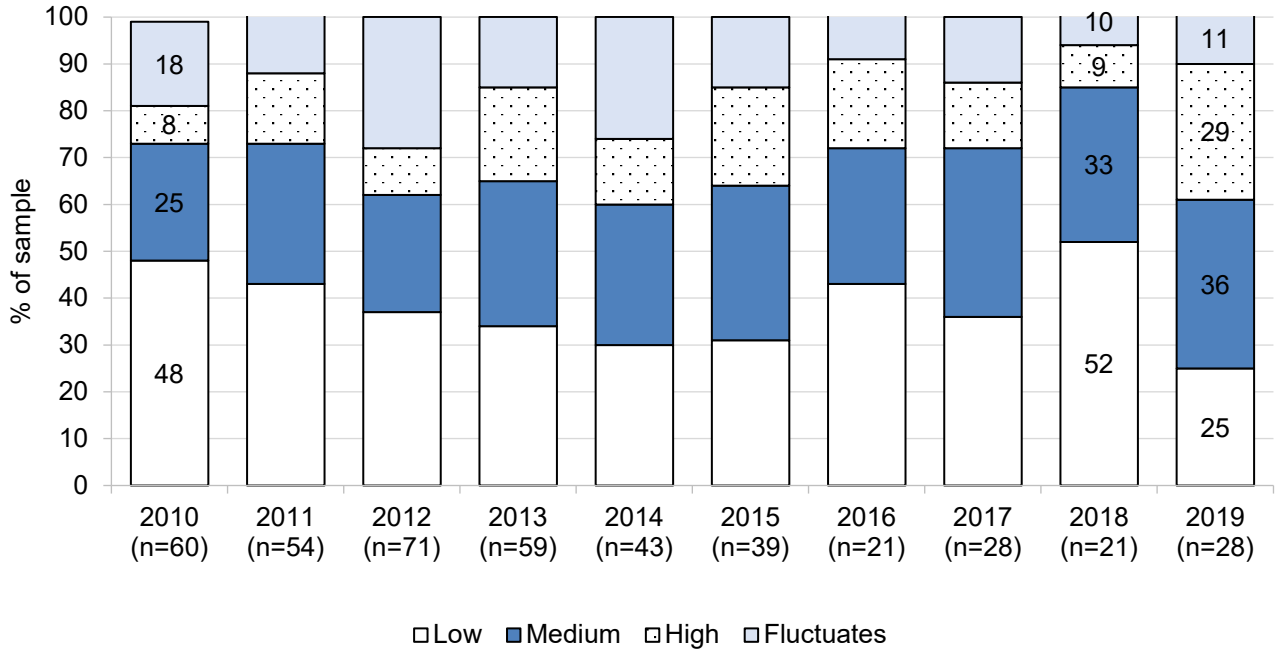
Figure 36: Median price of crystal methamphetamine per point, halfweight and gram, Tasmania, 2010-2019



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

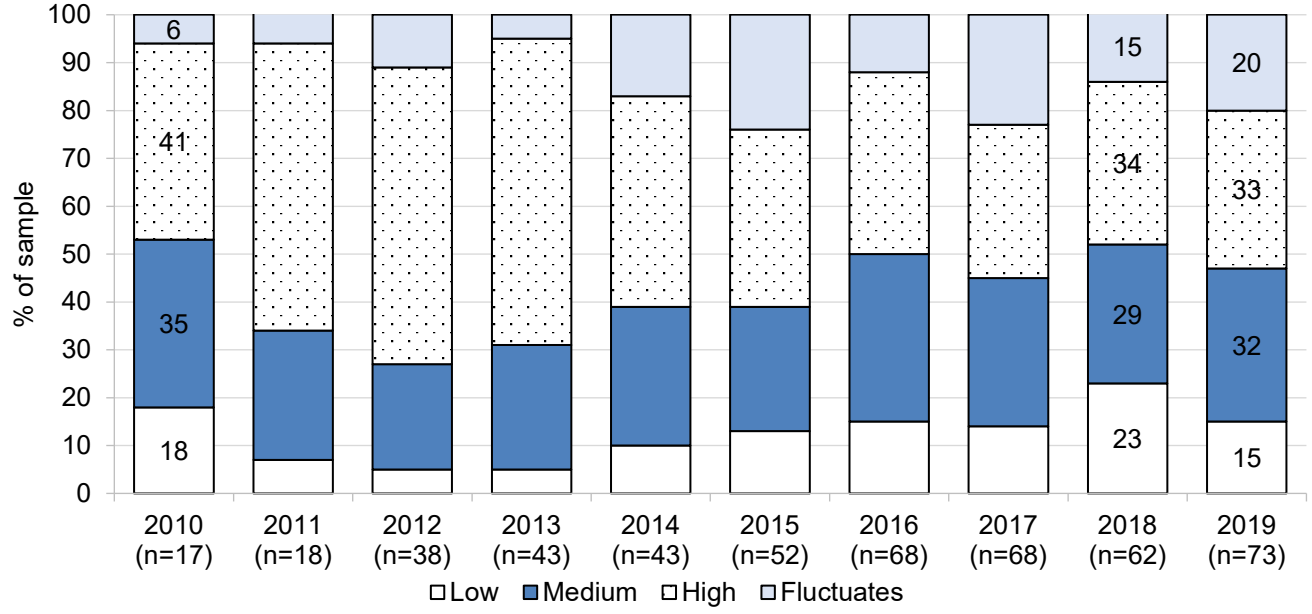
Perceived Purity of Methamphetamine

Figure 37: Current perceived purity of powder methamphetamine, Tasmania, 2010-2019



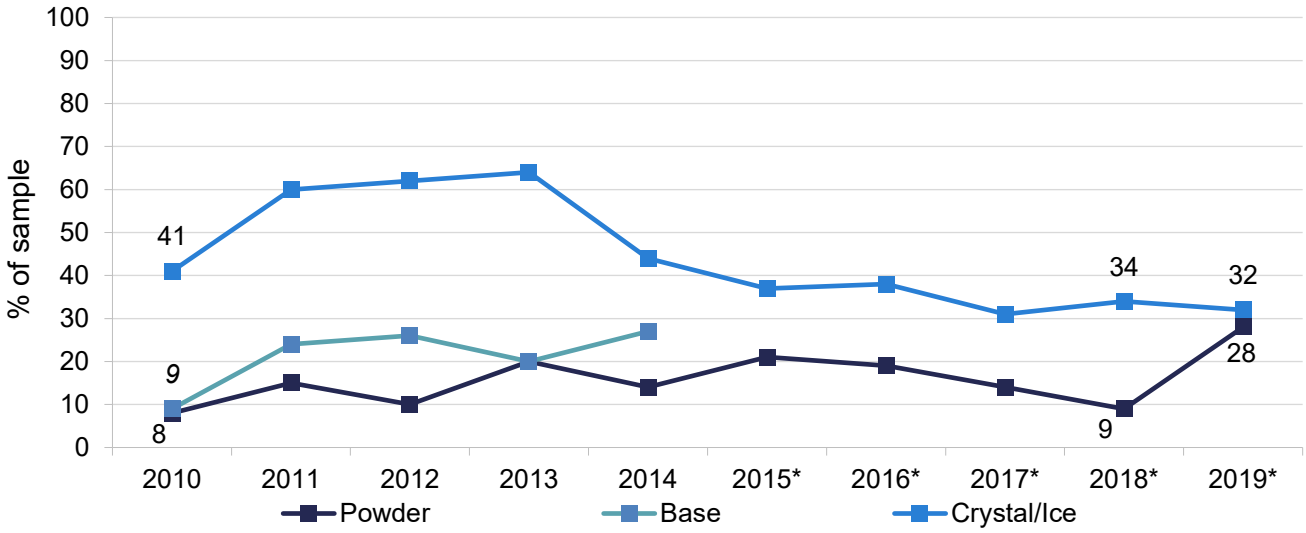
Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 38: Current perceived purity of crystal methamphetamine, Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 39: Current perceived purity as 'high' of methamphetamine forms, Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. * Results for base form in 2015-2019 are omitted due to a low number of respondents.

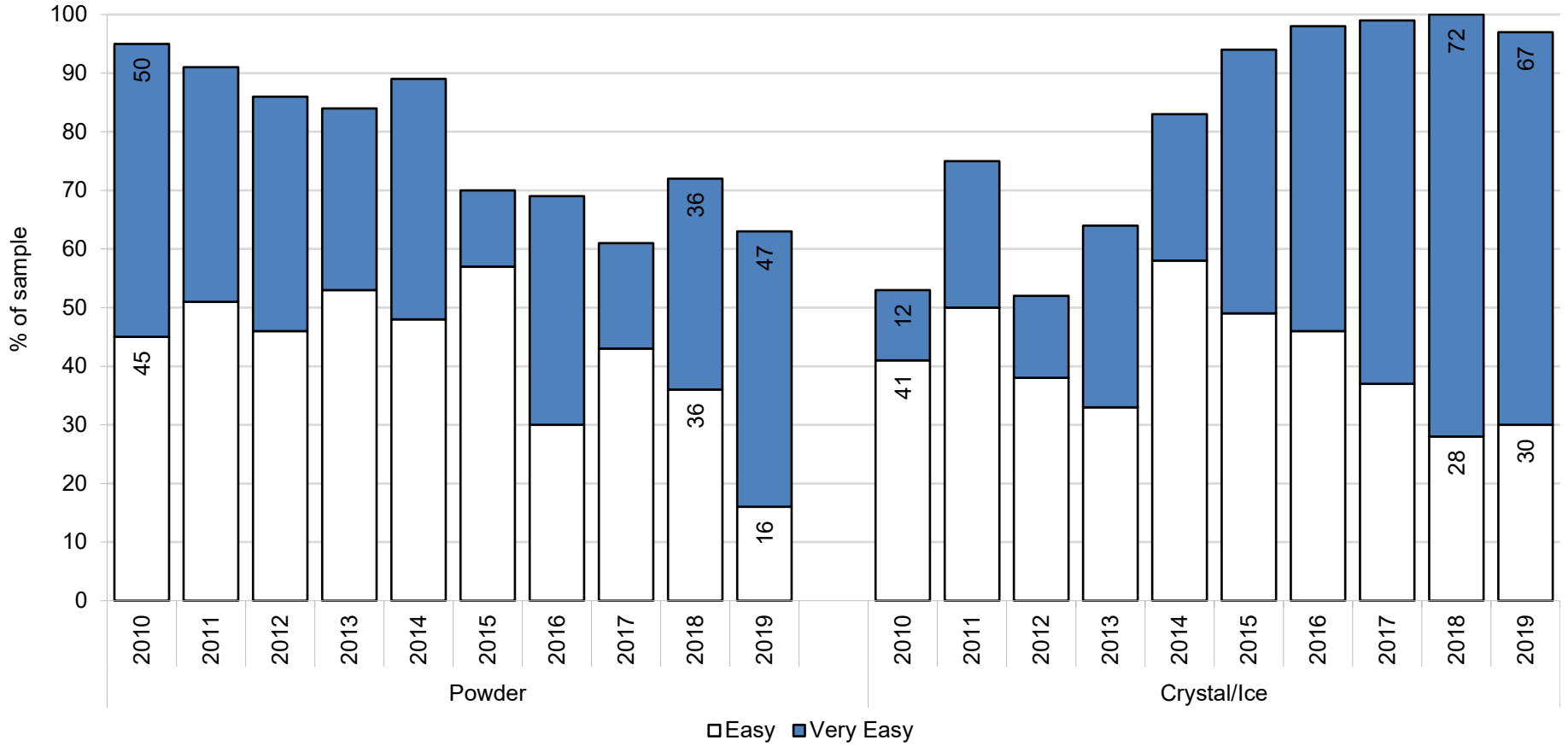
Table 22: Purity of seizures of methamphetamine made by Tasmania Police, 2009/10-2018/19

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
≤2g										
n	-	*3*	*2*	*1*	-	*3*	-	*2*	*2*	*n/r*
Median % purity		33.6%	5.2%	64.0%		78%	-	79.9%	45.7%	n/r
>2g										
n	*5*	*50*	*21*	*6*	*17*	*20*	*1*	*5*	*6*	*n/r*
Median % purity	4.4%	9.3%	7.9%	62.2%	64.3%	67.2%	74.8%	74.8%	61.6%	n/r
Total										
n	*5*	*53*	*23*	*7*	*17*	*23*	*1*	*7*	*8*	*n/r*
Median % purity	4.4%	9.3%	7.9%^	64.0%	64.3%	73.1%	74.8%	75.1%	48.6%	n/r
Range in % purity	*(1-7%)*	*(1.8-36.6%)*	*(1.7-71.9%)*	*(5.7-77.6%)*	*(10.2-79.0%)*	*(31.5-79.8%)*	-	-	*(1.2-79.9%)*	*n/r*

Source: ABCI, ACC, ACIC; Tasmania Police State Intelligence Services
Note: No seizures made by the Australian Federal Police in the state were analysed between 1997/98 and 2012/13; one seizure detected by the Australian Federal Police in 2014/15 >2gs had a median purity of 80.2% (range 80.2%). Two seizures made by the Australian Federal Police of >2g in 2017/18 had a median purity of 76.2%/ All analysed seizures of amphetamines in this period revealed methamphetamine rather than amphetamine. . ^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%. n/r: Data for 2018/19 were not available at the time of publication.

Perceived Availability of Methamphetamine

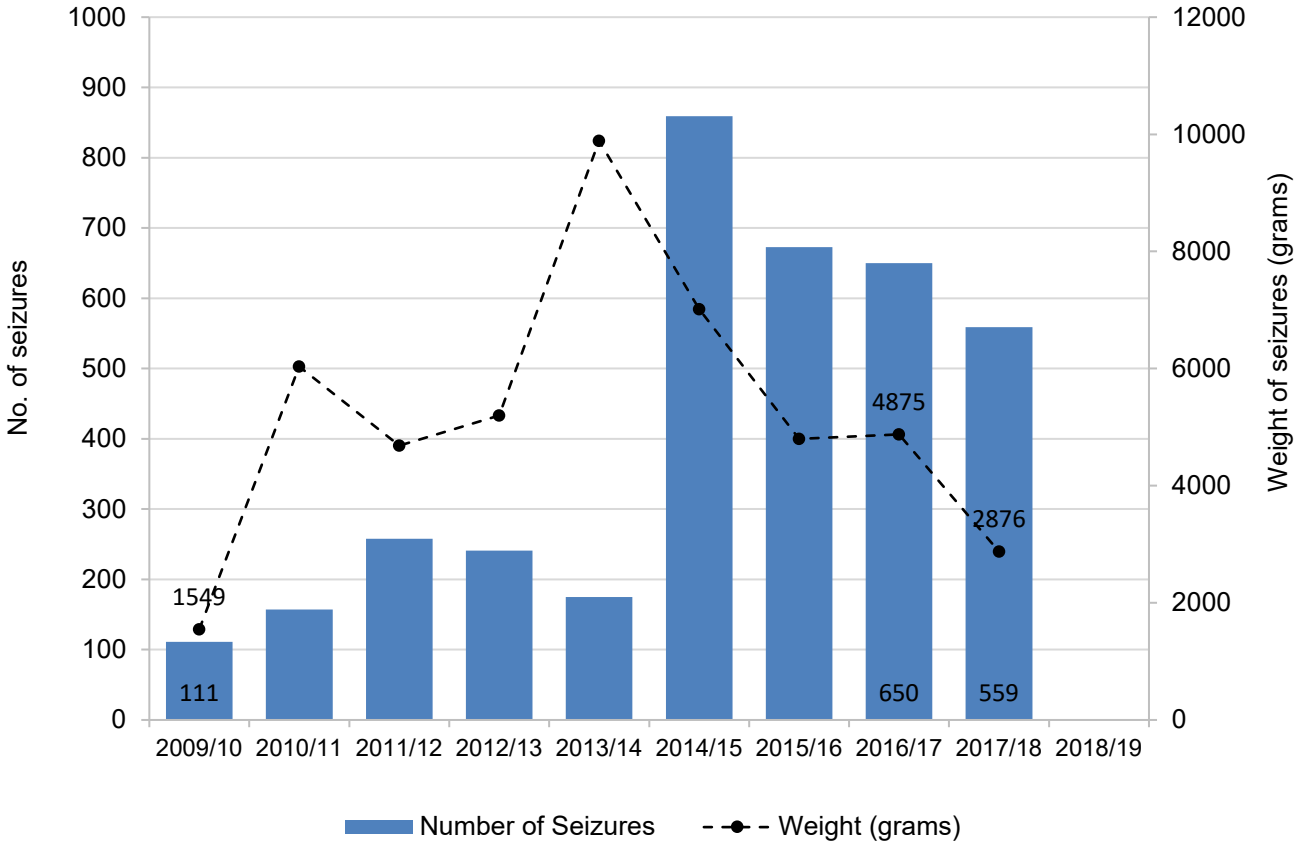
Figure 40: Current perceived availability of methamphetamine forms, Tasmania, 2010-2019



Source: IDRS interviews

Among those who commented. The response 'Don't know' was excluded from analysis; * Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Figure 41: Seizures of methamphetamine by Tasmania Police, 2009/10-2018/19



Source: ABCI, ACC, ACIC, State Intelligence Service, Tasmania Police
Note: 2017/18 data was provided by Tasmania Police State Intelligence Service and includes only seizures weighed in grams. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data from 2018/19 was not available at time of publication.

Cocaine

Price, Perceived Purity and Perceived Availability

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

Indicator Data

The low level of use of cocaine is clearly suggestive of low availability of the drug locally. However, Tasmania Police seizures of cocaine over the past five years have been substantially greater in both number and weight than the previous 5 years (average 21 seizures, >100g per annum in 2014/15-2017/18 compared with 3 seizures, <50g per annum during 2009/10-13/14) (Table 23).

Cocaine Purity

Table 23: Cocaine seizures by Tasmania Police, 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/a**
Weight (g)	46	28	64	-	25	273	30	64	138	**n/a**

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

Note: 2017/18 data were provided by Tasmania Police State Intelligence Service. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. In 2016/17, the Australian Federal Police made a single seizure of 187,064 grams of cocaine in Tasmania. Data from 2018/19 were not available at the time of reporting.

Cannabis

Price

Outdoor cultivated cannabis: participants reported most commonly paying $20 per gram of outdoor cultivated cannabis and $70 per quarter-ounce (7g) (Figure 42).

Indoor cultivated cannabis: participants reported most commonly paying $20 per gram of indoor cultivated cannabis and $100 per quarter-ounce (7g) (Figure 42).

Gram prices for both forms have slightly declined from typical reports over the past 5 years ($25/gram) but quarter ounce prices for both forms are in keeping with reports in 2018 (Figure 42).

Perceived Potency

Outdoor cultivated cannabis: consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in potency over the past 5 years (Figure 43).

Indoor cultivated cannabis: consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2019, almost 6 in 10 considered it 'high' and 3 in 10 considered it as 'medium' (Figure 44).

Indicator Data

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

Perceived Availability

Outdoor cultivated cannabis: the majority of consumers regarded this as 'easy' or 'very easy' to access (Figure 46). Consistent with the slight increase in use of outdoor cannabis among participants, there were some indications of increased availability of outdoor cultivated cannabis in 2019, with half of these consumers considering it 'very easy' to access in 2019 compared with one third in 2018 (Figure 46).

Indoor cultivated cannabis: the majority regarded this as 'easy' to 'very easy' to access. Consistent with the relative levels of use, indoor cultivated cannabis was typically regarded as somewhat more easily accessed than outdoor cultivated cannabis (Figure 47).

Indicator Data

Tasmania police typically make approximately 2000 cannabis seizures per annum over the past decade. In 2017/18 approximately 210kg of cannabis was seized, which is relatively consistent with seizures in the previous two years (<200kg per annum) (Figure 49).

Reported Price of Cannabis

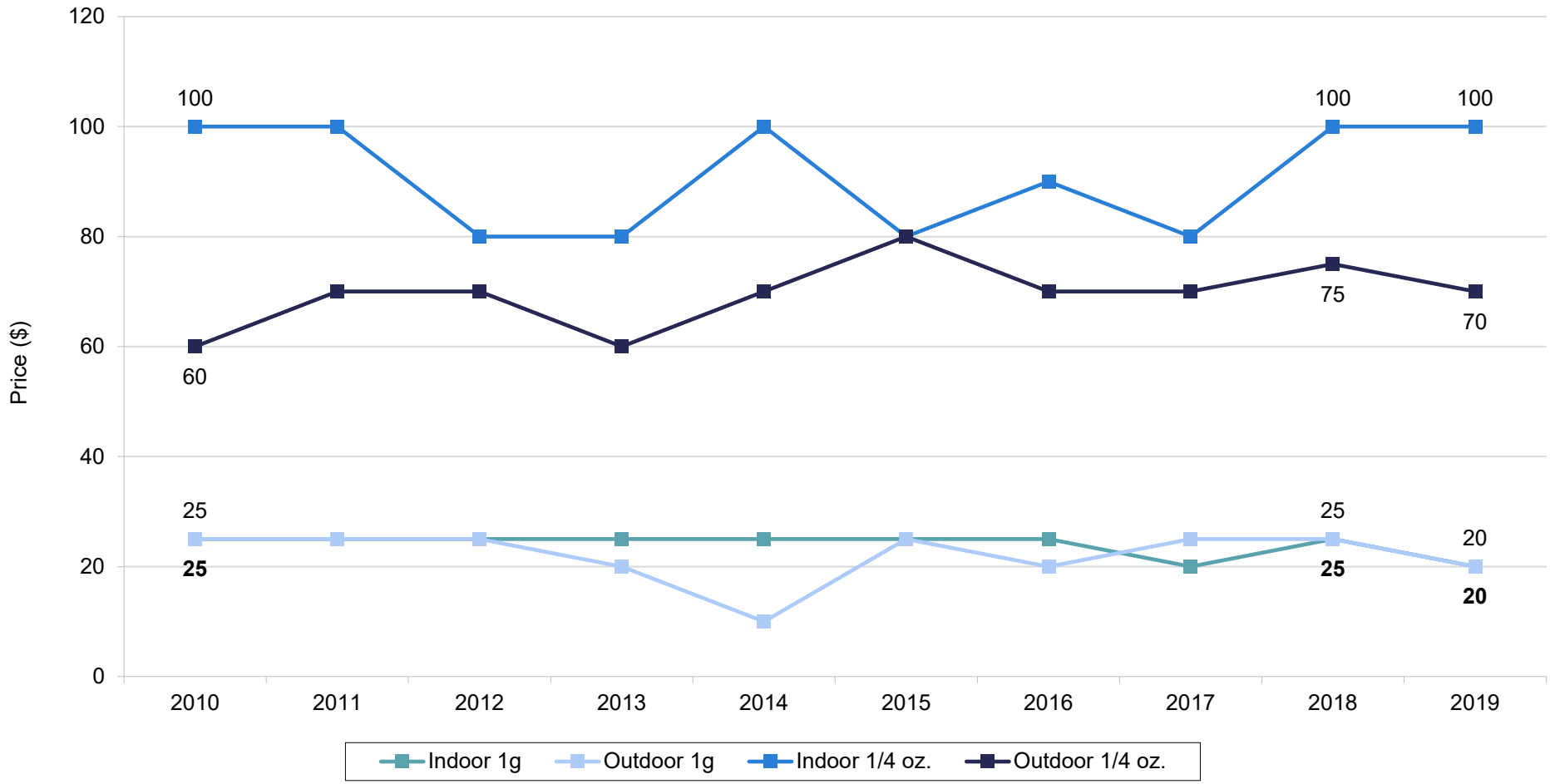
Table 24: Modal reported prices of cannabis purchases, Tasmania, 2015-2019

	2015	2016	2017	2018	2019
Modal Last Price:					
Outdoor cultivated cannabis					
One gram (range)	$25 ($20-25) n=8	$20† ($10-25) n=16	$25 ($10-25) n=13	$25 ($10-25) n=18	**$20 ($6-25) n=19**
¼ ounce (range)		$70† ($40-90) n=9	$70 ($50-100) n=13	$75† ($60-100) n=6	**$70 ($50-80) n=7**
1/2 ounce (range)			$150 ($100-150) n=8		
One ounce (range)			$200 ($80-300) n=7	$200 ($100-250) n=8	**$200 ($100-300) n=13**
Indoor cultivated cannabis					
One gram(range)	$25 ($20-25) n=21	$25 ($10-25) n=24	$20 ($10-25) n=36	$25 ($10-25) n=23	**$20 ($20-50) n=25**
¼ ounce (range)	$80 ($75-100) n=22	$90 ($60-100) n=20	$80 ($70-100) n=22	$100 ($70-100) n=21	**$100 ($70-100) n=12**
½ ounce (range)	$150 ($140-180) n=9	$170 ($10-250) n=5	$150 ($130-170) n=12		
One ounce (range)	$300 ($150-380) n=16	$300 ($25-300) n=12	$280 ($150-320) n=12	$250 ($180-350) n=14	**$250† ($170-400) n=14**

Source: IDRS interviews

Among those who commented; * Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded; † Median substituted, as no single mode exists; ^ Questions were changed in 2015 from dollar value deals to gram based information.

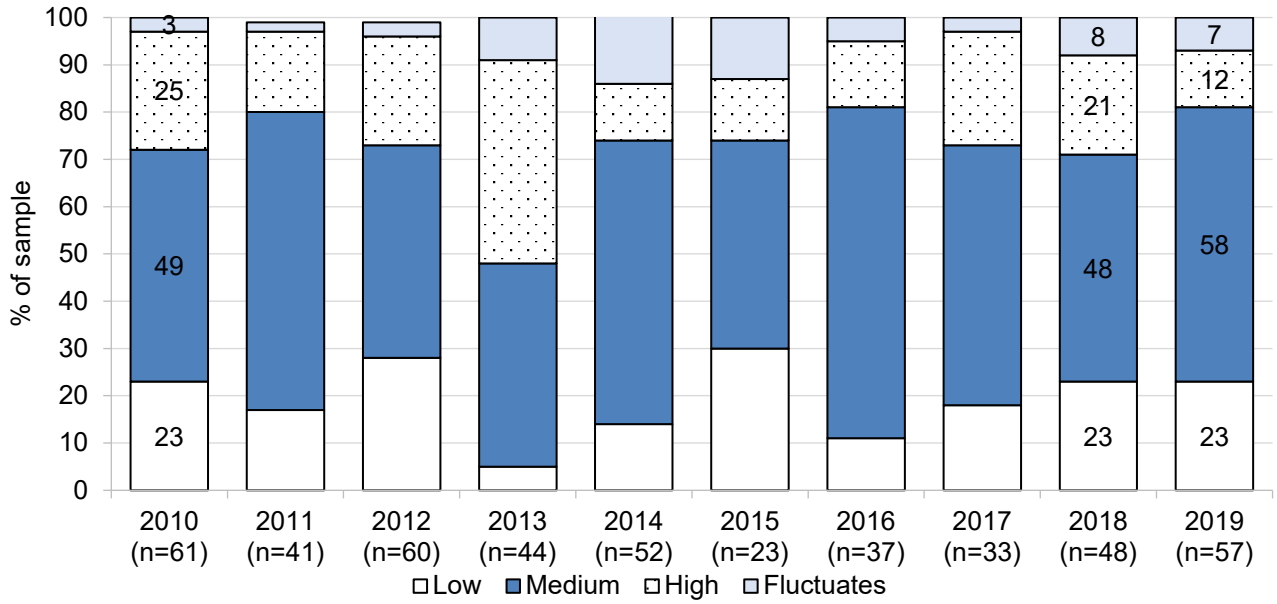
Figure 42: Modal reported prices of one gram and quarter ounce purchases of outdoor and indoor-cultivated cannabis, Tasmania, 2010-2019



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

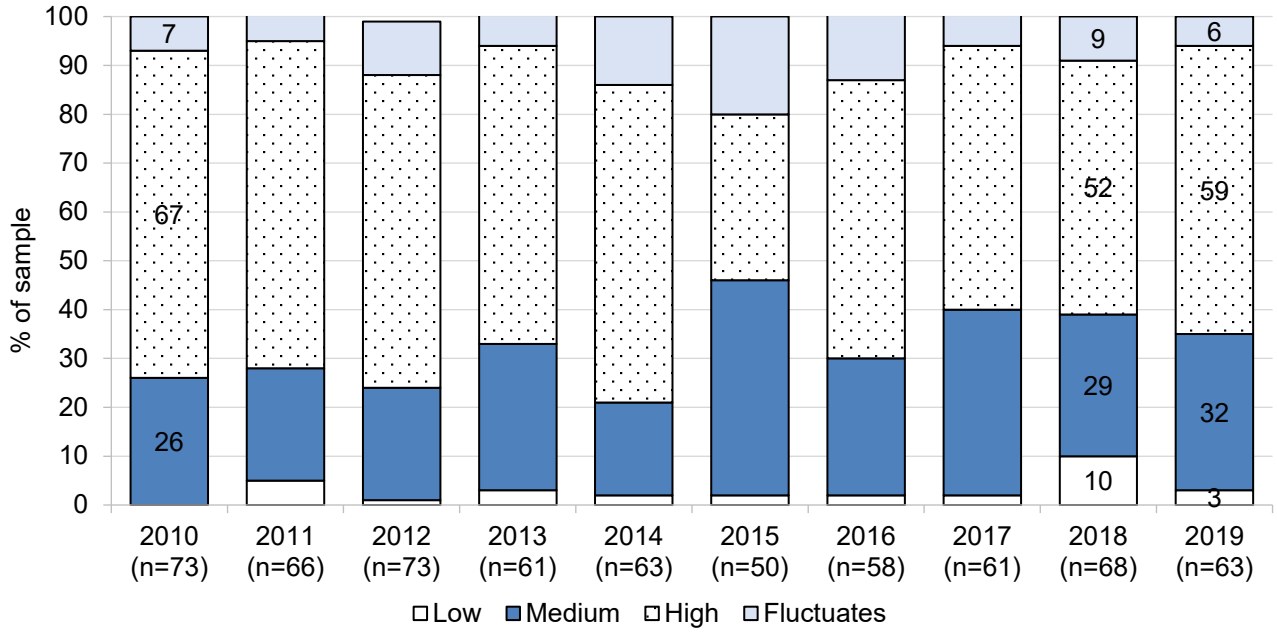
Perceived Potency of Cannabis

Figure 43: Current perceived potency of outdoor-cultivated cannabis, Tasmania, 2010-2019



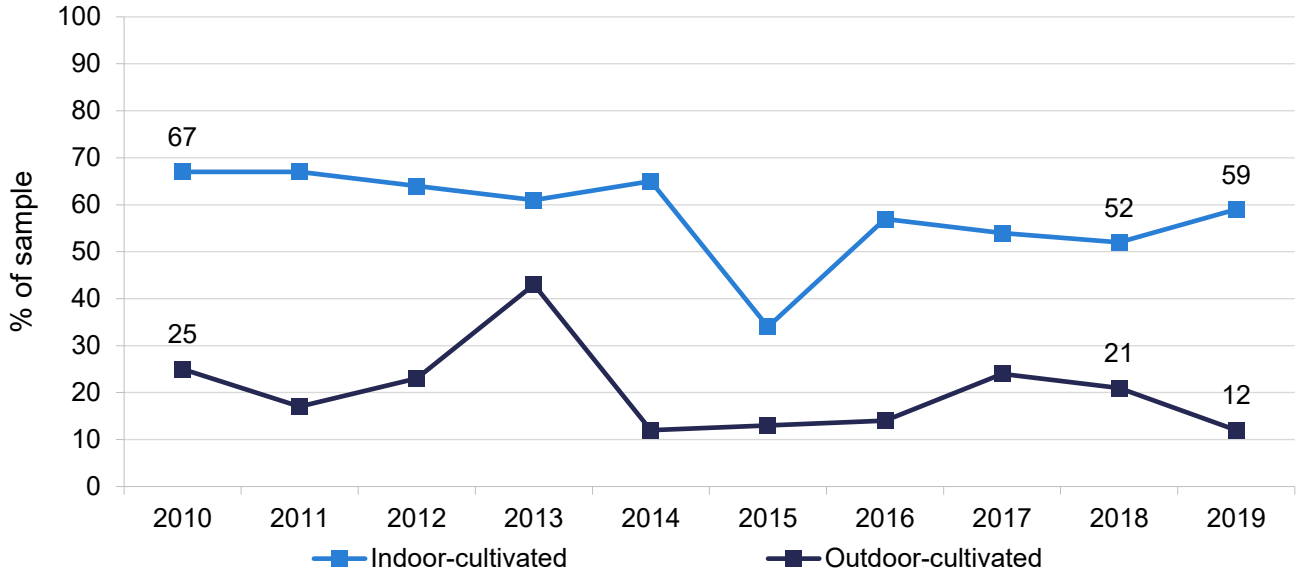
Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 44: Current perceived potency of indoor-cultivated cannabis, Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

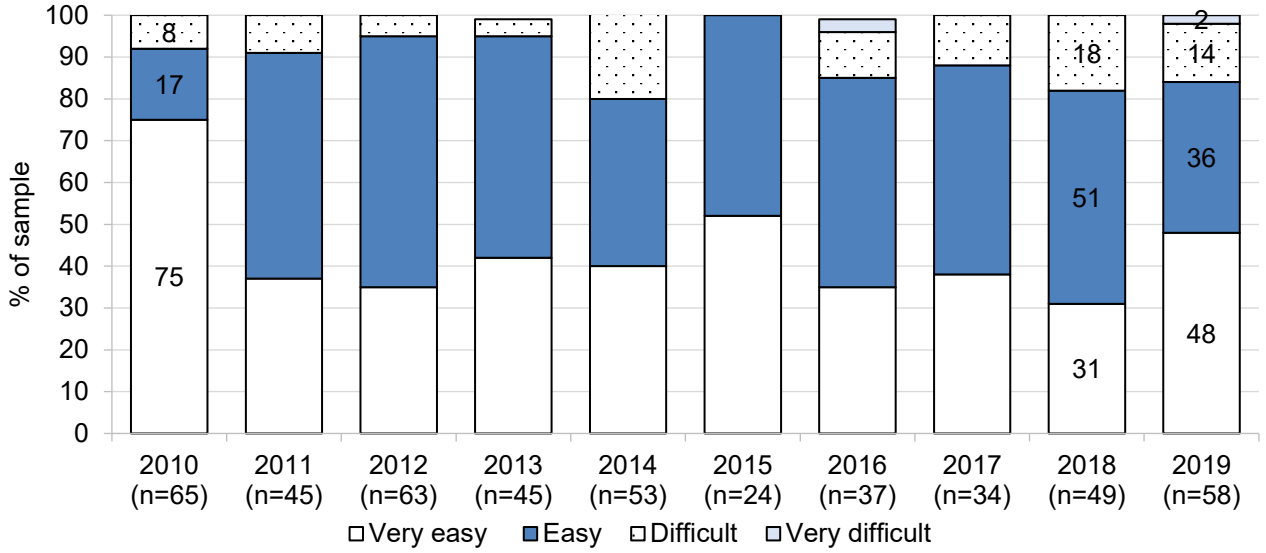
Figure 45: Current perceived purity as 'high' of outdoor- and indoor-cultivated cannabis, Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

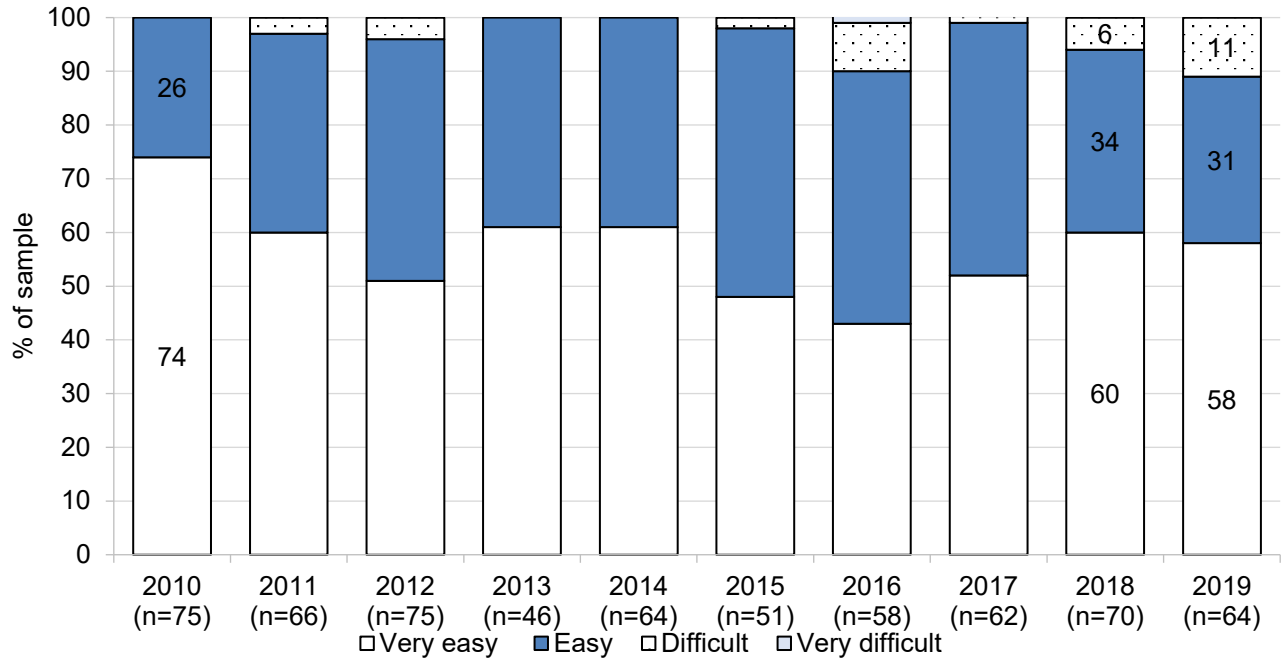
Perceived Availability of Cannabis

Figure 46: Current perceived availability of outdoor-cultivated cannabis, Tasmania, 2010-2019



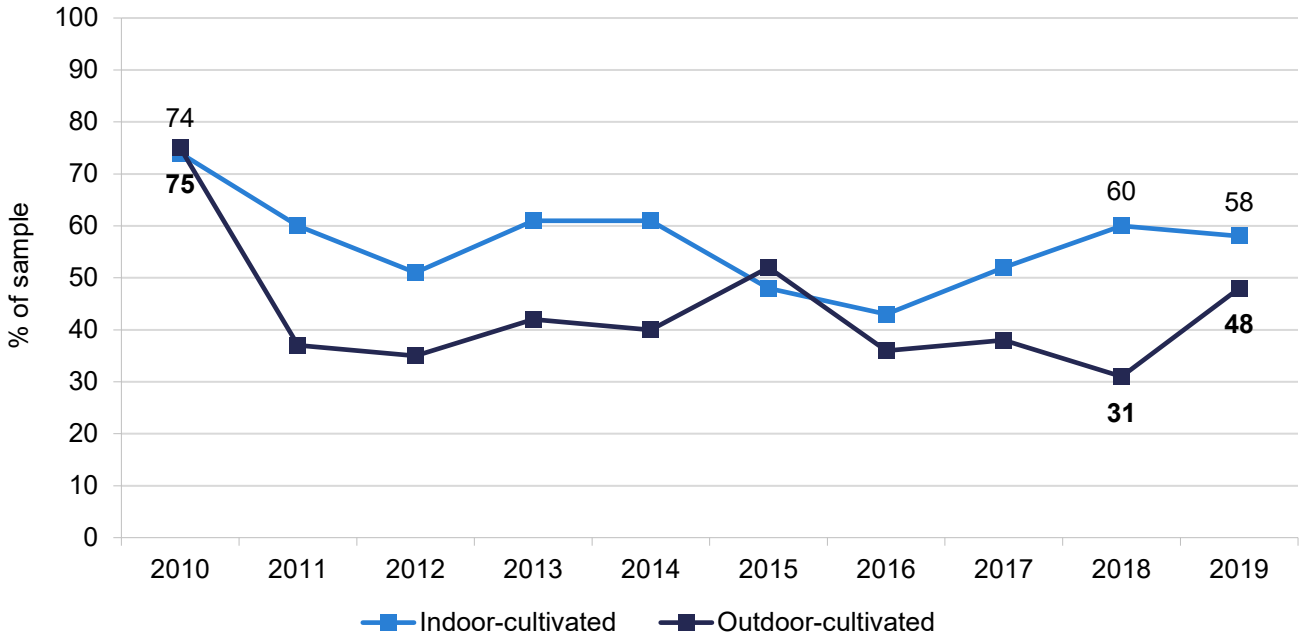
Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 47: Current perceived availability of indoor-cultivated cannabis, Tasmania, 2010-2019



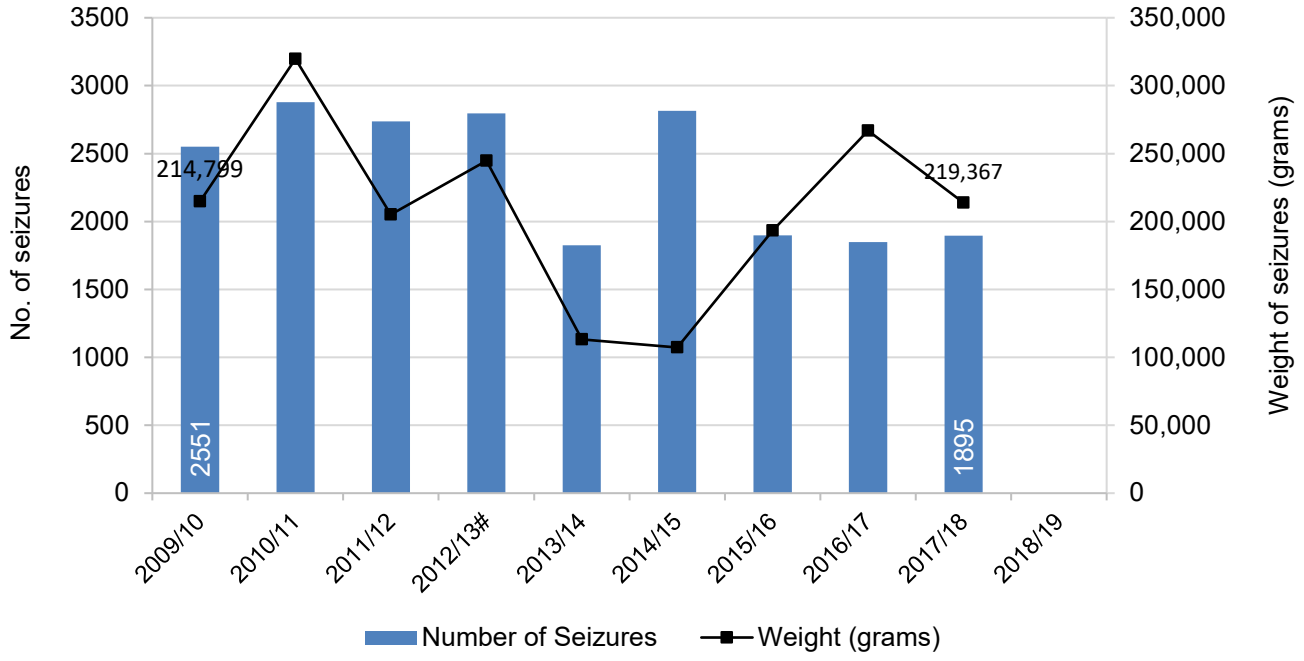
Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 48: Current perceived availability of outdoor- and indoor-cultivated cannabis as 'very easy', Tasmania, 2010-2019



Source: IDRS interviews
Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 49: Seizures of cannabis by Tasmania Police, 2009/10-2018/19



Source: ABCI, ACC, ACIC, State Intelligence Service, Tasmania Police
Note: Data from 2018/19 were not available at the time of reporting.

Opioids

Price

Morphine: For the past decade, all forms of morphine have been sold at $1 per mg (Figure 50).
Oxycodone: Prior to the introduction of the 'tamper-resistant' OxyContin reformulation, these tablets were purchased at $1 per mg. In 2015 and 2016, the reformulated OxyContin tablets were sold at around $0.5 per mg. Since 2017, reformulated OxyContin has returned to purchase prices of $1 per mg (Figure 51).
Methadone: Physeptone tablets have been purchased for $2 per mg over the past 4 years (Table 24).

Perceived Availability

Morphine: 65% of consumers who recently used morphine regarded it as 'easy' or 'very easy' to access in 2019. This represents a slight decrease from previous years, consistent with the decline in trends in use (Figure 53).
Oxycodone: While there appears to have been a decline in oxycodone availability in 2018, availability in 2019 appears to have returned to trends seen prior to 2018 (Figure 53).
Methadone: Methadone use in 2019 was too infrequent to establish reliable trends. However, methadone has predominantly been considered difficult to access over the past 5 years.

Reported Price of Opioids

Table 25: Modal last purchase price of pharmaceutical opioids, Tasmania, 2015-2019

Preparation	2015 IDRS		2016 IDRS		2017 IDRS		2018 IDRS		2019* IDRS	
	Price	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***
MS Contin										
10 mg tablet	-	-	-	-	-	-	-	-	**-**	**-**
30 mg tablet	$30 ($25-$30)	*25*	$30 ($15-40)	*22*	$30 ($30-35)	*17*	$30 ($30-45)	*16*	***$30 ($30-50)***	***6***
60 mg tablet	$60 ($30-70)	*32*	$60 ($0-60)	*31*	$60 ($20-60)	*25*	$60 ($50-80)	*28*	***$60 ($50-100)***	***16***
100 mg tablet	$100 ($70-100)	*33*	$100 ($80-100)	*21*	$100 ($50-100)	*17*	$100 ($10-100)	*11*	-	**-**
Kapanol										
20 mg capsule	$20 ($20)	*7*	$20 ($10-20)	*13*	$20 ($20)	*6*	$20 ($20)	*8*	**-**	**-**
50 mg capsule	$50 ($25-50)	*21*	$50 ($30-400)	*19*	$50 ($25-50)	*13*	$50 ($40-60)	*21*	**-**	**-**
100 mg capsule	$100 ($60-$100)	*9*	$100 ($50-100)	*7*	$100 ($85-$110	*7*	$100 ($100-120)	*10*	**-**	**-**
Anamorph										
30 mg tablet	$30 ($20-$30)	*10*	$30 ($20-30)	*6*	-	-	$30 ($10-35)	*15*	**-**	**-**

Source: IDRS interviews

* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded; reported price range in parentheses.

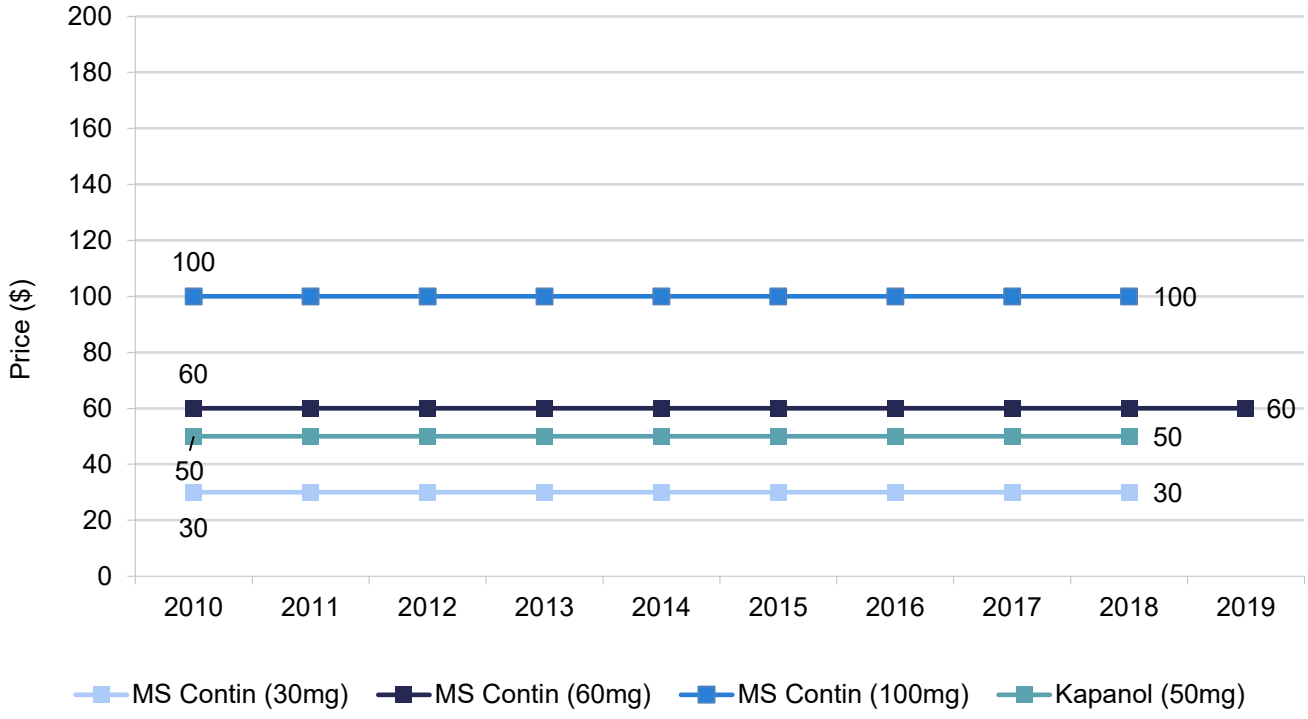
Table 24: Modal last purchase price of pharmaceutical opioids, Tasmania, 2015-2019 (continued)

Preparation	2015 IDRS		2016 IDRS		2017 IDRS		2018 IDRS		2019* IDRS	
	Price	n	Price	n	Price	n	Price	n	Price	n
OxyContin (original)										
10 mg tablet	-	-	n/r	-	n/r	-	n/r	-	-	-
20 mg tablet	-	-	n/r	-	n/r	-	n/r	-	-	-
40 mg tablet	-	-	n/r	-	n/r	-	n/r	-	-	-
80 mg tablet	-	-	n/r	-	n/r	-	n/r	-	-	-
OxyContin (reformulated)										
10 mg tablet	-	-	-	-	$10 ($10-20)	*5*	-	-	-	-
20 mg tablet	$10 ($0-20)	*8*	$15 ($5-20)	*5*	$20 ($20-25)	*6*	-	-	-	-
40 mg tablet	$20 ($20-40)	*6*	$20 ($15-50)	*10*	$40 ($20-40)	*5*	$40 ($20-80)	*6*	-	-
80 mg tablet	-	-	-	-	-	-	-	-	-	-
OxyContin (generic)										
10 mg tablet	-	-	-	-	-	-	-	-	-	-
20 mg tablet	-	-	-	-	-	-	-	-	-	-
40 mg tablet	-	-	-	-	-	-	-	-	-	-
80 mg tablet	-	-	-	-	-	-	-	-	-	-
Methadone syrup										
(price per mg)	$1 ($1-5.83)	*8*	$1 ($1-2)	*8*	$1 ($0.5-2)	*13*	$1 ($1-2)	*7*	-	-
Physeptone										
5 mg tablet	-	-	-	-	-	-	-	-	-	-
10 mg tablet	$15 ($10-20)	*10*	$20($8-20)	*18*	$20 ($6.50-20)	*20*	$20 ($10-20)	*19*	-	-

Source: IDRS interviews

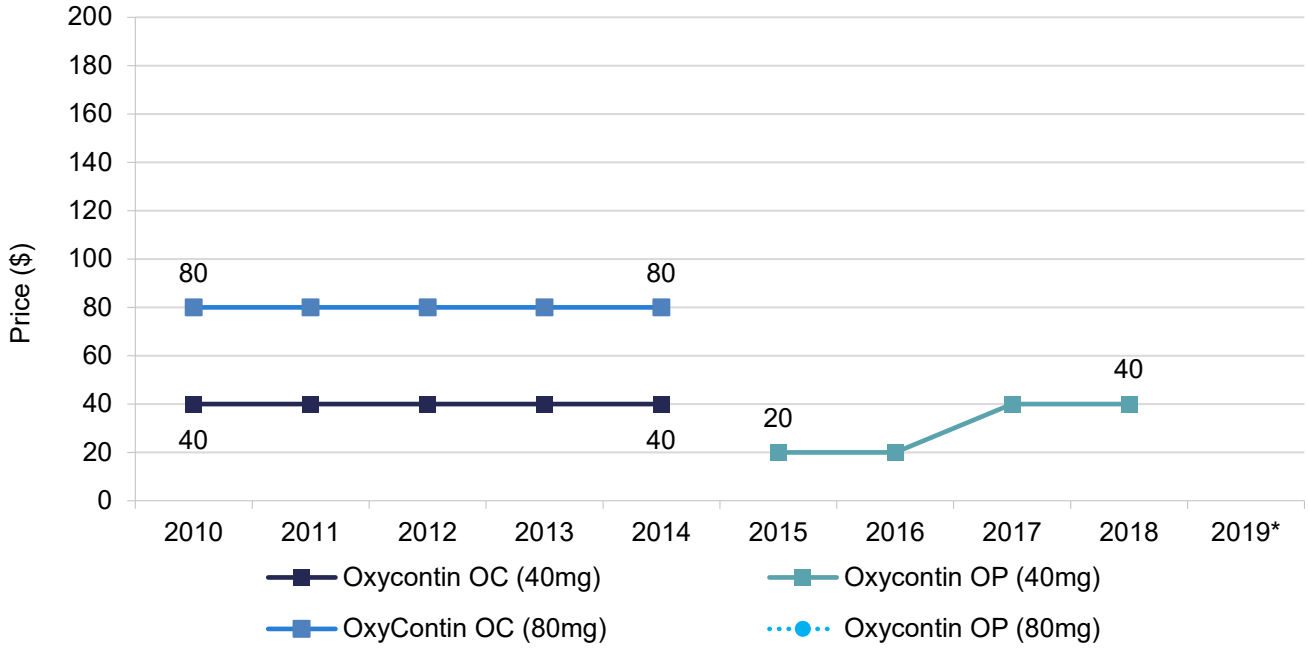
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded; reported price range in parentheses.

Figure 50: Modal reported prices of morphine, Tasmania, 2010-2019



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

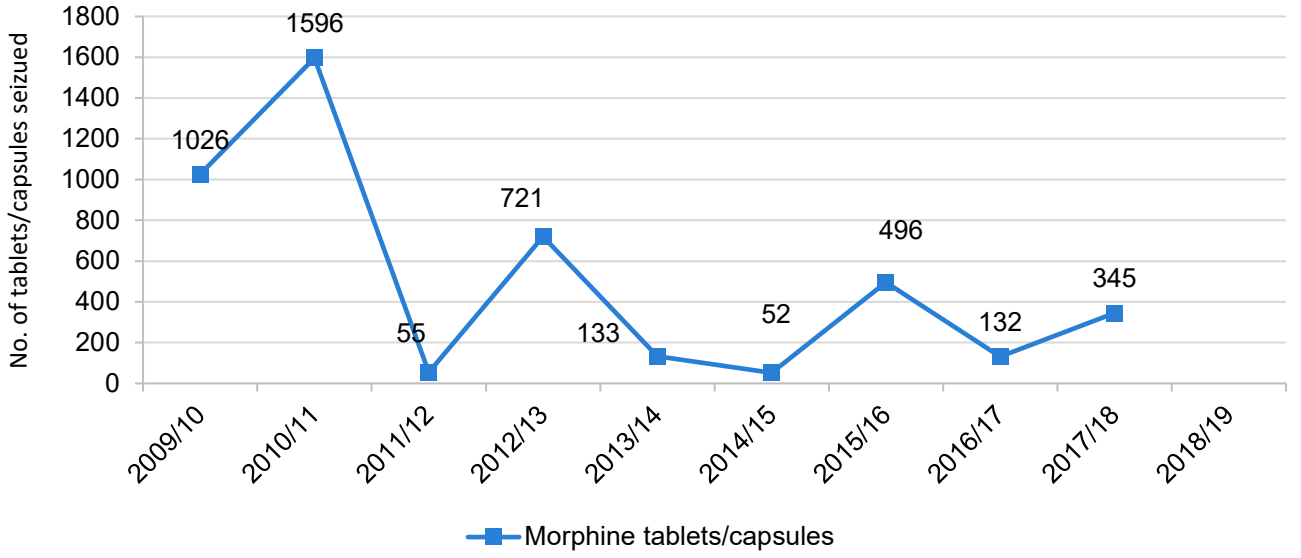
Figure 51: Modal reported prices of oxycodone, Tasmania, 2010-2019



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

Availability of Opioids

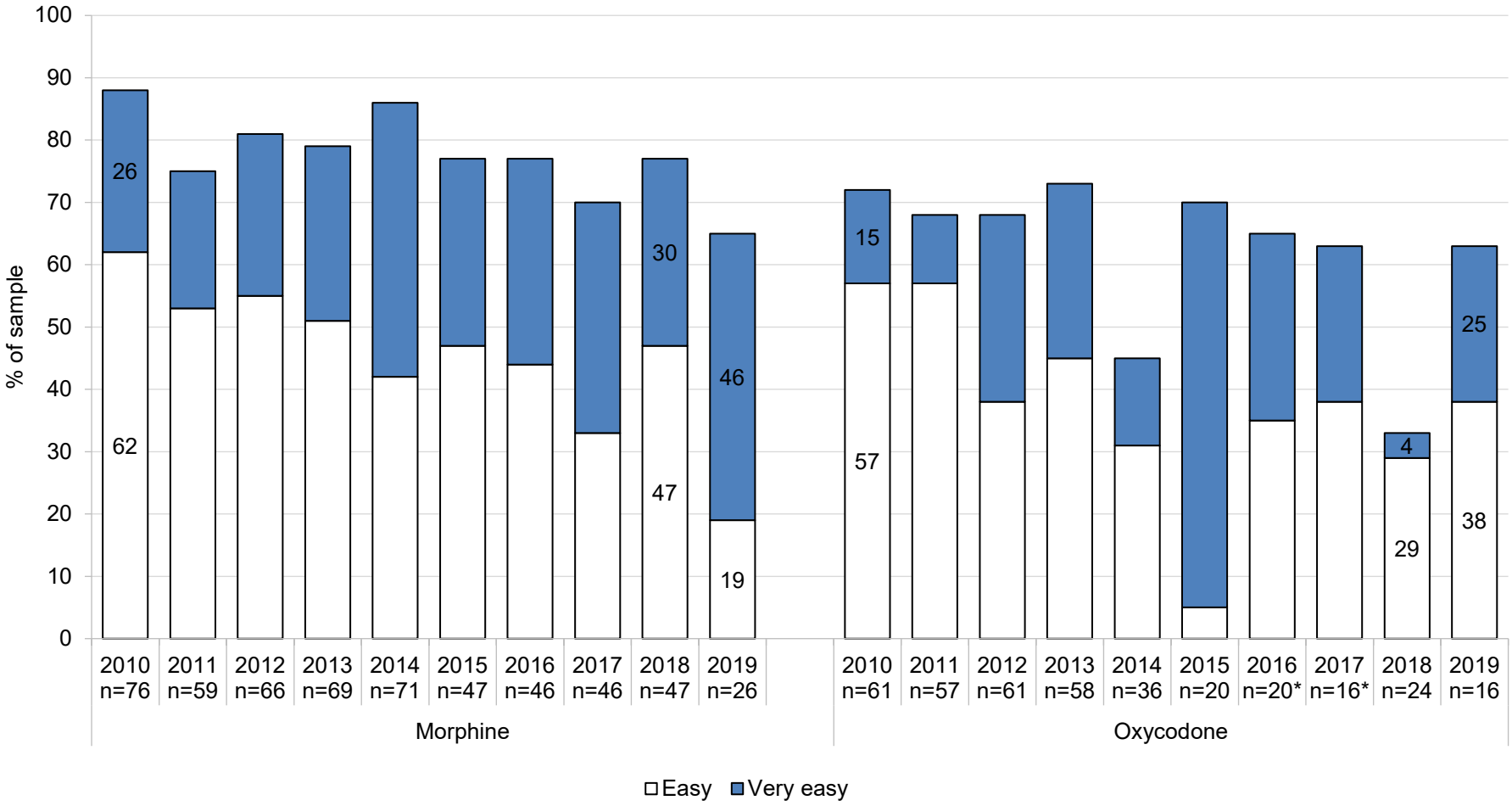
Figure 52: Morphine tablets and capsules seized by Tasmania Police, 2009/10-2018/19



Source: State Intelligence Services, Tasmania Police
* Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data for 2018/19 were not available at the time of reporting.

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

Figure 53: Current perceived availability as 'easy' or 'very easy' of non-prescribed pharmaceutical opioids, Tasmania, 2010-2019



Source: IDRS interviews
Among those who responded. The response 'Don't know' was excluded from analysis; *Refers to reformulated 'OP' oxycodone, rather than 'OC' oxycodone.

Other Drugs

Alkaloid poppies

Indicator Data

In 2016/17, there was a substantial increase in the number of poppies stolen (over 12,000 capsules). In 2017/18, the numbers stolen returned to levels closer to the previous annual average (approximately 1,400 capsules). However, in 2018/19 numbers have decreased substantially to 124 capsules (Table 26).

Table 26: Tasmanian alkaloid poppy crop diversion rates, 2009/10-2018/19

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	201718	2018/19
Number of capsules stolen	4,772	1,473	687	2,895	3,923	331	516	12,239	1,430	124
Cost per hectare of securing poppy crops	$30	$26	$26	$19	n/r	n/r	$32	n/r	n/r	n/r
Number of capsules stolen per hectare sown	0.23	0.06	0.03	0.09	0.18	0.01	0.03	1.50	0.08	0.01
Number of theft incidents reported	33	11	12	19	21	7	10	28	14	6
% of PWID sample reporting use	7	8	5	4	11	4	3	8	n/r	n/r
Median days used (among PWID using)	14 (1-45)	15 (2-30)	n/r	n/r	n/r	n/r	n/r	n/r	n/r	n/r
TASPOL seizures	*908 caps; 3 units liquid; 2 units plant material; 49.2g seed; 0.3g veg matter*	*56 plants; 15.5g seed; 114g veg matter*	*24 plants;4 units veg matter; 116 caps; 0.6g resin*	*1,258 caps; 1001 liquid units; 200 plants; 17g seeds*	*46 units/ counts*	*n/r*	*n/r*	*n/r*	*n/r*	*n/r*

Source: Poppy Advisory and Control Board, Department of Justice Tasmania, Department of Justice Tasmania Annual Report, Tasmania Police State Intelligence Services, DIPWE, IDRS PWID interviews.

Note: 'caps' refers to poppy capsules

* May be an overestimate of seizures as Tasmania Police data are an amalgamation of plants, capsules and weight of seizures. Data reported here are the best estimate of seizure quantity. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. n/r = Not reported

10

Drug-Related Harm and Other Risk Factors

Polysubstance Use

98% of the sample reported using one or more drugs on the day preceding interview.
The most commonly reported substances were tobacco (80%), cannabis (61%), methamphetamine (40%, 38% crystal form), methadone (27%), alcohol (22%) and benzodiazepines (18%). Almost half (47%) reported using an opioid on the previous day, four in ten (39%) used a stimulant and 18% used a benzodiazepine. 14% of the total sample reported using a combination of opioids and benzodiazepines on the previous day; 12% opioids and stimulants and 5% stimulants and benzodiazepines (Figure 54). Three percent reported using a stimulant, opioid and benzodiazepine on the previous day.

Overdose

One in ten of the IDRS participants in 2019 reported experiencing a non-fatal overdose on opioids in the previous year, with equal numbers relating this to heroin and to pharmaceutical opioids (Table 27).

Drug Treatment

Since 2014/15 there have been approximately 3,300 closed treatment presentations per annum. In this time the proportion of cases with methamphetamine as a principal drug of concern has steadily increased (18% in 2014/15 to 24% in 2017/18). The proportion of cases relating to cannabis as a principal substance has declined in this time (29% in 2014/15 to 20% in 2017/18). The majority of treatment episodes in Tasmania (41%) continue to relate to alcohol (Table 28 and Figure 56).

Injecting Risk Behaviours and Harms

Six percent of the 2019 IDRS participants reported using another person's used syringe in the past six months; and one third reused their own injecting equipment. Rates of reusing equipment significantly increased from the rates seen in 2018 (19%). Reuse typically occurred between once and five times, and typically related to 0.5mL and 1mL syringe sets, which was responsible for the increased rates of reuse (Table 29). Reports of most recent injection being in a high-risk site (groin, neck) was reported by 4% in 2019 (Table 29).

Mental Health

Six in ten of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2019, 60% of those reporting a mental health problem had attended a mental health professional.
While these mental health problems typically related to high-prevalence conditions such as anxiety and depression; psychoses and traumatic stress conditions were reported in particularly high rates (Table 31).

Driving Behaviours

Half of the IDRS participants reported driving a vehicle in the past six months, and three-quarters of these had reported driving under the influence of drugs at least once in this time. Consistent with patterns of substance use, this was most typically related to methamphetamine and to cannabis use, with significant increases in the proportion of participants driving under the influence of these drugs in 2019 compared to 2018. However, there were no overall changes in the proportion of participants reporting recent drugged-driving in this sample compared to 2018 (Table 32).

Sexual Health Behaviour

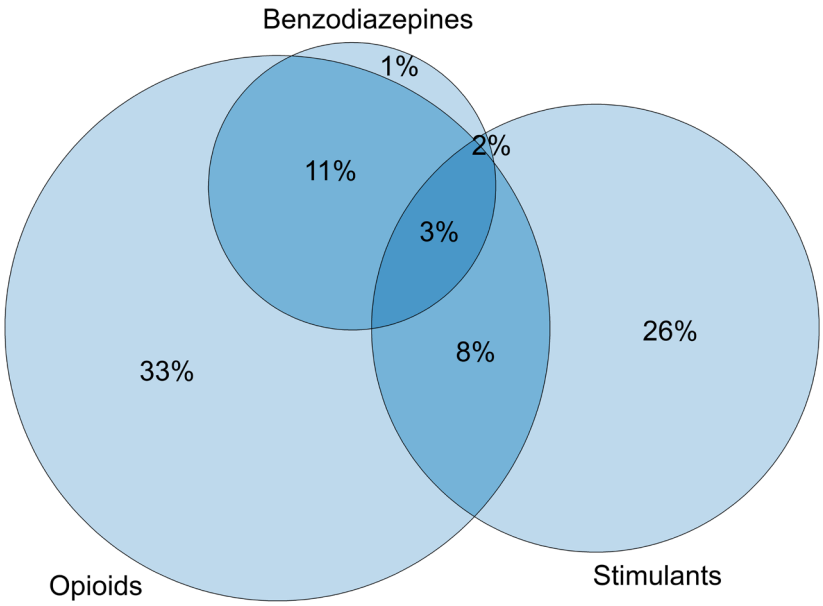
In 2019, 67% of the sample reported having engaged in penetrative sex with one or more people in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people, 8% had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex, 12% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse (Table 34).

49% of the sample reported having had a sexual health check in the last 12 months, and 4% of the total sample had been diagnosed with a sexually transmitted infection in the last 12 months (Table 34).

Polysubstance Use

Figure 54: Use of opioids, stimulants and benzodiazepines on the day preceding interview, Tasmania, 2019



Source: IDRS interviews
This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (84%; n=84). The figure is not to scale.

Overdose and Drug-related Fatalities

Non-Fatal Overdoses

Table 27: Past 12 month non-fatal overdose, Tasmania, 2010-2019

Overdosed last 12 months	2010 N=100	2011 N=100	2012 N=106	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99
Heroin (%)	0	1	0	1	1	1	2	2	0	**5**
Any Pharmaceutical Opioid (%)	4	5	6	7	4	2	1	5	2	**5**
Methamphetamine (%)	1	0	2	2	2	1	3	2	2	**8**

Source: IDRS interviews
Participants were asked if they had ever experienced a non-fatal stimulant overdose. Methamphetamine overdose is often characterised by profuse sweating, increased pulse, blood pressure and body temperature, and in severe cases (which occur infrequently) can also result in cardiovascular problems, stroke, kidney failure and death. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to.

Naloxone program and distribution

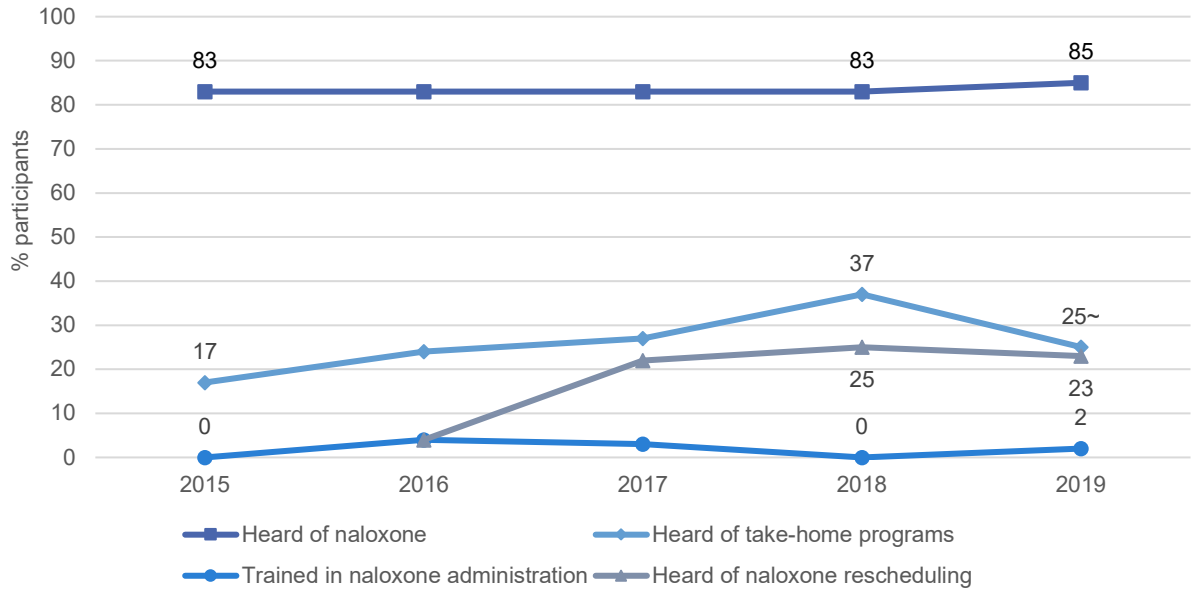
Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

Awareness of naloxone: Over 8 in 10 participants report being aware of naloxone, this has remained stable over the past 5 years (Figure 55).

Participation in training programs: Virtually no participants had been trained in naloxone administration, a situation that remains unchanged over the past 5 years (Figure 55).

Use of naloxone to reverse overdose: One participant reported accessing naloxone over the counter without prescription in the past six months. Four participants reported ever resuscitating another person using naloxone and 5 reported ever being resuscitated by a peer using naloxone.

Figure 55: Take-home naloxone program and distribution, Tasmania, 2015-2019



Source: IDRS interviews
~p=0.069

Treatment: Tasmanian Alcohol and Other Drug Treatment Minimum Data Set

Table 28: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set, 2009/10-2018/19

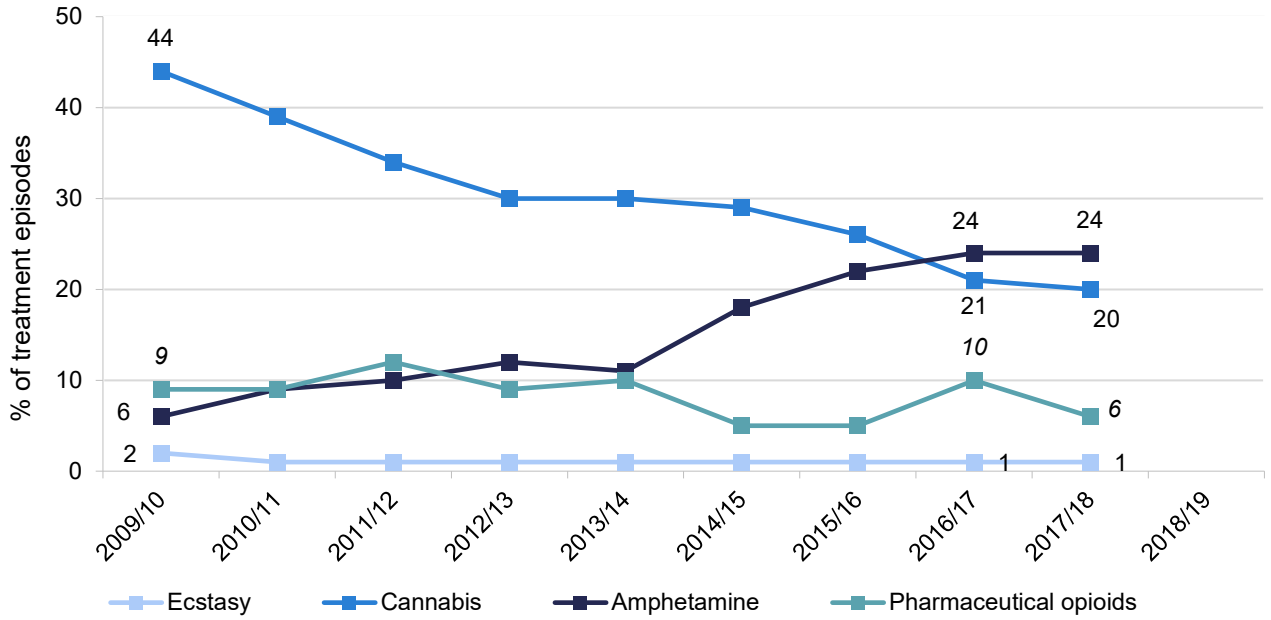
Total Data Set	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
n	1,544	1,738	1,672	2,338	2,841	3,241	3,840	3,389	**3,736**	-
% receiving service for their own use	94% (n=1,452)	95% (n=1,653)	93% (n=1,554)	91% (n=2,130)	93% (n=2,649)	92% (n=2,972)	93% (n=3,585)	96% (n=3,252)	**96% (n=3,570)**	-
Sex (% male)	71% (n=1,030)	74% (n=1,215)	72% (n=1,117)	68% (n=1,449)	69% (n=1,798)	72% (n=2,021)	65% (n=2,484)	66% (n=2,135)	**69% (n=2,469)**	-
Aboriginal and/or Torres Strait Islander	10% (n=141)	11% (n=189)	n/r	8% (n=167)	8% (n=212)	10% (n=285)	11% (n=420)	12% (n=379)	**11% (n=409)**	-
Principal drug of concern										
Alcohol	34% (n=500)	39% (n~641)	39% (n=619)	39% (n=840)	41% (n=1078)	40% (n=1200)	39% (n=1408)	38% (n=1226)	**41% (n=1461)**	-
Nicotine	<1% (n=4)	<1% (n~7)	1% (n=16)	1% (n=16)	1% (n=15)	1% (n=19)	<1% (n=13)	<1% (n=12)	**<1% (n=10)**	-
Cannabis	44% (n=644)	39% (n~643)	34% (n=540)	30% (n=638)	30% (n=784)	29% (n=861)	26% (n=918)	21% (n=699)	**20% (n=698)**	-
Amphetamine	6% (n=88)	9% (n~142)	10% (n=154)	12% (n=263)	11% (n=290)	18% (n=545)	22% (n=789)	24% (n=780)	**24% (n=839)**	-
Cocaine	<1% (n=1)	<1% (n~2)	<1% (n=1)	<1% (n=2)	<1% (n=4)	<1% (n=3)	<1% (n=3)	<1% (n=8)	**<1% (n=11)**	-
'Ecstasy'	2% (n=28)	<1% (n~10)	<1% (n=8)	<1% (n=4)	<1% (n=8)	1% (n=15)	1% (n=28)	1% (n=39)	**<1% (n=19)**	-
Heroin	<1% (n=9)	<1% (n~8)	<1% (n=6)	1% (n=14)	<1% (n=10)	<1% (n=6)	<1% (n=6)	1% (n=21)	**<1% (n=16)**	-
Morphine	6% (n=89)	5% (n~84)	7% (n=102)	5% (n=110)	4% (n=110)	3% (n=81)	3% (n=120)	5% (n=168)	**3% (n=136)**	-
Methadone	1% (n=18)	1% (n~20)	1% (n=15)	1% (n=29)	1% (n=31)	1% (n=26)	1% (n=43)	1% (n=34)	**1.5% (n=55)**	-
Other opioids	2% (n~22)	2% (n~36)	4% (n=64)	1% (n=15)	5% (n=142)	1% (n=22)	1% (n=8)	1% (n=39)	**<1% (n=22)**	-
Benzodiazepines	1% (n~19)	2% (n~31)	1% (n=17)	2% (n=45)	2% (n=50)	1% (n=37)	1% (n=43)	1% (n=43)	**<1% (n=26)**	-
Other	3% (n~36)	<1% (n~5)	<1% (n=12)	<1% (n=5)	1% (n=30)	<1% (n=11)	1% (n=27)	4% (n=116)	**<1 (n=31)**	-

Source: Australian Institute of Health and Welfare

* The total number of closed treatment episodes may be undercounted because two agencies only supplied drug diversion data

n/r: Not reported~ Approximately. Note: Multiple presentations of the same individual excluded. Data for 2018/19 were not available at the time of publication.

Figure 56: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Principal drug of concern, 2009/10-2018/19



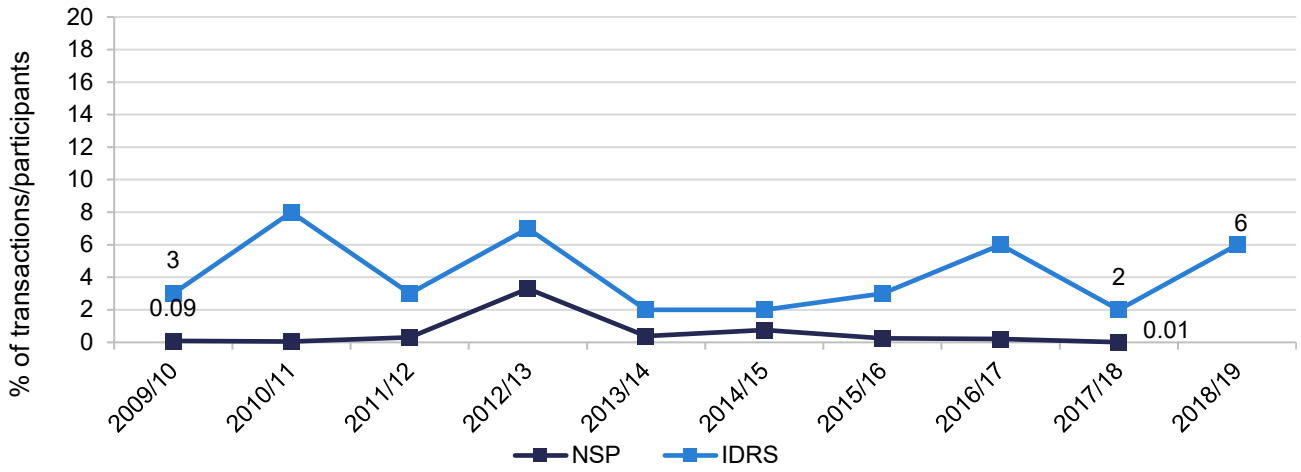
Source: Australian Institute of Health and Welfare.
Data from 2018/19 not available at time of publication.

Health and Disease

Injecting Risk Behaviours

Sharing of Injecting Equipment

Figure 57: Reported sharing of needles and syringes by non-pharmacy Needle and Syringe Program clients and IDRS participants, 2009/10– 2018/19



Source: Population Health, Department of Health and Human Services. IDRS interviews
Data from 2018/19 not available at time of publication.

Table 29: Injecting risk behaviours over the past six months, Tasmania, 2010-2019

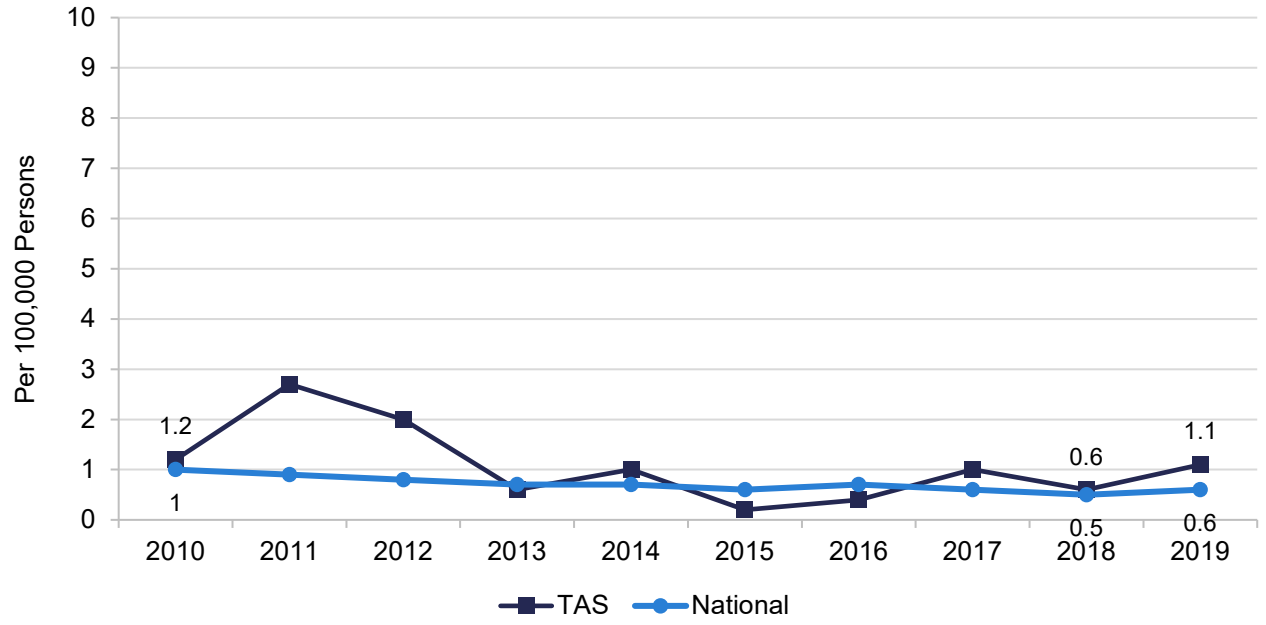
	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	2017 N=100 %	2018 N=100 %	2019 N=99 %
Borrowed used needles	3	8	2	7	2	2	3	6	2	**6**
Lent used needles to others	12	10	9	5	6	5	4	9	4	**5**
Shared equipment										
Spoons/containers	19	17	15	19	13	2	5	2	4	**4**
Water	6	8	9	11	15	4	2	5	2	**2**
Filters	12	3	4	12	5	1	1	1	0	**1**
Tourniquets	14	10	11	13	5	3	5	5	4	**3**
Re-used own injecting equipment										
Any occasions	43	52	63	49	41	32	29	29	19	**34***
One occasion	16	15	23	17	10	14	11	8	7	**10**
Two occasions	10	18	16	14	19	10	9	10	6	**11**
3-5 occasions	5	10	17	13	8	3	6	4	6	**8**
6-10 occasions	7	5	2	3	3	3	2	4	0	**3**
>10 occasions	5	4	6	2	2	1	1	3	0	**2**
Equipment re-used										
0.5mL needle/syringe		-	-	1	1	0	0	1	0	**23*,@**
1mL needle/syringe		18	20	9	13	14	11	15	10	**-**
3mL barrel		5	12	10	8	9	6	2	4	**4^**
5mL barrel		10	10	5	7	7	2	4	6	**n/r**
10mL barrel		7	9	8	3	12	6	4	7	**n/r**
20mL barrel		11	13	14	9	4	2	8	5	**n/r**
50mL barrel		0	0	0	0	0	0	1	1	**n/r**
Detachable needle-tip		5	0	6	2	0	4	3	2	**0**
Winged-infusion set		24	26	12	19	9	8	10	6	**10**
Last injection site										
Arm	78	69	76	73	70	70	70	65	73	**78**
Hand/wrist	14	19	10	14	13	16	12	19	16	**13**
Leg	3	5	4	5	4	8	7	4	3	**3**
Neck	1	2	4	2	3	3	6	3	6	**3**
Groin	2	3	1	4	2	2	3	6	0	**1**
Foot	2	0	4	2	7	1	2	2	0	**1**
Sources of needles/syringes										
Non-pharmacy NSP	98	98	97	98	97	100	100	97	94	**94**
Vending machine	0	0	33	29	46	22	20	15	24	**37**
Pharmacy	26	12	12	16	12	12	17	23	19	**21**
Friend	15	8	10	11	8	2	5	11	14	**13**
Partner	8	4	0	3	1	0	0	2	2	**4**
Dealer	1	2	0	1	1	0	0	1	3	**3**
Able to access filters										
Able to access filters at equipment source					85	66	94	95	94	**96**
Wheel filters#					55	87	66	73	84	**70**
Cigarette filters#					47	74	42	33	57	**57**
Cotton filters#					9	57	6	14	39	**51**

Source: IDRS interviews

Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them; * = significant at p<.05; #among those were able to access filters; @ Includes 1ml syringe; ^ includes 5, 10, 20 and 50ml barrel (questions changed in 2019 to incorporate combined needle/syringe, barrel only or tip only).

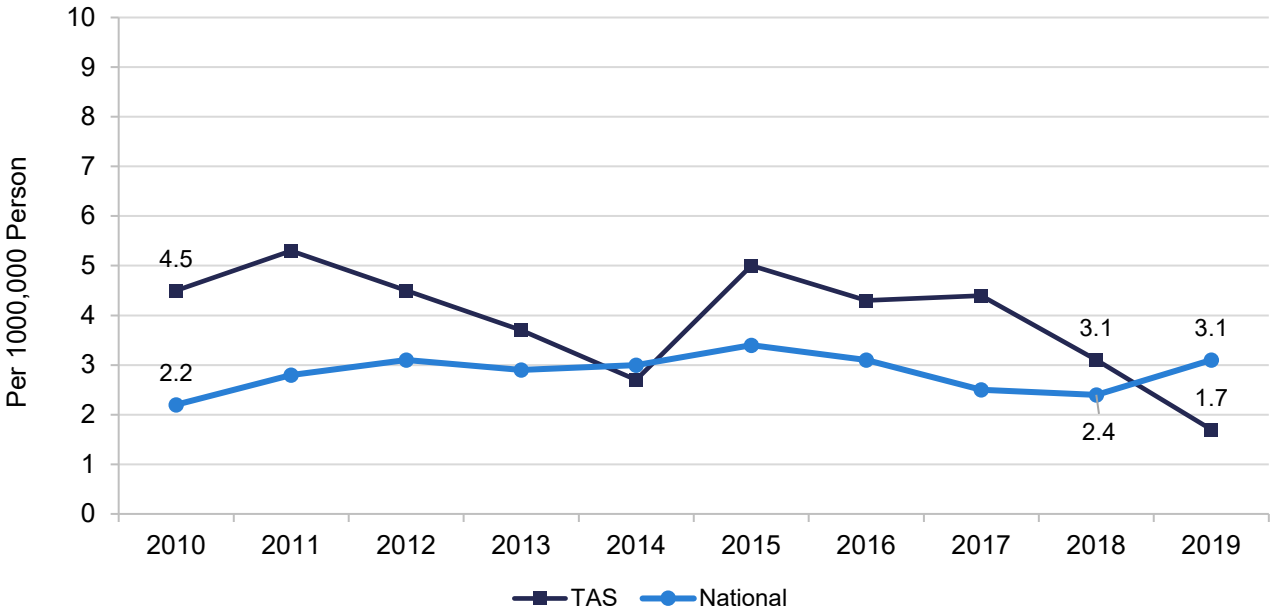
Blood-Borne Viral Infections

Figure 58: Total notifications of incident hepatitis B infections in Australia and Tasmania, 2010-2019



Source: Australian National Notifiable Diseases Surveillance System, 2020

Figure 59: Total notifications of incident hepatitis C infections in Australia and Tasmania, 2010-2019



Source: Australian National Notifiable Diseases Surveillance System, 2020

Self-Reported Injection-Related Health Problems

Table 30: Reported injection-related health problems in the previous month, Tasmania, 2010-2019

	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	2017 N=100 %	2018 N=100 %	2019 N=99 %
Scarring/bruising	51	38	42	40	52	47	49	47	50	**n/r**
Difficulty injecting	42	42	46	40	51	33	35	39	30	**n/r**
Thrombosis	9	4	3	1	13	1	4	4	9	**4**
'Dirty hit'	12	14	14	17£	17¥	9	10	6	12	**13**
Infections/abscesses	10	4	9	3	6	5	5	5	7	**6**
Overdose	2	1	2	0	1	0	1	0	1	**n/r**
At least one injection-related problem	63 (range 1-4, median 2*)	61 (range 1-4, median 1*)	59 (range 1-4, median 2*)	58 (range 1-3, median 2*)	70 (range 1-4, median 2*)	58 (range 1-4, median 2*)	65 (range 1-4, median 1*)	62 (range 1-3, median 2*)	67 (range 1-4, median 1*)	**34 (range 1-4, median 2)**
Median injection frequency	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	**More than weekly, not daily**
% injecting daily	43	36	26	28	36	24	23	23	22	**32**

Source: IDRS interviews

Only 87 participants completed this section in 2014; 86 participants in 2015; 82 participants in 2016, 94 participants in 2017 and 90 participants in 2018

n/r = not recorded as questions changed in 2019, as such the 'at least one injection-related problem' variable is not comparable in 2019 to previous years.

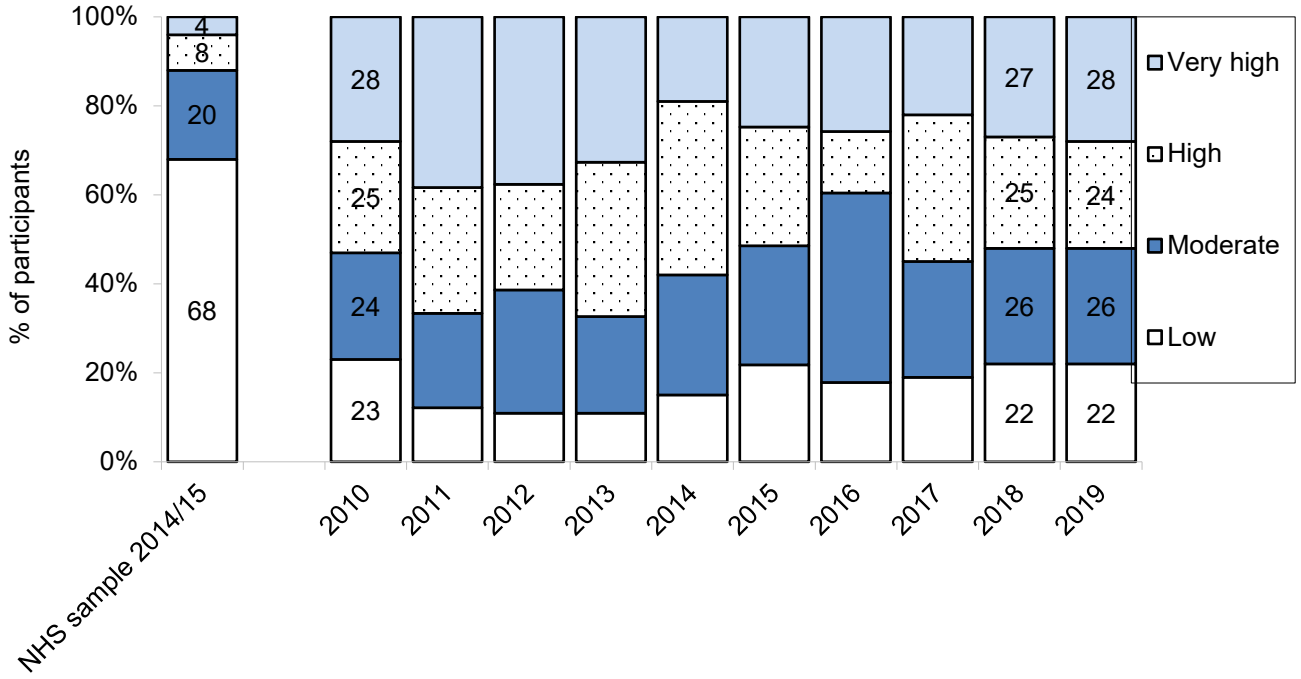
Mental Health

Table 31: Self-reported mental health problems in the past six months, Tasmania, 2010-2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Experienced mental health problem in last 6 months (%)	52	69	47	54	44	53	47	52	48	**57**
Mental health problem	n=52	n=65	n=49	n=53	n=35	n=42	n=40	n=48	n=48	**n=57**
Depression (%)#	77	72	82	74	69	69	70	75	85	**71**
Bipolar Disorder (%)#	14	12	12	19	6	7	13	17	19	**20**
Anxiety (%)#	52	46	67	57	60	71	65	60	73	**74**
Panic (%)#	19	9	25	17	20	21	18	10	19	**9**
Paranoia (%)#	12	3	20	6	3	5	18	15	17	**11**
Schizophrenia (%)#	14	8	4	17	9	10	8	17	8	**5**
Drug-Induced Psychosis (%)#	2	5	16	8	6	5	8	10	17	**4**
Obsessive-Compulsive Disorder (%)#	4	2	8	8	-	2	8	6	15	**9**
Personality disorder (%)#	10	5	14	2	3	-	5	6	8	**9**
Post-Traumatic Stress Disorder (%)#	8	12	-	5	17	21	10	21	25	**18**
Attended mental health professional (%)#	73	80	57	79	77	76	68	65	63	**60**
Prescribed antidepressants (%)#	42	52	25	55	34	31	33	40	31	**25**
Prescribed benzodiazepines (%)#	19	31	18	28	31	41	40	23	23	**24**
Prescribed antipsychotics (%)#	15	26	10	21	17	7	18	15	21	**11**

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

Figure 60: Responses to the K10 questionnaire in the National Health Survey 2014/15 and Tasmanian IDRS, 2010-2019



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

Driving Risk Behaviour

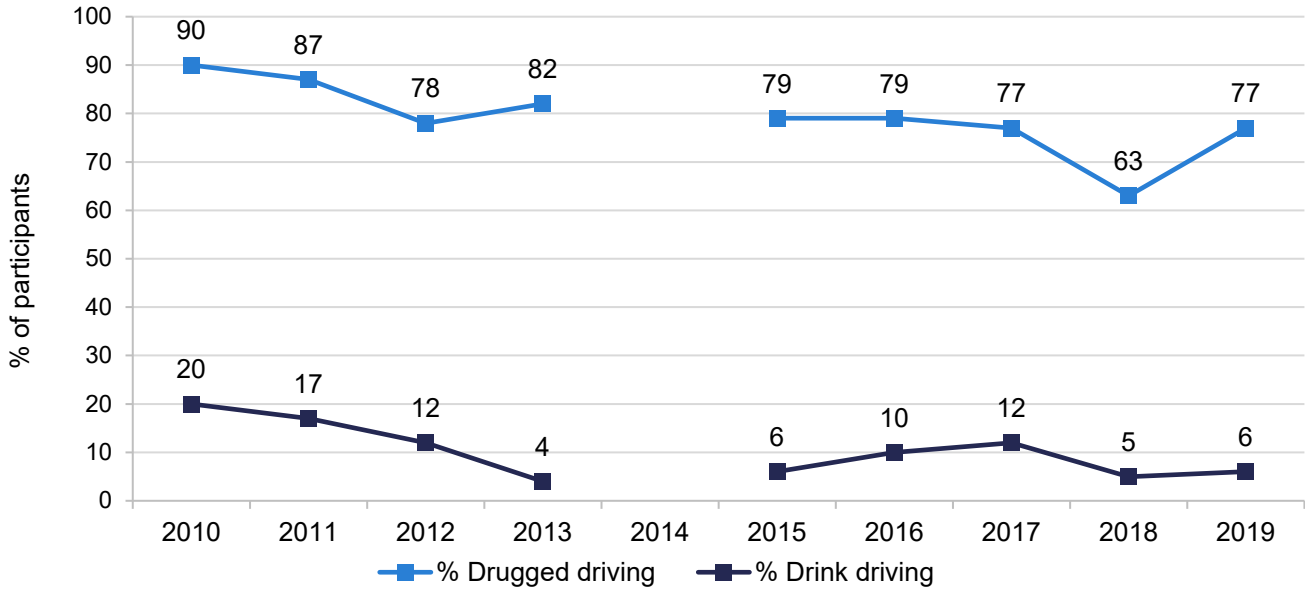
Table 32: Proportion of participants that had driven soon after using non-prescription drugs, among those who had driven in the past six months, Tasmania, 2010-2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Drove a vehicle in last 6 months (%)	59	63	64	55	58	57	48	57	41	**53**
Drove a vehicle after consuming non-prescribed drugs (%)#	90	87	78	82	85	79	80	77	63	**77**
Heroin (%)#	0	2	0	4	0	2	n/a	7	5	**5**
Methadone (non-prescribed) (%)#	25	10	16	11	19	10	n/a	16	7	**18**
Morphine non-prescribed (%)#	22	22	9	39	42	25	n/a	21	24	**13**
Methamphetamine (%)#	8	13	7	28	36	35	n/a	40	32	**59***
Powder (%)#	*8*	*10*	*6*	*20*	*25*	*15*	*n/a*	*9*	*7*	**3**
Base (%)#	*0*	*2*	*1*	*4*	*4*	*4*	*n/a*	*0*	*0*	**0**
Crystal/Ice (%)#	0	2	0	17	19	*29*	*n/a*	*35*	*32*	**59***
Cannabis (%)#	27	23	28	37	23	23	n/a	39	22	**49***
Benzodiazepines (%)#	12	13	6	17	15	13	n/a	14	7	**5**
Ecstasy (%)#	2	0	0	4	2	2	n/a	0	0	**3**

Source: IDRS interviews

#among those who had driven in the past six months; Participants were asked whether they had driven within 1 hour of consuming non-prescribed drugs in the 2007-2013 IDRS interviews, whereas in the 2014 and 2015 IDRS interview participants were asked whether they had driven after consuming non-prescribed drugs (and believed they were still under the influence), and in the 2016 IDRS interview participants were asked whether they had driven within 3 hours of consuming non-prescribed drugs. As such, these numbers are not directly comparable. *n/a*: not assessed; * = significant at p<.05

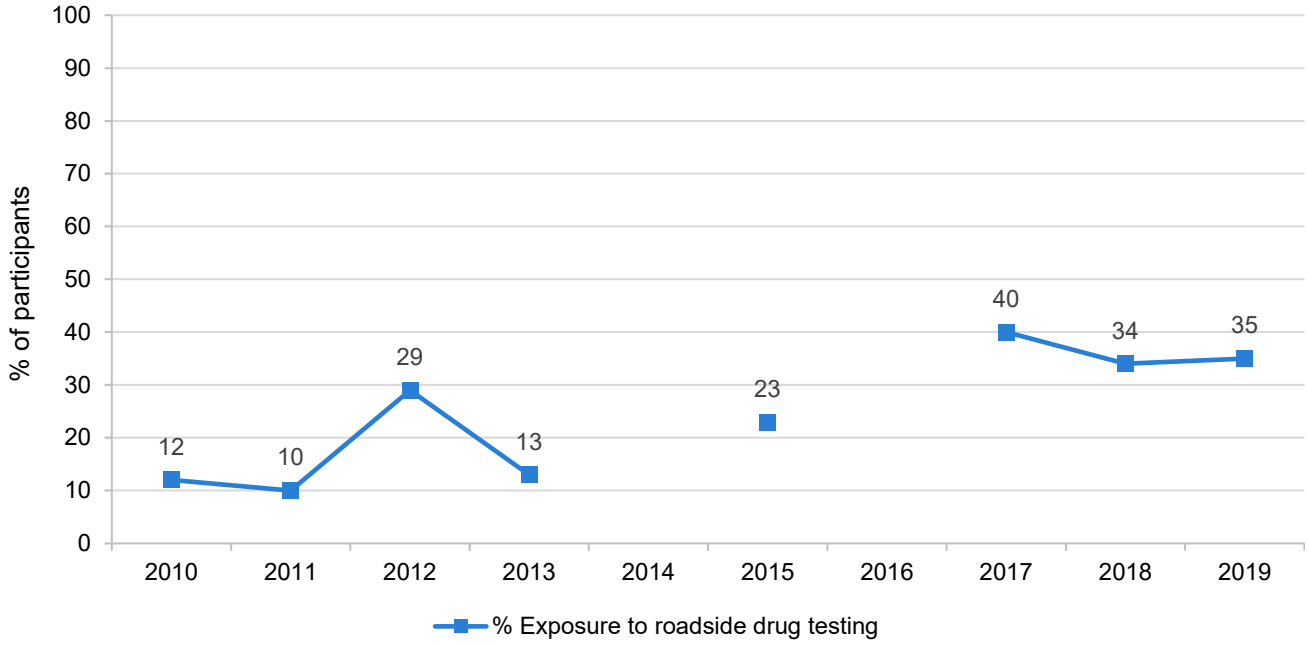
Figure 61: Self-report drink driving and drugged driving, among participants who drove in the past six months, Tasmania, 2010-2019



Source: IDRS interviews

Driven over the perceived limit of alcohol and driven a vehicle within three hours of using an illicit or non-prescribed drug. Data not collected in 2014.

Figure 62: Experience of roadside drug testing in the past six months, among participants who drove in the past six months, Tasmania, 2010-2019



Source: IDRS interviews
Data not collected in 2014 and 2016.

Table 33: Tasmania Police positive roadside drug test results, 2012/13-2017/18

	Oral Fluid Testing						
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Drugs detected in positive tests (%)	n=480	n=535	n=1924	n=2294	n=2158*	n=2212*	**n=2430**
Amphetamine	44	44	37	41	n/r	n/r	**n/r**
Cocaine	3	1	1	1			
Methamphetamine	17	28	27	31			
Cannabis	57	71	65	60			
Ecstasy (MDMA)	-	-	<1	<1			
Opiates	8	5	6	6			
Benzodiazepines	n/a	n/a	n/a	n/a			

Source: Tasmania Police State Intelligence Services
Note: Multiple drugs may be indicated on one OFT. n/a: not assessed. Data from 2016/17 onwards was taken from the DPFEM 2018/19 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 tests were not available at the time of reporting. n/r: not recorded.

Sexual Health Behaviour

Table 34: Sexual health behaviours, Tasmania, 2019

	TAS
	N=98
	2019
% Any penetrative sex in the last 6 months (n)	67% (n=66)
Of those who responded[#]:	N=63
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	8% (n=5)
Of those who responded[#]:	N=60
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	12% (n=7)
Of those who responded (past 12 months):	N=92
% Had a sexual health check	49% (n=45)
% Diagnosed with a sexually transmitted infection	4% (n=4)

Source: IDRS interviews

11

Law Enforcement-Related Trends Associated With Drug Consumption

IDRS Interview Data

Four in ten participants had been arrested in the preceding year, which was slightly higher than the average rate over the past 5 IDRS studies. This was most typically for property crime or driving offences (Table 35). One in ten had been arrested for driving under the influence of drugs, an increase from rates in 2018. Half of the participants self-reported engaging in crime in the past month, most commonly property crime and dealing. There was a significant increase in self-reported property crime (one in three participants in 2019 compared to two in ten in 2018) (Figure 63).

Indicator Data

Methamphetamine-related arrests increased sharply in 2014/15 from a baseline or around 120 per annum in the 5 year period prior to 2014/15 to over 400 cases per annum. Rates of methamphetamine related arrests have continued to increase to 507 in 2017/18, with one quarter of these being provider arrests (Figure 65). The numbers of cannabis related arrests have increased from approximately 1450 per annum between 2014/15 and 2016/17 to almost 1600 in 2017/18 (Figure 66).

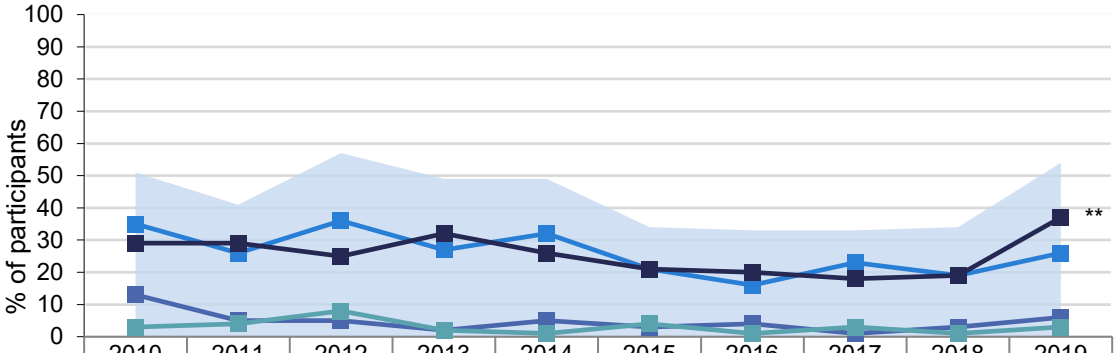
Criminal Activity among IDRS Participants

Table 35: Self-reported arrests, Tasmania, 2010-2019

Activity (%)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Arrested last 12 months	**47**	**34**	**37**	**39**	**35**	**34**	**26**	**35**	**31**	**43~**
Arrested for:										
Property crime	20	15	14	20	16	12	7	10	12	**17**
Use/possession-drugs	9	4	8	4	6	2	3	2	3	**7**
Violent crime	19	4	7	6	1	7	2	3	5	**9**
Fraud	0	1	0	0	0	0	0	0	2	**1**
Dealing/trafficking	2	1	4	1	1	1	0	0	1	**0**
Driving offence	6	7	11	15	4	8	6	7	8	**5**
Alcohol and driving	5	1	4	1	1	5	0	1	0	**5**
Drugs and driving	2	5	6	2	4	4	3	12	3	**11***
Use/possession-weapons	2	0	0	1	2	0	0	2	1	**3**
Other reason	6	5	5	5	6	4	5	3	7	**7**

Source: IDRS interviews
~p=0.08; * = significant at p<.05

Figure 63: Self-reported criminal activity in the past month, Tasmania, 2009-2019



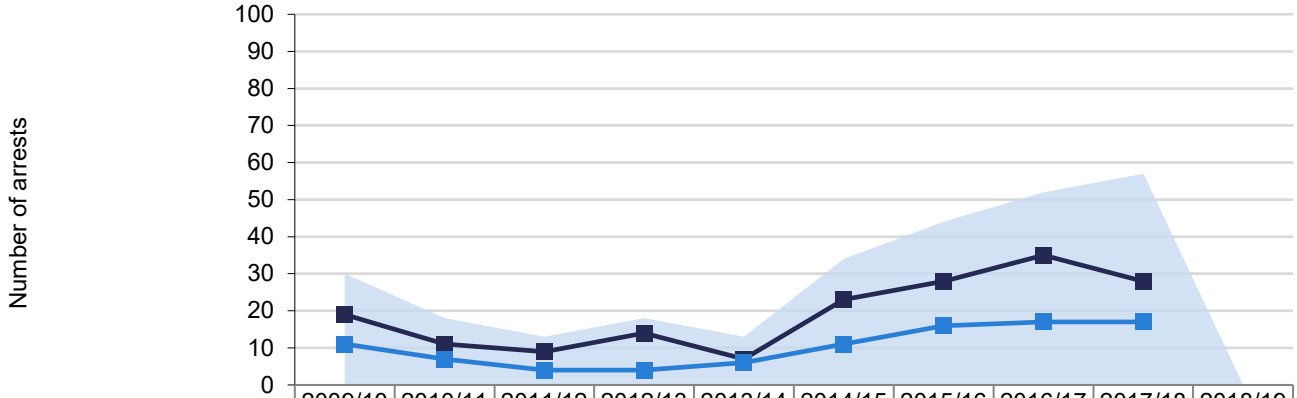
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Any crime	51	41	57	49	49	34	33	33	34	54
Dealing	35	26	36	27	32	21	16	23	19	26
Property crime	29	29	25	32	26	21	20	18	19	37
Violent crime	13	5	5	2	5	3	4	1	3	6
Fraud	3	4	8	2	1	4	1	3	1	3

Source: IDRS interviews
** = significant difference at p<.01

Drug-related Arrests by Tasmania Police

Heroin and Other Opioids

Figure 64: Number of arrests for opioid-related offences in Tasmania, 2009/10-2018/19

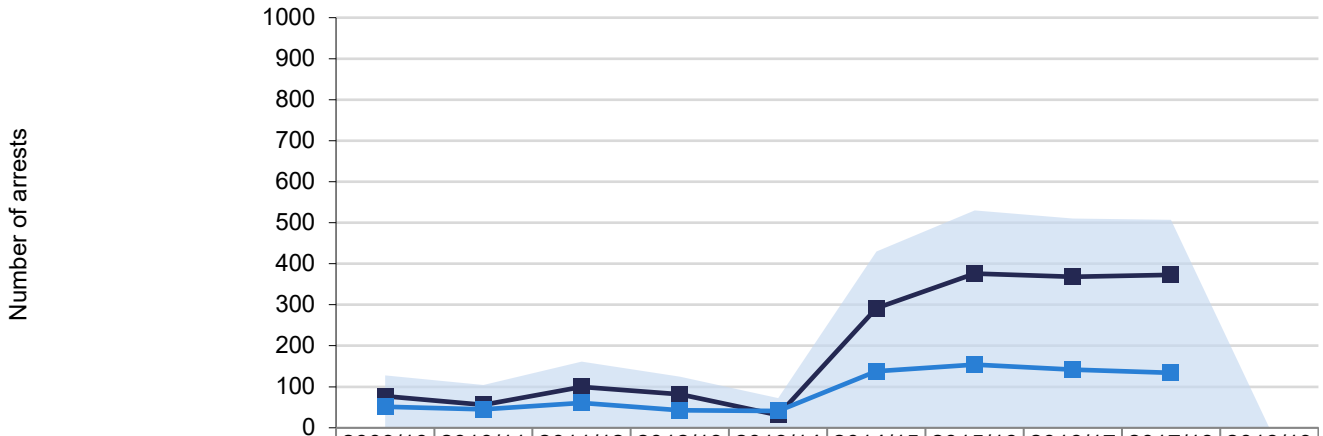


	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Total arrests	30	18	13	18	13	34	44	52	57	
Consumer arrests	19	11	9	14	7	23	28	35	28	
Provider arrests	11	7	4	4	6	11	16	17	17	

Source: Australian Illicit Drug Reports 1997/98-2001/02, Australian Bureau of Criminal Intelligence; Illicit Drug Data report 2002/03- 2008/09, Australian Criminal Intelligence Commission 2008-2018; and Tasmania Police State Intelligence Services State-wide Illicit Drug Reports
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report and ACC-IDDI due to differences in counting rules. 'Consumer' refers to persons charged with use-type offences (e.g. possession, administration), while 'provider' refers to persons charged with supply-type offences (e.g. supply, cultivation or manufacture). Where a person has been charged with multiple offences within a category, that person is only counted once in these statistics. Note: Total arrests includes those offenders whose consumer/provider status was not stated, so total may exceed the sum of the consumer and provider arrests. Data for 2018/19 was not available at time of publication.

Methamphetamine

Figure 65: Number of arrests for methamphetamine related offences in Tasmania, 2009/10-2018/19



	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Total arrests	128	104	161	125	72	430	530	510	507	
Consumer arrests	77	56	100	82	31	292	376	368	373	
Provider arrests	51	45	61	43	41	138	154	142	134	

Source: Australian Crime Commission (previously the Australian Bureau of Criminal Intelligence) and State Intelligence Services, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Cases here relate to both arrest and summons charges for methamphetamine-related offences.
Data for 2018/19 was not available at time of publication.

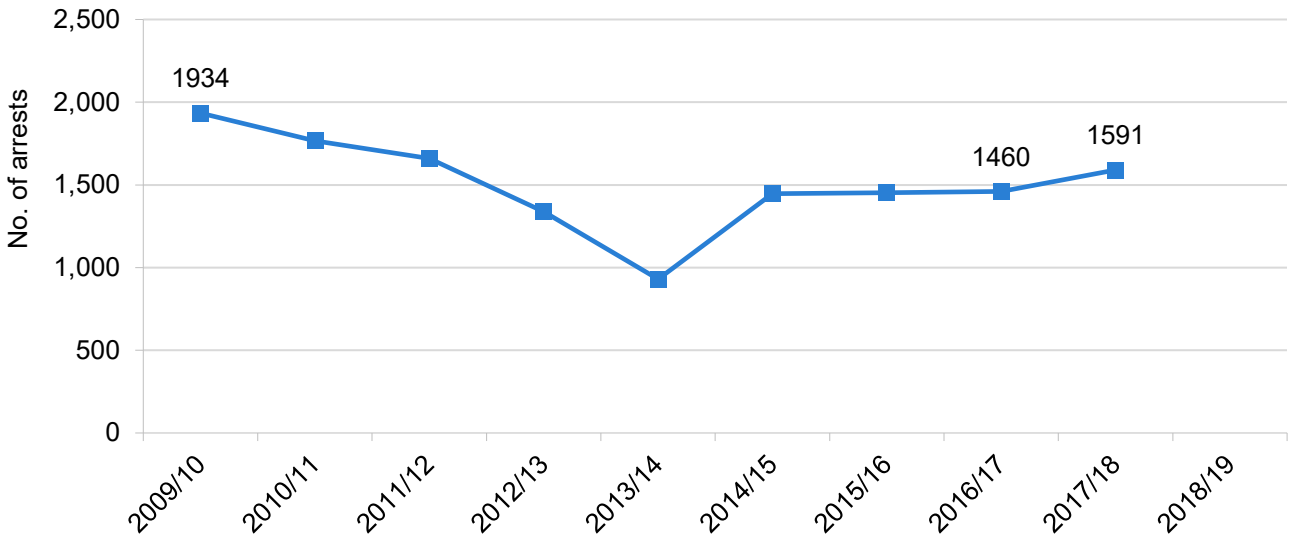
Cocaine

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

Source: Tasmania Police Data
Note: n/a - Data for 2018/19 not available at time of publication

Cannabis

Figure 66: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2009/10-2018/19



Source: Australian Crime Commission and State Intelligence Services, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.
Data for 2018/19 was not available at time of publication.

Table 36: Drug diversions or cautions issued state-wide by Tasmania Police, 2009/10-2017/18

	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19
Number cautions/ diversions	1,609	1,132	869	778	690	648	624	518	627	**n/a**
No. diverted to health intervention	615	413	307	260	205	216	178	109		**n/a**

Source: Alcohol and Drug Services, Tasmanian Department of Health and Human Services.
Note: Data from the second half of the 2010/11 and in subsequent years of reporting does not include persons less than 18 years of age. Data for 2018/19 was not available at time of publication.