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TASMANIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2014
Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

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TASMANIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2014

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

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ABBREVIATIONS

1,4B	1,4 butanediol
2CB	4-bromo-2,5-dimethoxyphenethylamine
2CE	2,5-dimethoxy-4-ethylphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
2C-T-7	2,5-dimethoxy-4-(n)-propylthiophenethylamine
5-HTP	5-hydroxytryptophan
5-MEO-DMT	5-methoxy-N,N-dimethyltryptamine
ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
AIHW	Australian Institute of Health and Welfare
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	blood-borne viral infections
BZP	benzylpiperazine
CIDI	Comprehensive International Diagnostic Interview
DACAS	Drug and Alcohol Clinical Advisory Service
DHHS	Department of Health and Human Services
DMT	N,N-dimethyltryptamine
DOI	2,5-dimethoxy-4-iodoamphetamine
DSM	Diagnostic and Statistical Manual (of mental disorders)
DXM	dextromethorphan
DUI	driving under the influence
ERD	ecstasy and related drug(s)
EDRS	Ecstasy and Related Drugs Reporting System
GBL	gamma-butyrolactone
GHB	gamma-hydroxy-butyrate
GLBT	gay lesbian bisexual transgender
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
ICD	International Classification of Diseases
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
IDU	injecting drug user
K10	Kessler Psychological Distress Scale
KE	key expert(s) (previously ‘key informant’)
LSA	d-lysergic acid amide
LSD	d-lysergic acid
M	mean
MAOI	monoamine oxidase inhibitor
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine (ecstasy)
MDEA	3,4-methylenedioxyethamphetamine
MDPV	methylenedioxypyrovalerone
MSM	methylsulfonylmethane
N	(or n) number of participants

NPS	new psychoactive substances
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NMDS	National Minimum Data Set for Alcohol and other Drug Treatment Services
NSP	Needle and Syringe Program
OCD	obsessive-compulsive disorder
OFT	oral fluid test
PDI	Party Drugs Initiative (now EDRS)
PCP	phencyclidine
PMA	paramethoxyamphetamine
PTSD	Post-traumatic Stress Disorder
REU	regular ecstasy user(s) (previously ‘party drug user’)
SD	standard deviation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
SSRI	specific serotonin reuptake inhibitor
95%CI	95% confidence interval

EXECUTIVE SUMMARY

Demographic characteristics of REU

The sample of 100 REU interviewed in 2014 were typically in their early twenties (range 17-38 years). Three-fifths (63%) of the sample were male. A majority of participants (75%) had completed Year 12, and 49% had completed tertiary qualifications after school (university or trade/technical). Over one-half (56%) were employed (either full-time or part-time/casual) and 31% were currently students. Few participants had come into contact with drug treatment agencies (2%). These demographic characteristics are generally similar to previous cohorts. However, there were significantly fewer participants in full-time employment (27% vs. 49%) and significantly more full-time students (19% vs. 4%) when compared to the 2013 sample.

Patterns of drug use over time

Polydrug use was the norm among the REU interviewed, with most having used a range of drug classes in the preceding six months. Recent use of alcohol, cannabis, tobacco and methamphetamine powder was most common (reported by more than half of the sample) and at least one-fifth had used LSD, benzodiazepines, mephedrone, cocaine or mushrooms. There were no significant changes in recent drug use between the 2013 and 2014 samples.

Ecstasy

Data from the NDSHS shows a significant decline in past-yearly ecstasy use in the general population between 2010 (3%) and 2013 (2.5%). The proportion reporting past-yearly use in Tasmania was greater in 2013 (2.9%) relative to 2010 (1.7%) but this estimate should be interpreted with caution due to a high relative standard error.

Almost the entire 2014 REU sample (99%) reported use of ecstasy in the past six months. On average participants had been using ecstasy for five years and had first used ecstasy at around 18 years of age (range 13-32 years).

Ecstasy had typically been used in tablet (94%), capsule (64%), crystal (59%) or powder (48%) form in the last six months. There was a significant decline in the proportion reporting recent use of MDMA crystals compared to the substantial increase noted in 2013 (29% vs. 47%).

Ecstasy was typically taken orally, but snorting was also common. There was a wide variation in the frequency of ecstasy use among the sample, ranging from monthly to several times a week. On average, ecstasy had been used on 11 days in the last six months or approximately fortnightly. One-tenth (10%) had recently used ecstasy weekly or more frequently and one-tenth (10%) had used ecstasy in a ‘binge session’ (a continuous 48 hour period of drug use without sleep).

A median of two ecstasy tablets were taken in a typical session of use in the last six months and less than one-tenth (7%) reported using more than two tablets in a typical session of use.

Most REU (92%) had used other drugs when last under the influence of ecstasy and over three-fifths (67%) had used other drugs when last coming down from ecstasy. Alcohol, cannabis, and tobacco were the drugs most commonly used in combination with ecstasy. A large majority (81%) of the sample reported consuming more than five standard drinks when they were last under the influence of ecstasy. Compared to 2013 there was a significant decline in the proportion who consumed >5 standard drinks when last coming down from ecstasy (16% vs. 37%).

Price, purity and availability of ecstasy
The median last purchase price for ecstasy was $30 for one tablet (range $5 45) or one capsule (range $15-50). No recent price changes were noted and two-thirds (67%) indicated that price had remained stable in the past six months.

The median last purchase price for MDMA crystal was $290 per gram (range 40-400), and price was reported to be have been stable (53%) or to have increased (32%) in the last six months.

Ecstasy (pills, capsules, powder) was reported to be medium (33%) or fluctuating (33%) in purity. In contrast, MDMA crystal was typically reported to be high (69%) in purity.

Ecstasy was reported to be easy (56%) or very easy (22%) to obtain in 2014. In contrast, MDMA crystal was typically reported to be difficult (48%) or very difficult (10%) to obtain.

Ecstasy markets and patterns of purchasing
Consistent with previous years, ecstasy was typically last purchased from friends and last obtained from a friend's home, the respondent's own home, a nightclub or a public bar. One-half (51%) indicated they had last purchased ecstasy both for themselves and for other people. A median of three tablets had been purchased on the last occasion.

Methamphetamine
Data from the NDSHS shows that there were no significant changes in lifetime or past yearly use of methamphetamine in the general Australian population between 2010 and 2013. While the past-yearly use of methamphetamine in Tasmania was estimated to be higher in 2013 (3%) relative to 2010 (1.1%), these estimates should be interpreted with caution due to a high relative standard error.

Two-thirds (64%) of the 2014 REU sample had used some form of methamphetamine in the preceding six months

Methamphetamine was used on a median of three days during this period (once every two months on average).

Recent use of methamphetamine powder was most common (58%), with lower levels of use for methamphetamine base (17%) and crystal methamphetamine/ice (14%). The proportion reporting recent use of each methamphetamine form has remained relatively stable over the past three reporting periods.

Methamphetamine powder was typically snorted or swallowed, base was typically swallowed, and crystal was typically smoked.

Due to the small number of REU who commented on methamphetamine base and crystal methamphetamine, trends in price, purity and availability over time were largely examined for methamphetamine powder only.

The median last purchase price for one point (0.1g) of methamphetamine powder was $42.50 (range $25-100), which is slightly lower than 2013 ($50) but similar to the years prior to this ($35-40).

The last purchase price for one gram of methamphetamine powder was $300 (range $150-350) which is the same as the median prices reported in 2012 (range $100-350) and 2013 (range $130-400).

Methamphetamine powder was reported to be medium (40%) or high (29%) in purity. This purity was reported to be stable (66%) or fluctuating (26%) during the previous six months. Although a small number of people commented on the purity of base (n=9) and crystal (n=12), the purity of these forms was reported to be high (82% and 75% respectively) in the last six months.

Two-thirds (68%) reported that methamphetamine powder was easy or very easy to obtain, similar to the proportion in 2013 (66%). Similarly, a majority of those who commented on base (82%) and crystal (64%) indicated that these forms were easy/very easy to obtain in 2014.

Cocaine

One-fifth (22%) of the 2014 sample had used cocaine during the six months preceding the interview, a similar proportion to 2013 (17%).

Recent cocaine use was significantly more common among older (>23 years: 32%) relative to younger (≤23 years: 13%) participants.

Cocaine was most typically snorted and was used on a median frequency of two days (range 1-13 days) in the last six months, with an average of 0.4 grams used in a typical session.

The majority of those who commented on the availability of cocaine indicated that it was currently 'difficult' (50%) or 'very difficult' (29%) to obtain. Availability was reported to have remained stable (40%), or become 'easier' (30%), 'or more difficult' (20%) to obtain in the last six months.

LSD and other psychedelics

Almost three-quarters (71%) of the 2014 sample had used LSD at some stage of their lives and more than one-third (35%) had used LSD in the six months preceding the interview which is not significantly different to the proportion in 2013 (38%). Recent LSD use was more common among males (45%) relative to females (23%).

LSD had been used on a median of two days (range 1-48 days) in the preceding six months with one tab or drop of liquid LSD (range 0.5-6) taken orally in a typical session of use.

The median last price for one tab/drop of LSD in 2014 was $20 (range $10-39), and this price was reported to have remained stable or to have fluctuated during the past six months.

The purity of LSD was considered by REU to be high (46%) or medium (39%) and to have remained stable or fluctuated during the last six months.

A large majority of those commenting indicated that LSD was either very easy (34%) or easy (56%) to obtain and that availability had recently been stable (63%).

LSD was typically last obtained from friends and was most commonly last obtained from private residences or at a nightclub or pub/bar.

One-fifth (21%) had used mushrooms in the preceding six months. Mushrooms had been used on a median of three days (range 1-15 days) during this time.

Cannabis

According to the 2013 NDSHS, it was estimated that approximately 11.8% of Tasmanians (aged 14 years and over) had used cannabis in the past year, a significantly greater proportion relative to 2010 (8.6%), but similar to the proportion in 2007 (10.8%). Nationally,

the past year prevalence of cannabis use was estimated to be 10.2% with no significant change noted relative to 2010.

A large majority (97%) of the 2014 REU sample had ever used cannabis and three-quarters (76%) had used cannabis during the six months preceding the interview.

In the last six months, cannabis had typically been smoked (99%), with one-third (35%) reporting ingestion of cannabis, and one-fifth (21%) reporting that they had inhaled cannabis in a vaporised form.

The median frequency of cannabis use was 50 days (range 1-180) or approximately two days per week. One-fifth of the sample (21%) reported daily use of cannabis during this time.

The median quantities used on the last day of use during this time were five cones (range 1-10) or one joint (range 0.33-5).

The median last purchase price for one ounce of hydroponically-grown ('hydro') cannabis was $300 (range $250-350), compared to $225 (range $100-290) for one ounce of bush-grown ('bush') cannabis. Prices per quarter ounce were also lower for bush ($70) compared to hydro ($90).

The potency of hydro was reported to be high (76%) and the potency of bush was reported to be medium (55%) with no recent changes noted.

Both bush and hydro were reported to be easy or very easy to obtain, and this level of availability was generally perceived to have remained stable or become easier during the six months preceding the interview.

Alcohol

Almost all (98%) of the 2014 REU sample had recently consumed alcohol, on an average of three days a week in the last six months. A majority (95%) had used alcohol at least weekly (but not daily), which is substantially higher than the estimate of prevalence in the general population among those aged 18-24 (22.1%) and 25-29 (19.3%) nationally – a comparable age group to the current REU cohort.

Tobacco

Tobacco had recently been used by more than four-fifths (83%) of the sample. The proportion of the 2014 Tasmanian EDRS sample who reported daily smoking (48%) is higher than the 2013 population estimate for a comparable age group (20-29 years) both in Tasmania (30.1%) and nationally (15.2%) (AIHW, 2014).

Mephedrone and other new psychoactive substances (NPS)

Almost one-quarter (23%) reported use of mephedrone in the last six months, which is similar to the proportion in 2013 (24%). Mephedrone was snorted or swallowed on a median of two days (range 1-60 days) in the last six months.

Recent use of other NPS was relatively low. The most commonly used substances in the last six months were Methoxetamine (10%), and DMT (9%), and smaller proportions reported recent use of dextromethorphan (DXM) (5%), NBOMe (5%), 2CB (4%), 2CI (4%), methylone (4%), synthetic cannabinoids (4%) and mescaline (4%). In addition, one-tenth of the sample (10%) reported recent use of capsules of 'unknown contents'.

Patterns of other drug use

Just over one-tenth of REU reported recent use of ketamine (14%) and, consistent with the low levels of use reported in previous years, less than one-tenth reported recent use of MDA (6%), and none reported recent use of GHB, gamma-butyrolactone (GBL) or 1,4 butanediol (1,4B).

Use of inhalants was relatively stable, with 17% reporting use of nitrous oxide and 12% reporting use of amyl nitrite in the preceding six months.

Two-fifths (40%) of REU had used benzodiazepines during the last six months, with almost one-third (31%) reporting illicit (non-prescribed) use and over one-tenth (13%) reporting licit use. Use of illicit benzodiazepines was relatively low in frequency, at 3 days (range 1-50 days) in the last six months.

A small proportion of the sample (5%) reported recent licit (as prescribed) use of antidepressants and none reported recent illicit use.

One-fifth (18%) of REU reported recent illicit use of pharmaceutical stimulants (such as dexamphetamine or methylphenidate) in 2014. The median frequency of use was 2.5 days (range 1-48 days) in the last six months, with a median of three tablets (range 1-8) taken in a typical session of use.

Only small proportions of the 2013 sample had recently used heroin (2%), buprenorphine (2%) or methadone (3%) and one-tenth (11%) reported recent use of 'other opioids' (restricted pharmaceuticals and alkaloid poppy derivatives).

A small proportion (2%) reported recreational use of stimulant-based over-the-counter preparations and just over one-tenth (12%) reported recent non-pain use of over-the-counter codeine preparations.

Illicit antipsychotics (typically Seroquel) had been used by less than one-tenth (7%) of the sample on a median frequency of 3 days in the past six months.

Health-related issues

Overdose. One-fifth (21%) of the 2014 REU sample had overdosed on a drug in the preceding six months, a higher proportion relative to 2013 (8%). In 2014, 10% reported a recent overdose episode on a stimulant drug (typically ecstasy, an NPS or methamphetamine) and 14% reported a recent overdose on a depressant drug (e.g., alcohol, benzodiazepines, heroin). Although the overdose symptoms that were experienced were not medically trivial, most participants had not received any formal medical treatment in relation to their last overdose episode.

Access to health services. Over three-quarters (78%) of REU reported accessing a health/medical service in the past six months for any reason, most commonly a general practitioner (GP) (84%), dentist (29%), specialist doctor (21%), hospital (17% inpatient, 8% outpatient), emergency department (14%) or psychologist (14%). Despite regular substance use, just one-tenth (11%) of REU had accessed health services in relation to drug use in the last six months, and, when they did so, this was most commonly a GP (73%), a drug and alcohol worker (46%), or a psychologist (18%). Participants had most commonly last accessed services in relation to the use of methamphetamine (27%), or alcohol (18%).

Mental health problems. One-third (33%) of the 2014 REU sample reported experiencing mental health problems during the six months prior to the interview. Among these individuals, depression (61%) and/or anxiety (70%) were most commonly reported. Just two-fifths (42%) of those who had experienced mental health problems had attended a health professional in relation to these problems during this time, suggesting an unmet demand for service provision.

Psychological distress. Mean scores on the Kessler Psychological Distress Scale (K10) were higher among the current sample of REU relative to the general Australian population (National Health Survey; ABS, 2009). The proportion of the 2014 EDRS sample with scores categorised as high/very high (36%) is substantially higher than both the national (11.8%) and Tasmanian (9.2%) normative samples from the 2011/12 NHS (aged 18-24). Those classified in the high range have increased rates of experience of mental health problems and may benefit from interventions with health professionals.

Other problems. Over one-half (52%) of the 2014 sample reported a recurrent drug-related problem, suggestive of possible substance abuse. One-third of the sample (31%) indicated that their drug use had repeatedly interfered with their responsibilities at home, at work, or at school, one-third (31%) reported repeated problems with family, friends, or people at work or school, one-quarter (23%) had recurrently found themselves in a situation where they were under the influence of a drug and could have put themselves or others at risk, and 5% reported recurrent drug-related legal problems. Problems were most commonly attributed to alcohol, ecstasy, methamphetamine and cannabis.

Stimulant dependence. While two-fifths of the sample (40%) reported experiencing no symptoms of dependence in relation to their stimulant use, over one-third (37%) of REU reported experiencing significant symptoms of dependence.

Tasmanian drug treatment data

While a number of calls have been made to the Tasmanian ADIS over the last five years in relation to ecstasy (2-10 calls per annum), these account for a small percentage (between 0.7% and 1.7%) of the calls made to this service.

In the 2013/14 reporting period, almost half (45%) of all calls related to alcohol, followed by cannabis (20%), and amphetamines (22%), a pattern in keeping with the overall trends in previous years. There has been an increase in the proportion of calls relating to amphetamine-type substances over the last two reporting periods.

Data from the NMDS for alcohol and other drug treatment services in Tasmania show that ecstasy was the principal drug of concern in only 0.2% of all treatment episodes in the 2012/13 period (equating to approximately four treatment episodes out of a total of 2,130). Alcohol (39%), cannabis (30%) and methamphetamine (12%) were more commonly coded as the principal drug of concern.

Tasmania hospital admission data

A substantial increase in cannabis-related admissions was reported in Tasmania between 2010/11 (121 per million population) and 2012/13 (296 per million population), representing an admission rate substantially greater than that seen nationally in 2012/13 (296 vs 186 per million population).

Since 2008/09, the rate of methamphetamine-related admissions in Tasmania has been well below the national admission rate, with a rate of 58 (per million persons) reported in Tasmania in 2012/13 compared to a rate of 272 nationally. National rates have risen since 2010/11 while the Tasmanian rate has remained relatively stable.

There has been very few hospital admissions recorded in Tasmania in relation to cocaine in previous years, with local cases remaining substantially less than that the national rate.

Risk behaviours

Injecting drug use. Less than one-tenth (8%) of the 2014 REU sample had recently used substances intravenously, with three participants injecting less than once a week during this time, two participants injecting 2-3 times per week, and the remainder (n=3) injecting more often. Methamphetamine and other opioids were the drugs most commonly injected in the last six months.

Sexual risk behaviour. Three-fifths (62%) of REU reported penetrative sex with a casual partner during the six months preceding the interview and a majority of these (93%) reported sex with a casual partner while under the influence of drugs, most commonly alcohol, ecstasy, or cannabis. When under the influence of drugs, one-quarter (28%) reported always using protective barriers with a casual partner and one-fifth (16%) never used protective barriers. Almost one-half (47%) of those who reported sex with a casual partner indicated that they did not use any protective barriers on the last occasion in the previous six months.

Two-fifths of the sample (43%) had never had a sexual health check-up. A majority (80%) of the sample had never been diagnosed with a sexually transmitted infection (STI) and the remainder had been diagnosed in the last year (7%) or more than a year ago (13%). The most commonly diagnosed STIs were chlamydia (57%) and gonorrhoea (29%).

Alcohol Use Disorders Identification Test (AUDIT). One-quarter (28%) of REU who completed the AUDIT scored in zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence) which is similar to the proportion in 2012 (29%). A further 17% scored in zone 3 (harmful or hazardous drinking), one-half (50%) scored in zone 2 (alcohol use in excess of low-risk guidelines[1]), and just 5% scored in zone 1 (a level reflecting low-risk drinking or abstinence).

Binge drug use. One-quarter (24%) had recently binged on ecstasy or related drugs (a continuous period of use for more than 48 hours without sleep), on a median of three occasions (range 1-40) in the last six months. Substances most commonly used in a binge session of use were alcohol (88%), cannabis (58%), ecstasy (54%), methamphetamine (powder 46%; base 13%; crystal 33%), LSD (29%), benzodiazepines (25%), energy drinks (17%) and cocaine (17%).

[1] It should be noted that this threshold for low-risk is based on standards employed in the 2007 NDSHS, which represents a threshold substantially higher than that specified by the National Health and Medical Research Council in their revised guidelines. However, the thresholds used in the Household Survey have been reported here in order to facilitate comparisons with such national indicators.

Criminal activity, policing and market changes

Criminal activity. Just over two-fifths (42%) of the 2014 REU sample reported taking part in any criminal activity in the last month. The most common crimes were drug dealing (24%) and property crime (28%). Over one-tenth (13%) of REU had been arrested during the preceding 12 months. Arrests were generally for non-drug-related offences.

Arrests and seizures by Tasmania Police.
In 2013/14 there were few ecstasy-related consumer (n=4) or provider (n=2) arrests and four seizures totalling 302.5 tablets/capsules. This is relatively consistent with the relatively low number of arrests and seizures over the previous three reporting periods.

There was a marked decrease in methamphetamine-related arrests in 2013/14 (63 arrests) compared to 2012/13 (128 arrests). This declining trend can be seen over the last two reporting periods, and is largely due to decline in the number of consumer rather than the number of provider arrests. While there were fewer methamphetamine seizures in 2013/14 relative to 2012/13 (172 versus 240 seizures), the weight of seizures was greater in 2013/14 (8,613 grams) compared to 2012/13 (5,197 grams).

Cautions and arrests relating to cannabis were lower in 2013/14 (928 arrests) compared to 2012/13 (1,338) arrests. This declining trend has been evident over the past four reporting periods. The weight and number of cannabis seizures was also substantially lower in 2013/14 compared to 2012/13, with 2,180 seizures totalling 113,092 grams in 2013/14.

Illicit drug diversions/cautions. In 2013/14 there were 690 diversions/cautions made by Tasmania police and 205 of these were diverted to a health intervention. The total number of drug diversions or cautions and the number diverted to health interventions were lower in 2013/14 compared to 2012/13. A majority of diversions (93) were in relation to cannabis.

Drug-related charges in Tasmanian courts. There has been a downward trend in the total number of drug-related offences before the Hobart magistrate's court over the past three years. This is largely due to a decrease in the number of offences relating to the possession/use of illicit drugs and may be related to the introduction of the illicit drug diversion initiative (IDDI). In 2013/14, the number of individuals before the Hobart magistrates court in relation to drug offences (248 individuals) was slightly fewer in comparison to 2012/13 (271 individuals). The number of individuals incarcerated at Hobart Prison in relation to drug offences in 2013/14 (93 individuals) was considerably higher compared to 2012/13 (47 individuals), but relatively commensurate with the years prior to this.

Tasmanian roadside drug testing data. A consistent number of roadside drug tests have been conducted in Tasmania over the last four reporting periods. In 2013/14, there were 1,819 tests conducted and one-third (35%) of these returned a positive test.

Cannabis was the most commonly detected drug, with 72% of all OFT tests and 77% of all blood tests returning positive results. Positive results for amphetamine were also common in both OFT (44%) and blood tests (34%), while methamphetamine was more commonly detected in blood tests relative to OFT (41% vs. 28%). Few OFT or blood tests returned a positive result for the presence of MDMA/ecstasy.

Special topics of interest

Use of dark web marketplaces. Three-fifths (62%) of REU reported that at least 'a few' of their friends had purchased a drug online, and one-tenth (9%) reported that they had ever purchased a drug online, most commonly from Silk Road, other 'dark web' marketplaces, or international webstores.

In the past year, six REU reported purchasing a drug online, most commonly from the Silk Road and other dark web marketplaces (both Australian and international), with some participants purchasing once or twice (n=2) during this time and the remainder (n=5) purchasing more often.

Substances most commonly purchased online in the past year (Table 68) included DMT (n=3), methoxetamine (MXE; n=2), mephedrone (n=2), and methylone/bk-MDMA (n=2).

Of the six REU who responded, three participants indicated that they were not likely to purchase online again in the future, and three indicated that they were likely to purchase online again.

NPS health policy. Participants were asked about their knowledge of the legality of several NPS (2CB, 2CI, DMT and Mephedrone). For each of these substances, a majority of participants typically thought that the substances were illegal (62-76%) but around one-fifth to one-third (21-37%) were unsure about their legal status. A large majority (95%) indicated that the legal status on NPS would not influence their decision to use these substances in the future. On the last occasion, respondents were most commonly motivated to use NPS because of 'good value for money' and because there was 'no other drug available to them at time of use'.

Implications

The aim of the EDRS is to investigate the patterns of drug use, drug markets, and associated risks and harms among a sentinel group of participants that use ecstasy on a regular basis; as such, this population is not necessarily representative of all consumers of ERD, and the prevalence of ecstasy and other drug use cannot be inferred. However, the study is designed to identify emerging trends and important issues, and the findings suggest the following key areas for consideration in future policy.

1. Examination of trends in methamphetamine use state-wide

While this study found no indication of a change in the extent of methamphetamine use, or the local markets for this drug for ERD consumers in Hobart, there is significant community concern in relation to a perceived increase in methamphetamine availability, particularly crystalline methamphetamine, in other areas of Tasmania. The existing indicators of methamphetamine markets in regions outside of Hobart are scant and have been recently reviewed (DHHS, 2014). One of the recommendations of this recent report was that "Tasmanian Inter-Agency Working Group on Drugs could be tasked specifically with monitoring this and any other emerging drug use trends and providing regular reports to government" (p. 7). The methodology of the EDRS and IDRS are well suited to extension to other regions of the state, and has previously identified quite distinct drug use markets between southern and northern regions (de Graaff & Bruno, 2007b). As such, consideration of regularly extending the EDRS and IDRS studies to the North and North-West of Tasmania would be appropriate to improve understanding of drug markets and to provide early warning of emergent trends.

2. Funding of specific health programs to meet the needs of local consumers

There are currently no services that specifically cater to users of ERDs in Hobart, and aside from volunteer organisations at predominantly large-scale events, there is currently very little dissemination of harm-reduction information to these populations. This indicates a clear need for funding and a proactive response in terms of the implementation of harm-reduction strategies. Although approximately one-third of the REU among previous EDRS cohorts were actively seeking harm-reduction information, these messages were not necessarily reaching other consumers.

Drug information is typically sought from peers or peer-run organisations (e.g., harm-reduction-based websites such as www.pillreports.com or www.bluelight.ru), responses to overdose incidents were typically handled by peers, and REU do not typically come into contact with traditional drug-related services. Thus, it is likely that harm-reduction programs will attain maximum impact if delivered through peer-based organisations and mediums appropriate to the target group (e.g., internet sites and outreach workers or information at events). By contrast, illicit-drug education campaigns based around 'fear arousal' may be ineffective or even have contradictory effects (Ashton, 1999; Skiba, Monroe & Wodarski, 2004; West & O'Neal, 2004). Fear arousal campaigns and 'sensationalised' reporting of drug use in the media, run the risk of undermining the potential for successfully reducing health harms.

3. Focused interventions to reduce the harm associated with high risk patterns of drug use, polydrug use, binge drinking (including binge drinking in combination with ecstasy) and tobacco use

Whereas the long-term effects and risks of extended ecstasy use are not completely understood, evidence from toxicology studies in rats and neuropsychological studies in humans suggests that those using the drug frequently or in large amounts for extended periods of time may be at a greater risk for neurological and neuropsychological harm. Among the REU cohort in the present study, approximately one-tenth of the 2014 sample had recently used ecstasy weekly or more frequently (10%), had used ecstasy in a binge

session (10%) (a continuous 48-hour period of drug use without sleep), or reported using more than two tablets in a typical session of use (7%).

Polydrug use is also an issue of concern in this population. Concomitant use of different drugs may have potentially harmful interactions, thus dissemination of information regarding the negative effects of specific drug combinations may be beneficial. Of particular concern is the high level of coincidental ecstasy and binge alcohol use among REU. A large majority (81%) typically consumed more than five standard drinks when under the influence of ecstasy. There is an increased risk of dehydration when alcohol is combined with ecstasy. Additionally, larger quantities of alcohol can be consumed when under the influence of psychostimulants without experiencing the immediate effects of intoxication; while the associated harms still occur. There is also emerging evidence from animal studies that alcohol may dramatically alter the pharmacology of MDMA in the brain, in particular increasing the concentration of the drug and its metabolite in particular regions (Hamida et al., 2008), which may exacerbate the potential for neurological harms or problems such as dependence, arising from use of the drug.

The use of NPS and capsules with unknown content is a potentially risky practice. For these substances, it may be difficult for consumers to predict time of onset and harms may ensue if consumers take multiple tablets/capsules in an attempt to compensate for a perceived low potency dose (when in fact the minimal initial effect is a function of an extended duration of onset). In terms of general harm reduction principles when consuming unknown psychostimulants, the general principles suggested by Winstock, Marsden and Mitcheson (2010) should be considered. These principles include: avoiding regular use to avoid development of tolerance, avoiding co-incident use of multiple psychostimulants or in combination with large doses of alcohol or other depressants, avoiding becoming overheated, not consuming 'stacked' multiple doses, and avoiding psychostimulants in particular if a person has a history of mental health disorder, cardiac or neurological problems.

Hazardous drinking practices are also an issue of general concern in this population. A large majority (95%) had used alcohol at least weekly (but not daily), which is substantially higher than the estimate of prevalence in the general population among those aged 18-24 (22.1%) and 25-29 (19.3%) nationally – a comparable age group to the current REU cohort. A large majority of REU (85%) scored 8 or more on the Alcohol Use Disorders Identification Test (AUDIT), suggestive of hazardous and harmful alcohol use and the possibility of alcohol dependence. Additionally, the majority of overdose episodes reported by REU in the current and previous cohorts has involved alcohol and/or polydrug use.

Tobacco use is very common among the EDRS cohorts with three-quarters (76%) of the 2014 sample reporting use in the last six months. The proportion who reported daily smoking (48%) was higher than the 2013 population estimate for a comparable age group (20-29 years) both in Tasmania (30.1%) and nationally (15.2%) (AIHW, 2014). Additionally, the incidence of intermittent tobacco use is extremely high, suggesting a need for focused interventions among this population. For example, traditional interventions (e.g., nicotine patches) may not meet the needs of the high proportion of intermittent consumers, and novel tailored interventions may be necessary.

4. Interventions aimed at increasing awareness of safe sexual practices

Almost one-half (47%) of those who reported sex with a casual partner indicated that they did not use any protective barriers on the last occasion in the previous six months. Use of protective barriers among this population is an issue of concern given the rapidly increasing notifications of sexually transmitted infections in the general population – for example, the rate of notified cases of chlamydia infections increased to 361.7 per million population in 2011 compared to an average of 273.1 over the previous five years (Australian Institute of

Health and Welfare, 2012). Among those interviewed in the present study, two-fifths (43%) reported that they had never had a sexual health check-up.

5. Increased awareness of and access to health, mental health and emergency services in this population

The level of harm experienced by the majority of participants was relatively low. However, there is a subset of this cohort that experienced notable symptoms of dependence, recent mental health problems, and clinically significant levels of psychological distress. One-third (33%) of the 2014 REU sample reported recent experience of mental health problems (most commonly depression and/or anxiety), with just two-fifths (42%) of these individuals attending a health professional in relation to these problems. This suggests under-recognition of mental health problems and a need to improve recognition and access to treatment for mental health problems in this population.

Similarly, despite regular substance use, one-tenth (11%) of the sample had recently accessed health services in relation to drug use. The service most commonly accessed by REU was a GP, or a psychologist. As such, there may be some benefit in increasing awareness among primary health care practitioners in regard to ecstasy and related drugs and associated problems.

One-fifth (21%) of the 2014 REU sample had overdosed on a drug in the preceding six months, and the majority of these had not received any formal medical treatment or were monitored/watched by friends. Thus peer education on how to help friends in an emergency, and the situations in which medical treatment may or may not be appropriate, may also be of benefit for this group.

6. Increased awareness of legislation among local consumers with regard to possession, supply, and trafficking of controlled substances

Although the ERD market is predominantly based on individuals sourcing the drug for other friends while making no cash profit, those that purchase ecstasy in larger quantities may be putting themselves at greater risk of being arrested as a provider rather than a consumer of the drug. One-half (51%) indicated that when they purchased ecstasy they typically purchased the drug both for themselves and others, and a median of three tablets were purchased per occasion. This indicates a need for increased awareness of the risks associated with supplying ecstasy to friends, so that they are able to make informed choices with regard to this.

In addition, consumers are not always aware of the legislation regarding NPS such as mephedrone which are illegal in most Australian jurisdictions (including Tasmania) due to analogue laws or recent legislation changes. For example, when Participants were asked about their knowledge of the legality of several NPS (2CB, 2CI, DMT and mephedrone), around one-fifth to one-third (21-37%) were unsure about their legal status.

7. Continued monitoring and focused interventions to increase the awareness of the effects and risks of the use of mephedrone and other emerging substances

Data from the EDRS has indicated significant changes in ERD markets in Hobart over the years. This has included fluctuations in the ecstasy and methamphetamine markets (including use of MDMA capsules/crystal and crystal methamphetamine), the rise and changing face of NPS use (including mephedrone and related substances) and the emergence of an illicit capsule market. Given the changing illicit drug market both nationally and internationally and the continual development and release of new substances and online markets, it is imperative that the use of NPS are continually monitored and that focused interventions are developed to increase the awareness of the effects and risks of their use among both consumers and health workers in this area.

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1.0 INTRODUCTION

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

The feasibility of the EDRS was assessed with a two-state trial funded by the National Drug Law Enforcement Research Fund (NDLERF) in 2000 (Breen, Topp, & Longo, 2002) and NDLERF provided additional funding for a two-year project in every Australian state and territory beginning in 2003. The EDRS was funded by the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy as a project under the cost-shared funding arrangement in 2005 and by the AGDH since 2006.

The current report contains new data collected in Tasmania in 2014. Tasmanian trends between 2003 and 2013 can be found in previous Tasmanian EDRS reports (Bruno & McLean, 2004b; Matthews & Bruno, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2013; Matthews, Bruno, & Nicholls, 2014; Matthews, Bruno & Peacock, 2012). National reports including jurisdictional comparisons are available online from the National Drug and Alcohol Research Centre (NDARC), University of New South Wales (Black et al., 2008; Breen et al., 2004; Dunn et al., 2007; Sindicich et al., 2009, 2010, 2011, 2012, 2013, 2014, 2015; Stafford et al., 2005, 2006).[2]

1.1 Aims

The aims of the Tasmanian EDRS are: to describe the demographic characteristics and patterns of ecstasy and other drug use among a sample of regular ecstasy users (REU) and regular psychostimulant users (RPU) in Hobart and surrounding areas; to examine and identify trends in the price, purity, and availability of ERD in Hobart; to examine the nature and incidence of risk behaviours and health-related harms among the group of participating REU/RPU; to investigate other emerging trends in local ERD markets that may warrant further investigation or monitoring; and to identify issues that are pertinent to developing harm-reduction strategies. An overarching aim is to, where possible, incorporate converging data from key experts (KE) and indicator data and to identify emerging trends through comparison with EDRS data collected in Hobart in previous years (Bruno & McLean, 2004b; Matthews & Bruno, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2013; Matthews, Bruno, & Nicholls, 2014; Matthews, Bruno & Peacock, 2012).

[2] These reports are available electronically at the NDARC website: http://ndarc.med.unsw.edu.au/.

2.0 METHODS

The EDRS uses a convergent validity methodology involving the triangulation of data from three different sources. The three components include a survey of REU in Hobart, interviews with KE who have regular contact with ecstasy users in Hobart through the nature of their work or role in the community, and an examination of existing data sources that pertain to ERD in Tasmania. Focusing on convergent trends among the three data sources allows the validity of each data set to be established. Specific information about the three data sources used in the present study is outlined below.

2.1 Survey of REU

2.1.1 Recruitment

One hundred REU were interviewed using a structured face-to-face interview between April and July 2014. Interviews were conducted at locations such as cafes, bars, the University of Tasmania, and where appropriate, private residences such as participants' and interviewers' homes. Inclusion criteria for the study included at least monthly use of ecstasy (REU) or other psychostimulants (RPU) in the last six months, an age of at least 17 years, and having resided in the greater Hobart area for at least 12 months prior to the interview. In 2014, 99% of the sample met the criteria for REU. Participants were recruited through posters and flyers distributed in the Hobart area at various locations (e.g., cafes, bars, nightclubs, music stores, universities, youth services), internet forums, and through snowball methods (word of mouth and recruitment through friends and associates). In 2014, REU reported hearing about the study through street press (76%), flyers (21%) or 'snowballing' methods (peer referral) (3%). One-quarter (28%) of the 2014 cohort had participated in the EDRS in previous years.

2.1.2 Procedure

Participants contacted the researchers through voicemail, email, or SMS to leave their contact details and were subsequently contacted by one of the interviewers. Participants were screened by phone to establish their eligibility for the study. Interviewers arranged to meet eligible participants at a mutually acceptable time and place. Prior to commencing the interview, participants gave written informed consent. Participants were informed that the survey was strictly confidential, that they could not be personally identified in any way, and that they were free to withdraw at any time without prejudice, or decline to answer any questions. Interviews took a median of 60 minutes to complete (range 35-135 minutes) and participants were reimbursed a sum of $40 for their travel and out of pocket expenses.

2.1.3 Measures

The structured interview focused on the six-month period preceding the interview and assessed demographic characteristics; patterns of ecstasy and other drug use including frequency, quantity and route of administration; the price, purity, and availability of different drugs; patterns of purchasing; symptoms of dependence; help seeking; injecting drug use; overdose; safe sex; problems associated with drug use (e.g., work/study, risk to self/others, social, legal problems); psychological distress; mental health; self-reported criminal activity; and general trends in ERD markets. In addition, the following special interest modules were included in 2014: online purchasing, new psychoactive substances (NPS) health harms, and NPS health policy.

2.1.4 Data analysis

Differences between the means of continuous normally distributed variables were analysed using *t*-tests. The non-parametric Mann-Whitney *U* test was used to analyse differences on continuous variables that did not follow a normal distribution. Chi-square tests and 95% confidence intervals (95%CI) were used to analyse differences between categorical variables. Confidence intervals for the difference between two proportions were determined according to Tandberg[3] using an implementation of the optimal methods identified in Newcombe (1998). A categorical variable for age was created using a median split, resulting in a 'younger' group (aged 23 years and below, n=53) and an 'older' group (aged above 23 years, n=47). All statistical analyses were conducted using IBM SPSS Statistics 21.0 for Windows (IBM, 2012).

2.2 Survey of KE

Key experts who had regular contact with illicit drug users in the six months preceding the interview were eligible to participate in the study. Twenty-seven KE participated in semi-structured face-to-face interviews at their place of work, private residences, locations such as coffee shops or bars, or over the phone between July and October 2014. KE included youth/community workers (n=2), law enforcement personnel (n=3), alcohol and drug counsellors/workers (n=9), Needle and Syringe Program (NSP) workers (n=7), medical specialists (n=2), bar staff (n=1), venue security (n=2), and DJs (n=1).

The semi-structured KE interview included sections on demographic characteristics, drug use patterns and price/purity/availability of ecstasy and other drugs, criminal behaviour and health issues, and was particularly focused on indicating any recent changes in these areas. Interviews took approximately 60 minutes to complete. Questions were generally open-ended and interviewers wrote verbatim responses at the time of the interview. Interviews were later transcribed in full and recurring themes were identified and tabulated using Microsoft Excel. Information from single KEs may be included in the report where deemed reliable by the interviewer and/or pertinent to the explanation of particular trends. Some closed-ended questions were asked in relation to the price/purity/availability of ecstasy and analysed using IBM SPSS Statistics 21.0 for Windows (IBM, 2012).

2.3 Other indicators

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

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

National Drug Strategy Household Surveys (1998, 2001, 2004, 2007, 2010, 2014). The National Drug Strategy Household Survey (NDSHS) aims to determine the prevalence of the use of illicit drugs such as cannabis, methamphetamine, hallucinogens, cocaine, and ecstasy among the general community. Tasmanian participants were English-speaking individuals, over the age of 14, who lived in private residences in Tasmania during 1998 (n=1,031), 2001 (n=1,349), 2004 (n=1,208), 2007 (n=1,143), 2010 (n=1,060) and 2013 (1,134) (Australian Institute of Health and Welfare [AIHW], 1999, 2000, 2002a, 2002b, 2005a, 2005b, 2008a, 2008b, 2011, 2014). Participants were asked to indicate whether they had used each type of illicit drug at some stage in their life or during the 12 months preceding the interview.

Telephone Advisory Services Data. The Tasmanian Alcohol and Drug Information Service (ADIS) is a confidential drug and alcohol counselling, information and referral service that has been serviced by Turning Point Alcohol and Drug Centre in Victoria since May 2000. Turning Point systematically records data for each call received. In this report, data is included from the 2005/06 to 2013/14 reporting periods for each drug type and from 2000/01 to 2012/13 for ecstasy (Turning Point, 2001-2015).

Police and Justice data. Information on drug seizures, charges, price and purity were obtained from Australian Illicit Drug Reports produced by the Australian Bureau of Criminal Intelligence (ABCI) (1999-2002) and Illicit Drug Data Reports provided by the Australian Crime Commission (ACC) (2003-2014). While data on the purity of drugs seized were provided through the ACC; not all drug seizures are analysed for purity. The ACC reports do not necessarily report seizure and arrest data separately for drugs such as ecstasy. This is provided by Tasmania Police State Intelligence Services where possible. ACC data for the 2013/14 reporting period were unavailable at the time of publication but, where possible, preliminary data were provided by Tasmania Police State Intelligence Services. These preliminary data are subject to revision and may differ from ACC data due to differences in counting rules. Tasmania Police also provided data in relation to the Illicit Drug Diversion Initiative (IDDI) and roadside drug testing in Tasmania.

Public hospital admission data – AIHW. The AIHW has provided hospital morbidity data for 'principal' and 'additional' diagnoses in relation to drug use from the years 1999/00 to 2010/11 (Roxburgh & Burns, in press). Hospital admission data for the 2011/12 and 2012/13 reporting periods were not available at the time of publication. These data relate to public hospital admissions, for individuals aged between 15 and 54 years. Diagnoses were coded based on the International Classification of Diseases (ICD) 10, second edition. A 'principal diagnosis' refers to the instance where it is established upon examination that the drug was principally responsible for the patient's episode in hospital. An 'additional diagnosis' refers to the case where the condition or complaint is either co-morbid with the principal diagnosis or arises during the course of the episode in hospital. It should be noted that data from Tasmania's only public detoxification centre were included only from June 2002 onwards. In this report, hospital admissions are reported separately for amphetamines, cannabis, and cocaine.

The National Minimum Data Set for Alcohol and other Drug Treatment Services (NMDS). The NMDS was developed as a nationally consistent response to data collection for alcohol and other drug treatment services. Data collection began on 1 July 2000 and is available from the AIHW for the financial years between 2000/01 and 2012/13. Data for the 2013/14 financial year were not available at the time of publication.

3.0 DEMOGRAPHICS

Summary:

- The sample of 100 REU interviewed in 2014 were typically in their early twenties (range 17-38 years). Three-fifths (63%) of the sample were male.
- A majority of participants (75%) had completed Year 12, and 49% had completed tertiary qualifications after school (university or trade/technical).
- Over one-half (56%) were employed (either full-time or part-time/casual) and 31% were currently students.
- Few participants had come into contact with drug treatment agencies (2%).
- These demographic characteristics are generally similar to previous cohorts. However, there were significantly fewer participants in full-time employment (27% vs. 49%) and significantly more full-time students (19% vs. 4%) when compared to the 2013 sample.

3.1 Overview of REU sample

Table 1 shows the demographic characteristics of REU interviewed for the EDRS in 2014. Three-fifths of the sample was male (63%). The mean age of participants was 24 years (range 17-38 years), and there was no significant difference between the mean age of males (23 years) and females (24 years) ($p>.05$).

The majority of participants nominated their sexual identity as heterosexual (93%) and spoke English as their main language (98%). A small proportion (3%) of participants were of Aboriginal and/or Torres Strait Islander (A&TSI) descent.

Participants typically lived in their own accommodation (owned or rented) (76%), or were living in their parents' or family's home (23%).

Participants had completed 12 years of school education on average (range 10-12 years), and the majority of participants (75%) had completed Year 12. One-half (49%) had completed tertiary qualifications after school, with one-third (30%) having completed a university degree and one-fifth having completed a trade/technical qualification (19%).

The majority of participants were either employed on a full-time (27%) or part-time/casual (29%) basis, one-third were currently students (19% full-time, 10% part-time), and 13% were currently unemployed. Three-fifths (60%) of the sample reported an annual income between $13,000 and $31,199.

Few REU were receiving drug treatment at the time of interview (2%) or had received a previous prison conviction (2%).

The demographic characteristics of the 2014 sample were generally similar to the samples recruited between 2009 and 2013. There were significantly less participants in full-time employment (27% vs. 49%, $\chi^2=7.36$, $p=.007$) and a significantly greater proportion of full-time students (19% vs. 4%, $\chi^2=7.62$, $p=.006$) in 2014 when compared to 2013. However, the proportion in full-time employment/study among the 2014 sample was similar to that observed prior to 2013.

KE who commented on the demographic characteristics of the ecstasy consumers with whom they had regular recent contact indicated that this group was representative of a wide range of people from various educational and employment backgrounds.

Table 1: Demographic characteristics of REU sample, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Mean age (range)	24 18-42	23 17-36	24 17-39	24 18-57	25 18-42	**24** **17-38**
Sex (% male)	64	55	65	55	57	**63**
Heterosexual (%)	98	96	91	81	87	**93**
English speaking (%)	100	100	100	100	99	**98**
A&TSI (%)	0	1	0	3	5	**3**
Accommodation						
Own/rented (%)	77	69	81	74	79	**76**
Live with family (%)	21	31	13	23	18	**23**
Boarding house^ (%)	1	0	1	1	1	**1**
No fixed address (%)	1	0	4	2	0	**0**
Mean school years† (range)	12 10-12	12 10-12	12 8-12	12 9-12	12 7-12	**12** **10-12**
Tertiary qualifications						
Trade/technical (%)	22	19	11	24	17	**19**
University (%)	24	41	42	19	24	**30**
Employment (%)						
Full-time	27	34	32	25	49	**27***
Part-time/casual	16	21	23	25	18	**29**
Full-time student	22	27	11	35	4	**19***
Student/employed	20	10	16	4	13#	**12#**
Home duties	1	0	0	1	0	**0**
Not employed	14	8	19	9	16	**13**
Annual income (%)						
$1-7,799	3	6	3	1	1	**1**
$7,800-12,999	11	7	10	13	10	**6**
$13,000-20,799	26	28	25	26	16	**26**
$20,800-31,199	27	20	15	27	22	**34**
$31,200-41,599	11	14	15	11	24	**12**
$41,600-$51,999	9	12	10	6	14	**10**
$52,000+	12	13	23	16	14	**11**
Current drug treatment (%)	3	1	4	5	3	**2**
Previous prison conviction (%)	0	1	n/a	3	5	**2**

Source: EDRS interviews

† Question changed from 'How many years of school did you complete?' to 'What grade of school did you complete?' ^ includes hostel/refuge # includes 'part-time students; * significant change between 2013 and 2014

4.0 DRUG USE TRENDS

4.1 Drug use history and current drug use

Summary:

- REU reported use of a range of different drugs in the preceding six months. Recent use of alcohol, cannabis, tobacco and methamphetamine powder was most common (reported by more than half of the sample) and at least one-fifth had used LSD, benzodiazepines, mephedrone, cocaine or mushrooms. There were no significant changes in recent drug use between the 2013 and 2014 samples.

Ecstasy was the preferred or favourite drug for one-fifth of participants (21%) followed by cannabis (20%), alcohol (16%), methamphetamine powder (16%), cocaine (10%) or LSD (8%). Smaller proportions preferred nitrous oxide (2%), heroin (1%), other opiates (1%), mushrooms (1%), 2C-B (1%) or methylone (1%).

Table 2 shows proportion of the sample reporting lifetime and recent (in the last six months) use for each of the drugs examined. The majority of REU had used alcohol (100%), cannabis (97%), tobacco (97%) or methamphetamine powder (87%) at some stage of their lives, and substantial proportions had ever used LSD (71%), psychedelic mushrooms (63%), nitrous oxide (61%), cocaine (61%), benzodiazepines (55%), pharmaceutical stimulants (54%), or mephedrone (48%).

During the six months preceding the interview, a majority had used alcohol (98%), tobacco (83%), cannabis (76%), and methamphetamine powder (58%), and one-fifth or more had used LSD (35%), benzodiazepines (40%), mephedrone (23%), cocaine (22%), or mushrooms (21%). There were no significant differences in the proportion reporting recent use of each substance between the 2013 and 2014 samples.

Table 2: Percentage of REU reporting lifetime and recent drug use, 2009-2014

Variable (%)	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Alcohol						
Ever used	100	100	100	99	100	**100**
Use last 6 mths	99	100	100	98	100	**98**
Cannabis						
Ever used	98	100	100	96	96	**97**
Use last 6 mths	76	72	67	69	78	**76**
Tobacco						
Ever used	92	96	97	95	90	**97**
Use last 6 mths	77	80	83	80	76	**83**
Methamphetamine powder						
Ever used	69	74	76	87	95	**87**
Use last 6 mths	46	40	47	61	53	**58**
Methamphetamine base						
Ever used	25	19	16	38*	45	**33**
Use last 6 mths	14	9	8	16	7	**17**
Crystal methamphetamine						
Ever used	29	20	25	32	38	**34**
Use last 6 mths	7	4	5	10	17	**14**
Pharmaceutical stimulants[#]						
Ever used	31	22	41	49	45	**54**
Use last 6 mths	10	9	16	20	20	**18**
Cocaine						
Ever used	51	75*	75	61	49	**60**
Use last 6 mths	31	49*	39	26	17	**22**
LSD						
Ever used	52	46	65*	67	79	**71**
Use last 6 mths	34	27	43*	30	38	**35**
MDA						
Ever used	10	14	32*	13*	16	**21**
Use last 6 mths	8	5	21*	4*	8	**6**
Ketamine						
Ever used	21	19	32	25	18	**30**
Use last 6 mths	5	6	8	4	9	**14**
GHB/GBL/1,4B						
Ever used	11	9	5	10	8	**5**
Use last 6 mths	3	2	3	2	0	**0**
Amyl nitrite						
Ever used	67	76	76	53*	42	**39**
Use last 6 mths	51	51	29*	24	9*	**12**
Nitrous oxide						
Ever used	54	57	59	80*	61	**61**
Use last 6 mths	32	32	36	27	9*	**17**
Benzodiazepines[#]						
Ever used	36	44	61	45*	47	**55**
Use last 6 mths	24	27	45*	31	34	**40**
Antidepressants[#]						
Ever used	16	16	23	16	24	**24**
Use last 6 mths	10	5	8	4	9	**5**

Source: EDRS interviews

*significant change (p<.05) relative to previous year (2010-2014)

[#] includes illicit and licit use

Table 2: Percentage of REU reporting lifetime and recent drug use, 2009-2014 (continued)

Variable (%)	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Heroin						
Ever used	6	8	17	10	16	**12**
Use last 6 mths	3	2	8	1	5	**2**
Methadone[#]						
Ever used	8	10	8	9	7	**13**
Use last 6 mths	4	5	4	4	1	**3**
Buprenorphine[#]						
Ever used	2	5	8	4	5	**6**
Use last 6 mths	1	1	3	2	4	**2**
Other opioids[#]						
Ever used	19	19	29	16	28	**30**
Use last 6 mths	6	4	16*	4*	11	**15**
Mushrooms						
Ever used	56	58	64	81*	71	**63**
Use last 6 mths	21	18	23	26	15	**21**
Mephedrone						
Ever used	14	64*	37	29	42	**48**
Use last 6 mths	14	47*	35	10*	24*	**23**
Over counter codeine[^]						
Ever used	17	12	n/a	21	24	**22**
Use last 6 mths	9	5	9	16	9	**12**
Over counter stimulants[^]						
Ever used	10	13	20	12	7	**8**
Use last 6 mths	6	3	5	4	3	**2**
Steroids	n/a					
Ever used		0	0	1	0	**3**
Use last 6 mths		0	0	0	0	**0**
Antipsychotics[#]	n/a	n/a	n/a	n/a		
Ever used					9	**13**
Use last 6 mths					5	**7**

Source: EDRS interviews

* significant change ($p<.05$) relative to previous year (2010-2014)

[#] includes illicit and licit use

[^] non-medical use

4.2 Ecstasy use

Summary:

- Almost the entire sample (99%) reported use of ecstasy in the past six months. On average participants had been using ecstasy for five years and had first used ecstasy at around 18 years of age (range 13-32 years).
- Ecstasy had typically been used in tablet (94%), capsule (64%), crystal (59%) or powder (48%) form in the last six months. There was a significant decline in the proportion reporting recent use MDMA crystals compared to the substantial increase noted in 2013 (29% vs. 47%).
- Ecstasy was typically taken orally, but snorting was also common.
- On average, ecstasy had been used on 11 days in the last six months or approximately fortnightly. One-tenth (10%) had recently used ecstasy weekly or more frequently and one-tenth (10%) had used ecstasy in a 'binge session' (a continuous 48 hour period of drug use without sleep).
- A median of two ecstasy tablets were taken in a typical session of use in the last six months and less than one-tenth (7%) reported using more than two tablets in a typical session of use.
- Ecstasy was typically last used at music-related venues including nightclubs and pubs; or in private residences.
- The majority of REU (92%) had used other drugs when last under the influence of ecstasy and over two-thirds (67%) had used other drugs when last coming down from ecstasy. Alcohol, cannabis, and tobacco were the drugs most commonly used in combination with ecstasy. A large majority (81%) of the sample reported consuming more than five standard drinks when they were last under the influence of ecstasy. Compared to 2013 there was a significant decline in the proportion who consumed >5 standard drinks when last coming down (16% vs. 37%).
- Data from the NDSHS shows a significant decline in past-yearly ecstasy use in the general population between 2010 (3%) and 2013 (2.5%). The proportion reporting past-yearly use in Tasmania was greater in 2013 (2.9%) relative to 2010 (1.7%) but this estimate should be interpreted with caution due to a high relative standard error.

4.2.1 Ecstasy use among REU

The entire 2014 sample reported lifetime use of ecstasy. The mean age of first ecstasy use was 18 years (range 13-32 years). There was no difference in the median age of first use for males (18 years) and females (18 years). Ecstasy had been used for a median of 5 years (range 0-21 years) and all but two participants had been using ecstasy for at least one year.

Almost the entire sample (99%) reported use of ecstasy in the past six months. Ecstasy had typically been used in tablet (92%) form in the last six months, with approximately one-half reporting recent use of capsules (49%) and one-fifth or more reporting recent use of MDMA crystals (29%) and MDMA powder (20%) (Table 3). The proportion reporting recent use of MDMA crystals was significantly lower in 2014 (29%) relative to 2013 (47%), χ^2=5.49, *p*=.019.

The majority of REU had mainly ingested ecstasy orally (75%) in the last six months and one-quarter (24%) reported that they had mainly snorted the drug during this time.

Ecstasy (tablets, powder, capsules) had been used by REU on a median of 11 days (range 1-100 days), or on average fortnightly in the six months preceding the interview (Table 3). One-tenth reported using ecstasy weekly or more frequently (10%) or had recently 'binged' on ecstasy (10%) (see also Section 7.4).

Ecstasy tablets had recently been swallowed (97%) or snorted (58%), while smaller proportions had recently shelved/shafted (vaginal/anal administration) (7%), smoked (2%) or injected (1%) (ground-up) tablets. The median frequency of use for ecstasy tablets was eight days (range 1-72) or approximately monthly during the six months preceding the interview. The median number of ecstasy tablets consumed in a typical session of use in the past six months was two tablets (range 0.5-4), and the median number of ecstasy tablets consumed in the heaviest session of use was two tablets (range 1-10). Less than one-tenth (7%) reported consuming more than two tablets in a typical session of use.

Ecstasy capsules had been swallowed (96%), snorted (61%), shelved/shafted (2%), smoked (2%) or injected (2%) in the last six months. The median frequency of use was two days (range 1-48) in the last six months, with a median of one capsule taken in a typical session (range 0.5-5).

Ecstasy powder had been snorted (85%), swallowed (60%), or injected (5%) on a median of three days (range 1-48) during the previous six months, compared to a median of five days (range 1-36) in the last six months, with a median of 1 point (range 0.7-2, n=5) or 1 gram (range 0.25-2, n=3) in a typical session of use.

MDMA crystals had been swallowed (72%), snorted (66%), smoked (3%) or injected (7%) in the last six months. The median frequency of use was four days (range 1-36), or less than monthly during this time, with a median of 0.25 grams (range 0.1-2, n=12) or 2 points (range 0.25-4, n=10) used in a typical session of use.

The most common last locations of ecstasy use (Table 3) were private residences (8% own home, 22% private party, 11% friend's home), a nightclub (28%), or a pub/bar (19%).

The comments of KE were generally consistent with reports of REU. The majority who commented (n=5) noted that ecstasy was taken in pill, powder or capsule form. Several KE (n=2) noted that capsules were now more common. Despite increased use of crystal MDMA by REU, none of the KE interviewed in 2014 mentioned crystal MDMA.

Table 3: Patterns of ecstasy use among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Mean age first used ecstasy (range)	19 11-30	19 13-30	19 14-29	17 13-29	18 13-28	**18 13-32**
Use in last 6 mths						
Forms used (%)						
Tablets/pills	100	96	95	92	95	**92**
Capsules	48	81	80	75	53	**49**
Powder	12	21	26	30	20	**20**
MDMA crystals	n/a	n/a	n/a	n/a	47	**29***
Median days use[#]	12	11	12	14	10	**11**
Use weekly or more often (%)[#]	17	10	23	23	13	**10**
Recent binge^ on ecstasy[†] (%)	26	19	14	27	22	**10**
Median pills 'typical' session (range)	2 1-6	2 .5-8	2 1-8	2 1-4	2 .5-3	**2 .5-4**
Median pills 'biggest' session (range)	4 1-15	3 1-20	3 1-25	3 1-13	3 .5-12	**2 1-10**
Used > 2 pills typical session (%)	11	15	14	17	15	**7**
Main route (%)						
Swallowed	89	70	71	75	79	**75**
Snorted	10	30	29	24	21	**24**
Injected	1	0	0	1	0	**0**
Shelved/shafted	0	0	0	0	0	**1**
Last location (%)						
Home	10	9	4	8	17	**8**
Dealer's home	-	-	1	1	0	**1**
Friend's home	7	10	8	3	15	**11**
Rave/dance party	7	3	4	7	3	**6**
Nightclub	46	41	37	43	28	**28**
Pub/Bar	7	20	23	9	9	**19**
Private party	5	11	14	18	16	**22**
Outdoors	2	0	3	2	3	**0**
Live music event	14	6	5	7	11	**3**
Other	1	0	0	1	0	**2**

Source: EDRS interviews

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

[#] Includes pills, powder and capsules

* Statistically significant change between 2013 and 2014

4.2.2 Polydrug use among REU

A large proportion of recent ecstasy consumers (92%) reported use of other drugs when under the influence of ecstasy on the last occasion (Table 4). The drugs most commonly used when last under the influence of ecstasy were alcohol (85%), tobacco (68%), cannabis (33%), energy drinks (16%), and methamphetamine powder (9%). Notably, a large majority of the sample (81%) reported drinking more than five standard drinks the last time that they were under the influence of ecstasy.

Two-thirds (67%) of recent ecstasy consumers reported use of other drugs when 'coming down' from ecstasy on the last occasion of use. The drugs most commonly used when coming down from ecstasy on the last occasion were cannabis (44%), tobacco (28%) and alcohol (25%). The proportion reporting use of >5 standard drinks when coming down was significantly smaller relative to 2013 (16% vs. 37%, χ^2=8.72, *p*=.003).

Table 4: Drugs used when under the influence of ecstasy and when coming down on last occasion in the last six months, 2011-2014

	Under the influence of ecstasy				**Coming down from ecstasy**			
	2011 n=71	2012 n=100	2013 n=76	**2014 n=99**	2010 n=100	2012 n=100	2013 n=76	**2014 n=99**
None (%)	1	11	4	**8**	55	37	24	**33**
Meth. powder (%)	9	1	1	**9**	0	0	0	**0**
Meth. base (%)	0	0	1	**0**	0	0	1	**0**
Crystal meth. (%)	0	1	1	**2**	0	0	0	**0**
Pharm. stimulants (%)	0	0	5	**2**	0	0	0	**0**
Cocaine (%)	3	3	3	**1**	0	2	0	**0**
LSD (%)	9	6	4	**3**	0	0	0	**0**
Ketamine (%)	0	0	1	**1**	0	0	0	**1**
GHB (%)	0	0	0	**0**	0	0	0	**0**
Amyl nitrite (%)	1	1	3	**3**	2	0	0	**0**
Nitrous oxide (%)	1	2	1	**1**	2	0	0	**0**
Cannabis (%)	32	24	37	**33**	29	44	47	**44**
Alcohol								
Any alcohol (%)	97	85	91	**85**	16	35	40	**25**
> 5 standard drinks (%)	92	85	84	**81**	4	29	37	**16***
Methadone (%)	1	0	0	**0**	0	0	0	**0**
Other opioids (%)	0	0	0	**0**	1	0	0	**1**
Tobacco (%)	61	54	68	**63**	13	26	38	**28**
Antidepressants (%)	0	0	0	**0**	0	0	0	**0**
Benzodiazepines (%)	4	2	5	**3**	14	10	11	**6**
Mushrooms (%)	0	3	3	**3**	0	0	0	**0**
Mephedrone/methylone (%)	3	1	0	**1**	0	0	0	**0**
Energy drinks	24	30	22	**16**	0	2	0	**1**
OTC codeine	0	0	0	**0**	0	3	3	**0**
Other (%)	4	4	3	**1**	0	4	4	**2**

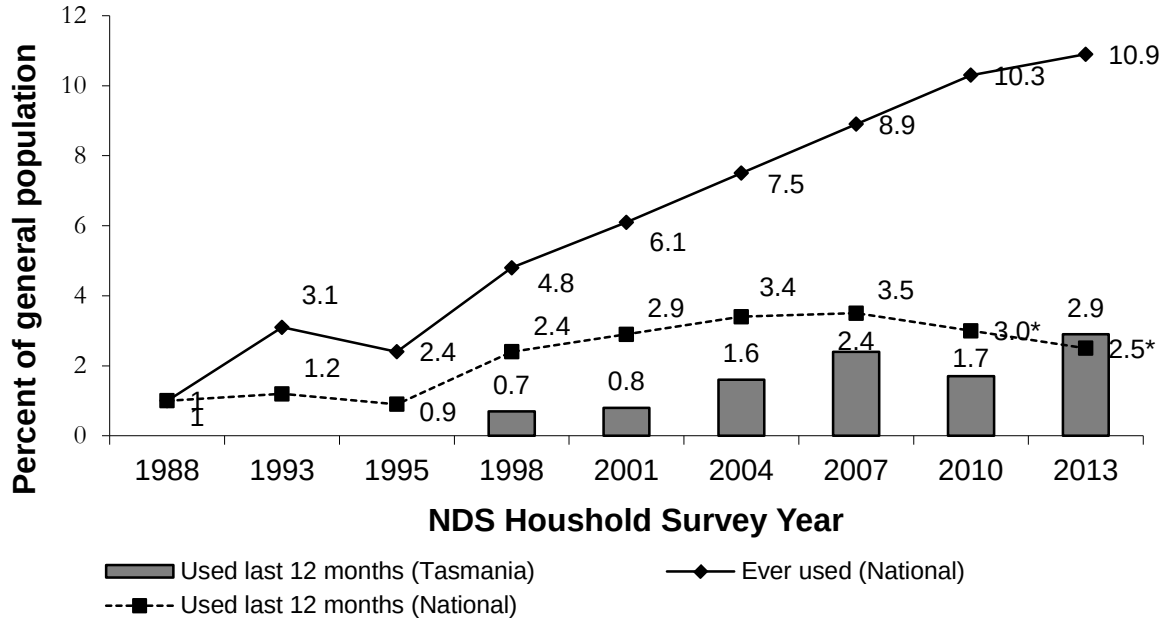
Source: EDRS interviews

* Statistically significant change between 2013 and 2014

4.2.3 Ecstasy use in the general population

Figure 1 shows the prevalence of lifetime and recent ecstasy use in the general population and in Tasmania based on data collected by the NDSHS between 1988 and 2013 (AIHW, 1999, 2000, 2002a, 2002b, 2005a, 2005b, 2008a, 2008b, 2010, 2014). The estimated past-yearly prevalence of ecstasy use among the general population has declined significantly over the last two survey periods from 3.5% in 2007 to 2.5% in 2013. In 2013, the estimated prevalence of past-yearly ecstasy use in Tasmania was 2.9%. While this is consistent with the national prevalence estimate and is greater relative to 2010, this estimate should be interpreted with caution due to a high relative standard error.

Figure 1: Prevalence of ecstasy use in Australia and Tasmania among those aged 14 years and over, 1988-2013



Source: National Drug Strategy Household Survey 1988-2013
* Statistically significant change since preceding survey

4.3 Methamphetamine use

Summary:

- Almost two-thirds (64%) of the 2014 REU sample had used some form of methamphetamine in the preceding six months
- Methamphetamine was used on a median of three days during this period (once every two months on average).
- Recent use of methamphetamine powder was most common (58%), with lower levels of use for methamphetamine base (17%) and crystal methamphetamine (14%). The proportion reporting recent use of each methamphetamine form has remained relatively stable over the past three reporting periods.
- Methamphetamine powder was typically snorted or swallowed, base was typically swallowed, and crystal was typically smoked.
- Data from the NDSHS shows that there were no significant changes in lifetime or past yearly use of methamphetamine in the general population between 2010 and 2013. While the past-yearly use of methamphetamine in Tasmania was estimated to be higher in 2013 (3%) relative to 2010 (1.1%), these estimates should be interpreted with caution due to high relative standard errors.

Throughout the 1980s, the form of illicit amphetamine most available in Australia was amphetamine sulphate (Chesher, 1993). Following the legislative controls on the distribution of the main precursor chemicals in the early 1990s (Wardlaw, 1993), illicit manufacturers were forced to rely on different production methods and the proportion of amphetamine-type seizures that were methamphetamine[4] (rather than amphetamine) steadily increased until methamphetamine clearly dominated the market (ABCI, 1999, 2000, 2001). Across Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine.

There is a diversity of forms of methamphetamine sold in the Australian illicit market. While there is some disagreement among both consumers and researchers as to the nature of these forms, it is clear that these are marketed differently to injecting drug users (IDU) and REU, and often sold on differing price scales. As such, the term 'methamphetamine' will be used to refer to the drugs in this class but trends will be discussed separately for three different methamphetamine forms. With the exception of methamphetamine-based tablets marketed as 'ecstasy', and pharmaceutical stimulants such as dexamphetamine and methylphenidate, there are three dominant 'preparations' of methamphetamine used within the Tasmanian (and Australian) drug market – each falling at three points along a continuum of form, but all essentially the same substance.

Powder methamphetamine[5] is the presentation of the drug which has traditionally been available in Australia. This powder can range from fine to more crystalline or coarse, and may take different colours (commonly white, yellow, brown, orange or pink), depending on the type and quality of the chemical process used in its production. It is typically produced within Australia, most commonly in small, portable 'laboratories', and is usually based on pharmaceutical pseudoephedrine (extracted from, for example, Sudafed tablets). Because of its powder form, it is fairly easy to 'cut' (dilute) and is commonly sold at fairly low purity/potency, although this can vary substantially. Consumers interviewed for the 2012 Tasmanian IDRS survey reported that methamphetamine powder was either a dry powder or slightly wet, and sometimes contained small crystals. Colour varied, but was generally described as appearing white to off-white or alternatively yellow or beige/brown (de Graaff &

[4] Methamphetamine is an abbreviation of the name methylamphetamine, and, as such, both terms are interchangeable.

[5] Powder form methamphetamine is also referred to in national and other jurisdiction IDRS and EDRS reports as 'speed'.

Bruno, 2013). The presence of crystals in powder methamphetamine may represent higher purity methamphetamine, or alternatively it may be explained by the use of an adulterant such as methylsulfonylmethane (MSM) in the late stages of production. The introduction of MSM forms crystals, giving the powder methamphetamine a crystalline appearance (Fetherston & Lenton, 2006).

The two other 'forms' of methamphetamine are traditionally higher in potency (at least partially due to being more difficult to 'cut') and have increased in availability across all Australian jurisdictions in the past decade (Topp & Churchill, 2002). The first, referred to in some jurisdictions as 'base' or 'paste', is commonly a gluggy, waxy, oily, 'wet' powder because the conversion process from pseudoephedrine to methamphetamine produces the alkaline (base) form of methamphetamine, which is 'oily'. To convert this to a more easily usable form (methamphetamine hydrochloride crystals, which may take the appearance of powder or, when no impurities are present, and carefully crystallised, may take the form of the 'ice' crystals discussed below) requires a high level of skill, and, when not completed correctly, the result of this process is an oily powder that often has a yellow or brownish tinge due to the presence of iodine and other impurities (Topp & Churchill, 2002). In the Tasmanian IDRS survey in 2012, participants who had recently purchased this form locally commonly described it as wet, damp or sticky, and reported the colour as ranging from yellow/orange, to white, beige or brown, and described it as looking like 'ear wax' (de Graaff & Bruno, 2013).

The final form of methamphetamine is often referred to as 'ice' or 'crystal meth(amphetamine)'. This is the product of a careful production process, and is believed to be chiefly imported into Australia from Asian countries (Topp & Churchill, 2002), although there are also indications of local production in recent years (ACC, 2007). It commonly appears as clear, ice-like crystals, and, as such, is difficult to 'cut' (dilute), resulting in a relatively high-purity/potency product. However, as previously noted, MSM may be used to give lower purity powder methamphetamine the appearance of higher purity crystal methamphetamine (although it should be noted that there is currently no forensic validation that this has been present in drugs used in Tasmania). Consumers in previous IDRS surveys in Tasmania have generally described this form as white/clear crystals or rocks, looking like crushed glass or rock salt (with crystals commonly larger than sugar crystals) (de Graaff & Bruno, 2013).

4.3.1 Methamphetamine use among REU

The majority (92%) of the 2014 sample reported lifetime use of methamphetamine and almost two-thirds (64%) had used the drug in the past six months. The median frequency of use of any form of methamphetamine over the last six months was three days (range 1-180 days).

Table 5: Patterns of methamphetamine (any form) use among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	72	78	84	89	96	**92**
Used last 6 mths (%)	52	48	52	64	57	**64**
Median days use last 6 mths (range)	3 (1-72)	2 (1-26)	3 (1-48)	3 (1-55)	3 (1-95)	**3 (1-180)**

Source: EDRS interviews

Methamphetamine powder (speed)

A majority (87%) of the 2014 sample reported lifetime use of methamphetamine powder (Table 6). The median age of first use was 19 years (range 14-33 years), and there was no significant difference between the age of first use for males (19 years) and females (19 years).

Almost three-fifths (58%) had used methamphetamine powder during the six months preceding the interview, which is a similar proportion to recent years. There was no significant difference between the proportion of males (56%) and females (63%), or the proportion of 'older' (>23 years: 55%) and 'younger' (≤23 years: 60%) participants (based on a median split for age) reporting recent use of methamphetamine powder.

Among KE who commented on the forms of methamphetamine currently available in Hobart, several noted recent increases in the use (n=6) and availability (n=4) of methamphetamine powder.

The majority of those who had recently used methamphetamine powder had snorted (83%) or swallowed (44%) the drug during the six months preceding the interview, and smaller proportions reported smoking (11%) or injecting (9%) the drug.

The median frequency of use during the six months preceding the interview was three days (range 1-180 days), or once every two months on average (Table 6). Almost three-quarters (70%) of those who had recently used methamphetamine powder had done so once monthly or less.

The usual amount used was two points (0.2 of a gram) in a typical session (n=42) and 3.5 points in the biggest session (n=38) of use in the last six months. Other participants reported using a median of 0.5 grams (range 0.05-1 grams) in a typical session (n=8) and 1 gram (range 0.1-3 grams) in the biggest session of use (n=11).

Table 6: Patterns of methamphetamine powder (speed) use among REU, 2009-2014

Methamphetamine powder	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	69	74	76	87	95	**87**
Median age of first use (range)	20 14-30	20 15-28	20.5 14-30	18 13-24	19 12-28	**19** **14-33**
Used in last 6 months (%)	46	40	47	61	53	**58**
Median days use (range)[#]	2 1-48	2 1-12	3 1-48	3 1-40	2 1-90	**3** **1-180**
Route (%)[#]						
Smoked	2	3	15	5	18	**11**
Snorted	78	65	60	77	82	**83**
Swallowed	59	73	69	64	51	**44**
Injected	17	5	18	7	20	**9**
Shaft/shelved	0	0	0	0	0	**2**
Median points[#]						
Typical session	2	2	2	2	2	**2**
(range)	0.25-4	0.25-4	0.5-5	1-3	0.5-6	**0.5-7**
Biggest session	2	2	2	2	2	**3.5**
(range)	0.5-6	0.25-8	0.5-6	1-6	0.5-6	**0.5-15**

Source: EDRS interviews

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

Methamphetamine base

One-third of the 2014 sample (33%) had used methamphetamine base at some stage of their lives (Table 7). The median age of first use of methamphetamine base was 19 years (range 15-30 years).

Almost one-fifth (17%) of the 2014 sample had used base during the six months preceding the interview, which is higher compared to 2013 (7%), but not significantly different (*p*=.06).

The majority of those who had recently used methamphetamine base had swallowed (82%), injected (41%) or snorted (24%) the drug. The median frequency of use was eight days (range 1-100 days). The median quantity of methamphetamine base used in the preceding six months was two points (0.2 of a gram) in both a typical session and biggest session of use.

Table 7: Patterns of methamphetamine base use among REU, 2009-2014

Methamphetamine base	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	25	19	16	38	45	**33**
Median age of first use (range)	21 16-31	20 15-36	20 16-23	19 13-35	20 15-32	**19** **15-30**
Used in last 6 months (%)	14	9	8	16	7	**17**
Median days use (range)[#]	3 1-14	2~ 1-24	3~ 1-4	2 1-20	1~ 1-48	**8** **1-100**
Route (%)[#]						
Smoked	14	33	-	19	-	**12**
Snorted	14	33	-	6	-	**24**
Swallowed	79	78	50	100	80~	**82**
Injected	50	11	50	13	40~	**41**
Shaft/shelved)	0	0	0	0	20~	**6**
Median points[#]						
Typical session	1	1.5~	2~	2	2~	**2**
(range)	0.25-5	0.25-3	2-2	0.5-3	2-2	**0.5-5**
Biggest session	2	2~	4~	2	2~	**2**
(range)	0.5-5	0.25-3	2-4	1-4	2-2	**0.5-25**

Source: EDRS interviews

~ n<10

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

Crystal methamphetamine

One-third (34%) of the REU interviewed in 2014 reported lifetime use of crystal methamphetamine (Table 8) and 14% reported use during the six months preceding the interview, similar to the proportion in 2013 (17%).

Among KE who commented on the forms of methamphetamine currently available in Hobart, several noted recent increases in the use (n=4) and availability (n=7) of crystal methamphetamine.

The majority of REU who had recently used crystal methamphetamine reported smoking the drug (86%). Several KE (n=5) also indicated that smoking was a common route of administration for the drug, Crystal methamphetamine had been used on a median of 3.5 days (range 1-150) during the preceding six months, with a median of 1.5 points (0.15 of a gram) used in a typical session of use, and a median of 4.5 points used in the biggest session of use.

Table 8: Patterns of crystal methamphetamine use among REU, 2009-2014

Crystal methamphetamine	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used %)	29	20	25	32	38	**34**
Median age of first use (range)	21 13-35	23 18-36	19 14-30	20 15-36	22 16-36	**22** **17-34**
Used in last 6 months (%)	7	4	5	10	17	**14**
Median days use (range)[#]	6~ 1-55	1.5~ 1-3	2~ 1-5	1.5 1-12	3 1-72	**3.5** **1-150**
Route (%)						
Smoked	29	100	50	70	77	**86**
Snorted	29	0	25	10	8	**21**
Swallowed	14	0	25	40	8	**21**
Injected	43	0	0	20	8	**21**
Shaft/shelved	0	0	0	0	0	**0**
Median points						
Typical session (range)	1.5~ 0.2-4	5~ n=1	2.5~ 5-15	1 1-3	2 0.25-3	**1.5~** **1-7**
Biggest session (range)	3~ 0.2-8	5~ n=1	2.5~ 5-15	1.75 1-5	1 0.25-5	**4.5~** **1-8**

Source: EDRS interviews

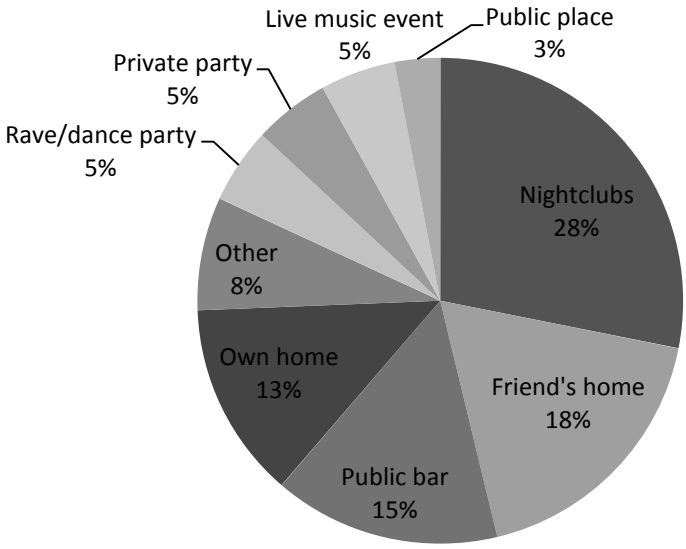
~ n<10

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

Location of last methamphetamine use

Figure 2 shows the last location of last use for methamphetamine powder among those who had used it during the six months preceding the interview. Data refers to locations where participants spent most of their time while under the influence of the drug (rather than the place of ingestion). The most common locations of last use included nightclubs, private residences and public bars. Data for crystal and base methamphetamine are not reported due to small sample sizes.

Figure 2: Location of most recent methamphetamine powder use (n=40) 2014

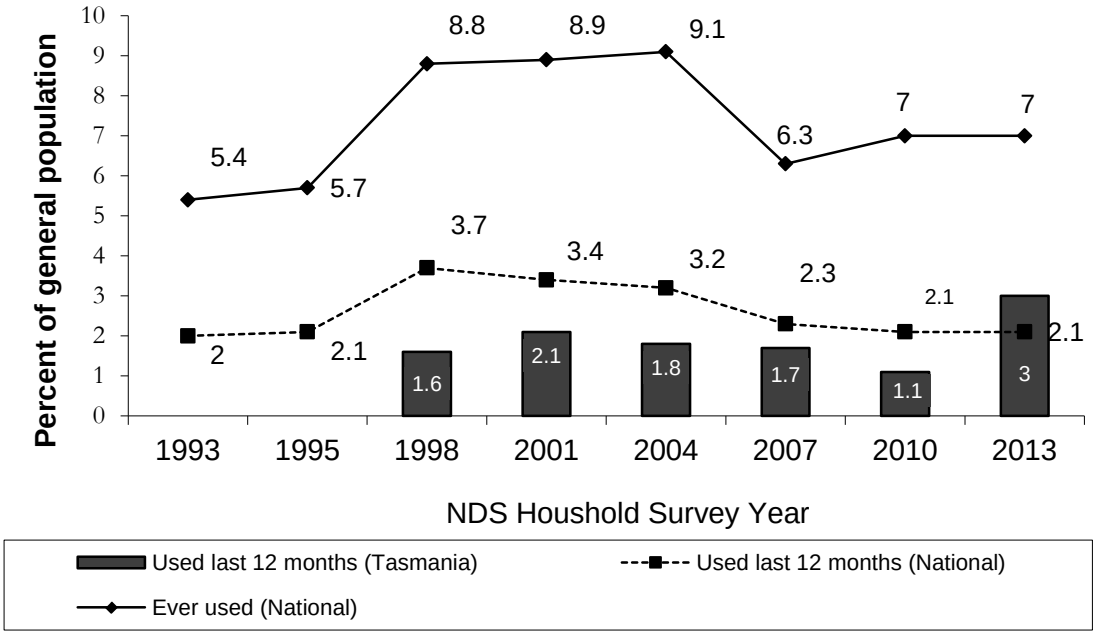


Source: EDRS interviews

4.3.2 Methamphetamine in the general population

According to the findings of the 2013 NSDHS (AIHW, 2014), the lifetime and recent use of meth/amphetamine (7% and 2.1% respectively) in the general population (aged 14 years and older) was not significantly different to the 2010 sample (7% and 2.1% respectively) (Figure 3). Among Tasmanian residents surveyed in 2013, 3% reported use of meth/amphetamine in the last year (Figure 3). This is greater than the proportion in 2010 (1.1%) but should be interpreted with caution due to the high relative standard error of both estimates.

Figure 3: Prevalence of meth/amphetamine use in Australia and Tasmania among those aged 14 years and over, 1993-2013



Source: NDSHS, 1993-2013

4.4 Cocaine use

Summary:

- One-fifth (22%) of the 2014 sample had used cocaine during the six months preceding the interview, a similar proportion to 2013 (17%).
- Recent cocaine use was significantly more common among older (>23 years: 32%) relative to younger (≤23 years: 13%) participants.
- Cocaine was most typically snorted and was used on a median frequency of two days (range 1-13 days) in the last six months, with an average of 0.4 grams used in a typical session.

4.4.1 Cocaine use among REU

Three-fifths of the 2014 REU sample (60%) had ever used cocaine (see Table 9). The median age of first use of cocaine was 21 years (range 14-32 years), and there was no significant difference between the median age of first use for males (21 years) and females (20 years).

One-fifth (22%) of the 2014 sample had used cocaine during the six months preceding the interview (see Table 9). There was no significant difference in the proportion of males (25%) and females (17%) who had recently used cocaine; however, a significantly greater proportion of older (>23 years: 32%) relative to younger (≤23 years: 13%) participants reported recent use, $\chi^2=5.08$, $p=.024$.

The median frequency of cocaine use was two days (range 1-13 days) in the preceding six months compared to three days in 2013. Two-fifths (41%) of those who had recently used cocaine had done so on only one occasion in the preceding six months, similar to the patterns in 2013 (46%). There was no significant difference in the median frequency of use for males (2 days) and females (2.5 days).

Those that had recently used cocaine reported using a median of 0.4 grams (range 0.5-2 grams) or a median of one 'point' (range 1-2 points) in a typical session, and half a gram (range 1-2 grams) or one 'point' (range 1-2 points) in the biggest session of use in the last six months.

All of those who had used cocaine in the preceding six months had snorted the drug (100%) and smaller proportions had swallowed (10%), or shafted/shelved (10%) the drug.

The most common locations for last use of cocaine (Table 9) were at a friend's home (20%), nightclub (20%), public bar (13%), or the consumer's own home (13%).

Several KE (n=8) indicated that there was 'none' or 'low' use of cocaine use among the drug consumers that they were familiar with.

Table 9: Patterns of cocaine use among REU, 2009-2014

Cocaine	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014** **n=100**
Ever used (%)	51	75	75	61	49	**60**
Median age first used (range)	22 16-31	21 13-30	22 15-36	20 15-30	20 15-29	**21** **14-32**
Used in last 6 months (%)	31	49	39	26	17	**22**
Median days Use (range)[#]	2 1-24	3 1-20	1 1-30	2 1-20	3 1-6	**2** **1-13**
Route (%)[#]						
Smoked	3	2	0	0	0	**0**
Snorted	94	100	100	96	92	**100**
Swallowed	55	40	24	54	8	**10**
Injected	3	0	0	0	0	**0**
Shafted/shelved	0	0	0	0	0	**10**
Median amounts used per session[#]						
Grams typical (range)	0.25	0.5	0.5	0.5	1~ 0.5-2	**0.4** **0.1-1**
Grams biggest (range)	0.25	1	0.5	0.5	1~ 1-2	**0.5** **0.1-7**
Points typical (range)	2[*]	2	1.75[~]	1.5~	1.5~ 1-2	**1~** **0.25-3**
Points biggest (range)	2[*]	2	2[~]	3~	1.5~ 1-2	**1~** **0.25-3**
Last location (%)[#]	n=11	n=23	n=17	n=10	n=9	**n=15**
Home	18	0	12	10	0	**13**
Dealer's home	0	0	0	0	0	**7**
Friend's home	9	26	18	10	22	**20**
Rave/dance party	9	4	0	0	0	**7**
Nightclub	36	17	29	30	11	**20**
Pub/bar	9	26	24	40	0	**13**
Private party	0	17	6	0	22	**7**
Outdoors	0	0	0	0	0	**0**
Live music event	18	4	12	10	22	**7**
Public place	0	0	0	0	0	**0**
Work	0	0	0	0	0	**0**
Other	0	0	0	0	22	**7**

Source: EDRS interviews

[~] n<10

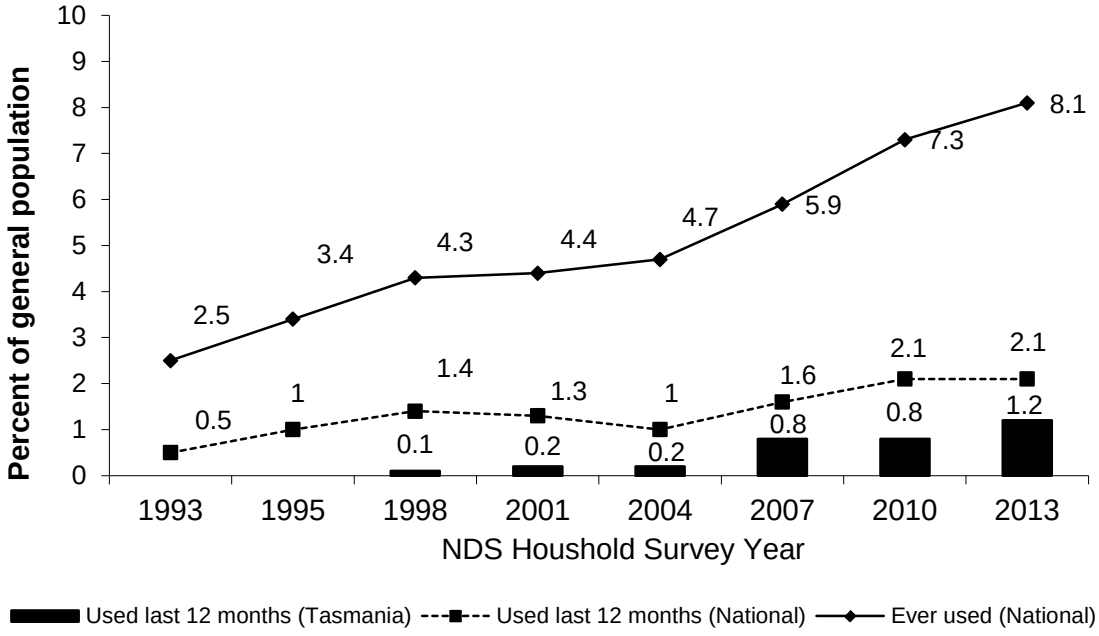
[#] among those who had used in last six months

4.4.2 Cocaine use in the general population

According to the findings of the 2013 NDSHS (Figure 4), 8.1% of the Australian general population (aged 14 and over) reported lifetime use of cocaine and 2.1% of the population reported use of cocaine in the past year, with no significant changes noted relative to 2010.

Among residents surveyed in Tasmania in 2013, 1.2% reported past yearly use of cocaine. However, this estimate is considered unreliable due to standard error greater than 50%.

Figure 4: Prevalence of cocaine use in Australia and Tasmania among those aged 14 years and over, 1993-2013



Source: NDSHS, 1993-2013

4.5 LSD use

Summary:

- Almost three-quarters (71%) of the 2014 sample had used LSD at some stage of their lives and more than one-third (35%) had used LSD in the six months preceding the interview which is not significantly different to the proportion in 2013 (38%). Recent LSD use was more common among males (45%) relative to females (23%)
- LSD had been used on a median of two days (range 1-48 days) in the preceding six months with one tab or drop of liquid LSD (range 0.5-6) taken orally in a typical session of use.

4.5.1 LSD use among REU

Table 10 shows that almost three-quarters (71%) of the 2014 REU sample had used LSD at some stage of their lives. The median age of first use was 19 years (range 14-29 years) which is similar to prior years, and there was no significant difference between the mean age of first use for males (19 years) and females (19 years).

One-third (35%, 95%CI 26-48%) of the 2014 sample reported use of LSD during the six months preceding the interview (Table 10), which is not significantly different to the proportion in 2013 (38%, 95%CI 28-49). There was no significant difference in the proportion of 'younger' (≤23 years: 32%) and 'older' (>23 years: 38%) participants reporting recent use, however, a significantly greater proportion of males (45%) than females (23%) reported recent use of LSD, χ^2=3.92, *p*=.048.

Of those who had recently used LSD, all (100%) had taken the drug orally, and a small proportion had also injected (3%) the drug.

The median frequency of use for those who had recently used LSD was two days (range 1-48 days). There was no significant difference in the median frequency of use for males (2 days) and females (2 days).

The median number of tabs/drops of LSD used in a typical session was one (range 0.5-6) which is lower than the median of two reported in 2012, but similar to previous years. The number of tabs/drops used in the biggest session of use was two (range 0.5-27).

REU were asked which locations they had last used LSD (when they were under the influence of the drug, not necessarily the location of ingestion) during the six months preceding the interview (Table 10). LSD had most commonly been used at the consumer's own home (38%), followed by a friend's home (15%) or a pub/bar (12%).

Table 10: Patterns of LSD use among REU, 2009-2014

LSD	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	52	46	65	67	79	**71**
Median age of first use (range)	20 14-30	19 15-27	19 15-37	17 14-25	19 12-30	**19 14-29**
Used in last 6 months (%)	34	27	43	30	38	**35**
Median days use[#] (range)	2 1-15	2.5 1-24	3.5 1-48	3 1-30	2 1-12	**2 1-48**
Route (%)[#]						
Smoked	0	0	0	3	0	**0**
Snorted	0	0	6	7	0	**0**
Swallowed	100	100	94	97	100	**100**
Injected	3	0	3	0	0	**3**
Median tabs/drops[#]						
Typical session	1	1	1	2	1	**1**
(range)			0.25-5	0.5-4	0.25-5	**0.5-6**
Biggest session	2	1	1	2	1	**2**
(range)			0.25-16	1.5-6	0.25-5	**0.5-27**
Last Location (%)[#]	n=31	n=23	n=27	n=26	n=26	**n=34**
Home	23	13	22	8	23	**38**
Dealer's home	0	0	0	0	0	**3**
Friend's home	26	30	19	23	12	**15**
Dance party*	7	22	7	39	23	**6**
Nightclub	7	9	7	4	4	**3**
Pub/bar	0	9	7	0	12	**12**
Restaurant/café	0	0	0	0	0	**0**
Private party	10	4	4	12	4	**6**
Outdoors	23	17	4	8	4	**6**
Live music event	7	4	15	4	15	**3**
Public place	0	0	7	4	0	**6**
Other	0	0	4	0	4	**3**

Source: EDRS interviews
* includes raves and doofs
[#]among those who had used in last six months

4.5.2 LSD use in the general population

In the 2013 NDSHS (AIHW, 2014), it was estimated that approximately 9.4% of the general population (aged 14 years and over) had ever used LSD, with 1.3% having used LSD in the past year. There were no available estimates of hallucinogen use for Tasmania.

4.6 Cannabis use

Summary:

- A large majority (97%) of the 2014 sample had ever used cannabis and three-quarters (76%) had used cannabis during the six months preceding the interview.
- In the last six months, cannabis had typically been smoked (99%), with one-third (35%) reporting ingestion of cannabis, and one-fifth (21%) reporting that they had inhaled cannabis in a vaporised form.
- The median frequency of cannabis use was 50 days (range 1-180) or approximately two days per week. One-fifth of the sample (21%) reported daily use of cannabis during this time.
- The median quantities used on the last day of use during this time were five cones (range 1-10) or one joint (range 0.33-5).
- According to the 2013 NDSHS, it was estimated that approximately 11.8% of Tasmanians (aged 14 years and over) had used cannabis in the past year, a significantly greater proportion relative to 2010 (8.6%), but similar to the proportion in 2007 (10.8%). Nationally, the past year prevalence of cannabis use was estimated to be 10.2% with no significant change noted relative to 2010.

4.6.1 Cannabis use among REU

Almost the entire REU sample (97%) surveyed in 2014 had used cannabis at some stage of their lives (Table 11). The median age of first cannabis use was 16 years (range 9-25 years), and there was no significant difference in the mean age of first use for males (16 years) and females (16 years).

Three-quarters (76%, 95%CI 67-83) of respondents had used cannabis during the six months preceding the interview, which is similar to the proportion of the sample in 2013 (78% 95%CI 67-86). There was no significant difference in the proportion of males (78%) and females (71%) reporting recent use of cannabis; or in the proportion of younger (≤23 years: 79%) relative to older (>23 years: 72%) participants (based on a median split for age).

A majority of those reporting recent use had smoked cannabis (99%), around one-third (35%) had ingested cannabis and one-fifth (21%) had inhaled cannabis (i.e. in a vapourised form).

The median frequency of cannabis use during this six month period was 50 days (range 1-180 days), or approximately two times a week. Around one-fifth (21%, 95%CI 14-30) of the sample reported daily use of cannabis during the last six months, which is similar to 2013 (22%, 95%CI 15-33).

Those who had recently used cannabis were asked how many cones (smoked through a water pipe or bong) or joints (rolled into a cigarette) they had smoked on the last day that they had smoked the drug (Table 11). The median number of cones (n=36) smoked on the last day of use was five (range 1-10) and the median number of joints (n=35) was one (range 0.33-5). It has been estimated that the quantity of a standard cone is 0.0825g or one-third of a standard cannabis unit which is defined as one-quarter of a gram (Ritter, Lancaster, Grech & Reuter, 2011).

Table 11: Patterns of cannabis use of REU, 2009-2014

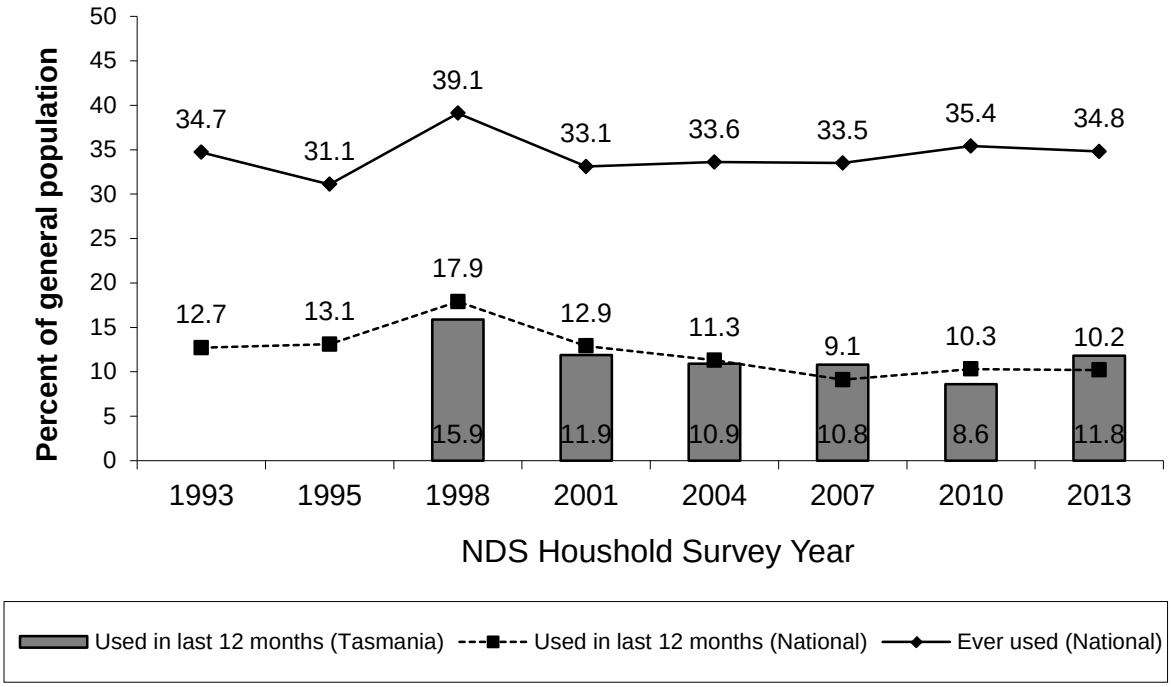
Cannabis	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	98	100	100	96	96	**97**
Median age first used (range)	15 11-23	15 10-22	15 12-21	15 8-23	16 12-25	**16 9-25**
Used last 6 months (%)	76	72	67	69	78	**76**
Used daily (%)[#]	6	5	8	32	22	**23**
Median days used (range)[#]	15 1-180	12 1-180	24 1-180	120 1-180	48 1-180	**50 1-180**
Median cones last session (range)[#]	4 0.5-30 n=38	4 0.5-20 n=23	5 1-24 n=17	8 1-30 n=41	7 1-20 n=27	**5 1-10 n=36**
Median joints last session (range)[#]	1 0.5-6 n=36	1 0.25-9 n=43	1 0.3-5 n=31	1 0.2-6 n=28	1 0.25-7 n=29	**1 0.33-5 n=35**

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

4.6.2 Cannabis use in the general population

In the 2013 NDSHS (AIHW, 2014) it was estimated that 34.8% of the general population (aged 14 years or more) had ever used cannabis and 10.2% had used cannabis in the past year. There were no significant differences in national prevalence estimates between the 2010 and 2013 surveys. In Tasmania, it was estimated that approximately 11.8% (95%CI 10.1-13.8) of Tasmanians (aged 14 years and over) had used cannabis in the past year (Figure 5), a significantly greater proportion relative to 2010 (8.6%, 95%CI 7.0-10.4), but similar to the proportion in 2007 (10.8%, 95%CI 9.1-12.7).

Figure 5: Prevalence of cannabis use in Australia and Tasmania (aged 14 years and over), 1993-2013



Source: NDSHS, 1993-2013

4.7 Other drug use

Summary:

- Almost all (98%) of the 2014 REU sample had recently consumed alcohol, on an average of three days a week in the last six months. A large majority (95%) had used alcohol at least weekly (but not daily), which is substantially higher than the estimate of prevalence in the general population among those aged 18-24 (22.1%) and 25-29 (19.3%) nationally – a comparable age group to the current REU cohort.
- Tobacco had recently been used by more than four-fifths (83%) of the sample. The proportion of the 2014 Tasmanian EDRS sample who reported daily smoking (48%) is higher than the 2013 population estimate for a comparable age group (20-29 years) both in Tasmania (30.1%) and nationally (15.2%) (AIHW, 2014).
- Just over one-tenth of REU reported recent use of Ketamine (14%) and, consistent with the low levels of use reported in previous years, less than one-tenth reported recent use of MDA (6%), and none reported recent use of GHB, gamma-butyrolactone (GBL) or 1,4 butanediol (1,4B).
- One-fifth (21%) had used mushrooms in the preceding six months. Mushrooms had been used on a median of three days (range 1-15 days) during this time.
- Use of inhalants was relatively stable, with 17% reporting use of nitrous oxide and 12% reporting use of amyl nitrite in the preceding six months.
- Two-fifths (40%) of REU had used benzodiazepines during the last six months, with almost one-third (31%) reporting illicit (non-prescribed) use and one-tenth (13%) reporting licit use. Use of illicit benzodiazepines was relatively low in frequency, at 3 days (range 1-50 days) in the last six months.
- A small proportion of the sample (5%) reported recent licit (as prescribed) use of antidepressants and none reported recent illicit use.
- One-fifth (18%) of REU reported recent illicit use of pharmaceutical stimulants (such as dexamphetamine or methylphenidate) in 2014. The median frequency of use was 2.5 days (range 1-48 days) in the last six months, with a median of three tablets (range 1-8) taken in a typical session of use.
- Only small proportions of the 2013 sample had recently used heroin (2%), buprenorphine (2%) or methadone (3%) and one-tenth (11%) reported recent use of 'other opioids' (restricted pharmaceuticals and alkaloid poppy derivatives).
- A small proportion (2%) reported recreational use of stimulant-based over-the-counter preparations and just over one-tenth (12%) reported recent non-pain use of over-the-counter codeine preparations.
- Illicit antipsychotics (typically Seroquel) had been used by less than one-tenth (7%) of the sample on a median frequency of 3 days in the past six months.
- Almost one-quarter (23%) reported use of mephedrone in the last six months, which is similar to the proportion in 2013 (24%). Mephedrone was snorted or swallowed on a median of two days (range 1-60 days) in the last six months.
- Recent use of other NPS was relatively low. The most commonly used substances in the last six months were methoxetamine (10%), and DMT (9%), and smaller proportions reported recent use of dextromethorphan (DXM) (5%), NBOMe (5%), 2CB (4%), 2CI (4%), methylone (4%), synthetic cannabinoids (4%) and mescaline (4%). In addition, one-tenth of the sample (10%) reported recent use of capsules of 'unknown contents'.

4.7.1 Alcohol

The entire sample (100%) of REU interviewed in 2014 reported lifetime use of alcohol (see Table 12). The median age of first use was 14 years (range 5-18 years) which is consistent with previous years, and there was no significant difference in the median age of first use for males (14 years) and females (15 years).

Almost all participants (98%) had used alcohol during the six months preceding the interview, with a median frequency of 72 days (range 4-180 days), or approximately three days a week on average. The median frequency of use was the same for males (72 days) and females (72 days).

A large majority (95%) of the 2014 EDRS sample had used alcohol at least weekly during the six months preceding the interview, which is substantially higher relative to those aged 18-24 (22.1%) and 25-29 (19.3%) in the general population nationally (AIHW, 2014). Similarly, the proportion of REU reporting recent daily use of alcohol in 2014 was 8% compared to 1.8% (aged 18-24) and 3.7% (aged 25-29) in the general population nationally (AIHW, 2014).

Table 12: Patterns of alcohol use of REU, 2009-2014

Alcohol	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014** **n=100**
Ever used (%)	100	100	100	99	100	**100**
Median age first used (range)	14 6-20	14 10-17	14 1-18	14 8-18	14 8-25	**14** **5-18**
Used last 6 months (%)	99	100	100	98	100	**98**
Median days used (range)	55 4-180	48 2-180	60 3-180	80 13-180	72 1-180	**72** **4-180**

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

4.7.2 Tobacco

Almost all (97%) of the 2014 REU sample reported lifetime use of tobacco (Table 13). The median of first use was 16 years (range 8-61 years) and there was no significant difference between the age of first use for males (16 years) and females (16 years).

A large majority (83%) of the sample had smoked tobacco during the six months preceding the interview compared to a similar proportion (76%) in 2013. There was no significant difference in the proportion of males (87%) and females (76%) reporting recent use of tobacco or in the proportion of 'older' (>23 years: 84%) and 'younger' (≤23 years: 83%) participants.

Three-fifths (59%, 95%CI 48-69%) of those who had recently smoked (48% of the entire sample) reported smoking tobacco on a daily basis during the six months preceding the interview, which is similar to the proportion in 2013 (59%, 95%CI 46-70%). Almost one-fifth of recent smokers (17%) had smoked weekly or less during the six months preceding the interview, compared to a similar proportion in 2013 (22%).

The proportion of the Tasmanian EDRS sample who reported daily smoking (48%) is higher than the 2013 population estimate for a comparable age group (20-29 years) both in Tasmania (30.1%) and nationally (15.2%) (AIHW, 2014).

Table 13: Patterns of tobacco use of REU, 2009-2014

Tobacco	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=97**
Ever used (%)	92	96	97	95	90	**97**
Median age first used (range)	15 9-25	15 7-22	15 7-23	14 5-26	16 5-25	**16 8-61**
Used last 6 months (%)	77	80	83	80	76	**83**
Used daily (%)[#]	42	28	38	61	59	**59**
Used weekly or less (%)[#]	40	45	33	18	22	**17**

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

Participants were asked about their use of electronic cigarettes for the first time in 2014. Almost one-half (45%) reported lifetime use of e-cigarettes and one-third (32%) reported use of e-cigarettes in the last six months. The median age of first use was 22 (range 17-35). Among those who had used e-cigarettes in the last six months, the median frequency of use was 3 days (range 1-180).

4.7.3 Ketamine

Almost one-third (30%) of the 2014 REU sample reported lifetime use of ketamine (Table 14). The median age of first use was 21.5 years (range 17-33 years). More than one-tenth (14%) had used ketamine in the six months preceding the interview in 2014, which is similar to the proportion among the 2013 sample (9%) (Table 14).

The median frequency of ketamine use was two days (range 1-13 days) in the six months preceding the interview. Ketamine was typically snorted (71%) during this time and more than one-third (36%) reported recent ingestion of the drug. A median of 2 points (n=4), 0.5 grams (n=4) or 2 bumps (n=3) had been used in a typical session of use in the past six months.

Table 14: Patterns of ketamine use among REU, 2009-2014

Ketamine	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	21	19	32	25	18	**30**
Median age first used (range)	21 15-35	20 17-24	21 16-29	20 15-32	20 17-28	**21.5 17-33**
Used in last 6 months (%)	5	6	8	4	9	**14**
Median days used (range)[#]	2~ 1-2	1~ 1-5	2.5~ 2-30	2~ 1-3	2~ 1-2	**2 1-13**
Route (%)[#]						
Snorted	60	33	100	75	100	**71**
Swallowed	40	67	0	25	0	**36**
Injected	0	0	17	0	0	**14**
Smoked	0	0	17	0	0	**7**
Median points used typical session (range)[#]	1.5~ 1-2	3~ 1-5	1.5~ 1-2	0.5~ n=1	2~ 1-2.5	**2~ 0.5-2**
Median points used biggest session (range)[#]	1.5~ 1-2	3~ 1-5	3~ 2-4	1~ n=1	2.5~ 1-5	**2.5~ 0.5-4**

Source: EDRS interviews
~n<10 [#] among those who had used in last six months

4.7.4 GHB/GBL/1,4B

GHB may also be known as 'GBH', 'grievous bodily harm', 'fantasy', 'liquid ecstasy', 'liquid E' and 'blue nitro' in Australia. Several substances such as GBL and 1,4B are included in this category as they are metabolised to GHB following ingestion and may be used as substitutes for GHB (ACC, 2003).

GHB has received unfavourable attention due to the potential for GHB-related deaths and overdose episodes. A study investigating GHB overdose (Degenhardt, Darke & Dillon, 2003) found that over half of GHB users interviewed had overdosed at some stage, and that frequency of use and combined use with alcohol and other drugs were significant risk factors. A retrospective study of GHB-related deaths in Australasia from 2000 to 2003 (Caldicott, Chow, Burns, Felgate & Byard, 2004) reported 10 confirmed GHB-related deaths during this period, two of which were also associated with use of alcohol.

Data in relation to GHB/GBL/1,4B should be interpreted with caution due to small sample sizes. Five participants in the 2014 sample had used GHB/GBL/1,4B at some stage of their lives (Table 15). The median age of first use of GHB was 24 years (range 20-25 years). In 2014, none of the participants reported use of GHB/GBL/1,4B use in the six months preceding the interview (Table 15), which is consistent with the low levels of recent use among previous EDRS cohorts (2%-3%).

Table 15: Patterns of GHB/GBL/1,4B use among REU, 2009-2014

GHB	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	11	9	5	10	8	**5**
Median age first used (range)	22 17-35	22~ 18-28	25.5~ 23-28	19.5 16-24	21.5~ 15-31	**24~ 20-25**
Used last 6 months (%)	3	2	3	2	0	**0**
Median days used (range)#*	1 1-2	1 1-1	1.5 1-2	1 1-1	-	**-**
Route (%)#* Swallowed	100	100	100	100	-	**-**
Median quantity used (ml) #*	n=3		n=2	n=1		
Typical session (range)	10~ (1-50)	-	16~ (2-30)	60~	-	**-**
Biggest session (range) #*	10~ (1-50)	-	16~ (2-30)	120~	-	**-**

Source: EDRS interviews
~n<10 # among those who had used in last six months

4.7.5 MDA

One-fifth (21%, 95%CI 14-30%) of the 2014 sample had ever used MDA (Table 16) which is similar to the proportion in 2013 (16%, 95%CI 9-26%). The median age of first use was 21 years (range 17-29 years).

Five participants had consumed MDA during the six months preceding the interview (Table 16), which is similar to the proportion in 2013 (8%). REU reported snorting (83%) or orally ingesting (67%) MDA on a median of 3.5 days (range 2-10 days) in the preceding six months, with a median of 4 capsules (range 2-6 capsules) consumed in both a typical and biggest session of use.

Table 16: Patterns of MDA use among REU, 2009-2014

MDA	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	10	14	32	13	16	**21**
Median age first used (range)	21 14-35	19 15-25	19 17-28	20 16-29	20 17-33	**21 17-29**
Used in last 6 months (%)	8	5	21	4	8	**6**
Median days used (range)#	2~ 1-24	2~ 1-3	2 1-12	9~ 4-30	2.5~ 1-48	**3.5~ 2-10**
Route (%)#						
Smoked	13	0	6	0	17	**0**
Snorted	25	60	63	50	17	**83**
Swallowed	88	40	75	75	83	**67**
Injected	13	0	0	25	17	**0**
Median caps#						
Typical session (range)	2~ .75-4	1~ 0.4-2	1.5 .5-5	1~ 1-2	1.75~ 1-3	**4~ 2-6**
Biggest session (range)	2~ .75-7	1~ 0.4-2	3 1-9	2~ 2-3	2.25~ 2-5	**4~* 2-6**

Source: EDRS interviews
~n<10 # among those who had used in last six months

4.7.6 Psychedelic mushrooms

Just over three-fifths (63%) of the 2014 REU sample had ever used psychedelic mushrooms (Table 17). The median age of first use for mushrooms was 18 years (range 13-26 years).

One-fifth (21%) of the 2014 sample had used mushrooms in the preceding six months (Table 17). A significantly greater proportion of males (29%) relative to females (9%) reported recent use, χ^2=5.35, *p*=.021. There was a non-significant trend for greater use among younger (≤23 years: 28%) relative to older (>23 years: 13%) participants, χ^2=3.62, *p*=.057.

All of those that had recently used mushrooms (100%) had ingested them. The median frequency of mushroom use was three days (range 1-15 days) in the preceding six months, or approximately once every two months.

Table 17: Patterns of psychedelic mushroom use of REU, 2009-2014

Psychedelic mushrooms	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	56	58	64	81	71	**63**
Median age first used (range)	19 12-31	19 14-30	18.5 14-25	17 13-26	17.5 12-29	**18 13-26**
Used in last 6 months (%)	21	18	23	26	15	**21**
Median days used (range)[#]	2 1-30	2 1-6	3 1-24	2.5 1-24	2 1-6	**3 1-15**

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

4.7.7 Inhalants

Amyl nitrate

Around two-fifths (39%) of the 2014 REU sample had ever used amyl nitrite (Table 18). The median age of first use was 19 years (range 14-31 years).

Approximately one-tenth of the sample (12%, 95%CI 7-20%) reported recent use of amyl nitrite in 2014, similar to the rate in 2013 (9%, 95%CI 5-18). There was no significant difference in the proportion of males (15%) and females (9%), or the proportion of younger (≤23 years: 11%) and older (>23 years: 13%) participants (based on a median split for age) who reported recent use.

The median frequency of use was three days (range 1-40) during the six months preceding the interview or less than once every two months.

Table 18: Patterns of amyl nitrite use of REU, 2009-2014

Amyl nitrite	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	67	76	76	53	42	**39**
Median age first used (range)	21 14-26	20 16-28	20 15-26	20 13-35	19 14-28	**19 14-31**
Used last 6 months (%)	51	51	29	24	9	**12**
Median days used (range)[#]	5 1-72	6 1-48	4 1-20	2 1-14	4 1-20	**3 1-40**

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

Nitrous oxide

Three-fifths of the 2014 sample (61%) had ever used nitrous oxide (Table 19). The median age of first use was 17 years (range 15-28 years).

Less than one-fifth (17%, 95%CI 11-26%) of the 2014 sample had used nitrous oxide during the six months preceding the interview, compared to 9% in 2013 (95%CI 5-18). There was no significant difference in the proportion of males (18%) and females (14%), or the proportion of younger (≤23 years: 21%) and older (>23 years: 13%) participants (based on a median split for age) reporting recent use.

The median frequency of use during the last six months was three days (range 1-15 days). The median number of bulbs used in a typical session was 10 (range 2-100 bulbs) and the median number used in a heavy session of use was 12.5 (range 2-60 bulbs).

Table 19: Patterns of nitrous oxide use of REU, 2009-2014

Nitrous oxide	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	54	57	59	80	60	**61**
Median age first used (range)	19 12-32	19 14-26	19 12-28	17 13-27	17 14-28	**17 15-28**
Used last 6 months (%)	32	32	36	27	9	**17**
Median days used (range)[#]	5 1-40	4 1-48	5 1-24	4 1-50	1.5 1-60	**3 1-15**
Bulbs used[#] Typical session (range) Biggest session (range)	 10 1-25 17 1-80	 6 1-20 10 2-55	 5.5 1-20 10 1-40	 8 2-90 15 2-90	 8 3-40 8 5-60	 **10** **2-100** **12.5** **2-60**

Source: EDRS interviews

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

4.7.8 Benzodiazepines

More than half (55%) of the 2014 sample had used benzodiazepines at some stage of their life (Table 20). The median age of first use was 20 years (range 12-29 years).

Two-fifths (40%, 95%CI 31-50%) of the sample had used benzodiazepines during the six months preceding the interview, similar to the proportion in 2013 (34%, 95%CI 25-45%). The median frequency of recent benzodiazepine use was 4.5 days (range 1-180 days) during the last six months. Almost three-fifths (58%) of those who had recently used benzodiazepines had done so on six or less occasions in the last six months.

More than one-tenth (13%) of the sample reported recent licit (prescribed) use. Licit benzodiazepines had been used on a median frequency of 27.5 days (range 2-180 days) during the six months preceding the interview.

Almost one-third (31%) reported recent illicit (non-prescribed) use of benzodiazepines in 2014, which is similar to the proportion in 2013 (30%). Illicit benzodiazepines had been swallowed (100%), snorted (3%) or smoked (3%), on a median of three days (range 1-50 days) during this time.

Table 20: Patterns of benzodiazepine use of REU, 2009-2014

Benzodiazepines	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	36	44	61	45	47	**55**
Ever injected (%)	4	2	3	2	1	**1**
Median age first used (range)	20 14-28	20 14-27	20 12-35	19 13-34	19 12-30	**20 13-29**
Used in last 6 months (%)	24	27	45	31	34	**40**
Injected last 6 months (%)	1	0	0	0	0	**0**
Median days used (range)[#]	4 1-60	4 1-80	7 1-180	5 1-180	6 1-180	**4.5 1-180**
Licit use last 6 months (%)	6	6	12	10	8	**13**
Illicit use last 6 months (%)	19	23	36	25	30	**31**

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

4.7.9 Antidepressants

Almost one-quarter (24%) of the 2014 sample had used antidepressants (illicit or licit) at some stage of their life (Table 21). The median age of first use was 18 years (range 12-30 years).

Only five participants had used antidepressants in the six months preceding the interview, with all reporting oral licit use during this time with a median frequency of 97 days (range 7-180 days) of use.

Table 21: Patterns of antidepressant use of REU, 2009-2014

Anti-depressants	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	16	16	23	16	24	**24**
Median age first used (range)	21 14-42	18 12-26	17 14-27	18.5 14-30	18 12-31	**18 12-30**
Used last 6 months (%)	10	5	8	4	8	**5**
Median days used (range)[#]	105 2-180	15 1-180	135 3-180	180 72-180	180 14-180	**97 7-180**
Licit use last 6 months (%)	9	3	7	4	9	**5**
Illicit use last 6 months (%)	1	2	1	1	0	**0**

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

4.7.10 Pharmaceutical stimulants

In 2014, 6% of the sample reported past use of licit pharmaceutical stimulants and 2% had used licit pharmaceutical stimulants during the six months preceding the interview.

Over one-half (53%) of the 2014 sample had ever used illicit pharmaceutical stimulants (Table 22). The median age of first use was 18 years (range 10-29 years). Almost one-fifth (18%) had used pharmaceutical stimulants in the six months preceding the interview. There was no significant difference in the proportion of males (22%) and females (11%) or younger (≤23 years: 23%) and older (>23 years: 13%) participants who had recently used illicit pharmaceutical stimulants.

Of those who had recently used pharmaceutical stimulants the majority had taken the drugs orally (86%), and smaller proportions had recently snorted (43%), smoked (7%) or injected

(7%) these drugs in the preceding six months. The median frequency of use was 2.5 days (range 1-48 days) in the six months preceding the interview. The median number of tablets used was three in both a typical (range 1-8 tablets) and the heaviest session of use (range 1-10 tablets).

Table 22: Patterns of illicit pharmaceutical stimulant use of REU, 2009-2014

Pharmaceutical stimulants	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	30	21	39	46	43	**53**
Median age of first use (range)	19 11-28	18 14-25	17 13-30	20 12-45	19 12-28	**18 10-29**
Used last six months (%)	10	9	15	20	18	**18**
Median days used (range)[#]	2 1-15	1 1-58	5 3-20	3 1-20	3 1-12	**2.5 1-48**
Median tablets typical session (range)[#]	4 1-15	5 1-15	3.5 2-10	2 1-7.5	2 1-5	**3 1-8**
Median tablets biggest session (range)[#]	5 1-20	5 1-15	5 3-15	3 1-25	4 1-10	**3 1-20**

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

4.7.11 Over-the-counter (OTC) preparations

One-fifth (22%) of the 2014 sample had ever used over-the-counter (OTC) codeine-based products (e.g., Nurofen plus, Panadeine) for non-medical purposes. The median age of first use was 19 (13-33). One-tenth (12%) had used these products for non-medical purposes during the last six months (Table 23). The median frequency of this use was two days (range 1-50 days) in the last six months.

Table 23: Non-medical use of codeine-based over-the-counter preparations among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	17	12	0	21	24	**22**
Median age first use (range)	20 14-32	18 16-25	0	20 10-51	20 13-28	**19 13-33**
Used last 6 months (%)	9	5	9	16	9	**12**
Injected last 6 mths (%)	0	0	0	0	0	**0**
Median days use (range)[#]	2 1-90	-	4 1-64	4 1-40	7 1-90	**2 1-50**

Source: EDRS interviews
*n<10 [#] among those who had used in last six months

Two participants (2%) reported ingesting over-the-counter stimulant-based products (e.g., pseudoephedrine-based cold and flu tablets) for non-medical purposes during the six months preceding the interview. The median frequency of use was 5.5 days (range 4-7 days), or approximately once a month, during the last six months.

Table 24: Non-medical use of stimulant-based over-the-counter preparations among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	10	13	39	12	7	**8**
Median age first use (range)	20 17-26	22 15-35	17 13-30	22.5 12-30	18 14-23	**18.5˜ 14-27**
Used last 6 months (%)	6	3	5	4	3	**2˜**
Injected last 6 mths (%)	0	0	0	0	0	**0**
Median days use (range) #	5 2-12	3 2-4	5 3-20	3.5 1-22	2.5 2-3	**5.5˜ 4-7**

Source: EDRS interviews
˜n<10 # among those who had used in last six months

4.7.12 Heroin and other opiates

Heroin

Around one-tenth (12%) of the 2014 REU sample had ever used heroin (Table 25). The median age of first heroin use was 22 years (range 14-28 years). Two participants (2%) reported intravenous use of heroin during the six months preceding the interview. The median frequency of use was 2.5 days (range 1-4 days), or approximately once every two months, during the last six months. The low reported use and availability of heroin among REU in Hobart is consistent with data reported in the Tasmanian IDRS among people who inject drugs (see de Graaff, Peacock & Bruno, 2015).

Table 25: Patterns of heroin use of REU, 2009-2014

Heroin	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	6	8	17	10	16	**12**
Median age first use (range)	20 15-29	19 14-25	21 16-23	20.5 14-23	19 15-29	**22 14-28**
Used in last 6 months (%)	3	2	8	1	5	**2**
Injected last 6 months (%)	0	2	8	1	4	**2**
Median days used (range) #	1 1-48	9 2-15	13 2-31	4 n=1	5.5 3-30	**2.5˜ 1-4**

Source: EDRS interviews
˜n<10 #among those who had used in last six months

Methadone

Around one-tenth (13%) of the 2014 REU sample had ever used methadone (licit or illicit), which is consistent with the low levels of lifetime use reported in previous years (Table 26). The median age of first methadone use was 20 years (range 17-30 years). Those who had used methadone in the last six months (3%) reported swallowing the drug on a median of 15.5 occasions during this time (range 1-30), and this use was 'mainly' illicit.

Table 26: Patterns of methadone use of REU, 2009-2014

Methadone	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	8	10	8	9	7	**13**
Median age first used (range)	21 14-25	21 17-25	22 18-25	23 18-30	25 18-29	**20 17-30**
Used in last 6 months (%)	4	5	4	4	1	**3**
Injected last 6 months (%)	0	0	3	0	1	**0**
Median days used (range)[#]	24[~] 2-180	4[~] 2-24	180[~] 6-180	14.5[~] 3-48	1[~] n=1	**15.5[~]* 1-30**

Source: EDRS interviews
[~]n<10;[#]among those who had used in last six months

Buprenorphine

Consistent with the low levels of buprenorphine (licit or illicit) use among the REU cohorts in previous years, 6% of the 2014 sample reported lifetime use of buprenorphine and a small proportion of the sample (2%) had used buprenorphine infrequently (1-3 days) during the last six months (Table 27).

Table 27: Patterns of buprenorphine use of REU, 2009-2014

Buprenorphine	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	2	5	8	4	5	**6**
Median age of first use (range)	24 20-28	20 19-25	28.5 23-33	37 23-46	21 12-28	**21 19-33**
Used last 6 months (%)	1	1	3	2	4	**2**
Injected last 6 months (%)	0	0	1	0	4	**1**
Median days used (range) [#]	90[~] n=1	14[~] n=1	9.5[~] 4-15	92[~] 24-160	9[~] 1-10	**2[~] 1-3**

Source: EDRS interviews
[~]n<10 [#]among those who had used in last six months

Other opioids

'Other opioids' comprise a broad drug class including restricted pharmaceuticals such as morphine and oxycodone, and alkaloid poppy plant derivatives such as opium or 'poppy wash'. Around one-fifth (22%) of the 2014 REU sample had ever used 'other opioids' for not-as-prescribed (or non-licit) purposes (Table 28). The median age of first use was 20 years (range 15-33 years).

Around one-tenth (11%) of the sample had used 'other opioids' for non-medical purposes in the last six months. The median frequency of use was 7 days (range 1-45 days) during the six months preceding the interview. For those who had recently used 'other opioids', the most common routes of administration were swallowing (64%), injecting (45%) and smoking (18%).

Table 28: Patterns of illicit 'other opioid' use among REU, 2009-2014

Other opioids	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	19	19	29	16	22	**22**
Median age first used (range)	19 13-27	18 14-27	19.5 16-25	21.5 14-31	20 13-32	**20 15-33**
Used last 6 months (%)	6	4	16	4	11	**11**
Injected last 6 months (%)	1	-	9	3	5	**5**
Median days used (range)[#]	3~ 1-24	4~ 1-12	6 1-40	4~ 1-5	5.5 1-30	**7 1-45**

Source: EDRS interviews
~n<10 #among those who had used in last six months

4.7.13 Antipsychotic medications

Around one-tenth (13%) of the 2014 REU sample had ever used antipsychotic medications (Table 29), and 5% had used these drugs during the six months preceding the interview. Illicit (not as prescribed use) (7%) was more common than licit use (1%).

Illicit antipsychotics (typically Seroquel: 57%) had been taken orally (100%) or had been snorted (14%) on a median of 3 days (range 1-12), or approximately every two months, during this time.

Table 29: Patterns of antipsychotic medication use among REU, 2013-2014

Antipsychotic medication	**2013 n=76**	**2014 n=13**
Ever used (%)	**9**	**13**
Used in last 6 months (%)	**5**	**7~**
Licit use in last six months (%)	**3**	**1**
Median days licit use[#]	**96~ 12-180**	**2~ n=1**
Illicit use in last six months (%)	**3**	**7**
Median days illicit use[#]	**5.5 1-10**	**3~ 1-12**

Source: EDRS interviews
~n<10 #among those who had used in last six months

4.8 New psychoactive substance (NPS) use

4.8.1 Mephedrone

Mephedrone (4-methylmethcathinone) is a synthetic stimulant (common names include 4-MMC, meow meow, m-cat, plant food) that is chemically similar to cathinone which is found in the *Catha edulis* or 'khat' plant. The 'khat' plant has a long history of human use, particularly in many east African communities such as in Yemen and Somalia. Mephedrone has grown in popularity worldwide in recent years, particularly in the UK and Europe (see Brunt, Poortman, Niesink, & Van den Brink, 2010; Winstock et al, 2010). For more information on mephedrone and other NPS substances in Australia, see Burns et al (2014).

Mephedrone is purported to have both stimulant and hallucinogenic/euphoriant properties and its effects have been likened to cocaine, MDMA, and amphetamines (Measham, Moore, Newcombe, & Welch, 2010; Winstock et al, 2010). Based on its chemical structure, it is likely that mephedrone has effects similar to amphetamines and therefore stimulates the release of monoamine neurotransmitters and then inhibits their reuptake (Winstock et al., 2010). There are also several less popular synthetic cathinones available such as methylone, and butylone (James et al., 2010; Winstock et al, 2010).

Almost one-half (48%) of the 2014 REU sample reported lifetime use of mephedrone and almost one-quarter (23%) reported use of mephedrone in the last six months (Table 30).

Mephedrone was typically purchased in powder (65%) or capsule (22%) form and had been swallowed (65%) or snorted (57%) on a median frequency of two days in the last six months (range 1-60) or approximately once every three months. Mephedrone has last been obtained from a friend (52%), a dealer (39%), or from the internet (9%).

Several KE (n=5) noted some occasional use of mephedrone among the drug consumers that they were familiar with, with others (n=2) commenting that they were not aware of any use of the drug. In contrast to 2013 there were no reports of people presenting with acute problems (e.g., hallucinations, psychosis, paranoia) after taking the drug.

Table 30: Patterns of mephedrone use of REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever used (%)	15	65	37	29	42	**48**
Used last 6 months (%)	15	47	27	10	24	**23**
Route of administration	n/a					
Swallow (%)		62	68	70	78	**65**
Snort (%)		66	74	60	44	**57**
Smoke (%)		2	0	0	6	**0**
Inject (%)		0	5	0	6	**9**
Median days used (range) [#]	2 1-90	6 1-36	3 1-30	2.5 1-12	3 1-12	**2 1-60**

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

4.8.2 Other NPS

Table 31 shows the proportion of the EDRS cohorts reporting recent use of other 'new psychoactive substances' during the six months preceding the interview. Chemicals such as mephedrone and 2CI/2CB/2CE are relatively new substances and little is known about the effects and risks associated with their use. In many countries, these chemicals are not controlled substances and they can often be purchased through chemical supply companies for 'research' purposes. Also included as NPS are substances which have been around for many years (e.g., mescaline, DMT) but which may have the potential to emerge as popular substances among this group.

The most common NPS substances used among the 2014 cohort were mephedrone (23%) (see also Section 4.8.1) and related substances such as methylone (also known as bk-MDMA) (4%) and other cathinones (2%).

Small proportions of the sample reported recent use of other stimulants such as MDPV (3%) and Benzo fury (1%) and psychedelics such as DMT (9%), NBOMe (5%), 2CB (4%), 2CI (4%), mescaline (4%), and 2CE (2%).

One tenth (10%) reported recent use of the dissociative anaesthetic methoxetamine (MXE) and 5% reported recent use of DXM (a substance commonly found in over-the-counter cough medicine).

While there were anecdotal reports in 2013 of increased use of synthetic cannabinoids in Hobart, only four participants (4%) reported recent use of synthetic cannabinoids in 2014. KE comments suggested that these products were no longer commercially available in Hobart.

Participants were specifically asked whether they had recently consumed capsules of 'unknown content' (following from anecdotal reports of an 'unspecified' illicit capsule market in Hobart) or substances that could be classified as 'herbal highs' (given their availability in local 'head shops' and over the internet). Recent use of capsules (contents unknown) was reported by 11% of the sample and recent use of 'herbal highs' was reported by 5% of the sample.

Several KE (n=4) indicated that they were aware of online purchase and use of ethylphenidate among illicit drug users that they were familiar with, but there were no reports of use among the REU interviewed in 2014.

Table 31: Use of NPS in last six months among REU, 2009-2014

% used in last 6 months	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Stimulants						
Mephedrone	14	47	27	10	24	**23**
Methylone (bk-MDMA)	1	4	4	2	1	**4**
Other cathinone^	-	1	-	1	-	**2**
MDAI	-	-	-	1	-	**1**
BZP	-	2	-	-	-	**-**
MDPV (ivory wave)	1	2	1	1	4	**3**
Benzo fury	-	-	-	-	-	**1**
Psychedelic phenethylamines						
2CB	1	2	-	-	5	**4**
2CI	9	4	4	2	4	**4**
2CE	3	7	1	1	1	**2**
2C-other	-	1	-	-	-	**-**
DOI	-	3	-	-	-	**-**
Mescaline [#]	-	1	1	2	3	**4**
NBOMe	-	-	-	-	-	**5**
Psychedelic tryptamines						
DMT [#]	-	7	4	6	11	**9**
5-MeO-DMT [#]	-	-	3	1	3	**1**
PMA	-	1	-	-	-	**-**
Plant derivatives						
Datura	1	1	-	-	1	**-**
Salvia divinorum	1	1	-	1	1	**1**
LSA (wood rose seeds)	-	-	3	1	-	**1**
Synthetic cannabinoids	-	-	1	4	1	**4**
Other substances						
Methoxetamine (MXE)	-	-	-	-	-	**10**
DXM[**]	-	-	3	4	4	**5**
Ephedrine	1	-	-	-	-	**-**
Melanotan	-	-	1	-	-	**-**
Capsule (contents unknown)	n/a	n/a	15	16	20	**11**
Herbal highs	n/a	n/a	11	8	4	**3**

Source: EDRS interviews

** dextromethorphan (a common ingredient in over-the-counter cough medicines)

[#] can also be derived from plants

^ includes methcathinone

5.0 DRUG MARKET TRENDS: PRICE, PURITY, AVAILABILITY AND SUPPLY

5.1 Ecstasy

Summary:

- The median last purchase price for ecstasy was $30 for one tablet (range $5-45) or one capsule (range $15-50). No recent price changes were noted and two-thirds (67%) indicated that price had remained stable in the past six months.
- The median last purchase price for MDMA crystal was $290 per gram (range 40-400), and price was reported to be have been stable (53%) or to have increased (32%) in the last six months.
- Ecstasy (pills, capsules, powder) was reported to be medium (33%) or fluctuating (33%) in purity. In contrast, MDMA crystal was typically reported to be high (69%) in purity, and this purity was reported to have been stable (36%) or to have fluctuated (27%) or increased (23%) in the last six months.
- Ecstasy was reported to be easy (56%) or very easy (22%) to obtain in 2014. In contrast, MDMA crystal was typically reported to be difficult (48%) or very difficult (10%) to obtain.
- Ecstasy was typically last purchased from friends and last obtained from a friend's home, the respondent's own home, a nightclub or a public bar.
- REU indicated they had last purchased ecstasy for themselves alone (45%), or for both themselves and other people (51%). A median of three tablets had been purchased on the last occasion.

5.1.1 Price

The median last purchase price for one ecstasy tablet was $30 (range $5-45) which is similar to the years prior to 2014. The median price per pill was also reported to be $30 if 10 pills were last purchased (range $14-40 per pill).

The median last purchase price for one capsule of ecstasy was also $30 (range $15-50), which is consistent with data from the past five years.

The last purchase price for MDMA crystal was $290 per gram (range 40-400).

Three-fifths (63%) of the sample indicated that the price of ecstasy (pills, capsules, and powder) had recently remained stable. In relation to crystal MDMA (which was examined separately in 2014), one-half (53%) reported that price had recently been stable and one-third (32%) reported that the price had increased in the last six months.

KE comments on the price of ecstasy were varied. The price for one ecstasy pill was reported to range from $25 to $50 (n=3).

Table 32: Price of ecstasy purchased by REU and price variations, 2009-2014

Median price (range)	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014** **n=100**
Pill/Tablet						
Last price per pill (range)	$35 18-40 n=98	$35 24-35 n=91	$30 15-40 n=61	$30 18-50 n=86	$30 20-40 n=69	**$30** **5-45** **n=88**
10 ecstasy tablets (range)	$320 100-400 n=78	$300 180-400 n=30	$300 150-350 n=26	$300 150-400 n=54	$250 170-350 n=34	**$300** **160-400** **n=40**
Powder						
Last price per gram (range)	$250~ 100-300 n=3	$200~ 120-250 n=8	$300~ n=1	$350~ n=1	$300~ 90-400 n=5	**$200~** **140-400** **n=4**
Capsule						
Last price per capsule (range)	$30 20-40 n=25	$30 20-50 n=70	$30 10-40 n=46	$30 5-40 n=67	$30 20-40 n=26	**$30** **15-50** **n=27**
MDMA crystal						
Last price per gram (range)	-	-	-	-	$200~ n=2	**$290** **40-400** **n=20**
Last price per point (range)	-	-	-	-	$100~ 30-150 n=3	**$35** **25-350** **n=9**
Price change (%)[#]						
Don't know	8	9	5	7	9	**9**
Increased	10	38	14	7	11	**6**
Stable	52	40	65	74	63	**67**
Decreased	12	4	5	8	9	**3**
Fluctuated	17	9	11	4	8	**14**

Source: EDRS interviews
~n<10
[#]last six months

Table 33 shows the price of ecstasy reported by Tasmania Police to the ACC. A price of $35 for one pill was reported in 2012/13 which is slightly higher than with the prices reported by REU in 2013 and 2014. At the time of publication, data were not available for the 2013/14 financial year.

Table 33: Price per tablet of ecstasy reported by Tasmania Police 2003/04-2012/13

	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	**11/** **12**	**12/** **13**
Price per pill ($)	30-70	40-50	25-40	40	30-45	35-40	35-50	30-50	**-**	**35**

Source: ACC (2005-2014)

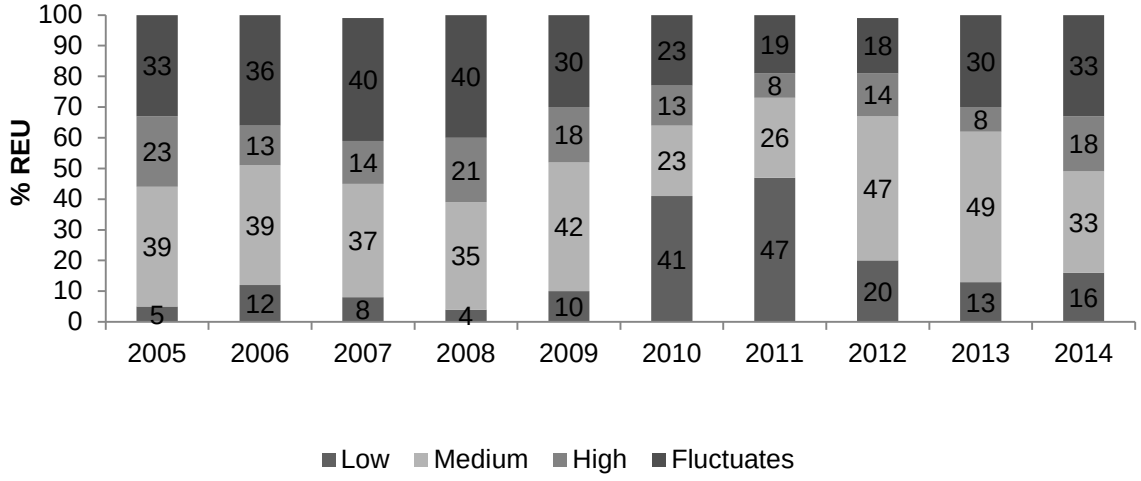
5.1.2 Purity

Ecstasy (pills, capsules, powder) was reported to be medium (33%) or fluctuating (33%) in purity in the past six months. The proportion reporting that ecstasy was high in purity tended to higher relative to 2013 (18% vs 8%, χ^2=3.31, *p*=.07 (Figure 6). However, MDMA crystal was included in these data prior to 2014 which limits comparability between the two samples. Ecstasy purity was reported to have either fluctuated (48%) or remained stable (29%) during the six months preceding the interview (Figure 7).

In relation to MDMA crystal (which was examined separately for the first time in 2014), a majority of those who commented (n=29) indicated that MDMA crystal was high in purity (69%), and purity was reported to have been stable (36%) or to have fluctuated (27%) or increased (23%) in the last six months.

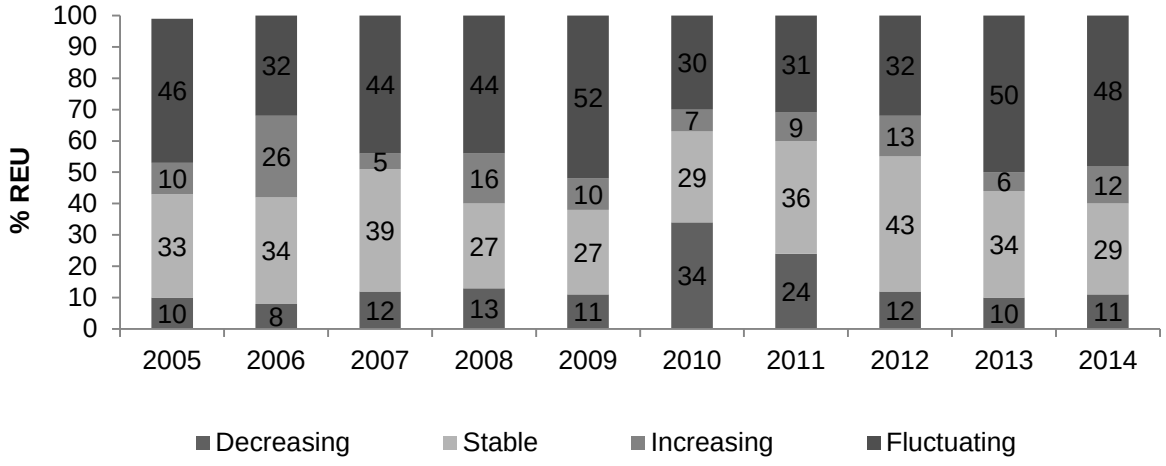
KE who commented on ecstasy indicated that the drug was currently low/medium in purity (n=3). Several KE indicated that drugs sold as MDMA often contained other substances, particularly those sold in capsule form.

Figure 6: Reports of current ecstasy purity among REU who commented, 2005-2014



Source: EDRS interviews
Note: 2014 data includes only non-crystal forms

Figure 7: Reports of change in ecstasy purity in the last six months among REU who commented, 2005-2014



Source: EDRS interviews
Note: 2014 data includes only non-crystal forms

There is little objective data on the purity of phenethylamines (the class of drugs including ecstasy, or MDMA, and drugs such as MDA, MDEA and mescaline) in Tasmania, as only a proportion of seizures are analysed for purity by Tasmania Police. The median purity of seizures has ranged from 24.6% to 34.2% between 2003/04 and 2009/10 (see Table 34). There were no purity data reported between 2010/11 and 2012/13 and data for the 2013/14 reporting period were not available at the time of publication.

Table 34: Median purity of phenethylamine seizures 2003/04-2012/13

	2003 /04	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	**2012 /13**
Median % Purity	26.0 n=33	-	-	27.1 n=4	24.6 n=3	-	34.2 n=1	-	-	**-**

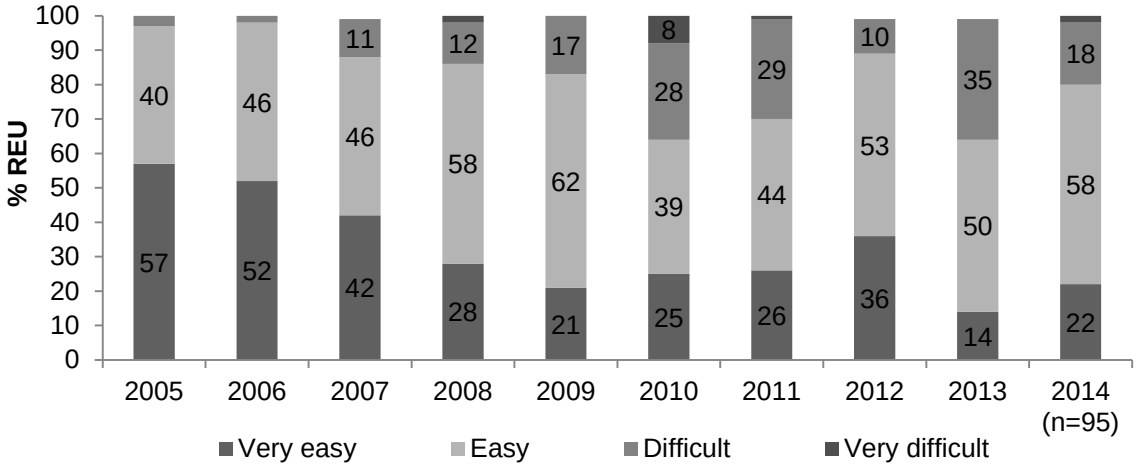
Source: ACC (2005-2014)

5.1.3 Availability

Ecstasy (pills, capsules, powder) was reported to be easy (58%) or very easy (22%) to obtain in the past six months (See Figure 8), and to have remained stable (50%) or to have become more difficult (26%) to obtain in this period of time (See Figure 9). A significantly smaller proportion reported that ecstasy was difficult to obtained compared to 2013 (18% vs. 35%), χ^2=5.16, *p*=.02. However, MDMA crystal was included in these data prior to 2014 which limits comparability between the two samples.

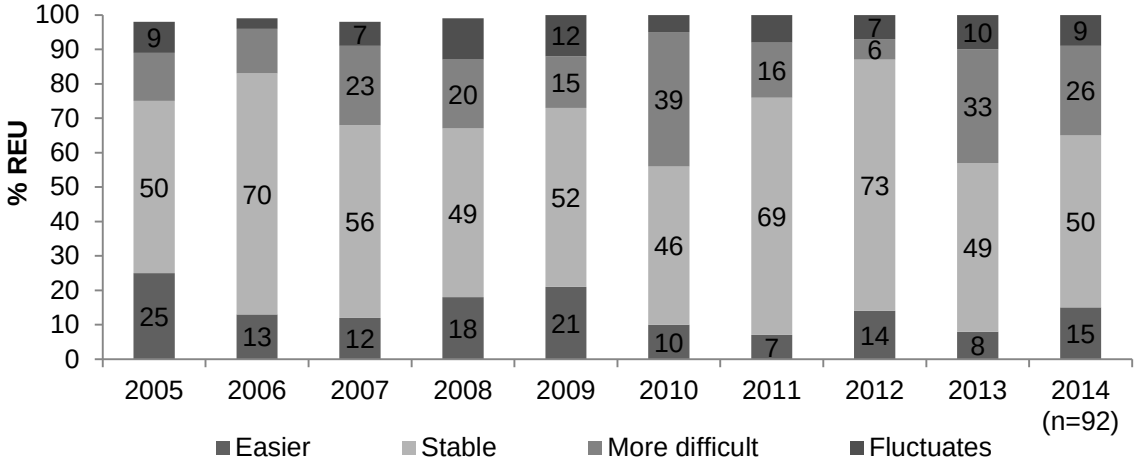
For MDMA crystal (which was examined separately in 2014), those who commented (n=31) typically indicated that it had been difficult (48%) or very difficult (10%) to obtain in the last six months, with the remainder reporting that it had been easy (26%) or very easy (16%) to obtain. This availability was reported to have been stable (48%) or to have become more difficult (26%) in this period of time.

Figure 8: REU reports of current availability of ecstasy, 2005-2014



Source: EDRS interviews

Figure 9: REU reports of change in ecstasy availability in the last six months, 2005-2014



Source: EDRS interviews

REU were asked who they had last obtained ecstasy from and the location where they had last obtained the drug in the last six months (Table 35). Similar to 2013, a large majority indicated that they last obtained ecstasy from friends (66%), most typically from a friend's home (27%), a public bar (17%), the respondent's own home (16%) or a nightclub (14%).

Among those who commented on MDMA crystal (n=33), a majority had obtained the drug from friends (49%) or known/unknown dealers (30%) on the last occasion, and it was typically last purchased at a friend's home (39%), a dealer's home (15%) or at the respondent's own home (9%).

Table 35: REU reports of ecstasy last source and location in the preceding six months, 2009-2014

	2009	2010	2011	2012	2013	**2014**
Person last purchased from	n=100	n=100	n=72	n=99	n=76	**n=98**
Friends (%)	80	73	76	65	71	**66**
Known dealers (%)	7	18	15	11	8	**12**
Acquaintances (%)	7	7	8	10	7	**4**
Workmates (%)	2	0	0	4	4	**7**
Unknown people (%)	1	2	0	6	7	**3**
Street/Mobile dealers (%)	3	0	0	0	0	**0**
Online (%)	0	0	0	0	0	**1**
Other (%)	0	0	0	0	0	**6**
Location last purchased ecstasy	n=99	n=100	n=72	n=99	n=76	**n=97**
Friend's home (%)	37	39	29	28	32	**27**
Dealer's home (%)	2	5	6	5	5	**4**
Home (%)	19	18	18	20	20	**16**
Nightclub (%)	21	13	14	7	11	**14**
Rave/doof/dance party	2	1	3	3	3	**1**
Private party (%)	2	3	3	10	5	**9**
Pub/bar (%)	6	13	14	11	11	**17**
Street (%)	2	1	4	3	3	**1**
Agreed public location (%)	6	6	3	3	1	**2**
Work (%)	1	0	0	5	4	**7**
Online (%)	1	0	3	1	0	**1**
Other (%)	0	0	0	0	0	**1**

Source: EDRS interviews

5.1.4 Ecstasy markets and patterns of purchasing ecstasy

REU interviewed in 2014 reported purchasing ecstasy from a median of two people (range 1-25 people) in the preceding six months (Table 36). Almost half of the sample (45%) indicated that they had last purchased ecstasy for themselves, and the remaining half (51%) had last purchased ecstasy for both themselves and others. A median of three tablets had been purchased in this last transaction. Most commonly, ecstasy was purchased monthly or less frequently (59%) or fortnightly to monthly (33%) during this time.

Table 36: Patterns of purchasing ecstasy in the last six months, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Median people purchased from (range)	3 1-20	3 1-10	3 1-10	3 1-30	3 1-6	**2** **1-25**
Last purchase for (%)						
Didn't purchase	0	1	3	1	0	**3**
Self only	36	36	34	42	38	**45**
Self and others	61	60	62	57	60	**51**
Others only	3	3	1	0	3	**1**
No. times purchased (%)						
1-6	49	54	62	43	51	**59**
7-12	38	36	27	29	39	**33**
13-24	9	9	10	18	7	**7**
25 +	4	1	1	10	3	**1**
Median pills last purchased (range)	n/a	n/a	3 1-100	3 1-160	3 1-10	**3** **1-50**

Source: EDRS interviews

5.2 Methamphetamine

Summary:

- Due to the small number of REU who commented on methamphetamine base and crystal methamphetamine, trends in price, purity and availability over time are largely examined for methamphetamine powder only.
- The median last purchase price for one point (0.1g) of methamphetamine powder was $42.50 (range $25-100), which is slightly lower than 2013 ($50) but similar to the years prior to this ($35-40).
- The last purchase price for one gram of methamphetamine powder was $300 (range $150-350) which is the same as the median prices reported in 2012 (range $100-350) and 2013 (range $130-400).
- Methamphetamine powder was reported to be medium (40%) or high (29%) in purity. This purity was reported to be stable (66%) or fluctuating (26%) during the previous six months.
- Although a small number of people commented on the purity of base (n=9) and crystal (n=12), the purity of these forms was reported to be high (82% and 75% respectively) in the last six months.
- Two-thirds (68%) reported that methamphetamine powder was easy or very easy to obtain, similar to the proportion in 2013 (66%).
- Similarly, a majority of those who commented on base (82%) and crystal (64%) indicated that these forms were easy/very easy to obtain in 2014.

5.2.1 Price

REU were asked to indicate the last purchase price for the three major forms of methamphetamine (see Table 37). A greater number of respondents were able to report confidently on the price of methamphetamine powder relative to methamphetamine base and crystal methamphetamine. As such, prices reported for the latter two methamphetamine forms should be interpreted with caution.

The median last purchase price for one point (0.1 of a gram) of methamphetamine powder was $42.50 (range $25-100) which is similar to the median price of $50 reported in 2012 (range $25-100) and 2013 (range $20-100). The median last purchase price for one point of crystal methamphetamine was higher at $100 (range 50-100) but similar to the last purchase price in 2013 and 2014 ($100).

The last purchase price for one gram of methamphetamine powder was $300 (range $150-350) which is the same as the median prices reported in 2012 (range $100-350) and 2013 (range $130-400). The median last purchase price for one gram of crystal methamphetamine was higher at $500 but was based on a small sample size.

Three-quarters (77%) of REU who commented on recent price changes in methamphetamine powder (Figure 10) indicated that the price had been stable in the last six months. Although a small number of people commented on recent price changes in relation to base (n=10) and crystal (n=11), the price of base was reported to have been stable (70%) and the price of crystal was reported to have been stable (36%) or to have increased (36%) in the last six months.

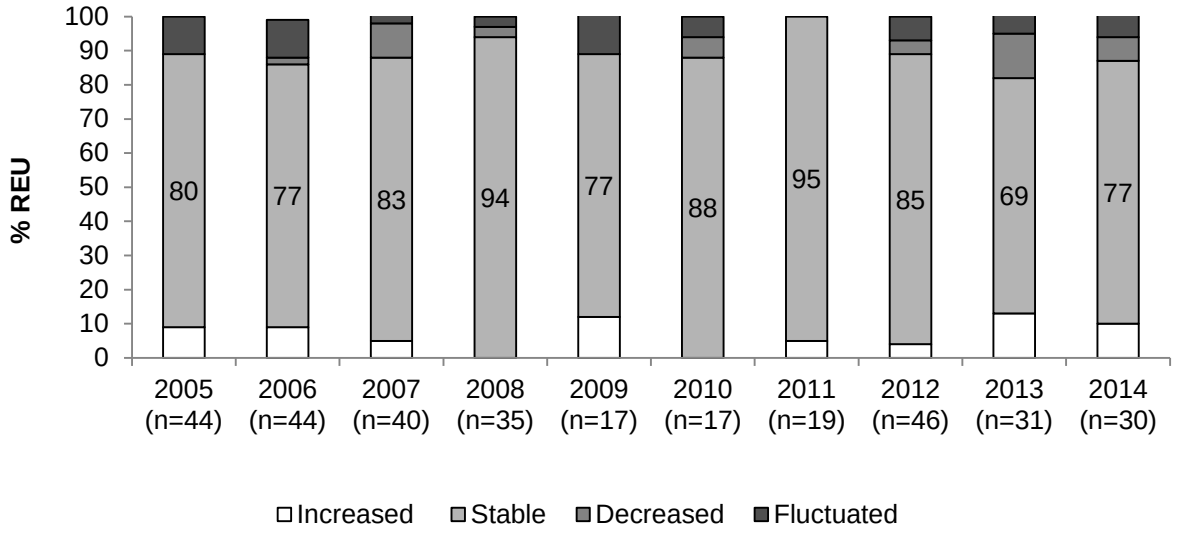
Among KE who were interviewed in Hobart, the price per gram was reported to be $300-360 per gram for powder and $380-600 for crystal. The price per point was reported to be $50-60 for powder compared to $80-100 for crystal. These estimates are relatively consistent with the prices reported by REU.

Table 37: Last purchase price of methamphetamine forms purchased by REU, 2009-2014

Median last price	2009	2010	2011	2012	2013	**2014**
Powder						
Point (range)	$40 20-60 n=16	$40~ 30-50 n=6	$35~ 20-50 n=9	$50 20-100 n=31	$50 25-100 n=10	**$42.50 25-100 n=16**
Gram (range)	$255 170-300 n=12	$250 150-300 n=13	$250~ 100-300 n=9	$300 100-350 n=16	$300 130-400 n=12	**$300 150-350 n=17**
Base						
Point (range)	$60~ 50-80 n=5	$50~ n=1	$50~ 50-50 n=2	$50 20-100 n=10	-	**$30~ 25-40 n=4**
Gram (range)	$400~* n=1	$163~ 25-300 n=2	$150~ n=1	$300~ 200-300 n=6	$210~ 120-300 n=2	**$300~ 170-800 n=5**
Crystal						
Point (range)	$50~ n=1	-	$50~ 50 n=2	$60~ 50-100 n=5	$100~ 100-100 n=5	**$100~ 50-100 n=8**
Gram (range)	$450~* 300-600 n=2	-	$275~ 250-300 n=2	$300~* 80-300 n=3	-	**$500~ 400-700 n=3**

Source: EDRS interviews
~n<10

Figure 10: Recent changes in price of methamphetamine powder purchased among REU who commented, 2005-2014



Source: EDRS interviews

Tasmania Police Drug Investigation Services gather regular information regarding current prices of illicit drugs. This data has been provided to the authors through the ACC (Table 37). During the 2012/13 financial year, Tasmania Police reported methamphetamine (non-crystal) prices as $50-80 per point (0.1g) compared to $80-100 for crystal methamphetamine. Data for the 2013/14 reporting period were unavailable at the time of publication.

Table 38: Methamphetamine prices in Tasmania reported by Tasmania Police Drug Investigation Services, 2006/07-2012/13

Non-crystal form	Point (~0.1 g)	Full gram (1.0 g)	Ounce (28 g)
2006/07	$50	$270-380	$4,000-5,000
2007/08	$30-50	$200-300	$5,000-8,000
2008/09	$50	$300	-
2009/10	-	-	-
2010/11	$50-80	$300-400	$4,000-5000
2011/12	$50-70	$300	$4,000-5,000
2012/13	**$50-80**	**-**	**$4,000-5,000**
Crystal form			
2006/07	-	-	-
2007/08	-	-	-
2008/09	$50	$300-	-
2009/10	-	-	-
2010/11	$50	$400	-
2011/12	$80-100	-	-
2012/13	**$80-100**	**-**	**$10,000-12,000**

Source: ACC (2008-2014)
Note: Data for 2013/14 financial year were not available at the time of publication

5.2.2 Purity

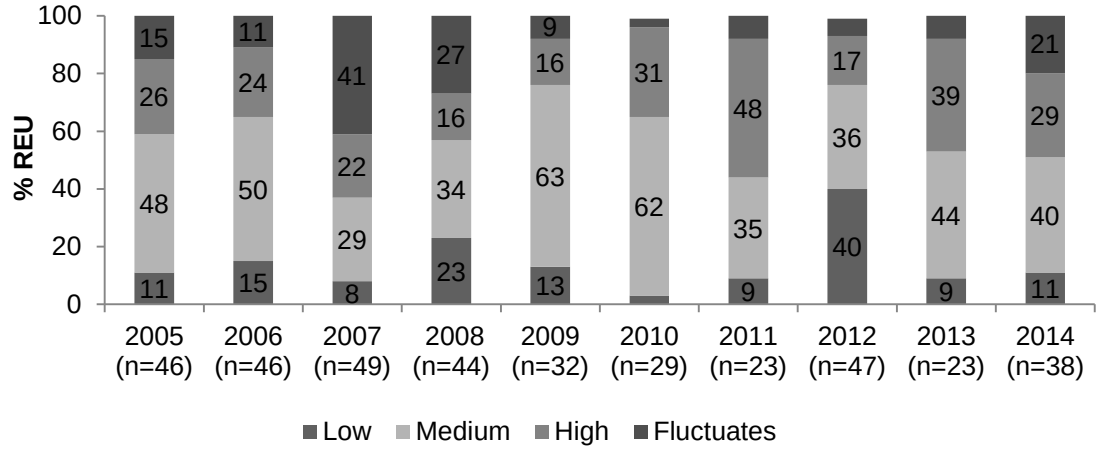
Due to the small number of REU who commented on methamphetamine base and crystal methamphetamine, trends in purity are examined over time for methamphetamine powder only.

The majority of REU who commented in 2014 indicated that methamphetamine powder was medium (40%) or high (29%) in purity (Figure 11). While two-thirds (66%) of respondents indicated that the purity of methamphetamine powder had remained stable in the last six months, one-quarter (26%) reported that purity had been fluctuating (Figure 12).

Although a small number of people commented on the purity of base (n=9) and crystal (n=12), the purity of these forms was reported to be high (82% and 75% respectively) in the last six months.

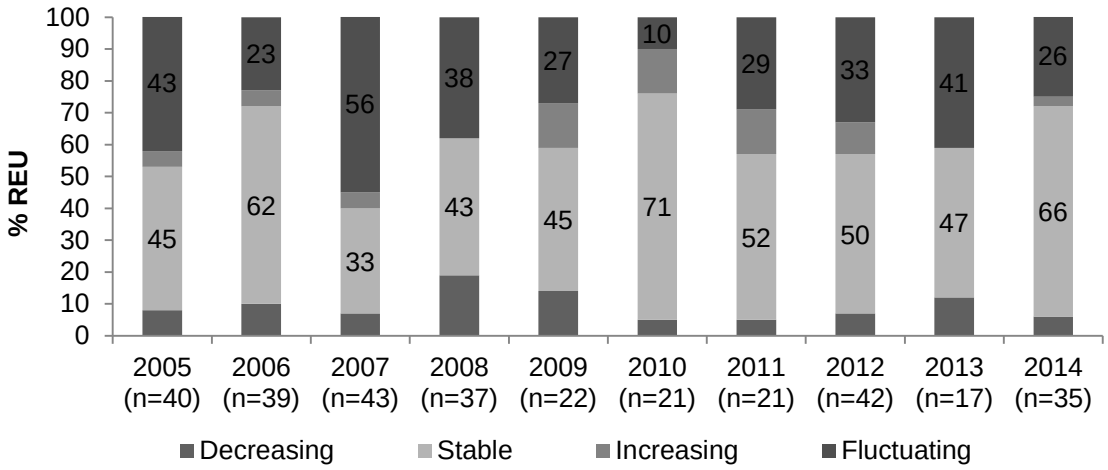
KE who commented on methamphetamine powder indicated that it was currently low in purity (n=5), while several noted that crystal methamphetamine was currently medium/high in purity (n=4). Several KE also reported that the purity of both powder (n=3) and crystal (n=4) forms had recently increased.

Figure 11: Reports of methamphetamine powder purity among REU who commented, 2005-2014



Source: EDRS interviews

Figure 12: Reports of changes in methamphetamine powder purity in the past six months among REU who commented, 2005-2014



Source: EDRS interviews

Table 39 shows purity of methamphetamine seizures received at Tasmanian Police analytical laboratories between 2003/04 to 2012/13 financial years. Data for the 2013/14 reporting period were not available at the time of publication. All amphetamine-type stimulants tested for purity between 2003/04 and 2011/12 were methamphetamine rather than amphetamine. Drugs seized by Tasmania Police are not routinely tested for purity, thus data for some reporting periods should be interpreted with caution due to small sample sizes and non-random selection of seizures for analysis.

In the 2012/13 reporting period, the total median purity of analysed methamphetamine seizures was relatively high (64%). While it is difficult to make inferences from small numbers of analysed seizures, this is also a higher median purity of the seizures analysed in the previous reporting periods (4%-32%).

Table 39: Purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2003/04-2012/13

	2003 /04	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	**2012 /13**
≤2 g										
n	9	10	6	15	7	11	-	3	2	**1**
Median % purity	25.6	32.3	15	24.6	7.6	12.6		33.6	5.2	**64**
> 2 g										
n	14	-	3	23	32	9	5	50	21	**6**
Median % purity	9.8	-	6.9	6.5	8.5	7.8	4.4	9.3	71.9	**62.2**
Total										
n	23	10	9	38	39	20	5	53	23	**7**
Median % purity	16.9	32.3	13	12.4	8.5	9.2	4.4	9.3	7.9	**64**
Range	2.4-80.5	18.5-35.5	1.7-58.7	2.4-27.7	1.9-39.5	3.2-14.1	1.3-6.7	1.8-36.6	1.7-71.9	**5.7-77.6**

Source: ACC (2005-2014)

Note: No seizures made by the Australian Federal Police in the state were analysed during these reporting periods. Data for the 2013/14 period were unavailable at time of publication

5.2.3 Availability

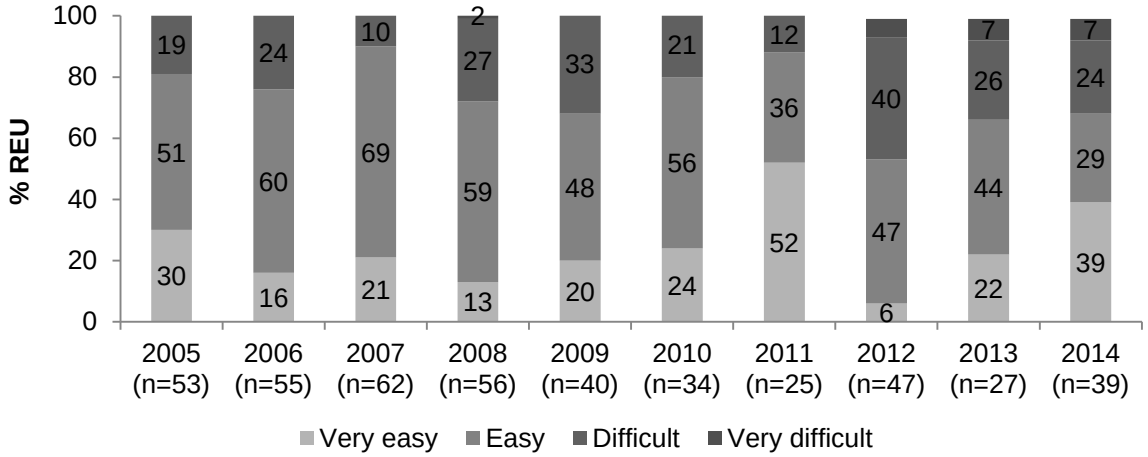
Few REU were able to comment on the availability and changes in availability for methamphetamine base and crystal methamphetamine. Thus availability over time is examined for methamphetamine powder only.

The majority of REU reported that methamphetamine powder was currently ‘very easy’ (39%) or ‘easy’ (29%) to obtain and 24% reported that it was currently ‘difficult’ to obtain (Figure 13). Over one-half (54%) reported that availability had remained stable during the last six months, while one-quarter (26%) reported that availability was more difficult (Figure 14).

Figure 15 shows the proportion of the REU sample who indicated that each methamphetamine form was very easy or easy to obtain between 2005 and 2014. In 2014, two-thirds (68%) reported that powder was easy/very easy to obtain, similar to the proportions in 2012 (53%) and 2013 (66%). Similarly, a majority of those who commented reported that base (82%) and crystal (64%) were easy/very easy to obtain in 2014.

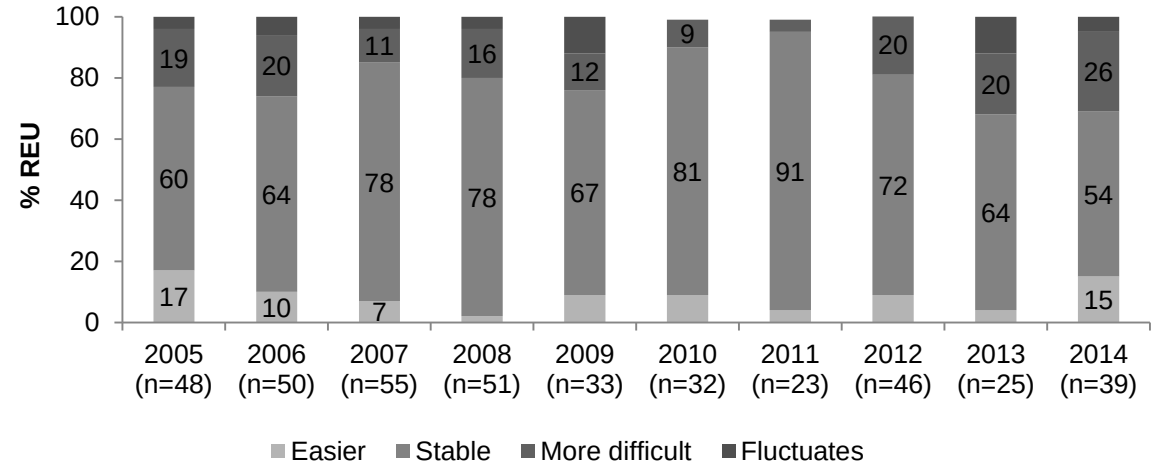
Among KE who commented on the forms of methamphetamine currently available in Hobart, several noted recent increases in the use (n=6) and availability (n=4) of methamphetamine powder. Similarly, recent increases were noted in the use (n=4) and availability (n=7) of crystal methamphetamine.

Figure 13: REU reports of current availability of methamphetamine powder, 2005-2014



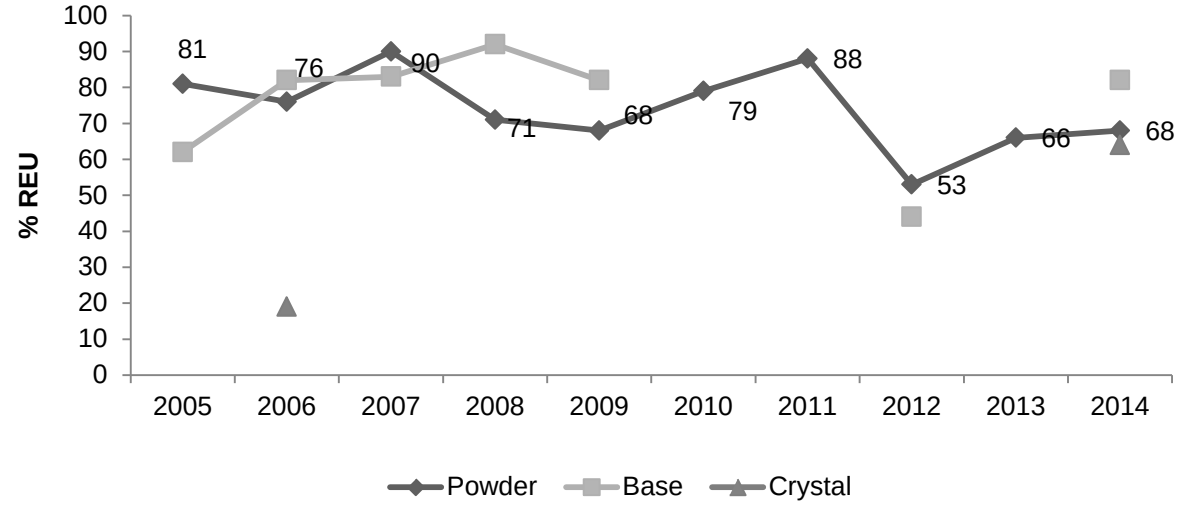
Source: EDRS interviews

Figure 14: REU reports of change in methamphetamine powder availability in the last six months, 2005-2014



Source: EDRS interviews

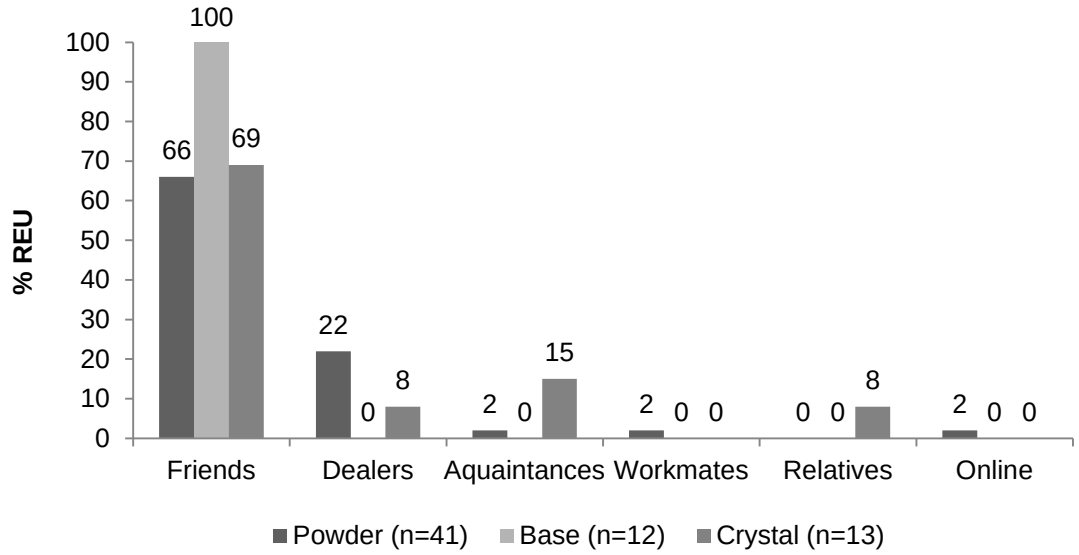
Figure 15: Proportion of REU reporting various forms of methamphetamine as very easy or easy to obtain in the six months preceding interview, 2005-2014



Source: EDRS interviews
Note: Data not reported where n<10

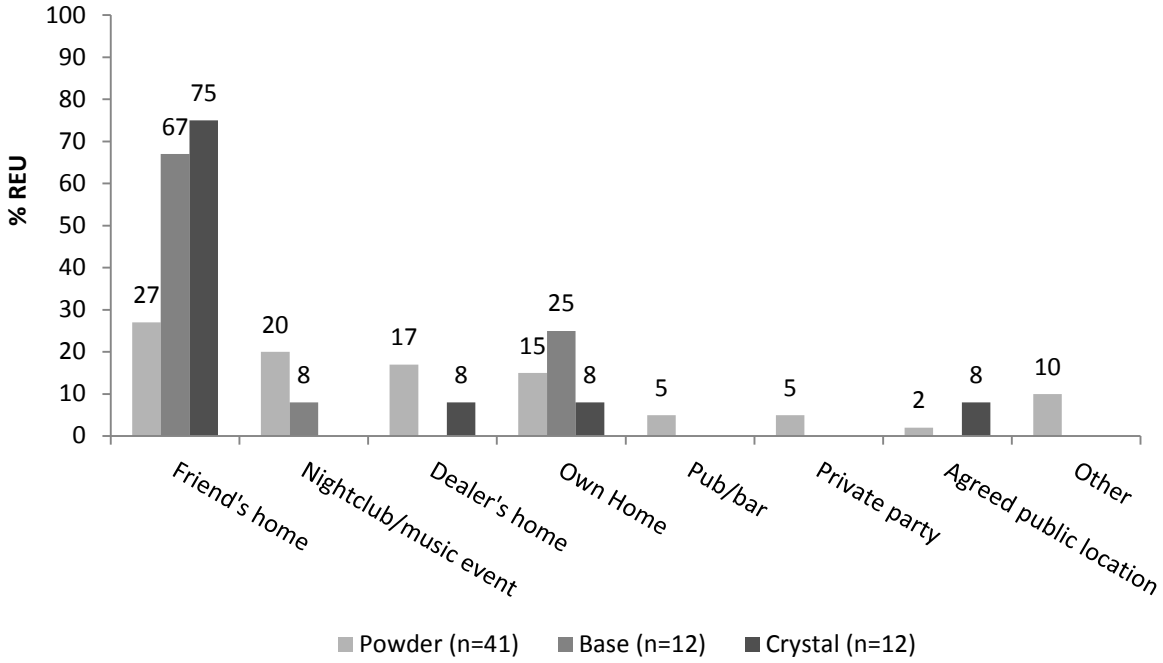
REU were asked who they had obtained each methamphetamine form from on the last occasion of use in the previous six months, and at which locations they had obtained the drug (see Figure 16 and Figure 17 respectively). For all forms of methamphetamine, participants were most likely to have last obtained the drug from friends (66% powder, 100% base, 69% crystal) (Figure 16). The most common locations for the last purchase of methamphetamine powder (Figure 17) were a friend's home (27%), a nightclub/music event/dance party (20%), the home of the dealer (17%), or the respondent's own home (15%). The most common last location of purchase was a friend's home for both base (67%) and crystal (75%).

Figure 16: People from whom methamphetamine powder, base and crystal were last purchased in the preceding six months, 2014



Source: EDRS interviews

Figure 17: Locations where methamphetamine powder, base and crystal were last purchased in the preceding six months, 2014



Source: EDRS interviews
Note: Where n<10 data should interpreted with caution

5.3 Cocaine

Summary:

- Consistent with the relatively low use of cocaine among the current cohort, few REU were able to comment on the price, purity and availability of the drug and the results should be interpreted with caution.
- The median last purchase price for one gram of cocaine was stable at $350 (range $75-400) and no recent price trends were noted.
- Cocaine was reported to be medium (31%) or high (46%) in purity and this purity was reported to have remained 'stable' (60%) in the last six months.
- The majority of those who commented on the availability of cocaine indicated that it was currently 'difficult' (50%) or 'very difficult' (29%) to obtain. Availability was reported to have remained stable (40%), or become 'easier' (30%), 'or more difficult' (20%) to obtain in the last six months.

5.3.1 Price

Table 40 shows median prices and price variations reported by REU for cocaine between 2009 and 2014. These price estimates are typically based on small sample sizes and should be interpreted with caution. In 2014, the median last purchase price for one gram of cocaine was $350 (range $75-400). Three-fifths (60%) of those who commented (n=5) indicated that the price had remained stable in the last six months.

Table 40: Last purchase price of cocaine and perceptions of price changes in the last six months among REU who commented, 2009-2014

	2009	2010	2011	2012	2013	**2014**
Median last price						
Point	$100˜	$35˜	-	$80˜	-	**$20˜**
(range)	n=1	n=1		40-120		**n=1**
Gram	$300˜	$350	$300	$300˜	$300˜	**$350˜**
(range)	300-600	80-350	200-400	250-350	280-350	**75-400**
Price change (%)	n=9	n=17	n=13	n=10	n=3	**n=5**
Increased	33	6	15	10	0	**20**
Stable	56	71	77	60	67	**60**
Decreased	11	12	0	20	0	**0**
Fluctuated	0	12	8	10	33	**20**

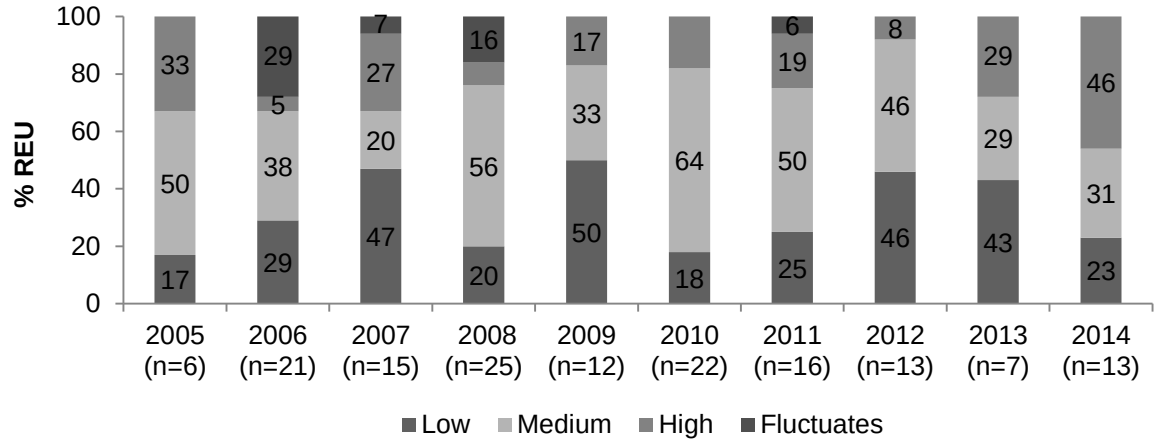
Source: EDRS interviews
˜n<10

Cocaine prices were reported by Tasmania Police for the 2012/13 ACC Illicit drug data report (ACC, 2014). The price for one gram of cocaine in Tasmania was reported to be $350, which is consistent with price reported by the Tasmanian REU sample in 2014. Data for the 2013/14 reporting period were unavailable at the time of publication.

5.3.2 Purity

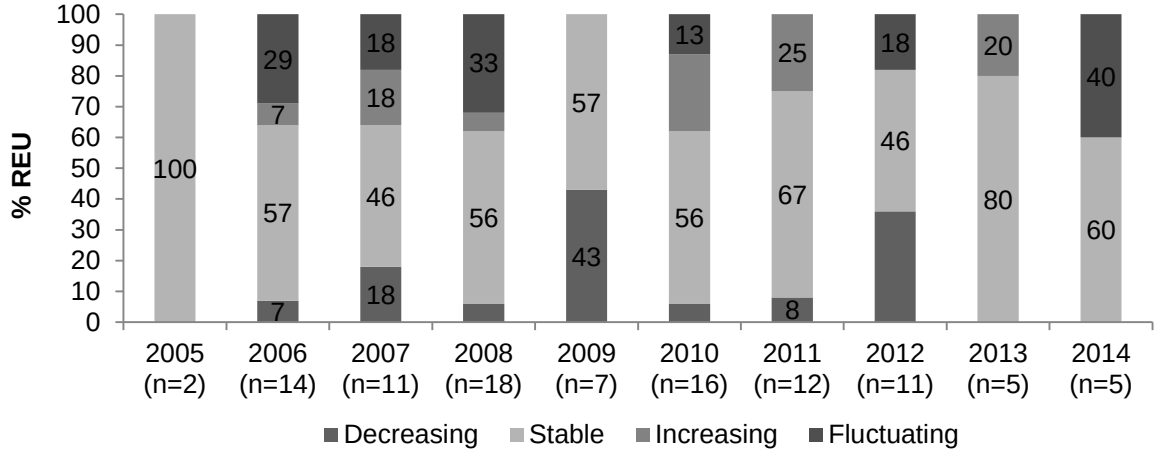
Purity estimates for cocaine are based on small sample sizes and should be interpreted with caution. REU were asked about the current purity of cocaine (Figure 18) and any changes in purity in the last six months (Figure 19). Those who commented in 2014 indicated that cocaine was currently medium (31%) or high (46%) in purity. Those who commented on changes in purity in the last six months indicated that it had remained stable (60%) or had fluctuated during this time (40%) (Figure 19).

Figure 18: REU reports of current purity of cocaine, 2005-2014



Source: EDRS interviews
Note: Where n<10 data should interpreted with caution

Figure 19: REU reports of changes in cocaine purity in the past six months, 2005-2014



Source: EDRS interviews
Note: Where n<10 data should interpreted with caution

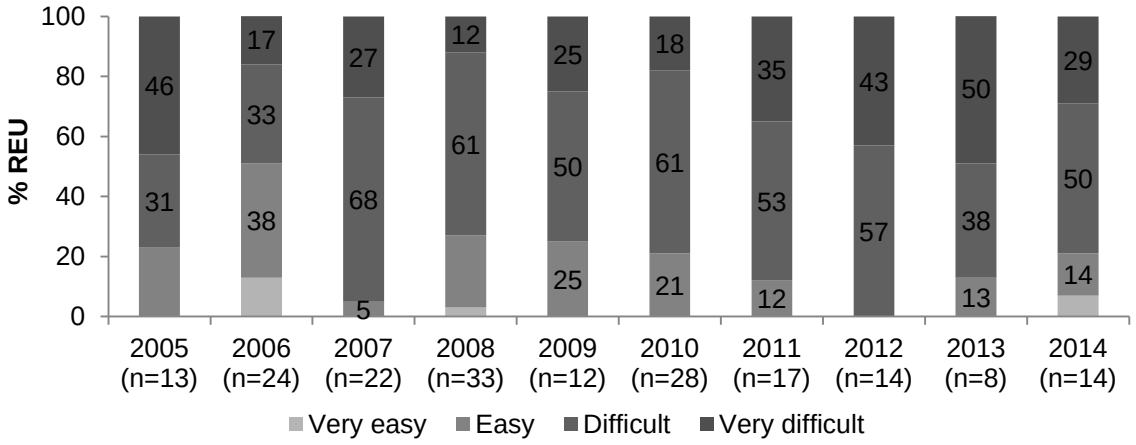
There were no cocaine seizures analysed for purity by Tasmanian Police as reported in the 2012/13 illicit drug data report (ACC, 2014). One sample of cocaine (>2 grams) was analysed (29.8% purity) in the 2011/12 reporting period (ACC, 2013). Data for the 2013/14 reporting period was unavailable at the time of publication.

5.3.3 Availability

Availability estimates for cocaine are based on small sample sizes and should be interpreted with caution. Those who commented on the current availability of cocaine (see Figure 20) indicated that cocaine was currently difficult (50%) or very difficult (29%) to obtain and availability was reported to have remained stable (40%), or to have become easier (30%), or more difficult (20%) to obtain during the preceding six months (Figure 21). Similarly, most KE who commented on cocaine (n=8) indicated that the use and availability of the drug was currently low in Hobart.

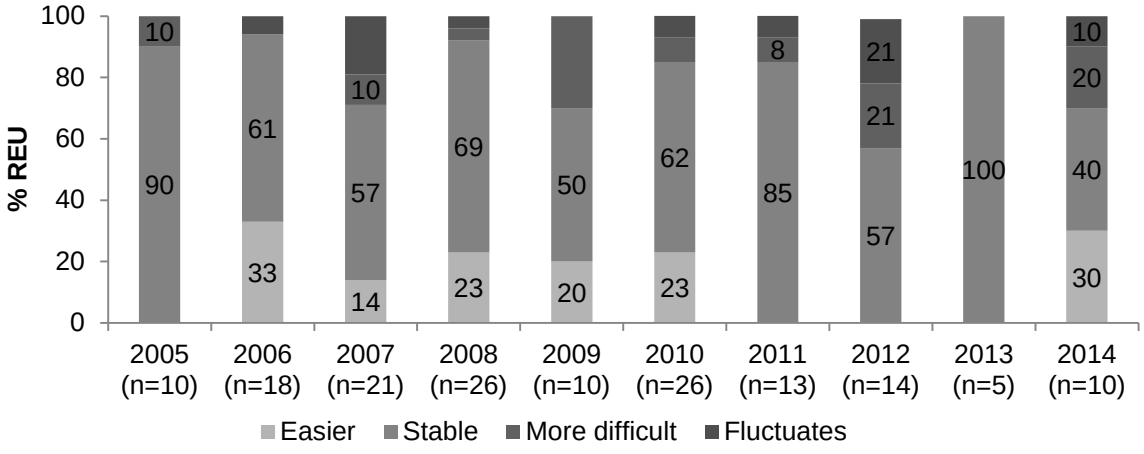
Cocaine had last been purchased from friends (87%) or dealers (7%), and had been last obtained from a friend's home (40%), the respondent's own home (20%), or a private party (13%) on this occasion (Table 41).

Figure 20: REU reports of current availability of cocaine, 2005-2014



Source: EDRS interviews
Note: Where n<10 data should interpreted with caution

Figure 21: REU reports of change in cocaine availability in the last six months, 2005-2014



Source: EDRS interviews
Note: Where n<10 data should interpreted with caution

Table 41: REU reports of last cocaine source in the preceding six months, 2009-2014

Cocaine	2009	2010	2011	2012	2013	**2014**
Person last purchased from	n=11	n=23	n=19	n=16	n=10	**n=15**
Used not purchased (%)	0	0	11	44	10	**0**
Friends (%)	73	78	47	31	80	**87**
Dealers (%)	18	17	26	6	10	**7**
Acquaintances (%)	9	4	5	6	0	**0**
Unknown dealers (%)	0	0	5	0	0	**0**
Work mates (%)	0	0	5	13	0	**0**
Other (%)	0	0	0	0	0	**7**
Location last purchased	n=11	n=23	n=19	n=16	n=10	**n=15**
Used not purchased (%)	0	0	11	44	10	**0**
Home (%)	36	13	5	0	0	**20**
Friend's home (%)	55	48	37	13	60	**40**
Dealers' home (%)	9	9	5	0	0	**7**
Rave/dance party (%)	0	0	0	0	0	**0**
Nightclub (%)	0	4	0	6	10	**7**
Public bar (%)	0	17	21	19	0	**0**
Private party (%)	0	4	0	0	10	**13**
Agreed public location (%)	0	0	5	0	0	**0**
Live music event (%)	0	0	5	0	10	**7**
Acquaintance's home (%)	0	4	0	6	0	**0**
Work (%)	0	0	0	13	0	**0**
Online (%)	0	0	0	0	0	**7**
Other (%)	0	0	10	0	0	**0**

Source: EDRS interviews

5.4 LSD

Summary:

- The median last price for one tab/drop of LSD in 2014 was $20 (range $10-39), and this price change was reported to have remained stable or to have fluctuated during the past six months.
- The purity of LSD was considered by REU to be high (46%) or medium (39%) and to have remained stable or fluctuated during the last six months.
- A large majority of those commenting indicated that LSD was very easy (34%) or easy (56%) to obtain and that availability had recently been stable (63%).
- LSD was typically last obtained from friends and was most commonly last obtained from private residences or at a nightclub or pub/bar.

5.4.1 Price

The median last purchase price for one tab of LSD was $20 (range $10-39) in 2014, which is consistent with the median price of $20 reported between 2011 and 2013 (Table 42). During the six months preceding the interview, almost one-half (48%) of those who commented on the price of LSD indicated that it had remained stable and two-fifths (38%) indicated that it had fluctuated during this time.

Table 42: Prices of LSD purchased by REU, 2009-2014

LSD	2009	2010	2011	2012	2013	**2014**
Median last price	n=27	n=18	n=26	n=28	n=25	**n=30**
Tab	$20	$25	$20	$20	$20	**$20**
(range)	10-45	10-25	10-35	5-25	10-30	**10-39**
Price change (%)	n=26	n=21	n=29	n=34	n=21	**n=29**
Increased	0	14	14	6	14	**10**
Stable	77	81	79	82	67	**48**
Decreased	12	0	3	6	10	**3**
Fluctuated	12	5	3	6	10	**38**

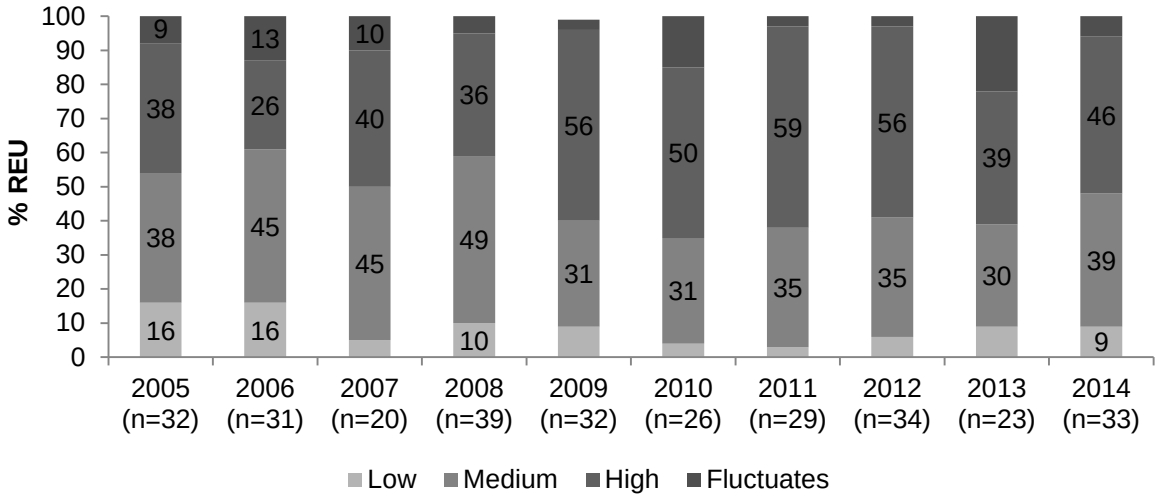
Source: EDRS interviews
[#] last six months

During the 2012/13 period, Tasmania Police reported a price of $10-20 for one tab of LSD (ACC, 2014), which is relatively consistent with the price reported by REU in 2014. Data for the 2013/14 reporting period were unavailable at the time of publication.

5.4.2 Purity

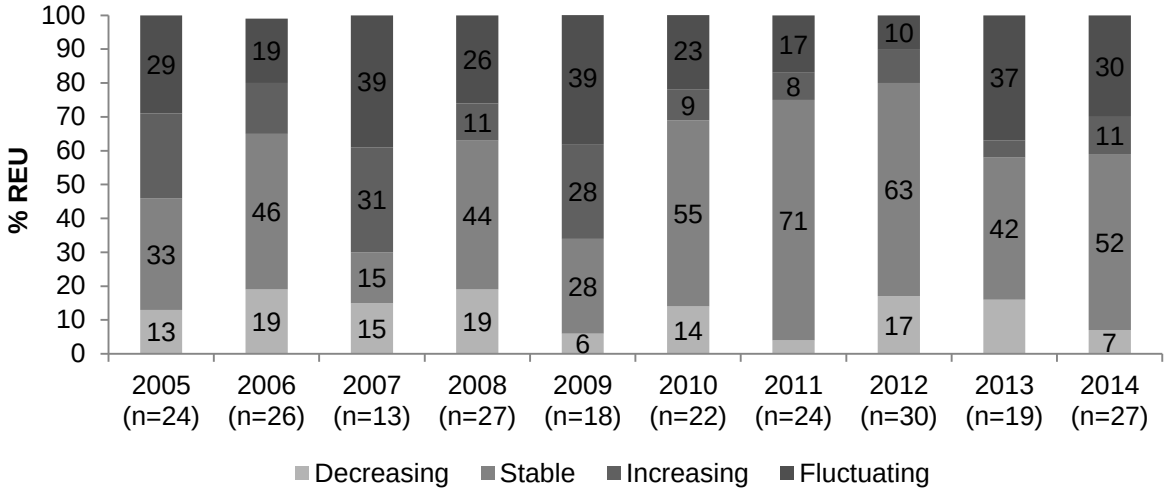
LSD was typically reported to be high (46%) or medium (39%) in purity (Figure 22). Half of REU (52%) reported that this purity had remained stable during the six months preceding the interview and almost one-third (30%) indicated that purity had fluctuated (Figure 23).

Figure 22: Current purity of LSD, 2005-2014



Source: EDRS interviews

Figure 23: Recent change in purity of LSD, 2005-2014



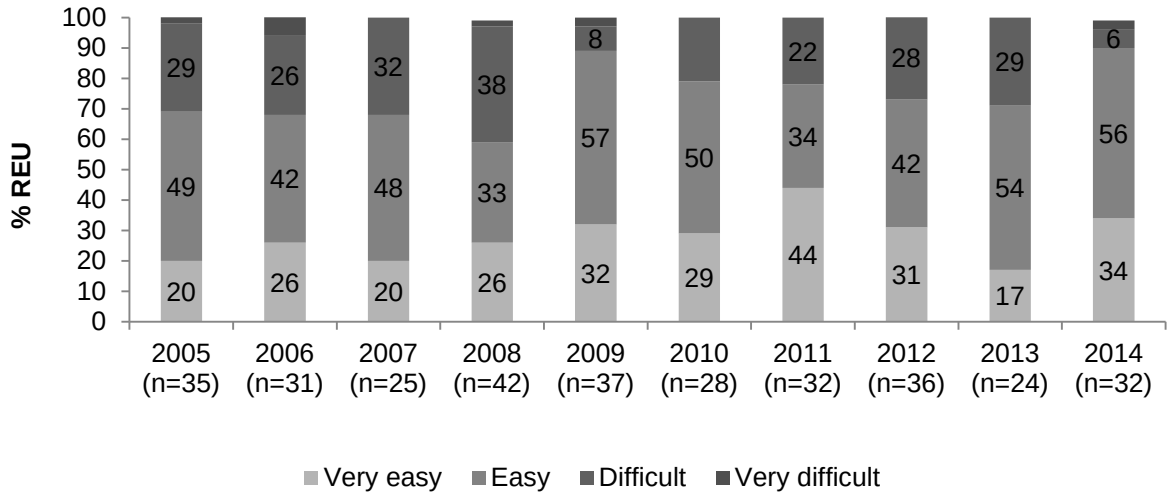
Source: EDRS interviews

5.4.3 Availability

A large majority of those who commented in 2014 reported that LSD was currently very easy (34%) or easy (56%) to obtain (see Figure 24), with the majority (63%) indicating that the availability of LSD had remained stable during the preceding six months (Figure 25).

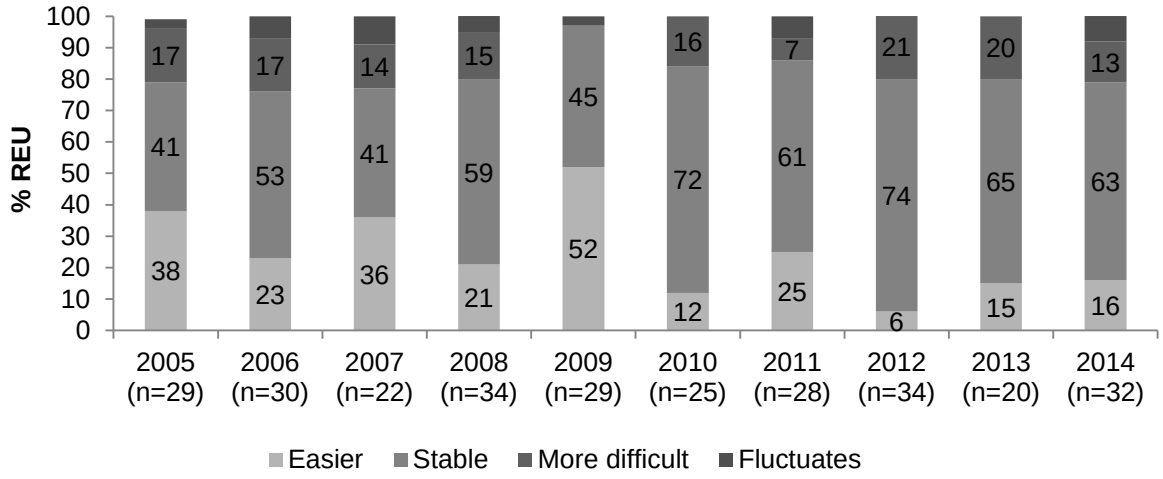
On the last occasion, LSD had most commonly been obtained from friends (80%) at either private residences (27% friend's home, 12% own home, 6% dealer's home, 6% private party) or at a nightclub (27%) or pub/bar (15%) (Table 43).

Figure 24: REU reports of current availability of LSD, 2005-2014



Source: EDRS interviews

Figure 25: REU reports of change in LSD availability in the last six months, 2005-2014



Source: EDRS interviews

Table 43: REU reports of availability of LSD in the preceding six months, 2009-2014

LSD	2009	2010	2011	2012	2013	**2014**
Person last purchased from	n=30	n=23	n=27	n=26	n=28	**n=35**
Used not purchased (%)	6	0	0	0	4	**0**
Friends (%)	77	78	74	77	57	**80**
Dealers (%)	7	9	11	8	29	**11**
Workmates (%)	0	0	0	4	0	**0**
Acquaintances (%)	7	13	11	4	11	**6**
Unknown persons (%)	3	0	40	4	0	**3**
Location last purchased	n=30	n=23	n=27	n=26	n=28	**n=34**
Used not purchased (%)	3	0	0	0	4	**0**
Home (%)	30	17	26	19	11	**12**
Friend's home (%)	27	39	33	31	21	**27**
Dealer's home (%)	7	4	0	4	11	**3**
Rave/doof/dance party (%)	13	9	0	31	21	**6**
Nightclub (%)	10	9	7	4	4	**27**
Pub/bar (%)	0	0	4	0	11	**15**
Agreed public location (%)	0	13	0	0	4	**0**
Private party (%)	10	4	4	4	4	**6**
Acquaintance's home (%)	0	0	7	0	0	**0**
Live music event (%)	0	4	11	0	11	**3**
Work (%)	0	0	0	4	0	**0**
Other (%)	0	0	7	4	0	**3**

Source: EDRS interviews

5.5 Cannabis

Summary:

- The median last purchase price for one ounce of hydroponically-grown ('hydro') cannabis was $300 (range $250-350), compared to $225 (range $100-290) for one ounce of bush grown ('bush') cannabis. Prices per quarter ounce were also lower for bush ($70) compared to hydro ($90).
- The potency of hydro was reported to be high (76%) and the potency of bush was reported to be medium (55%) with no recent changes noted.
- Both bush and hydro were reported to be easy or very easy to obtain, and this level of availability was generally perceived to have remained stable or become easier during the six months preceding the interview.
- Both hydro and bush were typically obtained from dealers or acquaintances at a private residence.

5.5.1 Price

REU reported last purchase prices for both hydroponically-grown (hydro) cannabis (Table 44) and bush-grown (bush) cannabis (Table 45). Price estimates which are based on small sample sizes should be interpreted with caution.

The median last purchase price for one ounce (28 grams) of hydro was $300 (range $250-350) compared to $225 (range $100-290) for bush.

The median last purchase price for a quarter of an ounce (seven grams) was $90 (range $65-120) for hydro and $70 (range $50-100) for bush.

A majority of those who commented on recent price changes indicated that the price of hydro (71%) and bush (82%) had recently remained stable.

The last purchase price for a gram of hash was reported to be $30 (range 20-40, n=3).

Table 44: Price and weights of hydro cannabis purchased by REU, 2009-2014

Last purchase price	2009	2010	2011	2012	2013	**2014**
One gram (range)	$20˜ 15-25	$15˜ n=1	-	$20˜ 10-25	$10˜ 10-25	**$20** **10-25**
1/4 ounce (range)	$80 25-110	$90 75-100	$70˜* 50-100	$90 25-190	$80 60-100	**$90** **65-120**
1/2 ounce (range)	$150 50-300	$180˜ 170-180	$163˜ 125-200	$155˜ 150-250	$150˜ 75-200	**$150** **130-240**
One ounce (range)	$280 100-350	$275 250-350	$287˜ 225-350	$300 150-350	$280 120-350	**$300** **250-350**
Price change	n=39	n=36	n=7	n=48	n=46	**n=45**
Increased (%)	15	17	0	8	7	**9**
Stable (%)	74	72	100	85	87	**71**
Decreased (%)	3	3	0	0	2	**0**
Fluctuated (%)	8	8	0	6	4	**20**

Source: EDRS interviews
˜n<10

Table 45: Price and weights of bush cannabis purchased by REU, 2009-2014

Last purchase price	2009	2010	2011	2012	2013	**2014**
One gram (range)	$15~ 10-25	-	$10~	$15~* 10-25	$20~* 15-25	**$15~ 10-25**
1/4 ounce (range)	$67.50 50-90	$70~ 65-90	$70~*	$70 15-150	$65 50-90	**$70 50-100**
1/2 ounce (range)	$115~ 50-140	$125~ 80-160	$125~	$125~ 100-260	$130~ 70-150	**$150~ 80-190**
One ounce (range)	$225 150-250	$235~ 200-300	$225~	$250 70-320	$200 150-280	**$225~ 100-290**
Price change	n=35	n=30	n=8	n=46	n=39	**n=39**
Increased (%)	9	7	0	2	0	**5**
Stable (%)	83	73	100	83	90	**82**
Decreased (%)	6	20	0	11	8	**5**
Fluctuated (%)	3	7	0	4	3	**8**

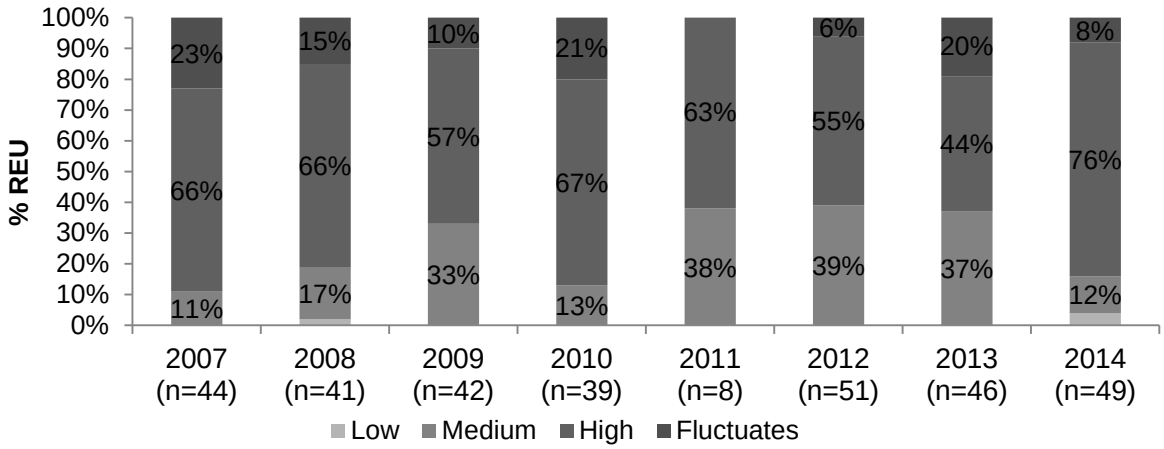
Source: EDRS interviews
~n<10

In the 2012/13 Illicit Drug Data Report, Tasmania Police reported that the price for one deal (approximately one gram) of both hydro and bush cannabis was $25 and the price for one ounce was reported to be $200-300 for bush cannabis and $300 for hydro cannabis (ACC, 2014). Data for the 2013/14 financial year were unavailable at the time of publication.

5.5.2 Potency

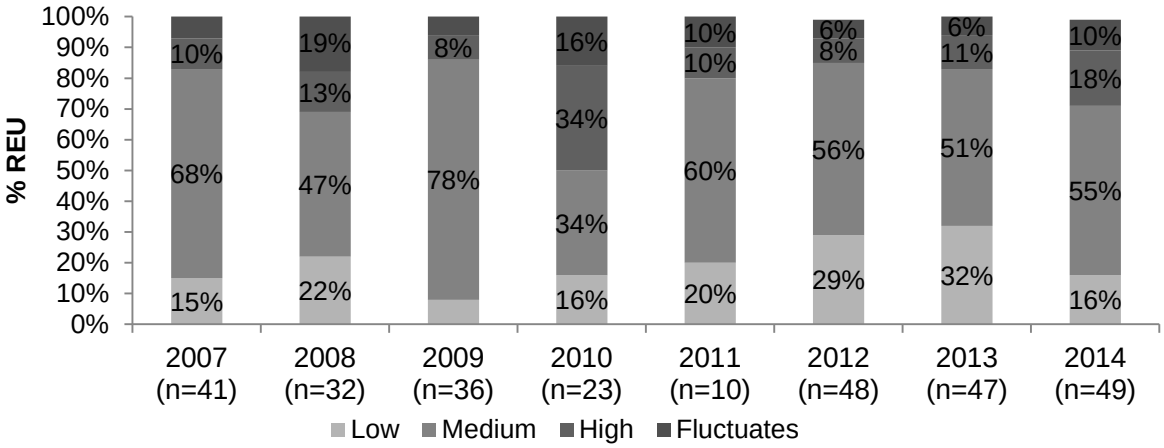
Participants were asked to comment on the current potency of hydroponic (Figure 26) and bush cannabis (Figure 27) and changes in potency during the six months preceding the interview (Figure 28). Three-quarters (76%) of respondents reported that hydroponically-grown cannabis was currently high in potency, while bush was reported to be medium (55%), high (18%) or low (16%) in potency. The majority of those who commented indicated that the potency of both bush (83%) and hydro (72%) had remained stable during the preceding six months.

Figure 26: Current potency of hydro cannabis, 2007-2014



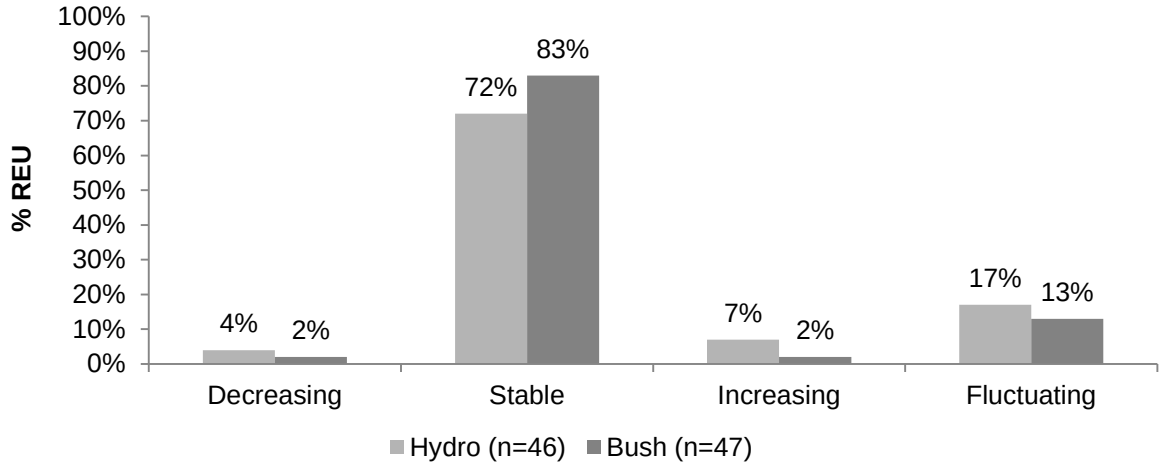
Source: EDRS interviews

Figure 27: Current potency of bush cannabis, 2007-2014



Source: EDRS interviews

Figure 28: Recent change in potency of cannabis, 2014

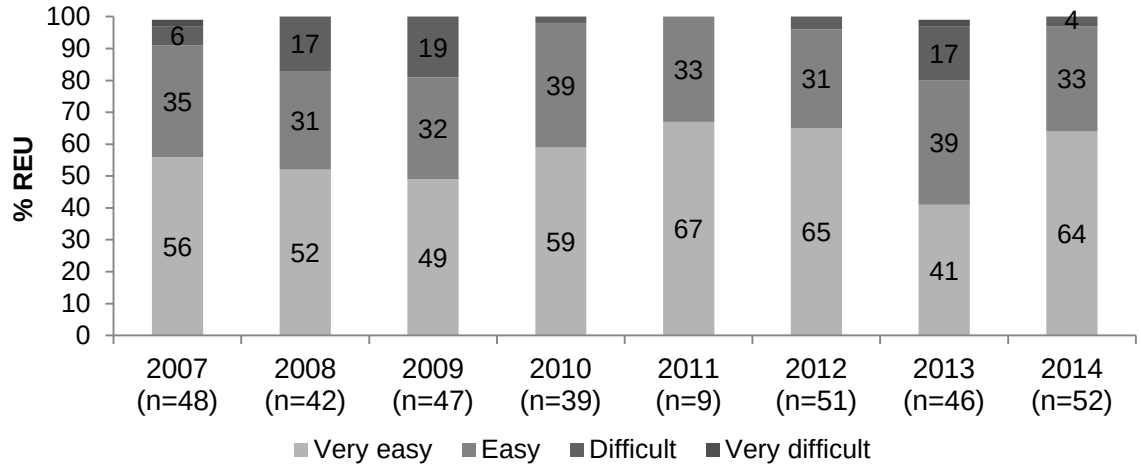


Source: EDRS interviews

5.5.3 Availability

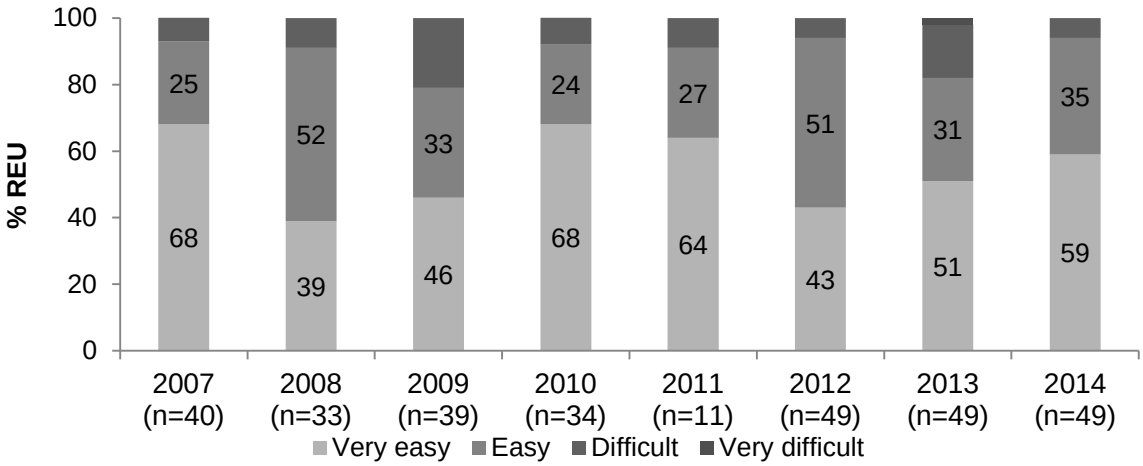
REU were asked to comment on the current availability of hydro and bush cannabis (Figures 29 and 30 respectively) and changes in this availability (Figures 31 and 32 respectively) during the six months preceding the interview. A majority of those that commented on the current availability of hydro indicated that it was currently very easy (64%) or easy (33%) to obtain, and that this availability had been stable (63%) or that it had become easier to obtain (29%) during the preceding six months. Similarly, bush was reported to be very easy (59%) or easy (35%) to obtain, and this availability had been stable (55%) or it had become easier (29%) to obtain during the last six months.

Figure 29: REU reports of current availability of hydro cannabis, 2007-2014



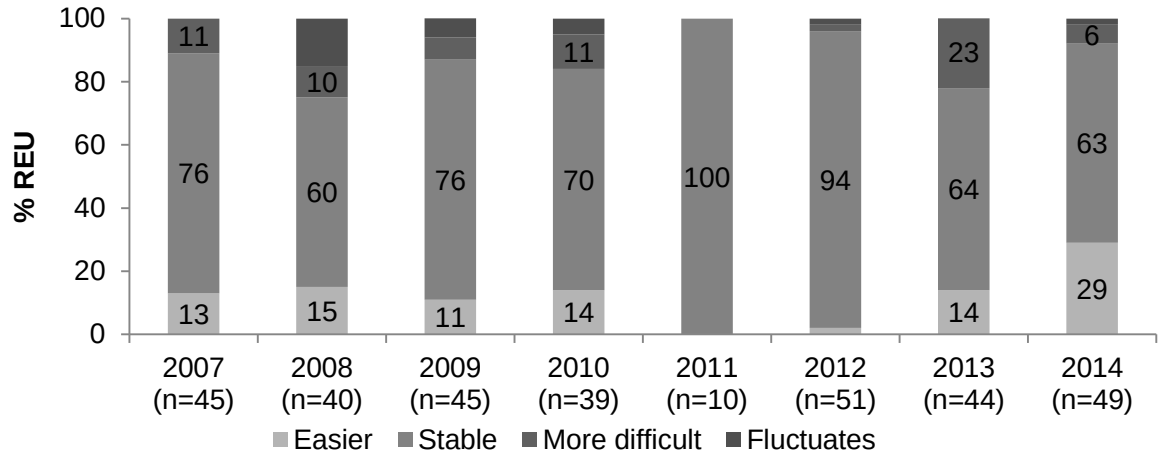
Source: EDRS interviews

Figure 30: REU reports of current availability of bush cannabis, 2007-2014



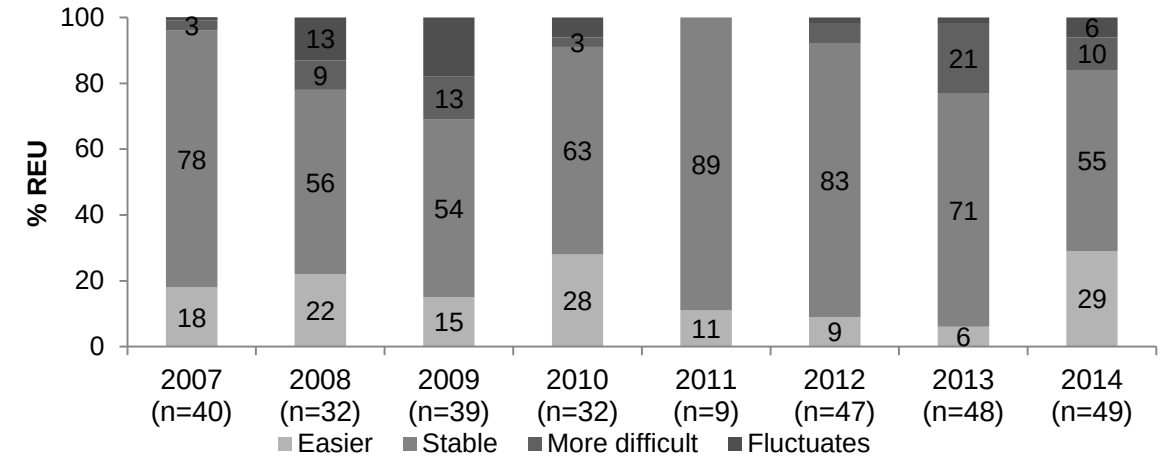
Source: EDRS interviews

Figure 31: REU reports of change in hydro cannabis availability in the last six months, 2007-2014



Source: EDRS interviews

Figure 32: REU reports of change in bush cannabis availability in the last six months, 2007-2014



Source: EDRS interviews

REU were asked who they had last obtained cannabis from, and the location that they had last purchased the drug, in the preceding six months (Tables 46 and 47). Hydro was most commonly last obtained through purchases from dealers (62%) or acquaintances (33%) at private residences, most typically a friend's home (41%), the respondent's own home (24%), or dealer's home (14%). Similarly, bush was last obtained from dealers (67%) or acquaintances (20%), and was most typically last obtained at private residences, including a friend's home (40%) or the respondent's own home (34%).

Table 46: REU reports of last hydro source in the last six months, 2009-2014

	Hydro					
	2009	2010	2011	2012	2013	**2014**
Person last purchased*	n=45	n=38	n=9	n=50	n=45	**n=52**
Used not purchased (%)	9	0	0	2	7	**2**
Friends (%)	51	82	56	60	44	**0**
Dealers (%)	33	5	44	26	38	**62**
Workmates (%)	4	3	0	4	0	**0**
Acquaintances (%)	2	3	0	2	2	**33**
Unknown persons (%)	0	3	0	6	0	**2**
Other (%)	0	0	0	0	0	**2**
Last location purchased*	n=45	n=37	n=10	n=50	n=45	**n=51**
Used not purchased (%)	9	0	0	2	7	**2**
Home delivery (%)	16	27	27	32	40	**24**
Friend's home (%)	40	51	36	36	22	**41**
Dealer's home (%)	24	5	27	18	27	**14**
Acquaintance's home (%)	7	3	0	0	0	**2**
Agreed public location (%)	2	8	0	2	2	**6**
Street market (%)	0	0	0	0	0	**0**
Work (%)	0	3	0	2	0	**2**
Pub/bar (%)	0	0	0	0	0	**4**
Other (%)	0	3	0	6	0	**6**

Source: EDRS interviews

* among those who commented and who had used cannabis in the last six months

Table 47: REU reports of last bush source in the last six months, 2009-2014

	Bush					
	2009	2010	2011	2012	2013	**2014**
Person last purchased*	n=36	n=29	n=11	n=46	n=47	**n=51**
Used not purchased (%)	8	0	0	4	2	**2**
Friends (%)	61	79	64	63	55	**0**
Dealers (%)	22	17	27	22	32	**69**
Workmates (%)	0	0	0	2	0	**0**
Acquaintances (%)	8	3	0	2	2	**20**
Unknown persons (%)	0	0	0	7	0	**4**
Relative (%)	0	0	0	0	0	**4**
Other (%)	0	0	0	0	0	**2**
Last location purchased*	n=36	n=29	n=11	n=46	n=47	**n=50**
Used not purchased (%)	8	0	0	10	2	**2**
Home delivery (%)	11	31	27	26	19	**34**
Friend's home (%)	44	48	36	39	40	**40**
Dealer's home (%)	22	10	27	18	26	**6**
Acquaintance's home (%)	8	3	0	0	0	**0**
Agreed public location (%)	3	3	0	0	4	**6**
Street market (%)	3	0	0	0	0	**0**
Work (%)	0	0	0	2	0	**0**
Private party (%)	0	0	0	0	0	**4**
Pub/bar (%)	0	0	0	0	0	**2**
Other (%)	0	3	9	7	4	**6**

Source: EDRS interviews

6.0 HEALTH-RELATED TRENDS

Summary:

- **Overdose.** One-fifth (21%) of the 2014 REU sample had overdosed on a drug in the preceding six months, a higher proportion relative to 2013 (8%). In 2014, 10% reported a recent overdose episode on a stimulant drug (typically ecstasy, an NPS or methamphetamine) and 14% reported a recent overdose on a depressant drug (e.g., alcohol, benzodiazepines, heroin). Although the overdose symptoms that were experienced were not medically trivial, most participants had not received any formal medical treatment in relation to their last overdose episode.
- **Access to health services.** Over three-quarters (78%) of REU reported accessing a health/medical service in the past six months for any reason, most commonly a general practitioner (GP) (84%), dentist (29%), specialist doctor (21%), hospital (17% inpatient, 8% outpatient), emergency department (14%) or psychologist (14%). Despite regular substance use, just one-tenth (11%) of REU had accessed health services in relation to drug use in the last six months, and, when they did so, this was most commonly a GP (73%), a drug and alcohol worker (46%), or a psychologist (18%). Participants had most commonly last accessed services in relation to the use of methamphetamine (27%), or alcohol (18%).
- **Mental health problems.** One-third (33%) of the 2014 REU sample reported experiencing mental health problems during the six months prior to the interview. Among these individuals, depression (61%) and/or anxiety (70%) were most commonly reported. Just two-fifths (42%) of those who had experienced mental health problems had attended a health professional in relation to these problems during this time, suggesting an unmet demand for service provision.
- **Psychological distress.** Mean scores on the Kessler psychological distress scale (K10) were higher among the current sample of REU relative to the general Australian population (National Health Survey; ABS, 2009). The proportion of the 2014 EDRS sample with scores categorised as high/very high (36%) is substantially higher than both the national (11.8%) and Tasmanian (9.2%) normative samples from the 2011/12 NHS (aged 18-24).Those classified in the high range have increased rates of experience of mental health problems and may benefit from interventions with health professionals.
- **Other problems.** Over one-half (52%) of the 2014 sample reported a recurrent drug-related problem, suggestive of possible substance abuse. One-third of the sample (31%) indicated that their drug use had repeatedly interfered with their responsibilities at home, at work, or at school; one-third (31%) reported repeated problems with family, friends, or people at work or school; one-quarter (23%) had recurrently found themselves in a situation where they were under the influence of a drug and could have put themselves or others at risk; and 5% reported recurrent drug-related legal problems. Problems were most commonly attributed to alcohol, ecstasy, methamphetamine and cannabis.
- **Stimulant dependence.** While two-fifths of the sample (40%) reported experiencing no symptoms of dependence in relation to their stimulant use, over one-third (37%) of REU reported experiencing significant symptoms of dependence.

- **Tasmanian drug treatment data.** While a number of calls have been made to the Tasmanian ADIS over the last five years in relation to ecstasy (2-10 calls per annum), these account for a small percentage (between 0.7% and 1.7%) of the calls made to this service. In the 2013/14 reporting period, almost half (45%) of all calls related to alcohol, followed by cannabis (20%), and amphetamines (22%), a pattern in keeping with the overall trends in previous years. There has been an increase in the proportion of calls relating to amphetamine-type substances over the last two reporting periods.
- Data from the NMDS for alcohol and other drug treatment services in Tasmania show that ecstasy was the principal drug of concern in only 0.2% of all treatment episodes in the 2012/13 period (equating to approximately four treatment episodes out of a total of 2,130). Alcohol (39%), cannabis (30%) and methamphetamine (12%) were more commonly coded as the principal drug of concern.
- **Tasmania hospital admission data**. A substantial increase in cannabis-related admissions was reported in Tasmania between 2010/11 (121 per million population) and 2012/13 (296 per million population), representing an admission rate substantially greater than that seen nationally in 2012/13 (296 vs 186 per million population).
- Since 2008/09, the rate of methamphetamine-related admissions in Tasmania has been well below the national admission rate, with a rate of 58 (per million persons) reported in Tasmania in 2012/13 compared to a rate of 272 nationally. National rates have risen since 2010/11 while the Tasmanian rate has remained relatively stable.
- There has been very few hospital admissions recorded in Tasmania in relation to cocaine in previous years, with local cases remaining substantially less than that the national rate.

6.1 Overdose

Two-fifths (40%) of the 2014 REU sample had overdosed on any drug at some stage of their life (Table 48). Of those who had ever overdosed on any drug, the median number of times was five (range 1-102). One-fifth (21%) of the 2014 REU sample had overdosed on a drug in the preceding six months, which is higher than the proportion among the 2013 sample (8%).

Participants were asked to distinguish between stimulant and depressant drug overdose episodes. An overdose episode was defined by the common symptoms experienced. For a stimulant overdose, these symptoms included nausea/vomiting, chest pain, tremors, increased body temperature, increased heart rate, or seizure. For a depressant overdose, these symptoms included reduced level of consciousness, respiratory depression, turning blue, or collapsing. Following these definitions, one-tenth of the 2014 sample had overdosed on a stimulant drug (10%), and a similar proportion (14%) had overdosed on a depressant drug during this time (Table 48).

Table 48: Overdose (OD) on both stimulants and depressants among REU, 2009-2014

	2009 n=100	2010 n=100	2011[#] n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever OD any drug (%)	24	16	53	24	35	**40**
Median times ever OD (range)*	2 1-10	2 1-40	6.5 1-122	1.5 1-20	1 1-60	**5** **1-102**
OD on any drug last in 6 months (%)	7	6	41	6	8	**21**
OD on stimulant drug last 6 months (%)	1	2	13	4	4	**10**
OD on depressant drug last 6 months (%)	6	4	32	2	4	**14**

Source: EDRS interviews

*of those reporting overdose episode

[#]data reported in 2011 should be interpreted with caution due to an unintentional broadening of the definition of overdose in relation to alcohol

The main drugs involved in the last stimulant overdose in the last six months (Table 49) were ecstasy (50%), NPS (20%), methamphetamine base (10%), crystal methamphetamine (10%) and LSD (10%). Alcohol had also been consumed in 50% of these cases and cannabis (20%) and ketamine (20%) were also noted in one-fifth of cases. The last stimulant overdose episode typically occurred at a private location (friend's home 30%, own home 33%) or at a rave/dance party (30%). A majority reported that they either received no treatment (50%) or that they were watched by friends (40%) on this occasion. The main symptoms experienced included: nausea, vomiting, seizure, extreme anxiety, visual hallucination, delirium/confusion muscle twitches and increased body temperature.

The main drug involved in the last depressant overdose in the last six months was alcohol (86%), benzodiazepines (7%) or heroin (7%). The overdose episode typically occurred at a private residence (private party 50%, own home 14%, dealer's home 7%) and participants either received no treatment (64%) or were watched by friends (36%) on this occasion. The main symptoms experienced included: loss of consciousness (64%), vomiting (21%) and collapsing (14%).

Table 49: Characteristics of last overdose on stimulant and depressant drugs among REU who had experienced an overdose episode in the last six months, 2010-2014

	Stimulant overdose					Depressant overdose				
	2010	2011	2012	2013	**2014**	2010	2011	2012	2013	**2014**
Main drug (%)[#]	n=2	n=10	n=4	n=3	**n=10**	n=4	n=24	n=2	n=3	**n=14**
Ecstasy	50	20	25	-	**50**	-	-	-	-	**-**
Meth powder	-	40	-	33	**-**	-	-	-	-	**-**
Meth base	-	-	--	-	**10**	-	-	-	-	**-**
Crystal meth	-	-	-	33	**10**	-	-	-	-	**-**
Alcohol	-	-	-	-	**-**	75	92	100	33	**86**
Benzodiazepines	-	-	-	-	**-**	-	-	-	33	**7**
Pharm. stimulants	50	10	-	-	**-**	-	-	-	-	**-**
Other opioids	-	-	-	-	**-**	25	-	-	-	**-**
Capsule (unknown)	-	10	25	-	**-**	-	-	-	-	**-**
Mephedrone	-	10	-	-	**-**	-	-	-	-	**-**
Heroin	-	-	-	-	**-**	-	8	-	33	**7**
Cocaine	-	-	25	-	**-**	-	-	-	-	**-**
DXM	-	-	25	-	**-**	-	-	-	-	**-**
MDA	-	-	-	33	**-**	-	-	-	-	**-**
LSD	-	-	-	-	**10**	-	-	-	-	**-**
Other NPS	-	10	-	-	**20**	-	-	-	-	**-**
Other drugs (%)[#]	n=2	n=10	n=4	n=3	**n=10**	n=4	n=24	n=2	n=3	**n=14**
Ecstasy	50	10	-	100	**10**	50	8	50	-	**7**
Meth powder	-	-	-	33	**-**	-	-	-	-	**-**
Meth base	-	-	-	-	**-**	-	-	50	-	**-**
Crystal meth	-	-	-	-	**-**	-	-	-	-	**-**
Alcohol	50	70	100	100	**50**	25	8	-	33	**14**
Cannabis	50	40	25	33	**20**	25	33	-	-	**29**
Antidepressants	-	-	-	-	**-**	-	-	-	-	**-**
Benzodiazepines	-	10	-	-	**10**	-	4	-	-	**-**
Amyl nitrite	-	-	-	-	**-**	-	4	-	-	**-**
LSD	-	-	-	-	**10**	-	-	-	-	**-**
Other opioids	-	-	-	-	**10**	-	-	-	-	**-**
Methadone	-	-	-	-	**-**	25	-	-	-	**-**
Energy drinks	-	10	-	-	**-**	-	-	-	-	**-**
Mushrooms	-	-	25	-	**-**	-	-	-	-	**-**
Ketamine	-	-	-	-	**20**	-	-	-	-	**-**
Last location (%)[#]	n=2	n=10	n=4	n=3	**n=10**	n=4	n=24	n=2	n=3	**n=14**
Home	100	10	25	33	**30**	-	33	50	-	**14**
Friend's home	-	50	25	67	**30**	50	21	50	67	**-**
Dealer's home	-	-	-	-	**-**	-	-	-	-	**7**
Pub	-	10	25	-	**10**	-	17	-	-	**7**
Live music event	-	10	25	-	**-**	25	4	-	-	**-**
Nightclub	-	10	-	-	**-**	-	25	-	-	**7**
Rave/dance party	-	-	-	-	**30**	-	-	-	33	**7**
Outdoors	-	-	-	-	**-**	-	-	-	-	**7**
Private party	-	10	-	-	**-**	25	-	-	-	**50**
Other	-	-	-	-	**-**	-	-	-	-	**-**
Treatment (%)[#]	n=2	n=10	n=4	n=3	**n=10**	n=4	n=24	n=2	n=3	**n=17**
None	50	90	50	-	**50**	25	71	50	67	**64**
Watched by friends	-	10	50	100	**40**	50	17	50	33	**36**
Onsite help	-	-	-	-	**-**	25	-	-	-	**-**
Hospital/ambulance	-	-	-	-	**-**	-	4	-	-	**-**
Taken to doctor	-	-	-	-	**-**	-	-	-	-	**-**
Other	50	-	-	-	**20**	-	4	-	-	**7**
Don't know	-	-	-	-	**10**	-	4	-	-	**7**
Median hours partying before OD (range)*	10 n=1	6.75 3-24	4 .2-48	12 8-48	**11 1-336**	18 6-24	6 3-72	15 6-24	8 6-10	**6.5 3-16**

Source: EDRS interviews

[#] of those reporting an overdose episode in last six months

6.2 Help-seeking behaviour

Over three-quarters (78%) of the 2014 REU sample had accessed health or medical services for any reason in the past six months (Table 50). Those who had accessed health services had done so on a median of four occasions (range 1-25) during the past six months. The services that were most typically accessed were a GP (84%), dentist (29%), specialist doctor (21%), hospital (17% inpatient, 8% outpatient), emergency department (14%) or psychologist (14%).

One-tenth (11%) had accessed a health or medical service in relation to their drug use during the past six months (Table 50). The median number of occasions during this time was five (range 1-22). Among those who had recently accessed health services in relation to drug use, the most commonly accessed services were a GP (73%), a drug and alcohol worker (46%), or a psychologist (18%).On the last occasion, services had most often been accessed in relation to methamphetamine (27%), or alcohol (18%).

An additional 13% (n=11) indicated that they had thought about contacting services for reasons related to drug use. Reasons for not contacting services were: working out the problem oneself (27%), not wishing to stop drug use (18%), ‘couldn’t be bothered’ (27%), was not a priority (18%), belief that services would not be able to help (9%), peer influence/stigma (9%), and lack of knowledge regarding available services (9%).

Table 50: Access to health services in the last six months among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=75	**2014 n=100**
Accessed any health service in last 6 mths (%)	n/a	n/a	n/a	n/a	53	**78**
Median number of times accessed services (range)	n/a	n/a	n/a	n/a	n=40 3 1-54	**n=77** **4** **1-25**
Services accessed (%)	n/a	n/a	n/a	n/a	n=40	**n=77**
GP					78	**84**
Psychologist					23	**14**
Psychiatrist					5	**3**
Drug/alcohol counsellor					5	**7**
Social/welfare worker					10	**5**
Dentist					28	**29**
Specialist doctor					10	**21**
Other health service					10	**16**
Emergency Department					5	**14**
Hospital (inpatient)					5	**17**
Hospital (outpatient)					3	**8**
Medical tent/First Aid					5	**4**
Ambulance					3	**5**
Accessed health service in relation to drug use in last 6 mths (%)	13	14	13	11	9	**11**
Median number of visits related to drug use (range)	n/a	n/a	n/a	n/a	n=7 2 1-46	**n=11** **5** **1-22**
Services accessed in relation to drug use (%)*	n=13	n=14	n=12	n=11	n=7	**n=11**
GP	69	29	50	55	43	**73**
First aid	15	14	-	-	14	**-**
Ambulance	8	7	-	-	-	**-**
Emergency	15	7	17	-	-	**9**
Hospitalisation	15	-	-	-	-	**9**
Counsellor	23	21	17	9	-	**-**
Drug & alcohol worker	23	15	8	18	29	**46**
Psychologist	15	39	8	9	29	**18**
Psychiatrist	15	17	-	-	-	**-**
Social/welfare worker	-	-	-	-	14	**-**
Specialist doctor	-	-	-	-	14	**-**
Dentist	-	-	-	-	-	**9**
Other	8	15	-	9	-	**9**
Main drug on last visit (%)*	n/a	n/a	n/a	n/a	n=7	**n=11**
Alcohol					-	**18**
Ecstasy					29	**9**
Methamphetamine					-	**27**
Cannabis					29	**9**
Polydrug					14	**-**
Other opioids					14	**-**
Pharmaceutical stimulants					-	**9**
Tobacco					-	**9**
Other					-	**18**

Source: EDRS interviews

*out of the total number of treatment episodes, participants may have attended more than one service

6.3 Mental health problems and psychological distress

6.3.1 Mental health problems

One-third (33%) of the 2014 REU sample reported that they had experienced mental health problems during the six months prior to the interview (Table 51). Of those who had experienced mental health problems, the most common problems experienced were anxiety (70%), depression (61%), and paranoia (21%).

Just over one-tenth of the sample (14%), or two-fifths (42%) of those who reported experiencing mental health problems, had attended a health professional in relation to these problems during the last six months. This suggests an unmet demand in terms of service provision.

Less than one-tenth of the sample reported being prescribed antidepressants (6%), benzodiazepines (5%) or antipsychotics (1%) for psychological conditions during this time.

Table 51: Self-reported mental health problems in last six months, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Experienced mental health problem in last 6 months (%)	30	30	27	34	41	**33**
Mental health problem*	n=30	n=30	n=20	n=34	n=31	**n=33**
Depression (%)	67	60	50	50	74	**61**
Anxiety (%)	73	60	60	71	55	**70**
Paranoia (%)	20	17	10	32	13	**21**
Panic (%)	7	10	20	15	10	**6**
Psychosis (%)	-	3	5	3	-	**3**
OCD (%)	3	3	-	-	7	**3**
Bipolar disorder (%)	-	10	15	3	3	**-**
Eating disorder (%)	-	-	-		-	**3**
Self-harm (%)	-	-	-		-	**-**
Schizophrenia (%)	-	-	-	3	3	**-**
Mania (%)	-	-	-	3	-	**3**
Personality disorder (%)	-	-	5	-	3	**3**
Phobia (%)	3	-	-	-	7	**6**
PTSD (%)	-	-	-	-	13	**9**
Other (%)	-	-	-	-	-	**9**
Attended mental health professional (%)	53	33	19	14	21	**14**
Prescribed antidepressants (%)	30	3	7	1	9	**6**
Prescribed benzodiazepines (%)	20	3	7	4	7	**5**
Prescribed antipsychotics (%)	0	3	3	1	3	**1**

Source: EDRS interviews

* among those who had experienced a mental health problem

6.3.2 Psychological distress

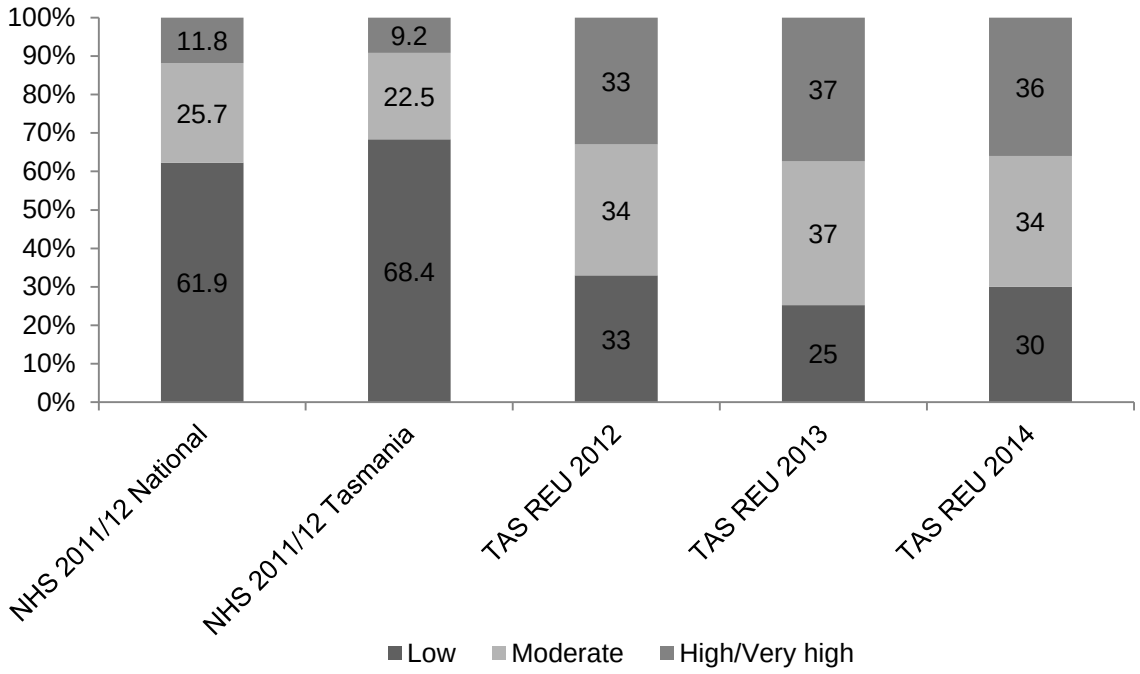
The Kessler Psychological Distress Scale (K10) is a 10-item questionnaire designed to measure the level of distress and severity associated with psychological symptoms in population surveys, and it has been shown to be a marker for possible clinical diagnosis of anxiety or affective disorders (Andrews & Slade, 2001; Slade, Grove & Burgess, 2011). Participants were asked to rate the extent to which they had experienced particular psychological symptoms (e.g., How often did you feel depressed?) in the preceding month on a five-point Likert scale.

Among a normative Australian population sample from the 2007 National Survey of Mental Health and Wellbeing, the mean K10 score was 14.5 (SE=0.1) out of a possible score of 50 (Slade et al., 2011). Among the REU interviewed in 2014, the mean K10 score was higher at 19.4 (SD=6.1) and the median was 18 (range 10-39). A score of 18-19 equates to a score within the 75th-90th percentile of the normative sample (Slade et al. 2011).

K10 scores can also be grouped into four categories of psychological distress: low (10-15); moderate (16-21); high (22-29); and very high (30-50). Individuals with high levels of psychological distress have increased rates of mental health problems and may benefit from intervention with a health professional (Andrews & Slade, 2001; Slade et al., 2011). For example, in the 2007 Australian National Survey of Mental Health and Well-being, 80% of those with a K10 score of 30 or greater met criteria for a DSM-IV mental disorder in the preceding 12 months, with 67% meeting criteria for an anxiety disorder and 54% for an affective disorder (ABS, 2008). Similarly, it has been estimated that those in the 'very high' category are 17.6 (95%CI 13.8-22.6) times more likely to experience a diagnosable affective disorder and 12.2 (95%CI 9.3-16.0) times more likely to experience a diagnosable anxiety disorder according to the ICD-10 classification system (Slade et al., 2011).

In the current sample, 5% of REU participants had a score of 30 and above and therefore 'very high' levels of psychological distress. Around one-third each scored in the 'high' (31%), 'moderate' (31%) and 'low' (30%) categories (Figure 33). This is consistent with the proportions among the previous two EDRS samples. Figure 33 shows a comparison between the EDRS sample and national and Tasmanian samples (aged 18-24) from the 2011/12 National Health Survey (ABS, 2012). The proportion of the 2014 EDRS sample with scores categorised as high/very high (36%) is substantially higher than both the national (11.8%) and Tasmanian (9.2%) samples from the NHS.

Figure 33: Responses to the K10 questionnaire in the National Health Survey 2011/12 (aged 18-24) and EDRS, 2012-2014



Source: EDRS interviews, 2012-2014; National Health Survey, 2011/12

6.4 Other self-reported problems associated with ERD use

6.4.1 Recurrent drug-related problems

REU were asked if their drug use had caused recurrent problems during the six months preceding the interview (Table 52). These questions were chosen to be consistent with diagnostic criteria for substance abuse disorders, and are based on the Comprehensive International Diagnostic Interview (CIDI). Just over one-half of REU (52%, 95%CI 42-61%) reported any recurrent drug-related problem, suggestive of possible substance abuse, which is similar to the proportion in 2013 (43%, 95%CI 32-54%).

Table 52: Self-reported recurrent drug-related problems in last six months, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Any recurrent drug problem (%)	42	35	59	39	43	**52**
Responsibility problems (home/work/school) (%)	26	23	27	33	33	**31**
Risk problems (risk to self or others) (%)	19	22	40	21	19	**31**
Relationship/social problems (%)	15	13	15	19	27	**23**
Legal/police problems (%)	5	3	5	3	1	**5**

Source: EDRS interviews

Almost one-third of the sample (31%) indicated that their drug use had recurrently interfered with their responsibilities at home, at work, or at school (Table 52). These problems were most often attributed to cannabis (32%), alcohol (23%), methamphetamine (23%) or ecstasy (19%) (Table 53).

Almost one-third (31%) had recurrently found themselves in a situation where they were under the influence of a drug and could have put themselves or others at risk (Table 52). Similar to 2013, these risk-related problems were most commonly attributed to alcohol (58%), followed by cannabis (16%) and methamphetamine (13%) (Table 53).

Almost one-quarter of the sample (23%) reported that their drug use caused them to have repeated problems with family, friends, or people at work or school (Table 52). These social problems were most commonly attributed to cannabis (38%), alcohol (19%), methamphetamine (19%) or ecstasy (19%) (Table 53).

A very small proportion of the EDRS sample (5%) reported that they had experienced recurrent drug-related legal problems.

Table 53: Main drug attributed to recurrent drug-related problems experienced in the last six months, 2013-2014

	Responsibility problems		**Risk problems**		**Social problems**	
	2013 n=25	2014 n=31	2013 n=14	2014 n=31	2013 n=20	2014 n=21
Main drug (%)						
Ecstasy (%)	32	19	-	7	30	19
Cannabis (%)	20	32	14	16	15	38
Methamphetamine (%)	4	23	7	13	10	19
Alcohol (%)	36	23	71	58	35	19
Other (%)	8	3	7	6	10	5

Source: EDRS interviews

6.4.2 Self-reported symptoms of stimulant dependence

REU were asked about how they had felt about their stimulant use during the 12 months preceding the interview using a version of the Severity of Dependence Scale (SDS) (Gossop et al., 1995). The scale consisted of five multiple choice questions that were rated on a scale from 0 to 3, resulting in a range of possible scores from 0-15 where high scores suggest greater psychological dependence. Participants were asked if they thought that their ecstasy use was out of control, if the prospect of missing a dose had made them feel anxious or worried, if they had worried about their ecstasy use, if they had wished they could have stopped, and if they would find it difficult to stop, or go without ecstasy.

Findings in relation to stimulant dependence should be interpreted with caution due to the fact that there has been limited research using the SDS for 'general' stimulant use. A score of 3 or more was used as a potential indicator of problematic use. This was based on previous research showing that a score of 3 or more shows a good balance between sensitivity and specificity for identifying problematic ecstasy use (Bruno, Gomez, & Matthews, 2009). A score of 4 or more was also considered as a more conservative estimate.

The median ecstasy SDS score was 1 (range 0-12). Two-fifths (40%) of participants obtained a score of zero on the ecstasy SDS, and less than one-fifth (15%) obtained a score of 1 on the scale (Table 54). Thus, one-half of respondents reported no or few symptoms of dependence in relation to ecstasy use.

Almost two-fifths (37%) of the 2014 REU sample had a score of 3 or above on the ecstasy SDS and one-quarter (25%) had a score of 4 or more.

Table 54: Self-reported symptoms of 'stimulant' dependence, 2014

	2014 n=100
Median SDS score	**1**
(range)	**0-12**
% SDS score ≥ 3	**37**
% SDS score ≥ 4	**25**

Source: EDRS interviews

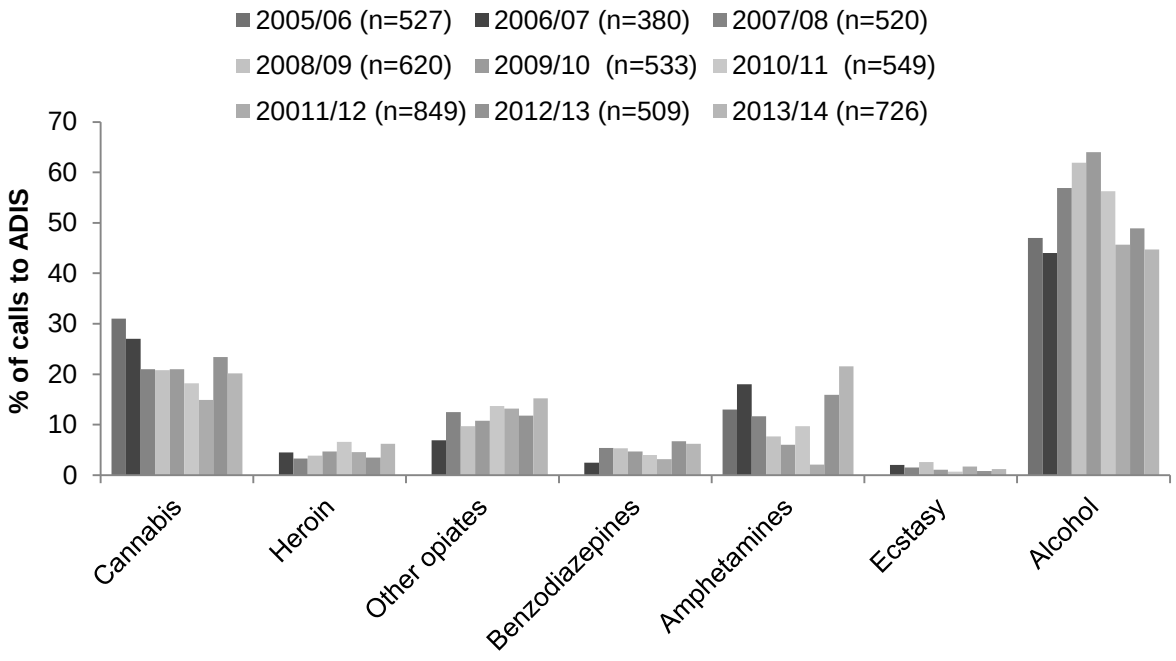
6.5 Drug treatment indicator data

6.5.1 Alcohol and Drug Information Service data

The Tasmanian ADIS is a telephone information and referral service that is administered by Turning Point Alcohol and Drug Centre in Victoria (Turning Point, 2001-2014). Detailed information in regard to 'drug of concern' was not included in the 2005/06 and 2007/08 ADIS reports, thus calls pertaining to ecstasy are not available for these reporting periods.

For the 2013/14 reporting period, almost half (45%) of all calls related to alcohol, followed by cannabis (20%), and amphetamines (22%), a pattern in keeping with the overall trends in previous years (Figure 34). There has been an increase in the proportion of calls relating to amphetamine-type substances over the last two reporting periods.

Figure 34: Percentage of inquiries to ADIS for each drug type, 2005/06-2013/14

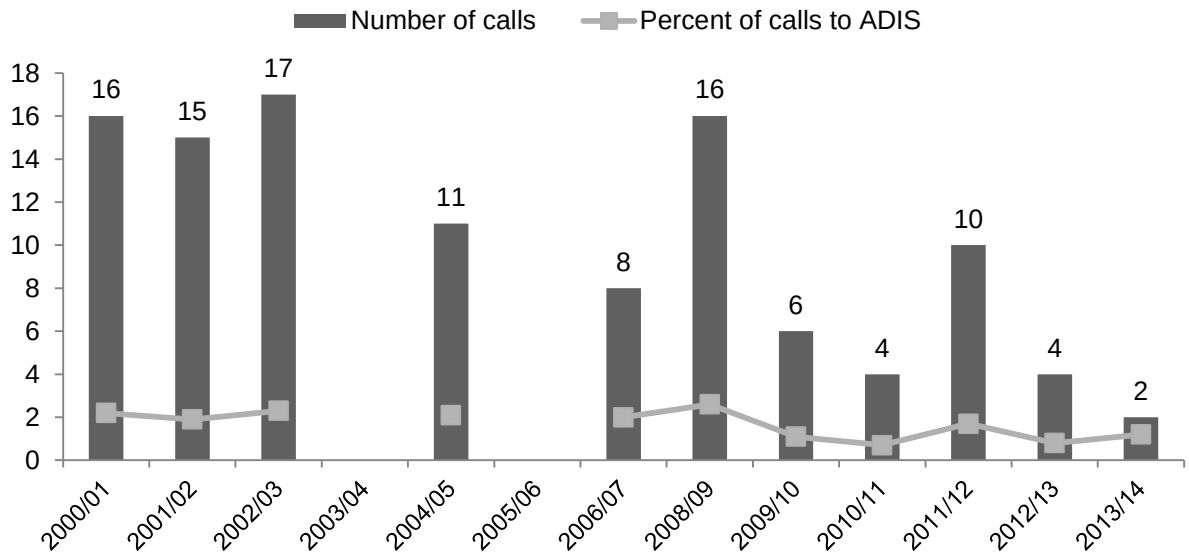


Source: ADIS & DACAS Tasmania Annual reports, Turning Point Alcohol and Drug Centre
Note: 2005/06 data were only provided for amphetamines, cannabis, and alcohol. Calls referring to ecstasy were not specified in the 2005/06 report.

A small but consistent number of calls (between 4 and 17 calls per annum) have been recorded in relation to ecstasy between the 2006/07 and the 2013/14 reporting periods (Figure 34), with 2 calls (1.2% of all calls) recorded in 2013/14.[6]

[6] Data from calls made to the Turning Point-administered ADIS have been reported over differing time periods due to the requirements of the Department of Health and Human Services; however, for comparative purposes (and since this annual data are the only information available to the authors), these slightly differing reporting periods were each treated as financial year periods.

Figure 35: Number of calls and percentage of inquiries to ADIS with regard to ecstasy, 2000/01-2013/14



Source: ADIS & DACAS Tasmania Annual reports, Turning Point Alcohol and Drug Centre
Note: Calls referring to ecstasy were not specified in the 2003/04 and 2005/06 reports.

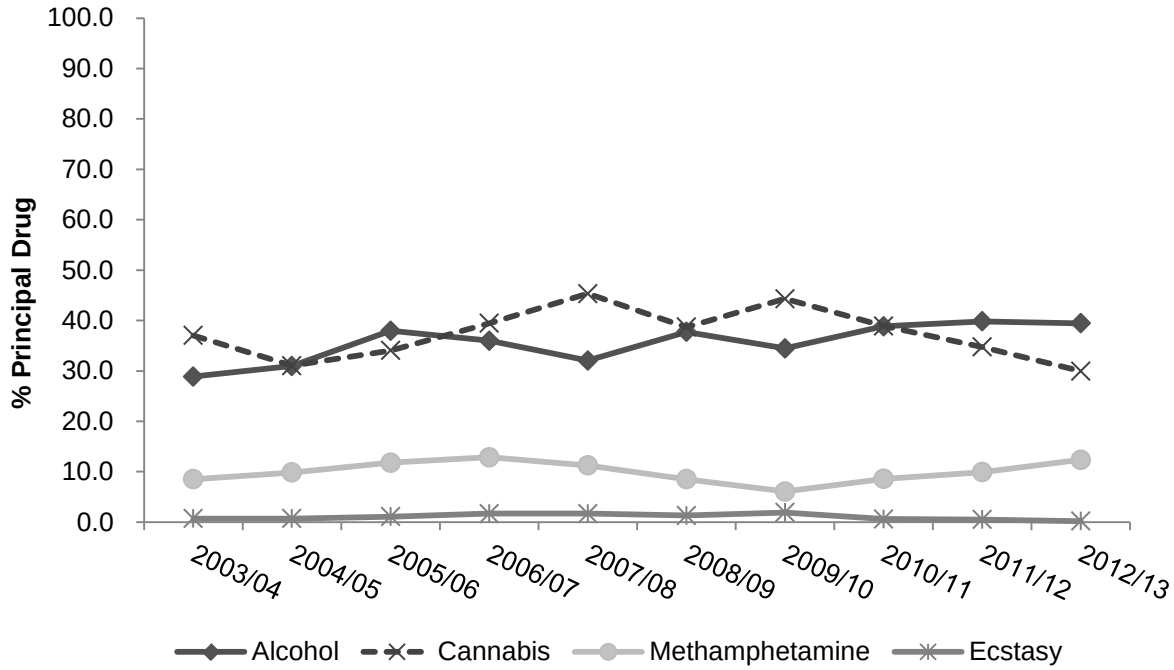
6.5.2 NMDS treatment episode data

Figure 36 shows the principal drug of concern for closed treatment episodes at alcohol and other drug treatment services in Tasmania between 2003/04 and 2012/13 (AIHW, 2014). Data for the 2013/14 financial year were not available at the time of publication.

Of all drug treatment episodes in Tasmania during 2012/13 (N=2,130), alcohol (39%) or cannabis (30%) were most commonly coded as the principal drug of concern, with meth/amphetamine coded as the principal drug of concern in around one-tenth of episodes (12%). Treatment episodes in which ecstasy was the principal drug of concern accounted for 0.2% of all episodes (equating to approximately 4 treatment episodes out of 2,130).

With regard to all treatment episodes, the most common 'main' treatment was counselling (55%) followed by assessment (23%), information and education (9%), rehabilitation (6%), support and case management (6%) and withdrawal management (1%).

Figure 36: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Closed treatment episodes by principal drug of concern, 2003/04-2012/13



Source: AIHW

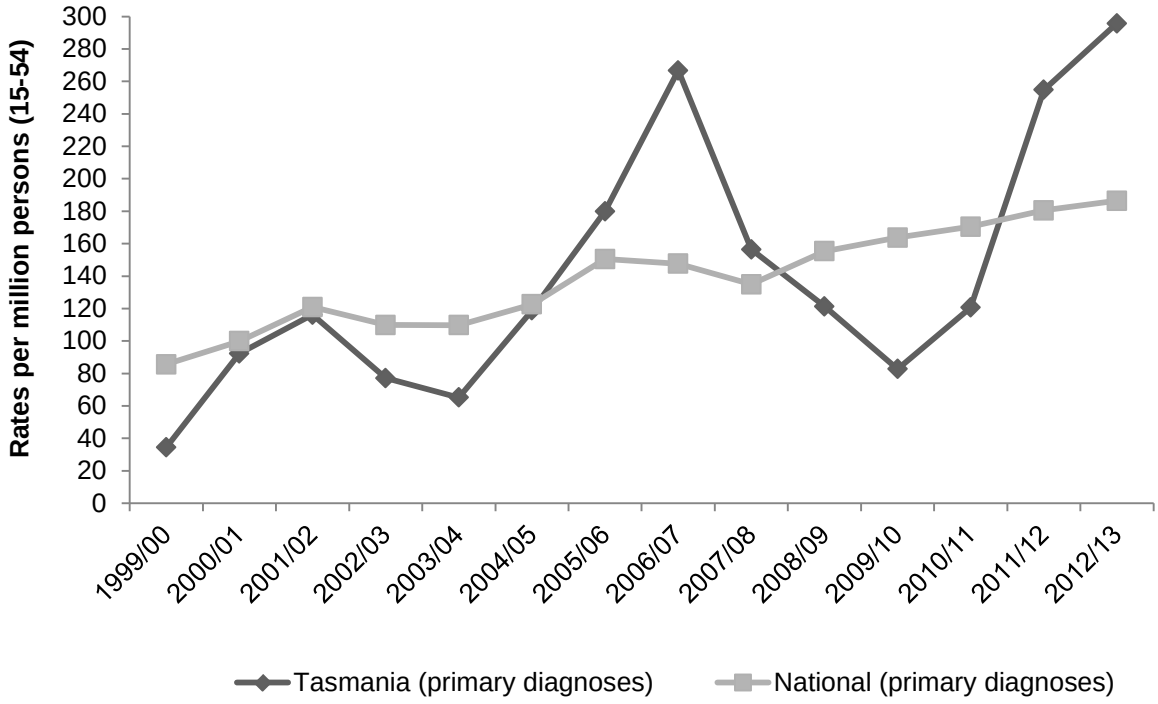
6.6 Hospital admission indicator data

Hospital morbidity data in relation to use of drugs have been provided by the AIHW for the 1993/04 to 2012/13 financial year periods. Data for the 2013/14 and 2014/15 periods were unavailable at the time of publication. These data relate to Tasmanian public hospital admissions, for individuals aged between 15 and 54 years, where use of each substance was recorded as the 'principal diagnosis' – namely, where the effect of the substance was established, after study, to be chiefly responsible for occasioning the patient's episode of care in hospital (with the exception of admissions for psychosis and withdrawal). These figures were based on diagnoses coded according to the International Classification of Diseases (ICD) 10, second edition. It is important to note that data from the state's single public specialist detoxification centre are only included in this dataset from June 2002. Data is provided for hospital admissions in relation to cannabis, methamphetamine and cocaine. Hospital admission data for opioids can be found in the 2014 IDRS report (Peacock, de Graaff, & Bruno, 2016). There are no objective hospital admission data in relation to substances such as ecstasy, ketamine, GHB, LSD, and MDA in Tasmania.

6.6.1 Cannabis

Tasmanian public hospital admissions where cannabis use was noted as the principal diagnosis (rates per million population) are presented in Figure 37. There has been a substantial increase in the number of cases over the last the last three reporting periods, rising from 121 (per million population) in 2010/11 to 296 in 2012/13. When the population-adjusted rates of Tasmanian admissions are compared with those nationally, Tasmanian admission rates have been higher than that seen nationally between 2011/12 (255 vs 181 per million population) and 2012/13, (296 vs 186 per million population).

Figure 37: Public hospital admissions (aged 15-54) where cannabis was noted as the primary contribution to admission, rates per million population for Tasmania and Australia, 1999/00-2012/13

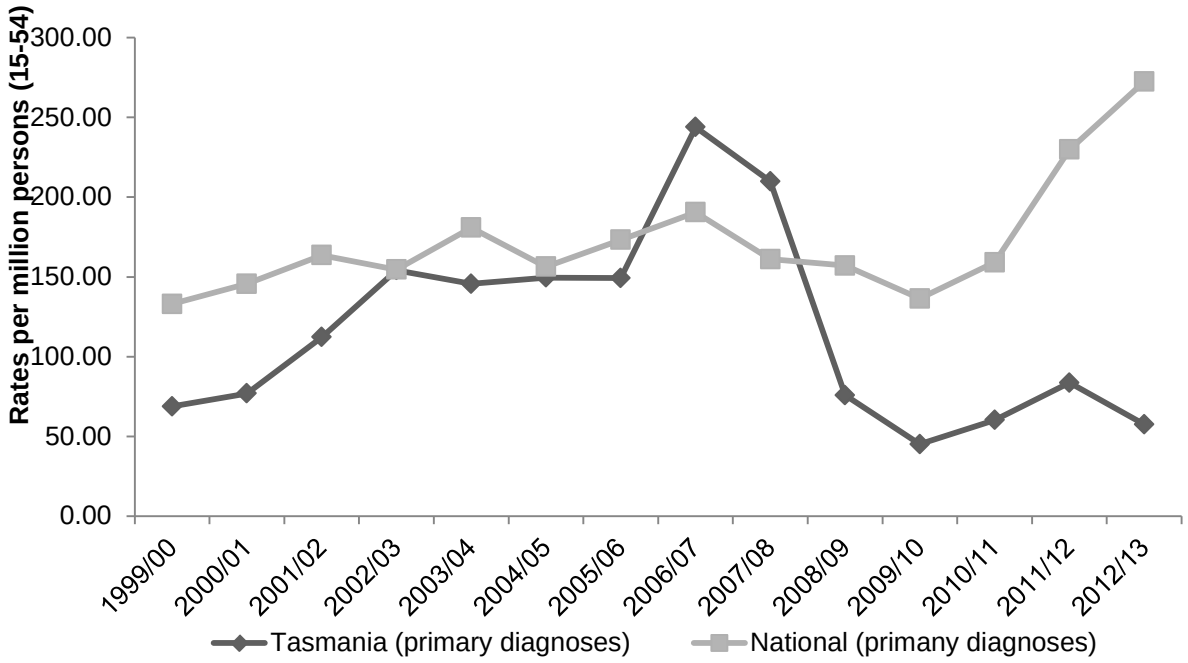


Source: AIHW (Roxburgh & Burns, in press)
Note: 2012/13 and 2013/14 data was not available at the time of publication

6.6.2 Methamphetamine

Tasmanian public hospital admissions where methamphetamine use was noted as the principal diagnosis (rates per million population) are presented in Figure 38. Since 2008/09, the rate of admissions in Tasmania has been well below the national admission rate, with a rate of 58 (per million persons) reported in Tasmania in 2012/13 compared to a rate of 272 nationally. National rates have risen since 2010/11 while the Tasmanian rate has remained relatively stable.

Figure 38: Public hospital admissions (aged 15-54) where methamphetamine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia 1999/00-2012/13

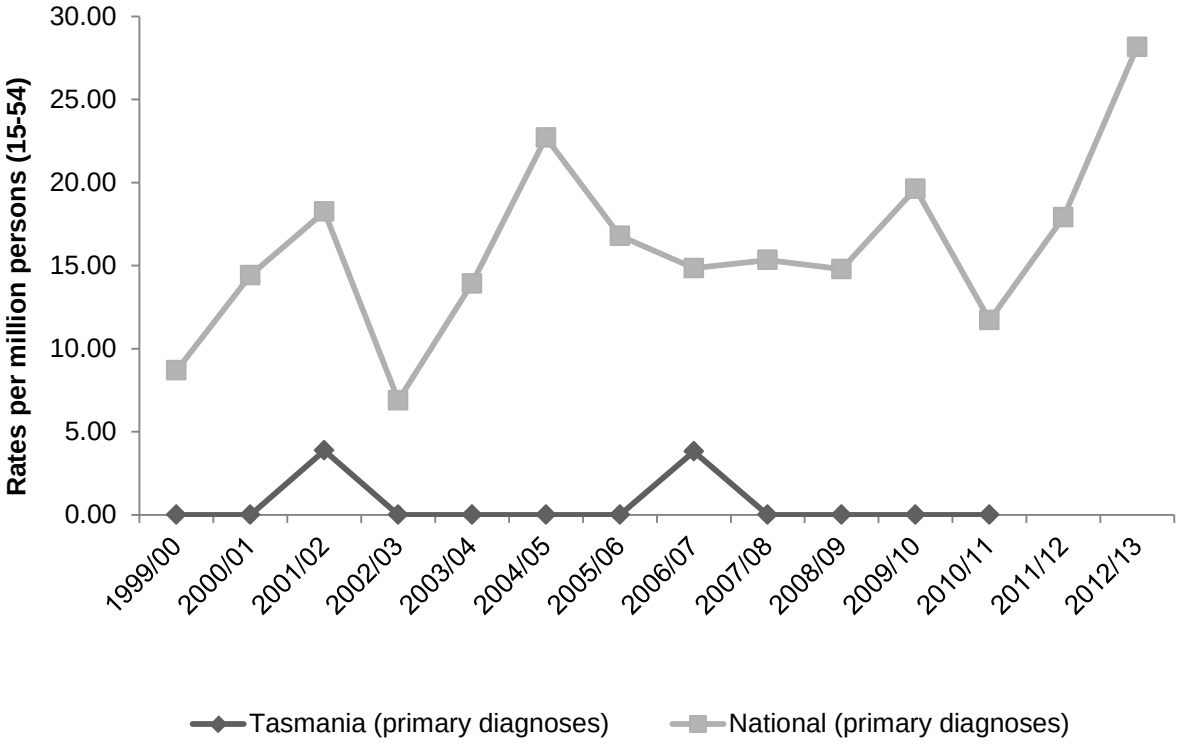


Source: AIHW (Roxburgh & Burns, in press)
Note: 2012/13 and 2013/14 data was not available at the time of publication

6.6.3 Cocaine

When the local rates of cocaine-related public hospital admissions amongst those aged between 15 and 54 years are compared to the national Australian rate (Figure 39), local cases where cocaine was noted as the primary factor contributing to the admission remain substantially less than that of the national rate between 1999/00 and 2012/13,.

Figure 39: Public hospital admissions (aged 15-54) where cocaine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 1999/00-2012/13



Source: AIHW (Roxburgh & Burns, in press)
Note: 2012/13 and 2013/14 data was not available at the time of publication

7.0 RISK BEHAVIOUR

Summary:

- **Injecting drug use.** Less than one-tenth (8%) of the 2014 REU sample had recently used substances intravenously with three participants injecting less than once a week during this time, two participants injecting 2-3 times per week, and the remainder (n=3) injecting more often. Methamphetamine and other opioids were the drugs most commonly injected in the last six months.
- **Sexual risk behaviour.** Three-fifths (62%) of REU reported penetrative sex with a casual partner during the six months preceding the interview and a large majority of these (93%) reported sex with a casual partner while under the influence of drugs, most commonly alcohol, ecstasy, or cannabis. When under the influence of drugs, one-quarter (28%) reported always using protective barriers with a casual partner and almost one-fifth (16%) never used protective barriers. Almost one-half (47%) of those who reported sex with a casual partner indicated that they did not use any protective barriers on the last occasion in the previous six months.
- Two-fifths of the sample (43%) had never had a sexual health check-up. A majority (80%) of the sample had never been diagnosed with a sexually transmitted infection (STI) and the remainder had been diagnosed in the last year (7%) or more than a year ago (13%). The most commonly diagnosed STIs were chlamydia (57%) and gonorrhoea (29%).
- **Alcohol Use Disorders Identification Test (AUDIT).** One-quarter (28%) of REU who completed the AUDIT scored in zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence) which is similar to the proportion in 2013 (29%). A further 17% scored in zone 3 (harmful or hazardous drinking), one-half (50%) scored in zone 2 (alcohol use in excess of low-risk guidelines[7]), and just 5% scored in zone 1 (a level reflecting low-risk drinking or abstinence).
- **Binge drug use.** One-quarter (24%) had recently binged on ecstasy or related drugs (a continuous period of use for more than 48 hours without sleep), on a median of three occasions (range 1-40) in the last six months. Substances most commonly used in a binge session of use were alcohol (88%), cannabis (58%), ecstasy (54%), methamphetamine (powder 46%; base 13%; crystal 33%), LSD (29%), benzodiazepines (25%), energy drinks (17%) and cocaine (17%).

[7] It should be noted that this threshold for low-risk is based on standards employed in the 2007 NDSHS, which represents a threshold substantially higher than that specified by the National Health and Medical Research Council in their revised guidelines. However, the thresholds used in the Household Survey have been reported here in order to facilitate comparisons with such national indicators.

7.1 Injecting drug use

Over one-tenth (15%) of the 2014 REU participants had used substances intravenously at some stage of their lives (Table 55), which is similar to the proportion among previous REU cohorts (8-22%). Males were significantly more likely to report lifetime injection relative to females (21% vs 6%), X=3.86, *p*=.049. The median age of first injection was 20 years (range 15-30). Less than one-tenth (8%) of the 2014 sample had used substances intravenously during the six months preceding the interview.

Table 55: Injecting drug use among REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Ever injected (%)	14	8	22	12	18	**15**
Age first injected (range)	20 17-28	19 17-23	19 16-23	19.5 15-30	21 15-27	**20** **15-30**
Injected last 6 months (%)	12	3	13	6	11	**8**

Source: EDRS interviews

7.1.1 Lifetime injecting drug use and context to initiation

Table 56 shows the drugs ever injected and drug first injected for those reporting intravenous use of drugs at some stage of their life (n=15).

Over one-half (53%) of lifetime injectors had first injected methamphetamine (33% powder, 13% crystal, 7% base), and one-tenth had first injected heroin (13%) or other opioids (13%).

Lifetime injection of methamphetamine (73% any form, 53% powder, 53% base, 27% crystal), heroin (53%), ecstasy (53%) and other opioids (53%) was most common, followed by buprenorphine (20%), methadone (20%), ketamine (20%) and pharmaceutical stimulants (20%).

Table 56: Injecting drug use history among REU injectors, 2014

	Ever injected (%) n=15	First drug injected (%) n=15
Methamphetamine (any form)	73	53
Methamphetamine powder	*53*	*33*
Methamphetamine base	*53*	*7*
Crystal methamphetamine	*27*	*13*
Pharmaceutical stimulants	20	-
Ecstasy	53	7
Heroin	53	13
Methadone	20	-
Buprenorphine	20	-
Cocaine	7	-
LSD	7	-
Ketamine	20	7
Other opioids*	53	13
Benzodiazepines	7	-
GHB	7	
Steroids	7	7

Source: EDRS interviews
* Includes opium, morphine, and pethidine

7.1.2 Recent injecting drug use and injecting risk behaviours

Around one-tenth (8%) of the 2014 sample had injected a drug in the six months prior to the interview. The most commonly injected drugs in the last six months were methamphetamine (63% powder, 88% base, 38% crystal), other opioids (63%), ecstasy (25%), mephedrone (25%), ketamine (25%) and heroin (25%). The frequency of injection for each drug was variable and ranged from one occasion to daily use within the preceding six months.

Those who had recently injected had done so on a median of 61.5 occasions (range 1-180 times) in the last six months, with three participants injecting less than once a week during this time, two participants injecting 2-3 times per week, and the remainder (n=3) injecting more often (Table 57). Recent injectors had typically injected with close friends (88%) and had last injected at private residences (62%) or in a public toilet (38%).

Table 57: Context and patterns of injection during the last six months among REU, 2009-2014

	2009 n=12	2010 n=3	2011 n=10	2012 n=6	2013 n=8	**2014 n=8**
Median times injected (range)	5 1-120	6 2-40	17.5 6-90	7.5 1-35	5.5 1-72	**61.5 1-180**
Usually inject with (%)						
Close friends	58	67	50	100	75	**88**
Regular sex partner	25	-	30	17	-	**13**
Casual sex partner	-	33	-	-	-	**13**
Acquaintances	-	33	-	17	13	**-**
No-one	25	33	10	-	13	**13**
Relative	-	-	-	-	-	**-**
Location of last injection* (%)						
Home	50	100	60	17	38	**13**
Friend's home	42	-	30	67	63	**38**
Car	8	-	-	-	-	**-**
Dealer's home	-	-	10	-	-	**13**
Street	-	-	-	-	-	**-**
Public toilet	-	-	-	17	-	**38**
Venue toilet	-	-	-	-	-	**-**
Work	-	-	-	-	-	**-**

Source: EDRS interviews

Around two-fifths (63%) had recently injected whilst under the influence of and/or coming down from ecstasy and related drugs during the six months preceding the interview on a median of five days (range 2-80 days) during this time (Table 58).

One recent injector reported sharing of needles and four participants reported sharing equipment such as spoons/containers and tourniquets in the last six months, a practice which increases the risk of exposure to blood-borne viral infections (BBVIs).

Recent injectors reported obtaining needles from a vending machine, NSP, chemist or friend in the last six months.

Table 58: Recent injecting risk behaviour and obtaining needles in last six months, 2009-2014

	2009 n=12	2010 n=3	2011 n=10	2012 n=6	2013 n=8	**2014 n=8**
Injected under influence or coming down from ERD (%)	33	67	80	50	63	**63**
Median times injected under influence (range)*	n=4 13 1-12	n=2 1.5 1-2	n=7 5 1-20	n=3 3 1-5	n=5 4 2-6	**n=5 5 2-80**
Used needle after someone (%)	8 n=1	-	-	17 n=1	13 n=1	**13 n=1**
Shared equipment (%)						
None	83	67	89	67	50	**38**
Spoons/containers	8	33	-	17	25	**50**
Tourniquets	-	33	11	17	38	**50**
Filters	-	-	-	17	-	**25**
Water	8	-	-	17	-	**13**
Needle source (%)						
NSP	33	-	90	33	50	**50**
Chemist	50	100	10	33	38	**38**
Friend	17	-	-	33	50	**50**
Dealer	8	-	-	-	13	**-**
Partner	-	-	-	-	-	**-**
Outreach	-	-	10	-	-	**-**
Hospital	-	-	-	-	13	**-**
NSP vending machine	-	-	-	-	-	**63**

Source: EDRS interviews

* of those that had injected under the influence

7.2 Sexual risk behaviour

Penetrative sex was defined as the penetration of the vagina/anus by the penis/hand. Participants were given the option of self-completing this section of the report due to the personal nature of the questions.

Three-fifths (62%) of the 2014 REU sample reported having penetrative sex with a casual partner during the six months preceding the interview (Table 59). The number of casual sexual partners was typically one to five partners during this time.

A large majority of those who reported casual sex (93%) had done so while under the influence of ERD during the last six months (Table 59), with three-quarters (77%) doing so on three or more occasions during this time or approximately every two months or more. On the last occasion, respondents most commonly reported having sex under the influence of alcohol (98%), with ecstasy (68%), cannabis (35%), or methamphetamine powder (19%) also commonly reported.

Of those who had sex with a casual partner under the influence of drugs in the preceding six months (Table 59), almost one-fifth (16%) reported that they never used protective barriers. Around one-quarter reported that they always used protective barriers (28%) and the remainder reported inconsistent use of protective barriers (56%).

Almost one-half (47%) of those who reported sex with a casual partner (while under the influence of drugs) indicated that they did not use any protective barriers on the last occasion in the last six months. Common reasons for not using protective barriers on this occasion included: being on a contraceptive (33%), it was not mentioned (23%), not wishing to (13%), intoxication (13%), lack of availability (7%), agreeing not to (7%).

Over two-fifths (43%) of the 2014 REU sample had never had a sexual health check-up (Table 59). The majority of the sample (80%) had never been diagnosed with an STI and smaller proportions had been diagnosed with an STI in the last year (7%) or more than a year ago (13%). Among those who had been diagnosed with an STI, the most commonly diagnosed STI were chlamydia (57%) and gonorrhoea (29%).

Table 59: Prevalence of sexual activity, protective barrier use, and sexual health among REU, 2009-2014

	2009 n=99	2010 n=100	2011 n=75	2012 n=100	2013 n=75	**2014 n=100**
Casual sex last 6 mths (%)	54	60	64	60	56	**62**
No. casual partners*	n=54	n=60	n=48	n=60	n=42	**n=61**
One partner (%)	33	25	23	12	38	**20**
Two partners (%)	20	28	21	22	19	**25**
Three-five partners (%)	35	35	38	48	29	**34**
Six-ten partners (%)	9	8	15	12	14	**13**
More than ten partners (%)	2	3	4	7	-	**8**
Casual sex with drugs/alcohol (%)	49	55	59	58	53	**93**
Number of times#	n=49	n=55	n=44	n=58	n=40	**n=57**
Once (%)	18	9	2	5	15	**7**
Twice (%)	14	15	18	17	20	**16**
Three-five times (%)	16	38	16	38	25	**35**
Six-ten times (%)	29	16	27	21	33	**21**
More than ten times (%)	22	22	36	19	8	**21**
Drugs used last time#	n=49	n=55	n=44	n=58	n=40	**n=57**
Ecstasy (%)	67	53	48	55	63	**68**
Cannabis (%)	20	24	34	41	25	**35**
Alcohol (%)	90	91	89	64	48	**98**
Meth. powder (%)	6	4	14	14	8	**19**
Meth. base (%)	4	-	-	-	-	**2**
Crystal meth (%)	4	-	-	3	-	**2**
Cocaine (%)	6	7	2	2	3	**4**
LSD (%)	2	4	9	7	5	**-**
GHB (%)	-	-	-	-	-	**-**
Amyl nitrite (%)	4	-	2	-	-	**-**
Nitrous oxide (%)	4	2	-	-	-	**2**
Methadone (%)	4	-	5	-	3	**4**
Benzodiazepines (%)	4	-	-	2	3	**4**
Mushrooms (%)	4	-	-	3	-	**2**
Pharm. stimulants (%)	2	-	2	-	5	**-**
MDA (%)	-	2	5	-	-	**2**
Mephedrone (%)	-	13	-	-	-	**4**
Methylone (%)	-	2	-	-	-	**-**
Heroin (%)	-	-	2	-	-	**-**
Other (%)	-	-	-	2	3	**5**
Protective barrier use under influence#	n=49	n=55	n=43	n=58	n=40	**n=57**
Always (%)	20	22	26	26	43	**28**
Never (%)	37	33	19	12	18	**16**
Inconsistent or rare use (%)	43	46	56	62	39	**56**
Ever sex health check (%)	n=99	n=100	n=75	n=100	n=75	**n=98**
No	33	29	20	28	45	**43**
Yes (in the last year)	45	52	56	43	25	**38**
Yes (more than 1 year ago)	21	19	24	29	27	**19**
Don't know	-	-	-	-	3	**-**
Ever diagnosed STI (%)	n=98	n=100	n=74	n=100	n=75	**n=98**
No	81	78	81	78	87	**80**
Yes (in the last year)	8	6	1	5	4	**7**
Yes (more than 1 year ago)	11	16	18	16	7	**13**
Don't know	-	-	-	1	3	**-**

Source: EDRS interviews

* of those who had sex with a casual partner in the last six months

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

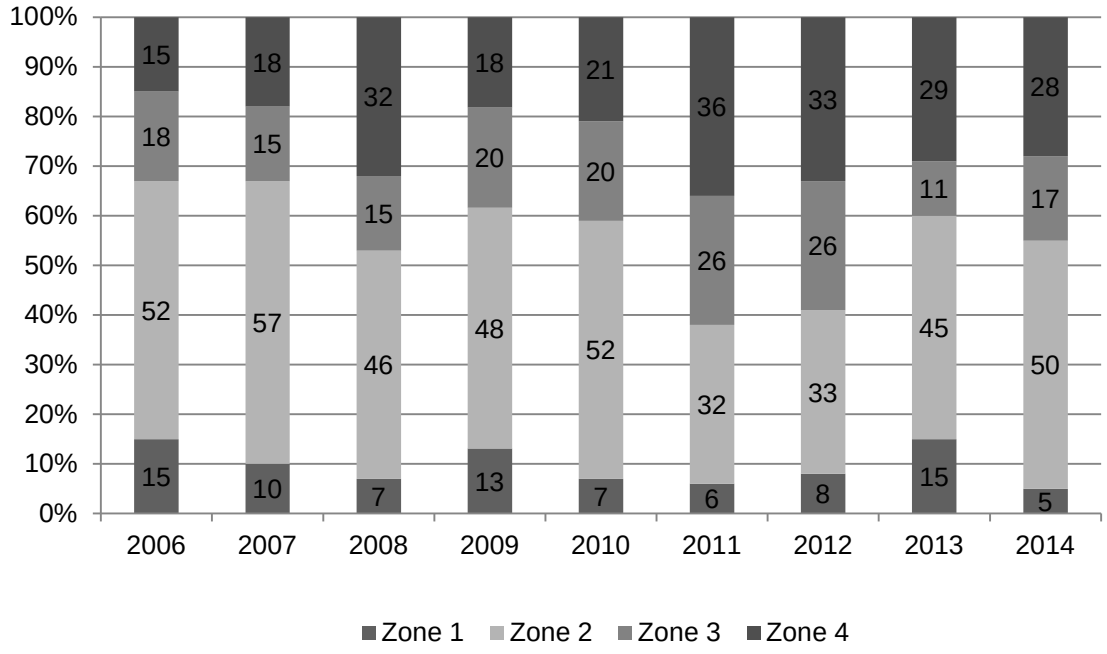
7.3 AUDIT

REU also completed the AUDIT during interviews. The AUDIT was designed by the World Health Organization as a brief screening scale to identify individuals with alcohol problems, including those in early stages (Saunders et al., 1993). It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert & Allen, 2002). Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Babor et al., 2001). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor et al., 2001).

The overall mean score on the AUDIT was 15.8 (median=14.5, range 0-35, SD=6.6). Of those REU who completed the AUDIT (n=100), a large majority (95%) scored 8 or more, a level at which alcohol intake may be considered hazardous.

The total AUDIT score places respondents into one of four zones, or risk levels. Figure 40 shows the proportion of REU categorised within each of the AUDIT risk categories between 2006 and 2014. In 2014, just 5% of REU scored in zone 1 (a level reflecting low-risk drinking or abstinence). One-half (50%) scored in zone 2 (alcohol use in excess of low-risk guidelines[8]), a further 17% scored in zone 3 (harmful or hazardous drinking) and 28% scored in zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

Figure 40: Proportion of REU categorised with each AUDIT risk zone, 2006-2014



Source: EDRS interviews

[8] It should be noted that this threshold for low-risk is based on standards employed in the 2007 NDSHS, which represents a threshold substantially higher than that specified by the National Health and Medical Research Council in their revised guidelines. However, the thresholds used in the Household Survey have been reported here in order to facilitate comparisons with such national indicators.

7.4 Binge drug use

Table 60 shows that one-quarter (24%) of the 2014 REU sample had recently binged on ERD (i.e., used them for more than 48 hours continuously without sleep). Those that had recently binged had done so on a median of three occasions (range 1-40) during the six months preceding the interview. The median length of the longest period of continuous use during this time was three days (range 2-8.5 days).

Of those who had recently binged, the substances used most commonly during any one binge session of use were alcohol (88%), cannabis (58%), ecstasy (54%), methamphetamine (powder 46%; base 13%; crystal 33%), LSD (29%), benzodiazepines (25%), energy drinks (17%) and cocaine (17%). A majority (63%) also reported use of tobacco in a binge session of use. Among those who had used alcohol in a binge session of use, a majority (95%) reported typical use of more than five standard drinks in a binge session.

Table 60: Binge drug use among REU, 2009-2014

Variable	2009 n=100	2010 n=100	2011 n=72	2012 n=100	2013 n=76	**2014 n=100**
Binged on any stimulant drug last 6 mths (%)[#]	27	24	22	31	33	**24**
Median times binged in last 6 mths (range)*	2 1-48	2 1-20	2.5 1-60	2 1-24	2 1-14	**3** **1-40**
Median length (days) biggest binge last 6 mths (range)*	2 2-5	2 2-3	2 2-4	2 2-12	2 2-4	**3** **2-8.5**
Drugs used in binge session (%)*						
Ecstasy	96	79	63	87	68	**54**
Meth. powder	26	29	38	48	44	**46**
Meth. base	11	8	6	3	4	**13**
Crystal meth.	19	-	6	13	20	**33**
Pharm. stimulants	4	8	-	3	20	**4**
Cocaine	19	33	13	10	16	**17**
LSD	11	21	25	32	24	**29**
Ketamine	-	-	6	7	4	**13**
MDA	4	-	6	3	4	**-**
GHB	4	-	-	-	-	**-**
Amyl nitrite	4	4	-	3	16	**-**
Nitrous oxide	11	4	6	7	8	**13**
Cannabis	41	42	56	55	72	**58**
Alcohol	85	83	81	94	88	**88**
Benzodiazepines	-	8	6	3	20	**25**
Mushrooms	11	8	6	13	4	**8**
2CI	-	-	6	-	-	**-**
Other opioids	-	-	6	-	-	**4**
Mephedrone	-	33	-	-	4	**4**
Methylone	-	4	-	-	-	**-**
DOI	-	4	-	-	-	**-**
BZP	-	4	-	-	-	**-**
OTC codeine	-	-	6	-	-	**-**
Energy drinks	n/a	25	38	65	28	**17**
Other	-	-	-	6	12	**17**

Source: EDRS interviews

[#]used for 48 hours continuously without sleep

*among those who had binged in the last six months

8.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

Summary:

- **Criminal activity.** Just over two-fifths (42%) of the 2014 REU sample reported taking part in any criminal activity in the last month. The most common crimes were drug dealing (24%) and property crime (28%). Over one-tenth (13%) of REU had been arrested during the preceding 12 months. Arrests were generally for non-drug related offences.
- **Arrests and seizures by Tasmania Police.** In 2013/14 there were few ecstasy-related consumer (n=4) or provider (n=2) arrests and four seizures totalling 302.5 tablets/capsules. This is relatively consistent with the relatively low number of arrests and seizures over the previous three reporting periods.
- There was a marked decrease in methamphetamine-related arrests in 2013/14 (63 arrests) compared to 2012/13 (128 arrests). This declining trend can be seen over the last two reporting periods, and is largely due to decline in the number of consumer rather than the number of provider arrests. While there were fewer methamphetamine seizures in 2013/14 relative to 2012/13 (172 versus 240 seizures), the weight of seizures was greater in 2013/14 (8,613 grams) compared to 2012/13 (5,197 grams).
- Cautions and arrests relating to cannabis were lower in 2013/14 (928 arrests) compared to 2012/13 (1,338) arrests. This declining trend has been evident over the past four reporting periods. The weight and number of cannabis seizures was also substantially lower in 2013/14 compared to 2012/13, with 2,180 seizures totalling 113,092 grams in 2013/14.
- **Illicit drug diversions/cautions.** In 2013/14 there were 690 diversions/cautions made by Tasmania Police and 205 of these were diverted to a health intervention. The total number of drug diversions or cautions and the number diverted to health interventions were lower in 2013/14 compared to 2012/13. A majority of diversions (93) were in relation to cannabis.
- **Drug-related charges in Tasmanian courts.** There has been a downward trend in the total number of drug-related offences before the Hobart magistrate's court over the past three years. This is largely due to a decrease in the number of offences relating to the possession/use of illicit drugs and may be related to the introduction of the Illicit Drug Diversion Initiative (IDDI). In 2013/14, the number of individuals before the Hobart Magistrates Court in relation to drug offences (248 individuals) was slightly fewer in comparison to 2012/13 (271 individuals). The number of individuals incarcerated at Hobart Prison in relation to drug offences in 2013/14 (93 individuals) was considerably higher compared to 2012/13 (47 individuals), but relatively commensurate with the years prior to this.
- **Tasmanian roadside drug testing data.** A consistent number of roadside drug tests have been conducted in Tasmania over the last four reporting periods. In 2013/14, there were 1,819 tests conducted and one-third (35%) of these returned a positive test.
- Cannabis was the most commonly detected drug, with 71% of all OFT tests and 77% of all blood tests returning positive results. Positive results for amphetamine were also common in both OFT (44%) and blood tests (34%), while methamphetamine was more commonly detected in blood tests relative to OFT (41% vs. 28%). Few OFT or blood tests returned a positive result for the presence of MDMA/ecstasy.

8.1 Reports of criminal activity among REU

Just over two-fifths (42%) of the 2014 REU sample self-reported engaging in some type of crime within the last month (Table 61).

One-quarter (24%) reported dealing drugs for cash profit, with around one-half doing so less than weekly in the last month (n=11), and the remainder doing so on a weekly basis (n=2) or more often (n=11).

Over one-quarter (28%) reported committing a property crime in the last month. The majority of those that had recently committed property crime had done so on a less than weekly basis (n=17), with few committing property crime weekly (n=6), or more frequently (n=5).

Smaller proportions of the sample reported committing fraud (5%) or violent crime (2%) during the last month.

More than one-tenth of the sample (13%) had been arrested during the 12 months preceding the interview. These participants had been arrested for a variety of offences (see Table 61). Few participants had been arrested for drug-related offences.

Table 61: Criminal activity reported by REU, 2009-2014

	2009 n=100	2010 n=100	2011 n=75	2012 n=100	2013 n=76	**2014 n=100**
Any criminal activity in last month (%)	24	24	28	26	35	**42**
Drug dealing	18	15	11	18	21	**24**
Property crime	11	8	15	12	19	**28**
Fraud	1	-	5	6	3	**5**
Violent crime	1	5	3	2	3	**2**
Arrested last 12 months (%)	10	13	16	14	17	**13**
Property crime	3	-	4	3	1	**4**
Drug use/possession	3	2	3	-	-	**2**
Violent crime	1	-	1	1	3	**3**
Dealing/trafficking	1	1	-	-	1	**2**
Driving offence	2	-	1	-	-	**1**
DUI alcohol	3	4	1	3	3	**5**
DUI drugs	1	-	-	-	-	**2**
Other reason	4	8	9	8	11	**5**

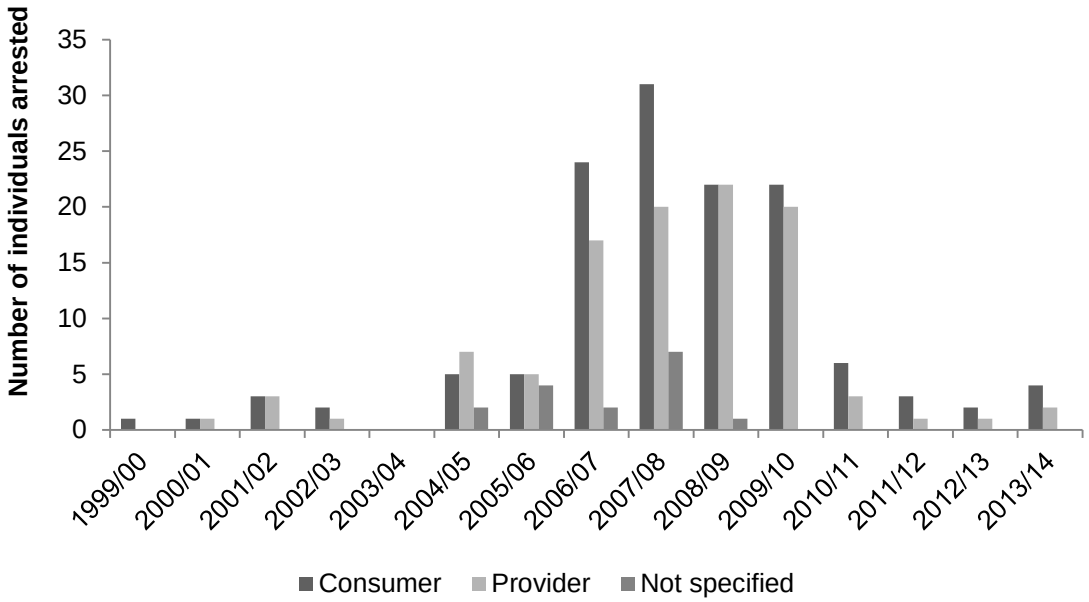
Source: EDRS interviews

8.2 Drug-related arrests and seizures made by Tasmania Police

8.2.1 Ecstasy

Figure 41 shows the number of police arrests recorded by Tasmania Police for ecstasy possession and use (consumers) and for dealing or trafficking of ecstasy (providers) from 1999/00 to 2013/14[9]. In 2013/4 there were few ecstasy-related consumer (n=4) or provider (n=2) arrests. This is relatively consistent with the low number of arrests over the previous three reporting periods.

Figure 41: Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 1999/00-2013/14

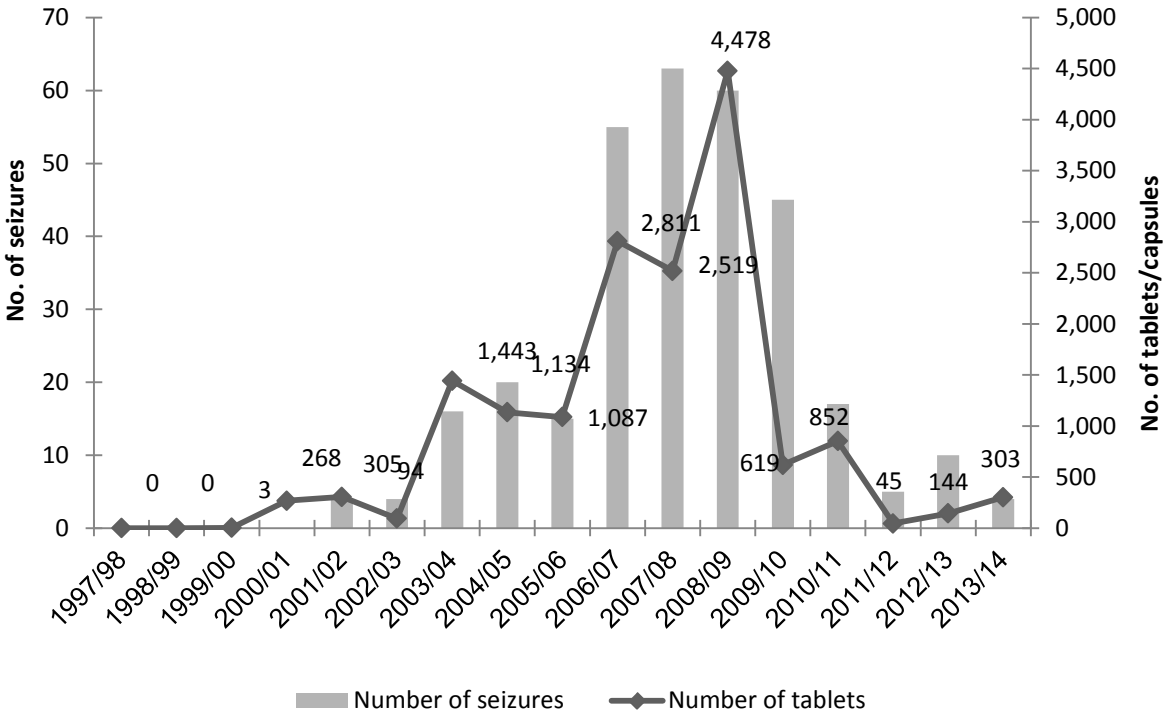


Source: State Intelligence Services, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

Figure 42 shows the number of MDMA seizures and the total number of tablets/capsules seized by Tasmania Police between 1997/98 and 2013/14[10]. In 2013/14 there were 4 seizures and a total of 302.5 tables/capsules seized by Tasmania Police. The number of seizures was lower (4 vs. 10 seizures) and the total tablets/capsules seized was higher (303 vs. 144) compared to 2012/13. The number and quantity of MDMA seizures has declined significantly since 2008/09, but has been relatively stable over the past three reporting periods.

[9] 2013/14 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.
[10] 2013/14 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.

Figure 42: Total number of tablets/capsules suspected to contain ecstasy seized by Tasmania Police, 1997/98-2013/14



Source: State Intelligence Services, Tasmania Police
Note: Number of seizures was not available for the 1999/00 and 2000/01 periods; Data includes only those seizures that were recorded in tablet/capsule form. Totals may differ from those reported in the Department of Police and Emergency Management and ACC annual reports due to differences in counting rules.

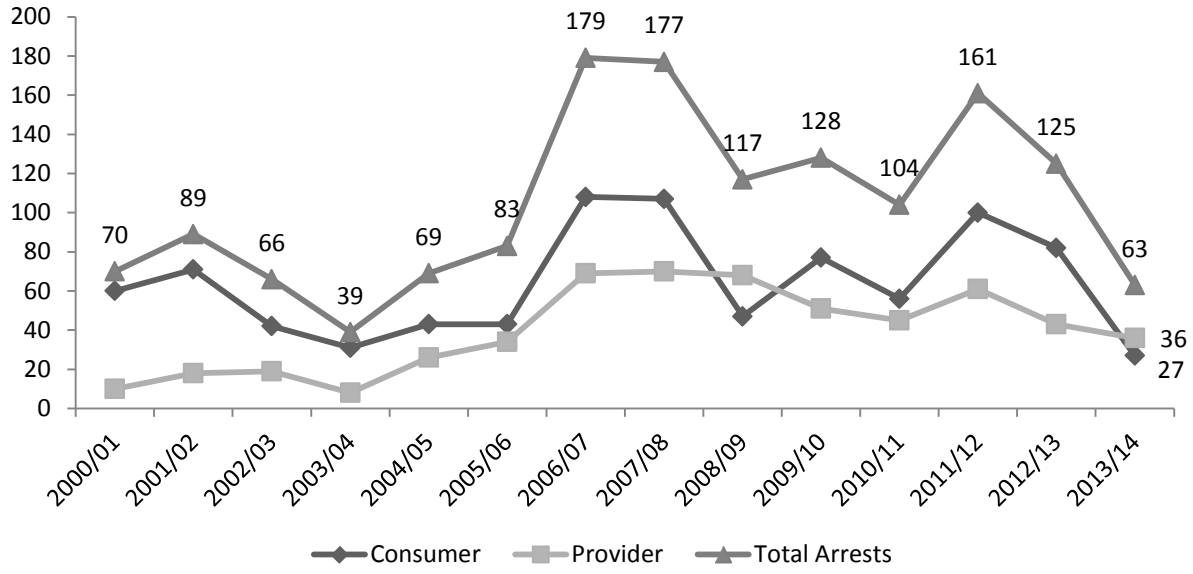
8.2.2 Methamphetamine

Arrest data for methamphetamine-related offences (Figure 43) indicate a marked decrease in the total number of arrests in 2013/14[11] (63 arrests) compared to 2012/13 (128 arrests). This declining trend can be seen over the last two reporting periods, and is largely due to decline in the number of consumer rather than provider arrests.

Tasmania Police seizures of drugs suspected to be methamphetamine are shown in Figure 44. In 2013/14[12] there were 172 seizures compared to 240 seizures in 2012/13. However, the weight of methamphetamine seizures was greater in 2013/14 (8,613 grams) compared to 2012/13 (5,197g). In addition to the 168 seizures coded in grams in 2013/14 (Figure 44), there were two seizures totalling 18 tablets and two seizures of liquid methamphetamine.

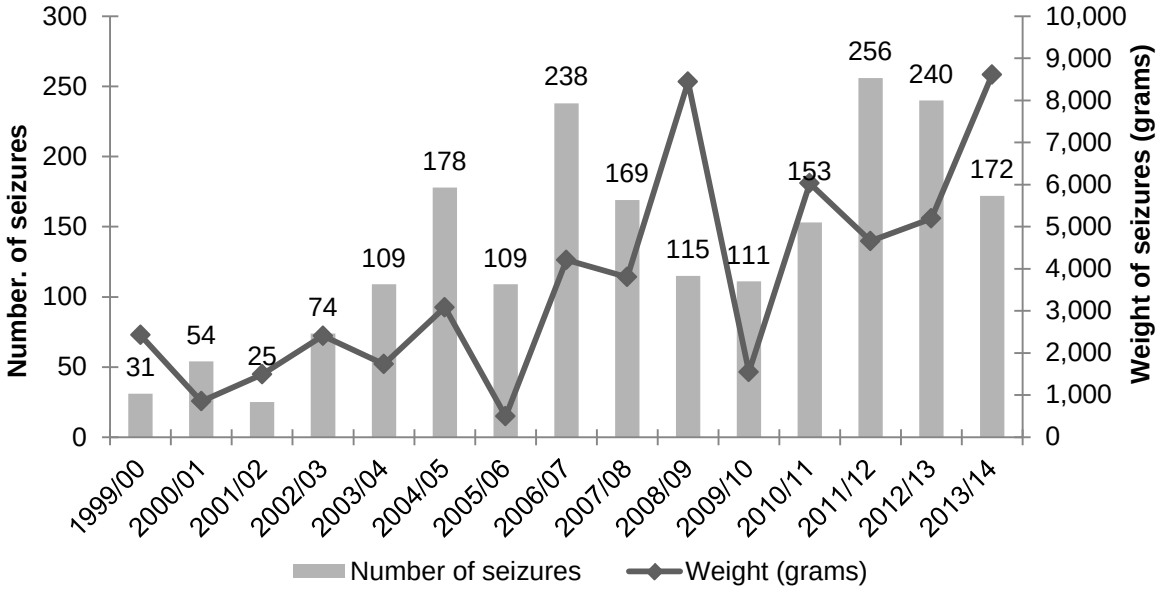
[11] 2013/14 data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.
[12] 2012/13 data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

Figure 43: Consumer and provider arrests for methamphetamine and related substances, 2000/01-2013/14



Source: ACC and State Intelligence Services, Tasmania Police
Note: 2013/14 data were provided by Tasmania Police State Intelligence Service and are preliminary and subject to revision. Data prior to 2013/14 were provided by the ACC. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Cases relate to both arrest and summons charges. 'Consumer' refers to persons charged with use-type offences (e.g., possession, administration), while 'provider' refers to persons charged with supply-type offences (e.g., supply, cultivation or manufacture). Where a person has been charged with multiple offences, that person is only counted once. The sum of consumer and provider arrests may not equal total arrests due to missing data.

Figure 44: Weight and number of methamphetamine seizures made by Tasmania Police, 1999/00-2013/14



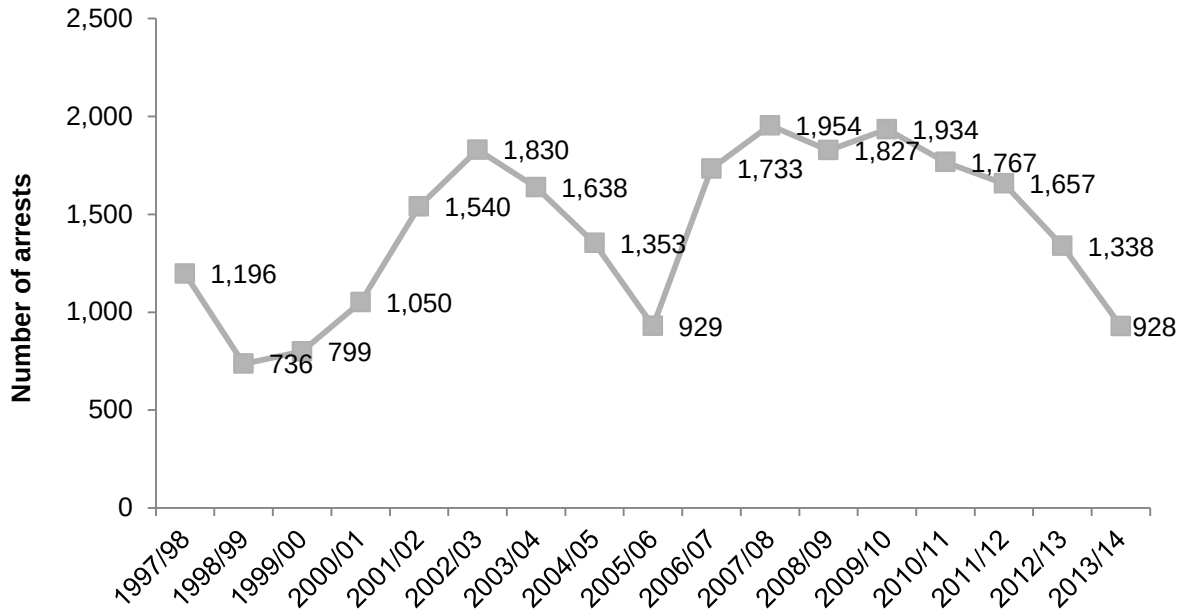
Source: ACC and State Intelligence Services, Tasmania Police
Note: 2013/14 data were provided by Tasmania Police State Intelligence Service and are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data prior to 2013/14 were provided by the ACC. Seizures for 2005/06 were only reported to the ACC for part of the financial year. In 2013/14 there were an additional 4 seizures coded in units other than grams.

8.2.3 Cannabis

Figure 45 shows the number of cannabis-related arrests made by Tasmania Police between 1997/98 and 2013/14[13]. Cautions and arrests relating to cannabis were lower in 2013/14 (928 arrests) compared to 2012/13 (1,338) arrests. This declining trend has been evident over the past four reporting periods.

Figure 46 shows cannabis seizures made by Tasmania Police, between 1999/00 and 2013/14[14]. In 2013/14 there were 2,180 seizures totalling 113,092 grams. In addition to the 1,820 seizures which were coded in grams, Tasmania Police reported an additional 360 seizures including 311 seizures of plants (totalling 1,839 plants) and 49 seizures of seeds (totalling 429 seeds). The weight and number of cannabis seizures was substantially lower in 2013/14 compared to 2012/13.

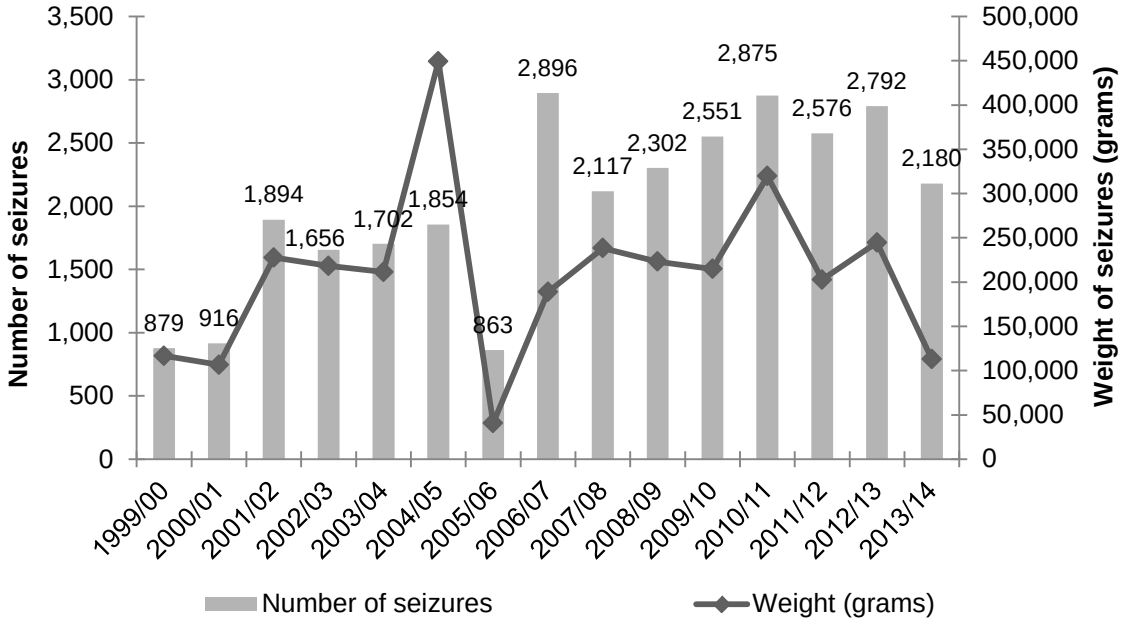
Figure 45: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 1997/98-2013/14



Source: ACC and State Intelligence Services, Tasmania Police
Note: 2013/14 data were provided by State Intelligence Services and 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. Data prior to 2013/14 were provided by the ACC. 2005/06 arrests were only reported to the ACC for part of the financial year.

[13] 2013/14 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.
[14] 2013/14 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.

Figure 46: Seizures of cannabis by Tasmania Police, 1999/00-2013/14



Source: ACC and State Intelligence Services, Tasmania Police

Note: Data in 2013/14 were provided by Tasmania Police State Intelligence Service and 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. Data prior to 2013/14 were provided by the ACC. Seizures for 2005/06 were only reported to the ACC for part of the financial year.

8.2.4 Cocaine

Tasmania Police have reported few seizures or arrests in relation to cocaine between the 2000/01 and 2013/14 financial years (Table 62).

Table 62: Consumer and provider arrests for cocaine, 2000/01-2013/14

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	**2013/14**
Arrests (n)														
Consumer	2	1	0	0	0	0	0	0	1	1	0	1	1	**0**
Provider	0	0	0	0	0	0	1	0	0	2	1	1	1	**1**
Total	2	1	0	0	0	0	1	0	1	3	1	2	2	**1**
Seizures (n)	1	0	0	0	0	1	2	0	2	3	3	7	0	**2**
Weight (g)	1	0	0	0	0	1	7	0	7	46	28	64.6	-	**25.8**

Source: ACC and State Intelligence Services, Tasmania Police

Note: 2013/14 data were provided by Tasmania Police State Intelligence Service and 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. Data prior to 2013/14 were provided by the ACC.

8.2.5 Hallucinogens

ACC data for hallucinogens includes tryptamines such as LSD and psilocybin (mushrooms). There have been a small number of arrests and seizures in Tasmania in relation to hallucinogens between 2000/01 and 2013/14 (Table 63)[15].

Table 63: Consumer and provider arrests for hallucinogens, 2000/01-2013/14

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	**2012/13**	**2013/14**
Arrests (n)														
Consumer	1	0	0	1	0	1	1	1	2	7	6	1	0	3
Provider	0	1	1	0	1	2	1	2	0	1	2	2	3	1
Total	1	1	1	0	1	3	2	3	2	8	8	3	3	4
Seizures (n)	0	0	0	1	3	0	2	1	2	1	3	0	2	9

Source: ACC and State Intelligence Services, Tasmania Police

Note: 2013/14 data were provided by Tasmania Police State Intelligence Service and 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.

8.3 Illicit drug diversion data

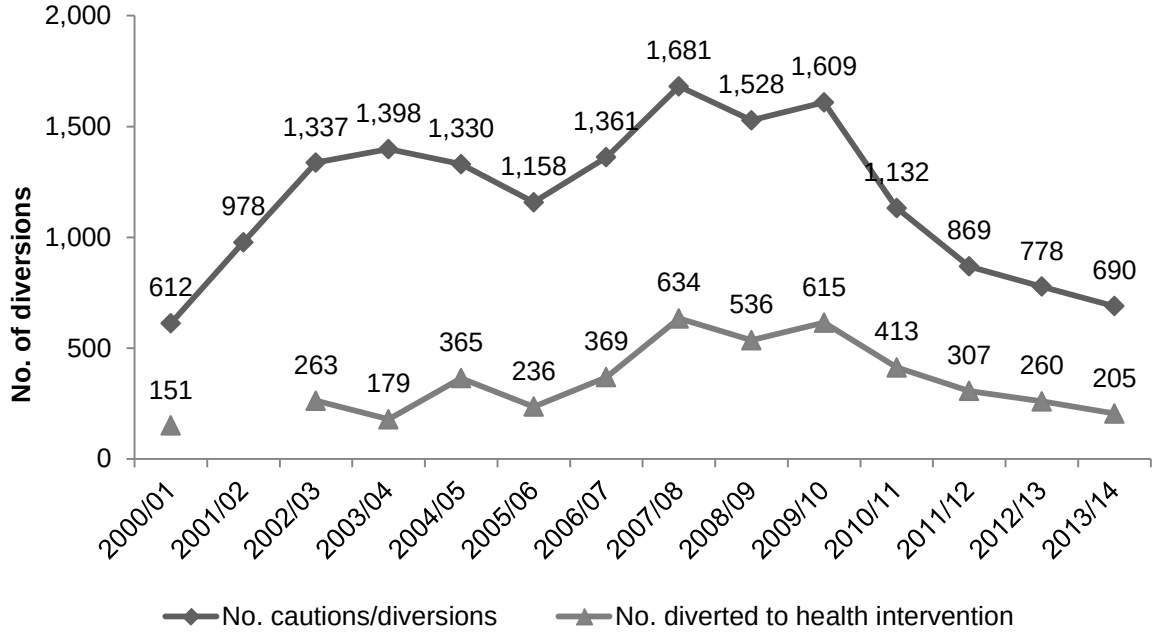
The Tasmanian IDDI has been well supported by police, with well in excess of 1,000 diversions made per annum between 2002/03 and 2006/07 (Figure 47). While there was a reduction in the number of diversions in 2010/11, from the second half of 2010/11 the data no longer include persons less than 18 years of age, who are now dealt with in accordance with the *Youth Justice Act 1997* and encouraged to access appropriate health interventions.

Since 2010/11 there have been further reductions in both the total number of diversions (with 690 diversions reported in 2013/14) [16] and in the number of second-level and third-level diversions (to health interventions) (205 in 2013/14).

While a large majority of diversions were for cannabis-related offences in 2013/14 (93%), there were a small number of diversions for amphetamine type substances (3%), and other substances (4%).

[15] 2013/14 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.
[16] 2013/14 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.

Figure 47: Drug diversions or cautions issued state-wide by Tasmania Police, 2000/01-2013/14



Source: Alcohol and Drug Services, Tasmanian Department of Health and Human Services
2005/06 arrests and cautions were only reported for part of the financial year; missing data reflects cases where the relevant data were not provided to the authors.

8.4 Drug-related charges in Tasmanian courts

There has been a downward trend in the total number of drug-related offences before the Hobart magistrates court over the past three years (Figure 48). This decline is largely due to a decrease in the number of offences relating to the possession/use of illicit drugs and may be related to the introduction of court mandated diversion. In 2013/14, the number of individuals before the Hobart magistrates court (248 individuals) slightly reduced in comparison to 2012/13 (271 individuals). Data relating to drug-related offences before the Supreme Court were not available for inclusion in the present report.

The number of individuals incarcerated at Hobart Prison in relation to drug offences in 2013/14 (93 individuals) was considerably higher compared to 2012/13 (47 individuals), as was the number of offences among those incarcerated (217 in 2013/14 compared to 111 in 2012/13) (Table 64).

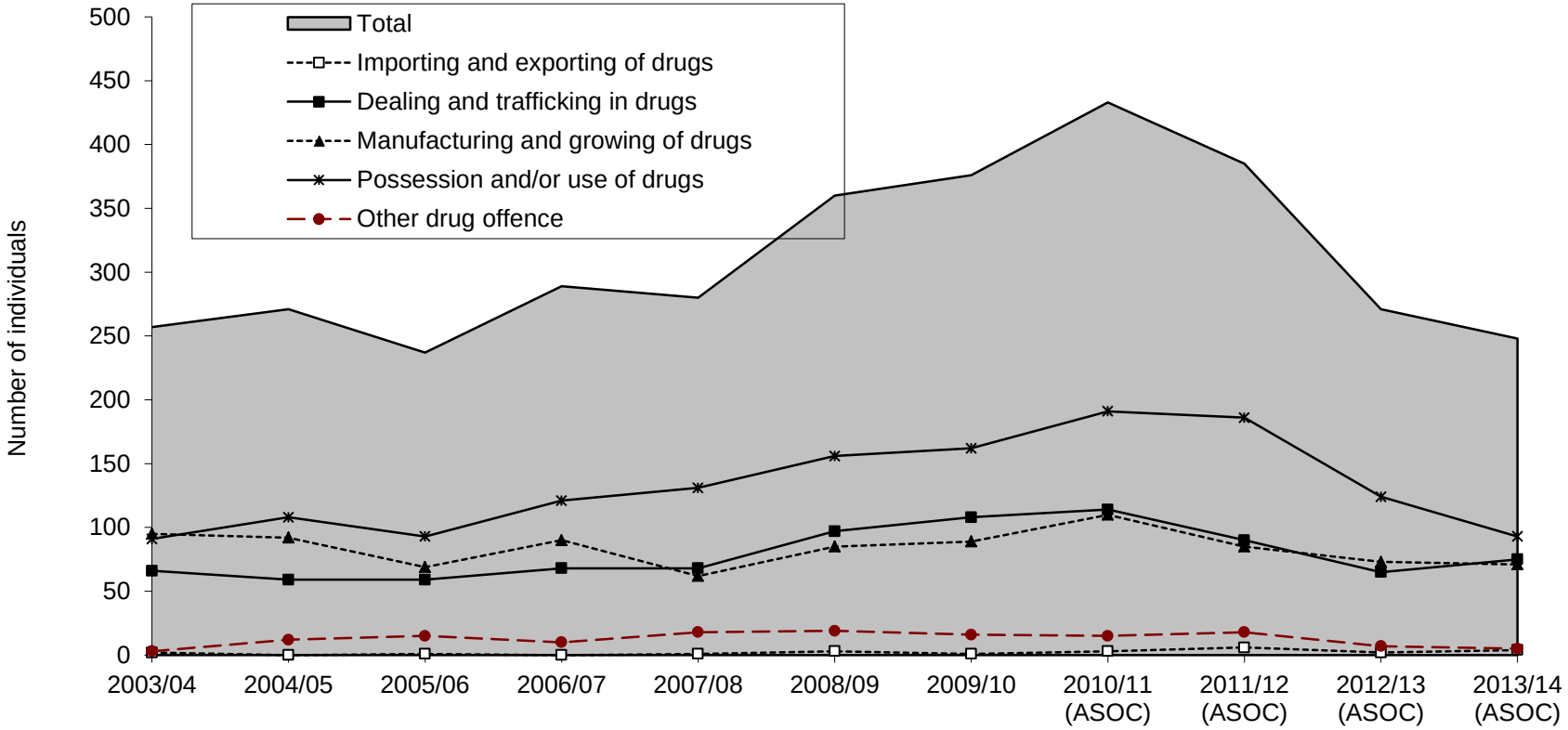
Table 64: Number of individuals before Hobart magistrates court or imprisoned on drug charges, 2003/2004-2013/14

	2003 /04	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	**2013 /14**
No. individuals (alleged no. of offences in parentheses):											
Import/export of illicit drugs	2 (2)	0 (0)	1 (1)	0 (0)	1 (1)	3 (4)	1 (1)	3 (3)	6 (13)	2 (6)	4 (6)
Deal or traffic in illicit drugs / commercial quantity	14 (19)	17 (20)	22 (25)	21 (25)	34 (42)	29 (30)	17 (24)	24 (28)	28 (28)	28 (30)	26 (34)
Deal or traffic in illicit drugs / non-commercial quantity	52 (127)	42 (123)	47 (110)	47 (108)	34 (68)	68 (126)	91 (172)	90 (173)	62 (128)	37 (103)	49 (98)
Manufacture of illicit drugs	5 (9)	3 (4)	1 (2)	0 (0)	1 (1)	0 (0)	0 (0)	3 (4)	1 (3)	0 (0)	0 (1)
Cultivation of illicit drugs	90 (111)	89 (105)	68 (78)	90 (104)	61 (77)	85 (100)	89 (99)	107 (142)	84 (103)	73 (88)	71 (79)
Possession of illicit drugs	88 (518)	106 (564)	91 (440)	120 (561)	129 (494)	151 (653)	159 (677)	188 (843)	179 (746)	116 (661)	90 (493)
Use of illicit drugs	3 (39)	2 (39)	2 (41)	1 (50)	2 (51)	5 (71)	3 (81)	3 (90)	7 (85)	8 (93)	3 (51)
Other Illicit drug offences	3 (122)	12 (135)	15 (129)	10 (150)	18 (151)	19 (184)	16 (169)	15 (214)	18 (191)	7 (150)	5 (127)
HOBART PRISON^											
No. individuals incarcerated	36	55	57	56	n/p	84	53	80	81	47	**93**
No. of offences among those incarcerated	83	101	117	128	144	165	121	183	237	111	**217**

Sources: Hobart Magistrates Court (Magistrates Court data); Corrective Services (Prison data), Department of Justice, Tasmania

*Hobart Magistrates Court data does not include individuals brought before the youth court. ^The number of incarcerations refers to cases presented before both the Supreme and Magistrates courts

Figure 48: Number of individuals before the Hobart Magistrates Court for drug-related offences, 2003/04-2013/14



Source: Hobart Magistrates Court

8.5 Tasmanian roadside drug testing data

Roadside drug testing was introduced in Tasmania in 2005. Drivers who are selected for drug-testing are required to provide a saliva sample, returning a result in approximately five minutes. Drivers who test positive are then requested to provide a blood sample for confirmation of this result. In Tasmania, drivers are typically tested for cannabis, amphetamine and MDMA.

A consistent number of roadside drug tests have been conducted on Tasmanian roads over the last four reporting periods (Table 65). In 2013/14, 1,813 tests were conducted, an increase relative to 2012/13 (1,698 tests). Over one-third of these (35%) returned a positive test and these drivers were required to undergo a confirmatory blood test.

Table 65: Tasmania Police roadside drug testing statistics, 2010/11-2013/14

	2010/11	2011/12	2012/13	2013/14
Number of roadside drug tests conducted	1,427	1,678	1,698	1,819
Proportion of drivers tested who returned positive tests for prohibited drugs (%)	26.6	34.7	30.9	35.1

Source: Department of Police and Emergency Management Annual Reports

Table 66 shows the number of positive drug screens conducted by Tasmania Police for drug driving between 2011/12 and 2013/14. It is important to note that in some cases an individual tested positive to both tests; whilst in some cases individuals tested negative to the initial oral fluid test (OFT) and positive to the blood test. Additionally, as the OFT is a screening test, at times this may return a false-positive result.

In 2013/14[17], 535 (out of 1,819) roadside drug tests (29%) and 650 blood tests returned a positive result. Cannabis was the most commonly detected drug, with 71% of all OFT tests and 77% of all blood tests returning positive results. Positive results for amphetamine were also common in both OFT (44%) and blood tests (34%), while methamphetamine was more commonly detected in blood tests relative to OFT (41% vs. 28%). Few OFT or blood tests returned a positive result for the presence of MDMA/ecstasy.

[17] 2013/14 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.

Table 66: Tasmania Police positive roadside drug test results, 2011/12-2013/14

	Oral Fluid Testing			Blood Testing		
	2011/12	2012/13	**2013/14**	2011/12	2012/13	**2013/14**
Number of tests	1,678	1,698	**1,819**	n/a	n/a	**n/a**
% of positive tests	32	35	**29**	n/a	n/a	**n/a**
Drugs detected in positive tests	n=537	n=480	**n=535**	n=565	n=498	**n=650**
Amphetamine (%)	44	44	**44**	33	33	**34**
Cocaine (%)	4	3	**1**	<1	-	**-**
Methamphetamine (%)	7	17	**28**	42	39	**41**
Cannabis (%)	64	57	**71**	73	76	**77**
Ecstasy (MDMA) (%)	-	-	**-**	<1	2	**<1**
Opiates (%)	5	8	**5**	7	5	**4**
Benzodiazepines (%)	n/a	n/a	**n/a**	5	7	**3**
Ketamine	n/a	n/a	**n/a**	-	2	**<1**

Source: Tasmania Police State Intelligence Services

Note: Multiple drugs may be indicated on one oral fluid or blood test. Differences between OFT and blood test results may be due to a negative OFT but positive blood test and positive blood tests returned after breath rather than saliva testing. These results are preliminary and are subject to change, and in some instances further analysis on tests was being conducted at the time of publication.

9.0 SPECIAL TOPICS OF INTEREST

Summary:

- **Use of dark web marketplaces.** Three-fifths (62%) of REU reported that at least 'a few' of their friends had purchased a drug online, and one-tenth (9%) reported that they had ever purchased a drug online, most commonly from Silk Road, other 'dark web' marketplaces, or international webstores.
- In the past year, six REU reported purchasing a drug online, most commonly from the Silk Road and other dark web marketplaces (both Australian and international), with some participants purchasing once or twice (n=2) during this time and the remainder (n=5) purchasing more often.
- Substances most commonly purchased online in the past year (Table 68) included DMT (n=3), methoxetamine (MXE; n=2), and mephedrone (n=2), methylone/bk-MDMA (n=2).
- Of the six REU who responded, three participants indicated that they were not likely to purchase online again in the future, and three indicated that they were likely to purchase online again.
- **NPS health policy.** Participants were asked about their knowledge of the legality of several NPS (2CB, 2CI, DMT and mephedrone). For each of these substances, a majority of participants typically thought that the substances were illegal (62-76%) but around one-fifth to one-third (21-37%) were unsure about their legal status. A majority (95%) indicated that the legal status on NPS would not influence their decision to use these substances in the future. On the last occasion, respondents were most commonly motivated to use NPS because of 'good value for money' and because there was 'no other drug available to them at time of use'.

9.1 Use of dark web marketplaces

The rise of the Internet as an integral part of daily life has globalised retail marketing. This extends to web stores offering a range of substances that mimic the effects of traditional illicit substances such as ecstasy, amphetamines and cannabis (termed here new psychoactive substances or NPS). This market is also highly dynamic, with websites closing or altering available stock as legislation changes (Bruno, Poesiat, & Matthews, 2013; Van Buskirk, Roxburgh, Farrell, & Burns, 2014).

In addition to the surface web, readily accessible by search engines such as Google, new marketplaces have emerged located on the 'dark web', that offer a range of illicit and pharmaceutical drugs for sale (Van Buskirk, Roxburgh, Bruno, & Burns, 2013). The 'dark web' refers to a collection of domains accessible only through an anonymised routed connection and specially configured browser. As such, these dark web marketplaces are not overt and are susceptible to closure due to changes in legislation (Barratt, 2012). The marketplaces on the 'dark web' have proliferated in the past three years, retailing not only NPS, but also traditional illicit substances including marijuana and pharmaceuticals such as benzodiazepines and prescription opioids (Van Buskirk et al., 2013). The Silk Road is one such marketplace operating on the 'dark web' that has received a large amount of attention from law enforcement, media and researchers. Until its closure on the 2nd October, 2013, the Silk Road marketplace served to greatly expand the availability of both illicit and NPS online.

On both the dark web and the surface web, there exist both 'webstores' and 'online marketplaces' from which to purchase substances. Webstores refer to websites that sell products or services and typically have an online shopping cart associated with it. Online marketplaces, however, refer to a type of online community where products are traded by users of the website instead of being sold by the owner or moderator of the website. Products on online marketplaces are sold by retailers either based in Australia or internationally. Prices from international retailers are typically lower but carry with them a greater risk of detection by law enforcement during importation (Van Buskirk et al., 2013).

While it is apparent that availability of illicit drugs and NPS has increased since the arrival of dark web marketplaces, it is not clear to what extent consumers utilise these marketplaces for the purchase of drugs. The aim of this module was therefore to ascertain how often EDRS participants utilise online marketplaces and webstores for the purchase of drugs, as well as what substances are commonly bought and the positive and negative aspects of using these marketplaces and stores over traditional street markets.

Participants were asked what proportion of their friends had ever purchased a drug online (Table 67). Three-fifths (62%) responded that 'a few' or more of their friends had ever purchased online, while around one-fifth each reported that none of their friends had purchased online (18%) or that they did not know whether their friends had purchased online (19%).

One-tenth (9%) of participants indicated that they themselves had ever purchased online, most commonly from the Silk Road (n=4), other 'dark web' marketplaces (n=3) or internationally-based webstores (n=3).

Less than one-tenth (6%) of the REU sample had purchased a substance online in the past year, with some participants purchasing once or twice (n=2) during this time and the remainder (n=5) purchasing more often (Table 67).

Table 67: Online purchasing among REU, 2014

	2014 n=100
Proportion of friends purchased illicit drugs online (%)	
Don't know	19
About half	3
A few	59
None	18
Ever purchased an illicit drug online (%)	9
Location purchased illicit drugs online	**n**
Australian webstore ('surface web')	1
International webstore ('surface web')	3
Silk road ('dark web')	4
Other 'dark web' marketplace (e.g., Atlantis)	3
Other online marketplace (e.g., ebay, Gumtree)	0
Purchased an illicit drug online in the past 12 months (%)	6
Number of times purchased illicit drugs online in past 12 months	**n**
Once	1
Twice	1
3-5 times	2
More than 5 times	2
Location purchased illicit drugs online in past year	**n**
Australian webstore ('surface web')	1
International webstore ('surface web')	1
Silk Road ('dark web')	3
Other 'dark web' marketplace (e.g., Atlantis)	3
Other online market place (e.g., ebay, Gumtree)	2

Source: EDRS interviews, 2014

Substances most commonly purchased online in the past year (Table 68) included DMT (n=3), methoxetamine (MXE; n=2), mephedrone (n=2), and methylone/bk-MDMA (n=2).

A majority of respondents (n=5) indicated that their online purchases were for 'others', and the remainder (n=1) reported that their purchases were for 'themselves and others', Of those who responded (n=5), all indicated that their last ordered package arrived as expected.

Table 68: Substances purchased online in the past year by REU (n=6), 2014

Illicit drugs	2014 n	New psychoactive substances	2014 n
Ecstasy (any form)	1	Mephedrone	2
Methamphetamine (any form)	1	Methylone/bk-MDMA	2
Pharmaceutical stimulants	1	MDPV/Ivory wave	-
Cocaine	1	MDAI	-
LSD (acid)	1	5-IAI	-
Mushrooms	-	Benzo fury (6-APB)	-
MDA	-	BZP	-
Ketamine (special K)	-	PMA	-
GHB/GBL, 1, 4B (liquid E)	-	Methoxetamine (MXE)	2
Amyl nitrate (rush)	-	2C-x (2C-B, 2C-I, 2C-E)	1
Nitrous oxide	-	DMT	3
Cannabis	-	5-MeO-DMT	-
Tobacco	-	LSA (Hawaiian Baby Wood rose)	-
Opioids (e.g. heroin, opium)	-	DOI (Death on impact)	-
Pharmaceutical opioids	-	Mescaline	-
(e.g. oxycodone, morphine)	-	Salvia divinorum	-
Antidepressants	-	Datura (Angel's trumpet)	-
Benzodiazepines	-	DXM (cough syrup)	-
(e.g. Valium/Serepax/Xanax)	-	NBOMe (25I, 25B, 25C)	1
Steroids or PIEDs	-	Synthetic cannabinoids	-
Antipsychotics (e.g. Seroquel)	-	Other	1

Source: EDRS interviews 2014

Table 69 below illustrates the motivating factors respondents gave for purchasing online, as well as nominated positives and negatives of purchasing online. The cheaper cost of purchasing online was the main motivation (n=3) of those who responded. Price (n=6), quality (n=4) and availability of different drugs (n=4) were most commonly reported as positive aspects for purchasing online. The commonly reported negative aspects were packages not arriving (n=3), legal risk (n=2), overdose potential (n=2), and the fact that it is a slow (n=2) and difficult (n=2) process.

Table 69: Motivating factors and positive and negatives for purchasing online among REU (n=6), 2014

	2014
Main motivation for purchasing online	**n**
Curiosity	1
Drugs I wanted weren't available on the street	1
Drugs were cheaper online	3
Convenience	-
Drugs are better quality online	1
Other	-
Positives of purchasing online (%)	**n**
No positives	-
Accessed drugs I couldn't get on street	4
Drugs were cheaper online	6
Avoided contact with dealers	2
Convenience	2
Drugs were better quality online	4
Less legal buying online	1
Other	1
Negatives of purchasing online (%)	**n**
No negatives	-
Difficult process	2
Slow process	2
More legal risk purchasing online	1
Poorer quality of drugs	-
More expensive	1
Packages didn't arrive	3
Overdose potential	2
Other	1

Source: EDRS interviews, 2014.

Participants were asked to rate how likely they were to purchase online in the future on a scale from 0 to 10. Of the six REU who responded, three participants indicated that they were not likely to purchase online again in the future (i.e., rating less than 5), and three indicated that they were likely to purchase online again (i.e. rating greater than 5).

9.2 NPS health policy

Most NPS are now illegal in Tasmania following an amendment to the *Misuse of Drugs Act 2001* in 2011 to cover analogue/derivative substances. However, many users of NPS are not aware of their legal status. In 2014 REU were asked about the legality of 2CB, 2CI, DMT and mephedrone, all of which are illegal in Tasmania.. These substances were selected as they were the most commonly used NPS in the 2013 EDRS.

For each of these substances, a majority of participants typically thought that the substances were illegal (62-76%) but around one-fifth to one-third (21-37%) were unsure about their legal status (Table 70).

Participants were also asked if whether a change to the legality of all NPS in the future, making them all illegal, would impact on their use of those substances. A large majority (95%) indicated that the legal status on NPS would not influence their decision to use these substances in the future.

Table 70: Participant knowledge of the legality of NPS among REU, 2014

	Tas n=98
2CB (%)	
Legal	1
Illegal	62
Unsure	37
2CI (%)	
Legal	1
Illegal	67
Unsure	32
DMT	
Legal	4
Illegal	76
Unsure	20
Mephedrone	
Legal	6
Illegal	72
Unsure	21

Source: EDRS interviews 2014

On the last occasion of NPS use, the substances most commonly used were mephedrone (43%), DMT (12%) and 2C-X (10%) (Table 71). The median number of days since last NPS use was 84 (range 4-1,344).

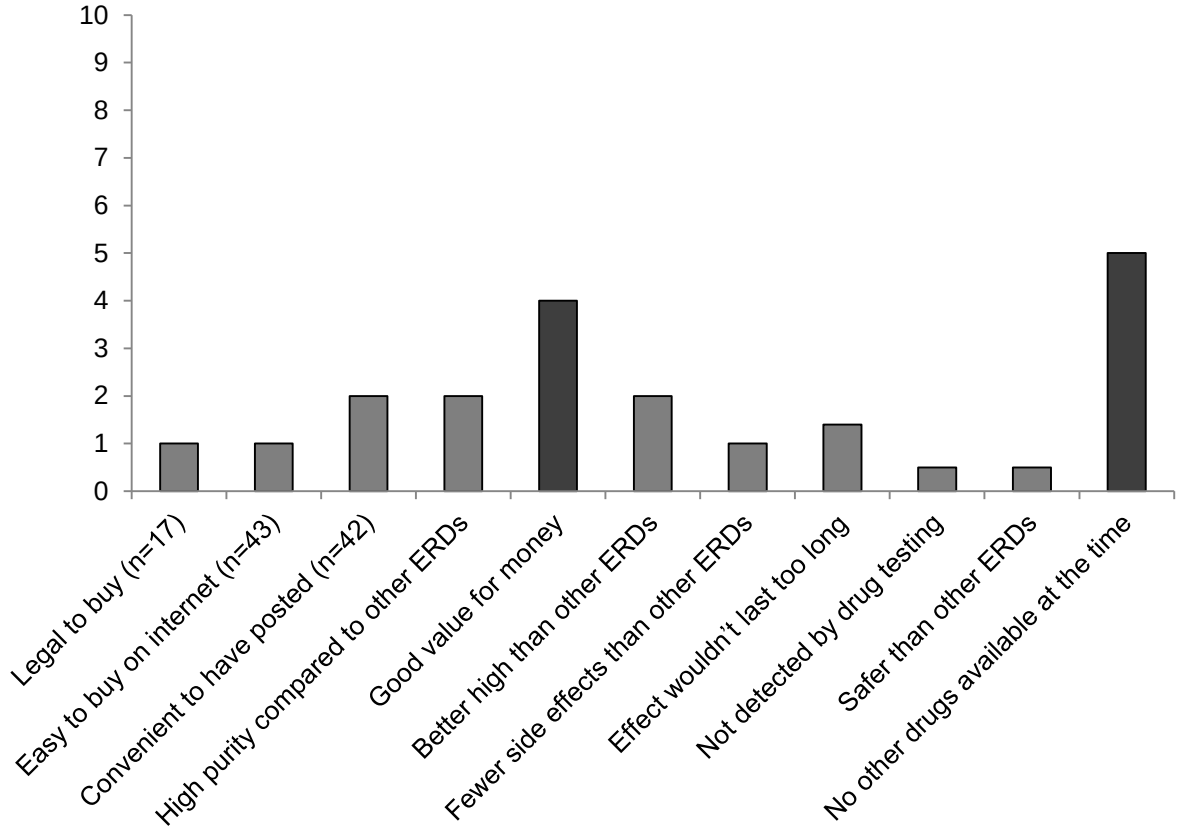
Table 71: Last occasion of NPS use among REU, 2014

Last NPS use (%)	2014 n=51
Mephedrone	43
Methylone	6
PMA	-
2C-X	10
DMT	12
LSA	-
Mescaline	4
Salvia	-
Synthetic cannabinoids	2
MXE	4
DXM	4
Capsule (contents unknown)	8
Herbal high	2
Other	2
Median days since last use	84
(range)	4-1,344

Source: EDRS interviews, 2014

For those that had ever used an NPS, they were asked to rate from 0 to 10 (whereby 0 is 'no influence' and 10 is 'maximum influence') how motivating particular factors were on the last occasion of NPS use (Figure 49). Respondents reported that the main motivating factors for last use were 'good value for money' and having 'no other drug available to them at the time'.

Figure 49: Mean ratings of motivating factors for using NPS (n=53), 2014



Source: EDRS interviews, 2014

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