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TASMANIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2015
Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

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TASMANIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2015

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 78 REU interviewed in 2015 were typically in their early twenties (range 17-55 years). Three-fifths (63%) of the sample were male. A majority of participants (73%) had completed Year 12, and 45% had completed tertiary qualifications after school (university or trade/technical). A majority of participants were either employed (37%), studying (19%) or both employed and studying (28%). Few participants had come into contact with drug treatment agencies (1%). These demographic characteristics are generally similar to previous cohorts.

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, LSD and methamphetamine powder was most common (reported by more than two-fifths of the sample) and over one-tenth had recently used, cocaine, benzodiazepines, or mushrooms. Compared to 2014 significantly fewer reported recent use of methamphetamine powder, methamphetamine base, benzodiazepines and mephedrone in 2015.

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 2.9% in 2013 and 1.7% in 2010, but these estimates should be interpreted with caution due to a high relative standard error (and hence it is unclear if there has been any change in use at the population level).

The entire 2015 REU sample (100%) 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 17 years of age (range 14-29 years). Ecstasy was typically last used at music-related venues including nightclubs, dance parties, pubs, or at private parties.

Ecstasy had typically been used in tablet (99%), capsule (50%), crystal (36%) or powder (15%) form in the last six months. Ecstasy was typically taken orally, but snorting was also common.

On average, ecstasy had been used on 12 days in the last six months or approximately fortnightly. One-tenth (12%) had recently used ecstasy weekly or more frequently and one-tenth (14%) had used ecstasy in a ‘binge session’ (a continuous 48 hour period of drug use without sleep).

A median of one ecstasy tablet was taken in a typical session of use in the last six months, compared to a median of two tablets among the preceding five EDRS cohorts.

A majority of REU (94%) had used other drugs when last under the influence of ecstasy and over two-thirds (65%) 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 proportion (65%) of the sample reported consuming more than five standard drinks when they were last under the influence of ecstasy. However, compared to 2014 there was a significant decline in the proportion who consumed >5 standard drinks when last using ecstasy (65% vs. 81%) and when last coming down (5% vs. 16%).

Price, purity and availability of ecstasy

The median last purchase price for ecstasy was $35 for one tablet (range $10 50) and $30 for one capsule (range $5-40). No recent price changes were noted and three-fifths (60%) indicated that price had remained stable in the past six months.

The median last purchase price for MDMA crystal was $225 per gram (range $80-350), and price was reported to be have been stable (67%) or to have increased (20%) in the last six months.

Ecstasy (pills, capsules, powder) was reported to be medium (31%) or fluctuating (53%) in purity. In contrast, MDMA crystal was typically reported to be high (50%) in purity, and this purity was reported to have been stable (67%) or to have fluctuated (17%) or increased (17%) in the last six months.

Ecstasy (pills, capsules, powder) was reported to be easy (68%) or very easy (28%) to obtain in 2015. In contrast, MDMA crystal was typically reported to be difficult (42%) or very difficult (21%) to obtain.

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 3% in 2013 and 1.1% in 2010, differences between these estimates should be interpreted with caution due to high relative standard errors.

Two-fifths (45%) of the 2015 REU sample had used some form of methamphetamine in the preceding six months, a significantly lower proportion relative to 2014 (64%).

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

Recent use of methamphetamine powder was most common (39%), with lower levels of use for methamphetamine base (5%) and crystal methamphetamine (13%). The proportion reporting recent use of powder and base was significantly lower relative to 2014.

Methamphetamine powder was typically snorted, 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 are largely examined for methamphetamine powder only.

The median last purchase price for one point (0.1g) of methamphetamine powder was $50 (range $25-100), which is slightly higher than 2014 ($42.50) but similar to the years prior to this ($35-50).

The last purchase price for one gram of methamphetamine powder was $300 (range $150-320) which is the same as the median prices reported in 2013 (range $130-400) and 2014 (range $150-350).

Methamphetamine powder was reported to be medium (46%) or low (41%) in purity and the proportion reporting that it was low in purity was significantly greater in comparison to

2014 (11%). This purity was reported to be stable (35%) or fluctuating (45%) during the previous six months. Two-thirds (50%) reported that methamphetamine powder was ‘easy’ or ‘very easy’ to obtain, slightly lower to the proportion in 2014 (68%).

Cocaine
One-fifth (17%) of the 2015 sample had used cocaine during the six months preceding the interview, a similar proportion to 2014 (22%).

Cocaine was most typically snorted and was used on a median frequency of one day (range 1-8 days) in the last six months, with an average of 2 grams used in a typical session.

Few REU were able to comment on the price, purity and availability of the drug and the results should be interpreted with caution.

LSD and other psychedelics
Almost three-quarters (71%) of the 2015 sample had used LSD at some stage of their lives and more than two-fifths (41%) had used LSD in the six months preceding the interview, similar to the proportion in 2014 (35%). Recent LSD use was more common among males (47%) relative to females (29%).

LSD had been used on a median of three days (range 1-45 days) in the preceding six months with one tab or drop of liquid LSD (range 0.5-4) taken orally in a typical session of use.

Almost one-fifth (15%) had used mushrooms in the preceding six months. Mushrooms had been used on a median of three days (range 1-20 days) during this time.

The median last price for one tab/drop of LSD in 2015 was $15 (range $5-30), and this price was reported to have remained stable during the past six months.

The purity of LSD was considered by REU to be high (52%) or medium (36%) and to have remained stable during the last six months.

A large majority of those commenting indicated that LSD was very easy (29%) or easy (55%) to obtain and that availability had recently been stable (76%).

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.

Four-fifths (80%) of the sample had used cannabis during the six months preceding the interview. In the last six months, cannabis had typically been smoked (97%), with almost one-third (29%) reporting ingestion of cannabis, and one-tenth (10%) reporting that they had inhaled cannabis in a vaporised form.

The median frequency of cannabis use was 80 days (range 1-180) or approximately three days per week. One-third of the sample (29%) reported daily use of cannabis during this time.

The median quantities used on the last day of use during this time were four cones (range 1-70) or one joint (range 1-4).

The median last purchase price for one ounce of hydroponically-grown ('hydro') cannabis was $300 (range $180-330), compared to $200 (range $200-300) for one ounce of bush grown ('bush') cannabis.

The potency of hydro was reported to be low (31%) or medium (42%), and the potency of bush was reported to be medium (63%) 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 during the six months preceding the interview.

Alcohol
The entire (100%) 2015 REU sample had recently consumed alcohol, on an average of three days a week in the last six months. One-third (36%) of participants 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 almost all (85%) of the sample in the past 6 months. The proportion of the 2015 Tasmanian EDRS sample who reported daily smoking (65%) 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). One-fifth (23%) reported use of e-cigarettes in the last six months, A majority had used e-cigarettes which contained nicotine (77%), and one-quarter (28%) had used e-cigarettes as a smoking cessation tool.

Mephedrone and other new psychoactive substances (NPS)
One-fifth (22%) of the 2015 sample reported use of any NPS substance in the last six months, compared to a larger proportion among the 2014 sample (41%). Around one-tenth (9%) reported use of mephedrone in the last six months, which is lower than the proportion in 2014 (23%). Mephedrone was snorted or swallowed on a median of two days (range 1-20 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 (4%), and DMT (4%), and smaller proportions reported recent use of methylone (5%), NBOMe (5%), mescaline (5%) and 2CI (3%). In addition, one-fifth of the sample (19%) reported recent use of capsules of 'unknown contents'.

Patterns of other drug use
Less than one-tenth of REU reported recent use of Ketamine (5%) or MDA (4%), and none reported recent use of GHB, gamma-butyrolactone (GBL) or 1,4 butanediol (1,4B).

Use of inhalants was relatively stable, with 12% reporting use of nitrous oxide and 6% reporting use of amyl nitrite in the preceding six months.

One-fifth (23%) of REU had used benzodiazepines during the last six months, with almost one-fifth (17%) reporting illicit (non-prescribed) use. Use of illicit benzodiazepines was relatively low in frequency, at 9 days (range 2-180 days) in the last six months.

Over one-tenth (13%) of REU reported recent illicit use of pharmaceutical stimulants (such as dexamphetamine or methylphenidate) in 2015. The median frequency of use was two days (range 1-14 days) in the last six months, with a median of one tablet (range 1-6) taken in a typical session of use.

Only a small proportion of the 2015 sample had recently used heroin (1%), methadone (4%), or 'other opioids' (6%) (restricted pharmaceuticals and alkaloid poppy derivatives). One-tenth (10%) reported recent non-pain use of over-the-counter codeine preparations.

Health-related issues

Overdose. Over one-tenth (14%) of the 2015 REU sample had overdosed on a drug in the preceding six months, a lower proportion relative to 2014 (21%). In 2015, 9% reported a recent overdose episode on a stimulant drug (e.g., ecstasy, LSD, mephedrone) and 5% reported a recent overdose on a depressant drug (e.g., alcohol, benzodiazepines). 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. Two-thirds (65%) of REU reported accessing a health/medical service in the past six months for any reason, most commonly a general practitioner (GP) (86%), dentist (41%), psychologist (16%), social/welfare worker (14%), medical tent/first aid (12%), specialist doctor (10%), hospital (8% inpatient, 6% outpatient), or emergency department (8%). Despite regular substance use, less than one-tenth (6%) 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 (40%), a drug and alcohol worker (40%), or a psychologist (40%).

Mental health problems. Nearly half (45%) of the 2015 REU sample reported experiencing mental health problems during the six months prior to the interview. Among these individuals, depression (74%) and/or anxiety (66%) were most commonly reported. Just half (46%) 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 2015 EDRS sample with scores categorised as high/very high (53%) is substantially higher relative to the last three EDRS samples (33-37%) and 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. Those with high/very high K10 scores were significantly more likely to report a mental health problem (68% vs. 19%), and to have attended a mental health professional (32% vs 8%) in the last six months, but were not more likely to report accessing a health service in relation to drug use during this time (20% vs 16%).

Ecstasy dependence. While one-third of recent ecstasy users (33%) reported experiencing no symptoms of dependence in relation to their ecstasy use, almost one-third (31%) reported experiencing significant symptoms of dependence. Those who reported significant symptoms of ecstasy dependence were no more likely to have accessed a health service in relation to drug use compared to those who did not below 3 (19% vs. 16%).

Methamphetamine dependence. While one-quarter of recent methamphetamine users (28%) reported experiencing no symptoms of dependence in relation to their methamphetamine use, one-quarter (28%) reported experiencing significant symptoms of dependence. Those who reported significant symptoms of methamphetamine dependence were no more likely to have accessed a health service in relation to drug use compared to those who did not (11% vs. 13%).

Tasmanian drug treatment data

While a number of calls have been made to the Tasmanian ADIS in relation to ecstasy over the past five years, these account for a small percentage (between 0.7% and 1.7%) of the calls made to this service. In the 2014/15 reporting period, almost half (44%) of all calls related to alcohol, followed by amphetamines (27%), and cannabis (17%). There has been an increase in the proportion of calls relating to amphetamine-type substances over the last three reporting periods, rising form 15.9% in 2012/13 to 27.2% in 2014/15.

Data from the NMDS for alcohol and other drug treatment services in Tasmania show that alcohol (41%), cannabis (30%) were more commonly coded as the principal drug of concern in closed treatment episodes, followed by meth/amphetamine (11%) and morphine (4%). The proportion of closed treatment episodes relating to meth/amphetamine was similar relative to 2012/13 (11% vs 12%). The most common form of treatment was counselling (62% of episodes).

Tasmania hospital admission data

There has been a substantial increase in cannabis-related public hospital admissions in Tasmania between 2010/11 (121 per million population) and 2013/14 (329 per million population), representing an admission rate substantially greater than that seen nationally in 2013/14 (329 vs 186 per million population).

There was an increase in the number of methamphetamine-related public hospital admissions in 2013/14 compared to 2012/13 (147 vs 61 admissions per million). However, since 2008/09, the rate of admissions in Tasmania has been well below the national admission rate, with a rate of 147 (per million persons) reported in Tasmania in 2013/14 compared to a rate of 342 nationally.

Risk behaviours

Injecting drug use. One-tenth (10%) of the 2015 REU sample had recently used substances intravenously on a median of 25 days (range 9-100) in the last six months. Methamphetamine, pharmaceutical stimulants and steroids were the drugs most commonly injected in the last six months.

Sexual risk behaviour. Three-fifths (63%) of REU reported penetrative sex with a casual partner during the six months preceding the interview and a large majority of these (90%) reported sex with a casual partner while under the influence of drugs, most commonly alcohol, ecstasy, or cannabis. When under the influence of drugs, almost one-fifth (16%) reported ‘always’ using protective barriers with a casual partner, almost one-fifth (18%) ‘never’ used protective barriers, and the remainder reported inconsistent use of barriers. Similarly, almost three-quarters (68%) 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.

Over two-fifths of the sample (45%) had never had a sexual health check-up. A majority (83%) of the sample had never been diagnosed with a sexually transmitted infection (STI).

Alcohol Use Disorders Identification Test (AUDIT). Almost a third (30%) 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 2014 (28%). A further 23% scored in zone 3 (harmful or hazardous drinking), almost one-half (44%) scored in zone 2 (alcohol use in excess of low-risk guidelines[1]), and just 4% scored in zone 1 (a level reflecting low-risk drinking or abstinence).

Drug driving. Of those who had driven a car (n=59) almost two-fifths (40%) reported driving at a time when they perceived themselves to be over the legal alcohol limit during the last six months, and one-half (51%) reported driving while under the influence of illicit drugs in the last six months. Most commonly, participants reported driving under the influence of cannabis (77%), ecstasy (37%) or LSD (17%).

Fewer people reported DUI of cannabis (39%) and methamphetamine (2%) relative to the previous two years, and DUI of ecstasy was relatively stable (19%).

Two-fifths (44%) had been random breath tested (once or more) during the previous six months. Less than one-tenth (5%) had been saliva tested for drugs by police during the last six months.

Binge drug use. One-fifth (19%) had recently binged on ecstasy or related drugs (a continuous period of use for more than 48 hours without sleep), on a median of five occasions (range 1-24) in the last six months. Substances most commonly used in a binge session of use were alcohol (93%), ecstasy (73%), cannabis (33%), methamphetamine (powder 13%; crystal 33%), and LSD (27%).

Criminal activity, policing and market changes

Criminal activity. One-third (33%) of the 2015 REU sample reported taking part in any criminal activity in the last month. The most common crimes were drug dealing (21%) and property crime (17%). 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 2014/15 there were a greater number of ecstasy-related consumer (n=13) and provider (n=14) arrests relative to the previous four reporting periods (2-6 consumers arrests, and 1-3 provider arrests). Similarly, there were 96 seizures and a total of 12,730 tables/capsules seized by Tasmania Police in 2014/15, representing a substantial increase relative to the last four reporting periods (45-852 tablets).

There was a marked increase in the total number of methamphetamine-related arrests in 2014/15 (383 arrests) compared to 2013/14 (72 arrests). This trend was largely due to an increase in the number of consumer arrests (266 vs. 31), but there was also an increase in provider arrests (117 vs. 41). Similarly, there were a greater number of methamphetamine seizures in 2014/15 (828 seizures) compared to 2013/14 (172 seizures). However, the total weight of methamphetamine seizures was less in 2014/15 (5,630 grams) compared to 2013/14 (8,828 grams), suggesting a greater number of smaller seizures.

[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.

Cautions and arrests relating to cannabis were higher in 2014/15 (1,444 arrests) compared to 2013/14 (930 arrests), but similar to the years prior to this. The weight and number of cannabis seizures was also substantially higher in 2014/15 compared to 2013/14, but similar to the years prior.

Illicit drug diversions/cautions. In 2014/15 the total number of diversions (648 diversions) was slightly lower than 2013/14 (690 diversions) and in the number of second-level and third-level diversions to health interventions (216 diversions) was similar to 2013/14 (205 diversions). Diversions were largely for cannabis-related offences (92%).

Drug-related charges in Tasmanian courts. There was a small increase in the total number of drug-related offences before the Hobart magistrate court in 2014/15 in comparison to 2013/14 (269 vs 248). In contrast, there was a downward trend over the three previous reporting periods. This increase was largely due to an increase in the number of offences related to possession/use of illicit drugs in comparison to 2013/14 (117 vs 93).

The number of individuals incarcerated at Hobart Prison in relation to drug offences in 2014/15 (72 individuals) was slightly lower compared to 2013/14 (93 individuals), but the number of offences among those incarcerated were similar (219 in 2014/5 compared to 217 in 2013/14).

Tasmanian roadside drug testing data. There was a large increase in the number of roadside drug tests conducted on Tasmanian roads in 2014/15 relative to 2013/14 (3,431 vs 1,819). There was also an increase in the proportion of tests which returned a positive result (56% vs 35%), possibly suggesting a more targeted testing strategy.

Cannabis was the most commonly detected drug, with 65% of all OFT tests and 74% of all blood tests returning positive results. Positive results for meth/amphetamine were also common in both OFT (37% amphetamine, 27% methamphetamine) and blood tests (41% amphetamine, 49% methamphetamine). Few OFT (<1%) or blood tests (2%) returned a positive result for the presence of MDMA/ecstasy

Special topics of interest

Online purchasing and NPS use. Almost one-fifth (16%) of REU had ever purchased a drug online, and 10% had purchased online in the past 12 months. In the past year, purchases were commonly from the Silk Road and other dark web marketplaces.

Among those who had used a NPS substance (n=45), the NPS most commonly used on the last occasion was mephedrone (36%), DMT (11%), mescaline (11%), synthetic cannabis (9%), or an unknown capsule (9%). On this occasion, almost one-fifth (18%) of recent NPS users, had personally purchased the drug online, and a further 18% had obtained the drug from someone else who had purchased it online.

The most common adverse effects experienced on the last occasion of NPS use were paranoia (27%), a racing or erratic heart beat (25%), feeling restless or anxious (25%), feeling panicky (23%), skin discolouration (21%) and skin rash (18%).

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, around half of participants typically thought that the substances were illegal (50-54%), but around one-fifth to one-third (18-27%) were unsure about their legal status, or thought the substances were legal (1-7%).

Cognitive Enhancers (CEs). Sixty percent of REU reported using CEs in the last six months, with the majority of these reporting use of coffee (91%) or energy drinks (67%), and smaller proportions reporting use of omega 3 fish oil (11%), other caffeine products (11%), dexamphetamine (9%), or gingko biloba (7%).

The main motivation for using CEs were to decrease fatigue (29%), to offset sleep deprivation (22%), or to improve concentration (15%). Negative side effects on the last occasion of use included heart palpitations (27%), sleeping difficulties/insomnia (18%), and headache (15%).

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.

1. Examination of trends in methamphetamine use state-wide

While this study found a decline in the extent of methamphetamine among ERD consumers, other local studies have identified no declines in availability or use of methamphetamine use among different populations of consumers (Peacock, Humphries & Bruno, 2016). There remains significant community concern in relation to 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). Similarly, one of the key recommendations of the National Ice Taskforce report was improvements in data and monitoring in relation to use of illicit drugs.

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. While data from wastewater-based epidemiology has been proposed as a regular monitoring framework to assess population level changes in consumption, data from these studies requires information from consumers (in relation to quantity and frequency and modes of use and associated harms) and from other data sources (such as purity data from law enforcement) in order to interpret such data. As such, consumer studies remain a cornerstone of an integrated monitoring framework alongside these other indicators of use.

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

There are currently no services that specifically target 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. 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 substance use and risky behaviours

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 2015 sample had recently used ecstasy weekly or more frequently (12%), had used ecstasy in a binge session (14%) (a continuous 48-hour period of drug use without sleep), or reported using more than two tablets in a typical session of use (4%).

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 (65%) 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. 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 metabolites in particular regions (Hamida et al., 2008), which may exacerbate the potential for neurological harms or drug dependence.

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 consuming unknown psychostimulants, Winstock, Marsden and Mitcheson (2010) suggest the following general harm reduction principles: 1) avoid regular use to avoid development of tolerance; 2) avoid co-incident use of multiple psychostimulants or in combination with large doses of alcohol or other depressants; 3) avoid becoming overheated; 3) avoid consuming 'stacked' multiple doses; and 5) avoid psychostimulants if there is a history of mental health disorder, cardiac or neurological problems.

Hazardous drinking practices are also an issue of general concern in this population. One-third of REU (36%) 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. Over one-half of REU (53%) 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 a large majority (85%) of the 2015 sample reporting use in the last six months. The proportion who reported daily smoking (65%) 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.

Over three-fifths (68%) 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 high rates of sexually transmitted infections in the general population. Among those interviewed in the present study, two-fifths (45%) reported that they had never had a sexual health check-up. Thus targeted interventions aimed at increasing awareness of safe sexual practices

4. Increased awareness of and access to primary 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. Almost one-half (45%) of the 2015 REU sample reported recent experience of mental health problems (most commonly depression and/or anxiety), with just two-fifths (46%) 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 (6%) of the sample had recently accessed health services in relation to drug use. The services most commonly accessed by REU in 2015 were GPs, psychologists and drug and alcohol workers. 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.

Over one-tenth (14%) of the 2015 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.

5. 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. Moreover, given the risks to consumers from the use of unknown drugs, it is important that when new substances are identified by law enforcement or other sources, that information about these drugs are made publicly available in a timely manner so that consumers, researchers and health workers are able to respond appropriately to any new risks that such substances pose.

1.0 INTRODUCTION

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

The feasibility of the EDRS was assessed with a two-state trial funded by the National Drug Law Enforcement Research Fund (NDLERF) in 2000 (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 2015. Tasmanian trends between 2003 and 20143 can be found in previous Tasmanian EDRS reports (Bruno & McLean, 2004b; Matthews & Bruno, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2013; Matthews, Batt & Bruno, 2015, 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. A further 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, Batt & Bruno, 2015, 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

Seventy eight REU were interviewed using a structured face-to-face interview between April and July 2015. 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 2015, 96% 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 2015, REU reported hearing about the study through street press (4%), Facebook (5%), flyers (34%) or 'snowballing' methods (peer referral) (53%). One-quarter (27%) of the 2015 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 47-120 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; and self-reported criminal activity. In addition, the following special interest modules were included in 2015: online purchasing, new psychoactive substances (NPS) health policy, and cognitive enhancers.

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 21 years and below, n=40) and an 'older' group (aged above 21 years, n=38). All statistical analyses were conducted using IBM SPSS Statistics 22.0 for Windows (IBM, 2013).

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. Fourteen 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 2015. KE included law enforcement personnel (n=3), alcohol and drug counsellors/workers (n=3), Needle and Syringe Program (NSP) workers (n=3), medical specialists (n=2), bar manager (n=1), venue security (n=1), and DJ (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 22.0 for Windows (IBM, 2013).

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, 2013). 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 2006/07 to 2014/15 reporting periods for each drug type (Turning Point, 2008-2016).

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) (2003-2015). 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 2014/15 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 2013/14 (Roxburgh & Breen, in press). Hospital admission data for the 2014/15 reporting period was 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 2013/14 (AIHW, 2002-2015). Data for the 2014/15 financial year were not available at the time of publication.

3.0 DEMOGRAPHICS

Summary:

- The sample of 78 REU interviewed in 2015 were typically in their early twenties (range 17-55 years). Three-fifths (63%) of the sample were male.
- A majority of participants (73%) had completed Year 12, and 45% had completed tertiary qualifications after school (university or trade/technical).
- A majority of participants were either employed (37%), studying (19%) or both employed and studying (28%).
- Few participants had come into contact with drug treatment agencies (1%).
- These demographic characteristics are generally similar to previous cohorts.

3.1 Overview of REU sample

Table 1 shows the demographic characteristics of REU interviewed for the EDRS in 2015. Three-fifths of the sample was male (63%). The mean age of participants was 24 years (range 17-55 years), and there was no significant difference between the mean age of males (25 years) and females (23 years) ($p>.05$).

The majority of participants nominated their sexual identity as heterosexual (85%) and spoke English as their main language (93%). A small proportion (4%) of participants were of Aboriginal and/or Torres Strait Islander (A&TSI) descent.

Participants typically lived in their own accommodation (owned or rented) (65%), or were living in their parents' or family's home (33%).

Participants had completed 12 years of school education on average (range 10-12 years), and the majority of participants (73%) had completed Year 12. Almost one-half (45%) had completed tertiary qualifications after school, with one-quarter (28%) having completed a trade/technical qualification and almost one-fifth having completed a university degree (17%).

A majority of participants were either employed (23% full-time, 14 part-time/casual), studying full-time (19%), or were both employed and studying (28%). One-tenth (12%) were currently unemployed.

Three-fifths (60%) of the sample reported an annual income between $13,000 and $31,199, and the mean weekly income was $507.

Few REU were receiving drug treatment at the time of interview (1%) or had received a previous prison conviction (1%).

The demographic characteristics of the 2015 sample were generally similar to the samples recruited between 2009 and 2014. There were significantly less participants in part-time casual employment (14% vs. 29%, $\chi^2=7.76$, $p=.029$) and a significantly greater proportion of people who were both employed and studying (28% vs. 12%, $\chi^2=6.43$, $p=.011$) in 2015 when compared to 2014. However, the proportion in full-time employment or study among the 2015 sample was similar to that observed prior in 2014.

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, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Mean age (range)	23 17-36	24 17-39	24 18-57	25 18-42	24 17-38	**24** **17-55**
Sex (% male)	55	65	55	57	63	**63**
Heterosexual (%)	96	91	81	87	93	**85**
English speaking (%)	100	100	100	99	98	**97**
A&TSI (%)	1	0	3	5	3	**4**
Accommodation						
Own/rented (%)	69	81	74	79	76	65
Live with family (%)	31	13	23	18	23	33
Boarding house^ (%)	0	1	1	1	1	0
No fixed address (%)	0	4	2	0	0	1
Mean school years(range)	12 10-12	12 8-12	12 9-12	12 7-12	12 10-12	**12** 10-12
Tertiary qualifications						
Trade/technical (%)	19	11	24	17	19	28
University (%)	41	42	19	24	30	17
Employment (%)						
Full-time	34	32	25	49	27*	23
Part-time/casual	21	23	25	18	29	14*
Full-time student	27	11	35	4	19*	19
Student/employed	10	16	4	13[#]	12[#]	28[#]*
Home duties	0	0	1	0	0	4
Not employed	8	19	9	16	13	12
Annual income (%)						
$1-7,799	6	3	1	1	1	4
$7,800-12,999	7	10	13	10	6	8
$13,000-20,799	28	25	26	16	26	26
$20,800-31,199	20	15	27	22	34	34
$31,200-41,599	14	15	11	24	12	16
$41,600-$51,999	12	10	6	14	10	3
$52,000+	13	23	16	14	11	10
Current drug treatment (%)	1	4	5	3	2	**1**
Previous prison conviction (%)	1	n/a	3	5	2	**1**

Source: EDRS interviews

^ includes hostel/refuge [#] includes 'part-time students *significantly different to previous year

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, LSD, and methamphetamine powder was most common, and over one-tenth had recently used cocaine, benzodiazepines, or mushrooms.
- Compared to 2014 significantly fewer reported recent use of methamphetamine powder, methamphetamine base, benzodiazepines and mephedrone in 2015.

Ecstasy was the preferred or favourite drug for one-fifth of participants (22%) followed by cocaine (18%), LSD (14%), alcohol (15%), cannabis (13%), or methamphetamine powder (8%). Smaller proportions preferred ketamine (3%), mushrooms (3%), crystal methamphetamine (1%), methadone (1%), steroids (1%) or DXM (1%).

Table 2 shows proportion of the sample reporting lifetime and recent (in the last six months) use for each of the substance examined. The majority of REU had used alcohol (100%), cannabis (80%), tobacco (85%) or methamphetamine powder (77%) at some stage of their lives, and substantial proportions had ever used LSD (71%), nitrous oxide (65%), cocaine (56%), psychedelic mushrooms (54%), pharmaceutical stimulants (53%), benzodiazepines (41%), mephedrone (39%), and amyl nitrite (33%).

During the six months preceding the interview, a majority had used alcohol (100%), tobacco (85%), cannabis (80%), with sizeable proportions also consuming LSD (41%), methamphetamine powder (39%), benzodiazepines (23%), cocaine (17%), mushrooms (15%), pharmaceutical stimulants (13%), crystal methamphetamine (13%), and mephedrone (9%). Compared to 2014 significantly fewer reported recent use of methamphetamine powder, methamphetamine base, benzodiazepines and mephedrone in 2015.

Table 2: Proportion of RPU reporting lifetime and recent drug use, 2010-2015

Variable (%)	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	2015 n=78
Alcohol						
Ever used	100	100	99	100	100	100
Use last 6 months	100	100	98	100	98	100
Cannabis						
Ever used	100	100	96	96	97	100
Use last 6 months	72	67	69	78	76	80
Tobacco						
Ever used	96	97	95	90	97	99
Use last 6 months	80	83	80	76	83	85
Methamphetamine powder						
Ever used	74	76	87	95	87	77
Use last 6 months	40	47	61	53	58	39*
Methamphetamine base						
Ever used	19	16	38*	45	33	39
Use last 6 months	9	8	16	7	17	5*
Crystal methamphetamine						
Ever used	20	25	32	38	34	26
Use last 6 months	4	5	10	17	14	13
Pharmaceutical stimulants[#]						
Ever used	22	41	49	45	54	53
Use last 6 months	9	16	20	20	18	13
Cocaine						
Ever used	75*	75	61	49	60	56
Use last 6 months	49*	39	26	17	22	17
LSD						
Ever used	46	65*	67	79	71	71
Use last 6 months	27	43*	30	38	35	41
MDA						
Ever used	14	32*	13*	16	21	14
Use last 6 months	5	21*	4*	8	6	4
Ketamine						
Ever used	19	32	25	18	30	26
Use last 6 months	6	8	4	9	14	5
GHB/GBL/1,4B						
Ever used	9	5	10	8	5	4
Use last 6 months	2	3	2	0	0	0
Amyl nitrite						
Ever used	76	76	53*	42	39	33
Use last 6 months	51	29*	24	9*	12	12
Nitrous oxide						
Ever used	57	59	80*	61	61	65
Use last 6 months	32	36	27	9*	17	6
Benzodiazepines[#]						
Ever used	44	61	45*	47	55	41
Use last 6 months	27	45*	31	34	40	23*
Antidepressants[#]						
Ever used	16	23	16	24	24	18
Use last 6 months	5	8	4	9	5	4

Source: EDRS interviews

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

[#] includes illicit and licit use

Table 2: Proportion of RPU reporting lifetime and recent drug use, 2010-2015 (continued)

Variable (%)	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	2015 n=78
Heroin						
Ever used	8	17	10	16	12	5
Use last 6 months	2	8	1	5	2	1
Methadone[#]						
Ever used	10	8	9	7	13	9
Use last 6 months	5	4	4	1	3	4
Buprenorphine[#]						
Ever used	5	8	4	5	6	0
Use last 6 months	1	3	2	4	2	0
Other opioids[#]						
Ever used	19	29	16	28	30	18
Use last 6 months	4	16*	4*	11	15	10
Mushrooms						
Ever used	58	64	81*	71	63	54
Use last 6 months	18	23	26	15	21	15
Mephedrone						
Ever used	64*	37	29	42	48	39
Use last 6 months	47*	35	10*	24*	23	9*
Over counter codeine[^]						
Ever used	12	n/a	21	24	22	15
Use last 6 months	5	9	16	9	12	10
Over counter stimulants[^]						
Ever used	13	20	12	7	8	8
Use last 6 months	3	5	4	3	2	1
Steroids						
Ever used	0	0	1	0	3	4
Use last 6 months	0	0	0	0	0	4
Antipsychotics[#]	n/a	n/a	n/a			
Ever used				9	13	10
Use last 6 months				5	7	4
e-cigarettes	n/a	n/a	n/a	n/a		
Ever used					45	35
Use last 6 months					32	23

Source: EDRS interviews

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

[#] includes illicit and licit use

[^] non-medical use

4.2 Ecstasy use

Summary:

- The entire sample (100%) 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 17 years of age (range 14-29 years).
- Ecstasy had typically been used in tablet (99%), capsule (50%), crystal (36%) or powder (15%) form in the last six months.
- Ecstasy was typically taken orally, but snorting was also common.
- On average, ecstasy had been used on 12 days in the last six months or approximately fortnightly. One-tenth (12%) had recently used ecstasy weekly or more frequently and one-tenth (14%) had used ecstasy in a 'binge session' (a continuous 48 hour period of drug use without sleep).
- A median of one ecstasy tablet was taken in a typical session of use in the last six months, compared to a median of two tablets in the preceding five years.
- Ecstasy was typically last used at music-related venues including nightclubs, dance parties, pubs, or at private parties.
- The majority of REU (94%) had used other drugs when last under the influence of ecstasy and over two-thirds (65%) 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 proportion (65%) of the sample reported consuming more than five standard drinks when they were last under the influence of ecstasy. Compared to 2014 there was a significant decline in the proportion who consumed >5 standard drinks when last using ecstasy (65% vs. 81%) and when last coming down (5% vs. 16%).
- 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 2.9% in 2013 relative to 1.7% in 2010 but these estimates should be interpreted with caution due to a high relative standard error.

4.2.1 Ecstasy use among REU

The entire 2015 sample reported lifetime use of ecstasy. The mean age of first ecstasy use was 17 years (range 14-29 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 five years (range 0-26 years) and all but four participants had been using ecstasy for at least one year.

The entire 2015 sample (100%) reported use of ecstasy in the past six months. Ecstasy had typically been used in tablet (99%) form in the last six months, followed by capsules (50%), MDMA crystals (36%) and MDMA powder (15%) (Table 3).

The majority of REU had mainly ingested ecstasy orally (81%) in the last six months and one-fifth (18%) reported that they had mainly snorted the drug during this time.

Ecstasy (tablets, powder, capsules) had been used by REU on a median of 12 days (range 5-80 days), or on average fortnightly in the six months preceding the interview (Table 3). One-tenth reported using ecstasy weekly or more frequently (12%) or had recently 'binged' on ecstasy (14%) (see also Section 7.4).

Ecstasy tablets had recently been swallowed (96%) or snorted (61%) (ground-up) tablets, while smaller proportions had recently smoked (5%), shelved/shafted (vaginal/anal administration) (3%), or injected (3%) tablets. The median frequency of use for ecstasy tablets was 10 days (range 2-110) or almost fortnightly 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 one tablet (range 1-3), compared to two tablets in the five years prior to this. The median number of ecstasy tablets consumed in the heaviest session of use was two tablets (range 1-15). A small proportion (4%) reported consuming more than two tablets in a typical session of use.

Ecstasy capsules had been swallowed (87%), snorted (59%), shelved/shafted (3%), smoked (3%) or injected (3%) in the last six months. The median frequency of use was two days (range 1-25) in the last six months, with a median of one capsule taken in a typical session (range 1-4).

Ecstasy powder had been snorted (92%) or swallowed (25%), on a median of five days (range 1-10) during the previous six months.

MDMA crystals had been swallowed (64%), snorted (54%), or injected (11%) in the last six months. The median frequency of use was two days (range 1-20), or every two months during this time, with a median of 1.2 grams (range 0.25-2, n=3) or 2 points (range 0.25-5, n=18) used in a typical session of use.

The most common last locations of ecstasy use (Table 3) were a nightclub (37%), a pub/bar (21%) or private party (18%).

Table 3: Patterns of ecstasy use among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Mean age first used ecstasy (range)	19 13-30	19 14-29	17 13-29	18 13-28	18 13-32	17 14-29
Use in last 6 months						
Forms used (%)						
Tablets/pills	96	95	92	95	92	99
Capsules	81	80	75	53	49	50
Powder	21	26	30	20	20	15
MDMA crystals	n/a	n/a	n/a	47	29*	36
Median days use[#]	11	12	14	10	11	12
Use weekly or more often (%)[#]	10	23	23	13	10	12
Recent binge^ on ecstasy[†] (%)	19	14	27	22	10	14
Median pills 'typical' session (range)	2 .5-8	2 1-8	2 1-4	2 0.5-3	2 0.5-4	1 1-3
Median pills 'biggest' session (range)	3 1-20	3 1-25	3 1-13	3 0.5-12	2 1-10	2 1-15
Used > 2 pills typical session (%)	15	14	17	15	7	4
Main route (%)						
Swallowed	70	71	75	79	75	81
Snorted	30	29	24	21	24	18
Injected	0	0	1	0	0	1
Shelved/shafted	0	0	0	0	1	0
Last location (%)						
Home	9	4	8	17	8	1
Dealer's home	-	1	1	0	1	0
Friend's home	10	8	3	15	11	5
Rave/dance party	3	4	7	3	6	10
Nightclub	41	37	43	28	28	37
Pub/Bar	20	23	9	9	19	21
Private party	11	14	18	16	22	18
Outdoors	0	3	2	3	0	4
Live music event	6	5	7	11	3	3
Other	0	0	1	0	2	1

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 from previous year

4.2.2 Polydrug use among REU

A large proportion of recent ecstasy consumers (94%) 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 (82%), tobacco (37%), cannabis (28%), energy drinks (13%), and methamphetamine powder (5%). While a large proportion of the sample (65%, 95%CI 54-75) reported drinking more than five standard drinks the last time that they were under the influence of ecstasy, this represented a significant decline relative to 2014 (81%, 95%CI 72-87), $p<.05$.

Two-thirds (65%) 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 (50%), tobacco (37%) and alcohol (12%). Fewer participants reported drinking more than five standard drinks when coming down from ecstasy in 2015 (5%, 95%CI 2-12%) compared to 2014 (12%, 95%CI 10-24%), $p<.05$.

Table 4: Drugs used when under the influence of ecstasy and when coming down on last occasion in the last six months, 2012-2015

	Under the influence of ecstasy				**Coming down from ecstasy**			
	2012 n=100	2013 n=76	2014 n=99	**2015 n=78**	2012 n=100	2013 n=76	2014 n=99	**2015 n=78**
None (%)	11	4	8	**6**	37	24	33	**35**
Meth. powder (%)	1	1	9	**5**	0	0	0	**0**
Meth. base (%)	0	1	0	**0**	0	1	0	**0**
Crystal meth. (%)	1	1	2	**3**	0	0	0	**0**
Pharm. stimulants (%)	0	5	2	**1**	0	0	0	**0**
Cocaine (%)	3	3	1	**3**	2	0	0	**1**
LSD (%)	6	4	3	**4**	0	0	0	**0**
Ketamine (%)	0	1	1	**3**	0	0	1	**0**
Amyl nitrite (%)	1	3	3	**0**	0	0	0	**0**
Nitrous oxide (%)	2	1	1	**0**	0	0	0	**0**
Cannabis (%)	24	37	33	**28**	44	47	44	**50**
Alcohol								
Any alcohol (%)	85	91	85	82	35	40	25	12
> 5 standard drinks (%)	85	84	81	65*	29	37	16*	5*
Methadone (%)	0	0	0	**1**	0	0	0	**0**
Other opioids (%)	0	0	0	**1**	0	0	1	**1**
Tobacco (%)	54	68	63	**37**	26	38	28	**37**
Benzodiazepines (%)	2	5	3	**3**	10	11	6	**5**
Mushrooms (%)	3	3	3	**0**	0	0	0	**0**
NPS (%)	1	0	1	**3**	0	0	0	**0**
Energy drinks	30	22	16	**13**	2	0	1	**0**
OTC codeine	0	0	0	**0**	3	3	0	**0**
Other (%)	4	3	1	**0**	4	4	2	**0**

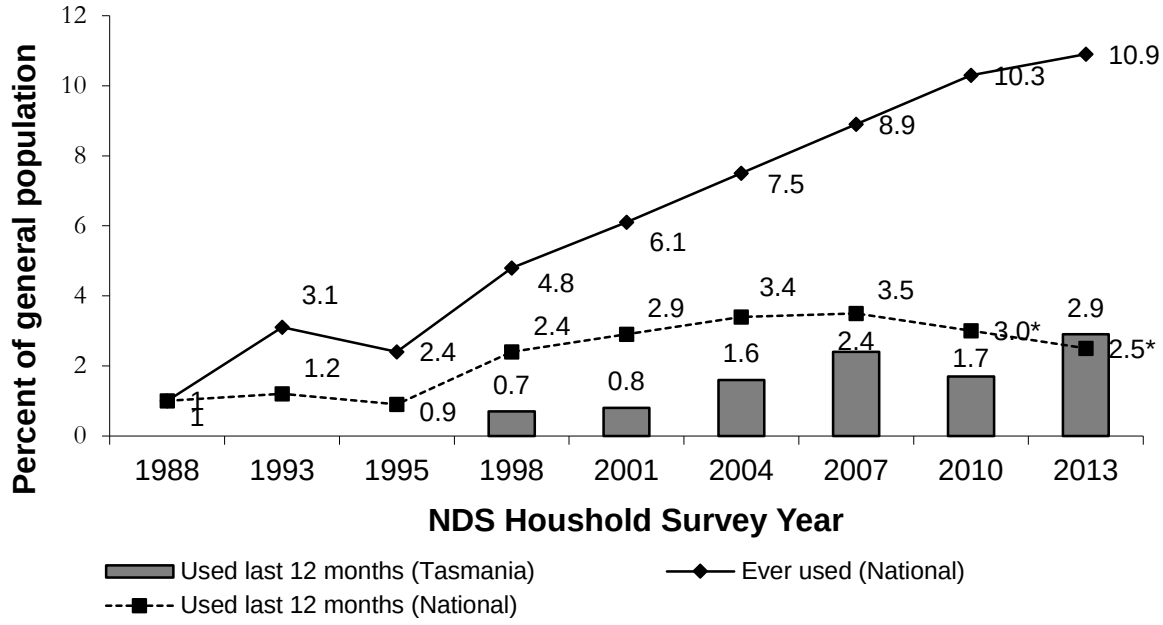
Source: EDRS interviews

* Statistically significant change relative to previous year

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:

- Two-fifths (45%) of the 2015 REU sample had used some form of methamphetamine in the preceding six months, a significantly lower proportion relative to 2014 (64%).
- Methamphetamine was used on a median of two days during this period (approximately once every three months on average).
- Recent use of methamphetamine powder was most common (39%), with lower levels of use for methamphetamine base (5%) and crystal methamphetamine (13%). The proportion reporting recent use of powder and base was significantly lower relative to 2014.
- Methamphetamine powder was typically snorted, 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 3% in 2013 and 1.1% in 2010, differences between these estimates should be interpreted with caution due to high relative standard errors.

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. 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[4] 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 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. 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

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

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).

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 domestic 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).

4.3.1 Methamphetamine use among REU

The majority (85%) of the 2015 sample reported lifetime use of methamphetamine and over two-fifths (45%, 95%CI 75-91) had used the drug in the past six months, significantly fewer relative to 2014 (64%, 95%CI 85-96). The median frequency of use of any form of methamphetamine over the last six months was two days (range 1-50 days).

Table 5: Patterns of methamphetamine (any form) use among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	78	84	89	96	92	**85**
Used last 6 months (%)	48	52	64	57	64	**45***
Median days use last 6 months (range)	2 (1-26)	3 (1-48)	3 (1-55)	3 (1-95)	3 (1-180)	**2 (1-50)**

Source: EDRS interviews

* Statistically significant difference from previous year, $p<.05$

Methamphetamine powder (speed)

Three-quarters (77%) of the 2015 sample reported lifetime use of methamphetamine powder (Table 6). The median age of first use was 18 years (range 14-37 years), and there was no significant difference between the age of first use for males (18 years) and females (18 years).

Almost three-fifths (39%) had used methamphetamine powder during the six months preceding the interview, which is significantly fewer relative to 2014 (58%). Recent use of methamphetamine powder was significantly more likely among females (57%) relative to males (29%), $\chi^2=6.12$, $p=.013$. There was no significant difference in the proportion of 'older' (>22 years: 45%) and 'younger' (≤22 years: 33%) 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 decreases in the use (n=2) and/or availability (n=3) of methamphetamine powder.

The majority of those who had recently used methamphetamine powder had snorted (90%) the drug during the six months preceding the interview, and smaller proportions reported swallowing (13%) or injecting (10%) the drug.

The median frequency of use during the six months preceding the interview was two days (range 1-14 days), or once every three months on average (Table 6). A majority (87%) 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=25) and 2 points in the biggest session (n=24) of use in the last six months.

Table 6: Patterns of methamphetamine powder (speed) use among REU, 2010-2015

Methamphetamine powder	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	74	76	87	95	87	**77**
Median age of first use (range)	20 15-28	20.5 14-30	18 13-24	19 12-28	19 14-33	**18 14-37**
Used in last 6 months (%)	40	47	61	53	58	**39**
Median days use (range)[#]	2 1-12	3 1-48	3 1-40	2 1-90	3 1-180	**2 1-14**
Route (%)[#]						
Smoked	3	15	5	18	11	**0**
Snorted	65	60	77	82	83	**90**
Swallowed	73	69	64	51	44	**13**
Injected	5	18	7	20	9	**10**
Shaft/shelved	0	0	0	0	2	**0**
Median points[#]						
Typical session	2	2	2	2	2	**2**
(range)	0.25-4	0.5-5	1-3	0.5-6	0.5-7	**1-5**
Biggest session	2	2	2	2	3.5	**2**
(range)	0.25-8	0.5-6	1-6	0.5-6	0.5-15	**1-6**

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

Methamphetamine base

Over one-third of the 2015 sample (39%) had used methamphetamine base at some stage of their lives (Table 7). The median age of first use of methamphetamine base was 20 years (range 15-24 years).

A small proportion (5%) of the 2015 sample had used base during the six months preceding the interview, significantly fewer compared to 2014 (17%), χ^2=4.85, *p*=.03.

The majority of those who had recently used methamphetamine base had swallowed (75%) the drug. The median frequency of use was two days (range 1-5 days). The median quantity of methamphetamine base used in the preceding six months was one point (0.1 of a gram) in both a typical session and biggest session of use.

Table 7: Patterns of methamphetamine base use among REU, 2010-2015

Methamphetamine base	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	19	16	38	45	33	**39**
Median age of first use (range)	20 15-36	20 16-23	19 13-35	20 15-32	19 15-30	**20 15-24**
Used in last 6 months (%)	9	8	16	7	17	**5**
Median days use (range)[#]	2~ 1-24	3~ 1-4	2 1-20	1~ 1-48	8 1-100	**2~ 1-5**
Route (%)[#]						
Smoked	33	-	19	-	12	**25**
Snorted	33	-	6	-	24	**25**
Swallowed	78	50	100	80~	82	**75**
Injected	11	50	13	40~	41	**25**
Shaft/shelved)	0	0	0	20~	6	**0**
Median points[#]						
Typical session	1.5~	2~	2	2~	2	**1~**
(range)	0.25-3	2-2	0.5-3	2-2	0.5-5	**1-2**
Biggest session	2~	4~	2	2~	2	**1~**
(range)	0.25-3	2-4	1-4	2-2	0.5-25	**1-2**

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

Crystal methamphetamine

One-quarter (26%) of the REU interviewed in 2015 reported lifetime use of crystal methamphetamine (Table 8) and 13% reported use during the six months preceding the interview, similar to the proportion in 2013 (14%).

The majority of REU who had recently used crystal methamphetamine reported smoking the drug (80%). Crystal methamphetamine had been used on a median of 8 days (range 1-50) during the preceding six months, with a median of 1 point (0.1 of a gram) used in a typical session of use, and a median of 1 point used in the biggest session of use.

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=4) of crystal methamphetamine.

Table 8: Patterns of crystal methamphetamine use among REU, 2010-2015

Crystal methamphetamine	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used %)	20	25	32	38	34	**26**
Median age of first use (range)	23 18-36	19 14-30	20 15-36	22 16-36	22 17-34	**21 15-26**
Used in last 6 months (%)	4	5	10	17	14	**13**
Median days use (range)[#]	1.5~ 1-3	2~ 1-5	1.5 1-12	3 1-72	3.5 1-150	**8 1-50**
Route (%)						
Smoked	100	50	70	77	86	**80**
Snorted	0	25	10	8	21	**10**
Swallowed	0	25	40	8	21	**20**
Injected	0	0	20	8	21	**30**
Shaft/shelved	0	0	0	0	0	**10**
Median points						
Typical session (range)	5~ n=1	2.5~ 5-15	1 1-3	2 0.25-3	1.5~ 1-7	**1~ 0.25-2**
Biggest session (range)	5~ n=1	2.5~ 5-15	1.75 1-5	1 0.25-5	4.5~ 1-8	**1~ 0.25-2**

Source: EDRS interviews

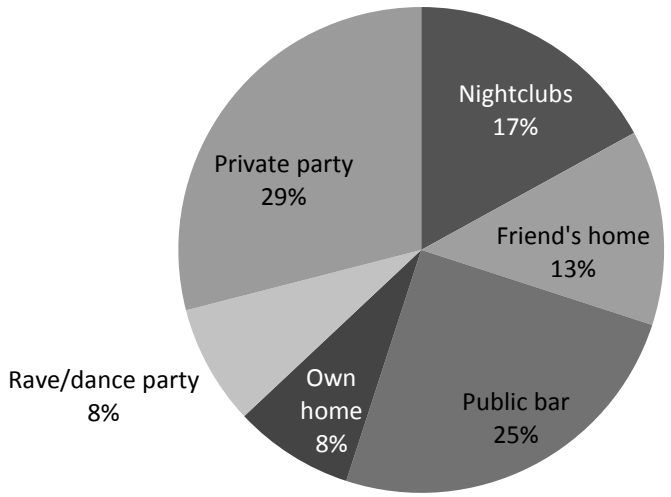
~ n<10

[#]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=24) 2015

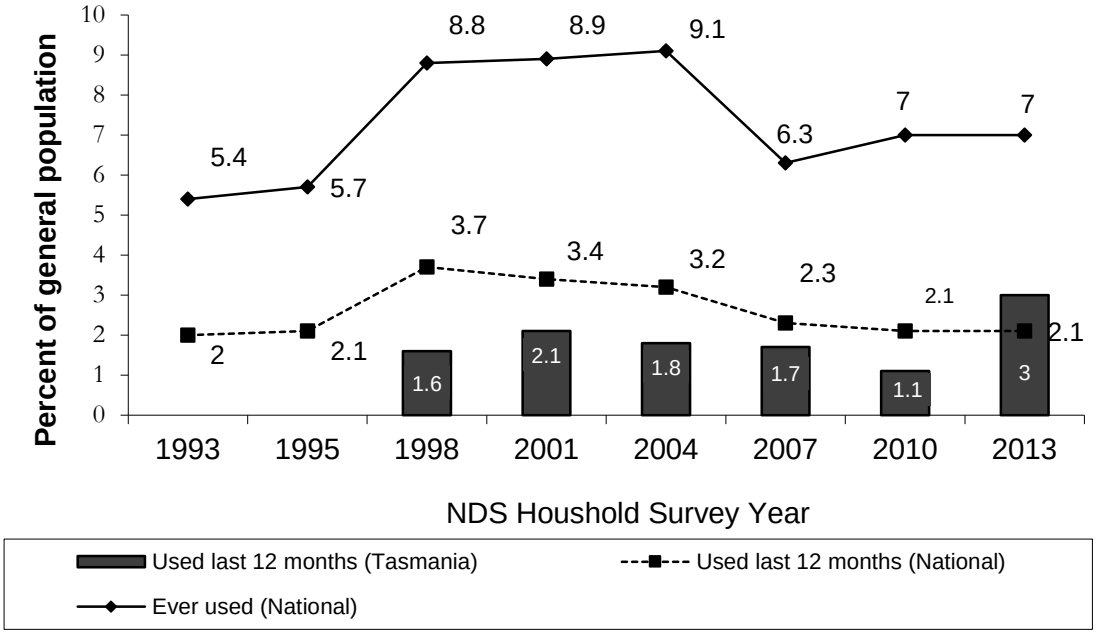


Source: EDRS interviews

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). The proportion reporting use in 2010 was 1.1%, however differences between these estimates 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 (17%) of the 2015 sample had used cocaine during the six months preceding the interview, a similar proportion to 2014 (22%).
- The frequency of recent cocaine use was not significantly different among older (>22 years: 24%) relative to younger (≤22 years: 10%) participants.
- Cocaine was most typically snorted and was used on a median frequency of one day (range 1-8 days) in the last six months, with an average of 2 grams used in a typical session.

4.4.1 Cocaine use among REU

Three-fifths of the 2015 REU sample (57%) had ever used cocaine (see Table 9). The median age of first use of cocaine was 20 years (range 16-29 years), and there was no significant difference between the median age of first use for males (20 years) and females (21 years).

One-fifth (17%) of the 2015 sample had used cocaine during the six months preceding the interview (see Table 9). There was a significant difference in the proportion of males (25%) and females (4%) who had recently used cocaine, $\chi^2=5.56$, $p=.018$; however there was no difference in the proportion of older (>22 years: 24%) relative to younger (≤22 years: 10%) participants who reported recent use.

The median frequency of cocaine use was one day (range 1-8 days) in the preceding six months compared to two days in 2014. Over half (54%) of those who had recently used cocaine had done so on only one occasion in the preceding six months, similar to the pattern in 2014 (41%). There was no significant difference in the median frequency of use for males (2 days) and females (2 days).

Those that had recently used cocaine reported using a median of 2 grams (range 1-3 grams) or a median of three 'points' (range 1-7 points) in a typical session, and two grams (range 1-3 grams) or four 'points' (range 1-7 points) in the biggest session of use in the last six months.

Over fourth-fifths of those who had used cocaine in the preceding six months had snorted the drug (85%) and smaller proportions had swallowed (23%) or injected (8%) the drug.

The most common locations for last use of cocaine (Table 9) were at a friend's home (3%), nightclub (2%), public bar (2%), private parties (2%), or work (2%).

Several KE (n=4) 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, 2010-2015

Cocaine	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	75	75	61	49	60	**56**
Median age first used (range)	21 13-30	22 15-36	20 15-30	20 15-29	21 14-32	**20 16-29**
Used in last 6 months (%)	49	39	26	17	22	**17**
Median days Use (range)[#]	3 1-20	1 1-30	2 1-20	3 1-6	2 1-13	**1 1-8**
Route (%)[#]						
Smoked	2	0	0	0	0	**0**
Snorted	100	100	96	92	100	**85**
Swallowed	40	24	54	8	10	**23**
Injected	0	0	0	0	0	**8**
Shafted/shelved	0	0	0	0	10	**10**
Median amounts used per session[#]						
Grams typical (range)	0.5	0.5	0.5	1~ 0.5-2	0.4 0.1-1	**2~ 1-3**
Grams biggest (range)	1	0.5	0.5	1~ 1-2	0.5 0.1-7	**2~ 1-3**
Points typical (range)	2	1.75~	1.5~	1.5~ 1-2	1~ 0.25-3	**3~ 1-7**
Points biggest (range)	2	2~	3~	1.5~ 1-2	1~ 0.25-3	**4~ 1-7**
Last location (%)[#]	n=23	n=17	n=10	n=9	n=15	**n=6**
Home	0	12	10	0	13	**0**
Dealer's home	0	0	0	0	7	**0**
Friend's home	26	18	10	22	20	**33**
Rave/dance party	4	0	0	0	7	**0**
Nightclub	17	29	30	11	20	**17**
Pub/bar	26	24	40	0	13	**17**
Private party	17	6	0	22	7	**17**
Outdoors	0	0	0	0	0	**0**
Live music event	4	12	10	22	7	**0**
Public place	0	0	0	0	0	**0**
Work	0	0	0	0	0	**17**
Other	0	0	0	22	7	**0**

Source: EDRS interviews

~ n<10

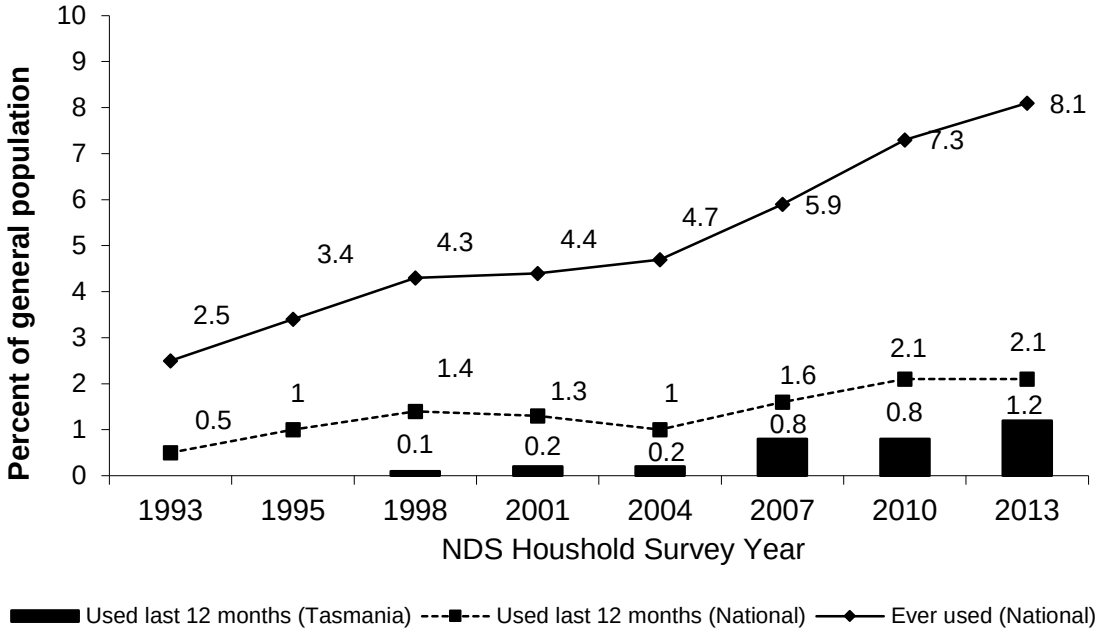
[#] among those who had used in last six months

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 2015 sample had used LSD at some stage of their lives and more than two-fifths (41%) had used LSD in the six months preceding the interview, which is similar to the proportion in 2014 (35%). Recent LSD use was more common among males (47%) relative to females (29%).
- LSD had been used on a median of three days (range 1-45 days) in the preceding six months with one tab or drop of liquid LSD (range 0.5-4) 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 2015 REU sample had used LSD at some stage of their lives. The median age of first use was 18 years (range 12-27 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 (18 years).

Two-fifths (41%, 95%CI 31-52) of the 2015 sample reported use of LSD during the six months preceding the interview (Table 10), which is not significantly different to the proportion in 2014 (35%, 95%CI 26-45). There was no significant difference in the proportion of 'younger' (≤22 years: 33%) and 'older' (>22 years: 50%) participants reporting recent use, nor was there a significant difference in the proportion of males (47%) and females (29%) who reported recent use of LSD.

Of those who had recently used LSD, all (100%) had taken the drug orally, and a small proportion had also snorted (6%) and shelved/shafted (3%) the drug.

The median frequency of use for those who had recently used LSD was three days (range 1-45 days). There was no significant difference in the median frequency of use for males (3 days) and females (5 days).

The median number of tabs/drops of LSD used in a typical session was one (range 0.5-4) and the median number of tabs/drops used in the biggest session of use was two (range 0.5-10).

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 dance parties (8%) and private parties (8%), followed by a friend's home (6%), live music event (6%), and outdoors (5%).

Table 10: Patterns of LSD use among REU, 2010-2015

LSD	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	46	65	67	79	71	**71**
Median age of first use (range)	19 15-27	19 15-37	17 14-25	19 12-30	19 14-29	**18 12-27**
Used in last 6 months (%)	27	43	30	38	35	**41**
Median days use[#] (range)	2.5 1-24	3.5 1-48	3 1-30	2 1-12	2 1-48	**3 1-45**
Route (%)[#]						
Smoked	0	0	3	0	0	**0**
Snorted	0	6	7	0	0	**6**
Swallowed	100	94	97	100	100	**97**
Injected	0	3	0	0	3	**0**
Shelved/Shafted	**0**	**0**	**0**	**0**	**0**	**3**
Median tabs/drops[#]						
Typical session	1	1	2	1	1	**1**
(range)		0.25-5	0.5-4	0.25-5	0.5-6	**0.5-4**
Biggest session	1	1	2	1	2	**2**
(range)		0.25-16	1.5-6	0.25-5	0.5-27	**0.5-10**
Last Location (%)[#]	n=23	n=27	n=26	n=26	n=34	**n=31**
Home	13	22	8	23	38	**7**
Dealer's home	0	0	0	0	3	**0**
Friend's home	30	19	23	12	15	**16**
Dance party*	22	7	39	23	6	**19**
Nightclub	9	7	4	4	3	**7**
Pub/bar	9	7	0	12	12	**3**
Restaurant/café	0	0	0	0	0	**0**
Private party	4	4	12	4	6	**19**
Outdoors	17	4	8	4	6	**13**
Live music event	4	15	4	15	3	**16**
Public place	0	7	4	0	6	**0**
Other	0	4	0	4	3	**0**

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:

- All (100%) of the 2015 sample had ever used cannabis and four-fifths (80%) had used cannabis during the six months preceding the interview.
- In the last six months, cannabis had typically been smoked (97%), with one-third (29%) reporting ingestion of cannabis, and one-tenth (10%) reporting that they had inhaled cannabis in a vaporised form.
- The median frequency of cannabis use was 80 days (range 1-180) or approximately three days per week. One-third of the sample (29%) reported daily use of cannabis during this time.
- The median quantities used on the last day of use during this time were four cones (range 1-70) or one joint (range 1-4).
- 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

The entire REU sample (100%) surveyed in 2015 had used cannabis at some stage of their lives (Table 11). The median age of first cannabis use was 16 years (range 10-31 years), and there was no significant difference in the mean age of first use for males (16 years) and females (16 years).

Four-fifths (80%) of respondents had used cannabis during the six months preceding the interview, which is similar to the proportion of the sample in 2014 (76%). There was no significant difference in the proportion of males (80%) and females (79%) reporting recent use of cannabis, or in the proportion of younger (≤22 years: 75%) relative to older (>22 years: 84%) participants (based on a median split for age).

A majority of those reporting recent use had smoked cannabis (97%), around one-third (29%) had ingested cannabis and one-tenth (10%) had inhaled cannabis (i.e. in a vaporised form). In previous years, participants were not directly asked about use of cannabis in vaporised form.

The median frequency of cannabis use during this six month period was 80 days (range 1-180 days), or approximately three times a week. Around one-third (29%) of the sample reported daily use of cannabis during the last six months, which is similar to 2014 (23%). The median frequency of use tended to be higher among females (160 days) relative to males (50 days), $t(59)=3.19$, $p=.061$,

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=30) smoked on the last day of use was four (range 1-70) and the median number of joints (n=25) was one (range 1-4). 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, 2010-2015

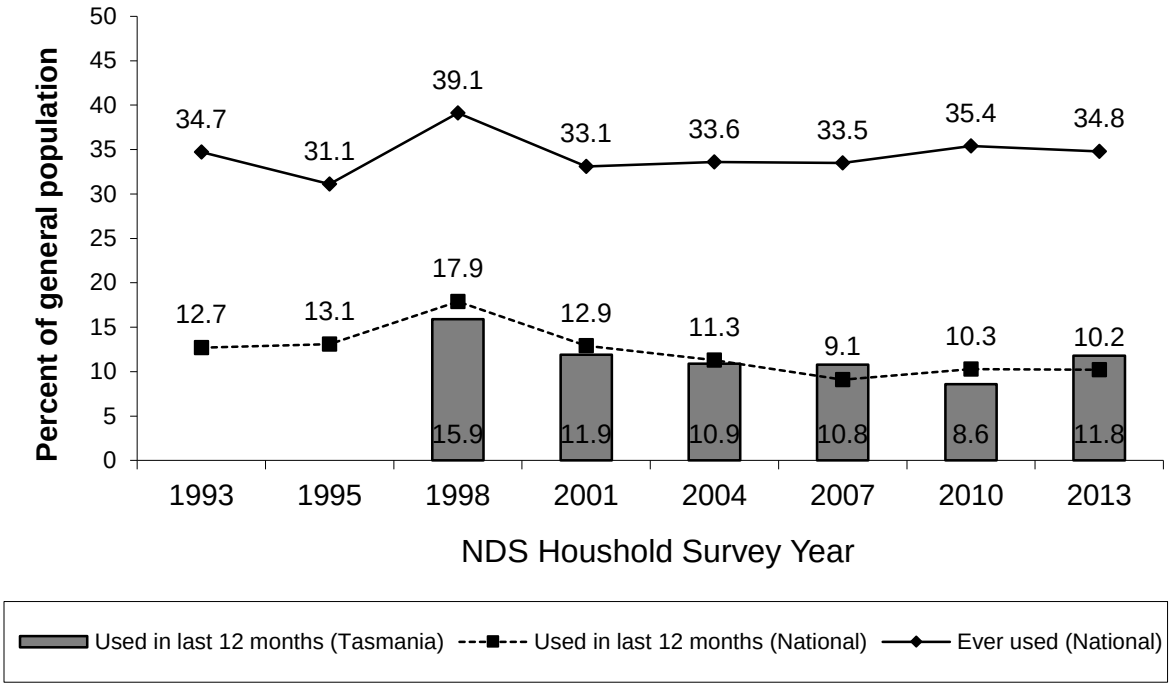
Cannabis	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	100	100	96	96	97	**100**
Median age first used (range)	15 10-22	15 12-21	15 8-23	16 12-25	16 9-25	**16 10-31**
Used last 6 months (%)	72	67	69	78	76	**80**
Used daily (%)[#]	5	8	32	22	23	**29**
Median days used (range)[#]	12 1-180	24 1-180	120 1-180	48 1-180	50 1-180	**80 1-180**
Median cones last session (range)[#]	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	**4 1-70 n=30**
Median joints last session (range)[#]	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	**1 1-4 n=25**

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:

- The entire (100%) 2015 REU sample had recently consumed alcohol, on an average of three days a week in the last six months. One-third (36%) of participants 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 almost all (85%) of the sample in the past 6 months. The proportion of the 2015 Tasmanian EDRS sample who reported daily smoking (65%) 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). One-fifth (23%) reported use of e-cigarettes in the last six months, A majority had used e-cigarettes which contained nicotine (77%), and one-quarter (28%) had used e-cigarettes as a smoking cessation tool.
- Less than one-tenth of REU reported recent use of Ketamine (5%) or MDA (4%), and none reported recent use of GHB, gamma-butyrolactone (GBL) or 1,4 butanediol (1,4B).
- Almost one-fifth (15%) had used mushrooms in the preceding six months. Mushrooms had been used on a median of three days (range 1-20 days) during this time.
- Use of inhalants was relatively stable, with 12% reporting use of nitrous oxide and 6% reporting use of amyl nitrite in the preceding six months.
- One-fifth (23%) of REU had used benzodiazepines during the last six months, with almost one-fifth (17%) reporting illicit (non-prescribed) use and less than one-tenth (8%) reporting licit use. Use of illicit benzodiazepines was relatively low in frequency, at 9 days (range 2-180 days) in the last six months.
- A small proportion of the sample (4%) reported either recent licit (as prescribed) or illicit antidepressant use.
- Over one-tenth (13%) of REU reported recent illicit use of pharmaceutical stimulants (such as dexamphetamine or methylphenidate) in 2015. The median frequency of use was two days (range 1-14 days) in the last six months, with a median of one tablet (range 1-6) taken in a typical session of use.
- Only a small proportion of the 2015 sample had recently used heroin (1%), methadone (4%), or 'other opioids' (6%) (restricted pharmaceuticals and alkaloid poppy derivatives), and none reported the use of buprenorphine.
- One-tenth (10%) reported recent non-pain use of over-the-counter codeine preparations and only one participant (1%) reported recreational use of stimulant-based over-the-counter preparations.
- Illicit antipsychotics had been used by less than one-tenth (4%) of the sample.
- One-fifth (22%) of the 2015 sample reported use of any NPS substance in the last six months, compared to a larger proportion among the 2014 sample (41%). Around one-tenth (9%) reported use of mephedrone in the last six months, which is lower than the proportion in 2014 (23%). Mephedrone was snorted or swallowed on a median of two days (range 1-20 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 (4%), and DMT (4%), and smaller proportions reported recent use of methylone (5%), NBOMe (5%), mescaline (5%), and 2CI (3%). Just 1% reported use of synthetic cannabinoids. In addition, one-fifth of the sample (19%) reported recent use of capsules of 'unknown contents'.

4.7.1 Alcohol

The entire sample (100%) of REU interviewed in 2015 reported lifetime use of alcohol (see Table 12). The median age of first use was 14 years (range 8-18 years) which is consistent with previous EDRS samples, and there was no significant difference in the median age of first use for males (14 years) and females (14 years).

All participants (100%) had used alcohol during the six months preceding the interview, with a median frequency of 72 days (range 10-180 days), or approximately three days a week on average. The median frequency of use was similar for males (72 days) and females (66 days).

One-third (36%) of the 2015 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 2015 was 6% 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, 2010-2015

Alcohol	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	100	100	99	100	100	**100**
Median age first used (range)	14 10-17	14 1-18	14 8-18	14 8-25	14 5-18	**14 8-18**
Used last 6 months (%)	100	100	98	100	98	**100**
Median days used (range)	48 2-180	60 3-180	80 13-180	72 1-180	72 4-180	**72 10-180**

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

4.7.2 Tobacco

Almost all (99%) of the 2015 REU sample reported lifetime use of tobacco (Table 13). The median of first use was 16 years (range 8-22 years) and there was no significant difference between the age of first use for males (15 years) and females (16 years).

A large majority (85%) of the sample had smoked tobacco during the six months preceding the interview, similar to the proportion in 2014 (83%). There was no significant difference in the proportion of males (88%) and females (79%) reporting recent use of tobacco, or in the proportion of younger (≤22 years: 63%) relative to older (>22 years: 47%) participants (based on a median split for age).

Three-fifths (65%) of those who had recently smoked reported smoking tobacco on a daily basis during the six months preceding the interview, similar to the proportion in 2014 (59%). There was no significant difference in the number of males (55%) and females (45%), who reported daily tobacco smoking, or in the number of older (>22 years) or younger (≤22 years) participants. One-fifth of recent smokers (20%) had smoked weekly or less during the six months preceding the interview, similar to the proportion in 2014 (17%).

The proportion of the Tasmanian EDRS sample who reported daily smoking (65%) 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).

Participants were asked about their use of electronic cigarettes for the first time in 2014 (Table 13). One-third (35%) of 2015 participants reported lifetime use of e-cigarettes and one-fifth (23%) reported use of e-cigarettes in the last six months. The median age of first use was 21 (range 16-31). Among those who had used e-cigarettes in the last six months,

the median frequency of use was 3 days (range 1-120). A One-fifth (23%) reported use of e-cigarettes in the last six months, A majority had used e-cigarettes which contained nicotine (77%), and one-quarter (28%) had used e-cigarettes as a smoking cessation tool.

Table 13: Patterns of tobacco use of REU, 2010-2015

Tobacco	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=97	**2015 n=78**
Ever used (%)	96	97	95	90	97	**99**
Median age first used (range)	15 7-22	15 7-23	14 5-26	16 5-25	16 8-61	**16** **8-22**
Used last 6 months (%)	80	83	80	76	83	**85**
Used daily (%)[#] Used weekly or less (%)[#]	28 45	38 33	61 18	59 22	59 17	**65** **20**
e-cigarettes						
Ever used (%)	n/a	n/a	n/a	n/a	45	**35**
Median age first used (range)	n/a	n/a	n/a	n/a	22 17-35	**21** **16-31**
Used last 6 months (%)	n/a	n/a	n/a	n/a	32	**23**
Days of use on last 6 months (%)[#]	n/a	n/a	n/a	n/a	3 1-180	**3** **1-120**

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

4.7.3 Ketamine

One-quarter (26%) of the 2015 REU sample reported lifetime use of ketamine (Table 14). The median age of first use was 19.5 years (range 16-25 years). Only 5% of participants had used ketamine in the six months preceding the interview in 2015, which is lower compared to the proportion among the 2014 sample (14%) (Table 14). The median frequency of ketamine use was 1.5 days (range 1-3 days) in the six months preceding the interview.

Table 14: Patterns of ketamine use among REU, 2010-2015

Ketamine	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	19	32	25	18	30	**26**
Median age first used (range)	20 17-24	21 16-29	20 15-32	20 17-28	21.5 17-33	**19.5** **16-25**
Used in last 6 months (%)	6	8	4	9	14	**5**
Median days used (range)[#]	1[~] 1-5	2.5[~] 2-30	2[~] 1-3	2[~] 1-2	2 1-13	**1.5** **1-3**
Route (%)[#]						
Snorted	33	100	75	100	71	**25**
Swallowed	67	0	25	0	36	**75**
Injected	0	17	0	0	14	**0**
Smoked	0	17	0	0	7	**0**
Median points used typical session (range)[#]	3[~] 1-5	1.5[~] 1-2	0.5[~] n=1	2[~] 1-2.5	2[~] 0.5-2	**2**[~] **2-2**
Median points used biggest session (range)[#]	3[~] 1-5	3[~] 2-4	1[~] n=1	2.5[~] 1-5	2.5[~] 0.5-4	**8**[~] **8-8**

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 a relatively high overdose potential, particularly when used in in combination with alcohol (Degenhardt, Darke & Dillon, 2003).

Data in relation to GHB/GBL/1,4B should be interpreted with caution due to small sample sizes. Three (4%) participants in the 2015 sample had used GHB/GBL/1,4B at some stage of their lives (Table 15). The median age of first use of GHB was 21 years (range 19-24 years). In 2015, 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, 2010-2015

GHB	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	9	5	10	8	5	**4**
Median age first used (range)	22~ 18-28	25.5~ 23-28	19.5 16-24	21.5~ 15-31	24~ 20-25	**24~ 19-24**
Used last 6 months (%)	2	3	2	0	0	**0**
Median days used (range)#*	1 1-1	1.5 1-2	1 1-1	-	**-**	**-**
Route (%)#* Swallowed	100	100	100	-	**-**	**-**
Median quantity used (ml) #*		n=2	n=1			
Typical session (range)	-	16~ (2-30)	60~	-	**-**	**-**
Biggest session (range) #*	-	16~ (2-30)	120~	-	**-**	**-**

Source: EDRS interviews

~n<10 # among those who had used in last six months

4.7.5 MDA

Almost one-fifth (14%) of the 2015 sample had ever used MDA (Table 16) which is slightly lower than the proportion in 2014 (21%). The median age of first use was 18 years (range 16-25 years). Three (4%) participants had consumed MDA during the six months preceding the interview (Table 16), which is similar to the proportion in 2014 (6%).

Table 16: Patterns of MDA use among REU, 2010-2015

MDA	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	14	32	13	16	21	**14**
Median age first used (range)	19 15-25	19 17-28	20 16-29	20 17-33	21 17-29	**18 16-25**
Used in last 6 months (%)	5	21	4	8	6	**4**
Median days used (range)[#]	2~ 1-3	2 1-12	9~ 4-30	2.5~ 1-48	3.5~ 2-10	**2~ 1-5**
Route (%)[#]						
Smoked	0	6	0	17	0	**0**
Snorted	60	63	50	17	83	**33**
Swallowed	40	75	75	83	67	**67**
Injected	0	0	25	17	0	**0**
Median caps[#]						
Typical session (range)	1~ 0.4-2	1.5 .5-5	1~ 1-2	1.75~ 1-3	4~ 2-6	**2~ 2-2**
Biggest session (range)	1~ 0.4-2	3 1-9	2~ 2-3	2.25~ 2-5	4~* 2-6	**2~ 2-2**

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

4.7.6 Psychedelic mushrooms

Just over half (54%) of the 2015 REU sample had ever used psychedelic mushrooms (Table 17). The median age of first use for mushrooms was 17 years (range 15-26 years).

Almost one-fifth (15%) of the 2015 sample had used mushrooms in the preceding six months (Table 17). There was no significant difference in the proportion of males (12%) relative to females (18%) who reported recent use, nor was there any significant difference in use among younger (≤22 years: 10%) relative to older (>22 years: 21%) participants.

All of those that had recently used mushrooms (100%) had ingested them. The median frequency of mushroom use was three days (range 1-20 days) in the preceding six months, or approximately once every two months.

Table 17: Patterns of psychedelic mushroom use of REU, 2010-2015

Psychedelic mushrooms	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	58	64	81	71	63	**54**
Median age first used (range)	19 14-30	18.5 14-25	17 13-26	17.5 12-29	18 13-26	**17 15-26**
Used in last 6 months (%)	18	23	26	15	21	**15**
Median days used (range)[#]	2 1-6	3 1-24	2.5 1-24	2 1-6	3 1-15	**3 1-20**

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

4.7.7 Inhalants

Amyl nitrite

One-third (33%) of the 2015 REU sample had ever used amyl nitrite (Table 18). The median age of first use was 18.5 years (range 16-28 years).

Approximately one-tenth of the sample (12%) reported recent use of amyl nitrite in 2015, similar to the rate in 2014 (12%). There was no significant difference in the proportion of males (10%) and females (14%), or the proportion of younger (≤22 years: 5%) and older (>22 years: 18%) participants (based on a median split for age) who reported recent use.

The median frequency of use was one day (range 1-10) during the six months preceding the interview or less than once every two months.

Table 18: Patterns of amyl nitrite use of REU, 2010-2015

Amyl nitrite	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	76	76	53	42	39	**33**
Median age first used (range)	20 16-28	20 15-26	20 13-35	19 14-28	19 14-31	**18.5 16-28**
Used last 6 months (%)	51	29	24	9	12	**12**
Median days used (range)[#]	6 1-48	4 1-20	2 1-14	4 1-20	3 1-40	**1 1-10**

Source: EDRS interviews

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

Nitrous oxide

Three-fifths of the 2015 sample (65%) had ever used nitrous oxide (Table 19). The median age of first use was 17 years (range 14-24 years).

Less than one-tenth (6%) of the 2015 sample had used nitrous oxide during the six months preceding the interview, compared to 5% in 2014. There was no significant difference in the proportion of males (4%) and females (11%), or the proportion of younger (≤22 years: 10%) and older (>22 years: 3%) participants (based on a median split for age) reporting recent use.

The median frequency of use during the last six months was one day (range 1-1 days). The median number of bulbs used was 4 (range 2-7 bulbs) in both a typical and heavy session of use.

Table 19: Patterns of nitrous oxide use of REU, 2010-2015

Nitrous oxide	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	57	59	80	60	65	**65**
Median age first used (range)	19 14-26	19 12-28	17 13-27	17 14-28	17 15-28	**17** **14-24**
Used last 6 months (%)	32	36	27	9	5	**6**
Median days used (range)[#]	4 1-48	5 1-24	4 1-50	1.5 1-60	3 1-15	**1** **1-1**
Bulbs used[#] Typical session (range) Biggest session (range)	 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	 **4** **2-7** **4** **2-7**

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

4.7.8 Benzodiazepines

Two-fifths (41%) of the 2015 sample had used benzodiazepines at some stage of their life (Table 20). The median age of first use was 17.5 years (range 13-29 years). There was no significant difference in use for females (14%) relative to males (26.5%), however, a significantly lower proportion of younger (≤22 years: 12.5%) relative to older (>22 years: 34%) participants (based on a median split for age) reported recent use, χ^2=5.17, *p*=.02.

One-fifth (23%) of the sample had used benzodiazepines during the six months preceding the interview, which is substantially less than the proportion in 2014 (40%). The median frequency of recent benzodiazepine use was 9 days (range 2-180 days) during the last six months. One-fifth (22%) of those who had recently used benzodiazepines had done so on 10 or less occasions in the last six months.

Less than one-tenth (8%) of the sample reported recent licit (prescribed) use. Licit benzodiazepines had been swallowed on a median frequency of 79 days (range 2-180 days) during the six months preceding the interview.

Almost one-fifth (17%) reported recent illicit (non-prescribed) use of benzodiazepines in 2015, which is lower than the proportion in 2014 (31%). All (100%) participants who reported illicit benzodiazepine use had swallowed the drug, on a median of eight days (range 2-19 days) during this time. There was no significant difference in rates of illicit use for females (7%) relative to males (20%), however, there was a significant difference in the proportion of younger (≤22 years: 5%) and older (>22 years: 29%) participants (based on a median split for age) reporting recent illicit drug use, χ^2=8.05, *p*=.005.

Table 20: Patterns of benzodiazepine use of REU, 2010-2015

Benzodiazepines	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	44	61	45	47	55	**41**
Median age first used (range)	20 14-27	20 12-35	19 13-34	19 12-30	20 13-29	**17.5 13-29**
Used in last 6 months (%)	27	45	31	34	40	**23**
Injected last 6 months (%)	0	0	0	0	0	**0**
Median days used (range)[#]	4 1-80	7 1-180	5 1-180	6 1-180	4.5 1-180	**9 2-180**
Licit use last 6 months (%)	6	12	10	8	13	**8**
Illicit use last 6 months (%)	23	36	25	30	31	**17**

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

4.7.9 Antidepressants

One-fifth (18%) of the 2015 sample had used antidepressants (illicit or licit) at some stage of their life (Table 21). The median age of first use was 17 years (range 13-23 years).

Only three (4%) participants had used antidepressants in the six months preceding the interview, with all reporting oral use during this time with a median frequency of 12 days (range 1-100 days) of use.

Table 21: Patterns of antidepressant use of REU, 2010-2015

Anti-depressants	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	16	23	16	24	24	**18**
Median age first used (range)	18 12-26	17 14-27	18.5 14-30	18 12-31	18 12-30	**17 13-23**
Used last 6 months (%)	5	8	4	8	5	**4**
Median days used (range)[#]	15 1-180	135 3-180	180 72-180	180 14-180	97 7-180	**12 1-100**
Licit use last 6 months (%)	3	7	4	9	5	**3**
Illicit use last 6 months (%)	2	1	1	0	0	**3**

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

4.7.10 Pharmaceutical stimulants

In 2015, 5% of the sample reported past use of licit pharmaceutical stimulants and none used licit pharmaceutical stimulants during the six months preceding the interview.

One-half (51%) of the 2015 sample had ever used illicit pharmaceutical stimulants (Table 22). The median age of first use was 17 years (range 14-24 years). Over one-tenth (13%) had used pharmaceutical stimulants in the six months preceding the interview.

Of those who had recently used pharmaceutical stimulants the majority had taken the drugs orally (90%) in the preceding six months. The median frequency of use was two days (range 1-14 days) in the six months preceding the interview. The median number of tablets used was one in typical session (range 1-6 tablets) and two in the heaviest session of use (range 1-6 tablets).

Table 22: Patterns of illicit pharmaceutical stimulant use of REU, 2010-2015

Pharmaceutical stimulants	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	21	39	46	43	53	**53**
Median age of first use (range)	18 14-25	17 13-30	20 12-45	19 12-28	18 10-29	**17** **14-24**
Used last six months (%)	9	15	20	18	18	**13**
Median days used (range)[#]	1 1-58	5 3-20	3 1-20	3 1-12	2.5 1-48	**2** **1-14**
Median tablets typical session (range)[#]	5 1-15	3.5 2-10	2 1-7.5	2 1-5	3 1-8	**1** **1-6**
Median tablets biggest session (range)[#]	5 1-15	5 3-15	3 1-25	4 1-10	3 1-20	**2** **1-6**

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

4.7.11 Over-the-counter (OTC) preparations

Just over one-tenth (15%) of the 2015 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 18 (16-25). One-tenth (10%) had used these products for non-medical purposes during the last six months (Table 23). The median frequency of this use was 15 days (range 1-72 days) in the last six months.

Table 23: Non-medical use of codeine-based over-the-counter preparations among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	12	0	21	24	22	**15**
Median age first use (range)	18 16-25	0	20 10-51	20 13-28	19 13-33	**18** **16-25**
Used last 6 months (%)	5	9	16	9	12	**10**
Injected last 6 mths (%)	0	0	0	0	0	**0**
Median days use (range) [#]	-	4 1-64	4 1-40	7 1-90	2 1-50	**15** **1-72**

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

Six (8%) participants reported having used stimulant-based products (e.g., pseudoephedrine-based cold and flu tablets) for non-medical purposes during their life. One participant (1%) reported ingesting over-the-counter stimulant-based products for non-medical purposes during the six months preceding the interview.

Table 24: Non-medical use of stimulant-based over-the-counter preparations among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	13	39	12	7	8	**8**
Median age first use (range)	22 15-35	17 13-30	22.5 12-30	18 14-23	18.5~ 14-27	**19~** **16-22**
Used last 6 months (%)	3	5	4	3	2~	**1~**
Injected last 6 months (%)	0	0	0	0	0	**0**
Median days use (range) #	3 2-4	5 3-20	3.5 1-22	2.5 2-3	5.5~ 4-7	**5~** **5-5**

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

4.7.12 Heroin and other opiates

Heroin

Less than one-tenth (5%) of the 2015 REU sample had ever used heroin (Table 25). The median age of first heroin use was 22 years (range 16-30 years). One participant (1%) reported intravenous use of heroin during the six months preceding the interview. 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 Peacock, Humphries & Bruno, 2016).

Table 25: Patterns of heroin use of REU, 2010-2015

Heroin	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	8	17	10	16	12	**5**
Median age first use (range)	19 14-25	21 16-23	20.5 14-23	19 15-29	22 14-28	**22~** **16-30**
Used in last 6 months (%)	2	8	1	5	2	**1~**
Injected last 6 months (%)	2	8	1	4	2	**1~**
Median days used (range) #	9 2-15	13 2-31	4 n=1	5.5 3-30	2.5~ 1-4	**3~** **3-3**

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

Methadone

Around one-tenth (9%) of the 2015 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 15-25 years). Three participants (4%) reported use of methadone in the last six months.

Table 26: Patterns of methadone use of REU, 2010-2015

Methadone	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	10	8	9	7	13	**9**
Median age first used (range)	21 17-25	22 18-25	23 18-30	25 18-29	20 17-30	**20~ 15-25**
Used in last 6 months (%)	5	4	4	1	3	**4**
Injected last 6 months (%)	0	3	0	1	0	**4**
Median days used (range)#	4~ 2-24	180~ 6-180	14.5~ 3-48	1~ n=1	15.5~* 1-30	**3~ 2-180**

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, none of the 2015 sample reported lifetime use of buprenorphine (Table 27).

Table 27: Patterns of buprenorphine use of REU, 2010-2015

Buprenorphine	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	5	8	4	5	6	**0**
Median age of first use (range)	20 19-25	28.5 23-33	37 23-46	21 12-28	21 19-33	**-**
Used last 6 months (%)	1	3	2	4	2	**-**
Injected last 6 months (%)	0	1	0	4	1	**-**
Median days used (range) #	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'. Over one-tenth (13%) of the 2015 REU sample had ever used 'other opioids' for not-as-prescribed (or non-licit) purposes (Table 28). The median age of first use was 21.5 years (range 14-25 years).

Less than one-tenth (6%) of the sample had used 'other opioids' for non-medical purposes in the last six months. The median frequency of use was 3 days (range 1-20 days) during the six months preceding the interview. For those who had recently used 'other opioids', their routes of administration were swallowing (60%) and injecting (40%).

Table 28: Patterns of illicit 'other opioid' use among REU, 2010-2015

Other opioids	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	19	29	16	22	22	**13**
Median age first used (range)	18 14-27	19.5 16-25	21.5 14-31	20 13-32	20 15-33	**21.5~ 14-25**
Used last 6 months (%)	4	16	4	11	11	**6**
Injected last 6 months (%)	-	9	3	5	5	**3**
Median days used (range)#	4~ 1-12	6 1-40	4~ 1-5	5.5 1-30	7 1-45	**3~ 1-20**

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

4.7.13 Antipsychotic medications

One-tenth (10%) of the 2015 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) (4%) was more common than licit use (1%).

Illicit antipsychotics (quetiapine or olanzapine) had been taken orally (100%) on a median of four days (range 2-130), or approximately every two months, during this time.

Table 29: Patterns of antipsychotic medication use among REU, 2014-2015

Antipsychotic medication	2014 n=13	**2015 n=78**
Ever used (%)	13	**10**
Used in last 6 months (%)	7	**5**
Licit use in last six months (%)	1	**1**
Median days licit use#	2~ n=1	**1~ n=80**
Illicit use in last six months (%)	7	**4**
Median days illicit use#	3~ 1-12	**4~ 2-130**

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

4.8 New psychoactive substance (NPS) use

The proportion reporting any use of an NPS substance in 2015 (21%) was lower relative to the 2014 cohort (41%).

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).

Almost two-fifths (39%) of the 2015 REU sample reported lifetime use of mephedrone and around one-tenth (9%) reported use of mephedrone in the last six months (Table 30).

Mephedrone was typically purchased in powder (85%) or capsule (14%) form and had been swallowed (71%) or snorted (57%) on a median frequency of two days in the last six months (range 1-20) or approximately once every three months. Mephedrone has last been obtained from a friend (71%) or from the internet (29%).

Table 30: Patterns of mephedrone use of REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever used (%)	65	37	29	42	48	**39**
Used last 6 months (%)	47	27	10	24	23	**9**
Route of administration						
Swallow (%)	62	68	70	78	65	**71**
Snort (%)	66	74	60	44	57	**57**
Smoke (%)	2	0	0	6	0	**0**
Inject (%)	0	5	0	6	9	**0**
Median days used (range) [#]	6 1-36	3 1-30	2.5 1-12	3 1-12	2 1-60	**2 1-20**

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 2015 cohort were mephedrone (9%) (see also Section 4.8.1) and related substances such as methylone (also known as bk-MDMA) (5%).

Small proportions of the sample reported recent use of other stimulants such as MDPV (1%) and psychedelics such as DMT (4%), NBOMe (5%), mescaline (5%), 2CI (3%), 2CB (1%), and other drugs from the 2C family (1%).

Small proportions reported recent use of the dissociative anaesthetic methoxetamine (MXE) (4%), a substance commonly found in over-the-counter cough medicine (DXM) (1%), or synthetic cannabinoids (1%).

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 19% of the sample and recent use of 'herbal highs' was reported by 4% of the sample.

Consistent with reduced use of mephedrone and other NPS substances among REU, several KE (n=4) indicated that there seemed to be less use of NPS among the group of regular drug users that they were familiar.

Table 31: Use of NPS in last six months among REU, 2010-2015

% used in last 6 months	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Stimulants						
Mephedrone	47	27	10	24	23	**9**
Methylone (bk-MDMA)	4	4	2	1	4	**5**
Other cathinone^	1	-	1	-	2	**-**
MDAI	-	-	1	-	1	**-**
BZP	2	-	-	-	-	**-**
MDPV (ivory wave)	2	1	1	4	3	**1**
Benzo fury	-	-	-	-	1	**-**
Psychedelic phenethylamines						
2CB	2	-	-	5	4	**1**
2CI	4	4	2	4	4	**3**
2CE	7	1	1	1	2	**-**
2C-other	1	-	-	-	-	**1**
DOI	3	-	-	-	-	**-**
Mescaline #	1	1	2	3	4	**5**
NBOMe	-	-	-	-	5	**5**
Psychedelic tryptamines						
DMT #	7	4	6	11	9	**4**
5-MeO-DMT #	-	3	1	3	1	**-**
PMA	1	-	-	-	-	**-**
Plant derivatives						
Datura	1	-	-	1	-	**-**
Salvia divinorum	1	-	1	1	1	**1**
LSA (wood rose seeds)	-	3	1	-	1	**-**
Synthetic cannabinoids	-	1	4	1	4	**1**
Other substances						
Methoxetamine (MXE)	-	-	-	-	10	**4**
DXM**	-	3	4	4	5	**1**
Ephedrine	-	-	-	-	-	**-**
Melanotan	-	1	-	-	-	**-**
Capsule (contents unknown)	n/a	15	16	20	11	**19**
Herbal highs	n/a	11	8	4	3	**4**

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 $35 for one tablet (range $10-50) and $30 for one capsule (range $5-40). No recent price changes were noted and three-fifths (60%) indicated that price had remained stable in the past six months.
- The median last purchase price for MDMA crystal was $225 per gram (range $80-350), and price was reported to be have been stable (67%) or to have increased (20%) in the last six months.
- Ecstasy (pills, capsules, powder) was reported to be medium (31%) or fluctuating (53%) in purity. In contrast, MDMA crystal was typically reported to be high (50%) in purity, and this purity was reported to have been stable (67%) or to have fluctuated (17%) or increased (17%) in the last six months.
- Ecstasy was reported to be easy (68%) or very easy (28%) to obtain in 2015. In contrast, MDMA crystal was typically reported to be difficult (42%) or very difficult (21%) 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 (55%), or for both themselves and other people (42%). A median of two tablets had been purchased on the last occasion.

5.1.1 Price

The median last purchase price for one ecstasy tablet was $35 (range $10-50) which is similar to the years prior to 2015.

The median last purchase price for one capsule of ecstasy was also $30 (range $5-40), which is consistent with data from the past five years.

The last purchase price for MDMA crystal was $225 per gram (range $80-350).

Three-fifths (60%) 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 2015), over three-fifths (67%) reported that price had recently been stable and one- fifth (20%) 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 $20 to $35 (n=2).

Table 32: Price of ecstasy purchased by REU and price variations, 2010-2015

Median price (range)	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015** **n=78**
Pill/Tablet						
Last price per pill (range)	$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	**$35** **10-50** **n=73**
Powder						
Last price per gram (range)	$200~ 120-250 n=8	$300~ n=1	$350~ n=1	$300~ 90-400 n=5	$200~ 140-400 n=4	**$300~** **40-350** **n=7**
Capsule						
Last price per capsule (range)	$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	**$30** **5-40** **n=32**
MDMA crystal						
Last price per gram (range)	-	-	-	$200~ n=2	$290 40-400 n=20	**$225** **80-350** **n=10**
Last price per point (range)	-	-	-	$100~ 30-150 n=3	$35~ 25-350 n=9	**$50~** **20-85** **n=9**
Price change (%)[#]						
Don't know	9	5	7	9	9	**4**
Increased	38	14	7	11	6	**9**
Stable	40	65	74	63	67	**60**
Decreased	4	5	8	9	3	**5**
Fluctuated	9	11	4	8	14	**22**

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 $50 for one pill was reported in 2013/14 which is higher than with the prices reported by REU in 2014 and 2015. At the time of publication, data were not available for the 2014/15 financial year.

Table 33: Price per tablet of ecstasy reported by Tasmania Police 2004/05-2012/13

	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	**13/** **14**
Price per pill ($)	40-50	25-40	40	30-45	35-40	35-50	30-50	-	35	**50**

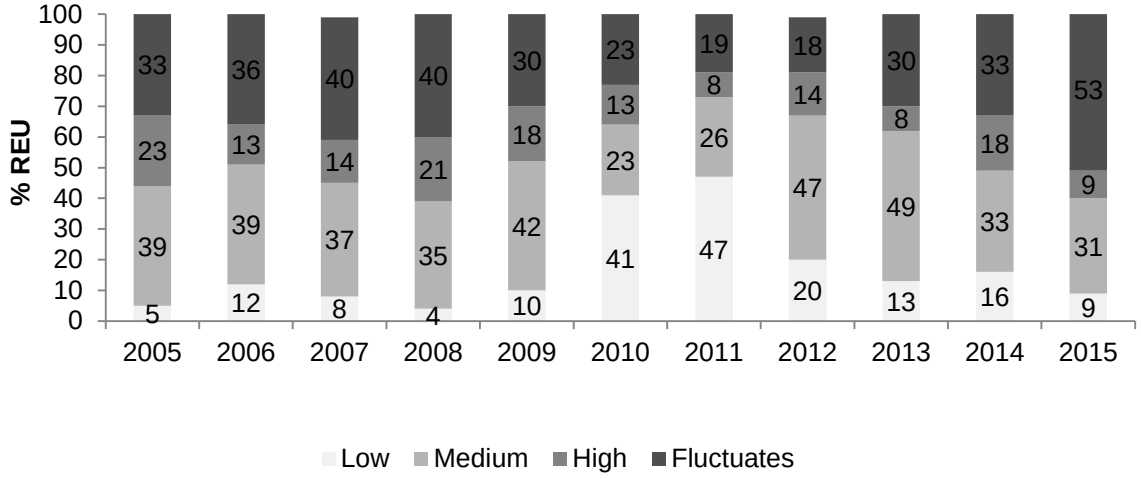
Source: ACC (2006-2015)

5.1.2 Purity

Ecstasy (pills, capsules, powder) was reported to be medium (31%) or fluctuating (53%) in purity in the past six months. The proportion reporting that ecstasy had fluctuated in purity was significantly greater relative to 2014 (53% vs 33%, χ^2=6.12, *p*=.013) (Figure 6). Ecstasy purity was reported to have either fluctuated (63%) or remained stable (25%) during the six months preceding the interview (Figure 7).

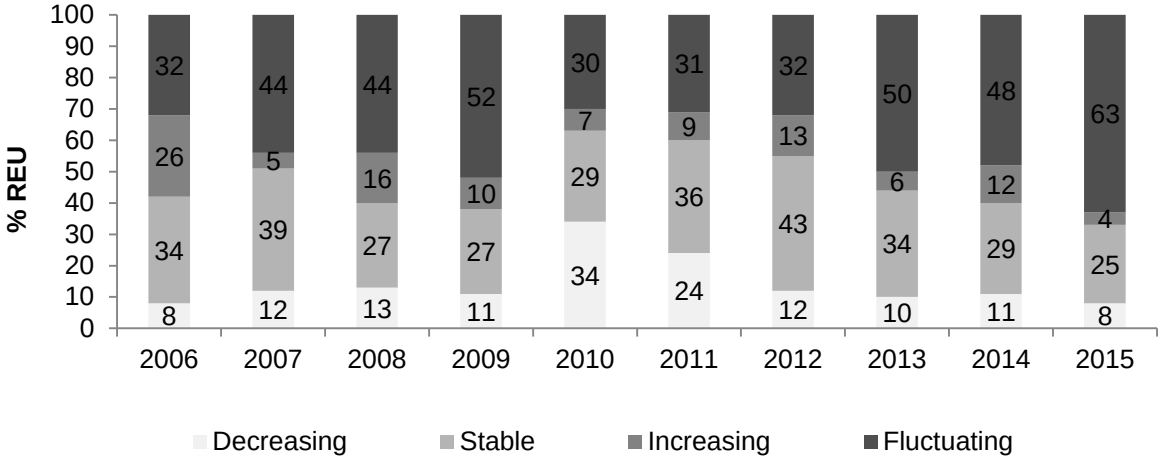
In relation to MDMA crystal (which was examined separately in 2015), a majority of those who commented (n=23) indicated that MDMA crystal was high in purity (52%), and purity was reported to have been stable (67%) or to have fluctuated (17%) or increased (17%) in the last six months.

Figure 6: Reports of current ecstasy purity among REU who commented, 2006-2015



Source: EDRS interviews
Note: 2014/15 data includes only non-crystal forms

Figure 7: Reports of change in ecstasy purity in the last six months among REU who commented, 2006-2015



Source: EDRS interviews
Note: 2014/15 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, with one sample of 64% purity reported in the 2013/14 reporting period (see Table 34). Data for the 2014/15 reporting period were not available at the time of publication.

Table 34: Median purity of phenethylamine seizures 2004/05-2013/14

	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	**2013 /14**
Median % Purity	-	-	27.1 n=4	24.6 n=3	-	34.2 n=1	-	-	-	**64.0 n=1**

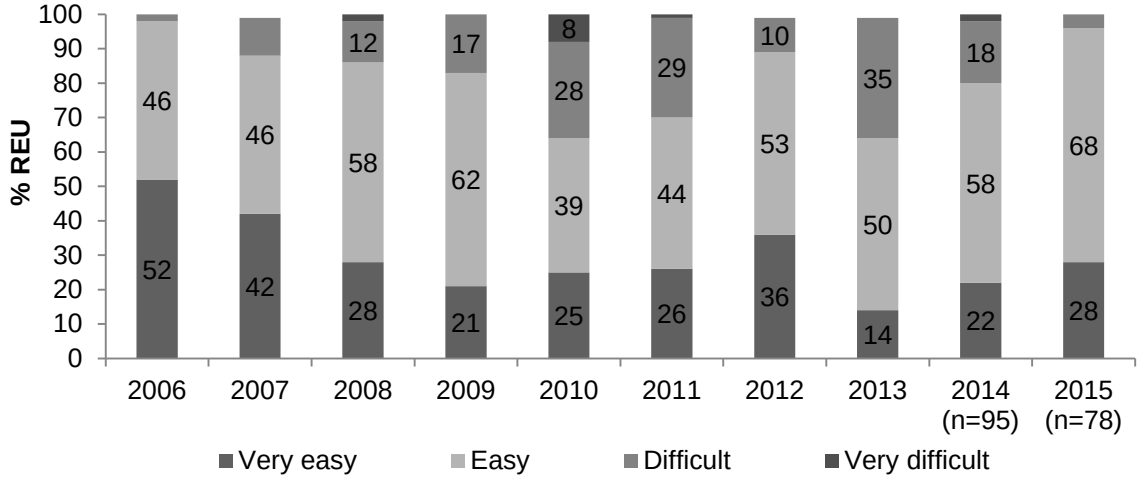
Source: ACC (2006-2015)

5.1.3 Availability

Ecstasy (pills, capsules, powder) was reported to be easy (68%) or very easy (28%) to obtain in the past six months (See Figure 8), and to remained stable (68%) or to have become have become easier (14%) to obtain in this period of time (See Figure 9).

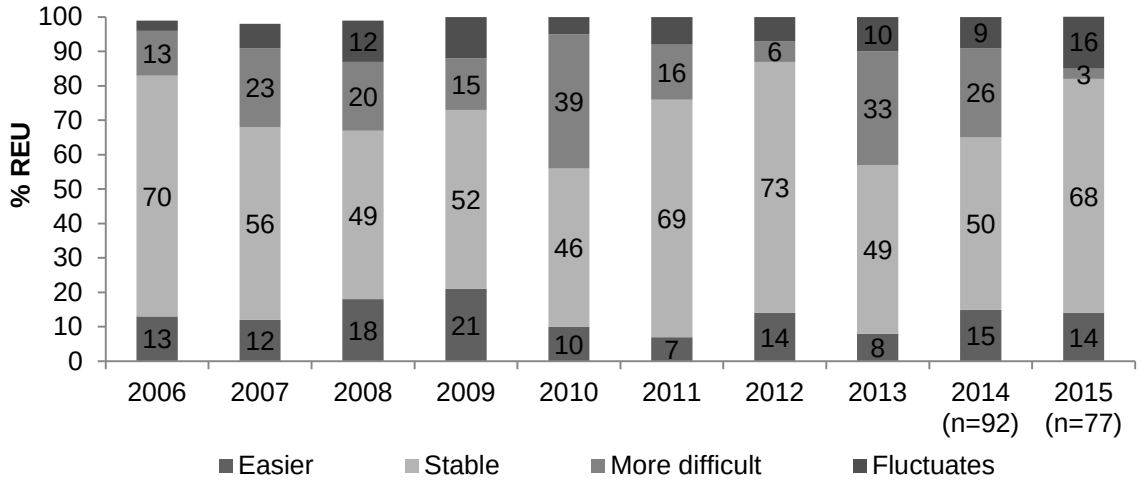
For MDMA crystal (which was examined separately in 2015), those who commented (n=24) typically indicated that it had been difficult (42%) or very difficult (21%) to obtain in the last six months, with the remainder reporting that it had been easy (29%) or very easy (8%) to obtain. This availability was reported to have been stable (55%) or to have become more difficult (14%) in this period of time.

Figure 8: REU reports of current availability of ecstasy, 2006-2015



Source: EDRS interviews

Figure 9: REU reports of change in ecstasy availability in the last six months, 2006-2015



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 2014, a large majority indicated that they last obtained ecstasy from friends (54%), most typically from a friend's home (22%), a public bar (12%), the respondent's own home (14%) or a nightclub (15%).

Among those who commented on MDMA crystal (n=24), a majority had obtained the drug from friends (67%) or known/unknown dealers (25%) on the last occasion, and it was typically last purchased at a friend's home (38%), in public pubs/bars (13%) or at the respondent's own home (13%).

Table 35: REU reports of ecstasy last source and location in the preceding six months, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Person last purchased from	n=100	n=72	n=99	n=76	n=98	**n=78**
Friends (%)	73	76	65	71	66	**54**
Known dealers (%)	18	15	11	8	12	**14**
Acquaintances (%)	7	8	10	7	4	**9**
Workmates (%)	0	0	4	4	7	**8**
Unknown people (%)	2	0	6	7	3	**9**
Street/Mobile dealers (%)	0	0	0	0	0	**0**
Online (%)	0	0	0	0	1	**0**
Other (%)	0	0	0	0	6	**3**
Location last purchased ecstasy	n=100	n=72	n=99	n=76	n=97	**n=78**
Friend's home (%)	39	29	28	32	27	**22**
Dealer's home (%)	5	6	5	5	4	**9**
Home (%)	18	18	20	20	16	**14**
Nightclub (%)	13	14	7	11	14	**15**
Rave/doof/dance party	1	3	3	3	1	**5**
Private party (%)	3	3	10	5	9	**8**
Pub/bar (%)	13	14	11	11	17	**12**
Street (%)	1	4	3	3	1	**1**
Agreed public location (%)	6	3	3	1	2	**4**
Work (%)	0	0	5	4	7	**6**
Online (%)	0	3	1	0	1	**0**
Other (%)	0	0	0	0	1	**0**

Source: EDRS interviews

5.1.4 Ecstasy markets and patterns of purchasing ecstasy

REU interviewed in 2015 reported purchasing ecstasy from a median of three people (range 0-7 people) in the preceding six months (Table 36). Over half of the sample (55%) indicated that they had last purchased ecstasy for themselves, and the remaining two-fifths (42%) had last purchased ecstasy for both themselves and others. A median of two tablets had been purchased in this last transaction. Most commonly, ecstasy was purchased monthly or less frequently (39%) or fortnightly to monthly (38%) during this time.

Table 36: Patterns of purchasing ecstasy in the last six months, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Median people purchased from (range)	3 1-10	3 1-10	3 1-30	3 1-6	2 1-25	**3** **0-7**
Last purchase for (%)						
Didn't purchase	1	3	1	0	3	**1**
Self only	36	34	42	38	45	**55**
Self and others	60	62	57	60	51	**42**
Others only	3	1	0	3	1	**1**
No. times purchased (%)						
1-6	54	62	43	51	59	**53**
7-12	36	27	29	39	33	**38**
13-24	9	10	18	7	7	**9**
25 +	1	1	10	3	1	**0**
Median pills last purchased (range)	n/a	3 1-100	3 1-160	3 1-10	3 1-50	**2** **1-25**

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 $50 (range $25-100), which is slightly higher than 2014 ($42.50) but similar to the years prior to this ($35-50).
- The last purchase price for one gram of methamphetamine powder was $300 (range $150-320) which is the same as the median prices reported in 2013 (range $130-400) and 2014 (range $150-350).
- Methamphetamine powder was reported to be medium (46%) or low (41%) in purity and the proportion reporting that it was low in purity was significantly greater in comparison to 2014 (11%). This purity was reported to be stable (35%) or fluctuating (45%) during the previous six months.
- Although a small number of people commented on the purity of base (n=4) and crystal (n=9), the purity of base was reported to be medium (75%) while the purity of crystal was reported to be medium (44%) or high (33%) in the last six months.
- Two-thirds (50%) reported that methamphetamine powder was 'easy' or 'very easy' to obtain, slightly lower to the proportion in 2014 (68%).

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 $50 (range $25-100) which is similar to the median price of $42.50 reported in 2014 (range $25-100). The median last purchase price for one point of crystal methamphetamine was higher at $100 (range 40-100) but the same as the last purchase price in 2014 and 2013 ($100).

The last purchase price for one gram of methamphetamine powder was $300 (range $150-320) which is the same as the median prices reported in 2013 (range $130-400) and 2014 (range $150-350). The median last purchase price for one gram of crystal methamphetamine was higher at $600 but was based on a small sample size.

Over four-fifths (85%) 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=4) and crystal (n=9), the price of base was reported to have been stable (75%) and the price of crystal was also reported to have been stable (100%) in the last six months.

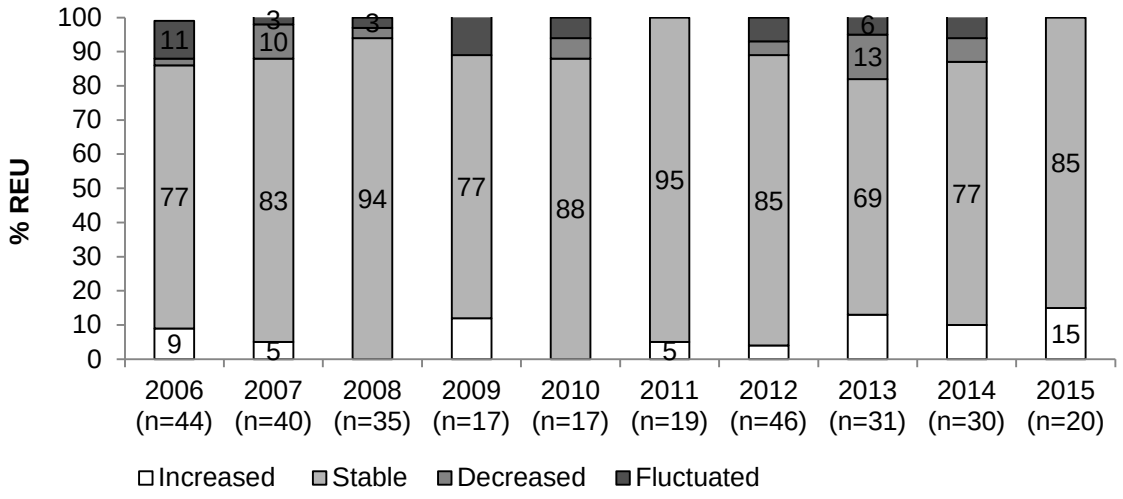
Among KE who were interviewed in Hobart, the price per gram was reported to be $300 for powder and $800-900 for crystal. The price per point was reported to be $50-75 for powder compared to $100 for crystal. These estimates are relatively consistent with the prices reported by REU.

Table 37: Last purchase price of methamphetamine forms purchased by REU, 2010-2015

Median last price	2010	2011	2012	2013	2014	**2015**
Powder						
Point (range)	$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	**$50 25-100 n=19**
Gram (range)	$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	**$300~ 150-320 n=6**
Base						
Point (range)	$50~ n=1	$50~ 50-50 n=2	$50 20-100 n=10	-	$30~ 25-40 n=4	**$65~ 60-70 n=2**
Gram (range)	$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~ 50 n=2	$60~ 50-100 n=5	$100~ 100-100 n=5	$100~ 50-100 n=8	**$100~ 40-100 n=9**
Gram (range)	-	$275~ 250-300 n=2	$300~* 80-300 n=3	-	$500~ 400-700 n=3	**$600~ 280-800 n=3**

Source: EDRS interviews
~n<10

Figure 10: Recent changes in price of methamphetamine powder purchased among REU who commented, 2006-2015



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 2013/14 financial year, Tasmania Police reported methamphetamine (non-crystal) prices as $50 per point (0.1g) and $300 per gram compared to $100 per point and $500 per gram for crystal methamphetamine. Data for the 2014/15 reporting period were unavailable at the time of publication.

Table 38: Methamphetamine prices in Tasmania reported by Tasmania Police Drug Investigation Services, 2006/07-2013/14

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
2013/14	**$50**	**$300**	**$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
2013/14	**$100**	**$500**	**$10,000-14,000**

Source: ACC (2008-2015)
Note: Data for 2014/15 financial year were not available at the time of publication

5.2.2 Purity

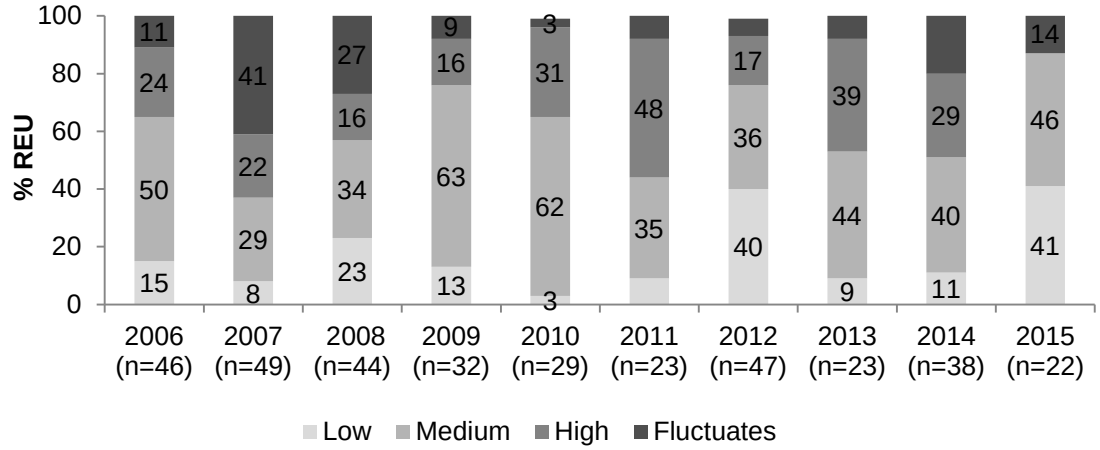
Due to the small number of REU who commented on methamphetamine base and crystal methamphetamine, trends in purity are examined over time for methamphetamine powder only.

The majority of REU who commented in 2015 indicated that methamphetamine powder was medium (46%) or low (41%) in purity (Figure 11), and the proportion reporting that it was low in purity was significantly greater in comparison to 2014 (11%), χ=5.89, *p*=.02. While one-third (35%) of respondents indicated that the purity of methamphetamine powder had remained stable in the last six months, nearly half (45%) reported that purity had been fluctuating (Figure 12).

Although a small number of people commented on the purity of base (n=4) and crystal (n=9), the purity of base was reported to be medium (75%) while the purity of crystal was reported to be medium (44%) or high (33%) in the last six months.

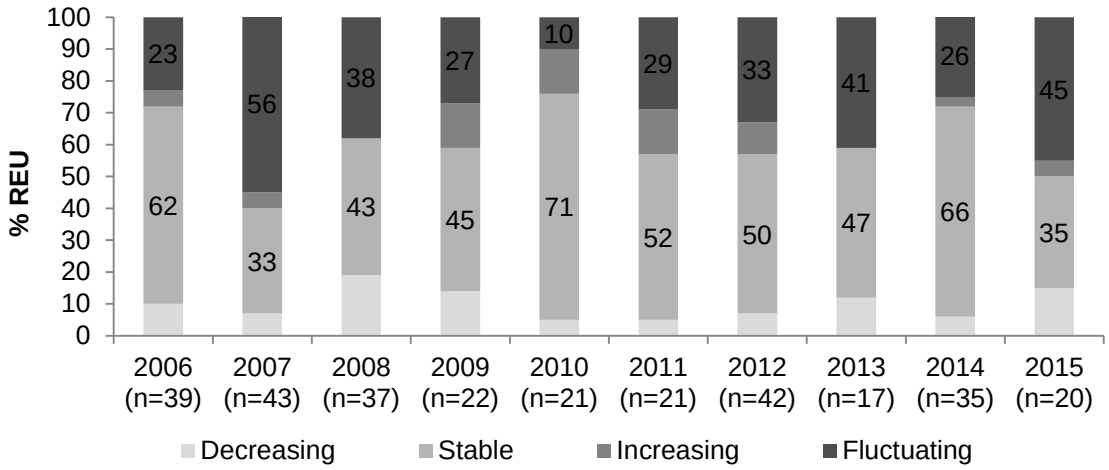
KE who commented on methamphetamine powder indicated that it was currently low in purity (n=2), and others (n=2) noted that crystal methamphetamine was currently high in purity.

Figure 11: Reports of methamphetamine powder purity among REU who commented, 2006-2015



Source: EDRS interviews

Figure 12: Reports of changes in methamphetamine powder purity in the past six months among REU who commented, 2006-2015



Source: EDRS interviews

Table 39 shows purity of methamphetamine seizures received at Tasmanian Police analytical laboratories between 2004/05 to 2013/14 financial years. Data for the 2014/15 reporting period were not available at the time of publication.

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 2013/14 reporting period, the total median purity of analysed methamphetamine seizures (n=17) was relatively high (64.3%) and similar to the previous reporting period (64%).

Table 39: Purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2004/05-2013/14

	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	**2013/ 14**
≤2 g										
n	10	6	15	7	11	-	3	2	1	**-**
Median % purity	32.3	15	24.6	7.6	12.6		33.6	5.2	64	**-**
> 2 g										
n	-	3	23	32	9	5	50	21	6	**17**
Median % purity	-	6.9	6.5	8.5	7.8	4.4	9.3	71.9	62.2	**64.3**
Total										
n	10	9	38	39	20	5	53	23	7	**17**
Median % purity	32.3	13	12.4	8.5	9.2	4.4	9.3	7.9	64	**64.3**
Range	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	**10.2-79.0**

Source: ACC (2006-2015)
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

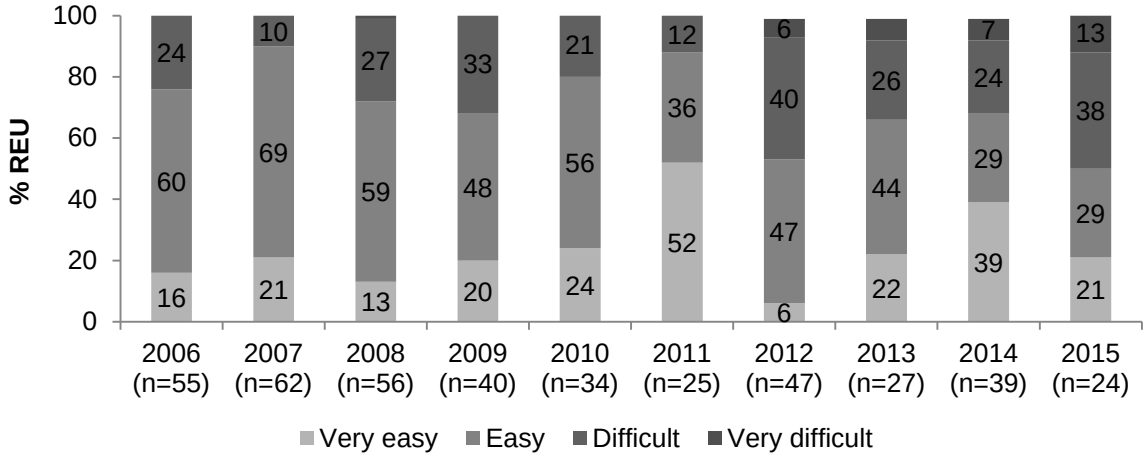
Few REU were able to comment on the availability and changes in availability for methamphetamine base (n=4) and crystal methamphetamine (n=9). Thus availability over time is examined for methamphetamine powder only.

The majority of REU reported that methamphetamine powder was currently ‘very easy’ (21%) or ‘easy’ (29%) to obtain and 38% reported that it was currently ‘difficult’ to obtain (Figure 13). Over one-half (52%) reported that availability had remained stable during the last six months, while the other half of respondents (48%) 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 2006 and 2015. In 2015, two-thirds (50%) reported that powder was easy/very easy to obtain, slightly lower to the proportions in 2013 (66%) and 2014 (68%). Similarly, a majority of those who commented reported that base (50%) and crystal (100%) were easy/very easy to obtain in 2015.

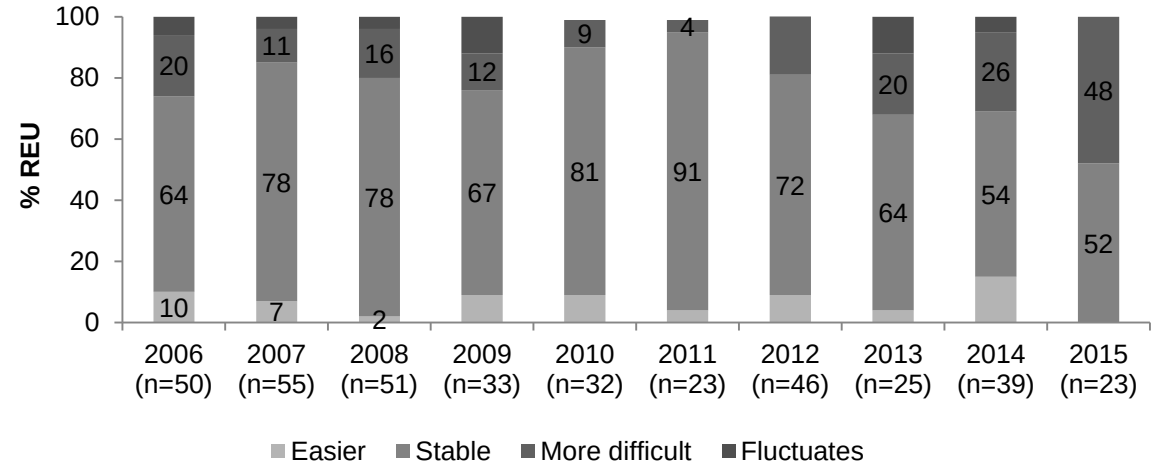
Among KE who commented on the forms of methamphetamine currently available in Hobart, several noted recent decreases in the use and availability (n=3) of methamphetamine powder. Similarly, recent increases were noted in the use (n=4) and availability (n=4) of crystal methamphetamine.

Figure 13: REU reports of current availability of methamphetamine powder, 2006-2015



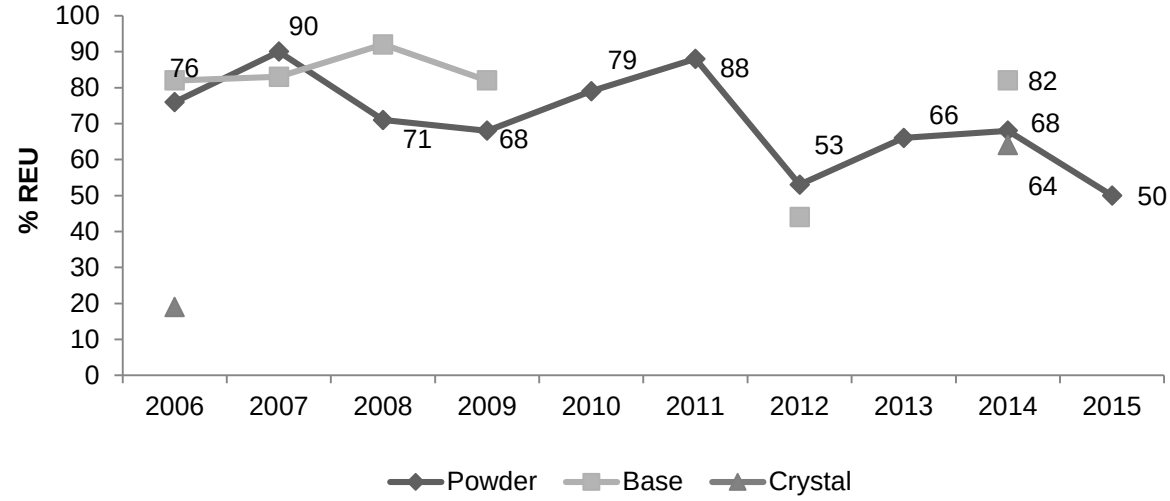
Source: EDRS interviews

Figure 14: REU reports of change in methamphetamine powder availability in the last six months, 2006-2015



Source: EDRS interviews

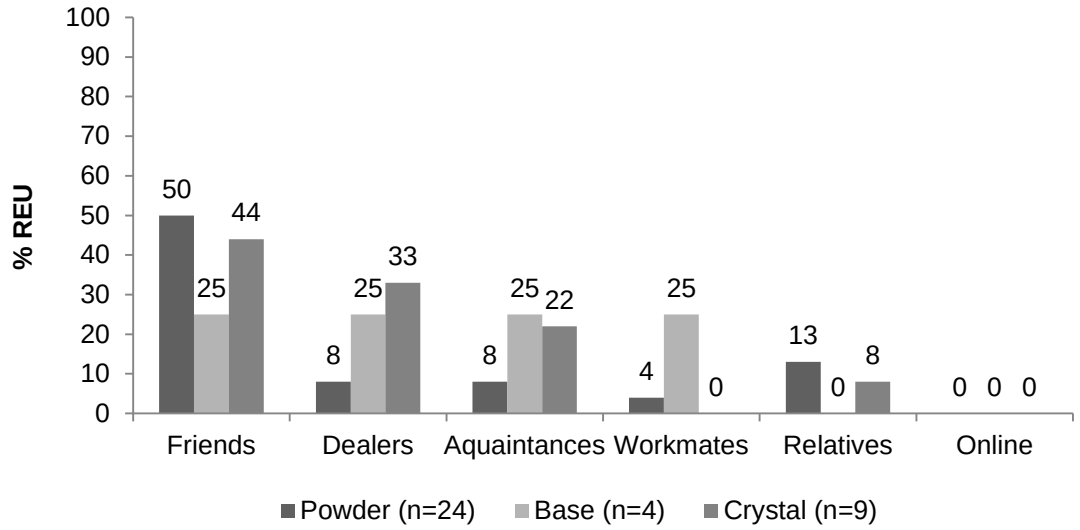
Figure 15: Proportion of REU reporting various forms of methamphetamine as very easy or easy to obtain in the six months preceding interview, 2006-2015



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

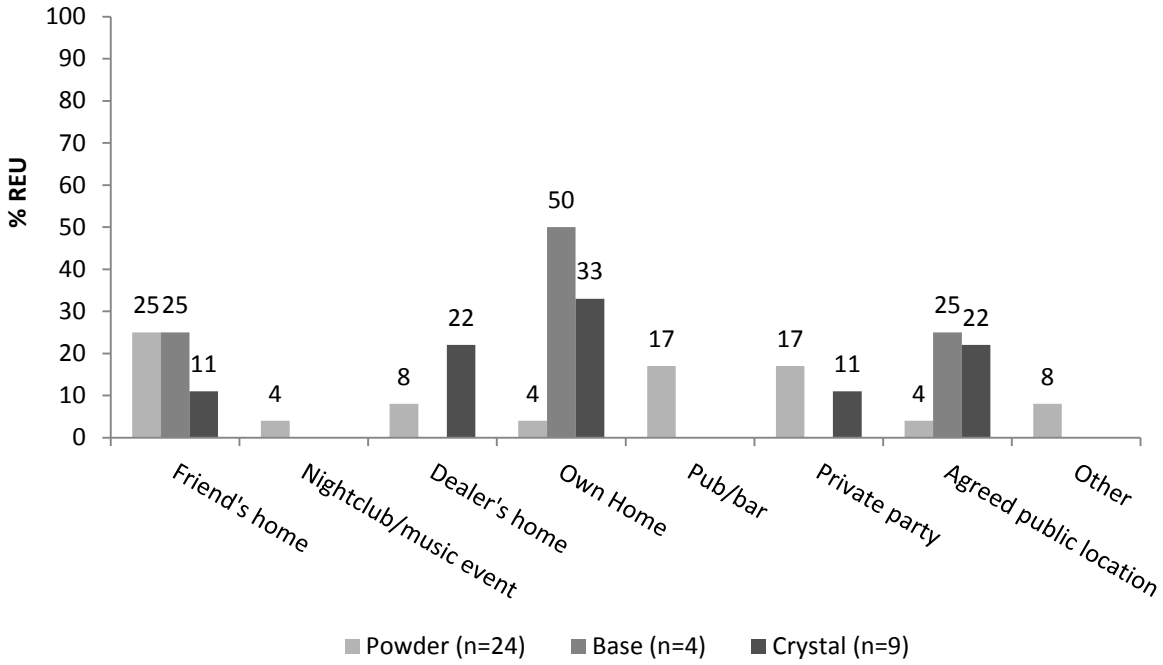
REU were asked who they had obtained each methamphetamine form from on the last occasion of use in the previous six months, and at which locations they had obtained the drug (see Figure 16 and Figure 17 respectively). For powder (50%) and crystal (44%) forms of methamphetamine, participants were most likely to have last obtained the drug from friends, while base was equally obtained from friends (25%), a known dealer (25%), workmates (25%), or from an acquaintance (25%) (Figure 16). The most common locations for the last purchase of methamphetamine powder (Figure 17) were a friend's home (25%), a public bar (17%), or a private party (17%). The most common last location of purchase was a friend's home for both base (50%) and crystal (33%).

Figure 16: People from whom methamphetamine powder, base and crystal were last purchased in the preceding six months, 2015



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

Figure 17: Locations where methamphetamine powder, base and crystal were last purchased in the preceding six months, 2015



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 $287 (range $275-300) and no recent price trends were noted.
- Cocaine was reported to be medium (50%) or high (33%) in purity and this purity was reported to have remained 'stable' (40%) or fluctuated (40%) in the last six months.
- The majority of those who commented on the availability of cocaine indicated that it was currently 'difficult' (33%) or 'very difficult' (50%) to obtain. Availability was reported to have remained stable (67%) in the last six months.

5.3.1 Price

Table 40 shows median prices and price variations reported by REU for cocaine between 2010 and 2015. These price estimates are typically based on small sample sizes and should be interpreted with caution. In 2015, the median last purchase price for one gram of cocaine was $287 (range $275-300). Of those who commented (n=5), one-third (33%) indicated that the price had remained stable while two-thirds indicated that price had fluctuated 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, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Median last price						
Point	$35~	-	$80~	-	$20~	**$75~**
(range)	n=1		40-120		n=1	**n=2**
Gram	$350	$300	$300~	$300~	$350~	**$287~**
(range)	80-350	200-400	250-350	280-350	75-400	**275-300**
Price change (%)	n=17	n=13	n=10	n=3	n=5	**n=3**
Increased	6	15	10	0	20	**0**
Stable	71	77	60	67	60	**33**
Decreased	12	0	20	0	0	**0**
Fluctuated	12	8	10	33	20	**67**

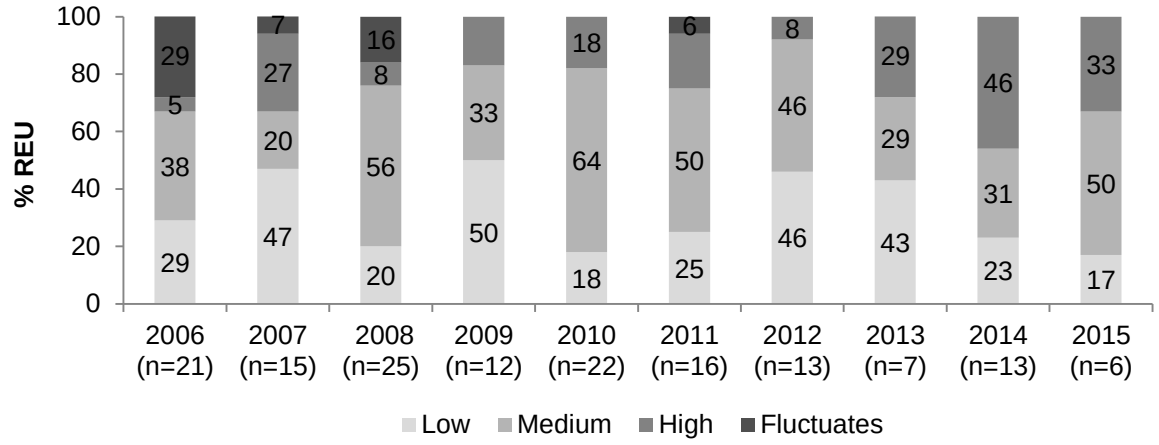
Source: EDRS interviews
~n<10

Cocaine prices were reported by Tasmania Police for the 2013/14 ACC Illicit drug data report (ACC, 2015). The price for one gram of cocaine in Tasmania was reported to be $300-500, which is relatively consistent with price reported by the Tasmanian REU sample in 2015. Data for the 2014/15 reporting period were unavailable at the time of publication.

5.3.2 Purity

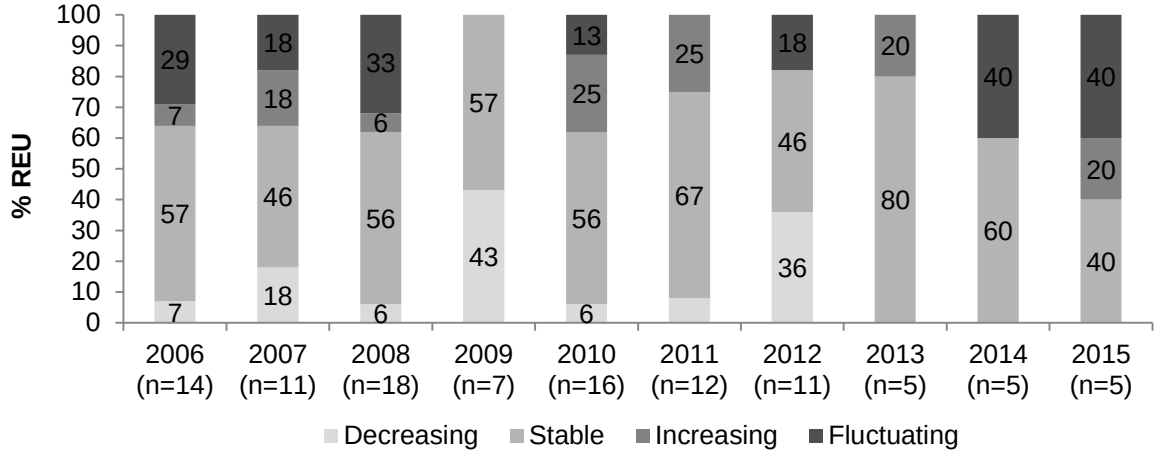
Purity estimates for cocaine are based on small sample sizes and should be interpreted with caution. REU were asked about the current purity of cocaine (Figure 18) and any changes in purity in the last six months (Figure 19). Those who commented in 2015 indicated that cocaine was currently medium (50%) or high (33%) in purity. Those who commented on changes in purity in the last six months indicated that it had remained stable (40%) or had fluctuated during this time (40%) (Figure 19).

Figure 18: REU reports of current purity of cocaine, 2006-2015



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, 2006-2015



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

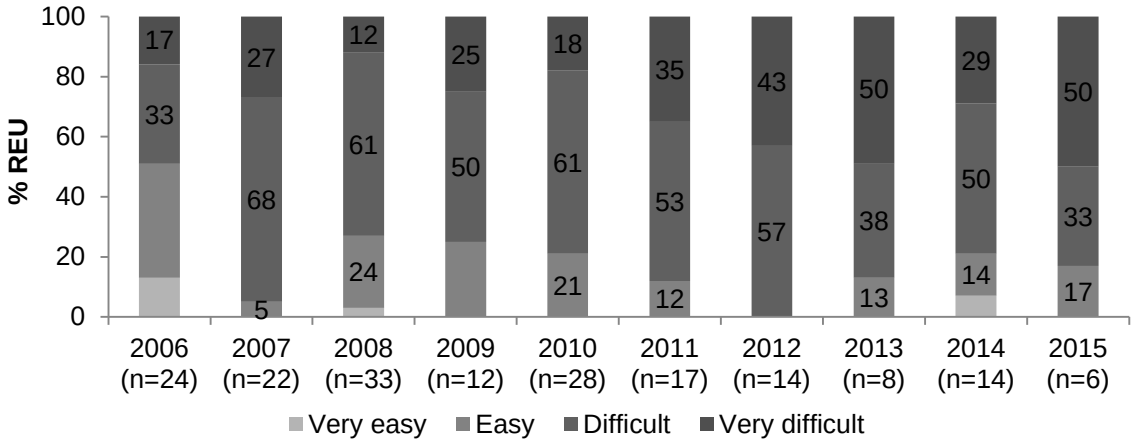
There were no cocaine seizures analysed for purity by Tasmanian Police as reported in the 2013/14 illicit drug data report (ACC, 2015). One sample of cocaine (>2 grams) was analysed (29.8% purity) in the 2011/12 reporting period (ACC, 2013). Data for the 2014/15 reporting period was unavailable at the 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 (33%) or very difficult (50%) to obtain and availability was reported to have remained stable (67%), or to have become easier (17%), or more difficult (17%) during the preceding six months (Figure 21). Similarly, most KE who commented on cocaine (n=4) indicated that the use and availability of the drug was currently low in Hobart.

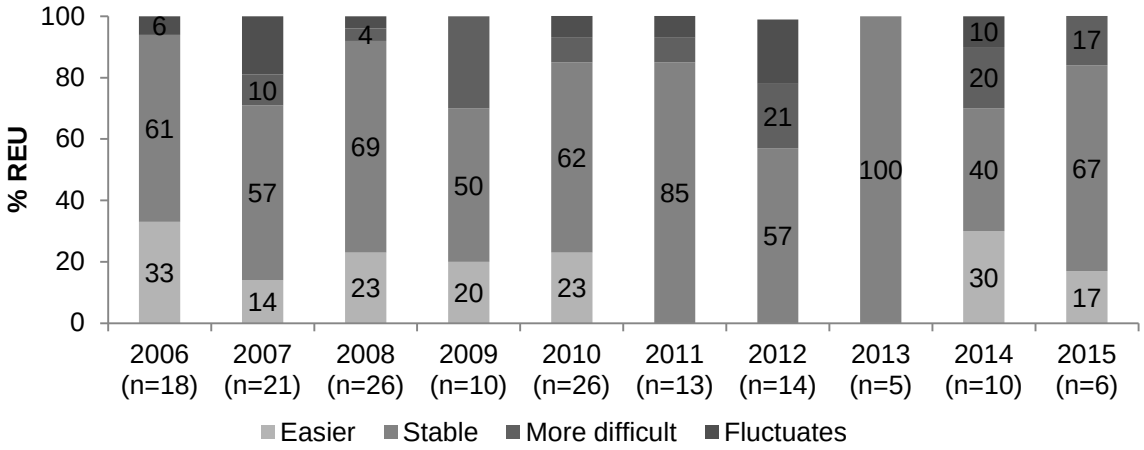
Cocaine had typically last been purchased from friends (50%), and had been last obtained from a friend's home (50%) on this occasion (Table 41).

Figure 20: REU reports of current availability of cocaine, 2006-2015



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, 2006-2015



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, 2010-2015

Cocaine	2010	2011	2012	2013	2014	**2015**
Person last purchased from	n=23	n=19	n=16	n=10	n=15	**n=6**
Used not purchased (%)	0	11	44	10	0	**0**
Friends (%)	78	47	31	80	87	**50**
Dealers (%)	17	26	6	10	7	**17**
Acquaintances (%)	4	5	6	0	0	**17**
Unknown dealers (%)	0	5	0	0	0	**0**
Work mates (%)	0	5	13	0	0	**0**
Other (%)	0	0	0	0	7	**17**
Location last purchased	n=23	n=19	n=16	n=10	n=15	**n=6**
Used not purchased (%)	0	11	44	10	0	**0**
Home (%)	13	5	0	0	20	**17**
Friend's home (%)	48	37	13	60	40	**50**
Dealers' home (%)	9	5	0	0	7	**0**
Rave/dance party (%)	0	0	0	0	0	**0**
Nightclub (%)	4	0	6	10	7	**0**
Public bar (%)	17	21	19	0	0	**0**
Private party (%)	4	0	0	10	13	**17**
Agreed public location (%)	0	5	0	0	0	**0**
Live music event (%)	0	5	0	10	7	**0**
Acquaintance's home (%)	4	0	6	0	0	**0**
Work (%)	0	0	13	0	0	**0**
Online (%)	0	0	0	0	7	**0**
Other (%)	0	10	0	0	0	**17**

Source: EDRS interviews

5.4 LSD

Summary:

- The median last price for one tab/drop of LSD in 2015 was $15 (range $5-30), and this price was reported to have remained stable during the past six months.
- The purity of LSD was considered by REU to be high (52%) or medium (36%) and to have remained stable during the last six months.
- A large majority of those commenting indicated that LSD was very easy (29%) or easy (55%) to obtain and that availability had recently been stable (76%).
- LSD was typically last obtained from friends and was most commonly last obtained from private residences or at a live music event.

5.4.1 Price

The median last purchase price for one tab of LSD was $15 (range $5-30) in 2015, which is slightly lower than the median price of $20 reported between 2011 and 2014 (Table 42). During the six months preceding the interview, almost three-quarters (71%) of those who commented on the price of LSD indicated that it had remained stable during this time.

Table 42: Prices of LSD purchased by REU, 2010-2015

LSD	2010	2011	2012	2013	2014	**2015**
Median last price	n=18	n=26	n=28	n=25	n=30	**n=30**
Tab	$25	$20	$20	$20	$20	**$15**
(range)	10-25	10-35	5-25	10-30	10-39	**5-30**
Price change (%)	n=21	n=29	n=34	n=21	n=29	**n=28**
Increased	14	14	6	14	10	**7**
Stable	81	79	82	67	48	**71**
Decreased	0	3	6	10	3	**11**
Fluctuated	5	3	6	10	38	**11**

Source: EDRS interviews
[#] last six months

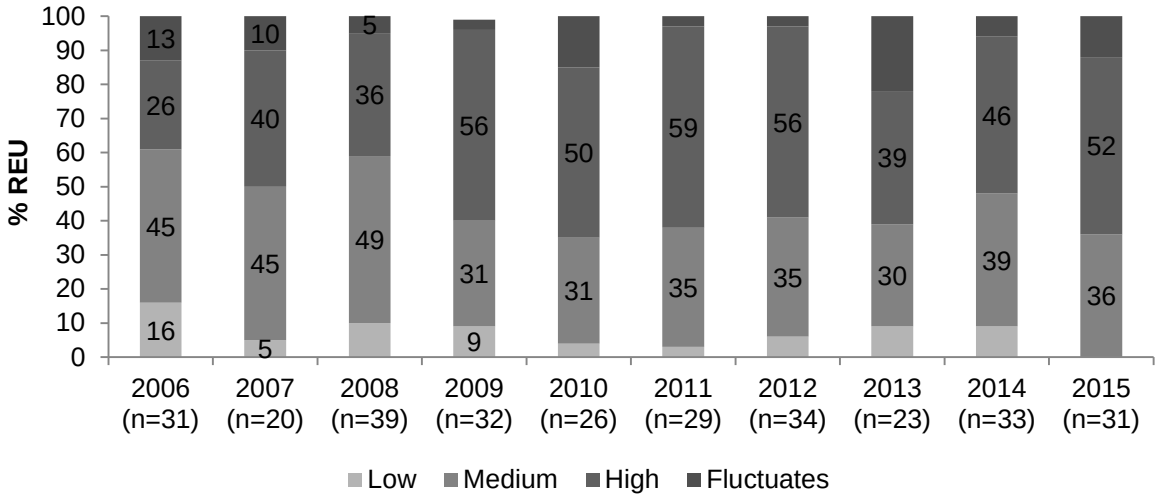
During the 2013/14 period, Tasmania Police reported a price of $10-20 for one tab of LSD (ACC, 2015), which is relatively consistent with the price reported by REU in 2015. Data for the 2014/15 reporting period were unavailable at the time of publication.

KEs interviewed in 2015 indicated that LSD prices ranged for $5-15 for one tab or drop of liquid.

5.4.2 Purity

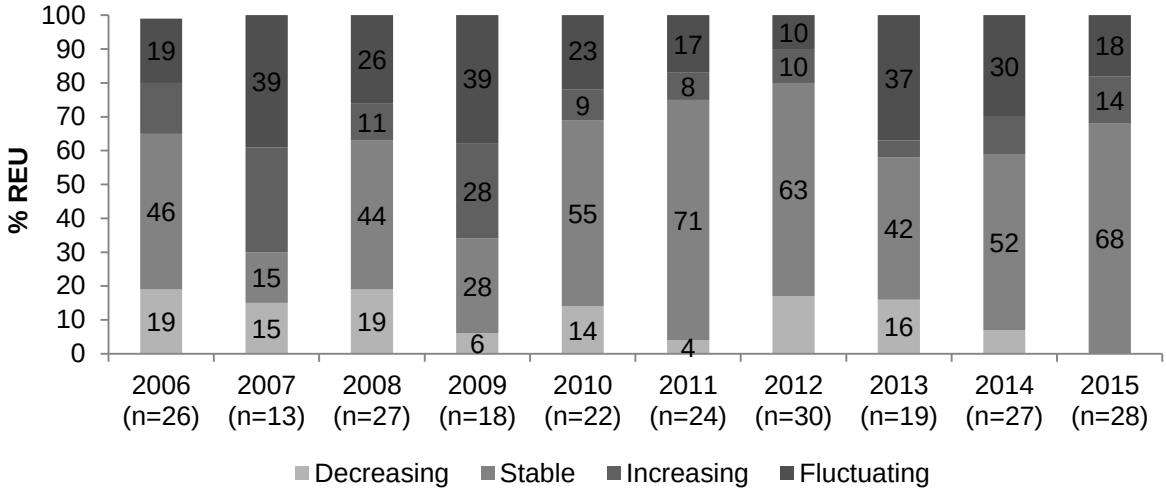
LSD was typically reported to be high (52%) or medium (36%) in purity (Figure 22). Over three-fifths of REU (68%) reported that this purity had remained stable during the six months preceding the interview and almost one-fifth (18%) indicated that purity had fluctuated (Figure 23).

Figure 22: Current purity of LSD, 2006-2015



Source: EDRS interviews

Figure 23: Recent change in purity of LSD, 2006-2015



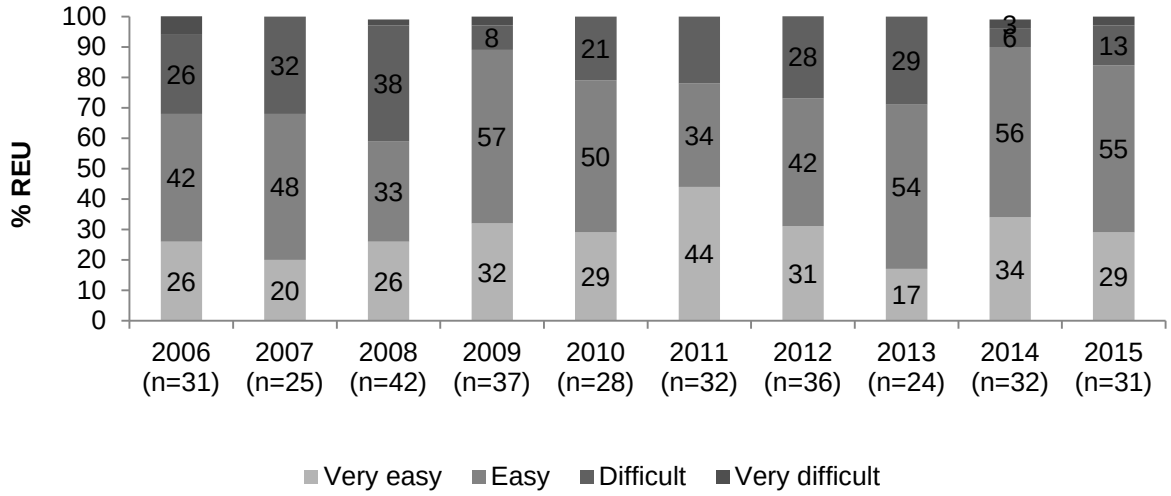
Source: EDRS interviews

5.4.3 Availability

A large majority of those who commented in 2015 reported that LSD was currently very easy (29%) or easy (55%) to obtain (see Figure 24), with the majority (76%) indicating that the availability of LSD had remained stable during the preceding six months (Figure 25).

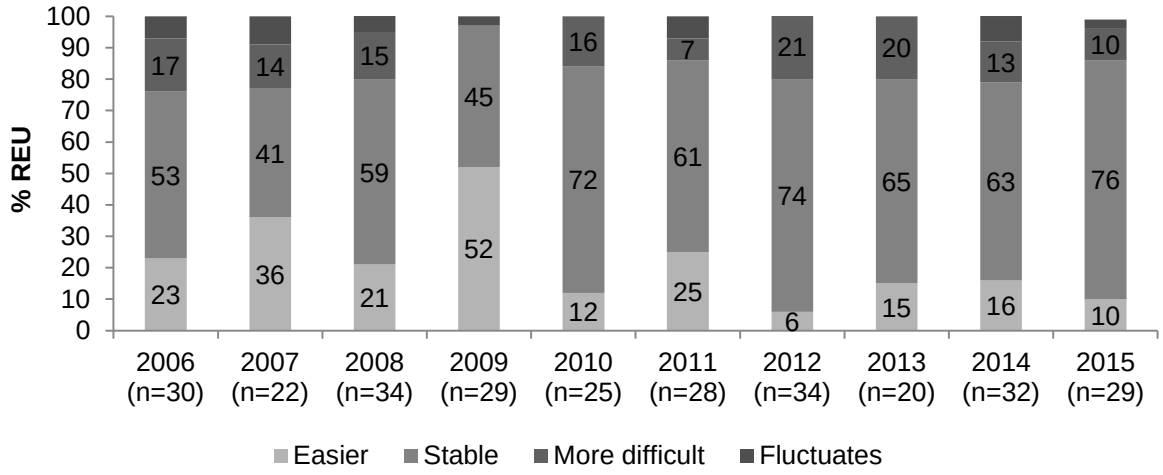
On the last occasion, LSD had most commonly been obtained from friends (68%) at either private residences (62%) or at a live music event (16%) (Table 43).

Figure 24: REU reports of current availability of LSD, 2006-2015



Source: EDRS interviews

Figure 25: REU reports of change in LSD availability in the last six months, 2006-2015



Source: EDRS interviews

Table 43: REU reports of availability of LSD in the preceding six months, 2010-2015

LSD	2010	2011	2012	2013	2014	**2015**
Person last purchased from	n=23	n=27	n=26	n=28	n=35	**n=31**
Used not purchased (%)	0	0	0	4	0	**0**
Friends (%)	78	74	77	57	80	**68**
Dealers (%)	9	11	8	29	11	**7**
Workmates (%)	0	0	4	0	0	**0**
Acquaintances (%)	13	11	4	11	6	**16**
Unknown persons (%)	0	40	4	0	3	**3**
Location last purchased	n=23	n=27	n=26	n=28	n=34	**n=31**
Used not purchased (%)	0	0	0	4	0	**0**
Home (%)	17	26	19	11	12	**13**
Friend's home (%)	39	33	31	21	27	**36**
Dealer's home (%)	4	0	4	11	3	**3**
Rave/doof/dance party (%)	9	0	31	21	6	**7**
Nightclub (%)	9	7	4	4	27	**0**
Pub/bar (%)	0	4	0	11	15	**0**
Agreed public location (%)	13	0	0	4	0	**7**
Private party (%)	4	4	4	4	6	**13**
Acquaintance's home (%)	0	7	0	0	0	**0**
Live music event (%)	4	11	0	11	3	**16**
Work (%)	0	0	4	0	0	**0**
Other (%)	0	7	4	0	3	**3**

Source: EDRS interviews

5.5 Cannabis

Summary:

- The median last purchase price for one ounce of hydroponically-grown ('hydro') cannabis was $300 (range $180-330), compared to $200 (range $200-300) 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 low (31%) or medium (42%), and the potency of bush was reported to be medium (63%) 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 during the six months preceding the interview.
- Both hydro and bush were typically obtained from friends or dealers 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 (<10) should be interpreted with caution.

The median last purchase price for one ounce (28 grams) of hydro was $300 (range $180-330) compared to $200 (range $200-300) for bush.

The median last purchase price for a quarter of an ounce (seven grams) was $90 (range $60-100) 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 (89%) and bush (87%) had recently remained stable.

Table 44: Price and weights of hydro cannabis purchased by REU, 2010-2015

Last purchase price	2010	2011	2012	2013	2014	**2015**
One gram (range)	$15~ n=1	-	$20~ 10-25	$10~ 10-25	$20 10-25	**$20** **15-20**
1/4 ounce (range)	$90 75-100	$70~* 50-100	$90 25-190	$80 60-100	$90 65-120	**$90** **60-100**
1/2 ounce (range)	$180~ 170-180	$163~ 125-200	$155~ 150-250	$150~ 75-200	$150 130-240	**$155** **110-175**
One ounce (range)	$275 250-350	$287~ 225-350	$300 150-350	$280 120-350	$300 250-350	**$300** **180-330**
Price change	n=36	n=7	n=48	n=46	n=45	**n=47**
Increased (%)	17	0	8	7	9	**6**
Stable (%)	72	100	85	87	71	**89**
Decreased (%)	3	0	0	2	0	**0**
Fluctuated (%)	8	0	6	4	20	**4**

Source: EDRS interviews
~n<10

Table 45: Price and weights of bush cannabis purchased by REU, 2010-2015

Last purchase price	2010	2011	2012	2013	2014	2015
One gram (range)	-	$10~	$15~* 10-25	$20~* 15-25	$15~ 10-25	**$15~ 5-20**
1/4 ounce (range)	$70~ 65-90	$70~*	$70 15-150	$65 50-90	$70 50-100	**$70 50-100**
1/2 ounce (range)	$125~ 80-160	$125~	$125~ 100-260	$130~ 70-150	$150~ 80-190	**$130~ 85-160**
One ounce (range)	$235~ 200-300	$225~	$250 70-320	$200 150-280	$225~ 100-290	**$200 200-300**
Price change	n=30	n=8	n=46	n=39	n=39	**n=38**
Increased (%)	7	0	2	0	5	**5**
Stable (%)	73	100	83	90	82	**87**
Decreased (%)	20	0	11	8	5	**8**
Fluctuated (%)	7	0	4	3	8	**0**

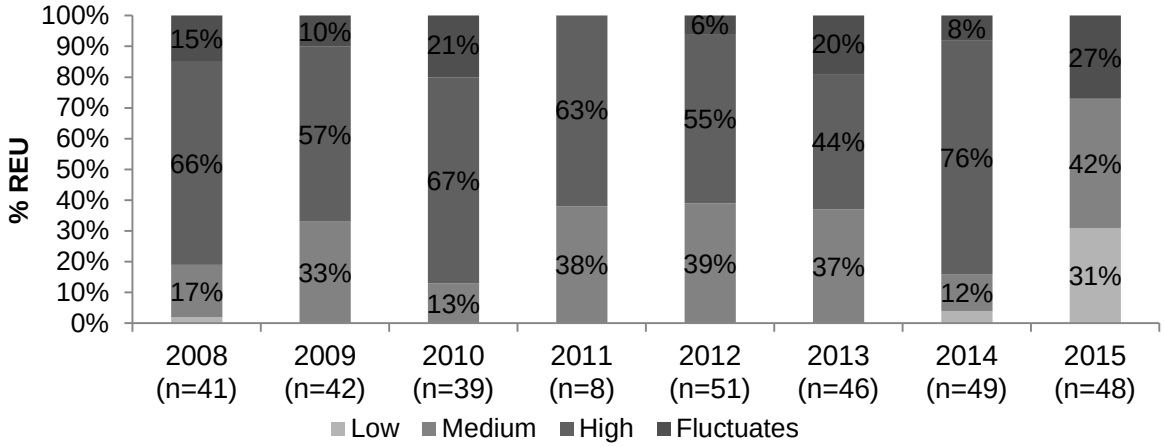
Source: EDRS interviews
~n<10

In the 2013/14 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, 2015). Data for the 2014/15 financial year were unavailable at the time of publication.

5.5.2 Potency

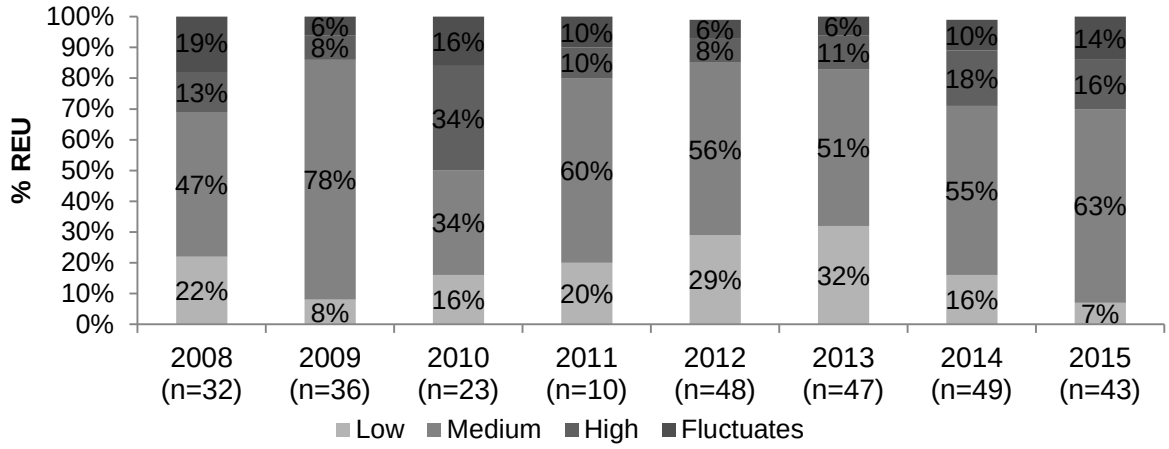
Participants were asked to comment on the current potency of hydroponic (Figure 26) and bush cannabis (Figure 27) and changes in potency during the six months preceding the interview (Figure 28). Two-fifths (42%) of respondents reported that hydroponically-grown cannabis was currently medium in potency, while around one-third indicated it was low (31%) or fluctuating (27%) in potency. Bush was reported to be medium (63%) in potency. The majority of those who commented indicated that the potency of both bush (64%) and hydro (52%) had remained stable during the preceding six months.

Figure 26: Current potency of hydro cannabis, 2008-2015



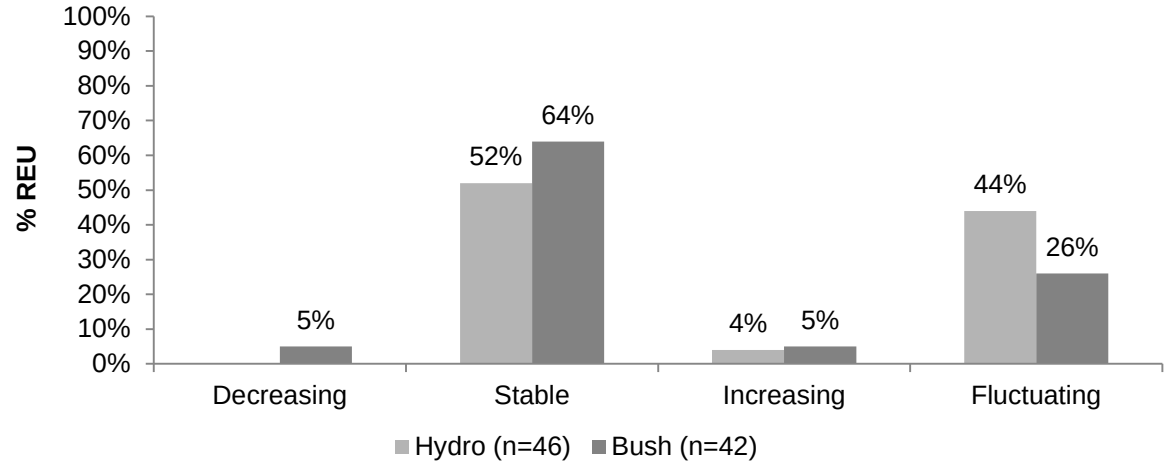
Source: EDRS interviews

Figure 27: Current potency of bush cannabis, 2008-2015



Source: EDRS interviews

Figure 28: Recent change in potency of cannabis, 2015

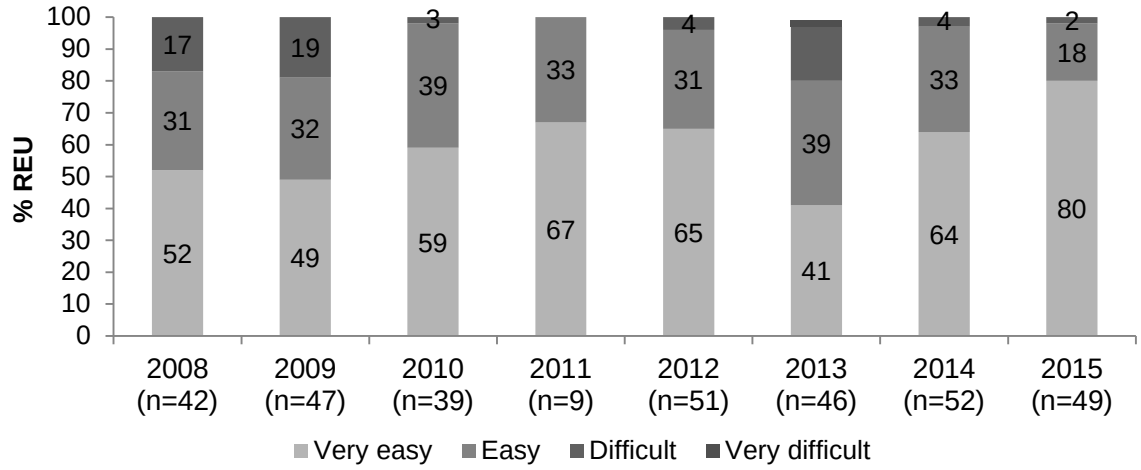


Source: EDRS interviews

5.5.3 Availability

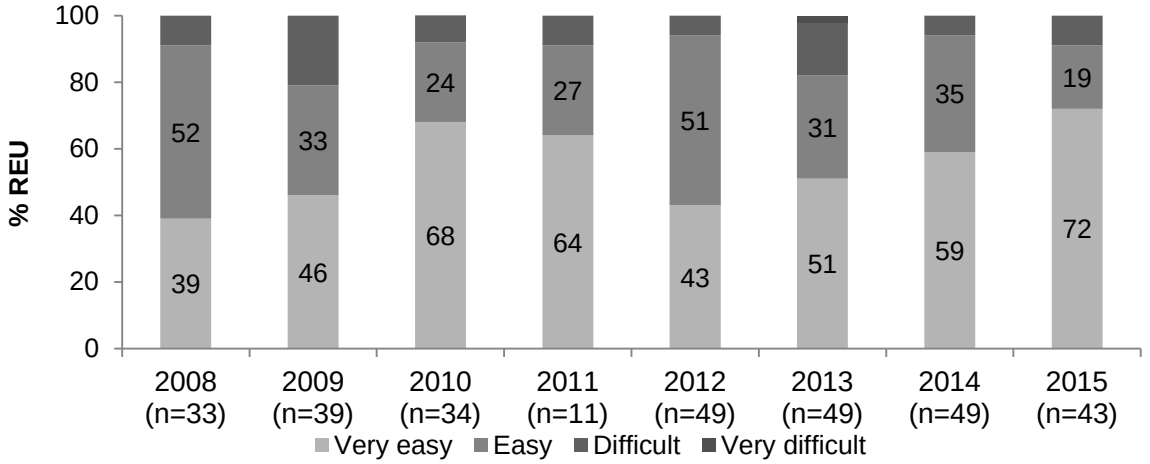
REU were asked to comment on the current availability of hydro and bush cannabis (Figures 29 and 30 respectively) and changes in this availability (Figures 31 and 32 respectively) during the six months preceding the interview. A majority of those that commented on the current availability of hydro indicated that it was currently very easy (80%) or easy (18%) to obtain, and that this availability had been stable (82%) during the preceding six months. Similarly, bush was reported to be very easy (72%) or easy (19%) to obtain, and this availability had been stable (84%) during the last six months.

Figure 29: REU reports of current availability of hydro cannabis, 2008-2015



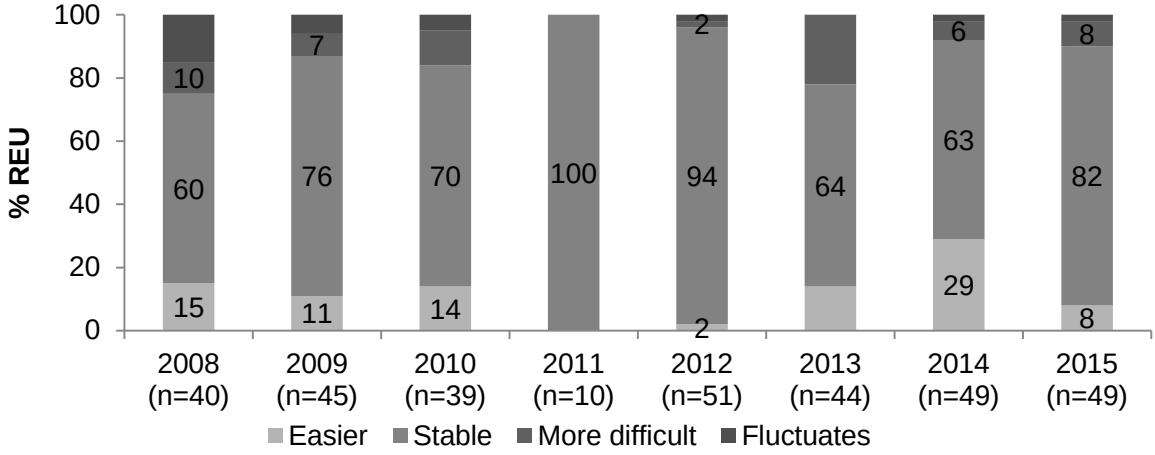
Source: EDRS interviews

Figure 30: REU reports of current availability of bush cannabis, 2008-2015



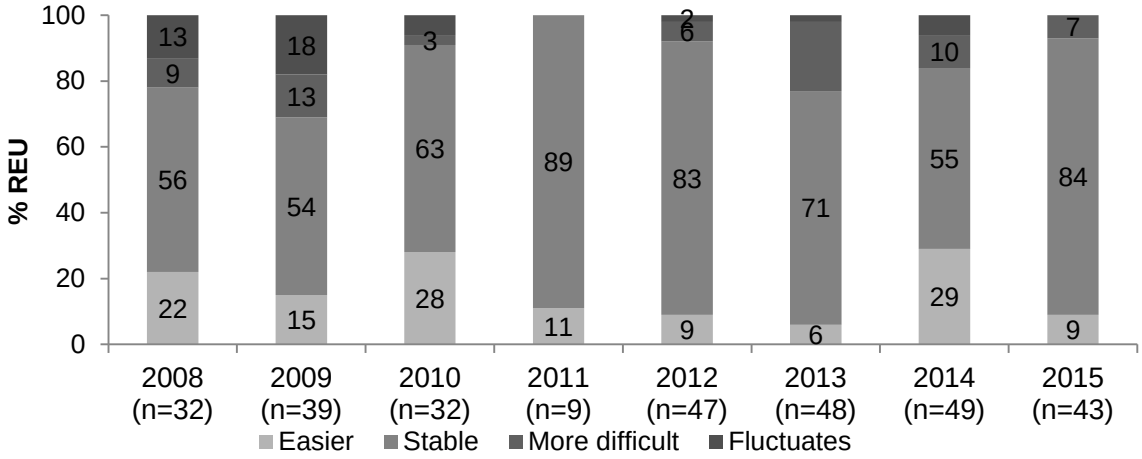
Source: EDRS interviews

Figure 31: REU reports of change in hydro cannabis availability in the last six months, 2008-2015



Source: EDRS interviews

Figure 32: REU reports of change in bush cannabis availability in the last six months, 2008-2015



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 friends (47%) or dealers (37%) at private residences, most typically a friend's home (31%), the respondent's own home (29%), or dealer's home (16%). Similarly, bush was last obtained from friends (42%) or dealers (33%), and was most typically last obtained at private residences, including a friend's home (37%), dealer's home (16%), or the respondent's own home (21%).

Table 46: REU reports of last hydro source in the last six months, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Person last purchased*	n=38	n=9	n=50	n=45	n=52	**n=49**
Used not purchased (%)	0	0	2	7	2	**0**
Friends (%)	82	56	60	44	0	**47**
Dealers (%)	5	44	26	38	62	**37**
Workmates (%)	3	0	4	0	0	**4**
Acquaintances (%)	3	0	2	2	33	**0**
Unknown persons (%)	3	0	6	0	2	**0**
Other (%)	0	0	0	0	2	**12**
Last location purchased*	n=37	n=10	n=50	n=45	n=51	**n=49**
Used not purchased (%)	0	0	2	7	2	**1**
Home delivery (%)	27	27	32	40	24	**29**
Friend's home (%)	51	36	36	22	41	**31**
Dealer's home (%)	5	27	18	27	14	**16**
Acquaintance's home (%)	3	0	0	0	2	**0**
Agreed public location (%)	8	0	2	2	6	**14**
Street market (%)	0	0	0	0	0	**0**
Work (%)	3	0	2	0	2	**2**
Pub/bar (%)	0	0	0	0	4	**2**
Other (%)	3	0	6	0	6	**2**

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, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Person last purchased*	n=29	n=11	n=46	n=47	n=51	**n=43**
Used not purchased (%)	0	0	4	2	2	**1**
Friends (%)	79	64	63	55	0	**42**
Dealers (%)	17	27	22	32	69	**33**
Workmates (%)	0	0	2	0	0	**7**
Acquaintances (%)	3	0	2	2	20	**5**
Unknown persons (%)	0	0	7	0	4	**0**
Relative (%)	0	0	0	0	4	**9**
Other (%)	0	0	0	0	2	**0**
Last location purchased*	n=29	n=11	n=46	n=47	n=50	**n=43**
Used not purchased (%)	0	0	10	2	2	**1**
Home delivery (%)	31	27	26	19	34	**21**
Friend's home (%)	48	36	39	40	40	**37**
Dealer's home (%)	10	27	18	26	6	**16**
Acquaintance's home (%)	3	0	0	0	0	**2**
Agreed public location (%)	3	0	0	4	6	**14**
Street market (%)	0	0	0	0	0	**0**
Work (%)	0	0	2	0	0	**0**
Private party (%)	0	0	0	0	4	**0**
Pub/bar (%)	0	0	0	0	2	**2**
Other (%)	3	9	7	4	6	**0**

Source: EDRS interviews

6.0 HEALTH-RELATED TRENDS

Summary:

- **Overdose.** Over one-tenth (14%) of the 2015 REU sample had overdosed on a drug in the preceding six months, a lower proportion relative to 2014 (21%). In 2015, 9% reported a recent overdose episode on a stimulant drug (e.g., ecstasy, LSD, mephedrone) and 5% reported a recent overdose on a depressant drug (e.g., alcohol, benzodiazepines). 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.** Two-thirds (65%) of REU reported accessing a health/medical service in the past six months for any reason, most commonly a general practitioner (GP) (86%), dentist (41%), psychologist (16%), social/welfare worker (14%), medical tent/first aid (12%), specialist doctor (10%), hospital (8% inpatient, 6% outpatient), or emergency department (8%). Despite regular substance use, less than one-tenth (6%) 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 (40%), a drug and alcohol worker (40%), or a psychologist (40%).
- **Mental health problems.** Nearly half (45%) of the 2015 REU sample reported experiencing mental health problems during the six months prior to the interview. Among these individuals, depression (74%) and/or anxiety (66%) were most commonly reported. Just half (46%) 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, NHS; ABS, 2009). The proportion of the 2015 EDRS sample with scores categorised as high/very high (53%) is substantially higher relative to the last three EDRS samples (33-37%) and 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. Those with high/very high K10 scores were significantly more likely to report a mental health problem (68% vs. 19%), and to have attended a mental health professional (32% vs 8%) in the last six months, but were not more likely to report accessing a health service in relation to drug use during this time (20% vs 16%).
- **Ecstasy dependence.** While one-third of recent ecstasy users (33%) reported experiencing no symptoms of dependence in relation to their ecstasy use, almost one-third (31%) reported experiencing significant symptoms of dependence. Those who reported significant symptoms of ecstasy dependence were no more likely to have accessed a health service in relation to drug use compared to those who did not below 3 (19% vs. 16%).
- **Methamphetamine dependence.** While one-quarter of recent methamphetamine users (28%) reported experiencing no symptoms of dependence in relation to their methamphetamine use, one-quarter (28%) reported experiencing significant symptoms of dependence. Those who reported significant symptoms of methamphetamine dependence were no more likely to have accessed a health service in relation to drug use compared to those who did not (11% vs. 13%).

- **Tasmanian drug treatment data.** While a number of calls have been made to the Tasmanian ADIS in relation to ecstasy over the past five years, these account for a small percentage (between 0.7% and 1.7%) of the calls made to this service. In the 2014/15 reporting period, almost half (44%) of all calls related to alcohol, followed by amphetamines (27%), and cannabis (17%). There has been an increase in the proportion of calls relating to amphetamine-type substances over the last three reporting periods, rising form 15.9% in 2012/13 to 27.2% in 2014/15.
- Data from the NMDS for alcohol and other drug treatment services in Tasmania show that alcohol (41%), cannabis (30%) were more commonly coded as the principal drug of concern in closed treatment episodes, followed by meth/amphetamine (11%) and morphine (4%). The proportion of closed treatment episodes relating to meth/amphetamine was similar relative to 2012/13 (11% vs 12%). The most common form of treatment was counselling (62% of episodes).
- **Tasmania hospital admission data**. A substantial increase in cannabis-related hospital admissions was reported in Tasmania between 2010/11 (121 per million population) and 2013/14 (329 per million population), representing an admission rate substantially greater than that seen nationally in 2013/14 (329 vs 186 per million population).
- There was an increase in the number of methamphetamine-related public hospital admissions in 2013/14 compared to 2012/13 (147 vs 61 admissions per million). However, since 2008/09, the rate of admissions in Tasmania has been well below the national admission rate, with a rate of 147 (per million persons) reported in Tasmania in 2013/14 compared to a rate of 342 nationally.
- There have 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

Almost one-third (31%) of the 2015 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 two (range 1-12). Over one-tenth (14%) of the 2015 REU sample had overdosed on a drug in the preceding six months, which is lower but not statistically different to the proportion among the 2014 sample (21%).

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 2015 sample had overdosed on a stimulant drug (9%), while a smaller proportion (5%) had overdosed on a depressant drug during the preceding six months (Table 48).

Table 48: Overdose (OD) on both stimulants and depressants among REU, 2010-2015

	2010 n=100	2011[#] n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever OD any drug (%)	16	53	24	35	40	**31**
Median times ever OD (range)*	2 1-40	6.5 1-122	1.5 1-20	1 1-60	5 1-102	**2** **1-12**
OD on any drug last in 6 months (%)	6	41	6	8	21	**14**
OD on stimulant drug last 6 months (%)	2	13	4	4	10	**9**
OD on depressant drug last 6 months (%)	4	32	2	4	14	**5**

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 (57%), LSD (29%), and MXE (14%). Alcohol had also been consumed in 71% of these cases and cannabis (29%), cocaine (29%) or ecstasy (29%) were also noted as a secondary drug in almost one-third of cases. The last stimulant overdose episode typically occurred at a music event (29%), rave/dance party (29%), at private location (28%) or at a public bar (14%). A majority reported that they either received no treatment (43%) or that they were attended to by an ambulance or attended hospital (29%) on this occasion. The main symptoms experienced included: increased heart rate (43%), irregular rapid breathing (14%), vomiting (14%), extreme anxiety (14%), and visual hallucination (14%).

The main drug involved in the last depressant overdose in the last six months was alcohol (75%). The overdose episode typically occurred at a private residence (75%) and participants either received no treatment (50%) or were watched by friends (50%) on this occasion. The main symptoms experienced included: vomiting (75%) and collapsing (25%).

Table 49: Characteristics of last overdose on stimulant and depressant drugs among REU who had experienced an overdose episode in the last six months, 2011-2015

	Stimulant overdose					Depressant overdose				
	2011	2012	2013	2014	**2015**	2011	2012	2013	2014	**2015**
Main drug (%)[#]	n=10	n=4	n=3	n=10	**n=7**	n=24	n=2	n=3	n=14	**n=4**
Ecstasy	20	25	-	50	**57**	-	-	-	-	**-**
Meth powder	40	-	33	-	**-**	-	-	-	-	**-**
Meth base	-	--	-	10	**-**	-	-	-	-	**-**
Crystal meth	-	-	33	10	**-**	-	-	-	-	**-**
Alcohol	-	-	-	-	**-**	92	100	33	86	**75**
Benzodiazepines	-	-	-	-	**-**	-	-	33	7	**25**
Pharm. stimulants	10	-	-	-	**-**	-	-	-	-	**-**
Other opioids	-	-	-	-	**-**	-	-	-	-	**-**
Capsule (unknown)	10	25	-	-	**-**	-	-	-	-	**-**
Mephedrone	10	-	-	-	**-**	-	-	-	-	**-**
Heroin	-	-	-	-	**-**	8	-	33	7	**-**
Cocaine	-	25	-	-	**-**	-	-	-	-	**-**
DXM	-	25	-	-	**-**	-	-	-	-	**-**
MDA	-	-	33	-	**-**	-	-	-	-	**-**
LSD	-	-	-	10	**29**	-	-	-	-	**-**
Other NPS	10	-	-	20	**14**	-	-	-	-	**-**
Other drugs (%)[#]	n=10	n=4	n=3	n=10	**n=7**	n=24	n=2	n=3	n=14	**n=4**
Ecstasy	10	-	100	10	**29**	8	50	-	7	**-**
Meth powder	-	-	33	-	**14**	-	-	-	-	**-**
Meth base	-	-	-	-	**-**	-	50	-	-	**-**
Crystal meth	-	-	-	-	**14**	-	-	-	-	**-**
Alcohol	70	100	100	50	**71**	8	-	33	14	**25**
Cannabis	40	25	33	20	**29**	33	-	-	29	**50**
Antidepressants	-	-	-	-	**-**	-	-	-	-	**-**
Benzodiazepines	10	-	-	10	**-**	4	-	-	-	**-**
Amyl nitrite	-	-	-	-	**-**	4	-	-	-	**-**
LSD	-	-	-	10	**-**	-	-	-	-	**-**
Other opioids	-	-	-	10	**-**	-	-	-	-	**25**
Methadone	-	-	-	-	**-**	-	-	-	-	**-**
Energy drinks	10	-	-	-	**-**	-	-	-	-	**-**
Mushrooms	-	25	-	-	**-**	-	-	-	-	**-**
Ketamine	-	-	-	20	**-**	-	-	-	-	**-**
Cocaine	-	-	-	-	29	-	-	-	-	-
Last location (%)[#]	n=10	n=4	n=3	n=10	**n=7**	n=24	n=2	n=3	n=14	**n=4**
Home	10	25	33	30	**14**	33	50	-	14	**25**
Friend's home	50	25	67	30	**14**	21	50	67	-	**-**
Dealer's home	-	-	-	-	**-**	-	-	-	7	**25**
Pub	10	25	-	10	**14**	17	-	-	7	**-**
Live music event	10	25	-	-	**29**	4	-	-	-	**25**
Nightclub	10	-	-	-	**-**	25	-	-	7	**-**
Rave/dance party	-	-	-	30	**29**	-	-	33	7	**-**
Outdoors	-	-	-	-	**-**	-	-	-	7	**-**
Private party	10	-	-	-	**-**	-	-	-	50	**25**
Other	-	-	-	-	**-**	-	-	-	-	**-**
Treatment (%)[#]	n=10	n=4	n=3	n=10	**n=7**	n=24	n=2	n=3	n=17	**n=4**
None	90	50	-	50	**43**	71	50	67	64	**50**
Watched by friends	10	50	100	40	**14**	17	50	33	36	**50**
Onsite help	-	-	-	-	**-**	-	-	-	-	**-**
Hospital/ambulance	-	-	-	-	**29**	4	-	-	-	**-**
Taken to doctor	-	-	-	-	**-**	-	-	-	-	**-**
Other	-	-	-	20	**14**	4	-	-	7	**-**
Don't know	-	-	-	10	**-**	4	-	-	7	**-**
Median hours partying before OD (range)*	6.75 3-24	4 .2-48	12 8-48	11 1-336	**7** **2-24**	6 3-72	15 6-24	8 6-10	6.5 3-16	**6** **6-10**

Source: EDRS interviews

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

6.2 Help-seeking behaviour

Two-thirds (65%) of the 2015 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 three occasions (range 1-38) during the past six months. The services that were most typically accessed were a GP (86%), dentist (41%), psychologist (16%), social/welfare worker (14%), medical tent/first aid (12%), specialist doctor (10%), hospital (8% inpatient, 6% outpatient), or emergency department (8%).

Less than one-tenth (6%) 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 four (range 1-14). Among those who had recently accessed health services in relation to drug use, the most commonly accessed services were a GP (40%), a drug and alcohol worker (40%), or a psychologist (40%). On the last occasion, services had most often been accessed in relation to cannabis (40%), methamphetamine (crystal) (20%) or ecstasy (20%).

An additional 16% (n=12) indicated that they had thought about contacting services for reasons related to drug use. Reasons for not contacting services were: not wishing to stop drug use (42%), working out the problem oneself (33%), lack of knowledge regarding available services (17%), ‘couldn’t be bothered’ (8%), and was not a priority (8%).

Table 50: Access to health services in the last six months among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=75	2014 n=100	**2015 n=78**
Accessed any health service in last 6 months (%)	n/a	n/a	n/a	53	78	**65**
Median number of times accessed services (range)	n/a	n/a	n/a	n=40 3 1-54	n=77 4 1-25	**n=51** **3** **1-38**
Services accessed (%)	n/a	n/a	n/a	n=40	n=77	**n=51**
GP				78	84	**86**
Psychologist				23	14	**16**
Psychiatrist				5	3	**6**
Drug/alcohol counsellor				5	7	**4**
Social/welfare worker				10	5	**14**
Dentist				28	29	**41**
Specialist doctor				10	21	**10**
Emergency Department				5	14	**8**
Hospital (inpatient)				5	17	**8**
Hospital (outpatient)				3	8	**6**
Medical tent/First Aid				5	4	**12**
Ambulance				3	5	**-**
Other health service				**10**	**16**	10
Accessed health service in relation to drug use in last 6 months (%)	14	13	11	9	11	**6**
Median number of visits related to drug use (range)	n/a	n/a	n/a	n=7 2 1-46	n=11 5 1-22	**n=5** **4** **1-14**
Services accessed in relation to drug use (%)*	n=14	n=12	n=11	n=7	n=11	**n=5**
GP	29	50	55	43	73	**40**
First aid	14	-	-	14	-	**-**
Ambulance	7	-	-	-	-	**-**
Emergency	7	17	-	-	9	**-**
Hospitalisation	-	-	-	-	9	**-**
Counsellor	21	17	9	-	-	**-**
Drug & alcohol worker	15	8	18	29	46	**40**
Psychologist	39	8	9	29	18	**40**
Psychiatrist	17	-	-	-	-	**-**
Social/welfare worker	-	-	-	14	-	**20**
Specialist doctor	-	-	-	14	-	**-**
Dentist	-	-	-	-	9	**-**
Other	15	-	9	-	9	**-**
Main drug on last visit (%)*	n/a	n/a	n/a	n=7	n=11	**n=5**
Alcohol				-	18	**-**
Ecstasy				29	9	**20**
Methamphetamine				-	27	**20**
Cannabis				29	9	**40**
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

Nearly half (45%) of the 2015 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 depression (74%), anxiety (66%), and paranoia (26%).

Just over one-fifth of the sample (21%), or nearly half (46%) 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 (6%) or antipsychotics (6%) for psychological conditions during this time.

Table 51: Self-reported mental health problems in last six months, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Experienced mental health problem in last 6 months (%)	30	27	34	41	33	**45**
Mental health problem*	n=30	n=20	n=34	n=31	n=33	**n=35**
Depression (%)	60	50	50	74	61	**74**
Anxiety (%)	60	60	71	55	70	**66**
Paranoia (%)	17	10	32	13	21	**26**
Panic (%)	10	20	15	10	6	**3**
Psychosis (%)	3	5	3	-	3	**6**
OCD (%)	3	-	-	7	3	**-**
Bipolar disorder (%)	10	15	3	3	-	**9**
Eating disorder (%)	-	-		-	3	**-**
Self-harm (%)	-	-		-	-	**-**
Schizophrenia (%)	-	-	3	3	-	**-**
Mania (%)	-	-	3	-	3	**-**
Personality disorder (%)	-	5	-	3	3	**6**
Phobia (%)	-	-	-	7	6	**-**
PTSD (%)	-	-	-	13	9	**6**
Other (%)	-	-	-	-	9	**3**
Attended mental health professional (%)	33	19	14	21	14	**21**
Prescribed antidepressants (%)	3	7	1	9	6	**6**
Prescribed benzodiazepines (%)	3	7	4	7	5	**6**
Prescribed antipsychotics (%)	3	3	1	3	1	**6**

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.

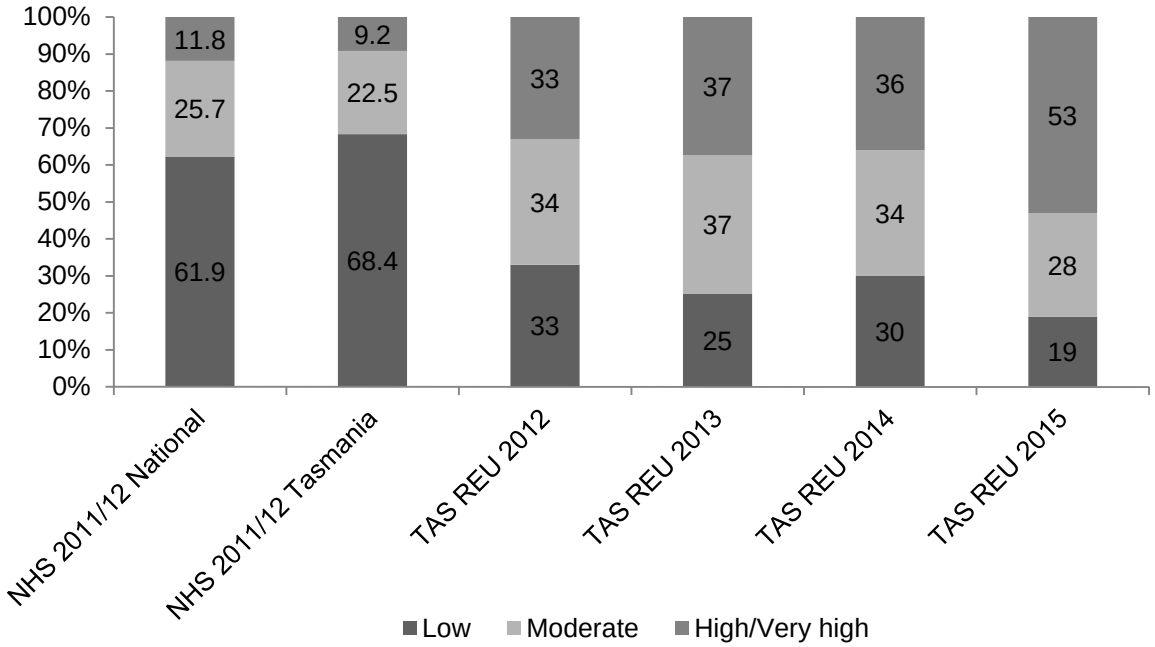
Among a normative Australian population sample from the 2007 National Survey of Mental Health and Wellbeing, the mean K10 score was 14.5 (SE=0.1) out of a possible score of 50 (Slade et al., 2011). Among the REU interviewed in 2015, the mean K10 score was higher at 21.2 (SD=6.0) and the median was 22 (range 10-40). A score of 22 equates to a score close to the 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, 8% of REU had a score of 30 and above and therefore 'very high' levels of psychological distress. Nearly one half scored in the 'high' (45%) category, nearly a third (28%) scored in the 'moderate' category, and one-fifth scored in the 'low' (19%) category (Figure 33). The proportion of respondents who scored in the 'high'/'very high' categories is higher than the proportion among the previous three EDRS samples (33-37%). 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 2015 EDRS sample with scores categorised as high/very high (53%) is substantially higher than both the national (11.8%) and Tasmanian (9.2%) samples from the NHS.

Those with high/very high K10 scores were significantly more likely to report a mental health problem in the last six months (68% vs. 19%, χ^2=19.17, p<.001), and to have attended a mental health professional (32% vs 8%, χ^2=6.64, p=.01) in the last six months, but were not more likely to report accessing a health service in relation to drug use during this time (20% vs 16%, χ^2=.504, p=.478).

Figure 33: Responses to the K10 questionnaire in the National Health Survey 2011/12 (aged 18-24) and EDRS, 2012-2015



Source: EDRS interviews, 2012-2015; National Health Survey, 2011/12

6.4 Other self-reported problems associated with ERD use

6.4.1 Self-reported symptoms of ecstasy dependence

REU were asked about how they had felt about their stimulant (ecstasy or methamphetamine) use during the 6 months preceding the interview using a version of the Severity of Dependence Scale (SDS) (Gossop et al., 1995). Each 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 completed the SDS in response to both ecstasy use and methamphetamine use. Participants were asked if they thought that their ecstasy/methamphetamine 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/methamphetamine use, if they had wished they could have stopped, and if they would find it difficult to stop, or go without ecstasy/methamphetamine.

Previous research suggests 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 2 (range 0-9) (Table 52). One-third (33%) of participants obtained a score of zero on the ecstasy SDS and therefore reported no or few symptoms of dependence in relation to ecstasy use. Two-fifths (42%) of the 2015 REU sample had a score of 3 or above on the ecstasy SDS and one-third (31%) had a score of 4 or more. Those with scores greater than 3 were no more likely to have accessed a health service in relation to drug use compared to those with a score below 3 (19% vs. 16%, χ^2=.136, *p*=.712).

Table 52: Self-reported symptoms of ecstasy dependence, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=74	**2015 n=77**
Median ecstasy SDS score	0	0	1	0	**2**
(range)	0-8	0-7	0-7	0-6	**0-9**
% ecstasy SDS score ≥ 3	15	12	41	19	**42**
% ecstasy SDS score ≥ 4	7	5	33	11	**31**

Source: EDRS interviews
Note: ecstasy SDS was not administered in 2014

6.4.2 Self-reported symptoms of methamphetamine dependence

REU participants that had used methamphetamine during the six months preceding the interview (n=32) were asked about how they felt about their use of this drug in the last 12 months, using the Severity of Dependence Scale (SDS). The scale consisted of 5 multiple choice questions that were rated on a scale of 0-3, resulting in a range of possible scores from 0-15, where higher scores suggest greater psychological dependence. Participants were asked if they thought that their methamphetamine 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 methamphetamine use, if they had wished they could have stopped, and if they would find it difficult to stop or go without methamphetamine.

The median SDS score for those who had used methamphetamine in the preceding six months was 2 (range 0-7) (Table 53). One-quarter of those who completed the methamphetamine SDS received a score of 0 (28%), indicating no symptoms of dependence. A score of 4 on the SDS in relation to methamphetamine use has been validated as a reasonable cut-off for predicting DSM-III-R diagnosis of severe amphetamine dependence (Topp & Mattick, 1997). Over one-quarter (28%) of those REU who completed the methamphetamine SDS had a score of 4 or more, suggesting significant psychological symptoms of dependence. This is substantially higher than the proportion among the 2010

and 2011 EDRS samples (4-5%). Those with scores greater than 4 were no more likely to have accessed a health service in relation to drug use compared to those with a score below 4 (11% vs. 13%, χ^2=.022, *p*=.882).

Table 53: Self-reported symptoms of methamphetamine dependence, 2010-2015

	2010 n=45	2011 n=40	**2015 n=32**
Median methamphetamine SDS score (range)	0 0-8	0 0-8	**2 0-7**
% methamphetamine SDS score ≥ 4	4	5	**28**

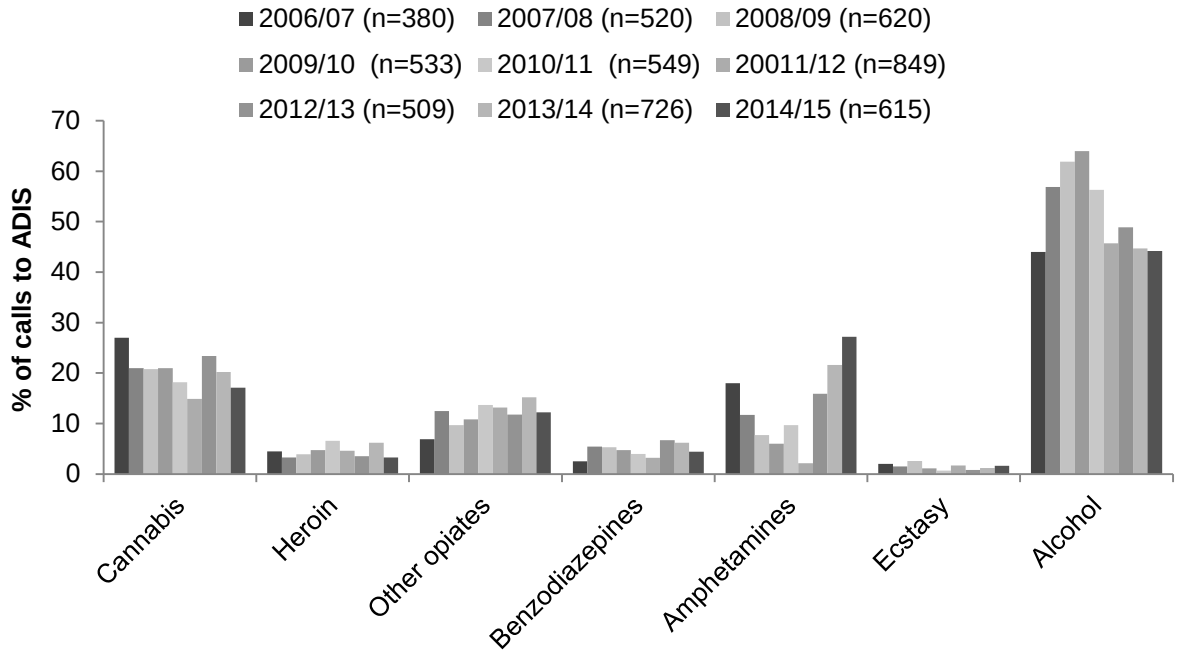
Source: EDRS interviews
Note: methamphetamine SDS was not administered between 2012 and 2014

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, 2008-2016). In the 2014/15 reporting period, over two-fifths (44%) of all calls related to alcohol, followed by amphetamines (27%), and cannabis (17%) (Figure 34). There has been an increase in the proportion of calls relating to amphetamine-type substances over the last three reporting periods, rising form 15.9% in 2012/13 to 27.2% in 2014/15.

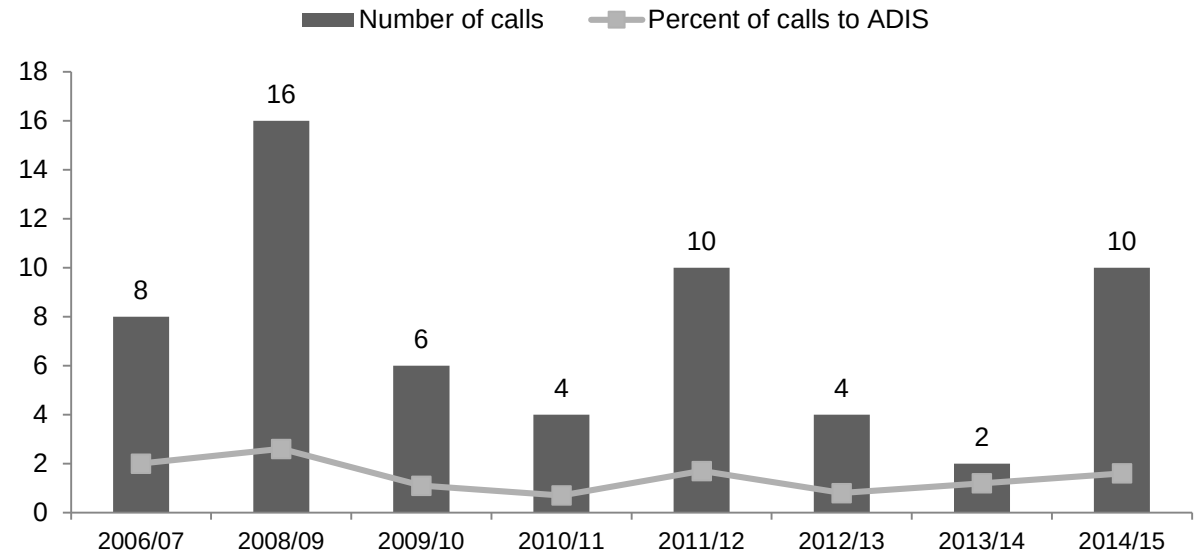
Figure 34: Percentage of inquiries to ADIS for each drug type, 2006/07-2014/15



Source: ADIS & DACAS Tasmania Annual reports, Turning Point Alcohol and Drug Centre

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 2014/15 reporting periods (Figure 34), with 10 calls (1.6% of all calls) recorded in 2014/15.[5] In addition, a small proportion of calls related to cocaine (0.7%), hallucinogens (0.7%), and other party drugs (1.5%).

Figure 35: Number of calls and percentage of inquiries to ADIS with regard to ecstasy, 2006/07-2014/15



Source: ADIS & DACAS Tasmania Annual reports, Turning Point Alcohol and Drug Centre

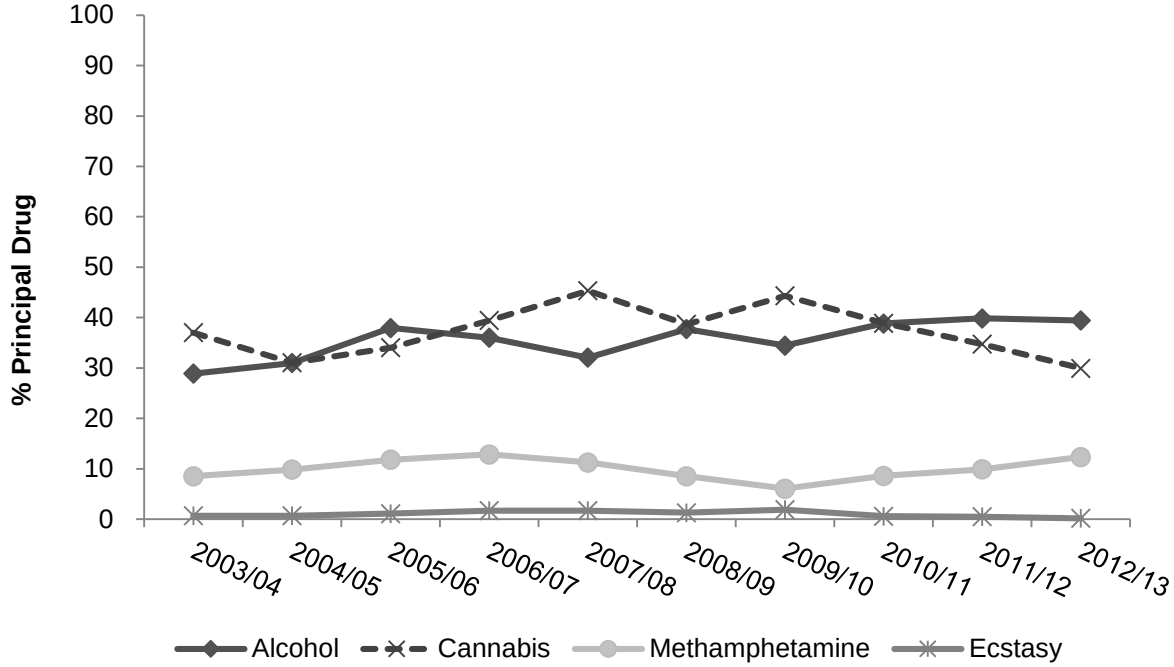
6.5.2 NMDS treatment episode data

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 2013/14 (AIHW, 2015). Data for the 2014/15 financial year were not available at the time of publication.

Of all drug treatment episodes in Tasmania during 2013/14 (N=2,841), alcohol (41%) or cannabis (30%) were most commonly coded as the principal drug of concern, followed by meth/amphetamine (11%) and morphine (4%). The proportion of closed treatment episodes relating to meth/amphetamine was similar relative to 2012/13 (11% vs 12%). With regard to all treatment episodes, the most common 'main' treatment was counselling (62%) followed by assessment (18%), and information and education (10%).

[5] 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 36: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Closed treatment episodes by principal drug of concern, 2003/04-2013/14



Source: AIHW

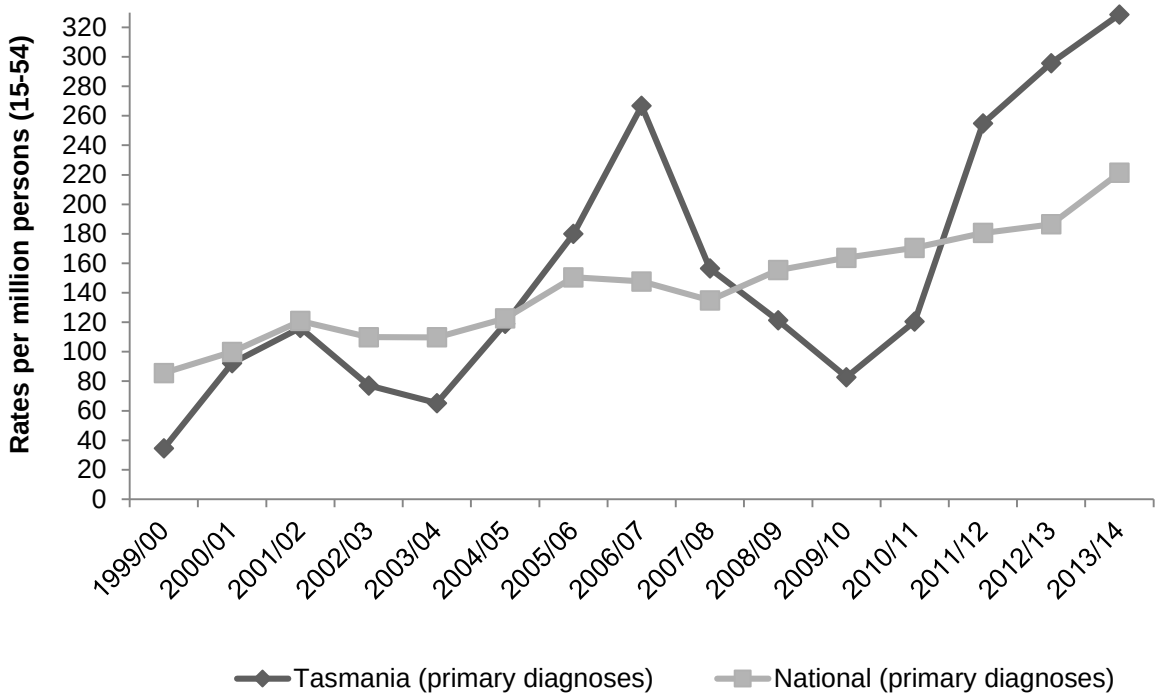
6.6 Hospital admission indicator data

Hospital morbidity data in relation to use of drugs have been provided by the AIHW for the 1993/04 to 2013/14 financial year periods. Data for 2014/15 period 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 2015 IDRS report (Peacock, Humphries, & 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 four reporting periods, rising from 121 (per million population) in 2010/11 to 329 in 2013/14. 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 2013/14, (329 vs 221 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, 1999/00-2013/14

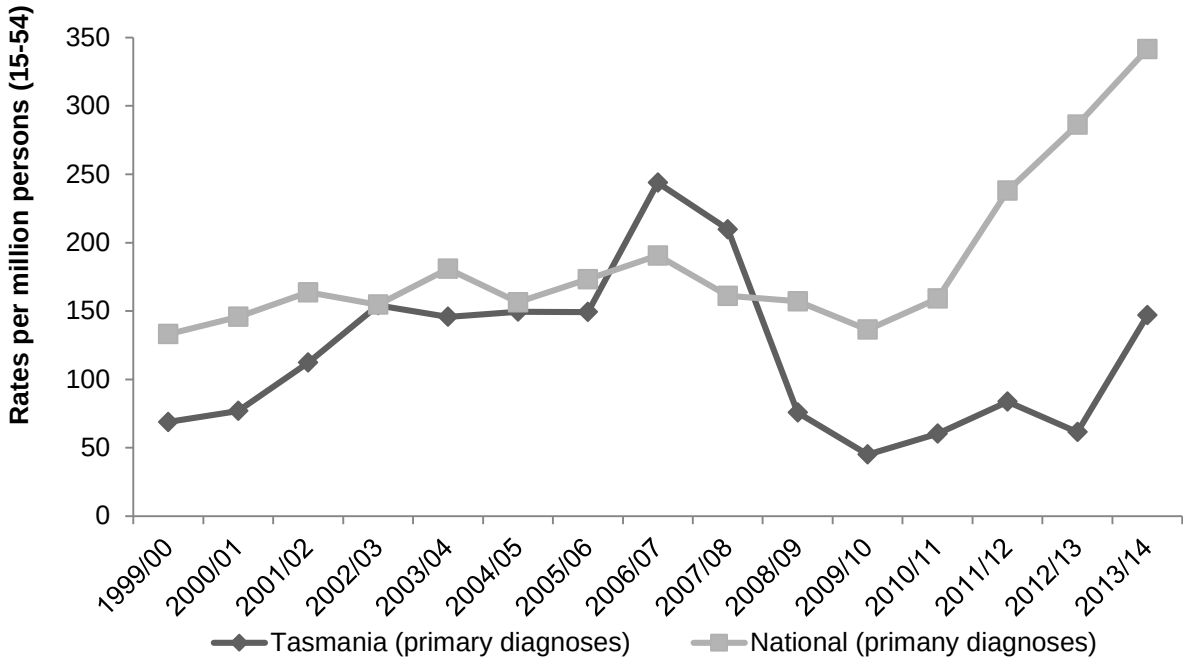


Source: AIHW (Roxburgh & Breen, in press)
Note: 2012/13 and 2013/14 data was not available at the time of publication

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. There was an increase in the number of methamphetamine-related public hospital admissions in 2013/14 compared to 2012/13 (147 vs 61 admissions per million). However, since 2008/09, the rate of admissions in Tasmania has been well below the national admission rate, with a rate of 147 (per million persons) reported in Tasmania in 2013/14 compared to a rate of 342 nationally. National rates have steadily risen since 2010/11 while the Tasmanian rate has remained relatively stable in the years prior to 2013/14.

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 1999/00-2013/14

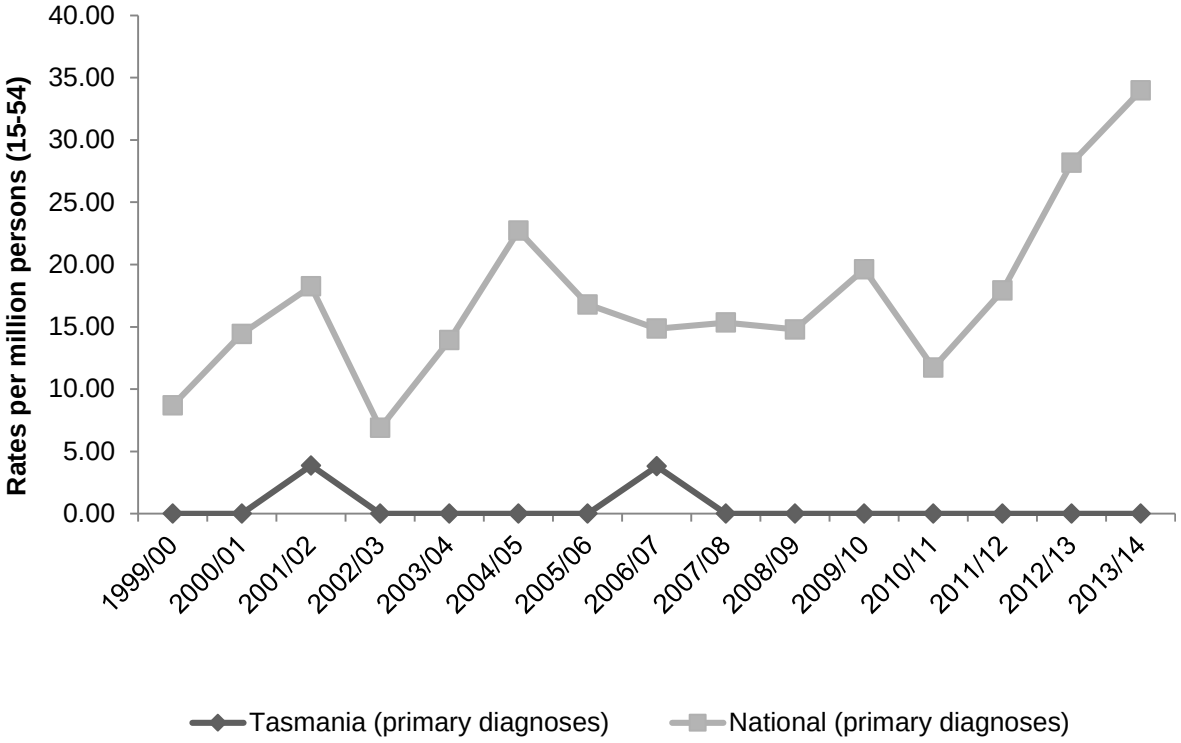


Source: AIHW (Roxburgh & Breen, in press)
Note: 2012/13 and 2013/14 data was not available at the time of publication

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 2013/14.

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, 1999/00-2013/14



Source: AIHW (Roxburgh & Breen, 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.** One-tenth (10%) of the 2015 REU sample had recently used substances intravenously on a median of 25 days (range 9-100) in the last six months. Methamphetamine, pharmaceutical stimulants and steroids were the drugs most commonly injected in the last six months.
- **Sexual risk behaviour.** Three-fifths (63%) of REU reported penetrative sex with a casual partner during the six months preceding the interview and a large majority of these (90%) reported sex with a casual partner while under the influence of drugs, most commonly alcohol, ecstasy, or cannabis. When under the influence of drugs, almost one-fifth (16%) reported always using protective barriers with a casual partner and almost one-fifth (18%) never used protective barriers. Almost three-quarters (68%) 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.
- Over two-fifths of the sample (45%) had never had a sexual health check-up. A majority (83%) of the sample had never been diagnosed with a sexually transmitted infection (STI) and the remainder had been diagnosed in the last year (5%) or more than a year ago (12%). The most commonly diagnosed STIs were chlamydia (100%) and HPV (genital warts; 14%).
- **Alcohol Use Disorders Identification Test (AUDIT).** Almost a third (30%) 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 2014 (28%). A further 23% scored in zone 3 (harmful or hazardous drinking), almost one-half (44%) scored in zone 2 (alcohol use in excess of low-risk guidelines[6]), and just 4% scored in zone 1 (a level reflecting low-risk drinking or abstinence).
- **Drug driving.** Of those who had driven a car (n=59), almost two-fifths (40%) reported driving at a time when they perceived themselves to be over the legal alcohol limit during the last six months, and one-half (51%) reported driving while under the influence of illicit drugs in the last six months. Most commonly, participants reported driving under the influence of cannabis (77%), ecstasy (37%) or LSD (17%).
- Fewer people reported DUI of cannabis (39%) and methamphetamine (2%) relative to the previous two years, and DUI of ecstasy was relatively stable (19%).
- Two-fifths (44%) had been random breath tested (once or more) during the previous six months, and 4% were over the legal blood alcohol limit on the last occasion. Less than one-tenth (5%) had been saliva tested for drugs by police during the last six months, with none reporting a positive saliva test on the last occasion.
- **Binge drug use.** One-fifth (19%) had recently binged on ecstasy or related drugs (a continuous period of use for more than 48 hours without sleep), on a median of five occasions (range 1-24) in the last six months. Substances most commonly used in a binge session of use were alcohol (93%), ecstasy (73%), cannabis (33%), methamphetamine (powder 13%; crystal 33%), and LSD (27%).

[6] 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

One-tenth (10%) of the 2015 REU participants had used substances intravenously at some stage of their lives (Table 54), which is similar to the proportion among previous REU cohorts (8-22%). The percentage of males (12%) and females (7%) who reported lifetime injection was similar, X=.50, *p*=.48. The median age of first injection was 19.5 years (range 16-23). One-tenth (10%) of the 2015 sample had used substances intravenously during the six months preceding the interview. One-half (50%) of lifetime injectors had first injected methamphetamine powder, two-fifths (38%) had first injected steroids, and one-tenth had first injected morphine (13%).

Table 54: Injecting drug use among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Ever injected (%)	8	22	12	18	15	**10**
Age first injected (range)	19 17-23	19 16-23	19.5 15-30	21 15-27	20 15-30	**19.5 16-23**
Injected last 6 months (%)	3	13	6	11	8	**10**

Source: EDRS interviews

Those who had recently injected had done so on a median of 25 occasions (range 9-100 times) in the last six months (Table 55). Recent injectors had typically injected with close friends (63%) or alone (38%), and had last injected at their own home (63%) or a friend's home (38%).

Table 55: Context and patterns of injection during the last six months among REU, 2010-2015

	2010 n=3	2011 n=10	2012 n=6	2013 n=8	2014 n=8	**2015 n=8**
Median times injected (range)	6 2-40	17.5 6-90	7.5 1-35	5.5 1-72	61.5 1-180	**25 9-100**
Usually inject with (%)						
Close friends	67	50	100	75	88	**63**
Regular sex partner	-	30	17	-	13	**-**
Casual sex partner	33	-	-	-	13	**13**
Acquaintances	33	-	17	13	-	**13**
No-one	33	10	-	13	13	**38**
Relative	-	-	-	-	-	**-**
Location of last injection* (%)						
Home	100	60	17	38	13	**63**
Friend's home	-	30	67	63	38	**38**
Car	-	-	-	-	-	**-**
Dealer's home	-	10	-	-	13	**-**
Street	-	-	-	-	-	**-**
Public toilet	-	-	17	-	38	**-**
Venue toilet	-	-	-	-	-	**-**
Work	-	-	-	-	-	**-**

Source: EDRS interviews

Around two-fifths (38%) 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 four days (range 1-10 days) during this time (Table 56).

No respondents reported sharing of needles however three 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, outreach program, partner, or friend in the last six months.

Table 56: Recent injecting risk behaviour and obtaining needles in last six months, 2010-2015

	2010 n=3	2011 n=10	2012 n=6	2013 n=8	2014 n=8	**2015 n=8**
Injected under influence or coming down from ERD (%)	67	80	50	63	63	**38**
Median times injected under influence (range)*	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	**n=4 4 1-10**
Used needle after someone (%)	-	-	17 n=1	13 n=1	13 n=1	**- n=0**
Shared equipment (%)						
None	67	89	67	50	38	**50**
Spoons/containers	33	-	17	25	50	**38**
Tourniquets	33	11	17	38	50	**25**
Filters	-	-	17	-	25	**13**
Water	-	-	17	-	13	**25**
Needle source (%)						
NSP	-	90	33	50	50	**63**
Chemist	100	10	33	38	38	**-**
Friend	-	-	33	50	50	**25**
Dealer	-	-	-	13	-	**-**
Partner	-	-	-	-	-	**13**
Outreach	-	10	-	-	-	**38**
Hospital	-	-	-	13	-	**-**
NSP vending machine	-	-	-	-	63	**25**

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 (63%) of the 2015 REU sample reported having penetrative sex with a casual partner during the six months preceding the interview (Table 57). The number of casual sexual partners was typically two to five partners during this time.

A large majority of those who reported casual sex (90%) had done so while under the influence of ERD during the last six months (Table 57), with over three-fifths (66%) 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 (96%), ecstasy (60%), or cannabis (16%).

Of those who had sex with a casual partner under the influence of drugs in the preceding six months (Table 57), almost one-fifth (18%) reported that they never used protective barriers. Almost one-fifth reported that they always used protective barriers (16%) and the remainder reported inconsistent use of protective barriers (66%).

Almost three-quarters (68%) 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: intoxication (23%), being on a contraceptive (17%), it was not mentioned (17%), respondent not wishing to (17%), lack of availability (17%), partner not wishing to (7%), agreeing not to (3%).

Over two-fifths (45%) of the 2015 REU sample had never had a sexual health check-up (Table 57). The majority of the sample (83%) had never been diagnosed with an STI and smaller proportions had been diagnosed with an STI in the last year (5%) or more than a year ago (12%). Among those who had been diagnosed with an STI, the most commonly diagnosed STI were chlamydia (100%) and HPV (genital warts; 14%).

Table 57: Prevalence of sexual activity, protective barrier use, and sexual health among REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=75	2014 n=100	**2015 n=78**
Casual sex last 6 months (%)	60	64	60	56	62	**63**
No. casual partners*	n=60	n=48	n=60	n=42	n=61	**n=49**
One partner (%)	25	23	12	38	20	**16**
Two partners (%)	28	21	22	19	25	**29**
Three-five partners (%)	35	38	48	29	34	**39**
Six-ten partners (%)	8	15	12	14	13	**16**
More than ten partners (%)	3	4	7	-	8	**-**
Casual sex with drugs/alcohol (%)	55	59	58	53	93	**90**
Number of times#	n=55	n=44	n=58	n=40	n=57	**n=44**
Once (%)	9	2	5	15	7	**2**
Twice (%)	15	18	17	20	16	**32**
Three-five times (%)	38	16	38	25	35	**34**
Six-ten times (%)	16	27	21	33	21	**23**
More than ten times (%)	22	36	19	8	21	**9**
Drugs used last time#	n=55	n=44	n=58	n=40	n=57	**n=44**
Ecstasy (%)	53	48	55	63	68	**60**
Cannabis (%)	24	34	41	25	35	**16**
Alcohol (%)	91	89	64	48	98	**96**
Meth. powder (%)	4	14	14	8	19	**2**
Meth. base (%)	-	-	-	-	2	**-**
Crystal meth (%)	-	-	3	-	2	**5**
Cocaine (%)	7	2	2	3	4	**-**
LSD (%)	4	9	7	5	-	**9**
GHB (%)	-	-	-	-	-	**-**
Amyl nitrite (%)	-	2	-	-	-	**-**
Nitrous oxide (%)	2	-	-	-	2	**-**
Methadone (%)	-	5	-	3	4	**-**
Benzodiazepines (%)	-	-	2	3	4	**-**
Mushrooms (%)	-	-	3	-	2	**-**
Pharm. stimulants (%)	-	2	-	5	-	**2**
MDA (%)	2	5	-	-	2	**-**
Mephedrone (%)	13	-	-	-	4	**1**
Methylone (%)	2	-	-	-	-	**-**
Heroin (%)	-	2	-	-	-	**-**
Other (%)	-	-	2	3	5	**2**
Protective barrier use under influence#	n=55	n=43	n=58	n=40	n=57	**n=44**
Always (%)	22	26	26	43	28	**16**
Never (%)	33	19	12	18	16	**18**
Inconsistent or rare use (%)	46	56	62	39	56	**66**
Ever sex health check (%)	n=100	n=75	n=100	n=75	n=98	**n=78**
No	29	20	28	45	43	**45**
Yes (in the last year)	52	56	43	25	38	**28**
Yes (more than 1 year ago)	19	24	29	27	19	**27**
Don't know	-	-	-	3	-	**-**
Ever diagnosed STI (%)	n=100	n=74	n=100	n=75	n=98	**n=78**
No	78	81	78	87	80	**83**
Yes (in the last year)	6	1	5	4	7	**5**
Yes (more than 1 year ago)	16	18	16	7	13	**12**
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

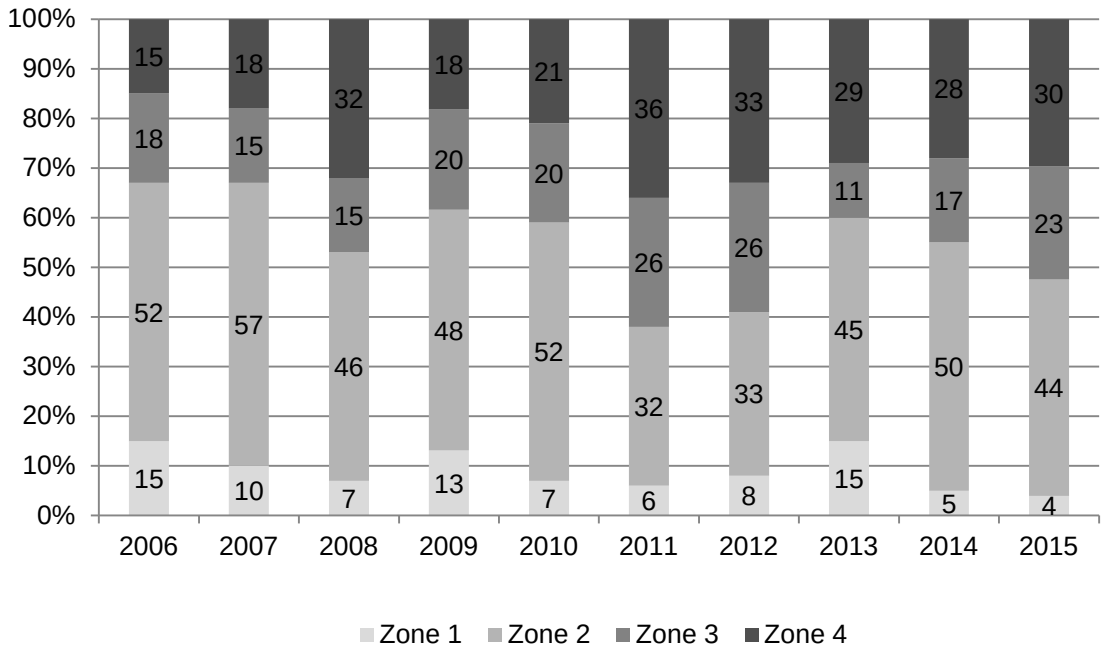
7.3 AUDIT

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 16.1 (median=16, range 5-29, SD=5.2). Of those REU who completed the AUDIT (n=78), the majority (96%) 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 2015. In 2015, just 4% of REU scored in zone 1 (a level reflecting low-risk drinking or abstinence). Two-fifths (44%) scored in zone 2 (alcohol use in excess of low-risk guidelines[7]), a further 23% scored in zone 3 (harmful or hazardous drinking) and 30% 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, 2006-2015



Source: EDRS interviews

[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.

7.4 Driving risk behaviour

Three-quarters (76%) of RPU interviewed in 2015 had driven a car during the six months preceding the interview (Table 58). Two-fifths (40%) of recent drivers had driven while they perceived themselves to be over the legal alcohol limit during this time. The median frequency of driving over the limit was four occasions (range 1-28) in the last six months.

Two-fifths (44%) had been random breath tested (once or more) during the previous six months, and 4% were over the legal blood alcohol limit on the last occasion.

Over one-half (51%) of those that had recently driven a car had driven soon after taking a drug in the last six months, which is similar to the proportion in 2013 (55%). Of those who had driven under the influence of drugs, the median number of times in the last six months was six (range 1-100). Of those who had driven under the influence in the last six months, the drugs most commonly used were cannabis (77%), ecstasy (37%), and LSD (17%).

Less than one-tenth (5%) reported that that they had been saliva tested for drugs by police during the last six months. None reported a positive saliva test on the last occasion.

To account for any changes in the prevalence of drug use in the general population and among EDRS cohorts, trends in DUI of drugs can be examined among those who had recently used each substance in the last six months (see Figure 41). Fewer people reported DUI of cannabis (39%) and methamphetamine (2%) relative to the previous two years, and DUI of ecstasy was relatively stable (19%).

Table 58: Driving under the influence (DUI) of alcohol and other drugs among REU who had driven a car in the last six months, 2007-2015

Variable	2007 n=76	2008 n=86	2009 n=87	2010 n=88	2011 n=65	2012 n=75	2013 n=51	2015 n=59
Driven over legal alcohol limit last 6 months (%)	37	49	59	48	37	47	26	40
Median times driven over legal limit last 6 months (range)[#]	n=28 2 1-56	n=42 3 1-24	n=51 4 1-30	n=42 3 1-24	n=24 2 1-20	n=35 2 1-14	n=13 1 1-20	n=23 4 1-28
% breath tested last 6 months If tested, % over limit (≥1)	38 7	40 -	56 15	61 7	50 -	40 10	29 7	44 4[a]
% driven soon after taking any drug in last 6 months	51	63	51	39	40	47	55	51
Median times DUI of drugs in last 6 months (range)*	n=39 2 1-180	n=54 6 1-150	n=44 3 1-180	n=34 3 1-180	n=26 6 1-180	n=35 30 1-180	n=28 8 1-160	n=30 6 1-100
% saliva tested last 6 months If tested, % tested positive	n/a	2 -	2 -	5 -	- -	11 -	16 25	5 -[a]
Drugs DUI last 6 months (%)*^	n=39	n=54	n=44	n=34	n=26	n=35	n=28	n=30
Cannabis	46	52	48	59	81	83	82	77
Ecstasy	85	83	71	62	27	51	25	37
Meth. powder	33	13	7	12	23	46	14	3
Meth. base	8	4	7	6	4	9	4	-
Crystal meth	-	2	9	-	4	3	4	-
Benzodiazepines	3	6	5		4	-	7	-
Psychedelic mushrooms	8	6	5	6	4	-	-	-
LSD	10	13	11	9	8	11	4	17
Amyl nitrite	3	4	-	-	-	-	-	-
Nitrous oxide	5	4	7	-	-	-	-	-
Cocaine	5	2	2	3	-	9	-	3
Ketamine	3	-	-	-	-	-	-	3
Other opioids	3	2	2	3	12	-	4	-
Pharmaceutical stimulants	-	2	-	-	-	-	4	3
GHB	-	-	-	-	-	-	-	-
Methadone	-	2	-	3	-	-	-	-
2CI/2CB/2CE	-	-	2	-	-	-	-	-
Mephedrone	-	-	-	12	-	-	-	-
Methylone	-	-	-	3	-	-	-	-
Heroin	-	-	-	-	8	-	4	-

Source: EDRS interviews

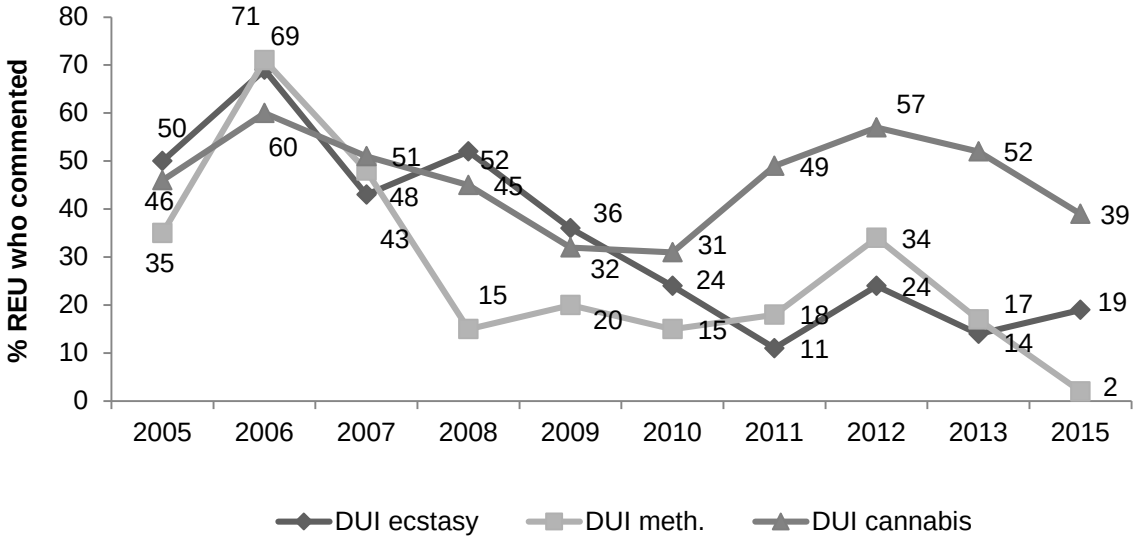
[#] of those who had driven while over the legal limit of alcohol in the last six months

* of those who had driven under the influence of drugs in the last six months

[a] refers to most recent occasion in 2015

^ drugs used on any occasion of DUI of drugs, not necessarily simultaneously

Figure 41: Proportion of REU who had DUI of ecstasy, methamphetamine and cannabis among those who had used each substance in the last six months, 2005-2015



Source: EDRS interviews

7.5 Binge drug use

Table 59 shows that one-fifth (19%) of the 2015 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 five occasions (range 1-24) during the six months preceding the interview. The median length of the longest period of continuous use during this time was three days (range 2-5 days).

Of those who had recently binged, the substances used most commonly during any one binge session of use were alcohol (93%), ecstasy (73%), cannabis (33%), methamphetamine (powder 13%; crystal 33%), and LSD (27%). A majority (87%) also reported use of tobacco in a binge session of use. Among those who had used alcohol in a binge session of use, all (100%) reported typical use of more than five standard drinks in a binge session.

Table 59: Binge drug use among REU, 2010-2015

Variable	2010 n=100	2011 n=72	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Binged on any stimulant drug last 6 months (%)[#]	24	22	31	33	24	**19**
Median times binged in last 6 months (range)*	2 1-20	2.5 1-60	2 1-24	2 1-14	3 1-40	**5** **1-24**
Median length (days) biggest binge last 6 months (range)*	2 2-3	2 2-4	2 2-12	2 2-4	3 2-8.5	**3** **2-5**
Drugs used in binge session (%)*						
Ecstasy	79	63	87	68	54	**73**
Meth. powder	29	38	48	44	46	**13**
Meth. base	8	6	3	4	13	**-**
Crystal meth.	-	6	13	20	33	**33**
Pharm. stimulants	8	-	3	20	4	**7**
Cocaine	33	13	10	16	17	**-**
LSD	21	25	32	24	29	**27**
Ketamine	-	6	7	4	13	**7**
MDA	-	6	3	4	-	**7**
GHB	-	-	-	-	-	**-**
Amyl nitrite	4	-	3	16	-	**-**
Nitrous oxide	4	6	7	8	13	**13**
Cannabis	42	56	55	72	58	**33**
Alcohol	83	81	94	88	88	**93**
Benzodiazepines	8	6	3	20	25	**13**
Mushrooms	8	6	13	4	8	**-**
2CI	-	6	-	-	-	**-**
Other opioids	-	6	-	-	4	**7**
Mephedrone	33	-	-	4	4	**-**
Methylone	4	-	-	-	-	**-**
DOI	4	-	-	-	-	**-**
BZP	4	-	-	-	-	**-**
OTC codeine	-	6	-	-	-	**-**
Energy drinks	25	38	65	28	17	**13**
Other	-	-	6	12	17	**7**

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.** One-third (33%) of the 2015 REU sample reported taking part in any criminal activity in the last month. The most common crimes were drug dealing (21%) and property crime (17%). 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 2014/15 there were a greater number of ecstasy-related consumer (n=13) and provider (n=14) arrests relative to the previous four reporting periods (2-6 consumers arrests, and 1-3 provider arrests). Similarly, there were 96 seizures and a total of 12,730 tables/capsules seized by Tasmania Police in 2014/15, representing a substantial increase relative to the last four reporting periods (45-852 tablets).
- There was a marked increase in the total number of methamphetamine-related arrests in 2014/15 (383 arrests) compared to 2013/14 (72 arrests). This trend was largely due to an increase in the number of consumer arrests (266 vs. 31), but there was also an increase in provider arrests (117 vs. 41). Similarly, there were a greater number of methamphetamine seizures in 2014/15 (828 seizures) compared to 2013/14 (172 seizures). However, the total weight of methamphetamine seizures was less in 2014/15 (5,630 grams) compared to 2013/14 (8,828 grams), suggesting a greater number of smaller seizures.
- Cautions and arrests relating to cannabis were higher in 2014/15 (1,444 arrests) compared to 2013/14 (930 arrests), but similar to the years prior to this. The weight and number of cannabis seizures was also substantially higher in 2014/15 compared to 2013/14, but similar to the years prior.
- **Illicit drug diversions/cautions.** In 2014/15 the total number of diversions (648 diversions) was slightly lower than 2013/14 (690 diversions) and in the number of second-level and third-level diversions to health interventions (216 diversions) was similar to 2013/14 (205 diversions). Diversions were largely for cannabis-related offences (92%).
- **Drug-related charges in Tasmanian courts.** There was a small increase in the total number of drug-related offences before the Hobart magistrate court in 2014/15 in comparison to 2013/14 (269 vs 248). In contrast, there was a downward trend over the three previous reporting periods. This increase was largely due to an increase in the number of offences related to possession/use of illicit drugs in comparison to 2013/14 (117 vs 93).
- The number of individuals incarcerated at Hobart Prison in relation to drug offences in 2014/15 (72 individuals) was slightly lower compared to 2013/14 (93 individuals), but the number of offences among those incarcerated were similar (219 in 2014/5 compared to 217 in 2013/14).
- **Tasmanian roadside drug testing data.** There was a large increase in the number of roadside drug tests conducted on Tasmanian roads in 2014/15 relative to 2013/14 (3,431 vs 1,819). There was also an increase in the proportion of tests which returned a positive result (56% vs 35%), suggesting a more targeted testing strategy.
- Cannabis was the most commonly detected drug, with 65% of all OFT tests and 74% of all blood tests returning positive results. Positive results for meth/amphetamine were also common in both OFT (37% amphetamine, 27% methamphetamine) and blood tests (41% amphetamine, 49% methamphetamine). Few OFT (<1%) or blood tests (2%) returned a positive result for the presence of MDMA/ecstasy.

8.1 Reports of criminal activity among REU

One-third (33%) of the 2015 REU sample self-reported engaging in some type of crime within the last month (Table 60).

One-fifth (21%) reported dealing drugs for cash profit, with a majority of these (81%) doing so once a week or less.

Almost one-fifth (17%) reported committing a property crime in the last month. The majority of those that had recently committed property crime (62%) had done so on a less than weekly basis.

One-tenth (13%) reported being a victim of a crime involving violence in 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 60). Few participants had been arrested for drug-related offences.

Table 60: Criminal activity reported by REU, 2010-2015

	2010 n=100	2011 n=75	2012 n=100	2013 n=76	2014 n=100	**2015 n=78**
Any criminal activity in last month (%)	24	28	26	35	42	**33**
Drug dealing	15	11	18	21	24	**21**
Property crime	8	15	12	19	28	**17**
Fraud	-	5	6	3	5	**3**
Violent crime	5	3	2	3	2	**3**
Victim of violent crime (%)	n/a	n/a	n/a	n/a	n/a	**12**
Arrested last 12 months (%)	13	16	14	17	13	**13**
Property crime	-	4	3	1	4	**-**
Drug use/possession	2	3	-	-	2	**3**
Violent crime	-	1	1	3	3	**1**
Dealing/trafficking	1	-	-	1	2	**1**
Driving offence	-	1	-	-	1	**-**
DUI alcohol	4	1	3	3	5	**5**
DUI drugs	-	-	-	-	2	**-**
Other reason	8	9	8	11	5	**6**

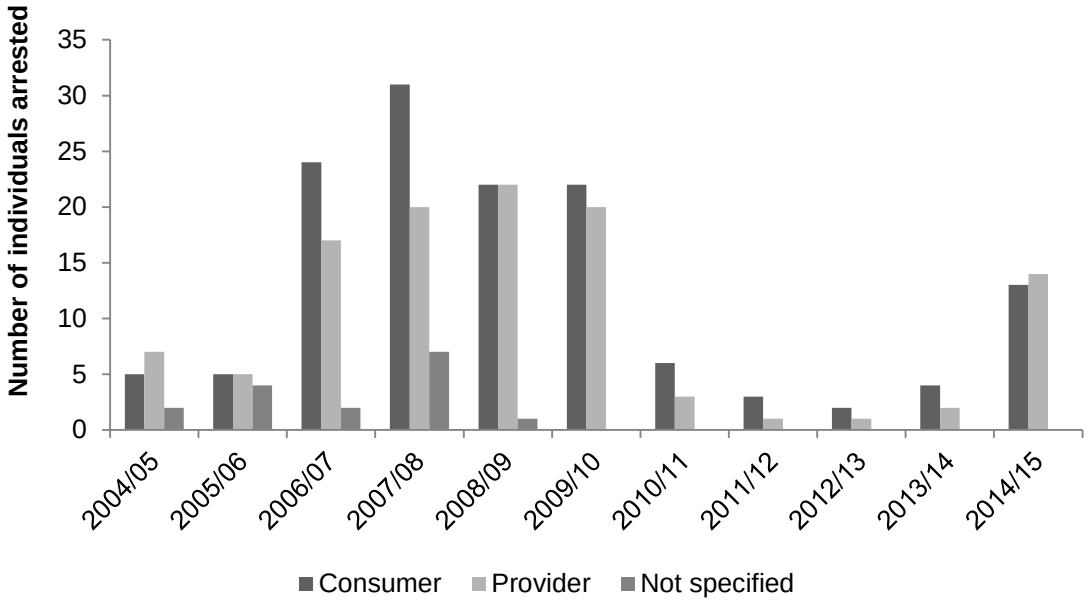
Source: EDRS interviews

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 2004/05 to 2014/15[8]. In 2014/15 there were a greater number of ecstasy-related consumer (n=13) and provider (n=14) arrests relative to the previous four reporting periods (2-6 consumers arrests, and 1-3 provider arrests).

Figure 41: Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 2004/05-2014/15

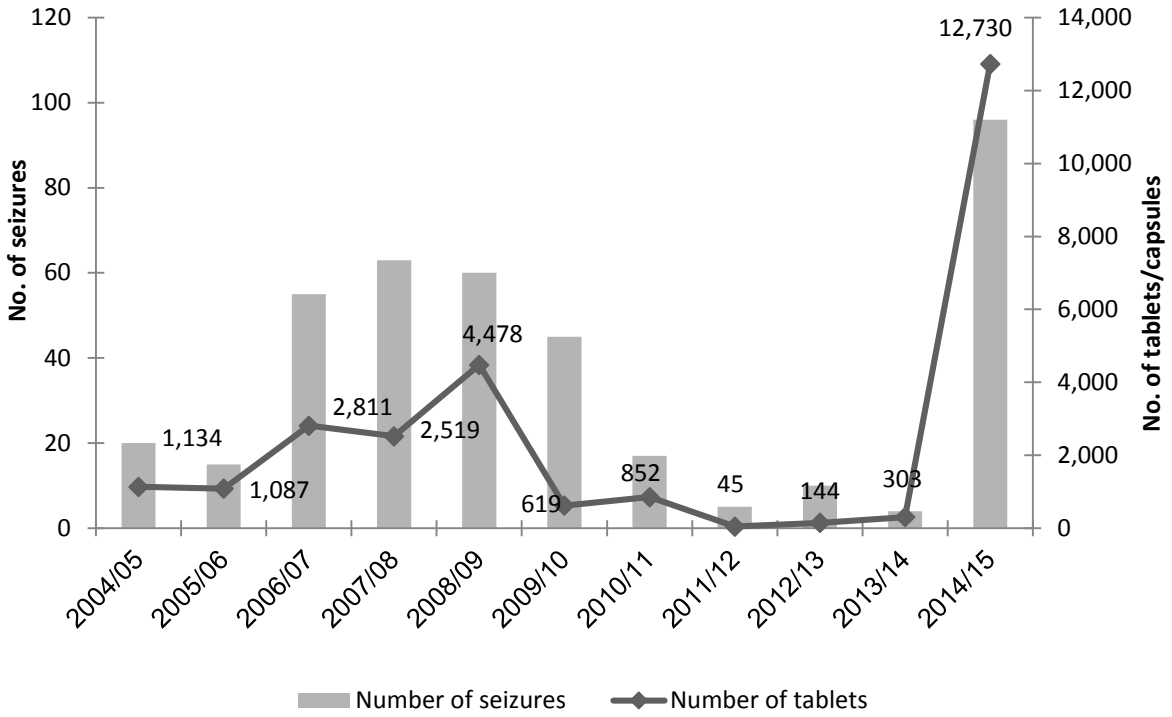


Source: State Intelligence Services, Tasmania Police
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

Figure 42 shows the number of MDMA seizures and the total number of tablets/capsules seized by Tasmania Police between 2004/05 and 2014/15[9]. In 2014/15 there were 96 seizures and a total of 12,730 tables/capsules seized by Tasmania Police, a substantial increase relative to the last four reporting periods (45-852 tablets).

[8] 2014/15 data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.
[9] 2014/15 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, 2004/05-2014/15



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

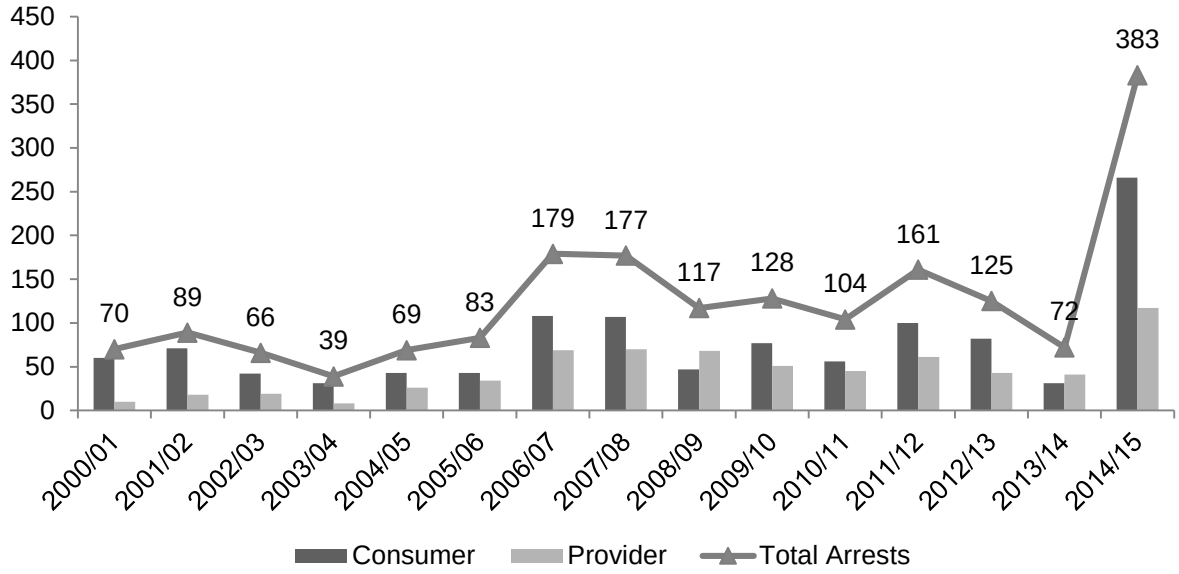
8.2.2 Methamphetamine

Arrest data for methamphetamine-related offences (Figure 43) indicate a marked increase in the total number of arrests in 2014/15[10] (383 arrests) compared to 2013/14 (72 arrests). This trend was largely due to an increase in the number of consumer arrests (266 vs. 31), but there was also an increase in provider arrests (117 vs. 41).

Tasmania Police seizures of drugs suspected to be methamphetamine are shown in Figure 44. In 2014/15[11] there were 828 seizures compared to 172 seizures in 2013/14. However, the total weight of methamphetamine seizures was less in 2014/15 (5,630 grams) compared to 2013/14 (8,828 grams), suggesting a greater number of smaller seizures. In addition to the 828 seizures coded in grams in 2014/15 (Figure 44), there were an additional six seizures coded in units other than grams.

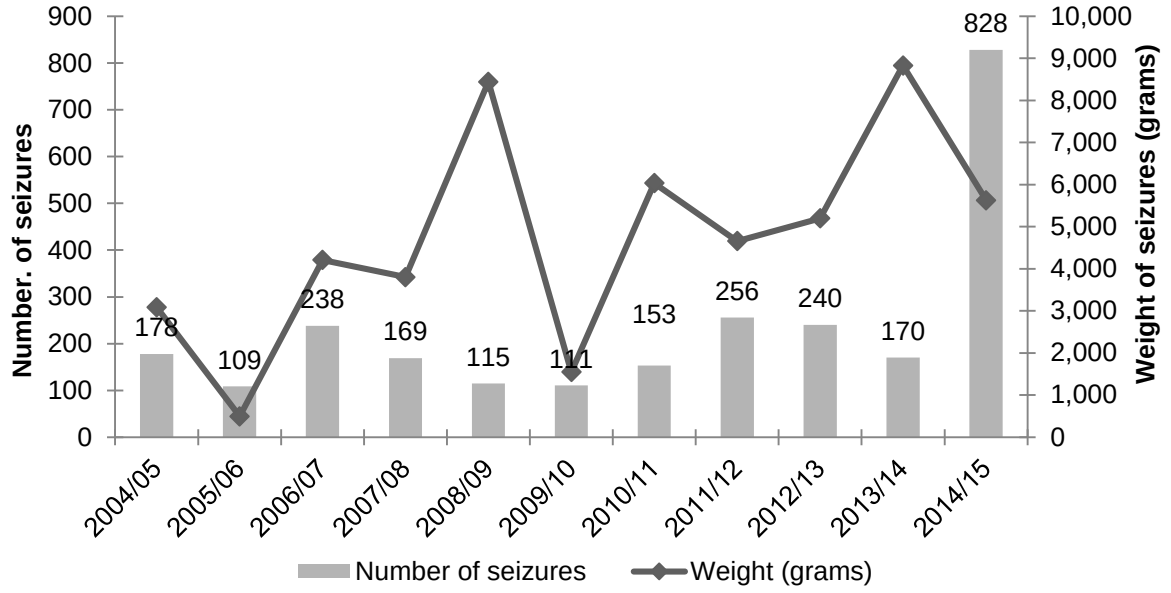
[10] 2014/15 data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.
[11] 2014/15 data are preliminary and subject to revision. Totals may differ from those reported in 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, 2004/05-2014/15



Source: ACC and State Intelligence Services, Tasmania Police
Note: 2014/15 data were provided by Tasmania Police State Intelligence Service and are preliminary and subject to revision. Data prior to 2014/15 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, 2004/05-2014/15



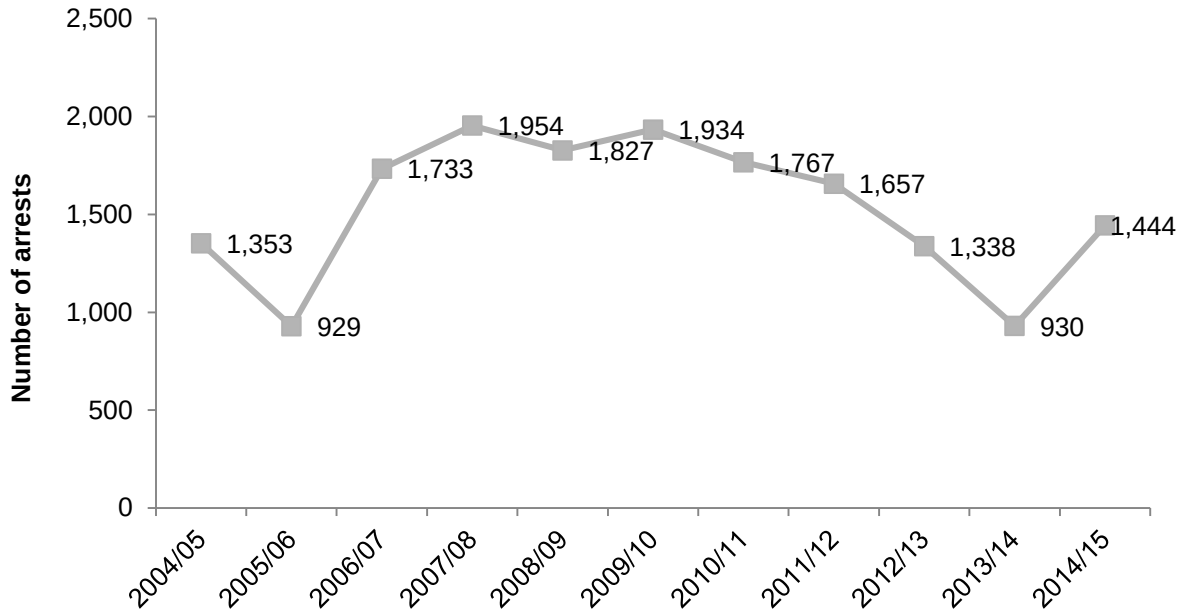
Source: ACC and State Intelligence Services, Tasmania Police
Note: 2014/15 data were provided by Tasmania Police State Intelligence Service and are preliminary and subject to revision. Data prior to 2014/15 were provided by the ACC. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Seizures for 2005/06 were only reported to the ACC for part of the financial year. In 2014/15 there were an additional 6 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 2004/05 and 2014/15[12]. Cautions and arrests relating to cannabis were higher in 2014/15 (1,444 arrests) compared to 2013/14 (930 arrests).

Figure 46 shows cannabis seizures made by Tasmania Police, between 2004/05 and 2014/15[13]. In 2014/15 there were 2,815 seizures totalling 170,250 grams. The weight and number of cannabis seizures was substantially higher in 2014/15 compared to 2013/14, but similar to the years prior to this. In addition to the 2,815 seizures which were coded in grams, Tasmania Police reported an additional 531 seizures including 403 seizures of plants (totalling 3,800 plants) and 84 seizures of seeds (totalling 1120 seeds).

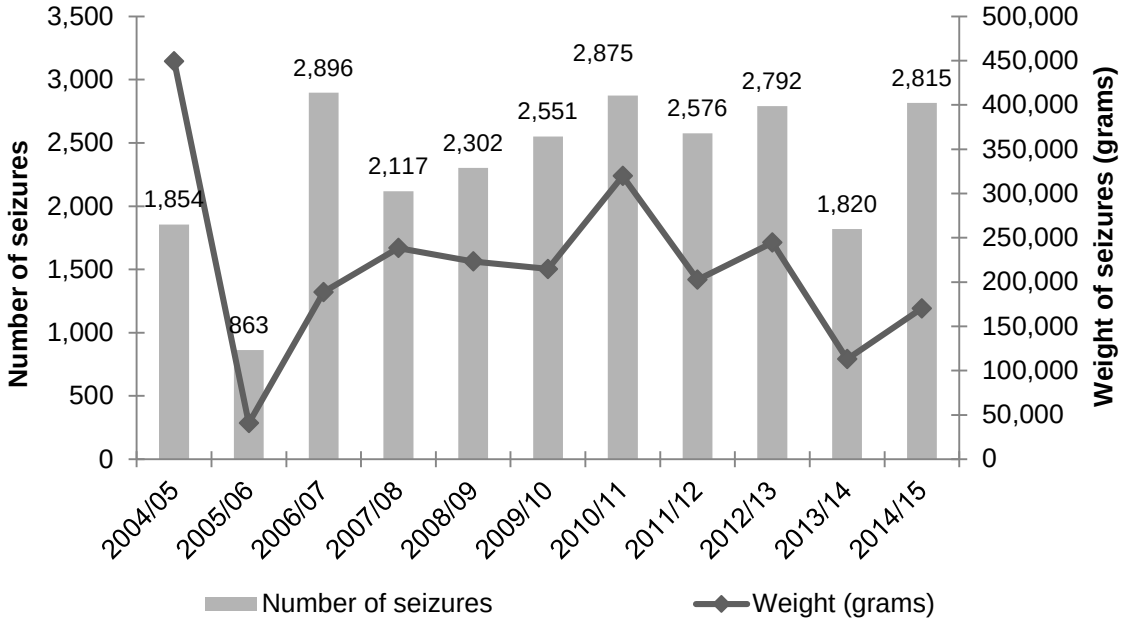
Figure 45: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2004/05-2014/15



Source: ACC and State Intelligence Services, Tasmania Police
Note: 2014/15 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 2014/15 were provided by the ACC. 2005/06 arrests were only reported to the ACC for part of the financial year.

[12] 2014/15 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.
[13] 2014/15 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, 2004/05-2014/15



Source: ACC and State Intelligence Services, Tasmania Police
Note: Data in 2014/15 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 2014/15 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

There have been a small number of arrests and seizures in Tasmania in relation to cocaine between 2004/05 and 2013/14, with a small increase in the number of arrests and the weight and number of cocaine seizures in 2014/15 relative to previous years (Table 61).

Table 61: Consumer and provider arrests for cocaine, 2004/05-2014/15

	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	**2014 /15**
Arrests (n)											
Consumer	0	0	0	0	1	1	0	1	1	0	**2**
Provider	0	0	1	0	0	2	1	1	1	1	**4**
Total	0	0	1	0	1	3	1	2	2	1	**6**
Seizures (n)	0	1	2	0	2	3	3	7	0	2	**25**
Weight (g)	0	1	7	0	7	46	28	64.6	-	25	**273**

Source: ACC and State Intelligence Services, Tasmania Police
Note: 2014/15 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 2014/15 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 2004/05 and 2013/14, with an increase in the number of seizures in 2014/15 (Table 62)[14].

Table 62: Consumer and provider arrests for hallucinogens, 2004/05-2014/15

	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	**2014 /15**
Arrests (n)											
Consumer	0	1	1	1	2	7	6	1	0	3	4
Provider	1	2	1	2	0	1	2	2	3	1	4
Total	1	3	2	3	2	8	8	3	3	4	8
Seizures (n)	3	0	2	1	2	1	3	0	2	3	23

Source: ACC and State Intelligence Services, Tasmania Police
Note: 2014/15 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

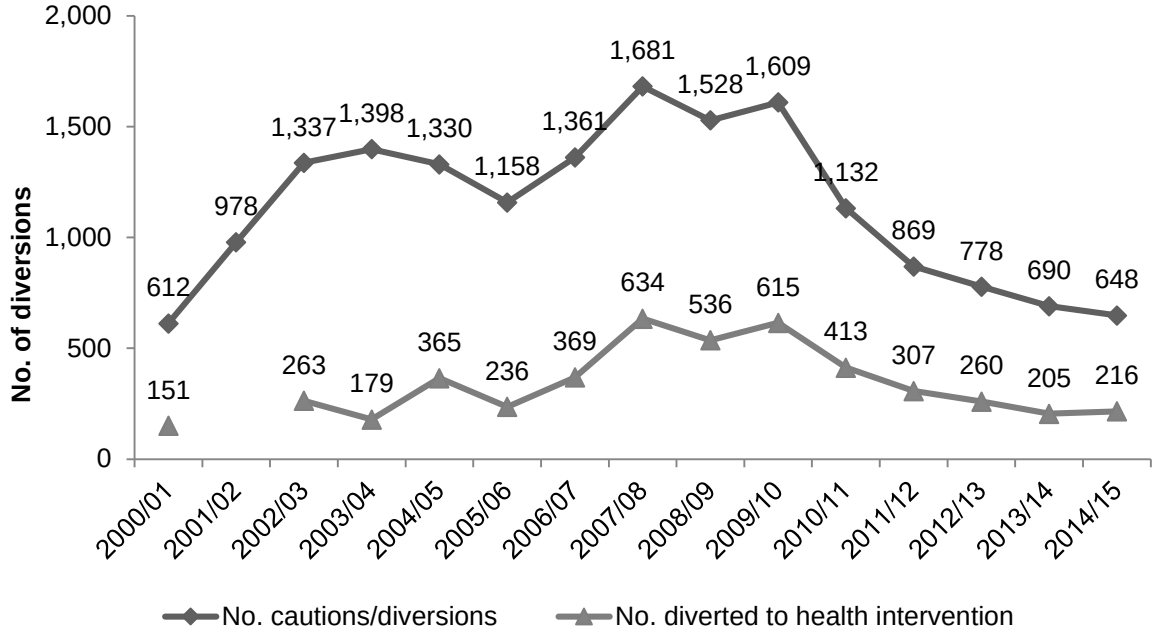
Figure 47 shows the number of illicit drug diversion between 2000/01-2014/15. While there was a reduction in the number of diversions in 2010/11, from the second half of 2010/11 data no longer include persons less than 18 years of age, who are now dealt with in accordance with the *Youth Justice Act 1997* and are encouraged to access appropriate health interventions.

In 2014/15 the total number of diversions (648 diversions) [15] was slightly lower than 2013/14 (690 diversions) and in the number of second-level and third-level diversions (to health interventions) (216 diversions) was similar to 2013/14 (205 diversions).

While a large majority of diversions were for cannabis-related offences in 2014/15 (92%), there were a small number of diversions for amphetamine type substances (5%), and other substances (3%).

[14] 2014/15 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.
[15] 2014/15 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, 2000/01-2014/15



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

8.4 Drug-related charges in Tasmanian courts

There was a small increase in the total number of drug-related offences before the Hobart magistrate court in 2014/15 in comparison to 2013/14 (269 vs 248). In contrast, there was a downward trend over the three previous reporting periods (Figure 48). This increase was largely due to an increase in the number of offences related to possession/use of illicit drugs in comparison to 2013/14 (117 vs 93) (Table 63). 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 2014/15 (72 individuals) was slightly lower compared to 2013/14 (93 individuals), but the number of offences among those incarcerated were similar (219 in 2014/5 compared to 217 in 2013/14) (Table 63).

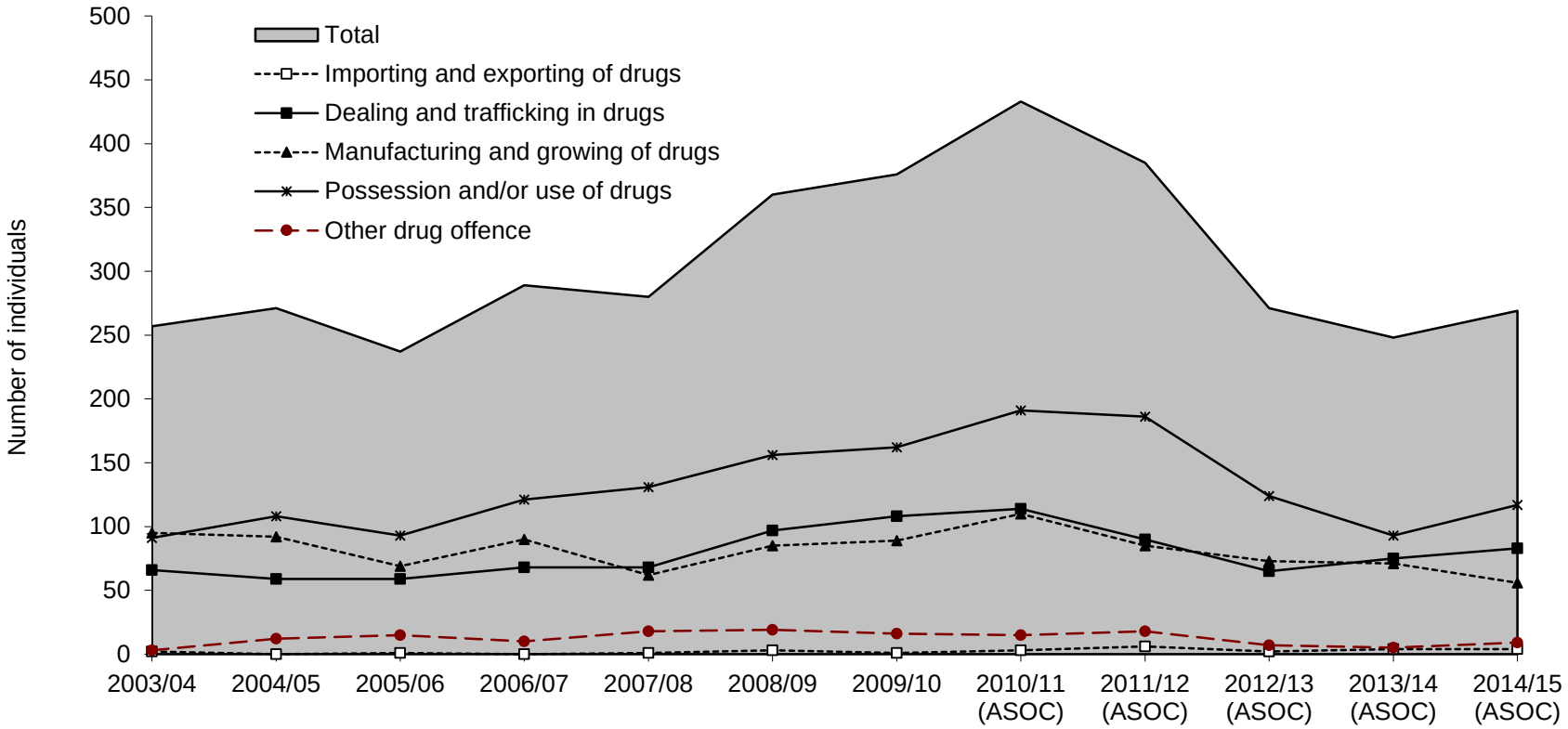
Table 63: Number of individuals before Hobart magistrates court or imprisoned on drug charges, 2004/2005-2014/15

	2004 /05	2005 /06	2006 /07	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	**2014 /15**
No. individuals (alleged no. of offences in parentheses):											
Import/export of illicit drugs	0 (0)	1 (1)	0 (0)	1 (1)	3 (4)	1 (1)	3 (3)	6 (13)	2 (6)	4 (6)	**4 (6)**
Deal or traffic in illicit drugs / commercial quantity	17 (20)	22 (25)	21 (25)	34 (42)	29 (30)	17 (24)	24 (28)	28 (28)	28 (30)	26 (34)	**31 (31)**
Deal or traffic in illicit drugs / non-commercial quantity	42 (123)	47 (110)	47 (108)	34 (68)	68 (126)	91 (172)	90 (173)	62 (128)	37 (103)	49 (98)	**52 (96)**
Manufacture of illicit drugs	3 (4)	1 (2)	0 (0)	1 (1)	0 (0)	0 (0)	3 (4)	1 (3)	0 (0)	0 (1)	**4 (4)**
Cultivation of illicit drugs	89 (105)	68 (78)	90 (104)	61 (77)	85 (100)	89 (99)	107 (142)	84 (103)	73 (88)	71 (79)	**52 (62)**
Possession of illicit drugs	106 (564)	91 (440)	120 (561)	129 (494)	151 (653)	159 (677)	188 (843)	179 (746)	116 (661)	90 (493)	**116 (521)**
Use of illicit drugs	2 (39)	2 (41)	1 (50)	2 (51)	5 (71)	3 (81)	3 (90)	7 (85)	8 (93)	3 (51)	**1 (59)**
Other Illicit drug offences	12 (135)	15 (129)	10 (150)	18 (151)	19 (184)	16 (169)	15 (214)	18 (191)	7 (150)	5 (127)	**9 (138)**
HOBART PRISON^											
No. individuals incarcerated	55	57	56	n/p	84	53	80	81	47	93	**72**
No. of offences among those incarcerated	101	117	128	144	165	121	183	237	111	217	**219**

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, 2003/04-2014/15



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.

There was a large increase in the number of roadside drug tests conducted on Tasmanian roads in 2014/15 relative to 2013/14 (3,431 vs 1,819) (Table 64). There was also an increase in the proportion of tests which returned a positive result (56% vs 35%) and these drivers were required to undergo a confirmatory blood test. This may indicate a more targeted testing strategy.

Table 64: Tasmania Police roadside drug testing statistics, 2010/11-2014/15

	2010/11	2011/12	2012/13	2013/14	**2014/15**
Number of roadside drug tests conducted	1,427	1,678	1,698	1,819	**3,431**
Proportion of drivers tested who returned positive tests for prohibited drugs (%)	26.6	34.7	30.9	35.1	**56.1**

Source: Department of Police and Emergency Management Annual Reports

Table 65 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 2014/15[16], 1,924 (out of 3,431) roadside drug tests and 1,862 blood tests returned a positive result. Cannabis was the most commonly detected drug, with 65% of all OFT tests and 74% of all blood tests returning positive results. Positive results for meth/amphetamine were also common in both OFT (37% amphetamine, 27% methamphetamine) and blood tests (41% amphetamine, 49% methamphetamine). Few OFT (<1%) or blood tests (2%) returned a positive result for the presence of MDMA/ecstasy.

[16] 2014/15 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 65: Tasmania Police positive roadside drug test results, 2011/12-2014/15

	Oral Fluid Testing				Blood Testing			
Drugs detected in positive tests (%)	2011/12 n=537	2012/13 n=480	2013/14 n=535	**2014/15 n=1,924**	2011/12 n=565	2012/13 n=498	2013/14 n=650	**2014/15 n=1,862**
Amphetamine	44	44	44	**37**	33	33	34	**41**
Cocaine	4	3	1	**1**	<1	-	-	**-**
Methamphetamine	7	17	28	**27**	42	39	41	**49**
Cannabis	64	57	71	**65**	73	76	77	**74**
Ecstasy (MDMA)	-	-	-	**<1**	<1	2	<1	**2**
Opiates	5	8	5	**6**	7	5	4	**6**
Benzodiazepines	n/a	n/a	n/a	**n/a**	5	7	3	**1**
Ketamine	n/a	n/a	n/a	**n/a**	-	2	<1	**<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:

- **Online purchasing and NPS use.** Almost one-fifth (16%) of REU had ever purchased a drug online, and 10% had purchased online in the past 12 months.
- In the past year, purchases were commonly from the Silk Road and other dark web marketplaces.
- Among those who purchased traditional substances online in the past year, the most common substances were LSD (38%), ecstasy (25%), methamphetamine (25%), and steroids or other performance enhancing drugs (PIEDs; 25%). Among those who purchased NPS substances online in the past year, the most common substances were mephedrone (43%), DMT (43%), mescaline (43%), and MXE (29%) and NBOMe (14%).
- Among those who had used a NPS substance (n=45), the NPS most commonly used on the last occasion was mephedrone (36%), DMT (11%), mescaline (11%), synthetic cannabis (9%), or an unknown capsule (9%).
- On the last occasion of NPS use, almost one-fifth (18%) of recent NPS users had personally purchased the drug online, and a further 18% had obtained the drug from someone else who had purchased it online.
- The most common adverse effects experienced on the last occasion of NPS use were paranoia (27%), a racing or erratic heart beat (25%), feeling restless or anxious (25%), feeling panicky (23%), skin discolouration (21%) and skin rash (18%).
- **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, around half of participants typically thought that the substances were illegal (50-54%), but around one-fifth to one-third (18-27%) were unsure about their legal status, or thought the substances were legal (1-7%).
- **Cognitive Enhancers.** Sixty percent of REU reported using CEs in the last six months, with the majority of these reporting use of coffee (91%) or energy drinks (67%), and smaller proportions reporting use of omega 3 fish oil (11%), other caffeine products (11%), dexamphetamine (9%), or gingko biloba (7%).
- The main motivation for using CEs were to decrease fatigue (29%), to offset sleep deprivation (22%), or to improve concentration (15%).
- Over one-third of REU who had used CEs reported experiencing negative side effects on the last occasion of use. Side effects included heart palpitations (27%), sleeping difficulties/insomnia (18%), and headache (15%).

9.1 Online purchasing and NPS use

The practice of purchasing drugs online was examined among the 2015 EDRS sample. Of particular interest was the use of 'dark web' market places that are only accessible using a specially routed, anonymous connection, making it possible for people around the world to have illicit drugs like MDMA and cocaine delivered to their door (Burns & Van Buskirk, 2013). The aim of this module is to investigate: (1) prevalence of online drug purchasing among the 2015 EDRS sample and (2) patterns of online drug purchasing, with a focus on NPS.

In 2015, 54% of REU reported that their friends had purchased an illicit drug online (a few 49%, about half 5%), 16% had themselves ever purchased an illicit drug online, and 10% had purchased during the last 12 months. These recent purchases varied between twice and more than five times (see Table 66).

Purchases of illicit drugs in the last year were made from either International webstores ('surface web'; 13%) or dark net marketplaces such as the Silk Road (25%) or other dark net marketplaces (not specified) (38%) (Table 66).

Table 66: Online purchasing among REU, 2015

	2015 n=78
Proportion of friends purchased illicit drugs online (%)	
Don't know	24
About half	5
A few	49
None	19
Ever purchased an illicit drug online (%)	16
Purchased an illicit drug online in the past 12 months (%)	10
Number of times purchased illicit drugs online in past 12 months (%)	**n=7**
Once	0
Twice	43
3-5 times	14
More than 5 times	43
Location purchased illicit drugs online in past year (%)	**n=8**
Australian webstore ('surface web')	0
International webstore ('surface web')	13
Silk Road ('dark web')	25
Other 'dark web' marketplace (e.g., Atlantis)	38
Other online market place (e.g., ebay, Gumtree)	0

Source: EDRS interviews

Among those who reported buying a traditional illicit substance online, the most common substance was LSD (38%) followed by ecstasy (any form) (25%), methamphetamine (any form) (25%), and steroids or other performance enhancing drugs (PIEDs; 25%). Among those who purchased an NPS online in the past year, the most common substances were mephedrone (43%), DMT (43%), mescaline (43%), and MXE (29%) and NBOMe (14%) (Table 67).

Table 67: Substances purchased online in the past year by REU, 2015

Illicit drugs (%)	2015 n=8	New psychoactive substances (%)	2015 n=7
Ecstasy (any form)	25	Mephedrone	43
Methamphetamine (any form)	25	Methylone/bk-MDMA	-
Pharmaceutical stimulants	-	MDPV/Ivory wave	-
Cocaine	-	MDAI	-
LSD (acid)	38	5-IAI	-
Mushrooms	-	Benzo fury (6-APB)	-
MDA	-	BZP	-
Ketamine (special K)	-	PMA	-
GHB/GBL, 1, 4B (liquid E)	-	Methoxetamine (MXE)	29
Amyl nitrate (rush)	-	2C-x (2C-B, 2C-I, 2C-E)	-
Nitrous oxide	-	DMT	43
Cannabis	-	5-MeO-DMT	-
Tobacco	-	LSA (Hawaiian Baby Wood rose)	-
Opioids (e.g. heroin, opium)	-	DOI (Death on impact)	-
Pharmaceutical opioids	-	Mescaline	43
(e.g. oxycodone, morphine)	-	Salvia divinorum	-
Antidepressants	-	Datura (Angel's trumpet)	-
Benzodiazepines	-	DXM (cough syrup)	-
(e.g. Valium/Serepax/Xanax)	-	NBOMe (25I, 25B, 25C)	14
Steroids or PIEDs	25	Synthetic cannabinoids	-
Antipsychotics (e.g. Seroquel)	-	Other	-

Source: EDRS interviews

Among those who had used a NPS substance (n=45), the NPS most commonly used on the last occasion was mephedrone (36%), DMT (11%), mescaline (11%), synthetic cannabis (9%), or an unknown capsule (9%).

On the last occasion of NPS use, almost one-fifth (18%) of recent NPS users, had personally purchased the drug online, and a further 18% had obtained the drug from someone else who had purchased it online.

Among those who reported NPS use (n=44), the most common adverse effects experienced on the last occasion of use were paranoia (27%), a racing or erratic heart beat (25%), feeling restless or anxious (25%), feeling panicky (23%), skin discolouration (21%) and skin rash (18%) (Table 68).

Table 68: Unexpected adverse NPS effects experienced on last occasion of use, 2015

Unexpected adverse effect	n=44 %
Paranoia	27
Seeing things that were not there	2
Panicky	23
Nausea/vomiting	5
Overheating	14
Heart racing	25
Hearing things that were not there	2
Restless or anxious	25
Shortness of breath	7
Chest pain	14
Shaky hands	11
Skin discoloured (blue/red)	21
Anger/aggression	5
Skin rash	18
Numbness/coldness in gingers/toes	11
Other effects	9

Source: EDRS interviews
Other effects included: skin rash, confusion, drowsy, cold/numb finders or toes, headache, seizure, anger, and paralysed locked jaw

9.2 NPS health policy

All participants were asked about their understanding of the legal status of the following NPS: 2CB, 2CI, DMT, and Mephedrone. Around half the participants were able to correctly identify that these five substances were in fact illegal (see Table 69). Of slight concern is the minor proportion that reported that the substances were legal: 9% Mephedrone, 2% NBOMe, 8% DMT, and 1% 2CB. Of larger concern are the substantial proportions that reported that they were 'unsure' of the legal status of these illicit substances. This is a clear area where harm reduction messages could be further targeted and clarified.

Table 69: Participant knowledge of the legality of NPS among REU, 2015

	n=78
2CB (%)	
Legal	1
Illegal	50
Unsure	27
2CI (%)	
Legal	0
Illegal	53
Unsure	25
DMT	
Legal	6
Illegal	54
Unsure	18
Mephedrone	
Legal	7
Illegal	51
Unsure	20

Source: EDRS interviews 2015

9.3 Cognitive enhancers

Cognitive enhancing substances (CEs) are drugs that have the potential to improve intellectual ability across various cognitive domains (Smith et al., 2014).

Whether CEs actually improve cognitive performance remains unclear. However, there is some evidence that at least some CEs likely improve cognitive performance in limited cognitive domains (Farah, Smith, Ilieva, & Hamilton, 2014); whether these results are applicable to real-world settings remains unknown. Despite mixed evidence of their efficacy, users may perceive them as effective (Ragan, Bard, & Singh, 2013).

Only two studies have examined the prevalence of CE use in Australia. Both studies used university samples, with estimates varying from 4% to 8.5% (Joshi, 2011; Mazanov, Dunn, Connor, & Fielding, 2013). Despite these varying estimates, it is clear that CE use, at least amongst Australian university students, is not insignificant.

All CEs are associated with a risk of harm, to varying degrees of severity. Case studies have documented adverse physical and/or psychiatric harms associated with CEs, some of which may be severe and/or permanent (Berman, Kuczenski, McCracken, & London, 2008; Oskooilar, 2005). Harms may also occur when CEs are illicitly obtained online or via others' prescriptions (Ragan et al., 2013).

At present, very little is known about the prevalence of CE use in Australia or how they are being used. EDRS participants are a recreational drug using sample, many of whom have performance demands from study or fulltime work placed upon them. There is some evidence that use of CEs may be more prevalent among illicit drug users (Mazanov et al., 2013).

Participants were asked is they had used a range of different substances for the purpose of improving thinking or cognition or to help them study in the last six months (see Table 70). The most commonly reported CEs were coffee (52%), followed by energy drinks (40%), omega 3 fish oil (6%), other caffeine products (6%), dexamphetamine (5%), gingko biloba (4%), ginseng (1%) and other cognitive enhancers (3%).

Table 70: Use of Cognitive Enhancers in the last six months among REU, 2015

Substance %	N=77
Methylphenidate (prescribed or non-prescribed)	0
Modafinil (prescribed or non-prescribed)	0
Dexamphetamine (prescribed or non-prescribed)	5
Racetams (prescribed or non-prescribed)	0
Anti-dementia drugs (prescribed or non-prescribed)	0
Energy drinks	40
Coffee	52
Other caffeine products (caffeine tablets, caffeine sublingual strips)	6
Gingko Biloba	4
Ginseng	1
Omega 3 fish oil	6
Other[#]	3

Source: EDRS interviews

[#]Other reported CEs were 'tea', 'taurine' 'noopepte' and 'hydroxycut hardcore'.

Among participants who had used any CEs in the previous six months (n=46), the most common CEs used on the last occasion were energy drinks (57%), followed by coffee (31%), other caffeine products (5%), gingko biloba (2%), and fish oil (2%).

The main motivation for using these CEs on the last occasion (see Table 71) was to decrease fatigue (29%), to offset sleep deprivation (22%), and to improve concentration (15%). Smaller proportions reported using CEs to enhance mood (9%), to complete an assignment or task on time (6%), to improve academic performance (4%), to improve memory (3%), to improve motivation for study (2%), and out of curiosity (2%).

Table 71: Main motivations for CE use in the last six months among REU, 2015

Motivation %	n=46
To decrease fatigue	29
To complete an assignment or task on time	6
To improve concentration	15
To offset sleep deprivation	22
To improve motivation for study	2
To improve academic performance	4
To enhance mood	8
To improve memory	3
Curiosity	2
Other reasons[#]	8

Source: EDRS interviews

[#]Other reasons were: 'to be more awake', 'to be more alert' and 'to increase energy'.

Of those participants who had used CEs in the preceding six months (n=46), over one-third (35%) reported experiencing negative side effects on the last occasion of use. The most commonly reported negative side effects were heart palpitations (27%), sleeping difficulties/insomnia (18%), headache (15%), anxiety (9%), rapid and/or irregular heartbeat (9%), tics and/or twitching, nausea, 'jolt and crash' episodes (each 6%), or loss of appetite (3%).

Around one-quarter (26%) reported using other licit or illicit drugs in conjunction with the CE substance(s) they took on the last occasion, most commonly alcohol (36%), tobacco (29%) cannabis (12%), and other stimulants (6% ecstasy, 6% pharmaceutical stimulants) (see Table 72).

Table 72: Other substances (licit or illicit) consumed with CEs on the last occasion, among REU, 2015

Other substances %	n=12
Cannabis	12
Alcohol (less than 5 standard drinks)	12
Alcohol (more than 5 standard drinks)	24
Ecstasy	6
Pharmaceutical stimulants	6
Tobacco	29
Other	12

Source: EDRS interviews

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