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**TASMANIAN TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2017**
Findings from the
Ecstasy and Related Drugs Reporting System (EDRS)

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**TASMANIAN
TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2017**



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

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LIST OF 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
ACIC	Australian Criminal Intelligence Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
AIHW	Australian Institute of Health and Welfare
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	blood-borne viral infections
BZP	benzylpiperazine
CIDI	Comprehensive International Diagnostic Interview
DACAS	Drug and Alcohol Clinical Advisory Service
DHHS	Department of Health and Human Services
DMT	N,N-dimethyltryptamine
DOI	2,5-dimethoxy-4-iodoamphetamine
DSM	Diagnostic and Statistical Manual (of mental disorders)
DXM	dextromethorphan
DUI	driving under the influence
ERD	ecstasy and related drug(s)
EDRS	Ecstasy and Related Drugs Reporting System
GBL	gamma-butyrolactone
GHB	gamma-hydroxy-butyrate
GLBT	gay lesbian bisexual transgender
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
ICD	International Classification of Diseases
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
IDU	injecting drug user
K10	Kessler Psychological Distress Scale
KE	key expert(s) (previously 'key informant')
LSA	d-lysergic acid amide
LSD	d-lysergic acid
M	mean
MAOI	monoamine oxidase inhibitor
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine (ecstasy)
MDEA	3,4-methylenedioxyethamphetamine

MDPV	methylenedioxypropylamphetamine
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

 <p>Background and methods</p>	<p>The Ecstasy and Related Drug Reporting System is an annual, national project designed to monitor data associated with the use of ecstasy and related drugs (methamphetamine, cocaine, LSD, ketamine and New Psychoactive Substances), in order that this information could act as an early warning indicator of the availability and use of these drugs. Each year, in each capital city, people who regularly consume ecstasy and related drugs are interviewed face to face about the drugs they use and their health. To complement and interpret this information, data relating to drug use such as health and law enforcement data are also examined.</p> <p>The project is coordinated nationally by the National Drug and Alcohol Research Centre and it is funded by the Australian Government Department of Health</p>
 <p>Participants</p>	<p>In 2017, 100 people who live in Hobart who use ecstasy at least once a month were interviewed. They were typically in their twenties and predominantly male. They were typically employed (~50%) or studying (~40%), and the majority had completed a year 12 education. Rates of involvement in drug treatment were low (less than 5%) and it was rare for participants to have a prison history (less than 5%).</p> <p>On average, participants were using ecstasy or other stimulants fortnightly or more often. Around one third regarded ecstasy as their drug of choice; less than 5% regarded methamphetamine as their preferred drug. Participants typically used multiple different types of drugs in the last 6 months.</p> <p>It is important to note that participants are deliberately selected to represent people that are heavily engaged in ecstasy and related drug use, because it is assumed that new trends will emerge in this group earlier than the general population. These participants do not represent the profile of all people who use ecstasy.</p>



Ecstasy

Use

- Participants were recruited based on frequent ecstasy use. Typically, ecstasy was used approximately fortnightly, although one in five used weekly or more.
- While tablets were the most commonly used form, 3 in 5 participants had used ecstasy capsules, and half reported using the high potency crystal form MDMA. Tablet use was more frequent (approximately fortnightly) than use of other forms (typically less than monthly among consumers of these forms).
- Participants typically used two tablets when they used ecstasy. There are some indications for an increase in high-quantity use, with 4% of participants in 2015 and 16% in 2017 reporting usually using more than two pills on an occasion of use

Price

- In 2017, the median price reported was \$30 per ecstasy pill, capsule or 'point' (~0.1g) of ecstasy crystals. Prices for tablets and capsules have remained at \$30-35 for much of the last decade.

Purity

- Consumers reported that tablets were variable in purity (one third of participants) or medium in purity (one third of participants). Capsules and crystal were regarded as more consistent, typically considered 'medium' and 'high' respectively
- The proportion of participants reporting that tablets were 'low' in purity has declined since 2010-11 (41-47% respectively to 10-20% in 2012-17). Over the past 5 years, one-third or more of participants have noted that purity fluctuated, reflecting the inconsistent and unpredictable nature of the ecstasy market

Availability

- The proportion of participants reporting that ecstasy tablets were 'very easy' to access has steadily increased over the past 5 years, from 14% in 2013 to 46% in 2016
- Consistent with their lower rates of use, capsules and crystal were typically considered more difficult to access than tablets, most commonly regarded as 'easy' and 'easy/difficult' respectively in 2017
- Tasmania police seizures of tablets suspected to be ecstasy have been greater over the past three years than the previous three years (mean >70 seizures of >6000 tablets 2014/15-16/17 compared with mean 6 seizures of 164 tablets 2011/12-2013/14)



**Meth-
amphetamine**

- Around 4 in 10 participants had used any form of methamphetamine in the last 6 months, at a median frequency of twice in the last 180 days. This represents a sustained decline from the proportion using in 2013 and 2014 (around 6 in 10 participants)
- It was uncommon for methamphetamine to be a drug of choice, nominated by around 5%. Consistent with this, only a small proportion (5%) used methamphetamine weekly or more frequently in the past six months.
- Methamphetamine powder was the form most commonly used (by 70% of those recently using the drug). This represents a return to the predominance of powder use among EDRS participants after approximately equal proportions most commonly using crystal and powder forms in the 2016 survey.
- In both 2015/16 and 16/17 Tasmania Police seized approximately 4kg of methamphetamines, and over 600 individual seizures per annum. Considering trends over the past decade, this represents a decline in average annual weight of seizures but an increase in the annual number of seizures

Powder

- *Use:* Almost 30% of the EDRS participants reported use of powder methamphetamine, on a median of twice in the past 6 months, typically snorting or swallowing 0.1g per session. Rates of use of powder form methamphetamine have fallen over the past 5 years, from around 60% in 2012-2014
- *Price:* Participants reported most commonly paying \$40 per point (~0.1g) of powder methamphetamine; this has remained stable at \$40-50 per point for the past decade
- *Purity:* Consumer subjective reports of powder methamphetamine purity have changed between 2016 and 2017, with almost 60% of those consuming this form considering it to be 'high' in purity 2017, compared with 20% in 2016.
- *Availability:* Seventy percent of consumers regarded this form as 'easy' or 'very easy' to access in 2017

Crystal

- *Use:* Rates of use of crystalline methamphetamine have remained relatively stable over the past 5 years, at approximately 15% of each sample. Among the participants in 2017, this was typically used on 6 occasions in the past 6 months, predominantly smoked, and using 0.1g per session.
- *Price:* Participants paid between \$50 and \$100 per point (~0.1g) of crystal
- *Purity:* Consumers typically regarded the subjective purity of crystal methamphetamine as 'high'
- *Availability:* Crystal methamphetamine has been increasingly perceived as 'easy' or 'very easy' to access over the past five years among EDRS consumers

Health effects

- Around one in four of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug

 <p>Cannabis</p>	<ul style="list-style-type: none"> • In 2017, 4 in 5 participants reported using cannabis. Most used multiple times per week; and one-quarter of those using cannabis were smoking every day • While the overall proportion of EDRS participants reporting recent cannabis use has changed little over the past decade (74% in 2008; 84% in 2017), the frequency of use among participants has increased substantially, with around one-third of recent consumers in 2008-2011 smoking weekly or more, but two-thirds smoking at this frequency in 2013-2017 • Tasmania police typically make more than 2000 cannabis seizures per annum over the past decade. In 2016/17 more than 250kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14. <p>Outdoor cultivated cannabis</p> <ul style="list-style-type: none"> • <i>Price:</i> Participants reported most commonly paying \$10-20 per gram of outdoor cultivated cannabis and \$70 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years • <i>Purity:</i> Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 5 years • <i>Availability:</i> The majority of consumers regarded this as 'easy' or 'very easy' to access <p>Indoor cultivated cannabis</p> <ul style="list-style-type: none"> • <i>Price:</i> Participants reported most commonly paying a median of \$20 per gram of indoor cultivated cannabis and \$80 per quarter-ounce (7g). • <i>Purity:</i> Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2017, 6 in 10 considered it 'high'. After a period of lower perceived purity in 2015 and 2016, this rate is more consistent with perceived potency from the past decade (2008-2012) • <i>Availability:</i> The majority regarded this as 'easy' to 'very easy' to access. There appears to be very little difference between the forms in terms of availability trends over the past 5 years.
 <p>Cocaine</p>	<ul style="list-style-type: none"> • <i>Use:</i> In 2017, around 1 in 4 participants had reported using cocaine, at a median frequency of twice in the past 180 days. This rate and frequency of cocaine use has been largely consistent in the past 5 years of the EDRS study, and slightly lower than rates of use in prior to this (one-third to one-half of participants using the drug in 2008-2011) • <i>Price:</i> Because cocaine use has been so uncommon and infrequent, too few EDRS participants have been able to report on purchase prices for reliable trends to be determined. This situation has remained unchanged over the past 5 EDRS surveys. • <i>Purity:</i> In 2017, there was little consensus between consumers in relation to the purity of cocaine, with roughly equal proportions regarding cocaine as 'low', 'medium', and 'high' in purity • <i>Availability:</i> The low level of use of cocaine is clearly suggestive of low availability of the drug locally. In 2017, the majority of consumers regarded cocaine as 'difficult' or 'very difficult' to access, with this being the dominant view over the past decade. However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than earlier in the last decade (average 19 seizures, 122g per annum in 2014/15-2016/17 compared with 2 seizures, 24g per annum over the 2007/08-2013/14)

 <p>Alcohol</p>	<ul style="list-style-type: none"> • Almost all of the EDRS participants reported recent alcohol consumption in 2017. This was, on average, regular (49 of the past 180 days), with four in five drinking weekly or more frequently, and three in five engaging in very heavy (6 of more standard drinks) weekly or more. One in five were experiencing alcohol related harms to an extent that they screened positive to likely alcohol use disorder using the AUDIT • In terms of trends over time, while the overall proportion of EDRS participants reporting alcohol consumption has remained unchanged, the median frequency of use appears to have declined over the past 5 years (72-80 days of the past 180 in the 2012-16 surveys; 49 in 2017), and the proportion reporting at least weekly alcohol use has fallen to below 90% of participants for the first time in the past decade (84% in 2017)
 <p>Tobacco</p>	<ul style="list-style-type: none"> • Among EDRS participants, smoking remains very common, with more than 4 in 5 participants recently smoking cigarettes in 2017 • While the overall smoking rate remains high, there has been a decline in daily smoking, with half of recent smokers being daily smokers in 2016 and 2017, compared with 60% or more in the previous five years. Similarly, around one-quarter of smokers smoked less than weekly in the 2017 sample, compared with around 10-15% in 2013-15 • Recent use of e-cigarettes has significantly increased, from 15% of the sample in 2016 to 31% in 2017, although this was typically infrequent (median of two occasions in the past six months)



Other drugs

Psychedelics

- *Use:* Psychedelic use remains common but infrequent among participants in the EDRS, with 2 in 5 reporting recent use of LSD (typically swallowing 1 tab on two occasions in the past 180 days), and one-quarter reporting recent psychedelic mushroom use on a median of two occasions in the past 180 days
- *Price:* Participants reported most commonly paying \$15 per tab of LSD, consistent with prices in 2015 and 2016, but lower than the \$20 per tab in 2013 and 2014
- *Purity:* Consumer subjective reports have typically considered LSD to be 'high' or 'medium' in purity over the past decade
- *Availability:* The majority of consumers regarded LSD as 'easy' to access in 2017. There are some indications that availability has declined slightly in recent years, with the proportion of consumers regarding LSD as 'easy' or 'very easy' to access falling from 90% in 2014 to less than 60% in 2017.

New psychoactive substance (NPS) use

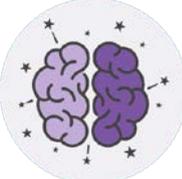
- Seventeen percent of participants reported recently using a drug that they believed was a new psychoactive substance. This is a continued decline from rates seen in the past 5 years (~40% in 2013-14). Typically this related to psychedelic use (2C-B and NBOMe) in contrast to stimulants, which were predominant in previous years. Synthetic cannabinoid use remained uncommon (<5%)
- Of note, one-quarter of participants reported recently using capsules with 'unknown contents', a trend that has been increasing over the past 5 years (~15% in 2011-12), suggesting the potential for a higher rate of unwitting use of NPS among these participants

Inhalants

- Recent use of nitrous oxide has significantly increased between the 2016 and 2017 studies, and has been increasing over the past 5 years. In 2017, one third of participants had used nitrous oxide on a median of 4 occasions in the past 180 days, typically using 4 bulbs per occasion. Rates of amyl nitrite have been similar in recent years, used by 16% in the 2017 study, on a median of two occasions in the past 180 days

Non-prescribed pharmaceuticals

- While use remained infrequent, rates of non-prescribed use of pharmaceuticals significantly increased among the participants in 2017 compared to previous years, with one-third reporting recent non-prescribed benzodiazepines (35% in 2017; 21% in 2016), one third reporting non-prescribed pharmaceutical stimulant use (35% in 2017, 20% in 2016), and one-quarter using codeine-based tablets for non-medical application (27% in 2017, 13% in 2016).

 <p>Mental health and drug treatment seeking</p>	<p>Mental health</p> <ul style="list-style-type: none"> • Half of the EDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past three years of EDRS samples. In 2017, just over half of those reporting a mental health problem had attended a mental health professional; this is relatively consistent with rates over the past 5 years • Using a validated measure of psychological distress, more than one-third of the EDRS sample scored in the ‘high’ or ‘very high’ categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10) <p>Help-seeking for substance use</p> <ul style="list-style-type: none"> • While it was uncommon for participants to be formally involved in drug treatment (<5%), over 30% of participant accessed a health service in relation to drug use in the past 6 months. This is an increase over rates in the previous 5 years, which were typically 5-10% in 2013-15. • It was most common for participants to access general medical practitioners, specialist drug and alcohol workers, or medical tents at music festivals for this assistance
 <p>Overdose</p>	<ul style="list-style-type: none"> • Just over 10% of the EDRS participants reported experiencing an overdose on a stimulant drug in the past 6 months. This was typically in relation to ecstasy, with co-incident alcohol use; and in a nightclub environment where people reported being watched by friends in response to their overdose • Fifteen percent of the EDRS participants reported experiencing an overdose on a depressant drug in the past 6 months, this was typically excessive alcohol consumption in private homes, where participants were watched by friends
 <p>Sexual risk behaviour</p>	<ul style="list-style-type: none"> • Half of the participants had casual sex while affected by substances in the past 6 months. This is consistent with the rates in previous EDRS samples. Rates of consistent protective barrier use during these encounters has fallen over the past 5 years, only reported by 20% in 2017, compared with over 40% in 2013. Most notably, 30% never used a protective barrier during casual sex in 2017, compared with half this rate in 2016. Rates of recent engagement in sexual health checkups has increased over the past 5 years, from 25% in 2013 to 56% in 2017.
 <p>Driving Risk</p>	<ul style="list-style-type: none"> • In 2017, 80% of participants had driven a vehicle in the past six months; of these, just over one-third reported driving while over the legal alcohol limit and 40% had driven soon after consuming illicit substances. These rates are similar to those seen over the past 5 EDRS surveys • Just over 10% of drivers in the EDRS sample had experienced roadside drug testing in the previous six months; this is relatively consistent with rates over the past 5 years

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 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 2017. Reports detailing Tasmanian drug trends from 1999 through to 2016 are available as technical reports from the National Drug and Alcohol Research Centre, University of New South Wales at www.drugtrends.org.au and <http://ndarc.med.unsw.edu.au>.

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) 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; to investigate other emerging trends in local ERD markets that may warrant further investigation or monitoring; and to identify issues that are pertinent to developing harm-reduction strategies. A further aim is to, where possible, incorporate converging data from indicator data and to identify emerging trends through comparison with EDRS data collected in Hobart in previous years.

2.0 METHODS

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

2.1 Survey of REU

2.1.1 Recruitment

One hundred REU were interviewed using a structured face-to-face interview between April and June 2017. 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. 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).

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 20-90 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.

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 Tandberg¹ using an implementation of the optimal methods identified in Newcombe (1998).

¹ 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.

2.2 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 REU. 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.

National Drug Strategy Household Surveys (2001, 2004, 2007, 2010, 2013, 2016). The National Drug Strategy Household Survey (NDSHS), run by the Australian Institute of Health and Welfare (AIHW), represents a prevalence study of drug use amongst the general community, surveying 1,031 individuals in Tasmania in the 1998 study, 1,349 individuals in 2001, 1,208 in 2004, 1,143 in 2007, 1,060 in 2010, 1,134 in 2013 and 1,098 in 2016 who were over 14 years of age, could speak English, and who lived in private dwellings. The survey investigated use of the following illicit drugs relevant to this report: cannabis; methamphetamine; hallucinogens; cocaine; ecstasy/designer drugs; and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

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 2007/08 to 2015/16 reporting periods for each drug type (Turning Point, 2008-2016). Data from the 2016/17 year were not available at the time of publication.

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), Illicit Drug Data Reports provided by the Australian Crime Commission (ACC) (2003-2015) and Illicit Drug Data Reports provided by the Australian Criminal Intelligence Commission (ACIC) (2016). While data on the purity of drugs seized were provided through the ACIC; not all drug seizures are analysed for purity. The ACIC 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. ACIC data for the 2016/17 reporting period were unavailable at the time of publication but, where possible, preliminary data were provided by Tasmania Police. These preliminary data are subject to revision and may differ from ACIC 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 2015/16 (Roxburgh & Breen, 2017). 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.

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 for the 2016/17 financial year were unavailable at time of publication.

3.0 DEMOGRAPHICS

 <p>Demographics Key Points</p>	<ul style="list-style-type: none">• EDRS participants are typically in their twenties, and predominantly male. They are typically employed (~50% of sample) or studying (~40% of the sample), and the majority have completed year 12.• Rates of involvement in drug treatment or prison history are low, and typically 5% or less of the samples [Table 3.1.1]• These demographics have been largely consistent over EDRS survey waves• Participants are deliberately selected to represent people that are heavily engaged in use of ecstasy and related drugs – they do not represent the profile of all people who use ecstasy or other psychostimulants
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3.1 Overview of REU sample

Table 3.1.1: Demographic characteristics of REU sample, 2013-2017

Variable	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Mean age (range)	25 (18-42)	24 (17-38)	24 (17-55)	25 (18-49)	23 (17-39)
Sex (% male)	57	63	63	51	65
Aboriginal / Torres Strait Islander (%)	5	3	4	5	1
Sexual orientation (%)					
Heterosexual	87	93	85	92	85
Bisexual	9	5	9	7	13
Gay or lesbian	4	1	6	1	2
Other	0	1	0	0	0
English speaking (%)	99	98	97	99	100
Accommodation (%)					
Own/rented	79	76	65	77	63
Live with family	18	23	33	23	36
Boarding house [^]	1	1	0	0	0
No fixed address	0	0	1	0	0
Mean school years (range)	12 (7-12)	12 (10-12)	12 (10-12)	12 (9-12)	12 (8-12)
Tertiary education (%)					
None	59	51	55	56	60
Trade/technical	17	19	28	25	27
University/college	24	30	17	19	13
Employment (%)					
Not employed/on a pension	16	13	12	13	15
Full-time	49	27	23	17	21
Part-time/casual	18	29	14	29	27
Home duties	0	0	4	1	-
Student	4	19	19	22	18
Work and study	13	12	28	17	16
Annual income (%)					
\$1-7,799	1	1	4	4	10
\$7,800-12,999	10	6	8	9	22*
\$13,000-20,799	16	26	26	23	23
\$20,800-31,199	22	34	34	25	14
\$31,200-41,599	24	12	16	26	11*
\$41,600-\$51,999	14	10	3	8	5
\$52,000+	14	11	10	5	13
Currently in drug treatment (%)					
Methadone/Buprenorphine	0	0	0	0	3
AOD Counselling	1	2	0	1	3
Detoxification	0	0	0	0	1
Therapeutic community	0	0	0	0	0
Narcotics Anonymous	0	0	0	0	0
Other	1	0	1	0	0
Previous prison conviction (%)	5	2	1	5	2

Source: EDRS REU interviews, 2013-2017

[^]Includes hostel/refugee; [#]Includes 'part-time students; *Significantly different to previous year ($p < .05$).

4.0 CONSUMPTION PATTERNS

4.1 Drug use history and current drug use



Current use Key Points

- On average, participants were using ecstasy or other stimulants fortnightly or more often [Table 4.1.1]
- Around one third regarded ecstasy as their drug of choice; less than 5% regarded methamphetamine as their preferred drug. Typically alcohol (by half) or cannabis (by one-third) was the drug most frequently used among participants.
- One-quarter had 'binged' on psychostimulants in the last six months, which refers to 48 hours or longer of use without sleep. This is a pattern of substance use that increases harm from use
- Less than one in five participants had a lifetime history of injecting drug use, and around one in 10 participants had injected in the previous month
- Detailed patterns of recent drug use [Table 4.1.2] demonstrate that participants are polysubstance consumers. Alcohol, cannabis and tobacco use were almost ubiquitous among this sample; and 4 in five drunk alcohol more than weekly; 3 in 5 smoked cannabis weekly or more frequently; and one in 5 used ecstasy weekly or more in the past 6 months. Frequent (weekly) methamphetamine use was uncommon, reported by 5% of participants [Figure 4.1.2]
- Between the 2016 and 2017 samples, there were significant increases in use of non-prescribed pharmaceutical stimulants (from one-fifth to one-third of participants), in use of ketamine (from less than 5% to almost one in 5; and nitrous oxide (from 15% in 2016 to one third in 2017). However, the use of each of these substances was infrequent – less than once monthly on average [Table 4.1.2]

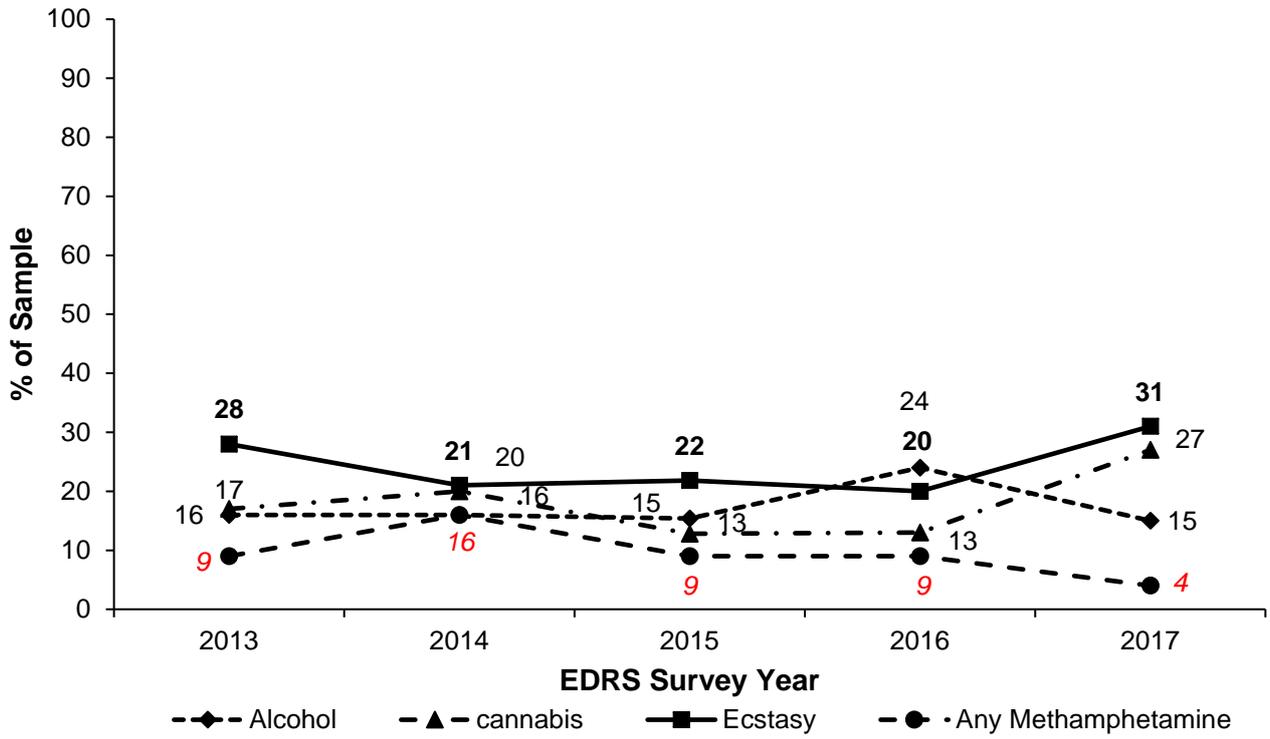
Table 4.1.1: Drug preferences and polydrug use of REU sample, 2013-2017

Variable (%)	2013 n=76	2014 n=100	2015 n=100	2016 n=100	2017 n=100
Drug of choice (%)					
Ecstasy	28	21	22	20	31
Cocaine	15	10	18	13	6
Methamphetamine (any form)	9	16	9	9	4
<i>Powder (speed)</i>	9	16	8	2	1
<i>Base</i>	0	0	0	0	0
<i>Crystal (ice)</i>	0	0	1	7	3
Cannabis	17	20	13	13	27*
Alcohol	16	16	15	24	15
LSD	5	8	14	6	10
Mushrooms	1	1	3	5	2
Ketamine	1	0	3	2	0
Heroin	1	1	0	2	1
Benzodiazepines	0	0	0	1	1
Pharmaceutical Stimulants	0	0	0	0	0
Other Opiates	0	1	1	1	1
NPS	0	1	0	1	0
Drug used most often last month (%)					
Ecstasy	7	8	6	8	8
Cocaine	0	0	0	1	0
Methamphetamine (any form)	1	7	0	4	2
<i>Powder (speed)</i>	1	4	0	0	0
<i>Base</i>	0	0	0	0	0
<i>Crystal (ice)</i>	0	3	0	4	2
Cannabis	25	32	23	28	34
Alcohol	59	51	59	53	51
LSD	1	0	3	1	1
Mushrooms	0	1	0	2	0
Ketamine	0	0	0	0	0
Heroin	1	0	0	0	0
Benzodiazepines	1	0	0	0	2
Pharmaceutical Stimulants	0	0	0	1	1
Other Opiates	1	1	1	0	0
NPS	1	0	0	0	0
Frequency of stimulant use past month (%)					
Not in the last month	4	7	12	5	7
Monthly	40	31	36	25	20
Fortnightly	34	37	37	39	37
Weekly	16	14	13	20	23
More than once per week	3	10	3	9	13
Once a day	3	1	0	2	0
More than once a day	1	0	0	0	0
Binged on any stimulant last 6 months (%)	33	24	19	29	25
Injected lifetime (%)	18	15	10	19	16
Injected last month (%)	11	8	10	10	8
Mean age first injection (years)	21	21	20	21	22

Source: EDRS REU interviews, 2013-2017

* 'used' refers to any of the following routes of administration: smoke/inhale, snort, swallow/ingest and inject.

Figure 4.1.1: Drug of choice among REU, 2013-2017



Source: EDRS REU interviews, 2013-2017

Table 4.1.2: Proportion of REU reporting recent (past 6 month) drug use, 2013-2017

Variable (%)	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Alcohol					
Used last 6 months	100	98	100	98	98
Median days used last 6 months (range)	72 (1-180)	72 (4-180)	72 (10-180)	80 (6-180)	49 (1-180)
Cannabis					
Used last 6 months	78	76	80	77	84
Median days used last 6 months (range)	48 (1-180)	16 (9-25)	80 (1-180)	100 (2-180)	60 (2-180)
Tobacco					
Used last 6 months	76	83	85	76	86
Median days used last 6 months (range)	180 (3-180)	180 (2-180)	180 (1-180)	180 (1-180)	168 (1-180)
Methamphetamine powder					
Used last 6 months	53	58	39*	32	29
Median days used last 6 months (range)	2 (1-90)	3 (1-180)	2 (1-14)	2 (1-60)	2 (1-30)
Methamphetamine base					
Used last 6 months	7	17	5*	4	1
Median days used last 6 months (range)	1~ (1-48)	8 (1-100)	1.50 (1-5)	2 (1-60)	1 (1-1)
Crystal methamphetamine					
Used last 6 months	17	14	13	21	14
Median days used last 6 months (range)	3 (1-72)	3.5 (1-150)	8 (1-50)	10 (1-180)	5.50 (1-140)
Pharmaceutical stimulants (illicit)					
Used last 6 months	18	18	13	20	35*
Median days used last 6 months (range)	3 (1-20)	2.5 (1-48)	2 (1-14)	2 (1-15)	3 (1-60)
Cocaine					
Used last 6 months	17	22	17	24	24
Median days used last 6 months (range)	3 (1-6)	2 (1-13)	1 (1-8)	2 (1-12)	2 (1-120)
LSD					
Used last 6 months	38	35	41	39	39
Median days used last 6 months (range)	2 (1-12)	2 (1-48)	3 (1-45)	4 (1-20)	2 (1-26)
MDA					
Used last 6 months	8	6	4	8	13
Median days used last 6 months (range)	2.5~ (1-48)	3.5~ (2-10)	2 (1-5)	2 (1-150)	2 (1-12)
Ketamine					
Used last 6 months	9	14	5	3	17*
Median days used last 6 months (range)	2~ (1-2)	2 (1-13)	1.50 (1-3)	3~ (1-10)	2 (1-7)
GHB/GBL/1,4B					
Used last 6 months	0	0	0	1	3
Median days used last 6 months (range)	-	-	-	-	1~ (1-2)

Source: EDRS REU interviews, 2013-2017

*Significant change ($p < .05$) relative to previous year; ~ $n < 10$

Table 4.1.2: Proportion of REU reporting recent (past 6 month) drug use, 2013-2017 (cont.)

Variable (%)	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Amyl nitrite					
Used last 6 months	9*	12	12	11	16
Median days used last 6 months (range)	4 (1-20)	3 (1-40)	1 (1-10)	2 (1-60)	2 (1-20)
Nitrous oxide					
Used last 6 months	9*	17	6	15	29*
Median days used last 6 months (range)	1.5 (1-60)	3 (1-15)	1 (1-1)	2 (1-180)	4 (1-60)
Benzodiazepines[^]					
Used last 6 months	30	31	17*	21	35
Median days used last 6 months (range)	3 (1-40)	3 (1-50)	8 (2-19)	5 (1-30)	4 (1-60)
Antidepressants[^]					
Used last 6 months	0	0	3	1	3
Median days used last 6 months (range)	-	-	3.5~ (1-6)	8~ (8-8)	3~ (1-3)
Heroin					
Used last 6 months	5	2	1	3	2
Median days used last 6 months (range)	5.5 (3-30)	2.5~ (1-4)	3 (3-3)	6 (2-14)	51.50 (3-100)
Methadone[#]					
Used last 6 months	1	3	4	1	6
Median days used last 6 months (range)	1~ n=1	15.5~* (1-30)	3 (2-180)	70 (70-70)	95 (1-180)
Buprenorphine[#]					
Used last 6 months	4	2	0	0	1
Median days used last 6 months (range)	9~ (1-10)	2~ (1-3)	0 (0-0)	0 (0-0)	5 (5-5)
Other opioids[^]					
Used last 6 months	11	11	6	5	24*
Median days used last 6 months (range)	5.5~ (1-30)	7 (1-45)	3~ (1-20)	10~ (3-21)	4.5 (1-105)
Mushrooms					
Used last 6 months	15	21	15	24	25
Median days used last 6 months (range)	2 (1-6)	3 (1-15)	3 (1-20)	3 (1-24)	2 (1-11)
Mephedrone					
Used last 6 months	24*	23	9*	5	1
Median days used last 6 months (range)	3 (1-12)	2 (1-60)	2 (1-20)	2 (2-2)	2 (2-2)
Over-the-counter codeine[^]					
Used last 6 months	9	12	10	13	27*
Median days used last 6 months (range)	7 (1-90)	2 (1-50)	15 (1-72)	5 (1-150)	5 (1-15)

Source: EDRS REU interviews, 2013-2017

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

#Includes illicit and licit use; ^Includes only illicit use; ~ $n < 10$

Table 4.1.2: Proportion of REU reporting recent (past 6 month) drug use, 2013-2017 (cont)

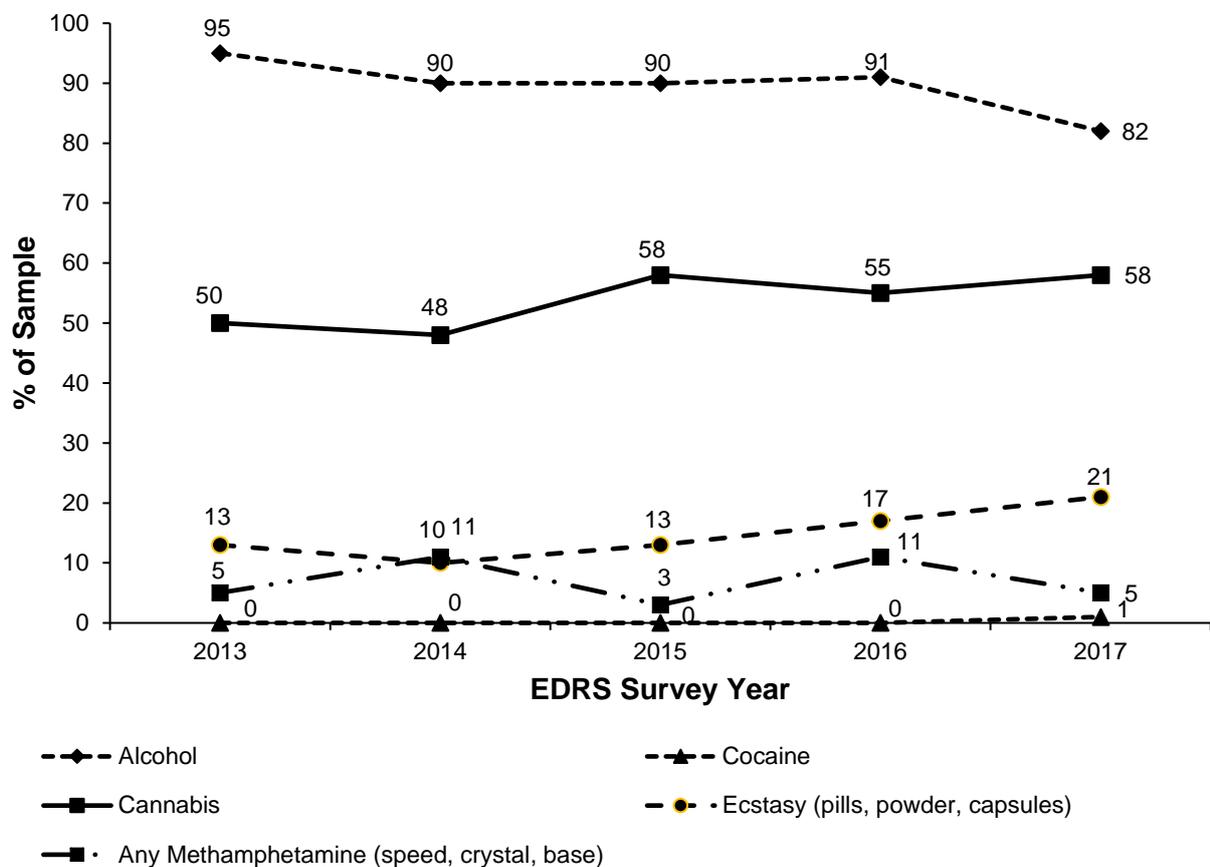
Variable (%)	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Over-the-counter stimulants[^]					
Used last 6 months	3	2~	1	5	7
Median days used last 6 months (range)	2.5 (1-22)	5.5 (4-7)	5 (5-5)	5 (2-48)	4 (1-12)
Steroids					
Used last 6 months	0	0	4	1	0
Median days used last 6 months (range)	-	-	48 (48-48)	24 (24-24)	0 (0-0)
Antipsychotics[#]					
Used last 6 months	3	7	4	3	5
Median days used last 6 months (range)	5.5~ (1-10)	2~ (1-12)	4 (2-130)	2 (1-20)	10 (3-26)
e-cigarettes					
Used last 6 months	n/a	32	23	15	31*
Median days used last 6 months (range)		3 (1-180)	3 (1-120)	3 (1-20)	2 (1-180)

Source: EDRS REU interviews, 2013-2017

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

Includes illicit and licit use; ^ includes only illicit use; ~ n < 10

Figure 4.1.2: 'Weekly or more' drug use among REU, Tasmania, 2013-2017



Source: EDRS REU interviews, 2013-2017

4.2 Ecstasy use

 <p>Ecstasy use Key Points</p>	<ul style="list-style-type: none">• Participants were recruited based on frequent ecstasy use. Typically, ecstasy was used approximately fortnightly, although one in five used weekly or more often. [Table 4.2.1]• While tablets were the most commonly used form, 3 in 5 participants had used ecstasy in capsule form, and half reported using the high potency crystal form MDMA. Tablet use was more frequent (approximately fortnightly) than use of other forms (typically less than monthly among consumers of these forms). [Table 4.2.1]• Participants typically used two tablets when they used ecstasy. There are some indications of an increase in high-quantity use, with 4% of participants in 2015 and 16% in 2017 reporting usually using more than two pills in a session [Table 4.2.1]• Participants were given a screening tool to assess for symptoms of dependence. On this instrument, more than half reported no symptoms of dependence. However, one in 10 participants screened positive for possible ecstasy use disorder. This is a lower rate than seen in recent surveys (one third or more in 2015 and 2016) [Table 4.2.2]• Past year ecstasy use in the general Australian adult population has declined from 3.5% in 2007 to 2.2% in 2016. Levels of use in Tasmania in 2017 are comparable with rates nationally [Figure 4.2.3]
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4.2.1 Ecstasy use among REU

Table 4.2.1: Patterns of ecstasy use among REU, 2013-2017

Ecstasy	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Mean age first used ecstasy (range)	18 (13-28)	18 (13-32)	17 (14-29)	18 (13-28)	18 (14-37)
Use in last 6 months					
Forms used (%)[^]					
Tablets/pills	95	92	99	98	93
Capsules	53	49	50	41	60
Powder	20	20	15	29	24
MDMA crystals	47	29*	36	34	47
Median days use^{#^} (range)	10 (3-108)	11 (1-100)	12 (5-119)	12 (3-76)	13 (2-100)
Tablets/pills (range)	8 (1-90)	8 (1-72)	10 (2-110)	10 (1-70)	10 (1-96)
Capsules (range)	2 (1-48)	2 (1-48)	5 (1-25)	2.5 (1-10)	3 (1-20)
Powder (range)	3 (1-48)	5 (1-36)	2 (1-10)	4.5 (1-20)	3 (1-12)
MDMA crystals (range)	3 (1-48)	4 (1-36)	2 (1-20)	4 (1-30)	3 (1-21)
Use weekly or more often (%)^{#^}	13	10	12	17	21
Recent binge on ecstasy[†] (%)	22	10	14	19	16
Median pills 'typical' session (range)[^]	2 (0.5-3)	2 (0.5-4)	1 (1-3)	1 (1-7)	2 (1-5)
Median pills 'biggest' session (range)[^]	3 (0.5-12)	2 (1-10)	2 (1-15)	3 (1-12)	3 (1-20)
Used > 2 pills typical session (%)[^]	15	7	4	13	16
Median caps 'typical' session (range)[^]	2 (1-3)	1 (0.5-5)	1 (1-4)	1 (1-3)	2 (1-5)
Median crystals 'typical' session (range)[^]	1 gram (0.3-2; n=5) or 1.25 points (1- 5; n=8)	0.25 grams (0.1-2; n=12) or 2 points (0.25-4; n=10)	1.2 grams (0.25-2; n=3) or 2 points (0.25-5; n=18)	0.75 grams (0.5-1.5, n=4) or 1 point (1-3, n=3)	0.5 grams (.25-2; n=5) or 2 points (.75-5; n=19)

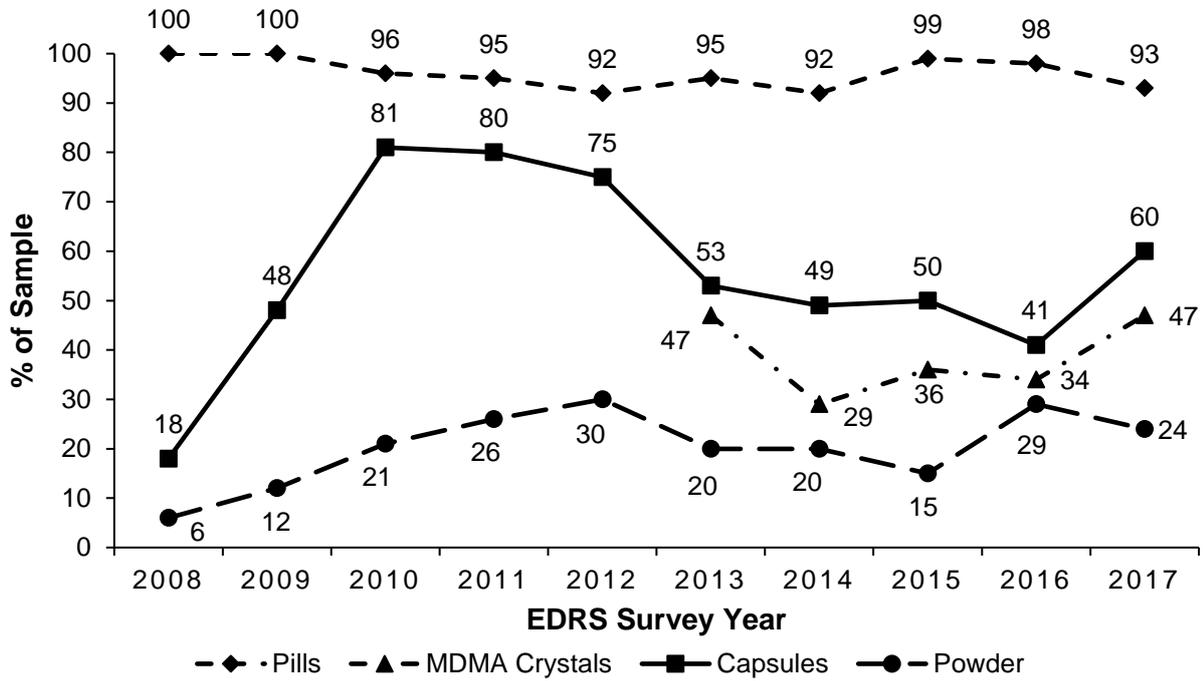
Source: EDRS interviews, 2013-2017

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

[#]Includes pills, powder and capsules combined. In 2016, frequency of use was reported by ecstasy form.

[^]Among those who had used in last six months

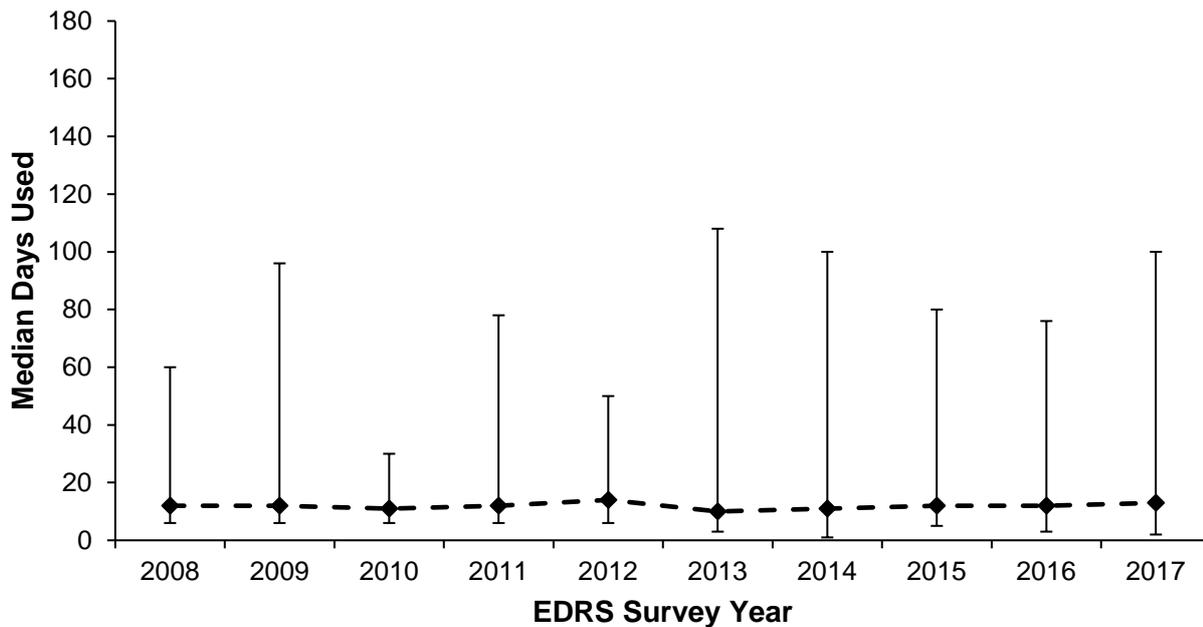
Figure 4.2.1: Forms of ecstasy used among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

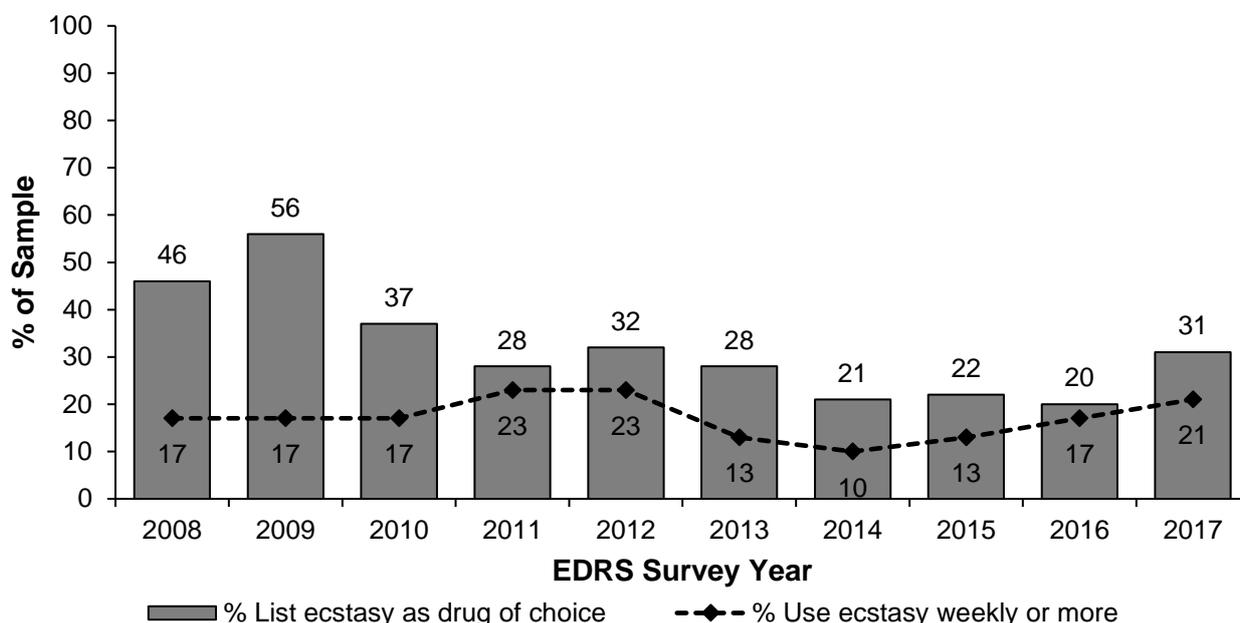
Note: MDMA crystals were included in the EDRS survey from 2013 onwards.

Figure 4.2.2: Frequency and range of ecstasy use among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 4.2.3: Proportion of REU who listed ecstasy as their drug of choice and proportion of REU reporting weekly or more ecstasy use in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

4.2.2 Self-reported symptoms of ecstasy dependence

Table 4.2.2: Self-reported symptoms of ecstasy dependence, 2013-2017

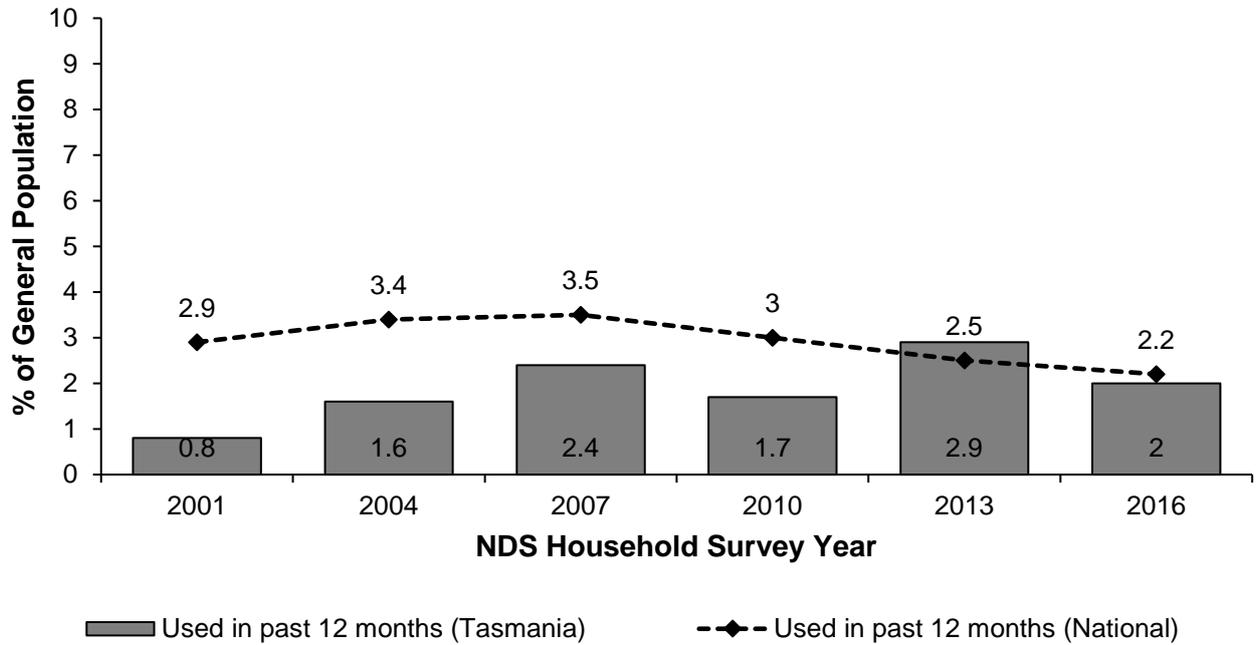
Symptoms	2013 n=76	2014 n=100 [†]	2015 n=78	2016 n=100	2017 n=100
Recently used ecstasy (%)	99	100	100	97	100
Median SDS score (range)	0 (1-6)	- -	2 (0-9)	1 (0-10)	0 (1-10)
SDS score = 0 % (n) (no symptoms of dependence)	38 (50)	-	32 (25)	47 (46)	57 (57)
SDS score 3+ % (n) (screened likely experiencing dependence)	18 (14)	-	42 (32)	34 (33)	10 (10)
Of those 3+ % (n) in drug treatment (any non-pharmacotherapy)	0	-	3 (1)	0	10 (1)

Source: EDRS REU interviews, 2013-2017

[†]In 2014 SDS questions pertained to stimulant rather than exclusive ecstasy use.

4.2.3 Ecstasy use in the general population

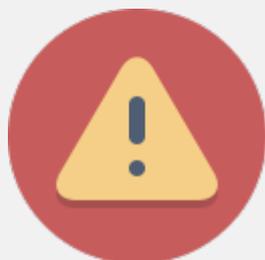
Figure 4.2.3: Prevalence of ecstasy use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey, 2001-2016

*Statistically significant change since preceding survey.

4.3 Methamphetamine use

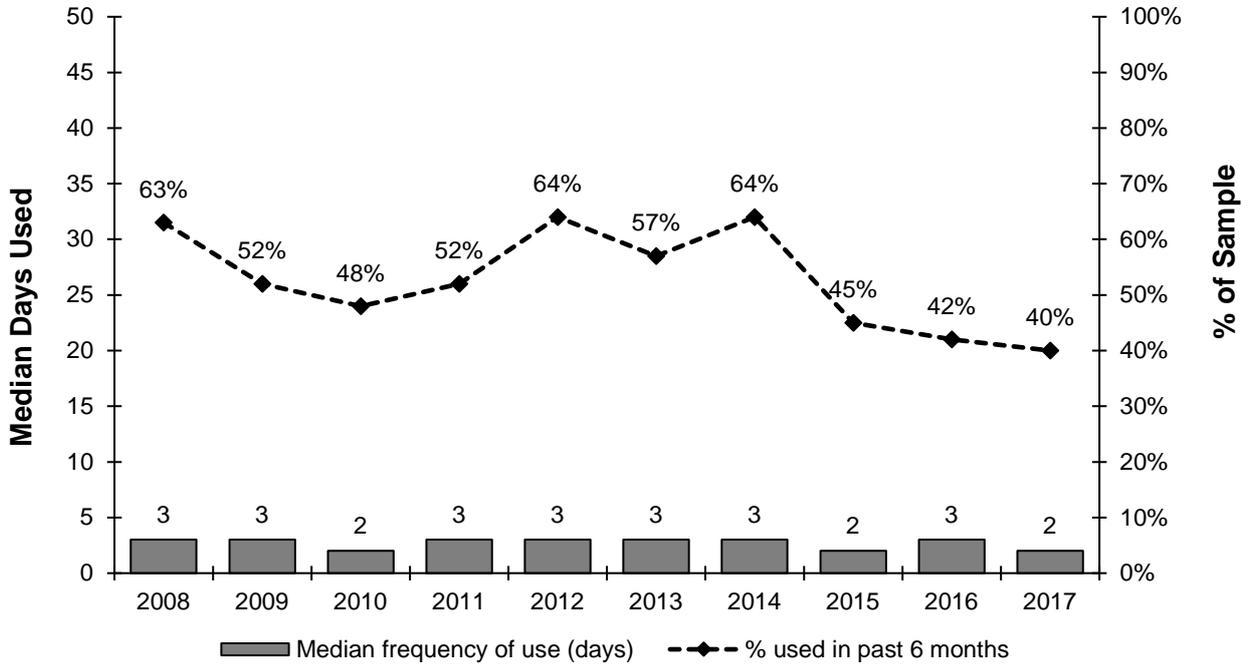


Meth- amphetamine use Key Points

- Around 4 in 10 participants had used any form of methamphetamine in the last 6 months, at a median frequency of twice in the last 180 days. This represents a sustained decline from the proportion using in 2013 and 2014 (around 6 in 10 participants) [Figure 4.3.1]
- It was uncommon among participants for methamphetamine to be a drug of choice, nominated by around 5%. Consistent with this, only a small proportion (5%) used methamphetamine weekly or more frequently in the past six months. There has been little change in these figures over the past decade of the EDRS study in Hobart [Figure 4.3.2]
- Methamphetamine powder was the form most commonly used (by 70% of those recently using the drug). This represents a return to the predominance of powder use among EDRS participants after approximately equal proportions most commonly using crystal and powder forms in the 2016 survey [Figure 4.3.4]
- Almost 30% of the EDRS participants reported use of powder form methamphetamine [Figure 4.3.3], on a median of twice in the past 6 months, typically snorting or swallowing 0.1g per session [Table 4.3.1]. Rates of use of powder form methamphetamine have fallen over the past 5 years, from around 60% in 2012-2014 [Figure 4.3.3].
- Rates of use of crystalline methamphetamine have remained relatively stable over the past 5 years, at approximately 15% of each sample [Figure 4.3.3]. Among the participants in 2017, this was typically used on 6 occasions in the past 6 months, predominantly smoked, and using 0.1g per session [Table 4.3.1]
- Participants were given a screening tool to assess for symptoms of methamphetamine dependence. On this instrument, more than half of those recently using the drug reported no symptoms of dependence. However, one in four methamphetamine consumers interviewed screened positive for possible methamphetamine dependence [Table 4.3.2]
- Past year methamphetamine use in the general Australian adult population has declined from 2.1% in 2010 and 2013 to 1.4% in 2016. Levels of use in Tasmania in 2016 are comparable with rates nationally [Figure 4.3.5]

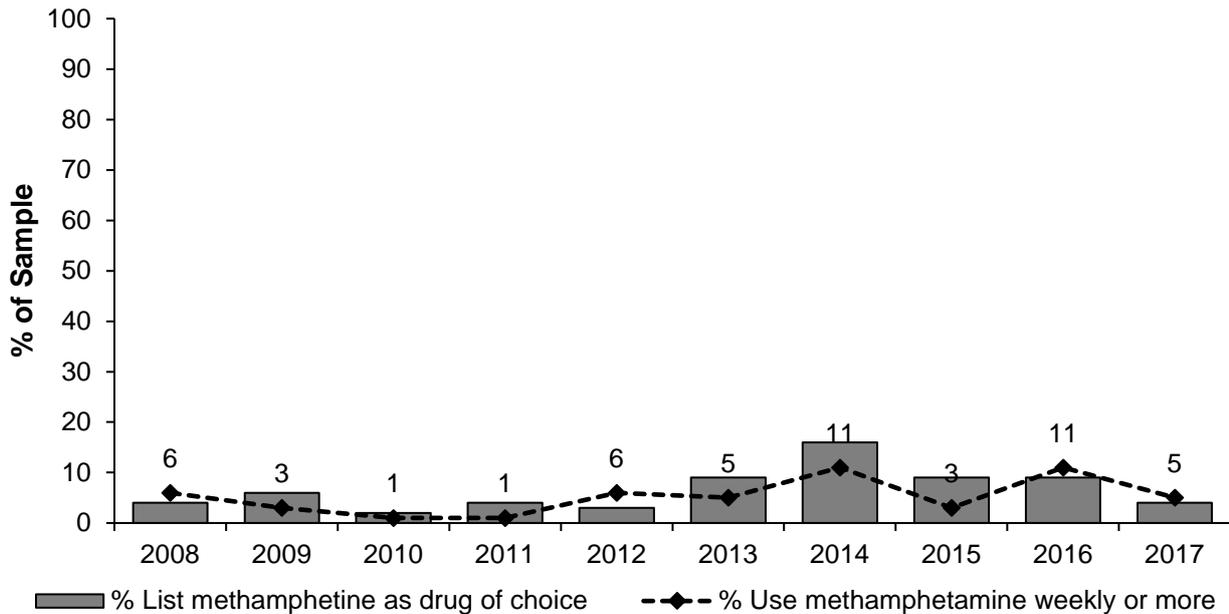
4.3.1 Methamphetamine use among REU

Figure 4.3.1: Prevalence and frequency of use of methamphetamine in the preceding 6 months, 2008-2017



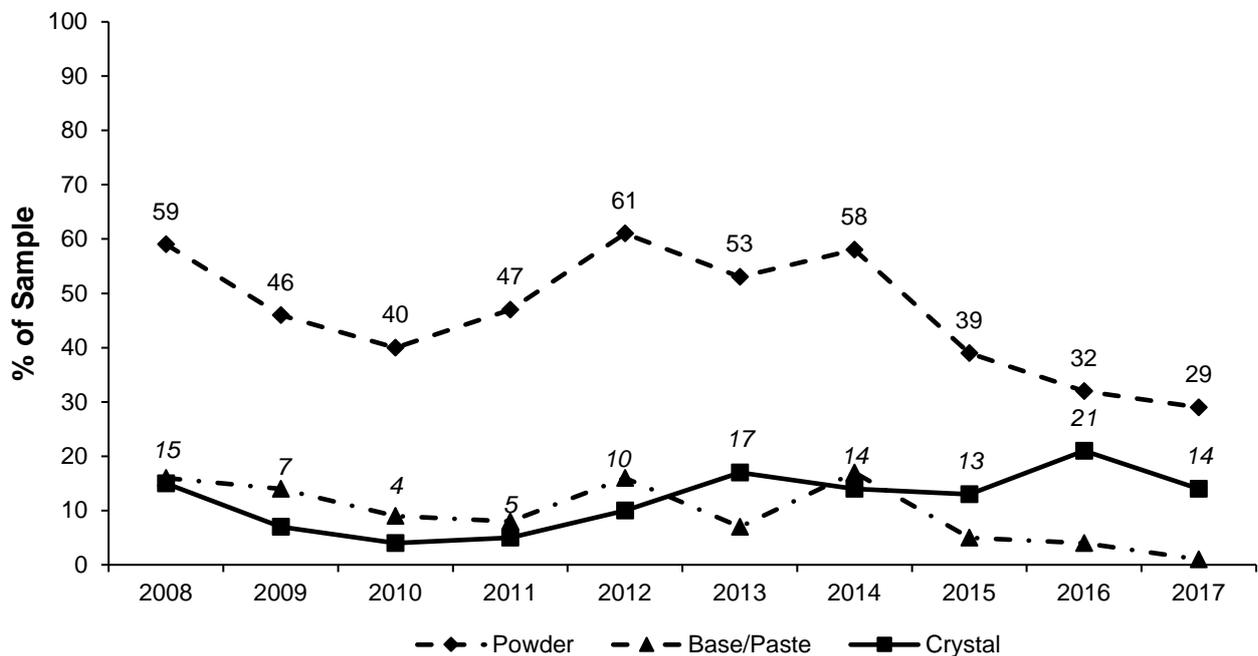
Source: EDRS REU interviews, 2008-2017

Figure 4.3.2: Proportion of REU reporting weekly or more use of methamphetamine in the preceding 6 months, and proportion of REU who listed any form of methamphetamine as their drug of choice, 2008-2017



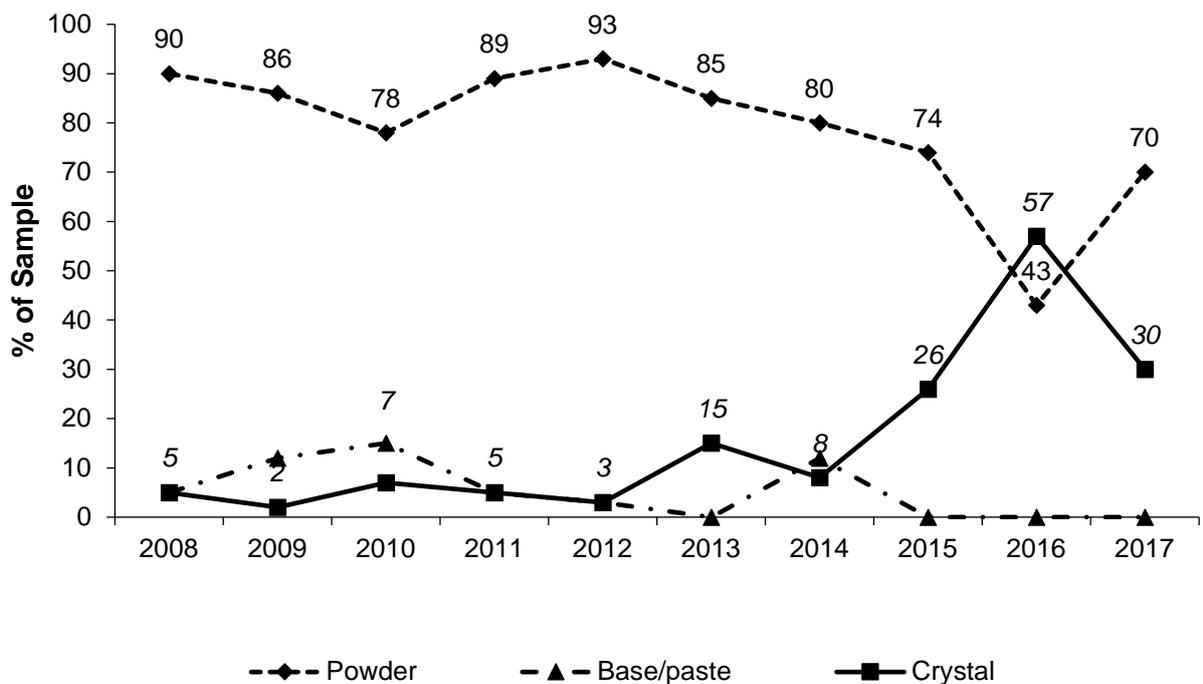
Source: EDRS REU interviews, 2008-2017

Figure 4.3.3: Proportion of REU reporting methamphetamine use in the past six months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 4.3.4 Forms of methamphetamine most often used among REU who had used any form of methamphetamine in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 4.3.1: Patterns of methamphetamine use (any form) among REU in the preceding 6 months, 2013-2017

Methamphetamine	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	57	64	45	42	40
Median days used[#] (range)	3 (1-95)	3 (1-180)	2 (1-50)	3 (1-180)	2 (1-140)
Methamphetamine powder					
Used in last 6 months (%)	53	58	39	32	29
Median days used[#] (range)	2 (1-90)	3 (1-180)	2 (1-14)	2 (1-60)	2 (1-30)
Route (%)[#]					
Smoked	18	11	0	0	0
Snorted	82	83	90	81	59
Swallowed	51	44	13	16	52
Injected	20	9	10	16	14
Shaft/shelved	0	2	0	0	0
Median points[#]					
Typical session (range)	2 (0.5-6)	2 (0.5-7)	2 (1-5)	1 (1-3)	1 (0.5-1)
Biggest session (range)	2 (0.5-6)	3.5 (0.5-15)	2 (1-6)	2 (0.5-5)	1 (0.5-2)
Methamphetamine base					
Used in last 6 months (%)	7	17	5	4	1
Median days used[#] (range)	1 (1-48)	8 (1-100)	2 (1-5)	2 (1-60)	1 (1-1)
Route (%)[#]					
Smoked	-	12	25~	-	-
Snorted	-	24	25~	-	-
Swallowed	80~	82	75~	-	-
Injected	40~	41	25~	-	-
Shaft/shelved	20~	6	0~	-	-
Median points[#]					
Typical session (range)	2~ (2-2)	2 (0.5-5)	1~ (1-2)	0.6~ (0.6-0.6)	-
Biggest session (range)	2~ (2-2)	2 (0.5-25)	1~ (1-2)	0.6~ (0.6-0.6)	-
Methamphetamine crystal					
Used in last 6 months (%)	17	14	13	21	14
Median days used[#] (range)	3 (1-72)	3.5 (1-150)	8 (1-50)	10 (1-180)	5.5 (1-140)
Route (%)[#]					
Smoked	77	86	80	76	79
Snorted	8	21	10	19	0
Swallowed	8	21	20	5	7
Injected	8	21	30	43	50
Shaft/shelved	0	0	10	0	0
Median points[#]					
Typical session (range)	2 (0.25-3)	1.5 (1-7)	1 (0.25-2)	1 (0.5-3)	1 (0.5-5)
Biggest session (range)	1 (0.25-5)	4.5 (1-8)	1 (0.25-2)	1.75 (0.6-6)	2 (0.5-10)

Source: EDRS REU interviews, 2013-2017

[#]Among those who had used in last six months; ~ n<10; - n<5.

Table 4.3.2: Self-reported symptoms of methamphetamine dependence, 2013-2017

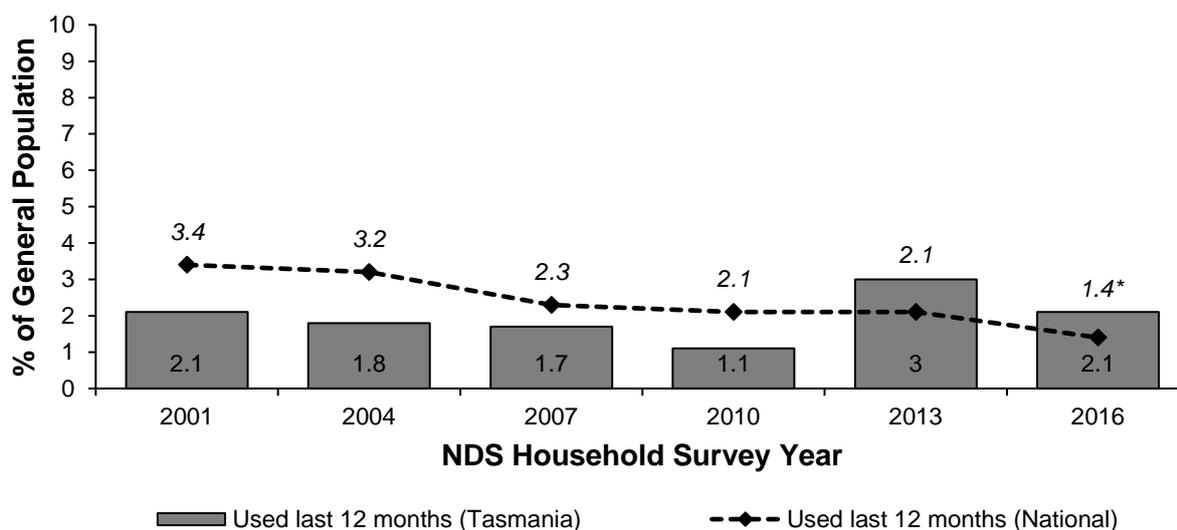
Symptoms	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Recently used any amphetamine (%)	57	64	45	43	43
Median SDS score (range)	-	-	2 (0-7)	1 (1-10)	0 (0-12)
SDS score = 0 % (n) (no symptoms of dependence)	-	-	28 (9)	44 (18)	58 (25)
SDS score 4+ % (n) (screened likely experiencing dependence)	-	-	28 (9)	34 (14)	23 (10)
Of those 4+ % (n) in drug treatment (any non-pharmacotherapy)		-	0 (0)	7 (1)	20 (2)

Source: EDRS REU interviews, 2013-2017

Note: Methamphetamine SDS was not included in the EDRS prior to 2015

4.3.2 Methamphetamine use in the general population

Figure 4.3.5: Prevalence of meth/amphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

*Statistically significant change since preceding survey ($p < .05$).

4.4 Cocaine use

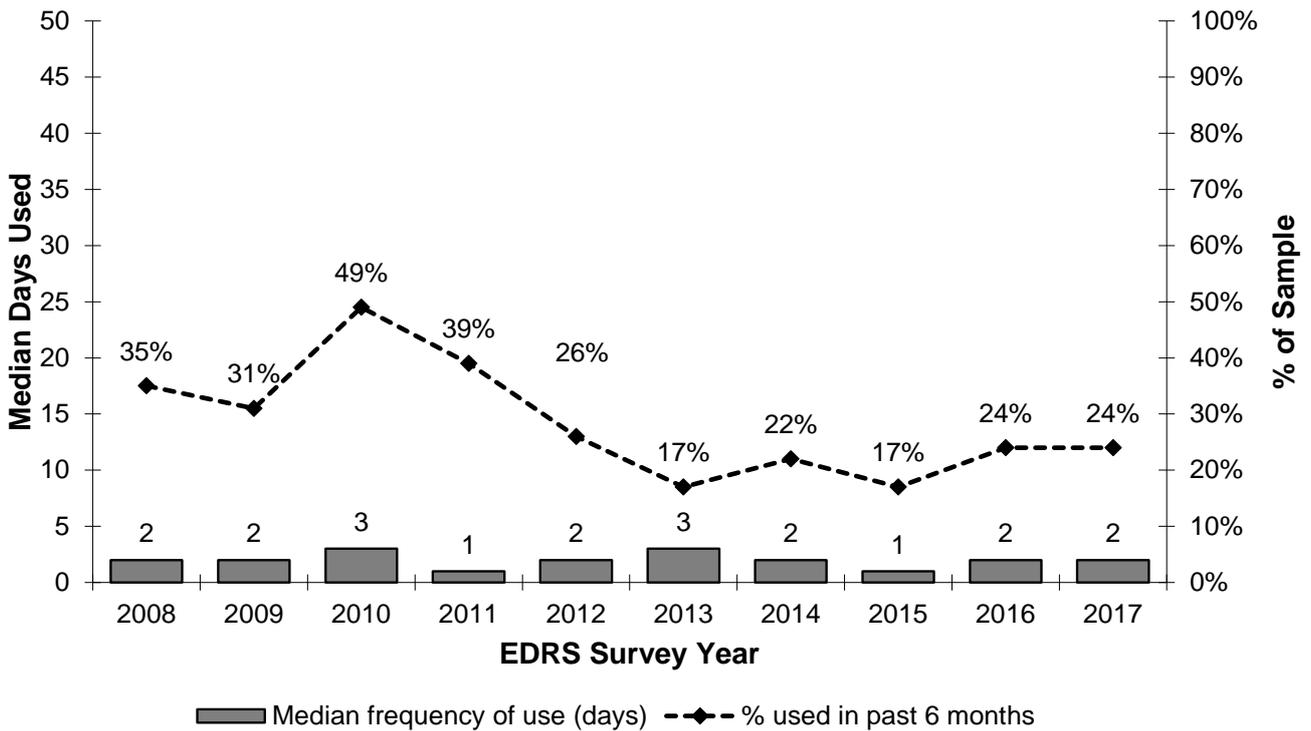


**Cocaine use
Key Points**

- In 2017, around 1 in 4 participants had reported using cocaine, at a median frequency of twice in the past 180 days. This rate and frequency of cocaine use has been largely consistent in the past 5 years of the EDRS study, and slightly lower than rates of use in prior to this (one-third to one-half of participants using the drug in 2008-2011 [Figure 4.4.1]).
- Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year [Figure 4.4.2]

4.4.1 Cocaine use among REU

Figure 4.4.1: Prevalence and frequency of use of cocaine among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 4.4.1: Patterns of cocaine use among REU in the preceding 6 months, 2013-2017

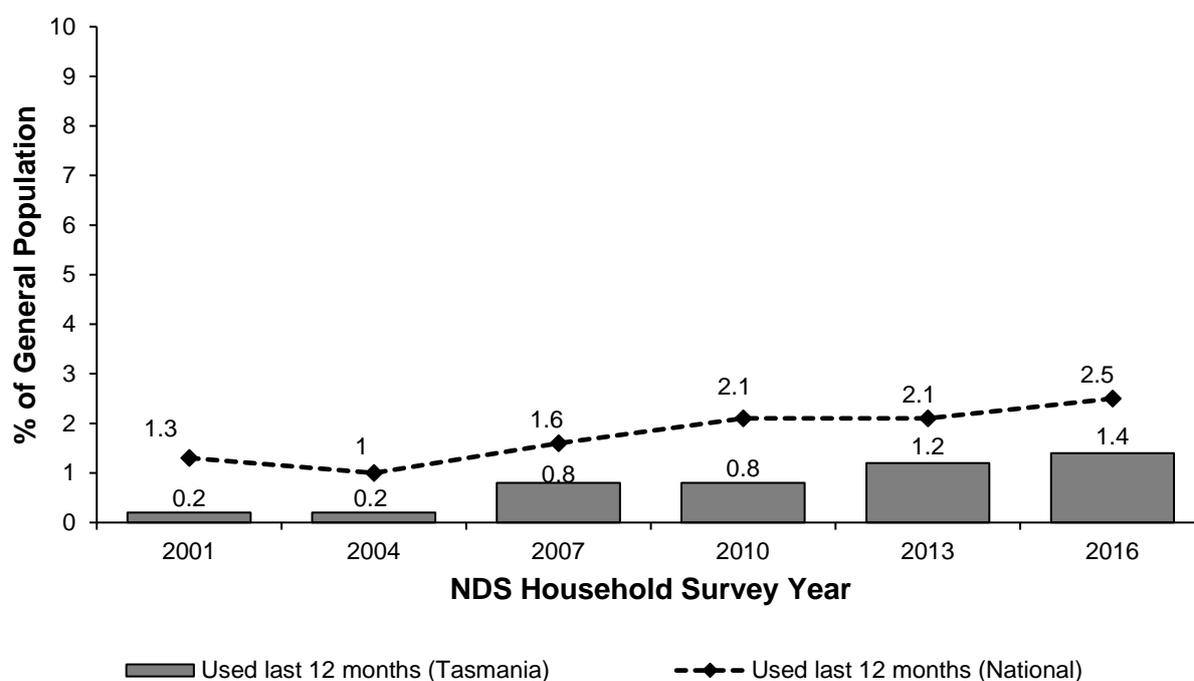
Cocaine	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used in last 6 months (%)	17	22	17	24	24
Median days used# (range)	3 (1-6)	2 (1-13)	1 (1-8)	2 (1-12)	2 (1-120)
Route (%)#					
Smoked	0	0	0	0	0
Snorted	92	100	85	86	96
Swallowed	8	10	23	21	13
Injected	0	0	8	4	0
Shafted/shelved	0	10	10	0	0
Median amounts used per session#					
Grams typical (range)	1~ (0.5-2)	0.4 (0.1-1)	2~ (1-3)	1~ (0.25-1)	1~ (.15-3)
Grams biggest (range)	1~ (1-2)	0.5 (0.1-7)	2~ (1-3)	1~ (0.3-1.5)	2~ (.15-4)
Points typical (range)	1.5~ (1-2)	1~ (0.25-3)	3~ (1-7)	1~ (0.5-3)	1~ (1-2)
Points biggest (range)	1.5~ (1-2)	1~ (0.25-3)	4~ (1-7)	1~ (0.5-4)	1~ (1-4)

Source: EDRS REU interviews, 2013-2017

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

4.4.2 Cocaine use in the general population

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



Source: NDSHS, 2001-2016

*Significant difference ($p < .05$) from previous year.

4.5 Cannabis use

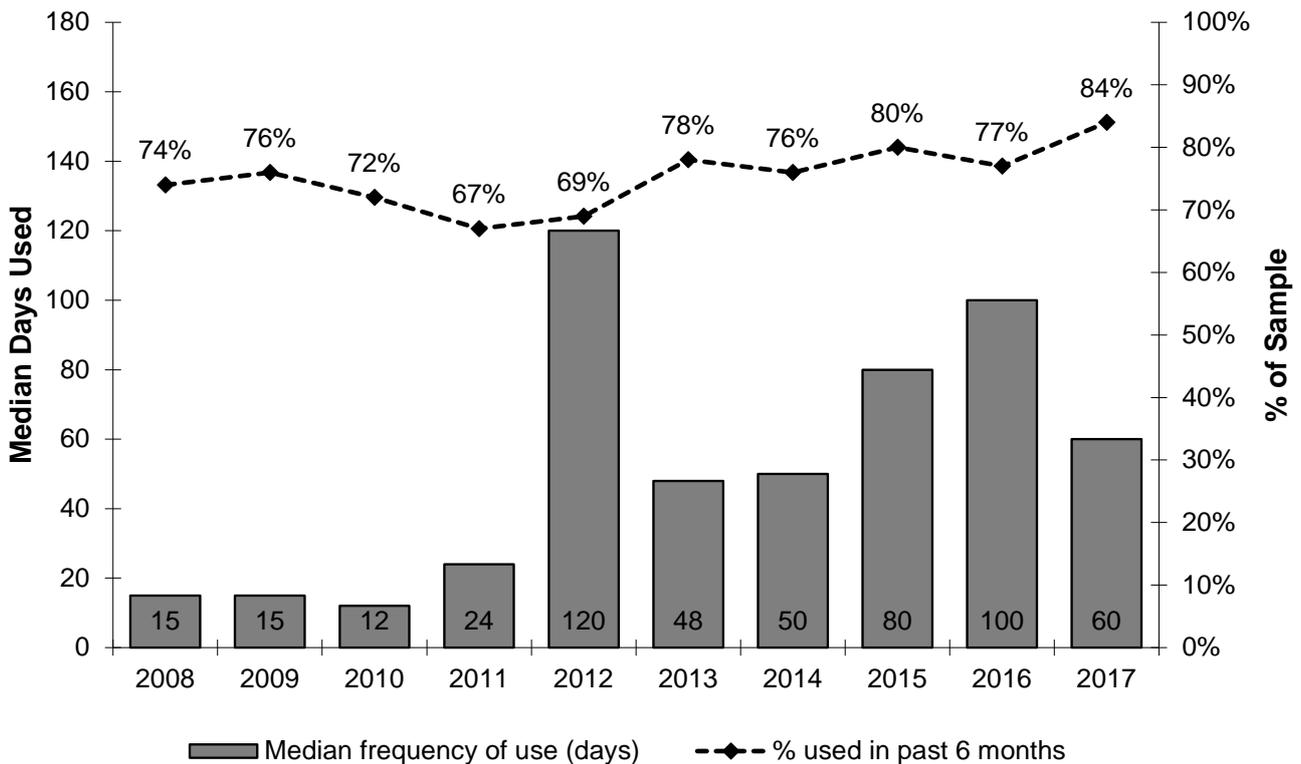


**Cannabis
use
Key Points**

- In 2017, 4 in 5 participants reported using cannabis. Most used multiple times per week; and one-quarter of those using cannabis were smoking every day [Table 4.5.1]
- While the overall proportion of EDRS participants reporting recent cannabis use has changed little over the past decade (74% in 2008; 84% in 2017), the frequency of use among participants has increased substantially, with around one-third of recent consumers in 2008-2011 smoking weekly or more, but two-thirds smoking at this frequency in 2013-2017 [Figure 4.5.2]
- Approximately 12% of the Tasmanian adult population are estimated to have smoked cannabis in the past year, consistent with rates nationally and with trends in 2013 [Figure 4.5.2]

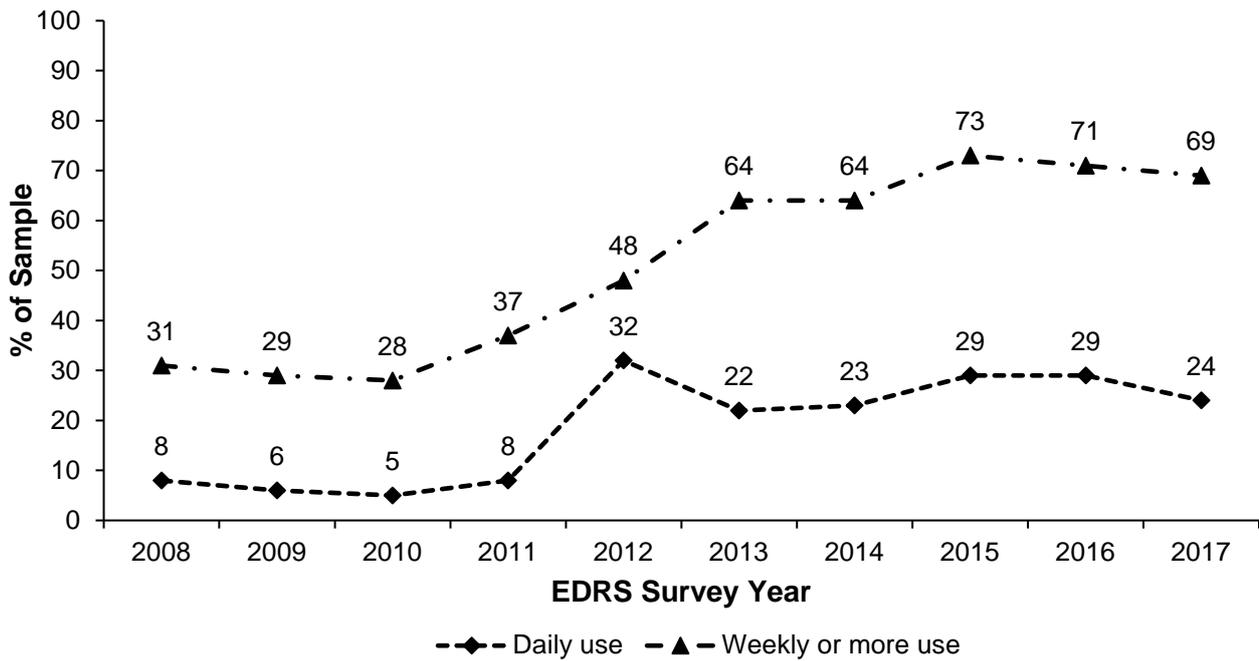
4.5.1 Cannabis use among REU

Figure 4.5.1: Prevalence and frequency of cannabis use among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 4.5.2: 'Daily' and 'weekly or more' cannabis use among REU who had used cannabis in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 4.5.1: Patterns of cannabis use among REU over the preceding 6 months, 2013-2017

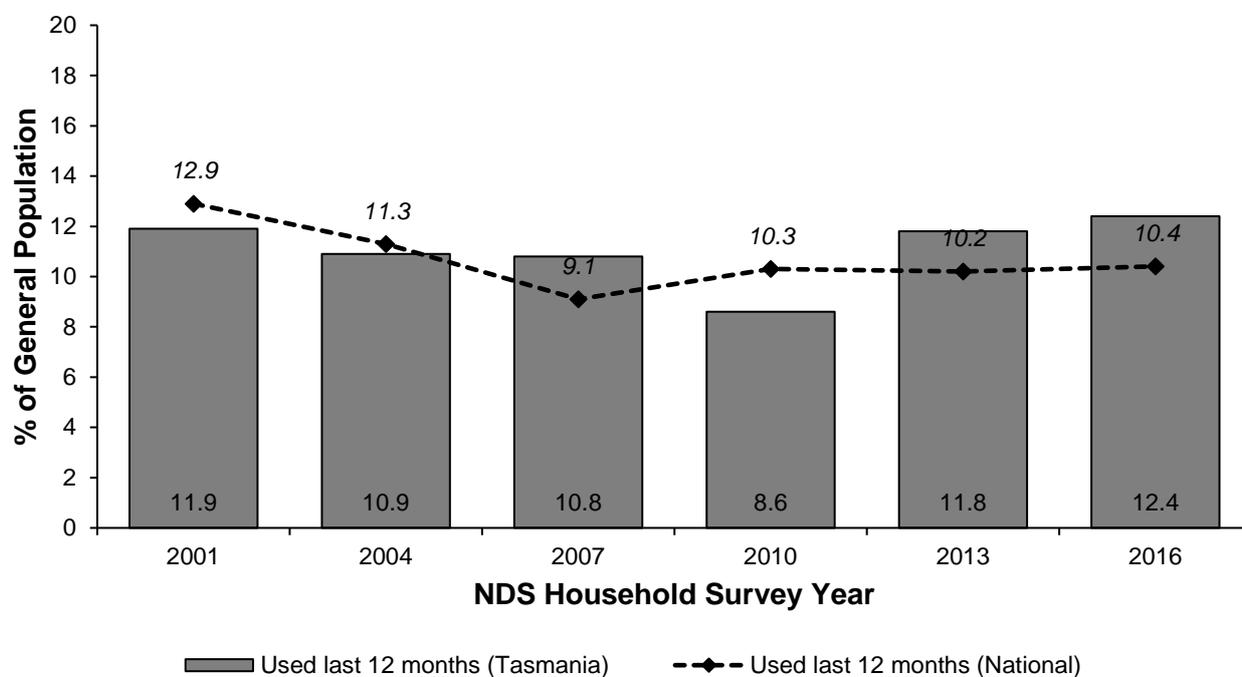
Cannabis	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	78	76	80	77	84
Used daily (%)#	22	23	29	29	24
Median days used# (range)	48 (1-180)	50 (1-180)	80 (1-180)	100 (2-180)	60 (2-180)
Median cones last session# (range)	n=27 7 (1-20)	n=36 5 (1-10)	n=30 4 (1-70)	n=38 6 (1-30)	n=39 4 (.5-30)
Median joints last session# (range)	n=29 1 (0.3-7)	n=35 1 (0.3-5)	n=25 1 (1-4)	n=21 2 (0.5-2)	n=30 1.5 (0.2-8)

Source: EDRS interviews, 2013-2017

#Among those who had used in last six months

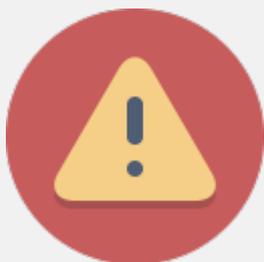
4.5.2 Cannabis use in the general population

Figure 4.5.3: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: NDSHS, 2001-2016

4.6 Other drug use



Other drug use Key Points

Alcohol

- Almost all of the EDRS participants reported recent alcohol consumption in 2017. This was, on average, regular (49 of the past 180 days), with four in five drinking weekly or more frequently, and three in five engaging in very heavy (6 of more standard drinks) weekly or more [Table 4.6.1]. One in five were experiencing alcohol related harms to an extent that they may be experiencing alcohol use disorder (Zone 4 on the AUDIT) [Table 4.6.1]
- In terms of trends over time, while the overall proportion of EDRS participants reporting alcohol consumption has remained unchanged, the median frequency of use appears to have declined over the past 5 years (72-80 days of the past 180 in the 2012-16 surveys; 49 in 2017), and the proportion reporting at least weekly alcohol use has fallen to below 90% of participants for the first time in the past decade (84% in 2017) [Figures 4.6.1 & 2]

Tobacco

- Among EDRS participants, smoking remains very common, with more than 4 in 5 participants recently smoking cigarettes in 2017 [Figure 4.6.2]
- While the overall smoking rate remains high, there has been a decline in daily smoking, with half of recent smokers being daily smokers in 2016 and 2017, compared with 60% or more in the previous five years [Figure 4.6.5]. Similarly, around one-quarter of smokers smoked less than weekly in the 2017 sample, compared with around 10-15% in 2013-15 [Table 4.6.5]
- Use of e-cigarettes has significantly increased, from 15% of the sample in 2016 to 31% in 2017, although this was typically infrequent (median of two occasions in the past six months) [Table 4.1.2]

Psychedelics

- Psychedelic use remains common but infrequent among participants in the EDRS, with 2 in 5 reporting recent use of LSD (typically swallowing 1 tab on two occasions in the past 180 days), and one-quarter reporting recent psychedelic mushroom use on a median of two occasions in the past 180 days [Table 4.6.3]

Inhalants

- Use of nitrous oxide has significantly increased between the 2016 and 2017 studies, and has been increasing over the past 5 years. In 2017, one third of participants had used nitrous oxide on a median of 4 occasions in the past 180 days, typically using 4 bulbs per occasion. Rates of amyl nitrite have been similar in recent years, used by 16% in the 2017 study, on a median of two occasions in the past 180 days [Table 4.6.4]

Non-prescribed pharmaceuticals

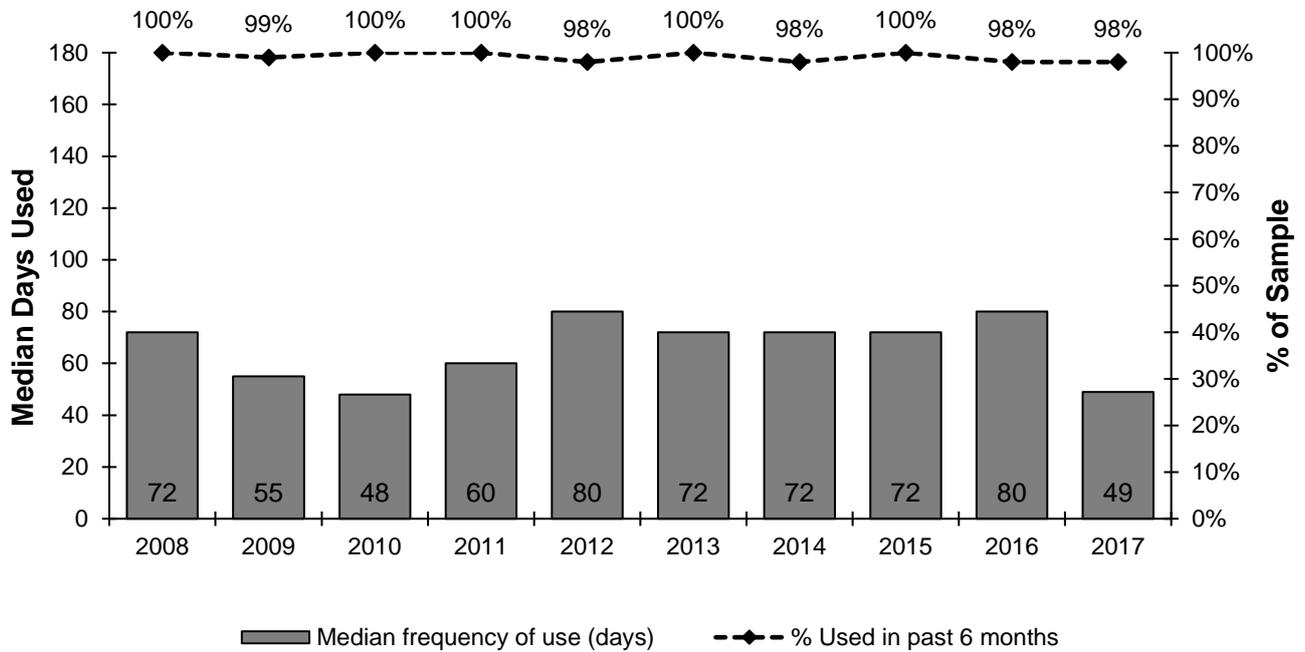
- While use remained infrequent, rates of non-prescribed use of pharmaceuticals significantly increased among the participants in 2017 compared to previous years, with one-third reporting recent non-prescribed benzodiazepines (35% in 2017; 21% in 2016), one third reporting non-prescribed pharmaceutical stimulant use (35% in 2017, 20% in 2016), and one-quarter using codeine-based tablets for non-medical applications (27% in 2017, 13% in 2016) [Table 4.6.5]

New psychoactive substance (NPS) use

- Seventeen percent of the EDRS participants reported recently using a drug that they believed was a new psychoactive substance. This is a continued decline from rates seen in the past 5 years (~40% in 2013-14). Typically, this related to psychedelic use (2C-B and NBOMe) in contrast to the predominance of stimulant substances in previous years. Synthetic cannabinoid use remained uncommon (<5%) [Table 4.6.6]
- Of note, one-quarter of participants reported recently using capsules with 'unknown contents', a trend that has been increasing over the past 5 years (~15% in 2011-12), suggesting the potential for a higher rate of unwitting use of NPS among these participants [Table 4.6.6]

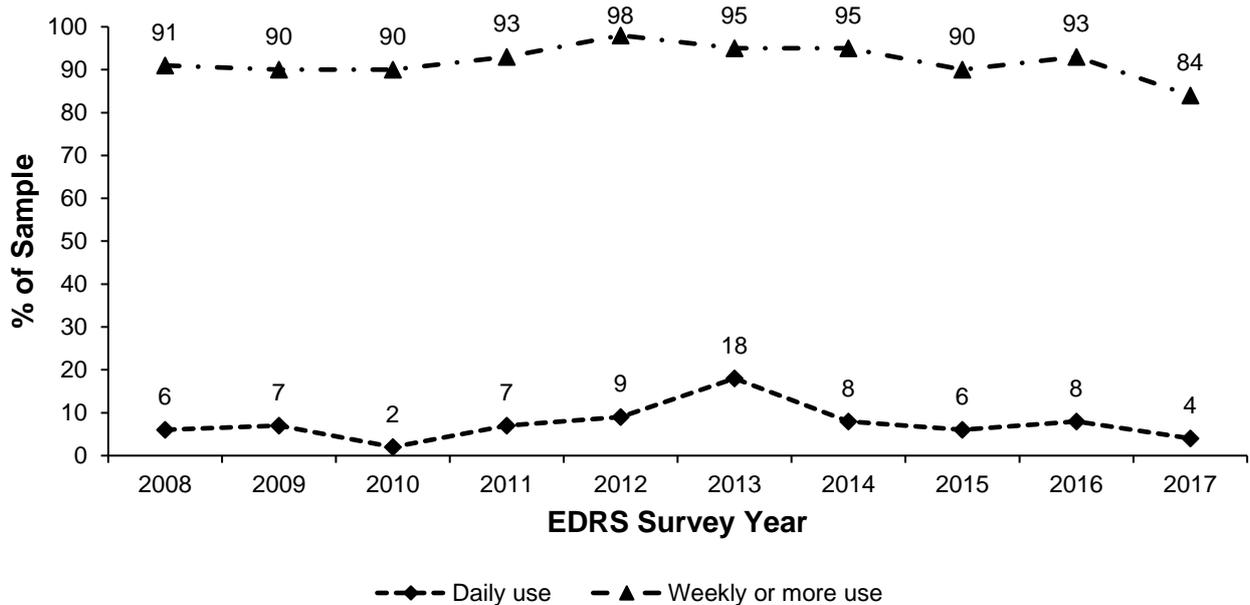
4.6.1 Alcohol use among REU

Figure 4.6.1: Prevalence and frequency of alcohol use among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 4.6.2: 'Daily' and 'weekly or more' alcohol use among REU who had used alcohol in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

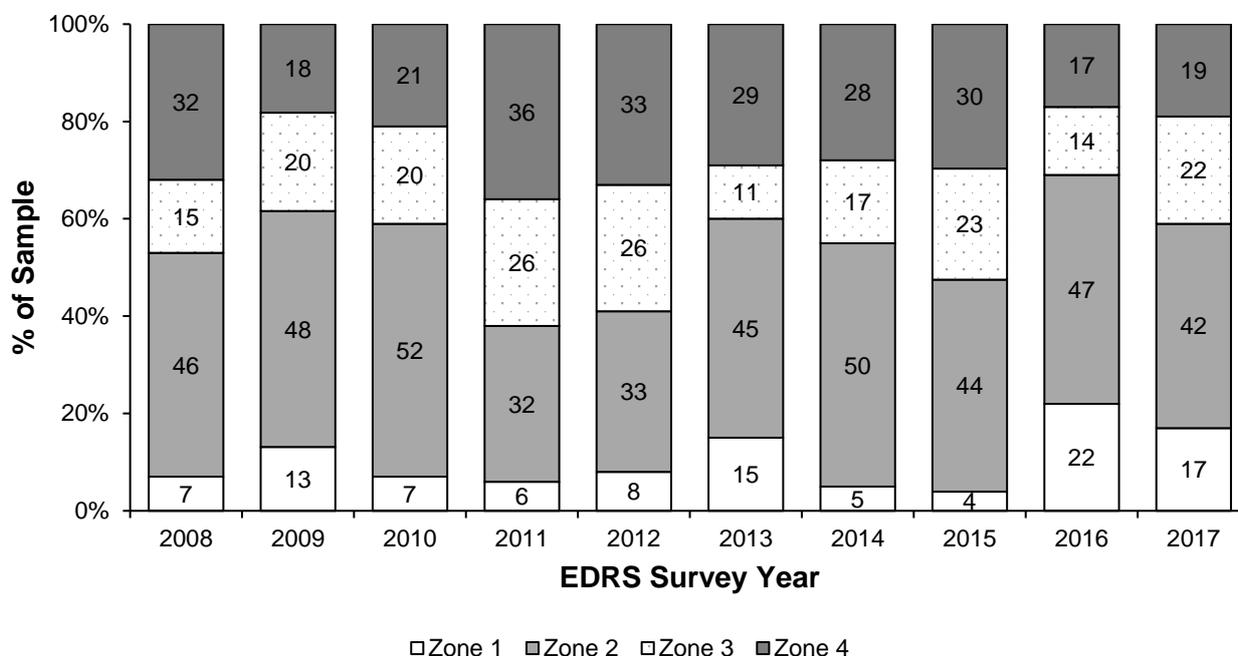
Table 4.6.1: Patterns of alcohol use among REU, 2013-2017

Alcohol	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	100	98	100	98	98
Median days used[#] (range)	72 1-180	72 4-180	72 10-180	80 6-180	49 (1-180)
Weekly or more (%)[#]	95	95	90	93	84
Daily (%)[#]	18	8	6	8	4
AUDIT: frequency of 6+ drinks on one occasion					
< Weekly	16	19	28	41	39
Weekly	71	74	69	54	58
Daily or almost daily	12	6	3	4	3
AUDIT					
Zone 1	15	5	4	22	17
Zone 2	45	50	44	47	42
Zone 3	11	17	23	14	22
Zone 4	29	28	30	17	19

Source: EDRS REU interviews, 2013-2017. Note: 'Zone 1' refers to low risk drinking or abstinence; 'Zone 2' relates to alcohol use in excess of low risk guidelines; 'Zone 3' is indicative of harmful and hazardous drinking; and 'zone 4' related to harmful drinking behaviours whereby a person would benefit from referral to a specialist for diagnostic evaluation and possible treatment for alcohol dependence.

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

Figure 4.6.3: Proportion of REU categorised within each AUDIT risk zone, 2008-2017

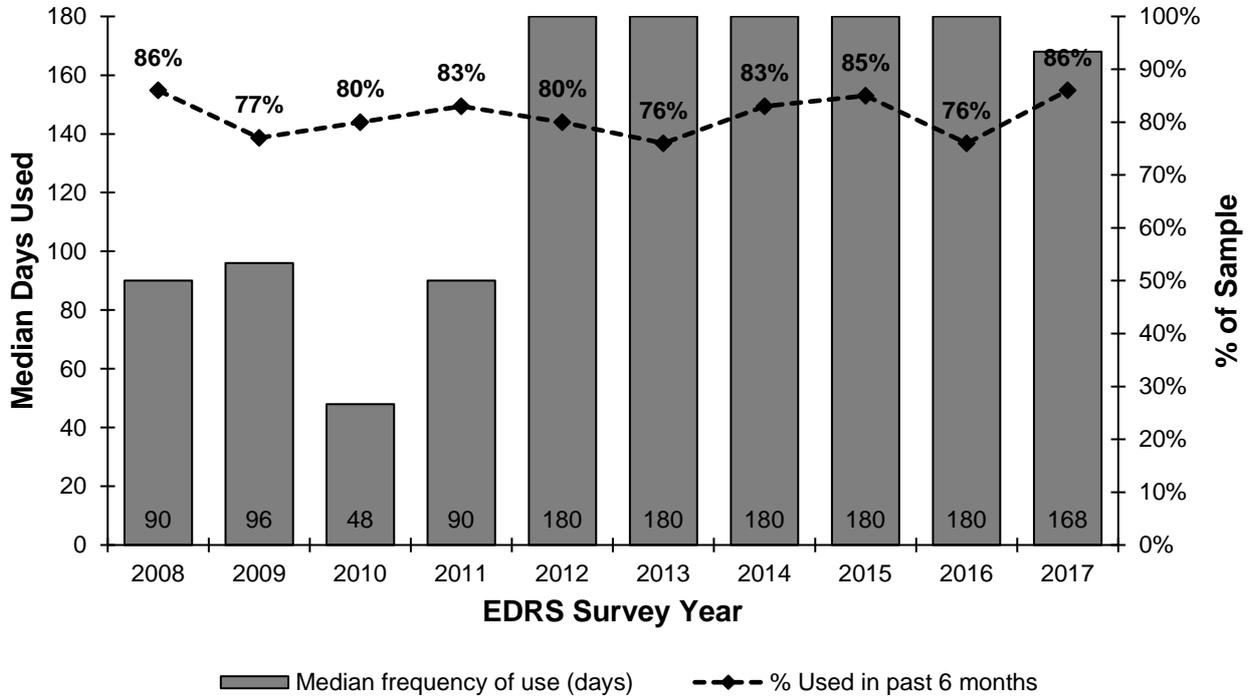


Source: EDRS REU interviews, 2008-2017

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

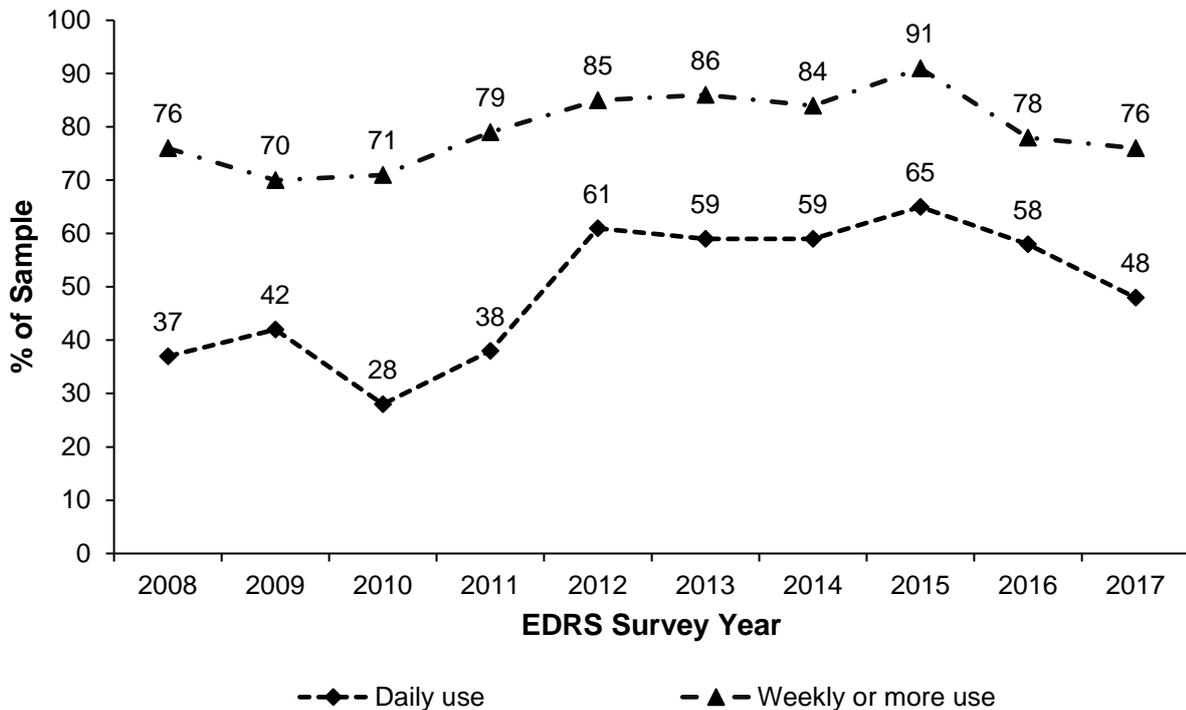
4.6.2 Tobacco use among REU

Figure 4.6.4: Prevalence and frequency of tobacco use among REU in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 4.6.5: 'Daily' and 'weekly or more' tobacco use among REU who had used tobacco in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 4.6.2: Patterns of tobacco use among REU in the preceding 6 months, 2013-2017

Tobacco	2013 n=76	2014 n=99	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	76	83	85	76	86
Median days used[#] (range)	180 (3-180)	180 (2-180)	180 (1-180)	180 (1-180)	168 (1-180)
Weekly or more (%)[#]	86	84	91	78	76
Daily (%)[#]	59	59	65	58	48
e-cigarettes					
Used last 6 months (%)[#]	-	32	23	15	31*
Nicotine only	-	-	71	73	48
Cannabis only	-	-	0	0	0
Both nicotine & cannabis	-	-	6	13	10
Neither	-	-	24	13	42
Median days used[#] (range)	-	3 (1-180)	3 (1-120)	3 (1-20)	2 (1-180)
Nicotine only (range)	-	-	3 (1-120)	3 (1-12)	1 (1-1)
Cannabis only (range)	-	-	0 -	0 -	0 -
Both nicotine & cannabis (range)	-	-	3 (3-3)	1.5 (1-2)	1 (1-1)
Neither (range)	-	-	2 (1-3)	12 (4-20)	1 (1-1)

Source: EDRS REU interviews, 2013-2017

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

4.6.3 Psychedelic use among REU

Table 4.6.3: Patterns of LSD use among REU in the preceding 6 months, 2013-2017

LSD	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used in last 6 months (%)	38	35	41	39	39
Median days used# (range)	2 1-12	2 1-48	3 1-45	4 1-20	2 (1-26)
Route (%)#					
Smoked	0	0	0	0	0
Snorted	0	0	6	0	0
Swallowed	100	100	97	100	100
Injected	0	3	0	0	0
Shelved/Shafted	0	0	3	0	0
Median tabs/drops#					
Typical session (range)	1 (0.25-5)	1 (0.5-6)	1 (0.5-4)	1 (1-3)	1 (0.5-3)
Biggest session (range)	1 (0.25-5)	2 (0.5-27)	2 (0.5-10)	1 (1-5)	2 (0.5-6)
Psychedelic mushrooms					
Used in last 6 months (%)	15	21	15	24	25
Median days used# (range)	2 (1-6)	3 (1-15)	3 (1-20)	3 (1-24)	2 (1-11)

Source: EDRS interviews, 2013-2017

#Among those who had used in the preceding six months.

4.6.4 Inhalant use among REU

Table 4.6.4: Patterns of amyl nitrite and nitrous oxide use among REU in the preceding 6 months, 2013-2017

Amyl nitrite	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	9	12	12	11	16
Median days used[#] (range)	4 (1-20)	3 (1-40)	1 (1-10)	2 (1-60)	2 (1-20)
Nitrous oxide					
Used last 6 months (%)	9	5	6	15	29*
Median days used[#] (range)	1.5 (1-60)	3 (1-15)	1 (1-1)	2 (1-180)	4 (1-60)
Bulbs used[#]					
Typical session (range)	8 (3-40)	10 (2-100)	4 (2-7)	7 (2-50)	4 (1-30)
Biggest session (range)	8 (5-60)	12.5 (2-60)	4 (2-7)	10 (2-50)	5 (1-50)

Source: EDRS REU interviews, 2013-2017

[#]Among those who had used in the preceding six months.

4.6.5 Non-medical use of pharmaceuticals among REU

Table 4.6.5: Patterns of benzodiazepine, pharmaceutical stimulant, and codeine-based over-the-counter preparations use among REU in the preceding 6 months, 2013-2017

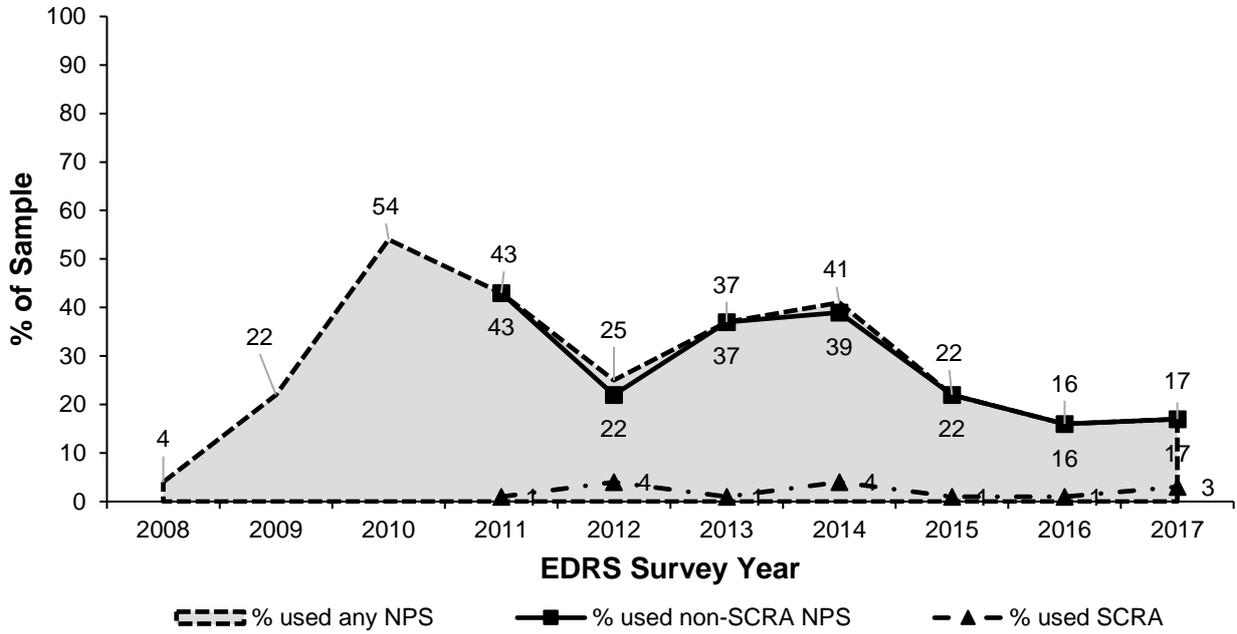
Benzodiazepines	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Used last 6 months (%)	34	40	23	25	41*
Injected last 6 months (%)	0	0	0	0	2
Median days used# (range)	6 (1-180)	4.5 (1-180)	9 (2-180)	6 (1-180)	6 (1-180)
Licit use last 6 months (%)	8	13	8	9	15
Illicit use last 6 months (%)	30	31	17	21	35*
Pharmaceutical stimulants					
Used last six months (%)	18	18	13	20	36*
Median days used# (range)	3 (1-12)	2.5 (1-48)	2 (1-14)	2 (1-15)	3.5 (1-180)
Median tablets typical session# (range)	2 (1-5)	3 (1-8)	1 (1-6)	2.75 (1-5)	2 (0.5-23)
Median tablets biggest session# (range)	4 (1-10)	3 (1-20)	2 (1-6)	3 (1-12)	3 (0.5-30)
Licit use last 6 months (%)	1	2	0	2	1
Illicit use last 6 months (%)	18	18	13	20	35*
Codeine-based over-the-counter preparations					
Used last 6 months (%)	9	12	10	13	27*
Injected last 6 mths (%)	0	0	0	0	0
Median days use# (range)	7 (1-90)	2 (1-50)	15 (1-72)	5 (1-150)	5 (1-15)

Source: EDRS REU interviews, 2013-2017

#Among those who had used in the preceding six months; ~ n<10; *Significant difference to previous year ($p<.05$).

4.6.6 New psychoactive substance (NPS) use among REU

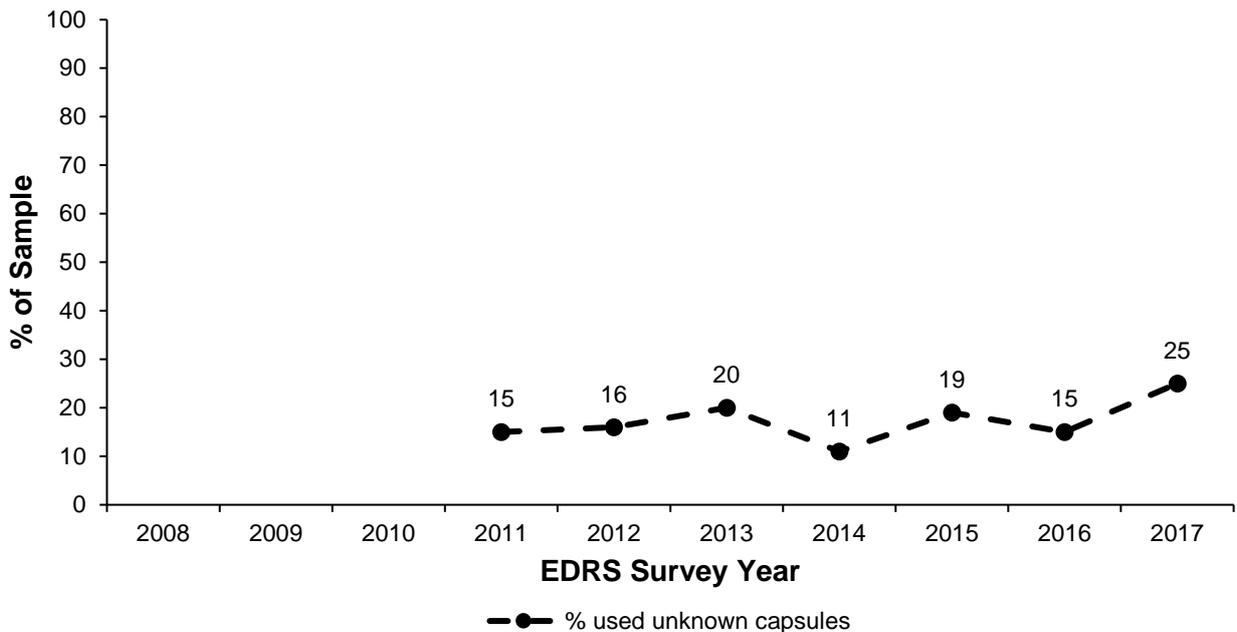
Figure 4.6.6: Proportion of REU using NPS, non-SCRA NPS and SCRAs alone in the preceding 6 months, 2008-2017



Source: EDRS interviews, 2008-2017

Note: Synthetic Cannabinoid Receptor Agonist (SCRA) data not available prior to 2011.

Figure 4.6.7: Proportion of REU using 'unknown capsules' in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 4.6.6: Patterns of NPS use among REU in the preceding 6 months among, 2013-2017

NPS	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Any NPS[†]	37	41	22*	16	17
Stimulants					
Mephedrone	24	23	9*	5	1
Methylone (bk-MDMA)	1	4	5	4	2
Other cathinone [^]	0	2	0	0	0
MDAI	0	1	0	0	-
BZP	0	0	0	0	0
MDPV (ivory wave)	4	3	1	0	2
Benzo fury	0	1	0	0	-
'New drugs that mimic the effects of amphetamines or cocaine'	-	-	-	-	2
Psychedelic phenethylamines					
2CB	5	4	1	1	6
2CI	4	4	3	3	4
2CE	1	2	0	1	-
2C-other	1	0	1	0	1
DOI	0	0	0	0	-
Mescaline [#]	3	4	5	3	2
NBOMe	-	5	5	0	6
4-FA-	-	-	-	0	0
Psychedelic tryptamines					
DMT [#]	11	9	4	4	4
5-MeO-DMT [#]	3	1	0	0	0
4-AcO-DMT	-	-	-	0	0
Ayauasca	-	-	0	0	0
Dox	-	-	-	-	2
'New drugs that mimic the effects of ecstasy'	-	-	-	-	1
'Other new drugs that mimic the effects of psychedelic drugs'	-	-	-	-	0
PMA	0	0	0	0	0
Plant derivatives					
Datura	1	0	0	0	-
Salvia divinorum	1	1	1	0	1
LSA (wood rose seeds)	0	1	0	0	-
'New synthetic opioids'	-	-	-	-	0
Synthetic cannabinoids (SCRA)	1	4	1	1	3
Other substances					
Methoxetamine (MXE)	4	10	4	5	1
DXM ^{**}	4	5	1	0	-
Ephedrine	-	-	-	-	-
Melanotan	-	-	-	-	-
Capsule (contents unknown)	20	11	19	15	25
Herbal highs	4	3	4	0	1
Etizolam	-	-	-	0	2
Alpha PVP	-	-	-	0	0

Source: EDRS REU interviews, 2013-2017

*Indicates significant difference to previous year ($p < .05$).

**Dextromethorphan (a common ingredient in over-the-counter cough medicines); #Can also be derived from plants; ^Includes methcathinone; † Does not include unknown capsules.

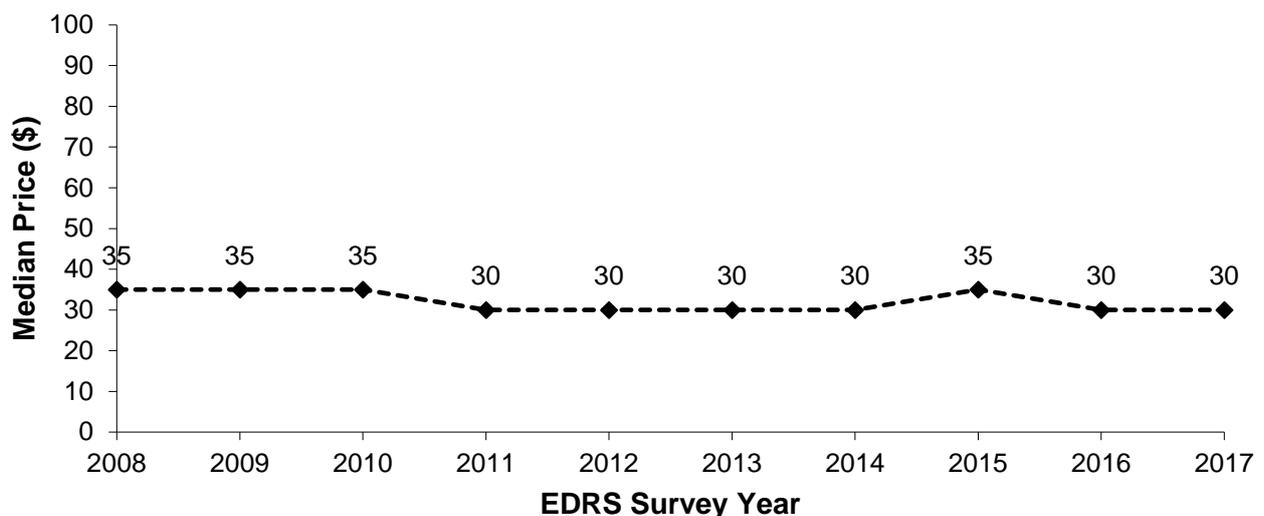
5.0 DRUG MARKET TRENDS: PRICE, PURITY, AVAILABILITY, AND SUPPLY

5.1 Ecstasy

 <p>Ecstasy market indicators</p> <p>Key Points</p>	<p>Price</p> <ul style="list-style-type: none"> In 2017, the median price reported was \$30 per ecstasy pill, capsule or 'point' (~0.1g) of ecstasy crystals. Prices for tablets and capsules have remained at \$30-35 for much of the last decade [Figure 5.1.1 and Table 5.1.1] <p>Purity</p> <ul style="list-style-type: none"> Consumers reported that tablets were variable in purity (one third of participants) or medium in purity (one third of participants). Capsules and crystal were regarded as more consistent, typically considered 'medium' and 'high' respectively [Table 5.3.1] In terms of trends in purity of tablets over time, the proportion of participants reporting that tablets were 'low' in purity has declined since 2010-11 (41-47% respectively to 10-20% in 2012-17). Over the past 5 years, one third or more of participants have noted that purity fluctuated, reflecting the inconsistent and unpredictable nature of the ecstasy market [Figure 5.1.2] <p>Availability</p> <ul style="list-style-type: none"> The proportion of participants reporting that ecstasy tablets were 'very easy' to access has steadily increased over the past 5 years, from 14% in 2013 to 46% in 2016 [Figure 5.1.3] Consistent with their lower rates of use, capsules and crystal were typically considered more difficult to access than tablets, most commonly regarded as 'easy' and 'easy/difficult' respectively in 2017 [Table 5.1.5] Tasmania police seizures of tablets suspected to be ecstasy have been greater over the past three years than the previous three years (mean >70 seizures of >6000 tablets 2014/15-16/17 compared with mean 6 seizures of 164 tablets 2011/12-2013/14) [Figure 5.1.4]
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5.1.1 Price of ecstasy

Figure 5.1.1: Median price per ecstasy pill estimated from REU purchases, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 5.1.1: Last purchase price of ecstasy among REU who commented, 2013-2017

Ecstasy	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Pill/tablet					
Median last price	n=69	n=88	n=73	n=94	n=89
Last price per pill# (range)	\$30 (20-40)	\$30 (5-45)	\$35 (10-50)	\$30 (15-50)	\$30 (12-50)
Powder					
Median last price	n=5	n=4	n=7	n=4	n=0
Last price per gram# (range)	\$300~ (90-400)	- -	\$300~ (40-350)	- -	- -
Capsule					
Median last price	n=26	n=27	n=32	n=42	n=49
Last price per capsule# (range)	\$30 (20-40)	\$30 (15-50)	\$30 (5-40)	\$35 (20-45)	\$30 (15-40)
MDMA crystal					
Median last price	n=2	n=20	n=10	n=11	n=16
Last price per gram# (range)	- -	\$290 (40-400)	\$225 (80-350)	\$300 (25-550)	\$225 (40-350)
Median last price	n=3	n=9	n=9	n=4	n=11
Last price per point# (range)	- -	\$35~ (25-350)	\$50~ (20-85)	- -	\$30 (20-70)

Source: EDRS interviews, 2013-2017

#Among those who had purchased ecstasy in the preceding 6 months; ~n<10; data not reported where n<5

Table 5.1.2: Price per tablet of ecstasy reported by Tasmania Police, 2007/08-2015/16

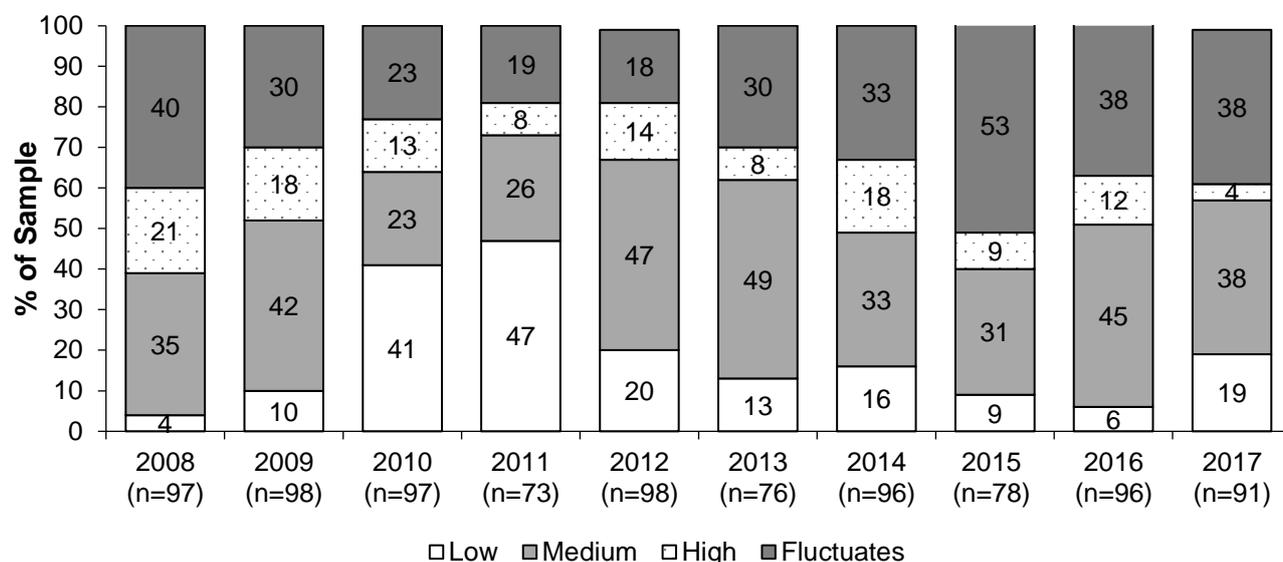
Ecstasy	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17
Price per pill	\$30- 45	\$35- 40	\$35- 50	\$30- 50	-	\$35	\$50	\$40- 50	\$40- 50	-

Source: ACC (2008-2015), ACIC (2016-2017)

Note: 2016/17 data was not available at the time of publication.

5.1.2 Purity of ecstasy

Figure 5.1.2: Reported current purity of ecstasy among REU who commented, 2008-2017
Source: EDRS interviews, 2008-2017



Source: EDRS REU Interviews. Note: 2015/16 data includes only non-crystal forms.

Table 5.1.3: Reported current purity of ecstasy among REU who commented, 2013-2017

Ecstasy	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Pill/tablet					
Purity	n=76	n=96	n=78	n=90	n=91
Low (%)	13	15	9	7	19
Medium (%)	49	33	31	44	38
High (%)	8	17	8	11	4
Fluctuates (%)	30	33	53	37	38
Powder					
Purity	-	-	-	n=4~	n=16
Low (%)	-	-	-	-	19
Medium (%)	-	-	-	-	69
High (%)	-	-	-	-	6
Fluctuates (%)	-	-	-	-	6
Capsule					
Purity	-	-	-	n=3~	n=58
Low (%)	-	-	-	-	19
Medium (%)	-	-	-	-	47
High (%)	-	-	-	-	19
Fluctuates (%)	-	-	-	-	16
MDMA crystal					
Purity	-	n=31	n=24	n=26	n=35
Low (%)	-	3	4	4	3
Medium (%)	-	16	25	42	20
High (%)	-	65	50	46	63
Fluctuates (%)	-	10	17	8	14

Source: EDRS REU interviews

Note: Prior to 2016, purity questions were not separated into categories. ^MDMA crystal was examined for purity for the first time separately in 2014; ~n<10; data not reported for n<5

Table 5.1.4: Median purity of phenethylamine seizures, 2007/08-2016/17

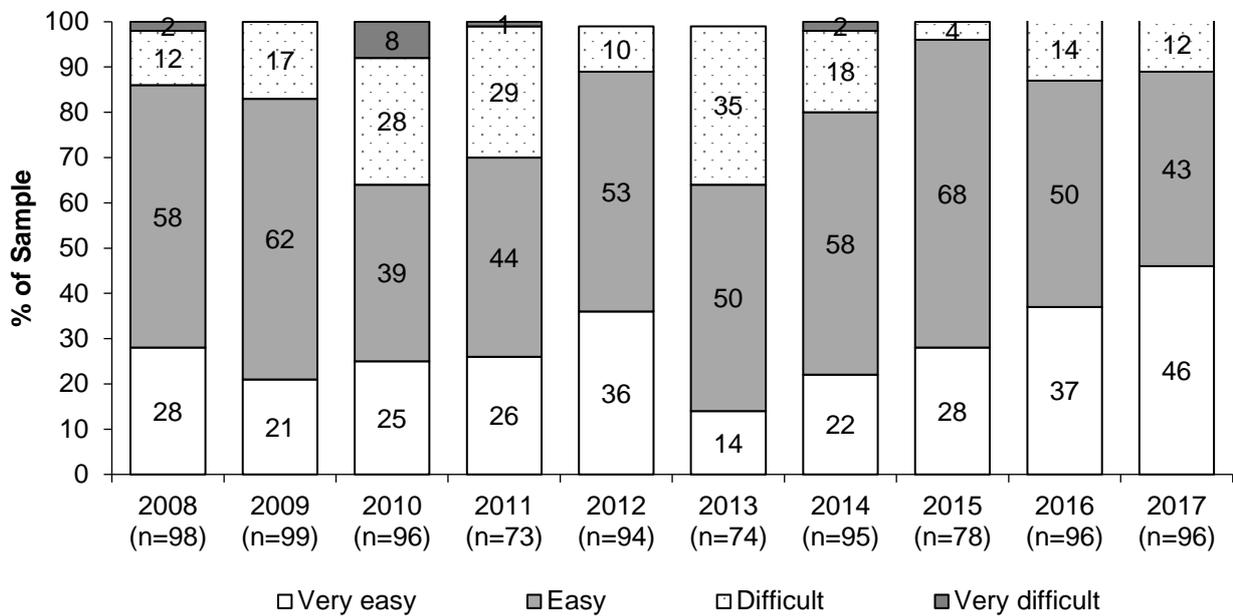
Purity	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17
Median purity (%)	n=3 24.6	-	n=1 34.2	-	-	-	n=1 64.0	-	n=2 49.4	-

Source: ACC (2008-2015), ACIC (2016-2017)

Note: 2016/17 data was not available at the time of publication.

5.1.3 Availability of ecstasy

Figure 5.1.3: Reported current availability of ecstasy among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 5.1.5: Reported current availability of ecstasy among REU who commented, 2013-2017

Ecstasy	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Pill/tablet					
Ease of access	n=74	n=95	n=78	n=90	n=96
Very Easy (%)	14	22	28	34	46
Easy (%)	50	58	68	51	43
Difficult (%)	35	18	4	13	12
Very Difficult (%)	-	2	-	-	-
Powder					
Ease of access	-	-	-	n=4~	n=15
Very Easy (%)	-	-	-	-	20
Easy (%)	-	-	-	-	53
Difficult (%)	-	-	-	-	27
Very Difficult (%)	-	-	-	-	-
Capsule					
Ease of access	-	-	-	n=3~	n=60
Very Easy (%)	-	-	-	-	20
Easy (%)	-	-	-	-	55
Difficult (%)	-	-	-	-	23
Very Difficult (%)	-	-	-	-	2
MDMA crystal					
Ease of access	-	n=31	n=24	n=26	n=37
Very Easy (%)	-	16	8	27	14
Easy (%)	-	26	29	39	41
Difficult(%)	-	48	42	23	35
Very Difficult (%)	-	10	21	4	11

Source: EDRS REU interviews

~n<10. Note: Data not reported where n<5.

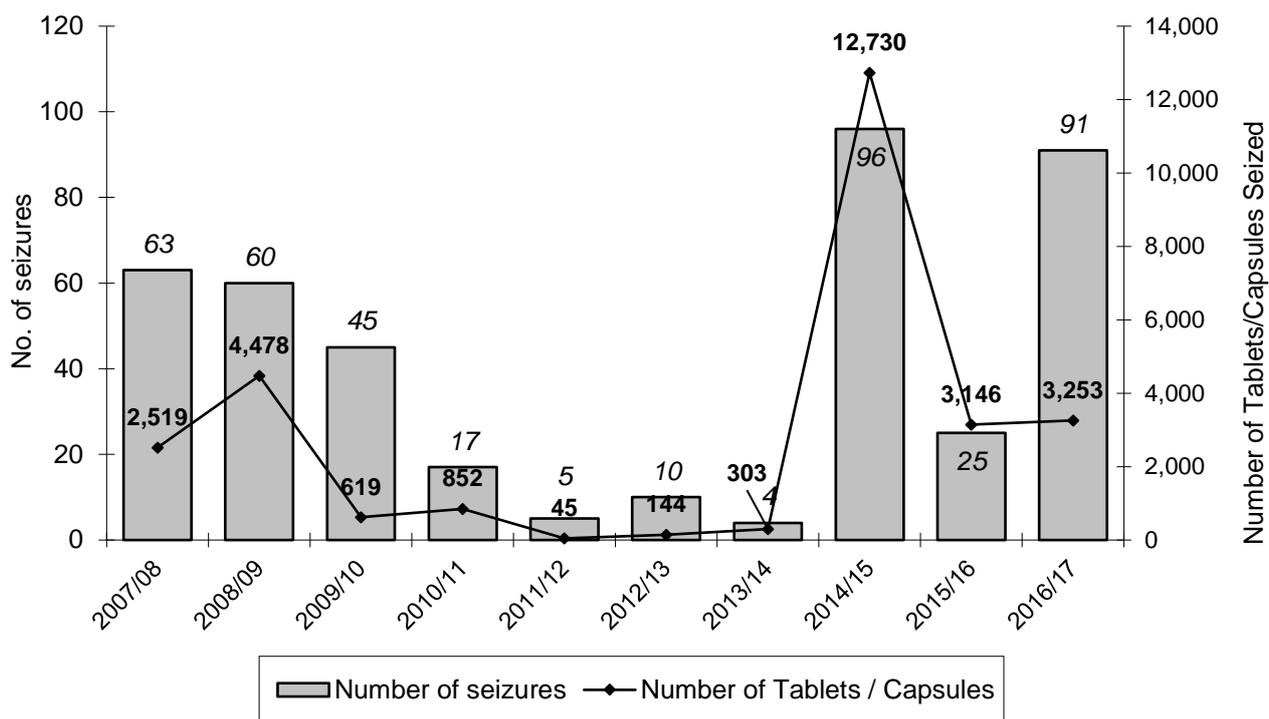


Figure 5.1.4: Total number of tablets/capsules suspected to contain ecstasy seized by Tasmania Police, 2006/07-2015/16

Source: State Intelligence Services, Tasmania Police, 2007/08-2015/17

Note: 2016/17 data was not available at the time of publication. Data includes only those seizures that were recorded in tablet/capsule form. Totals may differ from those reported in the Department of Police and Emergency Management and ACIC annual reports due to differences in counting rules.

5.2 Methamphetamine



Meth- amphetamine market indicators

Key Points

Price

Powder

- Participants reported most commonly paying \$40 per point (~0.1g) of powder methamphetamine; this has remained stable at \$40-50 per point for the past decade [Figure 5.2.1]

Base/paste

- Use was too uncommon among 2017 EDRS participants to estimate price trends

Crystal

- Participants paid between \$50 and \$100 per point (~0.1g) of crystal; due to the limited number of consumers of this form it is difficult to determine trends in price [Figure 5.2.1.3]

Purity

There is limited objective data from police seizures from which to determine purity trends in Hobart [Table 5.2.2]

Powder

- Consumer subjective reports of powder methamphetamine purity have changed between 2016 and 2017, with almost 60% of those consuming this form considering it to be 'high' in purity 2017, compared with 20% in 2016 [Figure 5.2.4]

Base/paste

- Use was too uncommon among 2017 EDRS participants to estimate purity trends

Crystal

- Due to low levels of use of crystalline methamphetamine among EDRS participants it is difficult to clearly identify trends in purity, however, in 2017 the majority of consumers considered it 'high' in purity [Figure 5.2.6]

Availability

In both 2015/16 and 16/17 Tasmania Police seized approximately 4kg of substances likely to be methamphetamine, and over 600 individual seizures per annum. Considering trends over the past decade, this represents a decline in average annual weight of seizures but a substantial increase in the annual number of seizures [Figure 5.2.9]

Powder

- Seventy percent of consumers regarded this form as 'easy' or 'very easy' to access in 2017 [Figure 5.2.8]

Base/paste

- Use was too uncommon among 2017 EDRS participants to estimate availability; clearly this is an indication of low availability of this form in the current market [Figure 5.2.8]

Crystal

- Crystal methamphetamine has been increasingly perceived as 'easy' or 'very easy' to access over the past five years among EDRS consumers [Figure 5.2.8]

5.2.1 Price of methamphetamine

Table 5.2.1: Last purchase price of methamphetamine forms among REU who commented, 2013-2017

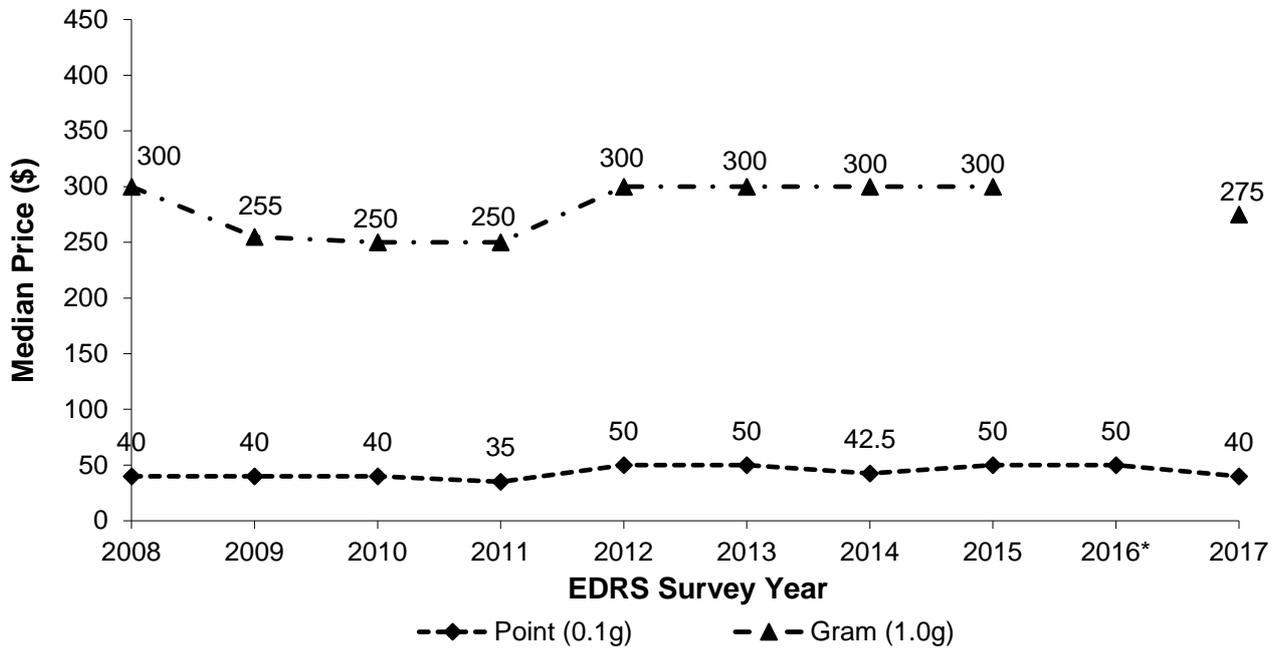
Methamphetamine	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Powder					
Median last price	n=10	n=16	n=19	n=23	n=11
Price per point (range)	\$50 (25-100)	\$42.50 (25-100)	\$50 (25-100)	\$50 (40-80)	\$40 (20-100)
Median last price	n=12	n=17	n=6	n=2	n=8
Price per gram (range)	\$300 (130-400)	\$300 (150-350)	\$300~ (150-320)	- -	\$275~ (30-300)
Base					
Median last price	-	n=4	n=2	n=1	-
Price per point (range)	- -	- -	- -	- -	- -
Median last price	n=2	n=5	-	n=1	-
Price per gram (range)	- -	\$300~ (170-800)	- -	- -	- -
Crystal					
Median last price	n=5	n=8	n=9	n=14	n=8
Price per point (range)	\$100~ (100-100)	\$100~ (50-100)	\$100~ (40-100)	\$95 (45-100)	\$75~ (50-100)
Median last price	-	n=3	n=3	n=5	n=2
Price per gram (range)	- -	- -	- -	\$500~ (450-600)	- -

Source: EDRS REU interviews, 2013-2017.

~n<10. Data with n<5 not reported.

Methamphetamine powder

Figure 5.2.1: Median price of methamphetamine powder estimated from REU purchases, 2008-2017

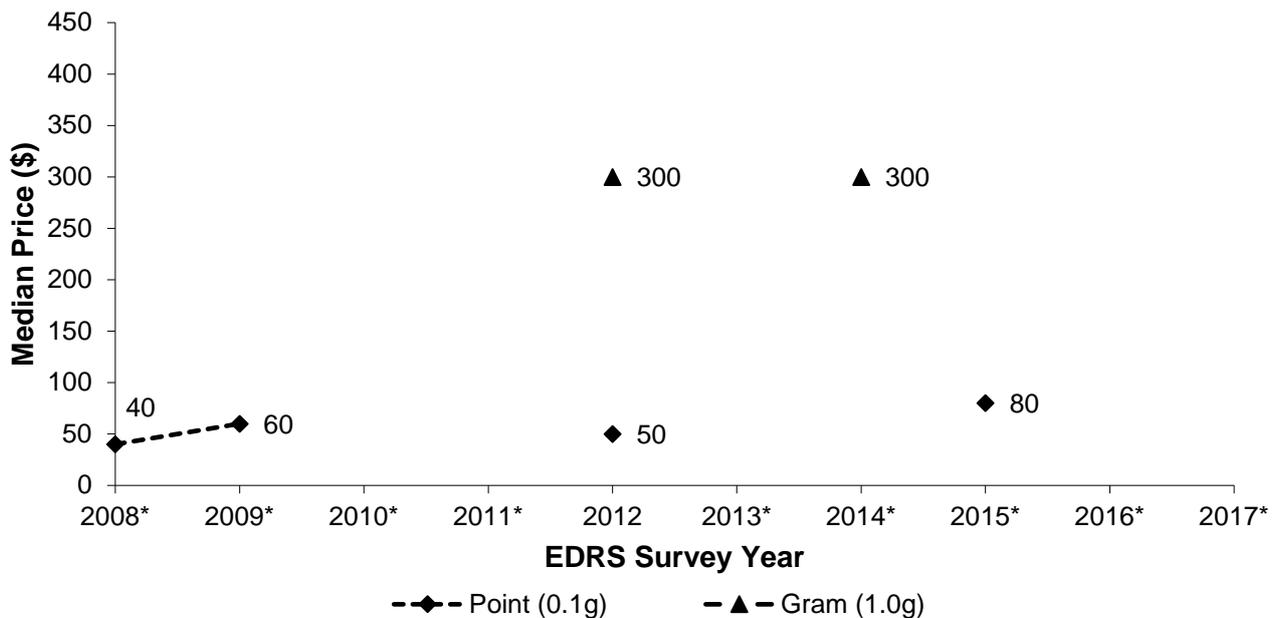


Source: EDRS REU interviews, 2008-2017

*Price not reported for n<5.

Base/paste methamphetamine

Figure 5.2.2: Median price of methamphetamine base/paste estimated from REU purchases, 2008-2017

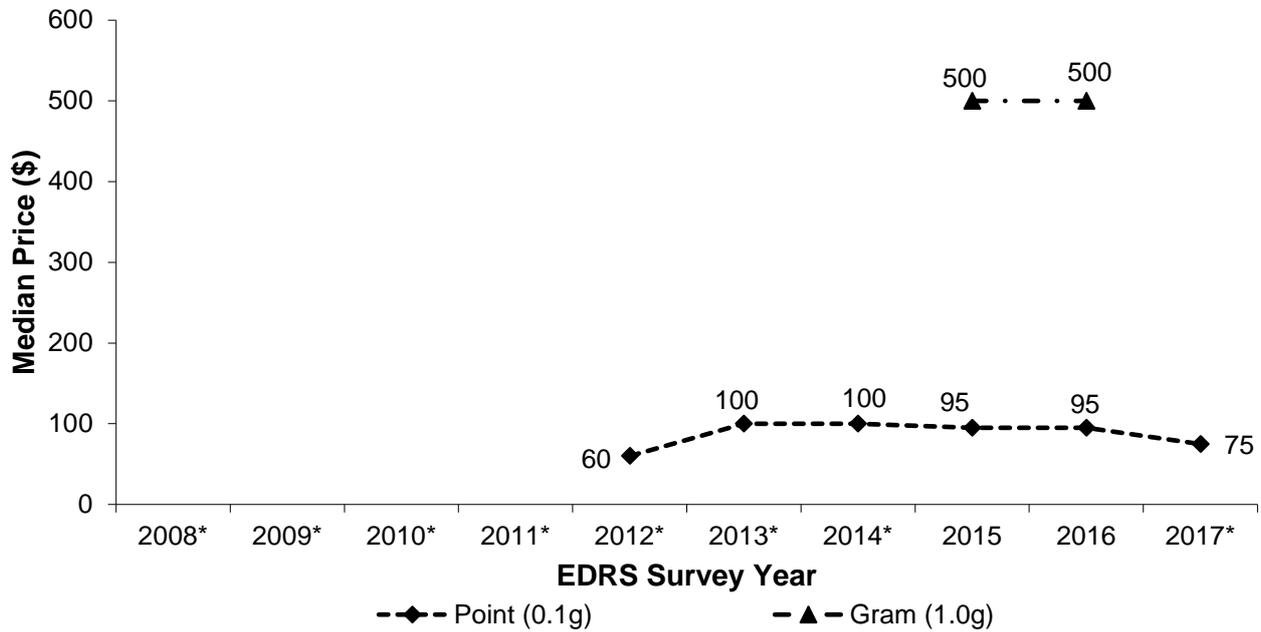


Source: EDRS REU interviews, 2008-2017

*Price not reported for n<5.

Crystal methamphetamine

Figure 5.2.3: Median price of crystal methamphetamine (ice) estimated from REU purchases, 2008-2017

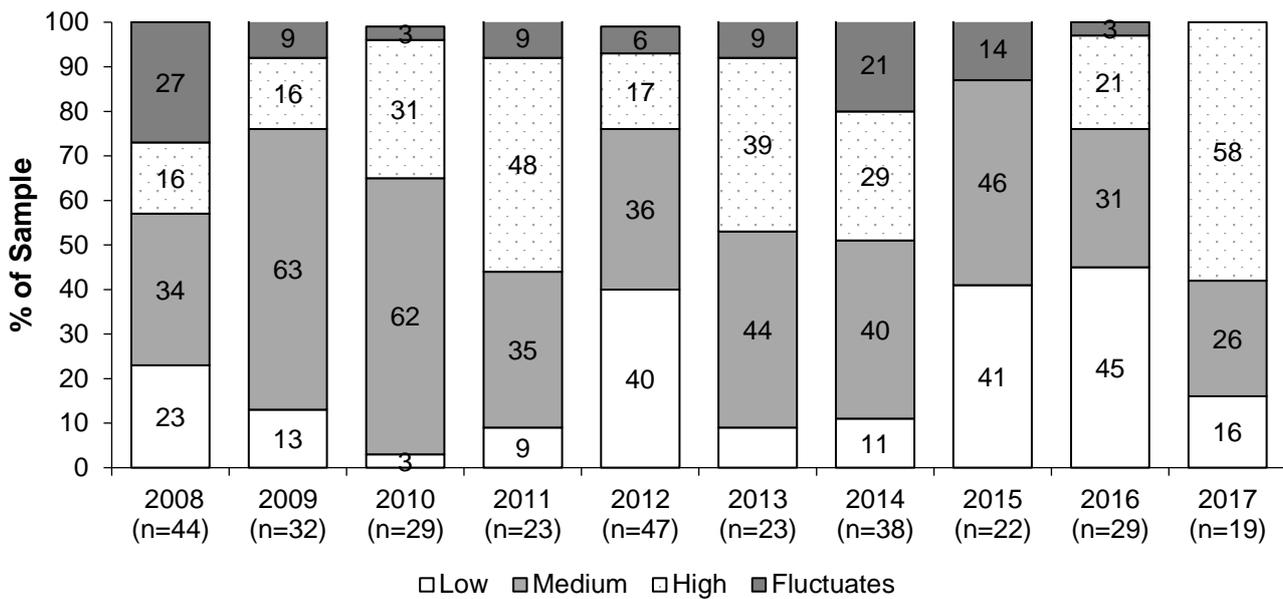


Source: EDRS REU interviews, 2008-2017

*Price not reported for n < 5.

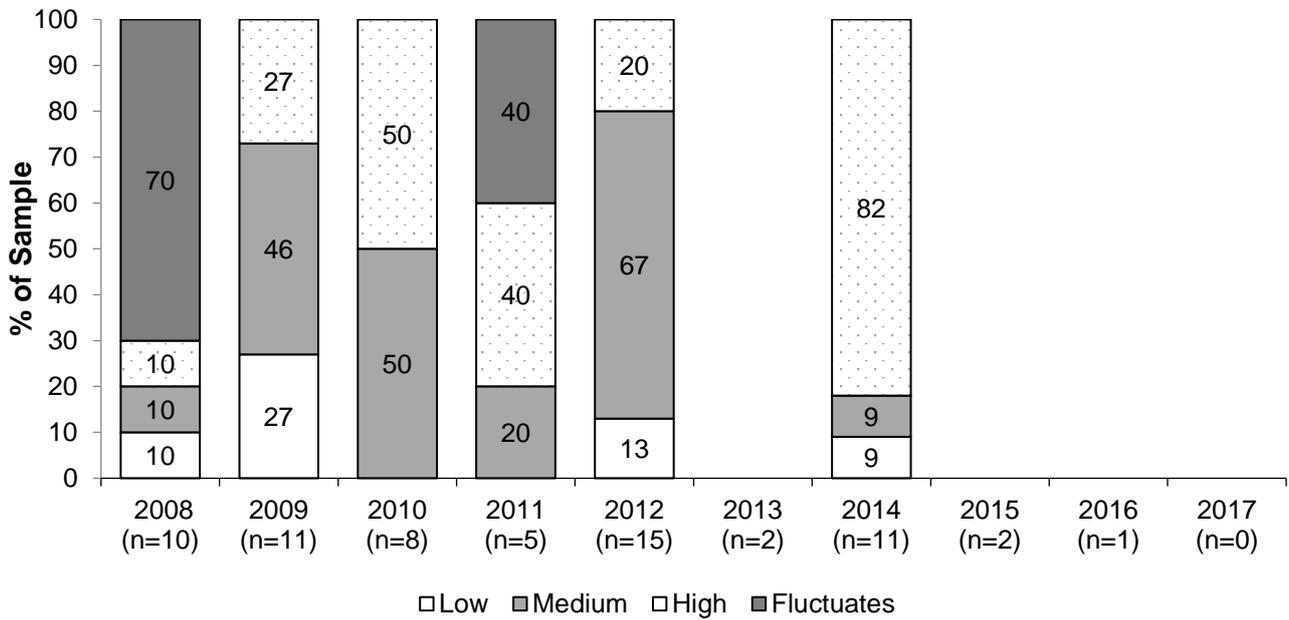
5.2.2 Purity of methamphetamine

Figure 5.2.4: Reported current methamphetamine powder purity among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

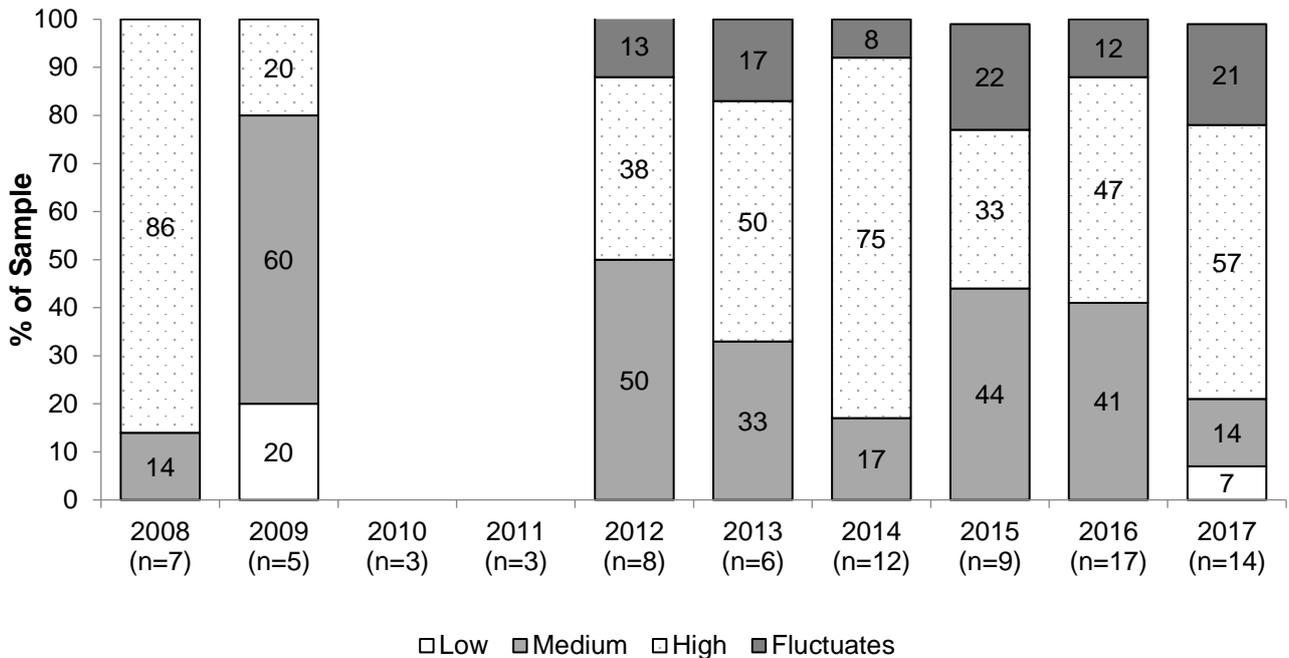
Figure 5.2.5: Reported current methamphetamine base purity among REU who commented, 2008-2017



Source: EDRS REU interviews

Note: Data only included for years where n ≥ 5.

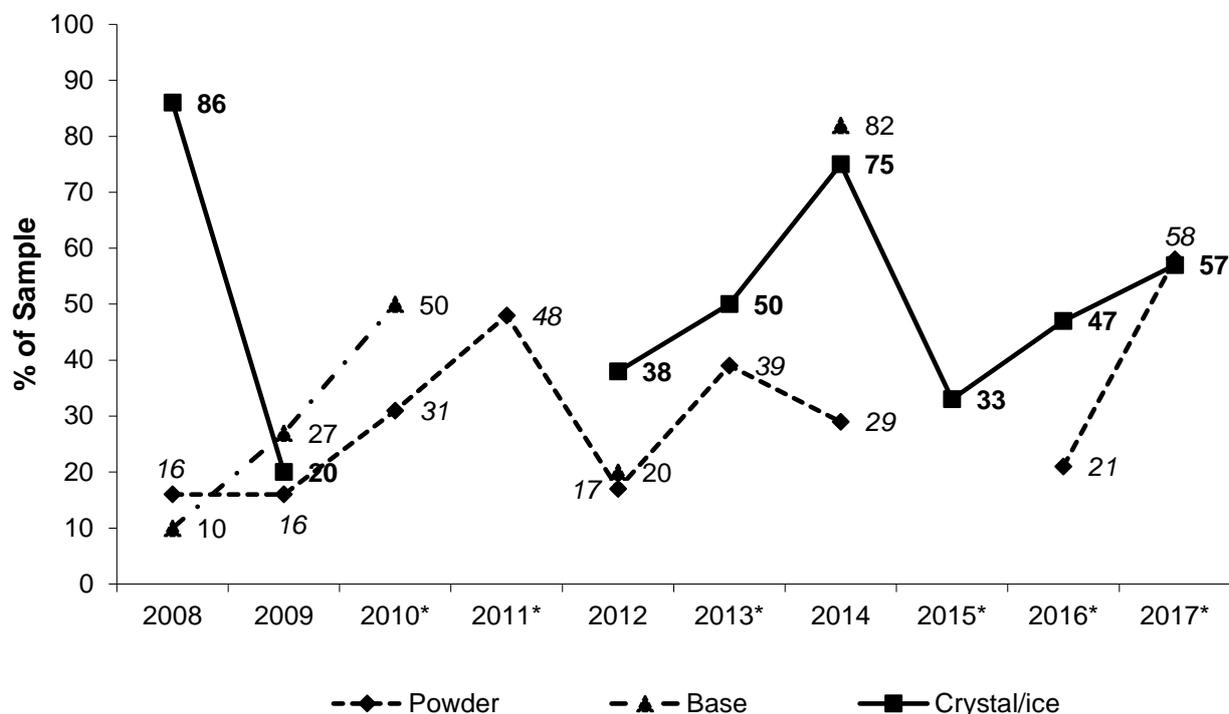
Figure 5.2.6: Reported current methamphetamine crystal purity among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

Note: Data only included for years where n ≥ 5.

Figure 5.2.7: Proportion of participants reporting powder, base and crystal/ice purity as 'high', among REU who commented, 2008-2017



Source: EDRS interviews, 2008-2017

*Purity not reported for n<5.

Table 5.2.2: Median purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2007/08-201/17

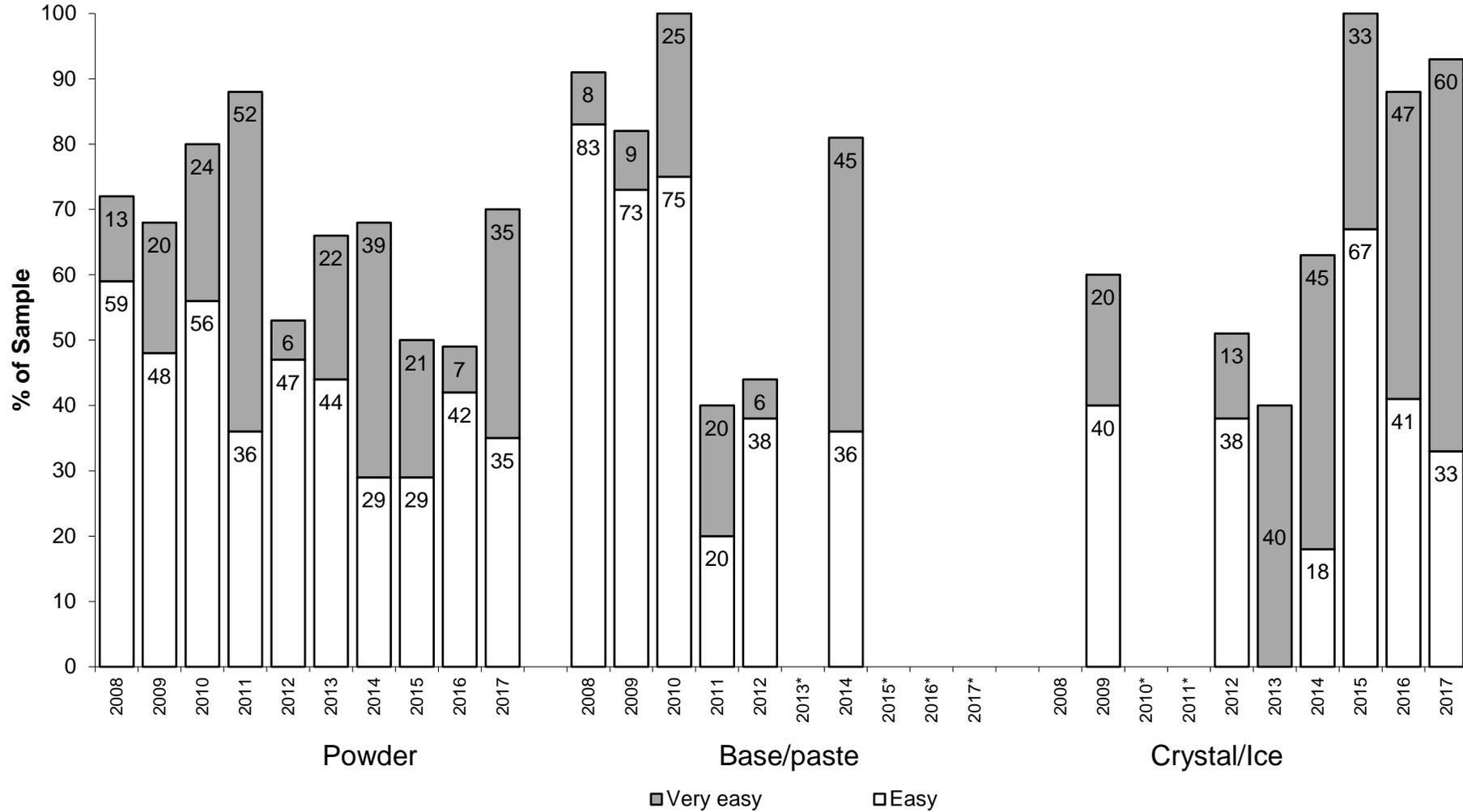
Median purity	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013/1 4	2014/1 5	2015/ 16	2016/1 7
≤2 g										
Purity (%)	n=7 7.6	n=11 12.6	- -	n=3 33.6	n=2 5.2	n=1 64	- -	n=3 78	- -	- -
> 2 g										
Purity (%)	n=32 8.5	n=9 7.8	n=5 4.4	n=50 9.3	n=21 71.9	n=6 62.2	n=17 64.3	n=20 67.2	n=1 74.8	- -
Total										
Purity (%)	n=39 8.5	n=20 9.2	n=5 4.4	n=53 9.3	n=23 7.9	n=7 64	n=17 64.3	n=23 73.1	n=1 74.8	- -
(range)	(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)	(31.5-79.8)	-	-

Source: ACC (2008-2015), ACIC (2016-2017)

Note: No seizures made by the Australian Federal Police in the state were analysed during these reporting periods. Data for the 2016/17 period were unavailable at time of publication

5.2.3 Availability of methamphetamine

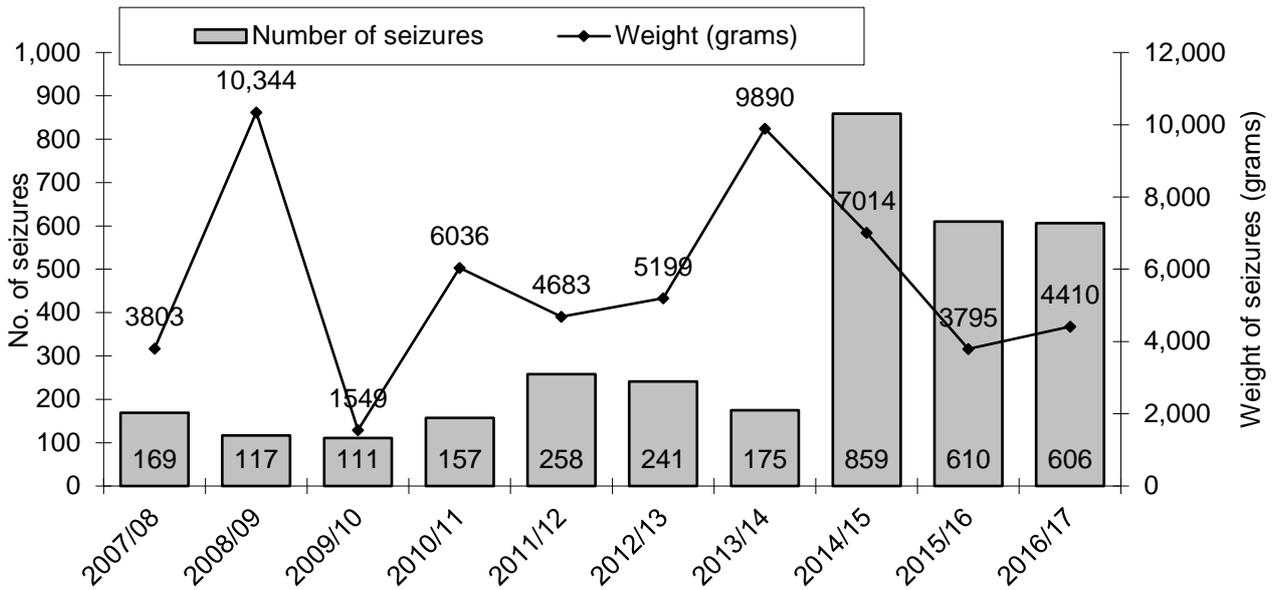
Figure 5.2.8: Proportion of REU reporting various forms of methamphetamine as 'very easy' or 'easy' to obtain in the preceding 6 months, 2008-2017



Source: EDRS REU interviews, 2008-2017

*Data not reported where n<5.

Figure 5.2.9: Seizures of methamphetamine by Tasmania Police, 2006-2017



Source: Australian Crime Commission, State Intelligence Service, Tasmania Police, 2006-2017

Note: 2015/16 and 2016/17 data were provided by Tasmania Police State Intelligence Service, include only seizures weighed in grams. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. In 2015/16 there were an additional 21 seizures coded in units other than grams. In 2016/17 there were an additional 39 seizures coded in units other than grams; these values are not included in this figure.

5.3 Cocaine

 <p>Cocaine market indicators</p> <p>Key Points</p>	<p>Price</p> <ul style="list-style-type: none"> Because cocaine use has been so uncommon and infrequent, too few EDRS participants have been able to report on purchase prices for reliable trends to be determined. This situation has remained unchanged over the past 5 EDRS surveys. [Table 5.3.1] <p>Purity</p> <ul style="list-style-type: none"> In 2017, there was little consensus between consumers in relation to the purity of cocaine, with roughly equal proportions regarding cocaine as 'low', 'medium', and 'high' in purity. [Figure 5.3.1] <p>Availability</p> <ul style="list-style-type: none"> The low level of use of cocaine is clearly suggestive of low availability of the drug locally. In 2017, the majority of consumers regarded cocaine as 'difficult' or 'very difficult' to access, with this being the dominant view over the past decade [Figure 5.3.2] However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than the last decade (average 19 seizures, 122g per annum in 2014/15-2016/17 compared with 2 seizures, 24g per annum over the 2007/08-2013/14) [Table 5.3.2]
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5.3.1 Price of cocaine

Table 5.3.1: Last purchase price of cocaine among REU who commented, 2013-2017

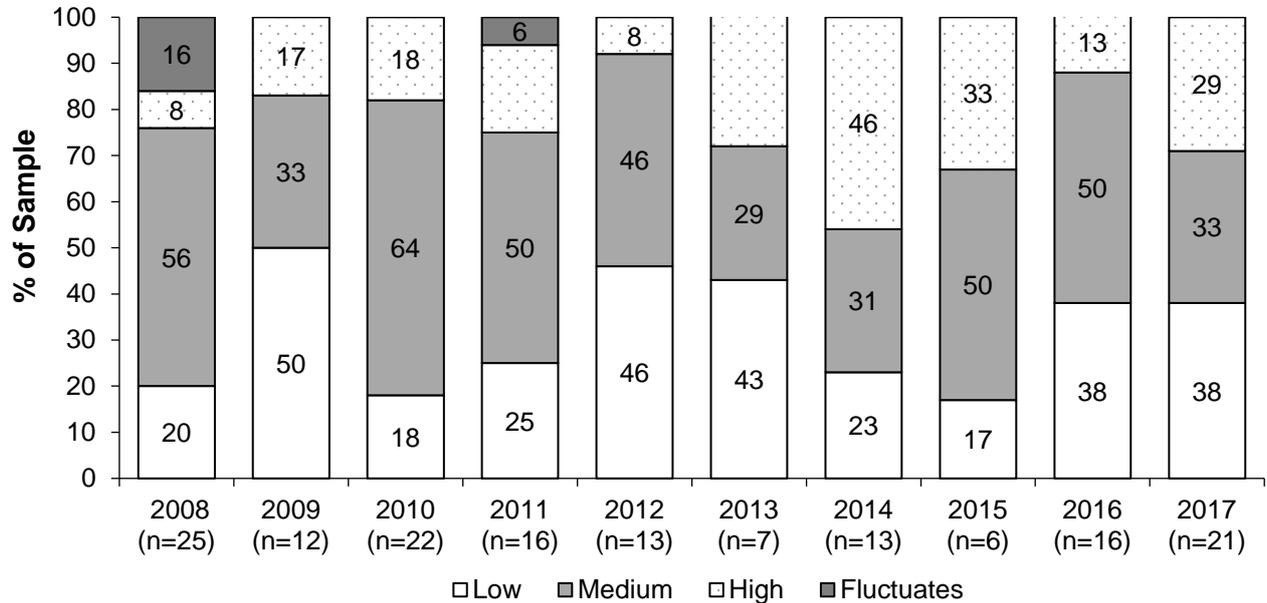
Cocaine	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Median last price Price per point (range)	- -	n=1 -	n=2 -	- -	n=5 \$60~ (40-90)
Median last price Price per gram (range)	\$300- (280-350)	\$350- (75-400)	- -	\$387.50- (250-500)	\$350- (300-400)

Source: EDRS REU interviews, 2013-2017

~n<10. Data not reported where n<5

5.3.2 Purity of cocaine

Figure 5.3.1: Reported current cocaine purity among REU who commented, 2008-2017



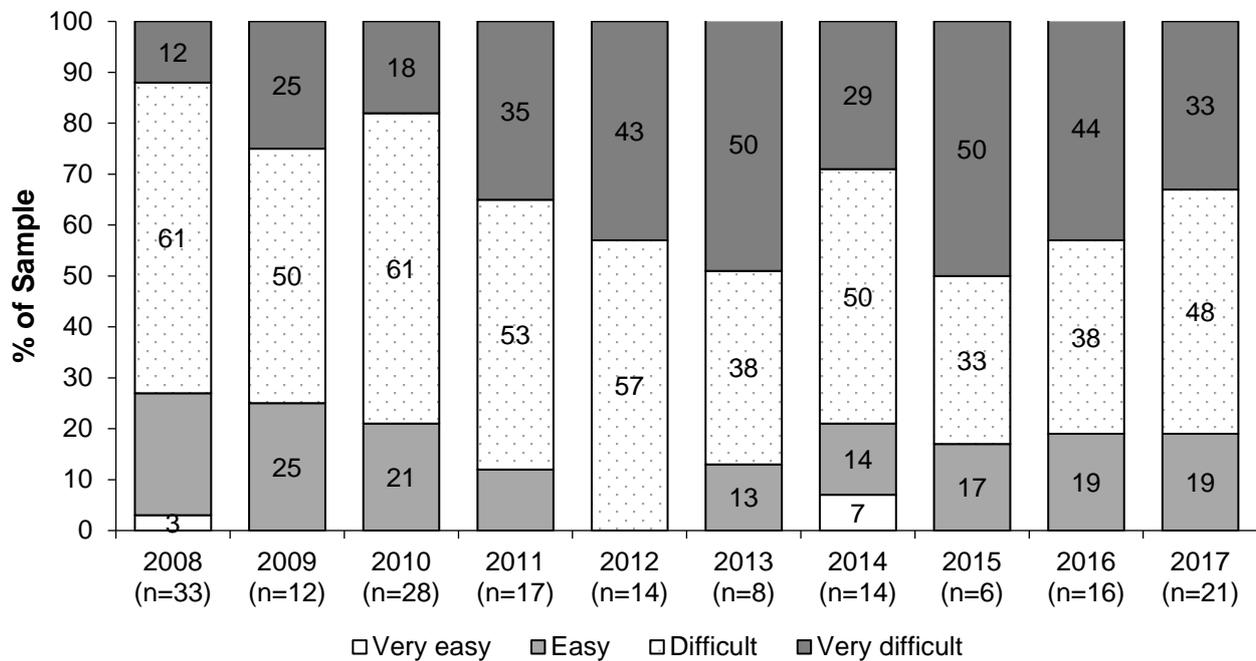
Source: EDRS REU interviews, 2008-2017

Note: Where n<10, data should be interpreted with caution.

There were no cocaine seizures analysed for purity by Tasmanian Police as reported in the 2015/16 illicit drug data report (ACIC, 2017). One sample of cocaine (>2 grams) was analysed (29.8% purity) in the 2011/12 reporting period (ACC, 2013). Data for the 2016/17 reporting period was unavailable at the time of publication.

5.3.3 Availability of cocaine

Figure 5.3.2: Reported current availability of cocaine among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

Note: Where n<10, data should interpreted with caution.

Table 5.3.2: Cocaine seizures, 2007-2017

Seizures	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015/ 16	2016/ 17
Number	0	2	3	3	7	0	2	25	12	21
Weight (g)	0	7	46	28	64	-	25	273	30	64.2

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

Note: 2016/17 data was not available at the time of publication. 2014/15 data were provided by Tasmania Police State Intelligence Service. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data prior to 2014/15 were provided by the ACC.

5.4 LSD



LSD market indicators

Key Points

Price

- Participants reported most commonly paying \$15 per tab of LSD, consistent with prices in 2015 and 2016, but lower than the \$20 per tab in 2013 and 2014. [Table 5.4.1]

Purity

There is no objective purity data available for LSD from Tasmania Police.

- Consumer subjective reports have typically considered LSD to be 'high' or 'medium' in purity over the past decade [Figure 5.4.1]

Availability

Tasmania police made approximately 20 seizures per annum in 2015/16 and 2016/17, which is an increase from the rates seen in the previous 5 years (1-3 per annum in 2007/08-2013/14). [Table 5.4.2]

- The majority of consumers regarded LSD as 'easy' to access in 2017. There are some indications that availability has declined slightly in recent years, with the proportion of consumers regarding LSD as 'easy' or 'very easy' to access falling from 90% in 2014 to less than 60% in 2017 [Figure 5.4.2]

5.4.1 Price of LSD

Table 5.4.1: Last purchase price of LSD among REU who commented, 2013-2017

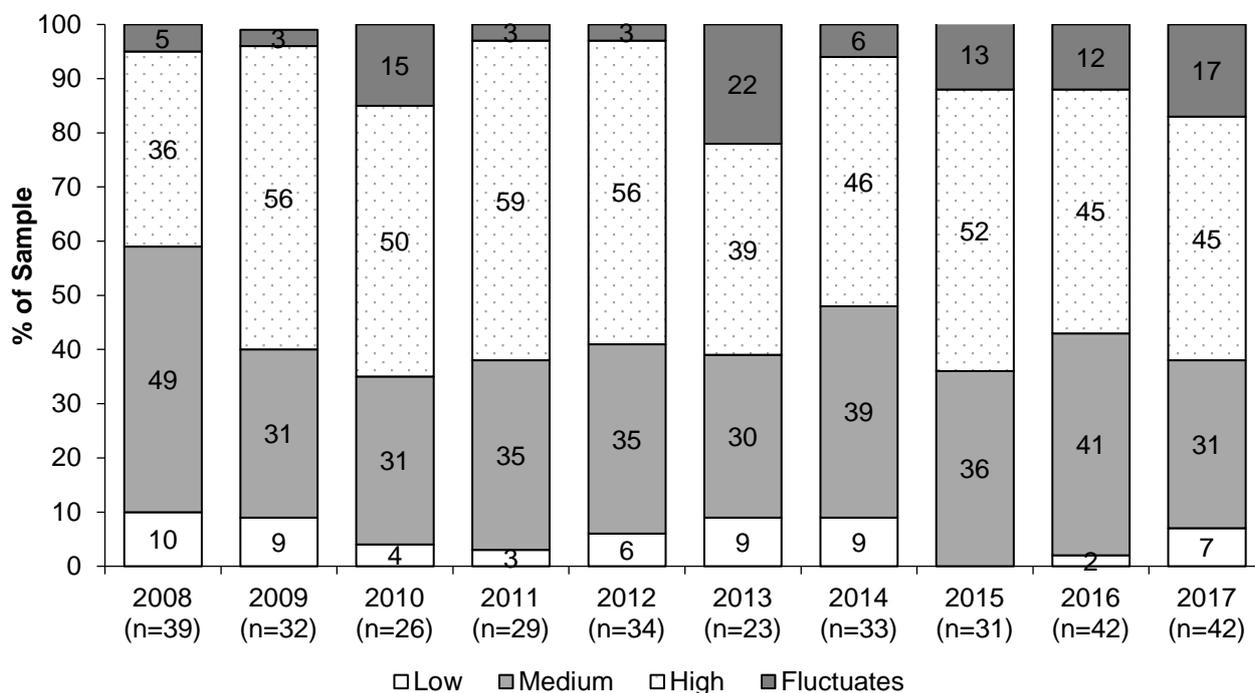
LSD	2013	2014	2015	2016	2017
Median last price	n=25	n=30	n=30	n=42	n=42
Price per tab (range)	\$20 (10-30)	\$20 (10-39)	\$15 (5-30)	\$15 (4-40)	\$15 (6-35)

Source: EDRS REU interviews, 2013-2017

During the 2015/16 period, Tasmania Police reported a price of \$10-20 for one tab of LSD (ACIC, 2017), which is relatively consistent with the price reported by REU in 2017. Data for the 2016/17 reporting period were unavailable at the time of publication.

5.4.2 Purity of LSD

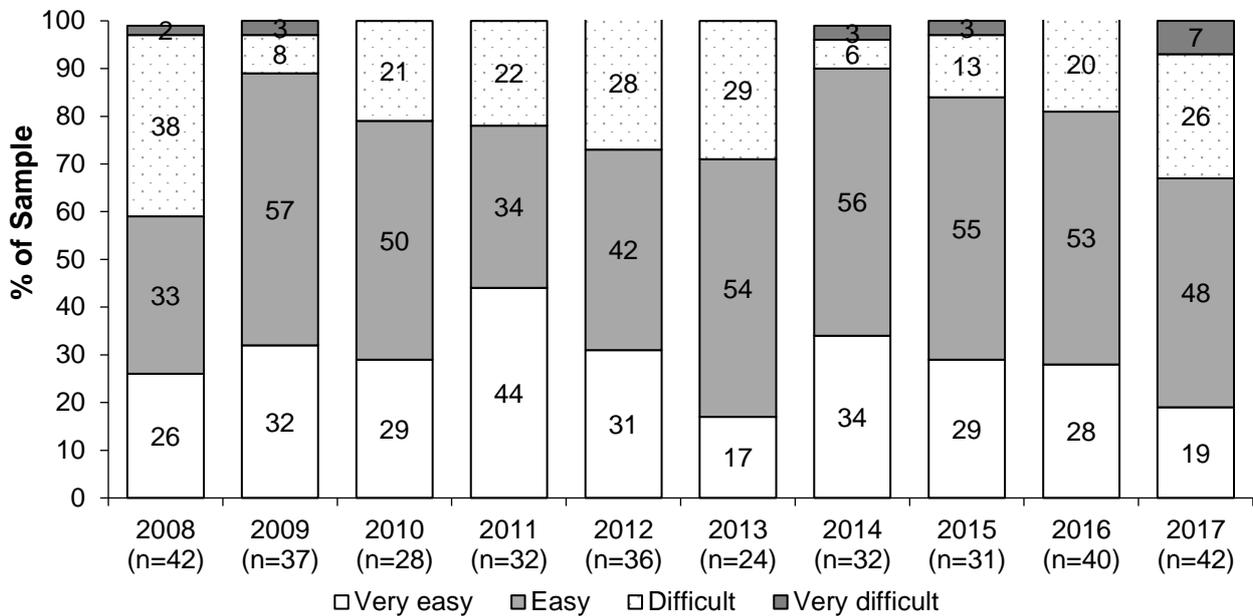
Figure 5.4.1: Reported current LSD purity among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

5.4.3 Availability of LSD

Figure 5.4.2: Reported current availability of LSD among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

Table 5.4.2: Hallucinogen seizures, 2007-2016

Seizures	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015/ 16	2016/ 17
Number	1	2	1	3	0	2	3	6	19	19

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

5.5 Cannabis



Cannabis market indicators

Key Points

Price

Outdoor cultivated cannabis

- Participants reported most commonly paying \$10-20 per gram of outdoor cultivated cannabis and \$70 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years [Figure 5.5.1]

Indoor cultivated cannabis

- Participants reported most commonly paying a median of \$20 per gram of indoor cultivated cannabis and \$80 per quarter-ounce (7g). The prices for quarter ounce purchases are on the lower end of the typical price range over the past 5 years [Figure 5.5.1]

Purity

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

Outdoor cultivated cannabis

- Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 5 years [Figure 5.5.2]

Indoor cultivated cannabis

- Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2017, 6 in 10 considered it 'high'. After a period of lower perceived purity in 2015 and 2016, this rate is more consistent with perceived potency from the past decade (2008-2012) [Figures 5.5.3 and 5.5.4]

Availability

Tasmania police typically make more than 2000 cannabis seizures per annum over the past decade. In 2016/17 more than 250kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14 [Figure 5.2.3.4]

Outdoor cultivated cannabis

- The majority of consumers regarded this as 'easy' or 'very easy' to access [Figure 5.5.5]

Indoor cultivated cannabis

- The majority regarded this as 'easy' to 'very easy' to access. There appears to be very little difference between the forms in terms of availability trends over the past 5 years [Figures 5.5.6 & 7]

5.5.1 Price of cannabis

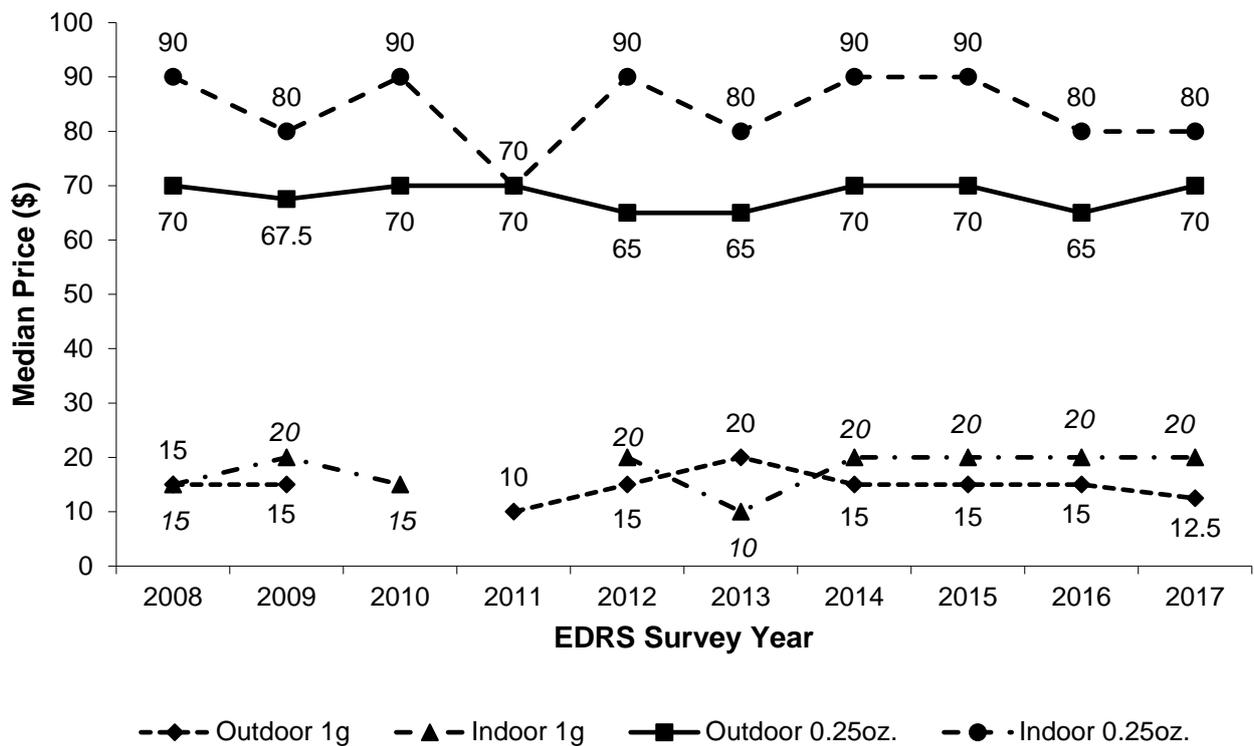
Table 5.5.1: Price and weights of outdoor and indoor cultivated cannabis purchased by REU, 2013-2017

Cannabis	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Outdoor cannabis					
Median last price	n=5	n=9	n=9	n=9	n=18
Price per one gram (range)	\$20~ (15-25)	\$15~ (10-25)	\$15~ (5-20)	\$15~ (5-25)	\$12.50 (8-25)
Median last price	n=28	n=18	n=25	n=27	n=24
Price per 1/4 ounce (range)	\$65 (50-90)	\$70 (50-100)	\$70 (50-100)	\$65 (25-90)	\$70 (50-250)
Median last price	n=5	n=10	n=12	n=6	n=16
Price per 1/2 ounce (range)	\$130~ (70-150)	\$150 (80-190)	\$130 (85-160)	\$150~ (40-220)	\$135 (80-170)
Median last price	n=20	n=20	n=11	n=21	n=21
Price per one ounce (range)	\$200 (150-280)	\$225 (100-290)	\$200 (200-300)	\$200 (80-275)	\$250 (100-330)
Indoor cannabis					
Median last price	n=5	n=9	n=15	n=14	n=21
Price per one gram (range)	\$10~ (10-25)	\$20~ (10-25)	\$20 (15-20)	\$20 (10-20)	\$20 (8-25)
Median last price	n=22	n=17	n=35	n=38	n=36
Price per 1/4 ounce (range)	\$80 (60-100)	\$90 (65-120)	\$90 (60-100)	\$80 (50-100)	\$80 (25-100)
Median last price	n=8	n=13	n=27	n=23	n=29
Price per 1/2 ounce (range)	\$150~ (75-200)	\$150 (130-240)	\$155 (110-175)	\$150 (100-180)	\$150 (100-190)
Median last price	n=23	n=21	n=31	n=35	n=31
Price per one ounce (range)	\$280 (120-350)	\$300 (250-350)	\$300 (180-330)	\$280 (200-310)	\$300 (95-350)

Source: EDRS REU interviews, 2013-2017

~n<10.

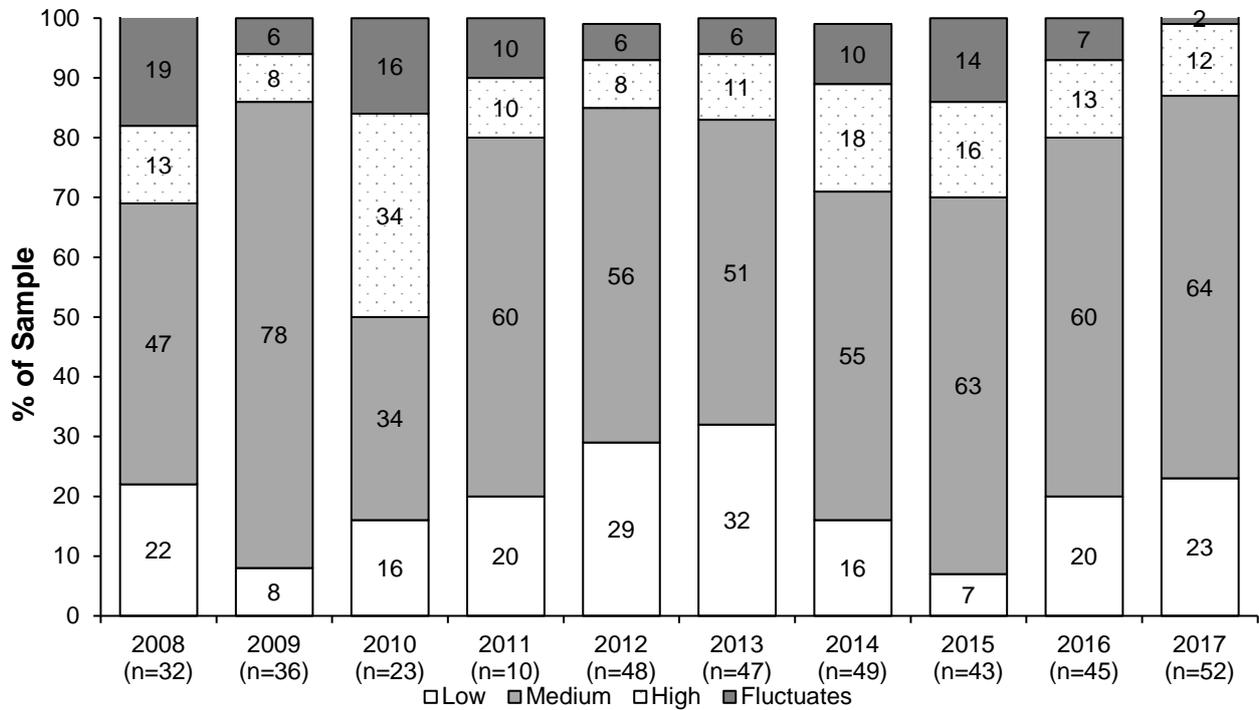
Figure 5.5.1: Modal prices of quarter and one ounce purchases of outdoor and indoor cultivated cannabis among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017. Note: median substituted where no single mode existed

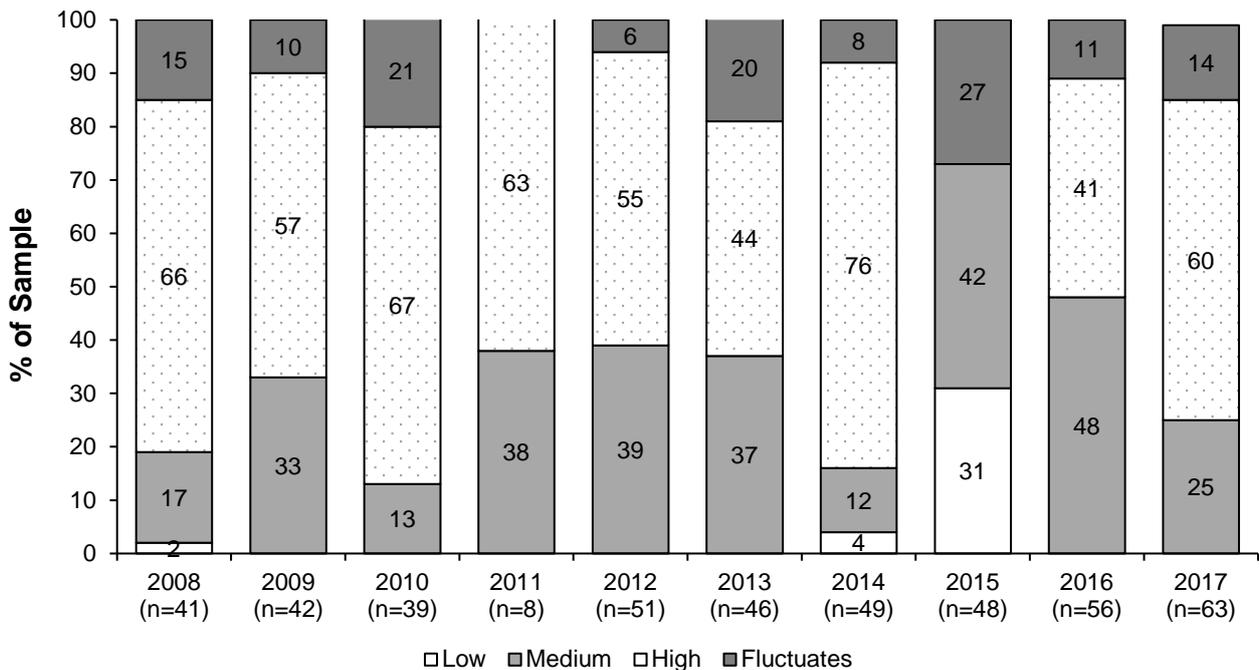
5.5.2 Potency of cannabis

Figure 5.5.2: Reported current potency of outdoor cultivated cannabis among REU who commented, 2008-2017



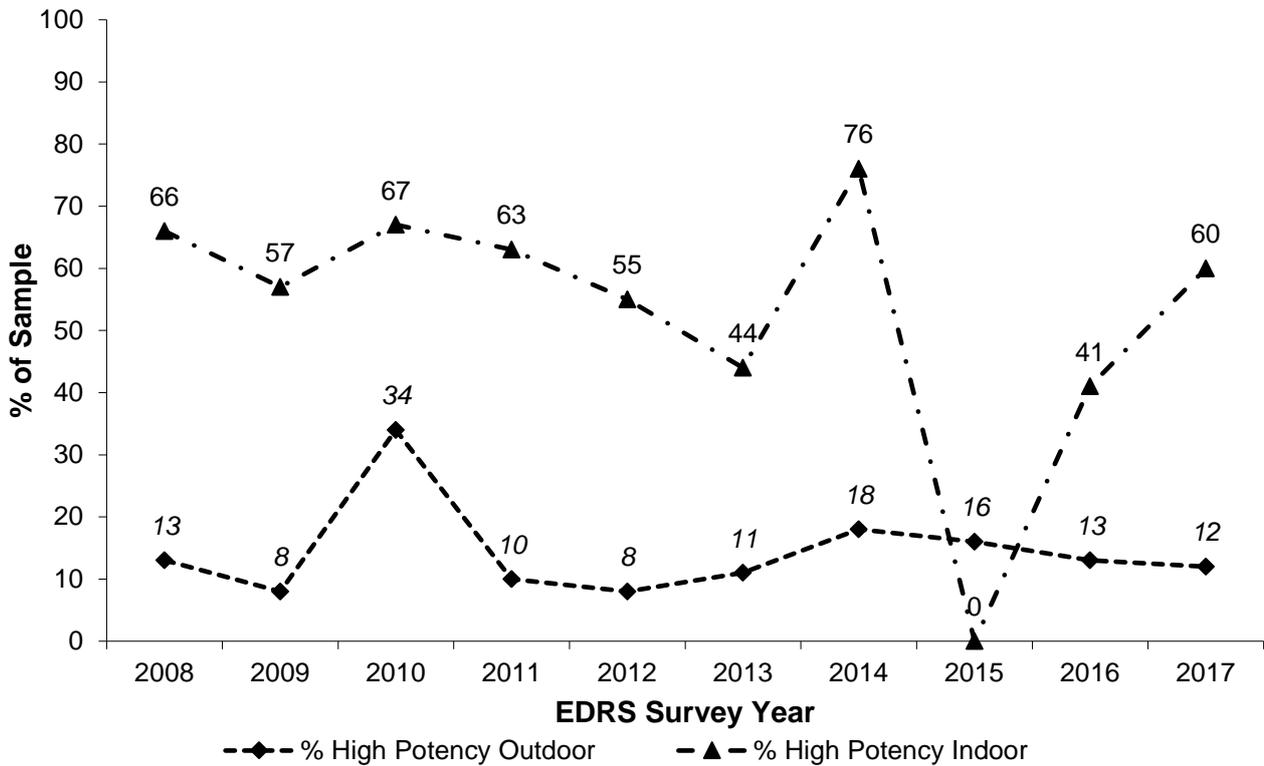
Source: EDRS REU interviews, 2008-2017

Figure 5.5.3: Reported current potency of indoor cultivated cannabis among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

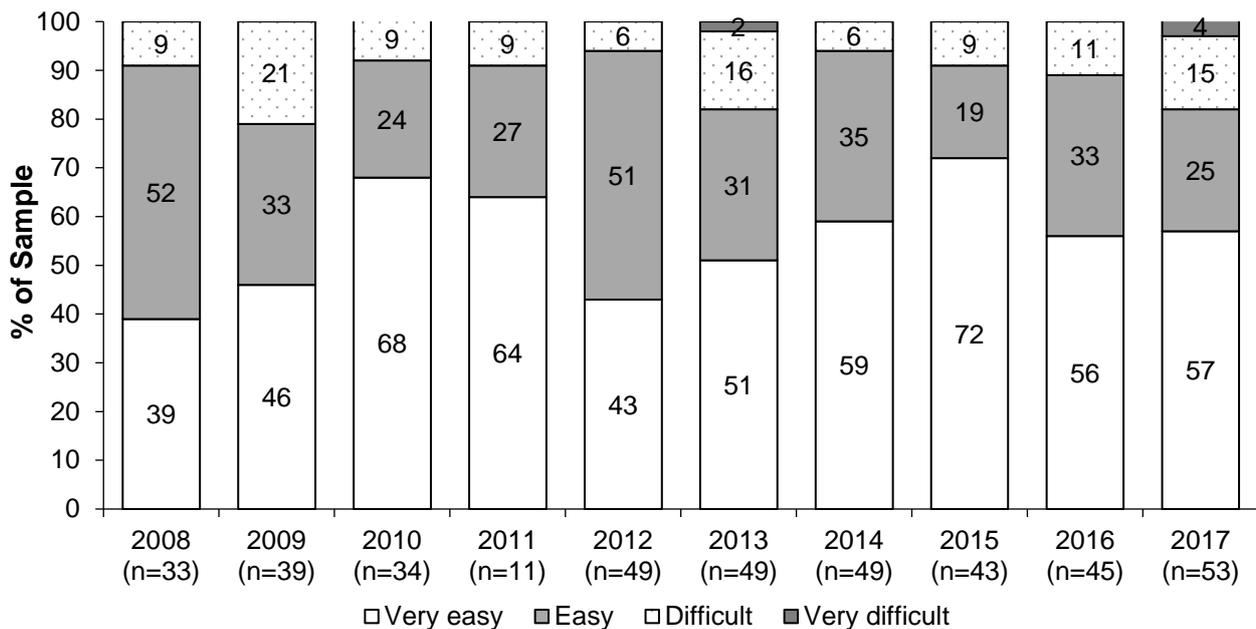
Figure 5.5.4: Proportion of participants who reported current cannabis potency as ‘high’, among REU who commented, 2008-2017



Source: EDRS interviews, 2008-2017

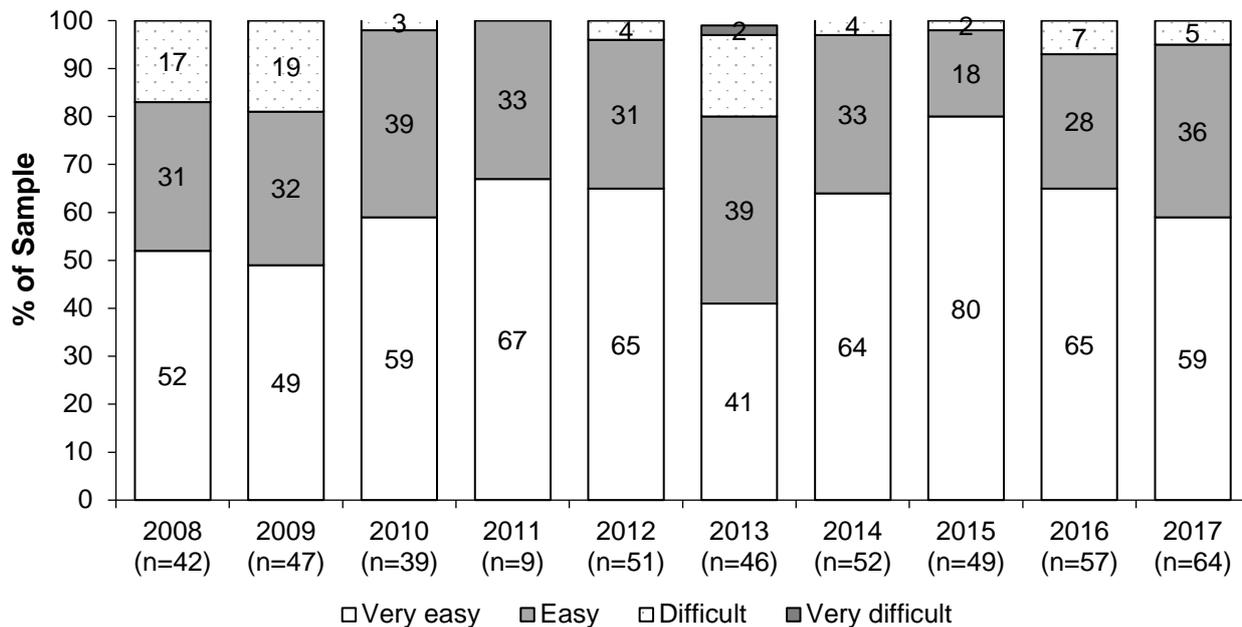
5.5.3 Availability of cannabis

Figure 5.5.5: Reported current availability of outdoor cannabis among REU who commented, 2008-2017



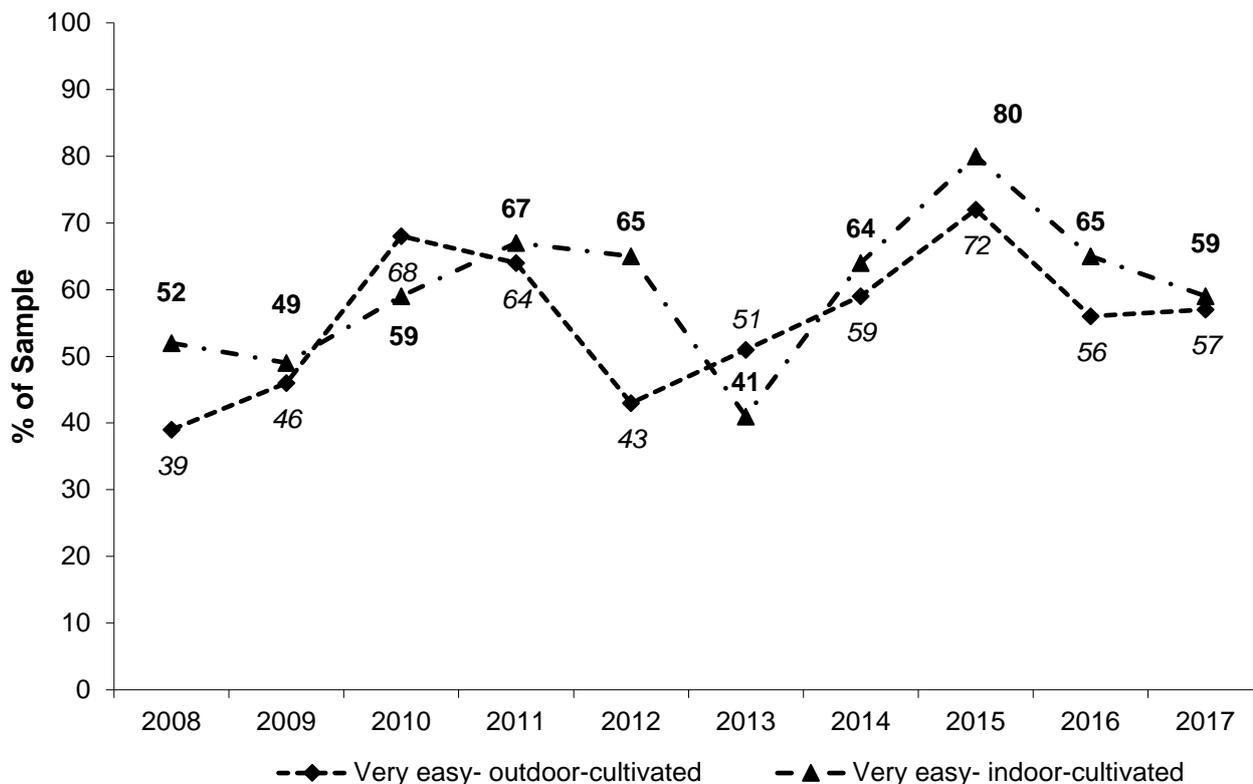
Source: EDRS REU interviews, 2008-2017

Figure 5.5.6: Reported current availability of indoor cannabis among REU who commented, 2008-2017



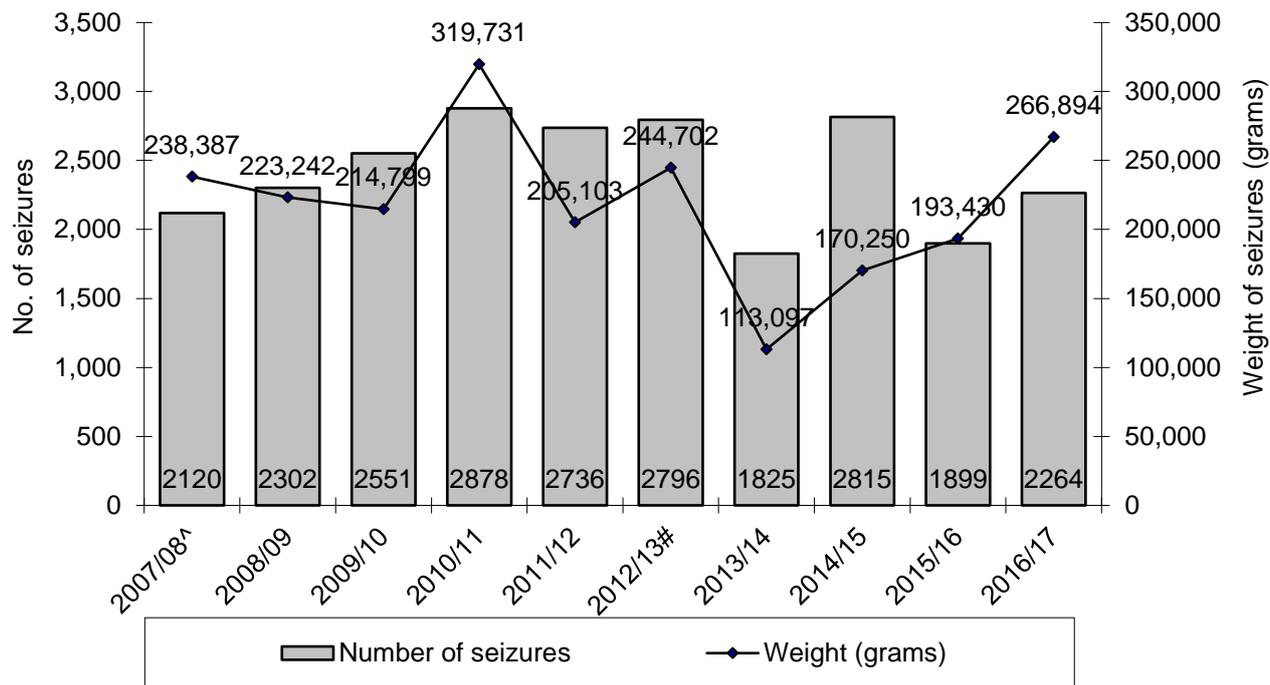
Source: EDRS REU interviews, 2008-2017

Figure 5.5.7: Reported current cannabis availability among REU who commented, 2008-2017



Source: EDRS REU interviews, 2008-2017

Figure 5.5.8: Seizures of cannabis by Tasmania Police, 2007-2017



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

Note: Data in 2015/16 and 2016/17 were provided by Tasmania Police State Intelligence Service. These data are preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules.

6.0 HEALTH-RELATED TRENDS



Health
related
trends

Key Points

Overdose

- Just over 10% of the EDRS participants reported experiencing an overdose on a stimulant drug in the past 6 months. This was typically in relation to ecstasy, with co-incident alcohol use; and in a nightclub environment where people reported being watched by friends as a response to their overdose symptoms [Table 6.1.1 and 6.1.2]
- Fifteen percent of the EDRS participants reported experiencing an overdose on a depressant drug in the past 6 months, this was typically excessive alcohol consumption in private homes, where participants were watched by friends in response [Table 6.1.1 and 6.1.2]

Help-seeking for substance use

- Over 30% of participant accessed a health service in relation to drug use in the past 6 months. This is an increase over rates in the previous 5 years, where rates were typically 5-10% in 2013-15 [Table 6.2.1]
- It was most common for participants to access general medical practitioners, specialist drug and alcohol workers, or medical tents at music festivals for this assistance [Table 6.2.1].

Mental health

- Half of the EDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past three years of EDRS samples. In 2017, just over half of those reporting a mental health problem had attended a mental health professional; this is relatively consistent with rates over the past 5 years [Table 6.3.1]
- Using a validated measure of psychological distress, more than one-third of the EDRS sample scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10) [Figure 6.3.1]

Drug treatment

- After steady increases in the proportion of drug information telephone calls relating to methamphetamine use since 2009/10, the rate stabilised in 2015/16, where one in five calls related to methamphetamine. Calls relating to ecstasy have remained at 1% or less over the past decade [Figure 6.2.1]
- According to the Alcohol and other drug treatment minimum dataset, there have been a steady increase in the number of closed treatment episodes in the past 5 years (1100 cases in 2011/12; 2500 in 2015/16). The proportion of cases relating to methamphetamine as a primary drug has increased from 10% in 2011/12 to over 20% in 2015/16. Treatment episodes relating to ecstasy as a principal drug remain at 1-2% of all closed episodes over the past decade. The majority of treatment episodes in Tasmania (40%) continue to relate to alcohol [Figure 6.4.2]

Hospital admissions

- In the most recent data available (2014/15), annual rates of public hospital admissions in Tasmania where methamphetamine was the primary factor contributing to admission approximately half the rate nationally, but increasing (~250 per million in Tasmania); and admissions relating to cannabis were approximately 50% above the national rate (~370 per million in Tasmania) [Figures 6.5.1-3].

6.1 Overdose

Table 6.1.1: Overdose (OD) on both stimulants and depressants among REU, 2013-2017

Overdose (%)	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Overdose on any drug past in 6 months (%)	8	21	14	7	21
Overdose on stimulant drug in past 6 months (%)	4	10	9	2	12
Overdose on depressant drug in past 6 months (%)	4	14	5	5	15

Source: EDRS REU interviews, 2013-2017

Table 6.1.2: Characteristics of last overdose on stimulant and depressant drugs among REU who had experienced an overdose episode in the last six months, 2013-2017

Variable (%)	Stimulant overdose					Depressant overdose				
	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Main drug (%)#	n=3	n=10	n=7	n=2	n=12	n=3	n=14	n=4	n=5	n=15
Ecstasy	-	50	57	50	83	-	-	-	-	-
Meth powder	33	-	-	50	-	-	-	-	-	-
Meth base	-	10	-	-	-	-	-	-	-	-
Crystal meth	33	10	-	-	8	-	-	-	-	-
Alcohol	-	-	-	-	-	33	86	75	60	73
Benzodiazepines	-	-	-	-	8	33	7	25	-	13
Pharm. stimulants	-	-	-	-	-	-	-	-	-	-
Other opioids	-	-	-	-	-	-	-	-	-	7
Heroin	-	-	-	-	-	33	7	-	20	-
Cocaine	-	-	-	-	-	-	-	-	-	-
MDA	33	-	-	-	-	-	-	-	-	-
LSD	-	10	29	-	-	-	-	-	-	-
Other NPS	-	20	14	-	-	-	-	-	-	-
Antipsychotics	-	-	-	-	-	-	-	-	20	7
Other drugs (%)#†	n=3	n=10	n=7	n=2	n=12	n=3	n=14	n=4	n=5	n=15
Ecstasy	100	10	29	-	8	-	7	-	40	20
Meth powder	33	-	14	-	8	-	-	-	-	-
Meth base	-	-	-	-	-	-	-	-	-	-
Crystal meth	-	-	14	50	-	-	-	-	20	-
Alcohol	100	50	71	100	67	33	14	25	20	40
Cannabis	33	20	29	50	42	-	29	50	20	47
Antidepressants	-	-	-	-	-	-	-	-	-	-
Benzodiazepines	-	10	-	-	-	-	-	-	-	7
Amyl nitrite	-	-	-	-	-	-	-	-	-	-
LSD	-	10	-	-	8	-	-	-	-	7
Other opioids	-	10	-	-	8	-	-	25	-	7
Methadone	-	-	-	-	-	-	-	-	-	-
Energy drinks	-	-	-	-	-	-	-	-	-	-
Mushrooms	-	-	-	-	-	-	-	-	20	-
Ketamine	-	20	-	-	-	-	-	-	-	-
Cocaine	-	-	29	-	8	-	-	-	-	-
Heroin	-	-	-	-	-	-	-	-	20	-
Nitrous oxide	-	-	-	-	-	-	-	-	-	7
Last location (%)#†	n=3	n=10	n=7	n=2	n=12	n=3	n=14	n=4	n=5	n=15
Home	33	30	14	-	25	-	14	25	20	40
Friend's home	67	30	14	-	8	67	-	-	20	13
Dealer's home	-	-	-	-	-	-	7	25	-	-
Pub	-	10	14	-	-	-	7	-	40	-
Live music event	-	-	29	50	-	-	-	25	-	7
Nightclub	-	-	-	50	50	-	7	-	-	7
Rave/dance party	-	30	29	-	-	33	7	-	-	-
Outdoors	-	-	-	-	8	-	7	-	-	-
Private party	-	-	-	-	-	-	50	25	20	13
Other	-	-	-	-	8	-	-	-	-	20^
Treatment (%)#†	n=3	n=10	n=7	n=2	n=12	n=3	n=17	n=4	n=5	n=15
None	-	50	43	100	17	67	64	50	60	7
Watched by friends	100	40	14	-	59	33	36	50	40	73
Onsite help	-	-	-	-	-	-	-	-	-	-
Hospital/ambulance	-	-	29	-	25	-	-	-	-	-
Taken to doctor	-	-	-	-	-	-	-	-	-	13
Other	-	20	14	-	16	-	7	-	20	-
Don't know	-	10	-	-	-	-	7	-	-	7
Median hours partying before OD* (range)	12 (8-48)	11 (1-36)	7 (2-24)	-	-	8 (6-10)	6.5 (3-16)	6 6-10	-	-

Source: EDRS REU interviews, 2013-2017 #Among those reporting an overdose episode in last six months; †Multiple responses allowed; ^All listed 'public place' as last location; *Median hours partying before OD data was not collected in 2016 or 2017.

6.2 Help-seeking behaviour

Table 6.2.1: Access to health services in the last six months among REU, 2013-2017

Variable	2013 n=75	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Accessed any health service in last 6 months (%)	53	78	65	68	87
Median number of times accessed services (range)	n=40 3 (1-54)	n=77 4 (1-25)	n=51 3 (1-38)	n=68 4 (1-43)	- - -
Services accessed (%)	n=40	n=77	n=51	n=68	n=87
GP	78	84	86	82	83
Psychologist	23	14	16	19	16
Psychiatrist	5	3	6	10	11
Drug/alcohol counsellor	5	7	4	9	13
Social/welfare worker	10	5	14	7	9
Dentist	28	29	41	28	38
Specialist doctor	10	21	10	12	7
Emergency Department	5	14	8	16	24
Hospital (inpatient)	5	17	8	3	7
Hospital (outpatient)	3	8	6	7	9
Medical tent/First Aid	5	4	12	3	11
Ambulance	3	5	-	4	9
Other health service	10	16	10	19	13
Accessed health service in relation to drug use in last 6 months (%)	9	11	6	17	31
Median number of visits related to drug use (range)	n=7 2 (1-46)	n=11 5 (1-22)	n=5 4 (1-14)	n=17 3 (1-26)	n=31 - -
Services accessed in relation to drug use (%)*	n=7	n=11	n=5	n=17	n=31
GP	43	73	40	59	35
First aid	14	-	-	6	-
Ambulance	-	-	-	6	10
Emergency	-	9	-	12	10
Hospitalisation	-	9	-	12	6
Counsellor	-	-	-	-	-
Drug & alcohol worker	29	46	40	35	39
Psychologist	29	18	40	47	16
Psychiatrist	-	-	-	6	6
Social/welfare worker	14	-	20	12	10
Specialist doctor	14	-	-	6	-
Dentist	-	9	-	6	3
Medical tent at a festival	-	-	-	-	23
Other	-	9	-	-	-
Main drug on last visit (%)*	n=7	n=11	n=5	n=17	-
Alcohol	-	18	-	12	-
Ecstasy	29	9	20	36	-
Methamphetamine	-	27	20	18	-
Cannabis	29	9	40	12	-
Polydrug	14	-	-	18	-
Other opioids	14	-	-	-	-
Pharmaceutical stimulants	-	9	-	-	-
Tobacco	-	9	-	-	-
Other	-	18	-	6	-

Source: EDRS REU interviews, 2013-2017

*Out of the total number of treatment episodes; participants may have attended more than one service. Note: number of visits related to drug use was not recorded in 2017.

6.3 Mental health problems and psychological distress

6.3.1 Mental health problems

Table 6.3.1: Self-reported mental health problems among REU in the preceding 6 months, 2013-2017

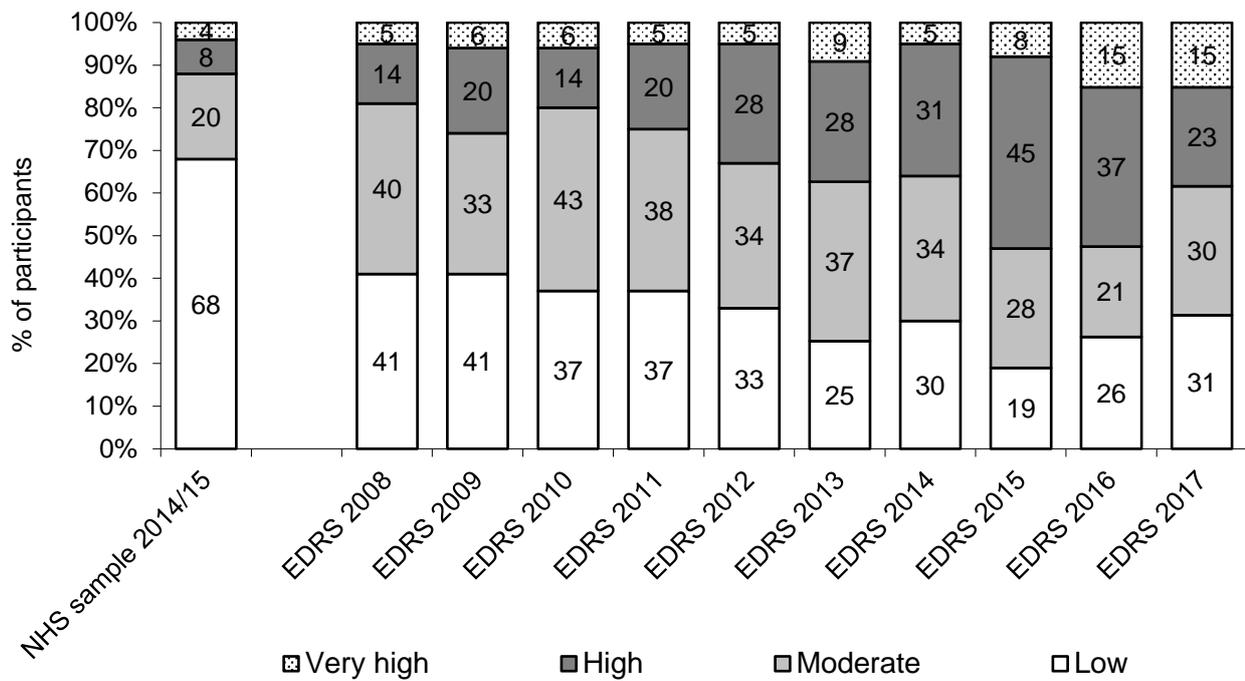
Mental health	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Experienced mental health problem in last 6 months (%)	41	33	45	48	47
Among those with a self-reported mental health problem...					
Mental health problem (%)*	n=31	n=33	n=35	n=47	n=47
Depression	74	61	74	75	72
Anxiety	55	70	66	60	75
Paranoia	13	21	26	13	21
Panic	10	6	3	9	23
Psychosis	-	3	6	-	11
OCD	7	3	-	6	13
Bipolar disorder	3	-	9	-	11
Eating disorder	-	3	-	-	2
Self-harm	-	-	-	-	-
Schizophrenia	3	-	-	-	2
Mania	-	3	-	-	9
Personality disorder	3	3	6	4	6
Phobia	7	6	-	-	6
PTSD	13	9	6	4	11
Other	-	9	3	9	13
Attended mental health professional (%)*	51	42	47	56	57
Prescribed antidepressants (%)*	22	18	13	19	17
Prescribed benzodiazepines (%)*	17	15	13	15	11
Prescribed antipsychotics (%)*	7	3	13	2	4

Source: EDRS interviews, 2013-2017

*Among those who had experienced a mental health problem

6.3.2 Psychological distress

Figure 6.3.1: Responses to the K10 questionnaire in the National Health Survey 2011/12 (Tasmania, aged 18-24) and EDRS, 2008-2017

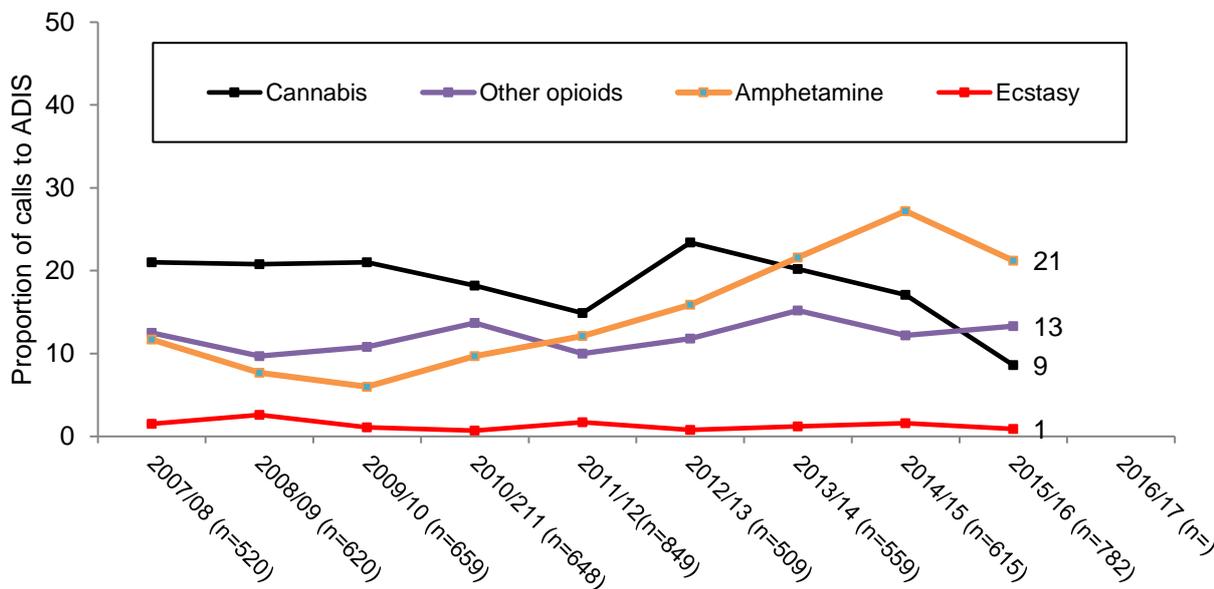


Source: EDRS interviews, 2008-2017; National Health Survey, 2014/15

6.4 Drug treatment indicator data

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

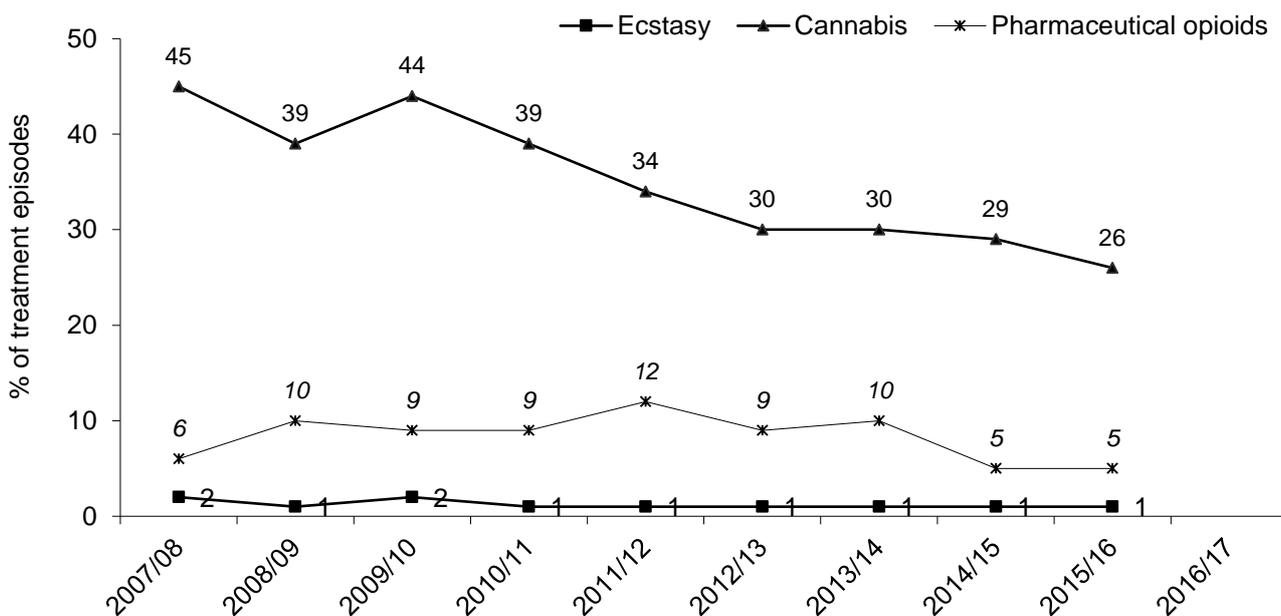
Figure 6.4.1: Percentage of calls to ADIS referring to persons using specific drugs, 2007/08-2016/17



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

6.4.2 NMDS treatment episode data

Figure 6.4.2: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Closed treatment episodes by principal drug of concern, 2007/08-2016/17

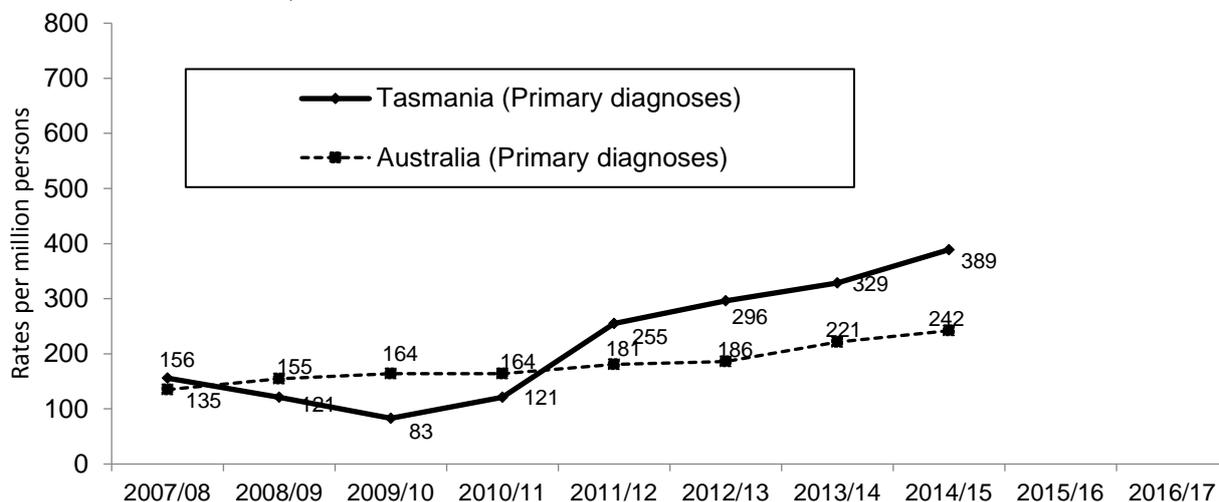


Source: Australian Institute of Health and Welfare. Data from 2016/17 not available at time of publication

6.5 Hospital admissions

6.5.1 Cannabis

Figure 6.5.1: Public hospital admissions among persons aged 15-54 where cannabis was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17

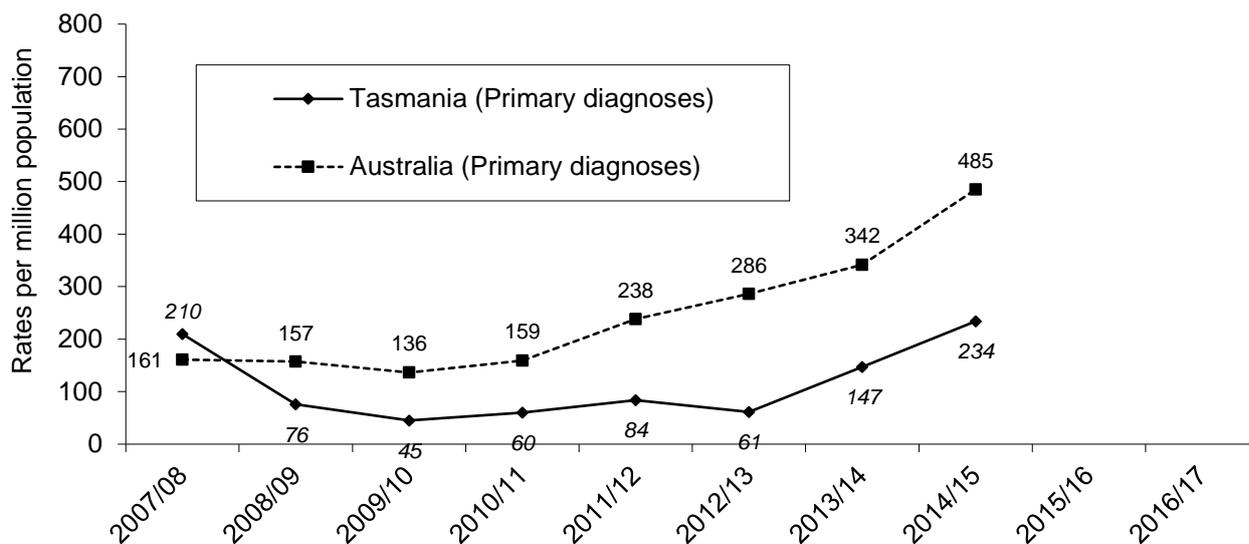


Source: Roxburgh & Breen, 2017

Note: 2015/16 and 2016/17 data were not available at the time of publication

6.5.2 Methamphetamine

Figure 6.5.2: Public hospital admissions among persons aged 15-54 where methamphetamine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17

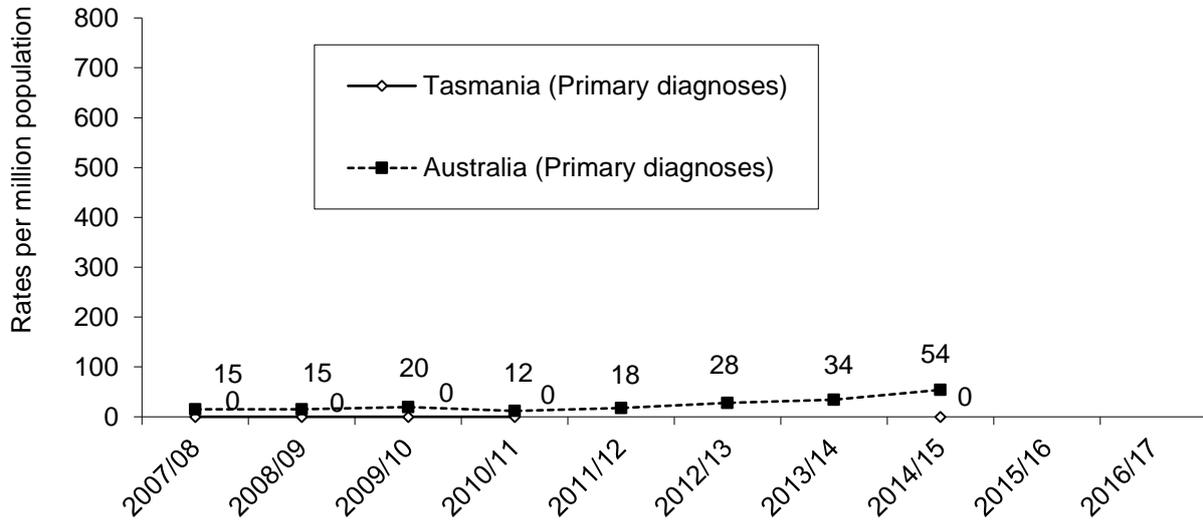


Source: Roxburgh & Breen, 2017

Note: 2015/16 and 2016/17 data were not available at the time of publication

6.5.3 Cocaine

Figure 6.5.3: Public hospital admissions among persons aged 15-54 where cocaine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17



Source: Roxburgh & Breen, 2017

Note: 2015/16 and 2016/17 data were not available at the time of publication

7.0 RISK BEHAVIOUR

 <p>Sexual risk behaviour</p>	<ul style="list-style-type: none"> Half of the participants had casual sex while affected by substances in the past 6 months. This is consistent with the rates in previous EDRS samples. Rates of consistent protective barrier use during these encounters has fallen over the past 5 years, only reported by 20% in 2017, compared with over 40% in 2013. Most notably, 30% never used a protective barrier during casual sex in 2017, compared with half this rate in 2016. Rates of recent engagement in sexual health checkups has increased over the past 5 years, from 25% in 2013 to 56% in 2017. [Table 7.2.1]
 <p>Driving Risk</p>	<ul style="list-style-type: none"> In 2017, 80% of participants had driven a vehicle in the past six months; of these, just over one-third reported driving while over the legal alcohol limit and 40% had driven soon after consuming illicit substances. These rates are similar to those seen over the past 5 EDRS surveys Just over 10% of drivers in the EDRS sample had experienced roadside drug testing in the previous six months; this is relatively consistent with rates over the past 5 years [Table 7.3.1]

7.1 Injecting drug use

Table 7.1.1: Injecting risk behaviour during the preceding 6 months among REU, 2013-2017

Variable (%)	2013 n=8	2014 n=8	2015 n=8	2016 n=10	2017 n=8
Injected last 6 months [#] (%)	11	8	10	10 [#]	8 [#]
Used needle after someone [#]	n=1	n=1	n=0	n=2	n=0
Lent a needle [#]	-	-	-	n=1	n=1
Injected a partner/friend after injecting self [#]	-	-	-	n=4	n=5
Injected by somebody else after injecting themselves [#]	-	-	-	n=1	n=3

Source: EDRS interviews, 2013-2017

Note: [#]Prior to 2016, injecting risk behaviour data during the six months prior to interview was collected, whereas in 2016 and 2017 risk behaviours during the past month prior to interview were collected. Given that all data relates to n≤10, only n are reported, not %.

7.2 Sexual risk behaviour

Table 7.2.1: Sexual activity, protective barrier use, and sexual health among REU, 2013-2017

Variable (%)	2013 n=75	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Casual sex past 6 months (%)	56	62	63	62	61
Number of casual partners (%)*	n=42	n=61	n=49	n=62	n=61
One partner	38	20	16	18	23
Two partners	19	25	29	24	23
Three-five partners	29	34	39	37	39
Six-ten partners	14	13	16	19	10
More than ten partners	-	8	-	2	5
Casual sex with drugs/alcohol (%)*	53	93	90	95	89
Number of times (%)#	n=40	n=57	n=44	n=59	n=53
Once	15	7	2	3	9
Twice	20	16	32	17	13
Three-five times	25	35	34	34	38
Six-ten times	33	21	23	29	15
More than ten times	8	21	9	27	25
Drugs used last time (%)#	n=40	n=57	n=44	n=58	n=54
Ecstasy	63	68	60	64	32
Cannabis	25	35	16	24	39
Alcohol	48	98	96	85	91
Meth. powder	8	19	2	5	-
Meth. base	-	2	-	-	-
Crystal meth	-	2	5	12	6
Cocaine	3	4	-	9	2
LSD	5	-	9	9	7
GHB	-	-	-	-	-
Amyl nitrite	-	-	-	2	-
Nitrous oxide	-	2	-	-	6
Methadone	3	4	-	-	2
Benzodiazepines	3	4	-	-	6
Mushrooms	-	2	-	3	-
Pharm. stimulants	5	-	2	-	-
MDA	-	2	-	2	-
Mephedrone	-	4	1	-	-
Methylone	-	-	-	-	-
Heroin	-	-	-	-	-
Other	3	5	2	2	4
Protective barrier use under influence (%)#	n=40	n=57	n=44	n=59	n=54
Always	43	28	16	17	20
Never	18	16	18	15	30
Inconsistent or rare use	39	56	66	68	50
Ever had sexual health check (%)	n=75	n=98	n=78	n=100	n=100
No	45	43	45	39	25
Yes (in the last year)	25	38	28	36	56
Yes (more than 1 year ago)	27	19	27	25	19
Don't know	3	-	-	-	-
Ever diagnosed with an STI (%)	n=75	n=98	n=78	n=100	n=100
No	87	80	83	83	88
Yes (in the last year)	4	7	5	4	4
Yes (more than 1 year ago)	7	13	12	13	8
Don't know	3	-	-	-	-

Source: EDRS REU interviews, 2013-2017

*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 Driving risk behaviour

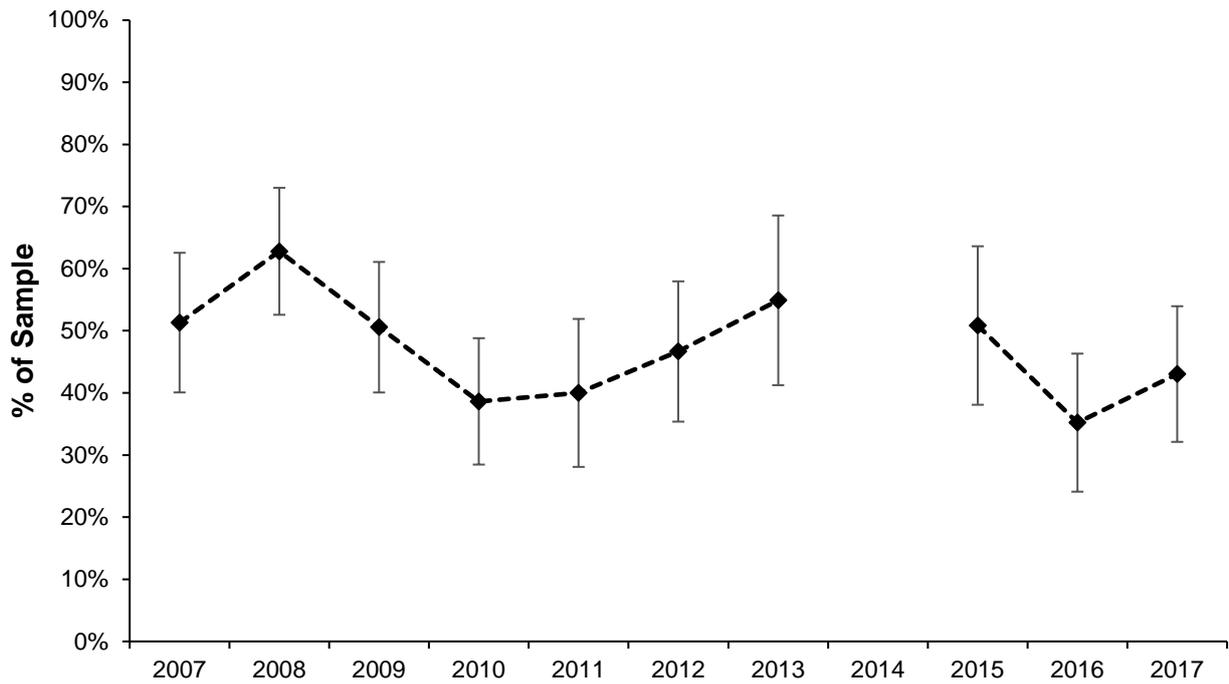
Table 7.3.1: Driving under the influence (DUI) of alcohol and other drugs among REU who had driven a car in the last six months, 2008-2017

Variable (%)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Driven a vehicle in the past 6 months (%)	86	87	88	87	75	67	-	76	71	79
Among those who have recently driven a vehicle	n=86	n=87	n=88	n=65	n=75	n=51		n=59	n=71	n=79
Driven over legal alcohol limit past 6 months (%)	49	59	48	37	47	26	-	40	25	34
Median times driven over legal limit past 6 months# (range)	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)	- - -	n=27 3 (1-100)
Breath tested past 6 months (%) If tested, % over limit	40 -	56 15	61 7	50 -	40 10	29 7	- -	44 4 ^a	- -	58 9
Driven soon after using any drug in past 6 months (%)	63	51	39	40	47	55	-	51	35	43
Median times DUI of drugs in last 6 months* (range)	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)	- - -	n=34 3.5 (1-180)
Saliva tested last 6 months (%) If tested, % tested positive	2 -	2 -	5 -	- -	11 -	16 25	- -	5 -	- -	13 30
Drugs DUI last 6 mths (%)*[^]	n=54	n=44	n=34	n=26	n=35	n=28	-	n=30	-	n=34
Cannabis	52	48	59	81	83	82	-	77	-	85
Ecstasy	83	71	62	27	51	25	-	37	-	24
Meth. powder	13	7	12	23	46	14	-	3	-	-
Meth. base	4	7	6	4	9	4	-	-	-	-
Crystal meth	2	9	-	4	3	4	-	-	-	9
Benzodiazepines	6	5	-	4	-	7	-	-	-	9
Psychedelic mushrooms	6	5	6	4	-	-	-	-	-	-
LSD	13	11	9	8	11	4	-	17	-	6
Amyl nitrite	4	-	-	-	-	-	-	-	-	-
Nitrous oxide	4	7	-	-	-	-	-	-	-	3
Cocaine	2	2	3	-	9	-	-	3	-	3
Ketamine	-	-	-	-	-	-	-	3	-	-
Other opioids	2	2	3	12	-	4	-	-	-	9
Pharmaceutical stimulants	2	-	-	-	-	4	-	3	-	-
GHB	-	-	-	-	-	-	-	-	-	-
Methadone	2	-	3	-	-	-	-	-	-	3
2CI/2CB/2CE	-	2	-	-	-	-	-	-	-	-
Mephedrone	-	-	12	-	-	-	-	-	-	-
Methylone	-	-	3	-	-	-	-	-	-	-
Heroin	-	-	-	8	-	4	-	-	-	3

Source: EDRS REU interviews, 2013-2017. Note: questions not asked in 2014

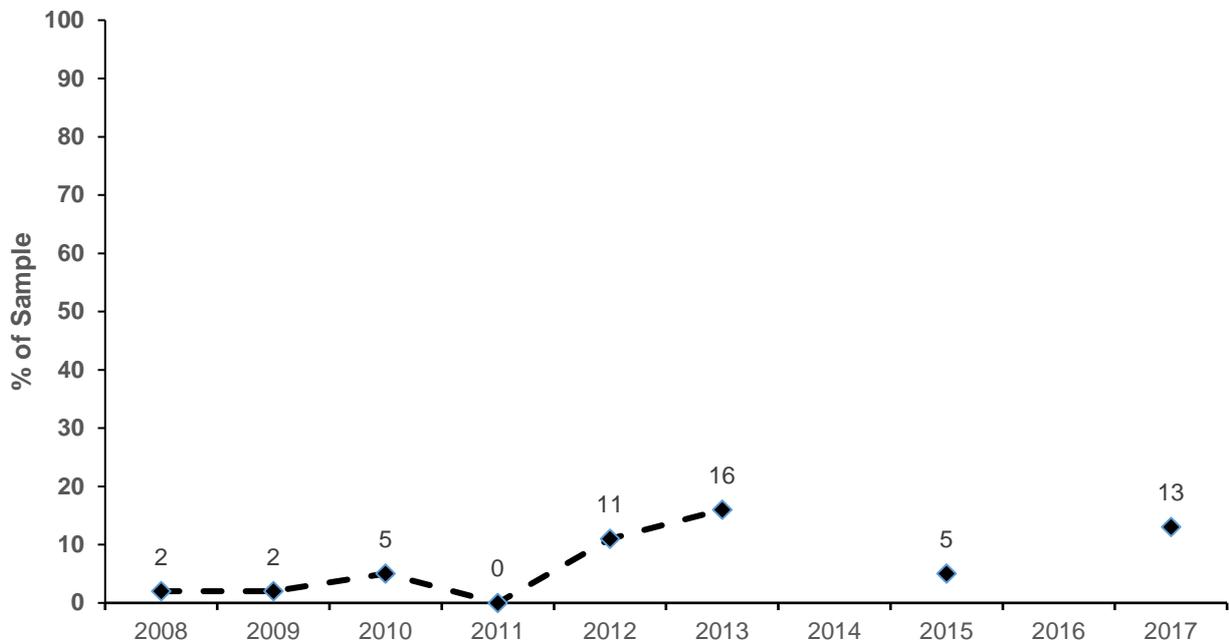
#Among those who had driven while over the legal limit of alcohol in the past 6 months; *Among those who had driven under the influence of drugs in the past 6 months; ^a Refers to most recent occasion in 2015; [^]Drugs used on any occasion of DUI of drugs, not necessarily simultaneously.

Figure 7.3.1: Proportion of REU who recently drove soon after drinking, among those who recently drove, 2008-2017



Source: EDRS REU interviews, 2008-2017 (note: questions not asked in 2014)

Figure 7.3.2: Proportion of REU recently exposed to roadside drug testing, among those who recently drove 2008-2017



Source: EDRS REU interviews, 2008-2017 (note: questions not asked in 2014 and 2016)

Table 7.3.2: Tasmania Police roadside drug testing statistics, 2011/12-2016/17

Roadside drug tests	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of roadside drug tests conducted	1,678	1,698	1,819	3,431	3,738	3,726
Proportion of drivers tested who returned positive tests for prohibited drugs (%)	34.7	30.9	35.1	56.1	51.8	55.2

Source: Department of Police and Emergency Management Annual Reports, 2011-2017

Table 7.3.3: Tasmania Police positive roadside drug test results, 2012/13-2016/17

Variable (%)	Oral Fluid Testing					Blood Testing				
	2012/ 13	2013/ 14	2014 /15	2015 /16	2016 /17	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17
Drugs detected in positive tests (%)	n= 480	n= 535	n= 1,924	n= 2,294	n= 2,152	n= 498	n= 650	n= 1,862	n= 2,179	n= 2,055
Amphetamine	44	44	37	41	-	33	34	41	48	-
Cocaine	3	1	1	1	-	-	-	-	<1	-
Methamphetamine	17	28	27	31	-	39	41	49	55	-
Cannabis	57	71	65	60	-	76	77	74	66	-
Ecstasy (MDMA)	-	-	<1	<1	-	2	<1	2	3	-
Opiates	8	5	6	6	-	5	4	6	6	-
Benzodiazepines	n/a	n/a	n/a	n/a	-	7	3	1	<1	-
Ketamine	n/a	n/a	n/a	n/a	-	2	<1	<1	<1	-

Source: Tasmania Police State Intelligence Services, 2012-2017; data from 2016/17 not available at time of publication

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.

7.4 Binge drug use

Table 7.4.1: Binge drug use among REU, 2013-2017

Variable	2013 n=76	2014 n=100	2015 n=78	2016 n=100	2017 n=100
Binged on any stimulant drug, past 6 months (%)#	33	24	19	29	25
Median times binged, past 6 months* (range)	2 (1-14)	3 (1-40)	5 (1-24)	3 (1-24)	2 (1-30)
Median length (days) biggest binge, past 6 months* (range)	2 (2-4)	3 (2-8.5)	3 (2-5)	3 (2-8)	3 (2-8)
Drugs used in binge session (%)*					
Ecstasy	68	54	73	66	64
Meth. powder	44	46	13	14	24
Meth. base	4	13	-	-	-
Crystal meth.	20	33	33	38	32
Pharm. stimulants	20	4	7	3	8
Cocaine	16	17	-	7	12
LSD	24	29	27	17	16
Ketamine	4	13	7	-	-
MDA	4	-	7	-	-
GHB	-	-	-	-	-
Amyl nitrite	16	-	-	-	-
Nitrous oxide	8	13	13	3	8
Cannabis	72	58	33	59	60
Alcohol	88	88	93	83	72
Benzodiazepines	20	25	13	17	16
Mushrooms	4	8	-	-	8
2CI	-	-	-	-	-
Other opioids	-	4	7	-	-
Mephedrone	4	4	-	-	-
Methylone	-	-	-	-	-
DOI	-	-	-	-	-
BZP	-	-	-	-	-
OTC codeine	-	-	-	-	4
Energy drinks	28	17	13	31	36
Other	12	17	7	10	24

Source: EDRS REU interviews, 2013-2017

#Used for 48 hours continuously without sleep; *Among those who had binged in the preceding 6 months.

8.0 CRIMINAL ACTIVITY, POLICING, AND MARKET CHANGES



Law enforcement related trends

Key Points

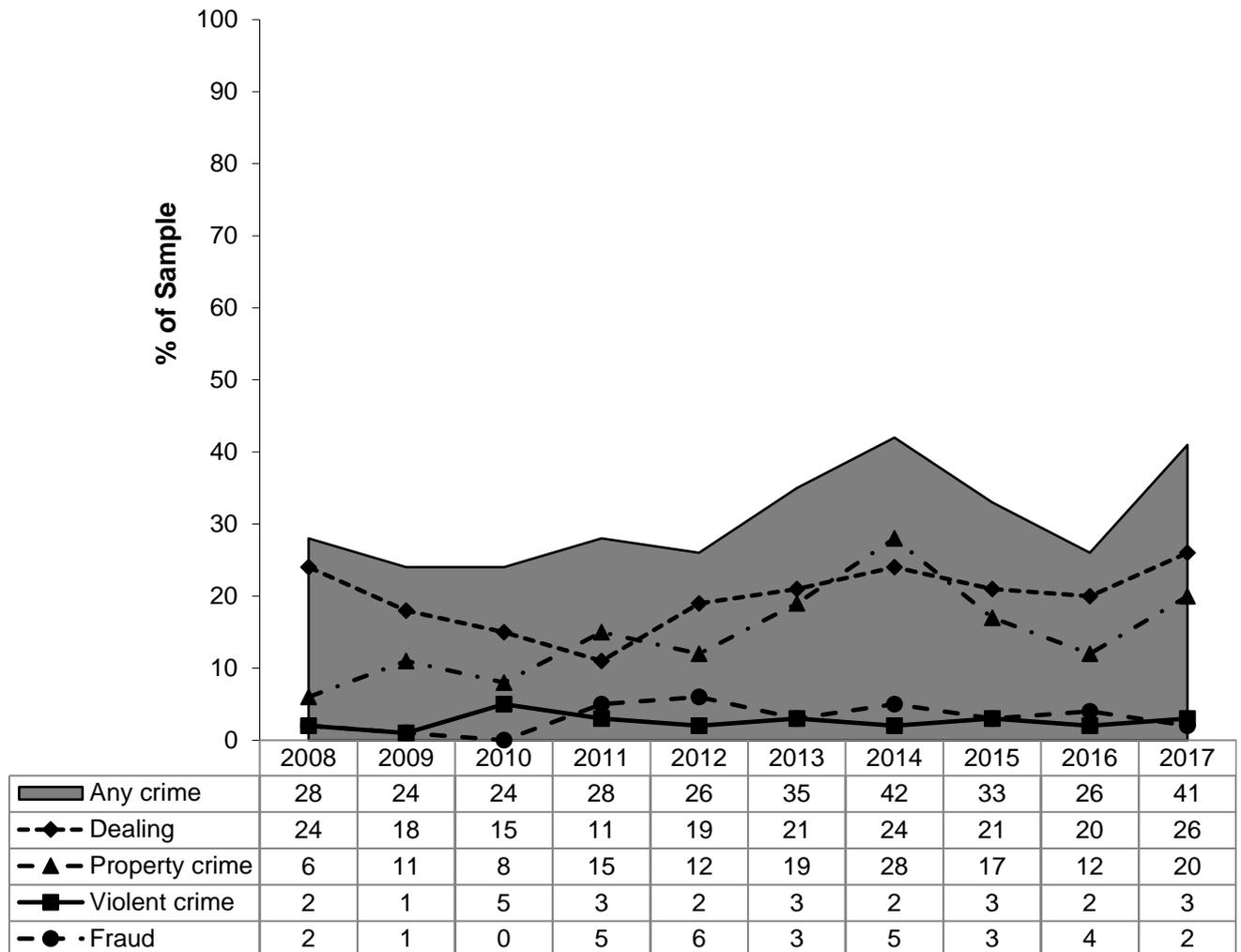
- Just over 40% participants self-reported engaging in crime in the past month, most commonly dealing for cash profit and property crime. [Figure 8.1]

Tasmania Police arrests

- The number of ecstasy-related arrests increased over the past 5 years from less than 10 per annum during 2010/11-2013/14 to 132 in 2015/16 and 64 in 2016/17 [Figure 8.2.1]
- Methamphetamine-related arrests increased sharply in 2014/15 from a baseline or around 120 per annum in the 5 year period prior to 2014/15 to over 400 cases per annum. Rates of methamphetamine related arrests have remained stable between 2014/15-2016/17 [Figure 7.2.2]
- The numbers of cannabis related arrests remained stable over the past three years at over 1,400 per annum [Figure 7.2.4]

8.1 Reports of criminal activity among PWID participants

Figure 8.1.1: Self-reported criminal activity in the preceding month amongst REU, 2008-2017



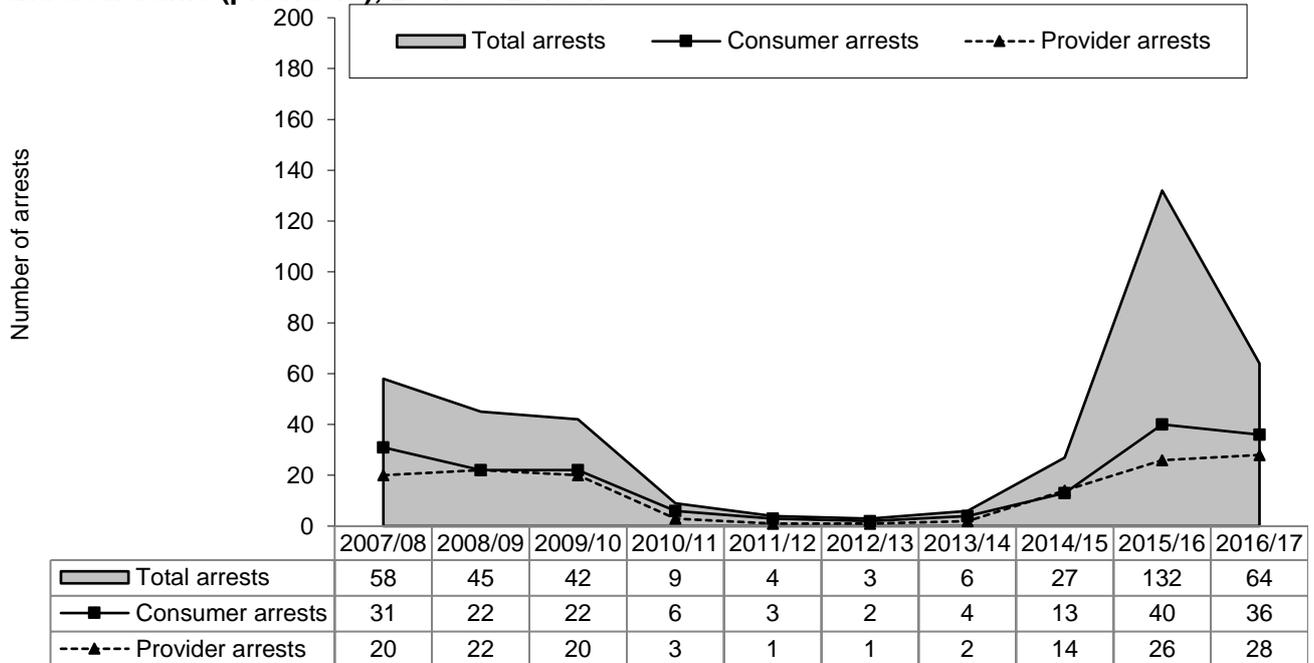
Source: EDRS REU interviews, 2008-2017

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

8.2 Drug-related consumer and provider arrests made by Tasmania Police

8.2.1 Ecstasy

Figure 8.2.1: Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 2007/08-2016/17

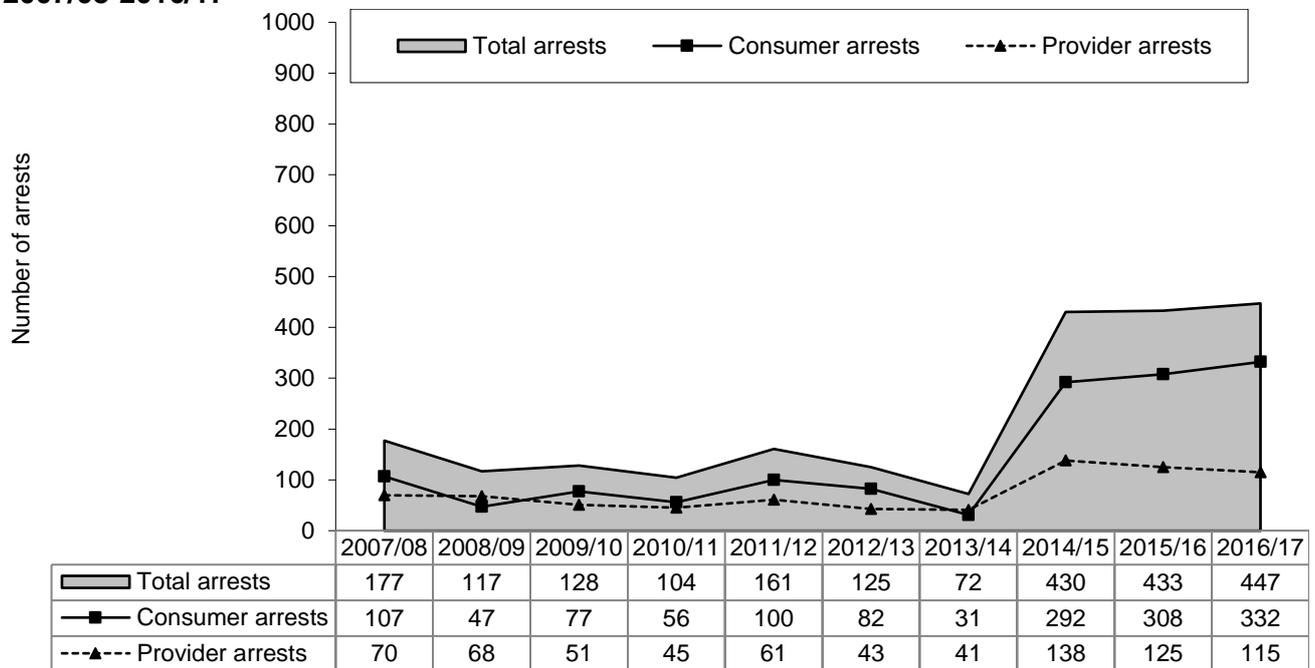


Source: State Intelligence Services, Tasmania Police, 2007-2017

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

8.2.2 Methamphetamine

Figure 8.2.2: Consumer and provider arrests for methamphetamine and related substances, 2007/08-2016/17

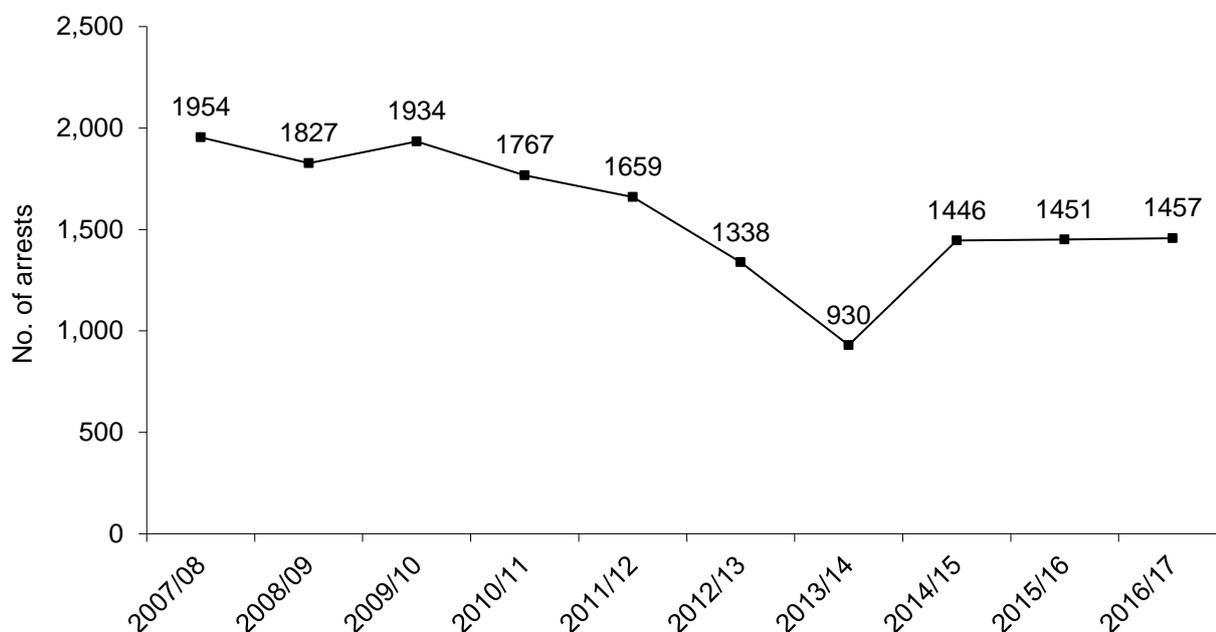


Source: ACIC, 2007-2017

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

8.2.3 Cannabis

Figure 8.2.3: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2007/08-2016/17



Source: ACIC, 2007-2016

Note: 2016/17 data was not available at the time of publication.

8.2.4 Cocaine

Table 8.2.1: Consumer and provider arrests for cocaine, 2007/08-2016/17

Arrests (n)	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016/17
Consumer	0	1	1	0	1	1	0	2	6	7
Provider	0	0	2	1	1	1	1	4	3	2
Total	0	1	3	1	2	2	1	6	9	9

Source: ACIC, 2007-2017

8.2.5 Hallucinogens

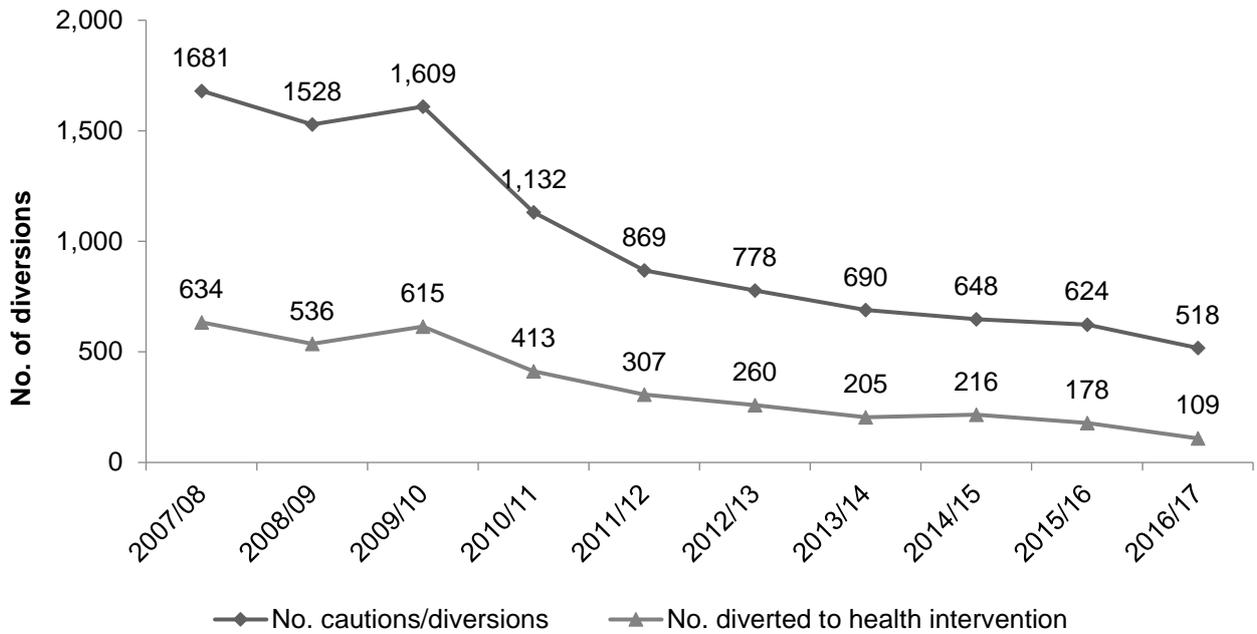
Table 8.2.2: Consumer and provider arrests for hallucinogens, 2007/08-2016/17

Arrests (n)	2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016/17
Consumer	1	2	7	6	1	0	3	6	8	8
Provider	2	0	1	2	2	3	1	4	1	2
Total	3	2	8	8	3	3	4	10	9	10

Source: ACIC, 2007-2017

8.3 Illicit drug diversion data

Figure 8.3.1: Drug diversions or cautions issued state-wide by Tasmania Police, 2007/08-2016/17



Source: Alcohol and Drug Services, Tasmanian Department of Health and Human Services, 2007-2017

Note: data for numbers diverted to health interventions for 2016/17 is preliminary and subject to revision