EDRS

TASMANIAN DRUG TRENDS 2023

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

TASMANIAN DRUG TRENDS 2023: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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Abbreviations

1,4-BD	1,4-Butanediol
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
2C-B	4-bromo-2,5-dimethoxyphenethylamine
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler Psychological Distress Scale
LSA	Lysergic Acid Amide
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NBOME	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Service
NPS	New Psychoactive Substances
NSP	Needle Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
PMMA	Polymethyl methacrylate
PTSD	Post-Traumatic Stress Disorder

REDCap	Research Electronic Data Capture
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
STI	Sexually transmitted infection
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Hobart Tasmania (TAS) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants recruited via social media and word-of mouth in Hobart, TAS. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2023 from April-July. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

Sample Characteristics

The EDRS sample (N=65) recruited from Hobart, Tasmania, in 2023 was similar to the sample in 2022 and in previous years. Gender remained stable between 2022 and 2023, with 55% identifying as male (48% in 2022), and participants had a median age of 26 years (26 years in 2022). Most participants held tertiary qualifications (65%; 60% in 2022), with one quarter (26%) reporting full-time employment (28% in 2022) and 43% reporting part time/casual employment (38% in 2022). Accommodation remained stable relative to 2022, with half the sample (49%; 56% in 2022) living in a rental house/flat or residing with their parents/at their family home (25%; 17% in 2022) at the time of interview. Drug of choice and drug used most often remained stable between 2022 and 2023, with one quarter (25%) nominating ecstasy as their drug of choice (22% in 2022), and cannabis was reported as the drug used most often in the month preceding interview (34%; 38% in 2022).

Ecstasy

The ecstasy market has diversified over previous years, with the per cent reporting any recent use (i.e., past six months) of ecstasy pills declining and the per cent reporting recent use of other forms of ecstasy increasing since 2014. However, in the past few years, there has been a decline of ecstasy use in most forms. Notwithstanding that general trend, recent use of ecstasy pills (48%), capsules (46%), crystal (55%) and powder (26%) all remained stable from 2022. Frequency of use and price of all four forms also remained stable. There were significant increases in the perceived purity of ecstasy pills ($p=0.001$), capsules ($p=0.045$) and crystal ($p=0.042$). One third perceived the purity of pills and capsules as 'high' (33% and 31%, respectively), with 55% perceiving the purity of crystal to be 'high.' There were also significant increases in the perceived availability of ecstasy pills ($p=0.013$), capsules ($p=0.001$) and crystal ($p=0.005$), whereby ecstasy pills (45%), capsules (44%) and crystal (43%) were reported as being 'very easy' to obtain. No significant market changes were reported for ecstasy powder in 2023.

Methamphetamine

Recent use of any methamphetamine has been declining amongst the Hobart sample since the commencement of monitoring, however the per cent reporting any recent use has remained stable since 2020. Two fifths (40%) of the sample reported recent use of any methamphetamine in 2023, stable relative to 39% in 2022. Recent use of all methamphetamine forms remained stable between 2022 and 2023. There was, however, a significant increase in the frequency of use of methamphetamine crystal ($p=0.024$), with participants reporting use on a median of 24 days (4 days in 2022; $p=0.024$). Frequency of use remained stable for methamphetamine powder and base. Perceived price, purity and

availability of all methamphetamine forms remained stable between 2022 and 2023.

Non-Prescribed Pharmaceutical Stimulants

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has generally increased since the commencement of monitoring. In 2023, one third (34%) of participants reported recent use, stable from 2022 (40%).

Cocaine

Recent use of cocaine has increased over the years of monitoring. In 2023, three quarters (75%) reported recent use, stable from 78% in 2022. Powder cocaine remained the most commonly reported form used (96%; 100% in 2022), with snorting remaining the most common route of administration (96%; 96% in 2022). Perceived price, purity and availability of cocaine remained stable between 2022 and 2023.

Cannabis and/or Cannabinoid-Related Products

At least three in four participants have reported any recent use of non-prescribed cannabis and/or cannabinoid-related products each year since 2003 (noting some changes in question wording over time). Seventy-eight per cent of participants reported non-prescribed recent use in 2023, stable relative to 2022 (81%). Frequency of use amongst those who had recently used cannabis and/or cannabinoid-related products in the preceding six months significantly decreased to a median of 25 days in 2023 (54 days in 2022; p=0.039). Weekly or more frequent use was reported by 52% (67% in 2022), with daily use reported by 14% (28% in 2022). Hydroponic and bush cannabis remained stable as the most commonly consumed forms of cannabis (64% and 68%,

respectively), with smoking remaining the most common route of administration (92%; 90% in 2022). Perceived price, purity and availability of hydroponic and bush cannabis remained stable between 2022 and 2023.

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine (51%; 38% in 2022) and DMT (10%; 10% in 2022) remained stable in 2023, as did frequency of use. Thirty-eight per cent of participants reported recent use of LSD in 2023, a significant decrease from 57% in 2022 (p=0.042). Frequency of LSD use also significantly decreased to a median of two days (3 days in 2022; p=0.045). Perceived price, purity and availability of non-prescribed ketamine, LSD and DMT remained stable between 2022 and 2023.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has remained low in recent years, with few participants (n≤5) reporting recent use in 2022 and 2023. These are the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS.

Other Drugs

Recent use of other non-prescribed pharmaceutical drugs remained relatively stable from 2022 to 2023. Recent use of non-prescribed codeine (18%; 15% in 2022) and any non-prescribed benzodiazepines (32%; 36% in 2022) remained stable, as did the frequency of use. Two fifths (40%) of the sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, with the frequency of use significantly decreasing to a median of three days (4 days in 2022; p=0.040). Eleven per cent reported recent use of GHB/GBL/1,4-BD, a significant increase from 2022, whereby no

participants reported recent use (*p*=0.005). Fifty-four per cent reported recent use of non-prescribed e-cigarettes (56% in 2022), with frequency of use significantly increasing to a median of 60 days (24 days in 2022; *p*=0.011).

Drug-Related Harms and Other Behaviours

o On the last occasion of ecstasy or related drug use, 74% of participants reported concurrent use of two or more drugs (excluding tobacco and e-cigarettes).

o One quarter (27%) of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

o Almost four fifths (78%) of participants obtained an AUDIT score of eight or more, indicative of hazardous alcohol use.

o Past year non-fatal stimulant overdose remained stable in 2023 (23%; 24% in 2022), as did past year non-fatal depressant overdose (23%; 28% in 2022) .

o In 2023, 64% of the sample reported that they had ever heard of naloxone, a significant increase from 38% in 2022 (*p*=0.007).

o Reported past month injecting drug use remained low (n≤5), as did current drug treatment engagement (11%).

o In 2023, few participants (n≤5) who reported recent ecstasy use obtained an SDS score of >3, while 27% of participants reporting recent methamphetamine use obtained a score of >4, indicating possible dependence on these substances.

o Four fifths (81%) of the sample reported engaging in sexual activity in the past four weeks, of which 32% reported penetrative sex without a condom where they did not know the HIV status of their partner, a

significant increase from 2022 (n≤5; *p*=0.019).

o Fifty-four per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months, with anxiety (68%) and depression (53%) most commonly reported.

o Seventeen per cent of the sample reported a score of 30 or more on the K10, indicating very high psychological distress.

o Sixteen per cent of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, a significant decrease from 2022 (32%; *p*=0.033).

o Twenty-eight per cent of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview.

o In 2023, 85% had been tested for SARS-CoV-2 in the past 12 months, with 46% of participants testing positive to COVID-19 in the 12 months preceding interview.

o Amongst recent drivers, one quarter (26%) reported driving while over the perceived legal limit of alcohol, and 40% reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months.

o Thirty per cent of the sample reported 'any' crime in the month preceding interview, with property crime (19%) and selling drugs for cash profit (16%) remaining the two main forms of criminal activity in 2023.

o Face-to-face contact was the most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (73%; 73% in 2022), followed by social networking applications (51%; 67% in 2022).

2023 SAMPLE CHARACTERISTICS

In 2023, 65 participants, recruited from Hobart, TAS were interviewed.

26 years   55%

The median age in 2023 was 26, and 55% identified as male.

37%
26%
28%

Current students
Full time work
Unemployed
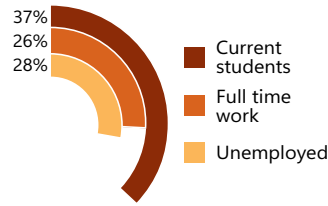
In the 2023 sample, 37% were current students, 26% were employed full time and 28% were unemployed.

Ecstasy

Cocaine

Other stimulants

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

PAST 6 MONTH USE OF OTHER DRUGS

Ketamine	LSD *	Hallucinogenic mushrooms	GHB/GBL/ 1,4-BD **	Amyl nitrite	Nitrous oxide (nangs)	E-cigarettes
2022: 38%	2022: 57%	2022: 51%	2022: 0%	2022: 35%	2022: 26%	2022: 56%
2023: 51%	2023: 38%	2023: 40%	2023: 11%	2023: 49%	2023: 40%	2023: 54%

*p<0.050; **p<0.010; ***p<0.001

DRUG-RELATED HARMS AND RISKS

40%
26%

Drove within 3 hours of consuming illicit drugs
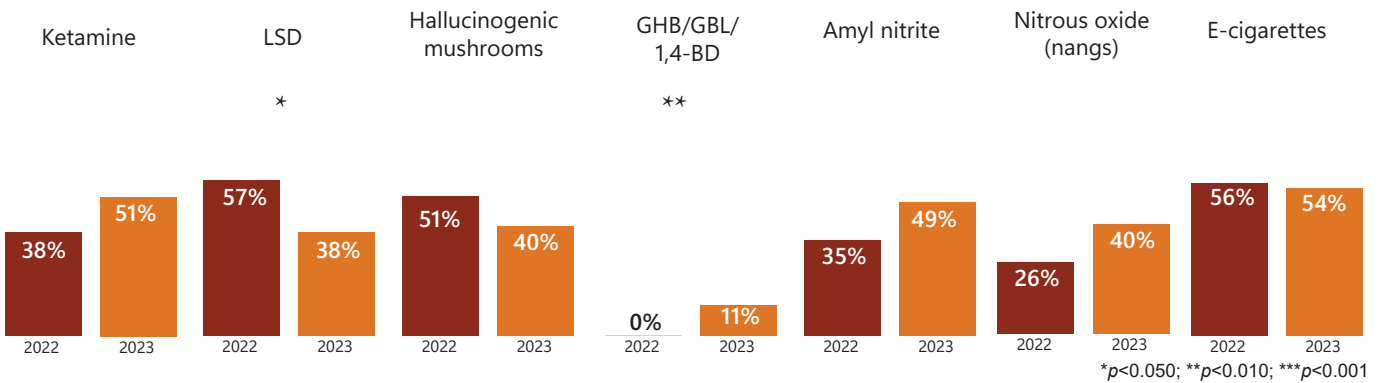
Drove while over the legal limit of alcohol
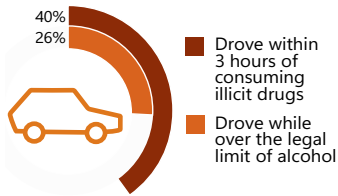
Among recent drivers, 40% reported driving a vehicle within 3 hours of consuming illicit drugs and 26% while over the legal limit of alcohol.

23%
Depressant

23%
Stimulant

In the 2023 sample, 23% reported a non-fatal depressant overdose in the previous 12 months, and 23% reported a non-fatal stimulant overdose.

79%
2022

78%
2023
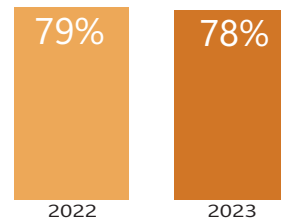
78% of the sample obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use (79% in 2022).

74%
30%
17%

Two or more drugs
Depressants and stimulants
Stimulants only
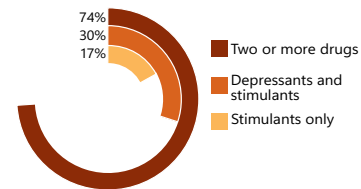
On the last occasion of ecstasy or related drug use, 74% used two or more drugs, 30% used both stimulants and depressants, and 17% used stimulants only.

OTHER BEHAVIOURS

54%
Self reported MH issue

20%
Seen a MH professional
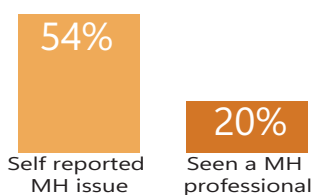
In the total sample, 54% self reported a mental health issue and 20% had seen a mental health professional in the past 6 months.

68%
53%
21%

Anxiety
Depression
PTSD
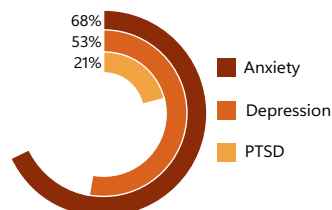
Of those who commented, the three most common mental health issues reported were anxiety (68%), depression (53%) and PTSD (21%).

34%
2022

27%
2023
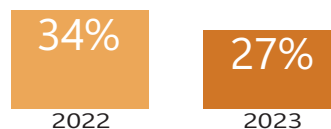
27% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

28% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police or a GP.

ECSTASY
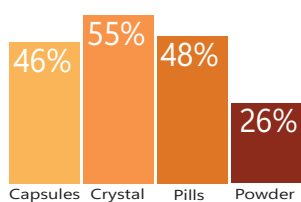
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2023.

- Capsules 46%
- Crystal 55%
- Pills 48%
- Powder 26%
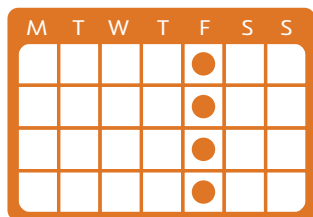
Of those who had recently consumed ecstasy, 17% used it weekly or more frequently.
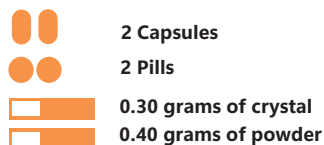
Median amounts of ecstasy consumed in a 'typical' session using each form.

- 2 Capsules
- 2 Pills
- 0.30 grams of crystal
- 0.40 grams of powder
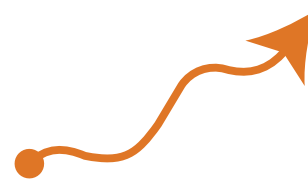
In 2023, more participants perceived the availability of ecstasy crystal, pills and capsules as 'easy' or 'very easy' relative to 2022.

METHAMPHETAMINE
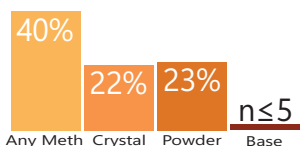
Past 6 month use of any methamphetamine, crystal, powder and base in 2023.

- Any Meth 40%
- Crystal 22%
- Powder 23%
- Base n≤5
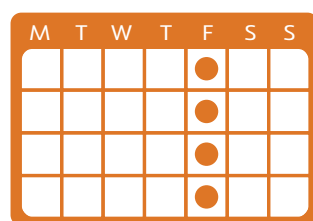
Of those who had recently consumed methamphetamine, 31% used it weekly or more frequently.
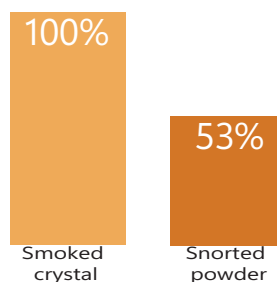
100% of participants who had recently used crystal smoked it. Of those who had recently used powder, 53% snorted it.

- Smoked crystal 100%
- Snorted powder 53%

94%
Crystal was 'easy' or 'very easy' to obtain
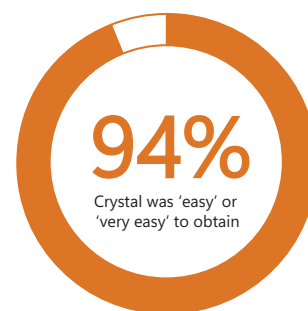
Of those who could comment 94% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE
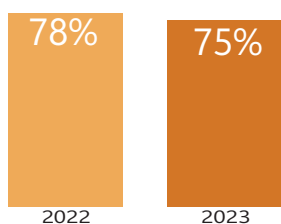
Past 6 month use of any cocaine remained stable between 2022 and 2023.

- 2022 78%
- 2023 75%
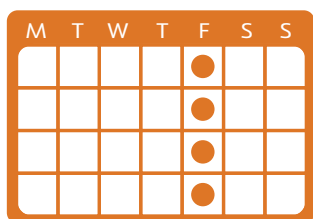
Of participants who had consumed cocaine recently, few (n≤5) reported weekly or more frequent use.

In 2023, the median price of a gram of cocaine was $350.

68%
Cocaine was 'easy' or 'very easy' to obtain
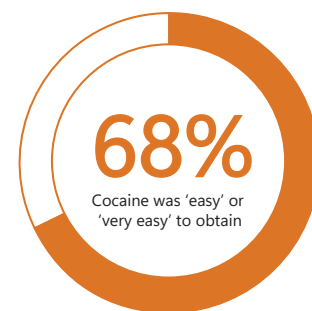
Of those who could comment 68% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS
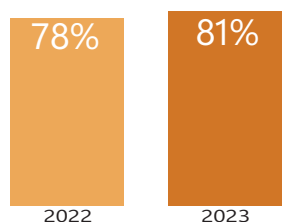
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable between 2022 and 2023.

- 2022 78%
- 2023 81%
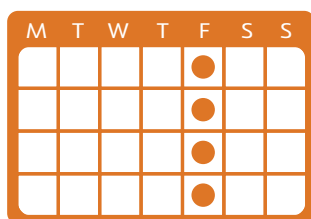
Of those who had consumed non-prescribed cannabis recently, 52% reported weekly or more frequent use.

Of participants who had consumed cannabis in the last 6 months, 92% had smoked it (42% swallowed and 12% vaped it).
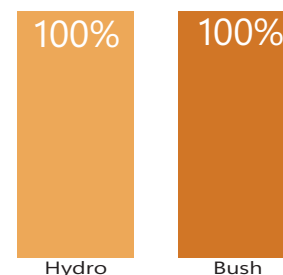
Of those who could comment, all participants perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

- Hydro 100%
- Bush 100%

Background

The [Ecstasy and Related Drugs Reporting System (EDRS)](#) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of [Drug Trends](#). The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy/or other illicit stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in Perth, Western Australia (WA)), ii) have used ecstasy and/or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and in later years were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2023: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all capital cities in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, WA) to 18 years old.

From 2021 onwards, a hybrid approach was used, with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2023 EDRS Sample

Between 13 April-13 July 2023, a total of 708 participants were recruited across capital cities nationally, with 65 participants interviewed in Hobart, TAS between 20 April and 7 July 2023 (n=72 in 2022). A total of 53 interviews (82%) were conducted via telephone (n=43 in 2022; 60%); the remainder were conducted face-to-face.

Ten per cent of the 2023 Hobart sample completed the interview in 2022, and 18% of the 2022 Hobart sample completed the interview in 2021 (p=0.218). The methods of recruitment remained stable between 2022 and 2023 (p=0.755), with 71% of participants being recruited via the internet (e.g., Facebook and Instagram) (71% in 2022), and 28% recruited via word-of-mouth (29% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Hobart, TAS (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2023, must be taken into consideration when comparing 2020-2023 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

In 2023, the Hobart EDRS sample was mostly similar to the sample in 2022 and to previous years (Table 1).

Gender remained stable between 2022 and 2023 (p=0.184), with 55% of the sample identifying as male (48% in 2022). The median age of the sample was 26 years (IQR=21-33), stable relative to 2022 (26 years; IQR=22-30; p=0.132).

Accommodation remained stable (p=0.184), with almost half (49%) of the sample reporting that they resided in a rented house/flat (56% in 2022), and most of the remaining participants living with their parents/in their family house (25%; 17% in 2022).

Thirty-seven per cent were current students (31% in 2022; p=0.474), and 65% had obtained a post-school qualification(s) (60% in 2022; p=0.597).

Employment status remained stable between 2022 and 2023 (p=0.749). Specifically, one quarter (26%) reported being employed full-time (28% in 2022), two fifths (43%) reported being employed on a part time/casual basis (38% in 2022), and one quarter (28%) reported being unemployed at the time of interview (28% in 2022).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Hobart, TAS, 2017-2023

| | Hobart, TAS | | | | | | | National |
	2017 N=100	2018 N=100	2019 N=98	2020 N=100	2021 N=102	2022 N=72	2023 N=65	2023 N=708
Median age (years; IQR)	23 (17-39)	25 (17-42)	24 (21-27)	23 (19-28)	25 (22-30)	26 (22-30)	**26 (21-33)**	25 (21-32)
% Gender								
Female	35	35	38	44	36	44	**43**	40
Male	65	64	60	54	64	48	**55**	58
Non-binary	/	/	0	-	-	8	**-**	3
% Aboriginal and/or Torres Strait Islander	-	-	7	-	9	-	**-**	4
% Sexual identity								
Heterosexual	85	87	86	78	77	72	**80**	71
Homosexual	-	**-**	-	-	-	-	**-**	8
Bisexual	13	10	10	9	11	18	**12**	16
Queer	/	/	-	-	6	7	**-**	4
Different identity	0	0	-	6	-	-	**0**	1
Mean years of school education (range)	12 (8-12)	12 (8-12)	12 (8-12)	12 (8-12)	12 (7-12)	11 (7-12)	**12 (10-12)**	12 (5-12)
% Post-school qualification(s)^	40	57	78	57	69	60	**65**	62
% Current students#	34	12	36	48	44	31	**37**	36
% Current employment status								
Employed full-time	21	13	21	28	29	28	**26**	38
Part time/casual	27	50	45	34	43	38	**43**	39
Self-employed	/	/	-	-	-	7	**-**	4
Unemployed	15	23	29	34	24	28	**28**	19
Current median weekly income $ (IQR)	(N=98) $300 (214-750)	(N=98) $552 (358-800)	(N=97) $500 (300-800)	(N=100) $700 (406-891)	(N=100) $500 (350-951)	(N=72) $700 (350-1168)	**(N=65) $696 (426-1345)**	(N=708) $808 (450-1385)
% Current accommodation								
Own house/flat	-	-	-	6	15	15	**13**	9
Rented house/flat	63	54	63	57	49	56	**49**	58
Parents'/family home	36	40	27	34	28	17	**25**	26
Boarding house/hostel	-	-	-	-	0	-	**0**	2
Public housing	/	-	-	-	-	0	**-**	3
No fixed address+	0	-	-	0	-	8	**-**	1
Other	-	0	0	0	-	-	**-**	1

Note. ^ Includes trade/technical and university qualifications. # Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. / Not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. - Per cent suppressed due to low numbers (n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 (Hobart) presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug of choice remained stable between 2022 and 2023 (*p*=0.446), with one quarter (25%) nominating ecstasy as the drug of choice in 2023 (22% in 2022), followed by almost one quarter (23%) nominating cannabis (19% in 2022), and fewer participants reporting alcohol (9%; n≤5 in 2022) and cocaine (8%; 18% in 2022) (Figure 1). The drug used most often in the past month also remained stable between 2022 and 2023 (*p*=0.064), with one third (34%) reporting cannabis as the drug used most often (38% in 2022), followed by alcohol (26%; 10% in 2022) (Figure 2).

Two fifths (41%) of the Hobart sample reported weekly or more frequent cannabis use (54% in 2022; *p*=0.132) and 16% reported weekly or more frequent ecstasy use (11% in 2022; *p*=0.601). Twelve per cent reported weekly or more frequent use of methamphetamine (7% in 2022; *p*=0.385). Few participants (n≤5) reported weekly or more frequent use of cocaine in 2022 and 2023, respectively (Figure 3).

Figure 1: Drug of choice, Hobart, TAS, 2003-2023
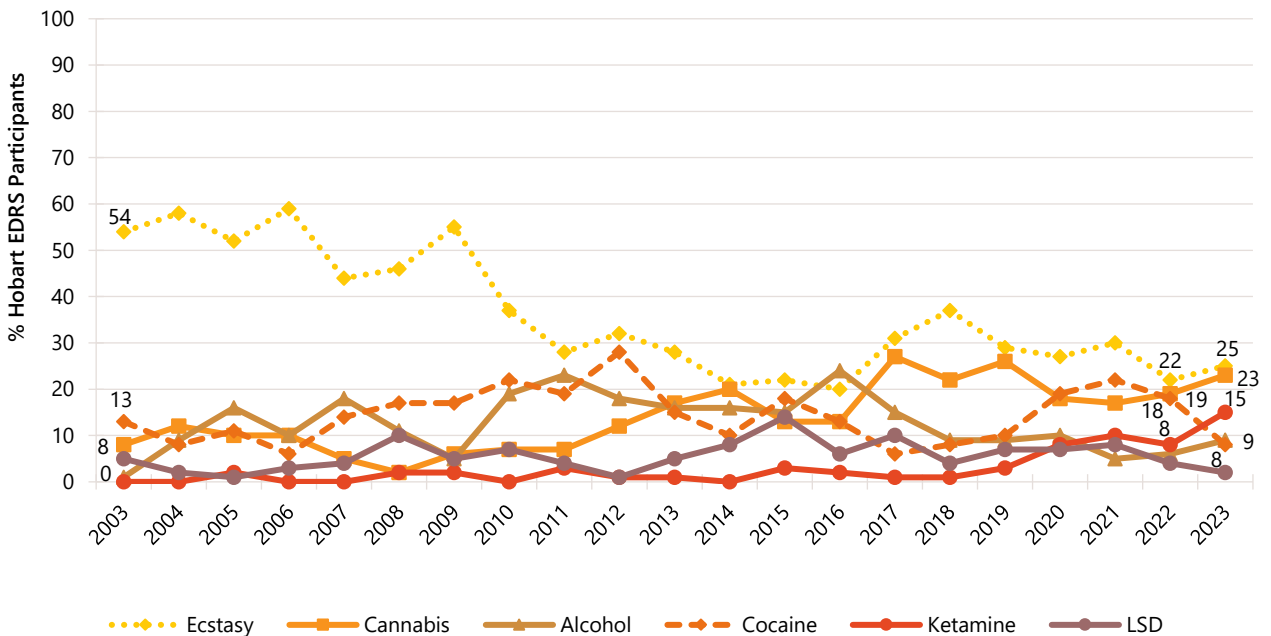
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Figure 2: Drug used most often in the past month, Hobart, TAS, 2011-2023
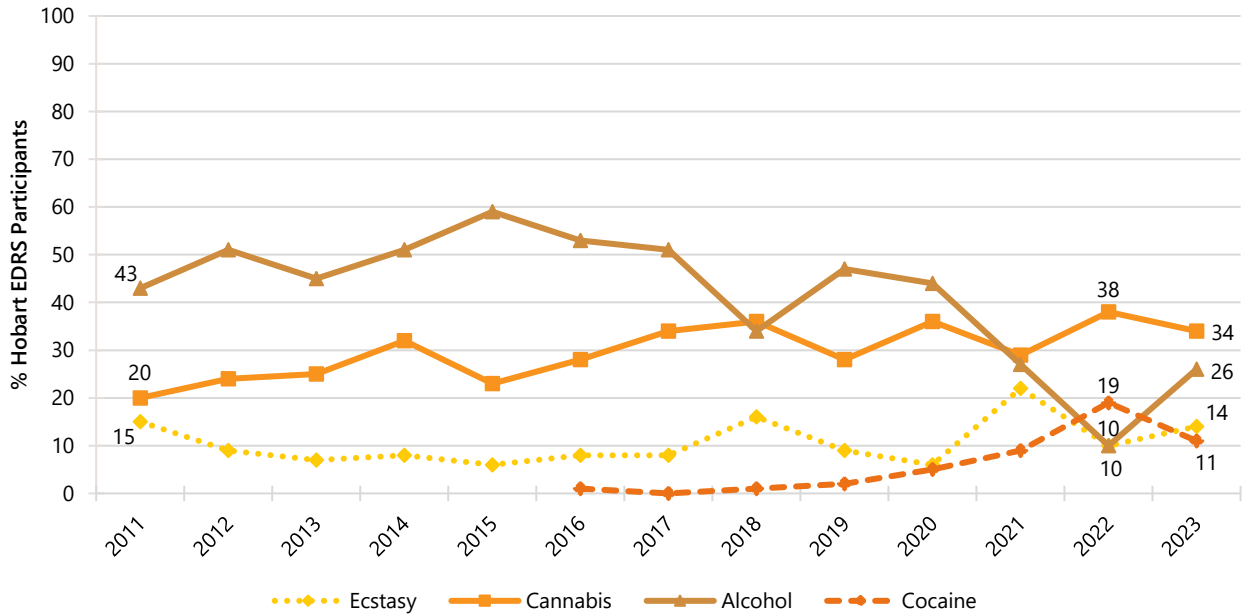
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2023 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Hobart, TAS, 2003-2023
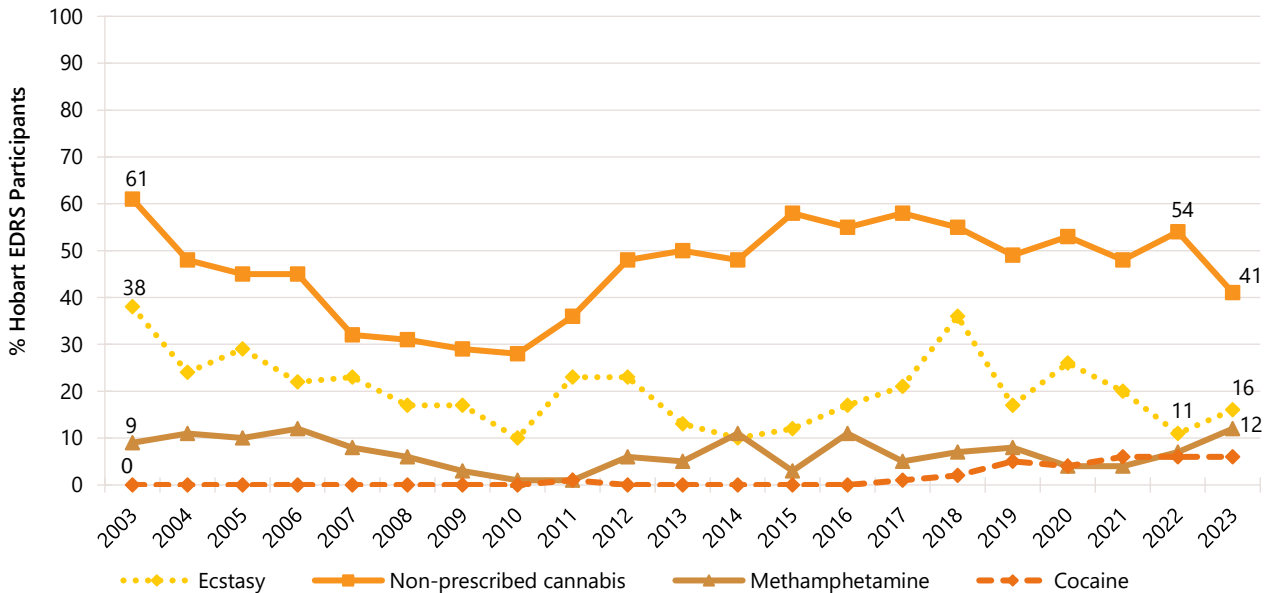
Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

Ecstasy

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

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

In 2023, ninety-one per cent of participants reported use of any ecstasy in the six months prior to interview (96% in 2022; p=0.308) (Figure 4). Participants are primarily recruited on the basis of their recent ecstasy use, and as such the proportion of participants reporting that they had recently used any form of ecstasy had remained relatively stable in 2023. However, this was the lowest percentage reported over the course of monitoring (although no statistically significant difference was observed between 2022 and 2023).

Frequency of Use

Among those that reported recent use of any ecstasy and commented (n=58), participants reported using ecstasy (in any form) on a median of nine days (IQR=5-16) in 2023, equivalent to more than once a month in the preceding six months (7 days in 2022; IQR=4-12; n=67; p=0.411). Weekly or more frequent use of any form of ecstasy remained stable relative to 2022 (17%; 12% in 2022; p=0.445) (Figure 5).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Hobart, TAS, 2003-2023
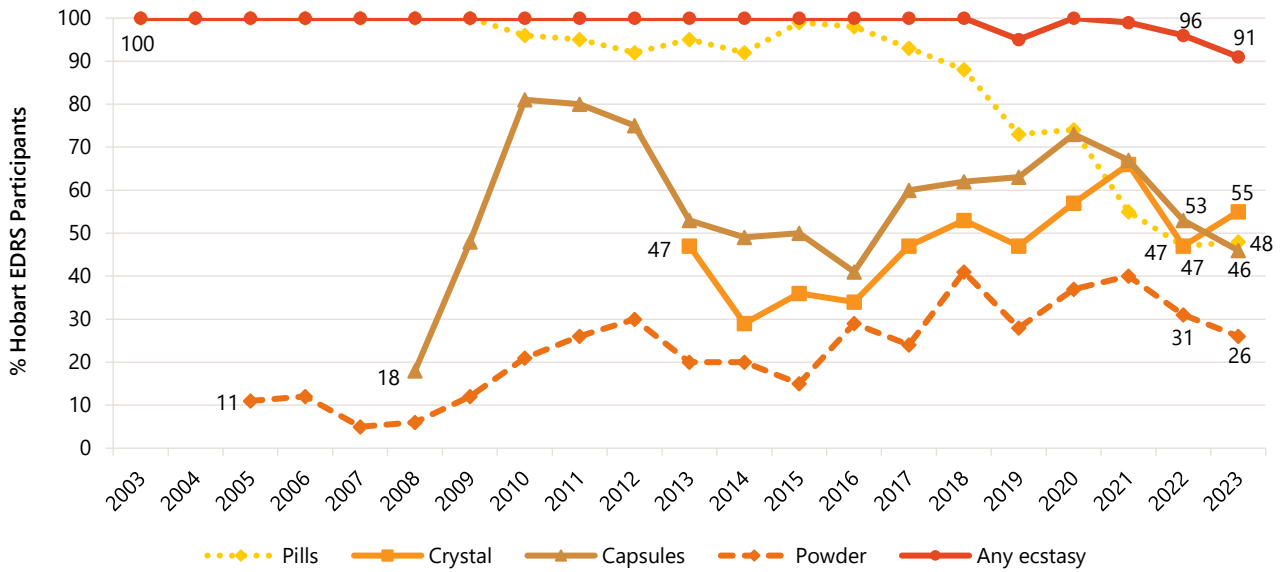
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Hobart, TAS, 2003-2023
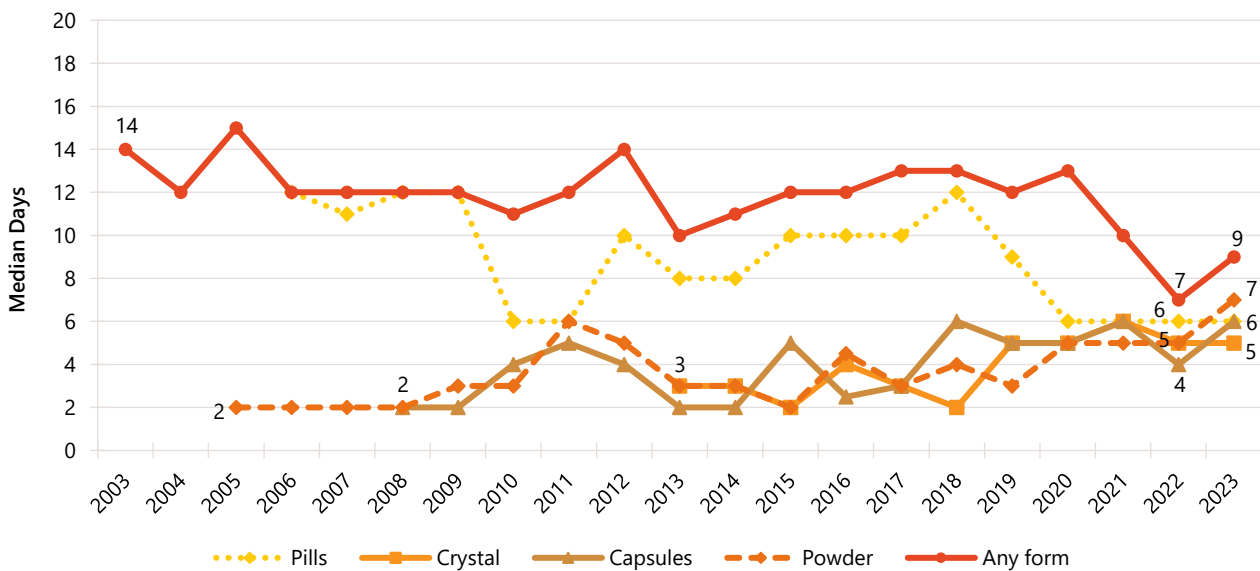
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Forty-eight per cent of participants reported recent use of ecstasy pills, stable relative to 2022 (47%), with use having declined considerably since 2016 (88%) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=30), participants reported using ecstasy pills on a median of six days (IQR=3-12) in the six months preceding interview in 2023, stable from 2022 (6 days; IQR=2-12; n=34; p=0.432) (Figure 5). Few participants (n≤5) who had recently consumed ecstasy pills reported weekly or more frequent use in 2023; therefore, further details are not reported (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=31), the most common route of administration in 2023 was swallowing (90%; 94% in 2022; p=0.663), followed by snorting (42%; 26% in 2022; p=0.207), consistent with previous years. No participants reported recent smoking, injecting or shelving/shafting in 2023.

Quantity: Of those who reported recent use and responded (n=32), the median number of pills used in a 'typical' session was two (IQR=1-2; 2 pills in 2022; IQR=1-2; n=33; p=0.901). Of those who reported recent use and responded (n=32), the median maximum number of pills used in a session was two and a half (IQR=2-4; 2 pills in 2022; IQR=1-4; n=33; p=0.325).

Ecstasy Capsules

Recent Use (past 6 months): Forty-six per cent of participants reported recent use of ecstasy capsules, stable relative to 2022 (53%; p=0.487) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=30), participants reported using capsules on a median of six days (IQR=4-12) in the six months preceding interview in 2023, stable from 2022 (4 days; IQR=3-8; n=37; p=0.102) (Figure 5). Few participants (n≤5) who had recently consumed ecstasy capsules reported weekly or more frequent use in 2022 and 2023; therefore, further details are not reported.

Routes of Administration: Among those who had recently consumed ecstasy capsules and commented (n=30), the most common route of administration in 2023 was swallowing (90%; 92% in 2022). Forty-three per cent of respondents reported snorting ecstasy capsules, which was a significant increase from 16% in 2022 (p=0.016). No participants reported recent smoking, injecting or shelving/shafting in 2023.

Quantity: Of those who reported recent use and responded (n=30), the median number of capsules used in a 'typical' session was two (IQR=1-3; 2 capsules in 2022; IQR=1-2; n=37; p=0.289). Of those who reported recent use and responded (n=30), the median maximum number of capsules used in a session was three (IQR=2-4; 2 capsules in 2022; IQR=1-3; n=36; p=0.150).

Ecstasy Crystal

Recent Use (past 6 months): Fifty-five per cent of participants reported recent use of ecstasy crystal, stable relative to 2022 (47%; p=0.391) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=36), participants reported using crystal on a median of five days (IQR=3-12) in the six months preceding interview in 2023, stable from five days in 2022 (IQR=2-10; n=33; p=0.274) (Figure 5). Few participants (n≤5) who had recently consumed crystal reported weekly or

more frequent use in 2023; therefore, further details are not reported (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=36), two thirds (67%) reported swallowing (82% in 2022; *p*=0.181), while half (50%) reported snorting (50% in 2022). Few participants (n≤5) reported recent smoking, and no participants reported shelving/shafting or injecting in 2023.

Quantity: Of those who reported recent use and responded (n=30), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50), which was a significant increase from 0.20 grams in 2022 (IQR=0.10-0.50; n=23; *p*=0.029). Of those who reported recent use and responded (n=29), the median maximum amount of crystal used in a session was 0.50 grams (IQR=0.30-0.80; 0.30 grams in 2022; IQR=0.10-1.00; n=23; *p*=0.340).

Ecstasy Powder
Recent Use (past 6 months): Twenty-six per cent of participants reported recent use of ecstasy powder, stable relative to 2022 (31%; *p*=0.573) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=16), participants reported consuming powder on a median of seven days (IQR=3-12) in the six months preceding interview in 2023, stable from five days in 2022 (IQR=2-12; n=22; *p*=0.592) (Figure 5). Few participants (n≤5) who had recently consumed powder reported weekly or more frequent use in 2023; therefore, further details are not reported (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed ecstasy powder and commented (n=17), 76% reported snorting (73% in 2022). Few participants (n≤5) reported swallowing (45% in 2022; *p*=0.343).

Quantity: Of those who reported recent use and responded (n=12), the median amount of powder used in a 'typical' session was 0.40 grams (IQR=0.20-0.50; 0.20 grams in 2022; IQR=0.20-0.50; n=16; *p*=0.555). Of those who reported recent use and responded (n=11), the median maximum amount of powder used in a session was 0.60 grams (IQR=0.40-1.00; 0.20 grams in 2022; IQR=0.20-1.00; n=17; *p*=0.069).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills
Price: The median price of a pill remained stable, reported at $25 in 2023 (IQR=25-35; n=26) and $25 in 2022 (IQR=25-30; n=19; *p*=0.934) (Figure 6).

Perceived Purity: Among those who responded in 2023 (n=36), the perceived purity of ecstasy pills significantly changed, relative to 2022 (*p*=0.001). The largest percentage of participants reported perceived purity to be 'high' (33%), an increase from 2022 (n≤5), followed by 31% reporting 'medium' purity (26% in 2022). A decrease was observed in participants reporting purity to be 'low' (n≤5; 26% in 2022) (Figure 8).

Perceived Availability: Among those who responded in 2023 (n=38), there was a significant change in the perceived availability of ecstasy pills, relative to 2022 (*p*=0.013). Forty-five per cent of participants reported ecstasy pills to be 'very easy' to obtain, an increase from 21% in 2022, and 32% reported that they were 'easy' to obtain (21% in 2022). In contrast, a decrease was observed in the percentage reporting that ecstasy pills were 'difficult' (21%; 46% in 2022) or ' very difficult' (n≤5; 13% in 2022) to obtain (Figure 12).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $28 in 2023 (IQR=21-30; n=18), and $26 in 2022 (IQR=24-30; n=19; *p*=0.899) (Figure 6).

Perceived Purity: Among those who responded in 2023 (n=32), a significant change was observed in the perceived purity of ecstasy capsules, relative to 2022 (*p*=0.045). There was an increase in the percentage of participants reporting 'high' purity (31%; 13% in 2022), and a decline in those reporting 'low' purity (n≤5; 31% in 2022). However, the largest percentage of participants continued to perceive capsules as being of 'medium' purity (38%; 33% in 2022) (Figure 9: Current perceived purity of ecstasy capsules, Hobart, TAS, 2017-2023).

Perceived Availability: Among those who responded in 2023 (n=34), there was a significant change in the perceived availability of ecstasy capsules, relative to 2022 (*p*=0.001). Specifically, there was an increase in the percentage of participants who reported availability to be 'very easy' (44%; 13% in 2022) or 'easy' (41%; 33% in 2022). In contrast, fewer participants reported capsules as being 'difficult' (n≤5; 49% in 2022) or 'very difficult' (n≤5; n≤5 in 2022) to obtain (Figure 13).

Ecstasy Crystal

Price: The median price of one gram of crystal remained stable in 2023 at $250 (IQR=200-300; n=20; $255 in 2022; IQR=218-283; n=20; *p*=0.795). Few participants (n≤5) reported purchasing a point of crystal in 2023; therefore, these data are suppressed (n≤5 in 2022) (Figure 7).

Perceived Purity: Among those who responded in 2023 (n=31), the perceived purity of ecstasy crystal significantly changed, relative to 2022 (*p*=0.042). The largest percentage of participants reported perceived purity to be

'high' (55%), an increase from 29% in 2022. Fewer participants perceived purity to be 'medium' (n≤5; 40% in 2022) or 'low' (n≤5; 9% in 2022) (Figure 10).

Perceived Availability: Among those who responded in 2023 (n=30), the perceived availability of ecstasy crystal significantly changed, relative to 2022 (*p*=0.005). There was an increase in the percentage of participants who perceived crystal to be 'very easy' (43%; 8% in 2022). Fewer participants reported crystal as being 'easy' (23%; 33% in 2022), 'difficult' (30%; 39% in 2022) or 'very difficult' (n≤5; 19% in 2022) to obtain (Figure 14).

Ecstasy Powder

Price: The median price of one gram of powder remained stable in 2023 at $275 (IQR=250-300; n=6; $250 in 2022; IQR=243-250; n=6; *p*=0.277). Few participants (n≤5) reported purchasing a point of crystal in 2023; therefore, these data are suppressed (0% in 2022) (Figure 7).

Perceived Purity: Due to low numbers reporting (n≤5), details regarding perceived purity of ecstasy powder will not be discussed. For historical information please see Figure 11. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: The perceived availability of ecstasy powder remained stable between 2022 and 2023 (*p*=0.456). Among those who were able to respond in 2023 (n=14), two fifths (43%) reported that powder was 'very easy' to obtain (n≤5 in 2022). Few participants (n≤5) reported the perceived availability of powder as 'easy,' 'difficult,' or 'very difficult' to obtain in 2022 and 2023; therefore, these data are suppressed (Figure 15).

Figure 6: Median price of ecstasy pill and capsule, Hobart, TAS, 2003-2023
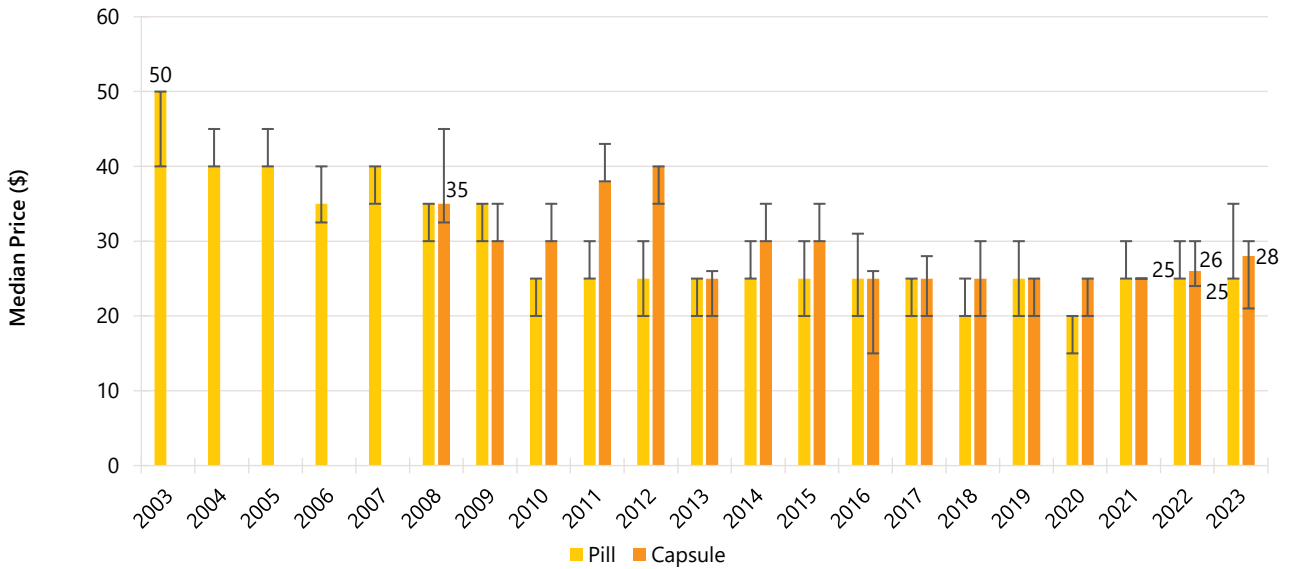
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Median price of ecstasy crystal (per point and gram) and powder (per gram only), Hobart, TAS, 2013-2023
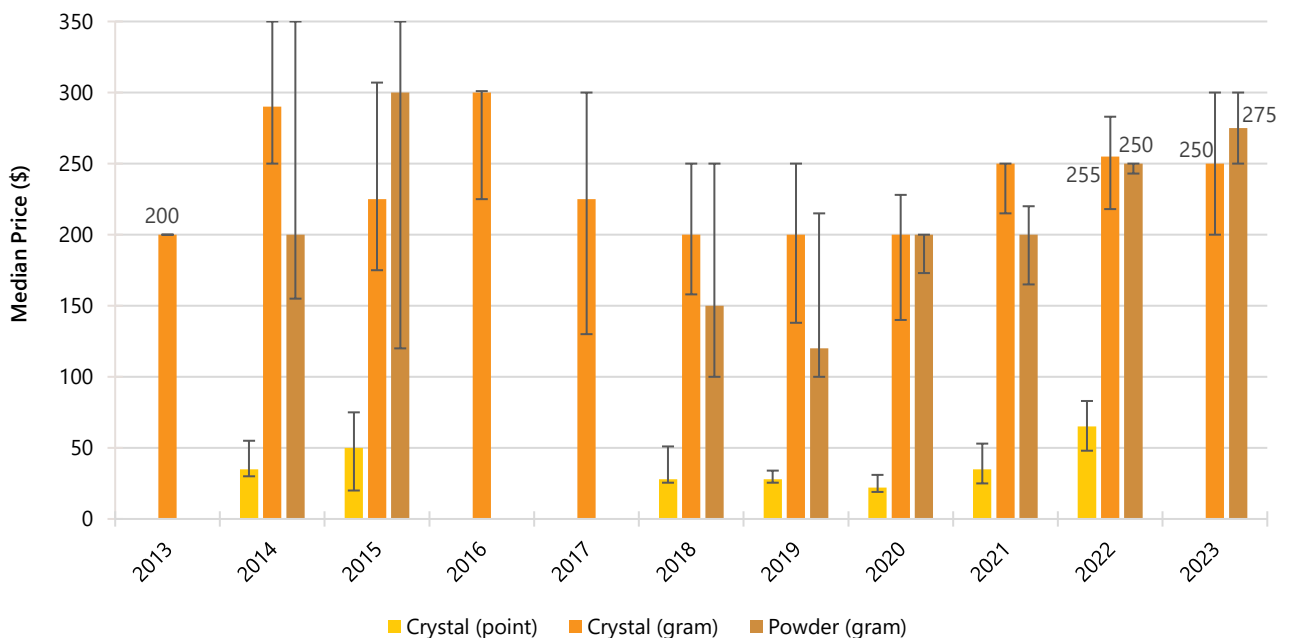
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No participants reported price data for a 'point' of ecstasy crystal in 2013 or 2021. Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of ecstasy pills, Hobart, TAS, 2017-2023
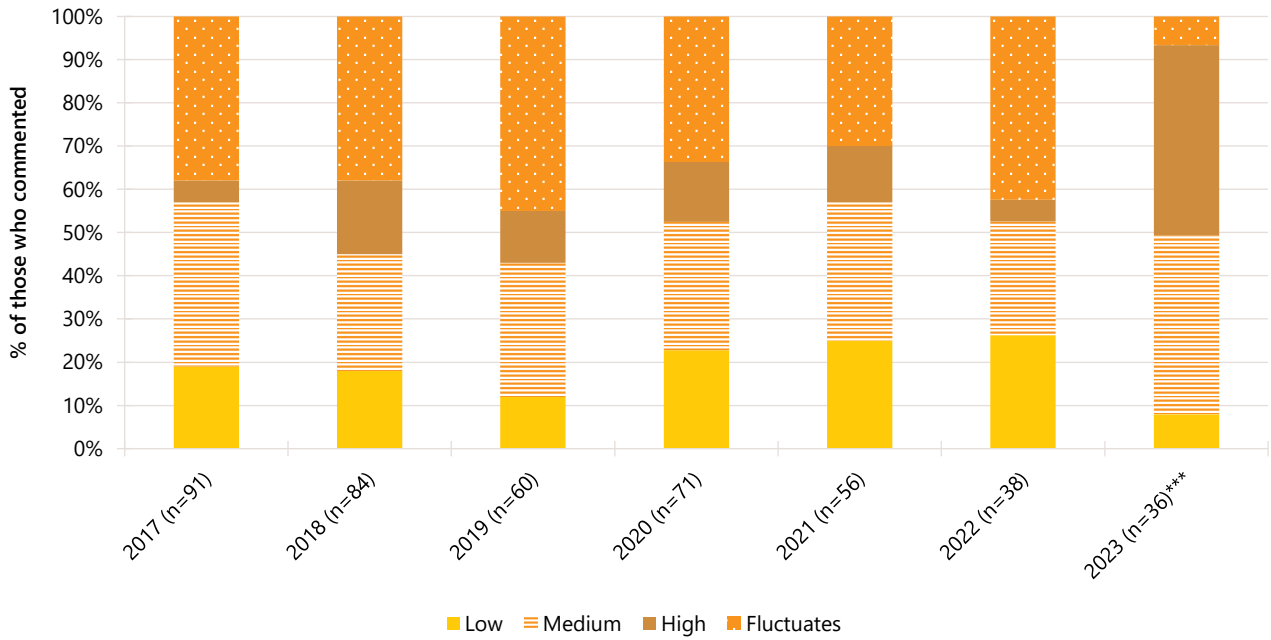
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 9: Current perceived purity of ecstasy capsules, Hobart, TAS, 2017-2023
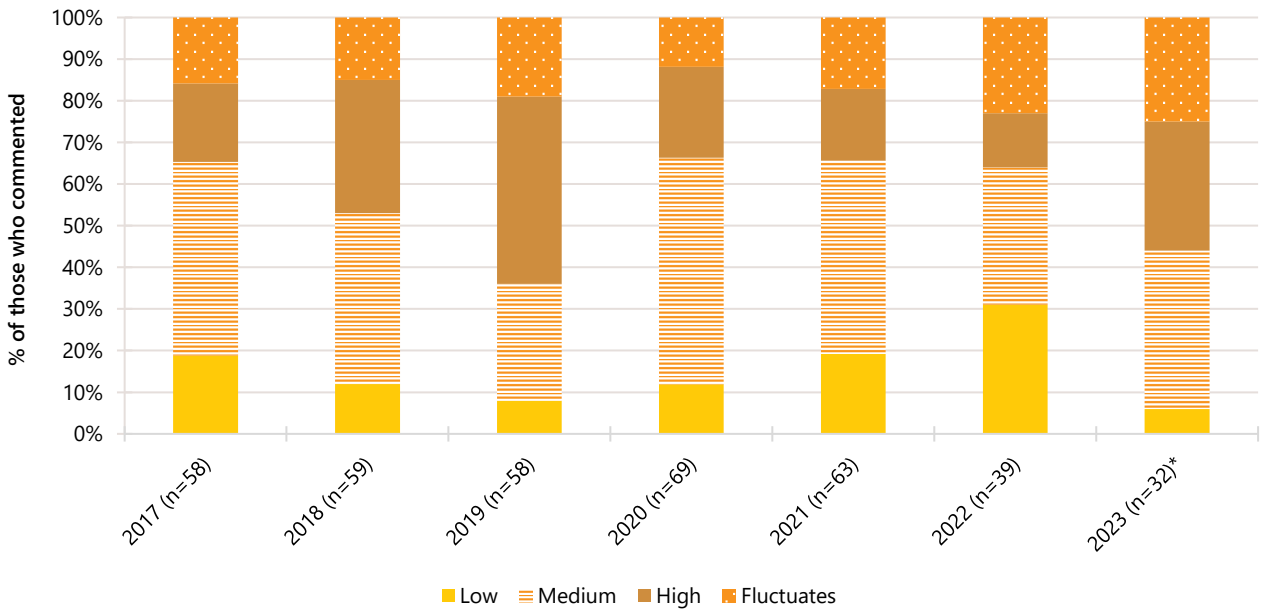
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 10: Current perceived purity of ecstasy crystal, Hobart, TAS, 2017-2023
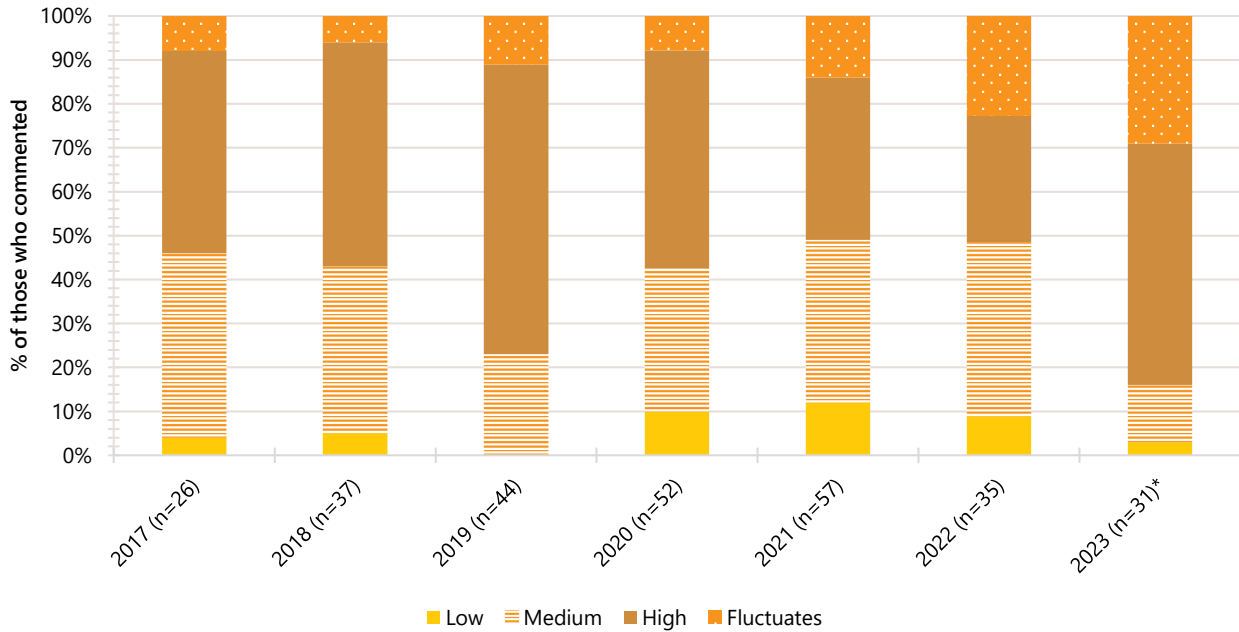
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of ecstasy powder, Hobart, TAS, 2017-2023
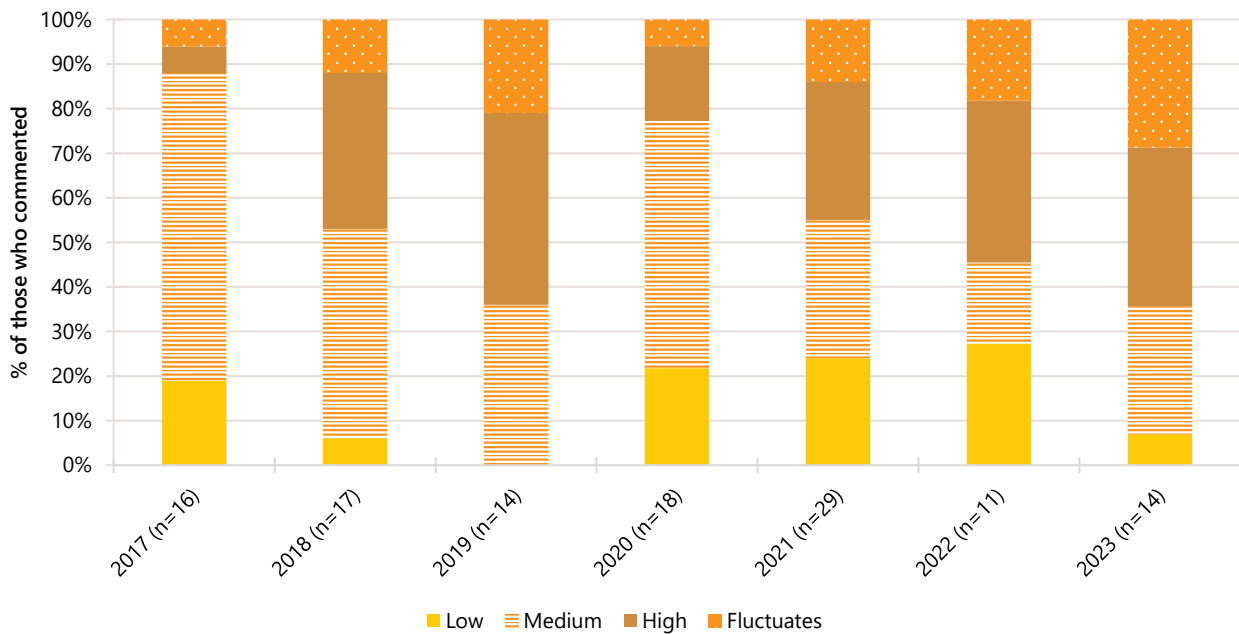
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of ecstasy pills, Hobart, TAS, 2017-2023
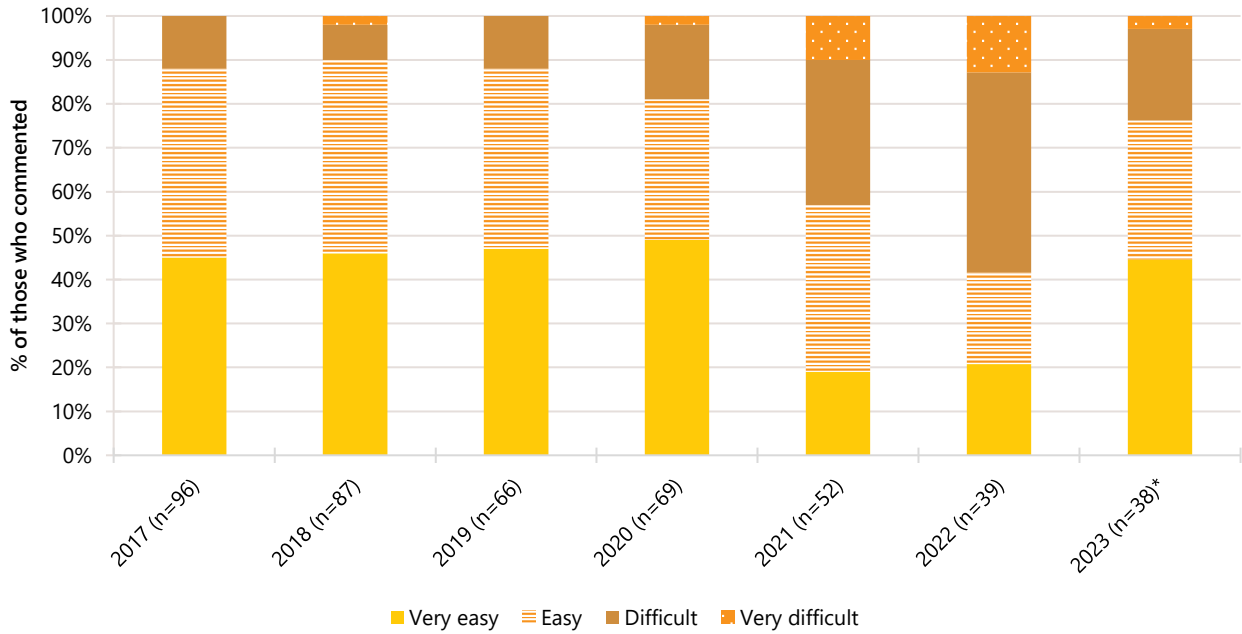
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of ecstasy capsules, Hobart, TAS, 2017-2023
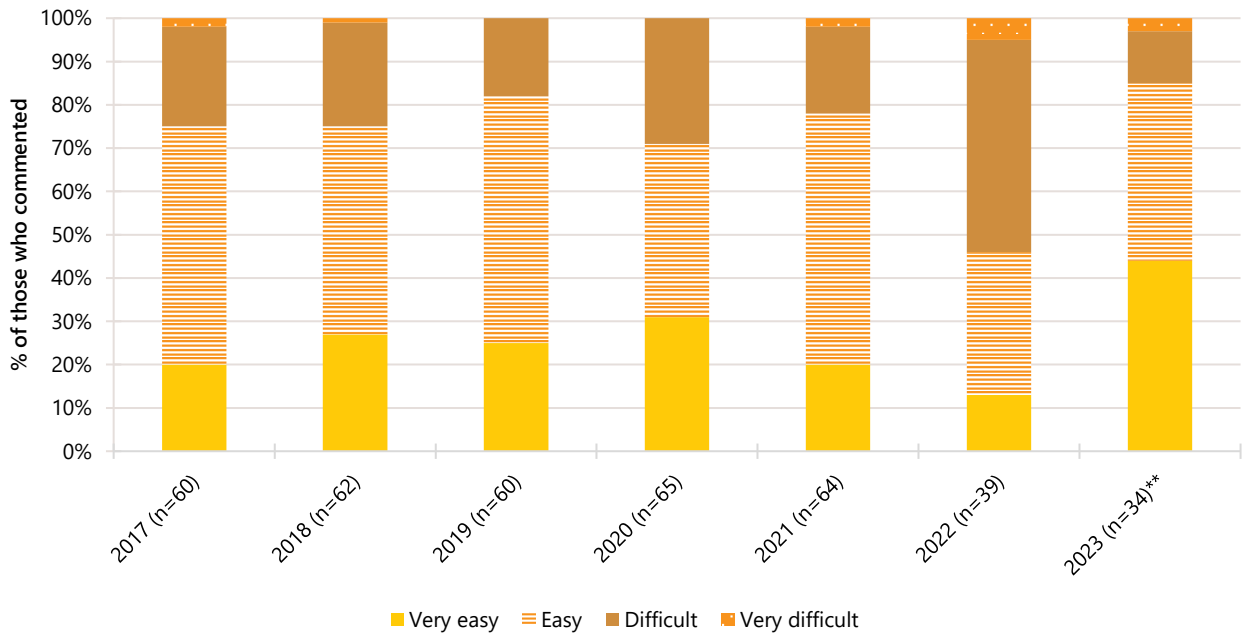
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of ecstasy crystal, Hobart, TAS, 2017-2023
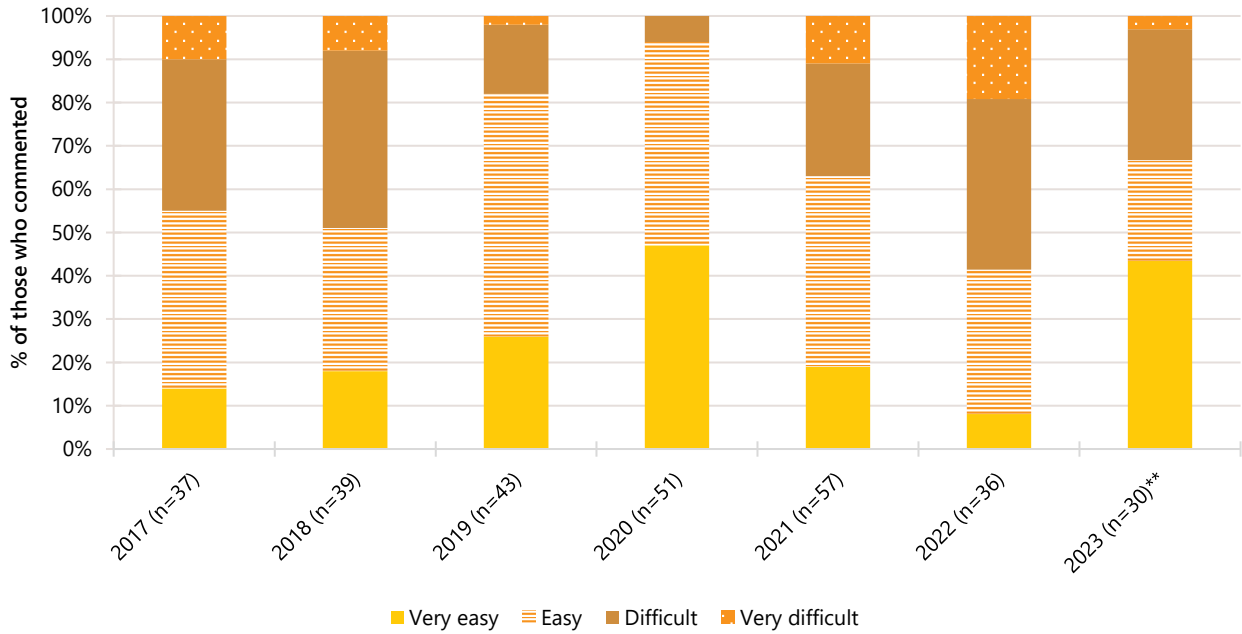
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Figure 15: Current perceived availability of ecstasy powder, Hobart, TAS, 2017-2023
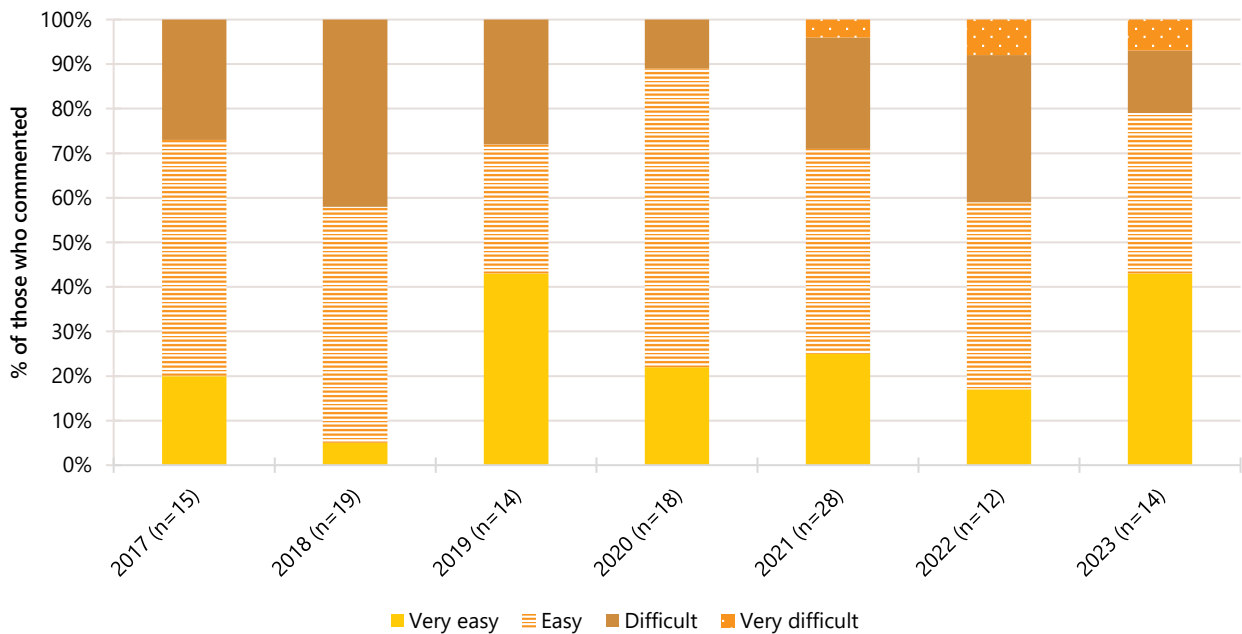
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)
Recent use of any methamphetamine has been declining since monitoring commenced (Figure 16), from more than eight in ten participants in 2003 (82%) to four in ten participants in 2023 (40%; 39% in 2022).

Frequency of Use
In 2023, the median frequency of any methamphetamine use in the past six months was nine days (IQR=3-29; n=26), stable relative to four days in 2022 (IQR=2-14; n=28; p=0.247) (Figure 17). One third (31%) of those who commented reported using methamphetamine weekly or more frequently (n≤5 in 2022; p=0.346).

Forms Used
Use of all forms of methamphetamine have decreased since the start of monitoring, with 82% of participants reporting any use in 2003, compared to 40% reporting recent use in 2023 (Figure 16). Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=26), 58% had used powder methamphetamine (50% in 2022; p=0.596), followed by crystal (54%; 54% in 2022). Few participants (n≤5) reported using base methamphetamine in 2022 or in 2023; therefore, these data are suppressed.

Figure 16: Past six month use of any methamphetamine, powder, base, and crystal, Hobart, TAS, 2003-2023
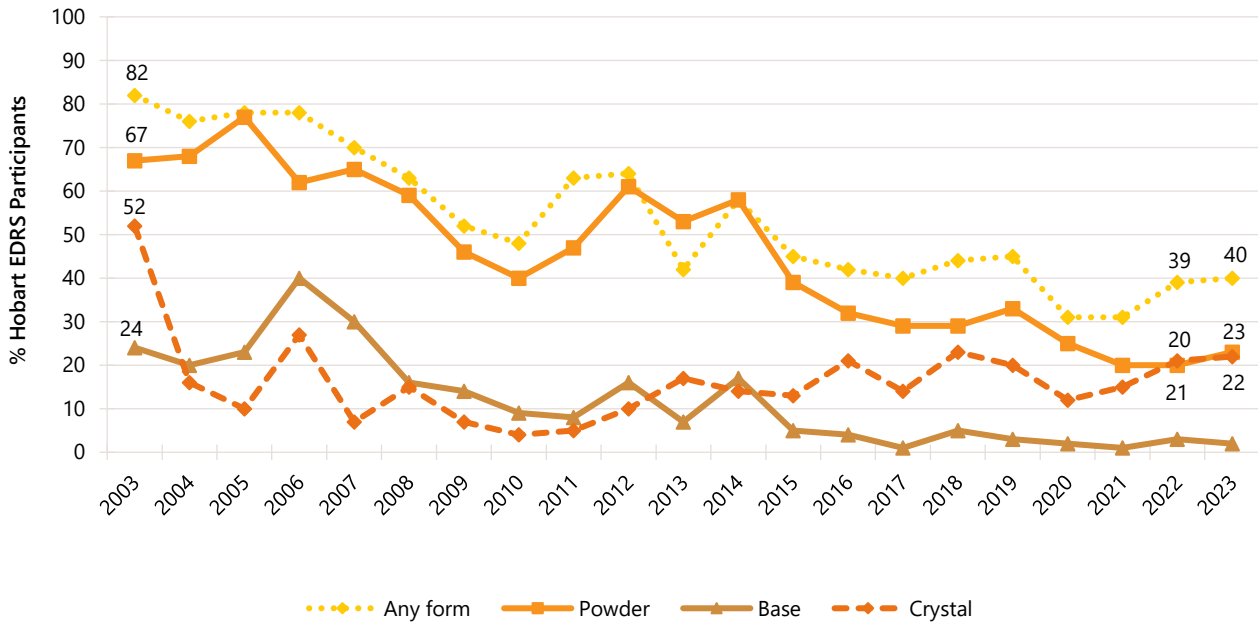
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 17: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Hobart, TAS, 2003-2023
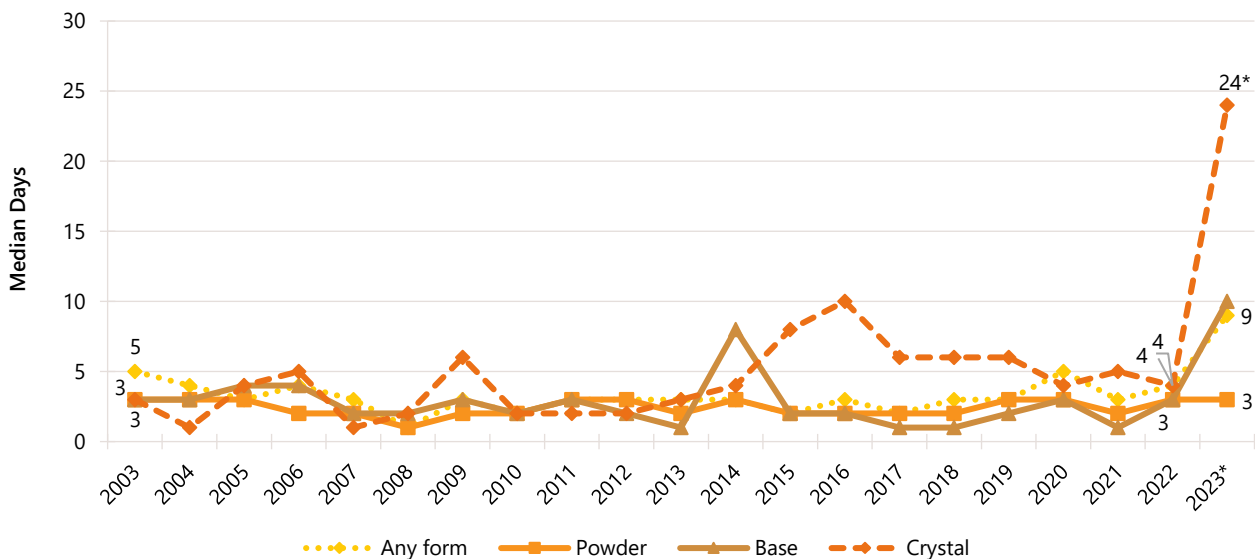
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Recent use of powder has declined over the course of monitoring. In 2023, 23% of participants reported recent use, stable from 20% in 2022 (*p*=0.670) (Figure 16).

Frequency of Use: Amongst those who had recently consumed powder and commented (n=15), frequency of use was reported on a median of three days (IQR=1-6) in 2023, stable relative to a median of three days in 2022 (IQR=1-7; n=14; *p*=0.858) (Figure 17). Few participants (n≤5) reported weekly or more frequent use of powder (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed methamphetamine powder and commented (n=15), the most common route of administration was swallowing (67%; 43% in 2022; *p*=0.272), followed by snorting (53%; 79% in 2022; *p*=0.245). No participants reported recent smoking, injecting or shelving/shafting in 2023.

Quantity: Of those who reported recent use and responded (n=9), the median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.40; n=10). Of those who reported recent use and responded (n=9), the maximum amount of powder used in a session was a median of 0.30 grams (IQR=0.20-0.60; 0.20 grams in 2022; IQR=0.10-1.00; n=10; *p*=0.774).

Methamphetamine Crystal

Recent Use (past 6 months): One fifth (22%) of participants reported recent use of crystal in 2023, stable relative to 2022 (21%) (Figure 16).

Frequency of Use: Of those who had recently consumed crystal and commented (n=14), frequency of use was reported on a median of 24 days (IQR=10-80) in 2023, a significant increase from four days in 2022 (IQR=3-27; n=15; *p*=0.024) (Figure 17). Fifty-seven per cent of participants reported weekly or more frequent use of crystal in 2023 (n≤5 in 2022; *p*=0.139).

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=14), smoking remained the most common route of administration, with 100% reporting this method in 2023, stable from 87% in 2022 (*p*=0.483). Few participants (n≤5) reported recent snorting of methamphetamine crystal (n≤5 in 2022). No participants reported recent swallowing, injecting or shelving/shafting.

Quantity: Of those who reported recent use and responded (n=14), the median amount of crystal used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.40; n=14; *p*=0.675). Of those who reported recent use and responded (n=14), the maximum amount of crystal used in a session was a median of 0.40 grams (IQR=0.20-0.90; 0.40 grams in 2022; IQR=0.20-0.60; n=14; *p*=0.694).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base in 2023 (n≤5 in 2022); therefore, further details are not reported. For historical overview, please refer to Figure 16 and Figure 17. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Due to low numbers reporting (n≤5), further details on price are not reported for methamphetamine powder per point and per gram (Figure 18). Please refer to the [2023 National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2022 and 2023 (*p*=0.055). Among those who were able to comment in 2023 (n=12), the majority reported purity to be 'high' (75%; n≤5 in 2022) (Figure 20).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2022 and 2023 (*p*=0.220). Among those who were able to respond in 2023 (n=14), 64% reported powder as being 'very easy' (25% in 2022) to obtain (Figure 22).

Methamphetamine Crystal

Price: Participants reported a median price of $70 per point (IQR=50-80; n=7; $100 in 2022; IQR=70-100; n=9; *p*=0.071). Few participants (n≤5) reported purchasing a gram of methamphetamine crystal in 2023; therefore, these data are suppressed (0% in 2022) (Figure 19).

Perceived Purity: The perceived purity of methamphetamine crystal remained relatively stable between 2022 and 2023 (*p*=0.052). Among those who were able to comment in 2023 (n=13), the largest per cent reported purity to be 'high' (77%; trending to an increase over the 54% in 2022). Few participants (n≤5) reported purity to be 'fluctuating' (n≤5 in 2022) or 'low' (0% in 2022) (Figure 21).

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.670). Among those who were able to respond in 2023 (n=16), 81% reported availability as 'very easy' (64% in 2022) (Figure 23).

Figure 18: Median price of powder methamphetamine per point and gram, Hobart, TAS, 2003-2023
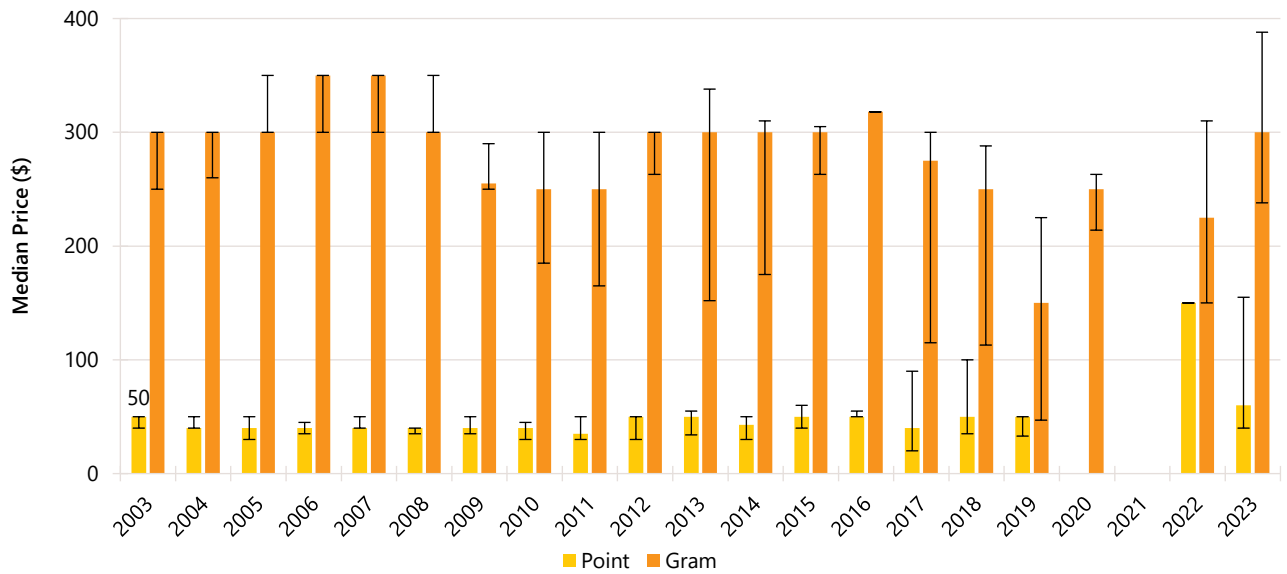
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Median price of crystal methamphetamine per point and gram, Hobart, TAS, 2003-2023
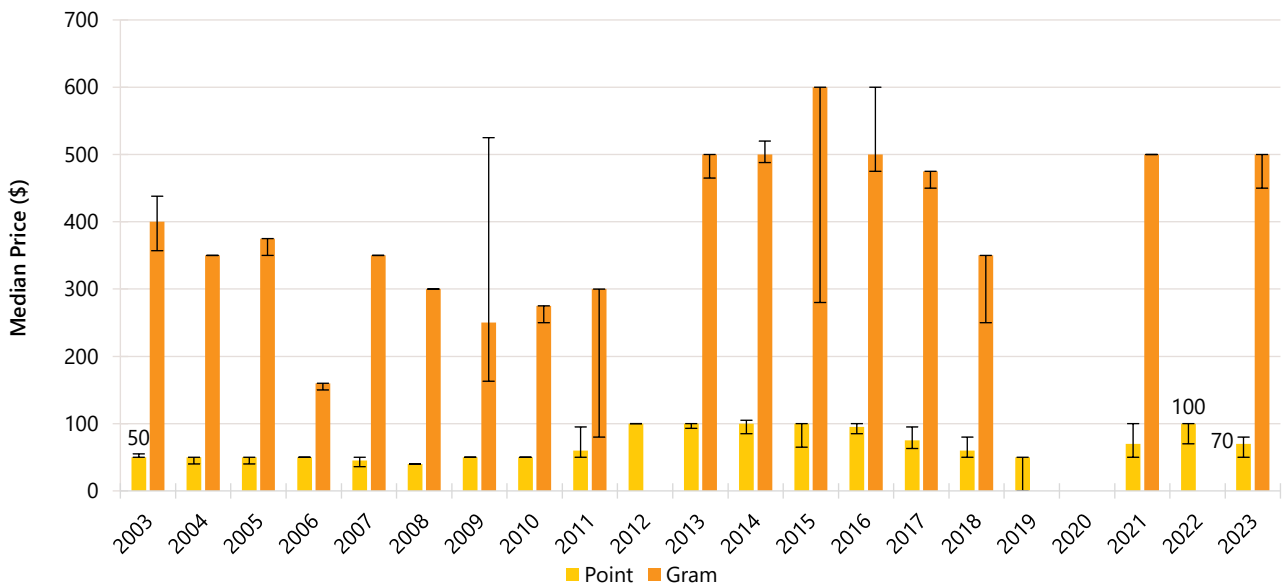
Note. Among those who commented. No participants reported purchasing a gram of crystal methamphetamine in 2012, 2019, and 2022. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 20: Current perceived purity of powder methamphetamine, Hobart, TAS, 2003-2023
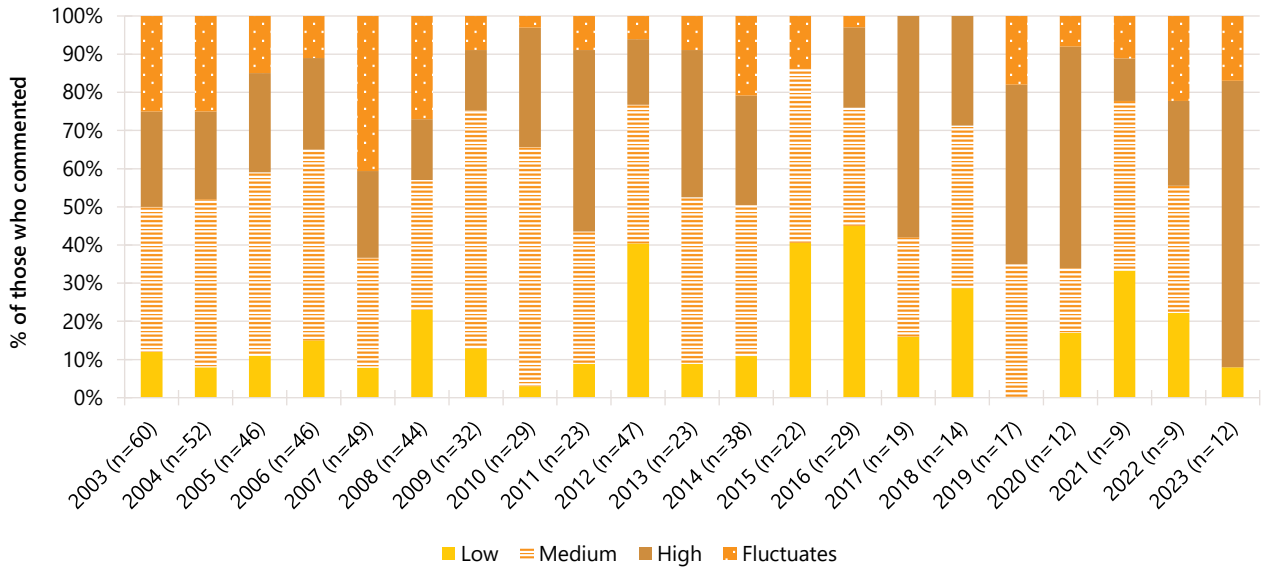
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 21: Current perceived purity of crystal methamphetamine, Hobart, TAS, 2003-2023
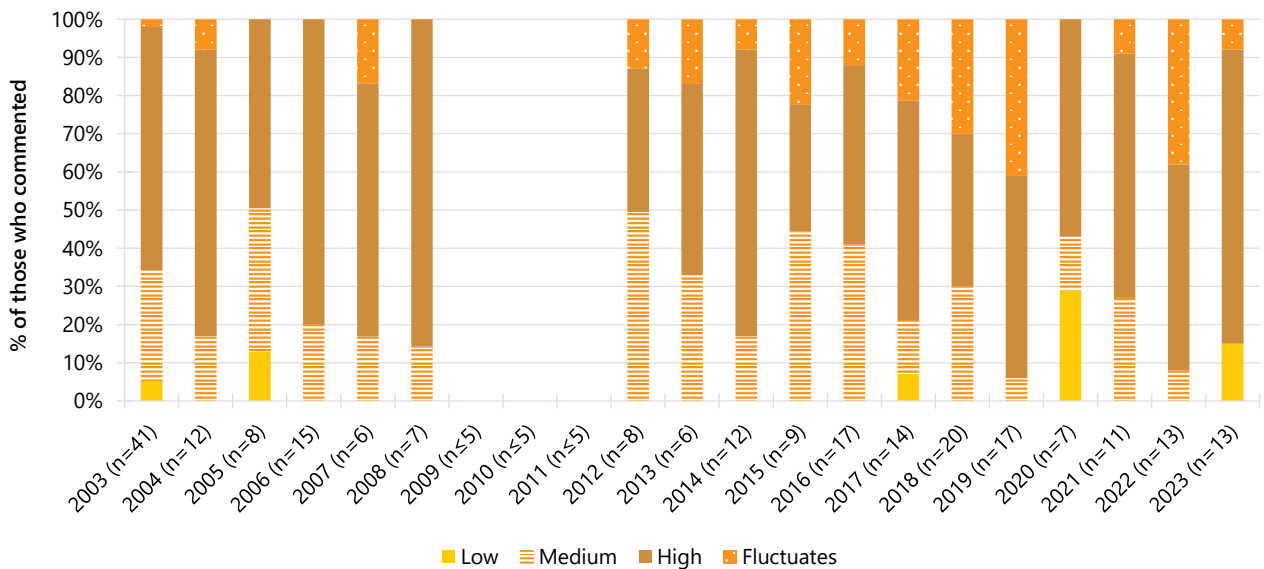
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 22: Current perceived availability of powder methamphetamine, Hobart, TAS, 2003-2023
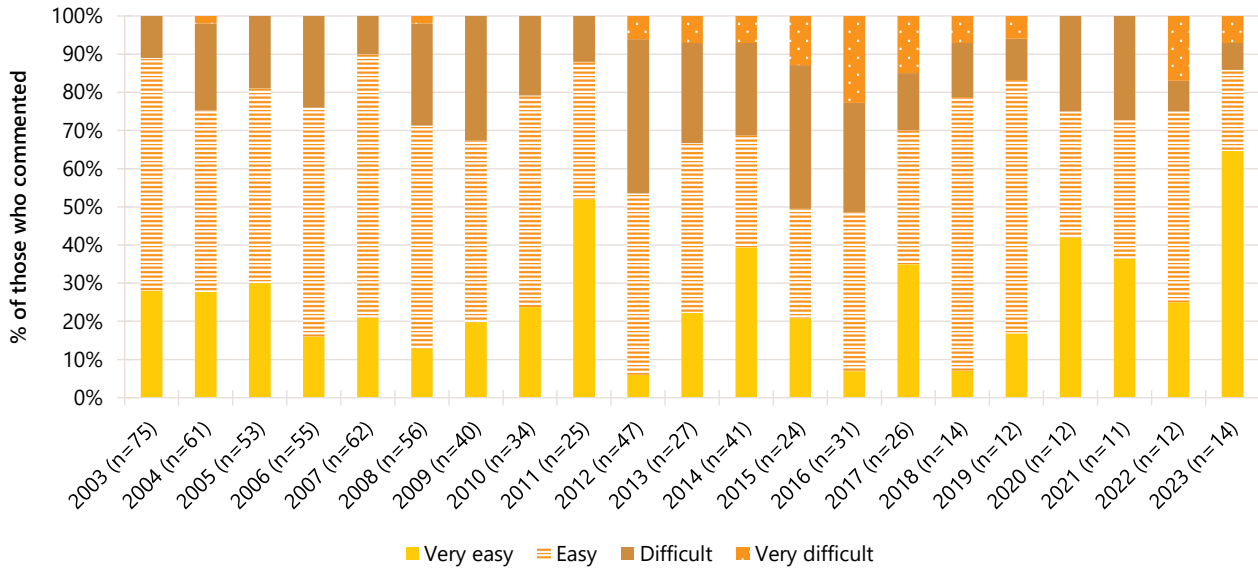
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 23: Current perceived availability of crystal methamphetamine, Hobart, TAS, 2003-2023
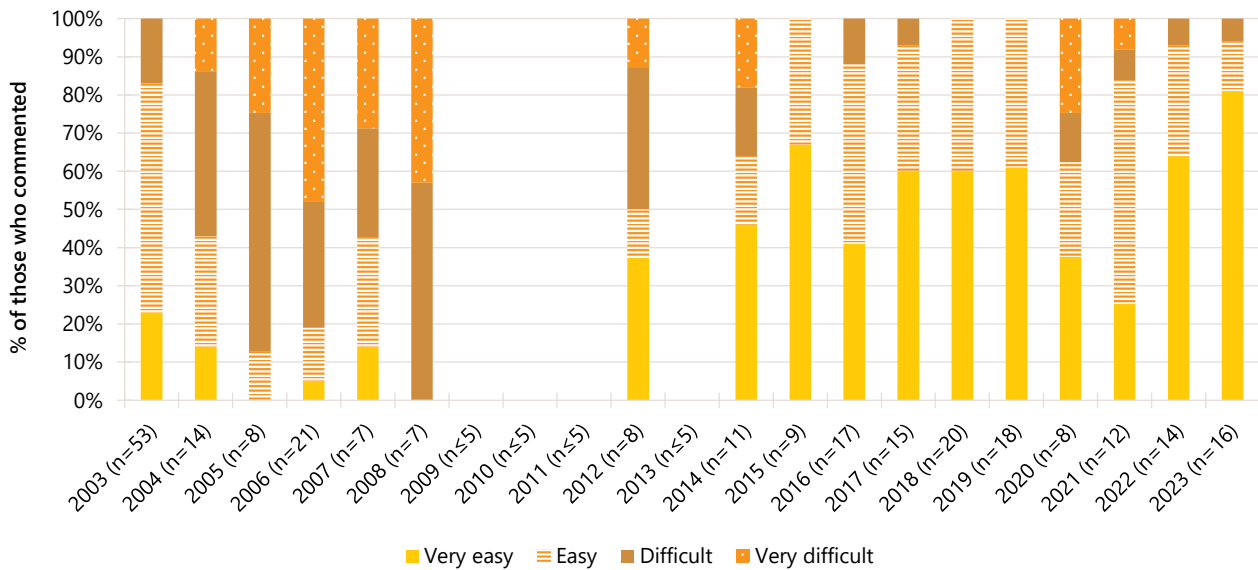
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

4

Non-Prescribed Pharmaceutical Stimulants

Participants were asked about their recent (past six month) use of non-prescribed pharmaceutical stimulants, such as dexamfetamine, lisdexamfetamine (Vyvanse®), or methylphenidate (Concerta®, Ritalin®, Ritalin LA®). These substances are commonly prescribed to treat attention deficit hyperactivity disorder and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)
The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has increased since the commencement of monitoring, from 19% in 2007 to 34% in 2023 (40% in 2022; p=0.591) (Figure 24).

Frequency of Use
Frequency of use remained stable in 2023 at a median of four days in the six months prior to interview (IQR=2-12; n=64; 3 days in 2022; IQR=1-7; n=29; p=0.513) (Figure 24).

Routes of Administration
Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=22), the vast majority reported swallowing as a route of administration (95%; 79% in 2022; p=0.124). Few participants (n≤5) reported snorting (28% in 2022; p=0.312).

Quantity
Among those who reported recent use and responded (n=16), the median amount of non-prescribed pharmaceutical stimulants used in a 'typical' session was two and a half pills/tablets (IQR=1-3), a significant increase from 2022 (1 pill/tablet; IQR=1-1.5; n=20; p=0.013). Of those who reported recent use and responded (n=16), the median maximum amount used in a session was three pills/tablets (IQR=2-3; 1 pill/tablet in 2022; IQR=1-3; n=21; p=0.096).

Forms Used
Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=21), the majority reported using dexamfetamine (57%; 55% in 2022), with fewer participants reporting use of methylphenidate (33%; 59% in 2022; p=0.099) and modafinil (29%; 28% in 2022). Few participants (n≤5) reported using lisdexamfetamine (0% in 2022; p=0.161).

Figure 24: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Hobart, TAS, 2007-2023
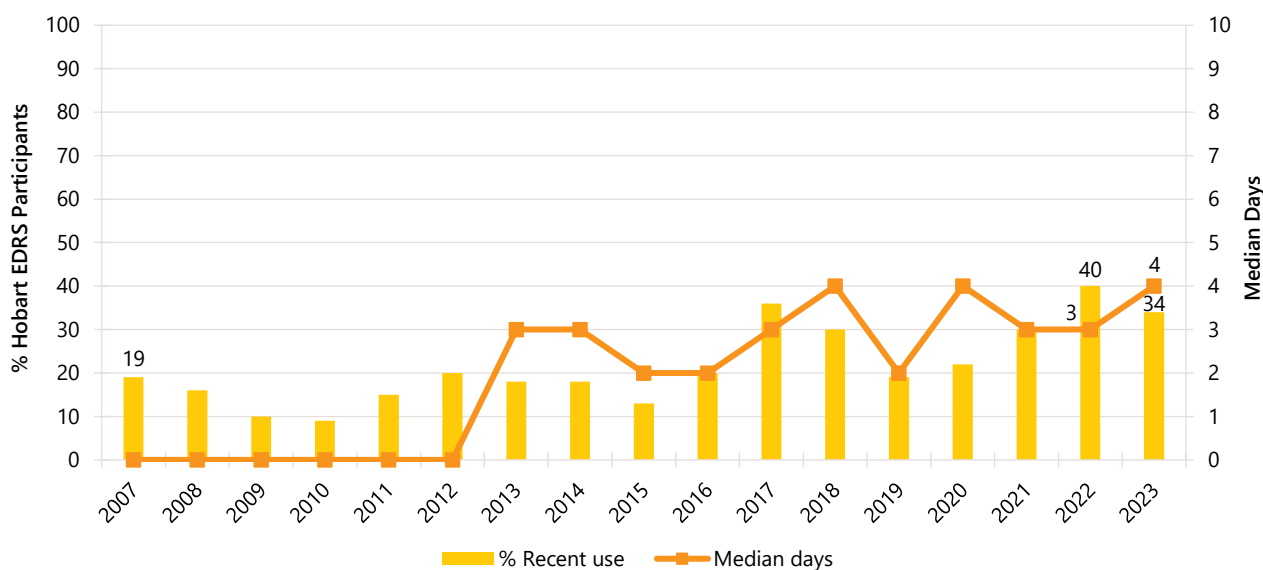
Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Price and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants were collected from 2022.

Price

Due to low numbers reporting (n≤5), further details are not reported on price. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability

Among those who responded in 2023 (n=16), the perceived availability of non-prescribed pharmaceutical stimulants remained stable, relative to 2022 (p=0.561). Half (50%) perceived non-prescribed pharmaceutical stimulants to be 'easy' (27% in 2022) to obtain.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)
Since 2013, the per cent reporting any recent cocaine use has substantially increased. In 2023, 75% of the Hobart sample reported recent use, stable from 78% in 2022 (p=0.837) (Figure 25).

Frequency of Use
Frequency of use has remained stable in recent years. Of those who had recently consumed cocaine and commented (n=49), participants reported a median of five days (IQR=3-10) of use in 2023, stable from six days in 2022 (IQR=4-11; n=56; p=0.492) (Figure 25); equivalent to monthly use. Few participants (n≤5) reported consuming cocaine on a weekly or more frequent basis (n≤5 in 2022).

Routes of Administration
Among participants who had recently consumed cocaine and commented (n=49), 96% of participants reported snorting cocaine, unchanged from 96% in 2022. Few participants (n≤5) reported swallowing cocaine in 2023, a significant decrease from 2022 (30%; p=0.016).

Quantity
Of those who reported recent use and responded (n=32), the median amount of cocaine used in a 'typical' session was 0.60 grams (IQR=0.50-1.00; 0.50 grams in 2022; IQR=0.30-1.00; n=39; p=0.159). Of those who reported recent use and responded (n=34), the median maximum amount of cocaine used in a session was one gram (IQR=0.50-1.50; 1.00 gram in 2022; IQR=0.50-1.30; n=40; p=0.624).

Forms Used
Among participants who had recently consumed cocaine and commented (n=49), the vast majority reported using powder cocaine (96%; 100% in 2022; p=0.215). Few participants (n≤5) reported use of rock cocaine in 2022 and 2023; therefore, further details are suppressed. No participants reported using crack cocaine in 2023 (n≤5 in 2022; p=0.497).

Figure 25: Past six month use and frequency of use of cocaine, Hobart, TAS, 2003-2023
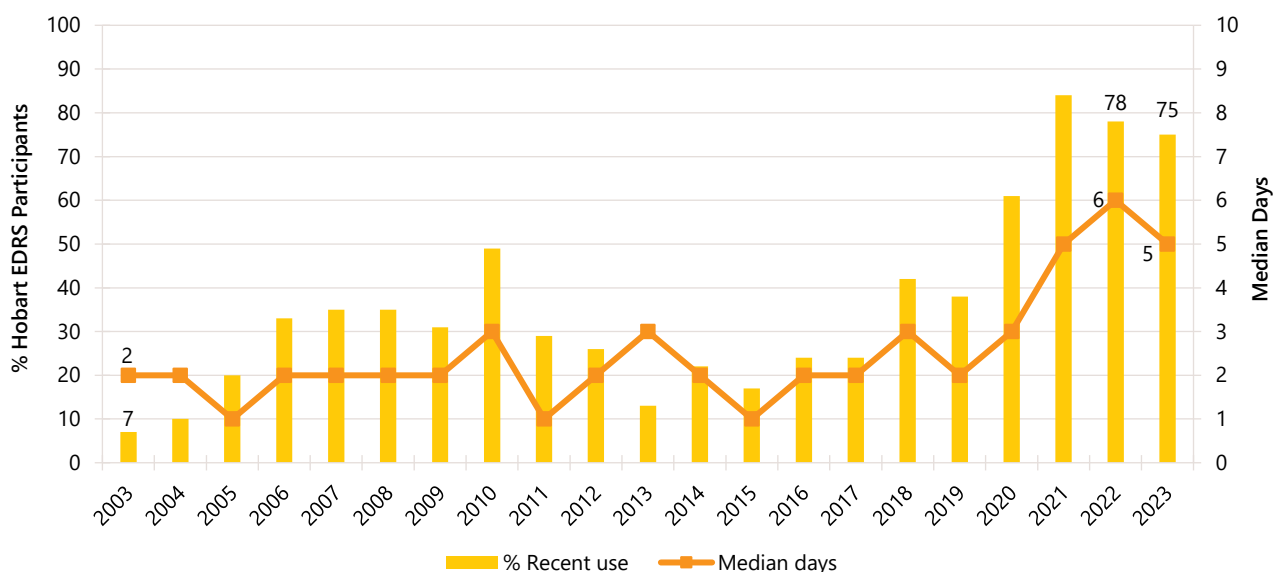
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Price, Perceived Purity and Perceived Availability

Price
The median price per gram of cocaine was $350 in 2023 (IQR=300-350; n=27), stable relative to 2022 ($350; IQR=350-350; n=37; p=0.546) (Figure 26).

Perceived Purity
The perceived purity of cocaine remained stable between 2022 and 2023 (p=0.548). Among those who were able to respond in 2023 (n=38), the largest percentage of participants (32%) perceived purity to be 'medium' in 2023 (unchanged from 32% in 2022). Twenty-nine per cent reported purity to be 'low' (42% in 2022) and one fifth (21%) reported purity as 'fluctuating' (14% in 2022). 'High' purity was reported by 18% of participants (12% in 2022) (Figure 27).

Perceived Availability
The perceived availability of cocaine largely remained stable between 2022 and 2023 (p=0.792). Among those who were able to respond in 2023 (n=38), almost two fifths (39%) reported cocaine to be 'easy' to obtain (40% in 2022). Twenty-nine per cent perceived cocaine to be both 'very easy' (27% in 2022) and 'difficult' to obtain (33% in 2022) (Figure 28).

Figure 26: Median price of cocaine per gram, Hobart, TAS, 2003-2023
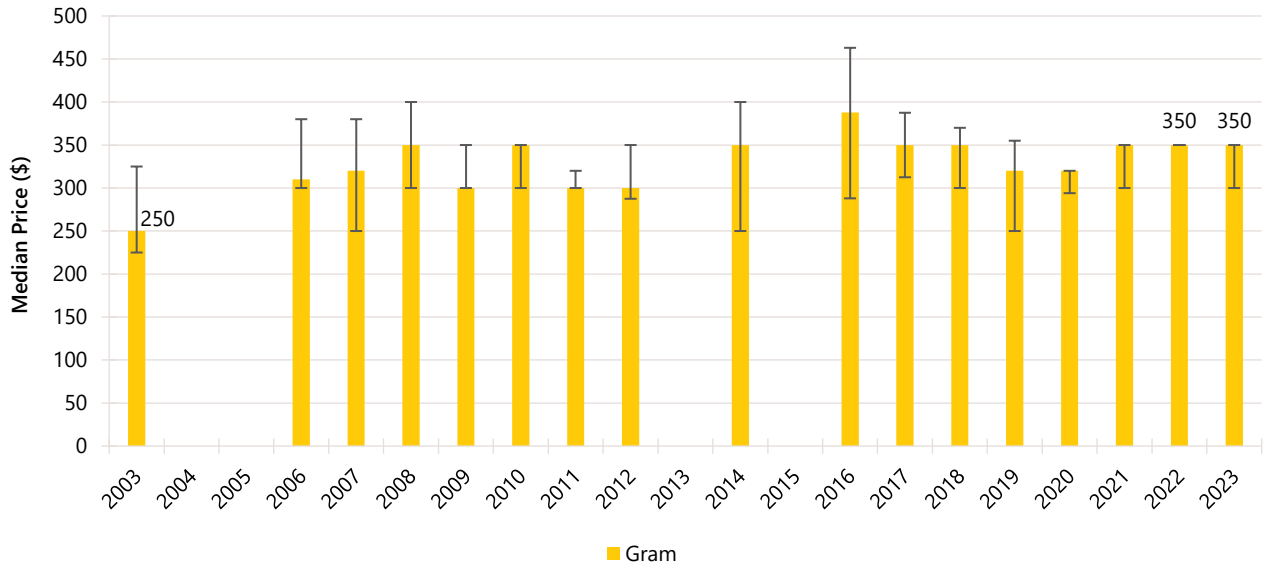
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 27: Current perceived purity of cocaine, Hobart, TAS, 2003-2023
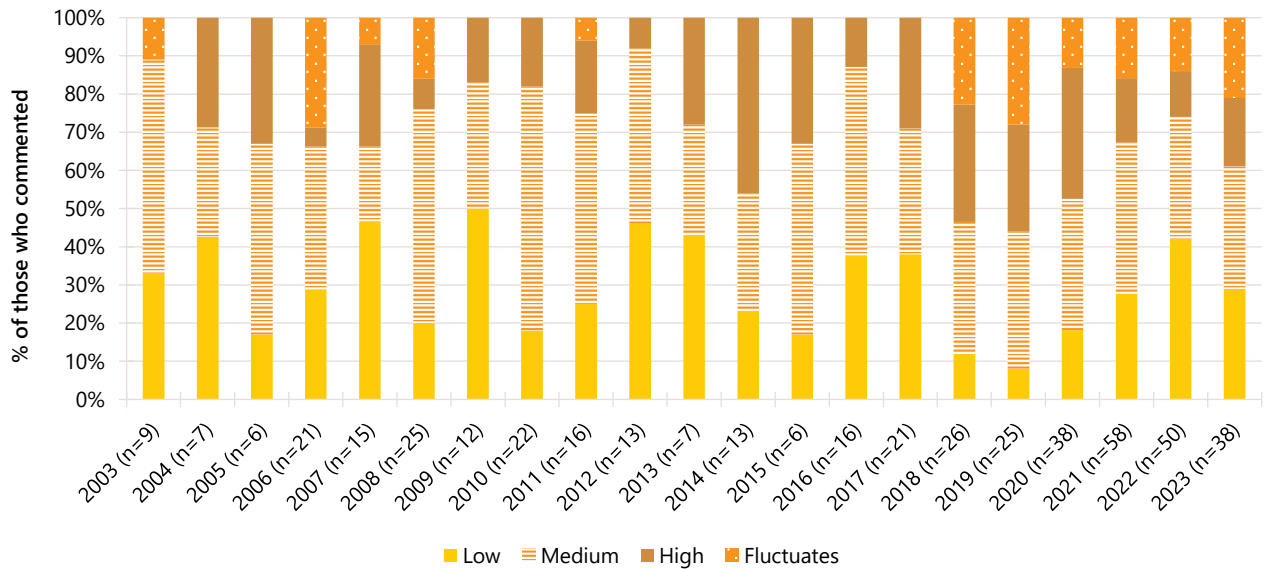
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 28: Current perceived availability of cocaine, Hobart, TAS, 2003-2023
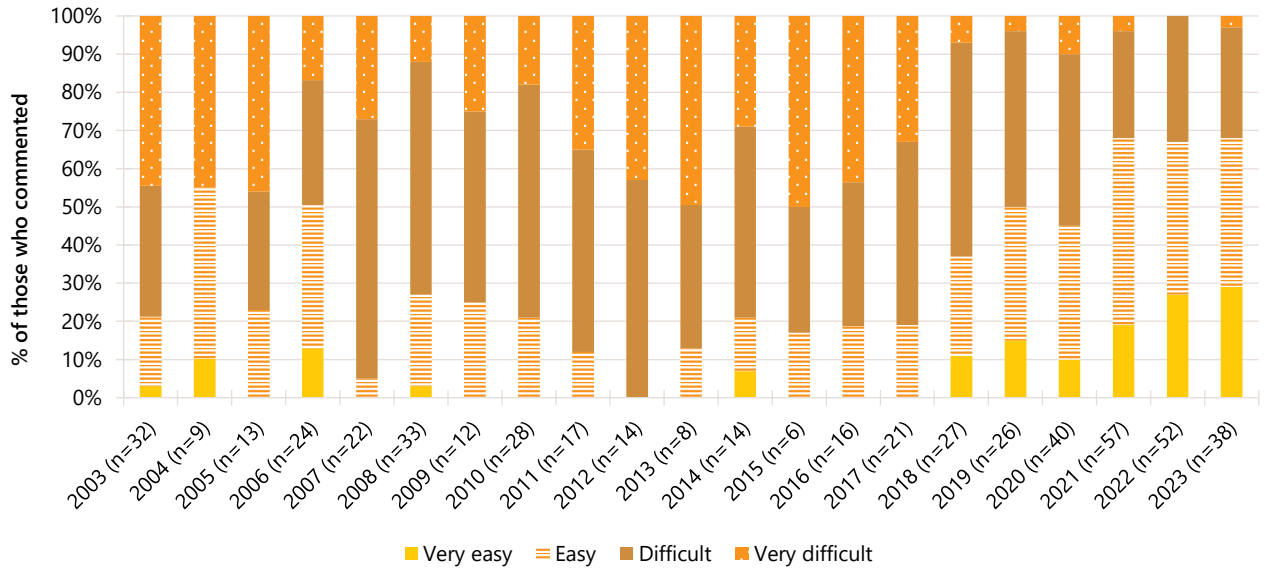
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

6

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Few participants (n≤5) in Hobart reported prescribed use in the six months preceding interview (0% in 2022; p=0.102).

In the remainder of this chapter, data from 2021-2023, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash and hash oil). While comparison between 2021-2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 and 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)
At least three in five participants have reported recent use of non-prescribed cannabis and/or cannabinoid-related products each year since 2003, with the only exception being 2011 (50%). Three quarters (78%) of participants reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, stable from 2022 (81%; p=0.827) (Figure 29).

Frequency of Use
Frequency of use has varied between at least once per week to up to four days per week over the course of monitoring. Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=50), participants reported a median of 25 days of

use (IQR=4-90) in 2023, a significant decrease relative to 2022 (54 days; IQR=13-180; n=58; *p*=0.039) (Figure 29). Half (52%) reported using non-prescribed cannabis and/or cannabinoid-related products on a weekly or more frequent basis (67% in 2022; *p*=0.125), including 14% who reported use on a daily basis (28% in 2022; *p*=0.106).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=50), the majority (92%) reported smoking as a route of administration (90% in 2022; *p*=0.749). Two fifths (42%) reported swallowing cannabis (40% in 2022; *p*=0.843) and 12% reported inhaling/vaporising (28% in 2022; *p*=0.060).

Quantity

Of those who reported recent non-prescribed use and responded, the median 'typical' amount used on the last occasion of use was one joint (IQR=1-2; n=17; 1 joint in 2022; IQR=1-2; n=27; *p*=0.771) or two grams (IQR=1.00-2.00; n=13; 3.00 grams in 2022; IQR=1.50-4.50; n=11; *p*=0.429) or three cones (IQR=2-15; n=9; 3 cones in 2022; IQR=2-6; n=24; *p*=0.567).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=47), the majority reported recent use of outdoor grown 'bush' cannabis (68%; 68% in 2022) and almost two thirds (64%) reported recent use of hydroponic cannabis (65% in 2022). Few participants (n≤5) reported recent use of (non-prescribed) CBD extract (21% in 2022; *p*=0.103), THC extract (16% in 2022; *p*=0.374), hashish (12% in 2022; *p*=0.506) or hash oil (12% in 2022; *p*=0.506).

Figure 29: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Hobart, TAS, 2003-2023
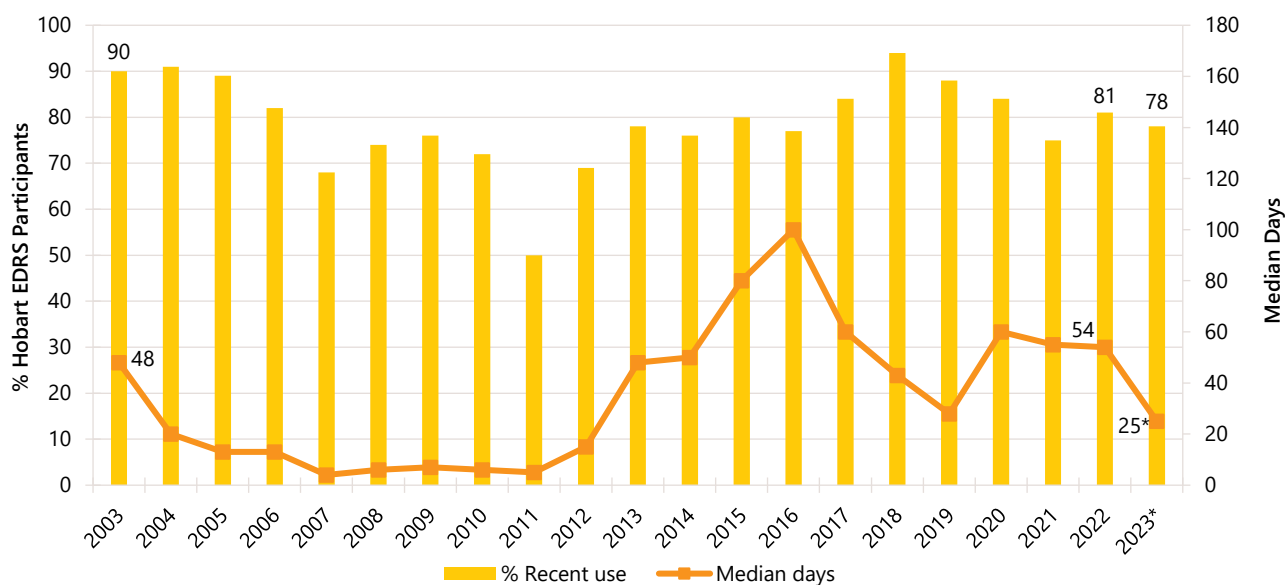
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of non-prescribed hydroponic cannabis in 2023 was $20 (IQR=20-20; n=6; n≤5 in 2022; p=0.239). The median price per ounce of non-prescribed hydroponic cannabis has fluctuated between $250 and $300 since 2006. In 2023, few participants (n≤5) reported on the price of an ounce; therefore, these data are suppressed ($300 in 2022; IQR=288-300; n=8; p=0.445) (Figure 30a).

Perceived Potency: Among those who were able to respond in 2023 (n=21), the perceived potency of non-prescribed hydroponic cannabis remained stable, relative to 2022 (p=0.345). Half (52%) of participants reported non-prescribed hydroponic cannabis to be 'high' potency (61% in 2022) (Figure 31a).

Perceived Availability: Among those who were able to respond in 2023 (n=21), the perceived availability of non-prescribed hydroponic cannabis remained stable, relative to 2022 (p=0.400). The majority (71%) of participants reported non-prescribed hydroponic cannabis to be 'very easy' to obtain (56% in 2022), and 29% reported that it was 'easy' to obtain (38% in 2022) (Figure 32a).

Bush Cannabis

Price: Few participants (n≤5) reported on the median price per ounce of non-prescribed bush cannabis; therefore, further details are not reported ($250 in 2022; IQR=250-275; n=14; p=0.910).

Similarly, few participants (n≤5) reported on the median price per gram of non-prescribed bush cannabis ($15 in 2022; IQR=13-19; n=6; *p*=0.356) (Figure 30b).

Perceived Potency: Among those who were able to respond in 2023 (n=26), the perceived potency of non-prescribed bush cannabis remained stable, relative to 2022 (*p*=0.825). Two fifths (42%) reported non-prescribed bush cannabis to be of 'medium' potency (39% in 2022), with a further 23% reporting potency to be 'low' (15% in 2022) (Figure 31b).

Perceived Availability: Among those who were able to respond in 2023 (n=26), the perceived availability of non-prescribed bush cannabis remained stable, relative to 2022 (*p*=0.168). The majority (69%) of participants reported non-prescribed bush cannabis to be 'very easy' to obtain (53% in 2022), and 31% reported that it was 'easy' to obtain (29% in 2022) (Figure 32b).

Figure 30: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Hobart, TAS, 2006-2023
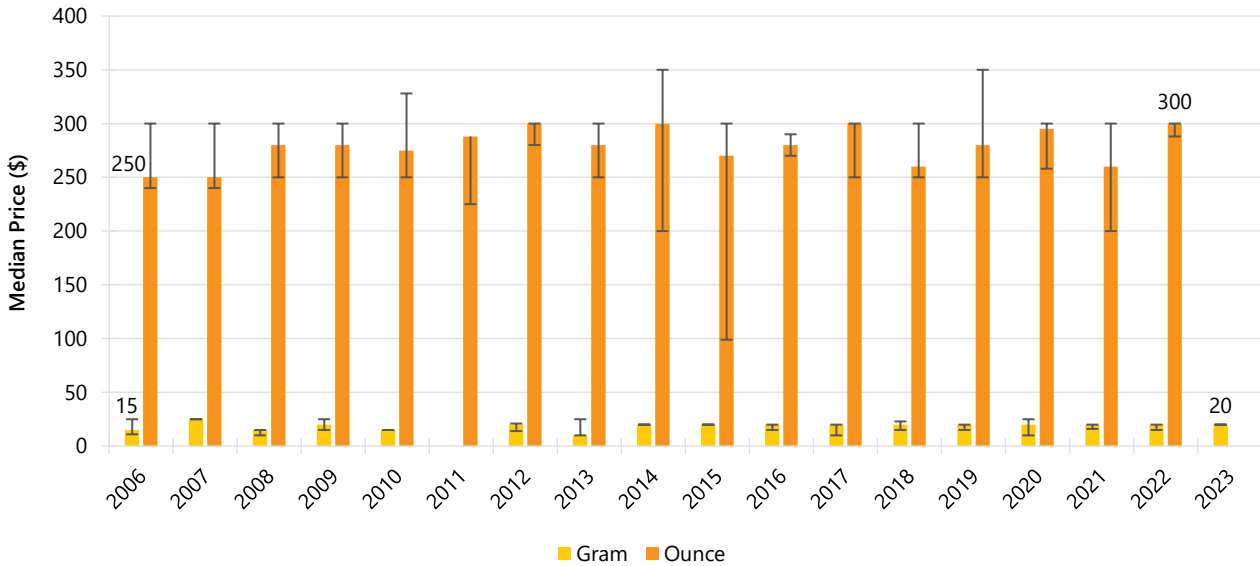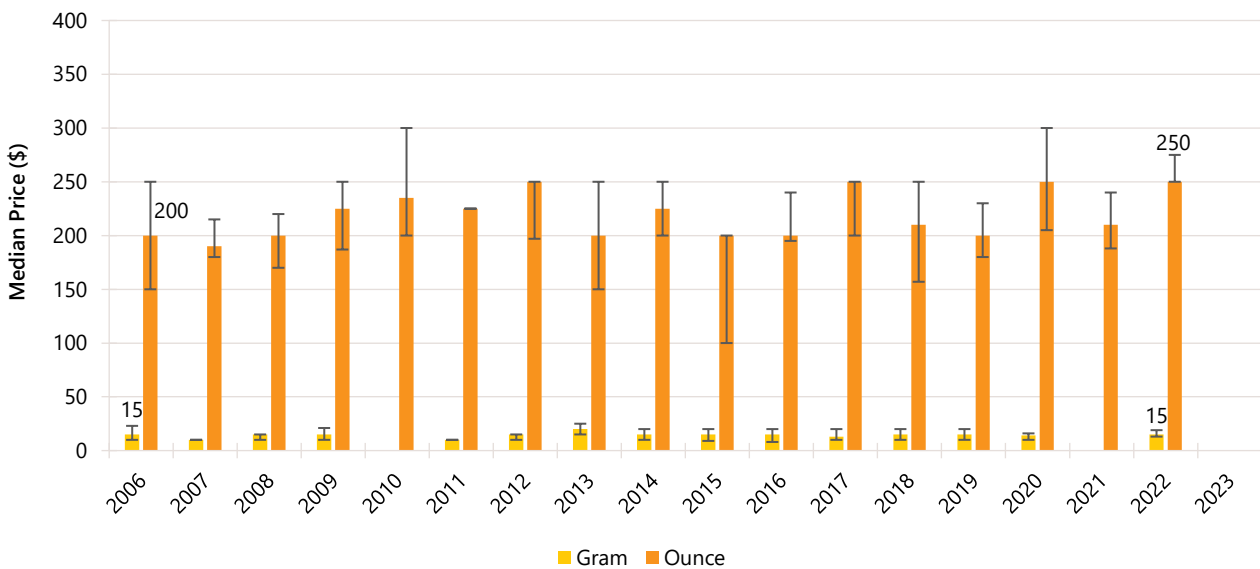
(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first (2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 31: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2006-2023

(A) Hydroponic cannabis

Low   Medium   High   Fluctuates

(B) Bush cannabis

Low   Medium   High   Fluctuates

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 32: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2006-2023

(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

Recent Use (past 6 months): Fifty-one per cent of the Hobart sample reported using non-prescribed ketamine in the six months prior to interview. This remained stable from 38% in 2022 (p=0.132) (Figure 33).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented (n=33), participants reported a median of four days (IQR=1-6) of use in 2023, stable relative to 2022 (2 days; IQR=1-4; n=27; p=0.298) (Figure 33). Few participants (n≤5) reported weekly or more frequent use in 2023; therefore, these data are suppressed (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=33), the most common route of administration was snorting (82%; 89%; p=0.495), followed by swallowing (18%; 15% in 2022).

Quantity: Among those who reported recent use and responded (n=22), the median amount of non-prescribed ketamine used in a 'typical' session was 0.30 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.30; n=15; p=0.060). Of those who reported recent use and responded (n=22), the median maximum amount of non-prescribed ketamine used in a session was 0.50 grams (IQR=0.20-1.00; 0.40 grams in 2022; IQR=0.20-0.50; n=15; p=0.296).

Figure 33: Past six month use and frequency of use of non-prescribed ketamine, Hobart, TAS, 2003-2023
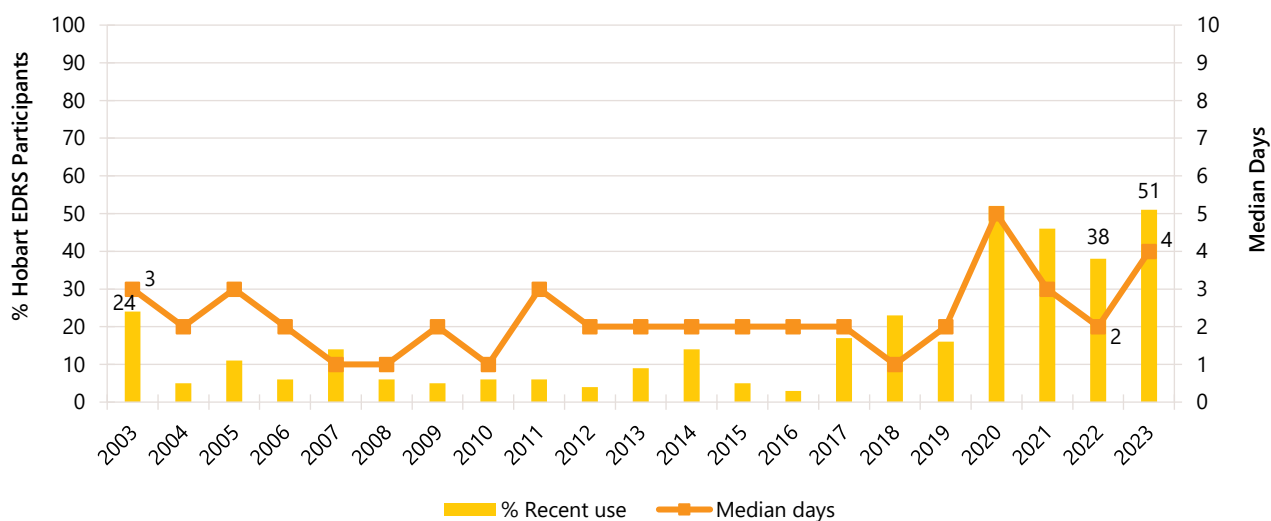
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price: The median reported price of non-prescribed ketamine has fluctuated somewhat since the commencement of monitoring. In 2023, the median price per gram of ketamine was $238 (IQR=195-250; n=12; $260 in 2022; IQR=250-270; n=10; p=0.225) (Figure 34).

Perceived Purity: Among those who were able to respond in 2023 (n=20), the perceived purity of non-prescribed ketamine remained stable, relative to 2022. Almost two thirds (65%) perceived the purity as being 'high' (69% in 2022) (Figure 35).

Perceived Availability: Of those who were able to respond in 2023 (n=20), the perceived availability of non-prescribed ketamine remained stable, relative to 2022 (p=0.282). Almost half (45%) perceived ketamine to be 'easy' to obtain (35% in 2022). Conversely, 35% perceived ketamine to be 'difficult' to obtain (24% in 2022) (Figure 36).

**Figure 34: Median price of non-prescribed ketamine per gram, Hobart, TAS, 2003-2023**
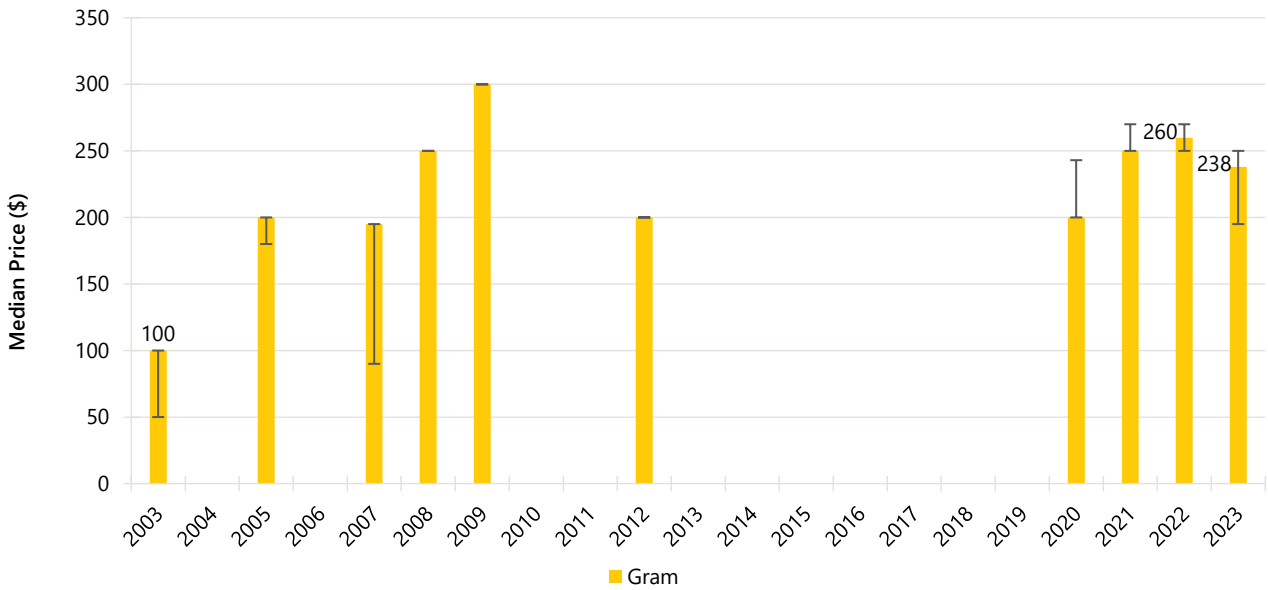
Note. Among those who commented. No participants reported purchasing ketamine in 2004, 2006, 2010, 2011, 2015 and 2016. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 35: Current perceived purity of non-precribed ketamine, Hobart, TAS, 2003-2023

Note. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 36: Current perceived availability of non-prescribed ketamine, Hobart, TAS, 2003-2023
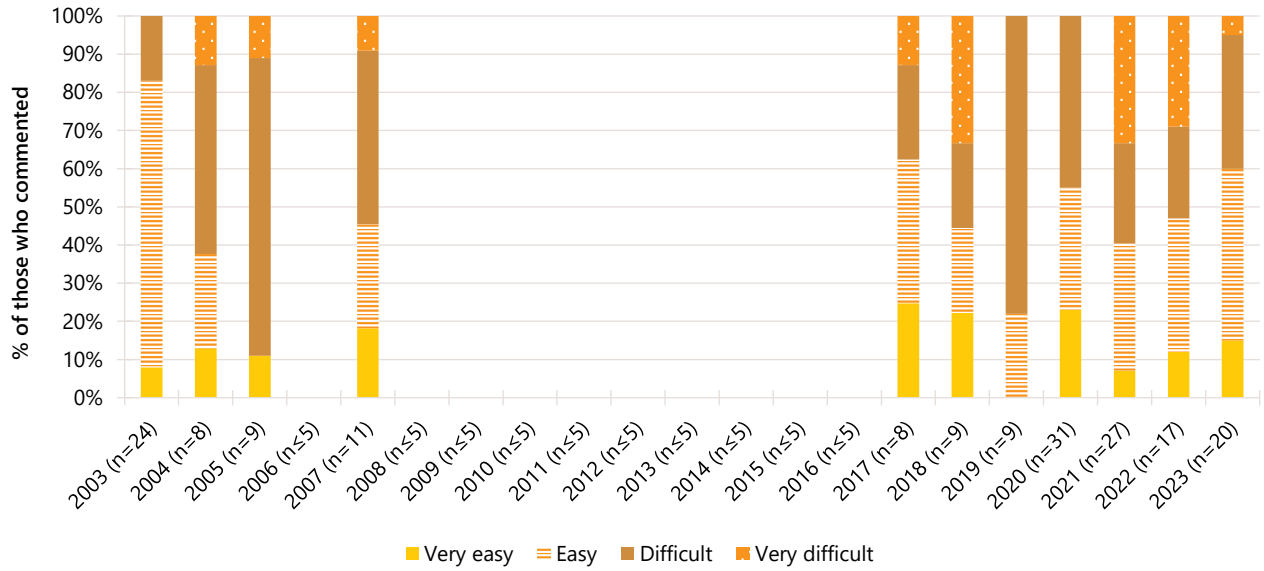
Note. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

LSD

Patterns of Consumption

Recent Use (past 6 months): Almost two fifths (38%) of the Hobart sample had used LSD in the six months preceding interview, a significant decrease from 2022 (57%; p=0.042) (Figure 37).

Frequency of Use: Median days of LSD use over the years has remained low. Of those who had recently consumed LSD and commented (n=25), participants reported use on a median of two days (IQR=1-3) in 2023, a significant decrease from 2022 (3 days; IQR=2-7; n=41; p=0.045) (Figure 37). No participants who had recently consumed LSD reported weekly or more frequent use in 2023 (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=25), all participants (100%) reported swallowing LSD in 2023, stable relative to 2022 (98%). No participants reported any other route of administration.

Quantity: Among those who reported recent use and responded (n=22), the median amount of LSD used in a 'typical' session was one tab (IQR=1-1; 1 tab in 2022; IQR=1-2; n=32; p=0.849). Of those who reported recent use and responded (n=22), the median maximum amount of LSD used in a session was one tab (IQR=1-2; 2 tabs in 2022; IQR=1-2; n=32; p=0.291).

Figure 37: Past six month use and frequency of use of LSD, Hobart, TAS, 2003-2023

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price: In 2023, participants reported a median price for $25 per tab of LSD (IQR=20-25; n=18), unchanged from $25 in 2022 (IQR=15-25; n=17; *p*=0.543) (Figure 38).

Perceived Purity: Among those who were able to respond in 2023 (n=26), the perceived purity of LSD remained stable, relative to 2022 (*p*=0.837). Specifically, almost three fifths (58%) perceived purity to be 'high' (66% in 2022), and one quarter (27%) perceived purity to be 'medium' (22% in 2022) (Figure 39).

Perceived Availability: Among those able to comment in 2023 (n=26), the perceived availability of LSD remained stable, relative to 2022 (*p*=0.721). Almost two fifths (38%) reported LSD as being 'easy' to obtain (52% in 2022), followed by 27% who reported LSD as being 'very easy' to obtain (26% in 2022). On the contrary, 27% reported LSD as being 'difficult' to obtain (16% in 2022) (Figure 40).

Figure 38: Median price of LSD per tab, Hobart, TAS, 2003-2023
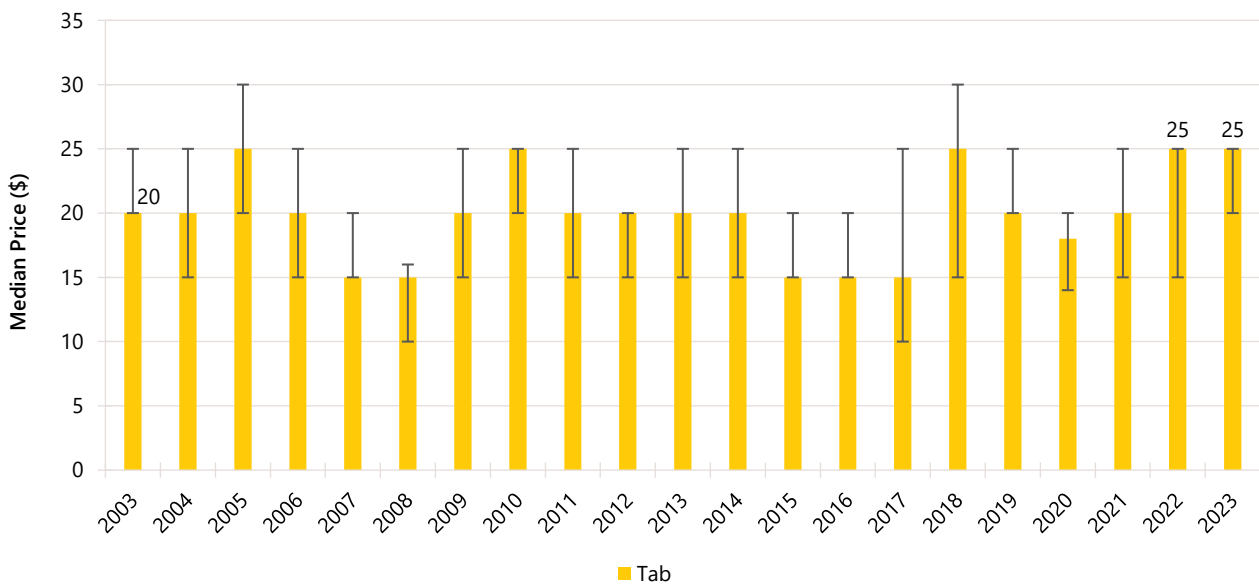
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 39: Current perceived purity of LSD, Hobart, TAS, 2003-2023
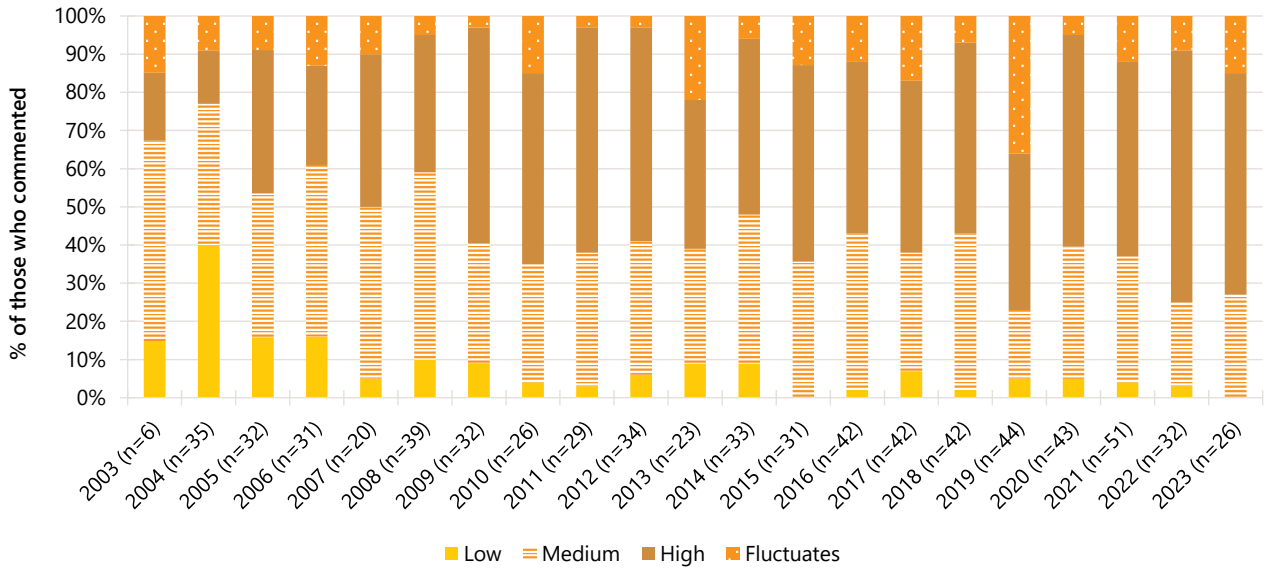
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 40: Current perceived availability of LSD, Hobart, TAS, 2003-2023
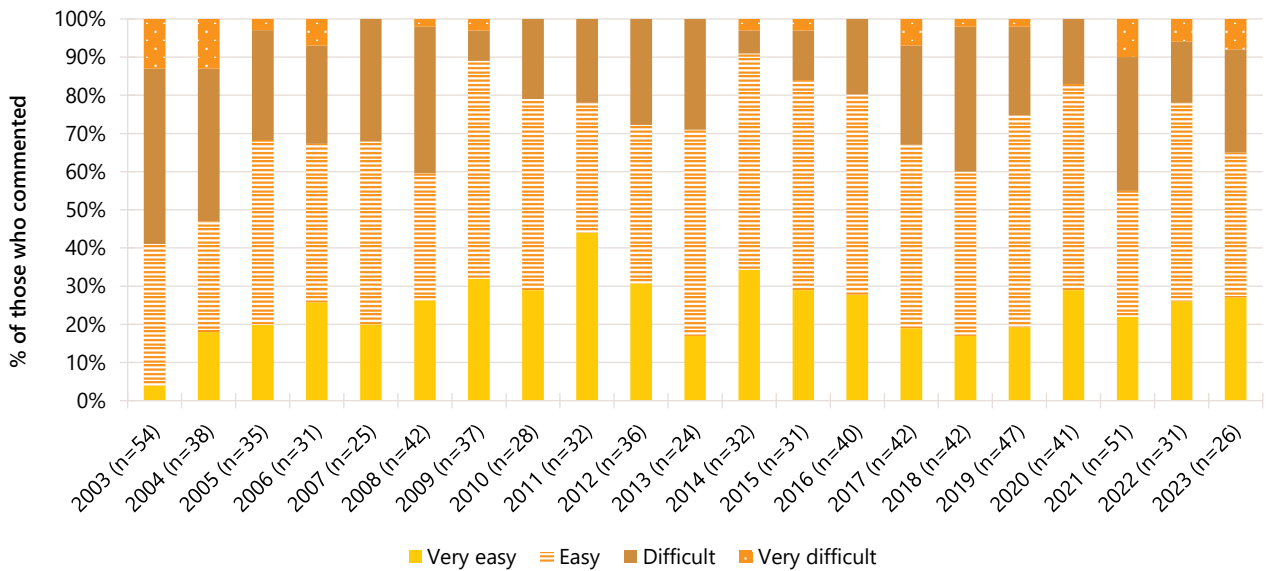
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

DMT

Patterns of Consumption

Recent Use (past 6 months): Ten per cent of the Hobart sample reported recent use of DMT in 2023, stable relative to 2022 (10%) (Figure 41).

Frequency of Use: Median days of DMT use has remained infrequent and stable over the monitoring period, with a median of one day of use (IQR=1-19; n=6) reported by participants in 2023 (1 day in 2022; IQR=1-2; n=7; p=0.935) (Figure 41).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=6), all participants (100%) reported smoking DMT in 2023 unchanged from 2022 (100%). No participants reported any other route of administration.

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a session in 2023; therefore, further details are not reported (n≤5 in 2022).

Figure 41: Past six month use and frequency of use of DMT, Hobart, TAS, 2010-2023
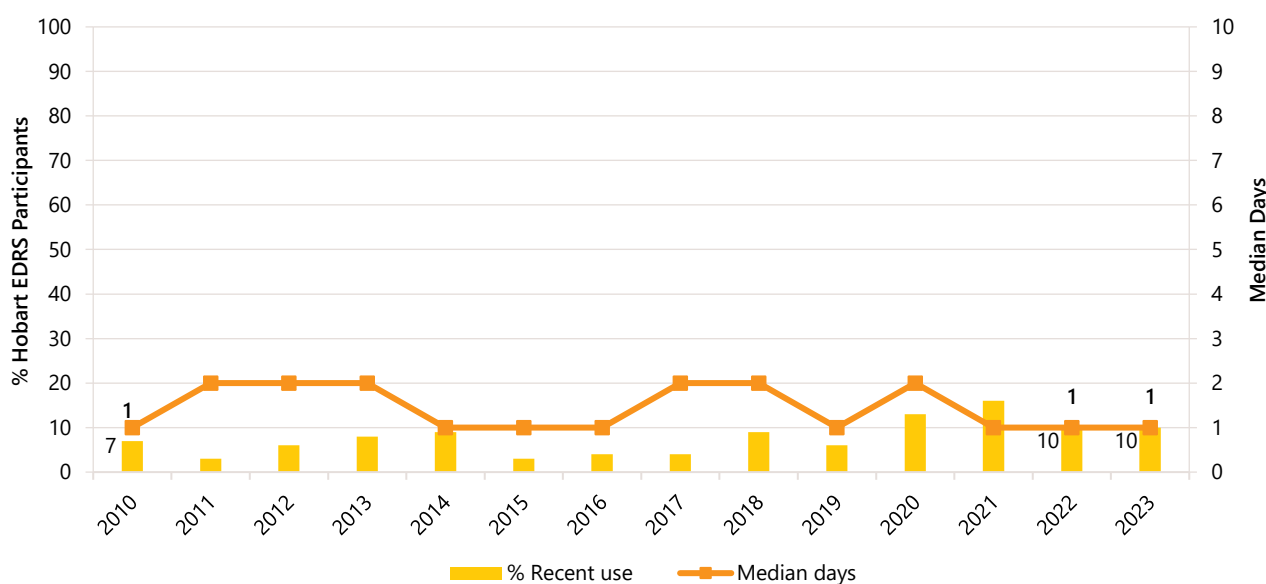
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2022 and 2023) of monitoring. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

New Psychoactive Substances

New psychoactive substances (NPS) are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and in 2021, the decision was made to exclude them from this category. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our 2010-2020 reports.

Further, some organisations (e.g., the United Nations Office on Drugs and Crime) include plant-based substances in their definition of NPS, whilst other organisations exclude them. To allow comparability with both methods, we present figures for 'any' NPS use, both including and excluding plant-based NPS.

Recent Use (past 6 months)
Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 49% in 2010 and declining in recent years. In 2023, few participants (n≤5) reported recent use of NPS (including plant-based NPS); therefore, further details are suppressed (n≤5 in 2022; p=0.683) (Table 2**Error! Reference source not found.**).

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 48% in 2010 and since declining (n≤5 in 2023; n≤5 in 2022) (Table 2**Error! Reference source not found.**).

Forms Used
Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Hobart sample has fluctuated over time, although 2023 observed the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS (Table 3). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of NPS (excluding and including plant-based NPS), Hobart, TAS, 2010-2023

%	Excluding plant-based NPS	Including plant-based NPS
2010	48	49
2011	33	33
2012	24	26
2013	33	34
2014	36	38
2015	18	22
2016	14	14
2017	17	17
2018	21	23
2019	18	18
2020	8	10
2021	10	11
2022	-	-
2023	-	-

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. - Per cent suppressed due to low numbers (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Table 3: Past six month use of NPS by drug type, Hobart, TAS, 2010-2023

	2010 N=100	2011 N=75	2012 N=97	2013 N=76	2014 N=100	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=99	2020 N=100	2021 N=102	2022 N=72	2023 N=65
% Phenethylamines ^	15	-	-	10	15	10	-	17	-	6	-	6	-	0
Any 2C substance~	12	-	-	10	10	-	-	9	-	-	-	-	0	0
NBOMe	/	/	/	/	-	-	0	6	-	-	-	-	0	0
DO-x	-	0	0	0	0	0	0	-	-	0	0	0	0	0
4-FA	/	/	/	/	/	/	0	0	0	0	0	0	-	0
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	0
% Tryptamines^^	0	-	-	-	-	0	0	0	0	-	-	-	0	0
5-MeO-DMT	0	-	-	-	-	0	0	0	0	-	-	-	0	0
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	/	/	0	0
% Synthetic cathinones	44	31	13	29	32	15	9	-	-	-	-	0	-	-
Mephedrone	42	27	10	24	23	9	-	-	-	0	-	0	0	-
Methylone/bk MDMA	/	-	-	-	-	-	-	-	-	0	-	0	-	0
MDPV/Ivory wave	-	-	-	-	-	-	0	-	0	-	0	0	0	0
Alpha PVP	/	/	/	/	/	/	0	0	/	/	-	0	0	0
Other substituted cathinone	/	/	0	/	-	0	0	/	/	/	/	/	0	/
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	/	0	0	0	0
N-ethylpentylone	/	/	/	/	/	/	/	/	/	/	0	0	0	0
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	0	0	0	0
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	0
3-methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	0	0
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0
% Piperazines	-	0	0	0	0	0	0	/	/	/	/	/	/	/
BZP	-	0	0	0	0	0	0	0	/	/	/	/	/	/
% Dissociatives	/	/	0	-	10	-	-	-	0	-	-	-	0	0
Methoxetamine (MXE)	/	/	0	-	10	-	-	-	0	-	0	0	0	0

2023	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=100	N=75	N=97	N=76	N=100	N=78	N=100	N=100	N=100	N=99	N=100	N=102	N=72	N=65
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	-	0	**0**
% Plant-based NPS	-	-	-	-	6	6	-	-	-	-	-	-	-	**0**
Ayahuasca	/	/	/	/	/	0	0	0	0	0	0	0	0	**0**
Mescaline	-	-	-	-	-	-	-	-	-	0	-	-	0	**0**
Salvia divinorum	/	0	-	-	-	-	0	-	-	-	-	-	-	**0**
Kratom	/	/	/	/	/	/	/	/	/	/	0	-	0	**0**
LSA	/	-	11	-	0	-	-	/	/	/	/	/	0	**/**
Datura	-	-	0	-	0	0	0	/	/	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	0	-	-	-	0	-	-	**0**
Etizolam	/	/	/	/	/	/	0	-	-	-	0	0	-	**0**
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	0	0	-	0	**0**
% Synthetic cannabinoids	/	/	8	/	-	-	-	-	7	-	-	-	0	**-**
% Herbal high[#]	/	/	8	/	-	-	0	-	-	-	0	-	/	**/**
Phenibut	/	/	8	/	-	-	0	-	-	-	0	-	-	**0**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	-	0	0	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	0	0	-	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	-	-	0	**-**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=100	N=75	N=97	N=76	N=100	N=78	N=100	N=100	N=100	N=99	N=100	N=102	N=72	N=65
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	-	0	-	0	**0**

Note. NPS first asked about in 2010. / Not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019, three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

Before the 1 February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1 February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS, however from 2021, participants were only asked about prescribed and non-prescribed codeine use, regardless of whether it was low- or high-dose.

Recent Use (past 6 months): Eighteen per cent of the Hobart sample reported using any non-prescribed codeine in the past six months, stable relative to 2022 (15%; p=0.638) (Figure 42).

Recent Use for Non-Pain Purposes: Of those who reported recent use of any non-prescribed codeine (n=12), 75% reported they had used it for non-pain purposes in 2023 (n≤5 in 2022; 14% of the whole sample).

Frequency of Use: Participants who had recently used any non-prescribed codeine and commented (n=12) reported use on a median of four days (IQR=1-14) in the past six months (3 days in 2022; IQR=2-5; n=11; p=0.852).

Pharmaceutical Opioids

Due to low numbers reporting (n≤5) recent use of pharmaceutical opioids, further details are not reported (Figure 42). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Benzodiazepines

Recent Use (past 6 months): In 2023, 32% per cent of the Hobart sample reported recent use of non-prescribed benzodiazepines, stable relative to 2022 (36%; p=0.724) (Figure 42). From 2019, participants were asked about non-prescribed alprazolam use versus all 'other' non-prescribed benzodiazepine use. In 2023, 15% of the sample reported recent use of non-prescribed alprazolam, stable relative to 2022 (18%; p=0.814). Recent use of non-prescribed 'other' benzodiazepines also remained stable, with one quarter (26%) reporting recent use in 2023 (29% in 2022; p=0.708).

Frequency of Use: Participants who reported recent use reported a median of three days (IQR=1-5; n=10; 5 days in 2022; IQR=2-20; n=13; *p*=0.432) and four days (IQR=2-10; n=17; 2 days in 2022; IQR=1-6; n=21; *p*=0.288) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Forms Used: Few participants (n≤5) who had recently consumed non-prescribed benzodiazepines commented on the brand consumed; therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Few participants (n≤5) reported recent non-prescribed use of antipsychotics in 2023; therefore, further details are not reported (n≤5 in 2022; *p*=0.254) (Figure 42). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 42: Non-prescribed use of pharmaceutical medicines in the past six months, Hobart, TAS, 2007-2023
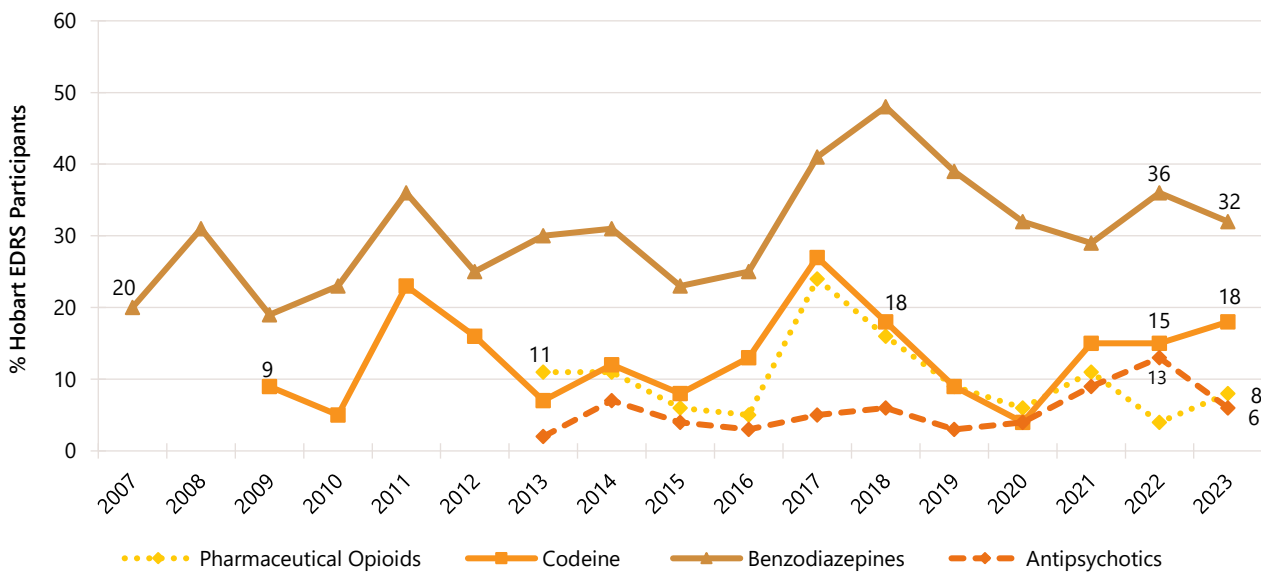
Note. Non-prescribed use is reported for prescription medicines. Monitoring of benzodiazepines commenced in 2007, and pharmaceutical opioids and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2023), with high-dose codeine excluded from pharmaceutical opioids from 2018. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2007/2009/2013/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2023, two fifths (40%) of the Hobart sample reported recent use of hallucinogenic mushrooms in the six months preceding interview, stable relative to 2022 (51%; *p*=0.235) (Figure 43).

Frequency of Use: A median of three days of hallucinogenic mushroom use (IQR=1-5; n=26) was reported in the six months prior to interview in 2023, a significant decrease from four days in 2022 (IQR=2-12; n=37; *p*=0.040).

MDA

Recent Use (past 6 months): Eleven per cent of the sample reported recent use of MDA in the six months preceding interview, unchanged from 2022 (11%).

Frequency of Use: A median of two days of MDA use (IQR=2-3; n=7) was reported in the six months prior to interview in 2023 (2 days in 2022; IQR=1-3; n=8; *p*=0.760).

Substance with Unknown Contents

Capsules: Few participants (n≤5) reported recent use of capsules with 'unknown contents' in 2023; therefore, further details are not reported (n≤5 in 2022) (Figure 43). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Almost one quarter (23%) of participants reported use of any substance with 'unknown contents' in 2023 (26% in 2022; *p*=0.698) on a median of two days (IQR=2-4; n=15; 2 days in 2022; IQR=1-4; n=19; *p*=0.473).

When broken down by substance form, 12% of participants reported recent use of pills with 'unknown contents' (13% in 2022). Few participants (n≤5) reported on recent use of powder and crystal with 'unknown contents' in 2023; therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with 'unknown contents' in the six months preceding interview. Of those who reported recent use and responded (n=8), the median number of pills with 'unknown contents' used in a 'typical' session was one pill (IQR=1-2; 1 pill in 2022; IQR=1-1; n=9; *p*=0.227). Few participants (n≤5) were able to answer questions regarding the median quantity of capsules used in a 'typical' session in 2023; therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMA

No participants reported recent use of PMA in 2022 and 2023 (Figure 43). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMMA

No participants reported recent use of PMMA in 2022 and 2023 (Figure 43). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

Few participants (n≤5) reported recent use of heroin in 2023; therefore, further details are not reported (n≤5 in 2022) (Figure 43). Please refer to the [2023 National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2023, 11% of the Hobart sample reported recent use of GHB/GBL/1,4-BD in the six months prior to interview, a significant increase from 2022 (0%; p=0.005) (Figure 43).

Frequency of Use: A median of two days of GHB/GBL/1,4-BD use (IQR=1-4; n=7) was reported in the six months prior to interview in 2023.

Figure 43: Past six month use of other illicit drugs, Hobart, TAS, 2003-2023
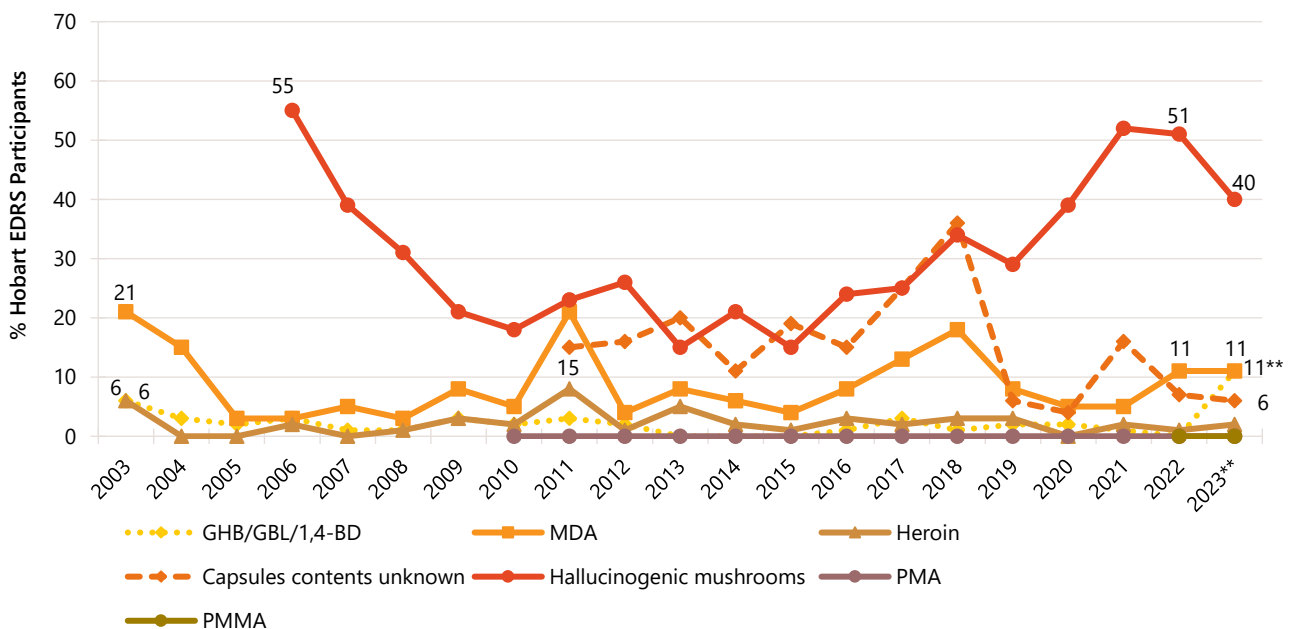
Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Monitoring of PMA commenced in 2010 and monitoring of PMMA commenced in 2022. Y axis has been reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2003/2006/2010/2011) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the Hobart sample reported recent alcohol use each year since monitoring began (92% in 2022; 94% in 2022; *p*=0.734) (Figure 44).

Frequency of Use: In 2023, participants who had recently used alcohol reported use on a median of 24 days (IQR=22-72; n=59; 48 days in 2022; IQR=23-74; n=68; *p*=0.283). Three quarters (75%) of those who recently used alcohol reported weekly or more frequent use in 2023, stable relative to 2022 (75%). Few participants (n≤5) reported daily use of alcohol in 2022 and 2023; therefore, these data are suppressed.

Tobacco

Recent Use (past 6 months): Almost three quarters (72%) of the Hobart sample reported recent use of tobacco in 2023 (79% in 2022; *p*=0.425), the lowest per cent since monitoring began (Figure 44).

Frequency of Use: Participants who had recently used tobacco reported use on a median of 90 days in 2023 (IQR=14-180; n=47; 100 days in 2022; IQR=12-180; n=57; *p*=0.861), with 38% of these participants reporting daily use (39% in 2022).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021, requiring people to obtain a prescription to legally import nicotine vaping products. Thus, from 2022, participants were asked about their use of both prescribed and non-prescribed e-cigarettes.

Recent Use (past 6 months): Fifty-four per cent of the sample had used non-prescribed e-cigarettes in the six months preceding interview, stable relative to 2022 (56%; *p*=0.861) (Figure 44). Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2023 (n≤5 in 2022).

Frequency of Use: A median frequency of 60 days of non-prescribed use was reported in the past six months in 2023 (IQR=25-180; n=35; 24 days in 2022; IQR=9-60; n=40; *p*=0.011), with 28% of these participants reporting daily use (11% in 2022; *p*=0.056).

Forms Used: All participants who responded reported using e-cigarettes containing nicotine (100%; n=35; 90% in 2022; n=39). No participants reported using e-cigarettes containing cannabis (n≤5 in 2022) or containing cannabis and nicotine (0% in 2022). One fifth (20%) of participants reported using e-cigarettes which did not contain nicotine nor cannabis (33% in 2022). No participants reported using e-cigarettes that contained another substance.

Reason for Use: Of those who reported any (i.e., prescribed and non-prescribed) e-cigarette use and responded (n=36), almost three fifths (58%) of participants reported that they did not use e-cigarettes as a smoking cessation tool in 2023 (71% in 2022; *p*=0.341).

Nitrous Oxide

Recent Use (past 6 months): Two fifths (40%) of the Hobart sample reported recent use of nitrous oxide in 2023, stable relative to 2022 (26%; *p*=0.108) (Figure 44).

Frequency of Use: Frequency of use also remained stable, with a median of three days (IQR=1-6; n=26) of use reported in 2023 (3 days in 2022; IQR=2-7; n=19; *p*=0.623), equivalent to less than monthly use.

Quantity: Among those who reported recent use and responded (n=24), the median amount used in a 'typical' session was 10 bulbs (IQR=2-16; 8 bulbs in 2022; IQR=5-20; n=19; *p*=0.806). Of those who reported recent use and responded (n=24), the median maximum amount used per session was 10 bulbs (IQR=2-27; 10 bulbs in 2022; IQR=8-30; n=19; *p*=0.498).

Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as a Schedule 4 substance in Australia (i.e., available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the Therapeutic Goods Administration, amyl nitrite was listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purpose.

Recent Use (past 6 months): After considerable fluctuation over the course of monitoring, half (49%) of the Hobart sample reported recent use of amyl nitrite in 2023, stable relative to 2022 (35%; *p*=0.123) (Figure 44).

Frequency of Use: A median of five days of use was reported in 2023 (IQR=2-15; n=32; 2 days in 2022; IQR=1-7; n=25; *p*=0.098).

Figure 44: Licit and other drugs used in the past six months, Hobart, TAS, 2003-2023
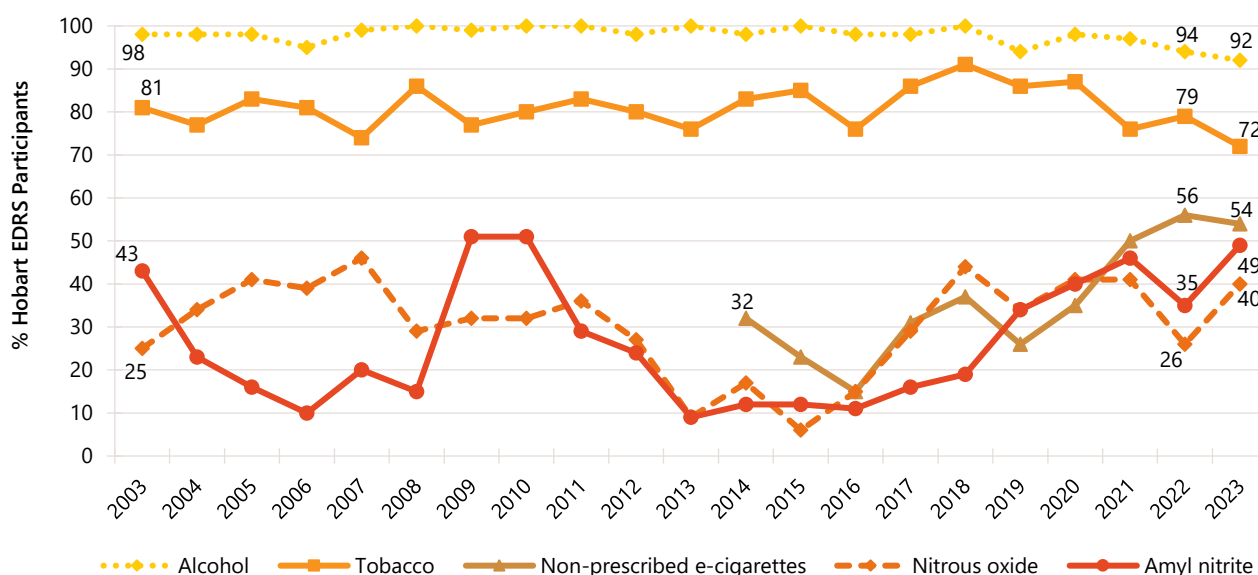
Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first (2003/2014) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

10

Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who responded (n=64), the most commonly used substances were alcohol (52%) and ecstasy (47%), followed by cannabis (25%) and methamphetamine (22%).

Three quarters (74%; n=45) of the Hobart sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol; excluding tobacco and e-cigarettes). Almost one third (30%) of participants reported concurrent use of depressants and stimulants on the last occasion of ecstasy or related drug use. Seventeen per cent reported using stimulants alone (Figure 45).

Figure 45: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Hobart, TAS, 2023: Most common drug pattern profiles
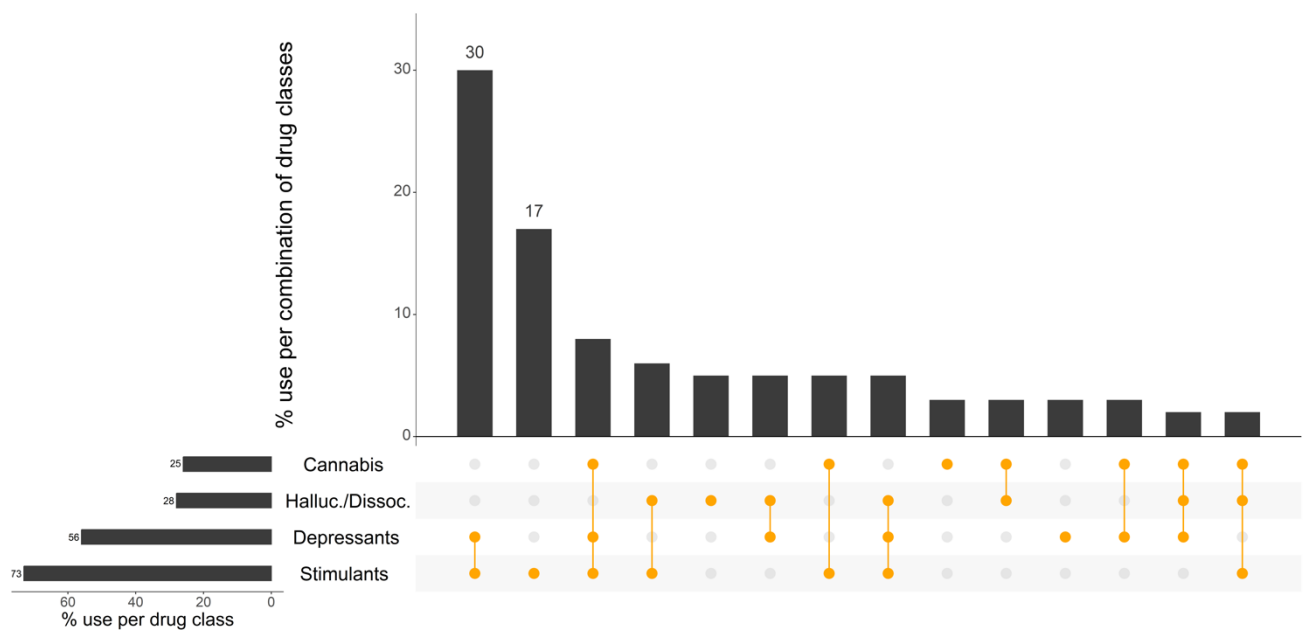
Note. % calculated out of total EDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 35% to improve visibility of trends.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site drug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 27% of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year (34% in 2022; p=0.443) (Figure 46). Of those who reported that they or someone else had tested their illicit drugs in the past year and commented (n=12), 83% reported using colorimetric reagent test kits. No participants reported having their drugs tested via testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=17), the majority (59%) reported having their drugs tested by a friend. Few participants (n≤5) reported testing the drugs themselves.

Figure 46: Lifetime and past year engagement in drug checking, Hobart, TAS, 2019-2023
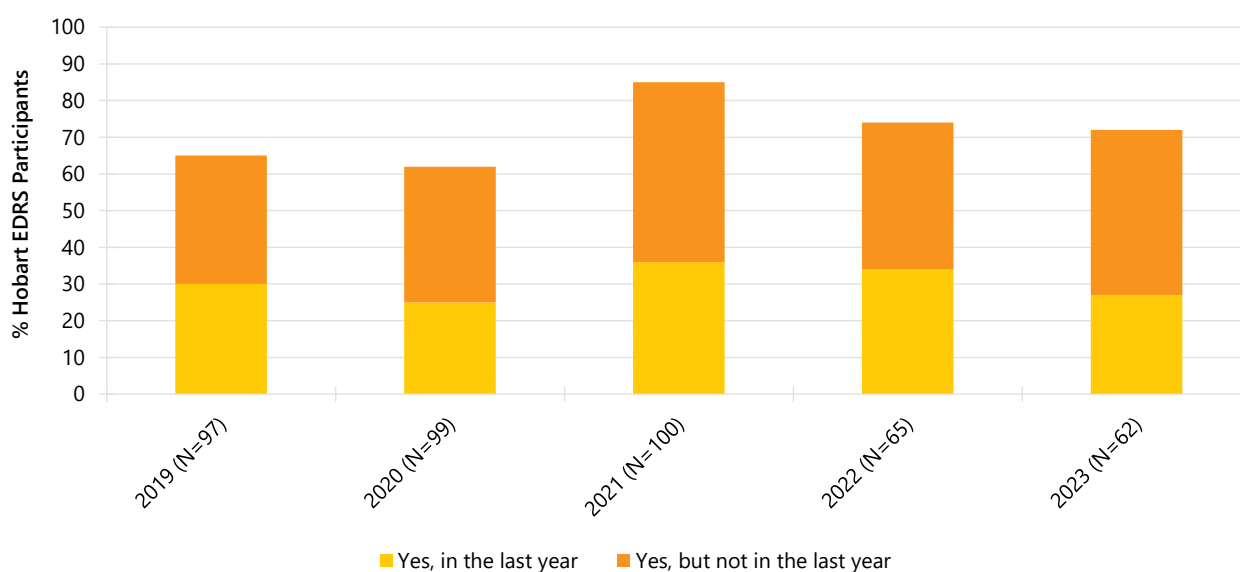
Note: The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the total Hobart sample (including people who had not consumed alcohol in the past six months) was 13.2 (SD 8.2) in 2023, a significant decrease from 13.6 (SD 7.8) in 2022 ($p<0.001$). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories from 2022 to 2023 ($p=0.617$) (Table 4). Seventy-eight per cent of the sample obtained a score of eight or more (79% in 2022), indicative of hazardous use (Table 4).

Table 4: AUDIT total scores and per cent of participants scoring above recommended levels, Hobart, TAS, 2010-2023

	2010 N=99	2011 N=72	2012 N=98	2013 N=75	2014 N=99	2015 N=78	2016 N=99	2017 N=98	2018 N=99	2019 N=97	2020 N=100	2021 N=99	2022 N=72	2023 N=65
Mean AUDIT total score (SD)	14.6 (5.4)	19.3 (6.0)	17.3 (6.1)	15.5 (7.7)	15.9 (6.5)	16.1 (5.2)	13.4 (6.6)	14.2 (6.3)	14.2 (7.0)	12.5 (6.1)	12.5 (5.5)	13.5 (6.7)	13.6 (7.8)	**13.2*** (8.2)**
Score 8 or above (%)	93	99	94	85	96	96	79	85	81	78	81	87	79	**78**
AUDIT zones:														
Score 0-7	7	-	6	15	-	-	21	15	19	22	19	13	21	**22**
Score 8-15	52	28	34	45	51	44	47	43	39	49	56	56	42	**49**
Score 16-19	20	19	27	11	17	23	14	22	17	18	12	15	18	**11**
Score 20 or higher	21	51	34	29	28	29	17	19	24	11	13	16	19	**18**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) stimulant overdose, and ii) depressant overdose.

From 2019, changes were made to this module, with participants asked about alcohol, stimulant and other drug overdose, prompted by the following definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness and collapsing) where professional assistance would have been helpful.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

It is important to note that events reported on for each drug type may not be unique given high rates of polysubstance use.

For the purpose of comparison with previous years, we computed the per cent reporting any depressant overdose, comprising any endorsement of alcohol overdose, or other drug overdose where a depressant (e.g., opioid, GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

In 2023, 23% of the Hobart sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 24% in 2022 (Figure 47Figure 47).

Of those who had experienced a non-fatal stimulant overdose in the past 12 months and commented (n=14), the most common stimulants reported during the most recent non-fatal stimulant overdose comprised of any form of ecstasy (71%; individual numbers for crystal and pills were too low to report (n≤5 participants)), with half (50%) reporting ecstasy capsules. Few participants (n≤5) reported stimulant overdose from cocaine, methamphetamine or pharmaceutical stimulants; therefore, these data are suppressed. Among those who experienced a recent non-fatal stimulant overdose and commented (n=14), 79% reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (71%; ≥5 standard drinks: 43%; ≤5 standard drinks: n≤5 participants). On the last occasion of experiencing a non-fatal stimulant overdose, few participants (n≤5) reported receiving treatment or assistance. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Non-Fatal Depressant Overdose

Alcohol: One fifth (22%) of the Hobart sample reported a non-fatal alcohol overdose in the 12 months preceding interview (25% in 2022; p=0.692) on a median of two occasions (IQR=1-6). Of those who had experienced an alcohol overdose in the past year (n=14), the majority (57%) reported not receiving treatment on the last occasion. Due to low numbers reporting (n≤5) that they had received

treatment or assistance, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): In 2023, almost one quarter (23%) of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2022 (28%; *p*=0.696) (Figure 47Figure 47).

Of those who had experienced any depressant overdose in the past 12 months (n=15), the majority of participants reported alcohol as the most common depressant drug (93%). Few participants (n≤5) reported a non-fatal depressant overdose due to other drugs; therefore, these data are suppressed. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 47: Past 12 month non-fatal stimulant and depressant overdose, Hobart, TAS, 2007-2023
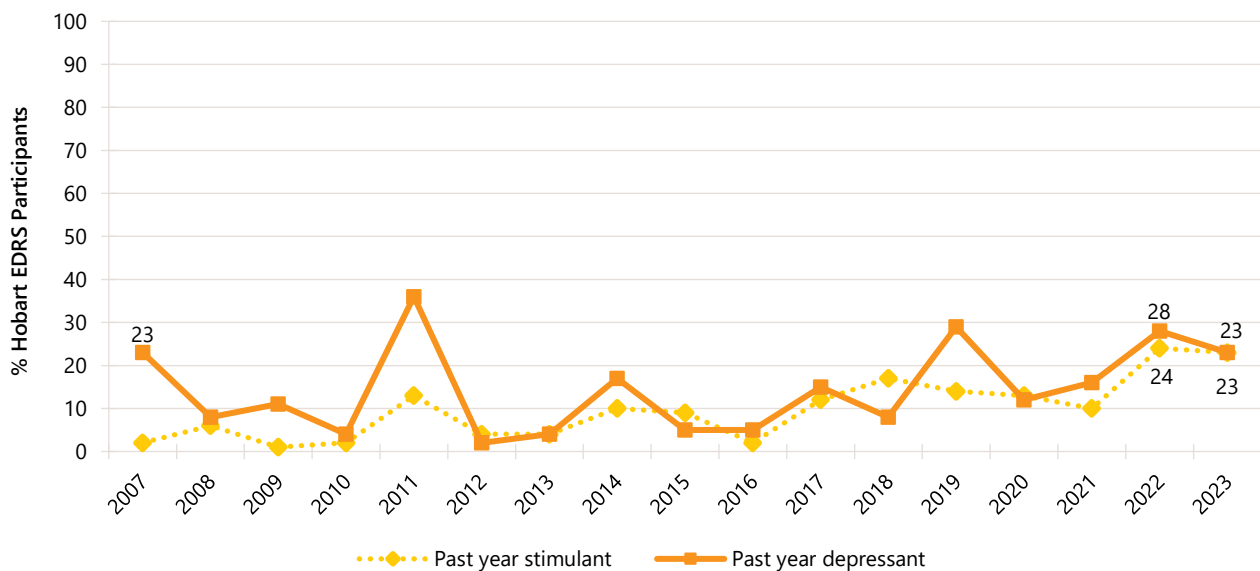
Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Awareness of Naloxone

In 2023, 64% reported that they had ever heard of naloxone, a significant increase from 38% in 2022 (*p*=0.007). Among those who had ever heard of naloxone and responded (n=34), 91% were able to correctly identify the purpose of naloxone, stable relative to 96% in 2022 (*p*=0.635).

Injecting Drug Use and Associated Risk Behaviours

Sixteen per cent of the Hobart sample reported lifetime injection in 2023 (15% in 2022). The per cent who reported injecting drugs in the past month remained low in 2023 (n≤5; n≤5 in 2022; *p*=0.620), therefore, further details are not reported. Figure 48 Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

**Figure 48: Lifetime and past month drug injection, Hobart, TAS, 2003-2023**
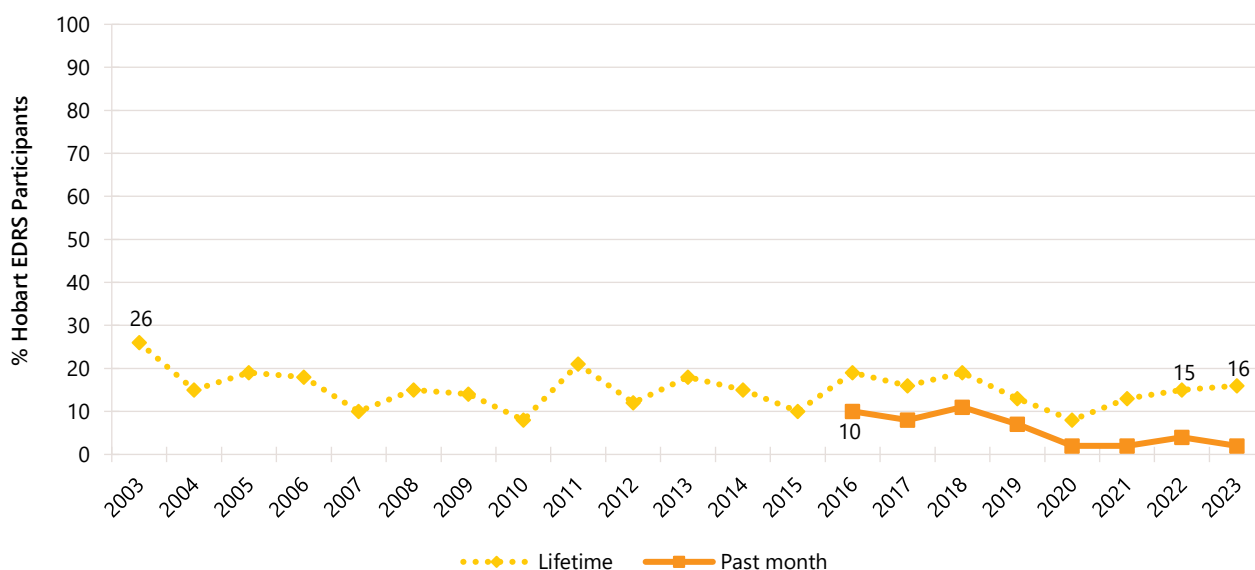
Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003/2016) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are low numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Drug Treatment

In 2023, 11% of the Hobart sample reported currently receiving drug treatment (n≤5 in 2022; *p*=0.548). Due to low numbers reporting (n≤5) on the forms of treatment received, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Ecstasy and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Of those who had recently used ecstasy and responded (n=55), few participants (n≤5) recorded a score of three and above, stable relative to 2022 (10%). The median ecstasy SDS score was zero (IQR=0-1). Seventy-one per cent obtained a score of zero on the ecstasy SDS and few participants (n≤5) obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (Table 5).

To assess methamphetamine dependence in the past six months, a cut-off score of four and above which is a more conservative estimate, has been used previously in the literature as a validated cut-off for

methamphetamine dependence. Of those who had recently used methamphetamine and responded (n=26), 27% scored four or above, stable relative to 2022 (22%; p=0.761). The median methamphetamine SDS score was one (IQR=0–5). Almost two fifths of participants (38%) obtained a score of zero on the methamphetamine SDS and few participants (n≤5) obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use (Table 5).

Table 5: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Hobart, TAS, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Ecstasy	N=100	N=99	N=93	N=0	N=88	N=68	N=55
Median total score (IQR)	0 (0-1)	1 (0-2)	0 (0-1)	/	0 (0-2)	0 (0-1)	0 (0-1)
% score 0	57	47	63	/	51	62	71
% score =1	20	23	15	/	19	22	-
% score ≥3	10	16	13	/	25	10	-
Methamphetamine	N=40	N=42	N=44	N=30	N=21	N=27	N=26
Median total score (IQR)	0 (0-2)	0 (0-1)	0 (0-1)	0 (0-1)	1 (0-4)	0 (0-3)	1 (0-5)
% score 0	58	62	68	70	48	56	38
% score =1	15	17	-	-	-	-	-
% score ≥4	23	-	20	-	29	22	27

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. / Ecstasy Severity of Dependence Scale was not asked of participants in 2020. - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputed values used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Sexual Health Behaviours

In 2023, 81% of the Hobart sample who responded reported some form of sexual activity in the past four weeks (79% in 2022; *p*=0.811) (Table 6). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=44), 68% reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2022 (85%; *p*=0.084). Of those who had engaged in sexual activity in the past four weeks and responded (n=42), few participants (n≤5) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (n≤5 in 2022; *p*=0.465). Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=44), 32% reported penetrative sex without a condom where they did not know the HIV status of their partner, a significant increase from 2022 (11%; *p*=0.019) (Table 6).

Of those who commented (n=55), 31% reported having a sexual health check-up in the six months prior to interview, stable relative to 2022 (39%; *p*=0.436). The majority (84%) reported having a sexual health check-up in their lifetime (89% in 2022; *p*=0.588). Of the total sample who responded (n=55), 29% had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (26% in 2022; *p*=0.832), though few participants (n≤5) reported that they had received a positive diagnosis for a STI in the past six months in 2023 (n≤5 in 2022) (Table 6). Due to low numbers reporting (n≤5) on the specific types of STIs diagnosed, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Of those who commented (n=53), 70% reported having a test for human immunodeficiency virus (HIV) in their lifetime (57% in 2022; *p*=0.181), including 15% having done so in the six months prior to interview (22% in 2022; *p*=0.463). No participants had been diagnosed with HIV in their lifetime in 2022, nor 2023 (Table 6).

Table 6: Sexual health behaviours, Hobart, TAS, 2021-2023

Of those who responded:	2021 N=99	2022 N=61	2023 N=54
% Any sexual activity in the past four weeks (n)	82 (n=81)	79 (n=48)	**81** **(n=44)**
Of those who responded# and reported any sexual activity in the past four weeks:	n=82	n=47	**n=44**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	82	85	**68**
Of those who responded# and reported any sexual activity in the past four weeks:	n=82	n=48	**n=42**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	11	-	**-**
Of those who responded# and reported any sexual activity in the past four weeks:	n=81	n=47	**n=44**
% Had penetrative sex without a condom and did not know HIV status of partner	16	11	**32***
Of those who responded#:	n=98	n=60	**n=53**
% Had a HIV test in the last six months	18	22	**15**
% Had a HIV test in their lifetime	53	57	**70**
Of those who responded#:	n=98	n=60	**n=53**
% Diagnosed with HIV in the last six months	0	0	**0**
% Diagnosed with HIV in their lifetime	-	0	**0**
Of those who responded#:	n=100	n=61	**n=55**
% Had a sexual health check in the last six months	39	39	**31**
% Had a sexual health check in their lifetime	80	89	**84**
Of those who responded#:	n=98	n=60	**n=55**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	18	26	**29**

Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. - Per cent suppressed due to low numbers (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Mental Health and Psychological Distress (K10)

Mental Health

Fifty-four per cent of the Hobart sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2022 (63%; p=0.304). Of those who reported a mental health problem in 2023 and commented (n=34), the most common mental health problem was anxiety (68%; 71% in 2022; p=0.379), followed by depression (53%; 69% in 2022; p=0.080) and post-traumatic stress disorder (PTSD) (21%; 24% in 2022; p=0.613). Of those who self-reported experiencing a mental health problem (n=35), 34% reported seeing a mental health professional during the past six months, a significant decrease from 71% in 2022 (p=0.002) (20% of the total sample in 2023) (Figure 49). Of those who reported seeing a mental health professional (n=13), 62% reported being prescribed medication for their mental health problem (72% in 2022; p=0.502).

Figure 49: Self-reported mental health problems and treatment seeking in the past six months, Hobart, TAS, 2008-2023
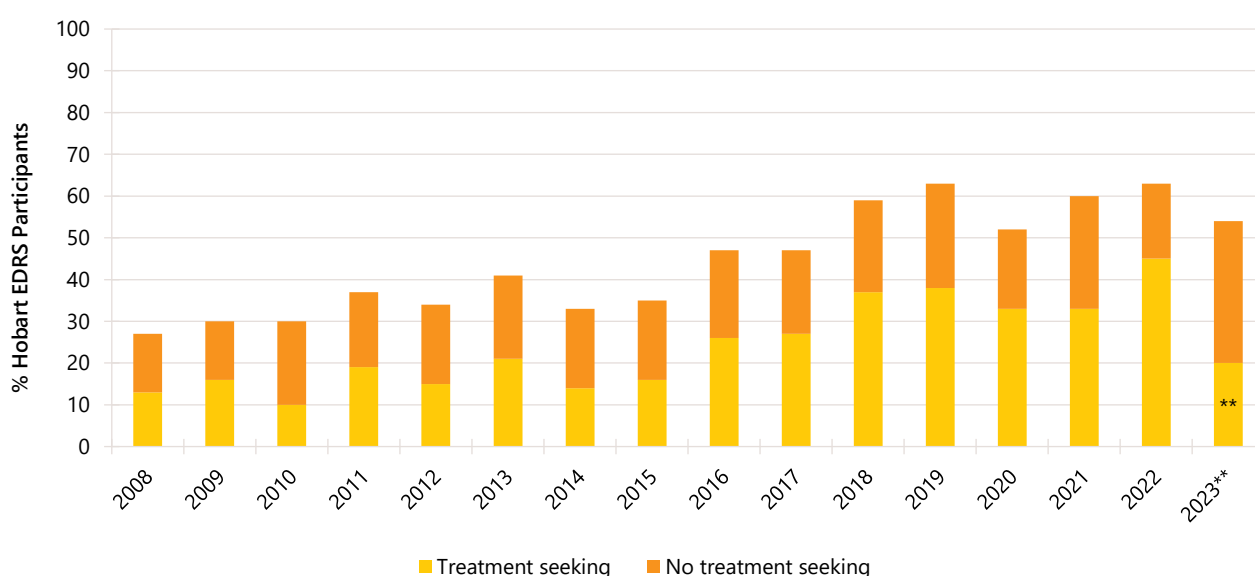
Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–

21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

Among those who responded in 2023 (n=65), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.107). In 2023, 17% of the Hobart EDRS sample had a score of 30 or more (30% in 2022) (Figure 50). The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 50).

Figure 50: K10 psychological distress scores, Hobart, TAS, 2006-2023 and NHS 2017-18

Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Sixteen per cent of participants reported accessing any health service for alcohol and/or drug support (AOD) in the six months preceding interview in 2023, a significant decrease from 2022 (32%; p=0.033). The primary service reported by participants in 2023 was seeing a general practitioner (GP) (9%; 15% in 2022). Few participants (n≤5) reported accessing all other health services for AOD support; therefore, further details are not reported (Table 7).

Seventy-eight percent of participants reported accessing any health service in the six months preceding interview in 2023 (86% in 2022; p=0.266). The most common services accessed by participants in 2023 included a GP (58%; 76% in 2022), followed by a dentist (32%; 28% in 2022), the emergency department (22%; 14% in 2022), a psychologist (20%; 36% in 2022), and a hospital admission (inpatient) (14%; 13% in 2022) (Table 7).

Table 7: Health service access for alcohol and other drug reasons and for any reason in the past six months, Hobart, TAS, 2022-2023

	AOD support		Any reason	
	2022 N=72	2023 N=64	2022 N=72	2023 N=65
% accessed a health service in the past 6 months	32	16*	86	78
% Type of service accessed *(participants could select multiple services)*	n=72	n=64	n=72	n=65
GP	15	9	76	58
Emergency department	-	-	14	22
Hospital admission (inpatient)	-	-	13	14
Medical tent (e.g., at a festival)	-	-	0	-
Drug and Alcohol counsellor	8	-	8	-
Hospital as an outpatient	-	-	-	11
Specialist doctor (not including a psychiatrist)	0	-	17	-
Dentist	-	-	28	32
Ambulance attendance	-	-	-	-
Other health professional (e.g., physiotherapist)	-	-	13	-
Psychiatrist	-	-	13	-
Psychologist	13	-	36	20
NSP	-	0	-	0
Peer based harm reduction service	0	-	-	-
Other harm reduction service	-	0	-	-

Note. - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 28% of the Hobart sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 8).

Few participants (n≤5) reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (n≤5 in 2022; *p*=0.033*)*. A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (20%; 25% of those who had attended general health care services), stable relative to 2022 (18%; *p*=0.824). Self-reported experiences of stigma whilst attending general health care services most commonly occurred when visiting a GP (11%). Seventeen per cent of participants reported experiencing stigma in non-health care settings, most commonly from police (9%; not asked in 2022) (Table 8).

Table 8: Self-reported experiences of stigma due to illicit drug use in the past six months, Hobart, TAS, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=71 -	**N=64** **-***
% Experienced stigma in general health care service	N=71 18	**N=64** **20**
% Experienced stigma in non-health care service	/	**n=64** **17**
% Experienced stigma in any of the above settings^	/	**28**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**n=64** **47**
Delayed accessing healthcare	/	13
Did not tell health worker about drug use	/	38
Downplayed need for pain medication	/	9
Looked for different services	/	-
Did not attend follow-up appointment	/	16
Other	/	-

Note. N is the number who responded (denominator). ^ Includes specialist AOD service, general health care service and non-health care services. - Per cent suppressed due to small numbers (n≤5 but not 0). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p*<0.050; **p*<0.010; ***p*<0.001.

## COVID-19 Testing and Diagnosis

In 2023, all participants (100%) in the Hobart sample had ever been tested for SARS-CoV-2, with 85% having been tested in the 12 months preceding interview (100% in 2022; 50% in 2021; 6% in 2020), The majority (89%) of participants reported having ever been diagnosed with the virus (61% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). Forty-six per cent of the sample reported a positive COVID-19 test in the 12 months prior to interview.

At the time of interview, 95% reported that they had received at least one COVID-19 vaccine dose (93% in 2022), with participants receiving a median of three doses (IQR=2-3). Few participants(n≤5) received one dose, 41% received two doses and 49% received three or more doses.

Driving

In 2023, 86% of the Hobart sample had driven a car, motorcycle, or other vehicle in the last six months (84% in 2022). Of those who had driven in the past six months and responded (n=53), one quarter (26%) reported driving while over the (perceived) legal limit of alcohol (27% in 2022). Of those who had driven in the past six months and responded (n=55), 40% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (40% in 2022) (Figure 51). Participants most commonly reported using cannabis (57%) within three hours of driving in the last six months. Among those who had driven in the past six months (n=55), 18% reported that they had been tested for drug driving by the police roadside drug testing service (n≤5 in 2022; *p*=0.172), and one third (35%) reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (33% in 2022) (Figure 51).

Figure 51: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, Hobart, TAS, 2007-2023
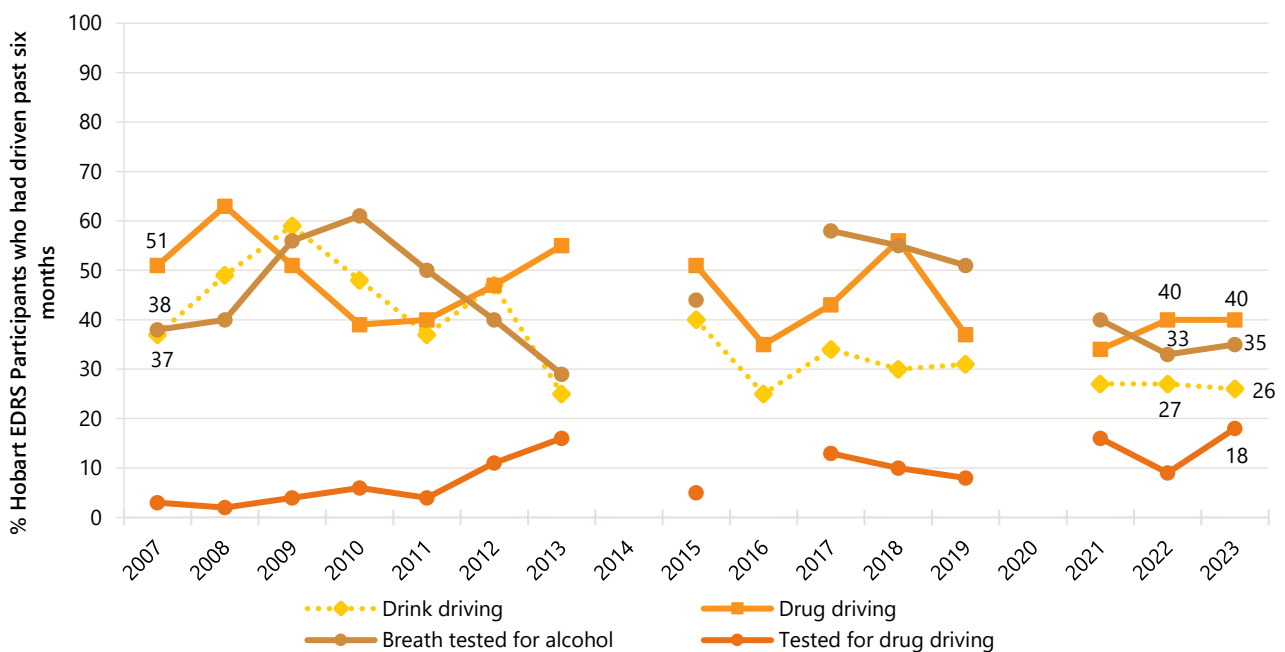
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020; questions about alcohol and drug driving testing were not asked in 2016. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

In 2023, 30% of the Hobart sample reported 'any' crime in the past month (39% in 2022; p=0.275). Property crime (19%; 23% in 2022; p=0.667) and selling drugs for cash profit (16%; 27% in 2022; p=0.143) remained the most common self-reported crimes in the month preceding interview (Figure 52).

In 2023, no participants reported being the victim of a crime involving violence, a significant decrease from 10% in 2022 (p=0.013) (Figure 53).

Few participants (n≤5) in the 2023 Hobart sample reported having been arrested in the 12 months preceding interview, stable relative to 10% in 2022 (p=0.533). Few participants (n≤5) reported reasons for arrest; therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

An additional 9% of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months (n≤5 in 2022; p=0.317). This predominantly comprised being stopped for questioning (50%; n≤5 in 2022; p=0.464), followed by being stopped and searched (17%; n≤5 in 2022).

Few participants (n≤5) reported having ever been in prison in 2023, consistent with previous years. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 52: Self-reported criminal activity in the past month, Hobart, TAS, 2003-2023
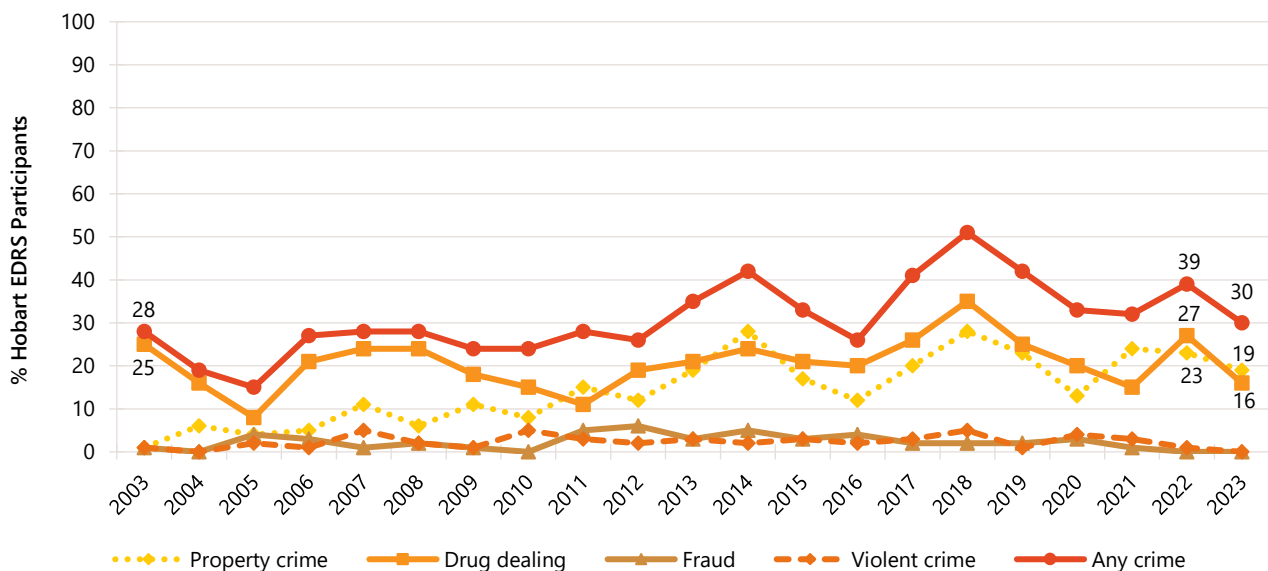
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.
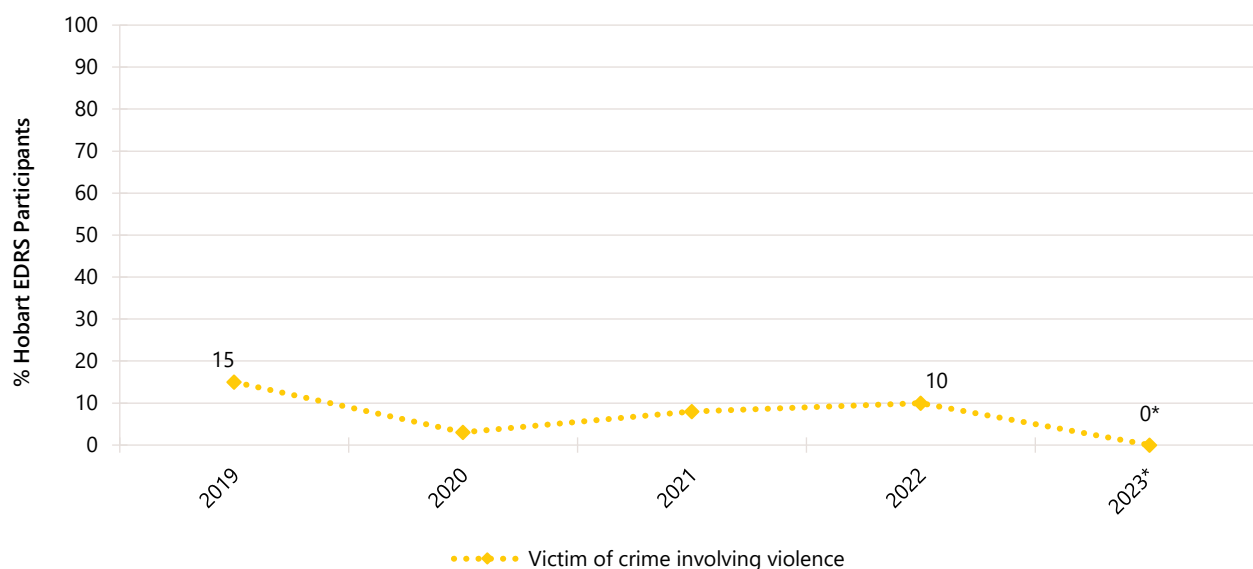
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchasing Approaches
In 2023, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (73%; 73% in 2022) and social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (51%; 67% in 2022; p=0.107) (Table 9). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. In 2023, 30% reported arranging the purchase of illicit or non-prescribed drugs via text messaging (35% in 2022; p=0.692) and one quarter (25%) arranged the purchase via a phone call (24% in 2022).

Buying and Selling Drugs Online
Few participants (n≤5) reported obtaining drugs via the darknet in the past year in 2022 and 2023; and no participants reported purchasing on the surface web in 2023 (n≤5 in 2022). Fifty-six per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface web or darknet (47% in 2022), with almost two fifths (38%) having done so in the last 12 months (38% in 2022). In 2023, few participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces in the 12 months preceding interview (n≤5 in 2022; p=0.865).

Source and Means of Obtaining Drugs
In 2023, 68% of participants reported obtaining illicit drugs from a friend/relative/partner/colleague, a significant decrease from 86% in 2022 (p=0.022). Fifty-five per cent of participants reported obtaining illicit drugs from a known dealer/vendor (63% in 2022; p=0.463). Sixteen per cent reported

obtaining illicit drugs from an unknown dealer/vendor, a significant decrease from 2022 (42%; *p*=0.002) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (87%; 95% in 2022; *p*=0.124), followed by receiving illicit drugs via post (10%; 11% in 2022). Few participants (n≤5) reported obtaining drugs via a collection point (defined as a predetermined location where a drug will be dropped for later collection) in 2023 (n≤5 in 2022) (Table 9).

Table 9: Means of purchasing and obtaining illicit drugs in the past 12 months, Hobart, TAS, 2019-2023

	2019 N=98	2020 N=100	2021 N=98	2022 N=63	2023 N=63
% Purchasing approaches in the last 12 months^					
Face-to-face	88	60	70	73	**73**
Surface web	4	-	-	-	**0**
Darknet market	7	8	4	-	**-**
Social networking or messaging applications #	68	71	66	67	**51**
Text messaging	43	34	37	35	**30**
Phone call	35	33	27	24	**25**
Grew/made my own	/	-	-	-	**-**
Other	0	-	0	0	**0**
% Means of obtaining drugs in the last 12 months^~					
Face-to-face	87	94	91	95	**87**
Collection point	10	11	10	-	**-**
Post	8	12	7	11	**10**
% Source of drugs in the last 12 months^					
Friend/relative/partner/colleague	91	86	94	86	**68***
Known dealer/vendor	62	69	68	63	**55**
Unknown dealer/vendor	32	22	22	42	**16****

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / Not asked. ^ participants could endorse multiple responses. # This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; **p*<0.050; ***p*<0.010; ****p*<0.001.