IDRS

TASMANIAN DRUG TRENDS 2023

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

TASMANIAN DRUG TRENDS 2023: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) 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
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder

REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The Hobart Tasmania (TAS) IDRS comprises a sentinel sample of people who regularly inject illicit drugs and reside in Hobart, TAS. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. 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 June-July. Interviews from 2020 and 2023 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

Sample Characteristics

In 2023, the IDRS sample (N=66) recruited from Hobart, Tasmania, was similar to the sample in 2022 and in previous years. Gender remained stable between 2022 and 2023, with 70% identifying as male (69% in 2022), and participants had a median age of 45 years. Two thirds (67%) held post-school qualifications including trade/technical and university (65% in 2022). The majority (89%) of the sample were unemployed (85% in 2022), and 97% had received a government pension/allowance or benefit in the month prior to interview (93% in 2022). The median income per week remained stable at $420 in 2023 ($418 in 2022). Accommodation remained stable relative to 2022, with 59% living in a rental house/flat (70% in 2022). Fifteen per cent of participants reported having no fixed address (12% in 2022) and 12% reported residing at a shelter/refuge (n≤5 in 2022).

The drug of choice remained stable between 2022 and 2023, with half (50%) of the participants nominating methamphetamine as their drug of choice in 2023 (53% in 2022),

followed by heroin (14%; 14% in 2022). Most participants nominated methamphetamine as the drug injected most often in the past month (77%; 73% in 2022). Weekly or more frequent use of any methamphetamine was reported by 71% of the sample (67% in 2022).

Heroin

The per cent reporting recent heroin use has remained relatively stable and low since the commencement of monitoring, with 11% of the Hobart sample reporting recent use in 2023, stable relative to 2022 (22%). Few participants (n≤5) who had recently used heroin reported using on a weekly or more frequent basis in 2023 (n≤5 in 2022). Price, perceived purity and perceived availability remained stable between 2022 and 2023.

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with almost nine in ten participants reporting recent use since 2021. In 2023, 88% of participants reported recent use of any methamphetamine (84% in 2022). This mostly comprised of crystal methamphetamine use (85%; 84% in 2022) - the most commonly used form since 2014. Fourteen per cent of the sample reported recent use of powder (18% in 2022) and few participants (n≤5) reported recent use of base (n≤5 in 2022).

The frequency of use of any methamphetamine was trending to an increase from 2021 (median of 48 days) to a median of 72 days in 2022 and 2023. There was a significant decrease in the frequency of use of methamphetamine powder with participants reporting use on a median of 10 days in 2023 (24 days in 2022; p=0.013). In 2023, there were significant increases in the quantity of use for methamphetamine crystal and powder. Participants reported using a

median of 0.20 grams of crystal on a 'typical' day (0.10 grams in 2022; *p*=0.006) and the median maximum amount used per day was 0.40 grams (0.30 grams in 2022; *p*=0.016). Participants reported recently using a median of 0.40 grams of powder on a 'typical' day (0.10 grams in 2022; *p*=0.018) and the median maximum amount used per day was 0.50 grams (0.30 grams in 2022; *p*=0.027).

The median price of one point of crystal significantly decreased from $100 in 2022 to $50 in 2023 (*p*<0.001). There were significant increases in the perceived purity of crystal methamphetamine between 2022 and 2023 (*p*=0.034), with more participants perceiving crystal as 'high' in 2023 (36%; 23% in 2022) and fewer participants reporting 'low' purity (13%; 23% in 2022) and 'medium' purity (25%; 40% in 2022).

Cocaine

In 2023, recent use of cocaine remained stable relative to 2022 (15%; 14% in 2022). Frequency of use also remained stable at a median of three days in 2023 (6 days in 2022). There was a significant decrease in the quantity of cocaine used on a 'typical' day, with participants reporting using a median of 0.10 grams (0.50 grams in 2022; *p*=0.017).

Cannabis and/or Cannabinoid-Related Products

The per cent of participants reporting recent use of non-prescribed cannabis and/or cannabinoid-related products, while overall slowly declining since the early 2000s, remained stable between 2022 and 2023 (73%; 70% in 2022). Three fifths (60%) of participants who had recently used non-prescribed cannabis reported daily use, stable relative to 2022 (51%; *p*=0.349). Hydroponic cannabis (88%) and bush cannabis (54%) remained stable as the most commonly used forms of

cannabis, relative to 2022 (84% and 56%, respectively. Few participants (n≤5) reported using hashish and/or hash oil and/or non-prescribed pharmaceutical CBD oil and/or THC extract in the six months preceding interview. In 2023, smoking (83%) remained the most common route of administration, however a significant decrease in per cent of participants reporting smoking was observed, relative to 2022 (97%; *p*=0.014). Both hydroponic and bush cannabis were reported as being 'very easy' to obtain in 2023 (74% and 55% of those who responded, respectively), stable relative to 2022.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine, oxycodone and methadone has generally declined over the past 10 years of monitoring. In 2023, however, there was a significant increase in the use of non-prescribed buprenorphine tablets, with 20% of participants reporting recent use (7% in 2022; *p*=0.018). Recent use of non-prescribed methadone (11%), buprenorphine-naloxone (18%), morphine (20%), oxycodone (15%), fentanyl (11%), codeine (9%) and tramadol (12%) remained low and stable compared to reports in 2022.

Other Drugs

Few participants (n≤5) reported recent use of NPS in 2023 (7% in 2022). Twelve per cent of the sample reported recent use of GHB/GBL/1,4-BD in 2023, a significant increase from 2022 (n≤5; *p*=0.015). Eighteen per cent reported recent use of non-prescribed pharmaceutical stimulants (16% in 2022), and 12% reported recent use of non-prescribed antipsychotics (6% in 2022). In 2023, recent use of non-prescribed benzodiazepines (36%; 35% in 2022) and pregabalin (17%; 14% in 2022) remained stable. Recent use of alcohol (61%; 64% in 2022), tobacco (91%; 93% in 2022) and

non-prescribed e-cigarettes (15%; 15% in 2022) also remained stable. Few participants (n≤5) reported recent use of gabapentin and non-prescribed steroids in 2022 and 2023.

Drug-Related Harms and Other Behaviours

o In 2023, 55% of the Hobart sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

o One quarter (27%) of participants reported experiencing a non-fatal overdose on any drug in the 12 months preceding interview, a significant increase from 13% in 2022 (*p*=0.039). Fourteen per cent reported a non-fatal opioid overdose (6% in 2022), followed by 11% reporting a non-fatal stimulant overdose (n≤5; in 2022).

o Four fifths (79%) of the sample reported an awareness of naloxone, a significant decrease from 91% in 2022 (*p*=0.037). Almost two fifths (38%) reported being trained in naloxone administration (22% in 2022), and one third (32%) had accessed naloxone in the past year (36% in 2022).

o In 2023, 9% of participants reported distributive sharing of a needle or syringe in the past month (6% in 2022), with few participants (n≤5) reporting receptive sharing (n≤5 in 2022). Thirty-six per cent of participants reported that they had re-used their own needle in the past month (34% in 2022), with one third (33%) reporting that they had injected someone else after injecting themselves (19% in 2022).

o One fifth (21%) of the sample reported experiencing injection-related problems in the past month (22% in 2022).

o In 2023, 21% per cent of participants reported that they were in any drug

treatment for their substance use (25% in 2022).

o One fifth (21%) of the sample obtained an SDS score of ≥5, indicative of possible dependence relating to opioids, a significant decrease from 47% in 2022 (*p*=0.033). Three fifths (59%) obtained an SDS score of ≥4, indicative of possible dependence relating to methamphetamine (59% in 2022).

o In 2023, half (50%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year (47% in 2022), and 28% reported receiving an RNA test in the past year (36% in 2022). Few participants (n≤5) reported having a current HCV infection (n≤5 in 2022).

o Self-reported mental health problems remained stable in 2023 (66%; 51% in 2022), with anxiety being the most commonly reported problem (59%), followed by depression (51%) and post-traumatic stress disorder (28%).

o Almost three fifths (57%) of the sample reported 'high' or 'very high' psychological distress (58% in 2022). Half (49%) of those who self-reported a mental health disorder had seen a mental health professional during the past six months (57% in 2022).

o The majority (85%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview (84% in 2022).

o Half (50%) of the sample reported experiencing stigma because of their illicit drug use in any setting in the six months preceding interview.

o In 2023, 93% of the sample had been tested for SARS-CoV-2 by the time of interview and 16% had returned a positive COVID-19 test in the 12 months preceding interview. At the time of interview, 86% reported that they

had received at least one COVID-19 vaccine dose.

o Three quarters (74%) of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months (74% in 2022). Few participants (n≤5) reported driving while over the perceived legal limit of alcohol in both 2022 and 2023.

o Seventeen per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (13% in 2022), with few participants (n≤5) doing so in the past 12 months (n≤5 in 2022).

o Thirty-nine per cent of participants reported engaging in 'any' crime in the past month in 2023 (38% in 2022), with 38% having been arrested in the past year (31% in 2022).

o One third (34%) of participants reported a drug-related encounter with police which did not result in charge or arrest, a significant increase relative to 2022 (18%; *p*=0.047). This predominantly comprised of being stopped for questioning (89%), a significant increase from 21% in 2022 (*p*<0.001).

IDRS Illicit Drug Reporting System

2023 SAMPLE CHARACTERISTICS

In 2023, 66 participants, recruited from Hobart, TAS were interviewed.

45 years **70%**
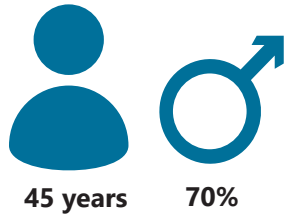
The median age in 2023 was 45, and 70% identified as male.

89% Unemployed
15% No fixed address

In the 2023 sample, 89% were unemployed and 15% had no fixed address.
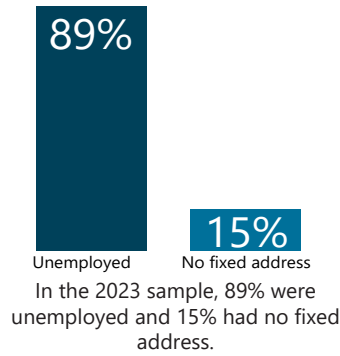
☑ Injected heroin
☑ Injected methamphetamine
☑ Injected other illicit or non-prescribed drugs

Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING RELATED RISKS AND HARMS

n≤5

9%
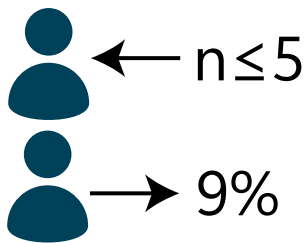
In 2023, few participants (n≤5) reported receptive sharing in the past month and 9% reported distributive sharing.

34% 2022
36% 2023
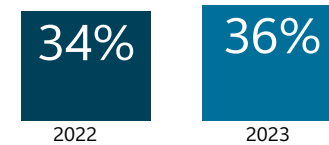
36% of participants reported re-using their own needles in the past month, stable from 2022 (34%).

One third (33%) of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (19%).

22% 2022
21% 2023

21% of participants reported having an injection-related health issue in the past month, stable from 2022 (22%).

OTHER HARMS AND HELP-SEEKING

55%
23%
23%

Reported using the day before interview:
■ Two or more drugs
■ Cannabis and stimulants
■ Stimulants alone
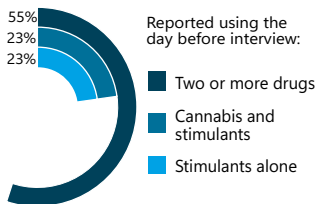
The most common patterns of poly substance use on the day preceding interview were cannabis and stimulants, and stimulants alone.

27% Non-fatal overdose
21% Drug treatment
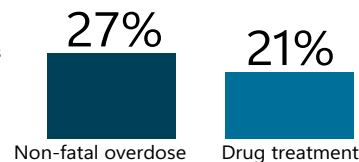
Past year non-fatal overdose significantly increased to 27% in 2023, whereas current drug treatment (21%) remained stable in 2023 relative to 2022.

In 2023, 66% of participants reported a mental health problem in the 6 months preceding interview, and one third (32%) had seen a mental health professional.

59%
51%
28%

■ Anxiety
■ Depression
■ PTSD
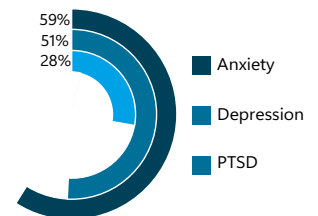
Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and PTSD.

NALOXONE, HARM REDUCTION AND STIGMA

79%
68%
38%

■ Heard of naloxone
■ Heard of take-home naloxone (paid or free)
■ Trained in naloxone administration
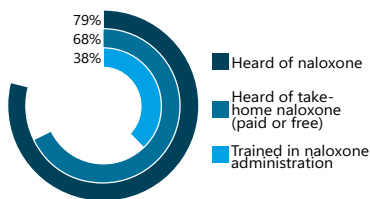
Knowledge of naloxone significantly increased in 2023, but familiarity with take-home naloxone and training in its administration remained steady compared to 2022.

11%
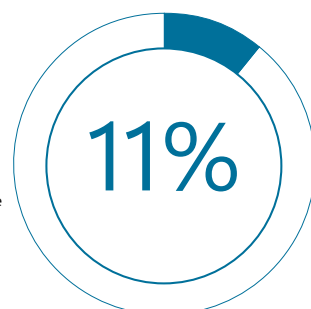
In 2023, 11% of the sample reported ever using naloxone to resuscitate someone who had overdosed, with few participants (n≤5) having done so in the past year.
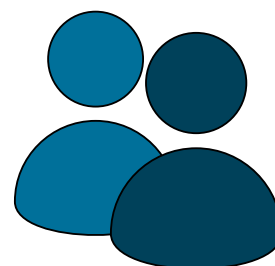
Half (50%) of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

11% Tested substances

In 2023, 11% of the sample reported that they or some-one else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN
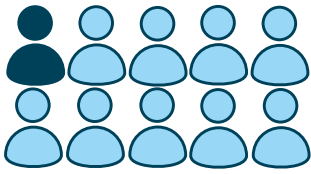
Past 6 month use of heroin remained stable in 2023 (11%) relative to 2022 (22%).
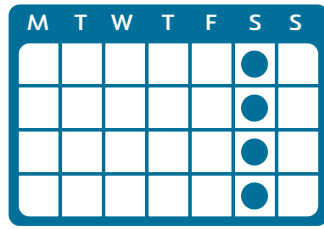
Of those who had recently consumed heroin, few participants (n≤5) reported weekly or more frequent use (36% in 2022).

$100 **n≤5**

Few participants (n≤5) reported on price for a point of heroin in 2023 ($100 in 2022).

n≤5
2023

Few participants (n≤5) reported on the availability of heroin in 2023.

METHAMPHETAMINE

88%
85%
14%
n<5

Form of methamphetamine
- Any
- Crystal
- Powder
- Base
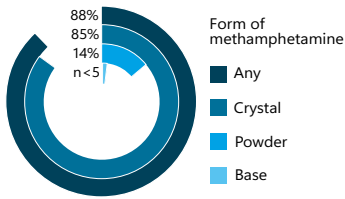
Past 6 month use of any methamphetamine, crystal, powder and base remained stable between 2022 and 2023.
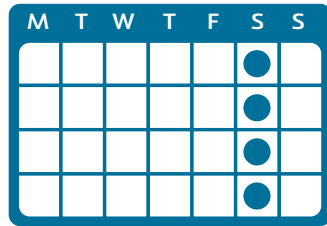
Of those who had recently used any form of methamphetamine, 81% reported weekly or more frequent use, stable from 2022 (79%).

$100
$50
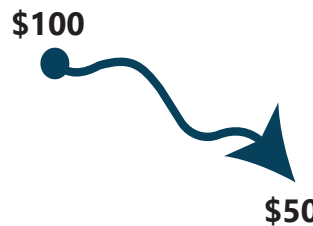
In 2023, the median reported price for a point of crystal methamphetamine significantly decreased to $50 in 2023 ($100 in 2022).

100%
Crystal methamphetamine was 'easy' or 'very easy' to obtain.

Of those who could comment, all (100%) perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (94% in 2022).

OTHER DRUGS

Non-prescribed morphine

27%
2022
20%
2023
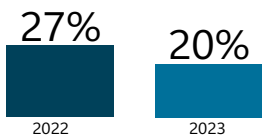
Past 6 month use of non-prescribed morphine remained stable in 2023 relative to 2022.

Non-prescribed fentanyl

10%
2022
11%
2023
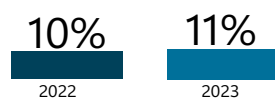
Past 6 month use of non-prescribed fentanyl remained stable in 2023 relative to 2022.

Non-prescribed pregabalin

14%
2022
17%
2023
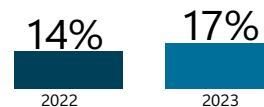
Past 6 month use of non-prescribed pregabalin remained stable in 2023 relative to 2022.

GHB/GBL/1,4-BD

*
n≤5
2022
12%
2023
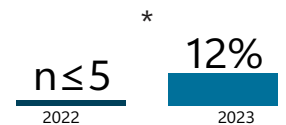
Past 6 month use of GHB/GBL/1,4-BD significantly increased in 2023 relative to 2022.

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

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS
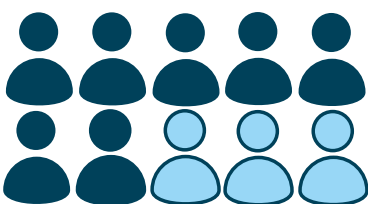
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (73%) relative to 2022 (70%).
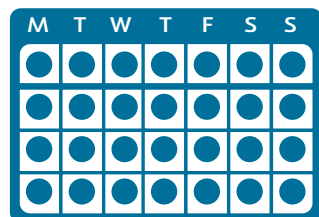
Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, 60% reported daily use, stable from 2022 (51%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, most (83%) had smoked it.

95%
Hydro
85%
Bush
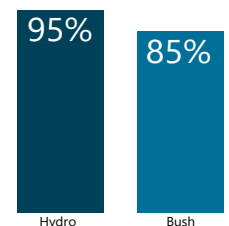
Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain, stable from 2022.

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; 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., treatment services, coffee shops or parks), and 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.

IDRS 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 across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

These changes were carried through between 2021 and 2023. A hybrid approach was used whereby interviews were conducted either face-to-face (with participants 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 IDRS Sample

Between 1 June-14 July 2023, a total of 820 participants were recruited across capital cities nationally, with 66 participants recruited from Hobart, TAS between 5 June-14 July 2023. A total of six interviews (9%) were conducted via telephone in Hobart, TAS; the remainder were conducted face-to-face.

One fifth (20%) of the 2023 Hobart sample completed the interview in 2022, with 33% of the Hobart 2022 sample completing the interview in 2021 ($p=0.138$). The recruitment methods remained stable between 2022 and 2023 ($p=0.862$), with two thirds (67%) of participants recruited through NSPs (66% in 2022), and 25% via word-of-mouth (27% 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. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. 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 past six-month time period.

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 IDRS which triangulate key results from the annual interviews and other data sources and consider the implications of these findings, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

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

Gender identity remained stable between 2022 and 2023, with 70% identifying as male (69% in 2022). The median age of the sample was 45 years (IQR=40-50; 43 years in 2022; IQR=37-49; p=0.166) (Table 1). In 2023, the current employment status remained stable relative to 2022 (p=0.862), with the majority of the sample (89%) being unemployed at the time of interview (85% in 2022). Two thirds (67%) reported that they had completed a post-school qualification(s) (65% in 2022; p=0.866). Almost all participants (97%) reported receiving a government pension, allowance or benefit in the past month (93% in 2022; p=0.485). The median weekly income in 2023 was $420 (IQR=350-510; $418 in 2022; IQR=315-496; p=0.417).

In 2023, drug of choice remained stable compared to 2022 (p=0.349), with half (50%) of the participants nominating methamphetamine was their drug of choice (53% in 2022), followed by heroin (14%; 14% in 2022) and morphine (11%; 14% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023, relative to 2022 (p=0.729), with methamphetamine reported as the drug injected most often (77%; 73% in 2022), followed by morphine (8%; 13% in 2022) (Figure 2).

Weekly or more frequent consumption of key substances such as crystal methamphetamine (70%; 66% in 2022; p=0.618), cannabis (59%; 60% in 2022), and non-prescribed morphine (9%; 16% in 2022; p=0.254) remained stable from 2022 (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Hobart, TAS, 2016-2023

| | Hobart, TAS | | | | | | | | National |
	2016 N=99	2017 N=100	2018 N=100	2019 N=100	2020 N=74	2021 N=95	2022 N=102	2023 N=66	2023 N=820
Median age (years; IQR)	41 (36-47)	41 (35-48)	40 (36-46)	40 (34-47)	43 (38-50)	43 (35-48)	43 (37-49)	**45** **(40-50)**	46 (40-52)
% Gender									
Female	39	40	37	33	41	28	31	**30**	31
Male	61	60	63	66	58	71	69	**70**	68
Non-binary	0	0	0	-	-	-	0	**0**	0
% Aboriginal and/or Torres Strait Islander	16	18	17	15	15	16	15	**21**	26
% Sexual identity									
Heterosexual	93	91	89	92	84	83	82	**88**	85
Homosexual	-	-	-	-	-	-	-	**-**	4
Bisexual	-	8	7	-	9	13	14	**11**	10
Queer	/	/	/	-	-	-	-	**0**	0
Other	0	0	0	-	0	0	0	**0**	1
Mean years of school education (range)	10 (6-12)	10 (6-12)	10 (6-12)	10 (5-12)	10 (5-12)	10 (7-12)	10 (7-12)	**10** **(5-12)**	10 (0-12)
% Post-school qualification(s)^	56	58	64	64	65	59	65	**67**	61
% Current accommodation									
Own home (inc. renting)~	77	82	75	63	65	65	70	**59**	65
Parents'/family home	-	6	8	14	-	9	10	**-**	6
Boarding house/hostel	9	-	6	7	7	7	7	**-**	5
Shelter/refuge	/	/	/	0	7	-	-	**12**	3
No fixed address	8	8	11	16	16	18	12	**15**	19
Other	-	-	-	0	0	0	0	**-**	1
% Current employment status									
Unemployed	85	80	88	85	89	86	85	**89**	86
Full-time work	-	-	0	0	-	-	-	**0**	3
% Past month gov't pension, allowance or benefit	97	90	88	93	95	96	93	**97**	97
Current median income/week ($; IQR)	$400 (300-460)	$400 (275-500)	$400 (275-450)	$408 (300-500)	$550 (450-591)	$375 (300-500)	$418 (315-496)	**$420** **(350-510)**	$420 (350-510)

Note. ^ Includes trade/technical and university qualifications. ~ Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Hobart sample presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 1: Drug of choice, Hobart, TAS, 2000-2023
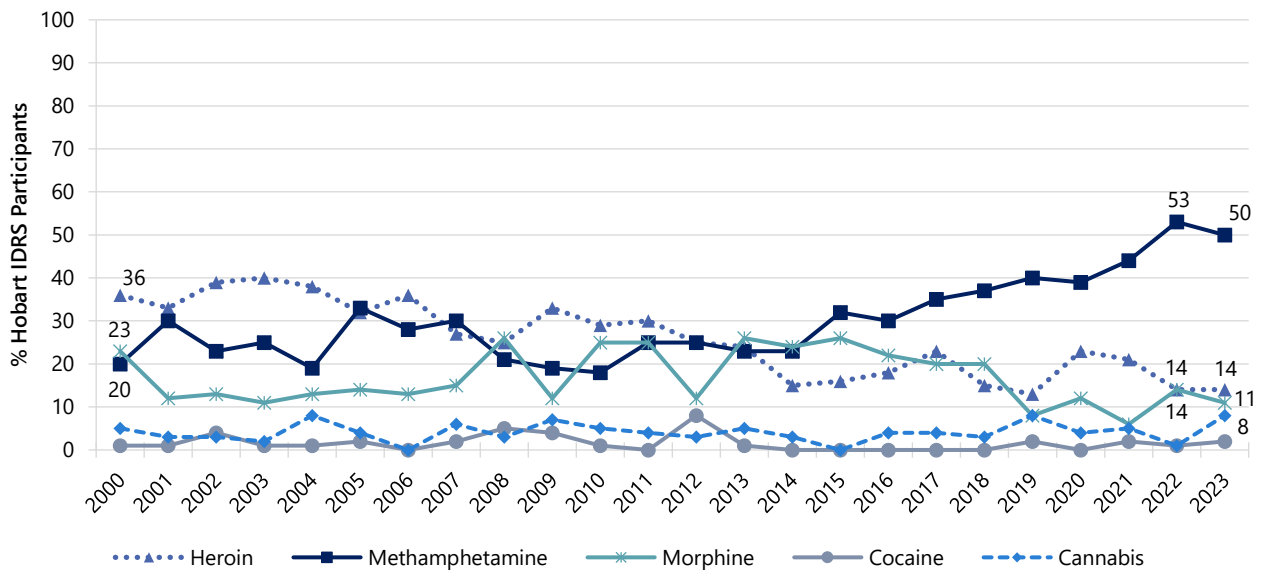
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where 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; *$p<0.050$; **$p<0.010$; ***$p<0.001$. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Hobart, TAS, 2000-2023
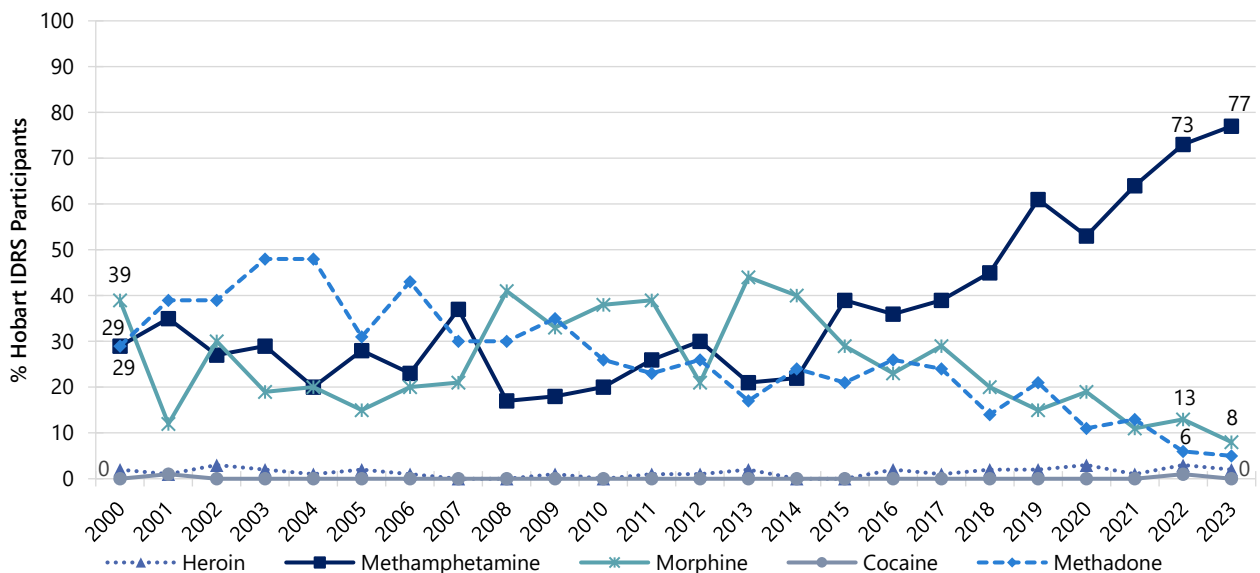
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where 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; *$p<0.050$; **$p<0.010$; ***$p<0.001$. In 2023, 37%, 56%, 3%, 1% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Hobart, TAS, 2000-2023
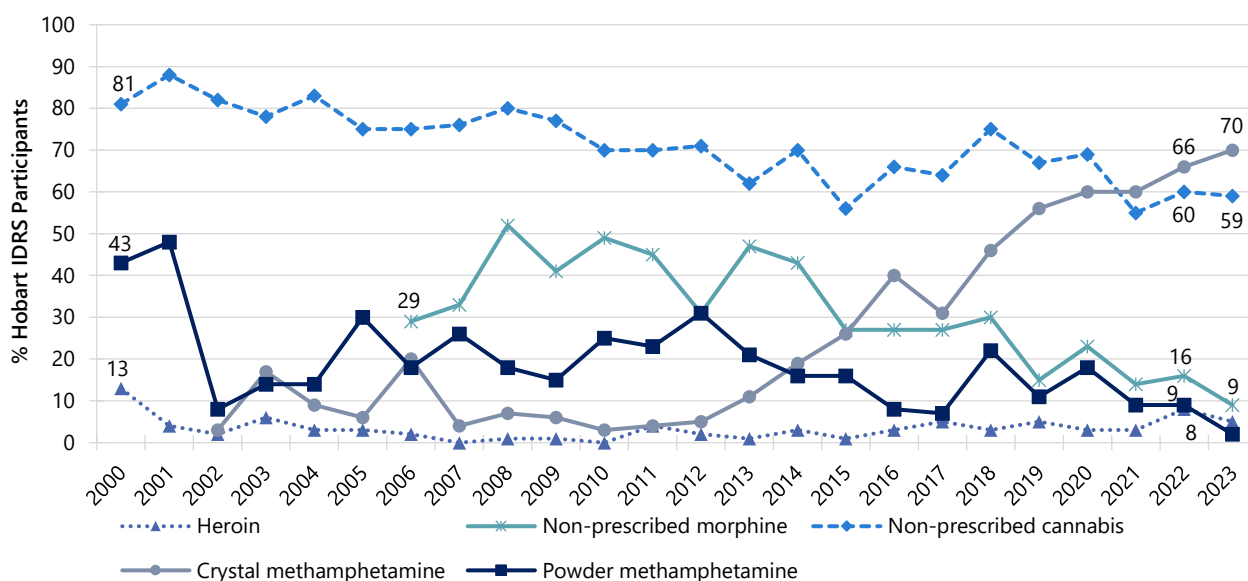
Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Prior to 2021, we did not distinguish between prescribed and non-prescribed 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, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis. Data labels are only provided for the first (2000/2002/2006) 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). 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; *$p<0.050$; **$p<0.010$; ***$p<0.001$. In 2023, 61%, 56%, 42%, 60%, and 5% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

In 2023, the per cent reporting recent use of any heroin remained stable at 11% (22% in 2022; p=0.099) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Among those who reported recent heroin use and commented (n=7), the median frequency of use reported was five days (IQR=3-138), stable from 10 days in 2022 (IQR=4-29; n=22 p=0.838) (Figure 4). Few participants (n≤5) reported weekly use (36% in 2022) or daily use of heroin (0% in 2022; p=0.052); therefore, these data are suppressed.

Routes of Administration

Among those who had recently consumed heroin and commented (n=7), all participants (100%) reported injecting as the route of administration (95% in 2022). Participants who reported injecting heroin had done so on a median of five days (IQR=3-138), stable relative to 2022 (10 days; IQR=5-30; p=0.979).

Quantity

Of those who reported recent use and responded (n=7), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.20-0.80), stable relative to 2022 (0.20 grams; IQR=0.10-0.20; n=19; p=0.086). Of those who reported recent use and responded (n=7), the median maximum amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.20-0.70; 0.20 grams in 2022; IQR=0.10-0.30; n=19; p=0.681).

Figure 4: Past six month use and frequency of use of heroin, Hobart, TAS, 2000-2023

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 80 days to improve visibility of trends. Data labels are only provided for the first (2000) 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 Purity and Perceived Availability

Price

In 2023, few participants (n≤5) reported on the price of one point (0.10 of a gram) of heroin ($100 in 2022; IQR=79-100; n=12; p=0.633) and one gram of heroin (n≤5 in 2022; p=0.554); therefore, these data are suppressed (Figure 5). No participants reported on the price of a cap (no participants in 2022). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity

Due to low numbers reporting (n≤5), details regarding perceived purity of heroin will not be discussed. For a historical information please see Figure 6. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability

Due to low numbers reporting (n≤5), details regarding perceived availability of heroin will not be discussed. For a historical information please see Figure 7. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 5: Median price of heroin per cap, gram and point, Hobart, TAS, 2000-2023
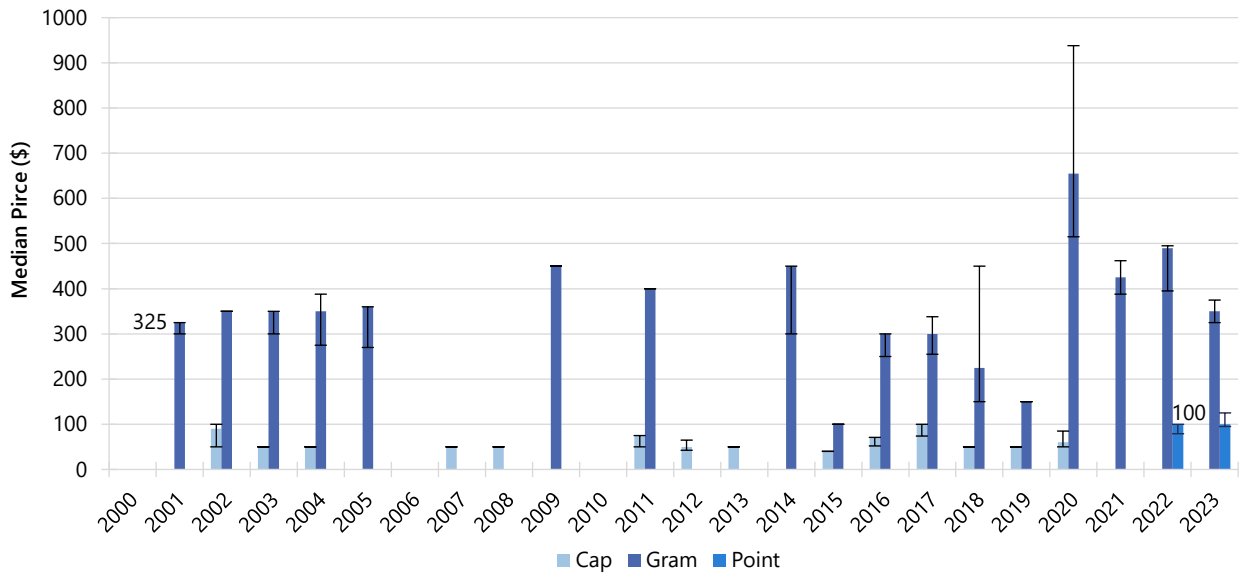
Note. Among those who commented. Price data for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. No participants reported on the price of a gram of heroin in 2006, 2007, 2008, 2010, 2012 and 2013. No participants reported on the price of a cap/point in 2009, 2010 and 2014. No participants reported on the price of a point of heroin in 2018-2021. No participants reported on the price of a cap of heroin in 2021-2023. Data labels are only provided for the first (2000/2001/2019) 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 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 6: Current perceived purity of heroin, Hobart, TAS, 2000-2023
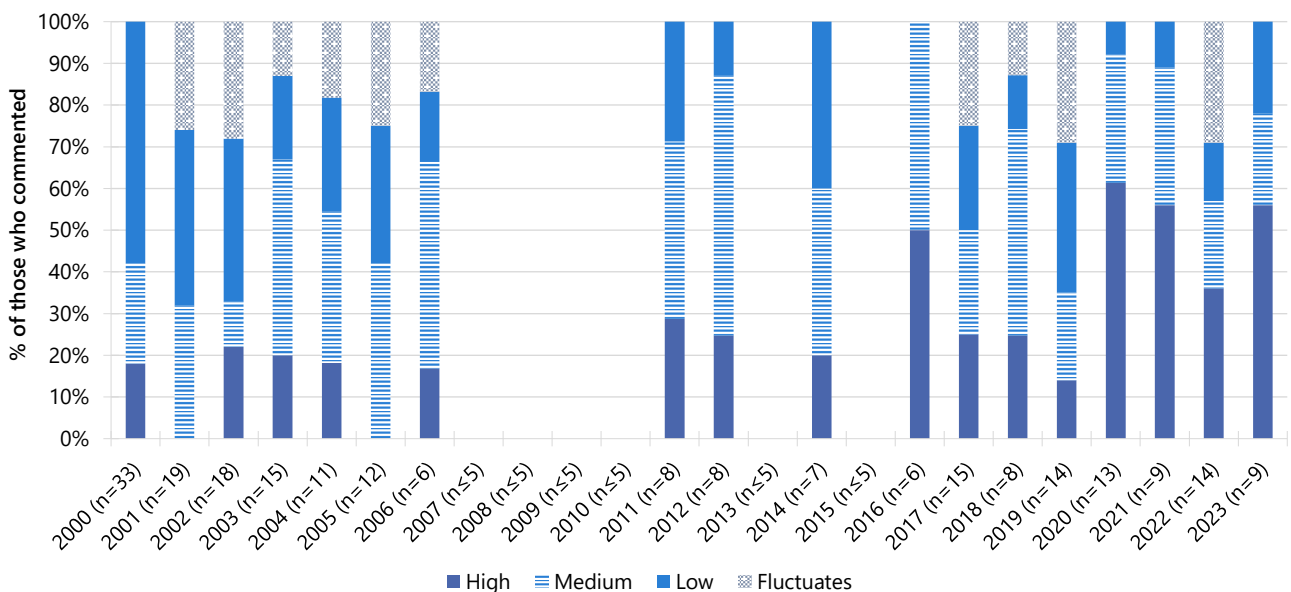
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Hobart, TAS, 2000-2023
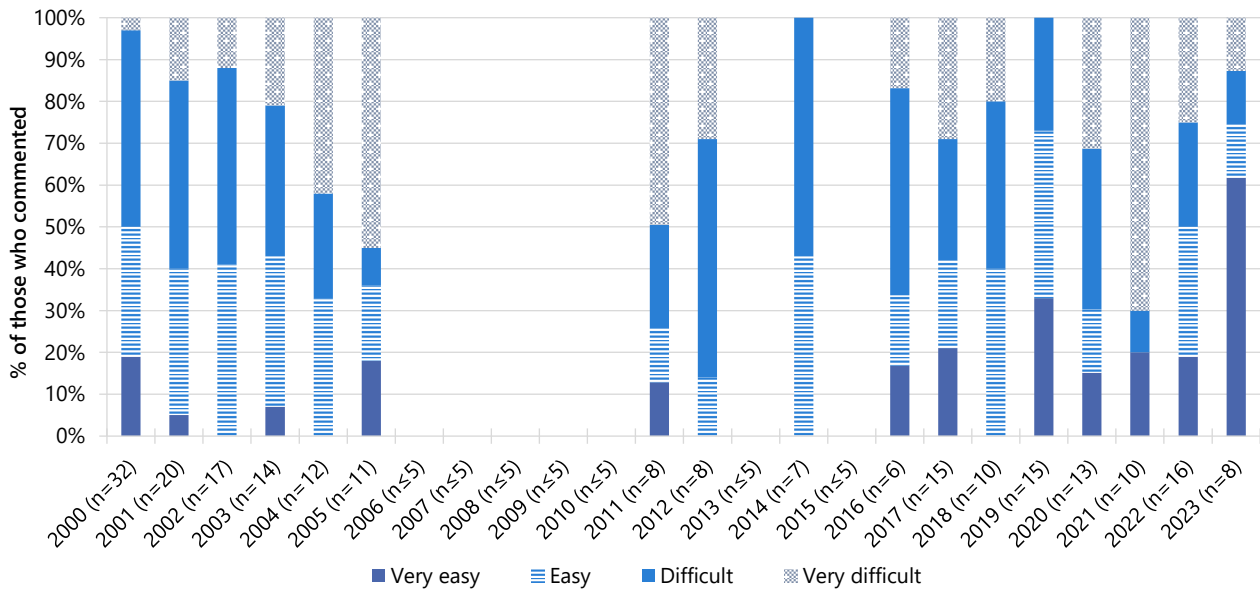
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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)

In 2023, 88% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2022 (84%; p=0.639) (Figure 8).

Frequency of Use

Among those who reported recent use of any methamphetamine and commented (n=58), frequency of use remained stable at a median of 72 days (IQR=24-163; 72 days in 2022; IQR=24-120; n=85; p=0.788) (Figure 9). Weekly or more frequent use of any methamphetamine also remained stable among those who reported recent use, from 79% in 2022 to 81% in 2023 (p=0.830). Daily use among those who had recently used methamphetamine also remained stable at 26% (21% in 2022; p=0.543).

Forms Used

There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 8). Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=58), almost all participants had used crystal methamphetamine (97%; 100% in 2022; p=0.161), followed by powder (16%; 21% in 2022; p=0.509). Few participants (n≤5) reported recent use of methamphetamine base in 2022 and 2023; therefore, these data are suppressed.

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Hobart, TAS, 2000-2023
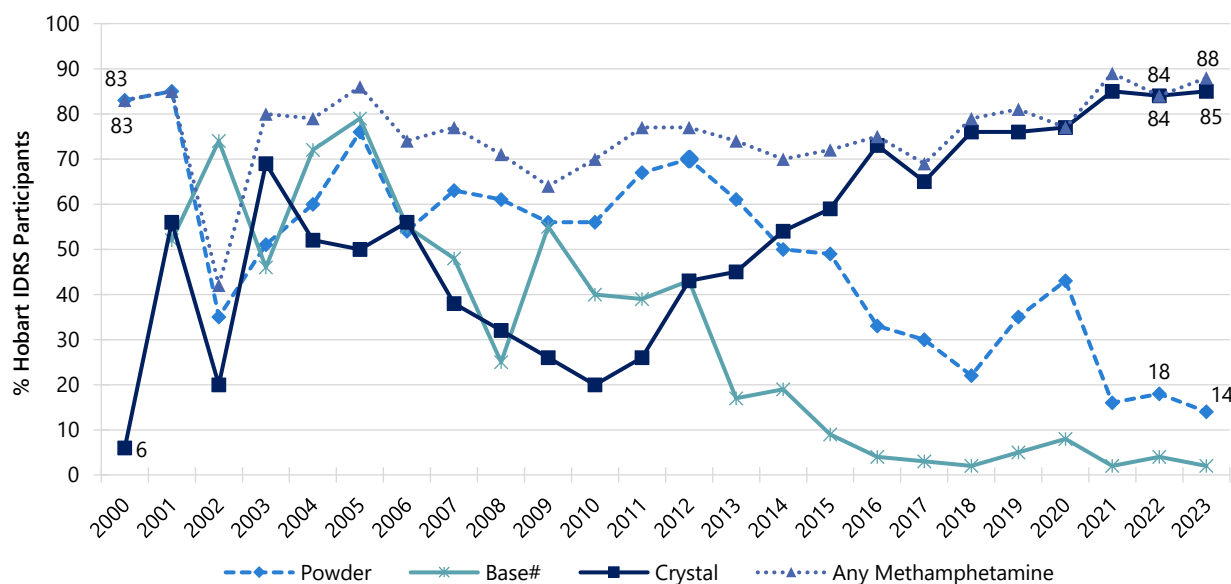
Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid methamphetamine not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) 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 9: Frequency of use of any methamphetamine, powder, base, and crystal, Hobart, TAS, 2000-2023
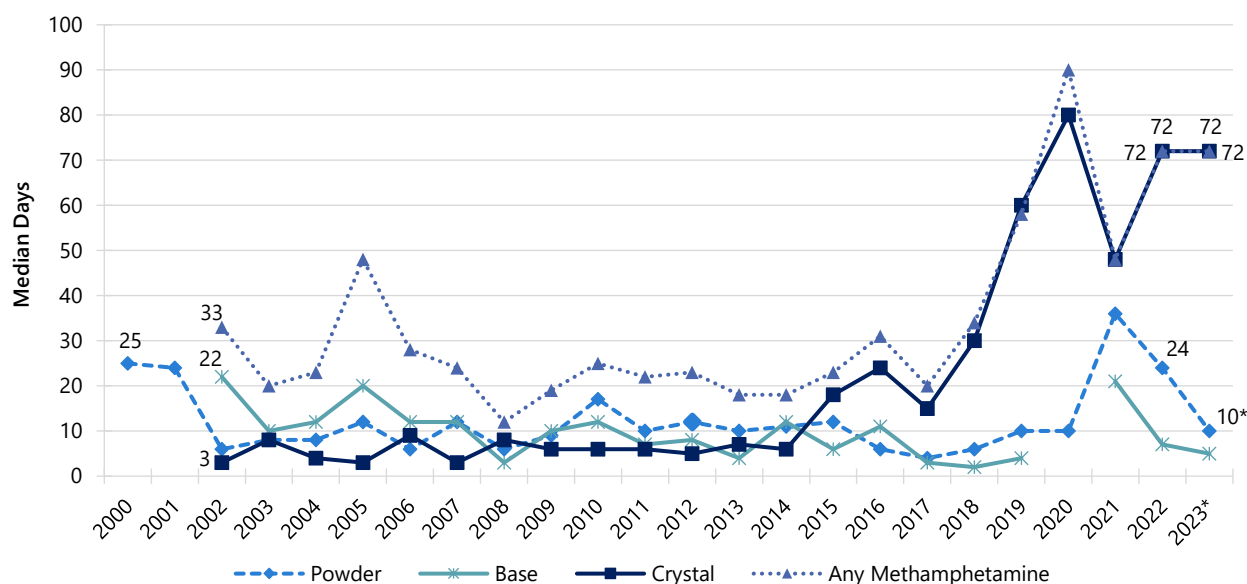
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) 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.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally been declining over time. In 2023, recent use remained stable (14%; 18% in 2022; *p*=0.523) (Figure 8).

Frequency of Use: Of those who had recently consumed powder and commented (n=9), frequency of use significantly decreased to a median of 10 days (IQR=4-12) from 24 days in 2022 (IQR=12-180; n=17; *p*=0.013) (Figure 9). Few participants (n≤5) who had recently used methamphetamine powder reported on weekly use (53% in 2022; *p*=0.087); therefore, these data are suppressed. No participants reported on daily use of methamphetamine powder in 2023 (29% in 2022; *p*=0.129).

Routes of Administration: Among participants who had recently consumed powder and commented (n=9), most reported injecting as a route of administration (78%; 100% in 2022; *p*=0.103). Participants who reported injecting powder did so on a median of 10 days (IQR=5-11), a significant decrease from 24 days in 2022 (IQR=10-180; *p*=0.021). Few participants (n≤5) reported smoking, swallowing or snorting methamphetamine powder in 2022 and 2023; therefore, these data are suppressed.

Quantity: Of those who reported recent use and commented (n=8), the median 'typical' amount of powder used on an average day of consumption in the past six months was 0.40 grams (IQR=0.20-0.50), a significant increase from 0.10 grams in 2022 (IQR=0.10-0.20; n=17; *p*=0.018). Of those who reported recent use and commented (n=8), the median maximum amount of powder used per day in the six months preceding interview was 0.50 grams (IQR=0.50-1.00), a significant increase from 0.30 grams in 2022 (IQR=0.20-0.40; n=17; *p*=0.027).

Methamphetamine Base

Recent Use (past 6 months): Few participants (n≤5) reported recent use of methamphetamine base; therefore, further details are not reported (Figure 8 & Figure 9). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine has been increasing since 2010, surpassing base and powder methamphetamine from 2014 and plateauing in recent years. In 2023, recent use of crystal was reported by 85% of the Hobart sample, consistent with 2022 (84%) (Figure 8).

Frequency of Use: Participants who reported having recently consumed crystal and commented (n=56), reported using on a median of 72 days (IQR=24-180) in the six months prior to interview, stable from 2022 (72 days; IQR=24-120; n=84; *p*=0.540) (Figure 9). Four fifths (82%) of those who had recently used crystal reported weekly or more frequent use, stable from 2022 (78%; *p*=0.664), with 27% reporting daily use (21% in 2022; *p*=0.538).

Routes of Administration: All participants (n=56) who had recently consumed crystal methamphetamine and commented reported having injected it (100%; 99% in 2022) and had done so on a median of 72 days (IQR=24-120; 72 days in 2022; IQR=24-102; *p*=0.802). Almost one quarter (23%) reported smoking crystal methamphetamine (23% in 2022). Few participants (n≤5) reported swallowing or

snorting crystal in 2022 and 2023; therefore, these data are suppressed.

Quantity: Of those who reported recent use and responded (n=56), the median 'typical' amount of crystal methamphetamine used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30), a significant increase from 0.10 grams in 2022 (IQR=0.10-0.20; n=86; *p*=0.006). Of those who reported recent use and responded (n=56), the median maximum amount of crystal used per day in the six months preceding interview was 0.40 grams (IQR=0.20-0.60), a significant increase from 0.30 grams in 2022 (IQR=0.20-0.50; n=86; *p*=0.016).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: In 2023, few participants (n≤5) reported on the price of one point (0.10 of a gram) of methamphetamine powder ($100 in 2022; IQR=73-100; n=14; *p*=0.039); therefore, these data are supressed (Figure 10). Few participants (n≤5) reported on the price of a gram in 2022 and 2023; therefore, these data are supressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Due to low numbers reporting (n≤5), details regarding perceived purity of methamphetamine powder will not be discussed. For historical information please see Figure 12. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: Due to low numbers reporting (n≤5), details regarding perceived availability of methamphetamine powder will

not be discussed. For historical information please see Figure 14. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the 2019 IDRS National Report.

Methamphetamine Crystal

Price: Participants reported a median price of $50 (IQR=50-73; n=28) for one point (0.10 of a gram) of crystal methamphetamine in 2023, a significant decrease from 2022 ($100 in 2022; IQR=70-100; n=49; *p*<0.001) (Figure 11). Few participants (n≤5) reported on the price of a gram in 2022 and 2023; therefore, these data are suppressed.

Perceived Purity: Among those who responded in 2023 (n=56), the perceived purity of methamphetamine crystal significantly changed, relative to 2022 (*p*=0.034). The largest percentage of participants reported perceived purity to be 'high' (36%), an increase from 2022 (23%), followed by 27% reporting crystal to be 'fluctuating' in purity (14% in 2022). A decrease was observed in participants reporting purity to be 'medium' (25%; 40% in 2022) and 'low' (13%; 23% in 2022) (Figure 13).

Perceived Availability: The perceived availability of crystal methamphetamine was stable between 2022 and 2023 (*p*=0.052). Among those who were able to comment in 2023 (n=56), four fifths (80%) perceived crystal methamphetamine as being 'very easy' to obtain (64% in 2022) and one fifth (20%) reported 'easy' obtainment (30% in 2022) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Hobart, TAS, 2002-2023
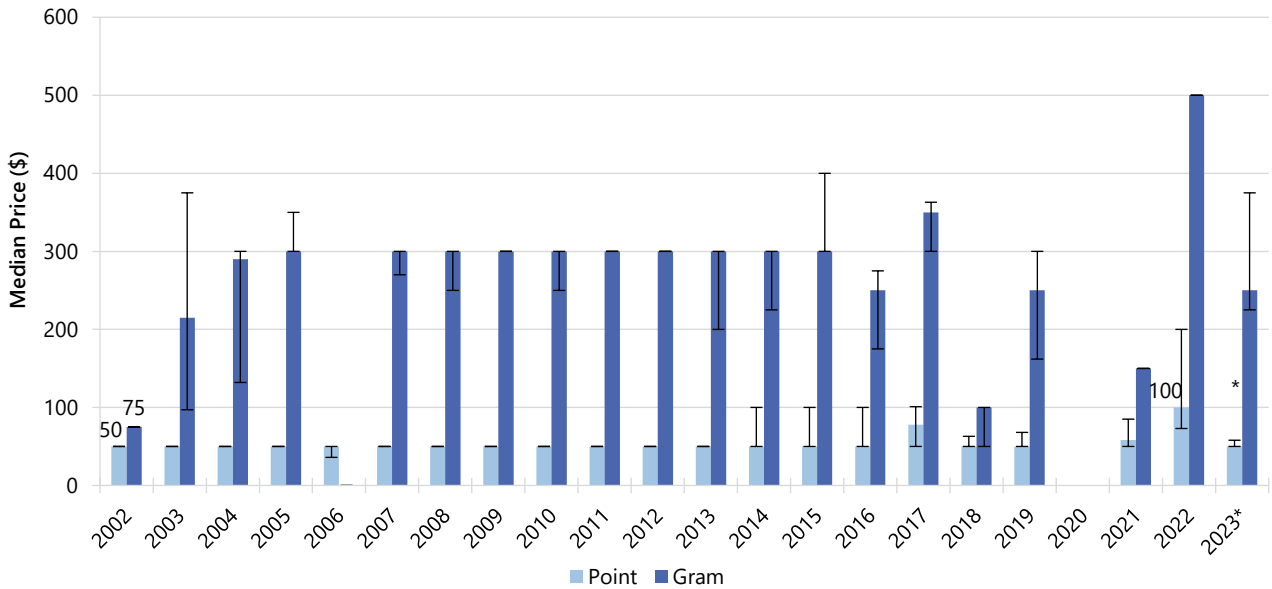
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The 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 11: Median price of methamphetamine crystal per point and gram, Hobart, TAS, 2002-2023
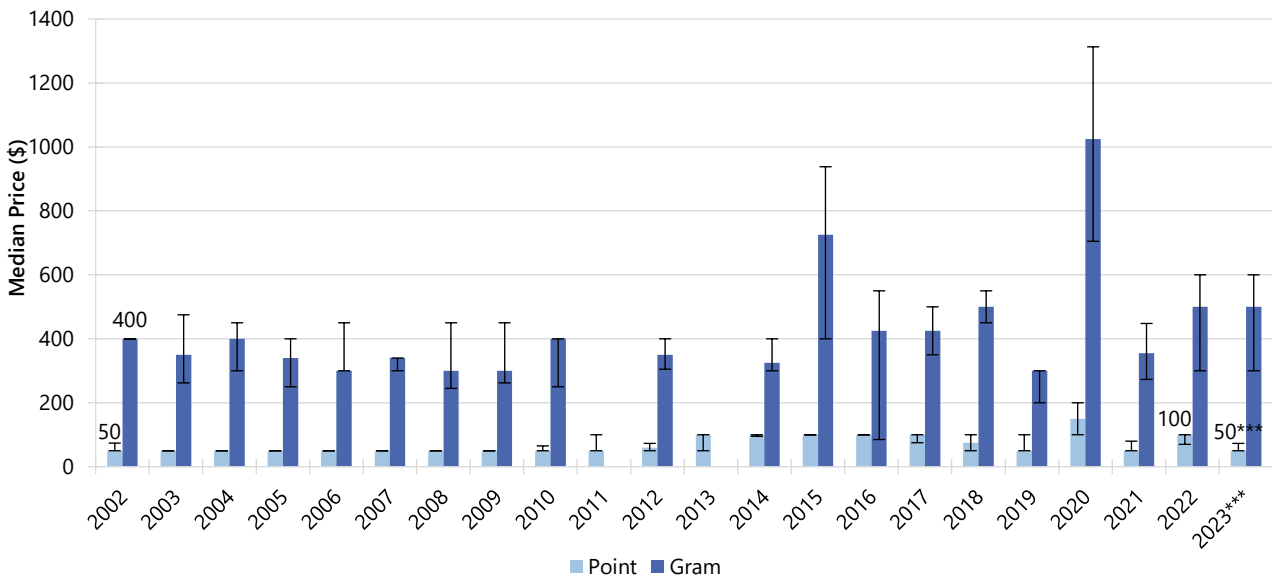
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The 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 12: Current perceived purity of powder methamphetamine, Hobart, TAS, 2002-2023
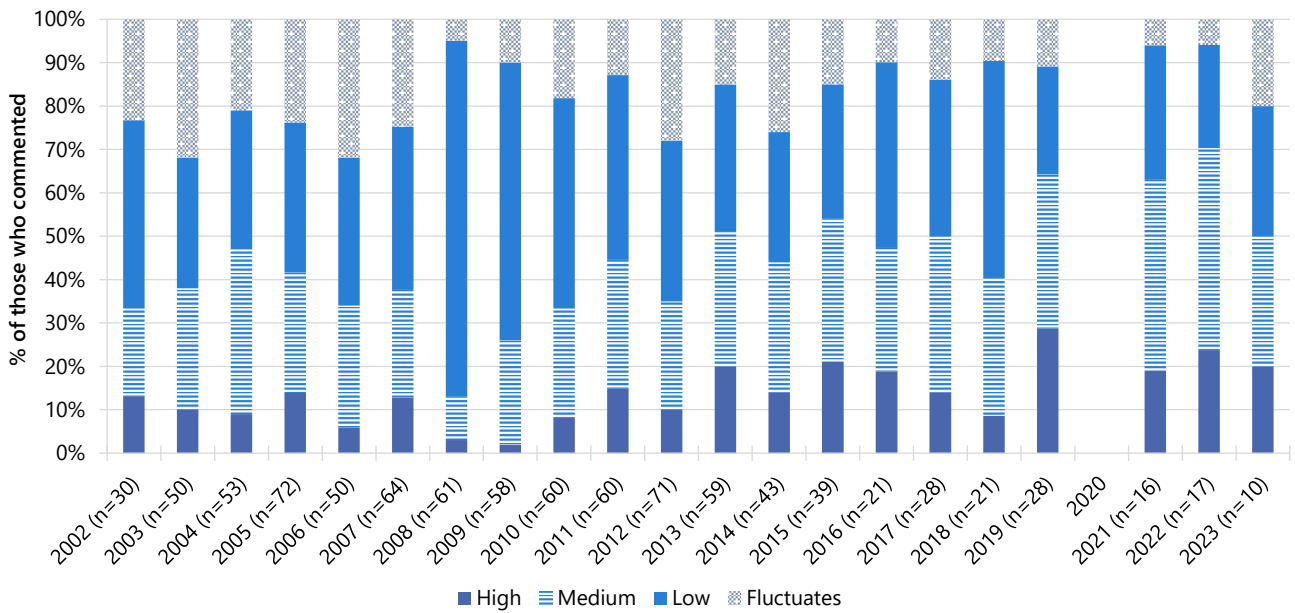
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and 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 13: Current perceived purity of methamphetamine crystal, Hobart, TAS, 2002-2023
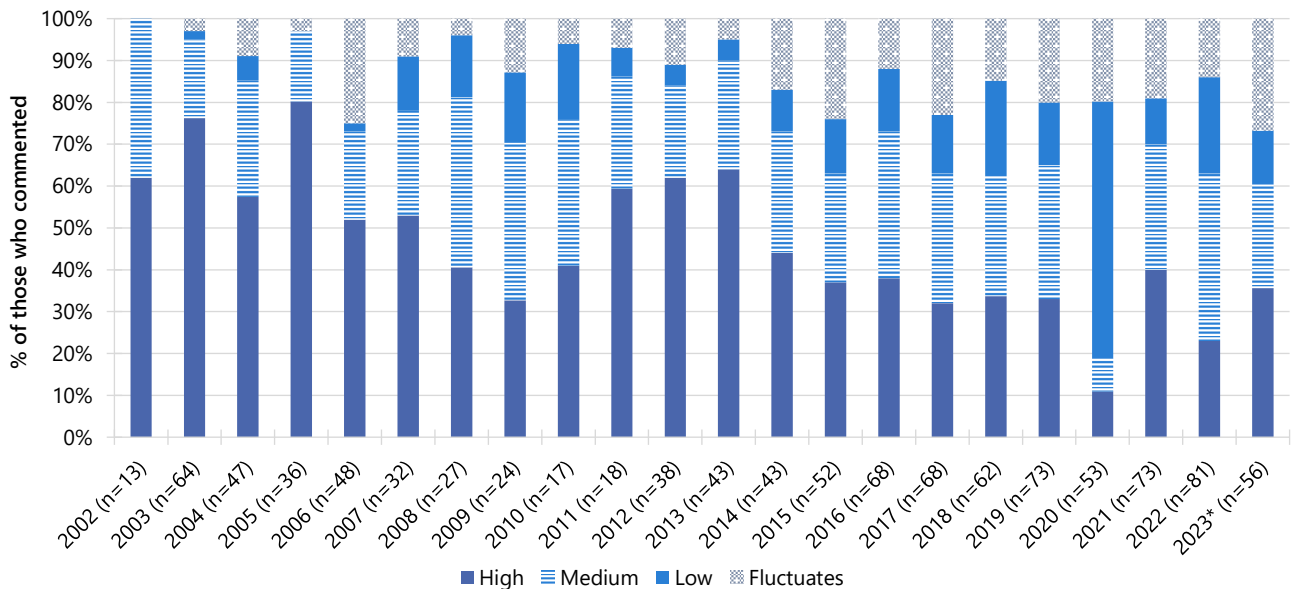
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure 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 14: Current perceived availability of powder methamphetamine, Hobart, TAS, 2002-2023
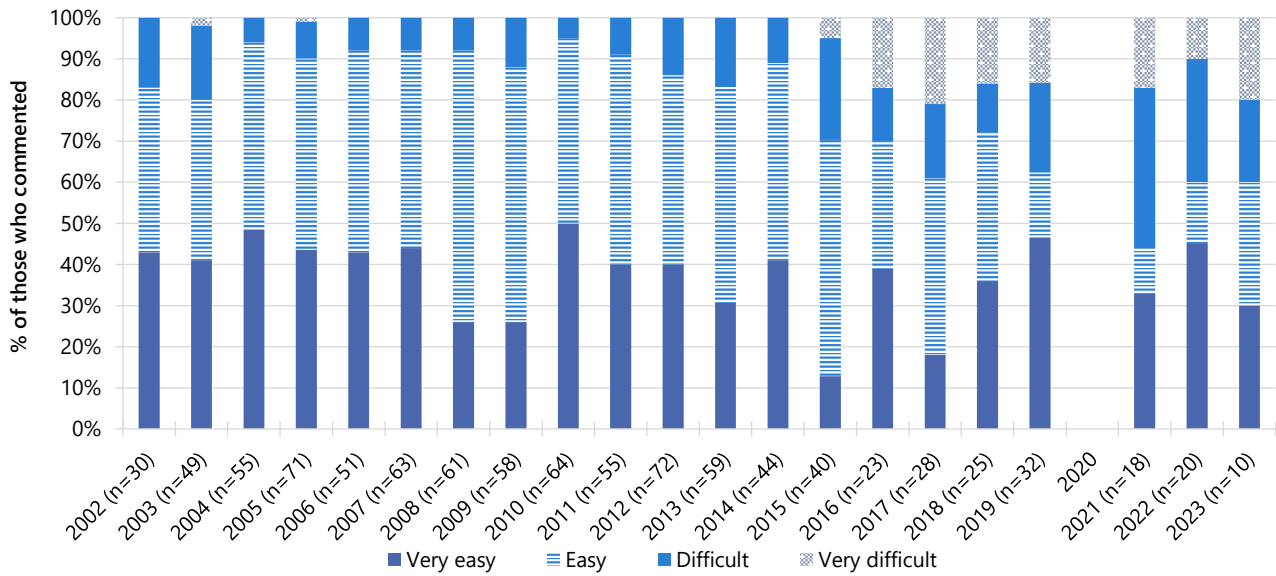
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure 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 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 15: Current perceived availability of methamphetamine crystal, Hobart, TAS, 2002-2023
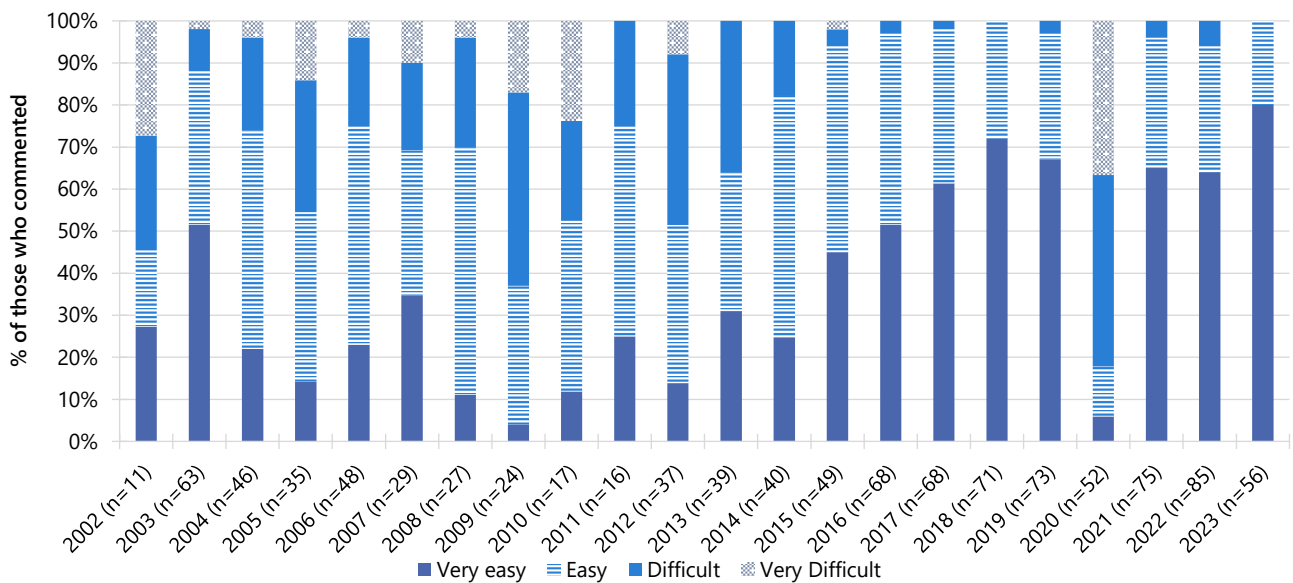
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

4

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)

Recent use of cocaine has fluctuated over the years but has remained at a low level of use. In 2023, 15% of the Hobart sample reported recently consuming cocaine, stable from 2022 (14%; p=0.817) (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2023 (n=10), frequency of use remained low and stable at a median of three days (IQR=1-20), from six days in 2022 (IQR=2-9; n=16). Few participants (n≤5) reported using cocaine weekly or more frequently in 2023 (0% in 2022; p=0.059) (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=10), 70% reported snorting cocaine, stable relative to 2022 (71%). Few participants (n≤5) reported on any other route of administration in 2022 and 2023; therefore, these data are suppressed.

Quantity

Of those who reported recent use and responded (n=9), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.30), a significant decrease from 0.50 grams in 2022 (IQR=0.30-1.00; n=9; p=0.017).

Forms Used

Among participants who had recently consumed cocaine and commented (n=10), the vast majority reported using powder cocaine (60%; 93% in 2022; p=0.129), with no participants reporting use of crack cocaine in 2022 and 2023.

Figure 16: Past six month use and frequency of use of cocaine, Hobart, TAS, 2000-2023
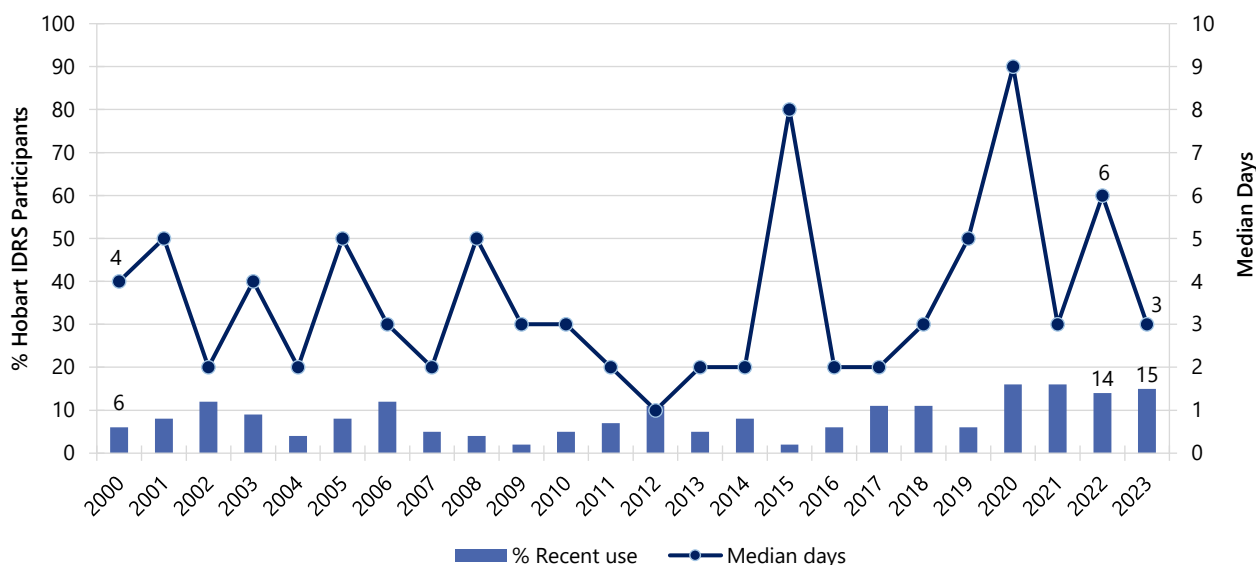
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, 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 Purity and Perceived Availability

Due to low numbers reporting (n≤5), details will not be reported on the price (Figure 17), perceived purity (Figure 18) and perceived availability (Figure 19) of cocaine. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 17: Median price of cocaine per cap and gram, Hobart, TAS, 2000-2023
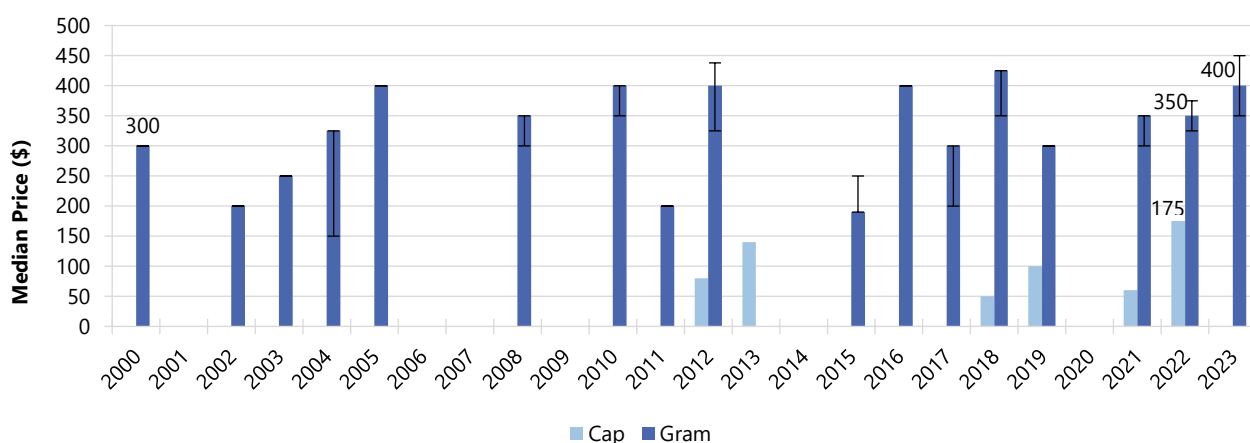
Note. Among those who commented. Price data for cocaine not collected in 2020. Price of a cap of cocaine was not collected in 2000-2011. No participants reported on the price of a cap in 2014-2017 and 2023. No participants reported on the price of a gram of cocaine in 2001, 2006, 2007, 2009, 2013 and 2014. Data labels are only provided for the first (2000) 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 error bars represent 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 18: Current perceived purity of cocaine, Hobart, TAS, 2000-2023
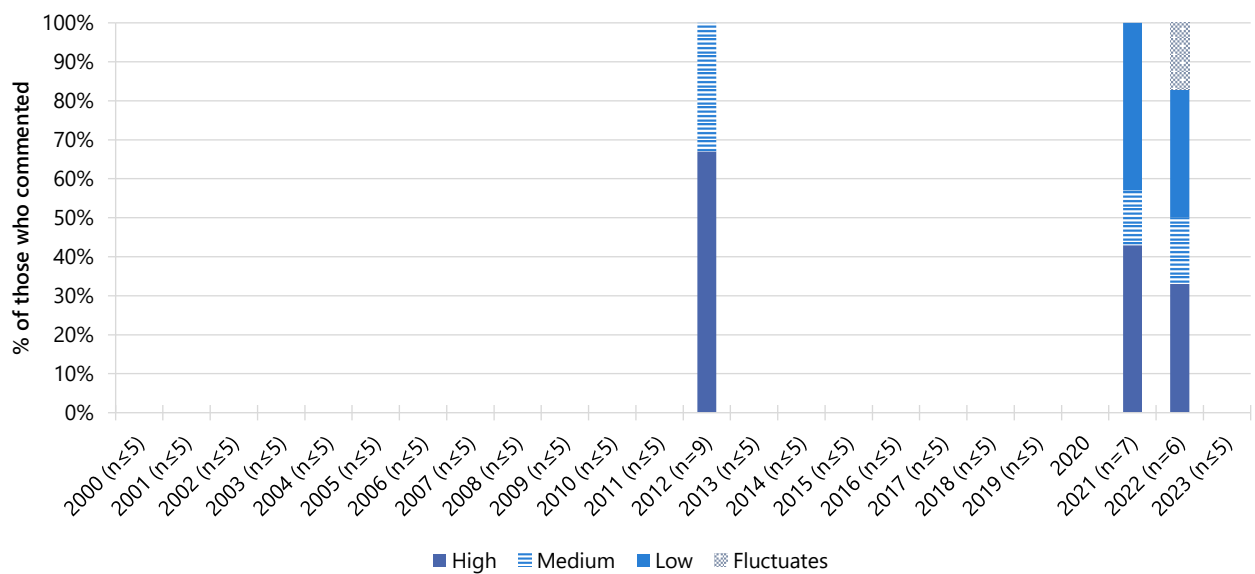
Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived availability of cocaine, Hobart, TAS, 2000-2023
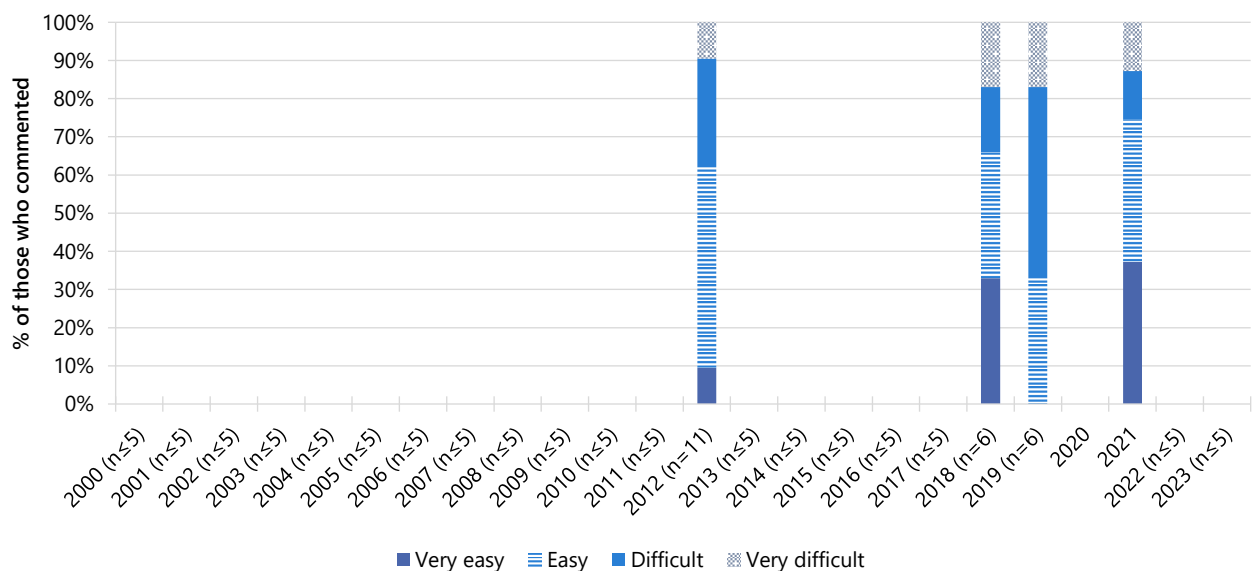
Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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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'), 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) reported prescribed use in the six months preceding interview (n≤5 in 2022; p=0.035).

In the remainder of this chapter, data from 2021-2023, and from 2000-2016, 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). Whilst 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 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)
The per cent of participants reporting recent use of non-prescribed cannabis use and/or related-cannabinoid products has been slowly declining since the early 2000s. In 2023, almost three quarters (73%) reported recent use of non-prescribed cannabis and/or cannabinoid-related products, stable relative to 2022 (70%; p=0.713) (Figure 20). Few participants (n≤5) reported recent prescribed cannabis use and/or related-cannabinoid use (n≤5 in 2022; p=0.035).

Frequency of Use

Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products and commented in 2023 (n=48), frequency of use remained stable at a median of 180 days in 2023 (IQR=42-180; 180 days in 2022; IQR=76-180; n=71; *p*=0.813) (Figure 20). Three fifths (60%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported daily use, stable relative to 2022 (51%; *p*=0.349).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=48), smoking continued to be the most common route of administration (83%). However, this was a significant decrease from 97% in 2022 (*p*=0.014). Fifteen per cent reported inhaling/vaporising non-prescribed cannabis and/or cannabinoid-related products (8% in 2022; *p*=0.370), with few participants (n≤5) reporting swallowing in 2023 (n≤5 in 2022; *p*=0.482).

Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.50-1.00; n=26; 1.00 gram in 2022; IQR=0.60-1.20; n=34; *p*=0.510) or three cones (IQR=2-8; n=16; 3 cones in 2022; IQR=2-4; n=27; *p*=0.402). Few participants (n≤5) reported quantity of use in joints (1 joint in 2022; IQR=1-1.8; n=6; *p*=0.946); therefore, these data are suppressed.

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=48), 88% reported recent use of hydroponic cannabis (84% in 2022; *p*=0.789), and more than half (54%) reported recent use of outdoor-grown 'bush' cannabis (56% in 2022). In 2023, few participants (n≤5) reported using hashish (9% in 2022; *p*=0.737), hash oil (0% in 2022; *p*=0.065) and CBD extract (n≤5 in 2022). No participants reported using THC extract in 2023 (n≤5 in 2022; *p*=0.513).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Hobart, TAS, 2000-2023
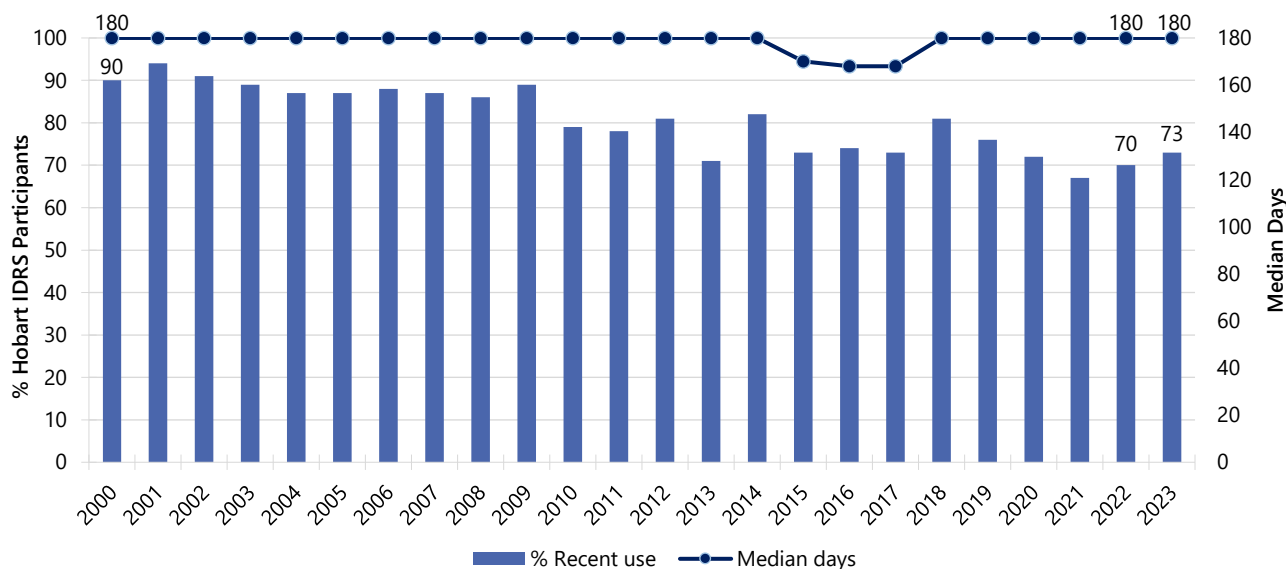
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate 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 (2000) 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 '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: Consistent with previous years, the median price per gram of hydroponic cannabis in 2023 was $20 (IQR=20-25; n=16; $20 in 2022; IQR=20-25; n=19; p=0.375). Few participants (n≤5) reported on the price per ounce of hydroponic cannabis in 2022 and 2023; therefore, these data were suppressed (Figure 21a).

Perceived Potency: There was a statistically significant change in the perceived potency of hydroponic cannabis between 2022 and 2023 (p=0.019). Among those who were able to comment in 2023 (n=39), two thirds (64%) reported 'high' potency (63% in 2022). The change primarily relates to almost one fifth (18%) of participants reporting 'medium' potency (35% in 2022) and few participants (n≤5) reporting 'low' or 'fluctuating' potency (0% and n≤5 in 2022, respectively) (Figure 22a).

Perceived Availability: Perceived availability remained stable between 2022 and 2023 (p=0.192). Among those who were able to comment in 2023 (n=39), 74% perceived hydroponic cannabis to be 'very easy' to obtain (59% in 2022), with one fifth (21%) reporting availability as 'easy' (37% in 2022) (Figure 23a).

Bush Cannabis

Price: The median price per ounce of bush cannabis was $250 (IQR=213-250; n=6) which remained stable relative to 2022 ($200; IQR=185-238; n=6; p=0.150) (Figure 21b). The median price per gram of bush cannabis in 2023 was $20 (IQR=16-24; n=6; $20 in 2022; IQR=13-20; n=10; p=0.558).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2022 and 2023 (p=0.422). Among those who were able to comment in 2023 (n=19), almost two fifths (37%) perceived potency to be 'medium' (47% in 2022), and one third (32%) perceived potency to be 'high' (29% in 2022) (Figure 22b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2022 and 2023 (p=0.690). Among those who were able to comment in 2023 (n=20), 55% perceived that bush was 'very easy' to obtain (50% in 2022), whilst almost one third (30%) perceived that it was 'easy' to obtain (36% in 2022) (Figure 23b).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Hobart, TAS, 2003-2023

(A) Hydroponic Cannabis
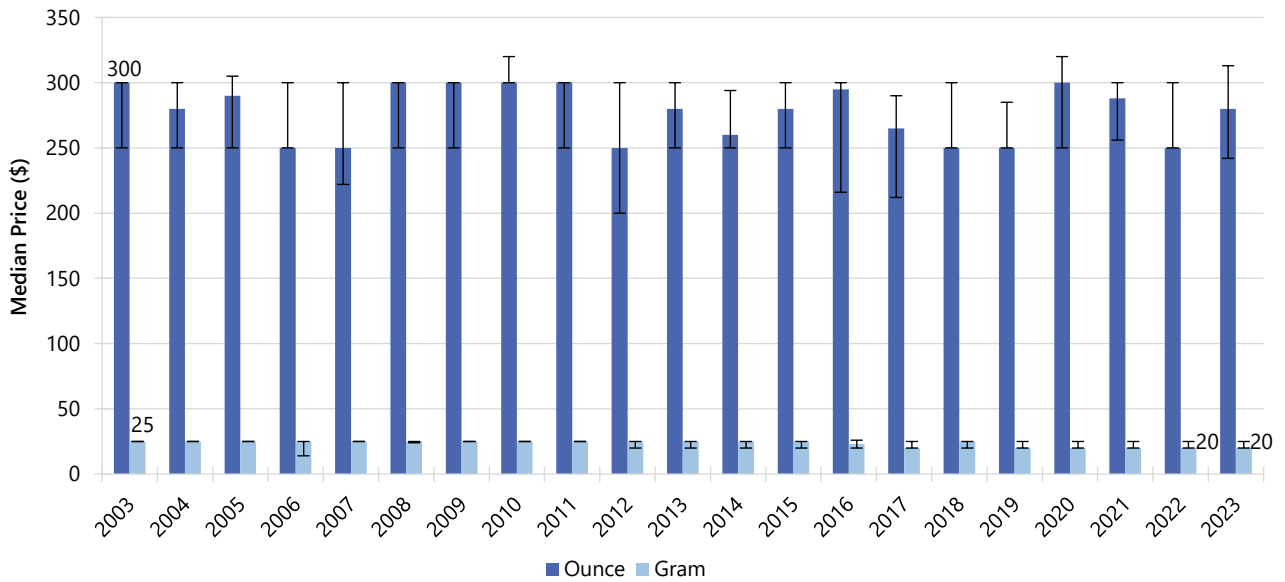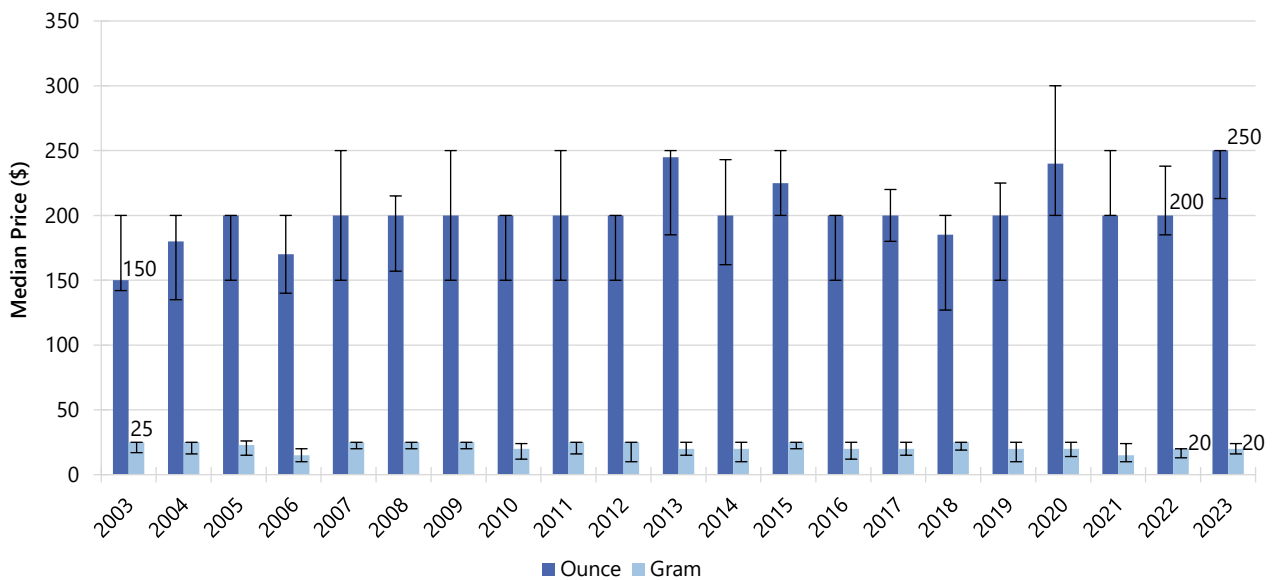
(B) Bush Cannabis

Note. From 2003 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 are reporting 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 (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 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 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2004-2023

(A) Hydroponic Cannabis

(B) Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. 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 are reporting on the potency 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. 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 non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2004-2023

(A) Hydroponic Cannabis

(B) Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. 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 are reporting on the availability 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. 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.

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Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

• **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation**,** the per recent reporting any recent methadone use (including syrup and tablets) in the Hobart sample has generally decreased since monitoring commenced. In 2023, 15% of participants reported recent use of any methadone (22% in 2022; p=0.328). Eleven per cent of participants reported recent use of non-prescribed methadone (16% in 2022; p=0.370), Few participants (n≤5) reported prescribed use in 2023, stable relative to 2022 (10%; p=0.569) (Figure 24).

Frequency of Use: Due to low numbers reporting (n≤5) recent non-prescribed methadone use in 2023, details regarding frequency of use are not reported (median of 19 days in 2022; IQR=5-24; n=14; p=0.949). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Of those who had recently used any methadone in 2023 (including syrup and tablets) and commented (n=10), 90% reported injecting methadone (86% in 2022) on a median of 12 days (IQR=3-52; n=9), stable relative to 2022 (30 days; IQR=13-60; n=19; p=0.504).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Hobart, TAS, 2000-2023
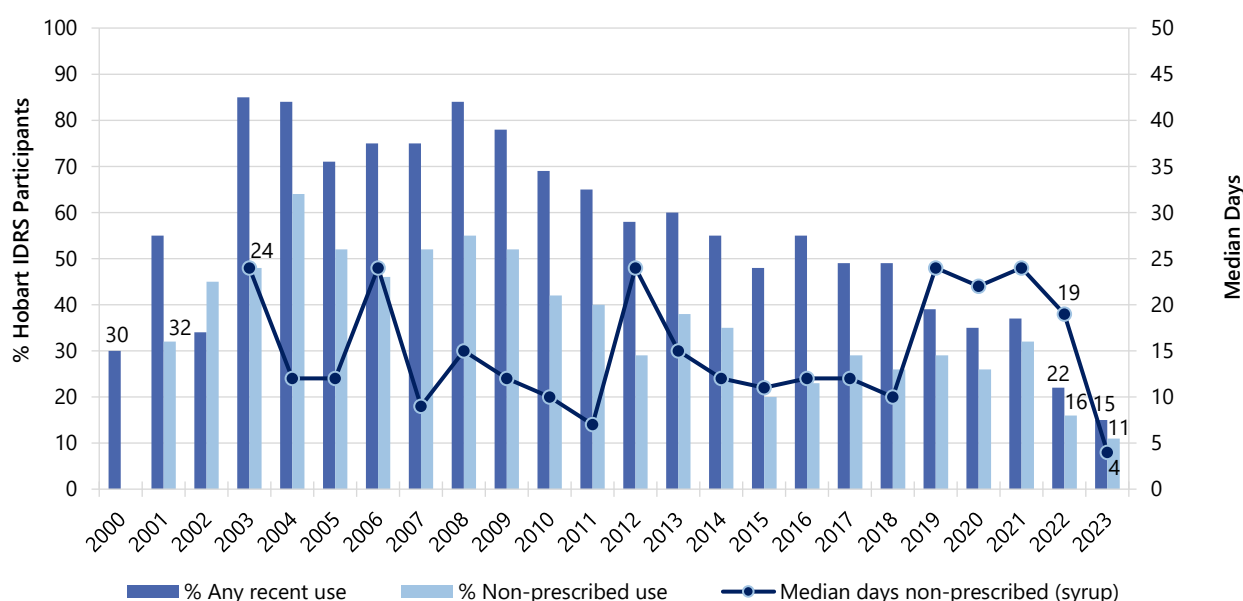
Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2001/2003) 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.

Buprenorphine Tablet

Any Recent Use (past 6 months): Twenty-seven per cent of the Hobart sample reported recent use of any buprenorphine tablet in 2023, a significant increase from 12% in 2022 (p=0.017). One fifth (20%) reported non-prescribed use, a significant increase from 7% in 2022 (p=0.018). Few participants (n≤5) reported prescribed use in 2022 and 2023; therefore, these data are suppressed.

Frequency of Use: Of those who reported recent use of non-prescribed buprenorphine tablets in the past six months, participants reported using on a median of 12 days (IQR=4-24; n=13; 3 days in 2022; IQR=2-15; n=7; p=0.232).

Recent Injecting Use: Of those who had recently used any buprenorphine tablets in 2023 and commented (n=18), 56% reported any recent injecting use (67% in 2022; p=0.709). Frequency of recent injecting use was stable at a median of 13 days (IQR=3-22; n=10; 3 days in 2022; IQR=2-26; n=10; p=0.345).

Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2023, 27% of the Hobart sample reported recent use of any buprenorphine-naloxone (23% in 2022; p=0.576). Almost one fifth (18%)

reported non-prescribed use (13% in 2022; *p*=0.374), with 9% reporting prescribed use (10% in 2022) (Figure 25).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=12), frequency of use remained low and stable at a median of 11 days (IQR=2-12) in the six months preceding interview (2 days in 2022; IQR=1-6; n=13; *p*=0.304) (Figure 25).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2023 and commented (n=18), 44% reported any recent injecting use (43% in 2022). Frequency of injecting use was stable at a median of eight days (IQR=2-14; n=8), relative to 12 days in 2022 (IQR=2-141; n=10; *p*=0.621).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Hobart, TAS, 2006-2023
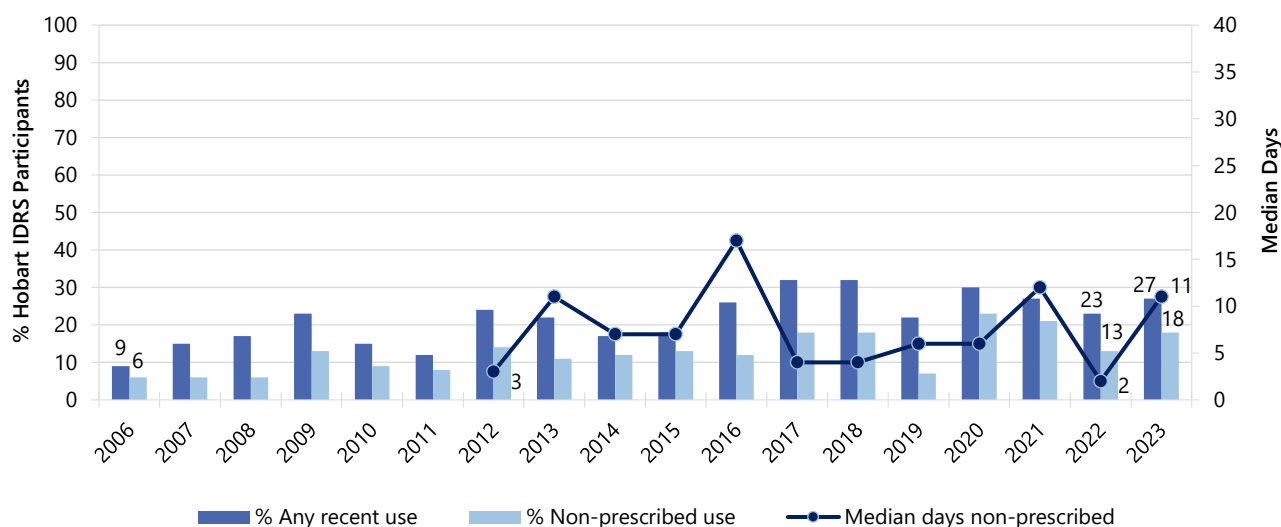
Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Secondary Y axis reduced to 40 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) 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.

Morphine

Any Recent Use (past 6 months): The Hobart sample has observed a downward trend in recent use of morphine since peaking in 2009 (Figure 26). In 2023, one fifth (20%) of the sample had recently used any morphine, stable relative to 2022 (27%; *p*=0.279). This was mostly driven by non-prescribed use (20%; 27% in 2022; *p*=0.279), with few participants (n≤5) reporting recent prescribed use in 2023 (0% in 2022; *p*=0.393).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=13) reported use on a median of 21 days (IQR=6-72) in 2023, stable relative to 2022 (24 days; IQR=6-77; n=28; *p*=0.779) (Figure 26).

Recent Injecting Use: Of those who had recently used any morphine in 2023 and commented (n=13), all participants (100%) reported injecting morphine (96% in 2022) on a median of 24 days (IQR=6-90), stable relative to 2022 (24 days; IQR=6-81; *p*=0.783).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Hobart, TAS, 2001-2023
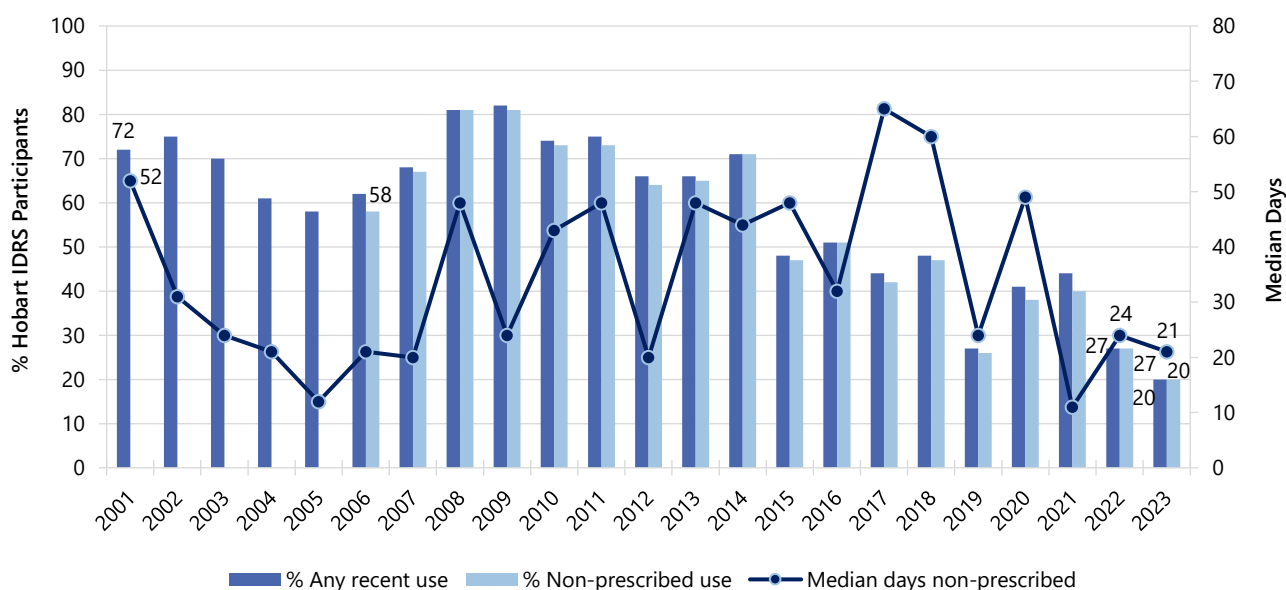
Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary Y axis reduced to 80 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) 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). 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.

Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 17% of participants reporting any recent use in 2023, stable relative to 2022 (19%; p=0.834) (Figure 27). In 2023, 15% of the sample had used non-prescribed oxycodone (12% in 2022; p=0.626). Few participants (n≤5) had used prescribed oxycodone in 2023; therefore, these data are suppressed (8% in 2022; p=0.530).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=10) reported use on a median of 18 days (IQR=5-62) in the six months preceding interview in 2023 (8 days in 2022; IQR=2-113; n=12; p=0.943) (Figure 27).

Recent Injecting Use: Of those who had recently used any oxycodone in 2023 and commented (n=11), 82% reported injecting oxycodone (63% in 2022; p=0.149) on a median of 12 days (IQR=4-24; n=9), stable relative to 2022 (8 days; IQR=4-113; n=12; p=0.943).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Hobart, TAS, 2005-2023
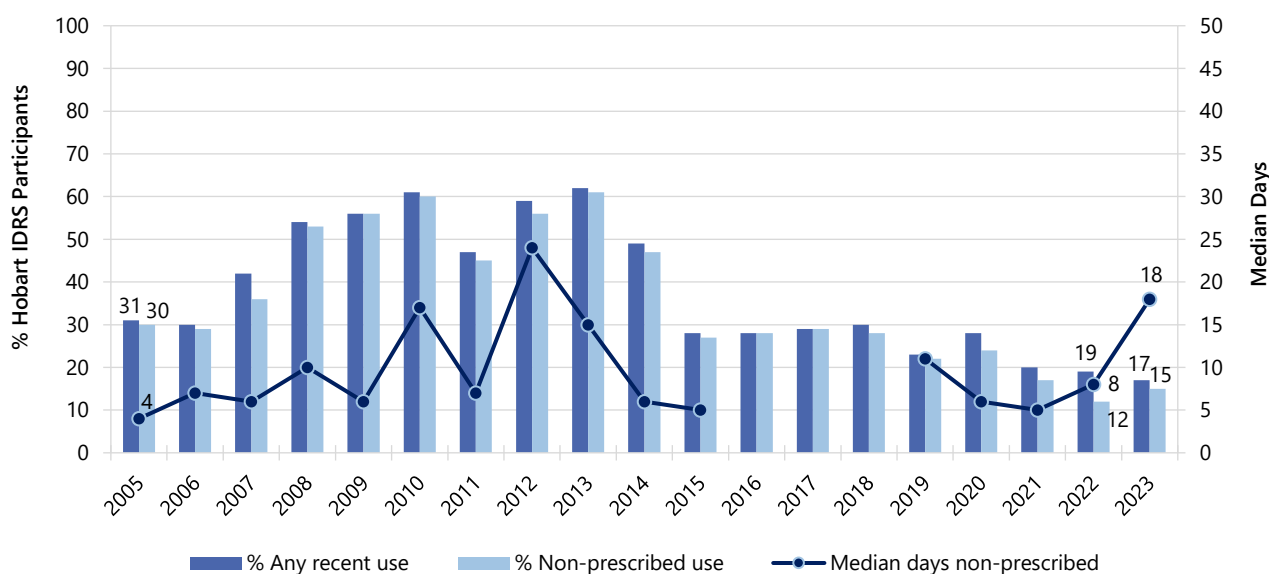
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. In 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) 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.

Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 28). In 2023, 12% of the Hobart sample reported using any fentanyl in the six months preceding interview (10% in 2022; *p*=0.796). Few participants (n≤5) reported prescribed use in 2023 (0% in 2022; *p*=0.153), and 11% reported non-prescribed use (10% in 2022).

Frequency of Use: Participants who had recently consumed non-prescribed fentanyl and commented (n=7) reported use on a median of seven days (IQR=5-31) in 2023 (3 days in 2022; IQR=1-7; n=10; *p*=0.232) (Figure 28).

Recent Injecting Use: Of those who had recently used any fentanyl in 2023 and commented (n=8), 88% reported recently injecting any form (90% in 2022) on a median of seven days (IQR=4-31) in the six months preceding interview, stable relative to 2022 (3 days; IQR=1-7; *p*=0.386).

Figure 28: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Hobart, TAS, 2013-2023
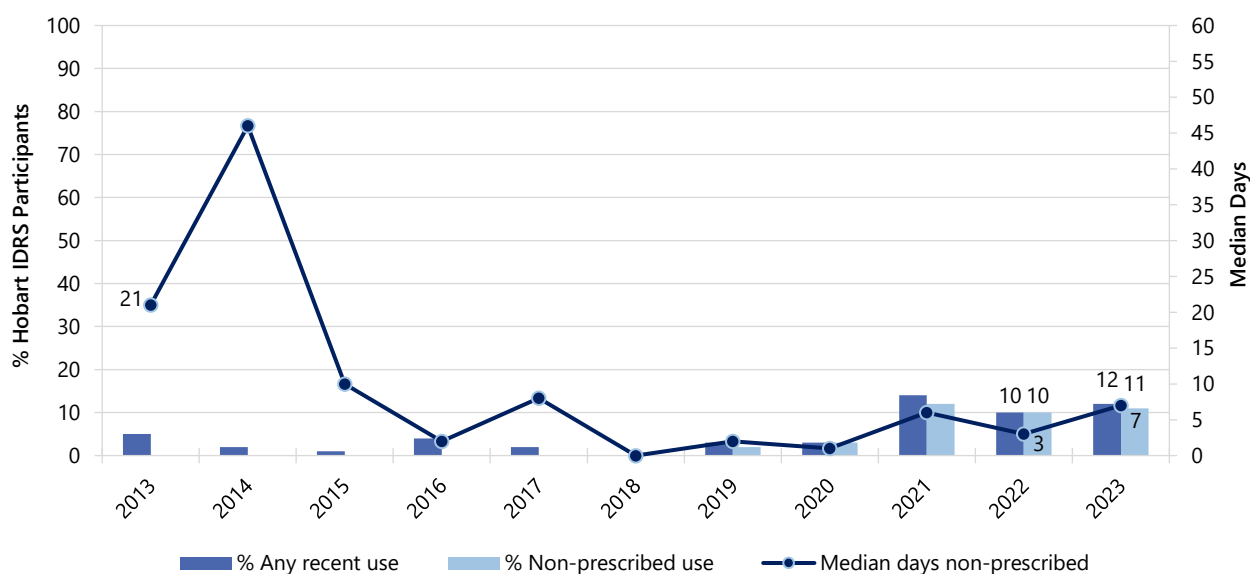
Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 60 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) 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.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 2). In 2023, 21% of participants reported any recent use of codeine, a significant increase from 2022 (10% in 2022; p=0.048). Twelve per cent reported recent prescribed use (6% in 2022; p=0.258) and 9% reported recent non-prescribed use (n≤5 in 2022; p=0.193). See Figure 32 in the Tasmania IDRS 2019 Report for more detailed data on use of codeine.

One fifth (20%) reported recent use of any form of tramadol (16% in 2022; p=0.530). Twelve per cent reported recent non-prescribed use of tramadol (7% in 2022; p=0.279) and few participants (n≤5) reported recent prescribed use. Few participants (n≤5) reported recent use of any form of tapentadol in 2022 and 2023. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Hobart, TAS, 2019-2023

% Recent use (past 6 months)	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=66
Codeine^					
Any use	9	-	12	10	**21***
Non-prescribed use	19	14	9	-	**9**
Any injection#	0	0	0	0	**0**
Tramadol					
Any use	26	-	20	16	**20**
Non-prescribed use	18	9	7	7	**12**
Any injection#	12	0	16	6	**8**
Tapentadol					
Any use	-	-	-	-	**-**
Non-prescribed use	-	-	-	-	**0**
Any injection#	0	0	0	0	**0**

Note. - Per cent suppressed due to low numbers (n≤5 but not 0). ^Includes high and low dose. # Of those who reported past six month use. 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.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name, or via another source such as online) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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.

Few participants (n≤5) reported using any NPS in the six months prior to interview (7% in 2022) and therefore no further reporting on patterns of use will be reported (Table 3). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Hobart, TAS, 2013-2023											
% Recent Use (past 6 months)	2013 N=105	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=66
'New' drugs that mimic the effects of opioids	/	/	/	/	0	0	-	-	-	0	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-#	-	-	-	-	-	**-**
'New' drugs that mimic the effects of amphetamine or cocaine	-	/	/	/	/	-	-	-	-	-	**-**
'New' drugs that mimic the effects of cannabis	-	-	-	-	-	-	-	-	-	0	**0**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-#	-	-	-	-	-	**-**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	/	-	-	-	-	**-**
Any of the above	-	-	-	0	-	8	16	14	12	7	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. # In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2023 (36%; 35% in 2022) (Figure 29). In 2023, one third (33%) of the Hobart sample reported use of non-prescribed benzodiazepines, other than alprazolam (31% in 2022; *p*=0.863). Recent use of non-prescribed alprazolam remained stable, with 15% reporting recent use (11% in 2022; *p*=0.471).

Frequency of Use: Participants who had recently consumed non-prescribed benzodiazepines, other than alprazolam, and commented (n=22) reported use on a median of nine days in 2023 (IQR=2-29; 10 days in 2022; IQR=6-48; n=32; *p*=0.863). Of those who had recently consumed non-prescribed alprazolam and commented (n=10), median frequency of use was three days (IQR=1-5), stable relative to 2022 (3 days; IQR=3-20; n=11; *p*=0.268).

Recent Injecting Use: In 2023, few participants (n≤5) reported recent injection of any non-prescribed benzodiazepines (11% in 2022); therefore, these data are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): In 2023, almost one fifth (18%) of participants had used non-prescribed pharmaceutical stimulants in the six months preceding interview, stable relative to 16% in 2022 (*p*=0.827) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=12) reported use on a median of three days (IQR=2-11) in 2023, stable from five days in 2022 (IQR=3-17; n=16; *p*=0.327).

Recent Injecting Use: Of those who had recently used pharmaceutical stimulants in 2023 and commented (n=12), 67% of participants reported recently injecting pharmaceutical stimulants (81% in 2022; n=13; *p*=0.418) on a median of five days (IQR=2-11) in the past six months, stable from 2022 (4 days; IQR=4-24; *p*=0.422).

Antipsychotics

Recent Use (past 6 months): In 2023, 12% of participants reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months preceding interview, stable relative to 6% in 2022 (*p*=0.258) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed antipsychotics and commented (n=8), reported use on a median of four days (IQR=1-15) in 2023, stable from four days in 2022 (IQR=3-6; n=6; *p*=0.896).

Recent Injecting Use: No participants reported recent injecting use of non-prescribed antipsychotics in 2022 and 2023. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2023, almost one-fifth (17%) participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 2022 (14%; *p*=0.646) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=11) reported use on a median of three days (IQR=2-9) in 2023, stable from 2022 (11 days; IQR=5-24; n=14; *p*=0.051).

Recent Injecting Use: No participants reported recent injecting use of non-prescribed pregabalin in 2022 and 2023. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

Few participants (n≤5) reported using non-prescribed gabapentin in the six months preceding interview 2023 (n≤5 in 2022; *p*=0.646) and therefore no further reporting on patterns of use will be included (Figure 29). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use of non-prescribed pharmaceutical drugs, Hobart, TAS, 2006-2023
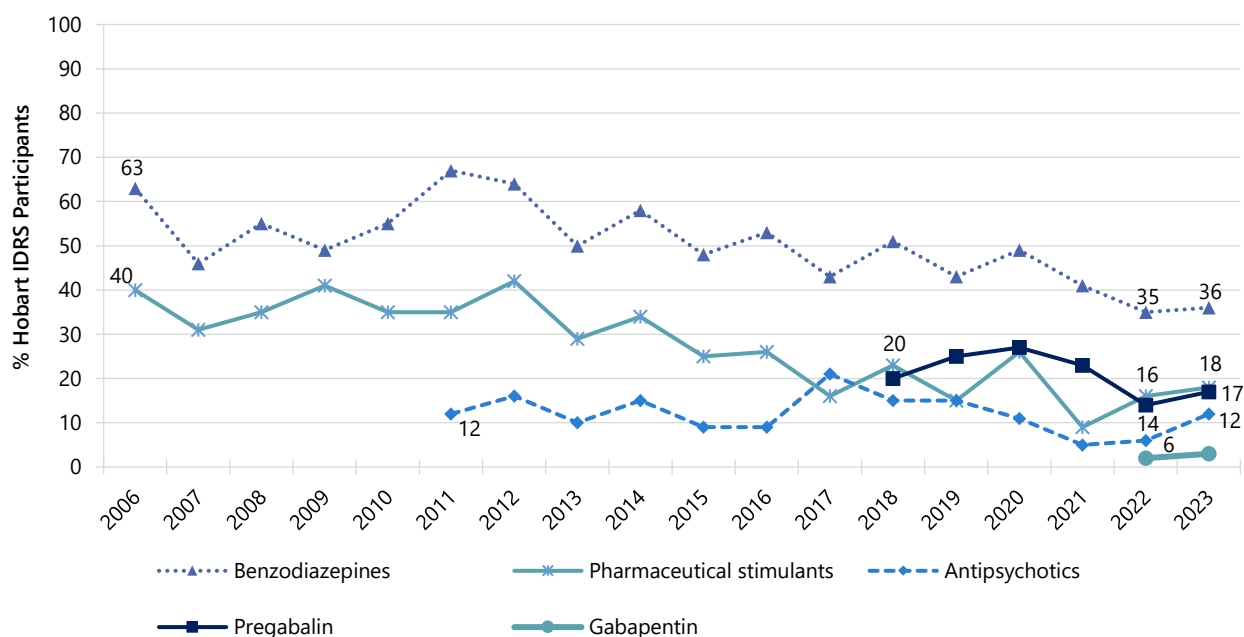
Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first (2006/2011/2018) 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.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Sixty-one per cent of the Hobart sample reported recent use of alcohol in 2023, stable from 64% in 2022 (p=0.749) (Figure 30).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=40) reported use on a median of 48 days in 2023 (IQR=6-77; 24 days in 2022; IQR=6-90; n=65; p=0.693), with 15% reporting daily use (15% in 2022).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Hobart IDRS sample. In 2023, the majority of the sample (91%) reported recent use of tobacco (93% in 2022; p=0.771) (Figure 30).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=60), reported use on a median of 180 days in 2023 (IQR=180-180; 180 days in 2022; IQR=180-180; n=95; p=0.214), with 95% reporting daily use (89% in 2022; p=0.373).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. No participants reported recent use of prescribed e-cigarettes in 2022 and 2023. Data below for 2022 and 2023 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Fifteen per cent of participants reported recent use of non-prescribed e-cigarettes in 2023, stable relative to 2022 (15%) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=10), reported use on a median of 22 days in 2023 (IQR=7-75; 10 days in 2022; IQR=3-24; n=15; p=0.276).

Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=10), 90% reported using e-cigarettes that contained nicotine (79% in 2022; p=0.615). One fifth (20%) of participants reported using e-cigarettes that contained neither nicotine nor cannabis (43% in 2022; p=0.388). No participants reported using e-cigarettes that contained cannabis or both cannabis and nicotine in 2022 and 2023. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded (n=10), 50% reported using e-cigarettes as a smoking cessation tool, stable relative to 2022 (69%; p=0.425).

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2022 and 2023; therefore, no further reporting on patterns of use will be included. Please refer to the National IDRS 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, 12% of participants reported recent use of GHB/GBL/1,4-BD, a significant increase from 2022 (n≤5; p=0.015) (Figure 30).

Frequency of Use: In 2023, GHB/GBL/1,4-BD was used on a median of two days (IQR=2-8; n=8; n≤5 in 2022; p=0.688).

Routes of Administration: All participants (100%) who reported recent use of GHB/GBL/1,4-BD, reported swallowing as the most common method of administration.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

Recent Use (past 6 months): No participants reported use of Unisom in the six months preceding interview in 2022 and 2023; therefore, no further reporting on patterns will be included (Figure 30). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use of licit and other drugs, Hobart, TAS, 2000-2023
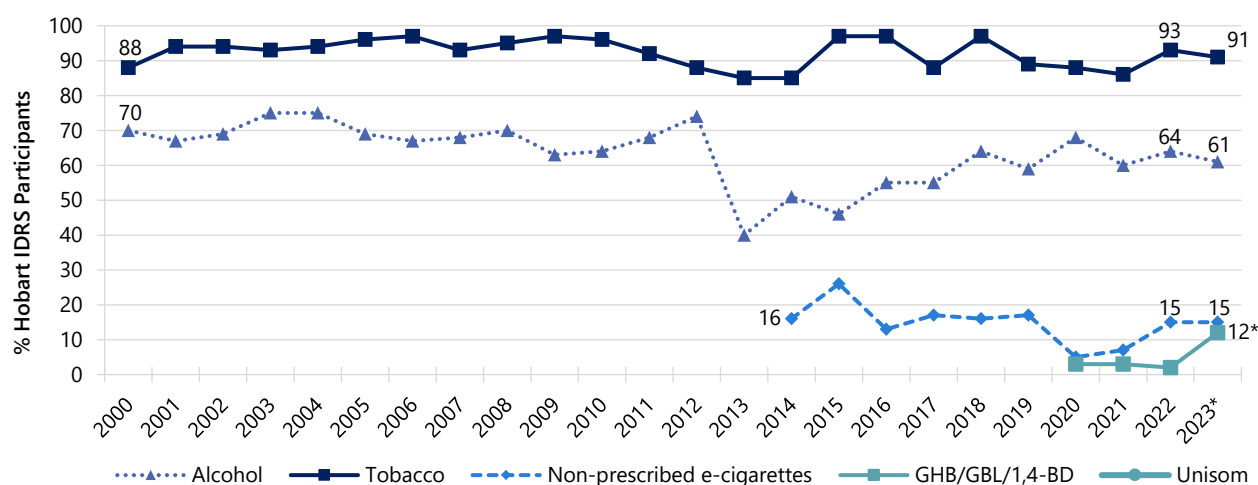
Note. Participants were first asked about e-cigarettes in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) 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.

8

Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, the majority of the sample (98%) reported using one or more drugs (including alcohol and prescription medications; excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=65), the most commonly used substances were cannabis (53%), stimulants (53%) and opioids (21%).

Fifty-five per cent (n=36) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Almost one quarter (23%) of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst 23% reported using stimulants alone and 15% reported using opioids alone (Figure 31).

Figure 31: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Hobart, TAS, 2023
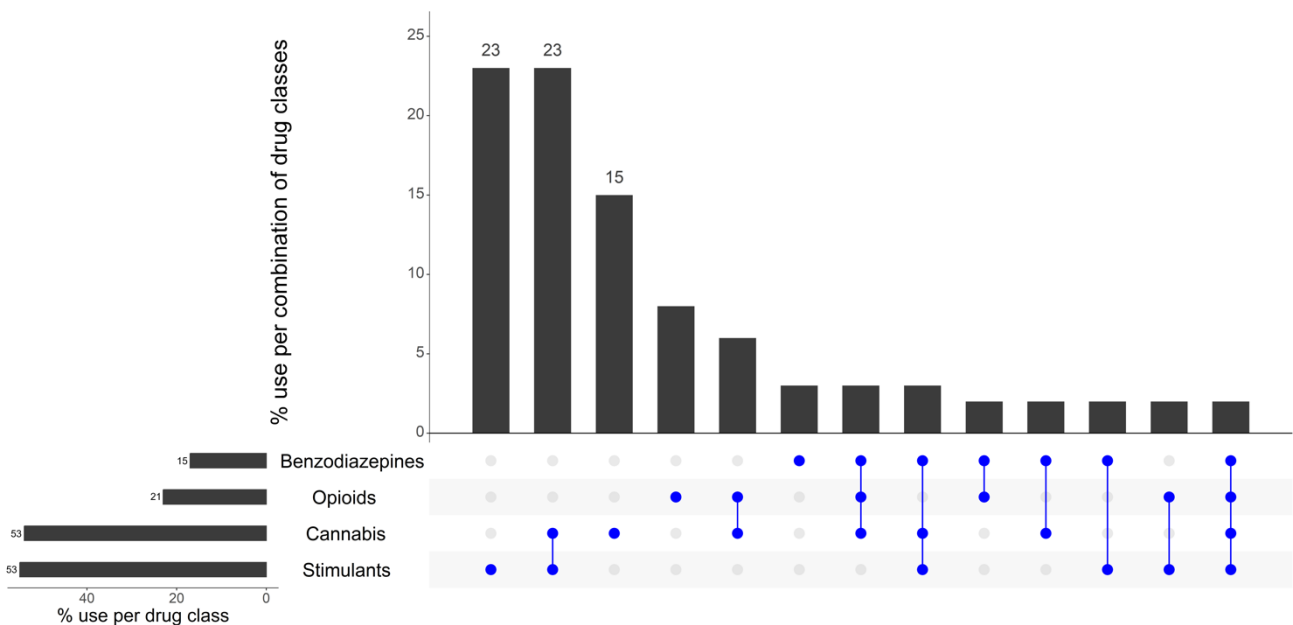
Note. % calculated out of total IDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 25% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2023, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;

- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:

  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and

  - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Non-fatal overdose in the Hobart sample has fluctuated over the years (likely due at least in part to differences in the way questions regarding overdose were asked). In 2023, 27% reported any non-fatal overdose in the 12 months preceding interview, a significant increase from 13% in 2022 (p=0.039) (Figure 32).

Fourteen per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview in 2023 (6% in 2022; p=0.175). Eleven per cent reported a **non-fatal overdose following stimulant use** in the 12 months preceding interview (n≤5 in 2022; p=0.225) (Table 4).

Participants who had reported a past 12-month overdose on an opioid (n=9) had done so on a median of two occasions (IQR=1-2) in the 12 months preceding interview. Few participants (n≤5) were able to comment on other drugs used during the last opioid overdose, or whether they had received treatment on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 32: Past 12 month any non-fatal overdose, Hobart, TAS, 2000-2023
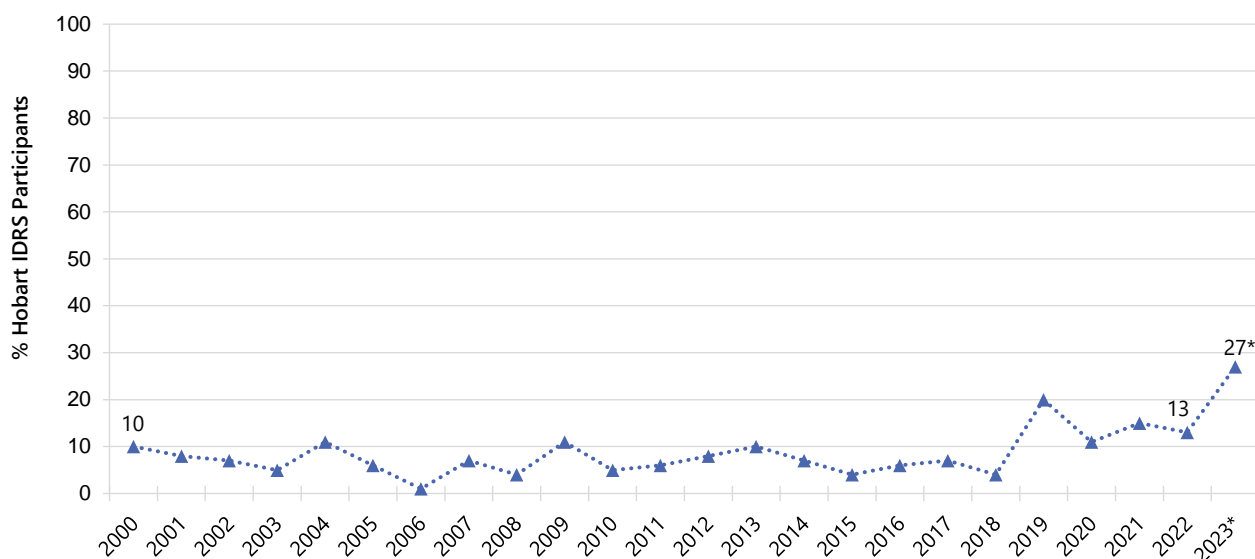
Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

## Table 4: Past 12-month non-fatal overdose by drug type, Hobart, TAS, 2015-2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Any opioid	N=100 -	N=99 6	N=100 6	N=100 -	N=99 10	N=74 9	N=95 -	N=93 6	**N=64 14**
% Heroin overdose	N=100 -	N=99 -	N=98 -	N=100 0	N=99 -	N=74 -	N=94 -	N=93 -	**N=64 -**
% Methadone overdose	N=100 -	N=99 -	N=98 0	N=100 -	N=99 -	N=74 -	N=94 -	N=93 -	**N=64 -**
% Morphine overdose	N=100 -	N=99 -	N=98 -	N=100 -	N=99 -	N=74 -	N=94 -	N=93 0	**N=64 0**
% Oxycodone overdose	N=100 -	N=99 -	N=99 -	N=100 -	N=99 0	N=74 0	N=94 0	N=93 0	**N=64 0**
% Stimulant overdose	N=100 -	N=89 -	N=100 -	N=100 -	N=98 9	N=74 -	N=94 -	N=102 -	**N=63 11**
% Other overdose	/	/	/	/	N=99 -	N=74 -	N=95 -	N=102 6	**N=64 -**
% Any drug overdose	N=100 -	N=99 6	N=99 8	N=97 -	N=99 20	N=74 11	N=95 15	N=94 13	**N=64 27***

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. - Per cent suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, TAS, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: From 2013-2021, there has been no substantial change in the per cent of participants who were aware of naloxone, ranging between 73% and 85%. Four fifths (79%) of participants reported awareness of naloxone in 2023, a significant decrease from 2022 (91%; p=0.037) (Figure 33).

Awareness of Take-Home Naloxone: The per cent reporting that they were aware that naloxone was available for people to take home has fluctuated over time, with 68% reporting awareness in 2023 (58% in 2022; p=0.202). Noting that item wording was different in previous years (awareness of take-home naloxone programs), this is higher than historical estimates (Figure 33). In 2023, 59% of participants reported having heard of free access (62% in 2022; p=0.748), and few participants (n≤5) reported having heard of paid access to this medication (n≤5 in 2022; p=0.649)

Accessed Naloxone: Two fifths (41%) of the Hobart sample reported having ever accessed naloxone (43% in 2022), with 32% having done so in the past year (36% in 2022; p=0.609). The majority of participants reported accessing naloxone from a NSP (69%) the last time. All participants (100%) reported that they did not have to pay the last time they accessed naloxone.

In 2022 and 2023, few participants (n≤5) of the total samples reported that they had tried to access naloxone in the past year and in their lifetime but had been unsuccessful. Sixty-seven per cent reported that they had never tried to access naloxone (note: a small per cent of participants reported never trying to access naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Of those who had ever had trouble accessing naloxone or had never tried to access naloxone (n=41), reasons included 'don't use opioids' (27%), 'don't consider myself/my peers at risk of overdose' (27%) and 'didn't know you could access naloxone' (15%).

Of those who had ever obtained naloxone, had used opioids in the past month, and could respond (n=20), three fifth (60%) reported that they 'always' had naloxone on hand when using opioids in the past month. Few participants (n≤5) reported 'often,' 'sometimes' and 'never' having naloxone on hand.

Education on Using Naloxone: In 2023, 38% had been trained in how to administer naloxone in their lifetime, an increase from 22% in 2022 (p=0.050), with 22% having done so in the past year (14% in 2022; p=0.208) (Figure 33). In the last year, most participants (93%) were taught how to administer naloxone at an NSP.

Use of Naloxone to Reverse Overdose: In 2023, 11% of the Hobart sample reported that they had resuscitated someone using naloxone at least once in their lifetime (12% in 2022), with few participants (n≤5) having done so in the past year. Few participants (n≤5) reported that they had been resuscitated by a peer using naloxone in the past year (n≤5 in 2022).

Figure 33: Lifetime awareness of naloxone and education in naloxone administration, Hobart, TAS, 2013-2023
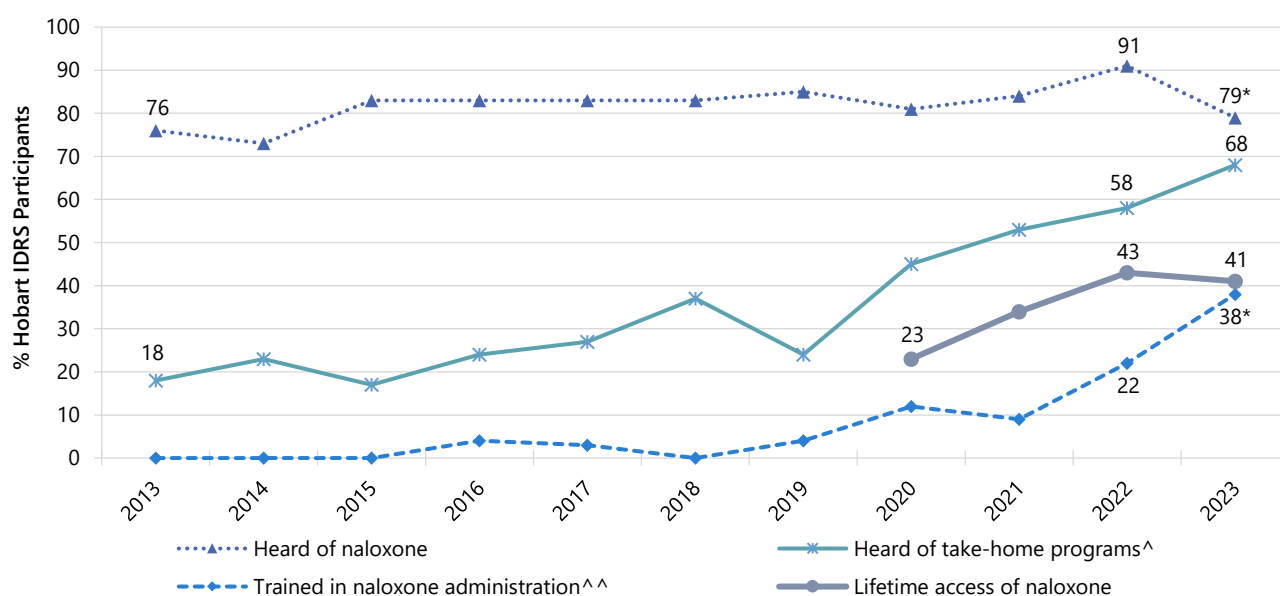
Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data collection for 'lifetime access of naloxone' started in 2020. The question 'Heard of take-home naloxone programs' was changed to 'Heard of take-home naloxone' in 2023. The question 'Have you ever been through a naloxone training course?' was changed to 'Have you ever been taught how to use naloxone?' in 2023. Data labels are only provided for the first (2013/2020) 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.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2023, few participants (n≤5) reported receptive sharing of needles/syringe in the month prior to interview (n≤5 in 2022; *p*=0.395), whilst 9% reported distributive sharing of needles/syringes (6% in 2022; *p*=0.554) (Figure 34).

Eleven per cent of participants reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month (14% in 2022; p=0.633) (Figure 34). One third (36%) of the sample reported that they had re-used their own needles in the past month (34% in 2022; *p*=0.861) (Figure 34).

One third (33%) of the 2023 sample reported that they had injected someone else after injecting themselves (19% in 2022; *p*=0.067), and one tenth (13%) were injected by someone else in the past month (11% in 2022; *p*=0.797) (Table 5).

The location of last injection remained stable between 2022 and 2023 (*p*=0.180). Consistent with previous years, most participants (78%) reported that they had last injected in a private home (81% in 2022). An additional 13% of participants reported that they had last injected in a public toilet (6% in 2022) (Table 5).

Figure 34: Borrowing and lending of needles and sharing of injecting equipment in the past month, Hobart, TAS, 2000-2023
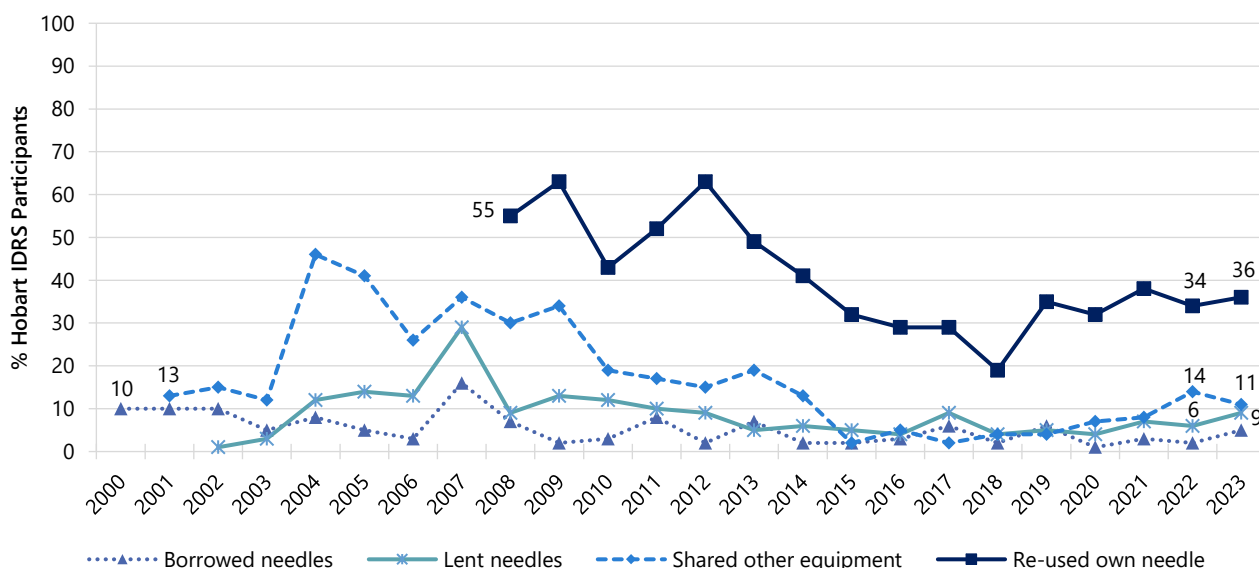
Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2001/2002/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). 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.

Table 5: Sharing and re-using needles and injecting equipment in the past month, Hobart, TAS, 2015-2023

	2015 N=100	2016 N=100	2017 N=100	2018 N=101	2019 N=99	2020 N=73	2021 N=94	2022 N=102	2023 N=66
% Injecting behaviours past month									
Borrowed a needle	N=100 -	N=100 -	N=100 6	N=101 -	N=99 6	N=73 -	N=94 -	N=94 -	**N=64 -**
Lent a needle	N=100 -	N=100 -	N=100 9	N=101 -	N=99 6	N=72 -	N=94 7	N=94 6	**N=64 9**
Shared any injecting equipment ^	N=100 -	N=100 -	N=99 -	N=101 -	N=99 -	N=72 7	N=94 8	N=101 14	**N=66 11**
Re-used own needle	N=100 32	N=100 29	N=100 29	N=100 19	N=99 35	N=71 32	N=94 38	N=94 34	**N=64 36**
Injected partner/friend after self~	/	/	/	/	N=99 27	N=73 23	N=94 39	N=93 19	**N=64 33**
Somebody else injected them after injecting themselves~	/	/	/	/	N=99 12	N=73 12	N=94 19	N=94 11	**N=64 13**
% Location of last injecting use									
Private home	86	83	87	78	87	87	93	81	**78**
Car	-	-	6	6	6	6	5	11	**-**
Street/car park/beach	-	0	-	6	-	-	-	-	**-**
Public toilet	-	-	-	-	-	-	-	-	**13**
Medically supervised injecting Centre/Room	/	/	/	/	/	/	/	0	**0**
Other	0	-	0	0	-	-	-	-	**0**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. - Per cent suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). 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.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2023 (21%), relative to 2022 (22%) (Table 6). In 2023, few participants (n≤5) reported on common injection-related injuries and diseases such as nerve damage (12% in 2022; p=0.439) and any infection/abscess (9% in 2022).

Table 6: Injection-related issues in the past month, Hobart, TAS, 2020-2023

	2020 N=74	2021 N=95	2022 N=102	2023 N=66
% Artery injection	-	8	-	**-**
% Any nerve damage	7	7	12	**-**
% Any thrombosis	6	6	-	**-**
Blood clot	6	-	-	**-**
Deep vein thrombosis	0	-	-	**0**
% Any infection/abscess	7	8	9	**-**
Skin abscess	7	7	7	**-**
Endocarditis	0	-	0	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	0	-	-	**0**
% Dirty hit	7	-	8	**0***
% Any injection-related problem	21	23	22	**21**

Note. - Per cent suppressed due to small cell size (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.

Drug Treatment

One fifth (21%) of the Hobart sample reported receiving any drug treatment in 2023, stable relative to 2022 (25%; p=0.576), with buprenorphine-naloxone being the most commonly received treatment in 2022 and 2023 (Table 7).

Table 7: Any current drug treatment, Hobart, TAS, 2015-2023

	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=66
% Any current drug treatment	55	57	44	45	47	30	29	25	**21**
Methadone	36	35	27	24	23	14	12	9	**-**
Buprenorphine	15	16	14	18	-	-	-	-	**-**
Buprenorphine-naloxone	0	-	8	11			6	11	**9**
Buprenorphine depot injection	/	/	/	/	0	0	0	0	**0**
Drug counselling	-	-	-	-	9	7	11	7	**-**
Other	0	**-**	0	0	9	0	-	0	**-**

Note. - Per cent suppressed due to small cell size (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.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence.

The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, 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 methamphetamine dependence, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=29), one fifth (21%) scored five or more indicating possible dependence, a significant decrease from 47% in 2022 (p=0.033). The median opioid SDS score was two (IQR=0-4). Almost one third (31%) obtained a score of zero on the opioid SDS (Table 8).

Of those who had recently used methamphetamine and commented (n=54), three fifths (59%) scored four or more, stable relative to 2022 (59%). The median methamphetamine SDS score was five (IQR=2-8), indicating possible dependence (Table 8). Eleven per cent obtained a score of zero on the methamphetamine SDS.

Table 8: Total opioid 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
Opioid	N=62	N=66	N=56		N=47	N=47	**N=29**
Median total score (IQR)	6 (3-8)	5 (1-7)	5 (2-7)	/	6 (2-9)	4 (1-8)	**2 (0-4)**
% score 0	13	24	16	/	17	26	**31**
% score = 1	-	-	-	/	-	-	**-**
% score ≥ 5	60	52	54	/	55	47	**21***
Methamphetamine	N=69	N=78	N=76		N=81	N=76	**N=54**
Median total score (IQR)	3 (1-6)	0 (0-3)	4 (0-8)	/	3 (0-7)	4 (1-8)	**5 (2-8)**
% score 0	23	58	28	/	30	14	**11**
% score = 1	12	10	9	/	11	17	**13**
% score ≥ 4	46	21	50	/	43	59	**59**

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

Bloodborne Virus Testing and Treatment

In 2023, 50% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (47% in 2022; p=0.730) and 28% had received an RNA test (36% in 2022; p=0.358 (Table 9). Few participants (n≤5) reported having a current HCV infection (n≤5 in 2022) and having received HCV treatment in the past year (8% in 2022).

Among those that commented (n=57), 84% of the sample reported having ever had a test for human immunodeficiency virus (HIV), with 23% having had a test for HIV in the past six months (23% in 2022). The vast majority of participants reported that they had never received a positive diagnosis for HIV (98%; 99% in 2022) (Table 9).

Table 9: HCV and HIV testing and treatment, Hobart, TAS, 2018-2023

	2018 N=100	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=60
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=90 59	N=95 56	N=69 42	N=86 55	N=87 47	**N=60 50**
Past year hepatitis C PCR or RNA test	N=88 44	N=87 40	N=65 25	N=81 53	N=85 36	**N=54 28**
Current hepatitis C status						
Currently have hepatitis C^	N=87 20	N=92 10	N=69 -	N=82 7	N=84 -	**N=54 -**
Past year treatment for hepatitis C						
Received treatment in past year	N=89 22	N=89 11	N=74 11	N=85 12	N=87 8	**N=54 -**
Most recent treatment was successful (among those who had received treatment in past year)	N=15 100	N=8 100	N=11 100	N=10 60	N=7 -	**N≤5 -**
HIV test				N=72	N=87	**N=57**
HIV test in past 6 months	/	/	/	34	74	**23**
HIV test more than 6 months ago	/	/	/	48	51	**61**
HIV status				N=95	N=87	**N=48**
Lifetime HIV positive diagnosis	/	/	/	0	-	**-**

Note. ^This includes people who had not been tested for HCV. - Per cent suppressed due to low numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / 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.

Mental Health and Psychological Distress (K10)

Mental Health

In 2023, two thirds (66%) of the Hobart sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2022 (51%; *p*=0.095) (Figure 35). Amongst this group, the most commonly reported problems were anxiety (59%; 63% in 2022; *p*=0.277), depression (51%; 60% in 2022; *p*=0.593), post-traumatic stress disorder (PTSD) (28%; 19% in 2022; *p*=0.140) and schizophrenia (18%; 16% in 2022; *p*=0.566).

One third (32%) of the sample had seen a mental health professional during the past six months (49% of those who self-reported a mental health problem during the past six months, stable from 57% in 2022; *p*=0.507). Four fifths (79%) of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable relative to 2022 (76%).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, Hobart, TAS, 2004-2023

Note. 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.
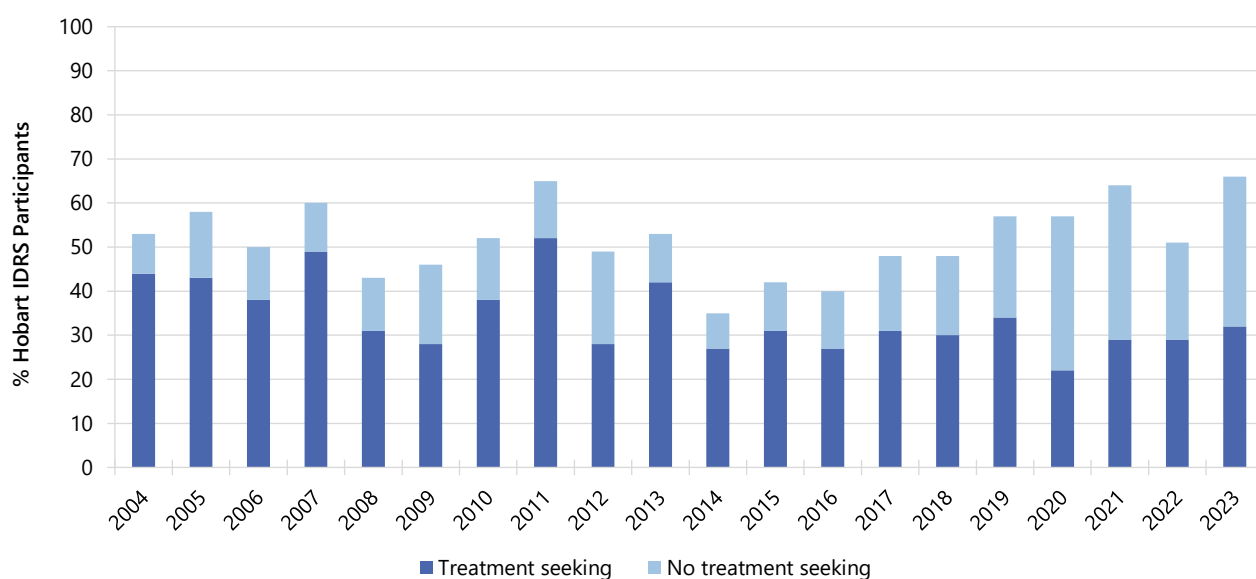
Psychological Distress (K10)

The [Kessler Psychological Distress Scale 10 (K10)](link) 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 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; score 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=60), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.380). In 2023, 35% of the IDRS participants had a score of 30 or more (29% in 2022; p=0.380).

The [National Health Survey 2017-18](link) provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 36).

Figure 36: K10 psychological distress scores, Hobart, TAS, 2007-2023 and NHS 2017-18
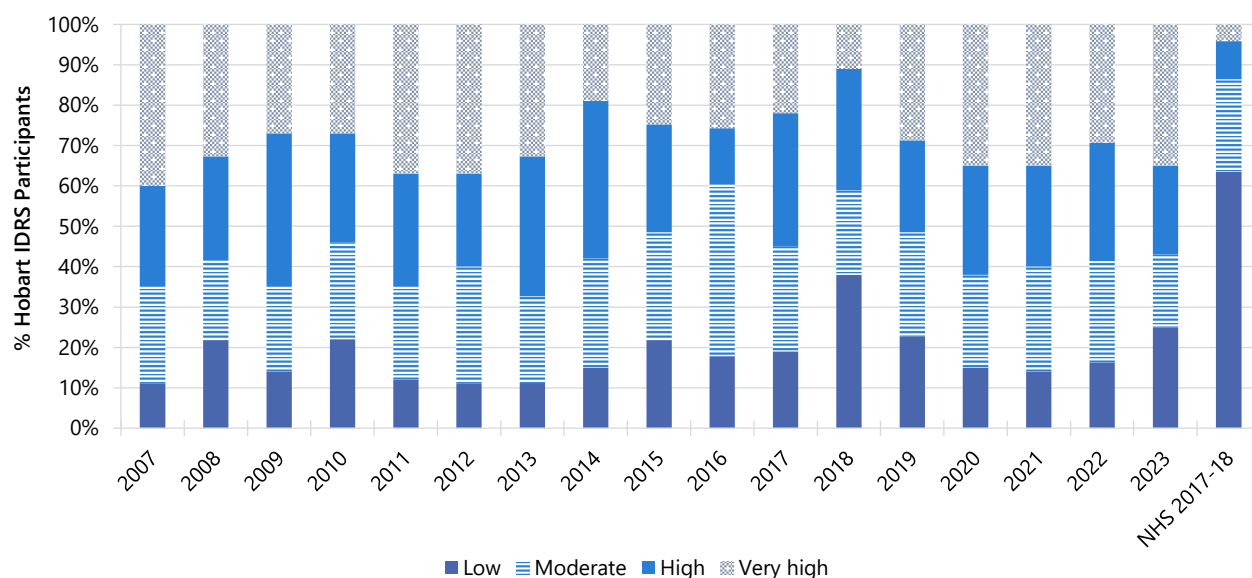
Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Eighty-five per cent of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (84% in 2022) (Table 10). Primary services reported by participants for AOD support in 2023 were NSP (67%; 75% in 2022), seeing a general practitioner (GP) (27%; 22% in 2022), drug and alcohol counsellor (14%; 11% in 2022) and emergency department (11%; 8% in 2022).

The vast majority of participants (95%) reported accessing any health service in the six months preceding interview in 2023 (95% in 2022) (Table 10). Primary services reported by participants in 2023 were NSP (74%; 80% in 2022), a GP (67%; 52% in 2022), emergency department (26%; 21% in 2022) and hospital admission (inpatient) (17%; 19% in 2022).

Table 10: 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=102	2023 N=66	2022 N=102	2023 N=66
% accessed a health service in the past 6 months	84	**85**	95	**95**
Type of service accessed *(participants could select multiple services)*	**n=86**	**n=56**	**n=97**	**n=63**
GP	22	**27**	52	**67**
Emergency department	8	**11**	21	**26**
Hospital admission (inpatient)	6	**-**	19	**17**
Medical tent (e.g., at a festival)	0	**0**	-	**0**
Drug and Alcohol counsellor	11	**14**	13	**14**
Hospital as an outpatient	-	**0**	10	**-**
Specialist doctor (not including a psychiatrist)	-	**0**	8	**11**
Dentist	8	**-**	18	**9**
Ambulance attendance	-	**-**	6	**14**
Other health professional (e.g., physiotherapist)	-	**-**	7	**9**
Psychiatrist	-	**0**	7	**9**
Psychologist	-	**-**	8	**11**
NSP	75	**67**	80	**74**
Peer based harm reduction service	-	**0**	-	**0**
Other harm reduction service	-	**-**	-	**-**

Note. - 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; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

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, 50% 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 11). Specifically, 9% of the sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (13% of those who had attended a specialist AOD service), stable relative to 2022 (20%; p=0.086; noting that this could be driven by fewer participants attending AOD services). One fifth (21%) of participants reported experiencing stigma within general health care services in the six months preceding interview (24% of those who had attended general health care services), stable relative to 2022 (22% in 2022). Thirty-eight per cent of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (27%), followed by welfare and social services (14%) and housing and homelessness services (9%) (Table 11).

Notably, 42% of the sample reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (26%), followed by delaying accessing health care (18%) and looked for different services (15%).

Table 11: Self-reported experiences of stigma due to illicit/injecting drug use in the past six months, Hobart, TAS, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	**N=102** **20**	**N=65** **9**
Needle and syringe program	/	**0**
Supervised injecting facility	/	**-**
Opioid treatment program	/	**0**
AOD counselling	/	**0**
Residential rehabilitation	/	**0**
Detoxification	/	**0**
Group therapy	/	**0**
Peer based harm reduction service	/	**0**
Other	/	**-**
% Experienced stigma in general health care service	**N=97** **22**	**N=63** **21**
GP	/	**-**
Emergency department	/	**-**
Hospital admission (inpatient)	/	**-**
Medical tent	/	**0**
Dentist	/	**-**
Hospital outpatient	/	**-**
Specialist doctor	/	**0**
Ambulance	/	**0**
Psychiatrist	/	**0**
Psychologist	/	**0**
Other	/	**-**
% Experienced stigma in non-health care setting	**/**	**N=66** **25**
Welfare and social service	/	**14**
Current or potential employer	/	**-**
School/uni/TAFE	/	**-**
Police	/	**27**
Other legal services	/	**-**
Housing and homelessness services	/	**9**
Other	/	**-**
% Experienced stigma in any of the above settings^	**/**	**50**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	**/**	**N=65** **42**
Delayed accessing healthcare	/	**18**
Did not tell health worker about drug use	/	**26**
Downplayed need for pain medication	/	**9**
Looked for different services	/	**15**
Did not attend follow-up appointment	/	**12**
Other	/	**0**

Note. N is the number who responded (denominator). - Per cent suppressed due to small numbers (n≤5 but not 0). / Not asked. The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. 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, 95% of the Hobart sample had ever been tested for SARS-CoV-2 by the time of interview , with 93% having been tested in the 12 months preceding interview (94% in 2022). Two fifths (43%) of participants reported having ever been diagnosed with the virus (32% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-1). Sixteen per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.
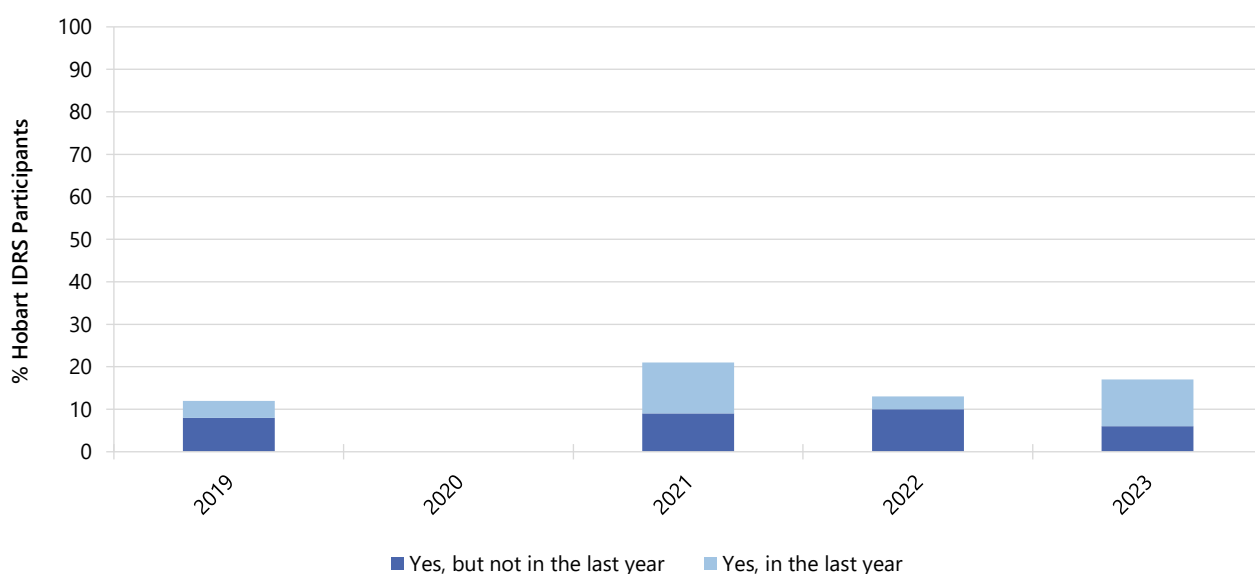
At the time of interview, 86% reported that they had received at least one COVID-19 vaccine dose (87% in 2022), with participants receiving a median of three doses (IQR=2-3: n≤5 received one dose, 32% received two doses and 49% received three or more doses).

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 pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 11% of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in the past year (n≤5 in 2022; p=0.092), with 17% reporting that they or someone else had ever tested their illicit drugs (13% in 2022; p=0.487) (Figure 37). Few participants (n≤5) reported on the methods by which their drugs were tested in the past year; therefore, no further results are reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.
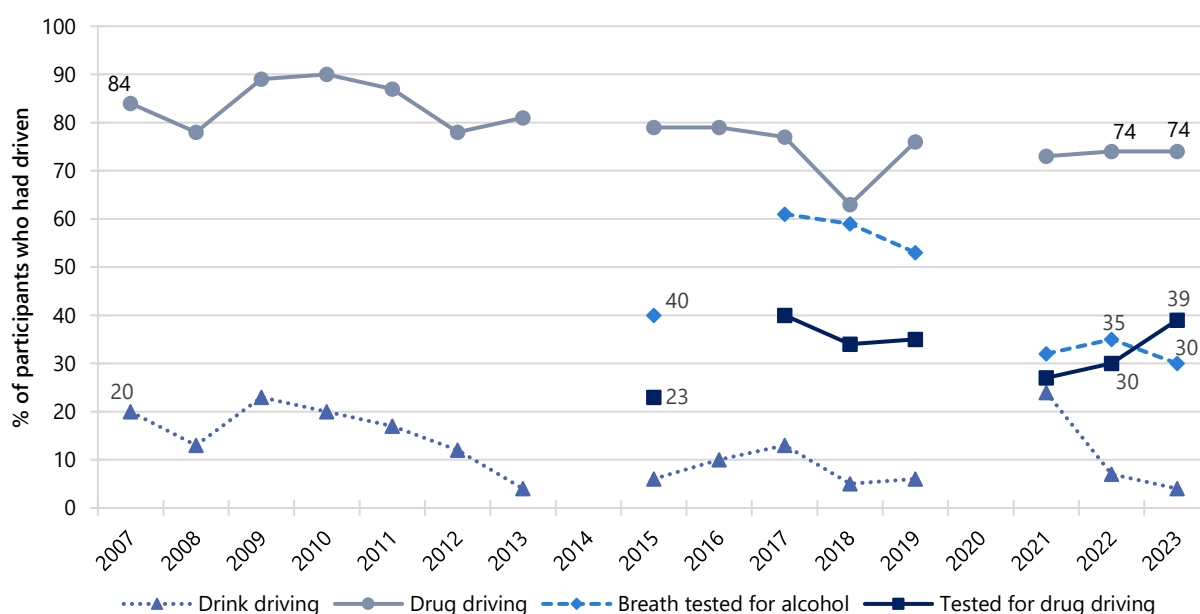
Note. Participants were not asked about engagement in drug checking in 2020. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Driving

In 2023, two fifths (40%) of the Hobart sample had driven a car, motorcycle or other vehicle in the last six months (51% in 2022; p=0.310). Of those who had driven in the past six months and responded (n=23), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, stable relative to 2022 (n≤5). Almost three quarters (74%) reported driving within three hours of consuming an illicit or non-prescribed drug in both 2022 and 2023 (Figure 38: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Hobart, TAS, 2007-2023). Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=17), participants most commonly reported using methamphetamine crystal (65%) within three hours of driving in the last six months, followed by cannabis (35%).

Of those who had recently driven, almost two fifths (39%) reported that they had been tested for drug driving by the police roadside drug testing service (30% in 2022; p=0.587), with 30% reporting that they had been breath tested for alcohol by the police roadside testing service (35% in 2022; p=0.786) in the six months prior to interview (Figure 38: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Hobart, TAS, 2007-2023).

Figure 38: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last 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 in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) 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.

Experience of Crime and Engagement with the Criminal Justice System

Thirty-nine per cent of the Hobart sample reported engaging in 'any' crime in the past month in 2023, stable from 38% in 2022. Property crime (26%; 23% in 2022; *p*=0.677) and selling drugs for cash profit (14%; 23% in 2022; *p*=0.273) remained the most common self-reported crimes in the month preceding interview (Figure 39: Self-reported criminal activity in the past month, Hobart, TAS, 2000-2023). Few participants (n≤5) reported engaging in violent crime and fraud in the month preceding interview in 2022 and 2023; therefore, further details are suppressed.
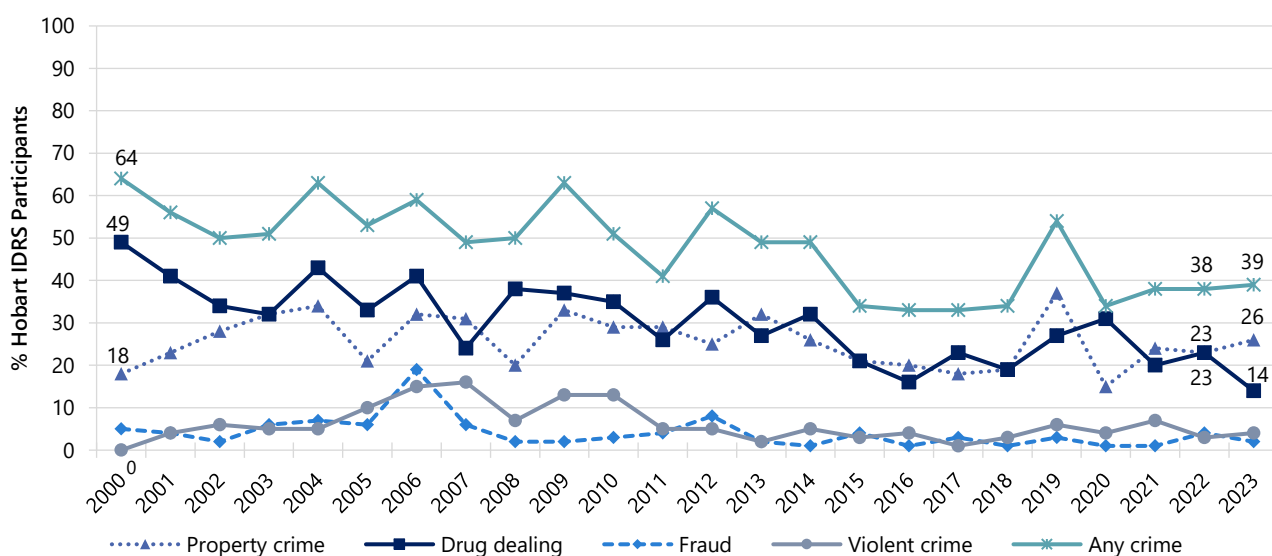
Few participants (n≤5) reported being a victim of violence in the past month (14% in 2022; *p*=0.271) (Figure 40: Victim of crime involving violence in the past month, Hobart, TAS, 2019-2023).

In 2023, almost two fifths (38%) reported having been arrested in the past 12 months, stable relative to 31% in 2022 (*p*=0.468). Of those who had been arrested and commented (n=20), the most common reason for arrest was drug use/possession (30%). Few participants (n≤5) reported on other reasons for arrest; therefore, further details are not reported.

One third (34%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant increase from 18% in 2022 (*p*=0.047). This predominantly comprised of being stopped for questioning (89%), a significant increase from 21% in 2022 (*p*<0.001). Almost three quarters (74%) had been stopped and searched (57% in 2022; *p*=0.459), stopped and issued a court attendance notice (30%; 0% in 2022; *p*=0.031) or stopped and issued fine/infringement notice (26%; 7% in 2022; *p*=0.209).

Fifty-five per cent of the Hobart sample reported a lifetime prison history in 2023, stable from 45% in 2022 (*p*=0.263).


Figure 39: Self-reported criminal activity in the past month, Hobart, TAS, 2000-2023

Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) 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 40: Victim of crime involving violence in the past month, Hobart, TAS, 2019-2023
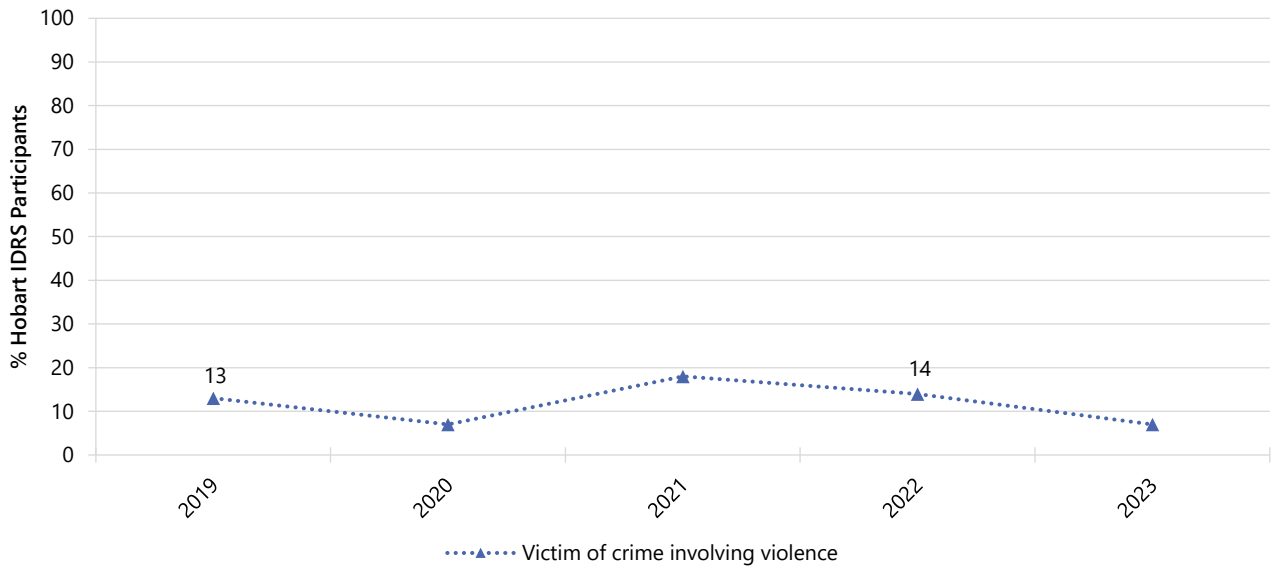
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical 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.