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TASMANIAN DRUG TRENDS 2017
Findings from the
Illicit Drug Reporting System (IDRS)

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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 version at www.ndarc.med.unsw.edu.au

TASMANIAN DRUG TRENDS 2017

Findings from the Illicit Drug Reporting System (IDRS)

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIDS	Auto-immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
ATSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infection(s)
DHHS	Department of Health and Human Services
DSM-III-R	Diagnostic & Statistical Manual of Mental Disorders, 3rd Edition, Revised
EDRS	Ecstasy & related Drug Reporting System
GP	General Practitioner
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
ICD	International Classification of Diseases
IDDI	Illicit Drug Diversion Initiative
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
IRID	Injecting-related injuries and diseases
K10	Kessler 10 Psychological Distress Scale
LSD	lysergic acid diethylamide
MSM	Methylsulfonylmethane
N	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NGO	Non-government organisations
NHS	National Health Survey
NMDS	National Minimum Data Set (for Alcohol and Drug Treatment Services)
NSP	Needle and Syringe Program(s)
OFT	Oral fluid test
OST	Opioid Substitution Therapy
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PWID	People who inject drugs
REU	Regular ecstasy user

S3	Schedule 3
S4	Schedule 4
S8	Schedule 8
SD	Standard deviation
SDS	Severity of Dependence Scale
SIS	State Intelligence Services, Tasmania Police
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TasCAHRD	Tasmanian Council on AIDS, Hepatitis and Related Diseases
TASPOL	Tasmania Police
TGA	Therapeutic Goods and Administration

EXECUTIVE SUMMARY

Background and methods	The Illicit Drug Reporting System is an annual, national project designed to monitor data associated with the use of heroin, cocaine, methamphetamine and cannabis, in order that this information could act as an early warning indicator of the availability and use of these drugs. Each year, in each capital city, people who regularly inject drugs are interviewed face to face about the drugs they use and their health. To complement and interpret this information, data relating to drug use such as needle and syringe program, health and law enforcement data are also examined. The project is coordinated nationally by the National Drug and Alcohol Research Centre and it is funded by the Australian Government Department of Health
Participants	In 2017, 100 people who live in Hobart who inject drugs at least once a month were interviewed. They were typically in their late 30s-early 40s, male, and not currently employed. They typically had completed a year 10 education and around half had technical qualifications. Half had a prison history and around half were currently involved in drug treatment. On average, participants were injecting several times a week. Around two thirds reported an opioid as their drug of choice, and one third methamphetamine. Participants typically used multiple different types of drugs in the last 6 months. It is important to note that participants are deliberately selected to represent people that are heavily engaged in injecting drug use, because it is assumed that new trends will emerge in this group earlier than the general population. These participants do not represent the profile of all people who inject drugs.
Heroin	*Use* • One-fifth of the participants nominated heroin as their drug of choice, but only one reported that this was the drug they had most often injected in the past 6 months. • Just 15% of participants reported using heroin in the past 6 months, and this was infrequent, with 5% using it weekly or more These low rates of use are consistent with other indicators, with less than 1% of people accessing primary needle and syringe program outlets nominating heroin as the drug they most often inject and past year heroin use is less than 1% in Tasmanian general population surveys. These patterns of low levels of use, despite strong interest in the drug, have remained consistent over the past decade *Price* • In 2017, the modal price reported was $100 for a point (0.05-0.15g) of heroin. Because heroin use has been so infrequent, too few IDRS participants have been able to report on purchase prices for reliable trends to be determined. *Purity* • Reflecting the limited use of heroin, no clear trends in purity were apparent among 2017 IDRS participants *Availability* • Consistent with low rates of heroin use, the majority of those reporting recent use considered heroin difficult or very difficult to access in 2017. This is broadly in keeping with trends in the past decade.

Meth-amphetamine

- Around 7 in 10 participants had used any form of methamphetamine in the last 6 months, at a median frequency of 20 of the last 180 days. This represents slight declines from 2016 and a return to levels seen in 2013 & 14
- Approximately one third of participants considered methamphetamine to be their drug of choice. One third of the sample used methamphetamine weekly or more frequently in the last 6 months, which is also a slight decline from 2016 and a return to 2013 & 2014 levels
- Almost all (90%) of participants that used methamphetamine in the last 6 months had most often used the crystalline form.
- In both 2015/16 and 16/17 Tasmania Police seized approximately 4kg of methamphetamines, and over 600 individual seizures per annum. Considering trends over the past decade, this represents a decline in average annual weight of seizures but an increase in the annual number of seizures

Powder

- *Use:* Powder form methamphetamine was used by one third of participants, at a median of 4 occasions in the past 180 days, typically using 0.1g per session and injecting. The proportion of participants reporting recent use, and the frequency of this use has been declining in the past 5 years.
- *Price:* Participants reported most commonly paying $100 per point (~0.1g) of powder methamphetamine and $350 per gram; there are some indications that price has increased between 2015 and 2017
- *Purity:* Consumer subjective reports of powder methamphetamine purity have remained stable over the past 5 years, typically considered 'low' or 'medium' by two-thirds of consumers. This is an increase over the past decade, where two-thirds or more considered it 'low' purity in 2008 and 2009
- *Availability:* Consistent with declining trends in use, powder availability appears to be declining, with only 6 in 10 consumers perceiving it as 'easy' to 'very easy' to access, compared with around 90% in 2014 and prior

Crystal

- *Use:* Crystal form methamphetamine was used by two thirds of participants, at a median of 15 occasions in the past 180 days, typically using 0.1g per session. While the drug was typically injected, one-fifth of these participants had smoked crystal methamphetamine in the past 6 months. The proportion of participants using crystal methamphetamine, along with the frequency of use and rates of recent smoking appear to have declined since the 2016 study.
- *Price:* Participants most commonly paid $100 per point (~0.1g) of crystal; this has been stable over the past 5 years
- *Purity:* Consumer subjective reports of crystal methamphetamine purity have remained stable over the past three years, typically considered 'medium' or 'high' by two-thirds of consumers. This is a decrease from levels in 2011-2013 where two-thirds considered purity as 'high'
- *Availability:* Consistent with trends in use, availability of crystal methamphetamine has been perceived as increasing, with almost all consumers considering it at least easily accessed, and two-thirds considering it as 'very easy' to access; this is a substantial increase from reports prior to 2014, where one-third to one-half of consumers considered it difficult to access

Health effects

- Around half of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug, but only half of these were currently involved in treatment. This was typically opioid substitution therapy, which is not efficacious in methamphetamine dependence

Opioids

- Overall, rates of opioid use among IDRS participants has remained relatively stable between 2015 and 2017 following a notable decline from previous rates. This is consistent with needle and syringe program data
- Among recent opioid consumers contributing to the IDRS, two thirds screened positive for likely opioid dependence, however, one quarter of these were not involved in drug treatment

Morphine

- *Use:* The proportion of IDRS participants reporting morphine use in the past 6 months has substantially declined from 2008 (81%) to 2017 (42%), despite a similar proportion of the sample regarding morphine as their drug of choice. The median frequency of use was greater among the 2017 participants than in 2016 (65 vs 32 of the past 180 days). MS Contin remains the form most commonly used among participants, who typically inject 60-80mg when they use
- *Price:* Since 2009, all forms of morphine have robustly been sold at $1 per mg
- *Availability:* Two thirds of consumers who recently used morphine regarded it as 'easy' or 'very easy' to access in 2017. This represents a tightening of the morphine market over the past decade (in 2008 81% reported it as 'easy'/'very easy' to access).

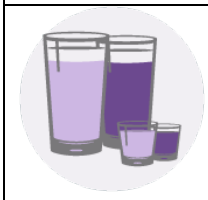
Oxycodone

- *Use:* The proportion of IDRS participants reporting oxycodone use in the past 6 months has substantially declined from 2010 (60%) to 2017 (29%), despite a similar proportion of the sample regarding opioids as their drug of choice. Oxycodone was not frequently used in 2017, at a median of just 3 of the past 180 days, and only 6% of the sample used it weekly or more. OP oxycontin was the most commonly used form, primarily injected. Generic oxycodone use continues to be low, and it was uncommon for participants to report this as the oxycodone form most frequently used.
- *Price:* Prior to the introduction of the 'tamper-resistant' OxyContin reformulation, these tablets were purchased at $1 per mg. In 2015 and 2016, the reformulated OxyContin tablets were sold at around $0.5 per mg. In 2017, reformulated OxyContin had returned to purchase prices of $1 per mg
- *Availability:* There has been a decline in oxycodone use over the past 5 years. However, there has been no change in overall reports of availability of oxycodone between 2016 and 2017, where two thirds of recent consumers regard it as 'easy' or 'very easy' to access.

Methadone

- *Use:* Around one third of IDRS participants in 2017 reported recent use of illicit methadone syrup and physeptone tablets respectively. These rates are a substantial decline since 2008 where more than half the sample reported recent use of each form, despite around two thirds of the participants each year reporting opioids as their drug of choice. On average, illicit methadone use was infrequent (10-12 days of the last 180), and less than 10% of participants reported weekly or more frequent use
- *Price:* Methadone syrup has been purchased for $1 per mg on average over the past 5 years. However, physeptone tablets have been purchased for $2 per mg over this time. These prices have remained stable.
- *Availability:* Physeptone tablets have predominantly considered difficult to access in the past 5 years

 **Cannabis**	• In 2017, 3 in 4 participants reported using cannabis. Most used multiple times per week. The proportion of IDRS participants reporting recent cannabis use has declined over the past decade (86% in 2008; 73% in 2017), and in particular, the rate of daily smoking has declined substantially (70% of cannabis consumers in 2008; 40% in 2017) • Participants reported that indoor cultivated cannabis was the form they had most often used, in keeping with trends over the past five years • Tasmania police typically make more than 2000 cannabis seizures per annum over the past decade. In 2016/17 more then 250kg of cannabis was seized, an increase in seizures between 2013/14 and 15/16 (<200kg per annum) but consistent with volumes prior to 2013/14. ***Outdoor cultivated cannabis*** • *Price:* Participants reported most commonly paying $20-25 per gram of outdoor cultivated cannabis and $70 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years • *Purity:* Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 5 years • *Availability:* The majority of consumers regarded this as 'easy' or 'very easy' to access **Indoor cultivated cannabis** • *Price:* Participants reported most commonly paying $20-25 per gram of indoor cultivated cannabis and $80 per quarter-ounce (7g). • *Purity:* Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2017, 5 in 10 considered it 'high' and 4 in 10 considered it as 'medium'. Over the past decade, the proportion of consumers considering indoor cultivated cannabis as 'high' in potency has slowly declined (70% in 2008). • *Availability:* The majority regarded this as 'easy' to 'very easy' to access. In keeping with use, indoor cultivated cannabis appears slightly easier for consumers to access, a situation that has been consistent since 2011.
 **Cocaine**	*Use* • In 2017, around 1 in 10 participants had reported using cocaine, at a median frequency of twice in the past 180 days. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade. *Price, Purity* • Because cocaine use has been so uncommon and infrequent, too few IDRS participants have been able to report on purchase prices or purity for reliable trends to be determined. This situation has remained unchanged over the past 5 IDRS surveys *Availability* • The low level of use of cocaine is clearly suggestive of low availability of the drug locally. However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than the last decade (average 19 seizures, 122g per annum in 2014/15-2016/17 compared with 2 seizures, 24g per annum over the 2007/08-2013/14)

 **Benzo-diazepines**	• Two-thirds of participants reported recent use of benzodiazepines in 2017. This is a reduction from levels in the past decade (85% in 2008). In 2017, there was a substantial decline in the median frequency of benzodiazepine use (150 of the last 180 days in 2016 participants; 65 of the past 180 days in 2017 participants). These points relate to both prescribed and non-prescribed benzodiazepine use • Non-prescribed use of alprazolam has declined in the past five years (37% in 2013, 23% in 2017), but this remains the benzodiazepine most commonly injected (13% in 2017) • There has been a decline in non-prescribed use of other benzodiazepines among IDRS participants in the past 5 years, falling from 50% in 2013 to 36% in 2017. This reduction has been apparent across all benzodiazepines but was most marked for diazepam and temazepam
 **Alcohol**	• Half of the IDRS participants reported recent alcohol consumption in 2017. This was, on average, infrequent (10 of the past 180 days), with one third of these participants drinking weekly or more frequently, and one eighth engaging in very heavy (6 or more standard drinks) weekly or more.
 **Tobacco**	• Among IDRS participants, smoking remains very common, with around 9 in 10 participants recently smoking cigarettes in 2017. • While the overall smoking rate remains high, there has been a substantial decline in daily smoking, with two-thirds of recent smokers being daily smokers in 2016 and 2017, compared with 90% or more in previous years

 **Injecting risk behaviours and harms**	• Six percent of the 2017 PWID participants reported using another person's used syringe in the past six months; and one third reused their own injecting equipment. Reuse typically occurred twice, and typically related to 1mL syringes and winged infusion sets. • Access to injecting equipment from vending machines has steadily declined over the past four years, from almost 50% of participants in 2014 to 15% in 2017 • The rates of report of most recent injection being in a high-risk site (groin, neck) was reported by 10% in 2016 and 2017, compared to around 5% in the remainder of the previous decade • Two-thirds of participants reported injection-related problems in the preceding month, typically non-serious issues including scarring, bruising or problems injecting. These rates have remained similar over the past 5 IDRS samples. However, one in twenty participants had experienced a serious injection related problem (endocarditis, gangrene, venous ulcer) in the previous six months
 **Mental health**	• Half of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2017, two-thirds of those reporting a mental health problem had attended a mental health professional; this is a reduction from rates in 2013 and 2014 where three-quarters had accessed mental health treatment • While these mental health problems typically related to high-prevalence conditions such as anxiety and depression; psychoses and traumatic stress conditions were reported in particularly high rates (20% of those with mental health conditions respectively) • Using a validated measure of psychological distress, more than half of the IDRS sample scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10)
 **Overdose**	• Five percent of the 2017 PWID participants experienced a non-fatal overdose on pharmaceuticals in the previous year • In 2012, the Tasmanian rate of fatal opioid overdoses was equivalent to the rate nationally (~50 per million)
 **Driving Risk**	• In 2017, 60% of participants had driven a vehicle in the past six months; of these, three-quarters had driven soon after consuming illicit substances. These rates are similar to those seen over the past 5 IDRS surveys • Over the past 5 years rates of driving under the influence on morphine have declined (40% of drivers in 2013; 20% in 2017) and driving under the influence of methamphetamine have increased (30% of drivers in 2013; 40% in 2017). • The proportion of drivers in the IDRS sample that had experienced roadside drug testing in the previous six months has substantially increased, from 10% in 2013 to 40% in 2017

1 INTRODUCTION

In 1998, the National Drug and Alcohol Research Centre (NDARC) was commissioned by the Commonwealth Department of Health and Family Services (now the Australian Government Department of Health) (AGDH) to begin a national trial of the Illicit Drug Reporting System (IDRS), following a successful pilot study of the project's methods in New South Wales in 1996 and in the following years a multi-state trial in New South Wales, South Australia and Victoria. Subsequently, funding has been provided for IDRS data collection in all Australian states and territories since 1999, initially by the National Drug Law Enforcement Research Fund (NDLERF) (2000-05) and subsequently the Australian Government Department of Health.

The intention of the IDRS is to provide a coordinated approach to the monitoring of trends associated with the use of methamphetamine, opioids, cannabis and cocaine, in order that this information can act as an early indicator of emerging trends in illicit drug use. Additionally, the IDRS aims to be timely and sensitive enough to signal the existence of emerging problems of national importance rather than to describe phenomena in detail; instead, providing direction for issues that may require more detailed data collection, or are important from a policy perspective.

The full IDRS methodology involves a triangulated approach to data collection on drug trends, involving standardised surveys of people who regularly inject illicit drugs, and an examination of existing available data sources or indicators relevant to drug use in each state.

The 2017 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using these methods. The methods are intended to complement and supplement each other, with each having its various strengths and limitations. Results are summarized by drug type to provide the reader with an abbreviated picture of illicit drug usage in Hobart and recent trends. Reports detailing Tasmanian drug trends from 1999 through to 2016 are available as technical reports from the National Drug and Alcohol Research Centre, University of New South Wales at www.drugtrends.org.au and http://ndarc.med.unsw.edu.au.

1.1 Study aims

The specific aim of the Tasmanian component of the IDRS is to: i) monitor the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis; and ii) identify emerging trends in illicit drug markets in Australia that require further investigation.

2 METHOD

The IDRS is essentially a convergent validity study, where information from two main sources, each with its own inherent advantages and limitations, is compiled and compared to determine drug trends. The two components of the IDRS are a survey of people who regularly inject illicit drugs (PWID, or alternatively referred to as 'consumers'), and an examination of existing indicator data on drug-related issues. Details of each dataset are provided below. Previous work with the IDRS methodology has found that people who regularly inject drugs are an informative sentinel group for detecting illicit drug trends due to their high exposure to many types of illicit drugs. This group also has first-hand knowledge of the price, purity and availability of illicit drugs. The collection and analysis of existing drug use indicator data provides quantitative contextual support for the drug trends detected by the PWID surveys.

Data sources complemented each other in the nature of the information they provided, with information from the three sources used to determine whether there was convergent validity for detected trends, and the most reliable or 'best' indicator of a particular trend used when summarising such trends. Findings from the 2017 Tasmanian IDRS are also compared with findings from the previous Tasmanian studies to determine any changes in drug trends over time.

2.1 Survey of people who inject drugs (PWID)

The PWID survey was conducted during May-June 2017, and consisted of face-to-face interviews with 100 people who regularly injected illicit drugs. Inclusion criteria for participation in the study were that the individual must have injected at least once monthly in the six months prior to interview, and have resided in Hobart for the past twelve months or more. Participants were recruited using a variety of methods, including advertisements distributed through Needle and Syringe Program (NSP) outlets, and health services, and snowball methods (recruitment of friends and associates through word of mouth). Participants were interviewed at places convenient to them, such as health services and NSP outlets. Two agencies – Anglicare (Hobart and Glenorchy site) and Department of Health and Human Services Eastern Shore NSP assisted the researchers by providing support as recruitment and interview sites for IDRS participants. The major locations for recruitment and subsequent interview were Hobart city, Glenorchy, and the Eastern Shore (Rosny).

A standardised interview schedule used in previous IDRS research was administered to participants. The interview schedule contained sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking, health and general changes in drug use. Participants were screened for eligibility both by referring staff members of the recruitment sites and the interviewers, the latter through a series of questions designed to elicit participants' knowledge of injecting drug use practice. Both the University of New South Wales and the Tasmanian Social Sciences Human Research Ethics Committee granted ethical approval for the survey (approval H0007853 for the Tasmanian Committee). Participants were provided with an information sheet describing the interview content prior to commencement (subsequent to screening), allowing them to make an informed decision about their involvement. Information provided was entirely confidential, and participants were informed they were free to withdraw from participation without prejudice or to decline to answer any questions if they so wished. Interviews generally lasted between 50 and 60 minutes, and participants were reimbursed $AUD40 for their time and out-of-pocket expenses.

2.2 Other indicators

To complement and validate data collected from the KE study and PWID survey, a range of secondary data sources was examined, including health, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should be available at least annually, include 50 or more cases, provide brief details of illicit drug use, be collected in the main study site (Hobart or Tasmania for the current study), and include details on the four main illicit drugs under investigation (heroin, cannabis, cocaine and methamphetamine). However, due to the relatively small size of the

illicit drug-using population in Tasmania (in comparison to other jurisdictions involved in the IDRS), and a paucity of available data, the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution and attention is drawn to relevant data limitations in the text. Data sources that fulfil the majority of these criteria and have been included in this report are outlined below.

2.2.1 Needle and Syringe Program data

The Needle and Syringe Program (NSP) has been operating in Tasmania since the introduction of the *HIV/AIDS Preventive Measures Act* in 1993. Staff record the number of needle/syringes ordered from all outlets participating in the program (around 90 outlets); and for participating non-pharmacy outlets (Anglicare Hobart, Glenorchy, and Burnie; Eastern Shore Needle and Syringe Program and Clarence GP Superclinic; Salvation Army Launceston; Youth Family and Community Corrections Devonport), data are collected regarding sex, age, equipment shared since last visit, last drug used, and disposal methods for each client transaction. Of note, while data from The Link Hobart was accessed in 2015, we were unable to access this data in 2016 and data from the NSP in Burnie was added for the first time in 2016. The data provided represent responses from 18,943 occasions of service in these six sites (denominator based on number of cases identified from reported client sex) in the 2015/16 financial year. Data from the 2016/17 data was not available at time of publication.

There has also been some inconsistency between outlets in the wording of questions asked of clients, most notably in the question regarding substance used (the majority of services ask 'what is the drug you most often inject?' while some find that asking 'what is the drug you are about to inject?' more useful for health intervention purposes) and in regards to differing participant age categories adopted across sites, which may impede clear comparisons of trends across years for this dataset.

2.2.2 The 2001, 2004, 2007, 2010, 2013 and 2016 National Drug Strategy Household Surveys

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

2.2.3 Police and Justice Department data

Tasmania Police State Intelligence Services, the Australian Crime Commission (ACC, previously the Australian Bureau of Criminal Intelligence or ABCI), and the state Justice Department have provided information on drug seizures, charges and prices. Data on the purity of drugs seized are also provided through the ACC; however, not all drug seizures are analysed for purity. Data from the ACC for the 2015/16 financial year were not available at the time of publication. Where available, data from Tasmania Police have been used to examine changes in key law enforcement-related variables. It should be noted that these data are preliminary and subject to revision (totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules), and this issue is noted in the text as is relevant.

2.2.4 Blood-borne viral infections surveillance data

Blood-borne viral infections (BBVI), in particular HIV/AIDS and HBV and HCV, are a major health risk for individuals who inject drugs. An integrated surveillance system has been established in Australia for the purposes of monitoring the spread of these diseases. The Department of Health and Human Services, Public Health Division, records notifications of diagnoses of HIV, HBV and HCV in

Tasmania, and, where possible, records the relevant risk factors for infection that the person may have been exposed to. There are limitations to the interpretation of this dataset in terms of monitoring trends in the spread of these viruses. For example, many PWID who have been exposed to HCV may not undergo testing. Further, it is difficult to confidently determine whether notifications represent new cases or those that have been established for some time.

2.2.5 Coronial findings on illicit drug-related fatalities

In previous IDRS reports, overdose-related fatalities data from 1998 to the present (provided by the Australian Bureau of Statistics, ABS) have been presented. The ABS has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS), and in 2006 the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. This data is subject to a revision process: preliminary data is released and then two successive revisions are published at 12 month intervals. The 2006 data were not subject to this revision process. With the aim of offsetting potential incorrect figures from 2006 data, Roxburgh and Burns (2013) analysed changes between the 2007 and 2008 preliminary and revised data, averaged these out and applied these to the 2006 figures (the 2006 figures should be interpreted with caution).

2.2.6 Hospital morbidity data

Hospital morbidity data in relation to use of drugs have been provided by the Australian Institute of Health and Welfare (AIHW) for the 1999/00 to 2014/15 financial year periods. Data for the 2015/16 period were not available at the time of publication. These data relate to public hospital admissions for individuals aged between 15 and 54 years, where drug use was recorded as the 'principal diagnosis'; namely, where the effect of a drug was established, after study, to be chiefly responsible for occasioning the patient's episode of care in hospital (with the exception of admissions for psychosis and withdrawal). These figures were based on diagnoses coded according to the International Classification of Diseases (ICD) 10, second edition.

2.2.7 Tasmanian alkaloid poppy crop data

Tasmania has had a commercial opiate alkaloid industry for many years, where farmers are licensed to grow the poppy (*Papaver somniferum*) for production of codeine and related products by pharmaceutical companies. The Tasmanian Government has international obligations under the United Nations Convention on Narcotic Drugs to ensure licensing of crops, and that there is limited diversion, as some of the poppy strains grown can be converted into opium. Data on diversion rates of Tasmanian poppy crops are obtained directly from the Poppy Advisory and Control Board of the Tasmanian Justice Department or via the Department of Justice Annual Report, as they are a useful indicator of potential illicit use of opium or poppy tar.

2.2.8 Telephone advisory services data

Tasmania has two 24-hour alcohol and drug-related telephone information services. In mid-May 2000, Turning Point Alcohol and Drug Centre in Victoria took over responsibility for administration of the Tasmanian Alcohol and Drug Information Service (ADIS), a confidential drug and alcohol counselling, information and referral service. Turning Point systematically records data for each call received. Data from the 2016/17 year were not available at the time of publication.

3 DEMOGRAPHICS

3.1 Overview of the PWID sample

 Demographics Key Points	• IDRS participants are typically in their late 30s-early 40s, predominantly male, and not currently employed. They have typically completed year 10 and around half have technical qualifications. Half have a prison history; and around half are currently involved in drug treatment (typically opioid substitution treatment). [Table 3.1] • These demographics have been largely consistent over IDRS survey waves, with the exception of increasing age • Participants are deliberately selected to represent people that are heavily engaged in injecting drug use – they do not represent the profile of all people who inject drugs

Table 3.1: Demographic characteristics of the PWID sample

Characteristic	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Age (range)	37 (19-63)	38 (19-64)	41 (27-62)	41 (19-55)	41 (21-60)
Sex (% male)	57	65	63	61	60
Aboriginal and/or Torres Strait Islander (%)	19	10	15	16	18
Sexual orientation (%):					
Heterosexual	90	97	96	93	91
Bisexual	6	2	0	3	8
Gay or lesbian	4	1	4	4	1
Other	1	1	0	0	0
English speaking (%)	99	100	100	100	100
Accommodation					
Own/rented (%)	81	80	87	77	82
Live with family (%)	10	11	3	5	6
Boarding house[#] (%)	1	6	7	9	4
No fixed address (%)	6	3	3	8	8
School education (mean no. years, range)	10 (7-12)	10 (6-12)	10 (5-12)	10 (6-12)	10 (6-12)
Tertiary education (%):					
None	73	41	45	44	42
Trade/technical	20	49	52	51	49
University/college	8	11	3	5	9
Employment (%)					
Not employed/on a pension	77	75	84	85	80
Full-time	0	6	2	2	3
Part-time/casual	9	8	8	6	7
Home duties	13	6	4	2	2
Student	1	1	1	4	5
Work and Study	0	0	0	1	1
Annual income (%)					
$1-7,799	4	4	0	1	1
$7,800-12,999	14	11	8	5	8
$13,000-20,799	40	35	46	33	36
$20,800-31,199	34	37	36	48	45
$31,200-41,599	7	7	7	8	3
$41,600-$51,999	1	2	0	4	2
$52,000+	0	3	2	1	4
Currently in drug treatment (%)	47	45	55	57	44
Methadone	33	32	36	35	27
Buprenorphine	13	10	15	16	14
AOD Counselling	0	1	4	3	3
Detoxification	1	0	0	0	0
Therapeutic community/ rehab	0	1	0	0	0
Narcotics Anonymous	0	0	0	0	0
Other	0	1	0	2	0
Previous prison conviction (%)	37	41	48	42	50

Source: IDRS PWID interviews

[#] includes hostel/refuge

4 CONSUMPTION PATTERNS

4.1 Drug use history and current drug use

 Current use Key Points	• On average, participants were injecting several times per week • Around two thirds nominated an opioid as their drug of choice and drug most often injected. One third nominated methamphetamines as drug most often injected, predominantly crystal methamphetamine. The rate of participants nominating methamphetamine, and crystal form in particular as the drug most often injected, has increased over the past 5 years [Table 4.1.1] • Detailed patterns of recent drug use [Table 4.1.2] demonstrate that participants are polysubstance consumers, with most participants using both stimulant and depressant drugs • In terms of very frequent use (weekly or more often), two-thirds of participants smoked cannabis, half used pharmaceutical opioids and one-third used methamphetamines at this frequency [Figure 4.1.2]

Table 4.1.1: Injection history, drug preferences and polydrug use, 2013-17

Variable	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Mean age first injection (range)	20 (12-60)	20 (11-60)	21 (10-55)	20 (9-47)	21 (13-57)
Drug of choice (%)					
Heroin	24	15	16	18	23
Cocaine	1	0	0	0	0
Methamphetamine (any form)	23	23	32	30	35
Powder (speed)	*16*	*9*	*23*	*12*	*18*
Base	*1*	*0*	*0*	*0*	*0*
Crystal (ice)	*6*	*14*	*9*	*18*	*17*
Methadone	8	24	19	11	13
Morphine	26	24	26	22	20
Oxycodone	6	3	2	3	0
Cannabis	5	3	0	4	4
Ecstasy	1	0	0	2	0
Alcohol	0	0	0	0	0
Drug injected most often in last month (%)					
Heroin	2	0	0	2	1
Cocaine	0	0	0	0	0
Methamphetamine (any form)	21	22	39	36	39
Powder (speed)	*13*	*14*	*16*	*8*	*3*
Base	*0*	*0*	*0*	*0*	*0*
Crystal (ice)	*8*	*8*	*23*	*28*	*36*
Methadone	19	24	21	26	24
Morphine	44	40	29	23	29
Buprenorphine	2	7	7	5	3
Oxycodone	9	4	1	2	0
Frequency of injecting in last month (%)					
Weekly or less	9	17	24	26	17
More than weekly, but less than daily	63	47	51	50	48
Once per day	12	20	15	6	23
2-3 times a day	15	16	9	12	6
>3 times a day	1	0	0	5	1
Location of last injection (%)					
Private home	91	85	94	92	88
Public toilet	3	7	2	1	4
Car	7	8	3	6	6
Street/park or beach	0	0	1	1	2

Source: IDRS PWID interviews

Table 4.1.2: Polydrug use history of the PWID sample, 2013-2017

Drug Class	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Heroin Used last 6 months Median days used last 6 months (range)	10 3 (1-48)	13 3 (1-180)	5 3 (1-30)	7 15 (2-86)	**15** **10 (1-90)**
Homebake heroin Used last 6 months Median days used last 6 months (range)	1 1 (1)	2 47 (3-90)	1 5 (5)	3 3 (3)	**8** **7 (1-100)**
Any heroin (inc. homebake) Used last 6 months Median days used last 6 months (range)	*10* *3 (1-48)*	*14* *3 (1-180)*	*6* *4 (1-30)*	*9* *15 (2-86)*	**17** **14 (1-104)**
Methadone (prescribed) Used last 6 months Median days used last 6 months (range)	33 180 (5-180)	32 98 (20-180)	33 180 (48-180)	34 180 (7-180)	**25** **180 (18-180)**
Methadone (not prescribed) Used last 6 months Median days used last 6 months (range)	38 15 (1-96)	35 12 (1-90)	20 11 (1-72)	23 12 (1-94)	**29** **12 (1-180)**
Physeptone (prescribed) Used last 6 months Median days used last 6 months (range)	1 12 (12)	3 4 (2-180)	1 1 (1)	3 168 (12-180)	**3** **180 (48-180)**
Physeptone (not prescribed) Used last 6 months Median days used last 6 months (range)	39 7 (1-175)	38 6 (1-180)	29 5 (1-72)	32 6 (1-72)	**32** **10 (1-48)**
Any methadone (inc. Physeptone) Used last 6 months Median days used last 6 months (range)	*60* *96 (1-180)*	*55* *90 (1-180)*	*47* *178 (1-180)*	*55* *148 (1-180)*	***49*** ***160 (1-180)***
Buprenorphine (prescribed) Used last 6 months Median days used last 6 months (range)	8 180 (36-180)	4 30 (1-180)	6 180 (90-180)	11 168 (1-180)	**10** **168 (1-180)**
Buprenorphine (not prescribed) Used last 6 months Median days used last 6 months (range)	9 11 (1-48)	11 4 (1-180)	13 3 (1-180)	10 15 (1-90)	**9** **5 (1-90)**
Any Buprenorphine (exc. bup/nalox) Used last 6 months Median days used last 6 months (range)	*18* *41 (1-180)*	*15* *12 (1-180)*	*18* *34 (1-180)*	*19* *72 (1-180)*	***19*** ***30 (1-180)***
Bup/naloxone tablets (prescribed) Used last 6 months Median days used last 6 months (range)	3 180 (90-180)	3 2 (1-90)	0 -	n/a -	n/a -
Bup/naloxone tablets (not prescribed) Used last 6 months Median days used last 6 months (range)	4 22 (10-24)	6 9 (1-180)	3 24 (3-120)	n/a -	n/a -
Any Buprenorphine-naloxone tablets Used last 6 months Median days used last 6 months (range)	*7* *24 (10-180)*	*9* *6 (1-180)*	*3* *24 (3-120)*	n/a -	n/a -
Bup/naloxone film (prescribed) Used last 6 months Median days used last 6 months (range)	7 90 (1-180)	10 89 (1-180)	10 180 (60-180)	5 180 (150-180)	**8** **83 (7-180)**
Bup/naloxone film (not prescribed) Used last 6 months Median days used last 6 months (range)	9 12 (1-180)	11 3 (1-180)	12 9 (1-160)	7 48 (4-90)	**14** **2 (1-60)**
Any Buprenorphine-naloxone film Used last 6 months Median days used last 6 months (range)	*15* *45 (1-180)*	*19* *48 (1-180)*	*20* *120 (1-180)*	*12* *75 (4-180)*	***20*** ***5 (1-180)***

Table 4.1.2: Polydrug use history of the PWID sample, 2013-2017 (continued)

Drug Class	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Morphine (prescribed) Used last 6 months Median days used last 6 months (range)	3 180 (5-180)	4 15 (3-60)	5 180 (180)	2 93 (5-180)	**3** **180 (4-180)**
Morphine (not prescribed) Used last 6 months Median days used last 6 months (range)	65 48 (1-180)	71 44 (1-180)	47 48 (1-180)	51 32 (1-180)	**42** **65 (2-180)**
Any Morphine Used last 6 months Median days used last 6 months (range)	*66* *48 (1-180)*	*71* *48 (1-180)*	*48* *48 (1-180)*	*51* *40 (1-180)*	***44*** ***80 (2-180)***
Generic Oxycodone (prescribed) Used last 6 months Median days used last 6 months (range)				0 -	**0** **-**
Generic Oxycodone (not prescribed) Used last 6 months Median days used last 6 months (range)				7 6 (1-36)	**10** **5 (1-60)**
OP Oxycodone (prescribed) Used last 6 months Median days used last 6 months (range)				0 -	**1** **180 (180)**
OP Oxycodone (not prescribed) Used last 6 months Median days used last 6 months (range)				18 4 (1-180)	**16** **5 (1-90)**
Other Oxycodone (prescribed) Used last 6 months Median days used last 6 months (range)	4 54 (20-144)	7 30 (1-180)	1 32 (32)	1 n/r	**0** **-**
Other Oxycodone (not prescribed) Used last 6 months Median days used last 6 months (range)	61 15 (1-180)	47 6 (1-180)	27 5 (1-120)	10 3 (1-6)	**13** **2 (1-60)**
Any Oxycodone Used last 6 months Median days used last 6 months (range)	*62* *18 (1-180)*	*49* *6 (1-180)*	*28* *6 (1-120)*	*28* *4 (1-180)*	***29*** ***3 (1-180)***
Fentanyl (any) Used last 6 months Median days used last 6 months (range)	5 21 (1-60)	2 46 (2-90)	1 10 (10)	4 2 (1-40)	**2** **8 (1-14)**
Over-the-counter codeine Used last 6 months Median days used last 6 months (range)	22 8 (1-180)	13 24 (2-180)	24 12 (1-90)	34 11 (1-180)	**27** **7 (2-180)**
Other types of opioids Used last 6 months Median days used last 6 months (range)	29 10 (1-180)	24 20 (2-180)	17 13 (2-180)	21 12 (1-180)	**26** **8 (1-180)**
Powder methamphetamine/speed Used last 6 months Median days used last 6 months (range)	61 10 (1-180)	50 11 (1-180)	49 12 (1-170)	33 6 (1-180)	**30** **4 (1-180)**
Base/point/wax methamphetamine Used last 6 months Median days used last 6 months (range)	17 4 (1-77)	19 12 (1-75)	9 6 (2-72)	4 11 (1-180)	**3** **3 (2-3)**
Ice/shabu/crystal methamphetamine Used last 6 months Median days used last 6 months (range)	45 7 (1-72)	54 6 (1-180)	58 18 (1-170)	73 24 (1-180)	**65** **15 (1-180)**
Amphetamine liquid Used last 6 months Median days used last 6 months (range)	6 3 (1-48)	4 12 (1-45)	3 1 (1-6)	1 24 (24)	**3** **7 (2-25)**
Any form methamphetamine Used last 6 months Median days used last 6 months (range)	*74* *18 (1-180)*	*70* *18 (1-180)*	*72* *23 (1-180)*	*75* *31 (1-180)*	***69*** ***20 (1-180)***

Table 4.1.2: Polydrug use history of the PWID sample, 2013-2017 (continued)

Drug Class	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Pharm. stimulants (prescribed)					
Used last 6 months	2	2	2	0	**1**
Median days used last 6 months (range)	57 (24-90)	100 (20-180)	13 (1-24)	-	**90 (90)**
Pharm. stimulants (not prescribed)					
Used last 6 months	29	34	25	26	**16**
Median days used last 6 months (range)	6 (1-140)	10 (1-180)	12 (1-72)	8 (1-96)	**5 (1-90)**
Any form pharmaceutical stimulants					
Used last 6 months	*30*	*35*	*26*	*26*	***17***
Median days used last 6 months (range)	*6 (1-140)*	*10 (1-180)*	*12 (1-160)*	*8 (1-96)*	***5 (1-90)***
Cocaine					
Used last 6 months	5	8	2	6	**11**
Median days used last 6 months (range)	2 (1-16)	2 (1-6)	8 (1-15)	2 (1-3)	**2 (1-14)**
Hallucinogens					
Used last 6 months	12	13	8	14	**6**
Median days used last 6 months (range)	2 (1-7)	2 (1-40)	1 (1-8)	2 (1-180)	**2 (1-2)**
Ecstasy					
Used last 6 months	12	20	7	15	**14**
Median days used last 6 months (range)	4 (1-180)	2 (1-30)	2 (1-4)	1 (1-26)	**2 (1-20)**
Alprazolam (prescribed)					
Used last 6 months	6	4	3	2	**2**
Median days used last 6 months (range)	180 (24-180)	126 (6-180)	180 (3-180)	91 (2-180)	**66 (2-130)**
Alprazolam (not prescribed)					
Used last 6 months	37	36	21	21	**23**
Median days used last 6 months (range)	11 (1-180)	4 (1-150)	5 (1-180)	5 (1-168)	**4 (1-36)**
Any alprazolam					
Used last 6 months	*40*	*39*	*24*	*23*	***25***
Median days used last 6 months (range)	*12 (1-180)*	*n/r*	*n/r*	*n/r*	***n/r***
Benzodiazepines (prescribed) (excl. alprazolam)					
Used last 6 months	36	46	38	42	**36**
Median days used last 6 months (range)	180 (5-180)	180 (1-180)	180 (24-180)	168 (4-180)	**168 (2-180)**
Benzodiazepines (not prescribed)(excl. alprazolam)					
Used last 6 months	50	48	45	49	**36**
Median days used last 6 months (range)	12 (1-180)	20 (1-180)	24 (1-180)	10 (1-180)	**15 (1-180)**
Any benzodiazepine **(excl. alprazolam)**					
Used last 6 months	*72*	*74*	*64*	*67*	***58***
Median days used last 6 months (range)	*n/r*	*n/r*	*n/r*	*n/r*	***n/r***
Any benzodiazepines					
Used last 6 months	*76*	*78*	*66*	*68*	***64***
Median days used last 6 months (range)	*150 (1-180)*	*180 (1-180)*	*140 (1-180)*	*150 (1-180)*	***65 (1-180)***
Seroquel (prescribed)					
Used last 6 months	8	11	7	9	**6**
Median days used last 6 months (range)	180 (1-180)	180 (10-180)	180 (2-180)	180 (36-180)	**172 (7-180)**
Seroquel (not prescribed)					
Used last 6 months	10	15	9	9	**21**
Median days used last 6 months (range)	3 (1-152)	5 (2-90)	5 (1-12)	8 (1-48)	**2 (1-60)**
Any Seroquel					
Used last 6 months	*17*	*24*	*14*	*17*	***27***
Median days used last 6 months (range)	*12 (1-180)*	*11 (2-180)*	*7 (1-180)*	*48 (1-180)*	***4 (1-180)***

Table 4.1.2: Polydrug use history of the PWID sample, 2013-2017 (continued)

Drug Class	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Steroids					
Used last 6 months	1	1	0	2	**4**
Median days used last 6 months (range)	21 (21)	n/r	-	49 (8-90)	**10 (2-15)**
Alcohol					
Used last 6 months	40	51	46	55	**55**
Median days used last 6 months (range)	12 (1-180)	6 (1-180)	10 (1-180)	11 (1-180)	**10 (1-173)**
Cannabis					
Used last 6 months	76	82	73	74	**73**
Median days used last 6 months (range)	180 (1-180)	180 (1-180)	170 (1-180)	168 (3-180)	**168 (2-180)**
Inhalants					
Used last 6 months	1	5	2	3	**5**
Median days used last 6 months (range)	3 (3)	12 (3-30)	3 (1-5)	1 (1-10)	**7 (1-16)**
Tobacco					
Used last 6 months	85	89	97	97	**88**
Median days used last 6 months (range)	180 (10-180)	180 (60-180)	180 (20-180)	180 (24-180)	**180 (60-180)**
E-cigarette					
Used last 6 months		16	26	13	**17**
Median days used last 6 months (range)		30 (1-180)	5 (1-180)	3 (1-24)	**24 (2-180)**
Novel psychoactive substance (NPS)					
Used last 6 months	18	20	15	9	**16**
Median days used last 6 months (range)	6 (1-180)	2 (1-90)	10 (1-180)	10 (1-90)	**n/r**
Synthetic cannabis					
Used last 6 months	3	3	2	1	**5**
Median days used last 6 months (range)	10 (1-180)	1 (1-48)	4 (1-6)	1 (1)	**3 (2-7)**
NPS that mimic amphetamine/cocaine					
Used last 6 months					**9**
Median days used last 6 months (range)					**8 (1-20)**
NPS that mimic opioids					
Used last 6 months					**0**
Median days used last 6 months (range)					**-**
NPS that mimic ecstasy/psychedelics					
Used last 6 months					**5**
Median days used last 6 months (range)					**2 (1-3)**

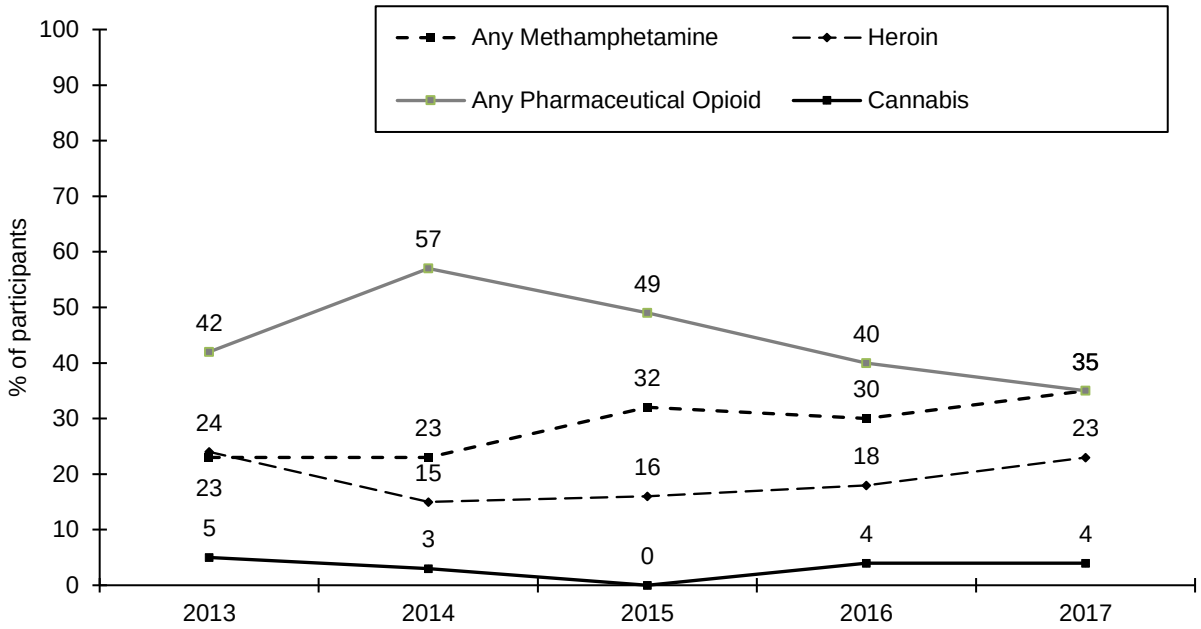
Source: IDRS PWID interviews

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

***** Between 2013 and 2015, 'other oxycodone' refers to a combined total of generic, reformulated and other oxycodone use

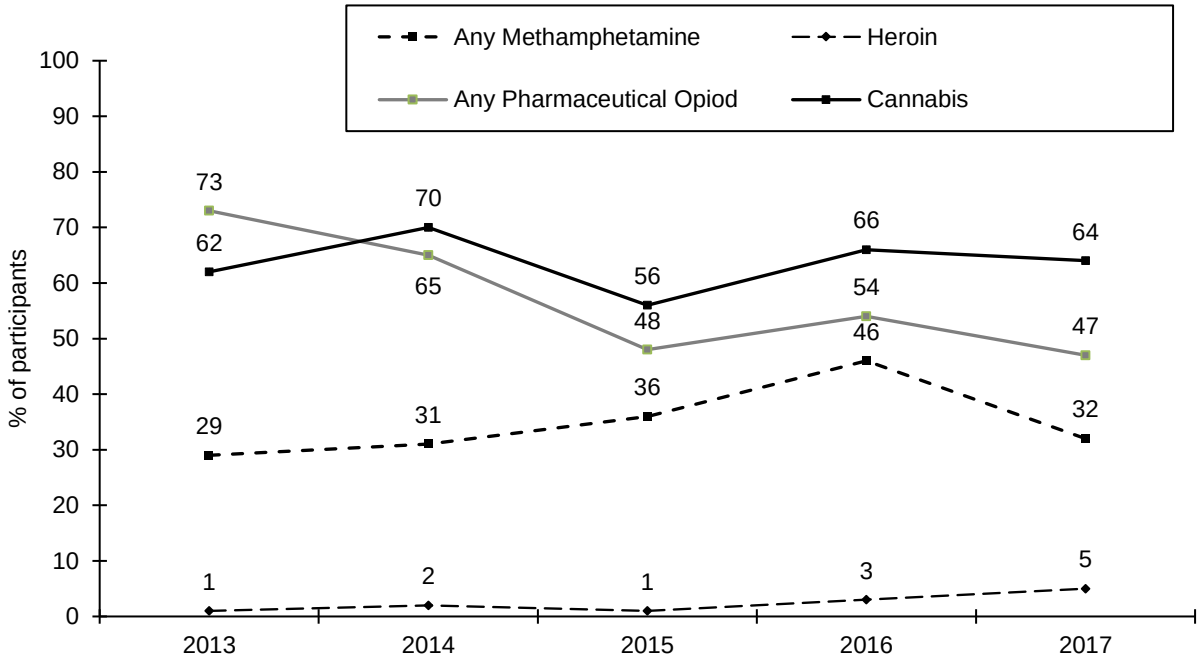
n/r: this data was not reported; n/a: not assessed

Figure 4.1.1: Drug of choice within the Tasmanian IDRS PWID cohort, 2013-2017



Source: IDRS PWID interviews

Figure 4.1.2: Drugs used weekly or more within the Tasmanian IDRS PWID cohort, 2013-2017



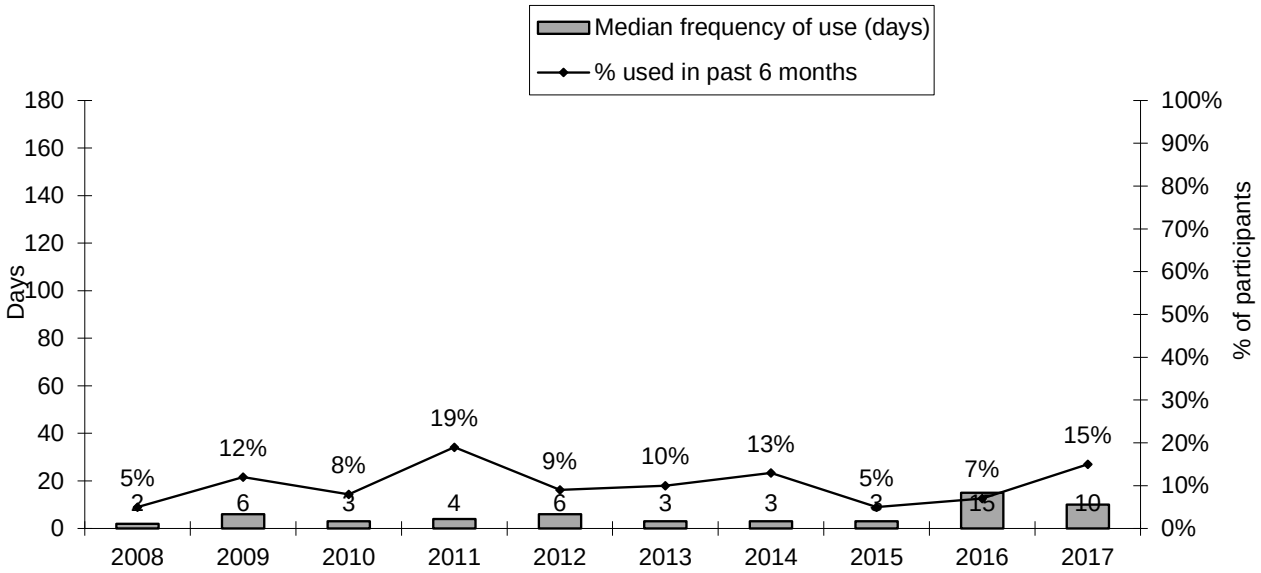
Source: IDRS PWID interviews

4.2 Heroin

Heroin use Key Points	• One-fifth of the participants nominated heroin as their drug of choice, but only one reported that this was the drug they had most often injected in the past 6 months [Table 4.1] • Just 15% of participants reported using heroin in the past 6 months, and this was infrequent, with 5% using it weekly or more [Figures 4.1.2 & 4.2.1] • These low rates of use are consistent with other indicators, with less than 1% of people accessing primary needle and syringe program outlets nominating heroin as the drug they most often inject [Figure 4.2.3] and past year heroin use being less than 1% in Tasmanian general population surveys [Figure 4.2.2] • These patterns of low levels of use, despite strong interest in the drug, have remained consistent over the past decade [Figure 4.2.1]

4.2.1 Current patterns of heroin use

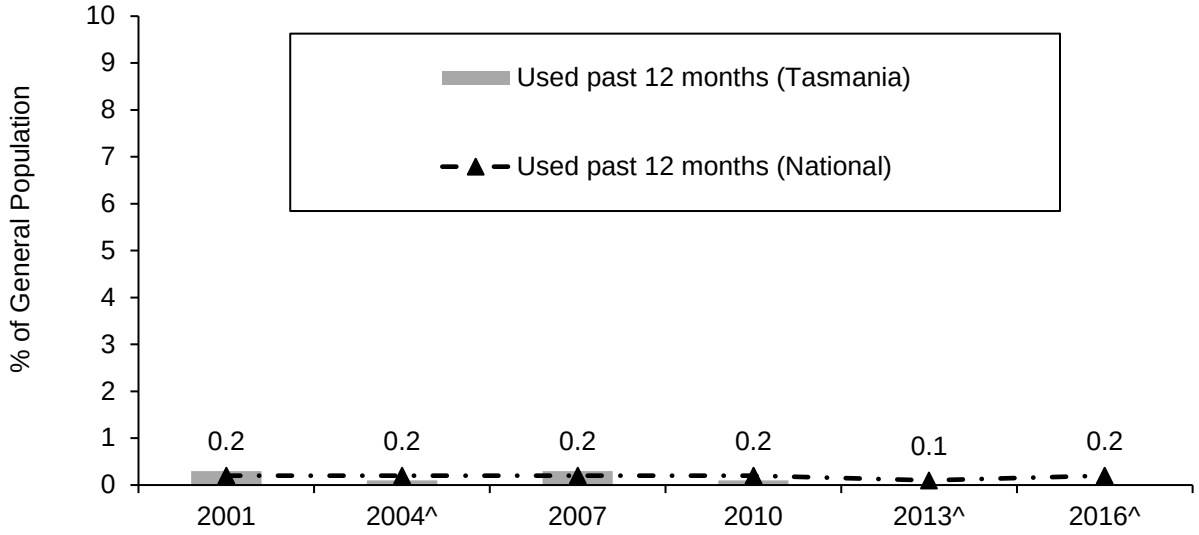
Figure 4.2.1: Prevalence and frequency of use of heroin in the preceding six months, 2008-2017



Source: IDRS PWID interviews

4.2.2 Prevalence of heroin use

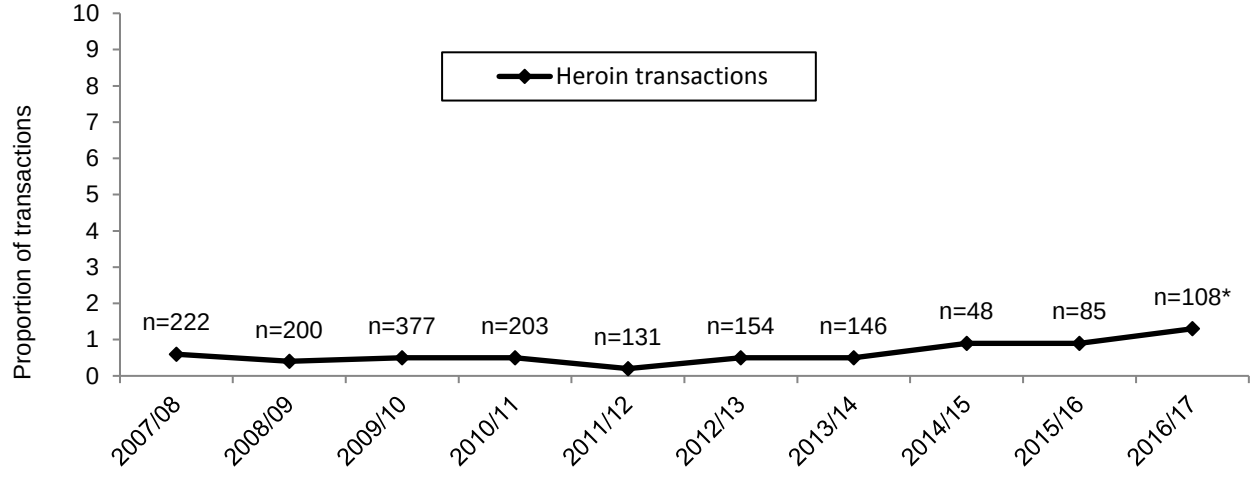
Figure 4.2.2: Prevalence of heroin use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016
^ In 2004, less than 0.1% of the Tasmanian sample reported recent use of heroin. In 2013 and 2016, the rate of the Tasmania sample reporting recent use of heroin was nil or rounded to zero. As such, only national rates are numerated in the figure

4.2.3 Heroin use among NSP clients

Figure 4.2.3: Proportion of heroin reported as 'drug most often injected' in transactions at Tasmanian non-pharmacy Needle and Syringe Program outlets, 2007/08-2016/17



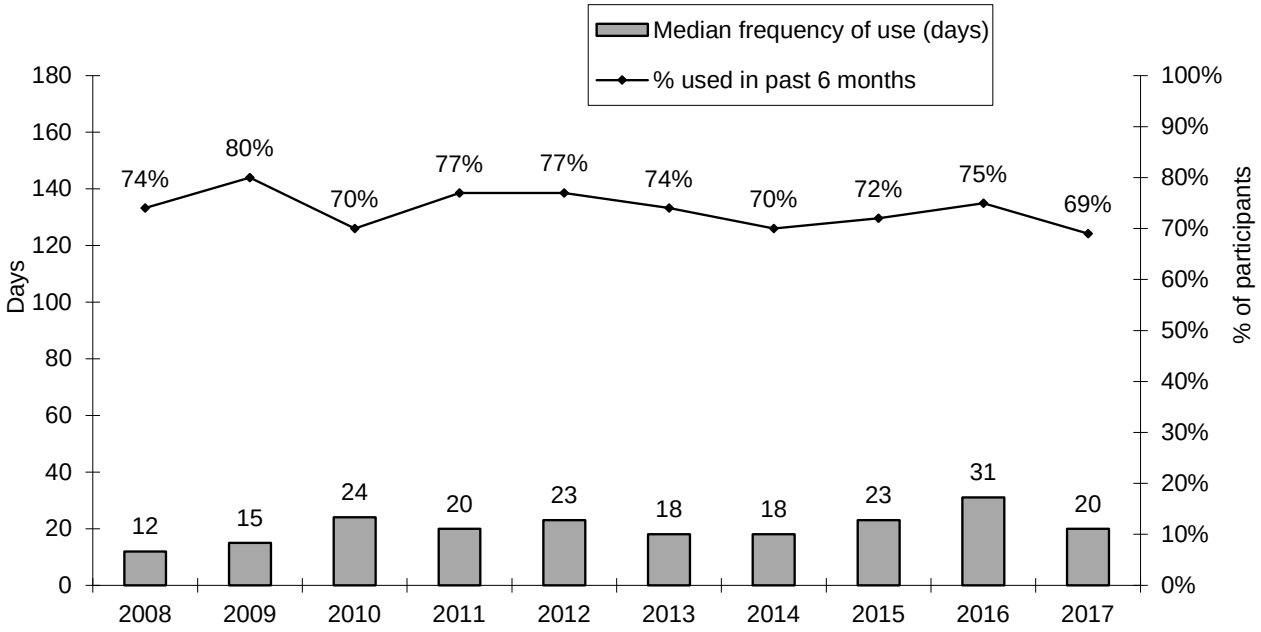
Source: Population Health, Department of Health and Human Services
*Data from 2016/17 is preliminary and based on a small number of sites

4.3 Methamphetamine

 Meth-amphetamine use Key Points	• Around 7 in 10 participants had used any form of methamphetamine in the last 6 months, at a median frequency of 20 of the last 180 days. This represents slight declines from the 2016 survey and a return to levels seen in 2013 and 2014 [Figure 4.3.1.1] • Approximately one third of participants considered methamphetamine to be their drug of choice. One third of the sample used methamphetamine weekly or more frequently in the last 6 months, which is also a slight decline from 2016 and a return to 2013 2014 levels [Figure 4.3.1.2] • Almost all (90%) of participants that used methamphetamine in the last 6 months had most often used the crystalline form, and this remains the dominant form on the market. Use of powder form methamphetamine among participants has steadily declined in the past 5 years, and use of the base/paste form is now very uncommon. [Figures 4.3.1.3 and 4.3.1.4] • Powder form methamphetamine was used by one third of participants, at a median of 4 occasions in the past 180 days, typically using 0.1g per session and injecting. The proportion of participants reporting recent use, and the frequency of this use has been declining in the past 5 years. [Table 4.3.1] • Crystal form methamphetamine was used by two thirds of participants, at a median of 15 occasions in the past 180 days, typically using 0.1g per session. While the drug was typically injected, one-fifth of these participants had smoked crystal methamphetamine in the past 6 months. The proportion of participants using crystal methamphetamine, along with the frequency of use, and rates of recent smoking appear to have declined since the 2016 study. [Table 4.3.1] • As per trends identified in 2015 and 2016, however, around half of those that had recently used methamphetamine were screened as likely experiencing dependence to the drug, but only half of these were currently involved in treatment, and this was typically opioid substitution therapy, which is not efficacious in the treatment of methamphetamine dependence [Table 4.3.2] • Past year methamphetamine use in the general Australian adult population has declined from 2.1% in 2013 to 1.4% in 2016; levels of use in Tasmania have followed the national trend but there is limited sensitivity to identify whether there is a clear reduction in use [Figure 4.3.3]

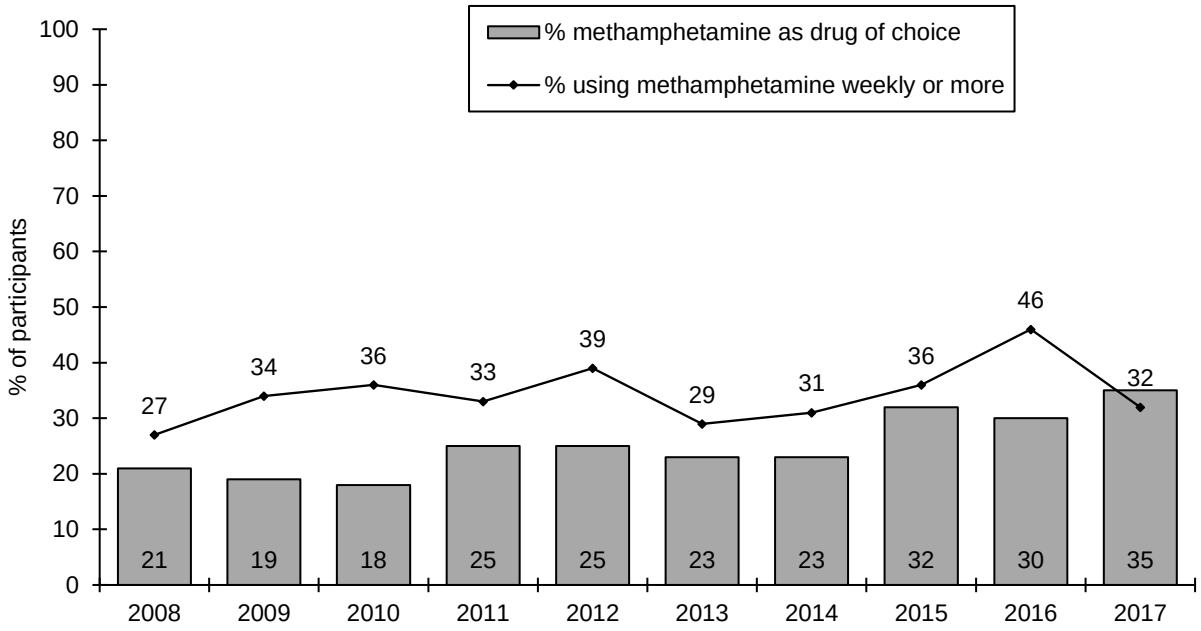
4.3.1 Current patterns of methamphetamine use

Figure 4.3.1.1: Prevalence and frequency of use of methamphetamine in the preceding six months among PWID, 2008-2017



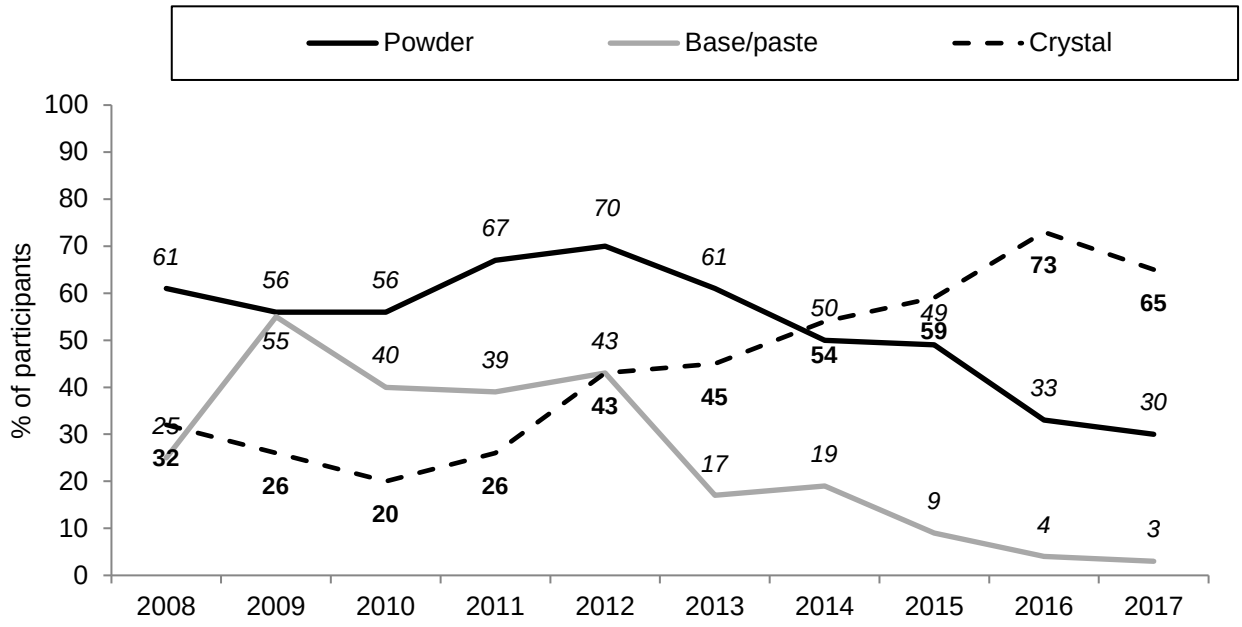
Source: IDRS PWID interviews

Figure 4.3.1.2: Proportion of PWID reporting methamphetamine as drug of choice and weekly or more methamphetamine use in the preceding six months, 2008-2017



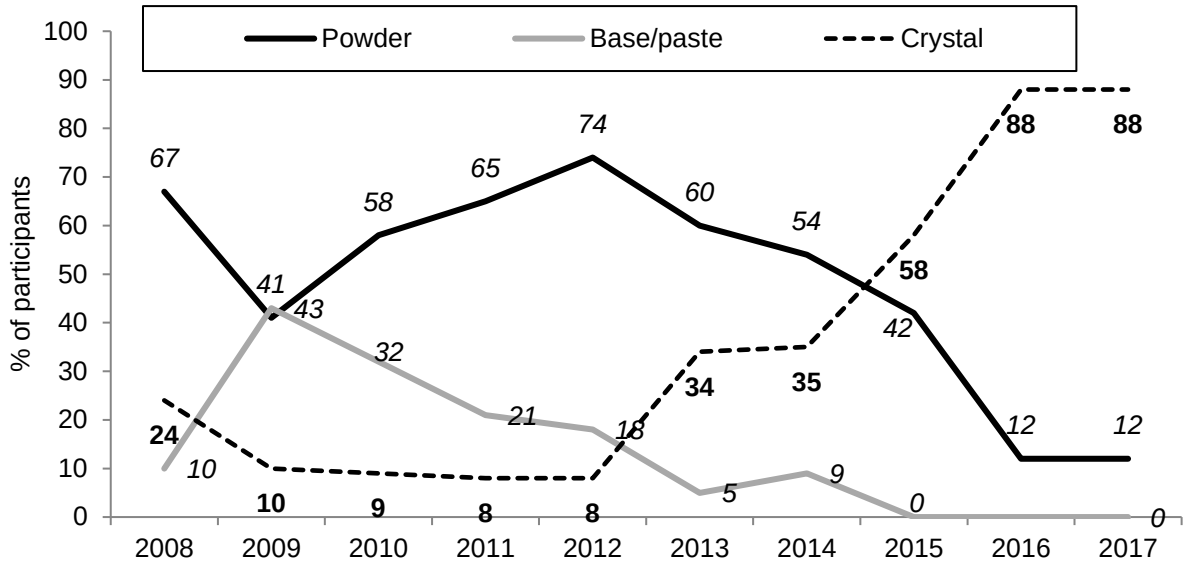
Source: IDRS PWID interviews

Figure 4.3.1.3: Proportion of PWID sample reporting use of each methamphetamine form in the past six months, 2008-2017



Source: IDRS PWID interviews

Figure 4.3.1.4: Forms of methamphetamine most often used among IDRS PWID participants that had recently used a form of methamphetamine, 2008-2017



Source: IDRS PWID interviews

Table 4.3.1: Patterns of methamphetamine (any form) use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Any use in last 6 months (%)	74	70	72	75	**69**
Median days used (range)	18 (1-180)	18 (1-180)	23 (1-180)	31 (1-180)	**20 (1-180)**
Methamphetamine powder					
Used in last 6 months (%)	61	50	49	33	**30**
Median days used (range)	10 (1-180)	11 (1-180)	12 (1-170)	6 (1-180)	**4 (1-180)**
Route (%)[#]					
Injected	100	98	100	97	**100**
Smoked	2	6	2	15	**7**
Snorted	6	6	2	12	**3**
Swallowed	5	6	0	9	**7**
Median points used in a typical session (range)				1.5 (.5-5) n=24	**1 (.5-5) n=26**
Methamphetamine base					
Used in last 6 months (%)	17	19	9	4	**3**
Median days used (range)	4 (1-77)	12 (1-75)	6 (2-72)	11 (1-180)	**3 (2-3)**
Route (%)[#]					
Injected	100	95	100	100	**100**
Smoked	6	0	11	25	**0**
Snorted	0	0	0	50	**0**
Swallowed	0	5	0	50	**0**
Median points used in a typical session (range)				2 (1.5-2.5) n=3	**3 (1-5) n=2**
Methamphetamine crystal					
Used in last 6 months (%)	45	54	58	73	**65**
Median days used (range)	7 (1-72)	6 (1-180)	18 (1-170)	24 (1-180)	**15 (1-180)**
Route (%)[#]					
Injected	100	93	97	97	**99**
Smoked	19	15	20	38	**20**
Snorted	2	4	2	3	**0**
Swallowed	2	2	5	7	**8**
Median points used in a typical session (range)				1 (.5-3) n=63	**1 (.5-7.5) n=64**

Source: IDRS PWID interviews

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

4.3.2 Self-reported symptoms of methamphetamine dependence

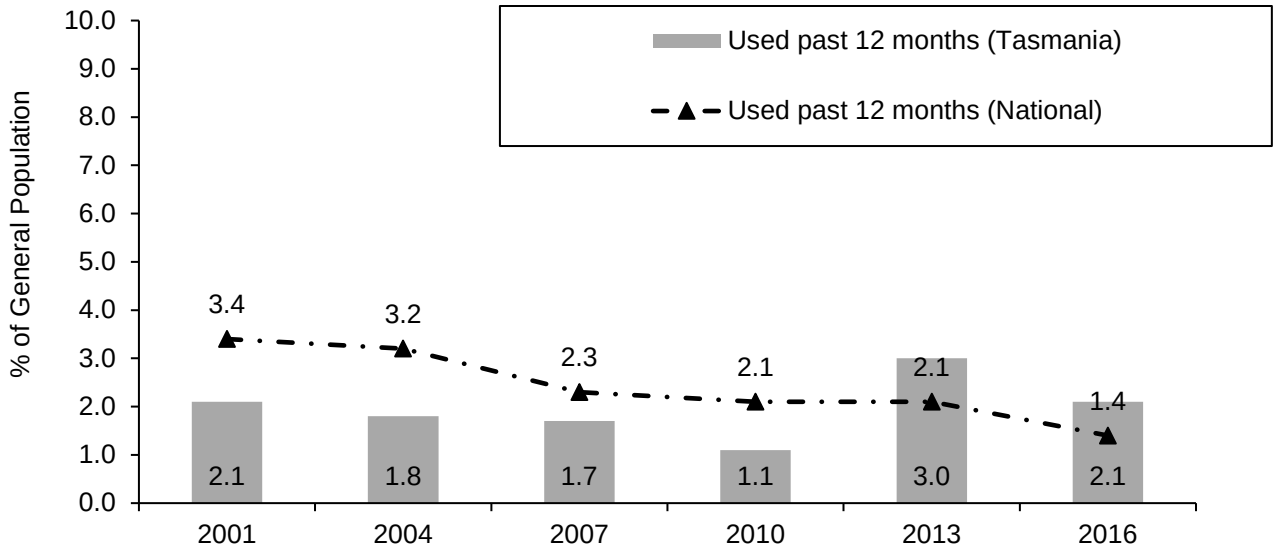
Table 4.3.2: Self-reported symptoms of methamphetamine dependence, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Recently used any methamphetamine	n=60	n=57	n=61	n=63	**n=65**
Median SDS score (range)	2 (0-14)	3 (0-14)	4 (0-14)	4 (0-13)	**3 (0-14)**
SDS score = 0 (no symptoms reported)	37 n=22	19 n=11	31 n=19	27 n=17	**22 n=14**
SDS score 4+ (screened as likely dependent)	37 n=22	46 n=26	51 n=31	51 n=32	**49 n=32**
Of those 4+ % in any drug treatment (inc OST)	46 n=10	27 n=7	48 n=15	63 n=20	**44 n=14**

Source: IDRS PWID interviews

4.3.3 Prevalence of methamphetamine use

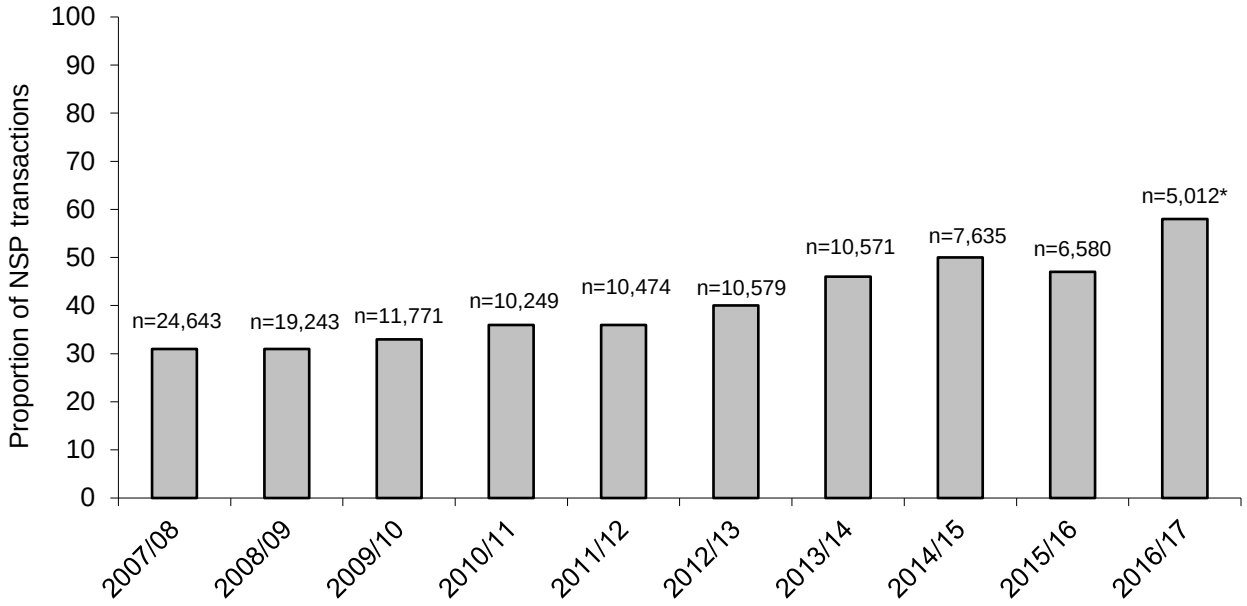
Figure 4.3.3: Prevalence of methamphetamine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.3.4 Methamphetamine use among PWID

Figure 4.3.4: Proportion of Tasmanian non-pharmacy Needle and Syringe Program clients reporting methamphetamine as 'drug most often injected', 2007/08-2016/17



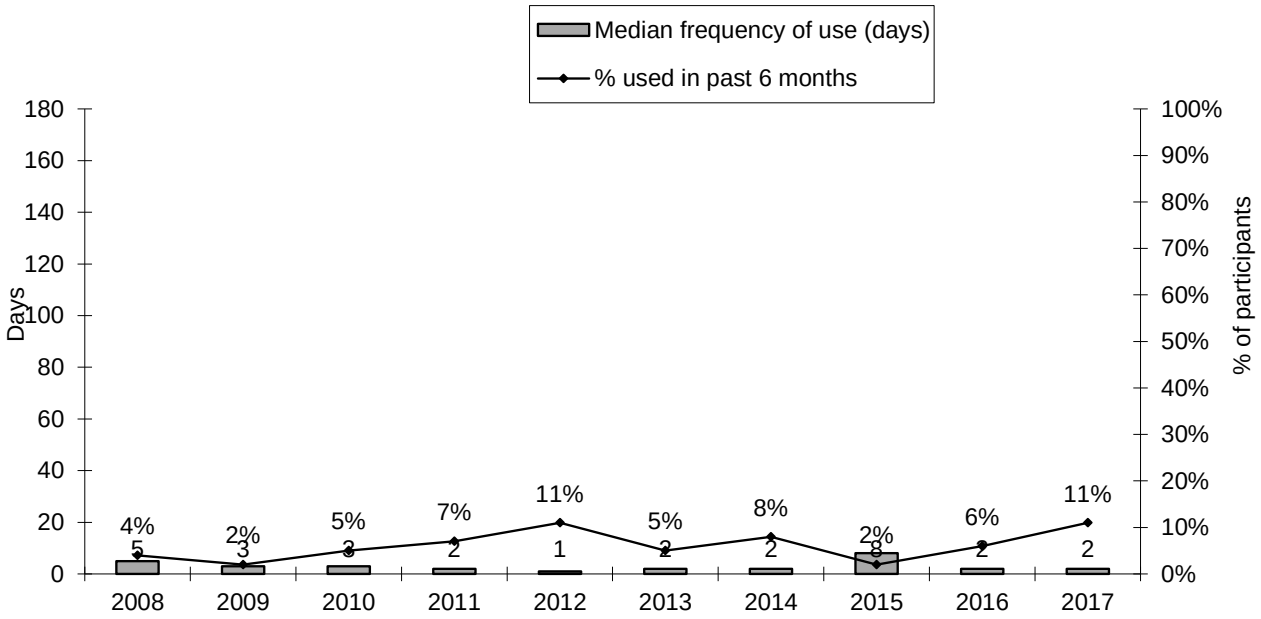
Source: Population Health, Department of Health and Human Services
Note: These figures include some estimated data for a number of services, based on average monthly client transactions, where data were missing. Data from 2016/17 preliminary and based on a small number of NSP sites.

4.4 Cocaine

Cocaine use Key Points	• In 2017, around 1 in 10 participants had reported using cocaine, at a median frequency of twice in the past 180 days. The rate and frequency of cocaine use has been consistently low among IDRS participants over the past decade [Figure 4.4.1]. This is also apparent in data from the Tasmanian needle and syringe program [Table 4.4.3] • Typically, participants either injected or snorted volumes of less than half a gram of the drug when they used [Table 4.4.1] • Approximately 1.4% of the Tasmanian adult population are estimated to have used cocaine in the past year [Figure 4.4.2]

4.4.1 Current patterns of cocaine use

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



Source: IDRS PWID interviews

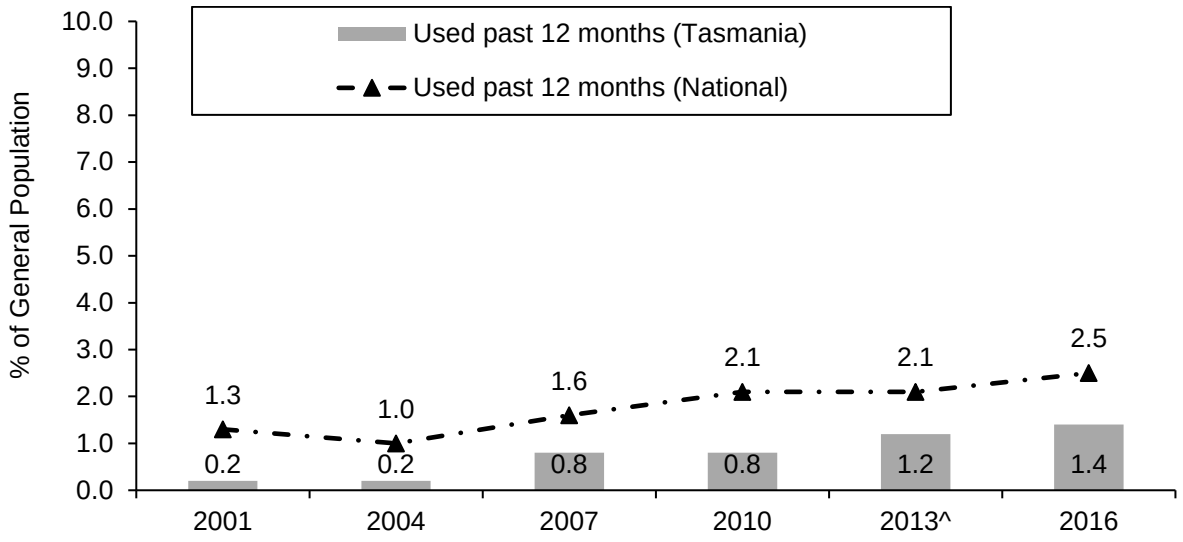
Table 4.4.1: Patterns of cocaine use over the preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used in last 6 months (%)	5	8	2	6	**11**
Median days used (range)	2 (1-16)	2 (1-6)	8 (1-15)	2 (1-3)	**2 (1-14)**
Route (%)[#]					
Injected	60	0	~	83	**64**
Smoked	0	0	~	0	**0**
Snorted	40	100	~	17	**55**
Swallowed	0	13	~	0	**0**
Median amounts used per session Grams typical (range)				.5 (.05-3) n=5	**.2 (.1-1) n=9**

Source: IDRS PWID interviews
[#]among those who had used in last six months
~ not reported as n<5 cases

4.4.2 Prevalence of use

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



Source: National Drug Strategy Household Survey 2001-2016.
^ The 2013 Tasmanian estimate of past 12 month use has a very large standard error and is considered unreliable.

4.4.3 Cocaine use among PWID

Table 4.4.3: Percentage of Tasmanian non-pharmacy Needle and Syringe Program clients reporting cocaine as the 'drug most often injected', 2007/08-2016/17

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of transactions reporting cocaine	17	16	36	19	18	33	47	40	18	4^
% of total transactions reporting cocaine	<0.1	<0.1	0.1	<0.1	<0.1	<0.1	0.2	0.2	0.1	<0.1^

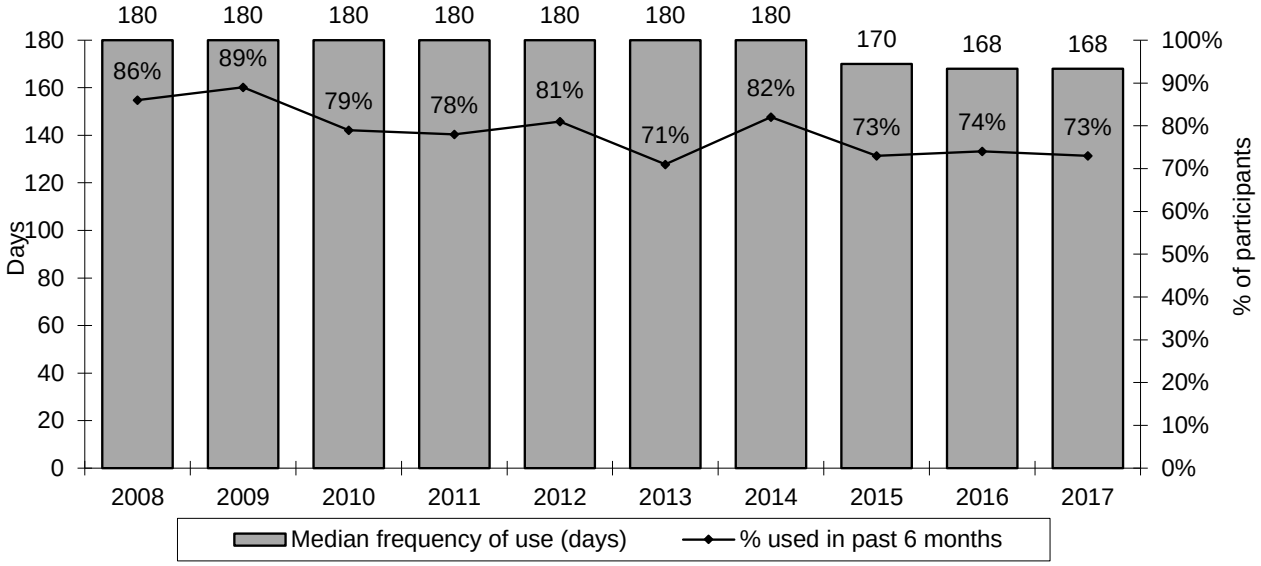
Source: Population Health, Department of Health and Human Services
^Data from 2016/17 preliminary and based on a small number of sites

4.5 Cannabis

 Cannabis use Key Points	• In 2017, 3 in 4 participants reported using cannabis. Most used multiple times per week; and 40% of those using cannabis were smoking every day [Table 4.5.1] • The proportion of IDRS participants reporting recent cannabis use has declined over the past decade (86% in 2008; 73% in 2017), and in particular, the rate of daily smoking has declined substantially (70% of cannabis consumers in 2008; 40% in 2017) [Figure 4.5.1.1 and 4.5.1.2] • Participants reported that indoor cultivated cannabis was the form they had most often used, in keeping with trends over the past five years [Table 4.5.1] • Approximately 12% of the Tasmanian adult population are estimated to have smoked cannabis in the past year, consistent with rates nationally and with trends in 2013 [Figure 4.5.2]

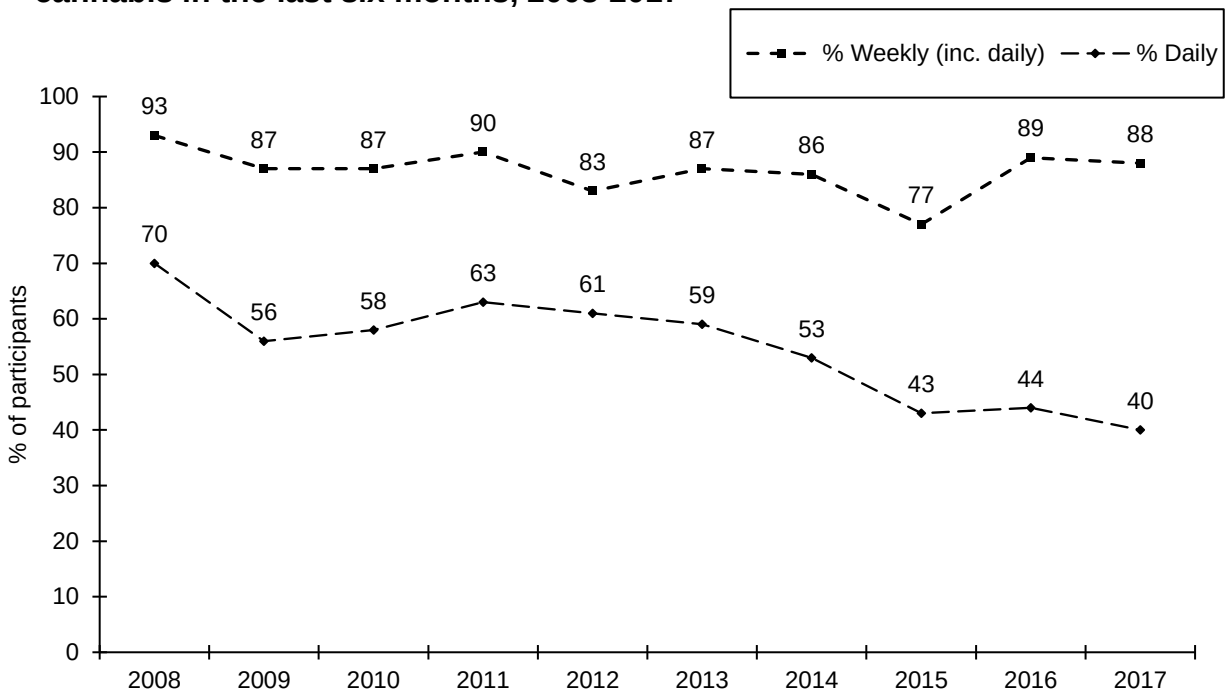
4.5.1 Cannabis use among PWID participants

Figure 4.5.1.1: Prevalence and frequency of use of cannabis in the preceding six months, 2008-2017



Source: IDRS PWID interviews

Figure 4.5.1.2: 'Daily' and 'weekly or more' cannabis use, among those who had used cannabis in the last six months, 2008-2017



Source: IDRS PWID interviews

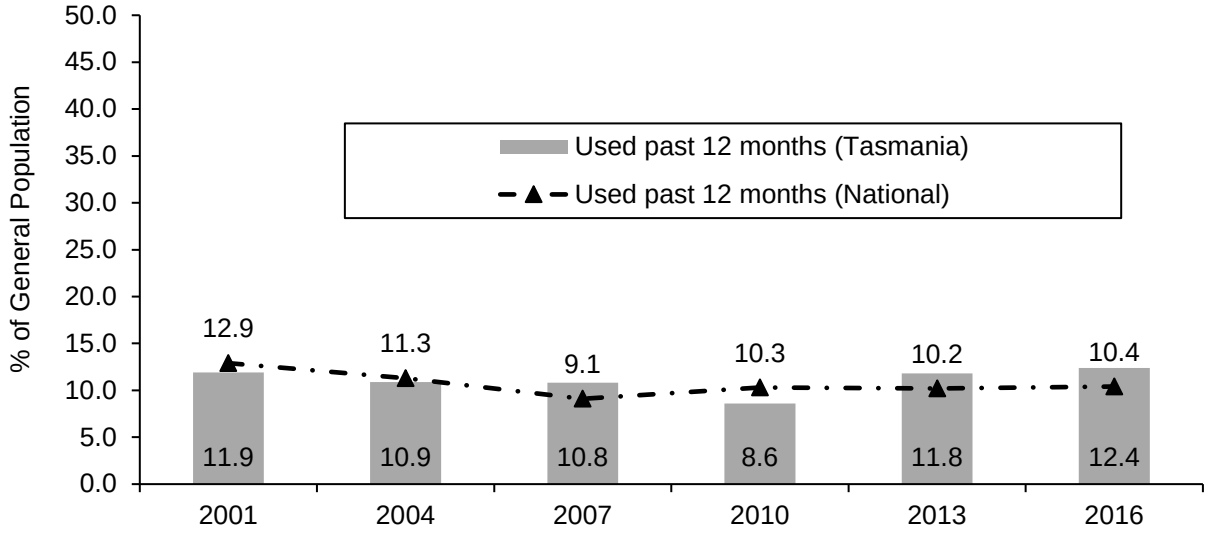
Table 4.5.1: Past six month patterns of cannabis use among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used last 6 months (%)	71	82	73	74	**73**
Used daily (%)[#]	59	53	43	44	**40**
Forms used[#]					
Indoor	87	87	89	90	**94**
Outdoor	75	73	67	74	**55**
Hashish	19	16	18	21	**14**
Hashish oil	9	9	6	8	**9**
Main form used[#]					
Indoor	72	77	74	77	**82**
Outdoor	28	23	26	22	**18**
Median days used (range)[#]	180 (1-180)	180 (1-180)	170 (1-180)	168 (3-180)	**168 (2-180)**
Median cones last session (range)[#]	5 (1-40) n=58	5 (1-40) n=54	5 (1-90) n=50	6 (1-100) n=28	**10 (.5-50) n=31**
Median joints last session (range)[#]	1 (1-10) n=16	1 (1-3) n=8	1 (1-6) n=14	2 (1-6) n=9	**2 (1-10) n=6**

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

4.5.2 Prevalence of cannabis use

Figure 4.5.2: Prevalence of cannabis use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.6 Opioids

Opioid use Key Points

- Overall, rates of opioid use among IDRS participants has remained relatively stable between 2015 and 2017 following a notable decline from previous rates. This is also apparent in needle and syringe program data [Figure 4.6.9]
- Among recent opioid consumers contributing to the IDRS, two thirds screened positive for likely opioid dependence, and three quarters of these individuals were currently involved in drug treatment [Table 4.6.5]

Morphine

- The proportion of IDRS participants reporting morphine use in the past 6 months has substantially declined from 2008 (81%) to 2017 (42%), despite a similar proportion of the sample regarding morphine as their drug of choice [Figures 4.6.1.1 & 2]
- The median frequency of use was greater among the 2017 participants than in 2016 (65 vs 32 of the past 180 days) [Figure 4.6.1.1]
- MS Contin remains the form most commonly used among participants, who typically inject 60-80mg when they use [Table 4.6.1]

Oxycodone

- The proportion of IDRS participants reporting oxycodone use in the past 6 months has substantially declined from 2010 (60%) to 2017 (29%), despite a similar proportion of the sample regarding opioids as their drug of choice [Figure 4.6.2.1]
- Oxycodone was not frequently used in 2017, at a median of just 3 of the past 180 days, and only 6% of the sample using it weekly or more frequently. [Figure 4.6.2.2]
- OP OxyContin was the most commonly used form, most commonly injected. [Table 4.6.2]
- Generic oxycodone use continues to be low, and it was uncommon for participants to report this as the oxycodone form most frequently used [Table 4.6.2].

Methadone

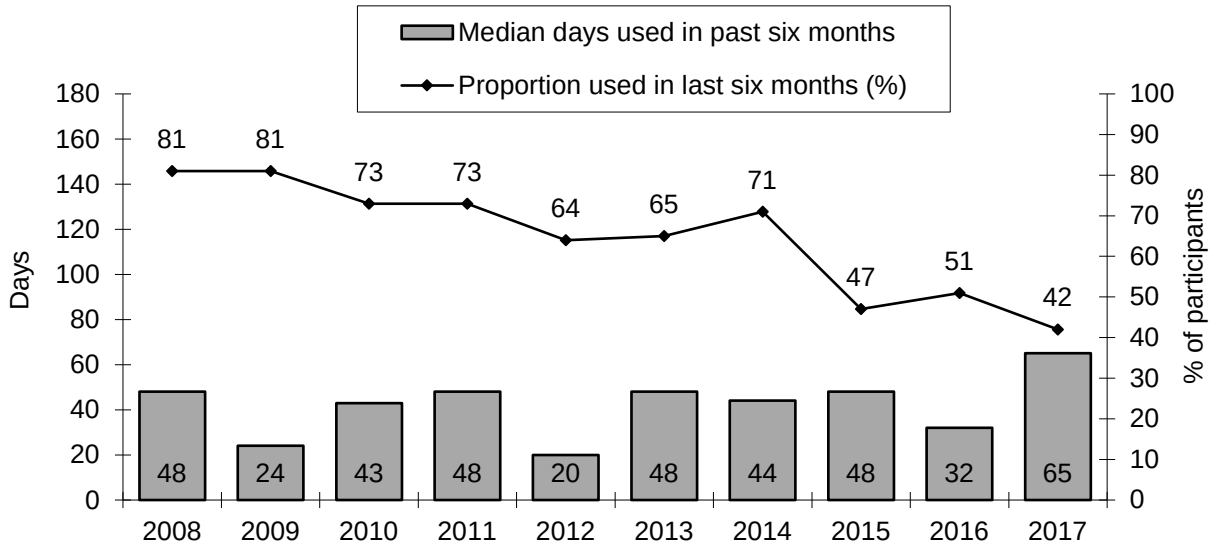
- Around one third of IDRS participants in 2017 reported recent use of illicit methadone syrup and physeptone tablets respectively. These rates are a substantial decline since 2008 where more than half the sample reported recent use of each form, despite around two thirds of the participants each year reporting opioids as their drug of choice [Figure 4.3.6.1]
- On average, illicit methadone use was infrequent (10-12 days of the last 180), and less than 10% of participants reported weekly or more frequent use [Figure 4.3.6.2]

Buprenorphine

- Non-prescribed use of buprenorphine remains uncommon among IDRS participants [Table 4.6.4]

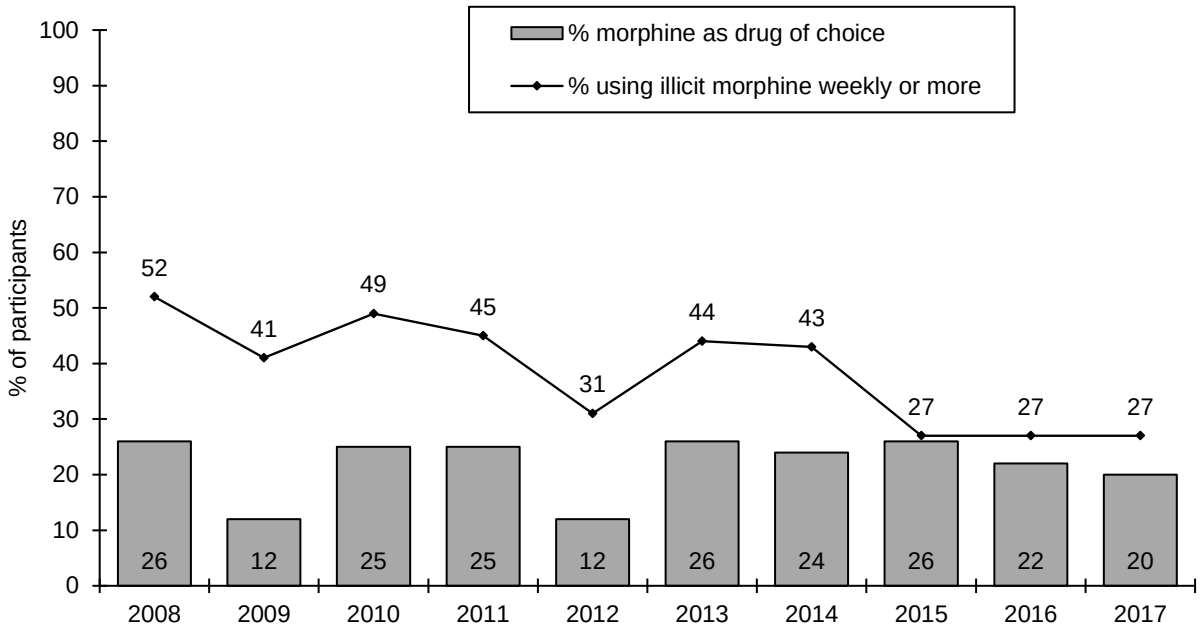
4.6.1 Use of morphine

Figure 4.6.1.1: Proportion of Tasmanian IDRS PWID cohort reporting use of illicit morphine, and the median frequency of this use, in the six months prior to interview, 2008-2017



Source: IDRS PWID interviews

Figure 4.6.1.2: Proportion of PWID sample reporting morphine as drug of choice and weekly or more morphine use in the preceding six months, 2008-2017



Source: IDRS PWID interviews

Table 4.6.1: Patterns of illicit morphine use over preceding six months among PWID, 2013-2017

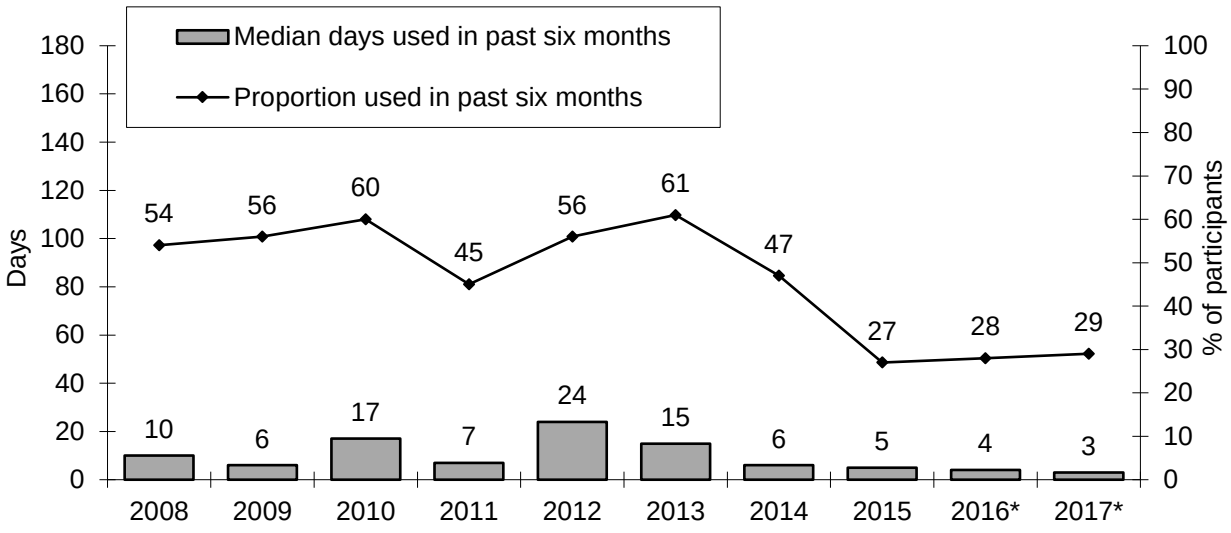
	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used last 6 months (%)	65	71	47	51	**42**
Median days used (range)	48 (1-180)	44 (1-180)	48 (1-180)	32 (1-180)	**65 (2-180)**
Median illicit dose (range)	60mg (3-180) n=68	80mg (20-300) n=68	60mg (30-300) n=47	60mg (5-500) n=48	**70mg (20-200) n=42**
Forms used most often (%)[#]					
MS Contin (illicit)	78	78	82	80	**71**
Kapanol (illicit)	13	7	8	13	**7**
Powder (illicit)	0	0	0	8	**0**
Route (%)[#]					
Injected	97	100	100	100	**100**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	9	10	11	4	**7**

Source: IDRS PWID interviews

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

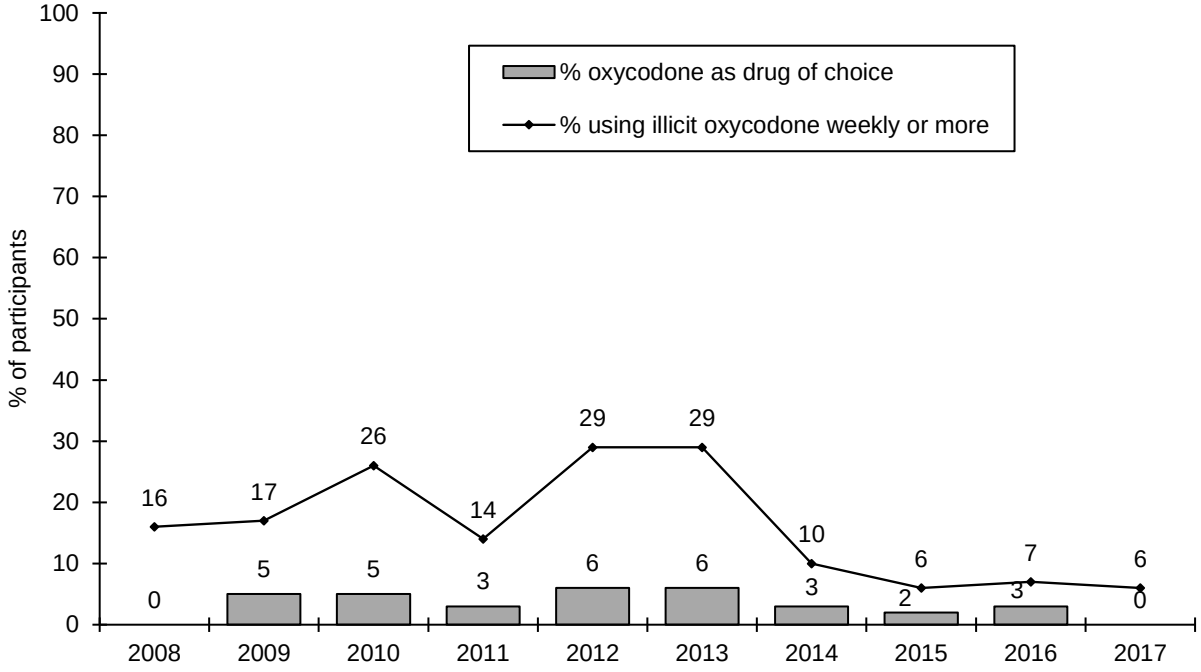
4.6.2 Use of oxycodone

Figure 4.6.2.1: Proportion of Tasmanian IDRS PWID cohort reporting use of illicit oxycodone, and the median frequency of this use, in the six months prior to interview, 2008-2017



Source: IDRS PWID interviews
*Refers combined total of illicit generic, reformulated and other oxycodone use

Figure 4.6.2.2: Proportion of PWID reporting oxycodone as drug of choice and weekly or more oxycodone use in the preceding six months, 2008-2017



Source: IDRS PWID interviews

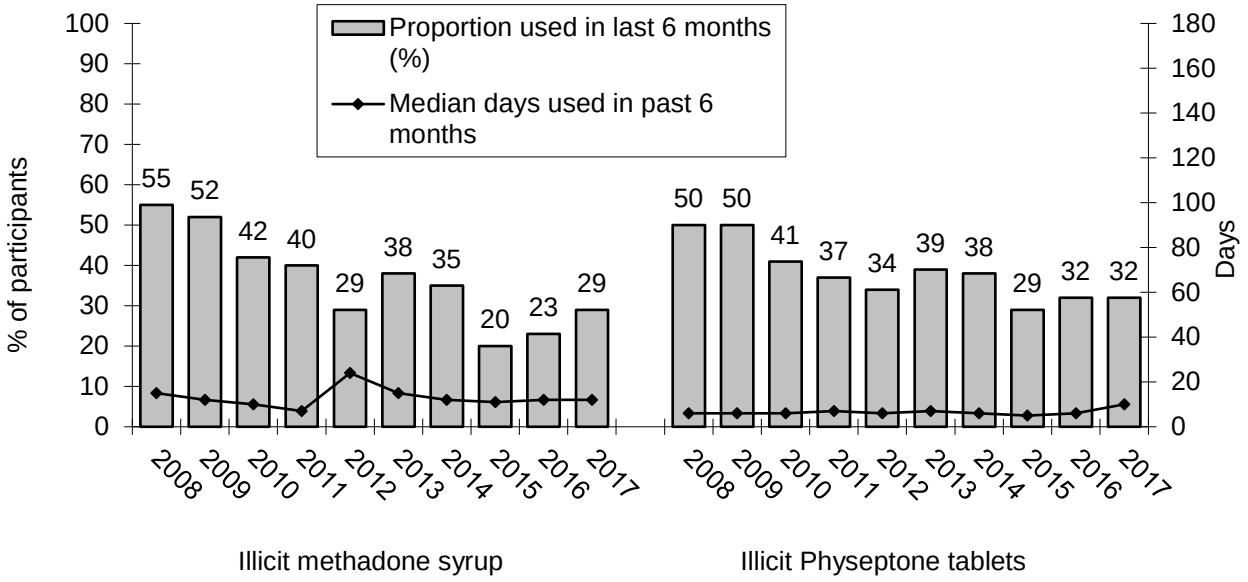
Table 4.6.2: Patterns of illicit oxycontin use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Any use in last 6 months (%)	61	47	27	28	**29**
Median days used (range)	15 (1-180)	6 (1-180)	5 (1-120)	n/a	**n/a**
Median illicit dose (range)	80mg (20-240) n=64	70mg (5-300) n=44	60mg (15-160) n=27	n/a	**n/a**
Illicit forms used most often (%)[#]					
Generic				18	**21**
OP				57	**41**
Other				25	**38**
Route (%)[#]					
Injected	97	98	93	n/a	**n/a**
Smoked	0	0	0		
Snorted	0	0	0		
Swallowed	8	6	11		
OP oxycodone (not prescribed)					
Used last 6 months (%)				18	**16**
Median days used (range)				4 (1-180)	**5 (1-90)**
Median illicit dose (range)				40mg (10-300) n=18	**55mg (2-200) n=16**
Route (%)[#]					
Injected				83	**81**
Smoked				0	**0**
Snorted				0	**0**
Swallowed				17	**19**
Generic oxycodone (not prescribed)					
Used last 6 months (%)				7	**10**
Median days used (range)				6 (1-36)	**5 (1-60)**
Median illicit dose (range)				80mg (20-240) n=7	**80mg (40-200) n=10**
Route (%)[#]					
Injected				86	**100**
Smoked				0	**0**
Snorted				0	**0**
Swallowed				14	**10**
Other oxycodone (not prescribed)					
Used last 6 months (%)				10	**13**
Median days used (range)				3 (1-60)	**2 (1-60)**
Median illicit dose (range)				60mg (5-100) n=9	**50mg (10-200) n=13**
Route (%)[#]					
Injected				83	**46**
Smoked				0	**0**
Snorted				0	**0**
Swallowed				17	**54**

[#]among those who had used in last six months. n/a: not assessed

4.6.3 Use of methadone

Figure 4.6.3.1: Proportion of Tasmanian IDRS PWID cohorts reporting non-prescription use of methadone, and the median frequency of this use, in the six months prior to interview, 2008-2017



Source: IDRS PWID interviews

Figure 4.3.6.2: Proportion of PWID sample reporting methadone as drug of choice and weekly or more methadone use in the preceding six months, 2008-2017

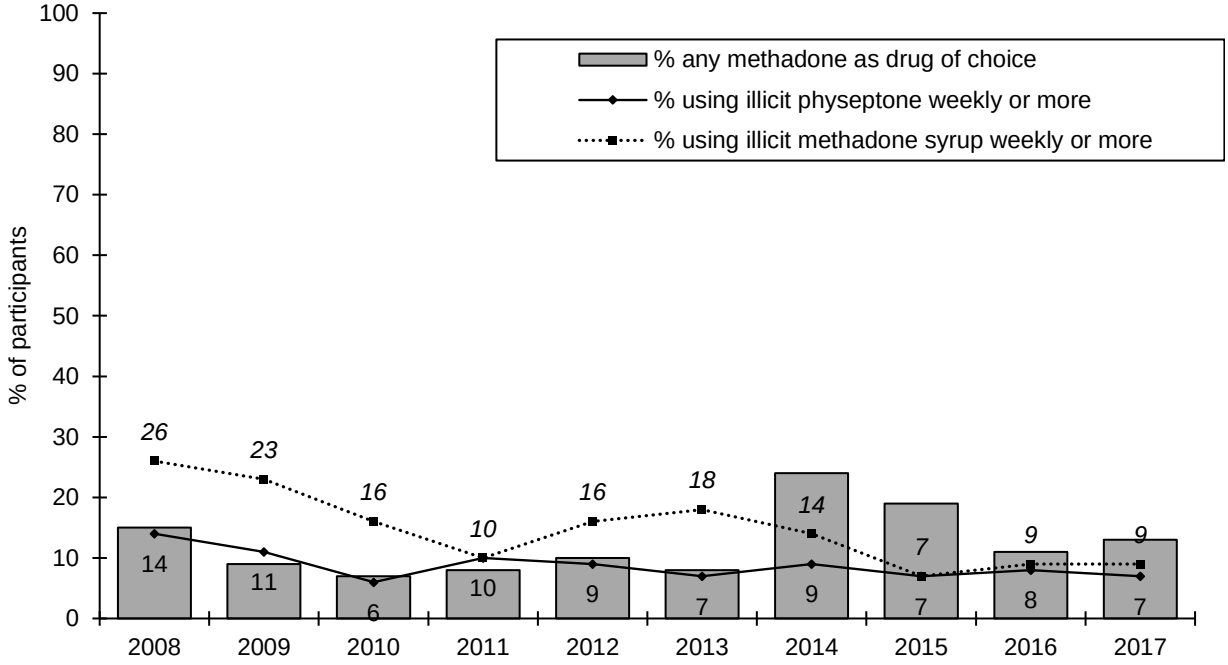


Table 4.3.6: Patterns of illicit methadone use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Forms used most often (%)					
Syrup (illicit)	20	21	10	13	**29**
Physeptone (illicit)	20	23	19	20	**16**
Methadone syrup (not prescribed)					
Used last 6 months (%)	38	35	20	23	**29**
Median days used (range)	15 (1-96)	12 (1-90)	11 (1-72)	12 (1-94)	**12 (1-180)**
Median illicit dose (range)	50mg (15-180) n=36	50mg (5-160) n=32	60mg (10-110) n=20	50mg (5-100) n=23	**50mg (5-150) n=27**
Route (%)[#]					
Injected	98	97	100	96	**90**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	5	11	0	13	**31**
Physeptone tablets (not prescribed)					
Used last 6 months (%)	39	38	29	32	**32**
Median days used (range)	7 (1-175)	6 (1-180)	5 (1-72)	6 (1-72)	**10 (1-48)**
Median illicit dose (range)	40mg (10-200) n=39	50mg (10-150) n=34	40mg (4-100) n=29	50mg (10-100) n=31	**50mg (10-160) n=32**
Route (%)[#]					
Injected	97	95	100	100	**97**
Smoked	0	0	0	0	**0**
Snorted	0	0	0	0	**0**
Swallowed	19	13	10	16	**6**

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

4.6.4 Use of buprenorphine

Table 4.6.4: Patterns of illicit buprenorphine use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Illicit forms used most often (%)[#]					
Subutex	67	60	56	50	**39**
Suboxone	33	40	44	50	**61**
Subutex tablets (not prescribed)					
Used last 6 months (%)	9	11	13	10	**9**
Median days used (range)	11 (1-48)	4 (1-180)	3 (1-180)	15 (1-90)	**5 (1-90)**
Median illicit dose (range)				6mg (.8-8) n=7	**3.5mg (2-8) n=6**
Route (%)[#]					
Injected	80	55	92	100	**100**
Smoked	0	0	0	10	**0**
Snorted	0	0	0	0	**0**
Swallowed	10	55	15	10	**0**
Suboxone film (not prescribed)					
Used last 6 months (%)	9	11	12	7	**14**
Median days used (range)	12 (1-180)	3 (1-180)	9 (1-160)	48 (4-90)	**2 (1-60)**
Median illicit dose (range)				4mg (1-8) n=7	**8mg (2-8) n=11**
Route (%)[#]					
Injected	60	55	92	86	**86**
Smoked	10	0	0	0	**7**
Snorted	0	0	0	0	**0**
Swallowed	30	55	17	29	**7**
Suboxone tablets (not prescribed)					
Used last 6 months (%)	4	6	3	n/a	**n/a**
Median days used (range)	22 (10-24)	9 (1-180)	24 (3-120)	n/a	**n/a**
Median illicit dose (range)					
Route (%)[#]					
Injected	75	67	67		
Smoked	25	0	0	n/a	**n/a**
Snorted	0	0	0		
Swallowed	25	33	33		

[#]among those who had used in last six months. n/a: not assessed

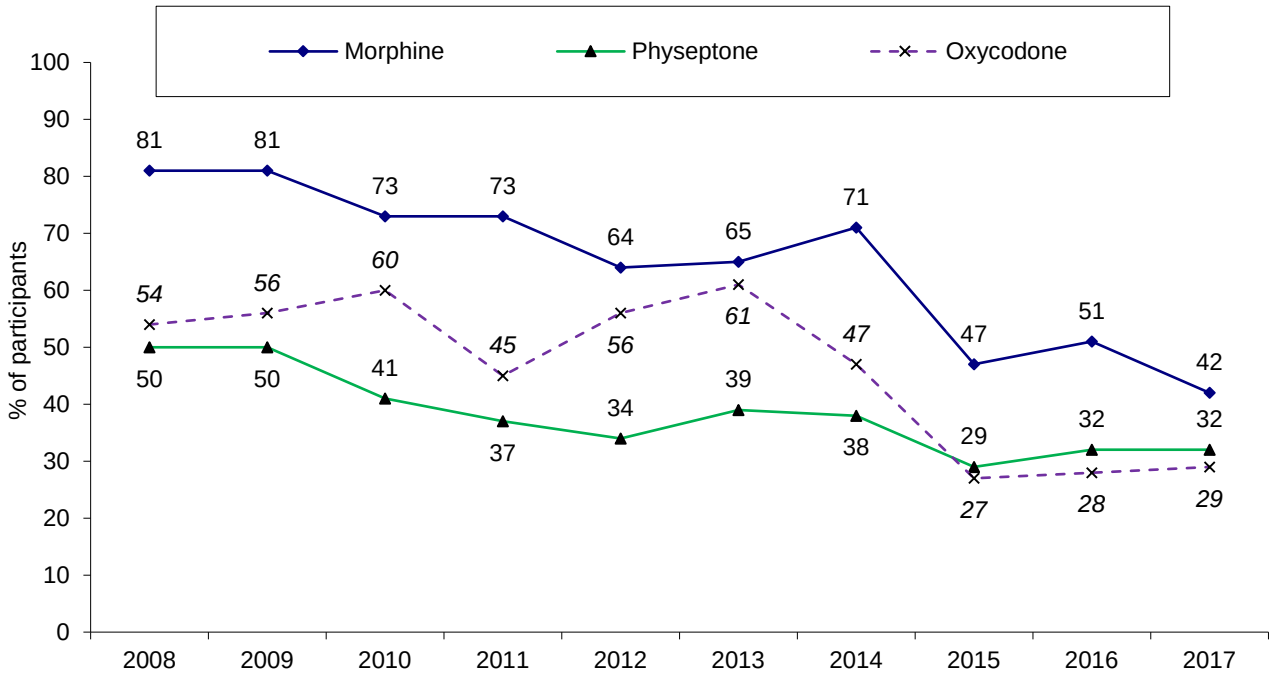
4.6.5 Self-reported symptoms of opioid dependence

Table 4.6.5: Self-reported symptoms of opioid dependence, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Recently used any opioid	n=95	n=95	n=83	n=81	**n=77**
Mean SDS score (range)	8 (0-15)	7 (0-14)	5 (0-15)	7 (0-15)	**6 (0-14)**
SDS score = 0 (no symptoms of dependence)	4 n=4	5 n=5	7 n=6	4 n=3	**9 n=7**
SDS score 5+ (screened positive for likely dependence)	78 n=74	72 n=68	61 n=51	80 n=65	**64 n=49**
Of those 5+ % in any drug treatment	53 n=39	46 n=31	61 n=31	63 n=41	**71 n=35**

4.6.6 Use of different forms of pharmaceutical opioids across IDRS studies

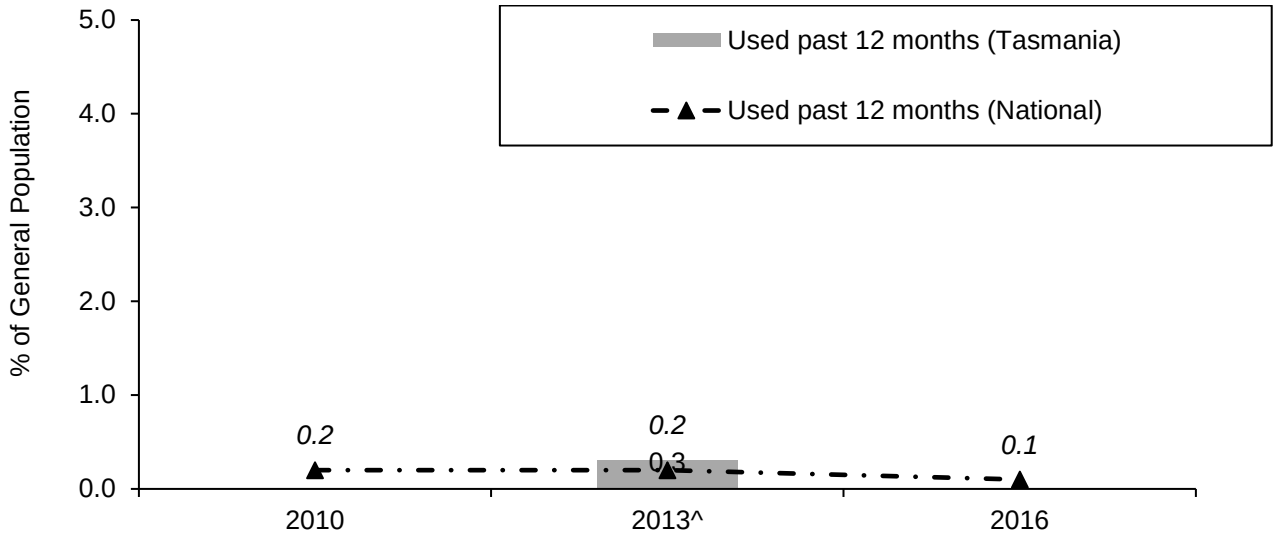
Figure 4.6.6: Proportion of Tasmanian IDRS PWID cohort reporting non-prescription use of pharmaceutical opioids in the six months prior to interview, 2008-2017



Source: IDRS PWID interviews

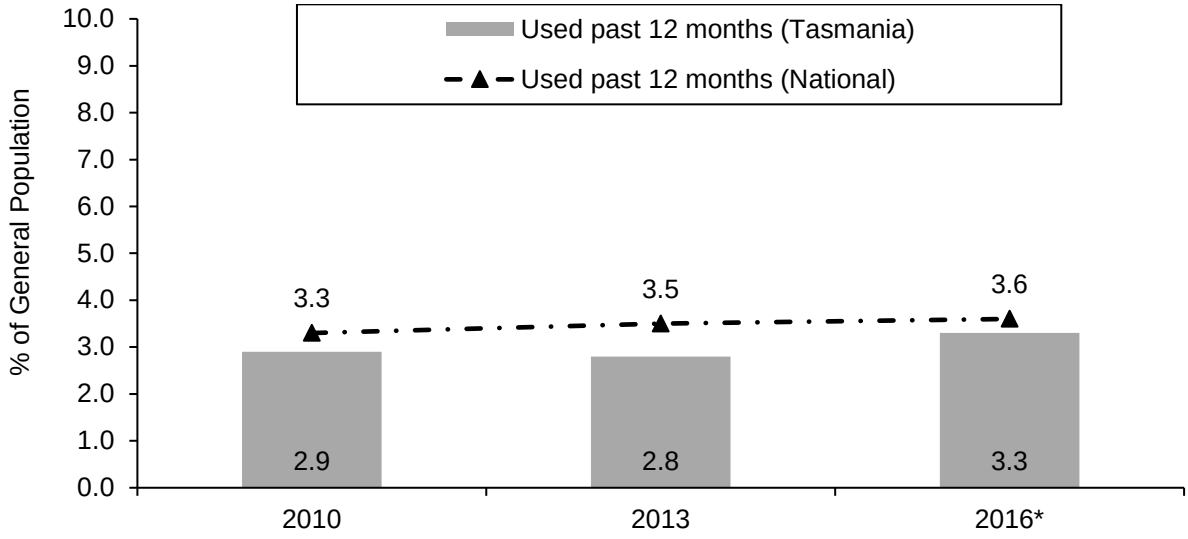
4.6.8 Prevalence of opioid use

Figure 4.6.8.1: Prevalence of non-medical methadone or buprenorphine* use in Australia and Tasmania among those aged 14 years and over, 2010-2016



Source: National Drug Strategy Household Survey 2010-2016
* Use of buprenorphine was only included in the 2010-2013 surveys ^ The 2013 Tasmanian estimate of past 12 month use has a very large standard error and is considered unreliable for general use

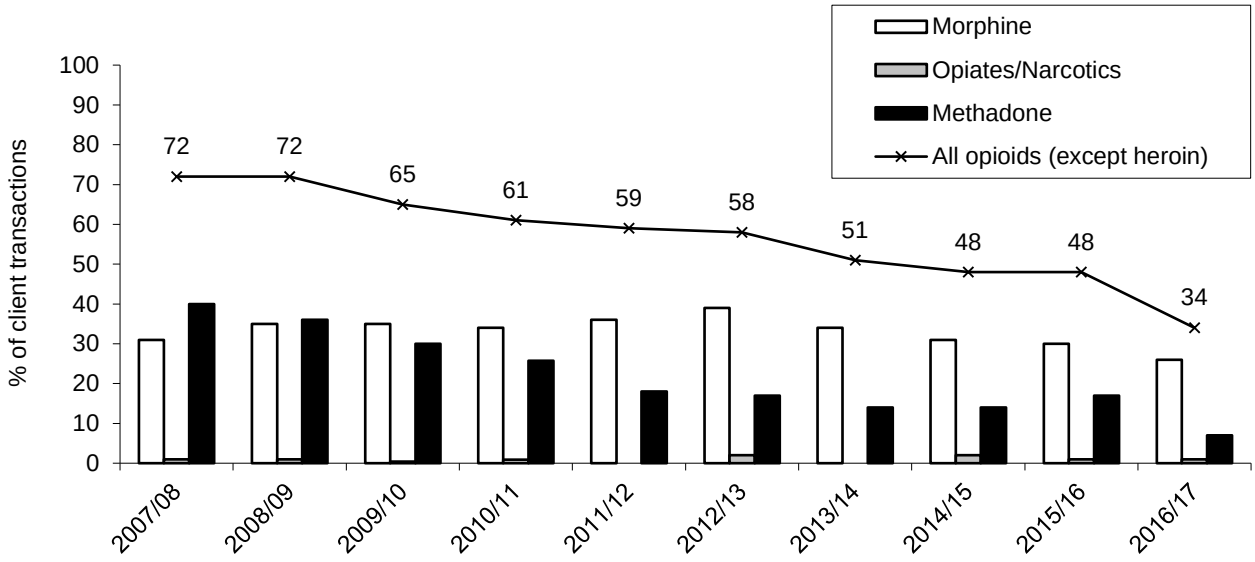
Figure 4.6.8.2: Prevalence of painkillers/analgesics and other opioid use (excluding heroin, methadone and buprenorphine) in Australia and Tasmania among those aged 14 years and over, 2010-2013



Source: National Drug Strategy Household Survey 2001-2016
Note: For 2010, 'Pain-killers/analgesics and opioids' refers to the combined rates from the 'pain-killer/analgesics' and 'other opiates' sections and may include the use of non-opioid over-the-counter (OTC) drugs such as paracetamol and aspirin. In 2013, a new question was added to the survey and captured the types of prescription and over-the-counter analgesics used allowing the 2013 data to be reanalysed including and excluding non-opioid over-the-counter drugs such as paracetamol and aspirin. In 2016, pain-killer/analgesics and opioids sections were combined into one section and references and questions about use of non-opioid over-the-counter (OTC) drugs such as paracetamol and aspirin were removed. **Data for 2010 and 2013 include OTC; 2016 does not include OTC.**

4.6.9 Pharmaceutical opioid use among PWID and other groups

Figure 4.6.9: Percentages of Tasmanian non-pharmacy Needle and Syringe Program clients reporting opioids as 'drug most often injected', 2007/08-2016/17



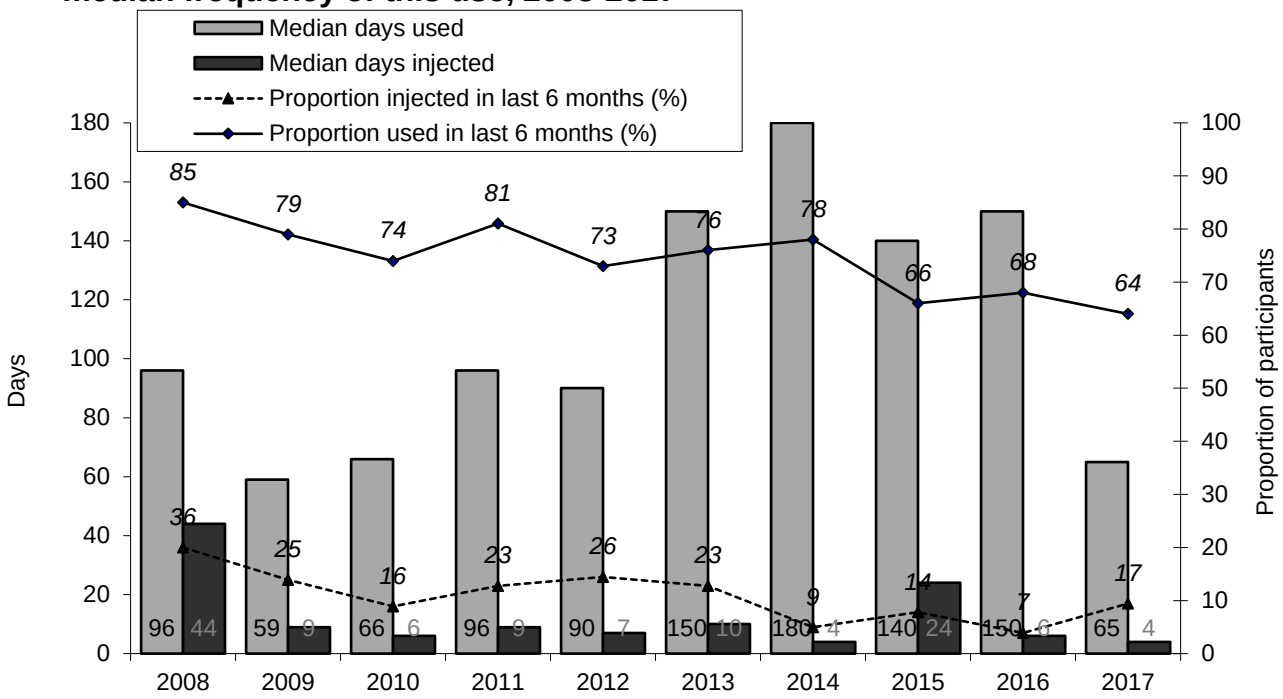
Source: Population Health, Department of Health and Human Services. Data for 2016/17 is preliminary and based on a small number of sites

4.7 Benzodiazepines

Benzodiazepine use Key Points	• Two-thirds of the IDRS participants reported recent use of benzodiazepines in 2017. This rate is a substantial reduction from levels in the past decade (85% in 2008). • In 2017, there was a substantial decline in the median frequency of benzodiazepine use (150 of the last 180 days in 2016 participants; 65 of the past 180 days in 2017 participants) [Figure 4.7.1] • These points relate to both prescribed and non-prescribed use of benzodiazepines • Non-prescribed use of alprazolam has declined in the past five years (37% in 2013, 23% in 2017), but this remains the benzodiazepine most commonly injected (13% in 2017) [Table 4.7.1.1] • There has been a decline in non-prescribed use of other benzodiazepines among IDRS participants in the past 5 years, falling from 50% in 2013 to 36% in 2017. This reduction has been apparent across all benzodiazepines but was most marked for diazepam and temazepam [Table 4.7.1.2] • Approximately 3% of the Tasmanian adult population are estimated to have used benzodiazepines for non-medical purposes in the past year [Figure 4.7.2]

4.7.1 Benzodiazepine use

Figure 4.7.1: Proportion of participants reporting recent use of benzodiazepines and median frequency of this use, 2008-2017



Source: IDRS PWID interviews

Table 4.7.1.1: Patterns of benzodiazepine use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Any use in last 6 months	76	78	66	68	**64**
Median days used last 6 months (range)	150 (1-180)	180 (1-180)	140 (1-180)	150 (1-180)	**65 (1-180)**
Any injection in last 6 months	23	9	14	7	**17**
Median days injected in last 6 months (range)	10 (1-180)	4 (1-93)	24 (1-180)	6 (1-48)	**4 (1-36)**
Alprazolam					
Any use in last 6 months	40	39	24	23	**25**
Median days used last 6 months (range)	12 (1-180)	n/r	n/r	n/r	**n/r**
Any injection in last 6 months	21	8	9	6	**13**
Median days injected in last 6 months (range)	n/r	n/r	n/r	n/r	**n/r**
Alprazolam (illicit only)					
Any use in last 6 months	37	36	21	21	**23**
Median days used last 6 months (range)	11 (1-180)	4 (1-150)	5 (1-180)	5 (1-168)	**4 (1-36)**
Any injection in last 6 months	20	8	9	6	**13**
Median days injected in last 6 months (range)	10 (1-96)	4 (1-12)	7 (2-110)	7 (1-48)	**3 (1-36)**
Other benzodiazepines (illicit only)					
Any use in last 6 months	50	48	45	49	**36**
Median days used last 6 months (range)	12 (1-180)	20 (1-180)	24 (1-180)	10 (10-180)	**15 (1-180)**
Any injection in last 6 months	3	1	7	1	**3**
Median days injected in last 6 months (range)	24 (4-166)	2 (2)	35 (1-180)	6 (6)	**2 (2-4)**

Source: IDRS PWID interviews
n/r: this data was not reported

Table 4.7.1.2: Benzodiazepine and related formulations used by PWID orally in the six months prior to interview, 2008-2017

	2008 (n=75) %	**2009** (n=75) %	**2010** (n=71) %	**2011** (n=79) %	**2012** (n=77) %	**2013** (n=81) %	**2014** (n=74) %	**2015** (n=55) %	**2016** (n=81) %	**2017** (n=74) %
Alprazolam	55	49	54	35	43	40	58	37	25	23
Clonazepam	7	17	17	1	13	9	16	7	3	3
Diazepam	97	96	100	89	95	91	96	80	63	57
Flunitrazepam	9	7	6	5	3	5	3	-	-	-
Nitrazepam	9	21	21	9	13	19	12	7	3	1
Oxazepam	37	49	49	29	35	27	33	31	21	16
Temazepam Capsules Tablets	 1 24	 3 19	 - 34	 - 32	 - 26	 - 21	 - 23	 - 9	 - 10	 - 3
Doxylamine	1	-	3	1	3	4	-	-	-	-
Zolpidem	1	1	4	-	3	-	1	-	-	-

Source: IDRS PWID interviews; note: not all participants completed the benzodiazepine module, the n completing is in the top row, the reported rate is a proportion of those completing the benzodiazepine module

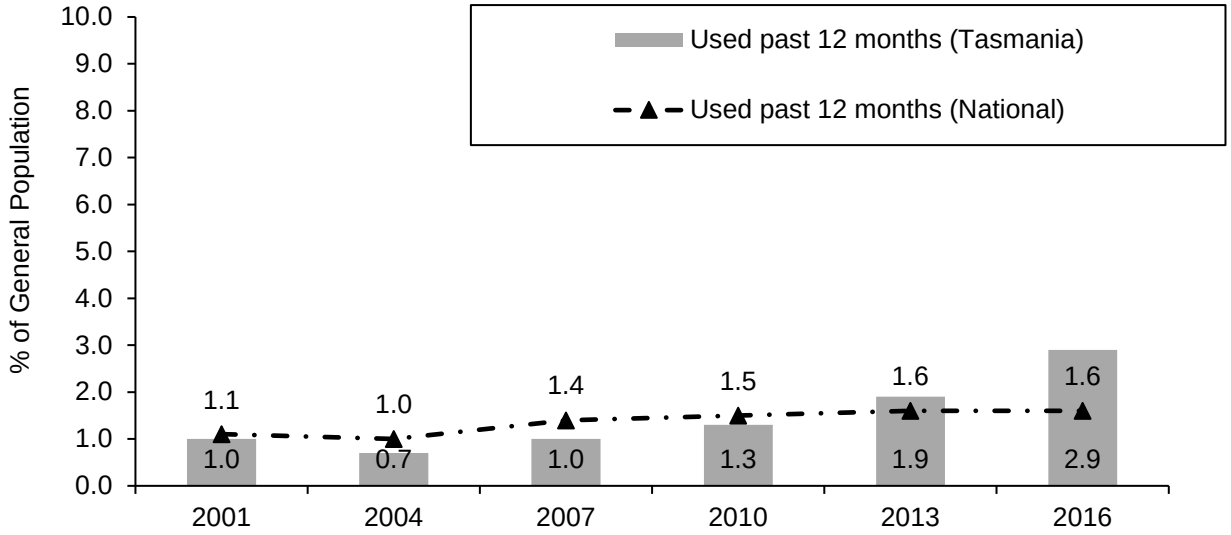
Table 4.7.1.3: Types of benzodiazepines commonly injected by PWID, 2008-2017

Injected in last 6 months:	**2008** (n=75) %	**2009** (n=75) %	**2010** (n=71) %	**2011** (n=79) %	**2012** (n=77) %	**2013** (n=81) %	**2014** (n=74) %	**2015** (n=55) %	**2016** (n=81) %	**2017** (n=74) %
Alprazolam	30	20	14	22	24	21	8	9	6	13
Diazepam	12	11	6	5	4	5	1	9	1	5
Oxazepam	3	1	4	-	1	-	-	7	-	-
Clonazepam	3	4	2	-	2	-	-	-	-	-
Flunitrazepam	4	2	-	-	1	1	-	-	-	-

Source: IDRS PWID interviews; note: not all participants completed the benzodiazepine module, the n completing is in the top row, the reported rate is a proportion of those completing the benzodiazepine module

4.7.2 Prevalence of benzodiazepine use

Figure 4.7.2: Prevalence of benzodiazepine use in Australia and Tasmania among those aged 14 years and over, 2001-2016



Source: National Drug Strategy Household Survey 2001-2016

4.7.3 Benzodiazepine use among PWID

Table 4.7.3: Proportion of transactions in which benzodiazepines were reported as 'drug most often injected' by Tasmanian non-pharmacy Needle and Syringe Program clients, 2007/08-2016/17

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of transactions reporting benzodiazepines	399	147	201	215	125	63	108	81	44	16^
Percent of total transactions reporting benzodiazepines	1.2%	0.4%	0.6%	0.7%	0.6%	0.4%	0.5%	0.4%	0.2%	0.2%^

Source: Population Health, Department of Health and Human Services; 2016/17 data is preliminary and based on a small number of sites

4.8 Other drugs

Other drug use Key Points

Alcohol

- Half of the IDRS participants reported recent alcohol consumption in 2017. This was, on average, infrequent (10 of the past 180 days), with one third of these participants drinking weekly or more frequently, and one eighth engaging in very heavy (6 or more standard drinks) weekly or more. [Table 4.8.1]

Tobacco

- Among IDRS participants, smoking remains very common, with around 9 in 10 participants recently smoking cigarettes in 2017. [Figure 4.8.2.1]
- While the overall smoking rate remains high, there has been a substantial decline in daily smoking, with two-thirds of recent smokers being daily smokers in 2016 and 2017, compared with 90% or more in previous years [Figure 4.8.2.2]
- Use of e-cigarettes remains uncommon, with 17% of participants reporting recent use. [Table 4.8.2]

Prescription stimulants

- Less than one in 5 participants in the 2017 IDRS reported recent use of prescription stimulants. This is a substantial decline from rates over the past decade (35% in 2008). [Figure 4.8.3]
- Use of prescription stimulants is infrequent, on average on 5 occasions in the previous 180 days. Methylphenidate was more commonly used than dexamphetamine. [Table 4.8.3].

Alkaloid poppies

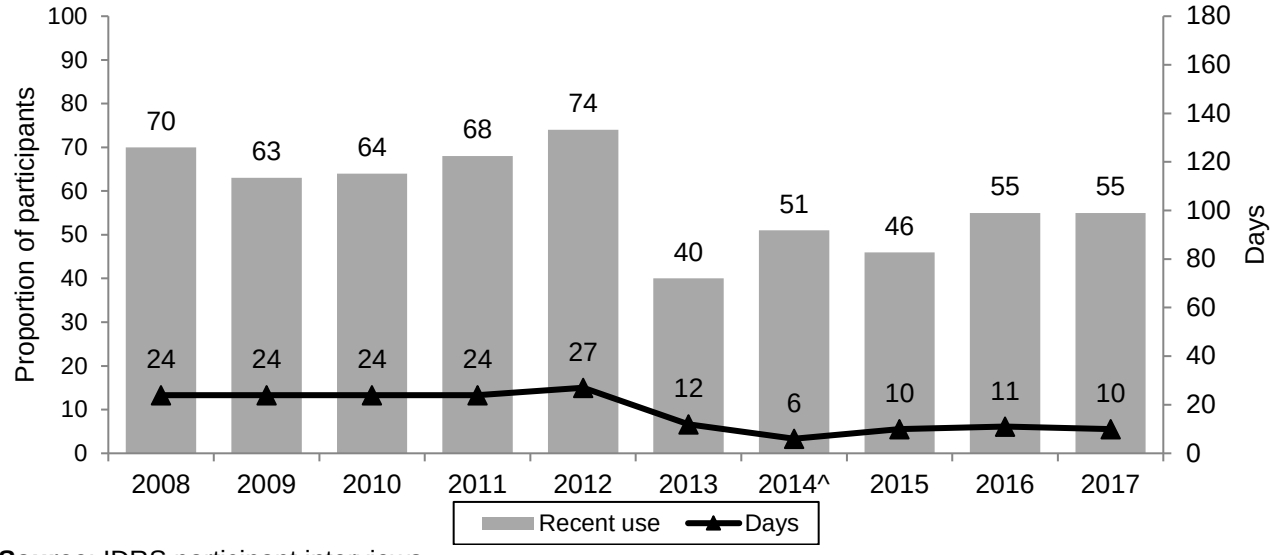
- Despite around two-thirds of the IDRS participants each year nominating an opioid as their drug of choice, reports of use of alkaloid poppy preparations has been uncommon over the past decade. Less than one in 10 participants reported recent use of poppy preparations in 2017. [Figure 4.8.4]

New psychoactive substance (NPS) use

- Sixteen percent of the IDRS participants reported recently using a drug that they believed was a novel psychoactive substance. This is a similar rate to that seen in the past five years [Figure 4.9.1]
- The novel psychoactive substances most commonly reported were from the stimulant class, rather than synthetic cannabinoids or psychedelics [Table 4.9.1]
- No participants reported use of opioid-class NPS [Table 4.9.1]

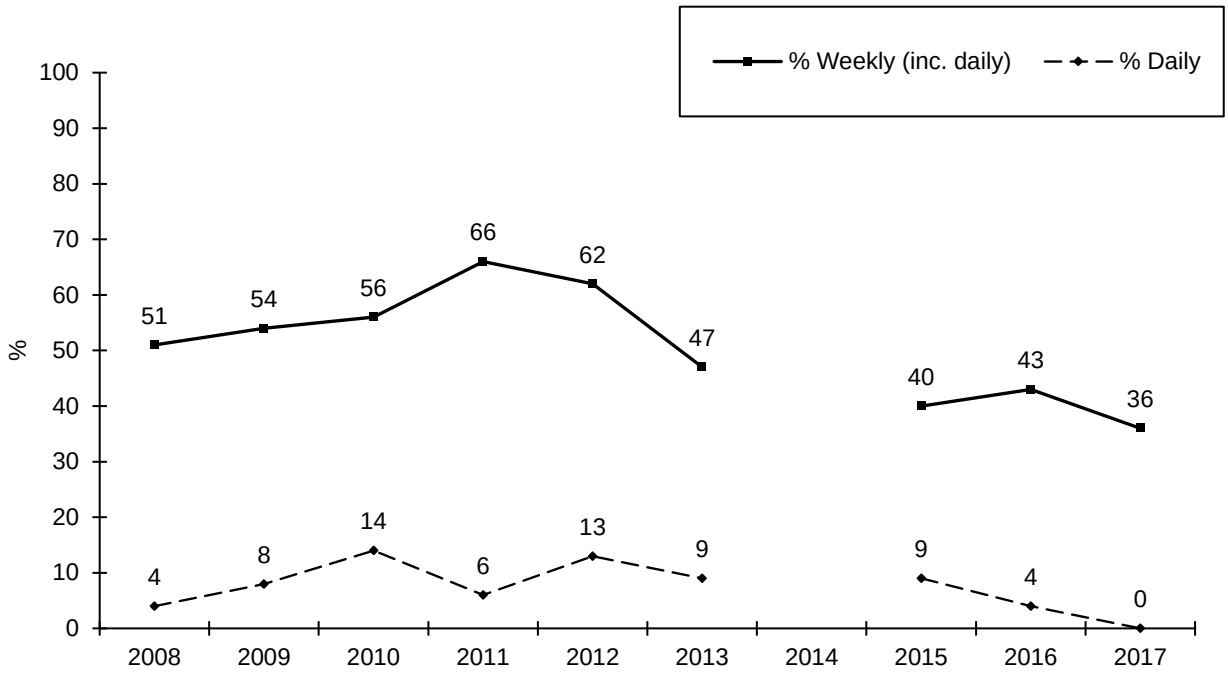
4.8.1 Alcohol

Figure 4.8.1.1: Rates of alcohol use and median frequency of use amongst Tasmanian IDRS samples, 2008-2016



Source: IDRS participant interviews
^ Note that there was substantial missing data for 2014 and thus these figures should be treated with caution

Figure 4.8.1.2: 'Daily' and 'weekly or more' alcohol use, among those who had consumed alcohol in the last six months, 2008-2017



^ Rates of alcohol use for the 2014 IDRS sample were not displayed due to unreliable estimates of use based on missing data

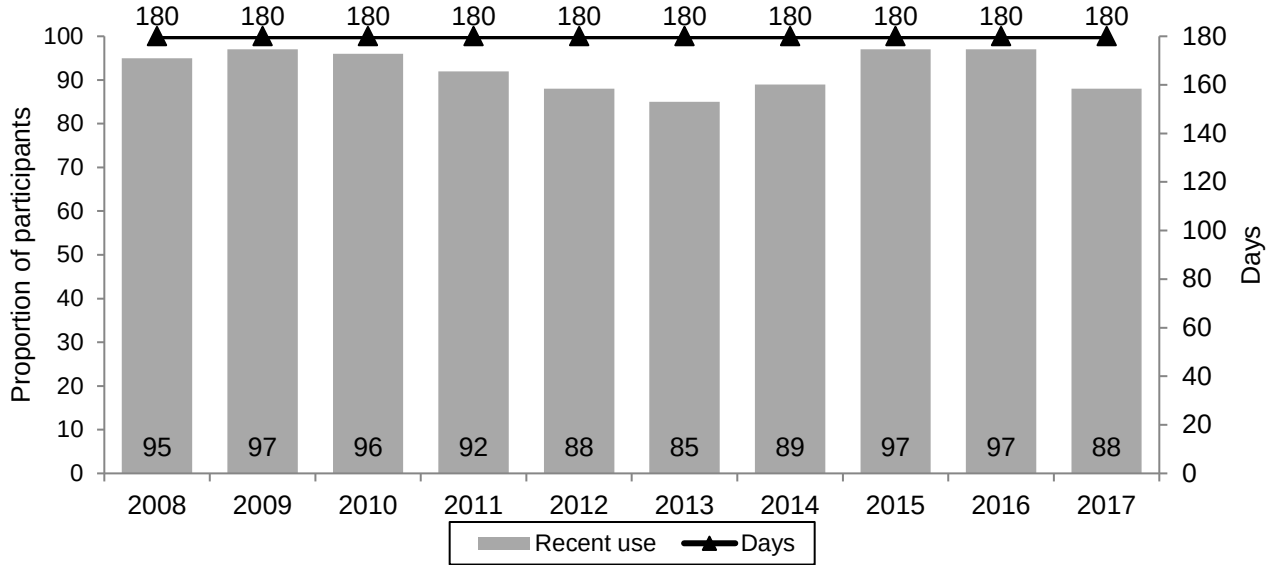
Table 4.8.1: Patterns of alcohol use among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used last 6 months (%)	40	51	46	55	**55**
Median days used (range)	12 (1-180)	6 (1-180)	10 (1-180)	11 (1-180)	**10 (1-173)**
Weekly or more (%)[#]	47	-	40	43	**36**
Daily (%)[#]	9	-	9	4	**0**
AUDIT: frequency of 6+ drinks on one occasion					
< Weekly	48	36	43	48	**55**
Weekly	5	18	5	10	**10**
Daily or almost daily	2	7	8	4	**5**

Source: IDRS participant interviews
[#]among those who had used in last six months
^ Rates of alcohol use for the 2014 IDRS sample were not displayed due to unreliable estimates of use based on missing data

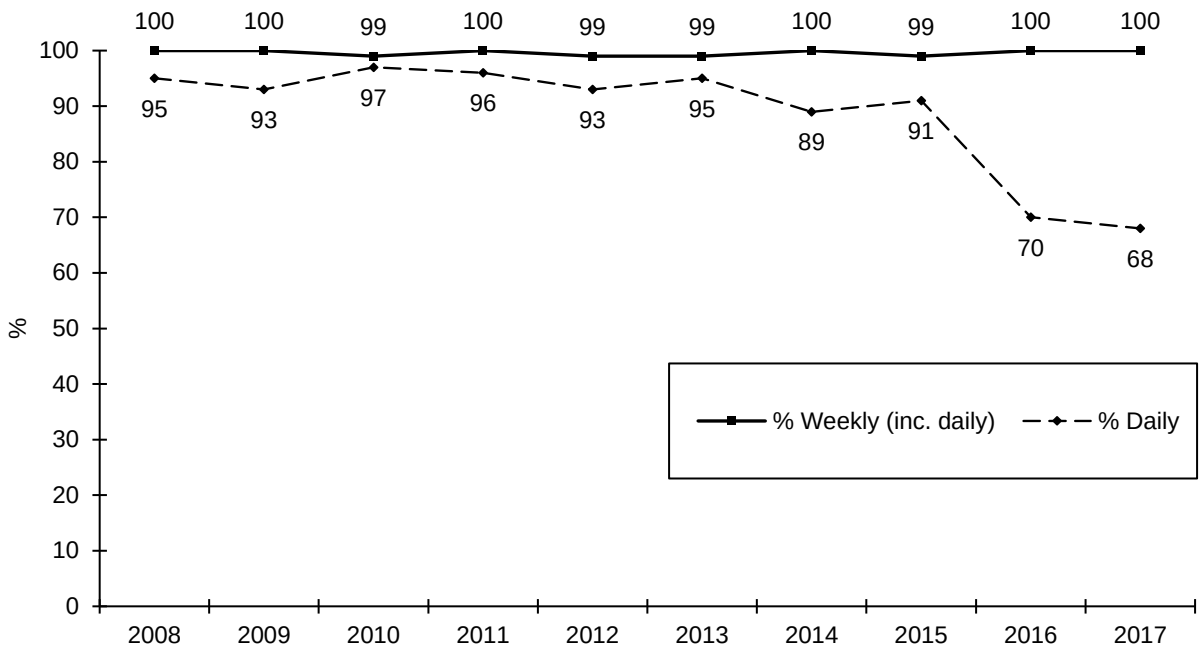
4.8.2 Tobacco

Figure 4.8.2.1: Rates of tobacco use and median frequency of use amongst Tasmanian IDRS samples, 2008-2017



Source: IDRS participant interviews

Figure 4.8.2.2: 'Daily' and 'weekly or more' tobacco use, among those who had used tobacco in the last six months, 2008-2017



Source: IDRS participant interviews

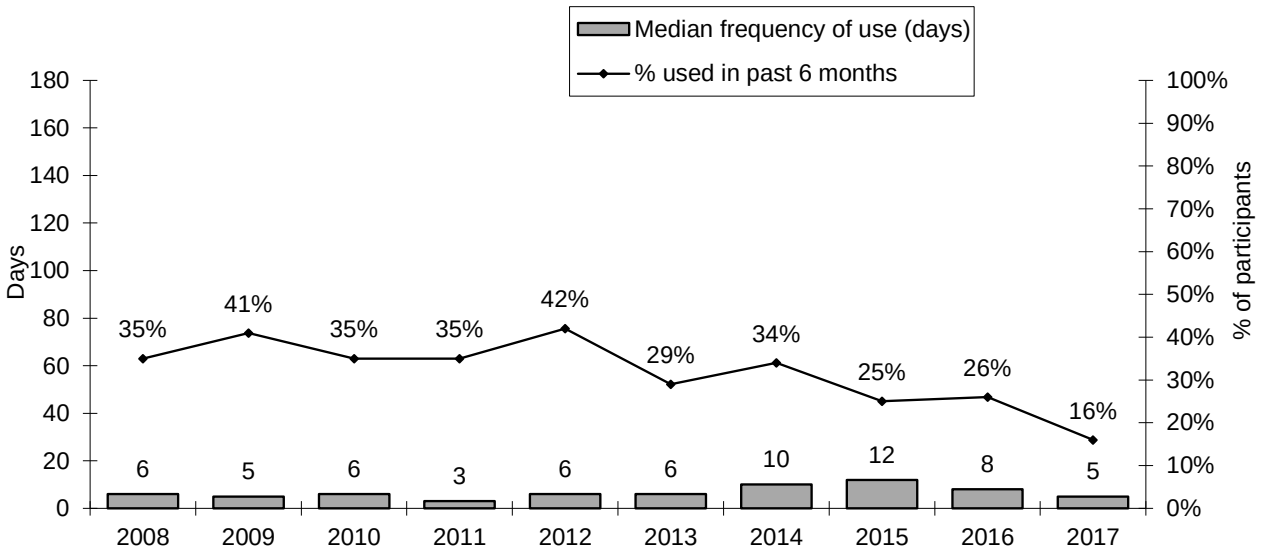
Table 4.8.2: Patterns of tobacco use among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used last 6 months (%)	85	89	97	97	**88**
Median days used (range)	180 (10-180)	180 (60-180)	180 (20-180)	180 (24-180)	**180 (60-180)**
Weekly or more (%)[#]	99	100	99	100	**100**
Daily (%)[#]	95	89	91	70	**68**
E-cigarettes					
Used last 6 months (%)		16	26	13	**17**
Median days used (range)		30 (1-180)	5 (1-180)	3 (1-24)	**24 (2-180)**

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

4.8.3 Prescription stimulants (dexamphetamine, methylphenidate)

Figure 4.8.3: Prevalence and frequency of use of illicit pharmaceutical stimulants in the preceding six months, 2008-2017



Source: IDRS PWID interviews

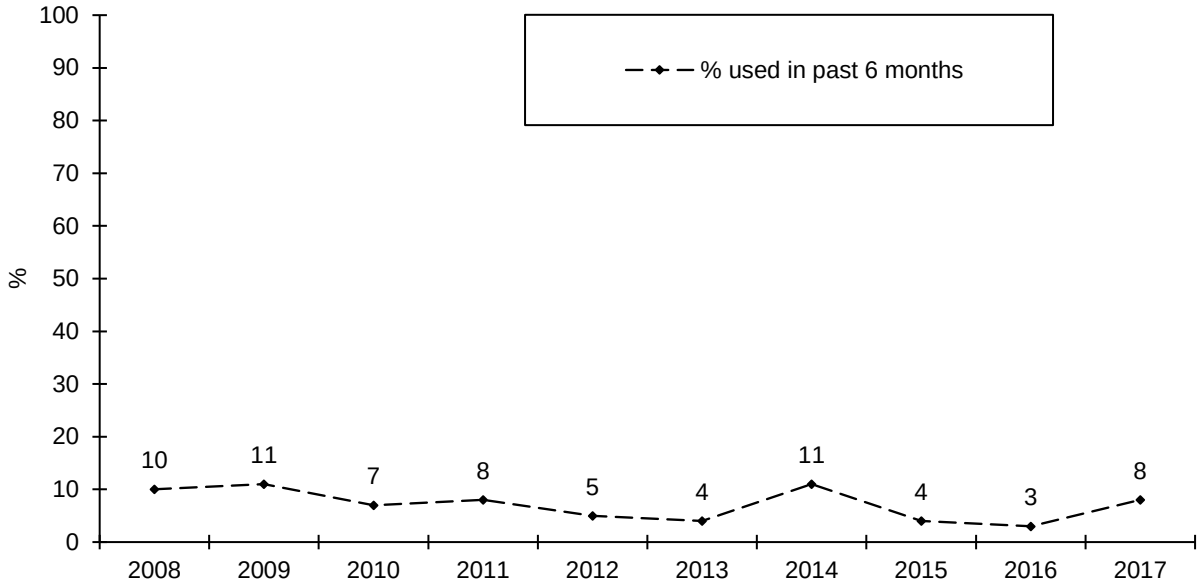
Table 4.8.3: Patterns of illicit pharmaceutical stimulant use over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Used in last 6 months (%)	29	34	25	26	**16**
Median days used (range)	6 (1-140)	10 (1-180)	12 (1-72)	8 (1-96)	**5 (1-90)**
Route (%)[#]					
Injected	97	97	100	92	**75**
Smoked	0	0	0	0	**0**
Snorted	7	3	0	0	**0**
Swallowed	16	15	12	23	**25**
Main form used (%)[#]					
Methylphenidate	59	58	32	58	**60**
Dexamphetamine	41	39	68	39	**40**

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

4.8.4 Alkaloid poppies

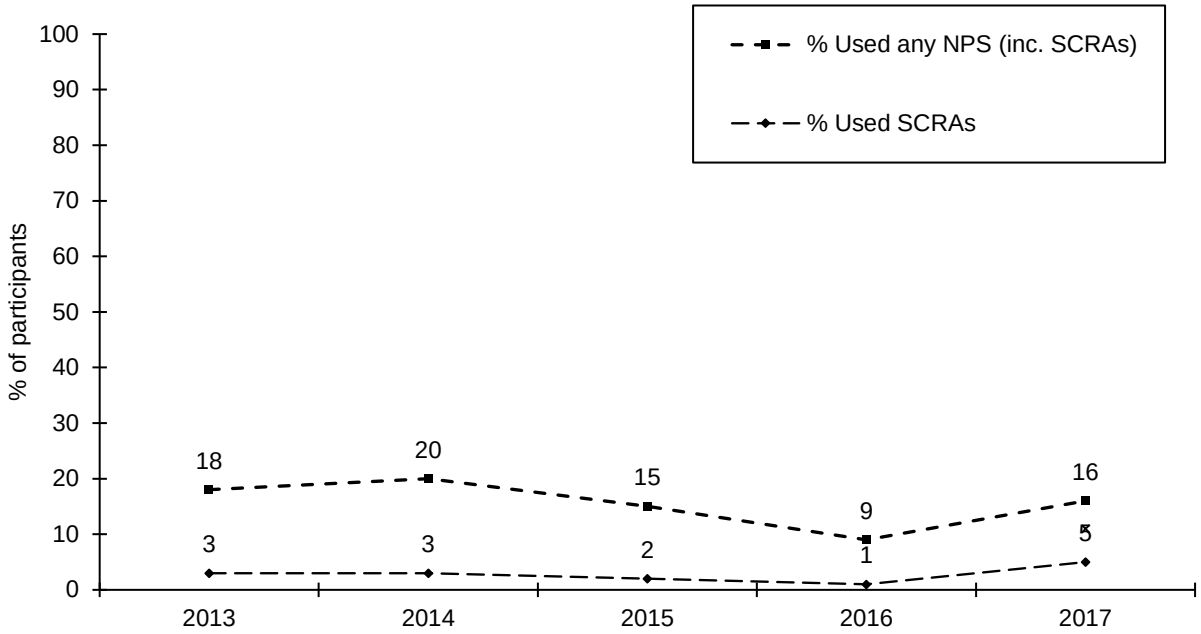
Figure 4.8.4: Proportion of Tasmanian IDRS PWID reporting use of alkaloid poppies in the preceding six months, 2008-2017



Source: IDRS PWID interviews

4.8.5 New psychoactive substance (NPS) use

Figure 4.8.5: Proportion of Tasmanian IDRS PWID cohort reporting use of new psychoactive substances (NPS) and synthetic cannabinoid receptor agonists (SCRAs) in the six months prior to interview, 2013-2017



Source: IDRS PWID interviews

Table 4.8.5: Use of new psychoactive substances (NPS) over preceding six months among PWID, 2013-2017

	2013 n=107	2014 n=101	2015 n=100	2016 n=99	**2017 n=100**
Any use in last 6 months (%)	18	20	15	9	**16**
Median days used (range)	6 (1-180)	2 (1-90)	10 (1-180)	10 (1-90)	**n/r**
Synthetic cannabis (SCRA)					
Used last 6 months (%)	3	3	2	1	**5**
Median days used (range)	10 (1-180)	1 (1-48)	4 (1-6)	1 (1)	**3 (2-7)**
'New' drugs that mimic effects of amphetamines or cocaine					
Used last 6 months (%)	n/a	n/a	n/a	n/a	**9**
Median days used (range)					**8 (1-20)**
'New' drugs that mimic effects of opioids					
Used last 6 months (%)	n/a	n/a	n/a	n/a	**0**
Median days used (range)					**-**
'New' drugs that mimic effects of ecstasy or psychedelics					
Used last 6 months (%)	n/a	n/a	n/a	n/a	**5**
Median days used (range)					**2 (1-3)**

Source: IDRS PWID interviews
n/r: this data was not reported; n/a: not assessed

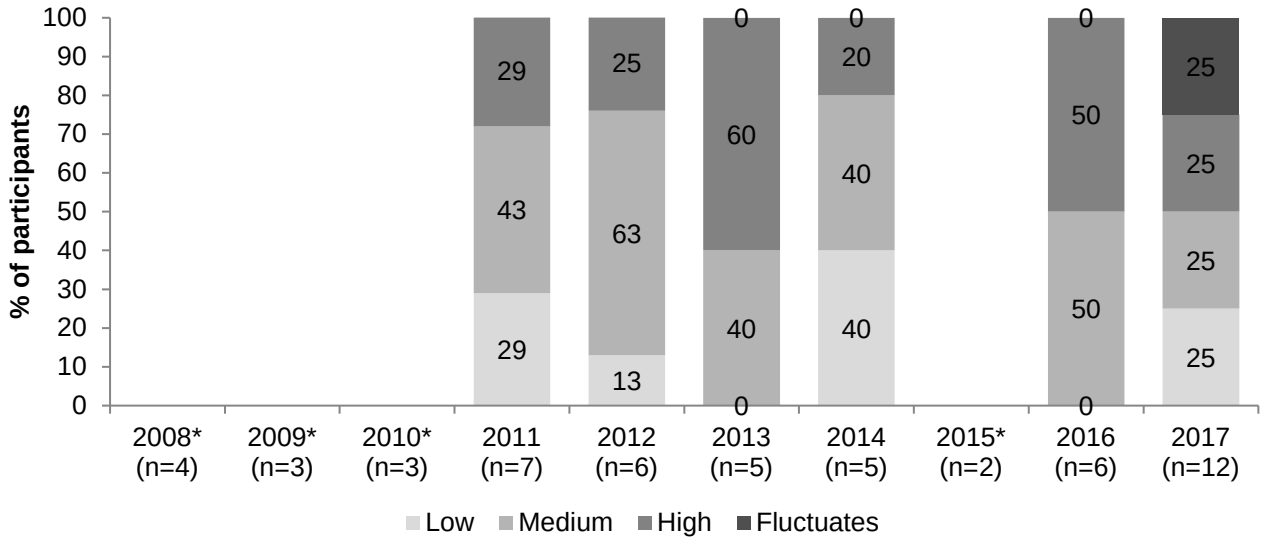
5 Drug Market: Price, Purity, Availability and Purchasing Patterns

5.1 Heroin

Heroin market indicators Key Points	**Price** • Because heroin use has been so infrequent, too few IDRS participants have been able to report on purchase prices for reliable trends to be determined. • In 2017, the modal price reported was $100 for a point (0.05-0.15g) of heroin. **Purity** • Reflecting the limited use of heroin, no clear trends in purity were apparent among 2017 IDRS participants [Figure 5.1.2] **Availability** • Consistent with low rates of heroin use despite a high preference for opioids in the sample, the majority of those reporting recent use considered heroin difficult or very difficult to access in 2017. This is broadly in keeping with trends in the past decade. [Figure 5.1.3].

5.1.1 Purity

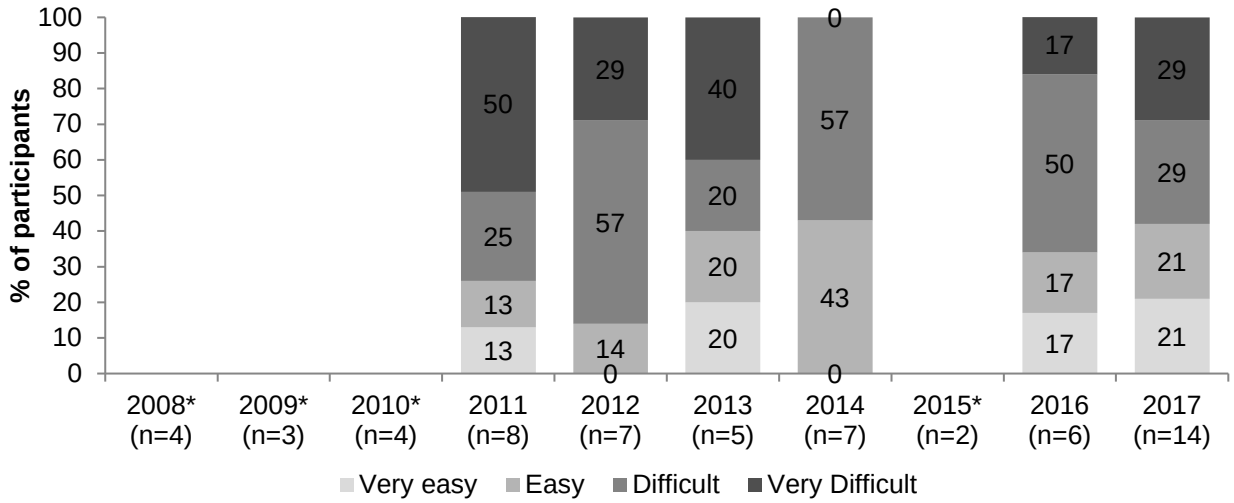
Figure 5.1.1: Perceptions of heroin purity, among those who commented, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

5.1.2 Availability

Figure 5.1.2: Participant reports of current heroin availability, of those who commented, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

5.2 Methamphetamine

Meth-amphetamine market indicators

Key Points

Price

Powder

- Participants reported most commonly paying $100 per point (~0.1g) of powder methamphetamine and $350 per gram; there are some indications that price has increased between 2015 and 2017 [Table 5.2.1]

Base/paste

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

Crystal

- Participants most commonly paid $100 per point (~0.1g) of crystal; this has been stable over the past 5 years [Figure 5.2.1.3]

Purity

There is limited objective data from police seizures from which to determine purity trends in Hobart

Powder

- Consumer subjective reports of powder methamphetamine purity have remained stable over the past 5 years, typically considered ‘low’ or ‘medium’ by two-thirds of consumers. This is an increase over the past decade, where two-thirds or more considered it ‘low’ purity in 2008 and 2009 [Figure 5.2.2.1]

Base/paste

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

Crystal

- Consumer subjective reports of crystal methamphetamine purity have remained stable over the past three years, typically considered ‘medium’ or ‘high’ by two-thirds of consumers. This is a decrease from levels in 2011-2013 where two-thirds considered purity as ‘high’ [Figure 5.2.2.3]

Meth-amphetamine market indicators

Key Points (cont)

Availability

In both 2015/16 and 16/17 Tasmania Police seized approximately 4kg of substances likely to be methamphetamines, and over 600 individual seizures per annum. Considering trends over the past decade, this represents a decline in average annual weight of seizures but a substantial increase in the annual number of seizures [Figure 5.2.3.2]

Powder

- Consistent with declining trends in use of this form, availability appears to be declining, with only 6 in 10 consumers perceiving it as 'easy' to 'very easy' to access, compared with around 90% in 2014 and prior [Figure 5.2.2.1]

Base/paste

- Use was too uncommon among 2017 IDRS participants to estimate availability; clearly this is an indication of low availability of this form in the current market [Figure 5.2.3.1]

Crystal

- Consistent with trends in use, availability of crystal methamphetamine has been perceived as increasing, with almost all consumers considering it at least easily accessed, and two-thirds considering it as 'very easy' to access; this is a substantial increase from reports prior to 2014, where one-third to one-half of consumers considered it difficult to access [Figure 5.2.3.1]

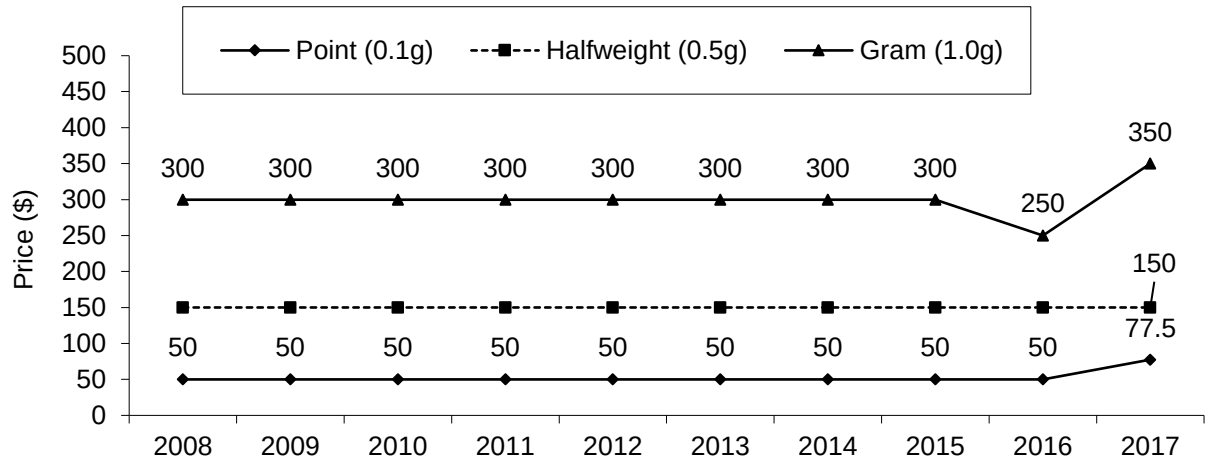
5.2.1 Price

Table 5.2.1: Most common amounts and prices of methamphetamine purchased by PWID, 2013-2017

Modal last price	2013	2014	2015	2016	**2017**
Powder					
Point (range)	$50 ($40-100) n=35	$50 ($50-100) n=24	$50 ($5-100) n=33	$100 ($25-100) n=15	**$100 ($50-100) n=14**
Gram (range)	$300 ($100-300) n=10	$300 ($200-350) n=9	$300 ($300-700) n=6	$250 ($100-350) n=6	**$350 ($300-400) n=6**
Base					
Point (range)	$50 ($30-100) n=9	$50 ($50-100) n=5	-	-	**-**
Gram (range)	-	$300 ($50-300) n=5	-	-	**-**
Crystal					
Point (range)	$100 ($50-100) n=30	$100 ($40-150) n=29	$100 ($0-100) n=39	$100 ($40-100) n=57	**$100 ($50-100) n=55**
Gram (range)	-	$300 ($150-1000) n=8	-	$425† ($50-600) n=5	**$500 ($80-700) n=10**

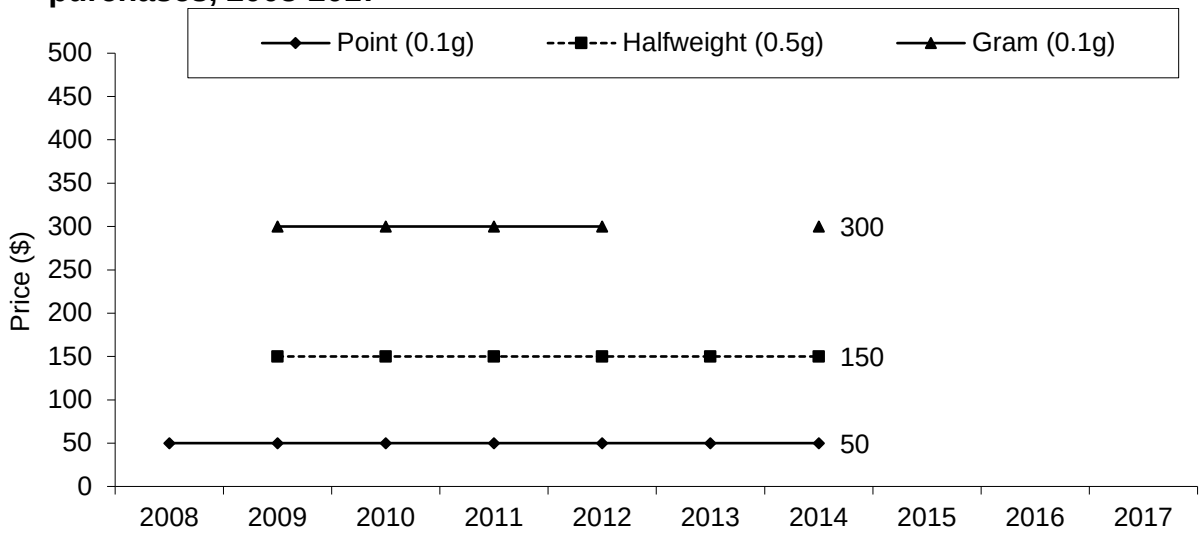
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.
† Median price was substituted where no single mode was reported

Figure 5.2.1.1: Median prices of powder methamphetamine estimated from PWID purchases, 2008-2017



Source: IDRS PWID interviews

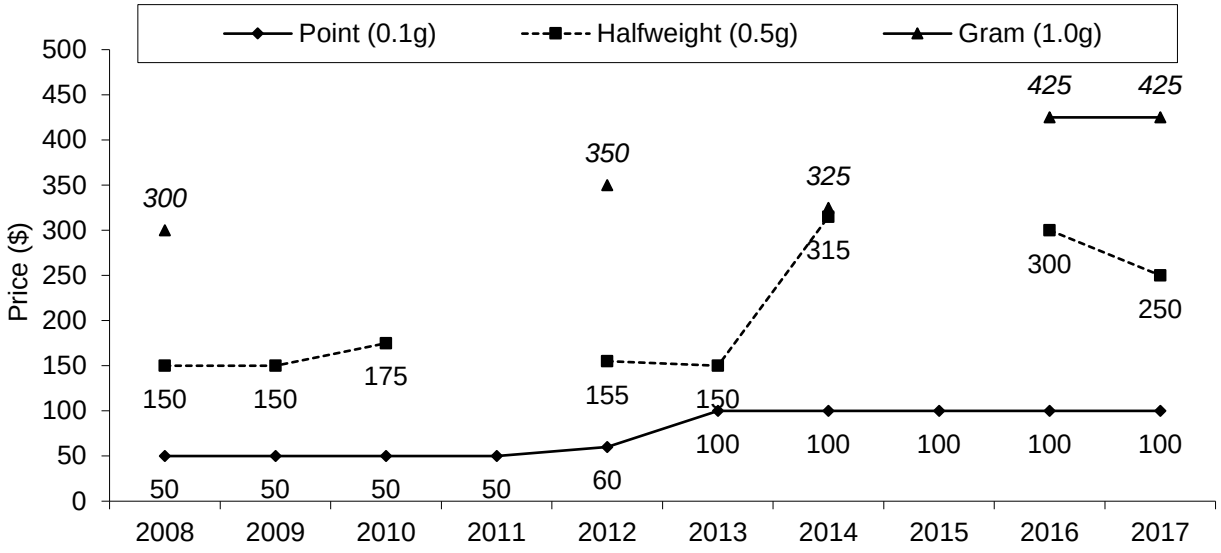
Figure 5.2.1.2: Median prices of base/paste methamphetamine estimated from PWID purchases, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Crystal Methamphetamine

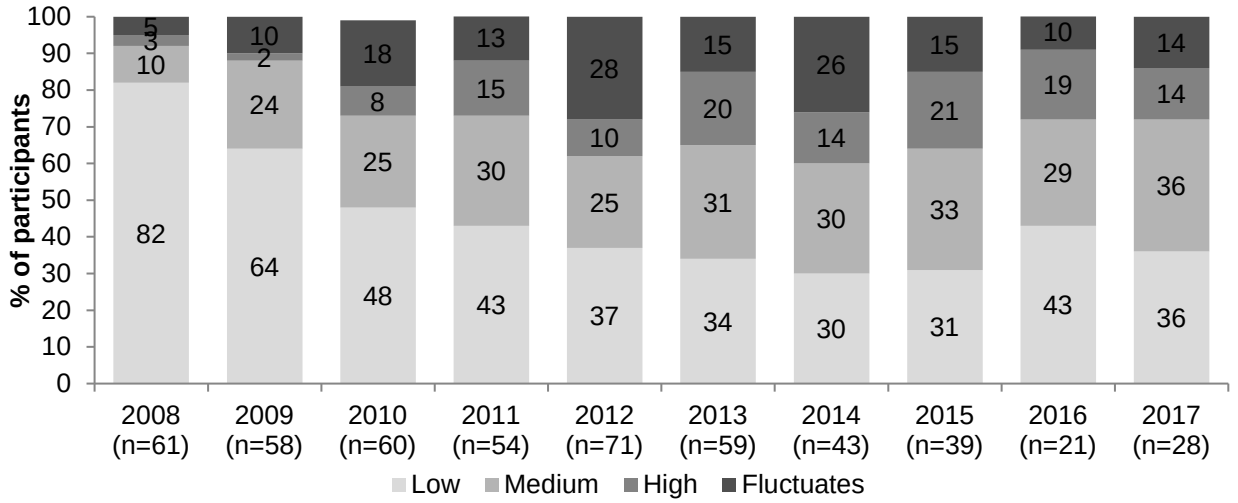
Figure 5.2.1.3: Median prices of crystal methamphetamine/ice estimated from PWID purchases, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.
† Median price was substituted where no single mode was reported.

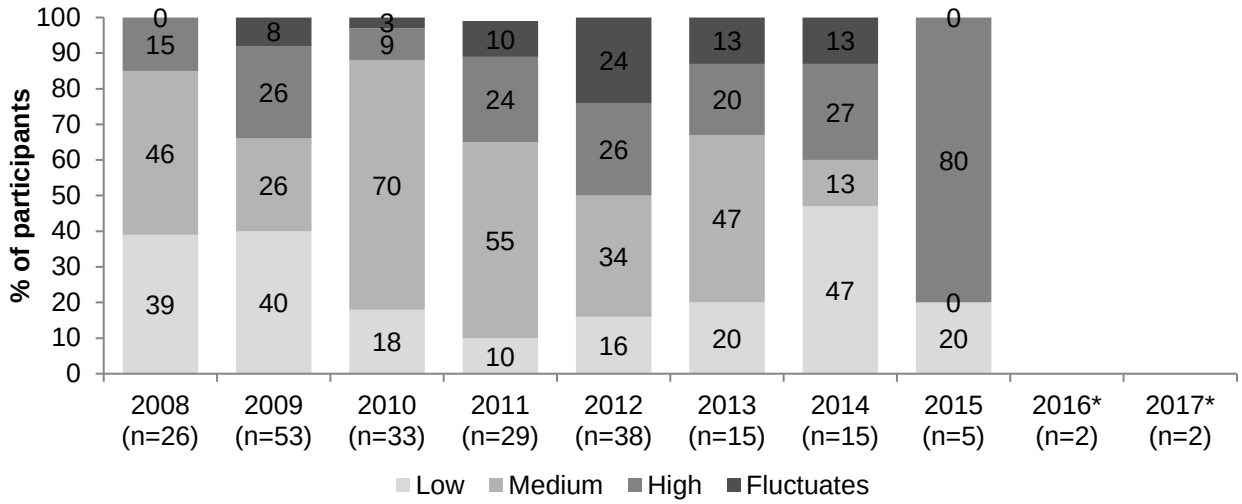
5.2.2 Purity

Figure 5.2.2.1: Perceptions of methamphetamine powder purity, among those who commented, 2008-2017



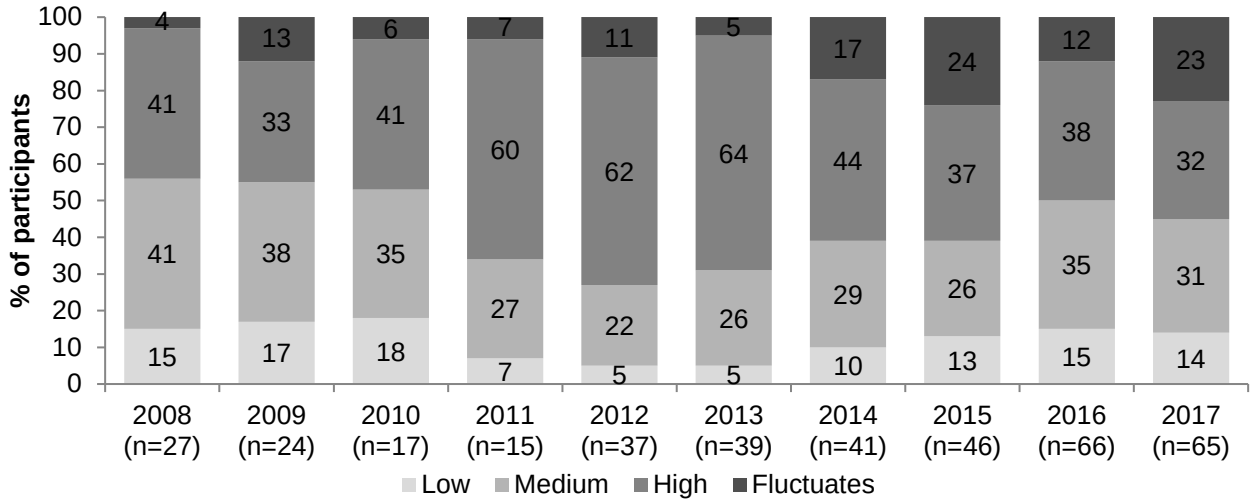
Source: IDRS PWID interviews

Figure 5.2.2.2: Perceptions of methamphetamine base/paste purity, among those who commented, 2008-2017



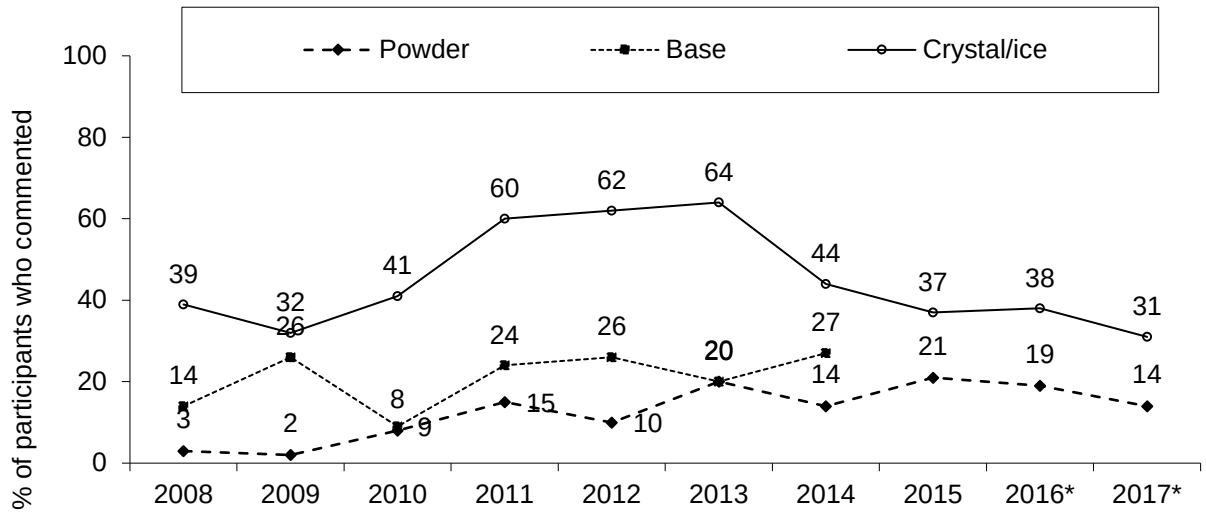
Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Figure 5.2.2.3: Perceptions of crystal methamphetamine purity, among those who commented, 2008-2017



Source: IDRS PWID interviews

Figure 5.2.2.4: Proportion of participants reporting powder, base and crystal/ice purity as 'high', amongst those who commented, 2008-2017



Source: IDRS PWID interviews
* Results for base in 2015, 2016 and 2017 are omitted due to a low number of respondents

Table 5.2.2: Purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 2007/08-2016/17

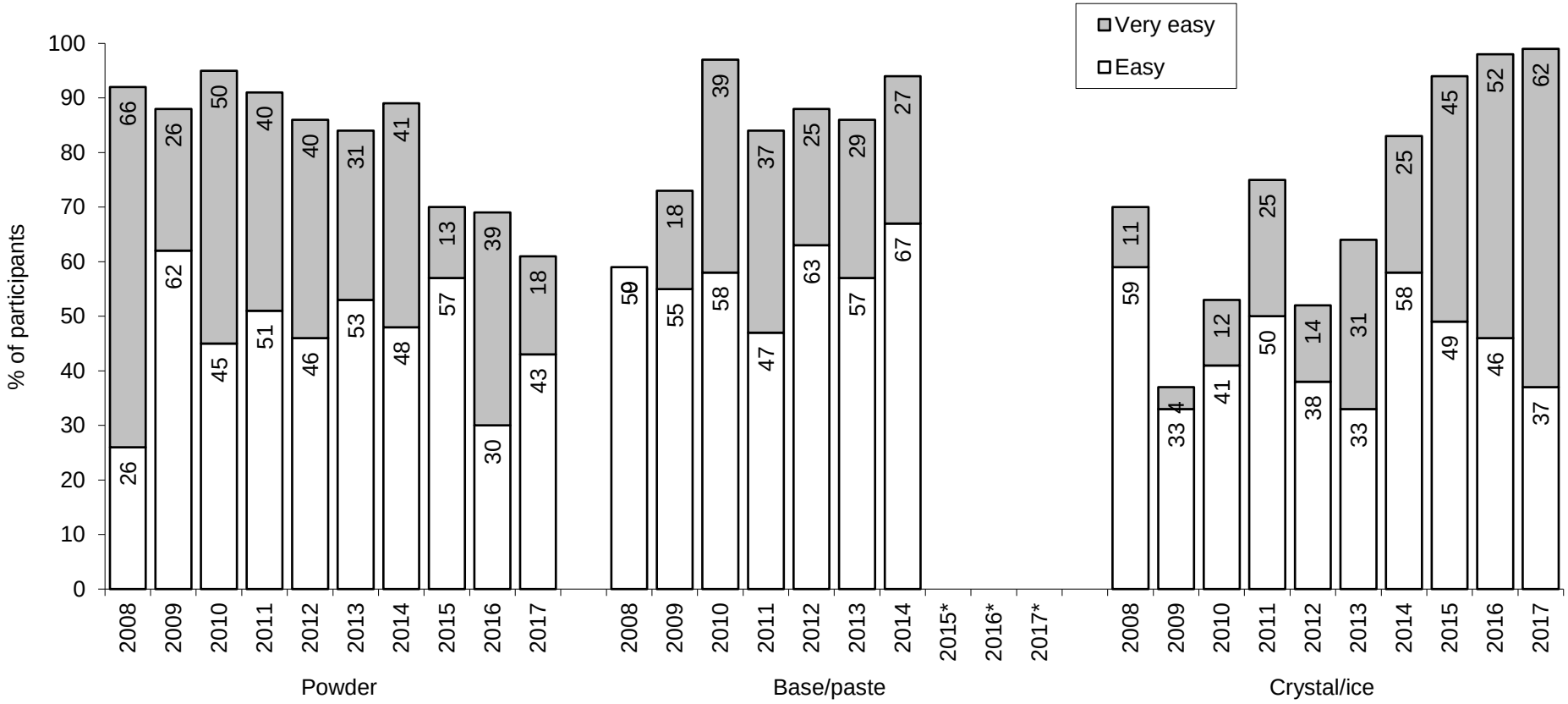
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
≤2g										
n	*7*	*11*	*-*	*3*	*2*	*1*	*-*	*3*		
Median % purity	7.6%	12.6%		33.6%	5.2%	64.0%		78%		
>2g										
n	*32*	*9*	*5*	*50*	*21*	*6*	*17*	*20*	*1*	
Median % purity	8.5%	7.8%	4.4%	9.3%	7.9%	62.2%	64.3%	67.2%	74.8%	
Total										
n	*39*	*20*	*5*	*53*	*23*	*7*	*17*	*23*	*1*	
Median % purity	**8.5%**	**9.2%**	**4.4%**	**9.3%**	**7.9%**	**64.0%**	**64.3%**	**73.1%**	**74.8%**	
Range in % purity	*(2-40%)*	*(3-14%)*	*(1-7%)*	*(1.8-36.6%)*	*(1.7-71.9%)*	*(5.7-77.6%)*	*(10.2-79.0%)*	*(31.5-79.8%)*	*-*	

Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Tasmania Police State Intelligence Services

Note: No seizures made by the Australian Federal Police in the state were analysed between 1997/98 and 2012/13; one seizure detected by the Australian Federal Police in 2014/15 >2gs had a median purity of 80.2% (range 80.2%). All analysed seizures of amphetamines in this period revealed methamphetamine rather than amphetamine. Data for 2016/17 were not available at the time of publication

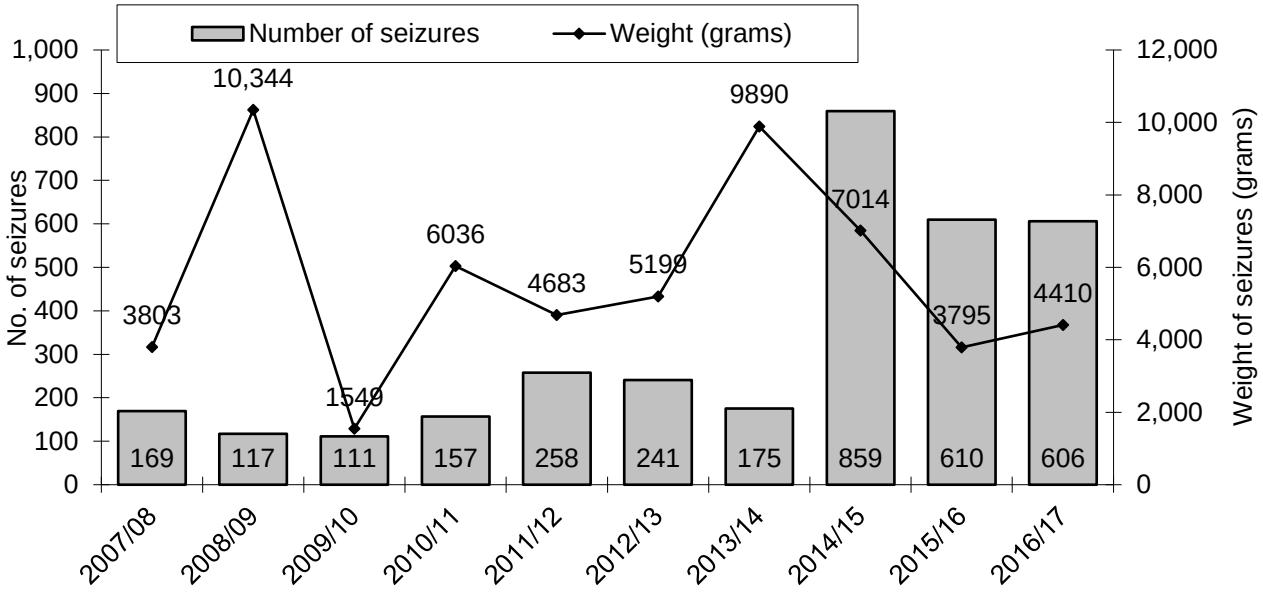
5.2.3 Availability

Figure 5.2.3.1: PWID reports of ease of availability of different methamphetamine forms, amongst those who commented, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.

Figure 5.2.3.2: Seizures of methamphetamine by Tasmania Police, 2007/08-2016/17



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

5.3 Cocaine

Cocaine market indicators

Key Points

Price, Purity

- Because cocaine use has been so uncommon and infrequent, too few IDRS participants have been able to report on purchase prices or purity for reliable trends to be determined (<5 per annum). This situation has remained unchanged over the past 5 IDRS surveys

Availability

- The low level of use of cocaine is clearly suggestive of low availability of the drug locally. However, Tasmania Police seizures of cocaine over the past three years have been greater in both number and weight than the last decade (average 19 seizures, 122g per annum in 2014/15-2016/17 compared with 2 seizures, 24g per annum over the 2007/08-2013/14) [Table 5.3.1]

5.3.1 Availability

Table 5.3.1: Cocaine seizures, 2007/08-2016/17

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

Source: ACC and State Intelligence Services, Tasmania Police
Note: 2015/16 and 2016/17 data were provided by Tasmania Police State Intelligence Service. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Data prior to 2014/15 were provided by the ACC.

5.4 Cannabis

Cannabis market indicators

Key Points

Price

Outdoor cultivated cannabis

- Participants reported most commonly paying $20-25 per gram of outdoor cultivated cannabis and $70 per quarter-ounce (7g). These prices are in keeping with reports over the past 5 years [Figure 5.4.1]

Indoor cultivated cannabis

- Participants reported most commonly paying $20-25 per gram of indoor cultivated cannabis and $80 per quarter-ounce (7g). The prices for quarter ounce purchases are on the lower end of the typical price range over the past 5 years [Figure 5.4.1]

Purity

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

Outdoor cultivated cannabis

- Consumer subjective reports have typically considered outdoor cultivated cannabis as 'medium' in purity over the past 5 years [Figure 5.4.2.1]

Indoor cultivated cannabis

- Consumer subjective reports most commonly consider indoor cultivated cannabis as 'high' in potency: in 2017, 5 in 10 considered it 'high' and 4 in 10 considered it as 'medium'. Over the past decade, the proportion of consumers considering indoor cultivated cannabis as 'high' in potency has slowly declined (70% in 2008). [Figures 5.4.2.2 & 3]

Availability

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

Outdoor cultivated cannabis

- The majority of consumers regarded this as 'easy' or 'very easy' to access [Figure 5.4.3.1]

Indoor cultivated cannabis

- The majority regarded this as 'easy' to 'very easy' to access. In keeping with use, indoor cultivated cannabis appears slightly easier for consumers to access, a situation that has been consistent since 2011. [Figures 5.4.3.2 & 3]

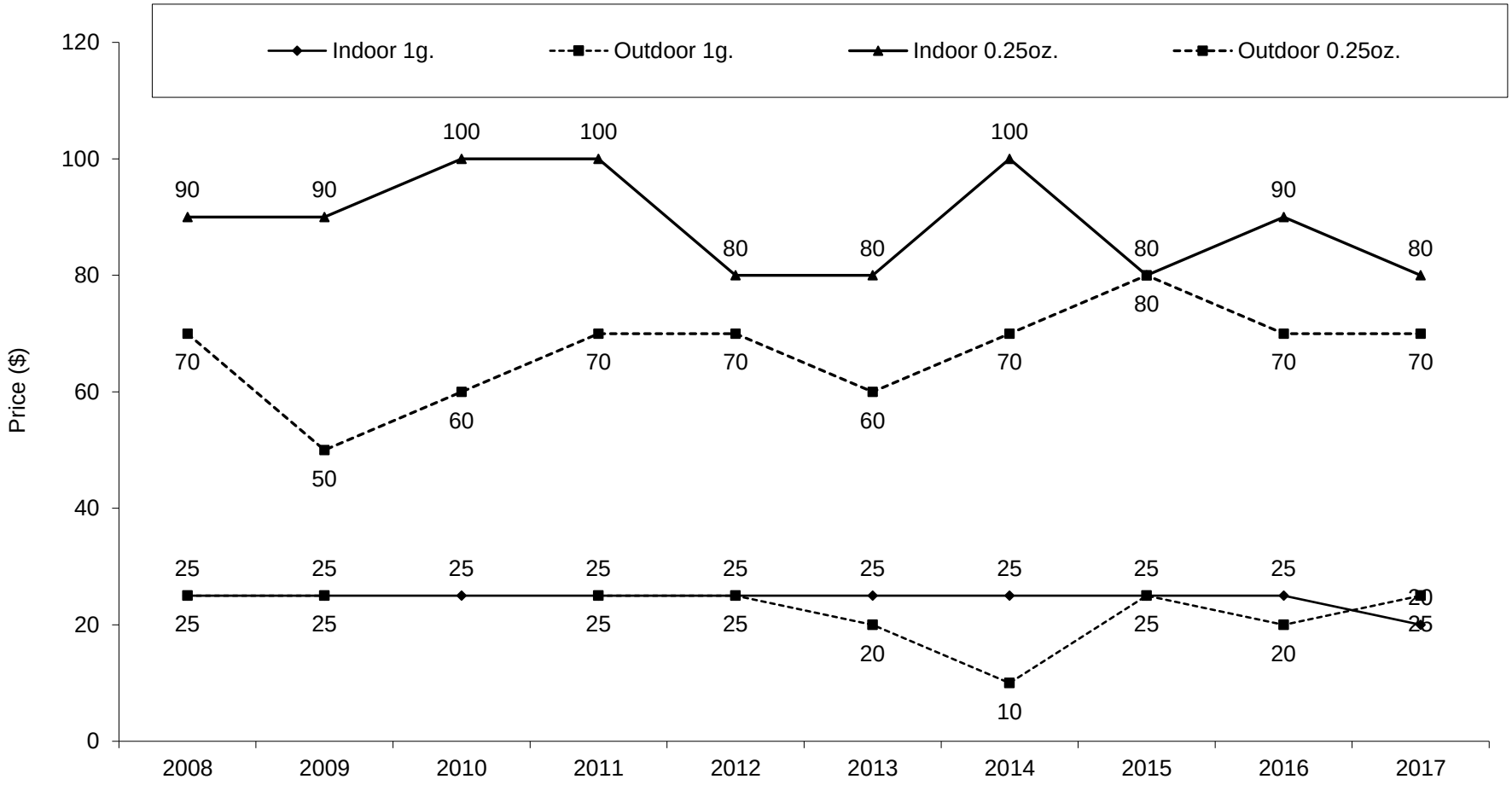
5.4.1 Price

Table 5.4.1: Most common amounts and prices of cannabis purchased by PWID, 2013-2017

Outdoor-cultivated cannabis	2013	2014	2015	2016	**2017**
Modal last price					
One gram (range)	$20 ($10-25) n=16	$10 ($10-25) n=14	$25 ($20-25) n=8	$20† ($10-25) n=16	**$25 ($10-25) n=13**
1/4 ounce (range)	-	-	-	$70† ($40-90) n=9	**$70 ($50-100) n=13**
1/2 ounce (range)	-	-	-	-	**$150 ($100-150) n=8**
One ounce (range**)**	$250 ($150-250) n=8	$200 ($150-250) n=8	-	-	**$200 ($80-300) n=7**
Indoor-cultivated cannabis	2013	2014	2015	2016	**2017**
Modal last price					
One gram (range)	$25 ($10-30) n=23	$25 ($20-25) n=13	$25 ($20-25) n=21	$25 ($10-25) n=24	**$20 ($10-25) n=36**
1/4 ounce (range)	$80† ($50-180) n=7	$100 ($50-100) n=20	$80 ($75-100) n=22	$90 ($60-100) n=20	**$80 ($70-100) n=22**
1/2 ounce (range)	-	$150 ($85-160) n=6	$150 ($140-180) n=9	$170 ($10-250) n=5	**$150 ($130-170) n=12**
One ounce (range)	$300 ($150-350) n=15	$250 ($250-300) n=8	$300 ($150-380) n=16	$300 ($25-300) n=12	**$280 ($150-320) n=12**

Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded.
† Median substituted, as no single mode exists.
^ Questions were changed in 2015 from dollar value deals to gram based information.
Note: Range in parentheses

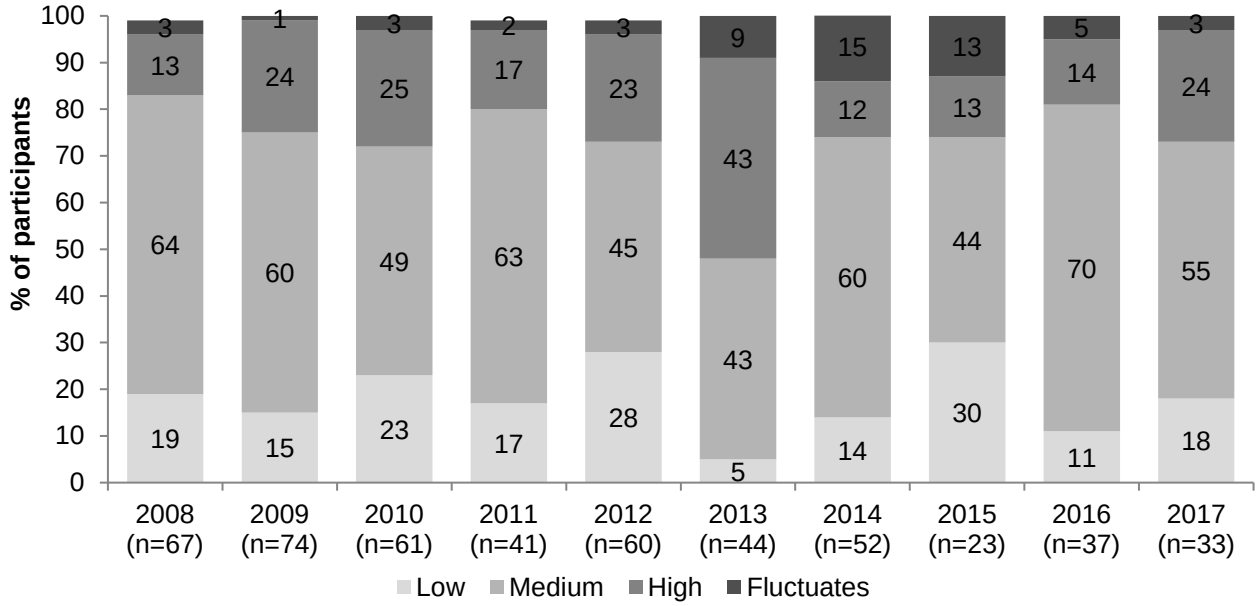
Figure 5.4.1: Modal prices of one gram and quarter ounce purchases of outdoor and indoor-cultivated cannabis, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded
† Median price was substituted where no single mode was reported

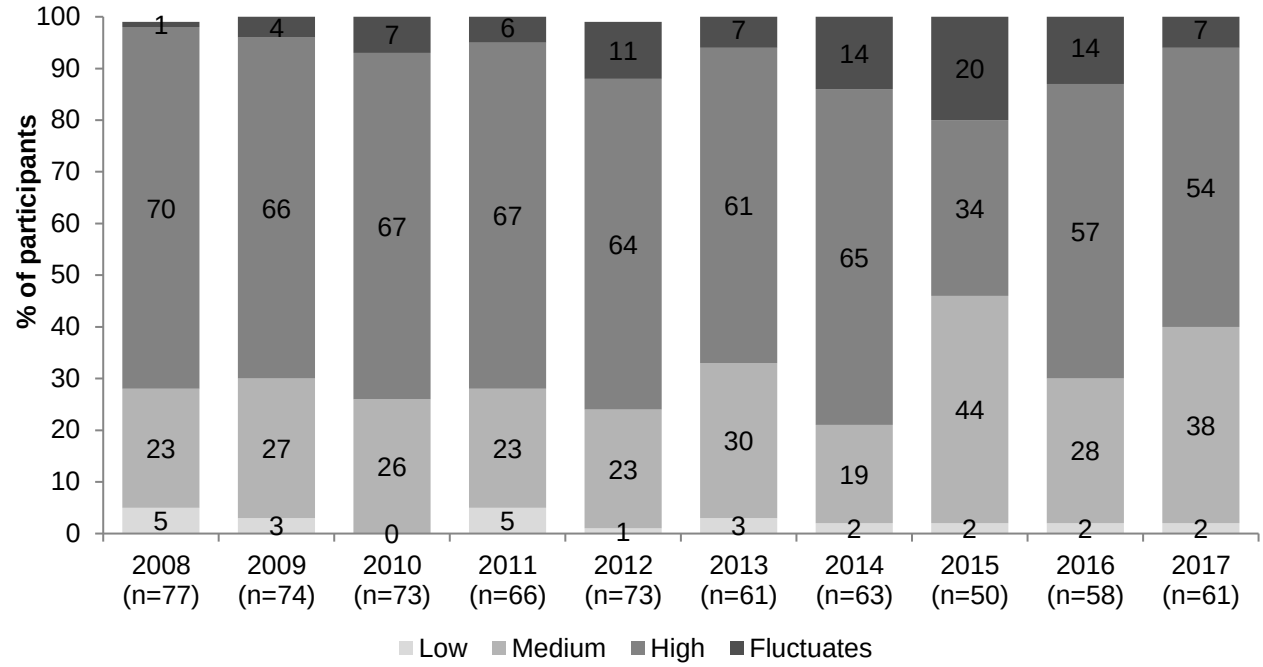
5.4.2 Potency

Figure 5.4.2.1: Current potency of outdoor-cultivated cannabis, 2008-2017



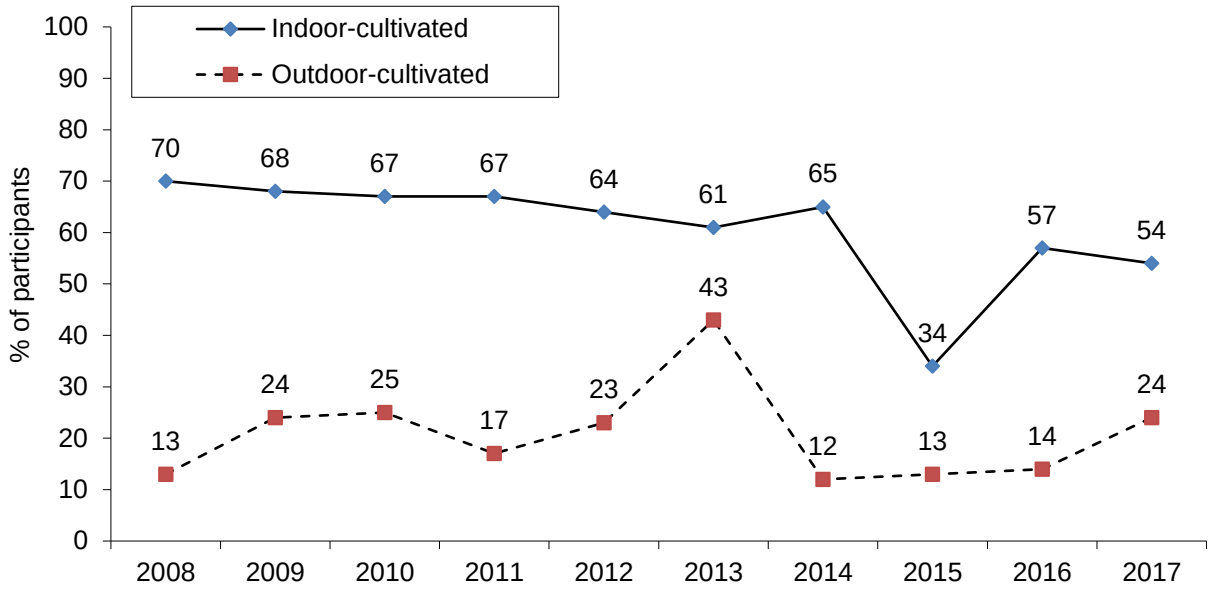
Source: IDRS PWID interviews

Figure 5.4.2.2: Current potency of indoor-cultivated cannabis, 2008-2017



Source: IDRS PWID interviews

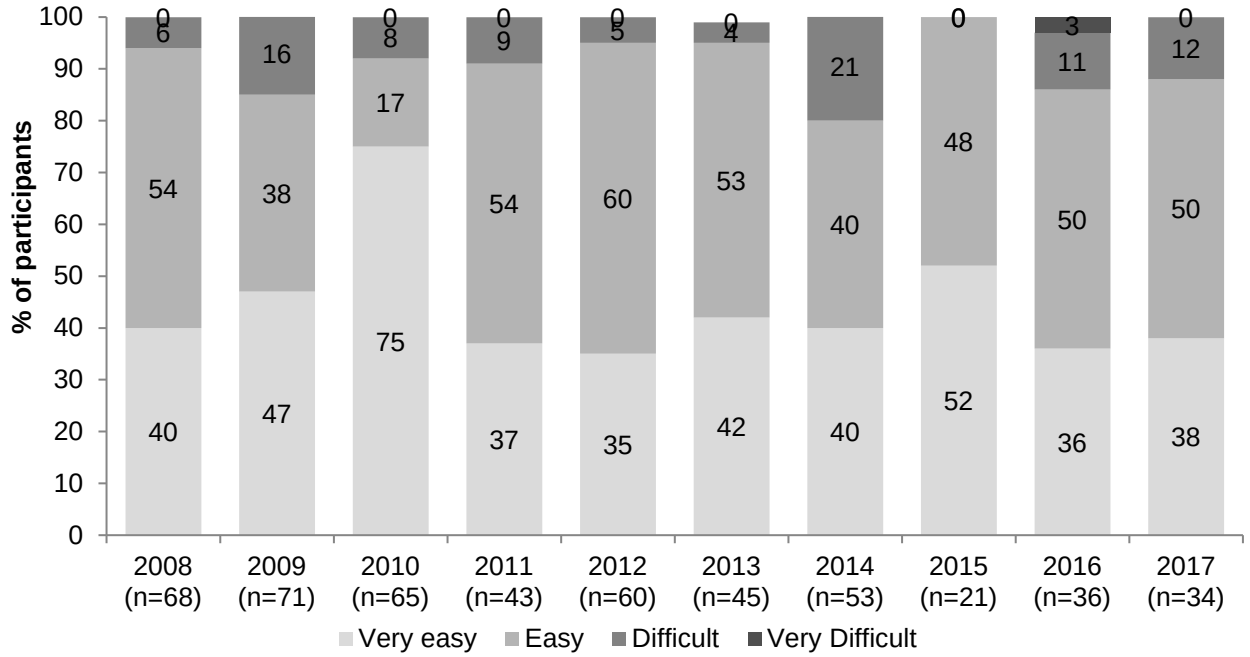
Figure 5.4.2.3: Proportion of participants reporting outdoor and indoor-cultivated cannabis potency as 'high', amongst those who commented, 2008-2017



Source: IDRS PWID interviews

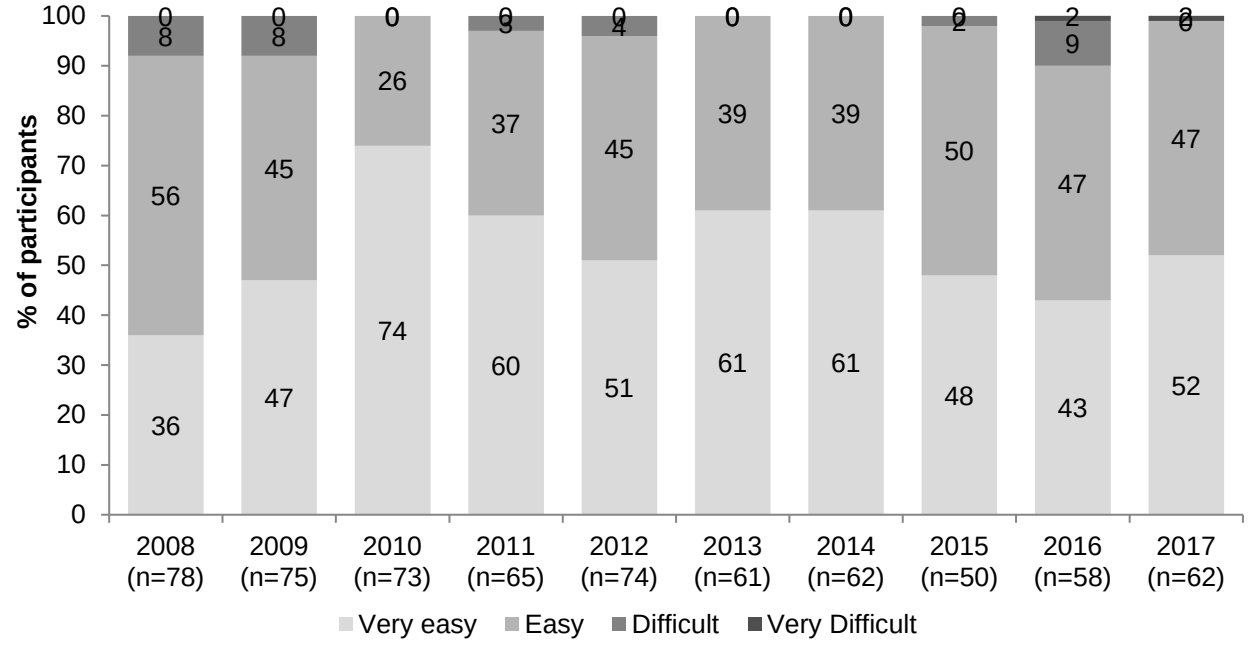
5.4.3 Availability

Figure 5.4.3.1: PWID reports of current availability of bush cannabis, 2008-2017



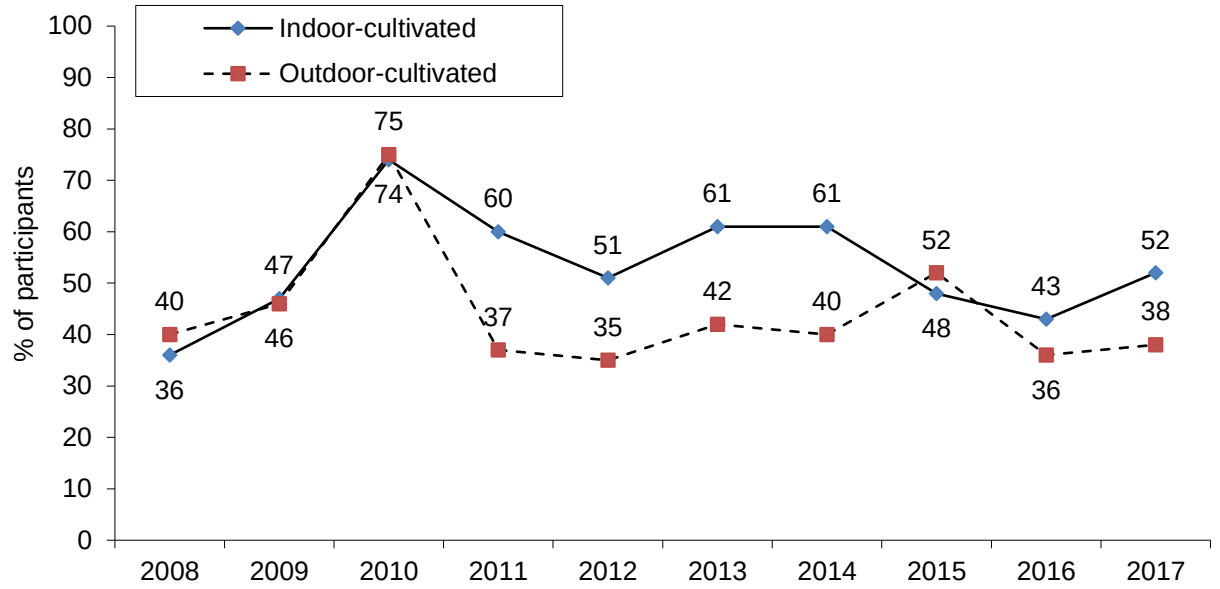
Source: IDRS PWID interviews

Figure 5.4.3.2: PWID reports of current availability of hydro cannabis, 2008-2017



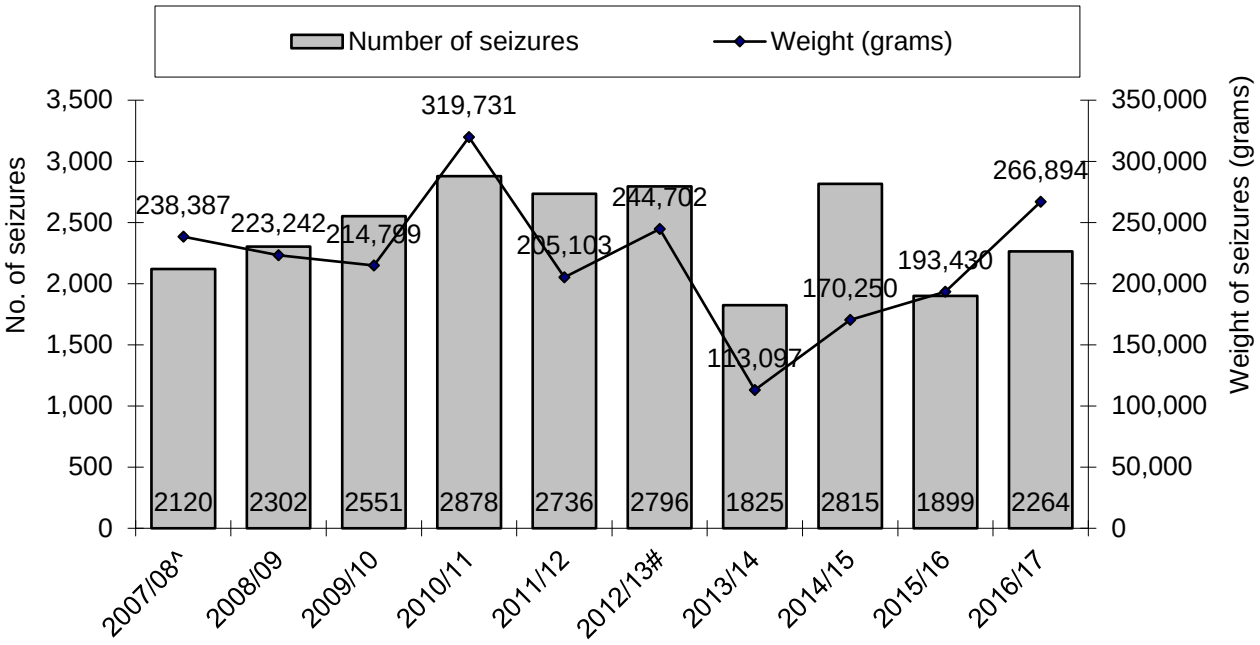
Source: IDRS PWID interviews

Figure 5.4.3.3: Proportion of participants reporting outdoor and indoor-cultivated cannabis availability as 'very easy', amongst those who commented, 2008-2017



Source: IDRS PWID interviews

Figure 5.4.3.4: Seizures of cannabis by Tasmania Police, 2007/08-2016/17



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

5.5 Opioids

Opioid market indicators

Key Points

Price

Morphine

- Since 2009, all forms of morphine have robustly been sold at $1 per mg [Figure 5.5.1.1]

Oxycodone

- Prior to the introduction of the 'tamper-resistant' OxyContin reformulation, these tablets were purchased at $1 per mg. In 2015 and 2016, the reformulated OxyContin tablets were sold at around $0.5 per mg. In 2017, reformulated OxyContin had returned to purchase prices of $1 per mg. [Figure 5.5.1.2]

Methadone

- Methadone syrup has been purchased for $1 per mg on average over the past 5 years. However, Physeptone tablets have been purchased for $2 per mg over this time. These prices have remained stable. [Table 5.5.1]

Availability

Morphine

- Two thirds of consumers who recently used morphine regarded it as 'easy' or 'very easy' to access in 2017. This suggests a tightening of the morphine market over the past decade (in 2008 81% regarded it as 'easy' or 'very easy' to access). [Figure 5.5.4]

Oxycodone

- There has been a decline in oxycodone use over the past 5 years. There has been no change in overall reports of availability of oxycodone between 2016 and 2017, where two thirds of recent consumers regard it as 'easy' or 'very easy' to access. [Figure 5.5.4]

Methadone (Physeptone)

- Physeptone tablets have predominantly considered difficult to access in the past 5 years [Figure 5.5.4].

5.5.1 Price

Table 5.5.1: Modal last purchase price for most recent purchase of pharmaceutical opioids, 2013-2017

Preparation	2013 IDRS		2014 IDRS		2015 IDRS		2016 IDRS		2017 IDRS	
	Price	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***
MS Contin										
10 mg tablet	-	*-*	$10 ($10)	*8*	-	*-*	-	*-*	-	*-*
30 mg tablet	$30 ($15-35)	*18*	$30 ($25-30)	*24*	$30 ($25-$30)	*25*	$30 ($15-40)	*22*	$30 ($30-35)	*17*
60 mg tablet	$60 ($40-80)	*43*	$60 ($40-60)	*38*	$60 ($30-70)	*32*	$60 ($0-60)	*31*	$60 ($20-60)	*25*
100 mg tablet	$100 (80-100)	*20*	$100 (40-120)	*40*	$100 ($70-100)	*33*	$100 ($80-100)	*21*	$100 ($50-100)	*17*
Kapanol										
20 mg capsule	$20 ($20)	*5*	$20 ($20)	*11*	$20 ($20)	*7*	$20 ($10-20)	*13*	$20 ($20)	*6*
50 mg capsule	$50 ($50-60)	*20*	$50 ($35-50)	*28*	$50 ($25-50)	*21*	$50 ($30-400)	*19*	$50 ($25-50)	*13*
100 mg capsule	$100 ($100)	*5*	$100 ($60-100)	*20*	$100 ($60-$100)	*9*	$100 ($50-100)	*7*	$100 ($85-$110	*7*
Anamorph										
30 mg tablet	-	*-*	$30 ($30-40)	*14*	$30 ($20-$30)	*10*	$30 ($20-30)	*6*	-	*-*

Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded
Note: Reported price range in parentheses.
n/r = Not reported

Table 5.5.1 Modal last purchase price for most recent purchase of pharmaceutical opioids, 2013-2017 (continued)

Preparation	2013 IDRS		2014 IDRS		2015 IDRS		2016 IDRS		2017 IDRS	
	Price	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***	**Price**	***n***
OxyContin (original)										
10 mg tablet	$10 ($5-20)	*13*	-	-	-	-	n/r	-	n/r	-
20 mg tablet	$20 ($20-30)	*21*	$20 ($10-25)	*13*	-	-	n/r	-	n/r	-
40 mg tablet	$40 ($20-60)	*26*	$40 ($25-50)	*14*	-	-	n/r	-	n/r	-
80 mg tablet	$80 ($40-120)	*28*	$80 ($65-80)	*14*	-	-	n/r	-	n/r	-
OxyContin (reformulated)										
10 mg tablet			-	-	-	-	-	-	$10 ($10-20)	*5*
20 mg tablet			-	-	$10 ($0-20)	*8*	$15 ($5-20)	*5*	$20 ($20-25)	*6*
40 mg tablet			-	-	$20 ($20-40)	*6*	$20 ($15-50)	*10*	$40 ($20-40)	*5*
80 mg tablet			-	-	-	-	-	-	-	-
OxyContin (generic)										
10 mg tablet					-	-	-	-	-	-
20 mg tablet					-	-	-	-	-	-
40 mg tablet					-	-	-	-	-	-
80 mg tablet					-	-	-	-	-	-
Methadone syrup (price per mg)	$1 ($0.63-2)	*26*	$1 ($0.8-1)	*28*	$1 ($1-5.83)	*8*	$1 ($1-2)	*8*	$1 ($0.5-2)	*13*
Physeptone										
5 mg tablet	-	-	-	-	-	-	-	-	-	-
10 mg tablet	$20 ($10-20)	*28*	$20 ($10-20)	*30*	$15 ($10-20)	*10*	$20($8-20)	*18*	$20 ($6.50-20)	*20*

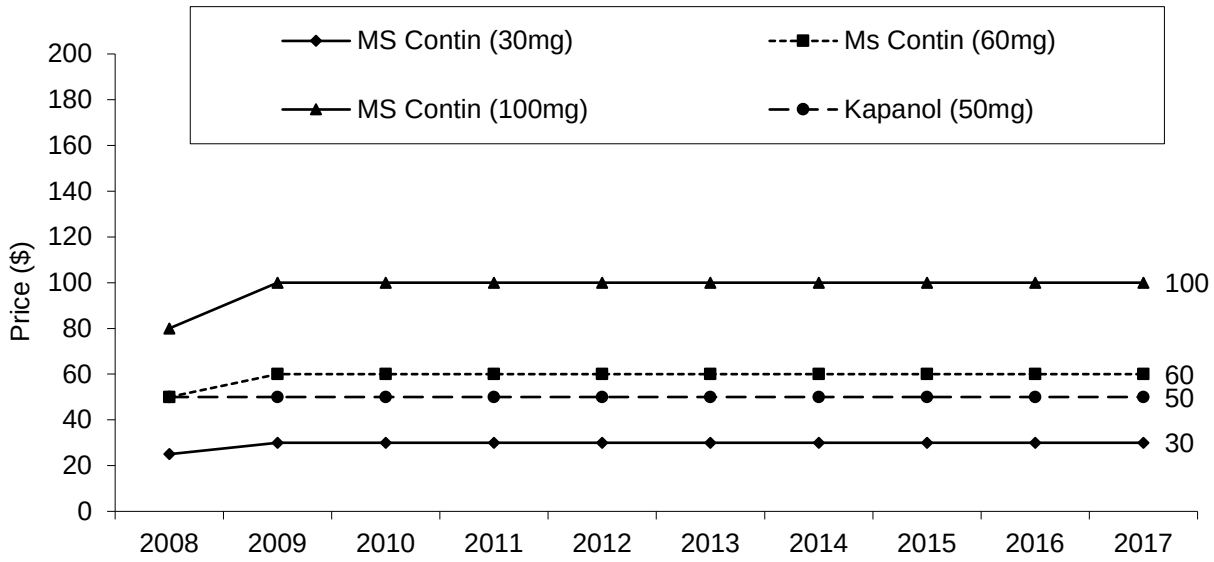
Source: IDRS PWID interviews

* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded

Note: Reported price range in parentheses.

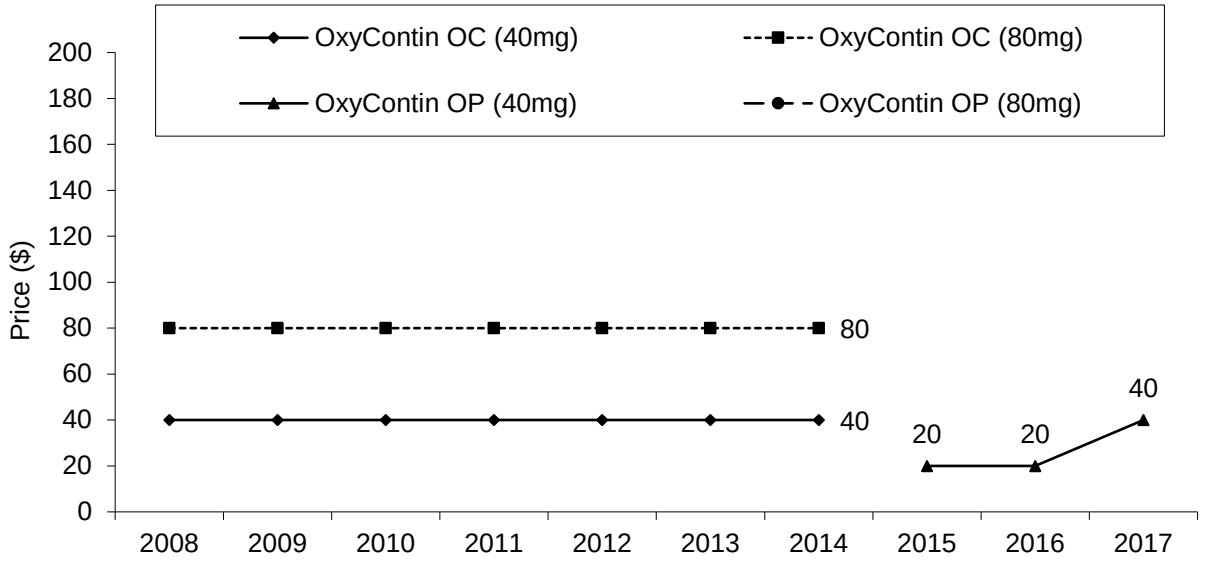
n/r = Not reported

Figure 5.5.1.1: Modal prices of morphine estimated from PWID purchases, 2008-2017



Source: IDRS PWID interviews

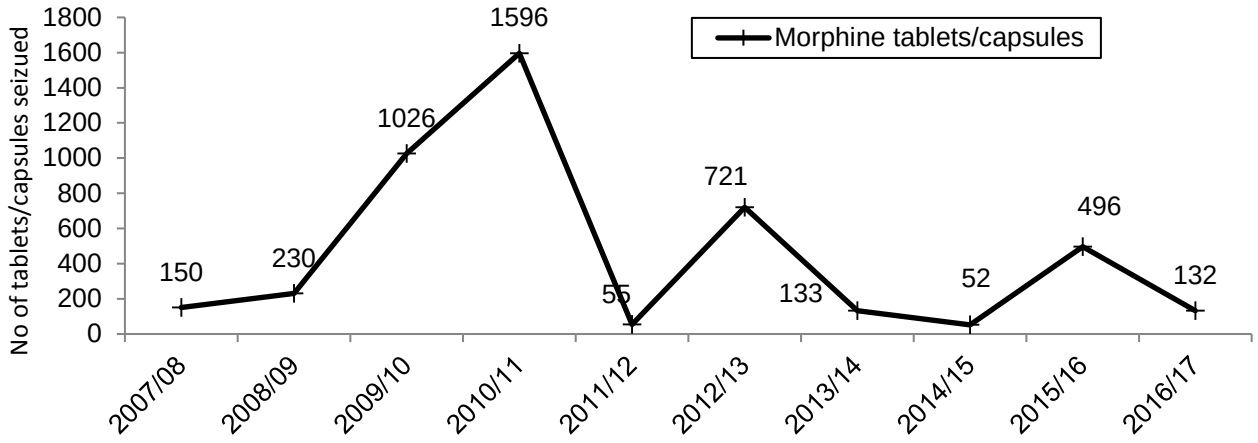
Figure 5.5.1.2: Modal prices of Oxycodone estimated from PWID purchases, 2008-2017



Source: IDRS PWID interviews
* Estimates based on an extremely small number of reports (i.e. <5 per annum) were excluded

5.5.2 Availability

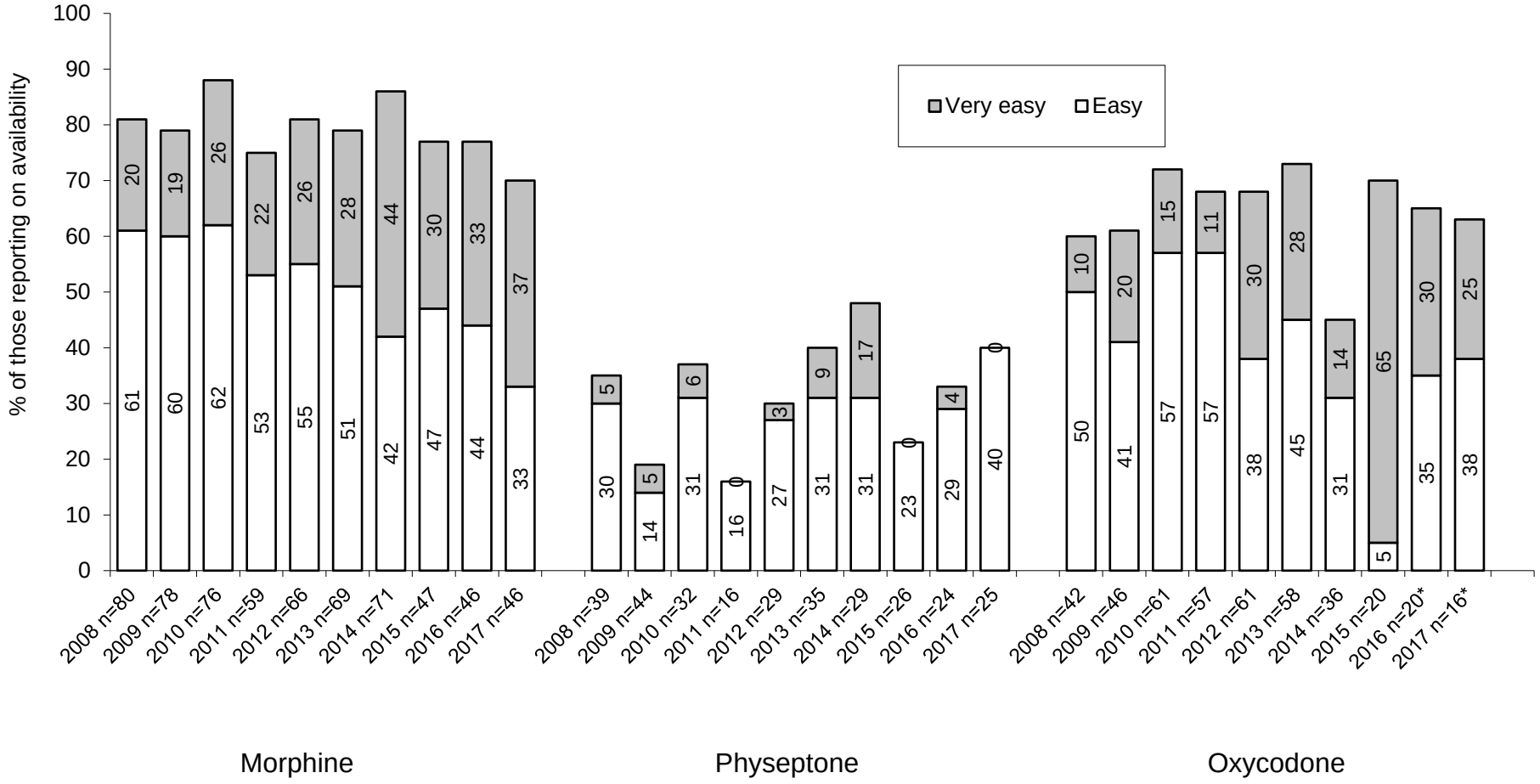
Figure 5.5.2.1: Number of morphine tablets and capsules seized by Tasmania Police, 2007/08-2016/17



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

5.5.4 Trends in availability of different forms of pharmaceutical opioids across IDRS studies

Figure 5.5.4: PWID reports of 'easy' or 'very easy' availability of illicit pharmaceutical opioids, 2008-2017



Source: IDRS PWID interviews
*Refers to reformulated 'OP' oxycodone, rather than 'OC' oxycodone

5.6 Other drugs

5.6.1 Alkaloid poppies

 Alkaloid poppy market indicators Key Points	**Availability** • There was a substantial increase in the number of poppies stolen from Tasmanian crops in the 2016/17 financial year (over 12,000 capsules) compared to the average of the past 5 financial years (1,670 per annum) [Table 5.6.1] • However there has been no notable change in the proportion of IDRS participants reporting recent use of poppy crops in 2017 compared with the previous 5 years (8% in 2017, average of 5% previously) [Table 5.6.1]

Table 5.6.1: Tasmanian alkaloid poppy crop diversion rates, 2007/08-2016/17

	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17
Number of capsules stolen	820	2,280	4,772	1,473	687	2,895	3,923	331	516	12,239
Cost per hectare of securing poppy crops	$71	$33	$30	$26	$26	$19	n/r	n/r	$32	n/r
Number of capsules stolen per hectare sown	0.07	0.14	0.23	0.06	0.03	0.09	0.18	0.01	0.03	1.5
Number of theft incidents reported	8	17	33	11	12	19	21	7	10	28
% of PWID sample reporting use	10	11	7	8	5	4	11	4	3	8
Median days used (among PWID using)	7 (1-100)	3 (1-90)	14 (1-45)	15 (2-30)	n/r	n/r	n/r	n/r	n/r	n/r
TASPOL seizures	*144 plants; 26 caps; 64g*	*445 g of poppy products; 231 units*	*908 caps; 3 units liquid; 2 units plant material; 49.2g seed; 0.3g veg matter*	*56 plants; 15.5g seed; 114g veg matter*	*24 plants;4 units veg matter; 116 caps; 0.6g resin*	*1,258 caps; 1001 liquid units; 200 plants; 17g seeds*	*46 units/ counts*	*n/r*	*n/r*	*n/r*

Source: Poppy Advisory and Control Board, Department of Justice Tasmania, Department of Justice Tasmania Annual Report, Tasmania Police State Intelligence Services, IDRS PWID interviews.

Note: 'caps' refers to poppy capsules

* May be an overestimate of seizures as Tasmania Police data are an amalgamation of plants, capsules and weight of seizures. Data reported here are the best estimate of seizure quantity. Note: 2015/16 data from Tasmania Police is preliminary and subject to revision. Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. n/r = Not reported

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Health related trends

Key Points

Overdose

- Five percent of the 2017 PWID participants experienced a non-fatal overdose on pharmaceuticals in the previous year [Table 6.1.1]
- In 2012, the Tasmanian rate of opioid overdoses was equivalent to the rate nationally (~50 per million) [Figure 6.1.1]

Drug treatment

- After steady increases in the proportion of drug information telephone calls relating to methamphetamine use since 2009/10, the rate stabilised in 2015/16, where one in five calls related to methamphetamine [Figure 6.2.1]
- According to the Alcohol and other drug treatment minimum dataset, there have been a steady increase in the number of closed treatment episodes in the past 5 years (1100 cases in 2011/12; 2500 in 2015/16). The proportion of cases relating to methamphetamine as a primary drug has increased from 10% in 2011/12 to over 20% in 2015/16. The majority of treatment episodes in Tasmania (40%) continue to relate to alcohol. [Table 6.2.2 and Figure 6.2.2]

Hospital admissions

- In the most recent data available (2014/15), annual rates of public hospital admissions in Tasmania where opioids were the primary factor contributing to admission was consistent with the national rate (~500 per million); admissions relating to methamphetamine were approximately half the rate nationally, but increasing (~250 per million in Tasmania); and admissions relating to cannabis were approximately 50% above the national rate (~370 per million in Tasmania). [Figurets 6.3.1-4].

Injecting risk behaviours and harms

- Six percent of the 2017 PWID participants reported using another person's used syringe in the past six months; and one third resused their own injecting equipment. Reuse typically occurred twice, and typically related to 1mL syringes and winged infusion sets. [Table 6.4.1]
- Access to injecting equipment from vending machines has steadily declined over the past four years, from almost 50% of participants in 2014 to 15% in 2017 [Table 6.4.1]
- The rates of report of most recent injection being in a high-risk site (groin, neck) was reported by 10% in 2016 and 2017, compared to around 5% in the remainder of the previous decade [Table 6.4.1]

Health related trends

Key Points

- Two-thirds of participants reported injection-related problems in the preceding month, typically non-serious issues including scarring, bruising or problems injecting. These rates have remained similar over the past 5 IDRS samples [Table 6.6.2]. However, one in twenty participants had experienced a serious injection related problem (endocarditis, gangrene, venous ulcer) in the previous six months [Table 6.6.2]

Mental health

- Half of the IDRS participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2017, two-thirds of those reporting a mental health problem had attended a mental health professional; this is a reduction from rates in 2013 and 2014 where three-quarters had accessed mental health treatment [Table 6.7.1]
- While these mental health problems typically related to high-prevalence conditions such as anxiety and depression; psychoses and traumatic stress conditions were reported in particularly high rates (20% of those with mental health conditions respectively) [Table 6.7.1]
- Using a validated measure of psychological distress, more than half of the IDRS sample scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10) [Figure 6.7.1]

Driving Risk

- In 2017, 60% of participants had driven a vehicle in the past six months; of these, three-quarters had driven soon after consuming illicit substances. These rates are similar to those seen over the past 5 IDRS surveys [Table 6.8.1.1]
- Over the past 5 years rates of driving under the influence on morphine have declined (40% of drivers in 2013; 20% in 2017) and rates of driving under the influence of methamphetamine have increased (30% of drivers in 2013; 40% in 2017). [Table 6.8.1.1].
- The proportion of drivers in the IDRS sample that had experienced roadside drug testing in the previous six months has substantially increased, from 10% in 2013 to 40% in 2017 [Figure 6.8.1.2]

6.1 Overdose and drug-related fatalities

6.1.1 Opioids

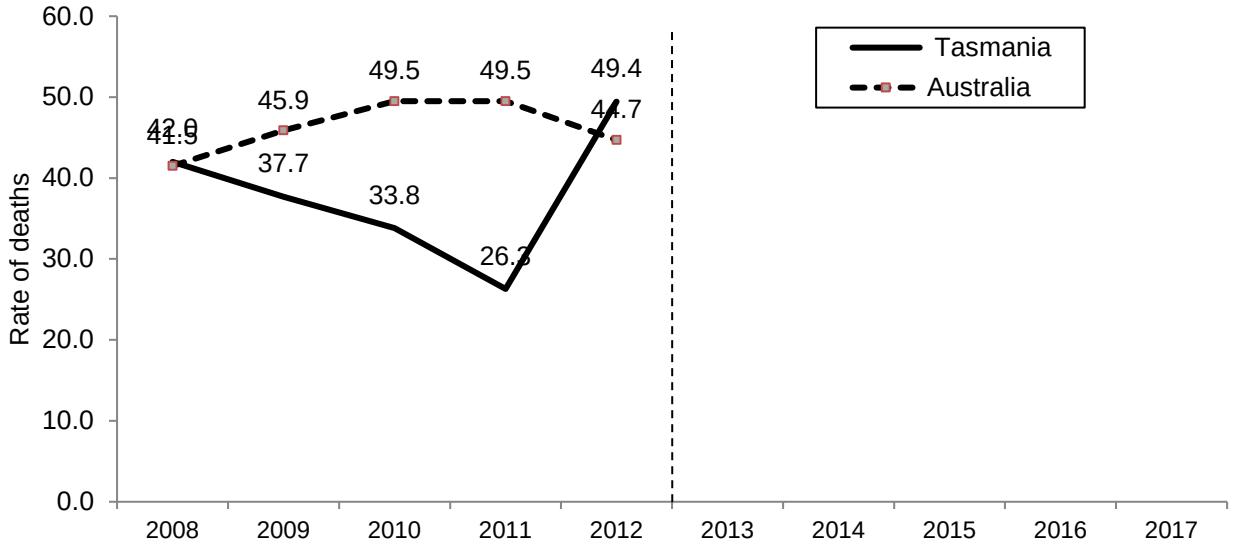
Table 6.1.1: Reported experience of non-fatal overdose among the PWID sample, 2008-2017

Overdosed last 12 months	2008 N=100	2009 N=100	2010 N=100	2011 N=100	2012 N=106	2013 N=107	2014 N=101	2015 N=100	2016 N=99	2017 N=100
Heroin (%)	0	1	0	1	0	1	1	1	2	2
Any Pharmaceutical Opioid (%)	10	10	4	5	6	7	4	2	1	5
Methamphetamine (%)	1	0	1	0	2	2	2	1	3	2

Source: IDRS PWID interviews.

Fatal Opioid Overdoses

Figure 6.1.1: Rate of accidental deaths per 1,000,000 persons due to opioid use among those aged 15-54 years, 2008-2017



Source: Roxburgh & Burns, 2016a; ABS population data cubes
* Data for causes of death since 2012 were not available at time of publication

6.1.2 Stimulants

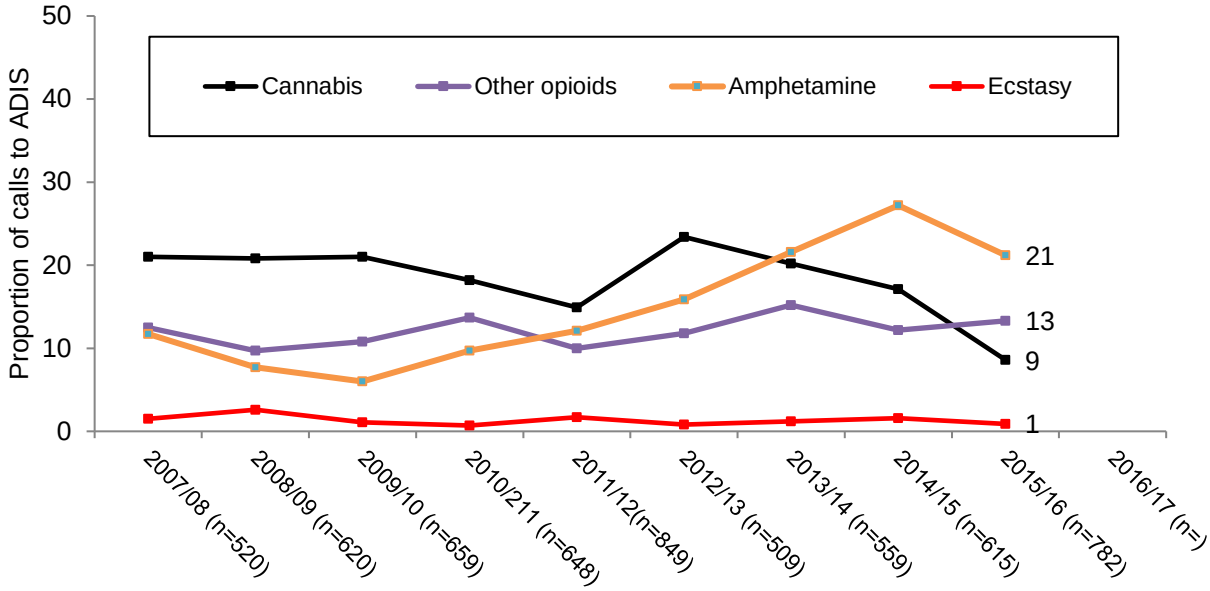
Non-fatal stimulant overdoses

Participants were asked if they had ever experienced a non-fatal methamphetamine overdose. Methamphetamine overdose is often characterised by profuse sweating, increased pulse, blood pressure and body temperature, and in severe cases (which occur infrequently) can also result in cardiovascular problems, stroke, kidney failure and death. Amongst the current cohort, three participants reported experiencing a non-fatal methamphetamine overdose in the preceding 12 months. This is slightly higher than 2015 (1 participant reported an overdose in the past 12 months).

6.2 Drug treatment

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

Figure 6.2.1: Percentage of calls to ADIS referring to persons using specific drugs, 2007/08-2016/17



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

6.2.2 Treatment: Tasmanian Alcohol and Other Drug Treatment Minimum Data Set

Table 6.2.2: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set, 2007/08-2016/17

Total Data Set	2007/08*	2008/09*	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
n	2,302	2,081	1,544	1,738	1,672	2,338	2,841	3,241	3,840	n/r
% receiving service for their own use	92% (n=2,124)	95% (n=1,983)	94% (n=1,452)	95% (n=1,653)	93% (n=1,554)	91% (n=2,130)	93% (n=2,649)	92% (n=2,972)	93% (n=3,585)	n/r
Sex (% male)	69% (n~1,455)	70% (n=1,388)	71% (n=1,030)	74% (n=1,215)	72% (n=1,117)	68% (n=1,449)	69% (n=1,798)	72% (n=2,021)	65% (n=2,484)	n/r
Aboriginal and/or Torres Strait Islander	11% (n~232)	10% (n=198)	10% (n=141)	11% (n=189)	n/r	8% (n=167)	8% (n=212)	10% (n=285)	11% (n=420)	n/r
Principal drug of concern										
Alcohol	32% (n~682)	38%(n~748)	34% (n=500)	39% (n~641)	39% (n=619)	39% (n=840)	41% (n=1078)	40% (n=1200)	39% (n=1408)	n/r
Nicotine	n/r	1%(n~22)	<1% (n=4)	<1% (n~7)	1% (n=16)	1% (n=16)	1% (n=15)	1% (n=19)	<1% (n=13)	
Cannabis	45% (n~936)	39% (n~767)	44% (n=644)	39% (n~643)	34% (n=540)	30% (n=638)	30% (n=784)	29% (n=861)	26% (n=918)	
Amphetamine	11% (n~239)	9% (n=167)	6% (n=88)	9% (n~142)	10% (n=154)	12% (n=263)	11% (n=290)	18% (n=545)	22% (n=789)	
Cocaine	0	0	<1% (n=1)	<1% (n~2)	<1% (n=1)	<1% (n=2)	<1% (n=4)	<1% (n=3)	<1% (n=3)	
'Ecstasy'	2% (n~36)	1% (n~26)	2% (n=28)	<1% (n~10)	<1% (n=8)	<1% (n=4)	<1% (n=8)	1% (n=15)	1% (n=28)	
Heroin	<1% (n~7)	<1% (~10)	<1% (n=9)	<1% (n~8)	<1% (n=6)	1% (n=14)	<1% (n=10)	<1% (n=6)	<1% (n=6)	
Morphine	5% (n~97)	6% (n~127)	6% (n=89)	5% (n~84)	7% (n=102)	5% (n=110)	4% (n=110)	3% (n=81)	3% (n=120)	
Methadone	1% (n~23)	1% (n~26)	1% (n=18)	1% (n~20)	1% (n=15)	1% (n=29)	1% (n=31)	1% (n=26)	1% (n=43)	
Other opioids	<1% (n~12)	2% (n~38)	2% (n~22)	2% (n~36)	4% (n=64)	1% (n=15)	5% (n=142)	1% (n=22)	1% (n=8)	
Benzodiazepines	1% (~27)	1% (n~28)	1% (n~19)	2% (n~31)	1% (n=17)	2% (n=45)	2% (n=50)	1% (n=37)	1% (n=43)	
Other	2% (n~36)	0	3% (n~36)	<1% (n~5)	<1% (n=12)	<1% (n=5)	1% (n=30)	<1% (n=11)	1% (n=27)	

Source: Australian Institute of Health and Welfare

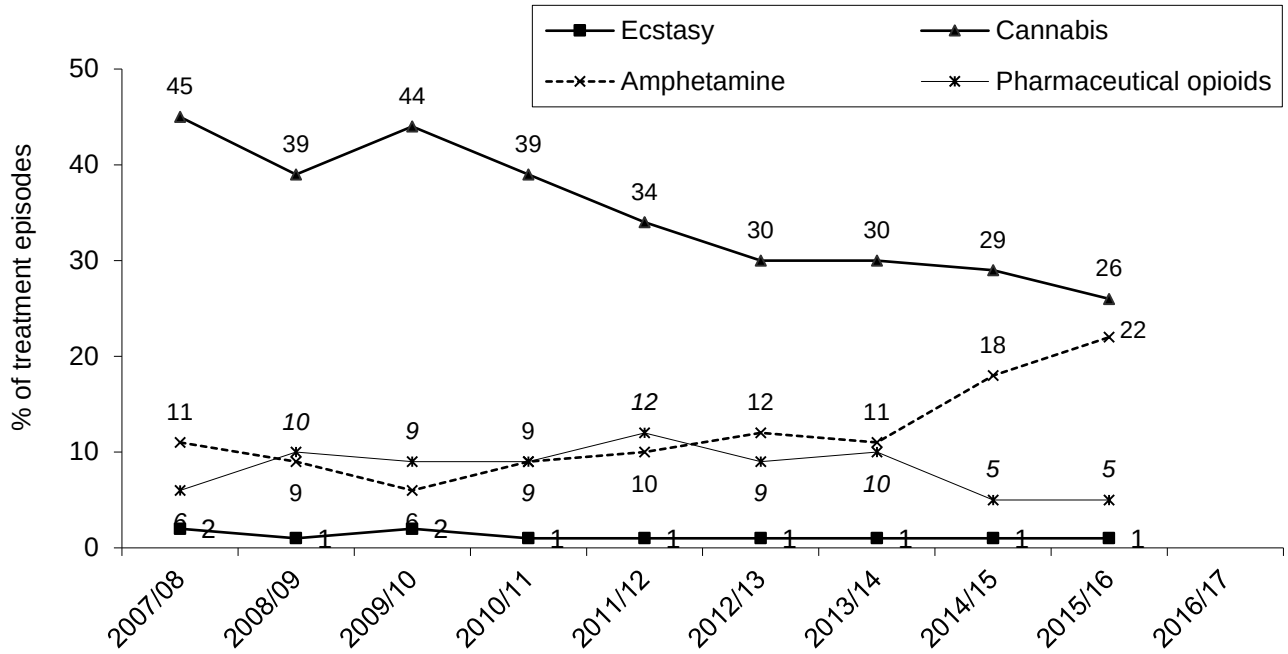
* The total number of closed treatment episodes may be undercounted because two agencies only supplied drug diversion data

n/r: Not reported

~ Approximately

Note: Multiple presentations of the same individual excluded. The data presented for 2009/10 were taken from AIHW data cubes, and differ from the NMDS 2009/10 National Report, as there were errors in the Tasmanian data that were included in this report. Data for 2016/17 were not available at the time of publication.

Figure 6.2.2: Tasmanian Alcohol and Other Drug Treatment Services Minimum Data Set: Principal drug of concern, 2007/08-2016/17

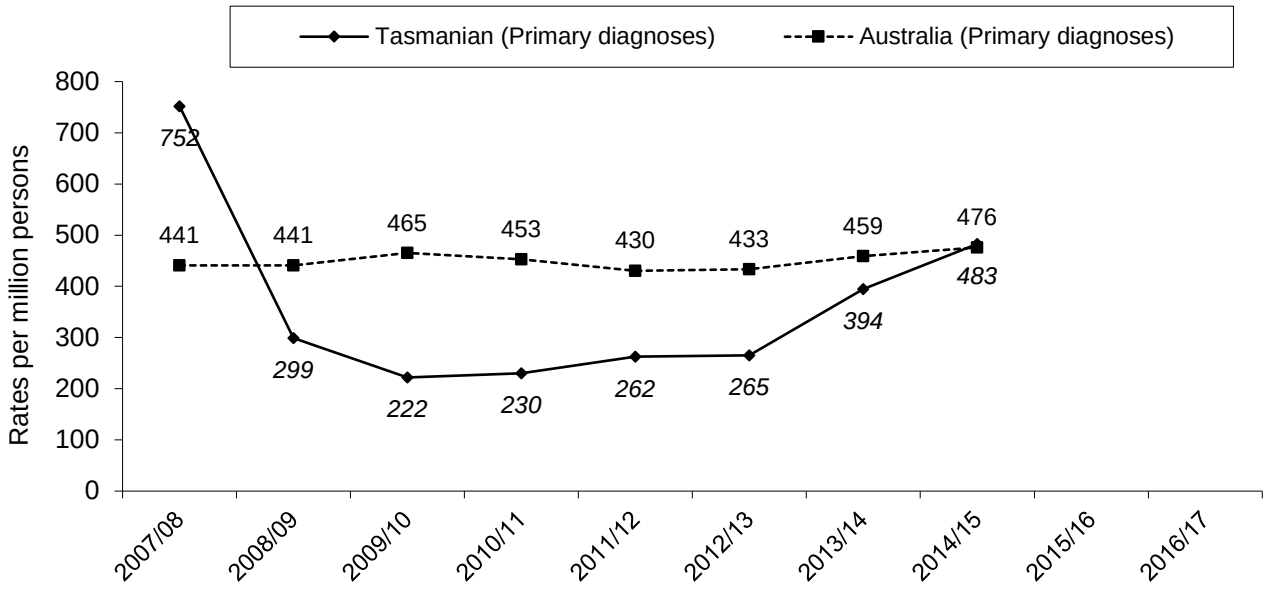


Source: Australian Institute of Health and Welfare. Data from 2016/17 not available at time of publication

6.3 Hospital admissions

6.3.1 Heroin and other opioids

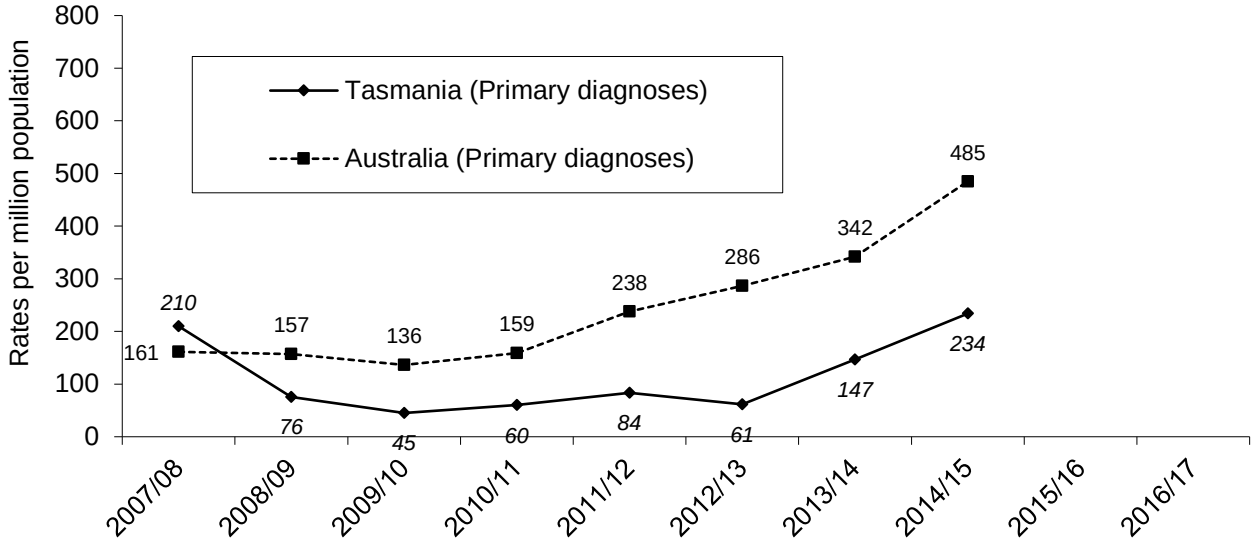
Figure 6.3.1: Public hospital admissions among persons aged 15-54 where opioids were noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17



Source: Roxburgh & Breen, 2017
Note: 2015/16 and 2016/17 data were not available at the time of publication

6.3.2 Methamphetamine

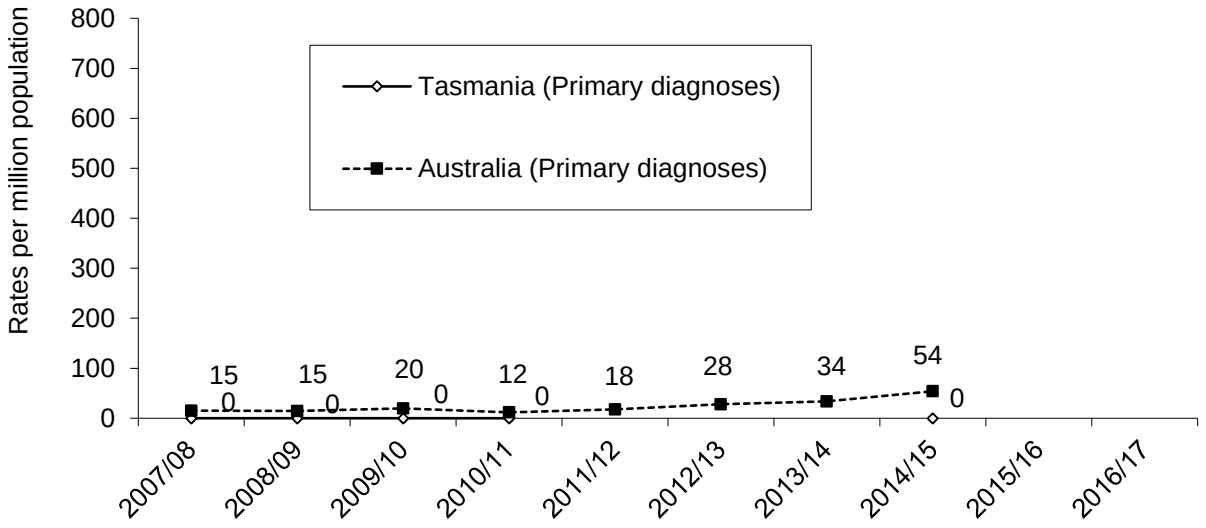
Figure 6.3.2: Public hospital admissions among persons aged 15-54 where methamphetamine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17



Source: Roxburgh & Breen, 2017
Note: 2015/16 and 2016/17 data were not available at the time of publication

6.3.3 Cocaine

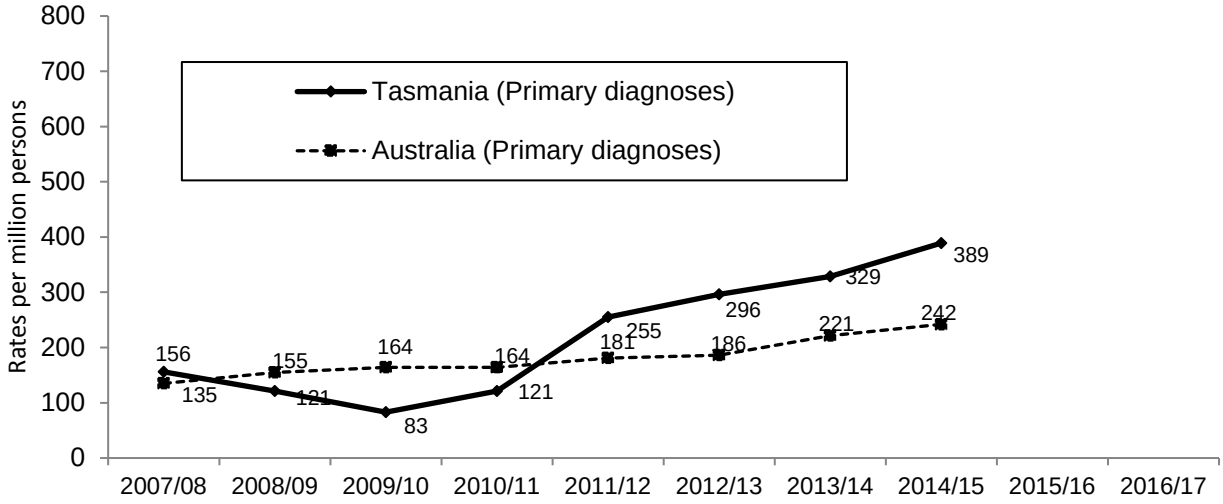
Figure 6.3.3: Public hospital admissions among persons aged 15-54 where cocaine was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17



Source: Roxburgh & Breen, 2017
Note: 2015/16 and 2016/17 data were not available at the time of publication

6.3.4 Cannabis

Figure 6.11: Public hospital admissions among persons aged 15-54 where cannabis was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 2007/08-2016/17

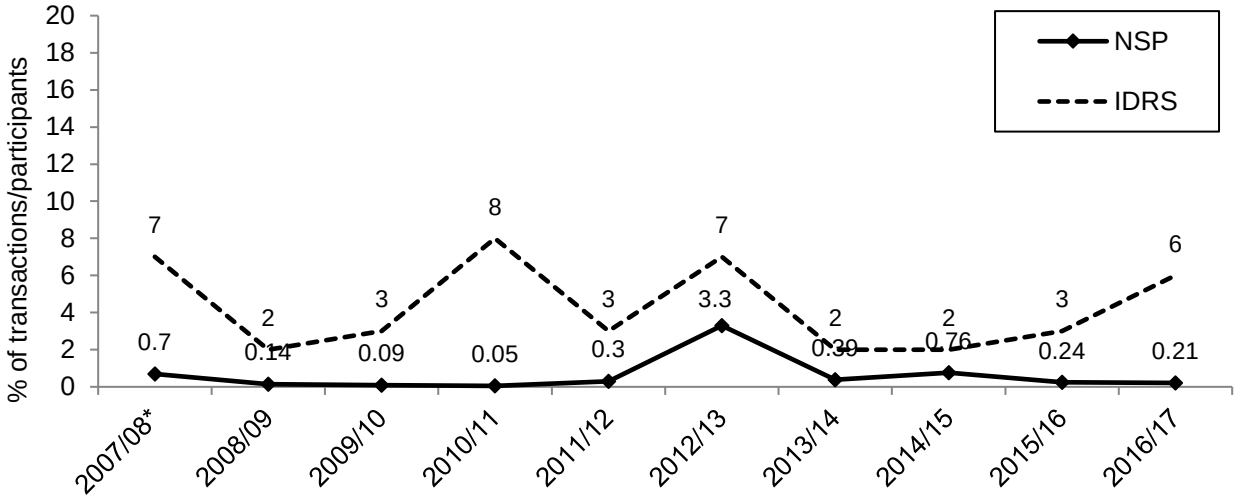


Source: Roxburgh & Breen, 2017
Note: 2015/16 and 2016/17 data were not available at the time of publication

6.4 Injecting risk behaviours

6.4.1 Sharing of injecting equipment

Figure 6.4.1: Reported sharing of needles and syringes by non-pharmacy Needle and Syringe Program clients and IDRS participants, 2007/08-2016/17



Source: Population Health, Department of Health and Human Services. IDRS PWID interviews
* In 2007/08, one NSP outlet, accounting for 19% of transactions, did not collect data on sharing. The transactions from this outlet were excluded from this calculation. NSP data from 2016/17 is preliminary and based on a small number of sites

Table 6.4.1: Injecting risk behaviours of the Tasmanian IDRS PWID sample, over the preceding six months, 2008-2017

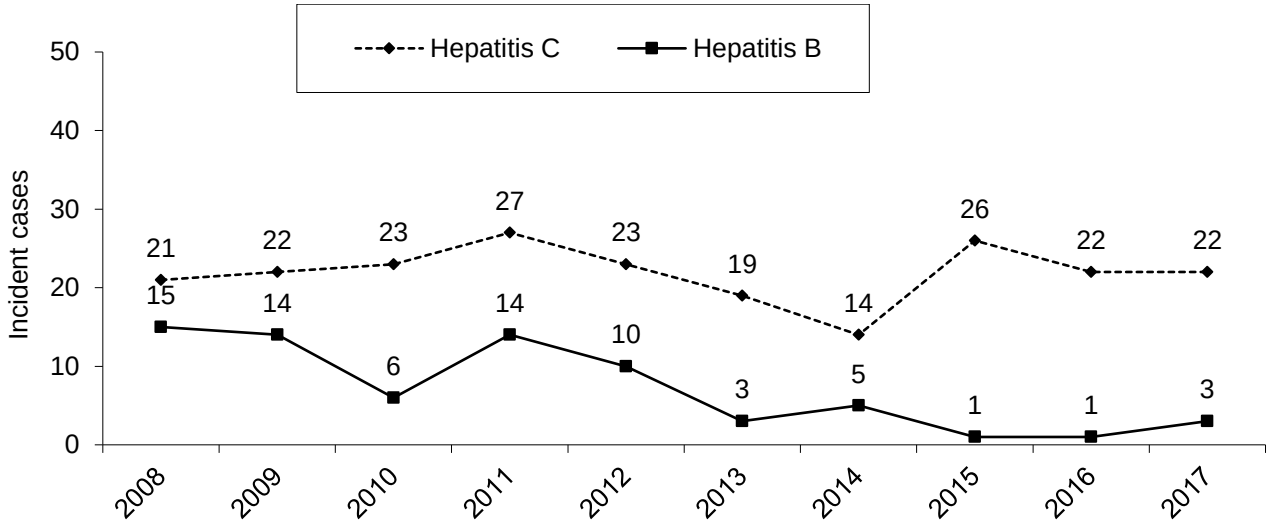
	2008 N=100 %	2009 N=100 %	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	**2017 N=100 %**
Borrowed used needles	7	2	3	8	2	7	2	2	3	**6**
Lent used needles to others	9	13	12	10	9	5	6	5	4	**9**
Shared equipment										
Spoons/containers	15	17	19	17	15	19	13	2	5	**2**
Water	11	6	6	8	9	11	15	4	2	**5**
Filters	6	8	12	3	4	12	5	1	1	**1**
Tourniquets	11	16	14	10	11	13	5	3	5	**5**
Re-used own injecting equipment	55	63	43	52	63	49	41	32	29	**29**
One occasion	21	14	16	15	23	17	10	14	11	**8**
Two occasions	12	16	10	18	16	14	19	10	9	**10**
3-5 occasions	11	17	5	10	17	13	8	3	6	**4**
6-10 occasions	7	8	7	5	2	3	3	3	2	**4**
>10 occasions	4	8	5	4	6	2	2	1	1	**3**
Equipment re-used										
0.5mL needle/syringe				-	-	1	1	0	0	**1**
1mL needle/syringe				18	20	9	13	14	11	**15**
3mL barrel				5	12	10	8	9	6	**2**
5mL barrel				10	10	5	7	7	2	**4**
10mL barrel				7	9	8	3	12	6	**4**
20mL barrel				11	13	14	9	4	2	**8**
50mL barrel				0	0	0	0	0	0	**1**
Detachable needle-tip				5	0	6	2	0	4	**3**
Winged-infusion set				24	26	12	19	9	8	**10**
Last injection site										
Arm		72	78	69	76	73	70	70	70	**65**
Hand/wrist		14	14	19	10	14	13	16	12	**19**
Leg		5	3	5	4	5	4	8	7	**4**
Neck		1	1	2	4	2	3	3	6	**3**
Groin		5	2	3	1	4	2	2	3	**6**
Foot		3	2	0	4	2	7	1	2	**2**
Sources of needles/syringes										
Non-pharmacy NSP	99	98	98	98	97	98	97	100	100	**97**
Vending machine	0	1	0	0	33	29	46	22	20	**15**
Pharmacy	10	19	26	12	12	16	12	12	17	**23**
Friend	6	8	15	8	10	11	8	2	5	**11**
Partner	3	1	8	4	0	3	1	0	0	**2**
Dealer	2	2	1	2	0	1	1	0	0	**1**
Able to access filters							85	66	94	**95**
Wheel filters[#]							55	87	66	**73**
Cigarette filters[#]							47	74	42	**33**
Cotton filters[#]							9	57	6	**14**

Source: IDRS PWID interviews

[#]among those were able to access filters

6.5 Blood-borne viral infections

Figure 6.5: Total notifications of incident hepatitis B and C infections in Tasmania, 2008-2017



Source: Communicable Diseases Network – Australia New Zealand – National Notifiable Diseases Surveillance System, and Public Health, Department of Health and Human Services (data as of January 8, 2018 and subject to revision).

6.6 Self-reported injection-related health problems

Since 2012, a set of questions have been included in the PWID survey focused on experience of non-viral injecting-related injuries and diseases (IRID). These injuries and diseases vary from non-serious events such as hives, to medical emergencies including endocarditis. Dwyer and colleagues (2007) conducted a large Australian multi-site study (Victoria, New South Wales & Queensland) into the experience of IRID. Questions regarding lifetime and recent experience of IRID were taken from this study, and IRID were classified in accordance with Dwyer et al.'s system:

- Non-serious IRID: transient redness, transient swelling, hives, 'dirty hit', hitting an artery, numbness or pins and needles and collapsed/blocked veins;
- Potentially serious IRID: abscesses, cellulitis, thrombophlebitis, oedema, puffy hands syndrome, injecting sinus, and;
- Serious IRID: systemic infections, deep vein thrombosis, gangrene, amputation & venous ulcer.

Table 6.6.1: Self-reported experience of non-viral injecting-related injuries and diseases (IRID) within the preceding six months, 2008-2017

	2012	2013	2014	2015	2016	**2017**
Non-serious IRID						
Transient redness	29	39	43	35	35	**29**
Transient swelling	32	40	41	30	35	**27**
Hives	26	26	45	21	24	**26**
Dirty hit	29	29	24	22	23	**11**
Hit an artery	11	12	11	20	11	**14**
Numbness	29	19	24	29	23	**18**
Collapsed veins	21	24	35	27	19	**25**
Potentially serious IRID						
Skin abscess	9	6	5	8	8	**3**
Internal abscess	7	6	2	1	5	**4**
Cellulitis	14	12	15	11	17	**7**
Thrombophlebitis	11	18	18	21	20	**6**
Pitting oedema	9	15	21	13	11	**10**
Puffy hand syndrome	8	12	9	11	8	**10**
Injecting sinus	2	6	9	4	9	**1**
Serious IRID						
Endocarditis	1	0	0	2	1	**1**
Serious infection	4	1	6	0	3	**1**
Deep-vein thrombosis	1	3	5	2	3	**0**
Gangrene	3	1	6	1	3	**3**
Amputation	0	2	0	1	0	**0**
Venous ulcer	8	1	8	8	7	**3**

Source: IDRS PWID interviews.

Table 6.6.2: Injection-related health problems reported by participants in the PWID survey in the month prior to interview, 2008-2017

	2008 N=100 %	2009 N=100 %	2010 N=100 %	2011 N=100 %	2012 N=106 %	2013 N=107 %	2014 N=101 %	2015 N=100 %	2016 N=99 %	2017 N=100 %
Scarring/bruising	31	71	51	38	42	40	52	47	49	47
Difficulty injecting	39	53	42	42	46	40	51	33	35	39
Thrombosis	4	10	9	4	3	1	13	1	4	4
'Dirty hit'	9	17	12	14	14	17£	17¥	9	10	6
Infections/abscesses	5	7	10	4	9	3	6	5	5	5
Overdose	0	4	2	1	2	0	1	0	1	0
At least one injection-related problem	54 (range 1-5, median 1*)	80 (range 1-5, median 2*)	63 (range 1-4, median 2*)	61 (range 1-4, median 1*)	59 (range 1-4, median 2*)	58 (range 1-3, median 2*)	70 (range 1-4, median 2*)	58 (range 1-4, median 2*)	65 (range 1-4, median 1*)	62 (range 1-3, median 2*)
Median injection frequency	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week	More than once per week
% injecting daily	29	30	43	36	26	28	36	24	23	23

Source: IDRS PWID interviews.
Note: only 87 participants completed this section in 2014; 86 participants in 2015; 82 participants in 2016, and 94 participants in 2017

6.7 Mental health and psychological distress

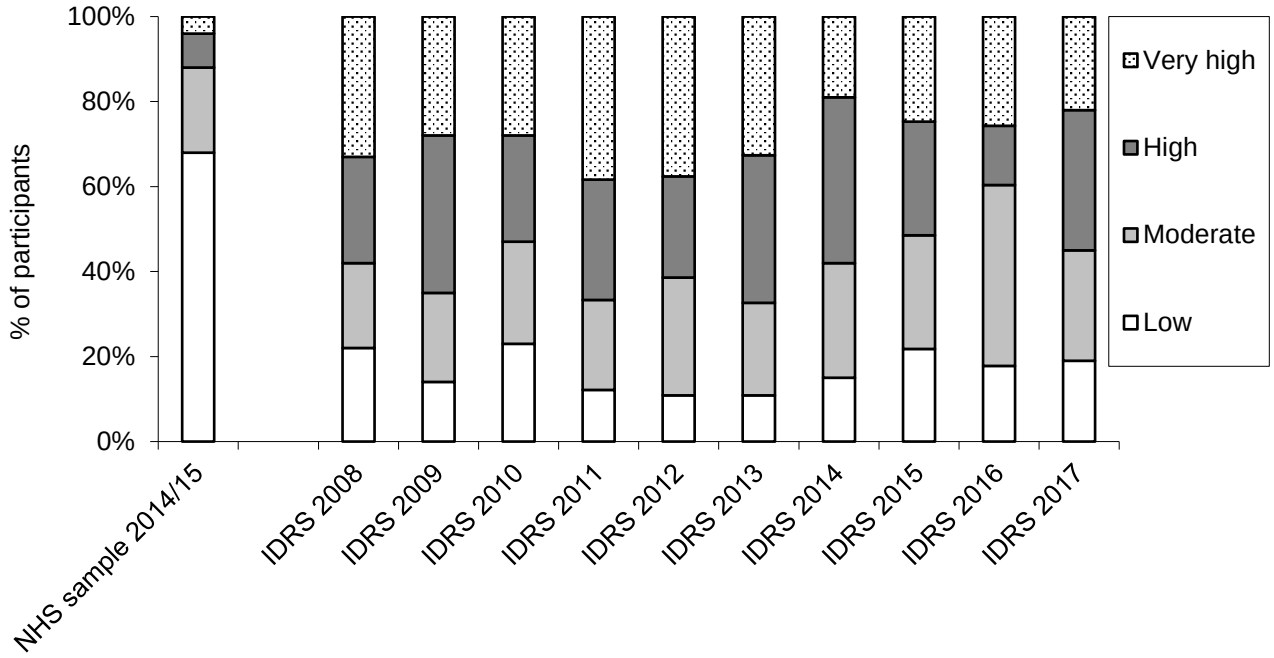
6.7.1 Mental health

Table 6.7.1: Self-reported mental health problems in last six months, 2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Experienced mental health problem in last 6 months (%)	43	46	52	69	47	54	44	53	47	**52**
Mental health problem	n=43	n=46	n=52	n=65	n=49	n=53	n=35	n=42	n=40	**n=48**
Depression (%)[#]	79	67	77	72	82	74	69	69	70	**75**
Bipolar Disorder (%)[#]	9	20	14	12	12	19	6	7	13	**17**
Anxiety (%)[#]	42	44	52	46	67	57	60	71	65	**60**
Panic (%)[#]	19	11	19	9	25	17	20	21	18	**10**
Paranoia (%)[#]	-	4	12	3	20	6	3	5	18	**15**
Schizophrenia (%)[#]	7	7	14	8	4	17	9	10	8	**17**
Drug-Induced Psychosis (%)[#]	-	2	2	5	16	8	6	5	8	**10**
Obsessive-Compulsive Disorder (%)[#]	-	-	4	2	8	8	-	2	8	**6**
Personality disorder (%)[#]	-	7	10	5	14	8	3	-	5	**6**
Post-Traumatic Stress Disorder (%)[#]	-	4	8	12	-	25	17	21	10	**21**
Attended mental health professional (%)[#]	72	61	73	80	57	79	77	76	68	**65**
Prescribed antidepressants (%)[#]	40	30	42	52	25	55	34	31	33	**40**
Prescribed benzodiazepines (%)[#]	19	24	19	31	18	28	31	41	40	**23**
Prescribed antipsychotics (%)[#]	7	11	15	26	10	21	17	7	18	**15**

Source: IDRS PWID interviews
[#]among those who had experienced a mental health problem

Figure 6.7.1: Responses to the K10 questionnaire in the National Health Survey 2014/15 and Tasmanian IDRS, 2008-2017



Source: IDRS PWID interviews and National Health Survey (ABS), 2014/15
Note: 83 and 80 participants completed the K10 as part of the 2015 and 2016 IDRS, respectively

6.8 Driving risk behaviour

Table 6.8.1.1: Proportion of PWID driving a car in the preceding six months that had driven soon after using non-prescription drugs, 2008-2017

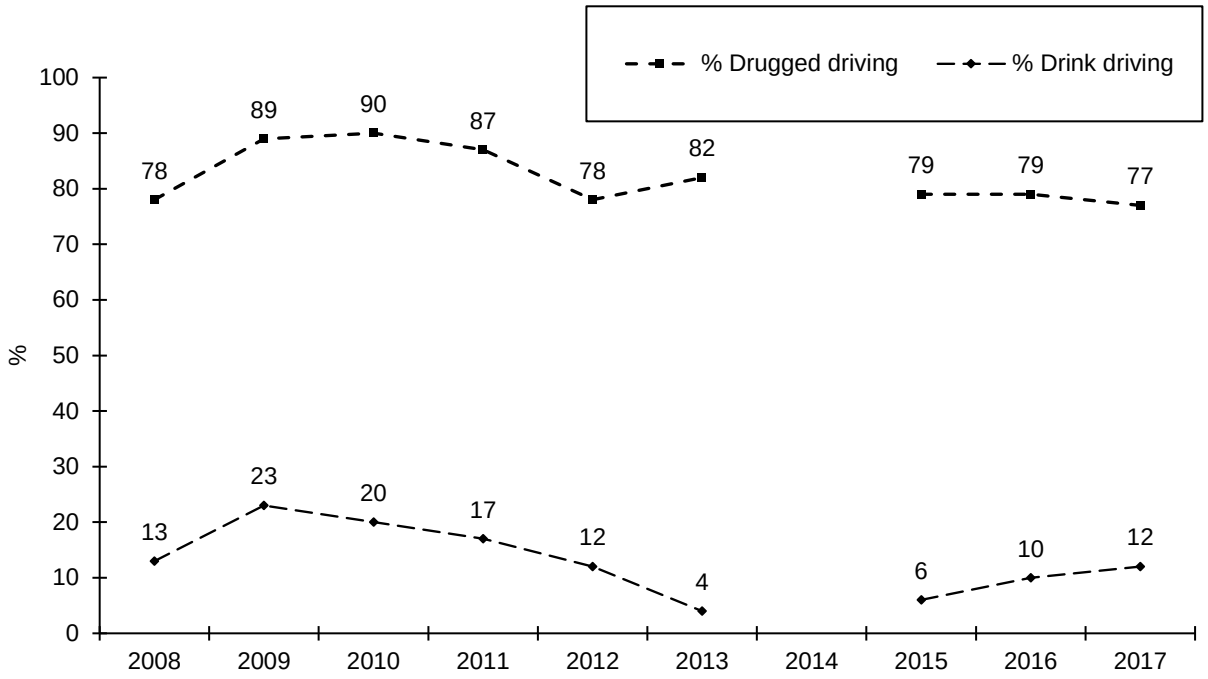
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Drove a vehicle in last 6 months (%)	64	65	59	63	64	55	58	57	48	**57**
Drove a vehicle after consuming illicit drugs (%)[#]	78	89	90	87	78	82	85	79	80	**77**
Heroin (%)[#]	0	0	0	2	0	4	0	2	n/a	**7**
Methadone (illicit) (%)[#]	14	14	25	10	16	11	19	10	n/a	**16**
Morphine illicit (%)[#]	27	18	22	22	9	39	42	25	n/a	**21**
Methamphetamine (%)[#]	5	20	8	13	7	28	36	35	n/a	**40**
Powder (%)[#]	*3*	*12*	*8*	*10*	*6*	*20*	*25*	*15*	*n/a*	***9***
Base (%)[#]	*0*	*8*	*0*	*2*	*1*	*4*	*4*	*4*	*n/a*	***0***
Crystal/Ice (%)[#]	*2*	0	0	2	0	17	19	*29*	*n/a*	***35***
Cannabis (%)[#]	38	40	27	23	28	37	23	23	n/a	**39**
Benzodiazepines (%)[#]	14	5	12	13	6	17	15	13	n/a	**14**
Ecstasy (%)[#]	0	6	2	0	0	4	2	2	n/a	**0**

Source: IDRS PWID interviews

[#]among those who had driven in the past six months

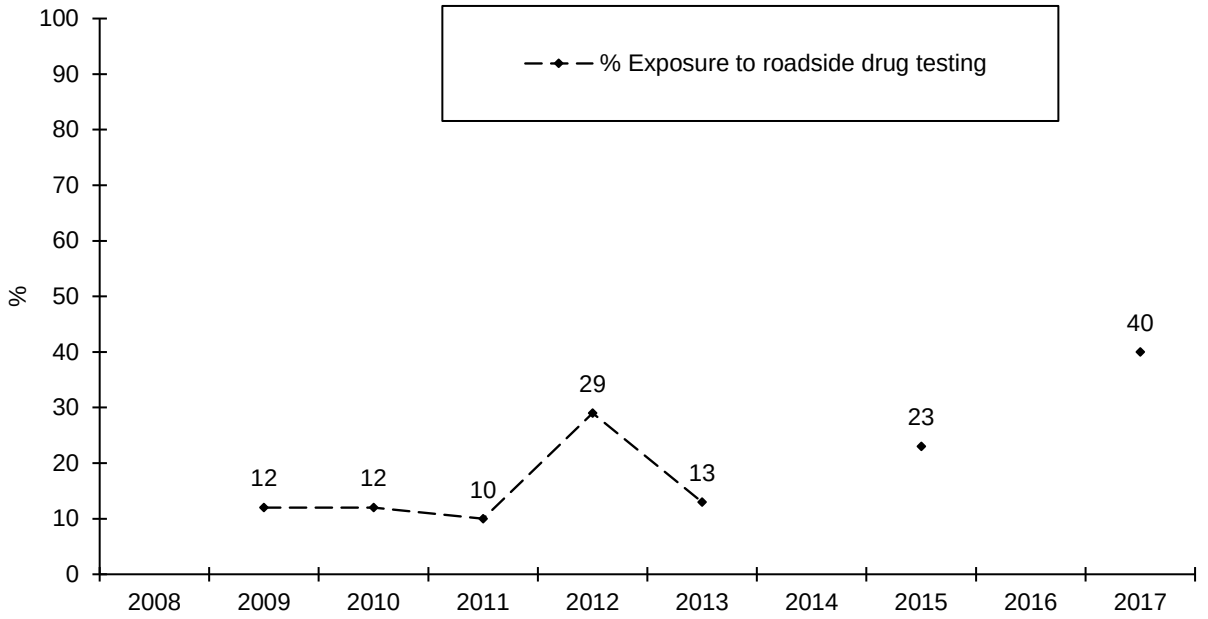
Note: Participants were asked whether they had driven within 1 hour of consuming illicit drugs in the 2007-2013 IDRS interviews, whereas in the 2014 and 2015 IDRS interview participants were asked whether they had driven after consuming illicit drugs (and believed they were still under the influence), and in the 2016 IDRS interview participants were asked whether they had driven within 3 hours of consuming illicit drugs. As such, these numbers are not directly comparable. *n/a*: not assessed

Figure 6.8.1.1: Self-report drink driving and drugged driving, among those who drove in the past six months, 2008-2017



Source: IDRS PWID interviews. Note: questions were not asked in 2014

Figure 6.8.1.2: Experience of roadside drug testing in the past 6 months, among those who drove in the past six months, 2008-2017



Source: IDRS PWID interviews

Table 6.8.1.2: Tasmania Police positive roadside drug test results, 2012/13-2016/17

	Oral Fluid Testing					Blood Testing				
	2012/13	2013/14	2014/15	2015/16	**2016/17**	2012/13	2013/14	2014/15	2015/16	**2016/17**
Drugs detected in positive tests (%)	n=480	n=535	n=1924	n=2294	**n=2152**	n=498	n=650	n=1862	n=2179	**n=2055**
Amphetamine	44	44	37	41		33	34	41	48	
Cocaine	3	1	1	1		-	-	-	<1	
Methamphetamine	17	28	27	31		39	41	49	55	
Cannabis	57	71	65	60		76	77	74	66	
Ecstasy (MDMA)	-	-	<1	<1		2	<1	2	3	
Opiates	8	5	6	6		5	4	6	6	
Benzodiazepines	n/a	n/a	n/a	n/a		7	3	1	<1	

Source: Tasmania Police State Intelligence Services

Note: Difference between oral fluid testing (OFT) and blood testing results are due to some individuals testing negative to the OFT but positive to the blood test. These results are preliminary and are subject to change, and in some instances further analysis on tests was being conducted at the time of publication. Multiple drugs may be indicated on one OFT. n/a: not assessed. Data from 2016/17 was not available at the time of publication.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Law enforcement related trends

Key Points

- One third of participants had been arrested in the preceding year, similar to the average rate over the past 5 IDRS studies. This was most typically for property crime or drugs and driving [Table 7.1]
- One-third of participants self-reported engaging in crime in the past month, most commonly property crime and dealing. Rates of criminal engagement have declined over the past 5 years from 50% in 2013. [Figure 7.1]

Tasmania Police arrests

- The number of opioid-related arrests increased over the past 5 years from 18 in 2012/13 to over 70 in 2016/17. [Figure 7.2.1]
- Methamphetamine-related arrests increased sharply in 2014/15 from a baseline or around 120 per annum in the 5 year period prior to 2014/15 to over 400 cases per annum. Rates of methamphetamine related arrests have remained stable between 2014/15-2016/17 [Figure 7.2.2]
- The numbers of cannabis related arrests remained stable over the past three years at over 1,400 per annum [Figure 7.2.4]

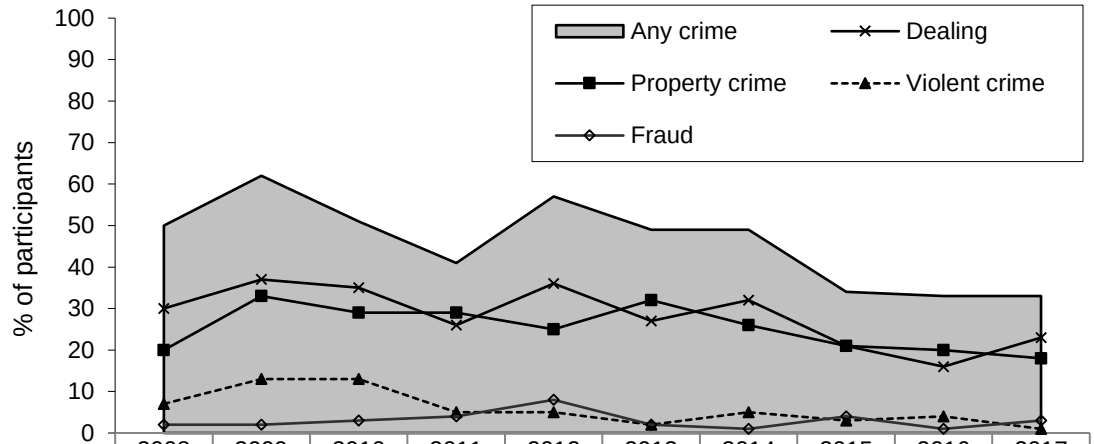
7.1 Reports of criminal activity among PWID participants

Table 7.1: Self-reported arrests among PWID, 2008-2017

Activity	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %
% arrested last 12 months	47	49	47	34	37	39	35	34	26	35
% arrested for:										
Property crime	20	23	20	15	14	20	16	12	7	10
Use/possession-drugs	10	4	9	4	8	4	6	2	3	2
Violent crime	8	10	19	4	7	6	1	7	2	3
Fraud	1	2	0	1	0	0	0	0	0	0
Dealing/trafficking	0	4	2	1	4	1	1	1	0	0
Driving offence	10	12	6	7	11	15	4	8	6	7
Alcohol and driving	1	5	5	1	4	1	1	5	0	1
Drugs and driving	1	2	2	5	6	2	4	4	3	12
Use/possession-weapons	2	5	2	0	0	1	2	0	0	2
Other reason	11	9	6	5	5	5	6	4	5	3

Source: IDRS PWID interviews

Figure 7.1: Self-reported criminal activity in the preceding month amongst PWID, 2008-2017



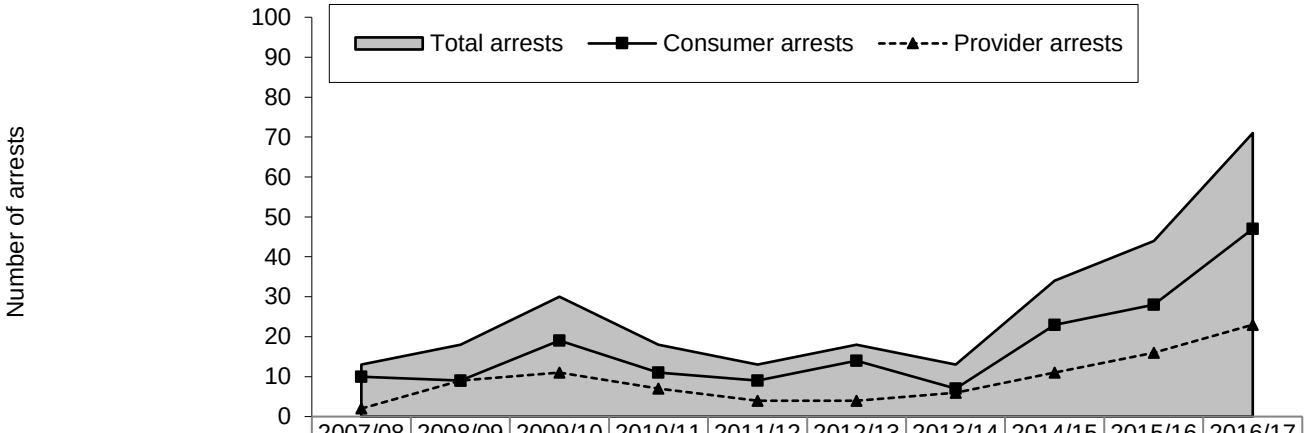
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Any crime	50	62	51	41	57	49	49	34	33	33
Dealing	30	37	35	26	36	27	32	21	16	23
Property crime	20	33	29	29	25	32	26	21	20	18
Violent crime	7	13	13	5	5	2	5	3	4	1
Fraud	2	2	3	4	8	2	1	4	1	3

Source: IDRS PWID interviews

7.2 Arrests

7.2.1 Heroin and other opioids

Figure 7.2.1: Number of arrests for opioid-related offences in Tasmania, 2007/08-2016/17

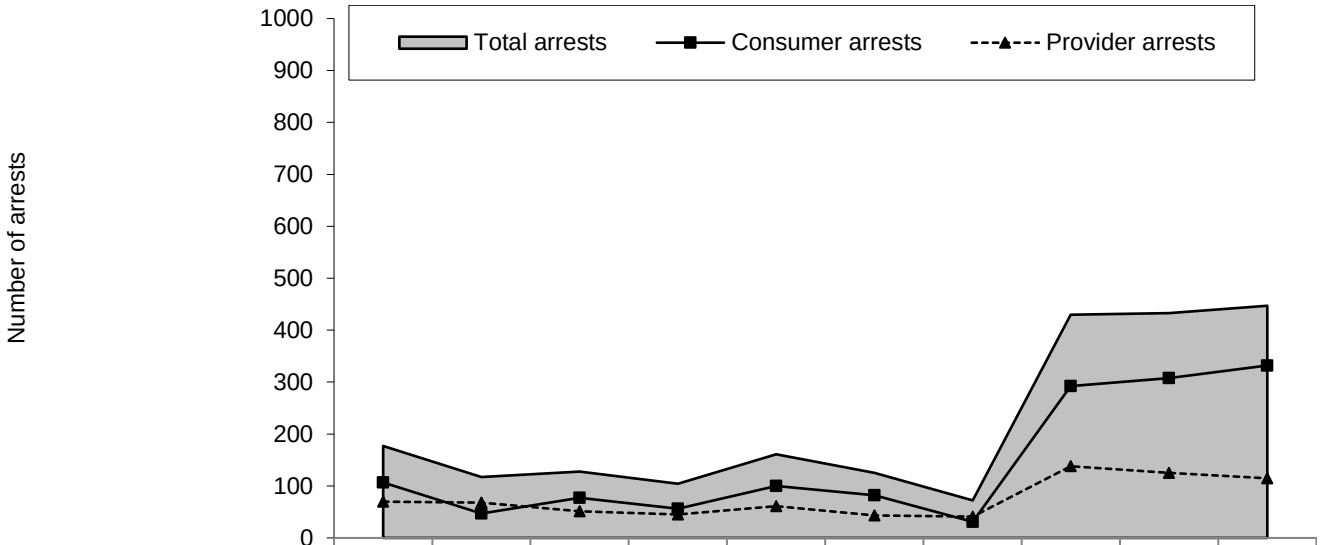


	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Total arrests	13	18	30	18	13	18	13	34	44	71
Consumer arrests	10	9	19	11	9	14	7	23	28	47
Provider arrests	2	9	11	7	4	4	6	11	16	23

Source: Australian Illicit Drug Reports 1997/98-2001/02, Australian Bureau of Criminal Intelligence; Illicit Drug Data report 2002/03- 2008/09, Australian Crime Commission; and Tasmania Police State Intelligence Services State-wide Illicit Drug Reports Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report and ACC-IDDI due to differences in counting rules. 'Consumer' refers to persons charged with use-type offences (e.g. possession, administration), while 'provider' refers to persons charged with supply-type offences (e.g. supply, cultivation or manufacture). Where a person has been charged with multiple offences within a category, that person is only counted once in these statistics. Note: Total arrests includes those offenders whose consumer/provider status was not stated, so total may exceed the sum of the consumer and provider arrests. Data in 2015/16 and 16/17 were provided by Tasmania Police State Intelligence Service. These data are preliminary and subject to revision.

7.2.2 Methamphetamine

Figure 7.3: Number of arrests for methamphetamine related offences in Tasmania, 2007/08-2016/17



	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Total arrests	177	117	128	104	161	125	72	430	433	447
Consumer arrests	107	47	77	56	100	82	31	292	308	332
Provider arrests	70	68	51	45	61	43	41	138	125	115

Source: Australian Crime Commission (previously the Australian Bureau of Criminal Intelligence) and State Intelligence Services, Tasmania Police

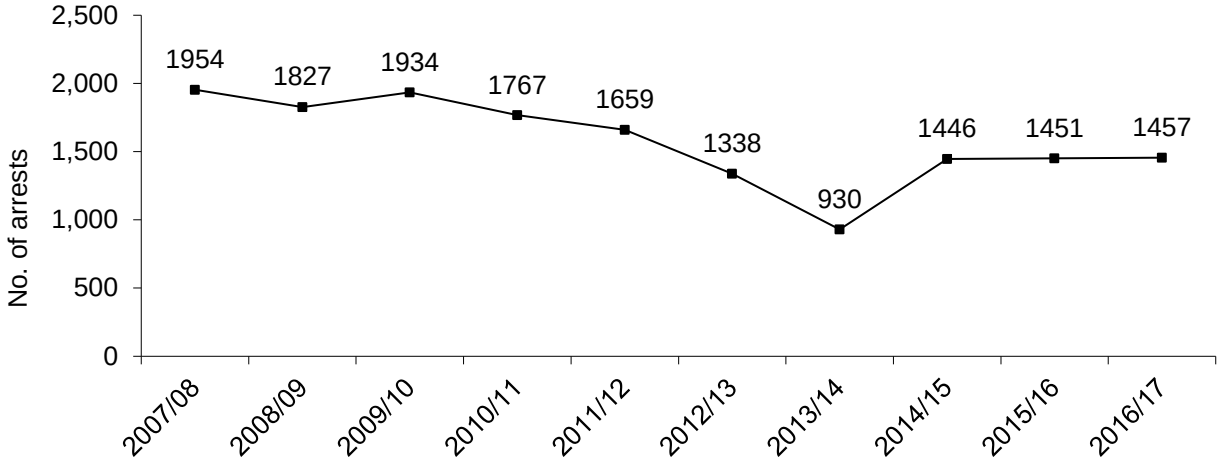
Note: Totals may differ from those reported in the Department of Police and Emergency Management annual report due to differences in counting rules. Cases here relate to both arrest and summons charges for methamphetamine-related offences. Data for 2015/16 were not available at the time of publication. Data in 2015/16 were provided by Tasmania Police State Intelligence Service. These data are preliminary and subject to revision.

7.2.3 Cocaine

Arrests for cocaine-related offences in Tasmania have been infrequent. Between 2004/05 and 2013/14, the number of arrest relating to cocaine offences ranged between zero and three (Australian Bureau of Criminal Intelligence, 2001; Australian Crime Commission, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, & 2015; and State Intelligence Services, Tasmania). In 2014/2015, Tasmanian Police made 6 arrests for cocaine-related offences. In 2015/16, Tasmanian Police made 9 arrests for cocaine-related offences (six consumer and three provider arrests).

7.2.4 Cannabis

Figure 7.2.4: Number of arrests (including cautions and diversions) for cannabis-related offences in Tasmania, 2007/08-2016/17



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

Table 7.2.4: Drug diversions or cautions issued statewide by Tasmania Police, 2007/08-2016/17

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number cautions/ diversions	1,681	1,528	1,609	1,132	869	778	690	648	624	518
No. diverted to health intervention	634	536	615	413	307	260	205	216	178	109

Source: Alcohol and Drug Services, Tasmanian Department of Health and Human Services.
Note: Data from the second half of the 2010/11 and in subsequent years of reporting does not include persons less than 18 years of age. Data for numbers diverted to health interventions for 2016/17 is preliminary and subject to revision