EDRS

TASMANIAN DRUG TRENDS 2021

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

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TASMANIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas, Dr Joemer Maravilla and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the EDRS in the present and in previous years.

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Ben Sanderson, Luke Huxley, Caitlin Connolly, Kaitlin Fletcher and Rachael Beckley for conducting the Tasmanian EDRS interviews in 2021. We would also like to thank the Students for Sensible Drug Policy (SSDP) for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the EDRS.

We acknowledge the traditional custodians of nipaluna, lutruwita, the land on which the work for this report was undertaken. We pay respect to the muwinina and palawa people, to pay respect to Elders past, present, and emerging.

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Abbreviations

4-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
QLD	Queensland
SD	Standard deviations
SA	South Australia
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

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Executive Summary

The Tasmanian (TAS) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of mouth in Hobart, TAS. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from May-July. Interviews were delivered face-to-face (n=83) as well as via telephone (n=19), due to COVID-19 restrictions being imposed in various jurisdictions throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample relative to previous years.**

Sample Characteristics

The TAS EDRS sample (N=102) recruited from Hobart, Tasmania, was demographically very similar to the sample in 2020 and in previous years; the sample comprised predominantly young, educated males (62%), most of whom were living in a rental house/flat (49%) or residing with their parents/at their family home (28%) at the time of interview. Ecstasy and cocaine were the drugs of choice (30% and 22%, respectively). Cannabis and alcohol were the drugs used most often in the preceding month (29% and 27%, respectively) in 2021.

COVID-19 Impact

Half (50%) of the TAS sample had been tested for SARS-CoV-2 in the 12 months prior to interview, though no participants had been diagnosed with COVID-19. Eighteen per cent of the sample had received at least one-dose of the COVID-19 vaccine at the time of interview, and the majority (66%) reported that they were 'not at all' worried about contracting COVID-19.

Ecstasy

The ecstasy market has diversified over the past few years, with the per cent reporting any recent (i.e. past six month) use of any ecstasy pills declining and use of crystal increasing (55% and 66% of the TAS sample, respectively). Median days decreased in 2021 from 13 days in 2020 to 10 days. A significant increase in price was observed for pills, caps and crystal. There was a significant change in the perceived availability of pills and crystal, with fewer participants reporting that either form was 'very easy' to obtain.

Methamphetamine

Recent use of any methamphetamine has been declining amongst the TAS sample since the commencement of monitoring, with 31% reporting any recent use in 2021 (31% in 2020). Participants reported using methamphetamine less than monthly on average, with a median of three days of any methamphetamine use in the preceding six months. Perceived price, purity and availability of methamphetamine was stable between 2020 and 2021.

Cocaine

Recent use of cocaine has increased over the years of monitoring, with 84% reporting any recent use recorded in 2021 (61% in 2020; $p<0.001$), the largest per cent since monitoring began. Six per cent of participants that reported recent cocaine use reported weekly or more frequent use. The quantity used in a 'typical' session and a maximum session significantly decreased to 0.30 grams and 0.50 grams. The median price of a gram of cocaine was reported as $350 in 2021.

Cannabis

Three quarters (75%) of participants reported recent use in 2021, stable from 2020 (84%). Participants who had recently used cannabis reported use on a median of 55 days out the preceding six months (60 days in 2020), with 63% reporting weekly or more frequent use (63% in 2020) and 28% reporting daily use (21% in 2020). An ounce of bush cannabis significantly decreased in price from a median of $250 in 2020 to $210 in 2021; hydroponic cannabis prices were stable.

Ketamine, LSD and DMT

Recent use of both ketamine and LSD remained stable in 2021 relative to 2020. Forty-

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six per cent and 63% of the TAS sample reported any recent use in 2021, respectively. The median price of ketamine and LSD increased ($200 in 2020; $250 in 2021; *p*=0.006; $18 in 2020; $20 in 2021; *p*=0.002, respectively). The perceived availability of ketamine and LSD significantly changed in 2021, with more participants reporting that they were 'difficult' or 'very difficult' to obtain. Sixteen per cent reported recent use of DMT in 2021, stable from 2020 (13%).

New Psychoactive Substances (NPS)

Eleven per cent reported recent use of any NPS (including plant-based NPS) in 2021 and 10% reported recent use of any NPS (excluding plant-based NPS). Phenethylamine substances were the most common recently used NPS in 2021 (6%).

Other Drugs

Almost all participants (97%) reported recent alcohol consumption, of which three-quarters (75%) reported drinking on a weekly or more basis. Tobacco smoking remained common (76% recent) with 36% of consumers reporting daily smoking. Half of the sample reported recent use of e-cigarettes, which was a significant increase relative to 2020 (35%). Frequency of e-cigarette use also significantly increased to 15 days from four days in 2020. Hallucinogenic mushrooms remain commonly but infrequently used among EDRS participants: 52% of participants reported recent use with typically one occasion of use every two months. Just over two-fifths (41%) reported recent use of nitrous oxide in 2021, similar to rates in 2020 (41%), at a median frequency of two days. Sixteen per cent reported recent use of capsules with unknown contents, a significant increase from 2020.

Drug-Related Harms and Other Associated Behaviours

On the last occasion of ecstasy or related drug use, 93% of the sample reported concurrent use of two or more drugs (including alcohol, tobacco and prescription medicines).

Just over four in five participants (87%) obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Ten per cent reported a non-fatal stimulant overdose, and 16% reported a non-fatal depressant overdose in the past year. The per cent reporting injecting drug use remained low, as did the number currently in drug treatment (n≤5, respectively).

The majority of the sample (82%) reported engaging in sexual activity in the past four weeks, of which 16% reported penetrative sex without a condom where they did not know the HIV status of their partner.

Three in five participants (60%) self-reported that they had experienced a mental health problem in the preceding six months, the most common problems being anxiety and depression.

Ninety-one per cent of the sample had driven recently, 22% reported driving while over the perceived legal limit of alcohol and 30% reported driving within three hours of consuming an illicit or non-prescribed drug.

Any criminal activity in the month preceding interview was stable at 32% in 2021 (33% in 2020). Interestingly, 100% of participants reported face-to-face obtainment of illicit drugs on any occasion in the 12 months preceding interview, which was a significant increase compared to 94% in 2020. Over one-third (34%) of the sample reported obtaining illicit drugs through someone who had purchased them on the surface or darknet in the last 12 months, stable compared to 2020.

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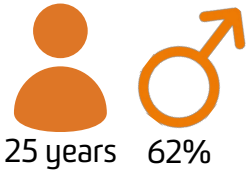
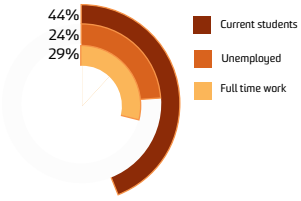
EDRS Ecstasy and Related Drugs Reporting System

2021 SAMPLE CHARACTERISTICS

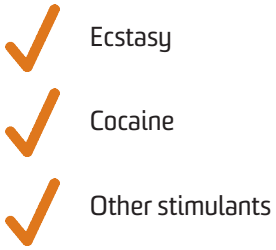
In 2021, 102 people from Hobart, TAS, participated in EDRS interviews.



The median age in 2021 was 25 (IQR = 22 - 30), and 62% identified as male.

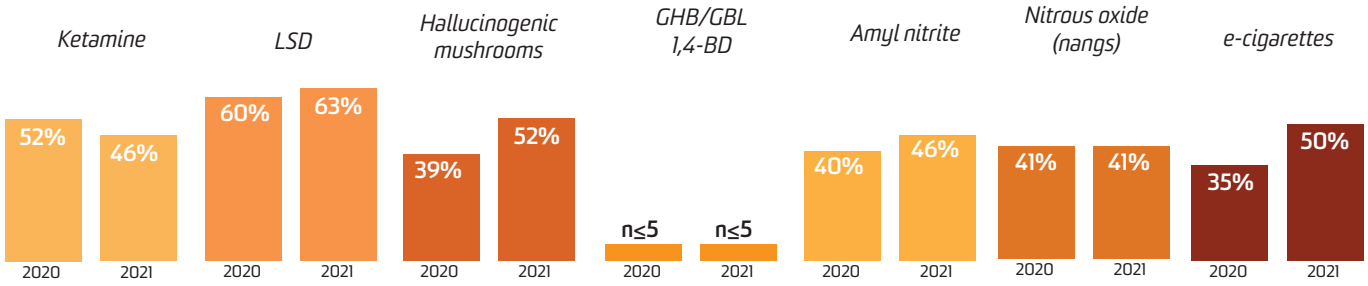


In the 2021 sample, 44% were enrolled students, 24% were unemployed, and 29% were employed full time.

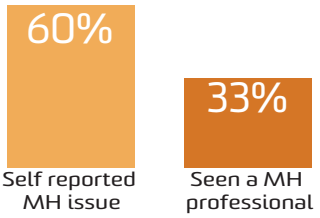


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

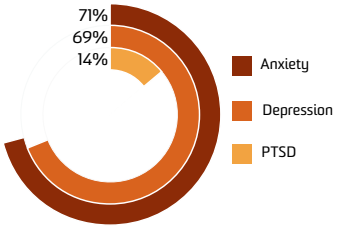
PAST 6 MONTH USE OF OTHER DRUGS



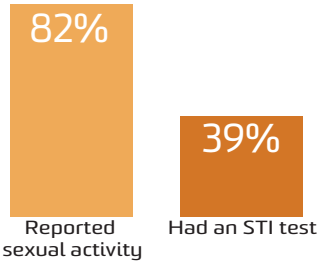
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



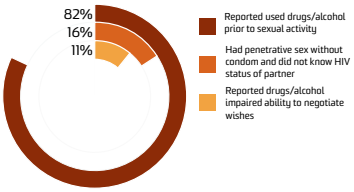
In the total sample, 60% self-reported a mental health issue and 33% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (71%), depression (69%) and PTSD (14%).

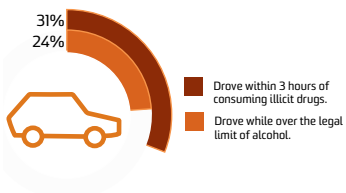


In the total sample, 82% reported sexual activity in the past 4 weeks, and 39% had a sexual health check in the past 6 months.



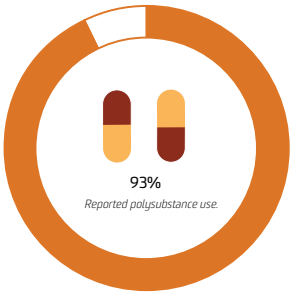
Sexual risk behaviours among those who reported any sexual activity in the past four weeks (82%) and were able to comment.

OTHER RISK BEHAVIOURS

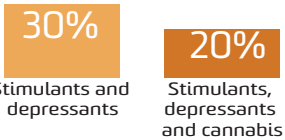


In the total sample, 31% reported driving a vehicle within 3 hours of consuming illicit drugs and 24% while over the legal limit of alcohol.

The most common drug used prior to driving was cannabis (71%).



In the total sample, 93% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.



In the total sample, 30% reported to have used stimulants and depressants on one occasion whereas 20% reported using stimulants, depressants and cannabis.

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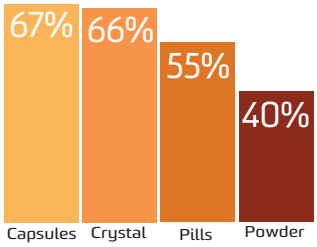
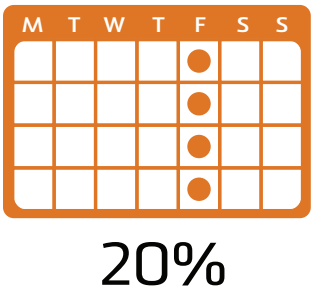
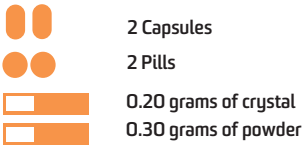
ECSTASY



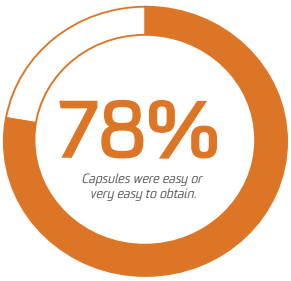
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



Of those who had recently consumed ecstasy, 20% used it weekly or more frequently.

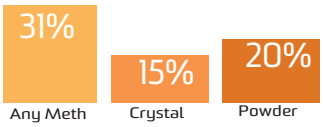


Median amounts of ecstasy consumed in a 'typical' session using each form.

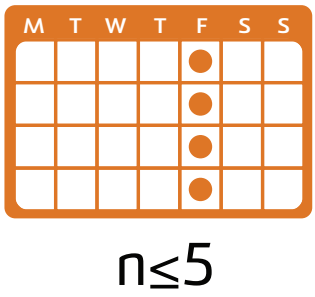


Of those who could comment 78% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

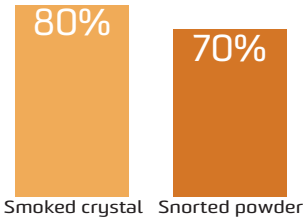
METHAMPHETAMINE



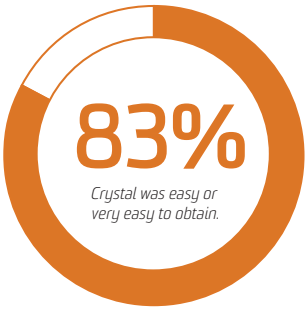
Past 6 month use of any methamphetamine (31%), crystal (15%), powder (20%) and base (n≤5) in 2021.



Of those who had recently consumed methamphetamine, n≤5 used it weekly or more frequently.

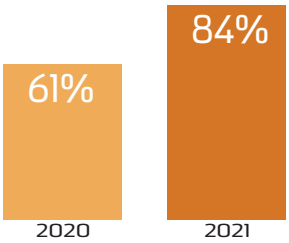


80% of people who had recently used crystal smoked it. Of those who had recently used powder, 70% snorted it.

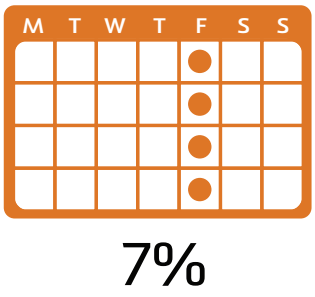


Of those who could comment 83% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

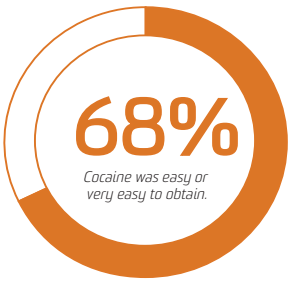


Past 6 month use of any cocaine increased from 2020 (61%) to 2021 (84%).



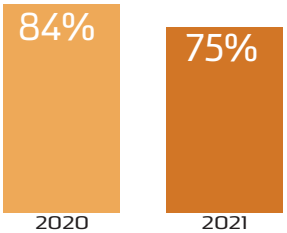
Of those who had consumed cocaine recently, 7% reported weekly or more frequent use.

Of those who had consumed cocaine in the last 6 months, the vast majority had snorted it (97%).

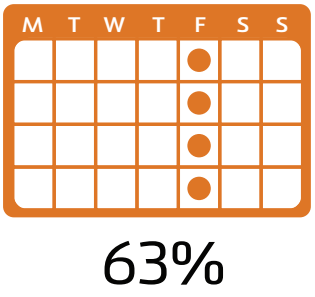


Of those who could comment 68% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

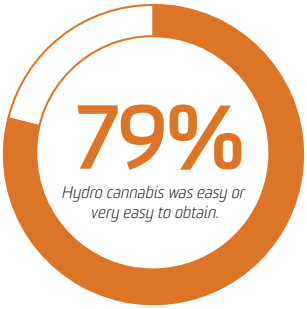


Past 6 month use of any cannabis remained stable from 84% in 2020 to 75% in 2021.



Of those who had consumed cannabis recently, 63% reported weekly or more frequent use.

Of those who had consumed cannabis in the last 6 months, 95% had smoked it.



Of those who could comment 79% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background

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

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

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in WA; always 18 or older in Tasmania), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets; or on pen and paper surveys. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

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

In 2021, a hybrid approach was used with interviews conducted either face-to-face (with participants reimbursed with cash) or via telephone (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that telephone interviews were

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conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

Almost all jurisdictions, including Tasmania, had trouble recruiting in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 102 participants interviewed in Hobart, TAS during May-July 2021. A total of 19 interviews were conducted via telephone. Eleven per cent of the 2021 TAS sample had also completed the interview in 2020.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (however, zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Tasmania (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

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

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

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1

Sample Characteristics

In 2021, the Tasmania (TAS) EDRS sample was mostly demographically similar to the sample in 2020 and in previous years (Table 1).

There were no difference in gender identity compared to the 2020 sample (p=0.356), with more of the sample identifying as male (62%; 54% in 2020) than female (35%; 44% in 2020).

There was a significant change in current accommodation between 2020 and 2021 (p=0.042). There was an increase in participants who reported owning their property of residence (15%; 6% in 2020), with a slight decrease in those living in a rented house/flat (49%; 57% in 2020), or with their parents/in their family house (28%; 34% in 2020) (Table 1).

Over two-fifths (44%) were current students (48% in 2020; p=0.680) and 69% had post-school qualifications (57% in 2020; p=0.118) (Table 1).

Employment status was stable between 2020 and 2021 (p=0.383). Twenty-nine per cent of the TAS sample reported being employed full-time (28% in 2020) and 24% reported being unemployed at the time of interview (34% in 2020) (Table 1).

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Table 1: Demographic characteristics of the sample, nationally (2021) and Tasmania, 2017-2021

	National 2021 N=774	TAS 2021 N=102	TAS 2020 N=100	TAS 2019 N=98	TAS 2018 N=100	TAS 2017 N=100
Median age (years; IQR)	24 (21-29)	**25 (22-30)**	23 (19-28)	24 (21-27)	25 (17-42)	23 (17-39)
% Gender						
Female	34	**35**	44	38	35	35
Male	63	**62**	54	60	64	65
Non-binary	3	**-**	-	0	/	/
% Aboriginal and/or Torres Strait Islander	6	**9**	-	7	-	-
% Sexual identity						
Heterosexual	73	**77**	78	86	87	85
Homosexual	4	**-**	-	-	-	-
Bisexual	14	**11**	9	10	10	13
Queer	6	**6**	-	-	/	/
Different identity	2	**-**	6	-	0	0
Mean years of school education (range)	12 (6-12)	**12 (7-12)**	12 (8-12)	12 (8-12)	12 (8-12)	12 (8-12)
% Post-school qualification(s)^	60	**69**	57	78	57	40
% Current employment status						
Employed full-time	27	**29**	28	21	13	21
Part time/casual	45	**43**	34	45	50	27
Self-employed	6	**-**	-	-	/	/
Students[#]	45	**44**	48	36	12	34
Unemployed	22	**24**	34	29	23	15
Current median weekly income $ (IQR)	(N=774) $600 (375-1000)	**(N=100) $500 (350-951)**	(N=100) $700 (406-891)	(N=97) $500 (300-800)	(N=98) $552 (358-800)	(N=98) $300 (214-750)
% Current accommodation		*				
Own house/flat	5	**15**	6	-	-	-
Rented house/flat	50	**49**	57	63	54	63
Parents'/family home	40	**28**	34	27	40	36
Boarding house/hostel	2	**0**	-	-	-	-
Public housing	1	**-**	-	-	-	/
No fixed address+	1	**-**	0	-	-	0
Other	0	**-**	0	0	0	-

Note. [#] 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug of choice remained stable in 2021 compared to 2020 (p=0.701), with participants typically reporting that ecstasy (30%) was their drug of choice in 2021 (27% in 2020) (Figure 1). In contrast, there was a significant change in the drug used most often in the past month (p=0.005). Specifically, there was an increase in ecstasy being the drug used most often in the month preceding interview

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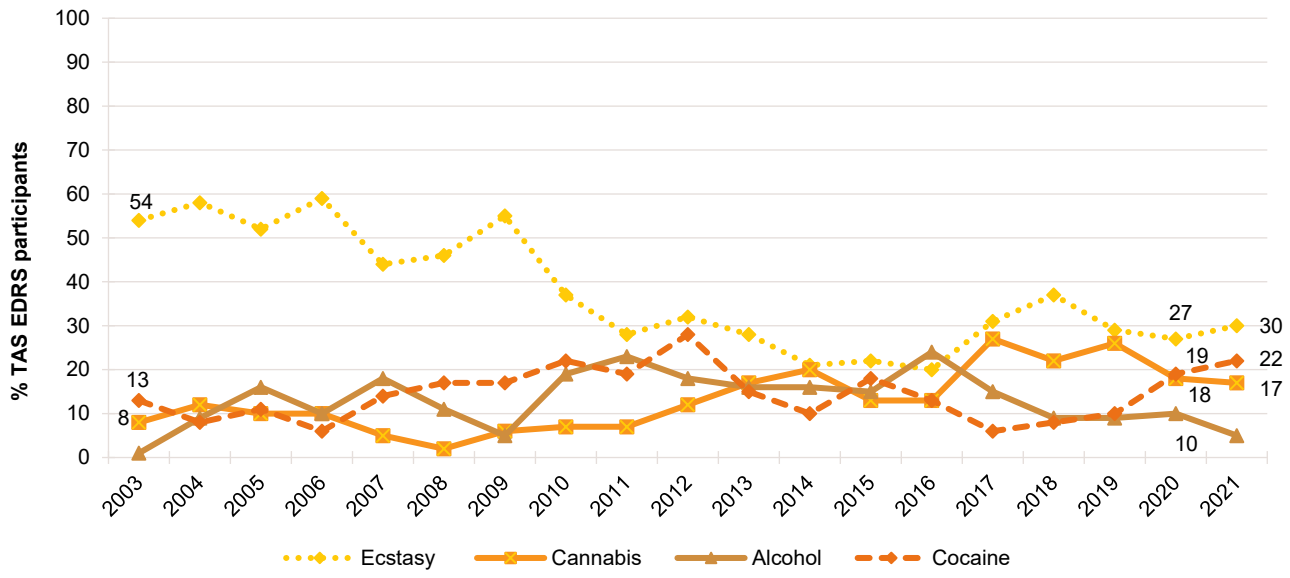
(22%; 6% in 2020), with a decrease in cannabis (29%; 36% in 2020) and alcohol (27; 44% in 2020) being the drug used most often (Figure 2).

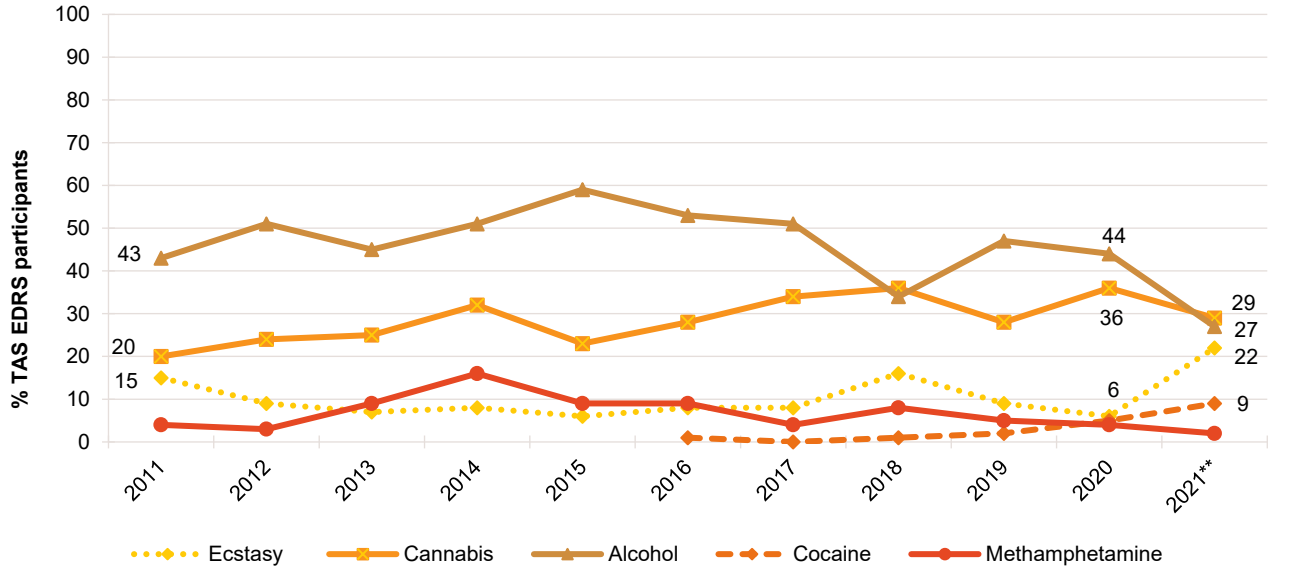
One-fifth (20%) of the sample reported weekly or more frequent ecstasy use (26% in 2020; p=0.380), whereas almost half (48%) reported weekly or more frequent cannabis use (53% in 2020; p=0.525). Six per cent of participants reported weekly or more frequent cocaine use (n≤5 participants reporting weekly or more frequent cocaine use in 2020; therefore, numbers are suppressed; p=0.288) (Figure 3).

Figure 1: Drug of choice, Tasmania, 2003-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug used most often in the past month, Tasmania, 2011-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2020 and 2021 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. Data not available for cocaine 2011-2015 due to low numbers.

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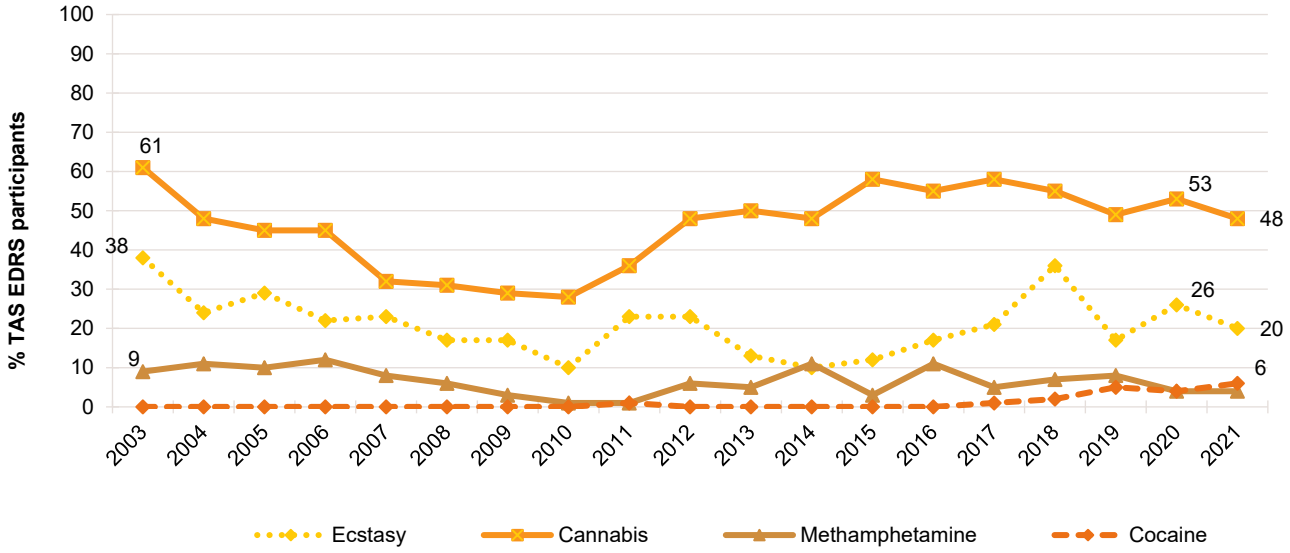
Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2003-2021



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28/3/2020) which declined shortly thereafter (<20 cases per day nationally from 20/4/2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5/8/2020), which subsequently declined from September onwards (<20 cases per day from 23/9/2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards) and a couple of months later in Victoria (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31/8/2021).

Tasmania observed its first case of COVID-19 on 2 March, 2020. A few weeks later, on 17 March 2020, a public health emergency was declared in Tasmania, though a state of emergency was declared on 19th March 2020, giving the police power to enforce self-isolation rules. The Tasmanian border closed on 22nd March 2020 and those arriving in Tasmania following the border closure were required to sign a declaration that they would self-isolate for 14 days and provide an address to the police. A stay at home order was made on 30th March 2020 restricting travel outside of necessary activities. Restrictions began to ease as of 8th May 2020 (stage 1 restrictions), allowing gatherings of up to 10 people. Stage 2 restrictions, ending the stay at home order and up to 20 person gatherings, commenced on 5th June 2020, and were further loosened to Stage 3 on 26 June. State borders remained closed until October 26 (Figure 4).

In May 2021, when interviews commenced, it had been 12 months since there had been a recorded case of COVID-19 in the Tasmanian community. Tasmania's borders remained open for domestic travel but restrictions applied to people who had been in high risk Australian States and Territories, local government areas or high risk premises.

Notably, most of the 2021 EDRS surveys occurred before the most recent wave of cases and before subsequent restrictions were introduced in some jurisdictions. However, Figure 4 serves to illustrate how COVID-19 restrictions throughout 2020-2021 may have impacted substance use, particularly those used in the context of entertainment venues and other recreational locations (which were often closed throughout periods of restrictions and beyond).

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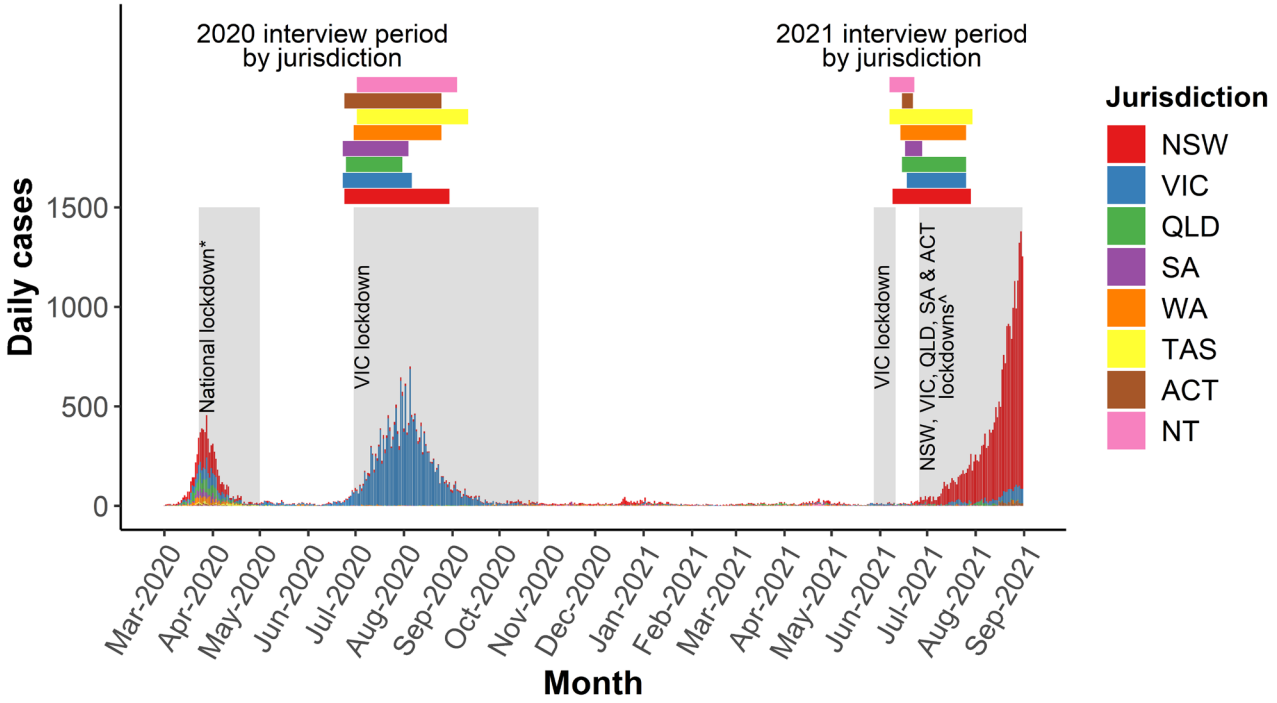
Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021



Note. Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1. ^NSW lockdown 26 June onwards; VIC lockdowns 14 July-27 July and 5 August onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August; ACT lockdown 12 August onwards.

COVID-19 Testing and Diagnosis

In 2021, half (50%) of the sample had been tested for SARS-CoV-2 in the 12 months prior to interview (6% in 2020), though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (66%) responded ‘not at all’, and over one-quarter (32%) were ‘slightly’ worried (Figure 5).

Eight per cent of the sample reported quarantining for at least fourteen days or more due to a positive test or possible exposure, with few participants (n≤5) quarantining in the month prior to interview, in the six months prior to interview or in the twelve months prior to interview. At the time of interview, 18% reported that they had received at least one dose of the COVID-19 vaccine.

COVID-19 Related Health Behaviours

Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 6). Most commonly, participants reported keeping distance from other people (40%), wearing a face mask (33%), and changing/cancelling travel plans (21%).

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Figure 5: Current concern related to contracting COVID-19, Tasmania, 2020-2021

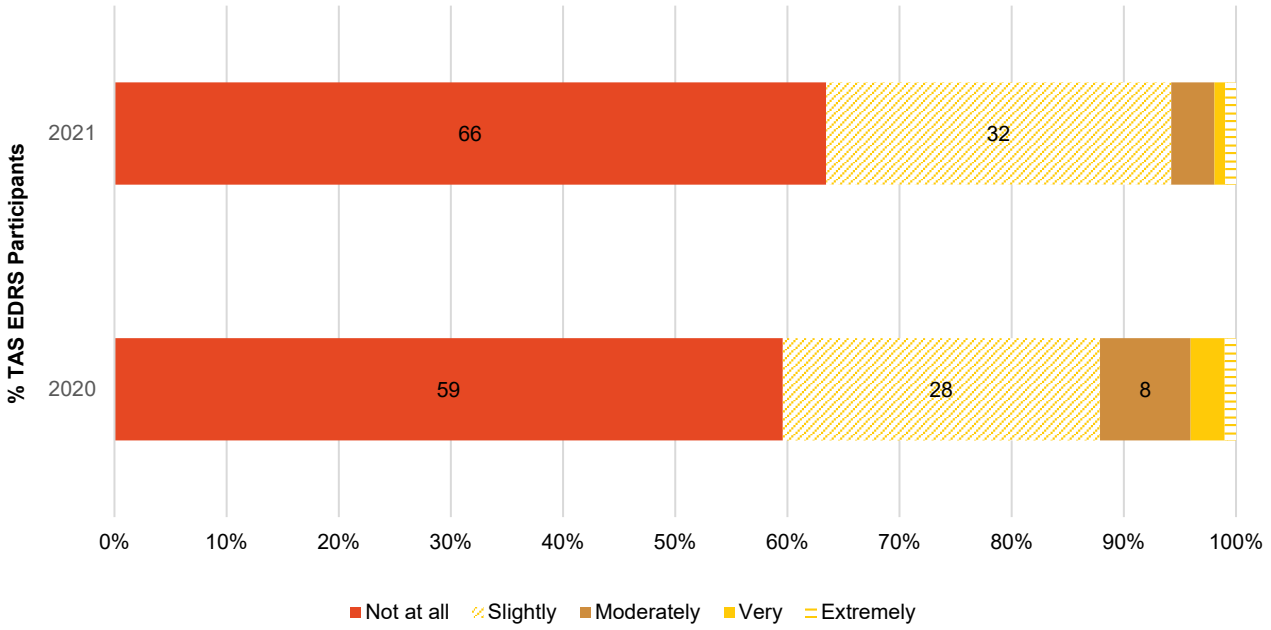
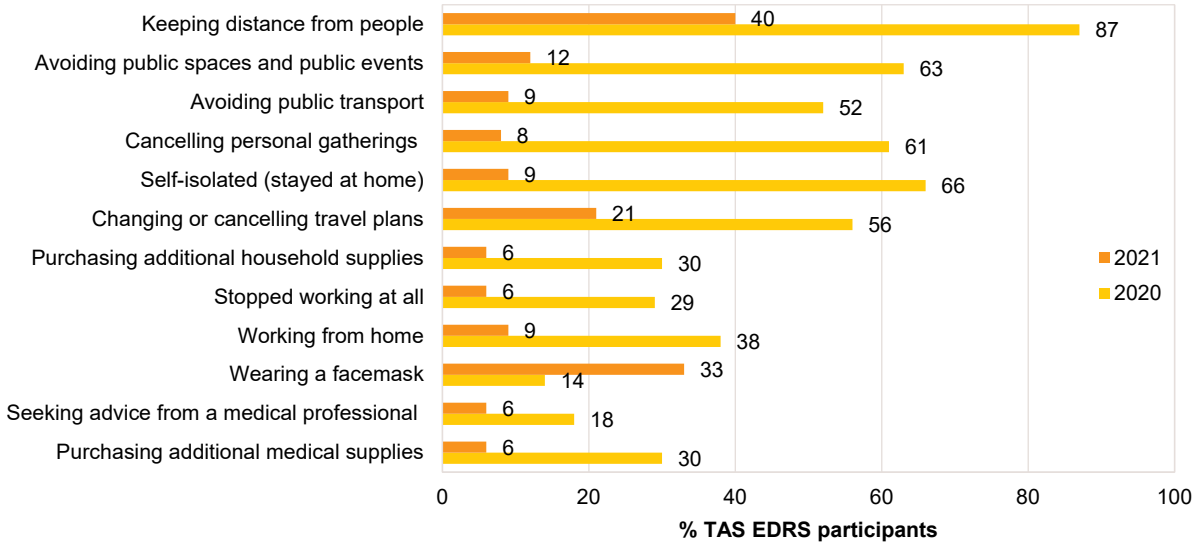


Figure 6: Health precautions related to COVID-19 in the past four weeks, Tasmania, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

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3

Ecstasy

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

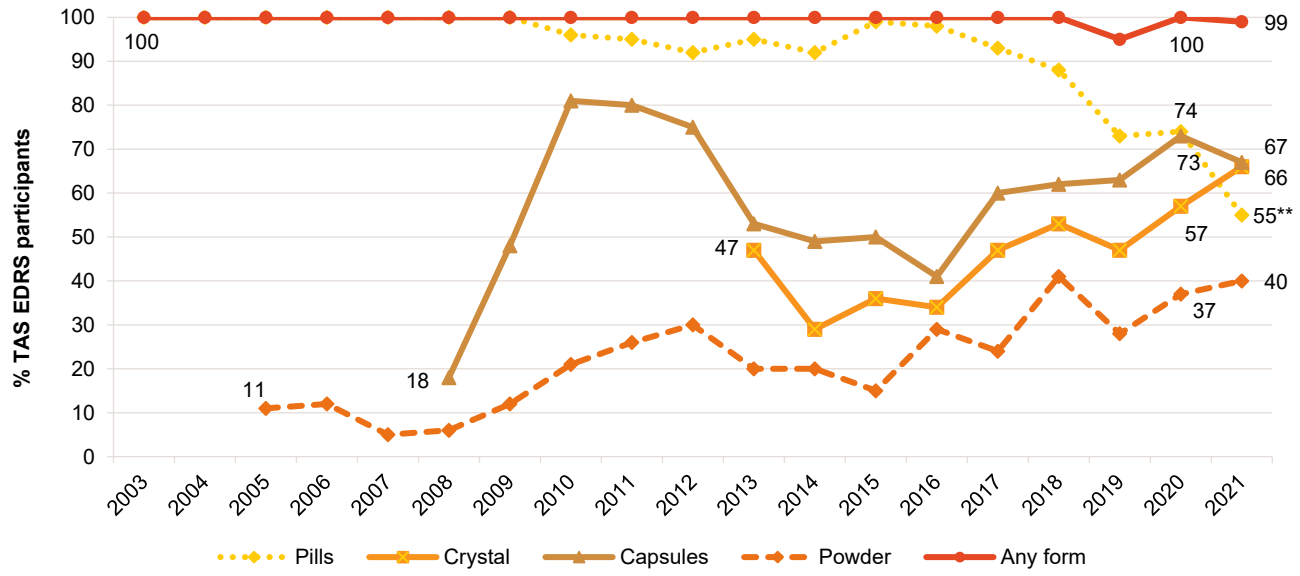
Recent Use (past 6 months)

In 2021, nearly all participants (99%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 7) and reflecting the eligibility criteria (see methods for the annual interviews). There continued to be a shift to greater use of ecstasy crystal and declining use of ecstasy pills (discussed further below).

Frequency of Use

Participants reported using ecstasy (in any form) on a median of 10 days (IQR=6-19; n=100), equivalent to less than fortnightly use in the preceding six months, which was a significant decline from 13 days in 2020 (IQR=7-24; *p*=0.039) (Figure 8). Among those that reported recent use (n=101), the proportion of the sample reporting weekly or more frequent use of any form of ecstasy was stable relative to 2020 (20%; 26% in 2020; *p*=0.401).

Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Tasmania, 2003-2021



Note. Until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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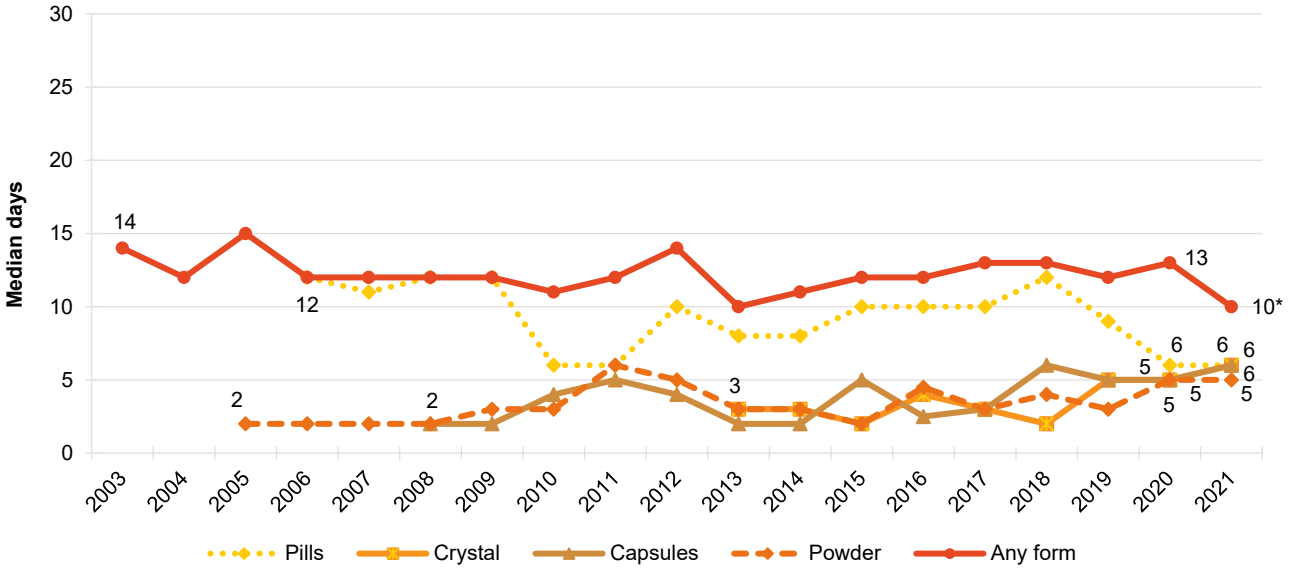
Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Tasmania, 2003-2021



Note. Until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data not available for pills 2003 and 2004. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Fifty-five per cent of the TAS sample reported recent use of pills in 2021, a significant decrease from 74% in 2020 (p=0.007) (Figure 7).

Frequency of Use: Participants reported using pills on a median of six days in 2021 (IQR=3-12). This remained stable from six days in 2020 (IQR=3-15; p=0.797) (Figure 8). Among those who had recently consumed pills, 16% reported weekly or greater use in 2021 compared to 12% in 2020 (p=0.702).

Routes of Administration: The most common route of administration continued to be swallowing (98% versus 92% in 2020; p=0.234), followed by snorting (50%; 49% in 2020).

Quantity: In a 'typical' session, the median number of pills used was two (IQR=1-3; n=54) in 2021 (2 pills in 2020; IQR=1-3; n=74; p=0.882). The median maximum number of pills used in a session was three (IQR=2-5; n=54; 3 pills in 2020; IQR=2-5; n=70; p=0.829).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most common form of ecstasy used in TAS in 2021, with just over two-thirds (67%) of the total sample reporting recent use in 2021, stable from 73% in 2020 (p=0.408) (Figure 7).

Frequency of Use: Participants reported consuming capsules on a median of six days in 2021 (IQR=3-10). This remained stable from five days in 2020 (IQR=3-10; p=0.921) (Figure 8). Among those who recently consumed capsules, 9% reported weekly or greater use in 2021 (n≤5 reported weekly or greater use in 2020; therefore, these data are suppressed; p=0.424).

Routes of Administration: The majority of participants that reported recent use of capsules reported swallowing (99%; 96% in 2020; p=0.663), followed by snorting (38%; 47% in 2020; p=0.406).

Quantity: The median quantity of capsules used in a 'typical' session was two (IQR=1-2; n=66) in 2021 (2 in 2020; IQR=1-3; n=74; p=0.280) and the median for the maximum amount used was two capsules (IQR=2-4; n=66; 3 in 2020; IQR=2-4; n=61; p=0.534).

Contents of Capsules: Of those participants who had recently used capsules, most (64%) reported crystal being among the contents the last time they had used the substance, whilst 44% reported powder being among the contents.

Ecstasy Crystal

Recent Use (past 6 months): Sixty-six per cent of the TAS sample reported recent use of crystal in 2021, stable relative to 57% in 2020 (p=0.261) (Figure 7).

Frequency of Use: Participants reported using crystal on a median of six days (IQR=3-10) in 2021. This remained stable from five days in 2020 (IQR=3-10; p=0.625) (Figure 8). Few participants (n≤5) who had recently consumed crystal reported weekly or more frequent use in 2021; therefore, these data are suppressed (9% in 2020; p=0.819).

Routes of Administration: Almost all (96%) participants that recently used capsules reported swallowing crystal (an increase from 82% in 2020; p=0.038), followed by 55% of participants who reported snorting (70% in 2020; p=0.127).

Quantity: The median amount of crystal used in a 'typical' session significantly decreased to 0.20 grams (IQR=0.10-0.30; n=46; 0.30 grams in 2020; IQR=0.20-0.50; n=45; p=0.042). The median maximum amount of crystal used in 2021 also significantly decreased to 0.30 grams (IQR=0.20-0.50; n=49; 0.60 grams in 2020; IQR=0.30-1.00; n=46; p=0.007).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder remained stable in 2021 (40%; 37% in 2020; p=0.747) (Figure 7).

Frequency of Use: Participants reported consuming powder on a median of five days (IQR=2-10) in 2021. This remained stable from five days in 2020 (IQR=2-10; p=0.876) (Figure 8). Few participants (n≤5) who had recently consumed powder reported weekly or more

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frequent use in 2021 and 2020; therefore, these data are suppressed (p=0.683).

Routes of Administration: The most common route of administration for powder has consistently been snorting (76%; 86% in 2020; p=0.353), with 63% reporting swallowing (41% in 2020; p=0.073).

Quantity: The median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50, n=28; 0.30 grams in 2020, IQR=0.30-0.50; n=19; p=0.162). The median maximum amount of powder used in 2020 was 0.50 grams (IQR=0.30-1.00, n=28; 0.50 grams in 2020; IQR=0.50-1.00; n=21; p=0.234).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of a pill significantly increased to $25 in 2021 (IQR=25-30; n=34) from $20 in 2020 (IQR=15-25; n=75; p<0.001) (Figure 9).

Perceived Purity: The perceived purity of ecstasy pills remained stable (p=0.956). Of those who responded and reported recent use in 2021 (n=56), almost one-third reported that pills were of 'medium' purity (32%), followed by 30% who reported 'fluctuating' purity (Table 2).

Perceived Availability: There was a significant change in the perceived availability of ecstasy pills (p=0.002). Specifically, among those who were able to comment in 2021 (n=52), there was a decrease in the percentage of participants who reported perceived availability to be 'very easy' (19%; 49% in 2020) and increase in reports of 'difficult' (33%; 17% in 2020) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $25 in 2021 (IQR=25-25; n=48), significantly greater than the median price of $25 in 2020 (IQR=20-25; n=74; p=0.028) (Figure 9).

Perceived Purity: The perceived purity of caps remained stable relative to 2020 (p=0.421) (Table 2). Among those who were able to comment in 2021 (n=63), the largest proportion reported that caps were of 'medium' purity (46%; 55% in 2020).

Perceived Availability: The perceived availability of caps in 2021 was stable relative to 2020 (p=0.108). Of those who responded in 2021 (n=64), almost three-fifths (58%) reported that capsules were 'easy' to obtain (40% in 2020) (Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal significantly increased to $250 in 2021 (IQR=215-250; n=31; $200 in 2020; IQR=140-228; n=52; p=0.005). The median price of a point of crystal was $35 (IQR=25-53; n=8; $22 in 2020; IQR=19-31; n=12; p=0.096) (Figure 10).

Perceived Purity: Perceived purity of crystal remained stable between 2020 and 2021 (p=0.511). Among those who responded in 2021 (n=57), 'medium' and 'high' purity were each reported by 37% of participants (50% and 33%, respectively). Fourteen per cent of participants reported 'fluctuating' purity; 12% reported that purity was 'low' (10% in 2020) (Table 2).

Perceived Availability: There was significant change in the perceived availability of crystal (p=0.001). In 2020 (n=51), 47% reported that availability of crystal was 'very easy' and 47% reported 'easy', with the remaining 6% reporting that it was 'difficult'. In 2021 (n=57)

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there was a decrease in reports of 'very easy' (19%) and 'easy' (44%), and an increase in reports of 'difficult' (26%) and 'very difficult' (11%) (Table 2).

Ecstasy Powder

Price: A gram of ecstasy powder was stable at $200 between 2020 (IQR=173-200; n=12) and 2021 (IQR=165-220; n=11; *p*=0.850) (Figure 10). In 2021 a point of powder was a median of $28 (IQR=21-250; n=6; $25 in 2020; IQR=23-27; n=6; *p*=0.625).

Perceived Purity: The perceived purity of powder remained stable between 2021 and 2020 (*p*=0.365). Of those who responded in 2021 (n=29), an equal proportion (31%) reported that powder purity was 'medium' or 'high'. Almost one quarter (24%) reported that it was 'low'. In 2020, the majority (56%) reported powder was of 'medium' purity (n=18) (Table 2).

Perceived Availability: The perceived availability of powder was stable between 2021 and 2020 (*p*=0.460). Of those who responded in 2021 (n=28), 46% perceived powder to be 'easy' to obtain, with 25% reporting that it was 'very easy', and 25% reporting that it was 'difficult'. In 2020 (n=18) the majority (67)% reported that powder was 'easy' to obtain followed by 22% reporting 'very easy' (Table 2).

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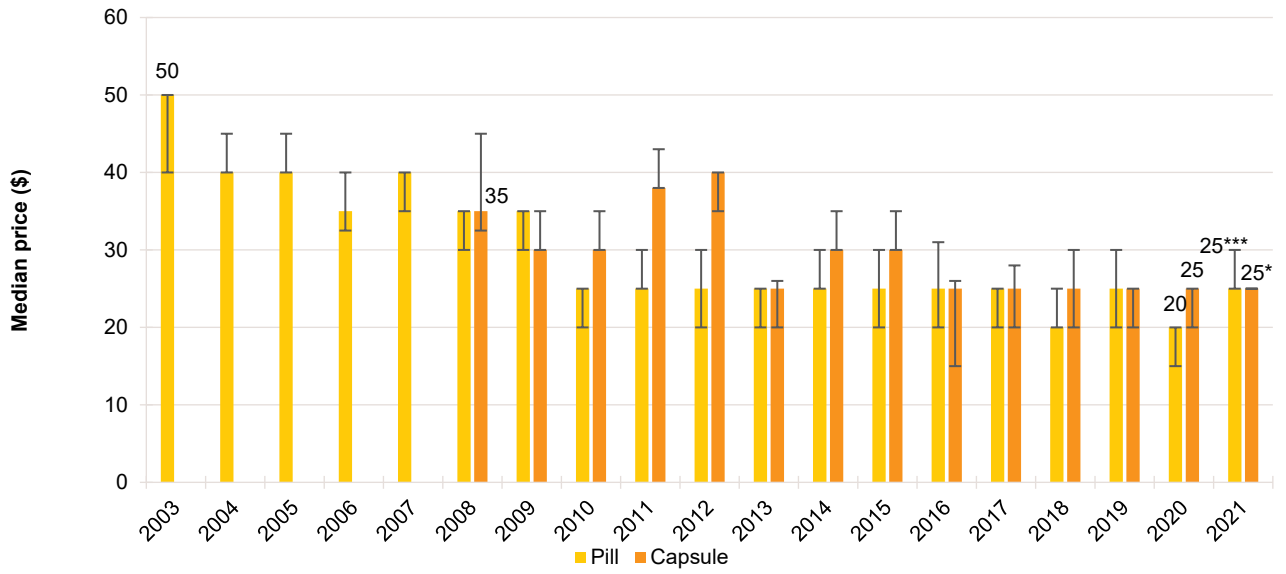
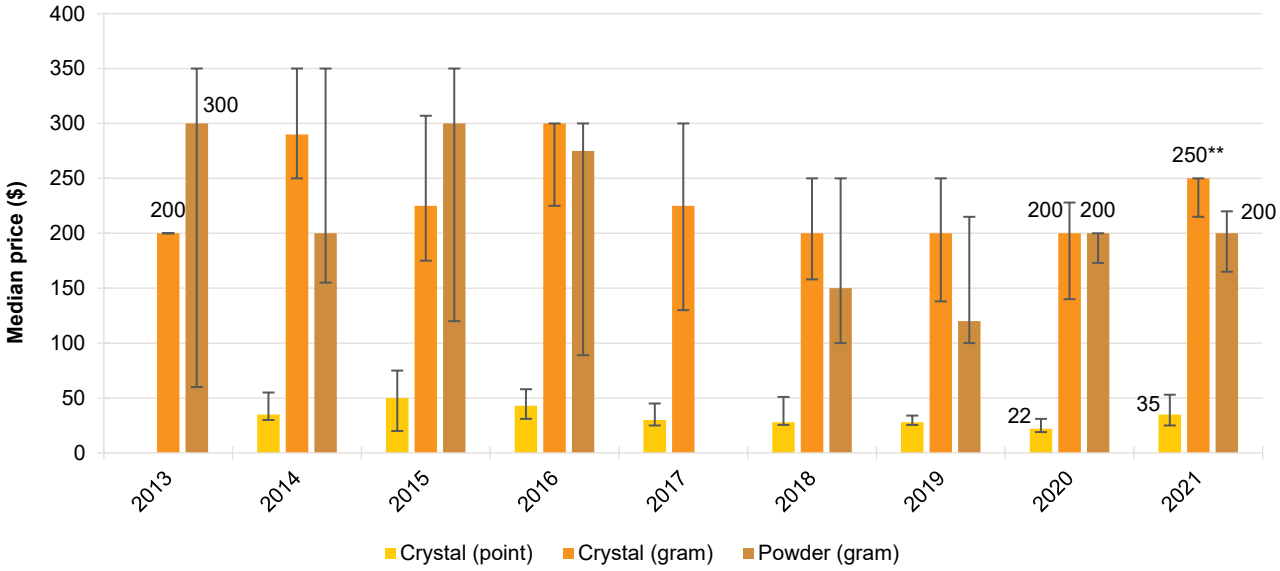
Figure 9: Median price of ecstasy pill and capsule, Tasmania, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures in years of initial monitoring, and 2020 and 2021 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 10: Median price of ecstasy crystal (per point and gram) and powder (per gram only), Tasmania, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels are only provided for the first and two most recent years (2020 and 2021), however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 2: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, Tasmania, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	(n=91)	(n=84)	(n=60)	(n=71)	**(n=56)**
Low	19	18	12	23	**25**
Medium	38	27	31	30	**32**
High	-	17	12	14	**13**
Fluctuates	38	38	45	34	**30**
% Capsules	(n=58)	(n=59)	(n=58)	(n=69)	**(n=63)**
Low	19	12	8	12	**19**
Medium	47	41	28	55	**46**
High	19	32	45	22	**17**
Fluctuates	16	15	19	12	**17**
% Crystal	(n=26)	(n=37)	(n=44)	(n=52)	**(n=57)**
Low	-	-	0	10	**12**
Medium	42	38	23	33	**37**
High	46	51	66	50	**37**
Fluctuates	8	-	11	8	**14**
% Powder	(n=16)	(n=17)	(n=14)	(n=18)	**(n=29)**
Low	-	-	0	22	**24**
Medium	69	47	36	56	**31**
High	-	35	43	17	**31**
Fluctuates	-	-	-	6	**14**
Current Perceived Availability					
% Pills	(n=96)	(n=87)	(n=66)	(n=69)	**(n=52)****
Very easy	45	46	47	49	**19**
Easy	43	44	41	32	**38**
Difficult	12	8	12	17	**33**
Very difficult	-	-	0	-	**10**
% Capsules	(n=60)	(n=62)	(n=60)	(n=65)	**(n=64)**
Very easy	20	27	25	31	**20**
Easy	55	48	57	40	**58**
Difficult	23	24	18	29	**20**
Very difficult	-	-	0	0	**2**
% Crystal	(n=37)	(n=39)	(n=43)	(n=51)	**(n=57)****
Very easy	14	18	26	47	**19**
Easy	41	33	56	47	**44**
Difficult	35	41	16	6	**26**
Very difficult	-	8	-	0	**11**
% Powder	(n=15)	(n=19)	(n=14)	(n=18)	**(n=28)**
Very easy	-	-	43	22	**25**
Easy	53	53	-	67	**46**
Difficult	-	42	-	11	**25**
Very difficult	-	-	-	0	**4**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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4

Methamphetamine

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

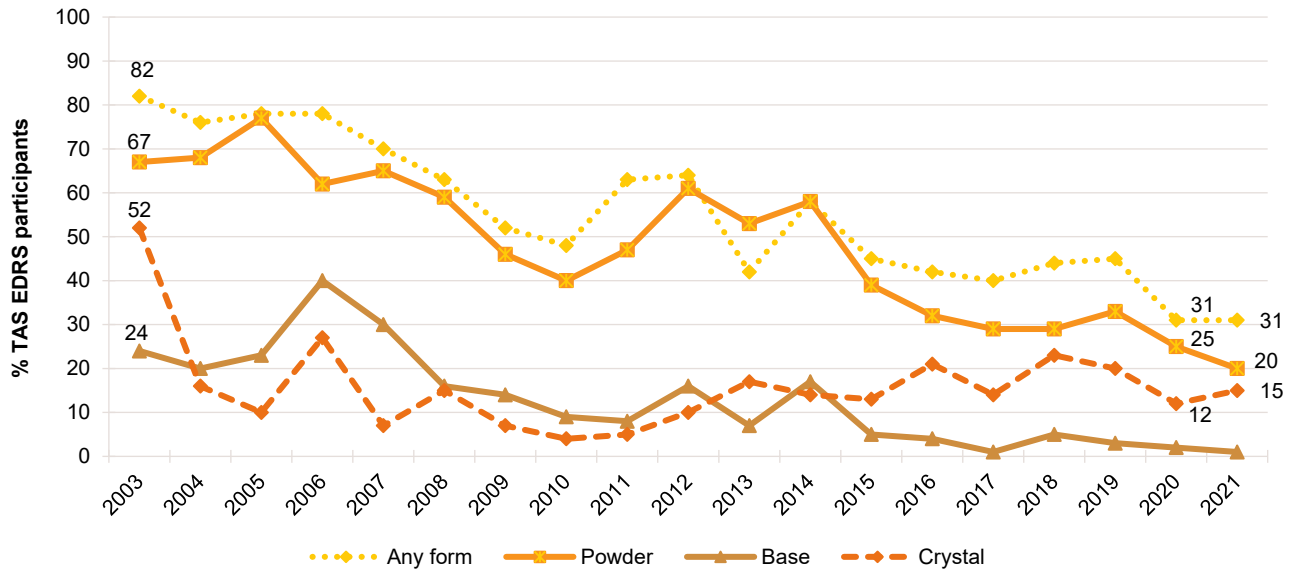
Recent Use (past 6 months)

Recent use of any form of methamphetamine has been declining since monitoring began (Figure 11), from more than eight in ten participants in 2003 (82%) to three in ten participants (31%) in 2021. The per cent reporting recent use of any methamphetamine was stable between 2020 and 2021 at 31%.

Frequency of Use

Frequency of use remained stable in 2021 at median of three days in 2021; IQR=2-11 (5 days in 2020; IQR=2-13; p=0.574) (Figure 12). Among those that reported recent use, few participants reported using methamphetamine weekly or more frequently in 2021 and 2020 (n≤5; these data are suppressed).

Figure 11: Past six month use of any methamphetamine, powder, base, and crystal, Tasmania, 2003-2021



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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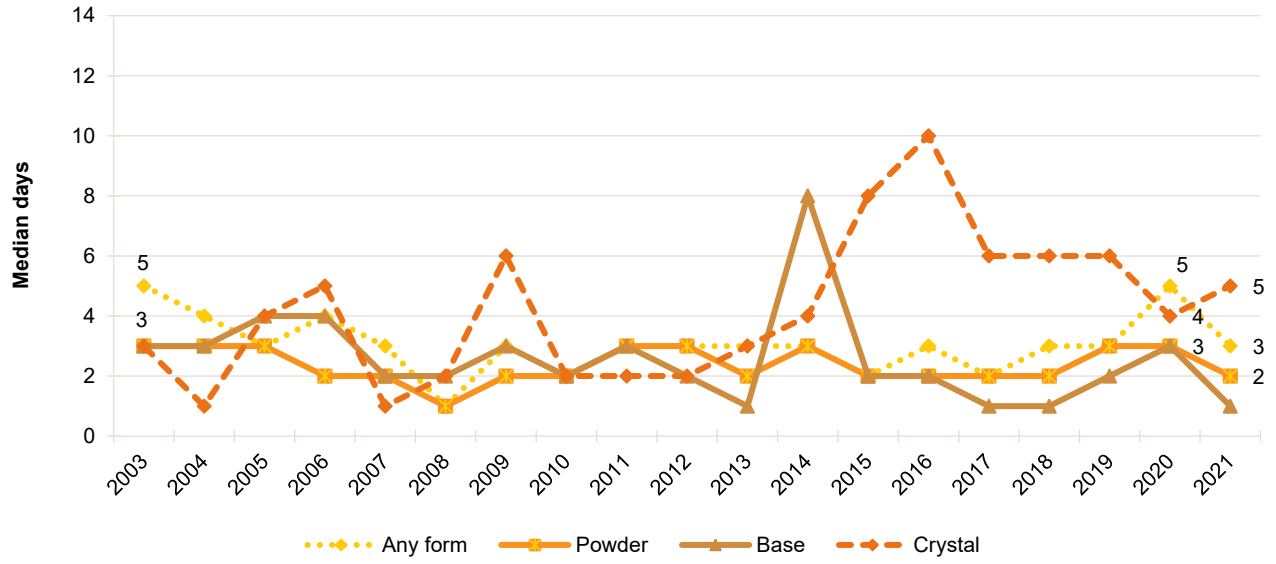
Figure 12: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Tasmania, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder use has decreased over the period of monitoring. In 2021 20% of participants reported recent use, stable from 25% in 2020 (p=0.475) (Figure 11).

Frequency of Use: Median days of use in the past six months was two days in 2021 (IQR=1-3; consistent with the 3 days in 2020; IQR=2-12; p=0.189) (Figure 12). Few participants (n≤5) reported weekly or more use of methamphetamine powder in 2021; these data are suppressed (n≤5 in 2020).

Routes of Administration: Of those who were able to comment in 2021 (n=20), the main route of administration among participants that reported recent use was snorting (70%; 52% in 2020; p=0.358) and swallowing (55%; 68% in 2020; p=0.559).

Quantity: The median amount used in a 'typical' session was one point (IQR=1-5; n=12; not significantly different to the 2 points reported in 2020; IQR=1-6; n=15, p=0.858). The median 'maximum' amount used was two points (IQR=1-6; n=12; 2 points in 2020; IQR=1-10; n=17, p=0.468).

Methamphetamine Crystal

Recent Use (past 6 months): Only a minority of participants reported recent use of crystal methamphetamine in 2021 (15%), consistent with rates in 2020 (12%, p=0.700) (Figure 11).

Frequency of Use: Frequency of use was reported at a median of five days (IQR=3-12) in 2021, similar to the to 4 days in 2020 (IQR=2-8; p=0.460) (Figure 12). Among those that reported recent use of crystal methamphetamine, n≤5 participants reported weekly or greater use of crystal in 2021 and 2020; these data are suppressed.

Routes of Administration: Smoking remained the most common route of administration among those who had recently

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used crystal, with 80% reporting this method in 2021, not significantly differing to the 50% reported in 2020 (p=0.218).

Quantity: The median amount used in a 'typical' session was one point (IQR=1-4; n=13) (4 points in 2020; IQR=2-7; n=10; p=0.158), whereas the median maximum amount used was three points (IQR=2-10; n=13; 8 points in 2020; IQR=4-14; n=10; p=0.275).

Methamphetamine Base

Due to low numbers, details will not be reported on methamphetamine base. For further information, please refer to the National EDRS report or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Few participants (n≤5) could report on the price of powder per point and per gram in 2021; these data are suppressed ($250 per gram in 2020; IQR=143-288; n=8; p=0.187) (Figure 13).

Perceived Purity: Few participants reported on the perceived purity of powder in 2021 and 2020, therefore these data are suppressed. Please refer to Figure 15 for a historical overview.

Perceived Availability: Among those who responded in 2021 (n=11), few participants (n≤5) reported perceived availability of powder as 'easy' or 'very easy' to obtain (data are suppressed) (Figure 17).

Methamphetamine Crystal

Price: Participants reported a median price of $70 per point (IQR=50-100; n=9; n≤5 in 2020; these data are suppressed; p=0.175). Few participants (n≤5) reported on the price of crystal per gram in 2021 and 2020; these data are suppressed (Figure 14).

Perceived Purity: Among those who were able to comment in 2021 (n=11), the greatest per cent reported purity to be 'high' (64%; n≤5 in 2020; data are suppressed; p=0.300) (Figure 16).

Perceived Availability: Among those who responded in 2020 (n=12), 58% perceived crystal to be 'easy' to obtain (n≤5 in 2020; data are suppressed; p=0.732) (Figure 18).

Methamphetamine Base

Due to low numbers, details will not be reported on methamphetamine base. For further information, please refer to the National EDRS report or contact the Drug Trends team for further information.

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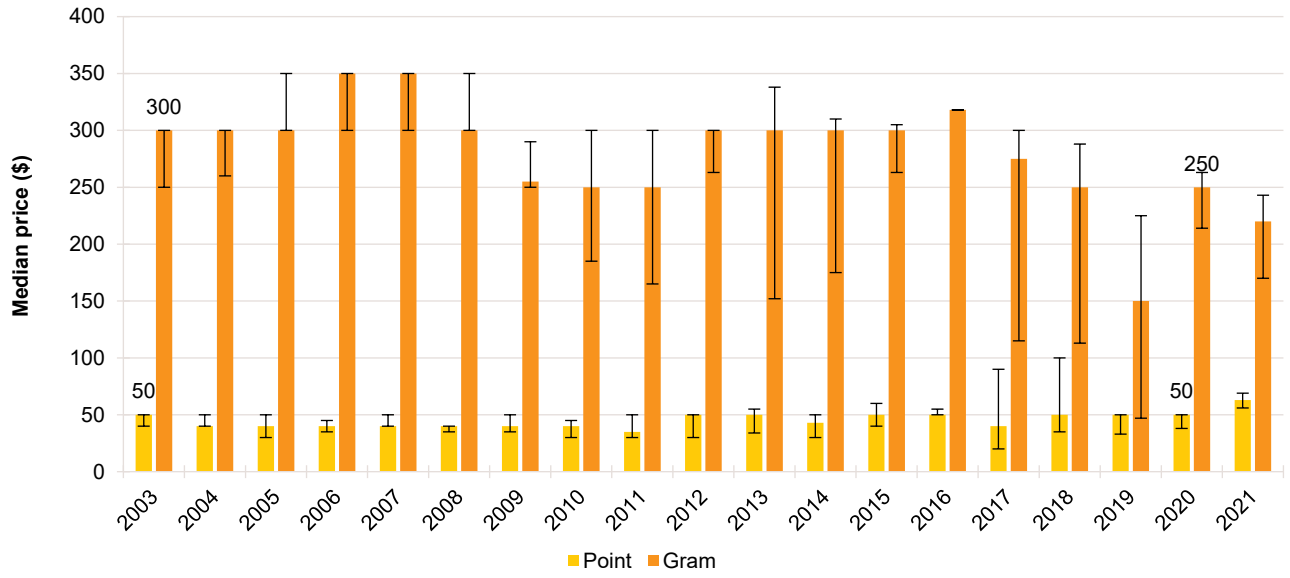
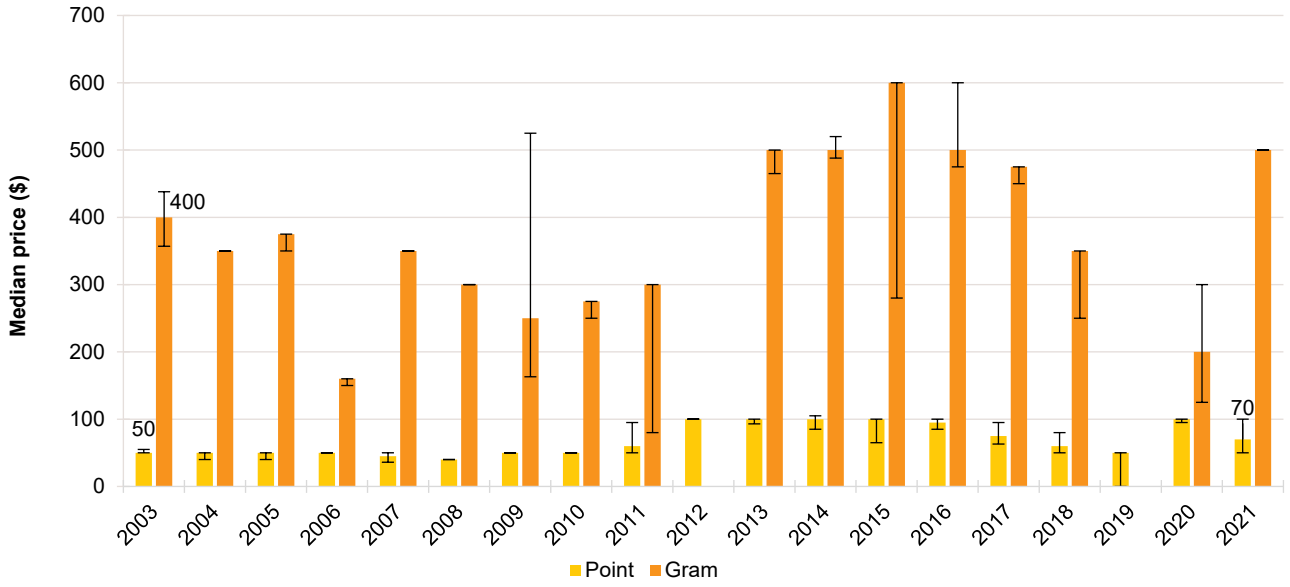
Figure 13: Median price of powder methamphetamine per point and gram, Tasmania, 2003-2021



Note. Among those who commented Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 14: Median price of crystal methamphetamine per point and gram, Tasmania, 2003-2021



Note. Among those who commented. No participants reported purchasing a gram of crystal methamphetamine in 2011 and 2019. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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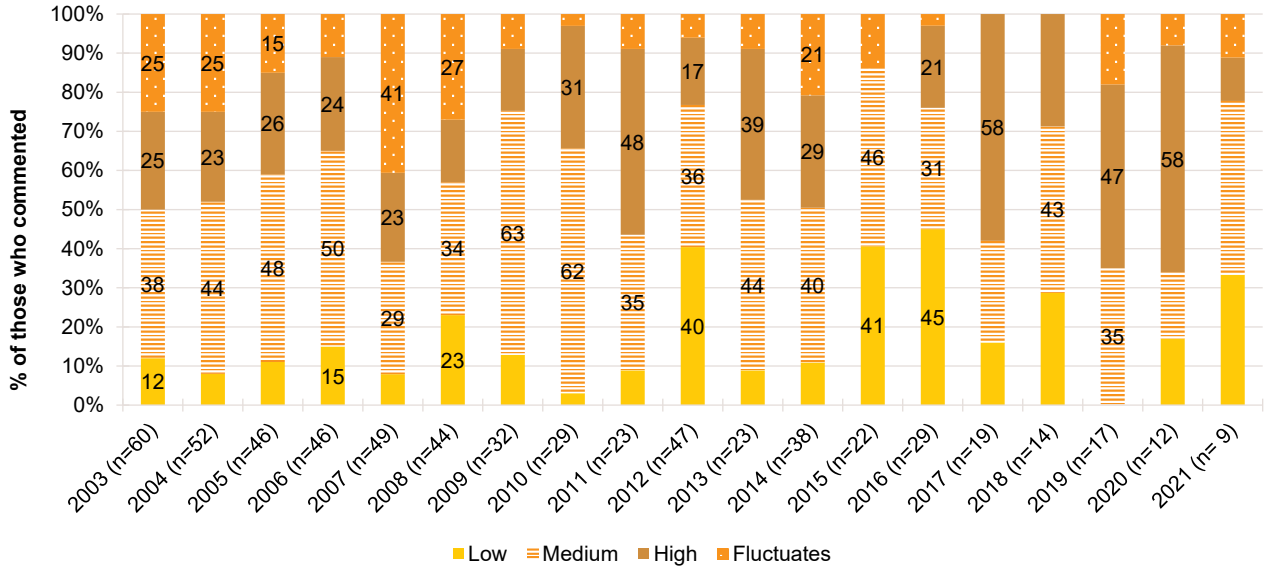
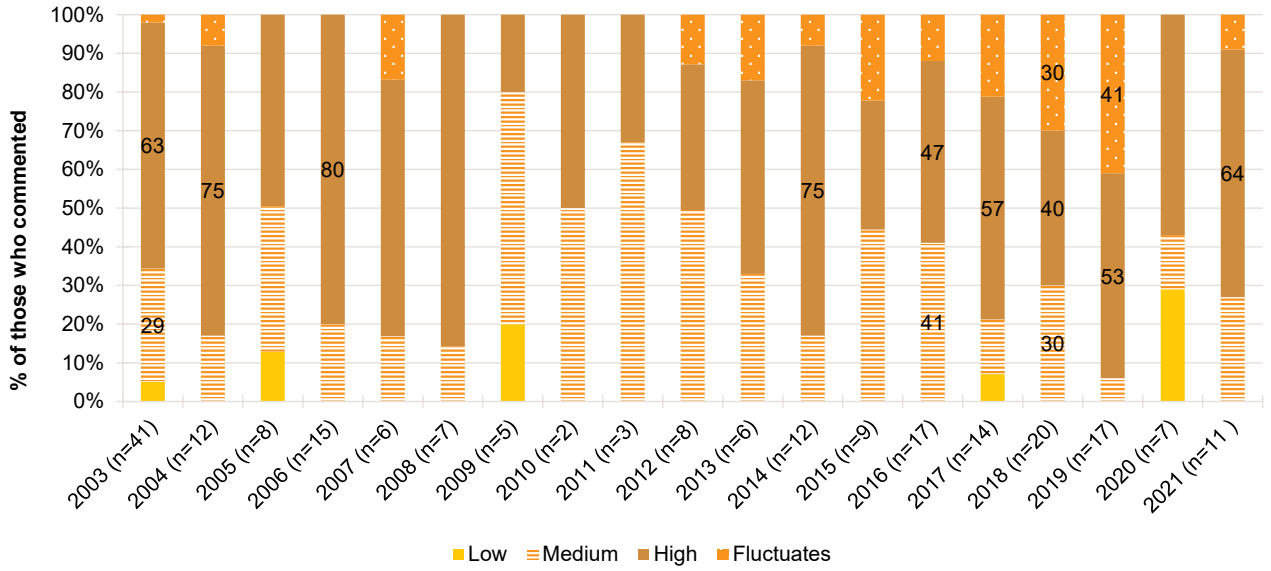
Figure 15: Current perceived purity of powder methamphetamine, Tasmania 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 16: Current perceived purity of crystal methamphetamine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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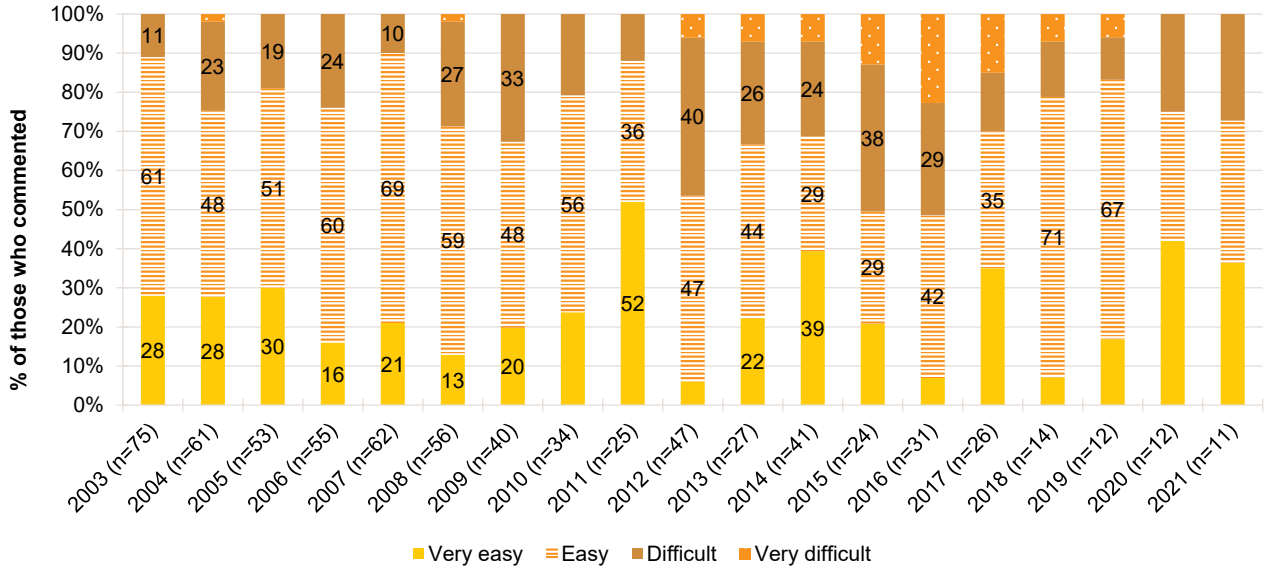
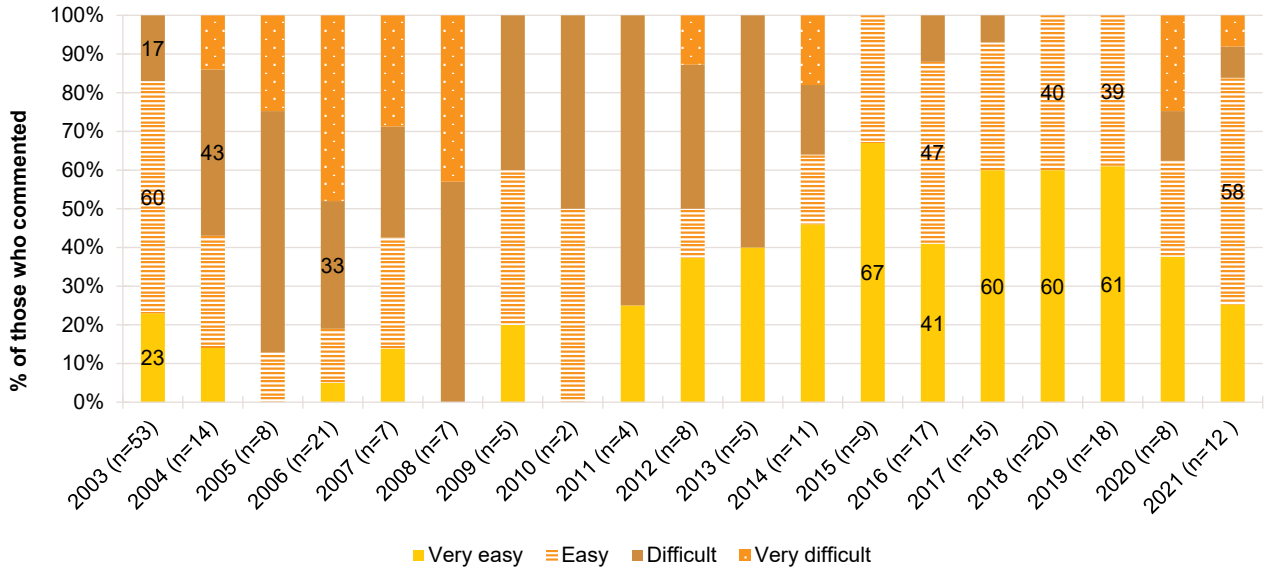
Figure 17: Current perceived availability of powder methamphetamine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived availability of crystal methamphetamine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has substantially increased since 2013, with the largest per cent reporting any recent use in the history of the Tasmanian EDRS in 2021 at 84% (61% in 2020; $p<0.001$) (Figure 19).

Frequency of Use

Frequency of use has been stable in recent years, with participants reporting a median of five days (IQR=2-7) of use in 2021, not significantly differing from the three days reported in 2020 (IQR=2-7; $p=0.324$) (Figure 19). This is equivalent to less than monthly use. Of those who had recently consumed cocaine (n=84), 7% reported consuming cocaine on a weekly or more frequent basis (7% in 2020).

Routes of Administration

Among people who had recently consumed cocaine (n=70), 97% of participants reported snorting cocaine, stable relative to 2020 (97%).

Quantity

The median quantity used in a 'typical' session in 2021 was 0.30 grams (IQR=0.10-0.50; n=52), which was a significant decrease from 0.50 grams in 2020 (IQR=0.30-1.00; n=42; $p=0.026$). The median maximum quantity used was 0.50 grams (IQR=0.20-1.00; n=54) in 2021, significantly less than the median amount reported in 2020 (1.00 gram; IQR=0.50-2.00; n=45; $p=0.011$).

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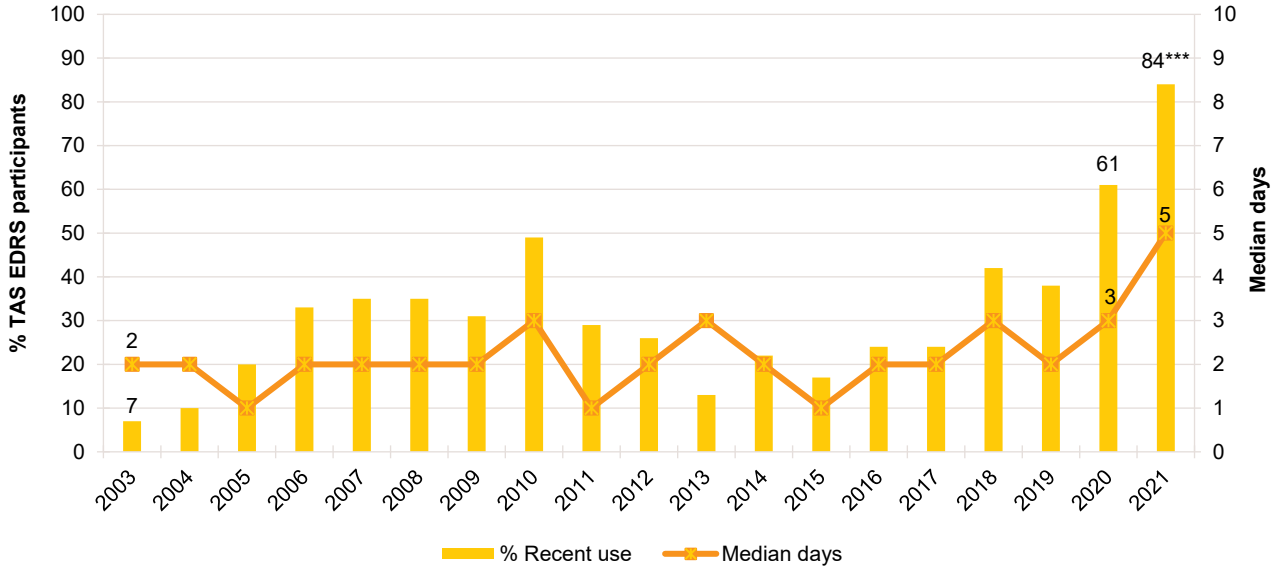
Figure 19: Past six month use and frequency of use of cocaine, Tasmania, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

in 2021, the median price per gram of cocaine was $350 (IQR=300-350; n=42), stable relative to the median price of $320 (IQR=294-350; n=40; p=0.239) reported in 2020 (Figure 20).

Perceived Purity

The perceived purity of cocaine remained stable between 2020 and 2021 (p=0.297). Among those who were able to comment in 2021 (n=58), 40% of participants perceived purity of cocaine to be 'medium' (34% in 2020), whereas 28% reported that it was 'low' (18% in 2020) (Figure 21).

Perceived Availability

The perceived availability of cocaine remained relatively stable between 2020 and 2021 (n=40; p=0.119). Among those who were able to comment in 2021 (n=57), almost half (49%) reported that cocaine was 'easy' to obtain (35% in 2020). In contrast, 28% perceived cocaine to be 'difficult' to obtain (45% in 2020) (Figure 22).

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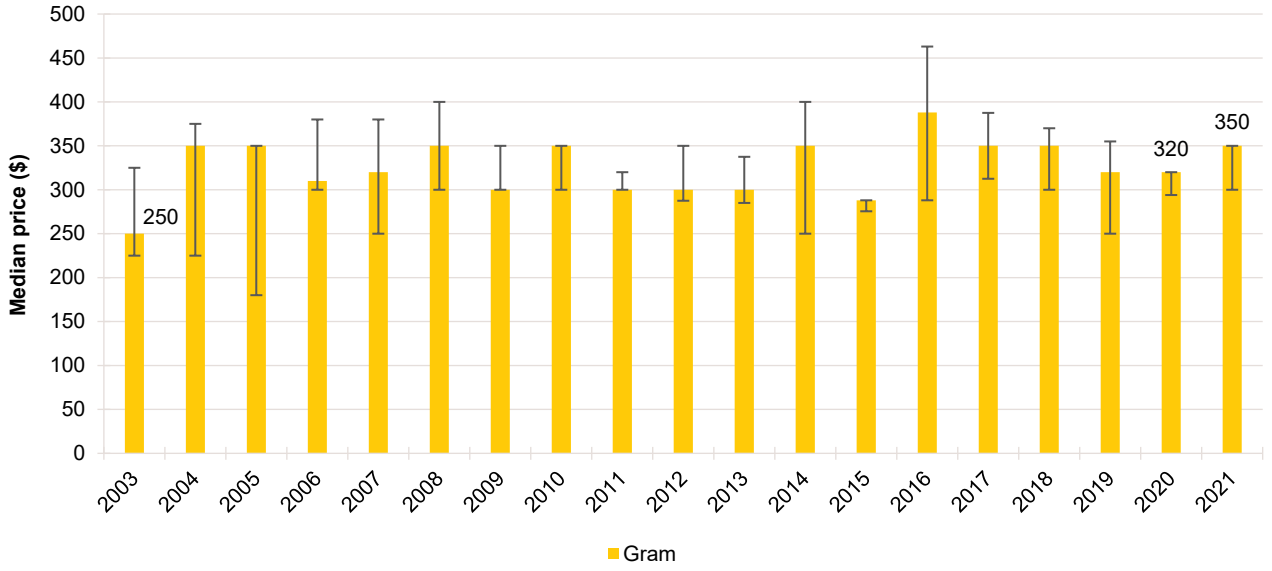
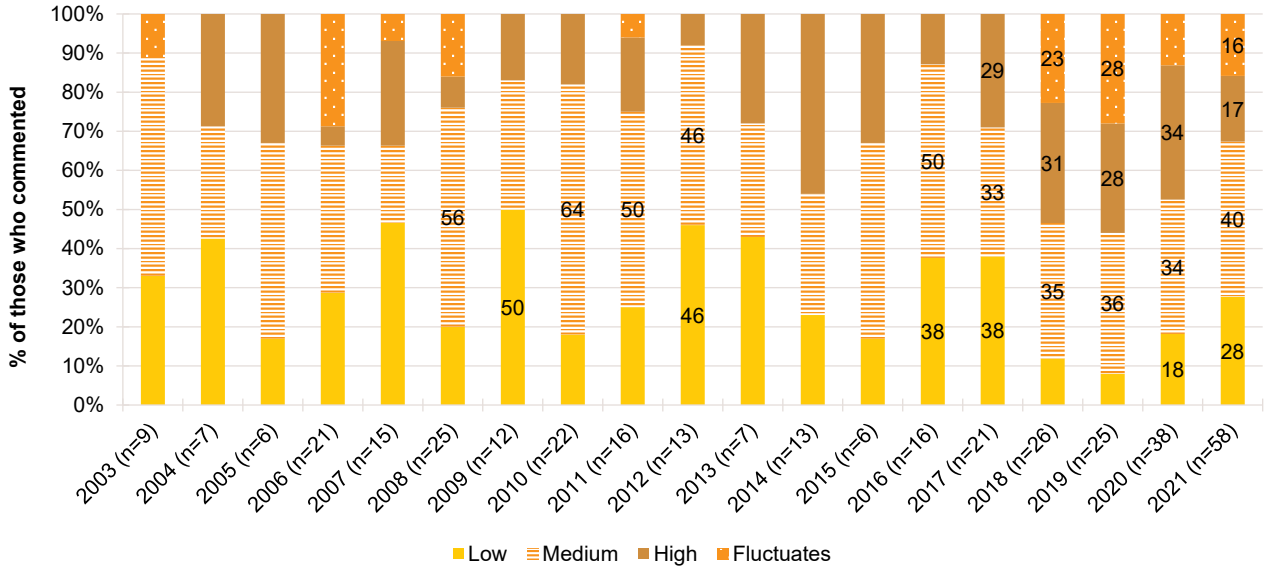
Figure 20: Median price of cocaine per gram, Tasmania, 2003-2021



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 21: Current perceived purity of cocaine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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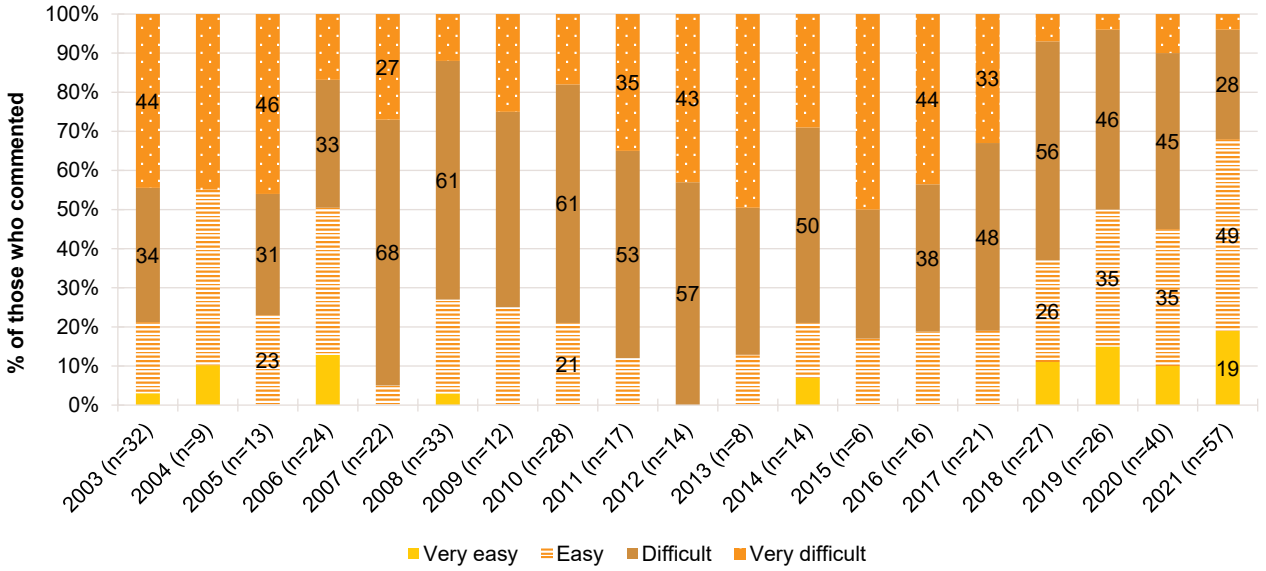
Figure 22: Current perceived availability of cocaine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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6

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as non-prescribed cannabidiol (CBD) oil, hashish and hash oil.

Patterns of Consumption

Recent Use (past 6 months)

At least three in five participants have reported recent use of cannabis each year since 2003, with the only exception being 2011 (50%). Seventy-five per cent reported recent use of cannabis in 2021, stable from 2020 (84%; *p*=0.184) (Figure 23).

Frequency of Use

Typical frequency of use has varied between at least once per month to up to four days per week over the course of monitoring. In 2021, participants reported a median of 55 days (IQR=10-180) of use in the past six months, stable from 2020 (60 days; IQR=10-146; *p*=0.696) (Figure 23). Of those who had recently consumed cannabis (n=76), 63% reported using cannabis on a weekly or more frequent basis (63% in 2020), including over one-quarter (28%) who reported using cannabis daily use (21% in 2020; *p*=0.466).

Routes of Administration

Among participants who had recently consumed cannabis in 2021 (n=77), the vast majority of participants (95%) reported smoking, stable relative to 2020 (96%; *p*=0.906). More than one-third of participants (35%) reported swallowing (42% in 2020; *p*=0.485) and 22% reported inhaling/vaporising (24% in 2020; *p*=0.942).

Quantity

The median amount used by those who commented (n=69) on the last occasion of use was one gram (IQR=0.5-1.2; n=20), which was a significant decrease from two grams in 2020 (IQR=1.3-4.5; n=39; *p*=0.008). Among those that reported recent use and commented, participants reported a median of five cones (IQR=3.5-9; n=15; 2.5 cones in 2020; IQR=1.4-5.3; n=24; *p*=0.055) or one joint (IQR:0.5-1.0; n=34; one joint in 2020; IQR:0.5-1.6; n=39; *p*=0.432) on the last occasion of use.

Forms Used

Among EDRS participants, the majority reported recent use of outdoor-grown 'bush' cannabis (80%; 82% in 2020; *p*=0.840) and almost two-thirds (65%) reported recent use of hydroponic cannabis (77% in 2020; *p*=0.169). In 2021 participants were asked about recent use of CBD oil, of which 17% of participants reported recent use (not asked in 2020). Sixteen per cent reported recent use of hash oil (18% in 2020; *p*=0.971) and 12% reported recent use of hash (23%; *p*=0.116).

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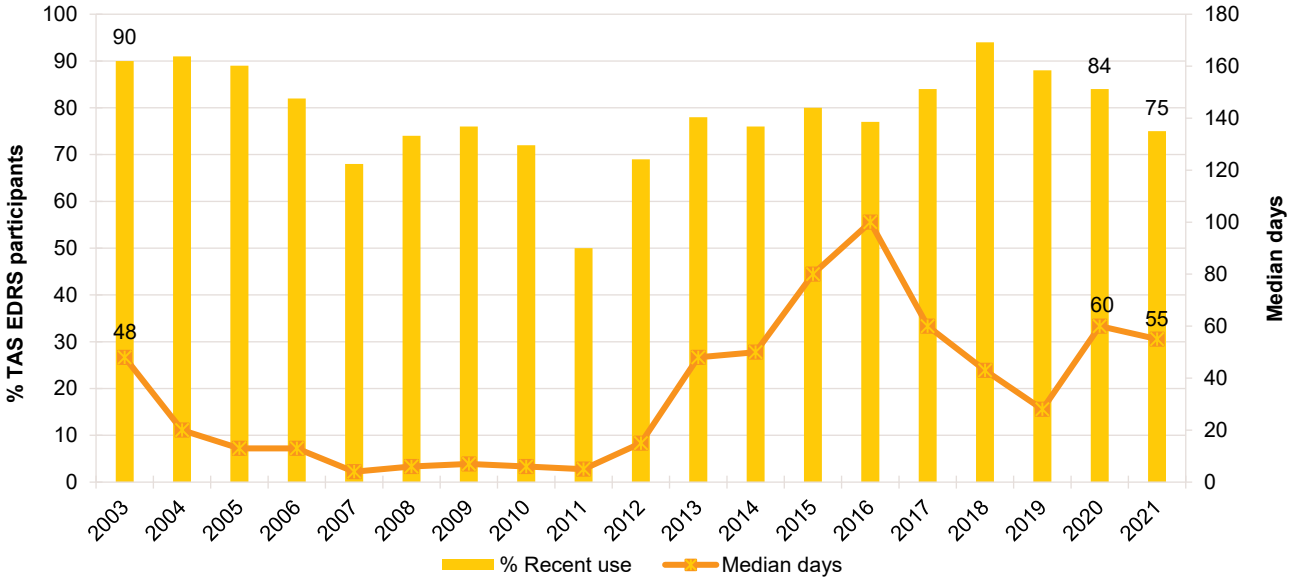
Figure 23: Past six month use and frequency of use of cannabis, Tasmania, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has been $20 since 2014. This median price was stable from 2020 ($20; IQR=10-25; n=10) to 2021 ($20, IQR=16-20; n=6; p=0.955). The median price per ounce of hydroponic cannabis was $260 in 2021 (IQR=200-300; n=11), similar to the $295 reported in 2020 (IQR=258-300; n=14; p=0.340) (Figure 24a).

Perceived Potency: The perceived potency of hydroponic cannabis was stable between 2020 and 2021 (p=0.403). Among those who were able to comment in 2021 (n=40), the majority (63%) perceived hydroponic cannabis to be of 'high' potency in 2021 (46% in 2020) (Figure 25a). Almost one-quarter (23%) perceived hydroponic cannabis to be of 'medium' potency (27% in 2020).

Perceived Availability: The perceived availability of hydroponic cannabis was stable between 2020 and 2021 (p=0.439). Among those who were able to comment in 2021 (n=39), 41% of participants reported that it was 'very easy' to obtain (57% in 2020). A further 38% believed hydroponic cannabis to be 'easy' to obtain (27% in 2020) (Figure 26a).

Bush Cannabis

Price: The median price per ounce of bush cannabis significantly decreased to $210 in 2021 (IQR=178-240; n=14) from $250 in 2020 (IQR=205-300; n=11; p=0.047). Few participants (n≤5) reported on the price of bush cannabis per gram in 2021 (these data are suppressed; $14 in 2020; IQR=10-16; n=8; p=0.797) (Figure 24b).

Perceived Potency: The perceived potency of bush cannabis was stable from 2020 to 2021 (p=0.831). Among those who were able to comment in 2021 (n=43), the majority perceived bush cannabis to be of 'medium' potency (63%; 41% in 2020). Fourteen per cent reported that it was of 'high' potency (32% in 2020); another 14% reported that bush cannabis was 'low' (n≤5 in 2020) (Figure 25b).

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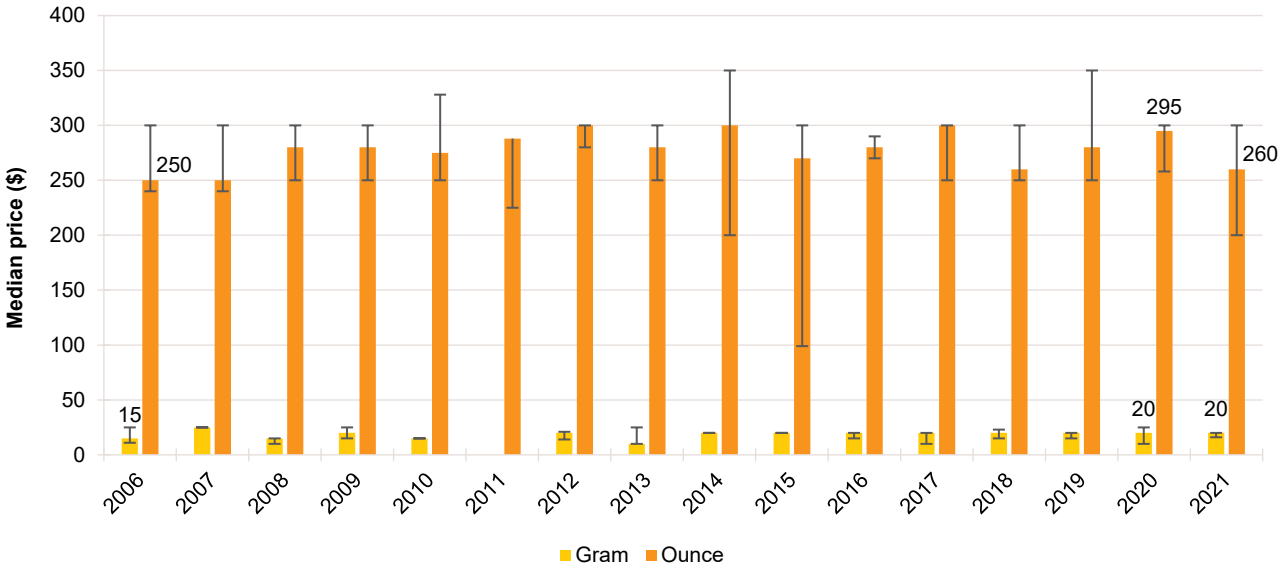
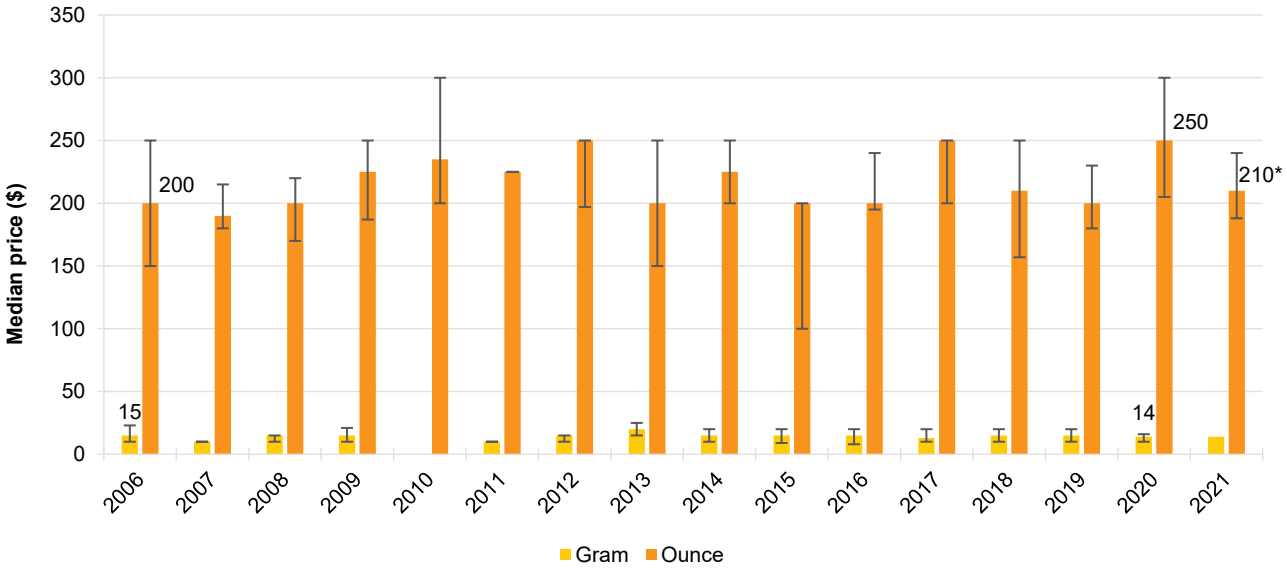
Perceived Availability: The availability of bush cannabis was stable from 2020 to 2021 (p=0.161). Among those who were able to comment in 2021 (n=43), 44% believed bush to be 'very easy' to obtain (47% in 2020), followed by 37% of participants who believed that bush was 'easy' to obtain (41% in 2020) (Figure 26b).

Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first and two most recent years (2020 and 2021), however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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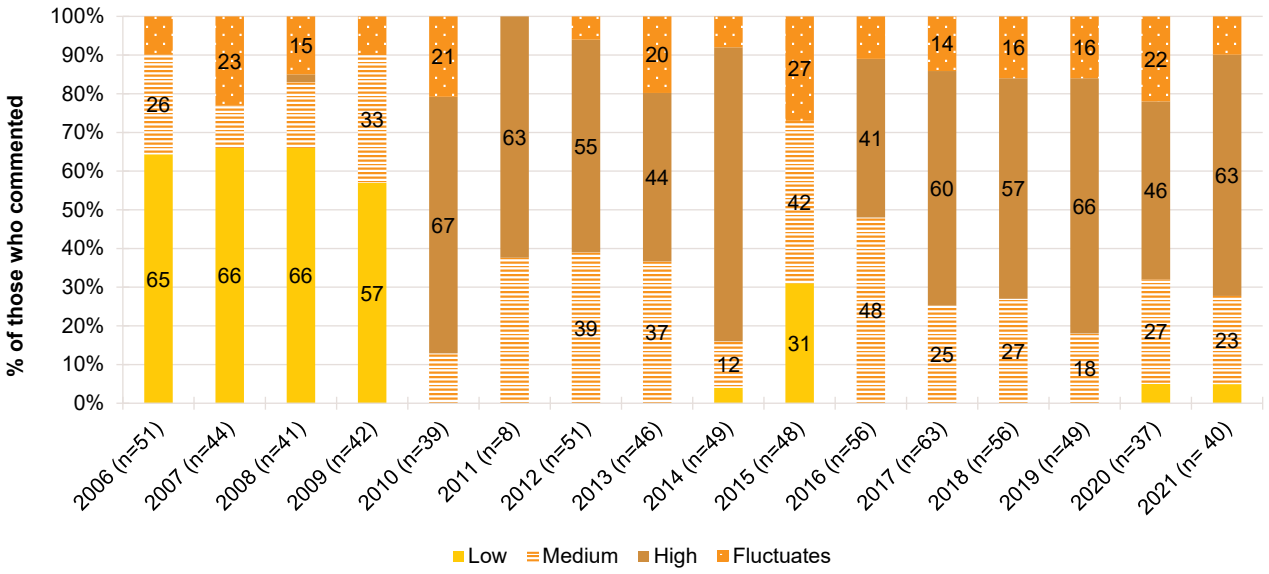
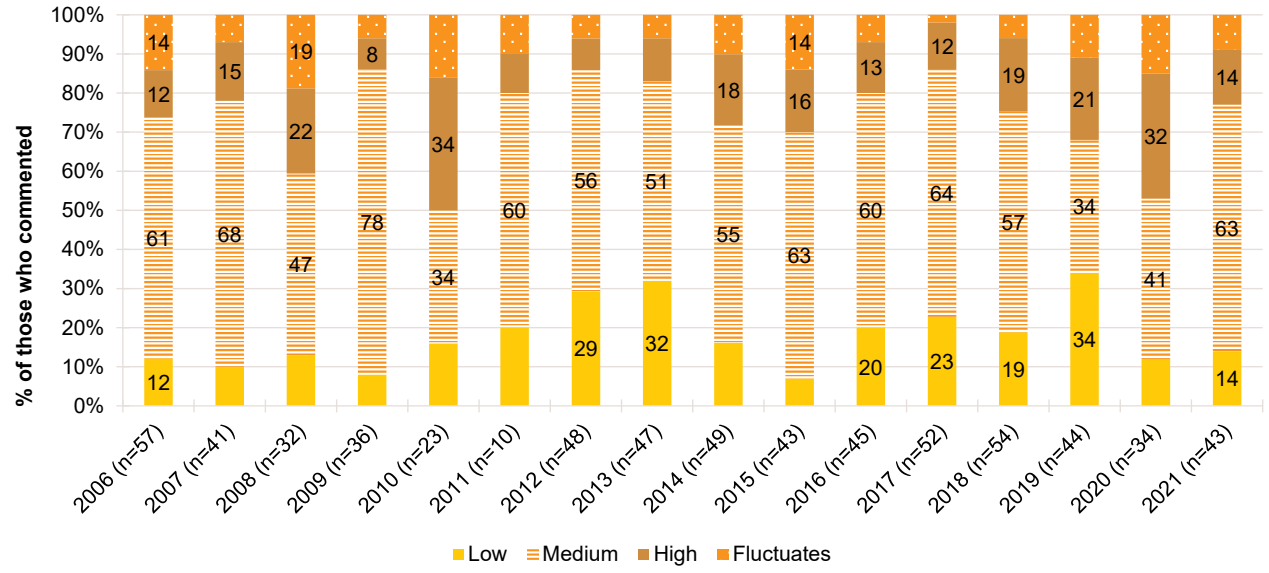
Figure 25: Current perceived potency of hydroponic (A) and bush (B) cannabis, Tasmania, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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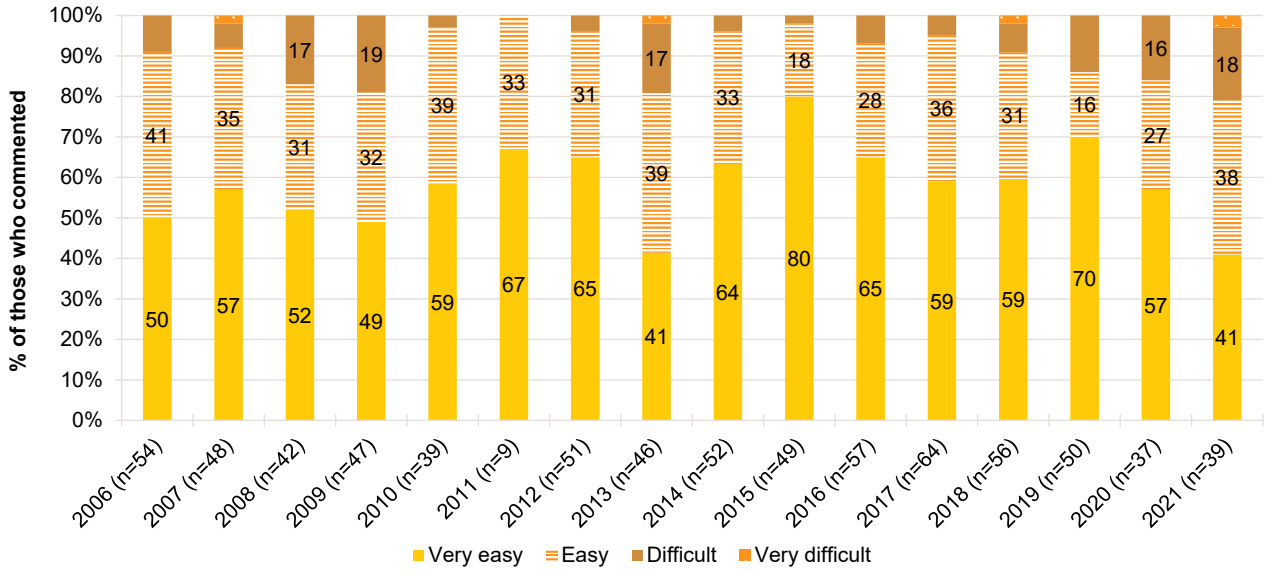
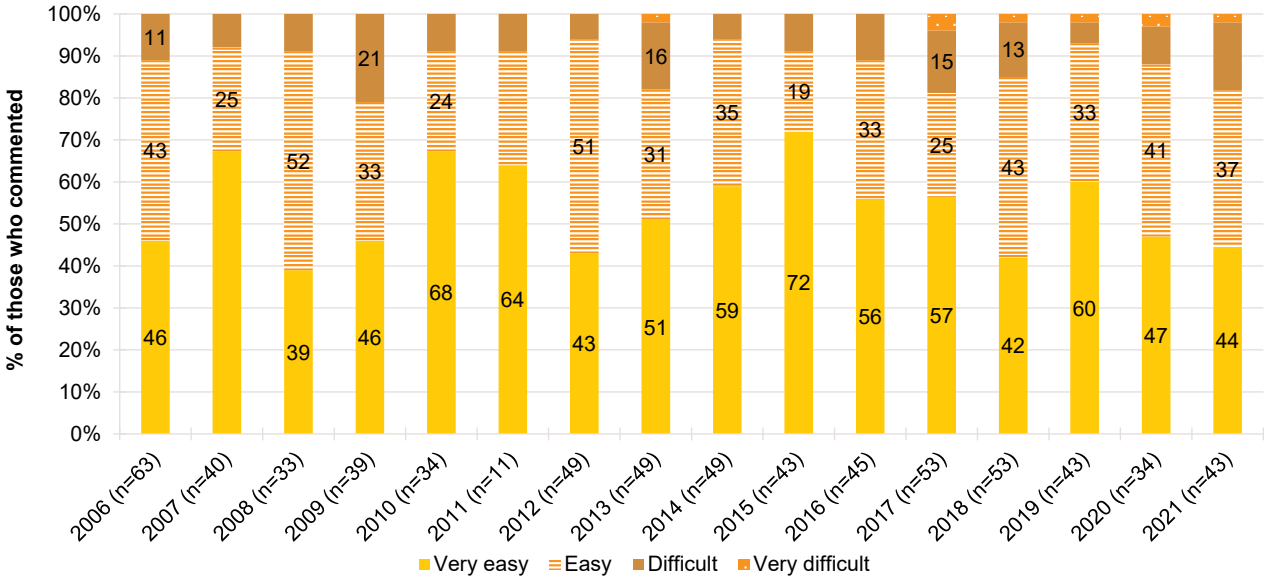
Figure 26: Current perceived availability of hydroponic (A) and bush (B) cannabis, Tasmania, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

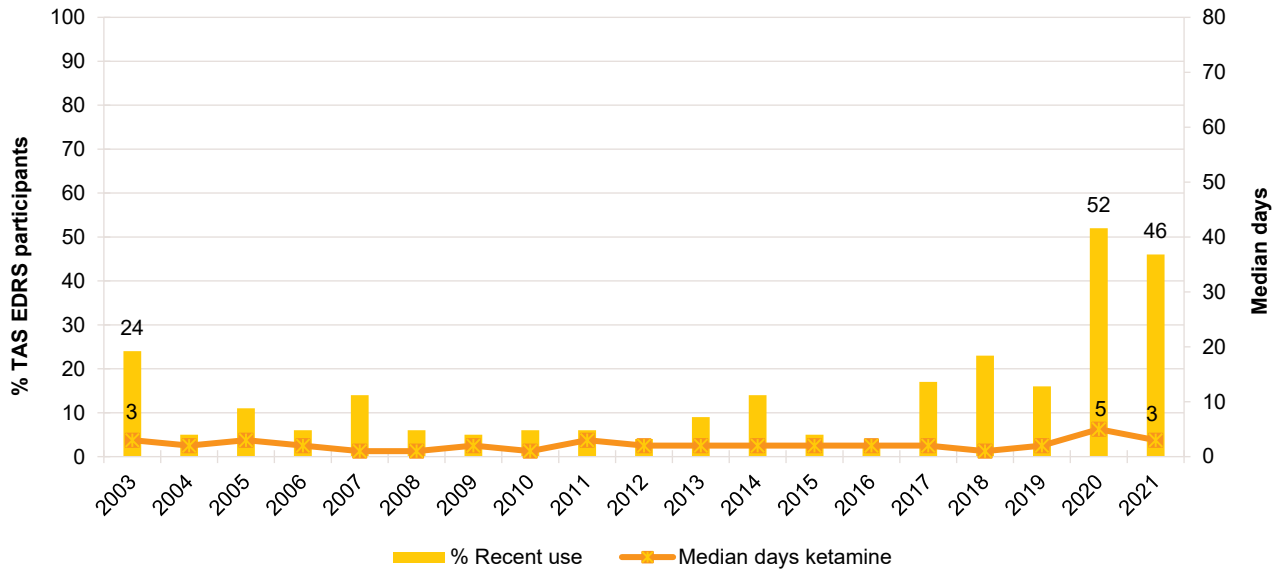
Recent Use (past 6 months): Forty-six per cent of the sample reported using ketamine in the six months prior to interview. This remained stable from 52% in 2020 (p=0.483), which was a significant increase from 16% in 2019 to 52% (p<0.001) (Figure 27).

Frequency of Use: Frequency of use remained relatively stable in 2021 compared to 2020 (median 3 days; IQR=1-6; 5 days in 2020; IQR=3-9; p=0.060) (Figure 27).

Routes of Administration: The majority of participants that reported recent use reported snorting the substance (94%; 100% in 2020; p=0.207).

Quantity: Those who reported recent ketamine use had used a median quantity of 0.20 grams (IQR=0.10-0.30; n=17) in a 'typical' session, similar to the 0.20 grams (IQR=0.10-0.50; n=22; p=0.295) reported in 2020. The medium maximum amount used in a maximum session was 0.30 grams (IQR=0.20-0.50; n=28; 0.30 grams in 2020; IQR=0.20-0.60; n=23; p=0.160).

Figure 27: Past six month use and frequency of use of ketamine, Tasmania, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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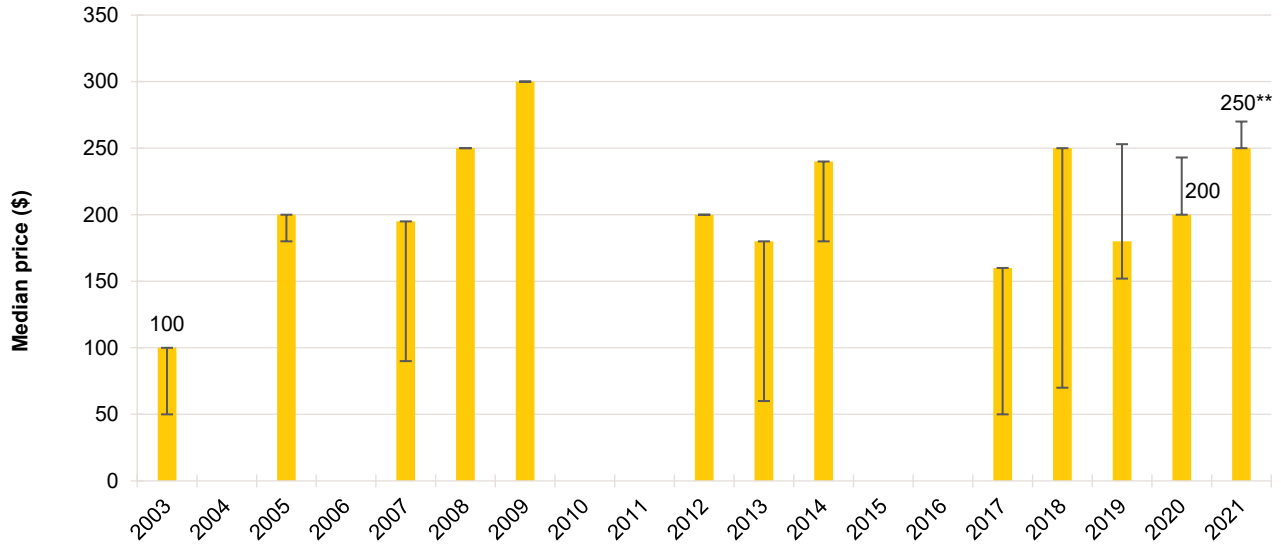
Price, Perceived Purity and Perceived Availability

Price: The median reported price of ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2021 was $250 (IQR=250-270; n=21), a significant increase from $200 in 2020 (IQR=200-243; n=30; *p*=0.006) (Figure 28).

Perceived Purity: Among those who were able to comment in 2021 (n=26), the perceived purity of ketamine was stable relative to 2020 (*p*=0.070). Over one-third (38%) perceived purity of ketamine to be 'high' (50% in 2020), followed by 31% who reported that it was 'medium' (31% in 2020) (Figure 29).

Perceived Availability: Of those who were able to comment in 2021 (n=27), there was a significant change in the perceived availability of ketamine compared to 2020 (*p*=0.004). One third (33%) reported that ketamine was 'very difficult' to obtain (0% in 2020). One third (33%) perceived that ketamine was 'easy' to obtain (32% in 2020), whereas 26% cent reported that it was 'difficult' (45% in 2020) (Figure 30).

Figure 28: Median price of ketamine per gram, Tasmania, 2003-2021



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). No participants reported purchasing ketamine in 2004, 2006, 2010, 2011, 2015 and 2016. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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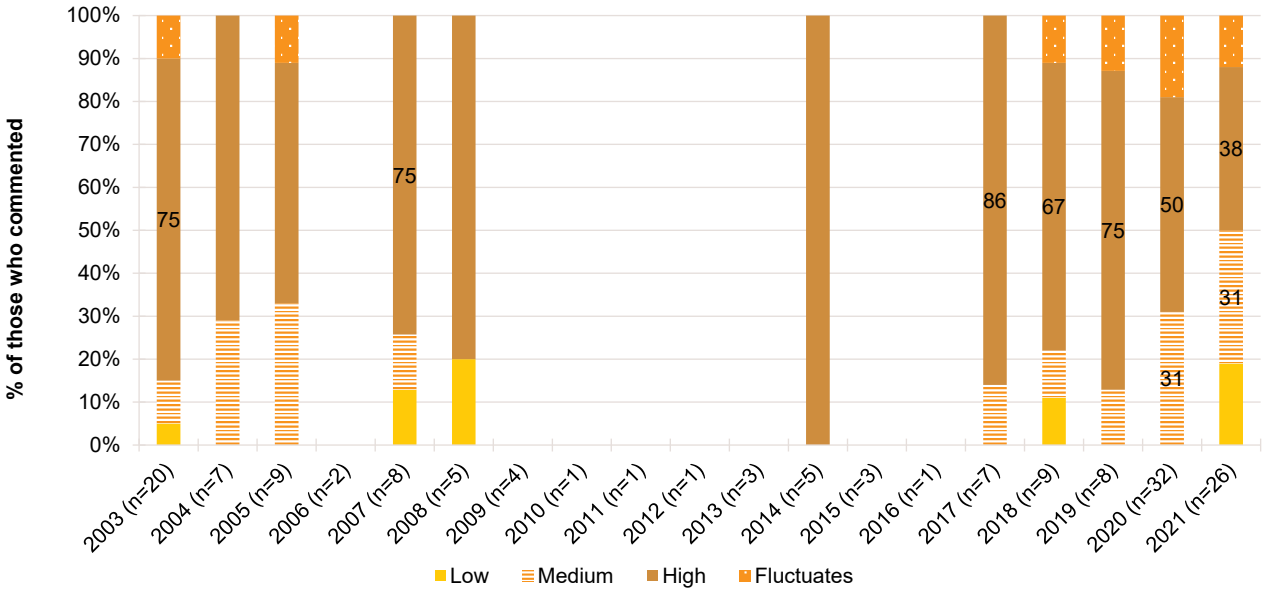
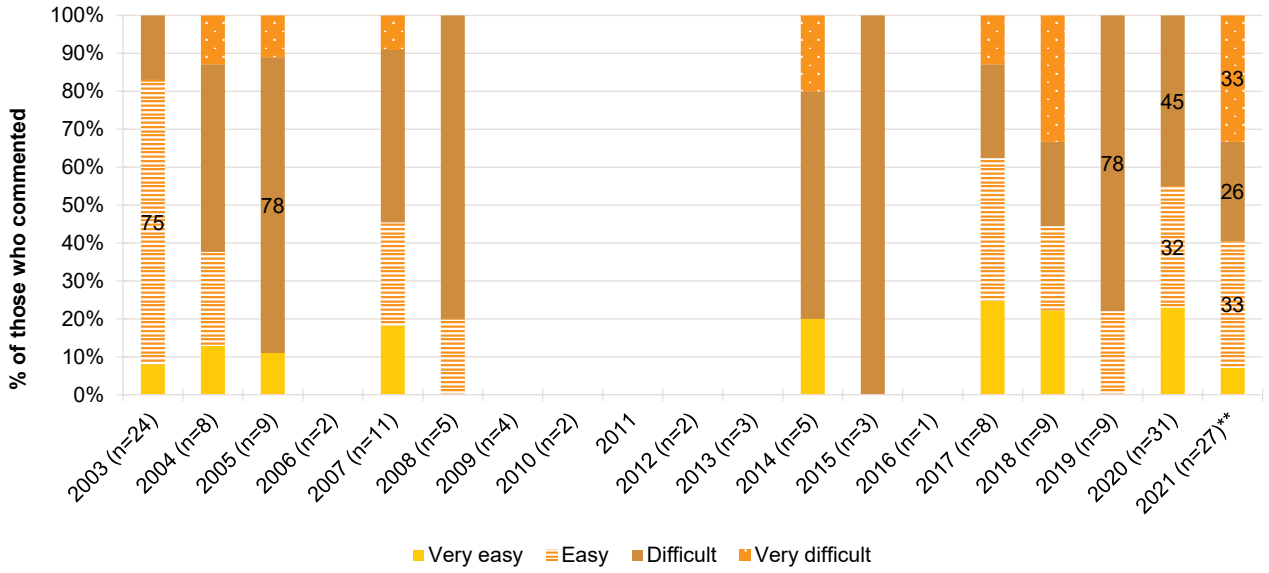
Figure 29: Current perceived purity of ketamine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. Data not presented for years where n≤5 were able to respond.

Figure 30: Current perceived availability of ketamine, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. Data not presented for years where n≤5 were able to respond.

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LSD

Patterns of Consumption

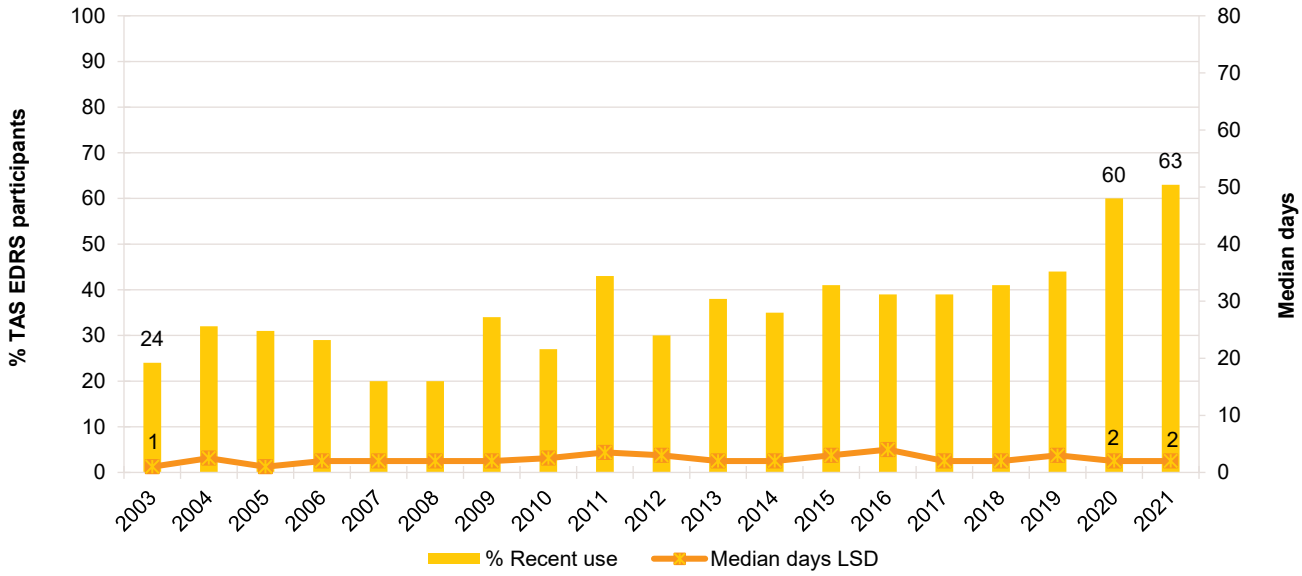
Recent Use (past 6 months): Sixty-three per cent of the sample had used LSD in the six months preceding interview, stable from 60% in 2020 (p=0.798). This was the highest proportion reporting recent LSD use since the start of data collection (Figure 31).

Frequency of Use: Median days of use over the years has shown to be infrequent, with frequency of use remaining stable at two days (IQR=1-6) in 2021 (2 days in 2020; IQR=1-4; p=0.625) (Figure 31).

Routes of Administration: Among consumers, swallowing was the only route of administration reported (100%; 100% in 2020).

Quantity: The median quantity used in a 'typical' session was one tab (IQR=0.50-1.00; n=53), (1 tab in 2020; IQR=0.50-1.30; n=51; p=0.636). The maximum median amount used in a session was one tab (IQR=1.00-2.00; n=53) stable to one tab reported in 2020 (IQR=1.00-2.00; n=8; p=0.611).

Figure 31: Past six month use and frequency of use of LSD, Tasmania, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price: In 2021 the median price of a tab significantly increased to $20 (IQR=15-25; n=37) from $18 in 2020 (IQR=14-20; n=46; p=0.002) (Figure 32).

Perceived Purity: The perceived purity of LSD was stable between 2020 and 2021 (p=0.726). Among those who were able to comment in 2021 (n=51), over half (51%) perceived the purity of LSD to be 'high' (56% in 2020), followed by one third (33%) who reported 'medium' (35% in 2020) (Figure 33).

Perceived Availability: There was a significant change in the perceived availability between 2020 to 2021 (p=0.020). Of those able to comment in 2021 (n=51), just over one third (35%) perceived LSD to be 'difficult' (17% in 2020) to obtain, whereas one third (33%) reported that it was 'easy' (54% in 2020) (Figure 34).

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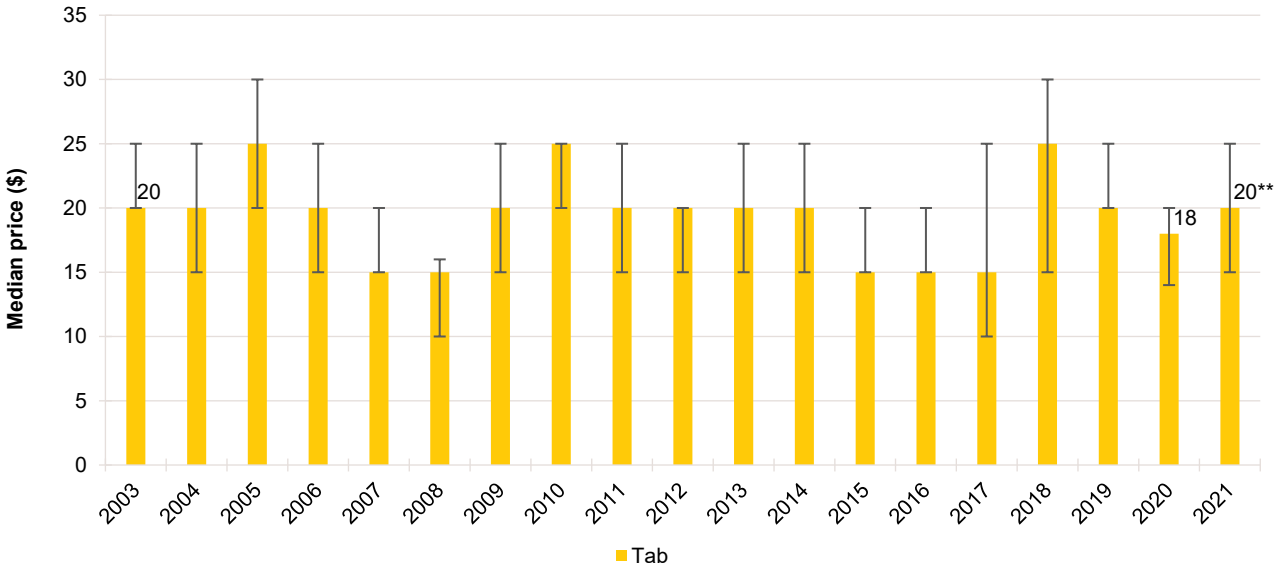
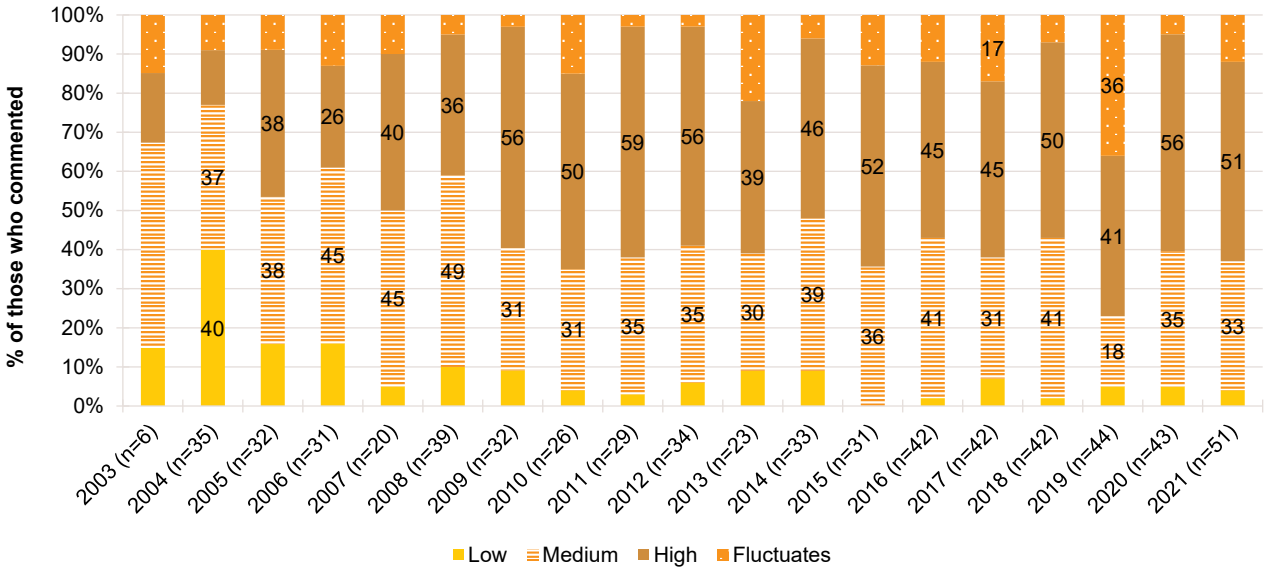
Figure 32: Median price of LSD per tab, Tasmania, 2003-2021



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The error bars represent the IQR *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 33: Current perceived purity of LSD, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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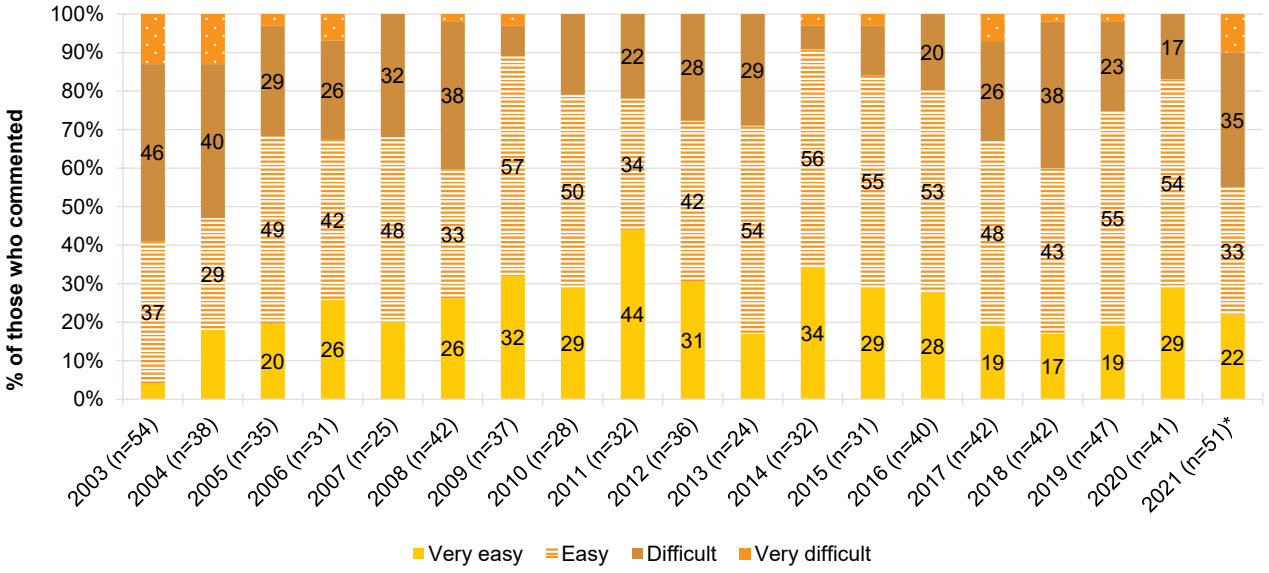
Figure 34: Current perceived availability of LSD, Tasmania, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5 but not 0).
*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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DMT

Patterns of Consumption

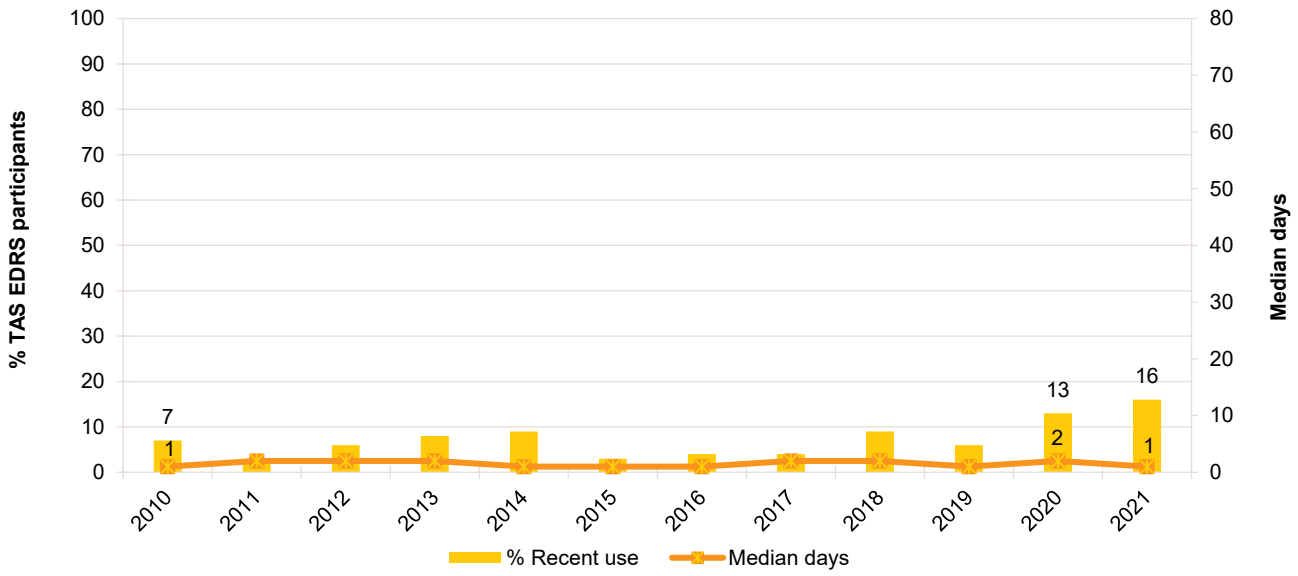
Recent Use (past 6 months): Sixteen per cent of the sample reported recent use of DMT in 2021, which was stable compared to 2020 (13%; *p*=0.731) (Figure 35).

Frequency of Use: Use was infrequent in 2021 (median: 1 day, IQR:1-2; 2 days in 2020, IQR=1-3; *p*=0.386).

Routes of Administration: Among those that reported recent use, the most common route of administration was smoking (94%; 100% in 2020).

Quantity: Few participants (n≤5) reported on the quantity of DMT used in a 'typical' or 'maximum' session in 2021 and 2020; these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 35: Past six month use and frequency of use of DMT, Tasmania, 2010-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels are only provided for the first and two most recent years (2020 and 2021), however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT was not collected.

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8

New Psychoactive Substances

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

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

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

Recent Use (past 6 months)

NPS use among the TAS sample has fluctuated over time. Eleven per cent of participants reported recent use of NPS (including plant-based NPS) in 2021, stable from 2020 (10%) (Table 3). NPS use (excluding plant-based NPS) showed similar trend (10% in 2021; 8% in 2020; p=0.839) (Table 4). Phenethylamine substances were the most common recently used NPS in 2021 (6%; n≤5 in 2020).

Table 3: Past six month use of NPS (including plant-based NPS), nationally and Tasmania, 2010-2021

%	National	Tasmania
2010	24	49
2011	36	33
2012	40	26
2013	44	34
2014	35	38
2015	37	22
2016	28	14
2017	26	17
2018	23	23
2019	20	18
2020	15	10
2021	**16**	**11**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 4: Past six month use of NPS (excluding plant-based NPS), nationally and Tasmania, 2010-2021

%	National	Tasmania
2010	24	48
2011	33	33
2012	37	24
2013	42	33
2014	34	36
2015	34	18
2016	27	14
2017	24	17
2018	21	21
2019	19	18
2020	12	8
2021	**14**	**10**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 5: Past six month use of NPS by drug type, Tasmania, 2010-2021

	2010 N=100	2011 N=75	2012 N=97	2013 N=76	2014 N=100	2015 N=78	2016 N=100	2017 N=100	2018 N=100	2019 N=99	2020 N=100	2021 N=102
% Phenethylamines ^	15	-	-	10	15	10	-	17	-	6	-	**6**
Any 2C substance~	12	-	-	10	10	-	-	9	-	-	-	**-**
NBOMe	/	/	/	/	-	-	0	6	-	-	-	**-**
DO-x	-	0	0	0	0	0	0	-	-	0	0	**0**
4-FA	/	/	/	/	/	/	0	0	0	0	0	**0**
% Tryptamines^^	0	-	-	-	-	0	0	0	0	-	-	**-**
5-MeO-DMT	0	-	-	-	-	0	0	0	0	-	-	**-**
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	/	**/**
% Synthetic cathinones	44	31	13	29	32	15	9	-	-	-	-	
Mephedrone	42	27	10	24	23	9	-	-	-	0	-	**0**
Methylone/bk MDMA	/	-	-	-	-	-	-	-		0	-	**0**
MDPV/Ivory wave	-	-	-	-	-	-	0	-	0	-	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	/	/	-	**0**
Other substituted cathinone	/	/	0	/	-	0	0	/	/	/	/	**/**
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	/	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	/	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	**0**
% Piperazines	-	0	0	0	0	0	0	/	/	/	/	**/**
BZP	-	0	0	0	0	0	0	0	/	/	/	**/**
% Dissociatives	/	/	0	-	10	-	-	-	0	-	-	**-**
Methoxetamine (MXE)	/	/	0	-	10	-	-	-	0	-	0	**0**
% Other drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	-	**-**
% Plant-based NPS	-	-	-	-	6	6	-	-	-	-	-	**-**
Ayahuasca	/	/	/	/	/	0	0	0	0	0	0	**0**
Mescaline	-	-	-	-	-	-	-	-	-	0	-	**-**
Salvia divinorum	/	0	-	-	-	-	0	-	-	-	-	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	0	**-**
LSA	/	-	-	0	-	0	0	/	/	/	/	**/**
Dartura	-	0	-	-	0	0	0	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	0	-	-	-	0	**-**
Etizolam	/	/	/	/	/	/	0	-	-	-	0	**0**
% Other drugs that mimic the effect of benzos	/	/	/	/	/	/	/	/	0	0	0	**-**
% Synthetic cannabinoids	/	/	8	/	-	-	-	-	7	-	-	**-**
% Herbal high#	/	/	8	/	-	-	0	-	-	-	0	**-**
% Phenibut	/	/	8	/	-	-	0	-	-	-	0	**-**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	-	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	0	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	-	**-**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	-	0	**-**

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 8 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2021, 25% of the TAS sample reported any recent use of codeine, similar to rates in 2020 (24%). Thirteen per cent of participants had used any prescribed codeine (19% in 2020; *p*=0.248), whereas 15% had reported using any non-prescribed codeine (6% in 2020; *p*=0.064).

Recent Use for Non-Pain Purposes (past 6 months): Twelve per cent of the sample reported using codeine for non-pain purposes in 2021 (80% of those who reported recent use of non-prescribed codeine) (n≤5 in 2020; *p*=0.100) (Figure 36).

Frequency of Use: Participants who had recently used non-prescribed codeine (n=13) reported use on a median of two days (IQR=1-4; 5 days in 2020; IQR=3-13; n=6; *p*=0.140) in the past six months.

Pharmaceutical Opioids

Recent Use (past 6 months): Eleven per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2021, stable from 6% in 2020 (*p*=0.311) (Figure 36).

Frequency of Use: Among those that reported recent use, participants reported a median of four days of non-prescribed opioid use (IQR=1-6; n=9; 3 days in 2020; IQR=2-5; n=6; *p*=0.858) in the six months leading up to interview.

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) were recently consumed by 30% of the sample in 2021 (22% in 2020; *p*=0.260) (Figure 36).

Frequency of Use: Among those that reported recent use, participants reported a median of three days of non-prescribed stimulant use (IQR=2-6; n=29; 4 days in 2020; IQR=2-9; n=22; *p*=0.240) in the six months prior to interview in 2021.

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Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2021 was one pill/tablet (IQR=1-2; n=25; 1 pill/tablet in 2020; IQR=1-2; n=22; *p*=0.565). The median maximum amount of pharmaceutical stimulants used in one session was two pills/tablets (IQR=1-3; question not asked in 2020).

Benzodiazepines

Recent Use (past 6 months): Twenty-nine per cent of the sample reported recent use of non-prescribed benzodiazepines in 2021, similar to 32% in 2020 (*p*=0.761) (Figure 36). In 2021, 14% and 20% of the total sample reported recent use of non-prescribed alprazolam and 'other-benzodiazepine' non-prescribed use, respectively (14%; *p*=1.000; and 30% in 2020; *p*=0.104, respectively).

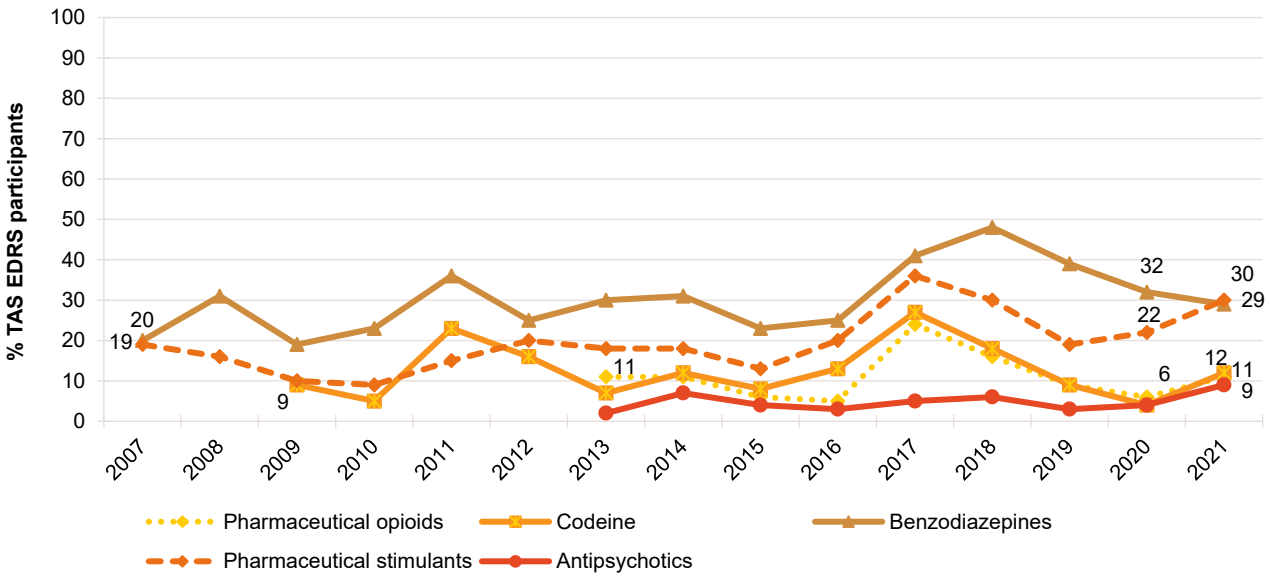
Frequency of Use: Of those reporting recent use, participants reported a median of three days (IQR=2-6; n=13; 3 days in 2020; IQR=1-4; n=14; *p*=0.729) and two days (IQR=1-7; n=19; 5 days in 2020; IQR=3-9; n=30; *p*=0.068) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Nine per cent of participants reported recent non-prescribed use of antipsychotics (n≤5 in 2020; *p*=0.252).

Frequency of Use: Of those reporting recent use, participants reported a median of two days (IQR=1-688), stable from 2020 (n≤5; *p*=0.240).

Figure 36: Non-prescribed use of pharmaceutical drugs in the past six months, Tasmania, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes. Data labels are only provided for the first and two most recent years (2020 and 2021), however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2021, 52% of the sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, stable from 39% in 2020 (p=0.088) (Figure 37).

Frequency of Use: Of those reporting recent use, participants reported a median of three days of hallucinogenic mushroom use (IQR=1-6; n=53; 3 days in 2020; IQR=1-5; n=39; p=0.383) in the six months prior to interview in 2020.

MDA

Due to low numbers reporting on recent use of MDA, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

Substance with Unknown Contents

Capsules: In 2021, 16% of the TAS sample reported recent use of capsules with unknown contents (n≤5 in 2020; p=0.010) (Figure 37).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder and crystal form. Twenty-eight per cent reported use of any substance with 'unknown contents' in 2021 (16% in 2020; p=0.066). Seventeen per cent reported using pills with unknown contents in the previous six months (7% in 2020; p=0.053). Both these forms represent increasing trends. A small number reported using powder and crystal with unknown contents in 2020, therefore, these numbers are suppressed.

Quantity: In 2021, we asked participants about the average amount of capsules and pills used with unknown contents in the six months preceding interview. In a 'typical' session, participants reported using a median of four capsules/pills (IQR=2-6; n=26) with unknown contents (median of 1 capsule/pill in 2020; IQR: 1-1; p=0.061).

Heroin

Due to low numbers reporting on recent use of heroin, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD (Liquid E)

Due to low numbers reporting on recent use of GHB, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

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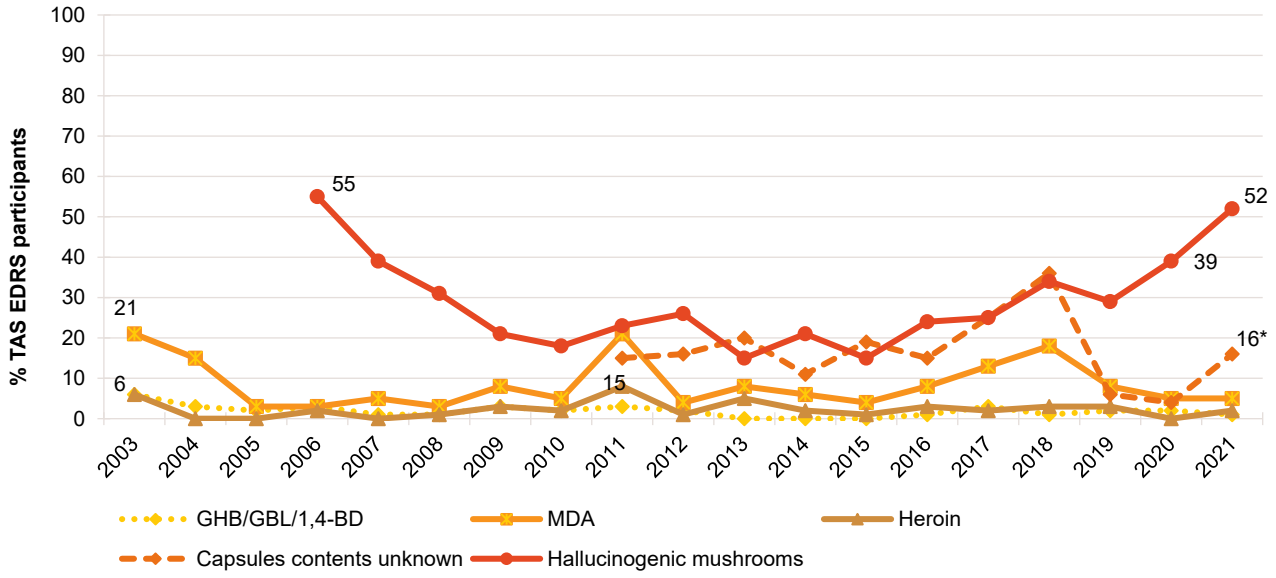
Figure 37: Past six month use of other illicit drugs, Tasmania, 2003-2021



Note. Monitoring of hallucinogenic mushrooms commenced in 2006. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The vast majority of the sample reported recent use of alcohol in 2021 (97%), consistent with the pre cent observed in 2020 (98%) and since monitoring began in 2003 (Figure 38).

Frequency of Use: Participants reported a median of 48 days of alcohol use in the past six months (IQR=24-72; n=99; 48 days in 2020; IQR=24-90; n=98; p=0.077). Seventy-five per cent of recent people who had recently consumed alcohol reported weekly or more frequent use, stable comparative to 2020 (81%; p=0.466).

Tobacco

Recent Use (past 6 months): In 2021, recent use of tobacco remained high at 76% and was similar to 2020 (87%; p=0.080) (Figure 38).

Frequency of Use: Median frequency of use in the past six months was 65 days (IQR=10-180; n=77), which was a significant reduction from 145 days in 2020 (IQR=35-180; n=87; p=0.027). Thirty-six per cent of people who had recently consumed tobacco reported daily use (43% in 2020; p=0.519).

E-cigarettes

Recent Use (past 6 months): Half (50%) of the 2021 sample had used e-cigarettes in the six months preceding interview, a significant increase from 2020 (35%; p=0.044) (Figure 38).

Frequency of Use: Among those that reported recent use, participants reported a median of 15 days of use in the past six months (IQR=5-30; n=49; four days in 2020; IQR=2-5; n=35; p<0.001).

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Forms Used: Among participants that reported recent use (n=51), the majority (94%) reported using e-cigarettes containing nicotine (80% in 2020; n=38) and 20% reported using e-cigarettes containing cannabis (20% in 2020). Small numbers (n≤5) reported using both cannabis and nicotine, or neither (n≤5 in 2020).

Reason for Use: Seventy-two per cent of people who had recently consumed e-cigarettes reported that they did not use e-cigarettes as a smoking cessation tool in 2021 (74% in 2020; *p*=0.815).

Nitrous Oxide

Recent Use (past 6 months): Forty-one per cent of the sample reported recent use of nitrous oxide in 2021, consistent with 2020 (41%) (Figure 38).

Frequency of Use: Frequency of use was stable between 2021 (two days; IQR=1-6; n=41) and 2020 (three days; IQR=1-7; n=41; *p*=0.977).

Quantity: In a 'typical' session, participants reported using a median of five bulbs (IQR=2-10; n=40; four bulbs in 2020; IQR=3-10, n=42; *p*=0.974). In 2021, we asked participants about the maximum amount of nitrous oxide that participants had used in one session in the six months preceding interview. The maximum amount used in a session was six bulbs (IQR=3-16; n=40).

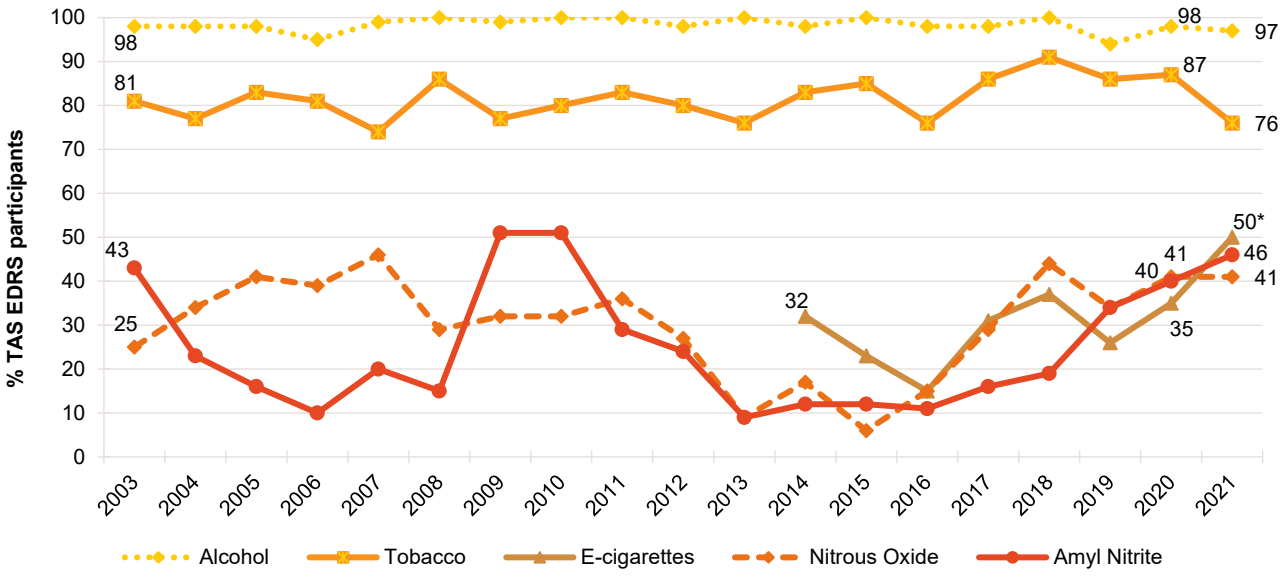
Amyl Nitrite

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

Recent Use (past 6 months): After some fluctuation over the course of monitoring, almost half (46%) of the sample reported recent use of amyl nitrite in 2021 (40% in 2020; *p*=0.465) (Figure 38).

Frequency of Use: Median days of use was reported at three days in 2021 (IQR=1-6; n=46; three days in 2020; IQR=1-10; *p*=0.731).

Figure 38: Licit and other drugs used in the past six months, Tasmania, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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10

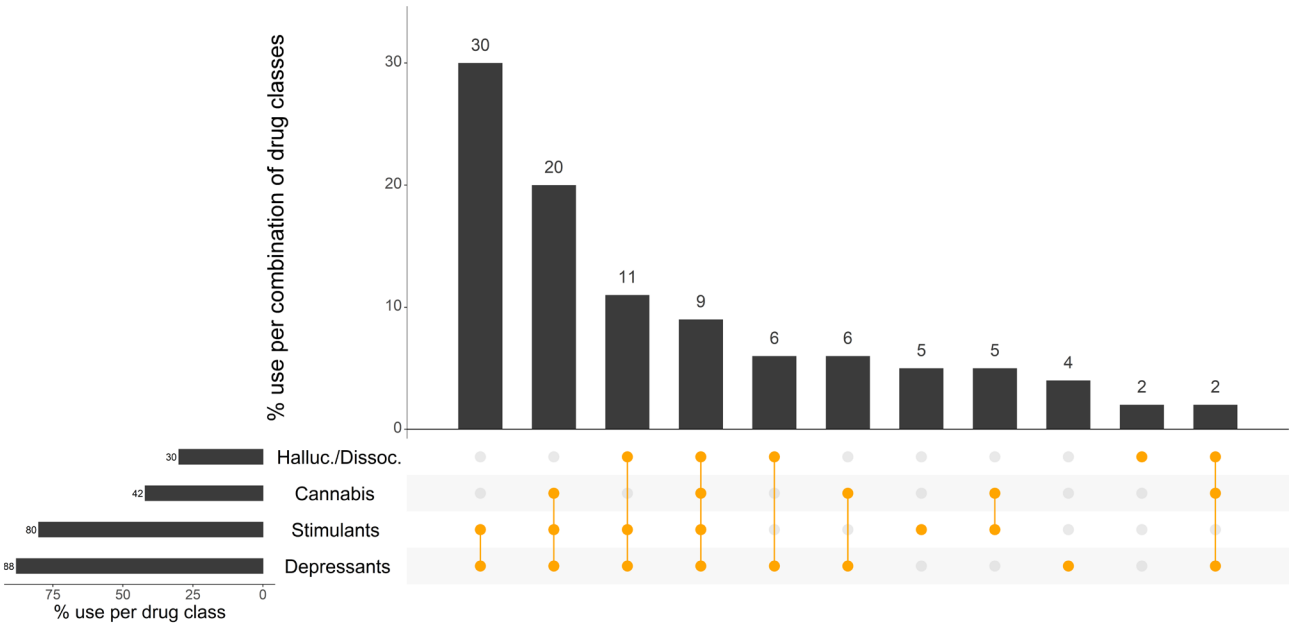
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drugs were depressants (88%; predominantly comprising alcohol), stimulants (80%; predominantly comprising ecstasy and cocaine), tobacco (43%), cannabis (42%) and hallucinogens/dissociatives (30%).

The majority (93%) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combinations of drug classes were stimulants and depressants (30%), followed by stimulants, depressants, and cannabis (20%). Approximately one-in-ten participants reported using stimulants, depressants and hallucinogenic/dissociative drugs (11%) and stimulants, depressants, cannabis and hallucinogenic/dissociative drugs (9%), on the last occasion of ecstasy and related drug use (Figure 39).

Figure 39: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Tasmania, 2021: Most common drug pattern profiles



Note. % calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, MDMA, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 35% to improve visibility of trends.

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Alcohol Use Disorders Identification Test

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

In 2021, the mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 13.5 (SD 6.7), which was a significant increase relative to 12.5 (SD 5.5) in 2020 (p<0.001). AUDIT scores are divided into four 'zones' which indicate risk level. There was no significant change in the per cent of participants falling into each of these zones between 2020 to 2021 (p=0.621).

Eighty-seven per cent of the sample obtained a score of eight or more, indicative of hazardous use (81% in 2020; p=0.350) (Table 6).

Table 6: AUDIT total scores and per cent of participants scoring above recommended levels, Tasmania, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=100	N=75	N=100	N=75	N=100	N=78	N=100	N=100	N=100	N=98	N=100	N=102
Mean AUDIT total score (SD)	/	/	/	/	/	/	/	/	14.2 (7.0)	12.5 (6.1)	12.5 (5.5)	**13.5*** (6.7)**
Score 8 or above (%)	93	94	92	85	95	96	78	83	80	78	81	**87**
Score 0-7: low risk drinking or abstinence	7	6	8	15	5	19	26	17	19	17	19	**13**
Score 8-15: alcohol use in excess of low-risk guidelines	52	32	33	45	50	48	51	42	37	53	56	**56**
Score 16-19: harmful or hazardous drinking	20	26	26	11	17	23	13	22	17	18	12	**15**
Score 20 or higher: possible alcohol dependence	21	36	33	29	28	10	10	19	24	12	13	**16**

Note. Monitoring of AUDIT first commenced in 2010. / data not available. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021..

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) stimulant overdose, and iv) other drug overdose.

From 2019, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.

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- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.

- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

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

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

Non-Fatal Stimulant Overdose

Ten per cent of the TAS sample reported a stimulant overdose in the last 12 months (13% in 2020; p=0.621) (Figure 40).

Of those who had experienced a stimulant overdose event in the last year and were able to comment (n=9), 70% nominated some form of MDMA/ecstasy as the stimulant consumed on the last occasion. Few participants (n≤5) reported stimulant overdose from methamphetamine or cocaine; these data are suppressed. The vast majority (89%) reported that they had consumed one or more additional drugs on the last occasion, with alcohol being most commonly reported (67%). On the last occasion, 80% did not receive treatment or assistance. Due to low numbers reporting that they had received treatment or assistance (n≤5), please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Non-Fatal Depressant Overdose

Alcohol: Thirteen per cent (11% in 2020; p=0.828) of the TAS sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of one occasion (IQR=1-4; 2 occasions in 2020; IQR=1-4). Of those who had experienced an alcohol overdose in the past year (n=13), none of the participants (100%) reported receiving treatment on the last occasion.

Any depressant (including alcohol): Sixteen per cent of the TAS sample reported any depressant overdose in the last 12 months, stable relative to 2020 (12%; p=0.541) (Figure 40).

Of those who had experienced any depressant overdose in the last year (n=16), the majority reported alcohol as the primary cause (81%). Fewer participants (n≤5) reported an overdose due to other drugs, therefore, these numbers are suppressed. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

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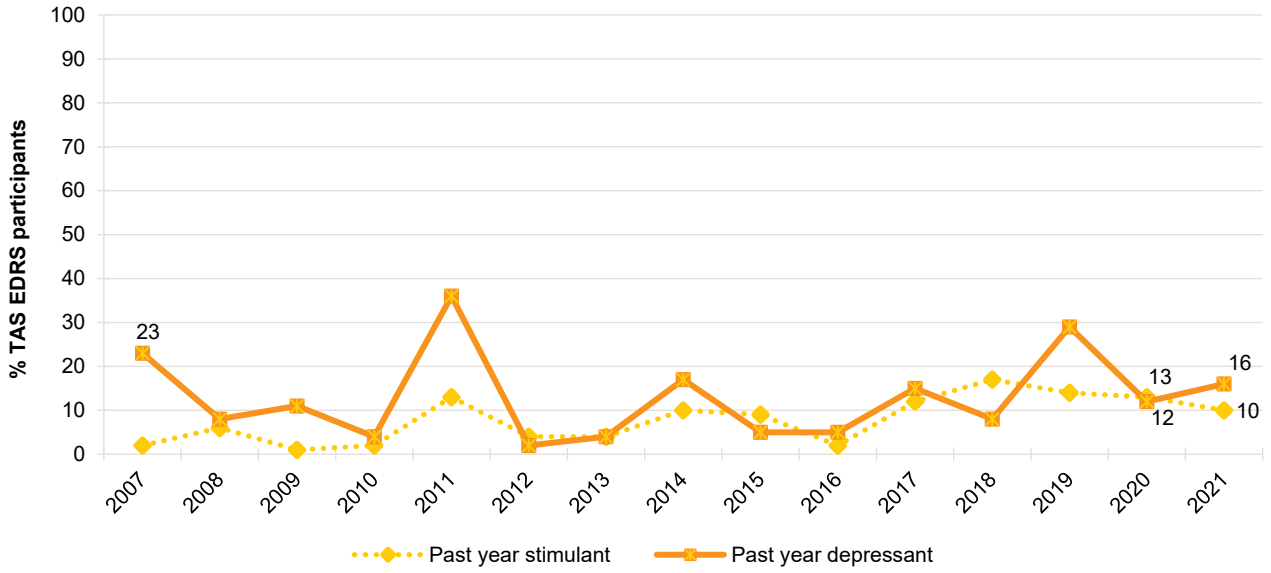
Figure 40: Past 12 month non-fatal stimulant and depressant overdose, Tasmania, 2007-2021

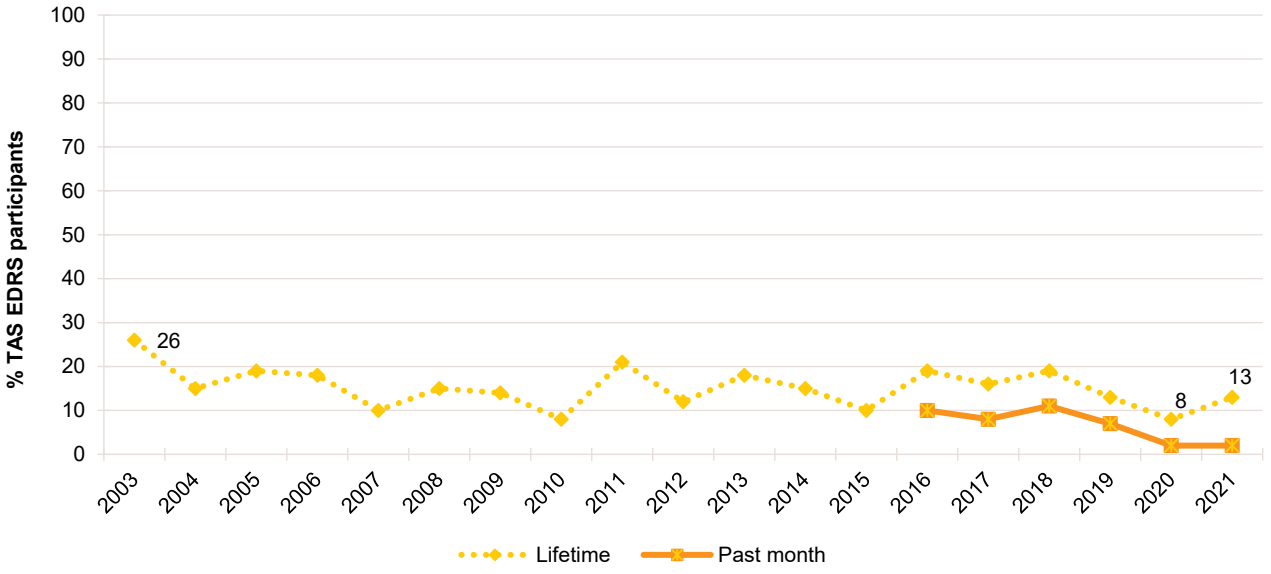


Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

Thirteen per cent of the TAS sample reported lifetime injection in 2021 (8% in 2020; p=0.369). The per cent who reported injecting drugs in the past month remained low in 2021 and 2020 (n≤5; data are suppressed) (Figure 41).

Figure 41: Lifetime and past month drug injection, Tasmania, 2003-2021



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Drug Treatment

A nominal per cent (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2021, of those who were able to comment (n=99), 82% reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if conducted face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=82), 82% reported using alcohol and/or other drugs prior to, or while engaging in, sexual activity: of these, 11% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Further, of those who had engaged in sexual activity in the past four weeks and who responded (n=81), 16% reported penetrative sex without a condom where they did not know the HIV status of their partner in the past four weeks (Table 7).

Thirty-nine per cent of the sample reported having a sexual health check-up in the past six months. A further 41% had done so more than six months ago, and 20% had never had a sexual health check-up. Of the total sample, 82% reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 16% had received a positive diagnosis over six months ago; and few participants had received a positive diagnosis in the past six months (these data are suppressed).

Smaller numbers reported having ever had a test for human immunodeficiency virus (HIV) (18% in the past six months; 35% more than six months ago). The majority of the sample (99%) had never been diagnosed with HIV.

Table 7: Sexual health behaviours, Tasmania, 2021

	2021
	N=102
% Any sexual activity in the past four weeks (n)	82 (n=99)
Of those who responded#:	**n=82**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	82
Of those who responded#:	**n=82**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	11
Of those who responded#:	**n=81**
% Had penetrative sex without a condom and did not know HIV status of partner	16
Of the total sample (past six months):	**n=98**
% Had a HIV test	18
% Diagnosed with HIV	0
% Had a sexual health check	39
% Diagnosed with a sexually transmitted infection	-

Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond. - not reported, due to small numbers (n≤5 but not 0).

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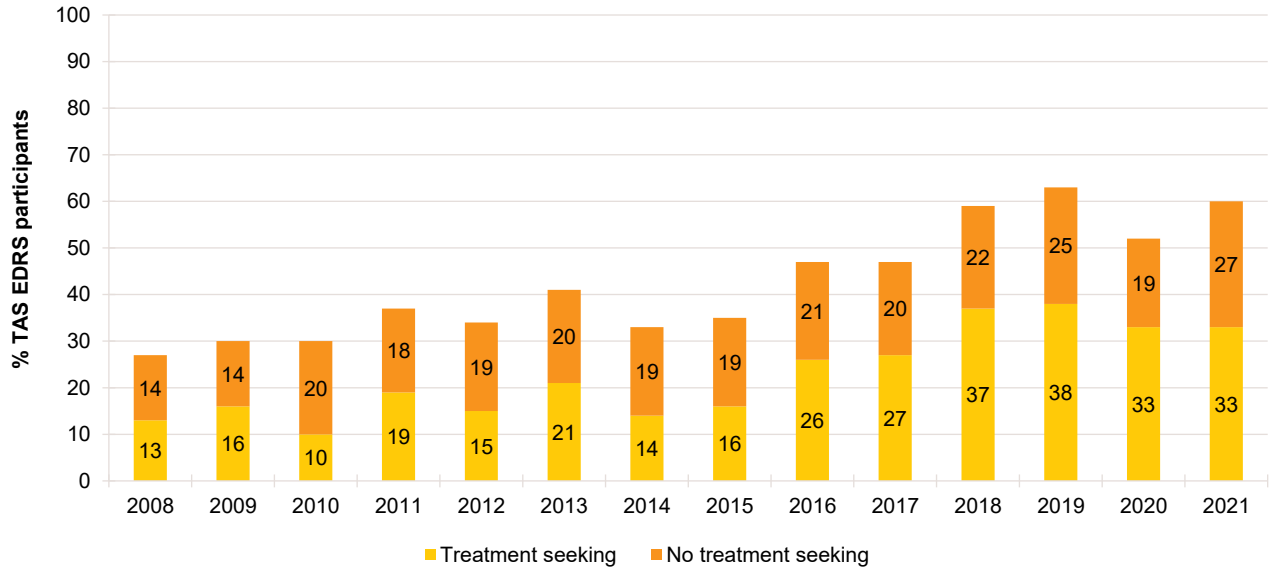
Mental Health

Sixty per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable from 2020 (52%; *p*=0.319). Of those who reported a mental health problem in 2021 (n=58), the most common mental health problem was anxiety (71%; 75% in 2020; *p*=0.612), followed by depression (69%; 69% in 2020). Of those that reported experiencing a mental health problem (n=58), 55% reported seeing a mental health professional during the past six months (63% in 2020; *p*=0.474; 33% of the total sample; 33% in 2020;) (Figure 42). Of these participants (n=33), 36% reported being prescribed medication for this problem in this period (39% in 2020).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2008-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Driving

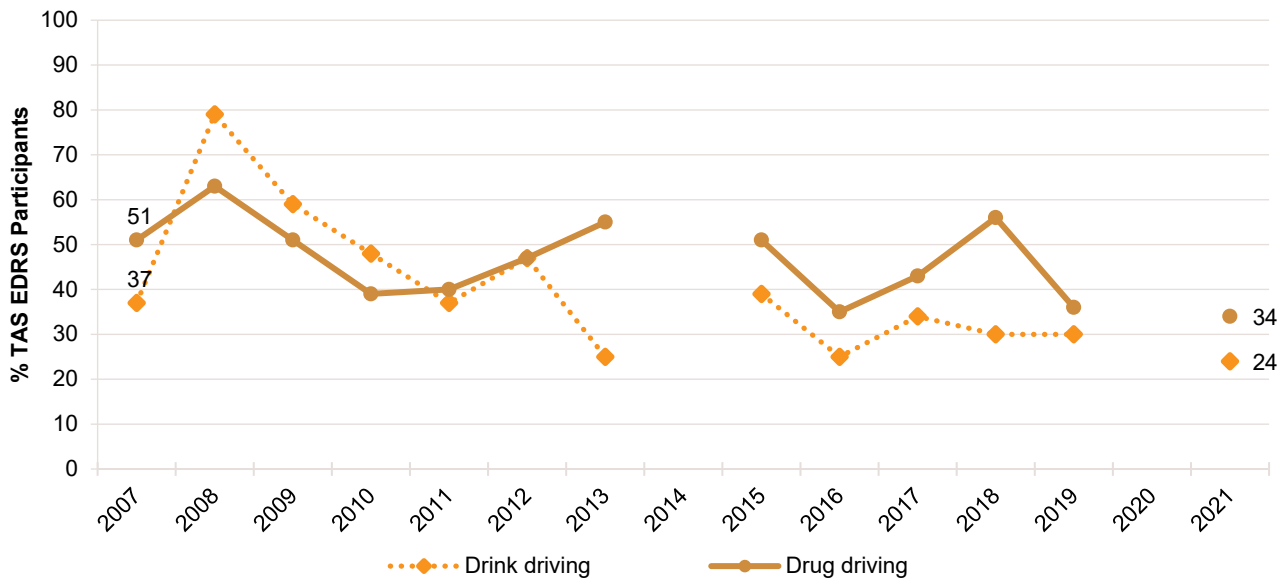
The majority (91%) of the TAS sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently (n=92), 27% reported driving while over the perceived legal limit of alcohol and 34% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Table 8) (Figure 43). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using cannabis prior to driving (71%), with smaller numbers reporting the use of cocaine and mushrooms (n≤5). Of those who had driven recently, 28% reported that they had been tested for drug driving by the police roadside drug testing service, and 11% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview.

Table 8: Participant reports of driving behaviour in the last six months, Tasmania, 2021

	2021
	N=91 driven in last six months
% Driven over the legal alcohol limit in the last six months	27
% Driven within three hours of consuming illicit drug(s) last six months	31
% Tested for drug driving by police roadside drug testing last six months	10
% Breath tested for alcohol by police roadside testing last six months	21

Note: Questions about driving behaviour were not asked in 2020. All responses are computed as a proportion of those who reported driving in the previous 6 months. Don't know and did not respond responses excluded.

Figure 43: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use of those who had driven recently, Tasmania, 2007-2021



Note. Drink and drug driving computed out of those who reported driving in the previous 6 months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first and most recent years, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The proportion of the sample reporting recent driving was between 70 and 90% between 2007-2013; and between 70 and 80% between 2015 and 2019; in 2021 91% of the sample had driven in the past six months.

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Crime

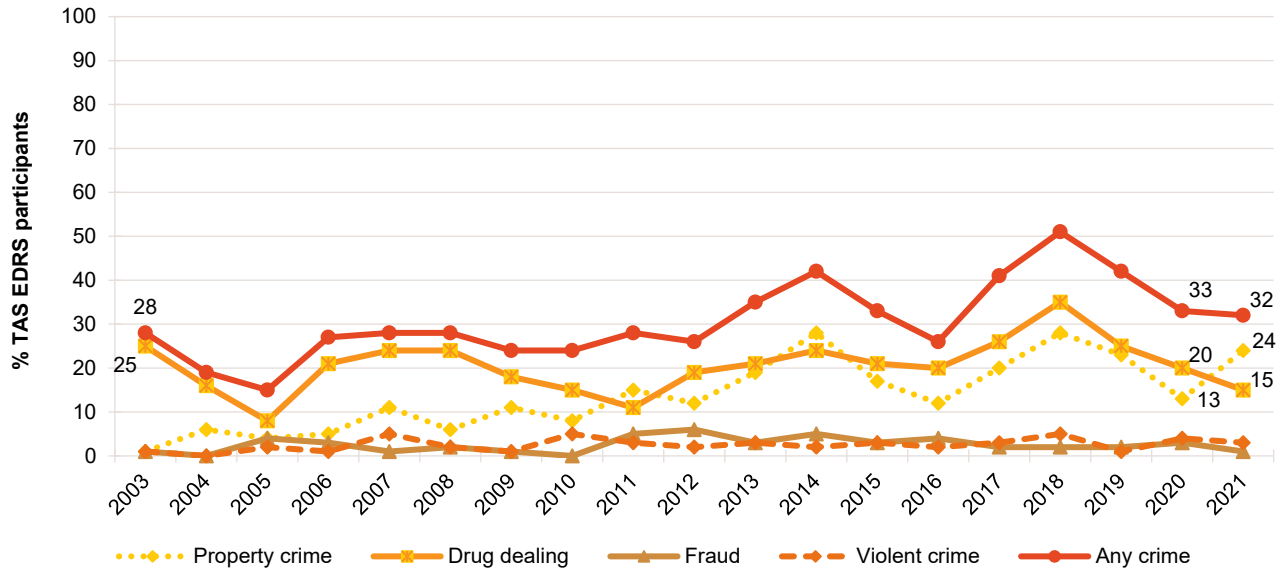
Thirty-two per cent of the TAS sample reported any past month criminal activity in 2021 (33% in 2020; *p*=0.961), with property crime (24%; 13% in 2020; *p*=0.074) and drug dealing (15%; 20% in 2020; *p*=0.457) being the two main forms of criminal activity in 2020 (Figure 44).

In 2021, low numbers (n≤5) reported being the victim of a crime involving violence (e.g., assault); therefore, these numbers are suppressed.

Twelve per cent of the 2021 TAS sample reported having been arrested in the 12 months preceding interview (n≤5 in 2020; data are suppressed; *p*=0.134). Low numbers (n≤5) reported reasons for arrest; therefore, these data are suppressed.

Low numbers (n≤5) reported having ever been in prison in 2021, consistent with previous years. Please refer to the National EDRS report or contact the Drug Trends team for further information.

Figure 44: Self-reported criminal activity in the past month, Tasmania, 2003-2021



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Modes of Purchasing Illicit or Non-Prescribed Drugs

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

The most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2021 was face-to-face (70%; 60% in 2020; p=0.165), followed by social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder; 66%; 71% in 2020; p=0.578). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Just over one-third (37%) had arranged to purchase illicit drugs via text messaging (34% in 2020; p=0.800) and just over one-quarter (27%) had arranged the purchase via a phone call (33% in 2020; p=0.401) (Table 9).

The majority of participants in 2021 reported obtaining illicit drugs from a friend/relative/partner/colleague (94%; 86% in 2020; p=0.109), followed by obtaining illicit drugs from a known dealer/vendor (68%; 69% in 2020; p=0.923) and an unknown dealer/vendor (22%; 22% in 2020) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, all participants reported face-to-face (100%), a significant increase relative to 2020 (94%; p=0.046). Ten per cent reported receiving illicit drugs via a collection point in 2021 (11% in 2020; p=0.928; defined as a predetermined location where a drug will be left for later collection), followed by 7% of participants who reported receiving illicit drugs via post (12% in 2020; p=0.410) (Table 9).

In 2020, a minority of participants (n≤5) reported having ever sold illicit drugs on the surface or darknet, therefore, these data are suppressed. On the other hand, 53% of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 34% doing so in the last 12 months, stable relative to 43% in 2020 (p=0.313).

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Table 9: Means of purchasing illicit drugs in the past 12 months, Tasmania, 2020-2021

	2020	2021
	n=100	**n=98**
% Purchasing approaches in the last 12 months^		
Face-to-face	60	**70**
Surface web	-	**-**
Darknet market	8	**4**
Social networking applications	71	**66**
Text messaging	34	**37**
Phone call	33	**27**
Grew/made my own	-	**-**
Other	0	**0**
% Means of obtaining drugs in the last 12 months^~	n=100	
Face-to-face	94	**100***
Collection point	11	**10**
Post	12	**7**
% Source of drugs in the last 12 months^	**n=98**	
Friend/relative/partner/colleague	86	**94**
Known dealer/vendor	69	**68**
Unknown dealer/vendor	22	**22**

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g. at an event/club.' *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.