EDRS

TASMANIAN DRUG TRENDS 2020

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

TASMANIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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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 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Amy Kirwan, Cristal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas 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 contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Ruby Marris, Callula Sharman, Paris Baker and Lucy Tran for conducting the Tasmanian EDRS interviews in 2020. We would also like to thank the members of the Drug Trends Advisory Committee as well as the Australian Injecting & Illicit Drug Users League (AVIL) for their contribution to the EDRS.

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

Abbreviations

1,4-BD	1,4-butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
2C-T-7	2,5-dimethoxy-4-(n)-propylthiophenethylamine
4-FA	4-fluoroamphetamine
Alpha PVP	Alpha-pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
COVID	Coronavirus disease
DMT	N,N-dimethyltryptamine
DO-X	2,5-dimethoxy-4-iodoamphetamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
LSD	d-lysergic acid
M	Mean
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine (ecstasy)
MDPV	Methylenedioxypyrovalerone
N	(or n) number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
OTC	Over the counter
PMA	Paramethoxyamphetamine
SD	Standard deviation

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Executive Summary

The TAS EDRS sample is a sentinel group of people who frequently 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 2020 from April-June: subsequent to COVID-19 restrictions on travel and gatherings in Australia. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The TAS EDRS sample (N=100) recruited from Hobart were predominantly young (mainly in their 20s), and engaged in education or employment, consistent with the sample profile in 2019 and since monitoring commenced. Ecstasy and cannabis were the drugs of choice (27% and 18%, respectively). Cannabis (36%) and alcohol (44%) were the drugs most often used in the preceding month in 2020.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Nine per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (87%) had practised social distancing and 66% had undergone home isolation. Ecstasy was reported by almost one-in-five participants (19%) as the drug most used in February 2020 (before COVID-19 restrictions), and by five per cent in the month prior to interview. By contrast, cannabis was reported by one-fifth (21%) as the drug most used in February, and by 36% in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA (76%), amyl nitrite (48%), cocaine (50%) and ketamine (48%). The primary reasons for a decrease in use of these drugs comprised 'fewer opportunities to be with people or to go out'. An increase in cannabis use was observed, mainly cited as due to 'boredom/less things to occupy time'. Most participants reported drug availability as stable, although around one-third of participants reported a decrease of availability for MDMA pills, MDMA capsules, MDMA crystal and cocaine. Forty-five per cent of participants rated their mental health in the past four weeks as 'being worse' compared to February, 28% reported 'similar' and 27% reported their mental health as 'better'. Nine per cent of the participants reportedly sought information on how to reduce the risk of acquiring COVID-10 or avoiding impacts of restrictions on drug acquisition and use. Forty-four per cent of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

On average, ecstasy was used approximately fortnightly. One-quarter of the TAS sample (26%) used ecstasy weekly or more often in the past six months. Pills and capsules were the most commonly and frequently used forms in 2020 (74%; 73% in 2020, respectively). Over half had recently used crystal form. High-quantity use was common, with participants reporting a median of two pills or three caps in a 'typical' use session.

Methamphetamine

Recent use of methamphetamine in the Tasmanian sample has significantly decreased from 45% in 2019 to 31% in 2020. Participants reported using methamphetamine less than monthly on average, with a median of five days of any methamphetamine use in the preceding six months.

Cocaine

Recent use of cocaine has increased, with 38% of participants reporting recent use in 2019 and 61% in 2020, the highest reported per cent since monitoring began. The frequency of cocaine use remained stable, equivalent to one

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occasion in every two months (median of 2 days in 2019; 3 days in 2020).

Cannabis

Over 8 in 10 participants (84%) reported recent use of cannabis. Sixty-three per cent of recent consumers reported using cannabis weekly or more (56% in 2019) and 21% reported daily cannabis use (23% in 2019). An ounce of bush cannabis significantly increased from $200 in 2019 to $250 in 2020; bush cannabis bought per gram and hydroponic cannabis prices was stable.

Ketamine & LSD

Recent use of ketamine and LSD significantly increased in 2020. Half (52%) of the Tasmanian sample reported using ketamine in the preceding six months (16% in 2019), the highest proportion since monitoring began. The frequency of use also significantly increased with a median of five days in 2020, up from two days in 2019. Recent use of LSD significantly increased from 44% in 2019 to 60% in 2020, although use continued to be infrequent (median of two days in 2020, 3 days in 2019). Median price per tab of LSD significantly decreased from $20 in 2019 to $18 in 2020.

New Psychoactive Substances (NPS)

Almost one in five (18%) of the participants in 2020 reported recently using a drug they thought was a NPS. Most notable was use of the short-acting psychedelic DMT, with 13% of the Tasmanian sample reporting recent use. Reported use was infrequent, at a median of two days in 2020.

Other Drugs

Almost all participants (98%) reported recent alcohol consumption, with over four in five (81%) participants drinking on a weekly or more basis. Tobacco smoking remained common (87% recent) with almost half (42%) of consumers reporting daily smoking. Hallucinogenic mushrooms remain common but infrequent among EDRS participants: 39% of participants reported recent use with typically one occasion of use every two months.

Over two-fifths (41%) reported recent use of nitrous oxide in 2020, similar to rates in 2019, at a median frequency of three days.

Drug-Related Harms and Other Associated Behaviours

Thirteen percent of participants reported experiencing a non-fatal overdose on a stimulant drug in the past year. This was typically in relation to ecstasy although all had consumed multiple substances. Eleven per cent reported experiencing an alcohol overdose in 2020, which was significantly less than 2019 (25%). Over one in ten (13%) were experiencing alcohol related harms at a level reflecting possible alcohol use disorder (AUDIT Zone 4).

Half (52%) of the Tasmanian sample self-reported a mental health problem, and one-third of the participants (33%) reported seeing a mental health professional in the past six months.

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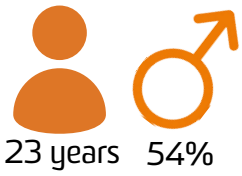
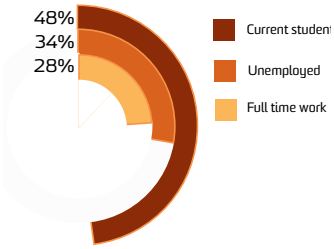
EDRS Ecstasy and Related Drugs Reporting System

2020 TASMANIA SAMPLE CHARACTERISTICS

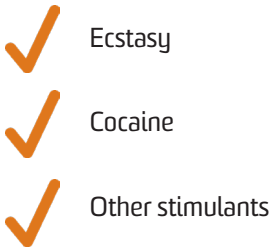
In 2020, 100 people from Hobart, TAS, participated in EDRS interviews.



The median age in 2020 was 23, and 54% identified as male.

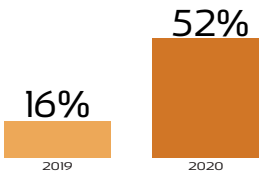


In the 2020 sample, 48% were enrolled students, 34% were unemployed, and 28% were employed full time.

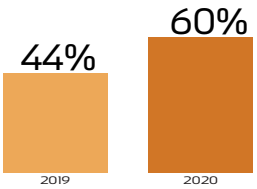


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

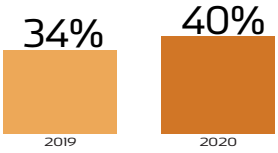
OTHER DRUGS



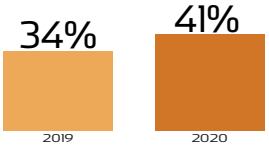
Past 6 month use of ketamine increased from 16% in 2019 to 52% in the 2020 EDRS sample.



Past 6 month use of LSD increased from 44% in 2019 to 60% in 2020.



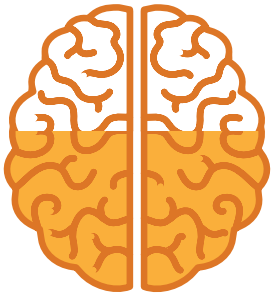
Past 6 month use of any amyl nitrite increased from 34% in 2019 to 40% in 2020.



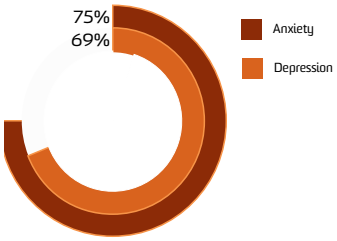
Past 6 month use of any nitrous oxide (nangs) increased from 34% in 2019 to 41% in 2020.

DRUG TREATMENT AND MENTAL HEALTH

Of the 2020 EDRS sample <5% reported that they were currently receiving drug treatment.



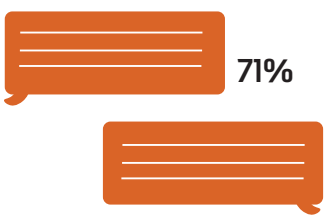
Over half of the sample (52%) self-reported that they had experienced a mental health problem in the previous 6 months.



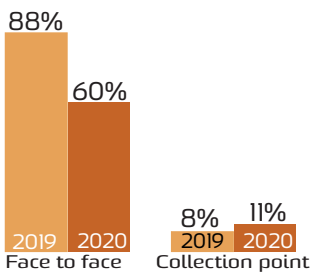
Of those who commented, the most common self-reported mental health concern was anxiety (75%), followed by depression (69%).

Of those self-reporting a mental health problem, 64% reported seeing a mental health professional in the previous 6 months (33% of the entire sample).

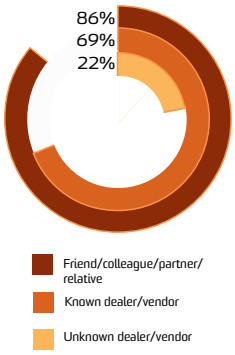
MODES OF PURCHASING



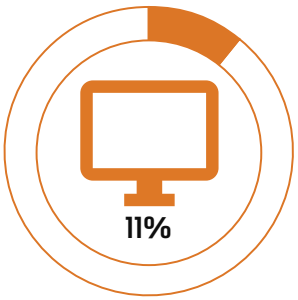
In 2020, 71% of participants organised the purchase of illicit or non-prescribed drugs via social networking.



When asked about how they received drugs, 60% said face to face, and 11% said via a pre-arranged collection point.



The majority of participants reported obtaining drugs from someone they knew personally (86%).



In 2020, 11% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

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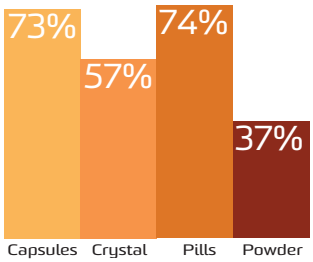
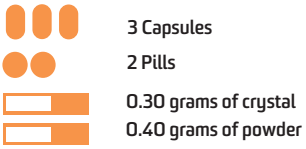
ECSTASY

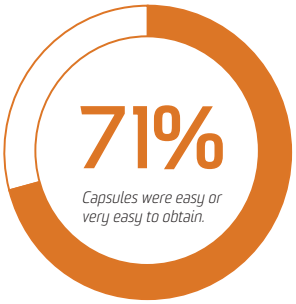


Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.

Of those who had recently consumed ecstasy, 1 in 4 (26%) used it weekly.



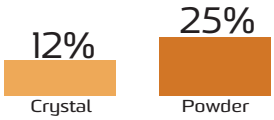
Median amounts of ecstasy consumed in a 'typical' session using each form.



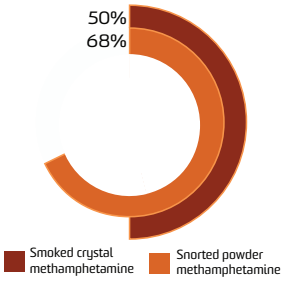
Of those who could comment 71% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

METHAMPHETAMINE

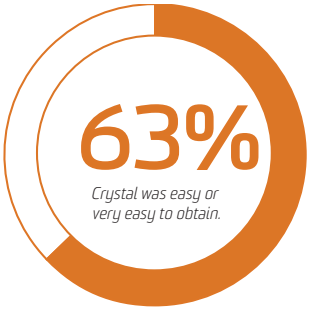
Past 6 month use of any methamphetamine decreased from 45% in 2019 to 31% in 2020.



Of the entire sample, 25% had recently consumed powder, and 12% crystal methamphetamine.



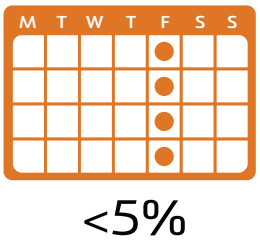
50% of people who had recently used crystal smoked it, and 68% of those who had used powder snorted it.



Of those who could comment 63% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

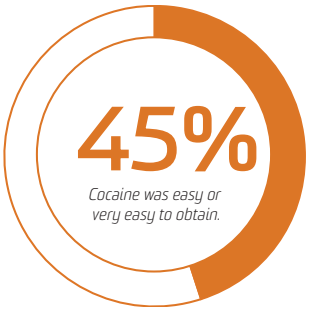
COCAINE

Past 6 month use of any cocaine increased from 38% in 2019 to 61% in 2020.



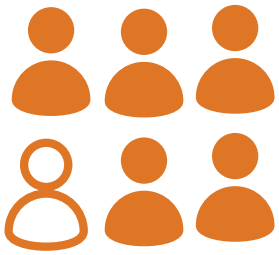
Of people who had consumed cocaine recently, <5% reported weekly or more frequent use.

Of people who had consumed cocaine in the last 6 months, 97% had snorted it.

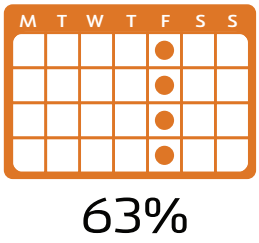


Of those who could comment 45% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

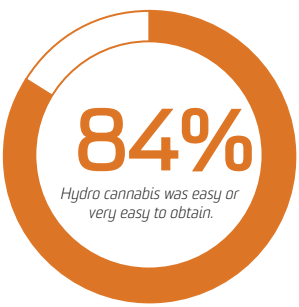


Past 6 month use of any cannabis was stable at 88% in 2019 and 84% in 2020.



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

Of people who had consumed cannabis in the last 6 months, 96% had smoked it.



Of those who could comment 84% 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. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (18 in Tasmania due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other 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 past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and in recent years were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred. In 2019, a total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Hobart, TAS during April-June 2019.

EDRS 2020: 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 came into effect in March 2020), face-to-face interviews were no longer 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;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

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A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 100 participants interviewed in Hobart, TAS during April-June 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 2019 and 2020, 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 (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Hobart, 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).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 2, as well as detailed findings related to impacts of COVID-19 restrictions on gathering and travel on drug use and relative behaviours, markets and harms as reported by participants in Chapter 3.

Outcomes relating to the previous 6-12 months reflect behaviours both pre- and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on EDRS 2020 findings.

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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.

http://doi.org/10.26190/dd3w-9r64

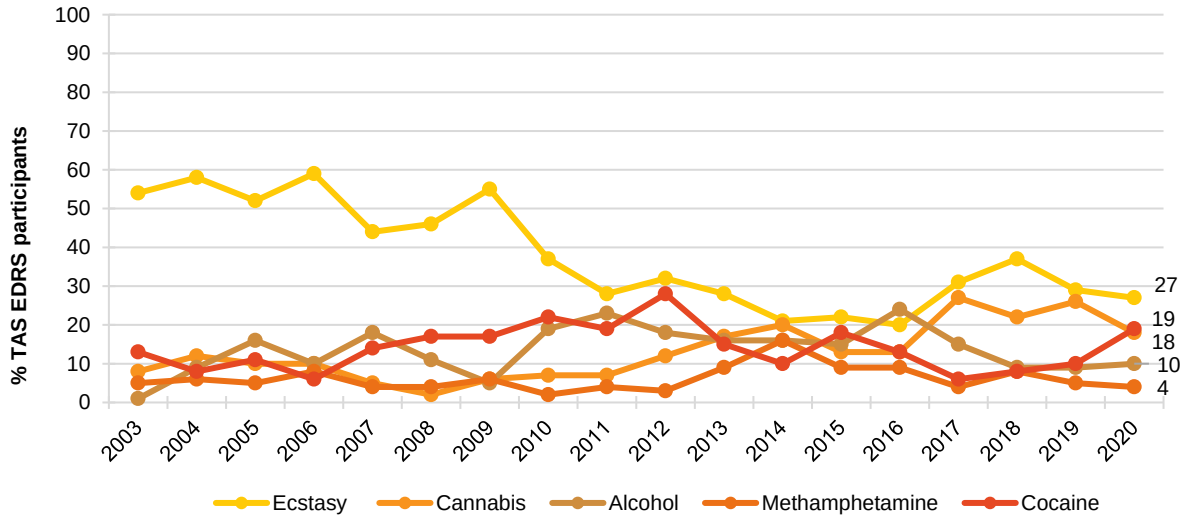
1

Sample Characteristics

In 2020, the TAS EDRS sample was very similar to the sample in 2019 and in previous years; half of the sample was male (54%; 60% in 2019; *p*=0.345), with a median age of 23 years (IQR=19-28; 24 years in 2019 (IQR=21-27; *p*=0.565). Over half the sample was living in a rented house/flat (57%; 63% in 2019; *p*=0.483), with most of the remaining participants living with their parents/in their family house (34%; 27% in 2019; *p*=0.253). Almost half (48%) were current students (36% in 2019; *p*=0.769), whereby 39% were studying at university/college and 9% were undergoing a trade/technical qualification. One-quarter (28%) reported being employed full time (21% in 2019; *p*=0.284) and 34% reported being unemployed at the time of interview (29% in 2019, *p*=0.410) (Table 1).

Participants typically reported that ecstasy or cocaine were their drugs of choice (27% and 19%, respectively; 29%; *p*=0.805 and 10%; *p*=0.080 in 2019, respectively; **Error! Reference source not found.**). Participants typically reported that cannabis was the drug used most often in the past month after alcohol (36%; 28% in 2019; *p*=0.202; **Error! Reference source not found.**). Over half of the sample (53%; 49% in 2019; *p*=0.334) reported weekly or more use of cannabis and a one-quarter (26%; 17% in 2019; *p*=0.139) reported weekly or more ecstasy use (Figure 3).

Figure 1: Drug of choice, Tasmania, 2003-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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Table 1: Demographic characteristics of the sample, nationally (2020) and Tasmania, 2016-2020

	TAS 2016	TAS 2017	TAS 2018	TAS 2019	TAS 2020	National 2020
	N=100	N=100	N=100	N=100	N=100	N=805
Median age (years; IQR)	25 (18-49)	23 (17-39)	25 (17-42)	24 (21-27)	**23 (19-28)**	22 (19-27)
% Male	51	65	64	60	**54**	61
% Aboriginal and/or Torres Strait Islander	-	-	-	7	**-**	4
% Sexual identity						
Heterosexual	92	85	87	86	**78**	83
Homosexual	-	-	-	-	**-**	3
Bisexual	7	13	10	10	**9**	10
Queer	/	/	/	-	**-**	3
Different identity	0	0	0	-	**6***	2
Median years of school education (range)	12 (9-12)	12 (8-12)	12 (8-12)	12 (8-12)	**12 (10-12)**	12 (7-12)
% Post-school qualification(s)^	44	40	57	78	**57****	51
% Current employment status						
Employed full-time	17	21	13	21	**28**	26
Part time/casual	29	27	50	45	**34**	35
Self-employed	/	/	/	-	**-**	5
Students	39	34	12	36	**48**	47
Unemployed	13	15	23	29	**34**	35
Current median weekly income $ (IQR)	(N=97) $475 (310-700)	(N=98) $300 (214-750)	(N=98) $552 (300-800)	(N=97) $500 (300-800)	**(N=100) $700** (406-891)**	(N=771) $600 (400-923)
% Current accommodation						
Own house/flat	-	-	-	-	**6**	5
Rented house/flat#	77	63	54	63	**57**	50
Parents'/family home	23	36	40	27	**34**	40
Boarding house/hostel	0	0	-	-	**-**	2
Public housing	-	**-**	-	-	**-**	2
No fixed address+	-	0	-	-	**0**	0
Other	-	-	0	0	**0**	-

Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. # in 2016 and 2017, public housing was included in rented house/flat. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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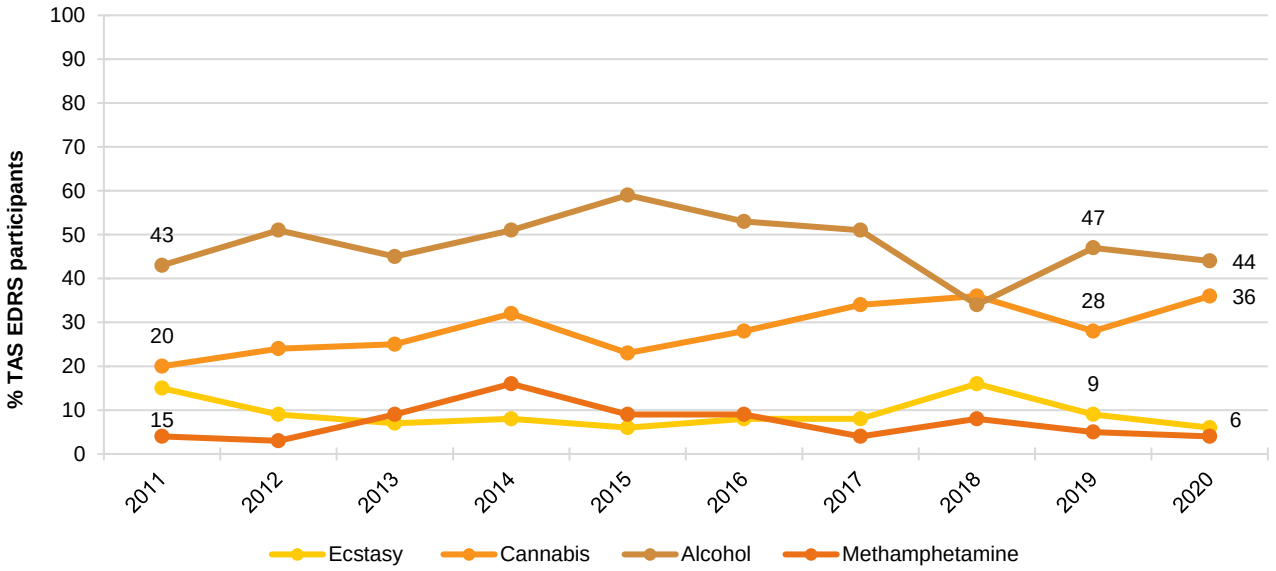
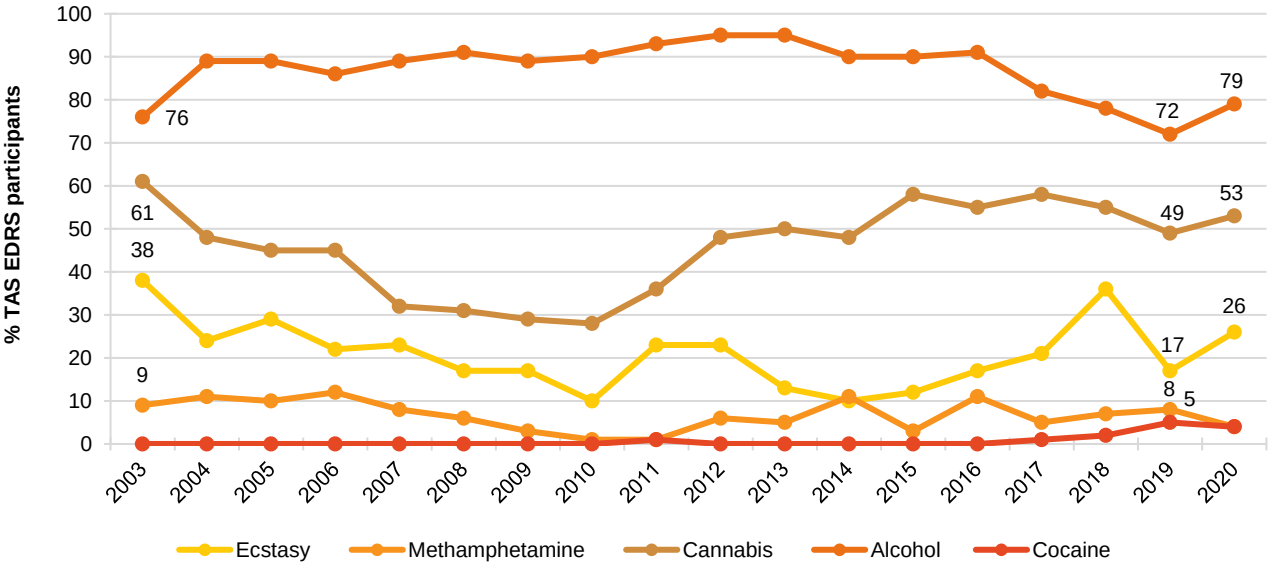
Figure 2: Drug used most often in the past month, Tasmania, 2011-2020



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 2011-2020 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2003-2020



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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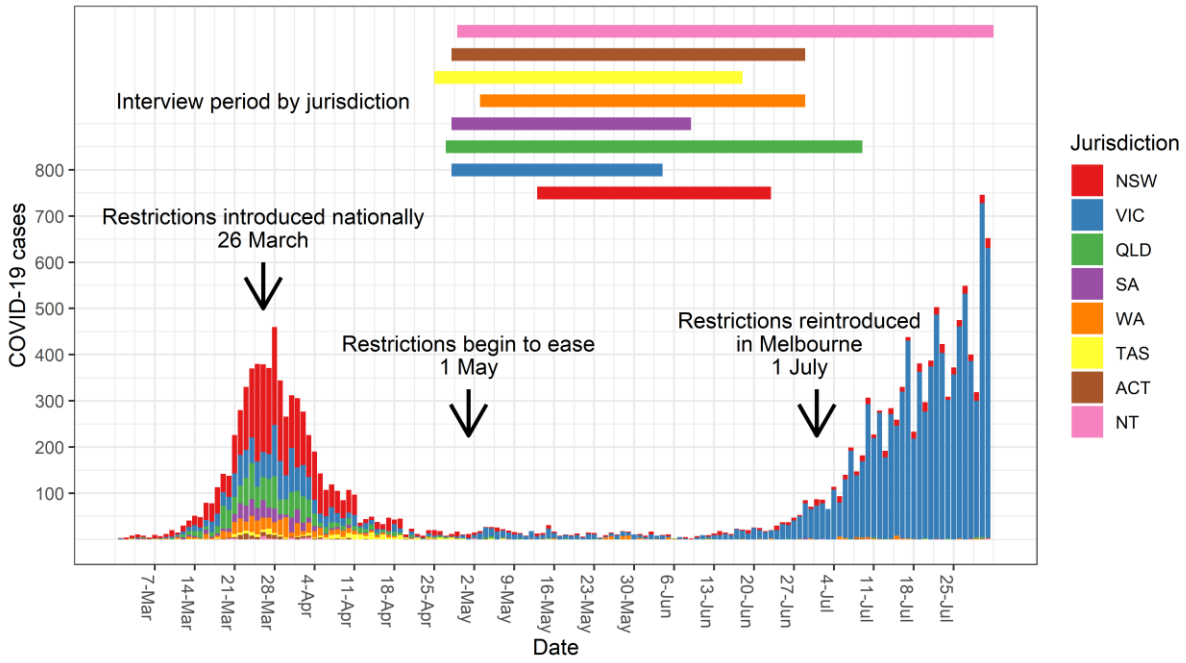
2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25th January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July).

Figure 4. Timeline of COVID-19 in Australia and EDRS data collection period



Note. Data obtained from https://www.covid19data.com.au/.

Tasmania observed its first case of COVID-19 on 2nd March, 2020. A few weeks later, on 17th March 2020, a public health emergency was declared in Tasmania, though a state of emergency was declared on 19th March, giving the police power to enforce self-isolation rules. The Tasmanian border closed on 22nd March 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 restricting travel outside of necessary activities. Restrictions began to ease as of 8th May (stage 1 restrictions), allowing gatherings of up to 10 people. Stage 2

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restrictions, ending the stay at home order and up to 20 person gatherings, commenced on 5th June, and were further loosened to Stage 3 on 26th June. State borders remained closed until October 26.

Methods

EDRS interviews commenced in Tasmania on 25th April and concluded on 18th June, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions are posed throughout the interview to explore demographic characteristics, drug consumption and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Methods** section of this document.

COVID-19 Testing and Diagnosis

Six percent of the TAS sample had been tested for COVID-19, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (59%) responded 'not at all', and over one-quarter (28%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the vast majority of TAS participants (95%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 76% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. None had tested positive and been required to quarantine for 14 days. A smaller percentage (11%) reported that they felt at risk of contracting COVID-19 and were required to quarantine for 14 days. Keeping distance from people was the most common health precaution that the sample had engaged with in the previous four weeks, followed by self-isolation, avoiding public spaces and cancelling personal gatherings (87%, 66%, 63% and 61%, respectively).

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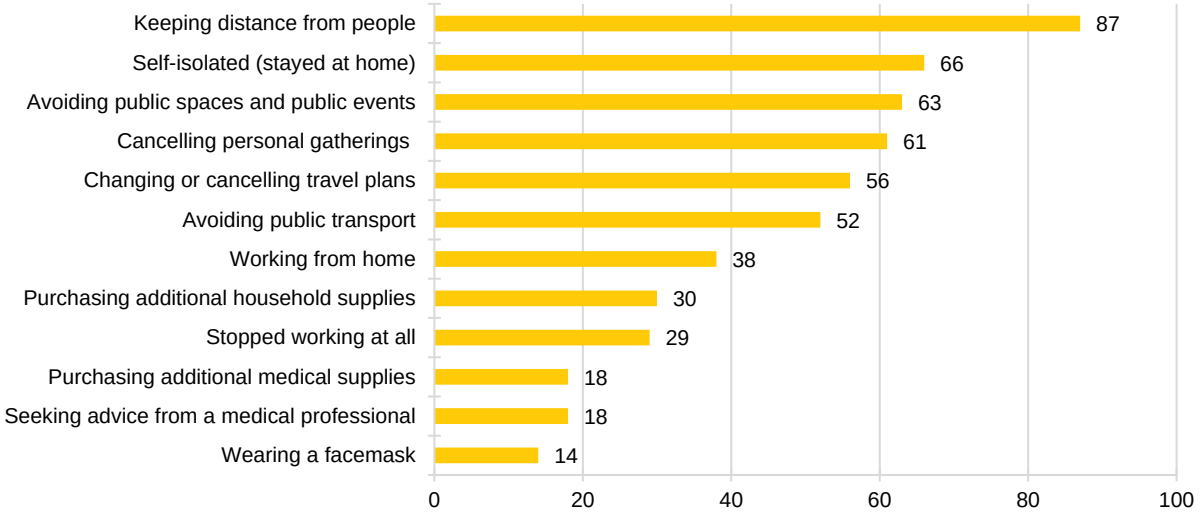
Figure 5: Health precautions related to COVID-19 in the past four weeks, Tasmania, 2020



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).

Housing. Under half (49%) of the TAS sample reported living in a rental house/flat at the time of interview, with a further 34% residing with parents/at their family house. Over one-tenth (13%) of participants reported that their living situation had changed since the beginning of March; responses regarding specifics of change in living situation received few responses (n≤5), these data are supressed. As to why participants' living situation had changed, reasons included 'moved to be with family', 'moved to be away from vulnerable family member' and 'could no longer afford rent.

Employment and Income. Two-fifths (40%) of the TAS sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants, in the month of February, 93% (n=38) were receiving a wage/salary and 17% (n=7) were receiving a government pension (e.g. New Start/Jobseeker). During the month prior to interview, half (51%) of participants were not receiving a wage or salary due to being stood down temporarily because of COVID-19 (though were expecting employment in the future), and 19% were seeking employment since before COVID-19 restrictions.

When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 34% of participants reported that they were receiving more income, 36% reported less income, and 30% reported a similar amount of income (Table 2).

One-quarter (27%) of the sample reported experiencing financial difficulty during the past month; one-fifth of the sample reported asking for financial help from friends or family (19%), could not pay household or phone bills on time (14%), requesting a deferred payment of mortgage/rent/loan (9%) (Table 2).

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Table 2: Social and financial impacts of COVID-19 restrictions, Tasmania, 2020

	National 2020	TAS 2020
	N=804	N=100
% Change in source of income since March 2020 (since COVID-19 restrictions)	42	40
% Change in total income in the past month compared to February		**70**
More money	27	34
Less money	36	36
About the same	37	30
% Financial difficulties in the past month#		27
Could not pay household or phone bills on time	13	14
Could not pay the mortgage or rent on time	7	7
Requested deferred payment of mortgage/rent/loan	5	9
Unable to buy food or went without meals	7	6
Unable to heat/air-condition house	2	-
Asked for financial help from friends or family	19	19
Asked for help from welfare or community organisations	6	-
Difficulty paying for medicines	4	8
Difficulty paying for medical treatment	3	-

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug used. Over one-third (38%) of participants in the TAS sample reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. Main transitions were from ecstasy drug to cannabis (**Error! Reference source not found.**).

Frequency of drug use. Fifty-seven per cent of the TAS sample reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 17% reported greater frequency of use, and 26% reported stable frequency (**Error! Reference source not found.**).

Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before ( ).

Most commonly, participants reported decreasing or ceasing use of ecstasy/MDMA (39%; 37% respectively); an increase in use was reported for cannabis (49%); and no change was reported for pharmaceutical stimulants (64%) or nitrous oxide (59%).

The primary reasons cited for decreasing use for ecstasy/MDMA and alcohol comprised 'fewer opportunities to be with people/go out (88% and 81%, respectively), followed by 'didn't feel like using' (13% and 11%, respectively).

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The primary reasons why participants increased their cannabis use comprised 'boredom/less things to occupy time' (83%), followed by 'more time to use the drug' (61%), and 'greater availability of the drug (17%).

	TAS 2020	
	February	Past month
% Drug used most often in that month	N=100	N=100
Ecstasy	29	6***
Cannabis	21	36***
Alcohol	41	44
Cocaine	-	-
*% reporting change in drug used most often from February to past month^*	Overall: 38	
% Frequency of ecstasy and related drug use in that month	N=100	N=100
Not in the month	9	32
Monthly	9	19
Fortnightly	42	18
Weekly	24	13
More than once per week	13	16
Once a day	-	-
More than once per day	0	0
% reporting decrease in frequency		57
% reporting increase in frequency		17
% reporting stable frequency		26

Note. The response 'Don't know' was excluded from analysis. ^ this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for past month versus February.

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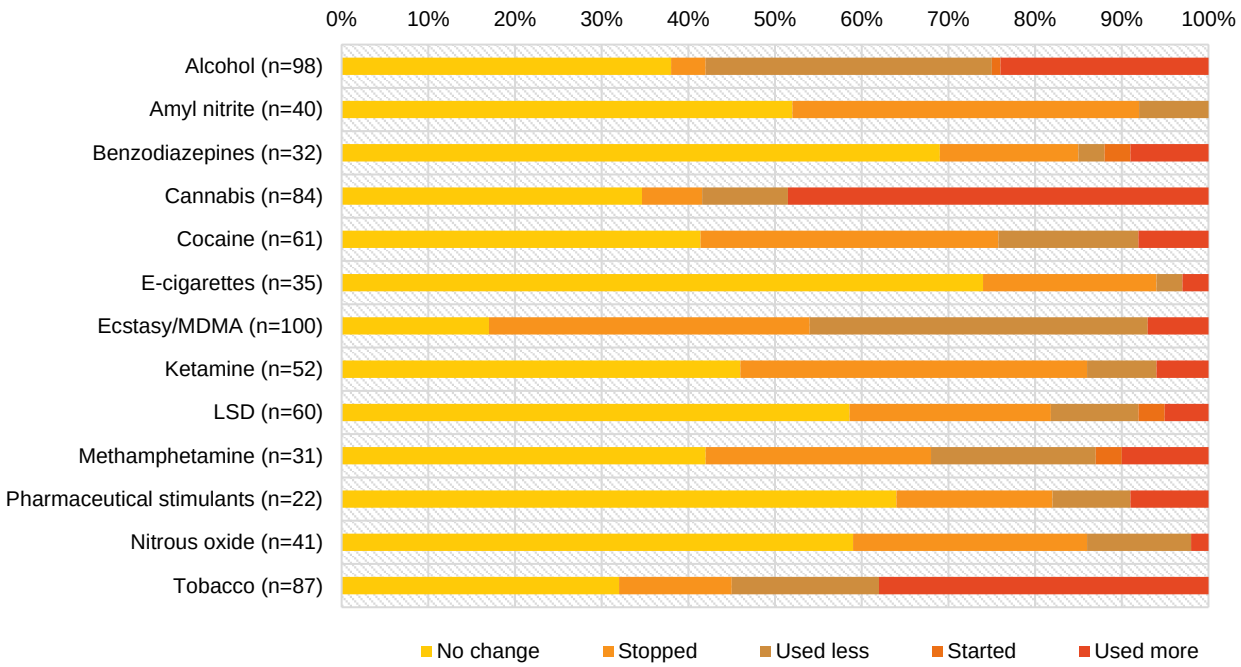
Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Price, Perceived Purity and Perceived Availability

All price, perceived purity and perceived availability data for 2020 was captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. The majority noted no change in cannabis, ketamine, methamphetamine powder or LSD availability; by contrast, substantial proportions reported reduced availability of cocaine and of MDMA pills and capsules (Figure 7).

Participants were also asked about level of concern about being able to access illicit drugs. Four out of five (85%) participants in the TAS sample reported that they were not concerned about being unable to access illicit drugs due to COVID-19.

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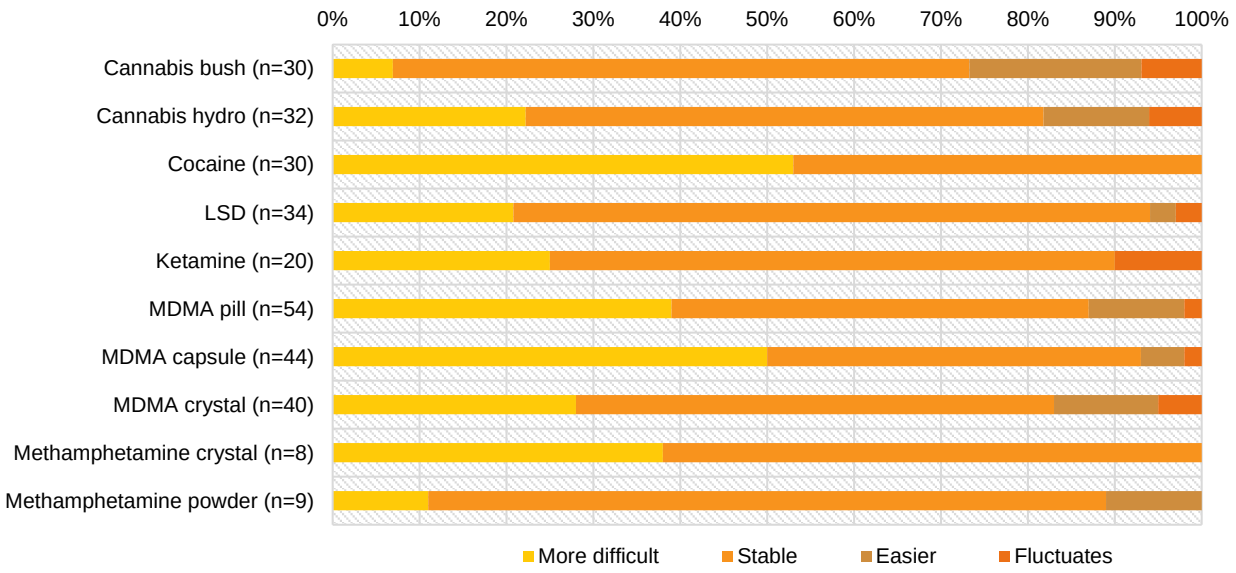
Figure 7: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020

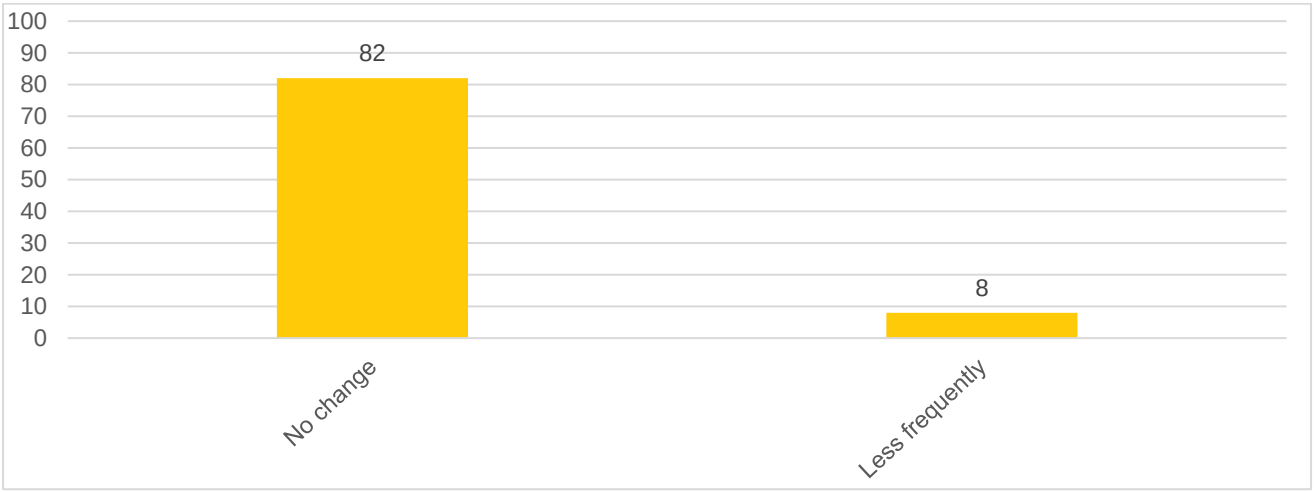


Note. Don't know responses are excluded.

Drug Purchasing Behaviours

Four out of five (82%) participants reported no change in means of obtaining drugs, with a further 8% noting that they obtained less frequently in this time (Figure 8).

Figure 8: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), Tasmania, 2020



Note. Data labels have been removed with small cell size (i.e. n≤5 but not 0).

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Risk and Protective Behaviours

Overdose. One in ten (13%) of TAS participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 12% experienced this prior to March, 2020.

Similarly, 11% of TAS participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 10% experienced this prior to March.

Drug and alcohol support. Of the TAS sample, 16% reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small percentage (7%) of participants reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions). Low numbers (n≤5) reported specific alcohol and/or drug support services they had difficulty accessing. For further information, please refer to the national EDRS report, or contact the Drug Trends team

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 45% of participants rated their mental health as being 'worse', 28% reported 'similar' and 27% reported their mental health as 'better'. Please note mental health data in 2020 reflects experiences during the COVID-19 restriction period; that is, participants reported on experiences in the past four weeks, with data collected from April-June 2020.

Crime. Thirteen per cent of the TAS sample reported committing a property crime during the past month, and 20% reported committing the same type of offence in February. Drug dealing remained stable, with 20% of TAS participants reporting drug dealing during the past month and 20% reported drug dealing during the month of February, 2020.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Nine percent of TAS participants reportedly sought information on how to reduce the risk of acquiring COVID-19, whereby participants reported obtaining information from online forums, social media and online factsheets/websites.

Almost half (44%) of participants in TAS reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 3).

Table 3 : Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Tasmania, 2020

	TAS, 2020 (N=100)
Washed hands with soap/sanitiser before handling drugs or money	26
Avoiding sharing other drug use equipment with other people	13
Stocked up on illicit/non prescribed drugs	15
Wiped down drug packages/wraps with soap/sanitiser	7
Avoided smoking/vaping drugs	6
Prepared your drugs yourself	20
Stocked up on prescription medicines prescribed to you	-
Stocked up on other sterile drug use equipment	-
Home delivery of sterile drug use equipment from a HR service	0

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

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3

Ecstasy/MDMA

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

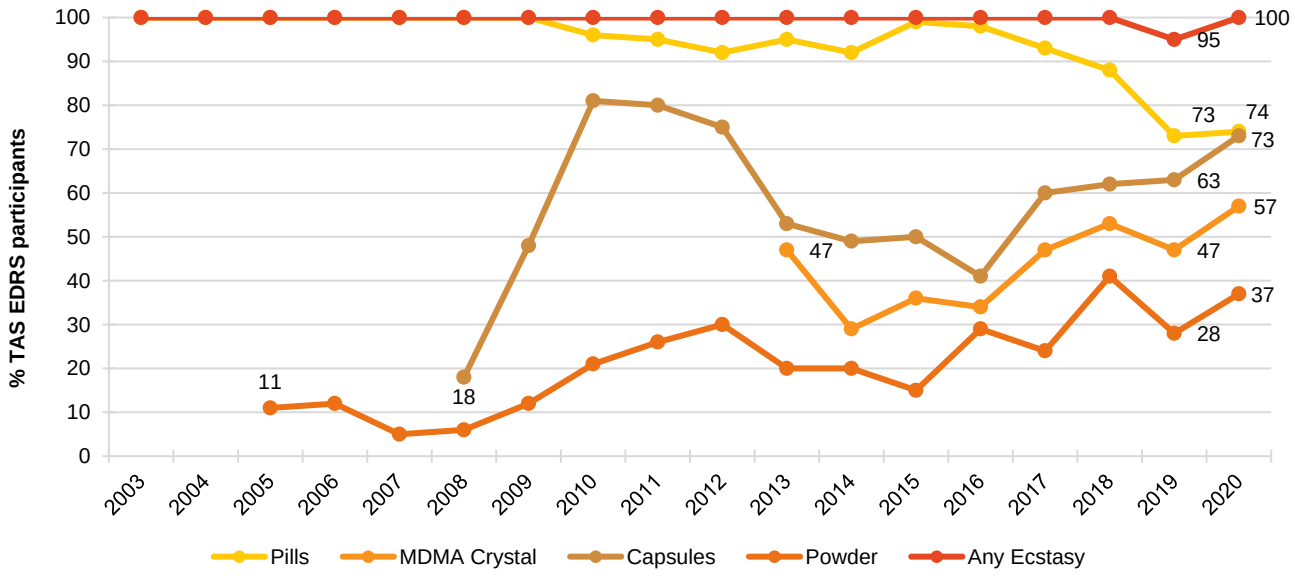
Recent Use (past 6 months)

All participants (100%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 9) and reflecting the eligibility criteria (see methods for the annual interviews). There has been a shift over time to greater use of MDMA crystal, powder and caps, and declining use of ecstasy pills (discussed further below).

Frequency of Use

Participants reported using ecstasy (in any form) on a median of 13 days (IQR=7-24; n=100), equivalent to approximately fortnightly use in the preceding six months (12 days in 2019; IQR=7-18; n=98; *p*=0.137). Among those that reported recent use (n=100), one-quarter of participants reported weekly or more frequent use of any form of ecstasy (26%; 17% in 2019; *p*=0.139) (Figure 3).

Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Tasmania, 2003-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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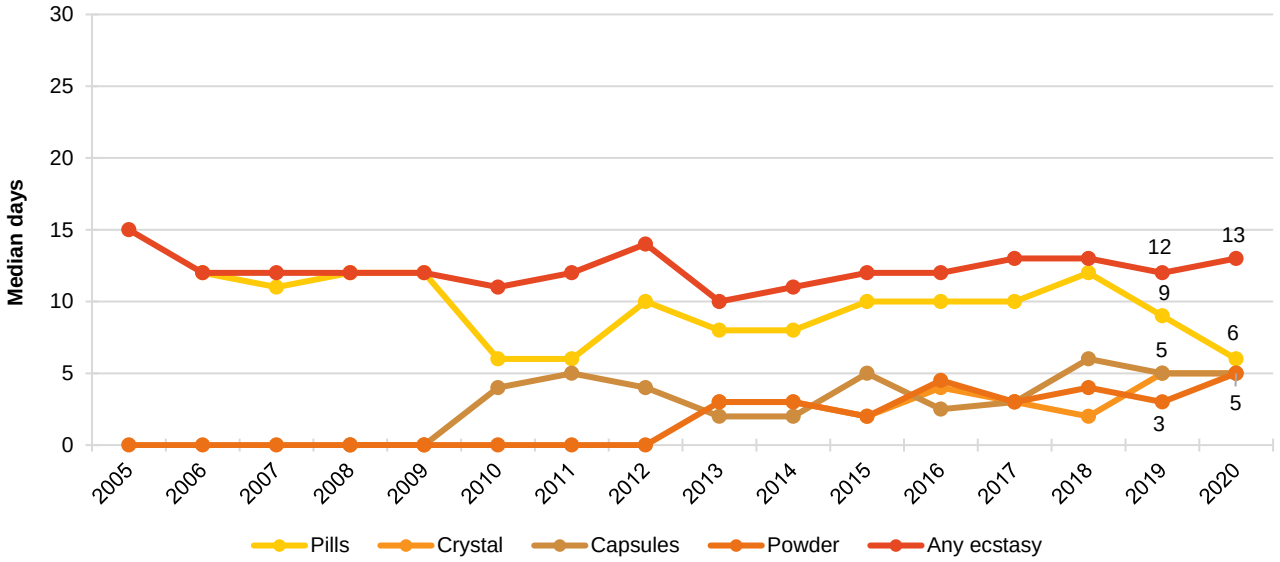
Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Tasmania, 2005-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): The proportion reporting recent use remained stable in 2020 at 74%, relative to 2019 (73%; *p*=0.932), consistent with declining use of ecstasy pills since 2015 (Figure 9).

Frequency of Use: Participants reported using pills on a median of six days in 2020 (IQR=3-15) in comparison to nine days in 2019 (IQR=5-15; *p*=0.198) (Figure 10). The proportion reporting weekly or more frequent use among those who reported recent use of ecstasy pills was 12% in 2020 (15% in 2019; *p*=0.584).

Routes of Administration: The most common route of administration continued to be swallowing (92% versus 93% in 2019; *p*=0.790), followed by snorting (49%; 45% in 2019; *p*=0.733).

Quantity: In a 'typical' session, the median number of pills used was two (IQR=1-3; n=74) in 2020 (2 pills in 2019; IQR=1.5-2; n=71, *p*=0.817). The median 'maximum' number of pills used in a session was three (IQR=2-5; n=74; 3 pills in 2019; IQR=2-6; n=70, *p*=0.491).

Ecstasy Capsules

Recent Use (past 6 months): Seventy-three per cent of the total sample had recently used capsules in 2020, stable from 63% in 2019 (*p*=0.128) (Figure 9).

Frequency of Use: Participants reported consuming capsules on a median of five days in 2020 (IQR=3-10). This remained stable from 2019 (5 days; IQR=2-10; *p*=0.445) (Figure 10).

Routes of Administration: The majority of recent consumers reported swallowing (96%; 93% in 2019; *p*=0.526), followed by snorting (47%; 38% in 2019; *p*=0.301).

Quantity: The median quantity of capsules used in a 'typical' session was three (IQR=1-3; n=74) in 2020 (2 in 2019; IQR=1-2; n=60, *p*=0.117) and in a 'maximum' use session the median capsules used was three (IQR=2-4; n=74; an increase from 2 in 2019; IQR=2-4; n=60; *p*=0.039).

Contents of Capsules: Of those who had recently used capsules, most (86%) reported crystal being among the contents the last time they had used the substance, whilst 53% reported powder being among the contents.

Ecstasy Crystal

Recent Use (past 6 months): Over half (57%) of participants reported recent use of crystal MDMA (47% in 2019; *p*=0.203) (Figure 9).

Frequency of Use: Participants reported using crystal on a median of five days (IQR=3-11) in 2020, stable from five days in 2019 (IQR=2-10; *p*=0.796) (Figure 10).

Routes of Administration: Four-fifths (83%) of recent consumers reported swallowing crystal (81% in 2019; *p*=0.833), followed by 70% of participants who reported snorting (64% in 2019; *p*=0.492).

Quantity: The median amount of crystal used in a 'typical' session was three points (IQR=2-4; n=45) (2 points in 2019; IQR=1-5; n=31, *p*=0.085). The 'maximum' amount of crystal used in a session was a median of six points in 2020 (IQR=3-10 n=46; increased from 4 points in 2019; IQR=2-7; n=32, *p*=0.028).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder was 37% 2020, a non-significant increase from 28% in 2019 (*p*=0.170) (Figure 9).

Frequency of Use: Participants reported consuming powder on a median of five days (IQR=2-10) in 2020 (3 days in 2019, IQR=2-8, *p*=0.244) (Figure 10). Among participants who recently consumed powder, n≤5 participants reported weekly or greater use; these data are suppressed.

Routes of Administration: The main route of administration has consistently been snorting (87%; 75% in 2019; *p*=0.209), with 41% reporting swallowing (44% in 2019; *p*=0.755).

Quantity: The median amount of powder used in a 'typical' session was four points (IQR=3-5, n=19; 2 points in 2019, IQR=1-5, n=20, *p*=0.078). The median 'maximum' amount of powder used in 2020 was five points (IQR=4-

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11, n=21; an increase from 4 points in 2019, IQR=1-9; n=20, *p*=0.039).

Price, Perceived Purity and Availability

Ecstasy Pills

Price: The median price of a pill decreased significantly from $25 in 2019 (IQR=$20-$30; n=63) to $20 in 2020 (IQR=$15-$25; n=75; *p*<0.001) (Error! Reference source not found.).

Perceived Purity: Overall, perceived purity of pills was consistent between 2019 and 2020 (*p*=0.342) Of those who responded in 2020 (n=71), 23% perceived purity of ecstasy to be 'low', a non-significant increase from 12% in 2019. Fourteen per cent of participants perceived purity to be 'high' (12% in 2019) (Table 4).

Perceived Availability: Perceived availability was stable between 2019 and 2020 (*p*=0.091). Among those who were able to comment in 2020 (n=69), 81% reported pills as 'easy' or 'very easy' to obtain, similar to 2019 results (88%) (Table 4).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $25 in 2020 (IQR=20-25; n=71) consistent with a median price of $25 in 2019 (IQR=20-25; n=63; *p*=0.163) (Error! Reference s ource not found.).

Perceived Purity: There was a significant decline in perceived purity of caps between 2019 and 2020 (*p*=0.007). Among those who were able to comment in 2020 (n=69), over half (55%) perceived purity to be 'medium' (28% in 2019) followed by 22% who perceived purity to be 'high' (45% in 2019) (Table 4).

Perceived Availability: Overall, availability was perceived to be stable between 2019 and 2020 (*p*=0.156). Of those who responded in 2019 (n=65), 40% reported capsules to be 'easy' to obtain (57% in 2019). Twenty-nine percent reported capsules as 'difficult' to obtain in 2020 (18% in 2019) (Table 4).

Ecstasy Crystal

Price: The median price of a gram of crystal remained stable from 2019 ($200; IQR=138-250) to 2020 ($200; IQR=158-200; *p*=0.429). (Figure 12). Crystal was a median of $22 per point in 2020 (IQR=16-32; n=12, $28 in 2019; IQR=25-34; n=8; *p*=0.270).

Perceived Purity: Purity of crystal was stable from 2019 to 2020 (*p*=0.091). Of those who responded in 2020 (n=52), half (50%) perceived purity of crystal to be 'high' (66% in 2019). 'Medium' purity was reported by 33% of participants, (23% in 2019) (Table 4).

Perceived Availability: Availability of crystal was stable from 2019 to 2020 (*p*=0.079). Among those who were able to comment in 2020 (n=51), under half (47%) reported crystal as being 'easy' to obtain (56% in 2019). Forty-seven percent of respondents also rated crystal as 'very easy' to obtain (26% in 2019) (Table 4).

Ecstasy Powder

Price: A gram of ecstasy powder had a median price of $200 in 2020 (IQR=158-200; n=12; n≤5 in 2019) (Figure 12). In 2020 a point of powder was a median of $25 (IQR=22-28; n=6; n≤5 in 2019).

Perceived Purity: Purity of powder was stable between 2019 and 2020 (*p*=0.063). Among those who were able to comment in 2020 (n=18), the majority (56%) perceived purity to be 'medium' (36% in 2019) (Table 4).

Perceived Availability: Availability of powder was stable between 2019 and 2020 (*p*=0.098). Of those who responded in 2020 (n=18), 89% reported powder to be 'easy' to 'very easy' to obtain (72% in 2019) (Table 4).

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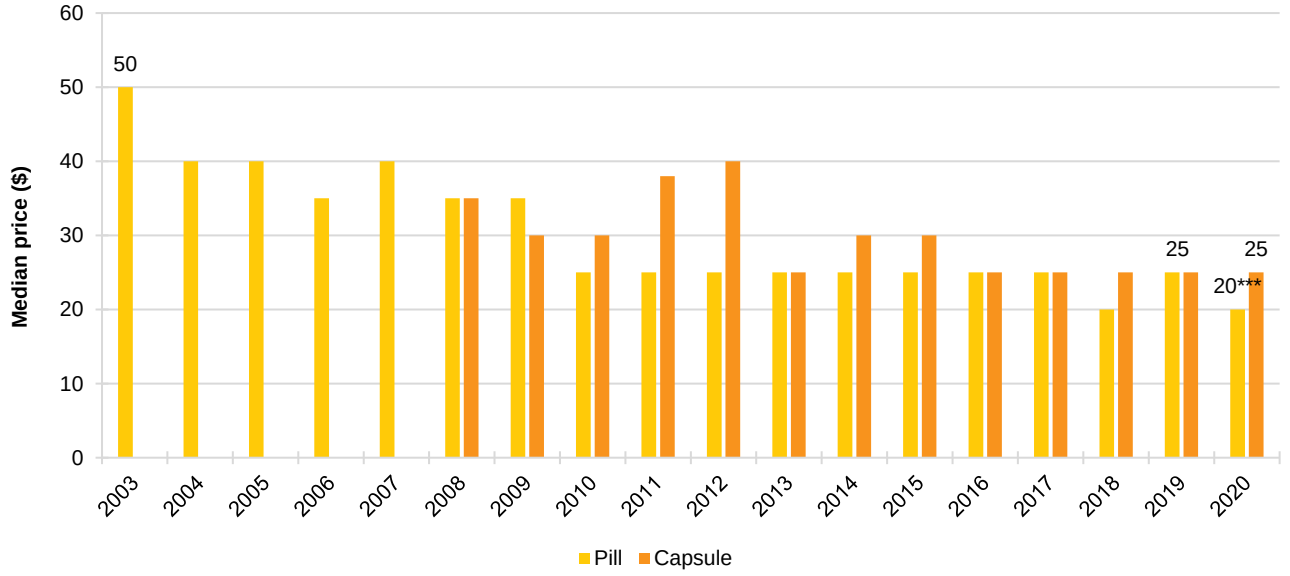
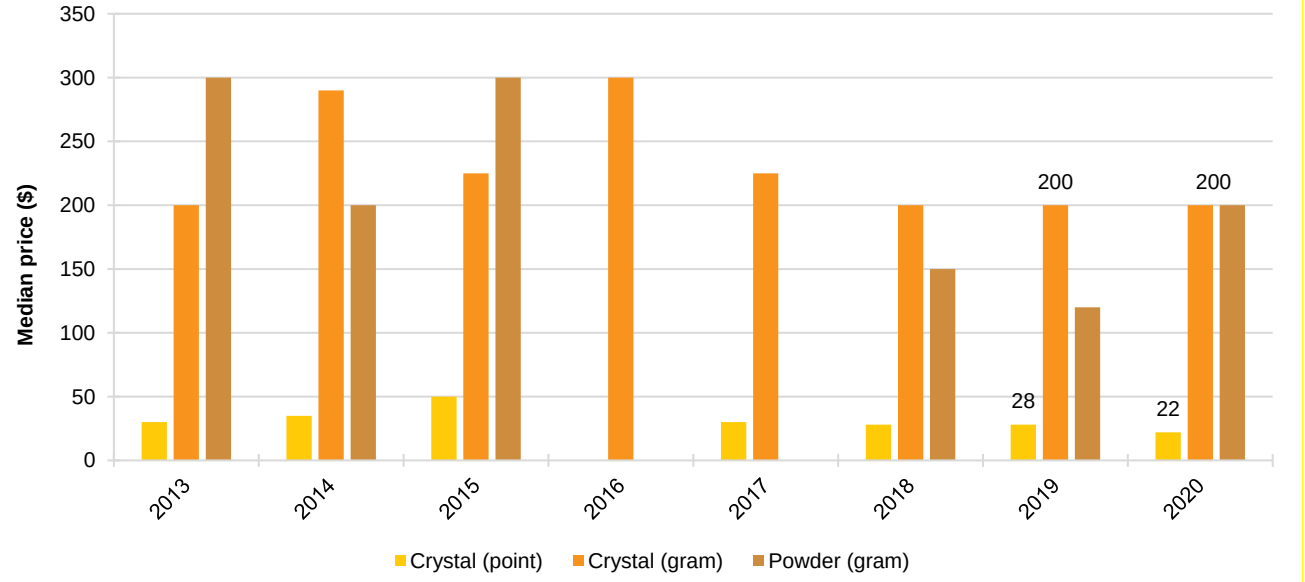
Figure 11: Median price of ecstasy pills and capsules, Tasmania, 2003-2020



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 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 12: Median price of ecstasy crystal (per gram and point) and powder (per gram only), Tasmania, 2013-2020



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring, and 2016 and 2017 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Table 4: Current perceived purity and availability of different forms of ecstasy Tasmania, 2017-2020

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

Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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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).

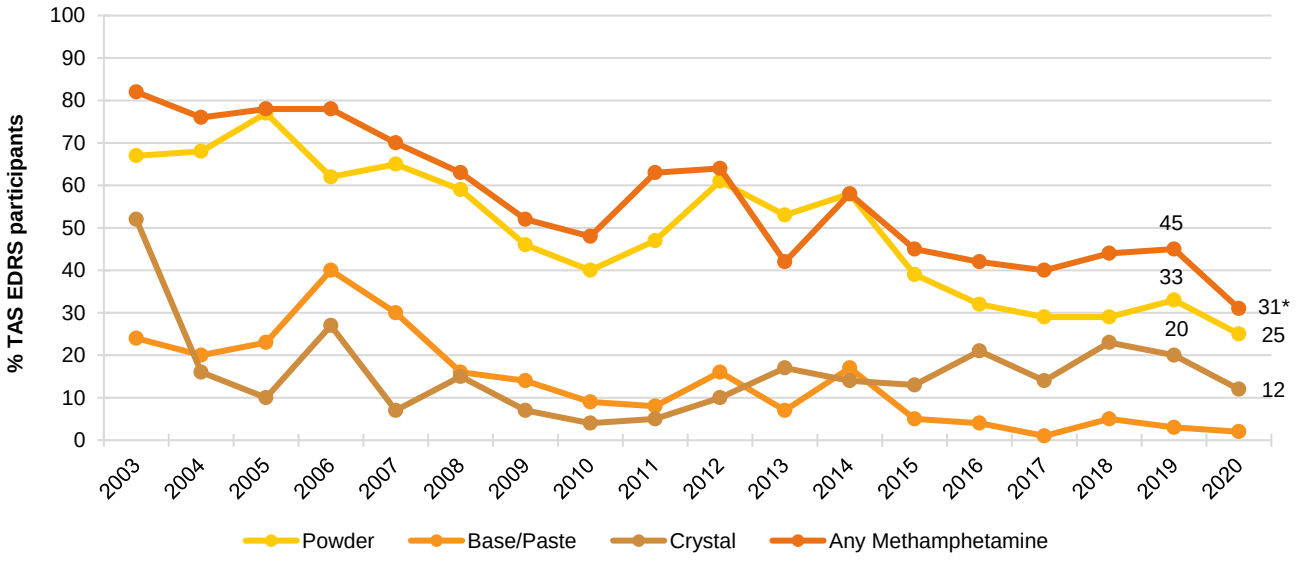
Recent Use (past 6 months)

There was a significant decrease in the proportion of participants reporting recent use of any methamphetamine between 2019 (45%) and 2020 (31%; *p*=0.038) (Figure 13).

Frequency of Use

Participants reported a median of five days of any methamphetamine use in the preceding six months (IQR=1-12), compared with three days in 2019 (IQR=1-10; *p*=0.720) (Figure 14). Few recent consumers reported using methamphetamine weekly or more frequently in 2020 (n≤5); these data are suppressed.

Figure 13: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Tasmania, 2003-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0).
*p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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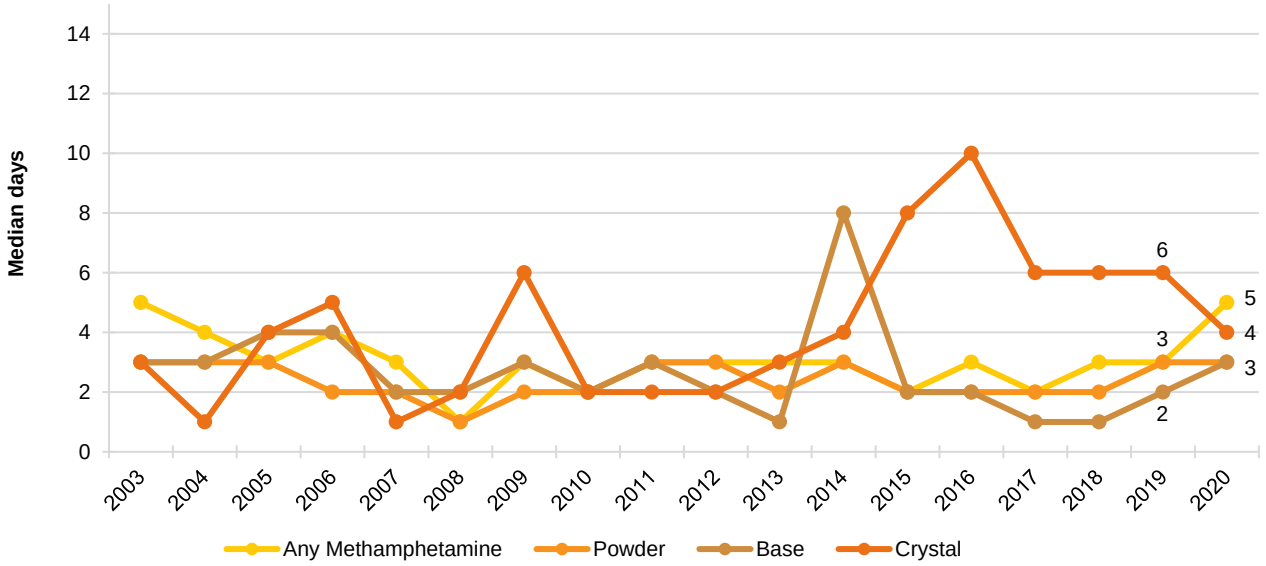
Figure 14: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Tasmania, 2003-2020



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 15 to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder use has decreased over the period of monitoring, although was stable in the past two years with 25% of participants reporting recent use in 2020 (32% in 2019; *p*=0.216) (Figure 13).

Frequency of Use: Median days of use remained stable at three days in the past six months (IQR=2-12; 3 days in 2019; IQR=1-10; *p*=0.590) (Figure 14).

Routes of Administration: Of those who were able to comment in 2020 (n=25), the main route of administration among consumers was both snorting (68% in 2020; 63% in 2019; *p*=0.162) and smoking (52% in 2020; 47% in 2019; *p*=0.682).

Quantity: The median amount used in a 'typical' session was 1.5 points (IQR=1-10; n=15; 1 point in 2019; IQR=1-5; n=23, *p*=0.930). The median 'maximum' amount used was two points (IQR=1-10; n=17; 2 points in 2019; IQR=1-5; n=22, *p*=0.377).

Methamphetamine Crystal

Recent Use (past 6 months): Only a minority of participants reported recent use of crystal methamphetamine in 2020 (12%), consistent with rates in 2019 (20%, *p*=0.144) (Figure 13).

Frequency of Use: Frequency of use was reported as a median of four days in 2020 (IQR=1-4, n=12), compared to six days in 2019 (IQR=2-30; *p*=0.412) (Figure 14). Among recent consumers, n≤5 participants reported weekly or greater use of crystal in 2020; these data are suppressed (18% in 2019, n=44).

Routes of Administration: Smoking remained the most common route of administration among those who had recently used crystal and were able to comment (n=12), 50% reported this method in 2020 (37% in 2019, *p*=0.745).

Quantity: The median amount used in a 'typical' session was four points (IQR=2-8; n=10) (an increase from 1 point in 2019; IQR=0.5-2.5; n=17, *p*=0.002), whereas the median 'maximum' amount used was 7.5 points (IQR=3.5-15; n=10; a significant increase from 2 points in 2019; n=22, *p*=0.004).

Methamphetamine Base

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

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Price, Perceived Purity and Availability

Methamphetamine Powder

Price: Participants reported a median price of $250 per gram (IQR=143-288; n=8) ($150 in 2019, IQR=46-225, n=6, *p*=0.132) (Figure 15).

Perceived Purity: Among those who were able to comment in 2020 (n=12), the greatest proportion reported purity to be 'high' (58%; 47% in 2019, n=17, *p*=0.228) (Figure 17).

Perceived Availability: Among those who responded in 2020 (n=12), few participants (n≤5) reported perceived powder of powder as 'easy' or 'very easy' to obtain (Figure 19).

Methamphetamine Crystal

Price: There were n≤5 participants who reported on the price of crystal per point and per gram in 2020; these data are suppressed (Figure 16).

Perceived Purity: Few participants (n≤5) were able to comment on perceived purity of crystal being 'high' or 'low' (Figure 18).

Perceived Availability: There were n≤5 participants that rated crystal as 'very easy' or 'easy' to obtain; these data are suppressed (Figure 20).

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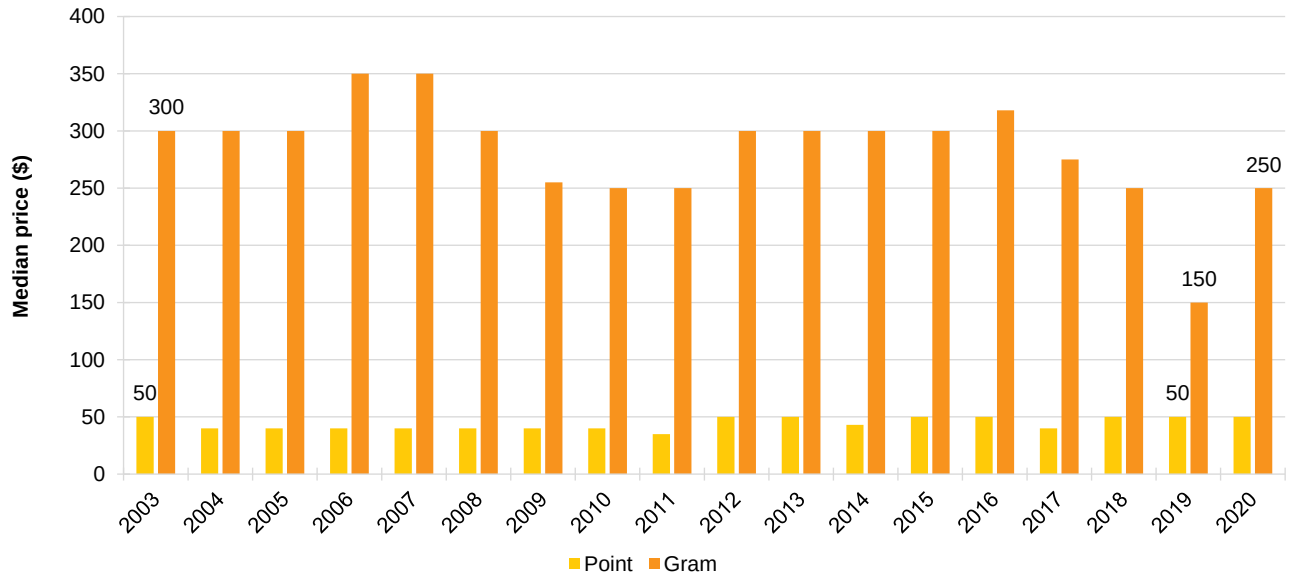
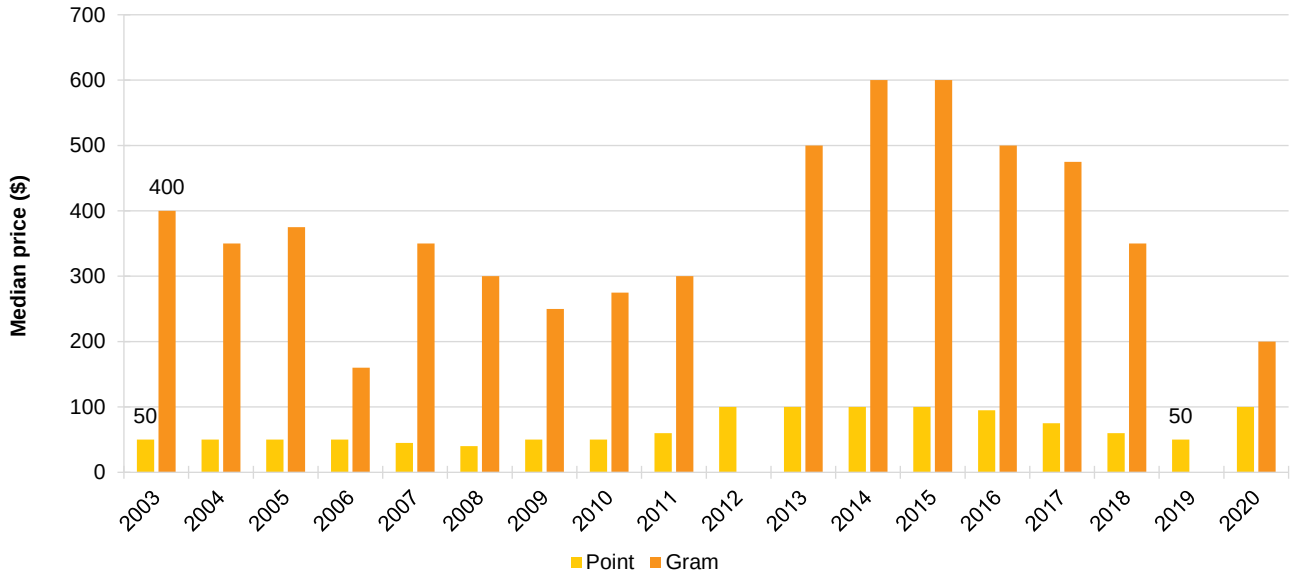
Figure 15: Median price of powder methamphetamine per point and gram, Tasmania, 2003-2020



Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2020 'per point' with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

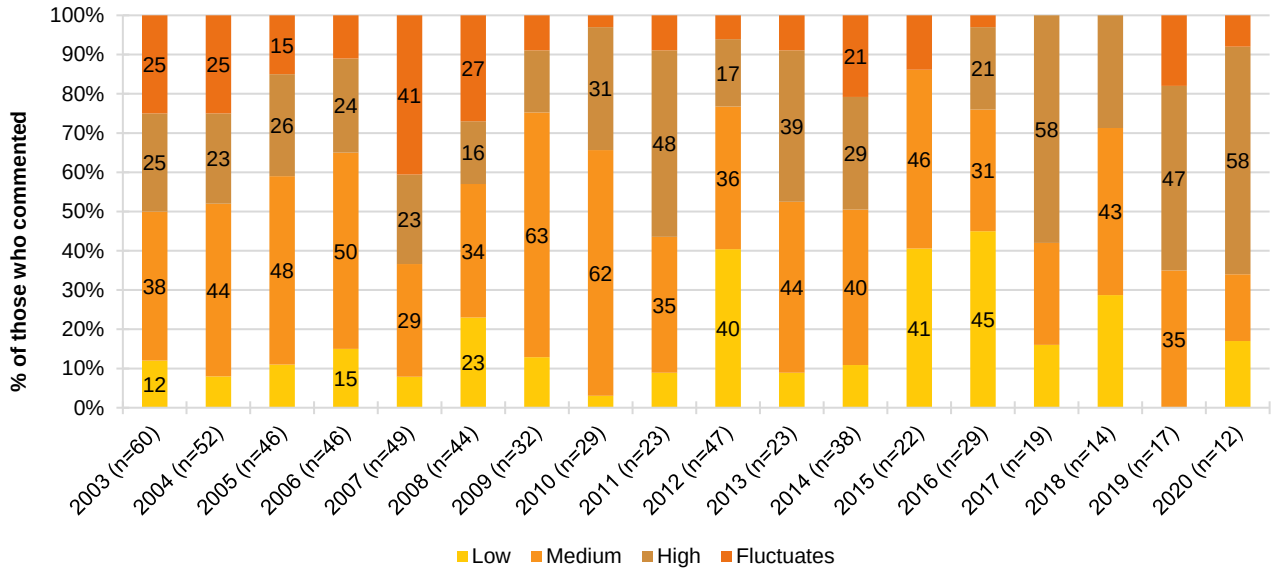
Figure 16: Median price of crystal methamphetamine per point and gram, Tasmania, 2003-2020



Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

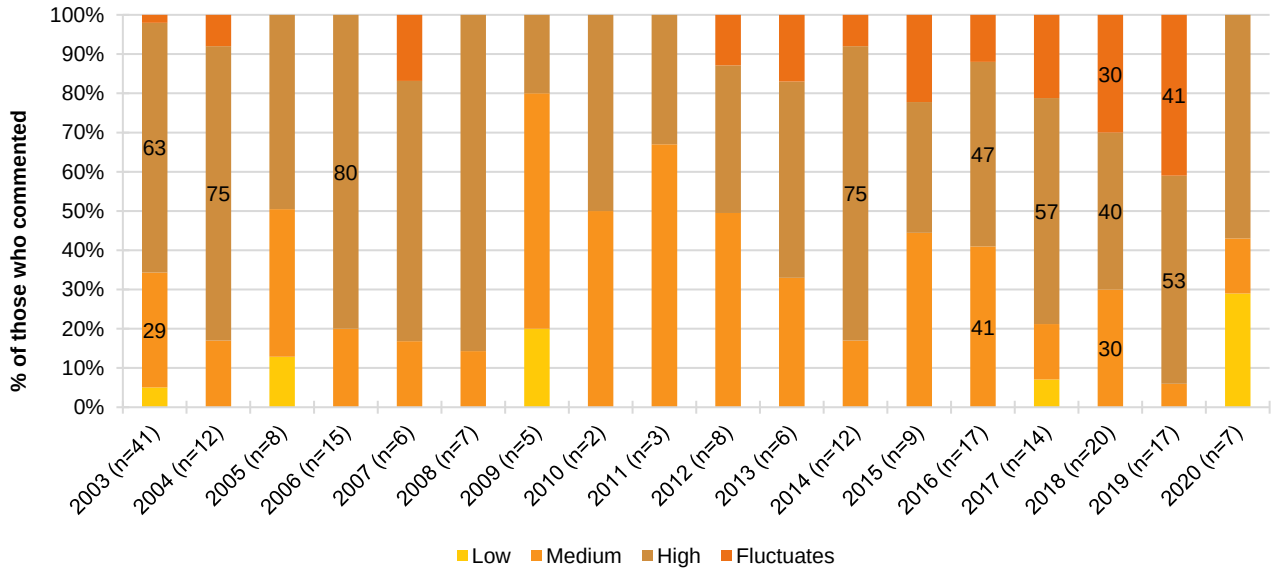
http://doi.org/10.26190/dd3w-9r64

Figure 17: Current perceived purity of powder methamphetamine, Tasmania, 2003-2020



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 2019 versus 2020.

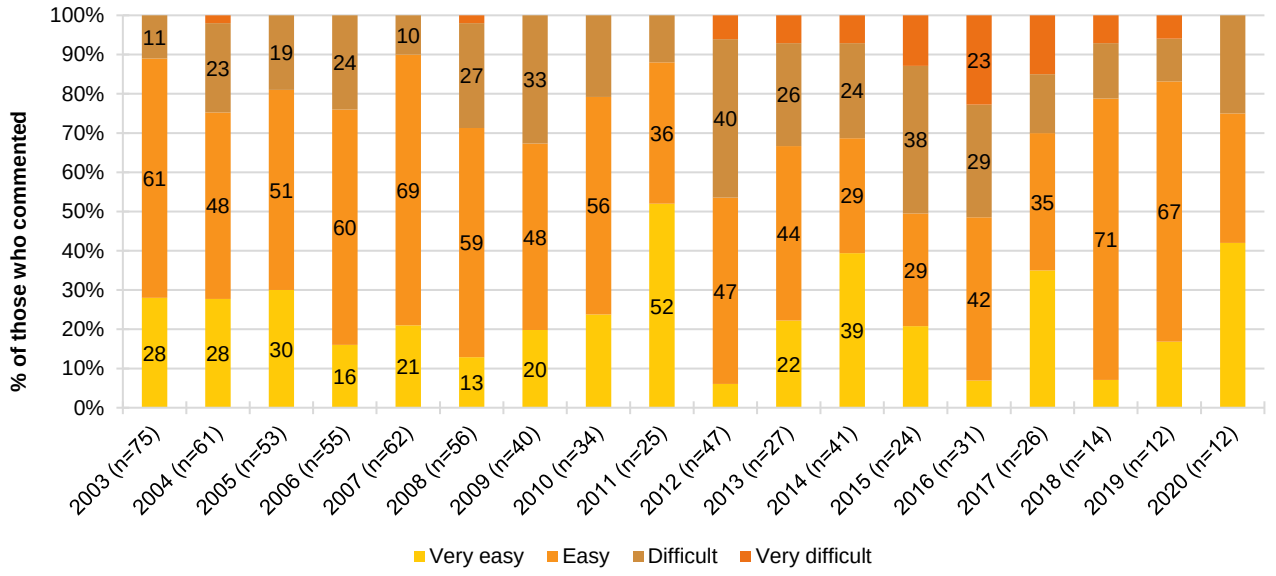
Figure 18: Current perceived purity of crystal methamphetamine, Tasmania, 2003-2020



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 2019 versus 2020.

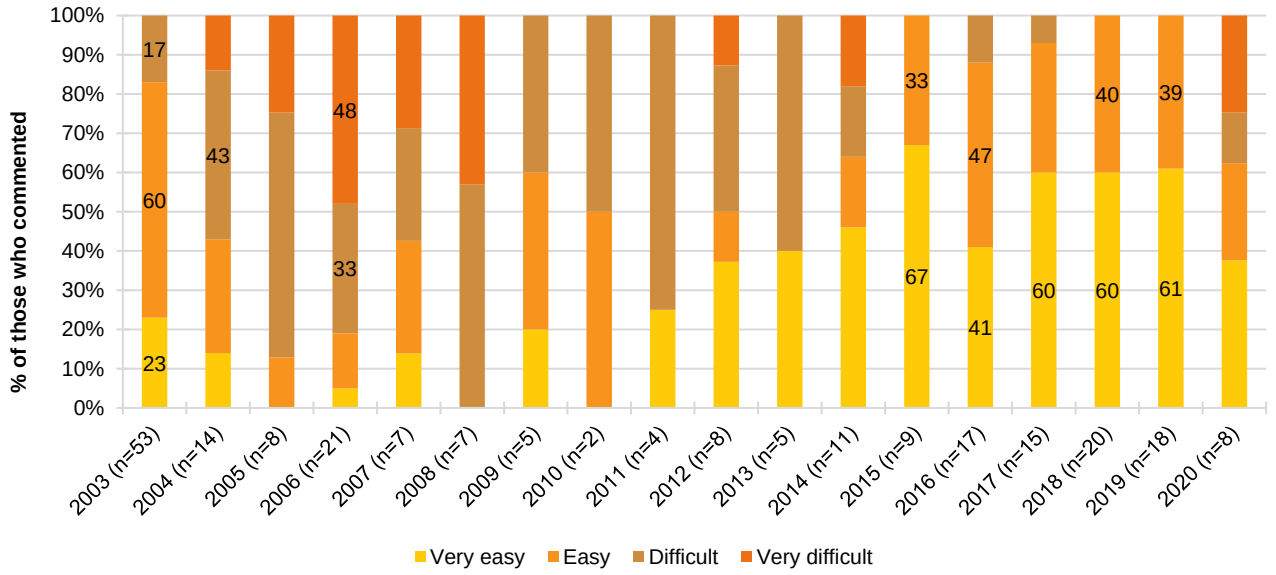
http://doi.org/10.26190/dd3w-9r64

Figure 19: Current perceived availability of powder methamphetamine, Tasmania, 2003-2020



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 2019 versus 2020.

Figure 20: Current perceived availability of crystal methamphetamine, Tasmania 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

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)

Since 2010, recent cocaine use has gradually increased over the years, with the per cent reporting recent use significantly increasing from 38% in 2019 to 61% in 2020 (p=0.001; Figure 21).

Frequency of Use

Frequency of use has been stable in recent years, with participants reporting a median of three days (IQR=2-8) of use in 2020, from two days in 2019 (IQR=1-6; p=0.145; Figure 21). This is equivalent to less than monthly use on average. Of those who had recently consumed cocaine (n=61), n≤5 reported consuming cocaine on a weekly or more frequent basis; these data are suppressed.

Routes of Administration

Among people who had recently consumed cocaine (n=61), 97% of participants reported snorting cocaine, stable relative to 2019 (95%; p=0.873). Eight per cent reported swallowing cocaine, stable from 2019 (16%; p=0.374).

Quantity

The median quantity used in a 'typical' session in 2020 was 0.5 gram (IQR=0.3-1); n=42), matching the median quantity reported in 2019 (0.5 gram; IQR=0.1-1; n=22, p=0.492). The median 'maximum' quantity used was one gram (IQR=0.5-2; n=45) in 2020, also matching the median amount reported in 2019 (1 gram; IQR=0.2-1.8; n=21, p=0.153).

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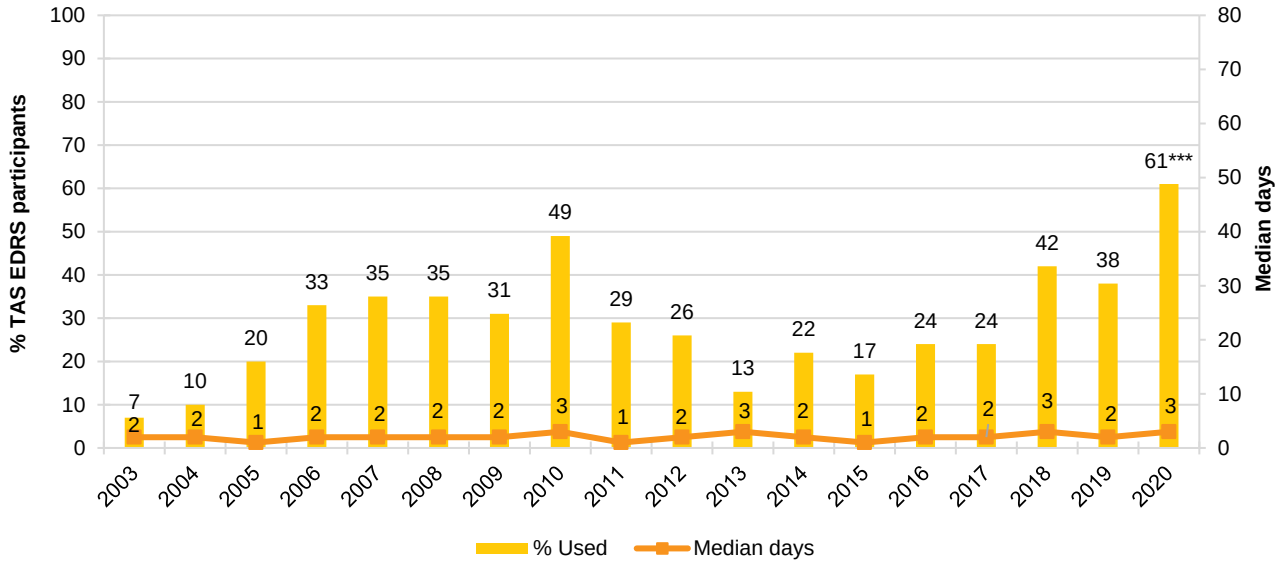
Figure 21: Past six month use and frequency of use of cocaine, Tasmania, 2003-2020



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 for days of use. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

The median price per gram of cocaine was reported to be $320 (IQR=281-350; n=40) in 2020, stable from $320 in 2019 (IQR=250-355; n=21; p=0.975) (Figure 22). Price per point was reported by n≤5 participants in 2020 and 2019; these data are suppressed.

Perceived Purity

Perceived purity was stable between 2020 and 2019 (p=0.371). Among those who were able to comment in 2020 (n=38), equal numbers of participants perceived purity of cocaine to be 'medium' or 'high' (34%, respectively), which remained stable from 2019 (36%; and 28%, respectively). Eighteen per cent perceived purity to be 'low' in 2020 (n≤5 in 2019; these data are suppressed) (Figure 23).

Perceived Availability

Perceived availability was consistent between 2019 and 2020 (p=0.744). Among those who were able to comment in 2020 (n=40), the highest number of participants (45%) reported cocaine to be 'difficult' (46% in 2019), followed by 'easy' to obtain (35%; 35% in 2019) (Figure 24).

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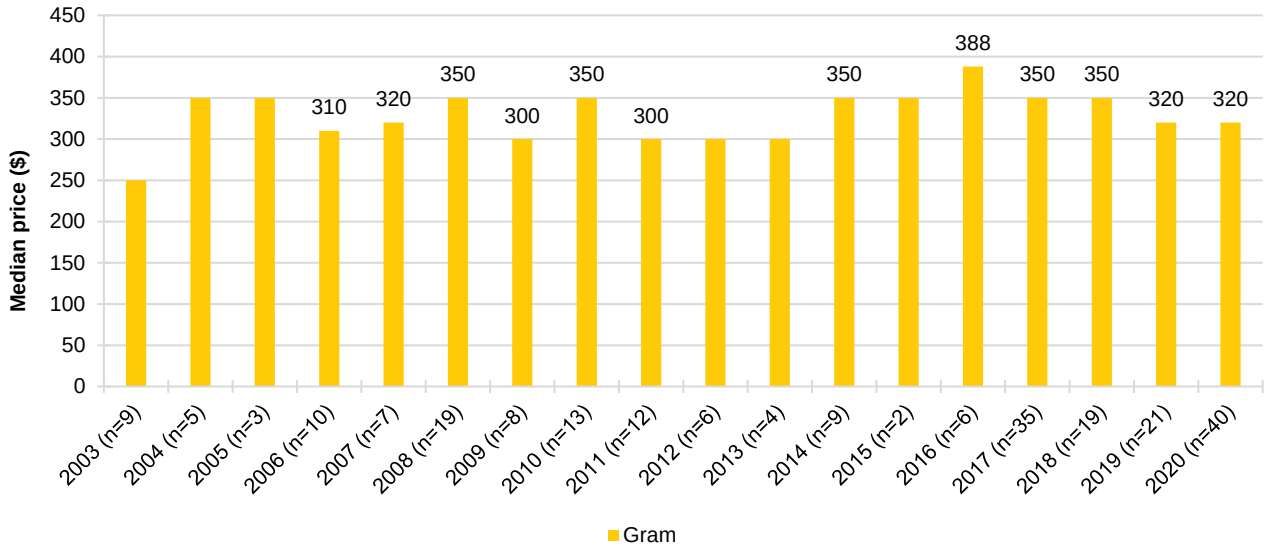
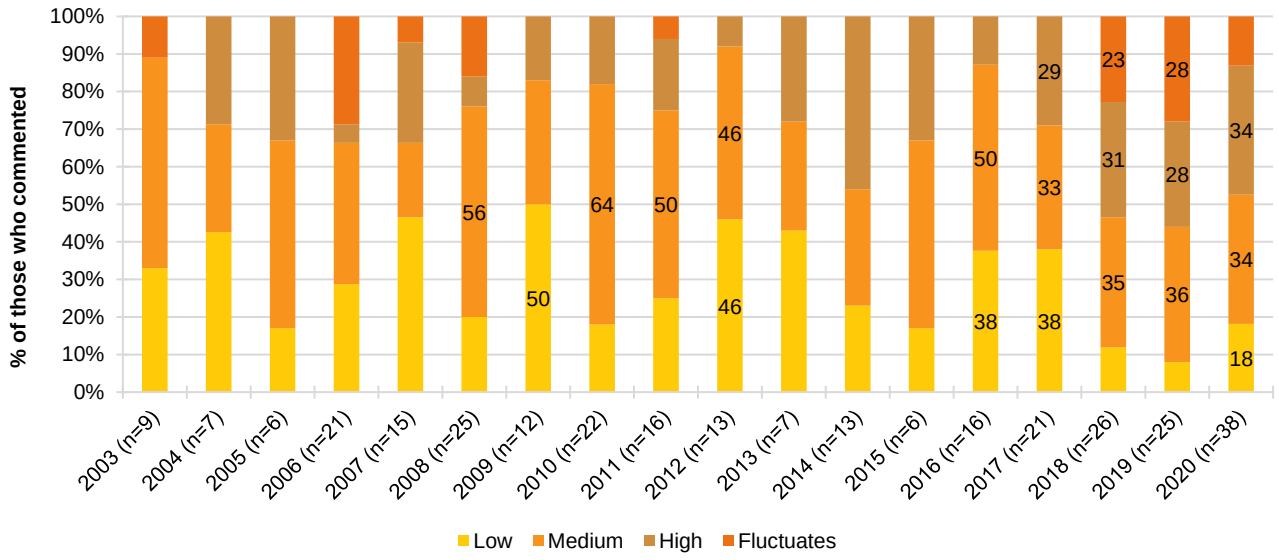
Figure 22: Median price of cocaine per gram, Tasmania, 2003-2020



Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2015 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

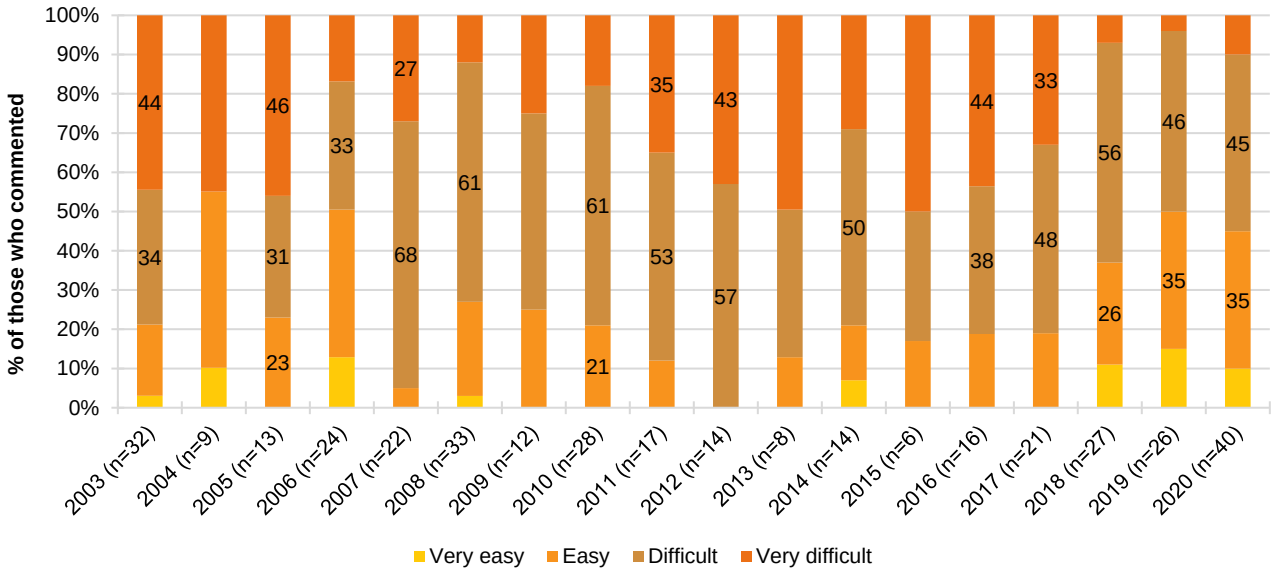
Figure 23: Current perceived purity of cocaine, Tasmania, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

Figure 24: Current perceived availability of cocaine, Tasmania, 2003-2020



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 2019 versus 2020.

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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 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%). Eighty-four per cent reported recent use of cannabis in 2020, stable from 2019 (88%; *p*=0.448; Figure 25).

Frequency of Use

Typical frequency of use has varied between at least once per week to up to four days per week over the course of monitoring. In 2020, participants reported a median of 60 days (IQR=10-149) of use. This was not a statistically significant increase relative to 2019 (28 days; IQR=6-163; *p*=0.429) (Figure 25). Of those who had recently consumed cannabis (n=84), 63% reporting using cannabis on a weekly or more frequent basis (56% in 2019; *p*=0.334), including 21% who reported using cannabis on a daily basis (consistent with the 23% in 2019; *p*=0.775).

Routes of Administration

Among people who had recently consumed cannabis in 2020 (n=84), the vast majority of participants (96%) reported smoking, stable relative to 2019 (98%; *p*=0.631). Two out of five respondents (42%) reported ingesting (an increase from 22% in 2019; *p*=0.010) and 24% reported inhaling/vaporising (20% in 2019; *p*=0.523).

Quantity

The median amount used by those who commented (n=39) on the last occasion of use was one joint (IQR=0.5-2) (1 joint in 2019; IQR=1-2; n=38, *p*=0.558) or 2.5 cones (IQR=1-6; n=24) (4 cones in 2019; IQR=2-7; n=27, *p*=0.418).

Forms Used

Among EDRS participants in 2020, the majority reported recent use of outdoor-grown 'bush' cannabis (68%; 68% in 2019) and 63% reported recent use of hydroponic cannabis (71% in 2019). Fewer participants reported having used hashish (19%; 13% in 2019) and hash oil (14%; 9% in 2019) in the six months preceding interview.

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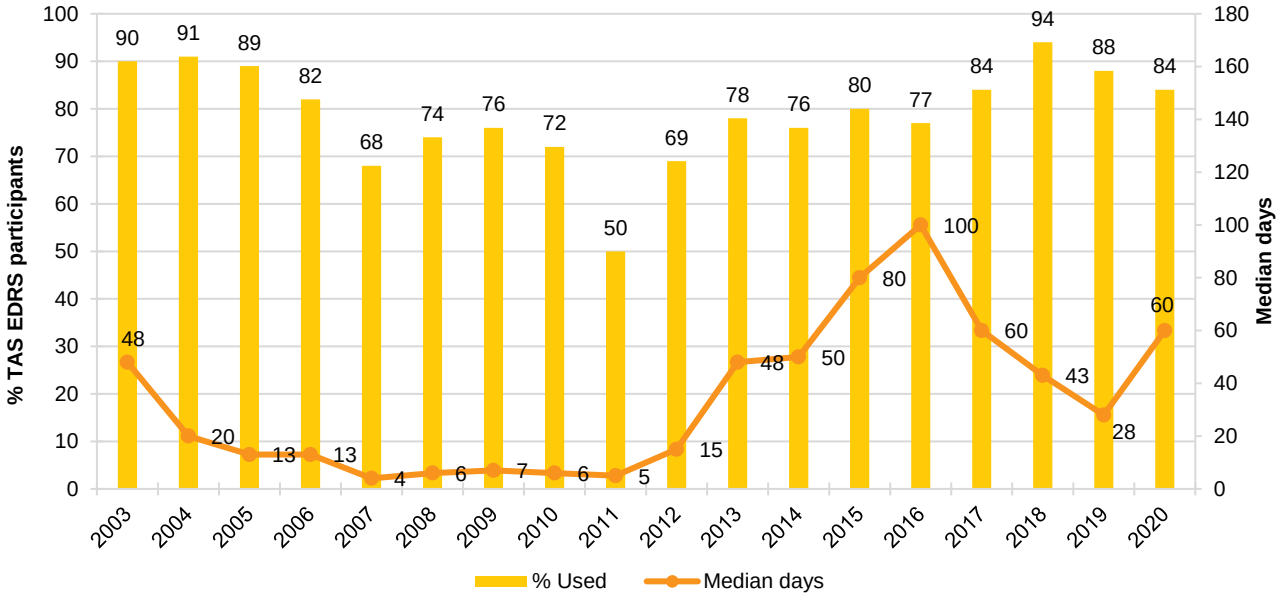
Figure 25: Past six month use and frequency of use of cannabis, Tasmania, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has been $20 since 2014. This median price was stable from 2019 ($20; IQR=15-20; n=22) to 2020 ($20, IQR=10-25; n=10; p=0.721). The median price per ounce of hydroponic cannabis has fluctuated over the years. In 2020, participants paid a median of $295 per ounce (IQR=250-300; n=14), similar to the median price of $280 in 2019 (IQR=250-350; n=12; p=0.603) (Figure 26)**.**

Perceived Potency: Among those who were able to comment in 2020 (n=37), the majority (46%) perceived hydroponic cannabis to be 'high' potency, consistent with previous years (Figure 27). Over one quarter (27%) perceived hydro to be of 'medium' potency (18% in 2019; p=0.167).

Perceived Availability: The perceived availability of hydroponic cannabis was stable between 2019 and 2020 (p=0.387). Among those who were able to comment in 2020 (n=37), 57% of participants reported hydroponic cannabis as being 'very easy' to obtain (70% in 2019). Whilst over one quarter (27%) believed hydroponic cannabis to be 'easy' to obtain (16% in 2019), 16% perceived it 'difficult' to obtain (14% in 2019) (Figure 28).

Bush Cannabis

Price: The median price per gram of bush cannabis was $14 (IQR=10-17; n=8) stable compared with the price in 2019 ($15 in 2019; IQR=10-20; n=17, p=0.976). The median price per ounce of bush cannabis significantly increased from $200 in 2019 (IQR=180-210; n=11) to $250 in 2020 (IQR=200-300; n=11; p=0.014) (Figure 26).

Perceived Potency: Perceived potency of bush cannabis was stable between 2019 and 2020 (p=0.144). Among those who were able to comment in 2020 (n=34), just over two-fifths (41%) of

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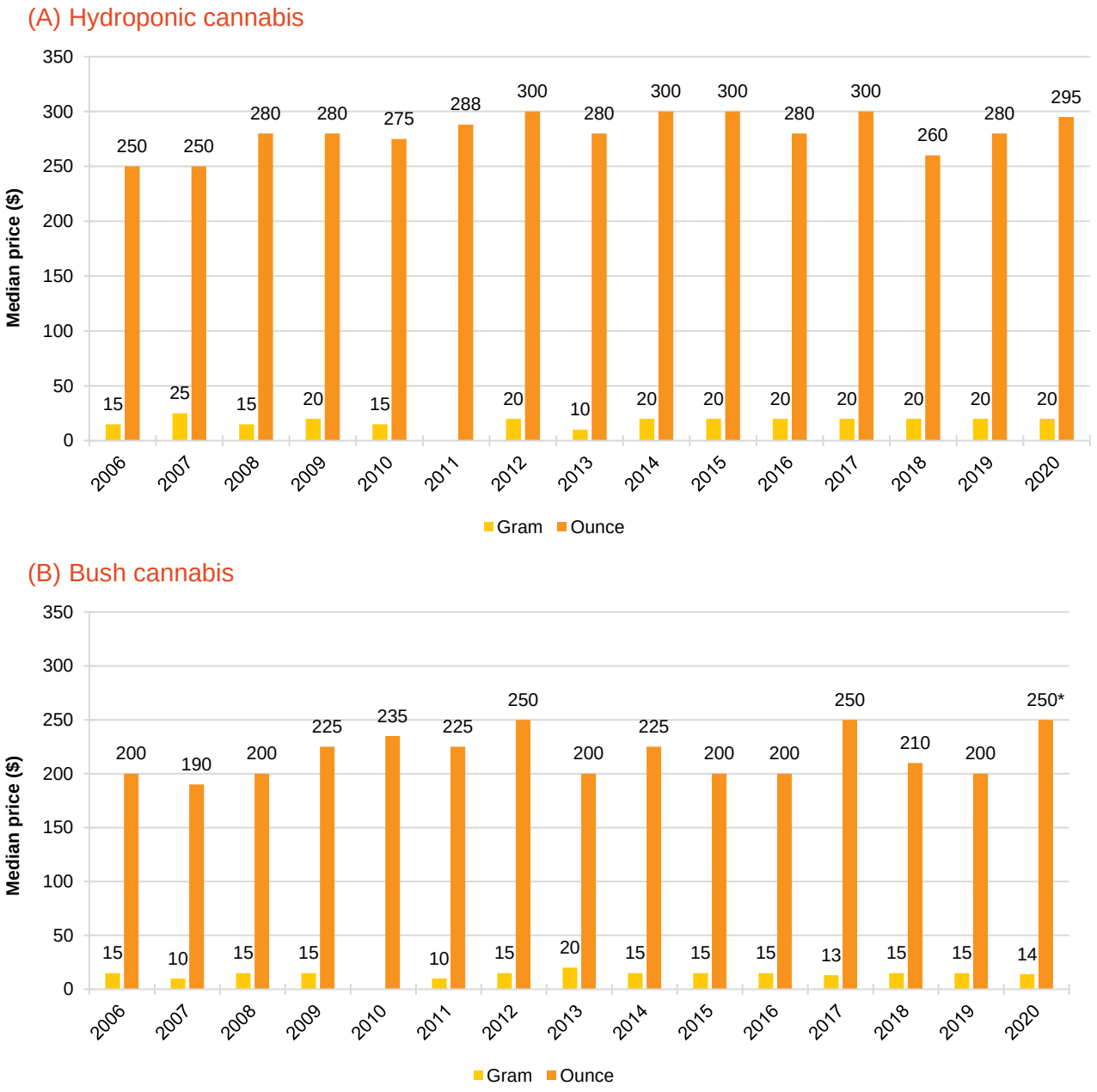
participants perceived the potency of bush to be 'medium' (34% in 2019). Almost one-third (32%) perceived bush to be of 'high' potency, stable from 2019 (21%) (Figure 27b).

Perceived Availability: Availability of bush cannabis was stable between 2019 and 2020 (p=0.671). Among those who were able to comment in 2020 (n=34), almost half (47%) believed bush to be 'very easy' to obtain (60% in 2019; n=43) followed by 41% of participants who believed bush to be 'easy' to obtain (33% in 2019) (Figure 28).

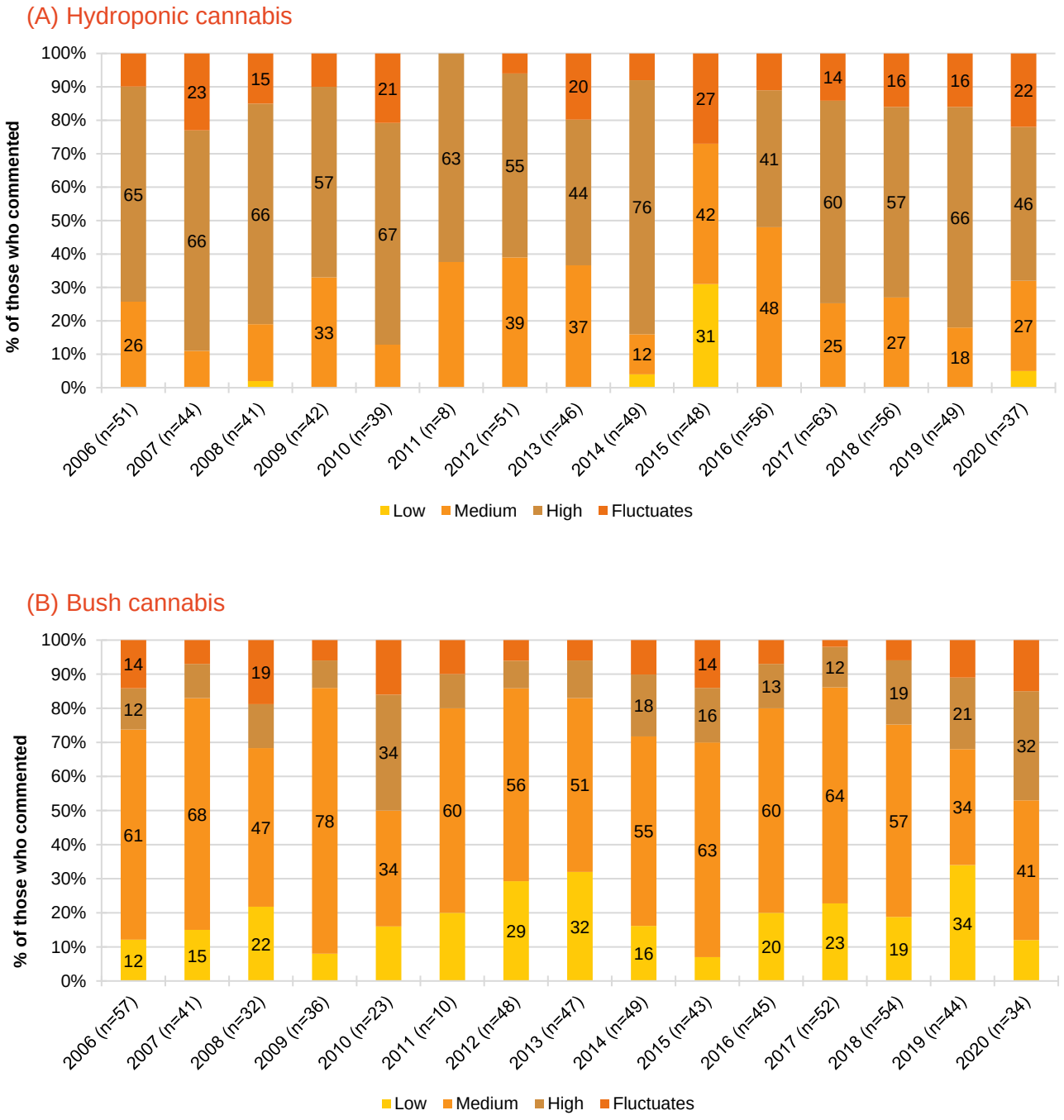
Figure 26: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2006-2020



Note. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

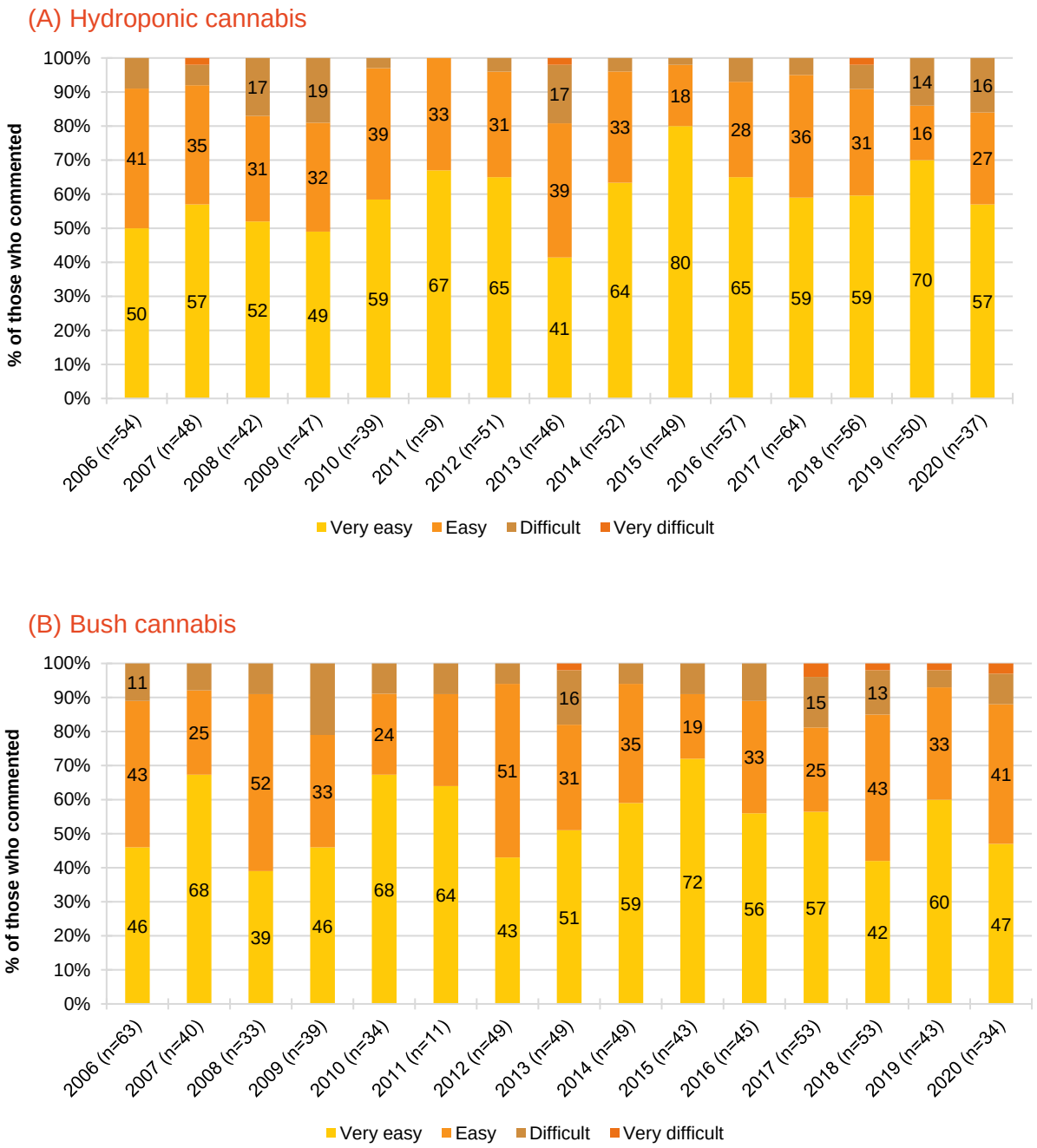
Figure 27: Current perceived potency of hydroponic (A) and bush (B) cannabis, Tasmania, 2006-2020



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 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

Figure 28: Current perceived availability of hydroponic (A) and bush (B) cannabis, Tasmania, 2006-2020



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 2019 versus 2020.

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7

Ketamine and LSD

Participants were asked about their recent (past six month) use of various forms of ketamine and lysergic acid diethylamide (LSD).

Ketamine

Patterns of Consumption

Recent Use (past 6 months): Half (52%) of the sample reported using ketamine in the six months prior to interview. This is a significant increase in the percentage reporting recent use in 2019 (16%, $p<0.001$) (Figure 29).

Frequency of Use: Frequency of use significantly increased from two days in 2019 (IQR=1-6; n=16) to five days in 2020 (IQR=3-10; n=52; $p=0.029$) (Figure 29). Less than five participants reported weekly or more use of ketamine in 2020; these data are suppressed.

Routes of Administration: All recent ketamine consumers (n=52) reported snorting, versus 81% in 2019; n=16; $p=0.013$). Less than five participants reported swallowing ketamine in 2020 and 2019; these data are suppressed.

Quantity: Those who reported recent ketamine use had used a median quantity of two points during a 'typical' session (IQR=1-5; n=22), similar to the two points (IQR=1-3; n=7) reported in 2019 ($p=0.304$). The median 'maximum' amount used in a session was 3.5 points (IQR=2-6; n=23), not significantly different to two points reported in 2019 (IQR=1-2.5; n=7; $p=0.360$).

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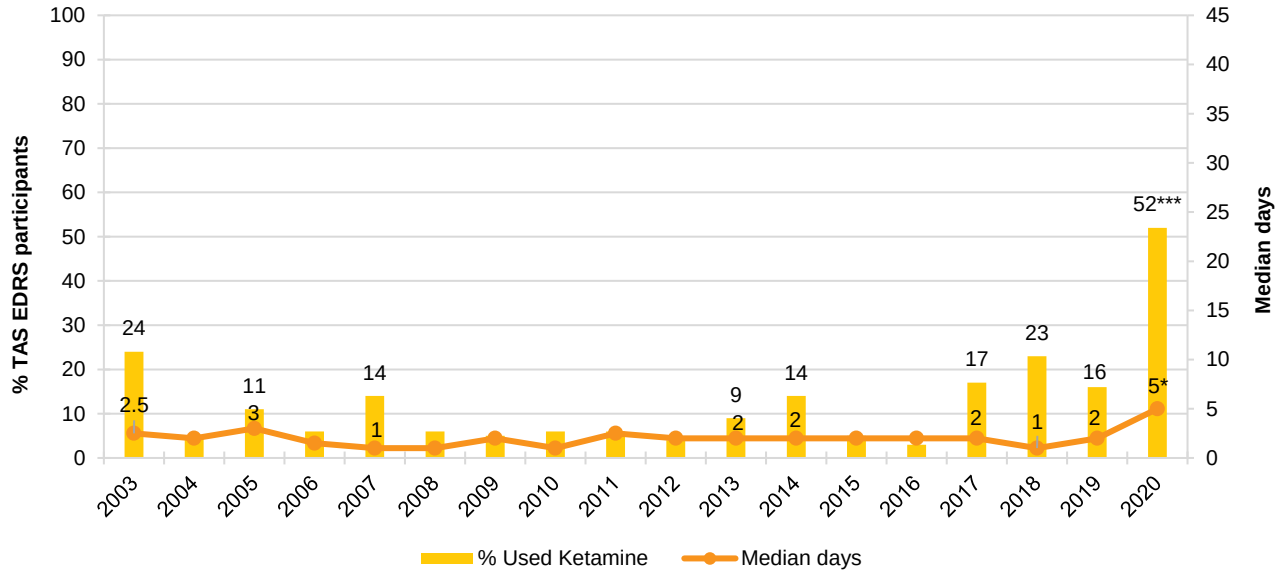
Figure 29: Past six month use and frequency of use of ketamine, Tasmania, 2003-2020



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 45 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Price: The median price per gram of ketamine in 2020 was $200 (IQR=200-250; n=30). Less than five participants reported on price of ketamine in 2019; these data are suppressed (Figure 30).

Perceived Purity: Purity of ketamine was stable from 2019 (p=0.430). Among those who were able to comment in 2020 (n=32), half of participants (50%) perceived purity to be 'high', and a third perceived purity to be 'medium' (31%) (Figure 31).

Perceived Availability: Perceived availability of ketamine was stable from 2019 (p=0.159). Of those who were able to comment in 2020 (n=31), over two-fifths (45%) perceived ketamine to be 'difficult' to obtain, and 32% of participants who were able to comment perceived ketamine to be 'easy' to obtain (Figure 32).

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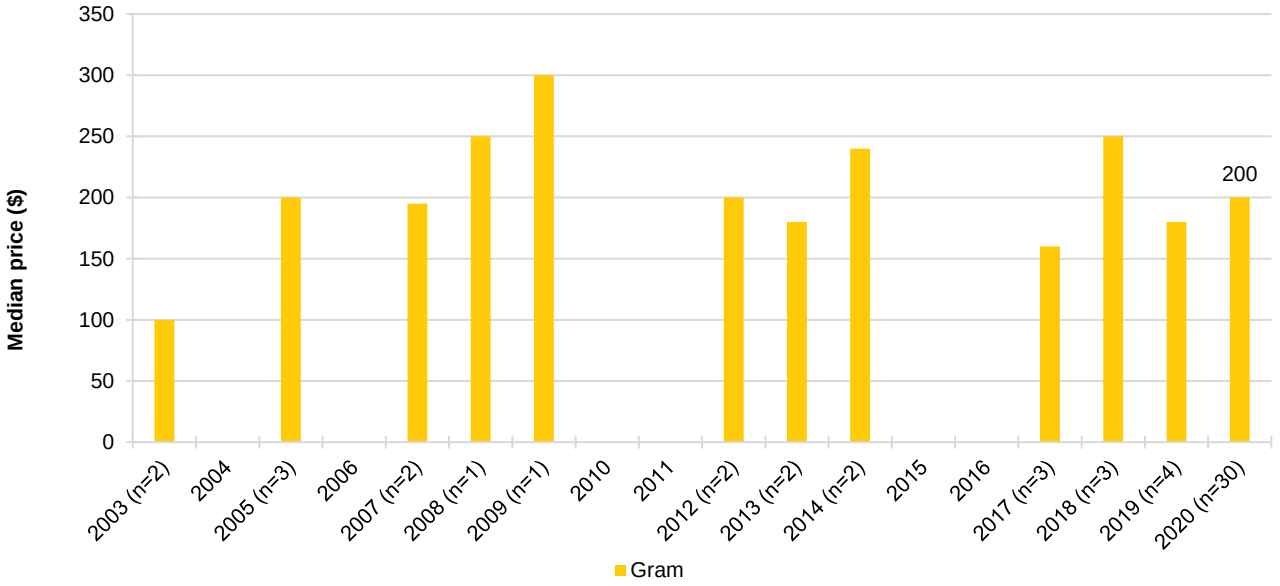
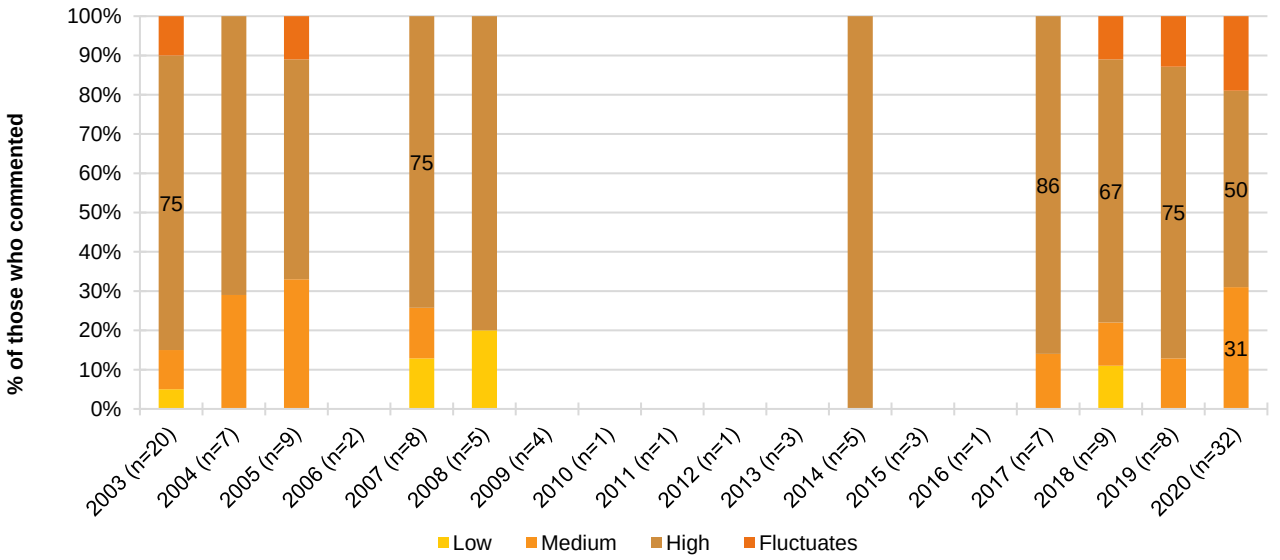
Figure 30: Median price of ketamine per gram, Tasmania, 2003-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

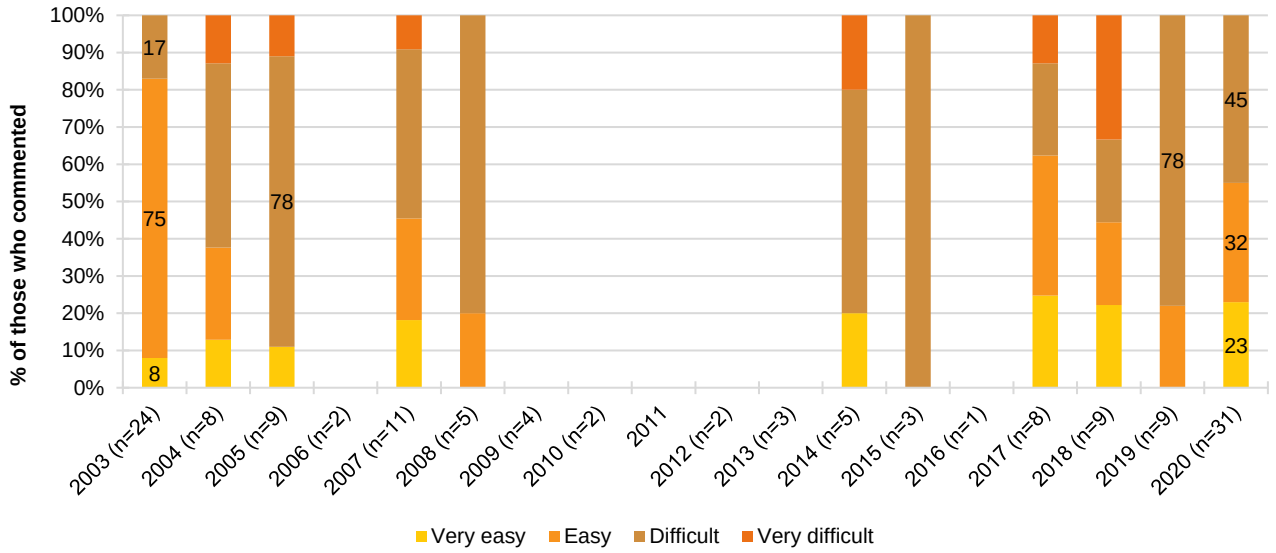
Figure 31: Current perceived purity of ketamine, Tasmania, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

Figure 32: Current perceived availability of ketamine, Tasmania, 2003-2020



Note. The response 'Don't know' was excluded from analysis. No participants were able to comment on perceived availability in 2011. 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 2019 versus 2020.

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LSD

Patterns of Consumption

Recent Use (past 6 months): Sixty per cent of the sample had used LSD in the six months preceding interview, a significant increase from 44% in 2019 (p=0.023). This was the highest proportion reporting recent LSD use since the start of data collection (Figure 33).

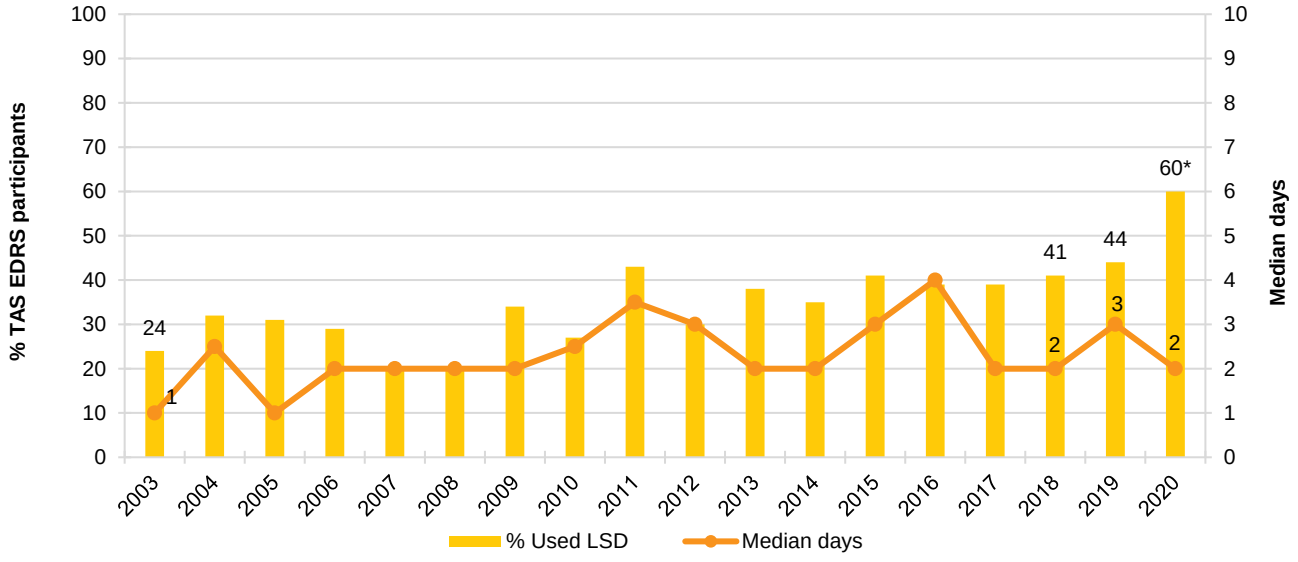
Frequency of Use: Median days of use over the years has shown to be infrequent although fluctuating. In 2020, the median frequency of use was two days (IQR=1-4, n=60) relative to three days in 2019 (IQR=1-6; n=43, p=0.278). Less than five participants reported weekly or more use in 2020 and 2019; these data are suppressed (Figure 33).

Routes of Administration: Among consumers, the only route of administration reported in 2020 was swallowing (100% versus 98% in 2019; p=0.235).

Quantity: The median quantity used in an 'average' session was one tab (IQR=1-2; n=51), similar to the median of one tab recorded in 2019 (IQR=1-3; n=29; p=0.086). Some participants reported median quantity consumed in a 'typical' session in micrograms, with a median quantity of 250 micrograms (IQR=210-413; n=8) in 2020 compared to 85 micrograms in 2019 (IQR=19-85; n=8; p=0.058).

The 'maximum' amount used in a session was also a median of one tab (IQR=1-2; n=51), consistent with reports in 2019 (1 tab, IQR=1-2, p=0.310). For those reporting in micrograms, the median maximum amount in a session was 300 micrograms in 2020 (IQR=235-975; n=8), similar to reports in 2019 (138 micrograms, IQR=78-437, n=8, p=0.195).

Figure 33: Past six month use and frequency of use of LSD, Tasmania, 2003-2020



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. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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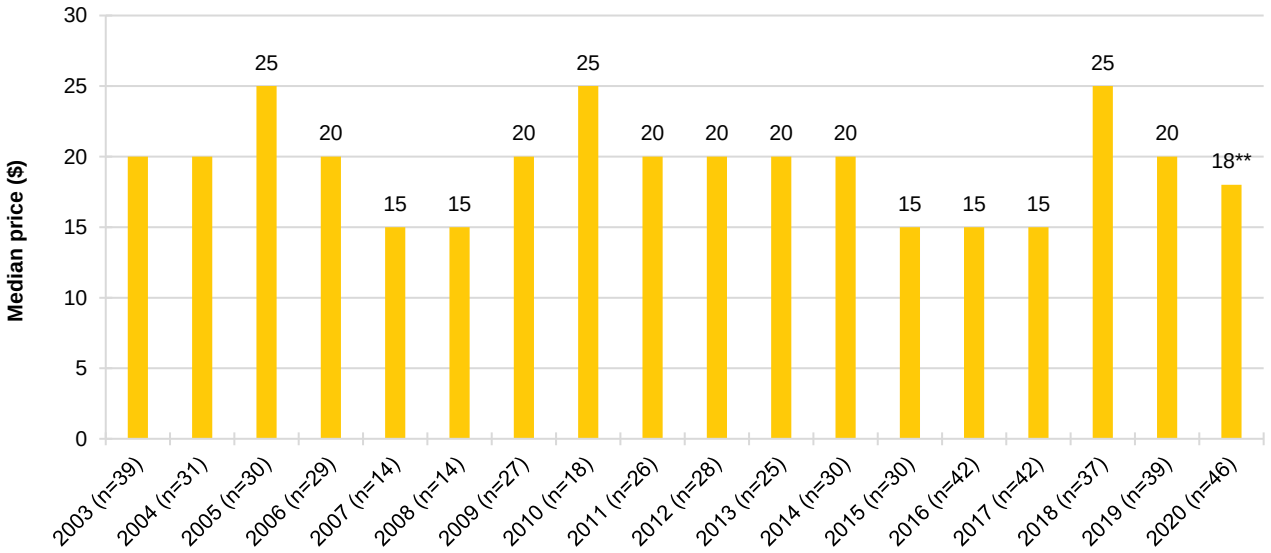
Price, Perceived Purity and Availability

Price: In 2020 the median price of a tab significantly decreased to $18 (IQR=13-20; n=46) from $20 in 2019 (IQR=20-25; n=39; *p*=0.003) (Figure 34).

Perceived Purity: Among those who were able to comment in 2020 (n=43), the perceived purity of LSD increased between 2019 and 2020 (*p*=0.003). Specifically, 56% perceived the purity of LSD to be 'high' (41% in 2019), followed by 35% who reported the purity to be 'medium' (18% in 2019) (Figure 35).

Perceived Availability: The perceived availability of LSD was stable from 2019 to 2020 (*p*=0.527). Of those able to comment in 2020 (n=41), 54% perceived LSD to be 'easy' to obtain, stable from 55% in 2019. Over one-quarter of participants (29%) perceived LSD to be 'very easy' to obtain (19% in 2019) (Figure 36).

Figure 34: Median price of LSD per tab, Tasmania, 2003-2020



Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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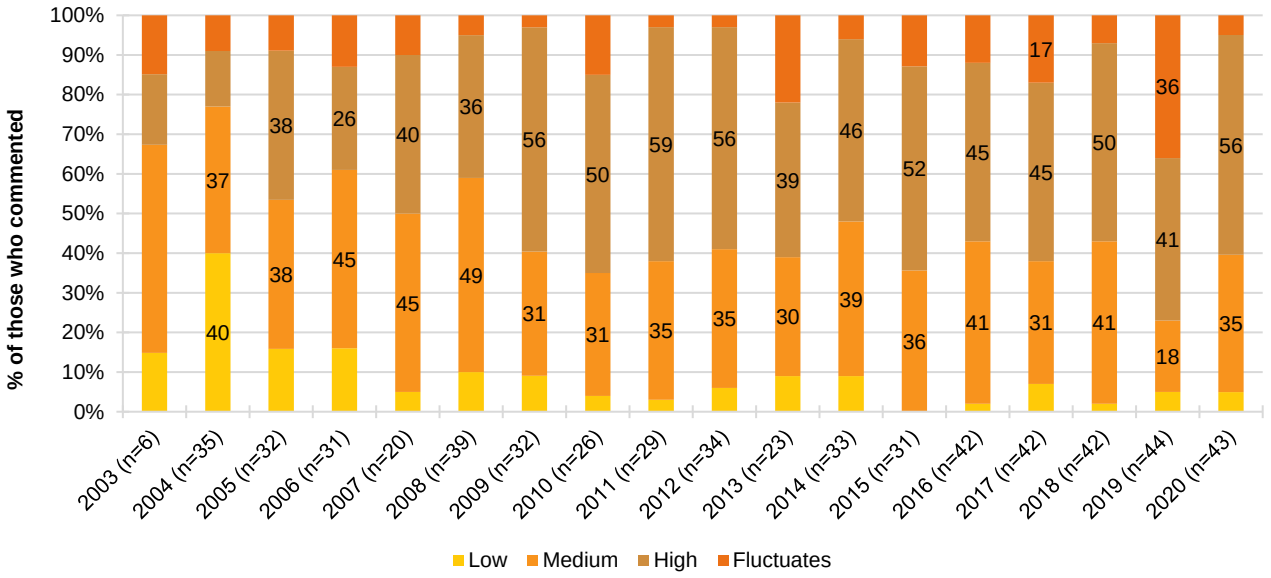
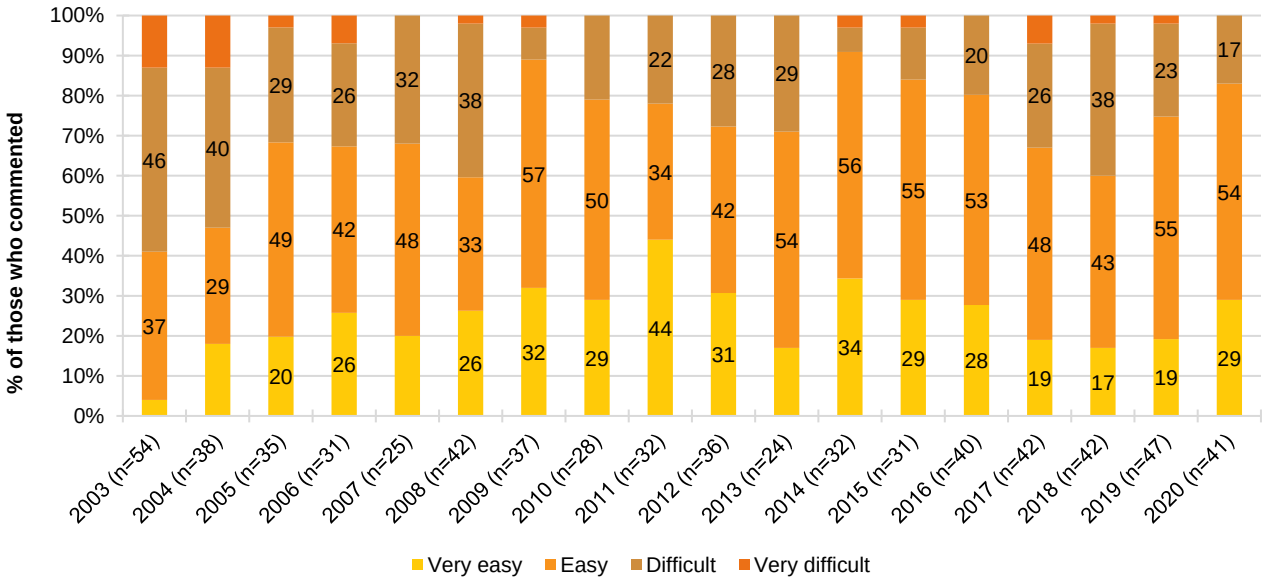
Figure 35: Current perceived purity of LSD, Tasmania, 2003-2020



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 2019 versus 2020.

Figure 36: Current perceived availability of LSD, Tasmania, 2003-2020



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 2019 versus 2020.

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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.

Recent Use (past 6 months)

NPS use among the TAS sample has fluctuated over time. Almost one fifth (18%) of participants reported recent use of any form of NPS in 2020, stable from 2019 (21%; *p*=0.566) but lower than rates of use observed in 2014 (41%) ( ).

DMT was the most commonly used NPS among the sample, with 13% reporting recent use in 2020 (6% in 2019; *p*=0.100). However, use was infrequent (median: 2 days, IQR:1-4; 1 day in 2019, IQR=1-4, *p*=0.419) ( ).

The EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the Tasmanian EDRS participants are needed, please contact the Drug Trends team or refer to the National EDRS report for national trends in use.

Table 5: Past six month use of NPS, nationally and Tasmania, 2010-2020

%	National	TAS
2010	32	54
2011	40	43
2012	45	25
2013	44	37
2014	40	41
2015	39	22
2016	36	16
2017	33	17
2018	31	25
2019	30	21
2020	**23****	**18**

Note. Monitoring of NPS first commenced in 2010 **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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Table 6: Use of NPS in the past six months, Tasmania, 2010-2020

	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 %
Phenethylamines	18	-	-	10	10	10	-	19	7	6	**-**
Any 2C substance~	14	-	-	10	10	-	-	11	-	-	**-**
NBOMe	/	/	/	/	/	-	0	6	-	-	**-**
DO-x	-	0	0	0	0	0	0	-	-	0	**0**
4-FA	/	/	/	/	/	/	0	0	0	0	**0**
PMA	-	0	/	0	0	0	0	0	-	0	**0**
Tryptamines	7	-	7	13	10	-	-	-	9		**14**
DMT	7	-	6	11	9	-	-	-	9	6	**13**
5-MeO-DMT	0	-	-	-	-	0	0	0	0	-	**-**
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	**/**
Synthetic cathinones	44	31	13	29	32	15	-	-	-	-	**-**
Mephedrone	42	27	10	24	23	9	-	-	-	0	**-**
Methylone/bk MDMA	/	-	-	-	-	-	0	-	0	0	**-**
MDPV/Ivory wave	-	-	-	-	-	-	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	-	-	**-**
n-ethyl hexedrone	/	/	/	/	/	/	/	/	/	/	**0**
n-ethyl pentylone	/	/	/	/	/	/	/	/	/	/	**0**
Other substituted cathinone	/	/	0	/	-	0	0	/	/	/	**/**
Piperazines	-	0	0	0	0	0	0	/	/	/	**/**
BZP	-	0	0	0	0	0	0	/	/	/	**/**
Dissociatives	/	/	0	/	/	-	-	-	0	-	**0**
Methoxetamine (MXE)	/	/	0	/	/	-	-	-	0	-	**0**
Plant-based NPS	-	-	-	-	-	-	-	-	-	-	**-**
Mescaline	-	-	-	-	-	-	-	-	-	0	**-**
Ayahuasca	/	/	/	/	/	0	0	0	0	-	**0**
Salvia divinorum	/	0	-	0	-	-	0	-	-	-	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	**0**
Benzodiazepines	/	/	/	/	/	/	0	-	-	-	**0**
Etizolam	/	/	/	/	/	/	0	-	-	-	**0**
Synthetic cannabinoids	/	/	8	/	/	-	-	-	7	-	**-**
Herbal high#	/	/	8	-	-	-	0	-	-	-	**/**
Phenibut	/	/	/	/	/	/	/	/	/	/	**0**
Drugs that mimic the effects of…	/	/	/	/	/	/	/	-	-	-	**-**
…opioids	/	/	/	/	/	/	/	0	0	-	**0**
…ecstasy	/	/	/	/	/	/	/	-	-	-	**0**
…amphetamine	/	/	/	/	/	/	/	-	-	-	**-**
…psychedelics	/	/	/	/	/	/	/	0	-	-	**0**
…benzodiazepines	/	/	/	/	/	/	/	/	0	0	**0**
…dissociatives	/	/	/	/	/	/	/	/	/	/	**0**

Note. NPS first asked about in 2010 and onwards. / not asked. # 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 2019 versus 2020.

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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.

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018, 2019 and 2020.

Recent Use (past 6 months): In 2020, 24% of the TAS sample reported any recent use of codeine, similar to rates in 2019 (26%; *p*=0.806). In 2020, twenty per cent of participants had used any prescribed codeine (25% in 2019; *p*=0.738), whereas 6% had reported using any non-prescribed codeine (9% in 2019; *p*=0.287).

Recent Use for Non-Pain Purposes: Of the participants reporting recent use of codeine (n=26), less than five reported using codeine for non-pain purposes in 2020; these data are suppressed.

Frequency of Use: Participants who had recently used non-prescribed codeine (n=6) reported use on a median of five days (IQR=2-9) in the past six months (median of 5 days in 2019; IQR=1-13).

Forms Used: Of consumers who had recently used non-prescribed codeine, less than five reported on forms of codeine used in the last six months; these data are suppressed.

Pharmaceutical Opioids

Recent Use (past 6 months): Six per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2020, stable from 9% in 2019 (*p*=0.397) ( ).

Frequency of Use: Consumers reported a median of three days of non-prescribed opioid use (IQR=2-6; n=6) in the six months leading up to interview, significantly less than the median of 20 days in 2019 (IQR=11-48; n=9; *p*=0.003).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) were recently consumed by 22% of the sample in 2020 (19% in 2019; *p*=0.650) (Figure 37).

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Frequency of Use: Consumers reported a median of four days of non-prescribed stimulant use in the six months prior to interview in 2020 (IQR=2-10; n=22) an increase compared to the frequency reported in 2019 (2 days, IQR=1-3; n=19, *p*=0.005).

Quantity: In 2020, the median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session was one pill/tablet (IQR=1-2; n=22).

Benzodiazepines

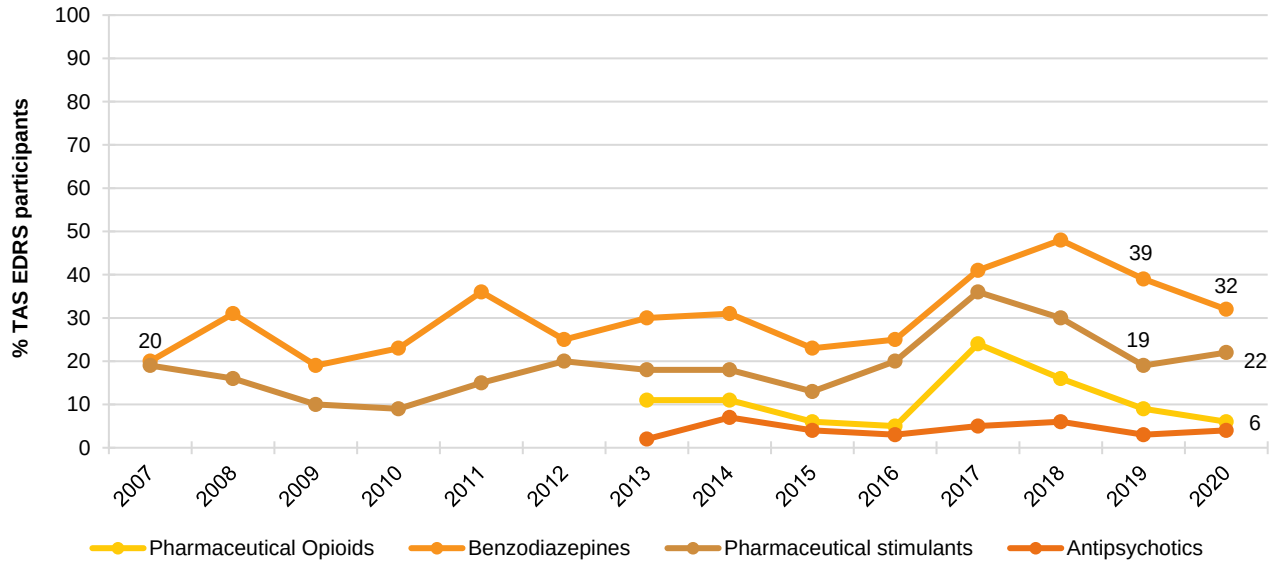
Recent Use (past 6 months): Thirty-two per cent of the Tasmanian cohort reported using non-prescribed benzodiazepines in preceding six months (39% in 2019) (Figure 37). In 2020, 14% and 30% of the total sample reported recent use of non-prescribed alprazolam and 'other-benzodiazepine' non-prescribed use, respectively (13% and 28% in 2019, respectively).

Frequency of Use: Consumers reported a median of three days (IQR=1-5; n=14; 6 in 2019; IQR=2-27; n=13; *p*=0.430) and 13 days (IQR=5-37; n=30; 5 in 2019; IQR=2-39; n=37; *p*=0.689) of alprazolam and 'other benzodiazepine' non-prescribed use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Few participants reported recent use of antipsychotics in 2019 and 2020 (n≤5); these data are suppressed.

Figure 37: Non-prescribed use of pharmaceutical drugs in the past six months, Tasmania, 2007-2020



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007 and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Almost two-fifths of the sample (39%) reported recent use of hallucinogenic mushrooms in 2020 (29% in 2019; *p*=0.121) ( ).

Frequency of Use: Consumers reported a median of three days (IQR=1-5) which was two days in 2019 (IQR=1-4; n=29, *p*=0.602).

MDA

Recent Use (past 6 months): In 2020, less than five per cent of the sample reported recent use of MDA in the six months preceding interview (8% in 2019) (Figure 38).

Substances with Unknown Contents

Capsules (past 6 months): Less than five participants reported recent use of capsules with unknown contents in 2020. In 2019, six per cent of the sample reported recent use of capsules with unknown contents (Figure 38).

Other Unknown Substances (past 6 months): 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, crystal and 'other' form. Sixteen per cent reported use of any substance with 'unknown contents' in 2020. Seven per cent of the sample reported using pills with unknown contents in the previous six months on a median of two days (IQR=1-4) and 10% of the sample had recently used powder with unknown contents on a median of two days (IQR=1-4. Fewer numbers reported using crystal with unknown contents in 2020.

Quantity: In 2020, we asked participants about the average amount of pills used with unknown contents and the average amount of capsules used with unknown contents, in the last six months. Results showed that participants reported a median of one pill with unknown contents (IQR=1-2) or one capsule with unknown contents (IQR=1-1).

Heroin

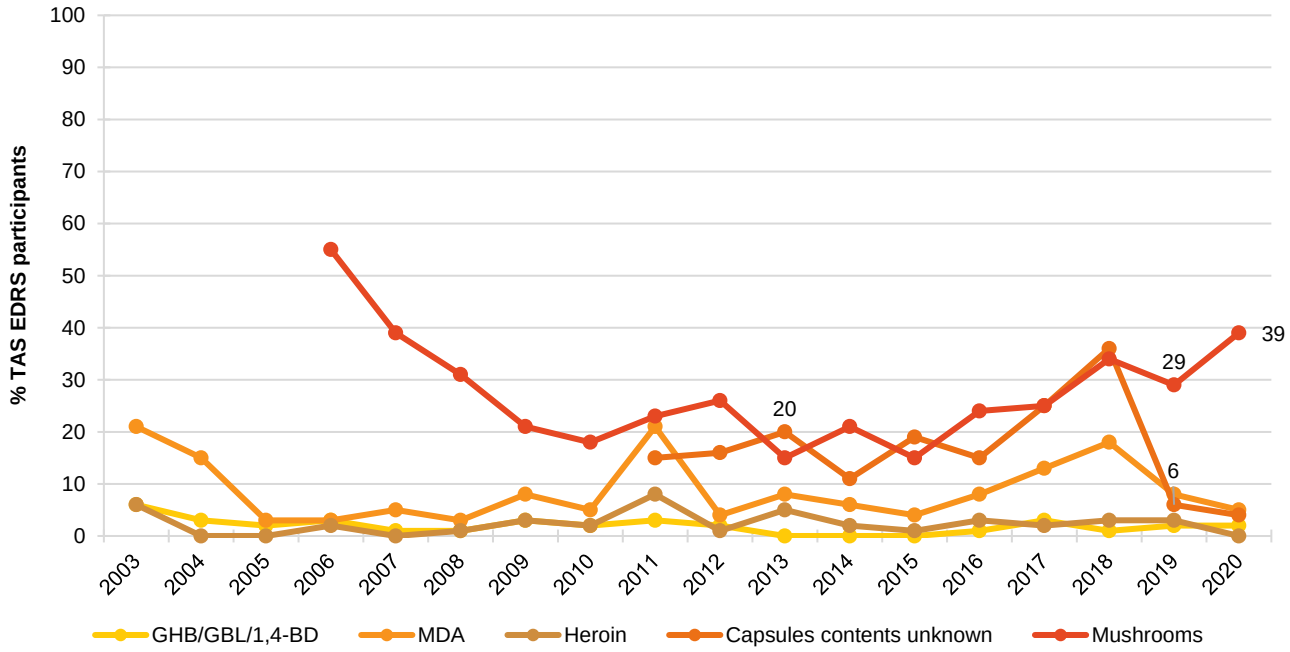
Recent Use (past 6 months): In 2020, no one reported recent use of heroin ( ). For further information, please refer to the national EDRS report, or contact the researchers.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, less than five participants reported recent use of GHB/GBL/1,4-BD; these data are suppressed (Figure 38).

http://doi.org/10.26190/dd3w-9r64

Figure 38: Past six month use of other illicit drugs, Tasmania, 2003-2020



Note. 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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Almost all of the 2020 participants (98%) reported recent use of alcohol, consistent with the per cent observed since monitoring began in 2003 (94% in 2020; *p*=0.141) (Figure 39).

Frequency of Use: Consumers reported a median of 48 days of alcohol use in the past six months (IQR=24-90; n=98) and increase from a median of 44 days in 2019; IQR=24-72; n=92; *p*=0.024). Eighty-one per cent of consumers drank alcohol on a weekly or more frequent basis, stable from 2019 (77%; *p*=0.561).

Tobacco

Recent Use (past 6 months): In 2020, recent use of tobacco remained high and stable at 87% (86% in 2019; *p*=0.792) (Figure 39).

Frequency of Use: Median frequency of use was 145 days (IQR=35-180; n=87), not a significant change from 86 days in 2019; IQR=14-180; n=82; *p*=0.262), with 42% of consumers reporting daily use (44% in 2019; *p*=0.841).

E-cigarettes

Recent Use (past 6 months): Thirty-five per cent of the 2020 sample had used e-cigarettes in the six months preceding interview (26% in 2019; *p*=0.146) (Figure 39).

Frequency of Use: Consumers reported a median of four days in the past six months (IQR=2-10; n=35; 5 days in 2019; IQR=2-8; n=25; *p*=0.892).

Forms Used: Among recent consumers (n=38), the majority (80%; n=28) reported using e-cigarettes containing nicotine and less than five reported using neither cannabis nor nicotine in 2020. The remaining participants reported use of e-cigarettes containing cannabis only or cannabis and nicotine.

Reason for Use: Among recent consumers, over one-quarter (26%) reported using e-cigarettes as a smoking cessation tool in 2020 (16% in 2019; *p*=0.353).

Nitrous Oxide

Recent Use (past 6 months): Over two-fifths (41%) of participants reported recent use of nitrous oxide in 2020, similar to rates in 2019 (34% in 2019; *p*=0.287) (Figure 39).

Frequency of Use: Frequency of use remained stable at a median of three days in 2020 (IQR=1-7; n=41; 3 days in 2019; IQR=1-13; *p*=0.408).

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. In a 'typical' session, participants reported using a median of four bulbs (IQR=2.5-10; n=41).

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 will be 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): Two-fifths (40%) of the sample reported recent use of amyl nitrite in 2020, similar to rates in 2019 (34%, *p*=0.356) (Figure 39).

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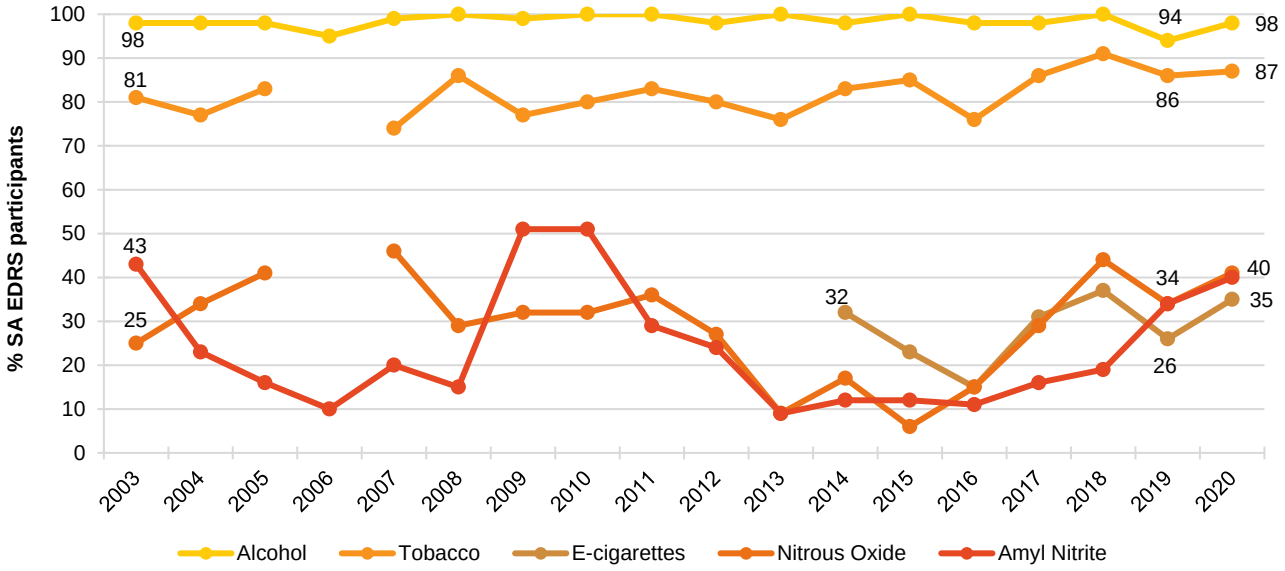
Frequency of Use: Median days of use was reported at three days in 2020 (IQR=1-10; n=40; 4 days in 2019; IQR=2-10; *p*=0.408).

Figure 39: Past six month use of licit drugs, Tasmania, 2003-2020



Note. Monitoring of e-cigarettes commenced in 2014. Data for Tobacco and Nitrous Oxide not available for 2006. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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10

Drug-Related Harms and Other Associated Behaviours

Participants were asked about various drug-related harms and associated behaviours, including hazardous alcohol use, non-fatal overdose following drug use, injecting drug use, drug treatment, mental health, crime and modes of purchasing drugs. It should be noted that the following data refer to participants' understanding of these behaviours (e.g. may not necessarily represent medical diagnoses in the case of reporting on health conditions).

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the TAS EDRS sample was 12.5 (SD 5.5) (including people who had not consumed alcohol in the past six months). Over four-fifths (81%) of participants obtained a score of eight or more, indicative of hazardous use (78% in 2019; p=0.644) ( ). AUDIT scores are divided into four 'zones' which indicate risk level. There has been no significant change in the per cent of participants falling into each of these zones from 2019 to 2020.

Table 7: AUDIT total scores and per cent of participants scoring above recommended levels, Tasmania, 2015-2020

	2015 n=78	2016 n=100	2017 n=100	2018 n=100	2019 n=98	2020 n=100
Mean AUDIT total score (SD)	/	/	/	14.2 (7.0)	12.5 (6.1)	**12.5 (5.5)**
Score 8 or above (%)	96	78	83	80	78	**81**
Zone 1 (low risk drinking or abstinence)	4	22	17	19	17	**19**
Zone 2 (alcohol in excess of low-risk guidelines)	44	47	42	37	53	**56**
Zone 3 (harmful or hazardous drinking)	23	14	22	17	18	**12**
Zone 4 (possible alcohol dependence)	30	17	19	24	12	**13**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020; /=data not available

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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**.

In 2019 and 2020, 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.
- **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

Thirteen per cent of the national sample reported a stimulant overdose in the last 12 months (14% in 2019, p=0.814) on a median of two occasions (IQR=1-4; 1 in 2019; IQR=1-2) (Figure 40).

Of those who had experienced a stimulant event in the last year (n=13), the majority nominated some form of MDMA/ecstasy (capsules: 54%; pills: 39%) in any of these events in the last 12 months. All (100%) respondents who had experienced a recent stimulant overdose reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 92% did not receive treatment or assistance.

Non-Fatal Depressant Overdose

Alcohol: One-tenth (11%) of the national sample reported having experienced a non-fatal alcohol overdose in the past 12 months (25% in 2019; p=0.012) on a median of three occasions (IQR=1-3; an increase from 2 in 2019; IQR=1-3 n=24; p=0.017). Of those who had experienced an alcohol overdose in the past year (n=11), the majority did not receive treatment on the last occasion (82%). Due to low numbers reporting on receiving treatment or assistance following an alcohol overdose, numbers have been suppressed.

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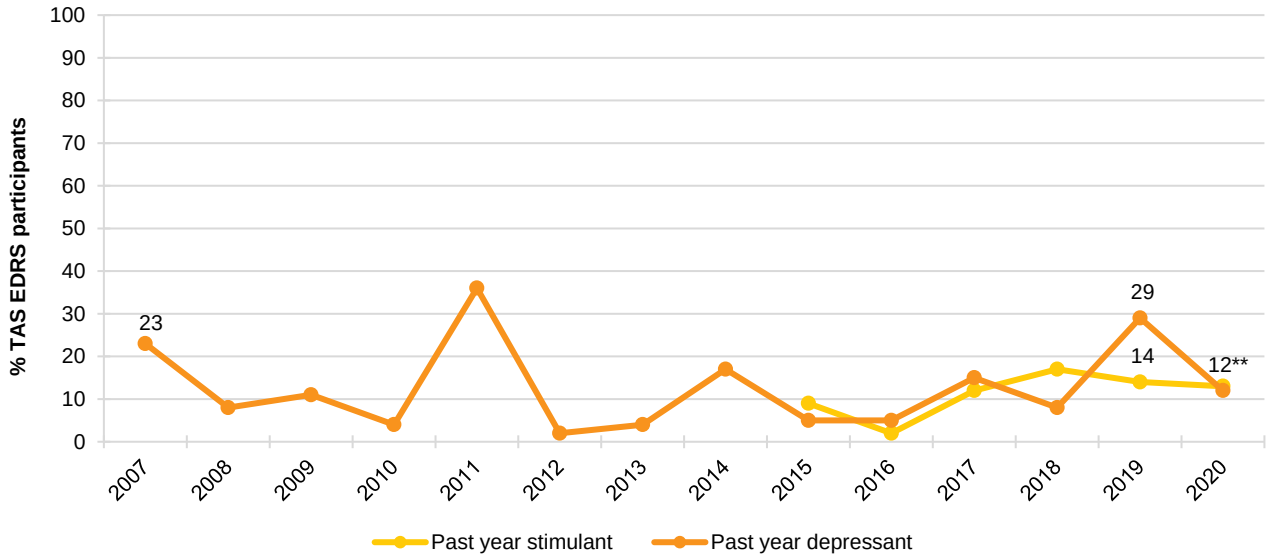
Any Depressant (Including Alcohol)

Non-fatal depressant overdose significantly decreased from 29% in 2019 to 12% in 2020 (p=0.004) (Figure 40).

Of those who had experienced any depressant overdose in the last year (n=12), the majority reported alcohol (92%; 86% in 2019) as the cause, with less than five reporting an opioid overdose.

Figure 40: Past 12 month non-fatal stimulant and depressant overdose, Tasmania, 2007-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

Eight per cent of the sample reported lifetime injection in 2020 (13% in 2019; p=0.219). The proportion who reported injecting drugs in the past month remained low in 2020 (n≤5) (Figure 41).

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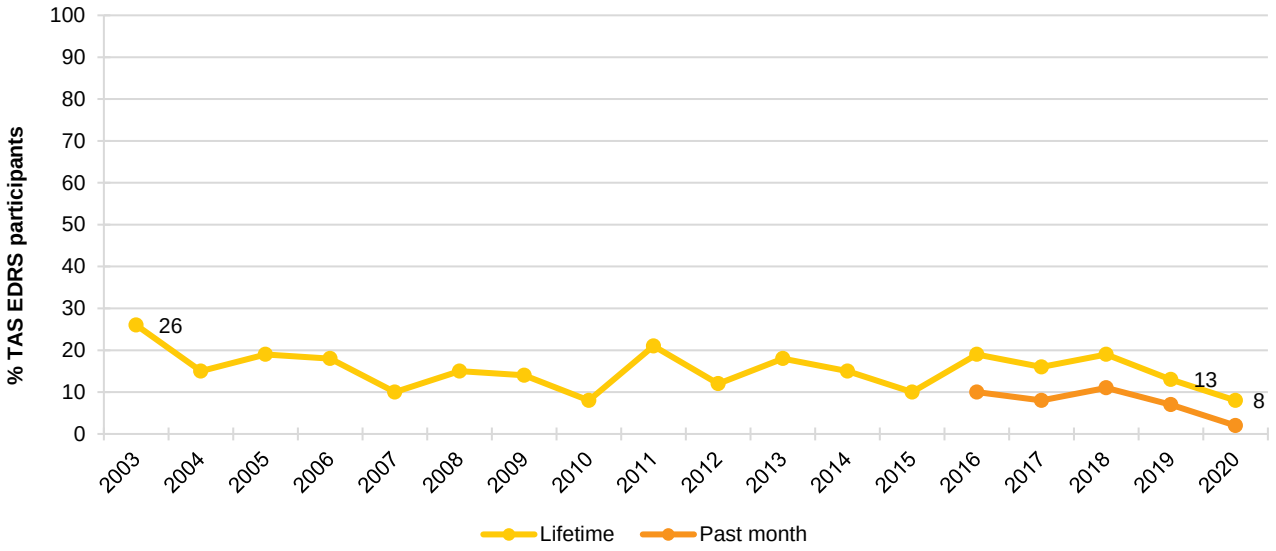
Figure 41: Lifetime and past month drug injection, Tasmania, 2003-2020



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Drug Treatment

Few participants reported currently receiving drug treatment (n≤5) in 2020; these data are suppressed. Considering low numbers reporting, please refer to the national EDRS report for national trends, or contact the research team for further information.

Mental Health

Fifty-two 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 2019 (63%; p=0.109). Of those who reported a mental health problem in 2020 (n=52), the most common mental health problem was anxiety (75%; 78% in 2019; p=0.160), followed by depression (69%; 67% in 2019; p=0.416). Of those that reported experiencing a mental health problem (n=52), 64% reported seeing a mental health professional during the past six months (33% of the total sample; 60% in 2019) ( ). Of these participants (n=33), 39% reported being prescribed medication for this problem in this period (27% in 2019; p=0.257).

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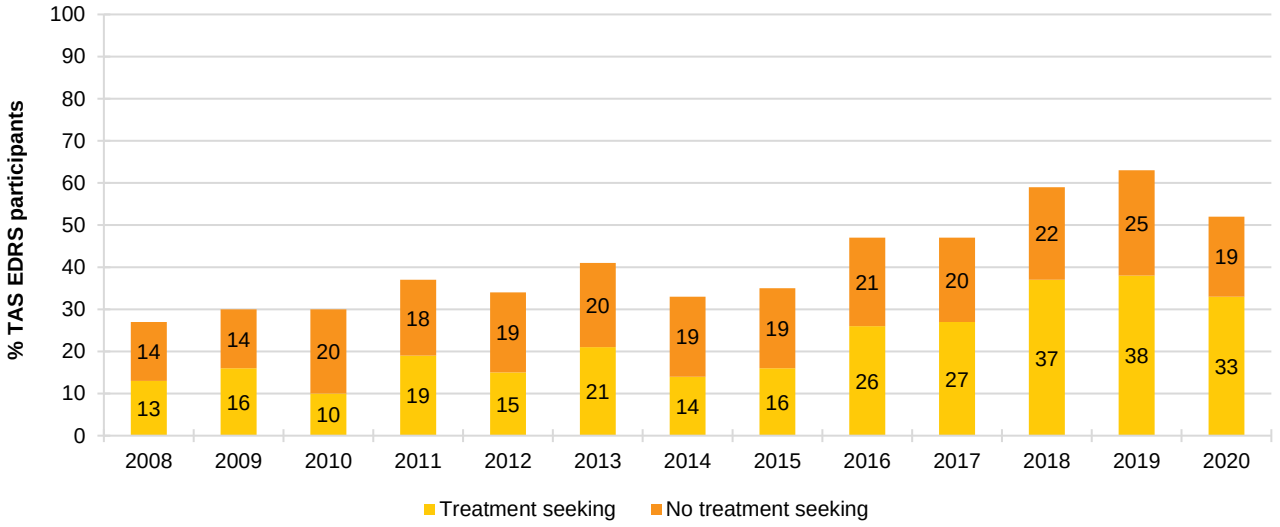
Figure 42: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2008-2020



Note. Treatment seeking first asked about in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. 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 2019 versus 2020.

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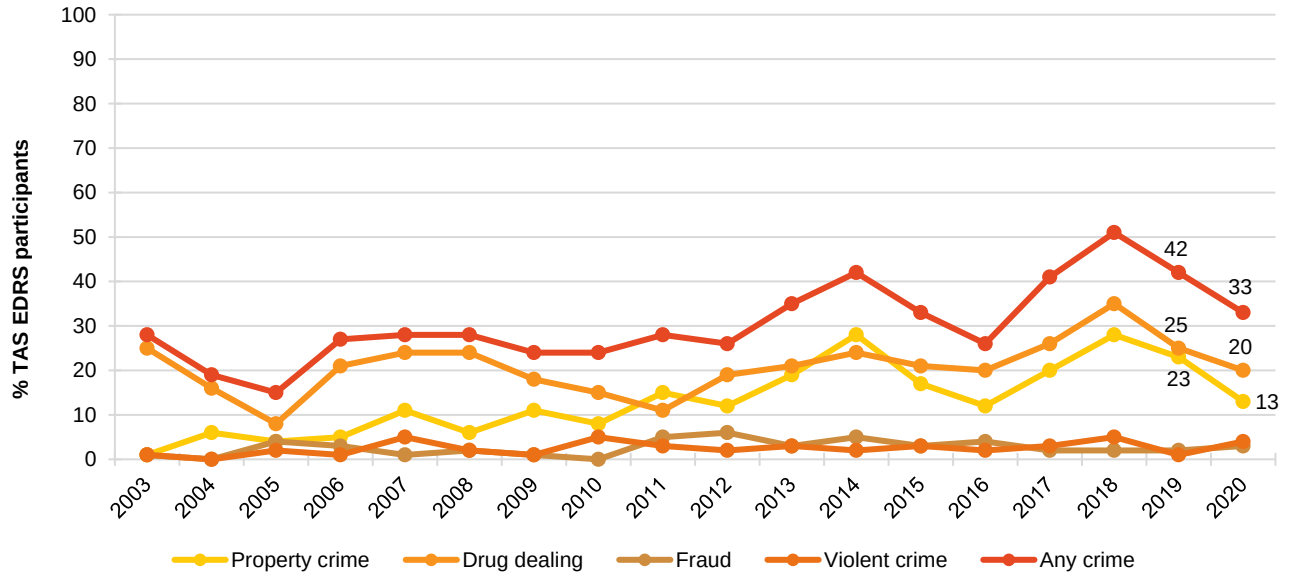
Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour). The proportion reporting past month criminal activity has fluctuated over time, with drug dealing and property crime the two main forms of criminal activity in 2020 (20% and 13% in 2020; 25% and 23% in 2019, respectively) (Figure 43).

Few (n≤5) of the 2020 Tasmanian sample reported having been arrested in the 12 months preceding interview or ever having been incarcerated; these data are suppressed.

Very low numbers (n≤5) reported having ever been in prison in 2020, consistent with previous years. For further information, please refer to the national EDRS report or contact the researchers.

Figure 43: Self-reported criminal activity in the past month, Tasmania, 2003-2020



Note. Data labels have been removed from figures in years of initial monitoring, and with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (71%; 68% in 2019) and face-to-face (60%; 88% in 2019). Very few participants reported having obtained drugs via the darknet in the past year (11%; 8% in 2019; *p*=0.472) (**Error! Reference source not found.**).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported picking up the drugs (89%) or having them dropped off (52%), with smaller numbers who reported receiving illicit drugs at a collection point (11%; defined as a predetermined location where a drug will be dropped for later collection) and via post (12%).

Obtaining Drugs

Fifty-three per cent of participants reported obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 39% doing so in the last 12 months. The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (86%; 91% in 2019; *p*=0.270), with smaller numbers obtaining illicit drugs from a known dealer (69%; 62% in 2019; *p*=0.300) and an unknown dealer (22%; 32% in 2019; *p*=0.113).

Table 8: Means of purchasing illicit drugs in the past 12 months, Tasmania, 2019-2020

	2019	2020
	N=98	**N=100**
% Purchasing approaches in the last 12 months^		
Face to face	88	60
Surface web	3	-
Darknet market	8	11
Social networking applications	68	71
Text messaging	43	34
Phone call	35	33
Grew/made my own	/	5
Other		
% Means of obtaining drugs in the last 12 months^~	n=97	**n=100**
Face-to-face	87	89
Collection point	/	11
Post	/	12
% Sources of drugs in the last 12 months^	n=97	**n=98**
Friend/relative/partner/colleague	91	86
Known dealer/vendor	62	69
Unknown dealer/vendor	32	22

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. / not asked. ~ The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/dd3w-9r64