



TASMANIAN DRUG TRENDS 2021

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



TASMANIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Yalei Wilson¹ & Raimondo Bruno^{1,2}

¹School of Psychology, University of Tasmania

²National Drug and Alcohol Research Centre, University of New South Wales



ISBN 978-0-7334-4023-6 ©NDARC 2022

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

Suggested citation: Wilson, Y., & Bruno, B. (2022). Tasmanian Drug Trends 2021: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/d9d1-3r97

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

Table of Contents

SAMPLE CHARACTERISTICS	16
COVID-19	18
HEROIN	23
METHAMPHETAMINE	27
COCAINE	34
CANNABIS	38
PHARMACEUTICAL OPIOIDS	43
OTHER DRUGS	50
DRUG-RELATED HARMS AND OTHER RISK FACTORS	54

List of Tables

Table 1: Demographic characteristics of the sample, nationally, 2021, and Tasmania, 2016-2021	17
Table 2: Past six month use of other opioids, Tasmania, 2019-2021	49
Table 3: Past six month use of new psychoactive substances, Tasmania, 2014-2021	50
Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021, and Tasmania, 2015-2021	56
Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and Tasmania, 2015-2021	59
Table 6: Injection-related issues in the past month, Tasmania, 2020-2021	60
Table 7: Current drug treatment, nationally, 2021, and Tasmania, 2015-2021	60
Table 8: HCV Testing and Treatment, nationally and Tasmania, 2021	61
Table 9: Participant reports of driving behaviour in the last six months, nationally and Tasmania, 2021	63

List of Figures

Figure 1: Drug of choice, Tasmania, 2000-2021.....	18
Figure 2: Drug injected most often in the past month, Tasmania, 2000-2021	18
Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2000-2021.....	19
Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021.....	21
Figure 5: Current concern related to contracting COVID-19, Tasmania, 2021-2021.....	22
Figure 6: Past six month use and frequency of use of heroin, Tasmania, 2000-2021.....	24
Figure 7: Median price of heroin per cap and gram, Tasmania, 2000-2021.....	25
Figure 8: Current perceived purity of heroin, Tasmania, 2000-2021.....	25
Figure 9: Current perceived availability of heroin, Tasmania 2000-2021.....	26
Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2021	28
Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2021.....	28
Figure 12: Median price of powder methamphetamine per point and gram, Tasmania, 2002-2021.....	31
Figure 13: Median price of methamphetamine crystal per point and gram, Tasmania, 2002-2021.....	31
Figure 14: Current perceived purity of powder methamphetamine, Tasmania, 2002-2021.....	32
Figure 15: Current perceived purity of methamphetamine crystal, Tasmania, 2002-2021.....	32
Figure 16: Current perceived availability of powder methamphetamine, Tasmania, 2002-2021.....	33
Figure 17: Current perceived availability of methamphetamine crystal, Tasmania, 2002-2021.....	33
Figure 18: Past six month use and frequency of use of cocaine, Tasmania, 2000-2021.....	35
Figure 19: Median price of cocaine per cap and gram, Tasmania, 2000-2021	36
Figure 20: Current perceived purity of cocaine, Tasmania, 2000-2021.....	36
Figure 21: Current perceived availability of cocaine, Tasmania, 2000-2021.....	37
Figure 22: Past six month use and frequency of use of cannabis, Tasmania, 2000-2021.....	39
Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2003-2021	40
Figure 24: Current perceived potency of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2021.....	41
Figure 25: Current perceived availability of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2021.....	42
Figure 26: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Tasmania, 2000-2021.....	44
Figure 27: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Tasmania, 2006-2021	45
Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Tasmania, 2006-2021.....	46
Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Tasmania, 2005-2021.....	47
Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, Tasmania, 2013-2021.....	48
Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Tasmania, 2006-2021.....	52
Figure 32: Past six month use of licit and other drugs, Tasmania, 2000-2021	53
Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Tasmania, 2021	54
Figure 34: Past 12 month non-fatal any overdose, Tasmania, 2000-2021.....	56

Figure 35: Take-home naloxone program and distribution, Tasmania, 2013-2021.....	57
Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, Tasmania 2000-2021.....	58
Figure 37: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2004-2021.....	62
Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use of those who had driven recently, Tasmania, 2007-2021.....	63
Figure 39: Self-reported criminal activity in the past month, Tasmania, 2000-2021.....	64

Acknowledgements

Funding

In 2021, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Debbie Scott, Turning Point, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, 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 IDRS 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 Ben Sanderson, Rachael Beckley, Luke Huxley, Caitlin Connolly and Kaitlin Fletcher for conducting the Tasmanian IDRS interviews in 2021. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

Abbreviations

ACT	Australian Capital Territory
Alpha PVP	α -Pyrrolidinopentiophenone
AIVL	Australian Injecting & Illicit Drug Users League
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	d-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypropylvalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
QLD	Queensland
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard Deviation
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration

Executive Summary

The Tasmanian (TAS) IDRS participant sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Hobart, Tasmania. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from June-July. Interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed in various jurisdictions throughout the data collection period. This should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Hobart, Tasmania (TAS) was demographically consistent with the TAS profile in previous years, whereby the majority (71%) of the sample was male, with a mean age of 42 years. Almost nine out of ten (86%) participants were unemployed at the time of interview and most of the sample (96%) received a government pension/allowance or benefit in the month prior to interview. Just over two-fifths (44%) of the sample reported that methamphetamine was their drug of choice, and almost two-thirds (64%) reported that methamphetamine was the drug they had injected most often in the past month, both stable from 2020.

COVID-19 Impact

In 2021, 34% of the TAS sample had been tested for SARS-CoV-2 in the 12 months prior to interview; zero participants had been diagnosed with the virus. The majority (75%) of participants were 'not at all' worried about contracting COVID-19, and 18% of participants reported that they had quarantined for 14 or more days due to a possible exposure in the past 12 months.

Heroin

Recent (i.e., past six month) use of heroin has fluctuated amongst the TAS sample since monitoring began, however, the percentage reporting recent use was relatively stable at 11% in 2021 (22% in 2020). Frequency of use increased (though not significantly) from a median of four days in 2020 to 12 days in 2021. Small numbers ($n \leq 5$) of participants reported weekly or daily use. Few participants ($n \leq 5$) reported on the median price of heroin per point or gram, therefore, further details have been suppressed.

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with almost nine in ten participants (89%) reporting recent use in 2021. This was mostly driven by a continued increase in use of crystal methamphetamine (85%), the most commonly used form since 2014. Despite the increase in recent use, the frequency of use of any methamphetamine significantly declined from 90 days in 2020 to 48 days in 2021. The price of crystal methamphetamine per point significantly declined from \$150 in 2020 to \$50 in 2021. The price of powder methamphetamine was \$58 per point. There was a significant change in the perceived availability and purity of crystal methamphetamine, with more participants reporting that it was 'very easy' or 'easy' to obtain and of 'high' purity, compared to 2020.

Cocaine

Sixteen per cent of the TAS sample had recently consumed cocaine, stable from 16% in 2020, on a median of three days, similar to nine days in 2020.

Cannabis

The proportion of participants reporting recent cannabis use has been slowly declining since the early 2000s to 67% in 2020 (72% in 2020). Almost three-fifths (58%) of those who had recently used cannabis reported daily use, a significant decrease relative to 2020 (77%).

Hydroponic cannabis remained the form most commonly used (87%), followed by bush cannabis (67%). There was a significant change in the perceived potency and availability of hydroponic cannabis, with more participants reporting that it was 'high' potency and 'very easy' to obtain in 2021 compared to 2020.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine, oxycodone and methadone has declined over the past 10 years of monitoring, however remained stable in 2021 relative to 2020. In 2021, 40% of the sample reported recent use of non-prescribed morphine, although frequency of use declined to a median of 11 days in the previous six months (49 days in 2020; $p=0.033$). Seventeen per cent reported recent use of non-prescribed oxycodone, with a median frequency of five days. One-third (32%) reported using non-prescribed methadone on a median of 24 days in the past six months, stable from 2020. Recent use of non-prescribed buprenorphine, buprenorphine-naloxone, fentanyl, codeine, tramadol and tapentadol all remained stable in 2021.

Other Drugs

Non-prescribed benzodiazepine use was reported by 41% of participants in 2021 (49% in 2020). Alcohol and tobacco use have remained consistently high over the period of monitoring, with 60% and 86% reporting recent use of alcohol and tobacco, respectively, in 2021. One quarter of participants that reported recent alcohol use and 88% of participants reporting recent tobacco use reported daily use.

Drug-Related Harms and Other Associated Behaviours

In 2021, the majority (97%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview, most commonly cannabis (45%), stimulants (42%), opioids (40%), tobacco (37%) and benzodiazepines (16%).

Fifteen per cent of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug. Just over half (53%) of participants reported that they were aware of the take-home naloxone programs in 2021, with similar numbers (34%) reporting having ever accessed naloxone.

One-quarter (23%) of the sample reported experiencing injection-related problems in the past month, most commonly infection/abscess (8%), artery injection (8%) and nerve damage (7%). Almost two-fifths (38%) reported re-using their own needle in the past month, stable from 32% in 2020. Just over one-quarter (29%) of the sample reported being in drug treatment at the time of interview, stable from 30% reporting current treatment in 2020, with the most common being methadone treatment (12%) followed by counselling (11%).

Thirty per cent of the sample (73% those who had recently driven a vehicle) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months.

Self-reported past six-month mental health problems remained stable (64%; 58% in 2021), as did past month criminal activity (38%; 34% in 2021).

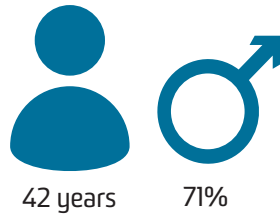
The majority of participants in 2021 (55%) reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, 53% had received an RNA test and 7% reported having a current HCV infection.

Twenty-one per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 12% undertaking this in the past year.

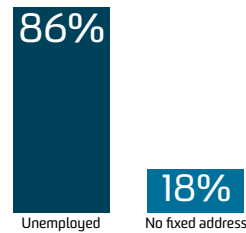
2021 SAMPLE CHARACTERISTICS



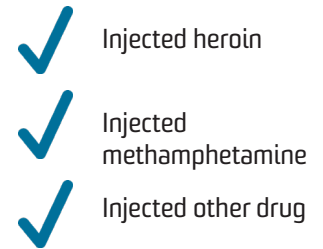
In 2021, 95 people from Hobart, TAS participated in IDRS interviews.



The mean age in 2021 was 42, and 71% identified as male.

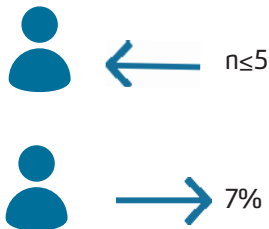


In the 2021 sample, 86% were unemployed and 18% had no fixed address.

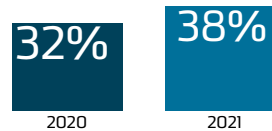


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

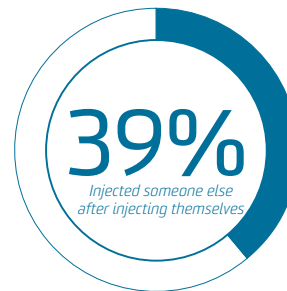
INJECTING RELATED RISKS AND HARMS



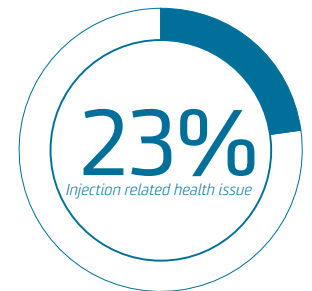
In 2021, n≤5 of the IDRS sample reported receptive needle sharing, and 7% reported distributive needle sharing.



The number of people who re-used their own needles remained stable from 32% in 2020 to 38% in 2021.

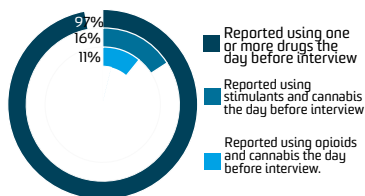


In the TAS sample, 39% of participants reported injecting someone else after injecting themselves.



In 2021, 23% of the TAS sample reported having an injection-related health issue in the month preceding interview.

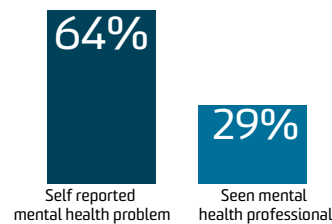
OTHER HARMS AND HELP-SEEKING



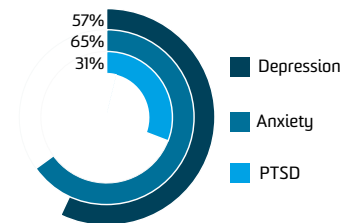
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 15% had experienced a non-fatal overdose in the previous 12 months and 29% were currently in drug treatment.

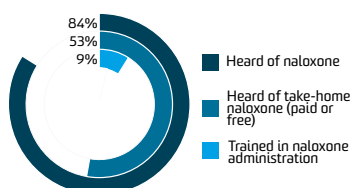


In the sample, 64% self reported a mental health problem in the six months prior to interview, and 29% had seen a mental health professional.

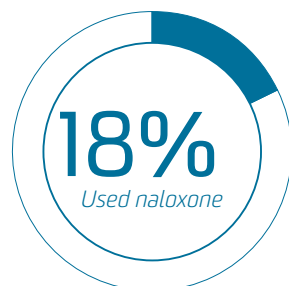


Of those who commented, the three most common mental health issues reported were anxiety (65%), depression (57%) and PTSD (31%).

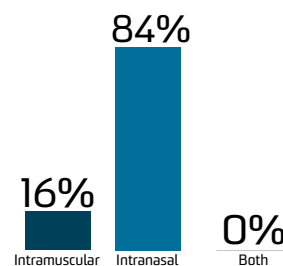
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.



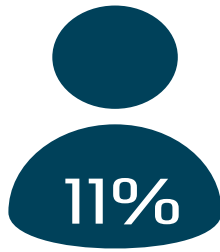
Of those who reported having heard of naloxone, 18% had used naloxone to resuscitate someone who had overdosed.



Of those who reported ever accessing naloxone, 16% received intramuscular naloxone, 84% intranasal naloxone and 0% both.



In 2021, 12% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



Past 6 month use of heroin was stable at 11% in the 2021 IDRS sample (22% in 2020).

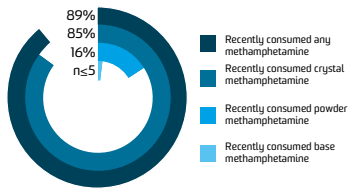


Of those who had recently consumed heroin, $n \leq 5$ used it weekly or more often, stable from $n \leq 5$ in 2020.

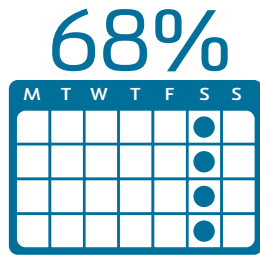


The median reported price for a point of heroin was \$85 in 2021 ($n \leq 5$ in 2020).

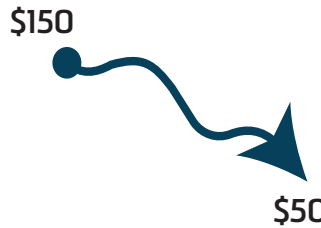
METHAMPHETAMINE



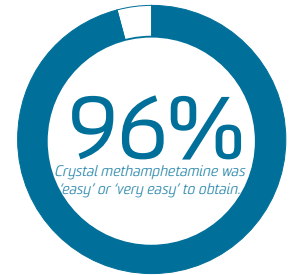
Past 6 month use of any (89%) methamphetamine increased since 2020 whereas recent use of powder decreased (16%). Crystal methamphetamine (85%) was stable.



Of those who had recently used any form of methamphetamine, 68% used it at least weekly, a decrease from 85% in 2020.



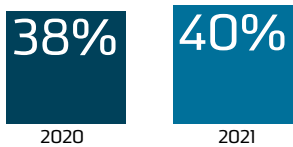
The median reported price for a point of crystal methamphetamine was \$50 in 2021, a decrease from \$150 in 2020.



Of those who could comment, 96% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 18% in 2020.

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine was stable at 38% in the 2020 sample and 40% in 2021.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl increased from $n \leq 5$ in the 2020 sample to 12% in 2021.

Non-prescribed pregabalin



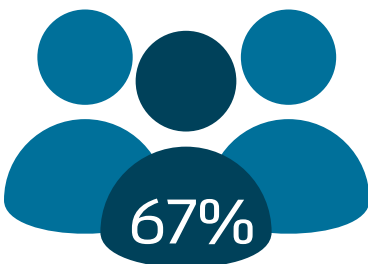
Past 6 month use of non-prescribed pregabalin was stable at 27% in the 2020 sample and 23% in 2021.

GHB/GBL/1,4-BD

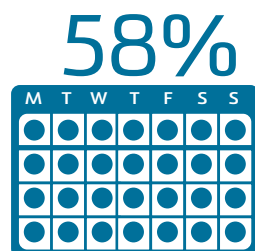


Past 6 month use of GHB/GBL/1,4-BD was stable at $n \leq 5$ in the 2020 sample and $n \leq 5$ in 2021.

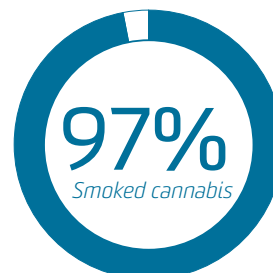
CANNABIS



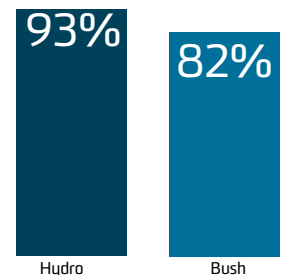
Past 6 month use of any cannabis was stable at 72% in the 2020 sample and 67% in 2021.



Of those who had consumed cannabis recently, over half reported daily use (58%).



Of people who had consumed cannabis in the last 6 months, 97% had smoked it.



Of those who could comment 93% perceived hydro and 82% perceived bush to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

IDRS 2000-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected illicit/non-prescribed substances at least monthly during the six months preceding interview (participants who inject their own prescribed medication are excluded); and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets; or using paper surveys. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

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

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

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 95 participants recruited from Hobart, Tasmania. All interviews were conducted face-to-face in Hobart, Tasmania.

Data Analysis

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

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

[Infographics](#) from this report are available for download. There are a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

In 2021, there was no significant change in gender ($p=0.243$), with the majority of the TAS sample identifying as male (71%; 58% in 2020). The mean age was 42 years (SD=9; 43 years in 2020; SD=8; $p=0.560$) (Table 1). Eighty-six per cent were unemployed at the time of interview, stable from 89% in 2020 ($p=0.492$), although more than half (59%; 65% in 2020; $p=0.532$) of the sample reported having received a post-school qualification(s). The vast majority of participants (96%) reported receiving a government pension, allowance or benefit in the past month (95% in 2020). Participants reported their median weekly income amounted to \$375 (IQR=300-500), significantly less than the \$550 (IQR=450-591; $p<0.001$) reported in 2020.

Drug of choice remained stable in 2021 compared to 2020 ($p=0.719$), with participants typically reporting that methamphetamine was their drug of choice (44%; 39% in 2020), followed by heroin (21%; 23% in 2020) (Figure 1). The drug injected most often in the past month remained stable in 2021 ($p=0.393$). Sixty-four per cent of the TAS sample reported that methamphetamine was the drug injected most often in the month preceding interview (53% in 2020); 13% reported methadone was the drug injected most often in the preceding month (11% in 2020) (Figure 2).

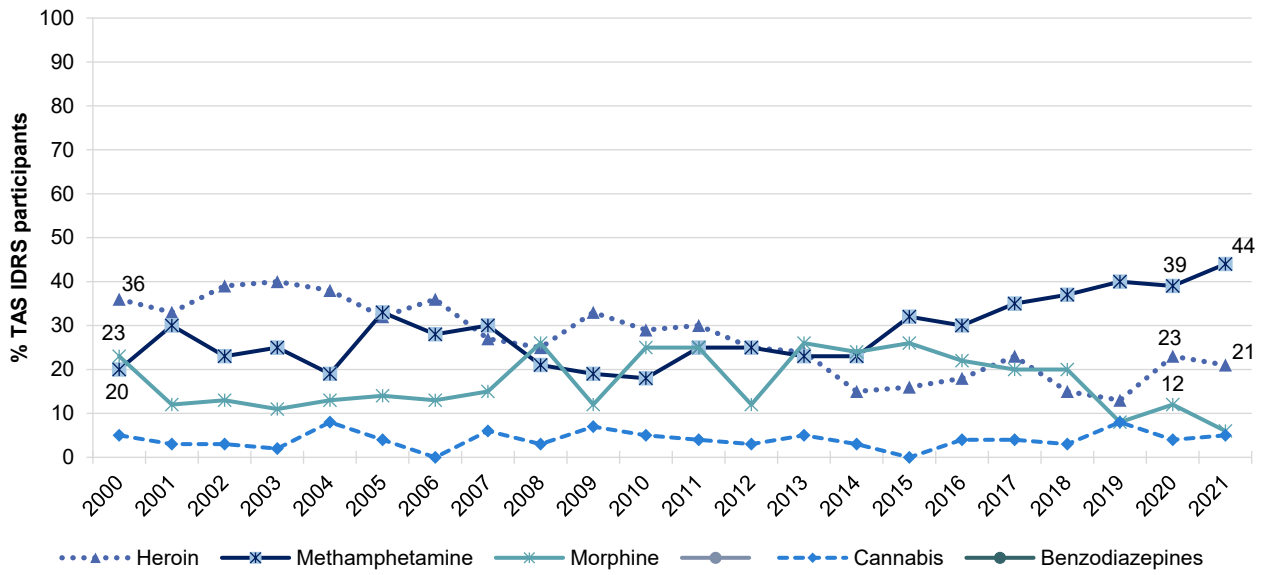
In 2021, weekly or more frequent use of crystal methamphetamine (60%; 60% in 2020), cannabis (55%; 69%; $p=0.086$), and non-prescribed morphine (14%; 23% in 2020; $p=0.193$) remained stable compared to 2020 (Figure 3).

Table I: Demographic characteristics of the sample, nationally, 2021, and Tasmania, 2016-2021

	National	Tasmania					
	2021	2021	2020	2019	2018	2017	2016
	(N=888)	(N=95)	(N=74)	(N=99)	(N=100)	(N=100)	(N=99)
Mean age (years; SD)	45 (10)	42 (9)	43 (8)	40 (9)	42 (8)	41 (9)	41 (8)
% Gender							
Female	34	28	41	33	37	40	39
Male	65	71	58	66	63	60	61
Non-binary	0	-	-	-	0	0	0
% Aboriginal and/or Torres Strait Islander	23	16	15	15	17	18	16
% Sexual identity							
Heterosexual	82	83	84	92	89	91	93
Homosexual	4	-	-	-	-	-	-
Bisexual	11	13	9	-	7	8	-
Queer	1	-	-	-	/	/	/
Other	1	0	0	-	0	0	0
Mean years of school education (range)	10 (1-12)	10 (7-12)	10 (5-12)	10 (5-12)	10 (6-12)	10 (6-12)	10 (6-12)
% Post-school qualification(s)^	58	59	65	64	64	58	56
% Current accommodation							
Own home (inc. renting)~	66	65	65	63	75	82	77
Parents'/family home	5	9	-	14	8	6	-
Boarding house/hostel	9	7	7	7	6	-	9
Shelter/refuge	2	-	7	0	/	/	/
No fixed address	16	18	16	16	11	8	8
Other	2	0	0	0	-	-	-
% Current employment status							
Unemployed	88	86	89	85	88	80	85
Full-time work	2	-	-	0	0	-	-
% Past month gov't pension, allowance or benefit	95	96	95	93	88	90	97
Current Median income/week (\$; IQR)	\$358 (300-460)	375*** (300-500)	550 (450-591)	408 (300-500)	400 (275-450)	400 (275-500)	400 (300-460)

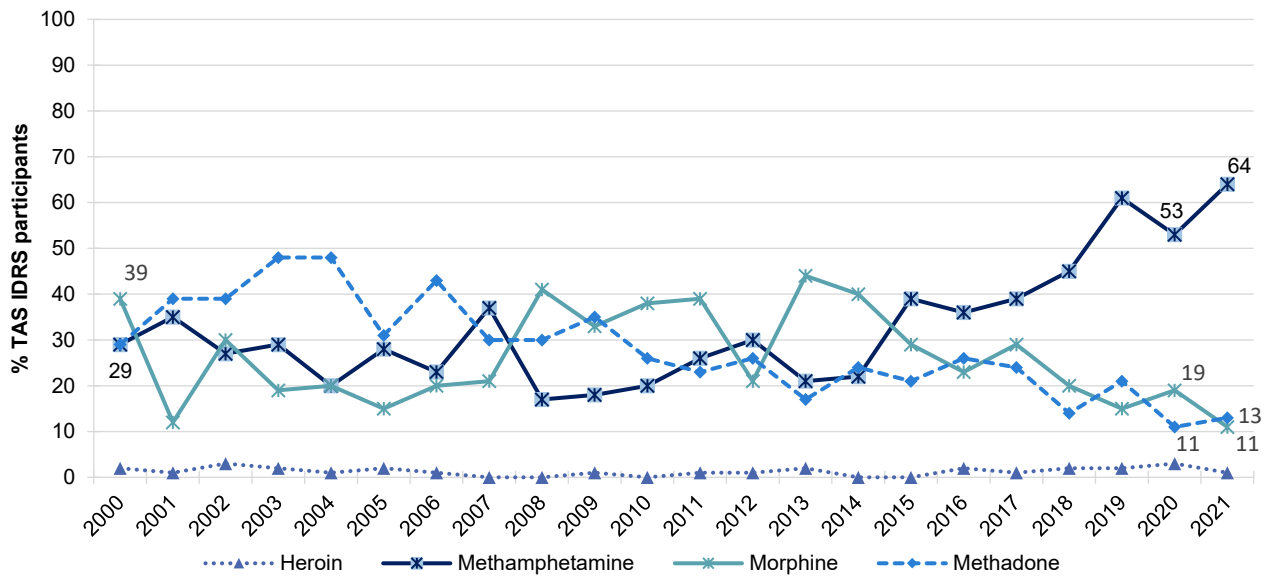
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. 'No fixed address' includes rough sleeping or squatting and couch surfing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 1: Drug of choice, Tasmania, 2000-2021



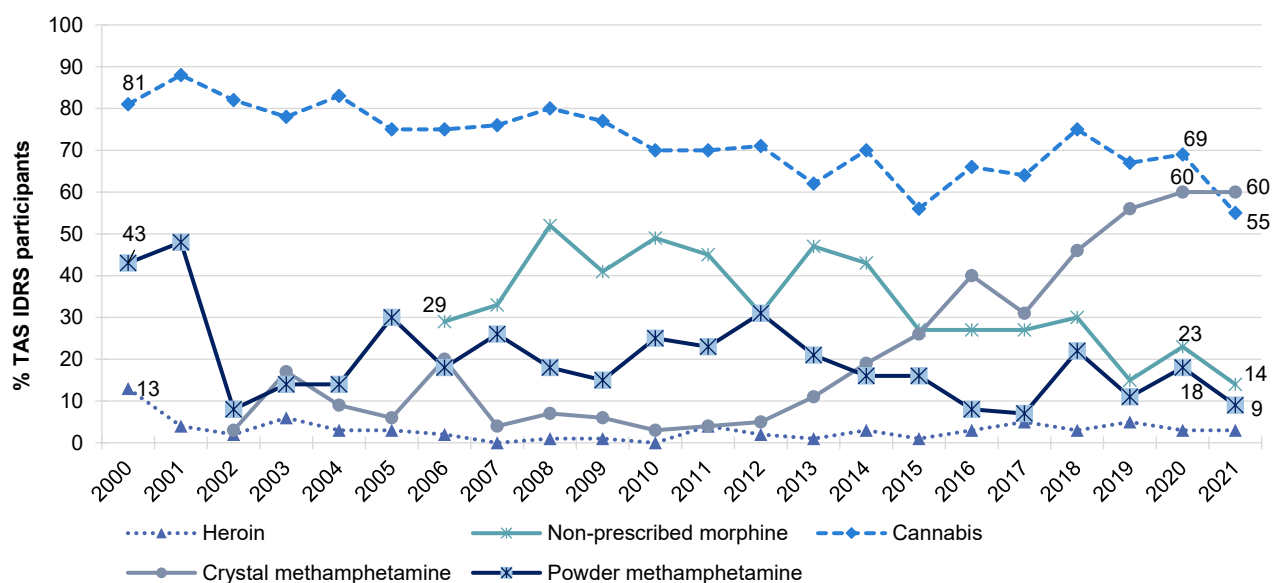
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug injected most often in the past month, Tasmania, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2000-2021



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

2

COVID-19

Background

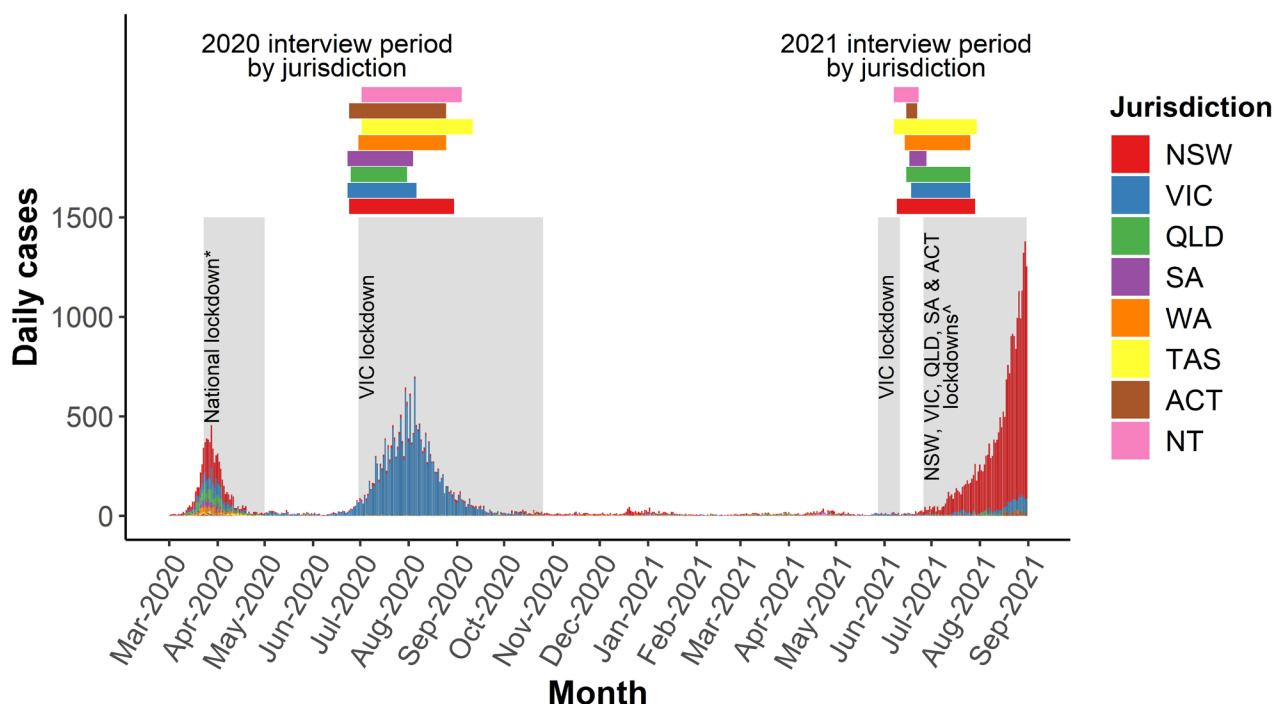
The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28 March 2020), which declined shortly thereafter (<20 cases per day). There was a resurgence from late June 2020, largely based in Victoria (VIC) (peak 686 cases 5 August 2020) and to a lesser extent in New South Wales (NSW), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

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 eased across May-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, QLD, SA and ACT) introducing restrictions shortly thereafter. Lockdowns of less than one week were also introduced during the interviewing period, for example, in the NT and WA, however these are not displayed in Figure 4.

Tasmania observed its first case of COVID-19 on 2 March, 2020. A few weeks later, on 17 March 2020, a public health emergency was declared in Tasmania, though a state of emergency was declared on 19 of March, giving the police power to enforce self-isolation rules. The Tasmanian border closed on 22 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 30 March restricting travel outside of necessary activities. Restrictions began to ease as of 8 May (stage 1 restrictions), allowing gatherings of up to 10 people. Stage 2 restrictions, ending the stay at home order and up to 20 person gatherings, commenced on 5 June, and were further loosened to Stage 3 on 26 June. State borders remained closed until 26 October.

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

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



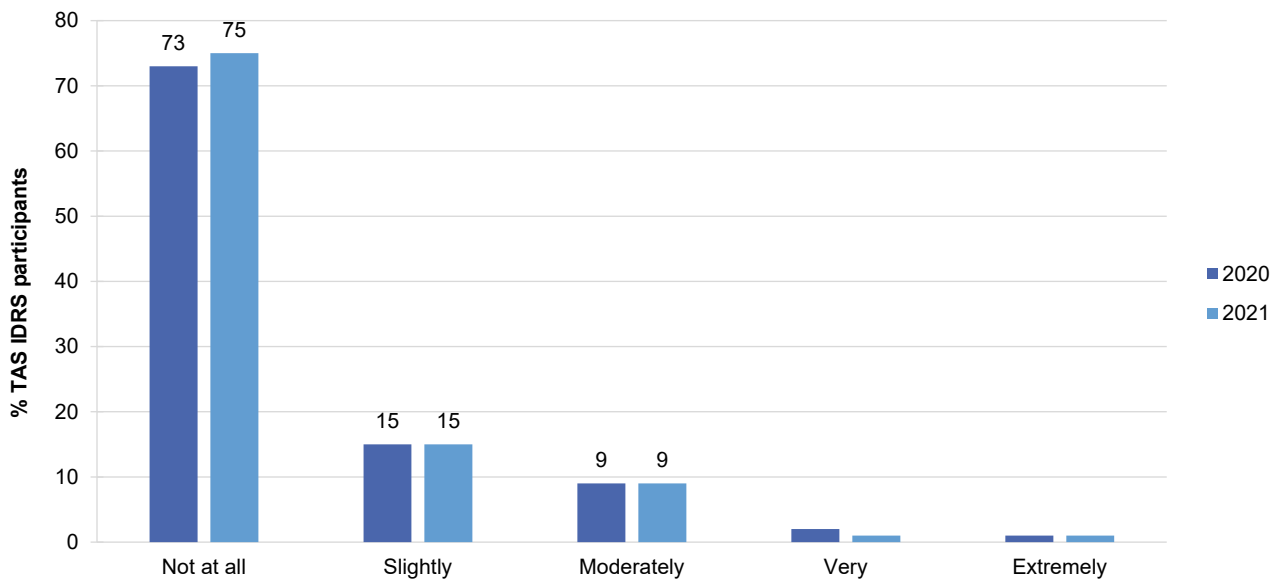
Note. Data obtained from <http://www.covid19data.com.au>. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

Thirty-four per cent of the Tasmanian sample had been tested for SARS-COV-2 in the 12 months prior to interview (23% in 2020), and no participants had been diagnosed with the virus. Eighteen per cent of participants reported that they had quarantined for 14 or more days due to a possible exposure; zero in the past month, 8% within the last six months, and 11% within the last 12 months. Six per cent of the sample had received at least one dose of the COVID-19 vaccine at the time of interview.

When asked how worried participants currently were of contracting COVID-19, 15% of participants reported that they would be 'slightly' worried about their health, 9% reported 'moderately'. Few participants ($n \leq 5$) reported that were 'very' or 'extremely' concerned. If faced with contracting COVID-19, 10% of participants reported that they would be 'slightly' worried about their health, 20% reported 'moderately', 20% reported 'very' and 17% reported 'extremely'.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). Y axis reduced to 80% to improve visibility of trends.

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of any heroin was 11% in 2021, trending downwards compared to 22% in 2020 ($p=0.077$) (Figure 6).

Frequency of Use

In 2021 the median days of use in the six months preceding the interview was 12 days (IQR=6-24) trending to an increase from the four days reported in 2020 (IQR=2-8; $p=0.058$) (Figure 6). Weekly and daily use were low among participants that reported recent heroin use in 2020 and 2021 ($n\leq 5$; these data are suppressed; $p=0.466$, $p=0.636$, respectively).

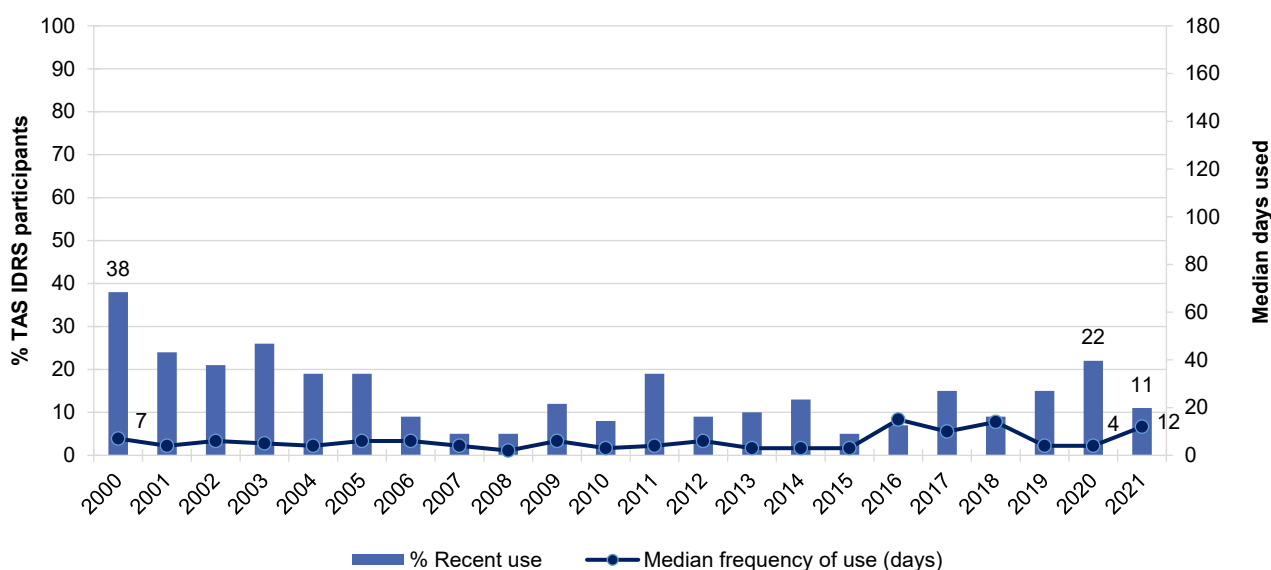
Routes of Administration

Injecting remained the most common route of administration among participants who had recently used heroin (100% in 2021 and 2021). Participants who reported injecting did so on a median of 12 days (IQR=6-24; trending to an increase from the four days in 2020; IQR=2-8; $p=0.058$). Few participants reported snorting in 2021 ($n\leq 5$; these data are suppressed).

Quantity

Of those who reported recent use and responded ($n=10$), the median amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.50) in 2021 (0.10 grams in 2020; IQR=0.10-0.20; $n=16$; $p=0.131$). The median maximum amount of heroin used per day in the last six months was 0.60 grams (IQR=0.2-1.0; maximum quantity of heroin recently used was not collected in 2020).

Figure 6: Past six month use and frequency of use of heroin, Tasmania, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

Small numbers ($n \leq 5$) reported on the median last price of heroin per point or gram in 2021 (therefore data are suppressed; \$60 per point in 2020; IQR=50-85; $n=7$; $p=0.625$; \$655 per gram in 2020; IQR=515-938; $n=6$; $p=0.177$). Due to low numbers reporting on the price of a gram ($n \leq 5$), details have been suppressed. For further information, please refer to the [IDRS National Report](#), or contact the Drug Trends team.

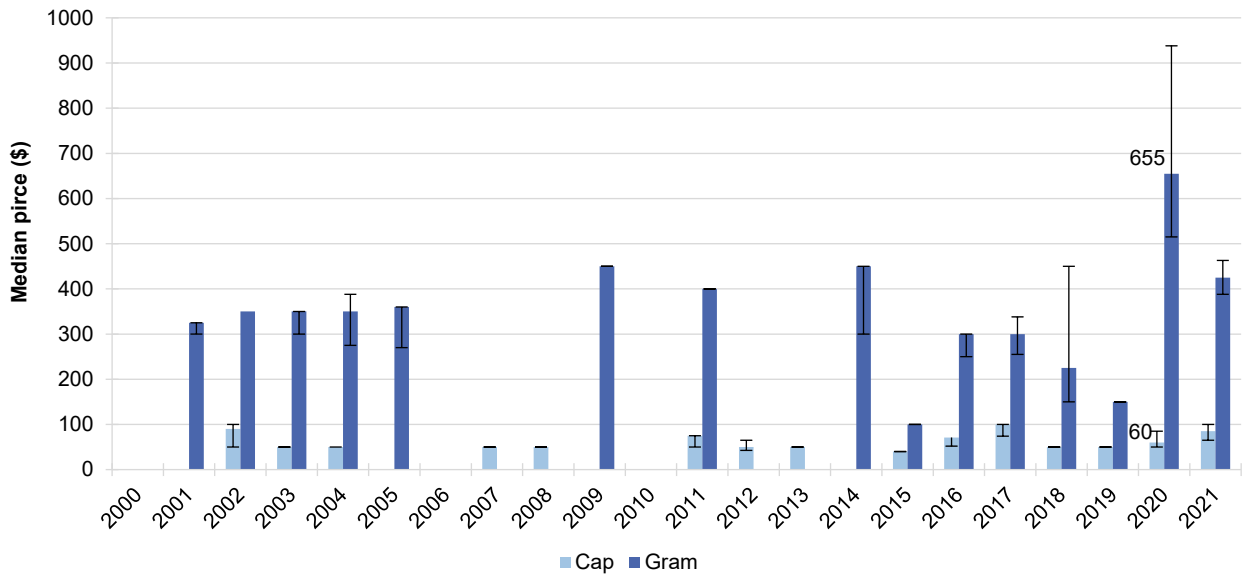
Perceived Purity

The perceived purity of heroin was stable between 2020 and 2021. Among those who were able to comment in 2021 ($n=9$), perceived purity was mostly reported as 'high' or 'medium' ($n \leq 5$, therefore data are suppressed; 62% and $n \leq 5$ in 2020, respectively) (Figure 8).

Perceived Availability

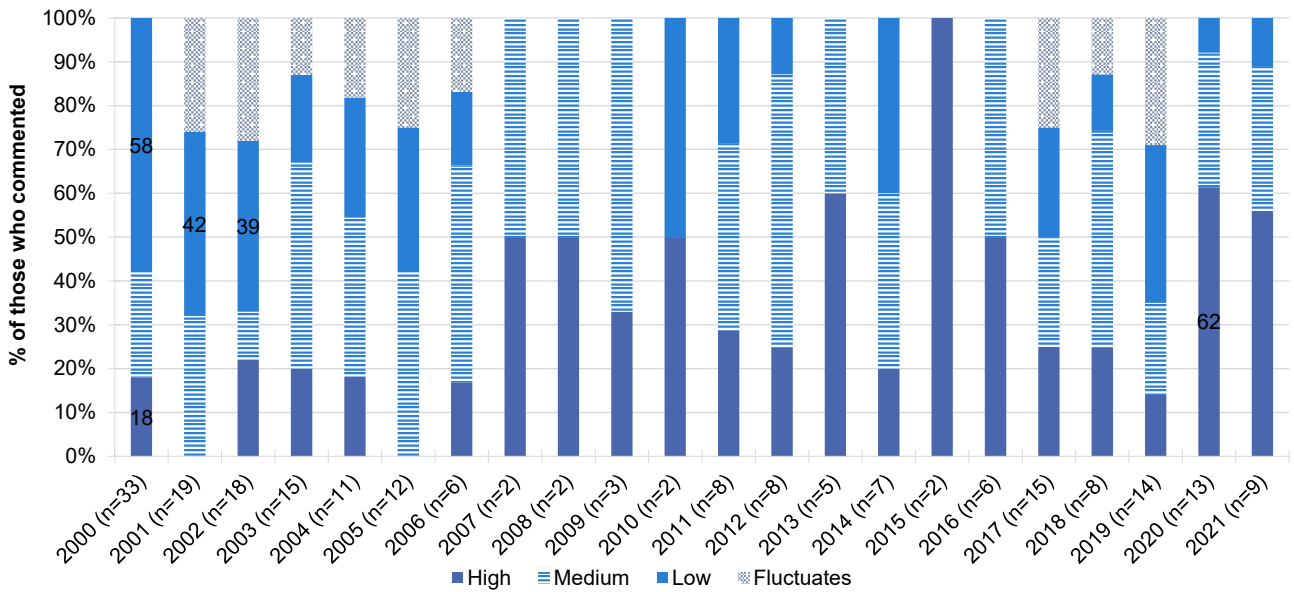
The perceived availability of heroin was similar between 2020 and 2021 ($p=0.186$). Among those who were able to comment in 2021 ($n=10$), 70% of participants reported that it was 'very difficult' to obtain ($n \leq 5$ in 2020; data are suppressed). Small numbers ($n \leq 5$) reported heroin as 'difficult' or 'easy' to obtain ($n \leq 5$ in 2021 and 2020) (Figure 9).

Figure 7: Median price of heroin per cap and gram, Tasmania, 2000-2021



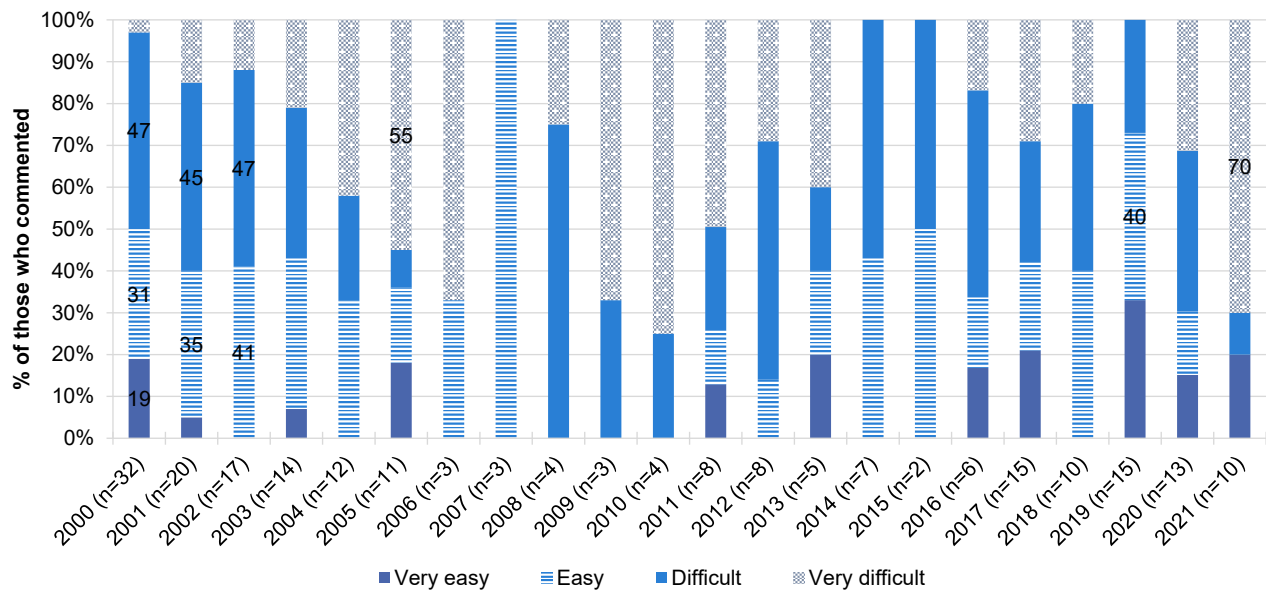
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. No participants reported on price in years with missing data. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 8: Current perceived purity of heroin, Tasmania, 2000-2021



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

Figure 9: Current perceived availability of heroin, Tasmania 2000-2021



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

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)

In 2021, 89% of participants reported recent use of any methamphetamine (powder, base and crystal), which was a significant increase relative to 2020 (77%; $p=0.048$) (Figure 10).

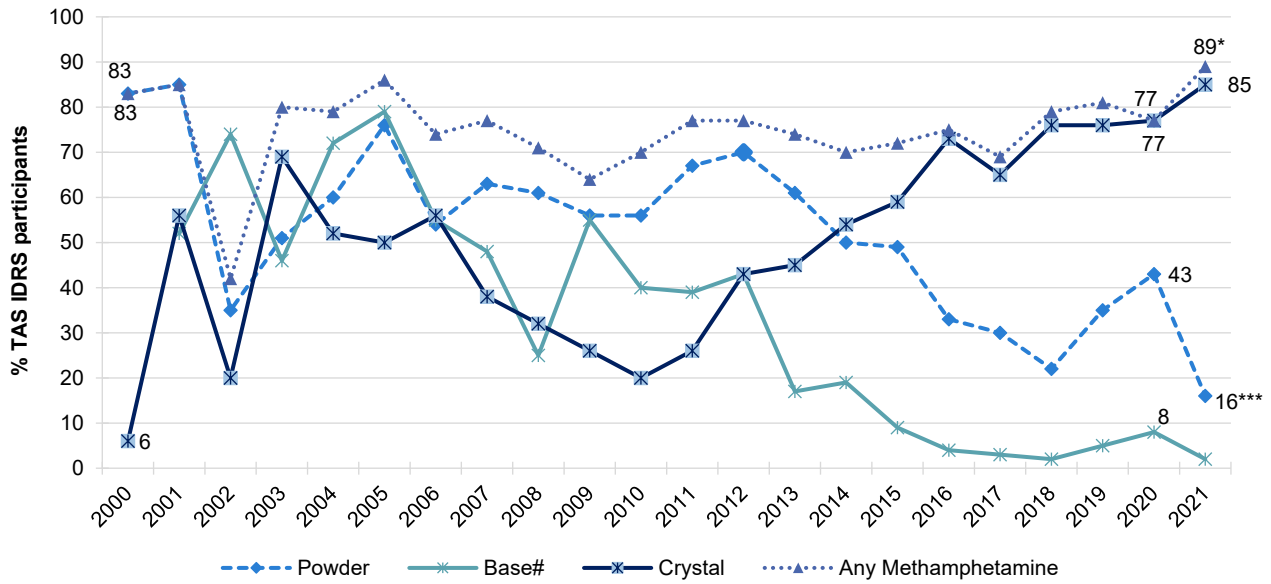
Frequency of Use

In 2021, frequency of use in the six months preceding the interview significantly decreased to a median of 48 days (IQR=12-96) from 90 days in 2020 (IQR=48-180; $p=0.009$) (Figure 11). The per cent of participants who had recently used any methamphetamine reporting weekly or more frequent use also significantly decreased from 85% in 2020 to 68% in 2021 ($p=0.038$), while daily use remained stable (13%; 27% in 2020; $p=0.071$).

Forms of Methamphetamine

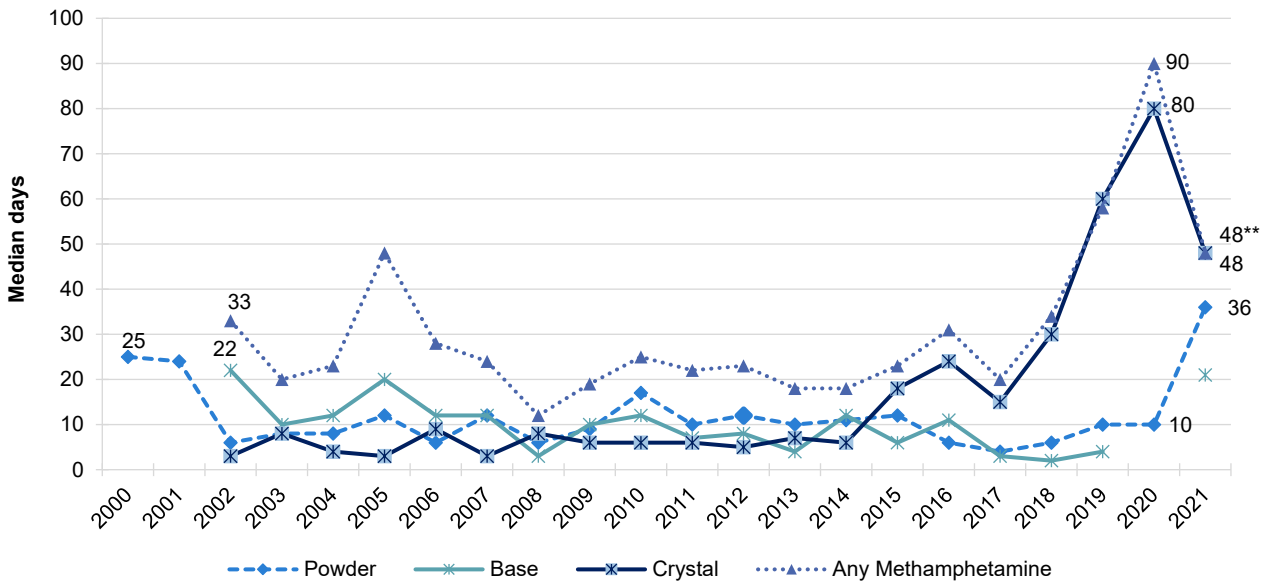
There has been a shift over time to decreasing use of methamphetamine powder and base forms and increasing use of crystal methamphetamine (Figure 10). Indeed, most participants had used crystal methamphetamine in 2021 (85%; 77% in 2020; $p=0.241$), followed by powder (16%; 43% in 2020; $p<0.001$).

Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any Methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally been decreasing over time. In 2021 recent use significantly declined to 16% from 43% in 2020 ($p < 0.001$) (Figure 10).

Frequency of Use: Median frequency of use was 36 days (IQR=5-58) in 2021 (10 days in 2020; IQR=5-48; $p = 0.327$) (Figure 11). Fifty-seven per cent of participants who had recently used methamphetamine powder reported using on a weekly or more frequent basis (41% in 2020; $p = 0.476$), with no participants reporting daily use ($n \leq 5$ in 2020; data are suppressed).

Routes of Administration: All participants reporting recent use reported recent injection of powder (100%; 97% in 2020) in the six months preceding interview, on a median of 24 days (IQR=3-55; 10 days in 2020; IQR=3-48; $p = 0.567$). Small numbers reported smoking powder in both 2020 and 2021 ($n \leq 5$; data are suppressed).

Quantity: Of those who reported recent use and commented ($n = 14$), the median amount of powder used per day in the past six months was 0.20 grams (IQR=0.10-0.20; unchanged from the 0.20 grams in 2020; IQR=0.10-0.30; $n = 29$; $p = 0.145$). The maximum amount of powder used per day in the last six months was a median of 0.30 grams (IQR=0.10-0.50; maximum quantity of powder recently used was not collected in 2020).

Methamphetamine Base

Few participants ($n \leq 5$) reported quantity information for methamphetamine base in 2021; therefore, the data on recent use, frequency of use, routes of administration and quantity is suppressed. For further information please refer to [IDRS National Report](#).

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal have been increasing since 2010, surpassing base and powder methamphetamine from 2014 and plateauing in recent years. In 2021 recent use of crystal was reported by 85% of the TAS sample (77% in 2020; $p = 0.241$) (Figure 10).

Frequency of Use: Participants reported consuming crystal on a median of 48 days (IQR=14-96) in the six months prior to interview, stable from 2020 (80 days; IQR=24-173; $p = 0.164$) (Figure 11). Just under three-quarters (71%) of participants that recently used crystal methamphetamine reported using crystal on a weekly or more frequent basis, stable from 2020 (79%), with 13% reporting daily use (25% in 2020; $p = 0.106$).

Routes of Administration: Ninety-nine per cent of participants who had recently used crystal methamphetamine had injected the form (96% in 2020; $p = 0.569$) on a median of 48 days (IQR=13-95) in the six months preceding interview (80 days in 2020; IQR=24-175; $p = 0.106$). Almost one-third (31%) reported smoking crystal methamphetamine (28% in 2020; $p = 0.869$).

Quantity: Of those who reported recent use and responded ($n = 77$), the median amount of crystal used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.20; $n = 53$; $p = 0.661$). The maximum amount of crystal used per day in the last six months was reported as a median of 0.30 grams (IQR=0.20-0.50; maximum quantity of crystal recently used was not collected in 2020).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price: In 2021, the median price for a point (0.10 gram) of methamphetamine powder was \$58 (IQR=50-85; n=12) (Figure 12).

Perceived Purity: Of those who reported recent use and responded (n=16), 44% reported that the perceived purity of powder was 'medium'. Small numbers (n≤5) reported that the perceived purity was 'low' or 'high', therefore, these data are suppressed (Figure 14).

Perceived Availability: Of participants who had recently used methamphetamine powder and were able to comment (n=18), 39% reported that powder was 'difficult' obtain, while 33% reported that it was 'very easy' to obtain (Figure 16).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and 2021.

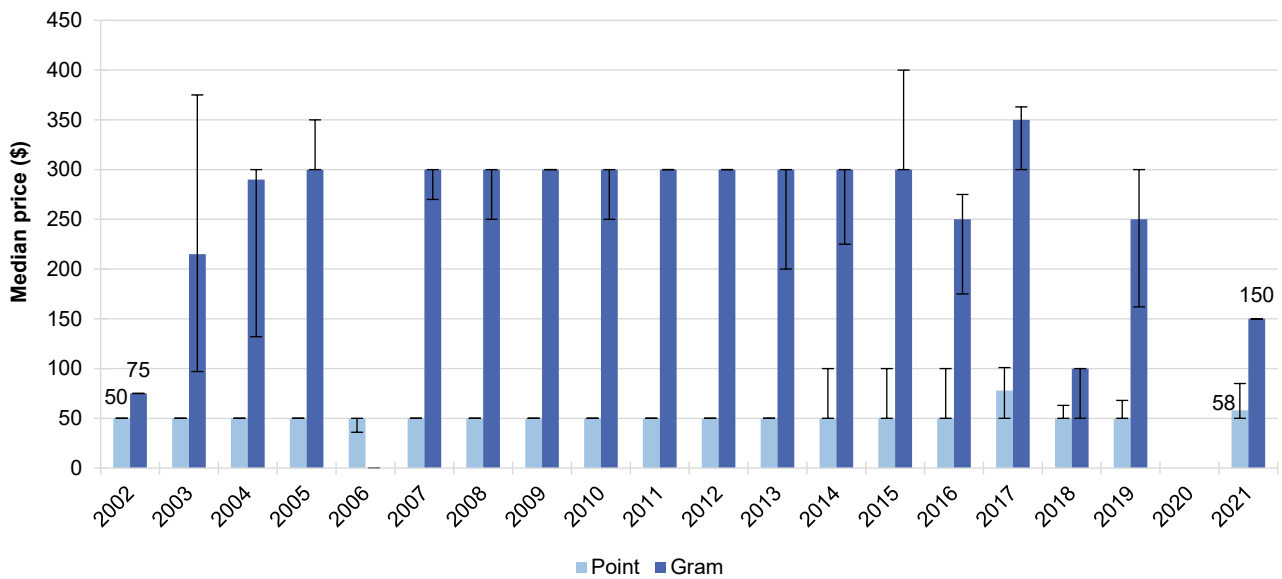
Methamphetamine Crystal

Price: In 2020 the median price last paid for one point (0.10 gram) of crystal increased to \$150 (IQR=100-200; n=49), the highest price since the commencement of data collection. In 2021 the median price significantly decreased to \$50 (IQR=50-80; n=64; $p<0.001$), which was more in line with reports from previous years (2019). Few participants (n≤5) reported on the median price of crystal per gram in 2020 and 2021, therefore, these data are suppressed (Figure 13).

Perceived Purity: There was a significant change in the perceived purity of crystal methamphetamine between 2020 and 2021 ($p<0.001$). Specifically, among those who were able to comment in 2021 (n=73), there was an increase in the percentage of participants who reported perceived purity to be 'high' (40%; n≤5 in 2020) and 'medium' (30%; n≤5 in 2020), with a decrease in the percentage of participants who reported perceived purity to be 'low' (11%; 62% in 2020) (Figure 15).

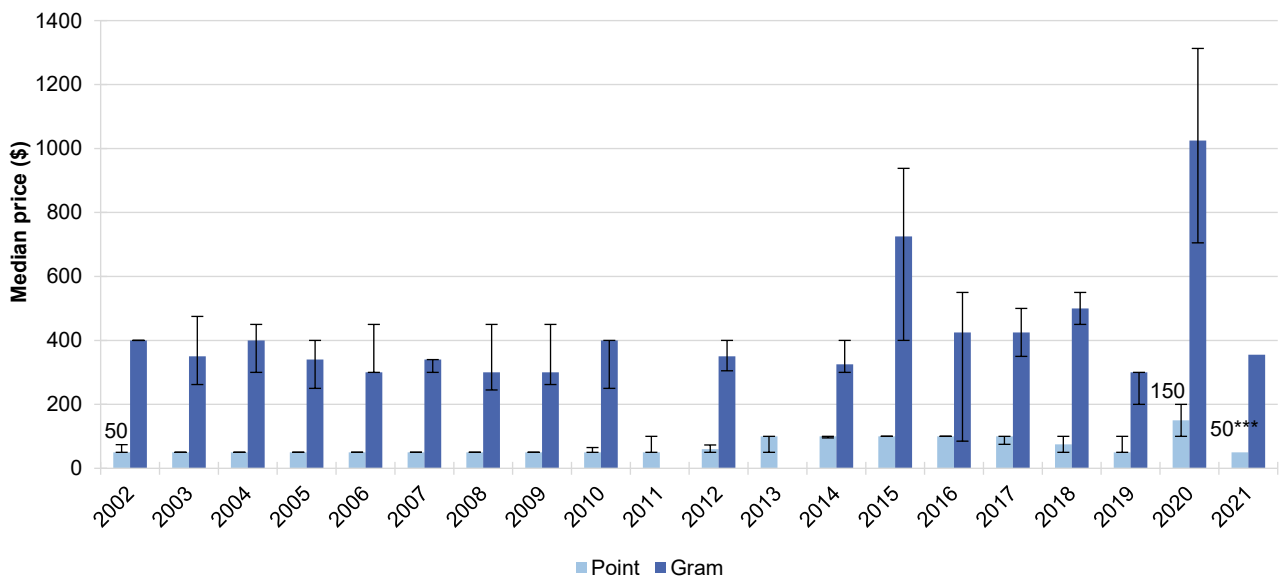
Perceived Availability: There was a significant change in the perceived availability of crystal methamphetamine between 2020 and 2021 ($p<0.001$). Among those who were able to comment in 2021 (n=75), there was an increase in the percentage of participants who reported that crystal was 'very easy' to obtain (65%; n≤5 in 2020) and a decrease in participants stating that it was 'difficult' to obtain (n≤5 in 2021; 46% in 2020) (Figure 17).

Figure 12: Median price of powder methamphetamine per point and gram, Tasmania, 2002-2021



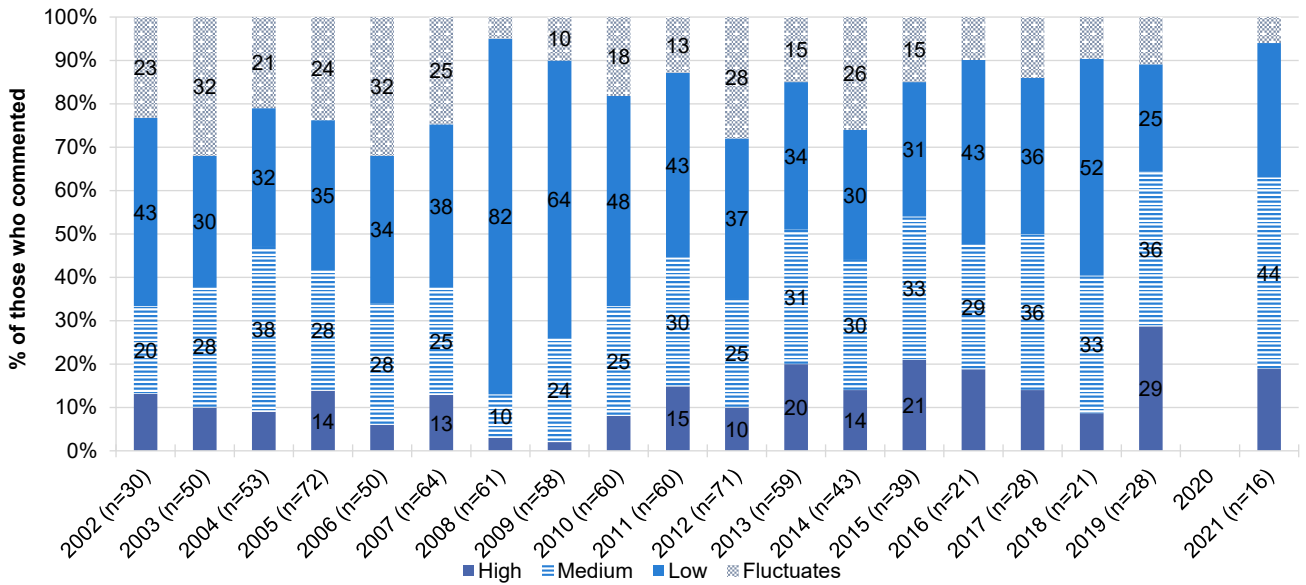
Note. Among those who commented. Price data for powder not collected in 2020. No participants reported purchasing a gram in 2006. Data labels are only provided for the first (2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). The error bars represent the IQR.

Figure 13: Median price of methamphetamine crystal per point and gram, Tasmania, 2002-2021



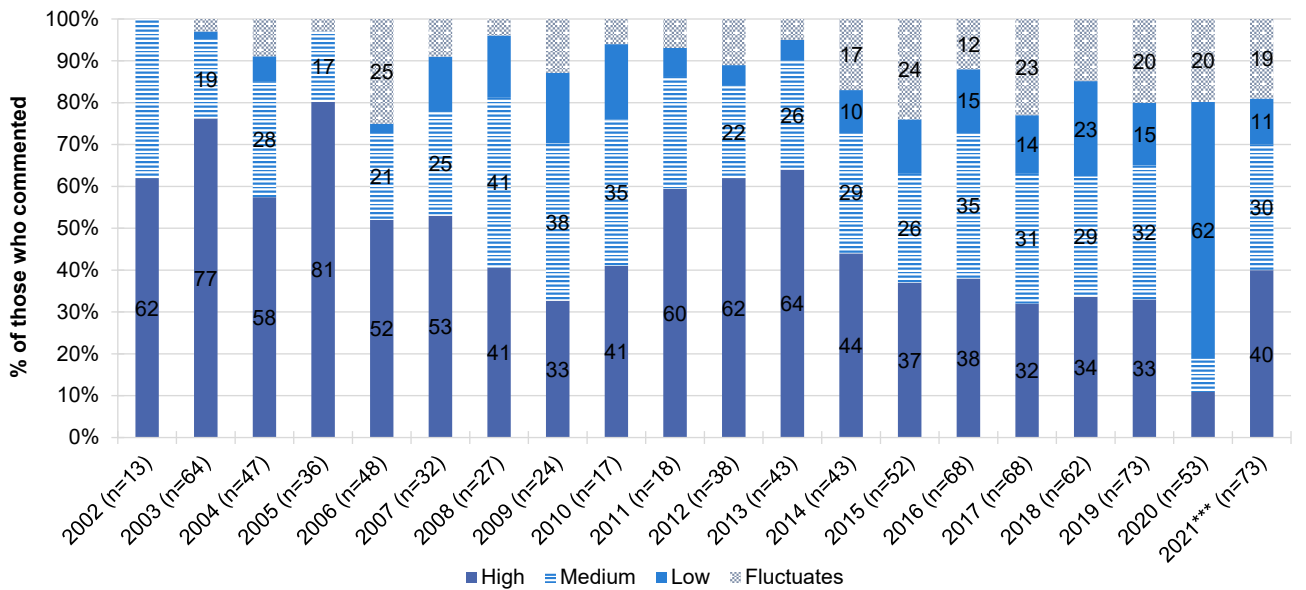
Note. Among those who commented. No participants reported purchasing a gram in 2011 and 2013. Data labels are only provided for the first (2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 14: Current perceived purity of powder methamphetamine, Tasmania, 2002-2021



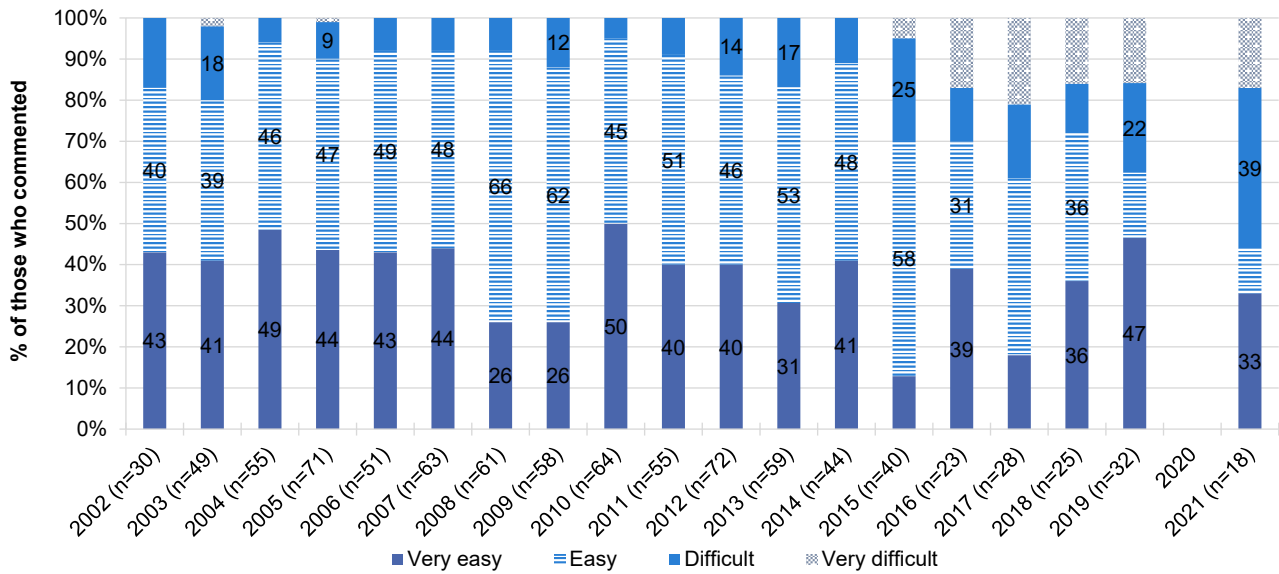
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Purity data for powder not collected in 2020. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 15: Current perceived purity of methamphetamine crystal, Tasmania, 2002-2021



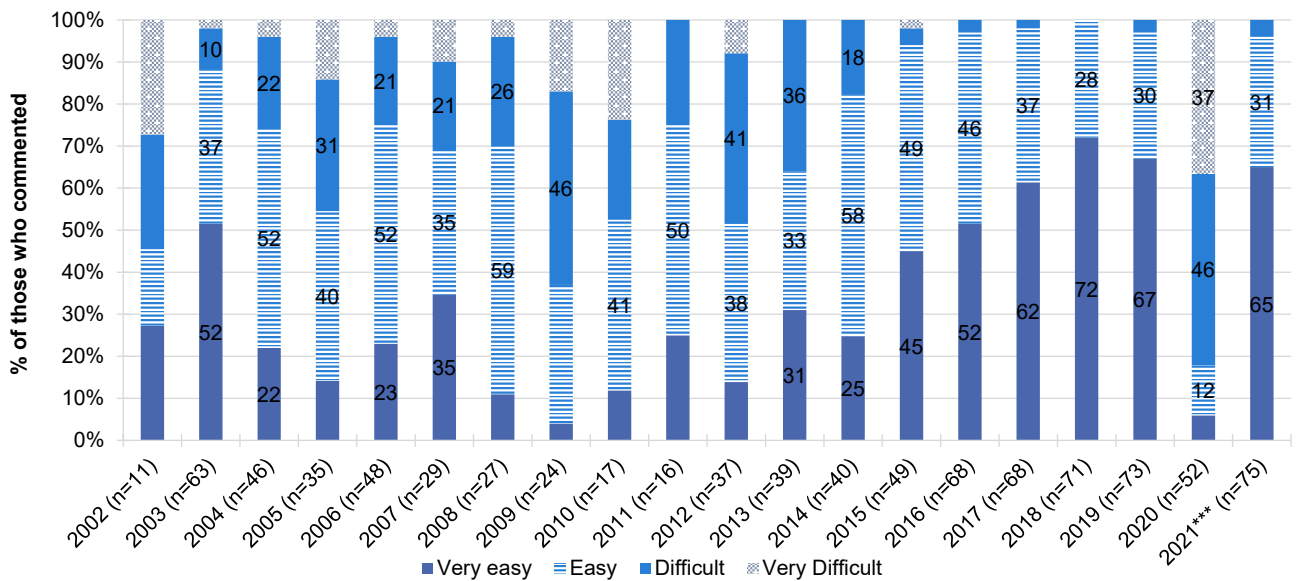
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 16: Current perceived availability of powder methamphetamine, Tasmania, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Availability data for powder not collected in 2020. 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).

Figure 17: Current perceived availability of methamphetamine crystal, Tasmania, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years but has remained at a low level of use. In 2021, 16% of the TAS sample reported recently consuming cocaine, stable from 2020 (16%) (Figure 18).

Frequency of Use

Median frequency of use has also fluctuated over the years. In 2021 the frequency of use was a median of three days (IQR=2-5), not significantly different to the nine days (IQR=3-33; $p=0.110$) in 2020 (Figure 18).

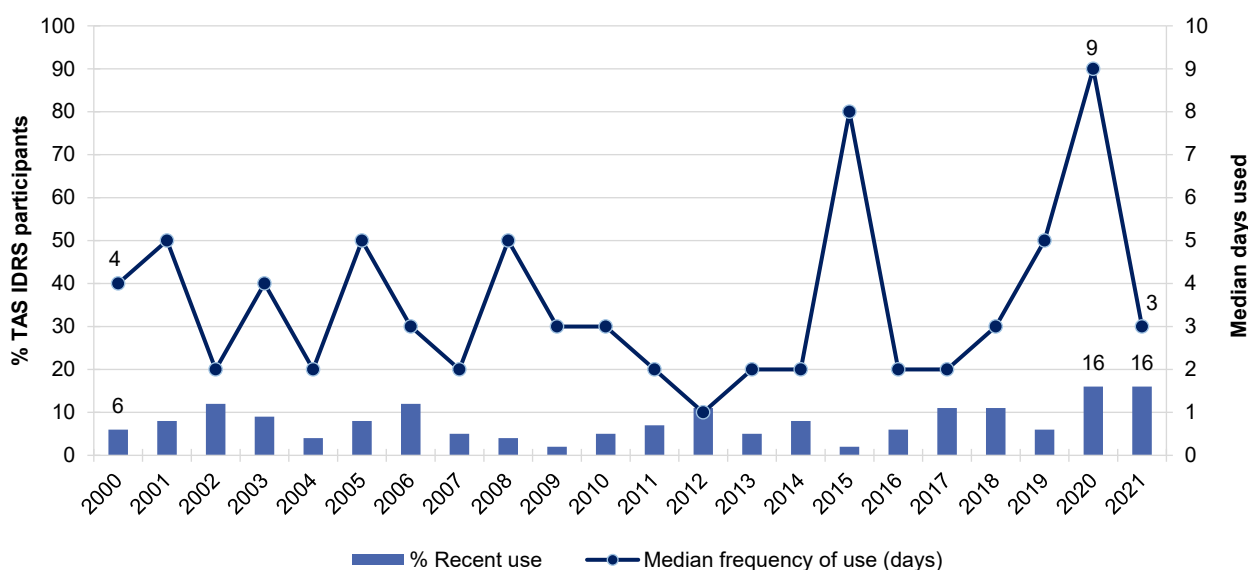
Routes of Administration

The majority (87%) of participants who reported recent use reported snorting cocaine in the six months prior to interview, stable from 2020 (58%; $p=0.220$).

Quantity

Of those who reported recent use and responded ($n=13$), the median amount of cocaine used per day in the six months preceding interview was 0.30 grams (IQR=0.20-1.00; 0.40 grams in 2020; $n=12$; IQR=0.10-0.70; $n=12$; $p=0.333$).

Figure 18: Past six month use and frequency of use of cocaine, Tasmania, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price

Low numbers ($n \leq 5$) of the TAS sample reported the price of cocaine per point or gram in 2021; therefore, these data are suppressed (Figure 19). For further information, please refer to the [IDRS National Report](#).

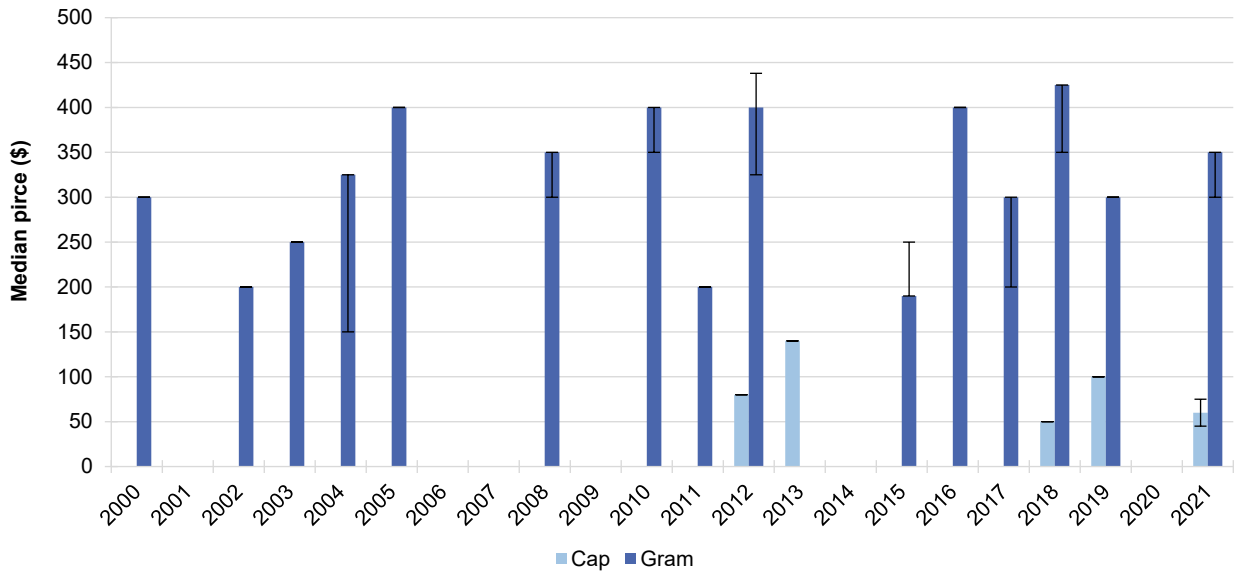
Perceived Purity

Of those who were able to comment in 2021 ($n=7$), most participants reported the perceived purity of cocaine as 'high' or 'low' ($n \leq 5$, respectively; therefore, data are suppressed) (Figure 20). For further information, please refer to the [IDRS National Report](#).

Perceived Availability

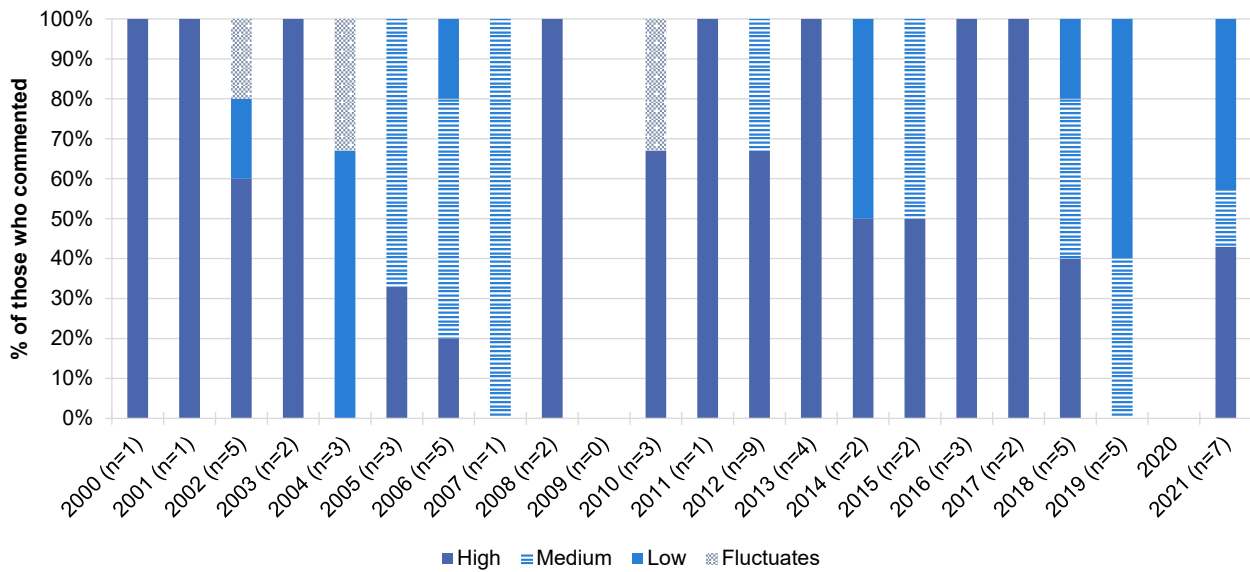
Amongst those able to comment in 2021 ($n=8$), most participants reported that cocaine was 'very easy' or 'easy' to obtain ($n \leq 5$, respectively; therefore, data are suppressed) (Figure 21). For further information, please refer to the [IDRS National Report](#).

Figure 19: Median price of cocaine per cap and gram, Tasmania, 2000-2021



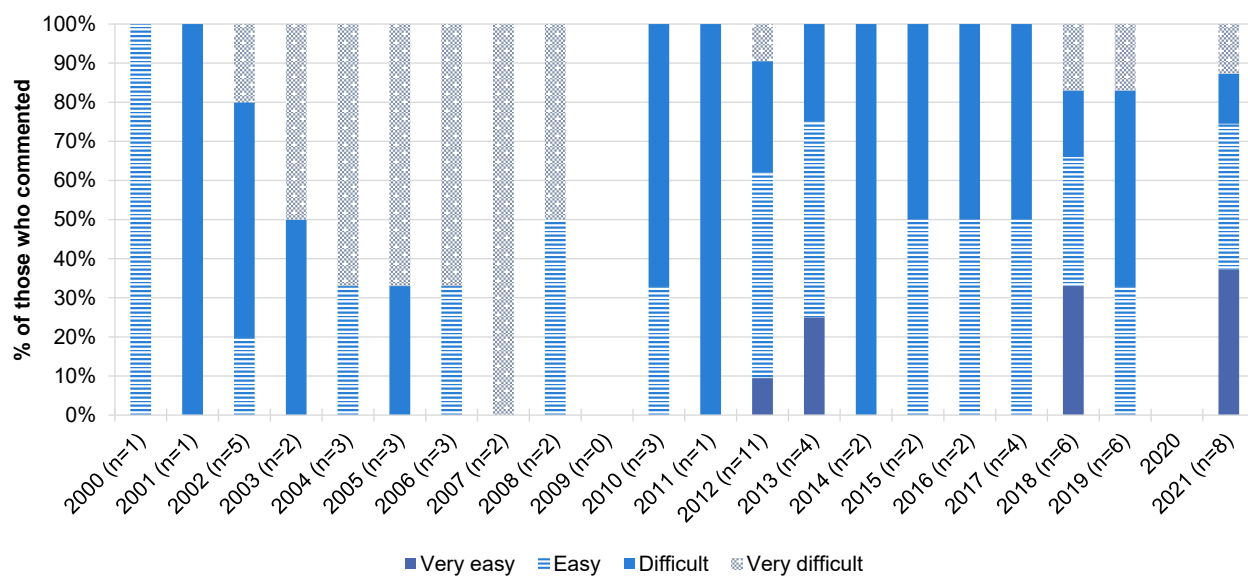
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020, therefore, inferential comparisons have not been undertaken between 2020 and 2021. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).

Figure 20: Current perceived purity of cocaine, Tasmania, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020, therefore, inferential comparisons have not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 21: Current perceived availability of cocaine, Tasmania, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

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, hash oil and non-prescribed cannabidiol (CBD).

Patterns of Consumption

Recent Use (past 6 months)

The proportion of participants reporting recent cannabis use has been slowly declining since the early 2000s to 67% in 2021 (72% in 2020; $p=0.670$) (Figure 22).

Frequency of Use

Frequency of use has remained relatively stable since monitoring began. There was a significant decline in the median days of cannabis use in 2021 (180 days; IQR=45-180) relative to 2020 (180 days; IQR=180-180; $p=0.022$) (Figure 22). There was also a significant decline in the proportion of participants who reported daily use (58%; 77% in 2020; $p=0.042$).

Routes of Administration

Smoking continued to be the most common route of administration (97%; 96% in 2020). Few participants ($n\leq 5$) reported inhaling/vaporising or swallowing cannabis in 2021 (8% and 11% in 2020, respectively).

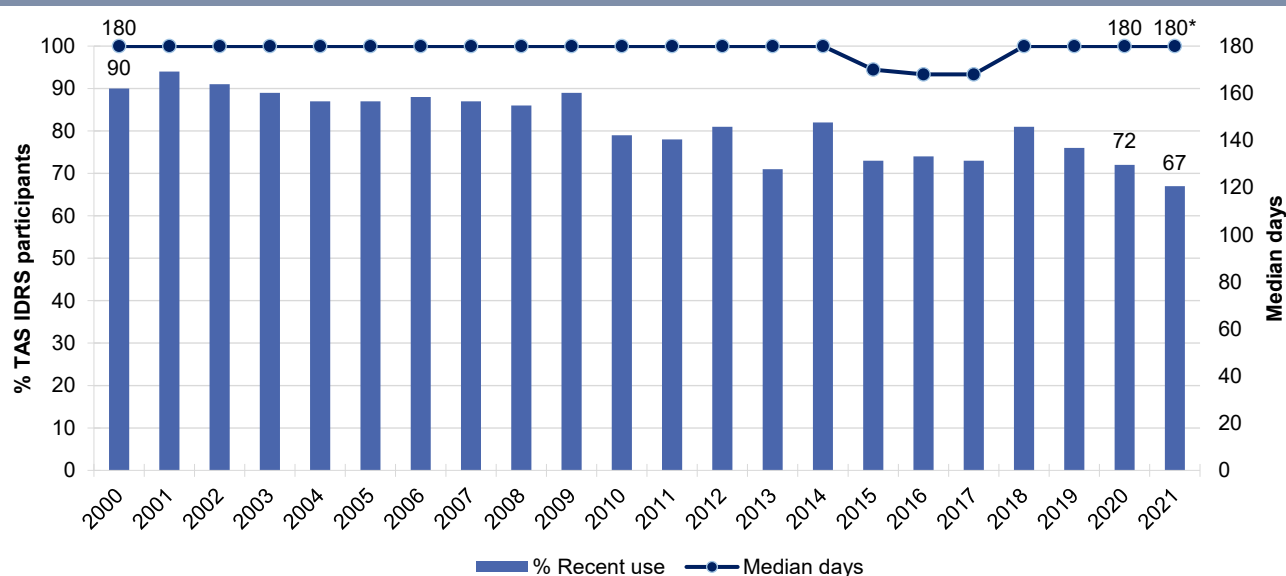
Quantity

Of those who reported recent use of cannabis in 2021, the median quantity used the last time cannabis was consumed was one gram (IQR=0.50-1.00; $n=27$; one gram in 2020; IQR=1.00-1.30; $n=24$; $p=0.130$) or two cones (IQR=2-4; $n=26$; 4 cones in 2020; IQR=2-15; $n=13$; $p=0.069$). Six participants reported a median of one joint in 2021 (IQR=1-1; 1 joint in 2020; IQR=1-1; $n=11$).

Forms Used

Of those who had consumed cannabis in the past six months and commented ($n=62$), the majority (87%) of participants reported recent use of hydroponic cannabis (90% in 2020; $p=0.887$), and 65% reported use of outdoor-grown 'bush' cannabis (67% in 2020; $p=0.912$). Thirteen per cent reported having used hashish (8% in 2020; $p=0.624$) and fewer participants reported using hash oil ($n\leq 5$; data are suppressed). Few participants reported to have used non-prescribed pharmaceutical CBD oil ($n\leq 5$, therefore data are suppressed; question not asked prior to 2021) in the preceding six months.

Figure 22: Past six month use and frequency of use of cannabis, Tasmania, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median last price paid per gram of hydroponic cannabis in 2020 was \$20 (IQR=20-25; $n=23$; \$20 in 2020; IQR=20-25; $n=23$; $p=0.875$) and the median price per ounce of hydroponic cannabis was \$288 (IQR=256-300; $n=6$; \$300 in 2020; IQR=250-320; $n=16$; $p=0.880$) (Figure 23a).

Perceived Potency: There was a significant change in the perceived potency of hydroponic cannabis between 2020 and 2021 ($p=0.003$). Specifically, among those who were able to comment in 2021 ($n=42$), there was an increase in the proportion reporting that the potency was 'high' (76%; 39% in 2020) and a decrease in the proportion stating that it was 'medium' (17%; 46% in 2020) (Figure 24a).

Perceived Availability: There was also a significant change in the perceived availability of hydroponic cannabis between 2020 and 2021 ($p < 0.001$). Among those who were able to comment in 2021 ($n=42$), almost three-quarters (74%) reported that it was 'very easy' to obtain, an increase from 27% in 2020. Nineteen per cent reported that it was 'easy' to obtain, compared to 61% in 2020 (Figure 25a).

Bush Cannabis

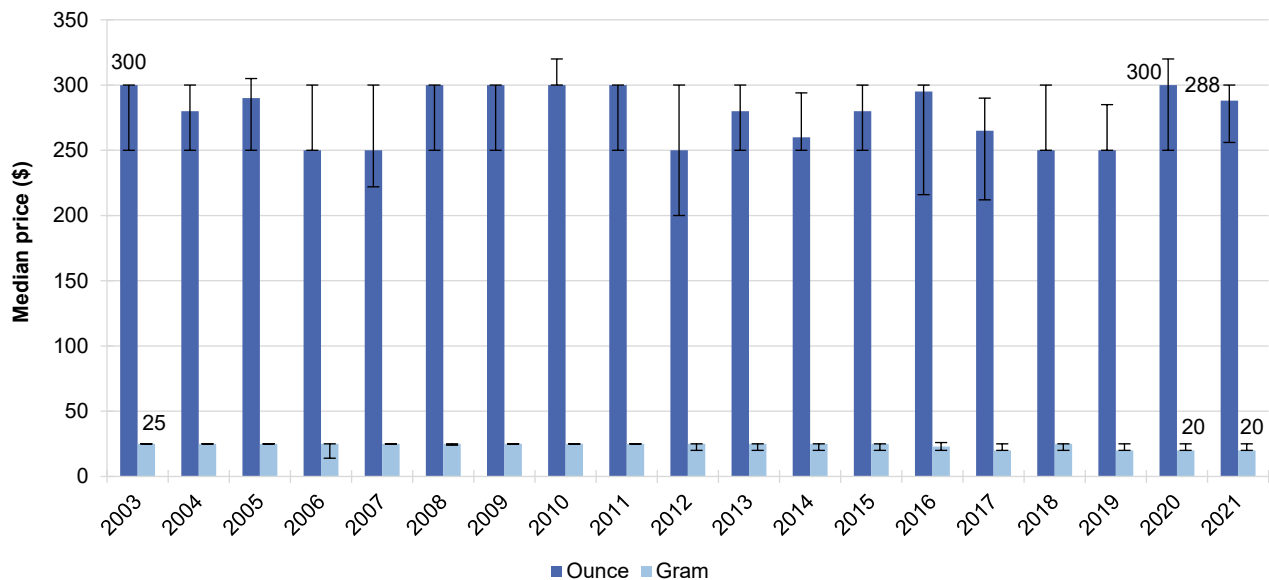
Price: The median price of bush cannabis per gram was \$15 (IQR=10-24; $n=14$) which remained relatively stable from \$20 in 2020 (IQR=14-25; $n=12$; $p=0.255$). Few participants reported on the median price paid per ounce of bush cannabis in 2021 (\$240 in 2020; IQR=200-300; $n=13$; $p=0.255$). (Figure 23b).

Perceived Potency: The perceived potency of bush cannabis was stable in 2021 relative to 2020 ($p=0.302$). Among those who were able to comment in 2021 ($n=34$), 50% of the TAS sample reported that it was 'medium' potency (42% in 2020), followed by 29% who reported that it was 'high' (25% in 2020) (Figure 24b).

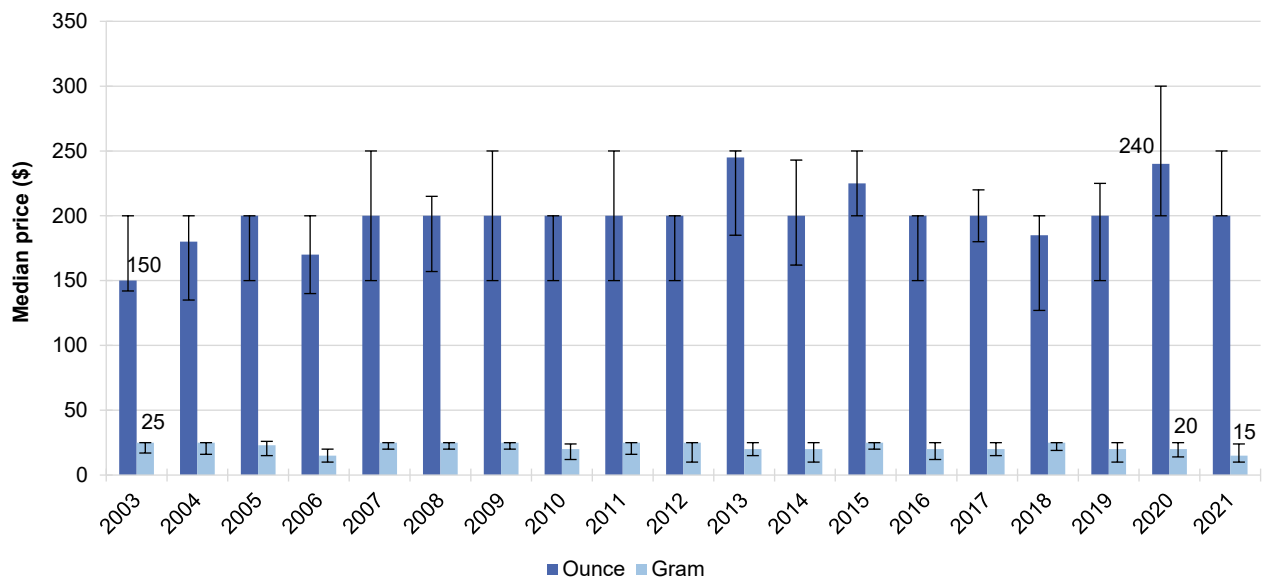
Perceived Availability: The perceived availability of bush cannabis was similar in 2021 compared to 2020 ($p=0.227$). Among those who were able to comment in 2021 ($n=34$), almost half (47%) perceived that bush was ‘very easy’ to obtain (28% in 2020) and 35% reported that it was ‘easy’ to obtain (52% in 2020) (Figure 25b).

Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2003-2021

(A) Hydroponic Cannabis



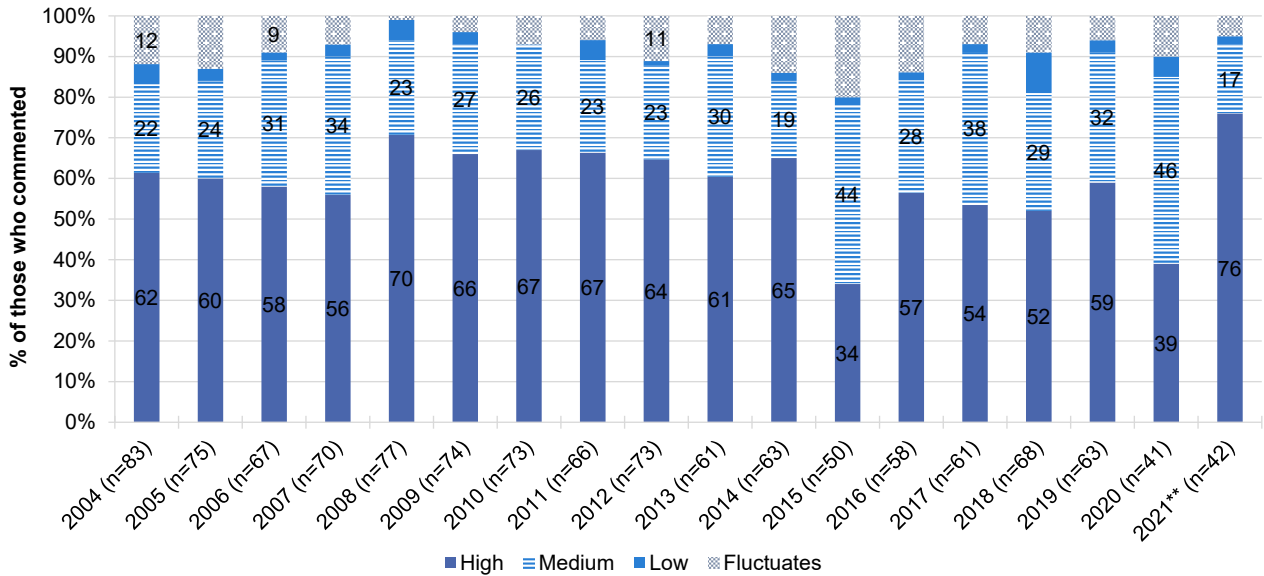
(B) Bush Cannabis



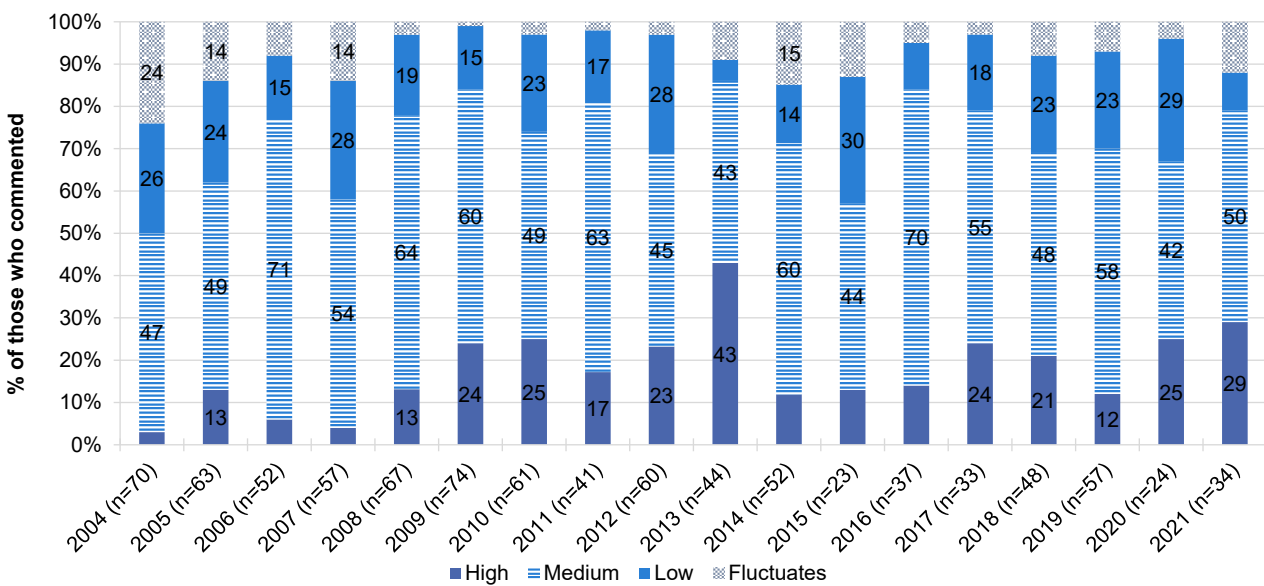
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not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

Figure 24: Current perceived potency of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2021

(A) Hydroponic Cannabis

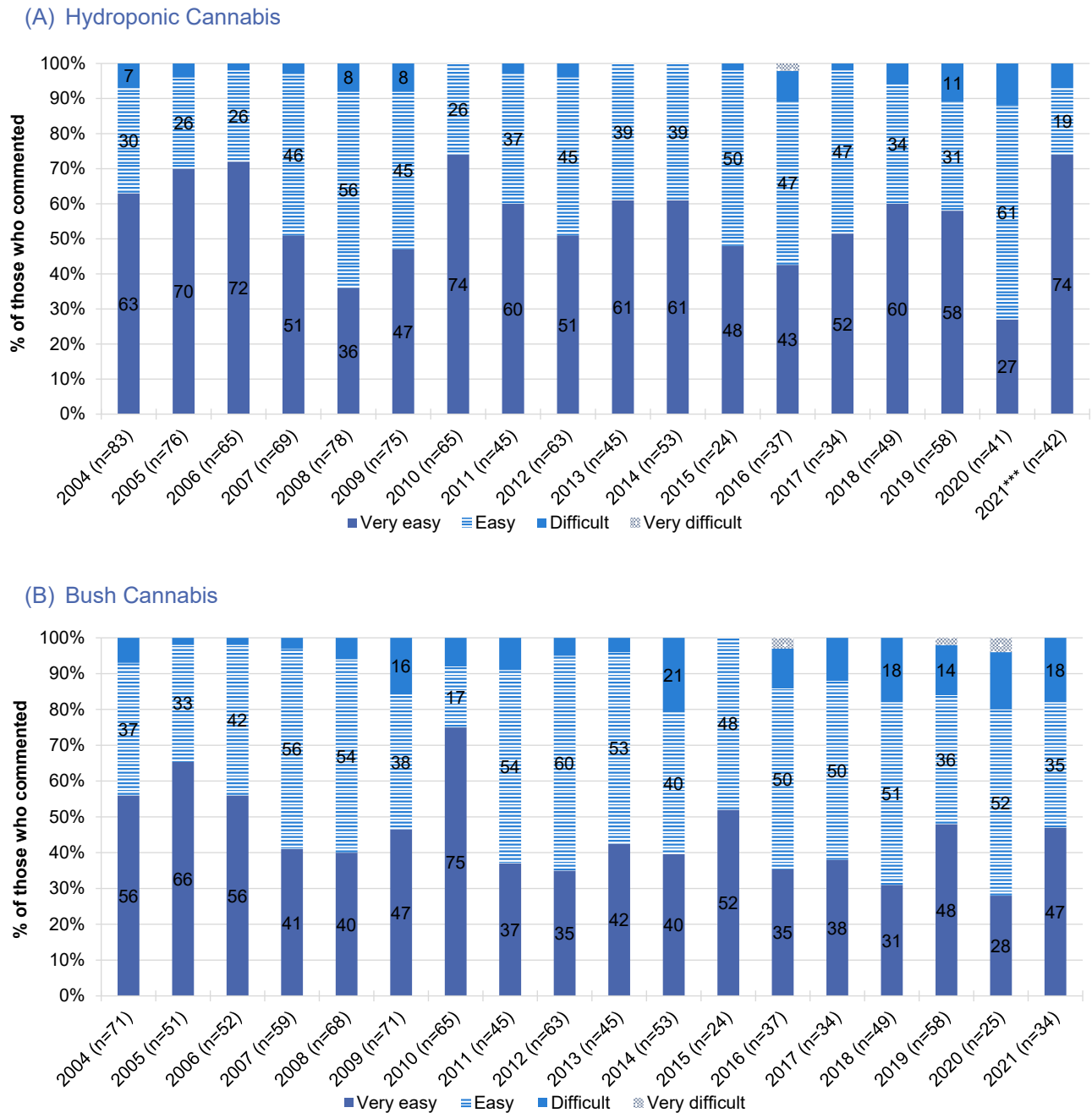


(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 25: Current perceived availability of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2021



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

7

Pharmaceutical Opioids

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

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

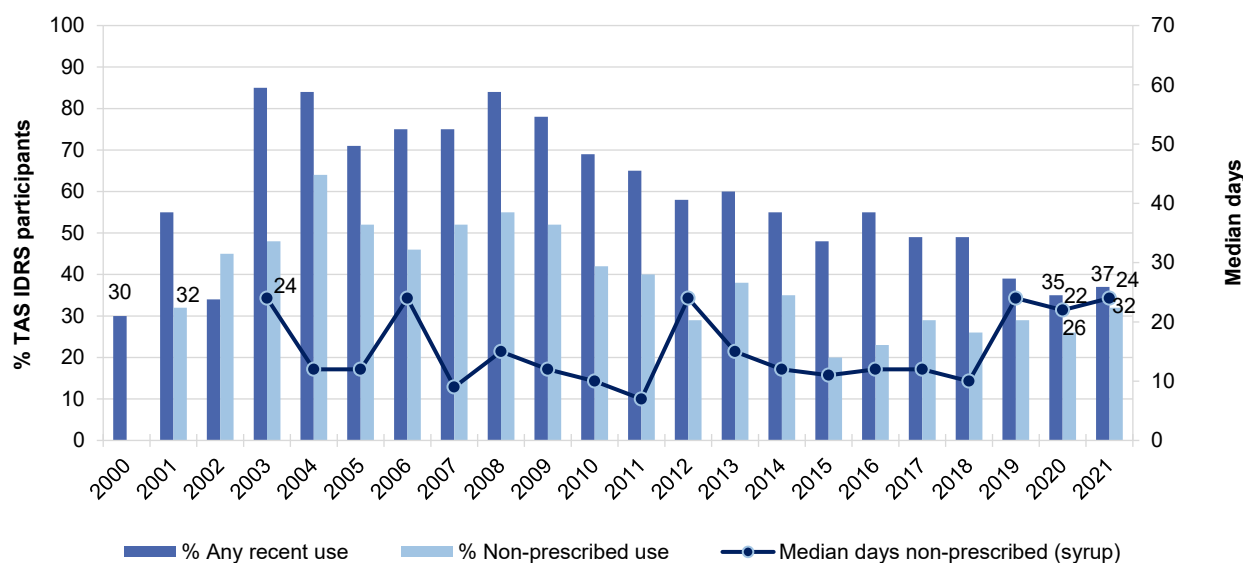
Methadone

Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) in Tasmania has generally decreased since monitoring began. The per cent reporting non-prescribed methadone use remained stable in 2021 at 32% (26% in 2020; $p=0.504$) (Figure 26).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained stable (24 days; IQR=6-126; $n=23$; 22 days in 2020; IQR=6-42; $n=19$; $p=0.430$) (Figure 26).

Recent Injection: Of those who had recently used any methadone in 2021 (syrup and tablets; $n=35$), 89% reported recently injecting any methadone (85% in 2020; $p=0.945$). Frequency of recent injection was relatively stable at 24 days (IQR=6-69; $n=30$; 48 days in 2020; IQR=21-58; $n=26$; $p=0.492$).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Tasmania, 2000-2021



Note. Includes methadone syrup and tablets. days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Buprenorphine

Any Recent Use (past 6 months): In 2021, 12% of the sample reported recent use of any buprenorphine (19% in 2020; $p = 0.261$), with 11% reporting non-prescribed use (11% in 2020) and small numbers ($n \leq 5$) reporting prescribed use (further details have been suppressed; 8% in 2020; $p = 0.057$).

Frequency of Use: Of those reporting recent use, participants reported a median of 26 days of non-prescribed use (IQR=2-83; $n=8$) of buprenorphine in the past six months (48 days in 2020; IQR=21-77; $n=8$; $p = 0.560$).

Recent Injection: Of those who had recently used any buprenorphine ($n=14$), 64% reported any recent injection (86% in 2020) at a frequency of 48 days (IQR=2-180) from 69 days in 2020 (IQR=25-117; $p = 0.872$).

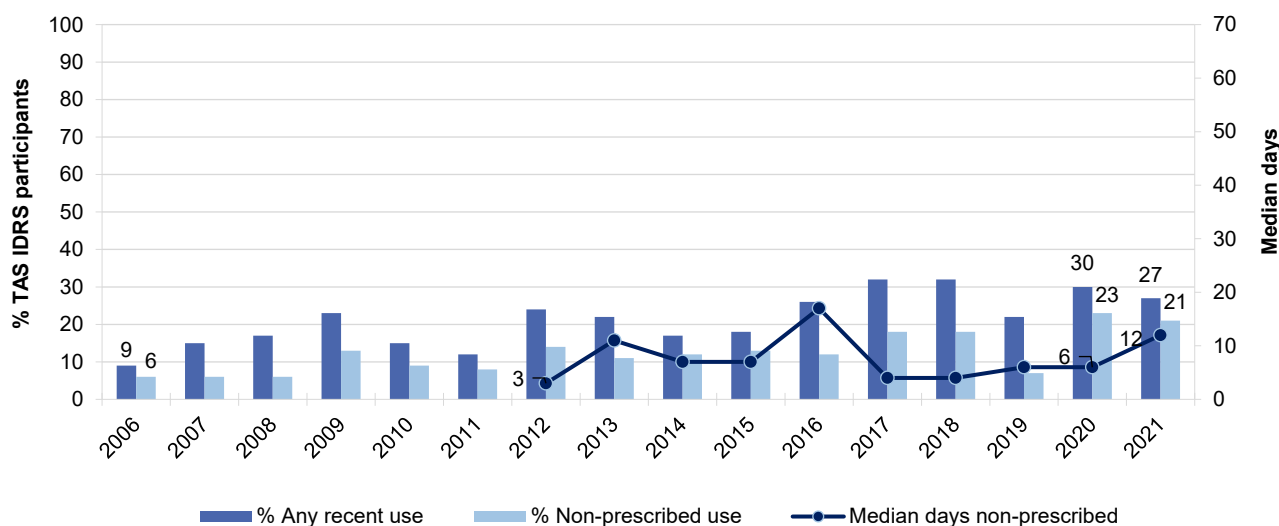
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2021, 27% of the sample reported recent use of any buprenorphine-naloxone (30% in 2020; $p=0.868$), with 21% reporting non-prescribed use (23% in 2020; $p=0.911$) and 7% reporting prescribed use (9% in 2020; $p=0.835$) (Figure 27).

Frequency of Use: Of those reporting recent non-prescribed use, participants reported a median of 12 days (IQR=4-120; $n=19$) of use in the past six months (6 days in 2020; IQR=3-25; $n=17$; $p=0.504$) (Figure 27).

Recent Injection: Of those who had recently used any buprenorphine-naloxone in 2021 ($n=26$), 42% reported any recent injection (55% in 2020; $p=0.578$). Frequency of recent injection was stable at 12 days (IQR=4-173; $n=10$; 6 days in 2020; IQR=3-60; $n=12$; $p=0.619$).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Tasmania, 2006-2021



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

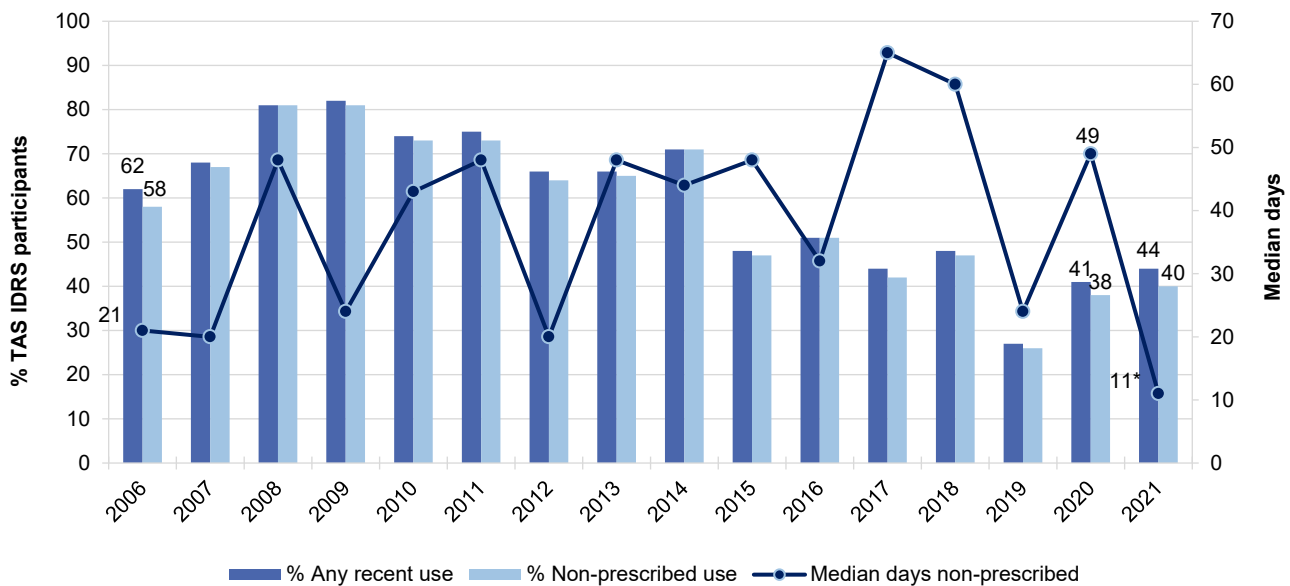
Morphine

Any Recent Use (past 6 months): The TAS sample has observed a downward trend in recent use of morphine since peaking in 2009 (Figure 28). In 2021, 44% of the sample had recently used any morphine (41% in 2020; $p=0.748$). This was mostly driven by non-prescribed use (40%; 38% in 2020; $p=0.899$), with small numbers ($n\leq 5$) reporting recent prescribed use in 2021 and 2020; therefore, data are suppressed.

Frequency of Use: Participants reported a median of 11 days (IQR=3-26; $n=36$) of non-prescribed use of morphine in 2021, a significant decline relative to 2020 (49 days; IQR=10-96; $n=28$; $p=0.033$) (Figure 28).

Recent Injection: Of those who had recently used any morphine in 2021 ($n=42$), 93% of participants reported injecting morphine (97% in 2020; $p=0.862$) on a median of 15 days (IQR=3-30; $n=15$), stable relative to 2020 (25 days; IQR=10-93; $n=28$; $p=0.128$).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Tasmania, 2006-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Y axis reduced to 70 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

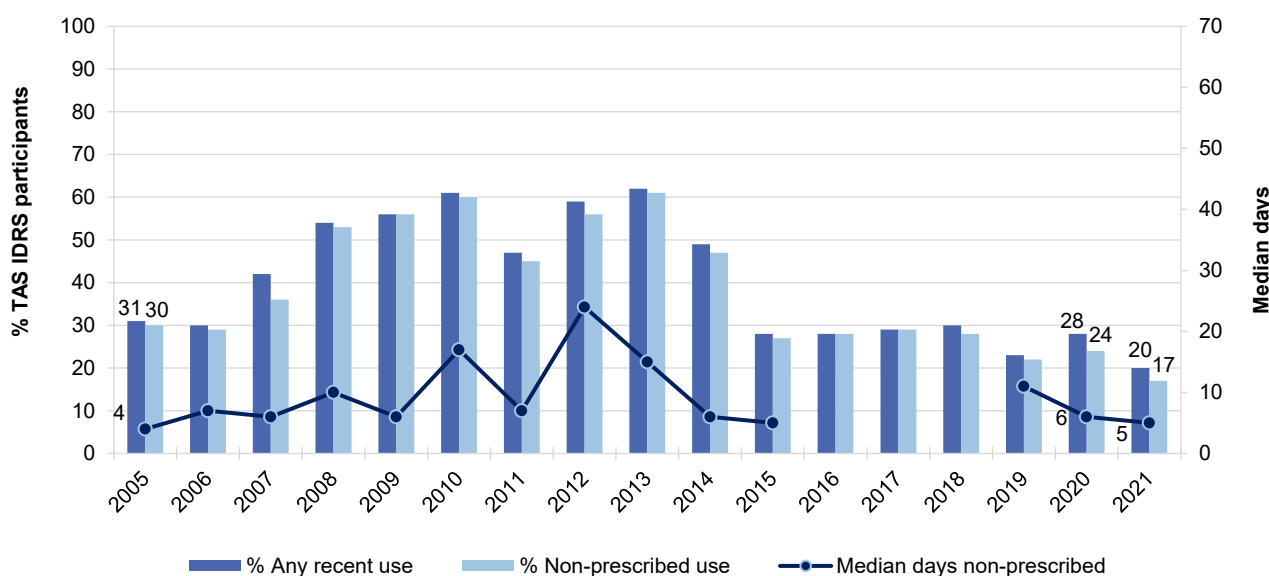
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with one-fifth (20%) of participants reporting recent use in 2021, stable relative to 2020 (28%; $p=0.251$) (Figure 29). In 2021, 17% of the sample had used non-prescribed oxycodone (24% in 2020; $p=0.365$). Few participants ($n\leq 5$) reported recent prescribed use of oxycodone in 2020 and 2021, therefore further details have been suppressed.

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of five days (IQR=3-25; $n=15$) in the six months preceding interview in 2021 (6 days in 2020; IQR=2-15; $n=18$; $p=0.691$) (Figure 29).

Recent Injection: Of those who had recently used any oxycodone in 2021 ($n=18$), 44% reported recently injecting any form, which was significantly less than 81% in 2020 ($p=0.042$). Participants reported injecting any form of oxycodone on a median of six days (IQR=2-30; $n=7$) in the past six months (6 days in 2020; IQR=2-20; $n=15$; $p=0.924$).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Tasmania, 2005-2021



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

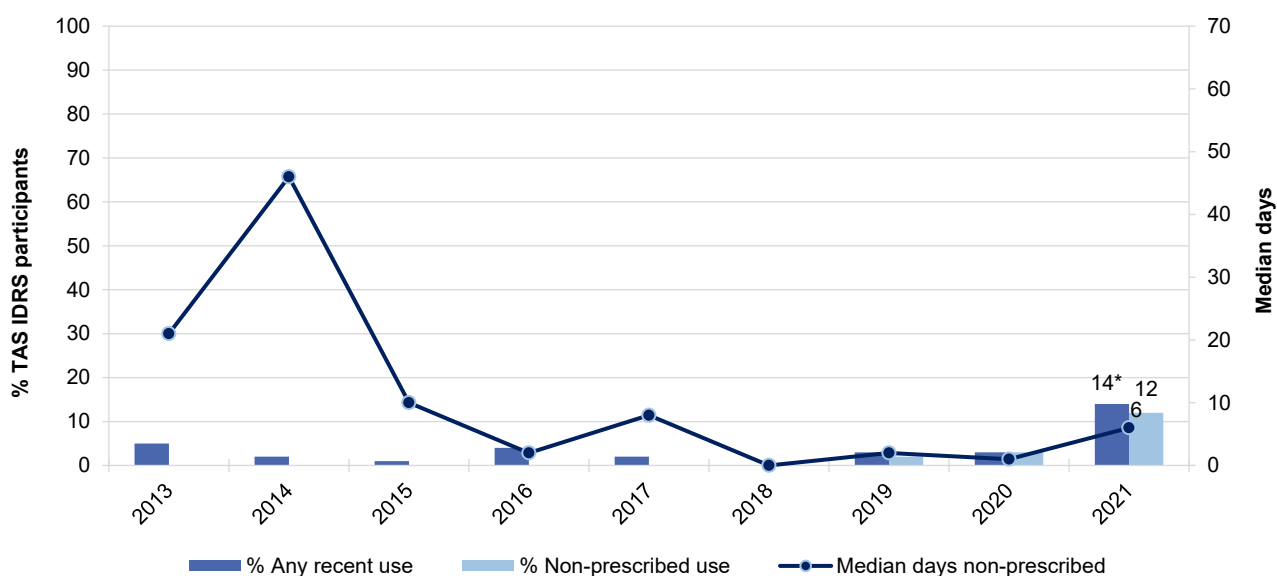
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and relatively stable since monitoring began (Figure 30). However, in 2021, 14% of the sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview, which a significant increase relative to 2020 ($n \leq 5$ in 2020; data are suppressed; $p=0.032$). This was mostly driven by non-prescribed use (12%; $n \leq 5$ in 2020; $p=0.074$), with small numbers ($n \leq 5$) reporting recent prescribed use in 2021 and 2020; therefore, data are suppressed.

Frequency of Use: Frequency of non-prescribed use was relatively stable compared to 2020, with participants reporting non-prescribed use on a median of six days (IQR=3-7; $n=10$) in the past six months ($n \leq 5$ in 2020; $p=0.065$) (Figure 30).

Recent Injection: Of those who had recently used any fentanyl in 2021 ($n=13$), the majority (85%) reported recently injecting any form ($n \leq 5$ in 2020; details have been suppressed) on a median of six days (IQR=3-8; $n=10$) in the past six months ($n \leq 5$ in 2020; data are suppressed; $p=0.065$).

Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, Tasmania, 2013-2021



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Non-prescribed use not distinguished 2013-2017 for median days. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2). In 2021, 12% of participants reported any recent use of codeine, with 9% reporting non-prescribed use, stable relative to 2020 (14%; $p=0.562$). Few participants ($n\leq 5$) reported prescribed use in 2020 and 2021, therefore, numbers are suppressed.

One-fifth of the TAS sample reported recent use of any tramadol in the six months preceding the interview in 2021 (14% in 2020; $p=0.366$). Fourteen per cent of participants reported recent prescribed use of tramadol ($n\leq 5$ in 2020; details have been suppressed; $p=0.129$), compared to 7% who reported recent non-prescribed use (9% in 2020; $p=0.835$).

Small numbers ($n\leq 5$) reported recently using any form of tapentadol in 2020 and 2021 (numbers suppressed). For further information, please refer to the [IDRS National Report](#).

Table 2: Past six month use of other opioids, Tasmania, 2019-2021

% Recent Use (past 6 months)	2021 (N=95)	2020 (N=74)	2019 (N=99)
Codeine			
Any prescribed use	-	-	9
Any non-prescribed use	9	14	13
Any prescribed/non-prescribed use			19
Any injection	0	0	0
Tramadol			
Any prescribed use	14	-	12
Any non-prescribed use	7	9	18
Any prescribed/non-prescribed use			26
Any injection	-	0	12
Tapentadol			
Any prescribed use	-	-	-
Any non-prescribed use	-	-	-
Any prescribed/non-prescribed use			-
Any injection	0	0	0

Note. - Values suppressed due to small cell size ($n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2021, the per cent reporting any NPS use remained stable among the sample, with 12% reporting recent use (14% in 2021; $p=0.868$) (Table 3). Very low numbers ($n\leq 5$) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the [IDRS National Report](#), or contact the Drug Trends team.

Table 3: Past six month use of new psychoactive substances, Tasmania, 2014-2021

% Recent Use (past 6 months)	National				Tasmania				
	2021 N=887	2021 N=95	2020 N=74	2019 N=99	2018 N=100	2017 N=100	2016 N=99	2015 N=100	2014 N=101
'New' drugs that mimic the effects of opioids	1	-	-	-	0	0	/	/	/
'New' drugs that mimic the effects of ecstasy	1	-	-	-	-	/	/	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	1	-	-	-	-	/	/	/	/
'New' drugs that mimic the effects of cannabis	4	-	-	-	-	-	-	-	-
'New' drugs that mimic the effects of psychedelic drugs	-	-	-	-	-	-	/	/	/
'New' drugs that mimic the effects of benzodiazepines	1	-	-	-	/	/	/	/	/
Any of the above	7	12	14	16	8	-	0	-	-

Note. - Values suppressed due to small cell size ($n\leq 5$ but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained relatively stable in 2021 (41%; 49% in 2020; $p=0.407$) (Figure 31). In the total sample in 2021, 32% reported recent use of non-prescribed alprazolam (27% in 2020; $p=0.636$) and 31% reported recent use of non-prescribed other benzodiazepines (42% in 2020; $p=0.171$).

Frequency of Use: In 2021, participants that reported recent use reported a median frequency of five days (IQR=3-12; 3 days in 2020; IQR=2-7; $p=0.146$) of non-prescribed use of alprazolam and a

median of 20 days (IQR=6-32; 12 days in 2020; IQR=5-66; $p=0.171$) of non-prescribed use of other benzodiazepines, respectively.

Recent Injection: Rates of recent injection were stable in 2021 for use of any benzodiazepines (18%; 19% in 2020) and non-prescribed benzodiazepines (13%; 16% in 2020; $p=0.875$).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants significantly decreased in 2021, with nine per cent of participants reporting recent use (26% in 2020; $p=0.009$) (Figure 31).

Frequency of Use: Participants reported using non-prescribed pharmaceutical stimulants on a median of four days (IQR=3-10) in 2021, stable relative to 2020 (5 days; IQR=2-18; $p=0.729$).

Recent Injection: In 2021, very low numbers ($n\leq 5$) reported recent injection, therefore further details have been suppressed (68% of recent consumers in 2020; $p=0.809$; median of 8 days; IQR=2-26; $p=0.401$).

Antipsychotics

Recent Use (past 6 months): Very low numbers ($n\leq 5$) reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the last six months and therefore details have been suppressed (11% in 2020; $p=0.312$).

Frequency of Use: Few participants reported on the frequency of antipsychotic use in 2021 (18 days in 2020; IQR=5-49; $p=0.733$).

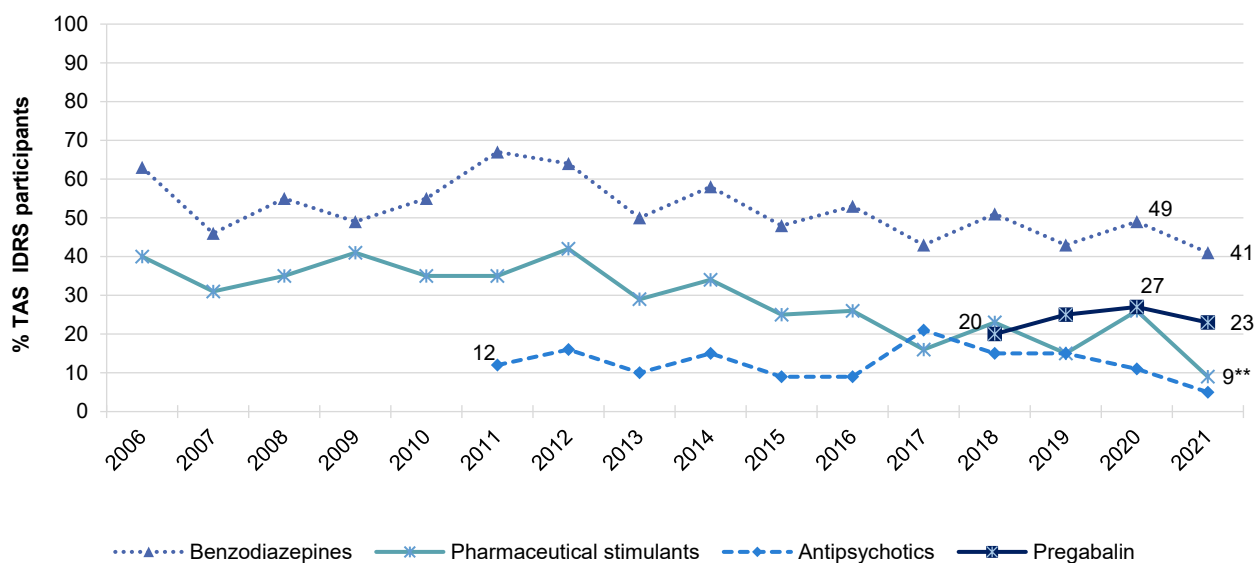
Pregabalin

Recent Use (past 6 months): In 2021, 23% of the sample had used non-prescribed pregabalin (27% in 2020; $p=0.691$) the six months preceding interview (Figure 31).

Frequency of Use: Participants that reported recent use reported using non-prescribed pregabalin on a median of 12 days (IQR=6-27) in 2021, stable from 12 days (IQR=6-24) in 2020 ($p=0.715$).

Recent Injection: In 2021, few participants ($n\leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [IDRS National Report](#), or contact the Drug Trends team.

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Tasmania, 2006-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychoics in 2011 (asked as 'Seroquel' until 2019) and pregabalin in 2018. Benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Licit and Other Drugs

Steroids

Very low numbers ($n \leq 5$) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [IDRS National Report](#) or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Sixty per cent of the sample reported recent use of alcohol in 2021 (68% in 2021; $p = 0.394$) (Figure 32).

Frequency of Use: Median frequency of use amongst recent consumers in 2021 was 48 days (IQR=6-158; 27 days in 2020; IQR=6-90; $p = 0.743$), with 25% reporting daily use in 2021 (16% in 2020; $p = 0.368$).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently common amongst the TAS IDRS sample. In 2021, the majority of the sample (86%) reported recent use of tobacco (88% in 2020; $p = 0.951$) (Figure 32).

Frequency of Use: Median frequency of use amongst consumers in 2021 was 180 days (IQR=180-180; 180 days in 2020; IQR=180-180; $p = 0.540$), with 88% of recent consumers reporting daily use in 2020 (91% in 2020; $p = 0.759$).

E-cigarettes

Recent Use (past 6 months): Seven per cent reported recent use of e-cigarettes in 2021, stable relative to 2020 ($n \leq 5$; details have been suppressed; $p=0.842$) (Figure 32).

Frequency of Use: Median frequency of use amongst consumers in 2021 was 18 days (IQR=6-30; $n \leq 2020$).

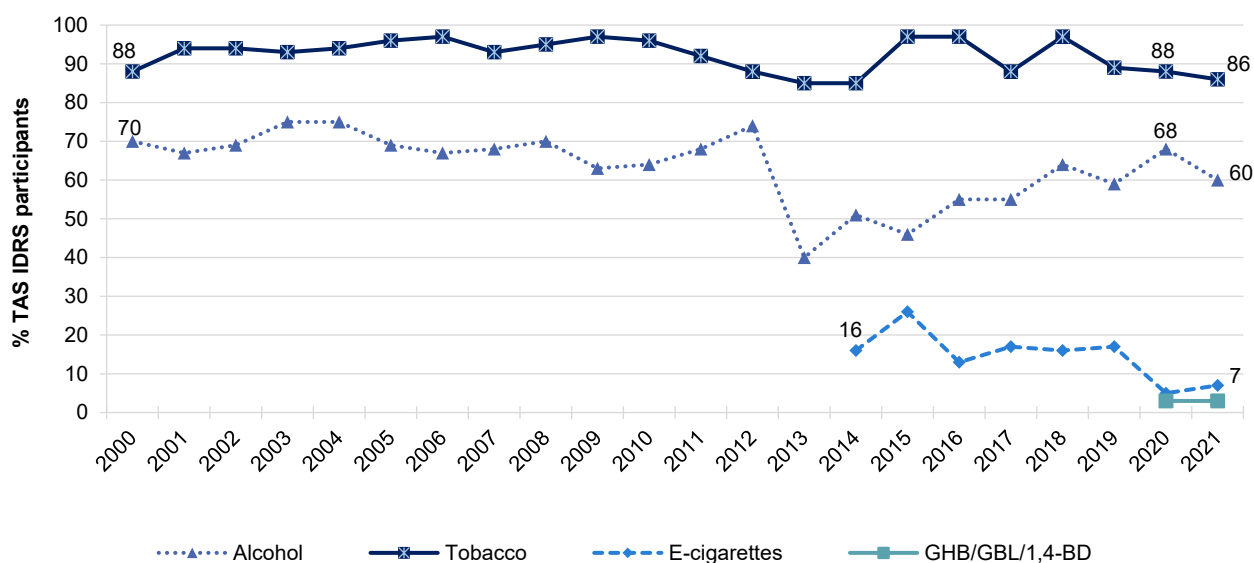
Forms Used: All participants that reported recent use reported using e-cigarettes containing tobacco. Small numbers ($n \leq 5$) reported using e-cigarettes that contained cannabis, and equally small numbers reported using e-cigarettes that contained neither cannabis nor nicotine; these numbers are suppressed. For further information, please refer to the [IDRS National Report](#) or contact the Drug Trends team.

Reason for Use: Small numbers ($n \leq 5$) reported on whether they were using e-cigarettes as a smoking cessation tool, therefore, these numbers are suppressed. For further information, please refer to the [IDRS National Report](#) or contact the Drug Trends team.

GHB/GBL/1,4-BD

Very low numbers ($n \leq 5$) reported using GHB/GBL/1,4-BD in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [IDRS National Report](#) or contact the Drug Trends team.

Figure 32: Past six month use of licit and other drugs, Tasmania, 2000-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021

9

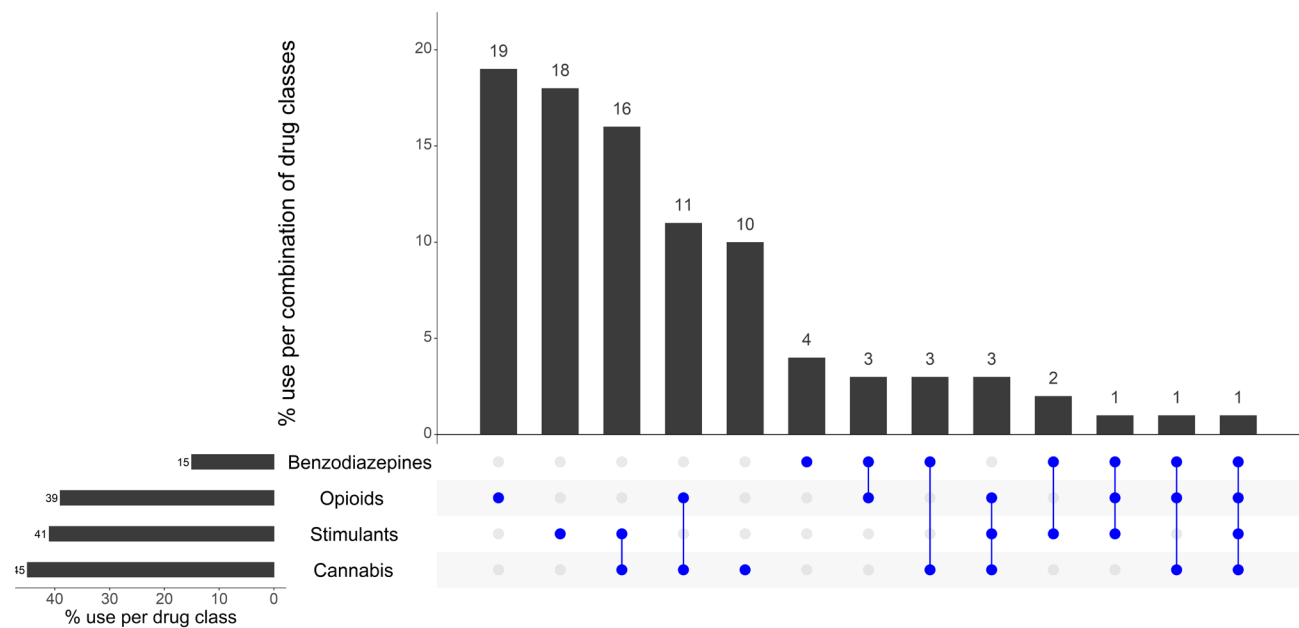
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (97%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview (question not asked in 2020). The most commonly used substances of those who reported using one or more drugs were cannabis (45%), stimulants (41%), opioids (36%), tobacco (37%) and benzodiazepines (9%).

Sixteen per cent of participants reported concurrent use of cannabis and stimulants, and 11% reported concurrent use of opioids and cannabis on the day preceding interview (Figure 33). Nineteen per cent of respondents reporting using opioids alone, whilst 18% reported using stimulants only. In addition, 10% reported to have used cannabis alone.

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Tasmania, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 23% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following data coding:
 - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
 - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

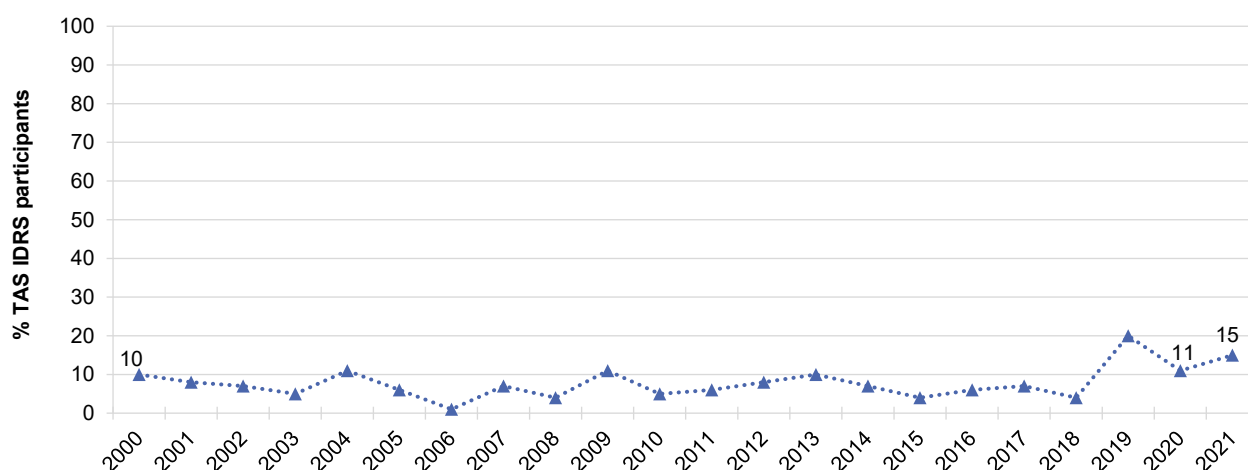
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types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

Overdose in the TAS sample has fluctuated over the years (likely due in part to differences in the way questions regarding overdose were asked). Small numbers ($n \leq 5$) reported a **non-fatal overdose following opioid use** in the past 12 months in 2021, therefore further details have been suppressed (9% in 2020; $p=0.452$).

Few participants ($n \leq 5$) reported a **non-fatal overdose following stimulant use** in the past 12 months ($n \leq 5$ in 2020; $p=0.521$) and few ($n \leq 5$) reported benzodiazepines as the 'other' drug cited ($n \leq 5$ in 2020, therefore, further details have been suppressed). Regarding 'any' drug, 15% reported a non-fatal overdose, remaining stable from 2020 (11%; $p=0.500$) (Figure 34).

Please contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings regarding non-fatal overdose in the IDRS sample.

Figure 34: Past 12 month non-fatal any overdose, Tasmania, 2000-2021



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021, and Tasmania, 2015-2021

	National 2021	2021	2020	2019	Tasmania 2018	2017	2016	2015
% Any opioid	N=882 11	N=95 -	N=74 9	N=99 10	N=100 -	N=100 6	N=99 6	N=100 -
% Heroin overdose	N=880 9	N=94 -	N=74 -	N=99 -	N=100 0	N=100 -	N=99 -	N=100 -
% Methadone overdose	N=880 1	N=94 -	N=74 -	N=99 -	N=100 -	N=100 -	N=99 -	N=100 -
% Morphine overdose	N=880 1	N=94 -	N=74 -	N=99 -	N=100 -	N=100 -	N=99 -	N=100 -
% Oxycodone overdose	N=880 0	N=94 0	N=74 0	N=99 0	N=100 -	N=100 -	N=99 -	N=100 -
% Stimulant	N=885 4	N=94 -	N=74 -	N=98 9	N=100 -	N=98 -	N=89 -	N=100 -
% Other drug overdose								
% Other overdose	N=885 3	N=95 -	N=74 -	N=99 -	/	/	/	/
% Any drug overdose	N=882 17	N=95 15	N=74 11	N=99 20	N=97 -	N=100 9	N=99 6	N=100 -

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and

WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: From 2013-2021, there has been no substantial change in the per cent of participants who have heard of naloxone, ranging between 73% and 85%. Eighty-four per cent of participants reported awareness of naloxone in 2021 (81% in 2020; $p=0.682$) (Figure 35).

Awareness of Take-Home Programs (training program): Awareness of take-home naloxone programs has been increasing over recent years. In 2021, half (53%) reporting awareness of these programs in 2021, the highest per cent since the commencement of data collection, stable from 2020 (45%; $p=0.418$) (Figure 35).

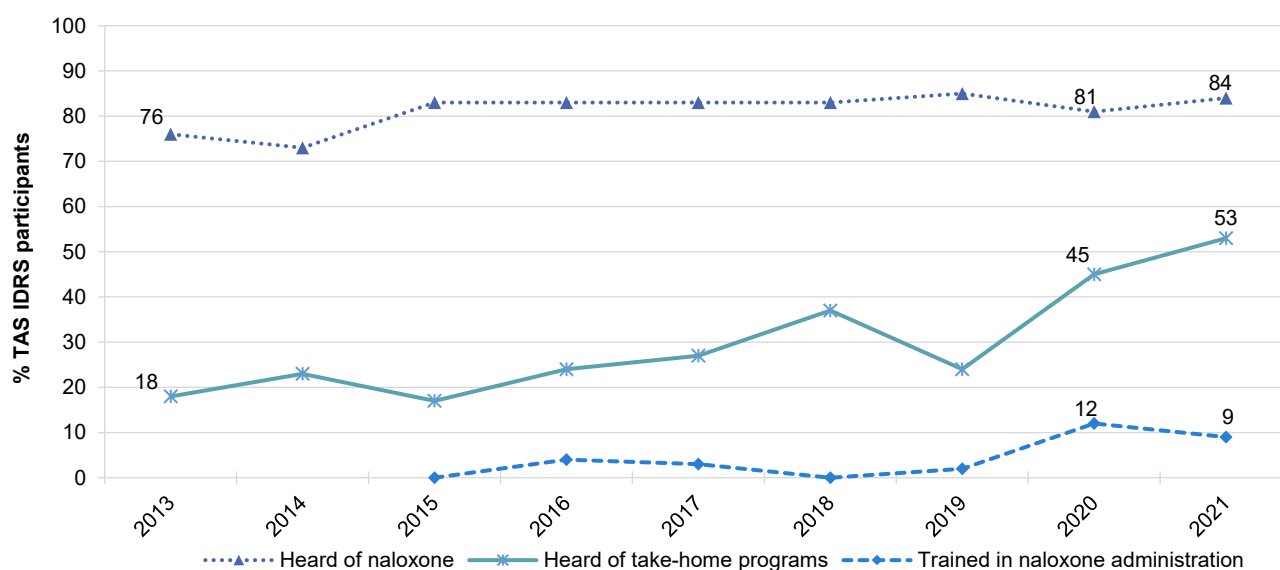
Participation in Training Programs: In 2021, nine per cent reported participation in naloxone training programs, stable from 2020 (12%; $p=0.621$).

Accessed Naloxone: Of the those who were able to comment ($n=95$), one-third (34%) reported accessing naloxone in their lifetime. Out of those who had either never accessed naloxone or reported difficulties accessing naloxone ($n=45$), reasons included 'don't consider myself/my peers at risk of overdose' (33%), 'don't use opioids' (13%) and 'didn't know you could access naloxone' (13%).

Use of Naloxone to Reverse Overdose: In 2021, of those who reported having heard of naloxone and responded ($n=78$), 18% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Small numbers ($n\leq 5$) reported a past year opioid overdose and that they had been resuscitated by a peer using naloxone, therefore, further details have been suppressed.

Of those who reported ever accessing naloxone and commented ($n=31$), on the last occasion 84% reported receiving intranasal naloxone. Few participants ($n\leq 5$) reported receiving intramuscular naloxone on the last occasion of accessing naloxone, therefore further information has been suppressed. On the last occasion, 90% of these participants accessed naloxone from a Needle and Syringe Program, and 100% of participants reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone, over half (53%) reported that they 'always' had naloxone on hand when using opioids in the past month, few participants ($n\leq 5$) said 'sometimes' or 'never', therefore, further details have been suppressed.

Figure 35: Take-home naloxone program and distribution, Tasmania, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

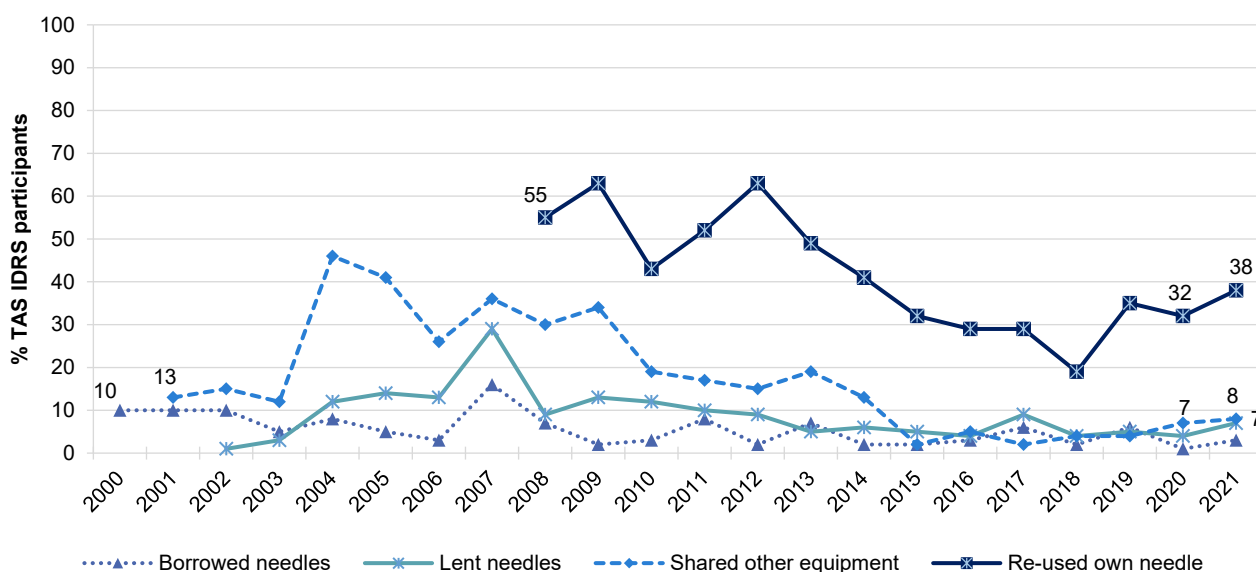
In 2021, few participants ($n \leq 5$) reported receptive sharing (borrowing someone else's used needle: $n \leq 5$ in 2020; $p=0.792$), and seven per cent of participants reported distributive sharing in the past month, stable from 2020 (lending a used needle to others: $n \leq 5$; $p=0.755$) (Figure 36).

Eight per cent of participants reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month (7% in 2020) (Figure 36). Thirty-eight per cent of the sample reported that they had re-used their own needles in the past month, which remained stable relative to 2020 (32%; $p=0.561$) (Figure 36).

Nearly two-fifths (39%) of the 2021 sample reported that they had injected someone else after injecting themselves (23% in 2020; $p=0.051$), and almost one-fifth (19%) were injected by someone else who had previously injected in the past month (12% in 2020; $p=0.051$) (Table 5).

Location of last injection remained stable between 2020 and 2021 ($p=0.253$). Consistent with previous years, most participants (93%) in the sample reported that they had last injected in a private home (89% in 2020) (Table 5).

Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, Tasmania 2000-2021



Note. Data collection for 'reused own needle' started in 2008. Data not available for lent needles 2000 and 2001. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and Tasmania, 2015-2021

	National				Tasmania			
	2021 N=884	2021 N=94	2020 N=73	2019 N=99	2018 N=101	2017 N=100	2016 N=100	2015 N=100
% Injecting behaviours past month								
Borrowed a needle	N=880 5	N=94 -	N=73 -	N=99 6	N=101 -	N=100 6	N=100 -	N=100 -
Lent a needle	N=875 9	N=94 7	N=72 -	N=99 6	N=101 -	N=100 9	N=100 -	N=100 -
Shared any injecting equipment ^	N=877 25	N=94 8	N=72 7	N=99 -	N=101 -	N=99 -	N=100 -	N=100 -
Re-used own needle	N=878 44	N=94 38	N=71 32	N=99 35	N=100 19	N=100 29	N=100 29	N=100 32
Injected partner/friend after self~	N=878 32	N=94 39	N=73 23	N=99 27	/	/	/	/
Somebody else injected them after injecting themselves~	N=878 17	N=94 19	N=73 12	N=99 12	/	/	/	/
% Location of last injection	N=878	N=94	N=74	N=99	N=100	N=100	N=99	N=100
Private home	83	93	89	87	78	87	83	86
Car	5	-	-	6	6	6	-	-
Street/car park/beach	5	-	-	-	6	-	0	-
Public toilet	4	-	-	-	-	-	-	-
Medically supervised injected services	3	0	0	/	/	/	/	/
Other	1	0	0	-	0	0	-	0

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Data not available or not asked. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Self-Reported Injection-Related Health Problems

In 2021, 23% of participants reported having an injection-related health issue in the month preceding interview, stable relative to 2020 (21% in 2020; $p=0.865$) (Table 6). Infection/abscess (8%; 7%; $p=0.951$), artery injection (8%; $n\leq 5$ in 2020; $p=0.434$) and nerve damage (7%; 7% in 2020) were the most common injection-related health issues reported by participants in 2021.

Table 6: Injection-related issues in the past month, Tasmania, 2020-2021

	2021 (N=95)	2020 (N=74)
% Artery injection	8	-
% Any nerve damage	7	7
% Any thrombosis	6	6
Blood clot	-	6
Deep vein thrombosis	-	0
% Infection/ abscess	8	7
Skin abscess	7	7
Endocarditis	-	0
Osteomyelitis/Sepsis/Septic arthritis	-	0
% Dirty hit	-	7
% Any injection-related problem	23	21

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size ($n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Drug Treatment

Just under one-third of participants (29%) reported that they were currently in treatment for their substance use (most commonly receiving methadone), stable from 2020 (30%) (Table 7).

In 2021, of those not currently in treatment ($n=68$), thirteen per cent of participants reported having difficulties accessing treatment in the past six months and 29% reported wanting to access treatment but not trying to. Few participants ($n\leq 5$) were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [IDRS National Report](#), or contact the Drug Trends team.

Table 7: Current drug treatment, nationally, 2021, and Tasmania, 2015-2021

	National		Tasmania					
	2021 N=884	2021 N=95	2020 N=74	2019 N=99	2018 N=100	2017 N=100	2016 N=99	2015 N=100
% Current drug treatment	37	29	30	47	45	44	57	55
Methadone	24	12	14	23	24	27	35	36
Buprenorphine	2	-	-	-	18	14	16	15
Buprenorphine-naloxone	5	6	-	-	11	8	-	0
Buprenorphine depot injection	2	0	0	0	/	/	/	/
Drug counselling	8	11	7	9	-	-	-	-
Other	4	-	0	9	0	0	-	0

Note. - Numbers suppressed when $n\leq 5$ (but not 0). / not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Bloodborne Virus Testing and Treatment

In 2021, the majority (55%) of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (42% in 2020; $p=0.161$), 53% had received an RNA test (25% in 2020; $p=0.001$ and 7% reported having a current HCV infection ($n\leq 5$ in 2020; $p=0.673$). Twelve per cent of the sample reported that they had received HCV treatment in the past year (11% in 2020), of which the majority (60%; $n=6$; 100% in 2020; $n=8$; $p=0.233$) reported that their treatment had been successful.

Approximately eight-in-ten participants (83%) reported having ever had a test for human immunodeficiency virus (HIV) (34% within the past six months and 48% more than 6 months ago); zero participants reported having ever been diagnosed with HIV.

Table 8: HCV Testing and Treatment, nationally and Tasmania, 2021

%	National 2021 N=888	TAS 2021 N=95	TAS 2020 N=74
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	N=86 55	N=69 42
Past year hepatitis C PCR or RNA test	N=839 40	N=81 53**	N=65 25
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	N=82 7	N=36 4
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	N=85 12	N=74 11
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	N=10 60	N=74 100
HIV test (n)	N=727	N=72	N=74
HIV test in past 6 months	31	34	/
HIV test more than 6 months ago	53	48	/
HIV status (n)	N=727	N=95	N=74
Lifetime HIV positive diagnosis	3	0	/

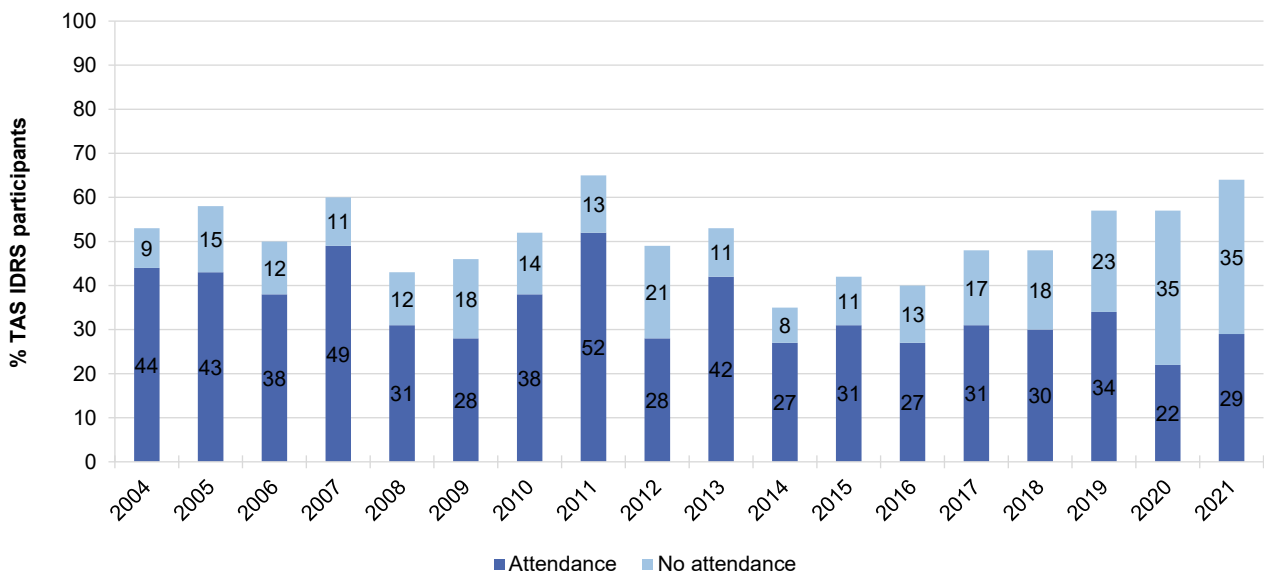
Note.— Values suppressed due to small numbers ($n\leq 5$ but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Mental Health

In 2021, 64% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2020 (58%; $p=0.517$) (Figure 37). Amongst this group, the most commonly reported problems comprised anxiety (65%) and depression (57%). A smaller proportion of participants reported post-traumatic stress disorder (31%).

Twenty-nine per cent of the sample (46% of those who reported a mental health problem) had seen a mental health professional during the past six months (22% of 2020 sample; 38% of those who reported a mental health problem). Three-quarters (77%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2020 (63%; $p=0.514$).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2004-2021



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Driving

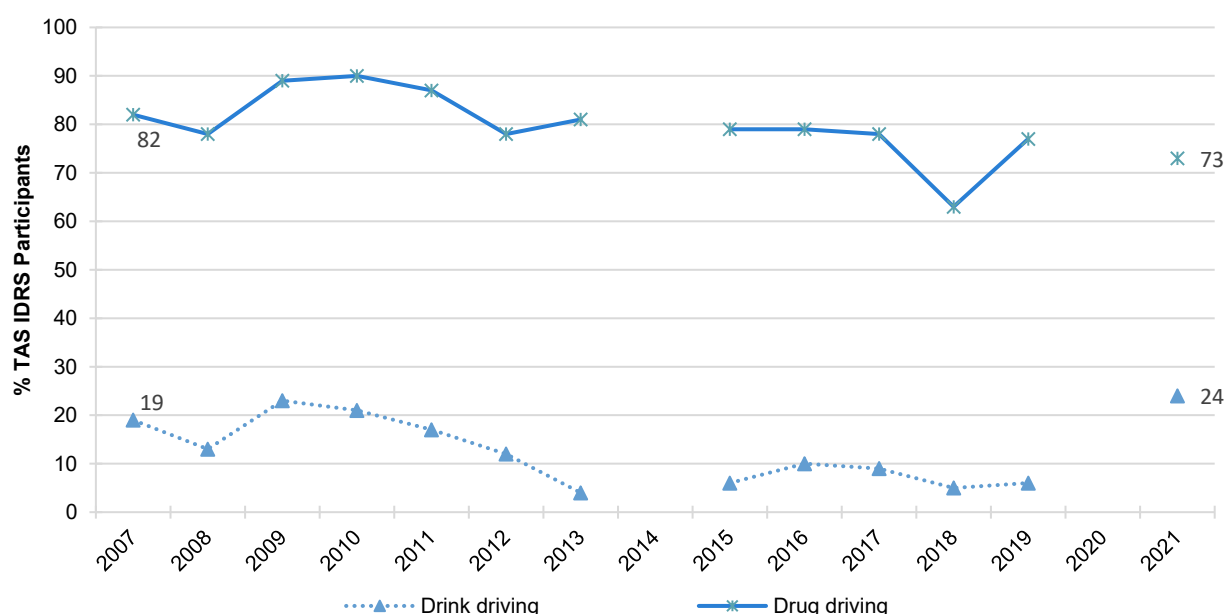
Of the TAS sample, 43% had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently (n=39), 24% reported driving while over the perceived legal limit of alcohol and 73% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Table 9) (Figure 38). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using crystal methamphetamine prior to driving (67%), with smaller numbers reporting the use of cannabis (30%).

Table 9: Participant reports of driving behaviour in the last six months, Tasmania, 2021

%	TAS N=91
% Driven in last six months	43
Driven last six months (n)	
% Driven over the legal alcohol limit in the last six months	N=37 24
% Driven within three hours of consuming illicit drug(s) last six months	N=37 73
% Tested for drug driving by police roadside drug testing last six months	N=37 27
% Breath tested for alcohol by police roadside testing last six months	N=38 32

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

Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use of those who had driven recently, Tasmania, 2007-2021



Note. Drink and drug driving computed out of those who reported driving in the previous 6 months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020, therefore, inferential comparisons have not been undertaken between 2020 and 2021. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Between 2007 and 2013, between 55-65% of the sample reported recent driving; between 2015 and 2019 40-60% of participants reported recent driving; in 2021 43% of the sample had recently driven.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

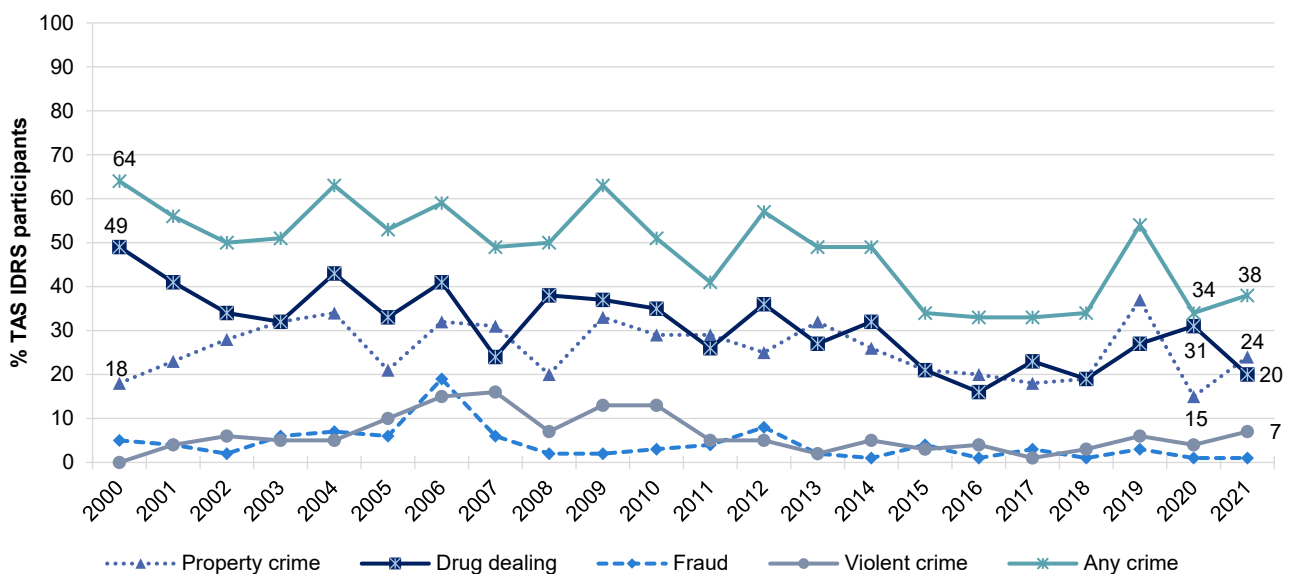
In 2021, 21% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 12% undertaking this in the past year. Of those who reported testing their illicit drugs in the past year ($n=11$), most participants reported using reagent test kits or testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) ($n\leq 5$; therefore, data suppressed).

Crime

Two-fifths (38%) of participants reported engaging in 'any' crime in the past month in 2021, stable from 34% in 2020 ($p=0.682$). The most common self-reported crimes in the past month were property crime (24%; 15% in 2020; $p=0.264$) and selling drugs for cash profit (20%; 31% in 2020; $p=0.185$) (Figure 39). Seven per cent of participants reported engaging in violent crime in 2021 ($n\leq 5$ in 2020; $p=0.717$). Almost one-fifth (18%) reported being the victim of a crime involving violence (e.g., assault), stable from 2020 (7%; $p=0.067$).

In 2021, 36% the sample had been arrested in the past year, stable from 2020 (35%; $p=0.969$). Just over half (56%) reported a lifetime prison history in 2021, also stable from 50% in 2020 ($p=0.585$).

Figure 39: Self-reported criminal activity in the past month, Tasmania, 2000-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.