IDRS

TASMANIAN DRUG TRENDS 2024

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

TASMANIAN DRUG TRENDS 2024: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Sophie Radke[1] and Raimondo Bruno[1,2]

[1] School of Psychology, University of Tasmania

[2] National Drug and Alcohol Research Centre, UNSW Sydney

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2024:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Haniene Tayeb, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Dylan Vella-Horne and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Sophie Haywood and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
REDCap	Research Electronic Data Capture

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

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Hobart, Tasmania (TAS). Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2024 from June-July. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples relative to previous years.**

Sample Characteristics

The 2024, IDRS sample (N=102) recruited from Hobart, Tasmanian, was mostly similar to the sample in 2023 and previous years. Gender proportions remained stable between 2023 and 2024, with 67% identifying as male (70% in 2023), with a median age of 45 years (45 years in 2023). Two thirds (66%) held post-school qualifications including trade/technical and university (67% in 2023). Eighty-eight per cent of the sample were unemployed at the time of interview (89% in 2023), and the vast majority (97%) had received a government pension/allowance or benefit in the month prior to interview (97% in 2023). Accommodation remained stable relative to 2023, with 64% residing in their own home (including renting) (59% in 2023). Seventeen per cent of participants reported having no fixed address (15% in 2023), with 8% reported residing with their parents/at their family home at the time of interview (n≤5 in 2023) and fewer participants (n≤5) residing in a boarding house/hostel (12% in 2023). The median income per week remained stable at $448 in 2024 ($420 in 2023).

Participant drug of choice remained stable between 2023 and 2024, with half (52%) of the participants nominating methamphetamine as their drug of choice in 2024 (50% in 2024), followed by cannabis (12%; n≤5 in 2023) and heroin (11%; 14% in 2023). Methamphetamine was also the drug injected most often in the past month (77%; 77% in 2023), followed by morphine (9%; n≤5 in 2023). Three quarters (76%) of the sample reported weekly or more frequent use of any methamphetamine (71% in 2023), followed by non-prescribed cannabis (68%; 59% in 2023).

Heroin

The per cent reporting recent heroin use has remained relatively stable and low since the commencement of monitoring, with 12% of the Hobart sample reporting recent use in 2024, stable relative to 2023 (11%). Frequency of use remained stable at a median of three days in 2024 (5 days in 2023), with few participants (n≤5) reporting weekly or more frequent use in 2023 and 2024. All participants reported injecting heroin as the route of administration in 2023 and 2024. The price, perceived purity and availability remained stable between 2023 and 2024.

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years with almost nine in ten participants reporting recent use since 2021. In 2024, 91% of participants reported recent use of any methamphetamine (88% in 2023), the highest percentage reporting recent use since monitoring commenced. This mostly comprised of crystal methamphetamine use (89%; 85% in 2023), the

most commonly used form since 2014. Thirteen per cent of the sample reported recent use of powder (14% in 2023) and few participants (n≤5) recent use of base in both 2023 and 2024.

The frequency of use of any methamphetamine was trending to an increase from 2021 (median of 48 days) to a median of 73 days in 2024 (72 days in 2023). The majority of participants (84%) reported weekly or more frequent use in 2024 (81% in 2023), with one fifth (19%) reporting daily use (26% in 2023). There were significant increases in the frequency of use of methamphetamine powder with participants reporting use on a median of 49 days in 2024 (10 days in 2023; p=0.016), with 67% reporting weekly or more frequent use (n≤5 in 2023; p=0.024). There were significant decreases in the quantity of use for methamphetamine crystal. Participants reported using a median of 0.10 grams of crystal on a 'typical' day (0.20 grams in 2023; p=0.035) and the median maximum amount used per day was 0.30 grams (0.40 grams in 2023; p=0.017).

Perceived purity of crystal and powder methamphetamine remained stable between 2023 and 2024, with 33% reporting purity to be 'fluctuating' for powder (n≤5 in 2023) and 31% reporting purity as 'high' for crystal (36% in 2023). Perceived availability also remained stable, with 52% (n≤5 in 2023) and 82% (80% in 2023) reporting powder and crystal as being 'very easy' to obtain, respectively.

Cocaine

In 2024, recent use of cocaine remained stable relative to 2023 (18%; 15% in 2023), although this was the highest percentage reporting recent use since monitoring commenced. Frequency of use also remained stable at a median of one day (3 days in 2023). The median amount used in a 'typical' day was 0.40 grams, stable relative to 0.10 grams in 2023.

Cannabis and/or Cannabinoid-Related Products

The per cent of participants reporting recent use of non-prescribed cannabis and/or cannabinoid-related products, while overall slowly declining since the early 2000s, remained stable between 2023 and 2024 (74%; 73% in 2023). Two thirds (67%) of participants who had recently used any non-prescribed cannabis reported daily use, stable relative to 2023 (60%). Hydroponic cannabis remained the form most commonly used (92%; 88% in 2023), followed by bush cannabis (49%; 54% in 2023). Eight per cent of participants reporting using hashish and edibles in the six months preceding interview, with few participants (n≤5) reporting using hash oil and/or CBD extract and/or THC extract. In 2024, smoking remained the most common route of administration (80%; 83% in 2023), followed by inhaling/vaping (31%; 15% in 2023). The largest per cent of the sample reported that the perceived potency of both hydroponic and bush cannabis was 'high' (65% and 43% of those who responded, respectively) and 'very easy' to obtain (77% and 45% of those who responded, respectively), stable relative to 2023.

In 2024, almost one tenth (8%) of participants reported recent use of prescribed cannabis and/or cannabinoid-related products, stable relative to 2023 (n≤5).

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine, oxycodone and methadone has generally declined over the past 10 years of monitoring. After an increase in recent use in 2023, there was a significant decrease in use of non-prescribed buprenorphine tablets in 2024, with 8% reporting recent use (20% in 2023; p=0.034). There was a significant decrease in the per cent

reporting recent use of non-prescribed fentanyl in 2024 (n≤5; 11% in 2023; p=0.007). Recent use of non-prescribed methadone (10%), buprenorphine-naloxone (10%), morphine (26%), oxycodone (21%), codeine (n≤5) and tramadol (8%) remained low and stable compared to reports in 2023.

Other Drugs

Seven per cent of participants reported recent use of an NPS in 2024, stable relative to 2023 (n≤5). Almost one fifth (18%) reported recent use of any non-prescribed pharmaceutical stimulants (18% in 2023), and 6% reported recent use of non-prescribed antipsychotics (12% in 2023). In 2024, use of any non-prescribed benzodiazepines (27%; 36% in 2023), pregabalin (20%; 17% in 2023) and GHB/GBL/1,4-BD (11%; 12% in 2023) remained stable.

The majority (93%) of the sample reported recent tobacco use (91% in 2023), with almost one fifth (18%) of participants reporting recent use of illicit tobacco (not asked prior to 2024). Recent use of alcohol (54%; 61% in 2023) and non-prescribed e-cigarettes (19%; 15% in 2023) remained stable. Seven per cent reported recent use of nicotine pouches (not asked prior to 2024). Few participants (n≤5) reported recent use of gabapentin, kava and non-prescribed steroids in 2023 and 2024.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2024, almost two thirds (65%) of the Hobart sample reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One quarter (25%) of participants reported concurrent use of cannabis and stimulants, whilst almost one tenth (9%) reported concurrent use of cannabis and opioids.

Seventy per cent of participants reported having binged (used any stimulants or related drugs for 48 hours or more continuously without sleep) on one or more drugs in the preceding six months, stable relative to 2023 (72%).

Injecting behaviours, equipment access and harms

In 2024, 6% reported receptive sharing and 9% reported distributive sharing of a needle or syringe in the past month (n≤5 and 9% in 2023, respectively). One quarter (25%) of the sample reported that they had reused their own needles in the past month (36% in 2023).

Almost one third (30%) reported experiencing injection-related injuries or diseases in the past month (21% in 2023), most commonly an infection/abscess (14%; n≤5 in 2023).

Overdose, naloxone and drug checking

One fifth (22%) reported overdosing on any drug in the preceding year, stable relative to 2023 (27%). Few participants (n≤5) reported a non-fatal opioid overdose in 2024, a significant decrease from 14% in 2023 (p=0.001). Thirteen per cent reported a non-fatal stimulant overdose (11% in 2023), and 12% reported a non-fatal overdose from another drug (n≤5 in 2023).

In 2024, three quarters (75%) the Hobart sample reported awareness of naloxone, stable relative to 79% in 2023. Sixty-eight per cent of the sample reported awareness of naloxone take-home programs (68% in 2023), with half (49%) reporting having ever accessed naloxone (41% in 2023) and one third (32%) having done so in the past year (32% in 2023). Half (51%) had been trained in naloxone administration in their lifetime (38% in 2023), with four fifths (80%) having been taught how to administer naloxone at an NSP.

One fifth (22%) of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year (17% in 2023), with 18% having done so in the past year (11% in 2023). The majority (81%) reported testing their illicit drugs using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips).

Dependence, treatment and Hepatitis C

Forty-five per cent of participants scored five or above on the opioid Severity of Dependence Scale (SDS), a significant increase from 21% in 2023 (p=0.046), indicating possible dependence in relation to opioid use. Almost two thirds (64%) scored four or above on the methamphetamine SDS scale, stable relative to 2023 (59%), indicating possible dependence in relation to methamphetamine use.

One quarter (24%) of participants reported receiving any drug treatment in 2024, stable relative to 2023 (21%).

Thirty-five per cent of the sample reported that they had received a hepatitis C virus (HCV) antibody test (50% in 2023) and 28% reported receiving an RNA test (28% in 2023) in the past year. Few participants (n≤5) reported having a current HCV infection.

Sexual activity, mental health and health service access

Thirty-six per cent of the Hobart sample reported engaging in some form of sexual activity with another person in the past four weeks (48% in 2023). Three fifths (60%) reported having ever had a sexual health check (59% in 2023), with one fifth (19%) having done so in the past 6 months (12% in 2023).

Three fifths (60%) self-reported mental health problems, stable relative to 66% in 2023. The most commonly reported problem was anxiety (66%), followed by depression (59%), post-traumatic stress disorder (29%), attention-deficit/hyperactivity disorder (28%) and schizophrenia (22%).

The K10 score remained stable between 2023 and 2024 (p=0.182), with one third (34%) of Hobart sample having a score of 30 or more (35% in 2023), indicative of 'very high' psychological distress.

Four fifths (80%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview (85% in 2023).

Driving

Of those who had driven recently (n=38), 14% reported driving while over the perceived legal limit of alcohol, and 66% reported driving within three hours of consuming an illicit or non-prescribed drug, both stable relative to 2023 (n≤5 and 74%, respectively).

Criminal activity and modes of purchasing illicit drugs

Forty-four per cent of participants reported engaging in 'any' crime in the past month in 2024 (39% in 2023), with 31% having been arrested in the past year (38% in 2023), and 42% reporting a lifetime prison history (55% in 2023).

One quarter (24%) of participants reported a drug-related encounter with police which did not result in charge or arrest, a significant decrease relative to 2023 (44%; p=0.013).

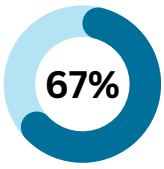
In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (84%), a significant increase from 70% in 2023 (p=0.039).

2024 SAMPLE CHARACTERISTICS

IDRS Illicit Drug Reporting System

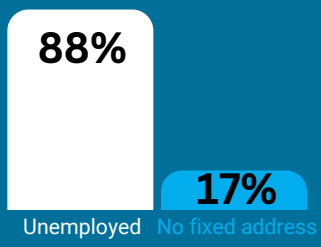
In 2024, 102 participants, recruited from Hobart, TAS, were interviewed.

45 years



Male

The median age in 2024 was 45, and 67% identified as male.

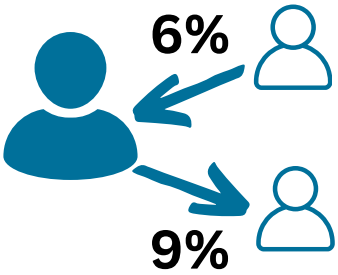


In the 2024 sample, 88% were unemployed and 17% had no fixed address.

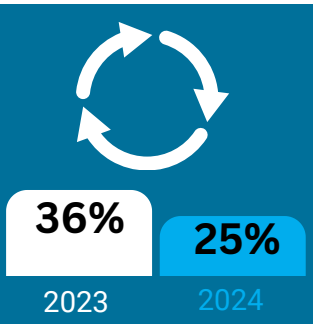
- **Injected heroin**
- **Injected methamphetamine**
- **Injected other illicit or non-prescribed drugs**

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

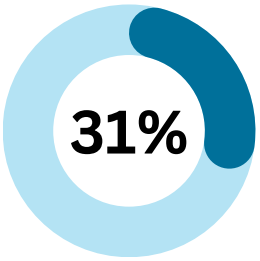
INJECTING-RELATED RISKS AND HARMS



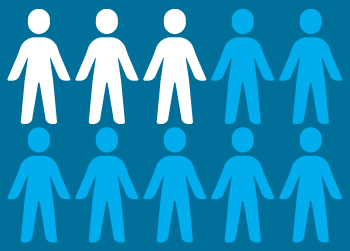
In 2024, 6% of participants reported receptive sharing in the past month, and 9% reported distributive sharing.



Percentage who reported re-using their own needles in the past month.

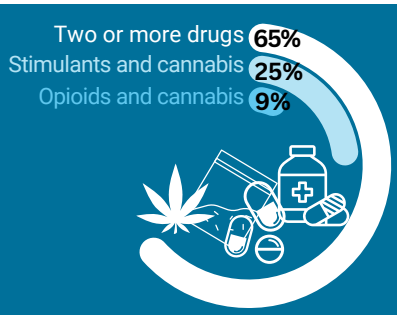


Percentage who reported injecting someone else after injecting themselves in the past month.

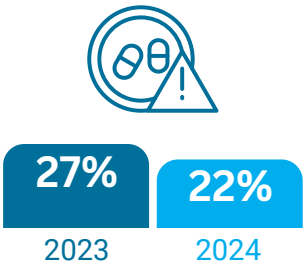


30% of participants reported having an injection-related health issue in the past month, stable from 2023 (21%).

OTHER HARMS

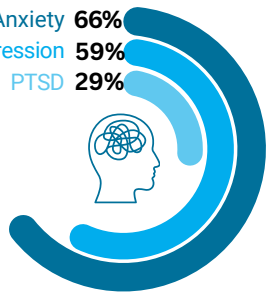


In 2024, 65% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was stimulants and cannabis (25%).



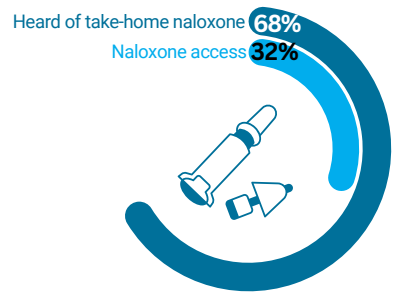
Past year non-fatal overdose remained stable in 2024 relative to 2023.

In 2024, 60% of participants reported a mental health problem in the 6 months preceding interview.



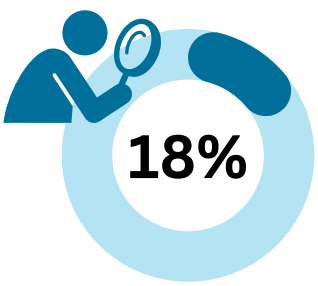
Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and PTSD.

NALOXONE AND OTHER HARM REDUCTION STRATEGIES

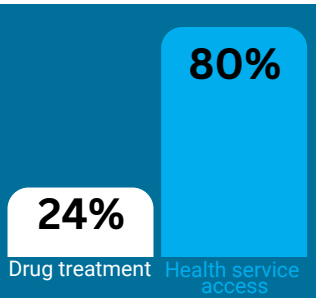


Knowledge of take-home naloxone and past year naloxone access remained stable in 2024.

Among those who were aware of naloxone, 13% reported ever using naloxone to resuscitate someone who had overdosed, with 8% having done so in the past year.



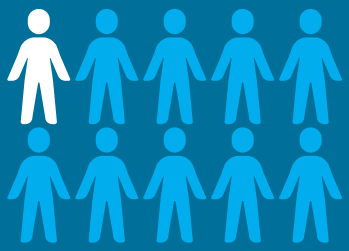
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



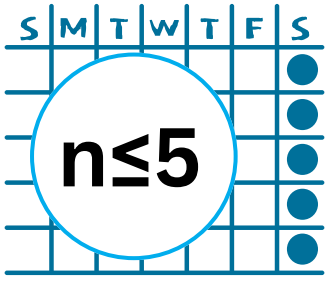
Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

IDRS Illicit Drug Reporting System



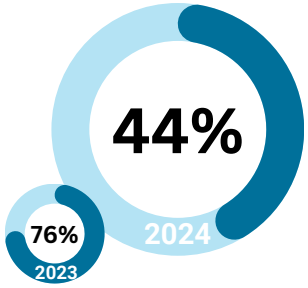
Past 6 month use of heroin remained stable in 2024 (12%) relative to 2023 (11%)



Of those who had recently consumed heroin, n≤5 reported weekly or more frequent use, stable from 2023 (n≤5).

$100
2024

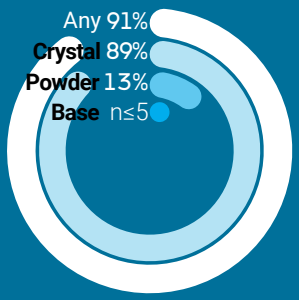
The median reported price for a point of heroin.



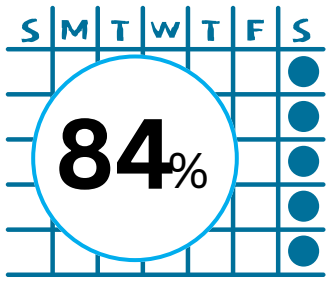
Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

FORM of methamphetamine



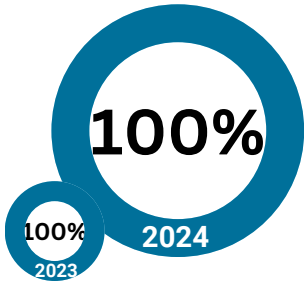
Past 6 month use remained stable in 2024 relative to 2023.



Of those who had recently used any form of methamphetamine, 84% reported weekly or more frequent use, stable from 2023 (81%).

$50 2023 $50 2024

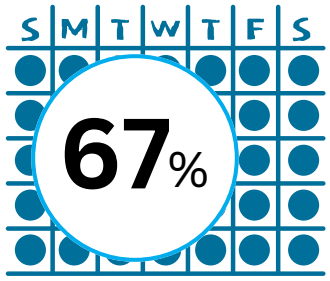
The median reported price for a point of crystal methamphetamine.



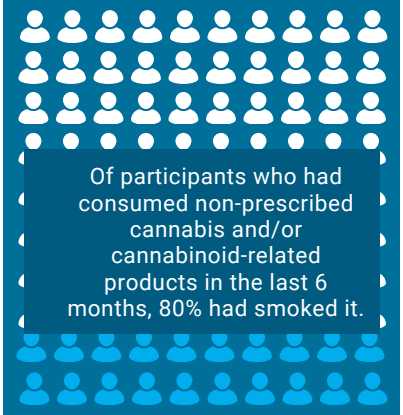
Percentage who perceived crystal methamphetamine as being 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

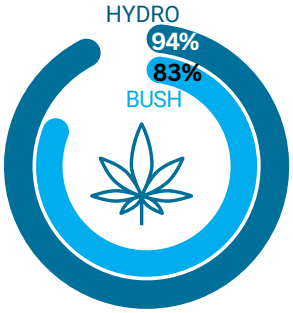
Past 6 month use remained stable in 2024 (74%) relative to 2023 (73%).



Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 67% reported daily use, stable from 2023 (60%).



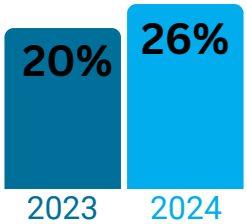
Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 80% had smoked it.



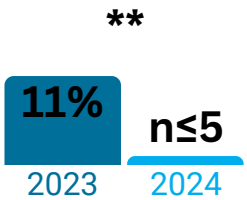
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2023).

PAST 6 MONTH USE OF OTHER DRUGS

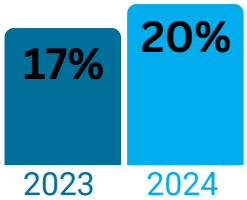
Non-prescribed morphine



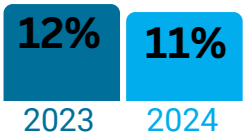
Non-prescribed fentanyl



Non-prescribed pregabalin



GHB/GBL/1,4-BD



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

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

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

These changes were carried through between 2021 and 2024. A hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via

telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2024 IDRS Sample

Between 1 June and 12 July 2024, a total of 884 participants were recruited across capital cities nationally, with 102 participants recruited from Hobart, Tasmania (TAS) between 1 June-9 July, 2024. A total of fifteen interviews were conducted via telephone in Hobart, TAS; the remainder were conducted face-to-face.

One quarter (23%) of the 2024 Hobart sample also completed the interview in 2023, whereas 36% of participants in the 2023 Hobart sample completed the interview in 2022 (p=0.106). In 2024, recruitment methods remained similar to previous years, with most participants recruited via NSPs (53%; 71% in 2023) and word-of-mouth (36%; 27% in 2023).

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 2023 and 2024. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (Table 1; zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
*p<0.050; **p<0.010; ***p<0.001	Statistical significance of difference between 2023 and 2024

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

Infographics, the executive summary and data tables from this report are available for download. There are a range of outputs from the IDRS which triangulate key findings from the annual interviews and other data sources, including national reports, 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 2024, the Hobart IDRS sample, for the most part, was similar to the sample in 2023 and in previous years (Table 2).

Gender proportions remained stable between 2023 and 2024 (p=0.745), with two thirds (67%) identifying as male (70% in 2023). The median age of the sample was 45 years (IQR=40-52; 45 years in 2023; IQR=40-50; p=0.394) (Table 2). Eighty-eight per cent were unemployed at the time of interview (89% in 2023) and two thirds (66%) reported having received a post-school qualification(s) (67% in 2023). The majority of participants (97%) reported receiving a government pension, allowance or benefit in the past month (97% in 2023). The median weekly income remained relatively stable, with participants reporting a median of $448 (IQR=356-550) in 2024 ($420 in 2023; IQR=350-510; p=0.429). Reported current accommodation remained stable between 2023 and 2024 (p=0.423), with almost two thirds (64%) of participants reporting residing in their own home (including renting) (59% in 2023). In contrast, almost one fifth (17%) of participants reported having no fixed address (15% in 2023).

Drug of choice remained stable in 2024 compared to 2023 (p=0.844), with half (52%) of the participants reporting that methamphetamine was their drug of choice in 2024 (50% in 2023), followed by cannabis (12%; n≤5 in 2023), heroin (11%; 14% in 2023) and morphine (8%; 11% in 2023) (Figure 1). The drug injected most often in the past month also remained stable in 2024 relative to 2023 (p=0.970), with participants typically nominating methamphetamine as the drug injected most often (77%; 77% in 2023), followed by morphine (9%; n≤5 in 2023) (Figure 2).

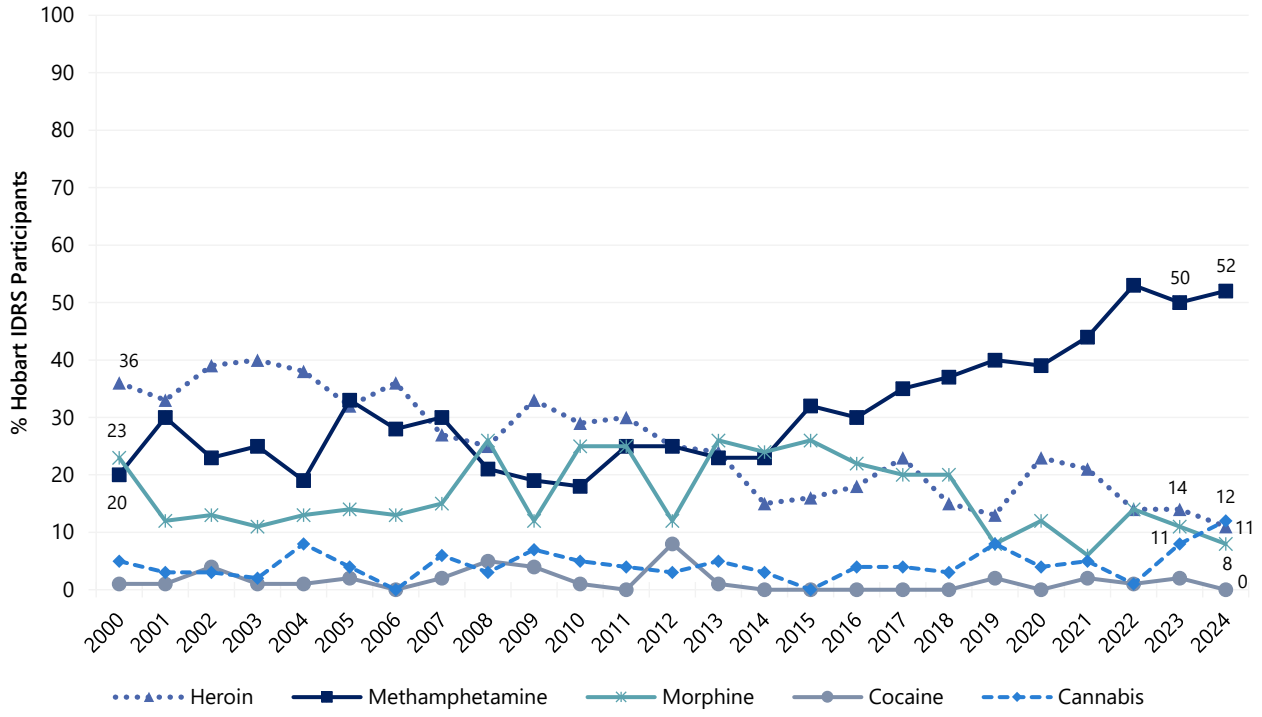
Weekly or more frequent consumption of crystal methamphetamine (75%; 70% in 2023; p=0.592), and non-prescribed cannabis (68%; 59% in 2023; p=0.328) remained stable in 2024 compared to 2023 (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Hobart, TAS, 2020-2024

	Hobart, TAS					National
	2020 N=74	2021 N=95	2022 N=102	2023 N=66	2024 N=102	2024 N=884
Median age (years; IQR)	43 (38-50)	43 (35-48)	43 (37-49)	45 (40-50)	**45 (40-52)**	47 (40-53)
Female	41	28	31	30	**33**	30
Male	58	71	69	70	**67**	69
Non-binary	-	-	0	0	**0**	-
% Aboriginal and/or Torres Strait Islander	15	16	15	21	**22**	28
% Born in Australia	/	/	/	98	**97**	88
% English primary language spoken at home	/	/	/	100	**99**	96
% Sexual identity						
Heterosexual	84	83	82	88	**89**	85
Homosexual	-	-	-	-	**-**	4
Bisexual	9	13	14	11	**6**	9
Queer	-	-	-	0	**-**	1
Other	0	0	0	0	**-**	2
Mean years of school education (range)	10 (5-12)	10 (7-12)	10 (7-12)	10 (5-12)	**10 (7-12)**	10 (1-12)
% Post-school qualification(s)^	65	59	65	67	**66**	62
% Current employment status						
Unemployed	89	86	85	89	**88**	89
Full-time	-	-	-	0	**-**	3
Part-time/casual	-	11	7	-	**7**	6
Self-employed	-	-	-	-	**-**	2
Other	-	-	-	0	**0**	1
% Past month gov't pension, allowance or benefit	95	96	93	97	**97**	94
Current median income/week ($; IQR)	$550 (450-591)	$375 (300-500)	$418 (315-496)	$420 (350-510)	**$448 (356-550)**	$424 (350-550)
% Current accommodation						
Own home *(including renting)*	65	65	70	59	**64**	66
Parents'/family home	-	9	10	-	**8**	5
Boarding house/hostel	7	7	7	-	**-**	6
Shelter/refuge	7	-	-	12	**-**	2
No fixed address	16	18	12	15	**17**	20
Other	0	0	0	-	**-**	1

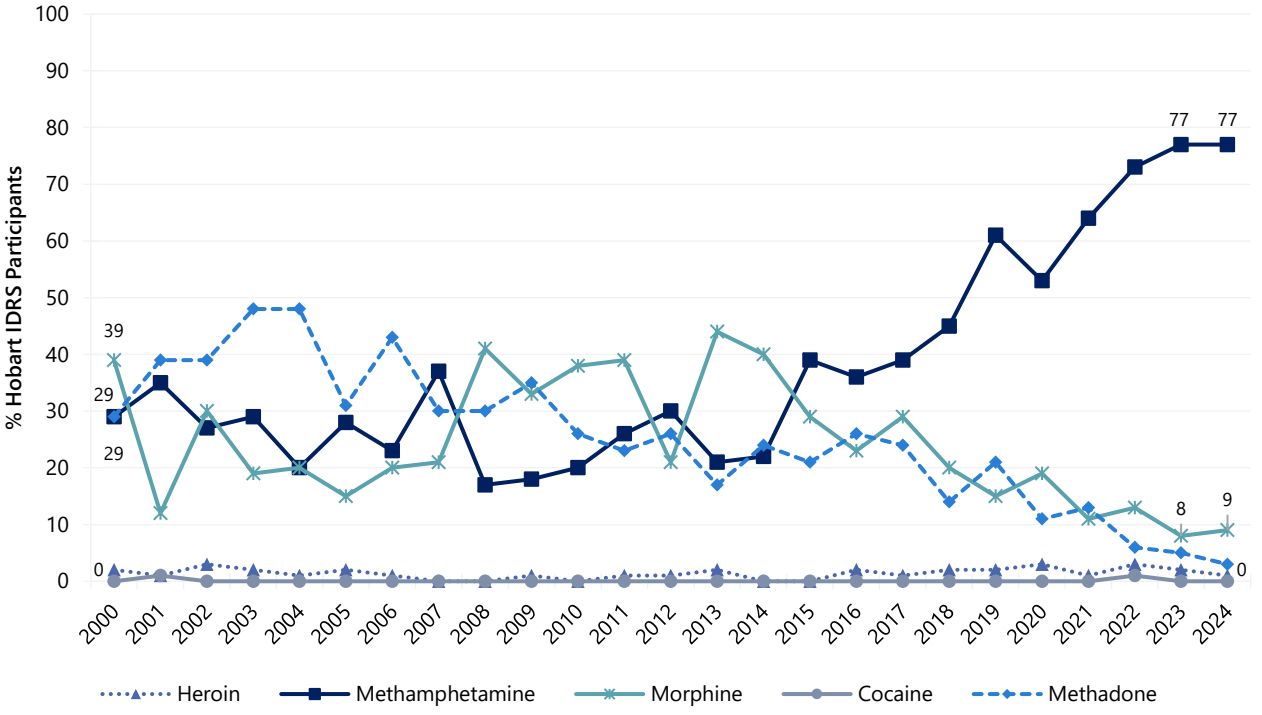
Note. ^ Includes trade/technical and university qualifications. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 among the Hobart sample is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Hobart, TAS, 2000-2024



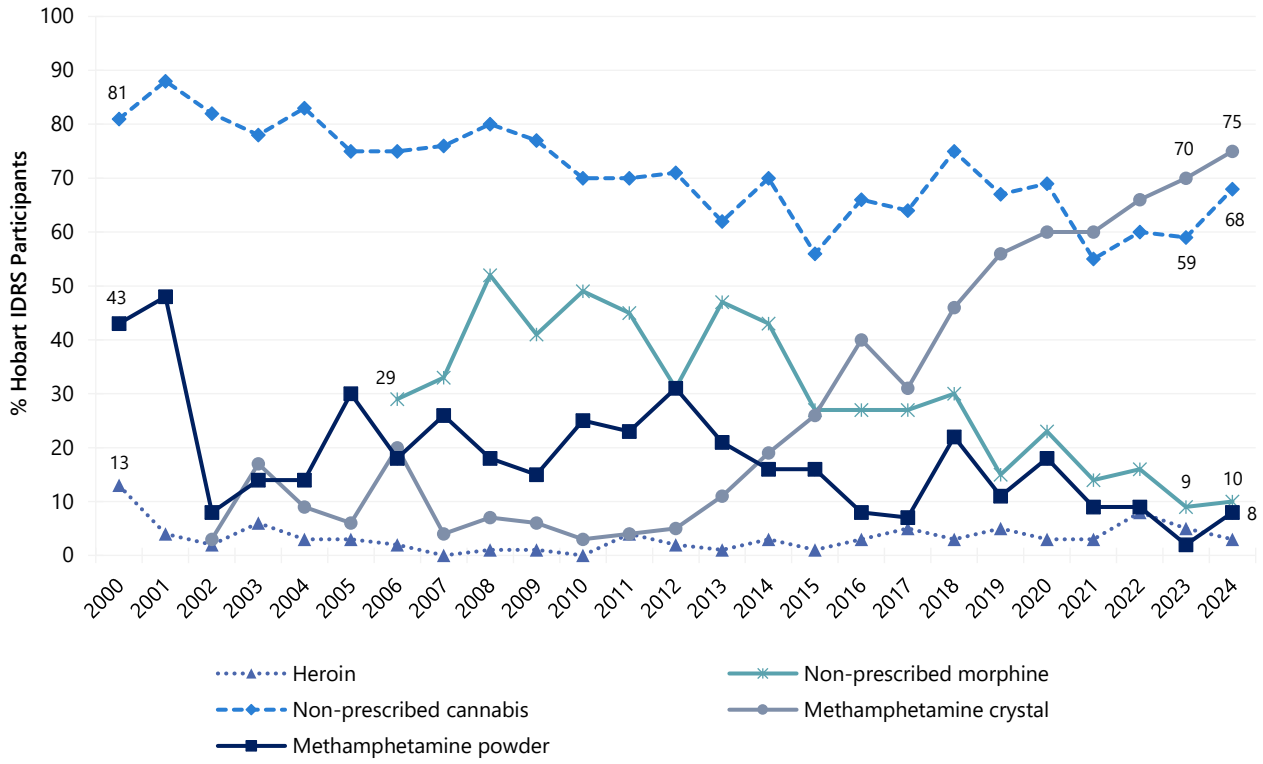
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Hobart, TAS, 2000-2024



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 and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Hobart, TAS, 2000-2024



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

In 2024, the percent reporting recent use of any heroin remained stable, with one tenth (12%) of the Hobart sample reporting recent use (11% in 2023) (Figure 4).

Frequency of Use

Among those who reported recent use of heroin and responded (n=12), frequency of use remained stable in 2024 at a median of three days (IQR=2-49; 5 days in 2023; IQR=3-138; n=7; p=0.411) (Figure 4). Few participants (n≤5) reported weekly use and/or daily use of heroin in 2023 and 2024; therefore, further details are not reported.

Routes of Administration

Among participants who had recently consumed heroin and commented (n=12), all participants (100%) reported injecting as the most common route of administration (100% in 2023), and therefore the median frequency of injection was the same as the frequency of use (median of 3 days, see above).

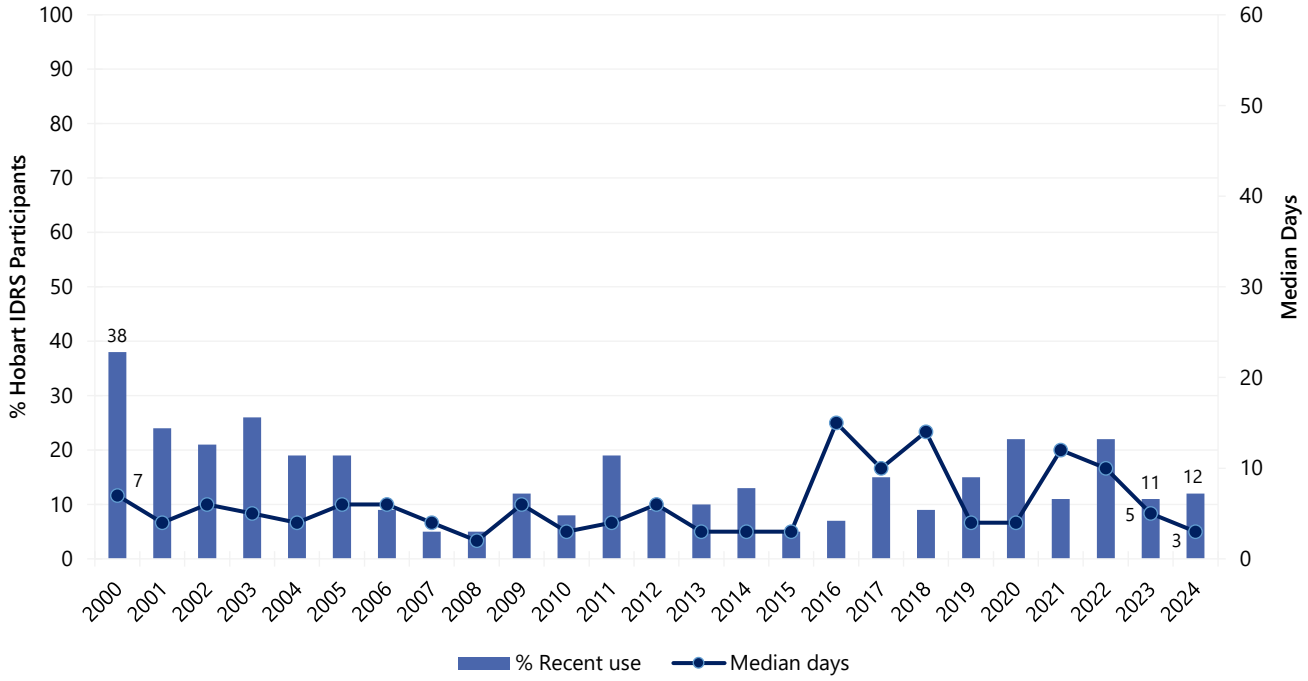
Quantity

Of those who reported recent use and responded (n=10), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20), stable relative to 2023 (0.20 grams; IQR=0.20-0.80; n=7; p=0.082). Of those who reported recent use and responded (n=11), the median maximum amount of heroin used on a day in the six months preceding interview was 0.10 grams (IQR=0.10-0.40; 0.20 grams in 2023; IQR=0.20-0.70; n=7; p=0.358).

Forms Used

Due to low numbers (n≤5) reporting on recent use of individual forms of heroin, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 4: Past six month use and frequency of use of heroin, Hobart, TAS, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 60 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2024, the median price of heroin was $100 (IQR=85-100; n=6) for one point (0.10 of a gram), stable relative to 2023 (n≤5; p=0.469) (Figure 5). Due to low numbers (n≤5) reporting on the price of a gram and a cap, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

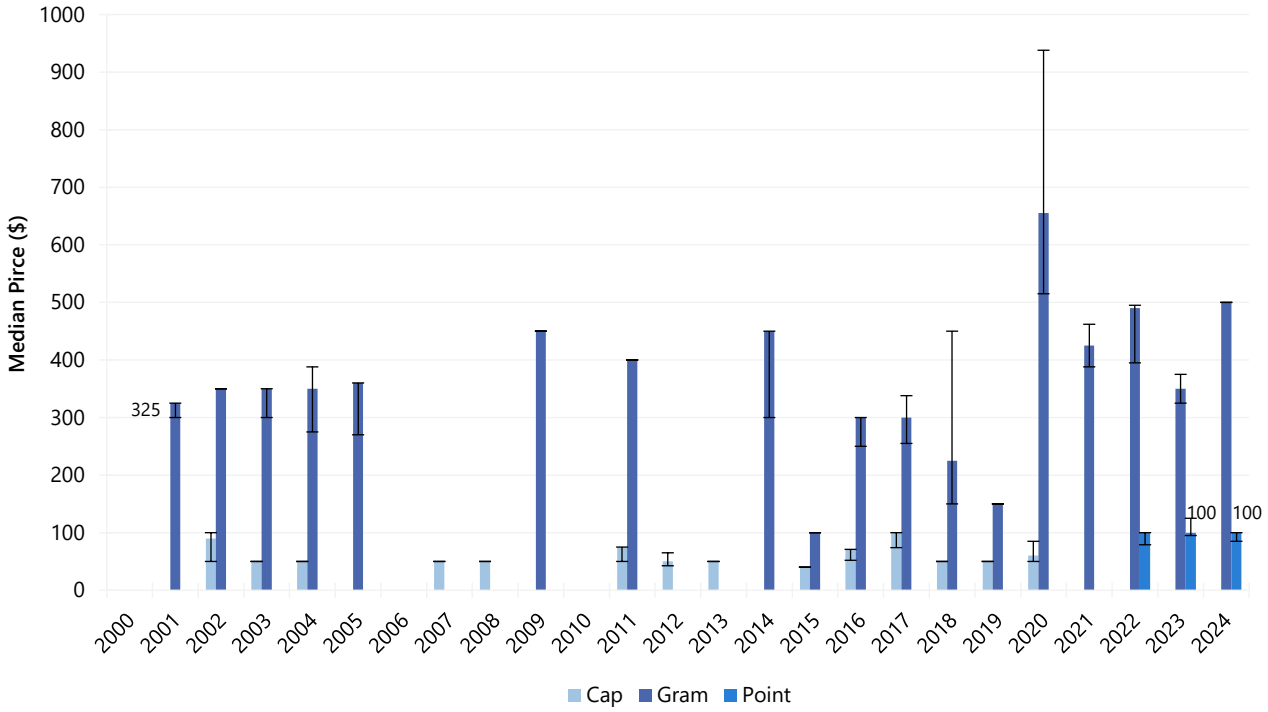
Perceived Purity

The perceived purity of heroin remained stable between 2023 and 2024 (p=0.238). Among those who were able to comment in 2024 (n=14), almost two thirds (64%) perceived purity to be 'high' (n≤5 in 2023) (Figure 6).

Perceived Availability

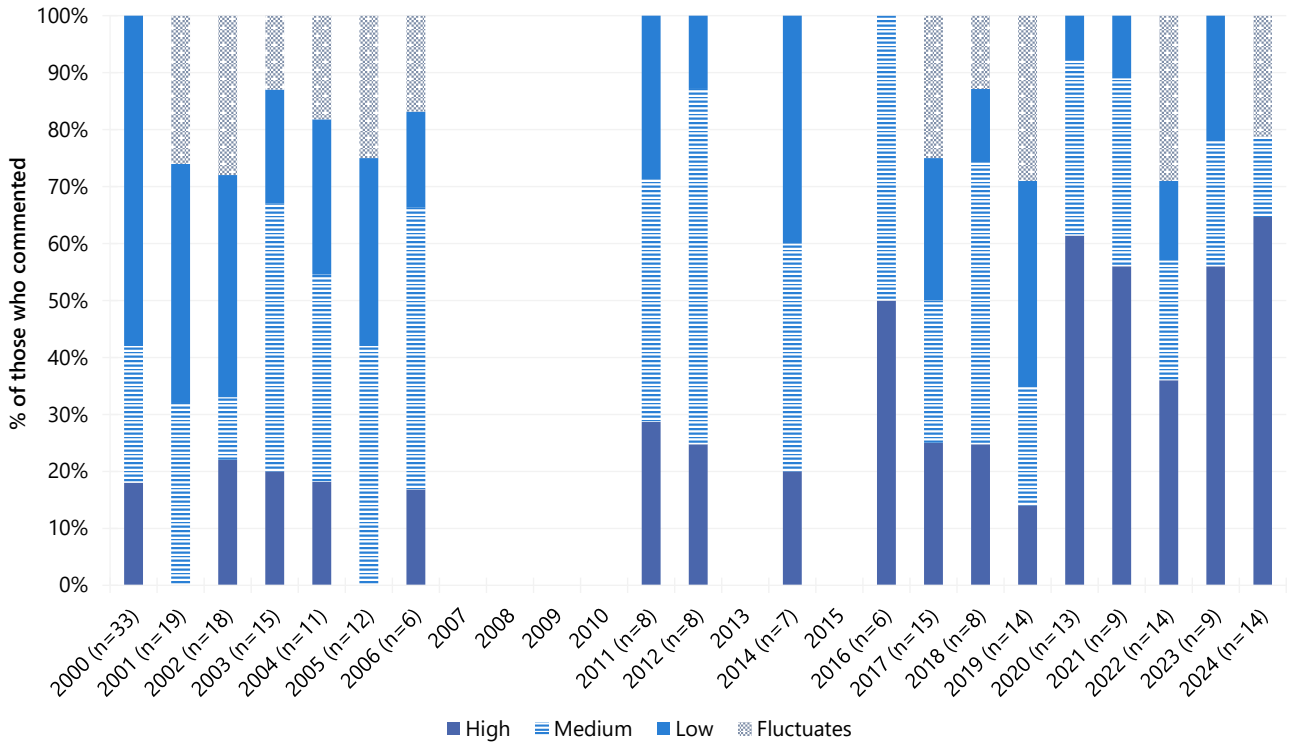
The perceived availability of heroin remained stable between 2023 and 2024 (p=0.376). Among those who were able to comment in 2024 (n=16), almost two fifths (38%) perceived heroin to be 'very difficult' to obtain (n≤5 in 2023) (Figure 7).

Figure 5: Median price of heroin per cap, gram and point, Hobart, TAS, 2000-2024



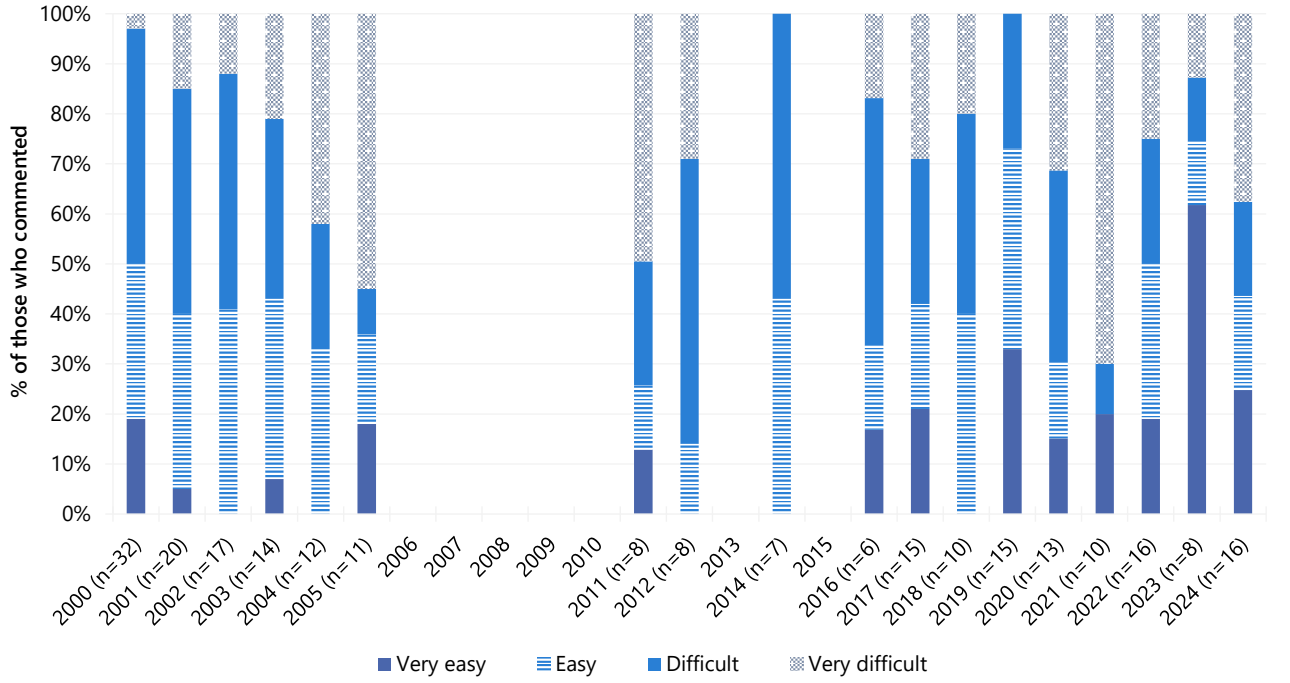
Note. Among those who commented. No participants reported purchasing a gram of heroin in 2023. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 6: Current perceived purity of heroin, Hobart, TAS, 2000-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Current perceived availability of heroin, Hobart, TAS, 2000-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2024, 91% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2023 (88%; p=0.599), although the highest percentage reporting recent use since monitoring commenced (Figure 8).

Frequency of Use

Among those who reported recent use of any methamphetamine and commented (n=93), frequency of use remained stable at a median of 73 days (IQR=30-150; 72 days in 2023; IQR=24-163; n=58; p=0.680) (Figure 9). Weekly or more frequent use of any methamphetamine also remained stable among those who reported recent use, from 81% in 2023 to 84% in 2024 (p=0.651). Daily use among those who had recently used any methamphetamine remained stable at 19% (26% in 2023; p=0.420).

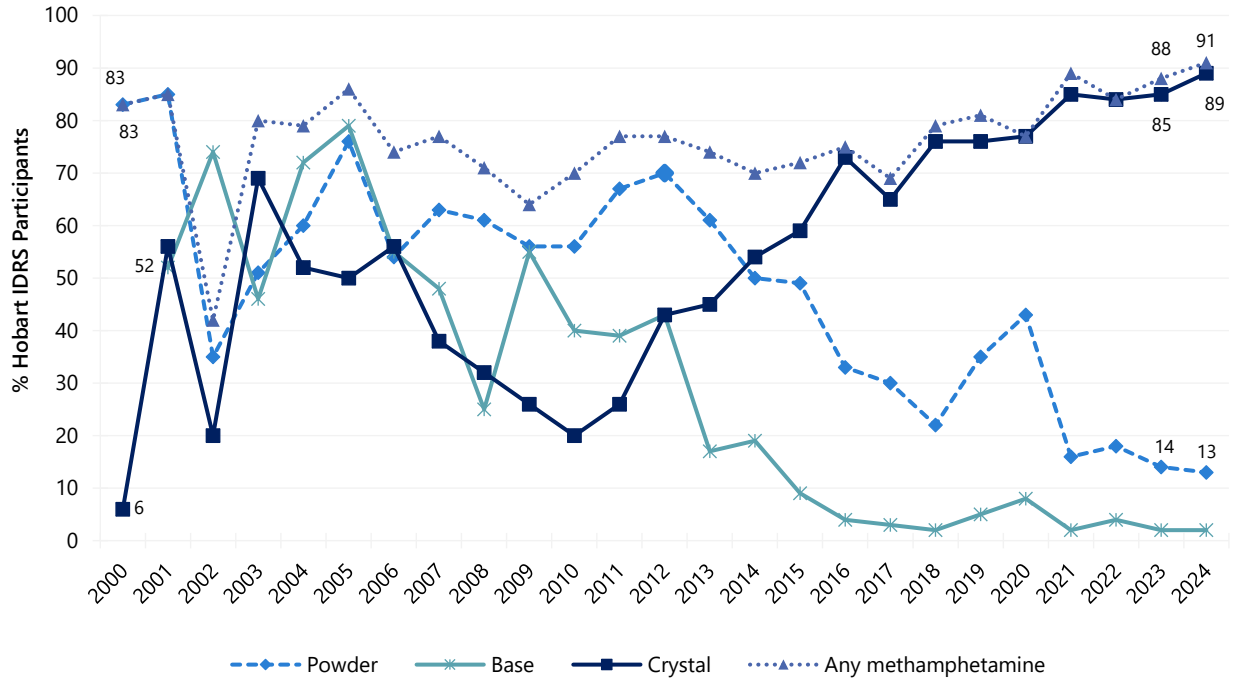
Forms Used

There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine. Of participants who had used methamphetamine in the six months preceding interview in 2024 and responded (n=93), the majority (98%) had used crystal methamphetamine (97% in 2023; p=0.638), followed by powder (16%; 14% in 2023; p=0.809). Few participants (n≤5) reported recent use of methamphetamine base in 2023 and 2024; therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Number of Forms Used

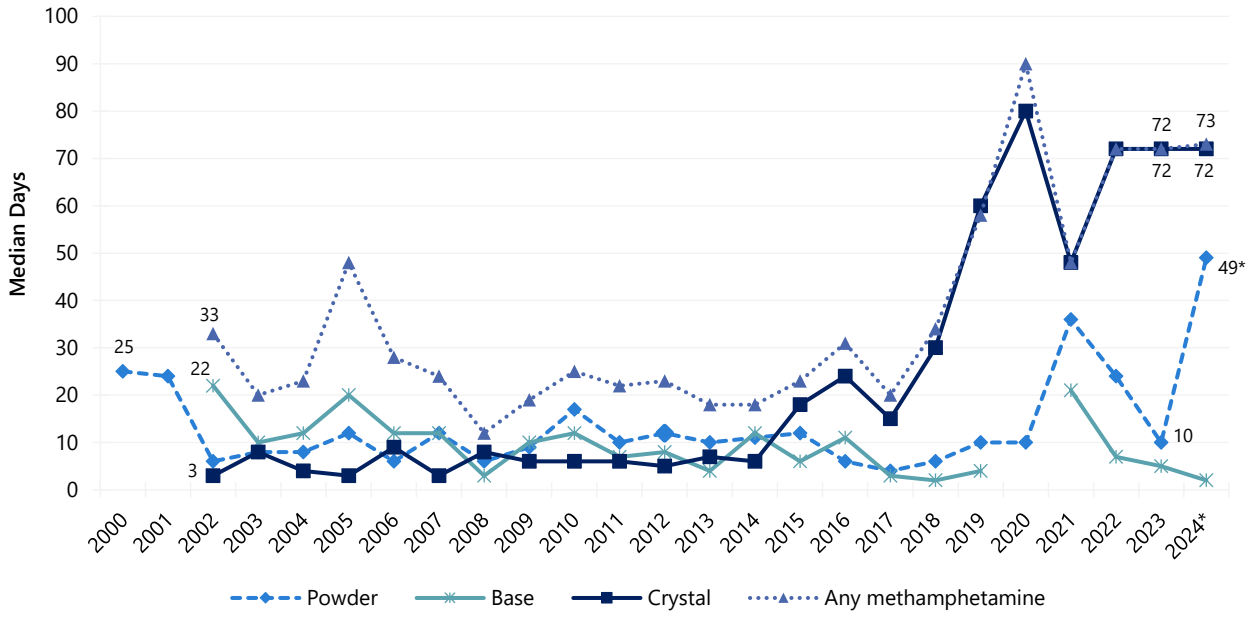
Among participants who had recently consumed any methamphetamine and commented (n=93), the majority of participants reported using a median of one form in 2024 (IQR=1-1; 1 form in 2023; IQR=1-1; n=58; p=0.871).

Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Hobart, TAS, 2000-2024



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Hobart, TAS, 2000-2024



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. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally declined over time. Thirteen per cent of the Hobart sample reported recent use in 2024, stable from 14% in 2023 (Figure 8).

Frequency of Use: Among those who had recently consumed powder methamphetamine and commented (n=12), the median frequency of use reported was 49 days (IQR=13-90), a significant increase from 10 days in 2023 (IQR=4-12; n=9; *p*=0.016) (Figure 9). Two thirds (67%) of those who had recently used powder reported weekly or more frequent use in 2024, also a significant increase from 11% in 2023 (*p*=0.024). Few participants (n≤5) reported on daily use (0% in 2023).

Routes of Administration: Among participants who had recently consumed powder and commented (n=13), all participants (100%) reported injecting as a route of administration (78% in 2023; *p*=0.156). Participants who reported injecting powder did so on a median of 48 days (IQR=6-90), stable relative to 2023 (10 days; IQR=5-11; n=9; *p*=0.087). Few participants (n≤5) also reported having smoked, swallowed or snorted powder in the six months preceding interview in 2023 and 2024.

Quantity: Of those who reported recent use and commented (n=12), the median 'typical' amount of powder used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; 0.40 grams in 2023; IQR=0.20-0.50; n=8; *p*=0.177). Of those who reported recent use and commented (n=10), the median maximum amount of powder used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.40; 0.50 grams in 2023; IQR=0.50-1.00; n=8; *p*=0.051).

Methamphetamine Base

Due to low numbers (n≤5) reporting recent use of methamphetamine base in 2023 and 2024, further details are not reported. For historical information on recent use and frequency of use, please refer to Figure 8 and Figure 9, respectively. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine has been increasing since 2010, surpassing powder and base methamphetamine. In 2024, the majority (89%) of the Hobart sample reported recent use, stable relative to 2023 (85%; *p*=0.471), and the highest percentage observed since the commencement of monitoring (Figure 8).

Frequency of Use: Among those who had recently consumed crystal and commented (n=91), the median days of use was 72 days (IQR=29-150; 72 days in 2023; IQR=24-180; n=56; *p*=0.915) (Figure 9). In 2024, the majority (84%) of those who had recently used crystal reported weekly or more frequent use, stable from 2023 (82%), with one fifth (20%) reporting daily use (27% in 2023; *p*=0.416).

Routes of Administration: Among participants who had recently consumed crystal methamphetamine and commented (n=91), the vast majority reported injecting (99%; 100% in 2023) and had done so on a median of 72 days (IQR=27-135; 72 days in 2023; IQR=24-120; *p*=0.731). One third (33%) also reported smoking crystal (23% in 2023; *p*=0.262), and one tenth (9%) reported swallowing crystal (n≤5 in 2023; *p*=0.154). Few

participants (n≤5) reported snorting crystal in the six months preceding interview in 2023 and 2024.

Quantity: Of those who reported recent use and responded (n=87), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.10 grams (IQR=0.10-0.20), a significant decrease from 0.20 grams in 2023 (IQR=0.10-0.30; n=56; *p*=0.035). Of those who reported recent use and responded (n=87), the median maximum amount of crystal used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.60), also a significant decrease from 0.40 grams in 2023 (IQR=0.20-0.60; n=56; *p*=0.017).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for one point (0.10 of a gram) of methamphetamine powder was $50 in 2024 (IQR=50-50; n=13), stable relative to 2023 ($50; IQR=50-58; n≤5; *p*=0.253) (Figure 10). Few participants (n≤5) reported on the price of a gram in 2023 and 2024; therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2023 and 2024 (*p*=0.720). Among those who were able to comment in 2024 (n=21), one third (33%) perceived purity to be 'fluctuating' (n≤5 in 2023), and 29% perceived purity to be 'high' (n≤5 in 2023). Few participants (n≤5) reported purity as 'low' or 'medium' in 2023 and 2024 (Figure 12).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2023 and 2024 (*p*=0.535). Of those who were able to comment in 2024 (n=23), half (52%) of participants reported that methamphetamine powder was 'very easy' to obtain (n≤5 in 2023) (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants from 2020. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

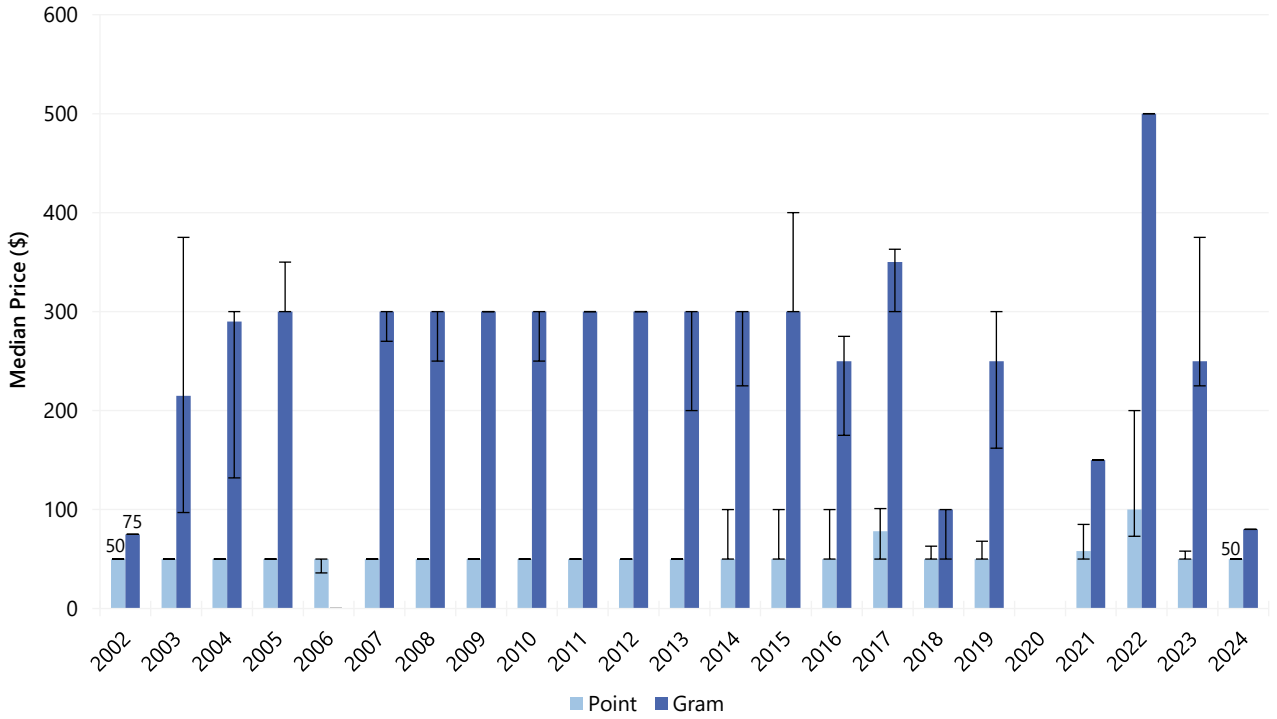
Price: Participants reported a median price of $50 (IQR=50-50; n=66) for one point (0.10 of a gram) of crystal methamphetamine in 2024 ($50 in 2023; IQR=50-73; n=28; *p*=0.169) (Figure 11). Few participants (n≤5) reported on the price of a gram in 2023 and 2024; therefore, further details are not reported.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2023 and 2024 (*p*=0.669). Among those who were able to comment in 2024 (n=83), almost one third (31%) reported that crystal was of 'high' purity (36% in 2023), followed by 25% reporting crystal was 'fluctuating' in purity (27% in 2023). Twenty-three per cent perceived the purity to be 'medium' (25% in 2023), and 20% perceived purity to be 'low' (13% in 2023) (Figure 13).

Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2023 and 2024. Among those who were able to comment in 2024 (n=82), the majority (82%) perceived

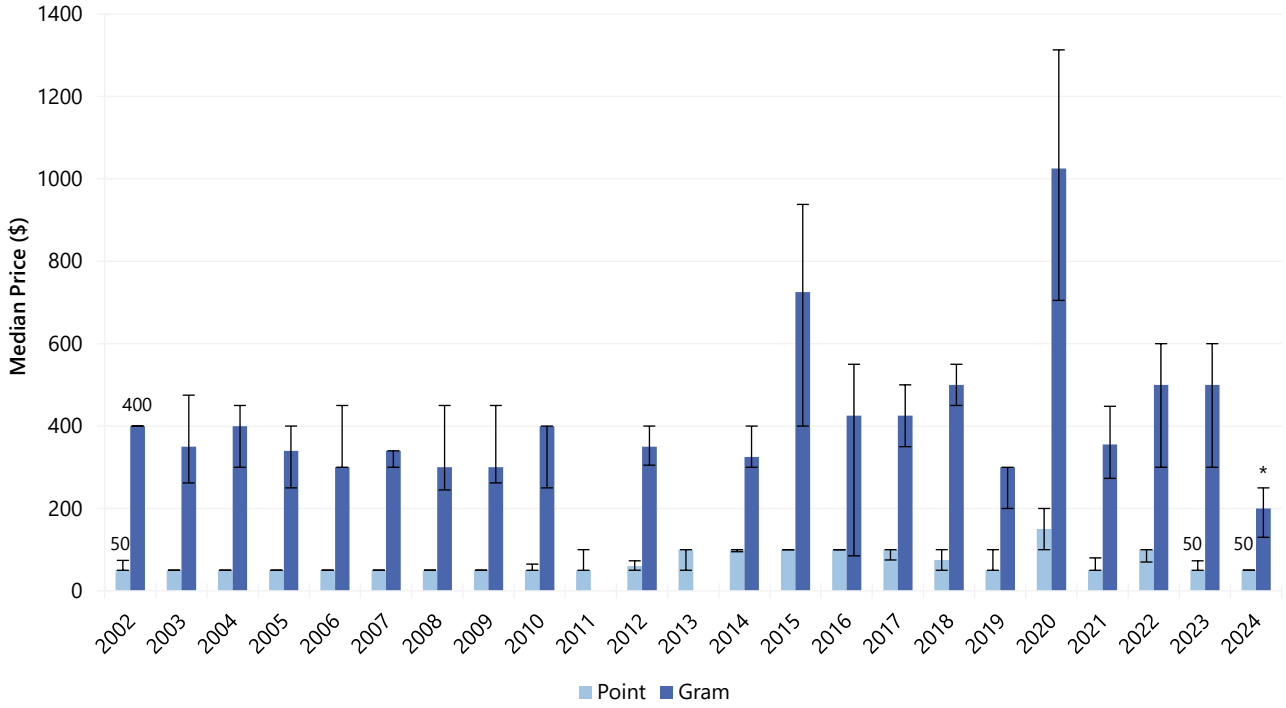
crystal methamphetamine as being 'very easy' to obtain (80% in 2023), and almost one fifth (18%) reported 'easy' obtainment (20% in 2023). No participants reported crystal as being 'difficult' or 'very difficult' to obtain in 2023 and 2024 (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Hobart, TAS, 2002-2024



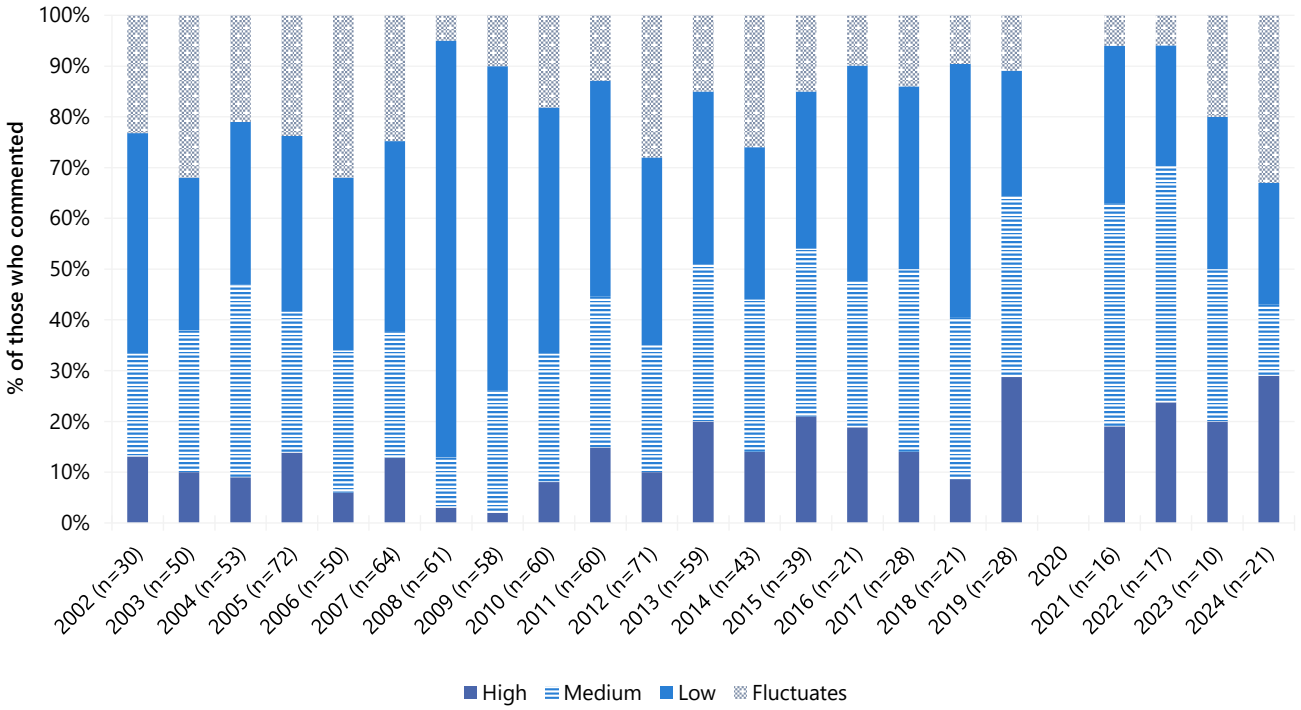
Note. Among those who commented. No participants reported on the price of a gram in 2023. Data labels are only provided for the first and two most recent years of monitoring. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Median price of methamphetamine crystal per point and gram, Hobart, TAS, 2002-2024



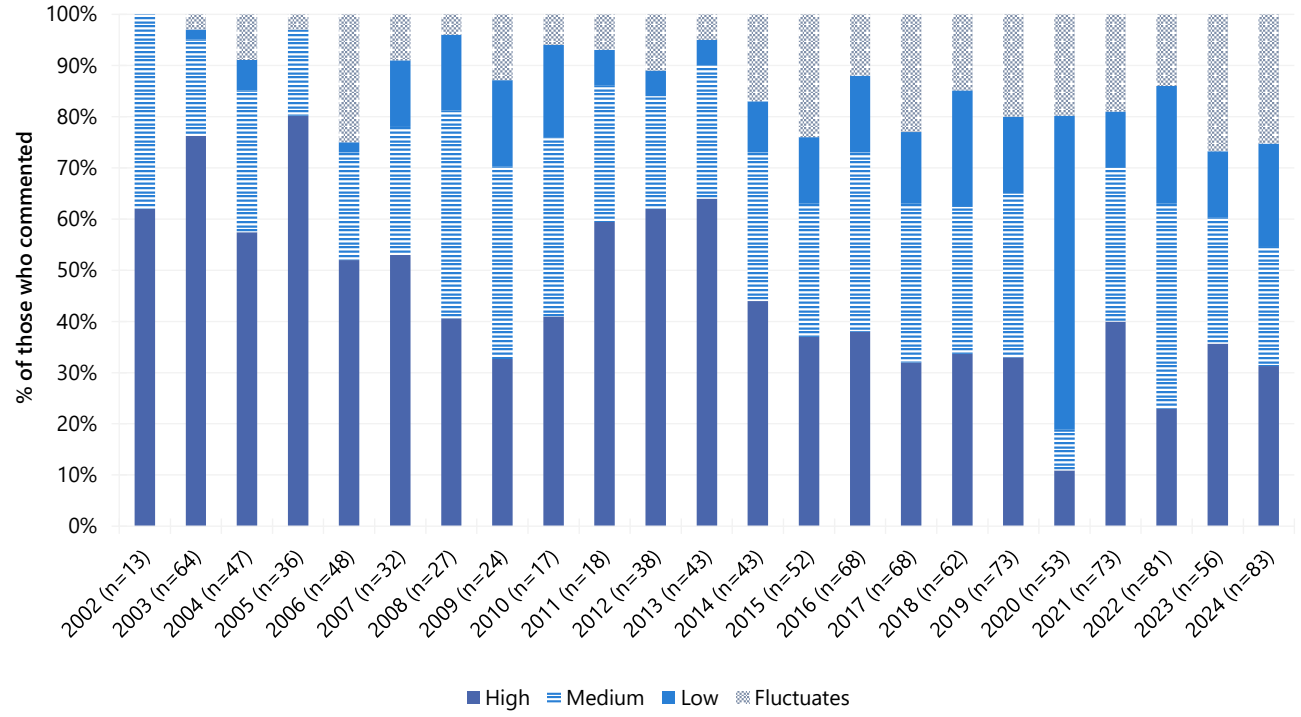
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived purity of powder methamphetamine, Hobart, TAS, 2002-2024



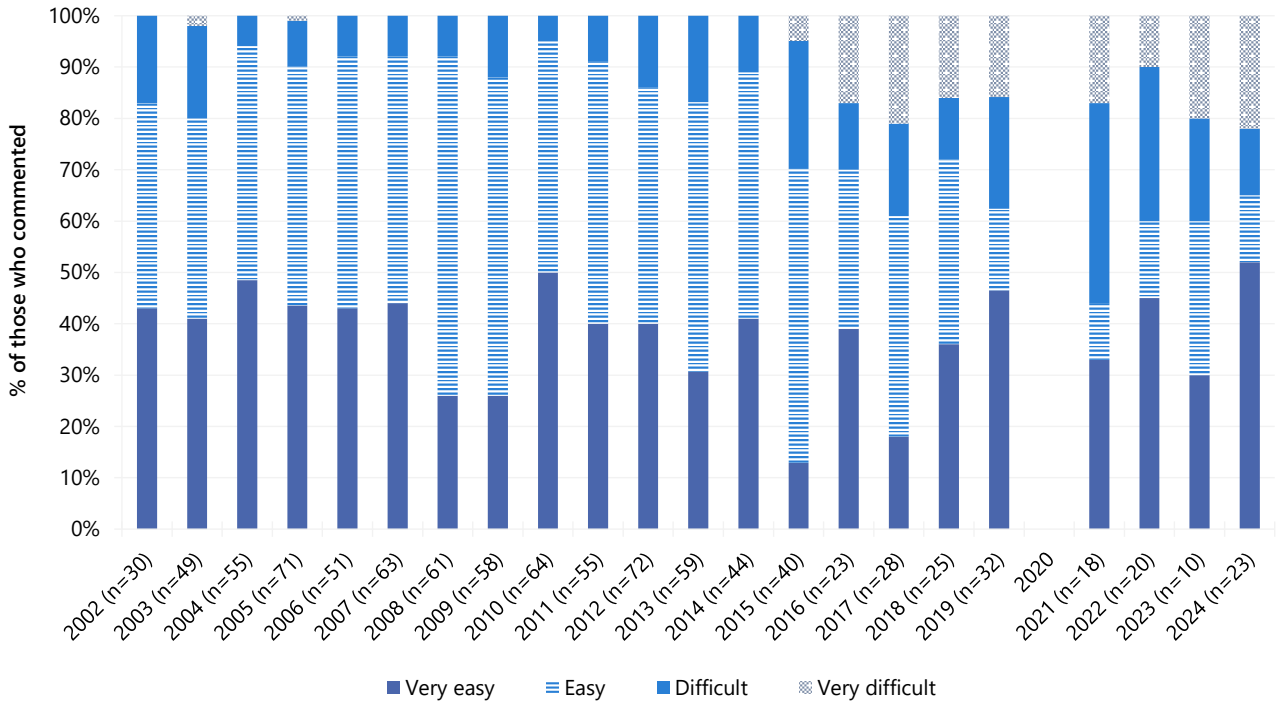
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived purity of methamphetamine crystal, Hobart, TAS, 2002-2024



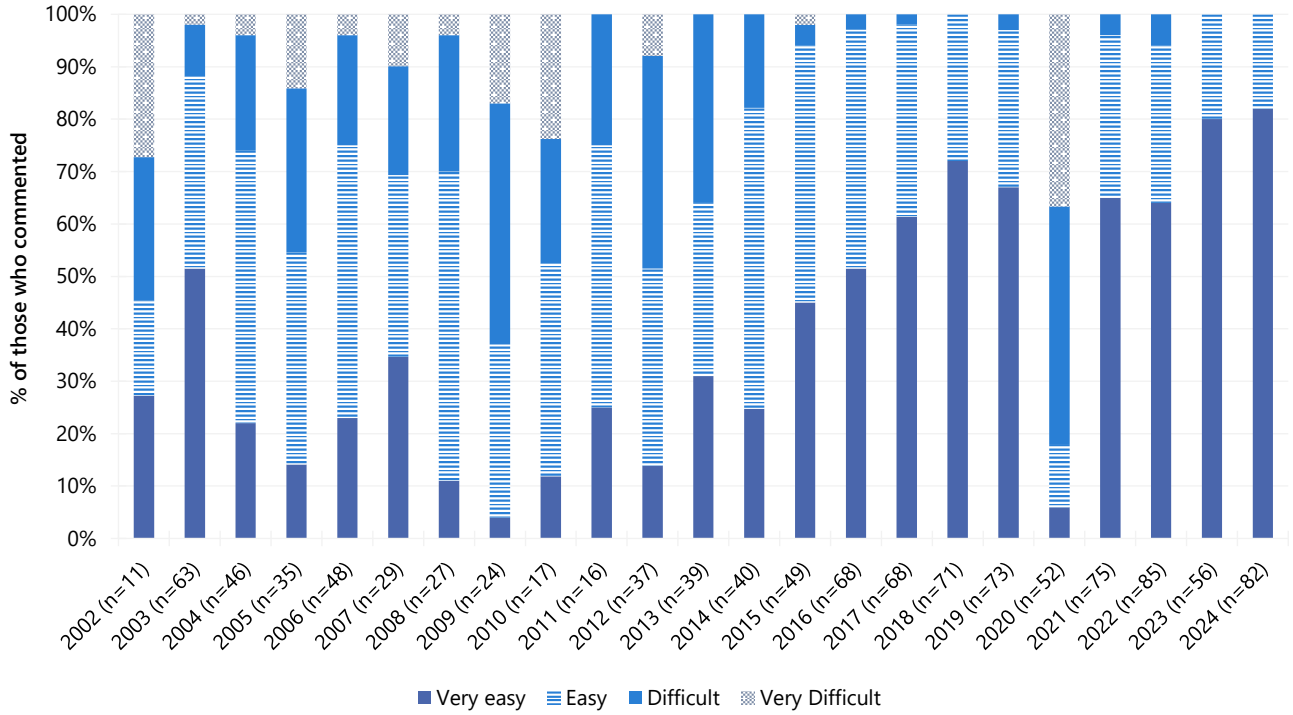
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of powder methamphetamine, Hobart, TAS, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of methamphetamine crystal, Hobart, TAS, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and crack/rock 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 2024, 18% of the Hobart sample reported recently consuming any cocaine, stable from 2023 (15%; p=0.827), although the highest percentage reporting recent use since monitoring commenced (Figure 16).

Frequency of Use

Of those who had recently consumed any cocaine and commented in 2024 (n=18), frequency of use remained stable at a median of one day (IQR=1-9; 3 days in 2023; IQR=1-20; n=10; p=0.218). Few participants (n≤5) reported using cocaine weekly or more frequently in 2023 and 2024 (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=18), four fifths (83%) reported snorting cocaine, stable relative to 2023 (70%; p=0.634). Few participants (n≤5) reported any other route of administration in 2023 and 2024; therefore, further details are not reported.

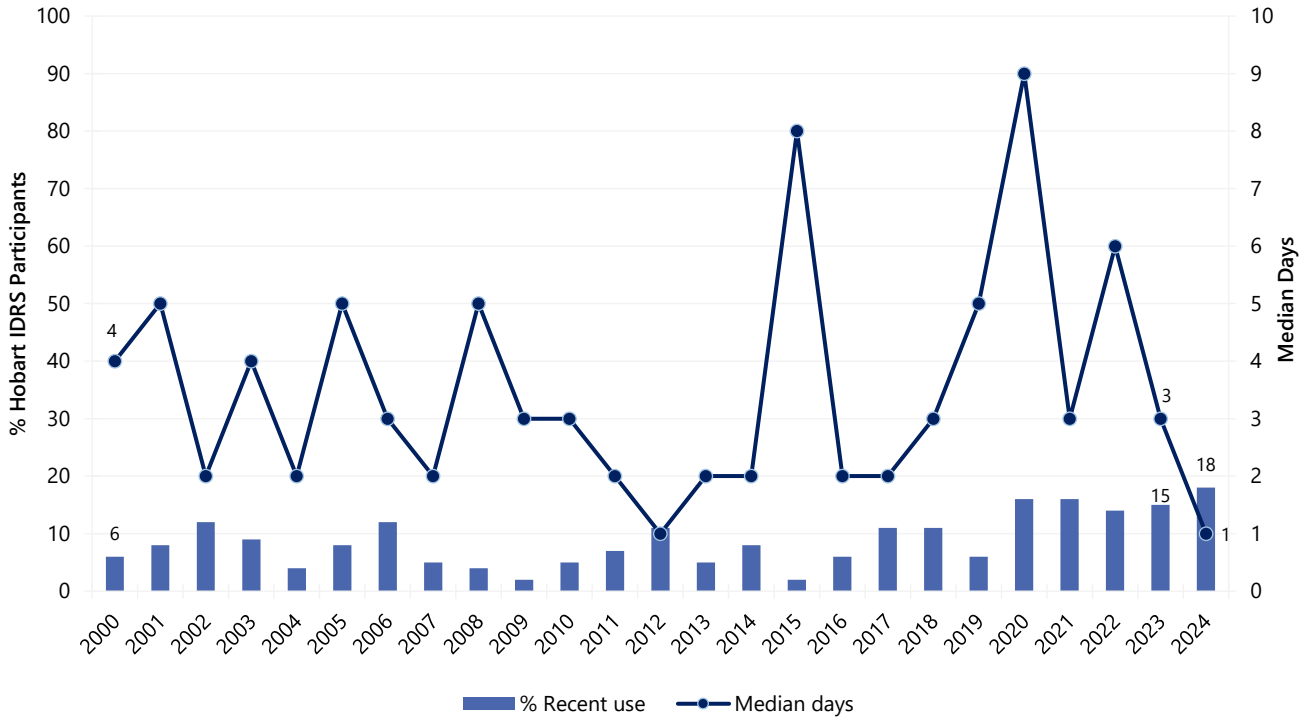
Quantity

Of those who reported recent use and responded (n=16), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.40 grams (IQR=0.20-0.50; 0.10 grams in 2023; IQR=0.10-0.30; n=9; p=0.056).

Forms Used

Among participants who had recently consumed cocaine and commented (n=18), the majority (83%) reported using powder cocaine (60% in 2023; p=0.219). Few participants (n≤5) reported using crack/rock cocaine in 2023 and 2024.

Figure 16: Past six month use and frequency of use of cocaine, Hobart, TAS, 2000-2024

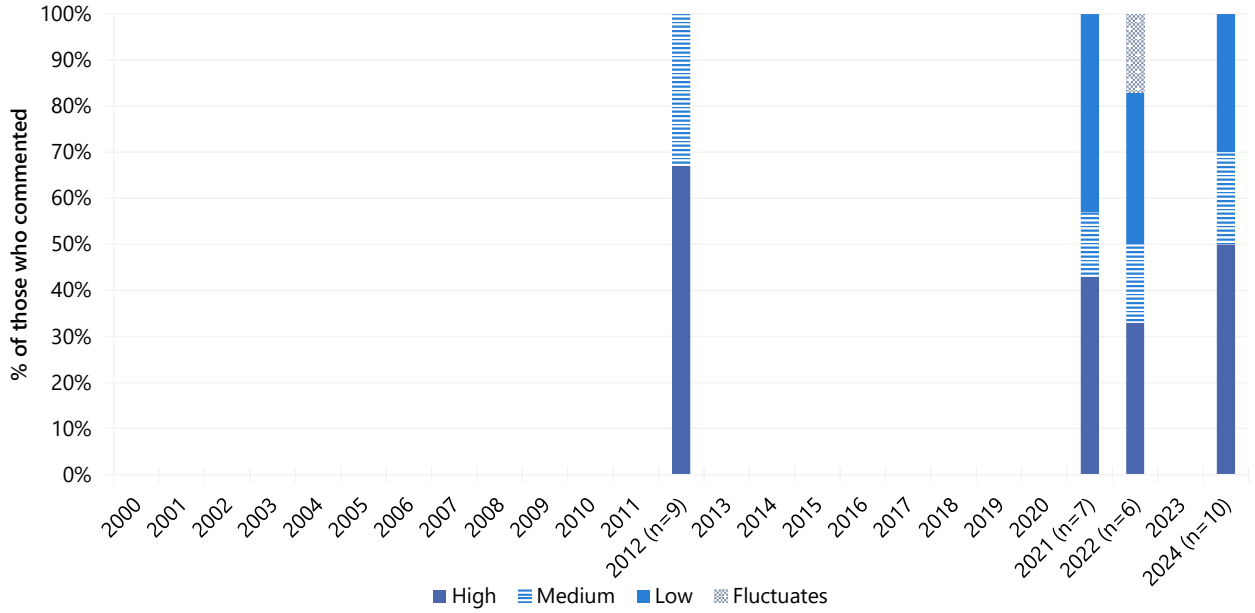


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

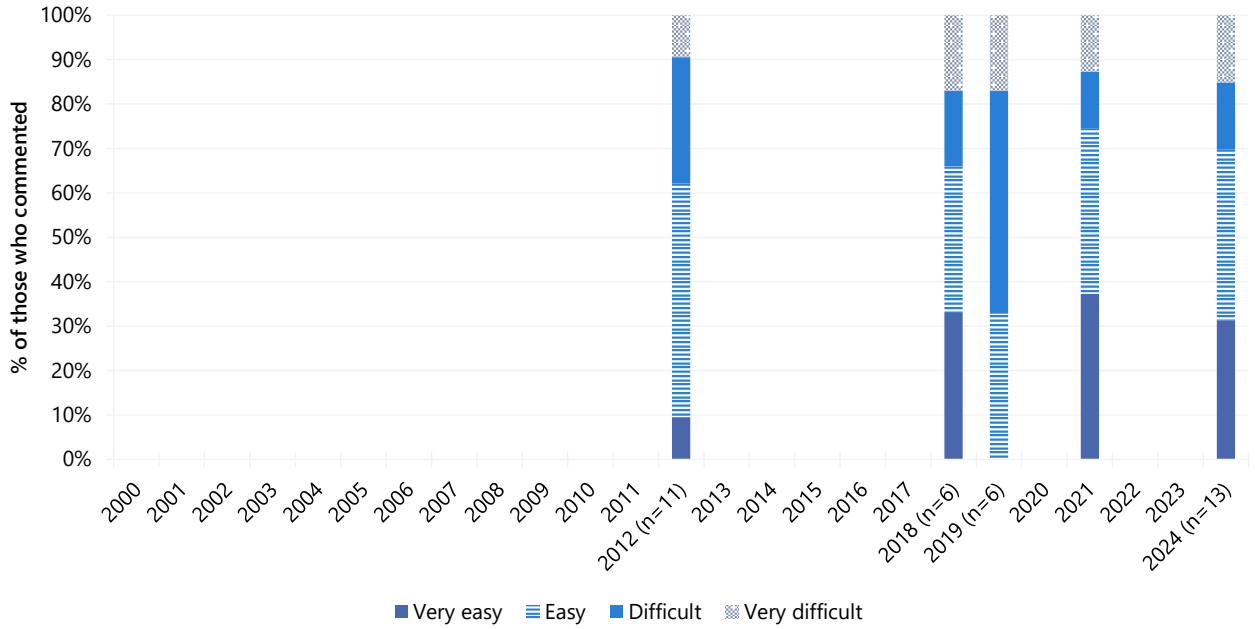
Due to low numbers (n≤5) reporting on price, perceived purity and perceived availability of cocaine in 2024, estimates are shown in Figure 17 and Figure 18 (median price of cocaine is suppressed), but are not interpreted further. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 17: Current perceived purity of cocaine, Hobart, TAS, 2000-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 18: Current perceived availability of cocaine, Hobart, TAS, 2000-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

5

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related-products obtained through either of the above means.

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Eight per cent of the Hobart sample reported prescribed use in the six months preceding interview in 2024 (n≤5 in 2023).

In the remainder of this chapter, data from 2021-2024, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis and/or cannabinoid-related products has generally declined slowly since the early 2000s. In 2024, almost three quarters (74%) reported recent use of non-prescribed cannabis and/or cannabinoid-related products, stable relative to 2023 (73%) (Figure 19).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2024 (n=75), frequency of use remained stable at a median of 180 days (IQR=90-

180; 180 days in 2023; IQR=42-180; n=48; *p*=0.255) (Figure 19). Two thirds (67%) reported daily use, stable relative to 2023 (60%; *p*=0.563).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=75), smoking continued to be the most common route of administration (80%; 83% in 2023; *p*=0.807), followed by inhaling/vaporising (31%; 15% in 2023; *p*=0.056) and swallowing (8%; n≤5 in 2023; *p*=0.749).

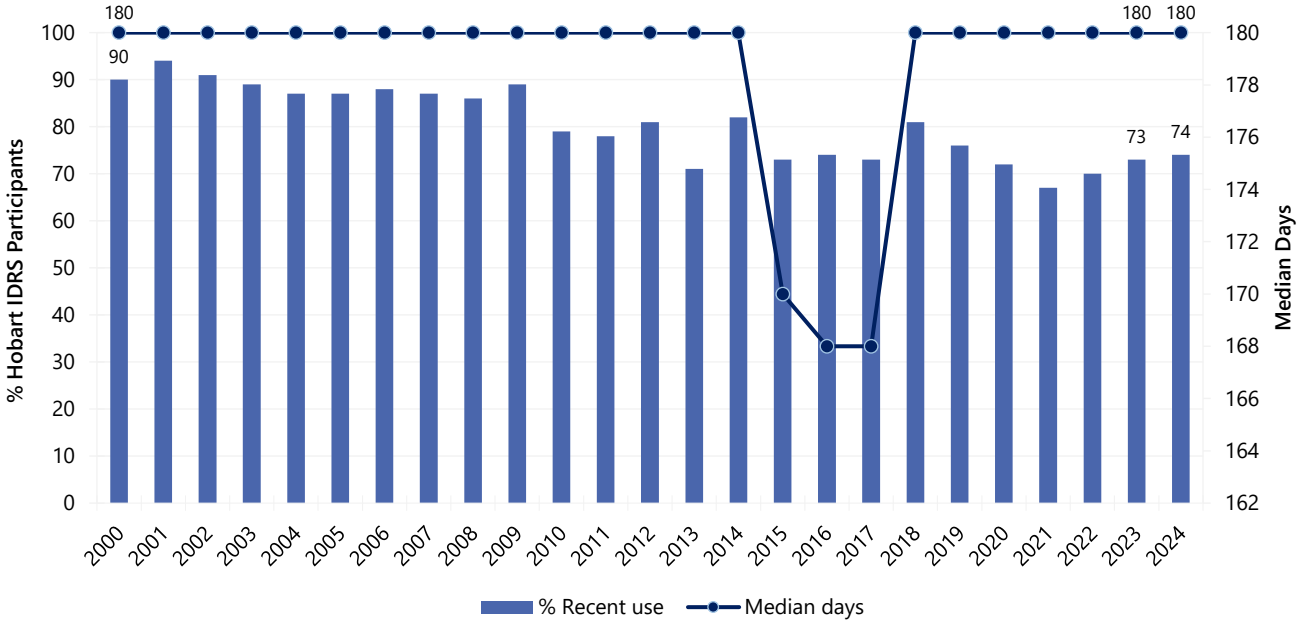
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024 and commented (n=73), the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-1.60; n=47; 1.00 gram in 2023; IQR=0.50-1.00; n=26; *p*=0.333), two cones (IQR=2-3; n=17; 3 cones in 2023; IQR=2-8; n=16; *p*=0.072) or one joint (IQR=1-1; n=6; n≤5 in 2023; *p*=0.763).

Forms Used

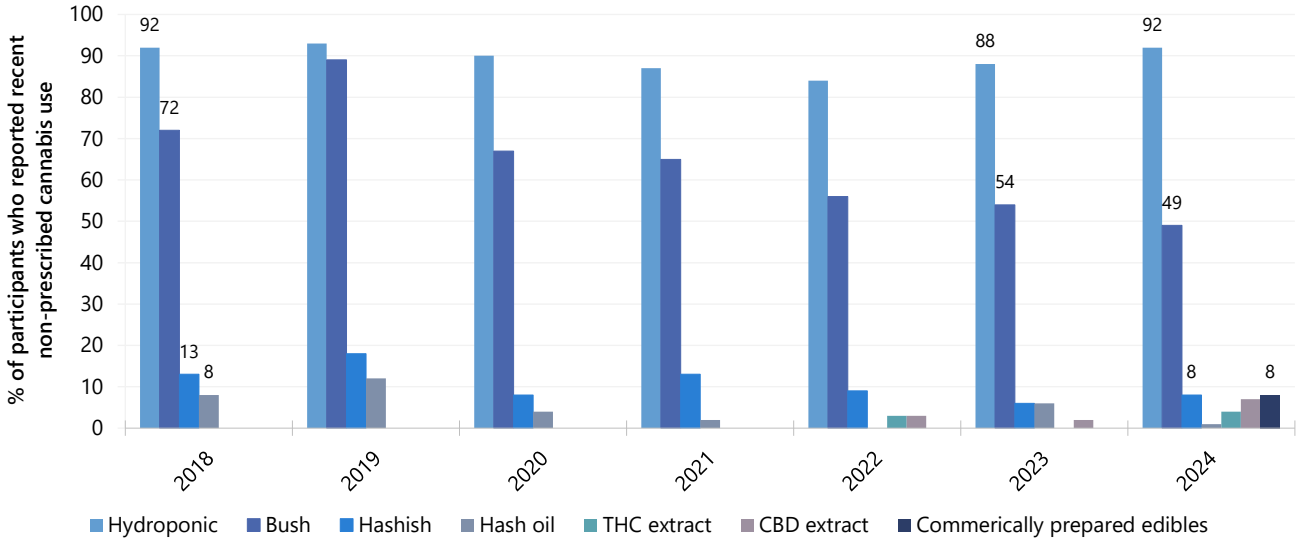
Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented (n=75), the majority of participants (92%) reported recent use of hydroponic cannabis (88% in 2023; *p*=0.540), and almost half (49%) reported recent use of outdoor-grown 'bush' cannabis (54% in 2023; *p*=0.715) (Figure 20). Eight per cent reported using hashish (n≤5 in 2023) and edibles (0% in 2023; *p*=0.080). In 2024, few participants (n≤5) reported recent use of CBD extract (n≤5 in 2023; *p*=0.403), THC extract (0% in 2023; *p*=0.280), or hash oil (n≤5 in 2023; *p*=0.298).

Figure 19: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Hobart, TAS, 2000-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Hobart, TAS, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Participants were asked about THC extract and CBD extract use for the first time in 2022. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram of hydroponic cannabis in 2024 was $20 (IQR=20-25; n=32; $20 in 2023; IQR=20-25; n=16; *p*=0.885). The median price per ounce was $250 (IQR=245-300; n=8; n≤5 in 2023; *p*=0.337) (Figure 21A).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2023 and 2024 (*p*=0.865). Among those who were able to comment in 2024 (n=63), almost two thirds (65%) reported 'high' potency (64% in 2023), with one fifth (19%) reporting 'medium' potency (18% in 2023) (Figure 22A).

Perceived Availability: Perceived availability remained relatively stable between 2023 and 2024 (*p*=0.933). Among those who were able to comment in 2024 (n=64), 77% perceived hydroponic cannabis to be 'very easy' to obtain (74% in 2023), with a further 17% reporting 'easy' obtainment (21% in 2023) (Figure 23A).

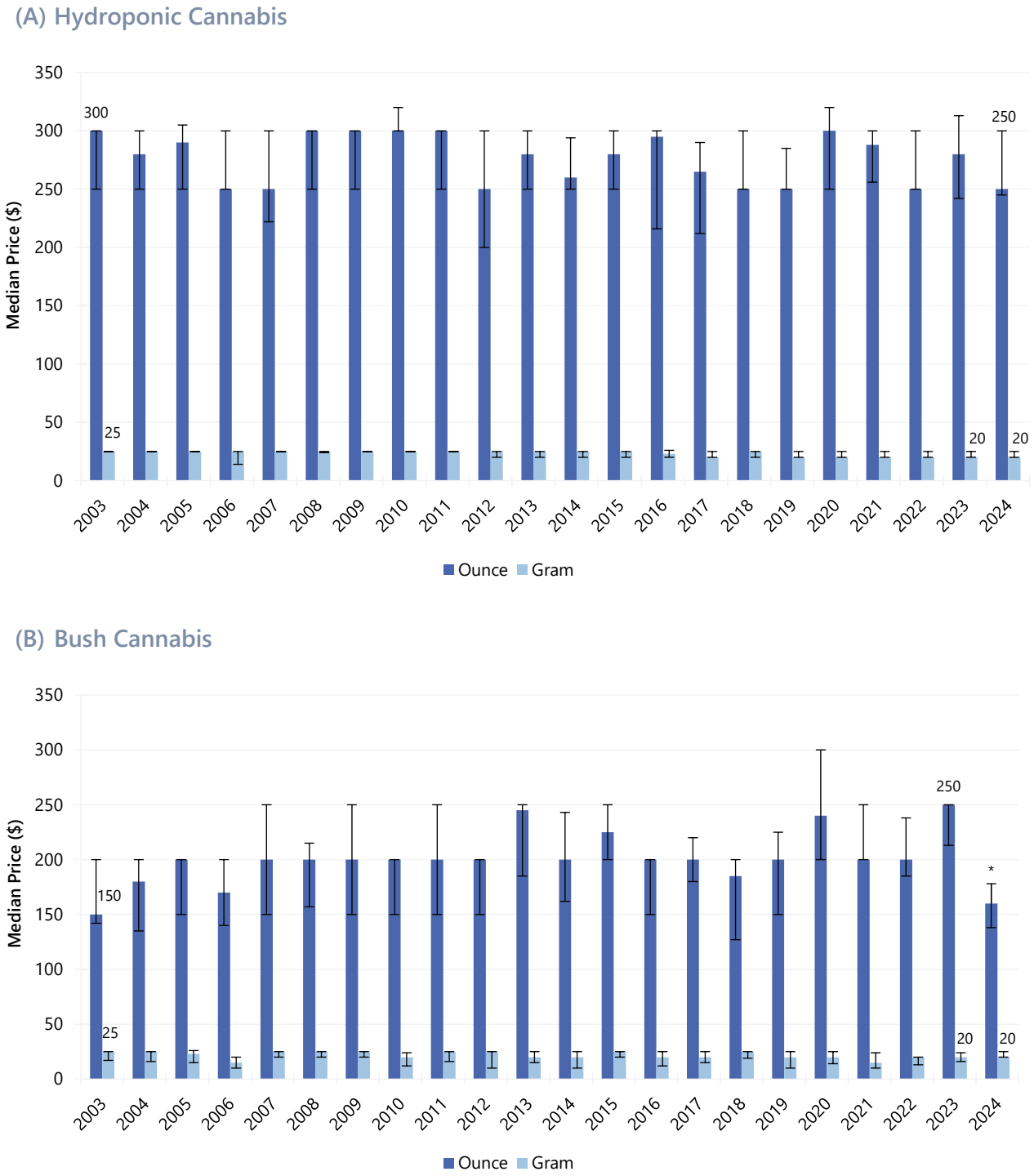
Bush Cannabis

Price: The median price per gram of bush cannabis in 2024 was $20 (IQR=20-25; n=8; $20 in 2023; IQR=16-24; n=6; *p*=0.634) (Figure 21B). Few participants (n≤5) reported on the price per ounce in 2024 ($250 in 2023; IQR=213-250; n=6; *p*=0.022). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: Perceived potency of bush cannabis remained stable between 2023 and 2024 (*p*=0.870). Among those who were able to comment in 2024 (n=28), two fifths (43%) perceived potency to be 'high' (32% in 2023), and 32% perceived potency to be 'medium' (37% in 2023) (Figure 22B).

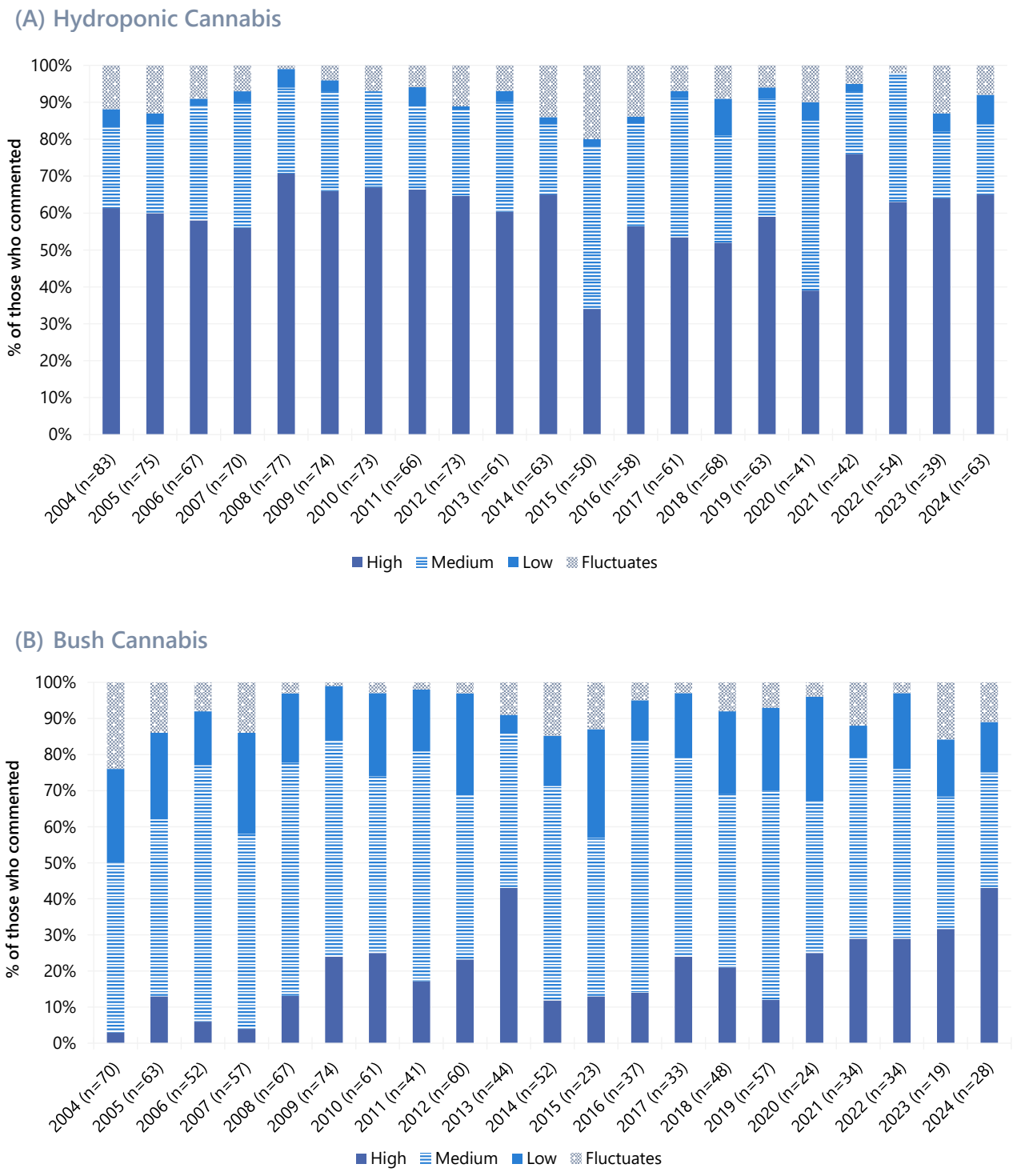
Perceived Availability: The perceived availability of bush cannabis remained stable between 2023 and 2024 (*p*=0.566). Among those who were able to comment in 2024 (n=29), 45% perceived that bush was 'very easy' to obtain (55% in 2023), whilst 38% perceived that it was 'easy' to obtain (30% in 2023) (Figure 23B).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Hobart, TAS, 2003-2024



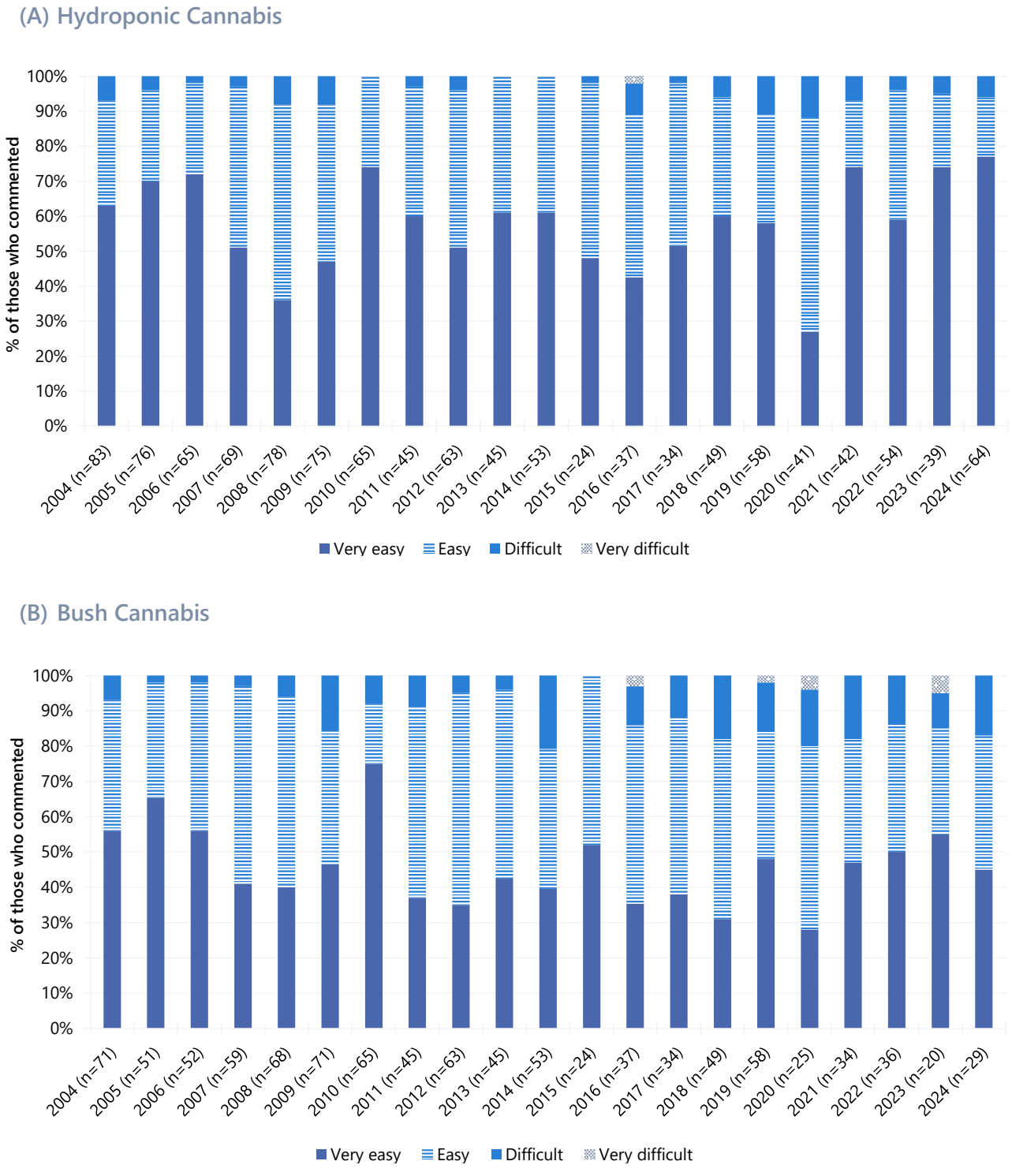
Note. Among those who commented. No participants reported purchasing an ounce of bush cannabis in 2023. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Hobart, TAS, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

6

Pharmaceutical Opioids

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

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

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

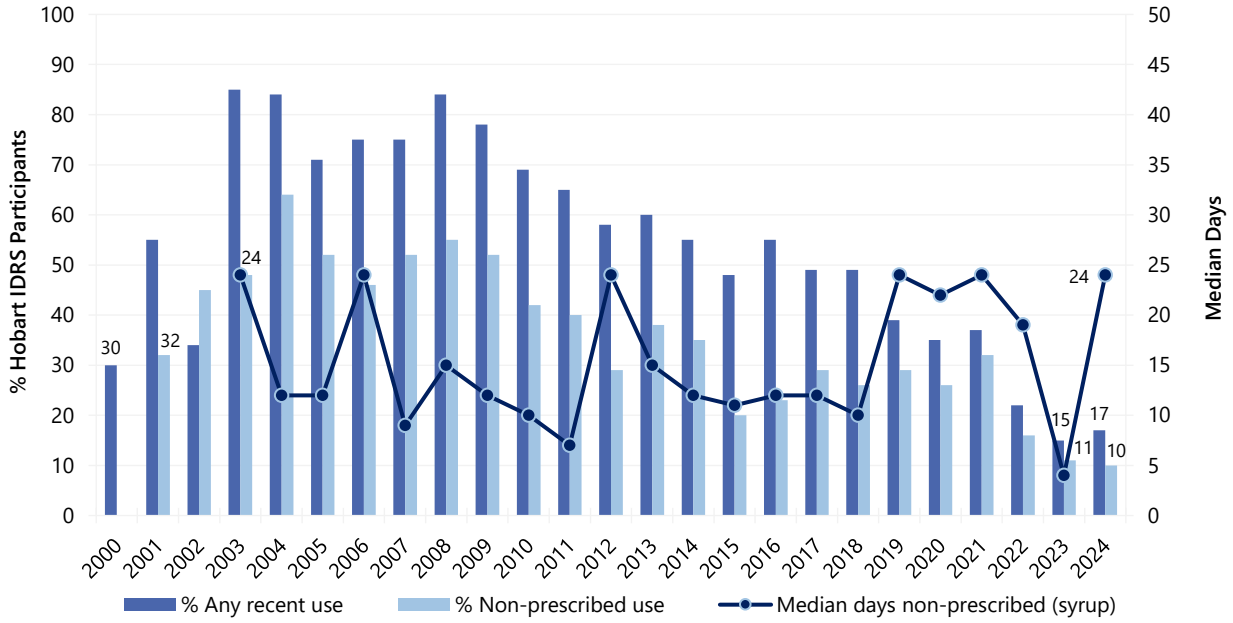
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per recent reporting any recent methadone use (including syrup and tablets) in the Hobart sample has generally decreased since monitoring commenced. In 2024, 17% of participants reported recent use of any prescribed and/or non-prescribed methadone (15% in 2023; p=0.829). Methadone use historically has largely consisted of prescribed use, with 10% reporting recent prescribed use in 2024 (n≤5 in 2023; p=0.569). Non-prescribed use remained low and stable, relative to 2023 (10%; 11% in 2023) (Figure 24).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented in 2024 (n=8), the median days of use was 24 days (IQR=20-29; n≤5 in 2023; p=0.679) (Figure 24).

Recent Injecting Use: Of those who had recently consumed any methadone in 2024 and commented (n=16), four fifths (81%) reported injecting methadone (90% in 2023) on a median of 24 days (IQR=20-62; n=12), stable relative to 2023 (12 days; IQR=3-52; n=9; p=0.354).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Hobart, TAS, 2000-2024



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine Tablet

Any Recent Use (past 6 months): Thirteen per cent of the Hobart sample reported recent use of any buprenorphine tablets in 2024, a significant decrease from 27% in 2023 (p=0.028). Eight per cent reported non-prescribed use, a significant decrease from 20% in 2023 (p=0.034). Few participants (n≤5) reported prescribed use in 2023 and 2024; therefore, further details are not reported.

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine tablets and commented (n=8), participants reported using on a median of 93 days (IQR=66-176), a significant increase from 12 days (IQR=4-24; n=13; *p*=0.041).

Recent Injecting Use: Of those who had recently used any buprenorphine tablets in 2024 and commented (n=13), 69% reported any recent injecting use (56% in 2023; *p*=0.484). Frequency of recent injecting use was stable at a median of 81 days (IQR=10-117; n=8; 13 days in 2023; IQR=3-22; n=10, *p*=0.244).

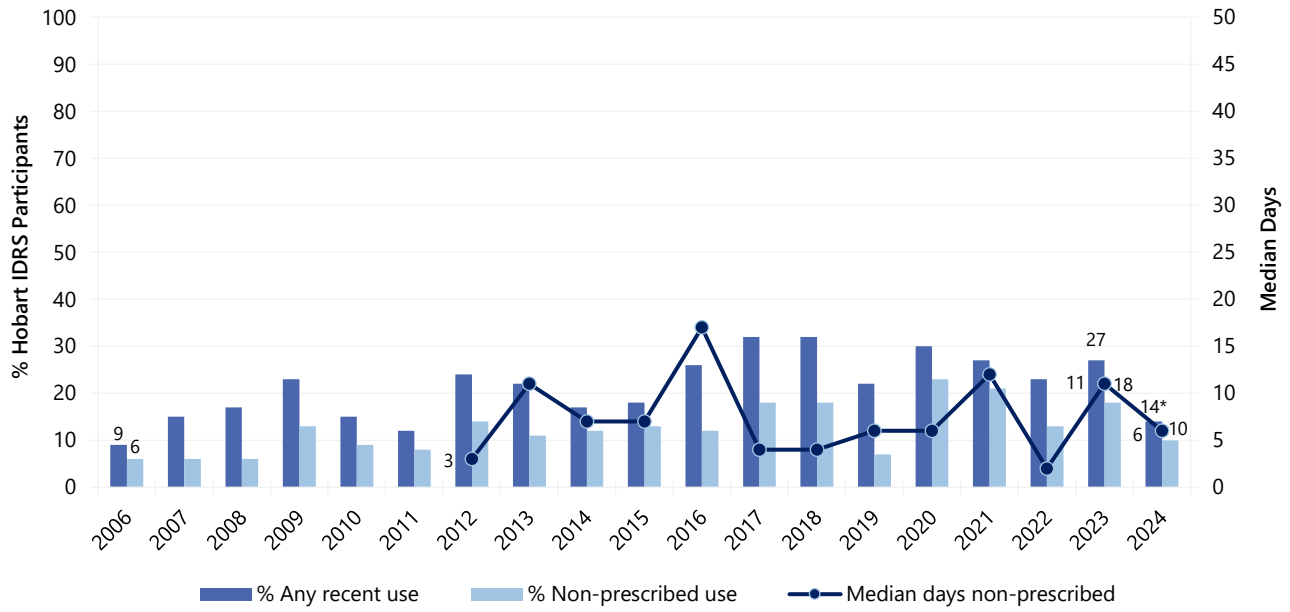
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2024, 14% of the Hobart sample reported recent use of any buprenorphine-naloxone, a significant decrease relative to 2023 (27%; *p*=0.045), with one tenth (10%) reporting non-prescribed use (18% in 2023; *p*=0.167) (Figure 25). Few participants (n≤5) reported prescribed use (9% in 2023; *p*=0.193).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=10), frequency of use remained low and stable at a median of six days (IQR=3-14) in the six months preceding interview (11 days in 2023; IQR=2-12; n=12; *p*=0.947) (Figure 25).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2024 and commented (n=14), 71% reported recent injection (44% in 2023; *p*=0.165) on a median of nine days (IQR=6-39; n=8), stable relative to eight days in 2023 (IQR=2-14; n=8; *p*=0.634).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Hobart, TAS, 2006-2024



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

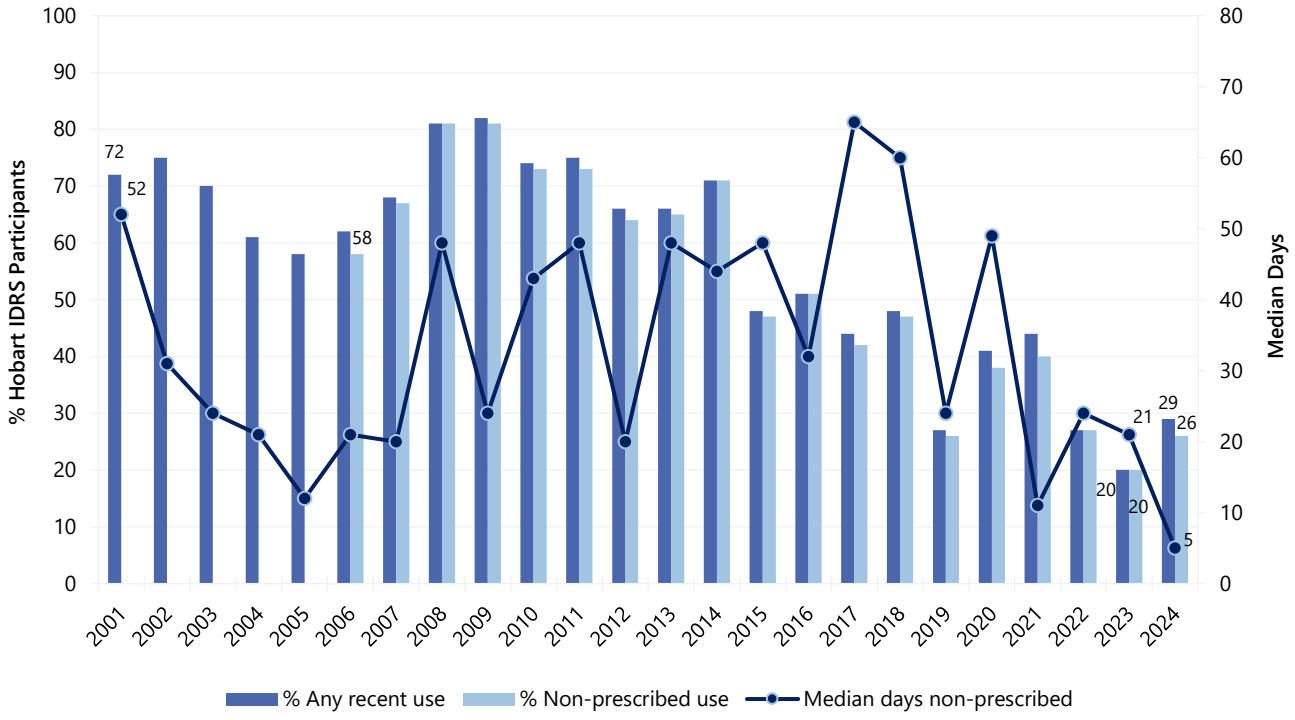
Morphine

Any Recent Use (past 6 months): The Hobart sample has observed a downward trend in recent use of morphine since peaking in 2009 (Figure 26). In 2024, 29% of the sample had recently used any morphine (20% in 2023; p=0.208). This was mostly driven by non-prescribed use (26%; 20% in 2023; p=0.359), with few participants (n≤5) reporting recent prescribed use in 2023 and 2024.

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=27) reported use on a median of five days (IQR=2-48) in 2024, stable relative to 2023 (21 days; IQR=6-72; n=13; p=0.169) (Figure 26).

Recent Injecting Use: Of those who had recently used any morphine in 2024 and commented (n=30), the majority (93%) reported injecting morphine (100% in 2023) on a median of 14 days (IQR=3-71; n=28; 24 days in 2023; IQR=6-90; n=13; p=0.267).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Hobart, TAS, 2001-2024



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary Y axis reduced to 80 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

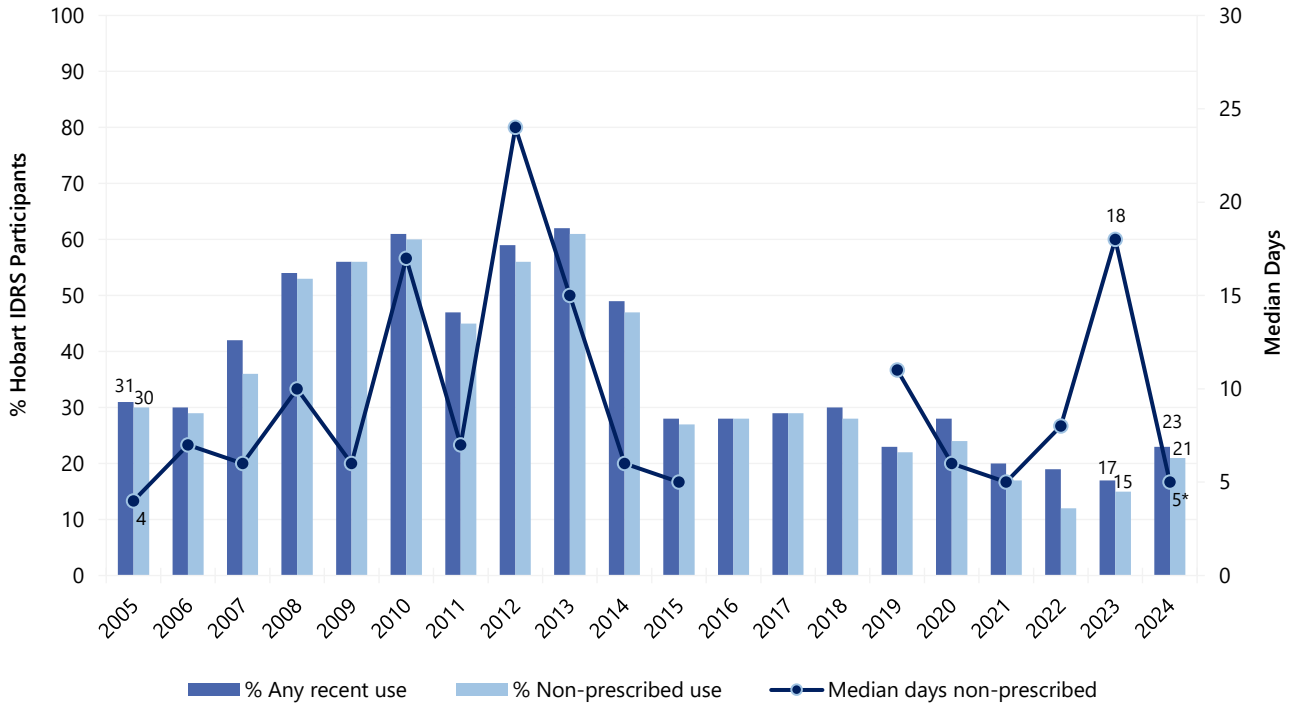
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 23% of participants reporting any recent use in 2024 (17% in 2023; *p*=0.441) (Figure 27). In 2024, one fifth (21%) of the Hobart sample had used non-prescribed oxycodone (15% in 2023; *p*=0.423). Few participants (n≤5) reported recent use of prescribed oxycodone in 2023 and 2024.

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=21) reported use on a median of five days (IQR=2-12) in the six months preceding interview in 2024, a significant decrease from 18 days in 2023 (IQR=5-62; n=11; *p*=0.041) (Figure 27).

Recent Injecting Use: Of those who had recently used any oxycodone in 2024 and commented (n=23), 70% reported injecting oxycodone (82% in 2023; *p*=0.682) on a median of six days (IQR=3-11; n=16), stable relative to 12 days in 2023 (IQR=4-24; n=9; *p*=0.256).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Hobart, TAS, 2005-2024



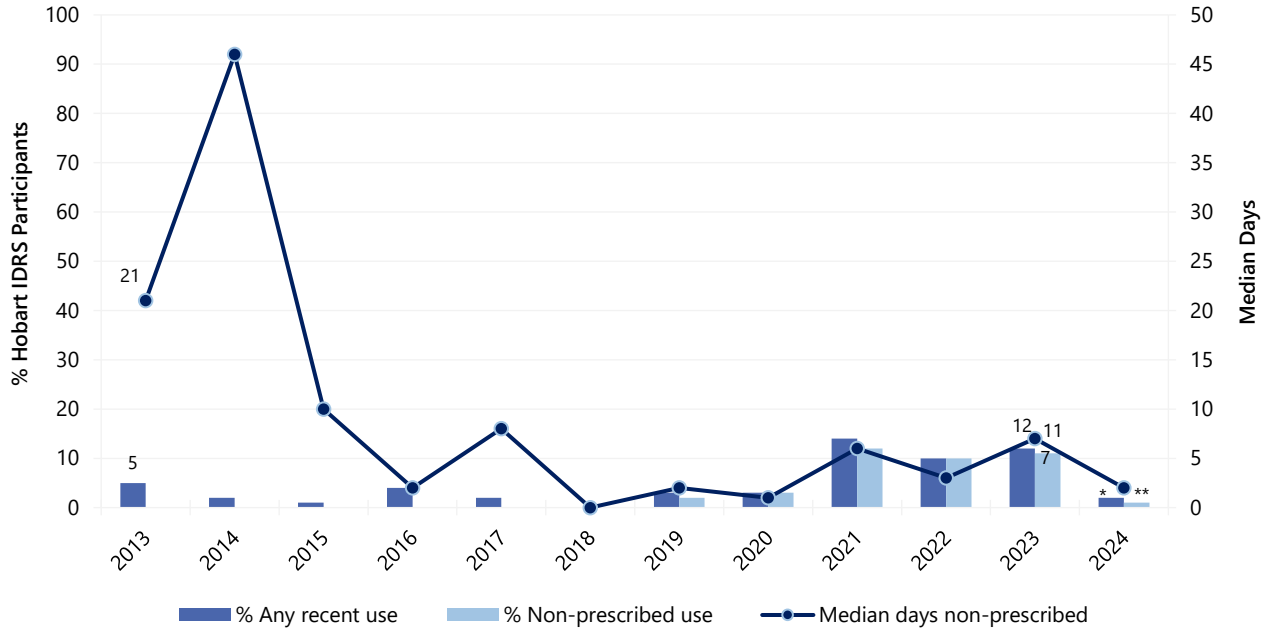
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Fentanyl

Any Recent Use (past 6 months): The per cent reporting any recent fentanyl use has generally remained low and stable over the course of monitoring. In 2024, there was a significant decrease in the per cent reporting any recent use of fentanyl (12% in 2023; p=0.015). There was also a significant decrease in the per cent reporting recent use of non-prescribed fentanyl in 2024 (n≤5; 11% in 2023; p=0.007) (Figure 28). Few participants (n≤5) reported recent use of prescribed fentanyl in 2023 and 2024.

Due to low numbers (n≤5) reporting recent use of any fentanyl in 2024, details regarding frequency of use (7 days in 2023; IQR=5-31; n=7; p=0.508) and recent injecting use (88% of those who had recently used fentanyl in 2023; injected on a median of seven days in 2023; IQR=4-31; n=7; p=0.386) are not reported. Please refer to Figure 28 for recent year trends in the Hobart sample, and the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 28: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Hobart, TAS, 2013-2024



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2024, one tenth (10%) of participants reported recent use of any codeine, a significant decrease from 2023 (21% in 2023; p=0.048). Few participants (n≤5) reported recent prescribed (12% in 2023; p=0.137) or non-prescribed (n≤5 in 2023) codeine use in 2024; therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

One tenth (10%) of participants reported recent use of any form of tramadol (20% in 2023; p=0.111), with 8% reporting recent non-prescribed use of tramadol (12% in 2023; p=0.424), and few participants (n≤5) reporting recent prescribed use in 2023 and 2024. Few participants (n≤5) reported recent use of any form of tapentadol in 2023 and 2024. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of other opioids, Hobart, TAS, 2019-2024

% Recent use (past 6 months)	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=66	2024 N=102
Codeine^						
Any use	9	-	12	10	21	**10***
Non-prescribed use	19	14	9	-	9	**-**
Any injection#	0	0	0	0	0	**0**
Tramadol						
Any use	26	-	20	16	20	**10**
Non-prescribed use	18	9	7	7	12	**8**
Any injection#	12	0	16	6	8	**0**
Tapentadol						
Any use	-	-	-	-	-	**-**
Non-prescribed use	-	-	-	-	0	**-**
Any injection#	0	0	0	0	0	**0**

Note. ^ Includes high and low dose. # Of those who reported past six month use. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Other Drugs

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

New Psychoactive Substances (NPS)

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

Seven per cent of the Hobart sample reported using any NPS in the six months prior to interview (n≤5 in 2023). Few participants (n≤5) reported using specific NPS in 2023 and 2024; therefore no further details on patterns of use are reported. Please refer to Table 4 for trends in use in the Hobart sample and the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 4: Past six month use of new psychoactive substances, Hobart, TAS, 2013-2024

% Recent Use (past 6 months)	2013 N=105	2014 N=101	2015 N=100	2016 N=99	2017 N=100	2018 N=100	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=66	2024 N=102
'New' drugs that mimic the effects of **opioids**	/	/	/	/	0	0	-	-	-	0	0	**-**
'New' drugs that mimic the effects of **ecstasy**	/	/	/	/	-[#]	-	-	-	-	-	-	**-**
'New' drugs that mimic the effects of **amphetamine or cocaine**	-	/	/	/	/	-	-	-	-	-	-	**-**
'New' drugs that mimic the effects of **cannabis**	-	-	-	-	-	-	-	-	-	0	0	**-**
'New' drugs that mimic the effects of **psychedelic drugs**	/	/	/	/	-[#]	-	-	-	-	-	-	**-**
'New' drugs that mimic the effects of **benzodiazepines**	/	/	/	/	/	/	-	-	-	-	-	**-**
Any of the above	**-**	-	-	0	-	8	16	14	12	7	**-**	**7**

Note. [#] In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepine (e.g., diazepam, alpraxolam) remained stable in 2024 (27%; 36% in 2023; p=0.240) (Figure 29).

Frequency of Use: In 2024, participants reported consuming non-prescribed benzodiazepines on a median frequency of 14 days (IQR=6-114; n=28) in the six months preceding interview.

Recent Injecting Use: No participants reported recent injection of any benzodiazepines (prescribed or non-prescribed) in 2024 (n≤5 in 2023); therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2024 (n=27), the most commonly used brands were Valium (diazepam) (89%), followed by Xanax (alprazolam) (22%).

Pharmaceutical Stimulants

Recent Use (past 6 months): In 2024, almost one fifth (18%) of the Hobart sample had used non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) in the six months preceding interview, stable relative to 2023 (18%) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=18), reported use on a median of five days (IQR=2-21) in 2024 (3 days in 2023; IQR=2-11; n=12; p=0.623).

Recent Injecting Use: Of those who had recently used pharmaceutical stimulants in 2024 and commented (n=18), 44% of participants reported recently injecting pharmaceutical stimulants (67% in 2023; n=8; p=0.284) on a median of five days (IQR=2-8) in the past six months, stable from 2023 (5 days; IQR=2-11; n=8; p=0.791).

Antipsychotics

Recent Use (past 6 months): In 2024, 6% of the Hobart sample reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months preceding interview, stable relative to 12% in 2023 (p=0.256) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed antipsychotics and commented (n=6) reported use on a median of 11 days (IQR=3-71) in 2024 (4 days in 2023; IQR=1-15; n=8; p=0.328).

Recent Injecting Use: No participants reported recent injecting use of non-prescribed antipsychotics in 2023 and 2024. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2024, one fifth (20%) of participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 17% in 2023 (p=0.680) (Figure 29).

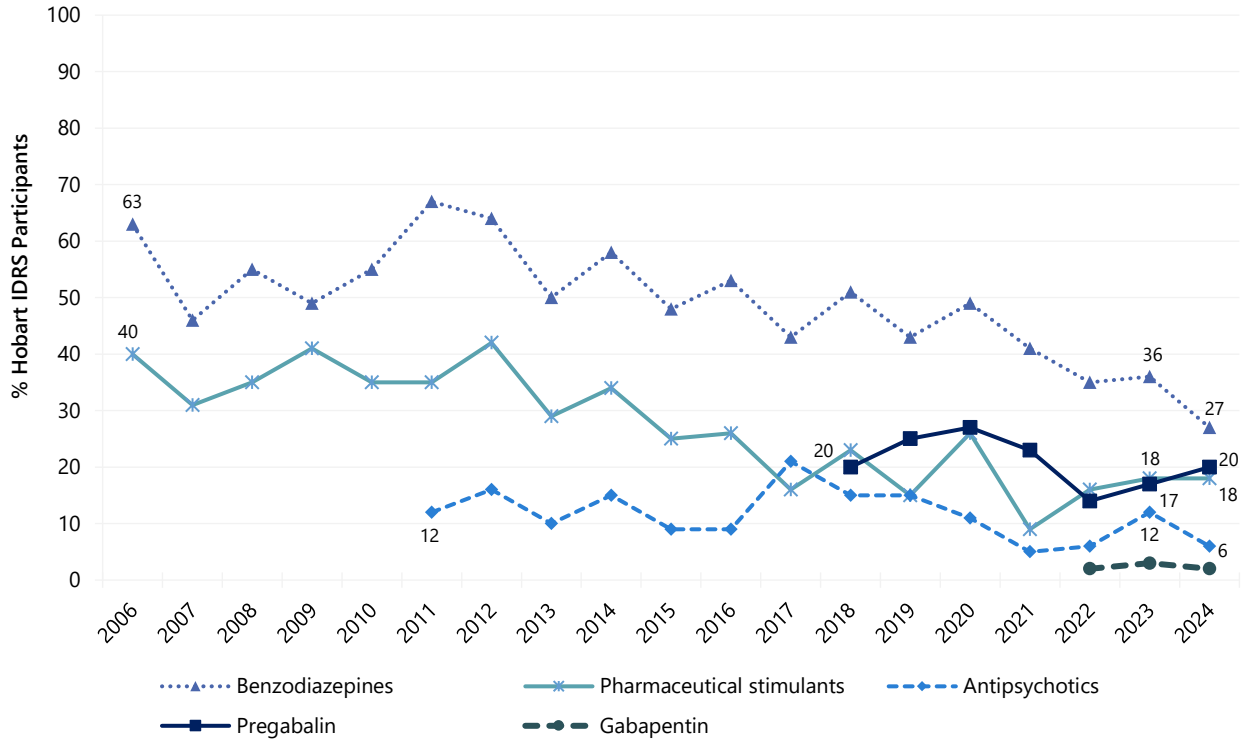
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=19) reported use on a median of seven days (IQR=3-35) in 2024, stable from three days in 2023 (IQR=2-9; n=11; p=0.095).

Recent Injecting Use: Few participants (n≤5) reported recent injection of non-prescribed pregabalin in 2024 (0% in 2023); therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

Few participants (n≤5) reported using non-prescribed gabapentin in the six months prior to interview in 2023 and 2024 (Figure 29); therefore, no further reporting on patterns of use will be included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use of non-prescribed pharmaceutical drugs, Hobart, TAS, 2006-2024



Note. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Fifty-four per cent of the Hobart sample reported any recent use of alcohol in 2024, stable relative to 61% in 2023 (p=0.429) (Figure 30).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=55) reported use on a median of 40 days in 2024 (IQR=6-150; 48 days in 2023; IQR=6-77; n=40; p=0.970), with 18% reporting daily use (15% in 2023; p=0.780).

Tobacco

In 2024, questions about illicit tobacco were included for the first time. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Hobart samples. In 2024, the majority (93%) of participants reported recent use of any tobacco (licit or illicit) (91% in 2023; p=0.771) (Figure 30). Almost one fifth (18%) of participants reported recent use of smoked or non-smoked illicit tobacco products (data not collected in 2023).

Frequency of Use: Participants who had recently consumed any tobacco and commented (n=95) reported use on a median of 180 days in 2024 (IQR=180-180; 180 days in 2023; IQR=180-180; n=60; p=0.233), with 89% reporting daily use (95% in 2023; p=0.373).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, from 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. In 2024, few participants (n≤5) reported recent use of prescribed e-cigarettes, with no participants reporting prescribed use in 2022 and 2023. The data presented from 2022 to 2024 refer to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use.

Recent Use (past 6 months): Almost one fifth (19%) of participants reported recent use of non-prescribed e-cigarettes in 2024, stable relative to 2023 (15%; p=0.666) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=19) reported use on a median of 26 days in 2024 (IQR=6-180), stable relative to 22 days in 2023 (IQR=7-75; n=10; p=0.746).

Contents and Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=18), 83% reported using e-cigarettes that contained nicotine (90% in 2023). Among participants who had recently used e-cigarettes and responded in 2024 (n=19), participants most commonly reported using disposable devices (79%), followed by re-fillable devices (37%).

Seven per cent of participants reported vaping substances other than nicotine/vape juice. Few participants (n≤5) reported on individual substances consumed via a vaping device other than

nicotine/vape juice; therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Reason for Use: Thirty-five per cent of those who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes in 2024 reported that they had used e-cigarettes as a smoking cessation tool, stable relative to 2023 (50%; p=0.461).

Nicotine Pouches

In 2024, participants were asked for the first time about their use of nicotine pouches. Nicotine pouches are small pouches (or bags) containing synthetic nicotine and sometimes other ingredients such as sweeteners and flavours. They are designed to be placed between the lip and gum.

Recent Use (past 6 months): Seven per cent of participants reported recent use of nicotine pouches in 2024 (Figure 30).

Frequency of Use: Participants who had recently used nicotine pouches and commented (n=7), reported use on a median of three days (IQR=2-10) in 2024.

Kava

Few participants (n≤5) reported recent use of kava in 2023 and 2024; therefore, further details will not be reported (Figure 30). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2023 and 2024; therefore, no further reporting on patterns of use will be included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2024, one tenth (11%) of participants reported recent use of GHB/GBL/1,4-BD, stable relative to 12% in 2023 (p=0.802) (Figure 30).

Frequency of Use: Participants who had recently consumed GHB/GBL/1,4-BD and commented (n=11) reported use on a median of two days (IQR=1-6) in 2024 (n≤5 in 2023; p=0.670).

Recent Injecting Use: Few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD (0% in 2023); therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

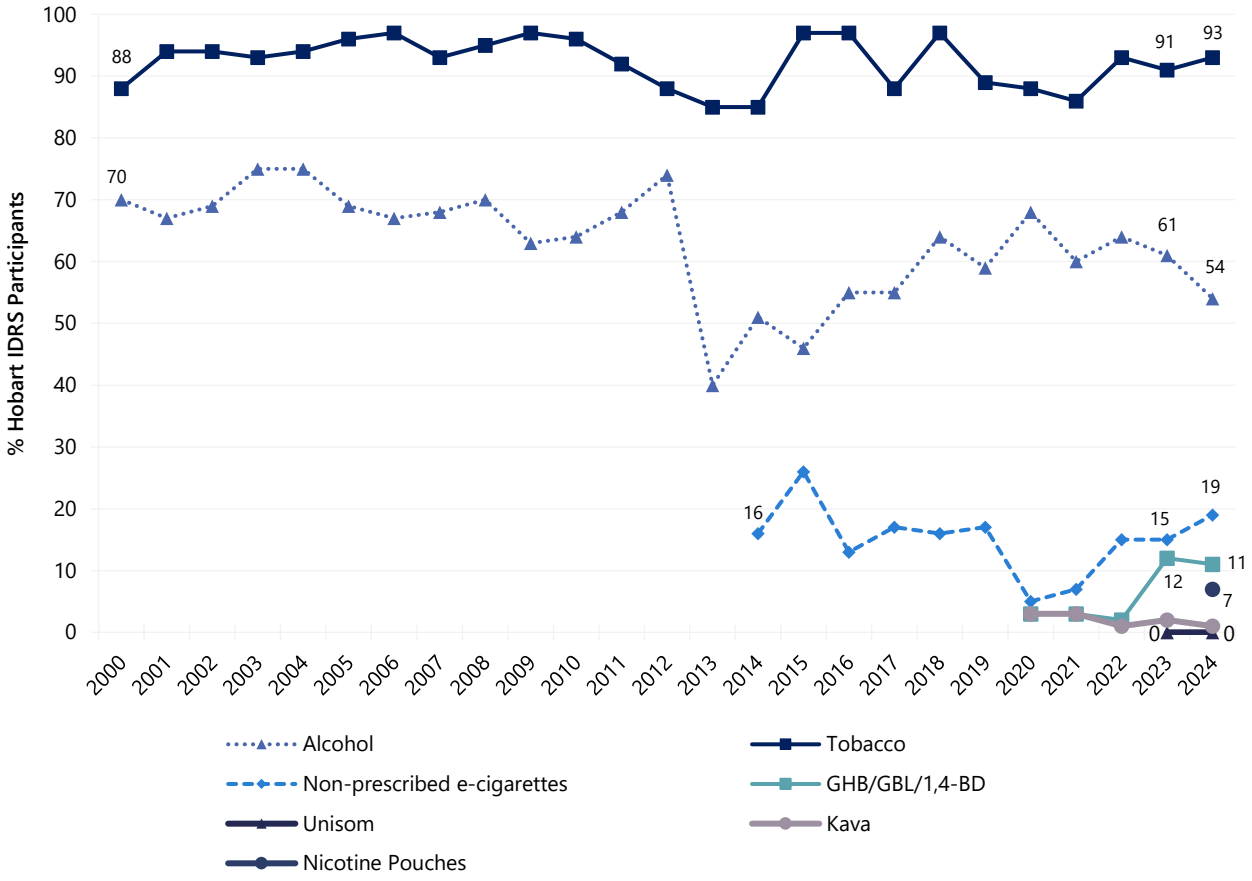
Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule

formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

No participants reported using Unisom in the six months prior to interview in 2023 and 2024; therefore, further details are not reported (Figure 30). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use of licit and other drugs, Hobart, TAS, 2000-2024



Note. Regarding e-cigarette use, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

8

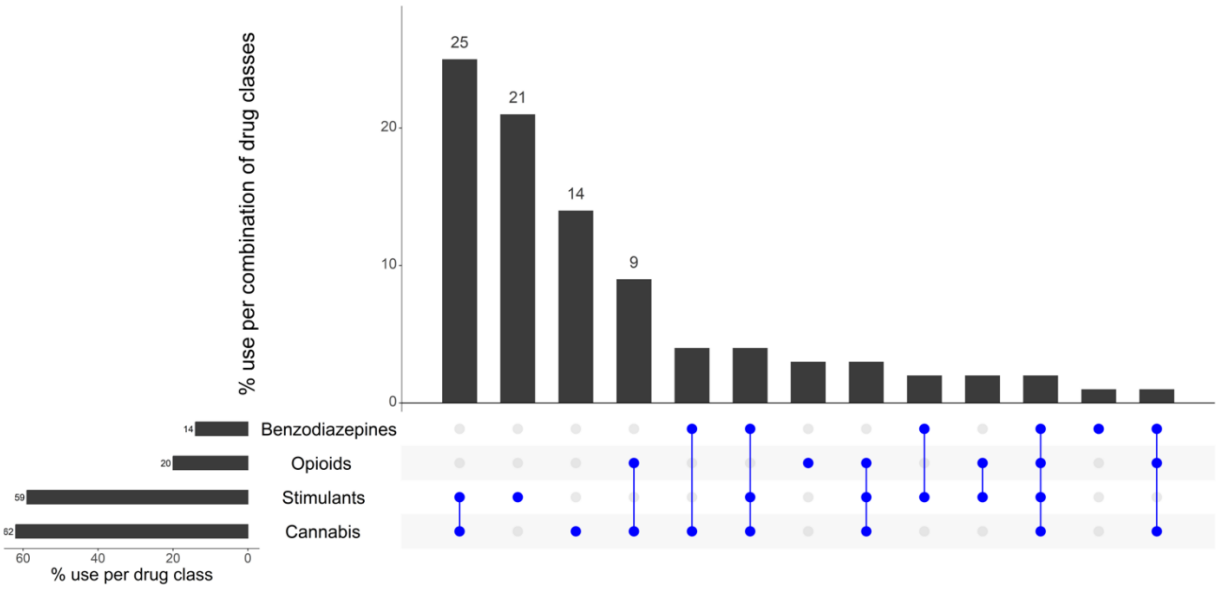
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2024, 92% of the Hobart sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs and commented (n=93), the most commonly used substances were cannabis (76%), stimulants (63%), alcohol (25%) and opioids (22%).

Almost two thirds (65%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One quarter (25%) of participants reported concurrent use of stimulants and cannabis on the day preceding interview, whilst almost one tenth (9%) reported concurrent use of opioids and cannabis. One fifth (21%) of respondents reported using stimulants alone, and 14% reported using cannabis alone (Figure 31).

Figure 31: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Hobart, TAS, 2024

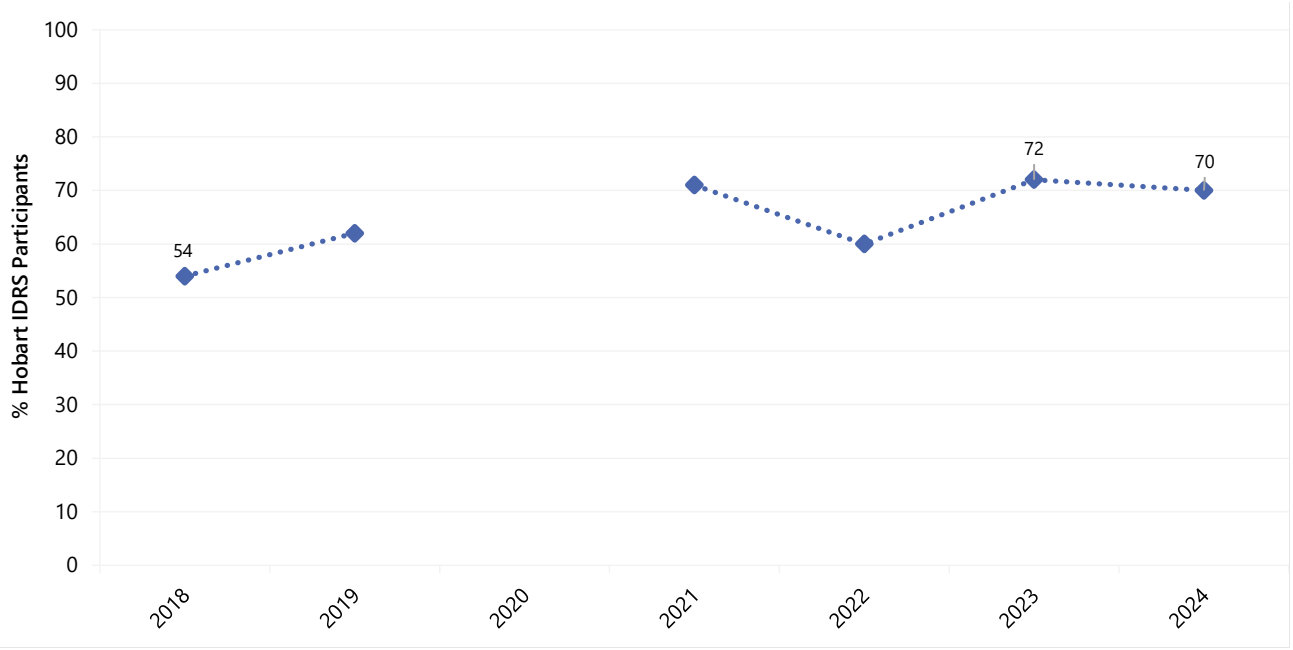


Note. % calculated out of total IDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option Y axis reduced to 30% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

Binge Drug Use

Participants were asked whether they had used any stimulants or related drugs for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. The per cent of the sample who have reported bingeing has generally remained stable. In 2024, seventy per cent of the Hobart sample had binged on one or more drugs in the preceding six months, stable relative to 2023 (72%; p=0.737) (Figure 32).

Figure 32: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Hobart, TAS, 2018-2024



Note. Participants were first asked about bingeing in 2018. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There has been some changes in the way questions about overdose have been asked over the years, which may account for some variation in estimates. From 2019 onwards, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample.

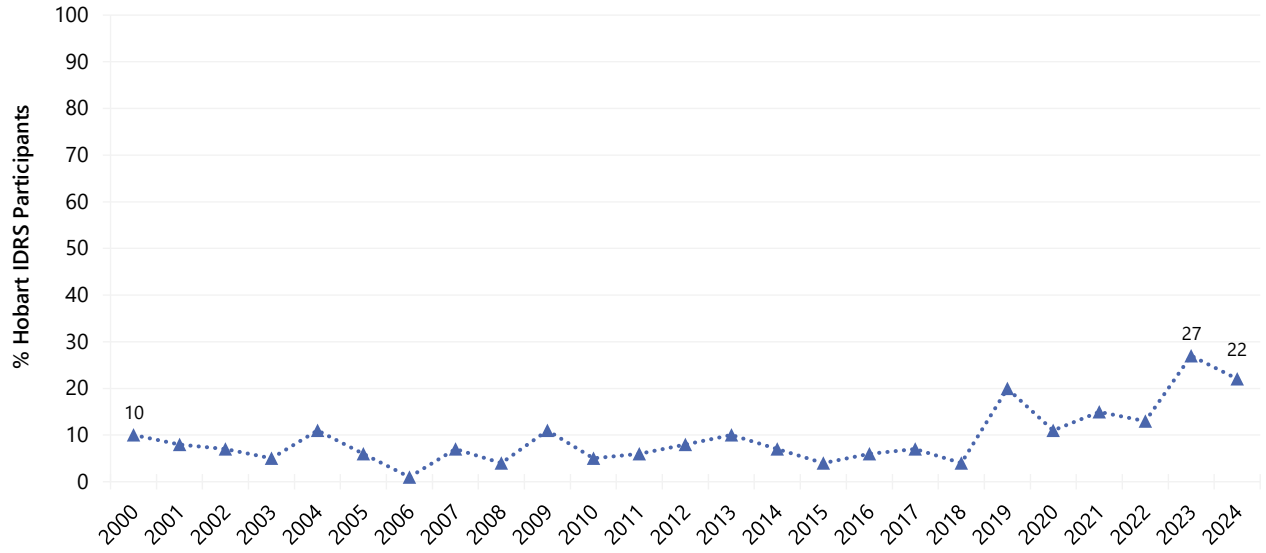
Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see Table 5).

Non-fatal overdose in the Hobart sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). In 2024, 22% of participants reported any non-fatal overdose in the 12 months preceding interview, stable relative to 27% in 2023 (p=0.570) (Figure 33).

Few participants (n≤5) reported a **non-fatal overdose following opioid use** in the 12 months preceding interview in 2024, a significant decrease from 14% in 2023 (p=0.001). Thirteen per cent reported a **non-fatal overdose following stimulant use** in the 12 months preceding interview, stable relative to 2023 (11%; p=0.803).

Few participants (n≤5) reported on any particular opioid or stimulant which was used prior to a non-fatal in the 12 months preceding interview, or other drug(s) used during the last opioid overdose, or whether they had received treatment on the last occasion of opioid overdose. Further details are therefore not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 33: Past 12 month non-fatal any overdose, Hobart, TAS, 2000-2024



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past 12-month non-fatal overdose by drug type, Hobart TAS, 2015-2024

	Hobart, TAS									
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
% Any opioid	N=100 -	N=99 6	N=100 6	N=100 -	N=99 10	N=74 9	N=95 -	N=93 6	N=64 14	**N=102 -****
% Heroin overdose	N=100 -	N=99 -	N=98 8	N=100 0	N=99 -	N=74 -	N=94 -	N=93 -	N=64 -	**N=102 0**
% Methadone overdose	N=100 -	N=99 -	N=98 0	N=100 -	N=99 -	N=74 -	N=94 -	N=93 -	N=64 -	**N=102 -**
% Morphine overdose	N=100 -	N=99 -	N=98 -	N=100 -	N=99 -	N=74 -	N=94 -	N=93 0	N=64 0	**N=102 -**
% Oxycodone overdose	N=100 -	N=99 -	N=99 -	N=100 -	N=99 0	N=74 0	N=94 0	N=93 0	N=64 0	**N=102 0**
% Stimulant overdose	N=100 -	N=89 -	N=100 -	N=100 -	N=98 9	N=74 -	N=94 -	N=102 -	N=63 11	**N=99 13**
% Other overdose	/	/	/	/	N=99 -	N=74 -	N=95 -	N=102 6	N=64 -	**N=99 12**
% Any drug overdose	N=100 -	N=99 6	N=99 8	N=97 -	N=99 20	N=74 11	N=95 15	N=94 13	N=64 27	**N=102 22**

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. N is the number who responded (denominator). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising of three questions and is scored on a scale of 0-12.

In 2024, the mean score on the AUDIT-C for the total Hobart sample (including participants who had not consumed alcohol in the past 12 months) was 3.4 (SD 4.2), a significant decrease from 4.0 (SD 4.2) in 2023 (p=0.002).

AUDIT-C scores of ≥4 (men) and ≥3 (women) are likely to indicate hazardous drinking, and potentially, alcohol dependence (Table 6). In 2024, 44% of male participants (52% in 2023; p=0.438) had obtained a score of four or more, and 28% of female participants (35% in 2023; p=0.762) had obtained a score of three or more, indicative of hazardous use.

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels^, Hobart, TAS, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Men															
Mean AUDIT-C score (SD)	5.1 (4.4)	5.5 (4.1)	5.8 (4.1)	3.8 (3.3)	4.5 (4.2)	3.6 (4.0)	3.8 (3.8)	4.8 (3.3)	2.8 (2.5)	4.0 (3.8)	7.3 (3.2)	7.3 (3.5)	4.2 (4.3)	4.5 (4.2)	**3.7 (4.2)**
Score of ≥4 (%)	59	67	63	53	56	47	51	59	44	50	83	82	48	52	**44**
Women															
Mean AUDIT-C score (SD)	2.9 (3.7)	3.3 (3.6)	2.7 (3.0)	3.8 (3.0)	3.1 (3.5)	2.5 (3.4)	3.2 (3.2)	4.9 (3.7)	2.9 (3.7)	3.6 (3.7)	4.8 (3.2)	6.2 (3.6)	4.0 (4.3)	3.0 (4.2)	**2.6 (4.1)**
Score of ≥3 (%)	39	42	43	63	44	38	53	58	43	44	80	84	53	35	**28**

Note. ^AUDIT-C scores of ≥4 (men) and ≥3 (women) are likely to indicate hazardous drinking. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

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

Awareness of Naloxone: The per cent of participants who were aware of naloxone has remained relatively stable over time, ranging between 73% and 91%. In 2024, three quarters (75%) reported an awareness of naloxone, stable relative to 79% in 2023 (p=0.573) (Figure 34).

Awareness of Take-Home Naloxone: The per cent of participants who were aware of naloxone take-home programs has generally increased among the Hobart sample since the commencement of monitoring. In 2024, 68% of participants reported having heard of take-home naloxone programs, stable relative to 68% in 2023. Sixty-seven per cent of participants reported having heard of *free* access to naloxone (65% in 2023; p=0.856), and 7% had heard of *paid* access (n≤5 in 2023; p=0.259) (Figure 34).

Obtained Naloxone: Almost half (49%) of the Hobart sample reported having ever obtained naloxone in 2024 (41% in 2023; p=0.342) (Figure 35), with 32% have done so in the past 12 months (32% in 2023). Almost all participants (98%) reported that they did not have to pay the last time they obtained naloxone. The majority of the participants reported accessing naloxone from a NSP (86%) on the last occasion they obtained it.

Few participants (n≤5) in the 2023 and 2024 Hobart sample reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful, whereas 53% of participants reported never having tried to obtain naloxone (67% in 2023; p=0.109). Of those who had ever had trouble obtaining naloxone or had never tried to obtain naloxone and commented (n=56), reasons included 'don't use opioids' (30%), 'don't consider myself/my peers at risk of overdose' (14%) and 'didn't know you could access naloxone' (13%).

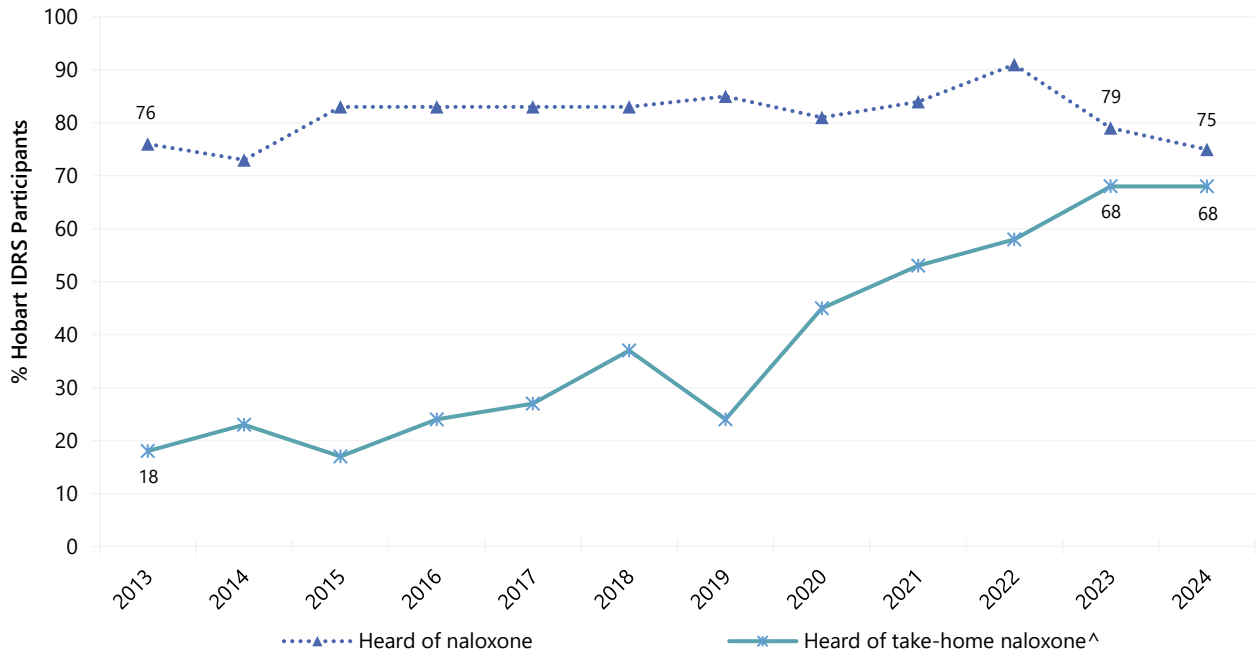
Of those who reported having ever obtained naloxone, had used opioids in the past month and commented (n=49), half (51%) reported that they 'always' had naloxone on hand when using opioids, and one fifth (22%) said they 'often' had naloxone on hand. In contrast, 14% said they 'never' had naloxone on hand when using opioids.

Education on Using Naloxone: In 2024, half (51%) of the Hobart sample reported having been trained in how to administer naloxone in their lifetime, stable relative to 2023 (38%; p=0.117), with one quarter (25%) having been trained in the past year (22% in 2023; p=0.847) (Figure 35). Among

those who had been trained in naloxone administration in the last year and responded (n=25), four fifths (80%) were taught how to administer naloxone at an NSP.

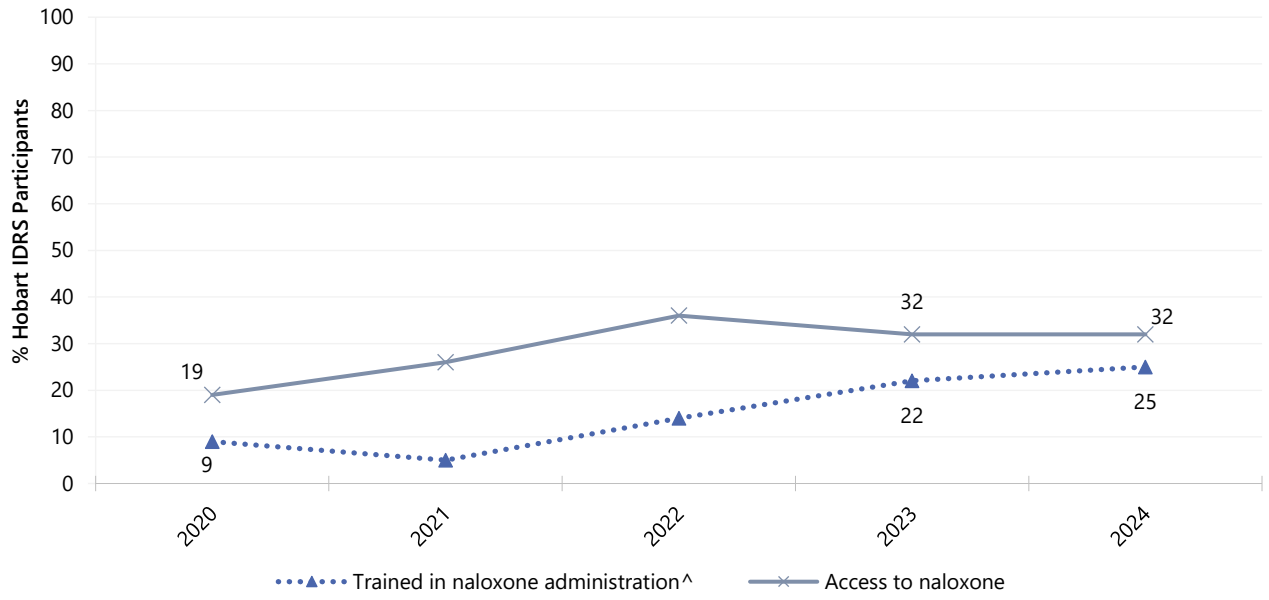
Use of Naloxone to Reverse Overdose: In 2024, 13% of the Hobart sample reported that they had resuscitated someone using naloxone at least once in their lifetime (11% in 2023; p=0.805), with 8% having done so in the past year (n≤5 in 2023).

Figure 34: Lifetime awareness of naloxone and naloxone take-home programs, Hobart, TAS, 2013-2024



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 35: Past 12 month education in naloxone administration, and obtained naloxone, Hobart, TAS, 2013-2024



Note. ^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Equipment Access, and Injecting Behaviours

Equipment Access

In 2024, participants reported obtaining a median of 30 new needles and syringes in the past month (IQR=10-100; 50 in 2023; IQR=11-100; p=0.599), having a median of 15 new needles and syringes currently 'stored away' (IQR=2-50; 9 in 2023; IQR=0-50; p=0.200) and providing a median of five needles and syringes to others (IQR=0-25) in the past month (4 in 2023; IQR=0-20; p=0.358).

Fifteen per cent of the Hobart sample reported difficulties obtaining new needles and syringes in the past month (16% in 2023). Few participants (n≤5) reported difficulties accessing filters in 2023 and 2024. The majority of participants reported that they obtained needles from a Needle and Syringe Program (NSP) (93%), a significant increase from 80% in 2023 (p=0.030), followed by 20% from a NSP vending machine, also a significant increase from 2023 (n≤5; p=0.001) (Table 7).

Injecting Behaviours

In 2024, participants reported injecting on a median of 15 occasions in the past month (IQR=8-30; 15 occasions in 2023; IQR=6-31; p=0.812). Six per cent reported receptive sharing of needles/syringes (n≤5 in 2023) and 9% reported distributive sharing of needles/syringes (9% in 2023) in the month prior to interview (Figure 36 & Table 8).

Nine per cent of participants reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month (11% in 2023; p=0.788). One quarter (25%) of the

sample reported having reused their own needles in the past month, stable relative to 36% in 2023 (p=0.168) (Figure 36 & Table 8).

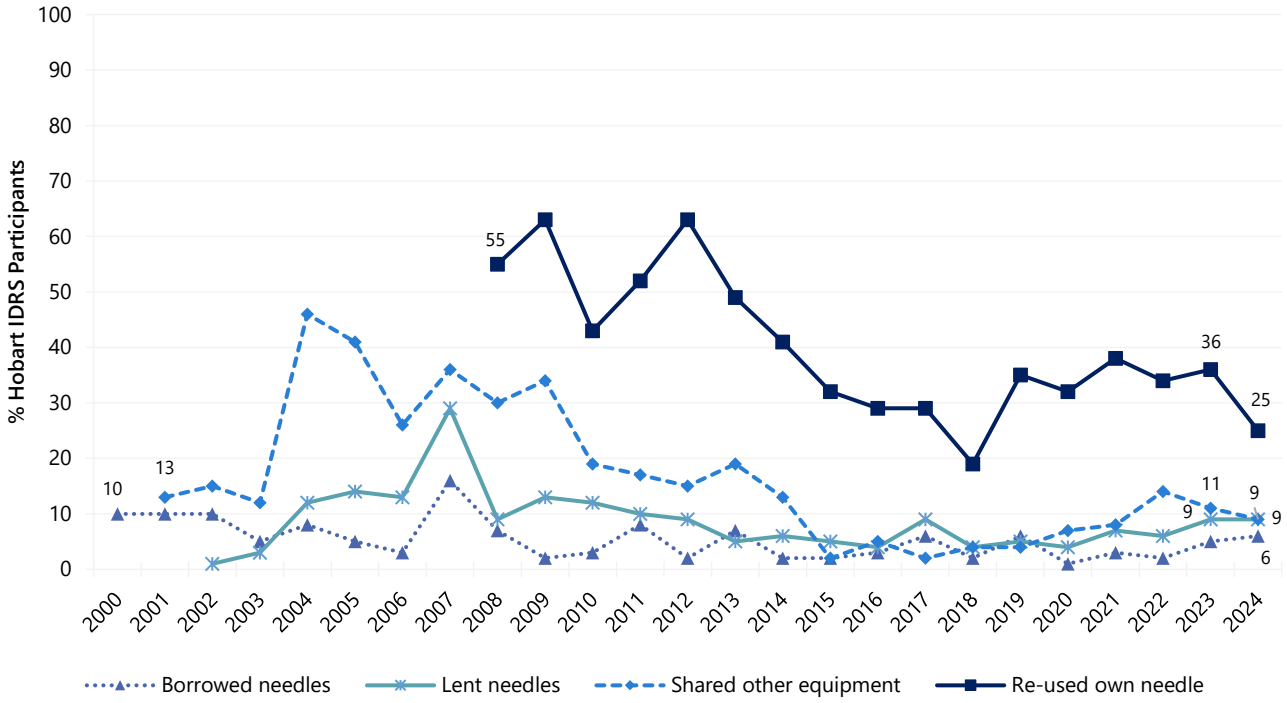
The location of last injection remained stable between 2023 and 2024 (p=0.175). Consistent with previous years, most participants (83%) reported that they had last injected at a private home (78% in 2023). A further 6% of participants reported that they had last injected on the street, park or beach (n≤5 in 2023) (Table 8).

Table 7: Injecting equipment access in past month, Hobart, TAS, 2023-2024

	2023	2024
	N=66	N=98
% Location of needle/syringe access past month	**N=66**	**N=98**
NSP	80	**93***
NSP vending machine	-	**20****
Chemist	27	**18**
Friend/partner	14	**11**
Dealer	-	**-**
Hospital	0	**-**
Outreach/peer worker	0	**0**
Medically supervised injecting Centre/Room	0	**0**
Other	-	**-**
% Difficulties accessing filters^ in the past month	-	**-**
% Difficulties accessing needles/syringes in past month	16	**15**
% Equipment used past month	N=66	**N=102**
Spoons/mixing containers	44	**30**
Tourniquet	41	**28**
Swabs	71	**70**
Water	79	**80**
Any filters	39	**50**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2023 versus 2024 is presented in figure for national estimates; *p<0.050; **p<0.010; ***p<0.00. Please refer to Table 1 for a guide to table/figure notes.

Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, Hobart, TAS, 2000-2024



Note. 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 and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables and figures.

Table 8: Injecting behaviours in the past month, and location of last injection use, Hobart, TAS, 2015-2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	N=100	N=100	N=100	N=101	N=99	N=73	N=94	N=102	N=66	N=101
% Injecting behaviours past month										
Borrowed a needle	N=100 -	N=100 -	N=100 6	N=101 -	N=99 6	N=73 -	N=94 -	N=94 -	N=64 -	**N=101 6**
Lent a needle	N=100 -	N=100 -	N=100 9	N=101 -	N=99 6	N=72 -	N=94 7	N=94 6	N=64 9	**N=100 9**
Shared any injecting equipment^	N=100 -	N=100 -	N=99 -	N=101 -	N=99 -	N=72 7	N=94 8	N=101 14	N=66 11	**N=101 9**
Reused own needle	N=100 32	N=100 29	N=100 29	N=100 19	N=99 35	N=71 32	N=94 38	N=94 34	N=64 36	**N=100 25**
Injected partner/friend after self˜	/	/	/	/	N=99 27	N=73 23	N=94 39	N=93 19	N=64 33	**N=100 31**
Somebody else injected them after injecting themselves˜	/	/	/	/	N=99 12	N=73 12	N=94 19	N=94 11	N=64 13	**N=101 19**
% Location of last injecting use										
Private home	86	83	87	78	87	87	93	81	78	**83**
Car	-	-	6	6	6	6	5	11	-	-
Street/car park/beach	-	0	-	6	-	-	-	-	-	**6**
Public toilet	-	-	-	-	-	-	-	-	13	**-**
Medically supervised injecting Centre/Room	/	/	/	/	/	/	/	0	0	**0**
Other	0	-	0	0	-	-	-	-	0	**-**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜With a new or used needle. N is the number who responded (denominator). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2024 (30%), relative to 2023 (21%; p=0.276) (Table 9). In 2024, the most common injection-related injuries and diseases reported by participants was any infection/abscess (14%; n≤5 in 2023; p=0.225; including skin abscess or cellulitis; 11%; n≤5 in 2023; p=0.408), any nerve damage (13%; n≤5 in 2023; p=0.317), any thrombosis (7%; n≤5 in 2023; p=0.741) and a dirty hit (7%; 0% in 2023; p=0.043).

Table 9: Injection-related issues in the past month, Hobart, TAS, 2020-2024

	2020 N=74	2021 N=95	2022 N=102	2023 N=66	2024 N=100
% Artery injection	-	8	-	-	**-**
% Any nerve damage	7	7	12	-	**13**
% Any thrombosis	6	6	-	-	**7**
Blood clot	6	-	-	-	**-**
Deep vein thrombosis	0	-	-	0	**-**
% Any infection/abscess	7	8	9	-	**14**
Skin abscess or cellulitis	7	7	7	-	**11**
Endocarditis	0	-	0	-	**0**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	0	-	-	0	**-**
% Dirty hit	7	-	8	0	**7***
% Any injection-related problem	21	23	22	21	**30**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

One quarter (24%) of the Hobart sample reported receiving any drug treatment in 2024, stable relative to 2023 (21%; p=0.847), with methadone being the most commonly received treatment (8%; n≤5 in 2023; p=0.766) (Table 10). Amongst those who were currently receiving drug treatment and commented (n=24) in 2024, the majority (67%) of participants reported being 'satisfied' (93% in 2023; p=0.115) with their current treatment (Figure 37).

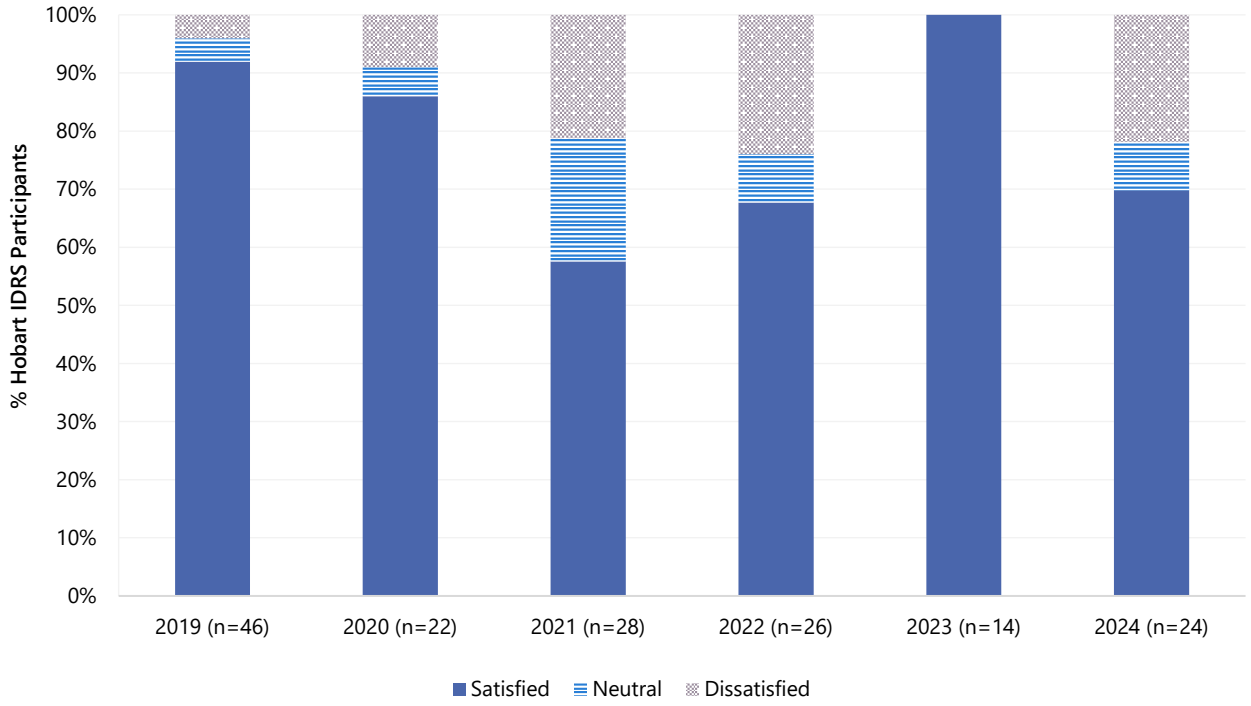
One tenth (11%) of participants reported having tried to access treatment in the past six months but were unable to (9% in 2023; p=0.796). The most commonly cited drug the last time participants tried accessing treatment, but were unable to, was for methamphetamine use (64%; 67% in 2023). The most common service that participants had tried to access, but were unable to, were rehabilitation/therapeutic communities (64%; 50% in 2023; p=0.644), with the most common reasons being 'lack of support' (55%; n≤5 in 2023; p=0.620), and 'too hard to get into treatment (e.g., no places available, long waiting lists)' (55%; 50% in 2023).

Table 10: Current drug treatment, Hobart, TAS, 2015-2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	N=100	N=99	N=100	N=100	N=99	N=74	N=95	N=102	N=66	N=102
% Any current drug treatment	55	57	44	45	47	30	29	25	21	**24**
Methadone	36	35	27	24	23	14	12	9	-	**8**
Buprenorphine	15	16	14	18	-	-	-	-	-	**-**
Buprenorphine-naloxone	0	-	8	11	-	-	6	11	9	**-**
Buprenorphine depot injection	/	/	/	/	0	0	0	0	0	-
Drug counselling	-	-	-	-	9	7	11	7	-	**-**
Other	0	-	0	0	9	0	-	0	-	**7**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 37: Treatment satisfaction amongst those who reported current drug treatment, Hobart, TAS, 2019-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. 'Too early to say' excluded from analysis. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=40), the median SDS score was four (IQR=2-8), with 45% scoring five or above, indicating possible dependence, a significant increase from 2023 (21%; p=0.046) (Table 11). Almost one quarter (23%) of participants obtained a score of zero on the opioid SDS (31% in 2023; p=0.576), indicating no or few symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=86), the median SDS score was five (IQR=2-8), with 64% scoring four or above, indicating possible dependence (59% in 2023; p=0.592) (Table 11). Fifteen per cent of participants obtained a score of zero on the methamphetamine SDS (11% in 2023; p=0.610), indicative of no symptoms of methamphetamine dependence.

Table 11: Total opioid and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Hobart, TAS, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Opioid	**N=62**	**N=66**	**N=56**	**/**	**N=47**	**N=47**	**N=29**	**N=40**
Median total score (IQR)	6 (3-8)	5 (1-7)	5 (2-7)	/	6 (2-9)	4 (1-8)	2 (0-4)	**4 (2-8)**
% score = 0	13	24	16	/	17	26	31	**23**
% score ≥ 5	60	52	54	/	55	47	21	**45***
Methamphetamine	**N=69**	**N=78**	**N=76**	**/**	**N=81**	**N=76**	**N=54**	**N=86**
Median total score (IQR)	3 (1-6)	0 (0-3)	4 (0-8)	/	3 (0-7)	4 (1-8)	5 (2-8)	**5 (2-8)**
% score = 0	23	58	28	/	30	14	11	**15**
% score ≥ 4	46	21	50	/	43	59	59	**64**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. Imputation used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2024, one third (35%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (50% in 2023; p=0.097), 28% had received an RNA test (28% in 2023), and few participants (n≤5) reported having a current HCV infection (n≤5 in 2023) (Table 12). Few participants (n≤5) reported that they had received HCV treatment in the past year (n≤5 in 2023) or been re-tested with a PCR/RNA test to determine whether they had acquired a new HCV infection (re-infection) after successful treatment (0% in 2023).

Amongst those who had undergone an HCV RNA test in the last year, and commented (n=24), 46% of participants reported it took 1-5 days to receive a result (whether positive or negative), following the administration of the last HCV RNA test, and 42% reported it took more than five days.

Almost four fifths (78%) of the total sample reported having had a test for human immunodeficiency virus (HIV) in their lifetime (22% within the past six months; 23% in 2023), of which few participants (n≤5) reported a positive diagnosis (n≤5 in 2023) (Table 12).

Table 12: HCV and HIV testing and treatment, Hobart, TAS, 2018-2024

	2018 N=100	2019 N=99	2020 N=74	2021 N=95	2022 N=102	2023 N=60	2024 N=94
Past year Hepatitis C test							
Past year hepatitis C antibody test	N=90 59	N=95 56	N=69 42	N=86 55	N=87 47	N=60 50	**N=94** **35**
Past year hepatitis C PCR or RNA test	N=88 44	N=87 40	N=65 25	N=81 53	N=85 36	N=54 28	**N=92** **28**
Current hepatitis C status							
Currently have hepatitis C^	N=87 20	N=92 10	N=69 4	N=82 7	N=84 -	N=54 -	**N=92** **-**
Past year treatment for hepatitis C							
Received treatment in past year	N=89 22	N=89 11	N=74 11	N=85 12	N=87 8	N=54 -	**N=92** **-**
Most recent treatment was successful (among those who had received treatment in past year)	n=15 100	n=8 100	n=11 100	n=10 60	n=7 -	n≤5 -	**n≤5** **-**
HIV test				N=72	N=87	N=57	**N=85**
HIV test in past 6 months	/	/	/	34	74	23	**22**
HIV test more than 6 months ago	/	/	/	48	51	61	**55**
HIV status				N=95	N=87	N=48	**N=66**
Lifetime HIV positive diagnosis	/	/	/	0	-	**-**	**-**

Note. ^This includes people who had not been tested for HCV. 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. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, 36% of the sample reported some form of sexual activity in the past four weeks (48% in 2023; p=0.181) (Table 13). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented (n=32), participants reported a median of one partner (IQR=1-2; 1 partner in 2023; IQR=1-2; p=0.449). Few participants (n≤5) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (Table 13) (not asked prior to 2024).

Of those who commented (n=86), one fifth (19%) reported having a sexual health check-up in the six months prior to interview (12% in 2023; p=0.355), whilst three fifths (60%) had done so in their lifetime (59% in 2023). Of the total sample who responded (n=86), 19% reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (15% in 2023; p=0.646) (Table 13). Few participants (n≤5) reported that they had received a positive diagnosis for an STI in the past six months in 2024 (0% in 2023); therefore, further details are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Information about HIV testing provided in Table 12.

Table 13: Sexual health behaviours, Hobart, TAS, 2022-2024

	2022	2023	2024
Of those who responded[#]:	**N=77**	**N=60**	**N=88**
% Any sexual activity in the past four weeks	57	48	**36**
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	**N=32**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	**-**
Of those who responded[#]:	N=81	N=59	**N=86**
% Had a sexual health check in the last six months	16	12	**19**
% Had a sexual health check in their lifetime	51	59	**60**
Of those who responded[#]:	N=81	N=59	**N=86**
% Diagnosed with a sexually transmitted infection in the last six months	0	0	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	7	15	**19**

Note. [#]Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

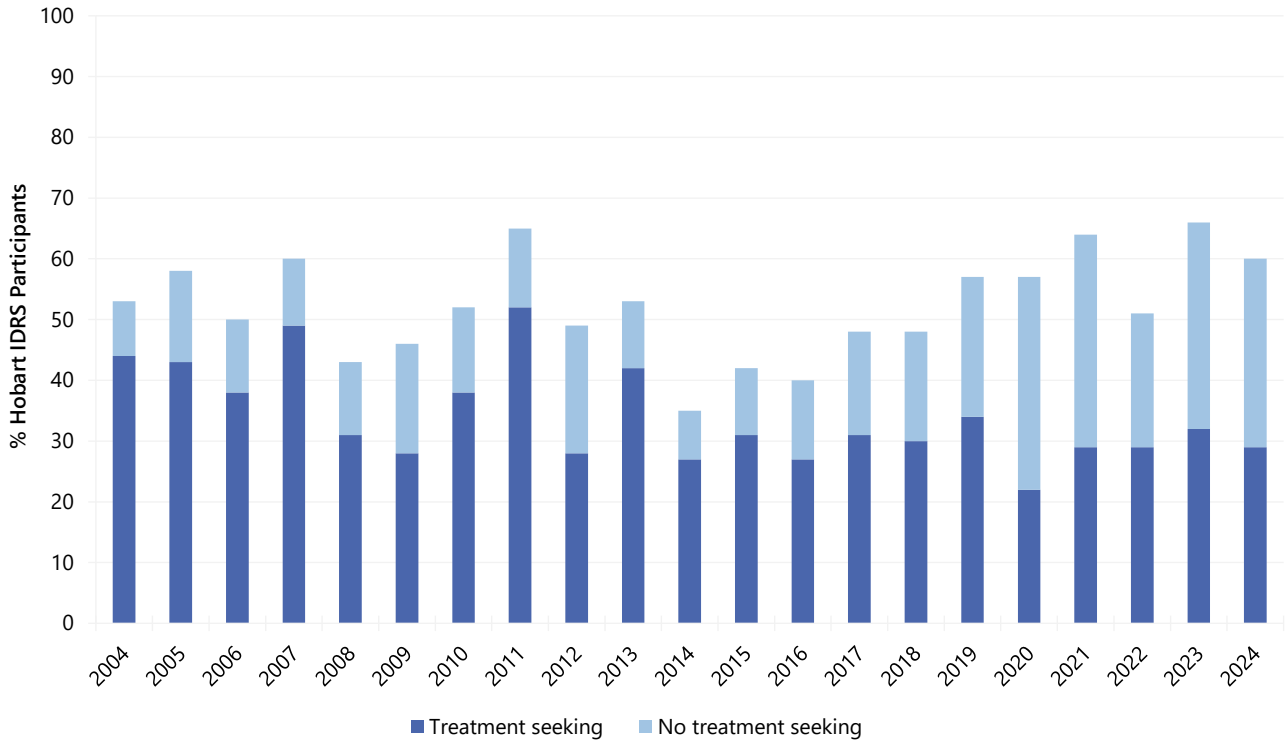
Mental Health and Psychological Distress (K10)

Mental Health

In 2024, three fifths (60%) of the Hobart sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2023 (66%; p=0.492) (Figure 38). Amongst this group, the most commonly reported problems were anxiety (66%; 59% in 2023; p=0.736), depression (59%; 51% in 2023; p=0.728) and post-traumatic stress disorder (PTSD) (29%; 28% in 2023). Twenty-eight per cent reported attention-deficit/hyperactivity disorder (ADHD) in 2024 (n≤5 in 2023; p=0.086) and 22% reported schizophrenia (18% in 2023; p=0.803).

Twenty-nine per cent of the Hobart sample had seen a mental health professional during the past six months (32% in 2023; p=0.728) (49% of those who self-reported a mental health problem during the past six months, stable from 49% in 2023). Of those who reported seeing a mental health professional in 2024 and responded (n=29), 69% reported that they had been prescribed medication for their mental health problem in the preceding six months, stable relative to 2023 (79% in 2023; p=0.522).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, Hobart, TAS, 2004-2024



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

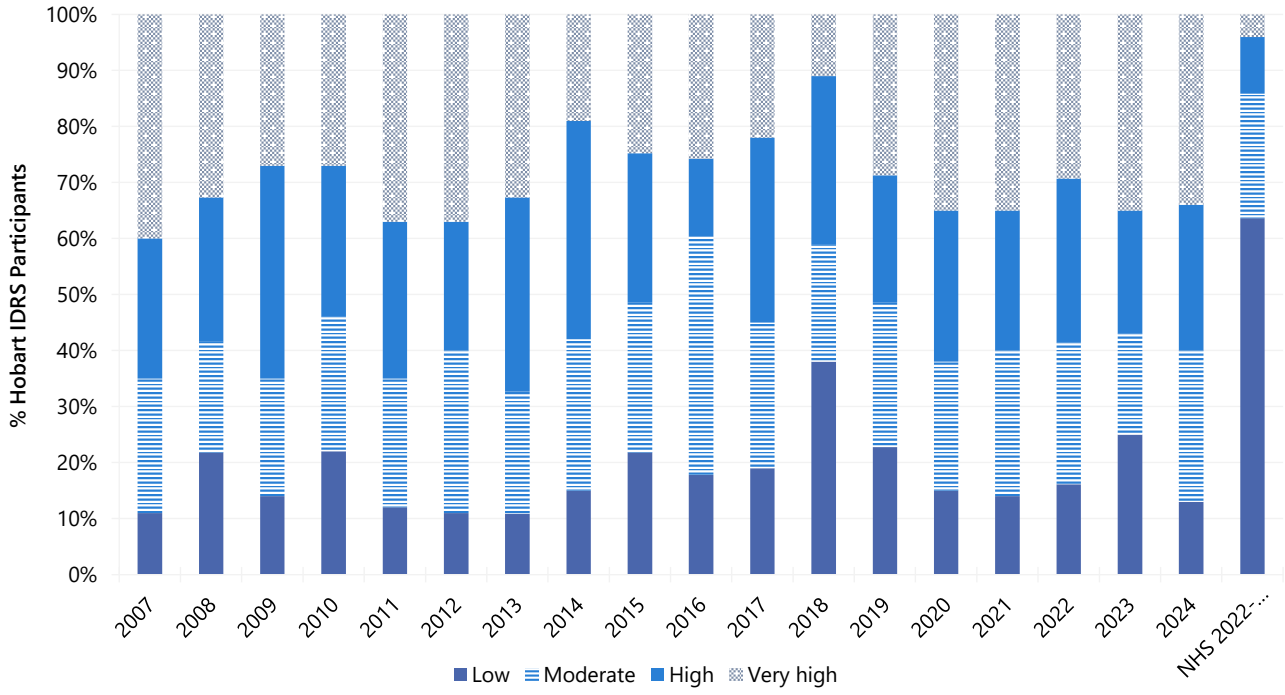
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.182) (Figure 39) with one third (34%) of the 2024 Hobart sample having a score of 30 or more (35% in 2023), indicative of 'very high' psychological distress.

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 39).

Figure 39: K10 psychological distress scores, Hobart, TAS, 2007-2024 and among the general population 2022-23



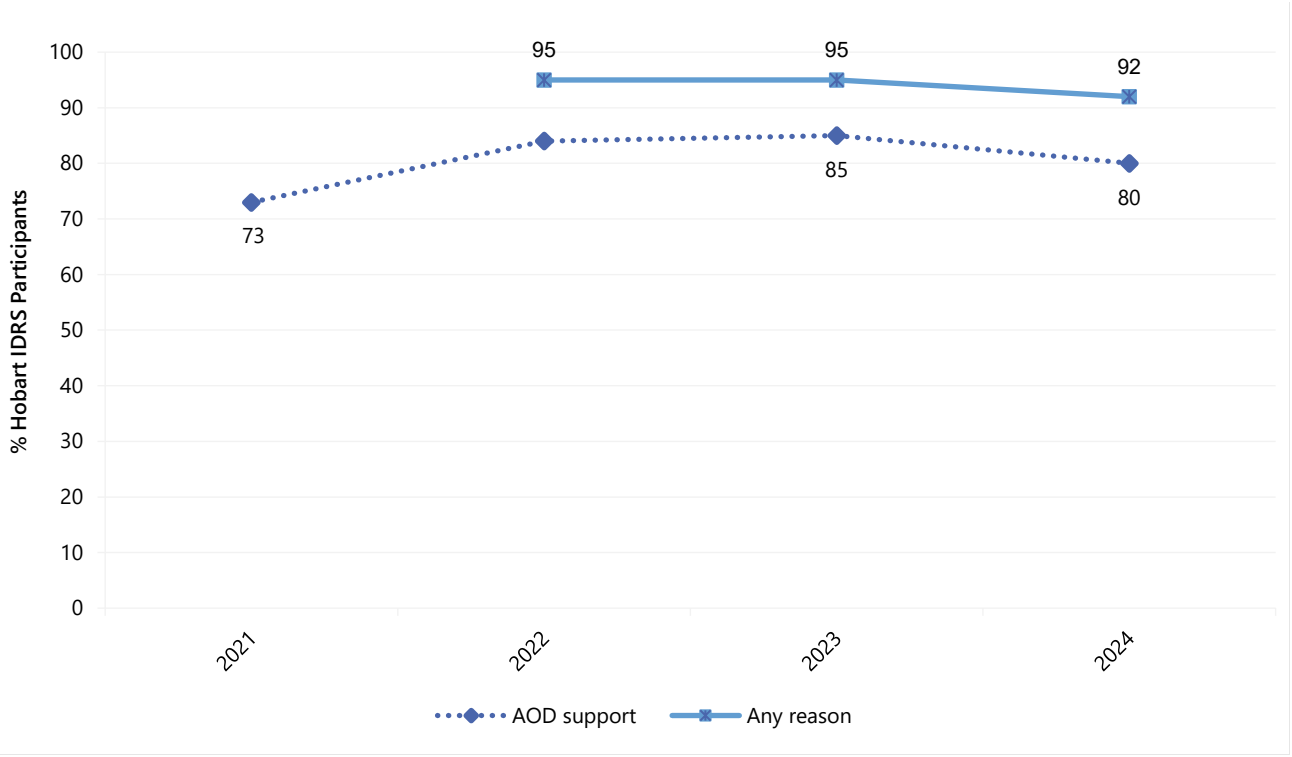
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Four fifths (80%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (85% in 2023; p=0.533) (Figure 40). The most common services reported by participants for AOD support in 2024 were a NSP (75%; 67% in 2023; p=0.292), a GP (24%; 27% in 2023; p=0.587), and a drug and alcohol counsellor (18%; 14% in 2023; p=0.523) (Table 14).

The majority of participants (92%) reported accessing any health service for any reason in the six months preceding interview in 2024 (95% in 2023; p=0.530) (Figure 40). The most common services accessed by participants for any reason in 2024 were a NSP (82%; 74% in 2023; p=0.253), a GP (50%; a significant decrease from 67% in 2023; p=0.041) and a pharmacy (27%; not asked prior to 2024) (Table 14).

Figure 40: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Hobart, TAS, 2021-2024



Note. Questions regarding health service access for AUD support were first asked in 2018, however due to differences in response options between 2018 and 2020, data are presented from 2021 onwards. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Hobart, TAS, 2022-2024

	AOD support			Any reason		
	2022 N=102	2023 N=66	2024 N=102	2022 N=102	2023 N=66	2024 N=102
% Accessed a health service in the past 6 months	**84**	**85**	**80**	**95**	**95**	**92**
Type of service accessed *(participants could select multiple services)*	**n=86**	**n=56**	**n=82**	**n=97**	**n=63**	**n=94**
GP	22	27	**24**	52	67	**50***
Emergency department	8	11	**10**	21	26	**20**
Hospital admission (inpatient)	6	-	**-**	19	17	**9**
Medical tent (e.g., at a festival)	0	0	**0**	-	0	**0**
Drug and Alcohol counsellor	11	14	**18**	13	14	**21**
Hospital as an outpatient	-	0	**-**	10	-	**7**
Specialist doctor (not including a psychiatrist)	-	0	**-**	8	11	**-**
Dentist	8	-	**-**	18	9	**13**
Ambulance attendance	-	-	**-**	6	14	**6**
Pharmacy	/	/	**14**	/	/	**27**
Other health professional (e.g., physiotherapist)	-	-	**-**	7	9	**6**
Psychiatrist	-	0	**-**	7	9	**6**
Psychologist	-	-	**-**	8	11	**9**
NSP	75	67	**75**	80	74	**82**
Peer based harm reduction service	-	0	**-**	-	0	**-**
Other harm reduction service	0	-	**-**	-	-	**-**

Note. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

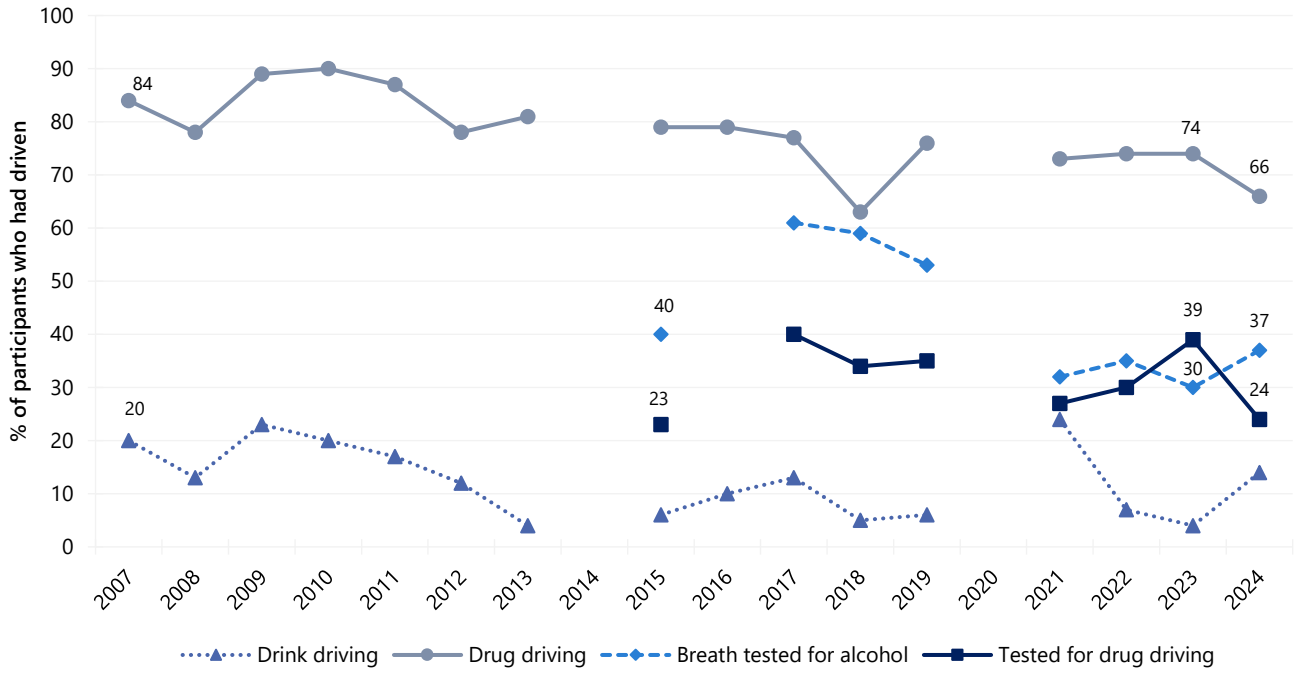
Driving

Two fifths (41%) of the Hobart sample had driven a car, motorcycle or other vehicle in the last six months in 2024 (40% in 2023). Of those who had driven within the last six months and commented (n=37), few participants (n≤5) reported driving while over the perceived legal limit of alcohol (n≤5 in 2023; *p*=0.391). Among those who had driven within the last six months and commented (n=38), 66% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2023 (74%; *p*=0.575) (Figure 41).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=25), participants most commonly reported using methamphetamine crystal (80%) prior to driving in the last six months, followed by cannabis (36%).

Of those who had recently driven and responded (n=38), one quarter (24%) of participants reported that they had been tested for drug driving by the police roadside drug testing service (39% in 2023; *p*=0.257), and 37% reported that they had been breath tested for alcohol by the police roadside testing service (30% in 2023; *p*=0.779) in the six months prior to interview (Figure 41).

Figure 41: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Hobart, TAS, 2007-2024



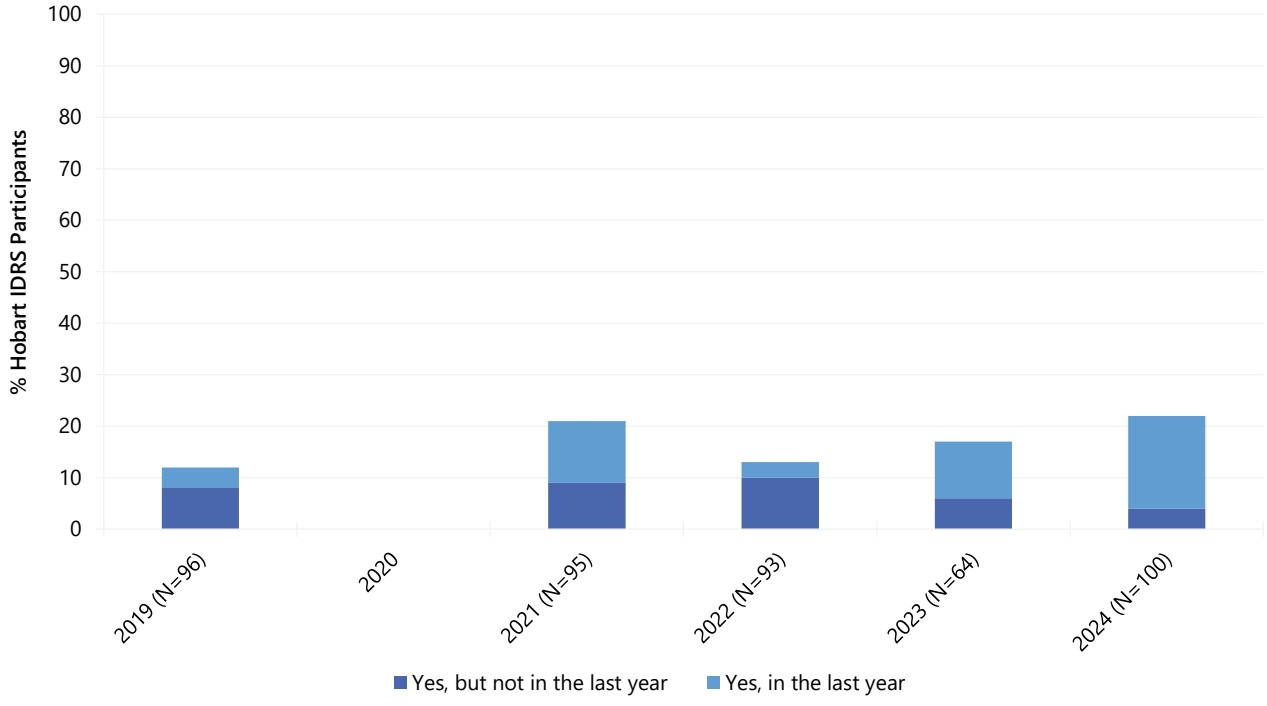
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022, and at CheQpoint. Queensland's first fixed-site drug checking service in Brisbane, which opened on April 20, 2024. CheQpoint, opened a second service on the Gold Coast in July 2024, shortly after IDRS recruitment had finished.

In 2024, one fifth (22%) of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, stable relative to 2023 (17% in 2023; p=0.546), with 18% having done so in the past year (11% in 2023; p=0.269) (Figure 42). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2024 and responded (n=16), the majority (81%) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Of those who had used testing strips in the past year (n=13), no participants reported receiving a positive detection for fentanyl.

Figure 42: Lifetime and past year engagement in drug checking, Hobart, TAS, 2019-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

Forty-four per cent of the Hobart sample reported engaging in 'any' crime in the past month in 2024, stable relative 2023 (39%; p=0.606). Property crime (30%; 26% in 2023; p=0.699) and selling drugs for cash profit (23%; 14% in 2023; p=0.216) remained the most common self-reported crimes in the month preceding interview (Figure 43).

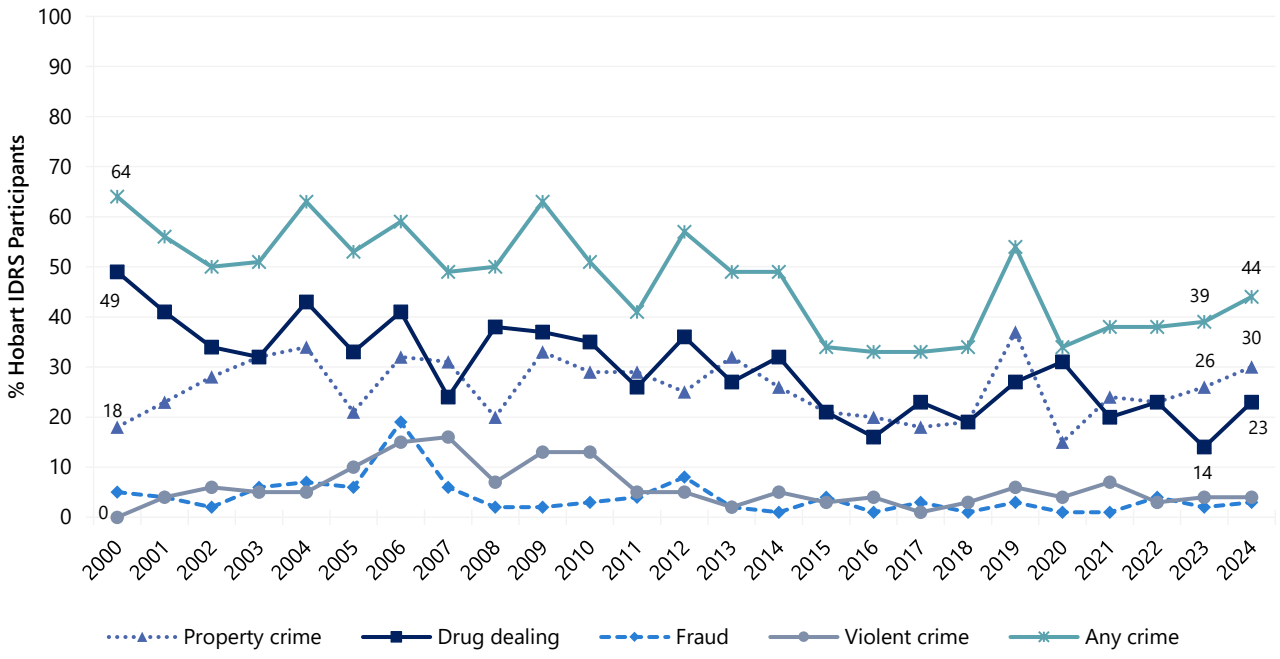
Almost one fifth (18%) of participants reported being a victim of violence in the past month (n≤5 in 2023; p=0.085) (Figure 44).

One quarter (24%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant decrease from 44% in 2023 (p=0.013). This predominantly comprised of being stopped and searched (42%; 48% in 2023; p=0.779) and stopped and questioned (42%; 59% in 2023; p=0.277).

In 2024, almost one third (31%) of the Hobart sample reported having been arrested in the past year, stable relative to 2023 (38%; p=0.465). Of those who had been arrested and commented (n=27), the main reasons for arrest in 2024 were violent crime (26%), followed by failure to appear in court (22%).

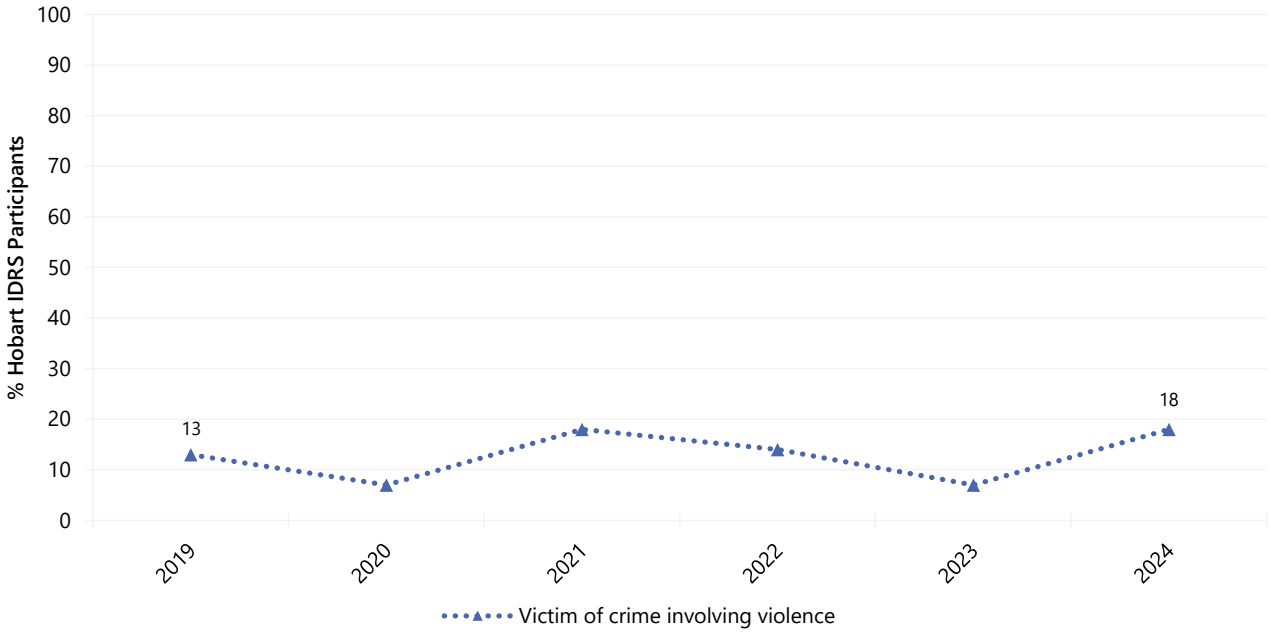
Forty-two per cent of the sample reported a lifetime prison history in 2024, stable relative to 2023 (55%; p=0.158) (Figure 45).

Figure 43: Self-reported criminal activity in the past month, Hobart, TAS, 2000-2024



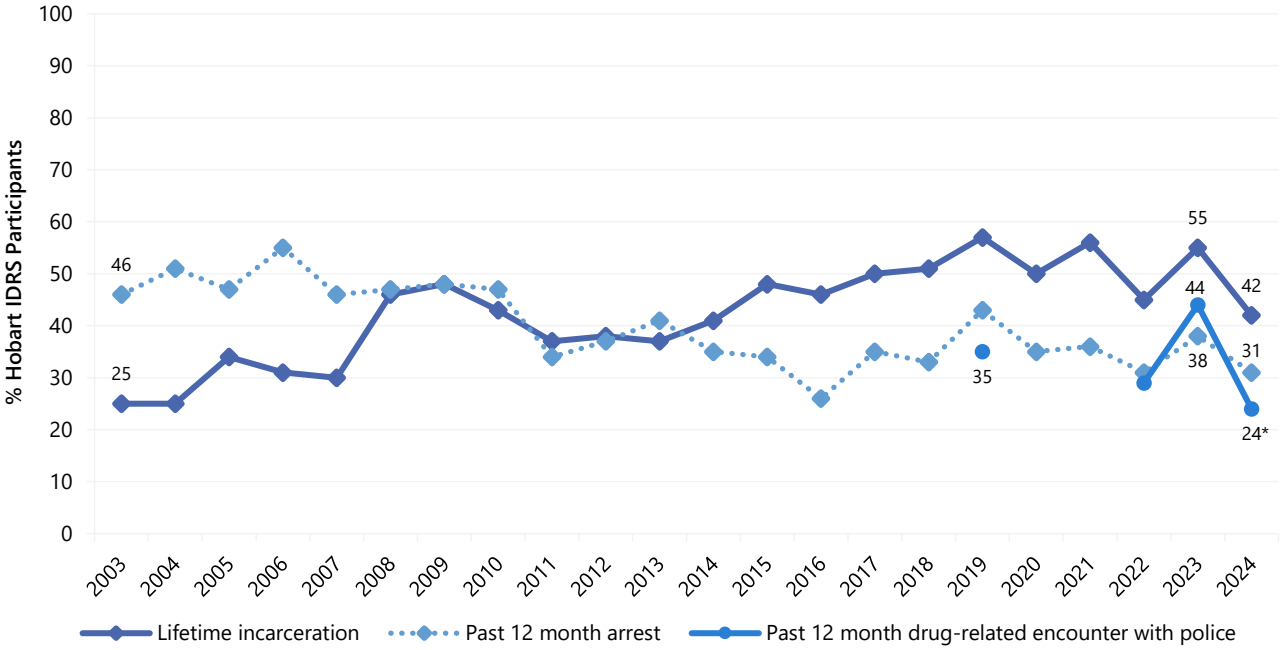
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 44: Victim of crime involving violence in the past month, Hobart, TAS, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 45: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Hobart, TAS, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (84%), a significant increase relative to 70% in 2023 (p=0.039) (Table 15). This was followed by phone call (44%; 53% in 2023; p=0.268) and text messaging (23%; 38% in 2023; p=0.059). Nine per cent reported using social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (17% in 2023; p=0.226). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 15: Purchasing approaches in the past 12 months, Hobart, TAS, 2023-2024

	2023	2024
% Purchasing approaches in the last 12 months^#	N=66	N=98
Face-to-face	70	**84***
Surface web	-	**-**
Darknet market	-	**-**
Social networking or messaging applications`	17	**9**
Text messaging	38	**23**
Phone call	53	**44**
Grew/made my own	/	**-**
Other	/	**-**

Note. ^Participants could endorse multiple responses. # This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.