IDRS

TASMANIAN DRUG TRENDS 2020

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

TASMANIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Tanya Wilson[1] & Raimondo Bruno[1,2]

[1] School of Psychology, University of Tasmania

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

http://doi.org/10.26190/80f3-0e40

978-0-7334-3972-8 ©NDARC 2021

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

Suggested citation: Wilson, T. & Raimondo, B. (2021). Tasmanian Drug Trends 2020: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. http://doi.org/10.26190/80f3-0e40

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

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

http://doi.org/10.26190/80f3-0e40

Table of Contents

SAMPLE CHARACTERISTICS 17

COVID-19 20

HEROIN 31

METHAMPHETAMINE 35

COCAINE 41

CANNABIS 43

PHARMACEUTICAL OPIOIDS 48

OTHER DRUGS 54

DRUG-RELATED HARMS AND OTHER RISK FACTORS 58

http://doi.org/10.26190/80f3-0e40

List of Tables

Table 1: Demographic characteristics of the sample, nationally, 2020, and Tasmania, 2016-2020 18
Table 2: Social and financial impacts of COVID-19 restrictions, Tasmania, 2020 23
Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Tasmania, 2020 23
Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Tasmania, 2020 30
Table 5: Past six month use of other opioids, Tasmania, 2019-2020 53
Table 6: Past six month use of new psychoactive substances, Tasmania, 2014-2020 54
Table 7: Past year non-fatal overdose by drug type, nationally and Tasmania, 2015-2020 59
Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally and Tasmania, 2015-2020 63
Table 9: Injection-related issues in the past month, Tasmania, 2019-2020 63
Table 10: Current drug treatment, nationally and Tasmania, 2015-2020 64

http://doi.org/10.26190/80f3-0e40

List of Figures

Figure 1: Drug of choice, Tasmania, 2000-2020 17
Figure 2: Drug injected most often in the past month, Tasmania, 2000-2020 19
Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2000-2020 19
Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020 20
Figure 5: Health precautions related to COVID-19 in the past four weeks, Tasmania, 2020 22
Figure 6: Participant concerns relating to the COVID-19 pandemic, Tasmania, 2020 22
Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 24
Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 25
Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 26
Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 27
Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 27
Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent Opioid Agonist Treatment, Tasmania, 2020 28
Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020 30
Figure 14: Past six month use and frequency of use of heroin, Tasmania, 2000-2020 32
Figure 15: Median price of heroin per cap and gram, Tasmania, 2000-2020 33
Figure 16: Current perceived purity of heroin, Tasmania, 2000-2020 33
Figure 17: Current perceived availability of heroin, Tasmania, 2000-2020 34
Figure 18: Past six month use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-202035
Figure 19: Frequency of use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2020 ..36
Figure 20: Median price of methamphetamine crystal per point and gram, Tasmania, 2002-2020 39
Figure 21: Current perceived purity of methamphetamine crystal, Tasmania, 2002-2020 39
Figure 22: Current perceived availability of methamphetamine crystal, Tasmania, 2002-2020 40
Figure 23: Past six month use and frequency of use of cocaine, Tasmania, 2000-2020 42
Figure 24: Past six month use and frequency of use of cannabis, Tasmania, 2000-2020 44
Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2003-2020 45
Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2020 46
Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2020 47
Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Tasmania, 2000-2020 49
Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Tasmania, 2006-2020 50
Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Tasmania, 2006-2020 51

http://doi.org/10.26190/80f3-0e40

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Tasmania, 2005-2020 52
Figure 32: Past six month use of other drugs, Tasmania, 2000-2020 56
Figure 33: Past 12 month non-fatal overdose, Tasmania, 2000-2020 59
Figure 34: Take-home naloxone program and distribution, Tasmania, 2013-2020 61
Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, Tasmania, 2010-2020 62
Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2004-2020 64
Figure 37: Self-reported criminal activity in the past month, Tasmania, 2000-2020 65

http://doi.org/10.26190/80f3-0e40

Acknowledgements

Funding

In 2020, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sophie Cameron Krepp, Sarah Eddy, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute, Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory, and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Paris Baker, Rachael Beckley, Rhylee Hardiman, Róisín Thomson, Jac Tichbon and Lucy Tran for conducting the Tasmanian IDRS interviews in 2020. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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.

http://doi.org/10.26190/80f3-0e40

Abbreviations

1,4-BD	1,4-Butanediol
α-PVP	alpha-Pyrrolidinopentiophenone
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma Butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	Lysergic acid diethylamide
MDA	3,4-Methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Terrirory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

http://doi.org/10.26190/80f3-0e40

Executive Summary

The Tasmanian (TAS) IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Hobart, Tasmania. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from July-September: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone and face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Hobart, Tasmania (TAS), was made up of seventy-four participants, notably less than the IDRS samples (n=~100) of previous years due to recruitment difficulties related to COVID-19. The demographic profile of participants, however, was largely consistent with the TAS profile in previous years. Half (58%) the sample was male. The mean age of participants was 43 years, a significant increase from 2019 (40 years; p=0.022). The majority (89%) of the sample was unemployed at the time of interview, and most of the sample (95%) received a government pension/allowance or benefit in the month prior to interview. Over one-third (39%) of the sample reported that methamphetamine was their drug of choice, and over half (53%) reported that methamphetamine was the drug they had injected most often in the past month.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Seven per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (86%) had practiced social distancing and 55% had undergone home isolation.

Over two-fifths (42%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 81% reported reduced frequency of injection. Nevertheless, methamphetamine was reported by 55% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and by 53% in the month prior to interview.

Nearly half of participants reported a perceived decrease in the use of methamphetamine since March (58%), with 80% of these participants citing 'decreased availability' and 'drug is more expensive' (80%) as the primary reasons. Smaller numbers reported an increase in alcohol use (22%), mainly cited as due to 'difficulty accessing other drugs' and 'boredom/less things to occupy time'.

Most participants reported that crystal methamphetamine and heroin had increased in price since the beginning of March 2020 (93% and 60%, respectively). Furthermore, crystal methamphetamine was most commonly reported to have decreased in perceived purity (75%) and was also the drug most commonly cited as having decreased in availability (90%).

Over one-third (32%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 44% reported 'similar'.

Whilst the majority of participants reported 'no change' when commenting on changes related to their injecting practices since March 2020, 10% reported an increase in injecting alone. Almost one-quarter (23%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The majority (76%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

http://doi.org/10.26190/80f3-0e40

Heroin

Recent (i.e., past six month) use of heroin has fluctuated amongst the TAS sample since monitoring began, however, the percentage reporting recent use was stable from 15% in 2019 to 24% in 2020 (p=0.186). Frequency of use was stable at a median of four days between 2019 and 2020 (p=0.361). The reported median price of heroin was $60 per point, stable from 2019 ($60; p=0.924).

Methamphetamine

Recent use of crystal methamphetamine has trended upwards over the past few years, with over three-quarters (77%) reporting recent use in 2020. The median price for one point of crystal significantly increased from $50 in 2019 to $150 in 2020 ($p$<0.001). Significantly more participants (62%) perceived purity of crystal methamphetamine to be 'low' in 2020, compared to a small minority (14%) reporting 'low' purity in 2019 (p<0.001). Almost half (46%) found crystal to be 'difficult' to obtain (n≤5 in 2019; p<0.001), and over one-third (37%) perceived crystal to be 'very difficult' to obtain in 2020 (zero in 2019; p<0.001).

Cocaine

Sixteen per cent of the TAS sample had recently consumed cocaine (6% in 2019; p= 0.058) on a median of five days (nine days in 2019; p=0.323).

Cannabis

The proportion of participants reporting recent cannabis use has been slowly declining since the early 2000s to 72% in 2020 (76% in 2019; p=0.661). Over three-quarters of recent consumers (77%) reported daily use, a significant increase relative to 2019 (57%; p=0.031). Hydroponic cannabis remained the form most commonly used (90%), followed by bush cannabis (67%). Almost two-thirds (61%) of recent consumers perceived hydroponic cannabis to be 'easy' to obtain, significantly more so than rates in 2019 (31%, p=0.005).

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine and oxycodone has declined over the past 10 years of monitoring. Recent use of any methadone has also been declining since 2003.

Other Drugs

Non-prescribed benzodiazepine use was reported by 49% of participants in 2020, stable from 43% in 2019 (p=0.598). Alcohol and tobacco use have remained consistently common over the period of monitoring, with 68% and 88% reporting recent use of alcohol and tobacco, respectively, in 2020. Sixteen per cent of recent alcohol consumers reported daily use and almost all recent tobacco consumers smoked daily (91%).

Drug-Related Harms and Other Associated Behaviours

Eleven per cent of participants reported having overdosed in the 12 months preceding interview on any drug. Almost half (45%) of participants reported that they were aware of the take-home naloxone programs in 2020, significantly more so than 22% in 2019 (p=0.007). Almost one-third (32%) reported re-using their own needle in the past month, stable from 35% in 2019 (p=0.883).

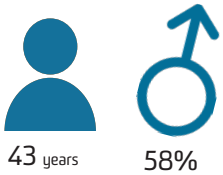
Almost one-third (30%) of the sample reported being in drug treatment at the time of interview, a significant decrease from 47% reporting current treatment in 2019 (p=0.028). Over half (58%) self-reported mental health problems in the past six months, stable from 2019 (57%). Self-reported past month criminal activity significantly declined from 54% in 2019 to 35% in 2020 (p=0.014).

http://doi.org/10.26190/80f3-0e40

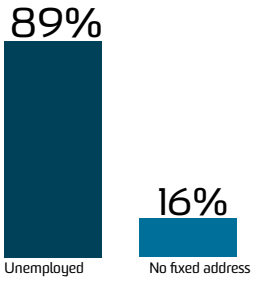
IDRS Illicit Drug Reporting System

2020 SAMPLE CHARACTERISTICS

In 2020, 74 people from Hobart, TAS participated in IDRS interviews.



The mean age in 2020 was 43, and 58% identified as male.

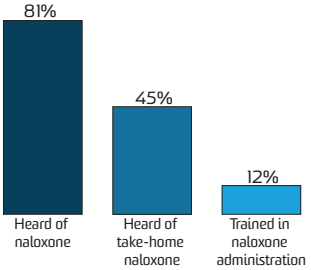


In the 2020 sample, 89% were unemployed and 16% had no fixed address.

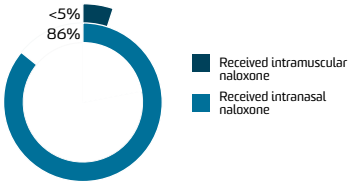
- Injected heroin
- Injected methamphetamine
- Injected other

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

NALOXONE



IDRS participants' knowledge of the take home naloxone program.



Of those who reported ever accessing naloxone, <5% received intramuscular naloxone and 86% intranasal naloxone.

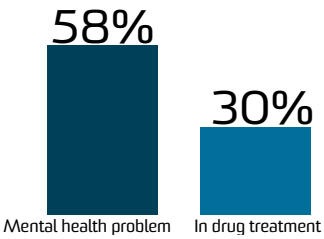
Of those who reported having heard of naloxone, <5% had used naloxone to resuscitate someone who had overdosed.

In the sample, <5% said they had been resuscitated with naloxone by a peer.

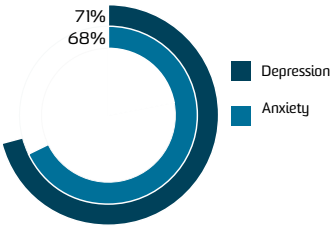
OTHER HARMS AND HELP-SEEKING

In the 2020 sample, 9% had a non-fatal opioid overdose in the last year. Methadone was the most commonly cited opioid related to non-fatal overdose.

In the 2020 sample, <5% had experienced a non-fatal stimulant overdose in the previous 12 months.

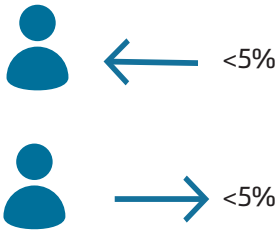


In the sample, 58% self reported a mental health problem in the six months prior to interview, and 30% were in drug treatment at the time of interview.



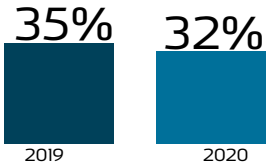
In the sample, 71% reported being diagnosed with depression and 68% with anxiety in the past six months.

INJECTING RELATED RISKS AND HARMS

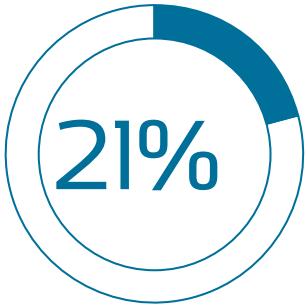


In 2020, <5% of the sample reported receptive needle sharing, and <5% reported distributive needle sharing.

http://doi.org/10.26190/80f3-0840

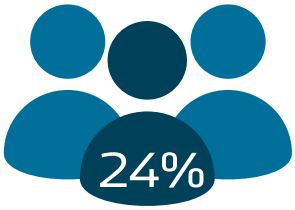


The number of people who re-used their own needles was stable between 2019 (35%) and 2020 (32%).

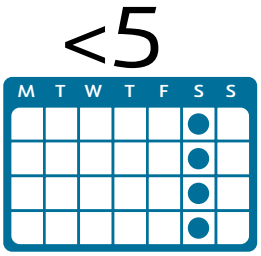


In 2020, just over one-fifth (21%) of the sample reported having an injection-related health issue in the month preceding interview.

HEROIN



Past 6 month use of heroin was 24% in the 2020 sample (15% in 2019).

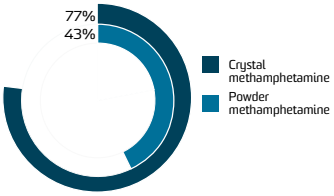


Of those who had recently consumed heroin, small numbers used it weekly or more often.

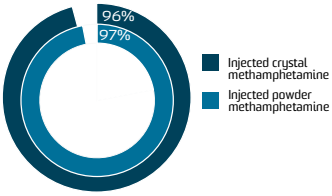
Of those who could comment <5% perceived heroin to be 'easy' or 'very easy' to obtain in 2020.

METHAMPHETAMINE

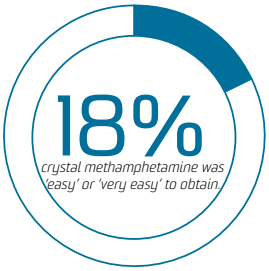
In the sample, 77% reported past 6 month use of any methamphetamine (81% in 2019).



Of the entire sample, 43% had recently consumed powder, and 77% crystal methamphetamine.

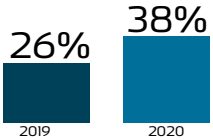


Injection was the main route of administration for crystal (96%) and powder (97%) among those who had consumed each form.



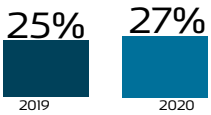
Of those who could comment 18% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

PHARMACEUTICAL MEDICINES

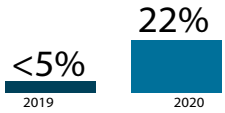


Past 6 month use of non-prescribed morphine increased from 26% in the 2019 IDRS sample to 38% in 2020.

Past 6 month use of non-prescribed fentanyl was stable at <5% in the 2019 IDRS sample and <5% in 2020.

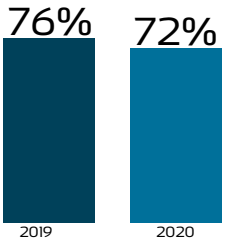


Past 6 month use of non-prescribed pregabalin was stable at 25% in the 2019 IDRS sample to 27% in 2020.

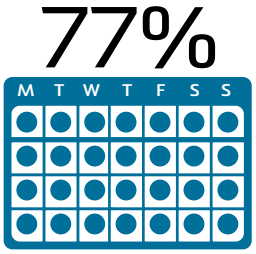


Past 6 month use of non-prescribed oxycodone increased from <5% in the 2019 IDRS sample and 22% in 2020.

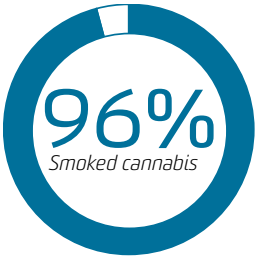
CANNABIS



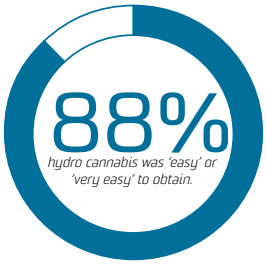
Past 6 month use of any cannabis was stable at 76% in the 2019 IDRS sample and 72% in 2020.



Of those who had consumed cannabis recently, over three quarters reported daily or more frequent use.



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



Of those who could comment 88% perceived hydro to be 'easy' or 'very easy' to obtain.

http://doi.org/10.26190/80f3-0e40

Background

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

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

Methods

IDRS 2000-2019

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

In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 99 participants interviewed in Hobart, TAS, during June-July 2019.

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

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions 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 jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 74 participants interviewed in Hobart, TAS, during July-September, 2020. In 2020, 81% of TAS participants were recruited via NSPs (63% in 2019; p=0.014), followed by 16% via word-of-mouth (27% in 2019; p=0.133). Twenty-six per cent of the 2020 sample had taken part in the 2019 interview (31% in 2019 had taken part in the 2018 interview; p=0.612).

http://doi.org/10.26190/80f3-0e40

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with appropriate caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

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

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

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

Additional Outputs

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

http://doi.org/10.26190/80f3-0e40

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

http://doi.org/10.26190/80f3-0e40

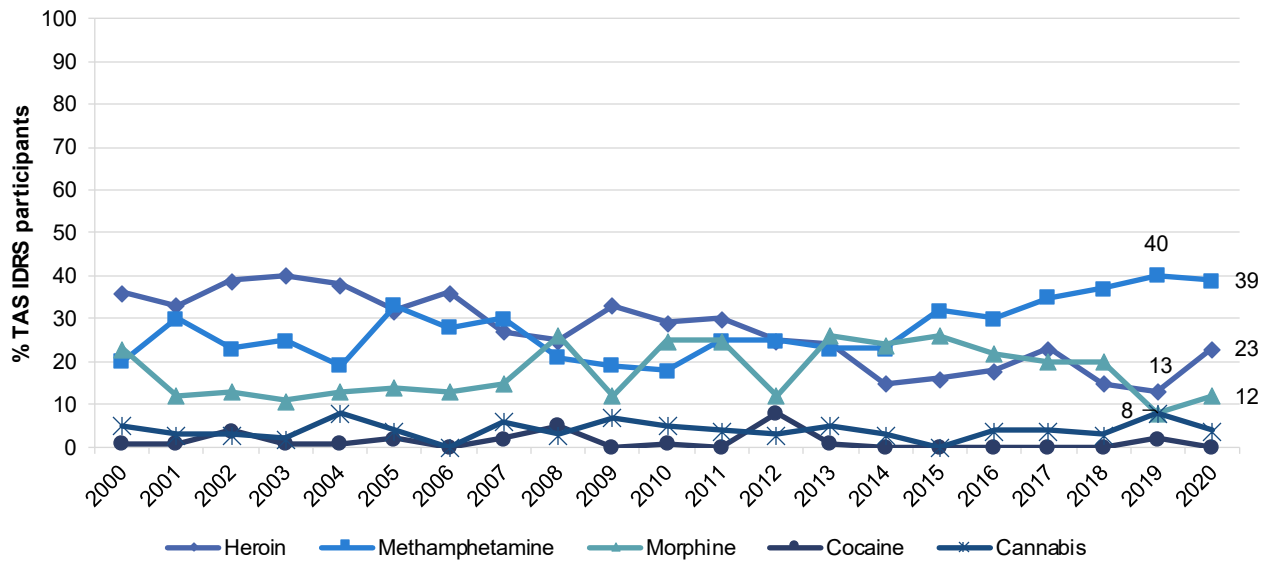
1

Sample Characteristics

In 2020, over half the TAS sample was male (58%; 66% in 2019; *p*=0.392), with a mean age of 43 years (SD: 8), a significant increase relative to 2019 (40 years; SD: 9; Table 1). The majority of the sample (89%) were unemployed at the time of interview (85% in 2019; *p*=0.528). Two-thirds (65%; 64% in 2019) of the sample reported having received a post-school qualification(s). The vast majority of participants (95%) reported receiving a government pension, allowance or benefit in the past month, stable from 2019 (93%; *p*=0.897). Participants reported their median weekly income amounted to $550 (IQR=450-591), significantly higher than $408 (IQR=300-500; *p*<0.001) reported in 2019.

Participants typically reported that methamphetamine was their drug of choice (39%), stable from 2019 (40%; *p*=0.996), followed by heroin (23%; 13% in 2019; *p*=0.137) (Figure 1). Additionally, methamphetamine was the drug injected most often in the month preceding interview reported by 53% of participants, stable from 61% in 2019 (*p*=0.432). This was followed by morphine (19% in 2020; 15% in 2019; *p*=0.623) and methadone (11% in 2020; 21% in 2019; *p*=0.117) (Figure 2). Weekly or more use remained stable for crystal methamphetamine (60%; 56% in 2019; *p*=0.644), powder methamphetamine (18%; 11% in 2019; *p*=0.321), cannabis (69%; 67% in 2019; *p*=0.882), non-prescribed morphine (23%; 15% in 2019; *p*=0.266) and heroin (n≤5; these data are suppressed) (Figure 3).

Figure 1: Drug of choice, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40

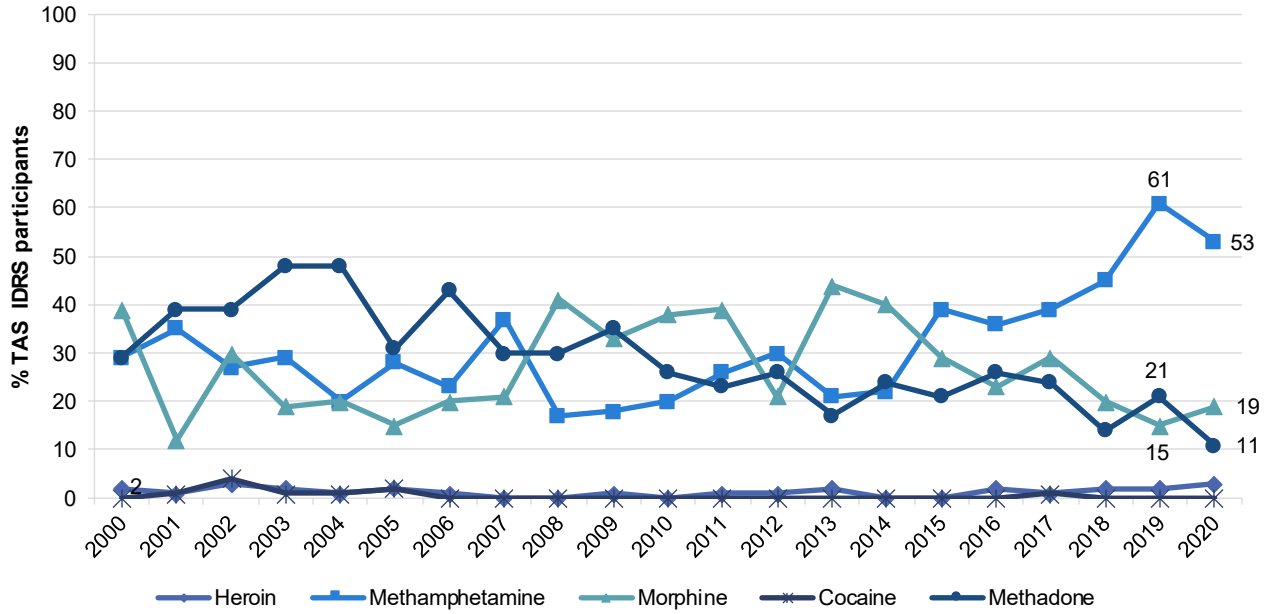
Table 1: Demographic characteristics of the sample, nationally, 2020, and Tasmania, 2016-2020

	National	Tasmania				
	2020	2020	2019	2018	2017	2016
	(N=884)	(N=74)	(N=99)	(N=100)	(N=100)	(N=99)
Mean age (years; SD)	44 (9)	**43* (8)**	40 (9)	42 (8)	41 (9)	41 (8)
% Male	59	**58**	66	63	60	61
% Aboriginal and/or Torres Strait Islander	18	**15**	15	17	18	16
% Sexual identity						
Heterosexual	86	**84**	92	89	91	93
Homosexual	4	**-**	-	-	-	-
Bisexual	8	**9**	-	7	8	-
Queer	1	**-**	-	/	/	/
Other	1	**-**	-	0	0	0
Mean years of school education (SD)	10 (1.5)	**10 (1.4)**	10 (1.5)	10 (1.4)	10 (1.3)	10 (1.5)
% Post-school qualification(s)^	62	**65**	64	64	58	56
% Current accommodation						
Own home *(inc. renting)~*	69	**65**	63	75	82	77
Parents'/family home	6	**-**	14	8	6	-
Boarding house/hostel	9	**7**	7	6	-	9
Shelter/refuge	2	**7***	0	/	/	/
No fixed address	12	**16**	16	11	8	8
Other	1	**-**	0	-	-	-
% Current employment status						
Unemployed	88	**89**	85	88	80	85
Full-time work	3	**-**	0	0	-	-
% Past month gov't pension, allowance or benefit	94	**95**	93	88	90	97
Current Median income/week ($; IQR)	500 (421-555)	**550*** (450-591)**	408 (300-500)	400 (275-450)	400 (275-500)	400 (300-460)

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

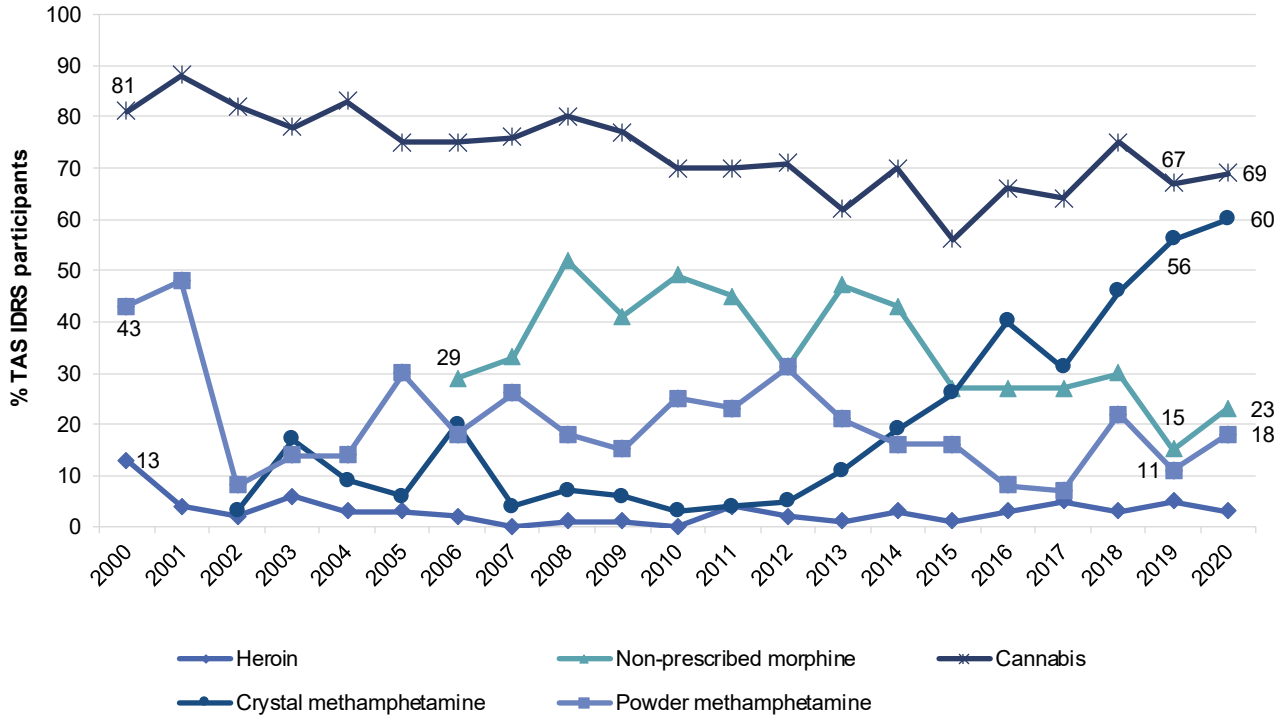
http://doi.org/10.26190/80f3-0e40

Figure 2: Drug injected most often in the past month, Tasmania, 2000-2020



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

Figure 3: Weekly or more frequent substance use in the past six months, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40

2

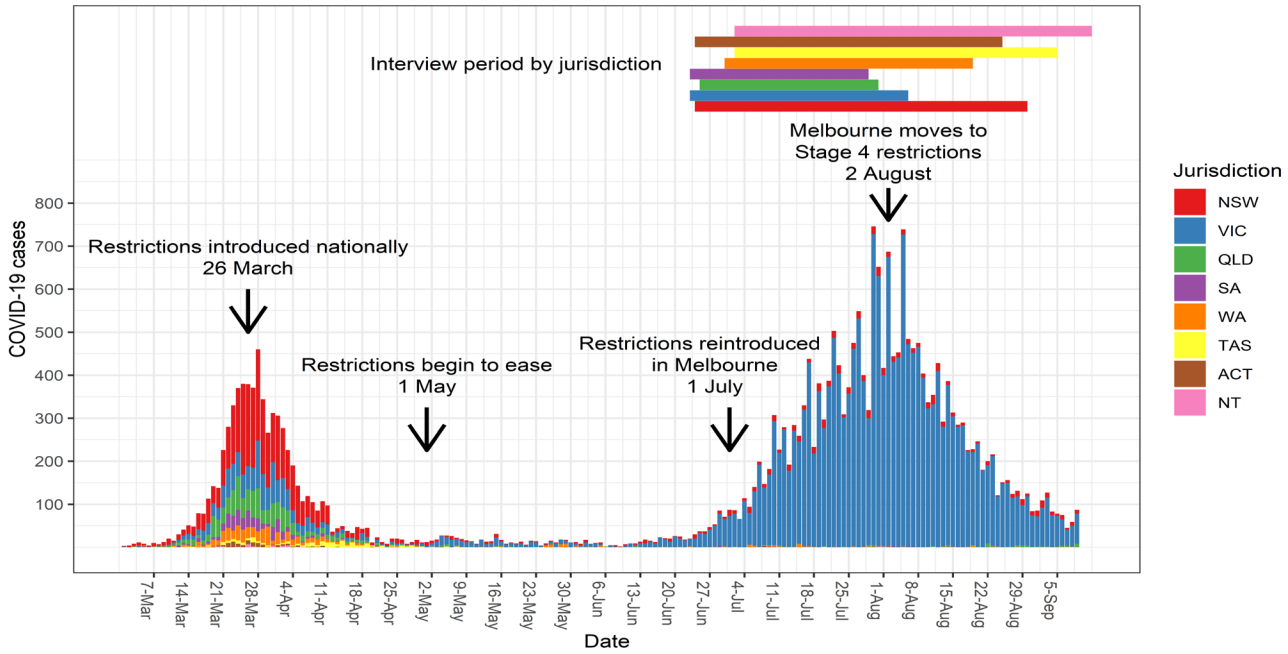
COVID-19

Background

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

Tasmania observed its first case of COVID-19 on 2 March, 2020. A few weeks later, on 17 March 2020, a public health emergency was declared in Tasmania, though a state of emergency was declared on 19 of March, giving the police power to enforce self-isolation rules. The Tasmanian border closed on 22 March and those arriving in Tasmania following the border closure were required to sign a declaration that they would self-isolate for 14 days and provide an address to the police. A stay at home order was made on 30 March restricting travel outside of necessary activities. Restrictions began to ease as of 8 May (stage 1 restrictions), allowing gatherings of up to 10 people. Stage 2 restrictions, ending the stay at home order and up to 20 person gatherings, commenced on 5 June, and were further loosened to Stage 3 on 26 June. State borders remained closed until 26 October. There was no evidence of community transmission of COVID-19 in Tasmania.

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



http://doi.org/10.26190/80f3-0e40

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

Methods

IDRS interviews in Tasmania commenced on 2 July and concluded on 11 September, 2020 (Figure 4). In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

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

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

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

COVID-19 Testing and Diagnosis

Twenty-three per cent of the Tasmanian sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. Over one-quarter (27%) of participants reported concern about contracting COVID-19; 15% per cent reported being 'slightly' worried, whereas nine per cent reported being 'moderately' worried. Small numbers (n≤5) reported being 'very' to 'extremely' worried.

Social and Financial Impacts of COVID-19 Restrictions

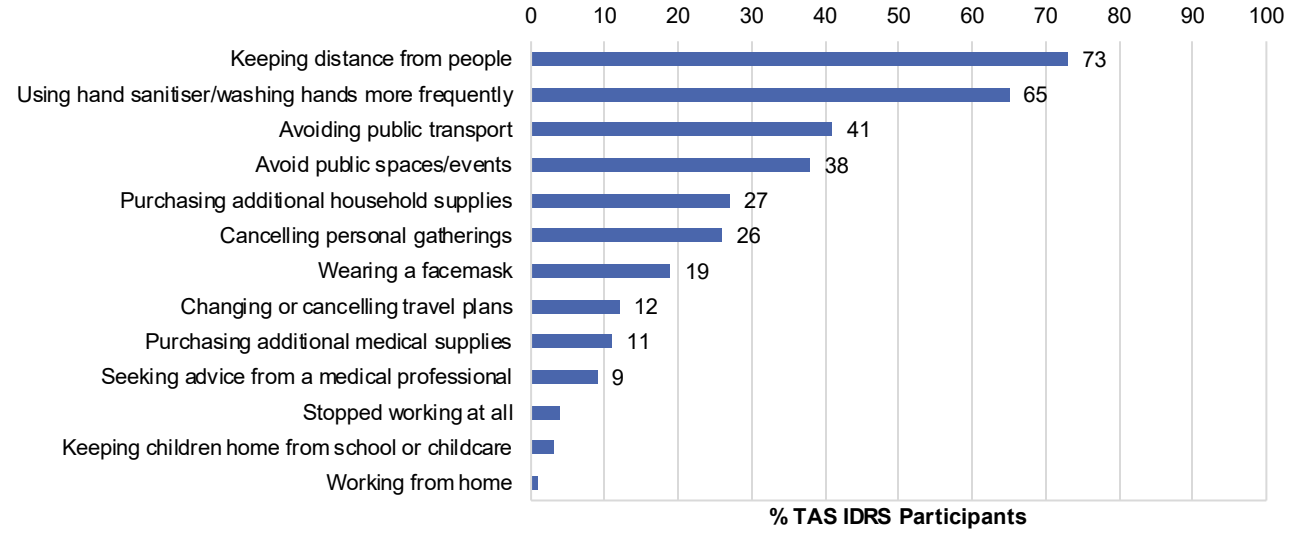
COVID-19 related health behaviours. Since the beginning of March 2020, the majority (86%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 55% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'keeping distance from people' (73%), 'using hand sanitiser/washing hands more frequently' (65%) and 'avoiding public transport (41%).

Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'limited availability of drugs' (69%), 'increased cost of drugs' (64%) and 'family/loved ones getting sick or dying' (46%) (Figure 6).

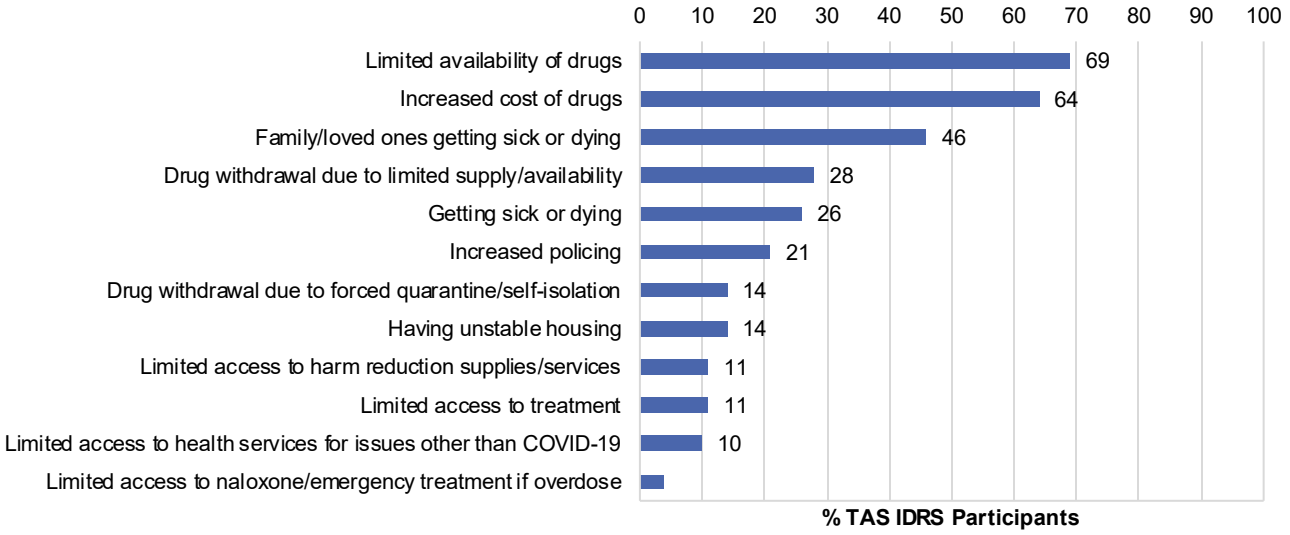
http://doi.org/10.26190/80f3-0e40

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



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

Figure 6: Participant concerns relating to the COVID-19 pandemic, Tasmania, 2020



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

Housing. Twenty-four per cent of participants reported that their living situation had changed since the beginning of March 2020. As to why participants' living situation had changed, reasons included 'moved but was unrelated to COVID-19' (11%) and 'rent increase' (10%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 47% of participants reported that they were receiving more income, 9% reported less income, and 43% reported a similar amount of income (Table 2).

http://doi.org/10.26190/80f3-0e40

Over half of participants (54%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being 'unable to buy food' (35%) and 'unable to pay household or phone bills on time' (28%). Furthermore, one-third (34%) of the sample reported asking for financial help from friends or family, and over one-fifth (22%) of participants asked for help from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

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

	Tasmania 2020
	N=74
% Change in total income in the past month compared to February	
More money	47
Less money	9
About the same	43
% Financial difficulties in the past month#	**n=74**
Unable to buy food or went without meals	35
Asked for financial help from friends or family	34
Could not pay household or phone bills on time	28
Asked for help from welfare/community organisations	22
Difficulty paying for medications	18
Unable to heat/air condition house	8
Could not pay the mortgage or rent on time	9
Requested deferred payment of mortgage/rent/loan	-
Difficulty paying for medical treatment	9

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

Drug Use

Main drug injected. Almost one-fifth (19%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020. Small numbers (n≤5) reported on the specific transition of drug most injected (these data are suppressed).

Frequency of drug injection. Forty-two per cent of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 81% reported reduced frequency of injection, and 19% reported increased frequency (Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Tasmania, 2020

	Tasmania 2020	
	February	Past month
% Drug injected most often in that month	**N=74**	**N=73**
Heroin	-	-
Morphine	19	19
Methamphetamine	55	53
Oxycodone	0	0

http://doi.org/10.26190/80f3-0e40

Methadone	11	11
Buprenorphine-naloxone	-	-
% reporting change in drug injected most often from February to past month	Overall:19%	
% Frequency of drug injection in that month	**N=74**	**N=74**
Not in the month	-	-
Weekly or less	14	20
More than weekly, not daily	35	42
Once a day	26	20
2-3 times a day	18	15
More than 3 times a day	-	-
% reporting decrease in frequency	Overall: 34%	
% reporting increase in frequency	Overall: 8%	
% reporting stable frequency	Overall: 58%	

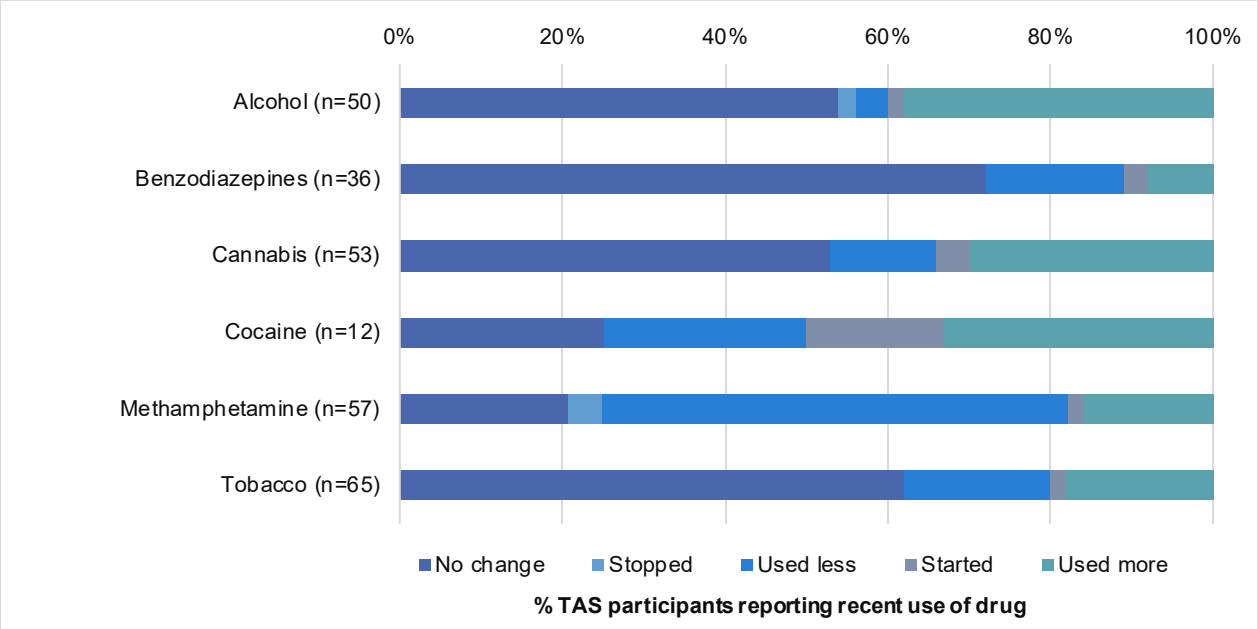
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Most commonly, participants reported a decrease (i.e., reduced or ceased) in use of methamphetamine (62%). An increase in use was reported for alcohol (40%) and cocaine (50%), and no change was reported for benzodiazepines (72%), pregabalin (79%), tobacco (62%), cannabis (53%) and heroin (50%).

The primary reason cited for decreasing use of methamphetamine was 'decreased availability' (80%) and 'drug is more expensive' (80%). The primary reason why participants increased their use of alcohol comprised 'because I'm having difficulty accessing other drugs' and 'more bored' (50% and 30%, respectively).

Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



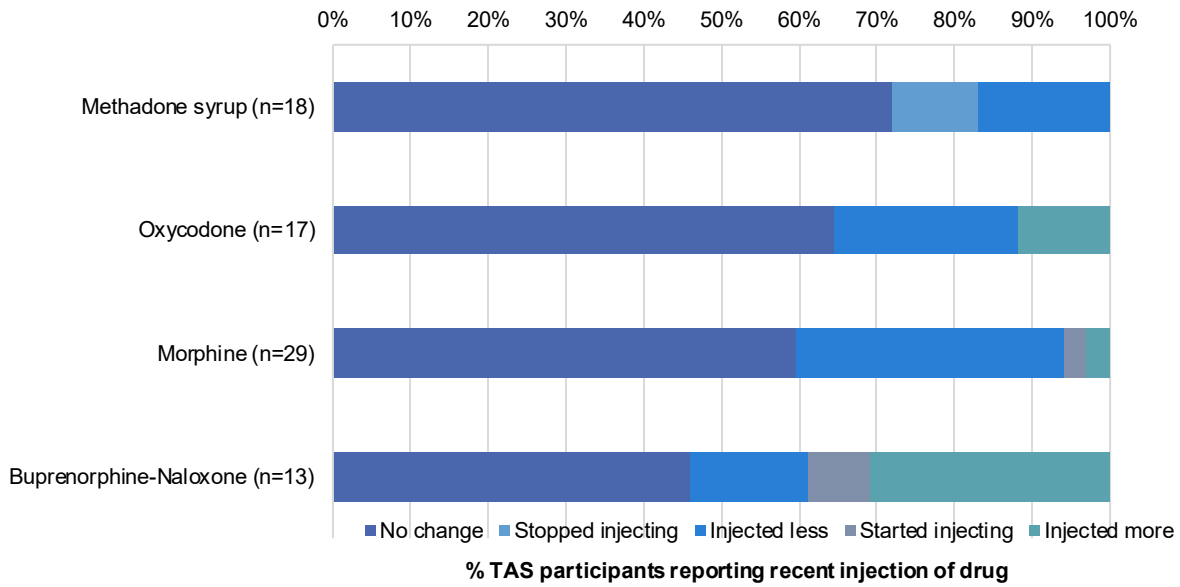
Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

http://doi.org/10.26190/80f3-0e40

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 8).

Most commonly, participants reported no change in injection of methadone syrup (72%), oxycodone (65%) and morphine (59%). Small numbers reporting should be noted here.

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

Price, Perceived Purity and Availability

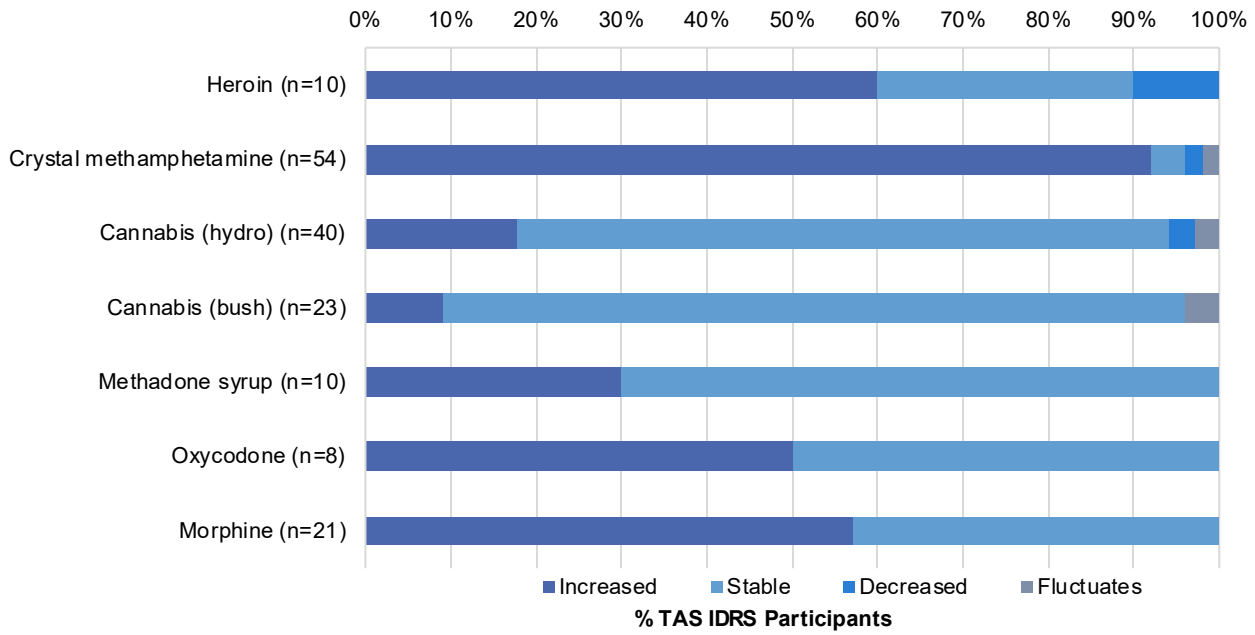
Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (93% and 60%, respectively). The price of bush cannabis was most commonly reported as stable (87%) (Figure 9). Three-quarters (75%) of participants perceived the purity of crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (Figure 10). Crystal methamphetamine and oxycodone were most commonly cited as illicit drugs which had decreased in availability (90% and 67%, respectively) (Figure 11).

http://doi.org/10.26190/80f3-0e40

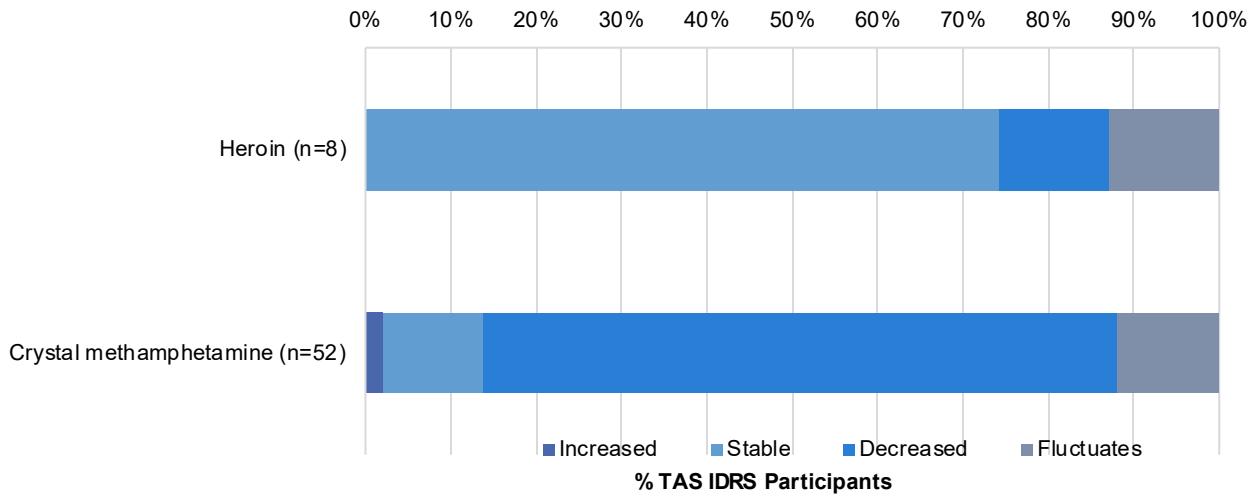
Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

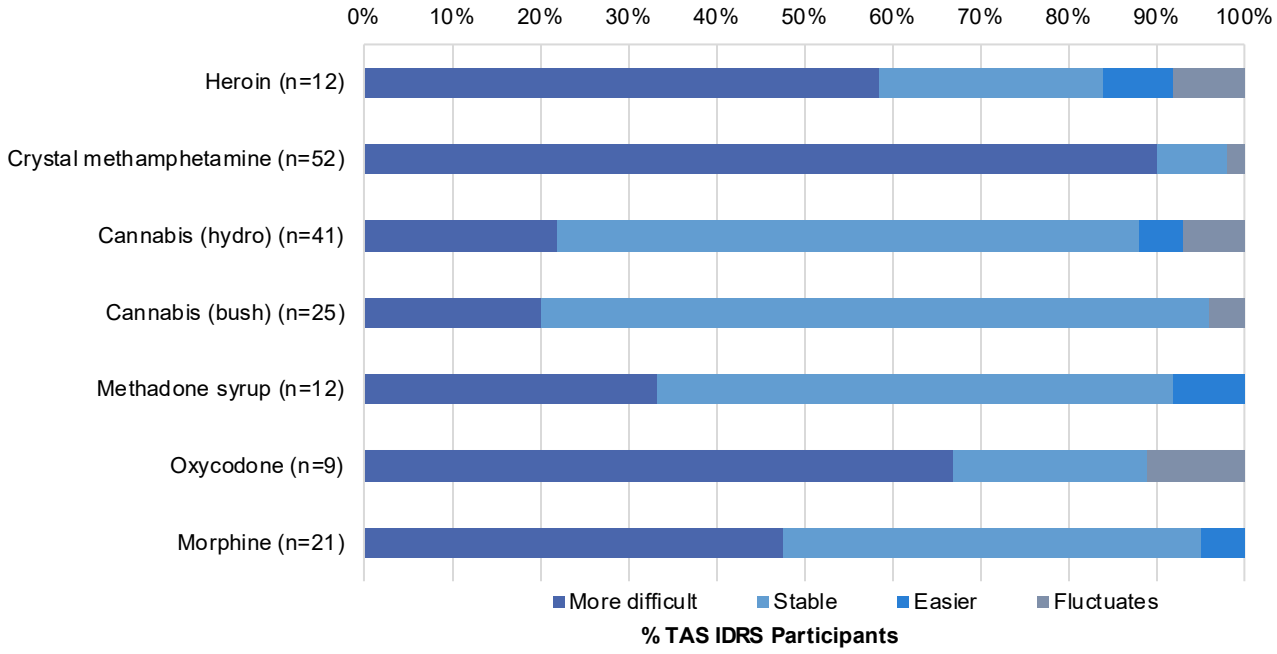
http://doi.org/10.26190/80f3-0e40

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

http://doi.org/10.26190/80f3-0e40

Risk and Protective Behaviours

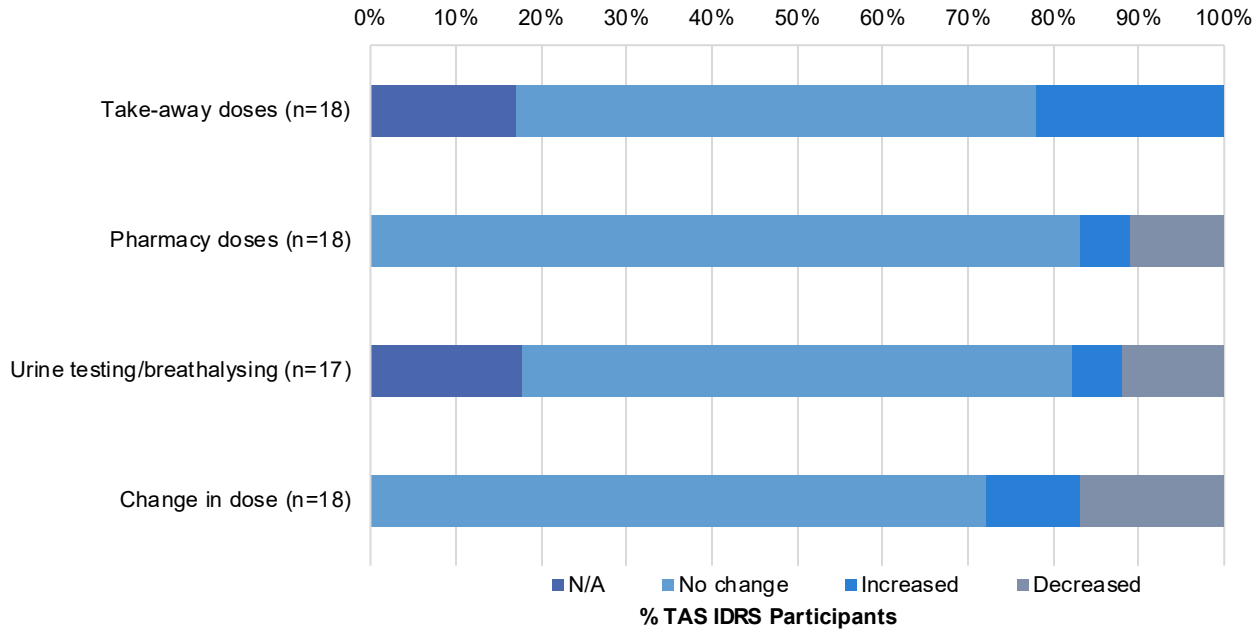
Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=28), 27% were receiving treatment both before and since March 2020. Of this group, 26% reported any disruption to treatment since March 2020 (since COVID-19 restrictions); the most common disruption was appointments via telephone/video, rather than face to face (21%).

Of those in treatment at the time of interview (n=22), 78% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions).

Furthermore, for those on opioid agonist treatment (OAT) since March (n=18), the majority of participants reported no change in take-away doses (61%), pharmacy doses (83%), or urine testing/breathalysing (65%) (Figure 12). Few participants (n≤5) reported having missed a dose of medication (e.g. methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g. service was closed or changed hours of service). The majority of participants reported experiencing no changes to their treatment (56%); small numbers (n≤5) reported on the degree of involvement in decision-making around changes to their treatment since the beginning of March (since COVID-19 restrictions).

Of those not in treatment since March 2020 (since COVID-19 restrictions; n=52), small numbers (n≤5) reported trying to access treatment but being unable to, or wanting to but not trying to access treatment. Difficulties reported commonly comprised accessing treatment for problems relating to methamphetamine and heroin, though numbers were very low (n≤5) and therefore suppressed.

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent Opioid Agonist Treatment, Tasmania, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

http://doi.org/10.26190/80f3-0e40

Injecting equipment access and disposal. Eleven per cent of participants reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=11), 63% of participants reported having re-used their own needles more than they normally would.

Small numbers (n≤5) reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions), therefore, these numbers are suppressed. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Injecting practices. The majority of participants reported 'no change' when reporting on changes in their injecting practices since March 2020 (since COVID-19 restrictions) with regards to borrowing and lending needles (Figure 13). Additionally, the majority (83%) of participants reported injecting 'alone' about the same amount as usual since the beginning of March as compared to before, and 10% reported injecting alone more.

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 32% of participants rated their mental health as being 'worse', 44% reported 'similar' and 24% reported their mental health was 'better'.

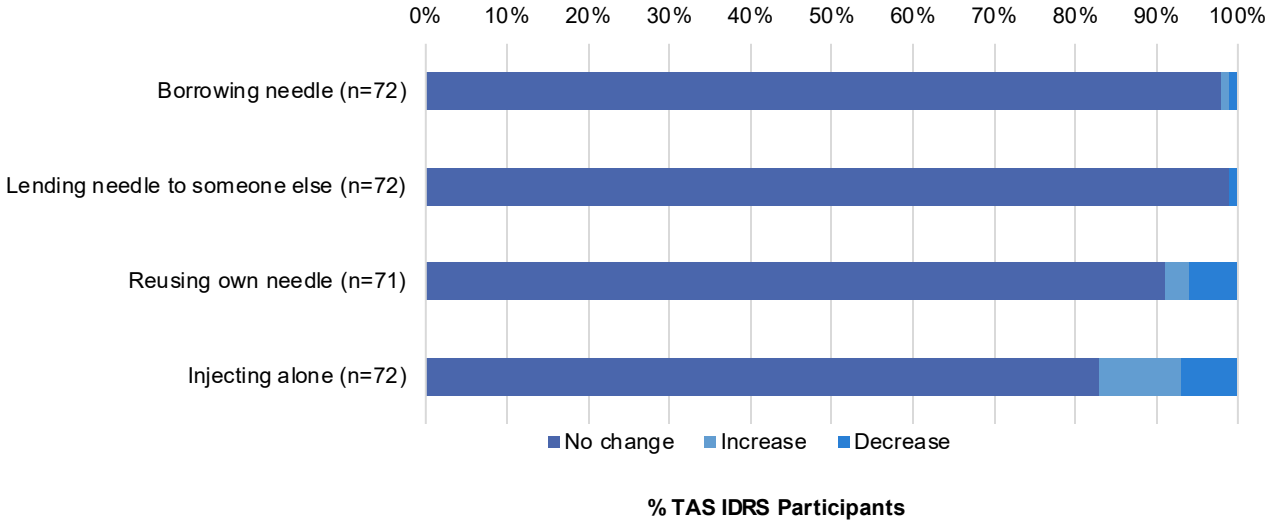
Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 25% rated their physical health as being 'worse', 59% reported 'similar' and 16% reported their physical health was 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-fifth (23%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common source cited was harm reduction service (10%).

The majority (76%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

http://doi.org/10.26190/80f3-0e40

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, Tasmania, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Tasmania, 2020

	Tasmania 2020
	N=74 %
Washed hands with soap/sanitiser before handling drugs or money	59
Avoided sharing needles/syringes with other people	55
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	41
Prepared your drugs yourself	38
Stocked up on sterile needle/syringes	36
Wiped down drug packages/wraps with soap/sanitiser	32
Stocked up on illicit/non-prescribed drugs	26
Stocked up on other sterile drug use equipment	23
Stocked up on prescription medicines prescribed to you	12
Obtained take-home naloxone/Narcan	11
Avoided smoking/vaping drugs	0

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

http://doi.org/10.26190/80f3-0e40

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The proportion of the participants reporting recent use of any heroin was stable at 24% in 2020 relative to 2019 (15%; *p*=0.186; Figure 14), noting some fluctuation in the percentage in recent years.

Frequency of Use

Frequency of use was stable between 2020 and 2019 with a median frequency of four days (IQR=2-8 in 2020; IQR=2-55 in 2019; *p*=0.361) (Figure 14). No participants reported daily use in 2020 (7% in 2019; *p*=0.974); small numbers (n≤5) reported weekly use (data are suppressed; 33% in 2019; *p*=0.339).

Routes of Administration

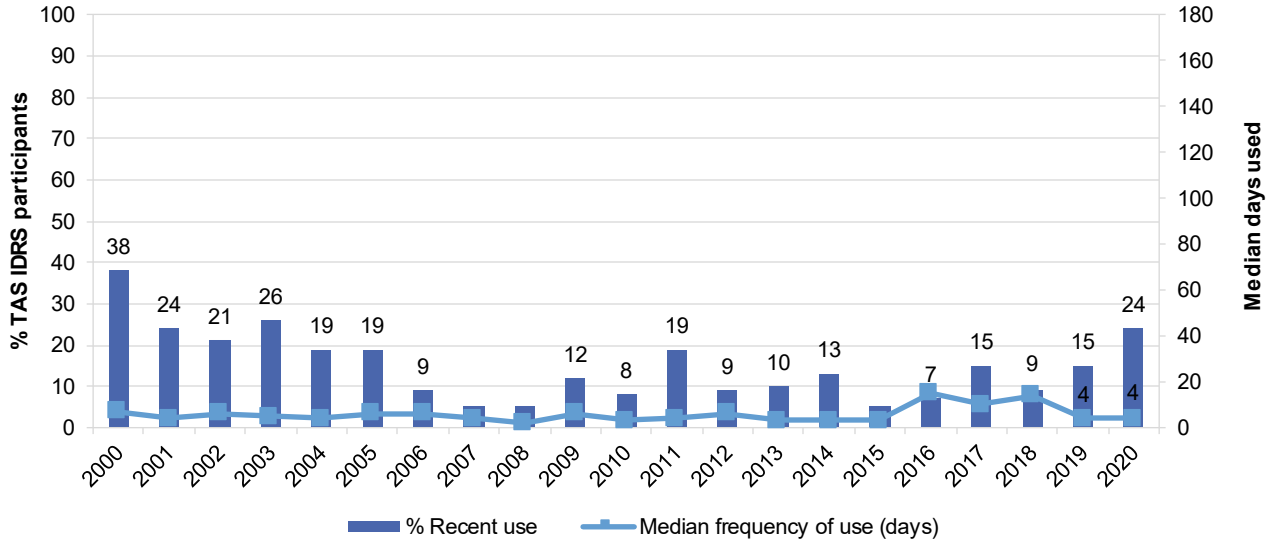
Injecting remained the most common route of administration among participants who had recently used heroin (100% in 2020; 100% in 2019). Participants who reported injecting did so on a median of four days (IQR=2-8) which remained stable from 2019 (4 days; IQR=2-54; *p*=0.333). Fewer participants reported smoking (n≤5; therefore, numbers are suppressed).

Quantity

Of those who reported recent use and responded (n=16), the median amount of heroin used per day in the six months preceding interview was 0.10 grams (IQR=0.10-0.20) in 2020 (0.20 grams in 2019; IQR=0.10-0.20; *p*=0.318).

http://doi.org/10.26190/80f3-0e40

Figure 14: Past six month use and frequency of use of heroin, Tasmania, 2000-2020



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

Price, Perceived Purity and Availability

Price

In 2020, the reported median last price of heroin was $60 (IQR=50-85; n=7) for a point, which was stable relative to 2019 ($60 in 2019; IQR=50-75; n=11; p=0.924) and $655 for one gram (IQR=515-938; n=6; n≤5 participants reported on price of heroin per gram in 2019; p=0.207) (Figure 15). Due to low numbers reporting on the price for one cap (n≤5), details on price have been suppressed. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Perceived Purity

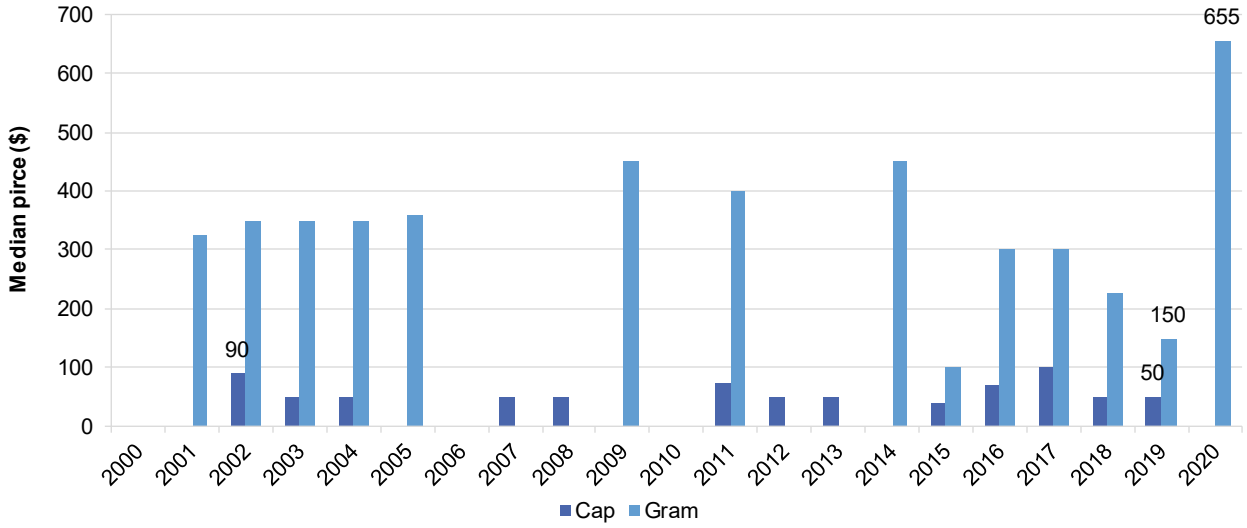
Among those who were able to comment in 2020 (n=13), the greatest per cent of participants perceived current purity to be 'high' (62%) which was a significant increase from 2019 (n=14) (14%; p=0.032) (Figure 16).

Perceived Availability

Few participants (n≤5) reported on the perceived availability of heroin in 2020; these data have been suppressed (Figure 17).

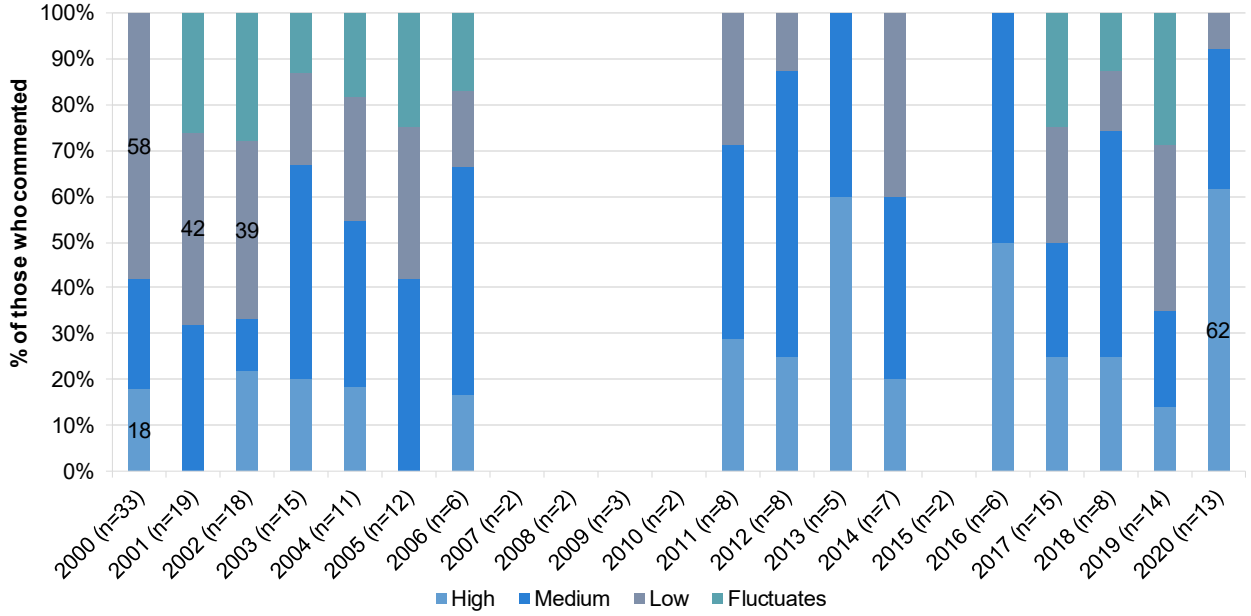
http://doi.org/10.26190/80f3-0e40

Figure 15: Median price of heroin per cap and gram, Tasmania, 2000-2020



Note. Among those who commented. Price for a gram of heroin was not collected in 2000. In years where n≤5, data is not presented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

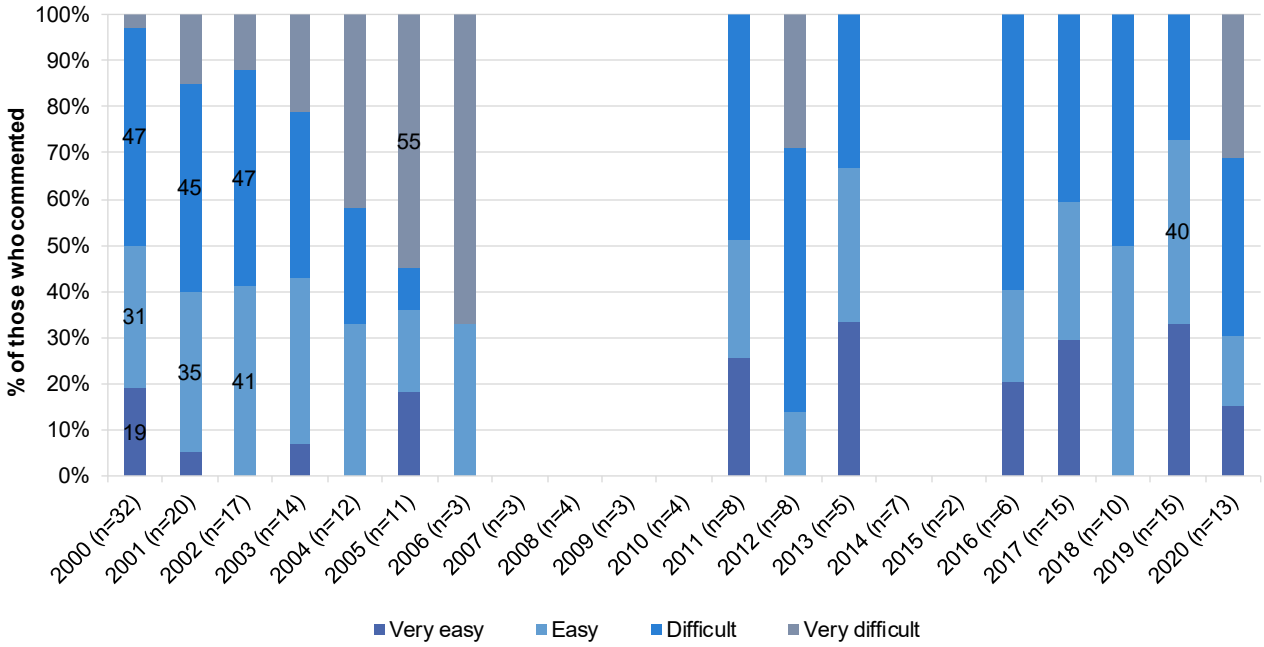
Figure 16: Current perceived purity of heroin, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40

Figure 17: Current perceived availability of heroin, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40

4

Methamphetamine

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

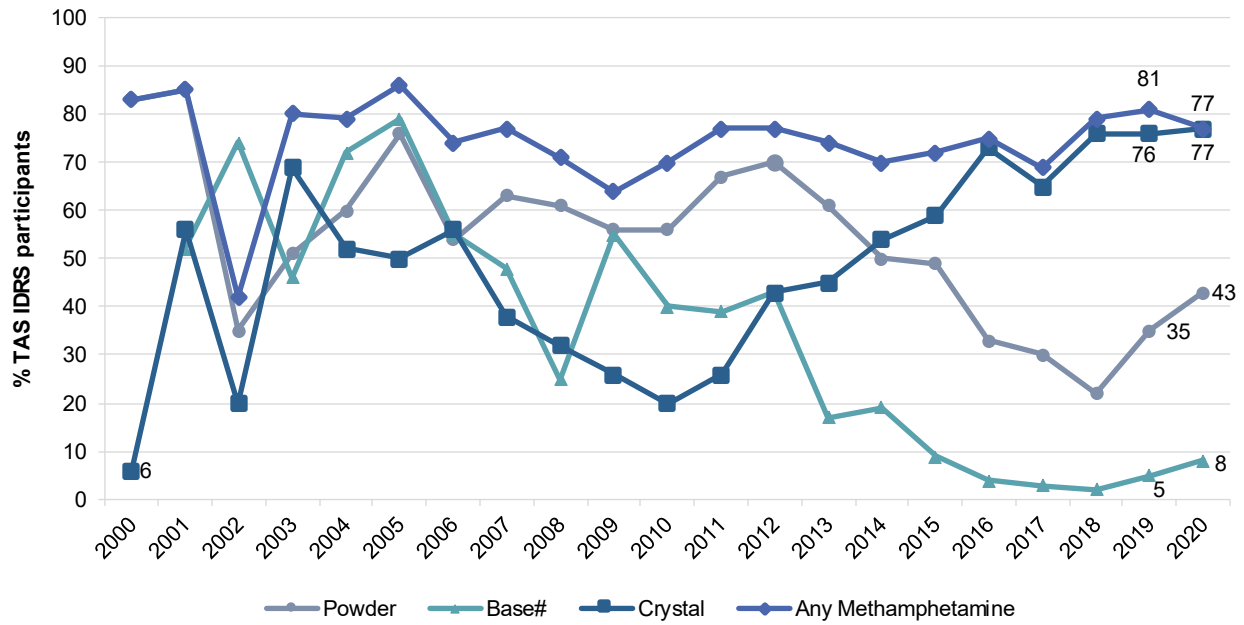
Recent Use (past 6 months)

In 2020, 77% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2019 (81%; *p*=0.677) (Figure 18).

Frequency of Use

Frequency of use of any form of methamphetamine has tripled since 2016. In 2020, use was at a median of 90 days of the past 180 days (IQR=48-180), up from 58 days in 2019 (IQR=22-153; *p*=0.107) (Figure 19). The proportion of participants who had recently used any form of methamphetamine reporting weekly or more frequent use remained stable (85% versus 73% in 2019; *p*=0.117), as did the per cent reporting daily use (27% versus 25% in 2019; *p*=0.923).

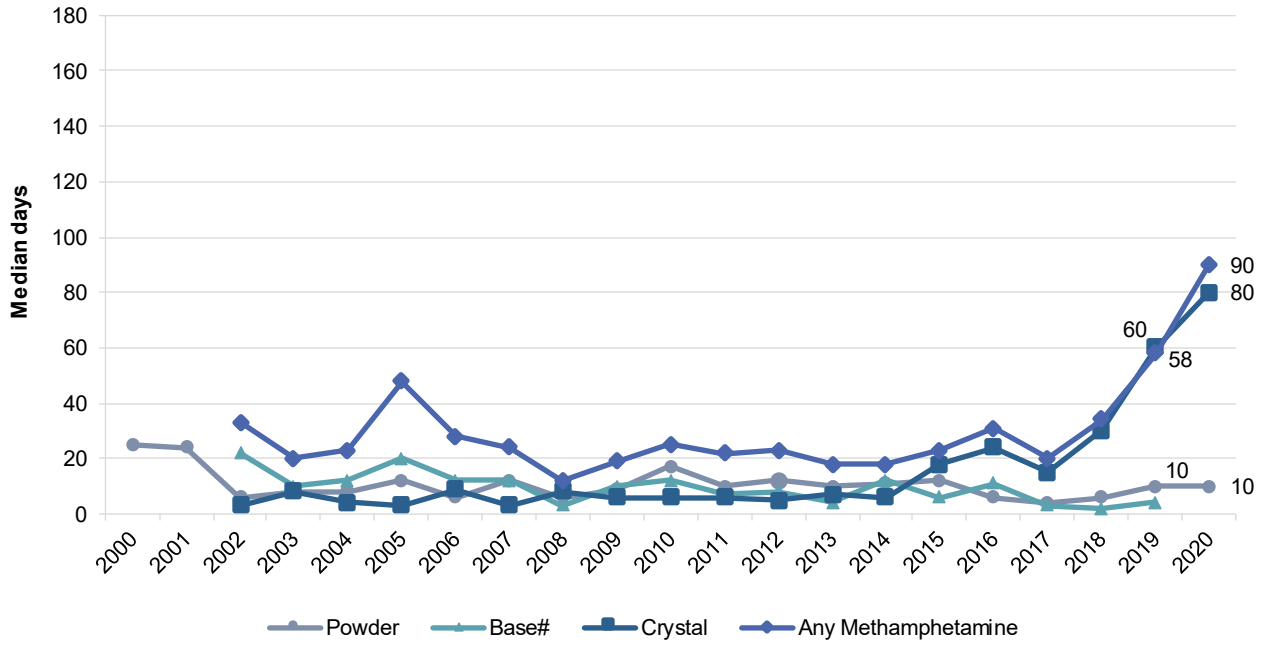
Figure 18: Past six month use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

Figure 19: Frequency of use of any methamphetamine, powder, base, and crystal, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The proportion reporting recent use of powder methamphetamine has generally been decreasing over time, although recent use has increased in the last few years, from 22% in 2018, 35% in 2019 and 43% in 2020 (*p*=0.370) (Figure 18).

Frequency of Use: Median frequency of use remained stable at 10 days (IQR=5-48) in 2020 (10 days in 2019; IQR=5-27; *p*=0.966) (Figure 19). Forty-one per cent (n=13) of recent consumers reported using powder on a weekly or more frequent basis (31% in 2019; *p*=0.597). Few (n≤5) participants reported daily use in 2020 (data suppressed; 9% in 2019; *p*=0.672).

Routes of Administration: Most consumers reported recent injection of powder (97%; 89% in 2019; *p*=0.358) in the six months preceding interview. Participants who reported injecting powder did so on a median of 10 days (IQR=3-48), stable relative to 2019 (10 days; IQR=4-53; *p*=0.798). Small numbers (n≤5) reported smoking (14% in 2019; *p*=0.809), snorting (17% in 2019; *p*=0.319) or swallowing powder (17% in 2019; *p*=0.319).

Quantity: Of those who reported recent use and commented (n=29), the median amount of powder used per day in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2019; IQR=0.10-0.30; *p*=0.307).

Methamphetamine Base

Recent Use (past 6 months): In 2020, base continued to be the least commonly used form of methamphetamine, with eight per cent of participants reporting recent use (n≤5 2019; *p*=0.600) (Figure 18).

Frequency of Use: Data for frequency of use for methamphetamine base was not collected in 2020. For further information, please refer to the 2019 IDRS Tasmania Report, or the 2019 IDRS National Report.

Routes of Administration: All (100%) recent consumers (n=6) reported injecting methamphetamine base (n≤5 in 2019).

Quantity: Data on the quantity of methamphetamine base recently used was not collected in 2020. For further information, please refer to the 2019 IDRS Tasmania Report, or the 2019 IDRS National Report.

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal have been increasing since 2010, surpassing base and powder methamphetamine from 2014, and plateauing in recent years (77% in 2020; 76% in 2019; *p*=0.989) (Figure 18).

Frequency of Use: Participants reported consuming crystal on a median of 80 days (IQR=24-173) in the six months prior to interview, from 60 days in 2019 (IQR=22-180; *p*=0.562) (Figure 19). Almost four-fifths (79%) of recent consumers reported using crystal on a weekly or more frequent basis, stable from 2019 (73%; *p*=0.989), with a further 25% reporting daily use (27% in 2019; *p*=0.357).

Routes of Administration: Ninety-six per cent of participants who had recently used crystal methamphetamine had injected the form (97% in 2019), and on a median of 80 days (IQR=24-175) in the six months preceding interview (48 days in 2019; IQR=16-120; *p*=0.357). Over one-quarter (28%) reported smoking crystal methamphetamine (41% in 2019; *p*=0.227).

Quantity: Of those who reported recent use and responded (n=53), the median amount of crystal used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.20; 0.20 grams in 2019; IQR=0.10-0.20; *p*=0.749).

http://doi.org/10.26190/80f3-0e40

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the 2019 IDRS Tasmania Report, or the 2019 IDRS National Report.

Methamphetamine Base

Questions pertaining to the price, perceived purity and availability of methamphetamine base were not asked of participants in 2020. For further information, please refer to the 2019 IDRS Tasmania Report, or the 2019 IDRS National Report.

Methamphetamine Crystal

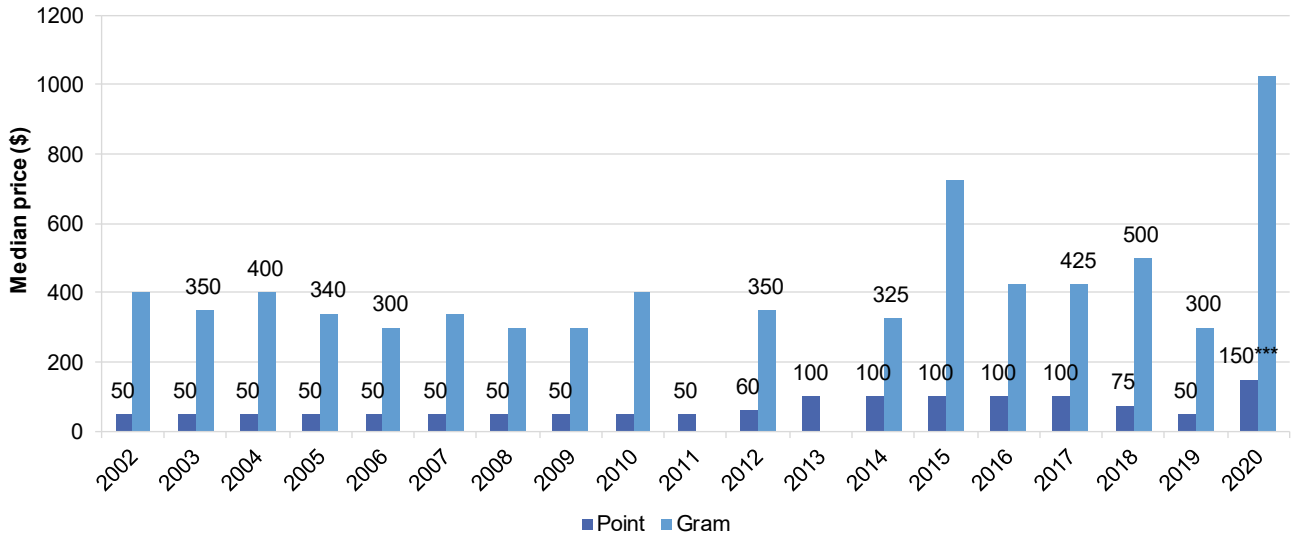
Price: The median price last paid for one point (0.10 gram) of crystal increased significantly in 2020 to $150 (IQR=100-200; n=49) from $50 in 2019 (IQR=50-95; n=55; $p<0.001$). Small numbers (n≤5) reported on price per gram ($300 in 2019; IQR=250-350; $p=0.057$) (Figure 20).

Perceived Purity: Among those who were able to comment in 2020 (n=53), over three-fifths (62%) perceived current purity of crystal to be 'low', a significant increase from 14% in 2019 ($p<0.001$), whereas 11% perceived current purity to be 'high', a significant decrease from 33% in 2019 ($p=0.009$) (Figure 21).

Perceived Availability: Among those who were able to comment in 2020 (n=52), close to half (46%) of the participants perceived crystal to be currently 'difficult' to obtain (n≤5 in 2019; $p<0.001$) and over one-third (37%) found it 'very difficult' to obtain (zero in 2019; $p<0.001$) (Figure 22).

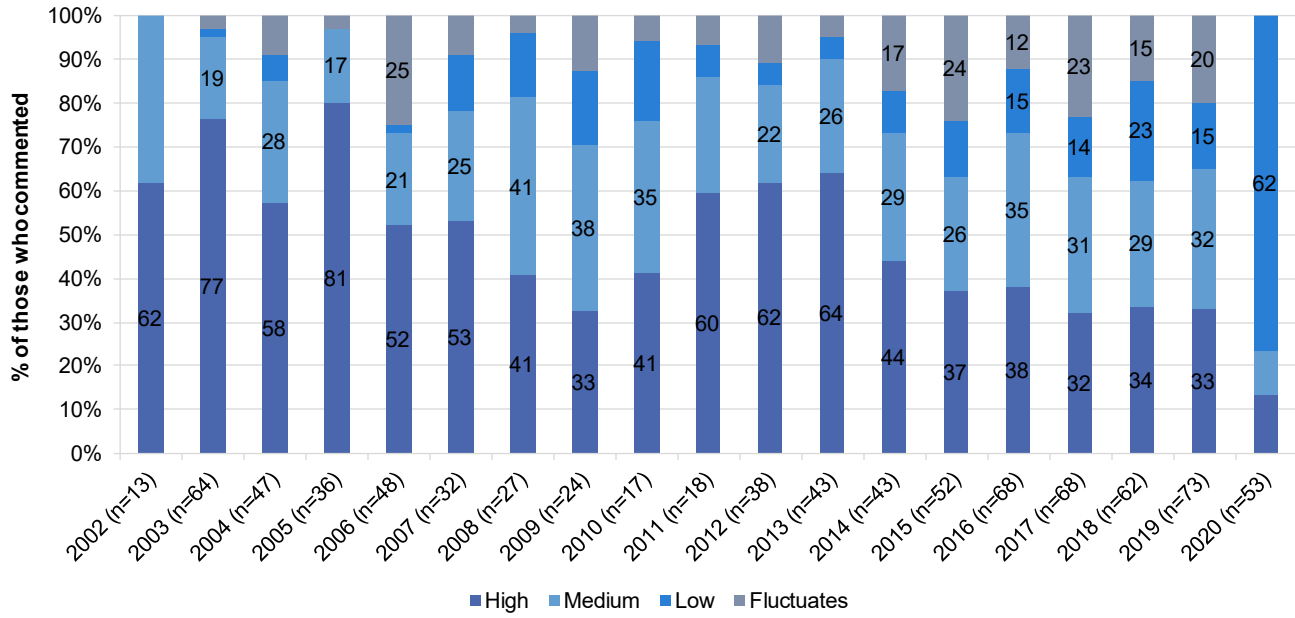
http://doi.org/10.26190/80f3-0e40

Figure 20: Median price of methamphetamine crystal per point and gram, Tasmania, 2002-2020



Note. Among those who commented. No participants reported purchasing a gram in 2011 and 2013. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

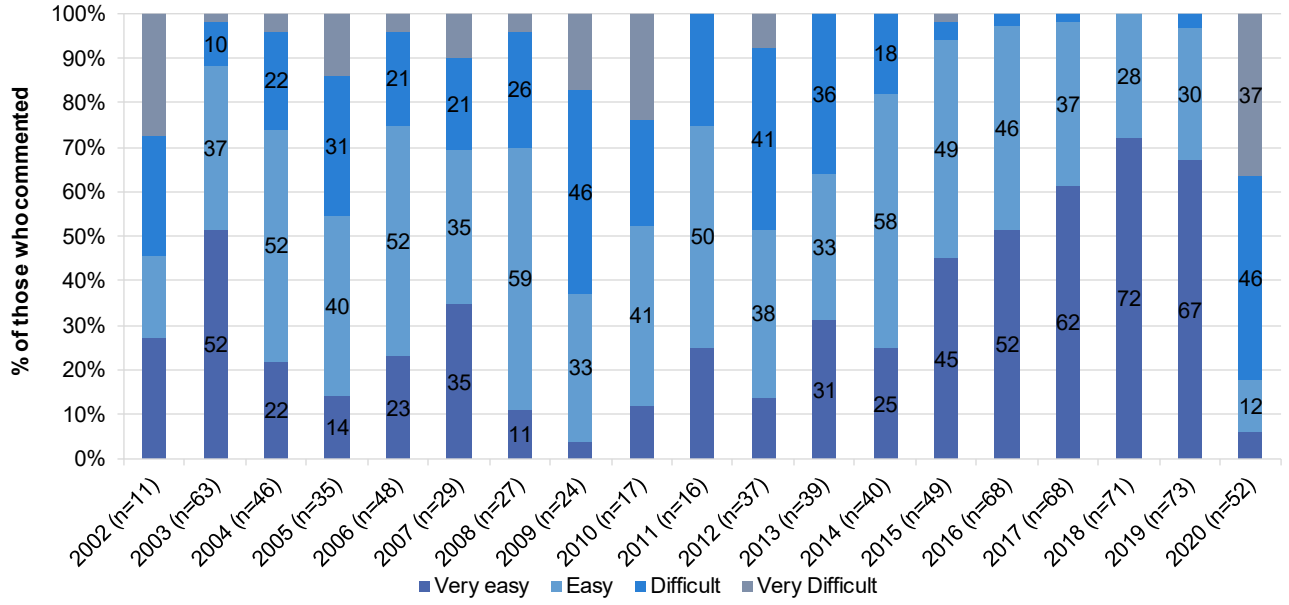
Figure 21: Current perceived purity of methamphetamine crystal, Tasmania, 2002-2020



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

http://doi.org/10.26190/80f3-0e40

Figure 22: Current perceived availability of methamphetamine crystal, Tasmania, 2002-2020



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

http://doi.org/10.26190/80f3-0e40

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 16% of the TAS sample in 2020 recently consuming cocaine. This was an increase (though not significant) relative to 2019 (6%; p=0.058) (Figure 23).

Frequency of Use

Median frequency of use was stable from five days (IQR=3-7) in 2019 to nine days (IQR=3-33; p=0.323) in 2020 (Figure 23).

Routes of Administration

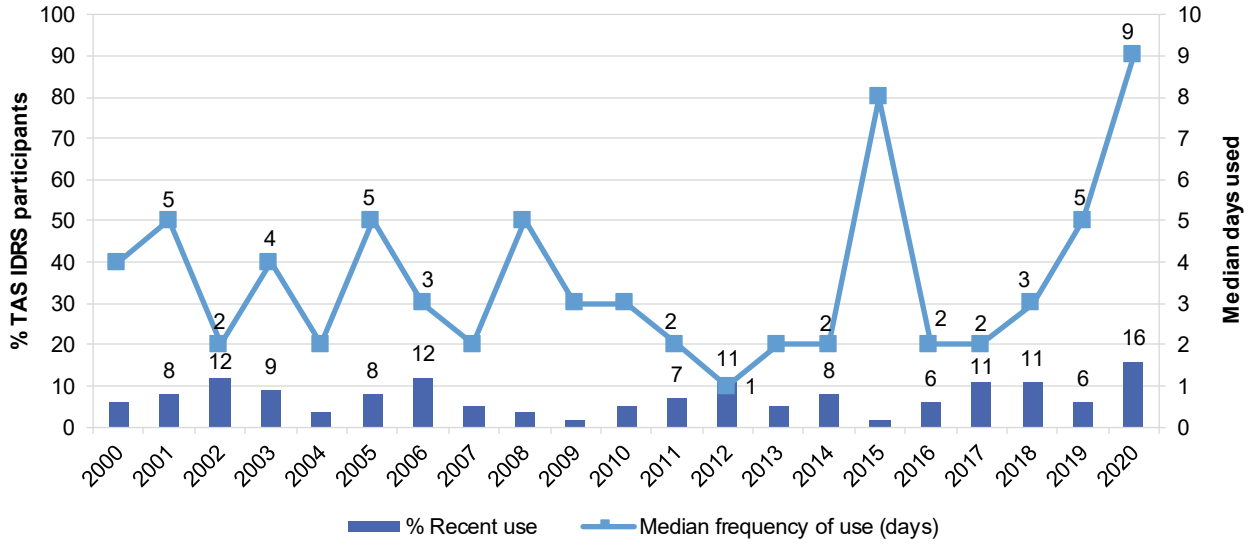
Over half (58%) of recent consumers reported snorting cocaine in the six months prior to interview, from 84% in 2019 (p=0.596).

Quantity

Of those who reported recent use and responded (n=12), the median amount of cocaine used per day in the six months preceding interview was 0.40 grams (IQR=0.10-0.70; 0.30 grams in 2019; IQR=0.20-1.00; p=0.393).

http://doi.org/10.26190/80f3-0e40

Figure 23: Past six month use and frequency of use of cocaine, Tasmania, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020. For further information, please refer to the 2019 IDRS South Australia Report, or the 2019 IDRS National Report.

http://doi.org/10.26190/80f3-0e40

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The proportion of participants reporting recent cannabis use has been slowly declining since the early 2000s to 72% in 2020 (76% in 2019; p=0.661) (Figure 24).

Frequency of Use

Frequency of use has remained relatively stable since monitoring began. There was a significant increase in the median frequency of cannabis use in 2020 (180 days; IQR=180-180) relative to 2019 (180 days; IQR=76-180; p=0.021). (Figure 24). The significance of this change was a reflection of three-quarters of recent consumers (77%) reporting daily use in 2020, a significant increase from 57% in 2019 (p=0.031).

Routes of Administration

Smoking continued to be the most common route of administration (96%; 99% in 2019; p=0.760), with 11% of consumers reporting swallowing in 2020 (16% in 2019; p=0.623).

Quantity

Of those who reported recent use of cannabis, the median quantity used on the last occasion of use was 1.00 gram (IQR=1.00-1.30; n=24; 2.00 grams in 2019; IQR=1.00-2.00; p=0.745). Thirteen participants also reported using four cones (IQR=2-15) in 2020 (3 cones in 2019; IQR=3-6; p=0.537). Eleven participants reported using one joint in 2020 (IQR=1-1; 1 joint in 2019; IQR=1-2; p=0.265).

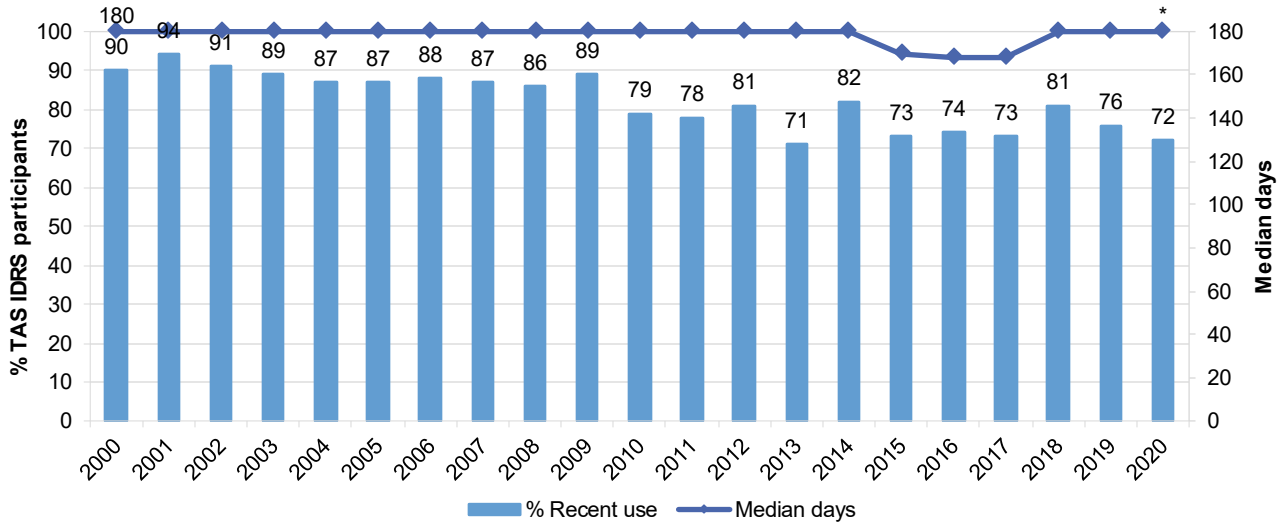
Forms Used

Of those who had consumed cannabis in the past six months and commented (n=49), the majority (90%) of participants reported recent use of hydroponic cannabis (93% in 2019; p=0.711). Two-thirds

http://doi.org/10.26190/80f3-0e40

(67%) of recent consumers reported use of outdoor-grown 'bush' cannabis, a significant decrease relative to 2019 (89%; *p*=0.005). Small numbers (n≤5) reported having used hashish (26% in 2019; *p*=0.918) and hash oil (12% in 2019; *p*=0.233).

Figure 24: Past six month use and frequency of use of cannabis, Tasmania, 2000-2020



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

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median last price paid per gram of hydroponic cannabis in 2020 was $20 (IQR=20-25; n=23; $20 in 2019; IQR=20-25; *p*=0.235) and the median price per ounce of hydroponic cannabis was $300 (IQR=250-320; n=16; $250 in 2019; IQR=200-273; *p*=0.080) (Figure 25a).

Perceived Potency: Among those who were able to comment in 2020 (n=41), just under half (46%) perceived hydroponic cannabis to be of 'medium' potency (32% in 2019; *p*=0.195). Over one-third (39%) perceived hydroponic cannabis to be of 'high' potency (59% in 2019; p=0.078) (Figure 26a).

Perceived Availability: Among those who were able to comment in 2020 (n=41), almost two-thirds (61%) perceived hydroponic cannabis to be 'easy' to obtain, a significant increase relative to 2019 (31%; *p*=0.005). In contrast, a further 27% of participants perceived hydroponic cannabis as being 'very easy' to obtain, a significant decrease from 58% in 2019 (*p*=0.004) (Figure 27a).

Bush Cannabis

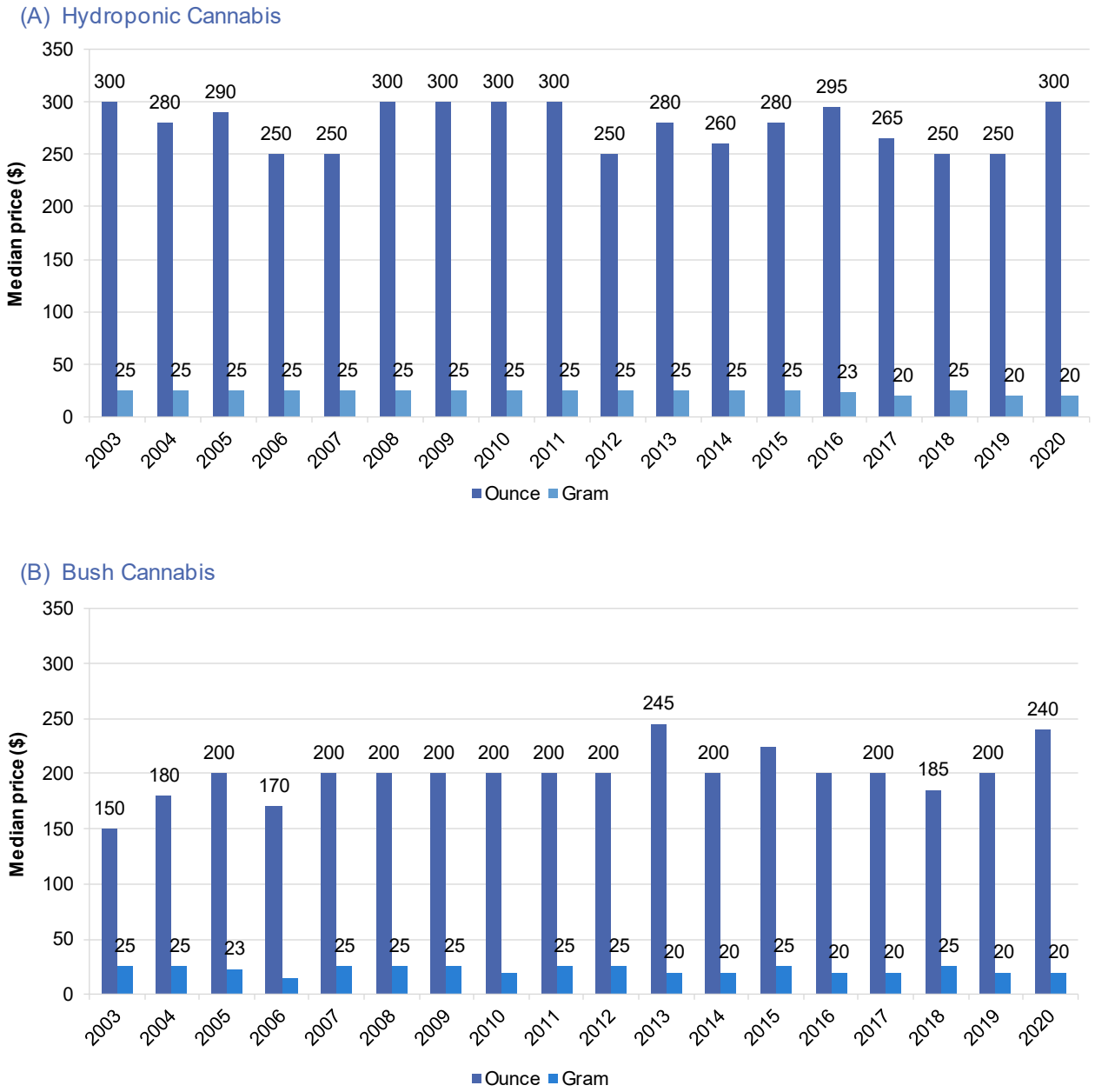
Price: The median last price paid per ounce of bush cannabis amounted to $240 (IQR=200-300; n=13) which remained relatively stable compared with 2019 ($200 (IQR=150-200; n=13; *p*=0.168) (Figure 25b). The median last price paid per gram of bush cannabis was $20 (IQR=14-25; $20 in 2019; IQR=10-23; *p*=0.515).

Perceived Potency: Among those who were able to comment in 2020 (n=24), over two-fifths (42%) perceived the potency of bush to be 'medium' (58% in 2019; *p*=0.275). Over one-quarter (29%) perceived the potency of bush to be 'low' (23% in 2019; *p*=0.746) (Figure 26b).

http://doi.org/10.26190/80f3-0e40

Perceived Availability: Among those who were able to comment in 2020 (n=25), over half (52%) perceived that bush was 'easy' to obtain, stable compared with 36% of participants who commented in 2019 (*p*=0.272). Over one-quarter (28%) perceived that bush was 'very easy' to obtain (48% in 2019; *p*=0.141) (Figure 27b).

Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Tasmania, 2003-2020

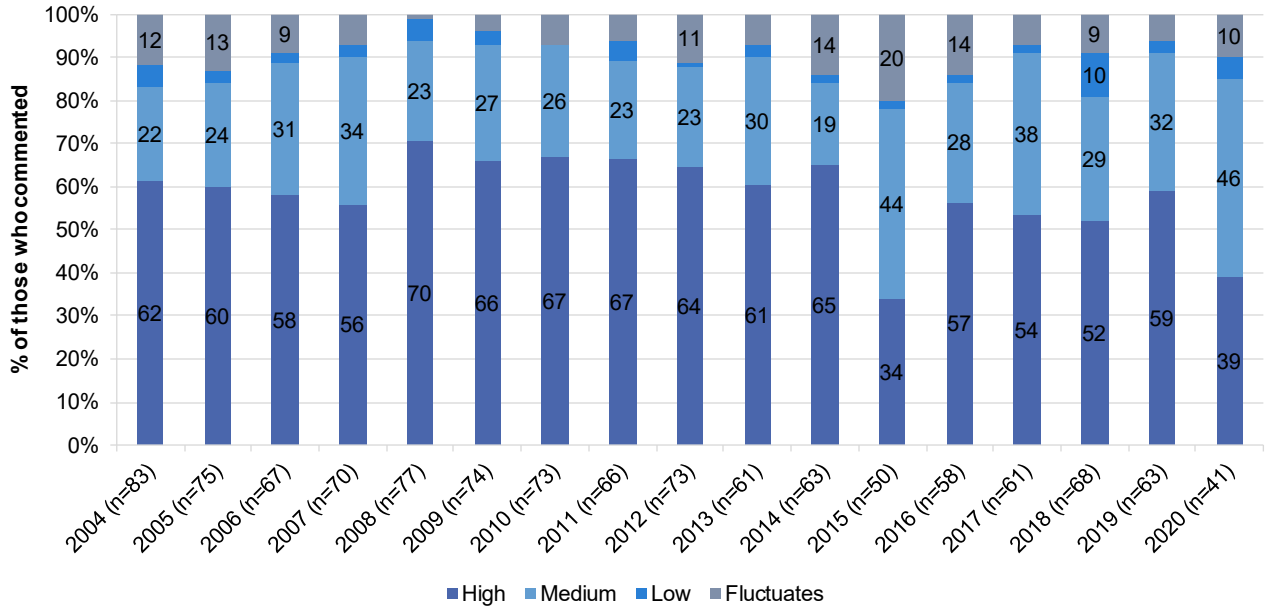


Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

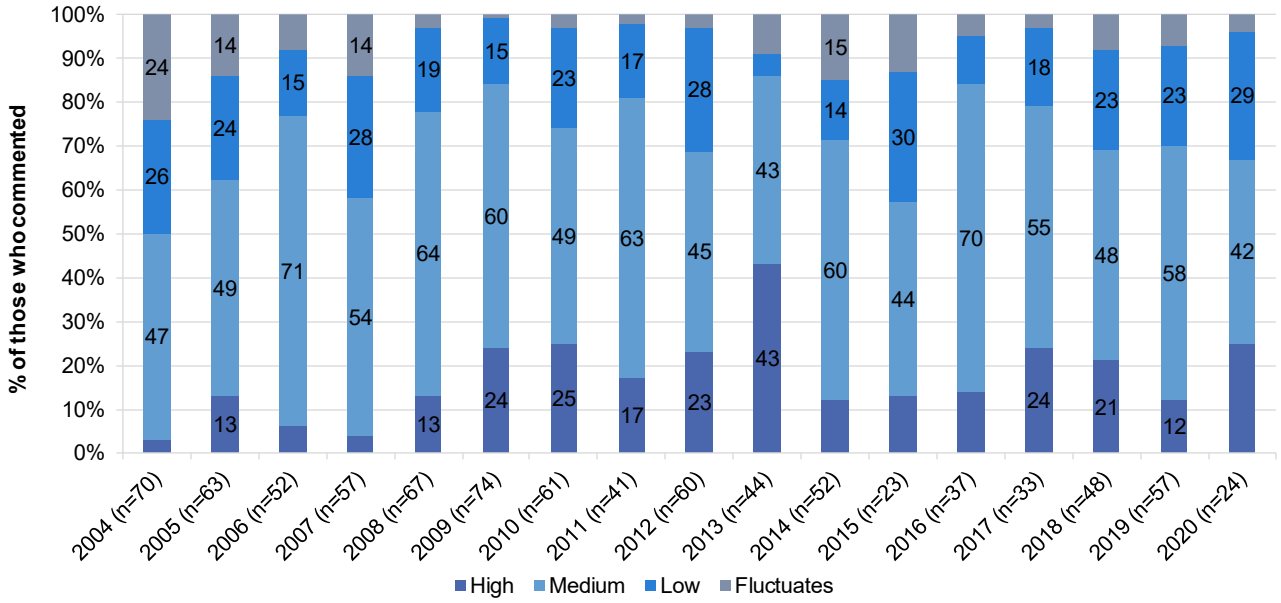
http://doi.org/10.26190/80f3-0e40

Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2020

(A) Hydroponic Cannabis



(B) Bush Cannabis

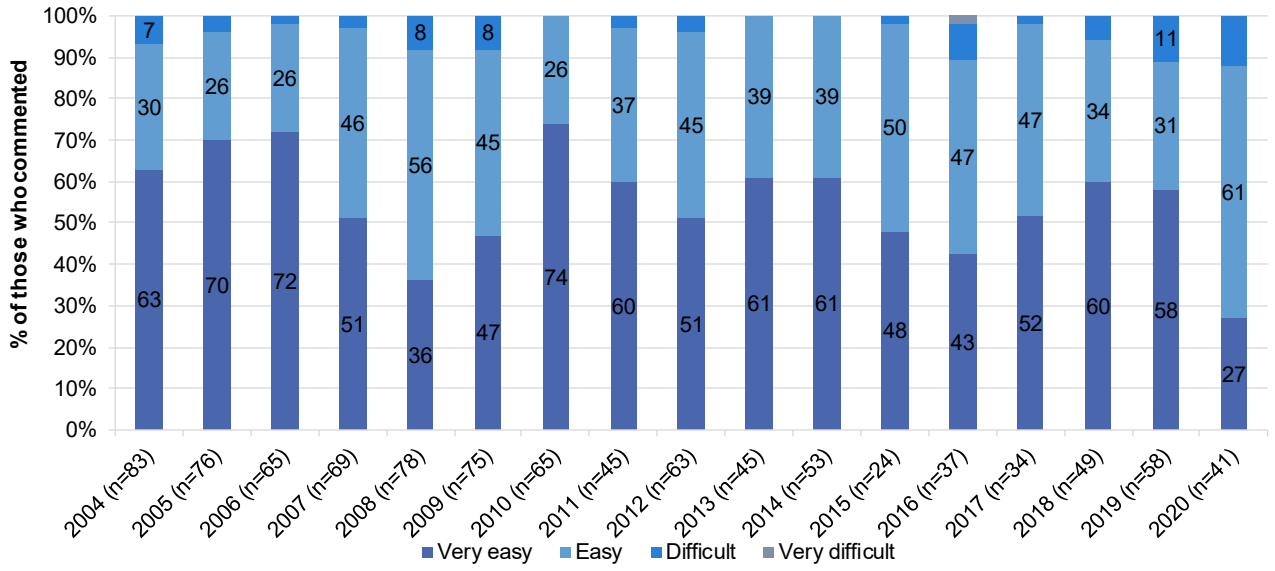


Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

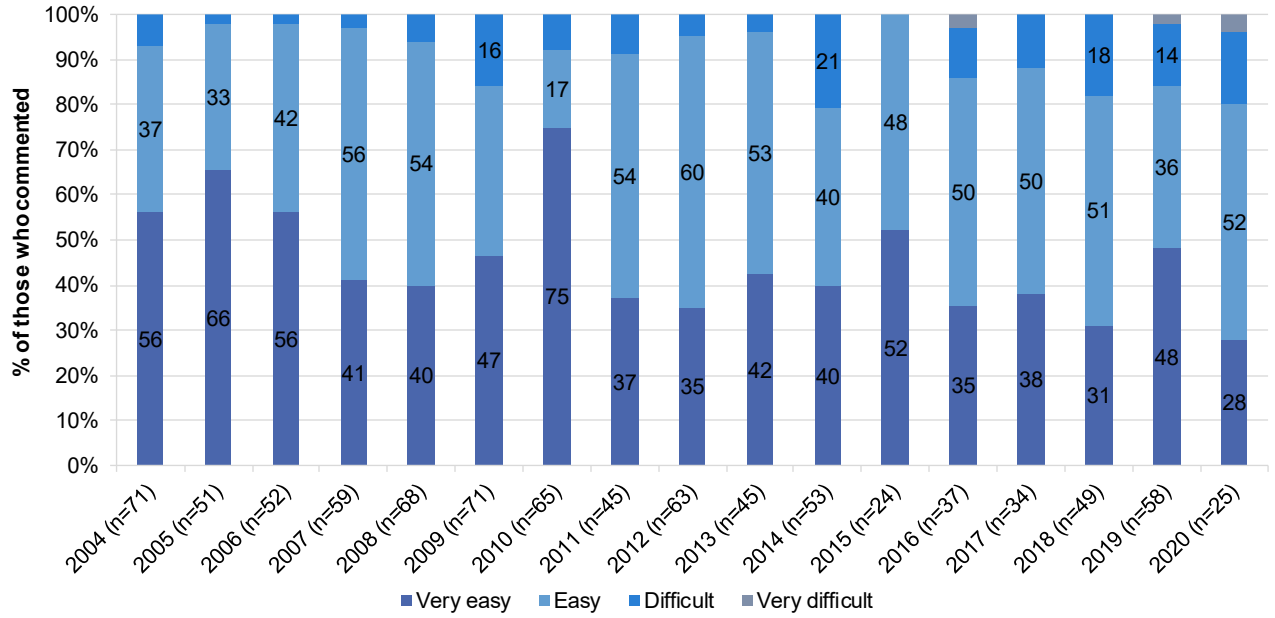
http://doi.org/10.26190/80f3-0e40

Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, Tasmania, 2004-2020

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

http://doi.org/10.26190/80f3-0e40

7

Pharmaceutical Opioids

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

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

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

Methadone

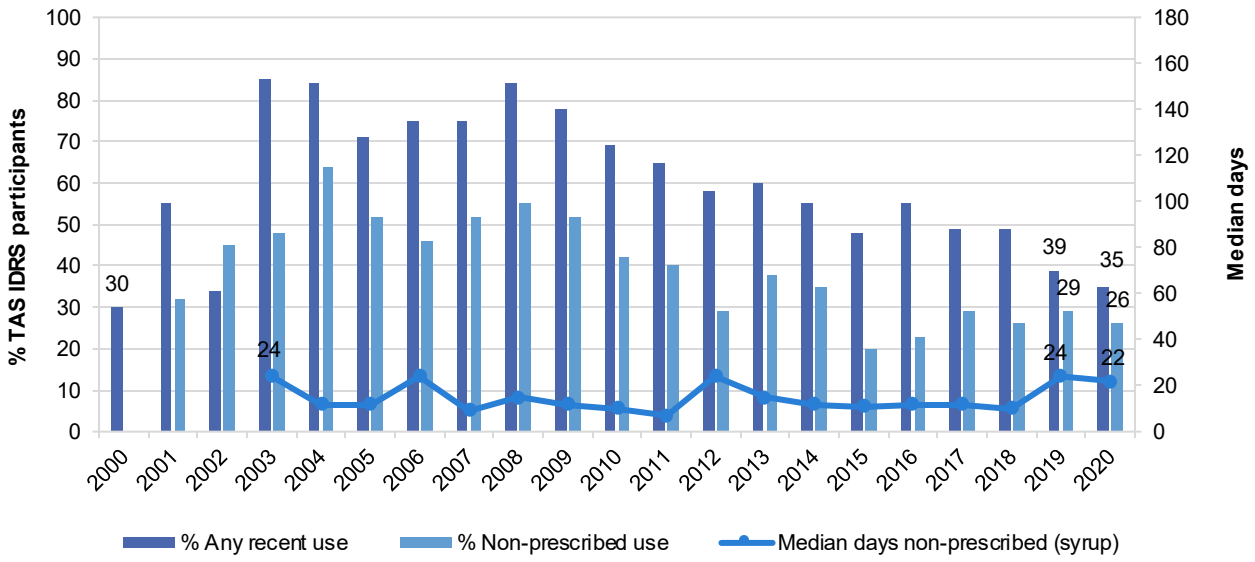
Any Recent Use (past 6 months): The proportion of each sample reporting any recent methadone use (including syrup and tablets) in Tasmania has generally decreased since monitoring began. In 2020, 35% of participants reported recent use of any prescribed and/or non-prescribed methadone (39% in 2019; p=0.679). The per cent reporting non-prescribed use remained stable in 2020 at 26% (29% in 2019; p=0.723), though methadone use historically has largely consisted of prescribed use, with 15% reporting prescribed use in 2020, a decrease (though not significant) from 27% reporting prescribed use in 2019 (p=0.078) (Figure 28).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained stable (22 days; IQR=6-42; 24 days in 2019; IQR=12-40; p=0.659) (Figure 28). Frequency of any methadone use decreased significantly from 165 days in 2019 (IQR=19-180) to 39 days in 2020 (IQR=11-58; p=0.010).

Recent Injection: Of those who had recently used any methadone in 2020 (syrup and tablets) (n=26), 85% of consumers reported any recent injection (95% in 2019; p=0.336). Frequency of recent injection was stable at 48 days (IQR=21-58; 48 days in 2019; IQR=12-73; p=0.860).

http://doi.org/10.26190/80f3-0e40

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Tasmania, 2000-2020



Note. Includes methadone syrup and tablets. Median days non-prescribed use missing 2000-2002. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Buprenorphine

Any Recent Use (past 6 months): In 2020, 19% of the sample reported recent use of any buprenorphine (8% in 2019; p=0.055), with 11% reporting non-prescribed use (n≤5 in 2019p=0.145) and 8% reporting prescribed use (n≤5 in 2019; p=0.408).

Frequency of Use: Consumers reported a median of seven days of non-prescribed use (IQR=3-17) of buprenorphine in the past six months (2 days in 2019; IQR=2-54; p=0.646).

Recent Injection: Of those who had recently used any buprenorphine (n=14) 86% reported any recent injection (75% in 2019) at a frequency of 69 days (IQR=25-117) from two days in 2019 (IQR=1-23; p=0.072).

Buprenorphine-Naloxone

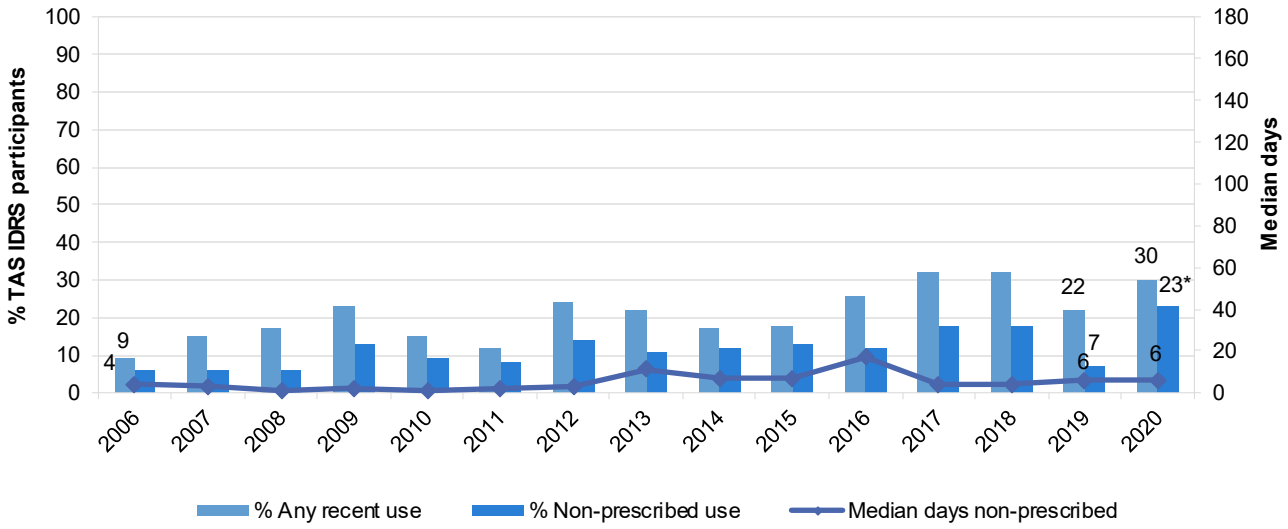
Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. Thirty per cent of the sample reported recent use of any buprenorphine-naloxone (22% in 2019; p=0.344). There was a significant increase of participants reporting recent non-prescribed use with 23% reporting non-prescribed use in 2020, from 7% in 2019 (p=0.006). Nine per cent reported prescribed use (15% in 2019; p=0.378) (Figure 29).

Frequency of Use: Frequency of non-prescribed buprenorphine-naloxone use was stable at six days (IQR=3-25) in 2020 (6 days in 2019; IQR=2-16; p=0.566).

Recent Injection: Of those who had recently used any buprenorphine-naloxone in 2020 (n=22), 55% of consumers reported any recent injection (36% in 2019; p=0.364). Frequency of recent injection was stable at six days (IQR=3-60; 14 days in 2019; IQR=1-68; p=0.835).

http://doi.org/10.26190/80f3-0e40

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Tasmania, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Morphine

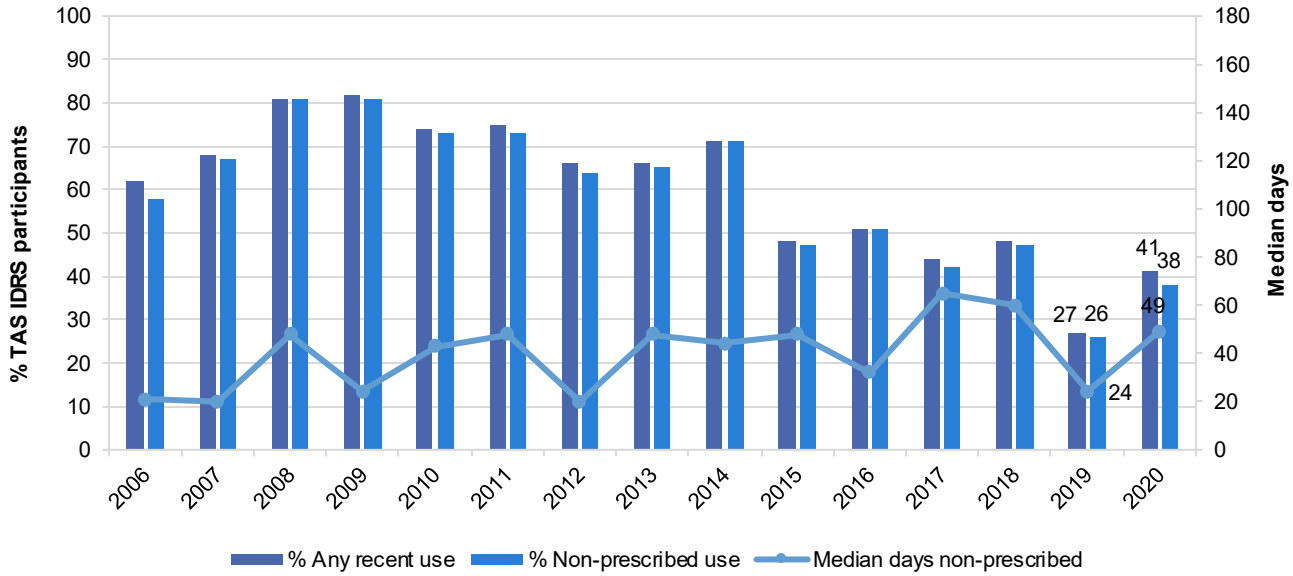
Any Recent Use (past 6 months): The TAS sample has observed a downward trend in recent use of morphine since peaking in 2009 (Figure 30). In 2020, 41% of the sample had recently used any morphine (27% in 2019; p=0.094). This was mostly driven by non-prescribed use (38%; 26% in 2019; p=0.144), with few participants (n≤5) reporting recent prescribed use in 2020 and 2019 (these data are suppressed).

Frequency of Use: Participants reported a median of 49 days (IQR=10-96) of non-prescribed use of morphine in 2020, an increase (though not significant) relative to 2019 (24 days; IQR=10-51; p=0.683).

Recent Injection: Of those who had recently used any morphine in 2020 (n=30), 97% of participants reported injecting morphine (96% in 2019) on a median of 25 days (IQR=10-93), stable relative to 2019 (32 days; IQR=11-85; p=0.908).

http://doi.org/10.26190/80f3-0e40

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Tasmania, 2006-2020



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

Oxycodone

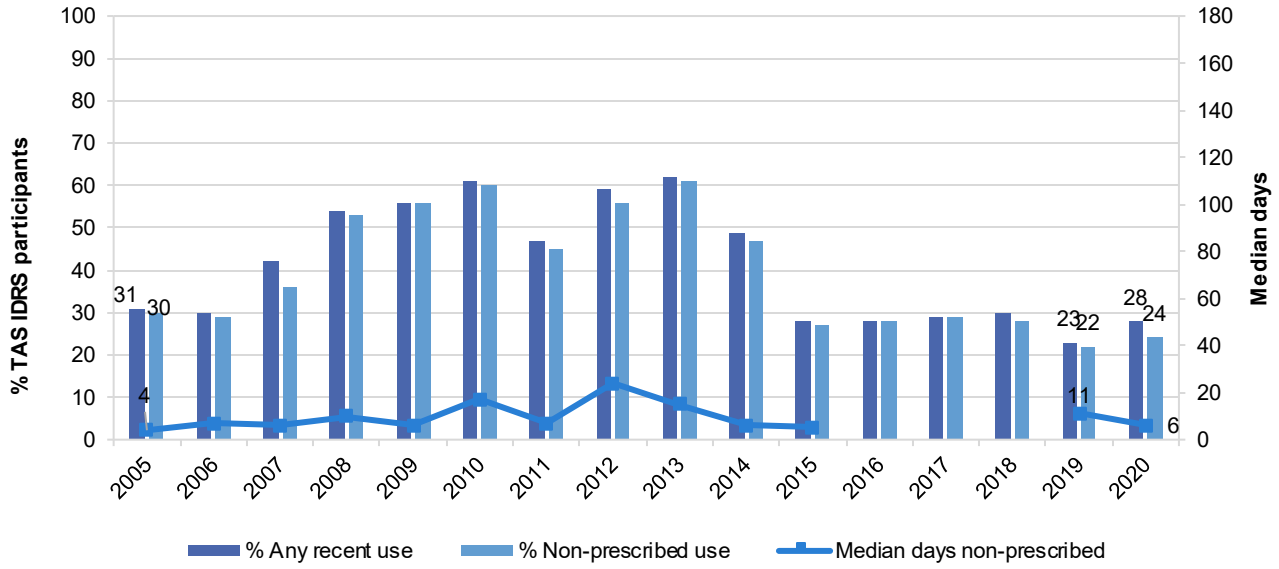
Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with over one-quarter (28%) of participants reporting recent use in 2020, stable relative to 2019 (23%; p=0.550) (Figure 31). In 2020, 24% of the sample had used non-prescribed oxycodone (22% in 2019; p=0.865). Few participants (n≤5) reported recent prescribed use of Oxycodone in 2019 and 2020; details have been suppressed. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of six days (IQR=2-15) in the six months preceding interview in 2020 (11 days in 2019; IQR=2-31; p=0.251).

Recent Injection: Of those who had recently used any oxycodone in 2020 (n=21), 81% reported recently injecting any form (81% in 2019) on a median of six days (IQR=2-20) in the past six months (8 days in 2019; IQR=2-24; p=0.809).

http://doi.org/10.26190/80f3-0e40

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Tasmania, 2005-2020



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Total median days of non-prescribed use was not captured 2016-2018. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Fentanyl

Very low numbers (n≤5) reported using fentanyl in the six months prior to interview in 2019 and 2020 and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5). In 2020, 19% of participants reported any recent use of codeine, stable from 19% in 2019. Fourteen per cent reported recent non-prescribed use of codeine (13% in 2019). Few participants (n≤5) reported recent prescribed use of codeine in 2020 (9% in 2019). Fourteen per cent reported recent use of tramadol in 2020 from 26% in 2019 (p=0.064), which largely consisted of non-prescribed use (9% in 2020; 18% in 2019; p=0.163). Small numbers (n≤5) reported recently using prescribed tramadol in 2020 (12% in 2019) and any recent use of tapentadol in 2020 and 2019. For further information, please refer to the 2020 IDRS National Report.

http://doi.org/10.26190/80f3-0e40

Table 5: Past six month use of other opioids, Tasmania, 2019-2020

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

8

Other Drugs

New Psychoactive Substances (NPS)

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

In 2020, the per cent reporting any NPS use remained stable among the sample, with 14% reporting recent use (16% in 2019; p=0.855) (Table 6). Very low numbers (n≤5) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, Tasmania, 2014-2020

% Recent Use (past 6 months)	2014 N=106	2015 N=102	2016 N=101	2017 N=100	2018 N=100	2019 N=100	2020 N=74
'New' drugs that mimic the effects of opioids	/	/	/	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	-	-	-	-	-	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	-	-	-	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	-
Any of the above	-	-	-	-	7	16	**14**

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any type of benzodiazepine remained relatively stable in 2020 (49%; 43% in 2019; *p*=0.598) (Figure 32)). In the total sample, 27% reported recent use of non-prescribed alprazolam (20% in 2019; *p*=0.384) and 42% reported recent use of non-prescribed other benzodiazepines in 2020 (34% in 2019; *p*=0.392).

Frequency of Use: In 2020, there was a significant decrease in the median frequency of non-prescribed alprazolam use from six days in 2019 (IQR=3-16) to three days in 2020 (IQR=2-7; *p*=0.030). Frequency of non-prescribed other benzodiazepine use was stable (12 days in 2020; IQR=5-66; 10 days in 2019; IQR=4-32; *p*=0.392).

Recent Injection: Rates of recent injection was stable in 2020 for use of any benzodiazepines (19%; 21% in 2019) and non-prescribed benzodiazepines (16%; 16% in 2019).

Pharmaceutical Stimulants

Recent Use (past 6 months): Twenty-six per cent of participants reported recent use of non-prescribed pharmaceutical stimulants in 2020 (15% in 2019; *p*=0.143) (Figure 32).

Frequency of Use: Participants reported using non-prescribed pharmaceutical stimulants on a median of five days (IQR=2-18) in 2020, stable relative to three days in 2019 (IQR=2-8; *p*=0.538).

Recent Injection: In 2020, 68% reported recent injection (80% in 2019; *p*=0.713) at a frequency of eight days (IQR=2-26; 3 days in 2019; IQR=2-6; *p*=0.218).

Antipsychotics

Recent Use (past 6 months): Eleven per cent reported recent use of antipsychotics in 2020 (15% in 2019; *p*=0.528) (Figure 32).

Frequency of Use: In 2020, there was an increase (though not significant) in frequency of antipsychotic use from four days in 2019 (IQR=2-6) to 18 days in 2020 (IQR=5-49; *p*=0.085).

Pregabalin

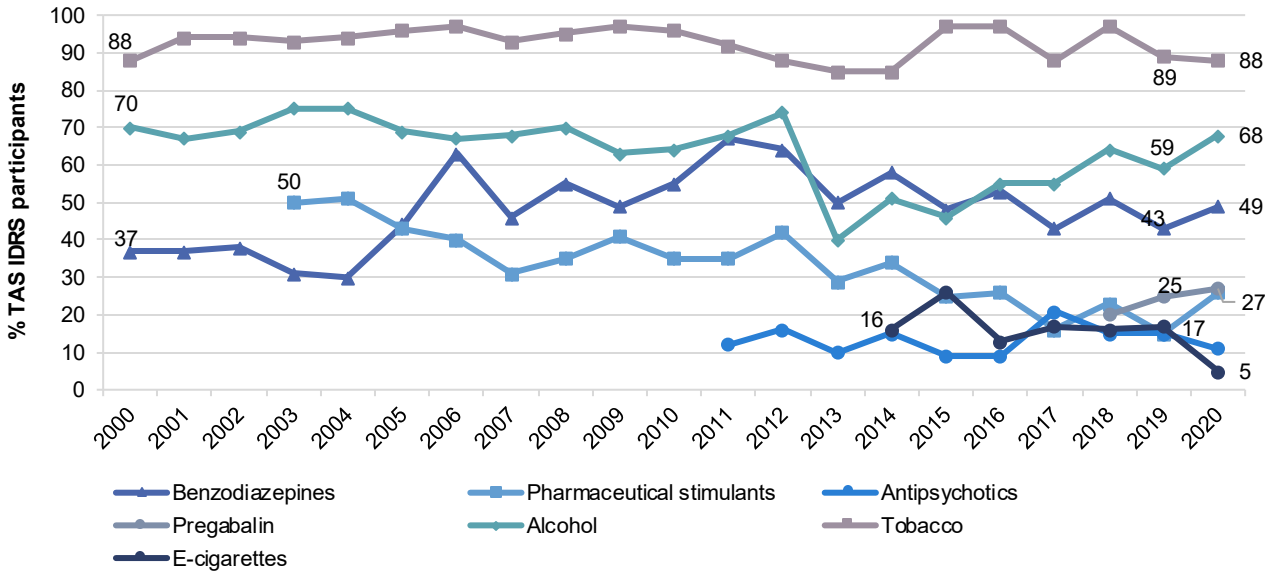
Recent Use (past 6 months): In 2020, 27% of the sample had used non-prescribed pregabalin (25% in 2019; *p*=0.930). Small numbers (n≤5) reported recent use of prescribed pregabalin (10% in 2019; *p*=0.402) in the six months preceding interview (Figure 32).

Frequency of Use: Consumers reported using non-prescribed pregabalin on a median of 12 days (IQR=6-24) in 2020, stable from 10 days (IQR=1-24) in 2019 (*p*=0.297).

Recent Injection: In 2020, very low numbers (n≤5) reported recent injection, therefore no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

http://doi.org/10.26190/80f3-0e40

Figure 32: Past six month use of other drugs, Tasmania, 2000-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Licit and Other Drugs

Steroids

Very low numbers (n≤5) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2020 IDRS National Report or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Sixty-eight per cent of the sample reported recent use of alcohol in 2020 (59% in 2019; p=0.295; Figure 32).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 27 days (IQR=6-90; 16 days in 2019; IQR=4-128; p=0.349), with 16% of recent consumers reporting daily use in 2020 (7% in 2019; p=0.232).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently common amongst the TAS IDRS sample. In 2020, the majority of the sample (88%) reported recent use of tobacco (89% in 2019) (Figure 32).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 180 days (IQR=180-180; 180 days in 2019; IQR=180-180; p=0.604), with 91% of recent consumers reporting daily use in 2020 (93% in 2019; p=0.807).

http://doi.org/10.26190/80f3-0e40

E-cigarettes

Very low numbers (n≤5) reported using e-cigarettes in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2020 IDRS National Report or contact the Drug Trends team.

GHB/GBL/1, 4-BD

Very low numbers (n≤5) reported using GHB/GBL/1, 4-BD in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2020 IDRS National Report or contact the Drug Trends team.

http://doi.org/10.26190/80f3-0e40

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

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

In 2020, 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). Drug other than opioids were split into the following data coding:
  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and

    Other drug overdose: 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

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

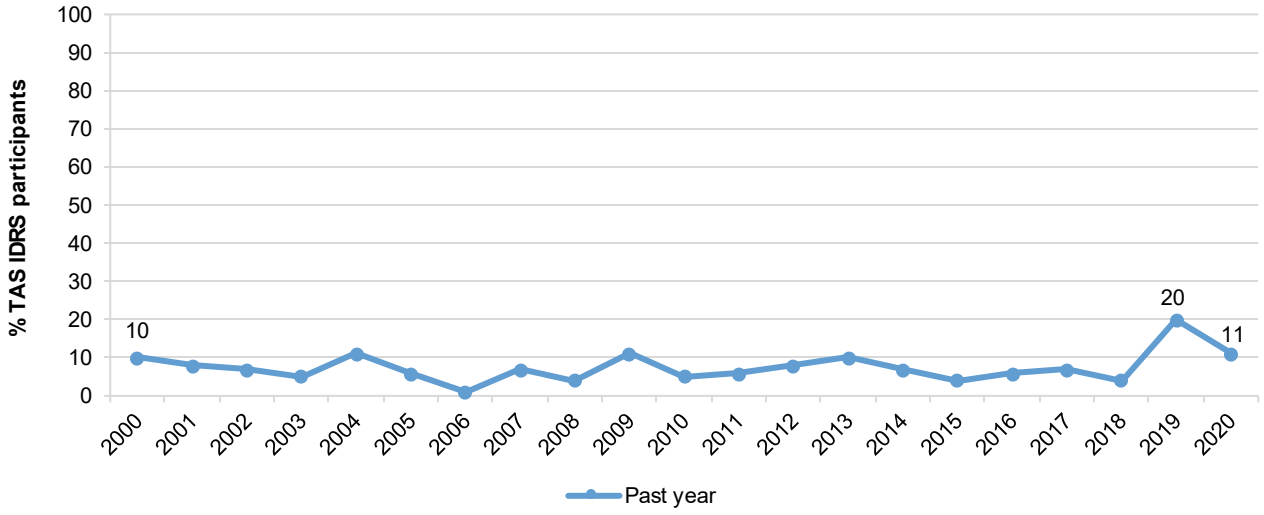
Overdose in the TAS sample has remained relatively stable since monitoring began. Eleven per cent reported a non-fatal overdose in the past 12 months in 2020 (20% in 2019; p=0.143) (Figure 33). Nine per cent reported a **non-fatal overdose from an opioid** in the past 12 months in 2020 (10% in 2019) (Table 7).

Small numbers (n≤5) reported a **non-fatal overdose on an 'other' drug, including stimulants**, in 2020, which was a significantly less than 2019 (13%; p=0.025). Few participants (n≤5) reported a **non-fatal overdose on an 'other' drug, not including stimulants** in 2020 and 2019. (Table 7).

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

http://doi.org/10.26190/80f3-0e40

Figure 33: Past 12 month non-fatal overdose, Tasmania, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0) *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 7: Past year non-fatal overdose by drug type, nationally and Tasmania, 2015-2020

	National	Tasmania					
	2020	2020	2019	2018	2017	2016	2015
% Heroin overdose	N=882 11	**N=74** **-**	N=99 -	N=100 0	N=100 -	N=99 -	N=100 -
% Methadone overdose	N=881 1	**N=74** **-**	N=99 -	N=100 -	N=100 -	N=99 -	N=100 -
% Morphine overdose	N=881 <1	**N=74** **-**	N=99 -	N=100 -	N=100 -	N=99 -	N=100 -
% Oxycodone overdose	N=881 0	**N=74** **0**	N=99 0	N=100 -	N=100 -	N=99 -	N=100 -
% Other drug overdose							
% Including stimulants	N=881 6	**N=74** **-***	N=99 13	N=100 -	N=100 -	N=99 -	N=100 -
% Not including stimulants	N=883 3	**N=74** **-**	N=99 -	/	/	/	/
% Any drug overdose	N=880 18	**N=74** **11**	N=99 20	N=97 -	N=100 9	N=99 6	N=100 4

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

Naloxone Program and Distribution

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

Awareness of Naloxone: From 2013-2020, there has been no significant change in the per cent of participants who have heard of naloxone, ranging between 73% and 85%. Eighty-one per cent reported awareness of naloxone in 2020 (85% in 2019; p=0.544) (Figure 34).

Awareness of Take-Home Programs (training program): There has been some fluctuation in the per cent reporting that they were aware of the take-home naloxone programs, though almost two-fifths (45%) reported awareness of these programs in 2020, a significant increase relative to 2019 (24%; p=0.007) (Figure 34).

Participation in Training Programs: In 2020, 12% reported participation in naloxone training programs, which was a significant increase from reported naloxone training in 2019 (n≤5; p=0.010) (Figure 34).

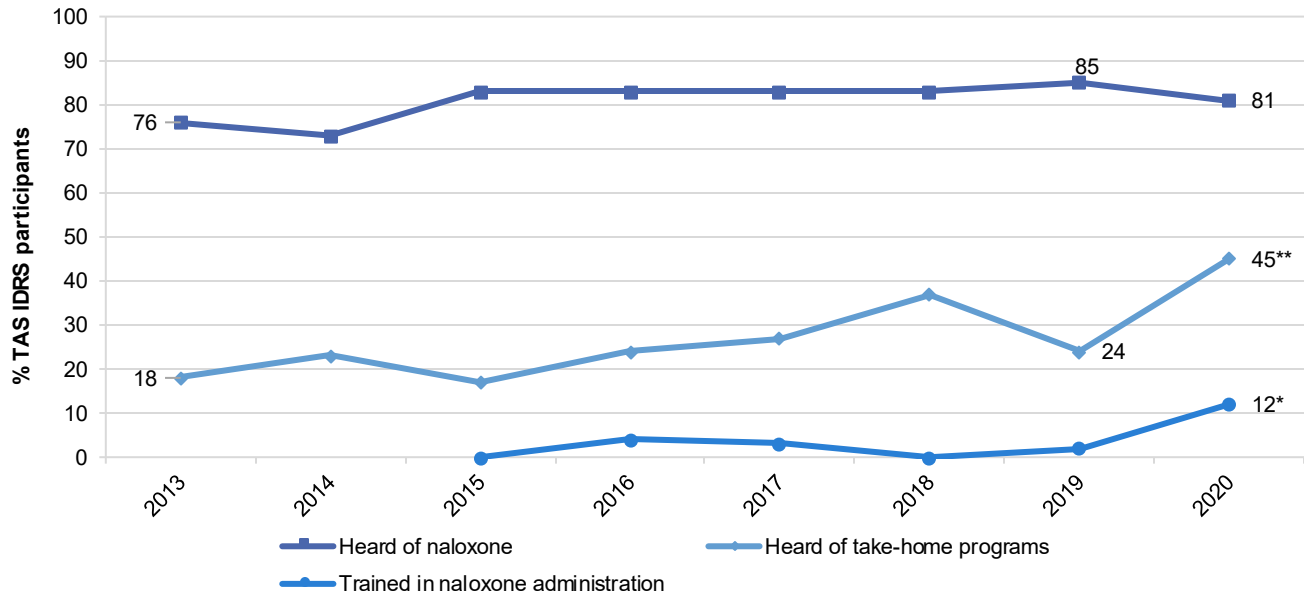
Accessed Naloxone: Almost one-quarter (23%) of the TAS sample reported having ever accessed naloxone. Out of those who had never accessed naloxone (n=60), reasons included 'didn't know you could access naloxone' (26%), 'don't use opioids' (24%), 'don't consider myself/my peers at risk of overdose' (15%). Of those who reported ever accessing naloxone and commented (n=14), on the last occasion, 86% reported receiving intranasal naloxone and small numbers (n≤5) reported last receiving intramuscular naloxone. On the last occasion, 73% of these participants accessed naloxone from an NSP and the majority (93%) of participants reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded (n=60), few participants (n≤5) reported either they had resuscitated someone using naloxone at least once in their lifetime or that had been resuscitated by a peer using naloxone.

Of those who reported ever accessing naloxone, almost two-fifths (47%) reported that they 'always' had naloxone on hand when using opioids in the past month.

http://doi.org/10.26190/80f3-0e40

Figure 34: Take-home naloxone program and distribution, Tasmania, 2013-2020



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

Injecting Risk Behaviours and Harms

In 2020, few participants (n≤5) reported receptive sharing (6% in 2019; *p*=0.251), and few participants reported distributive sharing in the past month (n≤5; 6%; *p*=0.817) (Figure 35).

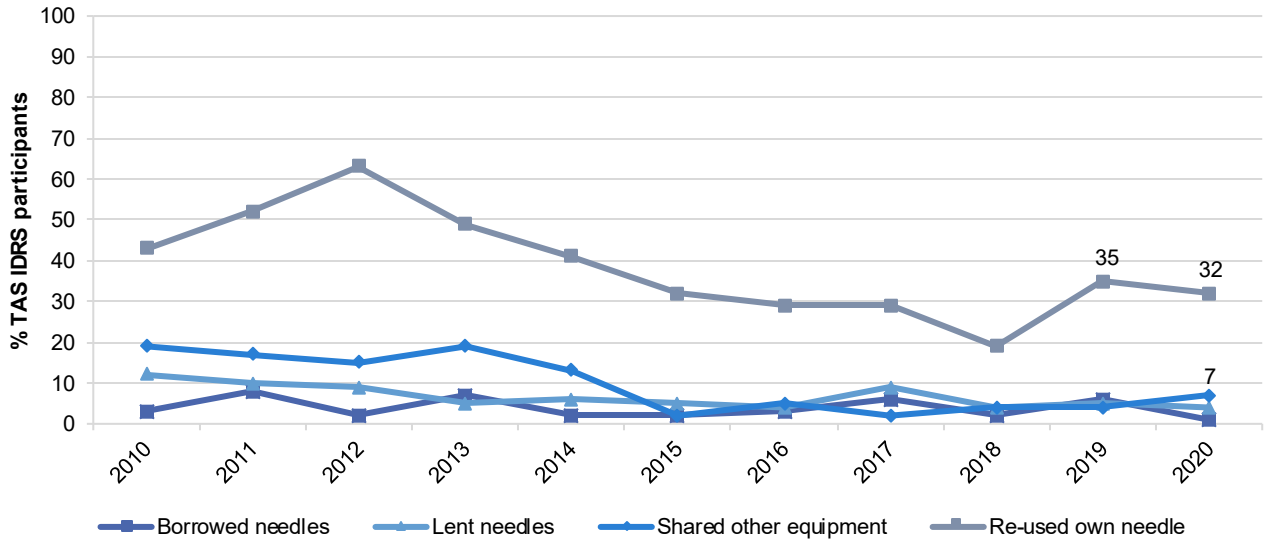
Almost one-third (32%) of the sample reported that they had re-used their own needles in the past month, which remained stable relative to 2019 (35%; *p*=0.883) (Figure 35).

Nearly two-fifths (23%) of the 2020 sample reported that they had injected someone else after injecting themselves (27% in 2019; *p*=0.678), and over one-tenth (12%) were injected by someone else who had previously injected in the past month (12% in 2019; Table 8).

Consistent with previous years, most participants (89%) in the sample reported that they had last injected in a private home (87% in 2019; *p*=0.872; Table 8).

http://doi.org/10.26190/80f3-0e40

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, Tasmania, 2010-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally and Tasmania, 2015-2020

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

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

Reports of injection-related health issues in the month preceding interview were stable between 2019 (32%) and 2020 (21%; p=0.145) (Table 9). Small numbers (n≤5) reported on specific injection-related health issues (these data are suppressed). For further information, please refer to the 2020 IDRS National Report or contact the Drug Trends team.

Table 9: Injection-related issues in the past month, Tasmania, 2019-2020

	2020 (N=74)	2019 (N=99)
% Artery injection	**-**	10
% Any nerve damage	**-**	8
% Any thrombosis	**-**	9
Blood clot near the surface of skin	**-**	-
Blood clot in the deep veins	**0**	-
% Any infection/ abscess	**-**	6
Skin abscess or cellulitis	**-**	6
Endocarditis	**0**	0
Another serious infection (e.g. sepsis, osteomyelitis)	**0**	-
% Dirty hit	**-**	13
% Any injection related problem	**21**	32

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/80f3-0e40

Drug Treatment

Compared to previous years, fewer participants reported receiving current drug treatment in 2020, with less than one-third of participants (30%; 47% in 2019; *p*=0.028) reporting that they were currently in any drug treatment for their substance use (most commonly receiving methadone) (Table 10).

Table 10: Current drug treatment, nationally and Tasmania, 2015-2020

	National	Tasmania					
	N=884 2020	N=74 2020	N=99 2019	N=100 2018	N=100 2017	N=99 2016	N=100 2015
% Current drug treatment	48	**30***	47	45	44	57	55
Methadone	31	**14**	23	24	27	35	36
Buprenorphine	2	**-**	-	18	14	16	15
Buprenorphine-naloxone	8	**-**	-	11	8	5	0
Buprenorphine depot injection	2	**0**	0	/	/	/	/
Drug counselling	11	**-**	9	2	3	3	4
Other	4	**0**	9	0	0	2	0

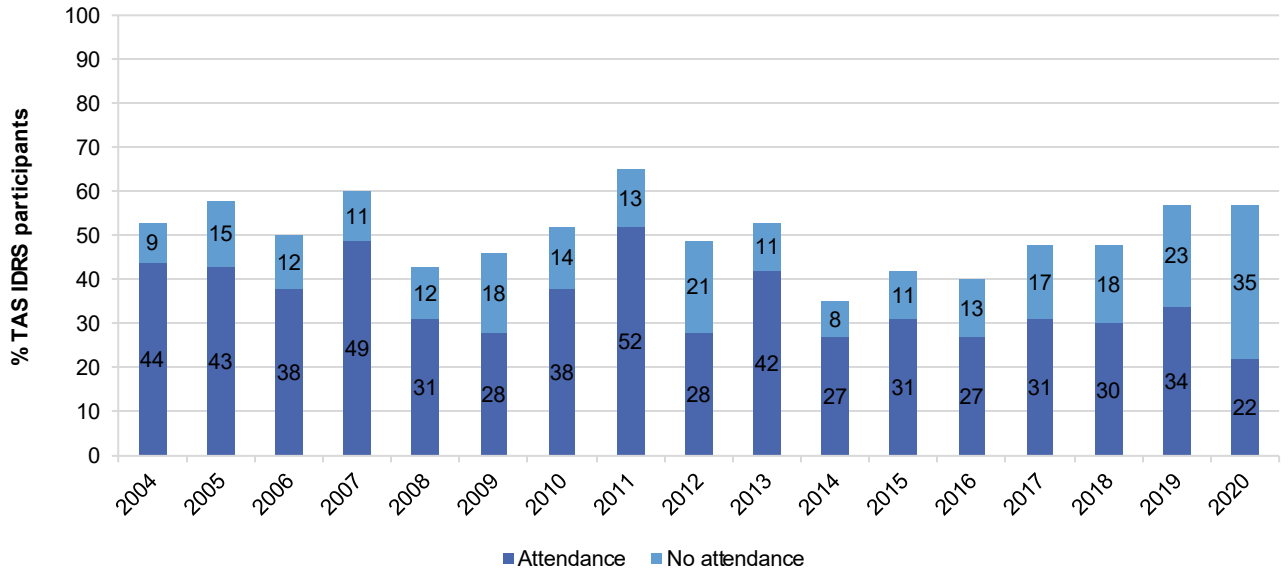
Note. Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Mental Health

In 2020, 58% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2019 (57%) (Figure 36). Amongst this group, the most commonly reported problems comprised depression (71%) and anxiety (68%). A smaller proportion of participants reported post-traumatic stress disorder (20%).

Twenty-two per cent of the sample (38% of those who reported a mental health problem; 60% in 2019; *p*=0.053) had seen a mental health professional during the past six months. Over three-fifths (63%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2019 (70%; *p*=0.858).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Tasmania, 2004-2020



http://doi.org/10.26190/80f3-0e40

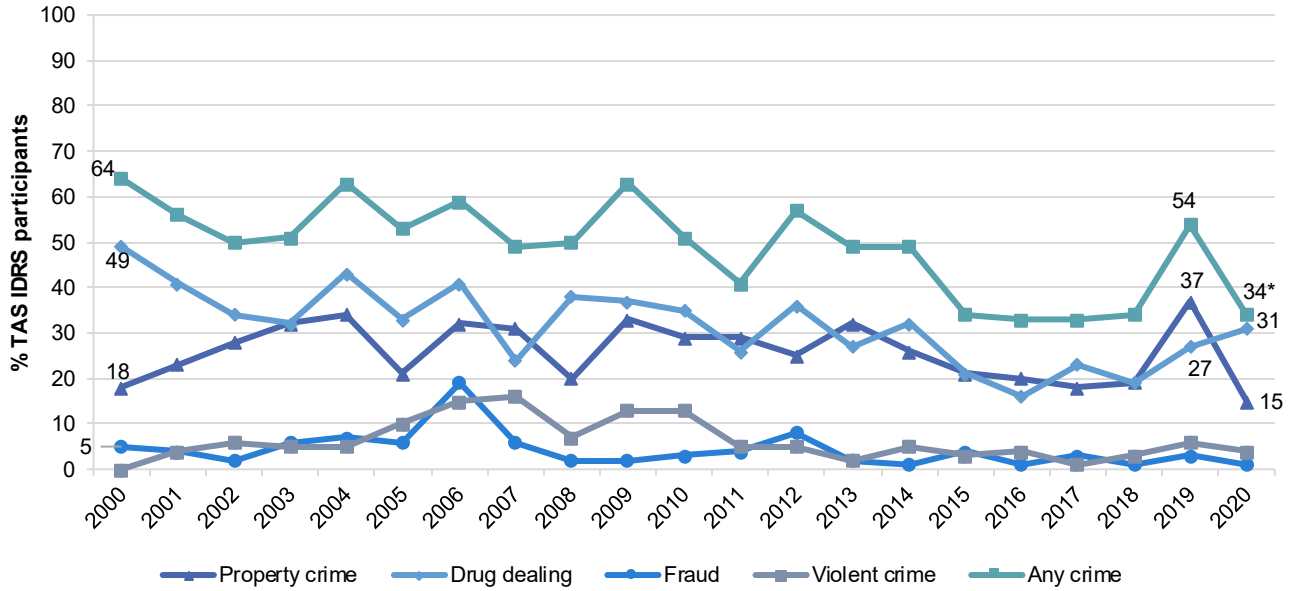
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Crime

Over two-thirds (34%) of participants reported engaging in 'any' crime in the past month in 2020, which was significantly lower relative to 2019 (54%; p=0.014). Property crime and selling drugs for cash profit remained the most common self-reported crimes in the month preceding interview (15% and 31% respectively) (Figure 37). Low numbers reported violent crime in 2020 (n≤5), or of being the victim of a crime involving violence (e.g., assault); these data are suppressed.

In 2020, 35% the sample had been arrested in the past year, stable from 2019 (43%; p=0.322). Half (50%) reported a lifetime prison history in 2020, also stable from 57% in 2019 (p=0.434).

Figure 37: Self-reported criminal activity in the past month, Tasmania, 2000-2020



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

http://doi.org/10.26190/80f3-0e40