

# **Indicators of Drug Use in Tasmania**

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## ABBREVIATIONS

<b>ABCI</b>	Australian Bureau of Criminal Intelligence
<b>ABS</b>	Australian Bureau of Statistics
<b>ACC</b>	Australian Crime Commission
<b>ADIS</b>	Alcohol and Drug Information Service
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ASSAD</b>	Australian School Students Alcohol and Drugs survey
<b>BBVI</b>	Blood-borne viral infections
<b>DHHS</b>	Department of Health and Human Services
<b>EDRS</b>	Ecstasy and related Drug Reporting System (previously the Party Drug Initiative)
<b>IDDI</b>	Illicit Drug Diversion Initiative
<b>IDRS</b>	Illicit Drug Reporting System
<b>IDU</b>	Injecting drug user
<b>KE</b>	Key expert(s) (previously referred to as key informant)
<b>LSD</b>	<i>d</i> -lysergic acid
<b>M</b>	Mean
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDEA</b>	3,4-methylenedioxyamphetamine
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>MMT</b>	Methadone Maintenance Therapy
<b>N</b>	(or n) Number of participants
<b>NAP</b>	Needle Availability Program
<b>NDARC</b>	National Drug and Alcohol Research Centre, University of New South Wales
<b>NDSHS</b>	National Drug Strategy Household Survey
<b>NMDS</b>	National Minimum Data Set (for Alcohol and Drug Treatment Services)
<b>NSP</b>	Needle and Syringe Program
<b>PBS</b>	Pharmaceutical Benefits Scheme
<b>PDI</b>	Party Drug Initiative (now Ecstasy and related Drug Reporting System)
<b>REU</b>	Regular Ecstasy User(s) (previously 'Party Drug User')
<b>SD</b>	Standard deviation
<b>TAS</b>	Tasmania
<b>TASPOL</b>	Tasmania Police

## EXECUTIVE SUMMARY

The aim of this document was to provide a summary of available indicator data in regard to trends in use of alcohol, tobacco, cannabis methamphetamine, opioids, ecstasy and benzodiazepines in Tasmania so as to inform future planning for likely treatment needs in the state. The key trends noted for each of these drug types are summarised in dot points below.

### Alcohol

- 87.5% of Tasmanians over the age of 14 consumed alcohol at least once during 2004. This is greater than the prevalence nationally. Since 1998, the prevalence of alcohol consumption has increased in Tasmania, but this relates to a growing number of less-than-weekly drinkers.
- Almost 50% of Tasmanian males over the age of 14 drunk at levels likely to confer short-term health harm in 2004. This increased between 2001 and 2004, and is greater than the rate nationally. Rates of such consumption had also increased among females, with one third of Tasmanian females over the age of 14 drinking at such levels in 2004.
- 11% of Tasmanian males and 8% of females over the age of 14 drunk at levels likely to convey long term health harm in 2004. These rates are comparable with that nationally, and have declined amongst Tasmanian males in particular between 2001 and 2004.
- Approximately one third of treatment episodes in Alcohol and Drug services in Tasmania relate to people with alcohol as their primary problem drug, slightly lower than rates nationally. This relates to approximately 450 closed episodes per annum and has remained stable between 2003 and 2005.

### Tobacco

- In 2004, 22% of Tasmanians aged over 14 were daily smokers. This was greater than levels nationally (17%).
- Nationally, the prevalence of daily smoking declined at all age groups between 2001 and 2004, most dramatically for those aged 14-19, falling from 15% to 11%. In Tasmania, the prevalence of daily smoking was greater than the rates nationally at all age groups, and had *increased* among those aged 14-19 from 11% to 17% between 2001 and 2004.
- Among populations of regular injecting drug users and regular ecstasy users in all regions of Tasmania, rates of daily smoking are substantially greater than seen in the general population.
- Alcohol and Drug Treatment Services in Tasmania dedicate a substantially greater proportion of services to individuals with tobacco as their principal problem drug (around 16% of all episodes) than do services nationally (less than 2%). This relates to approximately 210 closed treatment episodes per annum.

### Cannabis

- In 2004, 11% of Tasmanians over the age of 14 reported using cannabis in the past year. This was similar to rates nationally. The prevalence of cannabis use in Tasmania and nationally have declined by almost one-third between 1998 and 2004.
- Cannabis use is common among injecting drug consumers interviewed in all parts of Tasmania. While the majority smoke the drug daily, this has been slowly declining in recent years. In the North and North-West, use of outdoor-cultivated cannabis is most common; in the South, use of indoor/hydroponic cannabis is more common.
- A greater proportion of Alcohol and Drug Treatment Services in Tasmania are devoted to individuals where cannabis is their principal problem drug (approximately one-third of all episodes) than do services nationally (approximately one-quarter of all episodes). This relates



to between 400 and 600 closed treatment episodes per annum, and a substantial proportion of these are related to diversions to health interventions through the Illicit Drug Diversion Initiative.

- In 2004/05, rates of public hospital admissions in Tasmania where cannabis was noted as the primary factor contributing to admission were comparable to those nationally, at 119 admissions per million population

### **(Methyl)amphetamine**

- In 2004, 2% of Tasmanians reported use of methamphetamine in the past year. This is comparable to the prevalence nationally (3%) and has not changed substantially between 1998 and 2004.
- Approximately four in five of regular injecting drug consumers interviewed in all regions of Tasmania report recent use of methamphetamine, despite only a minority reporting it as their drug of choice. Use of crystalline methamphetamine ('ice') is more common in the South than in other regions of the state.
- There are early indications that use of methamphetamine among injecting drug users may have slightly decreased between 2005 and 2006, following steady increases in use in the past 5 years. Availability of crystal methamphetamine has increased slightly, however, between 2005 and 2006.
- Between 2003 and 2006, around three in every four regular ecstasy consumers interviewed in Hobart report recent use of methamphetamine. This use is primarily of the low-purity powder form. Approximately one in three of these consumers in each of these annual studies report using the drug for 48 hours without sleep on at least one occasion in the preceding six months.
- Approximately 10% of closed treatment episodes in Tasmanian Alcohol and Drug Treatment services are related to individuals with methamphetamine as a principal drug of concern, comparable with the national average. This rate has been increasing slightly since 2002/03, and relates to approximately 150 closed treatment episodes state-wide per annum.
- Rates of public hospital admissions in Tasmania where amphetamine was noted as the primary factor contributing to admission were stable between 2002/03 and 2004/05 at 150 per million population, and comparable to the rate nationally.

### **Opioids (heroin and diverted pharmaceuticals)**

- In 2004, less than 1% of Tasmanians over the age of 14 reported use of heroin or other opioids for non-medical purposes in the previous year. Because of the low prevalence of this activity, it is difficult to ascertain changes over time or to make comparisons with the prevalence amongst the general population nationally.
- Amongst injecting drug consumers in Tasmania, use of heroin is uncommon despite a high preference for the drug. Local consumers instead use diverted pharmaceutical opioids at higher rates than IDU in other jurisdictions. In the North and North-West of Tasmania, this primarily relates to diverted morphine use; in the South, morphine, methadone and oxycodone are consumed. Rates of morphine use have been declining in recent years in the South.
- Due to reporting inconsistencies in the NMDS, it is difficult to estimate trends in the proportion of treatment episodes where opioids are the principal drug of concern in Tasmanian Alcohol and Drug Services. However, in 2004/05, 122 closed treatment episodes were recorded for individuals where an opioid was their principal drug of concern.
- The number of individuals receiving treatment with opioid maintenance pharmacotherapies in Tasmania has remained stable in the past three financial years, at approximately 600 patients. However, the number of Schedule 22 applications for approval to prescribe narcotics to a patient for more than two months, or where a person is drug-dependent, has

remained around 2500 per annum in the past three financial years. This demonstrates a notable level of unmet demand for pharmacotherapy places in Tasmania.

- Public hospital admissions where opioid use is noted as the primary factor contributing to admission have been declining in recent years, falling from a rate comparable to that nationally in 2002/03 (400 per million population) to a level half that of the national rate in 2004/05 (220 per million population).

## **Ecstasy**

- In 2004, 2% of Tasmanians and 3% of those aged over 14 nationally had used ecstasy in the past 12 months. The prevalence of past-year ecstasy use nationally has increased between 1998 and 2004. The prevalence of ecstasy use in Tasmania is too low to reliably ascertain trends.
- Less than 1% of closed treatment episodes in Tasmanian Alcohol and Drug services relate to cases where ecstasy is the principal drug of concern. This is similar to rates nationally. During 2003/04 and 2004/05, there were approximately 10 closed treatment episodes per annum where ecstasy was the principal drug of concern.
- Among samples of regular ecstasy consumers interviewed in Hobart, approximately 10% report approaching health services in relation to ecstasy use in a six month period. Typically this is sought from a general medical practitioner or from acute services such as first aid officers.

## **Benzodiazepines**

- In 2004, approximately 1% of Tasmanians over the age of 14 reported using benzodiazepines for non-medical purposes in the previous year. Rates in Tasmania are similar to those nationally and had not changed between 2001 and 2004.
- Benzodiazepine use is very common amongst regular injecting drug consumers interviewed in the South and the North of Tasmania (used by approximately four in five in the past six months), and is at a higher rate than that seen amongst IDU in other jurisdictions. However, a substantial proportion of this use relates to that prescribed from a medical practitioner for *genuine medical reasons*.
- Benzodiazepine injection was seen amongst approximately one-third of regular injecting drug consumers interviewed in the South of the state in 2006. This was at a substantially higher level than amongst IDU in other parts of the state or in other jurisdictions. Coincident injection of benzodiazepines (commonly of alprazolam) with opioids has recently increased among IDU interviewed in Hobart, and is a particular concern as this practice increases the risk of overdose, as well as conferring behavioural disinhibition and venous damage.
- Between 2001/02 and 2004/05, approximately 1% of closed treatment episodes in Tasmanian Alcohol and Drug services related to cases where benzodiazepines were the principal drug of concern. During 2003/04 and 2004/05, there were approximately 15 closed treatment episodes per annum where benzodiazepines were the principal drug of concern.

## **Other indicators of drug use**

- The rate of drug-induced deaths in Tasmania is comparable to that seen nationally, varying between 4 and 6 cases per 100,000 population between 1995 and 2004.
- The prevalence of past-year injecting drug use in Tasmania is similar to levels nationally, estimated between 0.5% and 1.0% between 1998 and 2004. This would suggest that there are between 2000 and 4000 current IDU in Tasmania.
- Alcohol and drug use comprised approximately 1% of admissions to public hospitals in Tasmania during 2002/03 and 2003/04

## 1.0 INTRODUCTION

### 1.1 Study Aims

The aim of this report is to provide a summary of available indicator data in regard to trends in use for each of the drug types under examination (alcohol, tobacco, methamphetamine, opioids, MDMA, cannabis and benzodiazepines) in Tasmania, in comparison to trends nationally, so as to inform future planning for likely treatment needs in Tasmania.

### 1.2 Major Sources of Data Used in this Report

Characteristics of the major sources of data examined in this report are summarised below. For details of other data sources such as the health indicators summarised in Section 9 of this report (drug induced death, hospital separations for alcohol and drug related admissions) please refer to the data source as referenced.

#### *The 1998, 2001 and 2004 National Drug Strategy Household Surveys*

This survey represents a prevalence study of drug use amongst the general community, surveying 1,031 individuals in Tasmania in the 1998 study, 1,349 individuals in 2001, and 1,208 in 2004 who were over 14 years of age, could speak English, and who lived in private dwellings (Australian Institute of Health and Welfare, 1999, 2002, 2005). The survey covered the following illicit drugs: alcohol, tobacco, cannabis, methamphetamine, hallucinogens, cocaine, ecstasy/designer drugs and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

#### *The Illicit Drug Reporting System*

This is an ongoing, annual study, conducted in the capital city of each Australian jurisdiction since 2000. The aim of the IDRS is to identify emerging trends in illicit drug markets. To this end, a large number of extended face-to-face are conducted with individuals who regularly inject illicit drugs (n=100 per annum in Hobart; n>950 nationally) are interviewed about price, purity and availability of particular drug types, as well as their current patterns of drug use, health and crime. Data from these consumer (IDU) interviews are combined with those from 'key experts' – professionals working in the alcohol and drug sector – and with extant sources of information about trends in drug use. The methodology is based on the finding that regular injecting drug users are an excellent sentinel population for emerging trends in illicit drug markets, and the assumption that novel trends will emerge first in capital cities before occurring in regional areas. As the latter assumption may not necessarily hold true in Tasmania (given access to air and sea ports in the North and North-West of the state) the methodology of the IDRS has been extended into the North and North-West regions in 2003 and 2006 in order to complement the annual data gathered in the South.

#### *The Ecstasy and related Drugs Reporting System (previously: the Party Drugs Initiative)*

This study follows the same methodology as the IDRS however, in aiming to examine emerging trends in party drugs (such as ecstasy, methamphetamine, psychedelics and the like), makes annual interviews with a cohort of regular ecstasy users (REU) and key experts coming into contact with such groups. The study has been conducted annually in the capital city of each Australian jurisdiction since 2003, based on samples of 100 REU per annum in Hobart and n>950 nationally.

*Prevalence of last drug injected by IDU in Tasmania, provided by the Australian Needle and Syringe Program (NSP), on behalf of the collaboration of Australian Needle and Syringe Programs*

The Australian NSP survey has been carried out over one week each year since 1995. During a designated survey week, NSP staff ask all clients who attend to complete a brief, self-administered questionnaire and provide a finger-prick blood sample (for testing the presence of blood-borne viral infections such as hepatitis B and C). The data provided here represent the last drug reported to be injected by survey respondents in Tasmania each year from 1995 to 2005 (1995 n=6; 1996 n=18; 1997 n=23; 1998 n=51; 1999 n=25; 2000 n=27; 2001 n=28; 2002 n=151; 2003 n=118; 2004 n=107; 2005 n= 137).

*Needle Availability Program data*

The Needle Availability Program has been operating in Tasmania since the introduction of the HIV/AIDS Preventive Measures Act in 1993. Staff record the number of needle/syringes ordered from all outlets participating in the program (around 90 outlets), and for participating non-pharmacy outlets; data are collected regarding age, sex, equipment shared since last visit, last drug used, and disposal methods for each client transaction. The data provided represent responses from more than 35,000 occasions of service in the 2005/06 financial year. It should be noted that data are not necessarily collected systematically for all data fields – for example, while there are 36,667 recordings for age of client, there are 30,780 recorded for the substance used (84% of the recorded cases<sup>1</sup>). Additionally, there is some inconsistency between outlets in the wording of questions asked of clients, most notably in the question regarding substance used (the majority of services ask “what is the drug you most often inject” while some find that asking “what is the drug you are about to inject” more useful for health intervention purposes), which may impede clear comparisons of trends across years for this dataset.

*Hospital morbidity data*

Hospital morbidity data in relation to use of drugs have been provided by the Australian Institute of Health and Welfare for the 1999/00 to 2004/05 financial year periods. These data relate to public hospital admissions, for individuals aged between 15 and 54 years, where drug use was recorded as the ‘principal diagnosis’; namely, where the effect of a drug was established, after study, to be chiefly responsible for occasioning the patient’s episode of care in hospital (with the exception of admissions for psychosis and withdrawal). These figures were based on diagnoses coded according to the International Classification of Diseases (ICD) 10, second edition. It is also important to note that data from the state’s single public specialist detoxification centre are only included in this dataset from June 2002.

*Tasmanian Pharmacotherapy Program data*

Pharmaceutical Services in the Department of Health and Human Services maintains a database that records all methadone and buprenorphine program registrations in Tasmania. The number of annual new admissions to the program, and information regarding the number of active daily clients, are presented.

*The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS)*

Alcohol and other drug treatment services provide data in relation to the demographics of clients who use these services, and the treatment they receive. The data collection includes all treatment agencies other than those whose sole purpose it is to prescribe and/or dose opioid pharmacotherapies (methadone or buprenorphine). The data is reported in terms of ‘closed treatment episodes’ which refer to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that may be part of a larger treatment plan; or it may be for a

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<sup>1</sup> However, there has been an improvement in the data recording rate in recent years – in 2000/01, only 44% of the 32,507 occasions of service included information regarding principle drug used, while in 2001/02, the relevant rate was 78%, rising to 87.5% in 2002/03, 90.7% in 2003/04 and declined to 84% in 2005/06.

specific treatment, such as withdrawal management (detoxification), that is part of a longterm overall treatment plan.

### **1.3 Data Not Available**

The aim of this document was to synthesise available sources of information in regard to trends in illicit drug use and related service demand in Tasmania. While Tasmania contributes to a number of national data collections, statistics from many of these are not publicly available on a jurisdiction-, region- or drug- specific basis.

In particular, the following data sets may contain data relevant to the aims of this study, but were not publicly available for further analysis:

- The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is not available on a Tasmanian regional basis
- Jurisdiction-specific information in regard to the prevalence of alcohol or tobacco use in youth groups from the Australian School Students Alcohol and Drug Survey and the National Drug Strategy Household Survey is not available
- The National Drug Strategy Household Survey does not provide detailed jurisdiction-specific data on issues such as prevalence of drug use, risky drinking or daily smoking within age groups
- Australian Hospital Statistics provides information only at the broad level of ‘drug and alcohol-related’ separations rather than by drug type
- The Australian Bureau of Statistics Australian Social Trends Data Cubes only provides data in regard to ‘drug induced’ deaths, not specific to drug types.
- Data from ambulance attendances to drug-related emergencies is not publicly available in Tasmania

## 2.0 ALCOHOL

### KEY POINTS

- 87.5% of Tasmanians over the age of 14 consumed alcohol at least once during 2004. This is greater than the prevalence nationally. Since 1998, the prevalence of alcohol consumption has increased in Tasmania, but this relates to a growing number of less-than-weekly drinkers.
- Almost 50% of Tasmanian males over the age of 14 drunk at levels likely to confer short-term health harm in 2004. This increased between 2001 and 2004, and is greater than the rate nationally. Rates of such consumption had also increased among females, with one third of Tasmanian females over the age of 14 drinking at such levels in 2004.
- 11% of Tasmanian males and 8% of females over the age of 14 drunk at levels likely to convey long term health harm in 2004. These rates are comparable with that nationally, and have declined amongst Tasmanian males in particular between 2001 and 2004.
- Approximately one third of treatment episodes in Alcohol and Drug services in Tasmania relate to people with alcohol as their primary problem drug, slightly lower than rates nationally. This relates to approximately 450 closed episodes per annum and has remained stable between 2003 and 2005.

### 2.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of prevalence of alcohol use among the general population (aged 14 years or older) suggests that 87.5% of people in Tasmania and 83.5% nationally have consumed some alcohol in the preceding year. While the rate of any past-year alcohol use in Tasmania is slightly higher than that nationally, the relative prevalence of daily or weekly drinkers is lower in Tasmania than the average nationally (45.7% in Tasmania, 50.1% nationally)
- The NDSHS figures suggest that the prevalence of past-year alcohol use has steadily increased since 1998, both in Tasmania (80.2% in 1998; 83.3% in 2001; 87.5% in 2004) and nationally (80.5% in 1998; 82.4% in 2001; 83.5% in 2004). In Tasmania, this increase largely reflects a greater prevalence of less-than-weekly drinkers (34.1% in 1998; 41.8% in 2004) with little change to the prevalence of more frequent alcohol consumption.

**Table 1: Alcohol drinking status: Proportion (%) of the population aged 14 years and over, National and Tasmania, 1998, 2001 & 2004.**

Drinking status	Tasmania			National		
	1998(a)	2001	2004	1998(a)	2001	2004
	<b>Persons</b>					
Daily		6.9	6.3		8.3	8.9
Weekly	46.1	33.9	39.4	48.6	39.5	41.2
Less than Weekly	34.1	42.5	41.8	31.9	34.6	33.5
Ex-drinker (b)	11.5	9.4	6.4	10.0	8.0	7.1
Never a full serve of alcohol	8.4	7.3	6.0	9.4	9.6	9.3

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

(a) In 1998, the definition "Regular" used encompasses both "Daily" and "Weekly".

(b) Consumed a full serve of alcohol, but not in the past 12 months.

## Prevalence of alcohol consumption by sex

- In Tasmania in 2004, the prevalence of past-year alcohol consumption was slightly higher for both males and females than the average nationally (males: 91.8% in Tas, 87.0% nationally; females: 83.5% in Tas, 80.2% nationally).
- For both sexes, however, there is a smaller proportion of Tasmanians reporting weekly or more frequent alcohol use (males: 56.9% in Tas, 59.5% nationally; females: 35.1% in Tas, 40.8% nationally). The higher overall prevalence of past-year alcohol consumption in Tasmania relates to Tasmania's higher rates of less-than-weekly drinkers.
- Since 1998, the prevalence of past-year alcohol use has increased for both males and females, both in Tasmania and nationally.
- In Tasmania, the prevalence of past-year alcohol consumption for males has increased from 83.5% in 1998 to 91.8% in 2004. However, this change in prevalence reflects an increase in those drinking less than once weekly, as the proportion reporting weekly or more frequent use has remained largely unchanged in this time.
- In Tasmania, the prevalence of past-year alcohol consumption for females has increased from 76.8% in 1998 to 83.5% in 2004. Similar to trends for males, this relates to an increase in less-than-weekly drinkers.

**Table 2: Alcohol drinking status: Proportion (%) of the population aged 14 years and over, by sex, National and Tasmania, 1998, 2001 & 2004.**

Drinking status	Tasmania			National		
	1998(a)	2001	2004	1998(a)	2001	2004
<b>Males</b>						
Daily		10.8	7.8		11.1	12.0
Weekly	55.5	41.1	49.1	59.4	46.0	47.5
Less than Weekly	28.0	33.7	34.9	25.2	28.8	27.5
Ex-drinker (b)	10.0	7.9	5.1	8.6	6.8	6.0
Never a full serve of alcohol	6.5	6.5	3.1	6.8	7.4	6.9
<b>Females</b>						
Daily		3.2	4.8		5.6	5.8
Weekly	36.3	27.0	30.3	38.1	33.2	35.0
Less than Weekly	40.5	50.8	48.4	38.5	40.3	39.4
Ex-drinker (b)	12.9	10.8	7.6	11.4	9.2	8.2
Never a full serve of alcohol	10.3	8.1	8.9	11.9	11.7	11.6

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

(a) In 1998, the definition "Regular" used encompasses both "Daily" and "Weekly".

(b) Consumed a full serve of alcohol, but not in the past 12 months.

## Risk of alcohol-related harm in the short-term

- According to the National Health and Medical Research Council guidelines, the consumption of 7 or more standard drinks on any one day for males, or of 5 or more standard drinks for females puts an individual at risk of alcohol related harm in the short term.
- The prevalence of drinking at such levels in the past year has increased among Tasmanians between 2001 and 2004 (from 33.5% in 2001 to 40.1% in 2004). This is at higher levels to that nationally (35.4% in 2004). The national prevalence of risky drinking did not substantially change between the 2001 and 2004 studies.

- The prevalence of drinking at levels of short-term risk among females has increased slightly in Tasmania between 2001 and 2004 (from 27.3% to 31.9%), but is comparable with the rates nationally (30.7% in 2004). Additionally, the frequency of engagement of such behaviours is similar to the national rates.
- The prevalence of drinking at such levels among Tasmanian males has increased substantially between 2001 and 2004 (from 40.0% to 48.6%), and is higher than levels nationally (40.3% in 2004), which had remained unchanged between 2001 and 2004.
- Not only was the prevalence of risky drinking levels among Tasmanian males greater than that nationally in 2004, Tasmanian males were drinking at such levels more frequently than the prevalence nationally. In particular, while the prevalence of males drinking at risky levels at least once monthly in the past year declined slightly between 2001 and 2004 nationally (falling from 15.3% in 2001 to 14.4% in 2004), in Tasmania this increased in this period (rising from 12.9% in 2001 to 17.8% in 2004).

**Table 3: Risk of alcohol-related harm in the short term: Proportion (%) of the population aged 14 years and over, Tasmania and National, 2001 & 2004.**

Drinking status	Tasmania		National	
	2001	2004	2001	2004
<b>Males</b>				
Abstainers (a)	14.3	8.2	14.1	12.9
Low risk	45.7	43.2	46.5	46.8
Risky or high risk (b)				
At least yearly	13.7	19.1	15.5	16.1
At least monthly	12.9	17.8	15.3	14.4
At least weekly	13.3	11.6	8.5	9.8
<i>Total risky or high risk</i>	<i>40.0</i>	<i>48.6</i>	<i>39.4</i>	<i>40.3</i>
<b>Females</b>				
Abstainers (a)	18.9	16.5	20.8	19.8
Low risk	53.9	51.6	49.6	49.4
Risky or high risk (b)				
At least yearly	11.2	14.8	12.7	13.5
At least monthly	10.7	12.2	11.6	11.5
At least weekly	5.4	5.0	5.3	5.7
<i>Total risky or high risk</i>	<i>27.3</i>	<i>31.9</i>	<i>29.6</i>	<i>30.7</i>
<b>Persons</b>				
Abstainers (a)	16.6	12.4	17.5	16.4
Low risk	49.9	47.5	48.1	48.2
Risky or high risk (b)				
At least yearly	12.4	16.9	14.1	14.8
At least monthly	11.8	14.9	13.4	12.9
At least weekly	9.3	8.2	6.9	7.7
<i>Total risky or high risk</i>	<i>33.5</i>	<i>40.1</i>	<i>34.4</i>	<i>35.4</i>

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 2001 & 2004.

(a) Not consumed alcohol in the past 12 months.

(b) For males, consumption of 7 or more standard drinks on any one day. For females, the consumption of 5 or more standard drinks on any one day.

A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol.



## Risk of alcohol-related harm in the long-term

- According to the National Health and Medical Research Council guidelines, the consumption of up to 28 standard drinks per week by males is considered 'low risk', 29-42 per week 'risky', and 43 or more per week 'high risk'. For females, the consumption of up to 14 standard drinks per week is considered 'low risk', 15-28 per week 'risky', and 29 or more per week 'high risk'.
- The prevalence of risky or high-risk drinking for long-term harm was similar in Tasmania to levels nationally in 2004 (9.7% in Tasmania compared with 9.9% nationally). The prevalence of such levels of drinking had declined slightly in Tasmania between 2000 and 2004 (from 11.3% to 9.7%), mainly reflecting a drop in the prevalence of 'high risk' drinking (from 4.9% in 2001 to 3.4% in 2004).
- The prevalence of risky or high-risk drinking for long-term harm for females was slightly lower in Tasmania than for that nationally in 2004 (8.0% in Tasmania compared with 9.6% nationally), and had remained largely unchanged between 2001 and 2004. Rates of drinking at 'high-risk' levels among females in 2004 was comparable in Tasmania to that nationally (2.7% and 2.1% respectively), however there was a lower prevalence of drinking at 'risky' levels among Tasmanian females (5.3%) to that nationally (7.5%).
- In 2004, the prevalence of risky or high-risk drinking for long term harm among males was 10.1%. The prevalence of such behaviour was slightly higher in Tasmania (11.5%) in 2004, but had declined from 14.1% in 2001. This improvement was due to a marked decline in the prevalence of 'high-risk' drinking among Tasmanian males from 7.0% in 2000 to 4.1% in 2004.

**Table 4: Risk of alcohol-related harm in the long term: proportion of the population aged 14 years and over, Tasmania and National, 2001 & 2004.**

Drinking status	Tasmania		National	
	2001	2004	2001	2004
<b>Males</b>				
Abstainers (a)	14.3	8.2	14.1	12.9
Low risk	71.6	80.3	75.6	77.0
Risky or high risk (b)				
Risky	7.1	7.4	6.7	6.5
High Risk	7.0	4.1	3.5	3.6
<i>Total risky or high risk</i>	<i>14.1</i>	<i>11.5</i>	<i>10.2</i>	<i>10.1</i>
<b>Females</b>				
Abstainers (a)	18.9	16.5	20.8	19.8
Low risk	72.5	75.6	69.8	70.6
Risky or high risk (b)				
Risky	5.8	5.3	7.2	7.5
High Risk	2.9	2.7	2.2	2.1
<i>Total risky or high risk</i>	<i>8.6</i>	<i>8.0</i>	<i>9.4</i>	<i>9.6</i>
<b>Persons</b>				
Abstainers (a)	16.6	12.4	17.5	16.4
Low risk	72.0	77.9	72.7	73.7
Risky or high risk (b)				
Risky	6.4	6.3	7.0	7.0
High Risk	4.9	3.4	2.9	2.8
<i>Total risky or high risk</i>	<i>11.3</i>	<i>9.7</i>	<i>9.8</i>	<i>9.9</i>

Source: Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 2001 & 2004.

(a) Not consumed alcohol in the past 12 months.

(b) For males, consumption of 29 or more standard drinks per week; for females, consumption of 15 or more standard drinks per week.

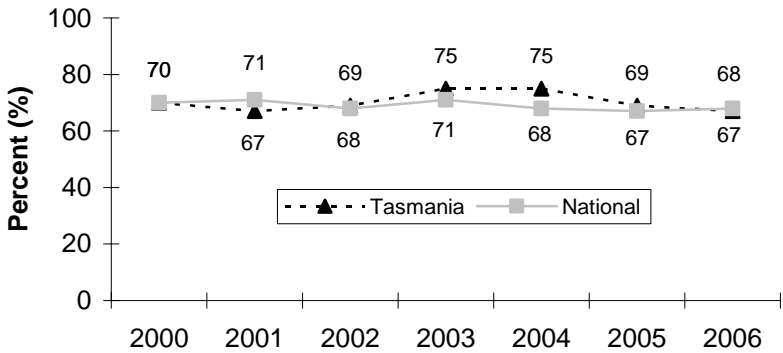
A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol.

## 2.2 Use Patterns among Specific Populations

### Injecting Drug Users

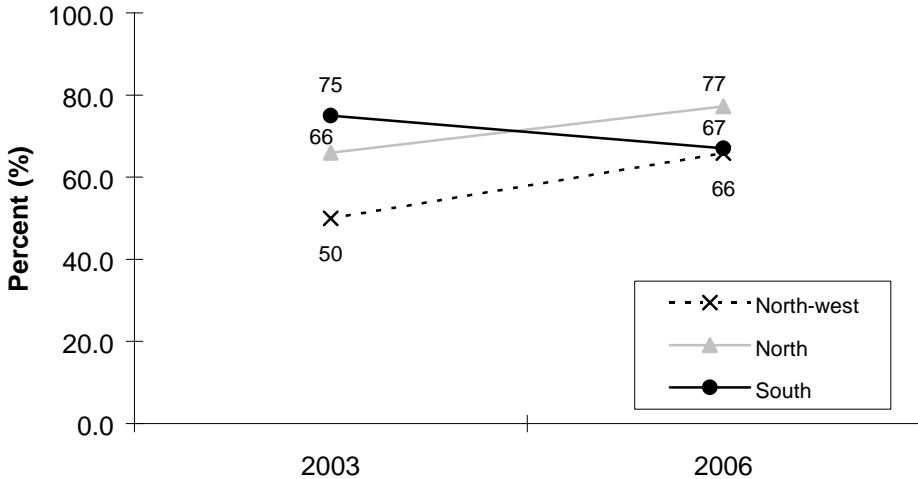
- Among samples of regular injecting drug users, the proportion reporting recent alcohol use is slightly *lower* than that in the general population. The average age of those IDU interviewed in these studies is in the early 30s, a demographic that in the general population nationally has a prevalence of past-year alcohol use of 84.1%.
- In the past seven years of the IDRS, the proportion of IDU reporting any consumption of alcohol in the preceding six months has remained relatively stable at around two in every three individuals. Rates among Tasmanian cohorts are similar to the average nationally
- On average, IDU interviewed for these studies report consuming alcohol between once weekly to once per fortnight
- Comparing rates of alcohol use among IDU across Tasmania, between 2003 and 2006, the proportion of IDU interviewed in the North and North-west of the state reporting alcohol use in the past six months has increased slightly (from 50% to 66% in the North-West; and from 66% to 77% in the North), while rates in the South have declined slightly (from 75% to 67%). However, the frequency of use among these cohorts has remained stable at between once weekly to once per fortnight.

**Figure 1: IDU history of alcohol use in last 6 months (in percentages), Tasmania and National, 2000-2006**



Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

**Figure 2: IDU history of alcohol use in last 6 months (in percentages), Tasmania regional, 2003 & 2006.**

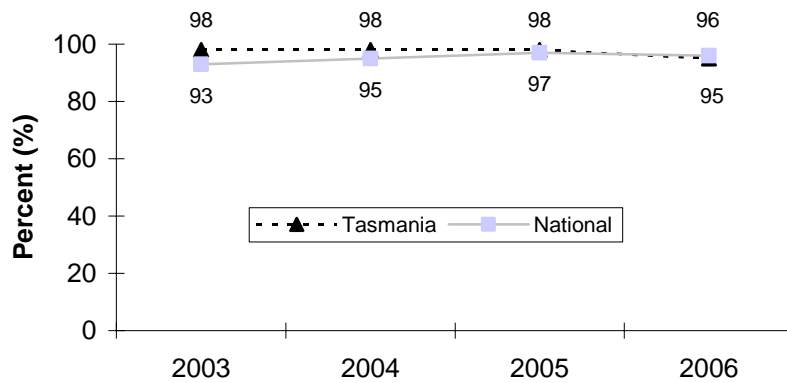


Source: de Graaff, B. & Bruno, R. (in preparation).

### Party Drug Users

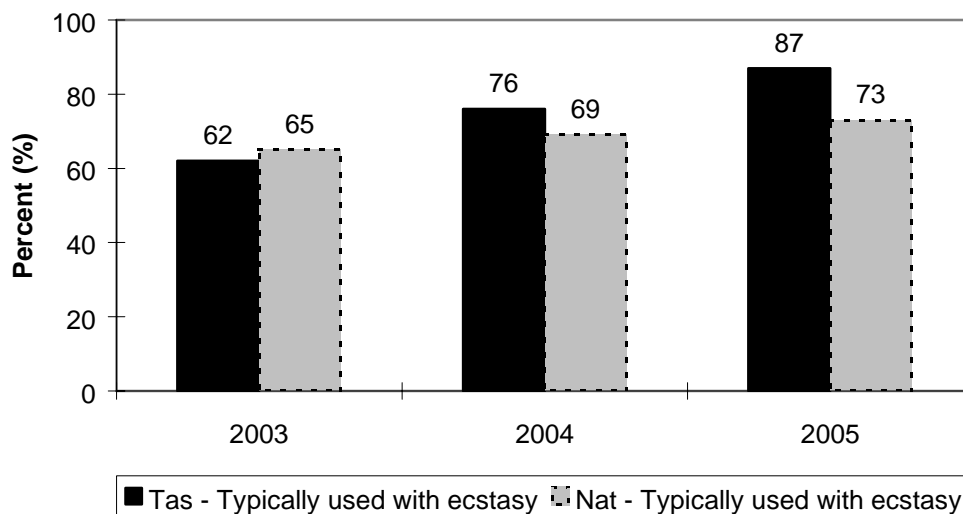
- In contrast to samples of regular injecting drug users, among samples of regular ecstasy users, rates of recent alcohol use are greater than that of the general population. Both in Tasmanian and national samples, virtually all REU report recent alcohol use. It should be noted that the average age range for REU interviewed in the PDI is the early 20s, a demographic nationally that has a prevalence of past-year alcohol use of 89.4%.
- On average across all Tasmanian PDI studies, REU report twice-weekly use of alcohol
- Importantly, among Tasmanian samples of REU, a high proportion report typically bingeing on alcohol (defined as five standard drinks or more) while using ecstasy. This rate has steadily increased between the 2003 and 2005 PDI studies (from 62% to 87% of Tasmanian cohorts). This is a markedly higher rate than that seen on average nationally. Binge alcohol use with ecstasy is of concern as it can increase the risk of negative health effects associated with ecstasy use.

**Figure 3: REU history of alcohol use (in percentages), Tasmania and National, 2000-2006.**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

**Figure 4: Proportion (%) of REU who typically use more than 5 standard drinks of alcohol in combination with ecstasy, among those that used other drugs, 2003-2005.**

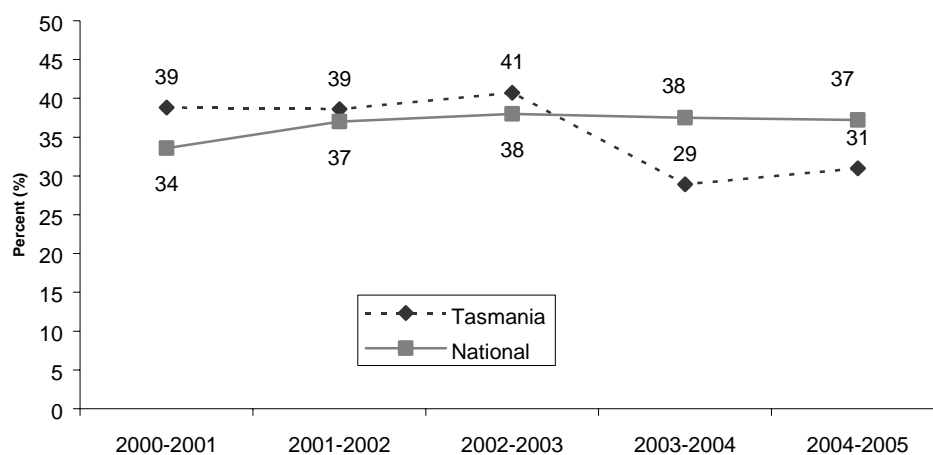


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2005.

## 2.3 Treatment Demand

- Nationally, the proportion of closed treatment episodes recorded in the NMDS where alcohol was the principal drug of concern has remained stable at around 37% between 2001/02 and 2004/05.
- Among treatment services in Tasmania, between 2000/01 and 2002/03, there was a comparable or slightly higher proportion of closed treatment episodes where alcohol was the principal drug of concern (39-41%), falling to a slightly lower rate, approximately 30%, during 2003/04 and 2004/05.
- This reduction in the proportion of treatment episodes relating to alcohol in Tasmanian services in recent years has occurred in the context of an increasing proportion of episodes for cannabis as the principal drug of concern (which increased from 19% of episodes in 2002/03 to 31% in 2004/05).
- During 2003/04 and 2004/05, there were approximately 450 closed treatment episodes per annum in Tasmanian treatment services where alcohol was recorded as the principal drug of concern.

**Figure 5: Closed treatment episodes(a) with alcohol as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05**



(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

**Source:** Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

## 3.0 TOBACCO

### KEY POINTS

- In 2004, 22% of Tasmanians aged over 14 were daily smokers. This was greater than levels nationally (17%).
- Nationally, the prevalence of daily smoking declined at all age groups between 2001 and 2004, most dramatically for those aged 14-19, falling from 15% to 11%. In Tasmania, the prevalence of daily smoking was greater than the rates nationally at all age groups, and had *increased* among those aged 14-19 from 11% to 17% between 2001 and 2004.
- Among populations of regular injecting drug users and regular ecstasy users in all regions of Tasmania, rates of daily smoking are substantially greater than seen in the general population.
- Alcohol and Drug Treatment Services in Tasmania dedicate a substantially greater proportion of services to individuals with tobacco as their principal problem drug (around 16% of all episodes) than do services nationally (less than 2%). This relates to approximately 210 closed treatment episodes per annum.

### 3.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of the prevalence of tobacco use among the general population (aged 14 years or older) suggests that 24.1% of people in Tasmania and 20.6% nationally have smoked tobacco in the preceding year.
- The NDSHS figures suggest that nationally, the prevalence of smoking had declined between 2001 (23.1%) and 2004 (20.6%). During this time, the prevalence of smoking in Tasmania had not changed (24.3% in 2001, 24.1% in 2004).
- The prevalence of daily smokers in particular was greater in Tasmania (21.5%) than nationally (17.4%) in 2004. The prevalence of infrequent (weekly or less than weekly) smokers was comparable in Tasmania (2.6%) to that nationally (3.2%).

**Table 5: Tobacco smoking status: Proportion (%) of the population aged 14 years and over, Tasmania and National, 2001 & 2004**

Smoking Status	Tasmania		National	
	2001	2004	2001	2004
	<b>Persons</b>			
Daily	21.0	21.5	19.5	17.4
Weekly	1.5	1.3	1.6	1.6
Less than Weekly	1.8	1.3	2.0	1.6
Ex-smoker (a)	28.6	28.2	26.2	26.4
Never smoked (b)	47.1	47.7	50.6	52.9

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 2001 & 2004.

(a) Smoked at least 100 cigarettes (or equivalent amount of tobacco) in their lifetime, but reported no longer smoking.

(b) Never smoked more than 100 cigarettes (or equivalent amount of tobacco).

### Tobacco consumption by age

- Nationally, the prevalence of daily smoking declined at all age groups (except those 60 or older) between 2001 and 2004. This decline was most dramatic among those aged 14-19, where the prevalence of daily smoking dropped from 15.1% in 2001 to 10.7% in 2004.
- In Tasmania, the prevalence of daily smoking declined among those aged between 20-29, 30-39 and 50-59 between 2001 and 2004, however the prevalence of daily smoking in each of these age groups remained greater than the national average in 2004.
- In contrast to national trends, in Tasmania, the prevalence of daily smokers increased among those aged 14-19, 40-49 and 60+ between 2001 and 2004. This increase was most dramatic among those aged 14-19, where the prevalence of daily smoking increased from 11.4% to 17.2% between 2001 and 2004; and among those aged 40-49, where the prevalence of daily smoking increased from 19.1% to 27.8% in this time.

**Table 6: Daily smoking: Proportion (%) of the population aged 14 years and over, by age group, Tasmania and National, 2001 & 2004**

Age group	Tasmania		National	
	2001	2004	2001	2004
14-19	11.4	17.2	15.1	10.7
20-29	29.6	27.7	26.1	23.5
30-39	31.1	27.9	25.7	22.8
40-49	19.1	27.8	22.2	21.3
50-59	26.4	19.1	18.2	16.3
60+	9.3	12.1	8.9	8.9
<b>Aged 14+</b>	<b>21.0</b>	<b>21.5</b>	<b>19.5</b>	<b>17.4</b>

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 2001 & 2004.

## Tobacco consumption by sex

- In Tasmania in 2004, the prevalence of past-year smoking was higher for both males and females than that seen nationally (males: 25.1% in Tas, 22.5% nationally; females: 23.2% in Tas, 18.5% nationally).
- For both sexes, the prevalence of infrequent smokers (weekly or less than weekly) was similar among Tasmanians to the levels nationally in 2004 (males: 3.1% in Tas, 3.9% nationally; females: 2.2% in Tas, 2.5% nationally).
- The prevalence of daily smoking in Tasmania in 2004 is greater than that nationally for both males and females, however the difference in prevalence is most marked for females in Tasmania (males: 22.0% in Tas, 18.6% nationally; females, 21.0% in Tas, 16.0% nationally).
- Between 2001 and 2004, at a national level, the prevalence of daily smoking declined for both males and females (males: falling from 21.1% in 2001 to 18.6% in 2004; females: falling from 18.0% in 2001 to 16.0% in 2004), with little change in the prevalence of those smoking infrequently.
- In Tasmania between 2001 and 2004 there was no overall change in the prevalence of daily smoking for males or females. There was also no change in the prevalence of those smoking infrequently.

**Table 7: Tobacco smoking status: Proportion (%) of the population aged 14 years and over, by sex, Tasmania and National, 2001 & 2004**

Smoking Status	Tasmania		National	
	2001	2004	2001	2004
<b>Males</b>				
Daily	21.1	22.0	21.1	18.6
Weekly	1.8	1.6	2.0	2.0
Less than Weekly	2.7	1.5	2.6	1.9
Ex-smoker (a)	32.2	29.8	29.6	29.2
Never smoked (b)	42.1	45.1	44.7	48.2
<b>Females</b>				
Daily	20.9	21.0	18.0	16.0
Weekly	1.1	1.1	1.3	1.2
Less than Weekly	1.0	1.1	1.5	1.3
Ex-smoker (a)	25.1	26.6	22.9	23.6
Never smoked (b)	51.9	50.2	56.4	57.5

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 2001 & 2004.

(a) Smoked at least 100 cigarettes (or equivalent amount of tobacco) in their lifetime, but reported no longer smoking.

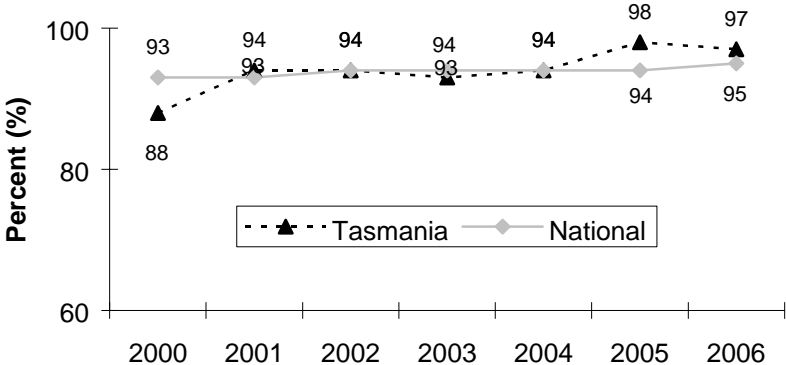
(b) Never smoked more than 100 cigarettes (or equivalent amount of tobacco).

### 3.3 Use Patterns among Specific Populations

#### Injecting Drug Users

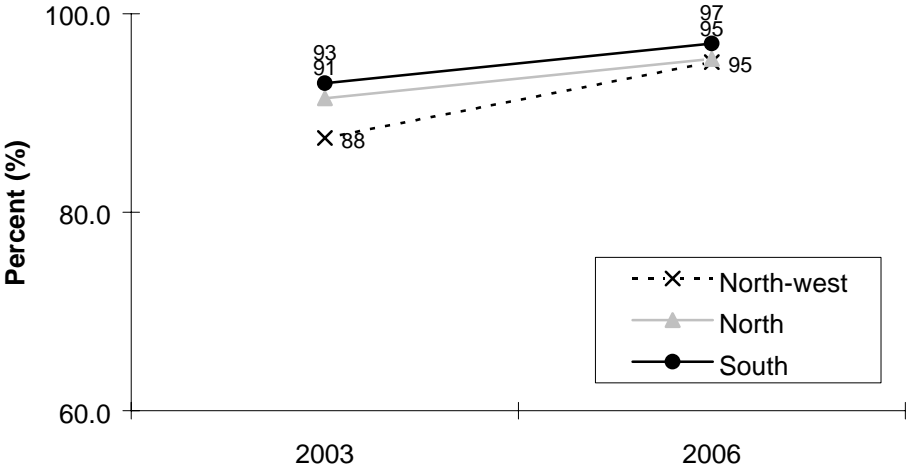
- Among samples of regular injecting drug users, the proportion reporting recent tobacco smoking is substantially higher than that in the general population.
- In the past seven years of the IDRS, virtually all of the IDU interviewed have reported recent tobacco use, and virtually all smoke daily. Rates among IDU cohorts interviewed in Hobart are similar to the average nationally.
- The average age of those IDU interviewed in these studies is in the early 30s, a demographic that in the general population has a prevalence of daily smoking between 20-30%.
- There are comparable rates of tobacco consumption among samples of IDU across Tasmania, with virtually all of those interviewed in the South, North and North-West in 2005 reporting recent tobacco smoking, with virtually all smoking daily. These rates may have increased slightly since those seen in 2003.

**Figure 6: IDU history of tobacco use in the past 6 months (in percentages), Tasmania and National, 2000-2006.**



Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

**Figure 7: IDU history of tobacco use in last 6 months (in percentages), Tasmania regional, 2003 & 2006.**



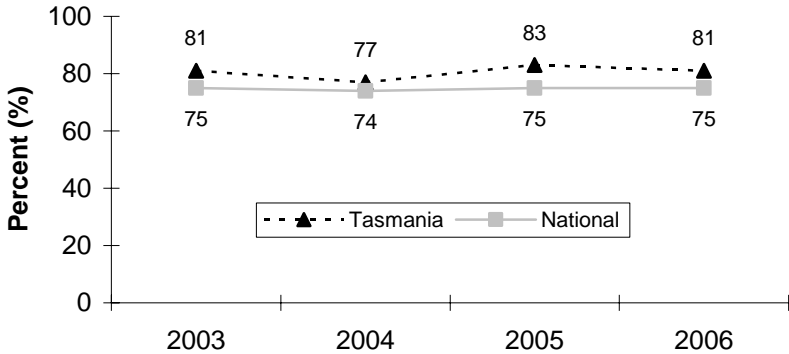
Source: de Graaff, B. & Bruno, R. (in preparation).



**Party Drug Users**

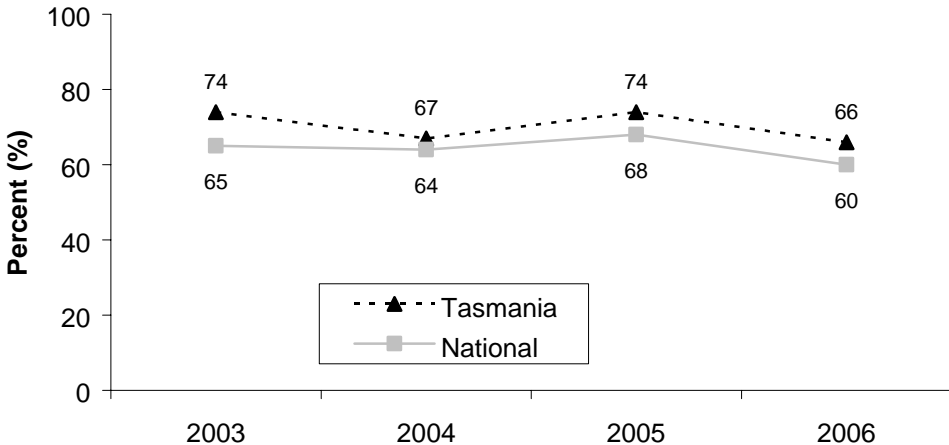
- Among samples of regular ecstasy users, rates of tobacco smoking are greater than that of the general population. In national samples, approximately three-quarters report recent tobacco smoking, with rates slightly higher among those interviewed in Tasmania.
- On average, across all Tasmanian PDI studies, REU report daily tobacco smoking. It should be noted that the average age range for REU interviewed in the PDI is the early 20s, a demographic nationally that has a prevalence of daily smoking of 23-28%. As such, the prevalence of daily smoking among these samples of Tasmanian REU is approximately double that seen among the general population.
- Among Tasmanian samples of REU, between two-thirds and three-quarters report typically smoking while using ecstasy. This is slightly higher than levels seen amongst samples of REU nationally

**Figure 8: REU history of tobacco use in the past 6 months (in percentages), Tasmania and National, 2003-2006.**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2005.

**Figure 9: Proportion (%) of REU who used tobacco in combination with ecstasy, among those that used other drugs, 2003-2006**

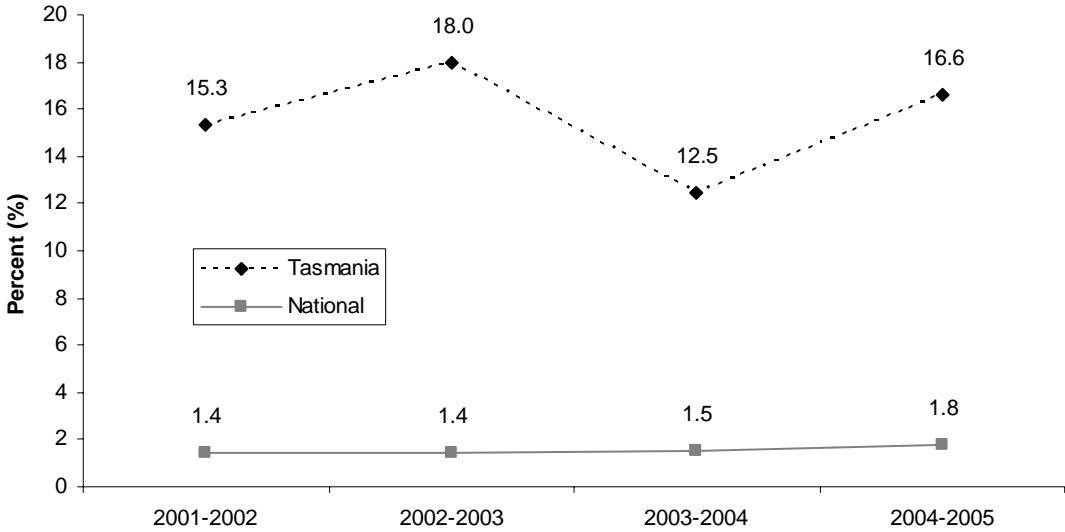


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

### 3.4 Treatment Demand

- Nationally, the proportion of closed treatment episodes recorded in the NMDS where tobacco was the principal drug of concern has remained stable at less than 2% between 2001/02 and 2004/05.
- Treatment services in Tasmania, however, devote a substantially greater proportion of closed treatment episodes to cases where tobacco is the principal drug of concern, with this comprising between 12 and 18% of treatment episodes annually.
- During 2003/04 and 2004/05, there were approximately 210 closed treatment episodes per annum in Tasmanian treatment services where tobacco was recorded as the principal drug of concern.

Figure 10: Closed treatment episodes(a) with tobacco as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05



Source: Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

## 4.0 CANNABIS

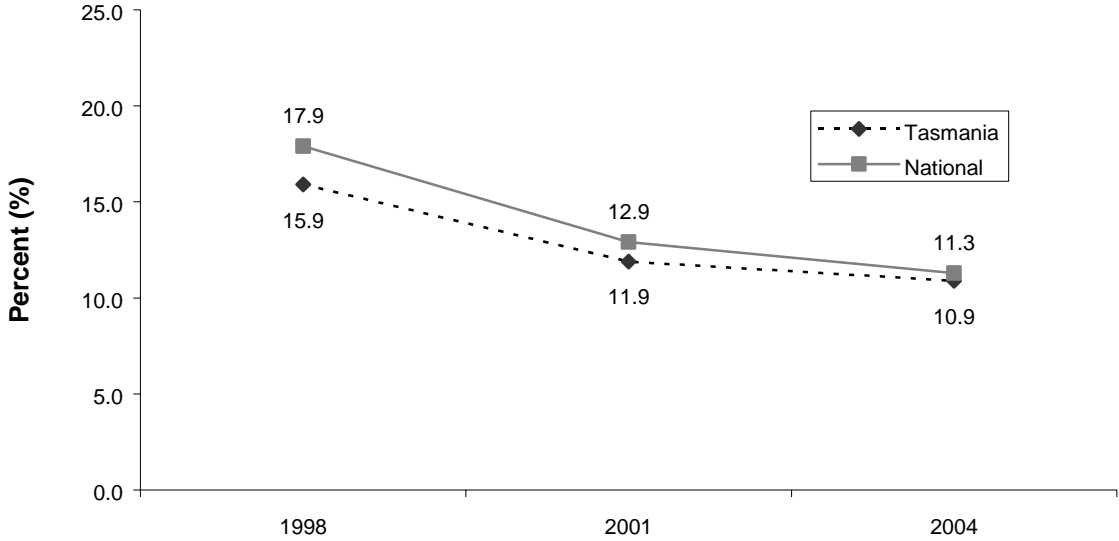
### KEY POINTS

- In 2004, 11% of Tasmanians over the age of 14 reported using cannabis in the past year. This was similar to rates nationally. The prevalence of cannabis use in Tasmania and nationally have declined by almost one-third between 1998 and 2004.
- Cannabis use is common among injecting drug consumers interviewed in all parts of Tasmania. While the majority smoke the drug daily, this has been slowly declining in recent years. In the North and North-West, use of outdoor-cultivated cannabis is most common; in the South, use of indoor/hydroponic cannabis is more common.
- A greater proportion of Alcohol and Drug Treatment Services in Tasmania are devoted to individuals where cannabis is their principal problem drug (approximately one-third of all episodes) than do services nationally (approximately one-quarter of all episodes). This relates to between 400 and 600 closed treatment episodes per annum, and a substantial proportion of these are related to diversions to health interventions through the Illicit Drug Diversion Initiative.
- In 2004/05, rates of public hospital admissions in Tasmania where cannabis was noted as the primary factor contributing to admission were comparable to those nationally, at 119 admissions per million population

### 4.1 Prevalence of Use among the General Population

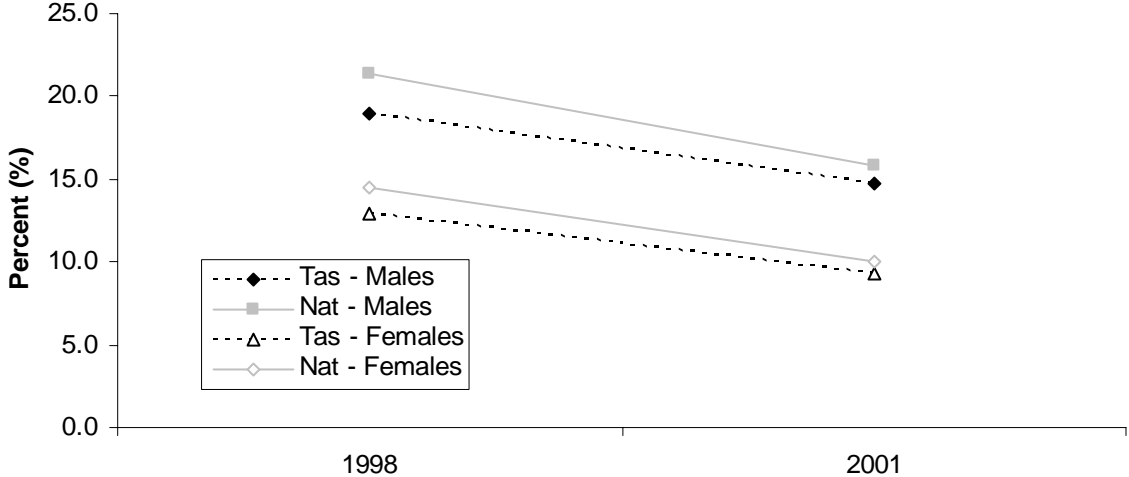
- The most recent estimate of the prevalence of cannabis use in Tasmania (from the 2004 NDSHS) is that 10.9% of those over the age of 14 have used the drug in a 12 month period.
- Data in relation to the prevalence of cannabis use in different age groups was not available from the 2004 NDSHS, however, in the 2001 NDSHS, 22% of 14-24 year olds in Tasmania reported past year cannabis use. Use among those aged 25-39 was reported by a similar proportion (23%); but was less common among those aged 40+ (3%).
- Data in relation to the prevalence of cannabis use in males and females was not available from the 2004 NDSHS, however, in the 2001 NDSHS, cannabis had been used in the past 12 months by 14.7% of Tasmanian males and 9.3% of females aged over 14. These rates of use were comparable with rates nationally.
- In 2001, the prevalence of past year cannabis use was highest for Tasmanian males between the ages of 25 and 39 (29.8%), with use amongst those aged 14-24 lower at 24.3%, declining to 4.3% of those aged over 40
- In 2001, the prevalence of past year cannabis use amongst Tasmanian females steadily declined between age groups: falling from 19.8% of those aged 14-24, to 16.7% of those aged 25-39 and 2.6% of those aged over 40
- Over the past 9 years of the NDSHS, the best estimate of prevalence of past year cannabis use among those aged 14+ has declined by close to one-third. This decline is apparent in both National and Tasmanian statistics.

**Figure 11: Proportion (%) of the population aged 14 years or over reporting use of cannabis in the preceding 12 months, Tasmania and National, 1998, 2001 & 2004**



**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

**Figure 12: Proportion (%) of the population aged 14 years or over reporting use of cannabis in the preceding 12 months, by sex, Tasmania and National, 1998, & 2001**



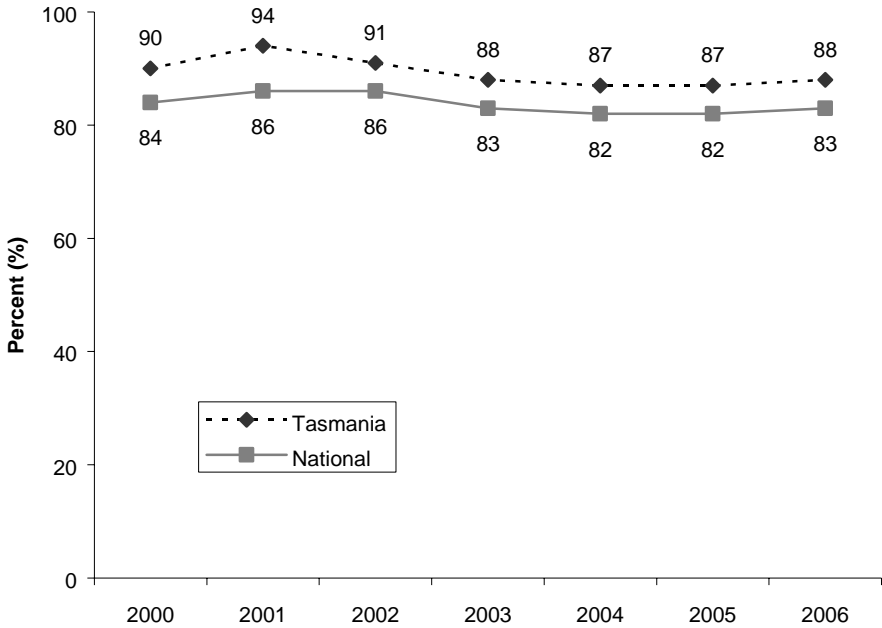
**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998 & 2001.

## 4.2 Use Patterns among Specific Populations

### Injecting Drug Users

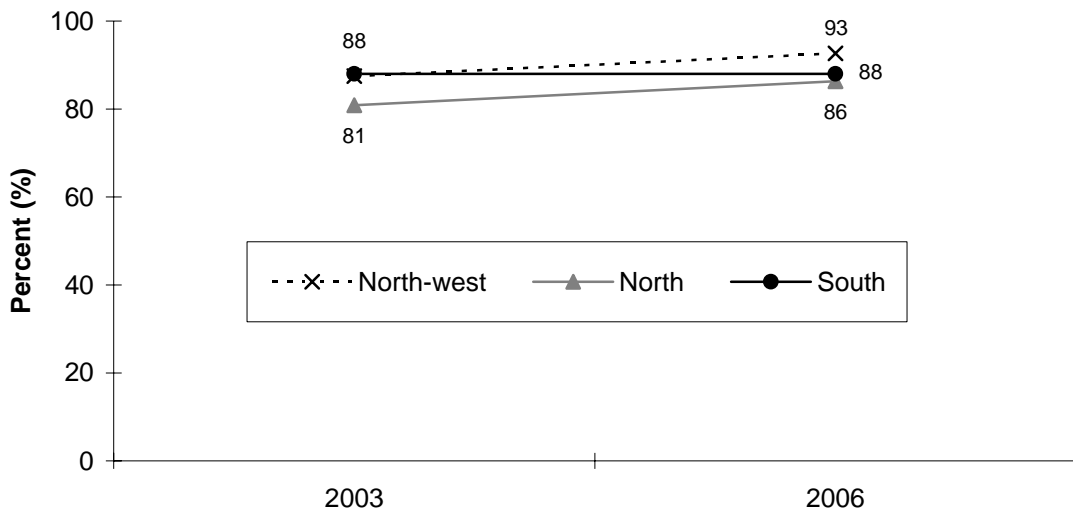
- Cannabis use is extremely common amongst samples of people that regularly inject drugs: almost all of the IDRS IDU participants in the past seven years of the study have reported recent use of the drug. The rates are similar in the Tasmanian and national cohorts
- Among IDRS IDU participants in Hobart, in every study since 2000, on average, participants reported daily cannabis use
- While the overall proportion of those reporting recent use of cannabis in these samples has remained largely unchanged in since 2000, there has been a slow decline in the proportion reporting daily use: in 2001, 75% smoked cannabis daily; in 2006, 54% smoked daily
- In the two studies conducted to date, rates of cannabis use were uniform and high in all three regions of Tasmania, and remained largely unchanged between 2003 and 2006
- In the 2003 state-wide IDRS study, it was common for IDU to use both indoor-cultivated cannabis (hydroponic) and outdoor-cultivated cannabis (“bush buds”), and there was little difference in the use of particular types of cannabis across the regions of Tasmania
- In the 2006 state-wide IDRS study, use of indoor-cultivated cannabis had declined among IDU interviewed in all regions in comparison to 2003.
- Use of outdoor-cultivated cannabis among IDU interviewed in the South had declined markedly between 2003 and 2006, whereas among IDU interviewed in the North and North-West, use of outdoor-cultivated cannabis had, if anything, increased slightly
- IDU interviewed in the South in 2006 report commonly using both indoor- and outdoor-cultivated cannabis, but the majority predominantly use indoor-cultivated cannabis. The opposite was true among those interviewed in the North and North-West

**Figure 13: IDRS IDU reports of cannabis use in last 6 months (in percentages), Tasmania and National, 2000-2006**



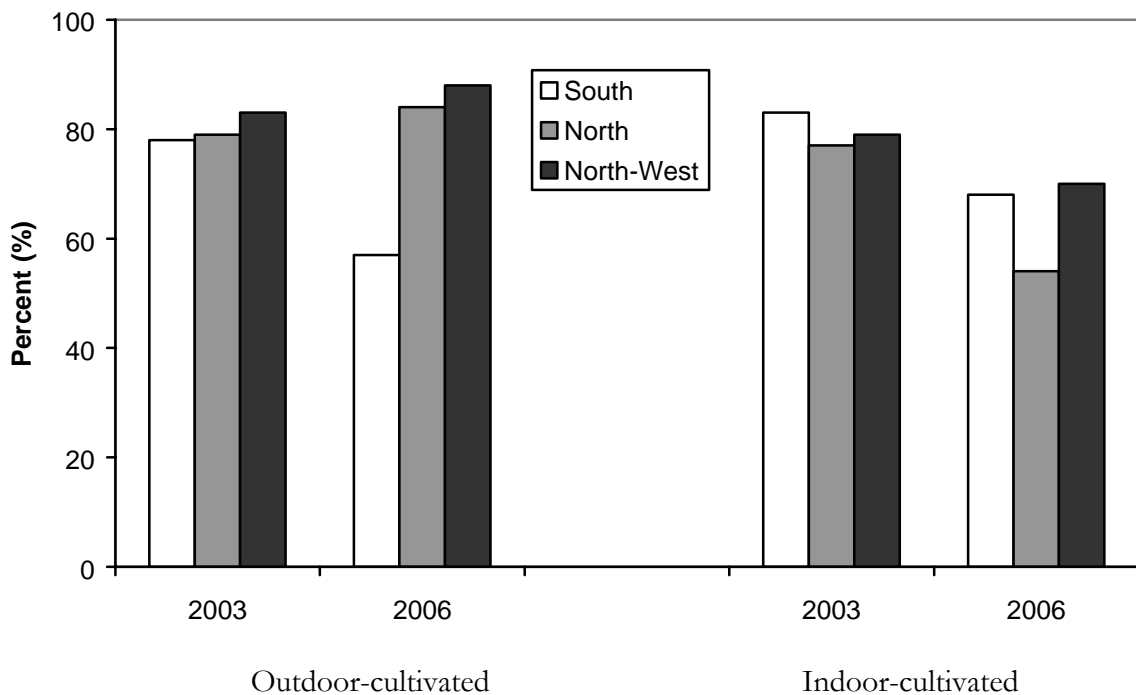
Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

Figure 14: Cannabis use in last 6 months among IDU, Tasmania regional, 2003 & 2006



Source: de Graaff, B. & Bruno, R. (in preparation).

Figure 15: Cannabis forms used in the last 6 months among IDU, Tasmania regional, 2003 & 2006.

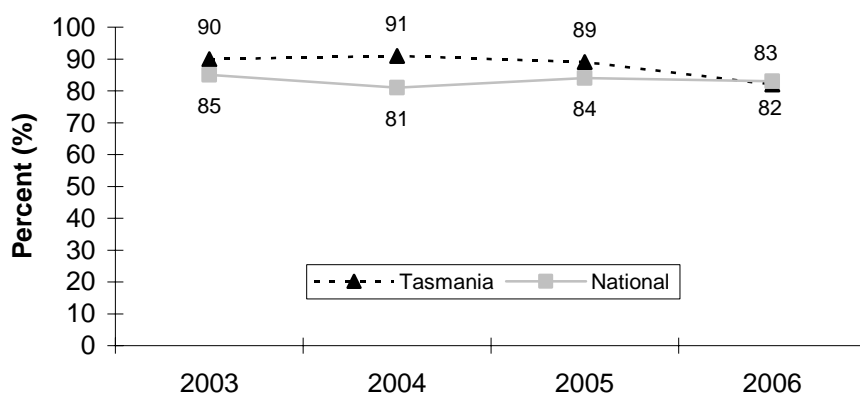


Source: de Graaff, B. & Bruno, R. (in preparation).

### Party Drug Users

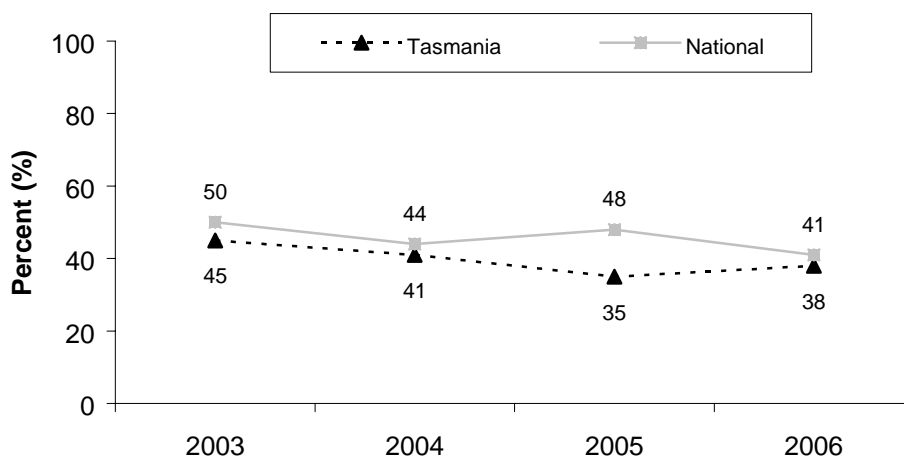
- Amongst individuals that regularly use ecstasy (REU), rates of recent cannabis use are high, and comparable to that seen amongst regular injecting drug users. The frequency of this use, however, is substantially lower, with participants in the Tasmanian PDI on average using the drug weekly (in comparison to the daily use seen amongst Tasmanian IDRS IDU participants)
- Over the past four years of the PDI in Hobart, the proportion of the cohort reporting recent cannabis use has slightly declined (90% in 2003, 82% in 2006), and is comparable with the rates seen in the PDI cohort nationally.
- Two in five regular ecstasy users interviewed in the PDI typically smoke cannabis when they are using ecstasy. In the 2006 study, these levels of coincident use were similar in the Hobart and National samples, although these rates have slightly declined in recent years.

**Figure 16: REU history of cannabis use in last 6 months, Tasmania and National, 2000-2006**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

**Figure 17: Proportion (%) of REU who used cannabis in combination with ecstasy, among those that used other drugs, 2003-2006.**

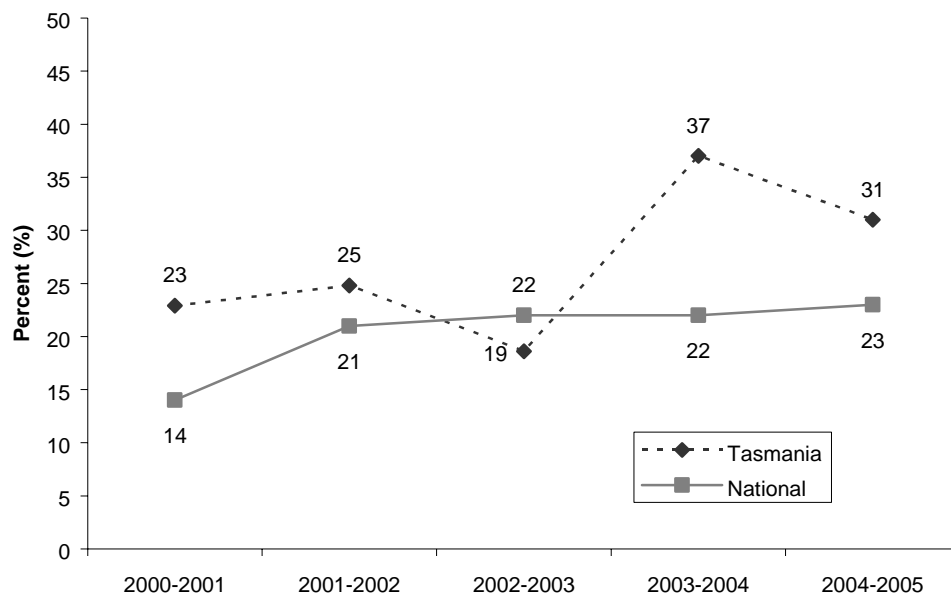


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

### 4.3 Treatment Demand

- Nationally, there has been a slow increase in the proportion of closed treatment episodes recorded in the NMDS where cannabis was the principal drug of concern (increasing from 14% in 2000/01 to 23% in 2004/05)
- Among treatment services in Tasmania there has been a higher proportion of closed treatment episodes recorded in NMDS where cannabis is the principal drug of concern when compared to national rates, whereby between 2003/04 and 2004/05 approximately one third of treatment episodes in Tasmania related to cannabis use, compared with approximately one quarter nationally
- NMDS data suggests that between 2001/02 and 2004/05 in Tasmania, there were 400-600 closed treatment episodes per annum where cannabis was the principal drug of concern
- It should be noted that a substantial proportion of these episodes would relate to individuals diverted to health interventions through the Illicit Drug Diversion Initiative (IDDI). For example, in 2004/05, 365 individuals were diverted to health interventions through IDDI, and the vast majority of these referrals relate to cannabis use. However, not all of those individuals diverted to health interventions fulfil their diversion requirements.
- The number of first-level diversions made through IDDI in Tasmania had remained stable at approximately 1,000 per annum between 2001/02 and 2004/05, however, this dropped substantially to approximately 600 cases during 2005/06. The number of diversions made to health interventions, however, has been highly variable between 200-400 cases per annum between 2002/03 and 2005/06.

**Figure 18: Closed treatment episodes<sup>(a)</sup> with cannabis as principal drug of concern, Tasmania and Australia, 2000/01-2004/05**



(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

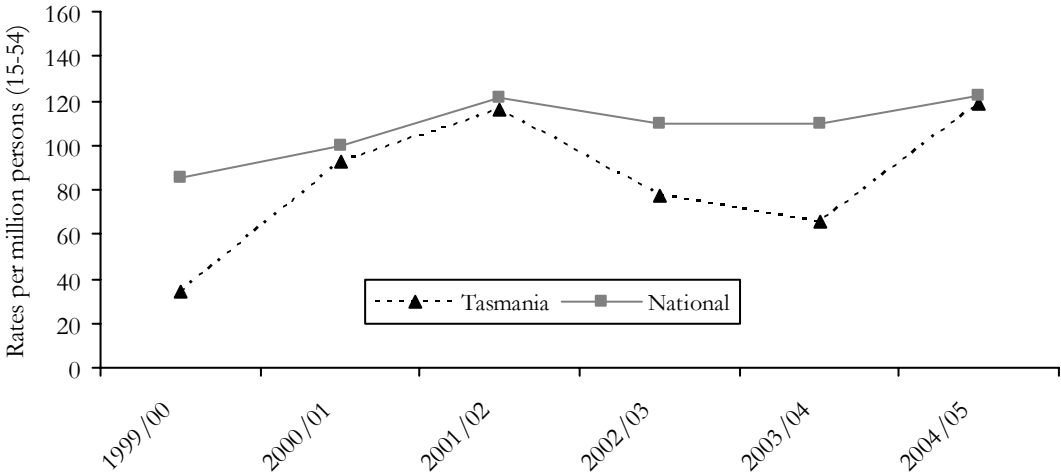
**Source:** Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05



### 4.4 Hospital Service Utilisation

- The number of public hospital admissions where cannabis use was noted as the principal diagnosis has increased somewhat in recent years. Between 1993/04 and 1999/00 there were around 11 cases per annum (range 6-19) but this has doubled to an average of 24 cases per annum between 2000/01 and 2004/05 (range 24-31).
- In 2004/05, population-adjusted rates of cannabis-related admissions in Tasmania were comparable with those nationally (around 97% of the national average, at 119 admissions per million population). This marks a return to nationally-consistent admission rates after lower levels of admissions in Tasmania during 2002/03 and 2003/04 where local admission rates were 70% and 59% of the national average respectively.

**Figure 19: Public hospital admissions among persons aged 15-54 where cannabis was noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia 1999/00-2004/05**



Source: Australian Institute Of Health and Welfare (Roxburgh and Degenhardt, 2006)

## 5.0 (METHYL)AMPHETAMINE

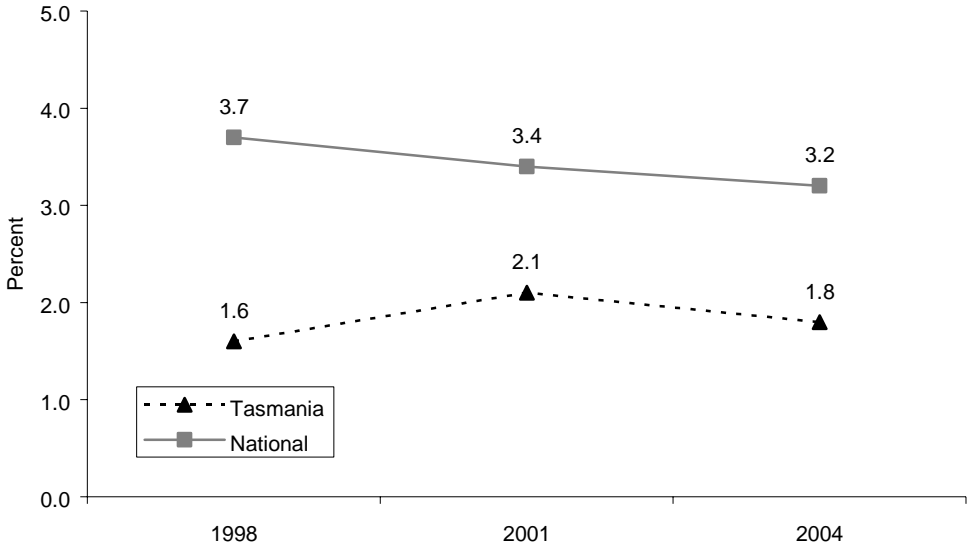
### KEY POINTS

- In 2004, 2% of Tasmanians reported use of methamphetamine in the past year. This is comparable to the prevalence nationally (3%) and has not changed substantially between 1998 and 2004.
- Approximately four in five of regular injecting drug consumers interviewed in all regions of Tasmania report recent use of methamphetamine, despite only a minority reporting it as their drug of choice. Use of crystalline methamphetamine ("ice") is more common in the South than in other regions of the state.
- There are early indications that use of methamphetamine among injecting drug users may have slightly decreased between 2005 and 2006, following steady increases in use in the past 5 years. Availability of crystal methamphetamine has increased slightly, however, between 2005 and 2006.
- Between 2003 and 2006, around three in every four regular ecstasy consumers interviewed in Hobart report recent use of methamphetamine. This use is primarily of the low-purity powder form. Approximately one in three of these consumers in each of these annual studies report using the drug for 48 hours without sleep on at least one occasion in the preceding six months.
- Approximately 10% of closed treatment episodes in Tasmanian Alcohol and Drug Treatment services are related to individuals with methamphetamine as a principal drug of concern, comparable with the national average. This rate has been increasing slightly since 2002/03, and relates to approximately 150 closed treatment episodes state-wide per annum.
- Rates of public hospital admissions in Tasmania where amphetamine was noted as the primary factor contributing to admission were stable between 2002/03 and 2004/05 at 150 per million population, and comparable to the rate nationally.

### 5.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of the prevalence of methamphetamine use suggests that 3.2% of those aged over 14 nationally have recently used this drug. This rate has not changed substantially between the 1998 and 2004 NDSHS.
- In Tasmania, the estimated prevalence of methamphetamine use is 1.8% of those over the age of 14. There is little evidence to suggest that this rate has changed substantially between the 1998 and 2004 NDSHS.

**Figure 20: Recent(a) meth/amphetamine(b) use summary: Proportion (%) of the population aged 14 years and over, Tasmania and National, 1998, 2001 & 2004**



(a) Used in the past 12 months.  
(b) For non-medical purposes

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

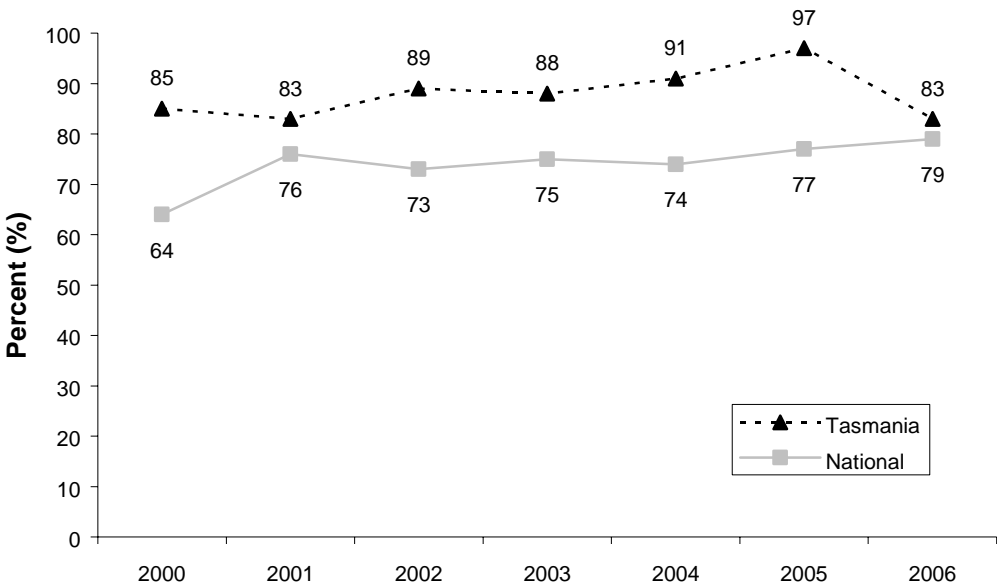
## 5.2 Use Patterns among Specific Populations

### Injecting Drug Users

#### *Jurisdictional comparison*

- Amongst samples of regular injecting drug users interviewed in Hobart between 2000 and 2006, the majority report recent use of methamphetamines. This rate had been steadily increasing between 2000 and 2005 (rising from 85% to 97% of those participating in the Hobart IDRS), despite approximately two-thirds of participants in each study nominating an opioid as their drug of choice.
- Since 2000, the IDRS studies have suggested higher rates of recent methamphetamine use among Tasmanian IDU cohorts than the rates nationally
- In 2006, the rate of methamphetamine use amongst IDU interviewed in Hobart reduced considerably (falling from 97% in 2005 to 83% in 2006), to a level comparable to that seen nationally.

**Figure 21: IDU history of any methamphetamine use in last 6 months (in percentages), Tasmania and National, 2000-2006**

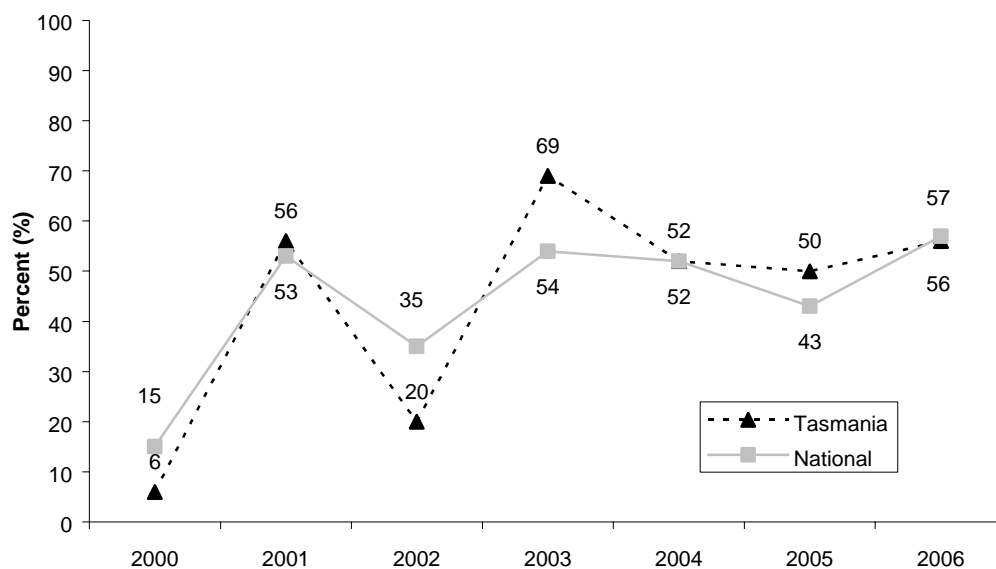


Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006

- There has been substantial media interest in the use of the high-potency crystalline form of methamphetamine in recent months. In the IDRS, participating IDU are asked to specify their use of different forms of methamphetamine. Nationally, approximately half of the regular IDU interviewed in the IDRS during 2001, 2003 and 2004 reported recent use of crystal methamphetamine.
- The level of use of crystal methamphetamine among IDU interviewed for the Hobart IDRS has fluctuated in recent years, but is comparable to rates nationally. Use and availability of crystal methamphetamine peaked in Hobart in 2003, where two-thirds of the cohort reported recent use of the drug. In subsequent years, this form of the drug has been harder for consumers to access, and half of the IDRS participants report using the drug in the past year.

- Both the Tasmanian and national IDRS studies identified a slight increase in the proportions of participants reporting recent use of crystal methamphetamine in 2006. However, on average, IDU used this form less than once per fortnight.

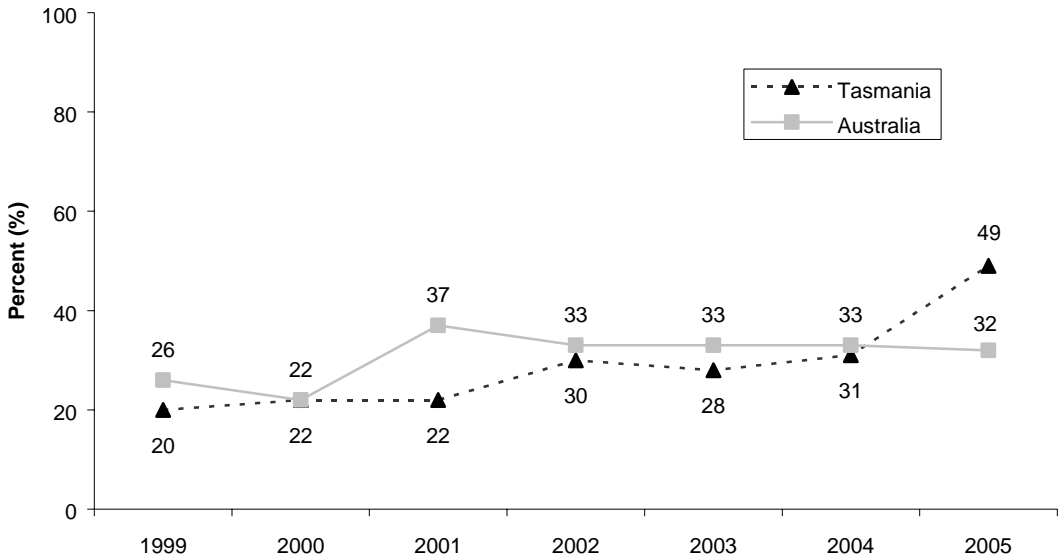
**Figure 22: IDU history of crystal methamphetamine use (in percentages), Tasmania and National, 2000-2006**



**Source:** National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

- The Australian Needle/Syringe Program Survey takes annual samples of IDU that attend NSP services.
- Nationally, the reported rate of amphetamines being reported as the drug last injected has remained stable since 2001, at approximately one-third of the cohort.
- In Tasmania, samples prior to 2002 were extremely small (<30) and may not be reliable. Between 2002 and 2004, with larger samples (>100), approximately one-third of participants reported methamphetamine as the last drug injected – a rate comparable to that nationally.
- However, in 2005, half of those interviewed in Tasmania had last injected methamphetamine, an increase from trends in previous years.

**Figure 23: Proportion (%) of respondents whose last drug injected was amphetamine, in the month prior to Australian Needle Syringe Program Survey, 1999-2005**

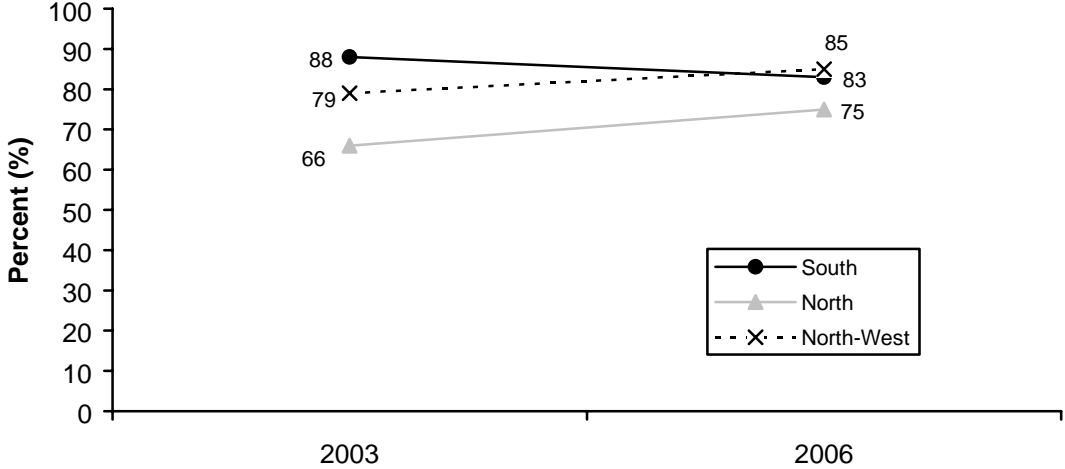


**Source:** National Centre in HIV Epidemiology and Clinical Research; Australian NSP Survey National Data Report 2001-2005

*Tasmanian regional comparisons*

- In 2006, there were similar rates of recent methamphetamine use among IDU interviewed in the South, North and North-West of the state, with approximately four in five reporting recent use of the drug. On average, these individuals reported using the drug once weekly or less in the preceding six months.
- Comparing rates of recent methamphetamine use between 2003 and 2006, among IDU interviewed in the South of Tasmania, there has been a possible slight decline in the proportion reporting recent methamphetamine use (88% in 2003, 83% in 2006). In the North and the North-West there have been slight increases in the proportion reporting recent methamphetamine use (rising from 79% to 85% in the North-West and 66% to 75% in the North) in the past three years. The average frequency of use of methamphetamine has remained stable between 2003 and 2006 in all regions, at around once weekly.

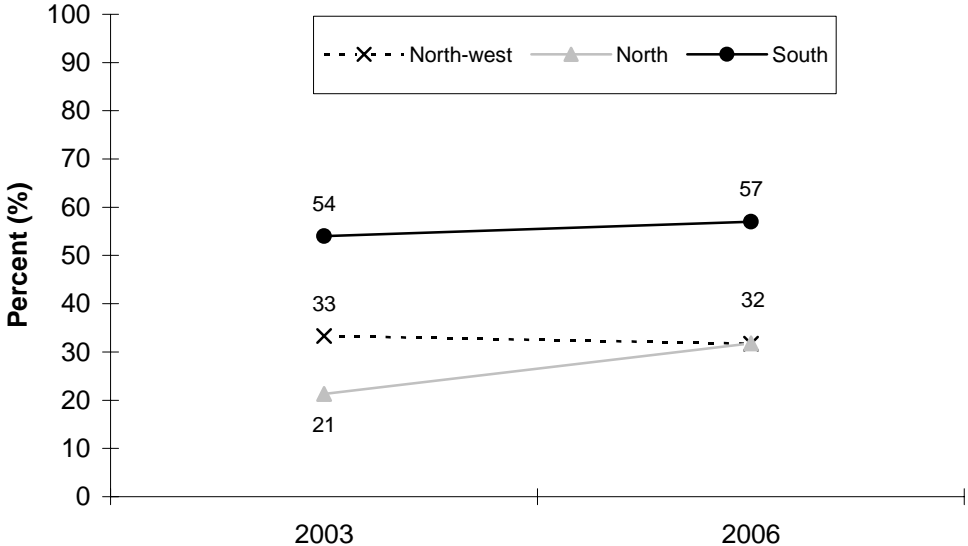
**Figure 24: IDU history of methamphetamine use in last 6 months (in percentages), Tasmania regional, 2003 & 2006**



Source: de Graaff, B. & Bruno, R. (in preparation).

- Despite similar levels of use of methamphetamine overall among IDU across Tasmania, use of the high potency crystalline methamphetamine was more common among IDU interviewed in the South than in other regions of the state in both 2003 and 2006.
- Between 2003 and 2006 there was very little change in the levels of use of crystal methamphetamine among IDU interviewed in the South or the North-West, but a slight increase in the proportion reporting recent use of crystal methamphetamine in the North.

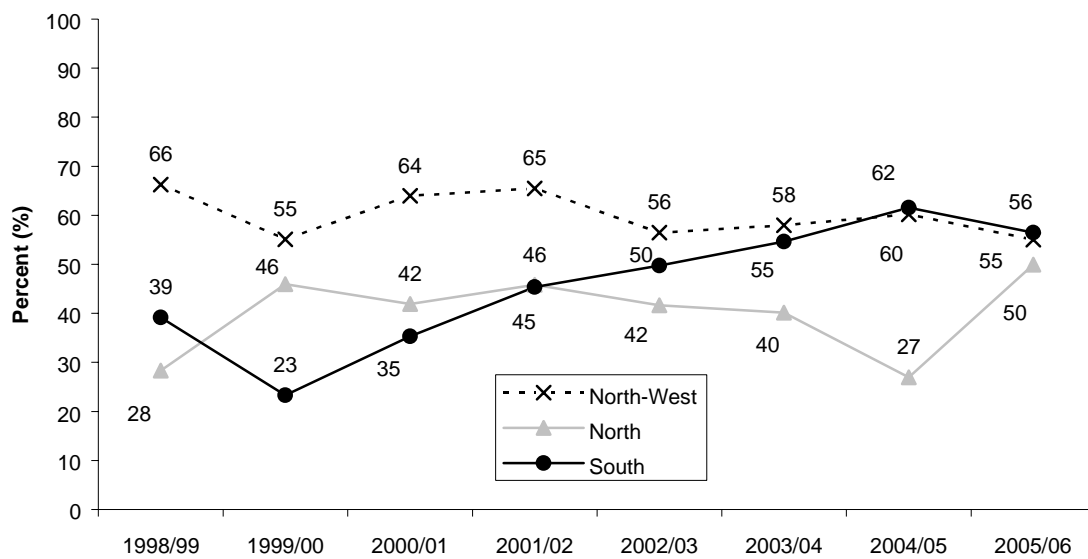
**Figure 25: IDU history of crystal methamphetamine use in last 6 months (in percentages), Tasmania regional, 2003 & 2006**



Source: de Graaff, B. & Bruno, R. (in preparation).

- On collection of sterile equipment, clients at non-pharmacy outlets of Tasmania's Needle Availability Program are asked to report the drug they most often inject.
- In 2005/06, similar proportions of NAP clients across the three regions in 2005/06 reported amphetamines as the drug they had most often injected (56.5% in the south, 55% in the north-west and 49.9% in the north).
- In the southern region, between 1999/00 and 2004/05, there had been a steady increase in the proportion of NAP clients reporting amphetamines as the drug most injected. In 2005/06, however, rates declined slightly. This change may be associated with the closure of a high-traffic outlet in 2006 that predominantly serviced methamphetamine consumers.
- In the north-west of the state, rates of amphetamines as the drug most injected have remained relatively stable, with around two-thirds of the clients reporting this (55-65%).
- In the north of the state, rates of amphetamines as the drug most injected have varied between 28- 50%, with a median of around two-fifths of NAP clients reporting this since 1998/99.

**Figure 26: Proportion (%) of clients of Tasmania's Needle Availability Program reporting amphetamine as the drug they had most often injected, by region, 1998/99-2005/06**



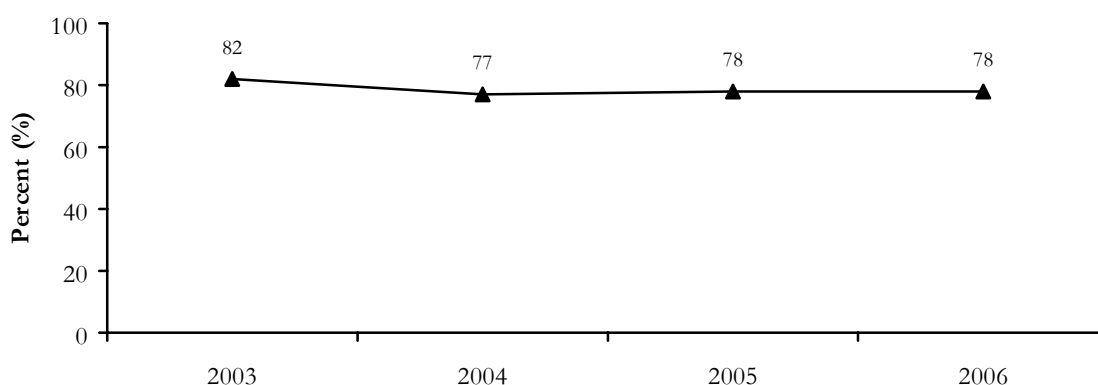
**Source:** Sexual Health, Department of Health and Human Services



## Party Drug Users

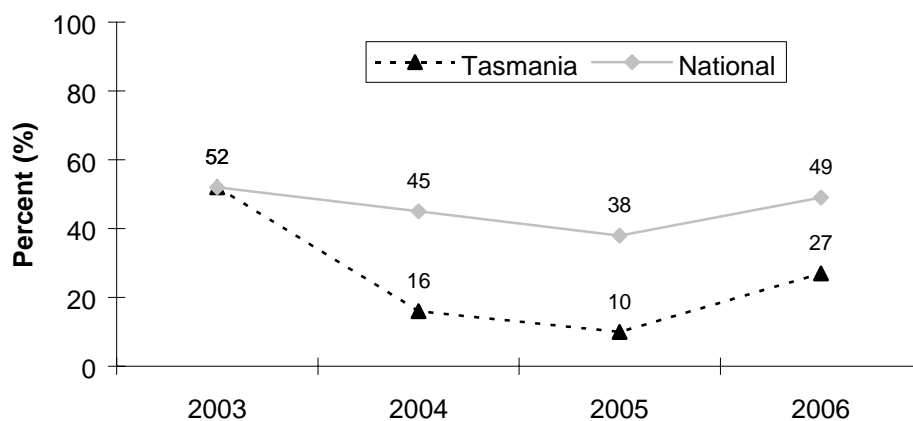
- Use of methamphetamine is common among cohorts of regular ecstasy users interviewed in Hobart for the PDI study, with approximately four in five reporting recently using the drug in each of the past four annual surveys.
- Consistent with trends nationally, the majority of this use relates to powder form methamphetamine, and on average, consumers interviewed in Tasmania used the drug once monthly.
- Recent use of the high-potency crystalline methamphetamine form is less common among REU interviewed for the PDI in Tasmania than that reported nationally. In 2006, half of the REU interviewed nationally had used crystal methamphetamine in previous six months, in comparison to one quarter of those interviewed in Tasmania.
- Similar to trends noted among IDU in Hobart, use of crystal methamphetamine among Hobart REU peaked in 2003, becoming uncommon in subsequent years, and has slightly increased between 2005 and 2006.

**Figure 27: REU history of methamphetamine use (any form) in last 6 months (in percentages), Tasmania, 2000-2006.**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

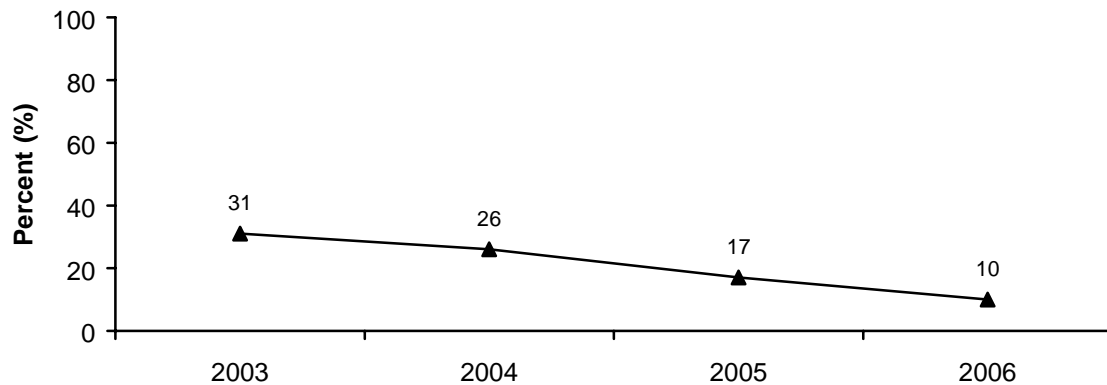
**Figure 28: REU history of crystal methamphetamine use in last 6 months (in percentages), Tasmania and National, 2000-2006.**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

- While a high proportion of people that regularly use ecstasy surveyed in the Hobart PDI report methamphetamine use, the proportion that typically use methamphetamine and ecstasy at the same time has steadily declined in the past four years of the study. This is a positive health trend as animal studies have suggested that coincident use of other stimulants with ecstasy may exacerbate any neurological harm caused by MDMA.

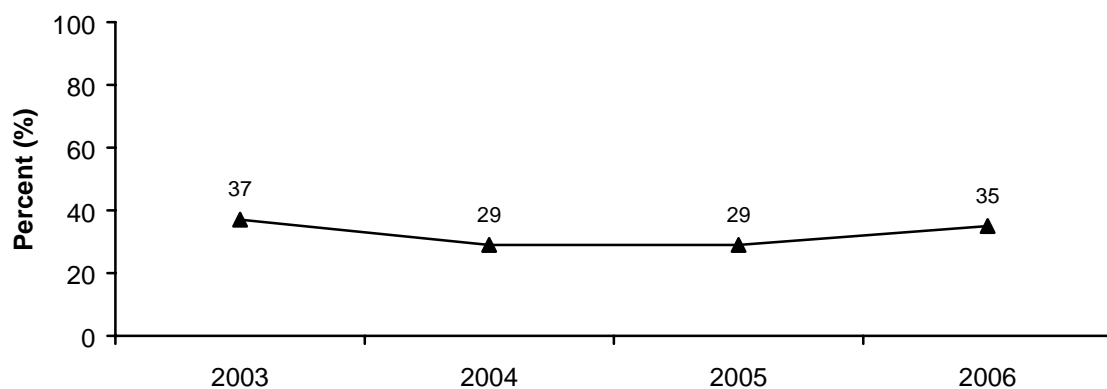
**Figure 29: Proportion (%) of regular ecstasy users who typically use methamphetamine (any form) with ecstasy in last 6 months, Tasmania, 2003-2006.**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

- Approximately one third of regular ecstasy users interviewed in Hobart report ‘bingeing’ on methamphetamine in the preceding six months, with this rate remaining stable between 2003 and 2006. Bingeing in this study is defined as a period of continuous use of drugs of 48 hours or more with no sleep.

**Figure 30: Proportion (%) of regular ecstasy users who binged on methamphetamine (any form) in last 6 months, Tasmania, 2003-2006.**

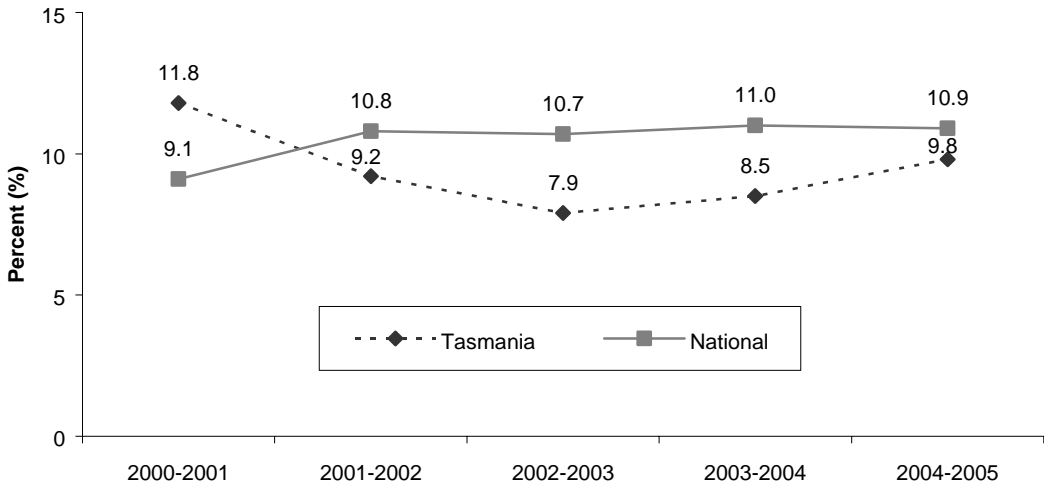


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

### 5.3 Treatment Demand

- Nationally, the proportion of closed treatment episodes recorded in the NMDS where meth/amphetamine was the principal drug of concern has remained stable at 11% between 2001/02 and 2004/05.
- In Tasmanian treatment services in 2004/05, approximately 10% of closed treatment episodes were in relation to individuals where methamphetamine was their principal drug of concern. This rate has been slightly increasing since 2002/03.
- Between 2000/01 and 2004/05, there have been approximately 150 closed treatment episodes per annum in Tasmanian services where methamphetamine is recorded as the principal drug of concern.

**Figure 31: Closed treatment episodes(a) with amphetamines as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05**



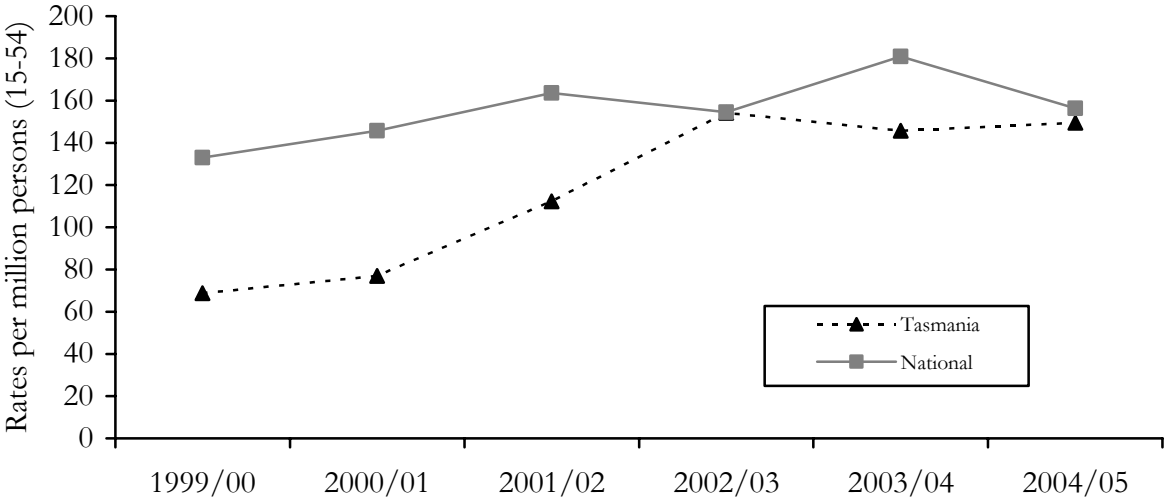
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

Source: Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

### 5.4 Hospital Service Utilisation

- The number of public hospital admissions in Tasmania where methamphetamine use has been noted as the primary factor contributing to admission has remained stable at approximately 40 cases per annum between 2002/03 and 2004/05.
- In 2004/05, the population-adjusted rate of such methamphetamine-related admissions was similar in Tasmania (150 per million population) to that nationally (156 per million population).

**Figure 32: Public hospital admissions among persons aged 15-54 where methamphetamine was noted as the primary factor contributing to admission, rates per million population, Tasmania and National, 1999/00-2003/04**



Source: Australian Institute of Health and Welfare (Roxburgh and Degenhardt, 2006)

## 6.0 OPIOIDS (HEROIN AND DIVERTED PHARMACEUTICALS)

### KEY POINTS

- In 2004, less than 1% of Tasmanians over the age of 14 reported use of heroin or other opioids for non-medical purposes in the previous year. Because of the low prevalence of this activity, it is difficult to ascertain changes over time or to make comparisons with the prevalence amongst the general population nationally.
- Amongst injecting drug consumers in Tasmania, use of heroin is uncommon despite a high preference for the drug. Local consumers instead use diverted pharmaceutical opioids at higher rates than IDU in other jurisdictions. In the North and North-West of Tasmania, this primarily relates to diverted morphine use; in the South, morphine, methadone and oxycodone are consumed. Rates of morphine use have been declining in recent years in the South.
- Due to reporting inconsistencies in the NMDS, it is difficult to estimate trends in the proportion of treatment episodes where opioids are the principal drug of concern in Tasmanian Alcohol and Drug Services. However, in 2004/05, 122 closed treatment episodes were recorded for individuals where an opioid was their principal drug of concern.
- The number of individuals receiving treatment with opioid maintenance pharmacotherapies in Tasmania has remained stable in the past three financial years, at approximately 600 patients. However, the number of Schedule 22 applications for approval to prescribe narcotics to a patient for more than two months, or where a person is drug-dependent, has remained around 2500 per annum in the past three financial years. This demonstrates a notable level of unmet demand for pharmacotherapy places in Tasmania.
- Public hospital admissions where opioid use is noted as the primary factor contributing to admission have been declining in recent years, falling from a rate comparable to that nationally in 2002/03 (400 per million population) to a level half that of the national rate in 2004/05 (220 per million population).

## 6.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of prevalence of heroin use among those aged 14 years or older suggests that 0.2% of people nationally have used heroin in the preceding year. Due to the relatively small sample size in the NDSHS in Tasmania (approximately 1200 surveys each study) estimates of prevalence cannot be made with similar certainty, however, the Tasmanian prevalence of recent heroin use has remained less than 1% of the population since 1998, at levels comparable to those seen nationally.
- The NDSHS suggests that the prevalence of use of non-heroin opiates (such as morphine or methadone) for non-medical purposes is similar to that for heroin nationally, with estimates of the prevalence in Tasmania, subject to the same problems of estimation as noted above, at comparable levels.
- Experience with regular IDU cohorts in Tasmania, discussed below, suggest that while demand for heroin is high in this demographic, availability of the drug is low in comparison to that in other jurisdictions, with consequential higher rates of use of pharmaceutical opioids among Tasmanian IDU.

**Table 8: Recent(a) opioid use summary: Proportion (%) of the population aged 14 years and over, Australian states and territories, 1998, 2001 & 2004**

Opioid use	Tasmania			National		
	1998	2001	2004	1998	2001	2004
Heroin	0.5*	0.3*	<0.1*	0.8	0.2	0.2
Other opiates (b)	n/a	0.7	0.6*	n/a	0.3	0.2
Methadone (c)	0.6*	0.1*	0.2*	0.2	0.1	0.1

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

(a) Used in the past 12 months.

(b) For non-medical purposes.

(c) For non-maintenance purposes.

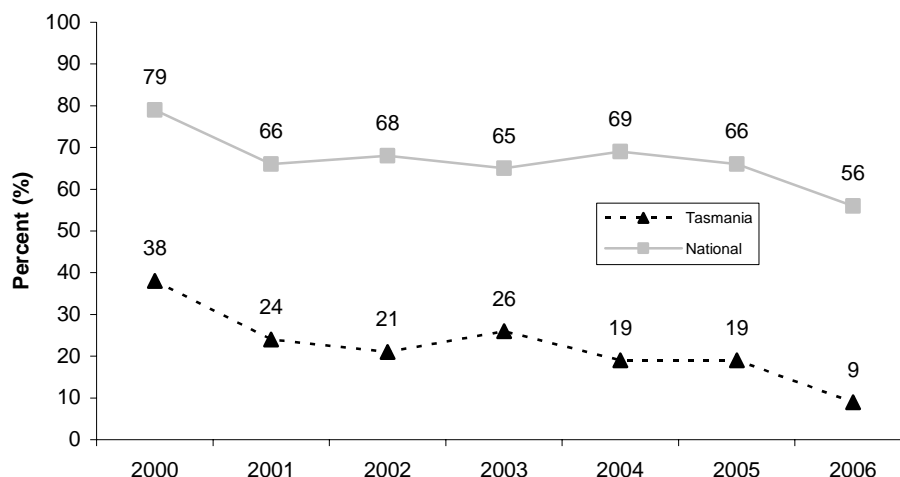
\* Relative standard error greater than 50%.

## 6.2 Use Patterns among Specific Populations

### Injecting Drug Users

- Among samples of regular injecting drug users in the IDRS nationally, the proportion of IDU reporting any use of heroin in the preceding six months had remained relatively stable at around two in every three individuals surveyed between 2001 and 2005. This rate had slightly declined in 2006.
- Rates of recent heroin use among regular IDU interviewed in the IDRS in Tasmania have been substantially lower than that seen nationally. Between 2001 and 2005, approximately 20-25% of these cohorts had recently used heroin, despite around two-thirds of those interviewed reporting heroin as their drug of choice. In the 2006 IDRS study, use of heroin among those interviewed for the IDRS in Tasmania dropped markedly to just 9%.
- On average, IDU interviewed in Tasmania reporting recent use of heroin had used it on a monthly basis or less frequently. This rate has been consistent across the past seven years of the IDRS in Tasmania.

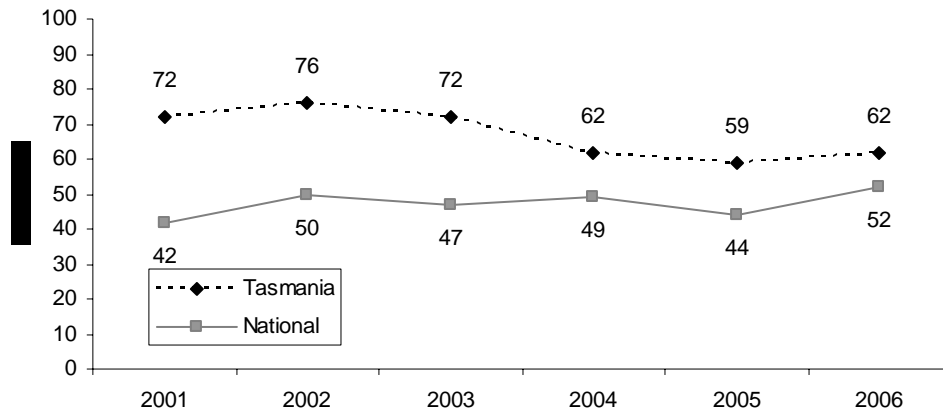
**Figure 33: IDU reports of heroin use in last 6 months (in percentages), Tasmania and National, 2000-2006**



**Source:** National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

- In contrast to trends for heroin, amongst samples of regular injecting drug users interviewed in the IDRS, rates of use of morphine in the preceding six months have been consistently higher in Tasmanian IDU cohorts (around 60% in recent years) than that seen nationally (around 50% in recent years).
- Rates of morphine use among these cohorts nationally increased following the end of the 'heroin glut' in 2000.
- In Tasmania, both the proportion of the IDU cohorts interviewed in Hobart reporting recent morphine use, and the frequency of their use of morphine, had been declining since 2000 (the average frequency of use falling from 52 of the previous 180 days in 2000 to 12 days in 2005). Rates of morphine use in the Tasmanian IDU cohort, however, had remained stable, and the median frequency of use slightly increased (from 12 to 21 days in the past 180), between the 2005 and 2006 studies.

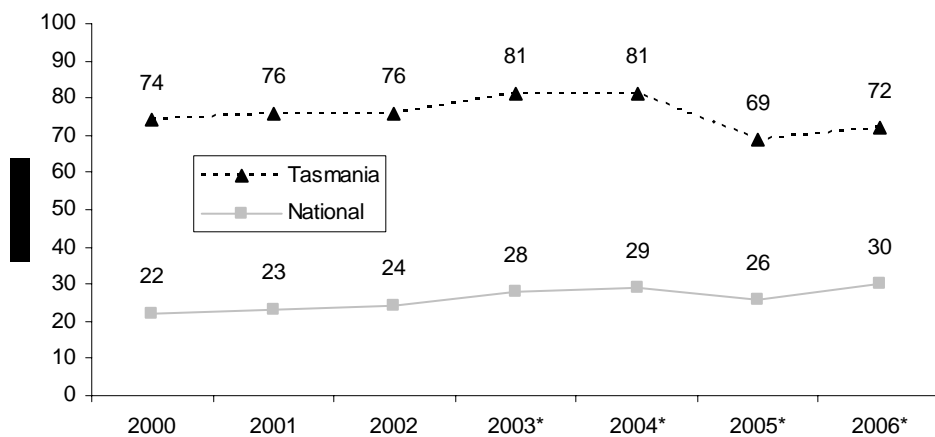
**Figure 34: IDU reports of morphine\* use in last 6 months (in percentages), Tasmania and National, 2000-2006**



**Source:** National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.  
\*include both licit and illicit morphine.

- Similar to the trends for morphine, amongst samples of regular injecting drug users interviewed for the IDRS, rates of use of methadone in the preceding six months have been consistently higher in Tasmanian IDU cohorts (around 70% in recent years) than that seen nationally (around 30% in recent years).
- It is important to note that the majority of this methadone use in the Tasmanian IDU sample relates to prescribed use of methadone syrup as part of methadone maintenance treatment. Approximately 50-60% of those surveyed in the Hobart IDRS each year have been enrolled in methadone maintenance at the time of interview, a proportion much greater than that in cohorts nationally.
- Among those interviewed in the Hobart IDRS that have recently used diverted methadone syrup, most are themselves enrolled in methadone maintenance. Aside from these consumers, the majority of methadone use among these cohorts relates to use of Physeptone tablets of methadone.

**Figure 35: IDU reports of methadone\* use in last 6 months (in percentages), Tasmania and National, 2000-2006**



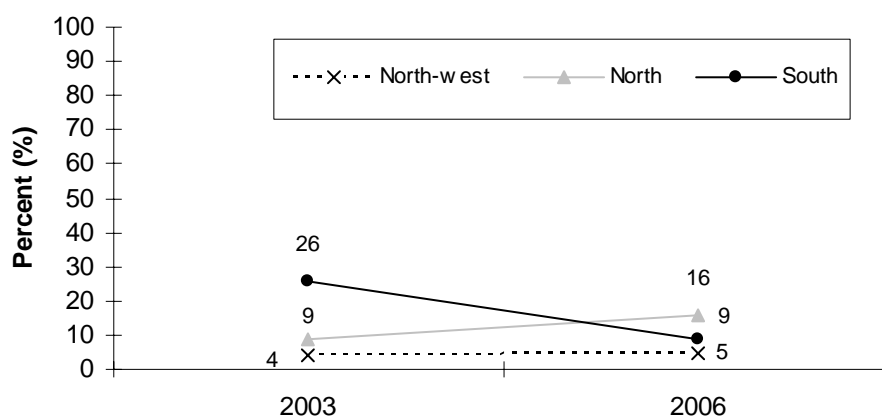
**Source:** National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.  
\*from 2003, these figures include licit and illicit methadone and Physeptone



*Tasmanian regional comparisons*

- In 2006, rates of heroin use among IDU interviewed across Tasmania were uniformly low, with 16% of those interviewed in the North, 9% of those in the South, and 5% in the North-West reporting using the drug in the preceding six months. Similarly, this use was infrequent, with use approximately monthly or less frequent in each of the three regions.
- Between the 2003 and 2006 studies, the rate of reported heroin use had decreased among those interviewed in the South (falling from 26% in 2003 to 9% in 2006), despite the drug being nominated as the drug of choice by two-thirds of each cohort. Rates of recent heroin use had changed little between 2003 and 2006 in the North (9% in 2003, 16% in 2006) or the North-West (4% in 2003, 5% in 2006).

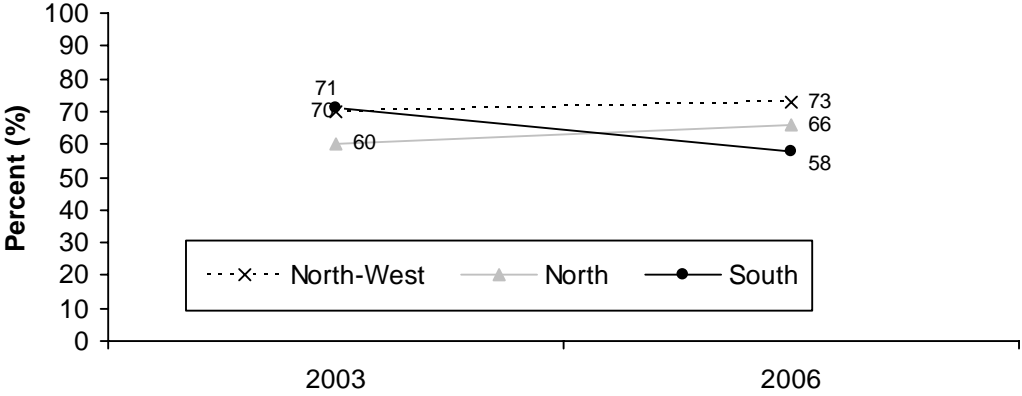
**Figure 36: IDU history of heroin use in last 6 months (in percentages), Tasmania regional, 2003 & 2006**



Source: de Graaff, B. & Bruno, R. (in preparation).

- In 2006, diverted morphine use among IDU interviewed across Tasmania was common, with 66% of those interviewed in the North, 58% of those in the South, and 73% in the North-West reporting using the drug in the preceding six months. The average frequency of this use was greater amongst those interviewed in the North and North-West of the state (60 and 66 days of the last 180 respectively) than those in the South (21 of the last 180 days).
- Between the 2003 and 2006 studies, the rate of reported diverted morphine use had decreased among those interviewed in the South (falling from 71% in 2003 to 58% in 2006). Rates of recent morphine use had changed little between 2003 and 2006 in the North (60% in 2003, 66% in 2006) or the North-West (70% in 2003, 73% in 2006).

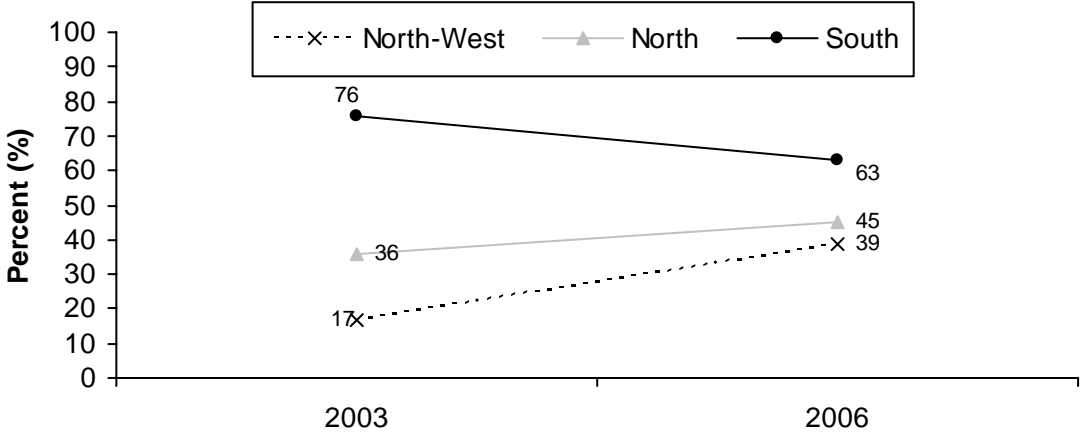
**Figure 37: IDU history of illicit morphine use in last 6 months (in percentages), Tasmania regional, 2003 & 2006**



Source: de Graaff, B. & Bruno, R. (in preparation).

- In 2006, use of diverted methadone was more common amongst those interviewed in the South (63%) than those interviewed in the North (45%) or North-West (39%). The average frequency of this use was greater amongst those interviewed in the South of the state (average weekly use of diverted syrup and average monthly use of diverted Physeptone tablets) than those interviewed in the North or North-West of the state (on average, less than monthly use of either diverted methadone syrup or tablets).
- Between the 2003 and 2006 studies, the rate of diverted methadone use had decreased amongst those interviewed in the South (falling from 76% in 2003 to 63% in 2006), and increased among those interviewed in the North (rising from 36% in 2003 to 45% in 2006) and the North-West (rising from 17% in 2003 to 39% in 2006). The frequency of this use in each of these regions had changed little between the 2003 and 2006 studies.

**Figure 38: IDU history of illicit methadone use in last 6 months (in percentages), Tasmania regional, 2003 & 2006**

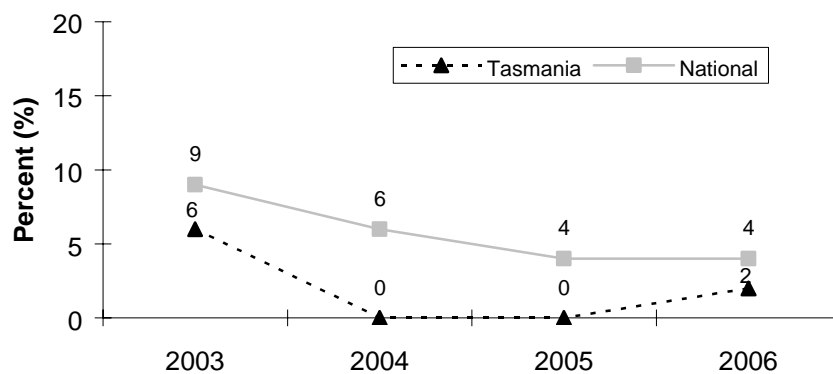


Source: de Graaff, B. & Bruno, R. (in preparation).

### Party Drug Users

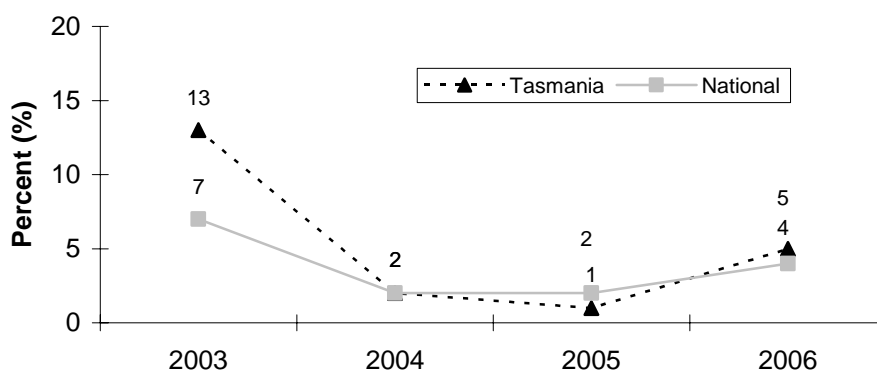
- In contrast to trends among samples of regular injecting drug users, among samples of regular ecstasy users, rates of recent use of heroin, methadone or other opiates are very low.
- In both Tasmanian and national samples of REU interviewed for the PDI in 2006, 5% or less reported use of heroin or methadone in the six months prior to interview. This is consistent with rates identified in previous years of the study.
- Between 10% and 15% of REU interviewed in Hobart and nationally have reported recent use of non-heroin or methadone opioids in each of the PDI studies between 2003 and 2006. Among Tasmanian cohorts, this use is infrequent (on average approximately once monthly) and includes use of codeine preparations, morphine and opium poppy derivatives.

**Figure 39: REU history of heroin use in last 6 months (in percentages), Tasmania and National, 2000-2006**



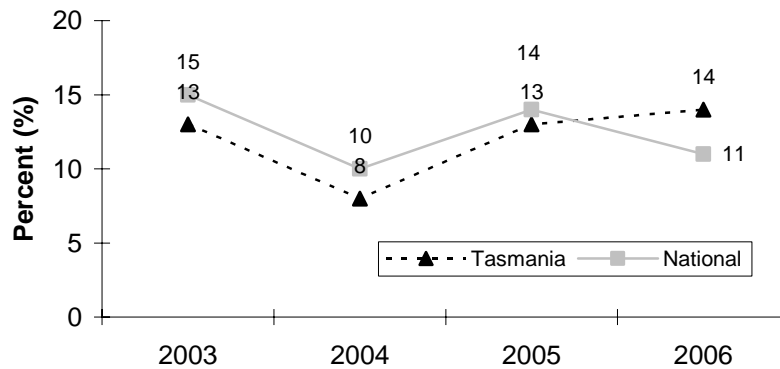
Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

**Figure 40: REU history of methadone use in last 6 months (in percentages), Tasmania and National, 2000-2006**



Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

**Figure 41: REU history of other opiates use in last 6 months (in percentages), Tasmania and National, 2000-2006**



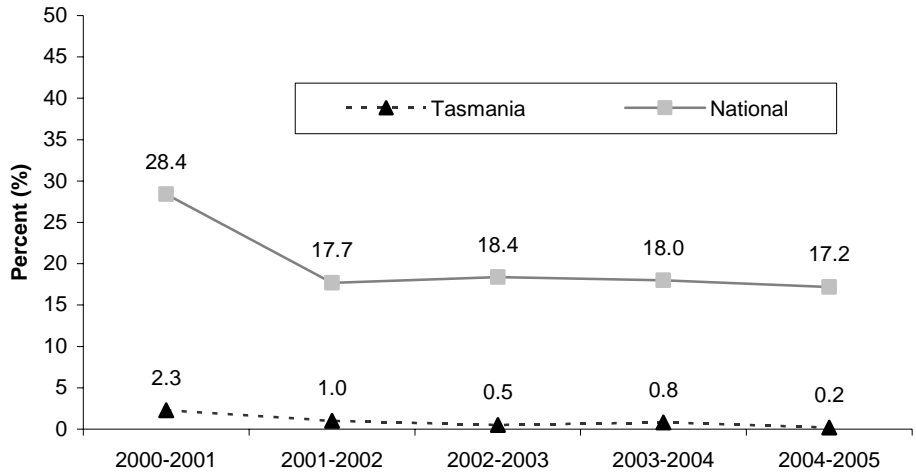
Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

### 6.3 Treatment Demand

#### National Minimum Dataset

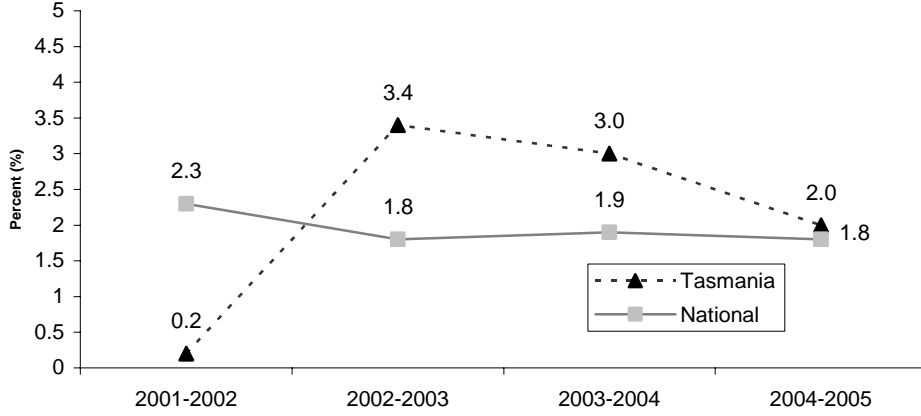
- Nationally, the proportion of closed treatment episodes recorded in the NMDS where heroin was the principal drug of concern has remained stable at around 18% between 2001/02 and 2004/05.
- Among treatment services in Tasmania, these rates are much lower, with less than 1% of closed treatment episodes relating to heroin as the principal drug of concern between 2001/02 and 2004/05.
- Between 2001/02 and 2004/05, there were approximately 15 closed treatment episodes per annum in Tasmanian treatment services where heroin was recorded as the principal drug of concern
- The NMDS does not capture treatment episodes that relate to the prescription or dosing of opioid maintenance pharmacotherapies (such as methadone or buprenorphine maintenance). Nationally, approximately 2% of closed treatment episodes recorded in the NMDS per annum relate to treatment for individuals whose principal drug of concern is methadone. In Tasmania, rates have varied, but in 2004/05 were comparable to the rate nationally, a possible slight decline from rates in previous years.
- Between 2002/03 and 2004/05 Tasmanian treatment services provided between 30 and 80 closed treatment episodes per annum for individuals whose principal drug of concern was methadone.
- The number of treatment episodes in relation to morphine and other opioids has not been uniformly reported in the NMDS. However, in 2004/05, inclusion of these cases amounted to approximately 120 closed treatment episodes in Tasmanian services where any opioid was the principal drug of concern.

**Figure 42: Closed treatment episodes(a) with heroin as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05**



(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.  
**Source:** Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

**Figure 43: Closed treatment episodes(a) with methadone as principal drug of concern (in percent), Tasmania and Australia, 2001/02-2004/05**

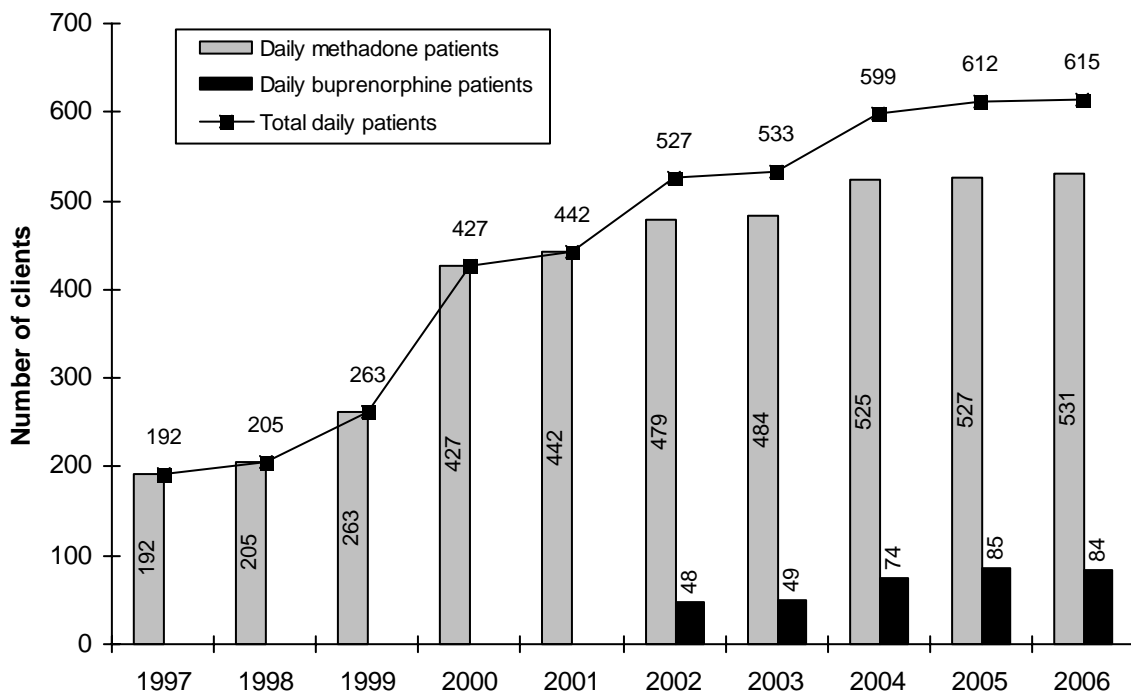


(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.  
**Source:** Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2001/02-2004/05

### Pharmacotherapy Program Data

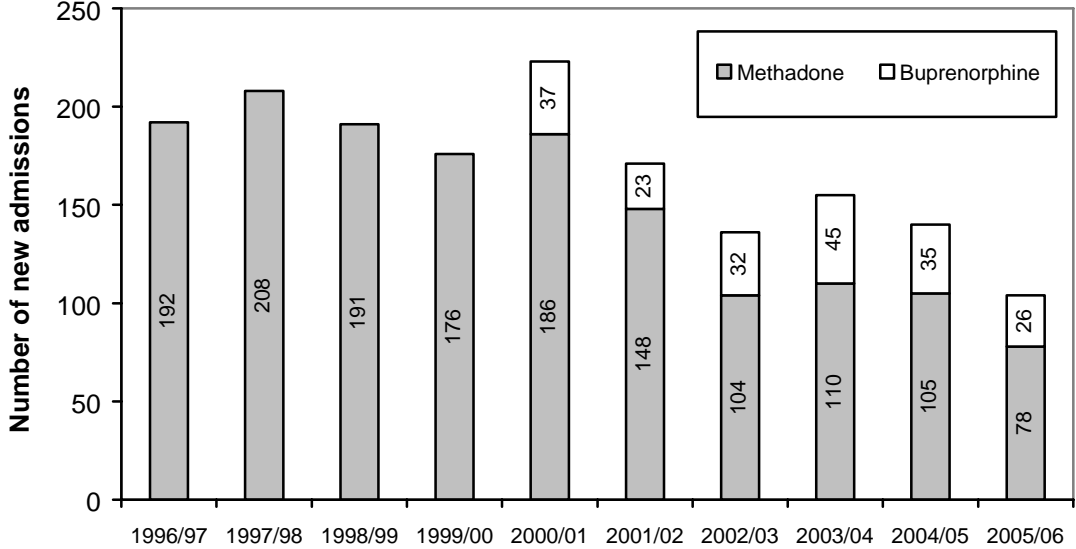
- There has been a steady growth in the number of clients on Tasmania’s methadone maintenance program since 1995. In 2006 there were over 500 daily recipients of methadone, more than treble the number on the program in 1995.
- However, this largely reflects the long-term nature of methadone maintenance treatment, as the number of new admissions to the program has been steadily declining since 2001: between 1996/97 and 2000/01, there were approximately 200 new admissions per annum to the program, with this declining to 78 in 2005/06.
- Since the introduction of buprenorphine as a maintenance pharmacotherapy in 2001, there have been approximately 30 new admissions to such treatment programs per annum. In 2005 and 2006 there were approximately 80 daily buprenorphine patients in Tasmania.
- The *Alcohol and Drug Dependency Act, 1968* requires medical practitioners to seek the approval of the Secretary of Pharmaceutical Services when narcotics are required for a patient for more than two months, or for a person who is drug dependent. While the level of compliance with the act is not perfect, the number of applications under this act have steadily increased, almost exponentially, from 351 in 1989/90 to 2644 in 2005/06. This may suggest a level of unmet demand for maintenance pharmacotherapy places within Tasmania.

Figure 44: Growth of the Tasmanian pharmacotherapy programs, 1997-2006



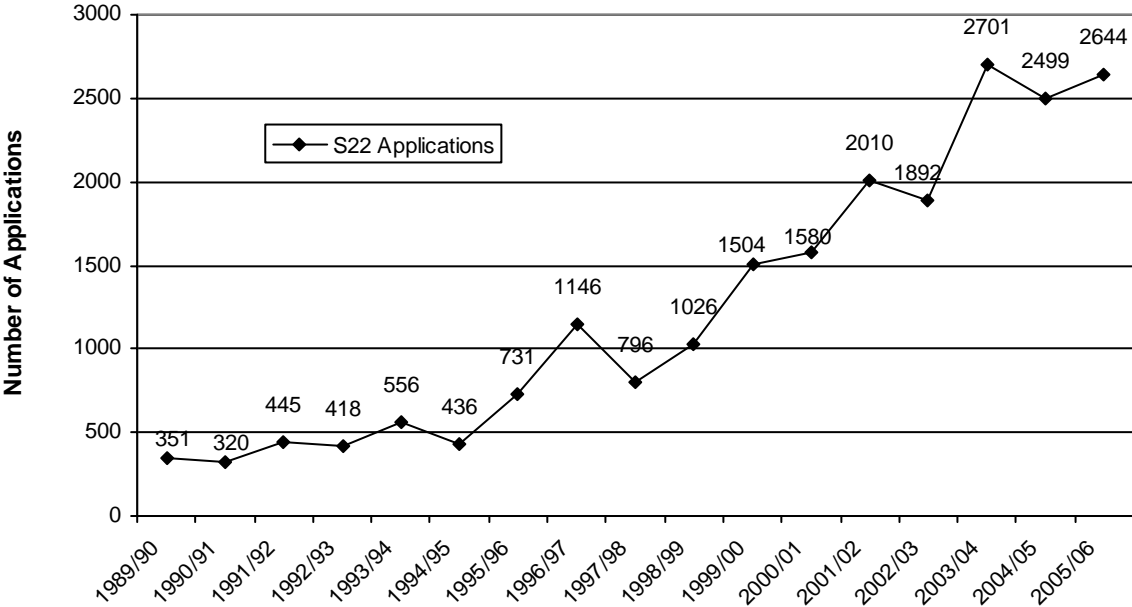
Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania

**Figure 45: New admissions to pharmacotherapy treatments in Tasmania, 1996/97-2005/06**



Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania

**Figure 46: Schedule 22 applications received by Pharmaceutical Services, Tasmania: 1989/90-2005/06**

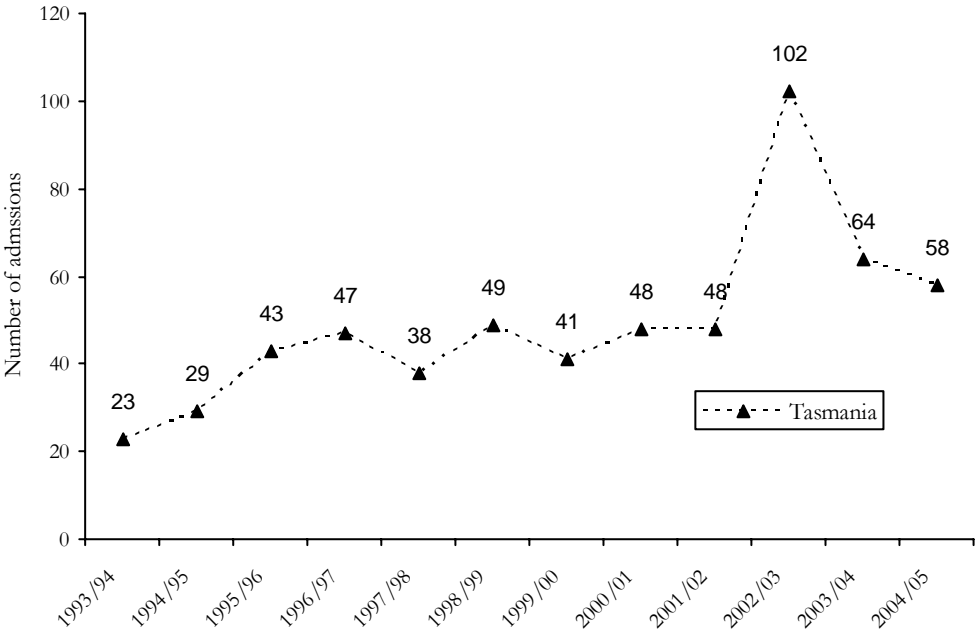


Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania  
 Note: Applications are for approval to prescribe narcotics to a patient for more than two months or for a person who is drug dependent.

### 6.4 Hospital Service Utilisation

- Between 1995/06 and 2001/02, the number of public hospital admissions where opioid use was noted as the primary factor contributing to admission was relatively stable, between 40 and 50 admissions per annum. Data from Tasmania’s public detoxification centre were first included in this dataset in July 2002, and from this point there was a marked, but unsustainable increase in the number of opiate-related admissions. In 2004/05 there were approximately 60 public hospital admissions where opioid use was noted as the primary factor contributing to admission.
- When the Tasmanian rate of opioid-related admissions per million population is compared to that nationally, prior to the inclusion of data from the detoxification service being included, Tasmanian rates were substantially lower than the national rates (one-quarter to one-half that of the national admission rates). In 2002/03, when detoxification patients were included in these figures, local admission rates were comparable to those nationally; however, in 2003/04 and 2004/05, local admission rates declined, returning to approximately half that of the national level.

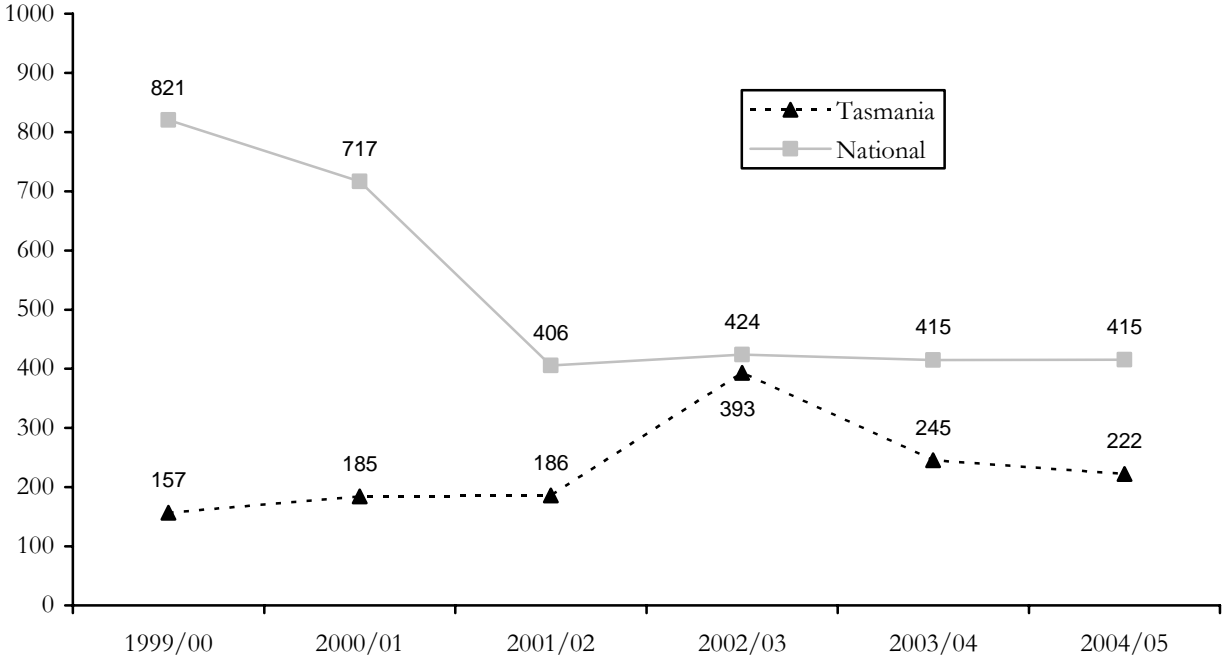
**Figure 47: Public hospital admissions amongst persons aged 15-54 in Tasmania where opioid use was noted as the primary factor contributing to admission, 1993/04-2004/05**



Source: Australian Institute of Health and Welfare (Roxburgh & Degenhardt, 2006)



**Figure 48: Public hospital admissions among persons aged 15-54 where opioids were noted as the primary factor contributing to admission, rates per million population for Tasmania and Australia, 1999/00-2004/05**



Source: Australian Institute of Health and Welfare (Roxburgh & Degenhardt, 2006)

## 7.0 ECSTASY

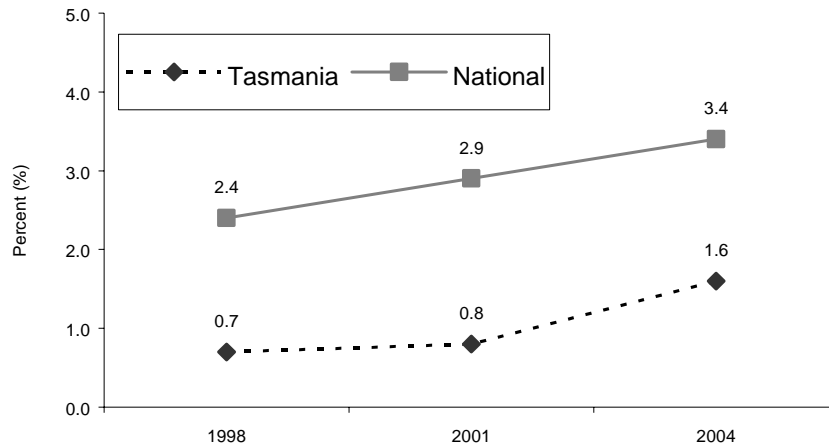
### KEY POINTS

- In 2004, 2% of Tasmanians and 3% of those aged over 14 nationally had used ecstasy in the past 12 months. The prevalence of past-year ecstasy use nationally has increased between 1998 and 2004. The prevalence of ecstasy use in Tasmania is too low to reliably ascertain trends.
- Less than 1% of closed treatment episodes in Tasmanian Alcohol and Drug services relate to cases where ecstasy is the principal drug of concern. This is similar to rates nationally. During 2003/04 and 2004/05, there were approximately 10 closed treatment episodes per annum where ecstasy was the principal drug of concern.
- Among samples of regular ecstasy consumers interviewed in Hobart, approximately 10% report approaching health services in relation to ecstasy use in a six month period. Typically this is sought from a general medical practitioner or from acute services such as first aid officers.

### 7.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of prevalence of ecstasy (tablets sold as containing 3,4-methylenedioxymethamphetamine, MDMA) use among the general population (aged 14 years or older) suggests that 1.6% of the Tasmanian population, and 3.4% nationally had used the drug in the preceding year.
- The NDSHS figures suggest that the prevalence of past-year ecstasy use nationally has increased since 1998: rising from 2.4% of the population to 3.4% in 2004. In Tasmania the prevalence estimates have changed from 0.7% in 1998 to 1.6% in 2004. It is crucial to note that this variation in use patterns in Tasmania is well within the variance expected due to sampling error, and as such it is not possible to conclude that there had been a reliable increase in the prevalence of ecstasy use in Tasmania in this time.
- The prevalence of past-year ecstasy use in 2004 was lower in Tasmania (1.6%) compared with rates nationally (3.4%).
- According to national trends, the prevalence of past-year ecstasy use is highest (12.0%) among those aged 20-39, and lower in other age groups (4.3% of 14-19 year olds; 4.0% of those aged 30-39).

**Figure 49: Recent(a) ecstasy use summary: Proportion (%) of the population aged 14 years and over, Tasmania and National, 1998, 2001 & 2004**



(a) Used in the past 12 months.

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.

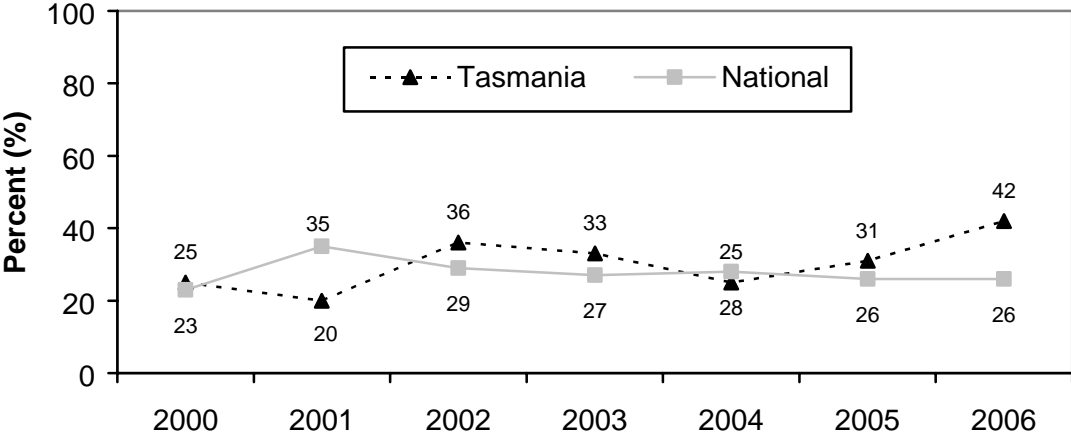
## 7.2 Use Patterns among Specific Populations

### Injecting Drug Users

#### *Jurisdictional comparison*

- Among samples of regular injecting drug users, the proportion reporting recent use of ecstasy (past 6-months) is higher than that in the general population.
- In the past four years of the IDRS, approximately one in four regular injecting drug users interviewed nationally in the IDRS report recent use of ecstasy. This use, however, is infrequent – on average once every two months or less. The average age of those IDU interviewed in these surveys is in the early 30s, a demographic that in the general population nationally has a prevalence of past-year ecstasy use of 12.0%. As such, the prevalence of ecstasy use among these samples of IDU is approximately twice that of the general population.
- In contrast to trends nationally, among cohorts of IDU interviewed in Hobart, the proportion reporting recent ecstasy use has slightly increased from 28% in 2004 to 42% in 2006. However, this use remains infrequent, on average once every two months or less.

**Figure 50: IDU history of ecstasy use (in percentages), Tasmania and National, 2000-2006**

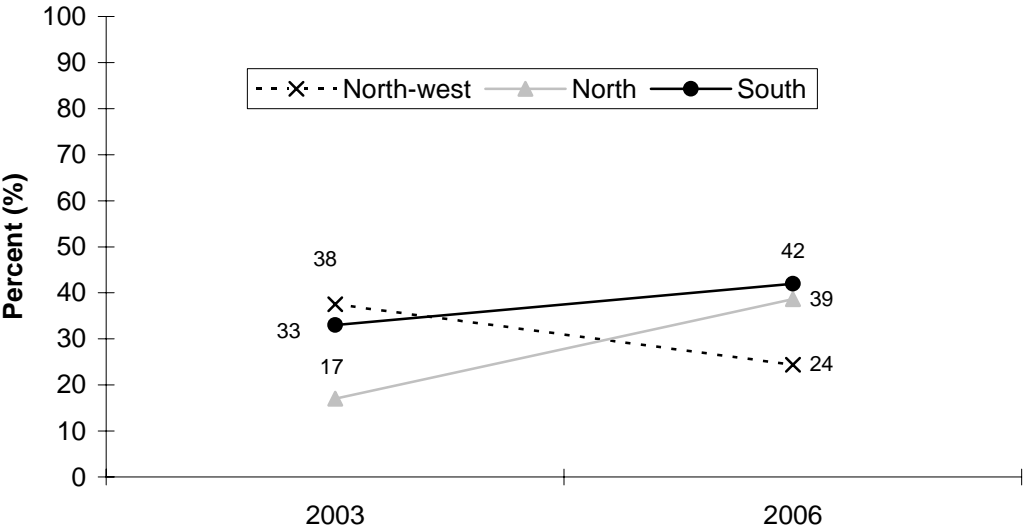


Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

*Tasmanian regional comparisons*

- Comparing rates of ecstasy use among IDU across Tasmania, between 2003 and 2006, the proportion of IDU interviewed in the South reporting recent ecstasy use has increased (33% in 2003, 42% in 2006), as has use amongst those interviewed in the North (17% in 2003, 39% in 2006). In contrast, the proportion reporting recent use in the North-West has declined in this time (38% in 2003, 24% in 2006).
- While there were regional differences in the proportion of IDU surveyed reporting recent ecstasy use (higher in the South and North than the North-West), this use was infrequent amongst all cohorts – on average, once every two months in the preceding six months.

**Figure 51: IDU history of ecstasy use (in percentages), Tasmania regional, 2003 & 2006**

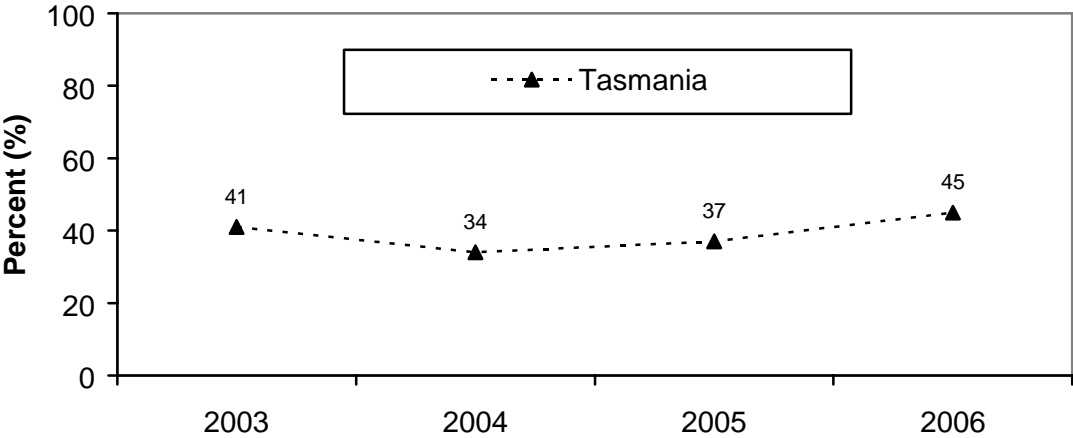


Source: de Graaff, B. & Bruno, R. (in preparation).

**Party Drug Users**

- Among samples of regular ecstasy users interviewed in Hobart between 2004 and 2006, there appears to have been a slight increase in the proportion reporting ‘bingeing’ on ecstasy in the preceding six months. Bingeing in the PDI is defined as a period of continuous use of drugs of 48 hours or more with no sleep. This is a particularly risky behaviour as consumers report typically taking multiple doses of ecstasy during such periods as well as simultaneous use of other psychostimulants

**Figure 52: Proportion (%) of REU who binged on ecstasy in the last six months, Tasmania, 2003-2006**

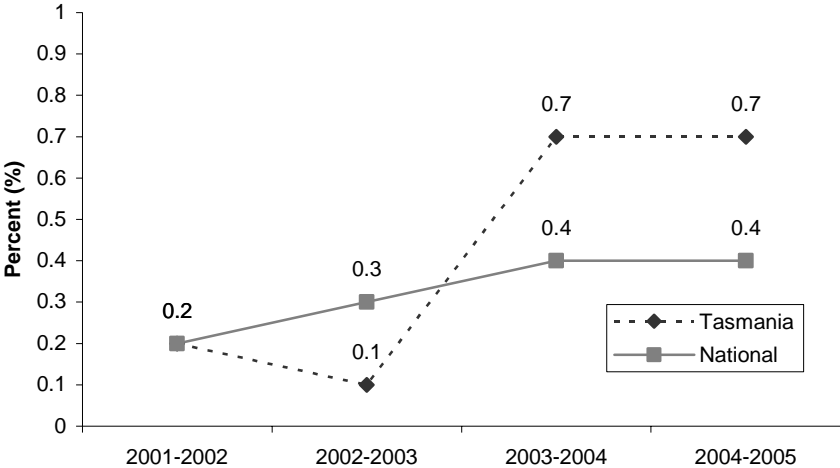


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2005-2006.

### 7.3 Treatment Demand

- Nationally, the proportion of closed treatment episodes recorded in the NMDS where ecstasy was the principal drug of concern has remained less than 1% between 2001/02 and 2004/05. Rates in Tasmanian treatment services are similar to that seen nationally.
- During 2003/04 and 2004/05, there were approximately 10 closed treatment episodes per annum in Tasmanian treatment services where ecstasy was recorded as the principal drug of concern.
- Among samples of REU interviewed in Hobart through the PDI study in 2004 and 2005, approximately 10% report approaching health services in relation to their ecstasy use in a six month period, with this typically being a general practitioner, or a first aid officer at a dance party or other event.

**Figure 53: Closed treatment episodes(a) with ecstasy as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05**



(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

Source: Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

## 8.0 BENZODIAZEPINES

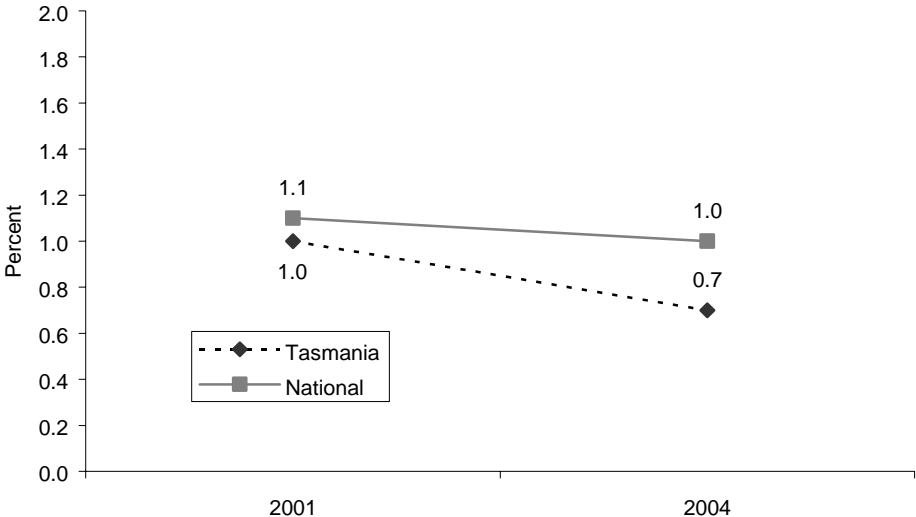
### KEY POINTS

- In 2004, approximately 1% of Tasmanians over the age of 14 reported using benzodiazepines for non-medical purposes in the previous year. Rates in Tasmania are similar to those nationally and had not changed between 2001 and 2004.
- Benzodiazepine use is very common amongst regular injecting drug consumers interviewed in the South and the North of Tasmania (used by approximately four in five in the past six months), and is at a higher rate than that seen amongst IDU in other jurisdictions. However, a substantial proportion of this use relates to that prescribed from a medical practitioner for *genuine medical reasons*.
- Benzodiazepine injection was seen amongst approximately one-third of regular injecting drug consumers interviewed in the South of the state in 2006. This was at a substantially higher level than amongst IDU in other parts of the state or in other jurisdictions. Coincident injection of benzodiazepines (commonly of alprazolam) with opioids has recently increased among IDU interviewed in Hobart, and is a particular concern as this practice increases the risk of overdose, as well as conferring behavioural disinhibition and venous damage.
- Between 2001/02 and 2004/05, approximately 1% of closed treatment episodes in Tasmanian Alcohol and Drug services related to cases where benzodiazepines were the principal drug of concern. During 2003/04 and 2004/05, there were approximately 15 closed treatment episodes per annum where benzodiazepines were the principal drug of concern.

### 8.1 Prevalence of Use among the General Population

- The most recent estimate (2004) of the prevalence of benzodiazepine use among the general population (aged 14 years or older) suggests that approximately 1% of the population nationally had consumed benzodiazepines for non-medical purposes in the preceding year.
- The NDSHS figures suggests that the prevalence of past-year non-medical use of benzodiazepines is similar in Tasmania to that nationally, and that rates of such use have changed little between 2001 and 2004.

**Figure 54: Recent(a) benzodiazepines (b) use summary: Proportion (%) of the population aged 14 years and over, Tasmania and National, 2001 & 2004**



(a) Used in the past 12 months.  
 (b) In 2001 & 2004 surveys this was categorised as “tranquilisers/sleeping pills for non-medical purposes”.

**Source:** Australia Institute of Health and Welfare; National Drug Strategy Household Survey: State and Territory results, 1998, 2001 & 2004.



## 8.2 Use Patterns among Specific Populations

### Injecting Drug Users

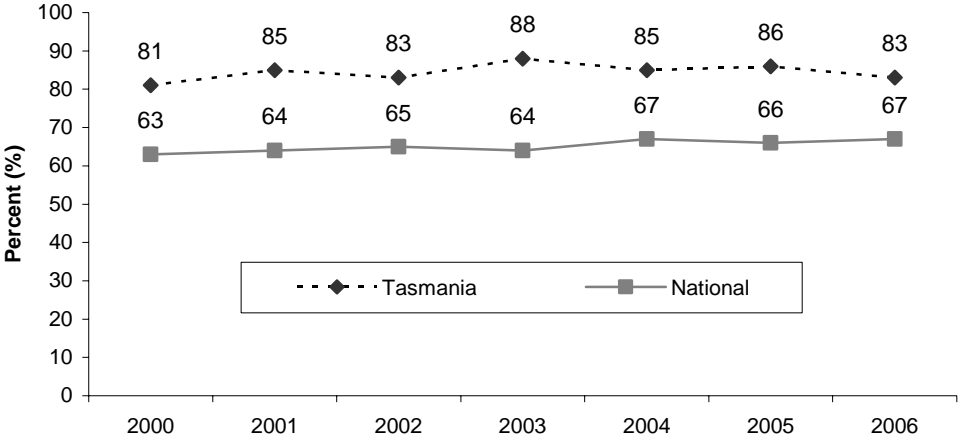
#### *Jurisdictional comparisons*

- Among samples of regular injecting drug users interviewed for the IDRS nationally between 2000 and 2006, approximately two in three report use of benzodiazepines in the preceding six months.
- Rates of benzodiazepine use among IDU interviewed in Hobart for the IDRS are higher than that seen nationally, with approximately four in five reporting recent use of the drug in each of the annual surveys between 2000 and 2006. However, it is important to note that around 60% of these individuals had received benzodiazepines through prescriptions from medical practitioners for *genuine medical reasons* (not through doctor shopping) in each of these surveys.
- Rates of injection of benzodiazepines among regular IDU interviewed in Hobart for the IDRS between 2000 and 2006 have been consistently higher than that seen nationally, with approximately one in three reporting recent benzodiazepine injection in 2006, compared to one in ten nationally.
- Benzodiazepine injection among IDU is of particular concern as the injection of tablets can cause substantial damage to the venous system, and consumers have reported an increasing trend of co-incident benzodiazepine and opioid injection in recent years, a practice which conveys a substantial risk of overdose or behavioural disinhibition. The benzodiazepine most commonly used for injection amongst those IDU interviewed in Hobart in 2006 was alprazolam.

#### *Tasmanian regional comparisons*

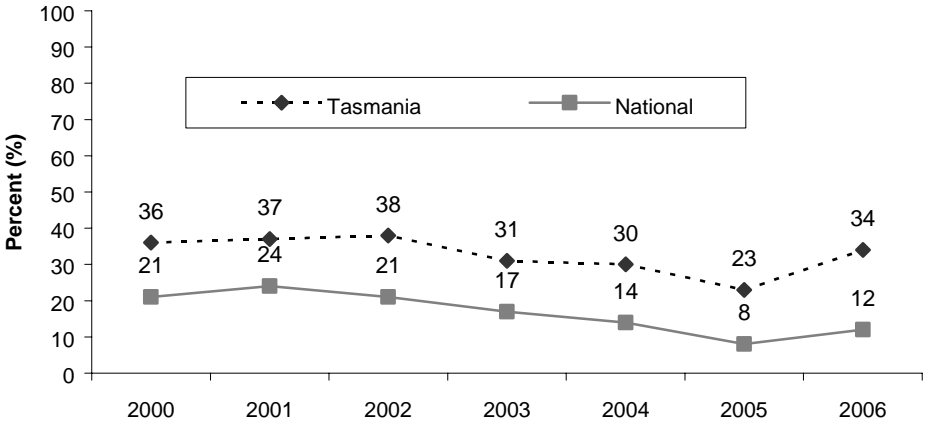
- Comparing rates of benzodiazepine use among IDU across Tasmania, between 2003 and 2006, the proportion of IDU interviewed in the North reporting recent benzodiazepine use has increased notably (57% in 2003 to 80% in 2006) and was at comparable levels to that in the South (83% in 2006). Rates of benzodiazepine use among IDU interviewed in the North-west of the state increased slightly between 2003 and 2006 (from 46% to 54%), but remains less common than among IDU interviewed in other regions.
- Benzodiazepine injection appears to be more common in the South of the state than other regions of the state, as recent injection was reported by 34% of the IDU interviewed in the South in 2006, compared with 12% of those in the North and 14% in the North-West.
- While benzodiazepine injection is apparent among regular IDU in Tasmania, particularly among those in the South of the state, such injection is largely *supplementary* rather than being the main drug that consumers inject. Rates of reporting of benzodiazepines as the 'drug most often injected' among clients of non-pharmacy Needle Availability Program outlets have consistently been less than 1% of all client transactions in between 2003/04 and 2005/06.

**Figure 55: IDU reports of benzodiazepine use in last 6 months (in percentages), Tasmania and National, 2000-2006**



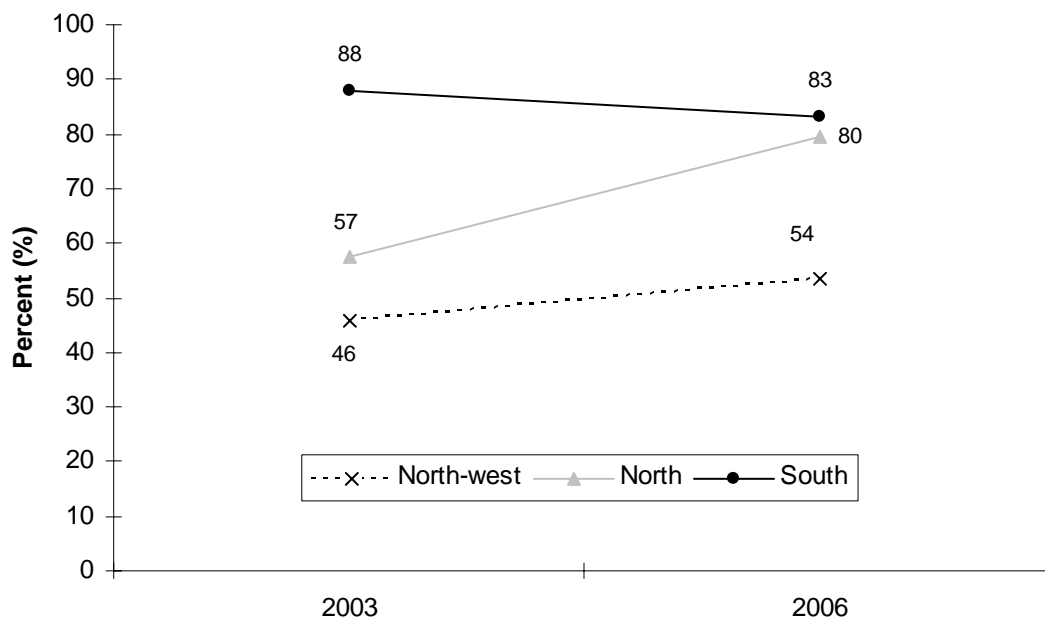
Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

**Figure 56: IDU reports of benzodiazepine injection in last 6 months (in percentages), Tasmania and National, 2000-2006**



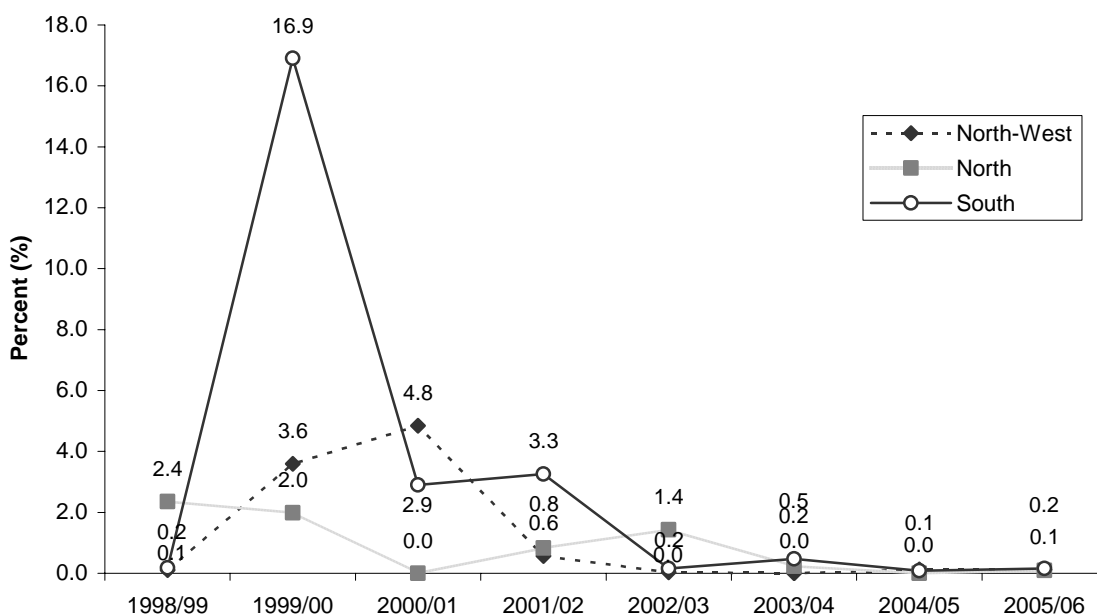
Source: National Drug and Alcohol Research Centre; Illicit Drug Reporting System, 2000-2006.

**Figure 57: IDU reports of benzodiazepine injection in last 6 months (in percentages), Tasmania regional, 2003 & 2006**



Source: de Graaff, B. & Bruno, R. (in preparation).

**Figure 58: Proportion (%) of clients of Tasmania's Needle Availability Program reporting benzodiazepine as the drug they had most often injected, by region, 1998/99-2005/06**

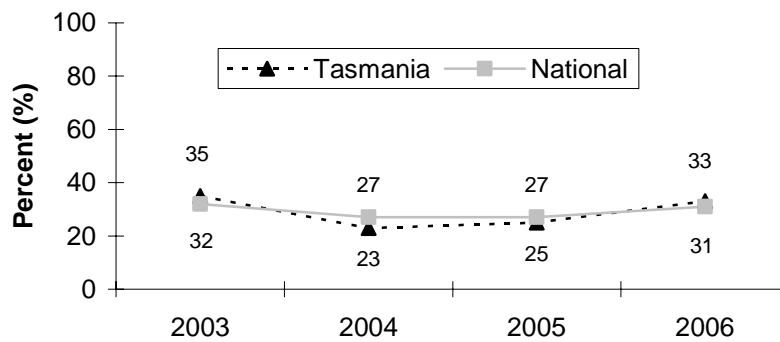


Source: Sexual Health, Department of Health and Human Services

### Party Drug Users

- Among samples of regular ecstasy users interviewed for the PDI nationally, approximately 30% have reported recent use of benzodiazepines in each study between 2003 and 2006. Rates among REU interviewed in Hobart have been comparable to those seen nationally.
- However, on average across all of these REU cohorts, benzodiazepine use has been infrequent, on average reported as once every two months among these demographics.

**Figure 59: REU history of benzodiazepine use in last 6 months (in percentages), Tasmania and National, 2000-2006**

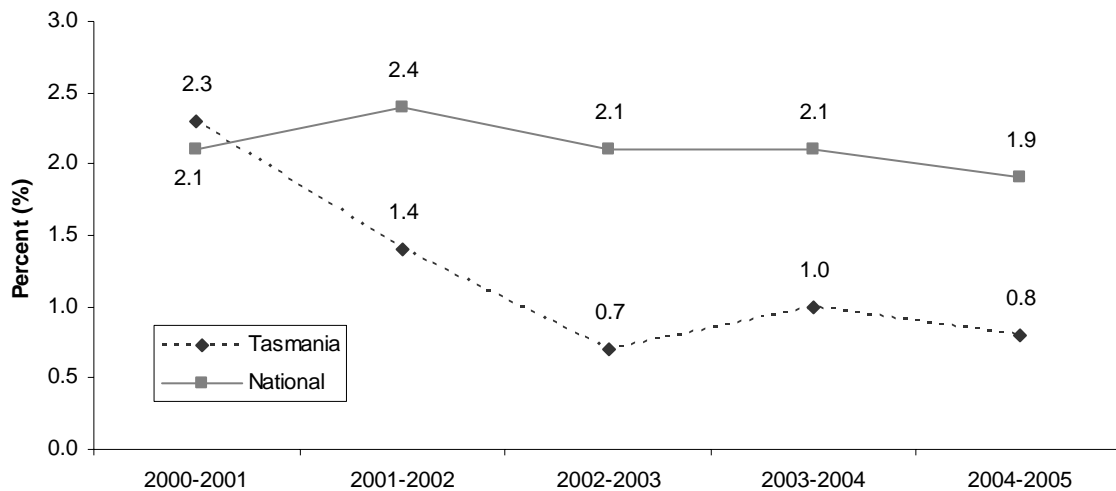


Source: National Drug and Alcohol Research Centre; Party Drug Initiative, 2003-2006.

### 8.3 Treatment Demand

- Nationally, the proportion of closed treatment episodes recorded in the NMDS where benzodiazepines were the principal drug of concern has remained stable at around 2% between 2000/01 and 2004/05
- Among treatment services in Tasmania, there was a comparable rate of closed treatment episodes where benzodiazepines were the principal drug of concern, at around 1% between 2000/01 and 2004/05
- During 2003/04 and 2004/05, there were approximately 15 closed treatment episodes per annum in Tasmanian treatment services where benzodiazepines were recorded as the principal drug of concern.

**Figure 60: Closed treatment episodes(a) with benzodiazepine as principal drug of concern (in percent), Tasmania and Australia, 2000/01-2004/05**



(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

**Source:** Australia Institute of Health and Welfare; Alcohol and other drug treatment services in Tasmania 2000/01-2004/05

## 9.0 OTHER INDICATORS OF DRUG USE

### KEY POINTS

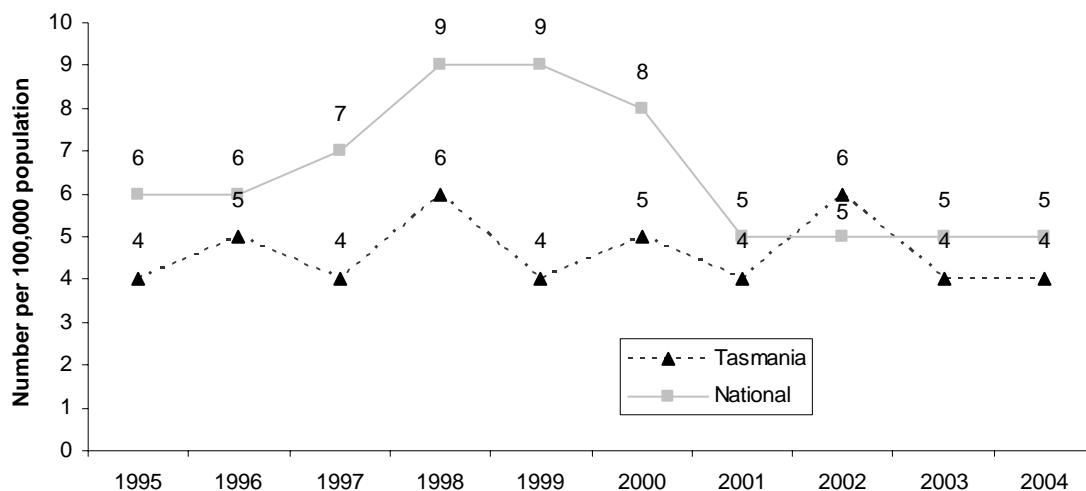
- The rate of drug-induced deaths in Tasmania is comparable to that seen nationally, varying between 4 and 6 cases per 100,000 population between 1995 and 2004.
- The prevalence of past-year injecting drug use in Tasmania is similar to levels nationally, estimated between 0.5% and 1.0% between 1998 and 2004. This would suggest that there are between 2000 and 4000 current IDU in Tasmania.
- Alcohol and drug use comprised approximately 1% of admissions to public hospitals in Tasmania during 2002/03 and 2003/04

This section includes sources of information pertaining to drug use in Tasmania which are not otherwise available broken down by drug type.

### 9.1 Drug induced deaths

- Rates of drug induced deaths nationally have remained relatively stable since 2001, at approximately 5 per 100,000 population. This marked a decline from the much higher rates that were apparent during the 'heroin glut' in Australia between 1998 and 2000.
- Tasmania's rate of drug-induced deaths, despite a low level of heroin use, are comparable to those seen nationally, varying between 4 and 6 cases per 100,000 population per annum between 1995 and 2004.
- There have been anecdotal reports noted in the past two Tasmanian IDRS studies of possible increases in the number of drug induced deaths during 2005 and 2006, attributed to coincident use of multiple central nervous system depressant drugs by the key experts interviewed in these studies (from emergency health services, law enforcement and drug treatment sectors). However, details of overdose deaths in recent years are not publicly available.

Figure 61: Drug induced death, rates per 100,000 population, Tasmania and National, 1995-2004

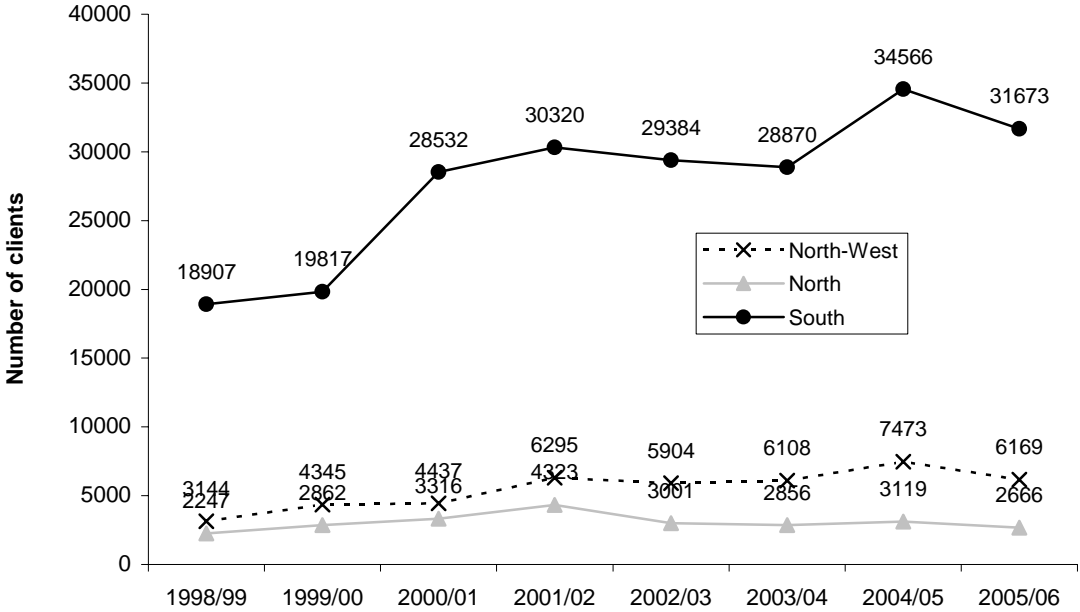


Source: Australia Bureau of Statistics; Australia Social Trends Data Cube 2006.

## 9.2 Injecting Drug Use

- The most recent estimate (2004) of the prevalence of injecting drug use among those aged 14 years or older suggests that 0.4% of Australians have injected an illicit drug in the preceding twelve months. Prevalence estimates of injecting drug use nationally have remained relatively stable in recent years, with the NDSHS estimating 0.8% prevalence in 1998, 0.6% in 2001 and 0.4% in 2004. It is important to note that the methodology of the NDSHS, which is largely via survey drop-off or telephone to a random selection of households, is likely to systematically underestimate the prevalence of injecting drug use.
- Due to the sample size of the NDSHS in Tasmania (comprising slightly more than 1000 interviews in each study), estimates of injecting drug use in Tasmania need to be interpreted with caution, as they are particularly vulnerable to random sampling error. This noted, the prevalence of past-year injecting drug use in Tasmania is similar to rates nationally, estimated between 0.5% and 1.0% in the NDSHS between 1998 and 2004. This would suggest that there are 2000-4000 IDU in Tasmania.
- Sterile injection equipment is available to IDU in Tasmania from Needle Availability Program outlets and through participating pharmacies. Data relating to the number of non-pharmacy transactions for sterile injection equipment can provide some indication of changes in demand for services for IDU. Between 1998/99 and 2005/06, the number of annual transactions for sterile injecting equipment has almost doubled, from 19,000 to 31,000 per annum. A similar proportional increase has been apparent in the North-West, increasing from approximately 3,000 transactions per annum in 1998/99 to 6,000 in 2005/06. The North of the state has not had the same level of support for non-pharmacy Needle Availability Program outlets as in other regions, and as such, there has been a smaller number of transactions annually (2000-3000) than that seen in other parts of the state, and little change in the number of transactions in the past eight years.

**Figure 62: Number of clients of Tasmania’s Needle Availability Program, by region, 1998/99-2005/06**

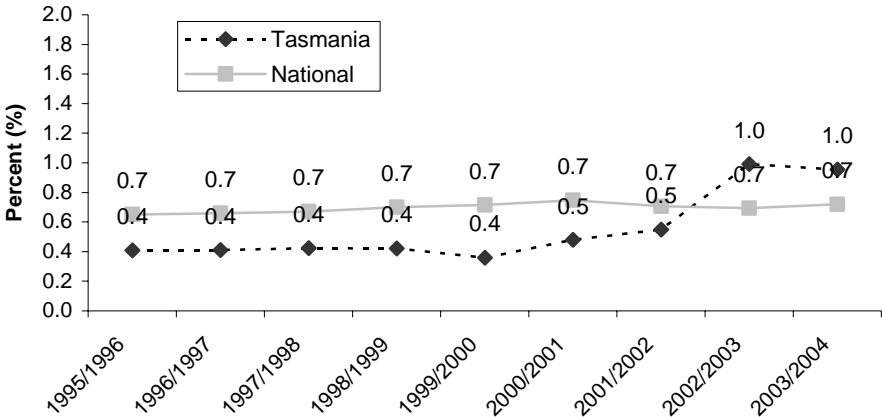


Source: Sexual Health, Department of Health and Human Services

### 9.3 Hospital Separations

- The Australian Government Department of Health and Ageing has provided a series of definitions of diagnosis related groups (Australian Refined Diagnosis Related Groups) in order to categorise acute admitted patient episodes of care into groups with similar conditions on the basis of information such as diagnoses, procedures and patient diagnoses.
- Nationally, the proportion of separations for the major diagnostic category of ‘alcohol/drug use and alcohol/drug induced organic mental disorders’ in public hospitals has remained stable at around 0.7% of all separations between 1995/96 and 2003/04.
- Rates of separations for this diagnostic category have remained consistent with that nationally during this time, however the proportion of these separations may have increased slightly between 1999/00 and 2003/04.

**Figure 63: Separations for the Major Diagnostic Category of ‘Alcohol/drug use and alcohol/drug induced organic mental disorders’, public hospitals, Tasmania and National, 1995/96-2003/04**



Source: Australia Institute of Health and Welfare; Australian hospital statistics 1995/96–2003/04.



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