

ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2011



Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

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ABBREVIATIONS

2CB	4-bromo-2,5-dimethoxyphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
2CE	5-dimethoxy-4-ethylphenethylamine
5MEO-DMT	5-methoxy-dimethyltryptamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drug
A&TSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BZP	benzylpiperazine(s)
CI	confidence interval
CRUFAD	Clinical Research Unit for Anxiety Disorders
DXM	dextromethorphan hydrobromide
DMT	dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
ERD	ecstasy and related drug(s)
ESB	English-speaking background
GHB	gamma-hydroxy-butyrate
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
PMA	paramethoxyamphetamine
PWID	person(s) who inject(s) drugs; injecting drug user(s)
RBT	random breath test
REU	regular ecstasy user(s)
ROA	route of administration
SCON	Simple Cannabis Offence Notice
STI	sexually transmitted infection
WHO	World Health Organization

GLOSSARY

2CB/2CI/2CE	Synthetic psychedelics of moderate duration
5MEO-DMT	A psychedelic tryptamine
Binge	Use over 48 hours without sleep
BZP	A stimulant research chemical
Cocaine	A central nervous system stimulant, obtained from the cocoa plant. Cocaine hydrochloride, the salt, is the more common form used in Australia. The freebase form is called 'crack'; little or no crack is available or used in Australia
Crystal	Street term for crystal methamphetamine, a potent form of methamphetamine. Also known as 'ice'
Daily use	Use occurring on each day in the past six months, based on a maximum of 180 days
DMT	A hallucinogenic drug in the tryptamine family
DXM	A semi synthetic opiate derivative which is legally available over-the-counter in the United States
Ecstasy	Street term for MDMA (3,4-methylenedioxymethamphetamine), which may contain a range of other substances. It is a hallucinogenic amphetamine
GHB	Acronym for gamma-hydroxy butyrate. It is a central nervous system depressant. Other known terms include 'GBH' and 'liquid ecstasy'
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see <i>Method</i> section for more details)
Ivory wave	A stimulant research chemical
Ketamine	A dissociative psychedelic used as a veterinary and human anaesthetic
Key expert	Also referred to as KE; person participating in the Key Expert Survey component of the EDRS (see <i>Method</i> section for more details)
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: inject, smoke, snort, swallow and/or shaft/shelve
LSD	Acronym for <i>d</i> -lysergic acid diethylamide – a psychedelic
Mephedrone	A synthetic cathinone with psychoactive and stimulant properties
MDA	It is classed as a stimulant hallucinogen. It is closely related to MDMA (and is sometimes found in ecstasy tablets); however, its effects are said to be slightly more psychedelic
Mescaline	A psychoactive phenethylamine chemical which comes from the peyote cactus

Methamphetamine	An analogue of amphetamine, it is a central nervous system stimulant. The three main forms of methamphetamine in Australia are methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal', 'ice')
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way; e.g. heroin is an opioid but not an opiate; morphine is both an opiate and opioid
PMA	Amphetamine-type drug with both stimulant and hallucinogenic properties
Point	0.1 gram
Recent injection	Injection (typically intravenous) in the last six months
Recent use	Use in the last six months via one or more of the following routes of administration: inject, smoke, snort, swallow and/or shaft/shelve
Shaft/shelve	route of administration is vaginal or anal

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

* As appropriate

EXECUTIVE SUMMARY

Common terms throughout the report

Regular ecstasy user (REU): Used ecstasy on six or more separate occasions in the previous six months

Recent use: Used at least once in the previous six months

Sentinel group: A surveillance group that points towards trends and harms

Median: The middle value of an ordered set of values

Mean: The average

Frequency: The number of occurrences within a given time period

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examines the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis as well as niche market drugs such as GHB and LSD – and are used to supplement other data, such as key expert (KE) reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug (ERD) market. Regular ecstasy users (REU) have been identified as a sentinel group of ERD users and are able to provide the required information on patterns of use, market characteristics, related harms and other issues associated with ERD use. KE include nightclub owners, treatment providers and law enforcement personnel.

Demographic characteristics of REU

In 2011 two-thirds of the REU interviewed for the ACT EDRS were male (66%) and, similar to last year, most participants were aged between their late teens to early twenties. Consistent with previous years, the majority of REU interviewed were from an English-speaking background (ESB), and predominantly heterosexual. The majority of the sample had completed 12 years of schooling, and at the time of interview the majority of REU were either studying at a tertiary level or employed full-time. A minority of the sample reported currently accessing a drug treatment facility. KE reports are generally consistent with REU demographics.

Patterns of drug use among REU

A minority of the sample (9%) reported ever having injected a drug. In 2011, there was a decrease relative to 2010 in the proportion of REU reporting ecstasy as their drug of choice. There was an increase in the proportion of participants reporting both alcohol and cocaine as their drug of choice, compared to 2010. Polydrug use was commonly reported by REU, consistent with KE interviews.

Forty percent of the sample reported having 'binged' (used continuously for 48 hours or more) on ecstasy and other drugs in the six months prior to interview. Other drugs commonly used in these binge episodes were alcohol, cannabis, methamphetamine powder, LSD, cocaine and mushrooms. Table 1 summarises the use, price, purity and availability of ecstasy, methamphetamine, cocaine, cannabis and LSD.

Table 1: Summary of major drug trends in the ACT, 2011

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Use	- Due to entry criteria 100% of REU reported recently using ecstasy - Median days of use in any form in the past six months remained the same as 2010 (14 days) - 39% had recently binged on ecstasy - All participants had recently used ecstasy in the form of pills, 39% in the form of capsules and 23% in the form of powder	- 50% of REU had recently used speed (66% in 2010) on a median of five days in past six months - 10% of REU had recently used base (14% in 2010) on a median of five days in the past six months - 9% of REU had recently used crystal (16% in 2010), on a median of two days in the past six months	- The proportion of REU who had recently used cocaine was 43% decreased to 43% in 2011 from 58% in 2010 - Median days of use in the preceding six months increased from three in 2010 to four in 2011	- 89% of REU had recently used cannabis, the same proportion as in 2010 - Median number of days increased to 48 from 24 days - 20% reported they were daily users (an increase from 12% in 2009)	- Recent use in 2011 remained similar to 2010 (39% in 2011; 41% in 2010) - Median days of use increased to four days in 2011 from three days in 2010
Price	- Median price per tablet increased from \$25 in 2010 to \$30 in 2011 - The majority of REU (51%) reported that the price was increasing	- Price per point of speed decreased from \$30 in 2010 to \$23 in 2011 - Price per gram of speed remained stable at \$200 - A gram of base increased from \$200 in 2010 to \$225 in 2011	- Median price per gram remained stable at \$300 - Price was reported to have remained stable	- Price per gram was reported as \$20 for hydroponic and \$15 for bush - Price per ounce of hydroponic was \$280 and \$200 for bush - REU reported that the price of both forms remained stable in the preceding six months	- Median price per tab remained stable at \$20 - The majority of REU who were able to comment reported that the price had remained stable

Source: EDRS REU interviews, 2011

Table 1: Summary of major drug trends in the ACT, 2011 (continued)

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Purity/ Potency	- Over half (53%) of respondents reported purity to be high, an increase from 6% in 2010 - The majority (51%) also reported purity to be increasing	- Similar proportions of REU reported that purity of speed was low, medium or high - The majority of participants reported base to currently be of high purity -	- The majority of respondents reported that purity of cocaine was low to medium (70%) - Reports of purity change were also varied, with equal proportions reporting purity change to be increasing, stable or decreasing	- The majority of respondents reported hydroponic had medium to high potency - Bush was reported to be of medium potency - Potency remained stable for both forms	- Current purity was reported by the majority to be medium - The majority also reported that purity had remained stable
Availability	- REU reported ecstasy as easy to very easy to obtain (80%) - The majority (49%) reported availability to have remained stable	- The availability of speed was reported to be easy to very easy and availability had remained stable - - Availability of base was reported to have remained stable	- Reports of availability of cocaine varied with similar proportions reporting availability to be very easy to easy or difficult to very difficult	- Both hydroponic and bush were very easy or easy to obtain. - Availability remained stable for hydro and for bush over the past six months	- Mixed reports, though most (75%) reported it to be easy to very easy to obtain - Majority reported that availability had remained stable

Source: EDRS REU interviews, 2011

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported having used ecstasy capsules in the past six months (39%) and ecstasy powder (23%). In the six months prior to interview, the median number of days of any form of ecstasy use was 14, stable from 2010. Almost half (48%) of the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, 33% of the sample reported using ecstasy on a fortnightly to weekly basis, with a further 20% reporting greater than weekly use. The median number of ecstasy tablets consumed in a typical session of use was two, whereas a median of four tablets were taken by REU in the heaviest session of use.

Price, purity and availability of ecstasy

The median reported price for a tablet of ecstasy increased to \$30 in 2011 from \$25 in 2010. The current purity of ecstasy was reported by REU to be high (53%) or to fluctuate (28%). There was a significant increase in the proportion of REU reporting purity to be high compared to 2010. There was also a corresponding increase (51% in 2011 compared to 6% in 2010) in the proportion of respondents reporting that purity had increased in the past six months. With respect to availability, the majority of the sample reported that ecstasy was very easy to easy to obtain in the ACT.

Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of three people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), methamphetamine base (base) and methamphetamine crystal (crystal). Just over half (51%) of REU reported having used at least one form of methamphetamine in the past six months (a decrease from 78% in 2010).

The majority (78%) of participants reported ever having used *speed* and 50% reported having recently used speed. Recent speed users reported a median of five days of use in the six months prior to interview. Swallowing and snorting were the main routes of administration (ROA) reported by recent speed users. The amount of speed used by REU in a typical session was 0.6 grams and one gram in the heaviest episode of recent speed use. Speed was used during binges by more than half (53%) of the REU who reported recently having binged on ERD.

Base methamphetamine had ever been used by 24% of REU, with 10% of the 2011 sample reporting having used base in the previous six months. A median of five days of use in the six months prior to interview was reported. Swallowing was the most common (75%) ROA reported by base users.

Crystal methamphetamine had been used by almost a quarter (23%) of the sample and by 9% of the sample in the past six months. Recent crystal users reported a median of five days (range=1-5) of crystal use in the past six months.

Methamphetamine price, purity and availability

In 2011, the median price for speed remained stable at \$200 per gram. Only small numbers ($n < 10$) were able to comment on the price of a point of speed. The reported price for a point of base was \$23 and \$225 for a gram. However, only small numbers of REU were able to comment ($n < 10$). The median price for a point of crystal increased from \$70 in 2010 to \$80 in 2010 ($n < 10$). Reports of the purity of speed varied whilst base was reported to be of high purity. Only small numbers were able to comment on the purity of crystal. The availability of speed was reported to be very easy to easy and reports of the availability of base varied. Small numbers were able to comment on the purity of crystal.

Cocaine

Seventy-six percent of the 2011 EDRS sample had ever tried cocaine, and 43% of the sample reported using cocaine in the previous six months (a decrease from 58% in 2010). Those REU who had recently used cocaine had used the substance on a median of four days in the preceding six months. Snorting remained the most common ROA, followed by swallowing. The median amount of cocaine used in a typical episode of use was half a gram, which increased to one gram when referring to the heaviest episode of use.

The median price for a gram of cocaine remained stable in 2011 at \$300 per gram. Purity was reported to be medium to low whilst reports of cocaine availability varied.

Cannabis

Lifetime cannabis use was almost universal among REU and 89% had used cannabis in the six months preceding interview. Median days of use increased to approximately twice per week (from once per week in 2010). Eighteen percent of respondents reported daily use of cannabis. Smoking was almost universal, and 35% reported that they had swallowed cannabis in the preceding six months. Three-quarters (75%) of those who reported that they had binged in the preceding six months reported that they had used cannabis.

The median price for a gram and an ounce of hydroponic cannabis was \$20 and \$280 respectively, and the median price for a gram and an ounce of bush cannabis was \$15 and \$200 respectively. The majority reported that the prices for both forms had remained stable in the six months preceding interview. The current potency of hydroponic cannabis was reported to be medium to high, while current potency was reported to be medium for bush cannabis. Both hydroponic and bush cannabis were reported to be very easy to easy to obtain, similar to 2010.

LSD

Almost two-thirds (60%) of the 2010 EDRS sample reported lifetime use of LSD, with 39% reporting recent use. LSD was used on a median of four days in the preceding six months. REU had used a median of one tab of LSD in a typical session and two tabs during the heaviest sessions of recent use. One-fifth (20%) of participants who reported having recently binged on ERD had used LSD during these binge episodes.

The median price for a tab of LSD remained stable at \$20. The majority of respondents estimated the current purity of LSD to be medium. The majority of respondents also reported that the current availability of LSD was easy to very easy to obtain.

Patterns of other drug use

Almost the entire sample had used alcohol in the six months prior to interview. Alcohol was consumed on a median of two days per week. Fourteen percent of respondents reported that alcohol was their drug of choice. The use of tobacco was also common in the EDRS population, with 86% reporting recent use of tobacco. Recent use of the following substances was also commonly reported: mushrooms (46%), benzodiazepines (33%), amyl nitrate (28%), nitrous oxide (24%) and ketamine (14%).

Health-related issues

Overdose

Over one-third (36%) of the sample reported ever having a stimulant overdose and 90% of those had done so in the preceding 12 months. The main drug the stimulant overdose was attributed to was ecstasy. Thirty-nine percent reported overdosing on a depressant drug, with 87% of those participants reporting that the overdose had occurred within the past 12 months. The most common drug attributed to the overdose was alcohol.

Drug-related problems

Over half (54%) of the sample self-reported experiencing risk-related problems as a result of their drug use. Forty-one percent of respondents reported experiencing responsibility-related problems and 26% reported experiencing reoccurring relationship/social problems as a result of their drug use. Seven percent reported experiencing legal problems as a result of their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were alcohol, ecstasy and cannabis.

Mental health

Thirty percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group, depression and anxiety were most commonly reported. Almost one-third (29%) of participants scored in the high or very high range on the Kessler Psychological Distress Scale (K10), a scale measuring level of distress and severity of psychological symptoms.

Risk behaviour

Injecting

Eight percent of REU reported ever having injected a drug, a decrease from 23% in 2010. The median age of first injection was 18. No recent injectors reported using needles after someone else in the past six months; however, three participants reported using equipment such as spoons/mixing containers, water and tourniquets after someone in the preceding six months.

Blood-borne viral infections

In 2011, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections. Of those that responded 59% had never been tested for hepatitis C and 68% had never been tested for HIV. Five percent of respondents indicated that they had received a positive diagnosis for any sexually transmitted infection.

Sexual behaviour

The majority (63%) of REU reported having had casual penetrative sex in the six months prior to interview. Twenty-eight percent of casually sexually active REU reported not using a protective barrier on their last occasion of casual sex. The majority (92%) casually sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Driving

The majority (64%) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 76% (n=34) reported that they had driven whilst over the legal blood alcohol limit. Three-quarters (73%) of those REU who had driven a car in the past six months had driven under the influence of an illicit drug. Cannabis and ecstasy were the most common illicit drugs that REU reported driving under the influence of.

Alcohol use

In the 2011 EDRS, REU were administered the Alcohol Use Disorders Identification Test (AUDIT). Using this measure, 80% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. Seventeen percent of respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence. KE reported that alcohol use was common amongst REU and that binge drinking was frequent.

Criminal activity, policing and market changes

Forty-three percent of the 2011 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview. One-quarter (25%) of all respondents reported dealing for cash profit in the last month and 22% reported committing property crime in the previous month.

I KEY FINDINGS AND IMPLICATIONS

In 2011, for the ninth consecutive year, the Australian Capital Territory (ACT) Ecstasy and Related Drugs Reporting System (EDRS) provides an opportunity to examine trends within the ACT through interviews with a sentinel group of people who regularly use ecstasy or 'regular ecstasy users' (REU), interviews with key experts (KE), and the collation of indicator data. This is done with the aim of informing further research and contributing to the evidence base from which policy decisions can be made. The continued monitoring of ecstasy and related drug markets within the ACT for changes in the price, purity, availability, use patterns and issues associated with drug use will add to our understanding of drug markets and our ability to inform policies to minimise harms. The findings of the 2011 ACT EDRS indicate that further attention is required in the following areas:

Polydrug use

As in previous years, the majority of ACT EDRS participants in 2011 were polydrug users. Ninety-five percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy. The drugs most commonly used in combination with ecstasy by REU were tobacco, alcohol and cannabis. Speed, mushrooms and *d*-lysergic acid (LSD) were also commonly used in combination with ecstasy. Polydrug use can increase or alter adverse effects in ways that are often unpredictable and problems relating to intoxication may be enhanced due to the drug interactions arising from polydrug use. Treatment approaches and harm reduction interventions need to take this into account, especially in relation to the effects of drugs, safer use, withdrawal and overdose risk.

Ecstasy

There was a significant increase in the proportion of REU in the 2011 ACT EDRS reporting ecstasy purity to be high compared to 2010, increasing from 6% in 2010 to 53% in 2011. There was also a corresponding increase in the proportion of respondents reporting that purity had increased in the past six months. Despite this, there was no reported change in frequency or level of ecstasy use compared to 2010. KE interviews also indicated that ecstasy use remained common and a number of KE also commented on increasing ecstasy purity. Interestingly, while ecstasy purity increased, the proportion of participants reporting ecstasy to be their drug of choice fell to the lowest recorded. For the first time in the ACT EDRS, ecstasy was not the most frequently recorded drug of choice.

Alcohol

The use of alcohol remains high and problematic amongst REU, with use occurring once to twice a week. Furthermore, high proportions of REU report using alcohol during binge sessions. In the 2011 EDRS, REU were administered the Alcohol Use Disorders Identification Test (AUDIT). Using this measure, 17% of respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence. KE also reported that alcohol use was common amongst REU and that binge drinking was frequent.

Alcohol was one of the main drugs associated with recurring social and relationship problems, legal problems and increased exposure to risky situations. While it is important to focus on the risks associated with illicit drug use, the excessive use of alcohol is of great concern amongst this group, as this type of polydrug use carries a high level of risk.

Cannabis

The use of cannabis also remains high and problematic. The median frequency of use increased in 2011 to approximately twice a week. In 2011 there was also an increase in the proportion of participants reporting cannabis to be their drug of choice, so that for the first time cannabis was the most commonly reported drug of choice. As in previous years, cannabis was commonly reported as a drug associated with recurring social and relationship problems, legal problems, increased exposure to risky situations and recurring problems associated with lack of responsibility at home, work or study. Efforts to target users with information concerning harms associated with its use, including dependence and comorbid mental health problems, remain important.

Other drugs

In 2011 there was an increase in the proportion of participants reporting lifetime use and recent use of mushrooms, MDA and mescaline. At this stage no trend patterns have been established and as such further monitoring of the use of such drugs is necessary to identify new drug trends and changes in market dynamics.

Drink and drug driving

The level of self-reported alcohol and drug driving in the 2011 EDRS sample is of concern. One-third (43%) of the ACT REU sample reported driving while over the legal blood alcohol limit. Sixty-four percent of the sample reported driving within one hour of taking an illicit drug. Polydrug use and the use of alcohol in combination with other drugs prior to driving has been shown to be associated with increased driving impairment and risk of driving accidents (Kelly, Darke and Ross, 2002). It is important to raise awareness among REU of the possible consequences and risks that are associated with drug driving, in order to minimise the incidence of drug driving-related harms. Also of interest in the 2011 ACT EDRS will be the impact of recent changes in roadside drug testing legislation.

2 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examine the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis – as well as niche market drugs such as ketamine, LSD (*d*-lysergic acid), MDA (3, 4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate), and are used to supplement existing data such as key expert (KE) reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug (ERD) market. The EDRS is funded by the Australian Government Department of Health and Ageing (AGDH&A).

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the Australian Capital Territory (ACT) in 2011. In addition to ecstasy, the drugs that receive attention in this report are those drugs that are typically taken in combination with ecstasy, such as methamphetamine, cocaine, ketamine, LSD, MDA and GHB. As in the IDRS, the EDRS involves the collection and joint comparison of three data sources: interviews with current regular ecstasy users (REU) recruited in the ACT; interviews with KE who have contact with and knowledge of the ERD scene in the ACT; and data routinely collected ('indicator data') on ecstasy and other drug users by agencies in the ACT.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

2.1 Study aims

The aim of the EDRS is to act as a strategic warning system for trends and issues emerging from the illicit ERD markets, and thereby identify issues that may be of future concern. The data collected provide information on the current price, purity and availability of ERD in the ACT and on the patterns of ERD use amongst the participants in the REU survey.

3 METHOD

The 2011 the ACT EDRS involved the collection and analysis of data from three sources:

1. interviews with current REU recruited in the ACT;
2. interviews with KE who have contact with and knowledge of the ERD scene in the ACT; and
3. 'indicator' or routinely collected data.

3.1 Survey of REU

For more than a decade, the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be one of the first illicit drugs with which young Australians will experiment (White, Breenand Degenhardt, 2003; Topp, Breen, Kaye et al., 2004) . Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ERD markets for the EDRS. Ecstasy is a drug that is used widely across the Australian population. In the 2010 National Drug Strategy Household Survey (NDSHS) published by the Australian Institute of Health and Welfare (AIHW), ecstasy was identified as the second most widely used illicit drug after cannabis in Australia, with one in nine (11%) of 20-29 year olds reporting past year ecstasy use and one in four (24%) of 20-29 year olds reporting having ever used ecstasy. (Australian Institute of Health and Welfare, 2005; Australian Institute of Health and Welfare, 2011) . Ethics approval was granted by the University of New South Wales Human Research Ethics Committee.

3.1.1 Recruitment

Between May and June of 2011, 80 REU were interviewed in the ACT for the EDRS. Participants in the ACT EDRS were recruited via a number of avenues. Initial contact was established through advertisements in popular 'street press' publications, and other methods of recruitment included advertisements in student magazines, advertisements posted at various tertiary education campuses around Canberra, and websites. Furthermore, 'snowball' procedures were also adopted. That is, on completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given business cards that listed the contact details for the study. Participants were also recruited through interviewer contacts.

3.1.2 Procedure

REU contacted the research coordinator by telephone or email and were screened for eligibility. To meet the eligibility criteria, participants were required to be at least 17 years of age (due to ethical constraints); to have lived in the ACT for the preceding 12 months; and to have used ecstasy a minimum of six times (i.e. on a monthly basis) in the past six months. The interview time and location was then negotiated between the researcher and participant.

Participants were informed that the study would involve a face-to-face interview that would take approximately 40-60 minutes to complete. Before conducting the interview, the nature and purpose of the study were explained to participants prior to obtaining informed consent. The researchers also informed participants that the information they provided was anonymous and strictly confidential. On completion of the interview, participants were provided with \$40 as reimbursement for their time.

3.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy use conducted by the National Drug and Alcohol Research Centre (NDARC) in 1997 (Topp, Hando, Degenhardt et al., 1998) and also on subsequent studies that were conducted in New South Wales, Queensland and South Australia. The interview schedule focused primarily on the preceding six months, and collected information on the following variables: demographics; patterns of ecstasy and other drug use; the price, purity and availability of ecstasy and a number of other related drugs; risk behaviours; help-seeking behaviour; the experience of ecstasy and other drug-related problems; the Kessler Psychological Distress Scale (K10); the Alcohol Use Disorders Identification Test (AUDIT); injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; police activity; and general trends.

3.1.4 Data analysis

Analyses were conducted using PASW Statistics, Version 18.0 (SPSS inc, 2009) . The data collected in 2011 was compared with data collected from comparable samples of ecstasy users from 2003 onward, recruited as part of the PDI (2003-2005), and then the EDRS (2006-2010). As each of these samples was recruited using the same methods, meaningful comparisons can be made. Further analysis was conducted on the main drugs of focus in the EDRS to test for significant differences between 2010 and 2011 for recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg) . This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe, 1998) . Significance testing using the Mann-Whitney U calculation was used to compare 2010 and 2011 median days of use for the major drug types discussed.

3.2 Survey of key experts (KE)

Between August and October 2011, nine professionals were interviewed as KE for the EDRS. Two interviews were conducted with workers in bars and nightclubs: one nightclub owner and one security manager. Two interviews were held with law enforcement personnel. Five interviews were conducted with those engaged in health services, including those employed as a rehabilitation assessment officer, a drug treatment worker, a member of the ambulance service, an outreach worker and a youth worker. The majority of KE worked with youth but also had contact with a range of ecstasy users. To enter the study KE had to have had contact with a minimum of 10 different ecstasy users in the six months prior to interview.

Interviews were conducted over the phone or face to face and took approximately 20-40 minutes to administer. The KE interview followed the same semi-structured format as that used in the IDRS. The interview included sections on the demographic characteristics of ERD users; patterns of ERD use; the price, purity and availability of ERD in the ACT; health and treatment issues; and criminal activity.

3.3 Other indicators

A number of secondary data sources ('indicator' or routinely collected data) concerning ERD issues were collected in order to validate the data obtained from the REU surveys and KE interviews. The entry criteria for indicator data are listed below:

- The data should be available at least annually.
- The data should include 50 or more cases.
- The data should provide details of illicit drug use.
- The data should be collected in the main study site (i.e. the ACT).

The indicator data sources meeting the above criteria included in the 2011 EDRS study are described below:

- **Purity of drug seizures.** In 2011, the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures from the 1999/2000 financial year to 2009/2010.
- **Number and weight of drug seizures.** Data on the number and weight of drug seizures made by ACT local police were provided by the ACC. Data include number of seizures and amount seized in grams from 1999/2000 to 2009/2010, by each drug type.
- **Drug-specific arrests.** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the Australian Federal Police (AFP) and ACT local police. This report provides the number of arrests for each drug type from 1997/1998 to 2009/2010.
- **Simple Cannabis Offence Notices (SCON).** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2009/2010 were provided by the ACC.
- **Hospital admissions.** The 2011 EDRS study includes data on the number of hospital admissions due to methamphetamine and cannabis among those aged 15 to 54 years from 1999/2000 to 2008/2009. At the time of print more recent data were not available. These data are provided by the AIHW and ACT Health.
- **Notifications for the hepatitis B virus and hepatitis C virus.** The National Notifiable Diseases Surveillance System (NNDSS) provides data on the number of incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) presented in the ACT.

4 DEMOGRAPHICS

Key points

- A total of 80 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 22 years (range=18-39 years).
- Two-thirds of the participants were male (66%).
- Most of the participants were well educated, completing a mean of 12 school years.
- Majority of the participants were either employed (full-time or part-time/casual) or were currently students.
- Few participants were currently in any form of drug treatment.

4.1 Demographic characteristics of the REU sample

Table 2 presents the demographic characteristics of the 2011 ACT EDRS sample. Two-thirds of the participants were male (66%). The mean age of the sample was 22 years (S.D=3.7, range=18-39). The majority of the sample nominated their sexual identity as heterosexual (89%), with 6% identifying as gay male, 4% as and 1% as lesbian.

Table 2: Demographic characteristics of ACT REU sample, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Mean age (years)	25	22	25	23	27	22	23	22
Male (%)	70	68	68	65	53	60	49	66
ESB (%)	98	94	100	97	99	100	99	99
A&TSI (%)	2	2	2	1	1	1	3	1
Heterosexual (%)	90	81	85	81	81	89	88	89
Mean number school years	13	13	11	12	12	11	12	12
Tertiary qualifications (%)	43	32	34	43	41	22	32	24
Employed full-time (%)	41	29	37	24	33	33	23	23
Full-time students (%)	30	45	27	5	10	12	6	10
Unemployed (%)	12	8	17	15	17	14	18	19
Previous conviction (%)	9	3	8	5	7	9	7	N/A
Current drug treatment (%)	0	1	4	5	8	4	7	3
Mean weekly income (\$)	-	-	-	-	-	541	456	432

Source: EDRS REU interviews, 2004-2011

Fifty-three percent reported that they were single, 43% reported that they had a partner and 5% reported that they were married or in a de facto relationship.

Only one REU did not speak English as the main language at home. Fifty-eight percent of the sample lived in their own (rented or purchased) premises and 43% indicated that they lived in their parents' or family home.

The mean number of years of education completed by the sample was 12. One-quarter (24%) of the sample had completed a course since finishing their school education, 15% had completed a trade or technical qualification and 9% had completed a university degree or college course.

When examining employment status, 70% indicated that they were in either full-time or part-time employment. One-third (35%) of the sample indicated that they were employed on a part-time or casual basis. Twenty-three percent indicated that they were employed on a full-time basis, 13% were both studying and employed, 10% indicated they were full-time students and 19% indicated that they were unemployed.

5 CONSUMPTION PATTERNS

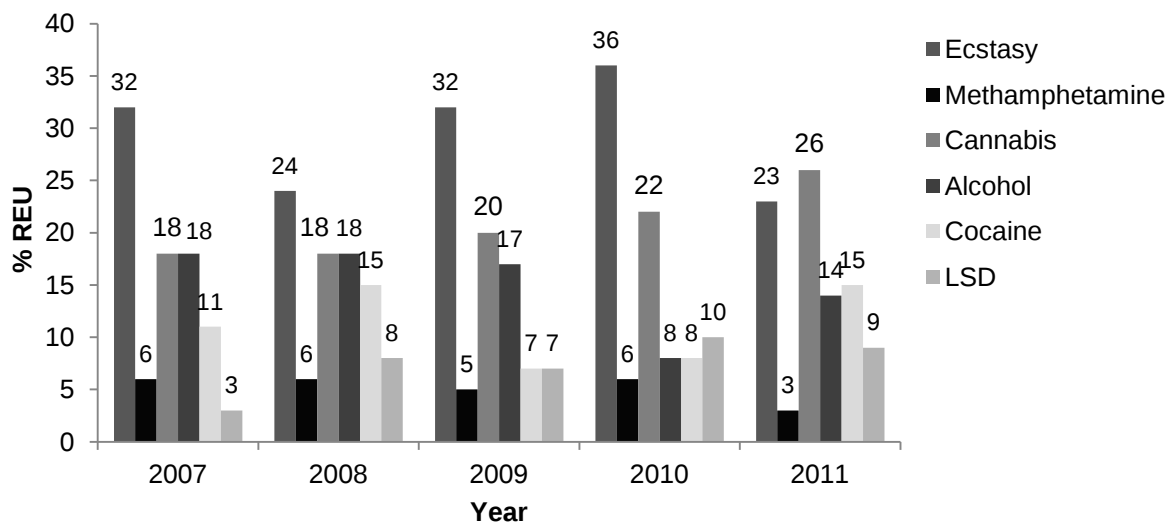
Key points

- The proportion of respondents reporting ecstasy to be their drug of choice decreased from 36% in 2010 to 23% in 2011.
- There was an increase in the proportion of participants reporting cocaine as their drug of choice, increasing from 8% in 2010 to 15% in 2011.
- Forty percent of the 2011 sample reported having binged on any stimulant in the six months prior to interview.
- There was a significant decrease from 2011 to 2010 in the proportion of participants reporting having ever injected a drug, decreasing from 23% in 2010 to 9% in 2011.
- Polydrug use over the last six months was common among the national sample.

5.1 Drug use history and current drug use

As shown in Figure 1, the proportion of the REU sample reporting ecstasy as their drug of choice decreased from 36% in 2010 to 23% in 2011. The proportion reporting methamphetamine as their drug of choice decreased from 6% in 2010 to 3% in 2011. There was an increase in the proportion of participants reporting alcohol as their drug of choice (increasing from 8% in 2010 to 14% in 2011). There was also an increase in the proportion of participants reporting cocaine as their drug of choice (8% in 2010 to 15% in 2011).

Figure 1: Drug of choice, ACT, 2007-2011



Source: EDRS REU interviews, 2007-2011

For the purpose of this study, 'bingeing' was defined as the use of a drug on a continuous basis for more than 48 hours without sleep. Forty percent of the 2011 sample reported having binged on any stimulant in the six months prior to interview (43% in 2010). The median length of the longest binge session reported by REU was two and half days (60 hours, range=48-120 hours), a decrease from the median in 2010 (72 hours). The most common substance used during binge episodes was ecstasy, with 97% of REU who reported bingeing in the previous six months reporting ecstasy as involved in the episode. Other commonly used substances used during binge episodes included cannabis (75%), methamphetamine powder (53%), LSD (31%), cocaine (28%) and mushrooms (22%). Eighty-four percent of REU who reported bingeing in the previous six months reported consuming more than five standard alcoholic drinks during the episode.

There was a significant decrease in the proportion of participants reporting that they had ever injected a drug, decreasing from 23% in 2010 to 9% in 2011 (95%CI: 0.03-0.26). When asked to indicate the first drug that they had ever injected, four participants nominated heroin, one participant nominated methamphetamine powder, one participant nominated steroids and one participant nominated melanotan.

In 2011, REU were asked how often they had used ERD in the last month. Two-thirds had used ecstasy or a related drug weekly to fortnightly (64%, 30% fortnightly and 34% weekly). Almost one-quarter (23%) of the ACT REU had used ERD monthly and 11% had used more than once a week.

KE Comments

- Polydrug use was common and often problematic.
- KE mainly reported on the use of methamphetamines, cocaine, ecstasy, cannabis and alcohol.

Table 3: Lifetime and recent polydrug use of ACT REU, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever inject any drug (%)	12	6	17	18	24	13	23	9
Alcohol								
Ever used (%)	100	98	98	100	100	100	99	100
Used last 6 months (%)	97	94	94	96	98	99	95	99
Cannabis								
Ever used (%)	98	94	94	100	100	100	100	98
Used last 6 months (%)	83	81	83	85	86	89	89	89
Tobacco								
Ever used (%)	93	88	79	99	94	93	99	94
Used last 6 months (%)	80	71	69	82	80	87	89	
Methamphetamine powder (speed)								
Ever used (%)	87	90	81	84	74	68	81	78
Used last 6 months (%)	64	70	66	53	43	44	66	50
Methamphetamine base (base)								
Ever used (%)	43	45	48	42	52	30	25	24
Used last 6 months (%)	31	27	34	18	23	13	14	10
Crystal meth (crystal)								
Ever used (%)	62	49	55	54	61	28	30	23
Used last 6 months (%)	39	26	37	20	24	8	16	9
Cocaine								
Ever used (%)	69	68	68	80	74	65	81	76
Used last 6 months (%)	34	44	44	46	37	44	58	43
LSD								
Ever used (%)	62	48	46	54	64	63	62	60
Used last 6 months (%)	23	30	18	24	37	35	41	39

Table 3: Lifetime and recent polydrug use of ACT REU, 2004-2011 (continued)

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
MDA								
Ever used (%)	41	25	25	26	28	16	10	21
Used last 6 months (%)	15	12	8	4	5	8	3	9
Ketamine								
Ever used (%)	36	38	32	38	29	16	22	29
Used last 6 months (%)	15	17	15	10	6	2	6	14
GHB								
Ever used (%)	23	14	17	15	18	17	14	17
Used last 6 months (%)	6	6	7	5	2	1	3	9
Amyl nitrate								
Ever used (%)	44	29*	43	53	60	49	49	50
Used last 6 months (%)	18	14	23	22	22	19	33	28
Nitrous oxide								
Ever used (%)	52	38	34	42	52	46	38	44
Used last 6 months (%)	17	16	14	12	21	19	14	24
Mushrooms								
Ever used (%)	-	41	33	55	64	55	60	73
Used last 6 months (%)	-	10	3	18	28	25	30	46
Benzodiazepines								
Ever used (%)	36	23	37	46	47	47	53	51
Used last 6 months (%)	14	12	20	26	29	29	38	33
Antidepressants								
Ever used (%)	24	28	29	30	39	32	25	29
Used last 6 months (%)	6	10	12	11	15	11	12	15
Heroin								
Ever used (%)	15	7	18	24	21	11	21	8
Used last 6 months (%)	4	3	8	5	10	8	14	5
Methadone								
Ever used (%)	5	4	11	14	15	8	12	5
Used last 6 months (%)	2	1	6	5	7	2	8	4
Other opiates								
Ever used (%)	20	20	22	27	30	29	40	36
Used last 6 months (%)	6	10	12	5	13	13	10	16

Source: EDRS REU interviews, 2004-2011

5.2 Ecstasy use

Key points

- The mean age at which ecstasy was first used was 17, and was first used regularly at a mean age of 19 years.
- Ecstasy (any form) was used on a median of 14 days in the six months prior to interview (approximately fortnightly).
- There was a significant increase in the proportion of participants reporting lifetime use of ecstasy powder, increasing from 22% in 2010 to 44% in 2011.
- Participants reported using a median of two tablets in a typical session of use and four tablets in heavy session of use.
- The majority of participants reported using other drugs in combination with ecstasy. The drugs most commonly used were tobacco, alcohol and cannabis.
- Thirty-nine percent of respondents reported having binged on ecstasy in the previous six months.

The patterns of ecstasy use reported by REU in the ACT from 2004 to 2011 are presented in Table 5. In 2011, the mean age at which REU first used ecstasy was 17 years (SD=2.2, range=14-28). The entire sample had used ecstasy at least on a monthly basis in the past six months, and reported first having used at this frequency at a mean age of 19 years (SD=2.8, range=14-35). There were no significant differences between males and females and the age they first tried ecstasy or the age they first began using ecstasy regularly.

5.2.1 Ecstasy use among REU

Table 4 shows the lifetime and recent use of ecstasy pills, powder and capsules. In 2011, there was a significant (95%CI: -0.35 to -0.07) increase in the proportion of REU reporting lifetime use (44%; 22% in 2010) of ecstasy powder. There was also an increase in recent use (23%; 14% in 2010) of ecstasy powder.

Table 4: Lifetime and recent use of ecstasy among ACT REU, 2008-2011

	2008	2009	2010	2011
Lifetime use				
Pills	100	100	100	100
Powder	23	23	22	44
Capsules	53	35	60	71
Recent use				
Pills	100	100	99	100
Powder	7	14	14	23
Capsules	23	6	37	39
Median days of use				
Pills	18	14	12	12
Powder	5	2	2	1
Capsules	2	1	2	1

Source: REU interviews, 2008-2011

When examining the total number of days that REU had used any form of ecstasy in the past six months (use of pill, powder and capsule forms combined), the median number of days of ecstasy use was 14 (range=6-58), remaining unchanged from 2010. There was no significant difference between the median days of use in 2010 and 2011. In the preceding six months, almost half (48%, 44% in 2010) used ecstasy on a monthly to fortnightly basis and 33% (36%

in 2010) had used ecstasy on a fortnightly to weekly basis. A further 20% reported the use of ecstasy more than weekly.

5.2.2 Median use

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was two (range=0.25-6.0; Table 5). Twenty-five percent of the sample reported that they typically used more than two tablets in a standard episode of use. During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of four tablets (range=1-20). Forty-four percent of the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 66% in 2010.

Recent ecstasy powder users reported using a median of one gram (n=10, range=0.2-1.0) of ecstasy powder in an episode of 'typical' use. The median amount of ecstasy powder used during the 'heaviest' episode of use was also one gram (n=13, range=0.2-3.0).

In the six months preceding interview, the median number of ecstasy capsules taken in the 'typical' episode of use was two (range=0.5-4.0). The median number of ecstasy capsules taken in the 'heaviest' episode of use was also two (range=0.5-7.0).

5.2.3 Route of administration

Almost all (95%) of participants nominated oral ingestion as their 'main' route of ecstasy (all forms) administration in the previous six months (92% in 2010), with 5% of REU reporting they mainly snorted the drug. No participants reported smoking, injecting or shelving/shafting as their main route of administration (ROA) of ecstasy in the previous six months.

When examining the ways in which REU had taken the ecstasy tablets they had used in the six months prior to interview, all (100%) of participants in the 2011 REU sample reported swallowing ecstasy tablets. The proportion of the sample reporting having recently snorted ecstasy tablets was 69%, similar to 67% in 2010. Small proportions reported recently smoking (5%, 7% in 2010) or shelving/shafting (1%, 7% in 2010). No participants reported recently injecting ecstasy tablets (6% in 2010). Of the 23% of participants that had recently used ecstasy powder, 89% reported that they had snorted ecstasy powder in the past six months, 56% reported that they had swallowed ecstasy powder in the past six months and one participant reported smoking ecstasy powder in the preceding six months. Of the 39% of participants that had recently used ecstasy powder, 94% reported that they had swallowed ecstasy capsules in the past six months, 45% reported snorting ecstasy capsules in the past six months and one participant reported smoking ecstasy capsules in the preceding six months.

5.2.4 Polydrug use

Ninety-five percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy (an increase from 88% in 2010). The drugs most commonly used in combination with ecstasy by REU were tobacco (71%), alcohol (more than five standard drinks) (68%) and cannabis (54%). Other drugs less commonly used in combination with ecstasy were alcohol (less than five standard drinks) (17%), speed (13%), mushrooms (12%) and LSD (11%). Just over half (53%) of the 2011 sample reported that the last time they used ecstasy they had used other drugs during the comedown period. The main drugs used in 2011 to facilitate come down from ecstasy were reported as cannabis (91%), tobacco (19%) and benzodiazepines (7%).

Forty percent of respondents reported bingeing in the six months prior to interview. The majority of recent bingers (97%) reported ecstasy as being involved.

Table 5: Patterns of ecstasy use among ACT REU, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Mean age first used ecstasy (years)	20	19	20	18	19	18	18	17
Median days used ecstasy in past six months [#]	14	13	16	12	18	14	14	14
Ecstasy 'favourite drug'	47	56	50	32	23	32	36	23
Use ecstasy ≥ weekly basis	22	19	21	28	29	37	32	33
Median ecstasy tablets in 'typical' session	2	2	2	2	2	2	2	2
Typically use > 1 tablet (%)	67	71	73	88	81	79	77	68
Recently binged* on ecstasy (%)	32	39	45	47	42	32	37	39
Ever injected ecstasy [#] (%)	0	6	14	10	16	5	10	1
Main route of administration of ecstasy in past six months (%)								
Swallowing	96	96	93	87	93	97	92	95
Snorting	4	3	4	12	5	3	4	5
Injecting	0	1	2	1	2	0	4	0
Forms used past six months ^a (%)								
Pills	-	-	-	-	100	100	99	100
Powder	-	-	-	-	7	14	14	23
Capsules	-	-	-	-	23	6	37	39
Use of other drugs in conjunction with ecstasy (%)	96	91	90	97	98	47*	88	95
Use of other drugs to come down from ecstasy (%)	80	73	75	81	82	41*	52	53

Source: EDRS REU interviews, 2004-2011

a Question not asked from 2003-2007 EDRS

* Bingeing defined as the use of stimulants 48 hours or more continuously without sleep

Includes capsules from 2008-2011

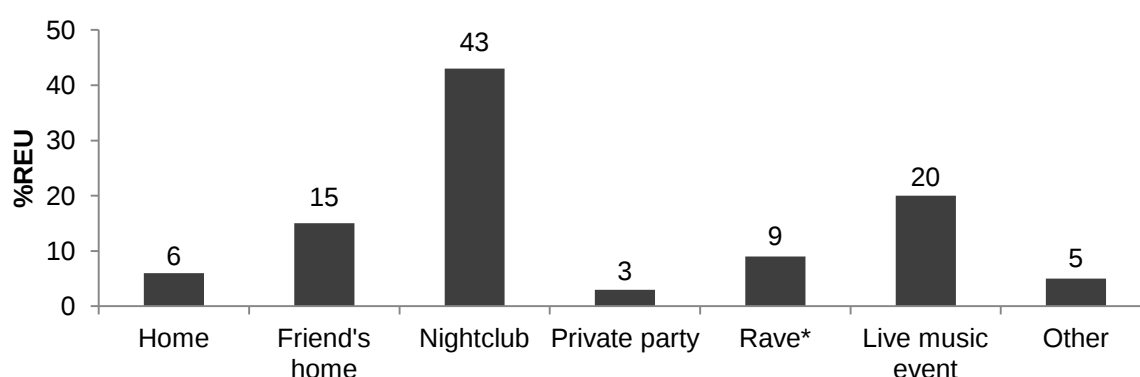
*Question only asked of REU who had recently binged on psychostimulants

5.2.5 Locations of ecstasy use

REU reported using ecstasy at a wide variety of locations the last time that they had used ecstasy (see

Figure 2 below). The venues that REU most frequently reported were: nightclubs (43%), live music events (20%) and friend's home (15%). These findings are similar to the results reported in 2010.

Figure 2: Last location of ecstasy use, ACT REU, 2011



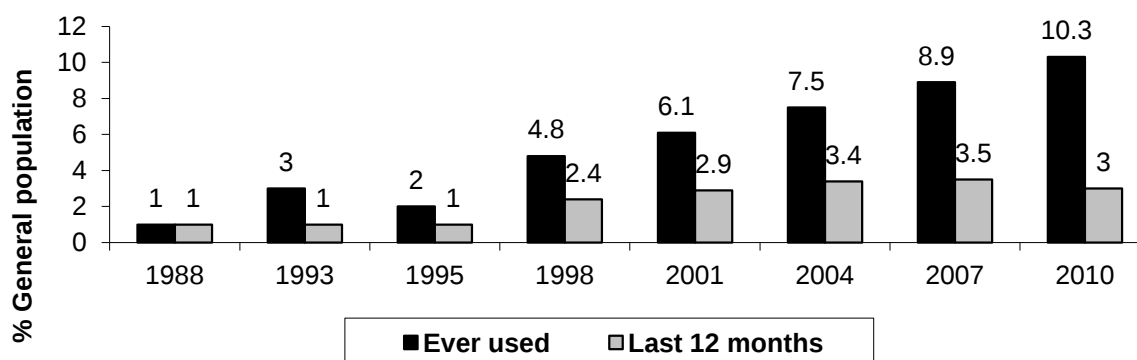
Source: EDRS REU interviews, 2011

* Includes outdoor raves (doofs) and dance parties

5.2.6 Use of ecstasy in the general population

Ecstasy use in Australia occurs most frequently among those aged 20-29 years, with the number of people reporting lifetime use continuing to increase. Between 2007 and 2010 recent use of ecstasy declined for the first time since 1995, decreasing from 3.5% to 3%, The 2010 NDSHS showed ecstasy was the second most widely used illicit drug after cannabis in Australia, with one in four (24.2%) 20-29 year olds and 9.8% of 18-19 year olds reporting having ever used ecstasy. (Australian Institute of Health and Welfare, 2005; Australian Institute of Health and Welfare, 2011) . Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 and 2010.

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2010



Source: NDSHS 1988-2011, AIHW

Key Expert Comments

- Four KE commented on ecstasy as being one of the most problematic drugs that they came across in their service.
- KE commented that REU most commonly take ecstasy in the form of pills and that ecstasy use is more common in younger populations.
- Two KE commented that ecstasy use had become more frequent in the previous six months

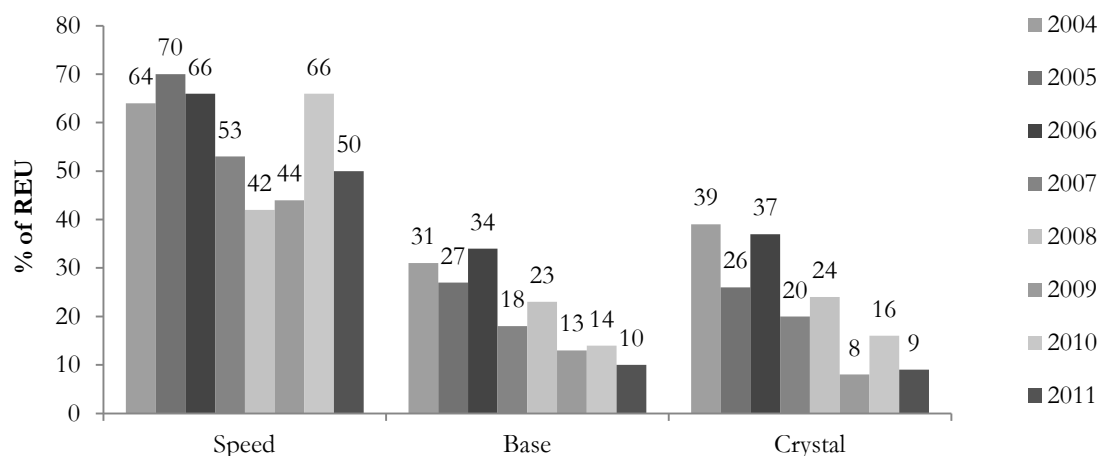
5.3 Methamphetamine use

Key points

- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal). In 2011, 51% of participants reported recent use of any form of methamphetamine, a significant decrease from 70% in 2011.
- Methamphetamine powder (speed) was the most commonly used form of methamphetamine by REU, followed by crystal and then base.
- Three-quarters of the sample had used speed in their lifetime and half had used speed in the past six months on a median of three days.
- One-quarter of the sample had used base in their lifetime. One in 10 participants had used base in the past six months on a median of five days.
- One-quarter percent of the sample had used crystal in their lifetime. Nine percent had used crystal in the past six months, a decrease from 16% in 2010. Use remained infrequent, occurring on a median of two days.

The majority (78%) of participants in the 2011 EDRS reported lifetime use of at least one form of methamphetamine (a decrease from 85% in 2010). There was a significant decrease in the proportion of participants reporting the use of at least one form of methamphetamine in the six months prior to interview, decreasing from 70% in 2010 to 51% in 2011 (95%CI: 0.03-0.33). Among recent methamphetamine users, the median number of days of any form of methamphetamine use (powder, base and crystal methamphetamine forms) was six (range=1-95), not significantly different from three days of use in 2010. Eight percent of REU who participated in the 2011 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, an increase from 4% in 2010. The form of methamphetamine used most commonly among the 2011 EDRS sample was speed (50%; 66% in 2010). Recent base use was 10% of participants in 2011 and recent crystal use in 2011 decreased from 16% in 2010 to 9% in 2011 as shown in Figure 4.

Figure 4: Trends in recent methamphetamine (speed, base and crystal) use, ACT, 2004-2011



Source: EDRS REU interviews, 2004-2011

5.3.1 Methamphetamine powder (speed)

Table 7 presents a summary of the patterns of speed use among REU in the ACT from 2004 to 2011. Only one participant nominated speed as their current drug of choice (1% in 2010). However, the majority (78%) of participants reported ever having used speed (81% in 2010), and 50% reported having recently used speed (66% in 2010).

Recent speed users reported a median of five days (range=1-90) of speed use in the past six months, not significantly different from three days of use in 2010. Just over half (53%) of those REU who had recently used speed had used five times or less in the preceding six months (a decrease from 71% in 2010). Thirty percent of recent speed users had used on a monthly to fortnightly basis (20% in 2010), and 7% had used speed more regularly than fortnightly during the past six months (similar to 8% in 2010). There were no reports of daily speed use.

The majority of recent speed users quantified their use in terms of 'grams' (n=28). The median amount of speed used in a 'typical' episode of use in the past six months was 0.6 grams (range=0.1-3.5). The median amount of speed used in the 'heaviest' session was one gram (range=0.25-10), an increase from half a gram in 2010. Among those REU who reported in lines (n=9), the median amount of speed used in a 'typical' episode of use in the past six months was three lines (range=1-10). In 2011, the median amount of speed used in the 'heaviest' session was five lines (n=9, range=2-20).

Among REU who reported having binged on ERD recently (n=32), 53% reported they had used speed during these binge sessions (an increase from 48% in 2010). Of those REU who indicated that they last used other drugs in combination with ecstasy (n=76), 13% reported also using speed the last time they took ecstasy, a decrease from 19% in 2010. There were no reports from participants of using speed to come down from ecstasy.

Of those participants who had used speed in the previous six months, 78% reported swallowing speed in the previous six months, 75% reported having snorted speed in the preceding six months, 20% had recently smoked speed and 3% had recently injected speed.

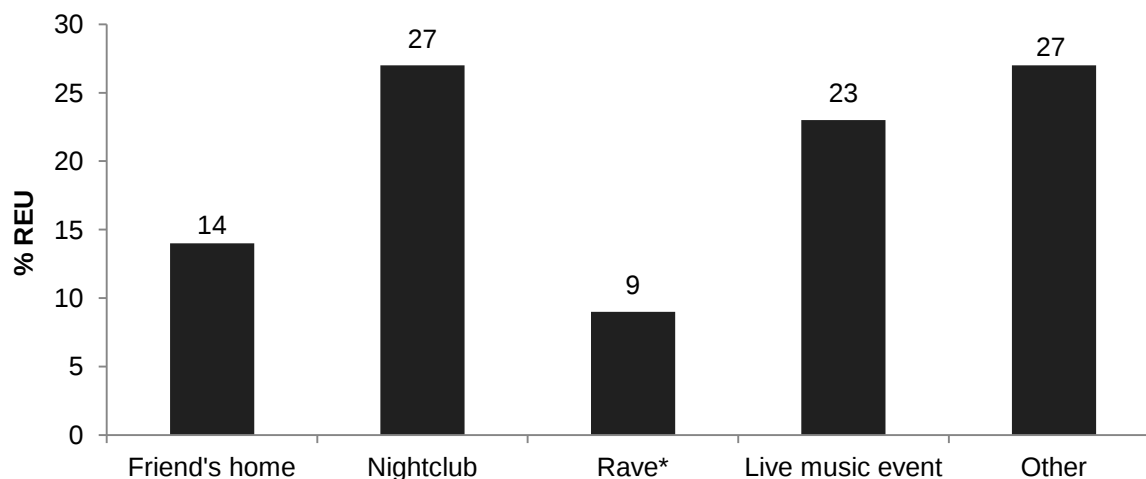
Table 6: Patterns of methamphetamine powder use among ACT REU, 2004-2011

Speed	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=82)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used (%)	87	90	81	84	74	68	81	78
Used preceding six months (%)	64	70	66	53	43	44	66	50
Of those who had used								
Median days used last 6 mths (range)	4 (1-50)	5 (1-180)	4 (1-72)	4 (1-96)	6 (1-72)	2 (1-96)	3 (1-48)	5 (1-90)
Median quantities used (grams)								
Typical (range)	0.5 (0.1-2)	1 (0.1-3)	0.5 (0.2-4.5)	0.5 (0.1-2)	0.75 (0.25-3.5)	0.5 (0.1-2)	0.3 (0.1-1.5)	0.6 (0.1-3.5)
Heavy (range)	0.5 (0.1-4)	1.6 (0.1-5)	1 (0.2-4.5)	0.8 (0.1-5)	1.5 (1.0-8)	0.5 (0.1-4)	0.5 (0.1-4)	1 (0.25-10)

Source: EDRS REU interviews, 2004-2011

Figure 5 presents the last locations of speed use in the six months prior to interview. Speed had been used by REU at a variety of locations. The most common location reported for speed use was nightclubs (27%).

Figure 5: ACT REU reports of last location of use for speed, 2011



Source: EDRS REU interviews, 2011

Note: Results based on following response numbers: speed (n=24), base (n=7) and crystal (n=5)

* Includes outdoor raves (doofs) and dance parties

5.3.2 Methamphetamine base

Table 8 presents a summary of the patterns of base use from 2004 to 2011. No participants nominated base as their drug of choice. Twenty-four percent of REU interviewed in 2011 reported ever having used base (25% in 2010) and 10% reported having recently used base (14% in 2010). Recent base users (n=8) reported a median of five days (range=1-36) of base use in the past six months (it was also five days in 2010). Two-thirds (63%) of recent base users had used base less than monthly in the past six months (60% in 2010). Thirteen percent of participants reported that they had used base on a monthly to fortnightly basis (20% in 2010), and 25% had used base more regularly than fortnightly during the past six months (20% in 2010). No REU reported using base on a daily basis.

The majority (n=6) of recent base users quantified their use in terms of points. The median amount of base used in a 'typical' episode of use in the past six months was 0.65 points (range=0.1-5.0). In 2011, the median amount of base used in the 'heaviest' session was 2.25 points (range=0.2-7.0). Of those REU who reported having binged in the past six months (n=32), 6% reported that they had used base during these binge sessions (7% in 2010). Three percent of those REU who indicated that they last used other drugs in combination with ecstasy reported using base in this context (6% in 2010). There were no reports of base being used to facilitate ecstasy comedown.

Of those participants who had used base in the previous six months, 75% reported swallowing base (an increase from 60% in 2010), 38% had recently snorted the drug (a decrease from 70% in 2010) and 38% reported smoking base (20% in 2010). There were no reports of recent injection of base in 2011.

Table 7: Patterns of methamphetamine base use among ACT REU, 2004-2011

Base	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used (%)	43	45	48	42	52	30	25	24
Used preceding six months (%)	31	27	34	18	23	13	14	10
Of those who had used								
Median days used last 6 mths (range)	2.5 (1-72)	3 (1-70)	4 (1-48)	4 (1-24)	9 (1-72)	3 (1-14)	5 (1-24)	5 (1-36)
Median quantities used (points)								
Typical (range)	1 (0.3-3)	1 (0.25-3)	1 (0.5-3)	1 (0.5-2)	2 (0.1-3)	2 (0.5-10)	2 (0.2-8)	0.65 (0.1-5)
Heavy (range)	1 (0.3-10)	2 (0.25-7)	2 (0.5-7)	2 (0.5-2.25)	3.5 (0.5-7)	2 (0.5-10)	3 (0.2-8)	2.3 (0.2-7)

Source: EDRS REU interviews, 2004-2011

5.3.3 Crystal methamphetamine

Table 9 presents a summary of the patterns of crystal use among REU in the ACT from 2004 to 2011. One participant nominated crystal as their drug of choice. Almost one-quarter (23%) reported ever having used crystal (30% in 2010), and 9% reported recent use, a decrease from 16% in 2010. Recent crystal users (n=7) reported a median of two days (range=1-5) of crystal use in the past six months; not significantly different from five days in 2010. All participants that reported recently using crystal used less than monthly in the previous six months (50% in 2010).

Only three recent crystal users quantified their use in terms of points. Two points was the median amount of crystal reported to be used in a 'typical' episode (range=0.2-5.0) and two points for the 'heaviest' (range=0.2-7.0) episode of use in the past six months. Of those REU who reported having binged on ERD recently (n=32), 9% reported they had used crystal during these binge sessions (a decrease from 16% in 2010). Among those REU reporting that they last consumed other drugs when taking ecstasy, one participant reported using crystal in the context of their last ecstasy use (6% in 2010). No respondents reported using crystal to facilitate ecstasy comedown.

Table 8: Patterns of crystal methamphetamine use among ACT REU, 2004-2011

Crystal	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used (%)	62	49	55	54	61	28	30	23
Used preceding six months (%)	39	26	37	20	24	8	16	9
Of those who had used								
Median days used last 6 mths (range)	2 (1-13)	3 (1-96)	5 (1-50)	2 (1-90)	11 (1-180)	4 (1-10)	5 (1-24)	2 (1-5)
Median quantities used (points)								
Typical (range)	1 (0.13-3)	1 (0.25-3)	1 (0.25-4)	2 (0.5-5)	1 (0.25-6)	2 (1-5)	1 (0.2-8)	2 (0.2-5)
Heavy (range)	1 (0.13-10)	1 (0.25-5)	1.5 (0.25-5)	2.5 (0.5-5)	3 (0.5-10)	4 (2-5)	0.75 (0.2-3)	2 (0.2-7)

Source: EDRS REU interviews, 2004-2011

Seventy-one of those who had used crystal in the previous six months reported that they had smoked it, an increase from 42% in 2010. Over half (57%) of those who had recently used crystal reported snorting it, an increase from 33% in 2010. Forty-three percent reported recently swallowing crystal (33% in 2010). No participants reported recently injecting or shelving/shafting crystal.

Key Expert Comments

- Speed was generally reported as commonly used but with low frequency.
- Base use was reported as infrequent.
- Ice/crystal was reported to be used infrequently. Two KE commented that ice use had decreased in the previous six months. Two KE commented that ice was most frequently smoked by this group.
- One KE reported on the recent emergence of a new type of 'smokeable meth' in the form of very small crystals. The substance was reported to be cheaper than crystal and induce different physiological effects to crystal.
- Three KE commented that crystal was one of the most problematic drugs seen in their service.
- KE commented that the harms associated with ice were significant; mental health problems, psychosis and aggression.

5.4 Cocaine use

Key points

- Three-quarters of participants reported lifetime use of cocaine. There was a significant decrease in the proportion of participants reporting recent use of cocaine compared to 2010. Fifteen percent of REU nominated cocaine as their drug of choice.
- Frequency of cocaine use remained low at a median of four days in the previous six months.
- The median amount of cocaine used in a typical session of use was half a gram. A median of one gram was used in the heaviest recent session.

Table 10 presents a summary of the patterns of cocaine use from 2004 to 2011. In 2011 three-quarters (76%) of participants reported having ever used cocaine, compared to 81% in 2010. There was a significant (95%CI: 0.23-0.51) decrease in the proportion of respondents that had recently used cocaine compared to 2010 (43%, 58% in 2010). In 2011, a median of four days of use (range=1-24) was reported by those REU who had used cocaine in the past six months. This was not significantly different from three days of use in 2010. The majority (72%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, 16% of REU had used cocaine between monthly and fortnightly and 9% had used cocaine on a fortnightly or greater basis. In 2011, 15% of REU nominated cocaine as their drug of choice, an increase from 8% in 2010.

Recent cocaine users most commonly quantified their use of cocaine in terms of grams. A median of half a gram (n=19, range=0.3-3.0) was used during a 'typical' session of cocaine use, and this increased to one gram (n=22, range=0.5-4.0) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 10). Twenty-eight percent of REU who had recently binged on ERD reported using cocaine during these binge episodes.

All (n=34) participants who had recent use of cocaine reported snorting it. Half (50%) the participants who reported recent use of cocaine reported swallowing it and one participant reported smoking it. No participants reported injecting or shelving/shafting cocaine in the previous six months.

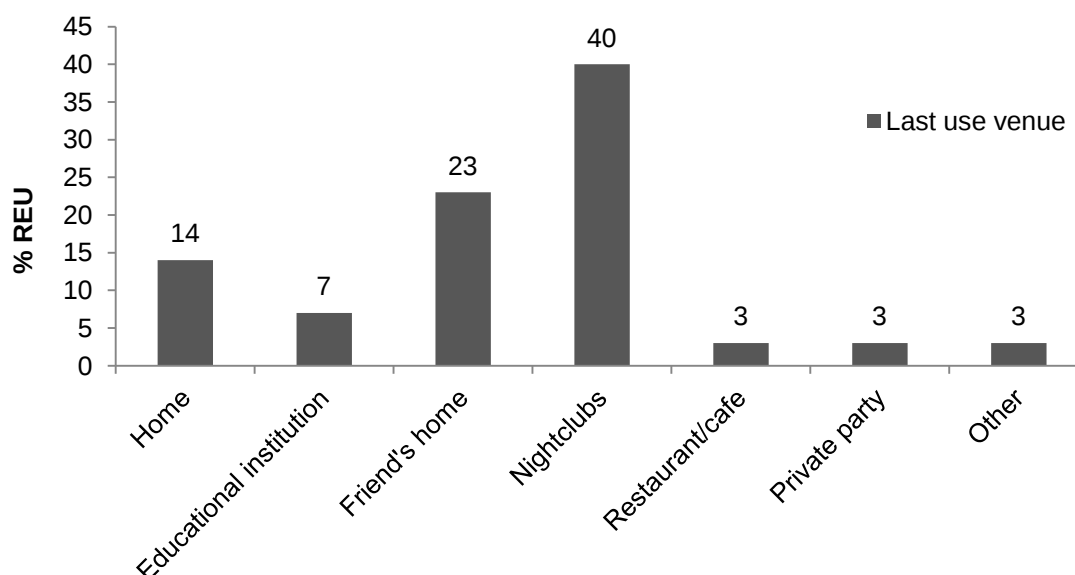
Table 9: Patterns of cocaine use among REU, 2004-2011

Cocaine	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used %	69	68	68	80	74	65	81	76
Used last six months %	34	44	44	46	37	44	58	43
Of those who had used								
Median days used last 6 mths (range)	2 (1-24)	3 (1-72)	2 (1-48)	3 (1-72)	4 (1-72)	2 (1-100)	3 (1-72)	4 (1-24)
Median quantities used (grams)								
Typical (range)	0.5 (.13-.20)	0.5 (0.25-3)	0.5 (0.1-3)	0.5 (0.1-2)	0.5 (0.25-4)	0.5 (0.1-3.5)	0.5 (0.1-2)	0.5 (0.3-3)
Heavy (range)	0.75 (.13-3.5)	1.0 (0.5-5)	1.0 (0.1-3)	1.0 (0.3-10)	1.0 (0.25-6)	0.75 (0.1-3.5)	1.0 (0.2-3)	1.0 (0.5-4)

Source: EDRS REU interviews, 2004-2011

Figure 6 summarises the reports of REU regarding the locations where they had last used cocaine in the past six months. The most common location of recent use of cocaine was at a friend's home (40%). The next most common locations of use were a nightclub (19%), followed by their own home (11%).

Figure 6: Location of cocaine use, ACT, 2011



Source: EDRS REU interviews, 2011

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=30

1.1.1 Key Expert Comments

- All KE commented that cocaine was uncommon amongst this demographic. The main reasons cited for this were the high price of cocaine and low purity of cocaine.

5.5 LSD use

Key points

- Three-fifths (60%) of participants reported lifetime use of LSD and 39% reported LSD use in the six months prior to interview. Nine percent of REU nominated LSD as their drug of choice.
- Frequency of LSD use was low at median of four days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab. A median of two tabs was used in the heaviest recent session.

In 2011, three-fifths (60%) of the sample reported ever having tried LSD, similar to 2010 (62%). There was no change from 2010 to 2011 in recent use of LSD (41% in 2010, 39% in 2011).

Table 11 summarises the patterns of LSD use among ACT REU from 2004 to 2011. Recent LSD users (n=31) reported a median of four days of use in the past six months (range=1-24), not significantly different to a median of three days in 2010. The majority (80%) of REU who had used LSD in the preceding six months reported using on a less than monthly basis. Twenty percent of respondents used monthly to fortnightly and 20% of respondents used between fortnightly and weekly. Of those REU who reported bingeing on ERD in the preceding six months, 20% had used LSD during extended drug use sessions (23% in 2010). Of those REU who indicated that they last used other drugs in combination with ecstasy (n=76), 11% (n=8) reported that they used LSD in combination with their last ecstasy use. Seven participants reported LSD as their drug of choice.

All recent LSD users who commented quantified their use of the substance in terms of 'tabs'. A median of one tab was taken during a 'typical' (n=30, range=0.5-20) episode and two tabs for the 'heaviest' (n=30, range=1-40) episodes of LSD use (see Table 11). All recent LSD users reported that they had swallowed LSD in the past six months (n=31).

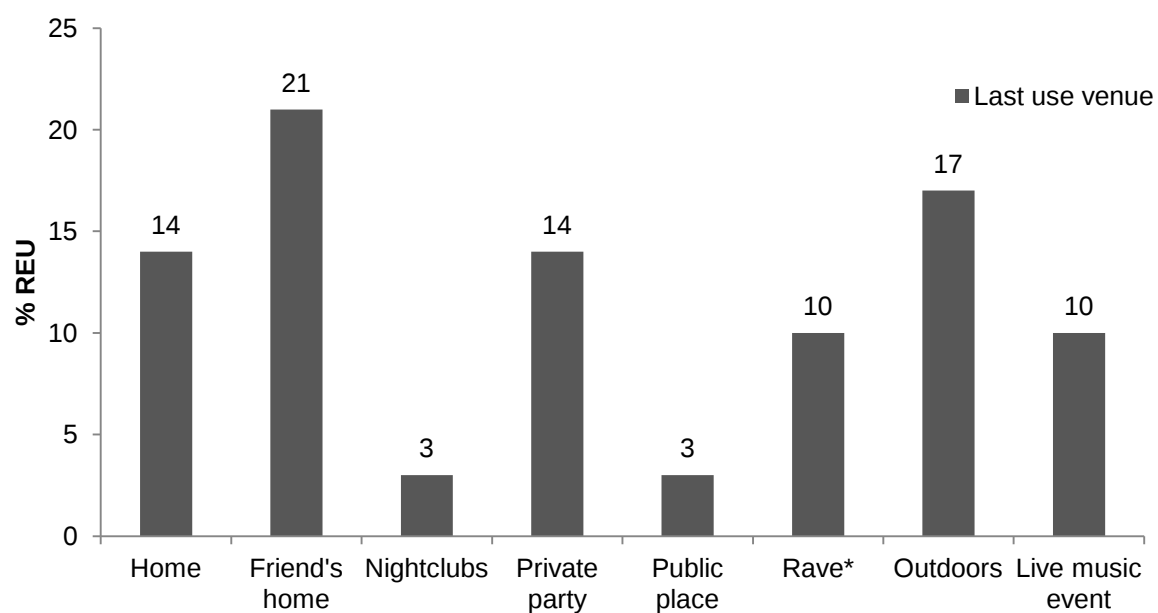
Table 10: Patterns of LSD use among ACT REU, 2004-2011

LSD	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used (%)	62	48	46	54	64	63	62	60
Used last six months (%)	23	30	18	24	37	35	41	39
Of those who had used								
Median days used last 6 mths (range)	1 (1-10)	2 (1-48)	1.5 (1-20)	2 (1-20)	4 (1-35)	2 (1-24)	3 (1-24)	4 (1-24)
Median quantities used (tabs)								
Typical (range)	1 (0.5-3)	1 (0.5-3)	1.0 (0.25-5)	1 (0.5-3)	1 (0.5-3)	1 (0.5-2)	1 (0.5-3.5)	1 (0.5-20)
Heavy (range)	1 (0.5-5)	1 (0.5-7)	1.25 (0.25-6)	2 (0.5-5)	2 (0.5-6)	1 (0.5-6)	1.5 (1-10)	2 (1-40)

Source: EDRS REU interviews, 2004-2011

The locations at which respondents indicated they had last used LSD were a friend's home (26%), a rave (26%), and at a public place (17%) (Figure 7).

Figure 7: Last location of LSD use, ACT REU, 2011



Source: EDRS REU interviews, 2011

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=29

5.6 Cannabis use

Key points

- The majority (98%) of participants had used cannabis in their lifetime. Eighty-nine percent of REU had used cannabis in the last six months. Twenty-six percent of REU nominated cannabis as their drug of choice.
- Cannabis was used on a median of 48 days (approximately twice a week) in the past six months.
- One-fifth (20%) of recent cannabis users reported using cannabis on a daily basis.
- Cannabis was frequently used during binge sessions (75% of those that had binged in the past six months used cannabis) and while coming down from ecstasy (91% of those who used drugs while coming down from ecstasy).

Table 11 presents a summary of cannabis use of ACT REU from 2004 to 2011. In 2011, the majority (98%) of REU reported lifetime use of cannabis, and 89% of REU reported using cannabis in the six months preceding interview. In 2011, REU who had used cannabis in the preceding six months used it on a median of 48 days (range=1-180), not significantly different to a median of 24 days in 2010. The majority (69%) reported using cannabis on a greater than fortnightly basis, with one-fifth (20%) of REU reporting that they were daily users of cannabis. Seventeen percent reported using cannabis on a less than monthly basis and 4% reported using cannabis on a monthly to fortnightly basis. One-quarter (26%) of REU nominated cannabis as their drug of choice.

More than half (56%) of those that had recently used cannabis quantified their use in terms of cones. The median number of cones used on the last occasion of use was five (n=35, range=0.5-20). Forty-four percent of those that had recently used cannabis quantified their use in terms of joints. The median number of joints used on the last occasion of use was one (n=28, range=0.25-6.0).

Almost all (99%) REU who had used cannabis in the preceding six months reported that they had recently smoked it and 35% of REU who had recently used cannabis reported that they had recently swallowed it. Three-quarters (75%) of REU who reported that they had binged on ERD in the preceding six months reported that they had used cannabis during these binges. Fifty-four percent of REU who reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis (53% in 2010). Ninety-one percent of REU who reported that they used drugs while coming down from ecstasy used cannabis, compared to 87% in 2010.

Table 11: Patterns of cannabis use among ACT REU, 2004-2011

Cannabis	2004 (N=116)	2005 (N=125)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever used (%)	98	94	94	100	100	100	100	98
Used preceding six months (%)	83	81	83	85	86	89	89	89
Of those who had used								
Median days used last 6 mths (range)	27 (1-180)	39 (1-180)	50 (1-180)	48 (1-180)	60 (1-180)	35 (1-180)	24 (1-180)	48 (1-180)
Daily use (%)	19	19	22	16	31	12	25	18
Route of administration (%)								
Smoked	100	98	99	100	99	99	99	99
Swallowed	33	37	28	26	31	41	37	35

Source: EDRS REU interviews, 2004-2011

Key Expert Comments

- Three KE reported that cannabis was the most problematic drug seen in their service.
- KE commonly reported that cannabis was easy to obtain and use was common.

5.7 Emerging psychoactive substances (EPS) use

2CI, 2CB and 2CE are part of a group of chemicals known as 'psychedelic phenethylamines'. They are usually used orally and produce psychedelic, stimulant effects. There was an increase in lifetime use of 2CI, increasing from four percent of participants in 2010 to 11% of participants in 2011. Recent use of 2CI increased from 1% in 2010 to 6% in 2011. There was also an increase in the proportion of participants reporting lifetime use of 2CB, increasing from 10% in 2010 to 14% in 2011. The proportion of participants reporting using 2CB in the six months prior to interview decreased from 6% in 2010 to 3% in 2011. The proportion of participants reporting lifetime use of 2CE in 2011 remained unchanged from 2010 (8%). Recent use of 2CE decreased from 6% in 2010 to 3% in 2011.

In 2011 there was a significant increase in lifetime use and recent use of the psychedelic tryptamine dimethyltryptamine (DMT) compared to 2010. DMT reportedly has effects similar to LSD and can be injected, smoked or sniffed. In 2011, 21% of participants reported having ever used DMT, an increase from 8% in 2010 (95%CI: -0.24 to -0.02). The proportion of participants reporting use of DMT in the six months prior to interview also significantly increased from 4% in 2010 to 18% in 2011. (95%CI: -0.24 to -0.03). Of those that had used DMT recently, 93% reported smoking the substance in the six months prior to interview. One participant reported swallowing DMT in the six months prior to interview. The use of 5-MEO-DMT, another psychedelic tryptamine, remained low in 2011.

The proportion of ACT REU reporting lifetime use and recent use of the synthetic stimulant drugs paramethoxyamphetamine (PMA), BZP, Ivory Wave, mephedrone and methyldone remained low in 2011.

Mescaline is also a psychoactive phenethylamine chemical and comes from the peyote cactus. There was an increase in the proportion of participants reporting both lifetime and recent use of mescaline from 2010 to 2011, with lifetime use increasing from 6% in 2010 to 13% in 2011. In 2010 no participants reported recent use of mescaline, increasing to nine participants (11%) in 2011. Small proportions of participants reported lifetime or recent use of other naturally occurring substances including Datura, salvia and LSA.

In 2011, participants were asked about their use of K2/Spice or any other synthetic cannabinoids. One participant reported having ever used K2/Spice and one participant reported having used K2/Spice in the six months prior to interview. Five participants reported lifetime and recent use of any other synthetic cannabinoids.

Dextromethorphan (DXM) is a semisynthetic opiate derivative which is legally available over the counter in the United States. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. Sixteen percent of respondents reported lifetime use of DXM and 5% of participants reported using DXM in the previous six months.

Melanotan is a synthetic analog that has been shown to have melanogenesis (tanning) and aphrodisiac effects in preliminary studies and clinical trials. Melanotan has not been approved for use by the Therapeutic Goods Administration (TGA), but can be sourced via the internet. Melanotan is typically injected subcutaneously. Two participants reported lifetime and recent use of Melanotan. Both participants reported recently injecting Melanotan.

Table 12: Use of emerging psychoactive substances (EPS) among ACT REU, 2010-2011

		2010 ever used (%) (n=73)	2011 ever used (%) (n=80)	2010 used last 6 months (%) (n=73)	2011 used last 6 months (%) (n=80)
Psychedelic phenethylamines	2CI	4	11	1	6
	2CB	10	14	6	3
	2CE	8	8	6	3
Psychedelic tryptamines	DMT	8	21	4	18
	5-MEO DMT	6	4	1	4
Synthetic stimulants	PMA	7	0	4	0
	BZP	4	1	3	1
	Ivory wave	0	0	0	0
	Mephedrone	1	8	1	1
	Methylone	NA	1	NA	1
Naturally occurring drugs	Mescaline	6	13	0	11
	Datura	1	3	0	1
	Salvia	NA	9	NA	3
	LSA	NA	6	NA	1
Synthetic cannabinoids	K2/Spice	NA	1	NA	1
	Other synthetic cannabinoid	NA	6	NA	6
Others	DXM	10	16	1	5
	Melanotan	NA	3	NA	3

Source: EDRS REU interviews, 2010-2011

5.8 Other drug use

Key points

- One-fifth (22%) of recent alcohol users using alcohol more than three days per week in the past six months.
- Sixty-eight percent of those who commented reported using more than five standard drinks the last time they used ecstasy.
- Over half (55%) of REU who had used tobacco recently reported using tobacco daily.
- The proportion of REU reporting lifetime use of mushrooms increased from 2010 to 2011 (60% in 2010 to 73% in 2011). Recent use of mushrooms also increased from 30% in 2010 to 46% in 2011.
- Smaller proportions of REU reported using antidepressants, heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

5.8.1 Alcohol

All (100%) of the 2011 ACT EDRS sample reported lifetime use of alcohol and almost all (99%) reported recent use of alcohol. Alcohol was consumed on a median of 37 days (approximately one to two times a week, range=3-180) in the six months prior to interview. This is a decrease from 2010, where alcohol was consumed on a median of 48 days in the six months prior to interview. One-fifth (22%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, a decrease from 35% in 2010. Fourteen percent of the sample nominated alcohol as their drug of choice (8% in 2010).

In 2011, 38% of all REU reported that they had used alcohol during a binge session in the six months preceding interview (29% in 2010).

In 2011, 17% of REU who commented reported drinking less than five standard drinks the last time they had used ecstasy. Furthermore, 68% of respondents reported that they consumed more than five standard drinks during the last episode of ecstasy use.

One participant who used other drugs to facilitate the comedown from their last episode of ecstasy use reported that they used alcohol. No participants reported excessive alcohol consumption when coming down from ecstasy.

5.8.2 Tobacco

The majority (94%) of the 2011 sample reported lifetime use of tobacco, and 86% of the 2011 ACT EDRS sample reported use of tobacco in the six months preceding interview, similar to 89% in 2010. Of those who reported using tobacco in the previous six months, 55% (n=38) reported daily tobacco use. The 2010 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 16% (Australian Institute of Health and Welfare, 2011).

5.8.3 Benzodiazepines

In 2011, participants were asked about their use of licit and illicit benzodiazepines, whereby licit refers to the use of one's own prescription and illicit is the use of someone else's prescription or obtaining them through a means other than a script.

In 2011, 14% of REU reported lifetime use of licit benzodiazepines (19% in 2010) and 9% (n=7) reported recent use of licit benzodiazepines (15% in 2010). Median days of use was 30 days (range=1-180), with one recent licit benzodiazepine user reporting less than monthly use, one user reporting monthly to fortnightly use and four users reporting more than weekly use. One respondent reported daily use of licit benzodiazepines. All recent users (n=7) reported swallowing as their main ROA.

Almost half (44%) of the sample reported lifetime use of illicit benzodiazepines (46% in 2010), and 24% reported recent use (24% in 2010). Median days of use were three (range=1-25). No respondents reported daily use of illicit benzodiazepines. All recent users (n=19) reported swallowing as their main ROA in the last six months.

One participant reported using benzodiazepines (licit or illicit) in combination with ecstasy during their last episode of use. Three participants reported using benzodiazepines (licit or illicit) to come down from their last episode of ecstasy use. Two participants reported using benzodiazepines (licit or illicit) in a binge session in the previous six months.

5.8.4 Antidepressants

In 2011, participants were asked about their use of licit and illicit antidepressants whereby licit refers to the use of one's own prescription and illicit is the use of someone else's prescription. One-quarter (25%) of the 2011 EDRS sample reported ever having used licit antidepressants (16% in 2010), whilst 14% (n=11) reported recent use of licit antidepressants. Median days of use were 120 days (range=1-180). Forty-five percent of recent users of licit antidepressants reported daily use. Swallowing was the ROA used by 91% of those that had recently used licit antidepressants. One participant reported recently shelving/shafting antidepressants.

In 2011, 5% of the sample reported lifetime use of illicit antidepressants. One participant reported recent use of illicit antidepressants.

5.8.5 Inhalants

Amyl nitrite

In 2011 half (50%) of REU reported lifetime use of amyl nitrate. Just over a quarter (28%) of the sample reported using amyl nitrate in the six months preceding interview (33% in 2010). The use of amyl nitrite occurred on a median of four days (range=1-30). The majority (82%) of recent amyl nitrite users reported less than monthly use, 9% (n=2) reported monthly to fortnightly use and 9% (n=2) reported greater than fortnightly use. Amyl nitrite was reported to be used during a 'binge' session by three participants. Seven percent (n=5) of participants reported that they used amyl nitrite in combination with their last ecstasy use and no participants reported using amyl nitrite to facilitate their last ecstasy comedown.

Nitrous oxide

Lifetime use of nitrous oxide increased from 38% in 2010 to 44% in 2011. The proportion of REU reporting use of nitrous oxide in the six months preceding interview also increased, from 14% in 2010 to 24% in 2011. The median days of use was five (range=1-100). The median amount of 'bulbs' used in a typical session was reported to be five (range=1-12) and a median of 10 bulbs (range=1-100) was reported to be used in a heavy session. Four participants reported using nitrous oxide during a 'binge' session and one participant reported using nitrous oxide in combination with their last ecstasy use. No participants reported using nitrous oxide to facilitate comedown from their last ecstasy use.

Mushrooms

In 2011, the majority of the sample (73%) reported lifetime use of mushrooms, an increase from 60% in 2010. The proportion of REU reporting use of mushrooms in the preceding six months also increased, from 30% in 2010 to 46% in 2011. The median days of use was three (range=1-32). All (100%) recent users reported swallowing mushrooms. Nine percent (n=7) of all participants reported using mushrooms in a binge session. Twelve percent (n=9) of participants reported using mushrooms during their last ecstasy use, compared to 3% in 2010. There were no reports of mushrooms used to facilitate last ecstasy comedown. Two participants reported mushrooms as their drug of choice.

5.8.6 Heroin and other opiates

Heroin

Eight percent of the 2011 EDRS sample reported lifetime use of heroin, a significant decrease from 21% in 2010 (95%CI: 0.02-0.24). The proportion of participants reporting recent use of heroin also decreased from 2011 to 2010, decreasing from 14% to five percent of all participants. Use occurred on a median of 47 days (range=2-96). Two participants reported less than monthly heroin use and two participants reported greater than weekly heroin use. All participants who reported recent use of heroin reported injecting the substance in the previous six months. One participant reported heroin as their drug of choice.

Methadone

Five percent of the 2011 sample had ever used methadone. Four percent (n=3) of participants had used methadone recently. The median days of use was one (range=1-180). Two recent users reported using methadone less than monthly and one participant reported using methadone more than weekly. All recent users reported having swallowed methadone. No participants reported methadone as their drug of choice.

Buprenorphine

In 2011, 4% of participants had ever used buprenorphine (8% in 2010) and two participants reported that they had used buprenorphine in the six months preceding interview. One user had injected buprenorphine recently and one user had swallowed buprenorphine recently. No participants reported buprenorphine as their drug of choice.

Other opioids

Twenty-eight percent of the sample reported ever having been prescribed other opioids and 5% (n=4) reported the recent use of licit other opioids. The median days of licit other opioid use in the preceding six months was one (range=1-3). All recent other opioid users reported injecting licit other opioids. Fourteen percent of REU had ever used illicit other opioids and 11% used illicit other opioids recently. The median days of use was three (1-60). Seventy-eight percent of recent illicit opioid users reported swallowing as the ROA used in the previous six months. One participant reported injecting illicit other opioids in the six months prior to interview.

5.8.7 Gamma-hydroxy butyrate (GHB)

In 2011, 17% of the ACT EDRS sample reported ever having tried GHB, similar to 14% in 2010. Nine percent (n=7) of participants reported that they had used GHB in the six months preceding interview, an increase from 3% of participants in 2010. All participants that reported recent use of GHB reported swallowing GHB in the six months prior to interview. One participant was able to comment on the price, purity and availability of GHB, reporting that the price of GHB had remained stable in the previous six months. The participant reported that potency of GHB was currently medium and had remained stable in the previous six months. The participant reported that GHB was currently difficult to access and that availability had remained stable in the previous six months.

In the six months prior to interview, both recent GHB users reported that they had used GHB on a median of one day (range=1-2). As documented in previous years, GHB is a drug that appears to be used infrequently among REU in the ACT. No participants had recently binged on GHB. No participants reported using GHB during their last ecstasy use or during their last ecstasy comedown. Further, no participants nominated GHB as their drug of choice in the 2011 EDRS.

5.8.8 MDA

MDA (3,4-methylenedioxyamphetamine) is a stimulant hallucinogen and, like ecstasy, is part of the phenethylamine family. It generally comes in powder or tablet form and occasionally as pills sold as ecstasy.

In 2011, 21% of REU reported that they had ever used MDA (an increase from 10% in 2010). Nine percent (n=7) of participants reported having recently used MDA. Median days of use was three days (range=2-20). Five participants reported using MDA less than monthly, one participant reported using monthly to fortnightly and one participant reported greater than fortnightly use. Three participants reported only swallowing MDA, one participant reported only snorting MDA and three participants reported both swallowing and snorting MDA in the six months preceding interview. No participants reported that they had used MDA while recently bingeing. Three participants reported having used MDA in combination with their last ecstasy use and no participants reported using MDA to come down from their last ecstasy use. One participant reported MDA as their drug of choice.

5.8.9 Ketamine

Almost one-third (29%) of the 2011 EDRS sample reported ever having used ketamine in their lifetime while 14% of participants reported having used ketamine in the past six months. Median days of use was one day (range=1-2). Eight participants who had recently used ketamine reported swallowing it and four participants reported snorting it. Two participants reported bingeing with ketamine in the previous six months. One participant reported having used ketamine in combination with their last ecstasy use. No participants had used ketamine to come down from their last ecstasy use. One participant reported ketamine as their drug of choice.

The median number of bumps used in an average session of use was one (range=1-2), and that the median number of bumps used in a heavy session was also one (range=1-2). Only one participant could comment on the price of ketamine, reporting that the price was \$170 per gram. Three participants said the price was stable across the past six months and one participant said the price was fluctuating. One participant commented the purity was low, another participant commented purity was medium, and one participant commented that the purity was fluctuating. Three participants said that purity had fluctuated across the past six months. Five participants commented on availability of ketamine with four participants reporting that ketamine was easy or very easy to obtain and one participant reporting that ketamine was difficult to obtain. Due to the very small numbers reporting, this data must be interpreted with caution.

5.8.10 Pharmaceutical stimulants

In 2011, participants were asked about their use of licit and illicit pharmaceutical stimulants, including dexamphetamine, methylphenidate, Ritalin and Duromine. Licit refers to the use of one's own prescription and illicit is the use of someone else's prescription. Eight percent (n=6) of the sample reported lifetime use of licit pharmaceutical stimulants with 3% (n=2) reporting recent use. The median days of using licit pharmaceutical stimulants was 95 (range=10-180). Both participants reported only swallowing pharmaceutical stimulants.

Fifty-nine percent of the 2011 sample reported ever having used illicit pharmaceutical stimulants (a decrease from 67% in 2010). There was an increase in the proportion of participants reporting recent use of illicit pharmaceutical stimulants, increasing from 36% in 2010 to 43% in 2011. The median number of days of use in the past six months among those REU who had used illicit pharmaceutical stimulants was five (range=1-80). The majority (88%, n=30) of participants reported swallowing illicit pharmaceutical stimulants and 44% (n=15) reported snorting illicit pharmaceutical stimulants in the six months preceding interview.

Three participants reported using pharmaceutical stimulants during a binge session and three participants reported using pharmaceutical stimulants in combination with their last ecstasy use. No participants reported using pharmaceutical stimulants to facilitate comedown from last ecstasy use. No participants reported pharmaceutical stimulants as their drug of choice.

6 PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

6.1 Ecstasy

Key points

- The median price of a tablet of ecstasy in 2011 was \$30, an increase from 2010. More than half of the respondents reported that the price of ecstasy had increased in the previous six months.
- There was a significant increase in the proportion of respondents reporting ecstasy purity to be high (53%) compared to 2010 (6%).
- The majority of respondents reported ecstasy to be easy or very easy to obtain.
- The majority of respondents bought ecstasy from a friend for themselves and others. The median number of tablets bought at one time was five.

6.1.1 Price

In the 2011 ACT EDRS, 98% of REU commented on the price, purity and availability of ecstasy. REU reported the current median price for an ecstasy tablet to be \$30 (range=\$15-45, n=78), an increase from \$25 reported last year (see Table 14). Nine percent of the REU sample commented on the price of an ecstasy capsule. The median price reported in 2011 was \$30 (range=\$20-50, n=7). More than half (51%) of participants in 2011 reported that the price of ecstasy was increasing in the past six months. No participants reported that price was decreasing in the six months prior to interview.

Table 13: Price of ecstasy purchased by ACT REU and price variations, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price per tablet (range)	\$35 (20-40)	\$35 (15-40)	\$35 (5-50)	\$30 (15-60)	\$30 (20-50)	\$25 (10-40)	\$25 (10-40)	\$30 (15-45)
% Increasing (% of entire sample)	9 (9)	11 (11)	9 (9)	10 (10)	8 (8)	13 (12)	16 (15)	51 (46)
% Stable (% of entire sample)	61 (61)	63 (63)	64 (64)	60 (60)	55 (55)	53 (50)	63 (60)	29 (13)
% Decreasing (% of entire sample)	18 (18)	13 (13)	15 (15)	14 (14)	17 (17)	23 (22)	4 (4)	0 (0)
% Fluctuating (% of entire sample)	11 (11)	12 (12)	8 (8)	12 (12)	11 (11)	11 (10)	17 (16)	21 (19)
% Don't know (% of entire sample)*	1 (1)	1 (1)	4 (4)	5 (5)	8 (8)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 2009-2011 'Don't know' responses were excluded

REU were also asked about the price of ecstasy for a range of quantities. The median price of purchasing 10 pills was \$22 (range=\$15-30, n=24) per pill and \$300 (range=\$150-350, n=12) per 10 pills. The median price of purchasing 20 pills was \$22 (range=\$17-25, n=12) per pill and \$500 (range=\$400-500, n=2) per 20 pills. The median price of purchasing 50 pills was \$20 (range=\$14-25, n=13) per pill and \$250 (n=1) per 50 pills. Finally, the median price of purchasing 100 pills was \$15 (range=\$10-25, n=15) per pill and \$2,100 (range=\$220-3000, n=6) per 100 pills.

6.1.2 Purity

Table 14 presents the reports of ACT REU from 2004 to 2011, regarding both the current purity and the change in the purity of ecstasy available to them. From 2004 to 2007, the current ecstasy purity estimates made by REU remained relatively unchanged. From 2008 to 2010 there has been a decreasing proportion of REU reporting ecstasy purity to be high. In 2011 this trend reversed with the proportion of participants reporting ecstasy purity to be low significantly (95%CI: 0.25-0.51) decreasing from 51% in 2010 to 11% in 2011. Conversely, a significantly (95%CI: -0.58 to -0.33) higher proportion of REU were reporting purity of ecstasy to be high (53%), compared to 6% in 2010.

When asked whether they believed the purity of ecstasy had changed in the six months prior to interview, more than half (51%) reported that purity of ecstasy was increasing in the six months prior to interview. One-third (30%) reported that ecstasy purity had fluctuated and small numbers reported that ecstasy purity had remained stable (9%) or had decreased (10%).

Table 14: ACT REU reports of 'current' ecstasy purity and purity change, 2004-2011

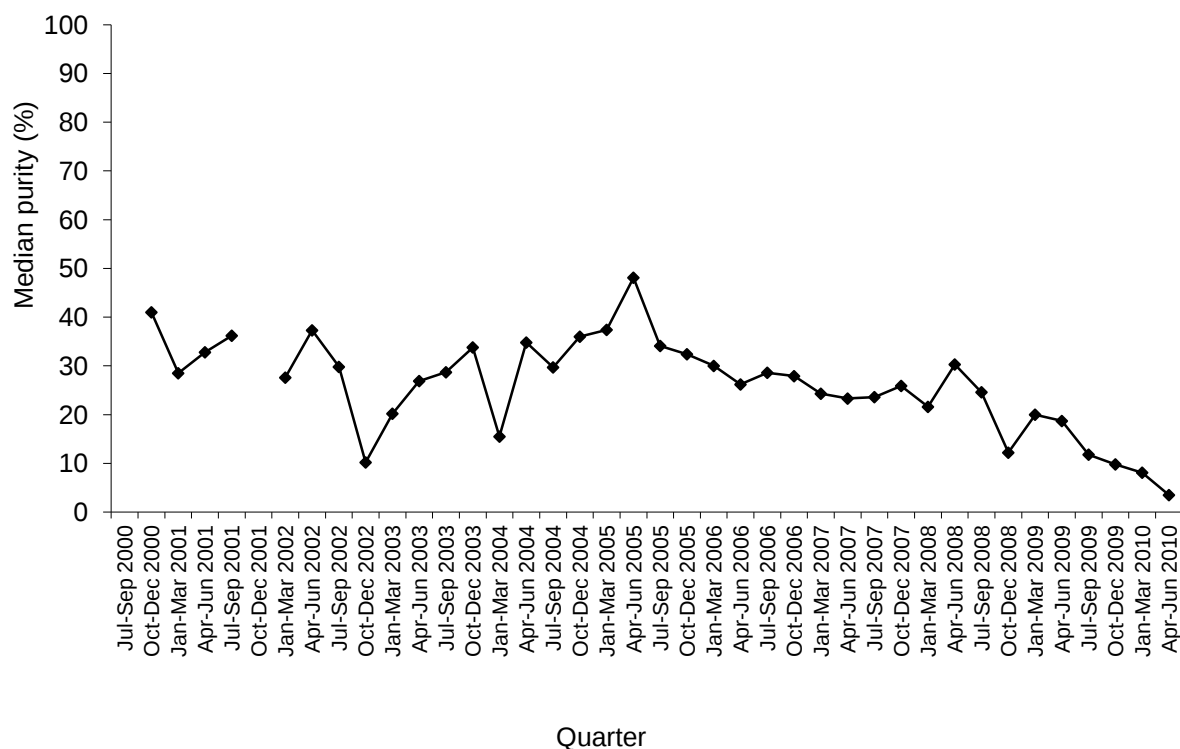
	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=99)	2010 (N=73)	2011 (N=80)
Current purity								
% Low (% of entire sample)	6 (6)	6 (6)	7 (7)	16 (16)	13 (13)	27 (27)	51 (51)	11 (11)
% Medium (% of entire sample)	31 (31)	36 (36)	47 (47)	39 (39)	29 (29)	30 (30)	26 (26)	8 (8)
% High (% of entire sample)	38 (38)	32 (32)	23 (23)	19 (19)	21 (21)	16 (16)	6 (5)	53 (53)
% Fluctuates (% of entire sample)	24 (24)	24 (24)	21 (21)	23 (23)	34 (34)	26 (26)	17 (16)	28 (28)
% Don't know (% of entire sample)*	1 (1)	2 (2)	2 (2)	3 (3)	4 (4)	-	-	-
Purity change								
% Increasing (% of entire sample)	19 (19)	18 (18)	16 (16)	11 (11)	13 (13)	8 (8)	6 (6)	51 (50)
% Stable (% of entire sample)	34 (34)	25 (25)	39 (39)	30 (30)	25 (25)	28 (27)	19 (18)	9 (9)
% Decreasing (% of entire sample)	12 (12)	13 (13)	20 (20)	18 (18)	12 (12)	27 (26)	53 (49)	10 (10)
% Fluctuating (% of entire sample)	35 (35)	37 (37)	21 (21)	28 (28)	40 (40)	36 (34)	22 (21)	30 (30)
% Don't know (% of entire sample)*	0 (0)	7 (7)	4 (4)	14 (14)	10 (10)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 2009-2010 'Don't know' responses were excluded

The ACC routinely collects data on the purity of phenethylamines seized by the ACT Police. The analysis of the purity of phenethylamine seizures includes purity analysis of drugs such as 3,4-methylenedioxymethamphetamine (MDMA), MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the July-September quarter of 2000 and the April-June quarter of 2010 are presented in Figure 8. In the ACT, there was a decrease in the median purity of phenethylamines seizures over the 2009/2010 year.

Figure 8: Median purity of phenethylamine seizures in the ACT, July 2000 to June 2010



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)

Note: Data not available for the July-September quarter of 2000, October-December quarter of 2001, and the 2010/2011 financial year

6.1.3 Availability

Table 15 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2004 to 2011. As in previous years, the majority of the 2011 sample (80%) reported that ecstasy was either very easy (33%) or easy (47%) to obtain. One-fifth (20%) of the sample reported that ecstasy was difficult to obtain. Almost half (49%) of REU also indicated that the ease with which ecstasy could be obtained had remained stable and one-quarter (24%) indicated it had become easier.

In 2011, participants were asked to nominate from whom they had last purchased ecstasy. In 2003-2008, participants were able to mark more than one response. In 2011, 'friends' (69%) and 'known dealers' (23%) remained the most common people through whom REU had scored ecstasy. The most common locations at which ecstasy had last been purchased were at a friend's home (39%), at a nightclub (16%) and at their own home (15%). Other places of purchase were at an agreed public location (10%), at a dealer's home (5%) and on the street (6%).

Table 15: ACT REU reports of availability of ecstasy in the past six months, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Current availability								
% Very easy (% of entire sample)	55 (55)	60 (60)	47 (47)	53 (53)	51 (51)	44 (44)	37 (37)	33 (33)
% Easy ^a (% of entire sample)	43 (43)	38 (38)	43 (43)	42 (42)	45 (45)	50 (50)	44 (44)	47 (46)
% Difficult (% of entire sample)	2 (2)	2 (2)	7 (7)	5 (5)	2 (2)	6 (6)	15 (15)	20 (20)
% Very difficult (% of entire sample)	0 (0)	0 (0)	3 (3)	0 (0)	0 (0)	0 (0)	4 (4)	0 (0)
% Don't know (% of entire sample) *	0 (0)	0 (0)	0 (0)	0 (0)	2 (2)	-	-	-
Availability change								
% More difficult (% of entire sample)	4 (4)	3 (3)	10 (10)	8 (8)	7 (7)	9 (9)	24 (23)	15 (14)
% Stable (% of entire sample)	68 (68)	67 (67)	61 (61)	61 (61)	66 (66)	69 (67)	50 (49)	49 (46)
% Easier (% of entire sample)	24 (24)	26 (26)	21 (21)	16 (16)	15 (15)	18 (18)	15 (15)	24 (23)
% Fluctuates (% of entire sample)	4 (4)	2 (2)	5 (5)	10 (10)	6 (6)	4 (4)	11 (11)	13 (13)
% Don't know (% of entire sample) *	0 (0)	2 (2)	3 (3)	5 (5)	6 (6)	-	-	-
Persons scored from:[#]								
Friends (%)	88	85	80	84	83	59	63	69
Known dealers (%) ⁺	58	64	51	58	70	29	22	23
Acquaintances (%)	51	43	33	34	34	7	6	3
Workmates (%)	15	19	8	15	9	2	4	0
Unknown dealers (%)	22	22	17	23	32	4	4	4
Mobile dealers (%) [^]	N/A	N/A	N/A	N/A	N/A	-	1	0
Locations scored from:[#]								
Friend's home (%)	68	62	55	46	62	31	41	39
Dealer's home (%)	43	46	34	32	51	9	10	5
Nightclub (%)	52	56	48	60	39	27	19	16
Agreed public location (%)	53	42	37	35	39	13	8	10
At own home (%)	37	32	24	37	38	4	4	15
Other (%)	1	1	1	0	1	2	4	14

Source: EDRS REU interviews, 2004-2011

^a Collapsed response of REU who answered 'Moderately easy' and 'Easy'

[#] Participants able to give more than one answer from 2003-2008

⁺ Changed from 'Dealers' to 'Known dealers' in 2004

* In 2009 'Don't know' responses were excluded and REU were asked to report on their last location and source of purchase

[^] 'Mobile dealers' has only an available selection since 2009

6.1.4 Ecstasy markets and patterns of purchasing ecstasy

Table 16 summarises ecstasy purchasing practices of REU in the ACT in 2005 to 2011. In 2011, the median number of people that REU reported they had purchased ecstasy from in the previous six months was three (range=0-10). The majority (63%) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and others, with a smaller proportion (35%) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

REU were also asked to indicate how often they had purchased ecstasy in the past six months. REU reported that they most commonly purchased ecstasy on a monthly or less basis (57%) or on a monthly to fortnightly basis (28%). Fourteen percent purchased it on a greater than fortnightly to weekly basis and one participant had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that REU reported usually buying when purchasing ecstasy in the past six months was five (range=1-300).

Table 16: Patterns of purchasing ecstasy, ACT REU, 2005-2011

	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median number of people purchased from	4	3	4	3	4	3	3
Purchased for (%)							
Self only	16	27	19	23	27	16	35
Self and others	83	73	78	75	71	84	63
Others only	0	0	1	0	2	0	1
Didn't purchase	1	0	1	2	0	0	1
No. of times purchased in the last 6 months (%)							
0	1	0	1	2	0	0	
1-6	32	29	38	41	36	45	57
7-12	29	37	35	28	38	33	28
13-24	33	28	24	25	26	21	14
25+	5	5	1	4	1	1	1
Median no. of ecstasy tablets purchased[#]	5	5	5	5	4	5	5

Source: EDRS REU interviews, 2005-2011

[#] of those who purchased ecstasy in the last six months

Key Expert Comments

- KE commented that they had noticed an increase in ecstasy purity and a corresponding increase in use.
- KE commented that they suspected ecstasy pills were adulterated with other substances.

6.2 Methamphetamine

Key points

- The median price of speed reported by REU was \$200 for a gram, or \$23 for a point. The majority reported that the price of speed had remained stable in the previous six months. The majority reported that speed was easy or very easy to obtain.
- The median price paid for a gram of base was \$225. All participants reported that the price had remained stable in the previous six months. The majority of respondents reported that purity of base was currently high.
- Only three respondents were able to report on the price, purity and availability of crystal. The median price paid for a point of crystal was \$80.

6.2.1 Price

In the 2011 ACT EDRS, one-third (30%, n=24) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (10%, n=8) and crystal (4%, n=3).

Methamphetamine powder (speed)

The median reported current price for a gram of speed was \$200 (\$90-350), the same as 2010 (\$200). In terms of purchasing points of speed, the median price paid for a point was \$23, a decrease from \$30 in 2010. The majority (71%) of the REU who were able to comment on the price of speed (n=24) reported that the price of speed had remained stable in the preceding six months. One-fifth (21%) reported that the price had increased in the past six months and one participant reported that the price had decreased in this period, as can be seen in Table 17.

Table 17: Price and changes in price for methamphetamine powder, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price								
Speed (range)								
Point	\$30 (25-50)	\$35 (20-50)	\$40 (20-100)	\$30 (25-50)	\$30 (10-130)	\$30 (20-60)	\$30 (25-50)	\$23^ (20-30)
Gram	\$80 (40-300)	\$80 (20-300)	\$175 (50-250)	\$200 (20-300)	\$225 (40-450)	\$200 (30-500)	\$200 (40-300)	\$200 (90-350)
Of those that responded	n=55	n=63	n=39	n=24	n=26	n=36	n=24	n=24
% Increasing (% of entire sample)	5 (3)	5 (2)	8 (5)	17 (5)	4 (1)	24 (5)	15 (4)	21 (6)
% Stable (% of entire sample)	44 (21)	44 (22)	53 (32)	42 (14)	54 (17)	62 (13)	60 (16)	71 (21)
% Decreasing (% of entire sample)	20 (10)	18 (9)	7 (4)	17 (5)	12 (4)	10 (2)	10 (3)	4 (1)
% Fluctuating (% of entire sample)	2 (1)	8 (4)	3 (2)	8 (3)	8 (2)	5 (1)	15 (4)	4 (1)
% Don't know (% of entire sample)*	29 (14)	25 (13)	30 (18)	17 (5)	23 (7)	-	-	-

Source: EDRS REU interviews, 2004-2011

*'Don't know' was not included 2009-2011

Methamphetamine base

Small numbers reported on the last price paid for a point or a gram of base. The median price reported for the last point of base was \$23 (range=\$20-25) and the median price reported for a gram of base was \$225 (range=\$110-350). Two-thirds of participants (66%) who were able to report on the recent price of base reported that the price had remained stable in the six months preceding interview and one-third (33%) reported that the price had fluctuated in the six months prior to interview.

Table 18: Price and changes in price for methamphetamine base, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price								
Base (range)								
Point	\$40 (30-80)	\$40 (20-50)	\$42.5^ (20-50)	\$50^ (28-80)	\$30 (20-300)	\$40^ (25-300)	\$25^ (no range)	\$23^ (20-25)
Gram	- -	\$200 (70-300)	\$200^ (70-280)	\$250^ (no range)	\$250^ (150-600)	\$150^ (100-200)	\$200^ (150-600)	\$225^ (110-350)
Of those that responded (%)	n=25	n=21	n=24	n=9	n=14	n=7	n=7	n=6
% Increasing (% of entire sample)	16 (3)	5 (1)	13 (3)	11 (1)	7 (1)	29 (2)	0 (0)	0 (0)
% Stable (% of entire sample)	52 (11)	53 (9)	54 (13)	44 (5)	79 (13)	71 (5)	100 (7)	67 (5)
% Decreasing (% of entire sample)	4 (1)	14 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Fluctuating (% of entire sample)	4 (1)	14 (2)	4 (1)	11 (1)	0 (0)	0(0)	0 (0)	33 (3)
% Don't know (% of entire sample)*	24 (5)	14 (2)	29 (7)	33 (4)	14 (2)	-	-	-

Source: EDRS REU interviews, 2004-2011

^ Small numbers (<10)

* 'Don't know' was not included 2009-2011

Crystal methamphetamine

Two REU commented on the price of purchasing a point of crystal (Table 19). The median price paid for the last point (n=2) of crystal purchased was \$80 (range=\$50-110). No participants reported on the price paid for a gram of crystal. Two participants reported that the price of crystal had remained stable in the six months preceding interview. One participant reported that the price of crystal had decreased in the six months prior to interview.

Table 19: Price and changes in price for methamphetamine crystal, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price								
Crystal (range)								
Point	\$47.50 (10-100)	\$35 (25-60)	\$50 (30-100)	\$50 (25-100)	\$50 (40-50)	\$50^ (30-50)	\$70^ (50-80)	\$80^ (50-110)
Gram	-	\$265 (220-400)^	\$200^ (15-350)	-	\$400^ (250-400)	\$275 (250-300)	\$300^ (200-400)	-
Of those that responded (%)	n=29	n=21	n=38	n=12	n=14	n=5	n=5	n=3
% Increasing (% of entire sample)	7 (2)	29 (5)	18 (7)	8 (1)	14 (2)	20 (1)	60 (4)	0 (0)
% Stable (% of entire sample)	31 (8)	43 (7)	40 (15)	25 (4)	64 (11)	60 (3)	40 (3)	67 (3)
% Decreasing (% of entire sample)	17 (4)	9 (2)	8 (3)	8 (1)	0 (0)	0 (0)	0 (0)	33 (1)
% Fluctuating (% of entire sample)	7 (2)	14 (2)	5 (2)	17 (3)	7 (1)	20 (1)	0 (0)	0 (0)
% Don't know (% of entire sample*)	38 (10)	5 (1)	29 (11)	42 (7)	14 (2)	-	-	-

Source: EDRS REU interviews, 2004-2011

^ Small numbers (<10)

* 'Don't know' not included 2009-2011

6.2.2 Purity

In the 2011 ACT EDRS there was an increase in the proportion of participants who believed current purity of speed to be high, compared to previous years (see Table 21). Of the respondents that commented on the purity of base, the majority reported purity as high. The majority of respondents who commented on the current purity of ice also reported purity as high. It must be noted that small numbers commented on the purity of base and crystal in 2011 and therefore the results should be interpreted with caution.

Methamphetamine powder (speed)

Thirty-six percent of those commenting on speed (n=20) reported the current purity to be high, an increase from 15% in 2010. A further 32% indicated the current purity of speed to be medium (50% in 2010) and 20% indicated that it was low (35% in 2010).

More than half (52%) of the respondents who commented on the change in purity of speed (n=21) believed purity had remained stable in the last six months. A further 19% reported purity to have decreased and 14% reported that purity had increased (Table 20). There were no significant differences in either current purity or change in purity of speed from 2010 to 2011.

Methamphetamine base

Only eight respondents commented on the current purity of base, therefore responses should be interpreted with caution. Almost all (88%) of the respondents that commented reported the current purity to be high (43% in 2010). One respondent reported that the purity of base was fluctuating. Six REU commented on the change in purity of base. Respondents indicated that the purity of base was stable (67%) or fluctuating (33%).

Crystal methamphetamine

In 2011, three REU commented on the current purity of crystal. Two respondents reported the current purity to be high and one respondent reported the current purity of crystal to be low. Two participants reported that purity of crystal was stable and one respondent indicated that purity of crystal had fluctuated in the past six months.

Table 20: Current purity of methamphetamine, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Speed								
Did respond (%)	47	50	61	32	31	36	27	31
Of those that responded	n=55	n=63	n=61	n=24	n=26	n=36	n=20	n=25
% Low (% of entire sample)	18 (9)	13 (6)	15 (9)	25 (8)	19 (6)	28 (29)	35 (10)	20 (63)
% Medium (% of entire sample)	40 (19)	38 (19)	34 (21)	33 (11)	42 (13)	45 (13)	50 (14)	32 (10)
% High (% of entire sample)	22 (10)	30 (15)	31 (19)	33 (11)	19 (6)	21 (6)	15 (4)	36 (11)
% Fluctuates (% of entire sample)	6 (3)	11 (6)	8 (5)	0 (0)	15 (5)	7 (2)	0 (0)	12 (4)
% Don't know (% of entire sample)	14 (7)	8 (4)	12 (7)	8 (3)	4 (1)	-	-	-
Base								
Did respond (%)	22	17	24	12	17	8	10	10
Of those that responded (%)	n=25	n=21	n=24	n=9	n=14	n=8	n=7	n=8
% Low (% of entire sample)	12 (3)	5 (1)	13 (3)	11 (1)	14 (2)	50 (3)	43 (4)	0 (0)
% Medium (% of entire sample)	32 (7)	19 (3)	21 (5)	33 (4)	50 (8)	33 (2)	14 (1)	0 (0)
% High (% of entire sample)	48 (10)	76 (13)	54 (13)	44 (5)	14 (2)	17 (1)	43 (4)	88 (9)
% Fluctuates (% of entire sample)	4 (1)	0 (0)	8 (2)	0 (0)	14 (2)	0 (0)	0(0)	13 (1)
% Don't know (% of entire sample)	4 (1)	0 (0)	4 (1)	11 (1)	7 (1)	-	-	-
Crystal								
Did respond (%)	25	17	38	16	17	6	7	4
Of those that responded (%)	n=29	n=21	n=38	n=12	n=14	n=6	n=5	n=3
% Low (% of entire sample)	7 (2)	0 (0)	8 (3)	0 (0)	7 (1)	50 (3)	20 (1)	33 (1)
% Medium (% of entire sample)	24 (6)	43 (7)	21 (8)	33 (5)	21 (4)	17 (1)	40 (3)	0 (0)
% High (% of entire sample)	45 (11)	43 (7)	45 (17)	33 (5)	43 (7)	33 (2)	40 (3)	67 (3)
% Fluctuates (% of entire sample)	7 (2)	9 (2)	8 (3)	8 (1)	21 (4)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample*)	17 (4)	5 (1)	18 (7)	25 (4)	7 (1)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' not included 2009-2011

Table 21: Change in methamphetamine purity, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Speed								
Did respond (%)	47	50	61	32	31	4	22	26
Of those that responded (%)	n=55	n=66	n=61	n=24	n=26	n=4	n=16	n=21
% Increasing (% of entire sample)	11 (5)	8 (4)	13 (8)	13 (4)	12 (4)	25 (1)	0 (0)	14 (4)
% Stable (% of entire sample)	46 (22)	32 (16)	26 (16)	29 (10)	19 (6)	25 (1)	44 (10)	52 (14)
% Decreasing (% of entire sample)	7 (3)	22 (11)	23 (14)	25 (8)	23 (7)	25 (1)	38 (8)	19 (5)
% Fluctuating (% of entire sample)	11 (5)	19 (10)	16 (10)	8 (3)	31 (10)	25 (1)	19 (4)	14 (4)
% Don't know (% of entire sample)*	25 (12)	19 (10)	21 (13)	25 (8)	15 (5)	-	-	-
Base								
Did respond (%)	22	17	24	12	17	6	8	8
Of those that responded (%)	n=25	n=21	n=24	n=9	n=14	n=6	n=6	n=6
% Increasing (% of entire sample)	16 (3)	24 (4)	21 (5)	0 (0)	7 (1)	17 (1)	0 (0)	0 (0)
% Stable (% of entire sample)	48 (10)	57 (10)	42 (10)	44 (5)	43 (7)	50 (3)	67 (5)	67 (5)
% Decreasing (% of entire sample)	4 (1)	5 (1)	8 (2)	0 (0)	14 (2)	33 (2)	33 (3)	0 (0)
% Fluctuating (% of entire sample)	12 (3)	5 (1)	8 (2)	22 (3)	29 (5)	0 (0)	0 (0)	33 (3)
% Don't know (% of entire sample)*	20 (4)	9 (2)	21 (5)	33 (4)	7 (1)	-	-	-
Crystal								
Did respond (%)	25	17	38	16	17	6	7	4
Of those that responded (%)	n=29	n=21	n=38	n=12	n=14	n=6	n=5	n=3
% Increasing (% of entire sample)	10 (3)	5 (1)	11 (4)	17 (3)	29 (5)	0 (0)	40 (3)	0 (0)
% Stable (% of entire sample)	42 (10)	48 (8)	32 (12)	25 (4)	7 (1)	50 (3)	20(1)	67 (3)
% Decreasing (% of entire sample)	3 (1)	5 (1)	18 (7)	8 (1)	7 (1)	50 (3)	40 (3)	0 (0)
% Fluctuating (% of entire sample)	14 (3)	28 (5)	5 (2)	17 (3)	43 (7)	0 (0)	0 (0)	33 (1)
% Don't know (% of entire sample)*	31 (8)	14 (2)	34 (13)	33 (5)	14 (2)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' not included 2009-2011

6.2.3 Availability

Methamphetamine powder (speed)

Of the 26 REU who commented on the availability of speed in the preceding six months, the majority (93%) reported that speed was currently easy (54%) to very easy (39%) to obtain (Table 22). Two participants reported that speed was difficult or very difficult to obtain. The majority (69%) of respondents believed that the availability of speed had remained stable. Almost one-quarter (23%) believed speed had become easier to obtain and two participants reported that speed had become more difficult to obtain in the six months preceding interview. There were no significant differences in either current availability or change in availability between 2010 and 2011.

Methamphetamine base

In 2011 the majority (63%) of respondents (n=8) indicated that base was easy (50%) to very easy (13%) to obtain. Thirty-eight percent of respondents reported base as difficult to obtain (57% in 2009). When asked about changes in the availability of base methamphetamine (see Table 23), over the majority (83%) reported that availability of base had remained stable over the preceding six months (also 67% in 2009). One participant commented that base had become more difficult to obtain in the preceding six months. As small numbers of participants commented on the availability of base results should be interpreted with caution.

Crystal methamphetamine

Only three participants commented on the availability of crystal and as such the results should be interpreted with caution. Two participants believed it was very easy to obtain crystal and one participant believed it was difficult to obtain crystal. Two participants reported that the availability of crystal over the preceding six months had remained stable. One participant commented that it had become more difficult to obtain crystal.

Table 22: Current availability of methamphetamine forms, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Speed								
Did respond (%)	47	50	61	32	31	32	32	33
Of those that responded (%)	n=55	n=63	n=61	n=24	n=26	n=32	n=23	n=26
% Very easy (% of entire sample)	36 (17)	30 (15)	28 (17)	38 (12)	19 (6)	16 (5)	39 (12)	39 (13)
% Easy ^a (% of entire sample)	49 (23)	50 (25)	53 (32)	29 (10)	46 (15)	53 (17)	39 (12)	54 (18)
% Difficult (% of entire sample)	11 (5)	16 (8)	16 (10)	25 (8)	31 (10)	28 (9)	22 (7)	4 (1)
% Very difficult (% of entire sample)	0 (0)	2 (1)	3 (2)	0 (0)	0 (0)	3 (1)	0	4 (1)
% Don't know (% of entire sample)*	4 (2)	2 (1)	0 (0)	8 (3)	4 (1)	-	-	-
Base								
Did respond (%)	22	17	24	12	17	7	10	10
Of those that responded (%)	n=25	n=21	n=24	n=9	n=14	n=7	n=7	n=8
% Very easy (% of entire sample)	32 (7)	33 (6)	25 (6)	44 (5)	29 (5)	29 (2)	0 (0)	13 (1)
% Easy ^a (% of entire sample)	44 (10)	38 (6)	54 (13)	33 (4)	29 (5)	14 (1)	57 (5)	50 (5)
% Difficult (% of entire sample)	16 (3)	29 (5)	13 (3)	22 (3)	36 (6)	57 (4)	43 (4)	38 (4)
% Very difficult (% of entire sample)	0 (0)	0 (0)	0 (0)	0 (0)	7 (1)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample)*	8 (2)	0 (0)	8 (2)	0 (0)	0 (0)	-	-	-
Crystal								
Did respond (%)	25	17	38	16	17	6	7	4
Of those that responded (%)	n=29	n=21	n=38	n=12	n=14	n=6	n=5	n=3
% Very easy (% of entire sample)	24 (6)	38 (6)	29 (11)	25 (4)	43 (7)	0 (0)	60 (4)	0 (0)
% Easy ^a (% of entire sample)	34 (9)	38 (9)	45 (17)	50 (8)	43 (7)	33 (2)	20 (1)	67 (3)
% Difficult (% of entire sample)	28 (7)	24 (4)	16 (6)	17 (3)	0 (0)	67 (4)	20 (1)	33 (1)
% Very difficult (% of entire sample)	7 (2)	0 (0)	5 (2)	0 (0)	7 (1)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample)*	7 (2)	0 (0)	5 (2)	8 (1)	7 (1)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' not included 2009-2011

^a Combined 'Moderately easy' and 'Easy' for 2003 data

Table 23: Changes to availability of methamphetamine forms, ACT, 2004-2011

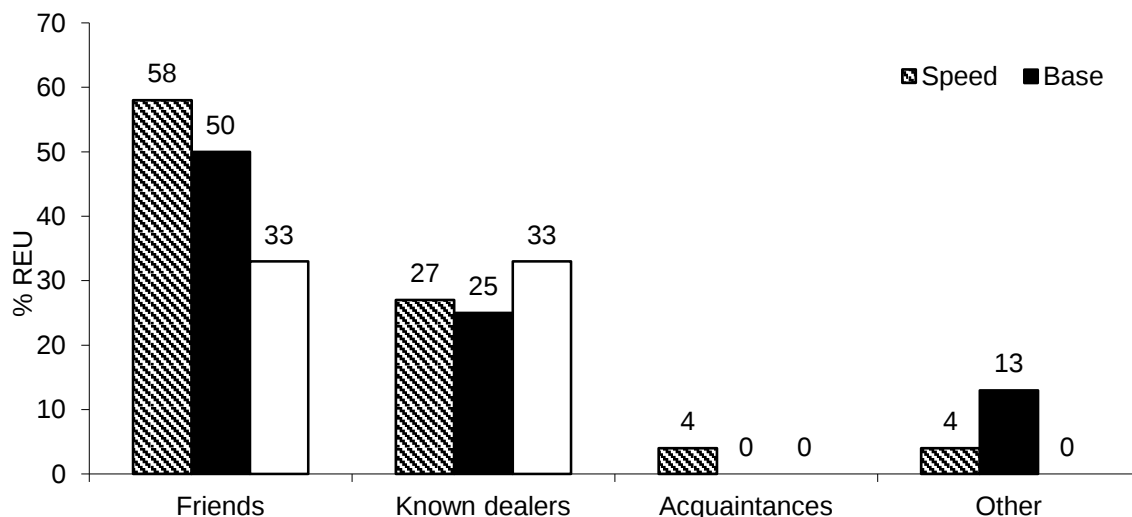
	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Speed								
Did respond (%)	47	50	61	32	31	28	30	33
Of those that responded (%)	n=55	n=63	n=61	n=24	n=26	n=28	n=22	n=26
% More difficult (% of entire sample)	9 (4)	9 (5)	13 (8)	21 (7)	23 (7)	36 (10)	9 (3)	8 (3)
% Stable (% of entire sample)	69 (33)	56 (28)	57 (35)	38 (12)	50 (16)	54 (15)	73 (22)	69 (23)
% Easier (% of entire sample)	13 (6)	25 (13)	13 (8)	21 (7)	8 (2)	7 (2)	18 (5)	23 (8)
% Fluctuates (% of the entire sample)	2 (1)	5 (2)	5 (3)	0 (0)	8 (2)	4 (1)	0 (0)	0 (0)
% Don't know (% of entire sample)*	7 (3)	5 (2)	12 (7)	21 (7)	12 (4)	-	-	-
Base								
Did respond (%)	22	17	24	12	17	6	8	8
Of those that responded (%)	n=25	n=21	n=24	n=9	n=14	n=6	n=6	n=6
% More difficult (% of entire sample)	16 (3)	9 (2)	8 (2)	11 (1)	36 (6)	17 (1)	17 (1)	17 (1)
% Stable (% of entire sample)	64 (14)	57 (10)	54 (13)	22 (3)	57 (10)	67 (4)	67 (5)	83 (6)
% Easier (% of entire sample)	4 (1)	29 (5)	17 (4)	44 (5)	0 (0)	17 (1)	17 (1)	0 (0)
% Fluctuates (% of entire sample)	0 (0)	0 (0)	4 (1)	0 (0)	7 (1)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample)*	16 (3)	5 (1)	17 (4)	22 (3)	0 (0)	-	-	-
Crystal								
Did respond (%)	25	17	38	16	17	6	7	4
Of those that responded (%)	n=29	n=21	n=38	n=12	n=14	n=6	n=5	n=3
% More difficult (% of entire sample)	11 (3)	19 (3)	13 (5)	17 (3)	0 (0)	67 (4)	0 (0)	33 (1)
% Stable (% of entire sample)	55 (14)	62 (10)	57 (18)	33 (5)	64 (11)	33 (2)	80 (5)	67 (3)
% Easier (% of entire sample)	17 (4)	19 (3)	24 (9)	17 (3)	14 (2)	0 (0)	20 (1)	0 (0)
% Fluctuates (% of entire sample)	3 (1)	0 (0)	3 (1)	8 (1)	7 (1)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample)*	14 (3)	0 (0)	13 (5)	25 (4)	14 (2)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' not included 2009-2011

Figure 9 presents the people from whom REU had last purchased methamphetamine from in the six months prior to interview. For speed, friends (58%) and known dealers (27%) were the most common sources. One participant reported obtaining speed from acquaintances. Friends (50%) and known dealers (25%) were also the most common source from which REU obtained base. One participant reported obtaining crystal from friends and one participant reported obtaining crystal from known dealers in the previous six months.

Figure 9: People from whom methamphetamine was last purchased in the preceding six months, ACT, 2011



Source: EDRS REU interviews, 2011

Note: Results based on following response numbers: speed (n=26), base (n=8) and crystal (n=3)

The locations (Table 24) at which REU last purchased all three forms of methamphetamine in the six months prior to interview were primarily private settings such as a friend's home (speed 42%, base 38%, and crystal 33%).

Table 24: Locations where methamphetamine was last purchased in the preceding six months, 2011

	Speed (n=26)	Base (n=8)	Ice (n=3)
Friend's home (%)	42	38	33
Own home (%)	4	13	0
Dealer's home (%)	27	13	33
Nightclub (%)	8	0	0
Street (%)	4	0	0
Agreed public location (%)	8	13	0
Live music event (%)	0	13	0
Haven't obtained (%)	8	0	33

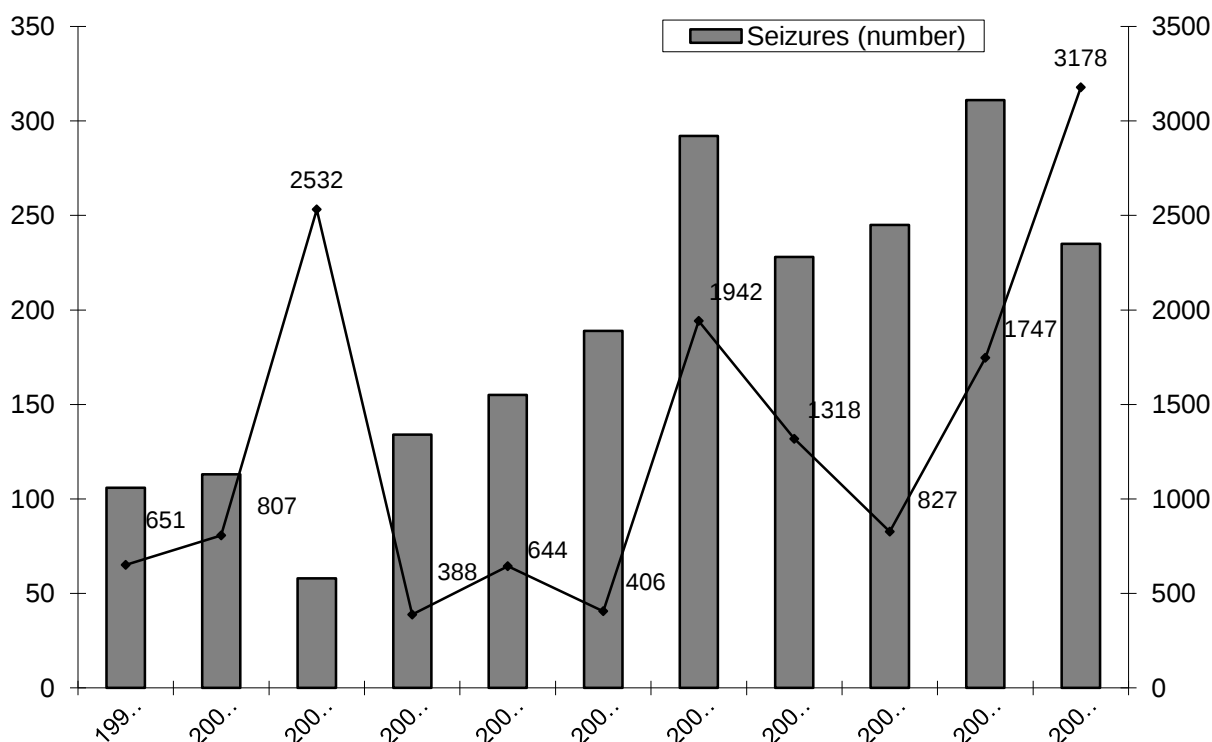
Source: EDRS REU interviews, 2011

Note: Results based on following response numbers: speed (n=26), base (n=8) and crystal (n=3)

6.2.4 Law enforcement

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2010 are presented in Figure 10. It must be noted that amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The weight of seizures made in the ACT increased sharply in the 2009/2010 period, increasing from 1,747 grams in 2008/2009 to 3,178 grams in 2009/2010. This is despite a decrease in the number of seizures, decreasing from 311 in 2008/2009 to 235 in 2010/2011.

Figure 9: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2010



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)
 Note: Data not available for the 2010/2011 financial year

6.3 Cocaine

Key points

- The median price of a gram of cocaine in 2010 was \$300, stable from 2010. The majority of respondents reported the price of cocaine had remained stable in the previous six months.
- In 2011 there was an increase from 2010 in the proportion of respondents reporting purity to be low from 2010.
- Over half of those that responded reported cocaine to be difficult or very difficult to access. Almost half (45%) reported cocaine to be easy or very easy to access. The majority (58%) reported that cocaine availability had remained stable in the previous six months.

6.3.1 Price

Thirty-eight percent of participants (n=30) commented on the current price, purity and availability of cocaine. Twenty-four participants reported on the price paid for a gram of cocaine in the ACT (see Table 25). The median reported price paid for the last gram of cocaine purchased by REU remained stable at \$300 (range=\$150-350) per gram. The majority (78%) those who were able to comment on the price change of cocaine reported that the price had remained stable in the six months preceding interview.

Table 25: Prices and changes in price for cocaine, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price for gram (range)	\$250 (180-600)	\$250 (180-450)	\$300 (50-400)	\$300 (120-750)	\$300 (180-2,000)	\$300 (110-350)	\$300 (150-400)	\$300 (150-350)
Changes in price Did respond (%)	31	30	34	36	34	17	26	29
Of those that responded	n=36	n=38	n=34	n=27	n=28	n=17	n=19	n=23
% Increasing (% of entire sample)	17 (5)	14 (4)	6 (2)	4 (1)	7 (2)	6 (1)	16 (4)	22 (6)
% Stable (% of entire sample)	34 (10)	21 (6)	38 (13)	44 (16)	36 (12)	77 (13)	58 (15)	78 (23)
% Decreasing (% of entire sample)	8 (3)	18 (6)	3 (1)	4 (1)	11 (4)	12 (2)	21 (5)	0 (0)
% Fluctuating (% of entire sample)	8 (3)	18 (6)	3 (1)	15 (5)	7 (2)	6 (1)	5 (1)	0 (0)
% Don't know (% of entire sample)*	33 (10)	29 (9)	50 (17)	33 (12)	39 (13)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

6.3.2 Purity

In the 2011 EDRS, 39% of respondents reported the current purity of cocaine to be medium, an increase from 23% in 2010. The proportion of respondents reporting cocaine purity to be high decreased from 27% in 2010 to 12% in 2011. Reports of change in purity in the six months prior to interview varied, with 14% reporting purity had increased, 32% reporting purity was stable, 18% reporting purity had decreased and 36% reporting that purity had fluctuated in the six months prior to interview.

Table 26: Reports of cocaine purity, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Did respond (%)	31	30	34	36	34	25	30	33
Of those that responded (%)	n=36	n=38	n=34	n=27	n=28	n=25	n=22	n=26
Current purity								
% Low (% of entire sample)	14 (4)	3 (1)	18 (6)	19 (7)	29 (10)	24 (5)	23 (7)	39 (13)
% Medium (% of entire sample)	22 (7)	42 (13)	29 (10)	33 (12)	32 (11)	29 (6)	36 (11)	31 (10)
% High (% of entire sample)	22 (7)	42 (13)	27 (9)	22 (8)	18 (6)	38 (8)	27 (8)	12 (4)
% Fluctuates (% of entire sample)	11 (3)	5 (2)	9 (3)	15 (5)	4 (1)	10 (2)	14 (4)	19 (6)
% Don't know (% of entire sample)	31 (10)	8 (2)	18 (6)	11 (4)	18 (6)	-	-	-
Purity change								
% Increasing (% of entire sample)	17 (5)	13 (4)	9 (3)	4 (1)	11 (4)	25 (4)	28 (7)	14 (4)
% Stable (% of entire sample)	22 (7)	29 (9)	21 (7)	26 (10)	32 (11)	69 (11)	28 (7)	32 (9)
% Decreasing (% of entire sample)	11 (3)	13 (4)	6 (2)	11 (4)	4 (1)	6 (1)	28 (7)	18 (5)
% Fluctuating (% of entire sample)	11 (3)	19 (6)	21 (7)	22 (8)	14 (5)	0 (0)	17 (4)	36 (10)
% Don't know (% of entire sample)*	39 (12)	26 (8)	44 (15)	37 (14)	39 (13)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

6.3.3 Availability

In 2011, 45% of respondents indicated that cocaine was easy (7%) or very easy (38%) to obtain, compared to 65% in 2010. The proportion of respondents reporting cocaine to be difficult or very difficult obtain increased from 35% in 2010 to 55% in 2011. The majority (58%) of respondents believed that the availability of cocaine had remained stable over the previous six months. Twenty-three percent reported that cocaine had become more difficult to obtain (13% in 2010), and 15% reported that cocaine had become easier to obtain (30% in 2010). There were no significant differences in availability from 2010 to 2011.

Table 27: Availability of cocaine, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Did respond (%)	31	30	34	36	34	25	36	36
Of those that responded (%)	n=36	n=38	n=34	n=27	n=28	n=25	n=26	n=29
Current availability								
% Very easy (% of entire sample)	6 (2)	8 (2)	12 (4)	19 (7)	4 (1)	8 (2)	23 (8)	7 (3)
% Easy** (% of entire sample)	47 (15)	34 (10)	32 (11)	30 (11)	36 (12)	44 (11)	42 (15)	38 (14)
% Difficult (% of entire sample)	31 (10)	55 (17)	44 (15)	41 (15)	39 (13)	44 (11)	35 (12)	48 (18)
% Very difficult (% of entire sample)	8 (3)	3 (1)	3 (1)	4 (1)	14 (5)	4 (1)	0 (0)	7 (3)
% Don't know (% of entire sample)	8 (3)	0 (0)	9 (3)	7 (3)	7 (2)	-	-	-
Change in availability								
% More difficult (% of entire sample)	8 (3)	13 (4)	6 (2)	7 (3)	11 (4)	17 (3)	13 (4)	23 (8)
% Stable (% of entire sample)	42 (13)	58 (18)	47 (16)	52 (19)	50 (17)	67 (12)	57 (18)	58 (19)
% Easier (% of entire sample)	25 (8)	16 (5)	15 (5)	11 (4)	7 (2)	6 (1)	30 (10)	15 (5)
% Fluctuates (% of entire sample)	8 (3)	8 (2)	0 (0)	7 (3)	4 (1)	11 (2)	0 (0)	4 (1)
% Don't know (% of entire sample)*	17 (5)	5 (2)	32 (11)	22 (8)	29 (10)	-	-	-

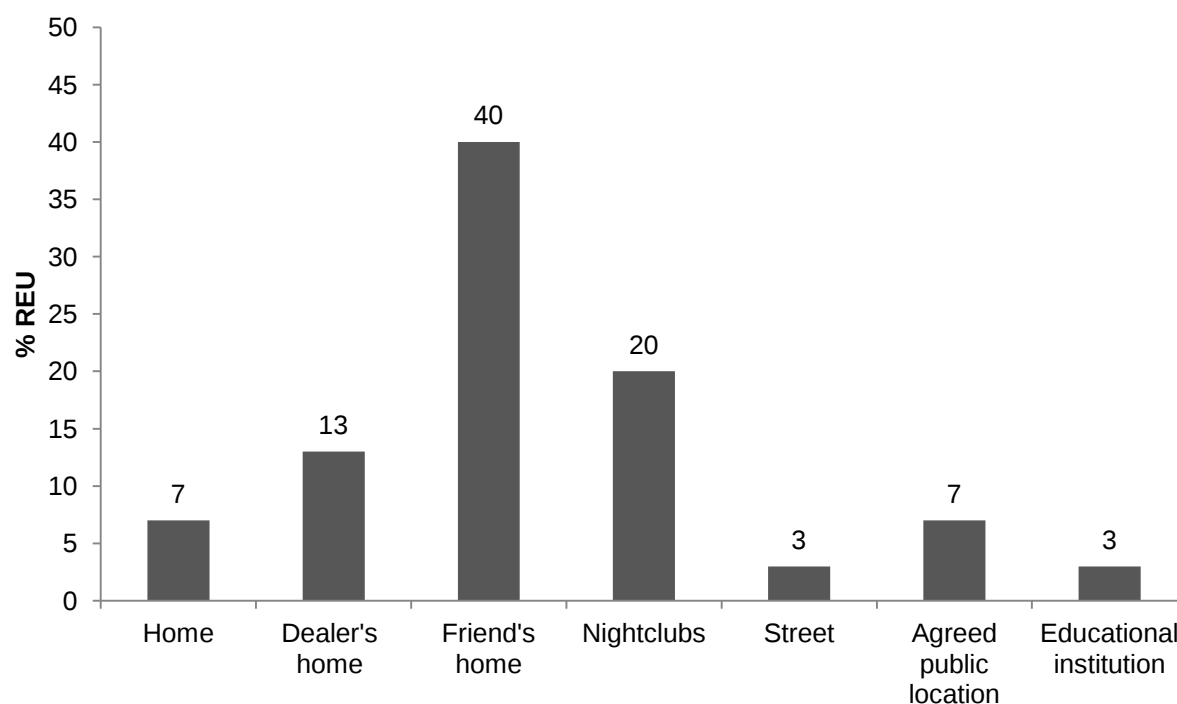
Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

** Combined 'Moderately easy' and 'Easy' for 2003 data

The most commonly reported last people REU reported obtaining cocaine from in the preceding six months were friends (53%) and known dealers (27%). The most common locations at which REU reported last obtaining cocaine in the six months prior to interview were a friend's home (40%), nightclubs (20%) and dealer's home (13%, see Figure 11).

Figure 10: Locations where cocaine was last purchased in the preceding six months, ACT, 2011



Source: EDRS REU interviews, 2011

Note: Results based on response numbers n=30

6.3.4 Law enforcement

Table 28 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2010. During this period, the number and weight of seizures has remained low; however, in 2004/2005 the weight of seizures increased to 589 grams. In 2009/2010, the weight of seizures decreased from the previous year to 19 grams.

Table 28: Number and weight of cocaine seizures, ACT, July 1999 to June 2010

	Seizures (no.)	Weight (grams)
1999/2000	6	3
2000/2001	3	7
2001/2002	10	10
2002/2003	0	0
2003/2004	6	4
2004/2005	6	589
2005/2006	7	26
2006/2007	9	1
2007/2008	23	66
2008/2009	18	197
2009/2010	19	19

Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)

Note: Data not available for the 2010/2011 financial year

6.4 LSD

Key points

- The median price reported for a tab of LSD remained stable from 2010 at \$20. Of those that responded, 69% reported that the price had remained stable in the previous six months.
- Half the respondents reported that current purity was medium.
- The majority (75%) of respondents reported that LSD was easy or very easy to obtain. The majority also reported that LSD availability had remained stable in the previous six months.

6.4.1 Price

In 2011, 38% (n=30) of the EDRS sample commented on the current price, purity and availability of LSD in the ACT. In 2011, the median reported last price for a tab of LSD decreased back to \$20 (range=\$10-30), stable from \$20 in 2010 (Table 29). Of the 26 respondents commenting, the majority (69%) reported that the price remained stable in the past six months.

Table 29: Prices of LSD purchased by ACT REU, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Median price for tab (range)	\$20 (15-30)	\$20 (10-40)	\$20 (2-30)	\$20 (10-50)	\$20 (10-40)	\$25 (10-40)	\$20 (10-30)	\$20 (10-30)
Did respond (%)	22	30	24	24	30	33	32	33
Of those that responded	n=25	n=38	n=24	n=18	n=25	n=33	n=23	N=26
% Increasing (% of entire sample)	16 (3)	8 (2)	8 (2)	6 (10)	0 (0)	23 (6)	17 (5)	8 (3)
% Stable (% of entire sample)	52 (11)	42 (13)	67 (16)	44 (11)	64 (19)	58 (15)	61 (19)	69 (23)
% Decreasing (% of entire sample)	12 (3)	13 (4)	4 (1)	22 (5)	8 (2)	8 (2)	4 (1)	12 (4)
% Fluctuating (% of entire sample)	8 (2)	11 (3)	0 (0)	11 (3)	12 (4)	12 (3)	17 (5)	12 (4)
% Don't know (% of entire sample)*	12 (3)	26 (8)	21 (5)	17 (4)	16 (5)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

6.4.2 Purity

In 2011, half of those that were able to comment on LSD purity reported that the current purity was medium (50%) (see Table 30). The proportion of participants able to comment on LSD purity that reported current purity to be high significantly (95%CI: 0.10-0.59) decreased from 57% in 2010 to 19% in 2011. Forty-four percent of REU who were able to comment on the change in purity of LSD reported that it had remained stable, 20% said purity had decreased and two respondents reported that purity had increased in the six months prior to interview.

Table 30: Current purity of LSD and purity change, ACT, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Did respond (%)	22	30	24	24	30	30	29	33
Of those that responded (%)	n=25	n=38	n=24	n=18	n=25	n=30	n=21	n=26
Current purity								
% Low (% of entire sample)	20 (4)	5 (2)	4 (1)	11 (3)	8 (2)	0 (0)	0 (0)	12 (4)
% Medium (% of entire sample)	28 (6)	45 (14)	21 (5)	28 (7)	28 (8)	17 (5)	43 (12)	50 (16)
% High (% of entire sample)	36 (8)	29 (9)	50 (12)	28 (7)	28 (8)	70 (21)	57 (16)	19 (6)
% Fluctuates (% of entire sample)	4 (1)	13 (4)	8 (2)	17 (4)	16 (5)	13 (4)	0 (0)	19 (6)
% Don't know (% of entire sample)*	12 (3)	8 (2)	17 (4)	17 (4)	20 (6)	-	-	-
Purity change								
% Increasing (% of entire sample)	20 (4)	8 (2)	13 (3)	11 (3)	4 (1)	29 (7)	5 (1)	8 (3)
% Stable (% of entire sample)	24 (5)	29 (9)	33 (8)	22 (5)	36 (11)	42 (10)	53 (14)	44 (14)
% Decreasing (% of entire sample)	20 (4)	24 (7)	4 (1)	6 (1)	12 (4)	4 (1)	16 (4)	20 (6)
% Fluctuating (% of entire sample)	0 (0)	16 (5)	13 (3)	28 (7)	20 (6)	25 (6)	26 (7)	28 (9)
% Don't know (% of entire sample)*	36 (8)	23 (7)	38 (9)	33 (8)	28 (8)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

6.4.3 Availability

The majority (75%) of the REU sample who were able to comment on LSD reported that the substance was easy (50%) to very easy (25%) to obtain and one-quarter (25%) reported that LSD was difficult to obtain. No participants reported that LSD was very difficult to obtain (see Table 31). The majority (76%) of REU who commented on LSD reported that availability had remained stable.

Table 31: Current LSD availability and availability change, ACT, 2004-2011

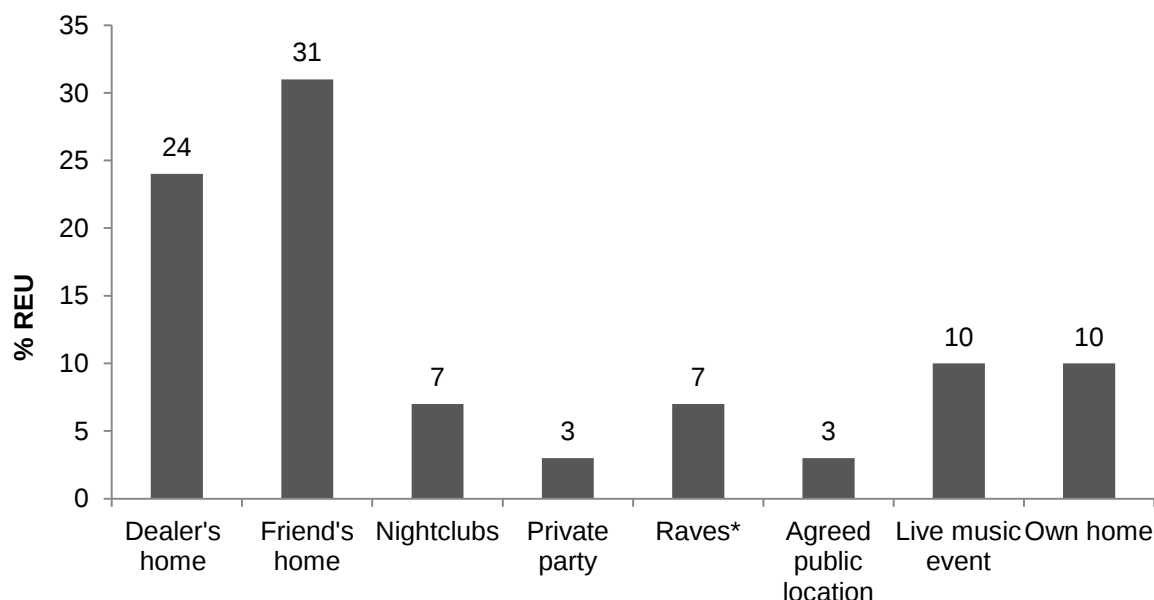
	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Did respond (%)	22	30	24	24	30	33	32	35
Of those that responded (%)	n=25	n=38	n=24	n=18	n=25	n=33	n=23	n=28
Current availability								
% Very easy (% of entire sample)	8 (2)	16 (5)	13 (3)	28 (7)	24 (7)	18 (6)	30 (10)	25 (9)
% Easy ^a (% of entire sample)	28 (6)	21 (6)	38 (9)	28 (7)	40 (12)	52 (17)	39 (12)	50 (18)
% Difficult (% of entire sample)	48 (10)	63 (19)	38 (9)	33 (8)	24 (7)	30 (10)	30 (10)	25 (9)
% Very difficult (% of entire sample)	16 (3)	0 (0)	4 (1)	11 (3)	8 (2)	0 (0)	0 (0)	0 (0)
% Don't know (% of entire sample)*	0 (0)	0 (0)	8 (2)	0 (0)	4 (1)	-	-	-
Availability change								
% More difficult (% of entire sample)	28 (6)	18 (6)	13 (3)	6 (1)	16 (5)	17 (4)	22 (7)	7 (3)
% Stable (% of entire sample)	56 (12)	45 (14)	46 (11)	39 (10)	56 (17)	58 (14)	44 (14)	76 (28)
% Easier (% of entire sample)	8 (2)	26 (8)	17 (4)	33 (8)	4 (1)	21 (5)	30 (10)	10 (4)
% Fluctuates (% of entire sample)	8 (2)	3 (1)	0 (0)	6 (1)	12 (4)	4 (1)	4 (1)	7 (3)
% Don't know (% of entire sample)*	0 (0)	8 (2)	25 (6)	17 (4)	12 (4)	-	-	-

Source: EDRS REU interviews, 2004-2011

* 'Don't know' was not included 2009-2011

The people from whom REU reported primarily obtaining LSD from in the preceding six months were friends (60%) and known dealers (30%). One participant reported buying LSD from acquaintances and one participant reported buying LSD from mobile dealers. The locations at which REU reported most frequently obtaining LSD from in the six months prior to interview (see Figure 12) were most frequently reported as a friend's home (31%) or a dealer's home (24%).

Figure 11: Locations where LSD had been purchased in the preceding six months, ACT, 2011



Source: EDRS REU interviews, 2011

* Includes outdoor raves (doofs) and dance parties

6.5 Cannabis

Key points

- The median price paid in 2010 for a gram of hydroponic cannabis was \$20 and for an ounce was \$280. The median price paid for a gram of bush cannabis was \$15 and for an ounce was \$200. The majority of participants reported that the price of both hydro and bush had remained stable in the previous six months.
- Almost all (86%) that commented reported that the purity of hydro was medium to high. The majority (71%) also reported that the purity of bush was medium to high. The majority of participants reported that the purity of both hydro and bush had remained stable in the previous six months.
- Almost all REU who were able to comment reported that hydro and bush were currently very easy to easy to obtain. The majority also reported that the availability of bush and hydro had remained stable in the previous six months.

Questions regarding the price, purity and availability of cannabis related to the two main forms of cannabis, i.e. hydroponic (indoor-grown) cannabis (hydro), and bush (outdoor-cultivated) cannabis (bush).

6.5.1 Price

In 2011, 6% of participants (n=5) were able to report on the price, purity and availability of hashish (hash) and hash oil, almost half (54%, n=43) were able to comment on hydro, and 44% of participants (n=35) were able to comment on bush. Two REU reported that they had purchased a gram of hash in the previous six months. Both participants reported that the price of hash per gram was \$20.

Hydroponic

Nine REU reported on the last price they had paid for a gram of hydro in the ACT, with the median price being \$20 (range=\$10-20, see Table 32). Nine REU were able to report on the last price paid for an ounce of hydro in the ACT, with the median price being \$280 (range=\$250-300, see Table 32). The majority (80%) of the REU who were able to comment reported that the price of hydro had remained stable in the preceding six months. Small proportions reported that the price had increased (10%) or decreased (3%) in the six months preceding interview.

Bush

Four REU were able to report on the last price paid for a gram of bush in the last six months in the ACT, with the median price being \$15 (range=\$10-20, see Table 32). Four REU were able to report on the last price paid for an ounce of bush, with the median price being \$200 (range=\$150-250, see Table 32). Three-quarters (73%) of respondents reported that the price of bush had remained stable in the six months preceding interview. Smaller proportions reported that the price was increasing (13%), decreasing (3%), or fluctuating (10%).

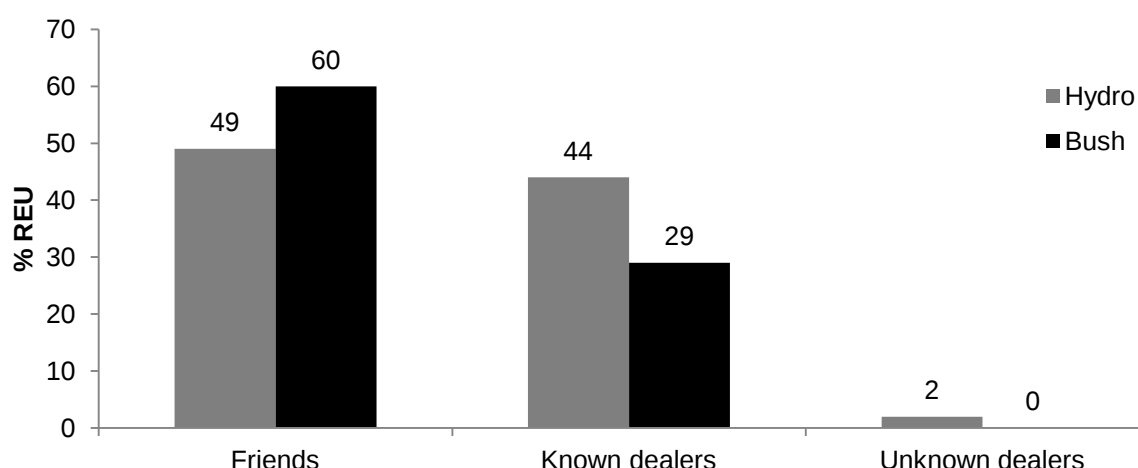
Table 32: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2011

	2011 (N=80)	
	Hydro	Bush
Median price (range)		
Gram	\$20 (10-20)	\$15 (10-20)
Ounce	\$280 (250-300)	\$200 (150-250)
Did respond (%)	50	38
Of those that responded	n=40	n=30
Price change		
% Increasing (% of entire sample)	10 (5)	13 (5)
% Stable (% of entire sample)	80 (40)	73 (28)
% Decreasing (% of entire sample)	3 (1)	3 (1)
% Fluctuating (% of entire sample)	8 (4)	10 (4)

Source: EDRS REU interviews, 2011

The most common sources of hydro were friends (49%) and known dealers (44%). The most common sources of bush were also friends (60%) and known dealers (29%), as can be seen in Figure 13.

Figure 12: Source of last purchase of hydro and bush cannabis, ACT, 2011

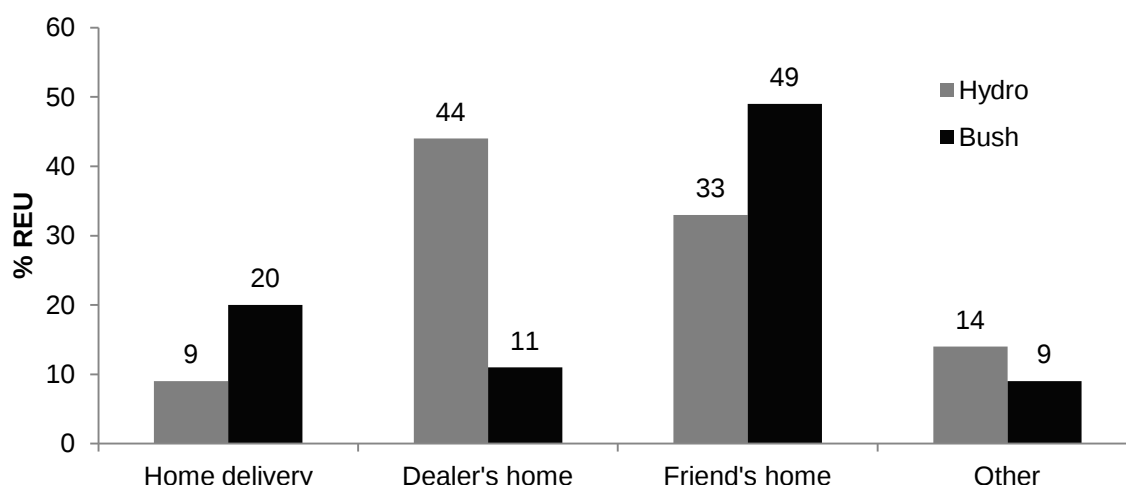


Source: EDRS REU interviews, 2011

Note: Results based on following response numbers: hydro (n=43) and bush (n=35)

Figure 13 shows that the most common places of purchase for hydro were at a dealer's home (44%) or at a friend's home (33%). The next most common places of purchase of bush were at a friend's home (49%), home delivery (20%) and at a dealer's home (9%).

Figure 13: Last locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2011



Source: EDRS REU interviews, 2011

Note: Results based on following response numbers: hydro (n=43) and bush (n=35)

6.5.2 Potency

Potency and potency change in hydroponic and bush cannabis is presented in Table 33. Of those that were able to report on the potency of hydro (n=42) equal numbers reported purity to be high (43%) or medium (43%). The majority of REU reported that the potency of hydro in the six months preceding interview was stable (69%).

Thirty-four REU were able to comment on the potency of bush in the six months preceding interview. The majority reported that the current potency was medium (53%). Smaller numbers reported potency to be high (18%), low (21%) or fluctuating (9%). The majority also reported that potency of bush had remained stable (59%). Fifteen percent reported that potency had increased in the six months prior to interview and one participant reported that potency had decreased in the six months prior to interview.

Table 33: Potency and changes in potency for hydro and bush cannabis, ACT, 2011

	2011 (N=80)	
	Hydro	Bush
Current potency		
Did respond (%)	53	43
% High (% of entire sample)	43 (23)	18(8)
% Medium (% of entire sample)	43 (23)	53 (23)
% Low (% of entire sample)	0 (0)	21 (9)
% Fluctuating (% of entire sample)	14 (8)	9(4)
Potency change		
Did respond (%)	49	43
% Increasing (% of entire sample)	10 (5)	15 (6)
% Stable (% of entire sample)	69 (34)	59 (25)
% Decreasing (% of entire sample)	0 (0)	3 (1)
% Fluctuating (% of entire sample)	21 (10)	24 (10)

Source: EDRS REU interviews, 2011

6.5.3 Availability

The availability and availability change for hydro and bush in the ACT are presented in Table 34. Almost all (95%) of REU who were able to comment reported that hydro was currently very easy (62%) to easy (33%) to obtain in the ACT. There were no significant differences in current availability of hydro between 2010 and 2011. The majority (86%) also reported that availability had remained stable in the ACT in the preceding six months.

The majority (97%) of REU who were able to comment reported that bush was currently very easy (51%) to easy (46%) to obtain in the ACT. One respondent reported that bush was currently difficult to obtain. Almost three-quarters (74%) reported that the availability of bush had remained stable. Twenty-four percent reported that availability had become easier. Smaller proportions reported that availability had become easier (14%), more difficult (3%) or was fluctuating (9%). There were no significant differences in current availability or availability change of bush between 2010 and 2011.

Table 34: Availability and changes in availability for hydro and bush cannabis, ACT, 2011

	2011 (N=80)	
	Hydro	Bush
Current availability		
Did respond (%)	53	44
<i>% Very easy (% of entire sample)</i>	62 (33)	46 (20)
<i>% Easy (% of entire sample)</i>	33 (13)	51 (23)
<i>% Difficult (% of entire sample)</i>	5 (3)	3 (1)
<i>% Very difficult (% of entire sample)</i>	0 (0)	0 (0)
Availability change		
Did respond (%)	54	44
<i>% Easier (% of entire sample)</i>	2 (1)	14 (6)
<i>% Stable (% of entire sample)</i>	86 (46)	74 (33)
<i>% More difficult (% of entire sample)</i>	5 (3)	3 (1)
<i>% Fluctuates (% of entire sample)</i>	7 (4)	9 (4)

Source: EDRS REU interviews, 2011

6.5.4 Cannabis law enforcement seizure data

Table 35 shows the number and weight of cannabis seizures in the ACT from 1999 to 2010. In the 2009/2010 period there was a sharp rise in the weight of cannabis seizures as compared to the previous period. In the 2009/2010 period, there were 746 seizures weighing a total of 740,418 grams, the highest recorded since the beginning of the EDRS.

Table 35: Number and weight of cannabis seizures by ACT police, July 1999 to June 2010

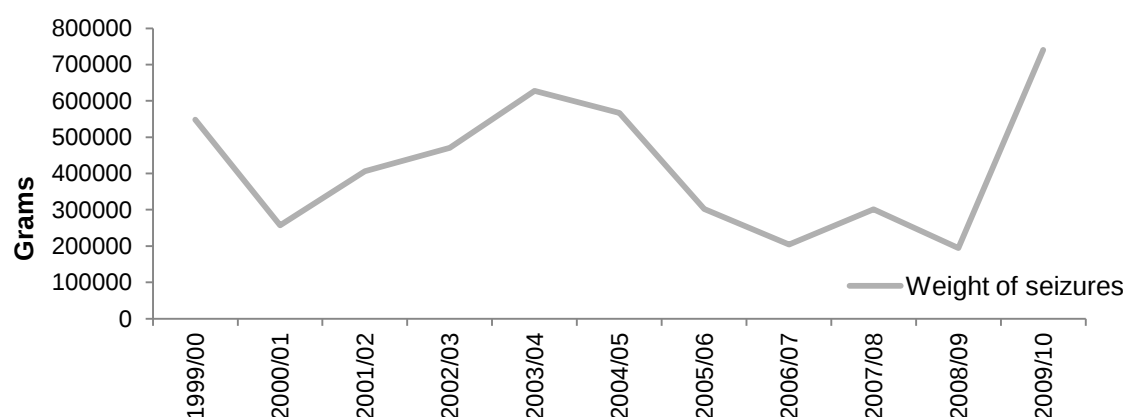
Year	Seizures (no.)	Weight (grams)
1999/2000	870	548 107
2000/2001	565	256 895
2001/2002	387	406 521
2002/2003	624	470 691
2003/2004	591	627 934
2004/2005	553	566 770
2005/2006	458	302 205
2006/2007	497	204 555
2007/2008	677	300 917
2008/2009	598	194 928
2009/2010	746	740 418

Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)

Note: Data not available for the 2010/2011 financial year

Figure 17 shows the average weight of cannabis seized in the ACT from 1999 to 2010. As can be seen from the graph, there was a general downward trend in the weight of seizures between 2003/2004 and 2008/2009. In 2009/2010 there was a sharp increase in the weight of cannabis seizures.

Figure 14: Average weight of cannabis seized in the ACT, July 1999 to June 2010



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)

Note: Data not available for the 2010/2011 financial year

7 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Over one-third (36%) of all REU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 90% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy. The majority reported that they received no treatment for their overdose.
- Thirty-nine percent of the sample reported that they had ever suffered a depressant overdose, of which 87% had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol (84%). The majority reported that they received no treatment for their overdose.

Help-seeking behaviour

- Six percent of the sample had accessed a health service in relation to their drug use in the six months prior to interview.

Self-reported problems

- Over half (54%) of the sample reported that they had experienced risk-related problems as a result of their drug use. Forty-one percent reported that they had experienced responsibility-related problems and 25% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. Seven percent reported experiencing legal problems as a result of their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were alcohol, ecstasy and cannabis.

Mental health

- Thirty percent of participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.
- Twenty-nine percent of respondents were classified as currently experience high or very high distress on the Kessler Psychological Distress Scale.

7.1 Overdose and drug-related fatalities

7.1.1 Stimulant overdose

In 2011, participants were asked about their experiences with stimulant and depressant overdoses. Symptoms consistent with stimulant toxicity which may indicate an overdose include nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium.

Lifetime stimulant overdose was reported by 36% of the sample, a significant (95%CI: -0.31 to -0.04) decrease from 18% in 2010 (see Table 36). The median number of stimulant overdoses was two (range=1-20). Of those who had ever overdosed on a stimulant drug, 90% (n=26) reported overdosing in the 12 months preceding interview. This was a significant (95%CI: -0.31 to -0.05) from 77% of those that had ever overdosed in 2010. Of the 26 participants that reported overdosing in the 12 months preceding interview 96% attributed their last overdose to ecstasy. One participant attributed their last overdose to speed. More than half (56%) indicated that that they were also under the influence of alcohol, 16% reported they were also under the influence of cannabis and 12% reported they were under the influence of LSD at the time of their last overdose. A stimulant overdose occurred on a median of four months before interview (range=1-72).

The most common locations of the last reported overdose were at nightclubs (31%) and live music events (27%). Other locations of the last reported overdose were at a friend's home (16%), at their own home (12%), at a private party (8%) and in a dealer's home (10%). Thirty percent reported overdosing in a public location (31% at nightclubs and 27% at a live music event rave). The most common overdose symptoms were nausea (80%), extreme anxiety (50%), tremors (40%), headache (40%), panic (40%) and paranoia (40%). In 2011, the majority (60%) of those who reported overdosing on a stimulant drug in the last 12 months reported that they had not received any treatment the last time they overdosed on a stimulant. A further 36% indicated that the treatment they received was being monitored/watched by friends. One participant did not know or could not remember what treatment they received.

Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2011

Stimulant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever overdosed (%)	39	49	21	18	36
Recent overdose, past 12 months (%)[#]	55 (n=16)	63 (n=26)	62 (n=13)	77 (n=10)	90 (n=26)
Main drug (%)[*]					
Ecstasy	100	65	85	60	96
Speed	0	4	0	10	4
Base	0	0	0	0	0
Crystal	0	15	0	0	0
Cocaine	0	12	0	10	0
MDA	0	4	8	0	0
PMA	0	0	0	10	0
LSD	0	0	0	10	0
Pharmaceutical stimulants	0	0	8	0	0
Other drugs (%)[*]					
Ecstasy	0	8	8	10	4
Speed	25	19	15	20	8
Base	0	0	0	0	4
Crystal	0	4	0	0	4
Cocaine	6	19	8	20	4
LSD	0	12	8	0	12
MDA	0	0	0	0	0
Ketamine	0	0	0	0	0
Alcohol	56	62	69	40	56
Cannabis	13	35	23	30	16
Other	0	0	0	30	28
Last overdose location (%)[*]					
Nightclub	31	19	15	20	27
Rave	25	8	8	10	0
Live music event	13	4	23	10	31
Home	6	23	8	20	12
Friend's home	6	15	23	30	16
Dealer's home	0	0	0	10	0
Work	6	0	0	0	0
Other	13	0	15	0	15

**Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2011
(continued)**

Stimulant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Last overdose symptoms (%)[*]					
Nausea	69	69	54	80	16
Vomiting	50	69	31	0	12
Chest pain	44	27	39	10	8
Tremors	50	35	54	40	4
Increase body temperature	75	73	69	30	60
Increased heart rate	88	69	69	20	56
Rapid irregular breathing	66	58	54	20	12
Shallow irregular breathing	44	27	15	10	8
Seizure	13	12	8	0	0
Headache	63	42	54	40	24
Extreme anxiety	50	31	39	50	16
Panic	38	35	46	40	16
Extreme agitation	38	31	39	30	8
Paranoia	38	35	39	40	8
Auditory hallucination	6	23	15	0	12
Tactile hallucination	6	8	23	10	4
Visual hallucination	31	35	46	10	8
Agitation	56	12	46	30	8
Delirium/confusion	38	27	62	10	12
Passed out	19	42	15	0	20
Dizziness	69	50	62	20	20
Muscle twitches	69	54	54	10	20
Last overdose treatment (%)[*]					
Received oxygen	0	0	8	0	0
Attended hospital emergency department	0	0	8	0	0
Taken to hospital by friends	6	4	0	0	0
Taken by ambulance to hospital	0	4	0	0	0
Monitored/watched by friends	88	46	0	70	36
Other	0	4	8	0	0
No treatment	6	42	83	30	60

Source: EDRS REU interviews, 2007-2011

[#] Of those who had ever overdosed

^{*} Of those who reported recent overdose (past 12 months); 2007 n=16, 2008 n=26, 2009 n=13, 2010 n=10, 2011 n=26

7.1.2 Depressant overdose

In 2011, participants were asked about their experiences with a depressant overdose (see Table 37). The following symptoms are consistent with a depressant overdose: reduced level of consciousness, respiratory depression, and turning blue or collapsing. Thirty-nine percent of the sample reported that they had ever suffered a depressant overdose in their lifetime, of which 87% (n=27) had suffered a depressant overdose in the 12 months preceding interview (see Table 37). Participants reported a median of six (range=1-50) depressant overdoses in their lifetime. A depressant overdose occurred on a median of three months before interview (range=1-84).

Of those who had experienced a depressant overdose in the preceding 12 months (n=27), the most common drug the overdose was attributed to was alcohol (84%), followed by heroin (8%). One participant reported overdosing on benzodiazepines. Cannabis was commonly reported (44%) as being involved in a depressant overdose. Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred mainly in private locations such as their own home (35%), a friends' home (27%) or a private party (12%). Other locations of overdose included nightclubs (23%) or raves (4%). The most common overdose symptom was losing consciousness (30%), followed by vomiting (18%), collapsing (13%) and suppressed breathing (9%). The majority (73%) of participants reported that they received no treatment during their last depressant overdose. The most commonly reported treatment was being monitored or watched by friends (23%).

Table 37: Participants' experience with depressant overdoses, ACT, 2007-2011

Depressant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Ever overdosed (%)	62	63	26	36	39
Recent overdose, past 12 months (%)[#]	76 (n=35)	64 (n=33)	81 (n=21)	58 (n=15)	87 (n=27)
Main drug (%)[*]					
Alcohol	89	88	81	67	84
GHB	6	0	0	0	0
Benzodiazepines	3	3	0	7	4
Heroin	0	3	10	27	8
Other opiates	3	0	5	0	4
Other	0	6	5	0	0
Other drugs (%)[*]					
Ecstasy	9	12	10	7	4
Speed	0	3	0	0	0
Base	0	0	0	0	4
Crystal	0	0	0	0	0
Cocaine	0	0	0	7	4
LSD	6	3	0	7	0
MDA	0	0	0	0	0
Ketamine	0	0	0	0	0
Alcohol	6	3	5	13	4
Cannabis	34	49	19	47	44
Pharmaceutical stimulants	0	0	5	0	0
Benzodiazepines	-	-	10	13	4
Other	16	0	0	13	4

**Table 37: Participants' experience with depressant overdoses, ACT, 2007-2011
(continued)**

Depressant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)
Last overdose location (%)[*]					
Home	29	36	19	27	35
Friend's home	21	21	24	40	27
Nightclub	15	15	38	7	23
Pub	3	3	10	7	0
Private party	18	12	0	0	12
Public place	3	3	5	14	0
Rave	3	0	0	0	4
Live music event	3	3	0	0	0
Work	3	0	0	0	0
Other	3	0	5	7	0
Last overdose symptoms (%)[*]					
Suppressed breathing	14	6	29	13	9
Turning blue	0	3	19	0	4
Collapsing	37	36	43	27	13
Losing consciousness	74	39	53	87	30
Vomiting ^{**}	-	85	71	67	18
Other	54	6	10	13	13
Last overdose treatment (%)[*]					
Counseling	-	-	5	0	0
GP	-	-	5	7	0
CPR by a health professional	-	-	5	7	0
Administered Narcan	-	-	10	13	4
Received oxygen	-	-	10	13	4
Ambulance attendance	-	-	14	20	4
Attended the hospital emergency department	-	-	10	13	4
Treatment from a psychologist	-	-	5	0	0
Attended a drug health service	-	-	5	0	0
Attended a general health service	-	-	0	7	0
Phone information service	-	-	0	7	0
No treatment	26	39	81	20	73

Source: EDRS REU interviews, 2007-2011

[#] Of those who had ever overdosed

^{*} Of those who reported recent overdose (past 12 months); for 2007 n=35, for 2008 n=33, 2009 n=26, 2010 n=15, 2011 n=27

^{**} Vomiting given own category in 2008, included in 'other' in 2007

7.2 Help-seeking behaviour

In the preceding six months, 6% of the sample had accessed some form of medical or health service as a consequence of their drug use, a decrease from 32% in 2010. Two participants had recently accessed a general practitioner (GP), one participant reported accessing a psychologist, one participant reported accessing a psychiatrist and one participant reported accessing telephone counselling. Reasons cited for accessing a service included psychosis, wanting to cut down drug use, aggression and being in trouble with the law.

7.3 Drug treatment

In 2011, two participants reported currently receiving drug treatment. One participant reported currently receiving methadone maintenance treatment. The other participant did not nominate what drug treatment they were currently receiving. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

7.4 Other self-reported problems associated with ERD use

Drug-related harms were characterised into four primary groups: reoccurring social/relationship problems, reoccurring legal/police problems, reoccurring problems due to drugs interfering with responsibilities, and recurrently placing oneself or others in dangerous situations as a result of drugs. REU were asked if they had experienced any of these problems due to their drug use in the past six months. The results are summarised in Table 38.

More than half (54%) of the sample reported that they had experienced risk-related problems as a result of their drug use. The most common drugs that this was attributed to were alcohol (49%, n=16), ecstasy (18%, n=6), cannabis (15%, n=5) and mushrooms (9%, n=3). Forty-one percent of the sample reported that they had experienced responsibility-related problems as a result of their drug use. This was primarily attributed to cannabis (40%, n=10), alcohol (32%, n=8) and ecstasy (20%, n=5). One-quarter (26%) of the sample reported they had experienced reoccurring relationship/social problems due to their drug use. The most common drugs this problem was attributed to were cannabis (53%, n=8), ecstasy (13%, n=2), speed (13%, n=2) and heroin (13%, n=2). Seven percent of the sample reported having experienced legal problems relating to their drug use.

Table 38: Self-reported drug-related problems, ACT REU, 2009-2011

	2009 (N=101)	2010 (N=73)	2011 (N=80)
Responsibility problems (%)	49	37	41
Risk problems (%)	44	51	54
Relationship/Social problems (%)	32	25	26
Legal/Police problems (%)	5	0	7

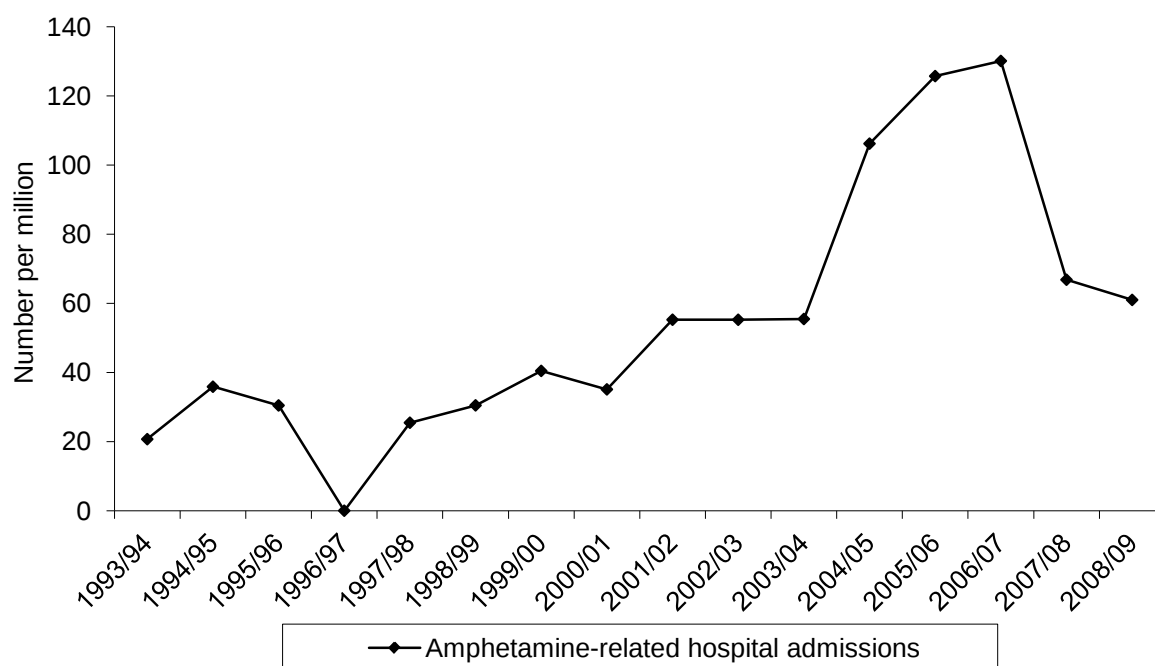
Source: EDRS REU interviews, 2009-2011

7.5 Hospital admissions

7.5.1 Methamphetamine

The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last 10 years (Figure 15). No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased since this time. Since 2006/2007, admissions have steadily decreased, falling to 60.97 per million persons in 2008/09. At the time of print the 2009/2010 data for hospital admissions was not available

Figure 15: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994-2008/2009



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2012; Roxburghand Burns, in press)

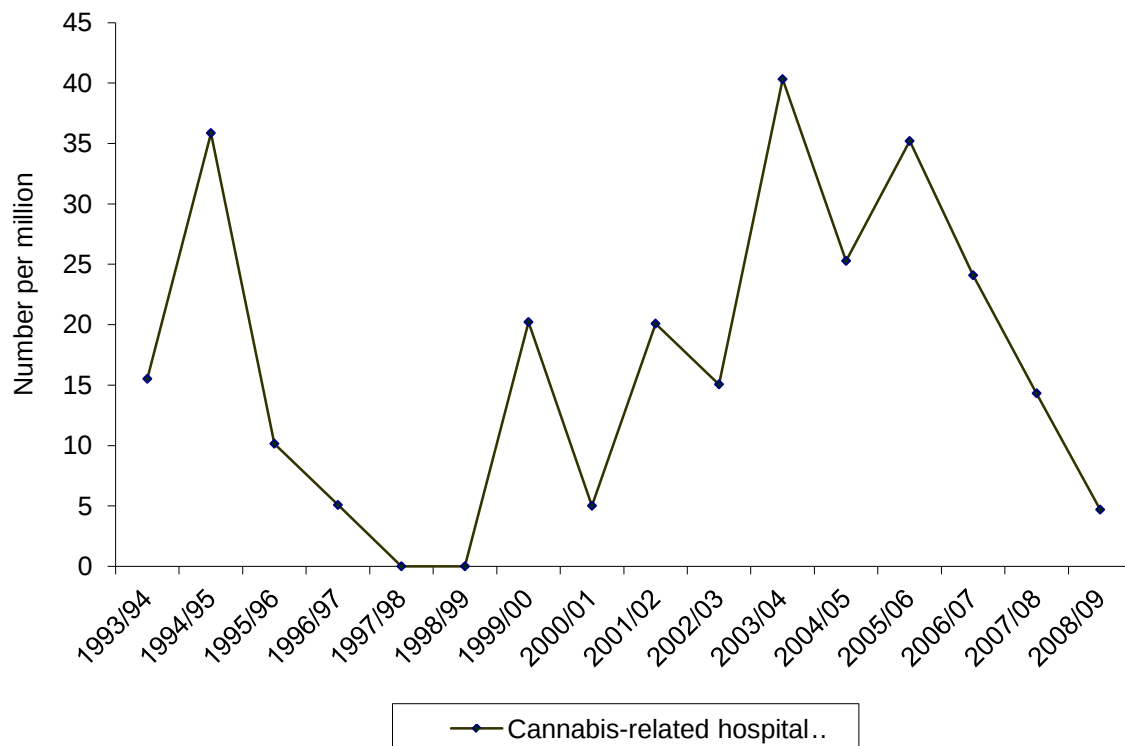
7.5.2 Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15 to 54 years in the last 10 years. There were no hospital admissions where cocaine was implicated in the primary diagnosis in the ACT in 2003/2004 and 2004/2005 (Roxburghand Burns, in press) . In 2008/2009, there were 4.69 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2009/2010 data for hospital admissions was not available

7.5.3 Cannabis

As can be seen from Figure 16, the number of cannabis-related hospital admissions per million persons fluctuated up until 2005/06. Since this time there has been a steady decrease in cannabis-related hospital admission, decreasing to 4.69 in 2008/09. At the time of print the 2009/2010 data for hospital admissions was not available.

Figure 16: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994-2008/2009



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2012; Roxburghand Burns, in press)

7.6 Mental and physical health problems and psychological distress

Thirty percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=24), depression and anxiety were most commonly reported (71% and 63% respectively). Other problems reported included panic (17%), paranoia (17%), mania (8%) and manic depression/bipolar disorder (8%).

Among those who had experienced a problem, 67% (n=16) reported attending a mental health professional during this period. Of those who sought help, more than half (n=9) were prescribed medication. Antidepressants were prescribed to eight of these participants, benzodiazepines were prescribed to two participants and antipsychotics were prescribed to one participant.

The 2011 EDRS included the Kessler Psychological Distress Scale (K10), a questionnaire designed to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms experienced in the most recent four-week period (Kessler, Andrews, Colpe et al., 2002).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews & Slade, 2001; Furukawa et al., 2003) and work conducted at the Clinical Research Unit for Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder (see www.crufad.unsw.edu.au/k10/k10info.htm).

The 2010 NDSHS (Australian Institute of Health and Welfare, 2008; Australian Bureau of Statistics, 2009; Australian Institute of Health and Welfare, 2011) provides the most recent Australian population norms available for the K10, and uses four categories to describe levels of distress: 10 to 15 were considered low levels of psychological distress; 16 to 21 moderate; 22 to 29 as high; and 30 to 50 as very high levels of psychological distress.

The mean score reported by REU in 2011 was 18.26 (median 16, SD 6.9, range=10-40). As is evident from Table 39 below, REU scores differ markedly from those reported among the Australian general population, with a larger proportion reporting high and very high distress.

Table 39: Kessler 10 scores in the 2010 NSDHS detailed results and ACT REU sample, 2011

K10 Category	Australian Population >18 years	REU N=80
% reporting no or low distress (score 10-15)	70	46
% reporting moderate distress (score 16-21)	21	26
% reporting high distress (score 22-29)	7	18
% reporting very high distress (score 30-50)	2	11

Source: (Australian Institute of Health and Welfare, 2011) ; EDRS REU interviews, 2011

Key Expert Comments

- Two KE commented on overdose amongst REU. Overdose was usually attributed to excessive alcohol consumption and was more common amongst younger demographics.
- KE reported that mental health problems associated with drug use with drug use.

8 RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Eight percent of the sample reported having injected at some time in their lives. The median age of first injection was 18 years.

Sexual risk behaviour

- The majority (63%) of REU reported having had casual penetrative sex in the six months prior to interview. When having sex with a casual sex partner whilst not under the influence of alcohol or drugs, 28% reported not using protection on their last occasion of casual sex.
- Of those who reported having casual penetrative sex in the past six months, 92% reported doing so whilst under the influence of ERD. Among those, 60% reported not using protection on their last occasion of casual sex.

Driving risk behaviour

- Of those REU who indicated they had driven a car in the past six months, 64% reported that they had done so while under the influence of alcohol and, of those, 76% reported that they had driven whilst over the legal blood alcohol limit.
- Of those participants who had driven a car in the previous six months, 73% reported driving shortly after (within one hour) of taking an illicit drug.

Risky alcohol use

- Using the AUDIT, 80% of respondents scored eight or above, indicating alcohol intake that is possible hazardous. Seventeen percent of respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence.

8.1 Injecting risk behaviour

8.1.1 Lifetime injectors

In 2011, 8% of the EDRS sample reported ever having injected a drug (a decrease from 23% in 2010). The median age at which participants reported first having injected a drug was 18 (range=16-22). Those REU who indicated that they had injected drugs during their lifetime were asked to nominate the first drug they had injected. Speed, steroids and melanotan were reported as the first drug injected by others that had ever injected a drug.

8.1.2 Recent injectors

Of the six participants who reported lifetime injection, five (83%) indicated that they had injected drugs in the preceding six months. Eighty percent (n=4) of those that had recently injected drugs indicated that the last drug they injected was heroin. Injection of heroin was reported on a median of 47 days (almost twice a week). One participant reported that the last drug they injected was steroids. They reported injecting 60 days in the previous six months.

Of those who had injected recently, two participants reported that they had injected while coming down from ERD. No participants reported that they had injected while under the influence of ecstasy.

8.1.3 Injecting risk behaviour

In the 2011 EDRS, no participants reported that they had used a needle after someone else in the six months preceding interview. Three respondents reported that they had used injecting equipment after someone else, specifically spoons/mixing containers (n=3), water (n=1), tourniquets (n=2) and filters (n=1).

8.1.4 Context of injecting

The locations reported for last injection in the past six months were at a friends' home (n=3), at one's own home (n=1) or in a car (n=1). Those REU who had recently injected drugs primarily did so in the company of close friends (n=3) or with acquaintances (n=1).

8.1.5 Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate where they had sourced their needles. Over half (n=9) obtained needles from a vending machine and eight participants obtained needles from a Needle and Syringe Program (NSP). Other sources of needles were reported to be from a chemist (n=7), through friends (n=3), from a partner (n=2), through a dealer (n=1) or from a hospital (n=1).

8.2 Blood-borne viral infections

In 2011, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections (Table 40). Of those that responded (n=39), 68% had completed the vaccination course for hepatitis B (HBV). Of these, the majority (59%) said the main reason they received the vaccination was because they received it as a child. Almost a third (30%) received the vaccination because they were going overseas.

Of those that responded, 59% reported that they had never tested for hepatitis C (HCV). Sixty-eight percent of REU had also never tested for the human immune-deficiency virus (HIV). There were no reports of a positive HIV test result. A third of REU had never had a sexual health checkup, 24% reported having one more than a year ago and 43% reported having one in the last year. Of those who commented, 5% (n=4) had ever been diagnosed with a sexually transmitted infection (STI). Of those reporting diagnosis of an STI, one participant reported diagnosis in the year prior to interview.

Table 40: Vaccination, testing and diagnoses of blood-borne viral infections, ACT REU, 2011

	2011 N=80
Vaccinated for HBV (%)	n=57
No	23
Yes, didn't complete	9
Yes, completed	68
Main reason for HBV vaccination (%)*	n=44
At risk (PWID)	2
At risk (sexual)	2
Going overseas	30
Vaccinated as a child	59
Work	0
Don't know/can't remember	0
Other	7
Tested for HCV (%)	n=69
No	59
Yes, in last year	19
Yes, > 1 year ago	22
HCV positive (%)**	4
Tested for HIV (%)	n=77
No	68
Yes, in last year	20
Yes, > 1 year ago	13
HIV positive (%)#	0
Other sexual health checkups (%)	n=79
No	33
Yes, in last year	43
Yes, > 1 year ago	24
STI positive (%)	n=77
No	95
Yes, in last year	1
Yes, > 1 year ago	4
STI diagnosis (%)###	n=1
Gonorrhoea	0
Chlamydia	0
Syphilis	100
HPV (genital warts)	0
Other	0

Source: EDRS REU interviews, 2011

* Among those who had been vaccinated for HBV

** Among those tested for HCV

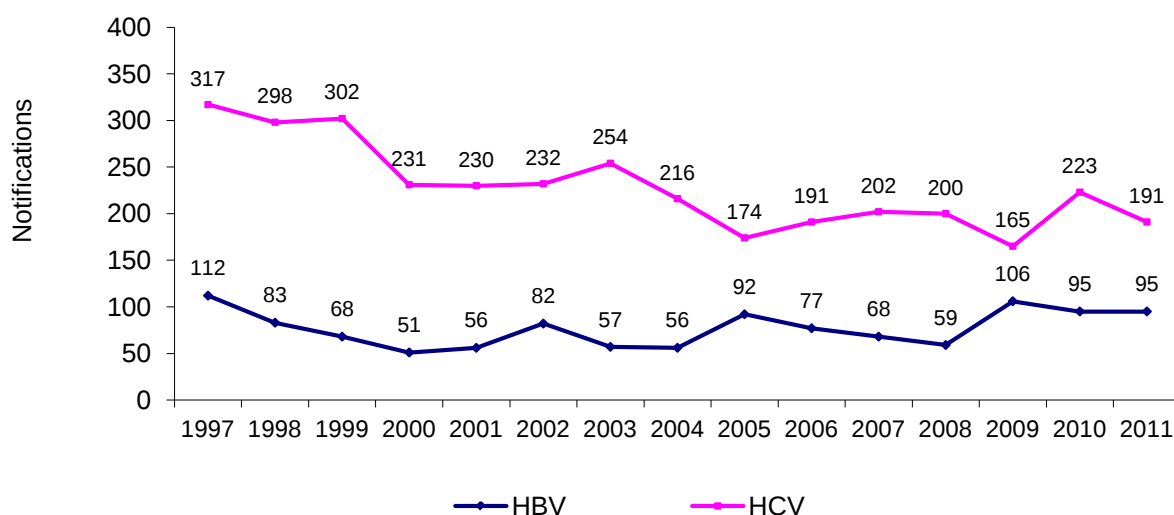
Among those tested for HIV

Among those who tested positive for STI in the last year

8.2.1 The National Notifiable Diseases Surveillance System

Figure 17 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – NNDSS. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV. In 2011 there was a reversal of the downward trend in notifications seen since 1997, with a decrease in notifications from 223 in 2010 to 191 in 2011. HBV notifications have remained relatively stable over the past 15 years.

Figure 17: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2011



Source: (National Notifiable Diseases Surveillance System, 2011) ¹
 Note: Figures are updated on an ongoing basis.

¹ Notes on interpretation

There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

8.3 Sexual risk behaviour

8.3.1 Recent sexual activity

More than half (63%) of REU reported having had casual penetrative sex in the six months prior to interview (see Table 41). Casual penetrative sex was defined as sex that involved the penetration of the vagina/anus by penis/hand with anyone who is not a regular partner. One-quarter (26%) of those who reported having casual sex reported that they had sex with one person in the preceding six months. A further 16% reported having had casual sex with two persons, and 42% reported three to five casual partners. Fourteen percent of casually sexually active REU reported having sex with six to 10 partners in the past six months and one respondent reported having sex with more than 10 casual partners in the previous six months.

When having sex with a casual sex partner in the preceding six months whilst not under the influence of alcohol or drugs, the majority (72%) of REU who reported having casual sex indicated that the last time they had casual sex they used a protective barrier.

Table 41: Sexual activity and number of casual sexual partners, ACT REU, 2011

	2011 (N=80)
Casual penetrative sex (%)	63
No. of casual sexual partners (%)[*]	
One person	26 (n=13)
Two people	16 (n=8)
3-5 people	42 (n=21)
6-10 people	14 (n=7)
10+ people	2 (n=1)
Sex with a casual partner (%)^{*#}	
Use protection	72 (n=34)

Source: EDRS REU interviews, 2011

^{*} Of those who had casual penetrative sex in the last six months

[#] Whilst not under the influence of alcohol or drugs

8.3.2 Drug use during sex

The majority (92%, n=46) of casually sexually active REU reported having sex while under the influence of ERD in the past six months (see Table 44). One-quarter (28%) of REU who reported having casual sex under the influence of ERD had done so once or twice (11% once, 17% twice), 26% reported doing so three to five times, 22% reported doing so on six to 10 occasions and 24% reported having casual sex more than 10 times while under the influence in the past six months. REU were asked to nominate which drugs they were under the influence of last time they had casual sex. Of those who reported having sex while under the influence of ERD in the past six months, the majority nominated using alcohol (85%), cannabis (50%) and ecstasy (46%). Other drugs commonly used included speed (15%) and cocaine (15%).

Among those who had sex with a casual sex partner while using ERD (n=46) in the past six months, less than half (40%) reported using protection the last time they sex under the influence of alcohol or drugs.

The findings this year indicate that, within the context of sex with casual sex partners, sexual encounters that place the individual at increased risk for STIs, i.e. unprotected sex, are no more likely to occur when ERD are involved. The results also indicate that those who have casual penetrative sex whilst on ERD are more likely to have casual sex more frequently and are less likely to use protection.

Table 42: Drug use during casual sex in the preceding six months, ACT REU, 2011

	2011 (N=50)
Casual penetrative sex while on drugs[#] (%)	92
<i>Of those who had casual penetrative sex under the influence of drugs</i>	
Number of times*	
Once	11 (n=5)
Twice	17 (n=8)
3-5 times	26 (n=12)
6-10 times	22 (n=10)
10+	24 (n=11)
Drugs used (%)*	
Ecstasy	46 (n=21)
Cannabis	50 (n=23)
Alcohol	85 (n=39)
Speed	15 (n=7)
Base	2 (n=1)
Crystal	2 (n=1)
Cocaine	15 (n=7)
LSD	4 (n=2)
Mushrooms	2 (n=1)
Nitrous oxide	2 (n=1)
Amyl nitrate	2 (n=1)
Sex with a casual partner using party drugs (%)*	
Use protection	40 (n=18)

Source: EDRS REU interviews, 2011

[#] Of those who had casual penetrative sex in the last six months

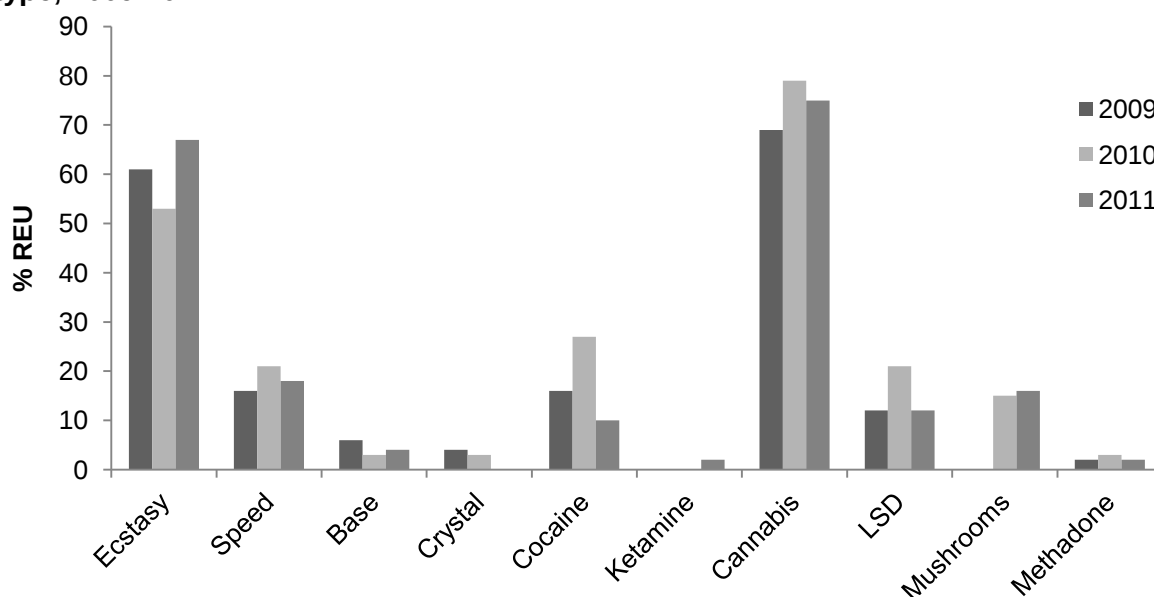
* Of those who had casual penetrative sex while on drugs in the last six months

8.4 Driving risk behaviour

The majority (88%) of the 2011 REU sample reported that they had driven a car in the six months prior to interview. Over two-thirds (64% n=45, 68% in 2010) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 76% (n=34) reported that they had driven whilst over the legal blood alcohol limit. Those participants who had driven a car while over the legal limit of alcohol in the six months prior had done so on a median of five times in this period (range=1-72). Half (50%) of those who reported they had driven over the limit of alcohol had been subjected to a roadside breath test (RBT) in the six months preceding interview, an increase from 32% in 2010. Five participants reported that they returned a positive reading at least once in the six months preceding interview.

When those participants who had driven a car in the previous six months were asked if they had done so under the influence (within one hour) of an illicit drug, 73% (n=51) of this group reported having done so (an increase from 61% in 2010), on a median of 10 occasions (range=1-180). As demonstrated in Figure 18, cannabis was the drug most commonly nominated (75%, 79% in 2010). This was followed by ecstasy (67%, 53% in 2010). Smaller proportions reporting driving under the influence of speed (18%, 21 in 2010), mushrooms (16%, 15% in 2010), LSD (12%, 21% in 2010) and cocaine (10%, 27% in 2010).

Figure 18: Proportion of REU reporting driving under the influence of drugs, by drug type, 2009-2011



Source: EDRS REU interviews, 2009-2011

* Of those who had driven under the influence of drugs in the past six months (2009 n=49, 2010 n=34, 2011 n=51)

Participants reported driving a median of one hour (range=0-30 hours) since consuming a drug last time they drove while under the influence of an illicit drug. Almost two-thirds (63%, 79% in 2010) reported being under the influence of cannabis last time they drove under the influence and 37% nominated ecstasy. Smaller proportions reported being under the influence of speed (6%), LSD (4%) and mushrooms (4%) the last time they drove under the influence.

Participants were also asked how impaired they believed their driving to be last time they drove after taking a drug. Less than half (47%) reported that their driving was slightly impaired, whilst one-third (33%) reported that the drugs had no influence on their driving ability, and approximately one in eight (12%) reported that the drugs slightly improved or quite improved their driving ability. Only a small proportion (8%) reported that drugs had greatly impaired their driving ability.

Participants that had recently driven under the influence of an illicit drug were asked why they chose to drive. Fifty-nine percent of those that responded chose to drive because they felt their driving was not affected by the drug. Forty-one percent chose to drive because they thought it would be unlikely that they were caught.

In 2011, REU were asked how likely they thought they would be to have an accident soon after using alcohol (over the legal blood alcohol limit), ecstasy, methamphetamine (speed base or ice) and cannabis. Participants were also asked how likely they thought they thought it would be that they would be caught by police and identified as driving under the influence after using alcohol (over the legal blood alcohol limit), ecstasy, methamphetamine (speed, base or ice) and cannabis. Results are presented in Table 44.

Table 43: Likelihood of having a traffic accident after taking substance, ACT REU, 2011

	Alcohol N=71	Ecstasy N=71	Methamphetamine N=58	Cannabis N=68
Likelihood of having a traffic accident (%)*				
Very unlikely	6	11	14	21
Unlikely	14	18	16	27
No more or less likely	10	23	22	22
Likely	54	37	38	25
Very likely	17	11	10	6
Likelihood of being caught by police (%)*	N=73	N=70	N=62	N=69
Very unlikely	1	10	8	16
Unlikely	6	24	34	29
No more or less likely	18	20	16	25
Likely	34	31	29	23
Very likely	41	14	13	7

Source: EDRS REU interviews, 2011

* Don't know responses excluded

8.5 The Alcohol Use Disorders Identification Test (AUDIT)

Participants in the 2011 EDRS were administered the AUDIT (Saunders, Aasland, Babor et al., 1993). The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen, 2002). Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor, de la Fuente, Saunders et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The sample mean score on the AUDIT was 13.4 (median=12, range=0-28). Eighty percent of the national sample scored eight or more; these are levels at which alcohol intake may be considered hazardous (Table 44).

The total AUDIT score places respondents into one of four 'zones' or risk levels. One-fifth (20%) of respondents scored in Zone 1 (low-risk drinking or abstinence), 42% scored in zone 2 (alcohol use in excess of low-risk guidelines) and 22% scored in Zone 3 (harmful or hazardous drinking). One-fifth (21%) of males, compared to seven percent of females, scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

Table 44: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake, by gender, 2011

	Male	Female	Total
Mean AUDIT total score	13.9	12.4	13.4
Score 8 or above (%)	82	79	80
Zone 1	21	19	20
Zone 2	35	56	42
Zone 3	23	19	22
Zone 4	21	7	17

Source: EDRS REU interviews, 2011

Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence.

Key Expert Comments

- KE reported that alcohol use was common amongst REU.
- Five KE reported that alcohol was the most problematic drug in their service. Reasons cited for this included alcohol related overdoses, violence, binge drinking and risk-related behaviours associated with alcohol.

9 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Forty-three percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Drug dealing was the most common crime reported; followed by engagement in property crime. Small proportions reported engaging in violent crime or fraud.

9.1 Reports of criminal activity among REU

Of those who commented (n=64), less than half (43%) reported having engaged in some form of criminal activity in the month prior to interview (47% in 2010; Table 45). The proportion of REU who reported that they had sold drugs in the preceding six months decreased from 33% in 2010 to 25% in 2011. The proportion reporting they had committed a property crime remained stable at 22% (25% in 2010). Of those that had committed a property crime (n=14), two participants reported committing the crime under the influence of AOD.

One in 10 (10%) respondents reported that they had committed fraud and 13% reported committing a violent crime in the last month. Of those that committed a violent crime (n=8), 63% (n=5) reported committing the crime under the influence of AOD. Four participants reported being under the influence of alcohol, one participant reported being under the influence of ecstasy, one participant reported being under the influence of cocaine and one participant reported being under the influence of mushrooms.

Table 45: Criminal activity reported by ACT REU, 2004-2011

	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=100)	2010 (N=72)	2011 (N=80)
Criminal activity in the last month (%)								
Any crime	11	29	38	38	34	47	48	43
Drug dealing	9	25	29	32	30	26	33	25
Property crime	3	4	11	11	11	27	25	22
Fraud	1	2	1	0	2	8	1	10
Violent crime	0	2	8	3	5	9	6	13
Arrested in the past 12 months	6	6	13	4	5	15	8	14

Source: EDRS REU interviews, 2004-2011

9.2 Arrests

9.2.1 Amphetamine-type stimulants

Table 46 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2010. Amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The ACC classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). The number of consumer and provider arrests remained relatively stable from the previous reporting year, with a total of 100 arrests recorded in 2009/2010, compared to 110 arrests in 2008/2009.

Table 46: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2010

	Consumer/ user		Provider/ supplier		Total arrests
	Male	Female	Male	Female	
1997/1998	8	3	5	2	18
1998/1999	15	2	6	0	23
1999/2000	- ^a	- ^a	- ^a	- ^a	- ^a
2000/2001	37	10	6	3	56
2001/2002	44	4	9	3	60
2002/2003	41	11	8	4	64
2003/2004	60	16	19	4	99
2004/2005	51	7	27	9	94
2005/2006	50	9	46	1	106
2006/2007	77	22	30	3	132
2007/2008	77	23	28	5	133
2008/2009	68	19	20	3	110
2009/2010	64	12	21	3	100

Source: ABCI, 2000-2002; ACC, 2003-2011

Note: Figures for ACT 1999/2000 were not available

Note: Arrest data from 1997/1998 to 1999/2000 exclude AFP data

Note: Data not available for the 2010/2011 financial year

9.2.2 Cocaine

In 2009/2010 there were eight consumer arrests for cocaine. No provider arrests were recorded for cocaine in 2009/2010.

Table 47: Number of cocaine consumer and provider arrests, ACT, 2000-2010

	Consumer/ user		Provider/ provider		Total arrests
	Male	Female	Male	Female	
2000/2001	1	0	1	1	3
2001/2002	2	0	1	0	3
2002/2003	2	0	0	0	2
2003/2004	1	0	1	0	2
2004/2005	2	1	4	0	7
2005/2006	2	0	3	0	5
2006/2007	7	0	0	0	7
2007/2008	3	0	1	0	4
2008/2009	10	1	3	0	14
2009/2010	8	0	0	0	8

Source: ABCI, 2000-2002; ACC, 2003-2011

Note: Data not available for the 2010/2011 financial year

9.2.3 Cannabis

Table 48 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2010. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. There was an increase in the number of males charged with user-type offences in 2009/2010, increasing to the highest recorded since 1997. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998. The number of males charged with supply-type offences also increased in 2009/2010.

Table 48: Number of cannabis consumer and provider arrests, ACT, 1997-2010

	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
1997/1998	66	12	54	7	139
1998/1999	63	11	7	4	85
1999/2000 ^a	-	-	-	-	-
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227
2008/2009	165	50	10	3	228
2009/2010	187	36	19	2	244

Source: ABCI, 2000-2002; ACC, 2003-2011

^a Figures for ACT 1999/2000 were not available

Note: Arrest data from 1997/1998 to 1999/2000 exclude AFP data

Note: Data not available for the 2010/2011 financial year

In the ACT, a SCON and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 49 presents the total number of SCONs given out in the ACT from 1997 to 2010. The number of SCONs issued in the ACT remained stable compared to the previous reporting year.

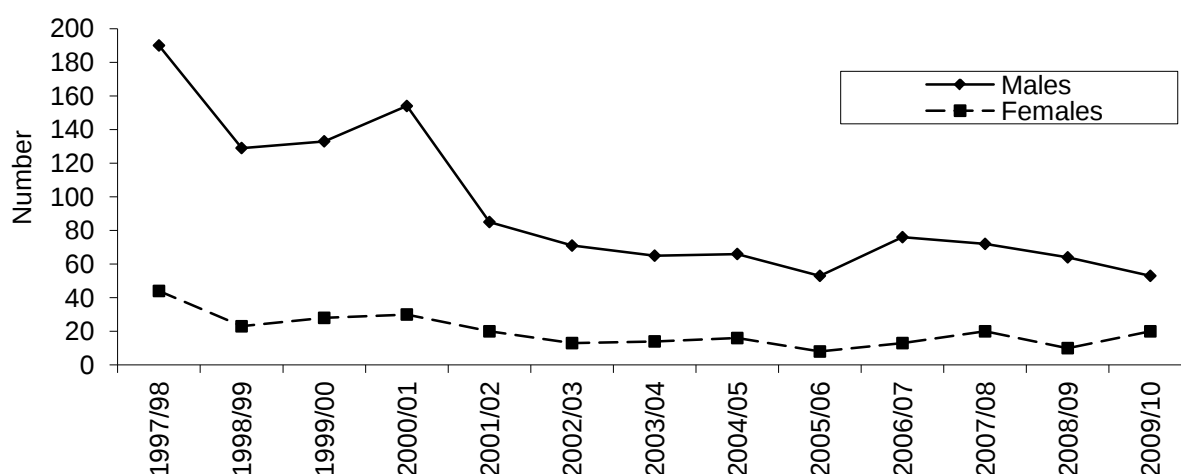
Table 49: Number of SCONs, ACT, 1997-2010

	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92
2008/2009	74
2009/2010	73

Source: ABCI, 2000-2002; ACC, 2003-2011 Note: Data not available for the 2010/2011 financial year

As can be seen in Figure 19, the proportion of SCONs received by females has remained consistently low (20 SCONs given to females in 2009/2010). The number of SCONs given to females in the ACT has remained relatively stable since 1997/1998. In 2009/2010, 53 SCONs were given to males in the ACT. This is consistent with recent years.

Figure 19: Number of SCONs for males and females, ACT, 1997-2010



Source: ABCI, 2000-2002; ACC, 2003-2011
Note: Data not available for the 2010/2011 financial year

Key Expert Comments

- KE reported that dealers of ERD often had no prior contact with the criminal justice system.
- Law enforcement KE reported increased use of cocaine, though cocaine use was hard to detect.

10 SPECIAL TOPICS OF INTEREST

Key points

Heavy Smoking Index

- Among daily smokers, eight percent reported smoking their first cigarette with five mins of waking and 32% 5-30mins after waking.
- Sixty-two percent reported smoking 10 or less cigarettes per day
- Sixteen percent of daily smokers scored 4 or above indicating high nicotine dependence.

Pleasure, happiness and quality of life scale

- The mean quality of life (as a whole) score amongst ACT REU was eight.
- For taking drugs, the mean contribution rating score to pleasure was 82, to happiness 74 and to quality of life 54.

Online drug related activity

- The majority of REU went online on a daily basis and two-thirds of respondents accessed the internet to get information about drugs.
- Almost half reported using text messaging as the preferred medium to obtain drugs.

Sleep patterns

- The majority of the ACT REU reported that their overall quality of sleep over the past month had been between fair (24%), good (27%) and very good (24%).
- REU reported a median satisfaction score out of 10 (10 being very satisfied).
- Almost two-fifths of the ACT sample reported having a problem with their sleep. Life satisfaction and energy level were the areas identified as being most affected.
- Around half of the ACT REU sample reported that drugs have impacted negatively on their sleep quality.

Ecstasy dependence

- The median Severity of Dependence score was one. Fourteen percent of REU obtained a score of three or above and five percent four or above.
- The majority of ACT REU scored either zero or one on the SDS(66%).
- The majority of participants reported 'never or almost never' thinking that their use of ecstasy was out of control and that they would find it 'not difficult to stop or miss a prospective dose of ecstasy'.

10.1 Heavy Smoking Index nicotine dependence

For the first time in 2011, EDRS participants who smoked daily were asked two questions from the Fagerstrom test for nicotine dependence, known as the Heavy Smoking Index (HSI) (n=37). These questions included 'How soon after waking do you smoke your first cigarette?' and 'How many cigarettes a day do you smoke?'. The responses were then scored on a four category scheme (0,1,2,3) for both time to the first cigarette of the day (≤ 5 , 6-50, 31-60 and 61+ min) and average daily consumption of cigarettes (1-10, 11-20, 21-30, 31+ cigarettes). The sum of these scores was computed and a cut-off score of 4 or more was used to indicate high nicotine dependency (Heatherton, Kozlowski, Frecher et al., 1989) .

As seen in Table 50, eight percent of the ACT sample who commented reported smoking their first cigarette within five mins of waking and one-third between five to 30 mins of waking. Nearly one-third (27%) of daily smokers reported smoking between 11-20 cigarettes a day and 62% between 10 or less cigarettes a day. The mean HSI score was 1.5. Sixteen percent of daily smokers scored 4 or above indicating high nicotine dependence.

Table 50: Heavy Smoking Index for nicotine dependence, by jurisdiction, 2011

	ACT
Time till first cigarette	n=37
Within 5 minutes (%)	8
5-30 mins (%)	32
31-60 mins (%)	11
60+ mins (%)	49
Number of cigarettes smoked a day	n=37
10 or less cigarettes (%)	62
11-20 cigarettes (%)	27
21-30 cigarettes (%)	11
31 or more cigarettes (%)	0
High dependence*	n=37
(%)	16
Mean score	1.5

Source: EDRS participant interviews

* score of 4 or above

10.2 Pleasure, happiness and quality of life scale

There is need to understand more about the extent to which drug use fits into the broader life experiences of the individuals who use drugs. Repeated studies of community samples suggest that family life, close personal relationships and social networks are important factors which are associated with a better or worse quality of life (Mayersand Diener, 1996) . Little is known about how a person's quality of life (QOL) might be influenced by their drug use; although there is reason to suspect the effect may be negative (Ventegodtand Merrick, 2003) , possibly because drug use has a negative impact on family life and social networks.

Drugs are used to enhance the pleasure of the user. The type of pleasure may vary with the drug involved but it would seem evident that using drugs is intended to achieve a particular desired experience (relaxation, stimulation, a feeling of warmth and disinhibition). However, there have been few studies which have documented the extent to which actual use is associated with greater pleasure. Pleasure itself is associated with some related concepts. Thus experiences of pleasure should lead to greater happiness which, in turn, should lead to a better QOL. Of course, it is possible that some activities which lead to pleasure may reduce happiness (happiness being a longer term experience) and even the quality of life. It is possible that drug use enhances the experience of pleasure, has little impact on happiness and a negative impact on the QOL.

The scales were constructed from interview data with university students and involved respondents reporting the most important things that influence their pleasure, happiness and QOL.

Participants were first asked to rate their QOL of life as a whole on a scale of zero (very bad) to 10 (excellent). The mean QOL as a whole score recorded amongst ACT REU was eight.

Using the scale below, participants were then asked the contribution of 15 life aspects to each of the three concepts: pleasure, happiness, and QOL.

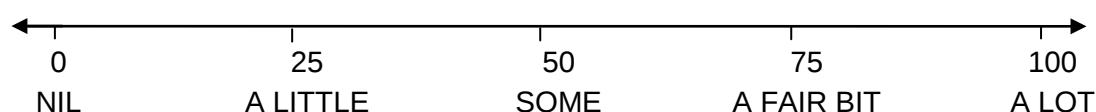


Table 51 shows the participants' mean rating score for the contribution of 15 life aspects to pleasure, happiness and QOL. For taking drugs, the mean contribution to pleasure was 82, to happiness 74 and to QOL 54. This downward trend across the three concepts was also reported for the normative sample of university students but all three of the mean scores for taking drugs were considerably lower than for the EDRS participants (i.e. pleasure 28, happiness 14, and QOL 11).

Table 51: Self-reported scores on life aspects that contribute to pleasure, happiness and quality of life (0 = nil and 100 = a lot), 2011

	Pleasure mean score	Happiness mean score	Quality of life mean score
Being with friends	88	88	84
Listening to music	85	83	78
Having sex	85	82	76
Taking drugs	82	74	54
Travel to new places	82	78	73
Eating a good meal	79	70	72
Personal achievement	76	76	74
Having lots of money	76	74	74
Good sleep	75	73	74
Being with my partner	69	69	65
Drinking alcohol	65	62	47
Being with my family	65	63	68
Doing physical activity/exercise	62	64	67
Work/education/ study	58	55	67
Cooking	54	51	52

Source: EDRS REU interviews, 2011

10.3 Online drug-related activity

The use of the internet has become part of everyday life. The internet is used to find out information, communicate with others, and to undertake commercial transactions. Those who use illicit drugs may undertake these types of activities in respect to their drug use: There is huge potential for the internet and other electronic mediums to be used as a way of relating health and safety messages (Belenko, Dugosh, Lynch et al., 2009) . The success of such messages will rely heavily on an increased understanding of the online drug market.

Therefore, a set of one-off questions about online activity was asked in the 2011 EDRS. The majority (90%) of those who commented reported that they used the internet (went 'online') on a daily basis. Six percent reported using the internet at least weekly. One participant reported that they never used the internet (Table 52).

Of those who had used the internet in the last month, 67% reported going 'online' to get information about drugs. Small numbers went 'online' to post information about drugs, to buy ingredients to make drugs, to buy drugs or to sell drugs (Table 50). When asked what their favourite website was for finding out information about drugs, 44% of those that responded nominated pillreports.com as their favourite website.

Almost half (48%) reported using text messaging as the preferred medium to obtain drugs (Table 52).

Table 52: Proportion of REU that online activity related to drug use, 2011

	ACT REU
How often did you go online last month (%)	n=79
Never	1
Daily	90
At least weekly	6
At least fortnightly	1
At least monthly	1
In the last six months did you go on line to (%)	n=78
Get information about drugs	67
Post information about drugs	8
Buy ingredients to make drugs	4
Buy drugs	6
Sell drugs	3
Didn't go online for these activities	28
Favourite drug site*	n=59
Don't use websites	10
Pill reports	44
Erowid	25
Wikipedia	5
Actions taken due to information found online:	n=58
Tried new drug	24
Altered drug dose	17
Used new drug combination or ROA	14
Stopped using a drug	19
Other	10
Text messaging as preferred medium for obtaining drugs	n=64
	48
Bought substances sold as 'legal highs' in last six months	n=78
	24

Source: EDRS participant interviews

*websites listed are the three highest proportions reported

10.4 Sleep patterns

Any drug that passes the blood-brain barrier has the potential to alter the quality and/or architecture of sleep. It has been well documented that ecstasy users hold differing sleep patterns to controls (Allen, McCann and Ricaurte, 1993) ((McCann, Peterson and Ricaurte, 2007; Carhart-Harris, Nutt and Wilson, 2009) The areas of impact of sleep include: Decreased stage 2 sleep (Allen, McCann and Ricaurte, 1993; McCann, Peterson and Ricaurte, 2007) decreased total sleep time (Allen, McCann and Ricaurte, 1993) and trends towards decreased REM onset latency (ROL) (Allen, McCann and Ricaurte, 1993; McCann, Peterson and Ricaurte, 2007) have been recorded in two relatively large samples of ecstasy users. The Pittsburgh Sleep Quality Index (PSQI) has been selected for use in the EDRS in 2011 due to its sound psychometric properties and dual ability for use in research and clinical settings with case and control samples. Meta-analyses have shown that patients suffering from sleep disorders score at least 5 on the PSQI and healthy controls at least 2. In a study by (Carhart-Harris, Nutt and Wilson, 2009) ecstasy users scored significantly higher on the global PSQI than controls, however were found not to have suffered significant serotonergic damage as indexed by sleep. In the REUQ 2011, the PSQI combined with additional sleep pattern questions are being asked to a sample of REU who engage in regular poly drug use. These questions are to assess the type of sleep problems experienced within this sample, the extent to which different areas of life are being affected by sleep problems and to examine which medications or substances are being used to treat sleep problems.

The majority of the ACT REU in 2011 reported that their overall quality of sleep over the past month had been between fair (24%), good (27%) and very good (24%; Table 53). Only 19% nominated their quality of sleep as being poor (19%) or very poor (3%; Table 53). In support of these findings, REU reported a median life satisfaction score out of 10 (10 being very satisfied). Among the ACT sample, the median satisfaction of sleep score for weekdays was seven and a half and weekends six. Participants were then asked the number of hours of sleep generally required, reporting four hours (range 4-10hours) for weeknights and seven hours (range 2-12hours) for weekends. The median number of hours required not to feel sleepy was eight hours (range 2-12hours) (Table 53).

Table 53: Quality of sleep as reported by REU in the past month, 2011

	ACT n=79
Quality of sleep past month (%)	
Very poor	3
Poor	19
Fair	24
Good	27
Very good	24
Excellent	4
Satisfaction of sleep (median out of 10)[#]	
Weekdays	7.5
Weekends	6
Number of hours sleep generally (median range)	
Weeknights	4 (4-10)
Weekends	7 (2-12)
Number of hours required not to feel sleepy (median, range)	8 (2-12)

Source: EDRS REU interviews, 2011

[#] 1 is very dissatisfied to 10 very satisfied

Almost two-fifths (39%) of the ACT sample reported having a problem with their sleep. Of those who commented, life satisfaction (median six out of 10) and energy level (median six out of ten) were the areas identified as being most affected. Around half (51%) of the ACT REU sample reported that drugs have impacted negatively on their sleep quality (Table 54).

Table 54: Self reported problem with sleep and ratings of areas affected by sleep problems (median out of 10) as reported by REU, 2011

	ACT n=79
Problem with your sleep (%)	38
If yes, how much has it affected (median out of 10)[#]	n=30
Life satisfaction	6
Energy level	6
Mood	5
Concentration	5
Relationships	5
Memory	4
Overall wellbeing	4
Drug use impacted negatively on sleep quality (%)	N=79 51`

Source: EDRS REU interviews, 2011

[#] 1 (not at all) through to 10 (to a great extent)

Participants were asked about the use of sleep medication in the past month. Three-quarters (75%) reported not using any medication in the past month, while 17% reported less than once a week, 5% once or twice a week and 4% three or more times a week. The most common medication taken among those who had used medication in the past month was Valium, followed by Temazepam (16%) (Table 55).

Table 55: Use of sleep medication in REU in the past month, 2011

How often taken sleep medication in past month (%)	n=79
Not in past month	75
Less than once a week	17
Once or twice a week	5
Three or more times a week	4
Medication used last time* (%)	n=19
Valium (diazepam)	32
Temazepam (generic)	16
Xanax (alprazolam)	5
Other	16

Source: EDRS REU interviews, 2011

10.5 Ecstasy Dependence

It has been traditionally believed that dependence on MDMA (the active ingredient in ecstasy) is unlikely given the relatively infrequent use patterns exhibited by ecstasy users (i.e. fortnightly or weekly). However, there is nonetheless, evidence from animal research of a dependence potential for MDMA which is relatively attenuated and displays unique characteristics compared with other drugs. Little work has been done to characterise a dependence syndrome among ecstasy users (Bruno, Matthews, Topp et al., 2009) . In 2011, participants were asked the five questions from the Severity of Dependence Scale to investigate ecstasy dependence. A total score was created by summing responses to each of the five questions. Possible scores range from zero to 15.

Data using two cut off scores are presented; three or more and four or more. A cut-off score of three or more was used as these scores have been recently found in the literature to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno, Gomez and Matthews, 2011) . Fourteen percent of ACT REU obtained a score of three and above. A cut-off score of four was used to determine those whose scores were suggestive of dependence (Bruno, Gomez and Matthews, 2011). The cut off of four and above is a more conservative estimate which has been used previously in the literature as a validated cut-off for methamphetamine dependence (Topp and Mattick, 1997; Bruno, Matthews, Topp et al., 2009)). Five percent of ACT REU participants scored four or above.

The median SDS score was one (range=0-10). Nearly half the number of participants (42%) obtained a score of zero on the ecstasy SDS, and around one-quarter (24%) obtained a score of one on the scale: thus, the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use. These findings are supported by responses of the majority of participants (68%) reporting 'never or almost never' thinking that their use of ecstasy was out of control and 92% reporting that they would find it 'not difficult to stop or miss a prospective dose of ecstasy'.

11 REFERENCES

- ALLEN, R. P., MCCANN, U. D. & ICAURTE, G. A. (1993) Persistent effects of ($\pm$)3,4-methylenedioxymethamphetamine (MDMA, "ecstasy") on human sleep. *Sleep*, 16, 560-564.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2000) Australian Illicit Drug Report 1998-99. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2001) Australian Illicit Drug Report 1999-2000. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2002) Australian Illicit Drug Report 2000-2001. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF STATISTICS (2009) National Health Survey: Summary of Results 2007-2008. Canberra, Australian Bureau of Statistics.
- AUSTRALIAN CRIME COMMISSION (2003) Australian Illicit Drug Report 2001-02. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2004) Australian Illicit Drug Data Report 2002-03. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003-04. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004-05. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2008) Australian Illicit Drug Data Report 2006-07. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2009) Australian Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2010) Australian Illicit Drug Data Report 2008-09. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2011) Illicit Drug Data Report 2009-2010. Canberra, Australian Crime Commission.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005) 2004 National Drug Strategy Household Survey: State and Territory Supplement. Canberra, Australian Institute of Health and Welfare.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008) 2007 National Drug Strategy Household Survey: State and Territory Supplement. Canberra, Australian Institute of Health and Welfare.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2011) 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25. Cat. no. PHE 145*. Canberra, AIHW.
- BABOR, T., DE LA FLUENTE, J., SAUNDERS, J. & GRANT, M. (1992) The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care.
- BABOR, T. & HIGGINS-BIDDLE, J. (2000) Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction*, 95, 677-86.
- BELENKO, S., DUGOSH, K., LYNCH, K., MERICLE, A. & FORMAN, R. (2009) Online illegal drug use information: an exploratory analysis of drug-related website viewing by adolescents. *J Health Commun*, 14, 612-630.
- BRUNO, R., GOMEZ, R. & MATTHEWS, A. (2011) Choosing a cut-off on the Severity of Dependence Scale for Ecstasy use. *The Open Addiction Journal*, 4, 13-14.
- BRUNO, R., MATTHEWS, A., TOPP, L., DEGENHARDT, L., GOMEZ, R. & DUNN, M. (2009) Can the Severity of Dependence Scale be usefully applied to 'ecstasy'? *Neuropsychobiology*, 137-147.

- CARHART-HARRIS, R., NUTT, D., MUNAFÒ, M. & WILSON, S. (2009) Current and former ecstasy users report different sleep to matched controls: a web-based questionnaire study. *Journal of psychopharmacology*, 23, 249-257.
- HEATHERTON, T., KOZLOWSKI, L., FRECHER, R., RICKERT, W. & ROBINSON, J. (1989) Measuring the heaviness of smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Br J Addict*, 84, 791-9.
- KELLY, E., DARKE, S. & ROSS, J. (2002) Drug use and driving: Epidemiology, impairment, risk factors and risk perceptions. NDARC Technical Report 153. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- KESSLER, R. C., ANDREWS, G., COLPE, L. J., HIRIPI, E., MROCZEK, D. K., NORMAND, S.-L. T., WALTERS, E. E. & ZASLAVSKY, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- MAYERS, D. G. & DIENER, E. (1996) The pursuit of happiness. *Scientific American*, 274, 70-72.
- MCCANN, U. D., PETERSON, S. C. & RICAURTE, G. A. (2007) The effect of catecholamine depletion by alpha-methyl-para-tyrosine on measures of cognitive performance and sleep in abstinent MDMA users. *Neuropsychopharmacology*, 32.
- NATIONAL NOTIFIABLE DISEASES SURVEILLANCE SYSTEM (2011) Number of notifications for all diseases by year, Australia, 1991 to 2010 and year-to-date notifications for 2011. *Notifications for all diseases by State & Territory and year*. Canberra, Department of Health and Ageing.
- NEWCOMBE, R., G. (1998) Interval estimation for the difference between independent proportions: comparison of eleven methods. *Statistics in Medicine*, 17, 873-890.
- REINERT, D. F. & ALLEN, J. P. (2002) The Alcohol Use Disorders Identification Test (AUDIT): A review of the recent research. *Alcoholism: Clinical & Experimental Research*, 26, 272-279.
- ROXBURGH, A. & BURNS, L. (2012) Drug-related hospital stays in Australia 1993-2009. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- ROXBURGH, A. & BURNS, L. (in press) Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- SAUNDERS, J. B., AASLAND, O. G., BABOR, T. F., DE LA FUENTE, J. R. & GRANT, M. (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 88, 791-804.
- SPSS INC (2009) PASW Statistics 18. 18.0 ed. Chicago, SPSS inc.
- TANDBERG, D. Improved confidence intervals for the difference between two proportions and the number needed to treat (NNT). Version 1.49 ed.
- TOPP, L., BREEN, C., KAYE, S. & DARKE, S. (2004) Adapting the Illicit Drug Reporting System (IDRS) methodology to examine the feasibility of monitoring trends in party drug markets. *Drug and Alcohol Dependence*, 73, 189-197.
- TOPP, L., HANDO, J., DEGENHARDT, L., DILLON, P., ROCHE, A. & SOLOWIJ, N. (1998) Ecstasy Use in Australia. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- TOPP, L. & MATTICK, R. (1997) Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92, 839-845.
- VENTEGODT, S. & MERRICK, J. (2003) Psychoactive drugs and the quality of life. *Scientific World Journal*, 3, 694-706.
- WHITE, B., BREEN, C. & DEGENHARDT, L. (2003) New South Wales Party Drugs Trends 2002: Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module. NDARC Technical Report Number 162. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.