

Australian Capital Territory

Kerryn Butler and Lucy Burns

ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2013

Findings from the Ecstasy and Related Drugs

Reporting System

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AUSTRALIAN CAPITAL TERRITORY
TRENDS IN ECSTASY AND RELATED DRUG MARKETS
2013



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

Kerryn Butler and Lucy Burns

National Drug and Alcohol Research Centre
University of New South Wales

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ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
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
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AQFV	Alcohol Quantity Frequency and Variability
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infection(s)
BZP	1-Benzylpiperazine(s)
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HBV	Hepatitis B virus

HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
IPS	Illicit psychostimulants
Ivory wave	See MDPV
KE	Key Expert
K10	Kessler Psychological Distress Scale
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NPS	New Psychoactive Substance(s)
NSP	Needle and Syringe Program(s)
OD	Overdose
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
RBT	Random Breath Test
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
THC	Tetrahydrocannabinol

TMA	3,4,5 trimethoxyamphetamine
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	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 / GBH	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 extracting 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 psychostimulant user (RPU): Used ecstasy or related drugs 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 psychostimulant users (RPU) 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 RPU

In 2013 two-thirds of the RPU interviewed for the ACT EDRS were male (71%) and, similar to last year, most participants were aged between their late teens to early twenties. The mean age in 2013 ($M=20.13$, $SD = 3.151$, $t(63) = 5.57$, $p<0.001$, $d=1.00$) was significantly younger than the mean age in 2012. This may be due to the recruitment of senior high school students via the snowball strategy which has previously not been observed. This younger group is less experienced with some types of drugs, i.e. opioids and drug practices, i.e. injecting, drug treatment etc. and this is reflected in some of this year's results. Consistent with previous years, the majority of RPU interviewed were from an English-speaking background (ESB), and predominantly heterosexual. The majority of the sample had completed 11 years of schooling, and at the time of interview the majority of RPU was either studying (part of full time) or employed. A minority of the sample reported currently accessing a drug treatment facility. KE reports are generally consistent with RPU demographics.

Patterns of drug use among RPU

In 2013 there was a significant decrease in the number of RPU who reported ever injecting any drug: 3% in 2013 and 28% in 2012. This may be due, in part, to a younger cohort but is not inconsistent with results seen prior to 2012. In 2013, the proportion of RPU reporting ecstasy as their drug of choice increased for the second year in a row. Polydrug use was commonly reported by RPU, consistent with KE interviews.

Fifty-three percent of the sample reported having 'binged' (used continuously for 48 hours or more) on any stimulants or related drugs in the six months prior to interview. Drugs commonly used in these binge

episodes were ecstasy, alcohol, cannabis and methamphetamine powder.

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by RPU followed by MDMA crystals for which data has been captured for the first time this year. Consequently, decreasing proportions of the sample reported having used ecstasy capsules in the past six months (43%) and ecstasy powder (20%). In the six months prior to interview, the median number of days of any form of ecstasy use was 15. A third (33%) of the sample reported using ecstasy on a fortnightly to weekly basis in the past six months, 12% of the sample reported using ecstasy on a weekly or more basis. The median number of ecstasy tablets consumed in a typical session of use was two, whereas a median of four tablets were taken by RPU in the heaviest session of use.

Price, purity and availability of ecstasy

The median reported price for a tablet of ecstasy remained stable at \$25. The reported current purity of ecstasy was varied with approximately a third reporting medium and low (34% and 27% respectively). Nineteen percent of the sample reported purity of ecstasy to be high. 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, RPU 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 four pills on each purchase occasion.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (*speed*), methamphetamine base (*base*) and methamphetamine crystal (*crystal*). Almost two-thirds (65%) of RPU reported having used at least one form of methamphetamine in the past six months.

The majority (82%) of participants reported ever having used *speed* and 63% 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 (nasal route) were the main routes of administration (ROA) reported by recent *speed* users. The amount of *speed* used by RPU in a typical session was 0.5 grams and one gram in the heaviest episode of recent *speed* use. *Speed* was used during binges by almost half (45%) of the RPU who reported recently having binged on ERD.

Base methamphetamine had been used by 9% of RPU at least once a significant decrease from 37% of the 2012 sample. There was an accompanying significant decrease in the proportion reporting recent use with 5% reporting using *base* in the past six months compared with 28% of the 2012 sample reporting the same ($p<0.05$). A median of two and a half days of use in the six months prior to interview was reported (range=1-12). Swallowing was the most common ROA reported by *base* users.

Crystal methamphetamine had been used by less than one-quarter (23%) of the sample and by 14% of the sample in the past six months. Recent *crystal* users reported a median of three days (range=1-180) of

crystal use in the past six months.

Methamphetamine price, purity and availability

In 2013, the median price for speed remained stable at \$200 per gram and \$25 per point. Small numbers of RPU were able to comment ($n < 10$) on the price of base. No median price for a point of base was reported and a median of \$225 for a gram was recorded. The median price for a point of crystal returned to the 2011 price of \$80 although numbers reporting were small (< 10). Reports of the purity of speed varied whilst only small numbers were able to comment on the purity of crystal and base. The availability of speed was reported to be very easy to obtain.

Cocaine

Sixty-two percent of the 2013 EDRS sample had ever tried cocaine, and 38% of the sample reported using cocaine in the previous six months. Those RPU who had recently used cocaine had used the substance on a median of two 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 one gram, a similar amount reported when referring to the heaviest episode of use (1.1 gram).

The median price for a gram of cocaine remained stable in 2013 at \$300. Reports of purity were varied as were reports of cocaine availability.

LSD

Three-quarters (75%) of the 2013 EDRS sample reported lifetime use of LSD, with 53% reporting recent use. LSD was used on a median of four days in the preceding six months. RPU had used a median of one tab of LSD in a typical session and two tabs during the heaviest sessions of recent use. Fifteen percent 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. Reports of purity of LSD were varied as were reports of the current availability of LSD.

Cannabis

Most participants (94%) had used cannabis in their lifetime and 87% had used cannabis in the six months preceding interview. Median days of use decreased to approximately every second day (from five days per week in 2012). Twenty-seven percent of respondents reported daily use of cannabis. Smoking was universal, and a fifth reported that they had swallowed cannabis in the preceding six months. Almost two-thirds (60%) 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 \$280 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 for bush was varied. Both hydroponic and bush cannabis were reported to be very easy to obtain, similar to 2012.

New psychoactive substances (NPS)

Participant numbers reporting use of emerging psychoactive substances were low and caution is advised in interpreting this data.

Drugs in the 2C-x family remained most commonly reported. For more information regarding these drugs see Bruno et al (in press) Emerging psychoactive substance use among regular ecstasy users in Australia. *Drug and Alcohol Dependence*.

Patterns of other drug use

Lifetime use of alcohol was universal and almost all (96%) of the sample reported use in the six months prior to interview. Alcohol was consumed on a median of one day per week. The use of tobacco was also common in the EDRS population, with 74% reporting recent use of tobacco. Recent use of the following substances was also commonly reported: mushrooms (47%), ketamine (33%), and nitrous oxide (26%).

Health-related issues

Overdose

Almost one-third (29%) of all RPU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 25% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy and ketamine. The majority reported that they received no treatment for their overdose. Seventeen percent of the sample reported that they had ever suffered a depressant overdose, of which 54% had done so in the past 12 months. Recent overdoses were attributed to alcohol in all cases. The majority reported that they received no treatment for their overdose.

Drug-related problems

Almost half (46%) 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 30% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. Six participants 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 cannabis, alcohol and ecstasy.

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-three percent of respondents were classified as currently experiencing high or very high distress on the Kessler Psychological Distress Scale.

Risk behaviour

Injecting

Four percent of RPU reported ever having injected a drug and the median age of first injection was 16. This is a significant decrease in proportion from 2012.

Sexual risk behaviour

Two-thirds (67%) of RPU 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, 56% reported not using protection on their last occasion of casual sex.

Of those who reported having casual penetrative sex in the past six months whilst under the influence of ERD only 52% reported using protection on their last occasion of casual sex.

Driving

Of those RPU who indicated they had driven a car in the past six months, 45% reported that they had done so whilst over the legal blood alcohol limit. Of those participants who had driven a car in the previous six months, 73% reported driving after taking an illicit drug with a median of one hour since taking an illicit drug and driving.

Risky alcohol use

Using the AUDIT, 77% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. One for every ten respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence

Criminal activity, policing and market changes

Forty-six percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Property crime was the most common crime reported; followed by engagement in drug dealing which was significantly less in 2013. Small proportions reported engaging in fraud or violent crime.

KEY FINDINGS AND IMPLICATIONS

In 2013, for the eleventh 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 other psychostimulant drugs 'regular psychostimulant users' (RPU), 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 2013 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 2013 were polydrug users. Ninety-four percent of participants reported that the last time they used ecstasy or other psychostimulants, they had used other drugs at the same time. The drugs most commonly used in combination with psychostimulants by RPU were ecstasy, tobacco, alcohol, cannabis and speed. 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

This year we began gathering data on MDMA crystals in response to reports last year indicating the arrival of this form in the market. This introduction of MDMA crystals has not seen an increase in overall use of ecstasy, suggesting that RPU are using diverse forms and in some cases may be changing their preferred form. Despite the diversification of forms used, there was no significant change in frequency or level of ecstasy use compared to 2012.

Alcohol

The use of alcohol remains problematic amongst RPU, with use occurring once to twice a week. Furthermore, high proportions of RPU report using alcohol during binge sessions. In the 2013 EDRS, RPU were administered the Alcohol Use Disorders Identification Test (AUDIT). Using this measure, 11% 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 RPU 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 has decreased in 2013 to approximately every second day but this decrease is not considered statistically significant. 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 2013 smaller proportions of RPU reported using antidepressants, heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants. This may be due to the younger age of the 2013 cohort demonstrating they are less experienced than their older counterparts. Measures to engage this younger group with health messages is important.

1. INTRODUCTION

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the Australian Capital Territory (ACT) in 2013.

The term 'ecstasy and related drugs' or 'psychostimulants' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), EPS (e.g. 2C-B, DMT, synthetic cannabis) and GHB (gamma-hydroxybutyrate).

The data collected examine the price, purity and availability of these drugs, 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.

In 2013, the Ecstasy and Related Drugs Reporting System (EDRS) project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use and, therefore, there was a need to access a different population in order to obtain information on ERD markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

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.

1.1. Study aims

In 2013, the specific aims of the EDRS were to:

1. describe the characteristics of a sample of current RPU interviewed in each capital city of Australia;
2. examine the patterns of ERD use of these samples;
3. document the current price, purity and availability of ERD across Australia;
4. examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. identify emerging trends in the ERD market that may require further investigation.

2. METHOD

The 2013 ACT EDRS involved the collection and analysis of data from three sources:

- interviews with current regular ecstasy users recruited in the ACT;
- interviews with key experts who have contact with and knowledge of the ERD scene in the ACT; and
- 'indicator' or routinely collected data.

2.1. Survey of Regular Psychostimulant Users (RPU)

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy is considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 3% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey* (AIHW, 2011).

A growing market for ecstasy, i.e. tablets sold purporting to contain MDMA, has existed in Australia for more than two decades. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. LSD), fluctuated widely in availability (e.g. MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and GHB). It was suggested (Topp and Darke 2001) that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first drug categorised under ERD with which many young Australians who choose to use illicit drugs will experiment, and a minority of these users will go on to experiment with the less common related drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – RPU (Topp and Darke 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that was sought. Therefore, RPU have been used again in 2012 to provide information on ERD markets; however, as will become evident in the report, it is apparent that the ecstasy market and the regularity of its consumption and type of consumers may be changing. Ethics approval to conduct the study from the appropriate Ethics Committees has been obtained.

2.2. Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisements in entertainment street press and via internet websites (including drug information sites and forums as well as social mediums). Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Solowij, Hall et al. 1992; Ovendon and Loxley 1996; Boys, Lenton et al. 1997) and international (Solowij, Hall et al. 1992; Dalgarno and Shewan

1996; Forsyth 1996; Peters, Davies et al. 1997) studies.

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. 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.

2.3. Procedure

Participants 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 16 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.

2.4. Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp, Hando et al. 1998; Topp, Hando et al. 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall et al. 1992) and powder amphetamine/methamphetamine (Darke, Cohen et al. 1994, Hando and Hall 1993; Hando, Topp et al. 1997). The interview focused primarily on the preceding six months, and assessed:

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics: the price, purity and availability of different ERD;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- ecstasy-related problems, including relationship, legal and occupational problems;
- areas of special interest including: exposure to injecting practices and new psychoactive substances.

2.5. Data analysis

Analyses were conducted using PASW Statistics, Version 20.0 (SPSS inc, 2009). The data collected in 2013

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 (2006-2012). 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 2012 and 2013 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 2012 and 2013 median days of use for the major drug types discussed.

2.6. Survey of key experts (KE)

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of ERD users throughout the preceding six months.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2013. KE were remunerated with a small incentive (e.g. box of chocolates, coffee) for their time.

KE professionals were interviewed across the ACT. Interviews were held with a variety of professionals including law enforcement, health services, drug treatment workers, outreach workers, youth workers and an entertainment promoter.

2.7. 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 RPU 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 2013 EDRS study are described below:

- **Purity of drug seizures.** In 2013, 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 2011/2012.
- **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 2011/2012, 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 2011/2012.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2011/2012 were provided by the ACC.
- ***Hospital admissions.*** The 2013 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 2010/2011. At the time of print more recent data were not available. These data are provided by the AIHW and ACT Health.

3. DEMOGRAPHICS

Key points

- A total of 77 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 20 years (range=16-32 years).
- Two-thirds of the participants were male (71%).
- Most of the participants were well educated, completing a mean of 11 school years.
- Majority of the participants were either employed (full-time or part-time/casual) or were currently students.

3.1. Overview of the RPU participant sample

Table 1 presents the demographic characteristics of the 2013 ACT EDRS sample. Two-thirds of the participants were male (71%). The mean age of the sample was 20 years (S.D=3.2, range=16-32). The majority of the sample nominated their sexual identity as heterosexual (96%), with 4% identifying as bisexual.

Table 1: Demographic characteristics of ACT RPU sample, 2009-2013

	2009	2010	2011	2012	2013
Mean age (years)	22	23	22	25	20
Male (%)	60	49	66	71	71
ESB (%)	100	99	99	98	96
A&TSI (%)	1	3	1	0	1
Heterosexual (%)	89	88	89	84	96
Mean number school years	11	12	12	11	11
Tertiary qualifications (%)	22	32	24	49	48
Employed full-time (%)	33	23	23	37	14
Full-time students (%)	12	6	10	6	7
Unemployed (%)	14	18	19	16	29
Current drug treatment (%)	4	7	3	10	3
Mean weekly income (\$)	541	456	432	656	406

Source: EDRS RPU interviews, 2009-2013

Sixty-nine percent reported that they were single, 25% reported that they had a partner and 7% reported that they were married or in a de facto relationship.

Only three participants did not speak English as the main language at home. Thirty-five percent of the sample lived in their own (rented or purchased) premises and 58% indicated that they lived in their parents' or family home.

The mean number of years of education completed by the sample was 11. Almost half (48%) of the sample had completed a course since finishing their school education, 29% had completed a trade or technical qualification and 19% had completed a university degree or college course.

When examining employment status, 44% indicated that they were in either full-time or part-time employment. One-third (30%) of the sample indicated that they were employed on a part-time or casual basis. Fourteen percent indicated that they were employed on a full-time basis, 18% were both studying and employed, 7% indicated they were full-time students and 29% indicated that they were unemployed.

4. CONSUMPTION PATTERNS

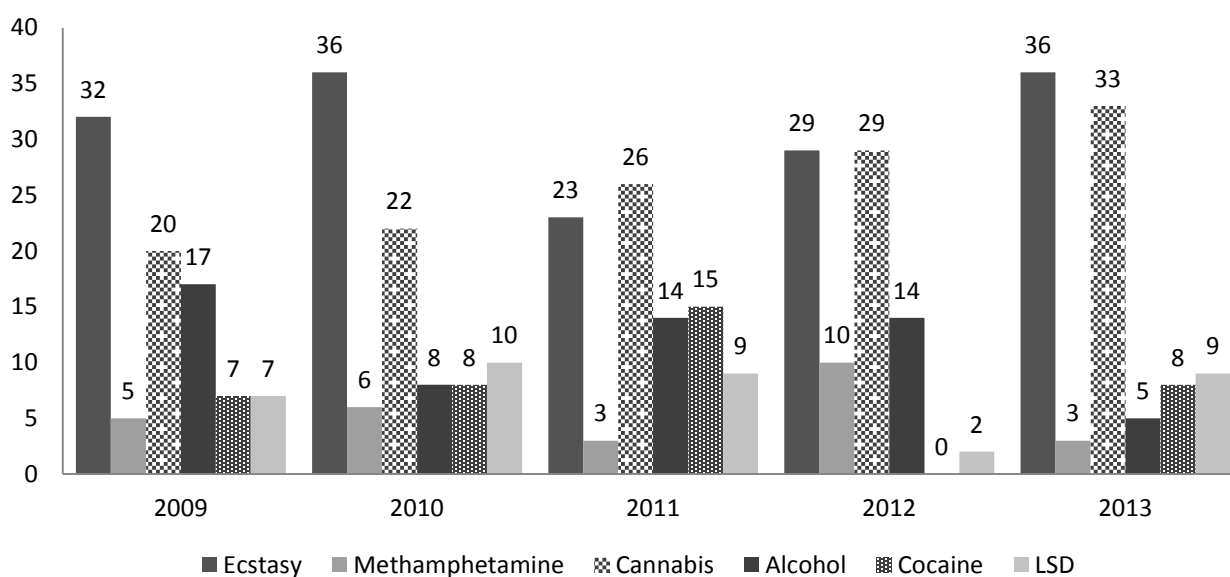
Key points

- The proportion of respondents reporting ecstasy to be their drug of choice increased from 29% in 2012 to 36% in 2013.
- The proportion of participants reporting having ever injected a drug significantly decreased to 4% from 28% in 2012.
- Polydrug use over the last six months was common among the national sample.

4.1. Drug use history and current drug use

As shown in Figure 1, the proportion of the RPU sample reporting ecstasy as their drug of choice increased from 29% in 2012 to 36% in 2013. The proportion reporting methamphetamine as their drug of choice decreased from 10% in 2012 to 3% in 2013. Eight percent of the sample reported cocaine as their drug of choice. This is up from zero in 2012 but has not reached levels seen in 2011 (15%).

Figure 1: Drug of choice, ACT, 2009-2013



Source: EDRS RPU interviews, 2009-2013

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. Fifty-three percent of the 2013 sample reported having binged on any stimulant in the six months prior to interview (45% in 2012). The median length of the longest binge session reported by RPU was just over two days (52 hours, range=48-144 hours). The most common substance used during binge episodes was ecstasy, with 83% of RPU 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 (60%), methamphetamine powder (45%), cocaine (25%), and ketamine (18%). Seventy-five percent of RPU who reported bingeing in the previous six months reported

consuming more than five standard alcoholic drinks during the episode.

In 2012, there was a significant increase in the proportion of participants reporting that they had ever injected a drug (28%), 2013 sees a return to lower levels, similar to levels from 2011. Four percent reported ever injecting a drug, down from 28% in 2012 ($p=0.0003$). This reduction could be due, in part, to the lower age of the 2013 cohort but is not inconsistent with values seen previously. Drugs that were nominated as the first drug injected were crystal methamphetamine and heroin.

In 2013, RPU were asked how often they had used ERD in the last month. Two-thirds had used ecstasy or a related drug monthly or fortnightly (61%, 33% fortnightly and 29% weekly). Twenty-six percent of the ACT RPU had used ERD weekly and 10% had used more than once a week.

Table 2: Lifetime and recent polydrug use of ACT RPU, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever inject any drug (%)	13	23	9	28	4↓
Alcohol					
Ever used (%)	100	99	100	98	100
Used last 6 months (%)	99	95	99	94	96
Cannabis					
Ever used (%)	100	100	98	100	94
Used last 6 months (%)	89	89	89	92	93
Tobacco					
Ever used (%)	93	99	94	100	85
Used last 6 months (%)	87	89	86	92	74
Methamphetamine powder (speed)					
Ever used (%)	68	81	78	82	70
Used last 6 months (%)	44	66	50	63	57
Methamphetamine base (base)					
Ever used (%)	30	25	24	37	9
Used last 6 months (%)	13	14	10	28	5
Crystal meth (crystal)					
Ever used (%)	28	30	23	39	23
Used last 6 months (%)	8	16	9	26	14
Cocaine					
Ever used (%)	65	81	76	78	62
Used last 6 months (%)	44	58	43	37	38
LSD					
Ever used (%)	63	62	60	86	75
Used last 6 months (%)	35	41	39	38	53

Table 2: Lifetime and recent polydrug use of ACT RPU, 2009-2013 (continued)

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
MDA					
Ever used (%)	16	10	21	28	17
Used last 6 months (%)	8	3	9	14	10
Ketamine					
Ever used (%)	16	22	29	45	43
Used last 6 months (%)	2	6	14	14	33
GHB					
Ever used (%)	17	14	17	35	5
Used last 6 months (%)	1	3	9	6	0
Amyl nitrate					
Ever used (%)	49	49	50	51	30
Used last 6 months (%)	19	33	28	20	9
Nitrous oxide					
Ever used (%)	46	38	44	45	43
Used last 6 months (%)	19	14	24	24	26
Mushrooms					
Ever used (%)	55	60	73	84	65
Used last 6 months (%)	25	30	46	45	47
Benzodiazepines					
Ever used (%)	47	53	51	51	32
Used last 6 months (%)	29	38	33	16	20
Antidepressants					
Ever used (%)	32	25	29	4	14
Used last 6 months (%)	11	12	15	0	9
Heroin					
Ever used (%)	11	21	8	26	5
Used last 6 months (%)	8	14	5	12	1
Methadone					
Ever used (%)	8	12	5	12	3
Used last 6 months (%)	2	8	4	4	1
Other opiates					
Ever used (%)	29	40	36	31	21
Used last 6 months (%)	13	10	16	6	17

Source: EDRS RPU interviews, 2009-2013

↓↑ Significant increase/decrease at 95% CI $p < 0.05$

4.2. Ecstasy use

Key points

- The mean age at which ecstasy was first used was 16.
- Ecstasy (any form) was used on a monthly basis.
- 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 cannabis, alcohol and tobacco.

In 2013, the mean age at which RPU first used ecstasy was 16 years (SD=1.6, range=13-22). Almost the whole 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 18 years (SD=1.8, range=14-24). 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.

Ecstasy use among RPU

This year we have included figures for MDMA crystals for the first time, as reports in 2012 of their emergence into the market became widespread. Table 3 shows the lifetime and recent use of ecstasy pills, powder, capsules and crystals. In 2013, there has been a downward trend in the recent use of powder (from 35% in 2012 to 20% in 2013) and capsules (from 61% in 2012 to 43% in 2013). Recent use of crystals has been reported by 70% of the total sample.

Table 3: Lifetime and recent use of ecstasy among ACT RPU, 2009-2013

	2009	2010	2011	2012	2013
Lifetime use %					
Pills	100	100	100	100	99
Powder	23	22	44	53	29
Capsules	35	60	71	75	52
Crystals	-	-	-	-	81
Recent use %					
Pills	100	99	100	94	97
Powder	14	14	23	35	20
Capsules	6	37	39	61	43
Crystals	-	-	-	-	70

	2009	2010	2011	2012	2013
Median days of use					
Pills	14	12	12	12	10
Powder	2	2	1	0	5
Capsules	1	2	1	2	6
Crystals	-	-	-	-	8.5

Source: RPU interviews, 2009-2013

When examining the total number of days that RPU had used any form of ecstasy in the past six months (use of pill, powder, capsule and crystal forms combined), the median number of days of ecstasy use was 15 (range=2-76). In the preceding six months, a third of the sample reported having used ecstasy on a weekly or more basis (33%).

Median use

Thirty-one percent of the sample reported that they typically used more than two tablets in a standard episode of use (see Table 4). During the 'heaviest' episodes of recent ecstasy use, RPU reported the median use of four tablets (range=1-10). Sixty-one percent of the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 54% in 2012.

Table 4: Median recent use of ecstasy, ACT RPU, 2013

Ecstasy Use	Typical use	Heavy use
Pills / tablets	2 (0.5-6)	4 (1-10)
Powder (points)	1.5 (0.3-5)	2 (0.3-5)
Capsules	2 (1-5)	3 (1-10)
Crystal (points)	2 (0.1-8)	3 (0.2-9)

Source: RPU interviews, 2013

Route of administration

All forms More than three-quarters (77%) of participants nominated oral ingestion as their 'main' route of ecstasy (all forms) administration in the previous six months (90% in 2012), with 20% of RPU reporting they mainly snorted the drug (10% in 2012). Only one participant reported shelving/shafting as their main route of administration (ROA) of ecstasy in the previous six months and no participants reported injection as the main route of administration.

Tablets Ninety percent of participants in the 2013 RPU sample reported swallowing ecstasy tablets, with 46% reporting recently snorting ecstasy tablets. Small proportions reported recently smoking (4%, 6% in 2012) and shelving/shafting (1%, 12% in 2102). No participants reported recently injecting ecstasy tablets.

Powder Of the 20% of participants that had recently used ecstasy powder, 16% reported that they had snorted ecstasy powder and 10% reported that they had swallowed ecstasy powder in the past six months. No participants reported smoking, injecting or shelving/shafting ecstasy powder in the preceding six months.

Capsules Of the 43% of participants that had recently used ecstasy capsules, 42% reported that they had swallowed ecstasy capsules, 8% reported snorting ecstasy capsules and one participant reported shelving/shafting ecstasy capsules in the preceding six months.

Crystals Of the 70% of participants that had recently used MDMA crystals, 51% reported that they had swallowed MDMA crystals and 29% reported that they had snorted MDMA crystals. Three percent of participants reported smoking MDMA crystals or shelving/shafting MDMA crystals.

Polydrug use

Eighty-eight percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy (similar to 2012, 94%). The drugs most commonly used in combination with ecstasy by RPU were alcohol (more than five standard drinks) (51%), tobacco (51%), and cannabis (47%, 60% in 2012). Other drugs less commonly used in combination with ecstasy were speed (17%), cocaine (16%) and LSD (9%).

Sixty-nine percent of participants reported that they had used other drugs to facilitate comedown from ecstasy. The main drugs used in 2013 to facilitate comedown were reported as cannabis (55%), tobacco (10%) and alcohol (more than 5 standard drinks) (8%). Fifty-two percent of respondents reported bingeing in the six months prior to interview. More than a third (43%) of RPU reported ecstasy as being involved.

The patterns of ecstasy use reported by RPU in the ACT from 2009 to 2013 are presented in Table 5. (over page)

Table 5: Patterns of ecstasy use among ACT RPU, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Mean age first used ecstasy (years)	18	18	17	18	16
Median days used ecstasy (any form) #	14	14	14	19	15
Ecstasy 'favourite drug'	32	36	23	29	36
Use ecstasy ≥ weekly basis	37	32	33	24	33
Median ecstasy tablets in 'typical' session	2	2	2	2	2
Typically use > 1 tablet (%)	79	77	68	80	79
Recently binged* on ecstasy (%)	32	37	39	37	43
Ever injected ecstasy (%)	5	10	3	8	0
Main route of administration of ecstasy (%) #					
Swallowing	97	92	95	90	77
Snorting	3	4	5	10	20
Injecting	0	4	0	0	0
Forms used past six months (%)					
Pills	100	99	100	94	96
Powder	14	14	23	35	20
Capsules	6	37	39	61	43
Use of other drugs (%)					
In conjunction with ecstasy	47*	88	95	94	88
To come down from ecstasy	41*	52	53	71	69

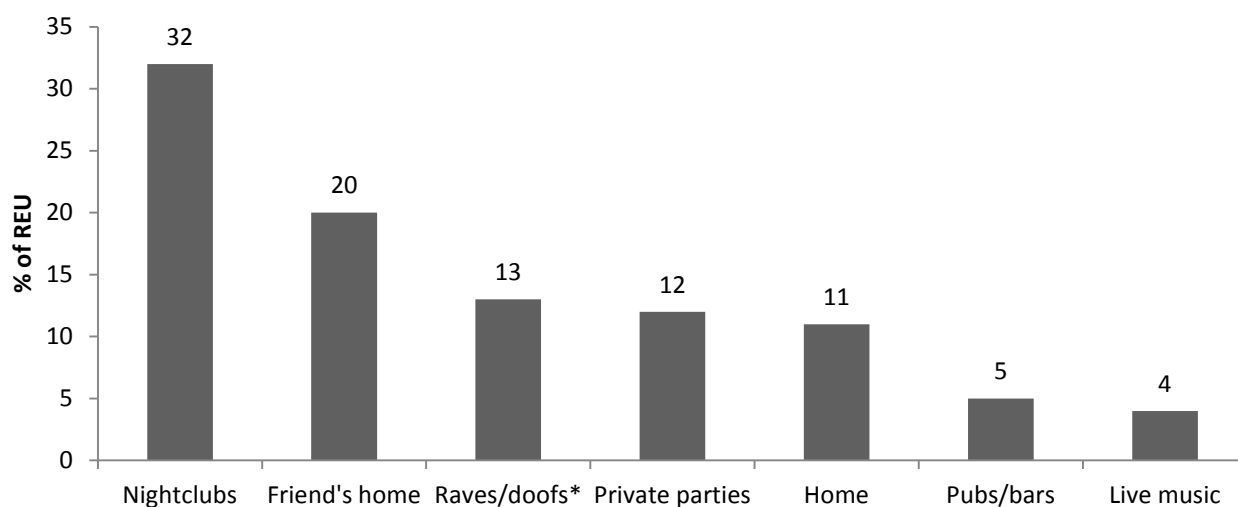
Source: EDRS RPU interviews, 2009-2013

* Bingeing defined as the use of stimulants 48 hours or more continuously without sleep * Question only asked of RPU who had recently binged on psychostimulants, # In the previous six months

Locations of ecstasy use

RPU reported using ecstasy at a wide variety of locations the last time that they had used ecstasy (see Figure 2 below). The venues that RPU most frequently reported were: nightclubs (32%), friend's home (20%), raves, doofs and dance parties (13%), private parties (12%) and home (11%). These findings are similar to the results reported in 2012.

Figure 2: Location of last use, ACT RPU, 2013



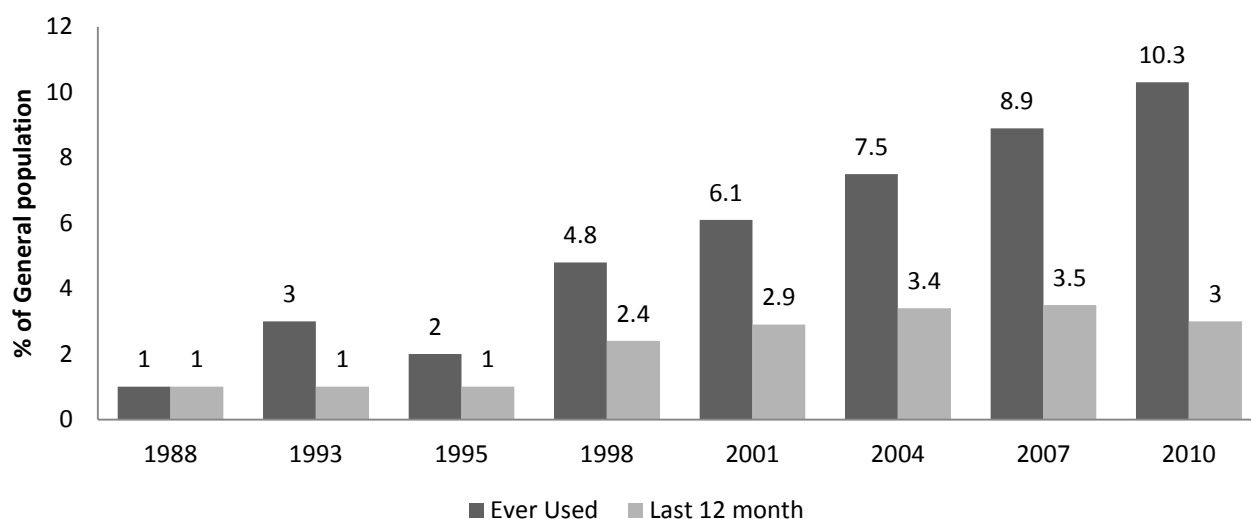
Source: EDRS RPU interviews, 2013

*Includes outdoor raves (doofs) and dance parties.

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, 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+ in Australia, 1988-2010



Source: NDSHS 1988-2011, AIHW

4.3. Methamphetamine use

Key points

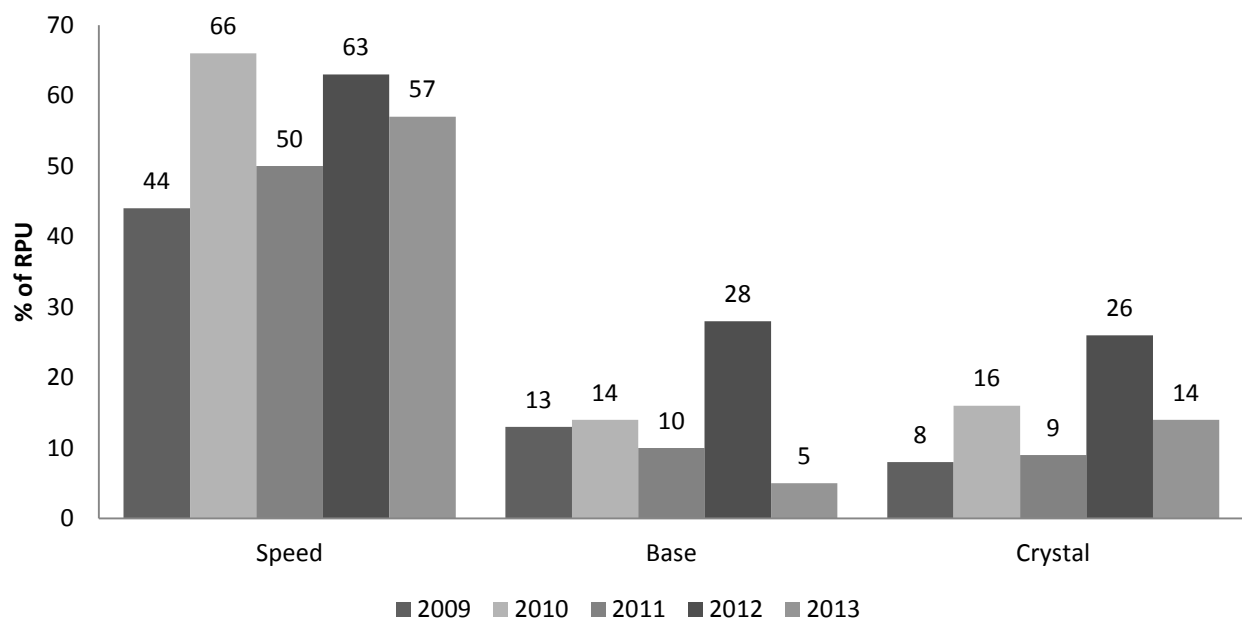
- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal).
- Methamphetamine powder (speed) was the most commonly used form of methamphetamine by RPU, followed by crystal and then base.
- More than half of the sample had used at least one form of methamphetamine in the previous six months.
- Median days of any methamphetamine use has returned to monthly use (5 days), down from 10 days in 2012.

The majority (74%) of participants in the 2013 EDRS reported lifetime use of at least one form of methamphetamine (88% in 2012) with speed being the most commonly used form.

Recent use of all forms (combined) of methamphetamine has decreased from 2012. Five percent of RPU reported recent base use and 14% reported recent crystal use as shown in Figure 4. Sixty-five percent of RPU reported recent use (73% in 2012) and median days of use was five days (range 1-180), down from 10 days in 2012.

Eight percent of RPU who participated in the 2013 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, an increase from 16% in 2012.

Figure 4: Trends in recent methamphetamine (speed, base and crystal) use, ACT, 2013



Source: EDRS RPU interviews, 2009-2013

Methamphetamine powder (speed)

Table 6 presents a summary of the patterns of speed use among RPU in the ACT from 2009 to 2013. Two participants (3%) nominated speed as their current drug of choice (6% in 2012). The majority (70%) of participants reported ever having used speed (82% in 2012), and 57% reported having recently used speed (63% in 2012).

Recent speed users reported a median of 5 days (range=1-180) of speed use in the past six months, a decrease from 10 days in 2012, although this is not statistically significant. Fifty-five percent of those RPU who had recently used speed had used five times or less in the preceding six months (41% in 2012). Thirteen percent of recent speed users had used on a monthly to fortnightly basis (28% in 2012), and 16% had used speed more regularly than fortnightly during the past six months (31% in 2012). One participant reported daily speed use.

Recent speed users quantified their use in terms of 'grams' and 'points'. The median amount of speed used in a 'typical' episode of use in the past six months among those RPU who reported in grams was half a gram (range=0.5-2.2). The median amount of speed used in the 'heaviest' session was one gram (range=0.5-5).

Among those RPU who reported in points (n=20), the median amount of speed used in a 'typical' episode of use in the past six months was 1.75 points (range=0.1-8). In 2013, the median amount of speed used in the 'heaviest' session was two points (n=20, range=0.1-8).

Among RPU who reported having binged on psychostimulants recently (n=40), 45% reported they had used speed during these binge sessions (53% in 2012). Eighty-eight percent of RPU indicated that they last used other drugs in combination with ecstasy (n=68). Nineteen percent of RPU who indicated that they last used other drugs in combination with ecstasy reported using speed in this context.

Of those participants who had used speed in the previous six months, 55% reported swallowing, 52% snorted and, 16% smoked (a significant decrease from 47% in 2012, $p<0.01$) and none had recently injected speed.

Table 6: Patterns of methamphetamine powder use among ACT RPU, 2009-2013

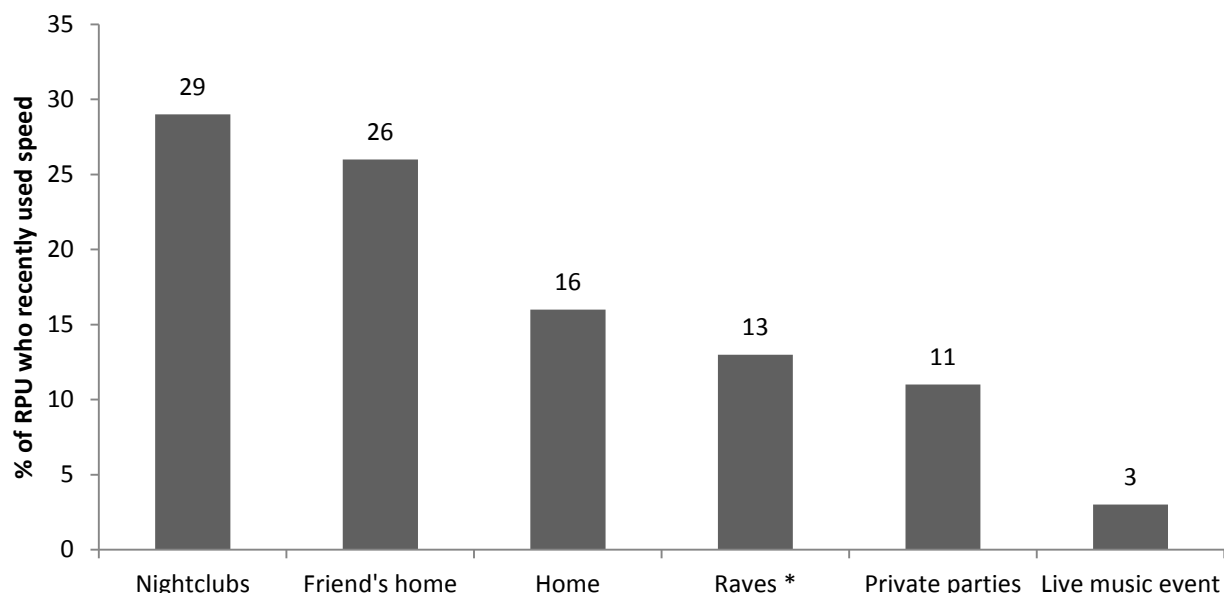
Methamphetamine powder (speed)	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever used (%)	68	81	78	82	70
Used preceding six months (%)	44	66	50	63	57
Median days used last 6 mths (range)	2 (1-96)	3 (1-48)	5 (1-90)	10 (1-180)	5 (1-180)

Methamphetamine powder (speed)	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Median quantities used (grams) Typical					
(range)	0.5	0.3	0.6	0.5	0.5
Heavy	(0.1-2)	(0.1-1.5)	(0.1-3.5)	(0.05-3)	(0.5-2.2)
(range)	0.5	0.5	1	1	1
	(0.1-4)	(0.1-4)	(0.25-10)	(0.05-6)	(0.5-5)

Source: EDRS RPU interviews, 2009-2013

Figure 5 presents the last locations of speed use in the six months prior to interview. Speed had been used by RPU at a variety of locations. The most common location reported for speed use was nightclubs (29%).

Figure 5: ACT RPU reports of last location of use for speed, 2013



Source: EDRS RPU interviews, 2013

* Includes outdoor raves (doofs) and dance parties

Methamphetamine base

Table 7 presents a summary of the patterns of base use from 2009 to 2013. No participants nominated base as their drug of choice. Nine percent of RPU interviewed in 2013 reported ever having used base (37% in 2012). Five percent of RPU reported having recently used base (during the past six months), this is a significant decrease from 28% in 2012 ($p<0.01$).

Recent base users ($n=4$) reported a median of 2.5 days (range=1-12) of base use in the past six months. Three-quarters (75%) of recent base users had used base less than monthly in the past six months,

and the remaining 25% (n=1) reported that they had used base fortnightly. No RPU reported using base on a weekly or daily basis.

Two recent base users quantified their use in terms of points. Both participants reported using base on two days. In 2013, the median amount of base used in the 'heaviest' session was 5 points.

Of those RPU who reported having binged on psychostimulants in the past six months (n=40), none reported that they had used base during these binge sessions (17% in 2012). Similarly, none of those RPU who indicated that they last used other drugs in combination with ecstasy reported using base in this context (7% in 2012).

Of those participants who had used base in the previous six months, three reported swallowing base and the other participants reported recently snorted the drug. There were no reports of smoking or injecting base.

Table 7: Patterns of methamphetamine base use among ACT RPU, 2009-2013

Methamphetamine base	2009	2010	2011	2012	2013
	(N=101)	(N=73)	(N=80)	(N=51)	(N=77)
Ever used (%)	30	25	24	37	9↓
Used preceding six months (%)	13	14	10	28↑	5↓
Median days used last 6 mths	3	5	5	3.5↓	2.5
(range)	(1-14)	(1-24)	(1-36)	(1-20)	(1-12)
Median quantities used (points)					
Typical	2	2	0.65	2	2
(range)	(0.5-10)	(0.2-8)	(0.1-5)	(0.2-10)	(no range)
Heavy	2	3	2.3	2.5	5
(range)	(0.5-10)	(0.2-8)	(0.2-7)	(0.2-14)	(no range)

Source: EDRS RPU interviews, 2009-2013

↑ ↓ Significant increase/decrease at 95% CI $p < 0.05$

Crystal methamphetamine

Table 8 presents a summary of the patterns of crystal use among RPU in the ACT from 2009 to 2013. No participants nominated crystal as their drug of choice. Less than one-quarter (23%) reported ever having used crystal (39% in 2012) and 14% reported recent use.

Recent crystal users (n=11) reported a median of three days (range=1-180) of crystal use in the past six months. Eighty-two percent of those RPU who had recently used crystal had used five times or less in the preceding six months. One participant reported using crystal three times a week and one participant

reported daily crystal use.

All recent crystal users quantified their use in terms of points. One point was the median amount of crystal reported to be used in a 'typical' episode (range=0.1-3.0) and one point for the 'heaviest' (range=0.2-9.0) episode of use in the past six months.

Of those RPU who reported having binged on psychostimulants recently (n=40), 15% reported they had used crystal during these binge sessions. Among those RPU reporting that they last consumed other drugs when taking ecstasy, 4 % reported using crystal in the context of their last ecstasy use. No respondents reported using crystal to facilitate ecstasy comedown.

Table 8: Patterns of crystal methamphetamine use among ACT RPU, 2009-2013

Crystal methamphetamine (ice)	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever used (%)	28	30	23	39	23
Used preceding six months (%)	8	16	9	25	14
Median days used last 6 mths (range)	4 (1-10)	5 (1-24)	2 (1-5)	5 (1-48)	3 (1-180)
Median quantities used (points)					
Typical (range)	2 (1-5)	1 (0.2-8)	0.2 (0.2-5)	1 (0.2-5)	1 (0.1-3)
Heavy (range)	4 (2-5)	0.75 (0.2-3)	2 (0.2-7)	3 (0.2-25)	1 (0.2-9)

Source: EDRS RPU interviews, 2009-2013

Of those participants who had used speed in the previous six months, all reported that they had smoked it, 18% reported snorting it and 18% reported swallowing crystal. No participants reported recently injecting crystal (same as 2011 data).

KEY EXPERT COMMENTS: METHAMPHETAMINE

- *Ice/crystal was reported to be used more frequently than previously.*
- *KE commented that the harms associated with ice were significant: mental health problems, psychosis and aggression.*

4.4. Cocaine use

Key points

- Two-thirds of participants reported lifetime use of cocaine.
- A downward trend in the proportion of participants reporting recent use of cocaine has stabilised.
- Frequency of cocaine use remained low at a median of two days in the previous six months.
- The median amount of cocaine used in a typical session of use was one gram. A median of one gram was used in a typical recent session.

Table 9 presents a summary of the patterns of cocaine use from 2009 to 2013. In 2013, just under two-thirds (62%) of participants reported having ever used cocaine and 38% reported recent use (in the past six months).

In 2013, recent cocaine users (n=29) reported a median of two days of use (range=1-100). The majority (69%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, 14% of RPU had used cocaine between monthly and fortnightly and 14% had used cocaine on a fortnightly or greater basis. Two respondents reported using cocaine more than weekly. No participants reported daily cocaine use.

Almost all recent cocaine users quantified their use of cocaine in terms of grams. A median of one gram (n=15, range=0.5-3.5) was used during a 'typical' session of cocaine use, and a median of 1.1 grams (range=0.5-5) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 9).

Twenty-five percent of RPU who had recently binged on psychostimulants reported using cocaine during these binge episodes. Among those RPU who reported that they had consumed other drugs when taking ecstasy, 18% reported using cocaine in this context. One participant reported using cocaine to facilitate ecstasy comedown.

All participants who had recent use of cocaine reported snorting it. 7% reported swallowing it and 3% of participants reported smoking it. No reports of recent injecting cocaine were observed.

Table 9: Patterns of cocaine use among RPU, 2009-2013

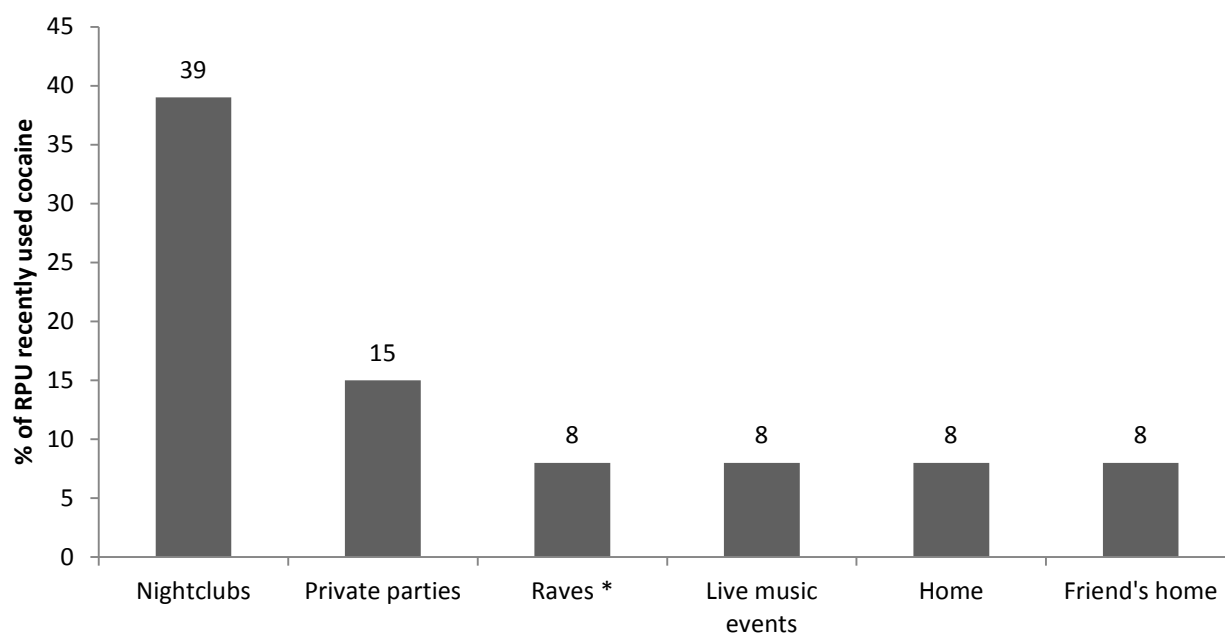
Cocaine	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever used %	65	81	76	78	62
Used last six months %	44	58	43	37	38
Median days used last 6 mths	2	3	4	4	2
(range)	(1-100)	(1-72)	(1-24)	(1-60)	(1-100)

Cocaine	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Median quantities used (grams)					
Typical	0.5	0.5	0.5	1	1
(range)	(0.1-3.5)	(0.1-2)	(0.3-3)	(0.3-1.2)	(0.5-3.5)
Heavy	0.75	1.0	1.0	1	1.1
(range)	(0.1-3.5)	(0.2-3)	0.5-4)	(0.3-8)	(0.5-5)

Source: EDRS RPU interviews, 2009-2013

Figure 6 summarises the reports of RPU 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 nightclubs (39%) and private parties (15%). The next most common locations of use were a rave, live music events, home and a friend's home (all 8%).

Figure 6: Location of cocaine use, ACT, 2013



Source: EDRS RPU interviews, 2013

Note: Results based on response numbers n=13

* Includes outdoor raves (doofs) and dance parties

KEY EXPERT COMMENTS - COCAINE

- *All KE commented that cocaine was uncommon amongst this demographic. The main reasons cited for this were the high price of cocaine and the low availability of cocaine locally (within the ACT).*

4.5. LSD use

Key points

- Three-quarters (75%) of participants reported lifetime use of LSD and more than half reported LSD use in the six months prior to interview.
- 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.

Table 10 summarises the patterns of LSD use amongst ACT RPU from 2009 to 2013. One in ten participants nominated LSD as their drug of choice. Three-quarters (75%) reported ever having used LSD. Fifty-three percent reported recent use of LSD (in the past six months).

Recent LSD users (n=40) reported a median of four days of use in the past six months (range=1-72). Most (53%) of RPU who had used LSD in the preceding six months reported using on a monthly or less basis. A quarter (25%) of respondents used monthly to fortnightly and nine percent of respondents used fortnightly or more often.

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=39, range=1-5) episode and two tabs for the 'heaviest' (n=39, range=1-11) episodes of LSD use (see Table 10). All recent LSD users reported that they had swallowed LSD in the past six months (n=40).

Of those RPU who reported bingeing on psychostimulants in the preceding six months, 15% had used LSD during extended drug use sessions (22% in 2012). Of those RPU who indicated that they last used other drugs in combination with ecstasy (n=68), 10% (n=7) reported that they used LSD in combination with their last ecstasy use.

Table 10: Patterns of LSD use among ACT RPU, 2009-2013

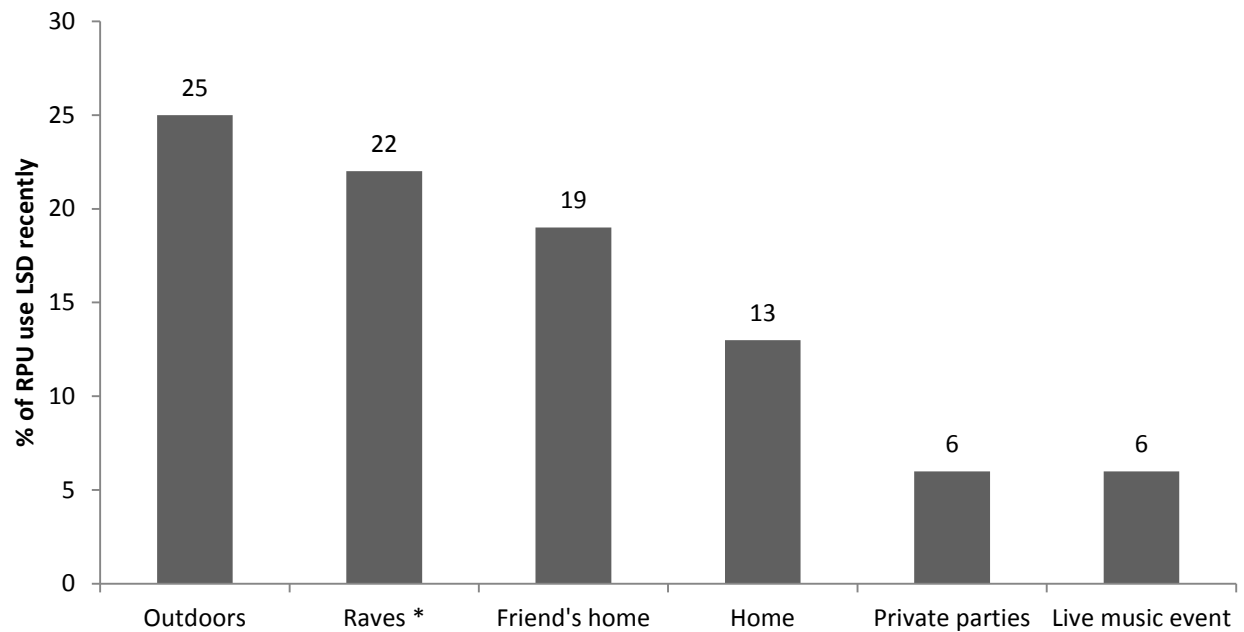
LSD	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever used %	63	62	60	86↑	75
Used last six months %	35	41	39	38	53
Median days used last 6 mths	2	3	4	5	4
(range)	(1-24)	(1-24)	(1-24)	(1-20)	(1-72)
Median quantities used (tabs)					
Typical	1	1	1	1	1
(range)	(0.5-2.0)	(0.5-3.5)	(0.5-20)	(0.75-4)	(1-5)
Heavy	1	1.5	2	2	2

Source: EDRS RPU interviews, 2009-2013

↑ significant increase at 95% CI $p < 0.05$

The locations at which respondents indicated they had last used LSD were in outdoor locations (25%), at raves (22%), at a friend's home (19%), private parties (6%), and live music events (6%) (Figure 7).

Figure 7: Last location of LSD use, ACT RPU, 2013



Source: EDRS RPU interviews, 2013

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=32

4.6. Cannabis use

Key points

- Most participants had used cannabis in their lifetime. Eighty-seven percent of RPU had used cannabis in the last six months.
- One third of RPU nominated cannabis as their drug of choice.
- Those who had used cannabis recently, used on a median of 90 days (every other day).
- Less than one-third (27%) of recent cannabis users reported using cannabis on a daily basis.

Table 11 presents a summary of cannabis use of ACT RPU from 2009 to 2013. In 2013, 94% of RPU reported lifetime use of cannabis, and 87% of RPU reported using cannabis in the six months preceding interview. One-third (33%) of RPU nominated cannabis as their drug of choice.

In 2013, RPU who had used cannabis in the preceding six months used it on a median of 90 days (range=1-180), a decrease from 2012 (120 days). Two-thirds (64%) reported using cannabis on a greater than weekly basis, with 27% of RPU reporting that they were daily users of cannabis. Fourteen percent reported using cannabis on a less than monthly basis and 10% reported using cannabis on a monthly to fortnightly basis.

Table 11: Patterns of cannabis use among ACT RPU, 2009-2013

Cannabis	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Ever used %	100	100	98	100	94
Used last six months %	89	89	89	92	87
Median days used last 6 mths (range)	35	24	48	120	90
Daily use (%)	(1-180) 12	(1-180) 25	(1-180) 18	(1-180) 36	(1-180) 27
Route of administration (%)					
Smoked	99	99	99	98	100
Swallowed	41	37	35	34	21

Source: EDRS RPU interviews, 2009-2013

More than half (59%) 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=38, range=1-15). Thirty-seven 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 2 (n=24, range=0.5-15).

All RPU who had used cannabis in the preceding six months reported that they had recently smoked it and 21% of RPU who had recently used cannabis reported that they had recently swallowed it.

Two-thirds (60%) of RPU who reported that they had binged on psychostimulants in the preceding six months reported that they had used cannabis during these binges. Fifty-three percent of RPU who reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis. Fifty-five percent of RPU who reported that they used drugs while coming down from ecstasy used cannabis, compared to 81% in 2012.

KEY EXPERT COMMENTS - CANNABIS

- *One 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.*

4.7. New psychoactive substances (NPS) use

Key points

- Use of NPS remains low in the ACT
- 2CB and 2CI remain the most commonly reported NPS used
- DMT was the most commonly reported tryptamine used
- Use of synthetic cannabinoids remains stable from 2012

Phenethylamines – 2C-x class

2CI, 2CB and 2CE are part of a group of chemicals known as ‘psychedelic phenethylamines’, or ‘2C-x class’. They are usually used orally and produce psychedelic, stimulant effects.

2CB The proportion of participants reporting lifetime use of 2CB in 2013 (22%) was not statistically different from figures reported in 2012 (39%). Recent use, in the six months prior to interview also remained stable (24% in 2013 and 20% in 2012).

2CI Lifetime use and recent use of 2CI remained the same across both years. Eighteen percent of participants reported lifetime use in both 2012 and 2013 and 13% reported recent use of 2CI in 2013 (12% in 2012).

2CE The proportion of participants reporting lifetime use of 2CE in 2013 (4%) decreased from 10% in 2012 although this was not statistically significant. Recent use of 2CE also decreased slightly from 6% in 2012 to 4% in 2013.

Phenethylamines – Beta-ketones

The proportion of ACT RPU reporting lifetime use and recent use of the synthetic stimulant drugs **Ivory Wave** and **mephedrone** remained low in 2013. The use of **methyldone**, also known as black MDMA, decreased although caution is advised as numbers reported are low (<10). Three participants reported lifetime and recent use of methyldone in 2013.

Mescaline is also a psychoactive phenethylamine chemical and comes from the peyote cactus. The proportion of participants reporting lifetime use remains stable at 12% (14% in 2012) as does recent use 8% in 2013 and 6% in 2012.

Tryptamines

DMT In 2013 there was a significant decrease ($p < 0.05$) in lifetime use of the psychedelic tryptamine dimethyltryptamine (DMT) compared to 2012. (13% in 2013 vs 29% in 2012). Similarly DMT reportedly has effects similar to LSD and can be injected, smoked or sniffed. The proportion of participants reporting use of DMT in the six months prior to interview decreased slightly from 12% in 2012 to 8% in 2013, although this was not statistically significant.

5-MEO-DMT, another psychedelic tryptamine, saw very low numbers reported in 2013. Three percent of participants reported lifetime use and one participant reported recent use.

Small proportions of participants reported lifetime or recent use of other naturally occurring substances including **datura**, **salvia** and **LSA**.

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 10% of participants reported using DXM in the previous six months.

Piperazine

The proportion of ACT RPU reporting lifetime use and recent use of the synthetic stimulant drugs paramethoxyamphetamine (PMA) and BZP remained low in 2013.

In 2013, participants were asked about their use of K2/Spice or any other synthetic cannabinoids. Seventeen percent of RPU reported lifetime and/or recent use of any other synthetic cannabinoids.

Table 12: Use of new psychoactive substances (NPS) among ACT RPU, 2012-13

New psychoactive substances	2012 Ever used (%)	2013 Ever used (%)	2012 Recent use (%)	2013 Recent use (%)
Phenethylamines (2C-x class)				
2CB	39	22	24	20
2CI	18	18	12	13
2CE	10	4	6	4
Phenethylamines (Beta-ketones)				
Mephedrone	8	3	-	-
Methylone/bk MDMA	20	4	6	4
Cathinone - other	2	-	-	-
Ivory Wave/MDPV	-	-	-	-

New psychoactive substances	2012 Ever used (%)	2013 Ever used (%)	2012 Recent use (%)	2013 Recent use (%)
Phenethylamines (<i>amphetamine-based</i>)				
Mescaline	14	12	6	8
MDAI	2	-	0	-
(Ergolines)				
LSA (Hawaiian Baby Woodrose)	10	1	2	-
Tryptamines				
5MEO-DMT	0	3	0	1
DMT	29	13	12	8
(Dissociative)				
DXM (cough syrup)	18	16	2	10
Methoxetamine (MXE)	4	-	2	-
Salvia divinorum	14	5	4	3
Piperazines				
BZP	4	1	0	-
Synthetic cannabinoids	25	17	25	13

Source: EDRS RPU interviews, 2012-2013

4.8. Other drug use

Key points

- Almost half (46%) of recent alcohol users reported more than weekly drinking.
- Over half (66%) of RPU who had used tobacco recently reported using tobacco daily.
- A significantly smaller proportion of RPU reported lifetime use of illicit benzodiazepines.(23% in 2013, 51% in 2012).
- Smaller proportions of RPU reported using heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

Alcohol

The entire 2013 ACT EDRS sample reported lifetime use of alcohol and 96% reported recent use of alcohol. Five percent of participants nominated alcohol as their drug of choice.

Alcohol was consumed on a median of 24 days (approximately weekly, range=3-180) in the six months prior to interview. This remains stable from 2012. Almost half (46%) of recent alcohol users reported using alcohol more than weekly in the past six months, the same as reported in 2012.

In 2013, 21% of RPU who commented reported drinking less than five standard drinks the last time they had used ecstasy and 57% of respondents reported that they consumed more than five standard drinks during the last episode of ecstasy use.

Tobacco

Almost all (85%) of the 2013 sample reported lifetime use of tobacco, and 74% of the 2013 ACT EDRS sample reported use of tobacco in the six months preceding interview. Of those who reported using tobacco in the previous six months, 66% (n=37) 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).

Benzodiazepines

In 2013, 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 2013, 12% of RPU reported lifetime use of licit benzodiazepines (26% in 2012) and 9% (n=7) reported recent use of licit benzodiazepines. Median days of use was 10 days (range=1-60), with almost half (43%) reporting less than monthly use, 43% of users reporting monthly to fortnightly use, and one user reporting more than weekly use. Median days use in 2012 was 30 days. All recent users (n=7) reported swallowing as their main ROA.

Less than a quarter (23%) of the sample reported lifetime use of illicit benzodiazepines, significantly less ($p<0.05$) than reported in 2012 (51%), and 12% reported recent use (16% in 2012). Median days of use were one (range=1-14), with the majority (67%) reporting using on one day only. No respondents reported

daily use of illicit benzodiazepines. Median days of use in 2012 were 5.5 days. All recent users (n=9) reported swallowing as their main ROA in the last six months.

Antidepressants

In 2013, 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. Thirteen percent of the 2013 EDRS sample reported ever having used licit antidepressants (25% in 2012), whilst 9% (n=7) reported recent use of licit antidepressants. Median days of use were 180 days (150-180) for all 7 participants. Swallowing was the ROA used by all respondents.

In 2013, one participant reported lifetime use of illicit antidepressants and no participants reported recent use of illicit antidepressants.

Inhalants

Amyl nitrite

In 2013, a third (30%) of RPU reported lifetime use of amyl nitrate. Almost one in ten (9%) of the sample reported using amyl nitrate in the six months preceding interview. The use of amyl nitrite occurred on a median of one day (range=1-3). All of recent amyl nitrite users reported less than monthly use. One participant 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 remained stable at 43% (45% in 2012). The proportion of RPU reporting use of nitrous oxide in the six months preceding interview also remained stable at 26% (24% in 2012). The median days of use was 5.5 (range=1-70). Half (55%) of recent nitrous oxide users reported less than monthly use, a quarter reported between monthly and weekly use and a quarter reported more than weekly use. The median amount of 'bulbs' used in a typical session was reported to be five (range=0.5-20) and a median of 10 bulbs (range=0.5-85) was reported to be used in a heavy session. One in ten RPU reported using nitrous oxide during a 'binge' session and three participants reported using nitrous oxide in combination with their last ecstasy use

Mushrooms

In 2013, two-thirds of the sample (65%) reported lifetime use of mushrooms, a significant decrease from 83% in 2011 ($p<0.05$). The proportion of RPU reporting use of mushrooms in the preceding six months remained stable at 47% (45% in 2012). The median days of use was 2.5 (range=1-32). All (100%) recent users reported swallowing mushrooms. Four participants (8% of sample) reported mushrooms as their drug of choice.

Heroin and other opiates

Heroin

Five percent of the sample reported lifetime use of heroin, a return to figures similar to 2011 from an

increased proportion reporting so in 2012 (26% in 2012). One participant reported recent use of heroin (swallowed once in the six months prior to interview). No participants reported heroin as their drug of choice.

Methadone

Three percent of the 2013 sample had ever used methadone (12% in 2012). One participant had used methadone recently. One recent user reported having swallowed methadone only once in the previous six months. No participants reported methadone as their drug of choice.

Buprenorphine

In 2013, only one participant had ever used buprenorphine and that was in the six months preceding interview. The participant reported having swallowed the buprenorphine. One recent user reported using every second day and the other two recent users reporting using daily. No participants reported buprenorphine as their drug of choice.

Other opioids

Nine percent of RPU reported ever having been prescribed other opioids and four percent of participants reported the recent use of licit other opioids. Sixteen percent of RPU had ever used illicit other opioids and all (n=12) had used illicit other opioids recently. The median days of use was one (1-21). One participant who reported the recent use of illicit opioids reported smoking as the ROA used in the previous six months. Two participants reported snorting illicit other opioids in the six months prior to interview and the remainder (n=9) reported swallowing as the ROA used in the previous six months.

Gamma-hydroxy butyrate (GHB)

In 2013, five percent of the sample reported ever having tried GHB, a decrease from 35% in 2012. Due to the low numbers the required statistical test could not be applied. No participants reported that they had used GHB in the six months preceding interview. This has not been observed since the beginning of the national EDRS project began in 2003.

MDA

MDA (3,4-methylenedioxymphetamine) 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 2013, 17% of RPU reported that they had ever used MDA (28%, 2012). Ten percent (n=8) of participants reported having recently used MDA. Almost all (88%) of participants reporting recent use reported swallowing MDA as the route of administration, with one participant reporting snorting MDA in the six months preceding interview. Median days of use was two and a half days (range=1-20). Three quarters of respondents reported using MDA less than monthly and a quarter reported using between more than fortnightly but less than weekly.

Ketamine

Almost half (43%) of the 2013 EDRS sample reported ever having used ketamine in their lifetime while

33% (n=25) of participants reported having used ketamine in the past six months. Median days of use was two days (range=1-20). Eighty percent of participants who had recently used ketamine reported snorting it and a third (36%) of participants reported swallowing it. No participants reported injecting ketamine in the previous six months. One participant reported ketamine as their drug of choice.

Pharmaceutical stimulants

In 2013, 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. Seven percent (n=5) of the sample reported lifetime use of licit pharmaceutical stimulants with 5% (n=4) reporting recent use. The median days of using licit pharmaceutical stimulants were 6.5 days (range 2-180). Half the participants reported snorting as the main route of administration and half reported only swallowing pharmaceutical stimulants.

Thirty-three percent of the 2013 sample reported ever having used illicit pharmaceutical stimulants (a decrease from 71% in 2012). There was a decrease in the proportion of participants reporting recent use of illicit pharmaceutical stimulants, decreasing from 33% in 2012 to 16% in 2013. The median number of days of use in the past six months among those RPU who had used illicit pharmaceutical stimulants was 2.5 days (range=1-7). The majority (67% n=4) of participants reported swallowing illicit pharmaceutical stimulants, 33% (n=2) reported snorting illicit pharmaceutical stimulants and no participants reported injecting pharmaceutical stimulants in the six months preceding interview.

5. PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1. Ecstasy

Key points

- There was a significant increase in the proportion of respondents reporting the price of ecstasy to be stable compared to 2012.
- 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 four.

Price

In the 2013 ACT EDRS, 81% of RPU commented on the price, purity and availability of ecstasy. RPU reported the current median price for an ecstasy tablet to be \$25 (see Table 13). Forty percent of the RPU sample commented on the price of an ecstasy capsule. The median price reported in 2013 was \$30. A quarter of the sample were able to comment on the price of a gram of ecstasy powder. The median price for a gram of ecstasy powder was \$300.

Three-quarters (73%) of respondents in 2013 reported that the price of ecstasy was stable in the past six months. This represents a significant increase from 2012 where 39% reported the price was stable.

Table 13: Price of ecstasy purchased by ACT RPU and price variations, 2009-2013

Ecstasy	2009 (n=101)	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=62)
Median price per tablet	\$25	\$25	\$30	\$25	\$25
Median price per capsule	\$30	\$30	\$30	\$30	\$30
Median price per gram of powder	-	\$200	\$200	\$300	\$300
Median price per point of crystal	-	-	-	-	\$25
% Increasing	13	16	51	22	13
% Stable	53	60	29	39	73↑
% Decreasing	23	4	0	10	2
% Fluctuating	11	17	21	20	13
% Don't know*	-	-	-	10	-

Source: EDRS RPU interviews, 2009-2013

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

↑ significant increase at 95% CI p>0.05

Purity

Table 14 presents the reports of ACT RPU from 2009 to 2013, regarding both the current purity and the change in the purity of ecstasy available to them. From 2009 to 2010 there has been a decreasing proportion of RPU reporting ecstasy purity to be high. In 2011 this trend reversed with the proportion of participants reporting ecstasy purity to be low significantly decreasing (95%CI: 0.25-0.51) from 51% in 2010 to 11% in 2011. Conversely, a significantly (95%CI: -0.58 to -0.33) higher proportion of RPU were reporting purity of ecstasy to be high (53%), compared to 6% in 2010. In 2012 and 2013, this upward trend seems to have stabilised with mixed results seen across all categories.

Table 14: ACT RPU reports of 'current' ecstasy purity and purity change, 2009-2013

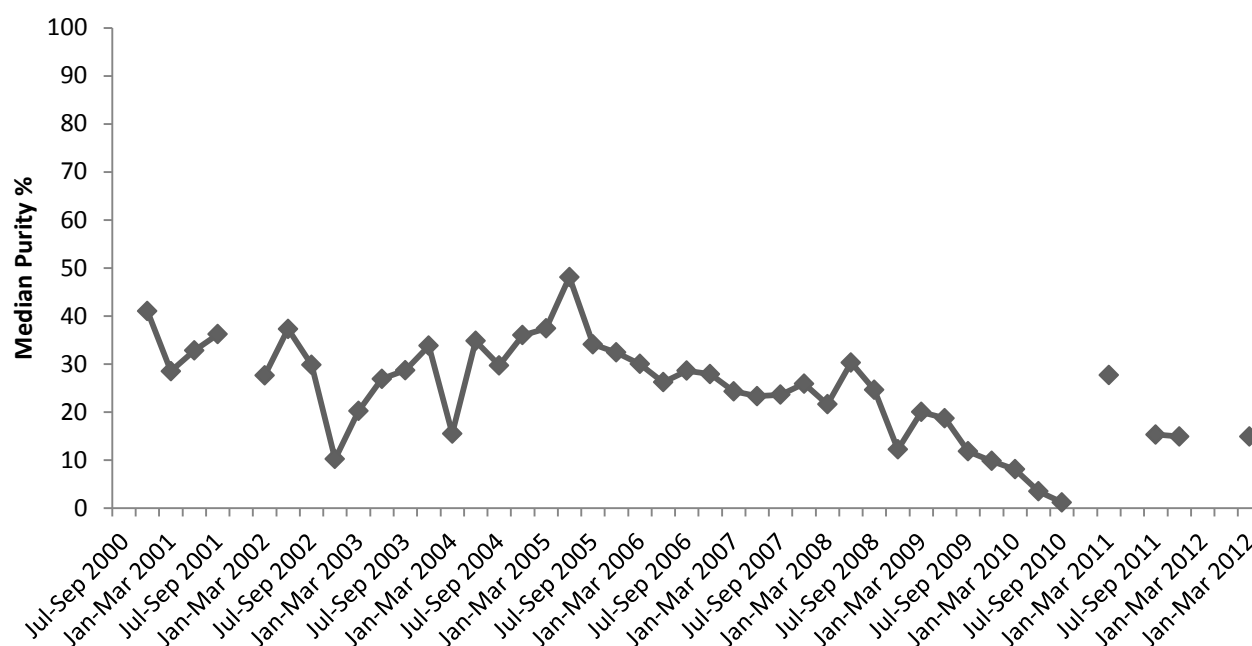
Median price - ecstasy	2009 (n=101)	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=70)
<i>Current purity</i>					
% Low	27	51	11	31	27
% Medium	30	26	8	26	34
% High	16	6	53	26	19
% Fluctuates	26	17	28	16	20
% Don't know *	-	-	-	2	-
<i>Purity change</i>					
% Increasing	8	6	51	12	14
% Stable	28	19	9	29	33
% Decreasing	27	53	10	26	31
% Fluctuating	36	22	30	24	22
% Don't know*	-	-	-	8	-

Source: EDRS RPU interviews, 2009-2013

* 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 Jan-Mar quarter of 2001 and the Jan-Mar quarter of 2012 are presented in Figure 8. In the ACT, median purity of phenethylamines seizures over the 2011/2012 year has remained stable.

Figure 8: Median purity of phenethylamine seizures in the ACT, Jan 2001 to Mar 2012



Source: Australian Bureau of Criminal Intelligence, 2000-2011. Note: Data not available for the 2012/2013 financial year

Availability

Table 15 summarises the reports of RPU on the availability of ecstasy in the ACT for the years 2009 to 2013. As in previous years, the majority of the 2013 sample (96%) commented on the availability of ecstasy. Respondents reported that ecstasy was either very easy (45%) or easy (39%) to obtain. Sixteen percent of the sample reported that ecstasy was difficult to obtain. Forty-two percent of RPU also indicated that the ease with which ecstasy could be obtained had remained stable, while one in three (30%) reported that ecstasy was easier to obtain.

In 2013, participants were asked to nominate from whom they had last purchased ecstasy. The most common people through whom RPU had obtained ecstasy remained friends (61%) and known dealers (25%). This year a response category for 'online' was added. Three percent of RPU reported purchasing ecstasy this way. The most common locations at which ecstasy had last been purchased were at a friend's home (25%), a dealer's home (16%), at a nightclub (10%) and at their own home (13%).

Table 15: ACT RPU reports of availability of ecstasy in the past six months, 2009-2013

Ecstasy availability	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Current availability					
% <i>Very easy</i>	44	37	33	37	45
% <i>Easy</i>	50	44	47	51	39
% <i>Difficult</i>	6	15	20	10	16
% <i>Very difficult</i>	0	4	0	2	-
% <i>Don't know</i>	-	-	-	-	-
Availability change					
% <i>More difficult</i>	9	24	15	12	17
% <i>Stable</i>	69	50	49	69	43
% <i>Easier</i>	18	15	24	10	30
% <i>Fluctuates</i>	4	11	13	6	12
% <i>Don't know</i>	-	-	-	4	-
Persons scored from: [#]					
Friends (%)	59	63	69	64	61
Known dealers (%)	29	22	23	28	25
Acquaintances	7	6	3	6	5
unknown dealers (%)	4	4	4	0	1
Online (%) ^	-	-	-	-	3
Locations scored from: [#]					
Friend's home (%)	31	41	39	32	25
Dealer's home (%)	9	10	5	18	16
Nightclub (%)	27	19	16	20	10
Agreed public location (%)	13	8	10	4	4
At own home (%)	4	4	15	18	13
Other (%)	2	4	14	8	8
Online	-	-	-	-	3

Source: EDRS RPU interviews, 2009-2013

of those who purchased ecstasy in the past six months.

^ Online category added in 2013

Ecstasy markets and patterns of purchasing ecstasy

Table 16 summarises ecstasy purchasing practices of RPU in the ACT in 2009 to 2013. In 2013, the median number of people that RPU reported they had purchased ecstasy from in the previous six months was three (range=1-30). The majority (61%) of RPU indicated that, when purchasing ecstasy, they had typically bought for themselves and others, with a smaller proportion (34%) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

RPU were also asked to indicate how often they had purchased ecstasy in the past six months. RPU reported that they most commonly purchased ecstasy on a monthly or less basis (40%) or on a fortnightly or less basis (36%). Twelve percent purchased it on a weekly or less basis and two participants had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that RPU reported usually buying when purchasing ecstasy in the past six months was four (range=1-50).

Table 16: Patterns of purchasing ecstasy, ACT RPU, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Median number of people purchased from	4	3	3	3	3
Purchased for (%)					
Self only	27	16	35	24	34
Self and others	71	84	63	72	61
Others only	2	0	1	2	-
Didn't purchase	0	0	1	2	5
No. of times purchased in the last 6 months (%)					
0	0	0	0	2	-
1-6	36	45	57	31	40
7-12	38	33	28	43	36
13-24	26	21	14	16	12
25+	1	1	1	8	3
Median no. of ecstasy tablets purchased[#]	4	5	5	5	4

Source: EDRS RPU interviews, 2009-2013

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

5.2. Methamphetamine

Key points

- The majority reported that the price of speed had remained stable in the previous six months and was easy or very easy to obtain at \$25 for a point and \$200 for a gram.
- Small numbers of participants reported on the price of base and crystal so caution is advised when interpreting results.

Price

In the 2013 ACT EDRS, just under half (44%, n=34) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (3%, n=2) and crystal (8%, n=6).

Methamphetamine powder (speed)

The median reported current price for a gram of speed was \$200 (\$100-270), this price has remained stable across the last five years. In terms of purchasing points of speed, the median price paid for a point was \$25, a decrease from \$40 in 2012. More than half (55%) of the RPU who were able to comment on the price of speed (n=38) reported that the price of speed had remained stable in the preceding six months. One in ten reported that the price had decreased in the past six months, as can be seen in Table 17

Table 17: Price and changes in price for methamphetamine powder, ACT, 2009-2013

Median price - speed	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Point	\$30	\$30	\$23^	\$40	\$25
(range)	(20-60)	(25-50)	(20-30)	(20-60)	(10-40)
Gram	\$200	\$200	\$200	\$200	\$200
(range)	(30-500)	(40-300)	(90-350)	(100-250)	(100-270)
Of those that responded	n=36	n=24	n=24	n=26	n=38
% Increasing	24	15	21	0	5
% Stable	62	60	71	54	55
% Decreasing	10	10	4	0	11
% Fluctuating	5	15	4	19	5
% Don't know*	-	-	-	27	24

Source: EDRS RPU interviews, 2009-2013

^ small numbers

Methamphetamine base

Very small numbers reported on the last price paid for a point or a gram of base. No participants reported on the price for a point of base. The median price reported for a gram of base was \$225 (range=\$150-300). One participant (50%) who was able to report on the recent price of base reported that the price had remained stable in the six months preceding interview and one participant (50%) reported that they didn't know.

Caution is advised when interpreting results as numbers who were able to report on base were extremely low.

Table 18: Price and changes in price for methamphetamine base, ACT, 2009-2013

Median Price - Base	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Point	\$40^	\$25	\$23^	50^	-
(range)	(25-300)	(no range)	(20-25)	(20-80)	
Gram	\$150^	\$200^	\$225^	\$250^	\$225^
(range)	(100-200)	(150-600)	(110-350)	(150-300)	(150-300)
Of those that responded (%)	n=7	n=7	n=6	n=9	n=2
<i>% Increasing</i>	29	0	0	33	0
<i>% Stable</i>	71	100	67	56	50
<i>% Decreasing</i>	0	0	0	0	0
<i>% Fluctuating</i>	0	0	33	0	0
<i>% Don't know*</i>	-	-	-	11	50

Source: EDRS RPU interviews, 2009-2013

^ Small numbers (<10)

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

Crystal methamphetamine

Only six RPU (8%) commented on the price, purity and availability of crystal. (Table 19). The median price paid for the last point (n=6) of crystal purchased was \$80 (range=\$60-100). Four participants reported that the median price for a gram of crystal was \$250 (range=\$150-\$300). Two-thirds (67%) of participants reported that the price of crystal had remained stable in the six months preceding interview and one-third reported it had increased in the preceding six months. Caution is advised when interpreting results as numbers who were able to report on crystal were extremely low.

Table 19: Price and changes in price for methamphetamine crystal, ACT, 2009-2013

Median Price - crystal	2009 (n=101)	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=77)
Point	\$50^	\$70^	\$80^	100	80^
(range)	(30-50)	(50-80)	(50-110)	(40-100)	(60-100)
Gram	\$275	\$300^	-	\$350^	\$725^
(range)	(250-300)	(200-400)		(250-400)	(650-800)
Of those that responded (%)	n=5	n=5	n=3	n=12	n=6
<i>% Increasing</i>	20	60	0	25	33
<i>% Stable</i>	60	40	67	42	67
<i>% Decreasing</i>	0	0	33	8	0
<i>% Fluctuating</i>	20	0	0	8	0
<i>% Don't know *</i>	-	-	-	17	0

Source: EDRS RPU interviews, 2009-2013

^ Small numbers (<10)

Purity

In the 2013 ACT EDRS small numbers commented on the purity of methamphetamine and results were mixed (see Table 20).

Methamphetamine powder (speed)

Reports on the purity of methamphetamine powder were mixed. The majority of those who commented (n=37) reported speed to be of low purity. A further third (32%) reported purity to be medium. Only 16% reported speed to be of high purity. This is a significant decrease from 47% in 2013 ($p<0.05$). Two-fifths (40%) of the respondents who commented on the change in purity of speed (n=30) believed purity had remained stable in the last six months. A further 23% reported purity to have increased and 17% reported that purity had decreased (Table 20). There were no significant differences in either current purity or change in purity of speed from 2012 to 2013.

Methamphetamine base

Only one RPU commented on the current purity of base, therefore responses should be interpreted with caution. The participant reported purity of methamphetamine base to be high. The RPU who commented on the change in purity of base indicated that the purity of base was stable.

Crystal methamphetamine

In 2013, only one in twenty RPU commented on the current purity of crystal (n=4). Responses should therefore be interpreted with caution. Three of the four RPU reported the current purity to be medium and the other respondents reported the current purity of crystal to be low. Three of the four RPU who responded reported that purity of crystal was stable and one respondent indicated that purity of crystal had decreased.

Table 20: Current purity of methamphetamine, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2012 (N=77)
Speed					
Did respond (%)	36	27	31	48	48
Of those that responded	n=36	n=20	n=25	n=37	n=37
<i>% Low</i>	28	35	20	12	38
<i>% Medium</i>	45	50	32	27	32
<i>% High</i>	21	15	36	46	16
<i>% Fluctuates</i>	7	0	12	15	47
Base					
Did respond (%)	8	10	10	18	1
Of those that responded (%)	n=8	n=7	n=8	n=9	n=1
<i>% Low</i>	50	43	0	0	0
<i>% Medium</i>	33	14	0	22	0
<i>% High</i>	17	43	88	68	100^
<i>% Fluctuates</i>	0	0	13	11	0
Crystal					
Did respond (%)	6	7	4	24	5
Of those that responded (%)	n=6	n=5	n=3	n=12	n=4

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2012 (N=77)
% Low	50	20	33	17	25^
% Medium	17	40	0	25	75^
% High	33	40	67	59	0
% Fluctuates	0	0	0	0	0

Source: EDRS RPU interviews, 2009-2013

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

^ Small numbers (<10)

Table 21: Change in methamphetamine purity, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Speed					
Did respond (%)	4	22	26	51	39
Of those that responded (%)	n=4	n=16	n=21	n=26	n=30
% Increasing	25	0	14	12	23
% Stable	25	44	52	50	40
% Decreasing	25	38	19	12	17
% Fluctuating	25	19	14	23	20
% Don't know*	-	-	-	4	0
Base					
Did respond (%)	6	8	8	18	1
Of those that responded (%)	n=6	n=6	n=6	n=9	n=1
% Increasing	17	0	0	11	0
% Stable	50	67	67	56	100^
% Decreasing	33	33	0	0	0
% Fluctuating	0	0	33	22	0
% Don't know *	-	-	-	0	0
Crystal					
Did respond (%)	6	7	4	24	4

Of those that responded (%)	n=6	n=5	n=3	n=12	n=3
<i>% Increasing</i>	0	40	0	17	0
<i>% Stable</i>	50	20	67	50	67^
<i>% Decreasing</i>	50	40	0	8	33^
<i>% Fluctuating</i>	0	0	33	17	0
<i>% Don't know*</i>	-	-	-	0	0

Source: EDRS RPU interviews, 2009-2013

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

Availability

Methamphetamine powder (speed)

Of the 38 RPU who commented on the availability of speed in the preceding six months, the majority (84%) reported that speed was currently easy (50%) to easy (34%) to obtain. Sixteen percent reported that speed was difficult to obtain (see Table 22).

The majority (60%) of respondents believed that the availability of speed had remained stable. Nearly a third (29%) indicated that it had been easier to obtain in the previous six months. There were no significant differences in either current availability or change in availability between 2012 and 2013.

Methamphetamine base

In 2013 only one RPU commented on the availability of methamphetamine base and therefore responses should be interpreted with caution. That respondent indicated that base was very easy to obtain.

When asked about changes in the availability of base methamphetamine (see Table 22), the RPU who commented indicated that availability of base had remained stable over the preceding six months. As only one RPU commented on the availability of base, results should be interpreted with caution.

Crystal methamphetamine

In 2013 only four RPU commented on the availability of methamphetamine crystal and therefore responses should be interpreted with caution. Two RPU indicated that crystal was very easy to obtain and the other two indicated crystal to be difficult to obtain.

Results for the reported availability of crystal over the preceding six months were mixed. Forty percent reported crystal to be more difficult to obtain and the same amount (40%) reported availability had remained stable. One participant commented that it had been easier. Due to the small numbers reporting on crystal methamphetamine, caution is advised when interpreting numbers.

Table 22: Current availability of methamphetamine forms, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
<i>Speed</i>					
Did respond (%)	32	32	33	51	49
Of those that responded (%)	n=32	n=23	n=26	n=26	n=38
% <i>Very easy</i>	16	39	39	58	34
% <i>Easy</i>	53	39	54	39	50
% <i>Difficult</i>	28	22	4	4	16
% <i>Very difficult</i>	3	0	4	0	0
% <i>Don't know*</i>	-	-	-	0	0
<i>Base</i>					
Did respond (%)	7	10	10	18	1
Of those that responded (%)	n=7	n=7	n=8	n=9	n=1
% <i>Very easy</i>	29	0	13	56	100^
% <i>Easy</i>	14	57	50	11	0
% <i>Difficult</i>	57	43	38	33	0
% <i>Very difficult</i>	0	0	0	0	0
% <i>Don't know *</i>	-	-	-	0	0
<i>Crystal</i>					
Did respond (%)	6	7	4	24	5
Of those that responded (%)	n=6	n=5	n=3	n=12	n=4
% <i>Very easy</i>	0	6	0	50	50^
% <i>Easy</i>	33	20	67	42	0
% <i>Difficult</i>	67	20	33	8	50^
% <i>Very difficult</i>	0	0	0	0	0
% <i>Don't know*</i>	-	-	-	0	0

Source: EDRS RPU interviews, 2009-2013

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

Table 23: Changes to availability of methamphetamine forms, ACT, 2009-2013

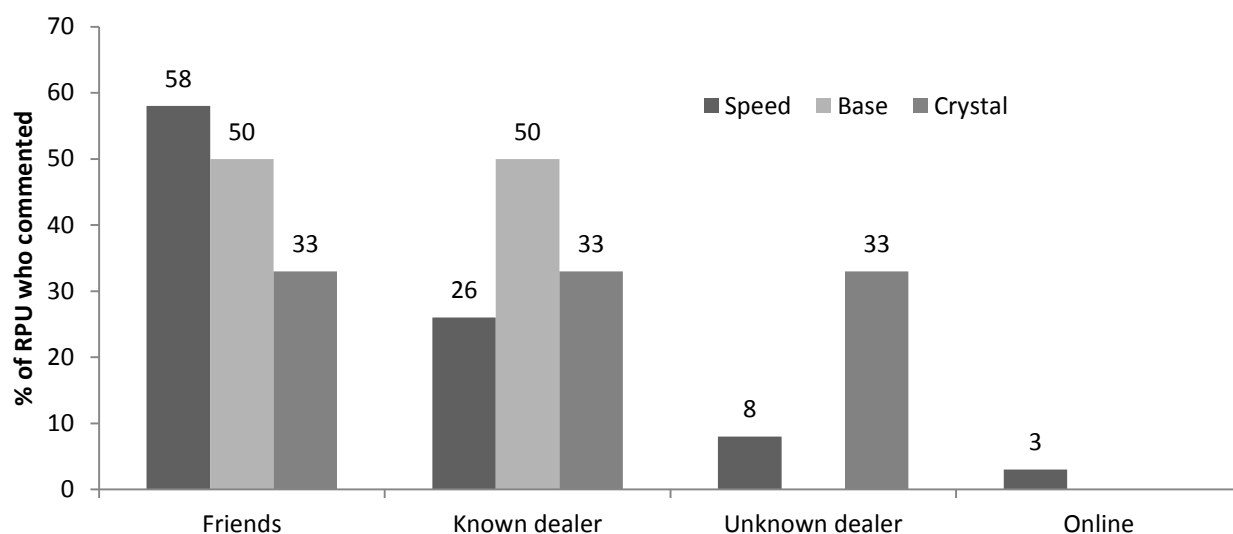
	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Speed					
Did respond (%)	28	30	33	51	45
Of those that responded (%)	n=28	n=22	n=26	n=26	n=35
% More difficult	36	9	8	8	6
% Stable	54	73	69	77	60
% Easier	7	18	23	12	29
% Fluctuates	4	0	0	0	6
% Don't know *	-	-	-	4	0
Base					
Did respond (%)	6	8	8	18	1
Of those that responded (%)	n=6	n=6	n=6	n=9	n=1
% More difficult	17	17	17	11	0
% Stable	67	67	83	67	100
% Easier	17	17	0	11	0
% Fluctuates	0	0	0	11	0
% Don't know*	-	-	-	0	0
Crystal					
Did respond (%)	6	7	4	24	6
Of those that responded (%)	n=6	n=5	n=3	n=12	n=5
% More difficult	67	0	33	0	40
% Stable	33	80	67	92	40
% Easier	0	20	0	0	20
% Fluctuates	0	0	0	8	0
% Don't know *	-	-	-	0	0

Source: EDRS RPU interviews, 2009-2013

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

Figure 9 presents the people from whom RPU had last purchased methamphetamine in the six months prior to interview. Friends (58%) were the most common source from which RPU obtained speed followed by known dealers (50%). Crystal was obtained from friends, known dealers and unknown dealers in equal proportions (33%).

Figure 9: People from whom methamphetamine was last purchased, ACT, 2013



Source: EDRS RPU interviews, 2013

Note: Results based on following response numbers: speed (n=38), base (n=2) and crystal (n=6)

The locations (Table 24) at which RPU 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 32% and crystal 50%).

Table 24: Locations where methamphetamine was last purchased, 2013

	Speed	Base	Crystal
Friend's home (%)	32	0	50
Own home (%)	3	0	17
Dealer's home (%)	24	0	17
Nightclub (%)	11	0	0
Street (%)	3	0	0
Agreed public location (%)*	11	0	17
Live music event (%)	3	50	0
Raves/doofs/dance parties	11	5	33

Source: EDRS RPU interviews, 2012

* includes workplace

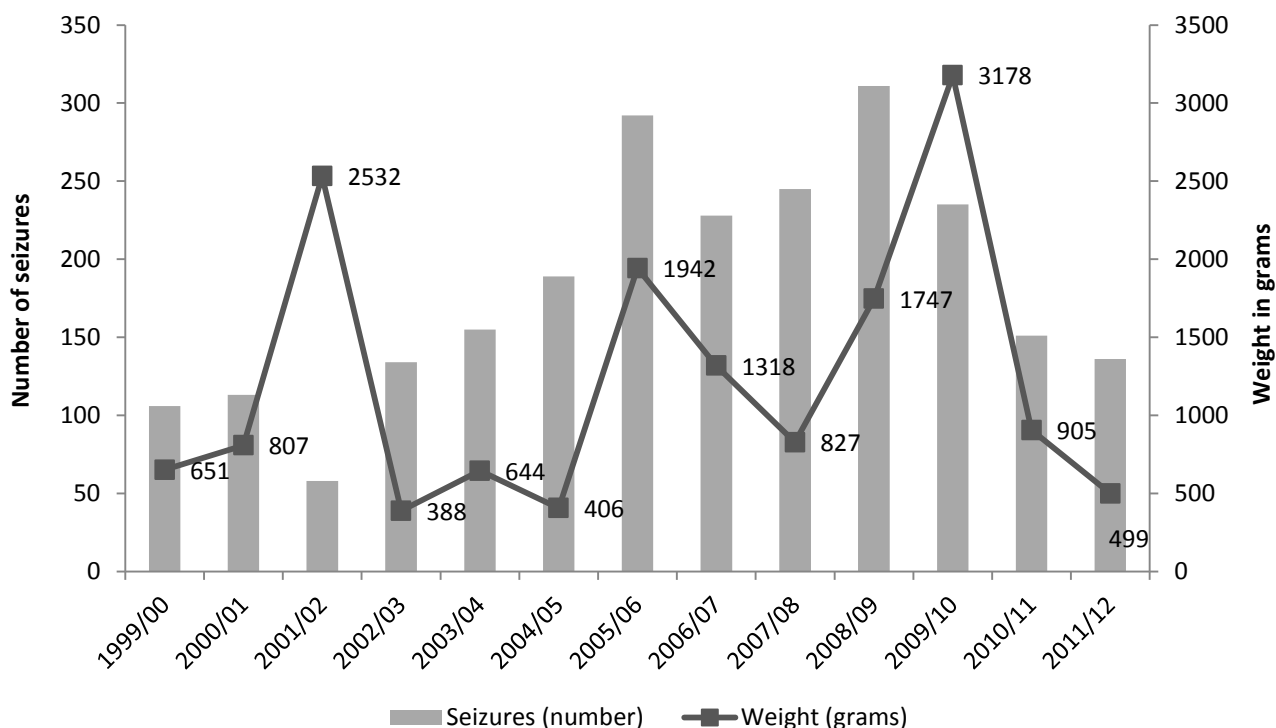
Note: Results based on following response numbers: speed (n=38), base (n=2) and crystal (n=6)

Law enforcement

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2012 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 decreased sharply in the 2011/2012 period, decreasing from 905 grams in 2010/2011 to 499 grams in 2011/2012, continuing the downward trend.

Figure 10: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2012



Source: Australian Bureau of Criminal Intelligence, 2000-2013. Note: Data not available for the 2012/2013 financial year

5.3. Cocaine

Key points

- The median price of a gram of cocaine in 2013 was \$300, stable across the last five years.
- The majority of respondents reported the price of cocaine had remained stable in the previous six months.
- The reports of availability of cocaine are mixed with the same proportion of respondents indicating cocaine is both easy to obtain and difficult to obtain.

Price

Twenty-three percent of participants (n=18) commented on the current price, purity and availability of cocaine. The median reported price paid for the last gram of cocaine purchased by RPU remained stable at \$300 (range=\$300-900) per gram (see Table 25). The majority (85%) of 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, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Gram	\$300	\$300	\$300	\$300	\$300
(range)	(110-350)	(150-400)	(150-350)	(300-500)	(300-900)
Did respond (%)	17	26	29	29	23
Of those that responded	n=17	n=19	n=23	n=15	n=18
% Increasing	6	16	22	7	8
% Stable	77	58	78	87	85
% Decreasing	12	21	0	0	8
% Fluctuating	6	5	0	0	0
% Don't know*	-	-	-	7	0

Source: EDRS RPU interviews, 2009-2013

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

Purity

In the 2013 EDRS, reports on the current purity of cocaine were mixed (see Table 26). Thirty-eight percent of respondents reported the current purity of cocaine to be low, while another 38% reported purity to be medium and one in four (25%) reported purity to be high. Reports of change in purity in the six months prior to interview varied, with a third (33%) reporting purity had increased, 42% reporting purity was stable, 17% reporting purity had decreased and 8% reporting that purity had fluctuated in the six months

prior to interview.

Table 26: Reports of cocaine purity, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Did respond (%)	25	30	33	29	21
Of those that responded (%)	n=25	n=22	n=26	n=15	n=16
Current purity					
% Low	24	23	39	40	38
% Medium	29	36	31	27	38
% High	38	27	12	27	25
% Fluctuates	10	14	19	7	0
% Don't know	-	-	-	0	-
Purity change					
% Increasing	25	28	14	7	33
% Stable	69	28	32	40	42
% Decreasing	6	28	18	20	17
% Fluctuating	0	17	36	13	8
% Don't know*	-	-	-	20	-

Source: EDRS RPU interviews, 2009-2013

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

Availability

In 2013, 56% of respondents indicated that cocaine was easy (39%) or very easy (17%) to obtain, compared to 67% in 2012. Comparatively similar proportions of respondents reported cocaine to be difficult (39%) or very difficult (6%) to obtain. The majority (64%) of respondents believed that the availability of cocaine had remained stable over the previous six months. A third (29%) reported that cocaine had become easier to obtain (7% in 2012).

Table 27: Availability of cocaine, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Did respond (%)	25	36	36	29	23
Of those that responded (%)	n=25	n=26	n=29	n=15	n=18

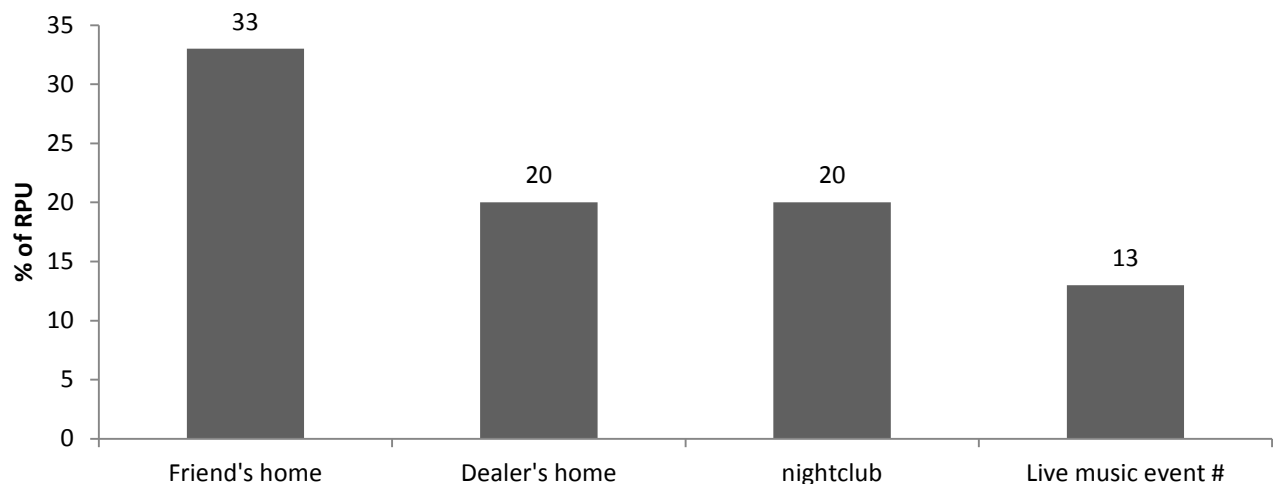
	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Current availability					
% Very easy	8	23	7	27	17
% Easy	44	42	38	40	39
% Difficult	44	35	48	27	39
% Very difficult	4	0	7	7	6
% Don't know *	-	-	-	0	0
Change in availability					
% More difficult	17	13	23	0	0
% Stable	67	57	58	93	64
% Easier	6	30	15	7	29
% Fluctuates	11	0	4	0	7
% Don't know *	-	-	-	0	0

Source: EDRS RPU interviews, 2009-2013

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

The people RPU most commonly reported last obtaining cocaine from in the preceding six months were friends (67%) and known dealers (22%). The most common locations at which RPU reported last obtaining cocaine in the six months prior to interview were a friend's home (33%), a dealer's home (20%) and nightclubs (20%) see Figure 11.

Figure 11: Locations where cocaine was last purchased in the preceding six months, ACT, 2013



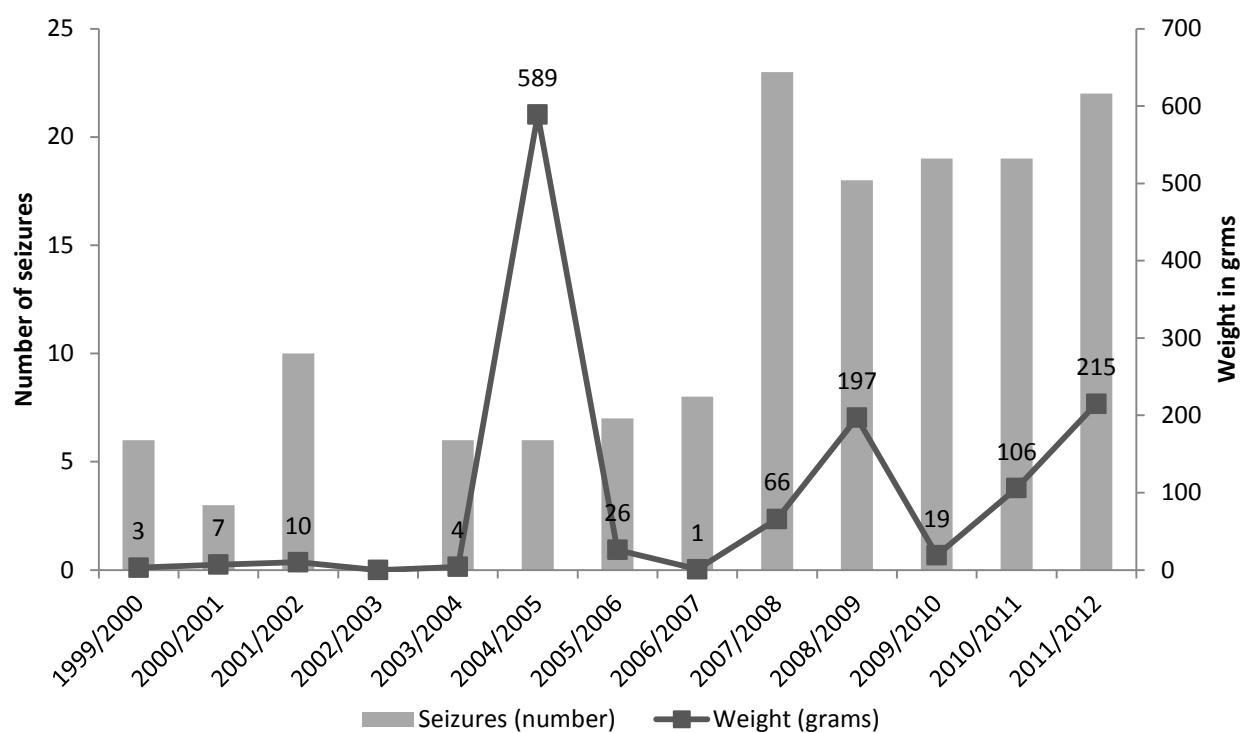
Source: EDRS RPU interviews, 2013 Note: Results based on response numbers n=15, # includes raves/doofs/dance parties

Law enforcement

Figure 12 shows the number and weight of cocaine seizures in the ACT from July 2000 to June 2012. During this period, the number of seizures increased until 2007 where both the number of seizures and the

weight in grams have stabilised.

Figure 12: Number and weight of cocaine seizures, ACT, July 2000 to June 2012



Source: Australian Bureau of Criminal Intelligence, 2000-2013. Note: Data not available for the 2012/2013 financial year

5.4. LSD

Key points

- The median price reported for a tab of LSD remains stable at \$20. Of those that responded, 56% reported that the price had remained stable in the previous six months.
- A significantly higher proportion of respondents reported that purity was low.
- The majority (64%) of respondents reported that LSD was easy or very easy to obtain.

Price

In 2013, 48% (n=37) of the EDRS sample commented on the current price, purity and availability of LSD in the ACT. In 2013, the median reported last price for a tab of LSD was \$20 (range=\$10-30), stable across the previous five years (Table 28). Of the 37 respondents commenting, most (56%) reported that the price remained stable in the past six months, while similar proportions reported price increasing (15%), decreasing (12%) or fluctuating (18%).

Table 28: Prices of LSD purchased by ACT RPU, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Tab (range)	\$25 (10-40)	\$20 (10-30)	\$20 (10-30)	\$20 (10-40)	\$20 (10-30)
Did respond (%)	33	32	33	51	48
Of those that responded	n=33	n=23	n=26	n=26	n=37
<i>% Increasing</i>	23	17	8	4	15
<i>% Stable</i>	58	61	69	76	56
<i>% Decreasing</i>	8	4	12	4	12
<i>% Fluctuating</i>	12	17	12	8	18
<i>% Don't know *</i>	-	-	-	8	0

Source: EDRS RPU interviews, 2009-2013

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

Purity

In 2013, 40% of those that were able to comment on LSD purity reported that the current purity was low compared with only 8% in 2012, and 31% reported purity to be medium (see Table 29). Two-fifths of RPU who were able to comment on the change in purity of LSD reported that it had remained stable compared with 60% in 2012; other results are mixed, with a quarter (24%) reporting purity has increased, a fifth (21%) reporting purity has decreased and 14% reporting purity had fluctuated in the six months prior to interview.

Table 29: Current purity of LSD and purity change, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Did respond (%)	30	29	33	49	48
Of those that responded (%)	n=30	n=21	n=26	n=25	n=35
Current purity					
% Low	0	0	12	8	40↑
% Medium	17	43	50	28	31
% High	70	57	19	40	14
% Fluctuates	13	0	19	8	14
% Don't know*	-	-	-	16	-
Purity change					
% Increasing	29	5	8	4	24
% Stable	42	53	44	60	41
% Decreasing	4	16	20	4	21
% Fluctuating	25	26	28	16	14
% Don't know *	-	-	-	16	-

Source: EDRS RPU interviews, 2009-2013

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

Availability

Over half (64%) of the RPU sample who were able to comment on LSD reported that the substance was easy (32%) or very easy (32%) to obtain, while 27% reported it was difficult to obtain. Eight percent reported that LSD was very difficult to obtain (see Table 30). Forty-six percent of RPU who commented on LSD reported that availability had remained stable while other results were mixed. A quarter (26%) reported LSD was easier to obtain and 14% reported it was more difficult or that availability had fluctuated over the six months prior to interview.

Table 30: Current LSD availability and availability change, ACT, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Did respond (%)	33	32	35	49	48
Of those that responded (%)	n=33	n=23	n=28	n=25	n=37

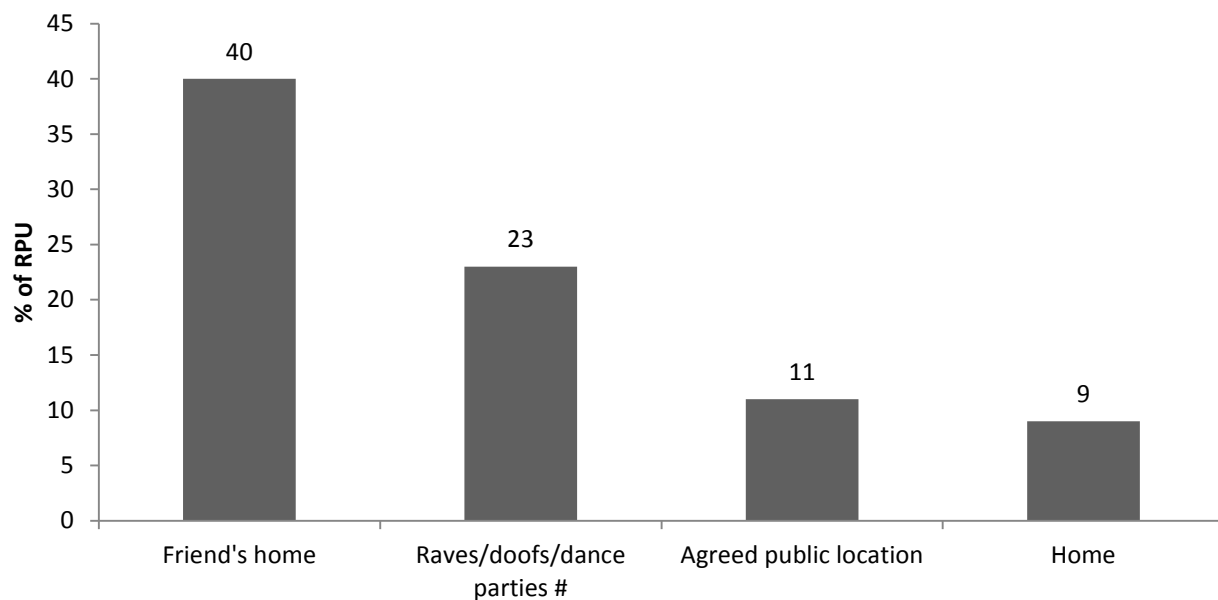
	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Current availability					
% Very easy	18	30	25	24	32
% Easy	52	39	50	32	32
% Difficult	30	30	25	40	27
% Very difficult	0	0	0	4	8
% Don't know*	-	-	-	0	0
Availability change					
% More difficult	17	22	7	12	14
% Stable	58	44	76	72	46
% Easier	21	30	10	4	26
% Fluctuates	4	4	7	4	14
% Don't know*	-	-	-	8	0

Source: EDRS RPU interviews, 2009-2013

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

The people from whom RPU reported primarily obtaining LSD from in the preceding six months were friends (67%) and known dealers (25%). The locations at which RPU reported most frequently obtaining LSD from in the six months prior to interview (see Figure 13) were at a friend's home (40%), at raves, doofs, and dance parties (23%) and at an agreed public location (11%).

Figure 13: Locations where LSD had been purchased in the preceding six months, ACT, 2013



Source: EDRS RPU interviews, 2013

Includes live music event/festival

5.5. Cannabis

Key points

- The median price paid in 2013 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 \$280. The majority of participants reported that the price of both hydro and bush had remained stable in the previous six months.
- Almost all (82%) that commented reported that the purity of hydro was medium to high.
- The majority (83%) reported that the purity of bush was medium to low.
- The majority of participants reported that the purity of both hydro and bush had remained stable in the previous six months.
- Almost all RPU who were able to comment reported that hydro and bush were currently very easy to easy to obtain and this 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).

Price

In 2013, two-thirds (66%, n=51) were able to comment on hydro, and 64% of participants (n=49) were able to comment on bush. Three RPU reported that they had purchased a gram of hash in the previous six months. The median price of hash per gram was \$20 (range=\$10-\$30).

Hydroponic

Sixteen percent of those who commented on hydro reported on the last price they had paid for a gram in the ACT, with the median price being \$20 (range=\$10-20, see Table 31). More than half (53%) of those who commented on hydro were able to report on the last price paid for an ounce in the ACT, with the median price being \$280 (range=\$240-360). The majority (73%) of the RPU 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 (6%) or decreased (2%) in the six months preceding interview.

Bush

Thirteen percent of those who commented on bush were able to report on the last price paid for a gram in the last six months in the ACT, with the median price being \$20 (range=\$10-20). Almost two-thirds (62%) of RPU were able to report on the last price paid for an ounce of bush, with the median price being \$280 (range=\$100-360, see Table 31). Most (81%) respondents reported that the price of bush had remained stable in the six months preceding interview. Smaller proportions reported that the price was increasing (2%), decreasing (4%), or fluctuating (2%).

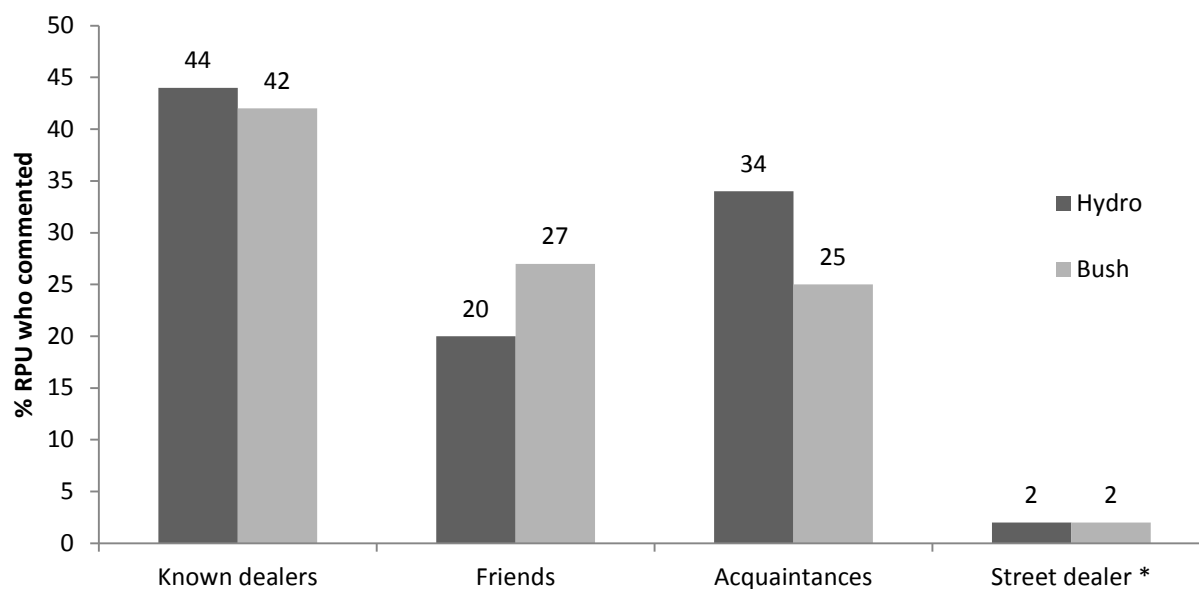
Table 31: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2013

	2013 (N=77)	
Median price (range)	Hydro	Bush
Gram	\$20 (10-20)	\$15 (10-20)
Ounce	\$280 (240-360)	\$280 (100-360)
Did respond (%)	66	48
Of those that responded	n=51	n=37
Price change		
% Increasing	6	2
% Stable	73	81
% Decreasing	2	4
% Fluctuating	12	2
% Don't know	8	10

Source: EDRS RPU interviews, 2013

The most common sources of hydro were known dealers (44%) and friends (20%). The most common sources of bush were also known dealers (42%) and friends (27%), as can be seen in Figure 14.

Figure 14: Source of last purchase of hydro and bush cannabis, ACT, 2013

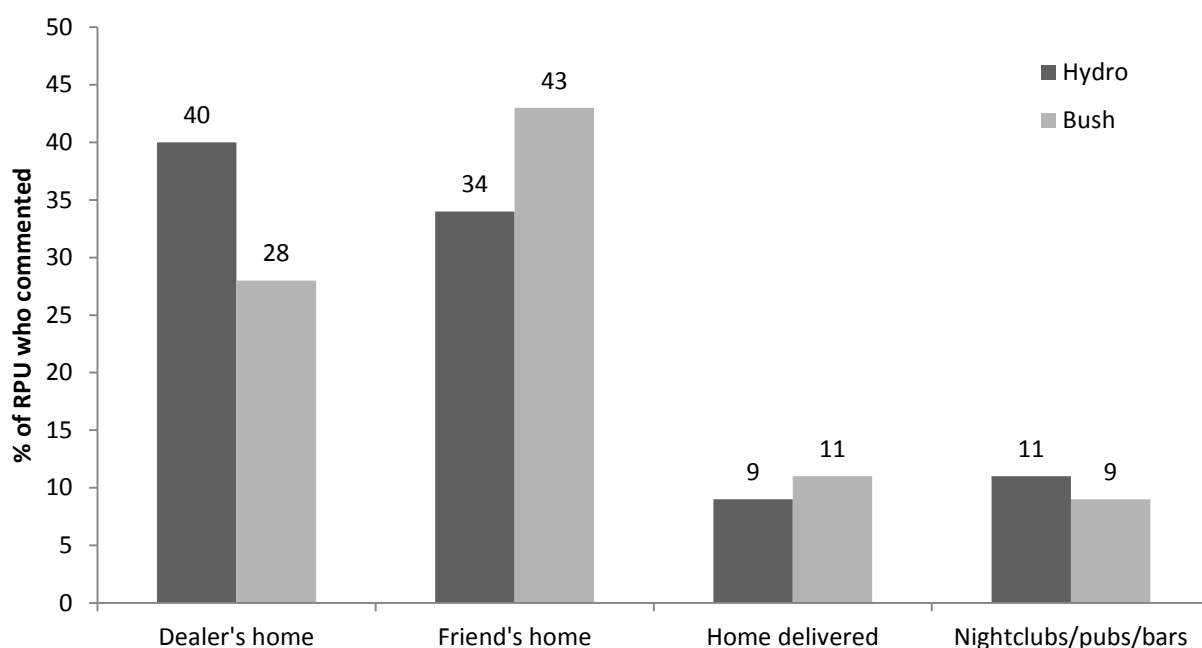


Source: EDRS RPU interviews, 2013

Note: Results based on following response numbers: hydro (n=50) and bush (n=48)

* Also includes unknown dealer

Figure 15: Last locations where hydro and bush cannabis have been purchased, ACT, 2013



Source: EDRS RPU interviews, 2013

Note: Results based on following response numbers: hydro (n=50) and bush (n=48)

Figure 15 shows that the most common places of purchase for hydroponic cannabis were at a dealer's home (40%), a friend's home (24%) or a nightclub, pub or bar (11%). The most common places of purchase of bush were at a friend's home (43%), a dealer's home (28%), and home delivery (11%).

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=51), the majority reported purity to be high (51%) or medium (31%). The majority of RPU reported that the potency of hydro in the six months preceding interview was stable (39%).

Forty-nine RPU were able to comment on the potency of bush in the six months preceding interview. The majority reported that the current potency was medium (63%). Smaller numbers reported potency to be low (20%), high (12%) or fluctuating (4%). The majority also reported that potency of bush had remained stable (51%). Fourteen percent reported that potency had increased in the six months prior to interview and 10% reported that potency had decreased in the six months prior to interview.

Table 32: Potency and changes in potency for hydro and bush cannabis, ACT, 2013

	2013 (N=77)	
Current potency	Hydro	Bush
Did respond (%)	66	64
% High	51	12
% Medium	31	63
% Low	4	20
% Fluctuating	12	4
Potency change		
Did respond (%)	66	64
% Increasing	20	14
% Stable	39	51
% Decreasing	6	10
% Fluctuating	31	12

Source: EDRS RPU interviews, 2013

Availability

The availability and availability change for hydro and bush in the ACT are presented in Table 33. Almost all (90%) of those who were able to comment reported that hydro was currently very easy (62%) to easy (28%) to obtain in the ACT. There were no significant differences in current availability of hydro between 2011 and 2012. The majority (60%) also reported that availability had remained stable in the ACT in the preceding six months.

The majority (78%) of RPU who were able to comment reported that bush was currently very easy (33%) to easy (45%) to obtain in the ACT. Sixteen percent reported that bush was currently difficult to obtain. Almost two-thirds (61%) reported that the availability of bush had remained stable. Smaller proportions reported that availability had become easier (6%), more difficult (18%) or was fluctuating (6%).

Table 33: Availability and changes in availability for cannabis, ACT, 2013

	2013 (N=77)	
Current availability	Hydro	Bush
Did respond (%)	71	64
% Very easy	62	33
% Easy	28	45
% Difficult	10	16
% Very difficult	0	4

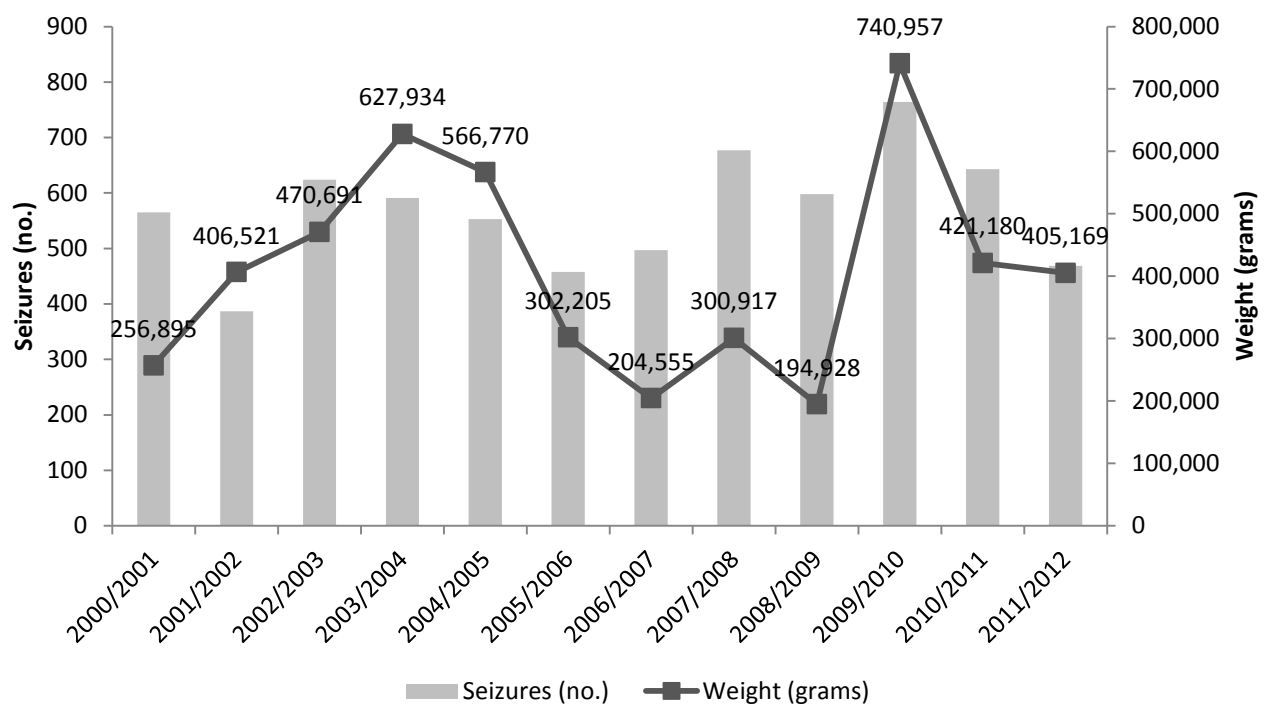
	2013 (N=77)	
Availability change		
Did respond (%)	71	64
% Easier	14	6
% Stable	60	61
% More difficult	14	18
% Fluctuates	12	6

Source: EDRS RPU interviews, 2013

Cannabis law enforcement seizure data

Figure 16 shows the number and weight of cannabis seizures in the ACT from 2000 to 2012. In the 2009/2010 period there was a sharp rise in the weight of cannabis seizures as compared to the previous period. In the 2011/2012 period, there were 469 seizures weighing a total of 405,169 grams.

Figure 16: Number and weight of cannabis seizures by ACT police, July 2000 to June 2012



Source: Australian Bureau of Criminal Intelligence, 2000-2012

Note: Data not available for the 2012/2013 financial year

6. HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Almost one-third (29%) of all RPU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 25% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy and ketamine. The majority reported that they received no treatment for their overdose.
- Seventeen percent of the sample reported that they had ever suffered a depressant overdose, of which 54% had done so in the past 12 months. Recent overdoses were attributed to alcohol in all cases. The majority reported that they received no treatment for their overdose.

Help-seeking behaviour

- Nineteen 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

- Almost half (46%) 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 30% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. Six participants 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 cannabis, alcohol and ecstasy.

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-three percent of respondents were classified as currently experiencing high or very high distress on the Kessler Psychological Distress Scale.

6.1. Overdose and drug-related fatalities

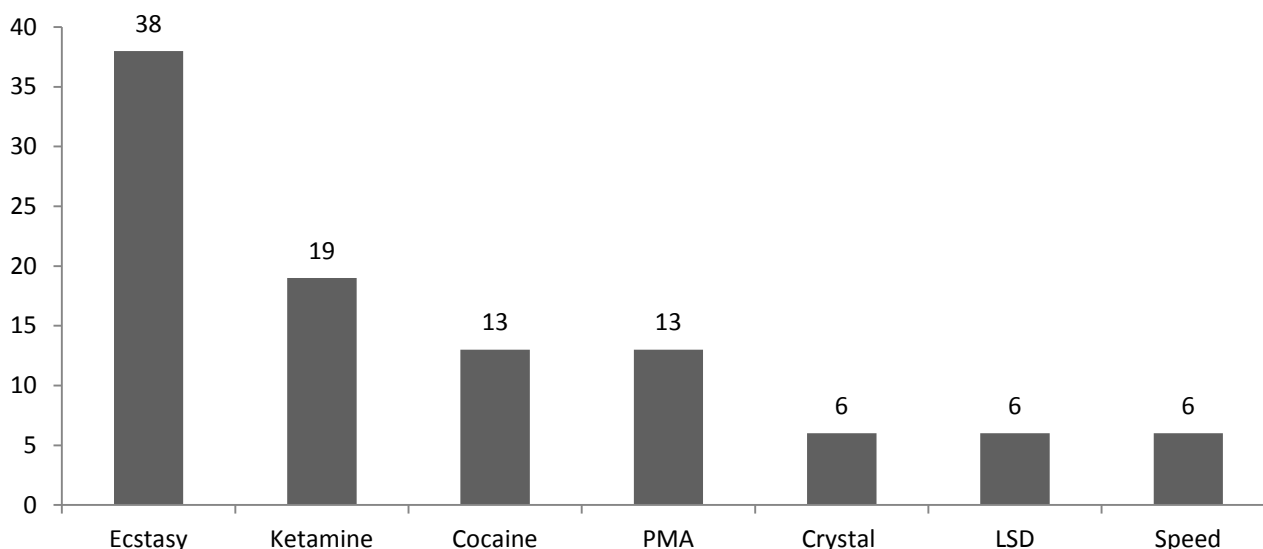
In 2013, participants were asked about their experiences with stimulant and depressant overdoses. 'Overdose' was defined as experiencing symptoms consistent with stimulant toxicity which may indicate an overdose include nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium, or symptoms consistent with a depressant overdose which may include reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused. It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnosis.

Non-fatal stimulant overdose

Lifetime stimulant overdose was reported by 29% (n=22) of the sample, similar to overdose rates reported in 2012 (30%). The median number of stimulant overdoses was two (range=1-15). Of those who had ever overdosed on a stimulant drug, 25% (n=19) reported overdosing in the 12 months preceding interview. Of those participants that reported overdosing in the 12 months preceding interview, 38% attributed their last overdose to ecstasy, 19% to ketamine, 13% to cocaine and 13% to PMA. Smaller

proportions indicated crystal methamphetamine, LSD or speed as the main drug attributable to the overdose event (see Figure 17).

Figure 17: Stimulant overdose in the past 12 months, by drug, ACT, 2013



Source: EDRS RPU interviews, 2013

Of those who had overdosed in the past 12 months, their own home (13%), nightclubs (25%), friend's home (19%) and live music events (19%) were the locations that most participants reported the stimulant OD taking place at.

The main symptoms which participants reported on their last stimulant overdose (if it occurred within the last 12 months) included nausea (63%), increased body temperature (56%), increased heart rate (50%), dizziness (44%), extreme anxiety (38%) and panic (31%). Chest pain, tremors, irregular breathing (rapid), and paranoia were all reported at similar rates.

Of those that had a stimulant overdose in the past 12 months, most (75%, n=4) did *not* receive treatment. Two participants who reported receiving treatment reported being watched/monitored by friends, one received treatment at a hospital emergency department and one received treatment from their GP.

Non-fatal depressant overdose

Seventeen percent of the sample reported that they had ever suffered a depressant overdose in their lifetime, of which 54% (n=7) had suffered a depressant overdose in the 12 months preceding interview. Participants reported a median of 4 (range=1-50) depressant overdoses in their lifetime.

Of those who had experienced a depressant overdose in the preceding 12 months (n=7), the main drug that attributed to the overdose was alcohol in all cases. Cannabis and ecstasy were commonly reported 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 a dealer's home (29%) or a private party (29%). Public locations of overdose were outdoor locations or on the way home. The most common overdose symptom was vomiting (43%), followed by losing consciousness (14%). Only three

of the seven participants reported that they received treatment during their last depressant overdose. The treatment reported by all three participants was being monitored or watched by friends.

6.2. Help-seeking behaviour

In the preceding six months, 19% (n=14) of the sample had accessed some form of medical or health service as a consequence of their drug use. The main services accessed included seeing a GP, attending an emergency department, a drug and alcohol counselor and a dentist.

6.3. Drug treatment

In 2013, one participant reported currently receiving drug treatment in the form of drug and alcohol counseling. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

6.4. 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. RPU 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 34.

Almost half (46%) 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 (56%, n=19), cannabis (18%, n=6) and ecstasy (15%, n=5).

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 (53%, n=16), alcohol (20%, n=6) and ecstasy (13%, n=4).

Approximately a third (30%) 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 (59%, n=13) and alcohol (18%, n=4).

Six participants reported having experienced legal problems relating to their drug use. Three participants attributed their reoccurring legal problems to cannabis use, two attributed these problems to alcohol use and one to the use of amyl nitrate.

Table 34: Self-reported drug-related problems, ACT RPU, 2009-2013

	2009 (N=101)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)
Responsibility problems (%)	49	37	41	32	41
Risk problems (%)	44	51	54	48	46
Relationship/Social problems (%)	32	25	26	18	30
Legal/Police problems (%)	5	0	7	6	8

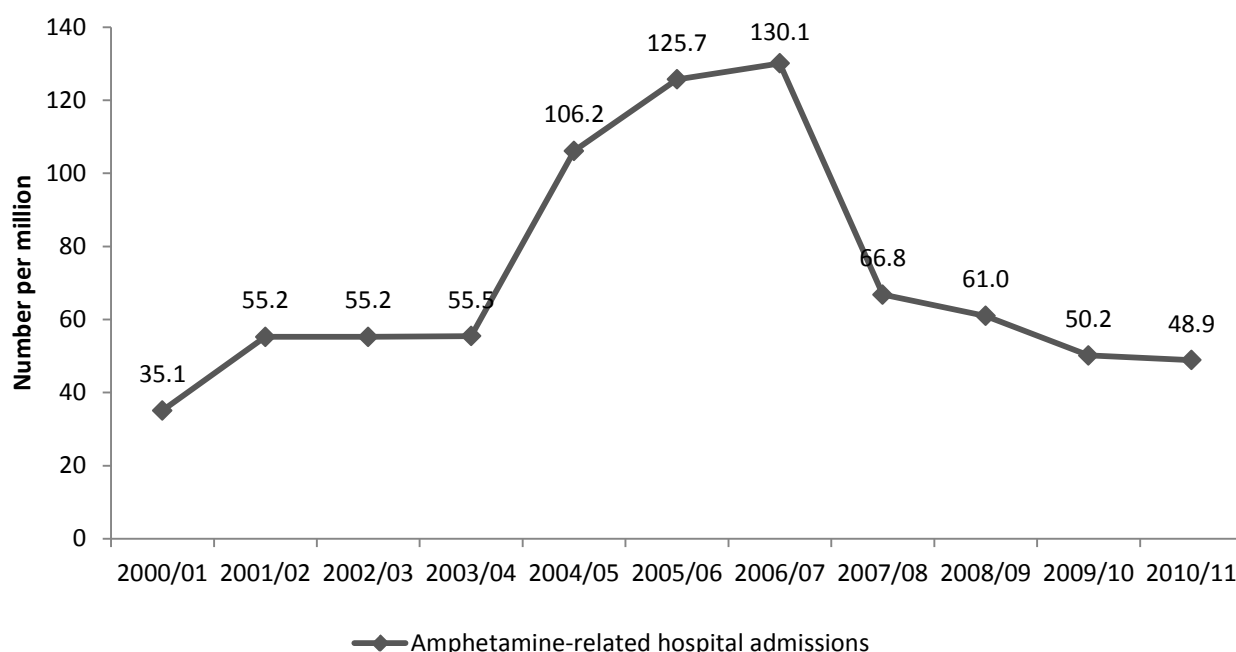
Source: EDRS RPU interviews, 2009-2013

6.5. Hospital admissions

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 18). Admissions where amphetamine was implicated have steadily increased until 2006/2007. Since then admissions have steadily decreased, falling to 48.88 per million persons in 2010/11.

Figure 18: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 2000/01-2010/11.



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2013; Roxburghand Burns, in press)

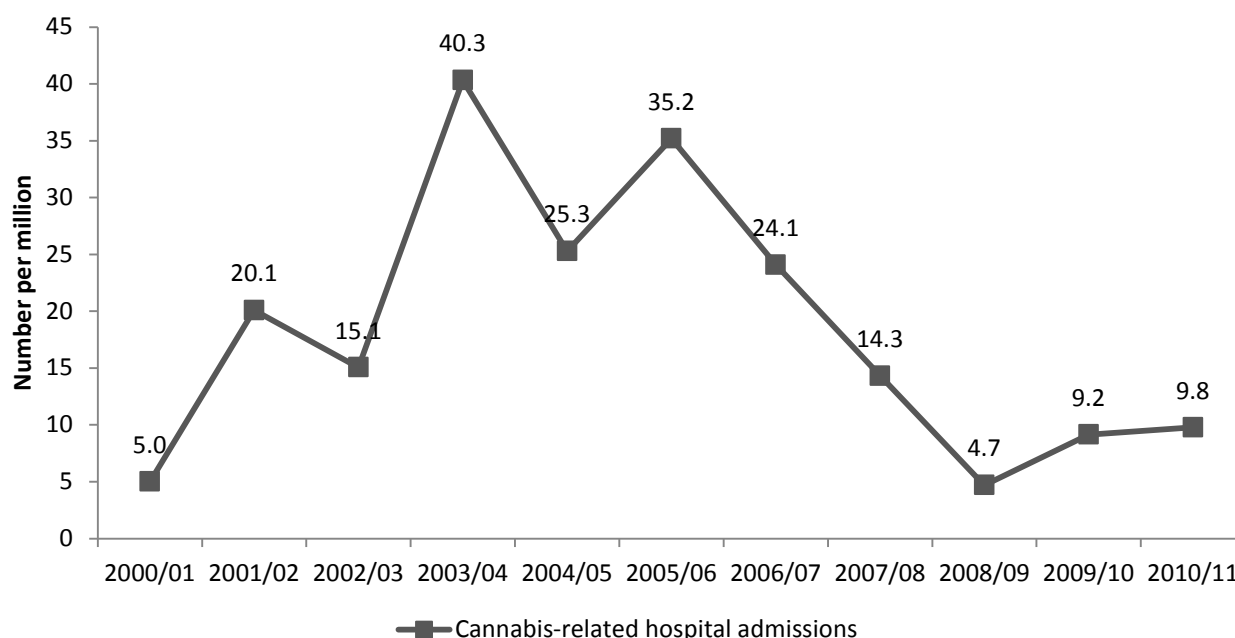
Cocaine

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 2009/2010, there were 4.56 cocaine-related hospital admissions per million persons recorded in the ACT. Data for 2010/2011 reports no deaths were cocaine was implicated as the primary diagnosis.

Cannabis

As can be seen from Figure 19, 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. Data for 2009/2010 and 2010/2011 sees a small increase in cannabis-related hospital admissions.

Figure 19: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 2000/2001-2010/2011



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2013; Roxburghand Burns, in press)

6.6. 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=23), depression and anxiety were most commonly reported (both reported by 74% of the group). Other problems reported included paranoia (26%), panic (9%), post-traumatic stress disorder (9%), schizophrenia (4%), and drug induced psychosis (4%).

Among those who had experienced a problem, 61% (n=14) reported attending a mental health professional during this period. Of those who sought help, almost two-thirds (n=9) were prescribed medication. Antidepressants were prescribed to seven of these participants, benzodiazepines were prescribed to two participants and antipsychotics were prescribed to one participant.

The 2013 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 RPU in 2013 was 19.01 (median 18, SD 6.9, range=8-41). As is evident from Table 35 below, RPU scores differ markedly from those reported among the Australian general population, with a larger proportion reporting high and very high distress.

Table 35: Kessler 10 scores in the 2010 NSDHS & ACT RPU sample, 2013

K10 Category	Australian Population >18 years	RPU N=77
% reporting no or low distress (score 10-15)	70	32
% reporting moderate distress (score 16-21)	21	36
% reporting high distress (score 22-29)	7	16
% reporting very high distress (score 30-50)	2	7

Source: Australian Institute of Health and Welfare, 2011; EDRS RPU interviews, 2013

KEY EXPERT COMMENTS

- *Overdose was usually attributed to excessive alcohol consumption and was more common amongst younger demographics.*
- *KE reported that mental health problems amongst this group were common, most often depression and anxiety.*

7. RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Four percent of RPU reported ever having injected a drug and the median age of first injection was 16. This is a significant decrease in proportion from 2012.

Sexual risk behaviour

- Two-thirds (67%) of RPU 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, 56% reported not using protection on their last occasion of casual sex.
- Of those who reported having casual penetrative sex in the past six months whilst under the influence of ERD, only 52% reported using protection on their last occasion of casual sex.

Driving risk behaviour

- Of those RPU who indicated they had driven a car in the past six months, 45% reported that they had done so whilst over the legal blood alcohol limit.
- Of those participants who had driven a car in the previous six months, 73% reported driving after taking an illicit drug with a median of one hour since taking an illicit drug and driving.

Risky alcohol use

- Using the AUDIT, 77% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. One for every ten respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence.

7.1. Injecting risk behaviour

Lifetime injectors

In 2013, 4% of the EDRS sample reported ever having injected a drug. The median age at which participants reported first having injected a drug was 16 (range=15-17). Those RPU who indicated that they had injected drugs during their lifetime were asked to nominate the first drug they had injected. Heroin and crystal methamphetamine (or a combination of both) were reported as the first drugs injected by those that had ever injected a drug.

Recent injectors

Of the three participants who reported lifetime injection, two (75%) indicated that they had injected drugs in the preceding six months. One participant that had recently injected drugs indicated that the last drug they injected was ice/crystal and the other indicated the drug they had last injected was steroids. The median number of times they reported injecting in the last six months was 14 times (range=3-24).

Injecting risk behaviour

In the 2013 EDRS, no participants reported that they had used a needle after someone else in the six months preceding interview. Similarly, no participants reported that they had used any other injecting equipment after someone else.

Context of injecting

The locations reported for last injection in the past six months were at at one's own home (n=1) and a friend's home (n=1). Those RPU who had recently injected drugs primarily did so in the company of close friends (n=1) or alone (n=1).

Obtaining needles

Those RPU who reported having injected in the past six months were asked to indicate where they had sourced their needles. One respondent obtained needles from a Needle and Syringe Program (NSP) and one person had obtained needles from a chemist.

7.2. Sexual risk behaviour

Recent sexual activity

Two-thirds (67%) of RPU reported having had casual penetrative sex in the six months prior to interview (see Table 36). 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. More than 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 11% reported having had casual sex with two persons, and 22% reported three to five casual partners. Eight percent of casually sexually active RPU reported having sex with six to 10 partners in the past six months.

When having sex with a casual sex partner in the preceding six months whilst *not* under the influence of alcohol or drugs, just over half (56%) of RPU who reported having casual sex indicated that the last time they had casual sex they used a protective barrier.

Table 36: Sexual activity and number of casual sexual partners, ACT RPU, 2013

	2013 (n=77)
Casual penetrative sex (%)	67
No. of casual sexual partners (%) *	
One person	26 (n=20)
Two people	11 (n=8)
3-5 people	22 (n=17)
6-10 people	8 (n=6)
Sex with a casual partner (%) *#	
Use protection	56 (n=25)

Source: EDRS RPU interviews, 2013

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

Whilst not under the influence of alcohol or drugs

Drug use during sex

Of those who reported having casual penetrative sex in the last six months, the majority (94%, n=48) reported having sex while under the influence of psychostimulants in the past six months (see Table 37). Almost half (48%) of RPU who reported having casual sex under the influence of ERD had done so once or twice (15% once, 33% twice), 27% reported doing so three to five times, 6% reported doing so on six to 10 occasions and 19% reported having casual sex more than 10 times while under the influence in the past six months. RPU 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 ecstasy (67%), cannabis (56%) and alcohol (33%). Other drugs commonly used included speed (21%) and cocaine (6%).

Among those who had sex with a casual sex partner while using ERD (n=48) in the past six months, only half (52%) reported using protection the last time they had sex under the influence of alcohol or drugs. Participants who chose *not* to use a barrier when having sex with a casual partner while using drugs were asked why they used no barrier. Most (59%) stated that they were using the contraceptive pill as a reason and 9% indicated a lack of availability as a reason.

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.

Table 37: Drug use during casual sex in the preceding six months, ACT RPU, 2013

	2013 (N=77)
Casual penetrative sex while on drugs[#] (%)	94
Number of times*	
Once	15 (n=7)
Twice	33 (n=16)
3-5 times	27 (n=13)
6-10 times	6 (n=3)
10+	19 (n=9)
Drugs used (%)*	
Ecstasy	67 (n=32)
Cannabis	56 (n=27)
Alcohol	33 (n=16)
Speed	21 (n=10)
Base	2 (n=1)
Crystal	6 (n=3)
Cocaine	6 (n=3)
LSD	2 (n=1)
MDA	2 (n=1)
Nitrous oxide	4 (n=2)
Sex with a casual partner using drugs (%) *	
Use protection last time	52 (n=25)

Source: EDRS RPU interviews, 2013

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

Almost a third of RPU had never had a sexual health checkup, 16% reported having one more than a year ago and 59% reported having one in the last year. Of those who commented, 5% (n=3) 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, while two reported being diagnosed more than a year ago.

Table 38: Sexual health check-up, ACT RPU, 2013

	2013 (n=77)
Sexual health checkups (%) *	n=56
No	25
Yes, in last year	59
Yes, > 1 year ago	16
STI positive (%)	n=55
No	95
Yes, in last year	2
Yes, > 1 year ago	4
STI diagnosis (%) ##	n=2
Gonorrhoea	-
Chlamydia	100
Syphilis	-
HPV (genital warts)	-

Source: EDRS RPU interviews, 2013

* Among those who had recent casual sex

Among those who tested positive for STI in the last year

7.3. Driving risk behaviour

The majority (79%) of the 2013 RPU sample reported that they had driven a car in the six months prior to interview. Forty-five percent of those RPU who indicated they had driven a car in the past six months 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 three times in this period (range=1-24). Thirty-five percent of participants who reported they had driven in the six months prior to interview had been subjected to a roadside breath test (RBT) in the same time frame. No participants reported that they returned a positive reading in the six months preceding interview.

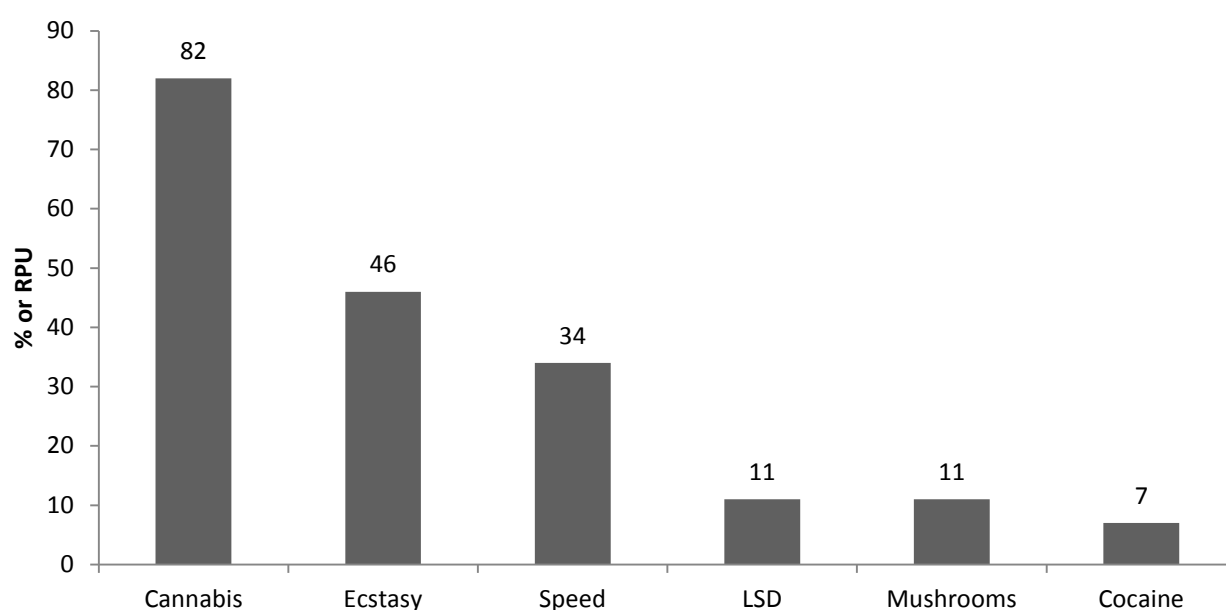
When those participants who had driven a car in the previous six months were asked if they had done so after taking an illicit drug, 73% (n=44) of this group reported having done so on a median of 10 occasions (range=1-160). Participants reported driving a median of 60 minutes (1 hour) (range=1-1080 hours) since consuming a drug last time they drove after taking an illicit drug. As demonstrated in Figure 20,

cannabis was the drug most commonly nominated (82%, 77% in 2012). This was followed by ecstasy (46%, 60% in 2012). Smaller proportions reported driving soon after taking speed (34%, 20% in 2012), mushrooms (11%, 13% in 2012), LSD (11%, 10% in 2012) and cocaine (7%, 10% in 2012).

Participants were also asked how impaired they believed their driving to be last time they drove after taking a drug. More than half (52%) reported that their driving was slightly impaired, whilst a quarter (25%) reported that the drugs had no impact on their driving ability, and one in ten (11%) reported that the drugs slightly improved their driving ability. Only a small proportion (7%) reported that their driving ability had been quite impaired after taking a drug.

Of those participants who had recently driven after taking an illicit drug, two participants reported having ever been subjected to a roadside drug test (3%).

Figure 20: Proportion of RPU reporting driving after taking an illicit drug, by drug type, ACT, 2013



Source: EDRS RPU interviews, 2013

* Of those who had driven soon after taking drugs in the past six months

7.4. The Alcohol Use Disorders Identification Test (AUDIT)

Participants in the 2013 EDRS were administered the AUDIT (Saunders, Aasland, Babor et al., 1993). The AUDIT was designed by the World Health Organization (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 12 (median=12, range=2-27). Seventy-seven percent of the ACT

sample scored eight or more; these are levels at which alcohol intake may be considered hazardous (Table 39).

The total AUDIT score places respondents into one of four 'zones' or risk levels. Almost one-quarter (22%) of respondents scored in Zone 1 (low-risk drinking or abstinence), just over half (52%) scored in zone 2 (alcohol use in excess of low-risk guidelines) and 13% scored in Zone 3 (harmful or hazardous drinking). Nine percent of males, compared to 14% of females, scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

Table 39: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, by gender, 2013

	Male	Female	Total
Mean AUDIT total score	12.09	12.43	12
Score 8 or above (%)	78	76	77
Zone 1	22	23	22
Zone 2	51	55	52
Zone 3	16	5	13
Zone 4	9	14	11

Source: EDRS RPU interviews, 2013

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 was the most problematic drug in their service.*
- *Reasons cited for this included alcohol-related overdoses, violence, binge drinking and risk-related behaviors' associated with alcohol.*

8. LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Forty-six percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Property crime was the most common crime reported, followed by engagement in drug dealing which was significantly less in 2013. Small proportions reported engaging in fraud or violent crime.

8.1. Reports of criminal activity among RPU

Of those who commented (n=76), less than half (46%) reported having engaged in some form of criminal activity in the month prior to interview (47% in 2012; Table 40). The proportion of RPU who reported that they had sold drugs in the preceding six months decreased significantly ($p<0.05$) from 37% in 2012 to 17% in 2013. The proportion reporting they had committed a property crime increased significantly ($p<0.05$) to 35% (12% in 2012).

Nine percent of RPU reported that they had committed fraud and 6% reported committing a violent crime in the last month

Table 40: Criminal activity reported by ACT RPU, 2009-2013

	2009 (n=101)	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=77)
Criminal activity in the last month (%)					
Any crime	47	48	43	47	46
Drug dealing	26	33	25	37	17↓
Property crime	27	25	22	12	35
Fraud	8	1	10	0	9
Violent crime	9	6	13	6	4
Arrested in the past 12 months	15	8	14	6	14

Source: EDRS RPU interviews, 2009-2013

8.2. Arrests

Amphetamine-type stimulants

Table 41 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 2000 and 2012. 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 doubled from the previous reporting year, with a total of 124 arrests recorded in 2011/2012, compared to 60 arrests in 2010/2011.

Table 41: Number of amphetamine-type stimulants consumer and provider arrests, ACT

	Consumer/user		Provider/supplier		Total arrests
	Male	Female	Male	Female	
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
2010/2011	42	9	7	2	60
2011/2012	88	14	16	6	124

Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2012/2013 financial year

Cocaine

In 2011/2012 there were nine consumer arrests for cocaine and one provider arrest recorded.

Table 42: Number of cocaine consumer and provider arrests, ACT, 2000-2012

	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
2010/2011	5	1	7	5	18
2011/2012	9	0	1	0	10

Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2012/2013 financial year

Cannabis

Table 43 summarises the number of cannabis consumer and provider arrests in the ACT from June 2000 to 2012. In the ACT, the greatest numbers of drug-specific arrests are due to user-type and supply-type cannabis offences.

Table 43: Number of cannabis consumer and provider arrests, ACT, 2000-2012

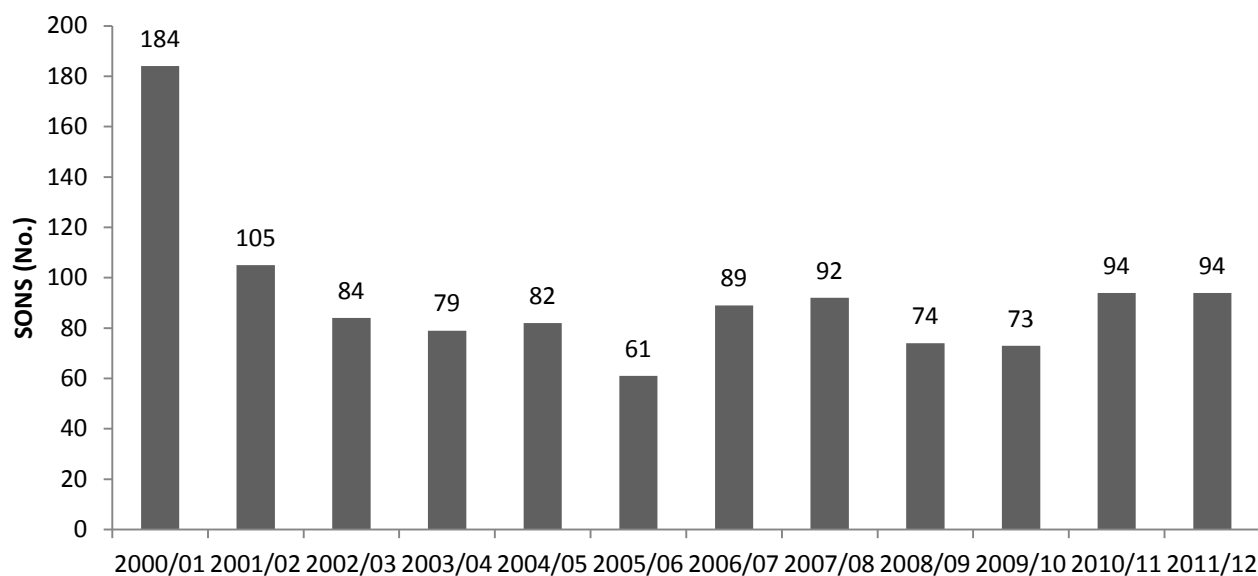
	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227
2008/2009	165	50	10	3	228
2009/2010	187	36	19	2	244
2010/2011	192	36	8	1	237
2011/2012	193	32	37	3	265

Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2012/2013 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. Figure 21 presents the total number of SCONs given out in the ACT from 2000 to 2012.

Figure 21: Number of SCONs, ACT, 2000-2012

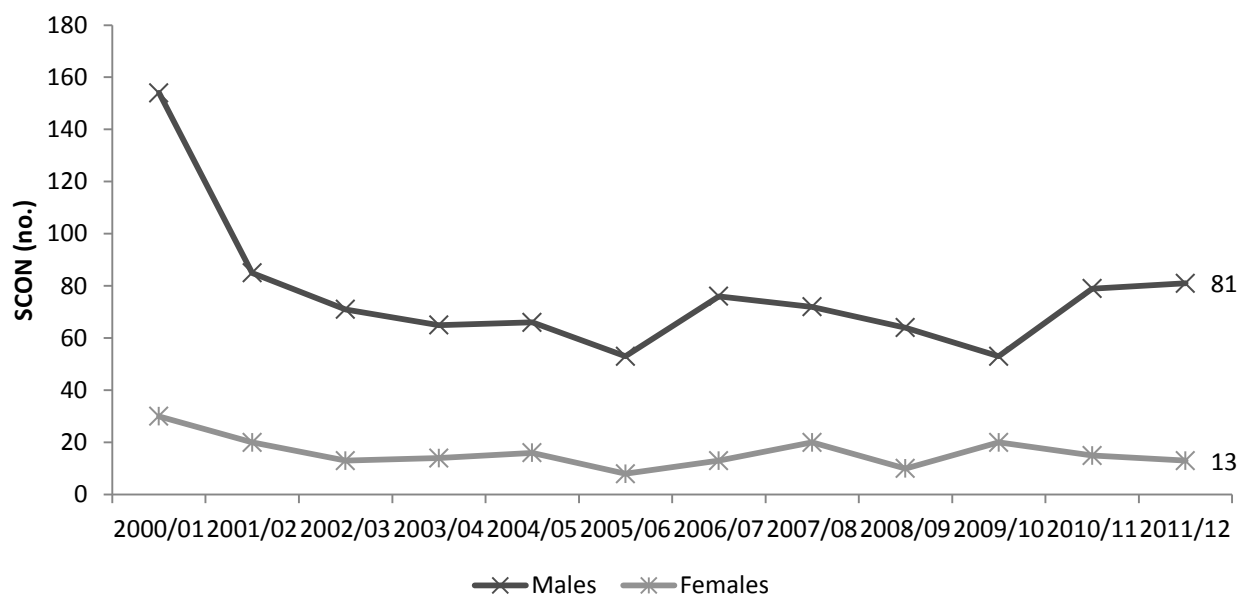


Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2012/2013 financial year

As can be seen in Figure 19, the proportion of SCONs received by females has remained consistently low (13 SCONs given to females in 2011/2012). The number of SCONs given to females in the ACT has remained relatively stable since 2000. In 2011/2012, 81 SCONs were given to males in the ACT. This is consistent with recent years.

Figure 19: Number of SCONs for males and females, ACT, 2000-2012



Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2012/2013 financial year

9. SPECIAL TOPICS OF INTEREST

Key points

Exposure to injecting

- Twenty-six percent of RPU had been offered drugs to inject in the past 12 months.
- Seventy-four percent of RPU indicated that they would be 'extremely unlikely' to inject drugs in the future.

9.1. Exposure to injecting

Interviews with key experts, conducted as part of the 2013 EDRS, identified that there could be an increasing number of young people injecting as a route of administration. Key experts reported that they have noticed an increasing number of young people presenting to emergency services with injection-related problems, indicating that in addition to an increase in young people injecting, there could be a lack of awareness around safe injecting practices. While rates of injecting drug use among EDRS samples have traditionally been extremely low, identifying risk of injecting could have important harm reduction implications, particularly in relation to education around blood-borne viruses and safe injecting practices.

The aim of this module was to investigate the risk of injecting drug use among RPU by: (a) identifying the level of exposure to injecting; (b) investigating attitudes toward the practice of injecting drugs; and (c) investigating beliefs around the likelihood of injecting a drug in the future.

In relation to exposure to injecting, half (54%) the number of EDRS participants reported knowing a few friends or acquaintances that had injected an illicit drug in their lifetime, whilst 45% reported that they did not know of any person that had injected. Of those who knew of a person/people who had injected previously, they were asked in the last 12 months what relationship they had with the people that had injected. The majority reported that their relationship to this person/people was a friend or acquaintance (73%), smaller proportions reported that they were family members (3%), or that recently (past 12 months) nobody they knew had injected a drug (25%). Also, of this group that knew of lifetime injectors, they were asked if they had ever been directly exposed to the injecting practice, i.e. in the vicinity of the injecting practice taking place, to which over two-fifths (46%) answered positively.

Smaller numbers of the whole sample reported having been offered drugs to inject (26%) in the last 12 months, and had ever seriously considered injecting a drug (8%). The main reasoning for this sample for not injecting a drug was not knowing how to inject themselves (22%), do not use drugs that are injectable i.e. cannabis (15%) and the social stigma attached to injecting (10%), fear of needles (8%) and not the preferred route of administration (3%). The main reasoning for this sample to consider injecting a drug was curiosity (55%), and to get high/have fun (16%) were among the reasons endorsed most however, 15% of the participants reported that they 'would not consider' injecting a drug. Finally participants were asked to rate on a scale of 1-10 (where 1 means 'extremely unlikely' and '10' means 'extremely likely') how likely they would be to inject a drug in the future, to which the overwhelming majority (74%) endorsed '1' which was 'extremely unlikely'. No participants reported that they would be 'extremely likely' to inject a drug in the future.

Table 44: Exposure to injecting, ACT, 2013

Exposure to injecting	ACT n=74
What proportion of your friends/acquaintances have ever injected a drug illicitly?	
Most	0
About half	3
A few	51
None	45
I don't know	1
Of those who know someone who has injected, who has injected (past 12 months)?	n=40
A friend/acquaintance	73
A (non-partner) family member	3
Partner	0
No one	25
Of those who know someone who has injected, have they ever injected around you?	n=40
Yes	46
Have you been offered drugs to inject in the past 12-months?	n=74
Yes	26
Have you ever seriously considered injecting a drug?	n=74
Yes	8
No	85
I have already injected a drug	7

Source: EDRS participant interviews 2013

9.2. NPS Health Module

The past 10 years has seen the emergence of a range of substances that mimic illicit stimulants and hallucinogens such as amphetamines, ecstasy and LSD – often referred to collectively as ‘new psychoactive substances’ (NPS). As they are designed to be structurally similar to their banned counterparts, without containing controlled substances, they do not fall readily under legislative control and some have been marketed as ‘legal highs’. The promotion of these substances as ‘legal highs’, together with the fact that they can be bought over the Internet, over the counter in shops in Australia has made them accessible to people who may not have used illicit drugs previously, and also gives the illusion of safety. However, the safety or otherwise of these substances is unclear, and there is little evidence on which to base public policies relating to these substances. Indeed, the health and social consequences of these drugs remain poorly understood in

Australia, and internationally. This module has therefore been included to improve our knowledge and understanding of the use and effects of four of the most commonly used NPS: mephedrone, 2C-B, methyldone and MDPV.

Of those who had used the NPS, participants were asked if they bought the particular NPS in a pre-packaged brand. No participants in the ACT reported using mephedrone in the previous six months. Of those that used 2C-B (n=15), one participant purchased 2C-B as a pre-packaged brand. Of those that used MDPV (n=1) and those that used methyldone (n=1), there no reports of participants buying either of these substances in pre-packaged brands.

As this is a new growing class of drug, particular motivations to use these drugs were assessed and rated in terms of their influence. For example, “On a scale of 0 to 10 where 0 is no influence at all and 10 is maximum influence, how motivating have the following factors been when you have taken NPS?” Results are presented in percentages for those that answered it had ‘some’ influence, i.e. rated the motivation factor greater than zero.

For 2C-B, the results would suggest that the value for money (80%), the comparative high (67%) and fewer side effects (67%) and a better high when compared to traditional illegal stimulants (67%) were the most influential factors when considering its use.

Table 45: Factors that had some influence on whether EDRS participants used NPS, 2013

	2C-B n=15 %
Legal to buy it	20
Easy to buy on the internet and delivered to my home	33
High level of purity compared to traditional illegal stimulants	67
It was good value for money	80
Better high compared to traditional illegal stimulants	67
Fewer side effects compared to traditional illegal stimulants	67
Single dose doesn't last too long	53
No other drug available to me at the time so I bought it	60

Source: EDRS participant interviews 2013

Addictive properties

Table 46: Level of tolerance and properties of addiction of 2C-B

	2C-B N=15 %
Usual dose has not had the same effect as when you first started	27
Taken (drug) in larger amounts than intended	27
Persistent desire or strong urge to take (drug)	20
Continued to take (drug) even though you've had physical or psychological problems	7
Spent a great deal of time getting (drug) or taking it or recovering	20
Given up important social, occupational or recreational activities because of (drug)	0
Have you been concerned about your use of (drug)?	7
Have you taken (drug) or another stimulant to help relieve drug withdrawals?	0
Wanted to cut down/take (drug) less often but not successful	0
Friends and family have expressed concern about your use of (drug)	0

Source: EDRS participant interviews 2013

Prevalence and frequency of drug effects were investigated in relation to NPS. Due to small numbers reporting use of mephedrone, Methyldone and MDPV only figures for 2C-B were reported. Effects that were not experienced (never) by over 90% of participants that commented for 2CB included: anger and aggression (93%). The effects that were experienced 'most of the time' or 'some of the time' by the majority included: euphoria (67%), increased energy (60%), empathy with others (60%), urge to move (54%) and no appetite for food (53%).

Table 47: Prevalence frequency of drug effects, 2013

	2C-B			
	Never %	Once %	Sometimes %	Most of the time %
Euphoria	7	20	27	40
Increased energy	13	20	20	40
Improved concentration	80	0	7	7
Empathy with others	20	13	27	33
Urge to talk	13	13	20	7
Urge to move	20	20	27	27
Increased sexual desire	53	0	33	7
Restless or anxious	7	7	20	20
Agitated	67	0	20	7
No appetite for food	13	27	33	20
You were forgetting things	33	13	27	20
Panicky	60	7	20	7
Paranoid	40	13	33	7
Blurred vision	27	27	33	7
Seeing things not there	20	7	40	27
Hearing things not there	40	20	33	0
Body sweating	40	13	40	0
Overheating	60	7	20	7
Heart racing or erratic	33	7	53	0
Shortness of breath	73	0	20	0
Headache	87	0	7	0
Chest pain	87	7	0	0
Clenching jaw, grinding teeth	33	7	27	27
Shaky hands, fingers	7	20	13	13
Fingers/toes were cold or numb	87	0	7	0
Skin discolouration (red/blue)	67	0	20	7
Skin rash	13	0	1	0
Vomiting	12	0	2	0
Hard to sleep	5	3	3	3

Source: EDRS participant interviews 2013

If participants answered that they had experienced a particular effect, they were asked the level of intensity for this experience, whether it was 'mild', 'moderate' or 'intense'. For 2C-B, the effects that were nominated as being the most intense included: 'urge to talk' (40%), 'empathy with others' (40%), and 'seeing things that

were not there' (33%).

Table 48: Intensity of effects experienced for 2C-B

2C-B	Intensity of effects experienced for 2C-B			
	(%)	Mild	Moderate	Intense
Euphoria	27	40	13	
Increased Energy	33	27	13	
Improved concentration	0	13	0	
Empathy with others	20	7	40	
Urge to talk	7	27	40	
Urge to move	0	0	7	
Increased sexual desire	13	7	20	
Restless or anxious	7	27	13	
Angry or aggressive	0	0	7	
Agitated	0	7	0	
No appetite for food	20	33	27	
You were forgetting things	13	33	13	
Panicky	7	7	20	
Paranoid	33	13	7	
Blurred vision	53	7	7	
Seeing things not there	13	27	33	
Hearing things not there	40	7	7	
Body sweating	40	13	0	
Overheating	13	13	7	
Heart racing or erratic	40	20	0	
Shortness of breath	3	0	0	
Headache	1	0	0	
Chest pain	1	0	0	
Clenching jaw, grinding teeth	4	4	1	
Shaky hands, fingers	2	4	1	
Fingers/toes were cold or numb	0	1	0	
Skin discolouration (red/blue)	2	2	0	
Skin rash	0	1	0	
Vomiting	2	0	0	
Hard to sleep	3	5	1	

Source: EDRS participant interviews 2013

10. REFERENCES

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 CRIME COMMISSION (2012) Illicit Drug Data Report 2010-11. Canberra, Australian Crime Commission

AUSTRALIAN CRIME COMMISSION (2013) Illicit Drug Data Report 2011-12, 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.

LANCASTER, K., RITTER, A. & STAFFORD, J. (2012) Public opinion and drug policy in Australia: engaging the 'affected community', *Drug and Alcohol Review*, DOI: 10.1111/j. 1465- 3362.2012.00497.x

MATTHEW-SIMMONS, F., LOVE, S. & RITTER, A. (2008) A review of Australian public opinion surveys on illicit drugs. DPMP Monograph Series No 17, Sydney, National Drug and Alcohol Centre, University of New South Wales.

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 20.0 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.