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**ACT TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2010**
Findings from the Ecstasy and Related Drugs
Reporting System

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ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2010



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

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National Drug and Alcohol Research Centre
University of New South Wales

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ABBREVIATIONS

2CB	4-bromo-2,5-dimethoxyphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
2CE	5-dimethoxy-4-ethylphenethylamine
5MEO-DMT	5-methoxy-dimethyltryptamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
AOD	alcohol and other drug
A&TSI	Aboriginal and/or Torres Strait Islander
AQFV	Alcohol Quantity Frequency and Variability Assessment
BBVI	blood-borne viral infection(s)
BZP	benzylpiperizine(s)
DXM	dextromethorphan hydrobromide
DMT	dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
ERD	ecstasy and related drug(s)
ESB	English-speaking background
GHB	gamma-hydroxy-butyrate
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxymphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey

NNDS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
PMA	paramethoxyamphetamine
PWID	person(s) who inject(s) drugs; injecting drug user(s)
RBT	random breath test
REU	regular ecstasy user(s)
ROA	route of administration
SDS	Severity of Dependence Scale
STI	sexually transmitted infection
UC	University of Canberra

GLOSSARY

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

Mephedrone	A synthetic cathinone with psychoactive and stimulant properties
MDA	It is classed as a stimulant hallucinogen. It is closely related to MDMA (and is sometimes found in ecstasy tablets); however, its effects are said to be slightly more psychedelic
Mescaline	A psychoactive phenethylamine chemical which comes from the peyote cactus
Methamphetamine	An analogue of amphetamine, it is a central nervous system stimulant. The three main forms of methamphetamine in Australia are methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal', 'ice')
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way; e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid
PMA	Amphetamine-type drug with both stimulant and hallucinogenic properties
Point	0.1 gram
Recent injection	Injection (typically intravenous) in the last six months
Recent use	Use in the last six months via one or more of the following routes of administration: inject, smoke, snort, swallow and/or shaft/shelve
Shaft/shelve	route of administration is vaginal or anal

Guide to days of use/injection

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

* As appropriate

EXECUTIVE SUMMARY

Common terms throughout the report

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

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

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

Median: the middle value of an ordered set of values

Mean: the average

Frequency: the number of occurrences within a given time period

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

Demographic characteristics of regular ecstasy users

In 2010 about half the REU interviewed for the ACT EDRS were male (49%) and, similar to last year, most participants were aged between their late teens to late twenties/early thirties. Consistent with previous years, the majority of REU interviewed were from an english-speaking background, and predominantly heterosexual. The majority of the sample had completed twelve years of schooling, and at the time of interview the majority of REU were either studying at a tertiary level or employed full-time. A minority of the sample reported ever having contact with the criminal justice system, and four REU indicated that they were currently accessing a drug treatment facility. KE reports are generally consistent with REU demographics.

Patterns of drug use among REU

Almost a quarter (23%) of the REU sample reported ever having injected a drug. In 2010, there was a small increase relative to 2009 in the proportion of REU reporting ecstasy as their drug of choice. There was a decrease in the proportion of participants reporting alcohol as their drug of choice, compared to 2009. Polydrug use was commonly reported by REU, consistent with KE interviews.

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

Table 1: Summary of major drug trends in the ACT, 2010

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Use	- Due to entry criteria 100% of REU reported recently using ecstasy - Median days of use in any form in the past six months remained the same as 2009 (14 days) - 77% of REU typically used more than one tablet, and 37% had recently binged on ecstasy	- 66% of REU had recently used speed (44% in 2009) on a median of 3 days in past 6 months - 14% of REU had recently used base (13% in 2009) on a median of 5 days in the past 6 months - 16% of REU had recently used crystal (8% in 2009), on a median of 5 days in the past 6 months	- The proportion of REU who had recently used cocaine increased from 44% in 2009 to 58% in 2010 - Median days of use in the preceding six months increased, from 2 in 2009 to 3 in 2010	- 89% of REU had recently used cannabis, the same proportion as in 2009 - Median number of days decreased to 24 (down from 35 days in 2009) - 25% reported they were daily users (an increase from 12% in 2009)	- Recent use increased slightly from 2009 (41%, compared to 35% in 2009) - Median days of use increased to three days in 2010 from two days in 2009
Price	- Median price per tablet remained stable from 2009, at \$25 - The majority of REU (63%) reported that the price had remained stable	- Price per point of speed remained stable at \$30 - Price per gram of speed also remained stable at \$200 - A gram of base increased from \$150 in 2009 to \$200 in 2010 - A gram of crystal was reported to be \$300 (\$275 in 2009)	- Median price per gram remained stable at \$300	- Price per gram was reported as \$20 for both hydroponic and bush - Price per ounce of hydroponic was \$300, and \$280 for bush - REU reported that the price of both forms remained stable in the preceding six months	- Median price per 'tab' decreased from \$25 in 2009 to \$20 in 2010 - The majority of REU who were able to comment reported that the price had remained 'stable'

Source: EDRS REU interviews, 2010

Table 1: Summary of major drug trends in the ACT, 2010 (continued)

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Purity/ Potency	- Over half of respondents reported purity to be 'low' (51%) - The majority (53%) also reported purity to be decreasing	- Speed was reported to currently have 'low' to 'medium' purity - Reports on purity of base and crystal varied, with similar proportions of REU reporting that purity was 'low', 'medium' or 'high'	- There were mixed reports about the current purity of cocaine - Reports of purity change were also varied, with equal proportions reporting purity change to be 'increasing', 'stable' or 'decreasing'	- The majority of respondents reported hydroponic had a 'high' potency - Bush was reported to be 'medium' - Potency remained stable for both forms.	- Current purity was reported by the majority to be 'medium' to 'high' - The majority also reported that purity had remained stable.
Availability	- REU reported ecstasy as 'easy' to 'very easy' to obtain (81%) - There was an increase in the proportion reporting availability to have become 'more difficult' in the previous six months (from 9% in 2009 to 24% in 2010)	- The availability of speed was reported to be 'easy' to 'very easy' and availability had remained 'stable' - Availability of base was reported to have remained 'stable' - Crystal was reported to be 'easy' or 'very easy' to obtain and to have recently remained 'stable'	- The majority of REU reported cocaine to be 'very easy' to 'easy' to obtain	- Both hydroponic and bush were 'very easy' or 'easy' to obtain. - Availability remained 'stable' for hydro and for bush over the past six months	- Mixed reports, though most (70%) reported it to be 'easy' to 'very easy' to obtain - Change in availability also had mixed reports

Source: EDRS REU interviews, 2010

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported having used ecstasy capsules in the past six months (37%) and ecstasy powder (14%). In the six months prior to interview, the median number of days of any form of ecstasy use was 14, stable from 2009. Almost half (44%) of the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, 36% of the sample reported using ecstasy on a fortnightly to weekly basis, with a further 19% reporting greater than weekly use (an decrease from 37% in 2009). The median number of ecstasy tablets consumed in a 'typical' session of use was two, whereas a median of four tablets were taken by REU in the 'heaviest' session of use.

Price, purity and availability of ecstasy

The median reported price for a tablet of ecstasy remained stable at \$25. The current purity of ecstasy was reported by REU to be 'low' (51%) to 'medium' (26%) or to 'fluctuate' (17%). There was a significant increase in the proportion of REU reporting purity to be 'low' compared to 2009. There was also a corresponding increase (53% in 2010 compared to 27% in 2009) in the proportion of respondents reporting that purity had 'decreased' in the past six months. With respect to availability, the majority of the sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT. There was a small increase in the proportion of REU reporting ecstasy to be 'difficult' to obtain. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable.

Ecstasy markets and patterns of purchasing

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

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), methamphetamine base (base) and methamphetamine crystal (crystal). Over two-thirds (70%) of REU reported having used at least one form of methamphetamine in the past six months.

The majority (81%) of participants reported ever having used *speed* and 66% reported having recently used speed. Recent speed users reported a median of three days of use in the six months prior to interview. The majority (71%) of those REU who had recently used speed had used five times or less in the preceding six months. Swallowing and snorting were the main routes of administration reported by recent speed users. The amount of speed used by REU in a 'typical' session was 0.3 grams and 0.5 grams in the 'heaviest' episode of recent speed use. Speed was used during binges by almost half (48%) of the REU who reported recently having binged on ecstasy and related drugs.

Base methamphetamine had ever been used by 25% of REU, with 14% of the 2010 sample reporting having used base in the previous six months. A median of five days of use in the six months prior to interview was reported. Snorting was the most common (70%) route of administration reported by base users (an increase from 15% in 2009). Swallowing base was also common; 60% of recent base users. The majority of base users quantified their use of the substance in terms of 'points'. A median of two points of base was used in a 'typical' episode of use and a median of 3 points was used in the 'heaviest' session of recent use.

Crystal methamphetamine had been used by almost a third (30%) of the sample and by 16% of the sample in the past six months. Recent crystal users reported a median of 5 days (range 1-24) of crystal

use in the past six months. Similar proportions reported smoking, injecting, swallowing and smoking crystal in the preceding six months. REU reported the use of a median of one point of crystal in a 'typical' session. Sixteen percent of REU who reported recently having binged on ecstasy and related drugs reported using crystal during binge episodes.

Methamphetamine price, purity and availability

In 2010, the median price for speed remained stable at \$30 per point and \$200 per gram. The reported price for a point of base was \$25 and \$200 for a gram. However, only small numbers of REU were able to comment (n<10). The median price for a point of crystal increased from \$50 in 2009 to \$70 in 2010 (n<10). The price per gram also increased from \$275 in 2009 to \$300 in 2010 (n<10). Speed was reported to have low to medium purity whilst reports of the purity of base and crystal forms of methamphetamine varied. The availability of speed and crystal was reported to be 'very easy' to 'easy' and reports of the availability of base varied.

Cocaine

Eighty-one percent of the 2010 EDRS sample had ever tried cocaine, and 58% of the sample reported using cocaine in the previous six months (an increase from 44% in 2009). Those REU who had recently used cocaine had used the substance on a median of three days in the preceding six months, with the majority (69%) having used on a less than monthly basis during this time. Snorting remained the most common route of administration, followed by swallowing. The median amount of cocaine used in a 'typical' episode of use was half a gram, which increased to one gram when referring to the 'heaviest' episode of use. Almost one-third (32%) of REU who had binged on ecstasy and related drugs in the previous six months reported using cocaine during these binge sessions.

The median price for a gram of cocaine remained stable in 2010 at \$300 per gram. There were mixed reports of purity change in the past six months with equal proportions (28%) to be increasing, decreasing or fluctuating. Availability was reported by the majority of respondents to be 'very easy' to 'easy' to obtain.

Cannabis

Lifetime cannabis use was universal among REU and 89% had used cannabis in the six months preceding interview. Median days of use decreased to approximately once per week (one to two days per week in 2009). There was an increase in the proportion of REU reporting daily use of cannabis (25%; 12% in 2009). Smoking was almost universal, and 37% reported that they had swallowed cannabis in the preceding six months. Almost two-thirds (61%) 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 \$300 respectively, and the median price for a gram and an ounce of bush cannabis was \$20 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 'high', while current potency was reported to be 'medium' for bush cannabis. Both hydroponic and bush cannabis were reported to be 'very easy' to 'easy' to obtain, similar to 2009.

LSD

Almost two-thirds (62%) of the 2010 EDRS sample reported lifetime use of LSD, with 41% reporting recent use. LSD was used on a median of three days in the preceding six months. Swallowing was the mode of administration for all recent LSD users. REU had used a median of one 'tab' of LSD in a 'typical' session and one and a half tabs during the 'heaviest' sessions of recent use.

Almost one-quarter (23%) of participants who reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes.

The median price for a tab of LSD was \$20, a decrease from \$25 in 2009. All respondents estimated the current purity of LSD to be at 'medium' or 'high' levels. The majority of respondents also reported that the current availability of LSD was 'easy' to 'very easy' to obtain.

Patterns of other drug use

Almost the entire sample had used alcohol in the six months prior to interview. Alcohol was consumed on a median of two days per week. Sixty-eight percent of those REU who reported bingeing on ecstasy and related drugs in the past six months had used alcohol during these binges. The use of tobacco was also common in the EDRS population. Recent use of the following substances was also commonly reported: amyl nitrate (33%), nitrous oxide (14%), mushrooms (30%) and benzodiazepines (37%). As in previous years, the use of other drugs such as GHB, antidepressants, ketamine, heroin and 'other opiates' was minimal.

Health-related issues

Overdose

Almost one-fifth (18%) of the sample reported ever having a stimulant overdose and 77% of those had done so in the preceding 12 months. The main drug the stimulant overdose was attributed to was ecstasy. Over one-third (36%) reported overdosing on a depressant drug, with 58% of those participants reporting that the overdose had occurred within the past 12 months. The most common drug attributed to the overdose was alcohol.

Drug-related problems

Over half (51%) of the sample self-reported experiencing risk-related problems as a result of their drug use. Thirty-seven percent of respondents reported experiencing responsibility-related problems and 25% reported experiencing reoccurring relationship/social problems as a result of their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were alcohol, ecstasy, cannabis and heroin.

Mental health

One-quarter (26%) of participants reported that they had experienced a mental health problem in the preceding six months. Among this group, depression and anxiety were most commonly reported. Almost one-quarter (23%) of participants scored in the high or very high range on the Kessler Psychological Distress Scale (K10), a scale measuring level of distress and severity of psychological symptoms.

Risk behaviour

Injecting

Approximately one-quarter (23%) of REU reported ever having injected a drug, and 21% reported injecting drugs in the six months prior to interview. The median age of first injection was 18. No recent injectors reported using needles after someone else in the past six months; however, seven participants reported using equipment such as spoons/mixing containers, water and tourniquets after someone in the preceding six months.

Blood-borne viral infections

In 2010, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections. Of those that responded, 23% had not been vaccinated for hepatitis B. The majority of respondents (59%) had never been tested for hepatitis C and 60% had never been tested for HIV.

Twelve percent of respondents indicated that they had received a positive diagnosis for any sexually transmitted infection. Four percent had received a positive diagnosis in the previous 12 months.

Sexual behaviour

Almost half (48%) of REU reported having had casual penetrative sex in the six months prior to interview. One-quarter (26%) of casually sexually active REU reported never using protective barriers. Seventy-one percent of casual sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Driving

The majority (68%) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 66% (n=25) reported that they had driven whilst over the legal blood alcohol limit. Sixty-one percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug. Cannabis was the most common illicit drug that REU reported driving under the influence of, followed by ecstasy and methamphetamine powder.

Alcohol use

In the 2010 EDRS, alcohol consumption was measured using the Alcohol Quantity Frequency and Variability Assessment (AQFV). Using this scale, males drank at a high risk level on a median of 20 days in a year while females drank at a high risk level on a median of 36 days in a year. Males drank an average of eight standard drinks in a session and females drank an average of seven standard drinks in a session. Key experts reported that alcohol use was common amongst REU and that binge drinking was frequent.

Criminal activity, policing and market changes

Almost half (47%) of the 2010 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview. One-third (33%) of all respondents reported dealing for cash profit in the last month and one-quarter reported committing property crime in the previous month.

The majority (55%) of participants reported that the level of police activity had remained stable over the preceding six months. Almost half (49%) of REU reported that they had seen sniffer dogs in the six months preceding interview. Eighty-six percent of these reported that they had had drugs on them when they had seen them at least once. Almost all (94%) of those who saw sniffer dogs whilst having drugs on them said they 'kept going about their business'.

Special topics of interest

Energy drink consumption

Three quarters of respondents had recently consumed energy drinks with alcohol. On the last occasion they consumed energy drinks and alcohol a median of three drinks were consumed. Sixty-seven percent of REU had consumed energy drinks with a drug other than alcohol in the previous six months, and 63% of REU had consumed energy drinks in the same episode as ecstasy use.

Body Mass Index

The majority of participants, both males (69%) and females (70%) had a BMI in the healthy range. This is compared to 36% of males and 49% of females in the general population aged 18-64 years.

Sexual health

Fifty-eight percent of REU had been tested for a sexually transmitted infection in the previous two years and 74% of females had had a pap smear test in the previous two years.

1 KEY FINDINGS AND IMPLICATIONS OF THE 2010 ACT EDRS

In 2010, for the eighth consecutive year, the ACT EDRS provides an opportunity to examine trends within the ACT through interviews with a sentinel group of people who regularly use ecstasy, interviews with 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 2010 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 2010 were polydrug users. Eighty-eight percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy. The drugs most commonly used in combination with ecstasy by REU were alcohol, cannabis and tobacco. Cocaine, speed and LSD were also commonly used in combination with ecstasy. Polydrug use can increase or alter adverse effects in ways that are often unpredictable and problems relating to intoxication may be enhanced due to the drug interactions arising from polydrug use. Treatment approaches and harm reduction interventions need to take this into account, especially in relation to the effects of drugs, safer use, withdrawal and overdose risk.

Ecstasy

There was a significant increase in the proportion of REU in the 2010 ACT EDRS reporting ecstasy purity to be low compared to 2009. There was also a corresponding increase in the proportion of respondents reporting that purity had decreased in the past six months. Despite this, there was no reported change in frequency or level of ecstasy use compared to 2009. Key expert interviews also indicated that ecstasy use remained common. A decrease in ecstasy purity has the potential to lead to drug switching to other stimulant drugs. Further monitoring of drug trends is necessary to determine if the change in ecstasy purity has a lag effect on usage.

Cocaine

In 2010 a significantly greater proportion of respondents had ever used cocaine, compared to 2009 (81% compared to 65% in 2009). There was also an increase in the proportion of participants that had recently used cocaine (58% compared to 44% in 2009). Frequency of cocaine use also increased from two days of use to three days of use in the past six months. There were no significant changes in the price, purity or availability of cocaine. One possible reason for the increased usage of cocaine is that recreational drug users are looking to use different substances as a result of decreasing ecstasy purity. Key experts also suggested other possible reasons for an increase in cocaine use, including a reduced social stigma attached to cocaine use and a decreased perception of cocaine being a 'rich man's drug'.

Alcohol

The use of alcohol remains high and problematic amongst REU, with use occurring approximately twice a week. Furthermore, high proportions of REU report using alcohol during binge sessions. 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. There was an increase in the proportion of respondents reporting daily use of cannabis, though the median frequency of use decreased in 2010 to

approximately once a week. 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.

Drink and drug driving

The level of self-reported alcohol and drug driving in the 2010 EDRS sample is of concern. One-third (34%) of the ACT REU sample reported driving while over the legal blood alcohol limit. Forty-seven percent of the sample reported driving within one hour of taking an illicit drug. Polydrug use and the use of alcohol in combination with other drugs prior to driving has been shown to be associated with increased driving impairment and risk of driving accidents (Kelly et al., 2002). It is important to raise awareness among REU of the possible consequences and risks that are associated with drug driving, in order to minimise the incidence of drug driving-related harms. Also of interest in the 2011 ACT EDRS, will be the impact of recent changes in roadside drug testing legislation.

Energy drinks

The practice of mixing energy drinks with alcohol and/or other drugs such as ecstasy has been a recent issue of concern in the Australian community. Users combining energy drinks with alcohol and/or other drugs often do so to reduce fatigue, allowing the users to continue using alcohol and other substances for longer periods of time. Possible negative effects of this include increased alcohol intake, increase in risky behaviours (due to a false belief that they are more alert) and an increase in hangover symptoms. There is a need for further research into the harmful effects of combining energy drinks with alcohol and other drugs, as well as a role for consumer education around the potential effects.

In the 2010 ACT EDRS, 75% of respondents reported recently consuming energy drinks with alcohol, consuming a median of three drinks on the last occasion. Sixty-three percent of REU reported recently consuming energy drinks in the same episode as ecstasy use.

2 INTRODUCTION

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

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the Australian Capital Territory (ACT) in 2010. In addition to ecstasy, the drugs that receive attention in this report are those drugs that are typically taken in combination with ecstasy, such as methamphetamine, cocaine, ketamine, LSD, MDA and GHB. As in the IDRS, the EDRS involves the collection and joint comparison of three data sources: interviews with current regular ecstasy users (REU) recruited in the ACT; interviews with key experts (KE) who have contact with and knowledge of the ecstasy and related drugs scene in the ACT; and data routinely collected (‘indicator data’) on ecstasy and other drug users by agencies in the ACT.

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

2.1 Study aims

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

3 METHOD

The 2010 the ACT EDRS involved the collection and analysis of data from three sources:

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

3.1 Survey of REU

For more than a decade, the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be one of the first illicit drugs with which young Australians will experiment (Topp et al., 2004, White et al., 2003). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ecstasy and related drug markets for the EDRS. Ecstasy is a drug that is used widely across the Australian population. In the 2007 National Drug Strategy Household Survey (NDSHS), ecstasy was identified as the second most widely used illicit drug after cannabis in Australia, with one in nine (11%) of 20-29 year olds and 5% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare, 2005). Ethics approval was granted by the University of New South Wales Human Research Ethics Committee.

3.1.1 Recruitment

Between May and June of 2010, 73 REU were interviewed in the ACT for the EDRS. Participants in the ACT EDRS were recruited via a number of avenues. Initial contact was established through advertisements in popular 'street press' publications, and other methods of recruitment included advertisements in the Australian National University (ANU) and University of Canberra (UC) student magazines, advertisements posted at various tertiary education campuses around Canberra, and websites. Furthermore, 'snowball' procedures were also adopted. That is, on completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given business cards that listed the contact details for the study. Participants were also recruited through interviewer contacts.

3.1.2 Procedure

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

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

3.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy use conducted by NDARC in 1997 (Topp et al., 1998) and also on subsequent studies that were conducted in New South Wales, Queensland and South Australia. The interview schedule focused primarily on the preceding six months, and collected information on the following variables: demographics; patterns of ecstasy and other drug use; the price, purity and availability of ecstasy and a

number of other related drugs; risk behaviours; help-seeking behaviour; the experience of ecstasy and other drug-related problems; the Kessler Psychological Distress Scale (K10); the Alcohol Quantity, Frequency and Variability (AQFV) questionnaire; injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; police activity; sniffer dogs; and general trends.

3.1.4 Data analysis

Analyses were conducted using PASW Statistics, Version 18.0 (SPSS inc, 2009). The data collected in 2010 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 (2006-2009). 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 2009 and 2010 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 2009 and 2010 median days of use for the major drug types discussed.

3.2 Survey of key experts (KE)

Between August and October 2010, 10 professionals were interviewed as KE for the EDRS. Five interviews each were conducted with workers in bars and nightclubs: three bar managers, one nightclub owner and one security manager. Two interviews were held with police, two interviews were held with rehabilitation assessment officers and one interview was held with a member of the ambulance service. The majority of KE worked with youth but also had contact with a range of ecstasy users. To enter the study KE had to have had contact with a minimum of 10 different ecstasy users in the six months prior to interview.

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

3.3 Other indicators

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

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

The indicator data sources meeting the above criteria included in the 2010 EDRS study are described below:

- **Purity of drug seizures.** In 2009, 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 2008/2009.

- ***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 2008/2009, 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 AFP and ACT local police. This report provides the number of arrests for each drug type from 1997/1998 to 2008/2009.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2008/2009 were provided by the ACC.
- ***Hospital admissions.*** The 2010 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 2007/2008. At the time of print more recent data were not available. These data are provided by the Australian Institute of Health and Welfare (AIHW) and ACT Health.

4 DEMOGRAPHICS

Key points

- A total of 73 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 23 years (range 18-41 years).
- Half the participants were male (49%).
- Most of the participants were well educated, completing a mean of 12 school years.
- Majority of the participants were either employed (full-time or part-time/casual) or were currently students.
- Few participants had come into contact with the criminal justice system or drug treatment agencies.

4.1 Demographic characteristics of the REU sample

Table 2 presents the demographic characteristics of the 2010 ACT EDRS sample. Half the participants were male (49%). The mean age of the sample was 23 years (S.D. 5.2, range 18-41). The majority of the sample nominated their sexual identity as heterosexual (88%), with 4% identifying as bisexual, 4% as gay male and 3% as lesbian.

Table 2: Demographic characteristics of ACT REU sample, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Mean age (years)	22	25	22	25	23	27	22	23
Male (%)	73	70	68	68	65	53	60	49
ESB (%)	96	98	94	100	97	99	100	99
A&TSI (%)	2	2	2	2	1	1	1	3
Heterosexual (%)	96	90	81	85	81	81	89	88
Mean number school years [#]	13	13	13	11	12	12	11	12
Tertiary qualifications (%)	27	43	32	34	43	41	22	32
Employed full-time (%)	30	41	29	37	24	33	33	23
Full-time students (%)	33	30	45	27	5	10	12	6
Unemployed (%)	10	12	8	17	15	17	14	18
Previous conviction (%)	0	9	3	8	5	7	9	7
Current drug treatment (%)	0	0	1	4	5	8	4	7
Mean weekly income (\$)	-	-	-	-	-	-	541	456

Source: EDRS REU interviews, 2003-2010

Forty-eight percent reported that they were single, 45% reported that they had a partner and 6% reported that they were married or in a de facto relationship.

Only one REU did not speak English as the main language at home. Forty-eight percent of the sample lived in their own (rented or purchased) premises, 45% indicated that they lived in their parents' or family home, and smaller proportions reported living in boarding houses/hostels (3%) or having no fixed address/homeless (3%).

The mean number of years of education completed by the sample was 12. One-third (32%) of the sample had completed a course since finishing their school education – 27% had completed a trade or technical qualification and 4% had completed a university degree or college course.

When examining employment status, one-third (33%) of the sample indicated that they were employed on a part-time or casual basis. Twenty-three percent indicated that they were employed on a full-time basis, 20% were both studying and employed, while 18% indicated that they were unemployed.

Seven percent were currently in drug treatment. Seven percent of people also indicated that they had been in prison in their lifetime.

5 CONSUMPTION PATTERNS

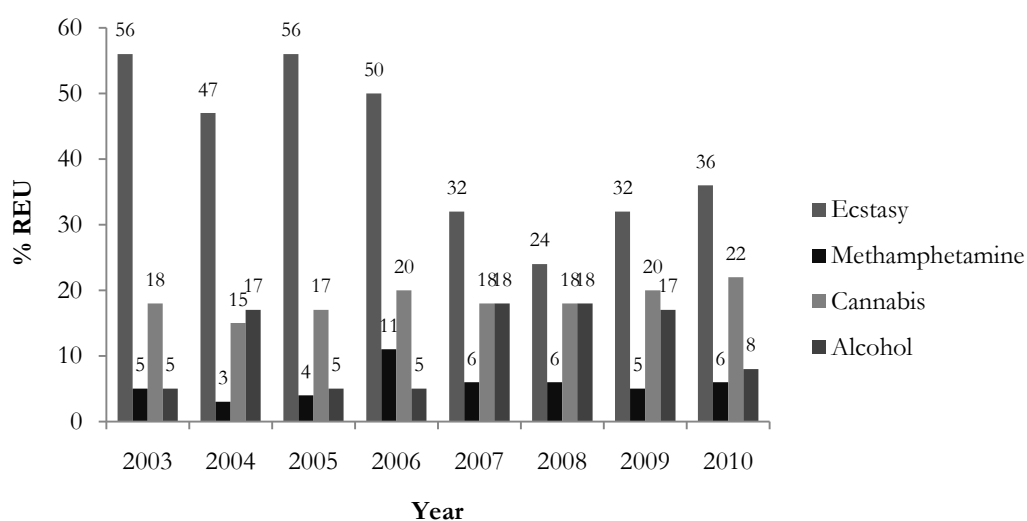
Key points

- The proportion of respondents reporting ecstasy to be their drug of choice remained relatively stable from 2009 (36%, compared to 32% in 2009).
- Only 8% of respondents reported alcohol to be their drug of choice, a decrease compared to 17% last year.
- Forty-three percent of the 2010 sample reported having binged on any stimulant in the six months prior to interview.
- There was a significant increase compared to 2009 in the number of participants that reported lifetime use of cocaine, increasing from 65% in 2009 to 81% in 2010.
- Polydrug use over the last six months was common among the national sample.

5.1 Drug use history and current drug use

As shown in Figure 1, the proportion of the REU sample reporting ecstasy as their drug of choice increased from 32% in 2009 to 36% in 2010, continuing the upward trend seen since 2008. The proportion reporting methamphetamine (6% in 2010) and cannabis (22% in 2010) remained stable since last year. There was a decrease in the proportion of respondents reporting alcohol as their drug of choice (8%, compared to 17% in 2009).

Figure 1: Drug of choice – ecstasy, methamphetamine, cannabis and alcohol, ACT, 2003-2010



Source: EDRS REU interviews, 2003-2010

For the purpose of this study, ‘bingeing’ was defined as the use of a drug on a continuous basis for more than 48 hours without sleep. Forty-three percent of the 2010 sample reported having binged on any stimulant in the six months prior to interview. This represents an increase from 32% in 2009. The median length of the longest binge session reported by REU was three days (72 hours, range 49-168 hours), an increase from the median in 2009 (66 hours). The most common substance used during binge episodes was ecstasy, with 87% of REU who reported bingeing in the previous six months reporting ecstasy as involved in the episode. Other commonly used substances used during binge episodes included cannabis (61%), methamphetamine powder (48%) and cocaine (23%). There was a decrease in the use of alcohol during binge episodes from 2009 (78%) to 2010 (68%).

Twenty-three percent of the entire sample (n=17) reported that they had ever injected a drug, compared to 13% in 2009 and 24% in 2008 (see Table 3). Of those participants who reported ever having injected a drug, the mean age when first injected was 18 (range 9-30). When asked to indicate the first drug that they had ever injected, eight participants nominated heroin, seven participants nominated methamphetamine powder and two participants reported crystal methamphetamine.

In 2010, REU were asked how often they had used ecstasy or related drugs in the last month. Almost two-thirds had used ecstasy or a related drug weekly to fortnightly (62%, 32% fortnightly and 30% weekly). One-fifth (19%) of the ACT REU had used ecstasy or related drugs monthly and sixteen percent had used more than once a week.

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever inject any drug (%)	5	12	6	17	18	24	13	23
Alcohol								
Ever used (%)	100	100	98	98	100	100	100	99
Used last 6 months (%)	97	97	94	94	96	98	99	95
Cannabis								
Ever used (%)	97	98	94	94	100	100	100	100
Used last 6 months (%)	82	83	81	83	85	86	89	89
Tobacco								
Ever used (%)	92	93	88	79	99	94	93	99
Used last 6 months (%)	75	80	71	69	82	80	87	89
Methamphetamine powder (speed)								
Ever used (%)	88	87	90	81	84	74	68	81
Used last 6 months (%)	64	64	70	66	53	43	44	66
Methamphetamine base (base)								
Ever used (%)	30	43	45	48	42	52	30	25
Used last 6 months (%)	24	31	27	34	18	23	13	14
Crystal meth (crystal)								
Ever used (%)	71	62	49	55	54	61	28	30
Used last 6 months (%)	56	39	26	37	20	24	8	16
Cocaine								
Ever used (%)	47	69	68	68	80	74	65	81
Used last 6 months (%)	26	34	44	44	46	37	44	58
LSD								
Ever used (%)	59	62	48	46	54	64	63	62
Used last 6 months (%)	44	23	30	18	24	37	35	41

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2010 (continued)

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
MDA								
Ever used (%)	56	41	25	25	26	28	16	10
Used last 6 months (%)	33	15	12	8	4	5	8	3
Ketamine								
Ever used (%)	49	36	38	32	38	29	16	22
Used last 6 months (%)	21	15	17	15	10	6	2	6
GHB								
Ever used (%)	17	23	14	17	15	18	17	14
Used last 6 months (%)	12	6	6	7	5	2	1	3
Amyl nitrate								
Ever used (%)	50	44	29*	43	53	60	49	49
Used last 6 months (%)	29	18	14	23	22	22	19	33
Nitrous oxide								
Ever used (%)	56	52	38	34	42	52	46	38
Used last 6 months (%)	39	17	16	14	12	21	19	14
Mushrooms								
Ever used (%)	-	-	41	33	55	64	55	60
Used last 6 months (%)	-	-	10	3	18	28	25	30
Benzodiazepines								
Ever used (%)	20	36	23	37	46	47	47	53
Used last 6 months (%)	11	14	12	20	26	29	29	38
Antidepressants								
Ever used (%)	11	24	28	29	30	39	32	25
Used last 6 months (%)	6	6	10	12	11	15	11	12
Heroin								
Ever used (%)	5	15	7	18	24	21	11	21
Used last 6 months (%)	0	4	3	8	5	10	8	14
Methadone								
Ever used (%)	0	5	4	11	14	15	8	12
Used last 6 months (%)	0	2	1	6	5	7	2	8
Other opiates								
Ever used (%)	20	20	20	22	27	30	29	40
Used last 6 months (%)	11	6	10	12	5	13	13	10

Source: EDRS REU interviews; 2003-2010

Key Expert Comments

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

5.2 Ecstasy use

Key points

- The mean age at which ecstasy was first used was 18, and was first used regularly at a mean age of 19 years.
- Ecstasy pills were used on a median of 12 days in the six months prior to interview (approximately fortnightly).
- 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 alcohol, cannabis and tobacco.
- Thirty-seven percent of respondents reported having binged on ecstasy in the previous six months.

The patterns of ecstasy use reported by REU in the ACT from 2003 to 2010 are presented in Table 5. In 2010, the mean age at which REU first used ecstasy was 18 years (S.D. 1.9, range 13-22). The entire sample had used ecstasy at least on a monthly basis in the past six months, and reported first having used at this frequency at a mean age of 19 years (S.D. 2.7, range 14-30). There were no significant differences between males and females and the age they first tried ecstasy or the age they first began using ecstasy regularly.

5.2.1 Ecstasy use among REU

Table 4 shows the lifetime and recent use of ecstasy pills, powder and capsules. In 2010, there was a significant (95% CI: -0.16 - -0.44) increase in the proportion of REU reporting lifetime use (60%; 35% in 2009) of ecstasy capsules. There was also a significant (95% CI: -0.19 - -0.43) increase in recent use (37%; 6% in 2009) of ecstasy capsules.

Table 4: Lifetime and recent use of ecstasy among ACT REU, 2008-2010

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

Source: REU interviews 2008-2010

When examining the total number of days that REU had used any form of ecstasy in the past six months (use of pill, powder and capsule forms combined), the median number of days of ecstasy use was 14 (range 1-96, comparable to median days of use in previous years). There was no significant difference between the median days of use in 2009 and 2010. In the preceding six months, almost half (44%, 45% in 2009) used ecstasy on a monthly to fortnightly basis and 36% (32% in 2009) had

used ecstasy on a fortnightly to weekly basis. A further 19% reported the use of ecstasy more than weekly.

5.2.2 Median use

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was two (range 0.5-5, Table 5). Forty-three percent of the sample reported that they typically used more than two tablets in a standard episode of use. During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of four tablets (range 1-16). Two-thirds (66%) of the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 56% in 2009.

Recent ecstasy powder users reported using a median of half a gram (n=8, range 0.1-1.0) of ecstasy powder in an episode of 'typical' use. The median amount of ecstasy powder used during the 'heaviest' episode of use was also half a gram (n=8, range 0.1-2).

In the six months preceding interview, the median number of ecstasy capsules taken in the 'typical' episode of use was two (range 0.75-4). The median number of ecstasy capsules taken in the 'heaviest' episode of use was also two (range 1-5).

5.2.3 Route of administration

The majority (92%) of participants nominated oral ingestion as their 'main' route of ecstasy (all forms) administration in the previous six months (96% in 2009), with 4% of REU reporting they mainly snorted the drug and 4% reporting they mainly injected the drug. No participants reported smoking or shelving/shafting as their main route of administration of ecstasy in the previous six months.

When examining the ways in which REU had taken the ecstasy tablets they had used in the six months prior to interview, 96% of participants in the 2010 REU sample reported swallowing ecstasy tablets. The proportion of the sample reporting having recently snorted ecstasy tablets remained the same as 2009 (67% in both 2010 and 2009). Small proportions reported recently smoking (7%, 4% in 2009), shelving/shafting (7%, 7% in 2009) or injecting ecstasy tablets (6%, none in 2009). Ten participants who reported recent use of ecstasy powder commented on route of administration. Eighty percent reported that they had snorted ecstasy powder in the past six months, over half (60%) reported that they had swallowed ecstasy powder in the past six months, one participant reported that they had injected ecstasy powder and one participant reported smoking ecstasy powder in the preceding six months. There were no reports of shelving/shafting ecstasy powder. When examining the ways in which those REU who reported recent use of ecstasy capsules had taken them in the six months preceding interview, 27 participants commented on the route of administration. Ninety-three percent reported that they had swallowed ecstasy capsules, 48% reported snorting ecstasy capsules and a smaller proportion reported smoking ecstasy capsules (11%). One participant reported injecting ecstasy capsules in the previous six months.

5.2.4 Polydrug use

Eighty-eight percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy. The drugs most commonly used in combination with ecstasy by REU were alcohol (more than 5 standard drinks) (69%), cannabis (53%) and tobacco (50%). Other drugs less commonly used in combination with ecstasy were cocaine (20%), speed (19%), LSD (17%) and alcohol (less than 5 standard drinks) (17%). Just over half (52%) of the 2010 sample reported that the last time they used ecstasy they had used other drugs during the comedown period associated.

The main drugs used in 2010 to facilitate come down from ecstasy were reported as cannabis (87%), tobacco (24%), benzodiazepines (18%), alcohol (13%) and heroin (13%).

Forty-three percent of respondents reported bingeing in the six months prior to interview. The majority of recent bingers (87%) reported ecstasy as being involved.

Table 5: Patterns of ecstasy use among ACT REU, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Mean age first used ecstasy (years)	19	20	19	20	18	19	18	18
Median days used ecstasy in past six months [#]	12	14	13	16	12	18	14	14
Ecstasy 'favourite drug'	56	47	56	50	32	23	32	36
Use ecstasy >= weekly basis	8	22	19	21	28	29	37	32
Median ecstasy tablets in 'typical' session	2	2	2	2	2	2	2	2
Typically use > 1 tablet (%)	69	67	71	73	88	81	79	77
Recently binged* on ecstasy (%)	45	32	39	45	47	42	32	37
Ever injected ecstasy [#] (%)	0	0	6	14	10	16	5	10
Main route of administration of ecstasy in past six months (%)								
Swallowing	97	96	96	93	87	93	97	92
Snorting	3	4	3	4	12	5	3	4
Injecting	0	0	1	2	1	2	0	4
Forms used past six months ^a (%)								
Pills	-	-	-	-	-	100	100	99
Powder	-	-	-	-	-	7	14	14
Capsules	-	-	-	-	-	23	6	37
Use of other drugs in conjunction with ecstasy (%)	88	96	91	90	97	98	47*	88
Use of other drugs to come down from ecstasy (%)	83	80	73	75	81	82	41*	52

Source: EDRS REU interviews; 2003-2010

^a Question not asked from 2003-2007 EDRS

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

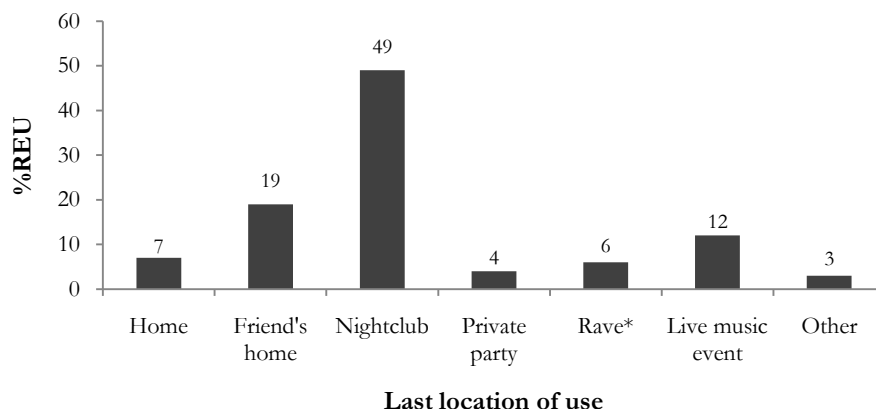
[#] Includes capsules from 2008-2010

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

5.2.5 Locations of ecstasy use

REU reported using ecstasy at a wide variety of locations the last time that they had used ecstasy (see Figure 2 below). The venues that REU most frequently reported were: nightclubs (49%), friend's home (19%) and live music events (12%). These findings are similar to the results reported in 2009.

Figure 2: Last location of ecstasy use, ACT REU, 2010



Source: EDRS REU interviews, 2010

* Includes outdoor raves (doofs) and dance parties

5.2.6 Motivation for ecstasy use

In 2010, participants were asked their main reasons for using ecstasy at an event; these are presented in Table 6. The highest proportion of REU reported that they used ecstasy to 'for fun/a good time'.

Table 6: Reason for using ecstasy, ACT REU, 2010

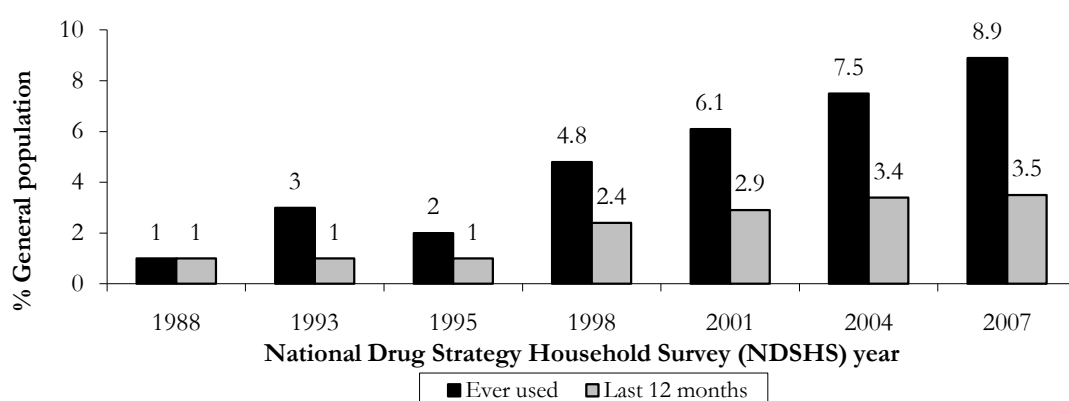
	2010 (N=73)
Enhanced closeness %	36
Enhanced communication/talkativeness %	32
Enhanced mood/euphoria %	36
For the high/buzz/rush %	32
Increased energy/stay awake %	11
Enhanced appreciation of music %	26
For a good time/fun %	38
Increased confidence %	6
To relax/escape %	10
Drug effects (hallucination/insight/creativity) %	7
Different effects to alcohol %	11
Enhanced sexual experience %	3
Feeling in control/focused %	7
It is cheap %	1
Other %	7

Source: EDRS REU interviews, 2010

5.2.7 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 and recent use continuing to increase. The 2007 NDSHS showed ecstasy was the second most widely used illicit drug after cannabis in Australia, with one in ten (11.2%) 20-29 year olds and 5.0% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare, 2005). Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 and 2007. Since 1995, there has been a steady increase in the number of people who report both ever having tried ecstasy, and having used ecstasy in the past year.

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2007



Source: NDSHS 1988-2007, AIHW

Key Expert Comments

- Four KE commented on ecstasy as being one of the most problematic drugs that they came across in their service.
- KE commented that REU most commonly take ecstasy in the form of pills and that ecstasy use is more common in younger populations.
- One KE commented that ecstasy use appeared to be less frequent but involve greater quantities than previously, i.e. an increase in bingeing on ecstasy.

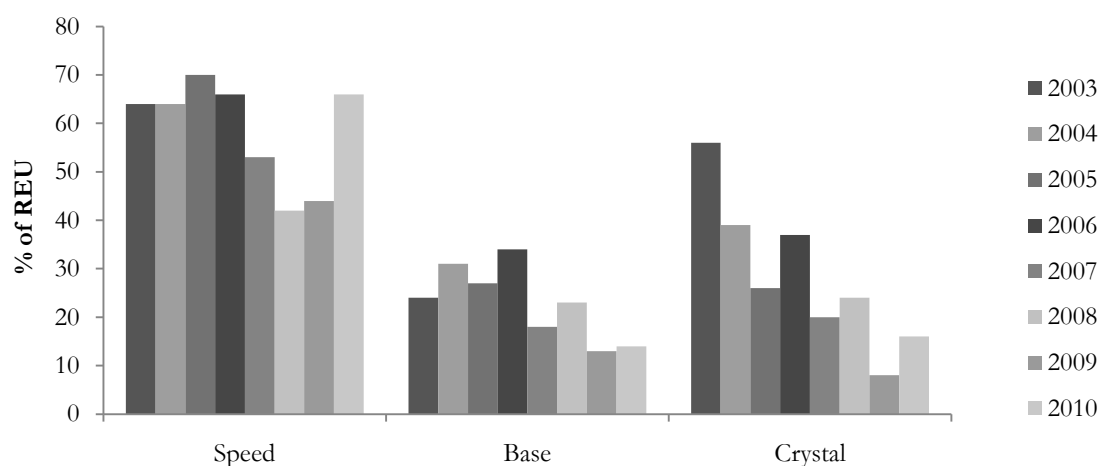
5.3 Methamphetamine use

Key points

- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal). Just over half reported methamphetamine use in the six months prior to interview.
- Methamphetamine powder (speed) was the most commonly used form of methamphetamine by REU, followed by crystal and then base.
- Four-fifths of the sample had used speed in their lifetime. Two-thirds had used speed in the past six months on a median of three days.
- One-quarter of the sample had used base in their lifetime. Fourteen percent had used base in the past six months on a median of five days.
- Thirty percent of the sample had used crystal in their lifetime. Sixteen percent had used crystal in the past six months on a median of five days.

Over two-thirds (70%) of the 2010 ACT EDRS sample had used at least one form of methamphetamine in the six months prior to interview (54% in 2009). Among recent methamphetamine users, the median number of days of any form of methamphetamine use (powder, base and crystal methamphetamine forms) was 3 (range 1-84). Four percent of REU who participated in the 2010 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, the same proportion as 2009 (4%). The form of methamphetamine used most commonly among the 2010 EDRS sample was speed (66%; 44% in 2009). Recent base use in 2010 (14%) remained consistent with the previous year (13%). Recent crystal use in 2010 (16%) increased from the previous year (8% in 2009) as shown in Figure 4.

Figure 4: Trends in recent methamphetamine (speed, base and crystal) use, ACT, 2003-2010



Source: EDRS REU interviews, 2003-2010

5.3.1 Methamphetamine powder (speed)

Table 7 presents a summary of the patterns of speed use among REU in the ACT from 2003 to 2010. Only one participant nominated speed as their current drug of choice (5% in 2009). However, the majority (81%) of participants reported ever having used speed (68% in 2009), and 66% reported having recently used speed (44% in 2009).

Recent speed users reported a median of three days (range 1-48) of speed use in the past six months, not significantly different from 2 days of use in 2009. The majority (71%) of those REU who had recently used speed had used five times or less in the preceding six months (similar to 75% in 2009).

Twenty-one percent of recent speed users had used on a monthly to fortnightly basis (11% in 2009), and 8% had used speed more regularly than fortnightly during the past six months (a decrease from 14% in 2009). There were no reports of daily speed use.

The majority of recent speed users quantified their use in terms of 'grams' (n=34). The median amount of speed used in a 'typical' episode of use in the past six months was 0.3 grams (range 0.1-1.5). Among those REU who reported in points (n=4), the median amount of speed used in a 'typical' episode of use in the past six months was one point (range 0.5-2.0). In 2010, the median amount of speed used in the 'heaviest' session was two points (n=4, range 1-4). Of those REU who reported in grams in 2010 (n=34), the median amount of speed used in the 'heaviest' session was 0.5 grams (range 0.1-4), the same as 2009. Among REU who reported having binged on ecstasy and related drugs recently (n=31), 48% reported they had used speed during these binge sessions (an increase from 44% in 2009). Of those REU who indicated that they last used other drugs in combination with ecstasy (n=64), 19% reported also using speed the last time they took ecstasy, similar to 9% in 2009. There were no reports from participants of using speed to come down from ecstasy.

Of those participants who had used speed in the previous six months, 63% reported swallowing as the main route of administration and 58% reported having snorted speed in the preceding six months. Twenty-three percent had recently injected speed (an increase from 14% in 2009). A further 8% had recently smoked speed (similar to 7% in 2009).

Table 7: Patterns of methamphetamine powder use among ACT REU, 2003-2010

Speed	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=82)	2009 (N=101)	2010 (N=73)
Ever used (%)	88	87	90	81	84	74	68	81
Used preceding six months (%)	64	64	70	66	53	43	44	66
Of those who had used								
Median days used last 6 mths (range)	4 (1-14)	4 (1-50)	5 (1-180)	4 (1-72)	4 (1-96)	6 (1-72)	2 (1-96)	3 (1-48)
Median quantities used (grams)								
Typical (range)	0.25 (0.1-0.5)	0.5 (0.1-2)	1 (0.1-3)	0.5 (0.2-4.5)	0.5 (0.1-2)	0.75 (0.25-3.5)	0.5 (0.1-2)	0.3 (0.1-1.5)
Heavy (range)	0.8 (0.2-3.5)	0.5 (0.1-4)	1.6 (0.1-5)	1 (0.2-4.5)	0.8 (0.1-5)	1.5 (1.0-8)	0.5 (0.1-4)	0.5 (0.1-4)

Source: EDRS REU interviews, 2003-2010

5.3.2 Methamphetamine base

Table 8 presents a summary of the patterns of base use from 2003 to 2010. Only one participant nominated base as their drug of choice. Twenty-five percent of REU interviewed in 2010 reported ever having used base (30% in 2009) and 14% reported having recently used base (13% in 2009). Recent base users reported a median of five days (range 1-24) of base use in the past six months (not significantly different from 3 days in 2009). Two-thirds (60%) of recent base users had used base less than monthly in the past six months (69% in 2009). Twenty percent of participants reported that they had used base on a monthly to fortnightly basis (23% in 2009), and 20% had used base more regularly than fortnightly during the past six months (seven percent in 2008). No REU reported using base on a daily basis.

The majority (n=8) of recent base users quantified their use in terms of points. The median amount of base used in a 'typical' episode of use in the past six months was two points (range 0.2-8). In 2010, the median amount of base used in the 'heaviest' session was three points (range 0.2-8). Of those REU who reported having binged in the past six months (n=31), 7% reported that they had used base during these binge sessions (16% in 2009). Six percent of those REU who indicated that they last used other drugs in combination with ecstasy reported using base in this context (2% in 2009). There were no reports of base being used to facilitate ecstasy comedown.

Of those participants who had used base in the previous six months, 70% had recently snorted the drug (an increase from 15% in 2009) and 60% reported swallowing base (a decrease from 69% in 2009). Twenty percent of REU reported recently injecting base (15% in 2009). There was an increase in the proportion of recent base users who reported smoking base (20%, compared to 8% in 2009).

Table 8: Patterns of methamphetamine base use among ACT REU, 2003-2010

Base	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever used (%)	30	43	45	48	42	52	30	25
Used preceding six months (%)	24	31	27	34	18	23	13	14
Of those who had used								
Median days used last 6 mths (range)	3 (1-72)	2.5 (1-72)	3 (1-70)	4 (1-48)	4 (1-24)	9 (1-72)	3 (1-14)	5 (1-24)
Median quantities used (points)								
Typical (range)	1 (0.1-2)	1 (0.3-3)	1 (0.25-3)	1 (0.5-3)	1 (0.5-2)	2 (0.1-3)	2 (0.5-10)	2 (0.2-8)
Heavy (range)	1.5 (0.3-8)	1 (0.3-10)	2 (0.25-7)	2 (0.5-7)	2 (0.5-2.25)	3.5 (0.5-7)	2 (0.5-10)	3 (0.2-8)

Source: EDRS REU interviews, 2003-2010

5.3.3 Crystal methamphetamine

Table 9 presents a summary of the patterns of crystal use among REU in the ACT from 2003 to 2010. Two participants nominated crystal as their drug of choice. One-third (30%) reported ever having used crystal, similar to 2009 (28%), and 16% reported recent use, an increase from 8% in 2009. Recent crystal users reported a median of 5 days (range 1-24) of crystal use in the past six months; not significantly different from 4 days in 2009. Half (50%) of those REU who had recently used crystal had used less than monthly in the past months (63% in 2009). A quarter (25%) had used on a monthly to fortnightly basis (38% in 2009) and the remaining quarter (25%) reported using crystal on a fortnightly to weekly basis (none in 2009).

As was the case for methamphetamine base, the majority (n=8) of 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 0.2-8) and three-quarters of a point for the 'heaviest' (range 0.2-3) episode of use in the past six months. Of those REU who reported having binged on ecstasy and related drugs recently (n=31), 16% reported they had used crystal during these binge sessions (an increase from 9% in 2009). Among those REU reporting that they last consumed other drugs when taking ecstasy, six percent reported using crystal in the context of their last ecstasy use (no respondents in 2009). No respondents reported using crystal to facilitate ecstasy comedown.

Table 9: Patterns of crystal methamphetamine use among ACT REU, 2003-2010

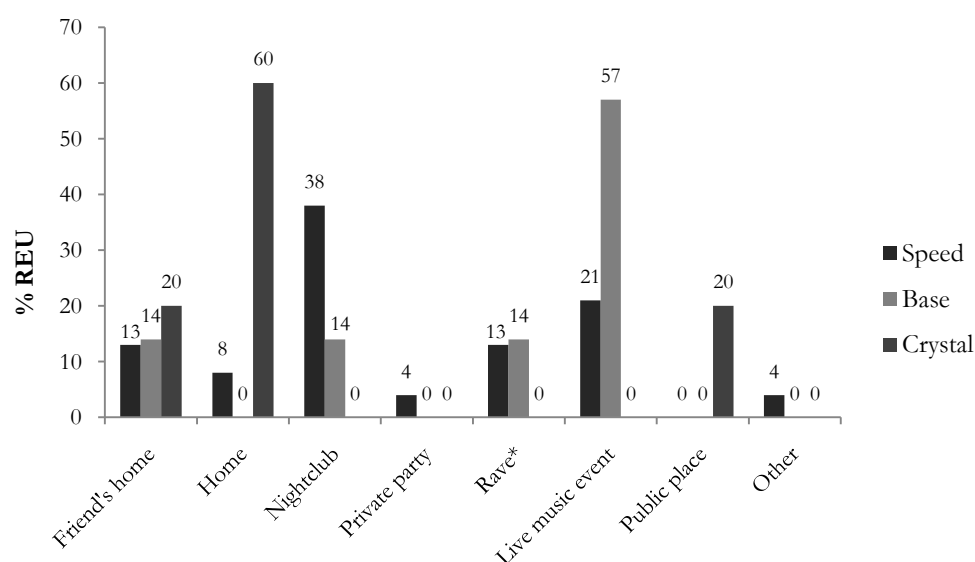
Crystal	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever used (%)	71	62	49	55	54	61	28	30
Used preceding six months (%)	56	39	26	37	20	24	8	16
Of those who had used								
Median days used last 6 mths (range)	2 (1-30)	2 (1-13)	3 (1-96)	5 (1-50)	2 (1-90)	11 (1-180)	4 (1-10)	5 (1-24)
Median quantities used (points)								
Typical (range)	1 (0.2-4)	1 (0.13-3)	1 (0.25-3)	1 (0.25-4)	2 (0.5-5)	1 (0.25-6)	2 (1-5)	1 (0.2-8)
Heavy (range)	1.3 (0.25-6)	1 (0.13-10)	1 (0.25-5)	1.5 (0.25-5)	2.5 (0.5-5)	3 (0.5-10)	4 (2-5)	0.75 (0.2-3)

Source: EDRS REU interviews, 2003-2010

Forty-two percent of those who had used crystal in the previous six months reported that they had smoked it, a decrease from 75% in 2009. The same proportion (42%) reported having injected crystal (38% in 2009). One-third (33%) of participants reported swallowing crystal (none in 2009) and the same proportion (33%) reported snorting crystal in the preceding six months (none in 2009).

Figure 5 presents the last locations of methamphetamine use in the six months prior to interview. Speed had been used by REU at various locations but predominantly at nightclubs (38%). Base was predominantly used at live music events (57%), while crystal was mostly used at home (60%).

Figure 5: ACT REU reports of last location of use for methamphetamine, 2010



Source: EDRS REU interviews, 2010

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

* Includes outdoor raves (doofs) and dance parties

Key Expert Comments

- Speed and ice/crystal were reported as the most problematic drugs for regular drug users that key experts regularly had contact with.
- Speed use was reported as frequent and problematic as users become hyperactive.
- Ice/crystal use was also reported as problematic due to the potential for violence and aggression problems.
- Base use was reported as infrequent.

5.4 Cocaine use

Key points

- The majority of participants reported lifetime use of cocaine. Over half reported cocaine use in the six months prior to interview. Eight percent of REU nominated cocaine as their drug of choice.
- Frequency of cocaine use remained low at a median of 3 days in the previous six months. This was a significant increase from a median of 2 days in 2009.
- The median amount of cocaine used in a typical session of use was half a gram. A median of one gram was used in the heaviest recent session.
- One-third (32%) of REU who had recently binged on ecstasy and related drugs reported using cocaine during these episodes.

Table 10 presents a summary of the patterns of cocaine use from 2003 to 2010. In 2010 a significantly (95% CI: -0.02 - -0.28) greater proportion of respondents had ever used cocaine compared to 2009 (81%, 65% in 2009). There was also an increase in the proportion of participants that had recently used cocaine (58% compared to 44% in 2009). In 2010, a median of three days of use (range 1-72) was reported by those REU who had used cocaine in the past six months. This was significantly greater than 2 days in 2009 ($U=637, p<0.05$). The majority (69%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, twenty-one percent of REU had used cocaine between monthly and fortnightly and 10% had used cocaine on a fortnightly or greater basis. In 2010, 8% of REU nominated cocaine as their drug of choice, similar to 7% in 2009.

Recent cocaine users most commonly quantified their use of cocaine in terms of grams. A median of half a gram ($n=28$, range 0.1-2) was used during a 'typical' session of cocaine use, and this increased to one gram ($n=30$, range 0.2-3) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 10). Thirty-two percent of REU who had recently binged on ecstasy and related drugs reported using cocaine during these binge episodes (25% in 2009).

As in the previous year, the most common forms of cocaine administration among recent users were snorting (88%), and oral administration (31%). In 2010, 10% reported they had injected cocaine recently (2% in 2009) and two percent of recent cocaine users reported that they had smoked cocaine in the past six months.

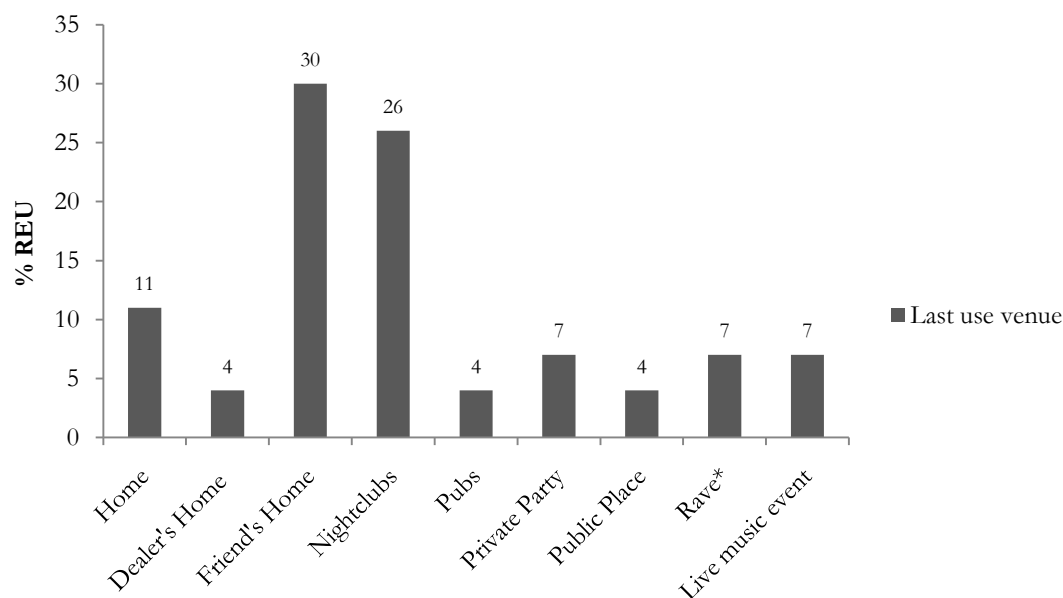
Table 10: Patterns of cocaine use among REU, 2003-2010

Cocaine	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever used %	47	69	68	68	80	74	65	81
Used last six months %	26	34	44	44	46	37	44	58
Of those who had used								
Median days used last 6 mths (range)	1 (1-4)	2 (1-24)	3 (1-72)	2 (1-48)	3 (1-72)	4 (1-72)	2 (1-100)	3 (1-72)
Median quantities used (grams)								
Typical (range)	0.5 (0.25-1.0)	0.5 (.13-20)	0.5 (0.25-3)	0.5 (0.1-3)	0.5 (0.1-2)	0.5 (0.25-4)	0.5 (0.1-3.5)	0.5 (0.1-2)
Heavy (range)	0.5 (0.5-2.0)	0.75 (.13-3.5)	1.0 (0.5-5)	1.0 (0.1-3)	1.0 (0.3-10)	1.0 (0.25-6)	0.75 (0.1-3.5)	1 (0.2-3)

Source: EDRS REU interviews, 2003-2010

Figure 6 summarises the reports of REU regarding the locations where they had last used cocaine in the past six months. One-third (30%) reported that the last time they had used cocaine they spent most time while intoxicated at a friend's home. The next most common locations of use were a nightclub (26%), followed by their own home (11%).

Figure 6: Location of cocaine use, ACT, 2010



Source: EDRS REU interviews, 2010

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=46

Key Expert Comments

- There has been an increase in cocaine use. Suggested reasons for this included a decrease in ecstasy purity and availability, an increase in cocaine availability, a decreased perception of cocaine as a 'rich man's drug' and reduced social stigma attached to cocaine use.
- KE reported that polydrug use was common amongst cocaine users, especially involving alcohol and to a lesser extent ecstasy.

5.5 LSD use

Key points

- Almost two-thirds (62%) of participants reported lifetime use of LSD. Forty-one percent reported LSD use in the six months prior to interview. Ten percent of REU nominated LSD as their drug of choice.
- Frequency of LSD use was low at median of 3 days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab. A median of one and a half tabs was used in the heaviest recent session.

In 2010, over three-fifths (62%) of the sample reported ever having tried LSD, the same proportion as 2009. There was a slight increase in the proportion of REU who reported having recently used LSD in this year's sample (41%, 35% in 2009).

Table 11 summarises the patterns of LSD use among ACT REU from 2003 to 2010. Recent LSD users (n=30) reported a median of three days of use in the past six months (range 1-24), not significantly different to a median of 2 days in 2009. Eighty-three percent of REU who had used LSD in the preceding six months reported using on a less than monthly basis. Thirteen percent of respondents used monthly to fortnightly and twenty percent of respondents used between fortnightly and weekly. Of those REU who reported bingeing on ecstasy and related drugs in the preceding six months, 23% had used LSD during extended drug use sessions (22% in 2009). Of those REU who indicated that they last used other drugs in combination with ecstasy (n=64), 17% (n=11) reported that they used LSD in combination with their last ecstasy use, compared to one respondent in 2009. Seven participants reported LSD as their drug of choice.

All recent LSD users who commented quantified their use of the substance in terms of 'tabs'. A median of one tab was taken during a 'typical' (n=30, range 0.5-3.5) episode and one and a half tabs for the 'heaviest' (n=30, range 1-10) episodes of LSD use (see Table 11). All recent LSD users reported that they had swallowed LSD in the past six months (n=30).

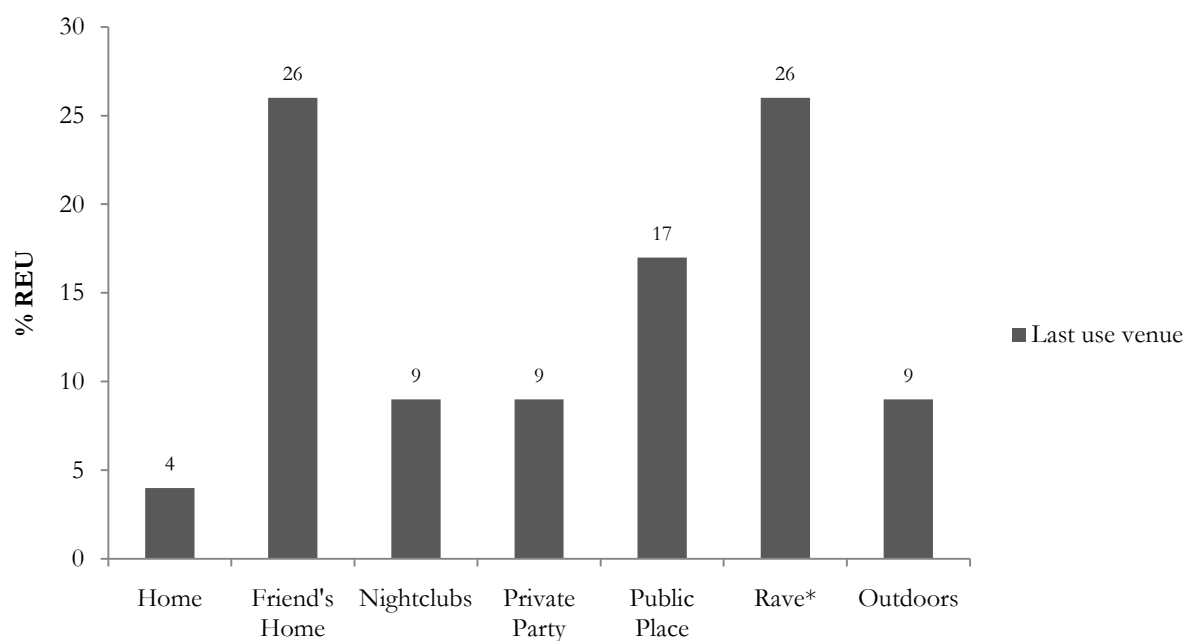
Table 11: Patterns of LSD use among ACT REU, 2003-2010

LSD	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever used (%)	59	62	48	46	54	64	63	62
Used last six months (%)	44	23	30	18	24	37	35	41
Of those who had used								
Median days used last 6 mths (range)	2 (1-20)	1 (1-10)	2 (1-48)	1.5 (1-20)	2 (1-20)	4 (1-35)	2 (1-24)	3 (1-24)
Median quantities used (tabs)								
Typical (range)	1 (1-2)	1 (0.5-3)	1 (0.5-3)	1.0 (0.25-5)	1 (0.5-3)	1 (0.5-3)	1 (0.5-2)	1 (0.5-3.5)
Heavy (range)	2 (2-3)	1 (0.5-5)	1 (0.5-7)	1.25 (0.25-6)	2 (0.5-5)	2 (0.5-6)	1 (0.5-6)	1.5 (1-10)

Source: EDRS REU interviews, 2003-2010

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

Figure 7: Last location of LSD use, ACT REU, 2010



Source: EDRS regular ecstasy user interviews, 2010

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=23

5.6 Cannabis use

Key points

- All participants had used cannabis in their lifetime. The majority (89%) of REU had used cannabis in the last six months. Twenty-two percent of REU nominated cannabis as their drug of choice.
- Cannabis was used on a median of 24 days (approximately weekly) in the past six months.
- One-quarter (25%) of recent cannabis users, reported using cannabis on a daily basis.
- Cannabis was frequently used during binge sessions (61% of those that had binged in the past six months used cannabis), in combination with ecstasy (53% of those who reported they used other drugs the last time they were under the influence of ecstasy) and while coming down from ecstasy (87% of those who used drugs while coming down from ecstasy).

Table 12 presents a summary of cannabis use of ACT REU from 2003 to 2010. In 2010, all REU reported lifetime use of cannabis, and 89% of REU reported using cannabis in the six months preceding interview. In 2010, REU who had used cannabis in the preceding six months used it on a median of 24 days (range 1-180), not significantly different to a median of 35 days in 2009. The majority (68%) reported using cannabis on a greater than fortnightly basis, with one-quarter (25%) of REU reporting that they were daily users of cannabis. Seventeen percent reported using cannabis on a less than monthly basis and 12% reported using cannabis on a monthly to fortnightly basis. Approximately one-fifth (22%) of REU nominated cannabis as their drug of choice.

Almost all (99%) REU who had used cannabis in the preceding six months reported that they had recently smoked it and 37% of REU who had recently used cannabis reported that they had recently swallowed it. Almost two-thirds (61%) of REU who reported that they had binged on ecstasy and related drugs in the preceding six months reported that they had used cannabis during these binges. Fifty-three percent of REU who reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis (26% in 2009). Eighty-seven percent of REU who reported that they used drugs while coming down from ecstasy used cannabis, compared to 31% in 2009.

Table 12: Patterns of cannabis use among ACT REU, 2003-2010

Cannabis	2003 (N=66)	2004 (N=116)	2005 (N=125)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Ever used (%)	97	98	94	94	100	100	100	100
Used preceding six months (%)	82	83	81	83	85	86	89	89
Of those who had used								
Median days used last 6 mths (range)	278 (1-180)	27 (1-180)	39 (1-180)	50 (1-180)	48 (1-180)	60 (1-180)	35 (1-180)	24 (1-180)
Daily use (%)	23	19	19	22	16	31	12	25
Route of administration (%)								
Smoked	-	100	98	99	100	99	99	99
Swallowed	-	33	37	28	26	31	41	37

Source: EDRS REU interviews, 2003-2010

Note: Questions on route of administration were not asked in the 2003 PDI

5.7 Emerging psychoactive substances (EPS) use

The use of EPS amongst REU in the ACT remained low in 2010. Small proportions reported recently using 2CI, 2CB and 2CE; all psychedelic phenethylamine chemicals that have stimulant effects. Mescaline is also a psychoactive phenethylamine chemical and comes from the peyote cactus. No participants reported recent use of mescaline and a small proportion (6%) reported lifetime use.

Use of psychedelic tryptamines (5-MEO-DMT and DMT) was also low amongst all REU. Six percent of REU reported lifetime use and one participant reported recent use of 5-MEO DMT. Eight percent of REU reported lifetime use and four percent reported recent use of DMT.

The proportion of ACT REU reporting the use of synthetic stimulant chemicals was also low. Only one participant reported the recent use of mephedrone, two participants reported recent use of BZP and no participants reported the recent use of ivory wave.

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. Ten percent of respondents reported lifetime use of DXM, with only one participant reporting using DXM in the previous six months.

PMA has been used as a recreational psychoactive drug, primarily in the 1970s, and in Australia since late 1994. The effects of PMA include increased energy, visual distortions and a general change in consciousness. Seven percent of respondents reported lifetime use of PMA and four percent reported recent use of PMA.

Table 13: Proportion of participants reporting lifetime and recent use of emerging psychoactive substances

	Ever used (%)	Used last 6 months (%)
2CB	10	6
2CE	8	6
DMT	8	4
PMA	7	4
BZP	4	3
2CI	4	1
DXM	10	1
5-MEO DMT	6	1
Mephedrone	1	1
Mescaline	6	0
Ivory wave	0	0

Source: EDRS REU interviews, 2010

5.8 Other drugs use

Key points

- One-third (35%) of recent alcohol users using alcohol more than three days per week in the past six months.
- Sixty-nine percent of those who commented reported using more than five standard drinks the last time they used ecstasy.
- Over half (57%) of REU who had used tobacco recently reported using tobacco daily.
- Almost half (49%) of respondents reported lifetime use of amyl nitrate and 33% reported recent use.
- Thirty-eight percent of REU had used nitrous oxide in their lifetime. Fourteen percent had used nitrous oxide in the previous six months.
- Smaller proportions of REU reported using antidepressants, heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

5.8.1 Alcohol

Almost all (99%) of the 2010 ACT EDRS sample reported lifetime use of alcohol and 95% reported recent use of alcohol (99% in 2009). Alcohol was consumed on a median of 48 days (approximately twice a week, range 3-180) in the six months prior to interview. This is similar to 2009, where alcohol was consumed on a median of 49 days in the six months prior to interview. One-third (35%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, slightly less than 40% in 2009. Eight percent of the sample nominated alcohol as their drug of choice.

In 2010, 29 percent of all REU reported that they had used alcohol during a binge session in the six months preceding interview (25% in 2009).

In 2010, 17% of REU who commented reported drinking less than five standard drinks the last time they had used ecstasy. Furthermore, 69% of respondents reported that they consumed more than five standard drinks during the last episode of ecstasy use.

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

5.8.2 Tobacco

Almost all (99%) of the 2010 sample reported lifetime use of tobacco, and the majority (89%) of the 2010 ACT EDRS sample reported use of tobacco in the six months preceding interview, similar to 86% in 2009. Of those who reported using tobacco in the previous six months, 57% (n=63) reported daily tobacco use. The 2007 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 23% (Australian Institute of Health and Welfare, 2005).

5.8.3 Benzodiazepines

In 2010, 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 2010, 19% of REU reported lifetime use of licit benzodiazepines (16% in 2009) and 15% (n=11) reported recent use of licit benzodiazepines (10% in 2009). Median days of use was 20 days (range 3-180), with one recent licit benzodiazepine user reporting monthly to fortnightly use, four users reporting fortnightly to weekly use and five users reporting more than weekly use. Two respondents reported daily use of licit benzodiazepines. All recent users (n=11) reported swallowing as their main route of administration.

Almost half (46%) of the sample reported lifetime use of illicit benzodiazepines (42% in 2009), and 29% reported recent use (24% in 2009). Median days of use were four (range 1-10), with three-quarters (75%, n=15) of recent illicit benzodiazepine users reporting less than monthly use. One-quarter (25%, n=5) reported monthly to fortnightly use. No respondents reported daily use of illicit benzodiazepines. All recent users (n=20) reported swallowing as their main route of administration in the last six months.

Three participants reported using benzodiazepines (licit or illicit) in combination with ecstasy during their last episode of use. Eighteen percent of REU who used other drugs to come down from their last episode of ecstasy reported using benzodiazepines (licit or illicit) to do so. Two participants reported using benzodiazepines (licit or illicit) in a binge session in the previous six months.

5.8.4 Antidepressants

In 2010, 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. Sixteen percent of the 2010 EDRS sample reported ever having used licit antidepressants, whilst 7% (n=5) reported recent use of licit antidepressants. Median days of use were 180 days (range 90-180). Four out of the five recent users of licit antidepressants reported daily use. Swallowing was the only route of administration.

In 2010, 12% of the sample reported lifetime use of illicit antidepressants, whilst 7% (n=5) reported recent use of illicit antidepressants. Median days of use were 3 days (range 2-10). Four out of the five recent users reported less than monthly use. One participant reported monthly to fortnightly use. Four out of five users reported swallowing as the route of administration. One participant reported shelving illicit antidepressants.

5.8.5 Inhalants

Amyl nitrite

Almost half (49%) of REU reported lifetime use of amyl nitrate. In 2010, there was an increase in the proportion of REU who reported using amyl nitrate in the six months preceding interview (33%, 19% in 2009). The use of amyl nitrite occurred on a median of five days (range 1-72). Just over half (54%, n=13) of recent amyl nitrite users reported less than monthly use, 8% (n=2) reported monthly to fortnightly use and 29% (n=7) reported greater than fortnightly use. Amyl nitrite was reported to be used during a 'binge' session by two participants. Two participants reported that they used amyl nitrite in combination with their last ecstasy use and no participants reported using amyl nitrite to facilitate their last ecstasy comedown.

Nitrous oxide

Lifetime use of nitrous oxide decreased from 46% in 2009 to 38% in 2010. The proportion of REU reporting use of nitrous oxide in the six months preceding interview also decreased, from 19% in 2009 to 14% in 2010. The median days of use was seven (range 1-30). The median amount of 'bulbs' used in a typical session was reported to be 11 (range 1-40) and a median of 18 bulbs (range 1-160) was reported to be used in a heavy session. Two participants reported using nitrous oxide during a 'binge' session and three participants reported using nitrous oxide in combination with their last ecstasy use. One REU reported using nitrous oxide to facilitate comedown from their last ecstasy use.

5.8.6 Mushrooms

In 2010, over half of the sample (60%) reported lifetime use of mushrooms, similar to 55% in 2009. The proportion of REU reporting use of mushrooms in the preceding six months was 30%, an increase from 25% in 2009. The median days of use was five (range 1-20). All (100%) recent users reported swallowing mushrooms. Two participants reported using mushrooms in a binge session, two participants also reported using mushrooms during last ecstasy use and there were no reports of

mushrooms used to facilitate last ecstasy comedown. Two participants reported mushrooms as their drug of choice.

5.8.7 Heroin and other opiates

Heroin

Twenty-one percent of the 2010 EDRS sample reported lifetime use of heroin (an increase from 11% in 2009), with 14% (n=10) reporting use of heroin in the six months preceding interview. Use occurred on a median of 24 days (range 2-180); 50% of users reported greater than or equal to fortnightly use and one respondent reported daily heroin use. The majority of REU (90%, n=9) who had recently used heroin reported injecting. Small numbers reported swallowing, snorting or smoking heroin. Three participants reported heroin as their drug of choice.

Methadone

Twelve percent of the 2010 sample had ever used methadone. Eight percent (n=6) of participants had used methadone recently. The median days of use was 60 (range 1-180). Three (50%) of recent users reported using methadone more than weekly (2 reported using methadone daily). Four participants reported having swallowed methadone recently and three reported injecting methadone recently. Two participants reported methadone as their drug of choice.

Buprenorphine

Eight percent of participants had ever used buprenorphine. Seven percent (n=5) of participants had recently used buprenorphine. The median days of use was one day (1-180), with three participants reporting less than monthly use. Two participants reported more than weekly use, with one of these using daily. Three users had injected buprenorphine recently and three users had also swallowed buprenorphine recently. One participant reported having used buprenorphine when bingeing in the last six months.

Other opioids

Twenty-two percent of the sample reported ever having been prescribed other opioids and 4% (n=3) reported the recent use of licit other opioids. The median days of licit other opioid use in the preceding six months was four (range 1-5). Two recent other opioid users reported swallowing, and another user of licit other opioids reported injecting as the main route of administration. Twenty-two percent of REU had ever used illicit other opioids. Six percent (n=4) used illicit other opioids recently. The median days of use were two (1-180), with one user reporting daily use. Two recent illicit opioid users reported injecting as the mode of administration and two reported swallowing.

5.8.8 Gamma-hydroxy butyrate (GHB)

In 2010, a minority (14%) of the ACT EDRS sample reported ever having tried GHB. Two participants reported that they had used GHB in the six months preceding interview (one participant in 2009). No participants were able to comment on the price, purity and availability of GHB.

In the six months prior to interview, both recent GHB users reported that they had used GHB once. As documented in previous years, GHB is a drug that appears to be used infrequently among REU in the ACT. Neither participant had recently binged on GHB. No participants reported using GHB during their last ecstasy use or during their last ecstasy comedown. Further, no participants nominated GHB as their drug of choice in the 2010 EDRS.

Swallowing was the only route of administration of GHB among the sample.

5.8.9 MDA

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

In 2010, 10% of REU reported that they had ever used MDA (a decrease from 16% in 2009). Only 2 users reported having recently used MDA. Both users reported using MDA less than monthly. Both participants reported swallowing MDA and both reported snorting MDA recently. One participant reported that they had used MDA while recently bingeing. No participants reported having used MDA in combination with their last ecstasy use or to come down from their last ecstasy use.

5.8.10 Ketamine

Just over one-fifth (22%) of the 2010 EDRS sample reported ever having used ketamine in their lifetime. Only 6% (n=4) of participants reported having used ketamine in the past six months. Median days of use were two days (1-12). Three participants who had recently used ketamine reported snorting it and two participants reported swallowing it recently. No REU had binged with ketamine. One participant reported having used ketamine in combination with their last ecstasy use. No participants had used ketamine to come down from their last ecstasy use. One participant reported ketamine as their drug of choice.

Two participants reported that the average amount of bumps used per session was two (range, 1-3), and that the most they had used was two (range 1-3). Only two participants could comment on the price of ketamine, one participant reporting the price was \$40 per gram and the other participant reporting the price was \$300 per gram. One participant said the price was stable across the past six months and the other said the price was fluctuating. One participant commented the purity was high and purity had remained stable across the past six months. Two participants reported that ketamine was very difficult to obtain (one participant commented in 2009, reporting ketamine was very easy to obtain). Due to the very small numbers reporting, this data must be interpreted with caution.

5.8.11 Pharmaceutical stimulants

In 2010, 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 4% (n=3) reporting recent use. The median days of using licit pharmaceutical stimulants was 2 (range 1-8). All reported swallowing, though one participant also reported that they had also injected licit pharmaceutical stimulants in the preceding six months.

About two-thirds (67%) of the 2010 sample reported ever having used illicit pharmaceutical stimulants (an increase from 59% in 2009). Thirty-six percent reported recent use of illicit pharmaceutical stimulants (34% in 2009). The median number of days of use in the past six months among those REU who had used illicit pharmaceutical stimulants was three (range 1-180), with one participant reporting daily use. The majority (89%, n=23) of participants reported swallowing and three participants reported injecting illicit pharmaceutical stimulants in the six months preceding interview.

Four participants reported using pharmaceutical stimulants during a binge session, three participants reported using pharmaceutical stimulants in combination with their last ecstasy use, and one participant reported using pharmaceutical stimulants to facilitate comedown from last ecstasy use.

6 DRUG MARKET: PRICE, PURITY, AVAILABILITY & PURCHASING PATTERNS

6.1 Ecstasy

Key points

- The median price of a tablet of ecstasy in 2010 was \$25, stable from 2009. The majority of respondents reported the price of ecstasy had remained stable in the previous six months.
- There was a significant increase in the proportion of respondents reporting ecstasy purity to be low (51%) compared to 2009 (27%). A significantly higher proportion also reported that ecstasy purity was decreasing in the previous six months (53%) compared to 29% in 2009.
- The majority of respondents reported ecstasy to be easy or very easy to obtain. In 2010 there was a significant increase compared to 2009 in the number of REU respondents who reported ecstasy as more difficult to obtain (an increase from 9% to 24%).
- The majority of respondents bought ecstasy from a friend for themselves and others. The median number of tablets bought at one time was five.

6.1.1 Price

In the 2010 ACT EDRS, 97% of REU commented on the price, purity and availability of ecstasy. REU reported the current median price for an ecstasy tablet to be \$25 (range \$10-40, n=71), the same median price as reported last year (see Table 14). Ten percent of the REU sample commented on the price of an ecstasy capsule. The median price reported in 2010 was \$30 (range \$25-35, n=7). The majority (63%) of participants in 2010 reported that the price of ecstasy had remained stable in the past six months.

Table 14: Price of ecstasy purchased by ACT REU and price variations, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price per tablet (range)	\$35 (18-50)	\$35 (20-40)	\$35 (15-40)	\$35 (5-50)	\$30 (15-60)	\$30 (20-50)	\$25 (10-40)	\$25 (10-40)
% Increasing (% of entire sample)	5 (5)	9 (9)	11 (11)	9 (9)	10 (10)	8 (8)	13 (12)	16 (15)
% Stable (% of entire sample)	61 (61)	61 (61)	63 (63)	64 (64)	60 (60)	55 (55)	53 (50)	63 (60)
% Decreasing (% of entire sample)	27 (27)	18 (18)	13 (13)	15 (15)	14 (14)	17 (17)	23 (22)	4 (4)
% Fluctuating (% of entire sample)	8 (8)	11 (11)	12 (12)	8 (8)	12 (12)	11 (11)	11 (10)	17 (16)
% Don't know (% of entire sample)*	0 (0)	1 (1)	1 (1)	4 (4)	5 (5)	8 (8)	-	-

Source: EDRS REU interviews, 2003-2010

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

REU were also asked about the price of ecstasy for a range of quantities. The median price of purchasing 10 pills was \$20 (range \$10-30, n=18) per pill and \$200 (range \$100-300, n=21) per 10 pills. The median price of purchasing 20 pills was \$18 (range \$15-20, n=7) per pill and \$350 (range \$300-400, n=3) per 20 pills. The median price of purchasing 50 pills was \$16 (range \$13-18, n=6) per pill and \$750 (range \$600-900, n=3) per 50 pills. Finally, the median price of purchasing 100 pills was \$15 (range \$12-15, n=6) per pill and \$1,525 (range \$1200-1850, n=2) per 100 pills.

6.1.2 Purity

Table 15 presents the reports of ACT REU from 2003 to 2010, regarding both the current purity and the change in the purity of ecstasy available to them. From 2003 to 2007, the current ecstasy purity estimates made by REU remained relatively unchanged. From 2009 to 2010 there has been an increasing proportion of REU reporting ecstasy purity to be low. In 2010 a significantly (95% CI: -0.37 - -0.08) higher proportion of REU were reporting purity of ecstasy to be low (51%), compared to 2009 (27%). Only six percent of REU reported ecstasy to be of high purity, compared to 16% in 2009 and 21% in 2008.

When asked whether they believed the purity of ecstasy had changed in the six months prior to interview, 19% of REU reported that purity had remained stable and 22% reported that purity had fluctuated. A smaller proportion of REU reported that purity of ecstasy was increasing than in previous years (6%; 8% in 2009, 13% in 2008) and a significantly (95% CI: -0.10- -0.39) higher proportion reported that purity was decreasing (53%; 27% in 2009).

Table 15: ACT REU reports of ‘current’ ecstasy purity and purity change, 2003-2010

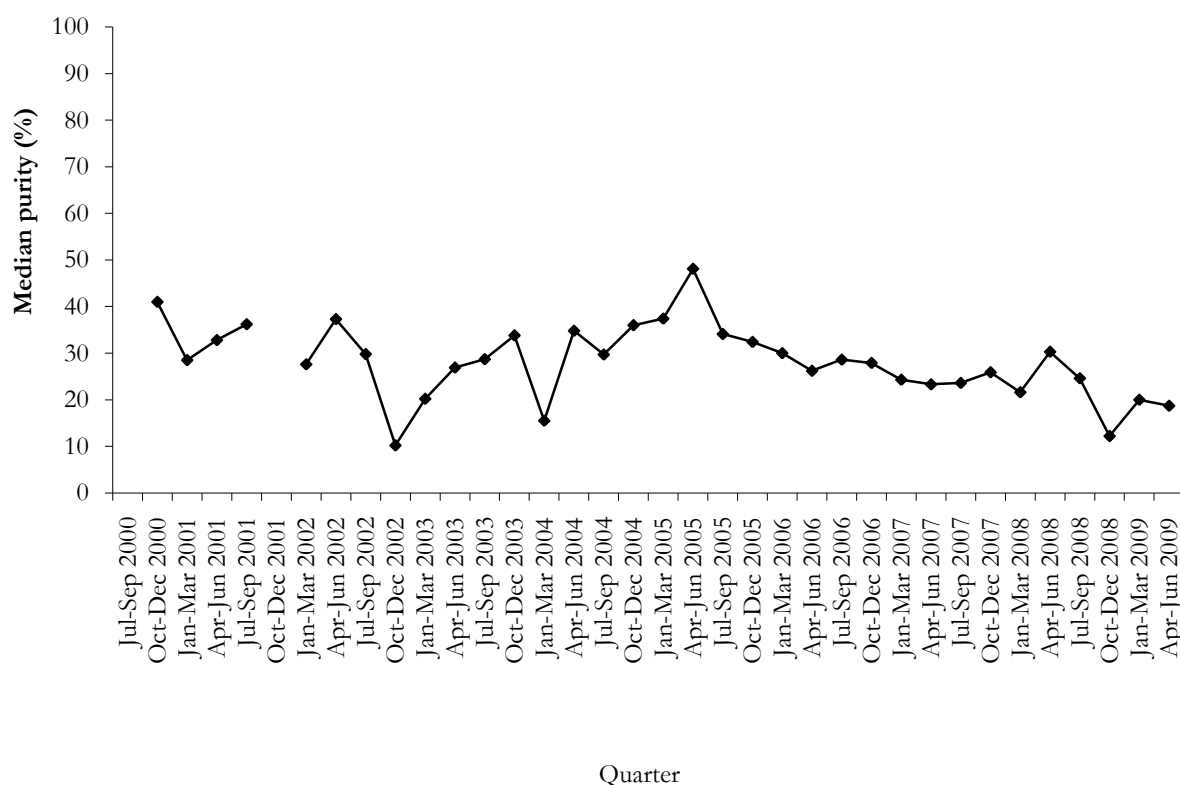
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=99)	2010 (N=73)
<i>Current purity</i>								
<i>% Low (% of entire sample)</i>	6 (6)	6 (6)	6 (6)	7 (7)	16 (16)	13 (13)	27 (27)	51 (51)
<i>% Medium (% of entire sample)</i>	39 (39)	31 (31)	36 (36)	47 (47)	39 (39)	29 (29)	30 (30)	26 (26)
<i>% High (% of entire sample)</i>	23 (23)	38 (38)	32 (32)	23 (23)	19 (19)	21 (21)	16 (16)	6 (5)
<i>% Fluctuates (% of entire sample)</i>	27 (27)	24 (24)	24 (24)	21 (21)	23 (23)	34 (34)	26 (26)	17 (16)
<i>% Don't know (% of entire sample)*</i>	5 (5)	1 (1)	2 (2)	2 (2)	3 (3)	4 (4)	-	-
<i>Purity change</i>								
<i>% Increasing (% of entire sample)</i>	20 (20)	19 (19)	18 (18)	16 (16)	11 (11)	13 (13)	8 (8)	6 (6)
<i>% Stable (% of entire sample)</i>	33 (33)	34 (34)	25 (25)	39 (39)	30 (30)	25 (25)	28 (27)	19 (18)
<i>% Decreasing (% of entire sample)</i>	20 (20)	12 (12)	13 (13)	20 (20)	18 (18)	12 (12)	27 (26)	53 (49)
<i>% Fluctuating (% of entire sample)</i>	27 (27)	35 (35)	37 (37)	21 (21)	28 (28)	40 (40)	36 (34)	22 (21)
<i>% Don't know (% of entire sample)*</i>	0 (0)	0 (0)	7 (7)	4 (4)	14 (14)	10 (10)	-	-

Source: EDRS REU interviews, 2003-2010

* 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 MDMA, MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the July-September quarter of 2000 and the April-June quarter of 2009 are presented in Figure 8. In the ACT, the median purity of phenethylamines seizures remained relatively stable over the 2008/2009 financial year with a slight decrease in purity in the October-December quarter of 2008.

Figure 8: Median purity of phenethylamine seizures in the ACT, July 2000 to June 2009



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

Note: Data not available for the July-September quarter of 2000, October-December quarter of 2001, and the 2009/2010 financial year

6.1.3 Availability

In 2010, the entire sample was able to comment on the current availability of ecstasy in the ACT. Table 16 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2003 to 2010. As in previous years, the majority of the 2010 sample (81%) reported that ecstasy was either very easy (37%) or easy (44%) to obtain. There was an increase in the proportion of REU who reported ecstasy as difficult to obtain (15%, compared to 6% in 2009). The majority (65%) of REU also indicated that the ease with which ecstasy could be obtained had remained stable (50%) or become easier (15%) in the past six months. In 2010 there was a significant increase (95% CI: -0.03- -0.26) compared to 2009 (an increase from 9% to 24%) in the number of REU respondents who reported ecstasy as more difficult to obtain.

In 2010, participants were asked to nominate from whom they had last purchased ecstasy. In 2003-2008, participants were able to mark more than one response. In 2010 ‘friends’ (63%) and ‘known dealers’ (22%) remained the most common people through whom REU had scored ecstasy. Six percent of REU reported last purchasing ecstasy from acquaintances, four percent from workmates and four percent from unknown dealers. The most common locations at which ecstasy had last been purchased were at a friend’s home (41%) and at a nightclub (19%). Other places of purchase were at a dealer’s home (10%), and at an agreed public location (8%).

Table 16: ACT REU reports of availability of ecstasy in the past six months, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Current availability								
% <i>Very easy</i> (% of entire sample)	67 (67)	55 (55)	60 (60)	47 (47)	53 (53)	51 (51)	44 (44)	37 (37)
% <i>Easy</i> ^a (% of entire sample)	30 (30)	43 (43)	38 (38)	43 (43)	42 (42)	45 (45)	50 (50)	44 (44)
% <i>Difficult</i> (% of entire sample)	3 (3)	2 (2)	2 (2)	7 (7)	5 (5)	2 (2)	6 (6)	15 (15)
% <i>Very difficult</i> (% of entire sample)	0 (0)	0 (0)	0 (0)	3 (3)	0 (0)	0 (0)	0 (0)	4 (4)
% <i>Don't know</i> (% of entire sample) *	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (2)	-	-
Availability change								
% <i>More difficult</i> (% of entire sample)	9 (9)	4 (4)	3 (3)	10 (10)	8 (8)	7 (7)	9(9)	24 (23)
% <i>Stable</i> (% of entire sample)	64 (64)	68 (68)	67 (67)	61 (61)	61 (61)	66 (66)	69 (67)	50 (49)
% <i>Easier</i> (% of entire sample)	21 (21)	24 (24)	26 (26)	21 (21)	16 (16)	15 (15)	18 (18)	15 (15)
% <i>Fluctuates</i> (% of entire sample)	3 (3)	4 (4)	2 (2)	5 (5)	10 (10)	6 (6)	4 (4)	11 (11)
% <i>Don't know</i> (% of entire sample) *	3 (3)	0 (0)	2 (2)	3 (3)	5 (5)	6 (6)	-	-
Persons scored from:[#]								
Friends (%)	92	88	85	80	84	83	59	63
Known dealers (%) +	82	58	64	51	58	70	29	22
Acquaintances (%)	42	51	43	33	34	34	7	6
Workmates (%)	18	15	19	8	15	9	2	4
Unknown dealers (%)	23	22	22	17	23	32	4	4
Mobile dealers (%) ^	N/A	N/A	N/A	N/A	N/A	N/A	-	1
Locations scored from:[#]								
Friend's home (%)	69	68	62	55	46	62	31	41
Dealer's home (%)	53	43	46	34	32	51	9	10
Nightclub (%)	59	52	56	48	60	39	27	19
Agreed public location (%)	- ^b	53	42	37	35	39	13	8
At own home (%)	38	37	32	24	37	38	4	4
Other (%)	18	1	1	1	0	1	2	4

Source: EDRS REU interviews, 2003-2010

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

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

+ Changed from ‘Dealers’ to ‘Known dealers’ in 2004

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

^ ‘Mobile dealers’ only an available selection since 2009

6.1.4 Ecstasy markets and patterns of purchasing ecstasy

Table 17 summarises ecstasy purchasing practices of REU in the ACT in 2005 to 2010. In 2010, the median number of people that REU reported they had purchased ecstasy from in the previous six months was three (range 1-15). The majority (84%) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and others, with a smaller proportion (16%) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

REU were also asked to indicate how often they had purchased ecstasy in the past six months. REU reported that they most commonly purchased ecstasy on a monthly or less basis (45%) or on a monthly to fortnightly basis (33%). One-fifth (21%) purchased it on a greater than fortnightly to weekly basis and one participant had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that REU reported usually buying when purchasing ecstasy in the past six months was five (range 1-100).

Table 17: Patterns of purchasing ecstasy, ACT REU, 2005-2010

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

Source: EDRS REU interviews, 2005-2010

#of those who purchased ecstasy in the last six months

Key Expert Comments

- Key experts commented that they had noticed a decrease in ecstasy purity and also a decrease in availability, resulting in decreased ecstasy use.
- Key experts reported that the price of ecstasy had remained stable.

6.2 Methamphetamine

Key points

- The median price of speed reported by REU was \$200 for a gram, or \$30 for a point. The majority reported that the price of speed had remained stable in the previous six months. The majority reported that speed was easy or very easy to obtain and availability had remained stable in the previous six months.
- The median price paid for a gram of base was \$200. All participants reported that the price had remained stable in the previous six months. Respondents indicated that both purity and availability of base had remained stable in the previous six months.
- The median price paid for a point of crystal was \$70 and the median price paid for a gram of crystal was \$300. The majority of respondents reported that price had increased in the previous six months. The majority of respondents indicated that purity was medium to high. The majority of respondents also indicated that crystal was easy or very easy to obtain, with availability across the previous six months being stable.

6.2.1 Price

In the 2010 ACT EDRS, one-third (33%, n=24) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (10%, n=7) and crystal (7%, n=5).

6.2.1.1 Methamphetamine powder (speed)

The median reported current price for a gram of speed was \$200 (\$40-\$300), the same as 2009 (\$200). In terms of purchasing points of speed, the median price paid for a point was \$30, the same as the price paid since 2007. Sixty percent of the REU who were able to comment on the price of speed (n=24) reported that the price of speed had remained stable in the preceding six months, similar to 62% in 2009. Ten percent reported that the price had decreased in the past six months, 15% reported that the price had fluctuated and 15% reported that it had increased over this period, as can be seen in Table 18.

Table 18: Price and changes in price for methamphetamine powder, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price								
<i>Speed (range)</i>								
Point	\$40 (30-40)	\$30 (25-50)	\$35 (20-50)	\$40 (20-100)	\$30 (25-50)	\$30 (10-130)	\$30 (20-60)	\$30 (25-50)
Gram	\$175 (70-250)	\$80 (40-300)	\$80 (20-300)	\$175 (50-250)	\$200 (20-300)	\$225 (40-450)	\$200 (30-500)	\$200 (40-300)
Of those that responded	n=33	n=55	n=63	n=39	n=24	n=26	n=36	n=24
% Increasing (% of entire sample)	9 (5)	5 (3)	5 (2)	8 (5)	17 (5)	4 (1)	24 (5)	15 (4)
% Stable (% of entire sample)	47 (24)	44 (21)	44 (22)	53 (32)	42 (14)	54 (17)	62 (13)	60 (16)
% Decreasing (% of entire sample)	9 (5)	20 (10)	18 (9)	7 (4)	17 (5)	12 (4)	10 (2)	10 (3)
% Fluctuating (% of entire sample)	3 (2)	2 (1)	8 (4)	3 (2)	8 (3)	8 (2)	5 (1)	15 (4)
% Don't know (% of entire sample)*	32 (17)	29 (14)	25 (13)	30 (18)	17 (5)	23 (7)	-	-

Source: EDRS REU interviews, 2003-2010

*'Don't know' was not included 2009-2010

6.2.1.2 Methamphetamine base

Only one participant reported the last price paid for a point of base (\$25). The median price reported for the last gram of base (n=5) purchased prior to interview was \$200 (range \$150-600). All participants who were able to report on the recent price of base reported that the price had remained stable in the six months preceding interview.

Table 19: Price and changes in price for methamphetamine base, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price								
Base (range)								
Point	\$40 (30-50)	\$40 (30-80)	\$40 (20-50)	\$42.5^ (20-50)	\$50^ (28-80)	\$30 (20-300)	\$40^ (25-300)	25^ (no range)
Gram	\$240 (180-300)	- -	\$200 (70-300)	\$200^ (70-280)	\$250^ (no range)	\$250^ (150-600)	\$150^ (100-200)	\$200^ (150-600)
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=7	n=7
% Increasing (% of entire sample)	0 (0)	16 (3)	5 (1)	13 (3)	11 (1)	7 (1)	29 (2)	0 (0)
% Stable (% of entire sample)	54 (12)	52 (11)	53 (9)	54 (13)	44 (5)	79 (13)	71 (5)	100 (7)
% Decreasing (% of entire sample)	13 (3)	4 (1)	14 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Fluctuating (% of entire sample)	0 (0)	4 (1)	14 (2)	4 (1)	11 (1)	0 (0)	0(0)	0 (0)
% Don't know (% of entire sample)*	33 (8)	24 (5)	14 (2)	29 (7)	33 (4)	14 (2)	-	-

Source: EDRS REU interviews, 2003-2010

^ Small numbers (<10)

* 'Don't know' was not included 2009-2010

6.2.1.3 Crystal methamphetamine

Three REU commented on the price of purchasing a point of crystal (Table 20). The median price paid for the last point (n=3) of crystal purchased was \$70 (range \$50-80). The median price paid for the last gram (n=2) of crystal purchased was \$300 (range \$200-400). The majority (60%) of those who were able to comment on crystal (n=7) reported that the price was increasing in the six months preceding interview.

Table 20: Price and changes in price for methamphetamine crystal, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price								
Crystal (range)								
Point	\$45 (30-300)	\$47.50 (10-100)	\$35 (25-60)	\$50 (30-100)	\$50 (25-100)	\$50 (40-50)	\$50^ (30-50)	\$70^ (50-80)
Gram	\$375 (300-450)	-	\$265 (220-400)^	\$200^ (15-350)	-	\$400^ (250-400)	\$275 (250-300)	\$300^ (200-400)
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=5	n=5
% Increasing (% of entire sample)	15 (8)	7 (2)	29 (5)	18 (7)	8 (1)	14 (2)	20 (1)	60 (4)
% Stable (% of entire sample)	43 (21)	31 (8)	43 (7)	40 (15)	25 (4)	64 (11)	60 (3)	40 (3)
% Decreasing (% of entire sample)	12 (6)	17 (4)	9 (2)	8 (3)	8 (1)	0 (0)	0 (0)	0 (0)
% Fluctuating (% of entire sample)	3 (2)	7 (2)	14 (2)	5 (2)	17 (3)	7 (1)	20 (1)	0 (0)
% Don't know (% of entire sample*)	27 (14)	38 (10)	5 (1)	29 (11)	42 (7)	14 (2)	-	-

Source: EDRS REU interviews, 2003-2010

^ Small numbers (<10)

* 'Don't know' not included 2009-2010

6.2.2 Purity

Similar to 2009, the majority of respondents in 2010 who commented on the current purity of speed believed current purity to be 'low' to 'medium' (see Table 21). Of the respondents that commented on the purity of base, equal numbers reported purity to be low and high. The majority of respondents who commented on the current purity of ice reported purity to be medium to high. It must be noted that small numbers commented on the purity of base and crystal in 2010 and therefore the results should be interpreted with caution.

6.2.2.1 Methamphetamine powder (speed)

Half of the respondents (50%) commenting on speed (n=20) reported the current purity to be medium (45% in 2009). A further 35% indicated the current purity of speed to be low and 15% indicated that it was high.

Almost half (44%) of the respondents who commented on the change in purity of speed (n=16) believed purity had remained stable in the last six months. A further 38% reported purity to have decreased and no respondents thought that purity had increased (Table 21).

There were no significant differences in either current purity or change in purity of speed from 2009 to 2010.

6.2.2.2 Methamphetamine base

Only seven respondents commented on the current purity of base, therefore responses should be interpreted with caution. Almost half (43%) of the respondents that commented reported the current purity to be low (50% in 2009). The same proportion reported the current purity of base to be high (17% in 2009). One respondent reported the current purity of base to be medium (33% in 2009). Six REU commented on the change in purity of base. Respondents indicated that the purity of base was stable (67%) or decreasing (33%).

6.2.2.3 Crystal methamphetamine

In 2010, five REU commented on the current purity of crystal. The majority reported the current purity of crystal to be medium (40%) to high (40%). One respondent reported the current purity of crystal to be low. Forty percent of the REU commenting reported that purity of crystal was increasing. The same proportion (40%) reported the purity of crystal to be decreasing. One respondent indicated that purity of crystal had remained stable in the past six months.

Table 21: Current purity of methamphetamine, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Speed								
Did respond (%)	52	47	50	61	32	31	36	27
Of those that responded	n=34	n=55	n=63	n=61	n=24	n=26	n=36	n=20
% Low (% of entire sample)	11 (6)	18 (9)	13 (6)	15 (9)	25 (8)	19 (6)	28 (29)	35 (10)
% Medium (% of entire sample)	27 (14)	40 (19)	38 (19)	34 (21)	33 (11)	42 (13)	45 (13)	50 (14)
% High (% of entire sample)	27 (14)	22 (10)	30 (15)	31 (19)	33 (11)	19 (6)	21 (6)	15 (4)
% Fluctuates (% of entire sample)	6 (3)	6 (3)	11 (6)	8 (5)	0 (0)	15 (5)	7 (2)	0 (0)
% Don't know (% of entire sample)	29 (15)	14 (7)	8 (4)	12 (7)	8 (3)	4 (1)	-	-
Base								
Did respond (%)	23	22	17	24	12	17	8	10
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=8	N=7
% Low (% of entire sample)	0 (0)	12 (3)	5 (1)	13 (3)	11 (1)	14 (2)	50 (3)	43 (4)
% Medium (% of entire sample)	20 (5)	32 (7)	19 (3)	21 (5)	33 (4)	50 (8)	33 (2)	14 (1)
% High (% of entire sample)	33 (8)	48 (10)	76 (13)	54 (13)	44 (5)	14 (2)	17 (1)	43 (4)
% Fluctuates (% of entire sample)	7 (2)	4 (1)	0 (0)	8 (2)	0 (0)	14 (2)	0 (0)	0(0)
% Don't know (% of entire sample)	40 (9)	4 (1)	0 (0)	4 (1)	11 (1)	7 (1)	-	-
Crystal								
Did respond (%)	50	25	17	38	16	17	6	7
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6	n=5
% Low (% of entire sample)	0 (0)	7 (2)	0 (0)	8 (3)	0 (0)	7 (1)	50 (3)	20 (1)
% Medium (% of entire sample)	15 (8)	24 (6)	43 (7)	21 (8)	33 (5)	21 (4)	17 (1)	40 (3)
% High (% of entire sample)	67 (33)	45 (11)	43 (7)	45 (17)	33 (5)	43 (7)	33 (2)	40 (3)
% Fluctuates (% of entire sample)	3 (2)	7 (2)	9 (2)	8 (3)	8 (1)	21 (4)	0 (0)	0 (0)
% Don't know (% of entire sample*)	15 (8)	17 (4)	5 (1)	18 (7)	25 (4)	7 (1)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' not included 2009-2010

Table 22: Change in methamphetamine purity, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
<i>Speed</i>								
Did respond (%)	52	47	50	61	32	31	4	22
Of those that responded (%)	n=34	n=55	n=66	n=61	n=24	n=26	n=4	n=16
<i>% Increasing (% of entire sample)</i>	15 (8)	11 (5)	8 (4)	13 (8)	13 (4)	12 (4)	25 (1)	0 (0)
<i>% Stable (% of entire sample)</i>	32 (17)	46 (22)	32 (16)	26 (16)	29 (10)	19 (6)	25 (1)	44 (10)
<i>% Decreasing (% of entire sample)</i>	12 (6)	7 (3)	22 (11)	23 (14)	25 (8)	23 (7)	25 (1)	38 (8)
<i>% Fluctuating (% of entire sample)</i>	12 (6)	11 (5)	19 (10)	16 (10)	8 (3)	31 (10)	25 (1)	19 (4)
<i>% Don't know (% of entire sample)*</i>	29 (15)	25 (12)	19 (10)	21 (13)	25 (8)	15 (5)	-	-
<i>Base</i>								
Did respond (%)	23	22	17	24	12	17	6	8
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=6	n=6
<i>% Increasing (% of entire sample)</i>	20 (5)	16 (3)	24 (4)	21 (5)	0 (0)	7 (1)	17 (1)	0 (0)
<i>% Stable (% of entire sample)</i>	26 (6)	48 (10)	57 (10)	42 (10)	44 (5)	43 (7)	50 (3)	67 (5)
<i>% Decreasing (% of entire sample)</i>	7 (2)	4 (1)	5 (1)	8 (2)	0 (0)	14 (2)	33 (2)	33 (3)
<i>% Fluctuating (% of entire sample)</i>	7 (2)	12 (3)	5 (1)	8 (2)	22 (3)	29 (5)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)*</i>	40 (9)	20 (4)	9 (2)	21 (5)	33 (4)	7 (1)	-	-
<i>Crystal</i>								
Did respond (%)	50	25	17	38	16	17	6	7
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6	n=5
<i>% Increasing (% of entire sample)</i>	6 (3)	10 (3)	5 (1)	11 (4)	17 (3)	29 (5)	0 (0)	40 (3)
<i>% Stable (% of entire sample)</i>	52 (26)	42 (10)	48 (8)	32 (12)	25 (4)	7 (1)	50 (3)	20(1)
<i>% Decreasing (% of entire sample)</i>	9 (5)	3 (1)	5 (1)	18 (7)	8 (1)	7 (1)	50 (3)	40 (3)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	14 (3)	28 (5)	5 (2)	17 (3)	43 (7)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)*</i>	30 (15)	31 (8)	14 (2)	34 (13)	33 (5)	14 (2)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' not included 2009-2010

6.2.3 Availability

6.2.3.1 *Methamphetamine powder (speed)*

Of the 23 REU who commented on the availability of speed in the preceding six months, the majority (78%) reported that speed was currently easy (39%) to very easy (39%) to obtain (Table 23). Twenty-two percent reported that speed was difficult to obtain. The majority (73%) of respondents believed that the availability of speed had remained stable. Smaller proportions reported that speed had become more difficult (9%) to obtain or easier (18%) to obtain in the six months preceding interview. There were no significant differences in either current availability or change in availability between 2009 and 2010.

6.2.3.2 *Methamphetamine base*

In 2010 the majority (57%) of respondents (n=7) indicated that base was easy to obtain, an increase from 2009 where only 14% reported base to be easy to obtain. Forty-three percent of respondents reported base as difficult to obtain (57% in 2009). When asked about changes in the availability of base methamphetamine (see Table 24), over two-thirds (67%) reported that availability of base had remained stable over the preceding six months (also 67% in 2009).

6.2.3.3 *Crystal methamphetamine*

The reports of the 5 REU commenting on crystal indicated that the majority (80%, n=4) believed it was 'very easy' (60%) or easy (20%) to obtain. One respondent said it was 'difficult' to obtain. The majority (80%) of participants who were able to comment on crystal reported that availability of crystal over the preceding six months had remained stable. One participant reported that crystal had become easier to obtain and no participants reported that crystal had become more difficult to obtain (67% in 2009).

Table 23: Current availability of methamphetamine forms, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
<i>Speed</i>								
Did respond (%)	52	47	50	61	32	31	32	32
Of those that responded (%)	n=34	n=55	n=63	n=61	n=24	n=26	n=32	N=23
% Very easy (% of entire sample)	20 (11)	36 (17)	30 (15)	28 (17)	38 (12)	19 (6)	16 (5)	39 (12)
% Easy ^a (% of entire sample)	62 (32)	49 (23)	50 (25)	53 (32)	29 (10)	46 (15)	53 (17)	39 (12)
% Difficult (% of entire sample)	9 (5)	11 (5)	16 (8)	16 (10)	25 (8)	31 (10)	28 (9)	22 (7)
% Very difficult (% of entire sample)	6 (3)	0 (0)	2 (1)	3 (2)	0 (0)	0 (0)	3 (1)	0
% Don't know (% of entire sample)*	3 (2)	4 (2)	2 (1)	0 (0)	8 (3)	4 (1)	-	-
<i>Base</i>								
Did respond (%)	23	22	17	24	12	17	7	10
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=7	n=7
% Very easy (% of entire sample)	13 (3)	32 (7)	33 (6)	25 (6)	44 (5)	29 (5)	29 (2)	0 (0)
% Easy ^a (% of entire sample)	33 (8)	44 (10)	38 (6)	54 (13)	33 (4)	29 (5)	14 (1)	57 (5)
% Difficult (% of entire sample)	27 (6)	16 (3)	29 (5)	13 (3)	22 (3)	36 (6)	57 (4)	43 (4)
% Very difficult (% of entire sample)	7 (2)	0 (0)	0 (0)	0 (0)	0 (0)	7 (1)	0 (0)	0 (0)
% Don't know (% of entire sample)*	20 (5)	8 (2)	0 (0)	8 (2)	0 (0)	0 (0)	-	-
<i>Crystal</i>								
Did respond (%)	50	25	17	38	16	17	6	7
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6	n=5
% Very easy (% of entire sample)	12 (6)	24 (6)	38 (6)	29 (11)	25 (4)	43 (7)	0 (0)	60 (4)
% Easy ^a (% of entire sample)	52 (26)	34 (9)	38 (9)	45 (17)	50 (8)	43 (7)	33 (2)	20 (1)
% Difficult (% of entire sample)	27 (14)	28 (7)	24 (4)	16 (6)	17 (3)	0 (0)	67 (4)	20 (1)
% Very difficult (% of entire sample)	3 (2)	7 (2)	0 (0)	5 (2)	0 (0)	7 (1)	0 (0)	0 (0)
% Don't know (% of entire sample)*	6 (3)	7 (2)	0 (0)	5 (2)	8 (1)	7 (1)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' not included 2009-2010

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

Table 24: Changes to availability of methamphetamine forms, ACT, 2003-2010

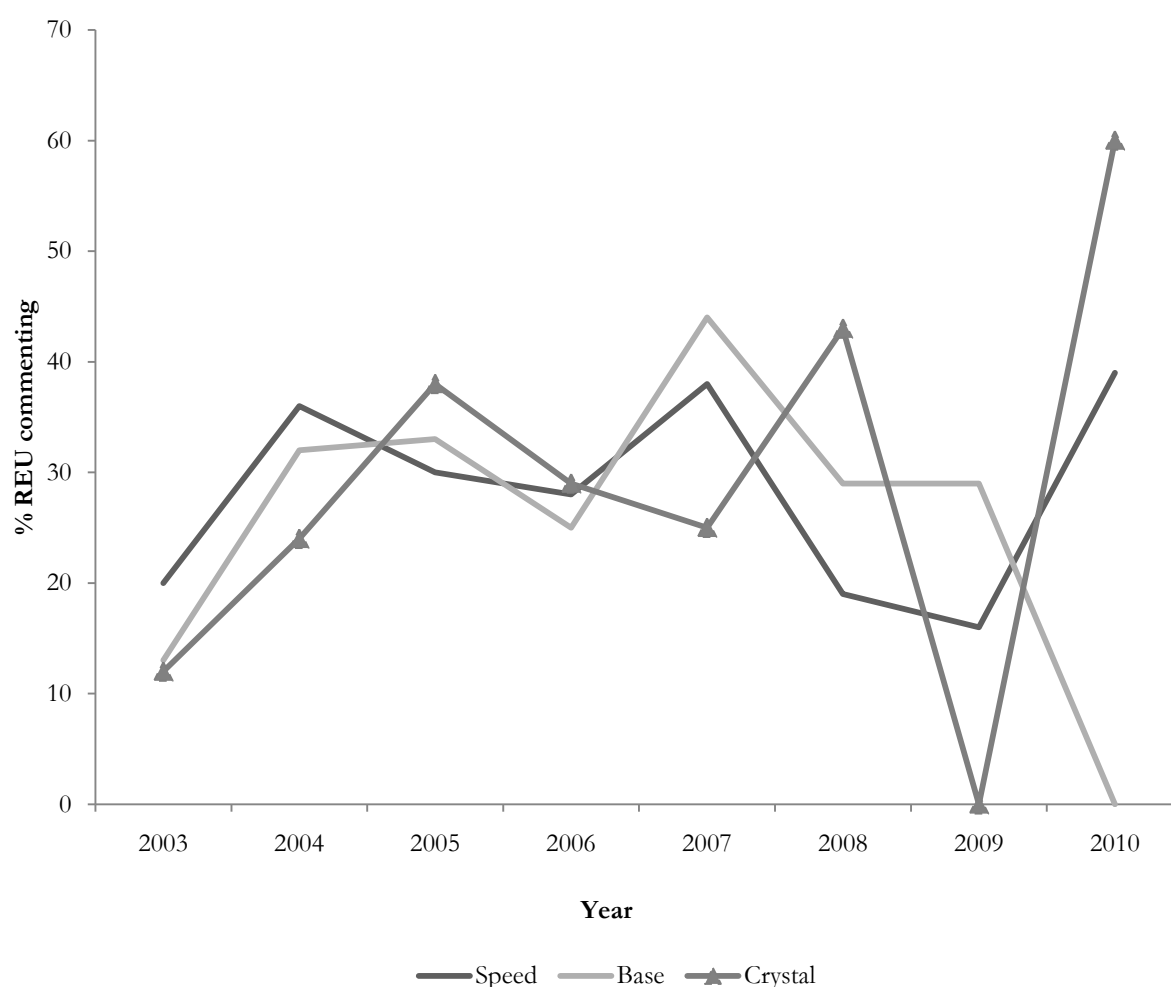
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
<i>Speed</i>								
Did respond (%)	52	47	50	61	32	31	28	30
Of those that responded (%)	n=34	n=55	n=63	n=61	n=24	n=26	n=28	N=22
<i>% More difficult (% of entire sample)</i>	26 (14)	9 (4)	9 (5)	13 (8)	21 (7)	23 (7)	36 (10)	9 (3)
<i>% Stable (% of entire sample)</i>	47 (24)	69 (33)	56 (28)	57 (35)	38 (12)	50 (16)	54 (15)	73 (22)
<i>% Easier (% of entire sample)</i>	12 (6)	13 (6)	25 (13)	13 (8)	21 (7)	8 (2)	7 (2)	18 (5)
<i>% Fluctuates (% of the entire sample)</i>	6 (3)	2 (1)	5 (2)	5 (3)	0 (0)	8 (2)	4 (1)	0 (0)
<i>% Don't know (% of entire sample)*</i>	9 (5)	7 (3)	5 (2)	12 (7)	21 (7)	12 (4)	-	-
<i>Base</i>								
Did respond (%)	23	22	17	24	12	17	6	8
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=6	N=6
<i>% More difficult (% of entire sample)</i>	7 (2)	16 (3)	9 (2)	8 (2)	11 (1)	36 (6)	17 (1)	17 (1)
<i>% Stable (% of entire sample)</i>	53 (12)	64 (14)	57 (10)	54 (13)	22 (3)	57 (10)	67 (4)	67 (5)
<i>% Easier (% of entire sample)</i>	13 (3)	4 (1)	29 (5)	17 (4)	44 (5)	0 (0)	17 (1)	17 (1)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	7 (1)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)*</i>	27 (6)	16 (3)	5 (1)	17 (4)	22 (3)	0 (0)	-	-
<i>Crystal</i>								
Did respond (%)	50	25	17	38	16	17	6	7
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6	n=5
<i>% More difficult (% of entire sample)</i>	15 (8)	11 (3)	19 (3)	13 (5)	17 (3)	0 (0)	67 (4)	0 (0)
<i>% Stable (% of entire sample)</i>	43 (21)	55 (14)	62 (10)	57 (18)	33 (5)	64 (11)	33 (2)	80 (5)
<i>% Easier (% of entire sample)</i>	24 (12)	17 (4)	19 (3)	24 (9)	17 (3)	14 (2)	0 (0)	20 (1)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	3 (1)	0 (0)	3 (1)	8 (1)	7 (1)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)*</i>	18 (9)	14 (3)	0 (0)	13 (5)	25 (4)	14 (2)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' not included 2009-2010

Figure 9 presents the proportion of REU who reported each form of methamphetamine to be very easy to obtain in the ACT from 2003 to 2010. From 2008 there was a decrease in the proportion of REU reporting speed to be very easy to obtain. This trend was reversed in 2010 with 39% of REU reporting that speed was very easy to obtain, an increase from 16% in 2009. The proportion reporting base to be very easy decreased, with no participants reporting base as very easy to obtain (29% in 2009). In 2010, 60% of respondents reported crystal as being very easy to obtain. This is an increase from 2009 where no participants reported crystal as being very easy to obtain. The proportion of REU reporting was low so results must be interpreted with caution.

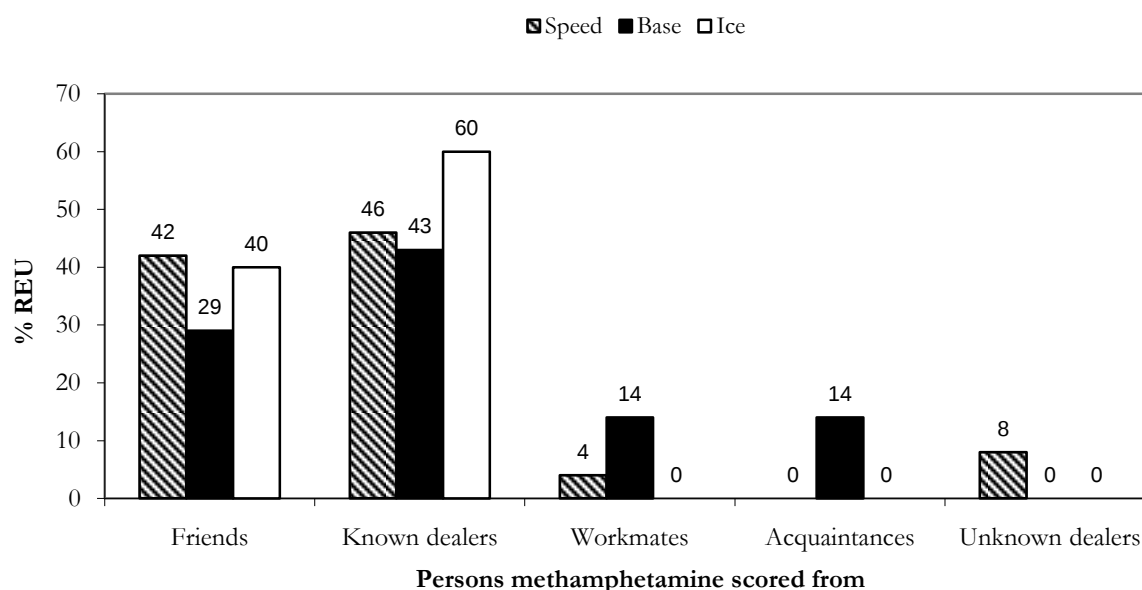
Figure 9: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as very easy to obtain in the six months preceding interview in ACT, 2003-2010



Source: EDRS REU interviews, 2003-2010

Figure 10 presents the people from whom REU had last purchased methamphetamine from in the six months prior to interview. For speed, known dealers (46%) and friends (42%) were the most common sources. Small proportions reported obtaining speed from unknown dealers (8%) and workmates (4%). Friends (29%) and known dealers (43%) were also the most common source from which REU obtained base. Known dealers (60%) were the most common source for the last purchase of ice/crystal. Friends (40%) were also a common source for the last purchase of crystal.

Figure 10: People from whom methamphetamine was last purchased in the preceding six months, ACT, 2010

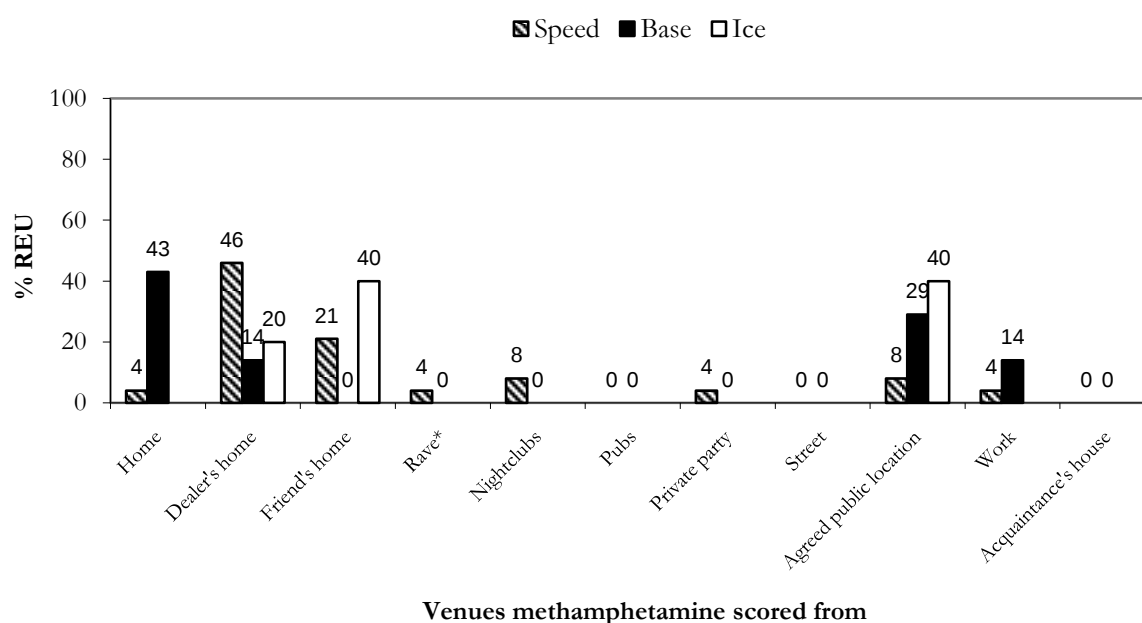


Source: EDRS REU interviews, 2010

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

The locations at which REU last purchased all three forms of methamphetamine, in the six months prior, were primarily private settings such as a dealer's home (speed 46%, base 14%, and crystal 20%). Forty percent of respondents, who reported on ice, indicated they last purchased in an agreed public location.

Figure 11: Locations where methamphetamine was last purchased in the preceding six months, 2010



Source: EDRS REU interviews, 2010

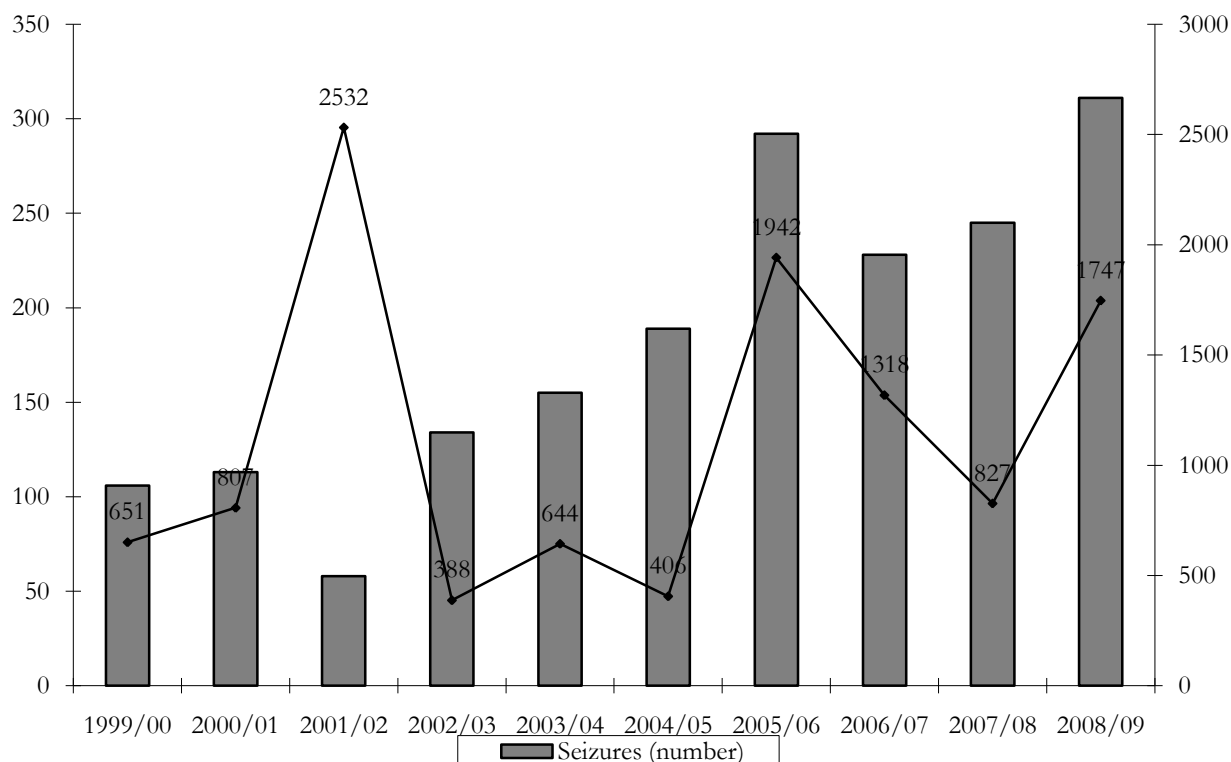
Note: Results based on following response numbers: speed (n=24), base (n=7) and crystal (n=5)

* Includes outdoor raves (doofs) and dance parties

6.2.4 Law enforcement

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2009 are presented in Figure 12. It must be noted that amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The number and weight of amphetamine-type seizures made in the ACT increased over the 2007/2008 and 2008/2009 financial year periods. The number of seizures increased from 245 in 2007/2008 to 311 in 2008/2009. The weight seized increased from 827 grams in 2007/2008 to 2008/2009.

Figure 12: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2009



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

Note: Data not available for the 2009/2010 financial year

6.3 Cocaine

Key points

- The median price of a gram of cocaine in 2010 was \$300, stable from 2009. The majority of respondents reported the price of cocaine had remained stable in the previous six months.
- A small majority reported cocaine purity to be medium. There were mixed reports of purity change in the past six months with equal proportions (28%) reporting purity to be increasing, decreasing or fluctuating. Compared to 2009, there was a significant decrease in the proportion of respondents who indicated that cocaine purity had remained stable in the past six months.
- The majority (65%) of respondents reported that cocaine was easy or very easy to access. The majority (57%) also reported that cocaine availability had remained stable in the previous six months.

6.3.1 Price

Twenty-seven participants commented on the current price, purity and availability of cocaine. Twenty-one participants reported on the price paid for a gram of cocaine in the ACT (see Table 25). The median reported price paid for the last gram of cocaine purchased by REU remained stable at \$300 (range \$150-400) per gram. Fifty-eight percent 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, a decrease from 19% in 2009.

Table 25: Prices and changes in price for cocaine, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price for gram (range)	\$250 (180-300)	\$250 (180-600)	\$250 (180-450)	\$300 (50-400)	\$300 (120-750)	\$300 (180-2,000)	\$300 (110-350)	\$300 (150-400)
<i>Changes in price</i>								
Did respond (%)	18	31	30	34	36	34	17	26
Of those that responded	n=12	n=36	n=38	n=34	n=27	n=28	n=17	n=19
<i>% Increasing (% of entire sample)</i>	17 (3)	17 (5)	14 (4)	6 (2)	4 (1)	7 (2)	6 (1)	16 (4)
<i>% Stable (% of entire sample)</i>	50 (9)	34 (10)	21 (6)	38 (13)	44 (16)	36 (12)	77 (13)	58 (15)
<i>% Decreasing (% of entire sample)</i>	0 (0)	8 (3)	18 (6)	3 (1)	4 (1)	11 (4)	12 (2)	21 (5)
<i>% Fluctuating (% of entire sample)</i>	17 (3)	8 (3)	18 (6)	3 (1)	15 (5)	7 (2)	6 (1)	5 (1)
<i>% Don't know (% of entire sample)*</i>	16 (3)	33 (10)	29 (9)	50 (17)	33 (12)	39 (13)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

6.3.2 Purity

In the 2010 EDRS, 64% of respondents reported that the current purity of cocaine was medium (36%) to high (27%, see Table 26). This is similar to the results reported in 2009. Equal proportions reported that the current purity of cocaine was increasing (28%) or stable (28%) or decreasing (28%). There were significantly (95% CI: 0.64 - 0.07) less reports that the purity of cocaine remained stable in the previous six months. There were no other significant differences in purity from 2009 to 2010.

Table 26: Reports of cocaine purity, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Did respond (%)	18	31	30	34	36	34	25	30
Of those that responded (%)	n=12	n=36	n=38	n=34	n=27	n=28	n=25	n=22
<i>Current purity</i>								
<i>% Low (% of entire sample)</i>	17 (3)	14 (4)	3 (1)	18 (6)	19 (7)	29 (10)	24 (5)	23 (7)
<i>% Medium (% of entire sample)</i>	50 (9)	22 (7)	42 (13)	29 (10)	33 (12)	32 (11)	29 (6)	36 (11)
<i>% High (% of entire sample)</i>	17 (3)	22 (7)	42 (13)	27 (9)	22 (8)	18 (6)	38 (8)	27 (8)
<i>% Fluctuates (% of entire sample)</i>	16 (3)	11 (3)	5 (2)	9 (3)	15 (5)	4 (1)	10 (2)	14 (4)
<i>% Don't know (% of entire sample)</i>	0 (0)	31 (10)	8 (2)	18 (6)	11 (4)	18 (6)	-	-
<i>Purity change</i>								
<i>% Increasing (% of entire sample)</i>	17 (3)	17 (5)	13 (4)	9 (3)	4 (1)	11 (4)	25 (4)	28 (7)
<i>% Stable (% of entire sample)</i>	42 (8)	22 (7)	29 (9)	21 (7)	26 (10)	32 (11)	69 (11)	28 (7)
<i>% Decreasing (% of entire sample)</i>	8 (2)	11 (3)	13 (4)	6 (2)	11 (4)	4 (1)	6 (1)	28 (7)
<i>% Fluctuating (% of entire sample)</i>	8 (2)	11 (3)	19 (6)	21 (7)	22 (8)	14 (5)	0 (0)	17 (4)
<i>% Don't know (% of entire sample)*</i>	25 (5)	39 (12)	26 (8)	44 (15)	37 (14)	39 (13)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

6.3.3 Availability

In 2010, 65% of respondents indicated that cocaine was easy (42%) or very easy (23%) to obtain (see Table 27). The majority (57%) of REU believed that the availability of cocaine had remained stable over the previous six months (a decrease from 67% in 2009). Thirteen percent reported that cocaine had become more difficult to obtain (17% in 2009), and 30% reported that cocaine had become easier to obtain (6% in 2009). There were no significant differences in availability from 2009 to 2010.

Table 27: Availability of cocaine, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Did respond (%)	18	31	30	34	36	34	25	36
Of those that responded (%)	n=12	n=36	n=38	n=34	n=27	n=28	n=25	n=26
<i>Current availability</i>								
<i>% Very easy (% of entire sample)</i>	0 (0)	6 (2)	8 (2)	12 (4)	19 (7)	4 (1)	8 (2)	23 (8)
<i>% Easy** (% of entire sample)</i>	42 (8)	47 (15)	34 (10)	32 (11)	30 (11)	36 (12)	44 (11)	42 (15)
<i>% Difficult (% of entire sample)</i>	42 (8)	31 (10)	55 (17)	44 (15)	41 (15)	39 (13)	44 (11)	35 (12)
<i>% Very difficult (% of entire sample)</i>	16 (3)	8 (3)	3 (1)	3 (1)	4 (1)	14 (5)	4 (1)	0 (0)
<i>% Don't know (% of entire sample)</i>	0 (0)	8 (3)	0 (0)	9 (3)	7 (3)	7 (2)	-	-
<i>Change in availability</i>								
<i>% More difficult (% of entire sample)</i>	17 (3)	8 (3)	13 (4)	6 (2)	7 (3)	11 (4)	17 (3)	13 (4)
<i>% Stable (% of entire sample)</i>	42 (8)	42 (13)	58 (18)	47 (16)	52 (19)	50 (17)	67 (12)	57 (18)
<i>% Easier (% of entire sample)</i>	25 (5)	25 (8)	16 (5)	15 (5)	11 (4)	7 (2)	6 (1)	30 (10)
<i>% Fluctuates (% of entire sample)</i>	8 (2)	8 (3)	8 (2)	0 (0)	7 (3)	4 (1)	11 (2)	0 (0)
<i>% Don't know (% of entire sample)*</i>	8 (2)	17 (5)	5 (2)	32 (11)	22 (8)	29 (10)	-	-

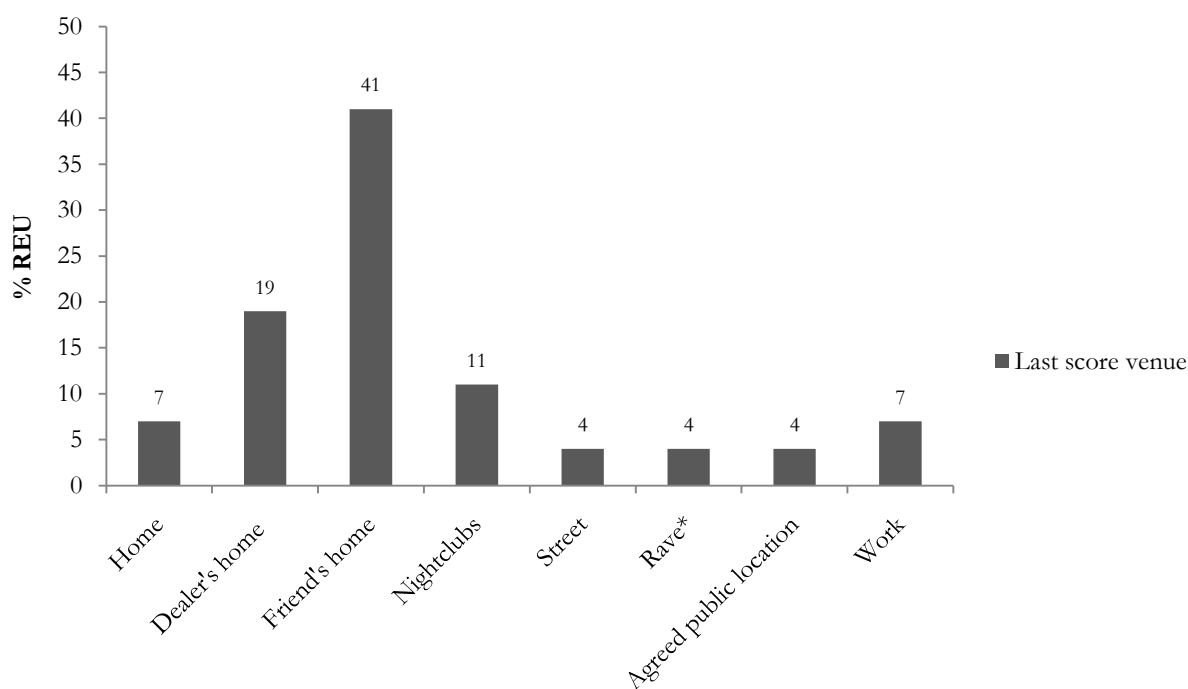
Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

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

The most commonly reported last people REU reported obtaining cocaine from in the preceding six months were friends (52%) and known dealers (26%). The most common locations at which REU reported last obtaining cocaine in the six months prior to interview were a friend's home (41%), dealer's home (19%) and nightclubs (11%, see Figure 13).

Figure 13: Locations where cocaine was last purchased in the preceding six months, ACT, 2010



Source: EDRS REU interviews, 2010

Note: results based on response numbers n=27

6.3.4 Law enforcement

Table 28 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2009. During this period, the number and weight of seizures has remained low; however, in 2004/2005 the weight of seizures increased to 589 grams. In 2008/2009 the weight of seizures increased from previous years to 197 grams. This was the highest weight of seizures recorded since 2004/2005.

Table 28: Number and weight of cocaine seizures, ACT, July 1999 to June 2009

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

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

Note: Data not available for the 2009/2010 financial year

Key Expert Comments

- Three key experts commented on the price of cocaine, with reports ranging from \$250-350 per gram. This is consistent with the median price paid reported by REU.
- Key experts reported that cocaine was easily available.

6.4 LSD

Key points

- The median price reported for a tab of LSD decreased from \$25 in 2009 to \$20 in 2010. Of those that responded, 61% reported that the price had remained stable in the previous six months.
- All respondents reported that current purity was medium (43%) to high (57%). The majority (57%) reported that purity had remained stable in the previous six months.
- The majority (69%) of respondents reported that LSD was easy or very easy to obtain. The majority also reported that LSD availability had remained stable in the previous six months.

6.4.1 Price

In 2010, one-third (32%, n=23) of the EDRS sample commented on the current price, purity and availability of LSD in the ACT. In 2010, the median reported last price for a tab of LSD decreased back to \$20 (range \$10-30), from \$25 in 2009 and \$20 in 2008 (Table 29). Of the twenty-three respondents commenting, three-fifths (61%) reported that the price remained stable in the past six months. The proportion of REU reporting that the price of LSD had decreased remained stable at 4%. Seventeen percent of REU reported that the price of LSD had increased in the six months prior to interview. The same proportion of REU commenting on LSD reported that the price of LSD had fluctuated in the previous six months (17%).

Table 29: Prices of LSD purchased by ACT REU, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Median price for tab (range)	\$20 (10-30)	\$20 (15-30)	\$20 (10-40)	\$20 (2-30)	\$20 (10-50)	\$20 (10-40)	\$25 (10-40)	\$20 (10-30)
Did respond (%)	48	22	30	24	24	30	33	32
Of those that responded	n=32	n=25	n=38	n=24	n=18	n=25	n=33	n=23
<i>% Increasing (% of entire sample)</i>	19 (9)	16 (3)	8 (2)	8 (2)	6 (10)	0 (0)	23 (6)	17 (5)
<i>% Stable (% of entire sample)</i>	50 (24)	52 (11)	42 (13)	67 (16)	44 (11)	64 (19)	58 (15)	61 (19)
<i>% Decreasing (% of entire sample)</i>	3 (2)	12 (3)	13 (4)	4 (1)	22 (5)	8 (2)	8 (2)	4 (1)
<i>% Fluctuating (% of entire sample)</i>	6 (3)	8 (2)	11 (3)	0 (0)	11 (3)	12 (4)	12 (3)	17 (5)
<i>% Don't know (% of entire sample)*</i>	22 (11)	12 (3)	26 (8)	21 (5)	17 (4)	16 (5)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

6.4.2 Purity

The majority of the REU sample who were able to comment on LSD purity reported that the current purity was high (57%) (see Table 30). Fifty-three percent of REU who were able to comment on the change in purity of LSD reported that it had remained stable, 16% said purity had decreased and only one respondent reported that purity had increased in the six months prior to interview. There were no significant differences in current purity or purity change between 2009 and 2010.

Table 30: Current purity of LSD and purity change, ACT, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Did respond (%)	48	22	30	24	24	30	30	29
Of those that responded (%)	n=32	n=25	n=38	n=24	n=18	n=25	n=30	n=21
<i>Current purity</i>								
<i>% Low (% of entire sample)</i>	13 (6)	20 (4)	5 (2)	4 (1)	11 (3)	8 (2)	0 (0)	0 (0)
<i>% Medium (% of entire sample)</i>	41 (20)	28 (6)	45 (14)	21 (5)	28 (7)	28 (8)	17 (5)	43 (12)
<i>% High (% of entire sample)</i>	31 (15)	36 (8)	29 (9)	50 (12)	28 (7)	28 (8)	70 (21)	57 (16)
<i>% Fluctuates (% of entire sample)</i>	9 (5)	4 (1)	13 (4)	8 (2)	17 (4)	16 (5)	13 (4)	0 (0)
<i>% Don't know (% of entire sample)*</i>	6 (3)	12 (3)	8 (2)	17 (4)	17 (4)	20 (6)	-	-
<i>Purity change</i>								
<i>% Increasing (% of entire sample)</i>	22 (11)	20 (4)	8 (2)	13 (3)	11 (3)	4 (1)	29 (7)	5 (1)
<i>% Stable (% of entire sample)</i>	28 (14)	24 (5)	29 (9)	33 (8)	22 (5)	36 (11)	42 (10)	53 (14)
<i>% Decreasing (% of entire sample)</i>	19 (9)	20 (4)	24 (7)	4 (1)	6 (1)	12 (4)	4 (1)	16 (4)
<i>% Fluctuating (% of entire sample)</i>	6 (3)	0 (0)	16 (5)	13 (3)	28 (7)	20 (6)	25 (6)	26 (7)
<i>% Don't know (% of entire sample)*</i>	25 (12)	36 (8)	23 (7)	38 (9)	33 (8)	28 (8)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

6.4.3 Availability

The majority (69%) of the REU sample who were able to comment on LSD reported that the substance was easy to very easy to obtain and approximately one-third (30%) reported that LSD was difficult to obtain. No participants reported that LSD was very difficult to obtain (see Table 31). The majority (44%) of REU who commented on LSD reported that availability had remained stable. There were no significant differences between availability or availability change of LSD from 2009 to 2010.

Table 31: Current LSD availability and availability change, ACT, 2003-2010

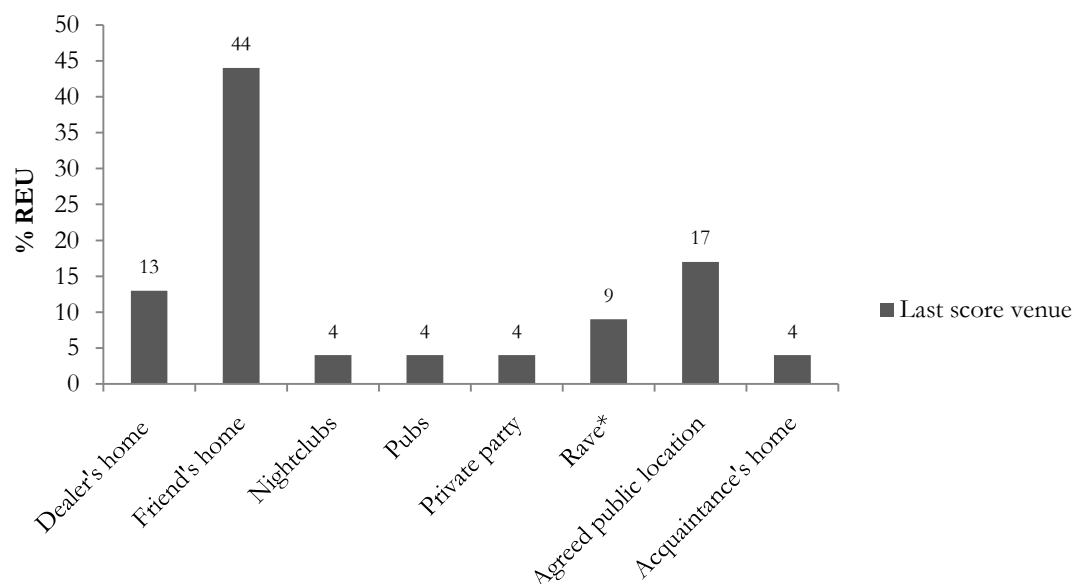
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Did respond (%)	48	22	30	24	24	30	33	32
Of those that responded (%)	n=32	n=25	n=38	n=24	n=18	n=25	n=33	n=23
<i>Current Availability</i>								
<i>% Very easy (% of entire sample)</i>	9 (5)	8 (2)	16 (5)	13 (3)	28 (7)	24 (7)	18 (6)	30 (10)
<i>% Easy^a (% of entire sample)</i>	44 (21)	28 (6)	21 (6)	38 (9)	28 (7)	40 (12)	52 (17)	39 (12)
<i>% Difficult (% of entire sample)</i>	25 (12)	48 (10)	63 (19)	38 (9)	33 (8)	24 (7)	30 (10)	30 (10)
<i>% Very difficult (% of entire sample)</i>	22 (11)	16 (3)	0 (0)	4 (1)	11 (3)	8 (2)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)*</i>	0 (0)	0 (0)	0 (0)	8 (2)	0 (0)	4 (1)	-	-
<i>Availability change</i>								
<i>% More difficult (% of entire sample)</i>	12 (6)	28 (6)	18 (6)	13 (3)	6 (1)	16 (5)	17 (4)	22 (7)
<i>% Stable (% of entire sample)</i>	41 (20)	56 (12)	45 (14)	46 (11)	39 (10)	56 (17)	58 (14)	44 (14)
<i>% Easier (% of entire sample)</i>	38 (18)	8 (2)	26 (8)	17 (4)	33 (8)	4 (1)	21 (5)	30 (10)
<i>% Fluctuates (% of entire sample)</i>	3 (2)	8 (2)	3 (1)	0 (0)	6 (1)	12 (4)	4 (1)	4 (1)
<i>% Don't know (% of entire sample)*</i>	6 (3)	0 (0)	8 (2)	25 (6)	17 (4)	12 (4)	-	-

Source: EDRS REU interviews, 2003-2010

* 'Don't know' was not included 2009-2010

The locations at which REU reported most frequently obtaining LSD from in the six months prior to interview (see Figure 14) were private locations such as a friend's home (44%) or agreed public locations (17%). This was followed by a dealer's home (13%) and by raves, doofs or dance parties (9%). The people from whom REU reported primarily obtaining LSD from in the preceding six months were friends (52%) and known dealers (35%). A small percentage also reported buying LSD from acquaintances (13%).

Figure 14: Locations where LSD had been purchased in the preceding six months, ACT, 2010



Source: EDRS REU interviews, 2010

* Includes outdoor raves (doofs) and dance parties

6.5 Cannabis

Key points

- The median price paid in 2010 for a gram of hydroponic cannabis was \$20 and for an ounce was \$300. The median price paid for a gram of bush cannabis was \$20 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 (95%) that commented reported that the purity of hydro was medium to high. The majority (81%) also reported that the purity of bush was medium to high. The majority of participants reported that the purity of both hydro and bush had remained stable in the previous six months.
- Almost all (99%) of REU who were able to comment reported that hydro was currently very easy to easy to obtain. There was a significant increase in the proportion of REU who reported that availability of hydro had remained stable in the previous six months (79%), compared to 40% in 2009. Only one respondent reported that it had become more difficult to obtain, a significant decrease from 2009 (21%).
- Almost all (95%) of those who responded reported that bush was currently very easy or easy to obtain. The majority (62%) also reported that the availability of bush had remained stable in the previous six months.

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

6.5.1 Price

In 2010, 6% of participants (n=4) were able to report on the price, purity and availability of hashish (hash) and hash oil, almost half (47%, n=34) were able to comment on hydro, and 30% of participants (n=22) were able to comment on bush. One REU reported that they had purchased a cap of hash oil in the previous six months; the reported price per cap was \$4.

6.5.1.1 *Hydroponic*

Nine REU reported on the last price they had paid for a gram of hydro in the ACT, with the median price being \$20 (range \$20-25, see Table 32). Nine REU were able to report on the last price paid for an ounce of hydro in the ACT, with the median price being \$300 (range \$250-350, see Table 32). The majority (91%) of the REU who were able to comment reported that the price of hydro had remained stable in the preceding six months. Small proportions reported that the price had increased (9%) in the six months preceding interview.

6.5.1.2 Bush

Six REU were able to report on the last price paid for a gram of bush in the last six months in the ACT, with the median price being \$20 (range \$10-20, see Table 32). Four REU were able to report on the last price paid for an ounce of bush, with the median price being \$280 (range \$220-300, see Table 32). Over three-quarters (79%) of respondents reported that the price of bush had remained stable in the six months preceding interview. Smaller proportions reported that the price was increasing (5%), decreasing (11%), or fluctuating (5%).

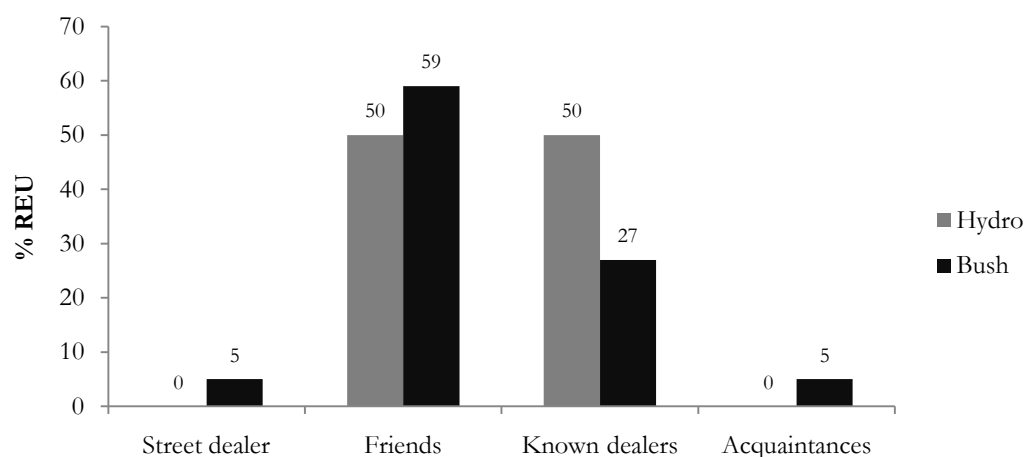
Table 32: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2010

	2010 (N=73)	
	Hydro	Bush
Median price (range)		
Gram	\$20 (20-25)	\$20 (10-20)
Ounce	\$300 (250-350)	\$280 (220-300)
Did respond (%)	44	26
Of those that responded	n=32	n=19
Price change		
% Increasing (% of entire sample)	9 (4)	5 (1)
% Stable (% of entire sample)	91 (40)	79 (21)
% Decreasing (% of entire sample)	0 (0)	11 (3)
% Fluctuating (% of entire sample)	0 (0)	5 (1)

Source: EDRS REU interviews, 2010

The most common sources of hydro were friends (50%) and known dealers (50%). The most common sources of bush were also friends (59%) and known dealers (27%), as can be seen in Figure 15.

Figure 15: Source of last purchase of hydro and bush cannabis, ACT, 2010

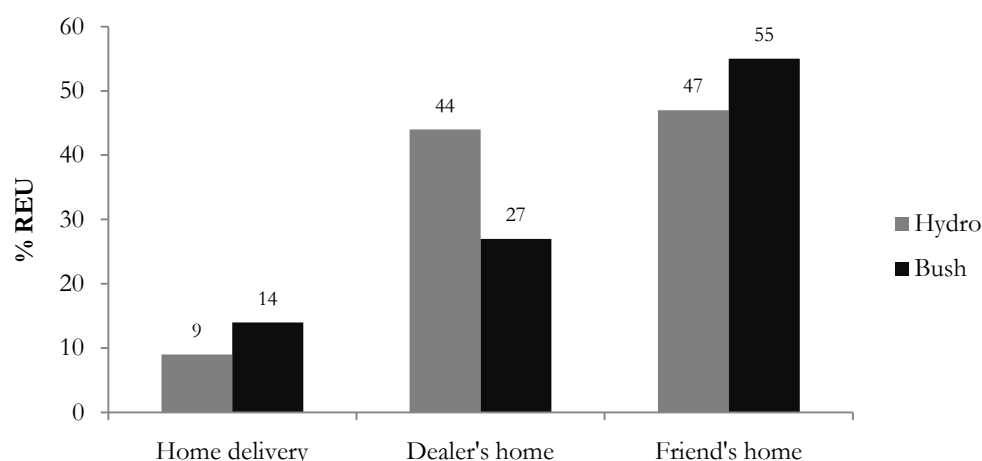


Source: EDRS REU interviews, 2010

Note: Results based on following response numbers: hydro (n=34) and bush (n=22)

Figure 16 shows that the most common place of purchase for both hydro and bush was at a friend's home (47% and 55% respectively). The next most common place for purchase of both hydro and bush was at a dealer's home (44% and 27% respectively), followed by home delivery (14% and 9%).

Figure 16: Last locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2010



Source: EDRS regular ecstasy user interviews, 2010

Note: results based on following response numbers: hydro (n=34) and bush (n=22)

6.5.2 Potency

Potency and potency change in hydroponic and bush cannabis is presented in Table 33. The majority of REU who were able to comment (n=34) on the potency of hydro reported that it was high (68%). Furthermore, the majority of REU reported that the potency of hydro in the six months preceding interview was stable (75%, an increase from 53% in 2009). There were no significant differences in the potency of hydro between 2009 and 2010.

Twenty-one REU were able to comment on the potency of bush in the six months preceding interview. The majority reported that the current potency was medium (48%) to high (33%), and that potency had remained stable (70%), or had increased (15%) in the six months preceding interview. Fifteen percent also reported that potency had fluctuated in the six months preceding the interview. There were no significant differences between 2009 and 2010 in terms of bush potency.

Table 33: Potency and changes in potency for hydro and bush cannabis, ACT, 2009

	2010 (N=73)	
	Hydro	Bush
Current potency		
Did respond (%)	47	29
% High (% of entire sample)	68 (32)	33 (10)
% Medium (% of entire sample)	27 (12)	48 (14)
% Low (% of entire sample)	0 (0)	14 (4)
% Fluctuating (% of entire sample)	6 (3)	5 (1)
Potency change		
Did respond (%)	44	27
% Increasing (% of entire sample)	6 (3)	15 (4)
% Stable (% of entire sample)	75 (33)	70 (19)
% Decreasing (% of entire sample)	9 (4)	0 (0)
% Fluctuating (% of entire sample)	9 (4)	15 (4)

Source: EDRS REU interviews, 2010

6.5.3 Availability

The availability and availability change for hydro and bush in the ACT are presented in Table 34. Almost all (99%) of REU who were able to comment reported that hydro was currently very easy (62%) to easy (35%) to obtain in the ACT. There were no significant differences in current availability of hydro between 2009 and 2010. The majority (79%) also reported that availability had remained stable in the ACT in the preceding six months. This was a significant (95% CI: -0.18 - -0.55) increase from 2009, where 40% reported that the availability of hydro had remained stable. Smaller proportions reported that it had become easier (15%). One respondent reported that it had become more difficult to obtain, significantly (95%CI: 0.31 – 0.03) less than the proportion of respondents who indicated bush had become more difficult to obtain in 2009 (21%).

The majority (95%) of REU who were able to comment reported that bush was currently very easy (59%) to easy (36%) to obtain in the ACT. One respondent reported that bush was currently difficult to obtain. Almost two-thirds (62%) reported that the availability of bush had remained stable. Twenty-four percent reported that availability had become easier. Smaller proportions reported that availability had become more difficult (5%) or was fluctuating (10%). There were no significant differences in current availability or availability change of bush between 2009 and 2010.

Table 34: Availability and changes in availability for hydro and bush cannabis, ACT, 2010

	2010 (N=73)	
	Hydro	Bush
<i>Current availability</i>		
Did respond (%)	47	30
<i>% Very easy (% of entire sample)</i>	62 (29)	59 (18)
<i>% Easy (% of entire sample)</i>	35 (16)	36 (11)
<i>% Difficult (% of entire sample)</i>	3 (1)	5 (1)
<i>% Very difficult (% of entire sample)</i>	0 (0)	0 (0)
<i>Availability change</i>		
Did respond (%)	47	43
<i>% Easier (% of entire sample)</i>	15 (7)	24 (7)
<i>% Stable (% of entire sample)</i>	79 (37)	62 (18)
<i>% More difficult (% of entire sample)</i>	3 (1)	5 (1)
<i>% Fluctuates (% of entire sample)</i>	3 (1)	10 (3)

Source: EDRS REU interviews, 2010

6.5.4 Cannabis law enforcement seizure data

Table 35 shows the number and weight of cannabis seizures in the ACT from 1999 to 2009. There was a 35% decrease in 2008/2009 in the weight of cannabis seizures from 300 917 grams in 2007/2008 to 194 928 grams. There was also a decrease in the number of cannabis seizures from 677 in 2007/2008 to 598 in 2008/2009.

Table 35: Number and weight of cannabis seizures by ACT police, July 1999 to June 2009

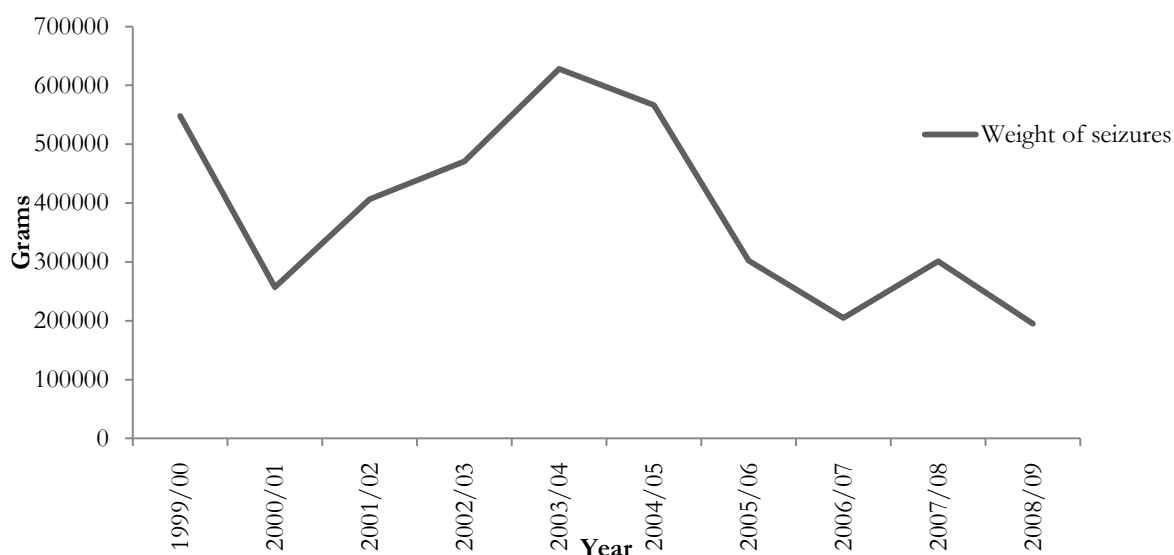
Year	Seizures (no.)	Weight (grams)
1999/2000	870	548 107
2000/2001	565	256 895
2001/2002	387	406 521
2002/2003	624	470 691
2003/2004	591	627 934
2004/2005	553	566 770
2005/2006	458	302 205
2006/2007	497	204 555
2007/2008	677	300 917
2008/2009	598	194 928

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

Note: Data not available for the 2009/2010 financial year

Figure 17 shows the average weight of cannabis seized in the ACT from 1999 to 2009. As can be seen from the graph, there has been a general downward trend in the weight of seizures since 2003/04.

Figure 17: Average weight of cannabis seized in the ACT, July 1999 to June 2009



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

Note: Data not available for the 2009/2010 financial year

7 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Almost one-fifth (18%) of all REU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 77% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy. The most common treatment for an overdose was being watched or monitored by friends.
- Over one-third (36%) of the sample reported that they had ever suffered a depressant overdose, of which 58% had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol (67%).

Help-seeking behaviour

- One-third (32%) of the sample had accessed a health service in relation to their drug use in the six months prior to interview. The most commonly accessed service was a GP. A small proportion (5%) were currently receiving drug treatment.

Self-reported problems

- Half (51%) of the sample reported that they had experienced risk-related problems as a result of their drug use. One-quarter (25%) of the sample reported they had experienced reoccurring relationship/social problems due to drug use and 37% reported that they had experienced responsibility-related problems. These problems were most commonly attributed to alcohol, cannabis, ecstasy and heroin.

Mental health

- A quarter (26%) of participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.
- Almost a quarter (23%) of respondents were classified as currently experience high or very high distress on the Kessler Psychological Distress Scale.

7.1 Overdose and drug-related fatalities

7.1.1 Stimulant overdose

In 2010, participants were asked about their experiences with stimulant and depressant overdoses. Symptoms consistent with stimulant toxicity which may indicate an overdose include nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium.

Lifetime stimulant overdose was reported by almost one-fifth (18%) of the sample (see Table 36). The median number of stimulant overdoses was two (range, 1-5). Of those who had ever overdosed on a stimulant drug, 77% (n=10) reported overdosing in the 12 months preceding interview. Sixty percent of those reporting overdosing in the 12 months preceding interview attributed their last overdose to ecstasy, 1 participant to speed, 1 participant to cocaine and 1 participant to LSD. Forty percent indicated that that they were also under the influence of alcohol, 30% reported they were also under the influence of cannabis, 20% reported they were under the influence of speed and a further 20% reported they were also under the influence of cocaine at the time of their last overdose. A stimulant overdose occurred on a median of six months before interview (range 1-108).

The most common location of the last reported overdose was primarily in a private location (30% at a friend's home, 20% in their own home and 10% in a dealer's home). Thirty percent reported overdosing in a public location (20% at nightclubs and 10% at a rave). The most common overdose symptoms were nausea (80%), extreme anxiety (50%), tremors (40%), headache (40%), panic (40%)

and paranoia (40%). In 2010, the majority (70%) of those who reported overdosing on a stimulant drug in the last 12 months reported that the treatment they received was being monitored/watched by friends. The remaining 30% reported that they had not received any treatment the last time that they overdosed on a stimulant.

Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2010

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

Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2010 (continued)

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

Source: EDRS REU interviews, 2007-2010

Of those who had ever overdosed

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

7.1.2 Depressant overdose

In 2010, participants were asked about their experiences with a depressant overdose (see Table 37). The following symptoms are consistent with a depressant overdose: reduced level of consciousness, respiratory depression, and turning blue or collapsing. Over one-third (36%) of the sample reported that they had ever suffered a depressant overdose in their lifetime, of which 58% (n=15) had suffered a depressant overdose in the 12 months preceding interview (see Table 37). Participants reported a median of three (range 1-100) depressant overdoses in their lifetime. A depressant overdose occurred on a median of twelve months before interview (range 1-120).

Of those who had experienced a depressant overdose in the preceding 12 months (n=15), the most common drug the overdose was attributed to was alcohol (67%), followed by heroin (27%). One participant reported overdosing on benzodiazepines. Other drugs commonly involved included cannabis (47%), alcohol (13%) and benzodiazepines (13%). 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 friend's home (40%) or their own home (27%). Other locations of overdose included public locations, such as streets or parks (14%), nightclubs (7%) or pubs (7%). The most common overdose symptom was losing consciousness (87%), followed by vomiting (67%), collapsing (27%) and suppressed breathing (13%). A variety of treatments were received during respondents' last depressant overdose. These included being attended by an ambulance (20%), having Narcan administered (13%), receiving oxygen (13%) and attending the hospital emergency department (13%). Twenty percent reported that they received no treatment during their last depressant overdose.

Table 37: Participants' experience with depressant overdoses, ACT, 2007-2010

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

Table 37: Participants' experience with depressant overdoses, ACT, 2007-2010 (continued)

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

Source: EDRS REU interviews, 2007-2010

Of those who had ever overdosed

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

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

7.2 Help-seeking behaviour

In the preceding six months, 32% of the sample had accessed some form of medical or health service as a consequence of their drug use. The services most commonly accessed by REU who had recently accessed a service were general practitioners (GPs) (61%, n=14), first aid (35%, n=8), drug and alcohol worker (26%, n=6) and emergency (22%, n=5). Of those REU who had recently seen a GP, the most common reason for seeking help was for drug dependence/addiction (n=6). The main drugs for which help was sought from a GP were alcohol (n=4) and heroin (n=4).

7.3 Drug treatment

In 2010, five percent (n=4) of REU reported currently receiving drug treatment, similar to 2009 (4%). Three of the four were receiving methadone and the other was receiving Subutex (buprenorphine). This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

7.4 Other self-reported problems associated with ecstasy and related drug use

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

Half (51%) of the sample reported that they had experienced risk-related problems as a result of their drug use (Table 38). The most common drugs that this was attributed to were alcohol (49%, n=18), cannabis (16%, n=6) and ecstasy (11%, n=4). Thirty-seven percent of the sample reported that they had experienced responsibility-related problems as a result of their drug use. This was primarily attributed to alcohol (33%, n=9), heroin (19%, n=5) and ecstasy (19%, n=5). One-quarter (25%) 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 alcohol (22%, n=4), heroin (22%, n=4), ecstasy (17%, n=3) and cannabis (17%, n=3). No participants reported having experienced legal problems relating to their drug use.

Table 38: Self-reported drug-related problems, ACT REU, 2009-2010

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

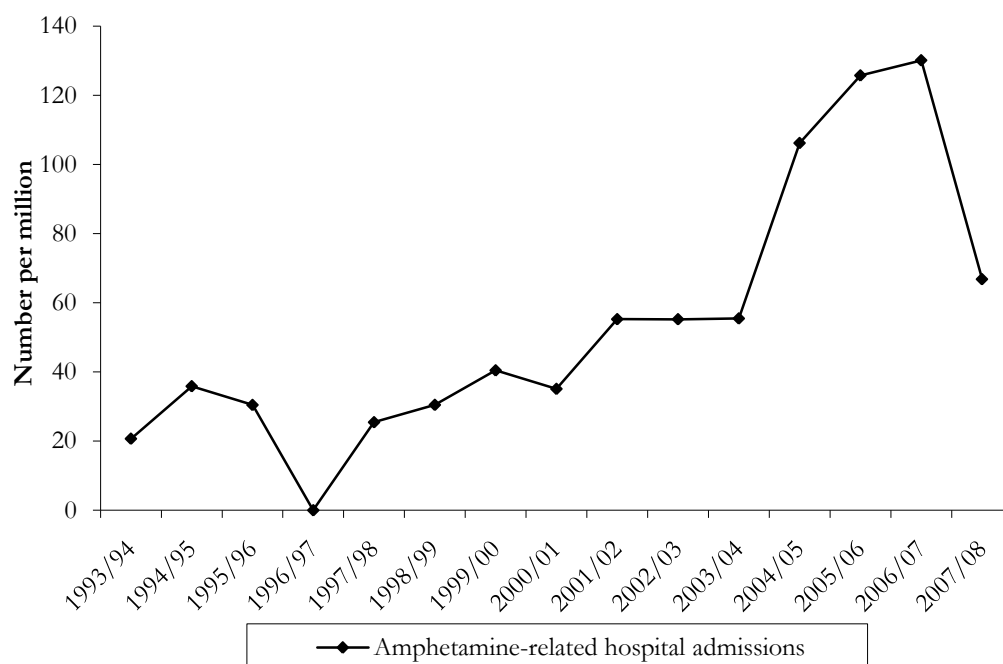
Source: EDRS REU interviews, 2009-2010

7.5 Hospital admissions

7.5.1 Methamphetamine

The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last 10 years (Figure 18). No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased since this time. In 2006/2007, admissions decreased to 66.81 per million persons. At the time of print the 2008/09 data for hospital admissions was not available

Figure 18: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994-2007/2008



Source: AIHW; ACT Department of Health, (Roxburgh and Burns, in press)

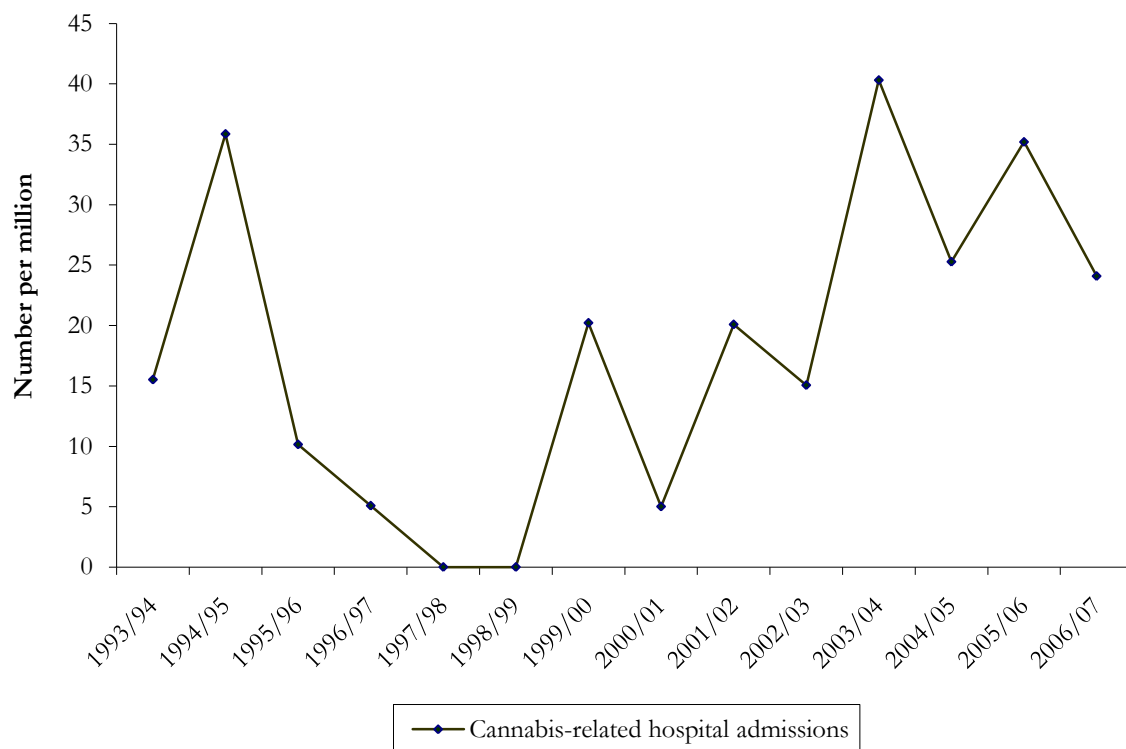
7.5.2 Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15 to 54 years in the last 10 years. There were no hospital admissions where cocaine was implicated in the primary diagnosis in the ACT in 2003/2004 and 2004/2005 (Roxburgh and Burns, in press). In 2007/2008, there were 14.32 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2008/09 data for hospital admissions was not available

7.5.3 Cannabis

As can be seen from Figure 19, the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2007/2008, there were 14.32 cannabis-related hospital admissions per million persons recorded in the ACT. At the time of print the 2008/09 data for hospital admissions was not available.

Figure 19: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994-2007/2008



Source: AIHW; ACT Department of Health,(Roxburgh and Burns, in press)

7.6 Mental and physical health problems and psychological distress

Twenty-six percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=19), depression and anxiety were most commonly reported (74% and 53% respectively). Other problems reported included panic (21%), paranoia (16%), mania (11%) and obsessive compulsive disorder (11%).

Among those who had experienced a problem, 68% (n=13) reported attending a mental health professional during this period. Of those who sought help, six were prescribed medication. Antidepressants were prescribed to four of these participants, antipsychotics were prescribed to two participants and benzodiazepines were also prescribed to two participants.

The 2009 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 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 2007 National Drug Household Survey (NDSHS) Detailed Results (Australian Bureau of Statistics, 2009, Australian Institute of Health and Welfare, 2008) 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.

Of those that answered the section (n=72), the mean score was 18.79 (median 18, SD 5.9, range 10-36). As is evident from Table 39 below, REU scores differ markedly from those reported among the Australian general population, with a larger proportion reporting 'high' and 'very high' distress.

Table 39: Kessler 10 scores in the 2007 NSDHS Detailed Results and ACT REU sample, 2010

K10 Category	Australian Population >18 years	REU N=73
% reporting no or low distress (score 10-15)	69	32
% reporting moderate distress (score 16-21)	21	45
% reporting high distress (score 22-29)	8	15
% reporting very high distress (score (30-50)	2	8

Source: AIHW 2008b; NDSHS Detailed Results; EDRS REU interviews, 2010

Key Expert Comments

- Four KE commented on overdose amongst REU. Overdose was usually attributed to excessive alcohol consumption.
- Three KE reported mental health problems associated with drug use with drug use. Depression and anxiety were the most commonly reported mental health problems.

8 RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Almost one-quarter (23%) of the sample reported having injected at some time in their lives; 21% of the sample reported injecting in the previous six months. The median age of first injection was 17 years.
- Needles were most commonly obtained from vending machines, NSPs or chemists.

Sexual risk behaviour

- Almost half (48%) of REU reported having had casual penetrative sex in the six months prior to interview. When having sex with a casual sex partner whilst not under the influence of alcohol or drugs, 26% reported never using protection.
- Of those who reported having casual penetrative sex in the past six months, 71% reported doing so whilst under the influence of ecstasy and related drugs. Among those, 21% reported never using a condom.

Driving risk behaviour

- Of those REU who indicated they had driven a car in the past six months, 68% reported that they had done so while under the influence of alcohol and, of those, 66% reported that they had driven whilst over the legal blood alcohol limit.
- Of those participants who had driven a car in the previous six months, 61% reported driving shortly after (within one hour) of taking an illicit drug.

Risky alcohol use

- Using the Alcohol Quantity Frequency and Variability Assessment (AQFV) scale, males drank at a high risk level on a median of 20 days in a year. Females drank at a high risk level on a median of 36 days in a year. Males drank an average of eight standard drinks in a session, while females drank an average of seven standard drinks in a session.

8.1 Injecting risk behaviour

8.1.1 Lifetime injectors

In 2010, almost one-quarter (23%) of the EDRS sample reported ever having injected a drug (an increase from 14% in 2009). The median age at which participants reported first having injected a drug was 17 (range 9-30). Those REU who indicated that they had injected drugs during their lifetime were asked to nominate the first drug they had injected. The majority (47%, n=8) reported that they had first injected heroin. Forty-one percent (n=7) reported injecting speed.

8.1.2 Recent injectors

Of the 17 participants who reported lifetime injection, 15 (88%, 85% in 2009) indicated that they had injected drugs in the preceding six months. The median days of injection for each drug injected are displayed in Table 40.

Table 40: Drug injection patterns, ACT REU, 2010

	Number of REU recently injected n=15	Median days injected (range)
Ecstasy (powder)	n=1	24 (no range)
Methamphetamine powder	n=11	4 (1-48)
Methamphetamine base	n=2	18 (12-24)
Methamphetamine crystal	n=5	6 (1-24)
Cocaine	n=4	1 (1-2)
Illicit pharmaceutical stimulant	n=3	1 (1-12)
Heroin	n=9	24 (1-180)
Buprenorphine	n=3	1 (1-90)
Other illicit opiates	n=2	1 (no range)

Source: EDRS REU interviews, 2010

Of those who had injected recently, two-fifths (40%, n=6) reported that they had injected while coming down from ecstasy or related drugs. One participant reported that they had injected while under the influence and 27% (n=4) reported that they had injected while under the influence and coming down from ecstasy or related drugs. REU had injected drugs on a median of 5 days (range 1-90) while under the influence of, or coming down from other drugs in the six months prior (see Table 41).

8.1.3 Injecting risk behaviour

In the 2010 EDRS, no participants reported that they had used a needle after someone else in the six months preceding interview. Seven respondents reported that they had used injecting equipment after someone else, specifically spoons/mixing containers (n=5), water (n=2) and tourniquets (n=4).

8.1.4 Context of injecting

The locations reported for last injection in the past six months were at home (40%, n=6), at a friend's home (27%, n=4), at a dealer's home (13%, n=2), a street, park or bench (13%, n=2) or in a car (7%, n=1). Those REU who had recently injected drugs primarily did so in the company of close friends (47%, n=7), a regular sex partner (33%, n=5), casual sex partner (13%, n=2), with acquaintances (7%, n=1) or while alone (7%, n=1).

8.1.5 Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate where they had sourced their needles. Over half (n=9) obtained needles from a vending machine and 8 participants obtained needles from a Needle and Syringe Program (NSP). Other sources of needles were reported to be from a chemist (n=7), through friends (n=3), from a partner (n=2), through a dealer (n=1) or from a hospital (n=1).

Table 41: Context and patterns of recent injection among ACT REU, 2010

	Recent injectors (n=15)
People usually inject with	
Close friends (%)	47 (n=7)
Regular sex partner (%)	33 (n=5)
Casual sex partner (%)	13 (n=2)
Acquaintances (%)	7 (n=1)
No one (%)	7 (n=1)
Locales where injected	
Own home (%)	40 (n=6)
Friend's home (%)	27 (n=4)
Dealer's home (%)	13 (n=2)
Car (%)	7 (n=1)
Street, park or bench (%)	13 (n=2)
Injected under the influence (%)	7 (n=1)
Injected while coming down (%)	40 (n=6)
Injecting while under the influence and coming down (%)	27 (n=4)
Median times injected any drug under the influence last 6 mths (range)	5 (1-90)

Source: EDRS REU interviews, 2010

8.2 Blood-borne viral infections

In 2010, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections (Table 42). Of those that responded (n=62), 68% had completed the vaccination course for hepatitis B. Of these, the majority (47%) said the main reason they received the vaccination was because they received it as a child. Over a quarter (28%) received the vaccination because they were going overseas and 11% received the vaccination because as a person who injects drugs they were at risk.

Of those that responded, 59% reported that they had never tested for hepatitis C. Fourteen percent of those who had tested for hepatitis C, reported a positive hepatitis C test result. Sixty percent of REU had also never tested for HIV. There were no reports of a positive HIV test result. A third of REU had never had a sexual health checkup, 15% reported having one more than a year ago and 51% reported having one in the last year. Of those who commented, 16% had ever been diagnosed with a STI, 12% (n=8) more than a year ago and 4% (n=3) in the last year. Of those diagnosed with an STI in the last year, one was diagnosed with gonorrhea, one was diagnosed with syphilis and one did not comment.

Table 42: Vaccination, testing and diagnoses of blood-borne viral infections, ACT REU, 2010

	2010 N=73
Vaccinated for hepatitis B (%)	n=62
No	23
Yes, didn't complete	10
Yes, completed	68
Main reason for hepatitis B vaccination (%)*	n=47
At risk (PWID)	11
At risk (sexual)	2
Going overseas	28
Vaccinated as a child	47
Work	9
Don't know/can't remember	0
Other	4
Tested for hepatitis C (%)	n=69
No	59
Yes, in last year	29
Yes, > 1 year ago	12
Hepatitis C positive (%)**	14
Tested for HIV (%)	n=70
No	60
Yes, in last year	31
Yes, > 1 year ago	9
HIV positive (%)#	0
Other sexual health checkups (%)	n=72
No	33
Yes, in last year	51
Yes, > 1 year ago	15
Sexually transmitted infection (STI) positive (%)	n=69
No	84
Yes, in last year	4
Yes, > 1 year ago	12
STI diagnosis (%)###	n=2
Gonorrhoea	50
Chlamydia	0
Syphilis	50
HPV (genital warts)	0
Other	0

Source: EDRS REU interviews, 2010

*among those who had been vaccinated for hepatitis B

** among those tested for hepatitis C

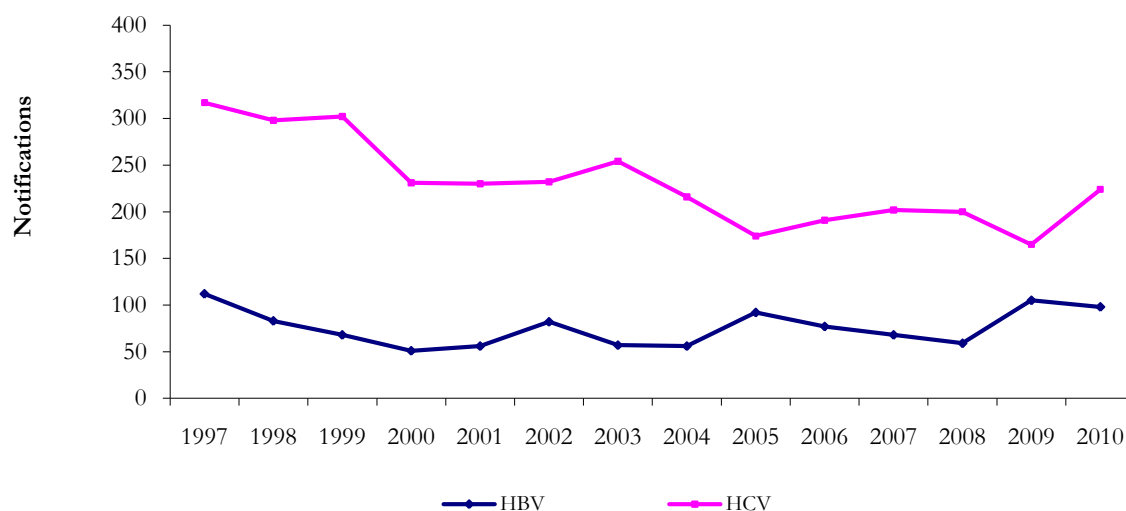
among those tested for HIV

among those who tested positive for STI in the last year

8.2.1 The National Notifiable Diseases Surveillance System

Figure 20 presents the total number of notifications for the hepatitis B virus (HBV) and the hepatitis C virus (HCV) in Australia from the Communicable Diseases Network –NNDSS. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV. In 2010 there was a reversal of the downward trend in notifications seen since 1997, with an increase in notifications from 165 in 2009 to 224 in 2010. HBV notifications have remained relatively stable over the past 15 years.

Figure 20: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2010



Source: (National Notifiable Diseases Surveillance System, 2011)¹

Note: Figures are updated on an ongoing basis.

¹ *Notes on interpretation*

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

8.3 Sexual risk behaviour

8.3.1 Recent sexual activity

Almost half (48%) of REU reported having had casual penetrative sex in the six months prior to interview (see Table 43). 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. Approximately two-fifths (43%) of those who reported having casual sex reported that they had sex with one person in the preceding six months. A further 29% reported having had casual sex with two persons, and 17% reported three to five casual partners. Three percent of casually sexually active REU reported having sex with more than six to ten partners in the past six months and one respondent reported having sex with more than ten casual partners in the previous six months.

When having sex with a casual sex partner in the preceding six months whilst not under the influence of alcohol or drugs, half (49%) of REU who reported having casual sex indicated that they always used protective barriers. A quarter (26%) reported never using protection, an increase from 2009 (16%).

Table 43: Sexual activity and number of casual sexual partners, ACT REU, 2010

	2010 (N=73)
Casual penetrative sex (%)	48
No. of casual sexual partners (%)*	
One person	43 (n=15)
Two people	29 (n=10)
3-5 people	17 (n=6)
6-10 people	9 (n=3)
10+ people	3 (n=1)
Sex with a casual partner (%)**	
<i>Use protection:</i>	
Every time (%)	49 (n=17)
Often (%)	9 (n=3)
Sometimes (%)	11 (n=4)
Rarely (%)	3 (n=1)
Never (%)	26 (n=9)

Source: EDRS REU interviews, 2010

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

Whilst not under the influence of alcohol or drugs

8.3.2 Drug use during sex

Seventy-one percent of casually sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months (see Table 44). One-quarter (25%) of REU who reported having casual sex under the influence of ecstasy and related drugs had done so once or twice (8% once, 17% twice), 38% reported doing so three to five times, 8% reported doing so on six to ten occasions and 29% reported having casual sex more than ten times while under the influence in the past six months. REU were asked to nominate which drugs they were under the influence of last time they had casual sex. Of those who reported having sex while under the influence of ecstasy and/or related drugs in the past six months, the majority nominated using alcohol (79%) and ecstasy (75%). Other drugs commonly used included cannabis (38%) and cocaine (29%).

Among those who had sex with a casual sex partner while using ecstasy and/or related drugs (n=24) in the past six months, almost half (46%) reported using condoms on every occasion, similar to 44% in 2009. Approximately two-fifths (21%) reported never using condoms, the same as 21% in 2009.

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 ecstasy and other related drugs are involved. The results also indicate that those who have casual penetrative sex whilst on ecstasy and related drugs are more likely to have casual sex more frequently.

Table 44: Drug use during casual sex in the preceding six months, ACT REU, 2010

	2010 (N=34)
Casual penetrative sex while on drugs* (%)	71
<i>Of those who had casual penetrative sex under the influence of drugs</i>	
Number of times	
Once	8 (n=2)
Twice	17 (n=4)
3-5 times	38 (n=9)
6-10 times	8 (n=2)
10+	29 (n=7)
Drugs used (%)*	
Ecstasy	75 (n=18)
Cannabis	38 (n=9)
Alcohol	79 (n=19)
Speed	17 (n=4)
Base	0 (n=0)
Crystal	4 (n=1)
Cocaine	29 (n=7)
LSD	13 (n=3)
Heroin	13 (n=3)
Amyl nitrate	17 (n=4)
Sex with a casual partner using party drugs (%)*	
<i>Use protection:</i>	
Every time (%)	46 (n=11)
Often (%)	21 (n=5)
Sometimes (%)	8 (n=2)
Rarely (%)	4 (n=1)
Never (%)	21 (n=5)

Source: EDRS REU interviews, 2010

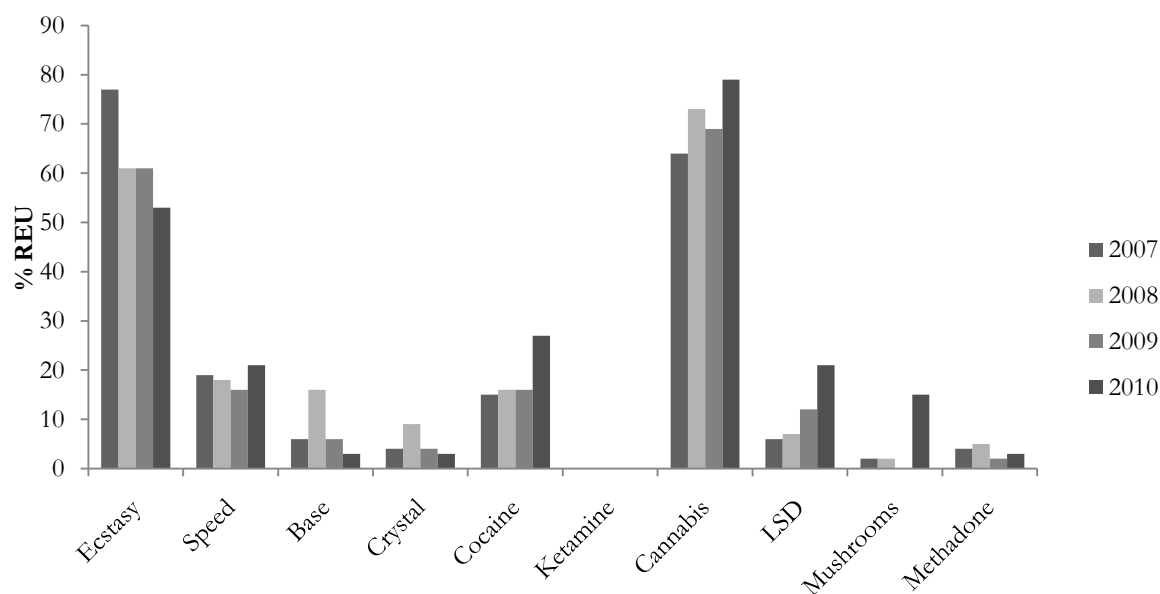
* Of those who had casual penetrative sex while on drugs in the last six months

8.4 Driving risk behaviour

Approximately three-quarters (77%) of the 2010 REU sample reported that they had driven a car in the six months prior to interview. Over two-thirds (68% $n=38$, 54% in 2009) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 66% ($n=25$) 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 four times in this period (range 1-180). One-third (32%) who reported they had driven over the limit of alcohol had been subjected to a roadside breath test (RBT) in the six months preceding interview, a decrease from 40% in 2009. None of those REU reported that they returned a positive reading at least once in the six months preceding interview.

When those participants who had driven a car in the previous six months were asked if they had done so under the influence (within one hour) of an illicit drug, 61% ($n=34$) of this group reported having done so (similar to 60% in 2009), on a median of six occasions (range 1-180). As demonstrated in Figure 21, cannabis was the drug most commonly nominated (79%, 69% in 2009). This was followed by ecstasy (53%, 61% in 2008), cocaine (27%, 16% in 2009), methamphetamine powder (21%, 16% in 2009) and LSD (21%, 12% in 2009).

Figure 21: Proportion of REU reporting driving under the influence of drugs, by drug type, 2007-2010



Source: EDRS REU interviews, 2007-2010

* Of those who had driven under the influence of drugs in the past six months (2006 $n=72$, 2007 $n=47$, 2008 $n=44$, 2009 $n=49$, 2010 $n=34$)

Participants reported driving a median of one hour (range zero hours to 8 hours) since consuming a drug last time they drove while under the influence of an illicit drug. Almost four-fifths (79%, 57% in 2009) reported being under the influence of cannabis last time they drove under the influence, 44% nominated ecstasy, 15% nominated cocaine and 15% nominated speed. Smaller proportions reported being under the influence of LSD (12%), mushrooms (9%), heroin (6%), methadone (3%), and benzodiazepines (3%) the last time they drove under the influence.

Participants were also asked how impaired they believed their driving to be last time they drove after taking a drug. Over half (56%) reported that their driving was 'slightly impaired', whilst almost one-quarter (24%) reported that the drugs had no influence on their driving ability, and approximately one in eight (12%) reported that the drugs 'slightly improved' their driving ability. Only a small proportion (9%) reported that drugs had greatly impaired their driving ability.

8.5 Risky alcohol use amongst regular ecstasy users

In the 2010 EDRS alcohol consumption was measured using the Alcohol Quantity Frequency and Variability Assessment² (AQFV). The AQFV is a self-report measure which examines alcohol use over the preceding six months, measuring the quantity and frequency of alcohol use while taking into account variability of this over the course of the past year. It has three categories: a) typical drinking; b) regular changes, e.g. weekends; and c) occasional changes, e.g. festivals, parties. Respondents are able to indicate a range for the number of drinks they consume for each section and then indicate on how many days per week, month or year they drink this amount. For example, a participant may report for the 'Typical drinking' section that they consume '2-3 standard drinks, 3 days per week' or '5-6 standard drinks, 2 days per month' etc.

Using the information gleaned from the AQFV assessment, the number of days that each participant consumed alcohol over the course of a year and the amount of alcohol consumed on each drinking day was computed. Each drinking day was then defined as either a) low risk (up to 6 drinks for males or 4 for females); b) risky (from 7 to 10 drinks for males or 5 to 6 for females); or c) high risk (11 drinks and above for males or 7 and above for females) (National Health and Medical Research Council, 2001).

Table 45 presents the frequency and quantity of alcohol consumption for male and female REU in the ACT in 2010. Males drank alcohol approximately once in a fortnight at a low risk level, while females drank approximately once a month at a low risk level. Males drank at risky levels approximately once a month, while females drank at risky levels only once every four months. Drinking at a high risk level occurred more frequently in females (approximately once every one and a half weeks) than males (approximately once every two and a half weeks). There was no significant difference between males and females in the number of days per year that they drank alcohol at a low risk, high risk or risky level ($p>0.05$). There was also no significant difference in the average number of drinks consumed per drinking session between males and females ($p>0.05$).

Table 45: Frequency and quantity of alcohol consumption among ACT REU, 2010

	Males	Females
Median number of drinking days/year (range):		
Low Risk	22 (0-319)	12 (0-269)
Risky	11 (0-298)	3 (0-225)
High Risk	20 (0-364)	36 (0-325)
Average no. drinks per session	8	7

Source: EDRS interviews 2010

Key Expert Comments

- Key experts reported that alcohol use was common amongst REU.
- Binge drinking was also frequent and problematic as it often results in increased aggression and violence.
- KE's reported that alcohol use tended to increase with drug use (usually ecstasy or cocaine).
- There was a move away from 'alcopops' as a result of the new tax, but users simply substituted 'alcopops' for other drinks.

² Many thanks to Dr James Lemon, previously of the National Drug and Alcohol Research Centre, for his kind permission to use the AQFV assessment in the 2009 EDRS.

9 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Almost half (48%) of the sample reported engaging in some form of criminal activity in the month prior to interview. Drug dealing was the most common crime reported, followed by engagement in property crime. Small proportions reported engaging in violent crime or fraud.
- Over half (55%) of REU reported that police activity had remained stable in the six months preceding interview.
- More than half (58%) of REU reported that they had seen sniffer dogs in the six months prior to interview, on a median of three occasions. Of those that saw sniffer dogs whilst having drugs on them, all but one participant said they kept going about their business.

9.1 Reports of criminal activity among REU

Of those who commented (n=72), almost half (47%) reported having engaged in some form of criminal activity in the month prior to interview (47% in 2009, Table 46). The proportion of REU who reported that they had sold drugs in the preceding six months increased from 26% in 2009 to 33% in 2010. The proportion reporting they had committed a property crime remained stable at 25% (27% in 2009). Less than one-tenth of REU reported that they had committed a violent crime (6%) and fraud (1%).

Table 46: Criminal activity reported by ACT REU, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=100)	2010 (N=72)
Criminal activity in the last month (%)								
Any crime	45	11	29	38	38	34	47	48
Drug dealing	42	9	25	29	32	30	26	33
Property crime	3	3	4	11	11	11	27	25
Fraud	3	1	2	1	0	2	8	1
Violent crime	0	0	2	8	3	5	9	6
Arrested in the past 12 months	5	6	6	13	4	5	15	8

Source: EDRS REU interviews, 2003-2010

9.2 Perceptions of police activity towards REU and drug detection ‘sniffer’ dogs

Table 47 summarises the responses of REU with regard to their perceptions of recent police activity in the ACT. In the 2010 EDRS, over half (55%) of REU reported that police activity had remained stable in the six months preceding interview. Fourteen percent reported that police activity had increased, and 30% were unable to comment. Only one REU reported that police activity had decreased.

Table 47: Perceptions of police activity by REU, 2003-2010

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Recent police activity (%):								
Decreased	14	4	1	3	1	5	1	1
Stable	48	59	39	37	38	49	43	55
Increased	19	16	25	30	28	21	18	14
Don’t know	20	21	35	30	32	25	38	30
Made obtaining more difficult (%)	15	12	8	9	27	13	19	19

Source: EDRS REU interviews, 2003-2010

9.3 Arrests

9.3.1 Amphetamine-type stimulants

Table 48 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2009. 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 trend has been an increase in the total number of arrests from a total of 18 arrests in 1997/98 to 133 arrests in 2007/08. In 2008/2009 there was a reversal of this trend, with the total number of arrests decreasing to 110.

Table 48: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2009

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

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

Note: Figures for ACT 1999/2000 were not available

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

Note: Data not available for the 2009/2010 financial year

9.3.2 Cocaine

In 2008/2009 there was an increase in consumer arrests amongst males for cocaine in the ACT. Provider arrests remained low in 2008/09.

Table 49: Number of cocaine consumer and provider arrests, ACT, 2000-2009

	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

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

Note: Data not available for the 2009/2010 financial year

9.3.3 Cannabis

Table 50 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2009. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. Cannabis arrests remained stable for 2008/2009. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998 (Table 50). The number of males charged with supply-type offences decreased in 2008/09.

Table 50: Number of cannabis consumer and provider arrests, ACT, 1997-2009

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

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

^a Figures for ACT 1999/2000 were not available

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

Note: Data not available for the 2009/2010 financial year

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 51 presents the total number of SCONs given out in the ACT from 1997 to 2009. The number of SCONs issued in the ACT decreased in 2008/2009, reflecting a 20% decrease from the previous financial year.

Table 51: Number of SCONs, ACT, 1997-2009

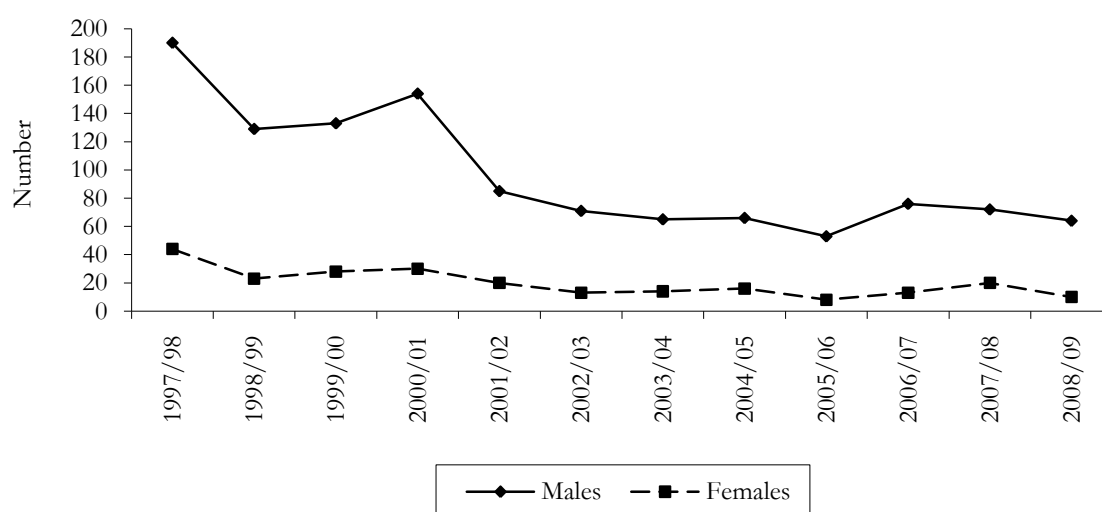
	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92
2008/2009	74

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

Note: Data not available for the 2009/2010 financial year

As can be seen in Figure 22, the proportion of SCONs received by females has remained consistently low (10 SCONs given to females in 2008/09). The number of SCONs given to females in the ACT has remained relatively stable since 1997/1998. In 2008/2009, 64 SCONs were given to males in the ACT. This is consistent with recent years.

Figure 22: Number of SCONs for males and females, ACT, 1997-2009



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

Note: Data not available for the 2009/2010 financial year

9.4 Experience with drug detection ‘sniffer’ dogs

In 2010, REU were asked about their experiences with drug detection (sniffer) dogs. Table 52 summarises the findings. More than half (58%, 52% in 2009) of REU reported that they had seen sniffer dogs in the six months preceding interview, on a median of three occasions (range 1-10). Eighty-five percent of REU who had recently seen sniffer dogs reported that they had had drugs on them when they had seen them at least once, an increase from 67% in 2009. Of those that saw sniffer dogs whilst having drugs on them, 94% said they kept going about their business. One participant said they left the venue.

Two participants reported being searched due to a positive notification by a sniffer dog. One of these participants reported that drugs were found during the police search and they were cautioned. The other participant did not comment.

Table 52: REU experiences of drug detection dogs, ACT, 2006-2010

	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)	2010 (N=73)
Proportion of REU who have seen sniffer dogs in past 6 mths (%)	49	41	39	52	58
Median times REU have seen sniffer dogs in past 6 mths*	2 (1-10)	1 (1-24)	2 (1-5)	1 (1-20)	3 (1-10)
Had drugs on self when seen sniffer dogs (%)*	67	59	75	67	85

Source: EDRS REU interviews, 2006-2010

* Of those who have recently seen sniffer dogs (2006 n=49, 2007 n=17, 2008 n=32, 2009 n=52, 2010 n=41)

Key Expert Comments

- Key experts reported that dealers of ecstasy and related drugs were hard to identify as they ‘could be anyone’ and often have no prior contact with the criminal justice system.
- KE also reported that regular ecstasy users tended to be functional users, who also had no previous contact with the criminal justice system.
- Law enforcement KE reported that they are not detecting any increased cocaine. This could be because cocaine users also tend to be functional users.

10 SPECIAL TOPICS OF INTEREST

Key points

- Three-quarters of respondents had recently consumed energy drinks with alcohol, consuming a median of three drinks on the last occasion.
- Sixty-three percent of REU reported recently consuming energy drinks in the same episode as ecstasy use.
- The majority of both male and female REU had a Body Mass Index in the healthy range.
- Fifty-eight percent of REU had been tested for a sexually transmitted infection in the previous two years and 74% of females had had a pap smear test in the previous two years.

10.1 Ecstasy dependence

In 2010, participants were asked questions regarding dependence on ecstasy. For further information, please contact: Dr Raimondo Bruno (raimondo.bruno@utas.edu.au).

10.2 Energy drink consumption

Participants in the EDRS were asked about their use of energy drinks. The majority (86%) of REU reported lifetime consumption of energy drinks mixed with alcohol, (Table 53). Three-quarters (75%) of respondents reported consuming energy drinks with alcohol in the past six months, compared to 76% in 2009. Of those who had recently consumed energy drinks with alcohol, respondents reported consuming a median of three drinks (range = 1-13) on the last occasion, no change from 2009 where participants also reported consuming a median of three energy drinks in one session. The majority (59%) of recent users of energy drinks reported consuming energy drinks monthly (26%) or less than monthly (33%). Almost one-third (30%) of those who responded reported that the main reason for consuming energy drinks with alcohol was to help them party longer. Twenty percent reported that they drank energy drinks with alcohol for the taste and seventeen percent said they were feeling tired.

All participants were asked if they had consumed energy drinks with another substance (not alcohol). Sixty-seven percent (n=49) reported doing so. Of these, 94% (n=46) reported consuming energy drinks in the same episode as ecstasy use. Over a third (37%) reported combining energy drinks with cannabis use, 31% combined energy drinks with speed use and 27% reported consuming energy drinks in the same episode as cocaine use. Smaller proportions reported consuming energy drinks in the same episode as base, ice and LSD.

Table 53: Consumption patterns of energy drinks only in daily routine among ACT REU, 2010

	2010 N=73
Energy drinks mixed with alcohol (%)	
Lifetime consumption	86
Recent consumption	75
Frequency of consumption (%)*	
More than weekly	2
Weekly	24
Fortnightly	16
Monthly	26
Less than monthly	33
Median drinks consumed last occasion (n)*	3
Main reason for mixing energy drink with alcohol (%)*	
Taste	20
Combined effect	15
Helps party longer	30
Lessens hangover	0
Keep me straight	2
Feeling tired	17
Cost (cheaper)	0
Bought/given to me	9
Other	7
Recent consumption of energy drinks and another substance (not including alcohol) (%)**	
Ecstasy	94
Speed	31
Base	6
Ice	4
Cocaine	27
Cannabis	37
LSD	16
Other	14

Source: EDRS REU interviews, 2010

*Of those who had consumed energy drinks with alcohol in the last 6 months

**among those who had consumed energy drinks with another substance in the last 6 months

10.3 Body Mass Index

Eating disorders and drug use disorders are significant public health problems. However, epidemiologic research examining their associations yields ambiguous results. Evidence on a relationship between obesity and alcohol use is found in some studies (Wannamethee et al., 2005). As to the relationships between overweight/obesity and nicotine dependence, some studies have found overweight and obese men, but not women, were more likely to be former daily smokers than non-smokers (John et al., 2006, Zimlichman et al., 2005). In a nationally representative sample, overweight, obesity and extreme obesity were associated with lower risk for past-year nicotine dependence in men but not in women (Pickering et al., 2007).

Relationships between Body Mass Index (BMI) and illicit drug use disorders are also unclear. For instance, marijuana can stimulate appetite whereas cocaine is a stimulant and appetite suppressant, but one study found similar prevalence of overweight in individuals with illicit drug use disorders as that found in the general population (Rajs et al., 2004) and another study found both positive and negative associations of BMI with various substance use disorders, and significant gender differences in those relationships (Barry and Petry, 2009).

In 2010, participants of the EDRS were asked to report their height and weight. Their BMI was then calculated by dividing their (height in metres)² by their weight. The mean height of all respondents was 1.72 metres and the mean weight was 69.5 kilograms. The mean BMI for the national sample was 23.4

The majority of participants, both males (69%) and females (70%), had a BMI in the healthy range, (Table 54). This is compared to 36% of males and 49% of females in the general population aged 18-64 years (Australian Bureau of Statistics, 2009).

Table 54: Body Mass Index of ACT REU, 2010

	EDRS Participants Males n=36	National Health Survey Males	EDRS Participants Females n=36	National Health Survey Females	EDRS Participants All n=72	National Health Survey All
Underweight %	0	1	8	4	4	3
Healthy %	69	36	72	49	71	42
Overweight %	25	40	8	27	17	34
Obese %	6	23	11	20	8	21

Source: EDRS REU interviews, 2010; Australian Bureau of Statistics, 2009

10.4 Sexual health

Population studies have shown that younger age groups had engaged in sexual relationships with more partners in their lifetime than older age groups (Johnson et al., 2001). Amongst the regular ecstasy user sample, participants of a younger age have been found to be more likely to engage in risky behaviours (Cogger and Kinner, 2008). Furthermore, studies have shown that younger individuals who frequent nightclubs are likely to report multiple sexual partners and incidence of STIs (Wells et al., 2010).

Just over half (58%) of ACT EDRS respondents had been tested for a STI in the previous two years. Forty-one percent of participants had not been tested, with 39% reporting that they had not been tested because they don't think about it. No participants reported not being tested because they didn't want to. Of those that had been tested, the most common reasons for their last test were to be sure they were clear of infection after ending a relationship (33%), because they had had unprotected sex (31%), because access to the clinic was easy (29%) and to be sure they were clear of infection before entering a new relationship (19%). The majority of those who had been tested for an STI reported having their test done at a GP (48%) or at a sexual health clinic (45%).

All female participants were asked if they had had a pap smear test in the previous two years. Almost three-quarters (74%) reported that they had, and the primary reason for having a test was that they were due for a test (62%). A further 35% of those who had a pap smear in the previous two years reported having the test because they received a reminder letter. Only 11 respondents reported not having a pap smear test in the previous two years, with reasons varying from they weren't sexually active (n=2), they didn't think of it (n=2), they were embarrassed or uncomfortable (n=2) and they had no symptoms (n=1). The most common location for a pap smear was a GP (58%), followed by a sexual health clinic (35%).

Table 55: Sexual health testing by ACT REU, 2010

	2010 N=73
Tested for a sexually transmitted infection (STI) last two years? (%)	n=72
No, don't think about it	39
No, I didn't want to be tested	0
No, another reason	3
Yes, I was tested by means of a blood test, urine sample or swab	58
Reason for test* (%)	n=42
Clear of infection after relationship	33
Clear of infection before new relationship	19
Unprotected sex	31
Symptoms of infection	7
Health provider suggested	10
Friend suggested	10
Partner suggested	10
Partner had symptoms	2
Ex-partner told me to get tested	7
Access to clinic was easy	29
Other	24
Place last tested for STI* (%)	
Sexual health clinic	45
GP	48
Hospital	5
Other	2
Had a pap smear test last two years** (%)	n=35 74
Reasons for no pap smear test last two years# (%)	n=9
Wasn't sexually active	22
No symptoms	11
Don't like them	0
Didn't think of it	22
Embarrassed/uncomfortable	22
Financial cost	0
Other	22

Table 55: Sexual health testing by ACT REU, 2010 (continued)

	2010 N=73
Reasons for having a pap smear test## (%)	n=26
Symptoms of infection	0
Reminder letters	35
Health provider suggested	12
Friend suggested	19
Partner suggested	0
Due for a test	62
Family history of cervical cancer	0
Other	4
Place last tested for pap smear## (%)	
Sexual health clinic	35
GP	58
Hospital	4
Other	4

Source: EDRS REU interviews, 2010

*among those who were tested for a sexually transmitted infection in the last 2 years

** among females only

among those who had not had a pap smear test in the last 2 years

among those who had a pap smear test in the last 2 years

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