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ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2016

Findings from the Ecstasy and Related Drugs (EDRS)

Reporting System

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AUSTRALIAN CAPITAL TERRITORY

TRENDS IN ECSTASY AND RELATED DRUG MARKETS

2016

Findings from the

Ecstasy and Related Drug Reporting System

(EDRS)

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University of New South Wales

Australian Drug Trends Series No. 174

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In 2016, the Ecstasy and related Drugs Reporting System (EDRS) project was run for the fourteenth consecutive year in the Australian Capital Territory (ACT). The EDRS was funded by the Australian Government Department of Health, and was coordinated by the National Drug and Alcohol Research Centre (NDARC).

In acknowledgement of their valuable assistance with the ACT EDRS in 2016, there are a number of organisations and individuals the authors would like to thank.

We would like to thank the 100 regular psychostimulant users who participated in interviews in the ACT for the 2016 EDRS; for their openness and willingness to discuss the sensitive issues addressed in the EDRS survey.

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Just as important to the EDRS, as the regular psychostimulant user survey and the routinely collected indicator data, is the information derived from key expert interviews. These interviews are conducted with people who have specific expertise in the domain of ecstasy and related drugs. These people are all busy professionals who gave up their time, and so we also want to express our gratitude to each of the key experts.

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ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
ABS	Australian Bureau of Statistics
ACIC	Australian Criminal Intelligence Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services - National Minimum Data Set
ATS	Amphetamine-type stimulants
ATSI	Aboriginal and/or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infection(s)
BZP	1-Benzylpiperazine(s)
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol

EDRS	Ecstasy and related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IPS	Illicit psychostimulants
KE	Key Expert
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MXE	Methoxetamine
N	(or n) Number of participants
NBOMe	NBOMe includes a series of drugs that contain an N-methoxybenzyl group
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NPS	New Psychoactive Substance(s)
NSP	Needle and Syringe Program(s)

OD	Overdose
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PMA	Para-methoxyamphetamine
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
RBT	Random Breath Test
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SCON	Simple Cannabis Offence Notice
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
THC	Tetrahydrocannabinol
TMA	3,4,5, trimethoxyamphetamine
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
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 *Method* section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the EDRS (see *Method* section for further details)
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
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: injecting; smoking; snorting; shelving/shafting; and/or swallowing
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
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing
Session	A period of continuous use without sleeping in between

Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing.

Common terms throughout the report:

- Regular psychostimulant user (RPU): used ecstasy or related drugs on six or more separate occasions in the previous six months
- Recent use: Used at least once in the previous six months
- Sentinel group: A surveillance group that points towards trends and harms
- Median: The middle value of an ordered set of values
- Mean: The average
- Frequency: The number of occurrences within a given time period

EXECUTIVE SUMMARY

The Ecstasy and related Drugs Reporting System (EDRS; formerly the 'Party Drugs Initiative') is a study that monitors 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. Interviews with regular psychostimulant users (RPU) are supplemented by other data, such as key expert (KE) reports and indicator data, providing a multifaceted approach to monitoring the Australian ecstasy and related drug (ERD) markets. RPU have been identified as a sentinel group of ERD users and provide information on patterns of use, market characteristics, related harms and other issues associated with ERD use. KE are professionals that have regular contact with RPU through their work and include nightclub owners, treatment providers and law enforcement personnel. Indicator data include routinely collected health and law enforcement data such as drug related arrests and hospital admissions.

DEMOGRAPHIC CHARACTERISTICS OF RPU

In 2016 more than half of the RPU interviewed for the ACT EDRS were male (58%) and, similar to 2015, most participants were aged between their late teens to early twenties. The mean age in 2016 was 21 years old (S.D=3.0, range=17–35). Consistent with previous years, the majority of RPU interviewed were from an English-speaking background (ESB), and predominantly heterosexual. The majority of the sample had completed 12 years of schooling, and at the time of interview the majority were either studying (part- of full-time) or employed. KE reports regarding their contact with RPU are generally consistent with RPU survey demographics.

PATTERNS OF DRUG USE AMONG RPU

In 2016, 36% of the sample reported ecstasy as their drug of choice (30% in 2015). Polydrug use was commonly reported by RPU, consistent with KE interviews.

One in four RPU (26%) reported having 'binged' (used continuously for 48 hours or more) on any stimulants or related drugs in the six months prior to interview. Drugs commonly used in these binge episodes were alcohol, ecstasy, cannabis, methamphetamine powder (speed), and cocaine.

The proportion of participants reporting that they had ever injected a drug remains stable in 2016 at 4%.

Ecstasy

Ecstasy pills (88%) were the most commonly used form of ecstasy by RPU, followed by ecstasy capsules (82%), MDMA crystals (66%), and MDMA powder (23%). In the six months prior to interview, the median number of days of any form of ecstasy use was 12 (i.e. twice a month). The median number of ecstasy tablets consumed in a typical session of use was one, and a median of two tablets were taken by RPU in the heaviest session of use.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), base and crystal methamphetamine. The proportion of the sample who reported recent use of at least one form of methamphetamine in the previous six months has decreased for the fourth year in a row to 26% in 2016.

Half (55%) of participants reported ever having used speed, and 21% reported having recently used speed (continuing the downward trend observed over the past 5 years in this sample). Recent speed users reported a median of three days of use in the six months prior to interview. Swallowing and snorting (nasal route) were the main routes of administration (ROA) reported by recent speed users. The amount of speed used by RPU in a typical session was 1 gram.

Base methamphetamine had been used by 12% of RPU at least once in their lifetime. Just 6% of RPU reported using base in the past six months. All participants reported swallowing, snorting or smoking base.

Crystal methamphetamine use decreased again for the fourth year in a row among RPU with 14% reporting lifetime use and 5% reporting recent use.

Cocaine

Seventy-one per cent of the 2016 ACT EDRS sample had ever used cocaine. Forty-four per cent reported recent use. Those RPU who had recently used cocaine had used the substance on a median of two days in the preceding six months. Snorting remained the most common ROA, followed by swallowing. The median amount of cocaine used in a typical episode of use was half a gram and one gram reported when referring to the heaviest episode of use.

LSD

Sixty-six per cent of RPU reported lifetime use, compared to 54% in 2015. Forty-four per cent reported recent use compared with 37% of the sample in 2015. These proportions had decreased sharply in 2014 and now appear to be returning to previous levels. RPU had used a median of one tab of LSD in a typical session and one tab during the heaviest session of recent use.

Cannabis

Almost all participants (98%) had used cannabis in their lifetime and 85% had used cannabis in the six months preceding interview. Median days of use was 50 days (approx. twice weekly). Daily smoking of cannabis remains stable with 15% of the sample reporting daily use. All RPU who had recently used cannabis reported smoking it, 12% reported vaping, and 8% reported that they had swallowed cannabis in the preceding six months.

New psychoactive substances (NPS)

Participant numbers reporting use of NSP remains low in the ACT and caution is advised in interpreting this data. Drugs in the 2C-x family remained most commonly reported (2CB, 12%).

PRICE, PURITY AND AVAILABILITY AND PURCHASING PATTERNS

Ecstasy

The median reported price for a tablet of ecstasy remained stable at $25. The majority (60%) of respondents reported ecstasy purity to be medium (29%) and high (31%). With respect to

availability, the majority of the sample reported that ecstasy was very easy (40%) or easy (53%) to obtain in the ACT.

Methamphetamine

In 2016, the median price for speed was reported to be $175 per gram, and $25 for a point (0.1 gram). Reports of the purity of speed varied with most reporting purity to be medium (33%) or high (56%). The availability of speed was reported to be very easy to easy to obtain. Small numbers of RPU were able to comment (n<10) on the price, purity and availability of crystal and no RPU commented on base.

Cocaine

The median price for a gram of cocaine remains stable in 2016 at $300. Reports of cocaine purity and availability were varied.

LSD

The median price for a tab of LSD remained stable at $25. Reports of purity of LSD were mostly high (47%) or medium (32%). Reports of the current availability of LSD were varied.

Cannabis

The median price for a gram and an ounce of hydroponic cannabis were $20 and $245 respectively, and the median price for a gram and an ounce of bush cannabis was $17.50 and $240 respectively. The majority reported that the prices for both forms had remained stable in the six months preceding interview. The current potency of hydroponic cannabis was reported to be medium to high, as was the potency for bush. Both hydroponic and bush cannabis were reported to be very easy to easy to obtain, similar to 2015.

Patterns of other drug use

Ninety-nine per cent of the sample reported lifetime and recent alcohol use. Alcohol was consumed on a median of approximately twice per week (48 days). The use of tobacco was also common among RPU, with 84% reporting recent use of tobacco. Recent use of mushrooms, ketamine, GHB, and nitrous oxide was low and infrequent.

HEALTH-RELATED ISSUES

Overdose

Sixteen per cent of RPU indicated that they had overdosed on a stimulant drug in their lifetime and, 8% reported having done so in the past 12 months. Recent stimulant overdoses (last 12 months) were most commonly attributed to ecstasy (4%), Forty-two per cent of the sample reported that they had ever suffered a depressant overdose and 29% reported having done so in the past 12 months. Recent depressant overdoses were most often attributed to alcohol (90%).

Mental health

Almost one-third (30%) of RPU reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.

Hospital separations

The number of cocaine-related hospital separations has increased to higher than ten per million (34.97) for the first time in twenty years. Cannabis rates continue to fluctuate with 56.83 admissions per million being reported for the 2014–2015 period. Separations relating to methamphetamines are reported to be 109.29 per million admissions (122.84 in previous year).

RISK BEHAVIOUR

Injecting

Four per cent of RPU reported ever having injected and no participants reported recently injecting.

Sexual risk behaviour

Almost two-thirds (63%) of RPU reported having had casual penetrative sex in the six months prior to interview. Of those who reported having had casual penetrative sex while under the influence of alcohol or drugs (n=50), less than half (45%) reported using protection.

Of those who reported having casual penetrative sex (n=63), 70% indicated last time they had casual sex while not under the influence of alcohol or drugs they used a protective barrier (ie condom).

Risky alcohol use

Using the AUDIT-C, 71% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. Fifteen per cent of respondents scored at a level indicating the need for evaluation for possible alcohol dependence. There was no difference between males and females.

Criminal activity, policing and market changes

One-third (34%) of the sample self-reported engaging in some form of criminal activity in the month prior to interview, most commonly drug dealing (20%) and property crime (15%).

KEY FINDINGS

In 2016, for the fourteenth consecutive year, the Australian Capital Territory (ACT) Ecstasy and related Drugs Reporting System (EDRS) provides an opportunity to examine trends within the ACT through interviews with a sentinel group of people who regularly use ecstasy or other psychostimulant drugs ('regular psychostimulant users' RPU), interviews with key experts (KE), and the collation of indicator data. 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 adds to our understanding of drug markets and our ability to inform policies to minimise harms. The findings of the 2016 ACT EDRS indicate that further attention is required in the following areas:

Ecstasy

The EDRS began collecting data on MDMA crystals in 2013 in response to participant reports the previous year indicating the arrival of this form in the market. The introduction of MDMA crystals did not result in an increase in overall use of ecstasy, suggesting that RPU use diverse forms and current data indicate some RPU in the ACT may be changing their preferred form.

Alcohol

The use of alcohol remains problematic among RPU, with use occurring once to twice a week. Furthermore, high proportions of RPU reported using alcohol during binge sessions in combination with other drugs. Hazardous alcohol consumption was reported by 71% of the sample as per the AUDIT–C. In addition, a significant minority (15%) indicated the need for further evaluation for possible alcohol dependence. KE also reported that alcohol use was common among RPU and that binge drinking was frequent and problematic. Although it is important to focus on the risks associated with illicit drug use, the excessive use of alcohol (alone and in conjunction with other drug use) is associated with significant harm.

Cannabis

The use of cannabis also remains high with 15% reporting daily use. The median frequency of use is approximately twice a week.

Other drugs

Polydrug use remains common among regular RPU. There is increased risk through the additive and synergetic effects of combining drugs together. This risk is increased when substances of unknown content and purity are taken.

1 INTRODUCTION

In 2016, the Ecstasy and related Drugs Reporting System (EDRS) project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp, Barker et al. 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ecstasy and related drug (ERD) use and, therefore, there was a need to access a different population to obtain information on ERD markets.

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

RPU interview data examine the use, price, purity and availability of these drugs, and are used to supplement existing data from key expert (KE) reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ERD market.

The findings in this report provide a summary of trends in ERD markets in the ACT in 2016.

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.drugtrends.org.au.

1.2. STUDY AIMS

In 2016, the specific aims of the EDRS were to:

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

2 METHOD

The 2016 ACT EDRS involved the collection and analysis of data from three sources:

- Interviews with current RPU recruited in the ACT;
- Interviews with KE who have contact with and knowledge of the ERD scene in the ACT;
- Indicator or routinely collected data.

2.1. SURVEY OF REGULAR PSYCHOSTIMULANT USERS (RPU)

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

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

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – RPU (Topp 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial (Breen, Topp et al. 2002), and was able to provide the data that was sought. Therefore, RPU continue to provide information on ERD markets through the annual EDRS participant surveys.

Ethics approval to conduct the study was obtained from UNSW Human Research Ethics Committee.

2.2. RECRUITMENT

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

Initial contact was established through advertisements on Facebook, advertisements posted at various tertiary education campuses around Canberra, and websites. On completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given business cards that listed the contact details for the study.

2.3. PROCEDURE

Participants contacted the research coordinator by telephone or email and were screened for eligibility. To meet the eligibility criteria, participants were required to be at least 16 years of age (due to ethical constraints); to have lived in the ACT for the preceding 12 months; and to have used ecstasy or related drugs (psychostimulants) 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 confidential. On completion of the interview, participants were provided with $40 as reimbursement for their time.

2.4. MEASURES

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

- Demographic characteristics;
- Patterns of ERD use, including frequency and quantity of use and routes of administration;
- Drug market characteristics: the price, purity and availability of different ERD;
- Risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- Help-seeking behaviour;
- Mental health, personal health and wellbeing;
- Self-reported criminal activity;
- Areas of special interest including: NPS supply and purchasing patterns, video gaming and gambling.

2.5. DATA ANALYSIS

Analyses were conducted using PASW Statistics, Version 22.0 (IBM 2013). The data collected in 2016 was compared with data collected from comparable samples of ecstasy users from 2003 onward, recruited as part of the PDI (2003–05), and then the EDRS (2006–16). 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 2015 and 2016 for recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet (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 2015 and 2016 median days of use for the major drug types discussed.

2.6. SURVEY OF KEY EXPERTS (KE)

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

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 30–40 minutes to complete. Data were analysed and sorted for recurring themes. Interviews were conducted online between July and December 2016.

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

2.7. OTHER INDICATORS

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

- The data should be available at least annually;
- The data should include 50 or more cases;
- The data should provide details of illicit drug use; and
- 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 2016 EDRS study are described below:

- ***Purity of drug seizures.*** In 2016, the Australian Criminal Intelligence Commission (ACIC) 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 2004–05 to 2014–15.

- ***Number and weight of drug seizures***. Data on the number and weight of drug seizures made by ACT local police were provided by the ACIC. Data include number of seizures and amount seized in grams from 2004–05 to 2014–15, by each drug type.

- ***Drug-specific arrests***. The ACIC provide data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the Australian Federal Police (AFP) and ACT local police. This report provides the number of arrests for each drug type from 2004–05 to 2014–15.
- ***Simple Cannabis Offence Notices (SCON)***. Data for this report on the number of SCON issued in the ACT from 2004–05 to 2014–15 were provided by the ACIC.
- ***Hospital admissions.*** The 2016 EDRS study includes data on the number of hospital admissions due to methamphetamine and cannabis among those aged 15–54 years from 2004–05 to 2014–15. At the time of print more recent data were not available. These data are provided by the AIHW and ACT Health.

3 DEMOGRAPHICS

Key Points

- A total of 100 participants were interviewed for the EDRS survey in the ACT
- Mean age was 21 years
- Over half of the participants were male (58%).
- Most of the participants were well educated, completing a mean of 12 school years.
- Majority of the participants were employed (full–time or part–time) or were students.

OVERVIEW OF THE RPU PARTICIPANT SAMPLE

Table 1 presents the demographic characteristics of the 2016 ACT EDRS sample. Over half of the participants were male (58%) and the mean age of the sample was 21 years (S.D=3.0, range=17–35).

Table 1: Demographic characteristics of sample, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Mean age (years)	25	20	22	20	21
Male (%)	71	71	69	67	58
English speaking background (%)	98	96	99	98	95
Aboriginal and/or Torres Strait Islander (%)	0	1	5	3	4
Heterosexual (%)	84	96	94	94	89
Mean level of school achieved	11	11	11	12	12
Tertiary qualifications (%)	49	48	78	32	31
Employed full-time (%)	37	14	45	24	17
Full-time students (%)	6	7	1	15	12
Unemployed (%)	16	29	9	7	11
Current drug treatment (%)	10	3	2	1	0
Mean weekly income ($)	656	406	650	468	422

Source: EDRS RPU interviews, 2012–2016.

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

The majority of the sample nominated their sexual identity as heterosexual (89%).

Fifty-five per cent of the sample reported that they were single, 41% reported that they had a regular partner and 3% reported that they were married or in a de facto relationship.

Five participants did not speak English as the main language spoken at home. Forty-three per cent of the sample lived in their parents' or family home and 41% indicated they lived in their own (rented or purchased) premises.

The mean level of education completed by the sample was Grade 12. Almost one-third (31%) of the sample had completed a course since finishing their school education, 21% had completed a trade or technical qualification and 10% had completed a university degree or college course.

When examining employment status, 76% indicated that they were in either full-time or part-time employment. Forty-five per cent of the sample indicated that they were employed on a part-time or casual basis. Seventeen per cent indicated that they were employed on a full-time basis, 14% were both studying and employed, 12% indicated they were full-time students and 11% indicated that they were unemployed.

4 CONSUMPTION PATTERNS

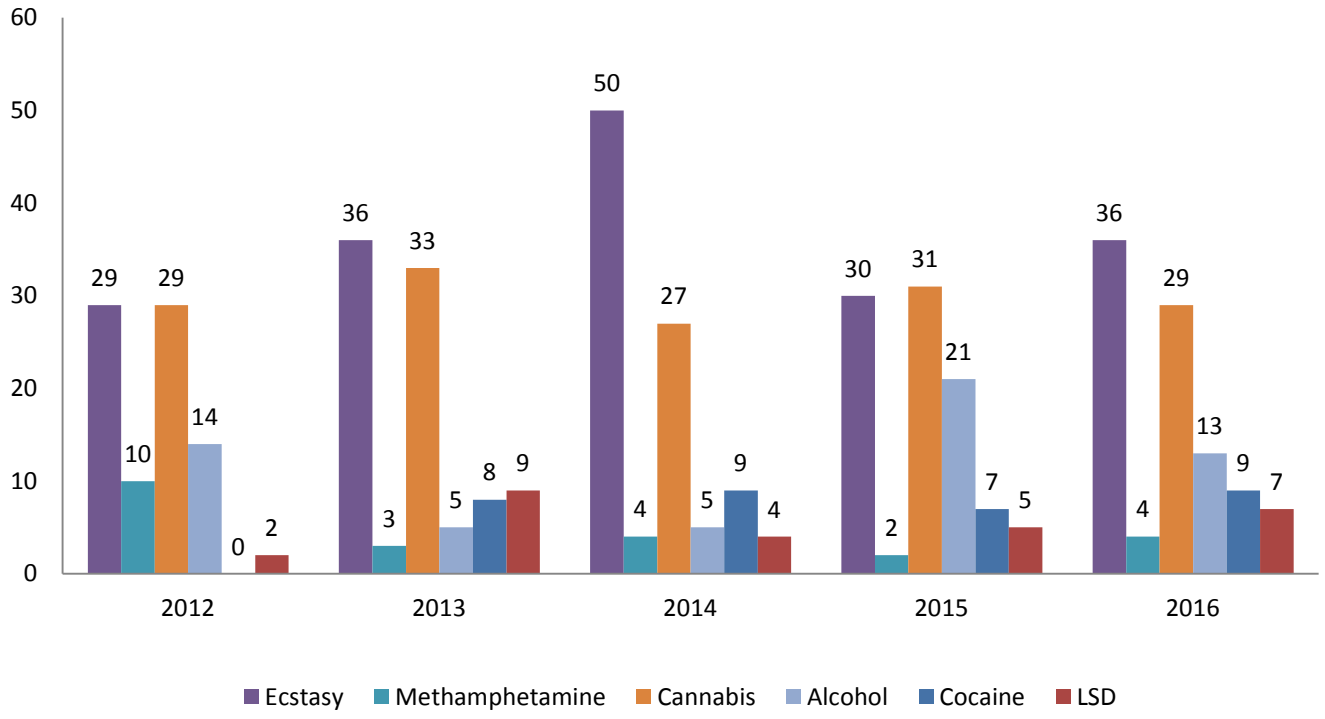
Key points

- A third of RPU report ecstasy as their drug of choice.
- A third of RPU report cannabis as their drug of choice.
- One in five reported weekly or more ecstasy
- Polydrug and binge use is common
- Methamphetamine use among this sample remains low and infrequent.

4.1. DRUG USE HISTORY AND CURRENT DRUG USE

As shown in Figure 1, the proportion of the RPU sample reporting ecstasy as their drug of choice is 36%. Almost one-third report cannabis as their drug of choice and this has remained stable across the last five years. The proportion reporting methamphetamine as their drug of choice is 13% (21% in 2015). Alcohol was nominated by 13% of the sample to be the drug of choice.

Figure 1: Drug of choice, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

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. One-quarter (26%) of RPU reported having binged on any stimulant in the six months prior to interview. The median length of the longest binge session reported by RPU was three days (72 hours; range=48–120 hours). The most common substance used during binge episodes was alcohol, with 77% of RPU who reported bingeing in the previous six months reporting alcohol was involved in the episode. Other commonly used substances used during binge episodes included ecstasy (62%), cannabis (50%), methamphetamine powder (42%),

and cocaine (12%). Half (54%) of RPU who reported 'bingeing' in the previous six months reported consuming more than five standard alcoholic drinks during the episode.

The proportion of participants reporting that they had ever injected a drug remained stable at 4%.

In 2016, RPU were asked how often they had used ERD in the last month. Thirty-nine per cent of RPU reported using ecstasy approximately fortnightly, 27% reported using ecstasy approximately monthly and 21% of the ACT RPU reported using ecstasy-related drugs weekly.

Table 2: Lifetime and recent use of substances, ACT RPU, 2012–2016

	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 N=100
Ever inject any drug (%)	28	4	4	5	4
Alcohol					
Ever used (%)	98	100	97	99	99
Used last 6 months (%)	94	96	95	98	99
Cannabis					
Ever used (%)	100	94	86	97	98
Used last 6 months (%)	92	93	74	82	85
Tobacco					
Ever used (%)	100	85	89	90	93
Used last 6 months (%)	92	74	76	79	84
Methamphetamine powder (speed)					
Ever used (%)	82	70	70	61	55
Used last 6 months (%)	63	57	48	31	21
Crystal methamphetamine (crystal)					
Ever used (%)	39	23	16	13	14
Used last 6 months (%)	26	14	8	7	5
Cocaine					
Ever used (%)	78	62	80	62	71
Used last 6 months (%)	37	38	51	41	44
LSD					
Ever used (%)	86	75	38	54	66
Used last 6 months (%)	38	53	19	37	40

Source: EDRS RPU interviews, 2012–2016.

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

Table 2: Lifetime and recent use of substances, ACT RPU, 2012–2016 (continued)

	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
MDA					
Ever used (%)	28	17	22	16	**19**
Used last 6 months (%)	14	10	10	10	**11**
Ketamine					
Ever used (%)	45	43	18	22	**31**
Used last 6 months (%)	14	33	6	9	**20**↑
GHB					
Ever used (%)	35	5	10	5	**4**
Used last 6 months (%)	6	0	3	4	**1**
Amyl nitrate					
Ever used (%)	51	30	24	25	**36**
Used last 6 months (%)	20	9	17	9	**24**↑
Nitrous oxide					
Ever used (%)	45	43	32	41	**55**
Used last 6 months (%)	24	26	15	26	**37**
Mushrooms					
Ever used (%)	84	65	55	48	**52**
Used last 6 months (%)	45	47	17	24	**22**
Illicit benzodiazepines					
Ever used (%)	51	23	21	8	**30**↑
Used last 6 months (%)	16	12	9	5	**23**↑
Heroin					
Ever used (%)	26	5	9	5	**4**
Used last 6 months (%)	12	1	3	2	**0**
Illicit Pharmaceutical Stimulants					
Ever used (%)	71	33	15	36	**46**
Used last 6 months (%)	33	16	6	18	**26**
Other opiates (illicit)					
Ever used (%)	31	21	19	11	**16**
Used last 6 months (%)	6	17	9	4	**8**

Source: EDRS RPU interviews, 2012–2016.

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

4.2. ECSTASY USE

Key Points

- The mean age at which ecstasy was first used was 18.
- Ecstasy (any form) was used once a fortnight on average.

In 2016, the mean age at which RPU first used ecstasy was 18 years (SD=1.7; range=13–24).

Ecstasy use among RPU

Table 3 shows the lifetime and recent use of ecstasy pills, powder, capsules and crystals.[1]

Table 3: Lifetime and recent use of ecstasy, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Lifetime use (%)					
Pills	100	99	99	75	88
Powder	53	29	18	31	23
Capsules	75	52	73	71	81
Crystals	–	81	74	63	66
Recent use%					
Pills	94	97	91	56	70
Powder	35	20	13	22	12
Capsules	61	43	56	69	72
Crystals	–	70	54	57	52

Source: EDRS RPU interviews, 2012–2016.

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

Median use

When examining the total number of days that RPU had used any form of ecstasy in the past six months (use of pill, powder, capsule and crystal forms combined), the median number of days of ecstasy-use was 12 (i.e. twice a month) (range=2–48).

Table 4: Median days of use of ecstasy, ACT RPU, 2012–2016

Median days	2012	2013	2014	2015	2016
Pills	12	10	12	6	4
Powder	0	5	2	6	4
Capsules	2	6	6	6	7
Crystal	–	8.5	8.5	6	6

Source: EDRS RPU interviews, 2012–2016.

[1] Participants were asked about their use of ecstasy pills (pills sold purporting to contain MDMA); ecstasy capsules (capsules sold purporting to contain MDMA); ecstasy powder (often sold in sachets) and crystal ecstasy.

One in three (34%) participants reported that they typically used more than one tablet in a typical episode of use. During the 'heaviest' episodes of recent ecstasy use, RPU reported the median use of two tablets (range=0.5–16).

Table 5: Median recent use of ecstasy, ACT RPU, 2016

Ecstasy Use	Typical use	Heavy use
Pills/tablets	1	2
(range)	0.5 – 8.0	0.5 – 16
Powder (points)^	2	3
(range)	1 – 3	1 – 6
Capsules	2	3
(range)	2 – 2	1 – 20
Crystal (points)^	2	4
(range)	1 – 5	1 – 6

Source: EDRS RPU interviews, 2016.
^ small numbers (<10).

Route of administration (ROA)

Tablets/Pills – Of those who had recently used tablets/pills (n=70) 96% reported swallowing as a means of administration, with 17% reporting recently snorting ecstasy tablets/pills. Four RPU reported recently shelving/shafting ecstasy tablets/pills and no participants reported either smoking or injecting in the preceding six months.

Powder – Of those that had recently used ecstasy powder (n=12), 67% reported that they had snorted ecstasy powder and 58% reported that they had swallowed ecstasy powder in the past six months.

Capsules – Of those that had recently used ecstasy capsules (n=72), 94% reported that they had swallowed ecstasy capsules, 31% reported snorting ecstasy capsules and 7% reported shelving/shafting ecstasy capsules in the preceding six months.

Crystals – Of those that had recently used MDMA crystals (n=52), 92% reported that they had swallowed MDMA crystals and 42% reported that they had snorted MDMA crystals. Eight per cent reported smoking MDMA crystals and 6% reported shelving/shafting MDMA crystals.

The patterns of ecstasy use reported by RPU in the ACT from 2012–16 are presented in Table 6.

Table 6: Patterns of ecstasy use, ACT RPU, 2012–2016

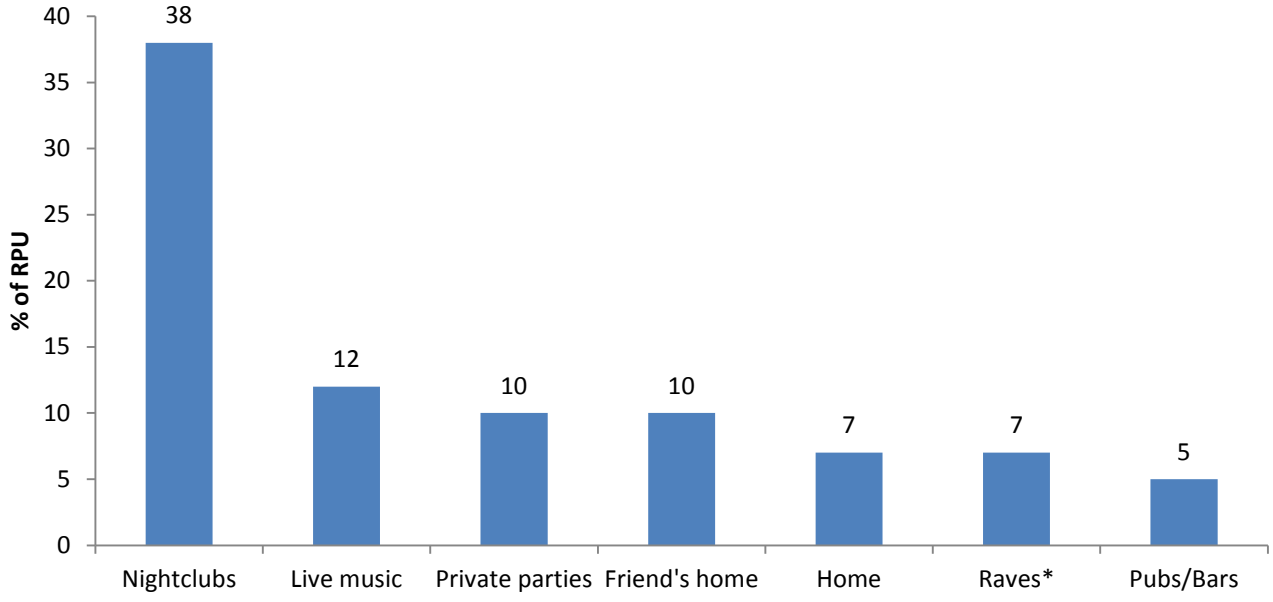
	2012 (N=51)	2013 (N=77)	2014 (N=77)	2015 (N=99)	2016 (N=88)
Mean age first used ecstasy (years)	18	16	18	17	18
Median days used ecstasy (any form) #	19	15	14	10	12
Ecstasy 'favourite drug'	29	36	50	30	36
Use ecstasy ≥ weekly basis	24	33	24	12	13
Median ecstasy tablets in a 'typical' session	2	2	2	2	1
Typically use >1 tablet (%)	80	79	75	34	34
Recently binged on psychostimulants (%) *	37	43	39	28	26
Forms used past six months (%)					
Pills	94	96	91	56	70
Powder	35	20	13	22	12
Capsules	61	43	56	69	72
Crystals	–	43	54	57	52

Source: EDRS RPU interviews, 2012–2016.
* Bingeing defined as the use of stimulants 48 hours or more continuously without sleep.
# In the previous six months.
↓↑ Significant increase/decrease at 95% CI p<0.05.

Locations of ecstasy use

RPU reported a wide variety of locations the last time they used ecstasy (Figure 2).

Figure 2: Location of last use, 2016

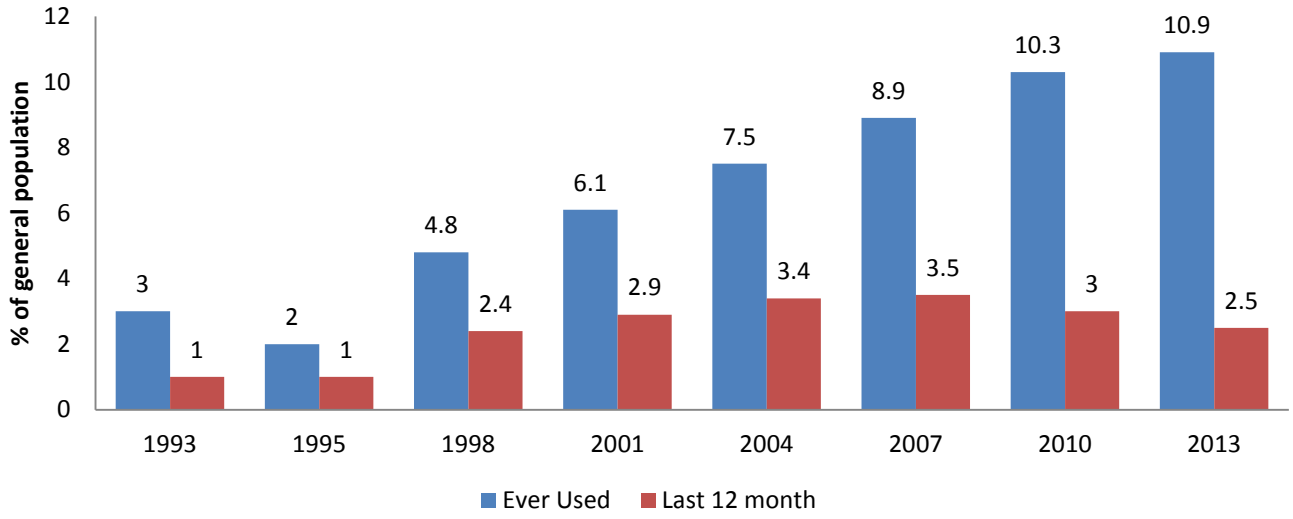


Source: EDRS RPU interviews, 2016.
* includes raves, doofs, and dance parties.

Use of ecstasy in the general population

The 2013 NDSHS showed ecstasy remains the second most widely used illicit drug after cannabis in Australia (Australian Institute of Health and Welfare 2014). Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1993 and 2013. Between 2010 and 2013 recent use of ecstasy declined for the second consecutive time since 1995, from 3% to 2.5%. Ecstasy use in Australia occurs most frequently among those aged 20–29 years, with the number of people reporting lifetime use continuing to increase (REF).

Figure 3: Prevalence of ecstasy use among the general population, 1993–2013



Source: NDSHS 1993–2014 , AIHW.

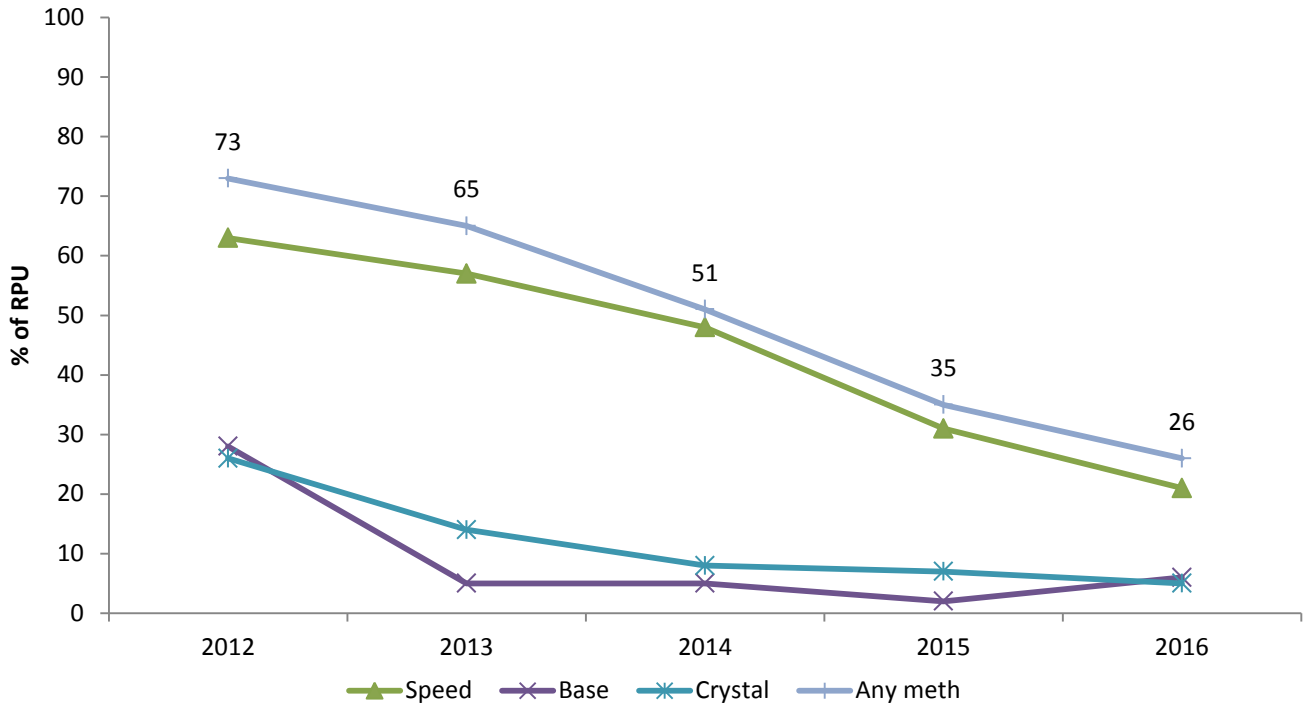
4.3. METHAMPHETAMINE USE

Key Points

- The proportion of participants who reported recent use any form of methamphetamine (all forms combined) has decreased for the fourth year in a row.
- Methamphetamine powder (speed) was the most commonly used methamphetamine.
- Use of the base and crystal forms of methamphetamine has remained low among RPU.

Participants were asked about three forms of methamphetamine; powder (speed), base, and crystal. Fifty-eight per cent of participants in the 2016 EDRS reported lifetime use of at least one form of methamphetamine, with speed being the most commonly used form. The proportion of the sample who reported recent use of at least one form of methamphetamine in the previous six months has decreased for the fourth year in a row to 26% in 2016. The median number of days used has also remained low at three days in the past 6 months.

Figure 4: Trends in recent methamphetamine use, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

Methamphetamine powder (speed)

Table 7 presents a summary of the patterns of speed use among RPU in the ACT from 2012 to 2016. Three RPU nominated speed as their current drug of choice. The majority (55%) of participants reported ever having used speed, and 21% reported having recently used speed.

Recent speed users reported a median of 3 days (range=1–24) of speed use in the past six months. Most (67%) of those RPU who had recently used speed had used less than once a month in the preceding six months. Twenty-four per cent of speed users had used on a monthly to fortnightly basis. Ten per cent speed more regularly than fortnightly during the past six months.

The majority of recent speed users quantified their use in terms of 'grams'. The median amount of speed used in a 'typical' episode of use in the past six months among those RPU was one gram (range=0.25–2.0). The median amount of speed used in the 'heaviest' session was two grams (range=0.25–3.0).

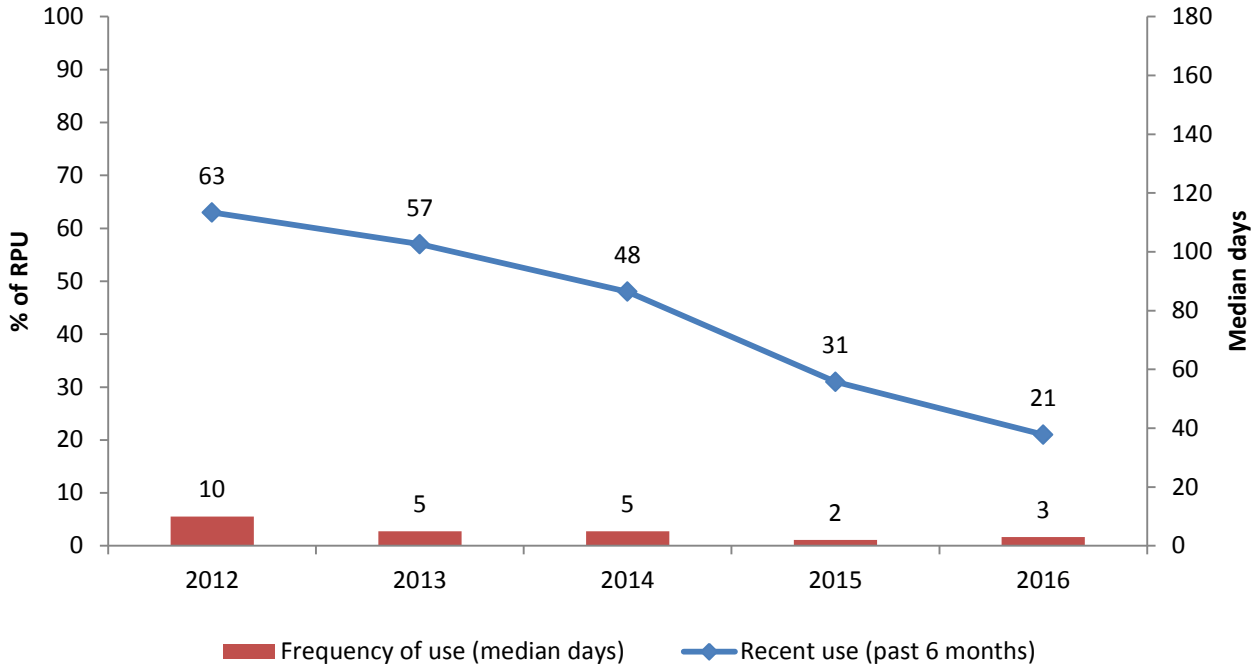
Of those participants who had used speed in the previous six months, 71% snorted, 48% reported swallowing and no RPU reported injecting, smoking or shelving/shafting.

Table 7: Patterns of methamphetamine powder use, ACT RPU, 2012–2016

Methamphetamine powder (speed)	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
Ever used (%)	82	70	70	61	55
Used preceding six months (%)	63	57	48	31	21
Median days used last 6 mths	5	5	5	2	3
(range)	(1–180)	(1–180)	(1–60)	(1–90)	(1–24)
Median quantities used (grams)					
Typical	0.5	0.5	0.5	0.25	1
(range)	(0.05–3.0)	(0.5–2.2)	(0.1–2)	(0.05–2.0)	(0.25–2.0)
Heavy	1	1	0.5	0.3	2
(range)	(0.05–6.0)	(0.05–5.0)	(0.1–14.0)	(0.05–2.0)	(0.25–3.0)

Source: EDRS RPU interviews, 2012–2016.

Figure 5: Methamphetamine powder trends, ACT, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

Less than ten RPU answered questions regarding last location of use for speed. Please refer to the *National report for 2016 for national data* (Stafford and Breen 2017).

Methamphetamine base

Table 8 presents a summary of the patterns of base use from 2012–16. No participants nominated base as their drug of choice. Twelve per cent of RPU in 2016 reported ever having used base. Six per cent reported having recently used base (during the past six months).

Only six participants reported the recent use of base so caution is advised when interpreting data. Recent base-users (n=6) reported a median of 2 days (range=2–7) of base use in the past six months. The median amount used in a typical session and heavy session were based on only two respondents. Please refer to the national EDRS report (Stafford and Breen 2017) for more information.

Of those participants who had used base in the previous six months, five RPU reported smoking base and two RPU reported snorting and one RPU reported swallowing base in the previous six months. There were no reports of injecting base.

Table 8: Patterns of methamphetamine base use, ACT RPU, 2012–2016

Methamphetamine base	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
Ever used (%)	37	9	9	4	12
Used preceding six months (%)	28	5	5	2	6
Median days used last 6 mths	3.5	2.5	1	5.5^	2^
(range)	(1–20)	(1–12)	(1–12)	(1–10)	(2–7)
Median quantities used (points)					
Typical	2	2	1.5	2^	1.5^
(range)	(0.2–10.0)	(no range)	(1.0–2.0)	(1.0–3.0)	(1.0–2.0)
Heavy	2.5	5.0	1.5	3^	3.5^
(range)	(0.2–14.0)	(no range)	(1.0–2.0)	(no range)	(1.0–6.0)

Source: EDRS RPU interviews, 2012–2016.
↑ ↓ Significant increase/decrease at 95% CI p<0.05.
^ small numbers (<10), interpret with caution.

Crystal methamphetamine

Table 9 presents a summary of the patterns of crystal use among RPU in the ACT from 2012–16. One participant nominated crystal as their drug of choice. A downward trend in the proportion of participants reporting recent use of crystal methamphetamine continues for the fourth year with 5% reporting recent use.

Recent crystal users (n=5) reported a median of five days (range=1–24) of crystal use in the past six months. Caution is advised when interpreting this data as numbers are small.

Only one RPU reported average and heavy use. Please refer to the national report for more information (Stafford and Breen 2017).

Of those participants who had used crystal in the previous six months, all reported that they had smoked it and two RPU reported they had snorted it.

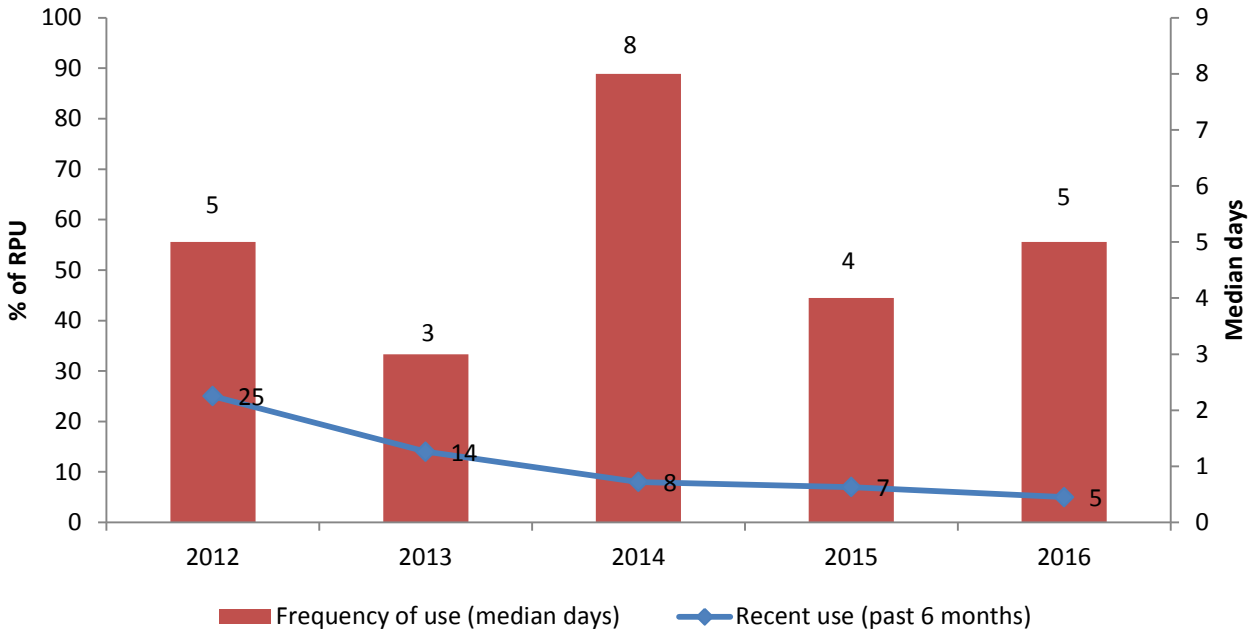
Table 9: Patterns of crystal methamphetamine use, ACT RPU, 2012–2016

Crystal methamphetamine	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
Ever used (%)	39	23	16	13	14
Used preceding six months (%)	25	14	8	7	5^
Median days used last 6 mths	5	3	8	4^	5^
(range)	(1–48)	(1–180)	(1–72)	(1–30)	(1–24)

Crystal methamphetamine	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
Median quantities used (points)					
Typical	1	1	2	2^	2^
(range)	(0.2–5.0)	(1.0–3.0)	(0.5–3.0)	(0.25–4.0)	(No range)
Heavy	3	2	2	2.6^	2^
(range)	(0.2–25)	(1.0–9.0)	(0.5–10.0)	(0.25–5.0)	(No range)

Source: EDRS RPU interviews, 2012–2016.
^ small numbers (<10), interpret with caution.

Figure 6: Crystal methamphetamine trends, ACT, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

KEY EXPERT COMMENTS: METHAMPHETAMINE

- Treatment and outreach services noted that the lack of effective treatment options for methamphetamine (including pharmacotherapies) exposes a service gap for people with problematic use.

4.4. COCAINE USE

Key points

- Lifetime and recent use of cocaine have both remained stable.
- Frequency of cocaine use decreased to a median of two days in the previous six months.

Table 10 presents a summary of the patterns of cocaine use from 2012–16. In 2016, 71% of participants reported having ever used cocaine and 44% reported recent use. Nine per cent of participants reported cocaine to be their main drug of choice.

In 2016, recent cocaine users (n=44) reported a median of two days of use (range=1–12).

Most recent cocaine users quantified their use of cocaine in terms of grams. A median of half a gram (n=14, range=0.25–2.0) was used during a 'typical' session of cocaine use, and a median of one gram (range=0.25–2.0) was used in the 'heaviest' session of cocaine use (see Table 10).

All RPU who had recently used cocaine reported snorting it and 16% also reported swallowing it.

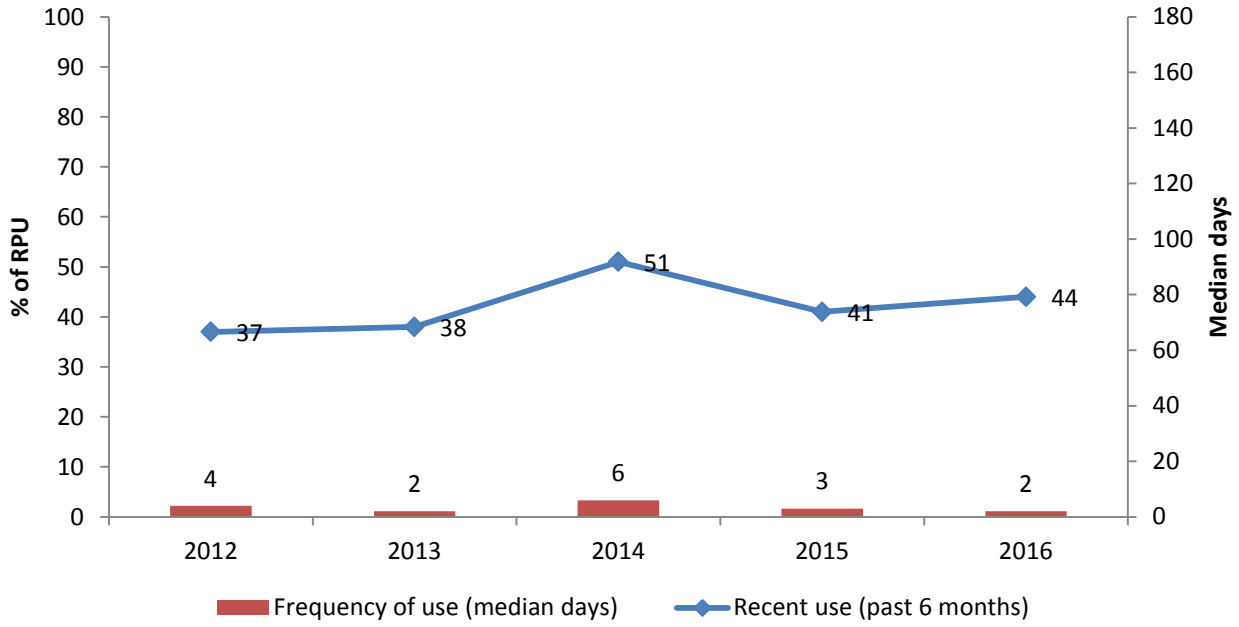
Table 10: Patterns of cocaine use, ACT RPU, 2012–2016

Cocaine	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)
Ever used %	78	62	80	62↓	71
Used last six months %	37	38	51	41	44
Median days used last 6 months	4	2	6	3	2
(range)	(1–60)	(1–100)	(1–170)	(1–16)	(1–12)
Median quantities used (grams)					
Typical	1	1	0.5	0.5	0.5
(range)	(0.3–1.2)	(0.5–3.5)	(0.2–3.5)	(0.25–2.0)	(0.25–2.0)
Heavy	1	1.1	1	1	1
(range)	(0.3–8.0)	(0.5–5.0)	(0.3–7.0)	(0.25–4.0)	(0.25–2.0)

Source: EDRS RPU interviews, 2012–2016.

Participants typically report using cocaine at nightclubs (48%), a friend's home (22%), and private parties (9%).

Figure 7: Cocaine trends in recent use and median days used, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2016.

KEY EXPERT COMMENTS: COCAINE

- All KE commented that cocaine was used sporadically among this demographic and is not commonly seen by youth or outreach services.

4.5. LSD USE

Key Points

- Reported lifetime and recent use of LSD increased this year but have not reached levels seen prior to 2014.
- Frequency of LSD use was low at a median of three days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab.

Table 11 summarises the patterns of LSD use amongst ACT RPU from 2012–16. Seven per cent of participants nominated LSD as their drug of choice. Two-thirds of RPU reported lifetime use and 40% reported recent use.

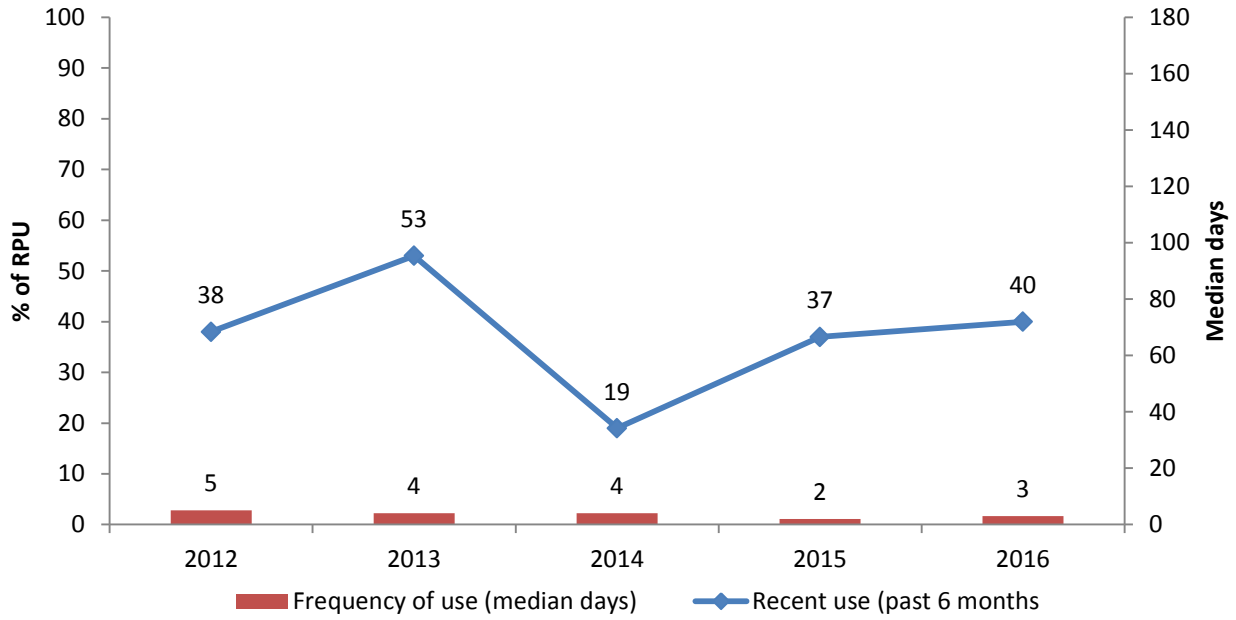
Recent LSD users (n=40) reported a median of three days of use in the past six months (range=1–30). Most recent LSD users who commented quantified their use of the substance in terms of 'tabs'. A median of one tab was taken during a 'typical' episode and one tab (n=34, range=0.5–6) also for the 'heaviest' episodes of LSD use (n=34, range=0.5–6) (Table 11). All recent LSD users reported that they had swallowed LSD in the past six months (n=40).

Table 11: Patterns of LSD use, ACT RPU, 2012–2016

LSD	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (n=100)
Ever used %	86	75	38	54	66
Used last six months %	38	53	19	37	40
Median days used last 6 months	5	4	4	2	3
(range)	(1–30)	(1–72)	(1–20)	(1–48)	(1–30)
Median quantities used (tabs)					
Typical	1	1	1	1	1
(range)	(0.75–4.0)	(1–5)	(1–3)	(1–3)	(0.5–6)
Heavy	2	2	1	1	1
(range)	(1–20)	(1–11)	(1–3)	(1–15)	(0.5–6)

Source: EDRS RPU interviews, 2012–2016.
↑ significant increase at 95% CI p<0.05.

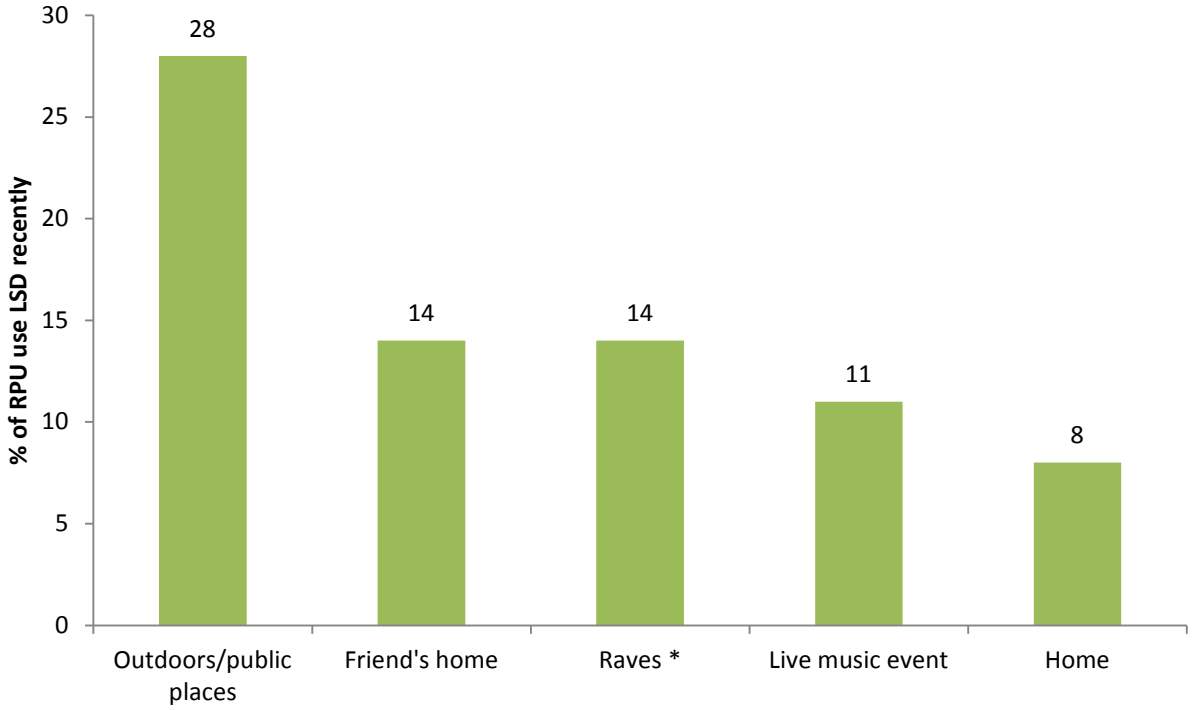
Figure 8: LSD trends in recent use and median days used, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

The locations at which respondents indicated they had last used LSD were outdoors or in public places (28%), a friend's home (14%), raves (14%), live music events (11%), and at home (8%).

Figure 9: Last location of LSD use, ACT RPU, 2016



Source: EDRS RPU interviews, 2016.
* Includes outdoor raves (doofs) and dance parties.

4.6. CANNABIS USE

Key Points

- Eight-five per cent of RPU reported recent use of cannabis.
- Those that had used cannabis recently used on a median of 50 days (twice a week).
- Fifteen per cent of RPU reported daily cannabis use.

Table 12 presents a summary of cannabis use of ACT RPU from 2012–16. In 2016, 98% of RPU reported lifetime use of cannabis, and 85% of RPU reported using cannabis in the six months preceding interview. Cannabis was nominated by almost one in three (29%) as their drug of choice.

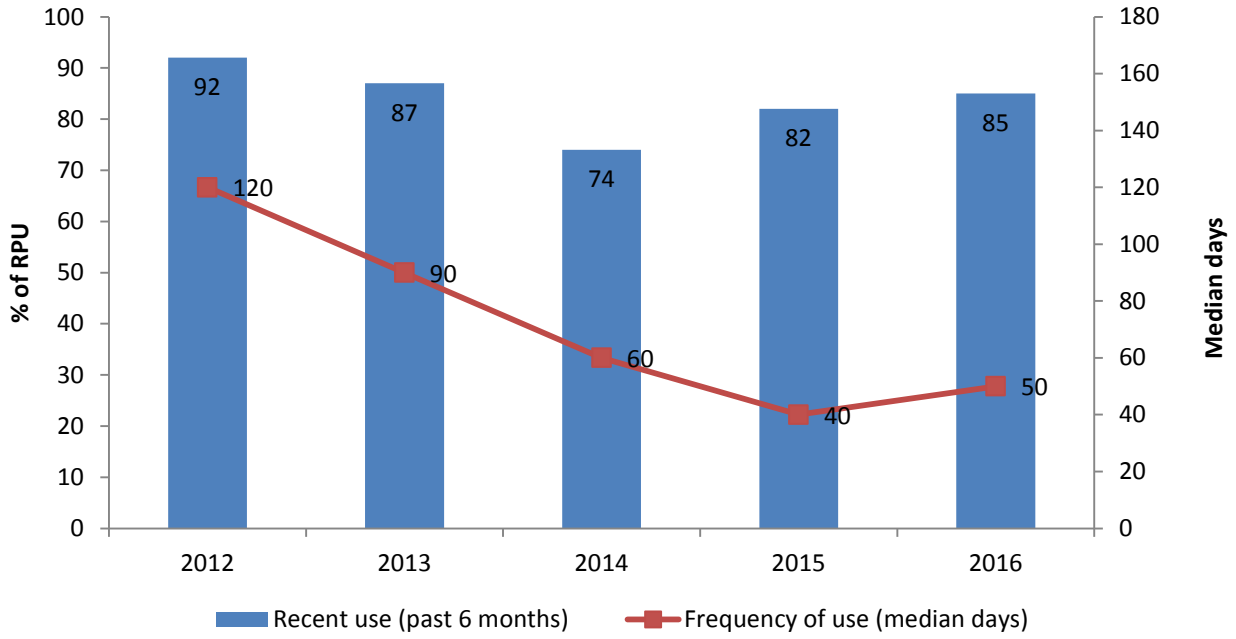
In 2016, RPU who had used cannabis in the preceding six months used it on a median of 50 days (range=1–180). The majority of recent cannabis smokers (68%) reported more than weekly/less than daily use. Fifteen per cent of RPU reported daily smoking cannabis.

Table 12: Patterns of cannabis use, ACT RPU, 2012–2016

Cannabis	2012 (N=51)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (n=100)
Ever used %	100	94	86	98	98
Used last six months %	92	87	74	82	85
Median days used last 6 months	120	90	60	40	50
(range)	(1–180)	(1–180)	(1–180)	(1–180)	(1–180)
Route of administration (%)					
Smoked	98	100	96	98	100
Swallowed	34	21	14	11	8
Vaped (vapourised)†	n/a	n/a	n/a	19	12

Source: EDRS RPU interviews, 2012–2016.
† Vapourised added in 2015.

Figure 10: Cannabis trends in recent use and median days used, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

More than half (56%) of those who had recently used cannabis quantified their use in terms of cones. The median number of cones used on the last occasion of use was three (n=48, range=0.25–20). One in five RPU who had recently used cannabis quantified their use in terms of joints. The median number of joints used on the last occasion of use was one (n=20, range=0.3–10).

All RPU who had used cannabis in the preceding six months reported that they had smoked it and 8% reported that they had recently swallowed it. In 2015, the EDRS included the option to nominate vapourising (i.e. the use of a vapouriser, commonly known as 'vaping') as an additional ROA. Twelve per cent of recent users indicated they had used cannabis this way in the past six months (19% in 2015).

KEY EXPERT COMMENTS: CANNABIS

- KE commonly reported that cannabis was cheap to buy and easy to obtain. Much harm seen by services is compounded by the illegality of the drug and the social stigma that is attached to its use.

4.7. NEW PSYCHOACTIVE SUBSTANCES (NPS)

Key Points

- Use of NPS remains very low in the ACT.
- 2C-B and DMT remain the most commonly reported NPS used.
- Use of synthetic cannabinoids remains low.

From 2010 onward, the EDRS has attempted to systematically investigate a group of new or emerging drugs known as 'new psychoactive substances' (NPS; also known as research chemicals, analogues, legal highs, herbal highs, party pills).

Table 13 provides a very brief introduction to some of these drugs to provide a guide for interpreting data. Interested readers are directed toward online sources such as Erowid (http://www.erowid.org/splash.php) and Drugscope (http://www.drugscope.org.uk/) for more comprehensive information on these drugs.

Table 13: New psychoactive substances (NPS)

Street name	Chemical name	Information on drug	Information on use and effects
Phenethylamines			
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B.
2C-B	4-bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2C-B is sold as a white powder sometimes pressed in tablets or gel caps. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethylamine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive.
NBOMe	N-methoxybenzyl	Psychedelic drugs with stimulant effects	NBOMe includes a series of drugs that contain an N-methoxybenzyl group. The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics, and include 25B-NBOMe, 25I-NBOMe and 25C-NBOMe. Available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found

			on blotting paper and may be sold as LSD.[2]
PMA	Para-methoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of <50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses >50mg are considered potentially lethal (due to the risk of overheating).
Tryptamines			
DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.[3]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	5-MeO-–DMT is comparable in effects to DMT; however, it is substantially more potent. 5-MeO-DMT is mostly seen in crystalline form[4] but has been reportedly sold in powder form.
Synthetic cathinones			
Mephedrone	4-methyl-methcathin- one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form.
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Effects are primarily psychostimulant in nature.

The proportion of participants reporting recent use of 2C-B in 2016 (12%) has remained stable.

Twelve per cent of participants reported recent use of DMT (6% in 2015). All other NPS recorded very low numbers (<10). For further information please see the national EDRS report (Stafford and Breen 2017).

[2] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml
[3] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt
[4] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml

Table 14: Use of new psychoactive substances (NPS), ACT RPU, 2015–2016

New psychoactive substances	2015 Recent use (%)	2016 Recent use (%)
Phenethylamines *(2C-x class)*		
2C-B	18	**12**
2C-I	3	**1**
2C-E	1	**1**
Phenethylamines (*beta-ketones*)		
Mephedrone	2	**0**
methylone / black MDMA	0	**3**
Cathinone – other	0	**0**
Ivory Wave / MDPV	1	**0**
Phenethylamines *(amphetamine-based)*		
Mescaline	3	**5**
MDAI	0	**0**
Ergolines		
LSA (Hawaiian Baby Woodrose)	0	**0**
Tryptamines		
5MEO–DMT	0	**1**
DMT	6	**12**
(Dissociative)		
DXM (cough syrup)	7	**4**
Methoxetamine (MXE)	2	**1**
Salvia divinorum	1	**2**
Piperazines		
BZP	0	**0**
Synthetic cannabinoids	1	**2**

Source: EDRS RPU interviews, 2015–2016.
↓ significant decrease at 95% CI p<0.05.

NPS adverse effects

Among past year NPS consumers in the ACT, less than ten participants reported adverse effects from NPS. For more detailed information please refer to the National EDRS Report (Stafford and Breen 2017).

4.8. OTHER DRUG USE

Key Points

- Seventy per cent of recent alcohol users reported more than weekly drinking.
- One-third of RPU reported using tobacco daily.
- Smaller proportions of RPU reported using heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

Alcohol

Ninety-nine per cent of the 2016 ACT EDRS sample reported lifetime use and recent use of alcohol. Thirteen per cent of the sample nominated alcohol as their drug of choice.

Alcohol was consumed on a median of 48 days (approximately twice weekly; range=1–160) in the six months prior to interview. Seventy per cent of recent alcohol users reported using alcohol more than weekly in the past six months with no respondents reporting daily use.

Tobacco

The majority (93%) of the 2016 sample reported lifetime use of tobacco, and 84% of the 2016 sample reported use of tobacco in the six months preceding interview. One-third of the sample reported using tobacco daily in the past six months, (n=33).

Illicit Benzodiazepines

The illicit use (ever) of benzodiazepines among RPU is reported by 30% of the sample. Twenty-three per cent of participants reported using an illicit benzodiazepine in the six months preceding interview on a median of four days (range=1–36).

Inhalants

Amyl nitrite: Lifetime use of amyl nitrate was reported by 36% of the sample. In 2016, there was a significant increase in the recent use of amyl nitrate; 24% of RPU reported using amyl nitrate in the six months preceding interview (9% in 2015). However the use of amyl nitrite among this group remained low on a median of one and a half days in the previous 6 months (range=1–10).

Nitrous oxide: Lifetime use of nitrous oxide was reported by 55% of the sample. In 2016, 37% of the RPU reported recent use on a median days of four days (range=1–60). The median amount of 'bulbs' used in a typical session was reported to be four (range=1–60) and a median of 6 bulbs (range=1–10) was reported to be used in a heavy session.

Mushrooms

In 2016, half (52%) reported lifetime use of mushrooms. The proportion of RPU reporting use of mushrooms in the preceding six months remained relatively stable at 22% on a median of one day (range=1–4).

Heroin and other opiates

Heroin: Four per cent of the sample reported lifetime use of heroin and no participants reported recent use of heroin.

Methadone: One participant reported lifetime use of methadone.

Buprenorphine: Three participants reported lifetime use of buprenorphine but none reported recent use.

Gamma-hydroxy butyrate (GHB)

In 2016, one in twenty five RPU (4%) reported ever having tried GHB, and one participant reported that they had used GHB in the six months preceding interview.

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 2016, 19% of RPU reported that they had ever used MDA and 11% of participants reported having recently used MDA. Median days of use was one day (range=1–3).

Ketamine

Thirty-one per cent of RPU reported the lifetime use of ketamine in 2016, while one in five reported recent use (20%). This was a significant increase from nine per cent in 2015. Median days of remained low at two days (range=1–6).

Pharmaceutical stimulants

In 2016, forty-six per cent of the sample reported ever having used illicit pharmaceutical stimulants, while approximately one in four (26%) reported the recent use of illicit pharmaceutical stimulants. The median number of days of use in the past six months among those RPU who had used illicit pharmaceutical stimulants was four and half days (range=1–100).

5 PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1. ECSTASY

Key points

- The price of ecstasy remained stable across all forms.
- The majority of respondents reported ecstasy to be easy or very easy to obtain.
- The majority of respondents bought ecstasy from a dealer.

Price

In the 2016 ACT EDRS, 96% RPU commented on the price, purity and availability of ecstasy. RPU reported the current median price for an ecstasy tablet to be $25 ($15–$35) (Table 15). Ninety-four per cent of the RPU sample commented on the price of an ecstasy capsule, The median price reported in 2016 was $25 ($20–$35).

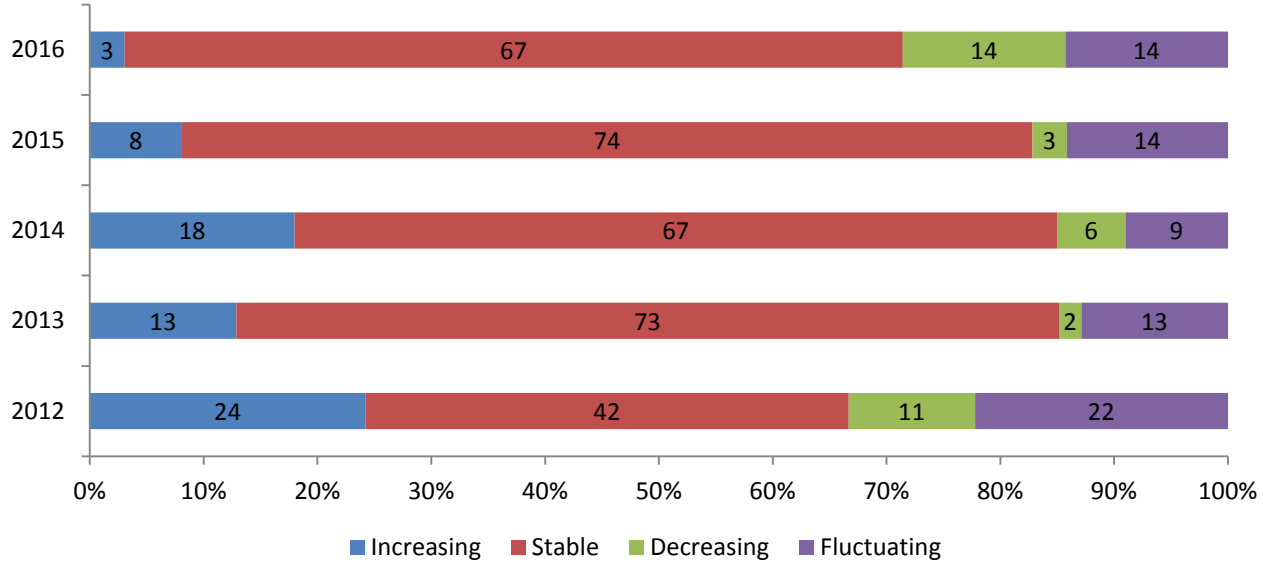
Table 15: Price for ecstasy, ACT RPU, 2012–2016

Ecstasy	2012	2013	2014	2015	2016
Median price per tablet	$25	$25	$25	$25	$25
Median price per capsule	$30	$30	$30	$26	$25
Median price per gram of powder	$300	$300	$300^	$150^	$220^
Median price per point of crystal	–	$25	$30	$30^	$30

Source: EDRS RPU interviews, 2012–2016.
↑ significant increase at 95% CI p>0.05.
^ small numbers, interpret with caution.

Two-thirds (67%) of respondents in 2016 reported that the price of ecstasy was stable in the past six months (Figure 11).

Figure 11: Ecstasy price change in last six months, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

RPU Purity reports

Table 16 presents the purity reports of ACT RPU from 2012–16, regarding both the perceived current purity and the change in the perceived purity of ecstasy available to them. The majority of those who commented reported purity to be high (31%) or medium (29%).

Table 16: Purity and purity change of ecstasy, ACT RPU, 2012–2016

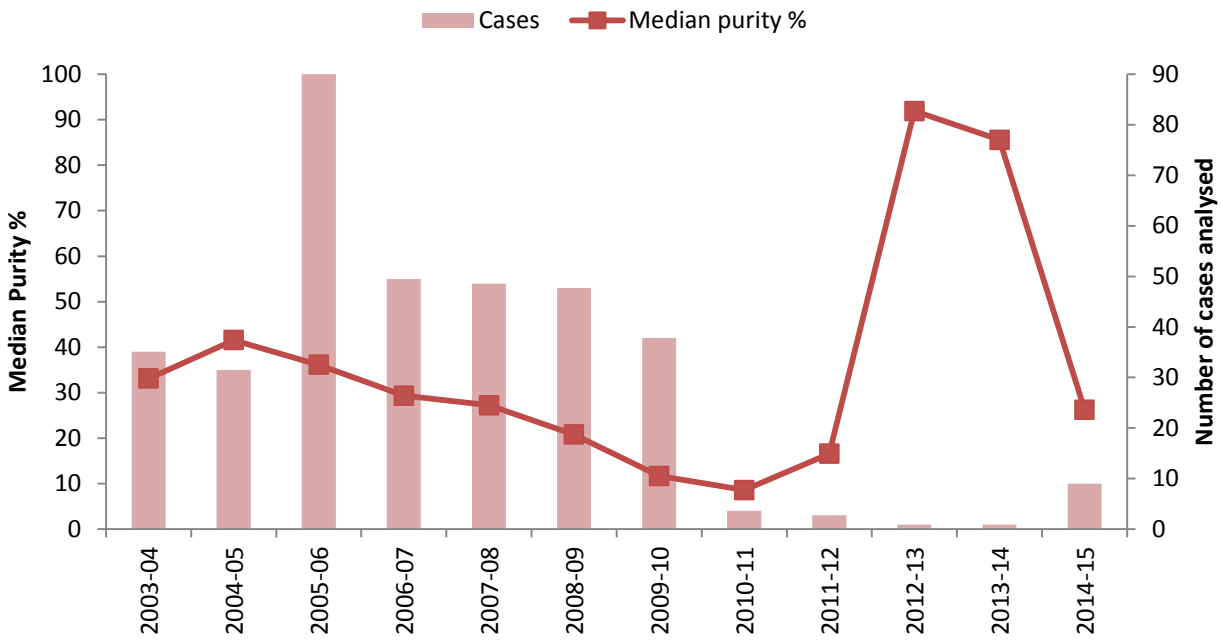
Purity – ecstasy	2012	2013	2014	2015	2016
Current purity	**n=50**	**n=70**	**n=98**	**n=76**	**n=96**
Low	32	27	13	11	17
Medium	26	34	46	36	29
High	26	19	32	33	31
Fluctuates	16	20	9	21	19
Purity change (%)	**n=47**	**n=64**	**n=98**	**n=72**	**n=96**
Increasing	13	14	16	10	26
Stable	32	33	39	74	30
Decreasing	30	31	25	3	12
Fluctuating	26	22	20	14	24

Source: EDRS RPU interviews, 2012–2016.
↑↓ significant increase/decrease at 95% CI p>0.05.

Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should be considered in addition to the subjective reports of users. It is also important to note the limitation of the average purity figures; namely, that not all illicit drugs seized by Australia's law enforcement agencies are routinely analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures are, therefore, related to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures remain the most objective measure of changes in purity levels available in Australia.

The ACIC routinely collects data on the purity of phenethylamines seized by the ACT Police. The analysis of the purity of phenethylamine seizures includes purity analysis of drugs such as 3,4-methylenedioxymethamphetamine (MDMA), MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the 2004–05 financial year and the 2014–15 financial year are presented in Figure 12. In the ACT, ten seizures have been analysed with a median purity of 24%. As can be seen in Figure 13, cases analysed since 2010 have been low in number so caution is advised when interpreting any apparent increase in purity.

Figure 12: Median purity of phenethylamine seizures, ACT, 2003–04 to 2013–14



Source: Australian Bureau of Criminal Intelligence, 2000–2015.
Note: Data not available for the 2015/16 financial year.

Availability

Table 17 summarises the reports of RPU on the availability of ecstasy in the ACT for the years 2012–16. Most (96%) RPU commented on the availability of ecstasy. Most respondents reported that ecstasy was either very easy (40%) or easy (53%) to obtain. Forty-eight per cent of RPU indicated that the ease with which ecstasy could be obtained had remained stable and 32% reported that ecstasy was easier to obtain.

Table 17: Availability and source of ecstasy, ACT RPU, 2012–2016

Ecstasy availability	2012	2013	2014	2015	2016
Current availability (%)	n=51	n=74	n=100	n=79	n=96
Very easy	37	45	41	57	40
Easy	51	39	47	38	53
Difficult	10	16	11	5	7
Very difficult	2	0	1	0	0
Availability change (%)	n=49	n=71	n=99	n=75	n=96
More difficult	12	17	16	4	12
Stable	71	42	54	72	48
Easier	10	30	23	20	32
Fluctuates	6	11	6	4	2
Persons scored from # (%)	n=50	n=76	n=100	n=78	n=96
Friends	64	62	65	60	46
Known dealers	28	25	23	24	38
Acquaintances	6	5	6	6	8
Unknown dealers	0	1	3	5	3
Online	0	3	0	1	2
Locations scored from # (%)	n=50	n=70	n=100	n=76	n=96
Friend's home	32	27	43	34	21
Dealer's home	18	17	9	8	25
Nightclub	20	11	12	9	15
Agreed public location	4	4	9	15	12
At own home	18	14	11	16	7
Other	8	23	16	18	4
Online	0	3	0	0	2

Source: EDRS RPU interviews, 2012–2016.
# of those who purchased ecstasy in the past six months.
^ Online category added in 2013.

Ecstasy markets and patterns of purchasing ecstasy

In 2016, participants were asked to nominate from whom they had last purchased ecstasy. RPU most commonly had obtained ecstasy from friends (46%) and known dealers (38%). In 2013, a response category for 'online' was added. In 2016, two RPU reported purchasing ecstasy online (n=1, 2015). The most common locations at which ecstasy had last been purchased were at a dealer's home (25%), at a friend's home (20%), at nightclubs (15%), an agreed public location (12%), or at their own home (7%).

5.2. METHAMPHETAMINE

Key points

- Small proportions of the 2016 ACT EDRS sample were able to comment on methamphetamine powder (speed). Reports were that price, purity and availability had largely remained stable. Caution is advised when interpreting results for price as numbers are small (n=8).
- Very small numbers were able to report on the price, purity and availability of methamphetamine base and crystal methamphetamine. Caution is advised when interpreting results.

Methamphetamine powder (speed)

Price

In the 2016 ACT EDRS, 8% of RPU were able to comment on the price of methamphetamine powder (speed). The median reported current price for a gram of speed was $175 ($100–180). In terms of purchasing points of speed, the median price paid for a point was $25 (no range). Due to the very low numbers reporting; caution is advised when interpreting these results (Table 18).

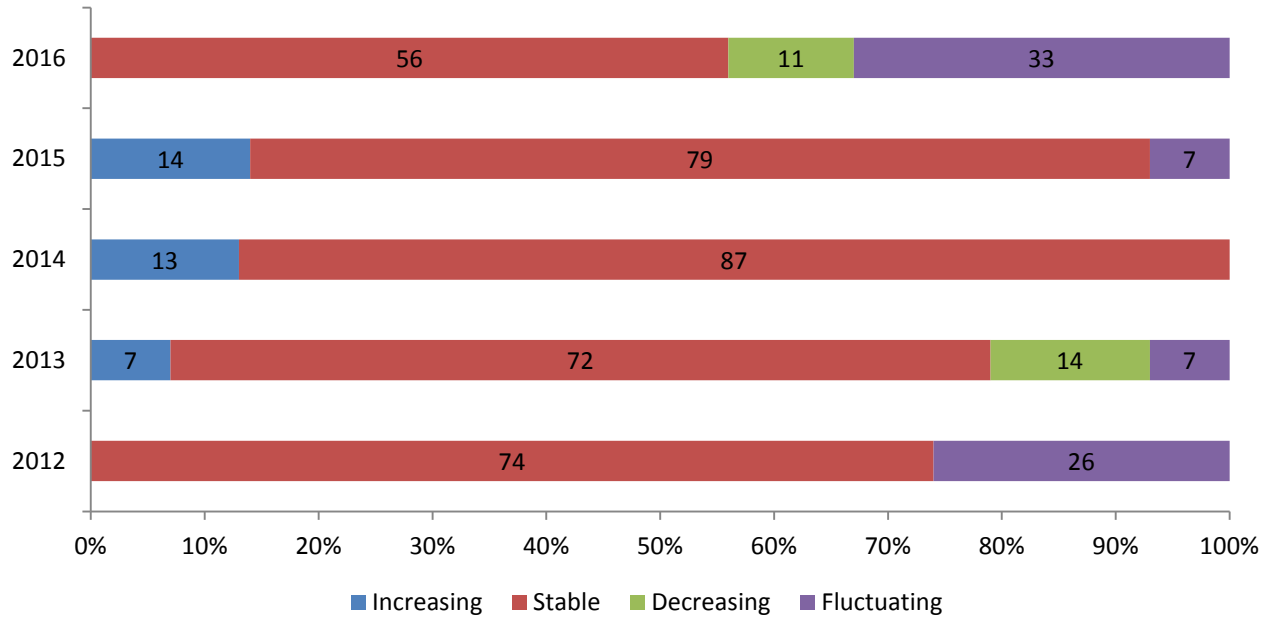
Table 18: Price for methamphetamine powder, ACT RPU, 2012–2016

Median price	2012	2013	2014	2015	2016
Point	$40	$25	$35	$25^	$25^
(range)	(20–60)	(10–40)	(20–80)	(20–35)	(no range)
Gram	$200	$200	$200	$222.50^	$175^
(range)	(100–250)	(100–270)	(100–800)	(125–380)	(100–280)

Source: EDRS RPU interviews, 2012–2016.
^ small numbers (<10), interpret with caution.

Half (n=5) of the RPU who were able to comment on the change in the price of speed reported that the price had remained stable in the preceding six months, as can be seen in Figure 13.

Figure 13: Methamphetamine powder, price change in last 6 months, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.
Results based on following response numbers: 2012 (n=26), 2013 (n=38), 2014 (n=22), 2015 (n=14), 2016 (n=9).

RPU reports of Purity

Reports on the purity of methamphetamine powder were mixed. Half of those who commented reported speed to be of high purity (50%). A further thirty per cent reported purity to be medium and 10% reported speed to be of low purity. Forty per cent of those who commented on the purity of speed believed purity had remained stable in the last six months (Table 19).

Table 19: Purity and purity change of methamphetamine powder, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current purity (%)	n=26	n=37	n=22	n=16	n=9
Low	12	38	33	6	11
Medium	27	32	43	56	33
High	46	16	14	38	56
Fluctuates	15	47	10	0	0
Purity change (%)	n=25	n=30	n=15	n=16	n=9
Increasing	12	23	0	25	33
Stable	52	40	48	50	44
Decreasing	12	17	40	19	0
Fluctuating	24	20	13	6	22

Source: EDRS RPU interviews, 2012–2016.

Availability

Of the 9 RPU who commented on the availability of speed in the preceding six months, the majority (56%) reported that speed was currently easy to obtain (Table 20). The majority (56%) of respondents believed that the availability of speed had remained stable. Due to the low numbers reporting; caution is advised when interpreting these results

Table 20: Availability of methamphetamine powder, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current availability	n=26	n=38	n=22	n=16	n=9
% Very easy	58	34	14	19	0
% Easy	39	50	73	38	56
% Difficult	4	16	14	44	22
% Very difficult	0	0	0	0	22
Availability change	n=25	n=35	n=20	n=16	n=9
% More difficult	8	6	20	19	22
% Stable	80	60	75	75	56
% Easier	12	29	5	6	11
% Fluctuates	0	6	0	0	11

Source: EDRS RPU interviews, 2012–2016.

Methamphetamine base

Price, purity and availability

Only one participant was able to comment on the price and two participants on the purity and availability of methamphetamine base in 2016. For more detailed information please refer to the National EDRS Report (Stafford and Breen 2017).

Crystal methamphetamine

Price, purity and availability

Three RPU (3%) commented on the price, one person on the perceived purity, and three on the availability of crystal methamphetamine. For more detailed information please refer to the National EDRS Report (Stafford and Breen 2017).

Methamphetamine markets and patterns of purchasing

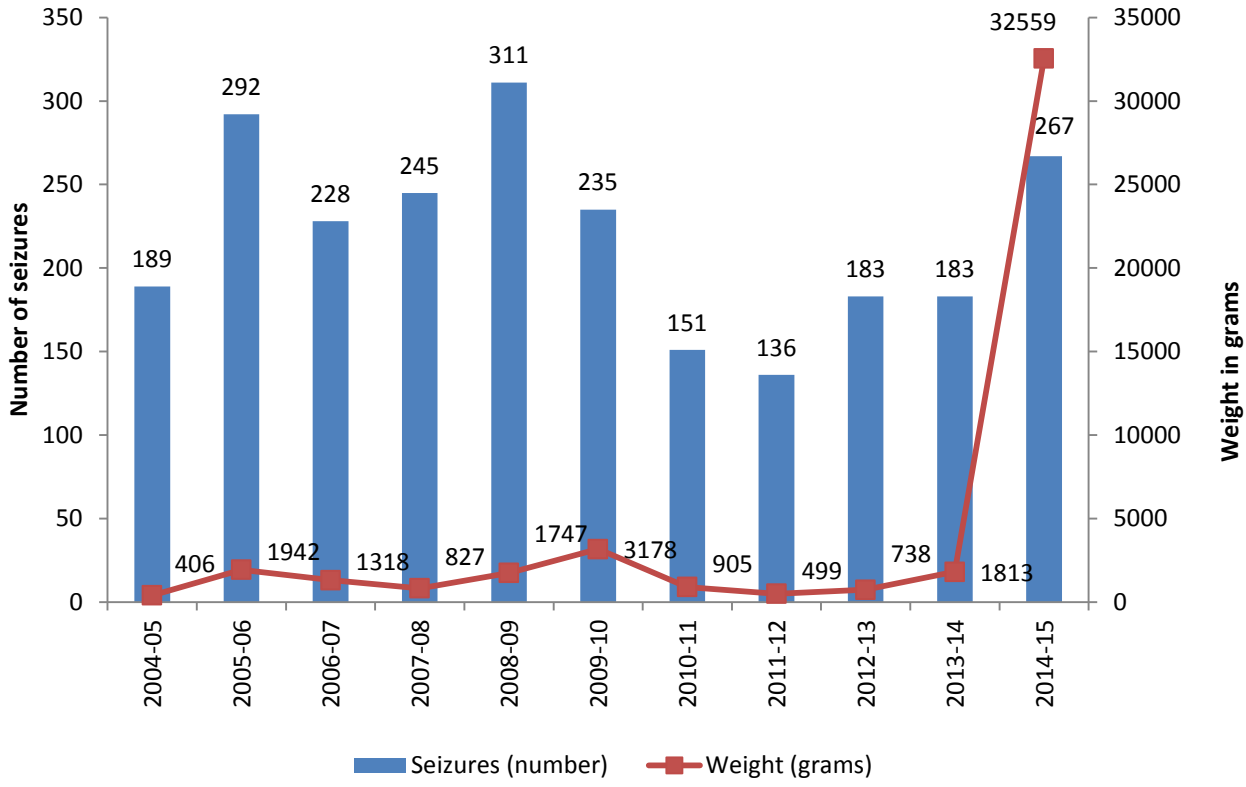
Participants were asked to nominate from whom they had last purchased methamphetamine in the six months prior to interview. Friends (56%) were the most common source RPU obtained speed from followed by known dealers (33%). Crystal was obtained from friends (100%).

The locations at which RPU last purchased crystal methamphetamine was primarily a friend's home (67%) and methamphetamine powder was commonly purchased from a friend's home (44%) or an agreed public location (33%).

Law enforcement seizure data

The number and weight of amphetamine-type seizures in the ACT from 2004–05 to 2014–15 are presented in Figure 14. It must be noted that amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The weight of seizures made in the ACT increased in the 2014–15 period, with 267 seizures weighing 32,559 grams.

Figure 14: Amphetamine-type stimulant seizures by ACT local police, 2004–05 to 2014–15



Source: Australian Bureau of Criminal Intelligence, 2004–2016.
Note: Data not available for the 2015–2016 financial year.

5.3. COCAINE

Key Points

- The median price of a gram of cocaine in 2016 was $300.
- Most RPU reported the price to be stable.
- Reports on perceived purity are mixed.

Price

Nineteen per cent of participants (n=19) commented on the current price of cocaine. The median reported price paid for the last gram of cocaine purchased by RPU remained stable at $300 per gram (range=$75–$300) (Table 21).

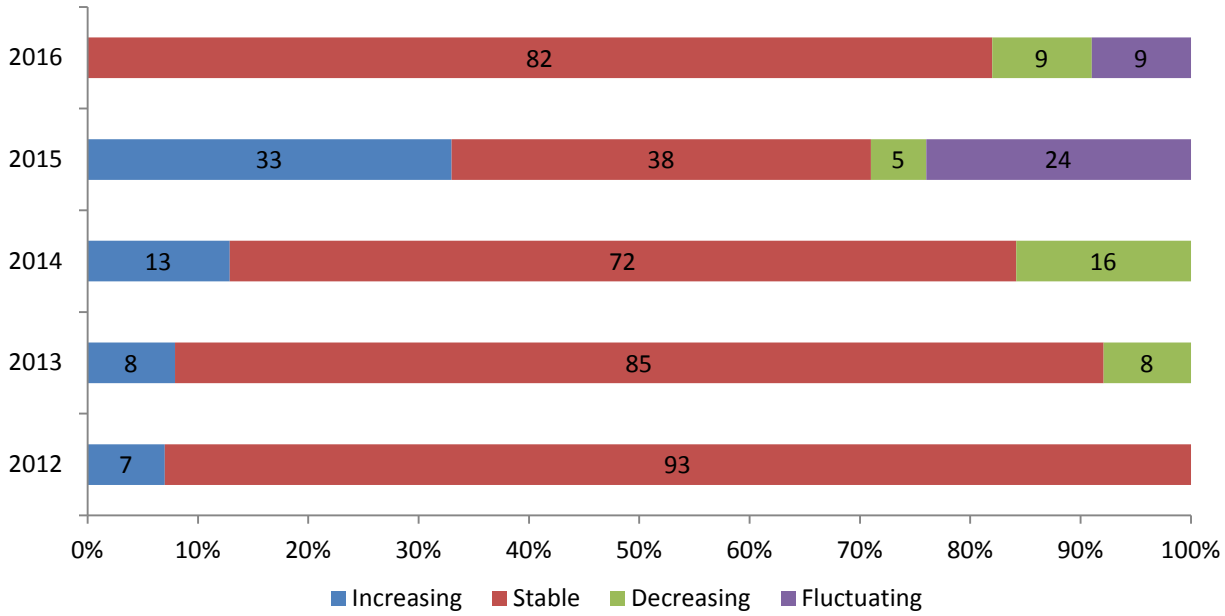
Table 21: Price for cocaine, ACT RPU, 2012–2016

Median price	2012	2013	2014	2015	2016
Gram	$300	$300	$300	$300	**$300**
(range)	(300–500)	(300–900)	(100–550)	(200–500)	**(75–400)**

Source: EDRS RPU interviews, 2012–2016.

The majority of respondents (82%) reported the price had remained stable (Figure 15).

Figure 15: Cocaine price change, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2011–2015.
Results based on following response numbers: 2012 (n=14), 2013 (n=18), 2014 (n=32), 2015 (n=21), 2016 (n=22).

RPU reports of perceived purity

In the 2016 EDRS, reports on the current purity of cocaine were mixed (see Table 22).

Forty-four per cent of RPU who commented on perceived purity indicated it had remained stable.

Table 22: Purity and purity change of cocaine, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current purity (%)	n=15	n=15	n=37	n=24	n=16
Low	40	38	19	33	19
Medium	27	38	43	46	31
High	27	25	19	21	19
Fluctuates	7	0	19	0	31
Purity change (%)	n=12	n=12	n=32	n=20	n=16
Increasing	8	33	3	0	6
Stable	50	42	66	60	44
Decreasing	25	17	9	20	19
Fluctuating	17	8	22	20	31

Source: EDRS RPU interviews, 2012–2016.

Availability

In 2016, reports on the availability of cocaine were varied. The majority (84%) of RPU who reported on availability reported it to have remained stable from 2015 (Table 23).

Table 23: Availability of cocaine, ACT RPU, 2012–2016

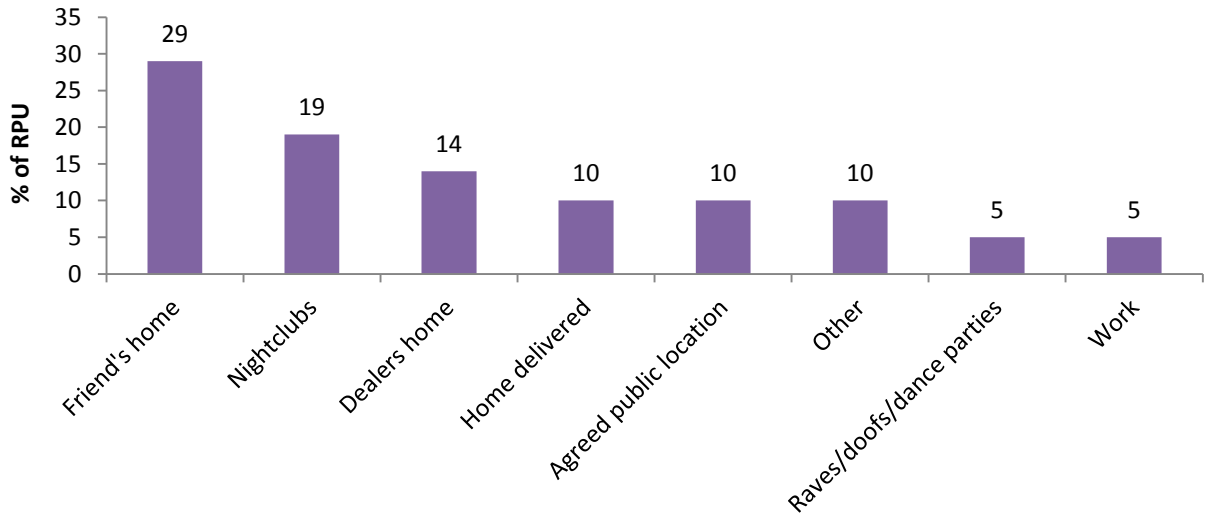
	2012	2013	2014	2015	2016
Current availability (%)	n=15	n=18	n=33	n=25	n=19
Very easy	27	17	32	20	11
Easy	40	39	32	52	58
Difficult	27	39	32	24	26
Very difficult	7	6	8	4	5
Change in availability (%)	n=15	n=14	n=33	n=25	n=19
More difficult	0	0	3	8	0
Stable	93	64	88	56	84
Easier	7	29	6	24	5
Fluctuates	0	7	0	12	11

Source: EDRS RPU interviews, 2012–2016.

Cocaine markets and patterns of purchasing

The sources RPU most commonly reported last obtaining cocaine from in the preceding six months were known dealers (48%) and friends (33%). The most common locations at which RPU (n=21) reported last obtaining cocaine in the six months prior to interview were a friend's home (29%), nightclubs (19%), and a dealer's home (14%).

Figure 16: Last location purchased cocaine, ACT RPU, 2016

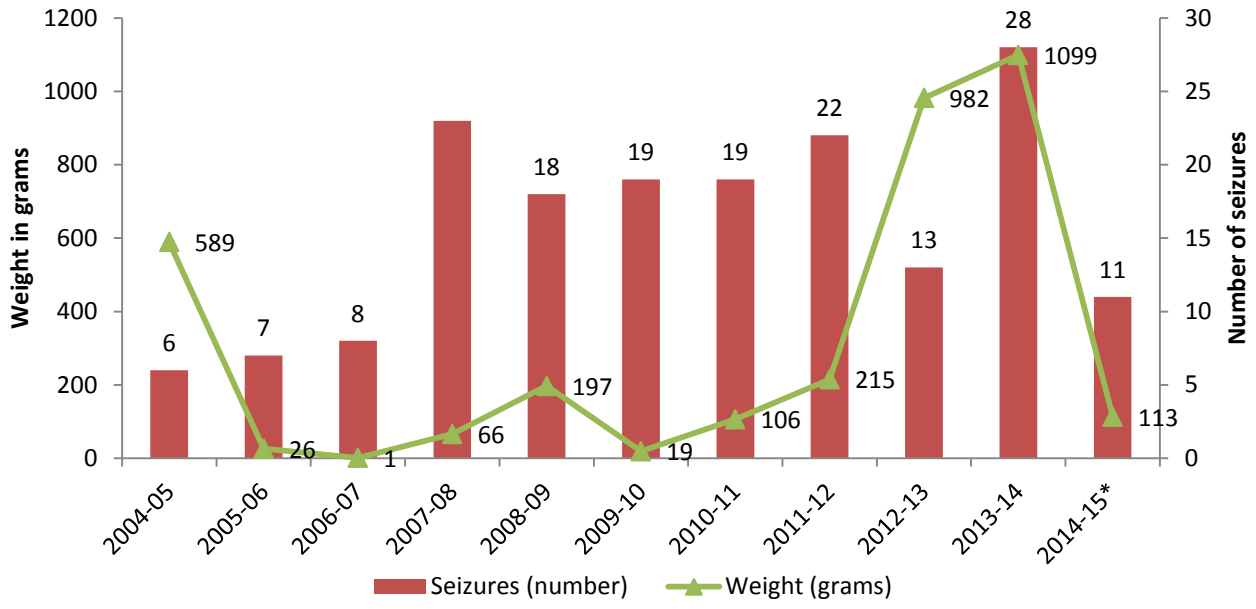


Source: EDRS RPU interviews, 2016.
Note: Results based on response numbers n=21.

Law enforcement seizure data

Figure 17 shows the number and weight of cocaine seizures in the ACT from 2004–05 to 2014–15. Recent data reports no seizures between July 2014 and June 2015 by ACT state police.

Figure 17: Cocaine seizures, 2004–05 to 2014–15



Source: Australian Bureau of Criminal Intelligence, 2004–2016.
Note: Data not available for the 2015–2016 financial year.
* Denotes AFP data, ACT state police recorded nil.

5.4. LSD

Key Points

- The median price reported for a tab of LSD was $20.
- Reports of perceived purity and availability were mixed.

Price

In 2016, 32% (n=32) of RPU commented on the current price, purity and availability of LSD in the ACT. In 2016, the median last price reported for a tab of LSD was $20 (range=$10–$30) (Table 24).

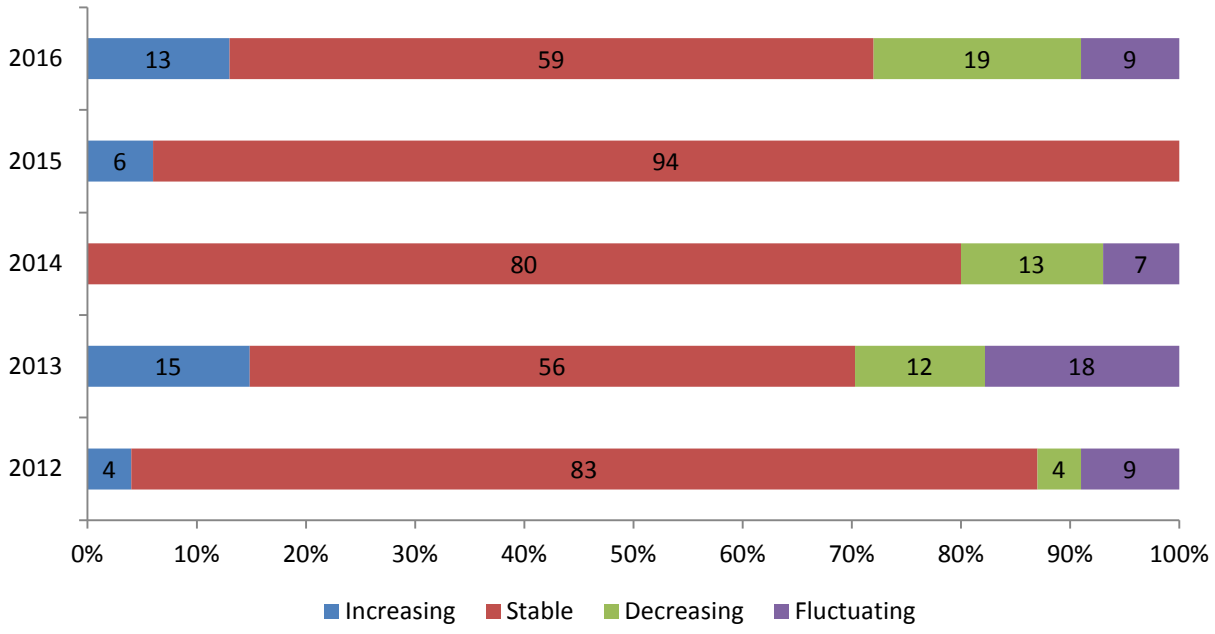
Table 24: Price of LSD, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Tab	$20	$20	$20	$25	$20
(range)	(10–40)	(10–30)	(12–25)	(10–75)	(10–30)

Source: EDRS RPU interviews, 2012–2016.

The majority (59%) of RPU who commented on the change in price, reported that the price remained stable in the past six months (Figure 18).

Figure 18: LSD price changes, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.
Results based on following response numbers: 2012 (n=16), 2013 (n=37), 2014 (n=15), 2015 (n=16), 2016 (n=32).

RPU reports of perceived purity

In 2016, 47% of those that were able to comment on perceived LSD purity reported that the current purity was high (see Table 25). Of the RPU who were able to comment on the change in purity of LSD, 69% reported that it had remained stable.

Table 25: Purity and purity change of LSD, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current purity (%)	n=21	n=35	n=16	n=26	n=32
Low	10	40↑	0	8	6
Medium	33	31	31	19	32
High	48	14	50	65	47
Fluctuates	10	14	19	8	15
Purity change (%)	n=21	n=29	n=16	n=19	n=32
Increasing	5	24	19	11	6
Stable	71	41	44	79	69
Decreasing	5	21	19	0	6
Fluctuating	19	14	19	11	19

Source: EDRS RPU interviews, 2012–2016.

Availability

Those RPU who were able to comment on the availability of LSD reported that the substance was very easy (19%), easy (28%), difficult (36%), or very difficult (17%) to obtain (see Table 26).

Table 26: Availability and availability change of LSD, ACT RPU, 2012–2016

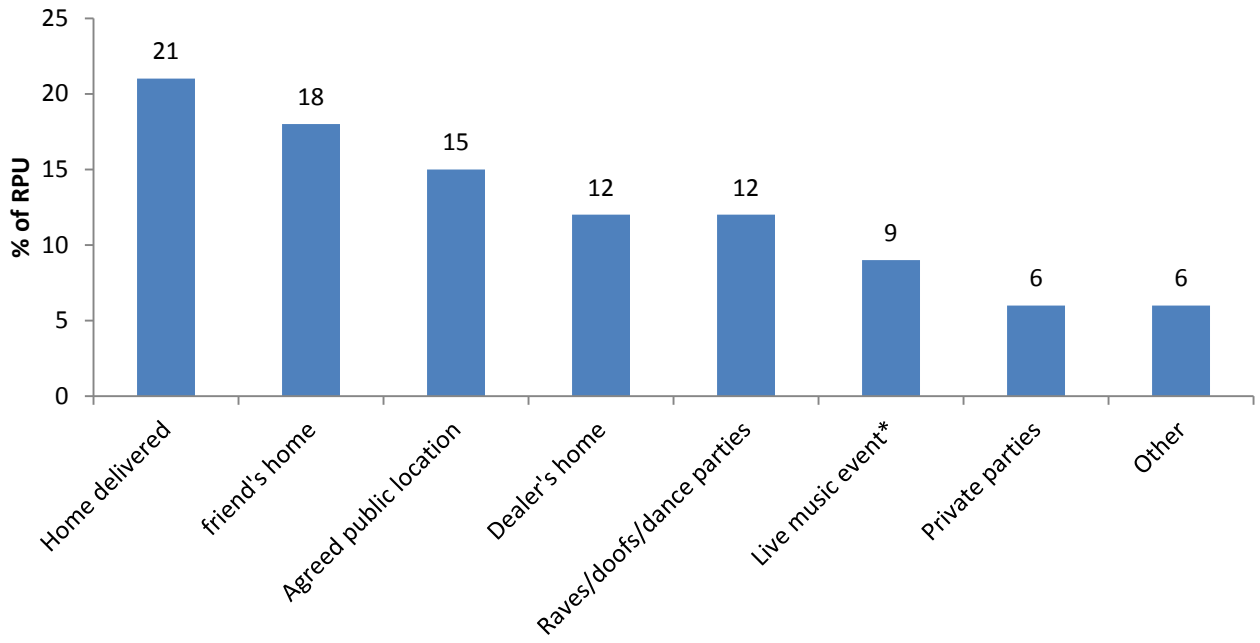
	2012	2013	2014	2015	2016
Current availability (%)	n=25	n=37	n=16	n=27	n=36
Very easy	24	32	25	22	19
Easy	32	32	44	26	28
Difficult	40	27	25	44	36
Very difficult	4	8	0	7	17
Availability change (%)	n=23	n=35	n=16	n=22	n=32
More difficult	13	14	8	9	3
Stable	78	46	70	77	63
Easier	4	26	23	9	25
Fluctuates	4	14	0	5	9

Source: EDRS RPU interviews, 2012–2016.

LSD markets and patterns of purchasing

RPU reported primarily obtaining LSD from friends (67%) and acquaintances (15%) in the preceding six months. The locations at which RPU reported most frequently obtaining LSD from in the six months prior to interview are reported in Figure 19.

Figure 19: Last locations LSD purchase, ACT RPU, 2016



Source: EDRS RPU interviews, 2016.
*includes concerts/festivals.
Results based on response numbers n=33.

5.5. CANNABIS

Key Points

- The median price paid in 2016 for a gram of hydroponic cannabis is $20.
- The median price paid for a gram of bush cannabis was $17.50.

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).

Hydroponic

Price

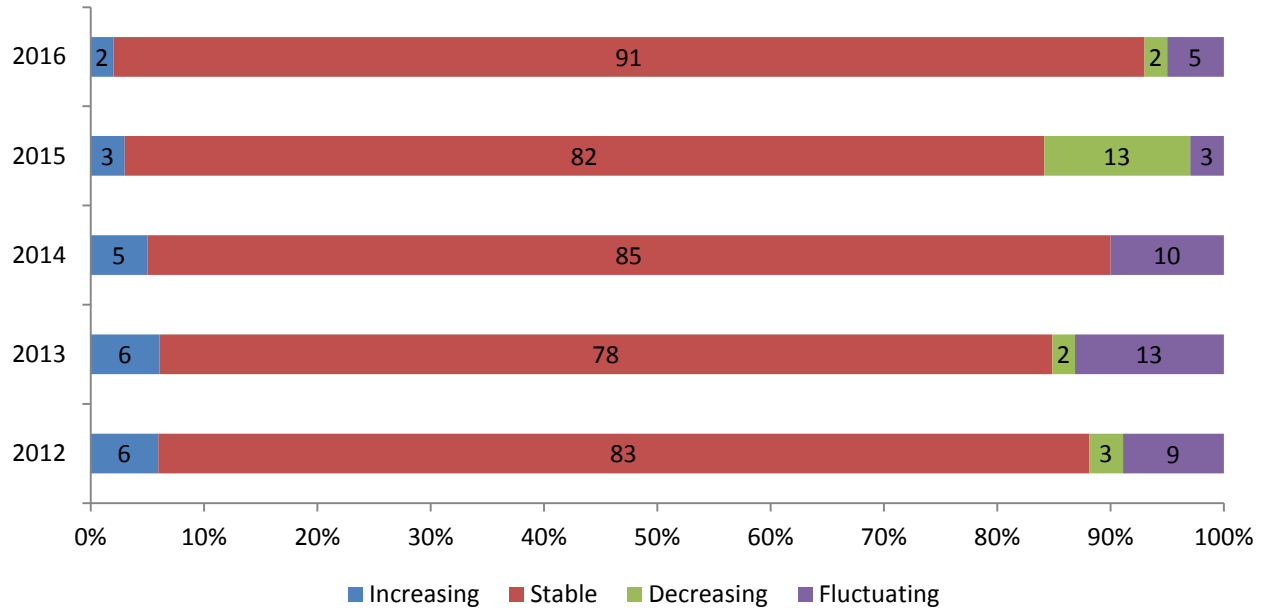
The median price reported for one gram of hydroponic cannabis is $20 (see Table 27).

Table 27: Price of hydroponic cannabis, ACT RPU, 2012–2016

Hydroponic cannabis	2012	2013	2014	2015	2016
Median price (range)					
Gram	$20	$20^	$20	$20	$20
(range)	(10–25)	(10–20)	(10–45)	(10–20)	(10–20)
Ounce	$280	$280	$280	$280^	$245^
(range)	(50–350)	(240–360)	(240–320)	(250–340)	(200–275)

Source: EDRS RPU interviews, 2012–2016.
^ small numbers reporting <10, caution advised when interpreting.

Figure 20: Hydroponic cannabis price changes, ACT RPU, 2012–2016



Source: EDRS RPU interviews, 2012–2016.

Results based on following response numbers: 2012 (n=35), 2013 (n=47), 2014 (n=44), 2015 (n=39), 2016 (n=44).

RPU reports of perceived potency – Hydroponic cannabis

Reports of potency and potency change in hydroponic cannabis are presented in Table 28. Of those that were able to report on the potency of hydro (n=43), the majority reported purity to be high (40%) or medium (49%).

Table 28: Potency of hydroponic cannabis, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current potency (%)	n=36	n=50	n=44	n=36	n=43
High	47	52	52	53	40
Medium	39	32	25	39	49
Low	6	4	11	0	2
Fluctuates	8	12	0	8	9
Potency change (%)	n=34	n=49	n=43	n=35	n=41
Increasing	9	20	14	20	22
Stable	68	41	51	54	46
Decreasing	6	6	14	9	12
Fluctuating	18	33	21	17	20

Source: EDRS RPU interviews, 2012–2016.

Availability of hydroponic cannabis

The availability and availability change data for hydro in the ACT are presented in Table 29.

Table 29: Availability of hydroponic cannabis, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current availability (%)	n=36	n=50	n=42	n=39	n=44
Very easy	64	62	55	51	68
Easy	36	28	38	44	25
Difficult	0	10	7	5	7
Very difficult	0	0	0	0	0
Availability change (%)	n=35	n=50	n=41	n=39	n=42
More difficult	11	14	12	3	5
Stable	77	60	71	87	93
Easier	6	14	12	11	2
Fluctuating	6	12	5	0	0

Source: EDRS RPU interviews, 2012–2016.

Hydroponic cannabis markets and patterns of purchasing

The most common sources of hydro were known friends (54%) and known dealers (42%). The most common places of purchase for hydroponic cannabis were at a friend's home (35%), a dealer's home (30%), or home delivered (14%).

Bush cannabis

Eighteen RPU were able to report on the last price paid for a gram in the last six months in the ACT, with the median price being $17.50 (range=$10–$20). Eleven RPU reported on the last price paid for an ounce of bush, with the price being $240 (see Table 30).

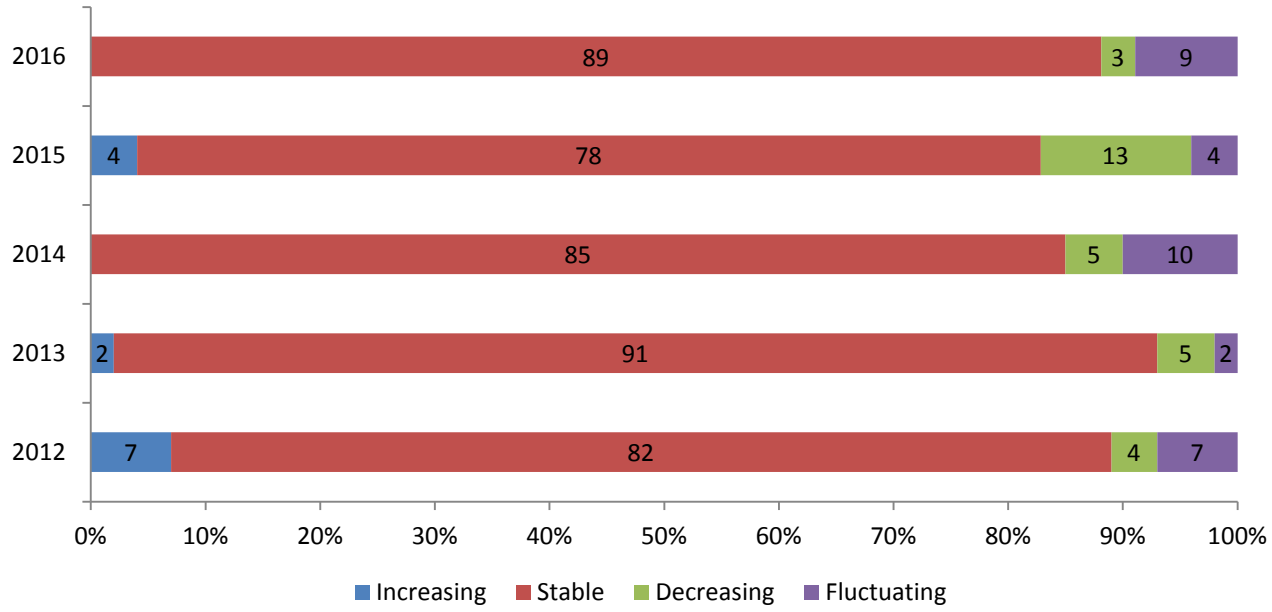
Table 30: Price for bush cannabis, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Median price (range)					
Gram	$20	$15	$17.50	$17.50^	$17.50
(range)	(10–25)	(10–20)	(10–30)	(10–20)	(10–20)
Ounce	$240^	$280	$280	$160^	$240
(range)	(180–300)	(100–360)	(70–350)	(no range)	(180–300)

Source: EDRS RPU interviews, 2012–2016.
^ small number reporting (<10), caution advised when interpreting.

Most (89%) respondents reported that the price of bush had remained stable in the previous six months.

Figure 21: Price changes for bush cannabis, 2012–2016



Source: EDRS RPU interviews, 2012–2016.
Results based on following response numbers: 2012 (n=27), 2013 (n=43), 2014 (n=39), 2015 (n=23), 2016 (n=35).

RPU reports of perceived potency

Thirty-eight RPU were able to comment on the potency of bush in the six months preceding interview. Forty-five per cent reported medium potency and 26% reported low potency. The majority (78%) reported that potency of bush had remained stable (see Table 31).

Table 31: Potency of bush cannabis, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current potency (%)	n=29	n=49	n=40	n=25	n=38
High	14	12	33	32	18
Medium	48	63	33	56	45
Low	24	20	25	8	26
Fluctuates	14	4	10	4	11
Potency change (%)	n=28	n=43	n=40	n=21	n=36
Increasing	11	16	10	10	6
Stable	61	58	58	81	78
Decreasing	7	12	12	10	6
Fluctuating	21	14	20	0	11

Source: EDRS RPU interviews, 2012–2016.

Availability of bush cannabis

Fifty-three per cent of RPU who were able to comment reported that bush was currently very easy to obtain in the ACT. Two-thirds (68%) reported that the availability of bush had remained stable.

Table 32: Availability for bush cannabis, ACT RPU, 2012–2016

	2012	2013	2014	2015	2016
Current availability (%)	n=29	n=48	n=39	n=24	n=38
Very easy	38	33	46	50	53
Easy	55	46	36	29	29
Difficult	7	17	15	21	18
Very difficult	0	4	3	0	0
Availability change (%)	n=29	n=45	n=38	n=24	n=38
More difficult	14	20	13	13	8
Stable	69	67	68	63	68
Easier	14	7	13	13	11
Fluctuating	3	7	5	8	13

Source: EDRS RPU interviews, 2012–2016.

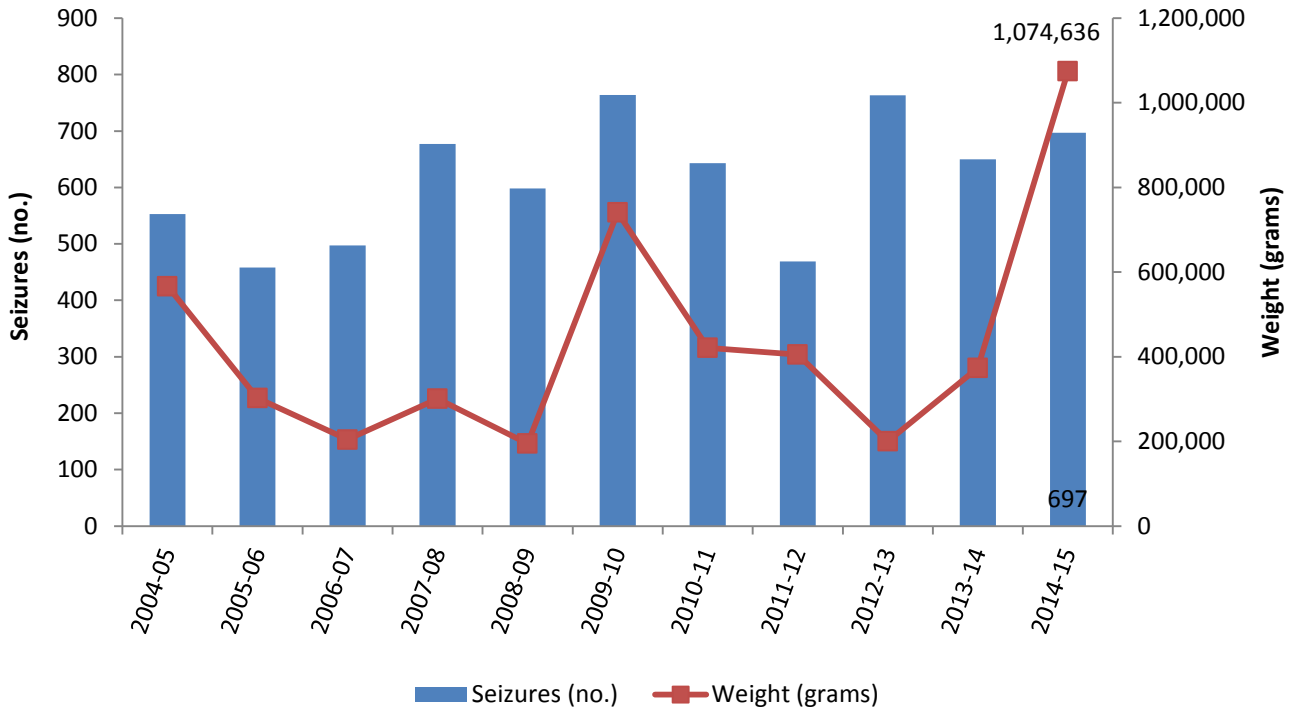
Bush cannabis markets and patterns of purchasing

The most common sources of bush cannabis were friends (50%) and known dealers (42%). The most common places of purchase of bush were home delivered (32%), a dealer's home (26%), or a friend's home (26%).

Law enforcement seizure data

Figure 22 shows a total of 697 seizures weighing a total of 1,074,636 grams.

Figure 22: Cannabis seizures by ACT police, 2004–05 to 2014–15



Source: Australian Bureau of Criminal Intelligence, 2004–2016.
Note: Data not available for the 2015–16 financial year.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

6.1. OVERDOSE AND DRUG-RELATED FATALITIES

In 2016, participants were asked about their experiences with stimulant and depressant overdoses. 'Overdose' was defined as experiencing symptoms consistent with stimulant toxicity which may indicate an overdose, including nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium, or symptoms consistent with a depressant overdose which may include reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused. It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnosis.

Non-fatal stimulant overdose

Lifetime stimulant overdose was reported by 16% (n=16) of the sample. The median number of stimulant overdoses was two (range=1–25). Of those who had ever overdosed on a stimulant drug, eight reported overdosing in the 12 months preceding interview. Of those participants that reported overdosing in the 12 months preceding interview, 50% (n=4) attributed their last overdose to ecstasy.

Of those who had overdosed in the past 12 months, a friend's home (63%), outdoors (25%), and private parties (13%) were the locations participants reported the stimulant overdose had occurred.

The most severe symptoms which participants reported on their last stimulant overdose (if it occurred within the last 12 months) included nausea (63%) and chest pain (38%). Of those who had a stimulant overdose in the past 12 months, 50% did *not* receive treatment.

Non-fatal depressant overdose

Forty-two per cent of the sample reported that they had ever suffered a depressant overdose in their lifetime, and 32% of RPU had suffered a depressant overdose in the 12 months preceding interview. Participants reported a median of 5 (range=1–150) depressant overdoses in their lifetime.

Of those who had experienced a depressant overdose in the preceding 12 months (n=29), the main drugs the overdose were attributed to were alcohol (90%). Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred mainly in their own home (48%) and nightclubs (10%). The most common overdose symptom was vomiting (72%), followed by losing consciousness or collapsing (21%). Twelve of the 29 participants reported that they received treatment during their last depressant overdose.

6.2. DRUG TREATMENT

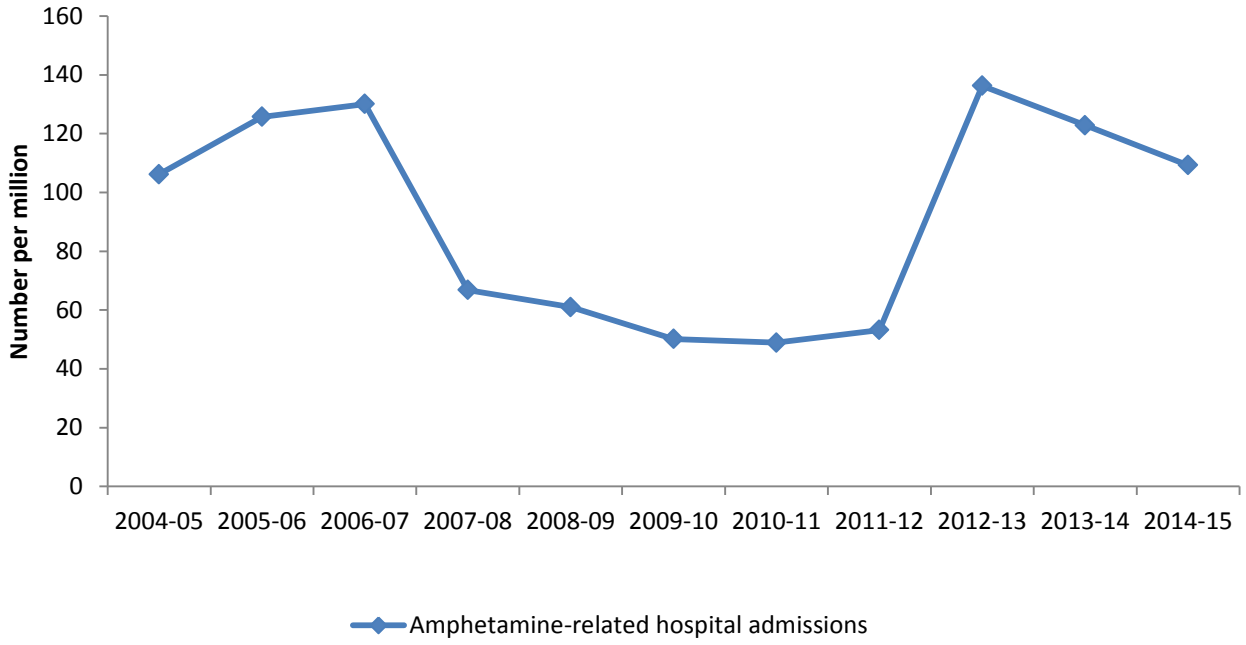
In 2016, no participants reported currently receiving drug treatment in the form of drug and alcohol counselling. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

6.3. HOSPITAL ADMISSIONS

Methamphetamine

The AIHW defines primary diagnosis as the diagnosis established to be chiefly responsible for occasioning the patient's episode of care in hospital. As can be seen from Figure 23, the number of hospital admissions in the ACT, of persons aged 15–54 years, where amphetamine was implicated in the primary diagnosis is 109.29 per million persons. At the time of print the 2015–16 data for hospital admissions were not available.

Figure 23: Hospital admissions, amphetamine, ACT, 2004–05 to 2014–15.



Source: AIHW; ACT Department of Health; Roxburgh and Breen (2017).

Cocaine

In 2014–15, there were 34.97 cocaine-related hospital admissions per million persons recorded in the ACT. This is an increase from lower than 10 per million persons aged 15–54 years in the last 20 years where cocaine was implicated in the primary diagnosis. At the time of print the 2015–16 data for hospital admissions were not available.

Cannabis

As can be seen from Figure 24 the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2014–15, there were 56.83 cannabis-related hospital admissions per million persons recorded in the ACT. At the time of print the 2015–16 data for hospital admissions were not available.

Figure 24: Hospital admissions, cannabis, ACT, 2004–05 to 2014–15

Source: AIHW; ACT Department of Health; Roxburgh and Breen (2017).

6.4. MENTAL AND PHYSICAL HEALTH PROBLEMS AND PSYCHOLOGICAL DISTRESS

Almost one-third (30%) of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=30) depression (73%) and anxiety (60%) were most commonly reported. Other problems reported included bi-polar disorder (13%), schizophrenia (7%) and ADHD (7%).

Among those who had experienced a problem, most (n=21) reported attending a mental health professional during this period. Of those who sought help, almost two-thirds (n=13) were prescribed medication.

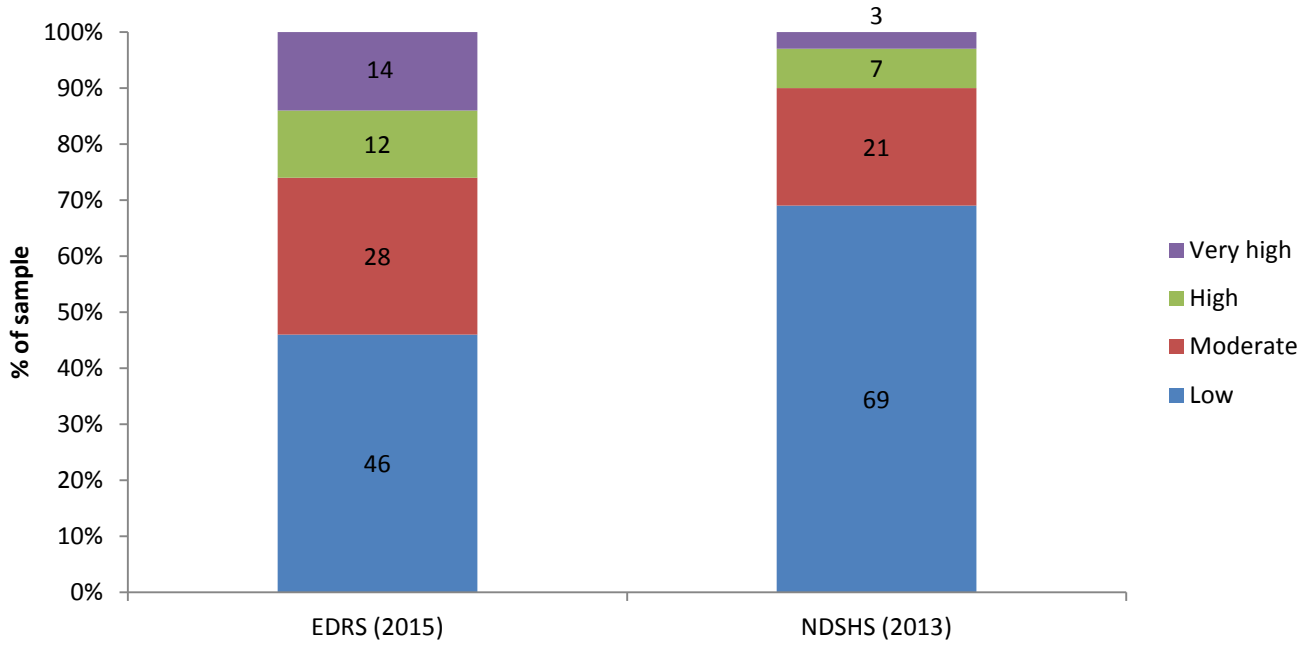
The 2016 EDRS included the Kessler Psychological Distress Scale (K10), a questionnaire designed to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms experienced in the most recent four-week period (Kessler 2002).

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 indicate a high likelihood of having a mental health problem (Andrews and Slade 2001, Furukawa, Kessler et al. 2003) and 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). Fourteen percent of the RPU reported a score of 30 or more.

The 2013 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2014) provides the most recent Australian population norms available for the K10 and uses four categories to describe levels of distress: 10–15 were considered low levels of psychological distress; 16–21 moderate; 22–29 as high; and 30–50 as very high levels of psychological distress.

Using these categories, the proportion of EDRS participants reporting 'high' (12%) or 'very high' (14%) distress was higher compared to those in the 2013 NDSHS (high=7%, very high=3%) (see Figure 25).

Figure 25: Psychological distress as measured by K10 among ACT RPU and the general population.



Source: 2016 EDRS interviews; Australian Institute of Health & Welfare, 2014.

Note: The extent to which cut-offs derived from the population samples can be applied to the RPU population is yet to be established and, therefore, should be taken as a guide only.

7 RISK BEHAVIOUR

7.1. INJECTING RISK BEHAVIOUR

In 2016, four RPU reported ever having injected a drug and no RPU reported injecting in the past six months.

7.2. SEXUAL RISK BEHAVIOUR

Recent sexual activity

Almost two-thirds (63%) of RPU reported having had casual penetrative sex in the six months prior to interview. Of those who reported having casual penetrative sex (n=63), 70% indicated last time they had casual sex while not under the influence of alcohol or drugs they used a protective barrier (i.e. condom).

Table 33: Sexual activity and number of casual sexual partners, ACT RPU, 2016

No. of casual sexual partners (%)*	n=63
One person	17
Two people	13
3–5 people	20
6–10 people	9
More than 10 people	4
Sex with a casual partner (%)*#	
Use protection	70

Source: EDRS RPU interviews, 2016.
* Of those who had casual penetrative sex in the last six months.
# Whilst not under the influence of alcohol or drugs.

Drug use during sex

Of those who reported having had casual penetrative sex while under the influence of alcohol or drugs (n=50), less than half (45%) reported using protection (see Table 40). RPU were asked to nominate which drugs they were under the influence of last time they had casual sex.

Among those who had sex with a casual sex partner while using ERD (n=50) in the past six months, less than half (45%) reported using protection the last time they had sex under the influence of alcohol or drugs. Participants who chose *not* to use a barrier when having sex with a casual partner while using drugs reported that the reasons they had not used a barrier included: it wasn't mentioned (29%); we were too intoxicated (24%); or I didn't wish to use (24%).

The 2016 findings indicate that, within the context of sexual intercourse with casual partners, sexual encounters that place the individual at increased risk for sexually transmitted infections

(STIs) (i.e. unprotected sex), are more likely to occur when ERD are involved (70% when sober vs. 45% when under the influence of drugs, *p*=0.021).

Table 34: Drug use during casual sex in the preceding six months, ACT RPU, 2016

Casual penetrative sex while on drugs# (%)	n=50
Number of times*	
Once	12
Twice	24
3–5 times	16
6–10 times	18
10+	14
Drugs use (%) *	
Alcohol	94
Ecstasy	52
Cannabis	34
Methamphetamine (any form)	10
Sex with a casual partner using drugs (%)*	
Use protection last time	45

Source: EDRS RPU interviews, 2016.
Of those who had casual penetrative sex in the last six months.
* Of those who had casual penetrative sex while on drugs in the last six months.

Table 35: Sexual health check-up, ACT RPU, 2016

Sexual health check-ups (%)	**n=100**
No	41
Yes, in the last year	44
Yes, more than 1 year ago	15

Source: EDRS RPU interviews, 2016

Fifty-nine per cent of RPU reporting having at least one sexual health check-up, 15% reported having one more than a year ago and 44% reported having one in the last year. Three per cent reported having been diagnosed with a STI.

7.3. THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT–C)

Participants in the 2016 EDRS were administered the AUDIT (Saunders, Aasland et al. 1993). The AUDIT was designed as a brief screening scale to identify individuals with alcohol problems, including those in the early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen 2002). Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor, de la Fluente et al. 1992, Saunders, Aasland et al. 1993). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle 2000).

The sample mean score of the AUDIT was 11.71 (median=11, range=0–31). Seventy-one per cent of the ACT sample scored 8 or more, which is the level at which alcohol intake may be considered hazardous

The total AUDIT score places respondents into one of four 'zones' or risk levels. Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence.

Table 36: AUDIT levels, by gender, ACT RPU, 2016

	Male	Female	Total
Mean AUDIT total score	11.62	11.83	11.71
Score 8 or above (%)	74	69	71
Zone 1	31	26	29
Zone 2	41	50	45
Zone 3	10	12	11
Zone 4	17	12	15

Source: EDRS RPU interviews, 2016.

7.4. DRIVING RISK BEHAVIOUR

Seventy-four per cent of the ACT sample reported having driven a vehicle in the six months preceding interview. Of these, 43% self-reported that they had driven while over the legal alcohol limit and 47% self-reported that they had driven within three hours of taking a drug.

8 LAW ENFORCEMENT TRENDS ASSOCIATED WITH DRUG USE

Key points

- One-third of the sample reported engaging in some form of criminal activity in the month prior to interview.

8.1. REPORTS OF CRIMINAL ACTIVITY AMONG RPU

RPU were asked questions about any criminal activity they may have engaged in over the past month and whether they had been arrested in the past year. One-third (34%) of RPU reported engaging in criminal activity in the past month and one in twenty (5%) reported being arrested in the past 12 months.

Table 37: Criminal activity reported by ACT RPU, 2012–2016

	2012 (n=51)	2013 (n=77)	2014 (n=100)	2015 (n=99)	2016 (N=100)
Criminal activity in the last month (%)					
Any crime	47	46	24↓	34	34
Drug dealing	37	17	15	21	20
Property crime	12	35	7	15	15
Fraud	0	9	2	2	4
Violent crime	6	4	5	1	4
Arrested in the past 12 months (%)	6	14	10	11	5

Source: EDRS RPU interviews, 2012–2016.

8.2. ARRESTS

Amphetamine-type stimulants

Table 38 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 2004–15. Amphetamine–type stimulants include amphetamine, methamphetamine and phenethylamines. The ACIC classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), and providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). The number of consumer and provider arrests is presented below.

Table 38: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 2005–2016

	Consumer/user		Provider/supplier		Total arrests
	Male	Female	Male	Female	
2004–2005	51	7	27	9	94
2005–2006	50	9	46	1	106
2006–2007	77	22	30	3	132
2007–2008	77	23	28	5	133
2008–2009	68	19	20	3	110
2009–2010	64	12	21	3	100
2010–2011	42	9	7	2	60
2011–2012	88	14	16	6	124
2012–2013	72	9	23	1	105
2013–2014	82	16	53	6	157
2014–2015	82	15	32	5	134

Source: ACIC, 2005–2016.
Note: Data not available for the 2015–2016 financial year.

Cocaine

In 2014–15 there were 12 consumer arrests for cocaine and seven provider arrests recorded.

Table 39: Number of cocaine consumer and provider arrests, ACT, 2005–2016

	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
2004–2005	2	1	4	0	7
2005–2006	2	0	3	0	5
2006–2007	7	0	0	0	7
2007–2008	3	0	1	0	4
2008–2009	10	1	3	0	14
2009–2010	8	0	0	0	8
2010–2011	5	1	7	5	18
2011–2012	9	0	1	0	10
2012–2013	6	0	7	4	17
2013–2014	15	1	7	1	24
2014–2015	11	1	6	1	19

Source: ACIC, 2005–2016.
Note: Data not available for the 2015–2016 financial year.

Cannabis

Table 40 summarises the number of cannabis consumer and provider arrests in the ACT from 2004–15. In the ACT, the greatest numbers of drug-specific arrests are due to user-type and supply-type cannabis offences.

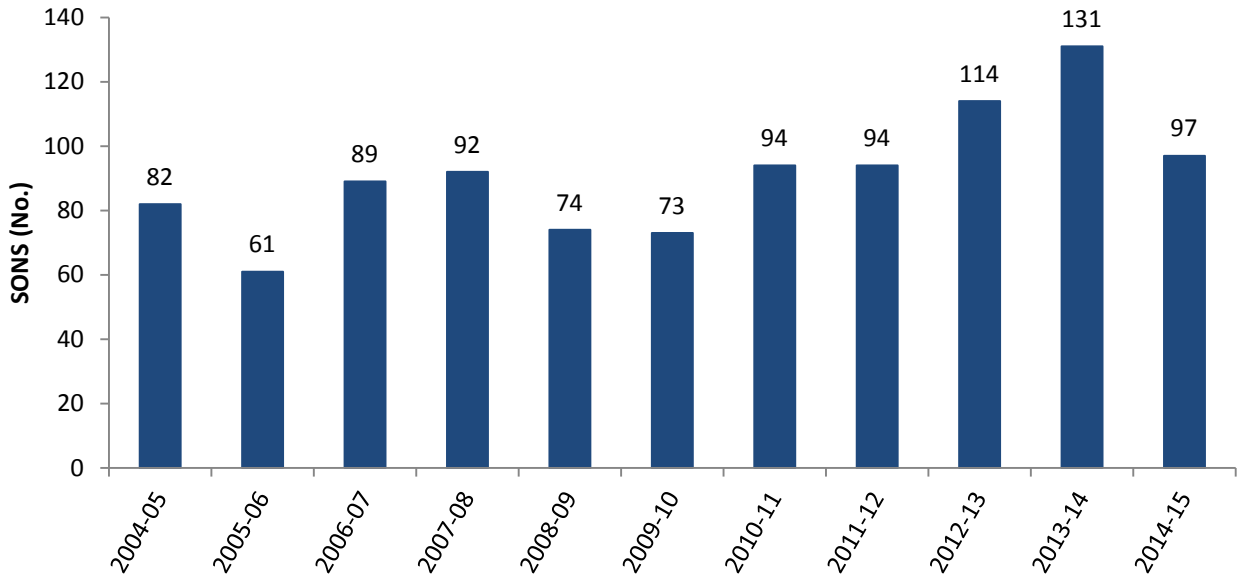
Table 40: Number of cannabis consumer and provider arrests, ACT, 2005–2016

	Consumer/user		Provider/provider		
	Male	Female	Male	Female	Total arrests
2004–2005	151	36	4	5	196
2005–2006	177	40	42	8	267
2006–2007	156	22	40	10	228
2007–2008	177	40	20	3	240
2008–2009	165	50	10	3	228
2009–2010	187	36	19	2	244
2010–2011	192	36	8	1	237
2011–2012	196	32	37	3	265
2012–2013	200	47	27	3	277
2013–2014	191	45	22	8	266
2014–2015	210	42	67	15	334

Source: ACIC, 2005–2016.
Note: Data not available for the 2015–2016 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. Figure 26 presents the total number of SCONs given out in the ACT from 2004 to 2015.

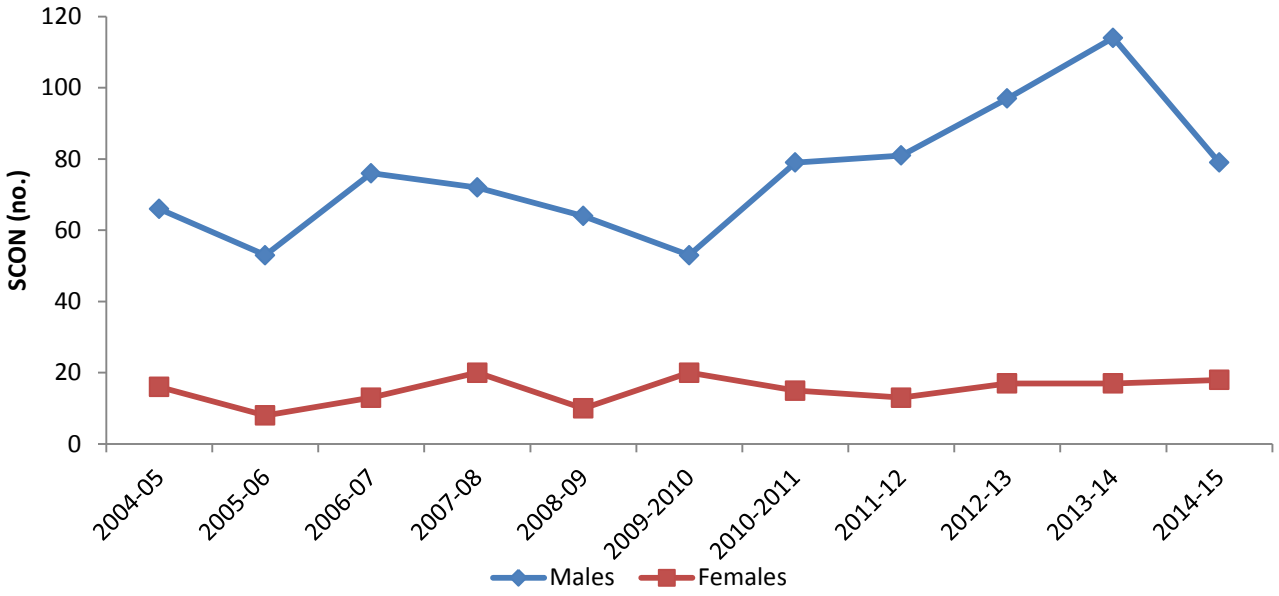
Figure 26: Number of SCONs, ACT, 2004–2015



Source: ACIC, 2005–2016.
Note: Data not available for the 2015–2016 financial year.

As can be seen in Figure 27, the proportion of SCONs received by females has remained consistently low; 18 SCONs given to females in 2014–15 and has remained relatively stable over the previous ten years. In 2014–15, 79 SCONs were given to males in the ACT.

Figure 27: Number of SCONs for males and females, ACT, 2004–2015



Source: ACIC, 2005–2016.
Note: Data not available for the 2015–2016 financial year.

9 SPECIAL TOPICS OF INTEREST

9.1. NPS SUPPLY AND PURCHASING PATTERNS

Over the past decade, the number and range of substances collectively referred to as NPSs has increased dramatically. In 2015, the European Union were monitoring over 560 NPS, of which 70% were detected in the past five years (European Monitoring Centre for Drugs and Drug Addiction 2016). The rapid growth of the NPS market has been facilitated by a number of factors, one of which is the expansion of online marketplaces (European Monitoring Centre for Drugs and Drug Addiction 2016, European Monitoring Centre for Drugs and Drug Addiction 2016). The expansion of these online drug markets has provided new opportunities for the supply and purchase of drugs, with internet sales of NPS now an international phenomenon and with many shops advertising worldwide delivery (European Monitoring Centre for Drugs and Drug Addiction 2011).

However, despite being readily available online, and despite the widely held perception that most NPS are purchased online, it appears that most consumers do not source NPS in this manner. That is, despite findings that NPS users are *more likely* to purchase drugs online than other drug users (Burns, Roxburgh et al. 2014, Van Buskirk, Roxburgh et al. 2016), for the most part they appear to obtain these substances from 'in-person' sources such as friends and dealers (Burns, Roxburgh et al. 2014, European Commission 2014). However, despite potential heterogeneity in the forms of NPS used, many studies combine NPS consumers together into a single category and it is unclear whether differences exist across NPS consumers.

In addition to the direct purchasing of NPS for personal use, it is likely that the internet plays a role in practices of 'social supply' (i.e. the non-commercial or non-profit-making distribution of drugs to non-strangers; Hough, Warburton et al. 2003 pg. 36) and dealing for cash profit. There are some anecdotal reports of this taking place, however, the overall extent to which this is happening remains unknown.

In order to address these issues, additional questions were included in the 2016 EDRS survey which examined the supply and purchasing patterns of past year NPS consumers. As outlined in Table 41 thirty-four per cent of the ACT sample reported using a NPS in the last 12 months, most commonly DMT and 2C-x. The majority of those who had used a NPS in the last 12 months nominated a friend as their main source. Smaller numbers nominated a dealer or 'online' as their main NPS source.

For more detailed results (including differences in purchasing and supply patterns across NPS consumers), please refer to (Sutherland, Barratt et al. 2017 in press).

Table 41: Purchasing and supply patterns among past year NPS consumers, 2016

	National N=795	ACT n=100
% used NPS last 12 months	**40**	**34**
% Main NPS used last 12 months	**(N=311)**	**(n=32)**
DMT	33	25
2C-x	19	44
NBOMe	9	0
Synthetic cannabinoids	7	0
Methoxetamine	5	3
DXM	5	0
Methylone	3	9
PMA	2	3
Mephedrone	2	0
Salvia Divinorum	2	0
Mescaline	1	0
5-MeO-DMT	1	3
Other	16	13
% How substance obtained [#]	**(N=312)**	**(n=34)**
Bought it	62	65
Given for free	45	41
Exchanged for something other than cash	7	3
% Main source	**(N=314)**	**(n=34)**
Friend	55	68
Acquaintance	5	0
Known dealer	11	12
Unkown dealer	5	0
Online dark net	7	6
Online surface web	1	6
Other	14	6
% Supplied NPS to others	**44**	**32**
% Who supplied NPS to*[#]	**(N=138)**	**(n=10)**
Friends	96	100

	National N=795	ACT n=100
Relatives	5	0
Acquaintances	7	10
Strangers	6	10
% Method of supply*#	**(N=137)**	**(n=10)**
Gave away for free	45	60
Shared	56	50
Provided at cost price	22	30
Provided for cash profit	14	20
Exchanged	12	20

Source: EDRS participants interviews.

* Multiple responses allowed, hence sum of percentages may exceed 100%.

Among those who had supplied NPS to others in the past year.

9.2. VIDEO GAMING AND GAMBLING

Gambling disorder and internet gaming disorder are two of the most widely researched behavioural addictions (Grant, Potenza et al. 2010) with the former recognised as a mental health disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association 2013). Previous research has indicated a co-occurrence of each of these two behavioural addictions with substance use disorders (Sim, Gentile et al. 2012); (Petry, Stinson et al. 2005).

In the 2016 EDRS survey additional questions were added to examine the proportions of co-occurring behavioural addictions and substance use disorders among a cohort of RPU. The questions assessed the amount of video gaming/gambling in the last six months and a single-item measure of problematic video gaming/gambling were included (Thomas, Piterman et al. 2008); (Widyanto, Griffiths et al. 2010).

Among the ACT sample, 65% reported playing video games in the last six months on a median of 20 days (less than once a week; range=1–180 days). The median amount of time spent playing video games on a typical day was 60 minutes (range= 2 minutes–13 hours). More than half (55%) of those how had used video games in the last months had done so for one hour or less on a typical day of use. Twelve per cent of those who had played video games in the last six months believed they had an issue with video gaming (Table 42).

Participants were also asked questions around gambling. Of the ACT sample half (49%) had gambled on a median of two days in the last six months (range=1–72 days). Eight per cent believed they had an issue with gambling (Table 42).

Table 42: Video gaming and gambling in the last six months among REU, 2016

	National	ACT
Video games:	**(N=795)**	**(n=100)**
% Played video games in the last six months	64	65
Last six months:	**(N=504)**	**(n=65)**
Median days played video games (range)	24 (1–180)	20 (1–180)
Median number of minutes spent playing video games on a typical day (range)	90 (2–1440)	60 (2–780)
Amount of time spent video games on a typical day (%)		
1 hour or less	48	55
More than 1 hour but less than 3 hours	40	32
3 hours or more	13	12
Ever had an issue with video gaming	15	12
Gambling (%)	**(N=795)**	**(n=100)**
Gambled last six months	42	49
Last six months	**(N=335)**	**(n=49)**
Median days gambled (range)	4 (1–180)	2 (1–72)
% Ever had an issue with gambling	10	8

Source: EDRS participant interviews.

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