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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004:

Findings from the Party Drugs Initiative (PDI)

NDARC Monograph No. 57

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Findings from the Party Drugs Initiative (PDI)

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[1] Please note that in 2005, the Drug and Alcohol Services Council of South Australia underwent a name change to become Drug and Alcohol Services of South Australia (DASSA) and will be referred to as such in future IDRS publications.

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood Borne Viral Infections
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IDU (s)	Injecting drug user (s)
KE(s)	Key experts(s)
LSD	*d*-lysergic acid
MDA	3,4 - methylendioxyamphetamine
MDMA	3,4 – methylendioxymethamphetamine
N	(or n) Number of participants
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
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PDI	Party Drug Initiative
QLD	Queensland
REU (s)	Regular ecstasy users (s)
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
VIC	Victoria
WA	Western Australia
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EXECUTIVE SUMMARY

The PDI is a national monitoring system of ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of local and national interest in ecstasy and related drug markets. The PDI was conducted across Australia for the first time in 2003; monitoring of these markets has been undertaken since 2000 in NSW, SA and QLD.

The PDI is based on the IDRS methodology and consists of three components: interviews with regular ecstasy users (REUs); interviews with key experts, professionals who have regular contact with REUs through their work; and analysis and examination of indicator data sources related to ecstasy and related drugs. The PDI monitors the price, purity, availability and patterns of use of ecstasy, methamphetamine, cocaine, ketamine, GHB and other ecstasy and related drugs. The PDI is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the REU surveys are not representative of ecstasy and related drug use in the general population, but this is *not* the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. REUs are a *sentinel* group of REUs that provide information on patterns of drug use and market trends.

Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, in which new drug trends are likely to emerge. Patterns of drug use may vary among other groups of REUs in the capital cities and in regional areas.

Demographic characteristics of regular ecstasy users interviewed

The national ecstasy and related drug sample was predominantly male, with a mean age of 24.3 years. The REUs interviewed were well educated; half with tertiary qualifications. Over half of the national sample was employed or full time students. Few of the REUs interviewed had a criminal history or were involved in drug treatment.

Patterns of drug use among regular ecstasy users

Polydrug use was the norm among the national sample. Ecstasy was the drug of choice for half the sample, followed by cannabis. Nearly half of the national sample had binged on any stimulant (used them continuously for more than 48 hours without sleep), with ecstasy the most commonly reported drug involved in a binge followed by methamphetamine (powder, crystal and then base). Twenty five percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base).

Ecstasy

The median age first used ecstasy was 18 years, and REUs reported a median duration of use of four years. There was no significant difference between gender and age first used ecstasy. All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years. Swallowing ecstasy was the most comment route of administration followed by snorting. A small percentage (5%) had injected ecstasy recently.

Patterns of use varied, however in the six months prior to interview most participants had used ecstasy fortnightly. Two thirds (69%) of the national sample reported that they typically used more than one tablet in a session. During their 'heaviest' use episode in the preceding six months, participants reported using a median of four tablets.

The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy, most commonly alcohol, tobacco, cannabis and methamphetamine. Over a third (38%) of the national sample reported bingeing on ecstasy, the median length of time was three days. The majority (78%) also used other drugs with ecstasy to come down. Most commonly reported was cannabis and alcohol.

The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

Participants nominated a wide variety of benefits associated with taking ecstasy, with 95% reporting at lease one benefit. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten users' sensations.

Half of the national sample reported that most of their friends used ecstasy, obtaining ecstasy mainly from friends (82%) or dealers (57%). Ecstasy was used in a number of locations most commonly in nightclubs (79%), at raves (63%) or at a private party (58%).

In NSW, QLD and SA, where data has been collected in previous years the 2004 results add to existing information on trends in ecstasy use among this group over time. In all three states there has been an increase in the proportion that report typically using more than one tablet since 2000. This pattern continues in the others states since 2003 except in the ACT. The frequency of ecstasy use has increased in NSW and is stable in the other states. There has been an increase in SA and a slight decrease in the other states in the proportion that report bingeing on ecstasy.

Methamphetamine

Participants were asked about their use of methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (crystal).

Speed powder

The majority (85%) of participants in the 2004 national sample reported lifetime speed use and about three quarters (68%) had used speed in the preceding six months. Snorting was the most common route of administration (79%), followed by swallowing (70%), with smaller proportions injecting (14%) and smoking (17%). Speed users typically used on a monthly basis typically using half a gram in a session.

Speed users reported they usually scored from friends (69%), dealers (44%) and acquaintances (16%). They reported scoring from friends or dealers home and reported using speed in a variety of locations, most commonly in nightclubs, raves or in private homes (their own or friends).

Base

Half (53%) of participants in the 2004 national sample reported lifetime use of base and about a third (39%) had used base in the six months preceding interview. Of those who reported recent use of base, 73% swallowed, 34% snorted, 24% injected and 10% smoked. Half (52%) of the base users used less than monthly. Base users used one point of base in a 'typical' use episode.

Like speed, base was usually purchased from friends and dealers, in a variety of locations, most commonly a friends or dealers home. Base was used in a variety of locations, most commonly nightclubs, raves and private homes

Crystal methamphetamine

Almost two thirds (63%) of participants in the 2004 national sample reported lifetime use of crystal and about half (45%) had used crystal in the six months preceding interview. Of those that used crystal, two thirds (65%) smoked it, half (45%) swallowed, a third (32%) snorted it and 17% injected. Over half (53%) used crystal once a month or less, and one quarter (26%) used crystal between monthly and fortnightly. Crystal users used a median amount of one point of crystal in a 'typical' use episode.

Over half (56%) of those who commented reported they scored crystal from their friends; dealers were also common sources (42%). Most reported they scored from private homes (friends, dealers and their own). Crystal was also used in a variety of locations, most commonly in private homes (friends or own).

Purity and availability

The majority of those who commented reported the purity of speed (59%), base (76%) and crystal (82%) to be 'medium' or 'high'. Small proportions reported the current strength of speed (14%), base (7%) or crystal (4%) to be low.

Users of all forms of methamphetamine were most likely to report that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (22%) users reported that purity had fluctuated than crystal users (13%).

Fifty six percent of the national sample commented on the recent availability of speed, the majority (81%) reported it to be 'very easy' (42%) or 'easy' (39%) to obtain. This was relatively consistent across jurisdictions. Over half (61%) of the national sample that commented reported speed availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (14%) or more difficult (13%).

About a third (29%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (40%) or 'easy' (40%) to obtain. Of the national sample 14% reported that it was 'difficult' to obtain, with substantial proportions in NSW (27%), VIC (27%) and TAS (25%) reported base to be difficult to obtain.

Three quarters (65%) of the respondents commenting on base reported that the availability had remained stable, with similar proportions reporting it had become easier (12%) or more difficult (11%) to obtain in the preceding six months. Across

jurisdictions, at least half of those that commented reported that the availability of base remained stable.

Around a third (35%) of the national sample was able to comment on the availability of crystal. The majority (68%) that commented on the availability of crystal believed to be 'very easy' (37%) or 'easy' (31%) to obtain. There were differences between jurisdictions, however, ranging from 9% in the NT to 61% in WA reporting it was 'very easy' to obtain. Substantial proportions in VIC (35%) reported it was difficult to obtain.

Half (51%) of the national sample reported that this level of availability of crystal had remained stable in the preceding six months, ranging from 36% in QLD to 63% in SA. Twenty one percent of those that commented reported the availability had become easier, while 14% reported that it was more difficult.

Data provided by the Australian Customs Service showed decreases in the number of detections of amphetamine type stimulants at the Australian border; in particular, there was a substantial decrease in the weight of crystalline methamphetamine detected.

Harms

Indicator data suggest increasing harms related to methamphetamine in recent years. Data from the National Hospital Morbidity Database (NHMD) showed a consistent gradual increase in inpatient hospital admissions for amphetamines. The highest rates of inpatient hospital admissions were in WA in 2001-2002 reaching a peak of 550.

Data from the AODTS-NMDS indicated that in 2002-03 WA had the highest proportion of people seeking treatment for amphetamine. The PDI survey data on use patterns is consistent with these findings, reporting the highest proportion of recent crystal use and one of the highest reported for recent speed use.

Trends over time

In the states where data had been collected previously (NSW, QLD and SA), the trends in methamphetamine were mixed. In NSW, the lifetime and recent use of speed has remained stable across sampling years (81% in 2004). Recent base use has increased over time although remained stable from last year (39% in 2004). Reports of recent crystal use and availability have increased over time and have remained stable in 2004. In SA over time there has been a gradual decrease in the recent use of speed. However, since the decrease in the recent use of base and crystal in 2003, recent use has remained stable in 2004. In QLD there were also decreases from 2001 in the proportion of REUs that reported recent use of all forms of methamphetamine (42% speed, 39% base, 42% crystal), while frequency of use remained relatively stable.

Cocaine

Over half (54%) of participants in the 2004 national sample reported lifetime use of cocaine and about a quarter (27%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (91%) was the most common route of administration, followed by swallowing (22%), smoking (6%) and injecting (6%). Cocaine use was infrequent, with the majority (79%) having used less than monthly. The median amount of cocaine used in a 'typical' use episode was half a gram. Eight percent of those that binged in the six months preceding interview used cocaine in their binge.

Cocaine was most commonly acquired through friends or dealers, and this was consistent across states. REUs obtained cocaine from private homes, most commonly friends' homes, dealers' homes or at their own home. REUs reported that they *used* cocaine in a variety of locations including private homes (friends and own), nightclubs, private parties and pubs.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $200 in NSW to $400 in WA. Twenty eight percent of those that commented reported that they did not know if the price had changed; a third (34%) reported the price of cocaine had remained stable in the preceding six months.

A quarter (26%) of those who commented reported the purity of cocaine to be 'medium' and a further 23% reported cocaine strength was 'low'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 28% did not know if the purity had changed, 16% said that it had increased and 29% thought it was stable. The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT.

Cocaine was reported to be 'difficult or 'very difficult' to obtain by half that commented. A quarter considered it to be 'very easy' to obtain. There was variation between jurisdictions with half of those that commented in NSW reporting cocaine was 'very easy' to obtain while 17% or less in the other states reported the same. There was some variation across jurisdiction in the proportion that reported the availability of cocaine as stable ranging from 42% in the ACT to 86% in WA. The Australian Customs Service made a record number of detections of cocaine at the Australian border in 2003-04.

In 2004, recent cocaine use increased in all jurisdictions except in SA where it decreased and in NSW and WA where it remained stable, though little change was noted in frequency or quantity of use, except in the NT where the frequency of use dropped dramatically from six days to one day in 2004.

Ketamine

Forty percent of 2004 national sample reported lifetime use of ketamine and about a quarter (23%) had used ketamine in the six months preceding interview. The median age of first use was 21 years. Of those that reported recent ketamine use, the majority (70%) had snorted it.

Ketamine was predominantly obtained through friends (43%) and dealers (36%). REUs reported scoring ketamine from a variety of locations, most commonly private residences

(friends' home, dealer's home or their own home). Over half of the REUs reported they had last used ketamine in a private home and 20% reported last using at a nightclub or rave and 11% a private party.

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from $50 in TAS to $200 in NSW, ACT and the NT.

Nearly half (43%) of the national sample responded that they did not know if the price had changed. Over a third (36%) reported that the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price is consistent with the reports of infrequent use of ketamine.

Over half (54%) of those who commented reported the purity of ketamine to be 'high' and a further 23% reported ketamine strength as 'medium'. Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, the largest proportion (50%) reported the purity was stable, although a quarter (27%) did not know.

Half (49%) of participants reported ketamine was 'very easy' or 'easy' to obtain. Around a half reported it to be 'difficult (37%) or 'very difficult' (10%) to obtain. About third (36%), reported that the availability of ketamine had remained stable over the preceding six months, while different proportions reported that it had become easier (17%) or more difficult (26%) to obtain.

Trends in NSW, SA and QLD suggest that ketamine is used relatively infrequently. In NSW, although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2001. There have also been continued increases in SA, with nearly half of REUs in 2004 reported lifetime use of ketamine and more than a quarter reported recent use. In QLD, recent use remained stable in 2004. The frequency and quantity of ketamine use has remained stable across states.

GHB

Small numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.

Twenty three percent of 2004 national sample reported lifetime use of GHB and 10% had used GHB in the six months preceding interview. The median age of first use was 21 years. All participants reported recently swallowing GHB, except one participant in VIC that injected it. Of those that used GHB, the median number of days used was two. The majority (76%) had used less than monthly.

GHB use was typically quantified in millilitres (mls). The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 5.5mls. Around a quarter (23%) reported having used 15 mls or more in a single occasion in the last six months.

Five percent of those who had binged on drugs (used for at least 48 hours) in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB obtained it from friends (47%) and dealers (21%). Over a third (37%) scored from their friend's home, with their own home and the dealer's home the next most common locations reported. Like ecstasy and other related drugs, GHB was used in a variety of locations. Nightclubs were the most common location (40%), followed by private homes (friends' or own home).

GHB was most commonly purchased in millilitres (mls). Twenty seven participants of the national sample commented on the price of a ml of GHB.

Forty five percent of those who commented reported the purity of GHB to be 'high' and a further 13% reported GHB strength as 'medium'.

There was inconsistency regarding reports of the availability of GHB with 66% reporting it as 'very easy' or 'easy' to obtain and 27% reporting it to be 'difficult' or 'very difficult' to obtain. About half (42%) of those that commented, reported the availability of GHB had remained stable over the preceding six months.

Although Customs detections for GHB and GBL were relatively low compared to other drugs, there were a record number of detections in 2001/02 of GBL. In 2004, the number of GBL and GHB detections at the Australian border remained stable.

The data from NSW, SA and QLD suggest that small proportions of REUs use GHB. In NSW, the proportion of users reporting lifetime and recent GHB has increased over time and has remained stable in 2004. Frequency and quantity of use is comparable between years and given the small numbers who commented, cautious interpretation is required. In SA there was a decrease in the proportion of REUs reporting lifetime and recent use of GHB in 2003 and this remained stable in 2004. A small reduction in the frequency of reported use and average amount used per session of GHB was also noted. GHB use in QLD also remained stable. Recent use was relatively stable in the other states in 2004, except in VIC where it GHB recent use increased dramatically.

LSD

Sixty percent of the 2004 national sample reported lifetime use of LSD and 26% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 18 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority had (81%) used less than monthly, typically using one tab. Twenty one percent reported having more than three tabs in a single occasion in the last six months.

Eleven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.

LSD was most commonly purchased in tabs. The median price of a tab of LSD ranged from $10 in SA to $25 in the NT and WA. The price was considered stable in most states.

The reports on the purity of LSD were mixed; about a third reported the purity as medium.

The reports on the availability of LSD were inconsistent with similar proportions reporting availability as 'difficult' to 'very difficult' and 'easy' to 'very easy' to obtain.

Data over time from NSW, QLD and SA suggest that both lifetime and recent LSD use has decreased over time; however use increased in 2004 but not to those levels reported in 2002. The recent use of LSD varied in all other states.

MDA

A third (32%) of the 2004 national sample reported lifetime use of MDA and 15% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (92%) of those that reported recent MDA use reported recently swallowing and 33% reported having snorted MDA. The majority had (82%) used less than monthly.

There were jurisdictional differences in reports of recent use of MDA ranging from 6% in WA to nearly a third in NSW (30%).

Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution. The median price of a cap of MDA ranged from $35 in VIC and QLD to $55 in the NT. The price of MDA was reported to be stable.

The majority of those who commented reported the purity of MDA to be 'high' (47%) or 'medium' (27%). Purity was considered to be stable.

Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (30%) reported MDA as easy to obtain. Over half (58%) of those that commented, reported the availability of MDA was stable in the past six months.

Data from states where information has been collected previously, suggest that MDA use is low and infrequent. In NSW the reports of both lifetime and recent use of MDA have increased in recent years and reduced in 2004. In SA there was a small decrease in the proportion of REUs reporting lifetime use, though recent use of MDA reduced in 2004. The ACT reported the largest decrease in recent MDA use in 2004. MDA use in the other states varied.

Other drugs

The vast majority of the national REU sample reported that they had used alcohol in their lifetime (99%) and in the six months preceding interview (95%). Seventy percent reported that they usually used alcohol in combination with ecstasy.

Eighty one percent reported recent use of cannabis (25% reporting daily cannabis use), 74% had recently used tobacco, a third (27%) reported recently using benzodiazepines and 10% had recently used anti-depressants. Seventy nine percent of those using anti-depressants in the last six months were taking prescribed anti-depressants.

A further (27%) had used nitrous in the six months preceding interview and 20% had used amyl in the six months preceding interview.

Eleven percent had injected heroin in their lifetime and 6% reported having used in the six months prior to interview. Two percent had used methadone in the last six months, 3% had recently used buprenorphine and 10% had used other opiates in the six months preceding interview.

Risk behaviour

One in five (22%) of the national sample reported having injected at some time in their lives. Of those that had ever injected, 69% reported injecting in the six months preceding interview. A median of three drugs (range 1-13) had ever been injected while those who reported injecting in the preceding six months had injected a median of two (range 1-9) drugs.

One third (32%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (47%) followed by heroin (20%).

When lifetime injectors were asked to specify how they learned to inject, two thirds (66%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, only one percent reported using a needle after someone else in the month preceding interview.

Forty two percent of the national sample reported they had never been vaccinated for HBV. A further 40% reported they had completed the vaccination schedule, 8% did not finish the vaccination schedule and 10% did not know if they had been vaccinated.

Of the national sample 53% reported they had never been tested for HCV, while 26% had been tested in the last year, 17% were tested more than a year ago and 4% either did not know or did not get their result.

Thirty two percent of the national sample had been tested for HIV in the last year and a further 19% had been tested more than a year ago.

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Most (45%) reported one sex partner during the preceding six months although one fifth (19%) of participants had penetrative sex with two people. Almost over a quarter (27%) reported sex with between three and five people. The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. Nearly a quarter (20%) of those who reported penetrative sex in the preceding six months had had anal sex. The most commonly used drug during sex was ecstasy, followed by alcohol and cannabis.

Of the national sample 60% had driven within one hour of taking a drug. The drug most commonly take was ecstasy (69%) followed by cannabis (57%), alcohol (52%) and speed (41%).

Of those that were asked about tattooing and body piercing (n=591), 27% had received a tattoo and a 36% reported body piercing.

Health related issues

Of the national sample 16% of the participants had overdosed on either ecstasy or other related drugs. The highest overdose rate was reported in VIC (25%) and lowest in QLD (10%) and SA (10%). Of those that had overdosed the main drug used was alcohol (36%) followed by ecstasy (23%). Alcohol was reported the highest in TAS (72%) and ecstasy in NSW (58%).

For the first time in 2004 the severity of dependence scale (SDS) was used for ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0 - 15). Participants were asked if their ecstasy use was out of control: 66% reported 'never or almost never', 78% reported that missing a dose did not make them feel anxious, half of the participants were not worried about their ecstasy use and 17% percent wished that sometimes they could stop using ecstasy.

Of those who had used methamphetamine, the median SDS score was one (range 0-15), with 21% scoring four or above, which has previously been validated as indicative of dependence upon the drug (Topp and Mattick 1997). Of those who scored above four on the SDS, 38% reported specifically using crystal methamphetamine, 32% speed, 16% base and 17% reported no specific methamphetamine. Twenty percent of methamphetamine users believed that their methamphetamine use was 'sometimes' out of control, 15% reported that missing a dose 'sometimes' made them feel anxious, 28% were 'sometimes' worried about their methamphetamine use, 16% 'sometimes' wished that they could stop and 14% found it 'quite difficult' to stop using methamphetamine.

Of the national sample, 17% had accessed either a medical or health service in the preceding six months of the interview. Of those who had sought help, the majority accessed their General Practitioner (GP, 44%) and 28% accessed a counsellor. For those who saw a GP, 39% reported the main drug involved was ecstasy, followed by crystal (14%) and the main issue of concern was depression.

Participants were also asked if they had experienced any occupational, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use. Occupational or study problems were reported by the highest proportion of REUs in the national sample (44%), followed by financial problems (38%). Relationship or social problems attributed to ecstasy and related drug use were reported by 37% of the national sample. A small proportion (7%) also reported legal/police problems.

Criminal Activity and Perceptions of Policing

A quarter (24%) of the national sample had committed a crime in the month preceding interview. There were differences across states in the proportion reporting involvement in crime ranging from 11% in the ACT to over a third (35%) in the NT.

Drug dealing was the most common reported criminal activity. The frequency of drug dealing in the last month was low with over half reporting they had done so less than once a week. Ten percent of the national sample had been arrested in the past year.

Over a third (35%) of REUs reported that police activity had remained stable and a further third (34%) thought that police activity had increased. There were differences across jurisdictions in the proportion that reported police activity had increased, with

16% in the ACT reporting increased activity compared to over half in VIC reporting increased activity. Despite having substantial proportions reporting increased police activity, the majority (86%) of REUs responded that police activity had not made it more difficult for them to score drugs.

Implications

The data from this second year of the national PDI supported the trends observed from data collected in NSW, QLD and SA in previous years. REUs recruited in all jurisdictions were polydrug users, and used a range of drugs in combination with ecstasy. The sample interviewed was young, educated and largely either employed or studying.

The IDRS has demonstrated that the routine collection and analysis of such information over times allows for greater understanding of drug markets. To further document trends across time in the use of ecstasy and related drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

The 2004 PDI data indicates that REUs are polydrug users. Although there is some understanding of the effects of specific drugs on the brain and body, the consequences of polydrug use are less well understood. The use of depressants and stimulants at the same time is an issue requiring consideration and investigation. Substantial proportions of the REUs sample reported using alcohol in combination with ecstasy, with two thirds reporting usually drinking more than five standard drinks. The use of alcohol while under the influence of psychostimulants allows for the consumption of larger quantities of alcohol without experiencing immediate effects. A person under the influence of both ecstasy and alcohol is therefore able to consume large quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur. The level of alcohol consumption is therefore an issue of concern. It seems appropriate for harm reduction strategies targeted to ecstasy and related drug using populations to include improvement of awareness of the risks of this behaviour.

Given concerns about the risks associated with the use of GHB, monitoring of trends in GHB use and availability is clearly warranted, particularly given the overdose risks with GHB, especially when combined with another depressant such as alcohol.

The 2004 PDI results suggest that 'binge' use is common among REUs in all jurisdictions. It is a challenge for harm reduction strategies to communicate the risks associated with using large amounts in a way that does not endanger the credibility of the evidence being used to justify the campaign. The evidence at this time suggests that, if one is going to use ecstasy, the safest pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of ecstasy use suggested that users were aware that there are risks associated with taking ecstasy. Given that research in NSW suggests increases in the use of ecstasy and related drugs, it is important to provide information on risks quickly to this group. Harm reduction strategies need to address knowledge gaps, particularly as some of this drug use is opportunistic.

Ecstasy and related drug use occurs in a range of locations both in public and private venues. The high proportion of REUs reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use. As a substantial proportion of ecstasy and related drug use occurs in dance-related public venues, training in harm reduction and appropriate responses to persons suspected of using drugs should be provided to staff of appropriate venues in addition to emergency workers.

While methamphetamine was not the main drug of choice for the majority of the REUs, substantial proportions had recently used methamphetamines either separately or in conjunction with ecstasy. Nearly a quarter of this group scored four or above (indicating "dependent use" in previous validation studies (Topp and Mattick 1997) on the Severity of Dependence Scale. Furthermore, a small number reported that they had sought help (health/medical) for methamphetamine related problems, in particular psychosis and/or anxiety. A significant minority of the sample reported that crystal methamphetamine was the form about which they were concerned, despite lower rates of the use of this drug than for speed powder.

This raises concerns about how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of methamphetamines should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

A further issue related to the increase in crystal methamphetamine use is increasing community concern about the potential for increased sex risk behaviours by persons using crystal methamphetamine. This issue has received considerable attention in the United States over the past decade (Frosch, Shoptaw et al. 1996; Anderson and Flynn 1997; Halkitis, Parsons et al. 2001), but it is most likely that documented associations between crystal methamphetamine use and HIV risk behaviours during sex are *not* the result of a simple causal association. Further work is needed to clarify the factors related to reports (particularly among the gay community) of increasing sex risk behaviours in the context of drug use, particularly since there have been recent reports of increased notifications of sexually transmitted infections and HIV cases in NSW, which would be consistent with increased sex risk. Further research is needed to examine this issue in a timely manner.

For this first time in 2004, REUs were asked about injecting, sexual and driving risk behaviours as well as BBVI vaccinations, tattooing and body piercing. While the PDI is not directed towards monitoring IDU, small proportions of the REUs interviewed had injected drugs. Injection among this group was infrequent but the majority were under the influence of drugs before and while injecting and a small number did report sharing injecting equipment (not including needles). While only a small number of participants among this group reported being positive for HCV and HIV, injecting (in particular while under the influence) continues to raise concerns for BBVIs. Furthermore, it is important for innovative harm reduction information to be disseminated to this group, many of whom may not be accessing traditional harm reduction initiatives through NSPs since they may be obtaining needles from pharmacies.

The reports of users regarding driving under the influence of drugs was a concerning finding in this year's PDI. It is important to disseminate information to users about the effects of different drug types upon driving ability, and indeed, of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW may be

considering the introduction of random roadside drug testing, as has recently been introduced in Victoria.

PDI data indicated that the sample was engaged in penetrative sex, a large majority while under the influence of drugs. Unprotected sex was also common among this group. Like injecting, unprotected sex raises concerns about BBVIs and STIs. Ongoing monitoring of injecting and sexual risk behaviours among this group is required.

The 2004 PDI data collected provided good information on a group of REUs across Australia. The 2005 PDI plans to explore other areas of interest including 'pill testing' among REUs and more specific information around purchasing ecstasy and overdose.

The findings from this second year are interesting, and suggest that continued research is required in areas such as an ongoing investigation of the injecting and sexual practises of REUs, the potential intersection between traditional IDU and REU populations and markets, and driving while under the influence of drugs. The REUs surveyed in 2004 are young, well educated, often employed or studying and not involved in significant levels of drug-related crime. However their drug use is associated with significant levels of self-reported harm and the long term impact of such use is not known. Therefore there is the potential to reduce the harm associated with ecstasy and related drug use is this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the population. Looking at ways of to expand existing education and harm reduction strategies is required.

INTRODUCTION

In 2003, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year, national trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'ecstasy and related drugs' across Australia. The project uses a methodology that has been used previously to monitor ecstasy and related drug markets in NSW, QLD and SA (Breen, Topp et al. 2002; Topp, Breen et al. 2004) which was based on the methodology used for Illicit Drug Reporting System (IDRS). The IDRS monitors Australia's illicit drug markets including heroin, cocaine, methamphetamine and cannabis but does not adequately capture 'ecstasy and related drug' use and therefore a different population needed to be accessed to obtain information on ecstasy and related drug markets.

For the purposes of the study, the term 'ecstasy and related drug' is considered to include drugs that are routinely used in the context of entertainment venues including nightclubs, dance parties, pubs and music festivals. Ecstasy and related drugs include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine) methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

This report provides a national summary of trends from the second year of the trial to monitor 'ecstasy and related drug' markets across Australia. These trends have been extrapolated from the three data sources; interviews with current REUs, interviews with professionals who have contact with ecstasy users and the colation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city in each state, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state is presented in individual state reports (NSW – (Degenhardt, Agaliotis et al. 2005), ACT - (Proudfoot, Ward et al. 2005), VIC - (Stoove, Laslett et al. 2005), TAS - (Matthews and Bruno 2005), SA - (Weekley, Pointer et al. 2005), WA - (Chanteloup and Lenton 2005), NT - (Newman 2005) and QLD - (Fischer and Kinner 2005) and are available from NDARC. This report focuses on the 2004 data collection in all states. The 2003 PDI national report is available from the following website - http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.national . Before 2003 data was collected in NSW, QLD and SA and some trend data is reported here, however the reader should refer to the state reports for more detailed trend information available at http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.state .

1.1 Study Aims

In 2004, the specific aims of the PDI were:

1. to describe the characteristics of a sample of current REUs interviewed in each capital city of Australia;

2. to examine the patterns of ecstasy and other drug use of these samples;

3. to document the current price, purity and availability of ecstasy and related drugs across Australia;

4. to examine participant's perceptions of the incidence and nature of ecstasy-related harm, including physical, psychological, financial, occupational, social and legal harms; and

5. to identify emerging trends in the ecstasy and related drug market that may require further investigation.

2.0 METHOD

The PDI used the methodology trialled in the feasibility study (Breen, Topp et al. 2002; Topp, Breen et al. 2004) to monitor trends in the markets for ecstasy and related drugs. The three main sources of information were used to document trends were:

1. face-to-face interviews with current REUs recruited in each capital city across Australia;

2. face-to-face and telephone interviews with key experts (formally known as key informants) who, through the nature of their work, have regular contact with REUs; and

3. indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys.

These three data sources were triangulated to provide an indication of emerging trends in ecstasy and related drug markets.

2.1 Survey of regular ecstasy users

The sentinel population chosen to monitor trends in ecstasy and related drug markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the category 'ecstasy and related drugs', ecstasy is a drug that can be considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis and meth/amphetamines[2] with one in ten (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting recent ecstasy use in the 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2005).

A growing market for ecstasy (tablets sold purporting to contain 3,4-methylenedioxymethamphetamine [MDMA]) has existed in Australia for more than a decade. In contrast, other drugs that fall into the class of 'ecstasy and related drugs' have either declined in popularity since the appearance of ecstasy in this country (e.g., LSD), fluctuate widely in availability (e.g., 3,4-methylenedixoyamphetamine [MDA]), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and gamma-hydroxy-butyrate [GHB]). It was suggested (Topp and Darke 2001) that it would be difficult to identify a regular user of GHB or ketamine, who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be

[2] AIHW definition of meth/amphetamines : includes all amphetamine-type stimulant excluding ecstasy

the first drug 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 – REUs (Topp and Darke 2001). In addition, as there has been an indication of increases in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of this population was successfully recruited and interviewed in the two year feasibility trial, and was able to provide the data that were sought. Therefore, REUs have been used again in 2004 to provide information on ecstasy and related drug markets.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisements in entertainment street press, gay and lesbian newspapers, music and clothing stores and at university campuses. 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 or less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be at least 16 years of age (due to ethical constraints), have used ecstasy at least six times during the preceding six months, and have been a resident of the capital city in which the interview took place for the past year. As in the main IDRS, the focus was on the capital city, as new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for their participation. Interviews took place in varied locations, negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

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

of use and routes of administration; the price, purity and availability of different ecstasy and related drugs; risk behaviours (such as injecting, vaccinations, sexual behaviour, tattooing and body piercing), self reported symptoms of dependence, help seeking behaviour, self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; and general trends in ecstasy and related drug markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states dummy variables were created and an individual state was compared against all the others states combined. All analyses were conducted using SPSS for Windows, Version 12.0 (SPSS inc 2004).

2.2 Survey of key experts

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for key expert (KE) participation in the PDI would be regular contact, in the course of employment, with a range of REUs throughout the preceding six months.

Interviews were primarily conducted face-to-face, except in NSW where most interviews were conducted over the telephone. The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, and health issues and police activity. The majority of interviews took approximately 45 minutes to an hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes.

One hundred and thirty five key experts across the country from a broad range of occupations participated in the 2004 IDRS. Law enforcement personnel including intelligence analysts, intelligence officers, commanders of local area commands and drug squad officers were interviewed. Health professionals such drug treatment staff, medical officers, counsellors, health promotion officers and hospital emergency staff participated in the study. People that worked in the entertainment industry such as DJ's, party promoters, venue managers and events organisers were also interviewed. Researchers, user group representatives and dealers also participated as key experts in 2004.

Many key experts reported they had contact with a range of REUs although KEs also reported having contact with specific groups such as youth, women, injecting drug users, HIV+ people, and the gay and lesbian community.

Detailed reports of KE interviews may be found in each jurisdictional report (NSW – (Degenhardt, Agaliotis et al. 2005), ACT - (Proudfoot, Ward et al. 2005), VIC -(Stoove, Laslett et al. 2005), TAS - (Matthews and Bruno 2005), SA - (Weekley, Pointer et al. 2005), WA - (Chanteloup and Lenton 2005), NT - (Newman 2005) and QLD - (Fischer and Kinner 2005).

2.3 Other indicators

To complement and validate data collected from user surveys and KE interviews, a number of secondary data sources were examined. These included data from health, survey, research and law enforcement sources.

Data sources included:

- The 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005).
- Australian Crime Commission (formally the Australian Bureau of Criminal Intelligence); number and purity of seizures of ecstasy by state and federal law enforcement agencies analysed across sampling years. Data on the number of drug related arrests by drug type.
- Australian Customs Service; data on the number and weight of seizures of ecstasy, cocaine and methamphetamine made at the border.
- data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare, 2002)
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS- NMDS) (Australian Institute of Health and Welfare, 2002)
- cocaine and amphetamine-related overdose fatalities from the Australian Bureau of Statistics.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

A total of 852 REUs were interviewed for the 2004 PDI. The national sample comprised of 161 from QLD, 116 from ACT, 104 from NSW, and 100 each from the VIC, TAS SA and WA and 71 from the NT. The sample size was predetermined, with each state aiming to interview 100 REUs. Although the same recruitment strategies were employed in the NT, 100 eligible participants were not identified in the required timeframe. This may indicate a smaller or more hidden population of REUs in this jurisdiction.

3.1 Demographic characteristics of the regular ecstasy users sample

Sixty two percent of the national sample interviewed in 2004 was male (Table 1). The mean age of the sample was 24.3 years (SD 6.1; range 16-60). There was no significant difference between genders (23.9 years vs. 24.6 years). The majority (83%) of participants nominated their sexual identity as heterosexual.

The vast majority (98%) of the sample spoke English as their main language at home. A minority (4%) were of Aboriginal and/or Torres Strait Islander (ATSI) descent. The majority lived in either their own (purchased or rented) premises (59%), or in their parents' or family's house (30%).

The mean number of years of school education completed by the sample was 11.6 (SD 1.0; range 6-13), and nearly two thirds (59%) of participants had completed high school education (year 12 or more). Half (50%) had completed courses after school, with 25% possessing a trade or technical qualification, and 25% having completed a university degree or college course. Over a third (37%) were currently employed full-time, and 22% were employed on a part-time or casual basis. A further 21% were full-time students and 16% were unemployed.

Three percent (n=22) of the national sample reported that they were currently in drug treatment, of those in treatment the majority were in methadone (n=6, 27%), drug counselling (n=5, 23%) or buprenorphine treatment (n=4, 18%).

Seven percent of the sample had a previous criminal conviction for which they had served a custodial sentence.

Table 1: Demographic characteristics of REUs, 2004*

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Mean age (years)	**24** **(25)**	26 (26)	25 (22)	24 (25)	23 (24)	24 (24)	22 (21)	24 (33)	26 (25)
% Male	**62** **(60)**	60 (63)	70 (73)	58 (53)	61 (61)	62 (63)	59 (53)	73 (70)	55 (49)
% English speaking background	**98** **(98)**	95 96)	98 (96)	96 (99)	100 (100)	98 (95)	97 (99)	100 (98)	98 (98)
% ATSI	**4** **(7)**	7 (7)	2 (2)	0 (6)	2 (6)	0 (1)	1 (9)	11 (20)	10 (5)
% Heterosexual	**83** **(82)**	69 69)	90 (96)	87 (81)	93 (85)	84 (91)	89 (83)	83 (73)	75 (79)
Mean years of school education	**12** **(12)**	12 (12)	13 (13)	12 (12)	12 (12)	12 (12)	12 (12)	11 (10)	11 (11)
% Tertiary qualifications	**50** **(46)**	60 (49)	43 (27)	53 (41)	56 (44)	46 (46)	49 (48)	46 (56)	47 (50)
% Employed full-time	**37** **(30)**	44 (35)	41 (30)	25 (32)	28 (27)	34 (29)	31 (33)	49 (17)	44 (38)
% Full-time students	**21** **(22)**	23 (26)	30 (33)	23 (18)	37 (40)	25 (31)	21 (16)	1 (6)	10 (16)
% Unemployed	**16** **(25)**	8 (22)	12 (10)	17 (25)	8 (16)	15 (20)	24 (22)	30 (61)	16 (20)
% Prison history	**7** **(8)**	3 (3)	9 (0)	4 (7)	1 (3)	5 (1)	16 (4)	16 (36)	7 (4)
% Currently in drug treatment	**3** **(6)**	2 (7)	0 (0)	6 (6)	1 (10)	1 (1)	6 (5)	1 (13)	3 (2)

Source: PDI interviews 2004 *Comparable data from 2003 presented in brackets

The demographic characteristics of REUs recruited were generally consistent across jurisdiction with some notable differences.

The REUs in NT were significantly more likely to be male than participants in other states (73% vs. 60%; OR 1.8; 95% CI 1.01, 3.09). There were no significant differences between the other states.

The REUs in WA (22 yrs vs. 25 yrs, t_{846}=4.2; p<0.001) and in TAS (23 yrs vs. 24 yrs, t_{846}=2.2; p<0.05) were significantly younger than the other states. The REUs in NSW (26 yrs vs. 24 yrs, t_{846}=2.2; p<0.05) and in QLD (26 yrs vs. 24 yrs, t_{846}=4.7; p<0.001) were significantly older than REUs in the other states. Users were significantly more likely to identify as being of ATSI descent in QLD (10% vs. 3%; OR 3.73; 95% CI 1.89, 7.37) and the NT (11% vs. 4%; OR 3.41; 95% CI 1.49, 7.8). REUs in VIC (0% vs. 5%) and SA

(0% vs. 5%) were significantly less likely to be from ATSI descent compared to the other states.

The REUs in the NT were significantly more likely to be employed fulltime (49% vs. 36%; OR 1.72; 95% CI 1.06, 2.8) compared to the other states. In VIC (25% vs. 39%; OR 0.53; 95% CI 0.33, 0.85) and in TAS (28% vs. 38%; OR 0.63; 95% CI 0.4, 0.99), users were significantly less likely to be employed fulltime.

In TAS REUs were significantly less likely than those sampled from the other states to have a previous history of imprisonment (1% vs. 8%; OR 0.12; 95% CI 0.02, 0.85) and in WA (16% vs. 6%; OR 2.98; 95% CI 1.62, 5.51) and the NT (16% vs. 6%; OR 2.67; 95% CI 1.32, 5.4) REUs were more likely to have a history of imprisonment.

REUs in VIC (6% vs. 2%; OR 2.92; 95% CI 1.12, 7.66) and WA (6% vs. 2%; OR 2.92; 95% CI 1.12, 7.66) were more likely to be in current drug treatment than REUs from the other states.

The reasons for demographic differences between jurisdictions are unclear. Participants were recruited using the same methodology and eligibility criteria. It may be that there are differences between groups of REUs around the country.

KE descriptions of the ecstasy users with whom they had recent contact were consistent with the characteristics of the 2004 sample.

Summary of demographics

- The national ecstasy and related drug sample was majority male, with a mean age of 24 years.
- The REUs interviewed were well educated half with tertiary qualifications.
- Over half of the national sample was employed or full time students.
- Few of the REUs interviewed had a criminal history or were involved in drug treatment.

3.2 Drug use history and current drug use

In 2004, participants were asked about lifetime and recent use of 19* different drug types. Recent use was defined as use in the six months preceding interview. Polydrug use was the norm among the national sample, with a mean of 9.5 drugs (SD 3.4; range 1-19) having been tried, and a mean of 6.6 drugs (SD 2.4; range 1-15) having been used in the preceding six months (Table 2).

Alcohol (99%) followed by cannabis (96%) and tobacco (87%) were the drugs most likely to be ever used and used the most in the preceding six months (95%, 81% & 74% respectively, Table 2).

A third (33%) of the national sample reported the use of other drugs in their lifetime, most commonly hallucinogenic mushrooms (21%). The range of other drugs mentioned by small numbers was extensive including and dexamphetamine, synthetic drugs (2CL, 2CB, PMA, DMT) and naturally occurring drugs (such as Kava).

The similarities in levels of drug use across jurisdictions are noteworthy; both in terms of number of drug types ever tried and drugs used recently.

Table 2: Lifetime and recent polydrug use of REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Mean drug types ever used* (range)	**9.5 (1-19)**	10.4 (5-18)	9.6 (3-17)	10.7 (4-19)	8.2 (2-18)	10.4 (3-19)	8.9 (1-17)	9.1 (4-18)	8.8 (1-18)
Mean drug types used last 6 mths* (range)	**6.6 (1-15)**	7 (2-13)	6.2 (3-13)	7.7 (1-14)	6.2 (1-14)	7.2 (2-13)	6.7 (1-12)	6.1 (3-13)	6.0 (1-15)
Ever injected (%)	**23**	23	12	15	15	25	22	37	32
Alcohol									
ever used (%)	**99**	100	100	100	100	100	99	96	98
used last 6 mths (%)	**95**	99	97	94	98	96	92	92	89
Cannabis									
ever used (%)	**96**	99	98	98	98	97	97	100	87
used last 6 mths (%)	**81**	85	83	78	91	81	84	87	70
Tobacco									
ever used (%)	**87**	92	93	94	88	76	84	92	78
used last 6 mths (%)	**74**	73	80	83	77	65	73	80	68
Meth powder (speed)									
ever used (%)	**85**	98	87	98	82	86	88	85	65
used last 6 mths (%)	**68**	81	64	92	68	62	78	73	42
Meth base									
ever used (%)	**53**	64	43	45	32	84	46	59	55
used last 6 mths (%)	**39**	39	31	34	20	72	31	45	39
Crystal meth (Crystal)									
ever used (%)	**63**	68	62	71	36	60	89	58	60
used last 6 mths (%)	**45**	46	39	52	16	47	79	35	42
Cocaine									
ever used (%)	**54**	79	69	72	32	59	36	39	45
used last 6 mths (%)	**27**	46	34	48	10	26	16	16	21
LSD									
ever used (%)	**60**	61	62	72	51	77	50	63	52
used last 6 mths (%)	**26**	20	23	39	32	36	11	31	18
MDA									
ever used (%)	**32**	54	41	37	20	30	19	28	29
used last 6 mths (%)	**15**	30	15	16	15	14	6	10	16

Source: PDI interviews 2004 *out of a possible 19 drug types

Table 2: Lifetime and recent polydrug use of REUs, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT =71	QLD n=161
Ketamine									
ever used (%)	**40**	58	36	70	18	51	21	32	32
used last 6 mths (%)	**23**	39	15	45	5	39	10	18	16
GHB									
ever used (%)	**23**	28	23	38	7	35	11	20	20
used last 6 mths (%)	**10**	18	6	27	3	12	5	6	6
Amyl nitrate									
ever used (%)	**47**	66	44	52	52	43	36	41	44
used last 6 mths (%)	**20**	27	18	20	23	16	15	25	21
Nitrous oxide									
ever used (%)	**53**	40	52	54	52	74	62	44	45
used last 6 mths (%)	**27**	14	17	27	34	47	43	16	22
Benzodiazepines									
ever used (%)	**43**	53	36	58	34	57	34	23	46
used last 6 mths (%)	**27**	30	14	41	23	40	28	9	30
Pharm. Stimulants									
ever used (%)	**44**	47	44	35	39	54	76	41	28
used last 6 mths (%)	**19**	14	16	14	14	21	59	14	9
Anti-depressants									
ever used (%)	**26**	21	24	28	14	31	25	24	34
used last 6 mths (%)	**10**	3	6	12	4	14	13	11	14
Heroin									
ever used (%)	**17**	17	15	18	4	19	13	27	22
used last 6 mths (%)	**6**	4	4	9	0	3	8	3	12
Methadone									
ever used (%)	**6**	4	5	8	2	8	4	10	8
used last 6 mths (%)	**2**	1	2	2	2	0	1	1	3
Buprenorphine									
ever used (%)	**4**	1	2	7	0	8	4	6	6
used last 6 mths (%)	**3**	0	2	4	0	6	1	3	4
Other opiates									
ever used (%)	**23**	20	20	26	19	24	18	21	29
used last 6 mths (%)	**10**	5	6	13	8	10	10	10	16

Source: PDI interviews 2004

In 2004, ecstasy was the drug of choice for half (51%) of respondents. The next most commonly preferred drug was cannabis (13%), followed by methamphetamine powder (6%), cocaine (5%), crystal methamphetamine (4%) and heroin (6%, Table 3).

Participants were asked whether they had binged on ecstasy and related drugs in the six months preceding interview. Binging was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley 1996). Nearly half (43%) of the national sample had binged on one or more ecstasy and related drugs in the preceding six months. The median length of the longest binge was three days (range 2-17.5 days). Among those that binged, ecstasy (88%) was the most commonly reported drug used in this way. Methamphetamine powder (54%), crystal methamphetamine (37%), methamphetamine base (28%), LSD (11%), ketamine (8%) and cocaine (8%) were other related drugs mentioned by those who had recently binged. Alcohol (42%) and cannabis (39%) were also drugs commonly reportedly used in a binge.

Table 3: Drug of choice and recent bingeing among REUs, by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Drug of choice (%)									
Ecstasy	**51**	59	47	44	58	56	44	46	46
Cannabis	**13**	15	16	11	12	5	15	28	10
Meth powder	**6**	6	2	11	4	4	11	10	4
Heroin	**2**	1	1	4	1	4	2	1	4
Cocaine	**5**	7	10	2	8	12	1	1	2
Crystal meth	**4**	5	1	3	0	4	14	3	5
Binged* on any stimulant (%)	**43**	34	34	45	35	53	49	54	42

Source: PDI interviews 2004

* Binged defined as the use of any stimulant for more than 48 hours continuously without sleep

Almost a quarter (23%) of the national sample reported that they had injected a drug in their lifetime. Most of the injectors commenced injecting with methamphetamine powder (46%), heroin (16%), methamphetamine base (15%) and crystal methamphetamine (9%). Two percent first injected ecstasy. Fifteen percent reported they had recently (i.e. in the last six months) injected. The most commonly reported drugs injected in the preceding six months were methamphetamines with 9% of the national sample injecting methamphetamine powder, 9% methamphetamine base and 7% crystal methamphetamine. Five percent of the sample had injected ecstasy in the preceding six months. Heroin (5%) and other opiates (3%) were the next most common drugs injected in the six months preceding interview.

To ensure that the sample was primarily REUs, a number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no differences between the two groups in terms of gender, but there was an age difference; those who had injected a drug were significantly older (29 yrs vs. 23 yrs, $t_{846}=9.3$; $p<0.001$). Those that injected reported significantly fewer years of education (11

yrs vs. 12 yrs, t_{848}=5.6; p<.001) and were more likely to have a prison history than non-injectors (17% vs. 4%; OR 4.7; 95% CI 2.76, 8.02).

There were no significant differences between the injectors and non injectors in terms of the amount of ecstasy used in their typical use episode (both used a median of two tablets) but injectors had used significantly less than non injectors in their heaviest use episode (median 5.8 tabs vs. 4.6 tabs; t_{812}=2.6; p<0.01). Injectors had also used a wider range of other drugs, both ever (12 vs. 9; t_{290}=14.1; p<0.001) and in the preceding six months (8 vs.6; t_{293}=7.0 p<0.001). In particular, those who had injected a drug were significantly more likely to report both lifetime (55% vs. 6%; OR 21.5; 95% CI 13.87, 33.43) and recent heroin use (23% vs. 1; OR 33.1; 95% CI 13.86, 79). Further, only six participants from the national sample were currently in methadone and four participants were in buprenorphine treatment. Two percent nominated heroin as their favourite drug, and heroin had been injected in the preceding six months by five percent of the national sample on a median of six days (range 1-180). Three participants were daily heroin injectors. Thus, a small proportion of past and current heroin users were included in the national sample. Despite this, we can be confident that the majority of the national sample comprised primary of REUs and therefore the appropriate sentinel population to interview to meet the aims of the study.

The proportion of PDI that reported lifetime injection varied across states, and ranged from 12% in the ACT to 32% in QLD (32% vs. 20% in all other states; OR 1.86; 95% CI 1.27, 2.72) and 37% in the NT (37% vs. 21% in all other states; OR 2.12; 95% CI 1.27, 3.55). As discussed previously, although the eligibility criteria and recruitment strategies were the same across jurisdictions, the size of the ecstasy and related drug markets, the size of the city and the power of word of mouth may vary across jurisdiction and may have contributed to larger proportions of injecting drug users being interviewed in the NT and QLD. Alternatively there may be a subgroup of REUs that inject and this group may have been accessed in some states and not in others. All participants were regular users of ecstasy and recruited with the same criteria.

Consistent with the quantitative data provided by ecstasy users, patterns of extensive polydrug use among ecstasy users were described by KE. The most commonly reported drugs were alcohol, cannabis and methamphetamine powder.

3.3 Summary of polydrug use trends in regular ecstasy users

- Polydrug use was the norm among the national sample.
- Ecstasy was the drug of choice for half the sample followed by cannabis.
- Nearly half of the national sample had binged on ecstasy and related drugs, with ecstasy the most commonly reported drug involved in a binge followed by methamphetamine (powder, crystal and then base).
- Fifteen percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base).

4.0 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. Ecstasy is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances. The results presented in this section relate to the participants use and knowledge of tablets sold as ecstasy.

The median age at which participants in the 2004 national sample first used ecstasy was 18 years (range 12-53, Table 4), and they reported a median duration of use of four years (range 0- 20). There was no significant different between gender and when they first started using ecstasy (females 20.6 years vs. males 21 years). All participants had used ecstasy at least monthly at some time, and reported having used ecstasy regularly at a median age of 19 years (range 12-55).

4.1 Ecstasy use among regular ecstasy users

Participants in the national sample had used ecstasy on a median of 18 days in the preceding six months (range 6-180 days). Nearly half (46%) of participants had used between monthly and fortnightly, 29% between fortnightly and weekly, and 25% had used ecstasy on more than one day per week.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was two tablets (range 0.5-21). Over two thirds (69% compared to 57% in 2003) of the national sample reported that they typically used more than one tablet. During their 'heaviest' use episode in the preceding six months, participants reported a median of four tablets (range 0.5-96), 52% of the sample had taken four or more tablets in a single use episode in the preceding six months.

Over a third (38%) of the national sample reported bingeing on ecstasy. As previously mentioned, bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley 1996). The median length of the longest binge involving ecstasy was three days (range 2-17.5 days). In over half (55%) of these cases methamphetamine powder (speed) had also been used. Crystal methamphetamine (36%), methamphetamine base (28%), nitrous oxide (16%), LSD (13%), ketamine (9%), cocaine (9%), and were other commonly mentioned related drugs used in conjunction with ecstasy during a binge. Alcohol and cannabis were mentioned by nearly half (45% and 40% respectively) of the participants that binged on ecstasy.

There were no gender or age differences between those who had binged on ecstasy in the preceding six months and those who had not, but those who had binged on ecstasy had used ecstasy on a significantly greater number of days in the preceding six months (median 28 day vs.12 days; U =47647; p<0.001), and used significantly more ecstasy in heavy use episodes (median 5 tabs vs. 3 tabs; U =45470; p<0.001). Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history, having used significantly more drugs ever (mean 11 vs. 9; t_{674}= 8.1; p<0.001) and in the last 6 months (mean 7 vs. 6, t_{660}= 8.8; p<0.001) than those that had not binged on ecstasy ever.

Table 4: Patterns of ecstasy use among REUs, 2004

	National N=852	NSW n=104	AC n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Median age first used ecstasy (years)	**18**	18	19	18	19	18	18	19	20
Median days used ecstasy in 6 months	**18**	20	18	18	12	16	12	20	24
Ecstasy 'favourite' drug (%)	**51**	59	47	47	58	56	44	47	47
Use ecstasy weekly or more (%)	**37**	42	38	36	24	36	21	39	53
Median tablets in 'typical' session	**2**	2	2	2	2	2	2	2	2
Typically use >1 tablet (%)	**69**	84	67	77	69	84	61	55	75
Recently binged* on ecstasy (%)	**38**	28	32	42	34	47	38	44	37
Ever injected ecstasy (%)	**13**	10	6	9	6	18	14	21	21
Use other drugs with ecstasy (%)	**93**	94	96	94	99	94	86	89	89
Use other drugs to come down from ecstasy (%)	**78**	68	80	85	89	79	80	68	75

Source: PDI interviews 2004
* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep

The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. There was little jurisdictional difference in the proportions reporting other drug use in combination with ecstasy (86% in WA to 99% in TAS), however the types of drugs used in conjunction with ecstasy varied by jurisdiction (Table 5).

Tobacco and alcohol were most commonly reported among those that used other drugs with ecstasy. About two thirds (69%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Cannabis was used by nearly half (44%) of participants in conjunction with ecstasy. Nearly a third (31%) of those that used other drugs with ecstasy used speed, 16% crystal methamphetamine and 13% base. Smaller proportions used nitrous (8%), amyl (6%), ketamine (5%), cocaine (5%) and LSD (5%). Few participants nominated GHB and MDA as drugs they usually used with ecstasy.

There were some state differences; the use of cannabis in combination with ecstasy was highest at 62% in the NT and QLD, speed use was highest in the NT (68%) and VIC (46%). The use of crystal in conjunction with ecstasy was highest in WA (44%) reflecting recent use patterns, followed by QLD (29%). Base use in conjunction with ecstasy was highest in QLD (33%). The use of nitrous in combination with ecstasy was highest in the WA (22%), SA (12%) and QLD (10%). Ketamine use in combination with ecstasy was highest in NSW (11%).

Table 5: Drugs usually used in combination with ecstasy among those that used other drugs, by jurisdiction, 2004

%	National N=789	NSW n=98	ACT n=111	VIC n=94	TAS n=99	SA n=94	WA n=86	NT n=63	QLD n=144
Tobacco	**64**	55	67	72	67	65	50	75	63
Alcohol	**70**	69	80	62	94	51	47	86	69
> 5 standard drinks*	**69**	74	66	57	76	63	55	79	73
Cannabis	**44**	34	38	37	41	41	37	62	62
Meth powder	**31**	18	22	46	24	24	30	68	29
Crystal	**16**	7	5	12	0	12	44	13	29
Meth base	**13**	4	10	3	3	21	5	21	33
Nitrous	**8**	0	5	9	4	12	22	6	10
Ketamine	**5**	11	4	6	0	5	0	10	6
Amyl	**6**	0	5	4	6	0	8	11	11
LSD	**5**	1	1	10	1	12	2	10	6
Cocaine	**5**	11	12	4	0	2	1	0	8
GHB	**2**	2	0	7	0	0	0	5	1
MDA	**2**	4	1	1	0	1	1	3	4

Source: PDI interviews 2004
* of those that reported usually drinking alcohol

The majority (78%) used other drugs to come down from ecstasy. Cannabis, tobacco and alcohol use were also commonly reported during the come down period from ecstasy. Smaller proportions reported the use of alcohol during the come down than those that reported using it in conjunction with ecstasy, however of those that reported alcohol use when coming down, the majority (67%) in all states reported drinking more than five drinks.

There was some consistency across states in the types of drugs used in the come down, with cannabis reported by over half of the sample in every jurisdiction. Benzodiazepines

were used by 15% of the national sample, with the largest proportions reporting benzodiazepine use in QLD (29%) and in SA (20%). Nitrous was used in the come down by 16% of the sample in QLD.

Table 6: Drugs used to come down from ecstasy, among those that used drugs to come down, by jurisdiction, 2004

%	National N=666	NSW n=71	ACT n=93	VIC n=85	TAS n=89	SA n=79	WA n=80	NT n=48	QLD n=121
Cannabis	**68**	70	59	58	70	58	79	90	71
Tobacco	**55**	42	52	59	57	60	48	56	60
Alcohol	**39**	42	41	25	64	32	33	28	41
> 5 standard drinks*	**67**	70	58	48	68	64	62	77	80
Benzodiazepines	**15**	14	4	13	15	20	9	10	29
Nitrous	**8**	0	2	6	2	14	14	6	16
Meth powder	**5**	0	2	6	2	6	4	10	7
Meth base	**2**	1	2	1	0	6	0	2	3
Crystal	**5**	4	1	5	0	5	11	6	5
Ketamine	**4**	3	0	12	0	5	0	4	5
Amyl	**3**	0	0	0	2	0	3	4	11
Heroin	**3**	3	2	8	0	1	1	0	6
Antidepressants	**2**	1	1	0	0	8	1	4	2
GHB	**2**	3	0	12	0	0	0	0	2

Source: PDI interviews 2004
* of those that reported usually drinking alcohol

4.1.1 Route of Administration

In the six months preceding the interview, 99% participants swallowed ecstasy; further 60% had snorted ecstasy, 7% shelve/shaft, 6% smoked and 5% had injected ecstasy. Almost all participants (92%) nominated oral ingestion as their main route of ecstasy administration, although 5% mainly snorted the drug, 2% mainly injected and less than one percent mainly shelved it. (Table 7)

The injection of ecstasy occurs in a minority of REUs. The median age of first injection of ecstasy was 21 years (range 15-49).

There was jurisdictional variation in main route of administration with the highest proportion in QLD (6%) reporting injection as the main method compared to 3% or less in the other states (Table 7).

Table 7: Main route of administration of ecstasy in the last six months by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Swallow	**93**	98	96	95	94	91	93	89	83
Snort	**5**	1	4	2	6	6	5	7	7
Inject	**2**	1	0	1	0	3	2	3	6
Shelve/shaft	**<1**	0	0	1	0	0	0	1	2

Source: PDI interviews 2004

Participants were asked what proportion of their friends use ecstasy. Forty nine percent of the national sample reported that most of their friends use ecstasy and 30% reported that about half of their friends use ecstasy. Smaller proportions reported that a few of their friends use ecstasy (13%) or that all their friends use ecstasy (9%, Table 8).

Table 8: Source, purchase location and use location of ecstasy by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=116	QLD n=161
Scored from (%)									
Friends	**82**	76	88	89	92	84	89	73	67
Known Dealers	**57**	55	58	52	62	46	53	52	68
Acquaintances	**34**	15	51	37	34	29	47	39	23
Workmates	**13**	11	15	17	12	8	13	16	15
Unknown dealers	**19**	10	22	23	19	14	33	26	11
Locations scored (%)									
Friends' home	**62**	51	68	62	77	62	71	49	53
Dealer's home	**42**	40	43	41	35	32	42	30	57
Nightclub	**39**	23	52	51	53	32	43	51	23
At own home	**35**	20	37	40	44	40	33	38	30
Agreed public location	**35**	27	53	23	17	44	47	35	30
Raves*	**32**	20	29	50	59	27	39	31	14
Pubs	**17**	11	35	16	15	13	13	27	13
Street	**6**	1	5	10	3	4	5	9	8
Work	**6**	3	9	6	10	2	5	1	7

Source: PDI interviews 2004 * includes `doofs' and dance parties

Table 8: Source, purchase location and use location of ecstasy by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=116	QLD n=161
Usual use venue (%)									
Nightclub	**79**	82	88	87	82	73	66	80	77
Raves*	**63**	59	60	77	89	69	69	34	48
Private party	**58**	45	71	57	64	61	52	47	60
Friends' home	**55**	38	66	58	56	59	62	36	58
At own home	**46**	38	47	44	39	58	41	46	50
Pubs	**31**	31	47	25	21	25	18	41	38
Dealer's home	**10**	5	8	9	7	5	6	4	25
Restaurant/café	**4**	4	4	3	6	3	0	6	5
Public place	**15**	13	16	18	5	19	15	14	17
Vehicle – passenger	**18**	9	24	28	6	17	22	14	23
Vehicle – driver	**11**	6	14	14	4	12	8	9	15
Outdoors	**25**	13	37	36	17	24	20	24	28
Live music event	**40**	31	58	49	53	36	35	24	32
Work	**4**	3	3	3	0	5	3	4	8
Last use venue (%)									
Nightclub	**35**	45	37	35	22	30	26	55	34
Friends' home	**14**	8	12	24	15	16	18	9	12
At own home	**15**	10	12	11	10	16	15	14	24
Raves*	**16**	17	13	15	37	23	20	3	6
Private party	**8**	6	5	8	10	5	11	10	9
Pubs	**6**	7	16	4	2	4	2	4	4
Dealer's home	**1**	1	0	1	0	0	0	0	4

Source: PDI interviews 2004 * includes `doofs' and dance parties

In 2004, the majority of participants in the national sample reported that in the six months preceding the interview they had obtained ecstasy from friends (82%) or known dealers (57%). Ecstasy was also recently obtained from acquaintances (34%), workmates (13%) and through people unknown to participants (19%, Table 8).

Ecstasy was most often obtained at friends' homes (62%) and dealers' homes (42%). Other purchase locations included at nightclubs (39%), at their own home (35%), at an agreed public location (35%), at raves (32%), at the pub (17%), on the street (6%) and at work (6%, Table 8).

The highest proportion in all jurisdictions reported that they normally obtained ecstasy from friends, scoring from their friends' home.

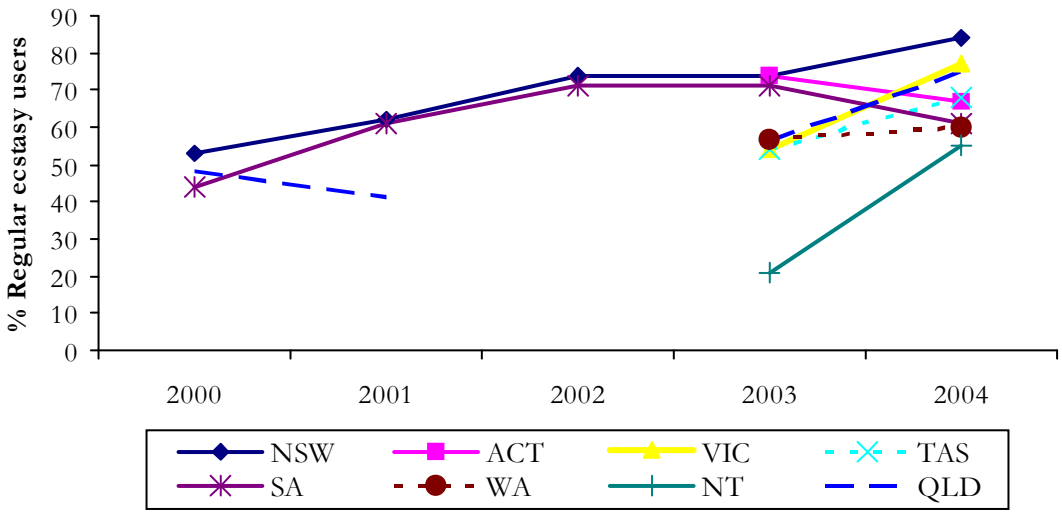
Ecstasy was used at a variety of locations, most commonly; in nightclubs (79%), at raves (63%), private parties (58%), friends home (55%), own home (46%), and at pubs (31%). Smaller proportions used at a dealer's house (10%, Table 8).

Ecstasy use is typically associated with music and dancing. A third (35%) of the national sample reported last using ecstasy in a nightclub, while 16% last used at a rave. However, ecstasy is not exclusively used in clubs or at dance parties. Ecstasy was last used in a private home by substantial minorities; 15% at their own home and 14% reported using at a friends home. Small numbers reported using in pubs or at their dealers home. Sporting venues (n=2), at university (n=1), at a wedding (n=1), in a hotel room (n=1) and at a 'gay beat' (n=1) were locations also mentioned where participants had last used ecstasy.

4.2 Trends over time

In NSW, QLD and SA, where data has been collected since 2000, the 2004 results provide information on ecstasy trends over time (no data was collect from QLD in 2002). In all three states there was an increase in the proportion that report typically used more than one tablet since 2000 (Figure 1). This patterns continues in the other states where data has been collected since 2003, except in the ACT where is slightly decreased.

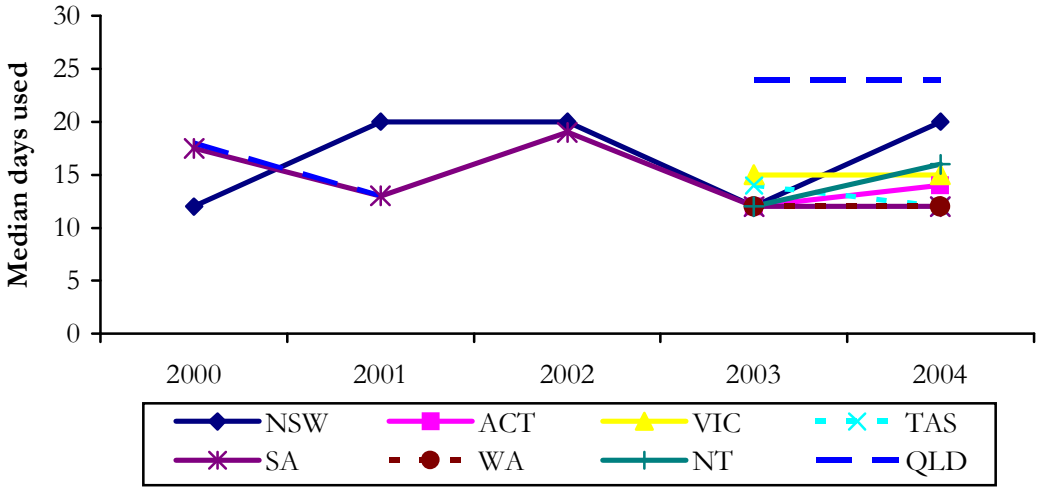
Figure 1: Proportion of REUs in NSW, SA and QLD that report typically using more than one ecstasy tablet, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

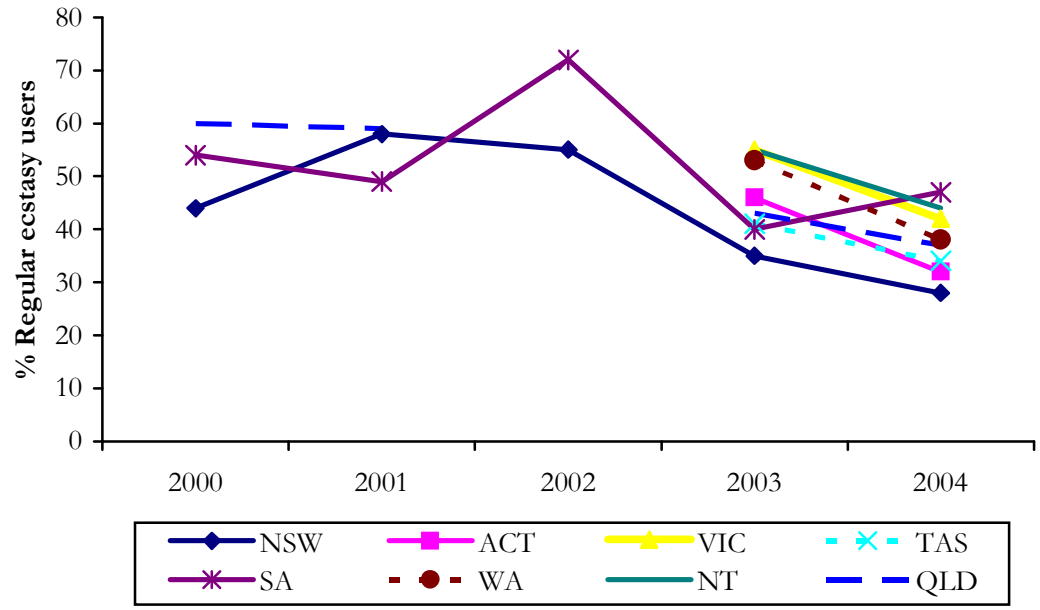
The frequency of ecstasy use has increased in NSW and is relatively stable in the other states (Figure 2). There has been an increase in SA and a slight decrease in the other states in the proportion that report bingeing on ecstasy (Figure 3).

Figure 2: Median days used ecstasy in the six months preceding interview, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

Figure 3: Proportion of REUs that reported bingeing* on ecstasy, 2000 to 2004



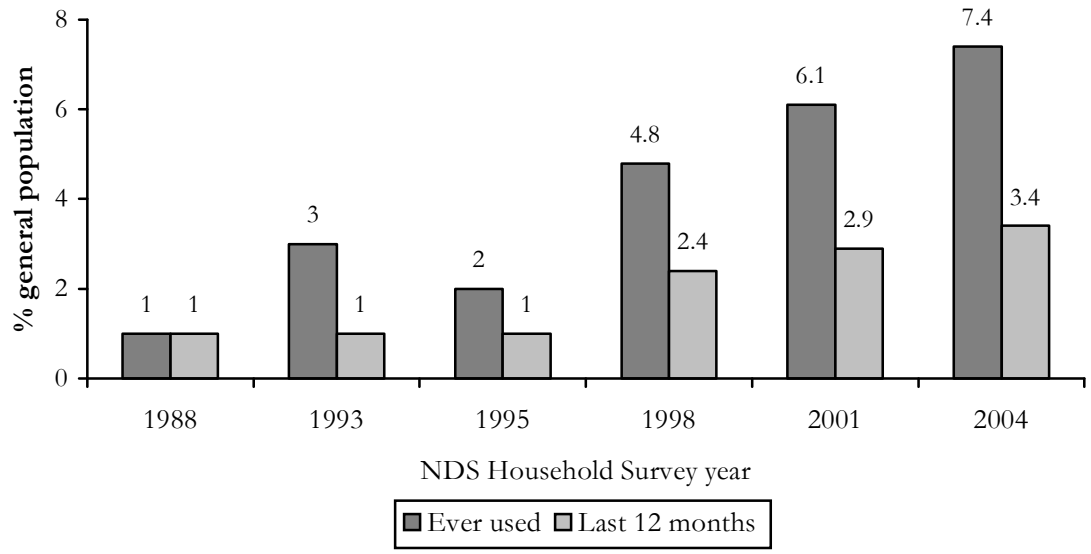
Source: PDI interviews 2004 Data not collected in QLD in 2002
* Bingeing defined as the use of ecstasy for more than 48 hours continuously without sleep

4.3 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 and above increased; from 1% in 1988 to 7.5% in 2004 (Australian Institute of Health and Welfare, 2005). Similarly, as shown in Figure 4, the proportion of the general population who reported using ecstasy in the preceding 12 months has

increased over time from 1% in 1988 to 3.4% in 2004 (Australian Institute of Health and Welfare 2005).

Figure 4: Prevalence of ecstasy use in Australia, 1988 to 2004



Source: National Drug Strategy Household Surveys 1988-2004

Prevalence of ecstasy use varies slightly according to gender, although differences are modest compared to other drugs. In the 2004 NDSHS, 9.1% of males and 6% of females reported lifetime ecstasy use. This is consistent with data from previous surveys; males reported a higher lifetime use in the 1998 (3.3% vs. 1.6%), 1995 (3% vs. 2%) and 2001 (7.1% vs. 5.1%) surveys (Commonwealth Department of Health and Family Services 1996; Higgins, Cooper-Stanbury et al. 2000; Australian Institute of Health and Welfare 2002).

In the 2004 survey both lifetime (22%) and recent (12%) ecstasy use was most common among those aged 20-29 years. Again, more males than females in this age group reported lifetime (25.8% vs. 18.2%) and recent (i.e. in the preceding 12 months) use (15.1% vs. 8.8%). Those aged 30-39 years reported lifetime use of 12.5% and a recent use of 4%. Those aged 14-19 reported a lifetime use of 6.2% and recent use of 4.3% (Australian Institute of Health and Welfare 2005).

The availability of ecstasy has increased in recent years as indicated by the proportion of people who report having experienced an opportunity to use ecstasy. In 2001 7.8% of the general population aged 14 and over had the opportunity to use ecstasy compared to 4.8% in 1998 and 3% in 1995. In the earlier surveys this question referred to lifetime exposure rather than exposure in the preceding 12 months however, this trend is evident; in 1988, 4% of the population had been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai and McAllister 1998). The prevalence of the exposure to opportunities to use ecstasy among young adults (14-19 year olds) is an issue of concern.

In 1995, the question regarding recent use was changed to refer to the preceding 12 months, 8% of this group reported a recent opportunity to use ecstasy. The proportion

increased to 10% in 1998 and to 16% in 2001. A similar increase occurred in the proportion of 20-29 year olds reporting recent exposure: 14% in 1998 to 24% in 2001.

4.4 Price

Participants were asked, 'How much does ecstasy cost at the moment?'. The proportion of ecstasy users that commented on the price of a single tablet of ecstasy was rather high across jurisdictions; 70% in SA, 84% in NSW, 93% in ACT, 98% in VIC and QLD, 99% in WA and 100% in TAS and the NT. Remaining participants provided ranges for prices of ecstasy.

Median price nationally was $35 (range $7-80), ranging from $30 in VIC to $50 in the NT and WA. The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months. Substantial proportions in all states except the NT reported a recent decrease in price.

Table 9: Median price of ecstasy and participants reports of price change by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Median price ($) per tablet (range)	**35 (7-80)**	35 (13-50)	35 (20-40)	30 (13-45)	40 (30-50)	35 (7-40)	50 (25-60)	50 (15-80)	35 (17-65)
Price change (%)									
Increased	**6**	3	9	8	6	3	4	9	5
Stable	**60**	58	61	58	64	66	62	66	53
Decreased	**19**	30	18	16	15	16	19	6	22
Fluctuated	**12**	6	11	14	13	10	13	20	13
Don't know	**3**	4	1	4	2	1	2	0	5

Source: PDI interviews 2004

Participants were asked how they had paid for ecstasy in the six months preceding interview. Multiple responses were allowed. The two most common methods of paying for ecstasy in the preceding six months were paid employment (82%) and being given ecstasy by friends (64%). Other methods of paying for ecstasy included; government allowance (28%), borrowing money from friends (26%), obtaining ecstasy on credit from dealers (24%), dealing drugs (ecstasy profit, 22%), money from parents (19%), bartering other drugs or goods for ecstasy (17%) and money from dealing drugs (cash profit, 14%). Smaller proportions reported pawning goods (5%), sex work (1%) or property crime (1%) had funded their ecstasy use in the preceding six months (Table 10).

Generally REUs across Australia appear to pay for the ecstasy via similar methods. They were however a few notable differences with a greater proportion in NSW compared to the other jurisdictions reporting they had paid for the ecstasy bartering goods. WA had the highest proportion that reported borrowing money from parents and the NT had the highest proportion for pawning, property crime and sex work. This is consistent with the demographic of the sample in the NT, more of whom reported a prison history.

Table 10: How ecstasy users paid for their ecstasy by jurisdiction, 2004

%	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Employment	**82**	82	90	87	87	77	79	73	81
Gift	**64**	79	72	68	44	62	63	61	65
Government allowance	**28**	15	27	30	36	27	33	25	27
Borrow money	**26**	27	34	20	26	25	27	24	23
On credit from dealers	**24**	32	25	21	18	23	21	20	30
Dealing drugs (ecstasy profit)	**22**	30	15	25	15	23	28	20	20
Money from parents	**19**	22	21	18	11	12	29	21	20
Bartering goods	**17**	29	21	16	11	7	17	16	16
Money from dealing drugs (cash profit)	**14**	19	10	18	8	12	17	13	14
Pawning	**5**	6	5	1	0	5	8	14	6
Sex work	**1**	0	0	1	0	0	0	6	4
Property crime	**1**	2	0	0	0	0	2	4	2
Fraud	**<1**	1	0	0	0	0	1	0	0

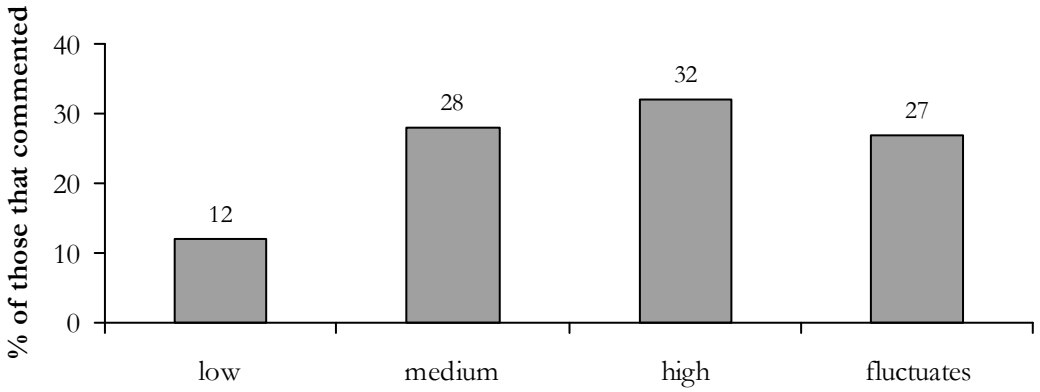
Source: PDI interviews 2004

For the time in 2004, participants were asked how many different people they purchased ecstasy from the in the six preceding interview. Of the national sample a median of three different people were used to purchase ecstasy, ranging from one to fifty different people. Of those who purchased ecstasy, 77% reported that they were able to purchase other drugs (besides ecstasy) from their main ecstasy dealer (ranging from 61% in the ACT to 90% in the NT). The other drugs sold by the main ecstasy dealer included cannabis (64%), speed (61%), crystal (47%), base (36%), LSD (28%), cocaine (24%), ketamine (20%), MDA (12%), GHB (11%) and heroin (7%).

4.5 Purity

All participants in the national sample were able to comment on the purity of ecstasy. Over half of the sample (60%) reported that the purity was medium to high while nearly a third (27%) reported that purity fluctuates (Figure 5). In WA 49% reported the purity to be high compared to 21% in SA. However SA did report the highest proportion of participants who thought the purity was medium (35%, Table 11). KE reports reflected the user reports of inconsistency in the purity of ecstasy.

Figure 5: National REU reports of recent current purity of ecstasy, 2004



Source: PDI interviews 2004

Table 11: Participant reports of current ecstasy purity, by state, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Current purity (%)									
Don't know	**2**	2	1	2	1	2	2	3	3
Low	**12**	17	6	11	6	13	10	20	13
Medium	**28**	32	31	24	20	35	15	28	33
High	**32**	24	38	28	39	21	48	28	27
Fluctuates	**27**	25	24	35	34	28	25	21	24

Source: PDI interviews 2004

Participants were asked whether the purity of ecstasy had changed in the six months prior to interview and all participants in the national sample were able to comment (Table 12). The majority of the participants reported the purity as fluctuating (34%) with around a quarter reporting that it had stabilized (26%).

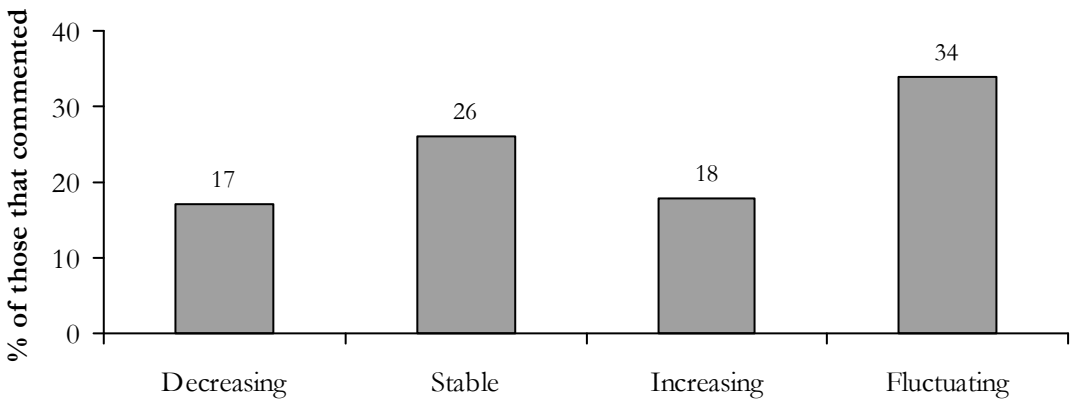
Table 12: Participant reports of changes in ecstasy purity in the past six months, by state, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Purity change (%)									
Don't know	**4**	5	0	4	4	1	5	9	6
Increasing	**18**	18	19	20	29	11	32	13	9
Stable	**26**	34	34	31	16	29	13	18	28
Decreasing	**17**	26	12	18	12	21	16	21	15
Fluctuates	**34**	17	35	27	39	37	34	39	42

Source: PDI interviews 2004

As with the reports of current purity, there was little consistency, with a quarter reporting purity as stable (26%), a third as fluctuating (34%) and smaller proportions reporting an increase (18%) or decrease (17%) in the purity of the ecstasy (Figure 6).

Figure 6: National REU reports of recent change in purity of ecstasy, 2004



Source: PDI interviews 2004

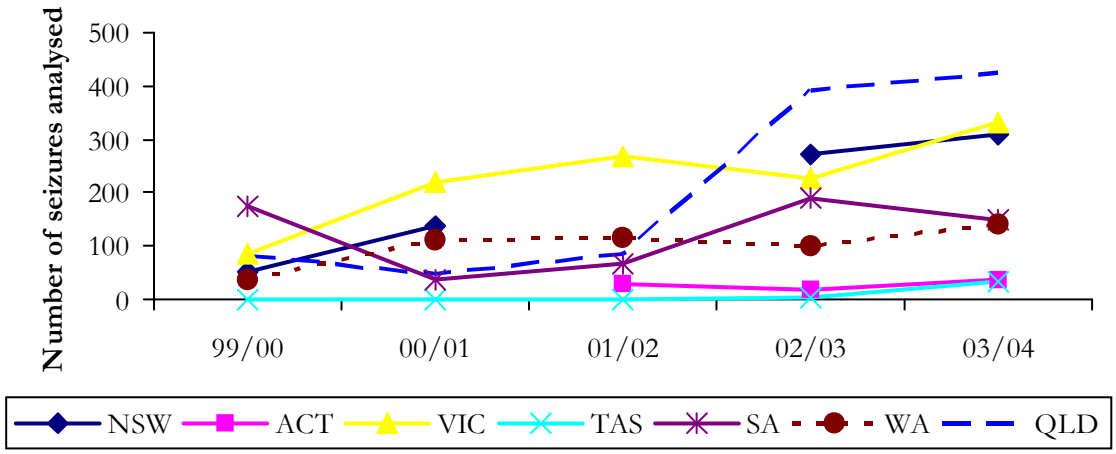
Estimates of purity are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide objective evidence regarding purity changes, and should therefore be considered in addition to the subjective reports of users. However, 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 analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures provided remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state police and Australian Federal Police (AFP) seizure data including number and weight of seizures. In 1999-2000 the purity was reported as 'ecstasy'

seizures. Since 2000-01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission 2003) and seizures of these drugs are included in the seizure data from 2000-01.

The number of State Police seizures analysed has increased over time and has remained stable in 2003/04 (Figure 7). The NT is not included on the graph. In TAS there was one seizure analysed in 00/01 and 01/02, three in 02/03 and increased in 2003/04 to 33. In the NT there was eleven phenylethylamine seizure analysed in 01/02 and 02/03 and none in 2003/04. From figures 7 to 10 below the following caveat applies; figures do not represent the purity levels of all phenethylamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

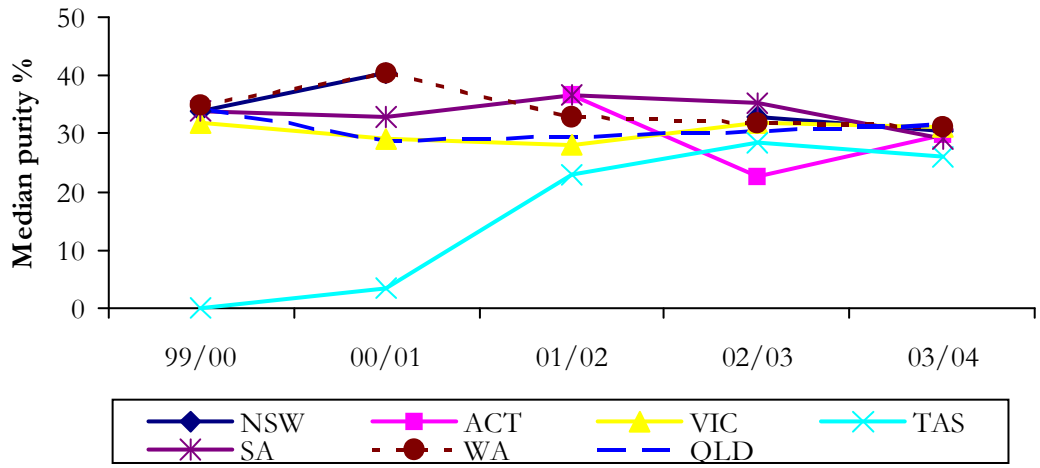
Figure 7: Number of phenethylamines* State Police seizures, by jurisdiction, 1999/00 to 2003/04



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). *1999/2000 indicates detection of MDMA, in 2000/01 the category changed to phenethylamines

The median purity of the State Police seizures analysed indicates that generally purity has remained relatively stable around 30% purity (Figure 8).

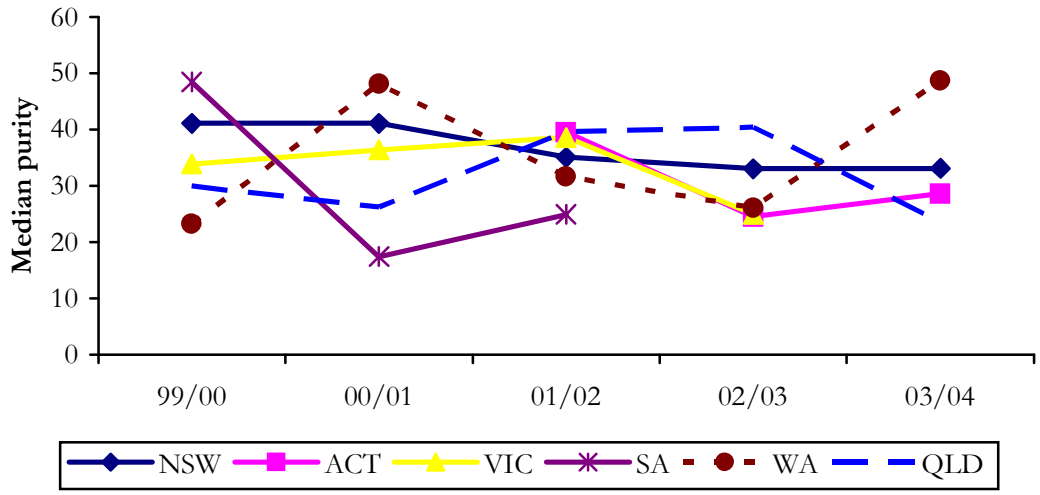
Figure 8: Median purity of State Police phenethylamines* seizures, by jurisdiction, 1999/2000 to 2003/2004



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). *1999/2000 indicates detection of MDMA, in 2000/01 the category changed to phenethylamines

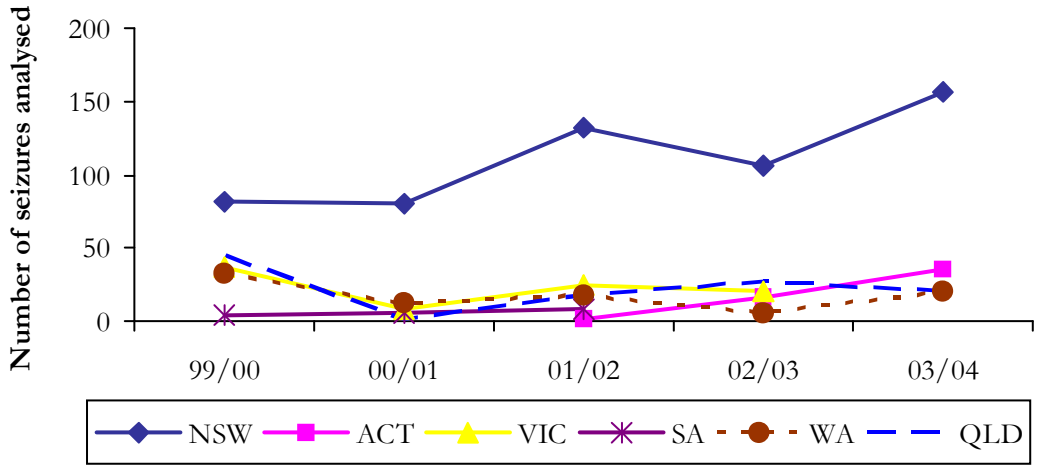
The majority of AFP seizures are likely to be from targeted, higher level operations than those made by State Police, so it might be expected that AFP seizures would be of higher purity (Figure 9). Figure 10 presents the number of AFP phenethylamines seizures over time by jurisdiction except the NT and TAS.

Figure 9: Median purity of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 to 2003/2004



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). *1999/2000 indicates detection of MDMA, in 2000/01 the category changed to phenethylamines

Figure 10: Number of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 to 2003/2004



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). *1999/2000 indicates detection of MDMA, in 2000/01 the category changed to phenethylamines

4.6 Availability

All but four participants in the national sample were able to comment on the availability of ecstasy. In 2004 the category `moderately easy' was not included in the survey. Over nearly a third (63%) of the national sample considered ecstasy to be 'very easy' to obtain and 32% considered it to be 'easy'. Only 5% reported that ecstasy was 'difficult' and less than one percent did not know. The majority reported that the availability had either remained stable (64%) or become easier (18%) to obtain in the six months preceding interview.

In all jurisdictions, almost all participants described ecstasy as 'very easy' or 'easy' to obtain, and agreed that availability had either remained stable or easier to obtain.

Table 13: REUs' reports of availability of ecstasy in the preceding six months, 2004

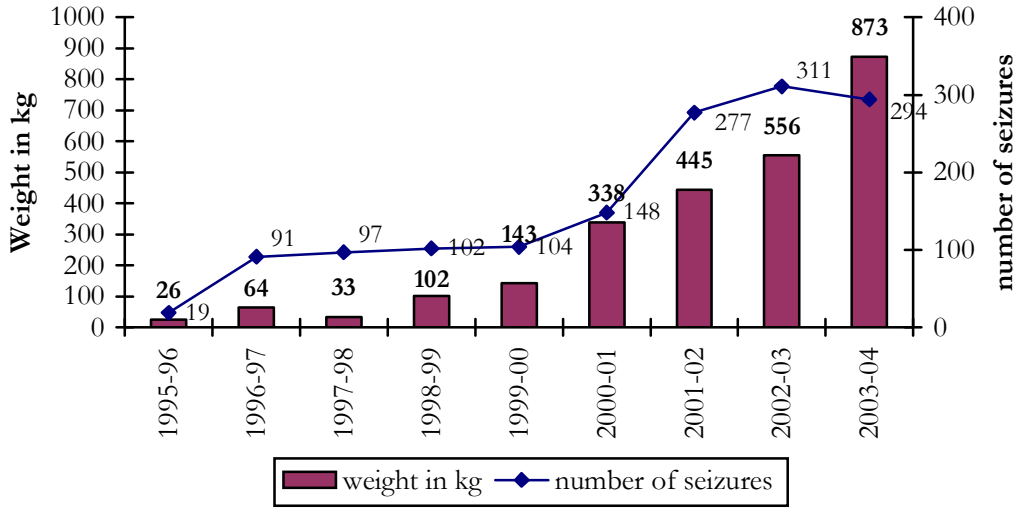
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability of ecstasy (%)									
Don't know	**<1**	1	0	0	0	0	1	0	2
Very easy	**63**	67	55	70	68	56	54	58	69
Easy	**32**	28	43	26	25	41	38	27	26
Difficult	**5**	4	2	4	7	3	6	16	3
Very difficult	**0**	0	0	0	0	0	1	0	1
Change in ecstasy availability (%)									
Don't know	**3**	0	0	0	3	4	7	0	4
More difficult	**8**	13	4	9	10	9	5	10	6
Stable	**64**	72	67	76	43	60	64	68	64
Easier	**18**	14	24	12	34	18	15	20	13
Fluctuates	**7**	0	4	3	10	9	9	3	12

Source: PDI interviews 2004

4.6.1 Ecstasy seizures at the Australian border

Data from the Australian Customs Service suggests an increase in the number and weight of seizures of ecstasy in recent years. The weight presented is the weight of the tablets, not the weight of the active drug MDMA. It appears the number of seizures of ecstasy tablets is gradually increasing with 294 detections of MDMA at the Australian border in 2003/04 weighing a record 873 kg (Figure 11).

Figure 11: Number and weight in kilograms of detections of MDMA at the Australian Border, financial years 1995/96 to 2003/04



Source: Australian Customs Service 2004

Real ecstasy (MDMA) is generally thought to be imported through West Germany, Belgium, France and Holland, while locally produced tablets generally do not contain MDMA.

4.7 Ecstasy related harms

4.7.1 Law enforcement

A number of jurisdictions do not differentiate between arrests associated with amphetamine type stimulants and phenylethylamines, the class of drug to which ecstasy belongs (Australian Crime Commission 2003). Therefore the data provided by the ACC reports arrests for ecstasy under amphetamine type stimulants. This data is presented in the methamphetamine section as more arrests are likely to be methamphetamine related.

Information on criminal activity and arrests among the 2004 national REUs sample is presented in Section 14.0.

4.7.2 Treatment for ecstasy

Although ecstasy users do not typically come into contact with health professionals, and few of the REUs were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

Of the 123,032 closed drug treatment episodes in Australia in 2002-03 (not including pharmacotherapy), 0.3% nominated ecstasy as their *principle* drug of concern: a total of 369 treatment episodes for the treatment of ecstasy related problems (AIHW (Australian Institute of Health and Welfare) 2004). Half of those receiving treatment for their ecstasy use were aged between 20-29 years. Clients may have been seeking treatment for more than one drug type.

4.8 Benefit and risk perception

For the second year running participants in the 2004 sample were asked to describe the risks and benefits they perceived to be associated with taking ecstasy. They were asked if they thought there were risks or benefits associated with taking ecstasy and if so they specified the risks.

4.8.1 Perceived benefits

Participants nominated a wide variety of benefits associated with taking ecstasy. Ninety five percent of the participants identified at least one benefit. A range of benefits were reported.

Participants commonly reported social benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy.

There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten user's sensations.

The state reports provide more detailed analysis on the perceived benefits of ecstasy use.

4.8.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking ecstasy. The majority (87%) identified that there was some risk associated with ecstasy use and a range of potential health and other risks were identified. Participants often nominated more than one issue. However ten percent of the national sample reported there were no risks with taking ecstasy, 3% were unsure and data were missing for two participants.

Participants were not asked whether they knew of these risks prior to taking the drug or if these perceived risks would deter them from taking drugs in the future.

There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

The state reports provide more detailed analysis on the perceived risks of ecstasy use.

4.9 Jurisdictional trends in ecstasy use

4.9.1 NSW

Ecstasy users start using the drug in their late teens, although reports from some KE suggest that the age of initiation is decreasing. All participants typically consume ecstasy orally although more than half reported recently snorting.

A wide range of patterns of ecstasy use were reported, however, most reported using the drug between monthly and weekly.

More than a quarter (28%) of the sample recently used ecstasy on a continuous basis for 48 hours or more without sleep, although prevalence of this pattern of binge use decreased compared to previous years. More than eighty percent of REUs typically use more than one tablet per use episode. A significant minority of REUs have recently used four or more tablets in a single use episode.

Median price of ecstasy was reported to be $35, which has remained stable since 2001.

User and KE reports of ecstasy purity are inconsistent although purity of seizures made by AFP were 33% and NSW police were 31% in 2003/04.

Both users and KE have consistently reported that ecstasy is 'very easy' to obtain since 2000.

Comparable to previous years, the majority of participants continued to obtain ecstasy from friends and purchased ecstasy from friends' houses.

Recorded number of offences relating to the use/possession and dealing/trafficking of ecstasy has increased since 2000, although they have remained stable over the preceding 12 months.

The number of telephone enquiries received by the Alcohol and Drug Information Service and Family Drug Support relating to ecstasy has remained relatively stable over time. Other health related indicator data suggest fluctuations in the number of users seeking treatment for their ecstasy use, with peaks occurring in the earlier months of the year (usually associated with the 'party season').

The most commonly identified benefits perceived to be related to ecstasy use was enhanced mood and interaction with others. The most commonly identified risks of ecstasy use were related to the potential physical and psychological harms.

4.9.2 ACT

The primary mode of ecstasy administration was swallowing, although two thirds of the sample also reported having snorted ecstasy in the past six months. Small proportions of the sample also reported having smoked, shelved or injected ecstasy in the preceding six months.

Approximately one third of the sample reported bingeing on ecstasy and related drugs in the preceding six months. Two thirds of the sample typically used more than one tablet

each time they took ecstasy, and almost half the REUs interviewed had used more than four tablets in a single episode of use in the past six months.

Almost the entire sample reported that they typically used other drugs in combination with ecstasy, and eight in ten typically used other drugs to facilitate the 'comedown' from ecstasy. Of those participants who reported drinking alcohol when taking ecstasy, two thirds reported excessive alcohol use (having more than five standard drinks) when they consumed ecstasy.

The median price of ecstasy is the ACT is currently $35 per tab. The majority of participants believed the current purity of ecstasy to be 'medium' to 'high'. Almost the entire sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT, and the majority of participants believed the availability of ecstasy to have remained stable in the past six months. Ecstasy was primarily obtained through friends and dealers.

Ecstasy users identified a number of both risks and benefits that they believed to be associated with their own ecstasy use. The most commonly reported benefits of taking ecstasy were: enhanced communication and sociability; enhanced closeness and bonding with others, and enhanced mood. Conversely, the most frequently reported risks associated with ecstasy use were: damage to brain function; unknown contaminants; fatal overdose and depression.

4.9.3 VIC

Ecstasy was the drug of choice for 44 % of the VIC participants and tended to be was used for the first time during late-teenage years, with regular use typically occurring soon after. A wide range of patterns of ecstasy use were reported in terms of frequency of use and amounts used, with REUs reporting ecstasy use on a median of 15 days in the six months preceding interview, with two tablets used in a typical session. Ecstasy was most commonly swallowed, although nearly three-quarters of participants reporting snorting ecstasy in the preceding six months.

Polydrug use was the norm among REUs in Victoria, with nearly all participants typically reporting use of other drugs (most commonly tobacco, alcohol, speed and cannabis) in conjunction with ecstasy, and a substantial proportion reporting the use of other drugs during the recovery period.

REUs purchased ecstasy for a median of $30, a price that was reported to have remained stable in the six months preceding interview.

There was inconsistency in reports of the purity of ecstasy in Victoria. Although the majority of participants reported medium to high purity, a substantial proportion reported that the purity of ecstasy tended to fluctuate. Ecstasy was reported to be readily available, with nearly all participants reporting that it was 'very easy' or 'easy' to obtain. Ecstasy was typically sourced from friends and dealers in their homes or at nightclubs.

REUs identified a number of risks and benefits associated with ecstasy use. The perceived benefits of ecstasy use included enhanced mood, communication and sociability and the perceived risks of ecstasy use were cognitive impairment, emotional problems and acute physical harms.

4.9.4 TAS

Most participants in Tasmania had first used ecstasy at around 20 years of age and three quarters had been using ecstasy for two years or more.

Ecstasy was typically used on a fortnightly basis with an average of two tablets taken orally in a typical session. One quarter used ecstasy on a weekly basis or more frequently and two thirds typically used more than one tablet in a typical session of use.

Frequency of use was slightly lower but the amount used in a typical session and the proportion using more than one tablet per session was slightly greater in comparison to the 2003 sample.

Males tended to use larger amounts in a typical session in comparison to females, but there were no sex differences in the frequency of use. One third had recently used ecstasy in a binge session or a continuous 48 hour period of drug use without sleep.

The majority of REUs had typically used other drugs in combination with ecstasy. Alcohol cannabis and tobacco were most commonly used and one quarter typically used methamphetamine when under the influence of ecstasy. Over two thirds of the sample typically consumed more than five standard drinks in combination with ecstasy, compared to less than half in 2003.

The median price for one tablet of ecstasy was $40 compared to $50 in 2003. Several key experts also indicated a decrease in the price of ecstasy over the last six to twelve months. Ecstasy was typically purchased from friends.

Regular users and key experts indicated that the purity of ecstasy is currently either fluctuating or high and had recently either fluctuated or increased.

Both key experts and REUs indicated that ecstasy is 'easy' or 'very easy' to obtain and that recent availability had remained stable or increased.

4.9.5 SA

Over the last five years there has been little change in parameters of ecstasy use, with the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, all remaining relatively stable across this period.

There has, however, been a gradual increase in the proportion using more than one tablet in a typical session, to the point that in 2004 this was reported by the majority of the sample (84%) compared to less than half the sample in 2000 (44%).

A large proportion of the samples have consistently reported binge use of ecstasy across this time, with almost half the sample having done so in 2004.

REU mainly use ecstasy by swallowing, with substantial proportions also reporting recent use by snorting.

Most REU report typically using at least one other drug either *with ecstasy* or *at comedown,* with tobacco, alcohol, cannabis and some form of methamphetamine reported as most commonly used *with ecstasy*, and tobacco, alcohol, cannabis, and to a lesser extent, benzodiazepines being most commonly used *at comedown*. There were reductions in the

proportions of REU reporting recent use of alcohol, either *with ecstasy* or *at comedown*, in 2004, compared to 2003.

Ecstasy continued to be used most commonly at nightclubs, raves/dance parties, private parties or at people's homes.

The price of ecstasy was stable and availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend.

The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2004, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2004 was 29%, a slight decrease compared to 2003.

Information provided by SAPOL suggests that local manufacture of MDMA has taken a foothold in SA.

The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness & empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood.

The most commonly perceived risks associated with taking ecstasy were some kind of physical harm, psychological harm or neuropsychological harm.

4.9.6 WA

No significant differences were found in any of the variables regarding patterns of use across the survey years of 2003 and 2004. In the current year, ecstasy was the drug nominated by the highest proportion of respondents as the 'drug of choice' (44%). It was used a median of 12 (range 0.5-21) days with 61% reporting that they typically used more than one tablet during a use period. The 38% who reported having binged on ecstasy was the same as that reported in 2003.

In terms of frequency of use, 21% used ecstasy weekly or more often. A higher proportion of respondents (46%) used ecstasy monthly but less than fortnightly, followed by 33% who used fortnightly but less than weekly. According to key experts, the frequency of use varies and depends on many factors such as the event, the quality of the drug, and individual factors.

Few respondents reported having ever injected ecstasy (14%) and the majority of respondents (93%) reported that they typically used the drug orally. All key experts reported the drug as being taken orally with one reporting that snorting occurs occasionally. Underscoring the polydrug using behaviour among the group was the fact that the majority of respondents reported typically using other drugs with ecstasy (86%) and during the acute recovery period after ecstasy use (80%).

The median price of ecstasy reported in 2004 was $50 (range 25-60) per tablet. This price was rated as having remained stable during the previous 6 months by 62% of respondents. This was followed by 19% who rated the price as having decreased.

The current purity of ecstasy was rate as 'high' by the highest proportion of respondents (48%). However, this was followed by one quarter (25%) of respondents reporting it 'fluctuating'.

In terms of respondents' assessments of changes in purity during the previous 6 months, 34% reported it as 'fluctuating', although this was closely followed by 32% who rated purity of ecstasy as having increased

Ecstasy was described as being 'very easy' to get by 54% of respondents, not significantly different from the 61% who reported it as being 'very easy' during 2003. Many respondents (64%) in the 2004 survey year reported the availability situation as having remained unchanged or 'stable' during the past 6 months.

Eighty nine percent reported that benefits were derived from taking ecstasy. Respondents were then asked to list up to three of the biggest benefits they believed to be associated with their personal use of the drug. The first benefit reported by respondents was enhanced closeness (47%), followed by enhanced communication (21%). Smaller proportions of respondents nominated other perceived benefits of ecstasy use.

In terms of perceived risks associated with ecstasy use, 86% of respondents reported that risks did exist. Similar to the perceived benefits, respondents were then asked to list up to three of the biggest risks they believed to be associated with their use. The first risk reported by respondents were depression and damage to brain function were both reported by 16% of respondents. Various other risks were reported by smaller proportions.

4.9.7 NT

On average, the sample of REUs started to use ecstasy at 19 years, and began using it regularly when they were 20 years.

Patterns of ecstasy use varied. A fair proportion reported using ecstasy more than weekly (39%), with most typically using two tablets, or three in a heavy episode. Almost half of the users interviewed reported that ecstasy was their favourite drug (47%) and that they had binged with ecstasy (44%).

The most common recent route of administration for ecstasy was swallowing (89%), with small proportions (3%) mainly injecting it.

Ecstasy was most commonly purchased in tablet form for $50 and two thirds of users said the price was 'stable' in the six months preceding interview.

Most users said that the current purity of ecstasy was 'medium' or 'high' and that this had been 'fluctuating' over the past six months.

Most users reported the availability of ecstasy as 'very easy' and that this had been 'stable' over the past six months.

A majority of users said they scored ecstasy from a friend at a nightclub and most REUs reported that they usually used ecstasy at nightclubs.

Almost one fifth of the sample obtained an SDS score indicative of problematic or dependent use.

The most common perceived benefits associated with ecstasy use were enhancement of mood and fun. The most common perceived risk with ecstasy use was to the unknown drug contaminants or cutting agents in the tab.

4.9.8 QLD

Ecstasy was typically used once a week in the last six months and n a typical session two tabs were consumed. The most common route for the administration of ecstasy was swallowing (83%). Eighty nine percent of participants reported using other drugs with ecstasy and 75% reported using other drugs to come down from ecstasy

The most common locations where ecstasy was reported to be usually used in were nightclubs (77%), private parties (60%), friends homes (56%). The most common last use venue was nightclubs (34%).

In 2004, the median reported price of an ecstasy tablet was $35 which was the same as in 2003. Over half (53%) of participants reported that this price was stable Employment was the most common used to fund ecstasy purchases (81%) though 65% reported obtaining ecstasy as a gift.

A third (33%) of participants reported current ecstasy purity as medium, 27% as high and 24% as fluctuating. Participants most commonly reported (42%) ecstasy purity as fluctuating in the last six months.

Almost all participants (95%) of respondents reported ecstasy was current 'easy' or 'very easy' to obtain and 64% reported their access had remained stable in the last six months.

4.10 Summary of ecstasy trends

- The median age first used ecstasy was 18 years, and they reported a median duration of use of four years. There was no significant difference between gender and age first used ecstasy.

- All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years.

- In the six months prior to interview participants had used ecstasy fortnightly.

- The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy

- Two thirds (69%) of the national sample reported that they typically used more than one tablet in a session.

- During their 'heaviest' use episode in the preceding six months, participants reported using a median of four tablets.

- Over a third (38%) of the national sample reported bingeing on ecstasy, the median length of time was three days.

- The median price of a tablet of ecstasy ranged from $30 in VIC to $50 in the NT and WA.

- The majority of the REUs in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months. Around a quarter of the participants in NSW and QLD reported a recent decrease in price.

- Over half of the sample (60%) reported that the purity was medium to high while a quarter (27%) reported that purity fluctuates. A third reported the purity as fluctuating (34%) and a further 26% reported it as stable.

- The median purity of the State Police seizures analysed indicates that generally purity has remained relatively stable around 30% purity. The number of seizures analysed by State Police has increased over time and has remained stable in 2003/04.

- In all jurisdictions, almost all participants described ecstasy as 'very easy' or 'easy' to obtain, and agreed that availability had either remained stable or easier to obtain over the preceding six months.

- Participants nominated a wide variety of benefits associated with taking ecstasy, with 95% reporting at least one benefit. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten users sensations.

- The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

5.0 METHAMPHETAMINE

Amphetamine sulphate was traditionally the form of illicit amphetamine available in Australia throughout the 1980s (Chesher 1993). Legislation was introduced in the early 1990s to curtail the distribution of the main precursor chemicals to manufacture amphetamine sulphate (Wardlaw 1993) and as a result manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate) steadily increased, until methamphetamine dominated the market. In the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence 2002).

In Australia, the powder traditionally known as 'speed' is generally methamphetamine rather than amphetamine. The more potent forms of methamphetamine are known by terms such as ice, shabu, crystal meth, base and paste, and were identified by the 2000 IDRS as becoming more widely available and used in Australia among injecting drug users (Topp, Kaye et al. 2002). These drugs are also used among REUs.

This report distinguishes between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms; methamphetamine base ('base') and crystalline methamphetamine ('crystal'). 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base, like speed, is thought to be manufactured in Australia. 'Crystal' (also called ice, shabu, or crystal meth), is a crystal or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. Crystal is thought to be manufactured in Asia and imported (Topp and Churchill 2002).

5.1 Methamphetamine use among regular ecstasy users

5.1.1 Methamphetamine Powder (Speed)

Six percent of the national sample reported that methamphetamine powder (speed) was their drug of choice. The majority (85%) of participants in the 2004 national sample reported lifetime speed use and about three quarters (68%) had used speed in the preceding six months (Table 14). Those who had used speed reported first using it at mean age 19 years (SD 4.1, range 9-54).

Seventeen percent of the national sample reported that they had injected speed at some time (Table 14). Of those that reported injecting speed, the median age first injected was 19.7 years (SD 5.3, range 12-50). Nine percent of the national sample reported injecting speed powder in the six months preceding interview.

Among participants that reported using speed in the six months prior to interview, snorting (79%) was the most common route of administration for speed, followed by swallowing (70%). Smaller proportions reported recently smoking (17%) or injecting (14%) speed (Table 14).

Of those that used speed the median number of days used was six (once a month), ranging from having used once to daily use. Nearly half (45%) used less than once a month; 30% used speed between monthly and fortnightly; 12% between fortnightly and weekly and 13% used speed more than once a week.

The median amount of speed used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-5). Recent speed users reported using a median of one gram (range 0.1-20) during their 'heaviest' use episode. Sixteen percent had used two grams or more in a single occasion in the last six months. Over half (54%) of those that reported bingeing had used speed in their binge.

Speed use was also quantified in terms of points, with 206 recent speed users reporting using a median of two points in a heavy session (range 0.2 to 10) and 248 users reporting a median of one point used in a typical session (range 0.1-8).

Recent speed users also reported using lines of speed, with 55 participants reporting a median of two lines used in a heavy session (range 0.5 to 8 lines) and 60 reporting a median of two lines used in a typical session (range 0.5 to 10 lines).

Table 14: Patterns of methamphetamine powder (speed) use among REUs, 2004

	National N=852	**NSW n=104**	**ACT n=116**	**VIC n=100**	**TAS n=100**	**SA n=100**	**WA n=100**	**NT n=71**	**QLD n=161**
Ever used (%)	**85**	98	87	98	82	86	88	83	65
Ever injected	**17**	14	7	14	13	21	18	33	21
Used last six months (%)	**68**	81	64	92	68	62	78	72	42
Snorted*	**79**	95	85	91	63	79	81	73	55
Swallowed*	**70**	66	60	65	85	79	56	79	79
Injected*	**14**	7	4	10	9	10	17	31	28
Smoked*	**17**	12	1	27	4	15	37	19	18
Median days used* last 6 mths (range)	**6 (1-180)**	6 (1-96)	4 (1-50)	8 (1-150)	5 (1-48)	6 (1-180)	7 (1-180)	6 (1-165)	6 (1-180)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

Speed users reported they usually score from friends (69%), known dealers (44%), acquaintances (16%), workmates (7%) and an unknown dealer (8%). This was quite consistent across jurisdiction (Table 15). One person also reported that they had scored speed from a family member.

The location where users scored speed reflects who they scored from, with half (50%) reporting scoring from their friend's home or their own home (24%). Speed was also bought from their dealer's home (33%). Others reported scoring speed in nightclubs (18%), at an agreed public location (18%), at raves (16%), pubs (8%), off the street (4%) and at work (3%, Table 15). Small numbers mentioned scoring at a private party (n=5), school (n=3), in a car (n=3), at a university (n=2) and at an acquaintances house (n=2).

Hotel (n=1) and a gay beat (n=1) were also mentioned. Two people reported that it was delivered and one person did not specify venue.

Table 15: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Scored from (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Friends	69	55	64	80	63	62	84	66	72
Known Dealers	44	45	40	51	39	29	52	53	46
Acquaintances	16	7	22	19	9	15	23	13	26
Workmates	7	3	2	7	9	9	3	9	12
Unknown dealers	8	3	2	12	1	2	26	9	10
Locations scored (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Friends' home	50	35	55	56	47	51	63	45	46
Dealer's home	33	33	35	41	28	24	40	30	28
Nightclub	18	8	16	31	11	13	21	26	20
At own home	24	12	26	36	18	16	29	26	28
Agreed public location	18	15	18	15	1	15	39	23	20
Raves*	16	8	9	29	17	7	24	11	14
Pubs	8	3	9	5	3	9	10	13	12
Street	4	0	2	4	6	4	7	4	10
Work	3	2	0	4	7	2	2	0	10

Source: PDI interviews 2004 * includes `doofs' and dance parties

Table 15: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Nightclub	64	75	62	75	52	62	55	68	68
Raves*	52	52	40	76	73	46	45	23	46
Private party	40	33	47	41	35	51	48	36	26
Friends' home	47	37	47	45	47	64	57	36	38
At own home	45	35	46	48	37	46	48	47	56
Pubs	27	30	27	27	21	26	36	32	22
Dealer's home	11	8	13	15	9	13	11	9	10
Restaurant/café	3	2	2	3	4	4	3	9	2
Public place	10	12	11	12	1	7	19	6	8
Vehicle – passenger	14	8	18	27	1	11	26	6	8
Vehicle – driver	9	7	11	17	0	7	10	9	10
Outdoors	14	10	9	19	9	15	19	17	14
Live music event	23	18	35	29	20	26	31	11	14
Work	11	12	6	16	6	9	8	17	12
Last use venue (%)									
(% who commented)	(n=472)	(n=60)	(n=54)	(n=74)	(n=70)	(n=55)	(n=62)	(n=47)	(n=50)
Nightclub	25	32	20	31	21	18	18	32	30
Friends' home	18	17	20	14	14	22	24	15	20
At own home	18	15	19	19	13	18	23	28	16
Raves*	14	13	9	18	30	20	8	4	4
Private party	8	3	9	7	9	7	15	9	6
Pubs	5	8	7	4	1	4	3	6	10
Work	3	7	0	3	1	2	3	2	2
Dealer's home	1	0	0	1	0	2	0	2	0
Agreed public place	<1	2	0	0	0	0	0	0	0

Source: PDI interviews * includes `doofs' and dance parties

Speed was usually used in a range of locations, most commonly in nightclubs, raves, private party, friend's home or at own home (Table 15). Recent speed users also reported using speed at a live music event (23%), in a vehicle as a passenger (14%), outdoors (14%), at a dealer's home (11%), at work (11%) in a public place (10%), while driving a vehicle (9%) and at a restaurant/café (3%). Other locations mentioned included hotel room (n=4), shopping centre (n=2), bush walking (n=1), sporting venues (n=1), and a sex venue (n=1). The beach (n=1), a sauna (n=1), gay beats (n=1), on an aeroplane

(n=1), in a parked car (n=1), pool hall (n=1), acquaintance house (n=1), movies (n=1) were also mentioned as locations where speed had recently been used.

REUs were also asked where they had last used speed. One fifth had last used speed in a nightclub (25%) followed by a friends home (18%) and their own home (18%). Raves (14%), private parties (8%), pubs (5%) and at work (3%) were also commonly reported (Table 15). One percent or less reported in a dealer's home and or an agreed public place. Other locations speed had last been used were at a sporting event (n=1), football club (n=1), acquaintances house (n=1), university (n=1), hotel room (n=1), wedding (n=1) and in a gay beat (n=1).

5.1.2 Methamphetamine Base

Only three percent (n=24) of the national sample reported that methamphetamine base (base) was their drug of choice. Over half (53%) of participants in the 2004 national sample reported lifetime use of base and over a third (39%) had used base in the six months preceding interview (Table 16). The median age of first use, among those that reported using base, was 21 years (range 12-50).

Fourteen percent of the national sample reported that they had injected base at some time (Table 16). Of those that reported ever injecting base, the median age first injected was 23 years (range 13-50). Nine precent of the national sample reported injecting base in the six months preceding interview.

Of those that reported recent use of base, 73% swallowed, 34% snorted, 24% injected, and 10% smoked it. Of those that used base, the median number of days used was five, ranging from having used base once to daily use (Table 16). Over half (52%) used less than monthly; 24% used base between monthly and fortnightly; 8% between fortnightly and weekly and another 15% used base more than once a week.

Table 16: Patterns of methamphetamine base use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**53**	64	43	45	32	84	46	59	55
Ever injected	**14**	9	6	8	7	19	11	24	26
Used last six months (%)	**39**	39	31	34	20	72	31	45	39
Snorted*	**34**	40	28	44	15	38	58	34	18
Swallowed*	**73**	68	81	62	85	86	52	94	60
Injected*	**24**	13	8	18	30	13	29	22	51
Smoked*	**10**	10	11	18	5	7	26	9	5
Median days used* last 6 mths (range)	**5 (1-180)**	5 (1-36)	2.5 (1-72)	2.5 (1-48)	2.5 (1-24)	6 (1-180)	5 (1-160)	3 (1-180)	12 (1-180)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

The median amount of base used in a 'typical' or 'average' use episode in the preceding six months was one point (range 0.1-20). Recent base users reported using a median of two points (range 0.1-40) during their 'heaviest' use episode. Forty four percent had used over two points in a single occasion in the last six months. Twenty eight percent of those that reported recent bingeing had used base in their binge.

Base use was also quantified in terms of grams, with 62 recent base users reporting using a median of one gram used in a heavy session (range 0.1-10 grams) and 40 users reporting using a median of half a gram in a typical session (range 0.05-3 grams).

Like speed, base was commonly reported to be bought from friends (61%) and known dealers (51%). Smaller proportions had scored base from acquaintances (11%), persons unknown to them (7%) or from workmates (4%). As with speed, base was purchased from a range of locations, with private homes commonly reported; friends home (49%), dealers home (36%) and own home (25%). Base was also reported to be purchased at an agreed public location (26%), nightclub (12%), raves (8%), pubs (7%), on the street (5%) and at work (2%, Table 17).

Base was also used in a range of locations. When asked the usual location, they used in nightclubs (60%) was the most popular location followed by a friends home (54%), in their own home (49% and at raves (44%). A friend's home (22%) was reported as the main venue last used, followed by their own home (20%), at a nightclub (20%) and at a rave (14%, Table 17).

Table 17: Source, purchase location and use location of methamphetamine base by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Scored from (%)									
(% who commented)	(n=246)	(n=30)	(n=25)	(n=14)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Friends	61	43	80	50	45	72	71	52	59
Known Dealers	51	30	60	50	50	35	36	72	72
Acquaintances	11	10	12	7	10	11	14	16	8
Workmates	4	3	0	0	0	6	0	8	6
Unknown dealers	7	0	0	7	5	5	7	4	17
Locations scored (%)									
(% who commented)	(n=245)	(n=30)	(n=25)	(n=14)	(n=20)	(n=65)	(n=13)	(n=25)	(n=53)
Friends' home	49	47	64	43	40	54	31	36	51
Dealer's home	36	23	52	21	35	22	31	32	59
Agreed public location	26	13	16	21	20	23	46	28	38
At own home	25	7	40	14	10	22	23	32	36
Nightclub	12	0	4	36	10	12	8	24	11
Raves*	8	0	8	36	10	6	8	12	4
Pubs	7	7	0	7	0	5	15	24	6
Street	5	0	0	7	5	0	15	12	8
Work	2	3	0	0	0	2	0	0	6

Source: PDI interviews 2004 * includes `doofs' and dance parties

Table 17: Source, purchase location and use location of methamphetamine base by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=246)	(n=30)	(n=25)	(n=14)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Nightclub	60	50	64	80	50	57	54	60	66
Raves*	44	30	64	53	70	49	15	20	40
Private party	34	10	52	33	10	37	23	40	45
Friends' home	54	37	72	33	35	52	31	52	76
At own home	49	33	52	67	30	43	46	52	64
Pubs	26	7	36	7	5	31	23	40	36
Dealer's home	13	10	20	13	0	6	8	12	25
Restaurant/café	5	3	4	0	0	3	0	4	11
Public place	12	10	8	20	0	9	8	4	25
Vehicle - passenger	18	3	28	20	5	12	8	16	36
Vehicle – driver	11	10	12	13	0	9	1	4	21
Outdoors	13	10	8	20	5	9	8	12	26
Live music event	18	20	24	20	15	19	15	12	19
Work	9	7	4	7	0	9	0	8	19
Last use venue (%)									
(% who commented)	(n=245)	(n=30)	(n=25)	(n=14)	(n=20)	(n=65)	(n=13)	(n=25)	(n=53)
Nightclub	20	23	12	43	20	22	15	20	17
Friends' home	22	13	48	7	15	19	15	20	28
At own home	20	17	8	36	15	17	39	36	17
Raves*	14	13	16	14	35	20	0	4	8
Private party	5	3	8	0	0	2	0	12	9
Pubs	4	0	0	0	0	5	15	0	8
Work	2	3	0	0	0	2	0	4	6
Dealer's home	1	3	0	0	0	2	0	0	2

Source: PDI interviews 2004 * includes `doofs' and dance parties

5.1.3 Crystal Methamphetamine

Four percent (n=37) of the national sample reported that crystalline methamphetamine (crystal) was their drug of choice. Almost two thirds (63%) of participants in the 2004 national sample reported lifetime use of crystal and about half (45%) had used crystal in the six months preceding interview (Table 18). The median age of first use, among those that reported using crystal, was 20 years (range 13-58).

Thirteen percent of the national sample reported that they had injected crystal at some time (Table 18). Of those that reported injecting crystal, the median age first injected was 22 years (range 13-52). Seven precent of the national sample reported injecting crystal in the six months preceding interview.

Of those that reported recent use of crystal, two thirds (65%) smoked it, 45% swallowed, 32% snorted and 17% reported they had injected it in the six months prior to interview (Table 18).

Of those that reported recent use of crystal, the median number of days used was five, ranging from having used crystal once to daily use (Table 18). Over half (53%) used less than once a monthly; 26% used crystal between monthly and fortnightly; 10% between fortnightly and weekly and 11% used crystal more than once a week.

Table 18: Patterns of crystalline methamphetamine use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**63**	68	62	71	36	60	89	58	60
Ever injected	**13**	11	6	7	5	14	19	24	19
Used last six months (%)	**45**	46	39	52	16	47	80	35	42
Snorted*	**32**	21	33	35	13	32	56	28	15
Swallowed*	**45**	31	64	35	31	72	43	64	44
Injected*	**17**	15	4	10	6	15	19	24	29
Smoked*	**65**	81	38	83	69	30	92	32	65
Median days used* last 6 mths (range)	**5 (1-180)**	6 (1-120)	2 (1-13)	5.5 (1-96)	1 (1-18)	6 (1-180)	8 (1-180)	3 (1-60)	6 (1-180)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

The median amount of crystal used in a 'typical' or 'average' use episode in the preceding six months was one point (range 0.1-10). Recent crystal users reported using a median of two points (range 0.1-48) during their 'heaviest' use episode. Over a third (39%) of recent users reported having used two or more points in a single occasion in the last six months.

Crystal use was also quantified in terms of grams, with 45 recent crystal users reporting a median of one gram used in the heavy session (range 0.2 –7 grams) and 20 users

reporting a median of half a gram used in a typical session (range 0.25-1 gram). Crystal was commonly used among REUs in a binge with thirty seven percent of those that reporting bingeing having used crystal in their binge.

Table 19: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Scored from (%)									
(% who commented)	(n=300)	(n=34)	(n=29)	(n=37)	(n=18)	(n=40)	(n=69)	(n=23)	(n=50)
Friends	56	47	35	60	28	50	78	64	52
Known Dealers	42	53	31	38	0	28	51	36	58
Acquaintances	14	6	21	24	6	10	17	14	10
Workmates	2	0	0	0	0	0	4	5	4
Unknown dealers	8	3	3	5	0	5	13	5	14
Locations scored (%)									
(% who commented)	(n=300)	(n=34)	(n=29)	(n=37)	(n=18)	(n=40)	(n=69)	(n=23)	(n=50)
Friends' home	41	32	31	51	22	45	52	39	34
Dealer's home	31	32	21	32	0	23	39	22	46
Agreed public location	25	24	17	16	0	15	33	26	40
At own home	28	18	17	19	6	25	44	26	36
Nightclub	11	6	7	19	0	5	22	9	4
Raves*	6	0	3	8	6	0	15	13	2
Pubs	3	3	3	0	0	0	9	9	0
Street	3	0	0	0	0	0	6	9	8
Work	2	0	0	0	0	0	3	0	10

Source: PDI interviews 2004 * includes 'doofs' and dance parties

Table 19: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=300)	(n=34)	(n=29)	(n=37)	(n=18)	(n=40)	(n=69)	(n=23)	(n=50)
Nightclub	50	38	38	57	11	43	57	52	66
Raves*	37	27	38	54	28	28	46	13	38
Private party	33	15	21	41	6	38	46	26	38
Friends' home	53	53	41	49	39	43	68	30	64
At own home	47	62	24	51	6	53	57	30	52
Pubs	23	18	10	16	6	20	32	44	28
Dealer's home	11	3	0	14	0	3	16	9	24
Restaurant/café	3	0	0	5	0	3	4	4	2
Public place	11	12	7	14	0	8	19	0	10
Vehicle – passenger	17	12	0	41	0	8	22	4	28
Vehicle – driver	12	9	0	27	0	3	13	9	24
Outdoors	14	6	0	24	6	8	16	17	22
Live music event	14	3	7	19	6	10	28	13	10
Work	11	12	3	11	6	8	13	4	22
Last use venue (%)									
(% who commented)	(n=299)	(n=34)	(n=29)	(n=37)	(n=18)	(n=40)	(n=68)	(n=23)	(n=50)
Nightclub	13	15	21	11	6	13	10	17	16
Friends' home	25	21	28	27	33	18	31	9	28
At own home	27	41	10	24	6	30	29	39	26
Raves*	11	3	24	16	17	15	7	4	6
Private party	5	0	3	3	0	3	9	17	4
Pubs	2	0	0	0	0	5	3	0	2
Work	3	0	0	0	0	3	2	0	14
Dealer's home	1	0	0	3	0	0	0	0	2

Source: PDI interviews 2004 *includes `doofs' and dance parties

Over half of those who commented reported they scored crystal from their friends (56%), with known dealers also reported as a common source (42%, Table 19).

The location where users scored was reflective of who they source the drug from with most reporting they scored from friend's home (41%), followed by dealer's home (31%), their own home (28%) and an agreed public location (25%, Table 19).

Crystal was used in a variety of locations, the most common location of the last use of crystal was in private homes (friend's 25% or own home 27%, Table 19).

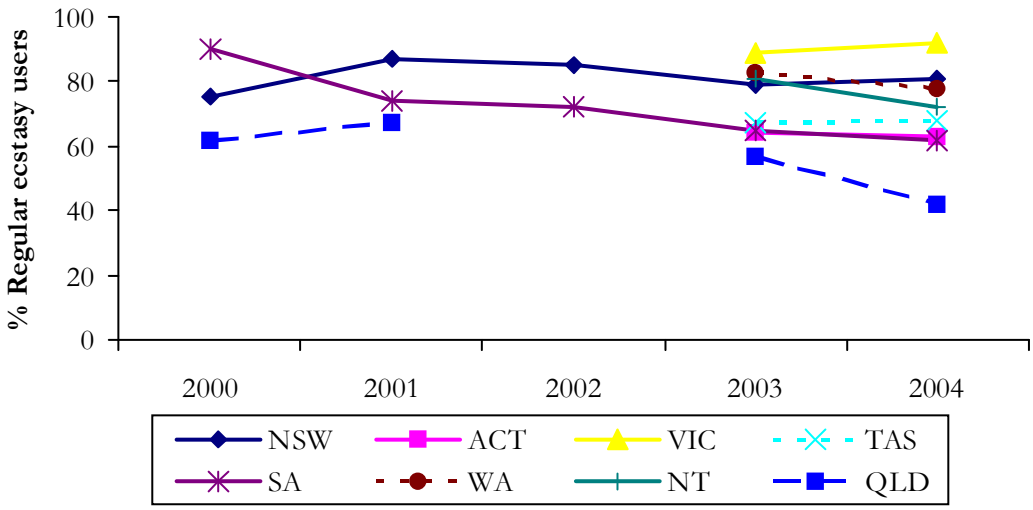
5.1.4 Trends over time

Figures 12, 13 and 14 graphically present the proportion of sample that reported recent use of the three forms of methamphetamine over time. In NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and in the remaining of states since 2003.

In the states where data had been collected previously (NSW, QLD and SA), the trends in methamphetamine were mixed. In NSW, the lifetime and recent use of speed has remained stable across sampling years (81% in 2004). Recent base use has increased over time although remained stable from last year (39% in 2004). Reports of recent crystal use and availability have increased over time and have remained stable in 2004. In SA over time there has been a gradual decrease in the recent use of speed. However, since the decrease in the recent use of base and crystal in 2003, recent use has remained stable in 2004. In QLD there were also decreases from 2001 in the proportion of REUs that reported recent use of all forms of methamphetamine (42% speed, 39% base, 42% crystal), while frequency of use remained relatively stable.

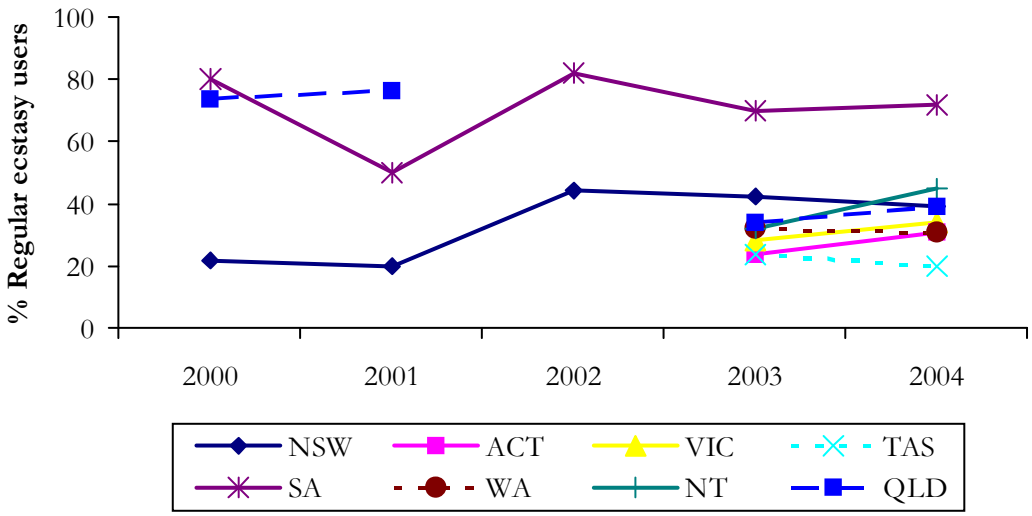
The recent use of speed in the others states remained stable except in the NT where it decreased (Figure 12). Recent base use increased in the majority of the other states (Figure 13). TAS has the most notable decrease in recent crystal use in 2004 (Figure 14).

Figure 12: Proportion of REUs that reported recent use of methamphetamine powder (speed) by jurisdiction, 2000 to 2004



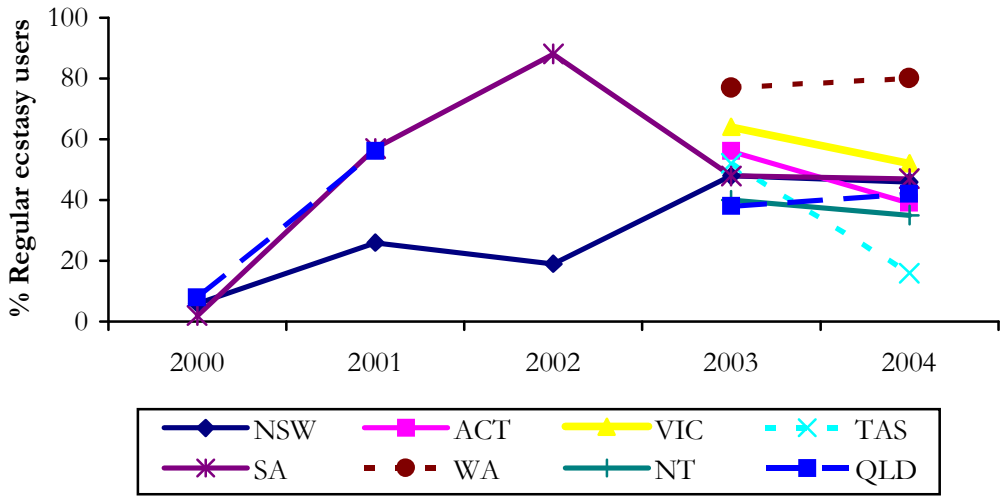
Source: PDI interviews 2004
Data not collected in QLD in 2002

Figure 13: Proportion of REUs that reported recent use of methamphetamine base by jurisdiction, 2000 to 2004



Source: PDI interviews 2004
Data not collected in QLD in 2002

Figure 14: Proportion of REUs that reported recent use of methamphetamine crystal (ice) by jurisdiction, 2000 to 2004



Source: PDI interviews 2004
Data not collected in QLD in 2002

5.2 Price

Participants were asked 'How much does methamphetamine (speed, base and ice) cost at the moment?' In most jurisdictions speed was commonly purchased in grams and points. The median price of a gram of speed varied by jurisdiction ranging from $50 a gram in SA to $300 a gram in TAS and WA (Table 20). The median price of a point of speed ranged from $25 (VIC, SA and QLD) to $50 (WA and the NT). Speed was also purchased in half grams in NSW for $30 ($20-$50). Four participants in VIC also reported purchasing a half a gram for $95 ($80-$120).

Fifty six percent (n=475) of the national sample commented on whether the price of speed had changed in the preceding six months. Over half (52%) reported the price of speed had remained stable in the preceding six months (Table 21).

Of those that commented on the current price of base, most participants referred to its purchase in 'points' (Table 20). The median price paid for a point of base varied across jurisdiction and was cheapest in SA and QLD ($25) and most expensive in TAS, WA and the NT ($50). Numbers that reported buying a gram of base in all jurisdictions but SA and QLD were small (n<10). Eighteen participants in SA reported buying a gram of base for a median price of $200 a gram (range $20-$220) and eleven participants in QLD reported buying a gram of base for a median price of $200 (range ($140-$200).

Twenty nine percent (n=247) of the national sample commented whether there had been changes in the price of base. Of those who were able comment, over half (60%) reported the price of base had remained stable in the preceding six months. Eleven percent thought the price of base had decreased (Table 21). Substantial proportions in all jurisdictions were not able to comment on whether there had been a change in price in the preceding six months, probably reflecting low rates of use of this drug and therefore low level of awareness of trends in the market.

Points were the most common purchase amount for crystal methamphetamine with twenty three percent of the national sample (n=197) referred to the purchase of crystal in terms of points (Table 20). The median price paid for a point of crystal ranged from $25 in SA to $50 in WA, TAS and the NT. Numbers that reported buying a gram of crystal in all jurisdictions but SA and VIC were small (n<10). Fourteen participants in SA reported buying a gram of crystal for a median price of $200 ($100-$325) and eleven participants in VIC reported buying a gram of crystal for $290 (range $120-$400).

Table 20: Median price of various forms of methamphetamine by jurisdiction, 2004

Median price	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Speed Gram	n=24 $60 (30-90)	n=23 $80 (40-300)	n=34 $180 (50-250)	n=18 $300 (50-400)	n=35 $50 (30-250)	n=22 $300 (200-500)	n=25 $100 (50-700)	n=25 $180 (20-240)
Point	n=2 $30 (20-40)	n=21 $30 (25-50)	n=34 $25 (15-50)	n=49 $40 (25-55)	n=15 $25 (10-25)	n=22 $50 (50-100)	n=14 $50 (30-80)	n=18 $25 (15-50)
Base Point	n=12 $37.50 (20-70)	n=21 $40 (30-80)	n=6 $28.75 (25-50)	n=14 $50 (40-200)	n=46 $25 (20-180)	n=6 $50 (25-50)	n=14 $50 (15-80)	n=32 $27.50 (15-50)
Crystal Point	n=28 $40 (40-100)	n=18 $47.50 (10-100)	n=20 $40 (25-50)	n=11 $50 (40-75)	n=25 $25 (20-300)	n=43 $50 (30-180)	n=14 $50 (35-100)	n=38 $40 (20-60)

Source: PDI interviews 2004

Thirty five percent (n=300) of the national sample commented on price change for crystal. Of those that comments a quarter (23%) did not know if the price had changed in the six months preceding interview. Substantial proportions in all jurisdictions did not know if the price had changed ranging from 7% in WA to 67% in TAS. This may reflect recent users of this drug. The median duration of crystal use was two years for those that reported crystal use in the last six months, with 22% having first used the drug less than a year before the time of interview.

Forty seven percent of those who commented reported the price of crystal had remained stable. This varied across jurisdiction ranging from 22% in TAS to 64% in WA. Thirteen percent of those that commented reported that the price had decreased and 10% reported that the price had increased in the six months preceding the interview (Table 21).

Table 21: Price changes of methamphetamine by jurisdiction, 2004

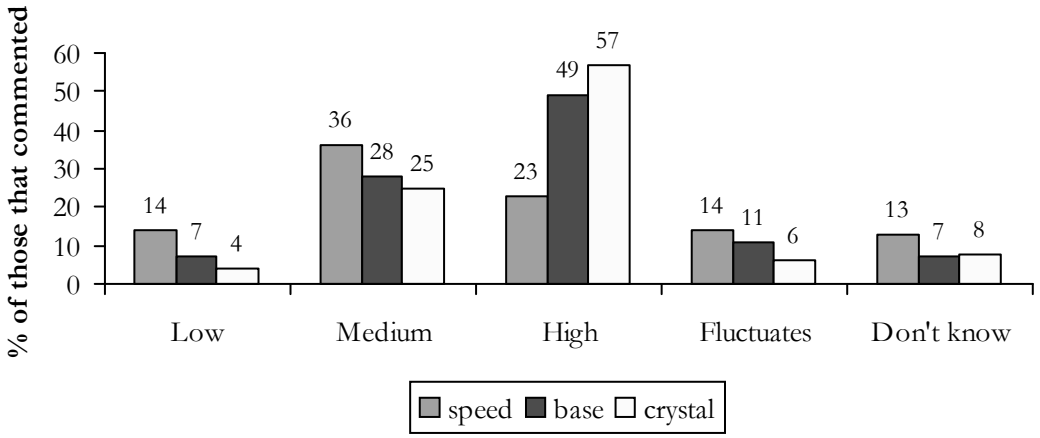
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Speed price changes									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Don't know	23	15	29	20	38	26	16	17	20
Decreased	11	17	20	19	1	13	7	2	6
Stable	52	57	44	47	44	55	60	66	52
Increased	8	10	6	7	9	0	13	6	12
Fluctuated	6	2	2	8	9	7	5	9	10
Base price changes									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	19	27	24	33	40	9	21	24	8
Decreased	11	23	4	0	0	14	0	12	15
Stable	60	50	52	33	45	72	57	52	72
Increased	7	0	16	27	10	3	14	4	4
Fluctuated	3	0	4	7	5	2	7	8	2
Crystal price changes									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	23	21	38	24	67	17	7	39	20
Decreased	13	18	17	27	0	12	6	4	18
Stable	47	47	31	35	22	63	64	35	40
Increased	10	15	7	11	6	0	15	17	10
Fluctuated	6	0	7	3	6	7	9	4	10

Source: PDI interviews 2004

5.3 Purity

Participants were asked what the current purity or strength of speed, base and crystal were at the moment. Fifty six percent of the national sample commented on the purity of speed and 35% commented on the purity of crystal and 29% commented on the purity of base. The majority of those who commented reported the purity of speed (59%), base (76%) and crystal (82%) to be 'medium' or 'high' (Figure 15). Small proportions reported the current strength of speed (14%), base (7%) or crystal (4%) to be low.

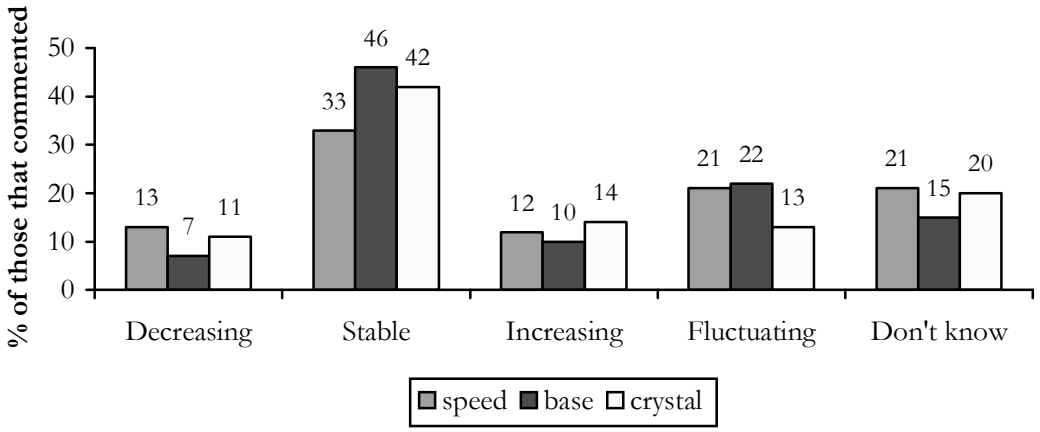
Figure 15: National REU reports of recent current purity of methamphetamines, 2004



Source: PDI interviews 2004

Participants were asked if the purity or strength of each form of methamphetamine had changed in the preceding six months. The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview (Figure 16). Larger proportions of speed (21%) and base (22%) users reported that purity had fluctuated than crystal users (13%).

Figure 16: National REU reports of recent change in purity of methamphetamine, 2004



Source: PDI interviews 2004

As was mentioned previously user reports of purity are subjective and depend on a number of factors including the users tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC) has provided the purity figures for State Police and AFP seizures. At present, it is not feasible to distinguish the average purity of speed from the more potent forms, base and ice. Therefore, median methamphetamine purity figures for 2003/04 displayed in Figure 17 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and ice) combined.

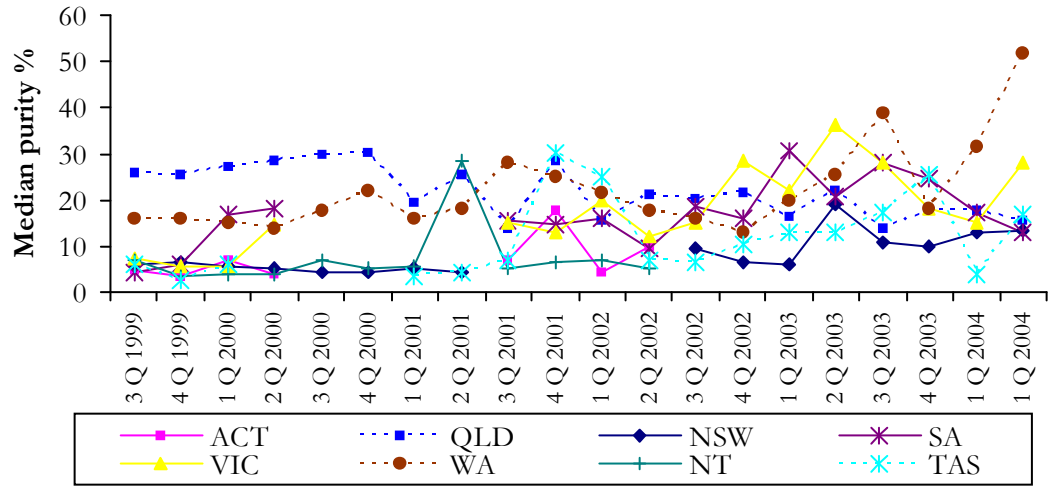
Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission 2003).

Finally, the purity of methamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2003/04, forensic analysis of seizures of methamphetamine in Australia revealed purity levels ranging from less than 1% to 90%. This wide range in purity should be considered when looking at the median purity figures presented.

The figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 17 and 18 the following caveat applies; figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

Figure 17 shows the median purity across jurisdictions of methamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear trend in the purity of methamphetamine at a national level although overall, the median purity generally remains low at less than 35%, except in WA were the purity reached a high of 52% in the second quarter of 2004.

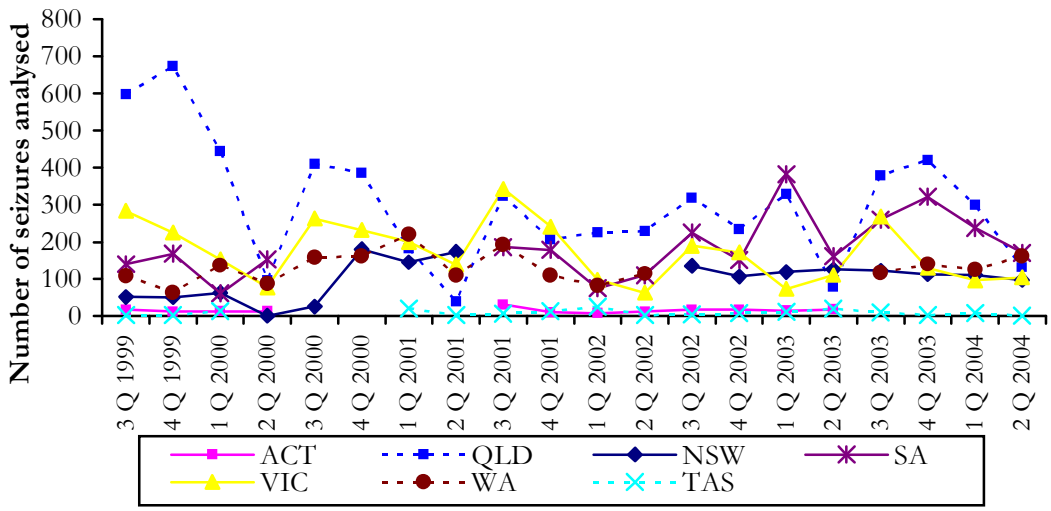
Figure 17: Median purity of methamphetamine seizures analysed by State police by jurisdiction, 1999 to 2004



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). 1. Seizures ≤2g and >2g combined. 2001/02 not available for NSW. 2002/03 data not available for NT. In 2003/04 no methamphetamine seizures were analysed for the NT.

The number of seizures analysed shows no clear trend (Figure 18). As mentioned previously not all seizures are analysed, so this data does not provide an indication as to whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 17.

Figure 18: Number of methamphetamine seizures analysed by State police by jurisdiction, 1999 to 2004



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004). 2001/2002 not available for NSW. 2002/2003 data not available for the NT. In 2003/04 no methamphetamine seizures were analysed for the NT.

There were only limited AFP seizures analysed. In the 2003/04 financial year, there were 53 AFP seizures analysed in NSW with a median purity of 43.1% and 62 AFP seizures analysed in the ACT with a median purity of 19.7%. Two AFP seizures were analysed in VIC (11.9%), one AFP seizure analysed in QLD with a purity of 78.6% and one in WA

(purity 79.2%). There were no methamphetamine AFP seizures analysed in SA, TAS or the NT in 2003/04.

5.4 Availability

Fifty six percent of the national sample commented on the recent availability of speed, the majority (81%) reported it to be 'very easy' (42%) or 'easy' (39%) to obtain. This was relatively consistent across jurisdictions (Table 22).

Over half (61%) of the national sample that commented reported speed availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (14%) or more difficult (13%). Although the highest proportion in each state reported speed availability had remained stable, there was some variation across jurisdiction with substantial proportions in the TAS reporting it had become more difficult (20%) or they did not know (28%) and easier in VIC (23%, Table 22).

Table 22: Availability of methamphetamine speed by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Don't know	5	2	4	0	14	6	5	2	4
Very easy	42	47	36	62	24	42	39	53	32
Easy	39	40	49	29	41	26	42	34	50
Difficult	14	12	11	8	20	22	13	9	14
Very difficult	2	0	0	1	1	6	2	2	0
Availability changes (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Don't know	11	2	7	8	28	15	11	6	6
Easier	14	18	13	23	10	16	13	6	4
Stable	61	68	69	59	39	56	48	83	76
More difficult	13	12	9	9	20	13	19	4	12
Fluctuates	2	0	2	1	3	0	8	0	2

Source: PDI interviews 2004

About a third (29%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (40%) or 'easy' (40%) to obtain. Of the national sample 14% reported that it was difficult to obtain, with substantial proportions in NSW (27%), VIC (27%) and TAS (25%) reporting base as difficult to obtain (Table 23).

Three quartes (65%) of the respondents commenting on base reported that the availability had remained stable, with similar proportions reporting it had become easier (12%) or more difficult (11%) to obtain in the preceding six months. Across jurisdictions

at least half of those that commented reported that the availability of base remained stable (Table 23).

Table 23: Availability of methamphetamine base by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	4	0	8	0	10	3	0	12	0
Very easy	40	30	32	20	15	65	7	20	51
Easy	40	43	44	46	40	26	57	56	38
Difficult	14	27	16	27	25	5	14	8	11
Very difficult	3	0	0	7	10	2	21	4	0
Availability changes (%)									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	9	0	16	13	25	6	14	16	2
Easier	12	20	4	7	5	17	0	8	13
Stable	65	70	64	46	55	72	71	52	66
More difficult	11	10	16	27	15	2	0	16	13
Fluctuates	4	0	0	7	0	3	14	8	6

Source: PDI interviews 2004

Around a third (35%) of the national sample commented on the availability of crystal. The majority (68%) that commented believed it to be 'very easy' (37%) or 'easy' (31%) to obtain. Although the majority in all states reported that crystal was 'very easy' or 'easy' to obtain there were differences between jurisdictions in the level of ease, ranging from 9% in the NT to 61% in WA reporting it was 'very easy ' to obtain. Substantial proportions in the VIC (35%) and TAS (33%) reported it was 'difficult' to obtain (Table 24).

Half (51%) reported that the availability of crystal had remained stable in the preceding six months, ranging from 36% in QLD to 63% in SA. Twenty one percent of those that commented reported that the availability of crystal had become easier while 14% reported it as more difficult (Table 24).

Table 24: Availability of crystalline methamphetamine by jurisdiction, 2004

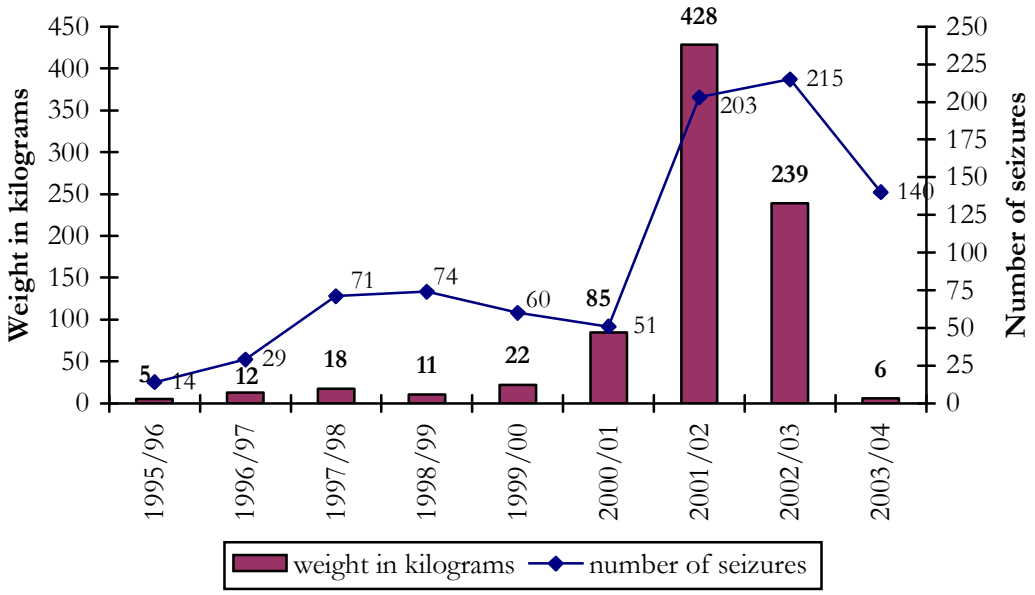
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	5	0	7	3	22	2	1	13	4
Very easy	37	50	24	22	11	46	61	9	26
Easy	31	29	35	32	22	22	30	39	36
Difficult	21	21	27	34	33	24	7	30	26
Very difficult	5	0	7	8	11	5	0	9	8
Availability changes (%)									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	10	0	14	8	33	10	6	22	8
Easier	21	21	17	19	11	15	33	9	20
Stable	51	62	55	38	39	63	52	61	36
More difficult	14	15	10	32	17	7	6	9	22
Fluctuates	5	3	3	3	0	5	3	0	14

Source: PDI interviews 2004

5.4.1 Amphetamine type stimulant seizures at the Australian border

Data provided by the Australian Customs Service show the weight and number of detections of amphetamine type stimulants at the Australian border (Figure 19). In 2003/04 the number (140) and weight (6 kgs) of the seizures decreased substantially compared with previous years. The reason for the drop may be due to a shift in the importation strategies and methods of concealment. A larger number of smaller amounts are coming into the country via the mail or on planes through body packing.

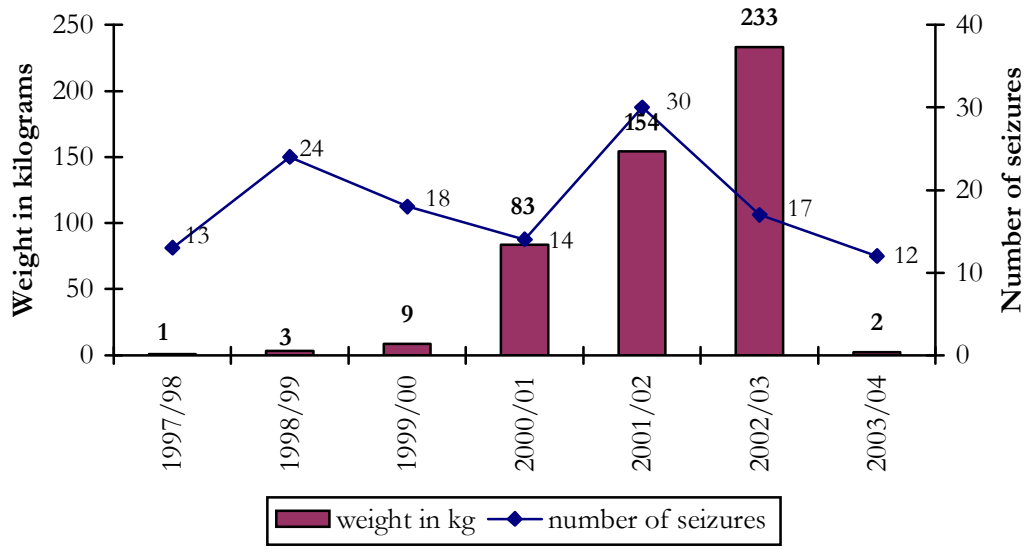
Figure 19: Total weight and number of amphetamine type stimulant* seizures at the border by the Australian Customs Service, financial years 1995/96 to 2003/04



Source: Australian Customs Service 2004
* Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections but excludes MDMA

In 2002/03 there was an increase in the weight of crystalline methamphetamine detected at the Australian border, however in 2003/04 this decreased substantially from 233kgs to 2 kgs (Figure 20). Also seen was a drop in the number of number of seizures from 17 in 2002/03 to 12 in 2003/04. Once again this drop may be due to a shift in the importation strategies and methods of concealment.

Figure 20: Total number and weight of crystalline methamphetamine (ice) at the border by the Australian Customs Service, financial years 1997/98 to 2003/04



Source: Australian Customs Service 2004

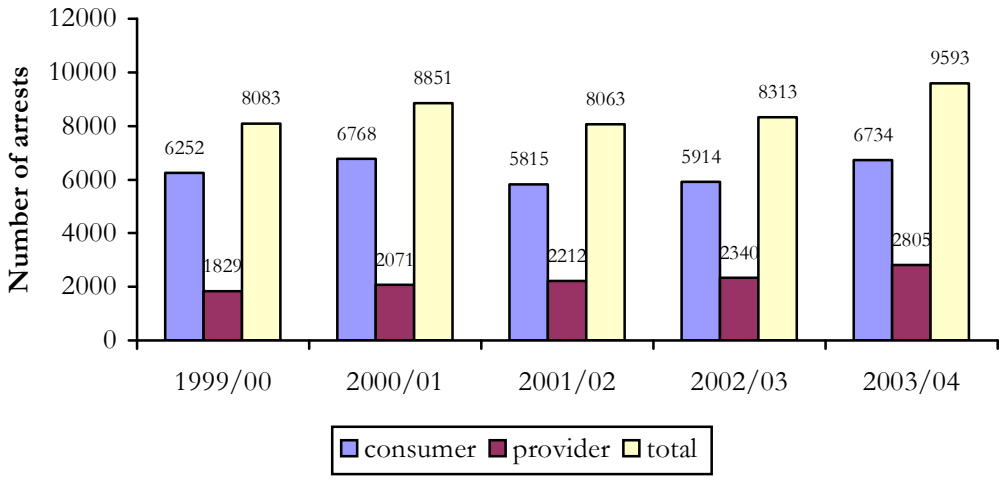
5.5 Methamphetamine related harms

5.5.1 Law enforcement

It should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission 2003).

Consumer and provider arrests Australia-wide increased from 8313 in 2002/03 to 9593 in 2003/2004 (Australian Crime Commission 2005), reaching levels higher than those reported prior to the heroin shortage (which were 8083 in 1999/2000). The slight decrease in the number of consumer and provider arrests in 2001/02 (8063) was consistent with the 2002 IDRS IDU data, which suggested that although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased (Figure 21).

Figure 21: Amphetamine-type stimulants: consumer and provider arrests, 1999/00 to 2003/04



Source: ABCI, 2001, 2002; ACC 2003 & 2004 Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

An increase was seen in the number of amphetamine type stimulants arrested in 2003/04 in the majority of the states, except TAS were the number dropped and in NSW and the NT were it remained stable. In WA the number of consumer and provider amphetamine type stimulant arrests increased from 1300 in 2002/03 to 1711 in 2003/04. QLD also had an increase from 2533 in 2002/03 to 3000 in 2003/04 and VIC from 1842 in 2002/03 to 2240 in 2003/04. The arrest data for each state and territory include AFP data.

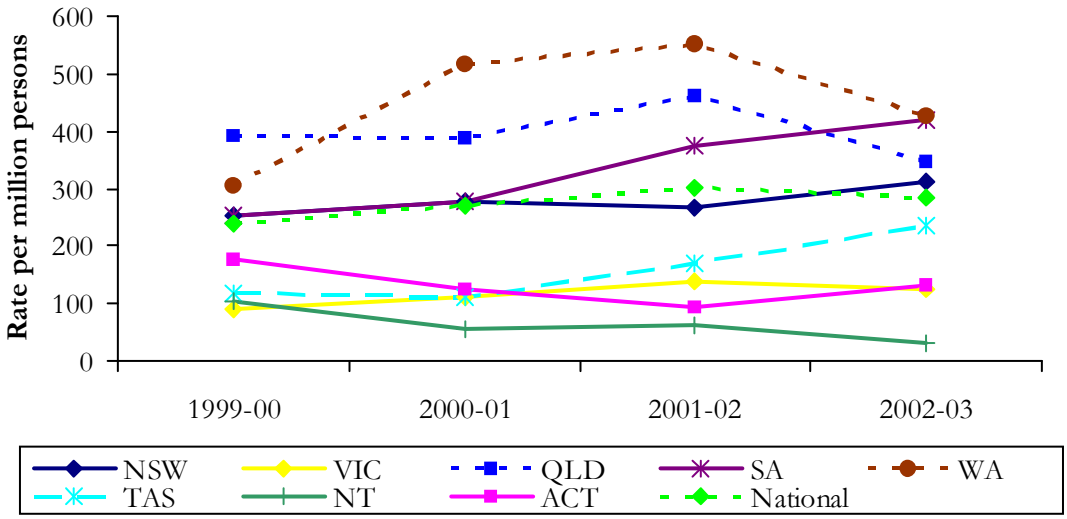
Information on criminal activity and arrest among the 2004 national REUs sample is presented in section 14.

5.5.2 Health

Morbidity - Hospital admissions

Data from the National Hospital Morbidity Database (NHMD), managed by the AIHW shows a consistent gradual increase in national inpatient hospital separations for amphetamines (Figure 22). Since 2000/01 WA has had the highest rate of hospital admissions of all states, reaching a peak of 550 in 2001-02. In 2002-03 WA (428) continued to have the highest rate of inpatient hospital admissions for amphetamines, followed by SA (420). This is consistent with the reports of ecstasy users; in WA, the highest rates of recent crystal methamphetamine use (and more frequent use) were reported in 2004.

Figure 22: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million persons aged 15 -54 years by jurisdiction, 1999/00 to 2000/03



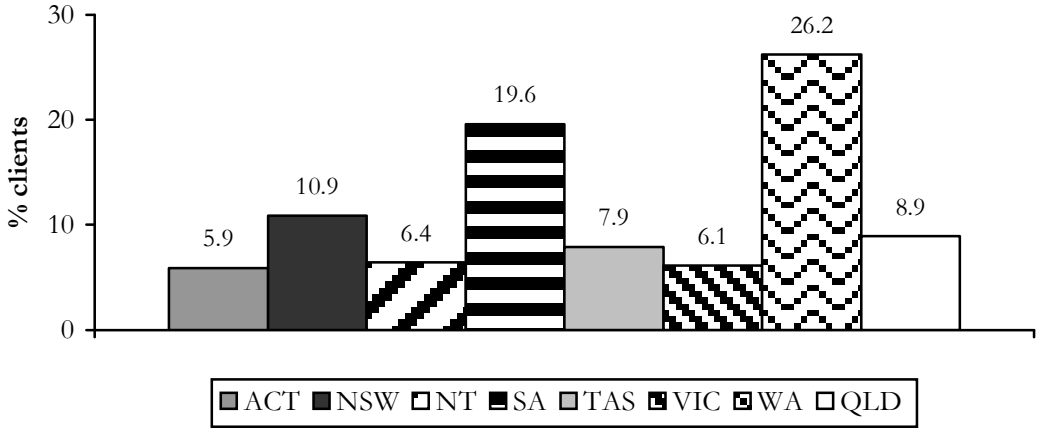
Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

In 2000-01 there were 2384 hospital separations in Australia for mental and behavioural disorders due to stimulant use, representing 6% of all hospital separations due to psychoactive stimulant use. Most stimulant admissions were for psychotic disorder, followed by dependence and harmful use (National Hospital Morbidity Database, AIHW, cited (McKetin and McLaren 2004)).

Treatment

Data from the Alcohol and other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) indicate that in 2002-03 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by SA (20%) and NSW (11%). The remaining states all had fewer than 10% of closed treatment episodes primarily being for amphetamines (Figure 23) (AIHW (Australian Institute of Health and Welfare) 2004).

Figure 23: Proportion of closed treatment episodes for clients who identified amphetamine as their principle drug of concern (excluding pharmacotherapy) by jurisdiction, 2002-03*



Source: AODTS-NMDS (AIHW (Australian Institute of Health and Welfare) 2004) Excludes treatment episodes for clients seeking treatment for the drug use of others.

Of the 123 032 closed treatment episodes in Australia in 2002-03, 10.7% nominated amphetamines as their principle drug of concern (AIHW (Australian Institute of Health and Welfare) 2004). This excludes clients that are seeking advice for other drugs. Nationally, amphetamines were the fourth most common principle drug of concern to clients in closed treatment episodes after alcohol, cannabis and heroin.

Mortality

Recently, Australian Bureau of Statistics (ABS) data on accidental deaths due to poisoning by methamphetamine, due to methamphetamine use (usually dependence) or drug induced deaths where methamphetamine was mentioned were analysed (Degenhardt, Roxburgh et al. 2004). Between 1997 and 2003 there were 407 deaths in which methamphetamine was mentioned (Degenhardt, Roxburgh et al. 2004).

Since 1997 there has been an increase in the number of drug-induced deaths among 15-54 year olds in Australia in which methamphetamine was noted, from 25 in 1997 to 99 in 2000. In 2001 there was a decrease to 51 deaths with 50 deaths in 2003 that mentioned methamphetamine (Degenhardt, Roxburgh et al. 2004). There were 17 deaths in 2003 in which methamphetamine was the underlying cause of death (i.e. the primary cause of the person's death), an increase from one in 2002.

5.6 Jurisdictional trends in methamphetamine use

5.6.1 NSW

Lifetime and recent use of speed has remained stable across sampling years. Prevalence of base use has increased over time although it has remained stable since 2002. Reports of crystal use have increased over time with a notable increase since 2002.

Speed was most commonly purchased in gram amounts for a median of $60, an increase from $55 in 2003. A 'point' of base was has increased slightly to $37.50, a slight reduction in price compared to in 2003 $40, while the price of crystal has decreased for the first time since 2001 from $50 to $40 a 'point'. Many were unable to comment on price changes of base and crystal reflecting the relatively limited experience this group has with these forms of methamphetamine.

The purity of all forms of methamphetamine were reported by most respondents to be of 'medium' or 'high' purity and the majority reported that the purity had remained 'stable' over the preceding six months. AFP seizure data also shows methamphetamine purity has dropped dramatically for this first time since 2002/03 financial year from 71% to 43%.

Most respondents reported that all forms of methamphetamines were 'very easy' or 'easy' to obtain. The majority reported the availability of all methamphetamines had remained 'stable' during the preceding six months

All forms of methamphetamine were most commonly purchased from friends and known dealers and most likely to have been purchased from private residences including friends' and known dealers' home and agreed public locations.

Indicator data do not show a clear trend for the preceding 12 months, with fluctuations occurring in; the number of people presenting for amphetamine overdose, the number of people calling help lines regarding problematic amphetamine use, number of inpatient hospital admissions and the number of incidents recorded for possession/use of amphetamines. There has however, been a gradual increase over time recorded across many of the datasets.

5.6.2 ACT

The predominant form of methamphetamine used recently by REUs in the ACT is speed, followed by crystal methamphetamine and base.

The price for a point of methamphetamine varied according to each form: speed ($30), base ($40) and crystal methamphetamine ($47.50). The majority of respondents commenting on each form of methamphetamine believed that the price had remained stable in the preceding six months.

When commenting on the current purity of methamphetamine, respondents most commonly reported all three forms to be 'medium' to 'high' in purity.

The majority of REUs reported that speed, base and crystal methamphetamine were easy to very easy to obtain in the ACT and that this had remained stable over the six months

prior to interview. The people from whom participants reported usually scoring speed, base and crystal methamphetamine from were friends and dealers.

5.6.3 VIC

Of the three forms of methamphetamine, speed was reported to be the most widely (in terms of both lifetime and recent use) used by REUs, followed by crystal methamphetamine and base.

The purity of methamphetamine powder and crystal meth was reported to be high and stable in the six months preceding interview. The purity of base was reported to be medium to high, with little consistency in reported recent change in purity.

Crystal meth was more expensive ($40 per point) than speed (25 per point) and base ($29 per point). The prices of all forms of methamphetamine were reported to have remained stable or decreased in the last six months. Speed was most commonly considered 'very easy' to obtain. Base and crystal meth were also reported as readily available, although less so when compared to speed.

Because of the small numbers of participants who had recently used base and were able to comment, figures related to base use and markets need to be viewed with caution.

5.6.4 TAS

Methamphetamine use is common among the group of the REUs. Over three quarters (76%) had used some form of methamphetamine in the preceding six months. Methamphetamine was used on a median frequency of six times during this period or approximately monthly.

Use of methamphetamine powder was most common and was typically swallowed or snorted less than once a month in small amounts (0.1g). Crystal methamphetamine was typically smoked.

The proportion of the sample reporting lifetime or recent use of crystal methamphetamine was substantially lower in comparison to 2003. The median frequency of use was also lower in comparison to 2003 and less people were able to confidently comment on the price, purity or availability of the drug.

Methamphetamine powder and base were typically used at venues such as dance events or nightclubs, whereas crystal methamphetamine was more likely to be used at private residences.

Males were more likely to report lifetime use of methamphetamine base and crystal methamphetamine in comparison to females.

The median price for 0.1 g of methamphetamine powder was $40 which is $10 less in comparison to 2003, but was considered to have remained stable in the preceding six months. The median price for 0.1 gram of methamphetamine base and crystal methamphetamine was $50 which is consistent with the prices reported in 2003.

Methamphetamine powder was considered to be 'easy' or 'very easy' to obtain, and methamphetamine base and crystal methamphetamine were considered to be more difficult to obtain respectively. Whereas the availability of these forms was considered to

be stable in the preceding six months, there are indications that the availability of crystal methamphetamine has decreased in the last year.

Few participants who had recently used methamphetamine had accessed health services or reported recent overdose or financial, relationship/social or legal/police problems in relation to methamphetamine use. However, one tenth of those that had recently used methamphetamine were identified as experiencing symptoms of dependence in relation to the drug.

5.6.5 SA

In 2004, more REU reported lifetime use of base methamphetamine, but recent use of all forms of methamphetamine remained stable, compared to 2003. The largest proportion of the REU sample reported recent use of base (72%), followed by powder (62%) and crystal (47%), in 2004.

The frequency of recent use of all three forms of methamphetamine was the same (a median of six days), and similar to levels reported in 2003. There were no significant differences between males and females with regard to average frequency of use of all forms.

There were no other substantial changes in the parameters of use of any form of methamphetamine, in particular there was no indication of increased use of crystal methamphetamine, compared to 2003.

Overall, the most common locations REU reported usually using methamphetamine were nightclubs, friend's homes, their own home, private parties or raves/dance parties. A larger proportion of REU reported usually using crystal at home than anywhere else, but powder or base was most commonly reported as usually being used at a friend's home or nightclub.

In comparison to 2003, there appears to have been little change in price or purity of all forms of methamphetamine. ACC data indicates that median purity of SAPOL seizures have been stable for the past two years (at ~20%).

Availability of all forms of methamphetamine remained generally easy, but a decline in the perceived availability of both powder and crystal methamphetamine were noted, compared to previous years.

REU most commonly obtained all three forms of methamphetamine from their friend's homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place (particularly with regard to base).

SAPOL data indicates that clandestine production of methamphetamine continues in SA, with evidence emerging in 2004 of local production of the purer crystalline form ('ice').

In 2004, seventeen percent of recent methamphetamine users were found to fit the criteria of clinically significant dependence on the drug, according to the Severity of Dependence Scale.

5.6.6 WA

Significantly fewer respondents reported lifetime use of methamphetamine powder in 2004 than in the 2003 survey year (88% versus 93%). No significant difference in the proportions reporting recent use of the drug (i.e. during the past six months) across survey years (78% in 2004 versus 83% in 2003). The median days use during the past 6 months was seven (range 1-180) days. The median for both the average and heaviest quantities used among the respondents in the current year was half a gram.

Of those who used recently, fewer respondents reported having snorted methamphetamine powder during the previous six months (81% in 2004 compared to 88% in 2003). No change occurred in the proportions reporting swallowing across survey years (56% in 2004 versus 63% in 2003). No change occurred in the proportions reporting injecting across survey years (17% in 2004 versus 13% in 2003). Neither was there any significant change in the proportions smoking (37% in 2004 versus 28% in 2003).

Lifetime use of methamphetamine base was reported by 46% of respondents, representing no significant change from that of 2003 (54%). There was also no difference found in the proportions reporting recent use across survey years (31% in 2004 versus 32% in 2003). The drug was used a median of five (range 1-160) days during the past six months. In both cases the median average and heaviest quantities used in a session was two points.

Of those who used during the previous six months, 58% reported having snorted the drug, not significantly different to 2003 (50%). No difference was found in the proportions of respondents who swallowed methamphetamine base across survey years (52% in 2004 versus 63% in 2003). Neither was there any change in recent injecting (29% in 2004 versus 19% in 2003). Smoking methamphetamine base was the only significant change, having increased to 26% in 2004 from 13% in 2003.

Lifetime use of crystal methamphetamine was 89%, not significantly different to the 2003 survey year (91%). No change occurred in proportions reporting use during the previous six months (80% in 2004 versus 77% in 2003). Respondents who has used recently used a median of eight (range 1-180) days. In terms of quantities used, two points was the median for both 'typical' and heavy use periods.

Of those who had used crystal methamphetamine during the previous six months, 56% reporting snorting the drug, a significant decrease from 2003 (70%). No change occurred across survey years in the proportions reporting swallowing crystal methamphetamine (43% in 2004 versus 49% in 2003). Neither was any difference found in the rates of injecting (19% in 2004 compared to 14% in 2004). The proportions reporting smoking crystal methamphetamine did increase, with 92% in the current year versus 74% in the 2003 survey year.

The median price for all forms of methamphetamine was $50 per point. The price for all forms during the past six months was stable (60% for methamphetamine powder, 57% for methamphetamine base and 64% for crystal methamphetamine).

Purity was rated as being 'medium' (47%) for methamphetamine powder, with the situation during the past six months believed to have 'fluctuated' (34%). For methamphetamine base purity was considered 'high' and remaining stable (43%). For

crystal methamphetamine it was rated as 'high' (59%) with the situation remaining 'stable' during the past six months (32%).

Availability of methamphetamine powder was believed to be 'easy' by 42% of respondents and this was 'stable' according to 48%. For methamphetamine base, 57% rated current availability as 'easy' and this was believed to be 'stable' by 71% of respondents. For crystal methamphetamine, availability was rated as 'very easy' by 61% and 52% of respondents rated the current situation as having remained 'stable' during the six months preceding the interview.

5.6.7 NT

The majority of the REUs had also used powder (72%) in the past six months and substantial proportions had used crystal (35%) and base (45%).

On average, REUs reported they started to use powder when they were 18 years old, base at 20 years old and crystal at 20 years old.

A quarter reported they had used powder, 25% base and 12% crystal more than weekly in the six months preceding the interview.

Most speed users reported they had used half gram in a typical session, and one gram in a heavy episode. Over half of users reported they had binged with powder in the six months prior to interview.

Most base users reported they typically used one point in a usual and heavy episode. Just under a quarter of users binged with base in the six months prior to interview.

Most crystal users reported they typically used one point, or 2 points in a heavy episode and 20% of users had binged with crystal in the six months prior to interview.

A fair proportion of recent users had recently injected all forms of methamphetamine (14% powder, 22% base, 24% crystal), with swallowing (78% powder, 94% base, 64% crystal) being the most common route of administration.

Forty one percent of the sample had ever used pharmaceutical stimulants at and average age of 18 years.

Recent users would typically use 10 tabs or 12 tabs in a heavy use episode. Ten percent reported using weekly or more.

Most of the recent users swallowed pharmaceutical stimulants, and one fifth had injected them.

Seventeen percent of recent methamphetamine users obtained an SDS score indicative of problematic or dependent use.

Powder was most commonly purchased for a median of $100 per gram, base for a median of $50 per point and crystal for a median of $50 per point.

A majority of users of each form of methamphetamine said this price was 'stable'.

Most respondents reported the purity of: powder to be 'low' and 'stable', base to be 'medium' and 'stable', and crystal to be 'high' and 'stable'.

Powder users reported the availability as 'very easy', and 'stable', base users reported the availability as 'easy', and 'stable', and crystal users reported the availability as 'easy, and 'stable'.

Speed and crystal users mostly scored from their friends, base users scored from known dealers, and all mostly scored at their friend's home.

5.6.8 QLD

Sixty-five per cent of Queensland REUs reported having ever used methamphetamine powder (speed) and 42% reported using speed recently. Speed had been used on a median of six days (1-180) in the last six months. Recent users mainly consumed speed through swallowing (79%). The most common locations for speed use were nightclubs (68%), in their own homes (56%) and raves (46%). Nightclubs (30%) were the most common last location of speed use.

Fifty-five per cent of Queensland REUs reported having ever used methamphetamine base (base) and 39% reported having recently used base. Base had been used on a median of 12 days (1-180) in the last six months. Recent users mainly consumed base through swallowing (60%), though injecting was also common (51%). The most common locations for base use were friend's homes (76%), nightclubs (66%) and their own home (64%). The most common last use venue was friends home (28%).

Sixty per cent of Queensland REUs reported having ever used crystal methamphetamine (crystal) and 42% reported recently doing so. Crystal was used on a median of six days (1-180) most commonly by smoking (65%). The most common venues for crystal use were nightclubs (66%), and friends home (64%) and this was the most common last use location (28%).

In 2004 the median price for a gram of speed was $180 (20-240) which was less than 2003 (median $200). The median price for a point of speed was $25 (range:15-50), for base $27.50 (range:15-50) and $40 for a point of crystal. These were similar prices as in 2003. Regularly ecstasy users most commonly reported that the price of speed and base had remained stable in the last six months (speed:52%; base:72%) whilst REUs most commonly reported the price of crystal has having increased (40%).

Eighty-two per cent of REUs who were able to comment on the current availability of speed reported it was very easy (32%) or easy (50%) to obtain. Similarly 89% of REUs who were able to comment on the current availability of base reported it as very easy (51%) or easy (38%) to obtain. Sixty two per cent of those able to comment on the current availability of crystal reported it as very easy (26%) or easy (36%) to obtain. A further 26% reported it as difficult to obtain.

5.7 Summary of methamphetamine trends

- The majority (85%) of participants in the 2004 national sample reported lifetime speed use and about three quarters (68%) had used speed in the preceding six months
- Snorting was the most common route of administration for speed, followed by swallowing, with smaller proportions injecting and smoking.
- Speed users typically used on a monthly basis typically using half a gram in a session.

- Speed users reported they usually score from friends (69%), dealers (44%), acquaintances (16%), work (7%) and unknown dealers (8%). Half reported scoring from a friends home and usually used speed in a variety of locations, most commonly in nightclubs, raves, or at private parties (their own or friends).
- Half (53%) of participants in the 2004 national sample reported lifetime use of base and about a third (39%) had used base in the six months preceding interview.
- Of those that reported recent use of base 73% swallowed, 34% snorted, 24% injected, 10% smoked.
- Of those that used base, the median number of days used was five, ranging from having used base once to daily use. Half (52%) used less than monthly
- The median amount of base used in a 'typical' or 'average' use episode in the preceding six months was one point
- Like speed, base was usually purchased from friends and dealers, from a variety of locations, most commonly a friends or dealers home.
- Base was used in a variety of locations, most commonly nightclubs, private parties or at raves
- Over half (63%) of participants in the 2004 national sample reported lifetime use of crystal and about half (45%) had used crystal in the six months preceding interview.
- Of those that used crystal, two thirds (65%) smoked it, half (45%) swallowed, a third (32%) snorted it and 17% injected
- Of those that used crystal, the median number of days used was five, ranging from having used crystal once to daily use. Over half (53%) used less than monthly; 26% used crystal between monthly and fortnightly; 10% between fortnightly and weekly and 11% used crystal more than once a week.
- The median amount of crystal used in a 'typical' or 'average' use episode in the preceding six months was on point
- Over half (56%) of those who commented reported they scored crystal from their friends, dealers were also common sources (42%).
- Crystal was used in a variety of locations, most commonly in private homes (friends or own).
- The majority of those who commented reported the purity of speed (59%), base (76%) and crystal (82%) to be 'medium' or 'high'. Small proportions reported the current strength of speed (14%), base (7%) or crystal (4%) to be low.
- The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (22%) users reported that purity had fluctuated than crystal users (13%).
- Fifty six percent of the national sample commented on the recent availability of speed, the majority (81%) reported it to be 'very easy' (42%) or 'easy' (39%) to obtain. This was relatively consistent across jurisdictions.
- Over half (61%) of the national sample that commented reported availability of speed had remained stable over the preceding six months, while similar proportions reported that it had become easier (14%) or more difficult (13%).
- About a third (29%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (40%) or 'easy' (40%) to obtain. Of the national sample 14% reported that it was difficult

to obtain, with substantial proportions in NSW (27%), VIC (27%) and TAS (25%) reported base to be difficult to obtain.

- Three quarters (65%) of the respondents commenting on base reported that the availability had remained stable, with equal proportions reporting it had become easier (12%) or more difficult (11%) to obtain in the preceding six months.
- Around a third (35%) of the national sample commented on the availability of crystal. The majority (68%) that commented believed it to be 'very easy' (37%) or 'easy' (31%) to obtain.
- Half (51%) reported that the availability of crystal had remained stable in the preceding six months, ranging from 36% in QLD to 63% in SA. Twenty one percent reported the availability had become easier, while 14% reported it as more difficult.
- Data provided by the Australian Customs Service show a decrease in the number of detections of amphetamine type stimulants at the Australian border for 2003/04, in particular, there has been a decrease in the weight of crystalline methamphetamine.
- Speed was commonly purchased in grams, ranging from $50 in SA to $300 in TAS and WA.
- Base and crystal were commonly purchased in points, ranging from $25 in SA to $50 per point in TAS, WA and the NT.
- Data from the NHMD shows a consistent gradual increase in inpatient hospital admissions for amphetamines. The highest rates of inpatient hospital admissions in 2000-2001 were in WA.
- Data from the AODTS-NMDS indicate that in 2002-03 WA had the highest proportion of people seeking treatment for amphetamine.

6.0 COCAINE

Cocaine is a colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the cocoa plant, is the most common form of cocaine available in Australia (little or no "crack" cocaine is available or used in this country) (Australian Crime Commission 2003). Cocaine is a stimulant, like methamphetamine.

6.1 Cocaine use among regular ecstasy users

Five percent of the national sample reported cocaine as their drug of choice. Over half (54%) of the participants in the 2004 national sample reported lifetime use of cocaine and about a quarter (27%) had used cocaine in the six months preceding interview (Table 25). The median age of first use, among those that reported using cocaine in the last 6 months, was 20 years (range 12-38).

Seven percent of the national sample reported that they had injected cocaine at some time (Table 25). Of those that reported injecting cocaine, the median age first injected was 21 years (range 15-38). Two percent (n=15) of the national sample reported injecting cocaine in the six months preceding interview.

Of those that used cocaine in the six months preceding interview, the majority (91%) snorted, 22% swallowed, 6% smoked and 6% injected (Table 25).

Of those that used cocaine, the median number of days used was two, ranging from having used cocaine once to daily (Table 25). The majority had (79%) used less than monthly; 15% used cocaine between monthly and fortnightly; three precent between fortnightly and weekly and three percent had used cocaine more than once a week.

Table 25: Patterns of cocaine use by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**54**	79	69	72	32	59	36	39	45
Ever injected	**7**	10	2	5	5	7	8	10	9
Used last six months (%)	**27**	46	34	48	10	26	16	16	21
Snorted*	**91**	98	98	94	70	96	81	64	85
Swallowed*	**22**	21	33	21	30	27	6	36	12
Injected*	**6**	4	0	2	10	0	13	36	12
Smoked*	**6**	13	0	6	0	0	6	0	15
Median days used* last 6 mths (range)	**2 (1-180)**	3 (1-48)	2 (1-24)	1.5 (1-180)	2 (1-20)	2 (1-20)	1 (1-25)	1 (1-4)	2 (1-36)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

The median amount of cocaine used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-3.5). Recent cocaine users reported using a median of one gram (range 0.1-10) during their 'heaviest' use episode. Over a third (39%) reported having one or more grams in a single occasion in the last six months. Eight percent of those that had binged in the six months preceding interview used cocaine in their binge.

Cocaine use was also quantified in terms of lines, with 50 recent cocaine users reporting a median of two lines during the heaviest session (range 0.5-10) and 50 users reporting a median of two lines in a typical session (range 0.5-6).

Cocaine was most commonly acquired through friends (38%) or known dealers (30%) and this was consistent across states. REUs obtained their cocaine from private homes, most commonly friend's homes (33%), their dealer's homes (24%) or at their own home (15%). Smaller proportions reported scoring in nightclubs (7%), an agreed public location (6%), raves (4%), and pubs (3%, Table 26a). Other locations cocaine had been scored from included a private party (n=1) and at a hotel (n=1, Table 26).

Table 26: Source, purchase location and use location of cocaine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Scored from (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Friends	38	46	31	44	44	30	29	33	47
Known Dealers	30	38	36	30	11	9	29	17	53
Acquaintances	8	4	17	9	0	9	0	17	0
Workmates	<1	4	0	0	0	0	0	0	0
Unknown dealers	3	0	8	4	0	4	0	0	0
Locations scored (%)									
(% who commented)	(n=144)	(n=24)	(n=36)	(n=22)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Friends' home	33	42	33	32	44	26	29	17	35
Dealer's home	24	29	25	27	11	9	14	0	47
Agreed public location	6	4	11	0	0	9	0	17	0
At own home	15	13	22	9	0	0	14	33	29
Nightclub	7	4	11	9	0	4	0	0	12
Raves*	4	4	3	5	0	4	0	0	6
Pubs	3	0	8	0	0	0	0	0	6

Source: PDI interviews 2004 * includes `doofs' and dance parties

Table 26: Source, purchase location and use location of cocaine by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Nightclub	41	63	44	57	33	17	0	0	47
Raves*	12	8	6	30	11	13	0	17	6
Private party	31	42	31	35	11	30	14	33	29
Friends' home	35	29	33	35	44	35	29	17	47
At own home	30	50	25	26	11	13	29	33	47
Pubs	19	33	28	13	22	9	0	0	18
Dealer's home	7	13	6	13	0	0	0	0	12
Restaurant/cafe	5	4	6	9	11	0	0	0	6
Public place	3	4	3	4	0	4	0	0	6
Vehicle - passenger	6	4	8	9	0	0	14	0	6
Vehicle – driver	3	8	0	4	0	4	0	0	6
Outdoors	5	4	0	13	11	0	0	0	12
Live music event	12	8	17	13	33	4	0	0	12
Work	4	17	3	0	0	4	0	0	0
Last use venue (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=9)	(n=17)
Nightclub	18	21	25	30	22	9	0	0	6
Friends' home	19	4	11	22	22	22	29	33	35
At own home	19	25	19	9	11	4	14	33	41
Raves*	3	0	0	4	11	4	0	17	0
Private party	12	17	11	9	0	17	14	17	12
Pubs	3	0	6	4	0	4	0	0	0
Work	3	13	0	0	0	4	0	0	0
Dealer's home	1	0	0	4	0	0	0	0	0

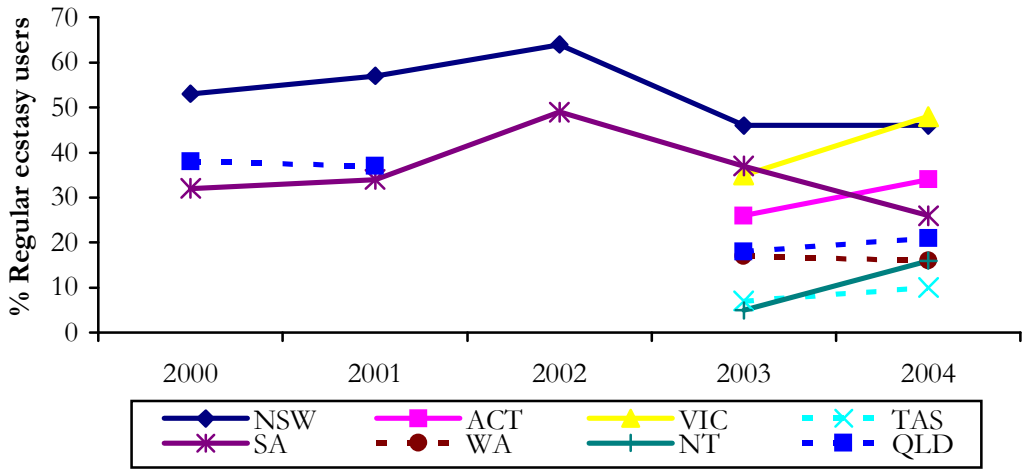
Source: PDI interviews 2004 * includes `doofs' and dance parties

REUs reported that they used cocaine in a variety of locations including private homes (35% friends and 30% own), nightclubs (41%), private parties (31%), pubs (19%) and live music events (12%). Less common locations were raves (12%), dealers homes (7%), restaurants/cafes (5%), in cars either as a passenger (6%) or driver (3%), at work (4%) and outdoors (5%). Similar proportions reported they had last used cocaine at a nightclub (18%) and in their own home (19%, Table 26).

6.1.1 Trends over time

In Figure 24, in NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and since 2003 in the other states. In NSW and SA the recent use of cocaine has gradually decreased since 2002. In 2004, recent cocaine use increased in all jurisdictions except in SA where it decreased and in NSW and WA where recent use remained stable.

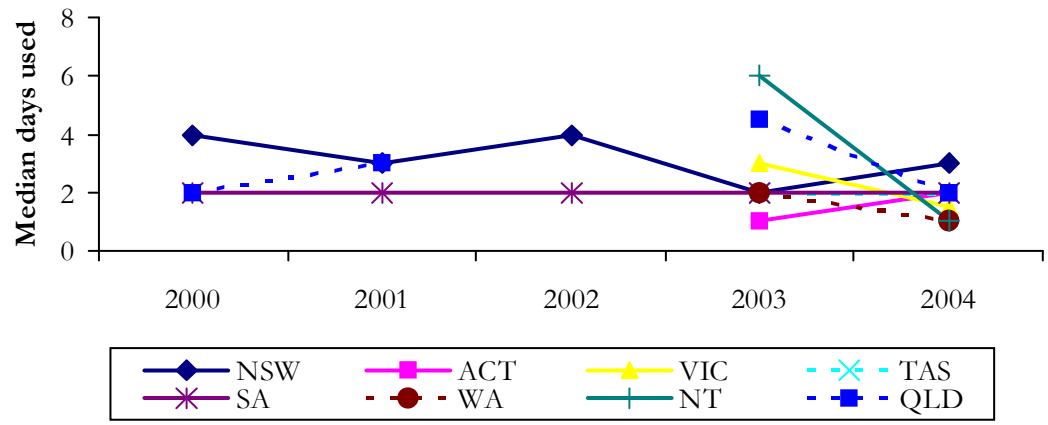
Figure 24: Proportion of REUs that reported recent use of cocaine by jurisdiction, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

In NSW, QLD and SA the frequency of recent cocaine use data has been collected since 2000 and since 2003 in the remaining states (no data was collected for QLD in 2002). The frequency of recent cocaine use remained sporadic in all jurisdictions in 2004, decreasing dramatically in the NT from six days to one day in 2004. NSW reported the highest frequency of cocaine use of three days in the last six months in 2004. TAS is hidden by SA (Figure 25).

Figure 25: Frequency of cocaine use among REUs that reported using cocaine in six preceding months, by jurisdiction, 2003 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

6.2 Price

Participants were asked 'How much does cocaine cost at the moment'? Small numbers commented on the price of a gram of cocaine in some jurisdictions and therefore the results should be interpreted with caution. Cocaine was commonly purchased in grams. Thirteen percent of the national sample (n=110) commented on the price of a gram of cocaine. The median price of a gram of cocaine ranged from $200 in NSW to $400 in WA (Table 27).

Table 27: Median price of cocaine by jurisdiction, 2004

Median price ($)	NSW n=16	ACT n=27	VIC n=16	TAS n=8	SA n=20	WA n=6	NT n=3	QLD n=14
Gram	$200 (200-450)	$250 (180-600)	$277.50 (100-400)	$325 (200-400)	$250 (200-450)	$400 (300-500)	$250 (200-400)	$237.50 (50-450)

Source: PDI interviews 2004

Seventeen percent (n=145) of the national sample commented on whether the price of cocaine had changed in the preceding six months. Twenty eight percent of those that commented responded that they did not know if the price had changed; ranging from 8% in NSW to 39% in VIC and SA. A third (34%) reported the price of cocaine had remained stable in the preceding six months. There was variation across jurisdictions, ranging from 17% in VIC to 67% in TAS reporting the price remained stable (Table 28).

Table 28: Price changes of cocaine by jurisdiction, 2004

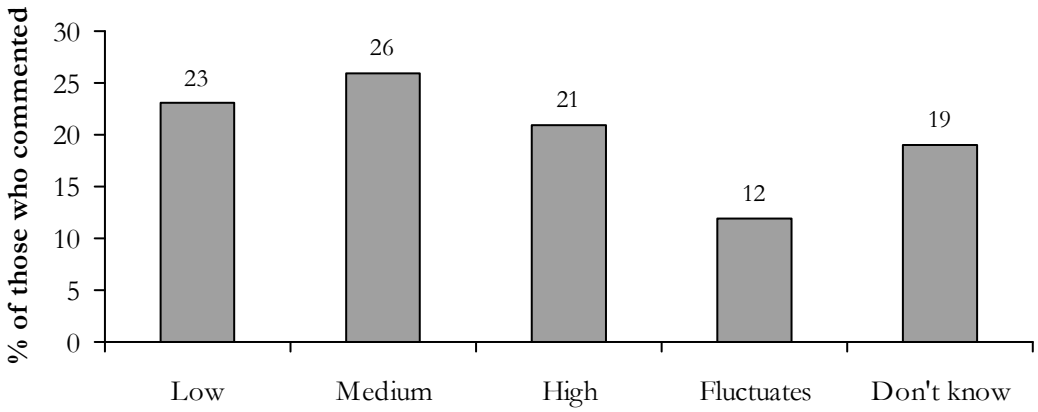
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Price change (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	28	8	33	39	11	39	29	17	29
Decreased	11	8	8	22	0	13	0	17	12
Stable	34	33	33	17	67	30	43	50	35
Increased	17	42	17	9	11	9	14	0	18
Fluctuated	10	8	8	13	11	9	14	17	6

Source: PDI interviews 2004

6.3 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview. Seventeen percent (n=145) of the national sample commented on the purity of cocaine. A quarter (26%) of those who commented reported the purity of cocaine to be 'medium' and a further 23% reported cocaine strength was 'low' (Figure 26). Twenty one percent reported cocaine purity was high and 12% percent reported it fluctuated. Nineteen percent did not know what the purity of cocaine was like. This may reflect limited use, only a quarter of the national sample reported recent use and the median days of use was also low.

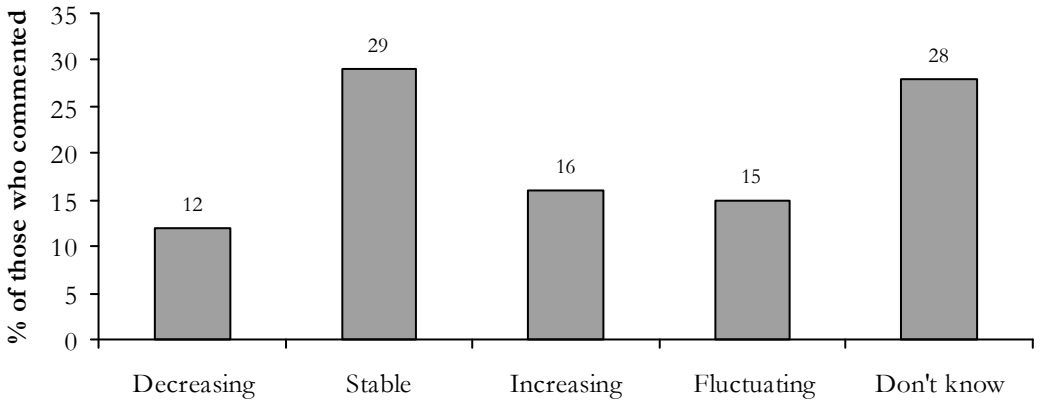
Figure 26: National REU reports of recent current purity of cocaine, 2004



Source: PDI interviews 2004

Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 28% did not know, 29% stable, 16% increasing, 15% fluctuating and 12% decreasing (Figure 27).

Figure 27: National REU reports of recent change in purity of cocaine, 2004



Source: PDI interviews 2004

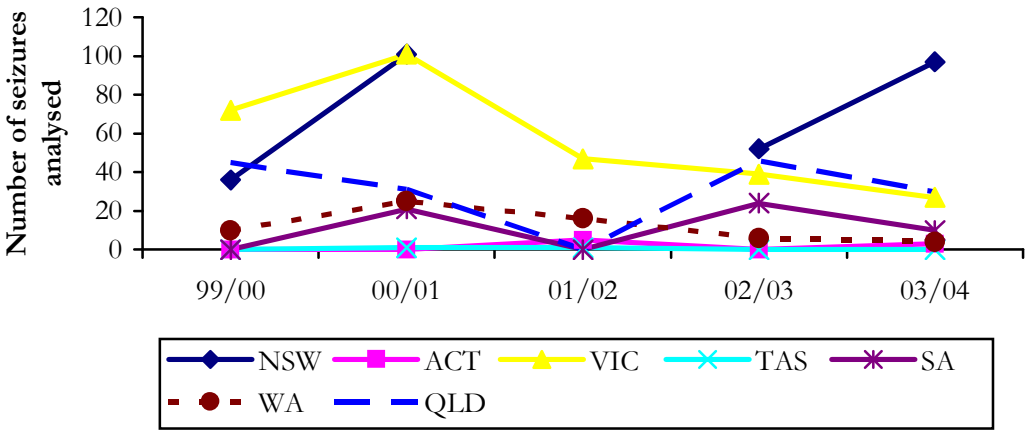
As user reports are subjective and depend on a number of factors including the tolerance of the individual, objective data from forensic analysis of seizures in also presented. The purity data is provided by the Australian Crime Commission. As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission 2003).

Furthermore, there were no AFP cocaine seizures analysed in TAS, SA and the NT and no TAS or NT State Police cocaine seizures analysed in 2003/04.

The purity of state police seizures analysed varied in each state in 2003/04 ranging from 3% in WA (n=4, decreased dramatically from 59% in 2002/03) to 48% in the ACT (n=3, Figures 28 and 29). Many states had few or no state police seizures. In 2003/04 most of the cocaine seizures analysed were from NSW, VIC and QLD. No cocaine seizures were analysed in TAS or the NT. The AFP generally seizes cocaine at the border, with higher purity (Figures 30 and 31).

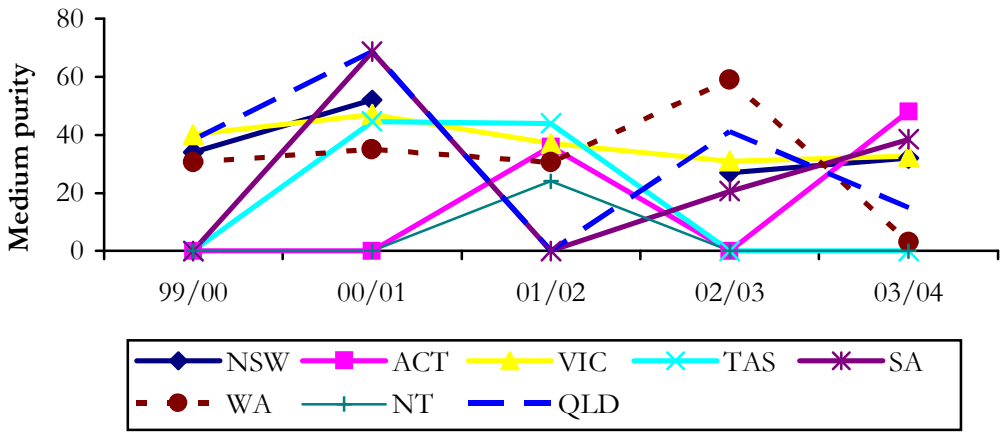
Figures reported includes seizures ≤2grams and >2grams, reflecting both street and larger seizures. The following caveat applies to Figures 28 to 31. Figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and State/Territory Police.

Figure 28: Number of cocaine State Police seizures, by jurisdiction, 1999/00 to 2003/04



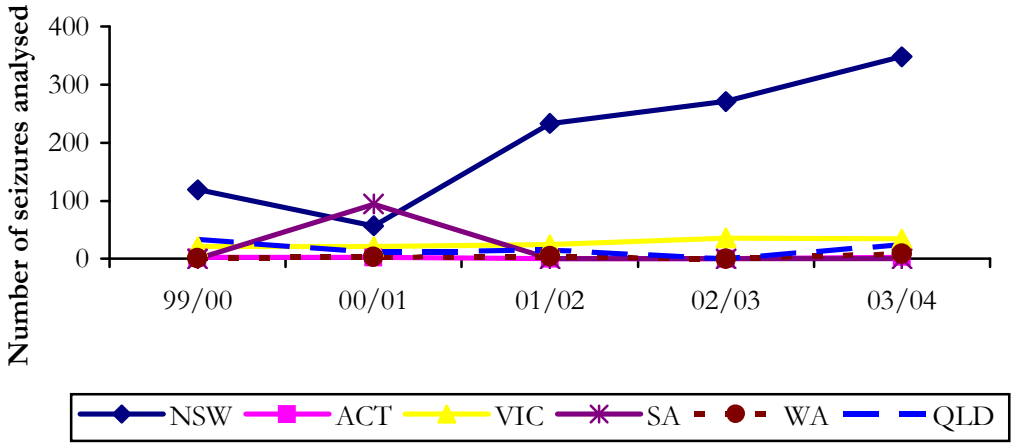
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004).

Figure 29: Median purity of cocaine State Police seizures, by jurisdiction, 1999/00 to 2003/04



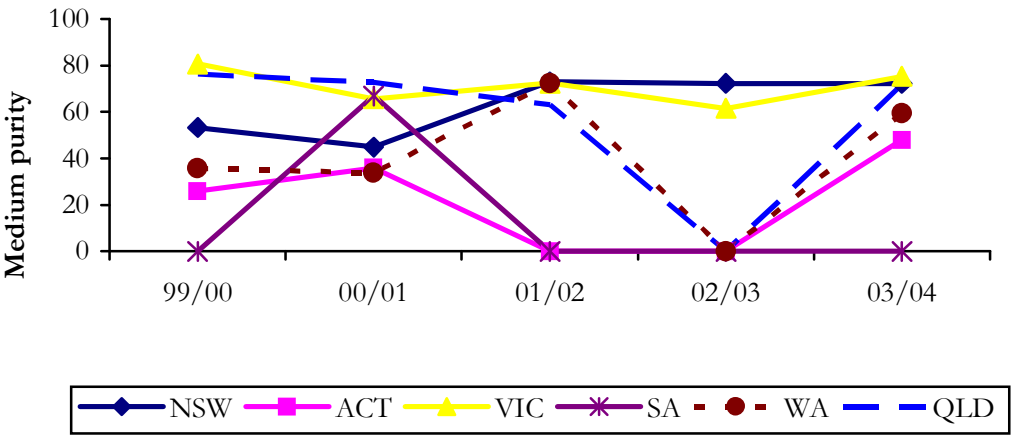
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004).

Figure 30: Number of cocaine AFP seizures, by jurisdiction, 1999/00 to 2003/04



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004).

Figure 31: Medium purity of cocaine AFP seizures, by jurisdiction, 1999/00 to 2003/04



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004).

6.4 Availability

Seventeen percent of the national sample commented on the recent availability of cocaine, 52% reported it to be 'difficult (40%) or 'very difficult' (12%) to obtain. Over a quarter (28%) considered cocaine to be 'easy' to obtain and a smaller proportion reported it as 'very easy' (15%). There was variation between jurisdictions with half of those that commented in NSW reporting cocaine was 'very easy' to obtain while 17% or less in the other states reported the same (Table 29).

Over half (53%) of those that commented, reported the availability of cocaine had remained stable over the preceding six months, while less reported that it had become easier (17%) or more difficult (11%). There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 42% in the ACT to 86% in WA (Table 29).

Table 29: Availability of cocaine by jurisdiction, 2004

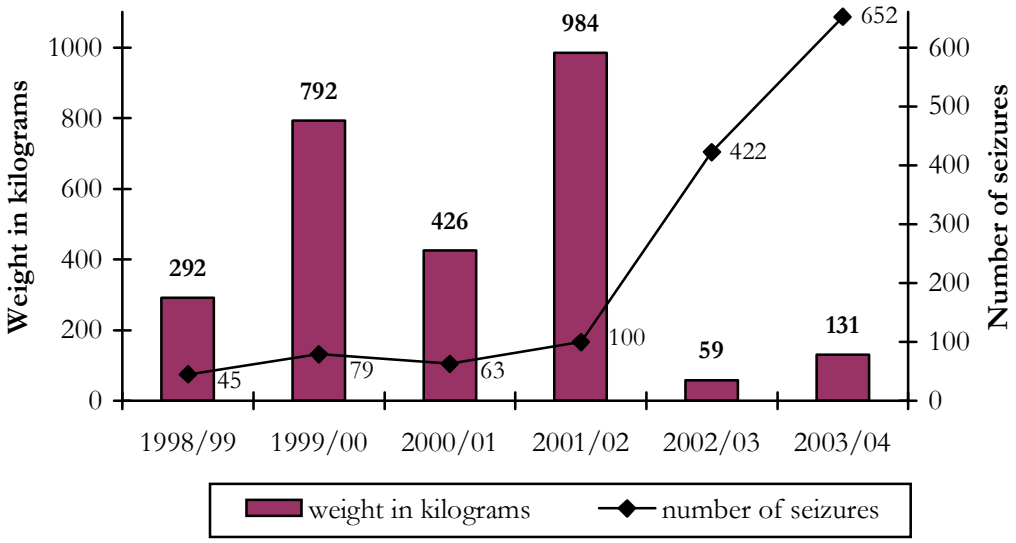
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	6	0	8	4	0	9	0	17	6
Very easy	15	50	6	13	11	0	0	17	12
Easy	28	8	47	35	0	30	14	0	35
Difficult	40	38	31	44	44	52	57	33	35
Very difficult	12	4	8	4	44	9	29	33	12
Availability changes (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	15	4	17	17	11	22	0	33	18
Easier	17	25	25	17	11	13	0	0	12
Stable	53	50	42	44	56	61	86	67	65
More difficult	11	17	8	22	22	4	0	0	6
Fluctuates	3	4	8	0	0	0	14	0	0

Source: PDI interviews 2004

6.4.1 Cocaine seized at the Australian border

During 2003/04, the Australian Customs Service made a record 652 detections of cocaine at the Australian border, the highest number of detections to date. The detections weighed a total 131 kilograms, a lower weight than has been reported previously, however higher than in 2002/03 (Figure 32). Therefore, there were more, smaller seizures of cocaine in 2002/03 and 2003/04. The large weight detected in the year 2001/02 was mainly due to a single seizure in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 32: Number and weight of cocaine seizures at the border by the Australian Customs Service, financial years 1998/99 to 2003/04



Source: Australian Customs Service 2004

6.5 Cocaine related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2000/01, there was an increase in the total number of consumer and provider arrests across Australia for cocaine, from 433 in 1999/00 to 652. In 2001/02 the number of cocaine consumer and provider arrests remained relatively stable at 612 (Australian Crime Commission 2003). The majority of these (75%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. The number of arrests in 2002/03 in NSW was 148 (Australian Crime Commission 2004) and increased to 185 in 2003/04. The total number of cocaine arrests for 2003/04 was 328. VIC reported 85 cocaine arrests (increased from 51 in 2002/03) and in QLD 35 arrests (36 in 2002/03, Australian Crime Commission 2005).

6.5.2 Health

Treatment

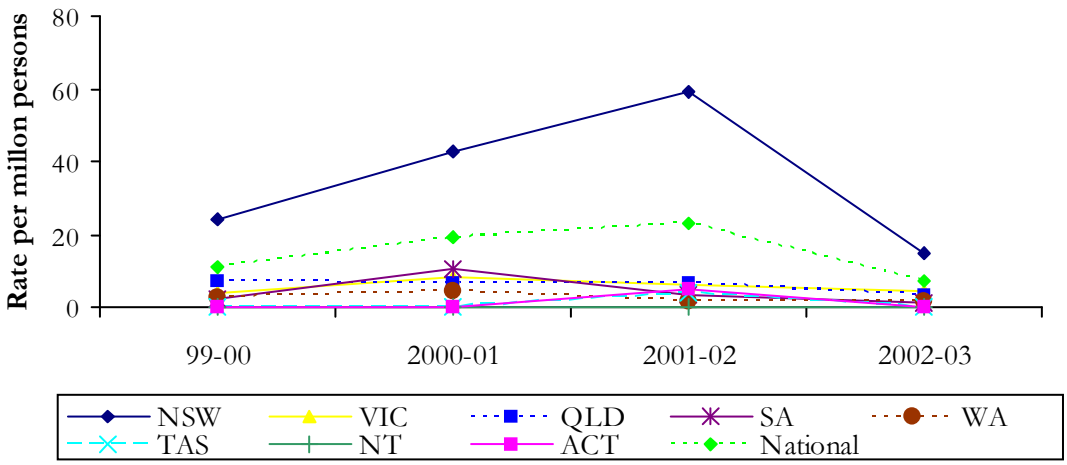
A small proportion of closed treatment episodes in Australia are primarily attributed to cocaine use. Of the 123 0321 closed treatment episodes in Australia in 2002-03, 0.3% nominated cocaine as their principle drug of concern(AIHW (Australian Institute of Health and Welfare) 2004). This excludes clients that are seeking advice for others.

Hospital separations

Data from the NHMD, managed by the AIHW, shows a gradual increase in national inpatient hospital admissions for cocaine until 2001/02 (driven largely by NSW rates) which then dropped in 2002/03 (Figure 33). Since 1999/00, NSW has had the highest rate of hospital admissions of all states, reaching a peak of 59 in 2001-02 and continued to have the highest rate of inpatient hospital admissions for cocaine in 2002/03, followed

by VIC. This is consistent with ecstasy users' self-reports, with NSW reporting the highest recent cocaine use.

Figure 33: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million persons aged 15 -54 years by jurisdiction, 1999/00 to 2000/03



Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

Mortality

Between 1997-2003 there were 175 cases of accidental drug induced deaths where cocaine was mentioned (Degenhardt, Roxburgh et al. 2004). Almost all (94%) of the cocaine related deaths were in NSW. Most were male, and in their early 30s (Degenhardt and Barker 2003; Degenhardt, Roxburgh et al. 2004).

6.6 Jurisdictional trends in cocaine use

6.6.1 NSW

Prevalence of lifetime cocaine use remained stable across time, although the data suggest a reduction in reports of recent cocaine use since 2002.

Frequency of cocaine use has fluctuated while quantities used have remained comparable between sampling years.

KE reports of cocaine use were consistent with those of users with most reporting the use of cocaine as infrequent among minorities of REUs that use cocaine.

Recent cocaine users reported usually using cocaine at private residences such as private parties or own home although nightclubs were also commonly reported. Most common location of last use was a home.

The most commonly purchased amount of cocaine was a gram at a median price of $200. Most reported the price of cocaine had increased.

The majority of those commenting reported the purity of cocaine as 'low' or 'high'. The median purity of cocaine seized and analysed by the AFP remained stable at 72% over

the preceding 12 months while NSW police cocaine seizure purity was 32%. The number of seizures analysed by the AFP has increased over recent years to 348 in 2003/04 while the number of NSW police seizures analysed has increased to 97 in 2003/04.

Most reported that the availability of cocaine was 'very easy' to obtain and this remained stable over the last six months.

Similar to other drug types, the majority of participants report obtaining cocaine from friends' and known dealers with the most commonly purchased from friends' home.
Indicator data also reflects user reports with numbers of recorded use/possession incidents, calls to drug and alcohol referral lines, numbers of closed treatment episodes, numbers of cocaine overdose and numbers of suspected drug related deaths where cocaine was detected all remaining stable or decreasing over the preceding 12 months.

6.6.2 ACT

Approximately one third of the sample reported the recent use of cocaine. Among these participants the median number of days of cocaine use was two, although the majority of recent users had used cocaine on only one day in the six months prior to interview.

The dominant form of administration was snorting, although one third of recent cocaine users reported swallowing cocaine in the preceding six months.

The median price for a gram of cocaine was reported to have remained stable at $250. The majority of respondents believed the current purity of cocaine to be 'medium' or 'high' at current.

The response of participants regarding the current availability of cocaine in the ACT was mixed. Despite this, the majority of respondents believed that the availability of cocaine had remained stable or become easier to obtain in the past six months.

6.6.3 VIC

Although REUs reported a high prevalence of lifetime use of cocaine (72%), cocaine had only been used in the last six months by 48% of REUs. Recent users of cocaine reported only occasional use (often on 'special occasions') and reported that typically snorting cocaine.

The median price of a gram of cocaine was $277.50, and the price was most commonly reported to have remained stable or decreased over the last six months.

There was little consistency in reports of the current purity or recent changes in the purity of cocaine.

Cocaine was most commonly reported as 'difficult' to obtain, and availability over the previous six months was generally described as stable. Cocaine was most commonly purchased from friends in private residences.

6.6.4 TAS

One third of the REUs (32%) had used cocaine at some stage of their lives, but only one tenth (10%) had used cocaine in the six months preceding the interview, which is similar to the proportion reporting recent use in 2003. A greater proportion of males had ever used cocaine in comparison to females.

Cocaine was typically snorted and was used twice on average in the preceding six months with an average of 0.1 to 0.5 grams used in a typical session.

A price for a gram of cocaine ranged from $200-400 which is consistent with the price range reported in 2003 and had remained stable in the preceding six months.

Consumer reports on the purity of cocaine were varied, and there is no recent objective purity data available from police seizures.

Both REUs and key experts considered the availability of cocaine to be low in Tasmania, which is consistent with the situation reported in 2003.

6.6.5 SA

There was a further decline in the proportion of REU reporting recent use of cocaine in 2004 (to 26%), though no change in the frequency of cocaine use, which remains low among those that had used recently.

The most common locations of use of cocaine differed from those of ecstasy and methamphetamine. Use of cocaine was most likely to occur in a friend's home, a private party or a nightclub.

Cocaine continued to be relatively expensive (at an average $250/gram) and perceived as difficult to obtain, with medium or low purity, by the majority of REU able to comment.

ACC data indicates that median purity of SAPOL seizures in 2003/04 was 38.5%, an increase compared to 2002/03 (20.6%). However, the small number of seizures and the lack of comparable data from previous years makes meaningful trend analysis impossible.

As in previous years, KES suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

6.6.6 WA

Thirty six percent of respondents reported lifetime use of cocaine, a proportion that was not significantly different to that reported in 2003 (44%). Neither was any difference found across survey years in terms of recent cocaine use (16% in 2004 versus 17% in 2004). Respondents used a median of one day (range 1-25) during the six months preceding the interview.

Few respondents reported ever injecting cocaine (8%) and only two respondents reported doing so during the six months preceding the interview. Of those respondents who used during the previous six months, 81% reported snorting the drug, followed by 6% reporting swallowing it, and 6% having smoked cocaine.

The median price per gram, based on seven respondents, was $400 per gram. The price was rated as 'stable' (43%).

Respondent reports on purity were difficult to assess due to variation among the seven respondents who commented.

Availability was reported as being 'difficult' by 57% of respondents and 86% believed the situation to have remained 'stable' during the previous six months (n=7).

6.6.7 NT

Thirty-nine percent of the REUs sample had used cocaine in their lifetime and only 15% reported cocaine use in the six months preceding interview.

Among those that used, cocaine use was infrequent with a median of one days use in the preceding six months.

Usual (0.5 grams) and heavy (0.75 grams) episode quantities used were very similar. Only one person had recently binged with cocaine.

The recent users most commonly snorted cocaine, usually at home or private parties.

The median price for a gram of cocaine was reported to be $250. Most users reported that the price for cocaine had been 'stable'.

The purity of cocaine was reported to be 'medium' and half 'didn't know' about the change in purity over the last the six months.

Most participants who commented on the availability stated that cocaine was 'difficult to very difficult' to obtain and this had been stable over the past six months.

6.6.8 QLD

Forty-five per cent of REUs reported having ever used cocaine and 21% reported using cocaine recently. Cocaine was typically snorted (85%) and used on a median of two days (1-36).

Fourteen participants reported a median price of $237.50 per gram.

Seventeen participants reported on cocaine availability and purity. They reported cocaine was either very easy to easy (n=8) or very difficult to difficult (n=8) to obtain. The most common response on current cocaine purity was that it was medium (n=6).

Of those who were able to comment dealers (53%) were the most common person from whom cocaine was obtained from followed closely by dealers (47%). Cocaine was mainly obtained in private venues such as friends homes (35%), dealers homes (47%) or in their own home (29%). Nightclubs (12%), raves (6%) and pubs (6%) were also mentioned. Whilst cocaine was reported to have been used in a range of settings, of those able to comment the most common last venues of use were their own home (41%) and friends homes (35%).

6.7 Summary of cocaine trends

- Five percent of the national sample reported cocaine as their drug of choice.
- Over half (54%) of participants in the 2004 national sample reported lifetime use of cocaine and about a quarter (27%) had used cocaine in the six months preceding interview.
- The median age of first use, among those that reported using cocaine, was 20 years.
- Of those that used cocaine in the six months preceding interview, the majority (91%) snorted, 22% swallowed, 6% smoked and 6% injected.

- Cocaine use was infrequent with the majority (79%) reporting having used less than monthly.
- The median amount of cocaine used in a 'typical' use episode was half a gram . Recent cocaine users reported using a median of one gram during their 'heaviest' use episode.
- Eight percent of those that had binged in the six months preceding interview used cocaine in their binge.
- Cocaine was most commonly acquired through friends or dealers and this was consistent across states. REUs obtained their cocaine from private homes, most commonly friend's homes, and their dealer's homes or at their own home.
- REUs reported that they used cocaine in a variety of locations including private homes (friends and own), nightclubs, private parties and pubs. Similar proportions reported they had last used cocaine at a nightclub (21%) and in their own home (25%).
- Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $200 in NSW to $400 in WA.
- Twenty eight percent of the national sample responded that they did not know if the price had changed; over a third (34%) reported the price of cocaine had remained stable in the preceding six months.
- A quarter (26%) of those who commented reported the purity of cocaine to be 'medium' and a further quarter (23%) reported cocaine strength was 'low'.
- Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 28% did not know, 29% stable, 16% increasing, 15% fluctuating and 12% decreasing.
- The purity of State Police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT.
- Cocaine was reported to be 'difficult' or 'very difficult' by half of those that commented. A quarter considered it to be 'easy' and smaller proportions reported that it was 'very easy' to obtain. There was variation between jurisdictions with over half of those that commented in NSW reporting cocaine was very easy to obtain.
- There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 42% in the ACT to 86% in WA.
- The Australian Customs Service made a record 652 detections of cocaine at the Australian border in 2003-04.

7.0 KETAMINE

Ketamine is a rapid acting dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. Ketamine is a liquid that can be injected for legitimate use. It is typically converted into a fine powder through evaporation, which is typically snorted. Ketamine can also be made into tablets that are swallowed.

Ketamine produces a dissociative state in the user, commonly eliciting an out of body experience. Too much ketamine can result in the user having a 'near death experience' or falling into a 'k-hole'.

As ketamine is complicated to manufacture and precursor chemicals are difficult to obtain, it is unlikely that it is produced in clandestine laboratories. The majority of ketamine used by REUs is probably diverted from veterinary sources (ACC, 2003).

Ketamine is also known as Special K or Vitamin K.

7.1 Ketamine use among regular ecstasy users

Six participants (0.7%) of the national sample nominated ketamine as their drug of choice. Forty percent of 2004 national sample reported lifetime use of ketamine and about a quarter (23%) had used ketamine in the six months preceding interview (Table 30). The median age of first used, among those that reported using ketamine, was 21 years (range 15-48).

Four percent of the national sample reported that they had injected ketamine at some time (Table 30). Of those that reported injecting ketamine, the median age first injected was 24 years (range 17-41). Two percent (n=19) of the national sample reported injecting ketamine in the six months preceding interview.

Of those that used ketamine in the six months preceding interview, the majority (70%) snorted, 45% swallowed, 10% injected and 1% smoked (Table 30).

Of those that used ketamine, the median number of days used was three, ranging from having used ketamine once to one participant reporting ketamine use more than every second day (Table 30). The majority had (75%) used less than monthly; 16% used ketamine between monthly and fortnightly; 6% used between fortnightly and weekly and another 3% used ketamine more than once a week.

Table 30: Patterns of ketamine use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**40**	58	36	70	18	51	21	32	32
Ever injected	**4**	6	1	3	3	5	3	7	6
Used last six months (%)	**23**	39	15	45	5	39	10	18	16
Snorted*	**70**	93	47	93	60	79	10	15	44
Swallowed*	**45**	32	65	36	80	28	80	62	68
Injected*	**10**	0	6	2	0	10	10	38	28
Smoked*	**1**	0	0	0	0	0	10	0	4
Median days used* last 6 mths (range)	**3** **(1-96)**	4 (1-30)	2 (1-24)	3 (1-96)	2 (1-5)	3 (1-40)	1 (1-3)	2 (1-4)	2 (1-13)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose.

The median amount of ketamine used was two bumps (range 1-15) for a 'typical' or 'average' use episode and two and a half bumpers (range 1-15) for the 'heaviest' use episode. A quarter (24%) reported having five or more bumps in a single occasion in the last six months. Eight percent of those that had binged in the six months preceding interview used ketamine in their binge.

Ketamine use was also quantified in grams, points, pills and lines. Twenty one participants reported using a quarter of a gram of ketamine (range 0.1-2) in a 'typical' use episode and 33 participants used half a gram of ketamine (range 0.1-7) in their heaviest use episode. Forty recent users reported using one point (0.25–5) in a typical session and thirty four reported using two points in their heaviest use episode (0.25–12).

Ketamine was predominantly obtained through friends (43%) and known dealers (36%). Other people reported obtaining ketamine from another source including acquaintances (8%), an unknown dealer (2%) or workmates (<1%, Table 31).

REUs reported scoring ketamine from a variety of locations, most commonly private residences (friends' home, dealers' home or their own home). Nightclubs, raves, the street, pubs and an agreed public location were also mentioned (Table 31).

Table 31: Source, purchase location and use location of ketamine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Score from (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Friends	43	28	44	60	25	44	100	14	43
Known Dealers	36	52	22	31	13	31	0	29	71
Acquaintances	8	4	0	9	13	9	0	29	0
Workmates	<1	0	0	3	0	0	0	0	0
Unknown dealers	2	0	11	3	0	0	0	0	0
Locations scored (%)									
(% who commented)	(n=123)	(n=25)	(n=9)	(n=34)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Friends' home	32	20	22	41	25	41	0	29	14
Dealer's home	26	44	0	32	13	16	0	14	43
Agreed public location	4	4	11	3	0	6	0	0	0
At own home	8	4	0	9	13	3	0	29	29
Nightclub	10	0	22	15	0	6	0	14	29
Raves*	5	0	0	12	0	3	100	0	0
Pubs	2	8	0	0	0	0	0	0	0
Street	3	0	0	9	0	0	0	14	0

Source: PDI interviews 2004 *includes 'doofs' and dance parties

Table 31: Source, purchase location and use location of ketamine by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Nightclub	29	48	33	31	13	19	0	0	43
Raves*	24	48	0	29	25	16	100	0	0
Private party	22	12	22	26	13	34	0	14	0
Friends' home	51	32	33	83	25	53	0	43	14
At own home	36	48	11	40	38	25	0	57	29
Pubs	7	12	0	9	13	3	0	0	0
Dealer's home	7	0	0	17	0	6	0	0	0
Restaurant/café	1	0	0	3	0	0	0	0	0
Public place	5	8	0	6	0	6	0	0	0
Vehicle – passenger	4	0	0	9	0	3	0	0	14
Vehicle – driver	1	0	0	3	0	0	0	0	0
Outdoors	7	0	0	11	0	13	0	0	0
Live music event	5	8	0	6	13	3	0	0	0
Work	5	0	0	6	13	3	0	0	0
Last use venue (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Nightclub	13	20	33	6	0	9	0	0	43
Friends' home	37	28	33	54	25	34	0	43	14
At own home	21	28	0	14	25	19	0	57	29
Raves*	7	12	0	9	0	3	100	0	0
Private party	11	8	11	11	0	22	0	0	0
Pubs	2	4	0	0	0	3	0	0	0
Dealer's home	2	0	0	3	0	3	0	0	0

Source: PDI interviews 2004 * includes `doofs' and dance parties

Ketamine was used in many locations, both public (nightclubs and raves) and private (friends home or own home, Table 31).

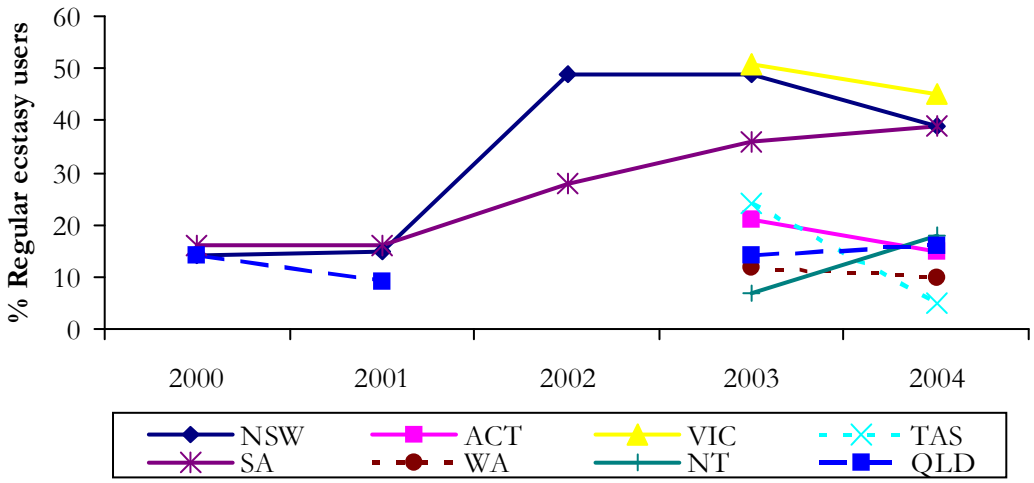
Over half of REUs reported they had last used ketamine in a private home (37% friends home, 21% own home), 20% reported last using at a nightclub or rave and 11% a private party. Two percent last used in a dealer's home or a pub (Table 31).

7.1.1 Trends over time

In Figure 34, in NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and from 2003 in the other states.

Trends in NSW, SA and QLD suggest that ketamine is used relatively infrequently. In NSW, although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2001. There have also been continued increases in SA, with nearly half of REUs in 2004 reported lifetime use of ketamine and more than a quarter reported recent use. In QLD, recent use remained stable in 2004. Recent use, frequency and quantity of ketamine use remained stable across states (Figure 34).

Figure 34: Proportion of REUs that reported recent use of ketamine by jurisdiction, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

7.2 Price

Participants were asked 'How much does ketamine cost at the moment?' Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. Ketamine was most commonly purchased in grams. Four percent of the national sample (n=37) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $50 in TAS (however this was based on one participant) to $200 in NSW, ACT and the NT (Table 32).

Table 32: Median price of ketamine by jurisdiction, 2004

Median price ($)	NSW n=11	ACT n=1	VIC n=10	TAS n=1	SA n=11	WA n=0	NT n=3	QLD n=0
Gram	$200 (100-200)	$200 -	$195 (150-250)	$50 -	$200 (100-300)	-	$200 (60-500)	-

Source: PDI interviews 2004

Fifteen percent (n=124) of the national sample commented on whether the price of ketamine had changed in the preceding six months. Nearly half (43%) of the national sample responded that they did not know if the price had changed. Over a third (36%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price of ketamine may indicate that these are new users or that the use is infrequent (Table 33).

Table 33: Price changes of ketamine by jurisdiction, 2004

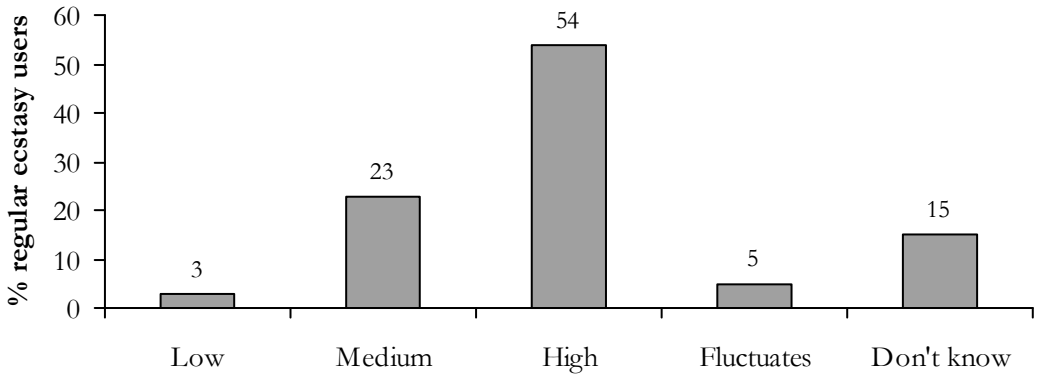
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Price change (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	43	28	67	34	63	41	100	71	57
Decreased	6	4	0	9	0	6	0	0	14
Stable	36	44	33	37	38	34	0	29	29
Increased	11	24	0	20	0	3	0	0	0
Fluctuated	4	0	0	0	0	16	0	0	0

Source: PDI interviews 2004

7.3 Purity

Participants were asked what the current purity or strength of ketamine was and if the purity had changed in the six months preceding interview. Fifteen percent (n=124) of the national sample commented on the purity of ketamine. Over half (54%) of those who commented reported the purity of ketamine to be 'high' and a further 23% reported ketamine strength as 'medium' (Figure 35).

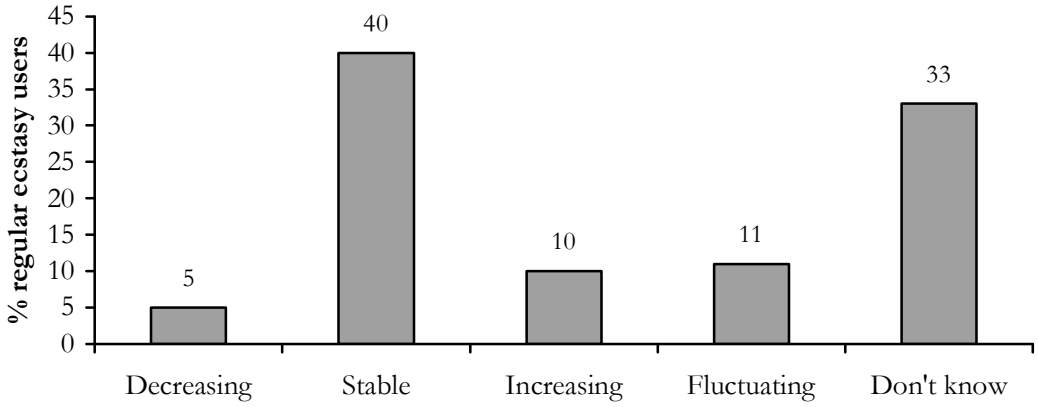
Figure 35: National REU report of recent current purity of ketamine, 2004



Source: PDI interviews 2004

Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, 50% stable, 27% did not know, 12% decreasing, 6% increasing and 5% fluctuating (Figure 36).

Figure 36: National REU reports of recent change in purity of ketamine, 2004



Source: PDI interviews 2004

7.4 Availability

Fifteen percent of the national sample commented on the recent availability of ketamine. Half (49%) of the participants reported that is was 'easy' (36%) or 'very easy' (13%) to obtain ketamine. The other half (47%) found ketamine to be either 'difficult (37%) or 'very difficult' (10%) to obtain (Table 34).

About a third (36%) of those that commented, reported the availability of ketamine had remained stable over the preceding six months, while a quarter (26%) reported that it was 'more difficult' to obtain. Seventeen percent considered it to be easier, 18% did not know and 3% reported it as fluctuating (Table 34).

Table 34: Availability of ketamine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	5	0	0	0	0	9	0	17	29
Very easy	13	8	11	6	13	25	0	0	29
Easy	36	40	44	34	25	41	0	29	14
Difficult	37	40	44	46	50	19	100	43	29
Very difficult	10	12	0	14	13	6	0	14	0
Availability changes (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	18	8	11	3	25	34	0	29	43
Easier	17	12	11	11	0	31	0	29	14
Stable	36	32	67	37	50	25	100	29	43
More difficult	26	40	11	49	25	3	0	14	0
Fluctuates	3	8	0	0	0	6	0	0	0

Source: PDI interviews 2004

7.4.1 Ketamine seized at the Australian border

As mentioned previously diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002, prior to then, suspected ketamine importation were referred to police for investigation under state and territory laws. Since that time, in the 2001/02 financial year, Customs detected two attempted imports by air passengers, the largest 43 grams in air passenger baggage (Australian Crime Commission 2003). There were six ketamine detections in 2002/03 with a total weight of 260 grams and increased in 2003/04 to 10 ketamine detections weighing a total of 75 grams (Australian Crime Commission 2005).

7.5 Ketamine related harms

7.5.1 Law enforcement

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and Victoria to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore no data are available on the number of police apprehensions for possession or supply of this controlled substance.

7.5.2 Health

Ketamine users may be at risk of experiencing a range of acute side effects that place them at risk of harm. In an Australian study of ketamine users, effects such as an inability to speak, blurred vision, lack of co-ordination and increased body temperature were often reported (Dillon, Copeland et al. 2003), and the experience of a 'k-hole' may lead some to experience symptoms of paranoia, hallucinations, and distress (Jansen 2000). These may increase the acute risks of ketamine particularly given that it is often used in nightclubs or dance parties, where the confusion and dissociation induced by ketamine may lead to unintended harms such as falls, traffic accidents (when leaving venues), and the unpleasant event of being taken advantage of by others.

Very few deaths by 'pure' ketamine overdose have ever been recorded. Of 87 ketamine-linked deaths in New York City, none was purely due to the use of ketamine (Gill and Stajic 2000). No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. Three drug-related deaths have been recorded in NSW where ketamine was detected since 1994.

Case studies of ketamine dependence in the medical literature are accumulating (Ahmed and Petchovsky 1980; Kamaya and Krishna 1987; Jansen 1990; Soyka, Krupinski et al. 1993; Hurt and Ritchie 1994; Moore and Bostwick 1999). There have been no direct reports from the AODTS-NMDS 2002-04 on the number of persons in Australia who have received treatment for problematic ketamine use.

7.6 Jurisdictional trends in ketamine use

7.6.1 NSW

Although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2000.

The frequency and quantity of ketamine use has slightly increased comparable to 2002 levels.

Although only small proportions in previous years were able to comment, the gram price of ketamine appears to have increased for the first time since 2000. Median price for a gram of ketamine in 2004 was $200.

Most respondents in 2004 reported the current purity of ketamine to be 'medium' or 'high' and that the purity had remained 'stable' or 'decreased' over the preceding six months.

Ketamine was 'easy' or 'difficult' to obtain for the majority of respondents in 2004. Most agreed the availability of ketamine has remained 'stable' or 'more difficult'.

Similar to other drug types, friends and known dealers were the people participants most commonly reported purchasing ketamine from in the preceding six months. Ketamine was commonly reported to have been purchased at friends homes or known dealers' homes.

Available indicator data suggests very low rates of health related harms.

7.6.2 ACT

Fifteen percent of the ACT sample reported the use of ketamine in the previous six months. Most recent ketamine users had used on a less that monthly basis in the six months prior to interview.

The modes of ketamine administration reported by recent ketamine users were swallowing and less often, snorting.

The median price for ketamine in the ACT was reported to be stable at $20 a tablet and $200 for a gram.

REUs believed the current purity of ketamine to be high and to have remained stable in the past six months. Participants were divided in their response to the current availability of ketamine in the ACT.

7.6.3 VIC

Almost three in four REUs in Victoria reported lifetime use of ketamine, however, fewer than half had used ketamine in the past six months. Those that had used ketamine recently tended to do so infrequently (typically about once every two months).

The purity of ketamine was reported to be medium to high. The price and purity of ketamine were reported to have remained stable over the preceding six months.

In contrast with 2003, when ketamine was reported as 'very easy' to obtain, the 2004 Victorian PDI sample most commonly reported ketamine as 'difficult' to obtain. This result is consistent with reports in 2004 that ketamine had become more difficult to access in the preceding six months.

7.6.4 TAS

Less than one fifth (18%) of the regular ecstasy using sample reported lifetime use of ketamine and only one in twenty (5%) had recently used ketamine. Ketamine was used on an average of two occasions in the preceding six months in relatively small amounts, indicating predominately experimental use by a small number of people amongst this regular ecstasy consuming cohort.

Ketamine was typically swallowed or snorted and could be purchased in tablet, powder or liquid form and was considered to be high in purity, with this level of purity regarded as remaining stable in recent months.

The availability and use of ketamine appears to have decreased since 2003, with a 20% decrease in lifetime and recent use of ketamine between the two samples, and less respondents able to confidently report on the price, purity and availability of the drug.

7.6.5 SA

Over a third of REU reported recent use of ketamine in 2004, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have stabilised in 2004 following a steady increase from 2001 to 2003.

Ketamine was more likely to be used at a friend's home or a private party than at other public venues.

The current price of ketamine was stable at $180 to $200 per gram, purity was considered high by the majority (an increase compared to 2003), and availability was reported as 'easy' or 'very easy' and becoming easier recently.

Ketamine was most commonly purchased from friends or known dealers by those able to comment.

A small number of KES associated with the 'scene' reported ketamine use was increasingly common among REU.

7.6.6 WA

Lifetime use of ketamine was 21%, a proportion not significantly different from that of 2003 (25%). No differences were found across survey years in terms of recent ketamine use (10% in 2004 versus 12% in 2003). The median days use during the past six months was one day.

Few respondents could provide information concerning the current ketamine market.

7.6.7 NT

A third of the REUs sample reported they had ever used ketamine and 18% reported they had used ketamine in the six months preceding interview, usually at home.

Recent users had used it for a median of two days and used two bumps in usual and heavy episodes.

The majority of those that had recently used ketamine had swallowed it, but just over a third had injected it.

The median price per bump was reported at $200, and most did not know if this price had recently changed.

Ketamine purity was rated 'high' and 'stable'.

Ketamine availability was described as 'difficult to very difficult' to obtain, with very mixed reports of change in availability.

7.6.8 QLD

Whilst more REUs in 2004 (32%) reported ever using ketamine than in 2003 (27%) similar proportions reported recent use in 2004 (16%) compared to 2003 (14%). Recent

ketamine in 2004 use was on a median of two days in the last six months, using a median of three bumps (range: 1 – 5 bumps).

Few users could comment on price, purity and availability and amongst those seven who did there was little agreement on purity and availability and not median price for a gram ketamine was reported.

7.7 Summary of ketamine trends

- Six participants of the national sample nominated ketamine as their drug of choice.
- Forty percent of 2004 national sample reported lifetime use of ketamine and about a quarter (23%) had used ketamine in the six months preceding interview.
- The median age of first use, among those that reported using ketamine, was 21 years.
- Of those that used ketamine in the six months preceding interview, the majority (70%) snorted, 45% swallowed, 10% injected and 1% smoked.
- Ketamine was predominantly obtained through friends (43%) and dealers (36%). REUs reported scoring ketamine from a variety of locations, most commonly private residences (friend's home, dealers home or their own home).
- Over half of REUs reported they had last used ketamine in a private home (friends or own) and 20% reported last using at a nightclub, or rave and 11% private party
- Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from 50 in TAS (n=1) to $200 in NSW, ACT and the NT.
- Nearly half (43%) of the national sample responded that they did not know if the price had changed. Over a third (36%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price may indicate infrequent use of ketamine.
- Over half (54%) of those who commented reported the purity of ketamine to be 'high' and a further 23% reported ketamine strength as 'medium'.
- Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, 50% stable, 27% did not know, 12% decreasing, 6% increasing and 5% fluctuating.
- Half (49%) of the participants reported ketamine was 'easy' or 'very easy' to obtain. A quarter (26%) reported it to be 'difficult or 'very difficult'. There was consistency across jurisdiction among those that commented.
- About a third (36%) of those that commented, reported the availability of ketamine had remained stable over the preceding six months, while a quarter (26%) reported it was more difficult to obtain.

8.0 GHB

Gamma hydroxybutyrate (GHB) was originally developed as an anaesthetic (Vickers 1968), but was not widely used due to the incidence of unwanted side effects including vomiting and seizures (Hunter, Long et al. 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak 1989; Chin, Kreutzer et al. 1992; Mack 1993) and for alcohol dependence and opioid withdrawal (Kam and Yoong 1998; Nicholson and Balster 2001).

The use of GHB as a recreational drug has been documented in recent years (Degenhardt, Darke et al. 2002). Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro'.

Following restrictions on the availability of GHB, there have been reports of the production of GHB from its precursor, gamma-butyrolactone (GBL). GBL is a common ingredient in paint thinners and varnishes. GBL is mixed with substances that are easily obtainable to make GHB. In addition, GBL and a similar chemical 1,4-butanediol (1-4B) are metabolised into GHB in the body when consumed. The recreational use of these drugs has also been documented (Ingels, Rangan et al. 2000). They may be used as substitutes for GHB, but are pharmacologically different.

Unlike many of the other ecstasy and related drugs, GHB is a depressant. When mixed with other depressants, such as alcohol, the depressant effects are increased and this may lead to respiratory difficulties and overdose. GHB is very dose dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness.

8.1 GHB use among regular ecstasy users

Six participants (0.7%) of the 2004 national sample nominated GHB as their drug of choice. Twenty three percent of 2004 national sample reported lifetime use of GHB and 10% had used GHB in the six months preceding interview (Table 36). The median age of first use, among those that reported using GHB, was 21 years (range 13-42).

Less than one percent (n=6) of the national sample reported that they had injected GHB at some time (Table 35). Of those that reporting injecting GHB, the median age first injected was 21.5 years (range 16-38). Two participants reported injecting GHB in the six months preceding interview.

All participants reported recently swallowing GHB, except one participant in VIC that injected it.

Of those that used GHB, the median number of days used was two, ranging from having used GHB once to two participant reporting using GHB just over every third day (Table 35). The majority had (76%) used less than monthly; 13% used GHB between monthly and fortnightly; 6% used between fortnightly and weekly and another 6% used GHB more than once a week.

Table 35: Patterns of GHB use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**23**	28	23	38	7	35	11	20	20
Ever injected	**<1**	0	0	1	0	1	0	5	<1
Used last six months (%)	**10**	18	6	27	3	12	5	6	6
Median days used* last 6 mths (range)	**2 (1-78)**	2 (1-26)	1 (1-4)	3 (1-72)	1 (1-3)	1 (1-6)	1 (1-3)	2.5 (1-10)	3 (1-78)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

GHB use was typically quantified in mls. The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 5.5mls (range 0.5-300). Recent GHB users reported using a median of 7mls (range 0.5-300) during their 'heaviest' use episode. Around a quarter (23%) reported having used 15mls or more in a single occasion in the last six months. One participant reported using 300mls and another 100mls in the last six months. Five percent of those that reported they had binged in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB, obtained it from friends (47%) and known dealers (21%). Over a third (37%) scored from their friend's home, with their own home and dealers home the next most common locations reported (Table 36).

Like ecstasy and other related drugs, GHB was used in a variety of locations. Nightclubs were the most common location (40%), followed by private homes (friends or own home, Table 36).

Table 36: Source, purchase location and use location of GHB by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Scored from (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Friends	47	60	100	63	0	25	0	33	40
Known Dealers	21	20	0	21	0	17	0	33	40
Acquaintances	6	20	0	0	0	0	100	0	0
Workmates	0	0	0	0	0	0	0	0	0
Unknown dealers	2	0	0	5	0	0	0	0	0
Locations scored (%)									
(% who commented)	(n=52)	(n=10)	(n=1)	(n=18)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Friends' home	37	40	0	50	0	25	100	33	20
Dealer's home	12	10	0	17	0	0	0	0	40
Agreed public location	8	10	0	0	0	8	0	33	20
At own home	21	30	100	22	0	0	100	33	20
Nightclub	6	20	0	0	0	8	0	0	0
Raves*	8	10	0	11	0	8	0	0	0
Pubs	2	0	0	6	0	0	0	0	0

Source: PDI interviews 2004 * includes 'doofs' and dance parties

Table 36: Source, purchase location and use location of GHB by jurisdiction, 2004 (continued)

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Usual use venue (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Nightclub	40	70	0	53	0	17	0	33	20
Raves*	30	30	0	58	0	8	0	33	0
Private party	2	0	0	5	0	8	0	33	20
Friends' home	36	0	100	58	0	25	100	33	40
At own home	38	50	0	42	50	0	100	33	80
Pubs	2	0	0	5	0	0	0	0	0
Dealer's home	4	0	0	5	0	0	0	0	20
Restaurant/café	4	0	0	0	0	0	100	0	20
Public place	8	0	0	11	0	0	0	0	40
Vehicle - passenger	6	0	0	11	0	0	0	0	20
Vehicle – driver	8	10	0	11	0	0	0	0	20
Outdoors	11	0	0	26	0	0	0	0	20
Live music event	4	0	0	11	0	0	0	0	0
Work	2	0	0	0	0	0	0	0	20
Last use venue (%)									
(% who commented)	(n=52)	(n=10)	(n=1)	(n=18)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Nightclub	19	40	0	22	0	17	0	0	0
Friends' home	23	0	100	33	0	17	100	33	20
At own home	27	40	0	28	50	0	0	33	60
Raves*	12	20	0	17	0	8	0	0	0
Private party	4	0	0	0	0	8	0	33	0

Source: PDI interviews 2004 * includes `doofs' and dance parties

8.1.1 Use of 1,4-B

Two percent (n=14) of the national sample reported use of 1,4 butanediol (1,4-B) in their lifetime and one percent (n=11) had used it recently. All of whom had swallowed it. Those that had used 1,4B in the last six months were from VIC (n=10) and QLD (n=1). The median days used was 25 days (range 2-120 days) in VIC and in QLD the one participant used twice in the last six months. Only one participant reported using 1,4B for 120 days in the last six months.

8.1.2 Use of GBL

One percent (n=11) of the national sample reported use of gamma-butyrolactone (GBL) in their lifetime and less than one percent (n=7) had used it recently. Those that had used GBL (QLD = 3, ACT = 2, NSW and VIC = 1) in the preceding six months has swallowed it. In QLD the median days used was three days (range 1-12 days), in the ACT

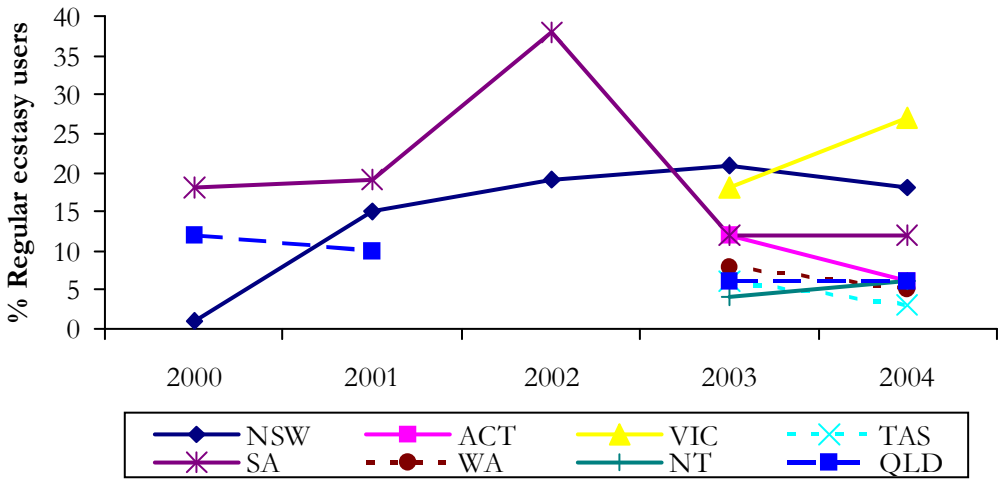
two and a half days (range 1-4 days), in NSW the one participant had used twice and in VIC the one participant reported having used GBL for 60 days in the last six months.

8.1.2 Trends over time

In NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and since 2003 in the other states.

The data from NSW, SA and QLD suggest that small proportions of REUs use GHB. In NSW, the proportion of users reporting lifetime and recent GHB has increased over time and has remained stable in 2004. Frequency and quantity of use is comparable between years and given the small numbers who commented, cautious interpretation is required. In SA there was a decrease in the proportion of REUs reporting lifetime and recent use of GHB in 2003 and this remained stable in 2004. A small reduction in the frequency of reported use and average amount used per session of GHB was also noted. GHB use in QLD also remained stable. Recent use was relatively stable in the other states in 2004, except in VIC where it GHB recent use increased dramatically and in the ACT where it decreased (Figure 37).

Figure 37: Proportion of REUs that reported recent use of GHB by jurisdiction, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

8.2 Price

Participants were asked 'How much does GHB cost at the moment?' Small numbers were able to comment on the price of GHB and therefore these results should be interpreted with caution. GHB was most commonly purchased in millilitres (mls). Twenty seven participants of the national sample commented on the price of a ml of GHB, these prices are listed in Table 37.

Table 37: Price per ml of GHB by jurisdiction, 2004

Price ($)	NSW n=1	ACT n=0	VIC n=12	TAS n=0	SA n=8	WA n=1	NT n=1	QLD n=4
Per ml	$1	-	$2 7x$2.50 2x$3 $4 $8	-	$1.25 $2 2x$3 4x$5	$2.50	$3	0.60 3x$5

Source: PDI interviews 2004

Fifty three participants in the national sample commented on whether the price of GHB had changed in the preceding six months. Over a quarter (28%) did not know whether there had been a change, 36% described the price as stable and 26% reported price as decreasing (Table 38).

Table 38: Price changes of GHB by jurisdiction, 2004

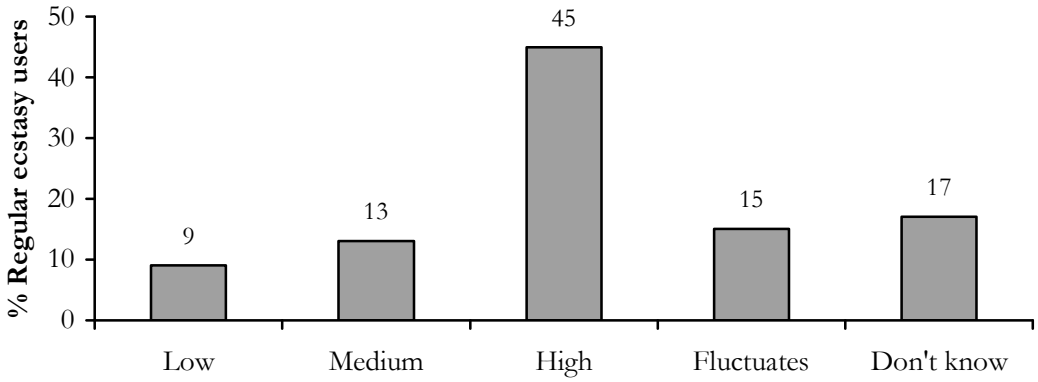
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Price change (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	28	20	0	21	100	42	100	33	0
Decreased	26	40	0	16	0	25	0	33	60
Stable	36	30	100	47	0	25	0	33	40
Increased	8	0	0	16	0	8	0	0	0
Fluctuated	2	10	0	0	0	0	0	0	0

Source: PDI interviews 2004

8.3 Purity

Participants were asked what the current purity or strength of GHB was and if the purity had changed in the six months preceding interview. Six percent (n=53) of the national sample commented on the purity of GHB. Forty five percent of those who commented reported the purity of GHB to be 'high' and a further 13% reported GHB strength as 'medium' (Figure 38). Nearly a fifth (17%) did not know what the current purity of GHB was.

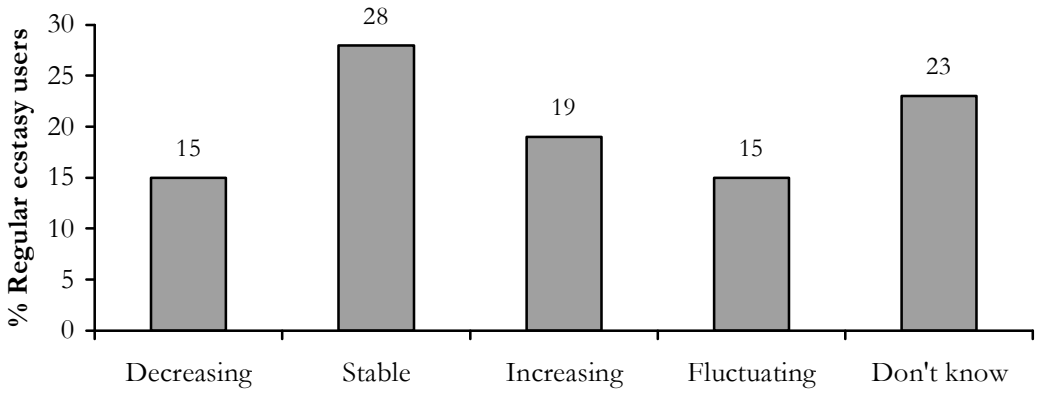
Figure 38: National REU reports of recent current purity of GHB, 2004



Source: PDI interviews 2004

Of those that commented on whether the purity of GHB had changed in the six months preceding interview, 23% did not know, 28% reported it was stable, 19% increasing, 15% decreasing and 15% fluctuating (Figure 39).

Figure 39 National REU reports of recent change in purity of GHB, 2004



Source: PDI interviews 2004

8.4 Availability

Six percent (n=53) of the national sample commented on the recent availability of GHB. Again small numbers reported in all states and this data should therefore be interpreted with caution.

There was inconsistency regarding reports of the availability of GHB among the jurisdictions. Nationally 66% of the sample reported the availability as 'very easy' (34%) or 'easy' (32%). Twenty seven percent reported availability as 'difficult' or 'very difficult' to obtain and a further 8% did not know (Table 39).

About half (42%) of those that commented, reported the availability of GHB had remained stable over the preceding six months, while 23% reported that it had become easier or more difficult (19%) to obtain (Table 39).

Table 39: Availability of GHB by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	8	0	0	0	0	33	0	0	0
Very easy	34	40	0	53	50	8	0	33	20
Easy	32	30	0	26	0	25	100	33	80
Difficult	25	30	100	21	50	33	0	0	0
Very difficult	2	0	0	0	0	0	0	33	0
Availability changes (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	13	0	0	5	0	50	0	0	0
Easier	23	20	100	11	0	17	100	68	40
Stable	42	50	0	58	50	25	0	0	40
More difficult	19	30	0	26	50	0	0	33	0
Fluctuates	4	0	0	0	0	8	0	0	20

Source: PDI interviews 2004

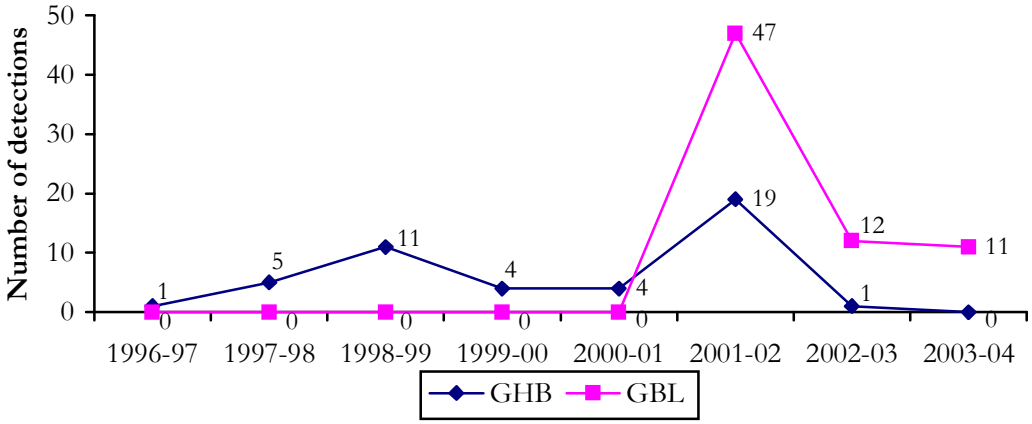
8.4.1 GHB and GBL detections at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 40 indicates an increase in recent years in the number of seizures of GBL at the Australian border. There was a record number of 47 detections of GBL in 2001/02. This was the first year that any such detection had been made of this drug at the Australian border.

In 2003/2004, there were 11 GBL detections at the border with a total weight of nine kgs. This may be an indication that GBL is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself.

It must be remembered that it is possible to obtain the precursors from legitimate sources in Australia. It is likely that some manufacturers of GHB source the precursors for the drug in this country. The relatively small number of GHB/GBL detections at the border may also be a reflection of this fact.

Figure 40: Number of GHB and GBL seizures at the border by Australian Customs Service, financial years 1996/97 to 2003/04



Source: Australian Customs Service 2004

8.5 GHB related harms

8.5.1 Law enforcement

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, as GHB is not separately recorded in police databases.

Information on cases where individuals have been arrested in possession of amounts of GHB or GBL has suggested that persons supplying this drug may also be suppliers of other ecstasy and related drugs such as crystal methamphetamine and ketamine. This is consistent with some anecdotal reports from REUs, some of whom noted that it was possible to obtain a range of ecstasy and related drugs from one dealer.

8.5.2 Health

Overdose

One of the reasons for the considerable media attention around GHB has derived from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson and Balster 2001). In recreational settings, the additional factors of inconsistent potency, variable individual response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose despite the best intentions of users to reduce these risks. In one Australian study, half (53%) of a sample of GHB users had overdosed at some time (overdosing was defined as losing consciousness and being unable to be woken) (Degenhardt, Darke et al. 2003).

Concerted media attention on GHB related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred receiving wide media coverage. Recent analysis of data from coronial records has suggested that ten cases had been confirmed in this country to be associated with the use

of GHB, with eight of these cases confirmed as primarily caused by the drug (Caldicott, Chow et al. 2004).

It is not possible at this time, however, to report statistics on the numbers of GHB overdoses presenting to emergency departments and hospitals in Australia. This is because GHB is not a separately recorded drug type in ICD-9 or ICD-10 (the classification system used in these settings), and no alternative mechanism for routinely documenting GHB overdoses has yet been developed around the country.

It is certainly the case, however, that emergency departments in Sydney and Adelaide collect their own data on the number of presenting cases of GHB overdose. It has been reported by staff from one Sydney emergency department located close to a nightclub district that they receive several cases of GHB overdose each weekend night, some of whom require life support and remain in intensive care. It was recently reported that over 150 cases of GHB overdose had presented to this hospital in 2004 alone.

Data on GHB overdoses presenting to a central Adelaide emergency department suggest a trend for increasing numbers of GHB overdoses, often in clusters from particular events. There was also considerable attention recently to the occurrence of numerous GHB overdoses at a Melbourne event.

Given that anecdotal reports suggest continued occurrence of GHB overdoses, and reports from hospitals in increasing locations and jurisdictions around the country, it would be desirable for some simple mechanism for collecting and reporting these adverse events to be developed.

Treatment
Tolerance to and physical dependence upon GHB can and do develop, suggested by a withdrawal syndrome that may include insomnia, muscular cramping, tremor and anxiety (Galloway, Frederick et al. 1997). There have been published case reports of GHB dependence among chronic heavy users (Friedman, Westlake et al. 1996; Galloway, Frederick et al. 1997; Craig, Gomez et al. 2000; McDaniel and Miotto 2001), which have typically followed sustained periods of heavy, regular use of GHB. In the Australian study of GHB users, 4% were classed as 'dependent' (Degenhardt, Darke et al. 2002).

No data from the AODTS-NMDS have been reported the number of persons in Australia who have received treatment primarily for GHB dependence. GHB is categorised under 'all other drugs' in the AODTS-NMDS.

8.6 Jurisdictional trends in GHB use

8.6.1 NSW

Small numbers of users provided information on the price purity and availability of GHB, therefore results should be interpreted with caution.

There is some confusion among respondents with regard to how many millilitres are held in a 'vial' of GHB and the size of a typical dose.

The prevalence of GHB use has increased over time, with substantial increases in reports of both lifetime and recent use since 2000.

Frequency of use is comparable between years while quantity of use appears to have fluctuated although again, given the small numbers who commented, cautious interpretation is required.

KE reports generally consistent with results from the user surveys; of those who were able to comment, most considered GHB to be used by small numbers of users infrequently. However, several KE were familiar with groups who used more regularly.

Similar to other drugs, GHB was most likely to have been used in nightclubs. In 2004, GHB was most commonly purchased in a 'vial' for which a median of $30 was paid, a decrease from $35 in 2003 and $50 in 2002. Prices reportedly paid for other amounts by small numbers of respondents were inconsistent as were comments regarding changes in price.

Most participants reported GHB current purity as 'high'. A majority responded purity had either remained 'stable' or were 'unable to comment'.

Similar to other drugs, GHB was commonly obtained from friends and known dealers or acquaintances. The availability of GHB was considered to be 'very easy' to obtain by a majority whom commented, and availability reportedly remained 'stable' or had become 'more difficult' during the preceding six months. Only one KE mentioned an increase in GHB availability in the preceding six months.

8.6.2 ACT

Only a small proportion of REUs reported lifetime or recent use of GHB.

All recent GHB users had used infrequently (less than monthly) in the six months prior to interview, and the quantity of use did not vary according 'typical' and the 'heaviest' sessions of GHB use.

Only one respondent was able to comment on the current price, purity and availability of GHB in the ACT. This respondent indicated that the price of GHB was $200 for two litres. This respondent also reported that the current purity of GHB was 'high' and that although GHB was difficult to obtain in the ACT, it was becoming easier to obtain over the past six months.

8.6.3 VIC

Although there were relatively low levels of lifetime and recent use of GHB among REUs compared with other drugs, results indicated an increase in the popularity of GHB. A greater proportion of 2004 participants (27%) compared with 2003 (18%) reported recent use of GHB. Recent users, however, reported infrequent use of GHB (typically about once every two months).

GHB was very cheap and the price had remained stable over the previous six-months.

Current GHB purity was regarded as high, and purity was considered to have remained stable or fluctuated in the six months prior to interview.

GHB was considered to be readily available, and availability had typically remained stable over the previous six months.

GHB was reported as the drug most commonly associated with overdose. All GHB overdose reports involved the concomitant use of other drugs.

8.6.4 TAS

Less than one in ten REUs (7%) had ever used GHB.

Of the one hundred regular ecstasy using participants, only three, all males, had used the drug in the preceding six months. These participants had all used the drug orally and only on a total of three or less occasions in the six months prior to interview. As such, this indicates predominantly experimental use by few people.

There was no lifetime or recent use of GHB-like substances such as 1,4B or GBL among the sample of REUs.

Few participants were able to confidently report on the price, purity or availability of GHB in Tasmania, though key experts generally indicated that the availability, use and popularity of the drug is relatively low.

There is little objective data on health and other harms with regard to GHB use in Tasmania.

8.6.5 SA

Just over 10% of REU reported recent use of GHB, and there has been a stabilisation of prevalence of use of GHB among REU in the last two years, following the spike in 2002. The frequency of use, already low, declined further in 2004 compared to previous years.

Price, purity and availability data for GHB in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the price of GHB was stable and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002).

Limited KES information suggested that GHB use was still common among a sub-group of users, despite its reputation as a risky drug.

8.6.6 WA

In 2004 11% of respondents reported lifetime use of GHB. This was significantly lower than that of 2003 (20%). In terms of recent use, only 5% reported using during the six months preceding the interview, a proportion not significantly different to that found in 2003 (8%). Respondents who had used recently reported a median of one day (range 1-3). The typical amount used was 5 mls (range 1-10).

Five respondents reported using GHB during the previous six months, and only one participant elected to respond to a series of questions about price, purity, availability, location of use and source of the drug. One person is insufficient to make sense of trends involving use of GHB.

8.6.7 NT

No one had ever used 1,4B and only one person had ever used GBL at age 36.

Twenty percent of the REUs interviewed reported lifetime use of GHB and only 6% had used GHB in the six months preceding interview.

Among the few that reported GHB use, 4% had ever injected it, but recently all swallowed the drug.

GHB had been recently used for a median of two and a half days and people were using 11.1 mls in usual and heavy episodes.

One person reported the price of GHB at $3 per ml, with change in price comments varied.

There were no consistent pattens with the three people commenting on GHB purity and availability.

8.6.8 QLD

More REUs in 2004 (20%) reported ever using GHB than in 2003 (13%) but the same proportion (6%) reported recent use of ketamine in both years.

Recent GHB users consumed a median of four mls and used on a median of three days

Five participants were able to comment on price, purity and availability of GHB. Three reported a price per ml of $5 and one report 0.60c, one did not know. Four participants reported GHB as easy to obtain and one reported it was very easy to obtain.

8.7 Summary of GHB trends

- Smaller numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.
- Six participants of the 2004 national sample nominated GHB as their drug of choice.
- Twenty three percent of 2004 national sample reported lifetime use of GHB and 10% had used GHB in the six months preceding interview. The median age of first use, among those that reported using GHB, was 21 years.
- All participants reported recently swallowing GHB, except one participant in VIC who injected it.
- Of those that used GHB, the median number of days used was two. The majority (76%) had used less than monthly.
- GHB use was typically quantified in mls. The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 5.5mls.
- Around a quarter (23%) reported having used 15 mls or more in a single occasion in the last six months.
- Five percent of those that had binged in the six months preceding interview used GHB in their binge.
- The majority of those that reported scoring GHB obtained it from friends (47%) and dealers (21%). Over a third (37%) scored from their friends home, with own home and dealers home the next most common locations reported.
- GHB was used in a variety of locations. Nightclubs were the most common location (40%), followed by private homes (friends or own home).
- GHB was most commonly purchased in mls. Twenty seven participants of the national sample commented on the price of a ml of GHB.

- Forty five percent of those who commented reported the purity of GHB to be 'high' and a further 13% reported GHB strength as 'medium'.
- There was inconsistency regarding reports of the availability of GHB with 66% reporting it as 'very easy' or' easy' to obtain and 27% as 'difficult' or 'very difficult' to obtain.
- About half (42%) of those that commented, reported the availability of GHB had remained stable over the preceding six months.
- Although there the detections for GHB and GBL are relatively low compared to other drugs, there has been an increase in recent years in the number of Customs seizures of GBL at the Australian border.

9.0 LSD

Lysergic acid is commonly known as LSD, trips or acid. It is a hallucinogen that became popular in the 1960's.

9.1 LSD use among regular ecstasy users

Three percent (n=26) of the national sample reported LSD was their drug of choice. Sixty percent of 2004 national sample reported lifetime use of LSD and 26% had used LSD in the six months preceding interview (Table 40). The median age of first use, among those that reported using LSD, was 18 years (range 12-42).

Three percent of the national sample reported that they had injected LSD at some time (Table 40). Of those that reporting injecting LSD, the median age first injected was 20.5 years (range 13-32).

Two participants reported injecting LSD in the six months preceding interview. All participants but two reported recently swallowing LSD in the six months preceding interview. Five participants had snorted, two injected and one had smoking LSD in the preceding six months.

Of those that used LSD, the median number of days used was two, ranging from having used LSD once to one participant reporting using LSD nearly three times a week. The majority had (81%) used less than monthly; 12% used LSD between monthly and fortnightly; 5% using between fortnightly and weekly and another 3% used LSD more than once a week.

Table 40: Patterns of LSD use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**60**	61	62	72	51	77	50	63	52
Ever injected	**3**	1	1	2	1	4	4	10	4
Used last six months (%)	**26**	20	23	40	32	36	11	31	18
Median days used* last 6 mths (range)	**2 (1-50)**	1 (1-20)	1 (1-10)	2 (1-18)	2.5 (1-12)	2 (1-50)	1 (1-10)	1 (1-48)	2 (1-20)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

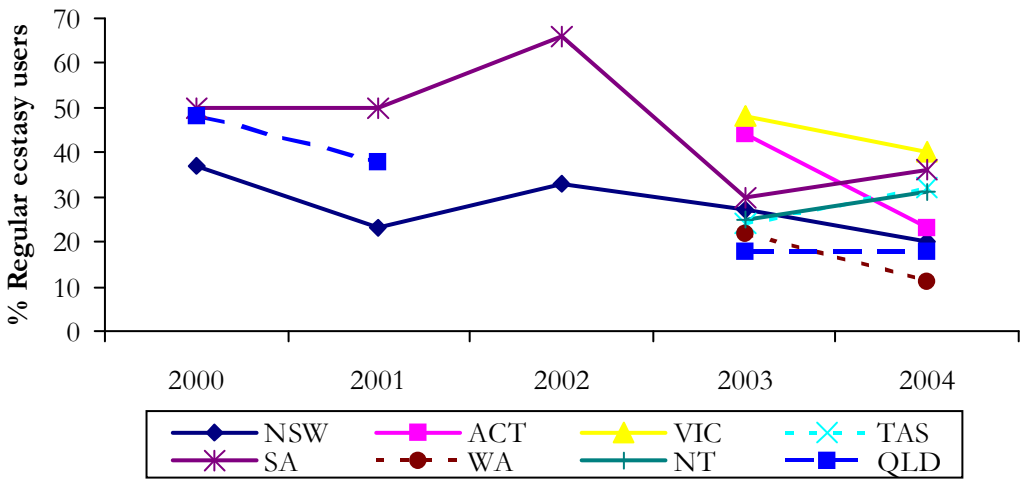
The median amount of LSD used in a 'typical' or 'average' and in a 'heavy' use episode in the preceding six months was one tab (range 0.25-5). Twenty one percent reported having more than three tabs in a single occasion in the last six months. Eleven percent of those that had binged in the six months preceding interview used LSD in their binge.

9.1.1 Trends over time

In Figure 41, in NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and since 2003 in the other states. Data over time from

NSW, QLD and SA suggest that both lifetime and recent LSD use has decreased over time; however use increased in 2004 but not to those levels reported in 2002. The recent use of LSD varied in all other states. In 2004 the ACT has the greatest reduction in recent LSD use from 44% to 23%.

Figure 41: Proportion of REUs that reported recent use of LSD by jurisdiction, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

9.2 Price

LSD was most commonly purchased in tabs. Twenty five percent of the national sample commented on the price of a tab of LSD.

The median price of a tab of LSD ranged from $10 in SA to $25 in the NT and WA (Table 41).

Table 41: Median price per tab of LSD by jurisdiction, 2004

Median price ($)	NSW n=14	ACT n=23	VIC n=33	TAS n=40	SA n=40	WA n=20	NT n=22	QLD n=19
Per tab	$20 (10-35)	$20 (15-30)	$20 (4-40)	$20 (10-50)	$10 (5-20)	$25 (15-40)	$25 (12-30)	$20 (12-30)

Source: PDI interviews 2004

Twenty six percent (n=225) of national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be stable (50%), with 13% reporting that price had increased in the preceding six months (Table 42).

Table 42: Price changes of LSD by jurisdiction, 2004

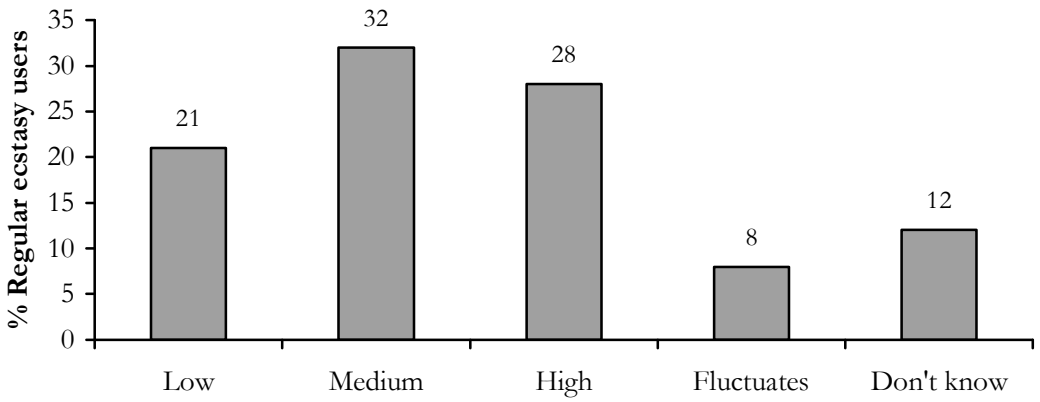
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Price change (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	20	28	12	20	26	12	15	29	26
Decreased	8	17	12	9	2	14	5	8	0
Stable	50	28	52	48	57	64	25	50	47
Increased	13	28	16	14	7	5	35	0	16
Fluctuated	8	0	8	9	7	5	20	13	11

Source: PDI interviews 2004

9.3 Purity

Participants were asked what the current purity or strength of LSD and if the purity had changed in the six months preceding interview. Twenty six percent (n=225) of the national sample commented on the purity of LSD. Thirty two percent of those who commented reported the purity of LSD to be 'medium' and a further 28% reported LSD strength as 'high' (Figure 42). Twenty one percent reported the strength as low, 12% did not know what the current purity of LSD was and 8% reported the strength of LSD fluctuates.

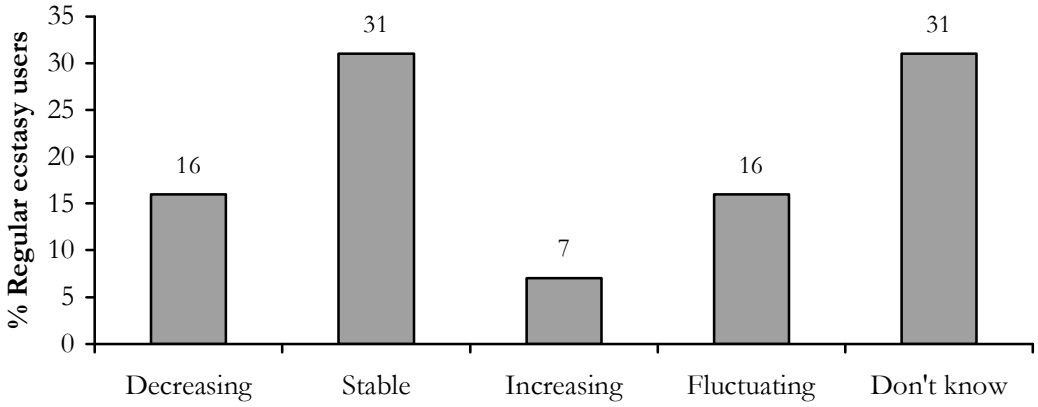
Figure 42: National REU reports of recent current purity of LSD, 2004



Source: PDI interviews 2004

Of those that commented on whether the purity of LSD had changed in the six months preceding interview, 31% did not know, 31% reported it was stable, 16% decreasing, 16% fluctuating and 7% increasing (Figure 43).

Figure 43: National REU reports of recent change in purity of LSD, 2004



Source: PDI interviews 2004

9.4 Availability

Twenty six percent of the national sample commented on the recent availability of LSD.

Reports of the availability of LSD were mixed. Over half (53%) of those that commented, reported the availability of LSD as 'difficult' or 'very difficult' to obtain. Forty two percent reported it was 'easy or 'very easy' to obtain LSD and 5% did not know (Table 43).

The availability of LSD was reported to have been stable (48%) in the six months preceding interview by all of the jurisdictions. Nineteen percent reported that LSD has become more difficult and 13% reported that it was easier to obtain. A small proportion reported that the availability of LSD fluctuated and 14% did not know (Table 43).

Table 43: Availability of LSD by jurisdiction, 2004

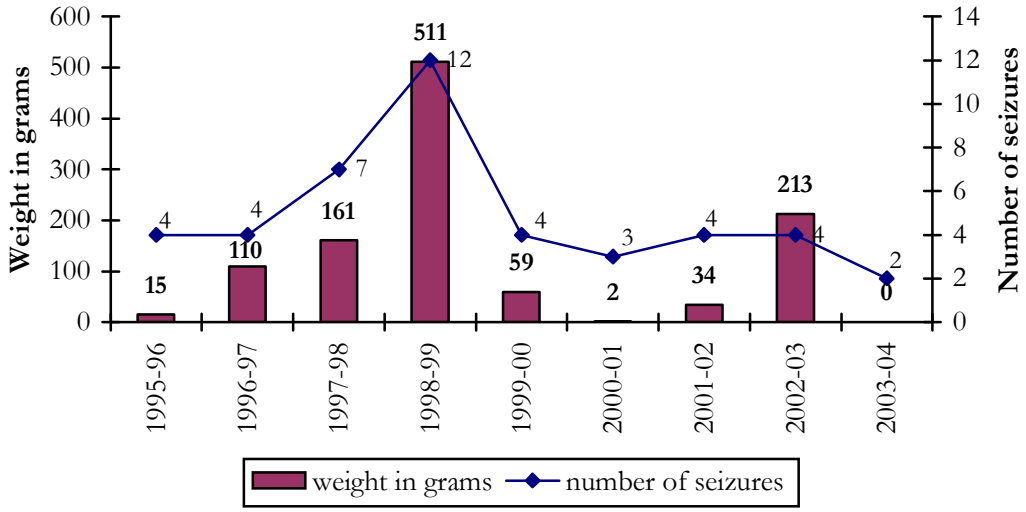
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	5	6	0	0	10	2	0	8	16
Very easy	14	11	8	31	17	10	0	17	11
Easy	28	28	28	20	26	43	15	29	26
Difficult	40	56	48	38	36	38	45	42	26
Very difficult	13	0	16	11	12	7	40	4	21
Availability changes (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	14	22	0	6	26	12	0	21	21
Easier	13	11	8	31	10	5	15	8	21
Stable	48	39	56	49	43	50	55	50	42
More difficult	19	28	28	11	17	19	25	13	16
Fluctuates	6	0	8	3	5	14	5	8	0

Source: PDI interviews 2004

9.4.1 LSD seized at the Australian border

There have only been a small number of seizures of LSD in recent years, with the weight of seizures also remaining stable since 1999/00. In 2003/04 there were only two seizures of LSD made (Figure 44).

Figure 44: Number and weight of LSD seizures at the border by the Australian Customs Service, financial years 1996/97 to 2003/04



Source: Australian Customs Service

9.5 Jurisdictional trends in LSD use

9.5.1 NSW

Prevalence of both lifetime and recent LSD use has decreased over time and frequency also appears to have reduced while quantity of use has remained relatively stable.

Seven KE reported infrequent use of LSD among the groups of ecstasy users with whom they were familiar.

The price of LSD has increased from $10 to $20 since 2000 and most who commented believed the price to have either increased or stabilised over the preceding six months.

The majority of participants thought the current purity of LSD was 'medium' or 'high' although few were 'unable to comment' on changes in purity.

Reports regarding the availability of LSD were varied although most thought it had been 'difficult' (56%) or 'easy' (28%) to obtain and that the availability of LSD had remained 'stable' (39%) over the preceding six months.

9.5.2 ACT

Approximately one quarter of the ACT sample reported the recent use of LSD.

Most recent LSD users had used on a less than monthly basis in the preceding six months, and there were no differences between the quantity of LSD use for 'typical' and the 'heaviest' sessions of use.

The median reported price for an LSD 'trip' was $20, and over half the respondents commenting on the price of LSD believed it to have remained stable.

The majority of REUs reported the current purity of LSD to be 'medium' to 'high'.

LSD was reported to be difficult to very difficult to obtain in the ACT. Half the respondents reported the availability of LSD to have remained stable, and approximately one quarter indicated that it had become 'more difficult' to obtain over the past six months.

9.5.3 VIC

Almost three in four REUs reported lifetime use of LSD and less than half reported recent use. Recent users reported typically using LSD infrequently, with a median of two days of use in the six months preceding interview.

The median price of LSD was $20 a tab and the price was reported to have remained stable in the six months preceding interview.

The current purity of LSD was commonly reported as high, and had remained stable over the six months prior to interview.

There was little consistency in reports of the current availability of LSD, although most participants reported that availability had remained stable in increased in the previous six months.

The locations where LSD was used were varied, with higher proportions reporting use 'outdoors' compared to other drugs.

9.5.4 TAS

Half of the REUs (51%) had used LSD at some stage of their lives. One third (32%) had used LSD in the six months preceding the interview, which is slightly greater in comparison to 2003 (24%).

A significantly greater proportion of males had ever and recently used LSD in comparison to the proportion of females.

One tab of LSD was taken orally in a typical session of use. LSD had been used on a median of 2.5 days in the preceding six months which is greater than the median of 1 day reported among the 2003 cohort.

LSD was typically used at private residences such as own home and friends home as well as dance related events and outdoor locations.

The median price for one tab of LSD was $20, which has remained stable over the last two years. A greater proportion of users perceived that LSD was low in purity in comparison to 2003.

There were mixed reports in regard to availability, with it being considered as difficult to obtain by half of respondents and easy to obtain by the other half.

9.5.5 SA

Approximately a third of the REU sample reported recent use of LSD, and prevalence of recent use was relatively stable compared to 2003, following a decrease from previous years. Frequency of use of LSD remains low.

The price of LSD in 2004 was unchanged and low (at $10 per tab). Perceived purity was slightly increased and availability was decreased, compared to 2003.

KES reports suggest that LSD use was not common among REU, though likely to be more common among younger users or within a different 'tribal dance' scene.

9.5.6 WA

Fifty percent of respondents reported lifetime use of LSD in 2004 which was a significant decrease from that of 2003 (62%). Similarly, a significant decrease occurred among respondents reporting use during the past six months (11% in 2004 versus 22% in 2003). Respondents used a median of one day (range 1-10) during the past 6 months. The typical amount consumed was one tab (range 0.33-3).

Reports of key experts tend to support PDI data where most believe low levels of use occur and availability is difficult

The current price of LSD was $25 per tab (range $7-40) with 35% of respondents believing the price to have increased recently.

Current purity was rated as medium (25%) or high (25%) with 30% of respondents believing this to have remained 'stable' during the six months preceding the interview.

LSD was rated as currently difficult (45%) or very difficult (40%) to obtain. This situation was believed to be 'stable' or unchanged during the past six months by 55% of respondents who commented.

9.5.7 NT

Two thirds of the REUs reported they had used LSD at some time and a third had used it in the six months preceding interview. On average, the users interviewed had first used LSD at 18 years old.

A small proportion (14%) reported they had used LSD fortnightly or more.

Most reported they typically used use one tab in usual and heavy episodes. Nine percent of users reported they had binged with LSD.

A small proportion (5%) of recent users had recently injected LSD, although most reported swallowing it (95%). LSD was most commonly used in nightclubs.

LSD was most commonly purchased in tab form for $25 and a majority or users said this price was 'stable'.

Users said that the current purity of LSD was 'fluctuating' and that it had been 'fluctuating' over the past six months.

Users reported the availability of LSD was 'difficult' and that this had mostly been 'stable' over the past six months. LSD was typically scored from a friend in the users own home.

The most common perceived benefit was mental/spiritual enhancement and the most commonly reported perceived risk with using LSD was to ones mental health.

9.5.8 QLD

Whilst more REUs in 2004 (52%) reported ever using LSD than in 2003 (41%) the same amount reported recent use in 2004 (18%) as in 2003 (18%).

As in 2003, typically one tab was used on a median of two days in the last six months.

Nineteen participants reported on LSD price and availability. The median price reported for an LSD tab in 2004 was $20 ($12 - $30). Almost half (47%) of recent LSD users reported that this price was 'stable'.

Participant's reports were divided on current LSD availability.

9.6 Summary of LSD trends

- Three percent of the national sample reported LSD was their drug of choice.
- Sixty percent of 2004 national sample reported lifetime use of LSD and 26% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 18 years.
- Swallowing was the most common route of administration.
- LSD use was infrequent. The majority had (81%) used less than monthly.
- The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab. Twenty one percent reported having more than three tabs in a single occasion in the last six months.
- Eleven percent of those that had binged in the six months preceding interview used LSD in their binge.
- LSD was most commonly purchased in tabs.
- The median price of a tab of LSD ranged from $10 in SA to $25 in the NT and WA. The price was considered stable in most states.
- The reports on the purity of LSD were mixed; about a third reported the purity as medium.
- The reports on the availability of LSD were mixed with over half (53%) reporting availability as 'difficult' or 'very difficult' and 42% as 'easy' or 'very easy' to obtain.

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects as ecstasy. It generally comes in powder or tablet form and may be in pills sold as ecstasy.

10.1 MDA use among regular ecstasy users

Two participants (0.2%) of the 2004 national sample nominated MDA as their drug of choice. A third (32%) of the 2004 national sample reported lifetime use of MDA and 15% had used MDA in the six months preceding interview (Table 44). The median age of first use, among those that reported using MDA, was 20 years (range 14-55).

Three percent of the national sample reported that they had injected MDA at some time (Table 44). Of those that reporting injecting MDA, the median age first injected was 22 years (range 16-37). Six participants reported injecting LSD in the six months preceding interview.

The majority (92%) of those that reported recent MDA use reported recently swallowing as the route of administration. Substantial proportions (33%) snorted MDA, while smaller proportions reported injecting (5%) or smoking (4%) it (Table 44).

Of those that used MDA, the median number of days used was two, ranging from having used MDA once to one participant reporting using MDA more than two times a week. The majority had (82%) used less than monthly; 14% used LSD between monthly and fortnightly; the remainder used between fortnightly and weekly, with one participant reporting using MDA more than two times a week.

There were jurisdictional differences in reports of recent use of MDA ranged from 6% in WA to nearly third in NSW (30%, Table 44).

Table 44: Patterns of MDA use among REUs, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever used (%)	**32**	54	41	37	20	30	19	28	29
Ever injected	**3**	6	-	5	1	2	1	4	4
Used last six months (%)	**15**	30	15	16	15	14	6	10	16
Snorted*	**33**	45	24	50	20	29	33	14	28
Swallowed*	**92**	90	94	88	100	86	100	86	92
Injected*	**5**	7	0	6	0	7	0	14	4
Smoked*	**4**	7	0	6	0	7	0	14	0
Median days used* last 6 mths (range)	**2 (1-100)**	2 (1-23)	2 (1-24)	2.5 (1-15)	2 (1-4)	3 (1-100)	2 (1-10)	3 (1-28)	3 (1-20)

Source: PDI interviews 2004 * of those that used in the six months preceding interview

The median amount of MDA used in a 'typical' or 'average' use episode in the preceding six months was one capsule (range 0.25-15). Recent MDA users reported using a median of two capsules (range 0.25-15) during their 'heaviest' use episode. Twenty one percent reported having more than three MDA caps in a single `heavy' occasion in the last six months.

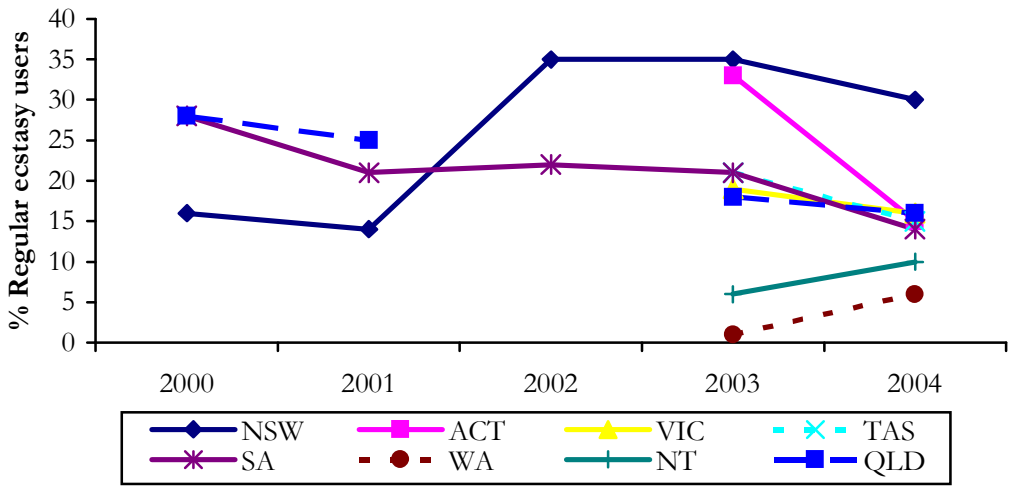
Only four percent of those that had binged in the six months preceding interview used MDA in their binge.

10.1.1 Trends over time

In NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002) and since 2003 in the other states.

Data from states where information has been collected previously, suggest that MDA use is low and infrequent. In NSW the reports of both lifetime and recent use of MDA have increased in recent years and reduced in 2004. In SA there was a small decrease in the proportion of REUs reporting lifetime use, though recent use of MDA reduced in 2004. The ACT reported the greatest reduction in recent MDA use decreasing from 33% to 15% in 2004. MDA use in the other states varied (Figure 45).

Figure 45: Proportion of REUs that reported recent use of MDA by jurisdiction, 2000 to 2004



Source: PDI interviews 2004 Data not collected in QLD in 2002

10.2 Price

Participants were asked 'How much does MDA cost at the moment?' Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution.

MDA was most commonly purchased in capsules. Five percent (n=44) of the national sample commented on the price of a capsule of MDA, except in SA. The median price of a cap of MDA ranged from $35 in VIC and QLD to $55 in the NT (Table 45).

Table 45: Median price per cap of MDA by jurisdiction, 2004

Median price ($)	NSW n=10	ACT n=7	VIC n=7	TAS n=9	SA n=0	WA n=2	NT n=2	QLD n=7
Per capsule	$47.50 (35-60)	$40 (27-50)	$35 (8-45)	$40 (35-60)	-	$47.50 (45-50)	$55 (50-60)	$35 (30-50)

Source: PDI interviews 2004

Seven percent (n=60) of national sample commented on whether the price of MDA had changed in the preceding six months. Of those that commented two thirds (67%) reported the price to be stable (Table 46).

Table 46: Price changes of MDA by jurisdiction, 2004

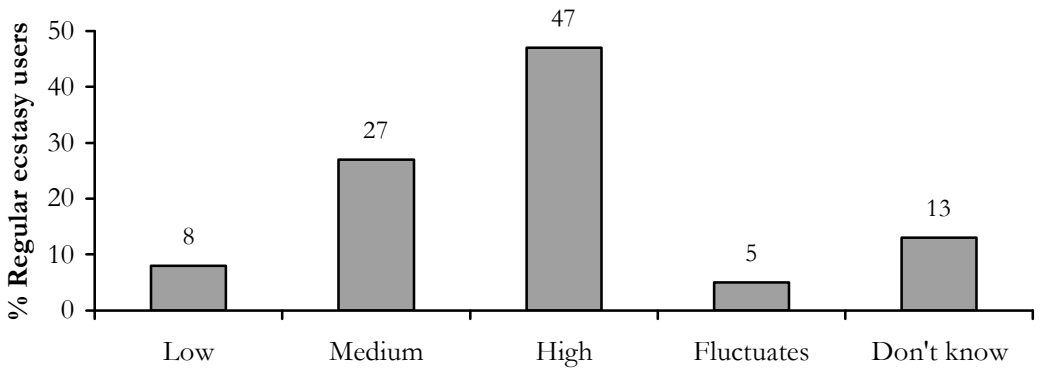
	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Price change (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	23	9	38	27	0	33	0	50	43
Decreased	2	0	0	0	0	11	0	0	0
Stable	67	82	50	55	100	44	100	50	57
Increased	8	9	13	18	0	11	0	0	0

Source: PDI interviews 2004

10.3 Purity

Participants were asked what the current purity or strength of MDA and if the purity had changed in the six months preceding interview. Seven percent (n=60) of the national sample commented on the purity of MDA. Forty seven percent of those who commented reported the purity of MDA to be 'high' and a further 27% reported MDA strength as 'medium'. Eight percent reported the strength as low, 13% did not know what the current purity of MDA was and 5% reported the strength of MDA fluctuates (Figure 46).

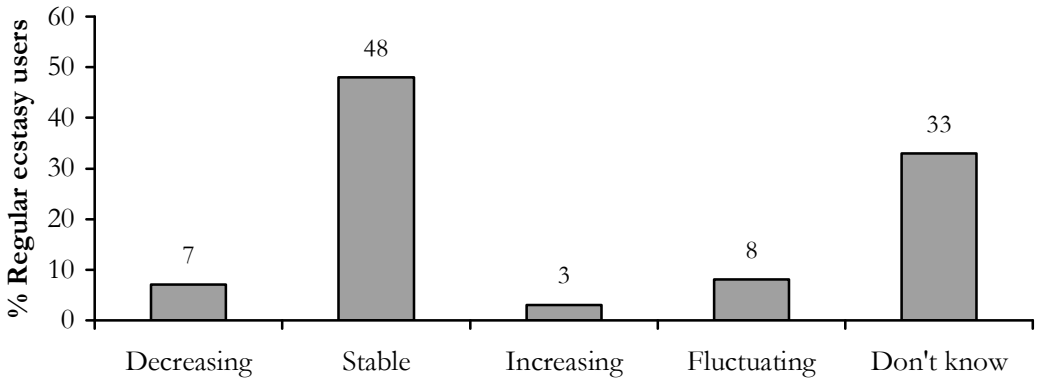
Figure 46: National REU reports of recent current purity of MDA, 2004



Source: PDI interviews 2004

Of those that commented on whether the purity of MDA had changed in the six months preceding interview, 48% reported it was stable, 33% did not know, 7% decreasing, 3% increasing and 8% fluctuating (Figure 47).

Figure 47: National REU reports of recent change in purity of MDA, 2004



Source: PDI interviews 2004

10.4 Availability

Seven percent (n=60) of the national sample commented on the recent availability of MDA.

MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further 30% reported MDA as 'easy' and 23% reported it to 'very easy' to obtain (Table 47).

Over half (58%) of those that commented, reported the availability of MDA was stable in the past six months (Table 47).

Table 47: Availability of MDA by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Availability (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	5	0	0	0	0	22	0	0	14
Very easy	23	27	50	46	0	0	0	50	14
Easy	30	18	37.5	9	56	44	33	0	29
Difficult	35	46	12.5	45	44	33	0	50	29
Very difficult	7	9	0	0	0	0	67	0	14
Availability changes (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	15	0	13	18	22	22	0	0	29
Easier	13	0	25	18	0	11	67	0	14
Stable	58	91	50	37	78	44	33	50	57
More difficult	8	9	13	18	0	11	0	0	0
Fluctuates	5	0	0	9	0	11	0	50	0

Source: PDI interviews 2004

10.5 Jurisdictional trends in MDA use

10.5.1 NSW

Prevalence of lifetime and recent MDA use has increased over time however in 2004 we have seen a slight reduction.

Frequency of use has increased slightly while quantity of MDA use has remained stable.

KE reported that relatively small numbers of REUs also used MDA infrequently, with some mentioning that use was determined by availability.

The price of an MDA cap increased from $45 to $47.50 in 2004.

The majority of respondents reported the purity of MDA was 'medium' to 'high' and that the purity had remained 'stable' in the preceding six months.

User reports of current availability were less consistent although most thought availability had remained 'stable' over the preceding six months.

10.5.2 ACT

Only a small proportion (15%) of the sample reported the recent use of MDA.

The use of MDA among most recent users was infrequent. MDA was most commonly swallowed, and one quarter of recent users also reported having snorted MDA in the past six months.

The median price for a cap of MDA was reported to be stable at $40.

The purity of MDA was reported to be high although only a small number of participants were able to comment. Similarly, MDA was reported to be 'very easy' to 'easy' to obtain in the ACT, and was primarily obtained through dealers and friends.

10.5.3 VIC

There were low levels of both lifetime and recent use of MDA among Victorian ecstasy users. Recent users of MDA reported infrequent use.

The price of MDA was most commonly reported to be stable in the six months preceding interview.

The purity of MDA was considered to be medium to high, with inconsistent reports of recent changes in purity. There was also little consistency in the reported availability of MDA.

10.5.4 TAS

One in five (20%) REUs had used MDA at some stage of their lives and less than one fifth (15%) had recently used MDA, which is slightly less in comparison to the participants in 2003.

A greater proportion of the male sample had ever or recently used MDA in comparison to the female sample.

MDA had typically been used three times or less in the six months preceding the interview, with one capsule consumed orally in a typical session of use.

Fewer respondents were able to confidently comment on the price, purity or availability of MDA in comparison to 2003.

The median price for one MDA capsule was $40 which is $10 less in comparison to 2003 and this price was considered to be stable in the six months preceding the interview.

MDA was considered to be medium or high in purity and stable over the preceding six months.

While consumer reports on the availability of MDA were mixed, based on the pattern of MDA use and the comments of several KEs the local availability of MDA appears to be relatively low.

10.5.5 SA

Fourteen percent of REU reported recent use of MDA in 2004. The proportion of REU reporting recent use of MDA was decreased compared to 2003, but the frequency of use was relatively stable and remains consistently low across the five years of the PDI survey.

Price, purity and availability data for MDA in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the purity of MDA was stable and considered high or medium, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).

Limited KES information suggested that MDA was not commonly used by REU or available in Adelaide, but was sought by a small percentage of users.

10.5.6 WA

Lifetime use of MDA was reported by 19% of respondents, representing an increase from the previous survey year (12% in 2003). A significant increase was also found in recent use of MDA (6% in 2004 versus 1% in 2003). Respondents used a median of two days (range 1-10) and the typical amount consumed was one capsule (range 1-2).

Few respondents could comment on questions concerning the market aspects of MDA

10.5.7 NT

Twenty eight percent reported lifetime use of MDA but only ten percent had used MDA in the six months preceding interview.

Swallowing was the most common recent route of administration and they would use 1 caps in a typical session or 2 in a heavy session.

Among those that used MDA, use was infrequent (three days in the six months preceding interview).

A cap of MDA was reportedly purchased for a median of $55 and this price had been 'stable' over the prior six months.

The one commenter who knew about MDA purity reported it to be ' high' and 'stable'.

The two people who commented on MDA availability said it was 'very easy' or 'difficult' and that it had remained 'stable' or 'fluctuated'.

10.5.8 QLD

Whilst more REUs in 2004 (29%) reported ever using MDA than in 2003 (24%) similar amounts reported recent use in 2004 (16%) compared to 2003 (18%)

Typically, MDA users reported consuming two caps and used on a median of three days in the last six months.

In 2004 seven participants were able to report on MDA price with a median reported price of $35 per cap.

MDA was reported as either very difficult to difficult to obtain (n=6) or very easy to easy to obtain (n=6).

10.6 Summary of MDA trends

- A third (32%) of the 2004 national sample reported lifetime use of MDA and 15% had used MDA in the six months preceding interview. The median age of first use was 20 years.
- The majority (92%) of those that reported recent MDA use, reported recently swallowing as the route of administration. Substantial proportions (33%) snorted MDA.
- The majority had (82%) used less than monthly.
- There were jurisdictional differences in reports of recent MDA ranging from 6% in WA to nearly a third in NSW.
- Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution.
- The median price of a cap of MDA ranged from $35 in VIC to $55 in the NT.
- The price of MDA was reported to be stable.
- The majority of those who commented reported the purity of MDA to be 'high' (47%) or 'medium' (27%). Purity was considered to be stable by over a third.
- Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (30%) reported MDA as easy to obtain.
- Over half (58%) of those that commented, reported the availability of MDA was stable in the past six months.

11.0 OTHER DRUGS

11.1 Alcohol

Six percent of the 2004 national sample nominated alcohol as their drug of choice. The vast majority of the national sample reported they had used alcohol in their lifetime (99%) and in the six months preceding interview (95%, Table 2a). The REUs sample reported first using alcohol at the median age of 14 years (range 3-21).

Frequency of alcohol consumption varied, with half using on a median of 48 days, reflecting drinking twice a week (range 1-180). Nine percent reported they were daily drinkers.

As mentioned previously, 70% reported that they usually used alcohol in combination with ecstasy. More than two thirds (69%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Dehydration is an issue to consider with binge alcohol use and ecstasy consumption, particularly when use occurs in a hot environment while being physically active.

11.2 Cannabis

Thirteen percent of the 2004 national sample nominated cannabis as their drug of choice. The vast majority (96%) had used cannabis in their lifetime and 81% reported recent use of cannabis (Table 2a). Cannabis users reported they had first used cannabis in their mid teens (median 16 years, range 6-37), with 98% reporting they had first used by 21 years.

The frequency of cannabis use ranged from once to daily, with 25% reporting daily cannabis use. The median days used was 48 days indicating use of around twice a week.

11.3 Tobacco

Eighty seven percent of the national sample reported they had used tobacco in their lifetime and 74% had used tobacco in the six months prior to interview. REUs reported first using tobacco at the median age of 14 years (range 5-42).

Two thirds (63%) of those that reported recent tobacco use were daily smokers.

11.4 Benzodiazepines

One participant nominated benzodiazepines as their drug of choice in the 2004 national sample. Almost half (43%) of the sample had used benzodiazepines at some time in their life with nearly a third (27%) reporting recent use. Three participants had ever injected, 2% injecting in the preceding six months. REUs reported first using benzodiazepines in their late teens (median 19 years, range 8-49).

Among those that had used benzodiazepines recently, the frequency of use varied from once (15%) to daily use (6%). The median number of days used was five, or nearly once a month.

11.5 Antidepressants

No participants nominated antidepressants as their drug of choice. A quarter (26%) of the national sample reported they had used antidepressants at some time in their life. Ten percent had used them in the six months prior to interview (Table 2a).

Of those that used anti-depressants in the preceding six months, oral use was the most common route of administration.

REUs that had used antidepressants were asked if there were taking prescribed antidepressants and when they were using them i.e. before ecstasy, while on ecstasy or when coming down from ecstasy. Seventy nine percent of those using anti-depressants in the last six months were taking prescribed anti-depressants. Seventy percent were taking them as prescribed, 17% while coming down from ecstasy, 3% before ecstasy and 3% while on ecstasy. The remainder had taken antidepressants for other reasons including, in combination with other drugs, curiosity or experimentation, something else to take and for boredom.

11.6 Inhalants

11.6.1 Nitrous oxide

Four participants nominated nitrous oxide as their drug of choice. Half (53%) of the national sample reported lifetime use of nitrous and a quarter (27%) had used nitrous in the six months preceding interview (Table 2a). REUs reported first using nitrous in their late teens (median 18 years, range 11-45).

Frequency of nitrous use ranged from once to every second day in the six months preceding interview. The median days used was 5 days (less than monthly).

11.6.2 Amyl nitrate

Nearly half (47%) of the REU sample reported having used amyl nitrite (a vasodilator) in their lifetime and twenty percent had used amyl in the six months preceding interview (Table 2a). REUs first used amyl at a median age of 19 years (range 12-48).

Frequency of amyl use was generally low, with users reporting a median of three days use in the last six months (range 1-120). Thirty four percent had used on one day only and one participant reported using for 120 days in the last six months.

11.7 Heroin and other opiates

Two percent (n=20) of the national sample nominated heroin as their drug of choice. Seventeen percent reported they had used heroin in their lifetime, 11% had injected heroin in their lifetime and 6% reported having used in the six months prior to interview (5% injected, Table 2a). The median age of first use heroin was 19 years (range 14-37) and first injection of heroin was 20 years (range 14-37).

There was wide variation in frequency of heroin use (range (1-180). Of those that used heroin in the six months preceding interview, the median of days of use was six or once a month. Six percent of those that used heroin reported daily heroin use.

Six percent of the sample had used methadone, a medication used for the treatment of opioid dependence, two percent (n=14) had used methadone in the last six months (Table 2a). Three percent had ever injected methadone, less than one precent (n=6) injecting in the last six months.

Methadone was used on a median of 100 days in the six months preceding interview (range 1-180). Half reported daily methadone use, suggesting they were in treatment.

Four percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. The REUs reported first using buprenorphine at a median age of 25 years (range 17-41). Three percent reported recent use of buprenorphine (Table 2a).

Of those that had used buprenorphine in the last six months, 82% had swallowed buprenorphine in the six months preceding interview and 59% had injected it.

The frequency of use in the last six months ranged from once to daily, with a median of 77.5 days (i.e. every two to three days). Over half (59%) reported using buprenorphine for 60 days or more in the preceding six months.

Twenty three percent had used other opiates, including drugs such as morphine and pethidine. Ten percent had used other opiates in the six months preceding interview and three percent had recently injected other opiates (Table 2a).

Other opiates were first used at a median age of 19 years (range 10-36).

The frequency of use of other opiates ranged from once to daily, on a median of five days in the last six months. Seven percent has used other opiates daily in the preceding six months.

11.8 Summary of other drugs

- Six percent of the 2004 national sample nominated alcohol as their drug of choice. The vast majority of the national REU sample reported lifetime alcohol use (99%) and in the six months preceding interview (95%).
- Thirteen percent of the 2004 national sample nominated cannabis as their drug of choice. The vast majority (96%) had used cannabis in their lifetime and 81% reported recent use of cannabis.
- Eighty seven percent of the national sample reported lifetime tobacco use and 74% had used tobacco in the six months prior to interview. REUs reported first using tobacco at the median age of 14 (range 5-42).
- Almost half (43%) of the sample had used benzodiazepines at some time in their life with nearly a third (27%) reporting recent use.
- A quarter (26%) the national sample reported they had used antidepressants at some time in their life. Ten percent had used them in the six months prior to interview.
- Half (53%) of the sample reported lifetime use of nitrous and a quarter (27%) had used nitrous in the six months preceding interview. Nearly half (47%) of the REU sample reported having used amyl nitrite (a vasodilator) in their lifetime and twenty percent had used amyl in the six months preceding interview.

- Two percent (n=20) of the national sample nominated heroin as their drug of choice. Seventeen percent reported they had used heroin in their lifetime, 11% had injected heroin in their lifetime and 6% reported having used in the six months prior to interview (5% injected).

12.0 RISK BEHAVIOUR

12.1 Injecting risk behaviour

For the first time in 2004 the PDI asked participants about their injecting risk behaviours. One in five (22%) of the national sample reported having injected at some time in their lives and 69% reported injecting in the six months preceding interview. A median of three drugs (range 1-13) had ever been injected while those who reported injecting in the preceding six months had injected a median of two (range 1-9) drugs (Table 48).

Table 48: Injecting risk behaviour among REUs by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Ever injected (%)	22	23	12	15	15	25	22	37	32
Median number of drugs ever injected* (range)	3 (1-13)	1.5 (1-11)	2.5 (1-6)	4 (1-13)	2 (1-9)	3 (1-12)	3 (1-8)	4.5 (1-12)	3 (1-10)
Injected last 6 months* (%)	69	46	43	67	60	48	91	71	90
Median number of drugs injected last 6 months* (range)	2 (1-9)	2 (1-4	2.5 (1-6)	2 (1-9)	1 (1-4)	2.5 (1-6)	1 (1-5)	3 (1-6)	2 (1-8)

Source: PDI interviews 2004 *Among those that had injected

12.1.1 Lifetime injectors

Patterns of injecting drug use

Those who reported injecting a drug at some time first did so at a mean age of 20.6 years (SD 5.5) and had been injecting for a median of six years (range 0-30 years). Two thirds (68%) of lifetime injectors had injected a drug in the preceding six months. Most of the injectors commenced injecting with speed (46%) or heroin (16%) and 15% reported base as the first drug they injected. Speed was also the most common drug ever injected (75%), followed by base (62%), crystal (58%) and ecstasy (58%, Table 49).

Table 49: Injecting drug use history among those REUs that had ever injected, 2004

	Ever injected (%) n=193	Mean age first injected (SD) n=193	First drug injected (%) n=193
Speed	75	20.2 (5.3)	46 (n=89)
Base	62	23.1 (6.8)	15 (n=29)
Ecstasy	58	23.2 (6.6)	2 (n=4)
Crystal	58	23.8 (6.9)	9 (n=18)
Heroin	50	21.2 (5.3)	16 (n=31)
Cocaine	31	22.8 (5.9)	1 (n=1)
Other opiates[1]	28	21.9 (5.1)	3 (n=5)
Benzodiazepines	22	22.6 (5.8)	-
Ketamine	19	25.0 (6.2)	1 (n=1)
MDA	12	24.0 (6.3)	-
Any drug	4	25.0 (6.4)	-

Source: PDI interviews 2004
1. Note: Includes codeine, physeptone tablets, morphine, and pethidine.

There were no gender differences between those who reported having injected a drug at some time and those who did not, however, lifetime injectors were older (mean 28 yrs vs. 23 yrs, t_{846}=9.3, p<0.001). There were no differences between the two groups in terms of school years completed (mean 12 yrs vs. 11 yrs, t_{848}=5.6, p<0.001) and no difference in likelihood of ATSI descent or being employed fulltime. However, lifetime injectors were more likely to have a history of previous imprisonment (17% vs. 4%; OR 4.7; 95% CI: 2.8, 8.0) and less likely to identify as heterosexual (70% vs. 87%; OR 0.4; 95% CI: 0.2, 0.5).

Those who injected a drug at some time had used more drugs ever (mean 12 vs. 8, t_{285}=14.5, p<.001) and had used more drugs in the preceding six months (mean 8 vs. 6, t_{290}=7.7, p<0.001) compared to those who had never injected. Injectors were more likely to report having binged on stimulant drugs (66% vs. 36%, OR 3.3; 95% CI: 2.4, 4.7) and to have used ecstasy more than weekly (35% vs. 22%, OR 2; 95% CI: 1.4, 2.8) in the preceding six months compared to non-injectors. However injectors were less likely to report ecstasy as their drug of choice compared to non-injectors (29% vs. 57%, OR 0.3; 95% CI: 0.2, 0.4) There was no difference in likelihood of typically using more than one ecstasy tablet per episode of use.

Context of initiation to injecting

One third (32%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (47%) followed by heroin (20%).

When lifetime injectors were asked to specify how they learned to inject, two thirds (66%) reported that a friend or partner showed them how. Thirty two lifetime injectors (17%) reported that they did not inject themselves and another 17% reported another

user taught them. A further eight respondents each reported been taught by a needle exchange, seven from an information pamphlet, six from a health professional, five were self taught, two people from a website and two from a sibling and one person reported from a book.

12.1.2 Recent injectors

Patterns of injecting drug use

Among those who reported injecting in the preceding six months, recent patterns of injecting drug use were consistent with lifetime patterns; methamphetamines were the most commonly injected drug in the preceding six months with almost two thirds reporting recently injecting speed (60%) or base (60%, Table 50). Approximately half reported recent crystal (48%) injection, while a third reported the recent injection of ecstasy (35%) and heroin (31%, Table 50). Although small numbers necessitate cautious interpretation of these data, speed and base were the most frequently injected drugs followed by crystal.

Base was most often reported as last drug injected (25%), while 22% reported speed and 19% crystal. Eighteen percent reported their last drug injected was heroin (Table 50).

Table 50: Recent injecting drug use patterns (recent injectors) among REUs, 2004

	% injected past 6 mths n=131	Median days injected last 6 mths[1] (range)	Last drug injected[1] n=131
Speed	60	10 (1-180)	22
Base	60	10 (1-180)	25
Crystal	48	12 (1-180)	19
Ecstasy	35	5 (1-180)	4
Heroin	31	10 (1-180)	18
Cocaine	12	1 (1-25)	-

Source: PDI interviews 2004

1. Of those who had injected in the preceding six months

Injecting risk behaviour

Of those that injected in the preceding six months, only one percent reported using a needle after someone else in the month preceding interview. SA, WA and the NT all reported one person each, usually a regular sex partner or close friend. No reports were made in the others states. Ten percent (n=13) reported that someone had used a needle after them in the preceding six months. Nearly half (46%, n=60) of recent injectors reported using other injecting equipment after someone else, with spoons (28%) being most common. Tourniquets (21%) were other commonly reused paraphernalia followed by water (18%) and filters (15%).

Context of injecting

Most (75%) recent injectors reported they injected themselves 'every time'. While two thirds (66%) of recent injectors reported usually injecting with close friends, one third (29%) reported usually injecting with a regular sex partner and a quarter (21%) typically injected by themselves (Table 51).

The majority of recent injectors reported injecting at home (79%) or friends' home (66%) in the previous six months. A third reported injecting in a car (35%) or at a dealers' home (28%) and a further quarter reported injecting on the street (19%), or in a public toilet (18%) or venue toilet (15%; such as night clubs and pubs). While five participants reported injecting at a sex venue and a further four at a commercial injecting room. The median number of times injected by recent injectors in the preceding six months was 30 times. A potentially risky behaviour engaged by the majority (76%) of recent injectors in the preceding six months was injecting while under the influence or coming down from the effects of drugs (Table 51).

Table 51: Context and patterns of recent injection, 2004

	National N=131	NSW n=11	ACT n=6	VIC n=10	TAS n=9	SA n=12	WA n=20	NT n=17	QLD n=46
Frequency of self injection (%)									
Every time	**75**	73	33	90	56	75	85	94	70
Sometimes	**8**	18	33	0	0	8	10	0	7
Rarely	**2**	9	0	0	0	0	5	0	2
People usually inject with* (%)									
Close friends	**66**	56	67	50	56	58	80	77	65
Regular partner	**29**	27	33	50	11	25	45	35	20
No one	**21**	27	17	20	11	17	5	12	35
Locations injected* (%)									
Own home	**79**	82	83	70	89	83	80	82	74
Friend's home	**66**	82	67	40	78	75	75	47	67
Car	**35**	46	33	30	33	33	50	18	35
Dealer's home	**28**	36	17	30	11	17	35	29	28
Street	**19**	36	33	40	0	0	35	12	13
Public toilet	**18**	18	17	30	0	8	30	12	20
Venue toilet	**15**	36	17	10	11	0	20	6	15
Median times injected any drug last 6 months (range)	**30 (1-1800)**	32.5 (2-264)	12.5 (1-160)	30 (1-360)	20 (1-72)	91 (8-1800)	30 (1-720)	30 (2-520)	45 (1-320)
Injected under the influence or coming down (%)	**76**	82	50	90	67	100	70	82	70

Source: PDI interviews 2004. *could nominate more than one response

Obtaining needles

The majority of recent injectors obtained needles from needle and syringe programs (NSPs) (67%) or chemists (38%) in the preceding six months. Other sources included from a friend (26%), from a dealer (11%), partner (5%) and from vending machines (4%). Nine participants (7%) reported difficulty obtaining needles in the preceding six months, the majority of whom reported opening hours of services to be the reason they were unable to obtain sterile injecting equipment.

12.2 Blood borne viral infection vaccinations, testing & self reported status

Blood borne viral infection (BBVI) vaccinations and testing may be considered a marker of awareness of the risks involved with injecting. Therefore, those who reported injecting in the preceding six months were compared to those who reported never having injected a drug to investigate whether they were more likely to report hepatitis B virus (HBV) vaccination, hepatitis C virus (HCV) and human immunodeficiency virus (HIV) testing.

Forty two percent of the national sample reported that they have never been vaccinated for HBV. A further 40% reported that they had completed the vaccination schedule, 8% did not finish the vaccination schedule and 10% did not know if they have been vaccinated. There was no significance difference between participants who had injected at some stage in their life or in the preceding six months and had completed the three dose schedule of HBV vaccinations compared to those who never injected.

Participants were asked if they have been tested for HCV. Of the national sample 53% reported that they had not been tested for HCV ever, while 26% had been tested in the last year, 17% were tested more than a year ago and 4% either did not know or didn't get their result. Of those that had ever injected, 56% had been tested for HCV in the last year compared to 64% of those who had injected recently. Eight percent (n=28) of the national sample were positive for HCV, of this number 27 participants were lifetime injectors and 25 participants were recent injectors.

Thirty two percent of the national sample had been tested for HIV in the last year and a further 19% had been tested more than a year ago. Lifetime (86% vs. 40%, OR, 9.0; 95% CI 5.4-15.0) and past year (65% vs. 23%, OR, 6.3; 95% CI 4.2-9.4) HIV testing was also more likely to be reported by recent inject injectors compared to those who had never injected. Of the national sample eleven participants reported that they were HIV positive. No significant difference in HIV prevalence was found between recent injectors and those who had never injected.

12.3 Sexual risk behaviour

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Penetrative sex was defined as "penetration of penis or fist of the vagina or anus". Given the sensitive nature of these questions, participants were given the option of self completing this section of the questionnaire.

12.3.1 Recent sexual activity

Most (45%) reported one sexual partner during the preceding six months although one fifth (19%) of participants had penetrative sex with two people and just over a quarter (27%) reported sex with between three and five people. Of those who reported penetrative sex in the preceding six months, the majority (84%) reported having sex with a regular partner and half (59%) reported sex with a casual partner. Participants were asked about the use "protective barriers" which were defined as "condoms, dams or gloves" with each partner type. Consistent with population based surveys, the prevalence of using any barrier *every time (always)* was higher with casual (56%) compared to regular (26%) partners. Nearly a quarter (20%) of those who reported penetrative sex in the preceding six months had had anal sex. The frequency of anal sex was relatively low with the majority (71%) reporting having had anal sex less than monthly. (Table 52).

Table 52: Prevalence of sexual activity and number of sexual partners in the preceding six months by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Penetrative sex (%)	**93**	92	96	94	92	94	93	96	88
No. sexual partners (%)*	**(n=790)**	(n=96)	(n=111)	(n=94)	(n=92)	(n=94)	(n=93)	(n=68)	(n=142)
1 person	**45**	48	40	47	44	48	55	39	39
2 people	**19**	21	23	19	16	18	12	20	23
3-5 people	**27**	24	32	27	34	25	24	28	24
Sex with regular partner (%)*	**84**	85	86	80	86	92	81	79	84
Always use protection (%)	**26**	32	21	19	21	20	29	32	33
Sex with casual partner (%)*	**59**	52	68	59	61	51	54	62	61
Always use protection (%)	**56**	68	53	58	36	48	62	64	62
Anal sex (%)*	**20**	33	11	19	8	16	19	23	27
No. of times had anal sex	**(n=157)**	(n=32)	(n=12)	(n=18)	(n=8)	(n=15)	(n=18)	(n=16)	(n=38)
≤ Mthly	**71**	78	50	78	88	80	61	81	63
≤ Fortnightly	**13**	16	42	6	0	7	11	0	16
≥ Weekly	**16**	6	8	17	13	13	28	19	21

Source: PDI interview 2004 * of those who had penetrative sex in the last 6 months

12.3.2 Drug use during sex

The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. The highest was reported in NSW (90%) and lowest in WA (67%). Drug use during sex was reportedly frequent with the majority reporting that drug use during sex had occurred at least three to five times (29%) in the preceding six

months, followed by ten or more times (25%). The most commonly used drugs used during sex were ecstasy (84%), alcohol (46%) and cannabis (36%). This pattern continued across the different jurisdictions (Table 53). Similar to protective barrier use generally, the use of any barrier *every time (always)* during sex combined with drug use was more common with casual (57%) compared to regular (24%) partners.

Table 53: Drug use during sex in the preceding six months by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Penetrative sex while on drugs* (%)	**79**	90	78	80	80	76	67	88	74
No. times had sex while on drugs	**(n=620)**	(n=86)	(n=87)	(n=75)	(n=74)	(n=71)	(n=62)	(n=60)	(n=105)
Once	**14**	11	17	13	19	14	21	10	8
Twice	**17**	13	21	15	22	27	15	10	12
3 -5 times	**29**	28	28	27	24	28	23	33	34
6 - 10 times	**16**	21	12	11	19	10	18	13	22
Ten +	**25**	28	22	34	16	21	24	34	24
Drugs used (%)									
Ecstasy	**84**	77	87	85	93	86	69	84	89
Cannabis	**36**	34	36	32	42	32	34	33	43
Alcohol	**46**	59	53	41	64	31	31	39	38
Speed	**24**	19	20	35	26	25	18	36	21
Base	**11**	8	9	1	5	30	3	10	19
Ice	**14**	20	3	15	1	13	45	8	11
Cocaine	**6**	12	16	1	4	4	3	-	4
Ketamine	**3**	11	-	1	-	6	-	-	4
GHB	**3**	6	-	15	-	1	-	-	2

Source: PDI interviews 2004 * of those who had penetrative sex

12.4 Driving risk behaviour

For the first time in 2004, the PDI asked participants about driving soon after taking a drug. Of the national sample 60% had driven within one hour of taking a drug. The ACT reported the highest percent (72%) followed by TAS (68%). NSW reported the lowest percentage of people driving soon after taking a drug (48%). The drug most commonly taken was ecstasy (69%) followed by cannabis (57%), alcohol (52%) and speed (41%). Ecstasy was the most comment drug used in all jurisdictions except in the ACT and TAS which reported alcohol (Table 54).

Table 54: Driving after taking drugs in the last six months among REUs by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Driven soon after* taking a drug (%)	**60**	48	72	63	68	61	59	59	51
Drugs used (%)**	**(N=505)**	(n=50)	(n=83)	(n=63)	(n=68)	(n=61)	(n=56)	(n=42)	(n=82)
Ecstasy	**69**	56	65	73	66	71	64	69	83
Cannabis	**57**	46	59	48	74	51	54	62	59
Alcohol	**52**	42	70	41	75	39	46	52	43
Speed	**41**	40	27	59	44	34	50	52	31
Base	**23**	14	15	8	9	57	13	26	43
Ice	**24**	16	13	22	0	28	61	19	37
Cocaine	**8**	20	13	8	2	5	0	2	9
Ketamine	**4**	6	0	11	2	5	0	2	5
LSD	**5**	4	0	8	6	11	2	7	5
Heroin	**3**	0	1	6	0	2	4	0	10

Source: PDI interviews 2004
*within one hour of taking ** of those that had driven soon after taking a drug

12.5 Tattooing and piercing

In 2004 for the first time participants were asked about tattooing and body piercing (excluding ears) by all jurisdictions except SA and QLD. Of those that were asked about tattooing and body piercing (n=591), 27% had received a tattoo and a 36% reported body piercing.

Participants reported receiving their last tattoo a median of 30 months ago. The majority (93%) reported receiving their tattoo through a parlour/professional and 7% from a friend. Only one participant reported that the needle used for tattooing had been used by another person before them.

Of those who had body piercing, 24 months was the median time reported for receiving their last body piercing. The majority (85%) reported receiving their last body piercing through a parlour/ professional, 5% reported a doctor and 3% reported through a

friend. Fourteen participants did report body piercing themselves. Only one participant reported that the needle used for body piercing was used by somebody else before them.

12.6 Summary of risk behaviour

- One in five (22%) of the national sample reported having injected at some time in their lives and 69% reported injecting in the six months preceding interview.
- A median of three drugs (range 1-12) had ever been injected while those who reported injecting in the preceding six months had injected a median of two (range 1-11) drugs.
- One third (32%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol).
- Of those that were lifetime injectors and had first injected while under the influence of drugs, the first drug injected was speed (47%) followed by heroin (20%).
- When lifetime injectors were asked to specify how they learned to inject, two thirds (66%) reported that a friend or partner showed them how.
- Of those that injected in the preceding six months, only one percent reported using a needle after someone else in the month preceding interview.
- Forty two percent of the national sample reported that they have never been vaccinated for HBV. A further 40% reported that they had completed the vaccination schedule, 8% did not finish the vaccination schedule and 10% did not know if they have been vaccinated.
- Of the national sample 53% reported that they had not been tested for HCV ever, while 26% had been tested in the last year, 17% were tested more than a year ago and 4% either did not know or didn't get their result.
- Thirty two percent of the national sample had been tested for HIV in the last year and a further 19% had been tested more than a year ago.
- As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview.
- Most (45%) reported one sexual partner during the preceding six months although one fifth (19%) of participants had penetrative sex with two people and almost over a quarter (27%) reported sex with between three and five people.
- The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.
- Nearly a quarter (20%) of those who reported penetrative sex in the preceding six months had had anal sex.
- Of the national sample 60% had driven within one hour of taking a drug. The drug most commonly take was ecstasy (69%) followed by cannabis (57%), alcohol (52%) and speed (41%).
- Of those that were asked about tattooing and body piercing, 27% had received a tattoo and a 36% reported body piercing.

13 HEALTH RELATED ISSUES

13.1 Overdose

In 2004, participants were asked if they had overdose on ecstasy or related drugs. Overdose was defined as 'passed out or fallen into a coma'. Of the national sample 16% of the participants had overdose on either ecstasy or related drugs. The highest overdose rate was reported in ACT (28%) and lowest in QLD (10%) and SA (10%). Of those that had overdosed, the main drug used was alcohol (36%) followed by ecstasy (23%). Alcohol was reported the highest in TAS (72%) and ecstasy in NSW (58%, Table 55).

Table 55: Overdose in the last six months among REUs by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Overdosed on ecstasy or related drugs (%)	**16**	12	28	25	18	10	17	13	10
Which drug (%)*	**(N=139)**	(n=12)	(n=32)	(n=25)	(n=18)	(n=10)	(n=17)	(n=9)	(n=16)
Ecstasy	**23**	58	19	8	11	20	35	33	25
Cannabis	**7**	8	9	0	6	0	0	33	13
Alcohol	**36**	0	59	8	72	40	35	11	31
Speed	**4**	8	0	4	6	0	6	0	6
Ice	**4**	0	0	4	0	0	24	0	6
Ketamine	**4**	8	0	16	0	0	0	0	0
GHB	**11**	17	6	28	0	20	0	11	6

Source: PDI interviews 2004 *Of those that overdosed

13.2 Self reported symptoms of dependence

First for the first time in 2004 participants were asked questions from the severity of dependence scale (SDS) for both ecstasy and methamphetamine; previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick 1997).

13.2.1 Ecstasy

The median SDS score for ecstasy was one (range 0 - 15). There were no significant differences between genders for the SDS ecstasy score. Participants were asked if their ecstasy use was out of control with sixty six percent reporting 'never or almost never', 27% 'sometimes', 5% 'often' and 2% 'always or almost always'. Seventy eight percent reported that missing a dose did not make them feel anxious, however 19% reported that it did 'sometimes', 3% 'often' and 1% 'always or almost always'. Half of the participants were not worried about their ecstasy use, however the other half were worried. Seventeen percent wished that 'sometimes' they could stop using ecstasy and 20% found it quite difficult to stop using ecstasy.

13.2.2 Methamphetamine

Of those that had used methamphetamines the median SDS score was one (range 0-15), with 21% scoring four or above, the level of dependence (Topp and Mattick 1997). There were no significant differences between gender and median methamphetamine SDS score or those who scored four or above. Of those that scored above four on the SDS, 38% reported specifically using crystal methamphetamine, 32% speed, 16% base and 17% reported no specific methamphetamine. Twenty percent of those that had used methamphetamines believed that their methamphetamine use was 'sometimes' out of control, 15% reported that missing a dose 'sometimes' made them feel anxious, 28% were 'sometimes' worried about their methamphetamine use, 16% 'sometimes' wished that they could stop and 14% found it quite difficult to stop using methamphetamine.

13.3 Help seeking behaviour

Participants were asked in 2004 if they had accessed any medical or health services in relation to their ecstasy and related drug use in the last six months. Of the national sample 17% had accessed either a medical or health service in the preceding six months of the interview. Of those who had accessed help, the majority accessed their General Practitioner (GP, 44%), followed by a counsellor (28%), drug and alcohol worker (21%), emergency department (15%), psychologist (12%), first aid (11%), ambulance (10%), psychiatrist (9%), hospital (9%) or social worker (8%).

Table 57 below presents the proportion of participants who accessed health help by main drug used. For those who saw a GP (n=59) 39% reported that the main drug involved was ecstasy, followed by crystal (14%) and the main issue of concern was depression. A counsellor (n=37) was the next most assessed service, where the main drug of concern was ecstasy (27%) and the main issue was for dependence (Table 56).

Table 56: Proportion of REUs who accessed health help by main drug type used and main reason, 2004

	Ecstasy (%)	Speed (%)	Base (%)	Crystal (%)	Cannabis (%)	Alcohol (%)	Main reason
GP	39	7	9	14	5	3	Depression
Counsellor	27	11	0	16	11	3	Dependence
D&A worker	12	8	8	24	8	4	Dependence
Emergency	18	12	6	18	0	6	Overdose
Psychologist	40	20	7	20	7	7	Psychosis/anxiety
First aid	60	7	7	7	0	14	Physical problem
Ambulance	21	14	7	14	0	7	Overdose
Psychiatrist	42	8	8	0	8	8	Depression
Hospital	33	0	8	8	0	17	Psychosis
Social worker	27	18	0	0	27	0	Dependence

Source: PDI interviews 2004

13.4 Other problems

Participants were also asked if they had experienced any occupation, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use (Table 57).

Table 57: Self reported drug-related problems, by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Occupational/study problems (%)	**44**	38	47	46	66	44	51	42	27
Relationship/social problems (%)	**37**	31	35	41	37	39	37	49	35
Financial problems (%)	**38**	39	40	38	40	41	45	45	27
Legal/police problems (%)	**7**	9	3	14	2	8	6	7	9

Source: PDI interviews 2004

Occupational or study problems were reported by the highest proportion of REUs in the national sample (44%), followed by financial problems (38%).

Relationship or social problems attributed to ecstasy and related drug use were reported by 37% (n=318) of the national sample. Many of these problems could be considered relatively minor. Arguments were most commonly reported social or relationship

problem reported (17%, n=146), followed by mistrust/ anxiety (10%, n=82). However more serious problems such as ending a relationship (5%, n=45), violence (n=5) and being kicked out of home (n=4) due to their ecstasy and related drug use were also reported. A small proportion (7%) also reported legal/police problems.

Participants were asked what drug they attributed their relationship or social problems to and this generally followed patterns of use, with ecstasy (n=150) being the most common drug, followed by methamphetamine powder (n=37), crystal (n=32), base (n=15).

13.5 Summary of health related issues

- Of the national sample 16% of the participants had overdose on either ecstasy or other related drugs. The highest overdose rate was reported in ACT (28%) and lowest in QLD (10%) and SA (10%).
- Of those that had overdosed the main drug used was alcohol (36%) followed by ecstasy (23%). Alcohol was reported the highest in TAS (72%) and ecstasy in NSW (58%).
- For the first time in 2004 the severity of dependence scale (SDS) was used for ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0 - 15).
- Participants were asked if their ecstasy use was out of control with sixty six percent reporting 'never or almost never', 78% reported that missing a dose did not make them feel anxious, half of the participants were not worried about their ecstasy use and 17% percent wished that sometimes they could stop using ecstasy.
- Of those that had used methamphetamines the median SDS score was one (range 0-15), with 21% scoring four or above, the level of dependence.
- Of those that scored above four on the SDS, 38% reported specifically using crystal methamphetamine, 32% speed, 16% base and 17% reported no specific methamphetamine.
- Twenty percent believed that their methamphetamine use was 'sometimes' out of control, 15% reported that missing a dose 'sometimes' make them feel anxious, 28% were 'sometimes' worried about their methamphetamine use, 16% 'sometimes' wished that they could stop and 14% found it 'quite difficult' to stop using methamphetamine.
- Of the national sample 17% had accessed either a medical or health service in the preceding six months of the interview.
- Of those who had accessed help, the majority accessed their General Practitioner (GP, 44%) and 28% a counsellor. For those who saw a GP, 39% reported that the main drug involved was ecstasy, followed by crystal (14%) and the main issue of concern was depression.
- Occupational or study problems were reported by the highest proportion of REUs in the national sample (44%), followed by financial problems (38%).
- Relationship or social problems attributed to ecstasy and related drug use were reported by 37% of the national sample. A small proportion (7%) also reported legal/police problems.

14.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

14.1 Reports of criminal activity among regular ecstasy users

A quarter (24%) of the national sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states in the proportion reporting involvement in crime ranging from (11%) in ACT to over a third (35%) in the NT (Table 58).

Drug dealing was the most commonly reported criminal activity (19%, Table 58). Of those that reported drug dealing in the last month, half (55%) reporting dealing less than once a week, 14% once a week, 20% more than once a week but less than daily and 12% reported dealing on a daily basis.

Six percent of the national sample reported they had committed a property crime in the last month (Table 58). Of those that reported committing a property crime, three quarters (75%) reported they had done so less than once a week, 14% once a week, 9% more than once a week but less than daily and 4% reported dealing on a daily basis.

Only small proportions (1%) reported having committed fraud in the month prior to interview (Table 58). Of those that committed fraud, over two thirds (69%) reported having done so less than once a week, 15% once a week, 8% more than once a week but less than daily and 8% reported dealing on a daily basis.

Of those that committed a violent crime (2%), all participants had done so less than once a week.

Fourteen percent of the national sample reported paying for their ecstasy through dealing drugs and a further 1% reported through property crime (Table 58).

Ten percent of the national sample had been arrested in the past year (Table 58). Of those arrested, nearly a third (31%) were arrested for use or possession, 26% for property crime, 9% for a violent crime, 20% for driving offences (including driving under the influence), 7% for dealing or trafficking and 3% for fraud.

The REU sample in QLD had the highest numbers (n=20) reporting they had been arrested in the past year, followed by VIC (n=17). The smallest numbers were in TAS (n=3) and SA (n=5)

Table 58: Criminal activity among REUs, by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
In the last month (%)									
Any crime	**24**	18	11	33	19	25	30	35	23
Drug dealing	**19**	12	9	29	16	21	25	28	20
Property crime	**6**	5	3	9	6	6	10	4	6
Fraud	**1**	4	1	2	0	1	4	0	1
Violent crime	**2**	4	0	2	0	0	4	6	2
In the last six months (%)									
Paid for ecstasy through dealing drugs (cash profit)	**14**	19	10	18	8	12	17	13	14
Paid for ecstasy through property crime	**1**	2	0	0	0	0	2	4	2
Arrested last 12 months (%)	**10**	11	6	17	3	5	13	16	12

Source: PDI interviews 2004

14.2 Perceptions of police activity towards regular ecstasy users

Participants were asked whether there had been changes in police activity towards REUs in the six months preceding interview. A third (35%) reported that police activity had remained stable and a further third (34%) thought that police activity had increased (Table 59).

REUs were also asked if police activity had made it more difficult for them to score drugs. The majority (86%) responded that police activity had not made it more difficult for them to score drugs (Table 59).

Table 59: Perceptions of police activity towards REUs, by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Recent police activity (%)									
Decreased	**3**	1	4	1	4	3	4	3	3
Stable	**35**	41	59	31	35	27	38	23	24
Increased	**34**	45	16	58	31	27	29	48	29
Don't know	**28**	13	21	10	30	43	29	27	45
Did not make scoring more difficult	**86**	85	88	90	83	86	89	73	89

Source: PDI interviews 2004

There were differences across jurisdictions in the proportion reporting that police activity had increased, with 16% in the ACT compared to over half (58%) in VIC reporting increased police activity. Despite substantial proportions in all states reporting increased police activity, the majority (86%) of REUs in all states reported police activity had not made it more difficult to score, ranging from 73% in the NT to 90% in VIC and QLD.

14.3 Summary criminal activity and perceptions of policing

- A quarter (24%) of REUs reported engaging in some form of criminal activity in the month prior to interview.
- There were differences across states in the proportion reporting involvement in crime ranging from (11%) in ACT to over a third (35%) in the NT.
- Drug dealing was the most common crime reported in all jurisdictions.
- Six percent of the national sample reported property crime. Three quarters reported that they had done so less than once a week
- Small proportions reported having committed fraud or a violent crime in the last month.
- Fourteen precent of the national sample had paid for ecstasy through dealing drugs.
- Ten percent of the national sample was arrested in the past year.
- A third (35%) reported that police activity had remained stable and a further third (34%) thought that police activity had increased.
- There were differences across jurisdictions in the proportion that reported police activity had increased, with 16% in the ACT reporting increased activity compared to over half (58%) in VIC reporting increased activity.
- The majority (86%) responded that police activity had not made it more difficult for them to score drugs.

15.0 SUMMARY

The national PDI was conducted nationally for the second time in 2004. The PDI is a national monitoring system of ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of local and national interest in ecstasy and related drug markets. The PDI is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in detail.

It is important to note that the results from the REU surveys are not representative of ecstasy and related drug use in the general population nor is the information representative of all REUs, but is indicative of emerging issues that warrants further monitoring. REUs are a sentinel group of REUs that provide information on patterns of drug use and market trends. It is important to remember that all samples were recruited in the capital cities across Australia, patterns of drug use may vary among specific groups of REUs in the capital cities and in regional areas.

15.1 Ecstasy

The ecstasy users interviewed had initiated ecstasy use in their late teens. Patterns of use varied, however in the six months prior to interview most participants had used ecstasy fortnightly. Two thirds (69%) of the national sample reported that they typically used more than one tablet in a session. During their 'heaviest' use episode in the preceding six months, participants reported using a median of four tablets. Swallowing ecstasy was the most comment route of administration followed by snorting. A small percentage (5%) had injected ecstasy recently.

The vast majority (93%) of the REUs interviewed reported that they usually use other drugs with ecstasy, most commonly alcohol, tobacco, cannabis and methamphetamine. Over a third (38%) of the national sample reported bingeing on ecstasy, the median length of time was three days. The majority (78%) of REUs also used other drugs (mainly cannabis and alcohol) with ecstasy to come down.

The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

Participants nominated a wide variety of benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten user's sensations.

Half of the national sample reported that most of their friends used ecstasy, obtaining ecstasy mainly from friends (82%) or dealers (57%). Ecstasy was used in a number of locations most commonly in nightclubs (79%), at raves (63%) or at a private party (58%).

In NSW, QLD and SA, where data has been collected in previous years the 2004 results add to existing information on trends in ecstasy use among this group over time. In all three states there has been an increase in the proportion that report typically using more

than one tablet since 2000. This pattern continues in the others states since 2003 except in the ACT. The frequency of ecstasy use has increased in NSW and is stable in the other states. There has been an increase in SA and a slight decrease in the other states in the proportion that report bingeing on ecstasy.

15.2 Methamphetamine

Participants were asked about their use of methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (crystal).

At least half of participants had reported lifetime use of the three forms of methamphetamine; speed (85%), base (53%) and (crystal 63%). At least a third had reported recent use; speed (68%), base (39%) and crystal (45%).

The most common route of administration varied with the type of methamphetamine used; speed was most commonly snorted, base swallowed and crystal smoked. Nearly half also swallowed crystal.

Frequency of use varied for the different forms. Speed users typically used on a monthly basis typically using half a gram in a session. Half (52%) of the base users used less than monthly. Base users used one point of base in a 'typical' use episode. Over half (53%) used crystal less than monthly and a quarter (26%) used crystal between monthly and fortnightly. Crystal users used a median amount of one point of crystal used in a 'typical' use episode.

All forms of methamphetamine were purchased from a variety of locations; most commonly friends and dealers. They reported scoring from private residences, friend's or dealer's homes. Methamphetamines were used in a variety of locations. Speed and base were most commonly used in nightclubs, raves, or in private homes (their own or friend's). Crystal was also used in a variety of locations, most commonly in private homes (friend's or own).

The majority of those who commented reported the purity of speed (59%), base (76%) and crystal (82%) to be 'medium' or 'high'. Small proportions reported the current strength of speed (14%), base (7%) or crystal (4%) to be low.

The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (22%) users reported that purity had fluctuated than crystal users (13%).

Fifty six percent of the national sample commented on the recent availability of speed, the majority (81%) reported it to be 'very easy' (42%) or 'easy' (39%) to obtain. This was relatively consistent across jurisdictions. Over half (61%) of the national sample that commented reported speed availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (14%) or more difficult (13%).

About a third (29%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (40%) or 'easy' (40%) to obtain. Of the national sample 14% reported that it was difficult to obtain, with substantial proportions in NSW (27%), VIC (27%) and TAS (25%) reporting base as difficult to

obtain. Three quarters (65%) of the respondents commenting on base reported that the availability had remained stable, with similar proportions reporting it had become easier (12%) or more difficult (11%) to obtain in the preceding six months.

Around a third (35%) of the national sample was able to comment on the availability of crystal. The majority (68%) that commented on the availability of crystal believed it to be 'very easy' (37%) or 'easy' (31%) to obtain. The majority in all states reported that crystal was easy to obtain, however, there were differences between jurisdiction, ranging from 9% in the NT to 61% in WA reporting it was 'very easy ' to obtain. Substantial proportions in VIC (35%) reported it was 'difficult' to obtain. Half (51%) reported the availability of crystal had remained stable in the preceding six months, ranging from 36% in QLD to 63% in SA. Twenty one percent of those that comment reported the availability had become easier, while 14% reported that it was more difficult.

Data provided by the Australian Customs Service shows decreases in the number of detections of amphetamine type stimulants at the Australian border and in particular a substantial decrease in the weight of crystalline methamphetamine.

Indicator data suggest increasing use of methamphetamine in recent years. Data from the National Hospital Morbidity Database (NHMD) show a consistent gradual increase in inpatient hospital admissions for amphetamines. The highest rates of inpatient hospital admissions in 2003-2004 were in WA.

Data from the AODTS-NMDS indicate that in 2002-03 WA had the highest proportion of people seeking treatment for amphetamine. The PDI survey data on use patterns is consistent with these findings, reporting the highest proportion of recent crystal use and one of the highest reported for recent speed use.

15.3 Cocaine

Over half (54%) of participants in the 2004 national sample reported lifetime use of cocaine and about a quarter (27%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (91%) was the most common route of administration, followed by swallowing (22%), smoking (6%) and injecting (6%). Cocaine use was infrequent with the majority (79%) having used less than monthly. The median amount of cocaine used in a 'typical' use episode was half a gram. Eight percent of those that had binged in the six months preceding interview used cocaine in their binge.

Cocaine was most commonly acquired through friends or dealers and this was consistent across states. REUs obtained their cocaine from private homes, most commonly friends homes, their dealers homes or at their own home. REUs reported that they used cocaine in a variety of locations including private homes (friend's and own), nightclubs, private parties and pubs.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $200 in NSW to $400 in WA. Twenty eight percent of those that commented responded that they did not know if the price had changed; a third (34%) reported the price of cocaine had remained stable in the preceding six months.

A quarter (26%) of those who commented reported the purity of cocaine to be 'medium' and a further 23% reported cocaine strength was 'low'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 28% did not know, 16% reported it as increasing and a further 29% reported that it was stable. The purity of state police seizures analysed varied in each state in 2003/04 ranging from 3% in WA to 48% in the ACT.

Cocaine was reported to be 'difficult or 'very difficult' to obtain by almost half that commented. A quarter considered it to be 'very easy' to obtain. There was variation between jurisdictions with over half of those that commented in NSW reporting cocaine was 'very easy' to obtain while 17% or less in the other states reported the same. There was some variation across jurisdiction in the proportion that reported the availability of cocaine was stable ranging from 42% in the ACT to 86% in WA. The Australian Customs Service made a record number of detections of cocaine at the Australian border in 2003-04.

15.4 Ketamine

Forty percent of 2004 national sample reported lifetime use of ketamine and about a quarter (23%) had used ketamine in the six months preceding interview. The median age of first use, was 21 years. Of those that reported recent ketamine use, the majority (70%) had snorted it.

Ketamine was predominantly obtained through friends (43%) and dealers (36%). REUs reported scoring ketamine from a variety of locations, most commonly private residences (friends home, dealers home or their own home). Over half of REUs reported they had last used ketamine in a private home and 20% reported last using at a nightclub or rave and 11% a private party.

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from $50 in TAS to $200 in NSW, ACT and the NT.

Nearly half (43%) of the national sample responded that they did not know if the price had changed. Over a third (36%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price is consistent with reports of infrequent ketamine use.

Over half (54%) of those who commented reported the purity of ketamine to be 'high' and a further 23% reported ketamine strength as 'medium'. Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, the largest proportion (50%) reported the purity was stable, although nearly a third 27% did not know.

Half (49%) of the participants reported ketamine was 'very easy' or 'easy' to obtain. Around half reported it to be 'difficult (37%) or 'very difficult' (10%) to obtain. About a third (36%), reported the availability of ketamine had remained stable over the preceding six months, while 17% reported that it had become easier and 26% more difficult.

15.5 GHB

Smaller numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.

Twenty three percent of 2004 national sample reported lifetime use of GHB and 10% had used GHB in the six months preceding interview. The median age of first use was 21 years. All participants reported recently swallowing GHB, except one participant in VIC that injected it. Of those that used GHB, the median number of days used was two. The majority (76%) has used less than monthly.

GHB use was typically quantified in millilitres. The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 5.5 mls. Around a quarter (23%) reported having used 15 mls or more in a single occasion in the last six months.

Five percent of those that reported they had binged in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB, obtained it from friends (47%) and dealers (21%). Over a third (37%) scored from their friends home, with their own home and dealers home the next most common locations reported. Like ecstasy and other related drugs GHB was used in a variety of locations. Nightclubs were the most common location (40%), followed by private homes (friends or own home).

GHB was most commonly purchased in mls. Twenty seven participants of the national sample commented on the price of a ml of GHB.

Forty five percent of those who commented reported the purity of GHB to be 'high' and a further 13% reported GHB strength as 'medium'.

There was inconsistency regarding reports of the availability of GHB with 66% reporting it as 'very easy' or 'easy' to obtain and 27% reporting it to be 'difficult' or 'very difficult' to obtain. About half (42%) of those that commented, reported the availability of GHB had remained stable over the preceding six months. Although the number of detections for GHB and GBL are relatively low compared to other drugs, there were a record number of detections for GBL in 2001/02. In 2004 the number of detections for GHB and GBL at the Australian border remained stable.

15.6 LSD

Sixty percent of the 2004 national sample reported lifetime use of LSD and 26% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 18 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority had (81%) used less than monthly, typically using one tab. Twenty one percent reported having more than three tabs in a single occasion in the last six months.

Eleven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.

LSD was most commonly purchased in tabs. The median price of a tab of LSD ranged from $10 in SA to $25 in the NT and WA. The price was considered stable in most states.

The reports on the purity of LSD were mixed; about a third reported the purity as medium.

The reports on the availability of LSD were inconsistent with similar proportions reporting availability as 'difficult' to 'very difficult' and 'easy' to 'very easy' to obtain.

15.7 MDA

A third (32%) of the 2004 national sample reported lifetime use of MDA and 15% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (92%) of those that reported recent MDA use reported recently swallowing and 33% reported having snorted MDA. The majority had (82%) used less than monthly.

There were jurisdictional differences in reports of recent use of MDA ranging from 6% in WA to nearly a third in NSW (30%).

Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution. The median price of a cap of MDA ranged from $35 in VIC and QLD to $55 in the NT. The price of MDA was reported to be stable.

The majority of those who commented reported the purity of MDA to be 'high' (47%) or 'medium' (27%). Purity was considered to be stable.

Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (30%) reported MDA as easy to obtain. Over half (58%) of those that commented, reported the availability of MDA was stable in the past six months.

15.8 Other drugs

The vast majority of the national REU sample reported that they had used alcohol in their lifetime (99%) and in the six months preceding interview (95%). Seventy percent reported that they usually used alcohol in combination with ecstasy.

Eighty one percent reported recent use of cannabis (25% reporting daily cannabis use), 74% had recently used tobacco, a third (27%) reported recently using benzodiazepines and 10% had recently used anti-depressants. Seventy nine percent of those using anti-depressants in the last six months were taking prescribed anti-depressants. A further (27%) had used nitrous in the six months preceding interview and 20% had used amyl in the six months preceding interview.

Eleven percent had injected heroin in their lifetime and 6% reported having used heroin in the six months prior to interview. Two percent had used methadone in the last six months, 3% had recently used buprenorphine and 10% had used other opiates in the six months preceding interview.

15.9 Risk behaviour

One in five (22%) of the national sample reported having injected a drug at some time in their lives. Of those that had ever injected, 69% reported injecting in the six months preceding interview. A median of three drugs (range 1-13) had ever been injected while those who reported injecting in the preceding six months had injected a median of two (range 1-9) drugs.

One third (32%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (47%) followed by heroin (20%).

When lifetime injectors were asked to specify how they learned to inject, two thirds (66%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, only one percent reported using a needle after someone else in the month preceding interview.

Forty two percent of the national sample reported that they have never been vaccinated for HBV. A further 40% reported that they have completed the vaccination schedule, 8% did not finish the vaccination schedule and 10% did not know if they have been vaccinated.

Of the national sample 53% reported that they had not been tested for HCV ever, while 26% had been tested in the last year, 17% were tested more than a year ago and 4% either did not know or did not get their result.

Thirty two percent of the national sample had been tested for HIV in the last year and a further 19% had been tested more than a year ago.

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Most (45%) reported one sex partner during the preceding six months although one fifth (19%) of participants had penetrative sex with two people. Almost over a quarter (27%) reported sex with between three and five people. The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. The most commonly used drugs during sex were ecstasy, alcohol and cannabis. Nearly a quarter (20%) of those who reported penetrative sex in the preceding six months had had anal sex.

Of the national sample 60% had driven within one hour of taking a drug. The drug most commonly take was ecstasy (69%) followed by cannabis (57%), alcohol (52%) and speed (41%).

Of those that were asked about tattooing and body piercing (n=591), 27% had received a tattoo and a 36% reported body piercing.

15.10 Health related issues

Of the national sample 16% of the participants had overdosed on either ecstasy or other related drugs. The highest overdose rate was reported in VIC (25%) and lowest in QLD (10%) and SA (10%). Of those that had overdosed the main drug used was alcohol

(36%) followed by ecstasy (23%). Alcohol was reported the highest in TAS (72%) and ecstasy in NSW (58%).

For the first time in 2004 the severity of dependence scale (SDS) was used for ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0 - 15). Participants were asked if their ecstasy use was out of control: 66% reported 'never or almost never', 78% reported that missing a dose did not make them feel anxious, half of the participants were not worried about their ecstasy use and 17% percent wished that sometimes they could stop using ecstasy.

For the first time in 2004 the severity of dependence scale (SDS) was used for ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0 - 15). Of those that had used methamphetamines the median SDS score was one (range 0-15), with 21% scoring four or above, the level of dependence. Of those that scored above four on the SDS, 38% reported specifically using crystal methamphetamine, 32% speed, 16% base and 17% reported no specific methamphetamine. Twenty percent believed that their methamphetamine use was 'sometimes' out of control, 15% reported that missing a dose 'sometimes' make them feel anxious, 28% were 'sometimes' worried about their methamphetamine use, 16% 'sometimes' wished that they could stop and 14% found it 'quite difficult' to stop using methamphetamine.

Of the national sample 17% had accessed either a medial or health service in the preceding six months of the interview. Of those who had seek help, the majority accessed their General Practitioner (GP, 44%) and 28% a counsellor. For those who saw a GP, 39% reported that the main drug involved was ecstasy, followed by crystal (14%) and the main issue of concern was depression.

Participants were also asked if they had experienced any occupation, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use. Occupational or study problems were reported by the highest proportion of REUs in the national sample (44%), followed by financial problems (38%). Relationship or social problems attributed to ecstasy and related drug use were reported by 37% of the national sample. A small proportion (7%) also reported legal/police problems.

15.11 Criminal Activity and Perceptions of Policing

A quarter (24%) of the national sample had committed a crime in the month preceding interview. There were differences across states in the proportion reporting involvement in crime ranging from (11%) in the ACT to over a third (35%) in the NT.

Drug dealing was the most common crime reported criminal activity. The frequency of drug dealing in the last month was low with over half of those that had committed any type of crime reporting they had done so less once a week. Ten percent of the national sample had been arrested in the past year.

Over a third (35%) of REUs reported that police activity had remained stable and a further third (34%) thought that police activity had increased. There were differences across jurisdictions in the proportion that reported police activity had increased, with 16% in the ACT reporting increased activity compared to over half in VIC reporting

increased activity. Despite having substantial proportions reporting increased police activity, the majority (86%) of REUs responded that police activity had not made it more difficult for them to score drugs.

16.0 IMPLICATIONS

The second year of the national PDI has supported data collected in NSW, QLD and SA in previous years that suggest that REUs are polydrug users, using a range of drugs in combination with ecstasy. Consistent with data collected previously, the sample interviewed in 2004 was young, educated and employed or studying.

The PDI was conducted in 2004 nationally as a continuation of this monitoring trial across Australia. The IDRS has demonstrated that the routine collection and analysis of such information over times allows for greater understanding of drug markets (http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS). To further document trends across time in the use of ecstasy and related drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

Although there is some understanding of the effects of specific drugs on the brain and body, the consequences of polydrug use are less well understood. The use of depressants and stimulants at the same time is an issue requiring consideration and investigation. Substantial proportions of the REUs sample reported using alcohol in combination with ecstasy, with two thirds reporting usually drinking more than five standard drinks. The use of alcohol while under the influence of psychostimulants allows for the consumption of larger quantities of alcohol without experiencing immediate effects. A person under the influence of both ecstasy and alcohol is therefore able to consume large quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur. The level of alcohol consumption is therefore an issue of concern. It seems appropriate for harm reduction strategies targeted to ecstasy and related drug using populations to include improvement of awareness of the risks of this behaviour.

Given concerns about the risks associated with the use of GHB, monitoring of trends in GHB use and availability is clearly warranted, particularly given the overdose risks with GHB, especially when combined with another depressant such as alcohol.

The 2004 PDI results suggest that 'binge' drug use is common among REUs in all jurisdictions. It is a challenge for harm reduction strategies to communicate the risks associated with using large amounts in a way that does not endanger the credibility of the evidence being used to justify the campaign. The evidence at this time suggests that, if one is going to use ecstasy, the safest pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of ecstasy use suggested that users were aware that there are risks associated with taking ecstasy. Given that research in NSW suggests increases in the use of ecstasy and related drugs, it is important to provide information on risks quickly to this group. Harm reduction strategies need to address knowledge gaps, particularly as some of this drug use is opportunistic.

Ecstasy and related drug use occurs in a range of locations both in public and private venues. The high proportion of REUs reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use. As a substantial proportion of ecstasy and related drug use occurs in dance-related public venues, training in harm reduction and appropriate responses to persons suspected of using drugs should be provided to staff of appropriate venues in addition to emergency workers.

While methamphetamine was not the main drug of choice for the majority of the REUs, substantial proportions had recently used methamphetamines either separately or in conjunction with ecstasy. Nearly a quarter of this group scored four or above (indicating "dependent use" in previous validation studies (Topp and Mattick 1997) on the Severity of Dependence Scale. Furthermore, a small number reported that they had sought help (health/medical) for methamphetamine related problems, in particular psychosis and/or anxiety. A significant minority of the sample reported that crystal methamphetamine was the form about which they were concerned, despite lower rates of the use of this drug than for speed powder.

This raises concerns about how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of methamphetamines should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

A further issue related to the increase in crystal methamphetamine use is increasing community concern about the potential for increased sex risk behaviours by persons using crystal methamphetamine. This issue has received considerable attention in the United States over the past decade (Frosch, Shoptaw et al. 1996; Anderson and Flynn 1997; Halkitis, Parsons et al. 2001), but it is most likely that documented associations between crystal methamphetamine use and HIV risk behaviours during sex are *not* the result of a simple causal association. Further work is needed to clarify the factors related to reports (particularly among the gay community) of increasing sex risk behaviours in the context of drug use, particularly since there have been recent reports of increased notifications of sexually transmitted infections and HIV cases in NSW, which would be consistent with increased sex risk. Further research is needed to examine this issue in a timely manner.

For this first time in 2004, REUs were asked about injecting, sexual and driving risk behaviours as well as BBVI vaccinations, tattooing and body piercing. While the PDI is not directed towards monitoring IDU, small proportions of the REUs interviewed had injected drugs. Injection among this group was infrequent but the majority were under the influence of drugs before and while injecting and a small number did report sharing injecting equipment (not including needles). While only a small number of participants among this group reported being positive for HCV and HIV, injecting (in particular while under the influence) continues to raise concerns for BBVIs. Furthermore, it is important for innovative harm reduction information to be disseminated to this group, many of whom may not be accessing traditional harm reduction initiatives through NSPs since they may be obtaining needles from pharmacies.

The reports of users driving under the influence of drugs is a concerning finding in this year's PDI. It is important to disseminate information to users about the effects of different drug types upon driving ability, and indeed, of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW may be considering

the introduction of random roadside drug testing, as has recently been introduced in Victoria.

PDI data indicated that the sample was engaged in penetrative sex, a large majority while under the influence of drugs. Unprotected sex was also common among this group. Like injecting, unprotected sex raises concerns about BBVI's and STIs. Ongoing monitoring of injecting and sexual risk behaviours among this group is required.

The 2004 PDI data collected provided good information on a group of REUs across Australia. The 2005 PDI plans to explore other areas of interest including 'pill testing' among REUs and more specific information around purchasing ecstasy and overdose.

The findings from this second year are interesting, and suggest that continued research is required in areas such as an ongoing investigation of the injecting and sexual practises of REUs, the potential intersection between traditional IDU and REUs populations and markets, and driving while under the influence of drugs. The REUs surveyed in 2004 are young, well educated, often employed or studying and not involved in significant levels of drug-related crime. However their drug use is associated with significant levels of self-reported harm and the long term impact of such use is not known. Therefore there is the potential to reduce the harm associated with ecstasy and related drug use is this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the population. Looking at ways of to expand existing education and harm reduction strategies is required.

Methodological considerations

As previously mentioned, the PDI is not designed to provide information regarding ecstasy and related drug use in the general population, nor does it provide information that is representative of all REUs. However, the PDI does provide directly comparable data relating to ecstasy and related drug use and markets, collected in every Australian jurisdiction on a sentinel group of REUs in an attempt to detect emerging trends in the ecstasy and related drug markets. The REU survey is a key component of the PDI, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the REU survey in all Australian jurisdictions since 2003 and the examination of comparable data over time represent continued progress in the monitoring of ecstasy and related drug markets.

The PDI is designed to detect emerging trends and inform future research; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the PDI can provide background information issues related to ecstasy and related drug markets such as levels of use of a certain drug among a group of REUs and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the PDI and discussion of their implications are available in the jurisdictional reports available from NDARC.

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