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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2007:
Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Australian Drug Trends Series No. 10

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2007

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

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This is the fifth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative) has been conducted nationally. In 2007, the EDRS was funded by the Australian Government Department of Health and Ageing (AGDH&A), and was coordinated by the National Drug and Alcohol Research Centre (NDARC). The EDRS team would like to thank Ms Karen Price, Ms Cath Peachey, Ms Kim McLachlan and colleagues of the AGDH&A for their continued assistance with and support of the EDRS.

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- Dr Stuart Kinner and Ms Ana Urbancic-Kenny, Queensland Alcohol and Drug Research and Education Centre, University of Queensland;

- Ms Robyn Vial, Dr Nancy White and A/Prof Robert Ali, Drug and Alcohol Services of South Australia[1];

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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 EDRS publications.

formerly the Australian Bureau of Criminal Intelligence); the organisations who provided their purity data to the ACC (South Australia Forensic Science Centre, NSW Department of Health, Victoria Forensic Science Centre, Forensic Science Service Tasmania, Australian Federal Police/Australian Forensic Drug Laboratory, ACT Government Analytical Laboratory, the Queensland Health Scientific Services and Western Australian Forensic Science Laboratory); Ms Shell McConville and Mr Greg Carey of the Australian Bureau of Statistics; Mr Craig Lindsay and Ms Catherine Phillips of the Australian Customs Service; Ms Katrina Burgess and Ms Amber Summerill of the Australian Institute of Health and Welfare; and the AGDH&A;

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ABBREVIATIONS

1,4B	1,4 butanediol
2CB	4-bromo-2,5-dimethoxyphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATS	Amphetamine-Type Stimulants
AUDIT	Alcohol Use Disorders Identification Test
AVO	Apprehended Violence Order
BBVI	Blood-borne viral infection(s)
BZP	Benzylpiperizine(s)
CNS	Central Nervous System
CRUFAD	Clinical Research Unit For Anxiety and Depression
DASSA	Drug and Alcohol Services of South Australia
DOB	2,5-dimethoxy-4-bromoamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
ICD-9	International Statistical Classification of Diseases and Related Health Problems, Ninth Revision
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
K10	Kessler Psychological Distress Scale

KE	Key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylendioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine
MSIC	(Sydney) Medically Supervised Injecting Centre
N	(or n) Number of participants
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
QLD	Queensland
RBT	Random Breath Test
REU	Regular ecstasy users(s)
SA	South Australia
SAPOL	South Australia Police
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TAS	Tasmania
TMA	3,4,5 trimethoxyamphetamine
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2007* report presents the findings from the fifth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERDs). The Ecstasy and Related Drugs Reporting System (EDRS; formerly the Party Drugs Initiative, or PDI) is the most comprehensive and detailed study of ERD markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (MDMA) and other drugs such as methamphetamine, cocaine, GHB, LSD, MDA and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from three sources: a) surveys with regular ecstasy users (REU); b) surveys with key experts (KE) who have contact with REU through the nature of their work; and c) the analysis of existing data sources that contain information on ERDs. The EDRS is designed to be sensitive to emerging 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 users and their other 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. REU are a sentinel group of REU that provide information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ecstasy and related drugs market in Australia, but in total they help to provide an evidence base for policy decisions; for helping inform harm reduction messages; and to provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERDs markets in Australia will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

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

Demographic characteristics of the national REU sample

Seven hundred and forty-one participants were recruited to the 2007 REU sample. As in previous years, REU interviewed in the 2007 EDRS were young, with a mean age of 25 years; relatively well educated, with most reporting 12 years of secondary education; and likely to be employed and/or studying. They were typically in stable accommodation, with three-fifths (60%) reporting living in rented accommodation and just under a quarter living in their parents' or family house. The vast majority spoke English as their main language at home (98%) and 2% identified as Aboriginal and/or Torres Strait Islander. Few participants were in treatment for drug-related problems, and only a small proportion had previously been incarcerated. Three-fifths of the sample was male, and the majority (81%) identified as heterosexual. Despite general consistency across jurisdictions regarding demographic characteristics, differences were identified. Data collected since 2003 indicates that the demographic profile of REU interviewed nationally has remained largely unchanged.

Patterns of drug use among the REU sample

The REU interviewed in 2007, as with previous years, were polydrug users. Approximately half (52%) reported use of three or more of the main drugs focused on in the EDRS – i.e. ecstasy, methamphetamine, cocaine, ketamine, GHB, MDA and/or LSD – in the preceding six months.

In addition to all participants reporting lifetime and recent use of ecstasy as a condition of entry into the study, alcohol (99%), cannabis (98%) and tobacco (89%) were the drugs most likely to have ever been used ('lifetime use') and to have been used in the preceding six months ('recent use'; 96%, 81% and 74% respectively). More than three-fifths of the sample reported lifetime use of methamphetamine (most commonly speed), cocaine and LSD; more than one-quarter reported the recent use of such drugs as cocaine, methamphetamine (speed, base and ice/crystal) and LSD.

One-fifth of the sample had ever injected a drug and 13% had done so in the six months preceding interview. Just under half (44%) of the national sample had used ecstasy and other drugs for more than 48 hours without sleep ('binged') in the six months preceding interview, with the median length of a binge being three days.

Ecstasy

The median age at which ecstasy was first used was 18 years, while the median age at which regular (at least monthly) use commenced was 19 years. REU in the national sample had been using ecstasy regularly for a median duration of three years. Ecstasy had been used on a median of 12 days in the past six months, i.e. approximately once per fortnight; just over one-tenth (14%) reported using ecstasy pills more than once per week, representing a slight decrease from 20% in 2006. There was little jurisdictional difference observed in the frequency of ecstasy use in 2007. Across time, the frequency of use in all jurisdictions has either remained stable, fluctuated or decreased.

Participants reported using a median of two ecstasy tablets in a typical session of use and a median of four tablets in a heavy session of use. Large proportions (71%) reported typically using more than one ecstasy tablet in a typical use session, ranging from 54% in WA to 88% in VIC. The vast majority of participants reported swallowing ecstasy in the six months prior to interview; small minorities reported smoking and/or injecting ecstasy in this time. Swallowing was also reported as the main route of administration by the majority of participants in all jurisdictions. Two-fifths (40%) of the national sample reported having binged (defined as use over 48 hours or more without sleep) on ecstasy in the preceding six months; the median length of the longest binge was three days.

The majority (94%) of the national sample reported that they typically used other drugs with ecstasy, with alcohol and tobacco being the most commonly reported. Four-fifths (82%) reported using other drugs to come down from ecstasy, most commonly cannabis, followed by tobacco and alcohol.

Half (48%) of the national sample reported that most of their friends use ecstasy, and a further one-quarter (24%) reported that half of their friends use ecstasy. Participants purchased ecstasy from a median of three different people, and two-thirds (68%) reported that when they purchased ecstasy, they purchased it for themselves and others. Seventy-two percent were able to purchase other drugs from their main ecstasy source, most commonly cannabis, speed, ice/crystal, cocaine and LSD.

Friends were the most common sources of ecstasy, with 80% nominating friends as a usual source of ecstasy, followed by known dealers (50%). Ecstasy was purchased from a range of locations, including friends' homes (58%), nightclubs (39%) and dealers' homes (34%). Ecstasy was also used in a variety of public and private locations, including nightclubs (76%), friends' homes (49%) and private parties (49%). Data collected across time suggest that, while ecstasy is most frequently reported to be used at nightclubs, significant proportions use ecstasy in private locations such as their own or their friends' homes.

The median price of a tablet of ecstasy ranged from $30 in New South Wales (NSW), the Australian Capital Territory (ACT), Victoria (VIC), South Australia (SA) and Queensland (QLD) to $50 in the Northern Territory (NT). Prices were similar the same as those reported in 2006, with the exception of the ACT ($35 in 2006). The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months, although just under one-third (31%) of participants in QLD thought it had decreased.

In 2007, perceptions current of ecstasy purity were similar to those reported in 2006, with 37% reporting it to be medium and 25% reporting that it was fluctuating. Just under one-fifth reported that it was either high (19%) or low (17%), respectively. Almost one-third reported that purity had remained stable in the six months prior to interview, with the same proportion reporting that purity had fluctuated during that time. Just under one-quarter believed that it had been decreasing, while very few (11%) thought it had been increasing. Whilst these reports are necessarily subjective, they are also likely to reflect variations and fluctuations in pill content and purity (Quinn et al., 2004; Quinn et al., 2007) and are consistent with data collected across time, where approximately one-third of the sample each year reported purity as either remaining stable or fluctuating.

Large proportions of the national sample reported the current availability of ecstasy to be very easy or easy to obtain, and the majority of REU in each jurisdiction reported that availability had remained stable in the six months preceding interview. There were, however, some jurisdictional differences, with the proportion reporting that availability was very easy to obtain ranging from 30% in Western Australia (WA) to 72% in NSW.

Health and law enforcement-related harms associated with ecstasy use are discussed in the relevant sections below.

Methamphetamine

Participants were asked about their use of methamphetamine powder (speed), methamphetamine base (base) and crystalline methamphetamine (ice/crystal). The majority of participants reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lives and almost three-quarters reported use of one or more of these forms during the six months preceding interview. In 2007, the lowest proportions reporting recent use of methamphetamine (any form) were recorded since 2003, a finding that was also observed across all three forms. Frequency of use of any form was sporadic at seven days in the past six months (i.e. approximately monthly use), although the average frequency of use was higher in SA (median 18 days, i.e. between fortnightly and weekly) and WA (median 23 days, i.e. approximately weekly use). Daily use was uncommon, with three participants reporting daily use in 2007. One-fifth of the national sample reported having ever injected one or more forms of methamphetamine.

Speed

Just over half (57%) reported the use of the powder form of methamphetamine (speed) in the six months prior to interview, representing a slight decrease from two-thirds in 2006 (64%). The median days of use was five days in the six months prior to interview, i.e. approximately monthly use. Half (53%) of recent users reported using speed less than once per month. Snorting and swallowing were the most common routes of administration; 14% of recent users had injected it in the past six months. Recent users reported using a median of half a gram in a typical and a gram in the heaviest recent session of use.

Friends (61%) and known dealers (42%) were common sources of speed, with friends' homes (50%) and dealers' homes (31%) the most commonly nominated locations of purchase. Speed was used in a range of private and public locations, including nightclubs (64%), at home (46%), friends' homes (41%) and raves (36%).

The median price for a gram of speed ranged from $50 in NSW to $350 in WA and the price per point ranged from a median of $25 in QLD to a median of $47.50 in NSW ($50 in WA and the NT but based on small numbers). The price of speed was generally reported to have remained stable over the preceding six months. Speed was most commonly reported to be easy or very easy to obtain by those commenting, and to have remained stable over the preceding six months. The purity of speed was reported to be medium (33%) or high (26%) by those who commented, and two-fifths (43%) of those who commented reporting that purity had remained stable in the six months prior to interview.

Base

One-quarter of participants (26%) reported using base in the six months prior to interview, representing a decrease from 2006 (34%). The median days of use among users remained stable at four days; three-fifths (59%) of recent base users had used less than once per month. Swallowing (84%) was the most commonly nominated route of administration; a small proportion had injected (19%) and/or smoked (21%) base in the six months before interview. Recent base users reported using a median of one point in a typical session of use and two points in the heaviest recent session of use.

Friends (64%) and known dealers (47%) were common people from whom base was scored, and the most common locations where it was purchased were at friends' homes (50%) and dealers' homes (37%). Use occurred in a range of public and private locations, including at friends' homes (53%), participants' own homes (52%) and at nightclubs (50%).

Fewer than 10 participants in each jurisdiction reported recent purchase of a 'point' (0.1g) of base except, in Tasmania (TAS; median price $40), SA (median price $40) and QLD (median price $25). Few participants reported recent purchase of a gram of base. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview. Of those who commented, the purity of base was reported to be high (40%) or medium (29%), and one-third (35%) of those who commented reported that the purity had remained stable in the six months prior to interview (35%). Base was commonly reported to be easy or very easy to obtain by those commenting, and to have remained stable over the preceding six months. Smaller numbers of participants were able to comment on base than on speed, a finding that likely reflects comparatively lower levels of use and/or availability.

Ice/crystal

One-third (33%) of participants reported recent (last six months) use of ice/crystal, representing a decrease from 2006 (49%). The median days of use among those who had recently used remained similar to that reported in 2006 (six days in 2007; five days in 2006). Forty-five percent of users had used less than monthly. One-third (34%) of those who reported binging on ecstasy

and other drugs reported using ice/crystal in a binge episode (this figure was 49% in 2006). Recent users reported using a median of one point in a typical session of use and two points in the heaviest recent session of use. Among recent ice/crystal users, the most common route of administration was smoking (77%); 25% had injected it.

Friends (64%) and known dealers (49%) were most commonly nominated as the people from whom ice/crystal was purchased, typically from friends' homes (50%) and/or dealers' homes (41%). Usual use venues included at home (62%), friends' homes (56%) and in nightclubs (43%).

The median price for a point of ice/crystal was $50 in all jurisdictions except in VIC where it was $40 (note: small numbers commenting in several jurisdictions). The price per gram was typically higher than for speed or base, although figures should be taken as an indication only, due to being based on fewer than 10 participants in each jurisdiction. Among the national sample, the price was most commonly reported to have remained stable in the six months prior to interview. Current purity was reported to be high (51%) or medium (24%) by those who commented and to have remained stable (49%) over the past six months. Ice/crystal was reported to be very easy (44%) or easy (30%) to obtain by those who commented, and availability was reported to have remained stable in the six months prior to interview by just over half (55%) of those who commented. Similar to base, fewer participants were able to comment on the market characteristics of ice/crystal than were able to comment on speed.

Health and law enforcement-related harms associated with methamphetamine use are discussed in the relevant sections below.

Cocaine

Two-fifths (40%) of the national sample reported recent use. Ten percent of the national sample nominated cocaine as their drug of choice. Jurisdictional differences were observed in the proportions reporting lifetime and recent use. Frequency of use among those who had used was low at a median of three days in the preceding six months, and the majority of recent users reported using cocaine less than once per month. Twenty-one percent of those who had binged on ecstasy and/or related drugs in the six months preceding interview had used cocaine in binge session. The median amount used in a typical session of cocaine use was half a gram, and the median amount used in a heavy session of use was one gram. Amongst recent users, snorting (92%) was the most common route of administration, followed by swallowing (29%). Small proportions had recently injected or smoked cocaine.

Cocaine was most commonly acquired through friends or known dealers at private homes, most commonly friends' homes, dealers' homes or via a dealer visiting them at their own homes. Cocaine was used in a variety of public and private locations, such as nightclubs, friends' homes and participants' own homes. However, there were jurisdictional differences noted. Data collected across time show an increase in the proportion nominating nightclubs as locations of usual use; however, a large proportion still engages in cocaine use in private locations.

As in previous years, cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $300 in NSW, the ACT, VIC and QLD to $400 in WA. Prices remained similar to those reported in 2006 and higher than those in 2003. Two-fifths of those commenting on cocaine reported that prices had remained stable over the preceding six months.

Similar to 2006, one-third (34%; 33% in 2006) of those who commented reported that the current purity of cocaine was medium and a further 24% reported the current purity to be high (21% in 2006). One-third (33%) of those who commented reported that cocaine purity had

remained stable in the six months prior to interview; 28% reported that they did not know. Varying reports were given concerning the current availability of cocaine, with 36% reporting it to be difficult to obtain and 33% reporting it to be easy to obtain. Over half (59%) of those who commented reported that availability had remained stable in the six months prior to interview.

Health and law enforcement-related harms associated with cocaine use are discussed in the relevant sections below.

Ketamine

Sixteen percent reported having used ketamine in the six months preceding interview; frequency of use among users was low at a median of two days in the preceding six months Eighty percent of users had used it less than once a month. Ketamine was typically snorted (81%); one-third (31%) had swallowed it. Very small proportions reported smoking and injecting ketamine in the six months preceding interview. The median amount of ketamine used both in a typical and the heaviest recent episode of use was two 'bumps'.

Ketamine was obtained from friends (50%) and known dealers (28%) and was generally bought in private locations such as friends' homes (26%) and participants' own homes (26%). Locations of usual use included participants' own homes (55%), friends' homes (38%) and nightclubs (28%).

Only a small proportion of participants commented on the price of ketamine. The median price for a gram of ketamine varied from $150 in NSW to $300 in TAS. Amongst those who commented, 35% reported that the price of ketamine had remained stable in the six months preceding interview while 48% reported that they did not know. The current purity of ketamine was perceived to be high by the majority (59%) of those who commented; 35% of those who commented reported that the purity of ketamine had remained stable in the six months preceding interview (42% did not know).

Reports of ketamine availability were mixed; 32% of those commenting stated that it was difficult to obtain while 26% reported it to be easy to obtain. One-third (35%) of those commenting reported that availability had remained stable in the six months preceding interview, while 17% reported it to have either become easier or 'more difficult' to obtain, respectively (22% did not know).

Health and law enforcement-related harms associated with ketamine use are discussed in the relevant sections below.

GHB

Twenty percent of the national sample reported having ever used GHB (category includes the similar substances GBL and 1,4B), while seven percent reported that they had done so in the six months preceding interview. Jurisdictional differences were noted, with proportions reporting recent use ranging from none (WA and the NT) to 23% in NSW. Frequency of use was sporadic among those who had used at a median of four days in the preceding six months; 56% of this group had used less than once per month.

Recent GHB users reported using a median of 3ml in a typical episode of use and a median of 7ml in the heaviest recent episode of use. It was mostly consumed orally; four participants reported injecting GHB in the six months preceding interview. GHB was most commonly

purchased from friends (61%) and known dealers (33%). The most commonly reported purchase locations were private: friends' homes (39%), dealers' homes (30%) and participants' own homes (27%).

Nationally, few participants were able to comment on the market characteristics of GHB (price, purity and/or availability, n=42). Small numbers commented on the price of GHB (n=16), reporting prices ranging from $3 to $25. Forty-three percent (n=18) of those who commented on GHB price changes reported that the price had remained stable in the six months preceding interview. Just under half of those who commented (45%, n=19) reported that purity was high, and half of those who commented (50%, n=21) reported that it had remained stable in the six months preceding interview. Of those who commented on GHB availability (n=42), 31% reported that it was very easy to obtain, 29% reported it was difficult to obtain and 24% reported it was easy to obtain. Half (48%) of those who commented reported that availability had remained stable in the six months preceding interview.

Health and law enforcement-related harms associated with GHB use are discussed in the relevant sections below.

LSD

Sixty-one percent of the national sample reported having ever used LSD. Just over one-quarter (28%) had used it in the preceding six months on a median of two days. The majority (76%) of recent users reported using LSD less than once per month; 2% reported using LSD more than once per week. Recent users reported using a median of one LSD tab in both typical and the heaviest recent sessions of use.

LSD was obtained from friends (69%) and known dealers (30%) and was most commonly purchased at friends' homes (53%) and dealers' homes (24%). Locations of usual use varied and included participants' own homes (50%), outdoors (e.g. at the beach, bushwalking and/or camping; 35%), friends' homes (34%), raves (26%), nightclubs (25%) and private parties (23%).

The median price of a tab of LSD ranged from $10 in SA, $15 in NSW, $20 in QLD, VIC, TAS and the ACT to $25 in WA and the NT. Over half (58%) of those who commented reported that the price had remained stable in the six months prior to interview. Forty-five percent of those who commented stated that they perceived the current purity to be high and 24% perceived it to be medium. Thirty-seven percent of those who commented reported that purity had remained stable in the six months preceding interview (31% stated that they did not know). Reports on current availability of LSD were mixed, with over a third (36%) stating that it was difficult to obtain and 29% reporting it to be easy. Half (51%) of those who commented reported that availability had remained stable in the six months preceding interview.

MDA

Six percent of the national sample reported using MDA in the six months preceding interview on a median of two days; 75% of recent users reporting use on a less than monthly basis. Swallowing was the most frequently nominated route of administration (75%), followed by snorting (32%). A median of one capsule was used in a typical session of use and a median of two capsules were used in the heaviest session of use over the preceding six months.

Only a small proportion of the national sample (3%, n=25) was able to comment on MDA market characteristics (price, perceived purity, availability), scoring and usual use locations. Of those who commented, friends (67%) and known dealers (44%) were the most commonly nominated sources of MDA, and MDA was scored from friends' homes (56%) and dealers'

homes (39%). The most commonly reported 'usual' use locations were nightclubs (61%), raves (39%) and participants' own homes (33%). Data on price in particular should be interpreted with caution, as fewer than 10 participants were able to comment on MDA in each jurisdiction; however as an indication, median prices ranged from $30 in SA (n=3) and QLD (n=3) to $50 in WA (n=1) and the NT (n=1). Just over two-fifths (44%, n=11) of those who commented reported that the price of MDA had remained stable in the six months preceding interview (the same proportion said that they did not know). Reports from the small numbers commenting indicated that the current purity of MDA was medium (48%) or high (24%), and 56% of those who commented reported that the purity had remained stable in the six months preceding interview. Reports on current availability were mixed and the majority of those commenting stated that it had remained stable over the six months preceding interview.

Cannabis

Cannabis use was common, with four-fifths (81%) reporting use in the six months preceding interview on a median of 40 days (i.e. on between one and two times per week). Among those who had used cannabis in the six months preceding interview, use had occurred on a median of 40 days during this time, i.e. less than twice per week. One-fifth of recent cannabis users (16% of the entire sample) reported daily cannabis use during the preceding six months. Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions.

Participants responding to questions on cannabis markets (price, perceived potency and availability) were asked whether they distinguished between hydroponic (hydro) and outdoor grown (bush) cannabis in terms of price, potency and availability. Responses were varied, with the majority of participants in the ACT, VIC, TAS, QLD and the NT reporting that they made this distinction. Use of hash and hash oil remained uncommon.

Nationally, quarter ounces and ounces were the most commonly purchased amounts, with hydro more commonly purchased than bush. Median prices for hydro tended to be slightly higher than for bush cannabis, with the median price for a quarter ounce typically between $70 (VIC) and $90 (ACT, WA, the NT, QLD) for hydro except in SA ($58.75; note: small numbers commenting) and between $50 (SA, WA) and $90 (NSW) for bush. The median price per ounce of hydro ranged from $200 in SA to $350 in the NT, while for bush it ranged from $190 in TAS to $300 in the NT (note: small numbers commenting on bush in most jurisdictions; results should be interpreted with caution). Prices were commonly reported to have remained stable over the preceding six months.

As in 2006, participants in all jurisdictions generally perceived the potency of hydro to be high (64% of those commenting) and bush cannabis was most commonly reported to be medium (50% of those commenting). The potency for both forms was generally reported to have remained stable over the last six months.

Hydro was generally reported to be easy or very easy to obtain, although one-third (31%) of those commenting in VIC and the NT considered it difficult to obtain. Just under half of the national sample thought that availability had remained stable over the preceding six months. Bush cannabis was also considered easy or very easy to obtain by the majority of participants commenting; however, one-third or more in the ACT, VIC, the NT and QLD reported that it was difficult. Availability of both forms was generally reported to have remained stable over the preceding six months.

Both hydro and bush cannabis were most commonly bought from friends, followed by known dealers. Friends' homes, followed by dealers' homes, were the most common locations for both bush and hydro cannabis to have been scored from.

Other drugs

The vast majority (96%) of REU in the 2007 EDRS reported alcohol use in the six months preceding interview on a median of 48 days (i.e. averaging two days per week). Just under three-quarters (74%) of the national sample had used tobacco in the six months preceding interview; two-thirds (62%) of recent tobacco users were daily smokers.

Just over one-quarter (26%) reported recent use of benzodiazepines; these were more commonly illicitly obtained (23%; 12% had used prescribed benzodiazepines). Use of illicitly obtained benzodiazepines was reported on a median of four days and use of licitly obtained benzodiazepines was reported on a median of 12 days by recent users during the six months preceding interview. The median days of use of any form (i.e. regardless of method of obtainment) was seven. Sixteen participants (8% of recent users) reported daily use.

Just over one-quarter (26%) of the national sample reported having ever used antidepressants (whether licitly or illicitly obtained) and 11% reported recent use. Fifty-one percent of recent antidepressant users (5% of the entire sample) reported daily use. Recent use of licitly obtained (i.e. prescribed) antidepressants was reported by 8%; illicitly obtained antidepressants had been used by 3%. Those who had used licitly obtained antidepressants had done so on a median of 180 days, i.e. daily use, whereas frequency of licitly obtained antidepressants among those who had used them was low at a median of two days.

Just under half (46%) of the national sample reported having ever used nitrous oxide and just over one-fifth (22%) had done so in the preceding six months on a median of three days. Two-fifths (41%) of the national sample reported having used amyl nitrate in their lifetime and 18% had used amyl nitrate in the six months preceding interview on a median of two days. Just over half had ever used magic mushrooms and 18% had used them in the past six months on a median of two days.

Sixteen percent reported having ever used heroin and 4% reported heroin use in the six months preceding interview. Thirteen percent reported having ever injected heroin. Recent (last six months) users had used heroin on a median of 24 days (weekly use) over that time; 44% of users had used more than once a week. Two participants had used daily. Use of methadone and buprenorphine was uncommon, with four percent and five percent having used in the last six months, respectively. Use of other opioids such as codeine was reported by 13% on a median of six days (i.e. once per month).

Two-fifths (43%) of the national sample had ever used pharmaceutical stimulants and just under one-fifth (19%) had used them in the six months preceding interview on a median of five days. Six percent had used licitly obtained pharmaceutical stimulants on a median of 72 days (approximately three times per week), while 17% had used pharmaceutical stimulants that had been illicitly obtained on a median of four days.

Drug information-seeking behaviour

Participants varied in their efforts to find out about the content of drugs, with 33% 'never' seeking information about the content of their ecstasy tablets and 51% 'never' seeking information about the content of other drugs. Fourteen percent 'always' found out the content of drugs other than ecstasy and 20% 'always' found out the content of ecstasy. Information was

most commonly sought from friends (72%), dealers (48%), websites (39%), people other than friends/dealers (33%), personal experience (18%) and through use of testing kits (16%).

Health-related trends

Overdose

Of the national sample, 17% reported having ever overdosed on a stimulant drug and 7% (n=50) had done so in the preceding six months. Recent (last 6 months) overdoses were most commonly attributed to ecstasy (56%), followed by ice/crystal (22%). Just over half (54%) of those reporting recent overdose were under the influence of other drugs at that time. Participants reporting recent overdose had done so after a median of five hours of partying, and had typically either been monitored/watched by friends (56%) or had received no treatment/assistance (36%); two participants had been taken to hospital.

With regards to depressant drugs, 26% of the national sample reported having ever 'overdosed' on a depressant drug and 11% (n=82) reported recent (last six months) overdose. Recent overdoses were most commonly attributed to alcohol (76%), with smaller proportions reporting GHB (10%), benzodiazepines (6%), heroin (5%) and other opioids (2%). Just over half (58%) of those reporting recent depressant overdose were under the influence of more than one drug at that time. Participants reporting recent overdose had done so after a median of six hours of partying; medical treatment had not typically been sought, with 51% reporting having been watched by friends and 24% received no treatment/assistance.

The most recent data available (from 2005) indicated that fatalities related to methamphetamine or cocaine use remained low relative to other drugs such as opioids (Degenhardt et al., 2006b; Degenhardt et al., 2006c). Monitoring of deaths due to other drugs used by this group, such as ketamine and GHB, is problematic in existing data collections.

Methamphetamine dependence

Of those who had used methamphetamine, the median score on the Severity of Dependence Scale was zero, indicating no dependence (range 0-15). Sixteen percent of recent methamphetamine users scored four or above, indicating possible dependence.

Help seeking behaviour

Among the national sample, just over one-fifth (22%) had accessed either a medical or health service in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were General Practitioners (GPs; 44%) and counsellors (30%). Participants accessing GPS, drug and alcohol workers, emergency, first aid, hospital and/or an ambulance for assistance most commonly reported alcohol as the main drug behind their visits.

Drug treatment

Treatment seeking for use of ecstasy, cocaine, ketamine and GHB remained low in the general population, while figures for methamphetamine were comparatively higher (ranging from 3.8% in the NT to 24.6% in WA) and stable.

In 2005/06, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.4% of closed treatment episodes; however, this figure has increased slightly from 0.4% in 2004/05. Figures for cocaine also remained low and stable (0.3% of treatment episodes in 2005/06), as did those for ketamine and GHB (six and seven people nationally in 2005/06, respectively). The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 3.8% in the NT to 24.6% in WA. The

proportion of clients seeking treatment where cannabis was the principle drug of concern ranged from 14.4% in the NT and SA to 42.8% in QLD.

Other problems
Social or relationship problems attributed to ERD use were reported by 25% of the national sample, while 38% reported occupational or educational problems. Just over half (28%) had repeatedly found themselves in risky situations when under the influence. These problems were most commonly attributed to use of ecstasy, alcohol or cannabis. Only a small proportion reported legal problems (4%); these were most commonly attributed to alcohol (n=10), followed by ice/crystal (n=4).

Hospital separations
Indicator data suggest that amphetamine-related inpatient hospital admissions have remained relatively stable in 2005/06 at the national level over the past few years, with jurisdictional variations noted. Cocaine-related inpatient hospital admissions remained lower than for methamphetamine, and remained higher in NSW, followed by VIC, than in other jurisdictions. Increases were observed in rates of cannabis-related hospital admissions at the national level.

Mental health problems
A small proportion of participants (6%) were classified as currently experiencing 'very high' psychological distress on the Kessler Psychological Distress Scale. The majority reported no to moderate distress (74%).

Risk behaviour

Injecting risk behaviour
Approximately one in five (21%) of the national sample reported having injected a drug at some stage in their lives; 13% of the national sample had injected in the six months preceding interview. Forty percent of those who had ever injected reported having first done so under the influence of drugs, typically alcohol and/or cannabis. Initiation to injecting had typically occurred in the presence of friends, and the majority (51%) of those who had ever self-administered a drug via injection had learned by observing others. Just over one-third (34%) had learned directly from a partner or friend. The most commonly reported drug first injected was speed (47%) or heroin (24%).

Among those who had injected in the preceding six months (recent injectors, n=95), the most commonly reported drug injected was ice/crystal (65%). This had been injected on a median of 12 days in the preceding six months (i.e. fortnightly) by this group. Sixty percent of recent injectors had injected speed on a median of 14 days. Smaller proportions reported having injected base, heroin, ecstasy tablets, other opioids and cocaine.

The majority (91%) of recent (last six months) injectors had not experienced difficulty accessing sterile needles; these were typically accessed from needle and syringe programs (NSPs) and/or pharmacies. Sharing of needles/syringes was noted (5% of recent injectors, n=5), as was sharing of other injecting equipment (43%).

Blood-borne viral infections
Just under half (44%) of the national sample reported having completed the hepatitis B vaccination schedule. Thirty-three percent had never been vaccinated. Forty-three percent of the national sample had been tested for hepatitis C virus (HCV) at some stage during their lifetime and 48% had been tested for human immunodeficiency virus (HIV). Among those who had ever injected a drug, 16% had never been tested for HCV, 46% had been tested in the preceding 12

months, 33% had been tested over a year ago and 5% were unsure or had not picked up/received their results. Four percent (n=32) of the national sample reported that they were positive for HCV; this figure was 20% for participants who had ever injected (representing 25% of injectors who had ever been tested). Seven participants reported being positive for HIV.

Sexual risk behaviour
The majority (92%) of participants reported penetrative sex in the six months preceding interview. Almost half (47%) reported one sexual partner during the preceding six months, 17% reported having two partners and one-quarter (24%) reported having between three and five partners. The majority (88%) of those reporting recent penetrative sex stated that they had used drugs during sex in the previous six months, most commonly ecstasy, alcohol and/or cannabis.

Driving risk behaviour
Just over three-quarters (77%) had driven a car in the last six months, 55% of whom had driving under the influence of alcohol and 72% had driven within an hour of taking an illicit drug. The most commonly reported illicit drugs taken after which these participants had driven were ecstasy, cannabis and speed. The majority (73%) of those who commented thought that they had either been 'likely' (45%) or 'very likely' (28%) to have had an accident on the last occasion they drove over the legal blood alcohol limit, while these figures were 42% for ecstasy, 32% for methamphetamine and 38% for cannabis.

The Alcohol Use Disorders Identification Test (AUDIT)
Seventy-six percent of the national sample reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.

Law enforcement-related trends

Self-reported criminal activity
Thirty percent of the sample reported engaging in some form of criminal activity in the month prior to interview, ranging from 18% in the NT to 38% in the ACT. Drug dealing was the most common type of criminal activity engaged in, with smaller proportions reporting recent property crime, fraud and violent crime. Perceptions of recent police activity towards REU were mixed, with approximately one-third each reporting it had increased, was stable, or that they did not know. Jurisdictional variations were noted; however, in all states/territories, minimal proportions thought it had decreased. One-fifth of the national sample reported that police activity had made scoring more difficult.

Arrests
Nine percent of the national sample reported having been arrested in the twelve months preceding interview. Among the general community, consumer and provider arrests for amphetamine-type stimulants (including ecstasy) have increased over the past four years, while arrests for cocaine remained highest in NSW. Figures in NSW decreased slightly between 2004/05 and 2005/06 and remained stable in other jurisdictions.

Perceived consequences of the banning of ice/crystal pipes
Participants were asked what they would do if they were unable to access ice/crystal pipes. Thirty-nine percent reported that they would find some other way to smoke ice/crystal; 29% reported that they would make their own pipes (e.g. using broken light bulbs); 21% reported that they would keep using old pipes; 19% reported that they would stop using ice/crystal; 17% reported that they would inject ice/crystal; 13% reported they would find another source of pipes; 10% stated that they would snort the drug and 8% reported that they would swallow it.

Drug detection 'sniffer' dogs

Thirty-nine percent of the national sample had heard in advance that there would be drug detection ('sniffer') dogs at an event or location they planned to attend; of these, the majority took some sort of precaution, including hiding drugs better, consuming the drugs before the event and/or not taking their drugs to the event. One-fifth (19%) of the national sample reported seeing sniffer dogs when in possession of drugs. Of those who had observed sniffer dogs when in possession of drugs, the majority (70%) reported that they did not change their behaviour; 9% consumed their drugs, 7% walked away, 2% disposed of their drugs and 1% reporting purchasing their drugs from a known source. Eleven participants had been searched by the police due to a positive notification from a sniffer dog; in all cases, no drugs had been found and the participant had been let go.

Implications

Australian Trends in Ecstasy and Related Drug Markets 2007 presents four years of EDRS data from all states and territories in Australia. The collection and analysis of information regarding ERD markets in all jurisdictions, across time, provides a context in which past, present and future findings can be placed. It also allows for the examination, across time, of trends in behaviours associated with drug use. In recent years, this has included users' experiences of seeking information regarding drug content and purity; sexual and driving risk behaviours; and injecting drug use. The findings of the 2007 EDRS indicate that further attention is particularly required in a number of areas, including:

- dissemination of the risks associated with polydrug use, including serotonergic drugs;
- wider implementation and dissemination of available treatments for those experiencing methamphetamine dependence;
- further investigation into the contaminants and potency of cannabis;
- targeted efforts to educate users about, and to reduce the harms associated with, alcohol use, both alone and in combination with ecstasy; and
- dissemination of the risks surrounding driving under the influence of illicit drugs.

See the *Implications and Recommendations* section for further details.

1 INTRODUCTION

This report provides a national summary of trends from the fifth year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from the three data sources: interviews with current regular ecstasy users (REU), interviews with professionals who have contact with ecstasy users (key experts, or KE), and the collation 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.

The term 'ecstasy and related drugs' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERDs include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

In 2007, the Ecstasy and Related Drugs Reporting System (EDRS) was funded by the Australian Government Department of Health and Ageing (AGDHA). The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture 'ecstasy and related drug' use and, therefore, there was a need to access a different population in order to obtain information on ERD markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus is on the capital city in each state/territory because 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 and territory is presented in individual jurisdictional reports which are available from the NDARC website. This report focuses on the 2007 data collection in all states/territories; reports from this and all previous years are available on the NDARC website[2]. Before 2003, data were collected in New South Wales (NSW), Queensland (QLD) and South Australia (SA) and some trend data are reported here; however, the reader should refer to the jurisdictional reports for more detailed trend information available from these years.

1.1 Study aims

In 2007, the specific aims of the EDRS were:

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

[2] See www.ndarc.med.unsw.edu.au for details (click on 'Drug Trends').

2 METHOD

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

1. face-to-face interviews with current REU recruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE (formally known as key informants, or KI) who, through the nature of their work, have regular contact with REU; 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 (NDSHS).

These data were used to provide an indication of emerging trends in ecstasy and related drug use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2007 can be found in the jurisdictional *Trends in ecstasy and related drug markets 2007* reports, available from the NDARC website.

2.1 Survey of REU

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the category 'ecstasy and related drugs', ecstasy is the third most widely used illicit drug after cannabis and meth/amphetamines[3] in Australia with over 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 NDSHS (Australian Institute of Health and Welfare, 2005a).

A growing market for ecstasy, i.e. 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, or MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and gamma-hydroxy-butyrate, or GHB). It was suggested (Topp & Darke, 2001) that it would be difficult to identify a regular user of GHB or ketamine, who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first drug categorised under 'ecstasy and related drugs' 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.

[3] The AIHW definition of meth/amphetamines includes all amphetamine-type stimulants excluding ecstasy.

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 – REU (Topp & Darke, 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that were sought. Therefore, REU have been used again in 2007 to provide information on ERD markets.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites, gay and lesbian newspapers, and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki & 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 (Boys et al., 1997; Ovendon & Loxley, 1996; Solowij et al., 1992) and international (Solowij et al., 1992; Dalgarno & Shewan, 1996; Forsyth, 1996; Peters 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 took approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for time and expenses incurred. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous. 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 et al., 1998; Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994) (Hando & Hall, 1993; Hando et al., 1997). The interview focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ERD use, including frequency and quantity of use and routes of administration; the price, purity and availability of different ERDs; risk behaviours (such as injecting, vaccinations, sexual behaviour and driving under the influence of alcohol and other drugs), self-reported symptoms of amphetamine dependence, help-seeking behaviour and self-reported criminal activity; ecstasy-related problems, including relationship, legal and occupational

problems; and general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

The REU participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the Australian Crime Commission (ACC) are an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in REU participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the REU surveys.

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 & Castellan, 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 14.0 (SPSS Inc, 2006). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website[4].

2.2 Survey of KE

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

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to an hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between June and September 2007.

One-hundred and forty-three KE across the country participated in the 2007 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program, or NSP, workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/events organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of REU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs, HIV-positive people and the gay and lesbian community.

[4] See www.ndarc.med.unsw.edu.au for details (click on 'Drug Trends').

KE reports are particularly useful in providing a context within which the REU participant data may be understood, for example, in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report: NSW: Dunn and Degenhardt (2008); the Australian Capital Territory (ACT): Campbell and Degenhardt (2008a); Victoria (VIC): Quinn (2008); Tasmania (TAS): Matthews and Bruno (2008); SA: White, Vial and Ali (2008); Western Australia (WA): George and Lenton (2008); the Northern Territory (NT): Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

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 that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- The 2004 NDSHS (AIHW, 2005a);
- Drug purity data provided by the ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- Data on consumer and provider arrests by drug type provided by the ACC;
- Data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to these database);
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- National notifiable diseases surveillance data provided by the Australian Government Department of Health and Ageing (AGDHA) National Notifiable Disease Surveillance System (NNDSS);
- Cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- Data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

3 RESULTS: OVERVIEW OF THE REU SAMPLE

A total of 741 REU were interviewed for the 2007 EDRS. The national sample comprised of 101 REU from Brisbane (QLD); 100 each from Sydney (NSW), Melbourne (VIC), Hobart (TAS), Adelaide (SA) and Perth (WA); 74 from Canberra (ACT); and 66 from Darwin (NT). The sample size was predetermined, with each state/territory aiming to interview 100 REU. Although the same recruitment strategies were employed in the ACT and NT, it was not possible to recruit 100 eligible participants in the required timeframe. This may indicate a smaller or more hidden population of REU in these jurisdictions.

3.1 Demographic characteristics of the REU sample

Three-fifths of the national sample interviewed in 2007 were male. The mean age of the sample was 25 years (SD 6.9, range 16-54). Males were significantly older than females (25.8 vs. 24.8, t_{739}=-2.0, p<0.05). The majority of participants identified as heterosexual and spoke English as their main language at home. A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander descent. The majority lived in either their own premises (purchased or rented) or in their parents' or family's house (Table 1).

The mean number of years of school education completed by the sample was 12 (SD 0.9, range 6-13), and just under three-quarters had completed high school education (year 12 or above). More than half had completed courses after school, with 27% having completed a trade or technical qualification and 28% having completed a university degree or college course. Six percent of the sample had a previous criminal conviction for which they had served a custodial sentence (Table 1).

Just over half (56%) of the national sample reported that they were single and just over one-third (35%) had a partner. Seven percent were married or living in a de facto relationship, and less than one percent each reported that they were separated or divorced, respectively. Two participants reported that they were in a casual relationship.

Four percent of the national sample reported that they were currently in drug treatment; of those who were in treatment (n=28), the majority nominated methadone as their main form of treatment (n=17), with small numbers reporting other treatments including drug counselling (n=3), Subutex (buprenorphine) treatment (n=1), Naltrexone treatment (n=1) and Modafinil (n=2).

Table 1: Demographic characteristics of REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Mean age (years)	**25** **(25)**	27 (28)	23 (25)	24 (24)	23 (25)	27 (23)	26 (25)	30 (29)	23 (22)
% Male	**58** **(63)**	64 (68)	65 (72)	48 (59)	54 (58)	53 (63)	55 (60)	71 (57)	61 (61)
% English-speaking background	**98** **(98)**	95 (97)	97 (100)	97 (94)	100 (99)	99 (98)	95 (95)	100 (98)	98 (100)
% Aboriginal and/or Torres Strait Islander	**2** **(3)**	2 (2)	1 (2)	0 (2)	0 (2)	2 (7)	1 (2)	11 (8)	1 (1)
Sexual identity									
% Heterosexual	**81** **(84)**	60 (57)	81 (85)	85 (91)	93 (91)	84 (89)	88 (86)	62 (80)	87 (92)
% Gay male	**8** **(7)**	20 (27)	7 (8)	6 (1)	3 (2)	4 (8)	3 (2)	20 (2)	6 (1)
% Lesbian	**2** **(2)**	7 (3)	0 (1)	4 (1)	0 (1)	1 (0)	3 (3)	5 (6)	0 (0)
% Bisexual	**8** **(7)**	12 (10)	12 (6)	4 (7)	4 (6)	10 (2)	5 (9)	11 (10)	7 (7)
% Other	**<1** **(<1)**	1 (3)	0 (0)	1 (0)	0 (0)	1 (1)	1 (0)	2 (2)	0 (0)
Mean years of school education	**12** **(12)**	12 (11)	12 (11)	12 (12)	12 (12)	11 (12)	11 (11)	11 (11)	12 (12)
% Tertiary qualifications	**55** **(45)**	66 (58)	43 (34)	63 (42)	52 (47)	58 (50)	50 (51)	47 (53)	57 (31)
% Employed full-time	**33** **(37)**	33 (36)	24 (37)	32 (26)	26 (33)	38 (28)	24 (52)	56 (51)	33 (41)
% Full- time students**	**9** **(22)**	11 (21)	5 (27)	4 (16)	32 (32)	3 (26)	3 (19)	5 (12)	5 (16)
% Employed & studying***	**13** **(-)**	20 (-)	31 (-)	9 (-)	9 (-)	12 (-)	9 (-)	9 (-)	8 (-)
% Unemployed	**16** **(16)**	17 (16)	15 (17)	14 (20)	11 (14)	18 (14)	25 (14)	8 (22)	18 (12)
Accommodation									
% Own house/flat	**9** **(6)**	13 (4)	3 (5)	6 (7)	7 (5)	13 (2)	12 (13)	12 (20)	9 (1)
% Rented house/flat	**60** **(62)**	62 (76)	46 (55)	63 (54)	61 (75)	62 (55)	52 (57)	71 (67)	64 (61)
% Family home	**24** **(27)**	24 (17)	38 (29)	26 (34)	20 (19)	24 (39)	29 (27)	8 (8)	22 (34)
% Prison history	**6** **(7)**	4 (6)	5 (8)	5 (6)	1 (3)	10 (5)	8 (8)	9 (24)	4 (3)
% Currently in drug treatment	**4** **(4)**	10 (5)	5 (4)	4 (4)	0 (2)	1 (2)	8 (5)	0 (12)	1 (1)

Source: EDRS REU interviews

**Question wording changed in 2007 to include only full- time students

***Response option first included in 2007

Note: Comparable data from 2006 presented in brackets.

The demographic characteristics of REU recruited were generally consistent across jurisdictions, though some jurisdictional differences were noted. For example, the REU in VIC were significantly less likely to be male than participants in the other states/territories (48% vs. 60%; OR=0.6; 95%CI=0.4, 0.9).

The REU in the NT were significantly more likely to report identifying as Aboriginal and/or Torres Strait Islander than participants in the other states/territories (11% vs. 1%; OR=11.5; 95%CI=3.9, 34.0) and were also significantly older (29.5 years vs. 25 years, $t_{73.4}$=-4.3, p<0.001). The REU in the NT were also significantly less likely to identify as heterosexual than participants in other states/territories (62% vs. 83%; OR=0.3; 95%CI=0.2, 0.6).

The REU in NSW were also significantly less likely to identify as heterosexual than participants in other states/territories (60% vs. 84%; OR=0.3; 95%CI=0.2, 0.4) and significantly more likely to report having obtained tertiary qualifications than participants in the other states/territories (66% vs. 54%; OR=1.7; 95%CI=1.1, 2.6).

The REU in TAS were significantly more likely to report currently being full- time students than participants in the other states/territories (32% vs. 5%; OR=8.7; 95%CI=5.0, 15.0).

The REU in WA were significantly more likely to be unemployed than participants in the other states/territories (25% vs. 15%; OR=1.9; 95%CI=1.2, 3.2).

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 REU around the country.

Table 2 presents key demographic characteristics across time. REU in the national sample have consistently been aged, on average, in their mid-twenties. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that REU are a group with little contact with law enforcement and drug treatment services. Compared with the demographic characteristics collected in 2006, there was a slightly smaller proportion of males in 2007 (63% in 2006 vs. 58% in 2007) and a larger proportion reporting having tertiary qualifications (45% in 2006 vs. 56% in 2007).

Table 2: Demographic characteristics of REU, 2003-2007

	2003	2004	2005	2006	2007
Mean age (range)	25 (15-59)	24 (16-61)	24 (16-61)	25 (16-71)	25 (16-54)
% Male	60	62	59	63	58
% English speaking background	98	98	98	98	98
% Heterosexual	82	83	84	84	81
% Tertiary qualifications	46	50	50	45	55
% Employed full- time	30	37	35	37	33
% Unemployed	25	16	14	16	16
% Prison history	8	7	8	7	6
% Currently in drug treatment	6	3	3	4	4

Source: EDRS REU Interviews

Recruitment

Participants were asked if they had taken part in the EDRS or the IDRS in previous years. Between one-tenth and one-quarter of participants had taken part in previous years, and small proportions of participants reported having been interviewed for the IDRS previously. The most common ways in which participants had been recruited in most jurisdictions were via word of mouth and advertisements in local street press, although notable proportions in TAS and the NT reported learning of the study from fliers (Table 3).

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% Previously participated in EDRS	16	12	22	17	19	19	9	24	13
Where found out about EDRS survey recruitment									
% Internet	5	4	0	3	6	12	13	0	1
% Word of mouth	41	28	27	25	65	50	39	53	44
% Advert in street press	38	60	51	70	2	30	27	2	52
% Fliers	12	0	11	0	22	7	16	44	3
% Previously participated in IDRS	4	0	7	4	2	4	6	8	1

Source: EDRS REU interviews

3.2 Drug use history and current drug use

In 2007, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco. Participants reported the lifetime use of around 10 drug types (SD 3.4, range 3-20), and had used around six drug types (SD 2.2; range 2-15) in the six months prior to interview (Table 4)[5]. These figures are similar to those reported in 2006, where participants had used a mean of around nine drugs in their lifetime and seven drugs in the six months prior to interview.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB, MDA and LSD, with 52% of the national sample reporting having used three or more of these drugs in the preceding six months.

Participants reported the use of a wide range of other drugs in their lifetime (Table 4). A small proportion of REU reported the use of less commonly used substances, including mescaline, DMT (a powerful hallucinogen); synthetic drugs such as 2CI, 2CB and benzylpiperizines (BZP); and naturally occurring drugs, such as kava (data not shown). Jurisdictional reports provide a more detailed overview of the use of these drugs in those areas.

Alcohol (99%), followed by cannabis (98%) and tobacco (89%) were the drugs most likely to have ever been used and to have been used in the preceding six months (96%, 81% and 74% respectively; Table 4). One-fifth of the national sample reported having ever injected a drug, ranging from 10% in TAS to 32% in NSW and 13% had injected a drug in the six months preceding interview (range 6% in TAS to 32% in NSW).

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Mean drug types ever used* (range)	**9.6 (3-20)**	10.8 (4-19)	10.2 (4-18)	10.2 (5-20)	8.8 (3-17)	10.5 (3-20)	9.2 (3-19)	8.1 (3-17)	9.0 (4-17)
Mean drug types used last 6 months* (range)	**6.4 (2-15)**	6.8 (2-14)	6.4 (2-14)	7.2 (4-12)	6.4 (2-15)	6.7 (2-13)	6.1 (2-12)	5.3 (2-9)	6.0 (3-12)
Ever injected a drug (%)	**21**	32	18	14	10	26	27	26	15
Injected a drug last six months (%)	**13**	23	12	9	6	13	18	15	7
Alcohol									
ever used (%)	**99**	98	100	100	100	98	97	100	100
used last six months (%)	**96**	92	96	97	99	94	92	100	98
Cannabis									
ever used (%)	**98**	97	100	98	96	97	96	100	100
used last six months (%)	**81**	74	85	82	68	80	80	96	87

[5] The maximum number of drugs was 20, including: ecstasy (note: use of ecstasy was reported by all participants; use being a requirement of entry to the study), methamphetamine (any form), pharmaceutical stimulants (any form), cocaine, LSD, MDA, ketamine, GHB (includes GBL and 1,4B), amyl nitrate, nitrous oxide, cannabis, alcohol, heroin, methadone, buprenorphine, other opioids, tobacco, antidepressants (any form), benzodiazepines (any form) and/or magic mushrooms.

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Tobacco									
ever used (%)	**90**	92	99	96	90	86	79	91	88
used last six months (%)	**74**	72	82	90	74	73	52	77	75
Meth. powder (speed)									
ever used (%)	**82**	86	84	99	74	81	72	83	76
used last six months (%)	**57**	45	53	90	65	53	46	55	47
Meth. base									
ever used (%)	**45**	54	42	30	43	81	22	49	39
used last six months (%)	**26**	23	18	16	30	64	10	27	18
Crystal meth. (ice/crystal)									
ever used (%)	**54**	60	54	64	23	66	69	35	54
used last six months (%)	**33**	42	20	39	7	49	52	24	23
Meth. (any form)^									
ever used (%)	***89***	*92*	*85*	*99*	*81*	*96*	*82*	*86*	*86*
used last six months (%)	***71***	*66*	*60*	*91*	*70*	*90*	*62*	*67*	*58*
Cocaine									
ever used (%)	**66**	88	80	79	54	71	56	35	61
used last six months (%)	**40**	62	46	54	35.4	36	27	9	42
LSD									
ever used (%)	**61**	68	54	70	40	75	49	70	62
used last six months (%)	**28**	22	24	39	20	33	22	33	28
MDA									
ever used (%)	**24**	27	26	29	8	30	22	30	20
used last six months (%)	**6**	8	4	11	5	7	3	5	4
Ketamine									
ever used (%)	**39**	62	38	52	23	49	22	33	28
used last six months (%)	**16**	36	10	25	14	26	2	8	1
GHB/1,4B/GBL									
ever used (%)	**20**	37	15	34	4	32	8	15	11
used last six months (%)	**7**	23	5	10	1	11	0	0	3
Amyl nitrate									
ever used (%)	**41**	65	53	37	43	41	27	30	33
used last six months (%)	**18**	31	22	16	20	13	7	12	20
Nitrous oxide									
ever used (%)	**46**	36	42	37	64	61	46	21	54
used last six months (%)	**22**	14	12	19	46	30	20.2	3	22
Licit benzodiazepines									
ever used (%)	**18**	26	23	19	13	19	23	6	15
used last six months (%)	**12**	14	14	12	9	15	16	0	11
Illicit benzodiazepines									
ever used (%)	**39**	47	35	45	38	46	36	15	39
used last six months (%)	**23**	29	19	25	20	30	27	7.6	20
Any benzodiazepines (licit/illicit)									
ever used (%)	***46***	*59*	*46*	*52*	*41*	*49*	*48*	*20*	*47*
used last six months (%)	***29***	*36*	*26*	*32*	*25*	*33*	*37*	*8*	*27*
Licit pharm. stimulants									
ever used (%)	**6**	7	7	2	0	7	15	2	4
used last six months (%)	**3**	4	4	0	0	1	12	0	1

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Illicit pharm. stimulants									
ever used (%)	**40**	38	50	28	40	43	63	15	33.7
used last six months (%)	**17**	10	16	9	19	15	43	8	11
Any pharm. stimulants (licit/illicit)									
ever used (%)	***43***	*42*	*55*	*30*	*40*	*46*	*71*	*17*	*35*
used last six months (%)	***19***	*13*	*20*	*9*	*19*	*15*	*53*	*8*	*12*
Licit antidepressants									
ever used (%)	**20**	24	24	13	18	31	22	6	18
used last six months (%)	**8**	12	10	4	6	11	12	5	7
Illicit antidepressants									
ever used (%)	**8**	7	8	10	7	10	6	8	5
used last six months (%)	**3**	5	1	3	5	4	2	0	0
Any antidepressants (licit/illicit)									
ever used (%)	***26***	*30*	*30*	*23*	*24*	*39*	*26*	*14*	*22*
used last six months (%)	***11***	*17*	*11*	*7*	*11*	*14*	*13*	*5*	*7*
Magic mushrooms									
ever used (%)	**54**	45	55	61	66	60	46	46	52
used last six months (%)	**18**	9	18	26	39	12	14	5	15
Heroin									
ever used (%)	**16**	28	24	12	5	22	16	11	12
used last six months (%)	**4**	6	5	7	0	4	10	0	1
Methadone									
ever used (%)	**8**	13	14	10	6	5	12	2	5
used last six months (%)	**4**	10	5	5	1	1	6	0	1
Buprenorphine									
ever used (%)	**5**	8	7	8	1	5	10	2	2
used last six months (%)	**2**	2	5	3	1	1	4	0	1
Other opioids									
ever used (%)	**26**	27	27	32	23	22	35	11	23
used last six months (%)	**13**	11	16	16	8	12	21	0	15

Source: EDRS REU interviews

Table 5 presents the proportion of REU reporting lifetime and recent use of the main drug types investigated by the EDRS across the sampling years (methamphetamine, cocaine, LSD, MDA, GHB and ketamine) as well as the proportion reporting lifetime and recent use of alcohol and cannabis. The proportion of participants reporting lifetime use of the drugs presented in Table 5 has remained consistent across the five sampling years.

As with lifetime use, the recent use of the drug types presented in Table 5 have remained relatively stable across time. The exception was a smaller proportion reporting recent use of any form of methamphetamine, including the sub-categories speed, base and ice/crystal, in 2007 compared with 2006. The proportion reporting recent ice/crystal use has fluctuated across time, while the recent use of MDA and ketamine have slightly declined across the five sampling years (Table 5).

Table 5: Lifetime and recent (last six months) polydrug use of REU, 2003-2007

	2003	2004	2005	2006	2007
Alcohol					
ever used (%)	98	99	99	99	100
used last six months (%)	93	95	97	96	98
Cannabis					
ever used (%)	96	96	97	98	100
used last six months (%)	85	81	84	83	87
Meth. Powder (speed)					
ever used (%)	87	85	89	86	82
used last six months (%)	73	68	74	64	57
Meth. base					
ever used (%)	51	53	52	52	45
used last six months (%)	36	39	38	34	26
Crystal meth. (ice/crystal)					
ever used (%)	63	63	60	65	54
used last six months (%)	52	45	38	49	33
Meth. (any form)^					
ever used (%)	*92*	*91*	*94*	*93*	*89*
used last six months (%)	*84*	*83*	*84*	*82*	*71*
Cocaine					
ever used (%)	54	54	61	63	66
used last six months (%)	24	27	41	37	40
LSD					
ever used (%)	65	60	64	61	61
used last six months (%)	29	26	32	29	28
MDA					
ever used (%)	33	32	20	23	24
used last six months (%)	19	15	9	7	6
Ketamine					
ever used (%)	40	40	38	35	39
used last six months (%)	26	23	21	14	16
GHB/1,4B/GBL+					
ever used (%)	22	23	21	20	20
used last six months (%)	12	11	10	9	7

Source: EDRS REU interviews

+ GHB category also includes 1,4B and GBL

^ Refers to participants who nominated one or more of the following drugs: speed, base and/or ice/crystal

In 2007, ecstasy was the drug of choice for two-fifths (39%) of respondents. The next most commonly preferred drug was cannabis, followed by alcohol, cocaine and methamphetamine (any form; Table 6).

3.3.1 Binge drug use

Participants were asked whether they had binged on ERDs in the six months proceeding interview. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). Two-fifths (44%) of the national sample had binged on one or more drugs in the preceding six months. The median length of the longest binge was three days. Amongst those who had binged for over 48 hours, ecstasy (93%) was the drug most commonly reported being used in a binge session. Alcohol (63%), speed (49%), cannabis (47%) and ice/crystal methamphetamine (34%) were also

frequently reported as being used in a binge session. Other drugs mentioned included base (22%), cocaine (22%), LSD (14%), ketamine (9%), GHB (6%), pharmaceutical stimulants (6%), amyl nitrate (6%), nitrous oxide (11%) and mushrooms (4%).

Participants were also asked about the length of their longest binge – defined as use for 48 hours or more without sleep – during the preceding six months; responses ranged from 48 hours to 11 days (median 72 hours). Males were significantly more likely than females to report binge use (50% vs. 35%; OR=1.87; 95%CI=1.39, 2.53).

Table 6: Drug of choice and recent (last six months) bingeing among REU, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Drug of choice (%)									
Ecstasy	**39**	38	32	29	44	41	46	36	45
Cannabis	**14**	12	18	17	5	14	14	14	23
Alcohol	**13**	6	18	15	18	4	9	26	11
Cocaine	**10**	15	11	12	14	8	4	3	8
Speed	**5**	4	3	8	2	6	6	11	0
Base	**2**	0	1	1	0	7	0	3	2
Ice/crystal	**4**	9	1	4	2	4	4	2	2
*Any form meth.^*	***10***	*13*	*5*	*13*	*4*	*17*	*10*	*15*	*4*
LSD	**4**	4	3	4	4	5	2	0	7
Tobacco	**2**	0	8	1	3	2	0	2	2
Other drugs	7	12	5	9	8	9	15	3	0
Binged* on any stimulant (%)	**44**	42	50	51	38	59	35	50	28

Source: EDRS REU interviews

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

^ Refers to participants who nominated one of the following drugs: speed, base or ice/crystal

3.3.2 Injecting drug use

One-fifth (21%) of the national sample reported that they had injected a drug in their lifetime, and 13% had injected in the preceding six months. Among those who had recently injected, the most commonly reported drugs injected recently were ice/crystal (65%, representing 8% of the entire sample), speed (60%, representing 8% of the entire sample), base (representing 5% of the entire sample) and heroin (33%; 4% of the entire sample). For further details, please refer to the *Injecting Risk Behaviour* section.

3.3 Summary of demographics and polydrug use trends in REU

- Three-fifths of the national EDRS sample were male, with a mean age of 25 years.
- The REU interviewed were well educated – more than half had obtained post-secondary qualifications, while 22% were currently studying (9% full- time students; 13% studying and employed).
- One-third of the national sample was currently in full- time employment and a further 27% were in part-time or casual employment. The majority were renting (60%) and or living in the parental/family home (24%).
- Few of the REU interviewed had a criminal history or were involved in drug treatment.
- Data across time show that key demographic characteristics of the sample have remained stable. REU have been found to be aged in their mid-twenties, predominantly male, with a majority identifying as heterosexual. Small proportions have reported a prison history or currently being in drug treatment.
- Regular ecstasy users are polydrug users, with participants reporting lifetime use of around 10 drugs and recent (6 month) use of around 6 drugs. These findings are consistent with those reported in 2006.
- Despite their use of a range of other drugs, two-fifths reported that their drug of choice was ecstasy. Smaller proportions reported that their drug of choice was alcohol, cannabis, cocaine or methamphetamine (speed, base or ice/crystal).
- Despite relative stability in proportions of the national sample reporting lifetime and recent (6 month) use of such drugs as alcohol and cannabis over time, some variation has been observed in both lifetime and recent use of such drugs as cocaine, methamphetamine (all three forms), ketamine and MDA.
- Two-fifths of the national sample had binged on ecstasy and/or related drugs in the preceding six months, with ecstasy the most commonly reported drug involved in a binge session, followed by alcohol and methamphetamine powder.
- One-fifth of the national sample had ever injected a drug (see *Injecting Risk Behaviour* section for further details).

4 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. MDMA is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances that do not include MDMA, and are more likely to contain methamphetamine, perhaps in combination with a hallucinogenic such as ketamine. They may also contain other illegal chemicals such as 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA), or substances like caffeine or paracetamol. Results from the REU survey presented in this section relate to the participants' use and knowledge of tablets sold as 'ecstasy'.

This section contains information about ecstasy use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with drug use, including ecstasy, are discussed in the relevant sections later in this report. Data from 2006 are shown in Appendix A.

4.1 Ecstasy use among REU

The median age at which participants in the 2007 national sample first used ecstasy was 18 years (range 12-45 years, Table 7); participants reported that regular (at least monthly) ecstasy use occurred at a median of 19 years (range 12-50 years). The median length of time since participants reported first using regularly was three years (range 0-23 years). The median age of first ecstasy use was the same for both males and females. Participants were also asked what proportion of their friends used ecstasy. Among the national sample, 49% stated that 'most' of their friends used ecstasy and 25% said 'about half' their friends used it. Smaller proportions reported that 'all' (8%), 'a few' (18%) or 'none' (<1%) of their friends used ecstasy.

Participants in the national sample had used ecstasy (referring to ecstasy tablets only) on a median of 12 days in the preceding six months (range 2-145 days). Just over half (57%) of participants had used between monthly and fortnightly (inclusive), 28% had used between fortnightly and weekly and 14% had used ecstasy more than once per week[6].

The median number of ecstasy tablets taken in a typical or average use episode in the preceding six months was two tablets (range 0.50-10 tablets). Over two-thirds (71%) of the national sample reported that they typically used more than one tablet. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four tablets (range 1-40 tablets).

Participants were asked which form of ecstasy they used most in the last six months. The majority (99%) reported using pills and less than one percent reported mainly using ecstasy powder. Forty percent of the national sample reported having binged on ecstasy in the preceding six months. The vast majority of the sample reported that they also used

[6] Considering ecstasy pills and powder together, results were: 54% had used between monthly and fortnightly (inclusive), 29% had used between fortnightly and weekly and 16% had used more than once per week.

other drugs (includes alcohol and tobacco) whilst using ecstasy and the use of other drugs was also common while 'coming down' from ecstasy.

A summary of these findings is shown in Table 7; comparable data from 2006 are presented in Appendix A.

Table 7: Patterns of ecstasy use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Median age first used ecstasy (years)	**18**	18	18	18	19	18	19	20	17
Median age first used ecstasy regularly (years)	**19**	20	18	19	20	19	20	22	19
Median days used ecstasy in the last six months#	**12**	12	12	12	11	12	12	15	12
Used ecstasy# more than weekly (%)	**14**	20	11	18	15	11	6	20	9
Median tablets in typical session	**2**	2	2	2	2	2	2	2	2
Typically use >1 tablet (%)	**71**	84	88	72	64	80	54	55	69
Form mainly used (%)									
Pills	**100**	100	100	98	100	100	99	99	100
Powder	**<1**	0	0	2	0	0	1	0	0
Recently binged* on ecstasy (%)	**40**	36	47	50	38	55	29	46	26
Ever injected ecstasy (%)	**10**	15	10	8	3	14	14	14	6
Use other drugs with ecstasy (%)	**94**	81	97	95	96	95	93	100	96
Use other drugs to come down from ecstasy (%)	**82**	75	81	84	74	85	86	89	86

Source: EDRS REU interviews
Note: Medians rounded to nearest whole number
* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# Refers to ecstasy 'pills' only; excludes powder

4.1.1 Other drug use with ecstasy and when coming down from ecstasy

The vast majority (94%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. This figure was similar across jurisdictions at between 90% and 100%, with the exception of NSW where this figure was 81% (other figures were: the ACT: 97%, VIC: 95%, TAS: 96%, SA: 95%, WA: 93%, the NT: 100% and QLD: 96%). As in previous years, alcohol and tobacco were most commonly reported drugs typically used with ecstasy, except in WA where a smaller proportion (31%) usually used tobacco with ecstasy. The majority of those who reported drinking alcohol when taking ecstasy stated that they usually drank more than five standard drinks, a figure which, at the jurisdictional level, ranged from 54% in NSW to 88% in TAS and QLD. Cannabis was used by nearly half (45%) of participants in conjunction with ecstasy, a figure which varied considerably across jurisdictions, from 22% in TAS to 70% in the NT. Almost half reported use of methamphetamine with ecstasy; this was typically speed, although this varied by jurisdiction, and smaller proportions used cocaine (13%, slightly higher than the 2006 figure of 5%), LSD (7%), ketamine (5%) and nitrous oxide (5%). Few participants nominated GHB, amyl nitrate, pharmaceutical stimulants and MDA as drugs they usually used with ecstasy. Use of cocaine with ecstasy was highest in NSW and QLD (20% each), while use of pharmaceutical stimulants was highest in WA (19%).

Table 8: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, by jurisdiction, 2007

%	National N=695	NSW n=81	ACT N=72	VIC n=95	TAS n=96	SA n=95	WA n=93	NT n=66	QLD n=97
Alcohol	**81**	64	82	82	90	79	66	99	87
> 5 standard drinks*	*77*	*54*	*73*	*80*	*88*	*72*	*62*	*83*	*88*
Tobacco	**61**	59	74	64	72	63	31	71	60
Cannabis	**46**	26	49	44	22	65	46	70	53
Meth. (any form)^	***44***	*36*	*21*	*66*	*15*	*74*	*50*	*39*	*42*
Speed	**28**	17	15	59	5	27	28	38	29
Ice/crystal	**14**	16	6	13	1	23	34	6	11
Cocaine	**13**	20	17	18	1	15	10	2	20
Base	**11**	7	4	3	3	44	2	9	13
LSD	**7**	4	1	6	1	10	13	11	9
Nitrous oxide	**5**	1	1	3	5	10	7	2	5
Ketamine	**5**	10	0	7	0	14	1	3	1
Pharm. Stim#	**4**	0	3	0	2	3	19	0	2
Amyl nitrate	**3**	3	4	1	1	3	3	2	4
GHB	**2**	7	0	3	1	4	0	0	1
MDA	**1**	1	0	2	0	4	1	0	1

Source: EDRS REU interviews

* Of those who reported usually drinking alcohol

#Pharmaceutical stimulants

^ Refers to participants who specified one or more of the following drugs: speed, base and ice/crystal, or who usually used methamphetamine but did not nominate a particular form that they had used.

The majority (82%) of the national sample also used other drugs to come down from ecstasy, ranging from 74% in TAS to 89% in the NT. Figures for other states/territories

were: NSW: 75%, the ACT: 81%, VIC: 84%, SA: 85%, WA: 86% and QLD: 86%). As in 2006, cannabis, tobacco and alcohol were the most commonly used drugs used during the comedown period from ecstasy. A smaller proportion reported the use of alcohol during the comedown than those who reported using it in conjunction with ecstasy; however, of those who reported alcohol use when coming down, over two-thirds in all but one jurisdiction (NSW) reported drinking more than five standard drinks. Again, jurisdictional differences were observed regarding the use of drugs in the comedown period. Cannabis use was highest in the NT (81%) and QLD (76%), and was lowest in TAS (43%). Benzodiazepine use was reported by between 2% (the NT) and 29% (WA), and tobacco use ranged from 27% in WA to 78% in TAS among those who used drugs during the comedown phase. Methamphetamine (any form) use at this time was most commonly reported in SA (20%) and WA (19%), and lowest in the ACT (no reports), with notable differences across jurisdictions in the use of all three forms (Table 9).

Table 9: Drugs used to come down from ecstasy, among those who used drugs to come down, by jurisdiction, 2007

%	National N=610	NSW n=75	ACT n=60	VIC n=84	TAS n=74	SA n=85	WA n=86	NT n=59	QLD n=87
Cannabis	**67**	64	67	66	43	72	66	81	76
Tobacco	**56**	53	60	63	78	60	27	75	44
Alcohol	**49**	31	37	54	49	53	38	78	54
> 5 standard drinks*	***74***	*57*	*73*	*71*	*78*	*69*	*82*	*74*	*85*
Benzodiazepines	**14**	15	13	11	7	17	29	2	15
Meth. (any form)^	***9***	*3*	*0*	*7*	*7*	*20*	*19*	*14*	*3*
Speed	**6**	3	0	7	3	6	12	14	2
Cocaine	**4**	8	2	1	0	4	6	3	6
Ice/crystal	**3**	0	0	0	0	7	13	3	1
Nitrous oxide	**3**	0	2	1	5	9	7	0	1
Ketamine	**3**	3	0	4	0	9	0	3	0
Antidepressants	**2**	3	0	2	1	2	2	2	2
Base	**2**	0	0	0	1	13	1	0	1
Other opioids	**2**	1	2	1	0	2	4	0	2
LSD	**2**	0	2	1	1	2	1	3	3
GHB	**2**	4	0	4	0	4	0	0	0
Heroin	**2**	1	3	6	0	1	6	0	0
Pharm. Stimulants	**2**	0	0	1	0	2	8	0	1
Methadone	**1**	1	2	0	0	0	4	0	1
Amyl nitrate	**1**	0	0	0	0	4	0	2	3

Source: EDRS REU interviews

* Of those who reported usually drinking alcohol

^ Refers to participants who specified one or more of the following drugs: speed, base and ice/crystal, or who usually used methamphetamine but did not nominate a particular form that they had used

4.1.2 Route of administration

In the six months preceding the interview, 99% of participants swallowed ecstasy pills, 56% had snorted them, 7% had shelved/shafted (refers to vaginal/anal administration respectively), 4% smoked and 3% had injected ecstasy pills. Ecstasy powder was swallowed by 14% of the national sample in the preceding six months, snorted by 10%, smoked by 1% and injected by <1%. No participants reported having shelved or shafted

ecstasy powder during that time. Table 10 presents the *main* route of administration by jurisdiction. The vast majority of participants (93%) nominated oral ingestion as their main route of ecstasy administration, 5% mainly snorted the drug and small numbers mainly injected, shelved or shafted it.

Table 10: Main route of administration of ecstasy in the last six months, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Swallow	**93**	97	87	95	96	94	95	94	87
Snort	**5**	2	12	2	3	4	5	0	10
Inject	**<1**	1	1	2	0	2	0	5	1
Shelve/shaft	**<1**	0	0	1	1	0	0	0	2
Smoke	**0**	0	0	0	0	0	0	0	0

Source: EDRS REU interviews

4.1.3 Purchasing patterns and locations of use

Participants reported purchasing ecstasy from a median of three people (range 0 – i.e. they had obtained but not bought ecstasy – to 50 people), and 68% reported typically purchasing for themselves and friends on those occasions. Thirty percent of participants responding (n=737) had bought ecstasy for themselves but not others, <1% had bought for others only and 2% had not bought ecstasy in the preceding six months. Among this group, ecstasy had typically been bought monthly or less often (44%, i.e. on between one and six occasions) or between monthly and fortnightly (32%, i.e. on between 7 and 12 occasions). Nineteen percent reported purchasing between fortnightly and weekly (i.e. between 13 and 24 occasions), while 2% reported buying ecstasy more than once per week. The median number of ecstasy pills purchased at a time was five (range 1-350 pills).

Seventy-two percent of the national sample reported that they could obtain other drugs from their main dealer in the preceding six months (note: four percent did not have a main dealer). Among these participants (n=537), the drugs that were most commonly reported to be available to them were cannabis (68%), speed (56%), ice/crystal (43%), cocaine (38%) and LSD (28%). An increase has been observed in the proportions reporting being able to access multiple drugs from their main dealer over the past few years.

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends and known dealers, and the most common locations being friends' homes and nightclubs (Table 11). Two percent of the national sample reported that, while they had used ecstasy, they had not scored (purchased) it. The highest proportion in all jurisdictions reported that they normally obtained ecstasy from friends and, in all jurisdictions but the ACT, scoring from their friends' homes was the most common location of purchase. Other jurisdictional differences were noted, including: scoring from unknown dealers ranged

from 2% in NSW to 23% in the ACT, and scoring from known dealers ranged from 33% in SA to 65% in TAS. Purchase locations also varied, including: scoring at raves, doofs and dance parties ranged from 8% in NSW to 40% in TAS; scoring at a dealer's home ranged from 24% in NSW to 50% in the NT; and scoring at participants' own homes ranged from 19% in WA to 40% in NSW (Table 11).

Ecstasy was usually used in a wide variety of public and private locations, including in nightclubs, at friends' homes, private parties, the participants' own homes, raves and live music events. The last location of use also broadly followed this pattern, although jurisdictional variations were also noted (Table 11).

Table 11: Source, purchase location and use location of ecstasy, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%)									
Friends	**80**	77	84	75	88	76	77	80	87
Known dealers	**50**	38	58	55	65	33	42	55	55
Acquaintances	**25**	13	34	22	31	32	24	23	25
Unknown dealers	**15**	2	23	22	12	16	16	10	16
Workmates	**10**	3	15	10	9	14	11	6	12
Used, but not scored	**2**	3	0	1	0	4	5	0	0
Locations scored (%)									
Friend's home	**58**	56	46	48	68	58	62	64	63
Nightclub	**39**	25	60	44	39	33	29	42	46
Dealer's home	**34**	24	32	34	33	27	35	50	42
Own home	**30**	40	37	24	30	27	19	21	38
Agreed public location	**25**	35	35	11	17	35	27	18	21
Raves*	**20**	8	18	14	40	21	29	12	16
Private party	**19**	6	22	12	26	22	15	32	20
Pubs	**15**	10	26	9	11	20	11	18	16
Acquaintance's home	**10**	11	12	4	5	23	15	2	5
Street	**5**	1	10	4	5	8	6	0	8
Work	**5**	3	11	4	4	5	7	5	6
Day Club	**3**	3	3	2	0	9	0	0	3
Educational institution	**1**	0	5	0	2	0	2	0	1
Usual use venue+ (%)									
Nightclub	**76**	74	82	78	82	72	63	73	85
Friend's home	**49**	37	49	32	64	60	55	44	52
Private party	**49**	33	46	37	72	49	38	71	50
Home	**48**	43	39	34	41	64	56	59	48
Raves*	**46**	55	38	33	70	44	57	18	43
Live music event	**44**	50	53	29	50	39	46	18	58
Pub	**29**	26	42	22	24	34	24	32	30
Outdoors◊	**18**	5	14	14	18	31	21	21	19

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Public place (e.g. street/park)	**10**	4	11	7	12	18	17	0	11
Vehicle (passenger)	**8**	2	12	3	4	17	13	0	12
Acquaintance's house	**8**	1	11	3	9	18	13	0	5
Day club	**8**	21	5	11	3	8	1	3	6
Dealer's home	**7**	0	5	1	8	12	14	6	5
Vehicle (driver)	**6**	2	3	4	3	14	12	0	6
Restaurant/cafe	**4**	2	7	3	4	5	3	2	3
Work	**3**	1	7	1	5	4	4	0	2
Educational institution	**<1**	0	4	0	1	0	1	0	0
Last use venue (%)									
Nightclub	**37**	31	43	52	37	25	19	35	54
Home	**15**	15	11	10	10	29	17	18	10
Friend's home	**14**	15	8	10	17	14	20	11	11
Private party	**9**	10	3	11	19	4	6	17	6
Live music event	**7**	14	11	4	6	3	10	3	7
Raves*	**7**	7	8	6	11	6	13	0	5
Pub	**4**	5	7	2	0	6	5	3	6
Outdoors◊	**3**	0	1	3	0	7	2	11	0

Source: EDRS REU interviews

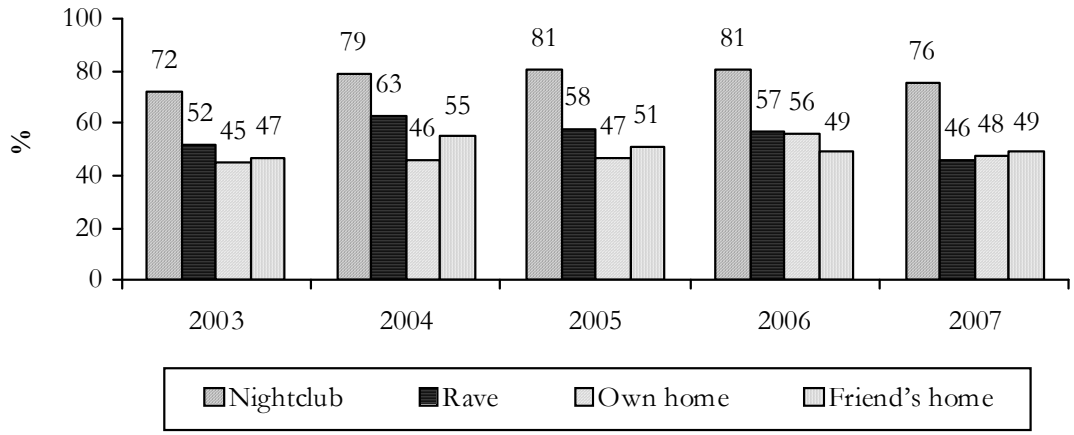
+ Multiple responses allowed

* Includes 'doofs' and dance parties

◊ Examples include at a beach, bushwalking, camping

Figure 1 presents trends over time in the locations of usual ecstasy use. Nightclubs have been the most common location of usual ecstasy use across time, followed by raves. However, despite the traditional association of ecstasy with these venues, more than two-fifths of the national sample across time has reported that their own homes and friends' homes are also locations of usual use.

Figure 1: Location of usual ecstasy use, 2003-2007

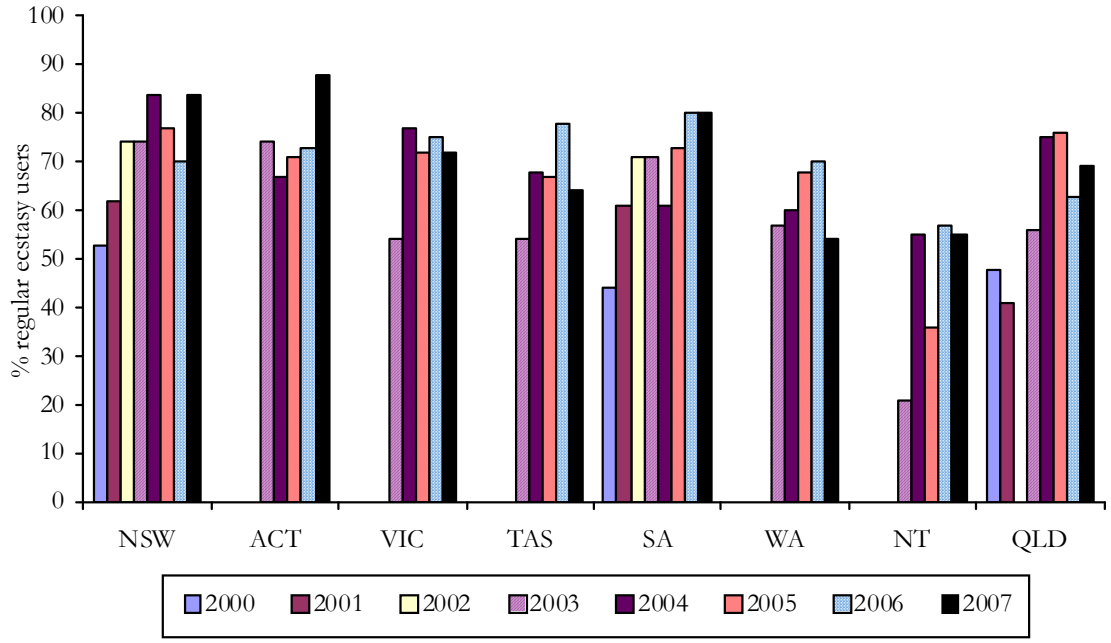


Source: EDRS REU interviews

4.1.4 Trends over time

Data have been collected in NSW, QLD and SA since 2000, and all other jurisdictions since 2003. Fluctuations have been noted within jurisdictions in the proportions of participants reporting typically using more than one tablet; figures in 2007 were higher than those reported in 2003 across all jurisdictions except WA (57% in 2003; 54% in 2007).

Figure 2: Proportion of REU who reported typically using more than one ecstasy tablet, by jurisdiction, 2000-2007

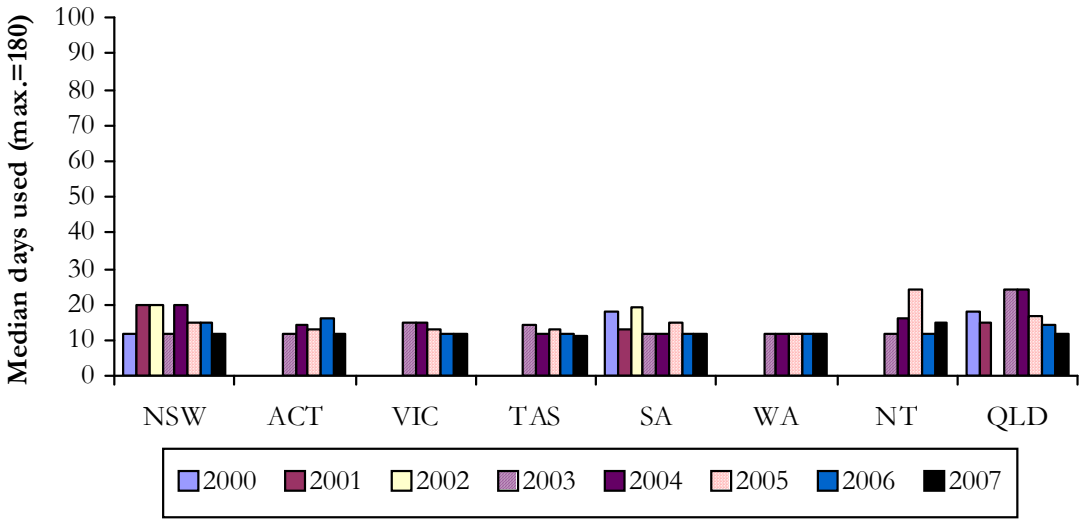


Source: EDRS REU interviews

Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 3 presents the frequency of ecstasy use over time. The frequency of ecstasy use has fluctuated in NSW across time, with a slight decline observed since 2004 (20 days in 2004, approximating just under weekly use; 15 days in 2005 and 2006; 12 days in 2007, approximating just under fortnightly use). QLD has seen a similar decline since 2004 (24 days in 2004; 17 days in 2005; 14 days in 2006; 12 days in 2007). Figures remained relatively stable in all jurisdictions in 2007 as compared with 2006.

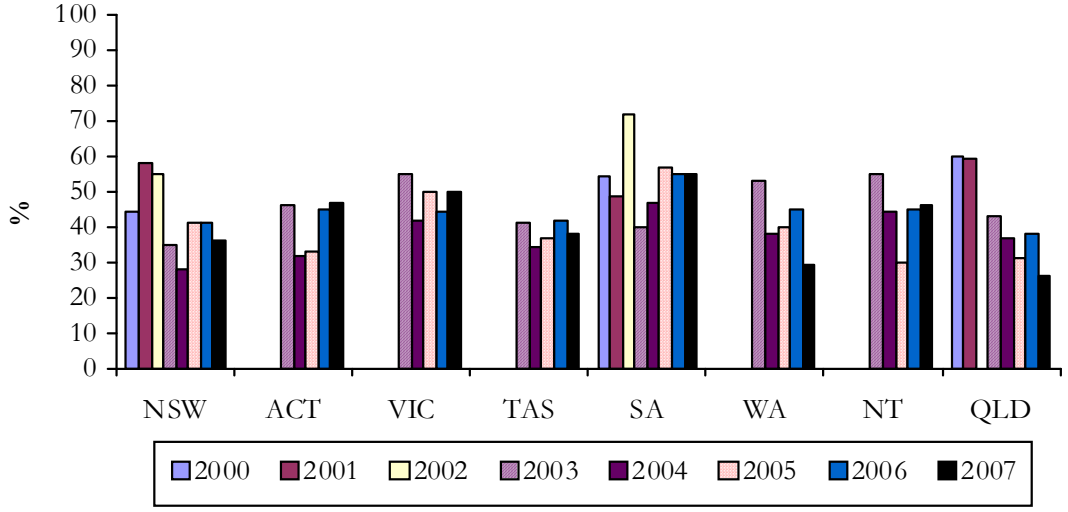
Figure 3: Median days used ecstasy in the six months preceding interview, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002. Refers to ecstasy pills only.

Figure 4 presents the proportion of REU who report 'bingeing' on ecstasy over time. Jurisdictions such as NSW, the ACT, SA, WA and QLD have observed fluctuating patterns across time; downward trends have been recorded in WA and QLD in particular since 2003. Compared to 2006, smaller proportions reported this behaviour in NSW (36% in 2007 vs. 41% in 2006), WA (29% in 2007 vs. 45% in 2006), QLD (26% in 2007 vs. 38% in 2006), and to a lesser extent TAS (38% in 2007 vs. 42% in 2006). Figures in other jurisdictions remained stable (the ACT: 47% in 2007 vs. 45% in 2006; SA: 55% in both years; and the NT: 46% in 2007 vs. 45% in 2006) or increased slightly (VIC: 50% in 2007 vs. 44% in 2006).

Figure 4: Proportion of REU who reported recent (last six months) bingeing on ecstasy, 2000-2007

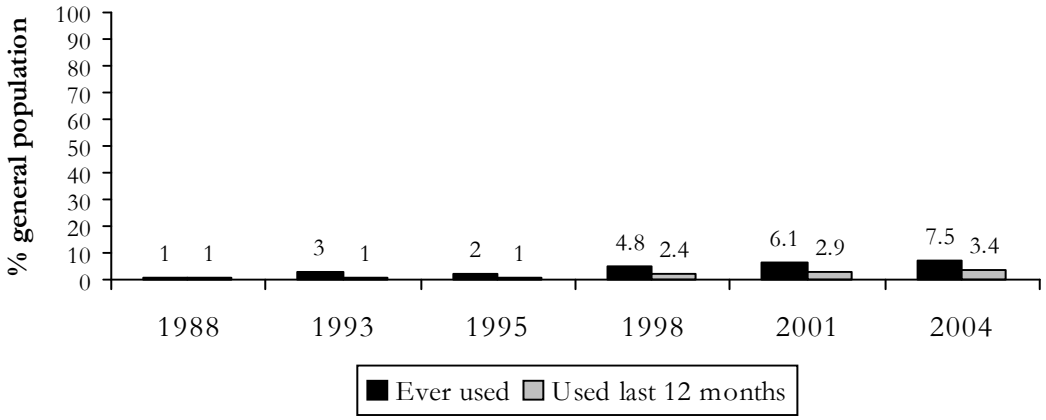


Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002. 'Bingeing' defined as the use of ecstasy for more than 48 hours continuously without sleep.

4.2 Use of ecstasy in the general population

Since ecstasy was first included in the 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. Similarly, as shown in Figure 5, 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, 2005a).

Figure 5: Prevalence of ecstasy use in Australia, 1988-2004



Source: NDSHS 1988-2004 (Australian Institute of Health and Welfare, 2005b; Commonwealth Department of Community Services and Health, 1988)
Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'.

The 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 having ever used ecstasy. This is consistent with data from previous surveys (Australian Institute of Health and Welfare, 2002; Higgins et al., 2000; Commonwealth Department of Health and Family Services, 1996).

In the 2004 survey, both lifetime (22%) and past year (12%) ecstasy use was most common among those aged 20-29 years. Again, more males than females in this age group reported lifetime use (25.8% vs. 18.2%) and recent use, i.e. in the preceding 12 months (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, 2005a).

The availability of ecstasy has increased over NDSHS years as indicated by the proportion of people in the general population who report having experienced an opportunity to use ecstasy. In 2004 and 2001, 7.8% of the general population aged 14 years and over had 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, the increased trend is clear even with a longer window of opportunity in previous survey. In 1988, 4% of the population had

ever been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai & McAllister, 1998).

Degenhardt and colleagues (2004) investigated recent ecstasy users (i.e. those who had used ecstasy in the 12 months prior to interview) from the 2001 NDSHS. In comparison to those who had not recently used ecstasy, recent users were more likely to have used a range of other drugs. Ecstasy use itself followed an occasional use pattern: the majority of recent ecstasy users described relatively infrequent use, with around two-thirds of those aged 14-19 and 20-29 reporting ecstasy use every three months or less often in the preceding year, and around 20% reporting ecstasy use on a monthly basis in that time. Despite the regular ecstasy users in the EDRS engaging in more frequent ecstasy use (as expected, given the study inclusion criteria), polydrug use amongst ecstasy users in the general population appears consistent with the REU in this study.

4.3 Price

The median price of ecstasy ranged from $30 in NSW, VIC, SA and QLD to $50 in the NT. The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months, ranging from 54% in QLD to 76% in the NT and QLD. Smaller proportions reported that it had increased, decreased, fluctuated or that they did not know (Table 12).

Table 12: Median price of ecstasy and participants' reports of price change, by jurisdiction, 2007

	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Median price ($) per tablet (range)	30 (15-40)	30 (15-60)	30 (15-50)	40 (26-50)	30 (5-45)	40 (30-50)	50 (35-60)	30 (15-35)
Price change (%)								
Increased	4	10	4	18	4	11	12	9
Stable	71	60	70	65	76	58	76	54
Decreased	12	14	15	7	12	16	9	31
Fluctuated	8	12	7	8	6	9	3	5
Don't know	5	5	4	2	2	5	0	1

Source: EDRS REU interviews

Table 13 presents the median price of ecstasy across time. Although prices do vary across jurisdictions, the price of ecstasy appears to be higher in more remote jurisdictions, such as the NT, WA and TAS, whilst larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, with the exception of the NT and VIC, the price of ecstasy has steadily declined across time.

Table 13: Median price of ecstasy per tablet, 2000-2007

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	n.a.	n.a.	n.a.	45	n.a.	n.a.	40
2001	35	n.a.	n.a.	n.a.	40	n.a.	n.a.	40
2002	35	n.a.	n.a.	n.a.	35	n.a.	n.a.	n.a.
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30

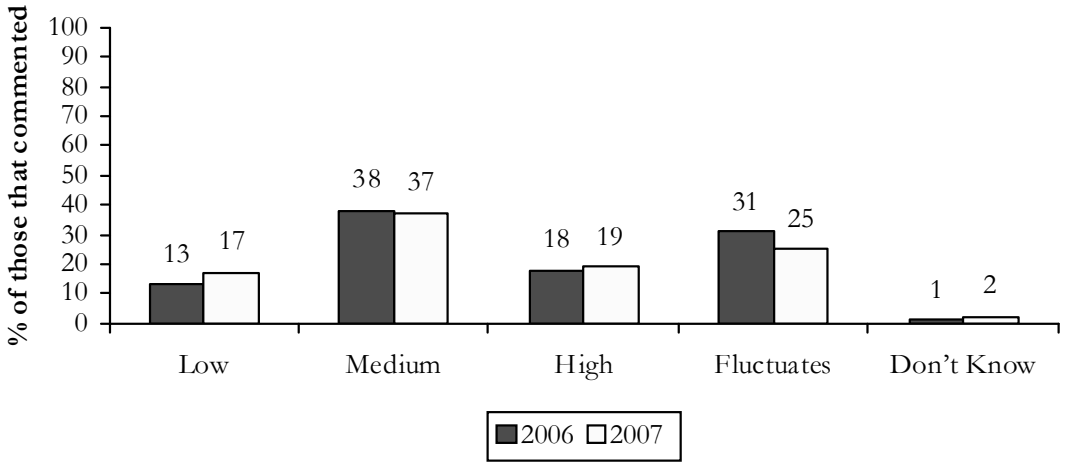
Source: EDRS REU interviews

Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD for 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003.

4.4 Purity

Participants' perceptions of ecstasy purity were mixed, with the largest proportion of participants reporting that it was medium (37%). One-quarter reported that purity was fluctuating and similar proportions believed that it was high or low (19% and 17%, respectively). These figures represent little change from 2006 (Figure 6).

Figure 6: National REU reports of current ecstasy purity, 2006-2007



Source: EDRS REU interviews

There was some variation in jurisdictional reports of the current purity of ecstasy, with NSW having the highest proportion reporting that ecstasy was currently low (24%) and those in the NT having the highest proportion of those reporting that ecstasy was currently high (26%). Proportions reporting that it was fluctuating were highest in TAS and WA (Table 14).

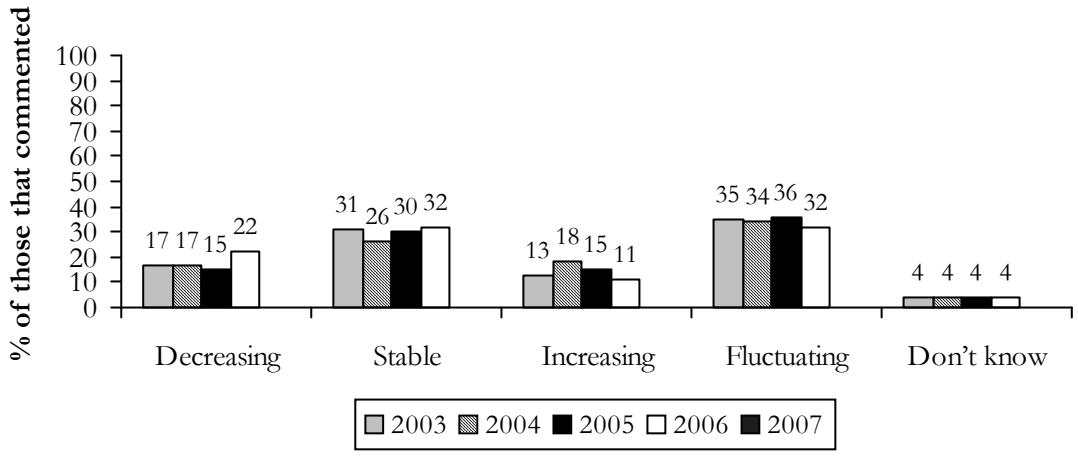
Table 14: Participant reports of current ecstasy purity, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Current purity (%)									
Low	**17**	24	16	22	8	16	13	21	14
Medium	**37**	40	39	33	37	38	25	46	41
High	**19**	22	19	19	14	23	17	26	15
Fluctuates	**25**	14	23	21	40	21	40	8	29
Don't know	**2**	0	3	5	1	2	4	0	1

Source: EDRS REU interviews

Participants were asked to comment on the change of ecstasy purity in the preceding six months. One-third (32%) reported that the purity had remained stable in the six months prior to interview while an equal proportion reported that the purity had fluctuated during this time. Just over one-fifth (22%) believed that it had decreased. Similar proportions across time have reported that the purity of ecstasy fluctuated in the six months prior to interview, as well as approximate proportions reporting that purity had remained stable (Figure 7).

Figure 7: National REU reports of recent (last six months) change in ecstasy purity, 2003-2007



Source: EDRS REU Interviews

Table 15 presents jurisdictions' reports of purity change in the six months preceding interview. Small proportions across all jurisdictions reported that purity had increased. Approximately one-third or more of REU in all jurisdictions (with the exception of the ACT) reported that purity had remained stable in the six months prior to interview, ranging from 33% in QLD to 64% in the NT.

Table 15: Participant reports of changes in ecstasy purity in the past six months, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Current purity (%)									
Increasing	**8**	9	11	5	5	11	10	6	4
Stable	**41**	50	30	43	38	34	38	64	33
Decreasing	**17**	20	18	22	12	22	13	9	16
Fluctuating	**29**	16	28	23	43	28	30	21	41
Don't know	**6**	5	14	7	2	5	8	0	6

Source: EDRS REU interviews

Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should, 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.

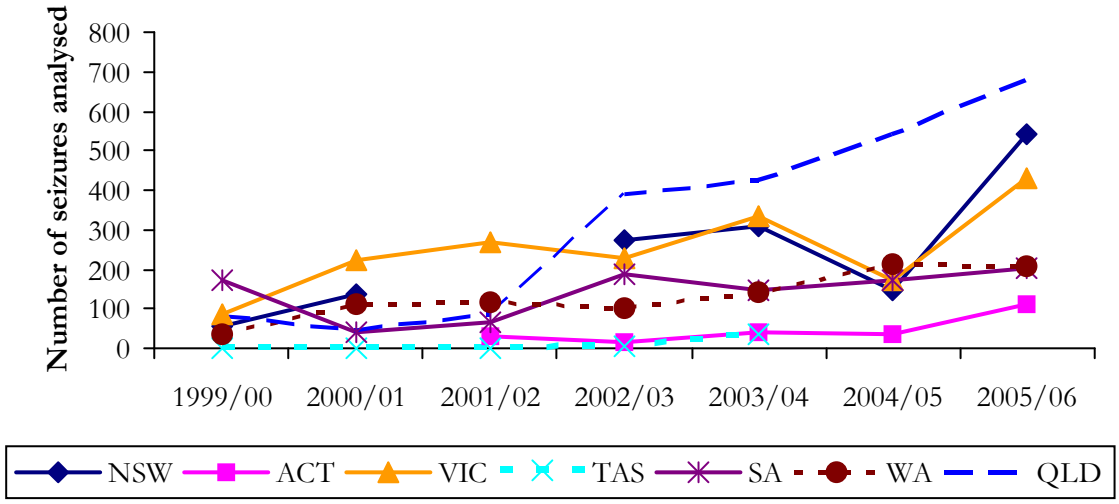
The purity data presented in this report are provided by the ACC and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported 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 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), 3,4-methylenedioxyamphetamine (MDA), 3,4- methylenedioxyethylamphetamine (MDEA), Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family (Australian Crime Commission, 2007) and seizures of these drugs are included in the seizure data from 2000/01.

The 2006/07, seizure data were unavailable at the time of publication. It is anticipated that these data will be available in the early half of 2008, and the reports will be updated on the NDARC website at this time.

In 2005/06, the number of state seizures analysed increased markedly in all jurisdictions, with the exception of WA, where they remained stable. The NT is not included on the graph, and there were no seizures analysed in TAS in 2005/06. The following caveat applies to Figure 8 through to Figure 11 below: figures do not represent the purity levels of all phenethylamine seizures – only those who have been analysed at a forensic laboratory. Figures for WA, TAS 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.

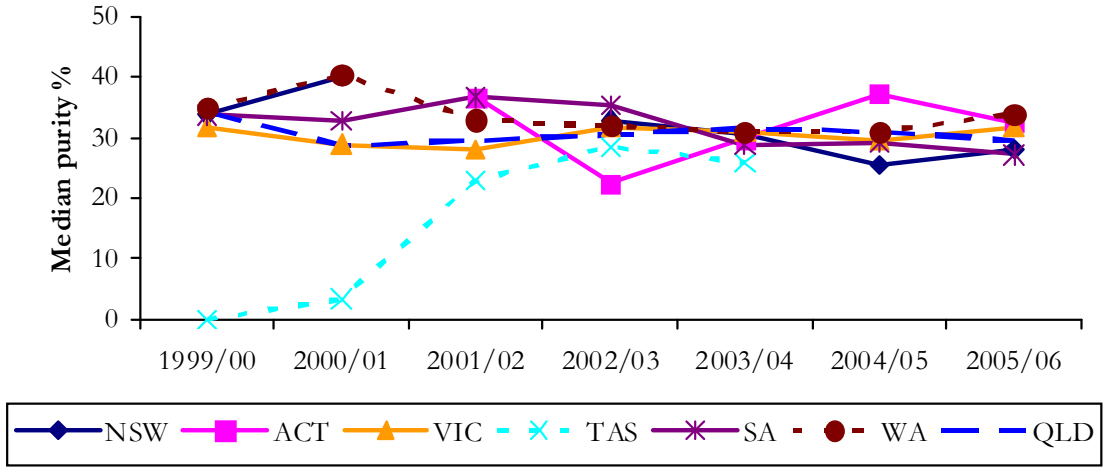
Figure 8: Number of phenethylamine state police seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at time of publication.

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures has remained relatively stable at around 30% purity (Figure 9).

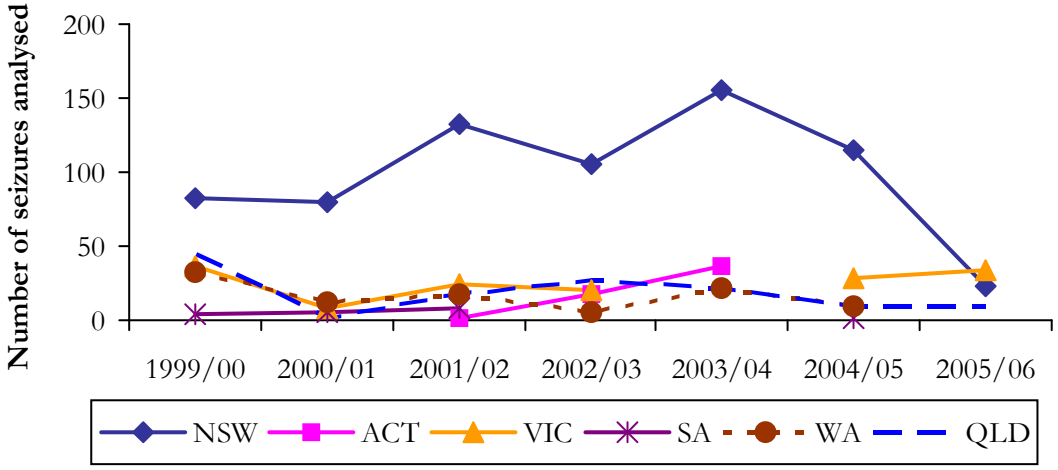
Figure 9: Median purity of state police phenethylamine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at time of publication.

In 2005/06, NSW, VIC and QLD were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures (Figure 10). NT and TAS are not shown.

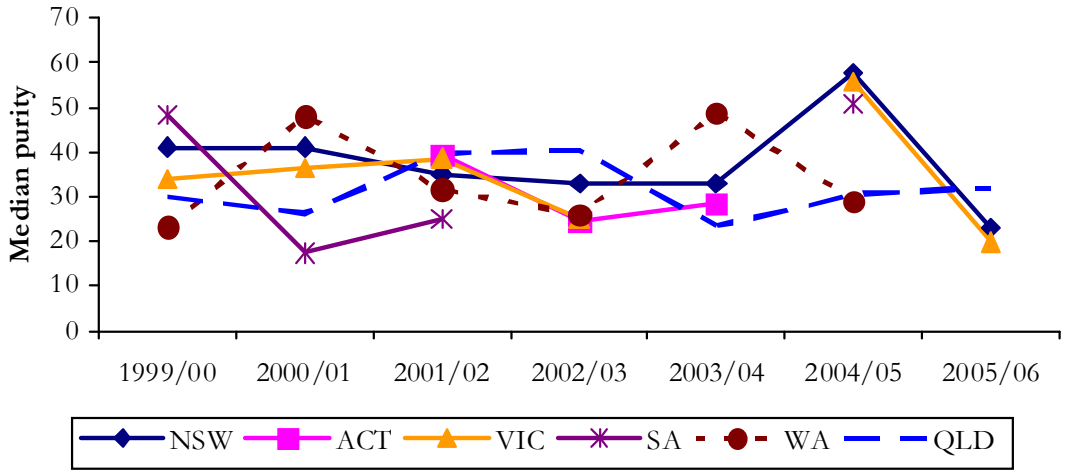
Figure 10: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

The median purity of AFP phenethylamine seizures dropped markedly in NSW and VIC in 2005/06, and this is consistent with falling numbers of border detections of MDMA made by the Australian Customs Service (ACS) over the past three years (Australian Customs Service, 2007).

Figure 11: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

As mentioned previously, further analysis of the content of illicit tablets seized in Victoria may be found in the December 2007 EDRS *Ecstasy and related drug trends bulletin* (Quinn et al., 2007).

4.5 Availability

Just under half (49%) of the national sample considered ecstasy to be very easy to obtain and 43% thought it easy to obtain. Few participants reported ecstasy to be difficult or very difficult to obtain, except in the NT where 20% reported it to be difficult. The majority in all jurisdictions reported that availability had remained stable in the six months prior to interview (Table 16).

Table 16: REU reports of availability of ecstasy in the preceding six months, 2007

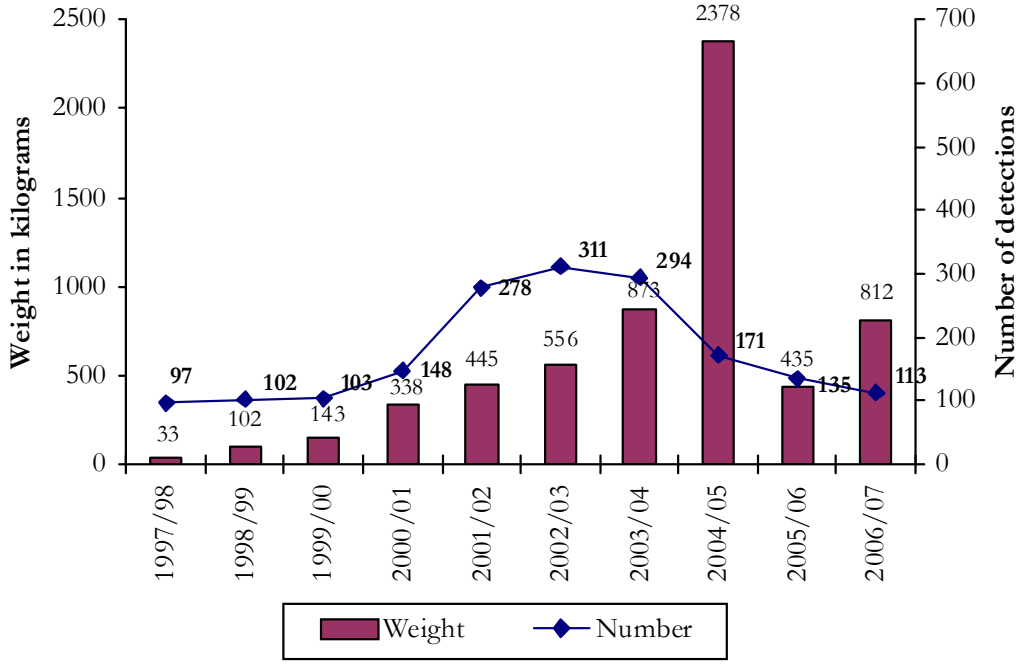
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Availability of ecstasy (%)									
Very easy	**49**	72	53	45	42	60	30	33	53
Easy	**43**	25	42	50	46	36	58	47	42
Difficult	**7**	2	5	5	11	4	9	20	5
Very difficult	**0**	0	0	0	0	0	0	0	0
Don't know	**<1**	1	0	0	1	0	2	0	0
Change in availability (%)									
More difficult	**13**	5	8	10	23	8	17	20	12
Stable	**68**	81	61	79	56	82	64	65	55
Easier	**11**	7	16	6	12	3	10	12	26
Fluctuates	**5**	3	10	3	7	5	4	3	4
Don't know	**3**	4	5	2	2	2	4	0	3

Source: EDRS REU interviews

4.5.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. While numbers of detections have continued to decline over the past four years, the weight of MDMA detections almost doubled from 435 kilograms in 2005/06 to 812 kilograms in 2006/07.

Figure 12: Number and weight of detections of MDMA detected at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)

4.6 Jurisdictional trends for ecstasy

Below follow summaries of trends for ecstasy in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008); ACT: Campbell and Degenhardt (2008a); VIC: Quinn (2008); TAS: Matthews and Bruno (2008); SA: White, Vial and Ali (2008); WA: George and Lenton (2008); NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

4.6.1 New South Wales

Ecstasy was first used ecstasy at a median age of 19 years and started using ecstasy regularly at a median age of 12 years. Ecstasy had been used approximately once per fortnight in the six months preceding interview, with half of the sample reporting use between once per month and once per fortnight. KE identified different group using ecstasy at different frequencies.

Participants reported using a median of two tablets in a typical occasion of use, and a median of four tablets in a heavy occasion of use. All participants reported swallowing ecstasy in the six months preceding interview, with half also reporting snorting ecstasy during this time. Four-fifths of the sample reported typically using other drugs when they used ecstasy and three-quarters reported typically using other drugs during the comedown phase. KE reported that the use of one ecstasy tablet was uncommon among users and that a typical quantity of use was two to three tablets.

The median price paid for a single ecstasy tablet was $30 in 2007, with large proportions of participants reporting that this price had remained stable in the six months preceding interview. Ecstasy was commonly obtained from people known to participants, such as friends, in private locations, such as friends' homes. Two-thirds of the sample reported that they typically purchased ecstasy for themselves and others; when participants purchased ecstasy, they typically purchased five tablets. Two-thirds reported that they were able to purchase other drugs from their main ecstasy dealers. Tablets sold as ecstasy have remained readily available in Sydney since 2000, and, consistent with previous years, the majority of participants reported that ecstasy was very easy or easy to obtain; this was consistent with KE reports.

The median purity of phenethylamines seizures analysed by the NSW Police in 2005/06 remained relatively stable, while purity of seizures analysed by the AFP decreased from 57.6% in 2004/05 to 22.9% in 2005/06. The number of phenethylamine seizures analysed by the AFP decreased dramatically from 115 in 2004/05 to 23 in 2005/06. In contrast, the number of seizures analysed by the NSW Police increased markedly from 147 in 2004/05 to 540 in 2005/06.

4.6.2 The Australian Capital Territory

Ecstasy pills had been used by the entire sample in the past six months, and the pill form was the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported ever having used ecstasy powder (26%) or having used ecstasy powder in the past six months (8%). In the six months prior to interview, the median number of days of any form of ecstasy use was 12, a decline from 16 days in 2006. Just over half the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, with approximately one-third of the sample using ecstasy on a greater than fortnightly to

weekly basis. The median number of ecstasy tablets consumed in a typical session of use was two, whereas a median of 3.5 tablets were taken by REU in the heaviest recent session of use. Again, this was consistent with KE reports that indicated most REU use pills (as opposed to powder form of ecstasy) and use was recreationally, weekly or fortnightly, with swallowing followed by snorting the most common routes of administration.

The median reported price for a tablet of ecstasy declined in 2007 to $30 whereas for the previous four years, the price had remained stable at $35 per pill. KE reported the price of an ecstasy tablet was between $25 and $30. The current purity of ecstasy was reported by REU to be medium (39%), although approximately equal proportions also reported ecstasy purity to be currently low or high. This is in comparison to the previous year where the majority of respondents reported ecstasy purity to be medium to high. Approximately one-quarter of the sample indicated that the purity of ecstasy had fluctuated in the past six months. Almost the entire sample in 2007 reported that ecstasy was very easy to easy to obtain in the ACT, this was consistent with previous years and 2007 KE reports. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable. Ecstasy was primarily obtained by REU through friends and known dealers. KE also commented that the use of ecstasy had become more socially acceptable in certain social circles, and there were fewer stigmas associated with the use of ecstasy.

In the six months prior to interview, REU had purchased ecstasy from a median of four people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion. Similar proportions of REU reported typically buying ecstasy on a monthly or less than monthly basis, or on a greater than monthly to fortnightly basis in the past six months. Nearly one-quarter reported that they purchased ecstasy on a greater than fortnightly to weekly basis. Seventy-seven percent of the entire sample reported that they were able to purchase other drugs from their main ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were cannabis, cocaine, methamphetamine powder, crystal methamphetamine, base methamphetamine and LSD.

4.6.3 Victoria

As in previous years, the 2007 REU sample reported first use of ecstasy, on average, in their late teens, typically commencing regular use in their early twenties. Although there was a wide range of patterns of current ecstasy use reported by the 2007 REU sample, over half (59%) reported using ecstasy pills fortnightly or less frequently. The median number of ecstasy pills used in a session reported by participants was two, with a median of four used in a heavy session. Nearly three-quarters of participants (72%) reported typically using more than one pill per session. Furthermore, nearly two-thirds (64%) of the REU sample reported lifetime use of ecstasy powder, while over one-third (38%) reported use of ecstasy powder in the last six months. The vast majority (98%) of the sample, however, reported that pills were the most common form of ecstasy used during that time.

Participants reported most commonly consuming ecstasy pills orally. REU took ecstasy in a wide range of locations, most commonly nightclubs, private homes/parties, dance parties/raves/doofs, and at live music events.

In addition to ecstasy, the REU reported lifetime and recent use of a wide range of other drugs. The drugs used by the 2007 sample were comparable to previous years, with recent use of alcohol, tobacco, speed and cannabis commonly reported. Half (50%) the 2007 REU sample reported bingeing on drugs in the six months prior to interview, most commonly on ecstasy, speed, alcohol and cannabis.

As in previous years, polydrug use was the norm among the 2007 EDRS participants, a pattern of use confirmed more generally by the KE reports. Most of the 2007 REU sample reported using other drugs in combination with ecstasy (95%) and during the 'come down' from ecstasy (84%).

The price of ecstasy appears to have remained stable over the last five years, with ecstasy typically costing $30 per pill. Participant responses regarding the purity of ecstasy were variable, with varying proportions reporting it to be medium (33%), low (22%), fluctuating (21%), or high (19%). Ecstasy remains readily available, and is predominantly sourced through friends and known dealers in private residences and nightclubs.

REU tend to have a number of people they can purchase ecstasy from and typically purchase for themselves and others. In addition to ecstasy, most REU can obtain a range of other drugs from their main dealers, most commonly speed and cannabis.

4.6.4 Tasmania

Most participants had first used ecstasy at around 19 years of age. The entire sample had recently used ecstasy in tablet form although smaller proportions had also recently used ecstasy in capsule (47%) or powder (5%) forms. The proportion of participants reporting recent use of ecstasy capsules (47%, 95%CI 37-57%) was significantly greater relative to previous years (2006: 19%, 95%CI 11-27%; 2005: 28%, 95%CI 19-36%). Ecstasy tablets were typically swallowed, but snorting of ecstasy was also common and small proportions had recently shelved/shafted, smoked or injected ecstasy.

On average, ecstasy had been used fortnightly with two tablets taken orally in a typical session. One-quarter (23%) of the sample had used ecstasy on a weekly basis or more frequently, almost two-thirds (65%) usually used more than one tablet in a typical session of use, and almost two-fifths (38%) had recently used ecstasy in a binge session.

Ecstasy was most typically used at music-related venues including dance parties, nightclubs and live music events, but was also commonly used in private settings such as private parties and private residences.

The majority of REU had typically used other drugs when under the influence (96%) and when coming down from ecstasy (74%), most commonly alcohol, cannabis and tobacco. Relative to previous years, there was a reduction in the proportion of the 2007 sample who reported use of cannabis either while under the influence or when coming down from ecstasy. Although the proportion reporting 'binge drinking' when under the influence of or coming down from ecstasy had slightly declined in 2006 (66%) from the high rates amongst the 2004 (71%) and 2005 (78%) cohorts, there was a return to high levels of 'binge drinking' with ecstasy among the 2007 cohort (76%).

Whereas there was evidence for an expanding local ecstasy market in 2004 – marked by decreased price, increased purity, and increased availability relative to 2003 – in 2005, the

market appeared to have tightened slightly, with a slight increase in price and decreased purity and availability relative to 2004. In 2006, a slight decrease in price was observed, while availability remained relatively stable. In 2007, price increased again slightly, and there was a slight decrease in the perceived availability of the drug.

The median price and last purchase price reported by REU for one tablet of ecstasy in 2007 was $40, which is the same as the median price reported in 2006, but slightly higher than the last purchase price of $35. Two-thirds of those who commented indicated that this price had remained stable during the preceding six months, but one-fifth indicated that there had been a recent increase in price.

REU typically reported that ecstasy was medium (37%) or fluctuating (40%) in purity, with just a small proportion (14%) reporting that ecstasy was high in purity. This purity was reported to have fluctuated (44%) or remained stable (39%) during the six months preceding the interview. The majority of KE who commented indicated that ecstasy purity typically fluctuated.

REU indicated that ecstasy is easy or very easy to obtain and that recent availability had remained stable. However, there were some indications for a slight reduction in the perceived availability of the drug among REU interviewed in 2007 relative to those interviewed in previous years.

Consistent with previous years, ecstasy was typically purchased from friends and obtained at friends' homes. Two-thirds (65%) indicated that when they purchased ecstasy, they typically purchased the drug both for themselves and others, while the remainder (35%) typically purchased ecstasy only for themselves. Two-thirds (65%) were able to obtain other drugs (most typically cannabis, methamphetamine, LSD, and cocaine) when they purchased ecstasy.

4.6.5 South Australia

In the 2007 SA sample, REU were a median age of 18 years when they first began using ecstasy, and 19 years when they used ecstasy on a more regular basis. Ecstasy was the main drug of choice for 41% of the sample in 2007, and had decreased slightly compared to 2006.

In the six months prior to interview, REU reported using any ecstasy (pills or powder) on a median of 12 days, with the median number of ecstasy tablets used in a typical session being two, and four tablets during the heaviest recent use episode. Over half (59%) of the sample reported that they had binged on ecstasy in the six months prior to the interview. Almost all REU (98%) reported swallowing ecstasy tablets in the previous six months, with nearly two-thirds (60%) snorting ecstasy tablets in the same period.

The majority of REU reported typically using at least one other substance with ecstasy (95%), or when coming down from ecstasy (85%), in the last six months. The substances most commonly reported as being typically used with ecstasy were tobacco, alcohol, cannabis or some form of methamphetamine. The substances most commonly reported as being typically used when coming down from ecstasy were tobacco, cannabis, benzodiazepines, and alcohol.

KE information confirmed that REU commonly combine other licit and illicit drug use with ecstasy use, with methamphetamine and alcohol particularly common, and that there was a wide range in frequency of ERD use, from every weekend (particularly among younger users) to less frequent or 'special occasion' use.

REU reported the price of ecstasy was stable, availability continued to be considered easy or very easy and most reported usually obtaining their ecstasy from a friend. The majority of REU believed that the purity of ecstasy was either medium or high, but REU were equivocal regarding change in purity.

Ecstasy was generally purchased for both self and others and purchased from a median of three people in the last six months. The majority of REU purchased ecstasy one to six times in the previous six months, with three percent purchasing ecstasy over 25 times in that period.

4.6.6 Western Australia

Demographic characteristics of REU interviewed in WA were somewhat different to those sampled in previous years. The gender distribution of the sample was comparable, with 55% of the current sample male (60% in 2006). REU were also predominantly of an English- speaking background (95%), as found in previous years. There was a significant increase in average age of the sample to 26.4 years (24.7 years in 2006).

Approximately half of current respondents had completed a course post-secondary school, as found last year. However, there was a significant decrease in the proportion of current full- time students to 3% in 2007 (19% in 2006). There was also a significant decrease in the proportion currently in full- time employment to 24% in 2007 (52% in 2006). In contrast, there were significant increases in the proportions currently in part-time employment to 38% in 2007 (13% in 2006) and unemployed to 25% in 2007 (14% in 2006).

As in previous years, pills were the most common form of ecstasy used and almost the entire sample nominated swallowing as the main method of administration (95%). However, some notable changes in patterns of ecstasy use were found among the current sample. Ecstasy was used less frequently, as indicated by a significant decrease in average days used in the last six months to approximately 16 days in 2007 (20 days in 2006). Similarly, smaller amounts of ecstasy were typically used, as indicated by a significant decrease in the proportion usually using more than 1 tablet in a session to 54% in 2007 (70% in 2006). 'Bingeing' on ecstasy significantly decreased to 29% in 2007 (45% in 2006).

Nightclubs remained the most commonly reported usual location of ecstasy use; however, the proportion nominating this location decreased to 64% in 2007 (83% in 2006). As in previous years, the vast majority of current respondents reported typically using other drugs both with ecstasy (93%) and during the period of recovery (86%). Alcohol and cannabis were the most frequently nominated drugs used on both occasions.

The median price of ecstasy remained the same as last year at $40 per tablet. Across both years, the majority of respondents rated the price of ecstasy as stable during the previous six months. Current purity was rated by the greatest proportion of respondents in both years as fluctuating. There was some indication of a perceived decrease in the availability

of ecstasy. The proportion nominating ecstasy as very easy to obtain decreased to 30% in 2007 (47% in 2006). Friends remained the most common person to score ecstasy from and friends' homes the most common locations for scoring.

4.6.7 The Northern Territory

This year's sample of REU started to use ecstasy at a median of 21 years and began using it regularly when they were 23. The age at which REU began using regularly has been increasing slightly from 20 in 2004.

Approximately one-third of participants reported using ecstasy on a weekly or more frequent basis; this was consistent with the previous year. Whilst there was a decline in the reported frequency of ecstasy use from 2005 to 2006, this pattern was not sustained in 2007. The median quantity used in a session remained stable at two tablets, whereas the median number of tablets used in the heaviest recent session was reported to be four tablets. Over half the sample reported typically using more than one tablet per session. This was all consistent with the previous year.

Also consistent with previous years, most of the sample used other drugs with ecstasy (100%) and whilst coming down from ecstasy (89%). Alcohol, cannabis, and tobacco were the main other drugs used with, and while coming down from, ecstasy, with the majority of REU since 2004 drinking alcohol at hazardous levels in these circumstances. There was a marked increase in the proportion of REU reporting using alcohol with ecstasy or whilst coming down, with 99% (78% in 2006) reporting the use of alcohol with ecstasy and 78% (43% in 2006) reporting using alcohol whilst coming down from ecstasy.

Over the last three years, routes of administering ecstasy have remained stable, with swallowing continuing to be the most popular method (100%), followed by snorting (36%) and shelving/shafting (anal or vaginal administration, 14%). In 2006, nightclubs were the most popular usual and last ecstasy use venue, and this pattern continued in 2007, followed by private parties. The price of ecstasy has been stable for the last three years at $50 per tablet. In 2007 REU purchased, on average, 3.5 tablets from three sources, buying for themselves and others, between one and six times in the past six months.

Ecstasy was reported to be of medium purity (46%, down from 53% in 2006), though approximately one-quarter reported ecstasy to be of low or high purity. REU, as in prior years, rated ecstasy as easy (47%) or very easy (33%) to obtain. Ecstasy was usually scored from friends (80%) at a friend's home (64%).

4.6.8 Queensland

In 2007, REU first tried ecstasy on average at 19 years of age, which is similar to previous years. The median frequency of ecstasy use was just over once a fortnight, although 24% of REU used weekly or more often. Swallowing ecstasy remains the preferred route of administration among REU, although 6% reported having injected ecstasy at some time in their life. Polydrug use continues to be the norm among REU, with 96% of REU reporting use of other drugs with ecstasy and 86% reporting use of other drugs whilst coming down from ecstasy. Similar to previous years, the other drugs most commonly used by REU were alcohol, tobacco and cannabis.

The majority of REU reported usually using ecstasy in nightclubs (85%), although a substantial proportion of REU also reported recent use in their own home (48%), at a live music event (59%), a friend's home (52%) or a private party (50%). Similarly, nightclubs continue to be the most common location of last use of ecstasy (54%).

The price of ecstasy did not change from 2006 to 2007; however, overall it appears to be falling, from an average of $40 in 2000 and 2001, and $32 in 2005, to $30 in 2006 and 2007; most REU reported that the price had been stable in the preceding six months.

Similar to previous years, there was little agreement among REU with respect to ecstasy purity; with 29% of REU perceiving the current purity of ecstasy as fluctuating, a further 41% reporting current purity as medium and 14% reporting that it was of high purity.

As in previous years, almost all REU reported that ecstasy was either easy (42%) or very easy (49%) to obtain, and the majority reported that availability was stable (55%) or had become easier (26%).

The most common source of ecstasy continues to be friends (88%) or known dealers (55%), with only a minority reporting obtaining ecstasy from 'unknown dealers' (16%).

It is normative for REU to obtain ecstasy for themselves and others, rather than for themselves alone. REU typically reported purchasing five tablets at once and ecstasy was reportedly purchased one to six times in the previous six months for the majority of REU. Most REU were able to obtain other drugs from their main ecstasy dealer; typically cannabis, methamphetamine powder and cocaine. This was in slight contrast to 2006 findings, which saw cannabis and crystal methamphetamine as the most common other drugs available from REUs' main dealers, and perhaps provides evidence of an increase in demand for cocaine and methamphetamine powder (speed) as opposed to crystal methamphetamine among REU in south-east Queensland.

4.7 Summary of ecstasy trends

- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 19 years. The median length of time since first use was five years (three years since first used regularly).
- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Just over one-tenth (14%) reported using ecstasy more than weekly.
- Participants reported using a median of two tablets in a typical session of use and a median of four tablets in a heavy session of use. More than two-thirds (71%) reported typically using more than one tablet.
- Two-fifths (40%) of the national sample reported having binged on ecstasy in the preceding six months; the median length of time of the longest binge was three days.
- The vast majority (94%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy; typically alcohol or tobacco. Eight-two percent reported using other drugs with ecstasy to 'come down'; this was typically cannabis or tobacco.
- Ecstasy was typically swallowed. Recent (last six months) injection of ecstasy was reported by less than one percent of the national sample.
- Ecstasy was purchased from a range of people across a range of different locations; most commonly from friends at friends' homes. It was also used in a range of locations, most commonly in nightclubs. Use in both private locations (e.g. at friends' homes or private parties) and other public locations (e.g. raves/doofs/dance parties and live music events) was reported.
- The median price of a tablet of ecstasy ranged from $30 in NSW, the ACT, VIC, SA and QLD to $50 in the NT. Prices were similar the same as those reported in 2006, with the exception of the ACT ($35 in 2006). The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- Similar to 2006 findings, reports of ecstasy purity were mixed, with the largest proportion of participants reporting that it was medium (37%). One-quarter reported that purity was fluctuating and similar proportions believed that it was high or low (19% and 17%, respectively). One-third (32%) reported that the purity had remained stable in the six months prior to interview while an equal proportion reported that the purity had fluctuated during this time. Just over one-fifth (22%) believed that it had decreased.
- Half (49%) of the national sample considered ecstasy to be very easy to obtain and 43% thought it easy to obtain. Few participants reported ecstasy to be difficult or very difficult to obtain, except in the NT where 20% reported it to be difficult. The majority in all jurisdictions reported that availability had remained stable in the six months prior to interview.
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections below.

5 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 (ATS) seizures that were methamphetamine[7] (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). Methamphetamine continues to dominate the market in Australia, the majority of which is produced domestically (Australian Crime Commission, 2007).

In Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, crystal, crystal meth, shabu, meth, base, pure and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions (Topp et al., 2001) are also methamphetamine. Therefore, the term 'methamphetamine' is used to refer to the drugs available that were previously termed 'amphetamines'[8].

This report distinguishes between the powder form of methamphetamine that has traditionally been available in Australia (speed), and the more potent forms of methamphetamine base (base) and crystalline methamphetamine (ice/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. Ice/crystal (also called shabu or crystal meth), is a crystalline or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. ice/crystal is thought to be manufactured in Asia and imported (Topp & Churchill, 2002), although there have been reported increases in domestic production of ice/crystal methamphetamine in recent years, the extent to which is unclear (McKetin et al., 2005).

This section contains information about methamphetamine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix B. Information on harms (health and law enforcement-related) associated with ERD use, including use of methamphetamine, are discussed in the relevant sections later in this report.

Detailed research has been conducted on methamphetamine markets in an attempt to gain a better understanding of this area (McKetin & McLaren, 2004; McKetin et al., 2005).

[7] Methamphetamine may also be referred to as methylamphetamine.
[8] Note: indicator data are presented using the terms employed by the data providers and therefore may not be consistent between sources.

5.1 Methamphetamine use among REU

The majority of the national sample reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lifetimes. Just under three-quarters of the national sample reported use during the preceding six months, ranging from 60% in the ACT to 91% in VIC. One-fifth of participants in the national sample reported having ever injected methamphetamine (ranging from 9% in TAS to 29% in NSW). Frequency of use among recent users averaged approximately monthly use (median seven days). However, there was substantial variation across jurisdictions, with the median days of use ranging from less than monthly in the ACT, TAS and QLD to almost weekly use in WA (Table 18). Nationally, 39% of users reported using less than monthly, 24% used between monthly and fortnightly, 12% had used between fortnightly and weekly and 24% had used weekly or more often. Daily use of methamphetamine was uncommon in this group, being reported by 3% of recent users (<1% of the entire sample).

Table 17: Patterns of methamphetamine (any form) use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**89**	92	85	99	81	96	82	86	86
Ever injected (%)	**19**	29	15	14	9	25	24	24	10
Used last six months (%)	**71 n=526**	66 n=66	60 n=44	91 n=91	70 n=70	90 n=90	62 n=62	67 n=44	58 n=59
Median days used* last six months (range)	**7 (1-180)**	6 (1-180)	5 (1-98)	10 (1-142)	4 (1-130)	18 (1-180)	23 (1-140)	6 (1-180)	4 (1-72)

Source: EDRS REU interviews

Note: Includes speed, base and ice/crystal.

* Among those who had used recently. Medians rounded to nearest whole number

5.1.1 Methamphetamine powder (speed)

The majority (82%) of participants in the 2007 national sample reported lifetime speed use and just over half (57%) had used speed in the preceding six months (Table 18). Those who had used speed reported first using it at mean age of 18 years (SD 3.9, range 12-42).

Five percent of the national sample reported that speed was their drug of choice. Among participants who reported bingeing on ecstasy and/or related drugs in the preceding six months (n=323), 49% reported having used speed during a binge in this time. Just over one-quarter (28%) of those who reported typically using other drugs with ecstasy typically used speed with ecstasy (Table 8).

Seventeen percent of the national sample reported that they had injected speed at some time. Eight percent of the national sample reported injecting speed powder in the six months preceding interview (Table 72). Among participants who reported using speed in the six months prior to interview, approximately two-thirds had swallowed and/or snorted it, while approximately one-fifth had smoked it and just over one-tenth had injected (Table 18).

Of those who recently used speed, the median number of days used was five (approximately once per month), ranging from having used once to daily use. Half of recent users (53%) used less than once a month, 26% used speed between monthly and fortnightly, 10% between fortnightly and weekly and 11% used speed more than once a week. Daily use was uncommon, being reported by one participant.

The median amount of speed used in a typical or average use episode in the preceding six months was half a gram (range 0.05g-2.5g). Recent speed users reported using a median of one gram (range 0.10g-10g) during the heaviest recent session of use. Use was also quantified in terms of points, with 130 recent speed users reporting using a median of one point in a typical session (range 0.25-10 points) and 110 users reporting a median of two points used in the heaviest recent session (range 0.25-12 points).

Table 18: Patterns of methamphetamine powder (speed) use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**82**	86	84	99	74	81	72	83	76
Ever injected (%)	**17**	23	15	14	8	19	22	24	10
Used last six months (%)	**57 n=421**	45 n=45	53 n=39	90 n=90	65 n=65	53 n=53	46 n=46	55 n=36	47 n=47
Snorted*	**66**	80	77	79	49	53	61	86	45
Swallowed*	**69**	51	64	69	85	74	46	64	94
Injected*	**14**	16	15	10	9	8	30	25	4
Smoked*	**19**	11	0	50	8	25	20	8	2
Median days used* last six months (range)	**5 (1-180)**	6 (1-90)	4 (1-96)	7 (1-100)	4 (1-115)	6 (1-78)	6 (1-100)	4 (1-180)	3 (1-72)

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

In the national sample, speed was most commonly scored from friends and known dealers, and was mainly purchased in a range of private locations, including friends' homes, dealers' homes and at their own homes. Public locations were also reported as locations of purchase, including nightclubs and agreed public locations. It was used in a range of venues, mainly nightclubs, at home, at friends' homes, raves, private parties and live music events. Jurisdictional differences were noted, including in proportions reporting use at private parties (from 19% in QLD to 62% in the NT), live music events (from 5% in the NT to 41% in QLD) and in pubs (from 5% in the NT to 48% in the ACT). The most commonly reported locations of last use were nightclubs, at home and at friends' homes, although again some jurisdictional differences were noted (Table 19).

Table 19: Source, purchase location and use location of methamphetamine powder (speed), 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=283**	n=30	n=21	n=58	n=59	n=32	n=25	n=21	n=37
Friends	**61**	50	33	62	54	84	80	33	76
Known dealers	**42**	40	62	38	51	22	36	76	30
Acquaintances	**13**	13	19	22	2	22	12	5	14
Unknown dealers	**5**	3	10	3	7	0	12	0	5
Workmates	**4**	0	5	3	0	9	4	0	8
Used, but not scored	**12**	23	19	5	24	0	4	0	14
Locations scored (%) (among those who commented)	**n=282**	n=30	n=21	n=58	n=58	n=32	n=25	n=21	n=37
Friend's home	**50**	37	14	60	45	66	68	29	57
Dealer's home	**31**	30	43	26	28	28	32	62	24
Own home	**23**	23	29	19	24	31	12	10	30
Nightclub	**15**	13	29	21	9	16	8	14	11
Agreed public location	**14**	17	19	14	9	19	20	19	3
Raves*	**7**	3	19	3	12	3	4	0	8
Acquaintance's home	**6**	13	10	3	0	13	12	0	3
Private party	**4**	0	10	3	9	0	0	10	3
Pubs	**4**	3	19	0	2	6	4	5	0
Street	**3**	0	5	2	3	0	4	5	3
Work	**2**	0	5	0	2	6	4	0	0
Day club	**<1**	0	0	2	0	0	0	0	0
Educational institution	**0**	0	0	0	0	0	0	0	0
Usual use venue[+] (%) (among those who commented)	**n=283**	n=30	n=21	n=58	n=59	n=32	n=25	n=21	n=37
Nightclub	**64**	73	52	66	58	66	64	62	70
Home	**46**	60	48	45	29	59	52	71	35
Friend's home	**41**	30	48	43	48	47	48	24	30
Raves*	**36**	40	33	22	51	28	44	10	46
Private party	**34**	20	24	24	51	38	32	62	19
Live music event	**30**	27	38	26	27	38	36	5	41
Pub	**23**	30	48	16	19	41	32	14	5
Outdoors[◊]	**12**	3	14	9	17	22	16	14	5
Work	**10**	7	14	12	9	13	20	10	0

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Vehicle (passenger)	**9**	3	14	3	7	19	16	5	14
Dealer's home	**9**	3	5	7	14	19	12	0	8
Day club	**7**	20	5	14	0	6	0	0	5
Public place (e.g. street/park)	**7**	3	10	0	12	16	16	0	3
Vehicle (driver)	**6**	0	5	3	5	19	20	0	5
Acquaintance's house	**4**	3	0	0	5	13	4	0	3
Restaurant/cafe	**3**	0	0	2	5	3	8	0	3
Educational institution	**<1**	0	0	0	3	0	0	0	0
Last use venue (%) (among those who commented)	**n=280**	n=30	n=21	n=58	n=59	n=32	n=24	n=20	n=36
Nightclub	**24**	37	14	29	14	25	25	5	33
Home	**22**	27	29	21	14	28	25	45	11
Friend's home	**19**	13	19	21	20	16	33	15	11
Private party	**9**	3	10	5	22	0	4	15	3
Live music event	**7**	10	5	9	3	3	4	0	17
Raves*	**8**	3	5	5	17	3	0	0	19
Pub	**4**	7	10	2	5	9	0	0	0
Work	**3**	0	5	3	0	6	0	5	3

Source: EDRS REU interviews

+ Multiple responses allowed

* Includes 'doofs' and dance parties

◊ Examples include at a beach, bushwalking, camping

^ Small numbers commenting (n<10); interpret with caution

5.1.2 Methamphetamine base

Just under half (45%) of participants in the national sample reported lifetime use of base and one-quarter (26%) had used it in the six months preceding interview (Table 20). The median age of first use (among those who had ever used base) was 20 years (range 13-47 years). Two percent of the national sample reported that base was their drug of choice; 11% of those who typically used other drugs with ecstasy reported that they typically used base on those occasions. Approximately one-fifth (22%) of participants who reported bingeing on ecstasy and/or related drugs in the six months preceding interview reported using base in a binge session. Twelve percent of the national sample reported that they had injected base at some time (Table 20). Five percent of the national sample reported injecting base in the six months preceding interview (Table 72).

Of those who reported recent use of base, 84% swallowed, 32% snorted, 18% injected and 16% smoked it. Of those who used base, the median number of days used was four, ranging from having used base once to daily use (Table 20). Three-fifths (59%) used less than monthly; 20% used base between monthly and fortnightly; 10% between fortnightly

and weekly and 11% used base more than once a week. There were no reports of daily use.

Table 20: Patterns of methamphetamine base use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**45**	54	42	30	43	81	22	49	39
Ever injected (%)	**12**	17	12	6	6	21	12	15	6
Used last six months (%)	**26 n=192**	23 n=23	18 n=13	16 n=16	30 n=30	64 n=64	10 n=10	27 n=18	18 n=18
Snorted*	**22**	17	23	25	13	20	50	33	22
Swallowed*	**80**	65	85	56	90	91	20	83	94
Injected*	**19**	39	23	6	7	13	40	39	17
Smoked*	**21**	9	0	63	3	38	30	6	0
Median days used* last six months (range)	**4** **(1-96)**	5 (1-90)	4 (1-24)	3 (1-20)	2 (1-70)	10 (1-96)	4 (1-32)	4 (2-28)	3 (1-72)

Source: EDRS REU interviews
* Of those who used in the six months preceding interview

Recent base users reported using a median of one point in a typical session of use (range 0.01-10 points) and two points in the heaviest recent session of use (range 0.03-15 points).

As with ecstasy and speed, base was also most commonly reported to have been bought from friends and known dealers, and a range of other sources were accessed. Eleven percent of those who had used base had not scored it in the preceding six months. It was bought in a range of locations, including from friends' homes, dealers' homes, participants' own homes and agreed public locations. Base was also used in a range of locations. Nightclubs were the most common location of usual use, followed by friends' homes and their own homes. At home, at friends' homes and at participants' own homes were the most commonly reported last locations of use (Table 21). Jurisdictional differences should be interpreted with caution due to small numbers commenting in several states/territories.

Table 21: Source, purchase location and use location of methamphetamine base, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=125**	n=18	n=6^	n=5^	n=24	n=46	n=3^	n=10	n=13
Friends	**64**	61	33	60	71	65	67	40	85
Known dealers	**47**	28	67	40	63	46	33	60	38
Acquaintances	**12**	0	17	0	4	24	33	0	8
Unknown dealers	**3**	0	33	0	0	4	0	0	0
Workmates	**4**	0	0	0	0	9	0	0	8
Used, but not scored	**11**	28	0	20	17	9	0	0	0
Locations scored (%) (among those who commented)	**n=125**	n=18	n=6^	n=5^	n=24	n=46	n=3^	n=10	n=13
Friend's home	**50**	33	17	60	75	46	100	30	62
Dealer's home	**37**	11	83	40	42	33	33	50	46
Own home	**34**	33	17	20	29	44	0	30	31
Agreed public location	**12**	22	17	0	0	22	0	0	0
Nightclub	**8**	0	17	0	13	7	0	0	23
Acquaintance's home	**7**	0	0	0	0	15	33	0	8
Raves*	**6**	0	17	0	13	4	0	0	15
Private party	**3**	0	0	0	13	2	0	0	0
Work	**3**	0	0	0	0	9	0	0	0
Pubs	**2**	0	17	0	0	2	0	0	0
Street	**2**	0	0	0	0	4	0	0	8
Day Club	**0**	0	0	0	0	0	0	0	0
Educational institution	**0**	0	0	0	0	0	0	0	0
Usual use venue+ (%) (among those who commented)	**n=127**	n=19	n=6^	n=5^	n=25	n=46	n=3^	n=10	n=13
Friend's home	**53**	16	50	60	72	65	67	30	39
Home	**52**	42	67	60	24	70	67	60	39
Nightclub	**50**	47	33	40	48	59	0	40	54
Private party	**35**	16	0	0	72	39	0	40	15
Raves*	**34**	37	0	40	52	35	0	10	31
Live music event	**28**	16	33	0	28	39	0	0	39
Pub	**24**	21	50	0	24	35	0	10	8
Outdoors◊	**15**	5	17	0	12	22	0	10	23
Dealer's home	**15**	0	33	20	24	15	0	10	15
Vehicle (passenger)	**14**	5	0	0	12	24	0	0	23
Work	**13**	0	17	0	4	28	0	10	8
Public place (e.g. street/park)	**9**	11	17	0	12	9	0	0	15
Acquaintance's house	**8**	0	0	0	4	17	0	0	8

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Day club	**6**	5	0	20	0	11	0	0	8
Vehicle (driver)	**6**	0	0	0	0	13	0	0	8
Restaurant/cafe	**4**	0	0	0	4	7	0	0	8
Educational institution	**0**	0	0	0	0	0	0	0	0
Last use venue (%) (among those who commented)	**n=124**	n=19	n=5^	n=5^	n=25	n=46	n=3^	n=10	n=11
Home	**28**	32	60	0	8	39	67	30	9
Friend's home	**22**	21	0	40	24	17	33	40	18
Nightclub	**16**	16	0	40	12	17	0	10	27
Private party	**12**	11	0	0	32	7	0	20	0
Live music event	**6**	5	0	0	4	4	0	0	27
Raves*	**4**	0	0	20	8	2	0	0	9
Pub	**4**	5	40	0	8	0	0	0	0
Work	**2**	0	0	0	0	2	0	0	9

Source: EDRS REU Interviews

◊ Examples include at a beach, bushwalking, camping

^ Small numbers commenting (n<10); interpret with caution

5.1.3 Crystalline methamphetamine (ice/crystal)

Just over half (54%) of the participants in the 2007 national sample reported having ever used ice/crystal and one-third (33%) had used ice/crystal in the six months preceding interview (Table 22). The median age of first use, among those who reported using ice/crystal, was 20 years (range 14-46 years). Four percent of the national sample reported that ice/crystal was their drug of choice. Of those who typically used other drugs with ecstasy, 14% reported that they typically used ice/crystal with ecstasy. Approximately one-third (34%) of those who reported bingeing on ERDs in the preceding six months had used ice/crystal in a binge session (this figure was 49% in 2006). Twelve percent of the national sample reported that they had injected ice/crystal at some time, and 8% reported injecting ice/crystal in the six months preceding interview. Of those who reported recent use of ice/crystal, the most common route of administration was via smoking or inhalation; notable proportions also reported swallowing, injecting and snorting the drug in the past six months (Tabel 22).

Of those who reported recent use of ice/crystal, the median number of days used was six, ranging from having used once in the preceding six months to daily use (Table 20). Forty-five percent of recent users reporting using less than monthly, 20% between monthly and fortnightly, 16% between fortnightly and weekly and 19% reported using more than weekly. Daily use was reported by two participants.

Table 22: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**54**	60	54	64	23	66	69	35	54
Ever injected (%)	**12**	22	14	9	4	10	23	11	6
Used last six months (%)	**33 n=243**	42 n=42	20 n=15	39 n=39	7 n=7^	49 n=49	52 n=52	24 n=16	23 n=23
Snorted*	**19**	5	13	18	14	20	29	25	17
Swallowed*	**42**	36	20	23	71	69	35	25	57
Injected*	**25**	45	40	18	14	12	33	19	13
Smoked*	**77**	86	60	90	43	74	79	63	74
Median days used* last six months (range)	**6** **(1-180)**	9 (1-180)	2 (1-90)	3 (1-100)	1 (1-20)	8 (1-180)	21 (1-120)	3 (1-130)	2 (1-48)

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was one point (range 0.03-5 points). Recent ice/crystal users reported using a median of two points (range 0.03-15 points) during the heaviest recent use episode.

As with the other forms of methamphetamine, friends and known dealers were the most common sources of ice/crystal. It was most commonly scored in private locations, and it was usually used in a range of venues, including at home, at friends' homes, in nightclubs, at private parties, raves and live music events. Reports of last use location generally reflected reports of usual use location. Jurisdictional differences were noted; however caution should be taken in some instances due to small numbers reporting (Table 23).

Table 23: Source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=156**	n=34	n=8^	n=21	n=6^	n=33	n=32	n=7^	n=15
Friends	**64**	53	63	71	33	70	75	43	67
Known dealers	**49**	59	63	43	50	46	38	57	53
Acquaintances	**15**	6	13	5	33	24	19	0	20
Unknown dealers	**6**	0	0	0	17	12	9	0	7
Workmates	**6**	0	0	0	0	3	19	0	13
Used, but not scored	**7**	6	0	5	17	9	6	14	7
Locations scored (%) (among those who commented)	**n=157**	n=34	n=8^	n=22	n=6^	n=33	n=32	n=7^	n=15
Friend's home	**50**	38	25	59	50	46	66	43	53
Dealer's home	**41**	50	63	27	67	33	28	29	67
Own home	**25**	35	13	14	33	27	16	29	33
Agreed public location	**18**	18	0	9	33	27	28	14	0
Nightclub	**8**	0	0	18	17	9	6	0	20
Acquaintance's home	**8**	0	13	0	0	18	9	0	13
Raves*	**5**	0	0	9	17	9	6	0	0
Work	**5**	0	0	0	0	6	19	0	0
Private party	**3**	0	13	0	17	3	3	0	7
Pubs	**3**	0	0	5	17	3	0	0	7
Street	**2**	0	0	5	17	0	0	0	7
Day Club	**0**	0	0	0	0	0	0	0	0
Educational institution	**0**	0	0	0	0	0	0	0	0
Usual use venue+ (%) (among those who commented)	**n=156**	n=34	n=8^	n=21	n=6^	n=33	n=32	n=7^	n=15
Home	**62**	77	63	43	33	55	81	43	47
Friend's home	**56**	47	25	57	83	64	66	57	47
Nightclub	**43**	29	13	38	50	55	50	29	60
Private party	**28**	15	13	24	83	39	31	14	20
Raves*	**26**	15	13	29	33	36	28	14	27
Live music event	**20**	9	0	5	17	33	34	0	27
Pub	**19**	9	0	14	17	24	38	14	13
Outdoors◊	**17**	12	13	10	17	39	9	14	7
Dealer's home	**14**	9	50	5	0	21	9	14	20
Vehicle (passenger)	**14**	3	13	5	17	27	22	0	13
Public place (e.g. street/park)	**11**	6	0	0	17	21	16	0	13
Work	**10**	3	0	0	17	12	22	14	7
Vehicle (driver)	**8**	6	0	0	17	15	13	0	7

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Acquaintance's house	**8**	3	0	0	0	24	6	0	7
Day club	**4**	3	0	5	0	6	0	14	7
Restaurant/cafe	**3**	3	0	0	0	3	6	0	7
Educational institution	**<1**	0	0	0	17	0	0	0	0
Last use venue (%) (among those who commented)	**n=156**	n=34	n=8^	n=21	n=6^	n=33	n=32	n=7^	n=15
Home	**38**	59	13	29	17	39	31	43	33
Friend's home	**24**	18	13	29	17	30	25	29	27
Nightclub	**9**	3	0	19	17	6	6	29	13
Private party	**5**	3	0	10	33	3	3	0	0
Raves*	**5**	0	13	5	0	9	0	0	13
Work	**3**	0	0	0	0	0	13	0	7
Live music event	**3**	3	0	5	0	6	0	0	0
Vehicle (passenger)	**3**	0	13	0	0	3	6	0	0
Pub	**2**	0	0	0	0	0	9	0	0

Source: EDRS REU interviews

+ Multiple responses allowed

* Includes 'doofs' and dance parties

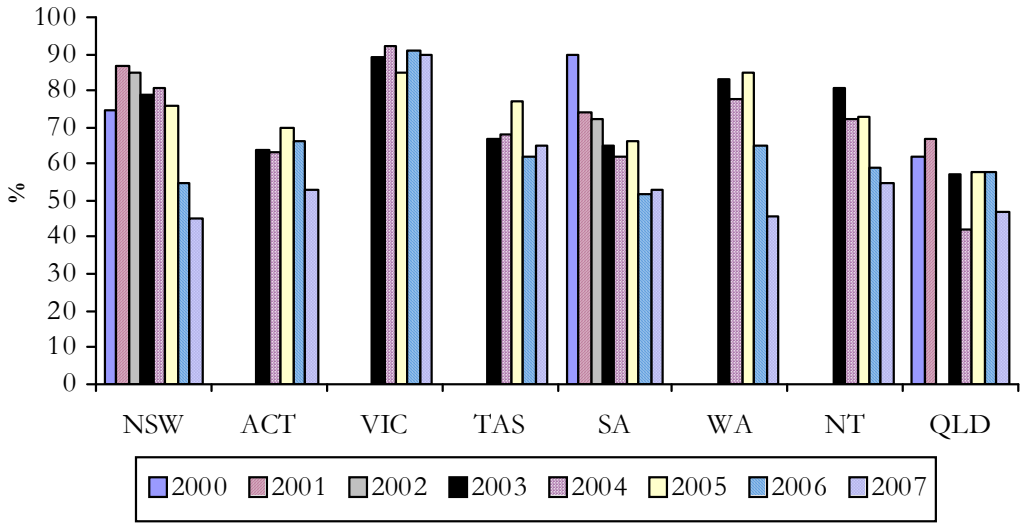
◊ Examples include at a beach, bushwalking, camping

^ Small numbers commenting (n<10); interpret with caution

5.1.4 Trends over time

The following figures present data over time showing the proportion of REU reporting the recent use of speed, base and ice/crystal respectively. The recent use of speed has remained stable in VIC, and decreased in NSW, SA, WA and the NT. Figures have fluctuated elsewhere over the preceding years of data collection. Compared to 2006, decreases have been observed in proportions reporting recent use across a number jurisdictions (NSW: 55% to 45%, the ACT: 66% to 53%, WA: 65% to 46%, QLD: 58% to 47%). Elsewhere figures have remained relatively stable (VIC: 91% to 90%, TAS: 62% to 65%, SA: 52% to 53%, the NT: 59% to 55%; Figure 13).

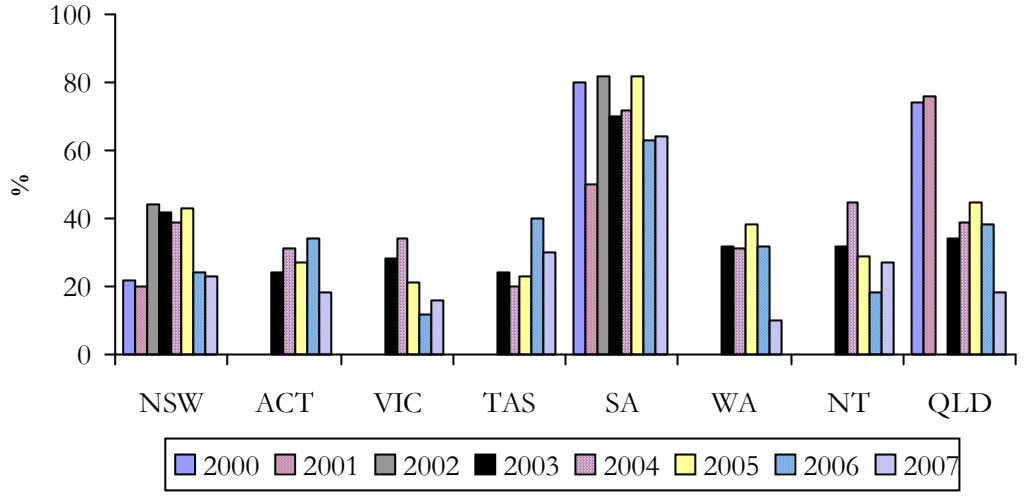
Figure 13: Proportion of REU who reported recent (last six months) use of methamphetamine powder (speed), by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 14 presents data over time showing the proportion of REU reporting recent (past six months) base use. Figures have fluctuated over time, with higher rates being reported in SA from 2003 onwards than in other jurisdictions. In 2007, smaller proportions reported recent use as compared with 2007 in the ACT (34% vs. 18%), TAS (40% vs. 30%), WA (32% vs. 10%) and QLD (38% vs. 18%), while a larger proportion in the NT reported recent use (18% vs. 27%). Elsewhere, figures were similar in both years.

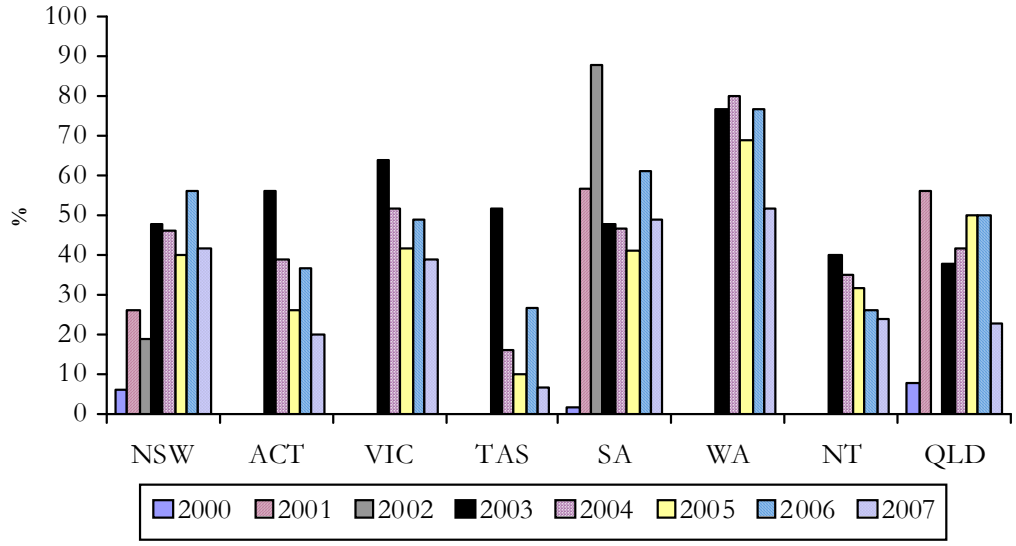
Figure 14: Proportion of REU who reported recent (last six months) use of methamphetamine base, by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 15 presents data showing the proportion of REU reporting recent ice/crystal use over time. Substantial variations are apparent both within and between jurisdictions over time. Compared to 2006, smaller proportions reported use across all jurisdictions except the NT where it remained stable. Figures were: NSW: 56% vs. 42%, the ACT: 37% to 20%, VIC: 49% vs. 39%, TAS: 27% vs. 7%, SA: 61% vs. 49%, WA: 77% vs. 52%, the NT: 26% vs. 24%, and QLD: 50% vs. 23%.

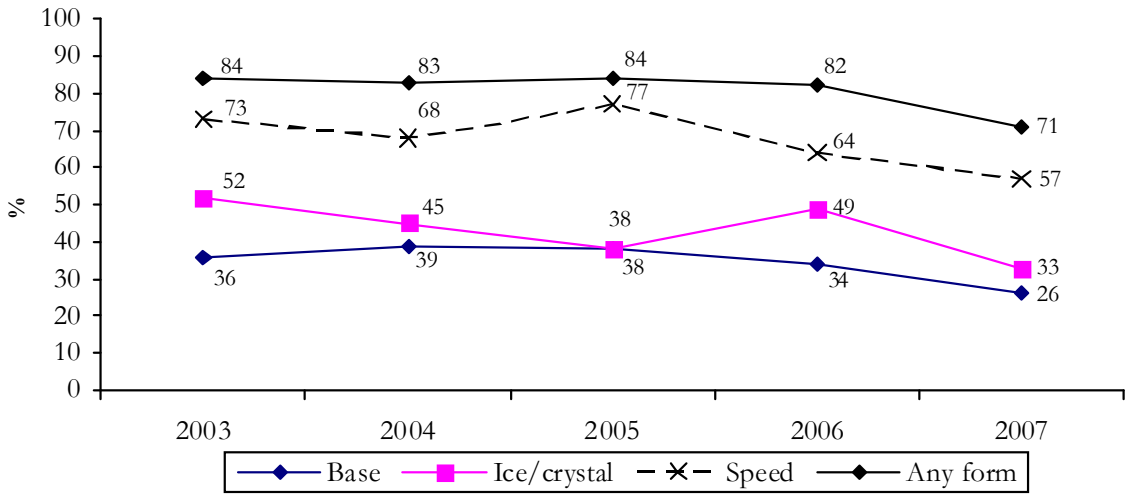
Figure 15: Proportion of REU who reported recent (last six months) use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Among the national sample, proportions reporting use of methamphetamine have fluctuated to a lesser extent than at the jurisdictional level. In 2007, smaller proportions reported use of all three forms of methamphetamine compared to 2006 (Figure 16).

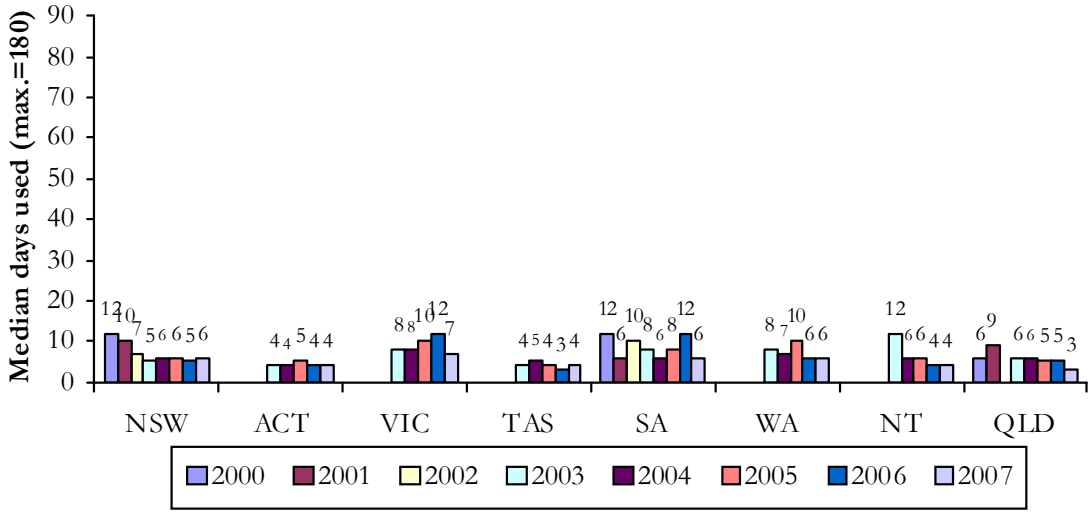
Figure 16: Proportion of REU who reported recent (last six months) use of methamphetamine, 2003-2007



Source: EDRS REU interviews

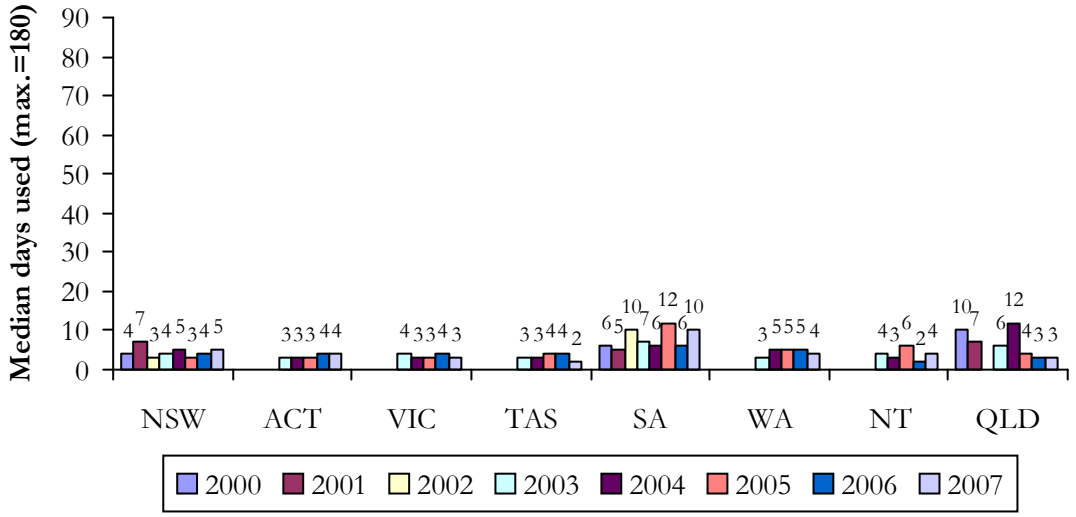
The following figures present the median days of speed, base and ice/crystal use respectively by jurisdiction over time, among those who had used each form. Frequency of use has remained at an average of fortnightly (i.e. 12 days over the preceding six months) or less, and in the past two years has generally been used monthly or less often (Figures 17, 18 and 19).

Figure 17: Median days used methamphetamine powder (speed) in the six months preceding interview, among those who had used, 2000-2007



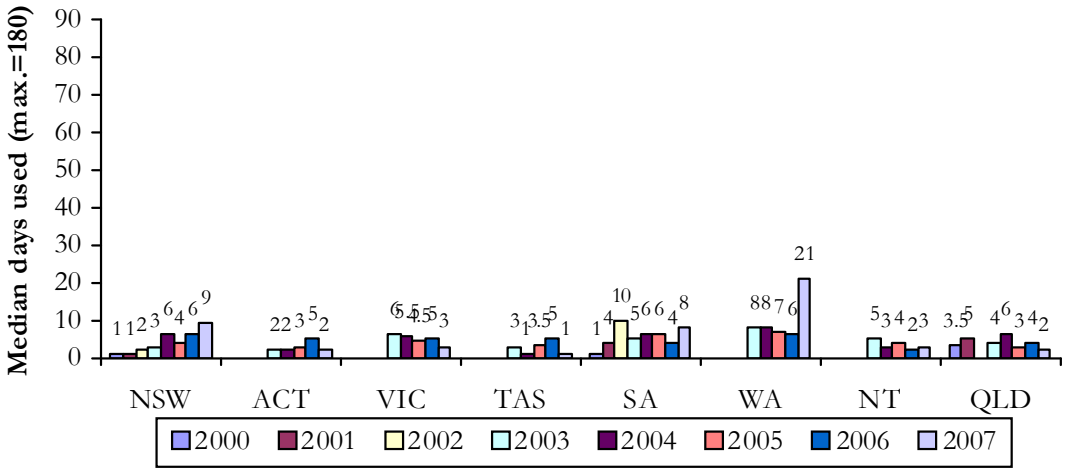
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 18: Median days used methamphetamine base in the six months preceding interview, among those who had used, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 19: Median days used crystalline methamphetamine (ice/crystal) in the six months preceding interview, among those who had used, 2000-2007

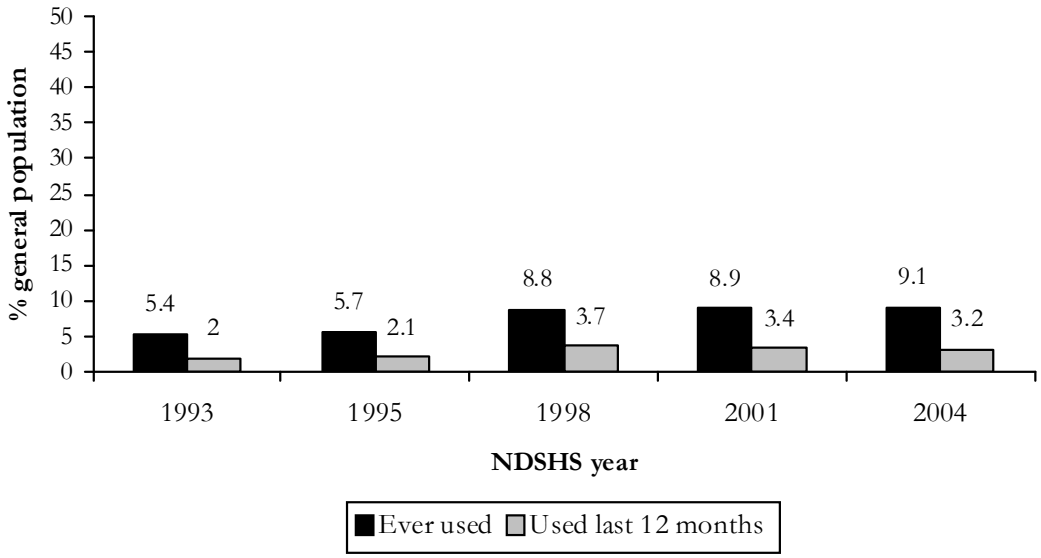


Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

5.2 Meth/amphetamine use in the general population

Figure 20 presents the proportion of the Australian general population who have ever used meth/amphetamine as well as the proportion that have used the drug in the past 12 months. A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used meth/amphetamine remaining stable since this time. Past-year use of meth/amphetamine also increased between 1995 and 1998, and again, the proportion using the drug in the past year has since remained stable (AIHW, 2005).

Figure 20: Prevalence of meth/amphetamine use in Australia, 1993-2004



Source: NDSHS 1988-2004 (Australian Institute of Health and Welfare, 2005b; Commonwealth Department of Community Services and Health, 1988)

5.3 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. The median prices, by jurisdiction, are presented in Table 24 and perceptions of price changes are shown in Table 25. The median price for a gram of speed ranged from $50 in NSW to $350 in WA and the price per point ranged from a median of $25 in QLD to a median of $47.50 in NSW ($50 in WA and the NT but the latter should be interpreted with caution as the figure is based on small numbers). The price of speed was generally reported to have remained stable over the preceding six months.

The price of base was commonly reported in points. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of a 'point' (0.1g) of base except in TAS (median price $40), SA (median price $40) and QLD (median price $25). Few participants reported recent purchase of a gram of base. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview.

The median price for a point of ice/crystal was $50 in all jurisdictions, except in VIC where it was $40 (note: small numbers commenting in several jurisdictions). The price per gram was typically higher than for speed or base (note: based on fewer than 10 participants in each jurisdiction). Among the national sample, the prices were most commonly reported to have remained stable in the six months prior to interview.

Table 24: Median price of various forms of methamphetamine, by jurisdiction, 2006-2007

	Median price $ per point (range)			Median price $ per gram (range)		
	Speed powder	**Base**	**Ice/crystal**	**Speed powder**	**Base**	**Ice/crystal**
NSW	47.5^ (40-50)	40^ (15-50)	50 (30-60)	50 (30-200)	100^ (50-200)	315^ (280-350)
ACT	30^ (25-50)	50^ (28-80)	50^ (25-100)	200 (20-300)	250^ *(no range)*	n.a. -
VIC	30 (20-100)	50^ *(no range)*	40^ (30-50)	195 (90-250)	200^ (120-200)	$300^ (200-380)
TAS	40 (35-60)	40 (30-50)	50^ (35-60)	300 (225-400)	325^ (300-400)	350^ (350-400)
SA	30 (20-50)	40 (20-65)	50 (25-75)	200 (30-400)	275^ (100-350)	$300^ (200-400)
WA	50^ (50-100)	50^ *(no range)*	50 (50-100)	350 (50-1000)	380^ *(no range)*	400^ (300-500)
NT	50^ *(no range)*	35^ (30-40)	50^ (1-150)	250 (100-350)	350^ (200-500)	400^ (250-1200)
QLD	25 (15-50)	25 (15-200)	50 (30-80)	200 (20-400)	200^ (100-200)	350^ (250-400)

Source: EDRS REU interviews

^ Small numbers (n<10); interpret with caution

Table 25: Methamphetamine price changes, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Speed price changes									
(among those who commented)	**n=310**	n=37	n=24	n=58	n=63	n=34	n=27	n=22	n=45
% Don't know (n)	**21 (65)**	27 (10)	17 (4)	8 (5)	37 (23)	6 (2)	7 (2)	9 (2)	38 (17)
% Increased (n)	**10 (31)**	3 (1)	17 (4)	10 (6)	3 (2)	15 (5)	15 (4)	23 (5)	9 (4)
% Stable (n)	**57 (178)**	51 (19)	42 (10)	71 (41)	52 (33)	68 (23)	70 (19)	64 (14)	42 (19)
% Decreased (n)	**7 (23)**	14 (5)	17 (4)	9 (5)	6 (4)	3 (1)	4 (1)	5 (1)	4 (2)
% Fluctuated (n)	**4 (13)**	5 (2)	8 (2)	2 (1)	2 (1)	9 (3)	4 (1)	0	7 (3)
Base price changes									
(among those who commented)	**n=139**	n=25	n=9^	n=5^	n=25	n=47	n=3^	n=10	n=15
% Don't know (n)	**23 (32)**	40 (10)	33 (3)	40 (2)	28 (7)	9 (4)	0	20 (2)	27 (4)
% Increased (n)	**9 (13)**	0	11 (1)	0	4 (1)	13 (6)	0	20 (2)	20 (3)
% Stable (n)	**60 (83)**	52 (13)	44 (4)	60 (3)	68 (17)	68 (32)	67 (2)	60 (6)	40 (6)
% Decreased (n)	**2 (3)**	4 (1)	0	0	0	2 (1)	0	0	7 (1)
% Fluctuated (n)	**6 (8)**	4 (1)	11 (1)	0	0	9 (4)	33 (1)	0	7 (1)
Ice/crystal price changes									
(among those who commented)	**n=187**	n=43	n=12	n=22	n=8^	n=36	n=34	n=8^	n=24
% Don't know (n)	**13 (24)**	19 (8)	42 (5)	0	38 (3)	8 (3)	3 (1)	13 (1)	13 (3)
% Increased (n)	**11 (21)**	2 (1)	8 (1)	14 (3)	0	14 (5)	9 (3)	38 (3)	21 (5)
% Stable (n)	**60 (112)**	58 (25)	25 (3)	73 (16)	63 (5)	58 (21)	79 (27)	25 (2)	54 (13)
% Decreased (n)	**9 (17)**	16 (7)	8 (1)	5 (1)	0	8 (3)	3 (1)	25 (2)	8 (2)
% Fluctuated (n)	**7 (13)**	5 (2)	17 (2)	9 (2)	0	11 (4)	6 (2)	0	4 (1)

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Medians rounded to the nearest whole number.

The median price per gram of speed has remained substantially lower in NSW compared to other jurisdictions over time, with the exception of SA until 2007 when it increased. Compared to 2006, prices have remained relatively stable in NSW, the ACT, VIC and TAS, while increases were noted in WA, the NT and QLD in addition to SA. Whilst

fluctuations have been recorded over time, prices in many jurisdictions were higher in 2007 than in 2003 (Table 26).

Table 26: Median price per gram of methamphetamine powder (speed), by jurisdiction, 2000-2007

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	60
2001	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2002	60	n.a.	n.a.	n.a.	43	n.a.	n.a.	n.a.
2003	55	175	180	200	40	200	60	200
2004	60	80	180	300	50	300	100	180
2005	60	80	180	325	65	300	200	180
2006	60	200	200	325	50	300	122.75	150
2007	50	200	195	300	200	350	250	200

Source: EDRS REU interviews

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here; no participants reported on the price of speed in QLD in 2001.

In 2007, fewer participants were able to comment on the price per point of base in many jurisdictions than in previous years. In 2007, the median price has remained stable in the TAS and QLD, and increased in SA as compared with 2006 (Table 27).

Table 27: Median price per point of methamphetamine base (base), by jurisdiction, 2000-2007

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	30
2001	50	n.a.	n.a.	n.a.	30	n.a.	n.a.	30
2002	40	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	40	40	32.5	50	25	50	50	25
2004	37.5	40	29	50	25	50	50	27.5
2005	30	40	22.5	50	25	50	75	25
2006	37.5	42.5	*(no purchases)*	40	22.5	50	80^	25
2007	40^	50^	50^	40	40	50^	35^	25

Source: EDRS REU interviews

^ Small numbers commenting (n<10); interpret with caution.

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. No participant commented on the price of a point of base in VIC in 2006. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here.

In 2007, fewer than 10 participants were able to comment on the price per point of base in a number of jurisdictions. The median price for a point of ice/crystal has been stable in NSW, TAS and WA across time, with a point costing $50. Whilst based on small

numbers, the median price in VIC appears to have returned to that reported pre-2006 ($40). Fluctuations have been reported elsewhere, with gradual increases noted in QLD and SA (Table 28).

Table 28: Median price per point of crystalline methamphetamine (ice/crystal) by jurisdiction, 2000-2007

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	35
2001	50	n.a.	n.a.	n.a.	35	n.a.	n.a.	40
2002	50	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	50	45	40	50^	25	50	65	40
2004	40	47.5	40	50^	25	50	50	40
2005	50	35	40	50^	25	50	80	47.5
2006	50	50	47.5	50^	50	50	80^	50
2007	50	50^	40^	50^	50	50	50^	50

Source: EDRS REU interviews

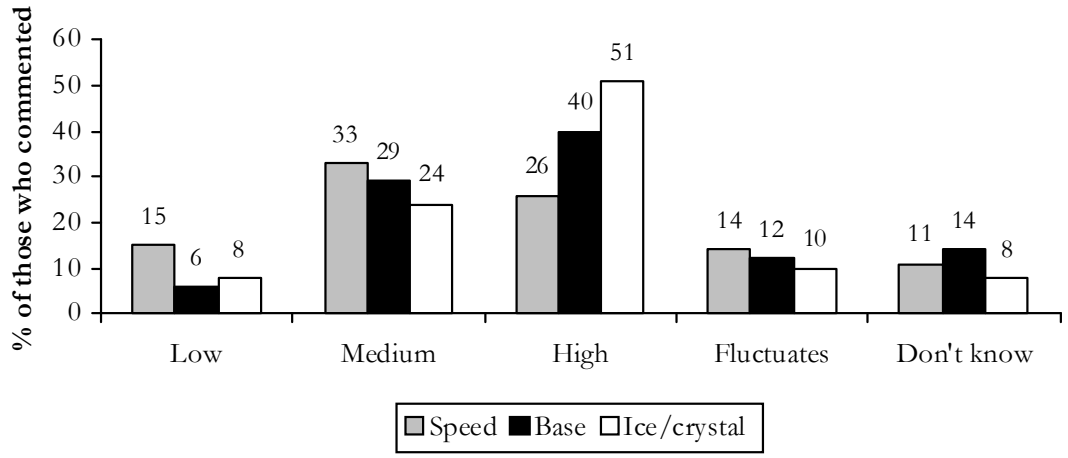
^ Small numbers commenting (m<10); interpret with caution

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here.

5.4 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and also whether this had changed over in the last six months. Forty-two percent of the national sample commented on the purity of speed, 25% commented on the purity of ice/crystal and 19% commented on the purity of base. These represent decreases in those commenting compared to 2006, when these figures were 54%, 38% and 24%, respectively. Ice/crystal was most commonly perceived to be of high purity, followed by base. Speed was most commonly reported to be of medium purity, although one-quarter reported it to be of high purity (Figure 21).

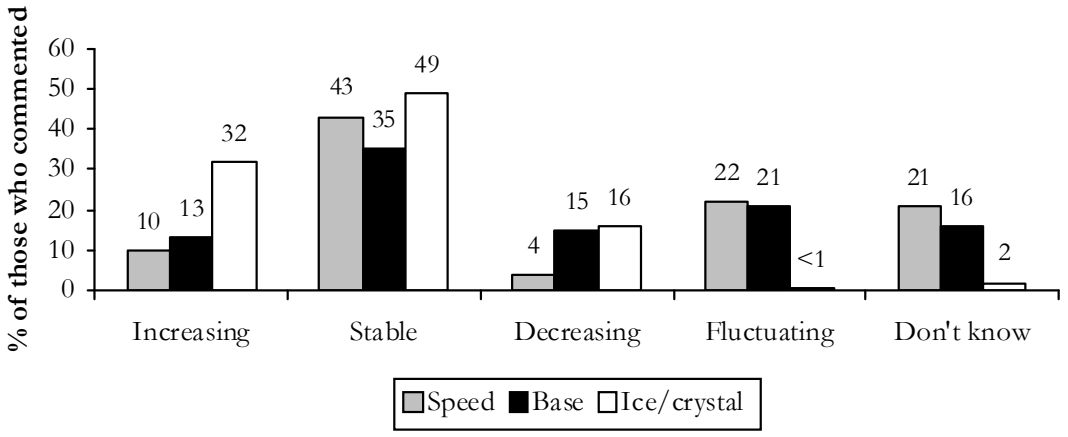
Figure 21: National REU reports of current methamphetamine purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (speed n=310, base n=139, ice/crystal n=188).

The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview, although one-third of those commenting on ice/crystal thought that it had increased. One-fifth of those commenting on speed and base thought it was fluctuating (Figure 22).

Figure 22: National REU reports of recent (last six months) change in methamphetamine purity, 2007



Source: EDRS REU interviews.
Note: Among those who commented (speed n=310, base n=139, ice/crystal n=188)

As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's 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 methylamphetamine purity data. The ACC has provided the purity figures for state police and AFP seizures.

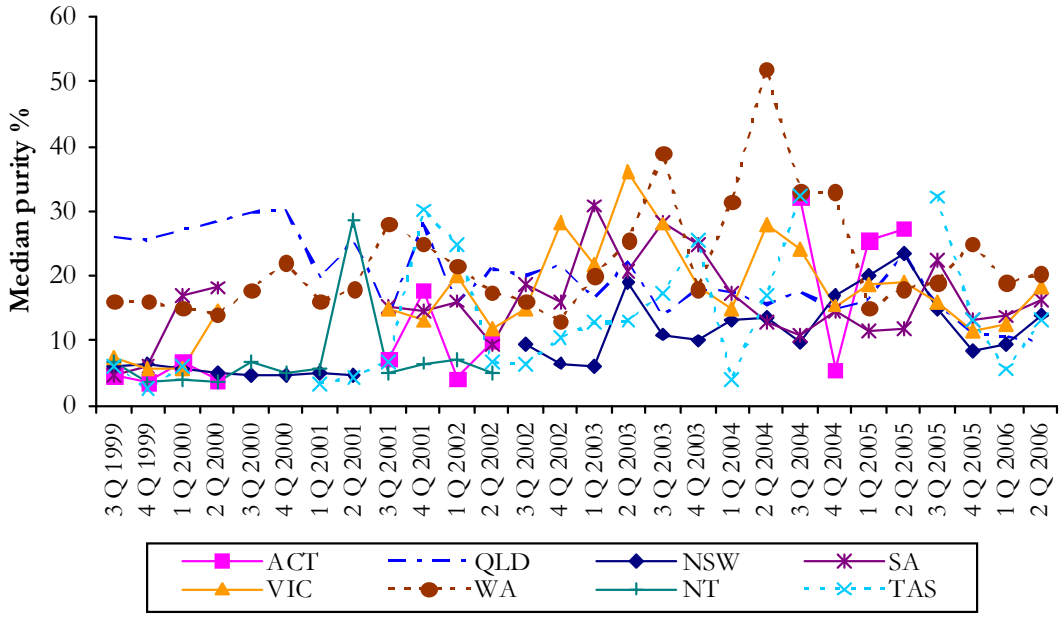
Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures therefore relate to an unrepresentative sample of

the illicit drugs available in Australia, and drawing meaningful conclusions from these purity data remains difficult (Australian Customs Service, 2007).

Finally, the purity of methylamphetamine 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 2005/06, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 86%. This wide range in purity should be considered when looking at the median purity figures presented.

Figure 23 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 1999. As there were few AFP seizures analysed in most jurisdictions, only state police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online[9] (Australian Customs Service, 2007). In the past two years, the median purity of methylamphetamine has generally remained lower than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. No methylamphetamine seizures were analysed for purity in the NT or TAS in 2005/06. Data for 2006/07 were not available at the time of publication of this report.

Figure 23: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999-2006

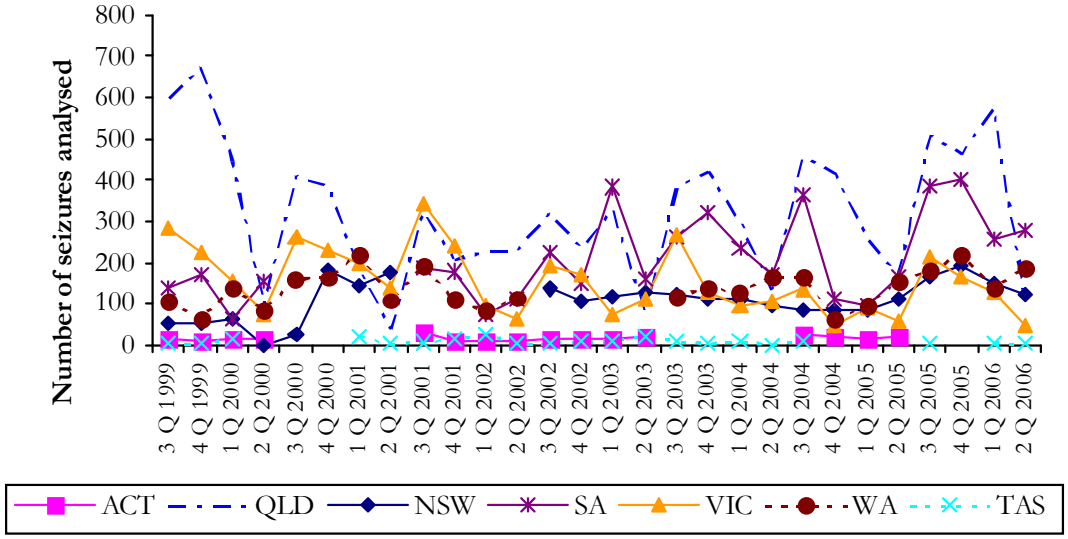


Source: **ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)**
Note: Seizures ≤2g and >2g combined. Data for 2001/02 were not available for NSW. Data for 2002/03 were not available for the NT and in 2003/04 and 2004/05, no methamphetamine seizures were analysed for the NT. Data for 2006/07 were not available at the time of publication.

[9] http://www.crimecommission.gov.au/html/pg_iddr2005-06.html

The number of seizures analysed shows no clear trend (Figure 24). As mentioned previously, not all seizures are analysed, so these data do not provide an indication of 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 23.

Figure 24: Number of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2001/02 not available for NSW. 2002/03 data not available for the NT. In 2003/04 and 2004/05, no methamphetamine seizures were analysed for the NT. Data for 2005/06 were unavailable at time of publication.

There were only limited AFP seizures analysed. In the 2005/06 financial year, there were only three AFP seizures analysed in QLD with a median purity of 79.1% and one AFP seizure analysed in NSW with a median purity of 72.1%. Such small numbers make meaningful interpretation of purity levels difficult. There were no methamphetamine AFP seizures analysed in the other states in 2005/06.

5.5 Availability

Forty-two percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months; the majority reported it to be either easy (49%) or very easy (32%) to obtain. The majority of participants in all jurisdictions reported that this had remained stable, except in the ACT where reports were more mixed. Jurisdictional differences were observed; however, overall these findings indicated that those who commented considered speed powder to be readily available and that this had generally remained stable (Table 29).

Table 29: Availability of methamphetamine powder (speed), by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=310**	n=37	n=24	n=58	n=63	n=34	n=27	n=22	n=45
% Don't know (n)	**2 (6)**	3 (1)	8 (2)	0	2 (1)	0	4 (1)	0	2 (1)
% Very easy (n)	**32 (99)**	49 (18)	38 (9)	40 (23)	21 (13)	56 (19)	15 (4)	5 (1)	27 (12)
% Easy (n)	**49 (153)**	32 (12)	29 (7)	45 (26)	68 (43)	35 (12)	44 (12)	73 (16)	56 (25)
% Difficult (n)	**16 (50)**	14 (5)	25 (6)	16 (9)	10 (6)	9 (3)	33 (9)	23 (5)	16 (7)
% Very difficult (n)	**<1 (2)**	3 (1)	0	0	0	0	4 (1)	0	0
Availability changes (%)									
(among those who commented)	**n=310**	n=37	n=24	n=58	n=63	n=34	n=27	n=22	n=45
% Don't know (n)	**10 (31)**	5 (2)	21 (5)	5 (3)	13 (8)	3 (1)	4 (1)	0	24 (11)
% More difficult (n)	**11 (35)**	8 (3)	21 (5)	5 (3)	10 (6)	12 (4)	30 (8)	14 (3)	7 (3)
% Stable (n)	**69 (213)**	70 (26)	38 (9)	81 (47)	68 (43)	74 (25)	59 (16)	77 (17)	67 (30)
% Easier (n)	**7 (23)**	8 (3)	21 (5)	7 (4)	6 (4)	12 (4)	4 (1)	5 (1)	2 (1)
% Fluctuates (n)	**3 (8)**	8 (3)	0	2 (1)	3 (2)	0	4 (1)	5 (1)	0

Source: EDRS REU interviews

Approximately one-fifth (19%) of the national sample commented on the current availability of base and whether this had changed over the past six months. The majority reported that it was easy or very easy to obtain, although one-fifth considered it to be difficult. The majority of those commenting reported that availability had remained stable (Table 30). There was jurisdictional differences regarding the availability of base; however, in some instances few participants were able to comment and, thus, caution should be taken when interpreting results.

Table 30: Availability of methamphetamine base, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=139**	n=25	n=9^	n=5^	n=25	n=47	n=3^	n=10	n=15
% Don't know (n)	**4 (6)**	0	0	20 (1)	8 (2)	2 (1)	33 (1)	10 (1)	0
% Very easy (n)	**31 (43)**	48 (12)	44 (4)	0	16 (4)	40 (19)	0	0	27 (4)
% Easy (n)	**41 (57)**	32 (8)	33 (3)	40 (2)	60 (15)	32 (15)	67 (2)	50 (5)	47 (7)
% Difficult (n)	**20 (28)**	4 (1)	22 (2)	40 (2)	16 (4)	26 (12)	0	30 (3)	27 (4)
% Very difficult (n)	**4 (5)**	16 (4)	0	0	0	0	0	10 (1)	0
Availability changes (%)									
(among those who commented)	**n=139**	n=25	n=9^	n=5^	n=25	n=47	n=3^	n=10	n=15
% Don't know (n)	**9 (13)**	12 (3)	22 (2)	20 (1)	12 (3)	4 (2)	33 (1)	10 (1)	0
% More difficult (n)	**13 (18)**	8 (2)	11 (1)	0	12 (3)	6 (3)	0	40 (4)	33 (5)
% Stable (n)	**60 (84)**	68 (17)	22 (2)	60 (3)	68 (17)	68 (32)	67 (2)	50 (5)	40 (6)
% Easier (n)	**11 (15)**	8 (2)	44 (4)	20 (1)	4 (1)	6 (3)	0	0	27 (4)
% Fluctuates (n)	**7 (9)**	4 (1)	0	0	4 (1)	15 (7)	0	0	0

Source: EDRS REU interviews
^ Small numbers (n<10); interpret with caution

One-quarter (25%) of the national sample commented on the availability of ice/crystal. The majority of participants considered it easy or very easy to obtain, and one-fifth reported it to be difficult to obtain. The majority reported that availability had remained stable over the preceding six months (Table 31).

Table 31: Availability of crystalline methamphetamine (ice/crystal), by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=188**	n=43	n=12	n=22	n=8^	n=36	n=34	n=9^	n=24
% Don't know (n)	4 (8)	2 (1)	8 (1)	0	13 (1)	6 (2)	3 (1)	11 (1)	4 (1)
% Very easy (n)	44 (83)	77 (33)	25 (3)	32 (7)	13 (1)	33 (12)	50 (17)	22 (2)	33 (8)
% Easy (n)	30 (56)	12 (5)	50 (6)	46 (10)	25 (2)	39 (14)	32 (11)	11 (1)	29 (7)
% Difficult (n)	18 (33)	7 (3)	17 (2)	18 (4)	25 (2)	19 (7)	15 (5)	44 (4)	25 (6)
% Very difficult (n)	4 (8)	2 (1)	0	5 (1)	25 (2)	3 (1)	0	11 (1)	8 (2)
Availability changes (%)									
(among those who commented)	**n=188**	n=43	n=12	n=22	n=8^	n=36	n=34	n=9^	n=24
% Don't know (n)	8 (15)	5 (2)	25 (3)	0	38 (3)	6 (2)	3 (1)	11 (1)	13 (3)
% More difficult (n)	14 (27)	5 (2)	17 (2)	14 (3)	0	11 (4)	21 (7)	56 (5)	17 (4)
% Stable (n)	55 (103)	70 (30)	33 (4)	59 (13)	50 (4)	47 (17)	71 (24)	22 (2)	38 (9)
% Easier (n)	19 (36)	16 (7)	17 (2)	14 (3)	13 (1)	33 (12)	6 (2)	11 (1)	33 (8)
% Fluctuates (n)	4 (7)	5 (2)	8 (1)	14 (3)	0	3 (1)	0	0	0

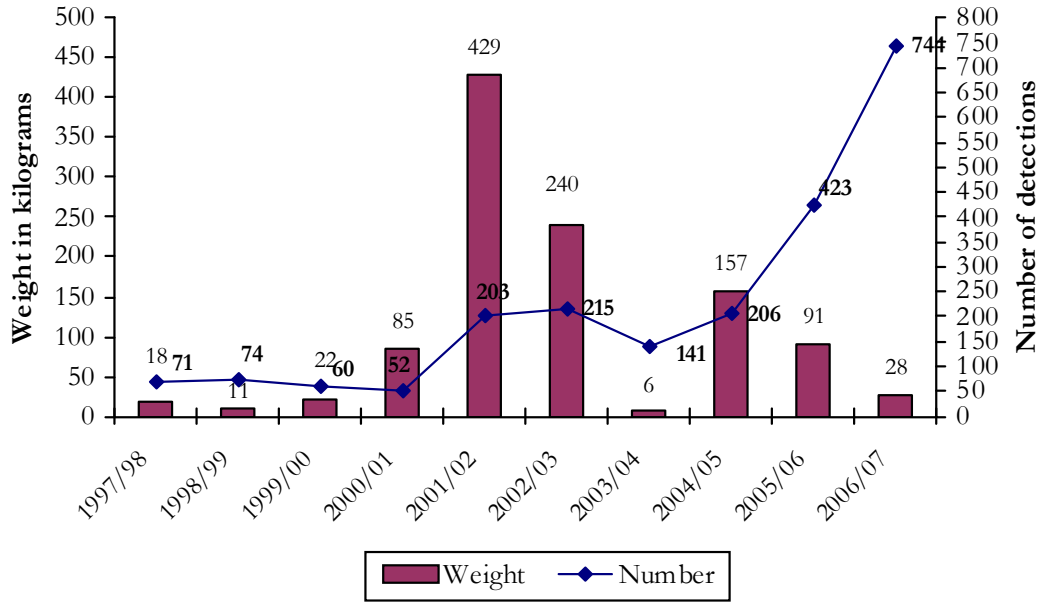
Source: EDRS REU interviews

^ Small numbers (n<10); interpret with caution

5.5.1 Amphetamine-type stimulants detected at the Australian border

Figure 25 shows the weight and number of ATS detected at the Australian border by the Australian Customs Service. In 2006/07, the number (744) of detections increased to the highest in the 10-year period, while the weight (27.57kgs) has decreased dramatically since 2001/02. There was also an increase in the attempted importation of ATS in multiple small parcels through the postal system (Australian Customs Service, 2007).

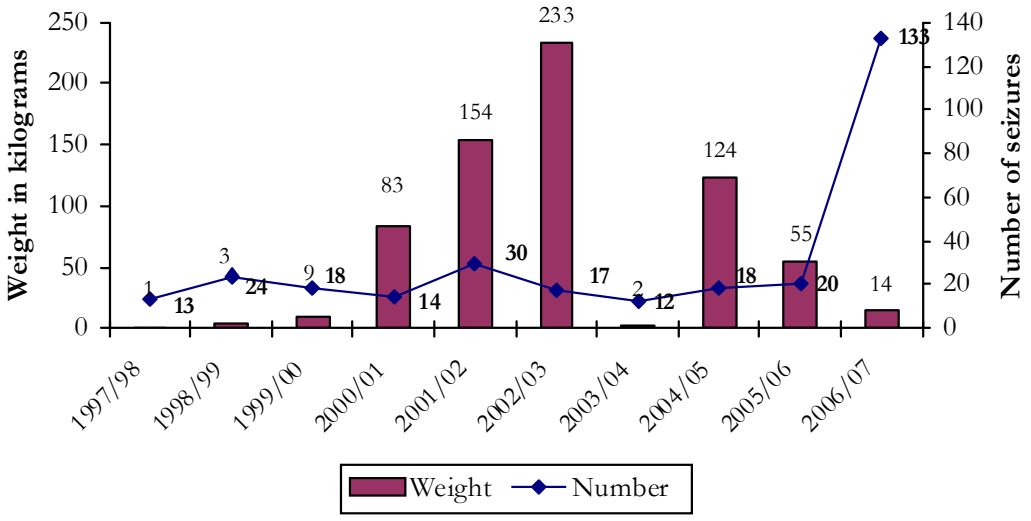
Figure 25: Total weight and number of amphetamine-type stimulants detected by the Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)
Note: Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA.

Similar to trends seen in ATS seizures, the number of crystal methamphetamine seizures detected at the Australian border also increased in 2006/07 (Figure 26), while the weight decreased from 55 kilograms in 2005/06 to 14 kilograms in 2006/07.

Figure 26: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98-2006/07



Source: ACS (2007)

5.6 Jurisdictional trends for methamphetamine

Below follow summaries of trends for methamphetamine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008), ACT: Campbell and Degenhardt (2008a), VIC: Quinn (2008), TAS: Matthews and Bruno (2008) , SA: White, Vial and Ali (2008), WA: George and Lenton (2008), NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

5.6.1 New South Wales

The majority of participants (86%) reported having ever used speed and two-fifths (45%) reported past-six month use. Speed had been used on a median of six days in the preceding six months, with almost half reporting less than monthly use. Snorting was the most common route of administration, followed by swallowing. The median price of a gram of speed was $50, with price largely reported to have remained stable in the six months preceding interview. Purity was largely reported to be medium to low, and likewise, purity was reported to have remained stable in the preceding six months. Participants reported that speed was very easy to easy to obtain and that this had remained stable in the preceding six months.

More than half (54%) of the sample reported having ever used base and one-quarter (23%) reported past-six month use. Base had been used on a median of five days in the preceding six months, with more than half reporting less than monthly use. Most participants had swallowed base in the preceding six months, though two-fifths had injected base during this time. The median price paid for a point of base was $40, and half of those who commented reported that the price of base had remained stable in the preceding six months. Purity was reported to be high to medium and to have remained stable. Participants reported base to be very easy to easy to obtain and that availability had remained stable in the preceding six months.

Three-fifths (60%) of the sample reported having ever used ice/crystal and two-fifths (42%) reported past-six month use. Crystal had been used on a median of nine days in the preceding six months, with two-fifths reporting less than monthly use and one-quarter reported greater than weekly use. Most participants had smoked crystal in the preceding six months, though more than two-fifths had injected crystal during this time. The median price paid for a point of crystal was $50, and more than half of those who commented reported that the price of crystal had remained stable in the preceding six months. Purity was reported to be high to medium, though availability varied from being stable to fluctuating in the preceding six months. Participants reported crystal to be very easy to easy to obtain and that availability had remained stable in the preceding six months.

The KE who were able to comment on methamphetamine reported that the distinction between speed, base and crystal was important because there was a stigma attached to the use of the two more potent forms of methamphetamine (base and crystal) but not with the powdered form (speed).

There was only one AFP seizure analysed (median purity of 72.1%) for the period 2005/06, which makes meaningful interpretation of methylamphetamine purity levels difficult. In contrast, there were larger numbers of NSW Police seizures analysed that

were much lower in purity. Two KE who discussed methamphetamine purity reported that it was difficult to discern how widespread crystal use was because many terms were being used to describe methamphetamine indiscriminately, and thus there was a need for more analysis of seizures.

5.6.2 The Australian Capital Territory

Approximately, four-fifths of REU reported ever having used speed, and just over half reported using speed in the past six months. This was down markedly from 66% of REU reporting recent use in 2006. Recent speed users reported a median of four days of use in the six months prior to interview. Eight percent of the REU sample reported using speed on a weekly or more basis. Approximately, three-quarters of recent speed users reported snorting speed in the preceding six months and approximately three-fifths reported that they had swallowed speed in the preceding six months. Fifteen percent reported that they had recently injected speed; this was similar to the previous year. In 2007, the amounts of speed used by REU in both typical and heaviest episodes of recent speed use remained relatively stable (0.5g and 0.8g respectively). Speed was used during binges by just under half of the REU who reported recently having binged on ERDs; however, there was a decline in the proportion of REU reporting using speed with ecstasy from 26% in 2006 to 15% in 2007.

Base was the least common methamphetamine form used by REU, with 42% of the 2007 sample reporting ever having used base and approximately one-fifth reporting recent use (this was a marked decline from 34% in 2006). The majority of recent base users had used this substance infrequently (less than monthly) in the six months prior to interview with a median of four days of use being reported. Swallowing was the most common route of administration reported by base users. The majority of base users quantified their use of the substance in terms of 'points'. A median of one point of base was used in a typical episode of use, whereas a median of two points were used by REU in the heaviest recent session of use. Only a small proportion (11%) of REU who had used ERDs in extended binge episodes reported using base during these binge sessions. Of those REU who commonly used other drugs in combination with ecstasy, four percent indicated that they used base in this way.

Ice/crystal had been used by almost half the sample and by approximately one-fifth of the sample in the past six months. Again, there was a decline in recent use from the previous year (37%). The majority of recent crystal users had used this substance infrequently with a median of two days of use in the past six months. In the 2007 EDRS, the most common mode of recent crystal administration was smoking, followed by injecting. REU reported the use of a median of two 'points' of crystal in a typical session and 2.5 points in the heaviest recent sessions of use by REU. Relatively small percentages of REU reported using crystal during binge episodes or in combination with ecstasy.

The median price for speed decreased in 2007, from $40 to $30 for a point and from $175 to $100 for a gram. The reported price for a point of base was $50 and for a gram $250. Though these figures were up from the previous year, there were only a small number reporting so results need to be interpreted with caution. The median price for a point of crystal remained stable at $50. There were no reports for a gram of crystal. Whilst the reported purity of base and ice/crystal was consistent with previous year (medium to high), there were mixed reports regarding the purity of speed. The availability of base and ice/crystal was reported to be stable and easy to very easy to

obtain, whereas, again, there were mixed reports regarding the current availability of speed. Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.

In the 2007 ACT EDRS, participants who had recently used methamphetamine (59%) completed the Severity of Dependence Scale (SDS). An SDS score of four or greater is indicative of problematic amphetamine use and, for this sample, the median SDS score obtained was 0 (range 0-13): three participants had SDS scores that exceeded this threshold.

5.6.3 Victoria

Of the three forms of methamphetamine, speed continues to be the most widely used by REU (in terms of both lifetime and recent use), followed by crystal meth and then base. REU commonly use speed in conjunction with ecstasy and during binges. Methamphetamine are used in a variety of locations, private homes and in nightclubs. REU predominantly snort speed, while both base and crystal meth are generally smoked.

The price of methamphetamine has remained generally stable, though the price per gram of crystal meth decreased in 2007. However, crystal meth (median of $300 per gram) remains more expensive than speed (median of $195 per gram). According to the REU reports, the purity of both crystal meth and speed is relatively high to medium; while the purity of crystal meth remains stable, speed is generally stable to fluctuating. Speed and crystal meth remain readily available and stable. Both speed and crystal meth are most commonly acquired through friends and known dealers in private homes and nightclubs.

5.6.4 Tasmania

Consistent with previous years, use of methamphetamine was common among REU in 2007. Almost three-quarters (70%) had used some form of methamphetamine in the preceding six months. Methamphetamine was typically swallowed or snorted and was used on a median of four days during this period (less than monthly) in small quantities (0.1-0.2g). Both the proportion reporting recent methamphetamine use and the frequency of this use was slightly lower in 2007 relative to local cohorts in previous years.

Recent use of speed was most common (65%) followed by base (30%), and ice/crystal (7%). The proportion of the sample reporting recent use of base or ice/crystal was lower relative to the rates observed in 2006. The median frequency of use for both of these forms was also lower relative to previous years, but the median quantity used in a typical session (two points) was stable (base) or higher (ice/crystal).

Speed was typically swallowed or snorted, base was typically swallowed, whereas ice/crystal was typically swallowed or smoked, with a reduction in ice/crystal smoking observed among the 2007 relative to the 2006 cohort.

The median price for one 'point' (0.1g) of speed and base was $40, and the median price for one 'point' of ice/crystal was $50. These prices are relatively consistent to those reported in previous years and no recent price changes were noted.

Speed and base were reported to be fluctuating or medium to high in purity, whereas crystal methamphetamine was reported to be high in purity. A greater proportion of the

sample reported that all forms had fluctuated in purity relative to 2006, suggesting greater perceived variability in the purity of all methamphetamine forms.

Speed and base were considered to be easy or very easy to obtain, and crystal methamphetamine was typically considered to be difficult or very difficult to obtain. The perceived availability of speed and base has gradually increased since 2003, whereas the perceived availability of crystal decreased between 2003 and 2006, with a slight increase in perceived availability observed in 2007 (albeit among a smaller number of people who were able to comment). Small sample sizes in relation to crystal and low levels of recent crystal use among the current cohort both indicate very low availability of this drug in 2007.

5.6.5 South Australia

In 2007, fewer REU reported recent use of ice/crystal (from 62% in 2006 to 49% in 2007), with recent use of powder and base forms remaining relatively stable compared to 2006. The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of six days for powder, 10 days for base and eight days for crystal). This level of use decreased for powder (from 12 days in 2006 to six days in 2007), but frequency of base (from six days in 2006 to 10 days in 2007) and ice/crystal (from four days in 2006 to eight days in 2007) use increased. Consistent with the frequency of recent ice/crystal use, the increase in the percentage of REU reporting recent use of crystal by smoking continued in 2007 (from 14% in 2004, 27% in 2005, 65% in 2006 and 74% in 2007). This was the second year in a row that smoking as a route of administration of ice/crystal had been used as the preferred method of administration by REU, with larger proportions of REU usually swallowing in previous years. Smoking as a route of administration of base has surpassed snorting in 2007. There was some support of increased smoking of ice/crystal among REU from KE reports, including reports that glass pipes (for smoking) were more frequently seen by police.

Overall, the location at which REU mostly reported obtaining all three forms of methamphetamine was from their friends' homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place.

There have been some changes in price, with the estimated median current price of a point of methamphetamine powder and base increasing (powder: $32.50 in 2007 from $25 in 2006; base: $40 in 2007 from $22.50 in 2006), whereas the median price of a point of ice/crystal remained stable at $50. With the exception of an increase in the proportion of REU reporting the purity of speed as high, there was little change in the purity (medium to high for speed, high for base and ice/crystal), and availability (easy to very easy) of methamphetamine. However, the median purity of methamphetamine seized by South Australia Police (SAPOL) had increased compared to the previous year. Clandestine laboratory detections suggest that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market.

5.6.6 Western Australia

There were significant decreases in lifetime and recent use (last six months) of all forms of methamphetamine among REU in WA in comparison to last year. Lifetime use of speed powder was reported by 72% in 2007 (87% in 2006) and recent use by 46% in 2007 (65% in 2006). Lifetime use of base was reported by 22% in 2007 (56% in 2006)

and recent use by 10% in 2007 (32% in 2006). Lifetime use of ice/crystal was reported by 69% in 2007 (89% in 2006) and recent use by 52% in 2007 (77% in 2006). These rates are the lowest reported for all forms of methamphetamine since data collection began in WA in 2003.

Consistent with that reported last year, methods of use differed across forms. Snorting was the most common method of administration for speed (61%), as found last year. Snorting was also the most common method of administration reported for base (50%) unlike last year when swallowing was most commonly reported. Smoking remained the most common route of administration for crystal (79%). Increases were found in the proportion reporting injecting as the method of administration for all forms of methamphetamine. Among those reporting use in the last six months, speed and ice/crystal were used more frequently than by last year's respondents, as indicated by increases in average days used during this period.

The median price per 'point' (0.1g) for all forms of methamphetamine has consistently been $50 across all survey years. The median price for a gram of speed increased to $350 in 2007 ($300 in 2006). There was a slight increase in the median price of a gram of base to $380 in 2007 ($350 in 2006), while a gram of crystal remained at $400. With regards changes in the price of methamphetamine during the previous six months, the majority of respondents reported the price as stable for all forms.

Current purity of speed was rated by the majority of current respondents as medium, as found last year. In contrast, there was a perceived increase in the purity of both base and ice/crystal with greater proportions rating purity of these forms as high. While perceived availability of base and ice/crystal was comparable to last year, responses for speed indicated a perception of decreased availability. 'Friends' were the most common persons from whom methamphetamine was purchased across forms and 'friend's home' was the most common location for purchasing all forms.

5.6.7 The Northern Territory

In 2007, the majority of the sample had used speed (67%, an increase from 59% in 2006) in the past six months and substantial proportions had used ice/crystal (24%, 26% in 2006) and base (27%, an increase from 18% in 2006).

The average age for speed initiation remained consistent with previous years at 21 years old; mean initiation age for base was 21 years and the mean initiation age for crystal was 24 years.

The proportions of REU reporting weekly or more often use remained stable for speed (9% in 2007, 7% in 2006), decreased for base (11% in 2006 to 2% in 2007) and increased for ice/crystal (0% in 2006 to 6% in 2007). Median days of use for all forms was low (speed: 4 days, base: 4 days and ice/crystal: 2 days) suggesting use of methamphetamine amongst REU in the NT was sporadic and occurred on a less than monthly basis.

There was a decline in the proportion of REU reporting recent use of all forms of methamphetamine. Bingeing on speed declined from 43% in 2006 to 32% in 2007. Recent bingeing on base declined from 22% in 2006 to 11% in 2007, and recent bingeing on ice/crystal declined markedly from 23% in 2006 to 5% in 2007.

Route of administration changed with the forms of methamphetamine. For speed the majority reported snorting as the most common route of administration, for base, swallowing was reported to be the most common route of administration and smoking was the most common route of administration for recent ice/crystal users.

The median price paid at last purchase was $250 for a gram of speed (a huge increase from $50 in 2006), $35 for a point and $200 for a gram of base and $45 for a point and $250 for a gram of ice/crystal. It must be noted that very small numbers were able to report on the last price purchased for base and ice/crystal so results must be interpreted with caution. Speed was reported to be of low to medium purity, whilst base was reported to be medium to high purity, and participants reported that the current purity of ice/crystal was high. Speed and base were reported to be easy to obtain in the NT by REU, whilst ice/crystal was reported to be difficult to obtain. Speed was reported to be obtained from friends at their friend's house. There were only minimal numbers reporting on base and ice/crystal.

5.6.8 Queensland

In 2007, 46% of REU reported recent use of speed. Use was typically infrequent (approximately once every two months), and in small amounts (0.5 grams). Eighteen percent reported recent base use, typically using once every two months and using one point at a time. Twenty-three percent of REU reported recent use of ice/crystal, on average four times in the last six months, and typically using two points in a session. Overall, rates of methamphetamine use, particularly of base and ice/crystal, decreased in 2007. Specifically, the proportion of REU reporting recent use, frequency of use and the amount used in a typical session for ice/crystal all decreased in 2007. Similarly, a number of KE noted a decrease in 'ice' use among REU, stating that crystal methamphetamine was 'losing its appeal' and was increasingly recognised as a 'dirty' or 'dangerous' drug. A number of KE also noted a decrease in availability of ice/crystal.

Overall, typical locations of use for the three different forms of methamphetamine (i.e. speed, base and ice/crystal) were similar, although crystal methamphetamine was more commonly used in private settings (including at their own home and at friends' homes than speed and base. The majority of respondents reported typically using speed at nightclubs (58%), raves (38%), live music events (3%) and at their own home (29%). Consistent with these figures, most recent use of speed occurred at nightclubs (27%), raves (16%) or live music events (14%). REU typically used base at nightclubs (47%), live music events (33%), their own homes (33%) and friends' homes (33%). Consistent with these reports, the most common locations for most recent use of base were nightclubs (23%), live music events (23%) and friends' homes (16%). REU in 2007 reported typically using ice/crystal at nightclubs (38%), friends' homes (30%) and at their own homes (29%). Consistent with this, use at their own homes (21%) and at friends' homes (17%) were commonly reported locations of most recent ice/crystal use.

The price of all methamphetamine forms remained relatively stable from previous years. Ice/crystal continues to be the most expensive form of methamphetamine; costing about twice as much for a point ($50) and a gram ($300) as speed (point $25, gram $150) and base (point $25, gram $150). The majority of REU reported that the prices of all forms of methamphetamine were stable in the six months prior to interview, although a greater proportion reported that price was increasing for base (20%) and ice/crystal (21%) than for speed (9%), possibly indicating that the price of speed has remained the most

consistent of the three forms of methamphetamine. Similarly, KE reported that the speed market has remained the most stable of the three forms of methamphetamine.

There was poor agreement among REU with respect to purity, although there was noticeably more consensus concerning speed, with the majority of REU reporting speed to be of medium purity. As in previous years, REU were more likely to report that ice/crystal was of high purity, compared to other forms of the drug, although a decrease in the proportion reporting the purity of ice/crystal as high was observed, perhaps reflecting an increase in the use of various cutting agents used to make less pure forms of methamphetamine look like 'ice'.

The majority of REU reported that all forms of methamphetamine were easy (speed 57%, base 47%, crystal 30%) or very easy (speed 27%, base 27%, crystal 35%) to obtain. Crystal was the only form of methamphetamine to be reported as being very difficult to obtain (9%) by REU who commented.

The most common source from whom REU purchased any form of methamphetamine in 2007 was friends (speed 62%; base 73%; crystal 42%). Known dealers were also nominated as common sources of speed (24%), base (28%) and ice/crystal (33%). These reports are similar to previous years, which have also identified friends and known dealers as the most common people from whom methamphetamine is purchased by REU.

Overall, reports from 2007 indicate speed powder as the most stable market for methamphetamine among REU in south-east Queensland. The markets for base and ice/crystal appear more volatile, and perhaps, to some degree, account for the decrease in use of base and crystal forms of methamphetamine among REU in 2007. Additionally, an increase in perceptions among REU of crystal methamphetamine as a 'dirty' and 'dangerous' drug may account for the decrease in ice/crystal use observed this year.

5.7 Summary of methamphetamine trends

- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal) and almost three-quarters reported use of one or more of these forms during the six months preceding interview. In 2007, the lowest proportions reporting recent use of methamphetamine (any form) were recorded since 2003, a finding that was also observed across all three forms.
- The median frequency of methamphetamine use among users was seven days (any form methamphetamine) in the preceding six months, although jurisdictional differences were noted. Daily use was uncommon, with three participants reporting daily use in 2007. One-fifth of the national sample reported having ever injected methamphetamine (any form).
- Just over half (57%) reported the use of speed in the six months prior to interview, representing a slight decrease from two-thirds in 2006 (64%). The median days of use was five days in the six months prior to interview, i.e. approximately monthly use. Half (53%) of recent users reported using speed less than once per month. The median age of first use was 18 years.
- One-quarter of participants (26%) reported using base in the six months prior to interview, representing a decrease from 2006 (34%). The median days of use among users remained stable at four days; three-fifths (59%) of recent base users had used less than once per month. The median age of first use was 20 years.
- Just over half (54%) of the national sample reported having ever used ice/crystal and one-third (33%) reported recent use, representing decreases from 2006 when these figures were 65% and 49%, respectively. The median days of use among those who had recently used remained similar to that reported in 2006 (six days in 2007 vs. five days in 2006). Forty-five percent of users had used less than monthly. The median age of first use was 20.
- Among recent speed users, swallowing (69%) and snorting (66%) were the most common routes of recent (last six months) administration. Amongst recent base users, swallowing was the most frequently nominated route of administration (84%). Among recent ice/crystal users, the most common route of administration was smoking (77%). Fourteen percent of recent speed users had injected speed, 19% of recent base users had injected base, and 25% of recent ice/crystal users had injected ice/crystal during the preceding six months.
- Half (49%) of those who had binged on ecstasy and/or related drugs in the preceding six months reported using speed in a binge episode and 22% had used base. A decrease in the proportions reporting use of ice/crystal during a binge was recorded (49% in 2006 vs. 34% in 2007). In 2006, these figures were 54% and 23% for speed and base, respectively.
- All three forms of methamphetamine were most commonly obtained from people known to the participant, such as friends and known dealers, and were used in a range of public and private locations.
- The median price for a gram of speed ranged from $50 in NSW to $350 in WA and the price per point ranged from a median of $25 in QLD to a median of $47.50 in NSW ($50 in WA and the NT but based on small numbers). The price of speed was generally reported to have remained stable over the preceding six months.

- Fewer than 10 participants in each jurisdiction reported recent purchase of a 'point' (0.1g) of base except in TAS (median price $40), SA (median price $40) and QLD (median price $25). Few participants reported recent purchase of a gram of base. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview.
- The median price for a point of ice/crystal was $50 in all jurisdictions except in VIC where it was $40 (note: small numbers commenting in several jurisdictions). The price per gram was typically higher than for speed or base (note: based on fewer than 10 participants in each jurisdiction). Among the national sample, the prices were most commonly reported to have remained stable in the six months prior to interview.
- Speed, base and ice/crystal were most commonly reported to be easy or very easy to obtain by those commenting, and to have remained stable over the preceding six months. Smaller numbers of participants were able to comment on base and/or ice/crystal, a finding likely to be reflective of lower levels of use and/or availability relative to speed.
- Participants' perceptions of methamphetamine purity suggested that ice/crystal was most commonly of high purity (51% of those commenting), as was base (40% of those commenting) while speed was most commonly reported to be of medium purity (33% of those commenting). Purity was generally reported to have remained stable over the preceding six months (speed: 43%, base: 35%, ice/crystal: 49% of respondents), although one-third of those commenting on ice/crystal (32%) thought that it had increased.
- Health and law enforcement-related harms, including those associated with methamphetamine use are discussed in the relevant sections later in the report.

6 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, 2007). Crack is a form of freebase cocaine which is particularly pure. It is produced using ammonia or sodium bicarbonate and water and then heated to remove the hydrochloride base (Australian Crime Commission, 2007).

This section contains information about cocaine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix C. Information on harms (health and law enforcement-related) associated with ERD use, including use of cocaine, are discussed in the relevant sections later in this report.

6.1 Cocaine use among REU

Ten percent of the national sample reported cocaine as their drug of choice. Two-thirds (66%) of the participants in the national sample reported having ever used cocaine and two-fifths (40%) had used cocaine in the six months preceding interview (Table 32). The median age of first use, among those who reported having ever used cocaine, was 20 years (range 14-44 years).

Seven percent of the national sample reported that they had injected cocaine at some time (Table 32). Two percent of the national sample reported injecting cocaine in the six months preceding interview. Of those who used cocaine in the six months preceding interview, the vast majority had used intranasally and just under one-third had swallowed it; small proportions reported injecting and smoking in the six months prior to interview (Table 32).

Of those who had used cocaine, the median number of days of use was four, ranging from having used cocaine once to four days per week (Table 30). The majority (72%) had used less than monthly; 17% had used between monthly and fortnightly; seven percent reported using between fortnightly and weekly and four percent (n=12) had used cocaine once a week or more. Twenty-two percent of those who had binged on stimulant drugs in the six months preceding interview had used cocaine during a binge.

Table 32: Patterns of cocaine use, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	66	88	80	79	54	71	56	35	61
Ever injected (%)	7	18	8	7	1	8	8	6	3
Used last six months (%)	40 **n=296**	62 n=62	46 n=34	54 n=54	35 n=35	36 n=36	27 n=27	9 n=6	42 n=42
Snorted*	**92**	92	91	94	74	100	93	100	98
Swallowed*	**29**	26	24	19	51	33	15	0	41
Injected*	**6**	11	6	6	0	6	11	0	0
Smoked*	**3**	0	3	6	3	3	4	0	0
Median days used* last six months (range)	**3** **(1-96)**	4 (1-48)	3 (1-72)	2 (1-34)	2 (1-72)	3 (1-96)	2 (1-48)	2 (1-8)	2 (1-24)

Source: EDRS REU interviews
* Of those who used in the six months preceding interview
Note: Medians rounded to nearest whole number.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range 0.5-3.5g). Recent cocaine users reported using a median of one gram (range 0.5-10g) during the heaviest use episode in the last six months.

Cocaine was most commonly acquired through friends and/or known dealers; however, one-quarter of those commenting reported that while they had used cocaine, they had not purchased it. It was obtained in a range of locations, most commonly private (friends' homes, dealers' homes and/or participants' own homes) although smaller proportions reported purchase in public locations such as nightclubs and pubs. Usual use locations were most commonly reported to be in nightclubs, at friends' homes and in participants' own homes, a pattern also reflected in participant reports of their last venue of use. Jurisdictional variations included scoring at nightclubs (none in WA to 10% in the NT), pubs (none in WA to 67% in the NT) and at friends' homes (18% in WA to 65% in QLD); usual use locations also varied by state/territory, including use at nightclubs (26% in TAS to 100% in the NT), at friends' homes (33% in the NT to 79% in TAS) and at home (23% in VIC to 64% in WA). The largest proportion of participants who reported their usual use locations included whilst driving was noted in WA (36%; Table 33).

Table 33: Source, purchase location and use location of cocaine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=175**	n=47	n=25	n=22	n=19	n=22	n=11	n=3^	n=26
Friends	**53**	51	64	62	42	36	55	0	65
Known dealers	**30**	32	36	29	32	18	18	67	35
Acquaintances	**11**	9	20	19	0	9	27	0	4
Unknown dealers	**5**	2	8	10	5	0	9	0	4
Workmates	**4**	4	4	0	0	14	0	33	0
Used, but not scored	**25**	36	12	5	42	36	18	0	15
Locations scored (%) (among those who commented)	**n=175**	n=47	n=25	n=22	n=19	n=22	n=11	n=3^	n=26
Friend's home	**40**	36	36	55	32	18	36	33	65
Dealer's home	**30**	28	40	36	21	18	27	33	35
Own home	**18**	23	12	18	5	9	27	33	27
Nightclub	**13**	6	32	14	0	18	0	100	8
Agreed public location	**13**	26	12	9	5	14	9	0	4
Pubs	**10**	11	12	14	16	5	0	67	4
Raves*	**5**	4	12	0	5	5	0	0	8
Acquaintance's home	**3**	2	0	5	0	5	18	0	0
Private party	**6**	0	12	14	0	0	0	0	15
Street	**<1**	2	0	0	0	0	0	0	0
Work	**4**	0	16	9	0	0	9	0	0
Day Club	**0**	0	0	0	0	0	0	0	0
Educational institution	**<1**	0	4	0	0	0	0	0	0
Usual use venue+ (%) (among those who commented)	**n=174**	n=47	n=24	n=22	n=19	n=22	n=11	n=3^	n=26
Nightclub	**58**	53	67	68	26	55	64	100	69
Friend's home	**45**	45	38	41	79	36	64	33	35
Home	**41**	57	29	23	42	36	64	33	35
Private party	**33**	23	25	50	26	32	36	33	50
Pub	**26**	34	29	18	21	27	36	33	15
Raves*	**19**	15	29	5	26	23	46	33	8
Live music event	**18**	17	17	18	21	5	27	0	27
Dealer's home	**11**	4	25	9	5	14	27	0	12
Vehicle (passenger)	**9**	4	8	14	5	14	27	33	4
Public place (e.g. street/park)	**8**	4	4	5	16	5	27	0	8
Restaurant/cafe	**8**	6	4	14	11	5	27	0	0
Outdoors◊	**7**	4	4	9	11	9	18	0	4
Work	**7**	6	13	0	5	9	18	0	4
Day club	**6**	4	4	14	5	9	0	33	0
Vehicle (driver)	**6**	2	0	5	5	9	36	0	4

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Acquaintance's house	**3**	0	0	9	0	9	9	0	0
Educational institution	**1**	0	0	0	5	0	9	0	0
Last use venue (%) (among those who commented)	**N=174**	n=47	n=24	n=22	n=19	n=22	n=11	n=3^	n=26
Nightclub	**23**	21	33	36	11	27	0	67	15
Friends home	**21**	26	25	18	32	14	27	0	12
Home	**15**	23	4	0	16	18	36	33	8
Private party	**14**	9	4	23	16	9	0	0	39
Pub	**8**	13	8	5	0	9	9	0	4
Live music event	**5**	0	4	9	11	0	0	0	12
Dealer's home	**3**	0	17	5	0	0	0	0	4
Raves*	**3**	2	4	0	5	5	18	0	0
Public place (street/park)	**2**	2	0	0	11	0	0	0	4
Work	**2**	2	0	0	0	9	0	0	0
Car/other vehicle (passenger)	**<1**	0	0	0	0	5	0	0	0
Acquaintances house	**<1**	0	0	0	0	0	9	0	0
Day club	**<1**	0	0	5	0	0	0	0	0

Source: EDRS REU interviews

+ Multiple responses allowed

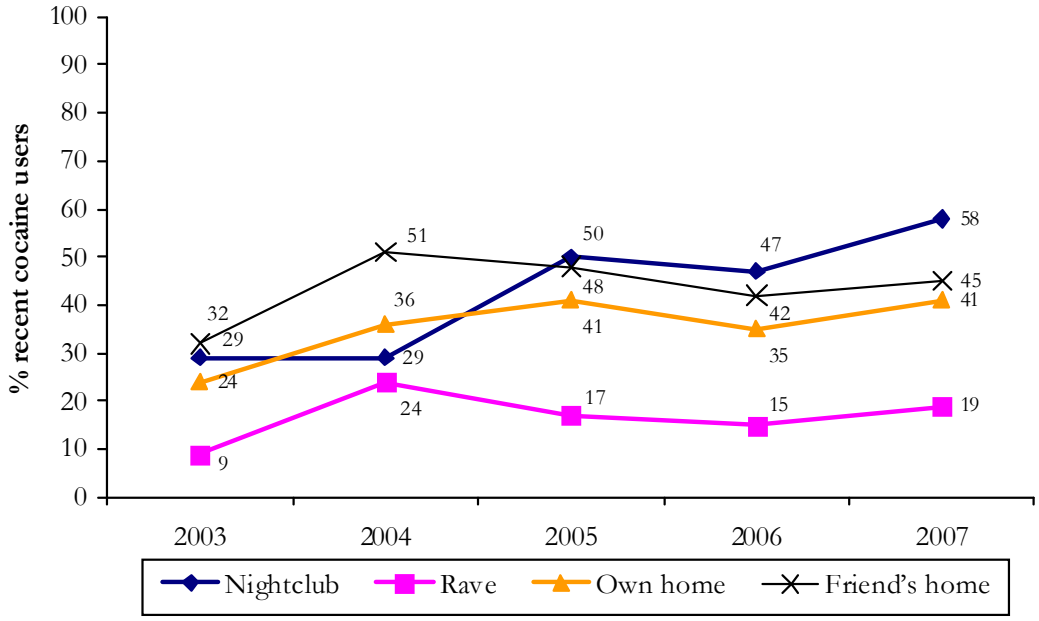
* Includes 'doofs' and dance parties

◊ Examples include at a beach, bushwalking, camping

^ Small numbers commenting (n<10); interpret with caution

An upward trend is observed in the proportion reporting nightclubs as a location of usual use, overtaking both participants' homes and friends' homes as the most frequently nominated location of usual use. Since 2003, increases have been observed in reports of use in these locations, indicating a wider range of 'usual' locations of use (Table 27)).

Figure 27: Location of usual cocaine use, 2003-2007

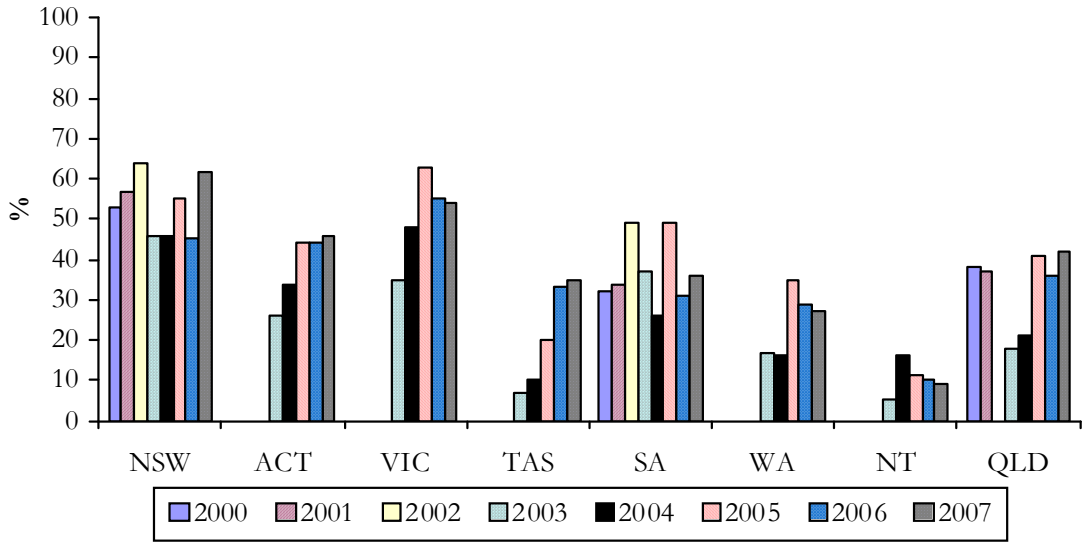


Source: EDRS REU interviews

6.1.1 Trends over time

In NSW, QLD and SA data have been collected since 2000 (no data were collected from QLD in 2002) and since 2003 in the other states/territories. In NSW, the proportion of REU reporting recent cocaine use has fluctuated over time, with an increase observed between 2006 (45%) and 2007 (62%). Similarly, figures in SA have fluctuated over time and a slightly larger proportion reported recent use in 2007 (36%) compared to 2006 (31%). Proportions have gradually increased in the ACT (from 26% in 2003 to 46% in 2007), TAS (from 7% in 2003 to 35% in 2007) and QLD (from 18% in 2003 to 42% in 2007; proportions in 2000 and 2001 were 38% and 37%, respectively). In VIC and WA, figures increased between 2003 and 2005 and have subsequently decreased; the NT has consistently reported the lowest proportions of recent use (Table 28).

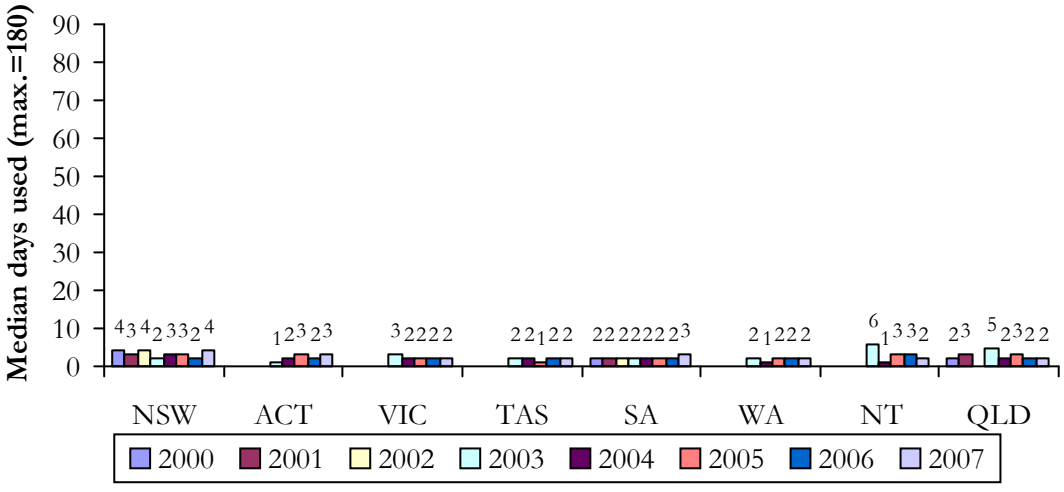
Figure 28: Proportion of REU who reported recent (last six months) use of cocaine, by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Whilst fluctuations have been recorded in the proportions reporting any use over the past six months, frequency of use by recent users has remained consistently low. Less than monthly use has been reported by those who had recently used across all jurisdictions over time, with the exception of the NT in 2003, when the median days of use was six (monthly use; Figure 29).

Figure 29: Frequency of cocaine use among REU who reported using cocaine in the past six months, by jurisdiction, 2000-2007

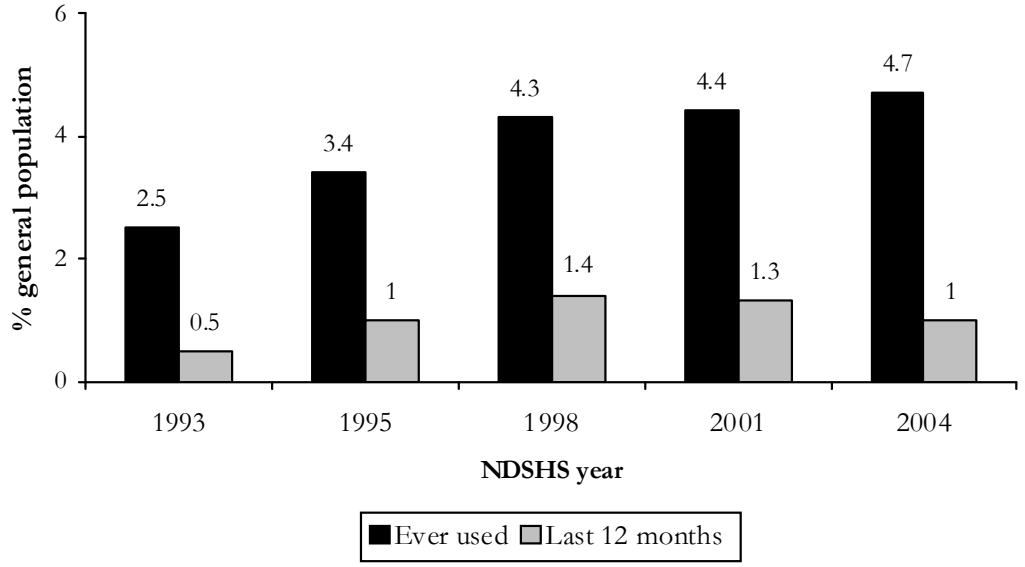


Source: EDRS REU interviews
Note: Medians rounded to nearest whole number. Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

6.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population remained consistent between 1993 and 1995, with approximately 3% of the population having ever used the drug. This figure rose to 4.3% in 1998, and remained consistent in 2001 and 2004 (Figure 30). Recent use of cocaine has remained relatively stable across the five sampling years (Australian Institute of Health & Welfare, 2005).

Figure 30: Prevalence of cocaine use in Australia, 1993-2004



Source: NDSHS 1993-2004 (Australian Institute of Health and Welfare, 2005b; Commonwealth Department of Community Services and Health, 1988)

6.3 Price

Small numbers were able to comment on the price of a gram of cocaine in some jurisdictions and therefore the results should be interpreted with caution. Cocaine was most commonly purchased in grams and ranged from a median of $300 in NSW, the ACT, VIC and QLD to $400 in WA (Table 34).

Table 34: Median price per gram of cocaine, by jurisdiction, 2007

Median price ($)	NSW n=50	ACT n=22	VIC n=19	TAS n=16	SA n=18	WA n=13^	NT n=5^	QLD n=32
Gram	300	300	300	350	337.50	400	350^	300
(range)	(180-350)	(250-600)	(250-500)	(250-400)	(250-525)	(250-500)	(250-1200)^	(250-800)

Source: EDRS REU interviews

^ Small numbers commenting (n<10), interpret with caution

The majority of those commenting on cocaine considered that the price had remained stable over the preceding six months. Approximately one-quarter reported that, while

they were confident to comment on the price, purity and/or availability of cocaine, they did not know whether the price had changed (Table 35).

Table 35: Price changes of cocaine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Cocaine price changes									
Of those who responded	**n=205**	n=54	n=27	n=22	n=24	n=25	n=14	n=5^	n=34
% Don't know (n)	**26 (53)**	24 (13)	33 (9)	9 (2)	50 (12)	12 (3)	21 (3)	0	32 (1)
% Increased (n)	**12 (25)**	17 (9)	4 (1)	14 (3)	13 (3)	12 (3)	29 (4)	0	6 (2)
% Stable (n)	**42 (86)**	44 (24)	44 (12)	59 (13)	13 (3)	52 (13)	36 (5)	80 (4)	35 (12)
% Decreased (n)	**8 (16)**	6 (3)	4 (1)	5 (1)	8 (2)	4 (1)	14 (2)	20 (1)	15 (5)
% Fluctuated (n)	**12 (25)**	9 (5)	15 (4)	14 (3)	17 (4)	20 (5)	0	0	12 (4)

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

The majority of jurisdictions have reported an increase in the median price per gram of cocaine between 2003 and 2006, with figures remaining stable in most jurisdictions between 2006 and 2007 (Table 36).

Table 36: Median price of cocaine, by jurisdiction, 2003-2007

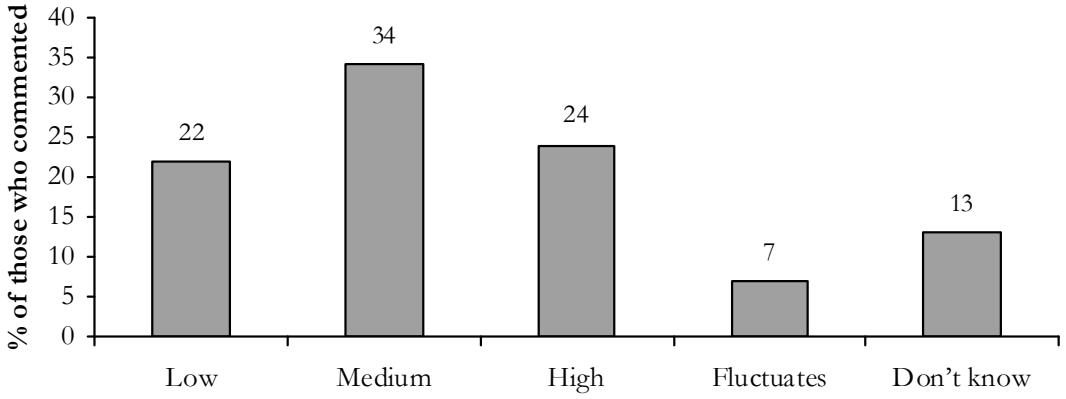
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	200	250	250	250	210	325	280	250
2004	200	250	277.50	325^	250	400	250	237.50
2005	270	250	300	350	300	350	375	300
2006	300	300	300	350	300^	350	275^	300
2007	300	300	300	350	337.5	400	350^	300

Source: EDRS REU interviews
Note: The price of cocaine was first collected in 2003.
^ Small numbers commenting (n<10); interpret with caution

6.4 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. Twenty-eight percent of the national sample commented on the purity of cocaine. Reports were fairly mixed, with the largest proportion considering it to be of medium purity; between one-fifth and one-quarter reported it to be low or high, respectively (Figure 31).

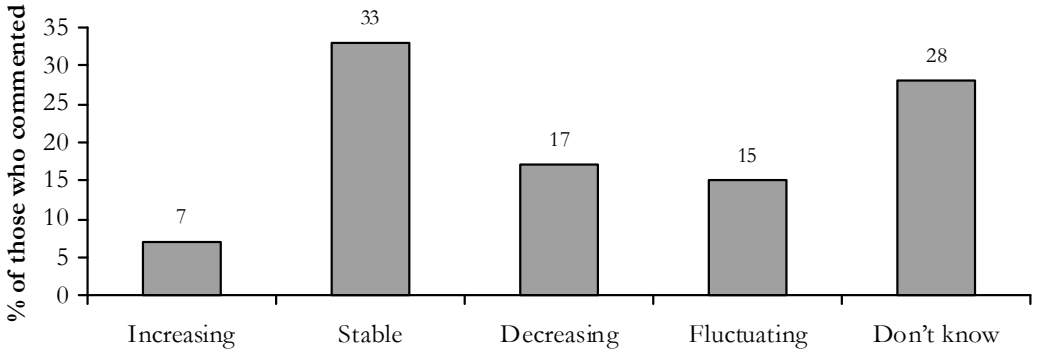
Figure 31: National REU reports of current cocaine purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=205)

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion reported that it had remained stable. Almost one-third reported that they did not know, and only a small proportion reported that it was increasing (Figure 32).

Figure 32: National REU reports of recent (last six months) change in cocaine purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=205)

There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT and no TAS or NT state/territory police cocaine seizures analysed in 2005/06. Data for 2006/07 were unavailable at the time of publication.

The purity of analysed state/territory police seizures varied in each state/territory in 2005/06, ranging from 21% in WA to 56.3% in NSW. In 2005/06, most of the cocaine seizures analysed were from NSW, QLD, and VIC. The AFP seizures of cocaine were generally higher in purity; however, with the exception of NSW, these figures were based on very small numbers of seizures analysed (Table 37).

Table 37: Median purity of cocaine seizures, by jurisdiction, 1999/00-2005/06

	Median purity %													
	State/Territory police							AFP						
	99/00	00/01	01/02	02/03	03/04	04/05	05/06	99/00	00/01	01/02	02/03	03/04	04/05	05/06
NSW	34.0 n=36	52.0 n=101	n.a.	27.0 n=52	32.0 n=97	64.3 n=92	**56.3 n=108**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	72.3 n=348	69.9 n=63	**74.3 n=98**
ACT	-	-	35.9 n=5	-	48.0 n=3	47.7 n=5	**30.6 n=5**	25.9 n=2	35.9 n=2	-	-	-	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	32.6 n=27	48.8 n=33	**31.7 n=43**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	75.3 n=34	58.9 n=9	**55.3 n=7**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-	**-**	-	-	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	38.5 n=10	30.7 n=64	**32.8 n=9**	-	66.9 n=94	-	-	-	-	**-**
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	3.0 n=4	44.0 n=27	**21 n=12**	35.8^ n=1	33.8 n=3	72.4 n=4	-	59.4 n=9	77.4^ n=1	**53.8 n=6**
NT	-	-	24.0^ n=1	-	-	-	**-**	-	-	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	14.9 n=30	35.2 n=90	**38 n=109**	76.3 n=33	72.7 n=11	63.1 n=15	-	71.7 n=24	79.9 n=7	**42.7 n=4**

Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)

^ Median purity based on one seizure.

Notes: Seizures ≤2g and >2g combined. Dashes represent no seizures analysed. Figures do not represent the purity levels of all cocaine seizures, only those that were analysed at a forensic laboratory. Figures for WA, TAS 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 state/territory police in the relevant quarter. The period between the date of seizure by state/territory 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. Data for 2006/07 were not available at the time of publication.

6.5 Availability

Reports of availability were mixed, with just over one-third of those commenting considering it to be difficult to obtain, approximately one-third reporting it to be easy and one-fifth finding it very easy. Jurisdictional differences were noted, with the largest proportion considering it to be very easy or easy to obtain recorded in NSW and the largest proportion considering it to be difficult or very difficult recorded in TAS. Only five participants in the NT commented on availability which is likely to reflect lower levels of use and/or availability. The majority of participants in all jurisdictions reported that availability had remained stable over the past six months (Table 38).

Table 38: Availability of cocaine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=205**	n=54	n=27	n=22	n=24	n=25	n=14	n=5^	n=34
% Don't know (n)	**4 (8)**	2 (1)	7 (2)	0	8 (2)	0	7 (1)	0	6 (2)
% Very easy (n)	**20 (40)**	41 (22)	19 (5)	5 (1)	0	16 (4)	14 (2)	20 (1)	15 (5)
% Easy (n)	**34 (70)**	35 (19)	30 (8)	50 (11)	4 (1)	44 (11)	29 (4)	20 (1)	44 (15)
% Difficult (n)	**36 (73)**	17 (9)	41 (11)	46 (10)	63 (15)	40 (10)	43 (6)	40 (2)	29 (10)
% Very difficult (n)	**7 (14)**	6 (3)	4 (1)	0	25 (6)	0	7 (1)	20 (1)	6 (2)
Availability changes (%)									
(among those who commented)	**n=205**	n=54	n=27	n=22	n=24	n=25	n=14	n=5^	n=34
% Don't know (n)	**13 (26)**	11 (6)	22 (6)	9 (2)	13 (3)	8 (2)	14 (2)	0	15 (5)
% More difficult (n)	**8 (16)**	6 (3)	7 (2)	9 (2)	8 (2)	12 (3)	7 (1)	0	9 (3)
% Stable (n)	**59 (12)**	69 (37)	52 (14)	68 (15)	50 (12)	56 (14)	43 (6)	80 (4)	53 (18)
% Easier (n)	**15 (13)**	6 (3)	11 (3)	14 (3)	13 (3)	20 (5)	29 (4)	20 (1)	24 (8)
% Fluctuates (n)	**6 (13)**	9 (5)	7 (2)	0	17 (4)	4 (1)	7 (1)	0	0

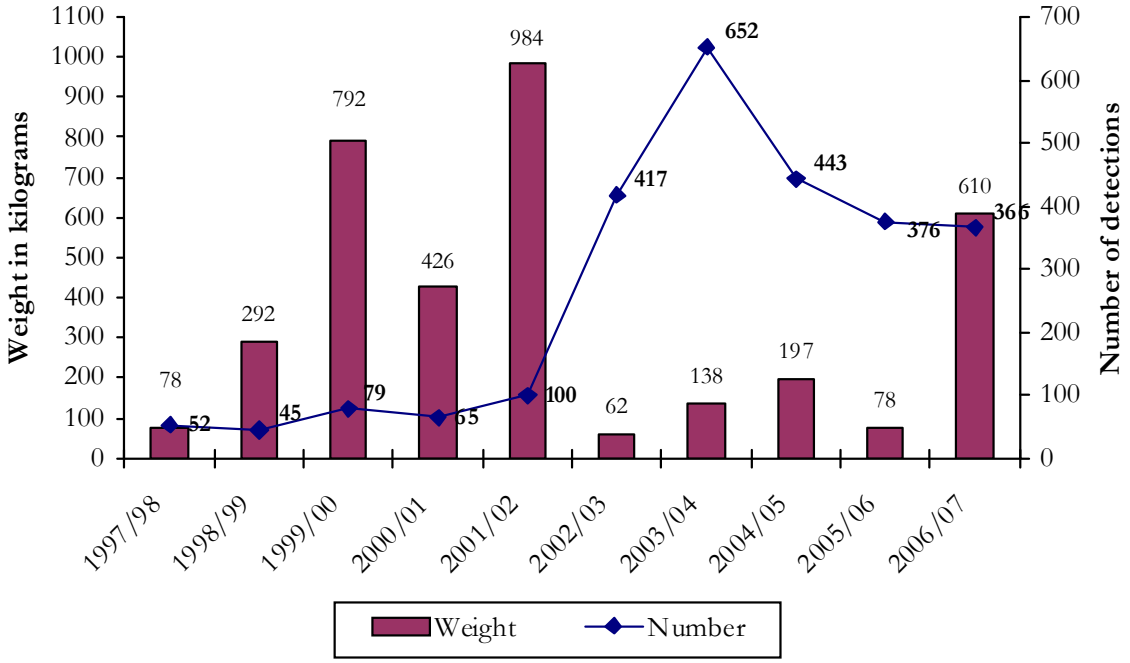
Source: EDRS REU interviews

^ Small numbers commenting (n<10); interpret with caution

6.5.1 Cocaine seized at the Australian border

During 2006/07, the ACS made 366 detections of cocaine at the Australian border. The detections weighed a total of 610 kilograms, representing a substantial increase from 78 kilograms in 2005/06 (Figure 33). This included two sizeable detections of 135 kilograms in September 2006 in sea cargo and 141 kilograms in March 2007 in air cargo (Australian Customs Service, 2007).

Figure 33: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)

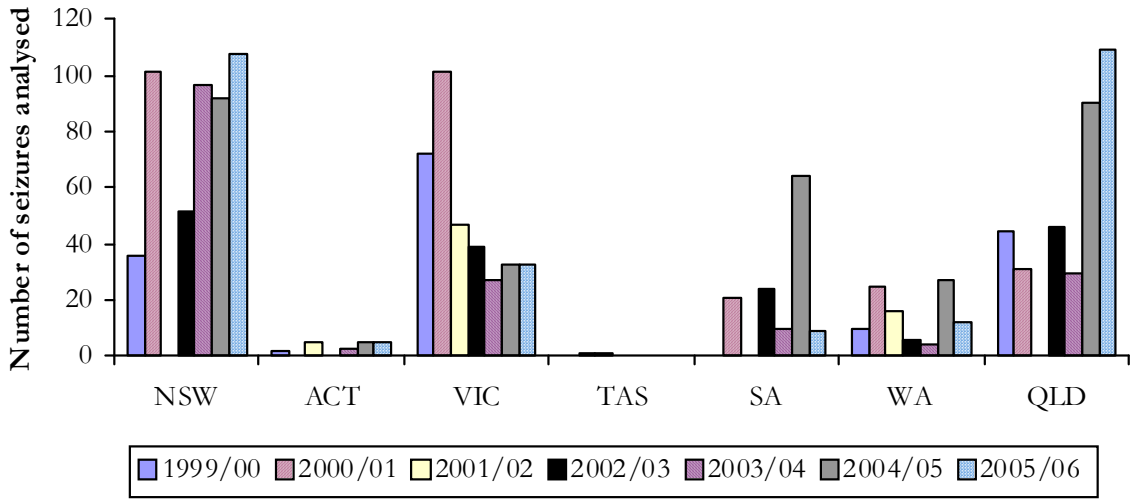
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

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, 2006).

Figures reported include seizures ≤2grams and >2grams, reflecting both street and larger seizures. The following caveat applies to Figures 34 and 35: these do not represent the purity levels of all cocaine seizures – only those who have been analysed at a forensic laboratory. Figures for WA (and TAS) 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.

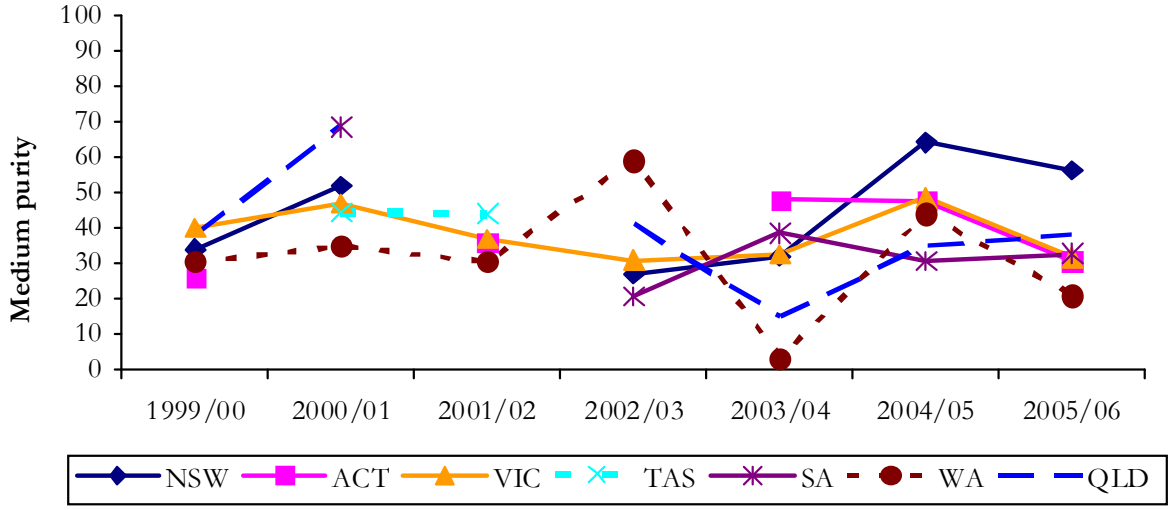
There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT and no TAS or NT state police cocaine seizures analysed in 2005/06. With the exception of NSW and QLD, the number of state police seizures analysed was low (Figure 34). Median purity of state police seizures was highest in NSW at 56.3% (Figure 35).

Figure 34: Number of state/territory police cocaine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

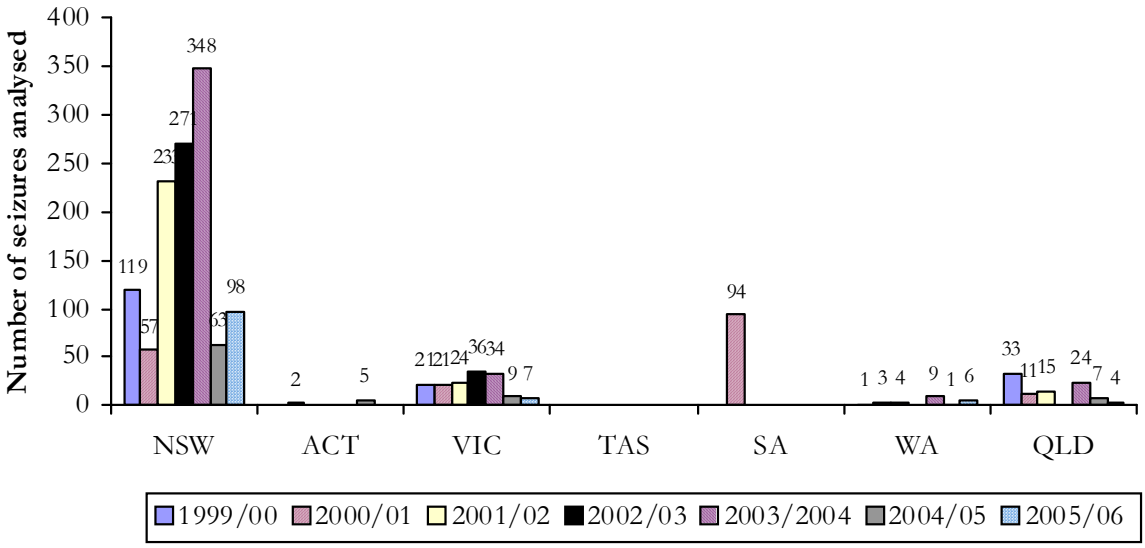
Figure 35: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

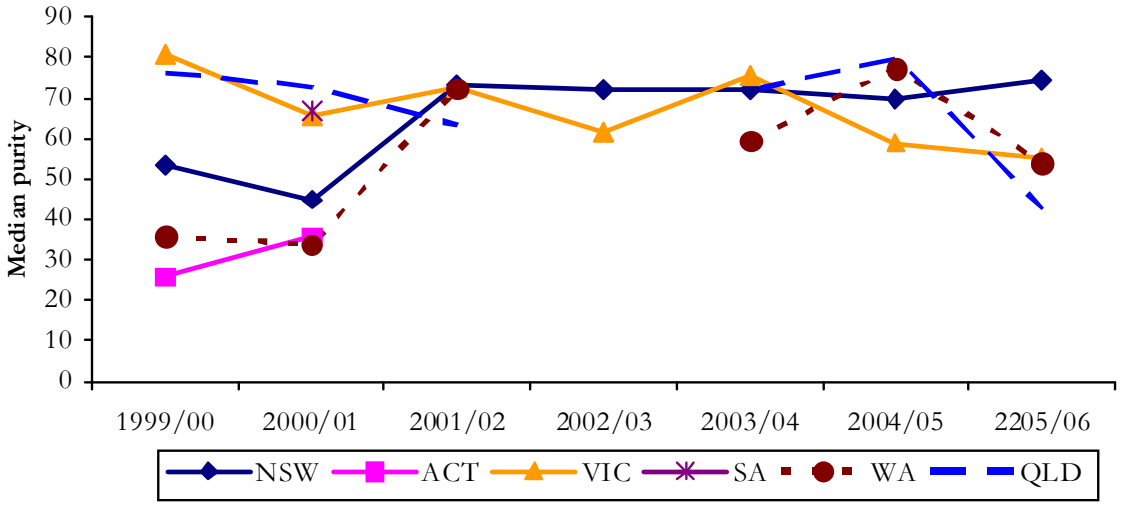
While the number of AFP cocaine seizures analysed was highest in NSW in 2005/06, this figure remains markedly lower than previous years (Figure 36). The purity of these seizures, however, remains relatively high at 74.3% (Figure 37).

Figure 36: Number of AFP cocaine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

Figure 37: Median purity of AFP cocaine seizures, by jurisdiction, 1999/00-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were unavailable at time of publication.

6.6 Jurisdictional trends for cocaine

Below follow summaries of trends for cocaine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008), ACT: Campbell and Degenhardt (2008a), VIC: Quinn (2008), TAS: Matthews and Bruno (2008), SA: White, Vial and Ali (2008), WA: George and Lenton (2008), NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

6.6.1 New South Wales

An increase was observed in the proportion reporting lifetime (88%) and recent (62%) cocaine use in 2007 (compared to 80% and 45% respectively) and, among recent users, an increase in the median days of use (four days in the preceding six months in 2007 compared to two days in 2006). Among recent users, snorting was the most commonly nominated route of administration. Cocaine was used in a variety of locations, including participants' own homes, nightclubs and friends' homes. It was largely obtained from people known to participants, such as friends and known dealers.

The price of a gram of cocaine remained at $300, with more than two-fifths of those who commented reported that the price of cocaine had remained stable in the six months preceding interview. KE suggested that the high price of cocaine precluded younger users. Variable reports were obtained regarding the current purity of cocaine, with reports ranging from medium, high and low. However it was reported by two-fifths of those who commented that purity had remained stable in the six months preceding interview. Availability was reported to currently be very easy to easy and a large proportion of those who commented reported that cocaine availability had remained stable in the preceding six months. One KE who worked in law enforcement reported that there were increased quantities of cocaine detected at the end of 2006. The purity of cocaine seizures analysed by both the NSW Police and the AFP remains relatively higher than previous years; however, in some cases, the number of seizures was small.

6.6.2 The Australian Capital Territory

Approximately four-fifths of the 2007 EDRS sample had ever tried cocaine (an increase from 68% in 2006) and almost half the sample reported using cocaine in the previous six months. Those REU who had recently used cocaine had used the substance on a median of 2.5 days in the preceding six months, and the majority had used on a less than monthly basis during this period of time. Snorting remained the most common route of administration, followed by swallowing. The median amount of cocaine used in a typical episode of use was half a gram, which increased to one gram when referring to the heaviest recent episode of use. Two-fifths of REU who had binged on ERDs in the previous six months reported using cocaine during these binge sessions.

The median price for a gram of cocaine remained stable in 2007 at $300 per gram. There were mixed reports regarding the current purity of cocaine purity by REU in the ACT in 2007 with a slight decline in the proportion of REU reporting cocaine purity as high. Again, the response of REU in regards to the current availability of cocaine in the ACT was mixed, which is also consistent with reports of participants in previous years. Cocaine was typically purchased by REU from friends and known dealers in the six months prior to interview.

6.6.3 Victoria

Reports from the Victorian REU and KE suggest that a high proportion of REU have ever used cocaine, with a considerable number also reporting recent use. Prevalence of recent cocaine use fluctuated over the first four years of the study, though remained relatively stable from 2006 to 2007. Since 2003, however, those REU reporting recent use of cocaine have tended to use it

infrequently, typically snorting it, and using cocaine in a wide range of locations, most commonly nightclubs, pubs and private homes.

Perhaps contributing to the relatively low frequency of recent use, cocaine continues to be an expensive drug. The purity of cocaine is typically rated as medium to low, though user reports regarding the availability of cocaine vary, with similar proportions of participants reporting it to be easy (50%) or difficult (46%) to source. Cocaine is commonly purchased from friends or known dealers in private homes.

6.6.4 Tasmania

The recent use of cocaine gradually increased among the Tasmanian REU cohort between 2003 (7%) and 2006 (33%), but was stable at 35% in 2007. Recent cocaine use was more prevalent among the older (aged 23 and above) participants compared with the younger participants (younger than 23 years, with this division based on a median split for age).

Cocaine was typically snorted and was used on a median frequency of two days (range 1-72 days) in the six months preceding the interview, with an average of 0.2-0.5g used in a typical session. Cocaine was typically used at private residences and to lesser extent at nightclubs, dance events, pubs, and live music events.

The median market price for one gram of cocaine was $350 (range $250-$400) which has remained stable since 2005. The price for one point (0.1g) of cocaine ranged from $20 to $60, but very few participants were able to comment on price. No consistent trends in terms of recent price changes were noted.

Cocaine was typically considered to be low to medium in purity; with around one-quarter indicating that the purity of cocaine was currently high. Reports on recent changes in the purity of cocaine were mixed.

The majority of those who commented on the availability of cocaine, indicated that it was currently difficult or very difficult to obtain, and no recent changes in the availability of the drug were noted.

Cocaine had typically been purchased from friends or dealers, but two-fifths of those who had used cocaine (42%) had not scored the drug themselves.

Although there has been a slight increase in the use and perceived availability of cocaine in recent years, this use has remained infrequent, and appears to have stabilised in 2007. Additionally, there have been no recent changes in the low levels of cocaine-related harms in TAS (e.g. hospital admissions, law enforcement data).

6.6.5 South Australia

There was an increase in the proportion of REU reporting recent use of cocaine in 2007 (36% in 2007 from 31% in 2006), and an increase in the frequency of cocaine use from two days in 2006 to three days in 2007, which remains low among those who had used recently. The most commonly reported locations of both usual and last use were nightclubs, friends' homes, pubs, and private parties.

The current price of cocaine (from $300/gram in 2006 to $337.50/gram in 2007), and the last price paid (from $275/gram in 2006 to $325/gram in 2007) both increased compared to 2006. The perception of purity was that it was medium to high, and with regard to recent change in purity of cocaine, REU reports were equivocal. Availability had increased, compared to 2006.

There was a decrease in the number of cocaine seizures by SAPOL, while the median purity was relatively stable. As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

6.6.6 Western Australia

Prevalence of cocaine use remained largely similar to that reported last year. Lifetime use of cocaine was reported by 56% in 2007 (55% in 2006) and recent use by 27% in 2007 (29% in 2006). Among those reporting recent use, there was a non-significant increase in the average days cocaine was used to six days in 2007 (2.5 days in 2006). Median amounts used in typical and heavy sessions doubled to 1 gram in 2007 (0.4-0.5 grams in 2006). Almost all respondents reported snorting as the most common method of administration (93%). Nightclubs, own home and friends' homes were equally reported as the most common usual locations of use (64% each).

Cocaine was commonly purchased in grams and the median price increased to $390 in 2007 ($350 in 2006). The majority of last year's respondents were unable to comment on price changes of cocaine over the last six months, while the greatest proportion of current respondents rated it as stable (36%). Ratings of current purity were similar with the greatest proportion across years rating it as medium.

There was some suggestion of a perceived increase in availability of cocaine. The greatest proportion still nominated current availability of cocaine as difficult; however, this rating decreased to 43% in 2007 (63% in 2006). Similarly, ratings of availability of cocaine as very difficult decreased to 7% in 2007 (26% in 2006). Among the current sample, 'friends' were reported as the most common person from whom cocaine was purchased and 'friend's home' as the most common location.

6.6.7 The Northern Territory

Lifetime cocaine use decreased from 55% in 2006 to 35% in 2007; however, these figures are more in line with those from 2004 to 2005. Recent use has been stable for the preceding three years with approximately one in ten reporting recent cocaine use. Among those who had recently used, cocaine use was infrequent with a median of two days use in the preceding six months, similar to 2006; and again similar to previous years, there were no reports from REU of the use of cocaine on a fortnightly or more basis. Typical and heavy session use quantities returned to 2005 levels with 1.25 grams reported as usual use and 2.75 grams reported as the medina for heavy use periods. All recent cocaine users reported snorting cocaine. There were no reports of any other routes of administration. The median price for a gram of cocaine during the last purchase was $300, similar to $275 in 2006, although only two respondents were able to comment in both years so results need to be interpreted with caution. The small number of REU able to comment (n=5) rated current cocaine purity as medium to high, and availability as difficult. There is no indication that health- or law enforcement- related harms have increased.

6.6.8 Queensland

In 2007, 61% of REU reported lifetime cocaine use and 42% reported recent use. The proportion of REU reporting lifetime and recent use increased in 2007. Nevertheless, despite an increase in the proportion of REU reporting recent use of cocaine, frequency of use has remained relatively stable and at low levels (approximately twice in the six months prior to interview) in this sample. Overall, cocaine use among REU continues to be generally 'opportunistic' and infrequent.

Similar to previous years, the most common locations for cocaine use were nightclubs (n=18) and private homes (private party: n=13, friend's home: n=9, own home: n=9), and cocaine was

usually obtained from friends (n=17) in private homes (friend's home: n=17, dealer's home: n=9, own home: n=7).

Among REU able to report on the price of cocaine (n=32), the median price in 2007 was $300 ($250-$800) per gram and the majority (n=12) reported that this price had remained stable in the six months preceding interview. Similar to previous years, relatively few REU were able to comment on purity but the majority of these reported it as medium (n=16). Most noticeably, and in contrast to previous years, REU typically reported that cocaine was easy (n=15) to obtain in 2007. Similarly, KE noted an increase in demand and availability of cocaine among REU in 2007.

Overall, an increase in the number of REU reporting recent use of cocaine, and a reported increase in availability may indicate an increase in the cocaine market for REU in south-east Queensland.

6.7 Summary of cocaine trends

- Two-thirds (66%) of participants reported having used cocaine at some stage during their lifetimes. Two-fifths (40%) reported cocaine use in the six months prior to interview, ranging from 9% in the NT to 62% in NSW. Figures were similar to those reported in 2006 except in NSW, QLD and, to a lesser extent, in WA where it increased.
- Seven percent of the national sample reported having ever injected cocaine. Among recent users, cocaine had typically been snorted (92%), while 29% had swallowed it. Six percent reported recent cocaine injection and cocaine smoking remained uncommon (3%). The median age of first use was 20 years.
- Ten percent of the national sample nominated cocaine as their drug of choice.
- Frequency of cocaine among users remained low at a median of three days (bi-monthly use) during the six months prior to interview. The majority had used less than once per month; 12 participants reported using cocaine once a week or more. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram, except in WA where this figure was one gram. A median of one gram was used in the heaviest recent (past six months) session of use, except in the ACT, TAS and QLD where the median amount used in the heaviest recent session was half a gram.
- Twenty-one percent of those who had binged on ecstasy and/or related drugs in the six months preceding interview had used cocaine in binge session.
- Cocaine was most commonly acquired through friends or known dealers at private homes, most commonly friends' homes, dealers' homes or at their own homes.
- Cocaine was used in a variety of public and private locations, such as nightclubs, friends' homes and participants' own homes.
- Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $300 in NSW, the ACT, VIC and QLD to $400 in WA. Prices remained similar to those reported in 2006 and higher than those in 2003. Two-fifths of those commenting on cocaine reported that prices had remained stable over the preceding six months.
- Similar to 2006, one-third (34%; 33% in 2006) of those who commented reported that the current purity of cocaine was medium and a further 24% reported the current purity to be high (21% in 2006). One-third (33%) of those who commented reported that cocaine purity had remained stable in the six months prior to interview, although 28% reported that they did not know.
- Of those who commented, just over one-third (36%) reported that cocaine was difficult to obtain while a similar proportion (33%) reported it to be easy to obtain. More than half (59%) of those who commented reported that cocaine availability had remained stable in the six months prior to interview.
- Health and law enforcement-related harms, including those associated with cocaine use, are discussed in the relevant sections later in the report.

7 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 REU is probably diverted from veterinary sources (Australian Crime Commission, 2003).

Ketamine is also known as K, Special K or Vitamin K.

This section contains information about ketamine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix D. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

7.1 Ketamine use among REU

Six participants (1%) of the national sample nominated ketamine as their drug of choice. Thirty-nine percent of the 2007 national sample reported lifetime use of ketamine and less than one-fifth (16%) had used it in the six months preceding interview (Table 39). Ketamine was first used at a median age of 21 years (range 14-54 years). Four percent (n=26) of the national sample reported that they had injected ketamine at some time (Table 39).

In the six months preceding interview, snorting was the most common route of administration of ketamine, with four-fifths (81%) having used it in this way (Table 39). One-third (31%) had recently swallowed ketamine, 4% of recent users had injected it in the six months preceding interview and 2% of recent users had smoked it during this time.

Of those who used ketamine, the median number of days used was two (range one day to 40 days; Table 39). The majority (80%) had used less than monthly; 12% had used between monthly and fortnightly; 4% used between fortnightly and weekly and 3% reported using more than once per week. There were no daily users.

Nine percent of those who had binged in the six months preceding interview used ketamine in their binge. Thirty-two participants reported usually using ketamine with ecstasy and fifteen participants reported usually using it to come down from ecstasy.

Table 39: Patterns of ketamine use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**39**	62	38	52	23	49	22	33	28
Ever injected	**4**	11	3	4	0	2	3	3	2
Used last six	**16**	36	10	25	14	26	2	8	1
months (%)	**n=116**	n=36	n=7	n=25	n=14	n=26	n=2	n=5	n=1
Snorted*	**81**	89	71	88	50	85	0	100	100
Swallowed*	**31**	11	71	12	57	46	100	20	100
Injected*	**4**	11	0	4	0	0	0	0	0
Smoked*	**2**	0	0	8	0	0	0	0	0
Median days									
used* last six	**2**	2	2	1	1	3	2.5	1	4
months (range)	**(1-40)**	(1-25)	(1-30)	(1-40)	(1-30)	(1-24)	(1-4)	(1-12)	-

Source: EDRS REU interviews
*Of those who 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 0.5-10 bumps) for a typical or average use episode and two bumps (range 0.5-20 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Twenty-three participants reported using a median of two lines in both a typical (range 1-4 lines) and the heaviest recent session of use (range 1-6 lines). Nineteen participants reported using a median of half a gram (range 0.25-2.5g) in a typical session of use 20 participants reported using a median of one gram (range 0.25-3g) in the heaviest recent session of use.

Ketamine was predominantly obtained from friends (50%) and known dealers (28%), with small proportions reporting that they obtained ketamine from acquaintances (9%), workmates (3%) and unknown dealers (3%). It was predominantly obtained from private locations, such as friends' homes (26%) and participants' own homes (26%), with other locations mentioned including dealers' homes (22%), agreed public locations (9%), nightclubs (7%), raves (5%), acquaintances' homes (5%) and work (3%).

In all jurisdictions excluding NSW, SA and TAS, fewer than 10 participants were able to comment on the source of ketamine purchase. In NSW, friends (38%) and known dealers (33%) were sources; this was similar in SA (friends: 53%, known dealers: 20%) and in TAS (friends: 60%, known dealers: 40%). In NSW, ketamine was obtained from friends' homes (29%) and dealers' homes (29%); this was similar in SA (own homes, 20% friends' homes, 20%), though in TAS participants' own homes (70%) and both friends' and dealers' homes were commonly mentioned (30% each).

Ketamine was used in a variety of locations, including participants' own homes (55%), friends' homes (38%), nightclubs (28%), private parties (21%), raves (14%) and pubs (9%). Locations of last ketamine use included participants' own homes (40%) and friends' homes (23%).

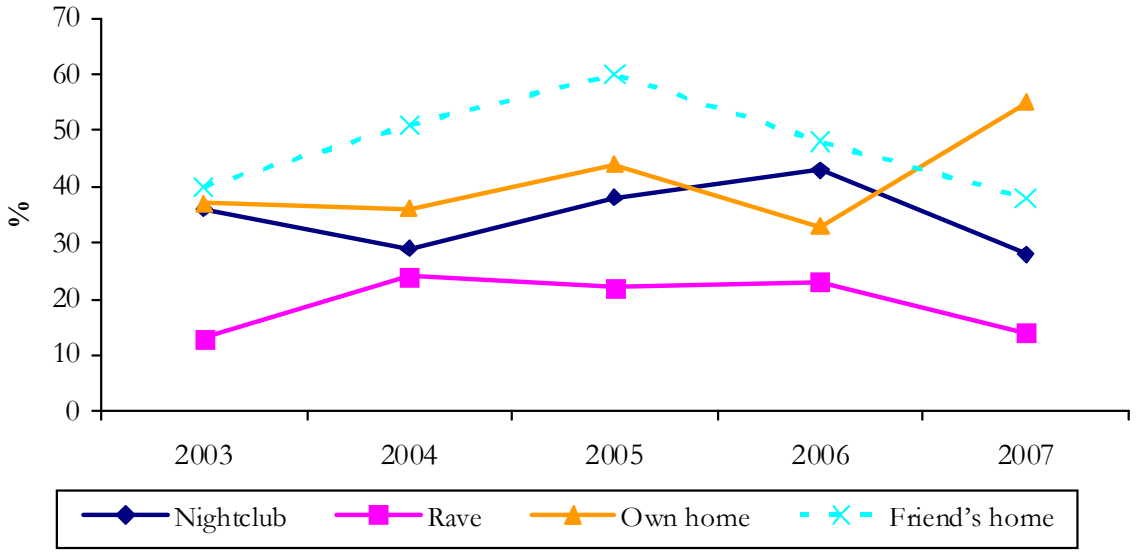
In all jurisdictions excluding NSW, SA and TAS, fewer than 10 participants were able to comment on the location of usual and last ketamine use. In NSW, participants' own homes (62%) were common locations of usual use, followed by nightclubs (38%), private parties (33%) and friends' homes (33%). Locations of last ketamine use included participants' own homes (29%), friends' homes (19%) and nightclubs (14%).

In SA, locations of usual ketamine use included participants' own homes (47%), friends' homes (33%), private parties (20%) and nightclubs (13%). Locations of last ketamine use included participants' own homes (33%) and friends' homes (27%).

In TAS, locations of usual ketamine use included participants' own homes (80%), friends' homes (40%) and raves (20%). Locations of last ketamine use included participants' own homes (89%).

Figure 38 presents trends over time in the locations of usual ketamine use. Between 2003 and 2005, friends' homes were commonly nominated locations of ketamine use; however, a decline has been observed between 2005 and 2007. Between 2004 and 2006, an upward trend has been observed in the proportion reporting a nightclub as the usual location of use, though this declined in 2007. Participants' own homes, which declined as a location of usual use between 2005 and 2006, increased between 2006 and 2007.

Figure 38: Location of usual ketamine use, 2003-2007

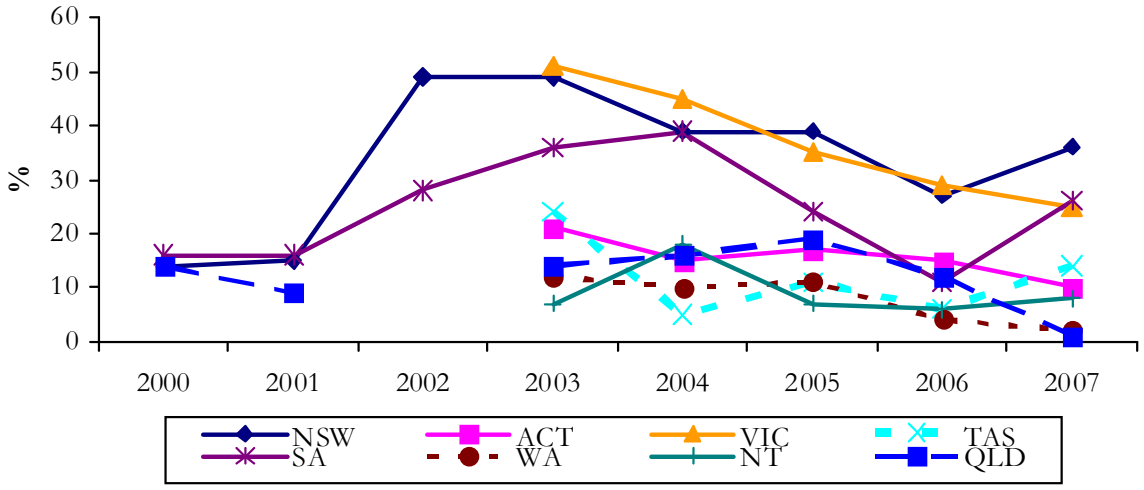


Source: EDRS REU Interviews

7.1.1 Trends over time

Figure 39 presents data across time regarding the proportion of REU reporting recent ketamine use. In NSW, QLD and SA data have been collected since 2000 (no data were collect from QLD in 2002), and from 2003 in the other states/territories. Over time, trends in most states/territories have shown a decrease in recent ketamine use. This may be related to a number of reasons, such as availability of the drug. However, in NSW, where data have been collected since 2000, an increase was observed in 2007 after a period of decline. This pattern was similarly observed in SA.

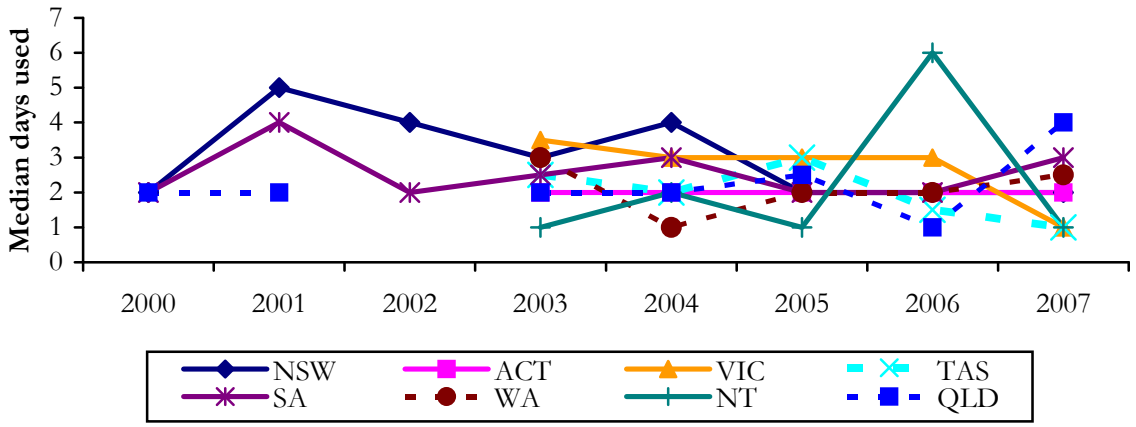
Figure 39: Proportion of REU who reported recent (last six months) use of ketamine, by jurisdiction, 2000-2007



Source: EDRS REU interviews 2000-2007
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

In NSW, QLD and SA, data concerning the frequency of recent ketamine use have been collected since 2000, and since 2003 in the remaining states/territories (no data were collected for QLD in 2002). Across time in all jurisdictions, ketamine use in the six months preceding interview has remained low, with use occurring less than once per month. In 2007, QLD reported a median of four days use in the six months preceding interview. The NT observed a decline in median days of use, from six days in 2007 to one day in 2007 (Figure 40).

Figure 40: Frequency of ketamine use among REU who reported using ketamine in the past six months, by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

7.2 Ketamine in the general population

The 2004 NSDSHS was the first to investigate the prevalence of ketamine use in the general population. Use of ketamine in those aged 14 years and above was low – only 1% had ever used ketamine, and 0.3% had used ketamine in the past year (Australian Institute of Health and Welfare, 2005b). One-quarter (27%) of lifetime users had used ketamine in the past year (Australian Institute of Health and Welfare, 2005b).

7.3 Price

Only a small proportion of the sample was able to comment on the price of a gram of ketamine in all jurisdictions and, therefore, the results should be interpreted with caution. Five percent of the national sample (n=36) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $150 in NSW (n=15) to $300 in TAS (n=3; Table 40).

Table 40: Median price of ketamine, by jurisdiction, 2007

Median price ($)	NSW n=15	ACT n=2^	VIC n=6^	TAS n=3^	SA n=10	WA n=0	NT n=0	QLD n=0
Gram (range)	$150 (50-280)	$172.5 (95-250)	$200 (150-250)	$300 (90-300)	$200 (87.5-250)	n.a.	n.a.	n.a.

Source: EDRS REU interviews
^ Small numbers commenting (n<10), interpret with caution

Nine percent (n=65) of the national sample commented on whether the price of ketamine had changed in the preceding six months. One-third (35%, n=23) reported that the price had remained stable in the preceding six months; smaller proportions reported that the price had either fluctuated (8%, n=5), increased (6%, n=4) or decreased (3%, n=2). Half (48%, n=31) did not know about the price change of ketamine in the six months preceding interview (Table 41).

Table 41: Price changes of ketamine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Ketamine price changes									
(among those who commented)	**n=65**	n=25	n=3^	n=9^	n=11	n=15	n=0	n=0	n=2^
% Don't know (n)	**48 (31)**	56 (14)	100(3)	11 (1)	64 (7)	33 (5)	0	0	50 (1)
% Increased (n)	**3 (2)**	4 (1)	0	0	0	7 (1)	0	0	0
% Stable (n)	**35 (23)**	28 (7)	0	67 (6)	27 (3)	47 (7)	0	0	0
% Decreased (n)	**6 (4)**	0	0	22 (2)	0	7 (1)	0	0	50 (1)
% Fluctuated (n)	**8 (5)**	12 (3)	0	0	9 (1)	7 (1)	0	0	0

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

Table 42 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of REU able to comment on the price of ketamine has been low, so caution should be made when interpreting results. In NSW, the price has remained relatively stable, with a fluctuation occurring between 2004 and 2007. In the ACT and in VIC, the price has also fluctuated for a gram of ketamine during 2004 and 2007. In SA, the price of ketamine in 2007 decreased to that observed between 2003 and 2005 ($200).

Table 42: Median price of ketamine, by jurisdiction, 2000-2007

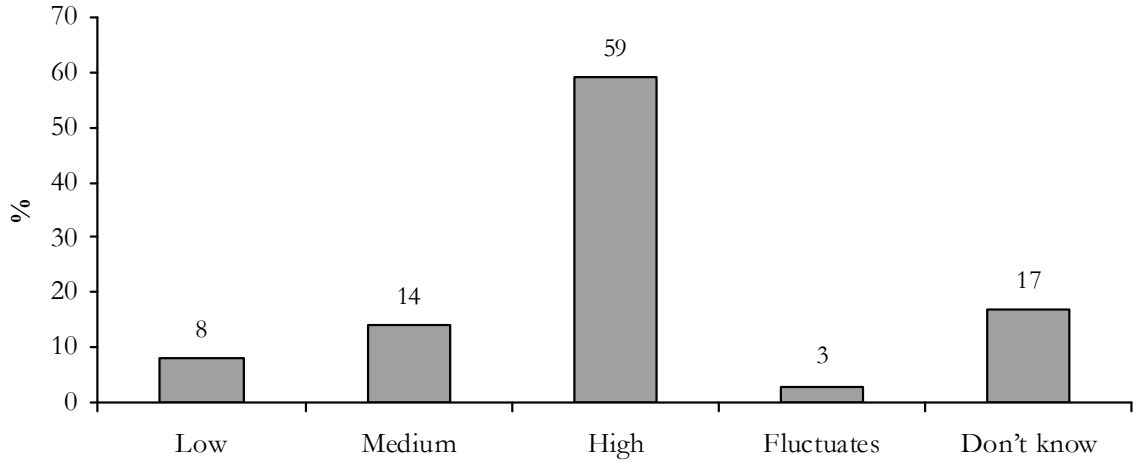
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	150	n.a.	200	100^	200	n.a.	n.a.	180
2004	200	200^	195	50^	200	n.a.	200^	n.a.
2005	100	65^	180	190^	200	150	80^	150^
2006	175^	40^	100^	180^	300^	160^	50^	180^
2007	150	172.5^	200^	300^	200	n.a.	n.a.	n.a.

Source: EDRS REU interviews
^A small number of participants commented
Notes: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002.; data first collected in ACT, VIC, TAS, WA and NT in 2003; no participants in the ACT commented on the price of a gram of ketamine in 2003; no participants in WA commented on the price of a gram of ketamine in 2003, 2004 or 2007; no participants in the NT commented on the price of a gram of ketamine in 2003 or 2007; and no participants in QLD commented on the price of a gram of ketamine in 2004 or 2007.

7.4 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. Nine percent (n=65) of the national sample commented on the purity of ketamine. Three-fifths (59%, n=38) of those who reported on the current purity of ketamine believed it to be high (Figure 41).

Figure 41: National REU reports of current ketamine purity, 2007

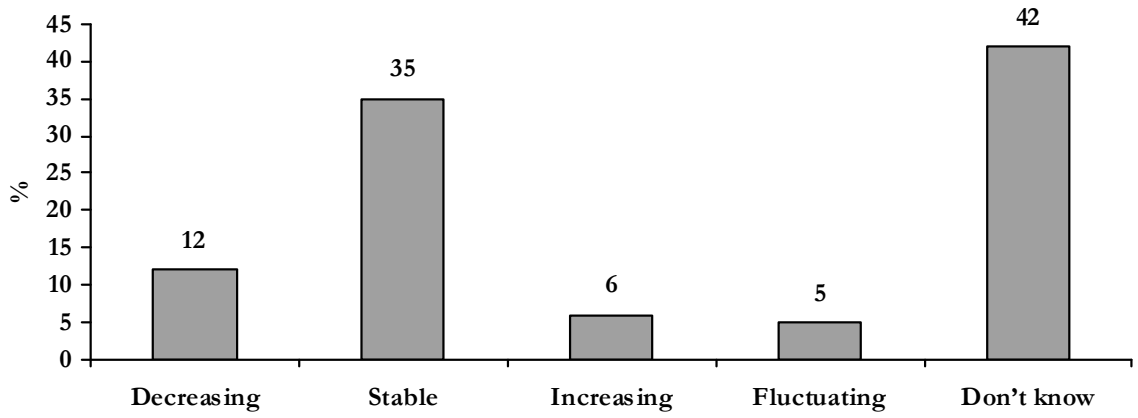


Source: EDRS REU interviews
Note: Among those who commented (n=65).

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 35% (n=23) reported that the purity of ketamine had remained stable; 12%

(n=8) reported that the purity had decreased; 6% (n=4) said that purity had increased; and 5% (n=3) reported that purity had fluctuated in the six months preceding interview. Forty-two percent (n=27) did not know (Figure 42).

Figure 42: National REU reports of recent (last six months) change in ketamine purity, 2007

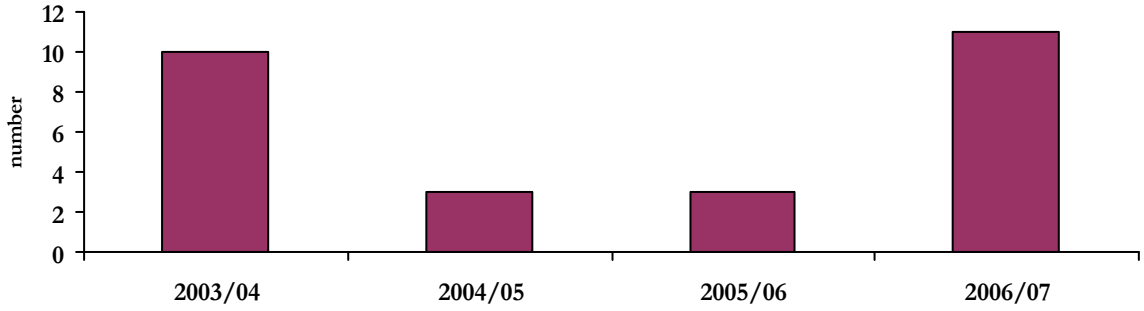


Source: EDRS REU interviews
Note: Among those who commented (n=65).

7.5.1 Ketamine detected at the Australian border

Numbers of ketamine detections have remained relatively low over the past four-year period compared to other drug types (Figure 43).

Figure 43: Number of detections of ketamine detected at the border by the Australian Customs Service, 2003/04-2006/07



Source: ACS (2007)

7.5 Availability

Nine percent of the national sample commented on the recent availability of ketamine. Mixed reports were obtained, with 32% (n=21) reporting that ketamine was difficult to obtain while 26% (n=17) reported that ketamine was easy to obtain. Nineteen percent (n=12) reported that ketamine was very difficult to obtain while 17% (n=11) reported that it was very easy to obtain. Four participants were unable to comment (Table 43).

One-third (35%, n=23) of those who commented reported the availability of ketamine had remained stable over the preceding six months, while 17% (n=11) reported that ketamine was

'more difficult' to obtain and the same number considered it to be easier. Nine percent (n=6) reported it as fluctuating and 22% (n=14) did not know (Table 43).

Table 43: Availability of ketamine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=65**	n=25	n=3^	n=9^	n=11	n=15	n=0	n=0	n=2^
% Don't know (n)	**6 (4)**	8 (2)	0	11 (1)	0	0	0	0	50 (1)
% Very easy (n)	**17 (11)**	28 (7)	0	11 (1)	18 (2)	7 (1)	0	0	0
% Easy (n)	**26 (17)**	36 (9)	0	11 (1)	27 (3)	27 (4)	0	0	0
% Difficult (n)	**32 (21)**	16 (4)	100(3)	56 (5)	46 (5)	27 (4)	0	0	0
% Very difficult (n)	**19 (12)**	12(3)	0	11 (1)	9 (1)	40 (6)	0	0	50 (1)
Availability changes (%)									
(among those who commented)	**n=65**	n=25	n=3^	n=9^	n=11	n=15	n=0	n=0	n=2^
% Don't know (n)	**22 (14)**	20 (5)	33 (1)	22 (2)	18 (2)	20 (3)	0	0	50 (1)
% Easier (n)	**17 (11)**	24 (6)	0	11 (1)	36 (4)	0	0	0	0
% Stable (n)	**35 (23)**	40(10)	33 (1)	33 (3)	27 (3)	40 (6)	0	0	0
% More difficult (n)	**17 (11)**	8 (2)	33 (1)	33 (3)	0	26 (4)	0	0	50 (1)
% Fluctuates (n)	**9 (6)**	8 (2)	0	0	18 (2)	13 (2)	0	0	0

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

7.5.1 Ketamine detected 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 this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. Accordingly, only the numbers of seizures are presented. During the period 2001/02 and 2006/07, the ACS recorded a total of 40 ketamine seizures. There were 11 seizures made in the financial year 2006/07, the highest within one financial year across the period of collection.

7.6 Jurisdictional trends for ketamine

Below follow summaries of trends for ketamine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008), ACT: Campbell and Degenhardt (2008a), VIC: Quinn (2008), TAS: Matthews and Bruno (2008), SA: White, Vial and Ali (2008), WA: George and Lenton (2008), NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

7.6.1 New South Wales

The prevalence of lifetime ketamine use increased slightly in 2007, with 62% reporting having ever used the drug, while the proportion reporting recent also increased, from 27% in 2006 to 36% in 2007. The median days of use in the preceding six months remained stable at two days; almost three-quarters of recent users reported using ketamine on a less-than-monthly basis. KE suggested that ketamine was used infrequently but was sought out by those who enjoyed its effects. While some KE suggested that ketamine was increasingly being used as a drug to aid in the comedown from other stimulant drugs, this has not been reflected in the REU data.

A small proportion of the sample was able to comment on price, purity and availability. The median price of a gram of ketamine was reported to be $150; more than half of those who commented on the price of ketamine were unable to comment on its change in the preceding six months. Three-fifths of those who commented reported that the purity of ketamine was high and two-fifths reported that purity had remained stable in the six months preceding interview. Ketamine was reported to be easy to very easy to obtain and that availability had remained largely stable in the preceding six months.

7.6.2 The Australian Capital Territory

Approximately two-fifths of the sample had ever tried ketamine, though only one in 10 reported having used ketamine in the past six months (a slight decrease from 15% in 2006). Median days of use was low at two days, though one participant reported using ketamine approximately once a week. Swallowing and snorting remained the most popular forms of ketamine administration. The majority of ketamine users quantified their use of this drug in terms of 'bumps'. Three bumps was the median amount of ketamine used by REU in a typical session and four bumps in the heaviest session of use in the past six months. Reflecting the low levels of ketamine use among ACT REU, only small proportions of the sample reported having used ketamine during binge sessions of substance use, though there were no reports of using ketamine in combination with, or when coming down from, ecstasy.

The median reported price for a pill of ketamine increased dramatically from $40 in 2006 to $172.50 per pill in 2007. However, only small numbers were able to report on ketamine price in both years, so results should be interpreted with caution. REU reported that the purity of ketamine was medium to high. All participants who were able to comment on ketamine availability (n=4) reported that it was difficult to obtain. Known dealers and friends were the primary sources through which REU obtained ketamine in the past six months.

7.6.3 Victoria

Reports from the 2007 Victorian REU and KE reflect decreasing levels of both lifetime and recent ketamine use among REU since the study began in 2003. Those reporting recent ketamine use typically use it infrequently, generally in nightclubs or private homes.

The purity of ketamine is generally rated as high, though is reportedly difficult to obtain. Ketamine is most commonly purchased from friends and known dealers in nightclubs and private homes.

7.6.4 Tasmania

Just over one-tenth (14%) of the 2007 REU sample had used ketamine during the six months preceding the interview. Ketamine had been used on an average of one occasion in the preceding six months in relatively small amounts, suggesting predominately experimental use by a small number of people in this regular ecstasy-consuming cohort. Ketamine was typically swallowed or snorted and had been purchased in either powder or pill form.

Consistent with the relatively low use of ketamine among the 2007 REU sample, few participants were able to comment on the price, purity, or availability of the drug and these estimates should therefore be interpreted with caution. The median price for one point (0.1g) was $35 (range $30-$35) and the price for one gram ranged between $90 and $300. The purity of ketamine was typically considered to be high and to have remained stable in recent months. The comments of KE and the patterns of use among REU both indicate relatively low availability of ketamine in Tasmania.

7.6.5 South Australia

Twenty-six percent of REU reported recent use of ketamine in 2007, though frequency of recent use remained low. The prevalence of recent use of ketamine among REU had increased compared to 2006 (at 26% from 11% in 2006) with the most commonly reported locations of both 'usual' and last use of ketamine being at their own home, a friend's home, or at private parties. KE comments suggested use of ketamine is either 'accidental' (in ecstasy pills) or restricted to a subset of users, and supports REU reports of use at private venues.

Though the number of REU able to comment on these parameters was very small, reports indicated that the current estimated price of ketamine had decreased to $200/gram (from $300/gram in 2006), and it was considered to be of good quality, though difficult to obtain.

7.6.6 Western Australia

Rates of ketamine use have been consistently low among REU in WA with less than a quarter of samples reporting lifetime use. While still within this range, there was a significant increase in lifetime use of ketamine to 22% in 2007 (14% in 2006). Recent use was comparable and reported by 2% in 2007 (4% in 2006). The average number of days ketamine was used in the last six months remained at 2.5 days. No respondent commented on locations of use, purchasing practices and aspects of price, purity and availability.

7.6.7 The Northern Territory

The proportion of REU reporting lifetime use of ketamine increased slightly from 26% in 2006, to 33% in 2007; however, only five participants reported the recent use of ketamine, similar to three participants in 2006.

7.6.8 Queensland

The proportion of REU reporting recent ketamine use fell from 2005 (20%) and 2006 (12%) to just 1% in 2007. This one respondent reported using ketamine four times in six months and used one 'bump' per session. This sole REU reported that purity and availability of ketamine had decreased in the six months prior to interview. The infrequency of ketamine use among REU is consistent with KE reports, which maintain that ketamine use is relatively uncommon and infrequent among REU.

7.7 Summary of ketamine trends

- Thirty-nine percent of the national sample reported lifetime use of ketamine, and 16% reported using ketamine in the six months preceding interview. The median age of first use was 21 years.
- Amongst recent ketamine users, the majority (81%) snorted, while one-third (31%) had swallowed it. Very small proportions reported smoking and injecting ketamine in the six months preceding interview.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (80%) had used ketamine less than once per month. A small proportion (3% of recent users, n=4) reported using ketamine more than once per week.
- The median amount of ketamine used in a typical and the heaviest recent episode of use was two 'bumps'.
- Ketamine was predominantly obtained from friends (50%) and known dealers (28%); purchase typically occurred in private locations, such as friends' homes (26%) and participants' own homes (26%). Locations of usual use included participants' own homes (55%), friends' homes (38%) and nightclubs (28%).
- Small proportions reported on the price of a gram of ketamine, which ranged from a median of $150 in NSW to $300 in TAS. Of those who commented, the price of ketamine was reported to have remained stable in the six months preceding interview by 35% (48% did not know).
- The current purity of ketamine was reported to be high (59%) by those who commented; 35% of those who commented reported that the purity of ketamine had remained stable in the six months preceding interview (42% did not know).
- Mixed reports were obtained regarding the current availability of ketamine, with 32% of those who commented reporting it to be difficult to obtain and 26% of those who commented reporting it to be easy to obtain. One-third (35%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Health and law enforcement-related harms, including those associated with ketamine use, are discussed in the relevant sections later in the report.

8 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 et al., 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak, 1989; Mack, 1993; Chin et al., 1992) and for alcohol dependence and opioid withdrawal (Nicholson & Balster, 2001; Kam & Yoong, 1998). The use of GHB as a recreational drug has been documented in recent years (Degenhardt 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 (1,4-B), are metabolised into GHB in the body when consumed. The recreational use of these drugs has also been documented (Ingels et al., 2000). They may be used as substitutes for GHB, but are pharmacologically different.

Unlike many of the drugs examined here, GHB is a central nervous system (CNS) 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 (Degenhardt et al., 2003).

This section contains information about GHB use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix E. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

8.1 GHB use among REU

Two participants (4%) of the 2007 national sample nominated GHB as their drug of choice. Twenty percent of the 2007 national sample reported lifetime use of GHB and 7% had used it in the six months preceding interview (Table 44).

GHB was first used at a median of 22 years (range 14-45 years). Most (98%) participants who reported recent use reported recently swallowing GHB. Four participants in the national sample reported that they had injected GHB in the six months preceding interview.

Of those who used GHB in the six months preceding interview, the median number of days used was four (Table 44). More than half (56%) reported using less than once per month; 27% used between monthly and fortnightly; 10% reported using between fortnightly and weekly; and 8% reported using more than once per week. One participant reported using daily.

Of those who reported bingeing on drugs in the preceding six months, 6% (n=19) had used GHB in a binge episode. Of those who typically use other drugs with ecstasy only 2% (n=15) reported that they typically used GHB with ecstasy and nine participants reported that they usually used it to come down from ecstasy.

Table 44: Patterns of GHB use among REU, 2007

	National N=740	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=100
Ever used (%)	**20**	37	15	34	4	32	8	15	11
Used last six months (%)	**7**	23	5	10	1	11	0	0	3
Median days used* last six months (range)	**4 (1-180)**	6 (1-180)	3.5 (1-24)	2 (1-120)	6 (n.a.)	3 (1-16)	n.a.	n.a.	4 (3-5)

Source: EDRS REU interviews
*Of those who used in the six months preceding interview

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was three millilitres (range 1-30ml). Recent GHB users reported using a median of 7ml (range 1.7-180ml) during the heaviest recent use episode.

Seven participants reported using a median of one vial (range 0.50-2 vials) of GHB in a typical session of use, and a median of 1 vial (range 0.50-4 vials) in the heaviest recent session of use. Given the ambiguity of the volume of a 'vial', these data should be interpreted with caution.

GHB was obtained from friends (61%) and known dealers (33%); small proportions reported that they obtained it from acquaintances (3%) and unknown dealers (3%). GHB was scored from friends' homes (39%), dealers' homes (30%) and participants' own homes (27%). Other locations included agreed public locations (12%), nightclubs (9%), raves (including 'doofs' and dance parties, 6%) and private parties (3%). Eighteen percent had used GHB but not scored it.

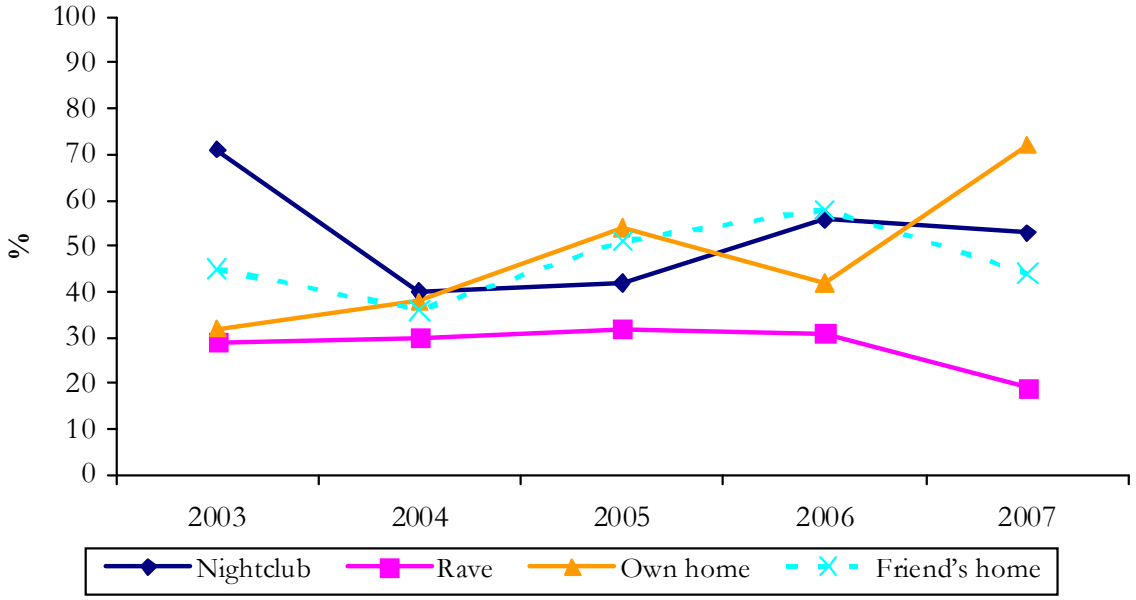
In all jurisdictions excluding NSW, fewer than 10 participants were able to comment on the source and purchase location of GHB. In NSW, friends (71%) and known dealers (47%) were the common sources, and GHB was obtained from such locations of friends' homes (47%), dealers' homes (47%) and participants' own homes (35%).

GHB was used in a variety of locations, including participants' own homes (72%), nightclubs (53%), friends' homes (44%), raves (including 'doofs' and dance parties, 19%), private parties (13%), public places (13%), outdoors (9%), pubs (6%), acquaintances' homes (6%) and dealers' homes (6%). Locations of last use included participants' own homes (41%), friends' homes (29%), nightclubs (19%) and pubs, private parties and day clubs (3% respectively).

In all jurisdictions excluding NSW, fewer than 10 participants were able to comment on the usual and last location of GHB use. In NSW, GHB was usually used in such locations as participants' own homes (82%), nightclubs (41%), friends' homes (35%), raves (12%) and private parties (6%). Locations of last use included participants' own homes (65%) and friends' homes (24%).

Figure 44 presents trends over time in the locations of usual GHB use. Since 2003, there has been an increase in the proportion of participants reporting their own home as a usual location of GHB use. In 2004, nightclubs were the most commonly mentioned location of usual use; however, this decreased between 2004 and 2005. An increase in nightclubs as a location of use has been observed since 2005, though this number has not risen to that seen in 2003. Since 2004, friends' homes have increased as a location of usual use, though this decreased in 2007.

Figure 44: Location of usual GHB use, 2003-2007

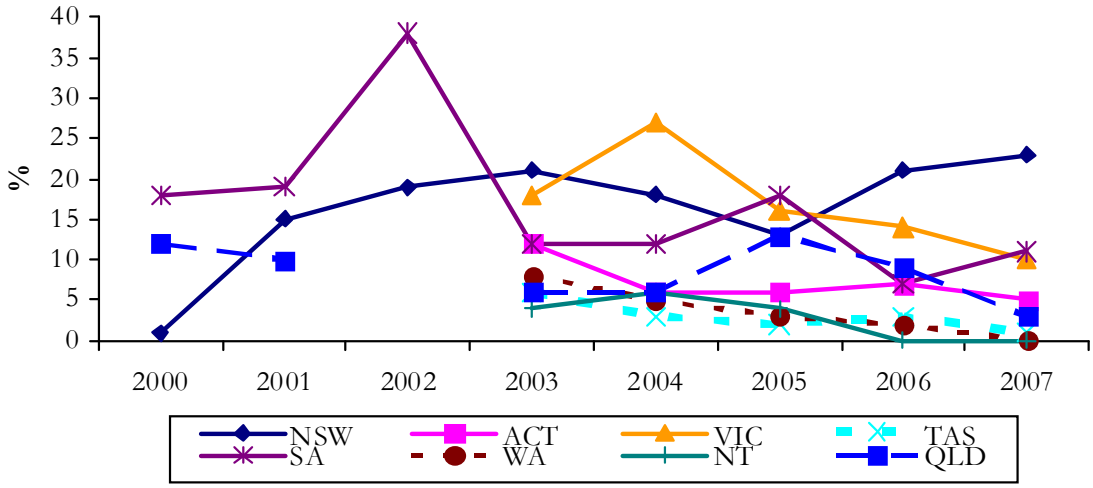


Source: EDRS REU interviews

8.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states and territories. The proportion of REU reporting recent GHB use increased in NSW between 2005 and 2007 from 13% to 23%. A decline appears to be occurring in VIC, with the proportion of REU reporting recent GHB use in that jurisdiction declining since 2004, from 27% in 2004 to 10% in 2007. SA has observed a fluctuating trend, though levels have not returned to the highest reported in that jurisdiction (38% in 2002). No participants in the NT or in WA reported GHB use in the six months prior to interview in 2007. The proportion of recent GHB users has consistently been lower in jurisdictions such as TAS, WA and the NT (Figure 45).

Figure 45: Proportion of REU who reported recent (last six months) use of GHB, by jurisdiction, 2000-2007

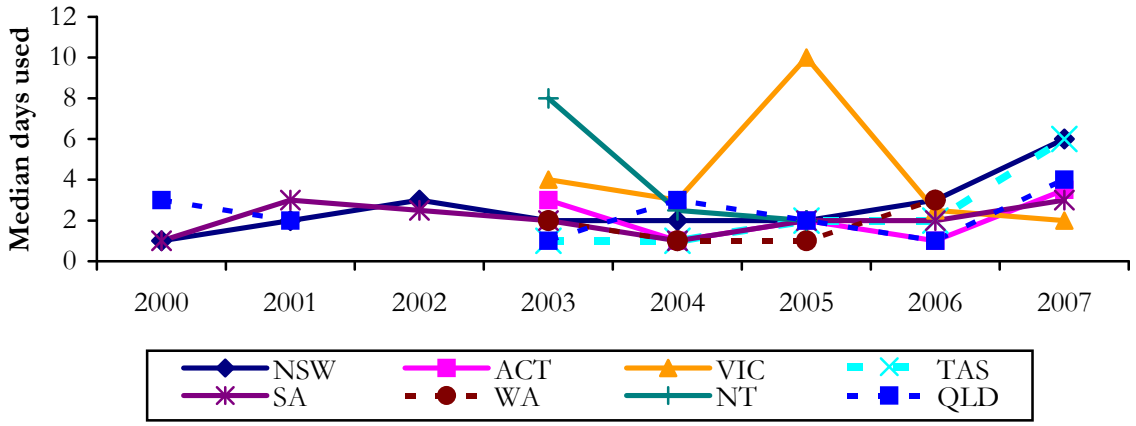


Source: EDRS REU interviews

Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

In NSW, QLD and SA, the frequency of recent GHB use data have been collected since 2000, and since 2003 in the remaining states/territories (no data were collected for QLD in 2002). Data across time shows that GHB use has occurred less than once per month amongst recent GHB users. However, in 2005 the median days of GHB use in VIC was 10, declining to two days in 2007. Also, in 2007 there was an increase in the median days of GHB use in NSW, from three days in 2006 to six days in 2007. In 2003, the medians days use in the NT was eight; however, this declined to 2.5 in 2004 and 2 in 2005, and in 2006 and 2007, no participants in the NT reported recent GHB use (Figure 46).

Figure 46: Frequency of GHB use among REU who reported using GHB in the past six months, by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

8.2 GHB use in the general population

The 2004 NSDSHS was the first to investigate the prevalence of GHB use in the general population. Use of GHB in those aged 14 years and above was low – only 0.5% had ever used GHB, and 0.1% had used GHB in the past year (AIHW, 2005). One-quarter (24%) of lifetime users had used GHB in the past year (Australian Institute of Health and Welfare, 2005b).

8.3 Price

Only sixteen participants from the national sample were able to comment on the current price per millilitre of GHB, and as such, the results should be interpreted with caution. The median price per millilitre in each jurisdiction is presented in Table 45.

Table 45: Median price per ml of GHB, by jurisdiction, 2007

Price ($)	NSW n=5^	ACT n=0	VIC n=3^	TAS n=1^	SA n=4^	WA n=0	NT n=0	QLD n=3^
Per ml (range)	$7.5 (7.5-15)	n.a.	$3.5 (3-4)	$6	$4 (3-25)	n.a.	n.a.	$5 (5-10)

Source: EDRS REU interviews
^ Small numbers commenting (n<10), interpret with caution

Forty-two participants were able to comment on whether the price of GHB had changed. Two-fifths (43%, n=18) reported that the price had remained stable, 14% (n=6) reported that the price had increased and 7% (n=3) respectively reported that the price had either decreased or fluctuated. Twenty-nine percent (n=12) were unable to comment (Table 46).

Table 46: Price changes of GHB, by jurisdiction, 2007

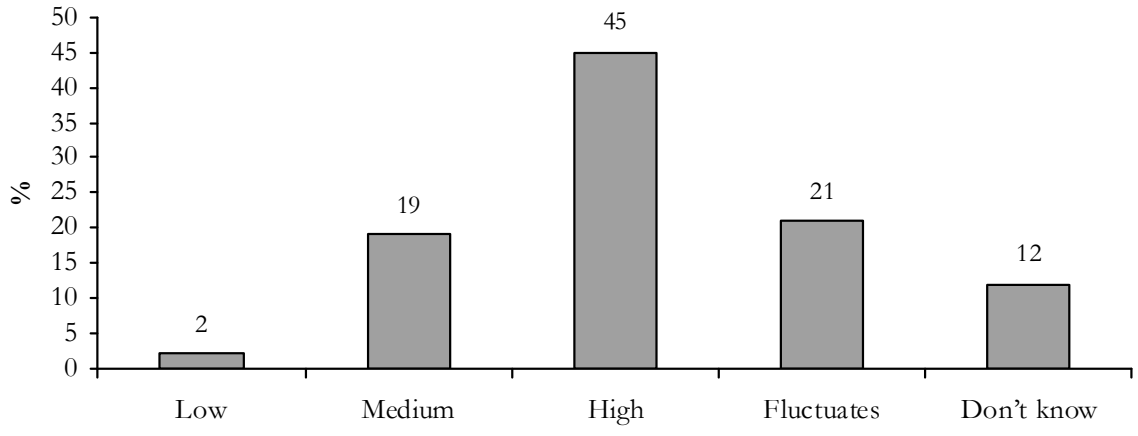
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
GHB price changes									
(among those who commented)	**n=42**	n=20	n=3^	n=6^	n=2^	n=5^	n=0	n=0	n=6^
% Don't know (n)	**29 (12)**	25 (5)	67 (2)	0	50 (1)	20 (1)	0	0	50 (3)
% Increased (n)	**7 (3)**	0	0	17 (1)	50 (1)	0	0	0	17 (1)
% Stable (n)	**43 (18)**	55(11)	33 (1)	33 (2)	0	40 (2)	0	0	33 (2)
% Decreased (n)	**14 (6)**	5 (1)	0	50 (3)	0	40 (2)	0	0	0
% Fluctuated (n)	**7 (3)**	15 (3)	0	0	0	0	0	0	0

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

8.4 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. Forty-two participants commented on the purity of GHB. More than two-fifths (45%, n=19) reported the purity of GHB to be high and 21% (n=9) reported that the purity of GHB fluctuates. Nineteen percent (n=8) reported that the purity was medium; 2% (n=1) reported that the purity was low while 12% (n=5) did not know what the current purity of GHB was (Figure 47).

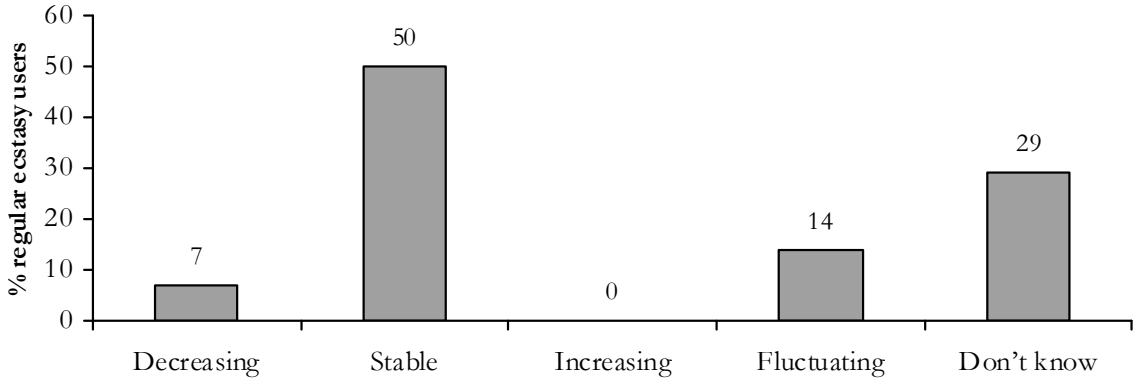
Figure 47: National REU reports of current GHB purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=42).

Of those who commented (n=42) on whether the purity of GHB had changed in the six months preceding interview, half (50%, n=21) reported it was stable, 29% (n=12) did not know, 14% (n=6) reported that it fluctuates and 7% (n=3) reported it was low (Figure 48).

Figure 48: National REU reports of recent (last six months) change in GHB purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=42)

8.5 Availability

Forty-two participants of the national sample commented on the recent availability of GHB. Again, small numbers were reported in all states/territories, and these data should therefore be interpreted with caution.

Nationally, 31% (n=13) reported that GHB was very easy to obtain and 24% (n=10) reported it was easy to obtain (Table 47). Twenty-nine percent (n=12) reported it was difficult to obtain and 7% (n=3) reported it was very difficult to obtain; 10% (n=4) reported that they did not know the current availability of GHB.

Nationally, GHB availability was reported to have remained stable in the preceding six months by 48% of those who commented (n=20); 21% (n=9) reported it had become 'more difficult' and 14% (n=6) reported that it had become easier to obtain. Seven percent (n=3) reported GHB availability had fluctuated in the six months preceding interview and 10% (n=4) were unable to comment (Table 47).

Table 47: Availability of GHB, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=42**	n=20	n=3^	n=6^	n=2^	n=5^	n=0	n=0	n=6^
% Don't know (n)	**10 (4)**	10 (2)	33 (1)	0	50 (1)	0	0	0	0
% Very easy (n)	**31 (13)**	40 (8)	0	33 (2)	0	20 (1)	0	0	33 (2)
% Easy (n)	**24 (10)**	35 (7)	0	33 (2)	0	0	0	0	17 (1)
% Difficult (n)	**29 (12)**	10 (2)	67 (2)	33 (2)	50 (1)	40 (2)	0	0	50 (3)
% Very difficult (n)	**7 (3)**	5 (1)	0	0	0	40 (2)	0	0	0
Availability changes (%)									
(among those who commented)	**n=42**	n=20	n=3^	n=6^	n=2^	n=5^	n=0	n=0	n=6^
% Don't know (n)	**10 (4)**	10 (2)	33 (1)	0	50 (1)	0	0	0	0
% More difficult (n)	**14 (6)**	15 (3)	0	0	0	0	0	0	50 (3)
% Stable (n)	**48 (20)**	55 (11)	33 (1)	50 (3)	50 (1)	60 (3)	0	0	17 (1)
% Easier (n)	**21 (9)**	5 (1)	33 (1)	50 (3)	0	40 (2)	0	0	33 (2)
% Fluctuates (n)	**7 (3)**	15 (3)	0	0	0	0	0	0	0

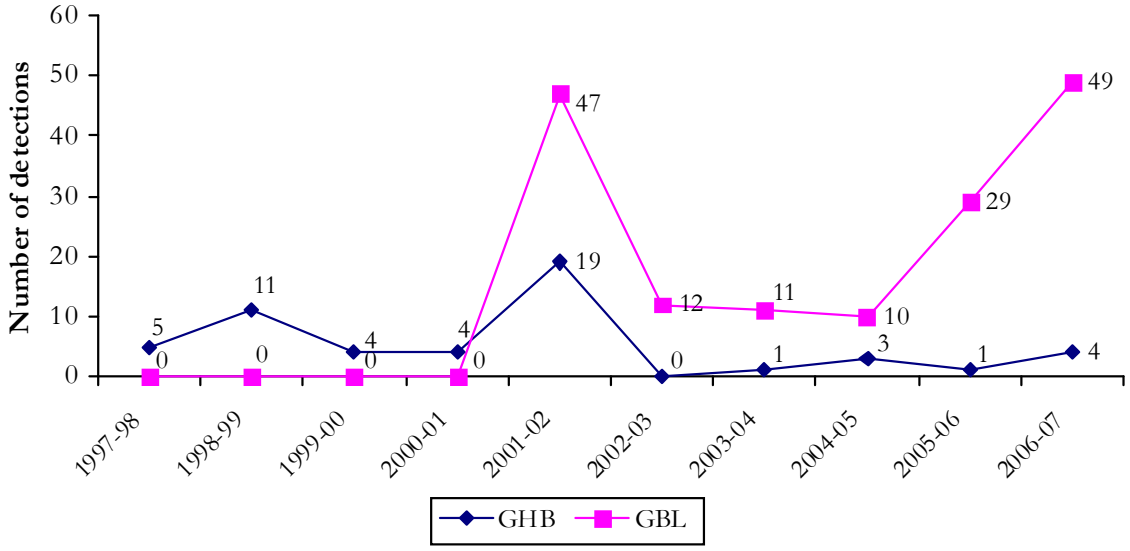
Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

8.5.1 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 49 indicates an increase in recent years in the number of detections of GBL at the Australian border. There was a record number of 49 detections of GBL in 2006/07. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself (Australian Customs Service, 2006).

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, comparative to other drug types, may also be a reflection of this fact.

Figure 49: Number of GHB and GBL detections at the border by Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)

8.6 Jurisdictional trends for GHB

Below follow summaries of trends for GHB in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008); ACT: Campbell and Degenhardt (2008a); VIC: Quinn (2008); TAS: Matthews and Bruno (2008); SA: White, Vial and Ali (2008); WA: George and Lenton (2008); NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

8.6.1 New South Wales

Two-fifths (37%) of the sample reported lifetime GHB use and one-quarter (23%) reported recent GHB use. An increase was also observed in the median days of GHB use in the preceding six months, from three days in 2006 to six days in 2007. Half of those reporting recent GHB use reported using the drug on a less-than-monthly basis. Conflicting reports were obtained from KE regarding those who used GHB; however, all KE were concerned regarding the high potential for overdose.

Amongst those who commented, GHB was usually used in participants' own homes, followed by nightclubs and friends' homes. Data collected across time have shown an increase in the proportion of REU reporting private homes as usual locations of use, and a decrease in those nominating nightclubs and raves/dance parties.

Only a small proportion was able to comment on the price, purity and availability of GHB. The median price for a 'vial' of GHB was reported to be $11, while the median price for one millilitre of GHB ranged between $7.50 to $15; however, more than half of those who commented reported that the price of GHB had remained stable in the six months preceding interview. GHB was purchased from friends and known dealers in private locations (e.g. friends', dealers' or participants' own homes).

The current purity of GHB was reported to be high to medium by those who commented and purity was reported to have remained stable in the preceding six months by more than half that commented. Availability was reported to be very easy to easy to obtain, and more than half of those who commented reported that availability had remained stable in the preceding six months.

8.6.2 The Australian Capital Territory

The data that have been collected for the ACT EDRS since 2003 suggest that GHB is a drug that is used infrequently by ACT REU. As in previous years, only a minority of the 2007 EDRS sample reported lifetime or recent use of GHB (15% and 5% respectively). Recent users reported a median of 3.5 days of GHB use in the six months prior to interview, and swallowing was the universal mode of administration. The median amount of GHB used for a typical session was reported to be 3ml and 30ml for the heaviest recent session. Two participants reported that they had used GHB during extended binge episodes of drug use. There were no reports of regularly using GHB in combination with, or whilst coming down from, ecstasy. Only three respondents were able to comment on the price, purity and availability of GHB in the ACT in 2006, and results therefore need to be interpreted with caution.

8.6.3 Victoria

Reports from the 2007 Victorian EDRS suggest moderate prevalence of lifetime and low prevalence of recent GHB use among REU. Indeed, fewer of the 2007 REU sample reported recent GHB use than previous years, while reported lifetime prevalence has generally remained stable since 2003. REU tend to use GBH infrequently across a wide range of locations, predominantly private homes, dance parties/raves/doofs and nightclubs. GHB is generally

administered orally, and is not often used in conjunction with ecstasy or when coming down from ecstasy.

GHB remains inexpensive (median $3.50 per ml) and is currently considered to be of high purity. GHB also remains readily available, although this may have recently decreased. GHB tends to be purchased from friends or known dealers in private homes.

8.6.4 Tasmania

Less than one in 20 (4%) of the REU sample had ever used GHB, and only a single participant (1%) had used GHB during the six months preceding the interview. This is consistent with the low levels of use reported among the Tasmanian REU sample in previous years.

Patterns of use among REU and anecdotal comments of KE indicate low availability of GHB in Tasmania and predominantly experimental use by few people. However, considering the potentially harmful nature of GHB, ongoing monitoring of GHB markets remains important.

8.6.5 South Australia

Eleven percent of REU reported recent use of GHB, an increase compared to 2006 (7%). The frequency of recent use increased slightly from two days use in 2006 to three days use in 2007 but was low and therefore consistent with previous years.

Price, purity and availability data for GHB in 2007 were based on a very small sample of REU and are therefore of limited value. Data suggested that the price of GHB had increased slightly and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002).

KE information suggested that GHB use was not common among REU generally, and may be decreasing.

8.6.6 Western Australia

Similar to ketamine, rates of GHB use have remained low among REU in WA. In 2007, 8% reported lifetime use of GHB (5% in 2006) and no respondent reported use of GHB in the last six months (2% in 2006). No respondent commented on locations of use, purchasing practices or aspects of the GHB market in WA.

8.6.7 The Northern Territory

No REU reported recent GHB use this year, although there was a slight increase from 4% to 15% in the proportion reporting lifetime GHB use.

8.6.8 Queensland

As in previous years, only a small minority of REU (3%) reported recent use of GHB. Use also remains infrequent and in relatively small quantities (median: four days in six months, range: 3-5 days; 3.5ml, range: 2.6ml-15ml). The average price of GHB was $5 per ml. The very few participants who were able to report on GHB purity and availability were divided in their reports. Overall, GHB use among REU in south-east Queensland continues to be uncommon, with even fewer REU reporting recent use of GHB in 2007 than in any previous year.

8.7 Summary of GHB trends

- Twenty percent of the national sample reported lifetime use of GHB, with the median age of first use being 22 years. Seven percent of the national sample reported recent use, ranging from 23% in NSW down to no reports of recent use in WA or the NT.
- Recent use occurred on a median of four days in the six months preceding interview; more than half (56%) reported using less than once per month.
- Recent GHB users reported using a median of 3ml in a typical episode of use and a median of 7ml in the heaviest recent episode of use. GHB was consumed orally; four participants reported injecting it in the six months preceding interview.
- GHB was scored from friends (61%) and known dealers (33%). Locations where it was scored include friends' homes (39%), dealers' homes (30%) and participants' own homes (27%).
- GHB was usually used in a variety of locations, including participants' own homes (72%), nightclubs (53%), friends' homes (44%) and raves (19%). Two-fifths (41%) who commented had last used it at their own home.
- Only 16 participants were able to comment on the price of a millilitre of GHB. Forty-three percent of those who commented reported that the price had remained stable in the six months preceding interview.
- Forty-five percent of those who commented reported the purity of GHB to be high. Half (50%) of those who commented reported that purity had remained stable over the preceding six months.
- Of those who commented on GHB availability, 31% reported that it was very easy to obtain, 29% reported it was difficult to obtain and 24% reported it was easy to obtain. Half (48%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Health and law enforcement-related harms, including those associated with GHB use are discussed in the relevant sections later in the report.

9 LSD

Lysergic acid diethylamide is commonly known as LSD, trips or acid, which became popular in the 1960s. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. Only a small amount is needed to cause visual hallucinations and distortions. These experiences are known as 'trips'. LSD is usually sold in perforated sheet form (Australian Crime Commission, 2007). Small paper squares ('tabs') are detached from these sheets and usually decorated with designs which can often be culturally specific to the user groups. LSD is potent, so trips are often cut into halves or quarters and shared with others. Unpleasant reactions to LSD include fear, anxiety and depression. LSD is manufactured in illicit laboratories and the majority of LSD is believed to be imported from overseas.

This section contains information about LSD use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix F. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

9.1 LSD use among REU

Sixty-one percent of the 2007 national sample reported lifetime use of LSD and 28% had used it in the six months preceding interview (Table 48). The median age of first use was 18 years (range 12-47 years).

Fourteen percent of those who had binged in the six months preceding interview used LSD in their binge. Seven percent of those who usually used other drugs with ecstasy usually used LSD with ecstasy. Two percent (n=11) of those who used other drugs to come down from ecstasy reported usually using LSD in this manner. Four percent (n=28) of the 2007 national sample reported that LSD was their drug of choice

Three percent (n=25) of the national sample reported that they had injected LSD at some time (Table 48). One participant had injected it in the six months preceding interview.

All recent LSD users reported swallowing it in the six months preceding interview. In the preceding six months one participant had snorted it and one participant had shafted it; no participants reported recently smoking LSD.

Of those who used LSD in the six months preceding interview, the median number of days used was two, ranging from having used once in the six months preceding interview to having used approximately three times per week during this same period. The majority (76%) had used less than monthly; 15% used between monthly and fortnightly; 7% used between fortnightly and weekly; and another 2% used more than once a week. There were no daily users.

Table 48: Patterns of LSD use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**61**	68	54	70	40	75	49	70	62
Ever injected (%)	**3**	2	5	2	1	10	3	3	1
Used last six months (%)	**28**	22	24	39	20	33	23	33	28
Median days used* last six months (range)	**2 (1-72)**	2.5 (1-20)	2 (1-20)	2 (1-30)	2 (1-25)	3 (1-72)	2 (1-24)	3 (1-14)	3 (1-12)

Source: EDRS REU interviews
*Of those who used in the six months preceding interview

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range 0.25-5 tabs). The median amount used in the heaviest recent session was also one tab (range 0.25-15 tabs). It had predominantly been obtained from friends (69%), while one-third (30%) also obtained it from known dealers (Table 49). This was also reflected in locations where LSD was obtained from: more than half (53%) obtained it from friends' homes, one-quarter (24%) from dealers' homes and one-fifth (20%) at their own homes. LSD was most frequently used at participants' own homes (50%), outdoors (35%), friends' homes (34%), raves (26%), nightclubs (25%), private parties (23%) and live music events (15%). Participants' own homes (22%) and friends' homes (15%) were common locations of last LSD use (Table 49).

Table 49: Source, purchase location and use location of LSD, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%)									
(% who commented)	**n=141**	n=17	n=15	n=21	n=15	n=19	n=16	n=15	n=23
Friends	**69**	47	60	71	80	68	69	80	74
Known dealers	**30**	35	40	24	20	21	44	27	30
Acquaintances	**8**	6	13	10	7	16	6	0	4
Workmates	**1**	0	0	0	0	5	0	0	4
Unknown dealers	**3**	6	7	0	0	5	6	0	0
Locations scored (%)									
(% who commented)	**n=140**	n=17)	n=15	n=21	n=14	n=19	n=16	n=15	n=23
Friend's home	**53**	41	33	62	71	32	44	73	65
Dealer's home	**24**	24	33	14	21	21	44	27	17
Agreed public location	**12**	18	27	10	7	26	13	0	0
Own home	**20**	29	13	10	29	37	13	0	26
Nightclub	**8**	6	7	0	14	21	6	13	0
Private party	**8**	6	7	10	14	11	6	13	0
Raves*	**13**	0	27	0	43	16	13	0	13
Acquaintance's home	**1**	0	7	0	0	0	0	0	4
Pubs	**4**	0	13	5	7	5	0	0	0

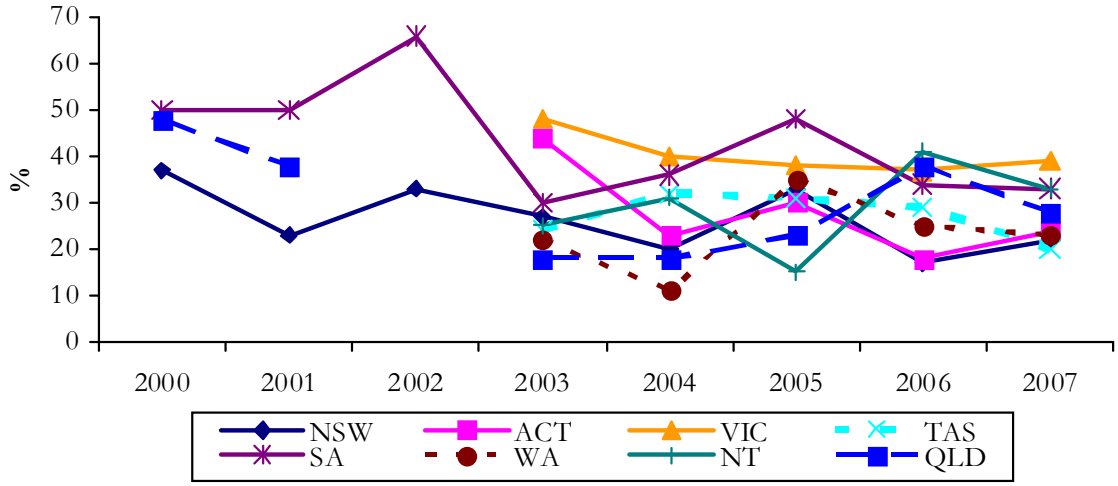
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Usual use venue (%)									
(% who commented)	**n=139**	n=17	n=14	n=21	n=15	n=18	n=16	n=15	n=23
Nightclub	**25**	6	7	14	20	50	25	53	22
Raves*	**26**	18	43	14	53	33	31	7	17
Private party	**23**	12	14	10	33	44	6	47	22
Friend's home	**34**	12	36	33	27	44	38	40	39
Own home	**50**	29	71	48	46	44	56	53	57
Pubs	**12**	0	29	0	13	28	6	0	17
Dealer's home	**4**	0	0	0	13	17	0	0	0
Restaurant/café	**4**	0	7	0	7	11	6	0	0
Public place	**13**	29	29	5	13	11	13	0	9
Vehicle – passenger	**5**	0	14	0	7	6	6	7	4
Vehicle – driver	**3**	0	7	0	7	6	6	0	0
Outdoors	**35**	53	36	24	40	56	13	27	30
Live music event	**15**	24	14	14	7	33	13	7	9
Acquaintance's home	**2**	0	7	0	0	11	0	0	0
Day club	**2**	0	0	5	0	11	0	0	0
Work	**4**	0	7	0	7	6	6	7	4
Last use venue (%)									
(% who commented)	**n=136**	n=17	n=13	n=21	n=15	n=18	n=16	n=15	n=21
Own home	**22**	12	31	24	27	17	19	20	24
Friend's home	**15**	12	23	14	0	17	25	7	19
Outdoors	**14**	12	0	19	20	22	0	27	10
Raves*	**14**	12	8	10	27	17	25	7	10
Private party	**8**	6	0	5	13	11	6	20	5

Source: EDRS REU interviews
*Includes 'doofs' and dance parties

9.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002) and since 2003 in the other states/territories. Figure 50 presents the trend over time in the proportion of REU reporting recent LSD use. The proportion of REU reporting recent LSD increased from 2006 to 2007 in the ACT (18% vs. 24%); decreased in QLD (38% vs. 28%), TAS (29% vs. 20%) and the NT (41% vs. 33%); and remained stable in NSW, VIC, SA and WA.

Figure 50: Proportion of REU who reported recent (last six months) use of LSD, by jurisdiction, 2000-2007



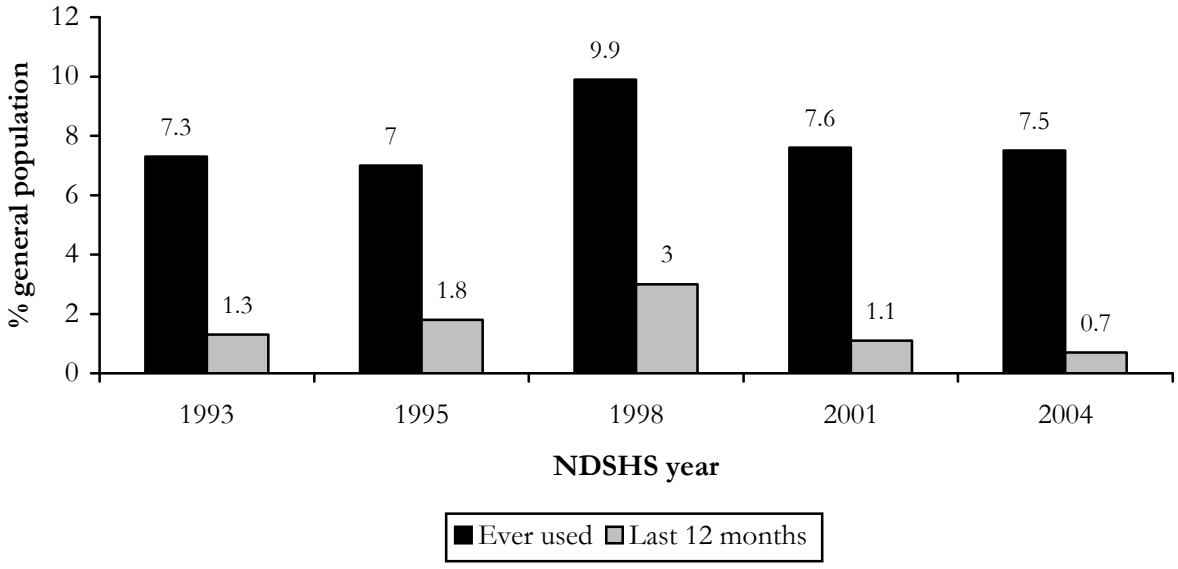
Source: EDRS REU interviews

Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

9.2 Hallucinogen use in the general population

Figure 51 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2004, with a slight increase between 1995 and 1998, and a subsequent decrease between 1998 and 2001. Recent hallucinogen use increased between 1993 and 1998, though subsequently decreased from 1998 onwards.

Figure 51: Prevalence of hallucinogen use in Australia, 1993-2004



Source: NDSHS 1988-2004 (Australian Institute of Health and Welfare, 2005b; Commonwealth Department of Community Services and Health, 1988)

9.3 Price

One-quarter (26%, n=190) 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 WA and the NT (Table 50).

Table 50: Median price per tab of LSD, by jurisdiction, 2007

Median price ($)	NSW n=34	ACT n=17	VIC n=19	TAS n=24	SA n=21	WA n=16	NT n=23	QLD n=36
Per tab (range)	$15 (10-25)	$20 (10-50)	$20 (10-30)	$20 (15-40)	$10 (6.5-20)	$25 (10-30)	$25 (20-30)	$20 (10-25)

Source: EDRS REU interviews

Twenty-seven percent (n=197) of the national sample commented on whether the price of LSD had changed in the preceding six months. The price was generally considered to be stable (58%, n=114) in the preceding six months. Nineteen percent (n=37) reported that they did not know if the price had changed in the six months preceding interview (Table 51).

Table 51: Price changes of LSD, by jurisdiction, 2007

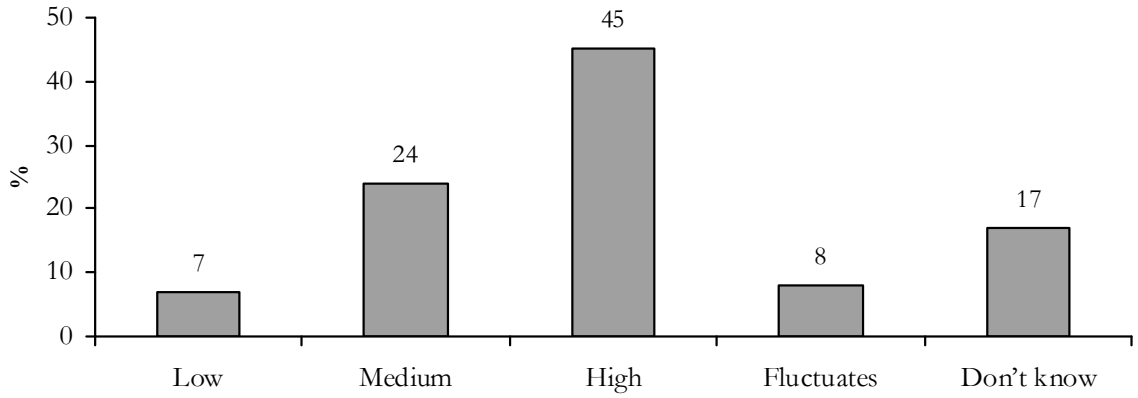
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
LSD price changes									
(among those who commented)	**n=197**	n=34	n=18	n=21	n=25	n=22	n=16	n=24	n=37
% Don't know (n)	**19 (37)**	21 (7)	17 (3)	10 (2)	24 (6)	0	38 (6)	17 (4)	24 (9)
% Increased (n)	**8 (16)**	9 (3)	6 (1)	10 (2)	8 (2)	5 (1)	0	4 (1)	16 (6)
% Stable (n)	**58 (114)**	59(20)	44(8)	67(14)	56(14)	77(17)	56 (9)	75(18)	38(14)
% Decreased (n)	**9 (17)**	6 (2)	22 (4)	5 (1)	12 (3)	9 (2)	6 (1)	4 (1)	8 (3)
% Fluctuated (n)	**7 (13)**	6 (2)	11 (2)	10 (2)	0	9 (2)	0	0	14 (5)

Source: EDRS REU interviews

9.4 Purity

Participants were asked what was the current purity or strength of LSD and if the purity had changed in the six months preceding interview. One-quarter (27%, n=197) of the national sample commented on the purity of LSD. Forty-five percent (n=88) of those who commented reported the purity of LSD to be high and a further 24% (n=47) reported LSD strength as medium. Eight percent (n=15) reported that the strength fluctuates, while 7% (n=13) reported the strength as low; 17% (n=34) did not know the current purity of LSD (Figure 52).

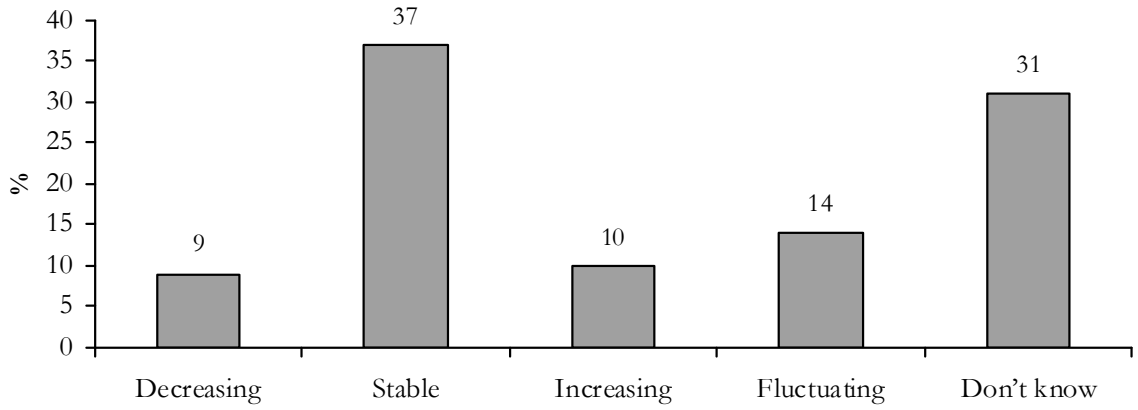
Figure 52: National REU reports of current LSD purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=197)

Of those who commented (n=197) on whether the purity of LSD had changed in the six months preceding interview, 37% (n=72) reported that it had remained stable; 14% (n=28) reported that it had fluctuated; 10% (n=19) reported it had increased; and 9% (n=18) reported that it had decreased. Thirty-one percent (n=60) reported that they did not know about the change in LSD purity in the six months preceding interview (Figure 53).

Figure 53: National REU reports of recent (last six months) change in LSD purity, 2007



Source: **EDRS REU interviews**
Note: Among those who commented (n=197).

9.5 Availability

Just over one-quarter (27%, n=197) of the national sample commented on the recent availability of LSD, results of which were mixed. More than one-third (36%, n=71) reported that the availability of LSD as difficult; 29% (n=57) reported the availability as easy to obtain. Twenty-one percent (n=41) reported that LSD was very easy to obtain while 11% (n=21) reported that LSD was very difficult to obtain; and 4% (n=7) did not know (Table 52).

Of those who commented, the availability of LSD was reported to have remained stable (51%, n=101) in the six months preceding interview. Seventeen percent (n=33) reported that LSD had become easier to obtain, while 13% (n=26) reported that LSD had become 'more difficult' to obtain. Seven percent (n=14) reported that the availability of LSD had fluctuated in the six months preceding interview while 12% (n=23) reported that they did not know (Table 52).

Table 52: Availability of LSD, by jurisdiction, 2007

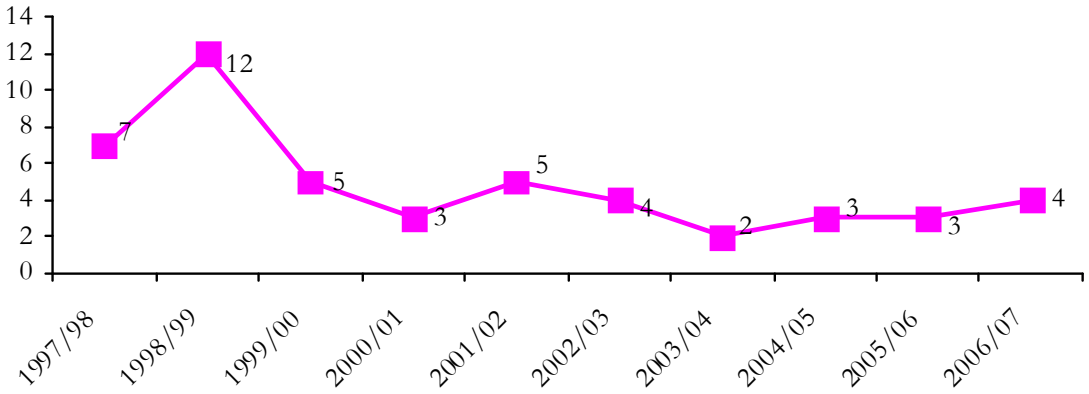
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=197**	n=34	n=18	n=21	n=25	n=22	n=16	n=24	n=37
% Don't know (n)	**4 (7)**	9 (3)	0	0	0	0	0	4 (1)	8 (3)
% Very easy (n)	**21 (41)**	35(12)	28 (5)	5 (1)	20 (5)	27 (6)	25 (4)	21 (5)	8 (3)
% Easy (n)	**29 (57)**	12 (4)	28 (5)	29 (6)	48(12)	23 (5)	13 (2)	46(11)	32(12)
% Difficult (n)	**36 (71)**	27 (9)	33 (6)	48(10)	32 (8)	32 (7)	56 (9)	21 (5)	46(17)
% Very difficult (n)	**11 (21)**	18 (6)	11 (2)	19 (4)	0	18 (4)	6 (1)	8 (2)	5 (2)
Availability changes (%)									
(among those who commented)	**n=197**	n=34	n=18	n=21	n=25	n=22	n=16	n=24	n=37
% Don't know (n)	**12 (23)**	21 (7)	17 (3)	0	12 (3)	0	25 (4)	4 (1)	14 (5)
% Easier (n)	**17 (33)**	15 (5)	33 (6)	10 (2)	32 (8)	9 (2)	13 (2)	8 (2)	16 (6)
% Stable (n)	**51(101)**	44(15)	39 (7)	71(15)	36 (9)	68(15)	44 (7)	63(15)	49(18)
% More difficult (n)	**13 (26)**	9 (3)	6 (1)	14 (3)	12 (3)	14 (3)	13 (2)	17 (4)	19 (7)
% Fluctuates (n)	**7 (14)**	12 (4)	6 (1)	5 (1)	8 (2)	9 (2)	6 (1)	8 (2)	3 (1)

Source: EDRS REU interviews

9.5.1 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years, with only four recorded in 2006/07 (Figure 54).

Figure 54: Number of LSD detections at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)

9.6 Jurisdictional trends for LSD

Below follow summaries of trends for LSD in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008); ACT: Campbell and Degenhardt (2008a); VIC: Quinn (2008); TAS: Matthews and Bruno (2008); SA: White, Vial and Ali (2008); WA: George and Lenton (2008); NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

9.6.1 New South Wales

Two-thirds (68%) reported the lifetime use of LSD and one-fifth (22%) reported recent use. Two-thirds (68%) of recent users reported using LSD less than once per month in the six months prior to interview. The KE who were able to comment on LSD reported that its use was infrequent and possibly restricted to certain crowds, such as those who attend raves and outdoor events.

The median price for a tab of LSD decreased, from $20 that had been reported from 2004-2006 to $15 in 2007; the majority of those who commented reported that the price of LSD had remained stable in the preceding six months. LSD was commonly purchased from friends and known dealers, mostly from private residences (e.g. friends', dealers' or participants' own homes).

The current purity of LSD was reported to be high to medium and to have remained stable in the preceding six months. Conflicting reports were obtained regarding LSD availability, though more than two-fifths of those who commented reported that the availability of LSD had remained stable in the six months preceding interview.

9.6.2 The Australian Capital Territory

Almost one-quarter of the 2007 EDRS sample reported the recent use of LSD, and just over half the sample reported ever having used LSD. The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months, and reported a median of two days of use during this period of time. Swallowing was the universal mode of administration. REU had used a median of one 'tab' of LSD in a typical session and two 'tabs' during the heaviest sessions of recent use. Four participants reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes, and one participant reported 'typically' using LSD in combination with ecstasy or whilst coming down from ecstasy.

The median price for a tab of LSD has remained stable in the ACT since 2003 at $20 per tab. REU estimated the current purity of LSD to be at medium to high levels and reported that the purity of LSD had remained stable over the past six months. There were mixed reports regarding the current availability of LSD in the ACT in 2007. LSD was most commonly purchased by REU from friends and known dealers in the six months prior to interview.

9.6.3 Victoria

Participant reports suggest a high prevalence of lifetime use of LSD with moderate levels of recent use among REU. Levels of recent LSD use reported by REU have remained relatively consistent since 2004, with an increase in lifetime use of LSD in comparison to the previous year. Recent users report infrequent use of LSD across a range of locations, predominantly private homes and 'outdoors'. The predominant route of LSD administration is orally.

The median reported price of LSD ($20 per tab) increased in comparison to the previous year ($12). Current LSD purity is regarded as high, while LSD is generally difficult to obtain. REU most commonly purchase LSD from friends and known dealers in private homes.

9.6.4 Tasmania

Two-fifths (40%) of the 2007 REU sample had used LSD at some stage of their lives and one-fifth (20%) had used LSD in the six months preceding the interview. The proportion reporting recent use of LSD was somewhat lower in 2007 relative to cohorts in previous years (29%-32%). Lifetime and recent use of LSD was more common among males relative to females.

One tab or one drop of liquid LSD (range 0.5-3 drops/tabs) was taken orally in a typical session of use and LSD had been used on a median of two days (range 1-25 days) in the preceding six months. LSD was typically used at private residences such as the consumer's own home, a friend's home, or a private party, as well as dance-related events, outdoor locations and nightclubs. The proportion reporting recent use of LSD at dance-related events, nightclubs, and private parties was greater in 2006 and 2007 relative to previous years.

Consistent with the lower level of use observed among the sample in 2007, fewer participants were able to confidently comment on the price, purity and availability of LSD in 2007 relative to previous years.

The median price for one tab of LSD in 2007 was $20 (range $15-$40), and the last purchase price was $15 (range $10-$25). Although the last purchase price was lower than prices reported in previous years it was also based on a smaller sample size and therefore this trend should be interpreted judiciously.

The purity of LSD was considered by REU to be medium (45%) to high (40%) and to have increased or fluctuated in purity during the six months preceding the interview.

Two-thirds of those who commented on the availability of LSD reported that it was easy or very easy to obtain, and the remainder reported that it was currently difficult to obtain. The availability of LSD was reported to have remained stable or increased during the six months preceding the interview.

9.6.5 South Australia

One-third (33%) of the REU sample reported recent use of LSD and prevalence of recent use was stable in 2007. Frequency of use of LSD was stable and remains consistently low. KE reports suggested that LSD use was not common among REU, and used only occasionally among those who did use.

The price of LSD was stable (at $10 per tab) and low, perceived purity was high, and availability remained stable and generally easy, compared to 2006.

9.6.6 Western Australia

There was a significant decrease in lifetime use of LSD to 49% in 2007 (67% in 2006). Recent use was comparable and reported by 23% in 2007 (25% in 2006). Among those reporting use in the last six months, there was a slight increase in the average days LSD was used to five days in 2007 (approximately three days in 2006).

Across both years, the median amount used in both a typical and a heavy session was one tab. All respondents reported swallowing as the only method of administration in the last six months.

'Own home' (56%) was reported as the most common location of usual use, while raves (25%) and friends' homes (25%) were the most common locations of recent use.

The median price of LSD increased to $25 per tab in 2007 ($20 per tab in 2006). The price of LSD over the last six months was rated by the majority of respondents in both years as stable. Ratings of current LSD purity were also comparable across years, with half the samples rating it as high.

There was some indication of a perceived decrease in availability of LSD in WA. In 2007, 56% rated current availability as difficult (25% in 2006) and 13% rated it as easy (40% in 2006). Friends were nominated by the majority of respondents in both years as the most common source for purchasing LSD.

9.6.7 The Northern Territory

Approximately, two-thirds (70%) of REU reported lifetime use of LSD, a slight decline from 8% in 2006. Recent use of LSD also decreased slightly from 41% in 2006, to 33% in 2007. Recent LSD users reported using one tab in a typical session, unchanged from 2004. Five percent reported using LSD on a fortnightly or more basis, down slightly from 10% in 2006. Median days of use was, again, low, at approximately once every two months. Bingeing with LSD amongst recent users remained stable at approximately one in 10. Swallowing was the only route of administration reported by recent LSD users. LSD was most commonly used at a nightclub or at the participants' own homes, though outdoors was reported as the most common last occasion of use.

Recent users reported a median price of $25 for a tab, an increase from $20 in 2006, though similar to reports in 2005. In 2007, the majority of REU reported LSD purity as low, and availability as easy to very easy. In 2007, LSD was typically scored from a friend (80%), at a friend's home (73%).

9.6.8 Queensland

There was evidence of a decrease in recent LSD use in 2007 compared to 2006, with 28% reporting recent use of LSD (compared to 38% in 2006). Similar to previous years, use was typically infrequent (on average three days in six months), although higher than other years with the exception of 2001. The median quantity used in a typical session was one tab.

The most common locations for use were in private settings, including 'own home' (n=13) and 'friend's home' (n=9), although some participants also reported use at nightclubs, pubs and raves. The most common sources for LSD were friends (n=17) and known dealers (n=7), and most purchases occurred in a private home (friend's home: n=15, own home: n=6, dealer's home: n=4).

Similar to previous years, the median price of LSD was $20 per tab, and of those who responded (n=27), most considered the price to have remained stable (n=14). The majority of participants reported that the purity of LSD was high (n=16) and stable (n=12), however, there was little agreement with respect to availability, with roughly equal proportions reporting current availability as either easy or very easy and difficult or very difficult.

KE in 2007 reported an increasing interest in, and use of, LSD among REU, although use remains relatively low and infrequent. Other KE noted a select group of REU who are 'dedicated' users of hallucinogens such as LSD, and reported that use amongst these select groups remains relatively high.

9.7 Summary of LSD trends

- Sixty-one percent of the national sample reported the lifetime use of LSD, with the median age of first use being 18 years. Twenty-eight percent reported the recent use of LSD.
- The median days of LSD use amongst recent users was two. The majority (76%) of recent users reported using less than once per month; 2% reported using more than once per week. Recent users reported using a median of one tab in both typical and the heaviest recent sessions of use.
- LSD was obtained from friends (69%) and known dealers (30%), most commonly at friends' homes (53%) and dealers' homes (24%). It was usually used in a variety of locations, including participants' own homes (50%), outdoors (e.g. at the beach, bushwalking and/or camping, 35%), friends' homes (34%), raves (26%), nightclubs (25%) and private parties (23%).
- The median price per tab of LSD ranged from $10 in SA, $15 in NSW, $20 in QLD, VIC, TAS and the ACT, and $25 in WA and the NT. Of those who commented, 58% reported that the price had remained stable in the six months prior to interview.
- Of those who commented, 45% reported that the current purity of LSD was high and 24% reported to it be medium. Thirty-seven percent of those who commented reported that purity had remained stable in the six months preceding interview.
- Reports concerning the availability of LSD were mixed. More than one-third of those who commented (36%) reported that it was difficult to obtain while 29% reported it to be easy to obtain. Half (51%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections later in the report.

10 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen and has similar effects. It generally comes in powder or tablet form and may be in pills sold as ecstasy. The results presented in this section relate to the participants' use and knowledge of the substance sold and purchased as 'MDA'.

This section contains information about MDA use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2006 are shown in Appendix G. Information on harms (health and law enforcement-related) associated with ecstasy and related drug use is provided under the relevant sections later in this report.

10.1 MDA use among regular ecstasy users

Two participants in the 2007 national sample nominated MDA as their drug of choice. One-quarter (24%) of the 2007 national sample reported lifetime use of MDA and 6% had used it in the six months preceding interview (Table 53). The median age of first use was 20 years (range 14-44 years). Two percent (n=18) of the national sample reported that they had injected MDA at some time (Table 53) and two participants reported injecting it in the six months preceding interview.

The majority (75%) of those who reported recent MDA use reported recently swallowing it. One-third (32%) had snorted the drug, while smaller proportions reported injecting (5%) and smoking (2%) it in the six months preceding interview (Table 53).

Of those who had recently used MDA, the median number of days of use was two (range 1-20 days). The majority (75%) had used it less than once per month; 21% used between monthly and fortnightly; and 5% reported using between fortnightly and weekly. No participants reported use on a weekly or more frequent basis. Three participants reported using MDA in a binge session of drug use in the preceding six months. Nine participants usually used MDA with ecstasy and one participant usually used it to come down from ecstasy.

Table 53: Patterns of MDA use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**24**	27	26	29	8	30	22	30	20
Ever injected (%)	**2**	4	3	2	0	3	1	6	2
Used last six months (%)	**6**	8	4	11	5	7	3	5	4
	n=44	n=8	n=3	n=11	n=5	n=7	n=3	n=3	n=4
Snorted*	**32**	25	67	55	0	43	0	0	25
Swallowed*	**75**	88	100	55	100	57	100	67	75
Injected*	**5**	13	0	0	0	0	0	33	0
Smoked*	**2**	0	0	0	0	0	0	33	0
Median days used* last six months (range)	**2 (1-20)**	2.5 (1-7)	4 (1-20)	2 (1-20)	4 (1-12)	3 (1-6)	3 (2-6)	2 (1-8)	2 (1-5)

Source: EDRS REU interviews 2007

*Of those who used in the six months preceding interview

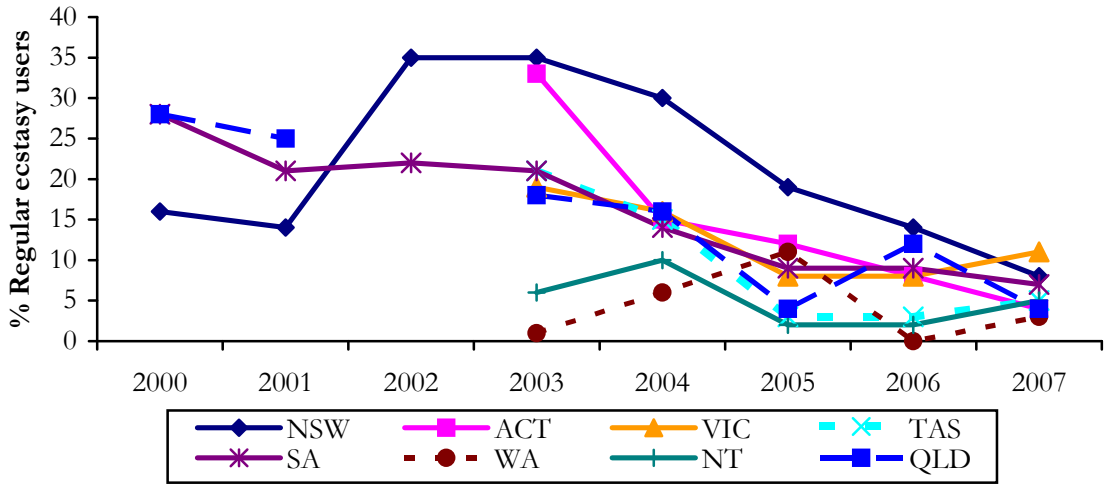
The median amount of MDA used in a typical or average use episode in the preceding six months was one capsule (range 1-5 capsules). Recent MDA users reported using a median of two capsules (range 1-15 capsules) during the heaviest recent episode of use.

Only 18 participants were able to comment on patterns of MDA use and therefore caution should be taken when interpreting results. MDA was most commonly obtained from persons known to participants, such as friends (67%) and known dealers (44%), and was obtained from locations such as friends' homes (56%), dealers' homes (39%), participants' own homes (28%), nightclubs (22%), raves (17%) and agreed public locations (11%). It was most commonly used at nightclubs (61%), raves (39%), participants' own homes (33%), friends' homes (28%), pubs (17%), private parties (17%), live music events (11%), day clubs (6%) and dealers' homes (6%). Caution should be used when interpreting results due to small numbers commenting on the source and locations of MDA use.

10.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002), and since 2003 in the other states/territories. Across time, jurisdictions such as NSW, SA, and the ACT have reported a decline in the proportion reporting recent MDA use. QLD has displayed a fluctuating pattern across time (16% in 2004, 5% in 2005, 12% in 2006 and 4% in 2007; Figure 55).

Figure 55: Proportion of REU who reported recent (last six months) use of MDA, by jurisdiction, 2000-2007



Source: EDRS REU interviews

Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, TAS, WA and the NT in 2000; data not collected in QLD in 2002.

10.2 Price

Small numbers were able to comment on the price, purity and availability of MDA in all states/territories and therefore the results should be interpreted with caution.

MDA was most commonly purchased in capsules. Three percent (n=22) of the national sample commented on the price of a capsule of MDA. The median price of a cap of MDA ranged from $30 in SA to $50 in WA and the NT (Table 54).

Table 54: Median price per cap of MDA, by jurisdiction, 2007

Median price ($)	NSW n=6^	ACT n=2^	VIC n=0	TAS n=6^	SA n=3^	WA n=1^	NT n=1^	QLD n=3^
Per capsule	$35 (30-50)	$35 No range	n.a..	$40 (30-50)	$30 (25-50)	$50 No range	$50 No range	$30 (25-30)

Source: EDRS REU interviews
^ Small numbers commenting (n<10), interpret with caution

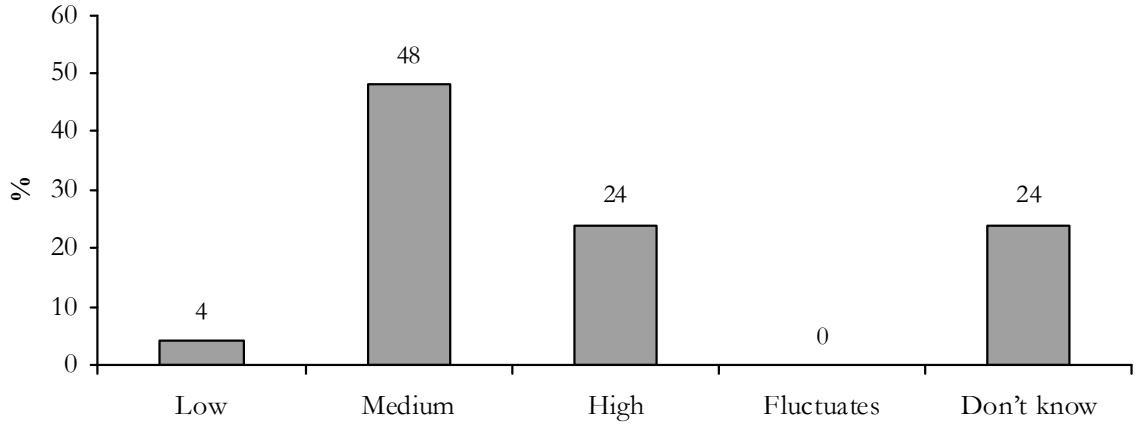
Three percent (n=25) of the national sample commented on whether the price of MDA had changed in the six months preceding interview. Of those who commented, more than two-fifths (44%, n=11) reported that the price had remained stable; 4% (n=1) respectively reported that the price had fluctuated; decreased or increased; and 44% (n=11) did not know about the change in the price of MDA in the six months preceding interview.

In all jurisdictions, only a small number of participants were able to comment on whether the price of MDA had changed in the six months preceding interview. Further detail by state/territory is available in jurisdictional reports.

10.3 Purity

Three percent (n=25) of the national sample commented on the purity of MDA. Half (48%, n=12) of those who commented reported the purity of MDA to be medium and 24% (n=6) reported MDA purity as high. Four percent (n=1) reported the strength as low; no participants reported the purity as fluctuating; and 24% (n=6) did not know what the current purity of MDA was (Figure 56).

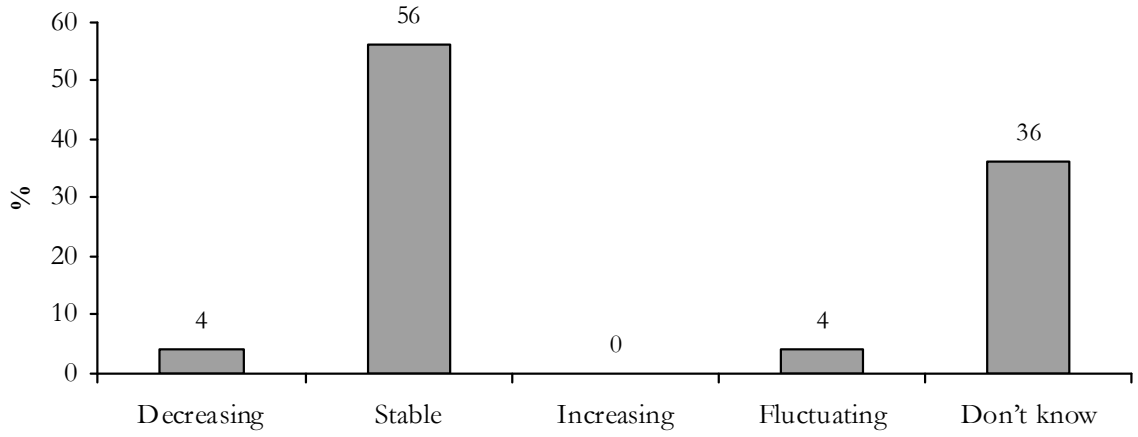
Figure 56: National REU reports of current MDA purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=25)

Of those who commented (n=25) on whether the purity of MDA had changed in the six months preceding interview, 56% (n=14) reported it was stable; 36% (n=9) did not know; and 4% (n=1) respectively said decreasing or fluctuating. No participant reported that the purity of MDA had increased in the preceding six months (Figure 57).

Figure 57: National REU reports of recent (last six months) change in MDA purity, 2007



Source: EDRS REU interviews
Note: Among those who commented (n=25).

Participants were asked how they determined that what they were consuming was MDA as opposed to MDMA (or 'ecstasy'). Eight participants relied on reports from their friends or dealer; seven participants reported that they relied on the different effects of the drug; two participants relied on the appearance of the drug; and two participants reported using testing kits.

10.4 Availability

Three percent (n=25) of the national sample commented on the recent availability of MDA. MDA was described as difficult to obtain by one-third (36%, n=9) of those who commented. A further 20% (n=5) reported MDA as easy and 16% (n=4) reported it to be very easy to obtain; 12% (n=3) reported MDA as very difficult to obtain. Half (52%, n=13) of those who commented reported that the availability of MDA had remained stable in the six months prior to interview, while 16% (n=4) reported that MDA had become 'more difficult' to obtain and 8% (n=2) reported that MDA had become easier to obtain; 24% (n=6) did not know about the change of MDA availability.

Jurisdictional data on the availability of MDA are not shown due to small numbers commenting. This information is placed into context with KE and indicator data, where available, within the individual jurisdictional reports; see also *Jurisdictional Trends for MDA*.

10.5 Jurisdictional trends for MDA

Below follow summaries of trends for MDA in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008); ACT: Campbell and Degenhardt (2008a); VIC: Quinn (2008); TAS: Matthews and Bruno (2008); SA: White, Vial and Ali (2008); WA: George and Lenton (2008); NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

10.5.1 New South Wales

A smaller proportion of REU reported lifetime MDA use in 2007 (27%) compared to 42% in 2006. Furthermore, a decrease was observed in the proportion reporting recent use, from 14% in 2006 to 8% in 2007. Six of the eight participants reporting recent use reported using MDA less than once per month. All the KE who commented suggested that the majority of users would not be aware of what MDA was and that there was much confusion between MDMA and MDA.

A small proportion of REU were able to comment on the price, purity and availability of MDA. The median price of a cap of MDA was reported to be $35; half of those who commented on the price of MDA were unable to comment on any changes in price in the preceding six months. The purity of MDA was reported to be high to medium and purity was reported to have remained stable during the preceding six months. MDA was reported to be very easy to easy to obtain; however, the small number of participants commenting warrants caution when interpreting this data.

10.5.2 The Australian Capital Territory

In 2007, approximately one-quarter reported lifetime use of MDA, although only a minority (4%) reported recent use of MDA. Among those REU who had recently used MDA, the median days of use in the past six months was four. All recent users had swallowed MDA. The median amount of MDA used in a typical and heaviest recent episode was one capsule.

As in 2006, only a small number of respondents were able to comment on the current price, purity and availability of MDA. Therefore, the following results should be interpreted with caution. The median reported price of MDA decreased from $50 per 'cap' to $35. The majority of those who were able to comment on MDA were unsure of the current purity of MDA. The reports of REU suggested that MDA was difficult to obtain in the ACT. In the past six months, REU had primarily obtained MDA through friends.

10.5.3 Victoria

Reports suggest low prevalence of lifetime and recent use of MDA among REU. Levels of recent use reported by REU samples decreased from 2003 to 2006 but increased slightly in 2007. Recent users reported infrequent use of MDA, administering the drug orally and snorting it in the six months prior to interview. It is not possible to comment on trends in the price, purity and availability of MDA, given that only one participant was able to comment in 2007.

10.5.4 Tasmania

The lifetime and recent use of MDA among the Tasmanian REU sample has decreased gradually from 32% and 21% respectively in 2003 to 8% and 5% respectively in 2007.

Among the 2007 cohort, MDA had been purchased in capsule form and had been swallowed on median of four occasions during the six months preceding the interview, with a median of two capsules consumed in a typical session.

Few respondents were able to confidently comment on the price, purity or availability of MDA and thus it is difficult to delineate clear trends. However, based on the decline in the use of MDA since 2003, the local availability of MDA in Tasmania appears to be relatively low.

10.5.5 South Australia

Seven percent of REU reported recent use of MDA in 2007. The proportion of REU reporting recent use of MDA was relatively stable compared to 2006, with the frequency also stable and consistently low across the eight years of the EDRS survey. KE reported that purposeful use was limited to a few, with mainly opportunistic use, some planned but rare use, and some as a top up use, or for special occasions and functional use. One KE reported that people suspected that MDA was in pills sold as ecstasy and that they were unperturbed by that as the effect was similar enough to MDMA.

Price, purity and availability data for MDA in 2007 were based on a very small sample of REU and are therefore of limited value. Data suggest that the price and purity of MDA was stable and that it had become easier to obtain.

10.5.6 Western Australia

Across survey years, less than a fifth of respondents have reported lifetime use of MDA. In 2007, lifetime use of MDA significantly increased to 22% (6% in 2006) representing the highest prevalence since data collection began in WA in 2003. Rates of recent use remained low with 3% of current respondents reporting use of MDA in the last six months (no respondents in 2006). One respondent commented on locations of use, purchasing practices and aspects of the MDA market in WA.

10.5.7 The Northern Territory

The number of participants reporting lifetime MDA use increased from 16% in 2006 to 30% in 2007, though only 3% reported recent use of MDA. The number of REU reporting recent use and market characteristics has declined in the preceding few years, suggesting that MDA is rarely seen in the NT and conclusions about MDA cannot be drawn.

10.5.8 Queensland

In 2007, only a small minority of REU (4%) reported recent MDA use. Very few participants were able to comment on price, purity or availability. Of those who did comment, reports of price ranged from $25 to $30 for one cap. Even among the few who commented, there were mixed reports on ease of access and changes in price and availability. By contrast, all three REU who commented reported that MDA purity had remained stable in the six months preceding interview.

10.6 Summary of MDA trends

- One-quarter (24%) of the national sample reported the lifetime use of MDA. The median age of first use was 20 years. Six percent of the national sample reported using it in the six months preceding interview. Use occurred on a median of two days, with the majority (75%) of recent users reporting that use had occurred less than once per month.
- Swallowing was the most frequently nominated route of administration (75%), followed by snorting (32%). Five percent had injected MDA in the six months preceding interview and two percent had recently smoked it.
- A median of one capsule was used in a typical session of use and a median of two capsules were used in the heaviest session of use over the preceding six months.
- Only a small proportion was able to comment on purchase and use patterns of MDA. Of those who commented, friends (67%) and known dealers (44%) were the most commonly nominated sources of MDA, and the most common locations of purchase were friends' homes (56%) and dealers' homes (39%). The most commonly reported usual use locations were nightclubs (61%), raves (39%) and participants' own homes (33%).
- Small numbers were able to comment on the price, purity and availability of MDA in all states/territories and therefore the results should be interpreted with caution. The median price of a cap of MDA ranged from a median of $30 in SA and QLD (n=3 each) to $50 in WA and the NT (n=1 each). More than two-fifths (44%, n=11) of those who commented reported that the price of MDA had remained stable in the six months preceding interview (the same proportion said that they did not know).
- Most of those who commented reported that the current purity of MDA was medium (48%) or high (24%), and 56% of those who commented reported that the purity had remained stable in the six months preceding interview.
- Of those who commented, MDA was reported to be either difficult (36%), easy (20%) or very easy (16%) to obtain. Half (52%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Most of those who commented reported that the current purity of MDA was medium (48%) or high (24%), and 56% of those who commented reported that the purity of MDA had remained stable in the six months preceding interview.
- Of those who commented, MDA was reported to be either difficult (36%), easy (20%) or very easy (16%) to obtain. Half (52%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Health and law enforcement-related harms associated with ERD use (such as MDA) are discussed in the relevant sections later in the report.

11 CANNABIS

Following high rates of cannabis use reported by REU samples in previous years, from 2006 the EDRS has included survey items on price, potency and availability of this drug. These items distinguish between indoor-cultivated 'hydroponic' (hydro) and outdoor cultivated (bush) cannabis following reports of different market characteristics of each (Stafford et al., 2005; Breen et al., 2004). In the absence of definitive data on the extent to which this distinction reflects actual cultivation methods in Australia (McLaren et al., in press; Hall & Swift, 2000), however, use patterns refer to any form of cannabis.

In 2007, participants completing the section (n=610) were also asked if they were able to differentiate between hydro and bush cannabis in terms of price, potency and availability. Responses varied widely, ranging from 39% of those responding in NSW to 88% in the NT. In other jurisdictions figures were: the ACT: 71%, VIC: 59%, TAS: 51%, SA: 47%, WA: 47%, and QLD: 68%. Participants who did not differentiate were asked more generally about cannabis (marijuana).

It should also be noted that the use of hashish (hash) and hash oil was rarely reported by REU participants (n<10 in all jurisdictions reported recent purchase of either form in 2007, for example). Consequently, further details on market characteristics are not reported.

This section contains information about cannabis use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the NDARC website[10].

11.1 Cannabis use among regular ecstasy users

Almost all (98%) of the 2006 national sample had ever used cannabis with more than four-fifths (81%) of the sample having used cannabis in the six months prior to interview (Table 55). The median age of first use was 15 years (range 4-41 years). Cannabis was the drug of choice for 14% of the sample.

Almost all (99%) of those who had recently used cannabis had smoked it, while just over one-third (35%) had recently swallowed it. Cannabis had been used on median of 48 days (range 1-180 days) in the six months preceding interview, which equates to use on approximately two days per week (Table 55). Amongst recent users, 24% reported using less than once per month; 14% reported using between monthly and fortnightly; 10% reported using between fortnightly and weekly and 53% reported using more than once per week. One-fifth (20%) of recent cannabis users (16% of the entire sample) reported daily cannabis use during the preceding six months.

[10] See www.ndarc.med.unsw.edu.au (click on 'Drug Trends').

Table 55: Patterns of cannabis use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever used (%)	**98**	97	100	98	96	97	96	100	100
Used last six months (%)	**81 n=598**	74 n=74	85 n=63	82 n=82	68 n=68	80 n=80	80 n=80	96 n=63	87 n=88
Swallowed*	**35**	24	30	42	37	34	35	29	43
Smoked*	**99**	99	100	99	99	100	100	95	98
Median days used* last six months (range)	**40 (1-180)**	48 (1-180)	48 (1-180)	24 (1-180)	11 (1-180)	98 (1-180)	48 (1-180)	15 (1-180)	24 (1-180)

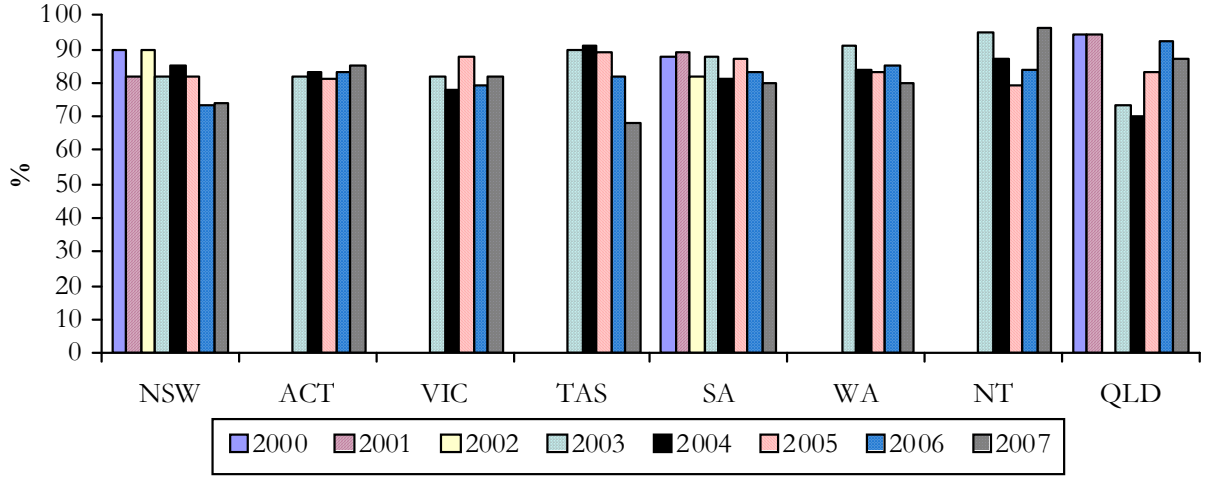
Source: EDRS REU interviews
* Of those who used in the six months preceding interview
Note: Medians rounded to nearest whole number.

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Nationally, the cannabis had typically been smoked in cones (57%; range 28% in VIC to 76% in SA) rather than joints (37%; range 15% in SA to 65% in VIC). Among those who had smoked in cones, the median number used on the last day was four (range 0.5 to 78 cones), while the number of joints smoked was one (range 0.1 to 10 joints). Daily users of cannabis had smoked a median of five cones (range 1-50 cones) or three joints (range 1-10 joints) on the last day of use.

11.1.1 Trends over time

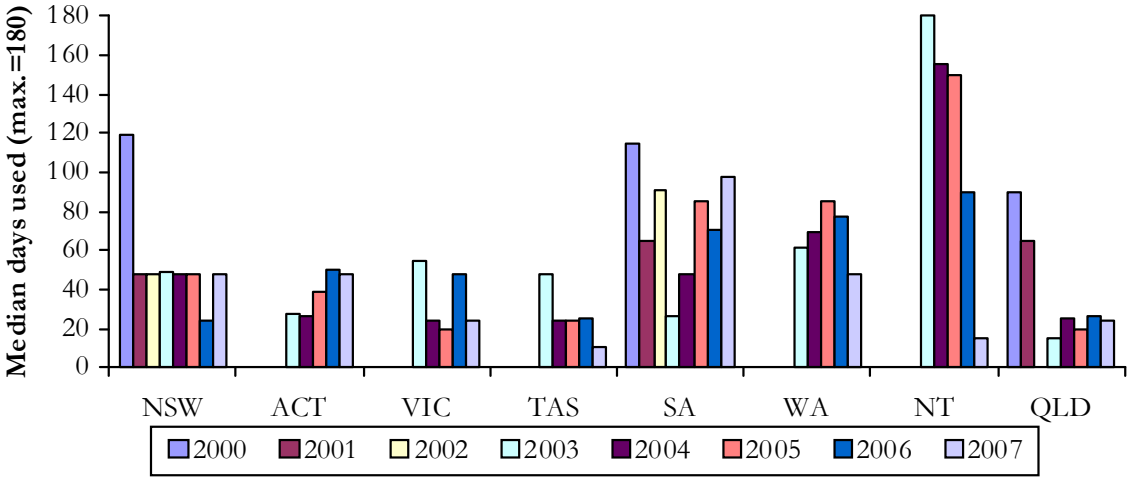
In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002), and since 2003 in the other states/territories. Over time, over two-thirds of participants in each jurisdiction reported recent cannabis use, although fluctuations have been observed over time (Figure 58). Fluctuations have also been observed in the median days of use reported by users (Figure 59).

Figure 58: Proportion of REU who reported recent (last six months) use of cannabis, by jurisdiction, 2000-2007



Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 59: Frequency of cannabis use among REU who reported using cannabis in the past six months, by jurisdiction, 2000-2007



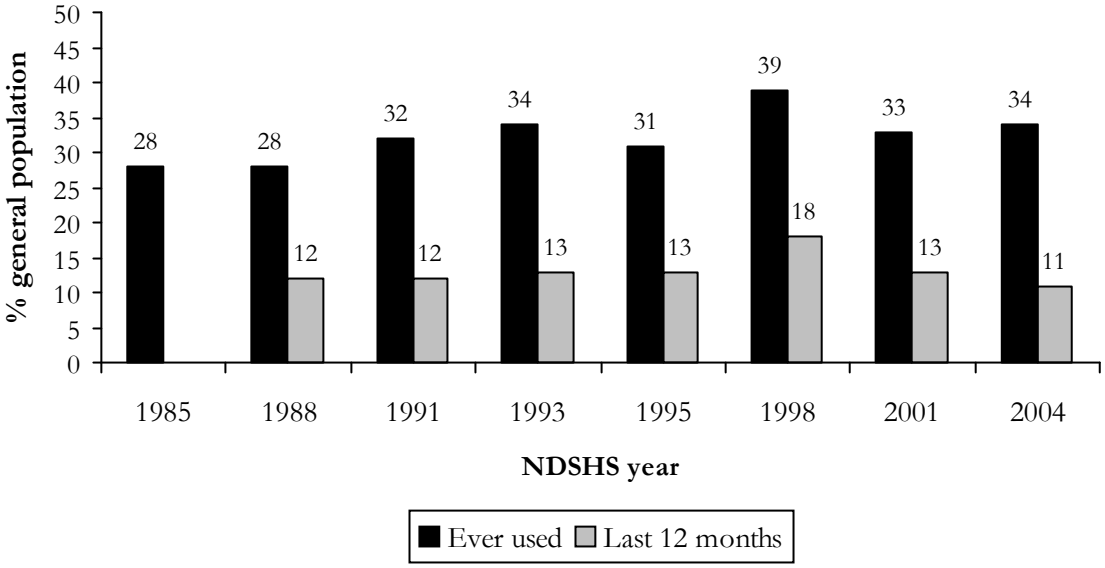
Source: EDRS REU interviews

Note: Medians rounded to nearest whole number. Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

11.2 Cannabis use in the general population

As can be seen in Figure 60, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable across sampling years. The most recent survey was conducted in 2004 and found that one-third (34%) of the Australian population aged 14 years and above had ever tried cannabis, while 11% had used cannabis in the 12 months prior to interview (Australian Institute of Health and Welfare, 2005b).

Figure 60: Lifetime and past year prevalence of cannabis use by Australians, 1985-2004



Source: NDSHS 1988-2004 (Australian Institute of Health and Welfare, 2005b; Commonwealth Department of Community Services and Health, 1988)

Note: Caution should be exercised when interpreting prevalence of cannabis use between 1985 and 1993 due to major changes in sampling and methodology of the surveys.

11.3 Price

Prices in Table 56 represent the median prices paid for the most commonly reported purchase amounts (quarter ounces and ounces) of bush and hydro by jurisdiction. Nationally, 123 participants reported having purchased an ounce of hydro in the preceding six months (54 purchased an ounce of bush), while 97 reported purchase of a quarter ounce of hydro (45 purchased a quarter ounce of bush). Prices paid per quarter ounce of hydro were relatively consistent across jurisdictions, with the exception of SA (median price paid: $58.75; however small numbers commented). The median price paid per ounce of hydro ranged from $200 in SA to $350 in the NT. Small numbers commented on the price of bush per ounce in all jurisdictions; however, these tended to be cheaper than for hydro (Table 56).

Purchases of a gram were reported by fewer than 10 participants in all jurisdictions, with the exception of NSW (12 purchases, median $20), the ACT (16 purchases, median $20) and VIC (13 purchases, median $20).

Table 56: Median price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, by jurisdiction, 2007

	Median price $ per quarter ounce (range)		Median price $ per ounce (range)	
	Hydro	**Bush**	**Hydro**	**Bush**
NSW	85^ (80-110)	90^ (80-100)	290^ (240-320)	250^ (150-280)
ACT	90 (70-100)	70^ (10-90)	280 (20-360)	220^ (100-340)
VIC	70 (60-100)	75^ (60-80)	250^ (210-300)	250^ *(no range)*
TAS	80 (70-90)	60^ (50-85)	250 (230-300)	190 (150-260)
SA	58.75^ (57.50-60)	50^ (50-60)	200 (150-300)	200^ (150-200)
WA	90^ (75-25)	50^ *(no range)*	280 (200-350)	265^ (150-280)
NT	90^ (75-160)	- -	350 (200-500)	300^ (180-400)
QLD	90 (50-100)	70^ (60-90)	300 (220-360)	220^ (180-280)

Source: EDRS REU interviews

^ Small numbers reporting (n<10); interpret with caution

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained stable over the preceding six months, although one-third or more in the ACT, VIC, the NT, QLD and over one-quarter in WA considered that hydro prices had increased. Notable minorities of those commenting on bush did not know (Table 57).

Table 57: Cannabis price changes, by jurisdiction, 2007

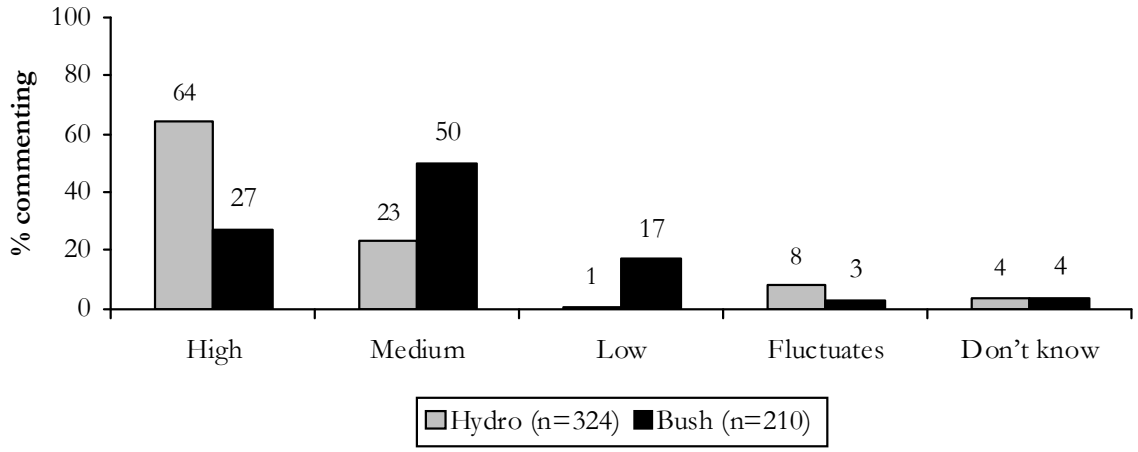
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Hydro price changes									
Of those who responded	**n=323**	n=36	n=42	n=36	n=49	n=33	n=43	n=31	n=53
% Don't know (n)	**11 (36)**	8 (3)	5 (2)	0	39 (19)	3 (1)	7 (3)	0	15 (8)
% Increased (n)	**26 84)**	11 (4)	33 (14)	36 (13)	10 (5)	12 (4)	26 (11)	48 (15)	34 (18)
% Stable (n)	**53 (171)**	75 (27)	50 (21)	50 (18)	41 (20)	67 (22)	63 (27)	42 (13)	43 (23)
% Decreased (n)	**3 (10)**	3 (1)	2 (1)	6 (2)	2 (1)	6 (2)	0	10 (3)	0
% Fluctuated (n)	**7 (22)**	3 (1)	10 (4)	8 (3)	8 (4)	12 (4)	5 (2)	0	8 (4)
Bush price changes									
Of those who responded	**n=209**	n=20	n=34	n=13	n=42	n=19	n=28	n=12	n=41
% Don't know (n)	**23 (47)**	40 (8)	24 (8)	15 (2)	24 (10)	11 (2)	29 (8)	0	22 (9)
% Increased (n)	**10 (21)**	10 (2)	12 (4)	31 (4)	0	5 (1)	7 (2)	17 (2)	15 (6)
% Stable (n)	**57 (120)**	50 (10)	53 (18)	46 (6)	67 (28)	84 (16)	39 (11)	67 (8)	56 (23)
% Decreased (n)	**6 (12)**	0	3 (1)	8 (1)	10 (4)	0	11 (3)	8 (1)	5 (2)
% Fluctuated (n)	**4 (9)**	0	9 (3)	0	0	0	14 (4)	8 (1)	2 (1)

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution

11.4 Potency

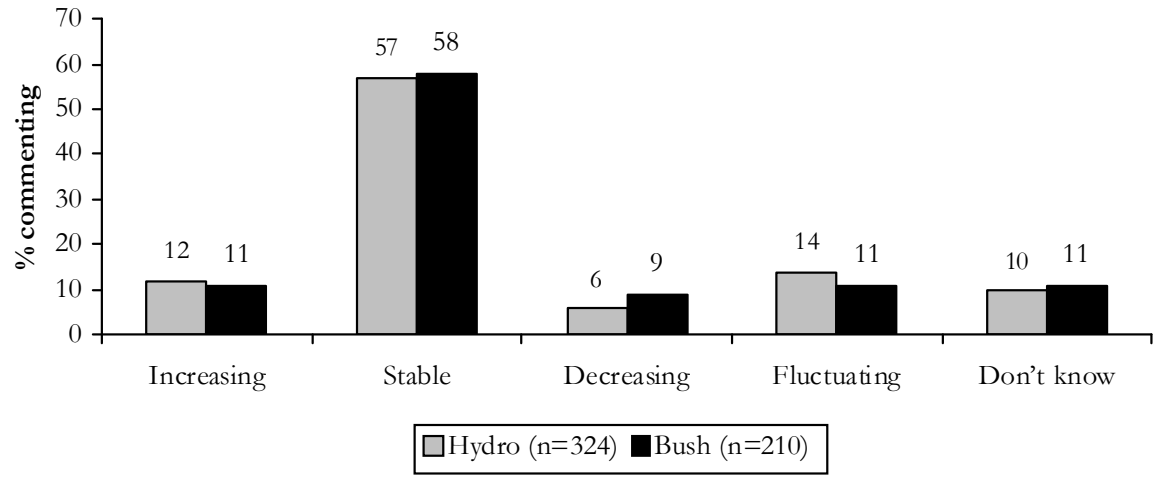
Half of those who commented reported that the current potency of bush cannabis was medium, while just over one-quarter considered that it was high. In contrast, hydro was most commonly reported to be of high purity, and fewer participants reported it to be low compared to bush (Figure 61). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained stable in the preceding six months (Figure 62).

Figure 61: National REU reports of current cannabis potency among those who commented, 2007



Source: EDRS REU interviews

Figure 62: National REU reports of recent (last six months) change in cannabis potency, 2007



Source: EDRS REU interviews
*Among those who commented (n=324)
**Among those who commented (n=210)

11.5 Availability

REU were asked to comment on the current availability of hydro and whether this had changed in the six months preceding interview. Hydro was commonly reported to be easy or very easy to obtain, with approximately one-fifth considering it difficult to obtain. Jurisdictional differences were noted, with over two-thirds considering it to be very easy to obtain in NSW and SA, and just under-one-third reporting it to be difficult in VIC and the NT. In the national sample, availability was most commonly reported to have remained stable over the preceding six months, a finding reflected in reports from NSW, the ACT, TAS, SA and the NT. Larger proportions reported it to have become 'more difficult' to obtain in VIC, WA and QLD (Table 58).

Table 58: Availability of hydro, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=324**	n=36	n=42	n=36	n=49	n=33	n=43	n=32	n=53
% Don't know (n)	**<1 (2)**	0	0	0	2 (1)	0	0	0	2 (1)
% Very easy (n)	**46 (150)**	69 (25)	43 (18)	33 (12)	55 (27)	67 (22)	37 (16)	38 (12)	34 (18)
% Easy (n)	**30 (98)**	22 (8)	36 (15)	33 (12)	35 (17)	21 (7)	28 (12)	25 (8)	36 (19)
% Difficult (n)	**19 (62)**	8 (3)	17 (7)	31 (11)	6 (3)	12 (4)	23 (10)	31 (10)	26 (14)
% Very difficult (n)	**4 (12)**	0	5 (2)	3 (1)	2 (1)	0	12 (5)	6 (2)	2 (1)
Availability changes (%)									
(among those who commented)	**n=323**	n=36	n=42	n=36	n=49	n=33	n=43	n=32	n=52
% Don't know (n)	**5 (16)**	8 (3)	7 (3)	0	8 (4)	3 (1)	2 (1)	0	8 (4)
% More difficult (n)	**27 (87)**	14 (5)	17 (7)	42 (15)	10 (5)	9 (3)	47 (20)	38 (12)	39 (20)
% Stable (n)	**47 (153)**	61 (22)	50 (21)	31 (11)	69 (34)	67 (22)	28 (12)	44 (14)	33 (17)
% Easier (n)	**13 (43)**	11 (4)	12 (5)	19 (7)	12 (6)	12 (4)	14 (6)	13 (4)	14 (7)
% Fluctuates (n)	**7 (24)**	6 (2)	14 (6)	8 (3)	0	9 (3)	9 (4)	6 (2)	8 (4)

Source: **EDRS REU interviews**

.Reports of bush availability also indicated that bush tended to be easy or very easy to obtain, with one-quarter of the national sample considering it to be difficult to obtain. The largest proportion considering it very easy to obtain was reported in TAS. Availability was most commonly reported to have remained stable in the past six months by the national sample, a finding reflected across all jurisdictions except VIC where equal proportions considered it to have become 'more difficult' (Table 59).

Table 59: Availability of bush, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability (%)									
(among those who commented)	**n=210**	n=20	n=34	n=13	n=42	n=19	n=29	n=12	n=41
% Don't know (n)	**3 (7)**	10 (2)	0	0	5 (2)	5 (1)	7 (2)	0	0
% Very easy (n)	**32 (67)**	35 (7)	24 (8)	15 (2)	64 (27)	26 (5)	28 (8)	33 (4)	15 (6)
% Easy (n)	**33 (70)**	25 (5)	32 (11)	39 (5)	24 (10)	32 (6)	38 (11)	33 (4)	44 (18)
% Difficult (n)	**25 (53)**	20 (4)	32 (11)	39 (5)	7 (3)	26 (5)	28 (8)	33 (4)	32 (13)
% Very difficult (n)	**6 (13)**	10 (2)	12 (4)	8 (1)	0	11 (2)	0	0	10 (4)
Availability changes (%)									
(among those who commented)	**n=209**	n=20	n=34	n=13	n=42	n=19	n=28	n=12	n=41
% Don't know (n)	**7 (14)**	20 (4)	15 (5)	0	5 (2)	5 (1)	4 (1)	0	2 (1)
% More difficult (n)	**19 (40)**	10 (2)	21 (7)	39 (5)	2 (1)	16 (3)	39 (11)	17 (2)	22 (9)
% Stable (n)	**57 (120)**	55 (11)	41 (14)	39 (5)	74 (31)	58 (11)	50 (14)	75 (9)	61 (25)
% Easier (n)	**11 (22)**	5 (1)	15 (5)	23 (3)	17 (7)	11 (2)	0	0	10 (4)
% Fluctuates (n)	**6 (13)**	10 (2)	9 (3)	0	2 (1)	11 (2)	7 (2)	8 (1)	5 (2)

Source: **EDRS REU interviews**

Hydro was most commonly reported to have been scored from friends and known dealers and was the most commonly reported to have been scored at friends' homes, dealers' homes or at their own homes. Jurisdictional differences included obtaining it as a gift from friends (none in the NT to 19% in WA), purchasing from acquaintances (3% in NSW to 19% in SA and WA), and in the proportions who had used but not scored (none in VIC, SA and the NT to 18% in TAS). Differences in the locations scored were also noted across the majority of states/territories, although consistently smaller proportions reported scoring on the street or at work as compared to at other locations (Table 60).

Table 60: Source person and purchase locations of hydro, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=287**	n=32	n=39	n=36	n=40	n=32	n=37	n=30	n=41
Friends	**72**	72	82	72	55	84	57	77	78
Known dealers	**42**	25	54	39	45	41	43	33	51
Gift from friends	**11**	3	18	3	18	16	19	0	10
Acquaintances	**13**	3	21	14	15	19	19	7	7
Workmates	**9**	3	15	0	8	13	14	7	12
Used, but not scored	**6**	16	3	0	18	0	8	0	5
Locations scored (%) (among those who commented)	**n=286**	n=32	n=39	n=36	n=39	n=32	n=37	n=30	n=41
Friend's home	**59**	50	56	67	49	72	51	70	59
Dealer's home	**37**	25	28	31	39	41	43	33	56
Own home	**35**	31	41	22	23	41	35	27	56
Agreed public location	**19**	28	26	6	18	13	27	10	22
Acquaintance's home	**8**	3	10	8	8	9	11	0	10
Street	**4**	6	3	0	3	6	3	0	10
Work	**3**	0	5	0	3	9	5	3	0

As with hydro and other drug types investigated by the EDRS, REU most commonly reported scoring bush from friends and known dealers and this most commonly occurred in private locations (at friends' homes, dealers' homes and at their own homes). Jurisdictional differences were apparent in both the 'types' of people usually scored from and in locations where purchase took place, and again scoring on the street or at work was not commonly reported (Table 61).

Table 61: Source person and purchase locations of bush, by jurisdiction, 2007

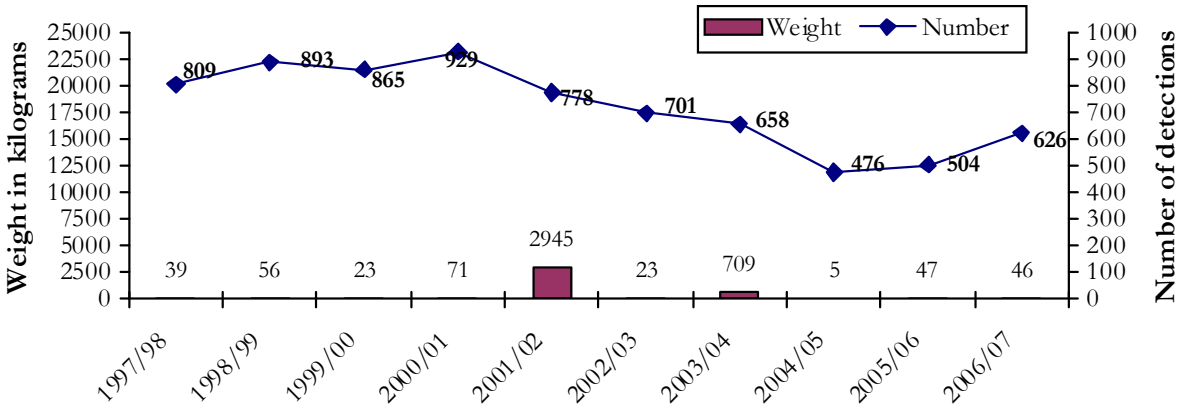
	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Scored from (%) (among those who commented)	**n=162**	n=9^	n=29	n=12	n=31	n=18	n=22	n=12	n=29
Friends	**78**	55.6	79	83	84	94	86	58	66
Known dealers	**36**	44.4	38	17	42	33	32	50	35
Gift from friends	**13**	0	3	8	23	17	18	0	17
Acquaintances	**9**	0	17	0	7	11	14	17	3
Unknown dealers	**4**	0	7	0	3	6	9	0	0
Workmates	**4**	0	10	0	0	6	5	0	7
Used, but not scored	**4**	10	3	0	6	5	0	0	4
Locations scored (%) (among those who commented)	**n=165**	n=10	n=30	n=12	n=32	n=19	n=22	n=12	n=28
Friend's home	**61**	50	57	83	66	74	73	25	54
Dealer's home	**37**	40	33	17	38	32	41	58	39
Own home	**26**	10	13	25	34	32	41	0	29
Agreed public location	**15**	10	20	0	22	11	18	17	11
Acquaintance's home	**7**	0	10	0	6	11	14	17	0
Street	**4**	0	0	0	0	5	9	0	14
Work	**2**	0	7	0	0	5	5	0	0

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Multiple responses allowed.

11.5.1 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the ACS each year (Figure 63). In 2006/07, 626 detections of cannabis were made (representing an increase from 504 in 2004/05), with a total weight of 46 kilograms. Detections at the border in 2006/07 were predominantly via air and sea cargo, and international post (Australian Customs Service, 2007).

Figure 63: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2006/07



Source: ACS (2007)

11.6 Jurisdictional trends for cannabis

Below follow summaries of trends for cannabis in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: Dunn and Degenhardt (2008); ACT: Campbell and Degenhardt (2008a), VIC: Quinn (2008), TAS: Matthews and Bruno (2008), SA: White, Vial and Ali (2008), WA: George and Lenton (2008), NT: Campbell and Degenhardt (2008b) and QLD: Urbancic-Kenny, Kinner and Richardson (2008).

11.6.1 New South Wales

The lifetime prevalence of cannabis use has remained stable across sampling years, with the majority (97%) in 2007 reporting lifetime use. Recent use remained stable in 2007, with 74% reporting cannabis use in the preceding six months. One-fifth of recent cannabis users (14% of total sample) reported daily use. Most KE said that cannabis was widely used, with no gender or age differences. It was also suggested that it was the illicit drug first used by a lot of users.

As with the IDRS, the EDRS reports on the price, potency and availability of cannabis, and makes the distinction between commercial hydro, bush, and for the first time in 2007, 'cannabis' that was not distinguished by cultivation method. The price of an ounce of hydro was higher than an ounce of bush, with the price for both reported to have remained stable in the preceding six months. The potency of hydro was reported to be high while the potency for bush varied; for both hydro and bush, participants reported that the potency had remained largely stable in the preceding six months. Hydro cannabis was reported to be very easy to obtain, while reports for the availability of bush cannabis varied. For both types, the availability was reported to have remained stable in the preceding six months.

11.6.2 The Australian Capital Territory

In 2007, REU were asked whether they were able to distinguish between hydro and bush cannabis. If they were unable to distinguish between the two they answered a generic cannabis section for price, purity and availability. Lifetime cannabis use was universal among REU in the ACT in 2007, and approximately four-fifths had used cannabis in the six months preceding interview. Median days of use remained relatively stable at approximately twice a week. There was a slight decline in the proportion of REU reporting daily use of cannabis (22% to 16%). Smoking was almost universal, and approximately one-third reported that they had swallowed cannabis in the preceding six months. Over two-thirds of those who reported that they had binged in the preceding six months reported that they had used cannabis, and approximately half reported that they had typically used cannabis whilst under the influence of ecstasy, and approximately three-quarters had used cannabis to facilitate the 'comedown' from ecstasy.

The median price for a gram of hydro, bush and the generic cannabis was $20, and $280 for an ounce of hydro, $220 for an ounce of bush, and $300 for the generic cannabis. The majority reported that the prices for all forms had remained stable in the six months preceding interview. The current potency of hydro was reported to be high, while for the bush and generic cannabis it was reported to be medium to high. Although hydro and generic cannabis were reported to be very easy to easy obtain, this was a marked decrease from the 79% of REU who reported hydro was very easy to obtain in 2006. Furthermore, there was also a decrease in the proportion reporting bush as being very easy to obtain from 42% in 2006, to 24% in 2007.

11.6.3 Victoria

As in previous years, evidence suggests high prevalence of both lifetime and recent cannabis use among REU, with participants reporting relatively frequent use. Cannabis is commonly used during the comedown period from ecstasy and, to a lesser extent, in conjunction with ecstasy and

during ERD binge periods. Questions were asked about the markets for hydro, bush and generic cannabis in 2007. According to REU reports, the prices of hydro, bush and generic cannabis are relatively comparable and stable to increasing, although hydro is perceived to have a higher potency than both bush and generic cannabis. All three types of cannabis are generally readily available, though bush is perceived to be more difficult to obtain in comparison to hydro and generic cannabis. All types are predominantly purchased from friends and known dealers in private homes.

11.6.4 Tasmania

Almost all of the 2007 REU sample had used cannabis at some stage of their life (96%), and over two-thirds (68%) had used cannabis during the six months preceding the interview, compared to much larger proportions among previous samples (82% to 99%). The proportion of daily smokers in 2007 was also slightly lower (5%) relative to previous years (9% to 26%). A greater proportion of males (83%) relative to females (50%) had recently used cannabis, and this proportion of females was lower relative to that among the 2006 cohort (74%). Recent cannabis use was also more common among younger (younger than 23 years) relative to older (23 or older) participants. Cannabis had typically been smoked, and over one-third had recently swallowed the drug.

The median frequency of cannabis use was 11 days (range 1-180 days) or approximately fortnightly, which is lower than the median frequency of weekly-or-more-often observed among previous samples. The median quantities used in the last day of use during this time was four cones (range 1-40 cones) or one joint (range 0.5-4 cones).

The median last purchase price for two grams of cannabis was $25 for either 'bush' or 'hydro' (range $20-$25). However, other reports indicated that a $25 'deal' of bush or hydro weighed 1.7g and 1.6g respectively. The median last purchase price for one-quarter of an ounce was $80 ($70-$90) and $60 ($50-$85) for 'hydro' and 'bush' respectively, and the median price for one ounce of 'hydro' was $250 (range $230-$300) compared to $190 ($150-260) for 'bush'. Several participants reported buying hydro or bush in small $10 'deals' and several KE also noted that buying cannabis in these smaller amounts has become more common amongst the consumers they were familiar with.

The potency of 'hydro' was reported to be high and stable, and the potency of 'bush' was reported to be medium and stable in the preceding six months.

Both 'bush' and 'hydro' were reported to be easy or very easy to obtain, and this level of availability was perceived as remaining stable during the six months preceding the interview. However, a greater proportion of the 2007 sample (68%) indicated that bush was very easy to obtain relative to the 2006 sample (46%).

11.6.5 South Australia

In 2007, the cannabis section was separated into hydro, bush and generic cannabis (the latter category representing participants unable to distinguish between hydro and bush). Participants were therefore asked to consider the usual two types of cannabis and the third generic category (a possible combination of hydro and bush cannabis, or only hydro or only bush) separately for all questions.

Eighty percent of REU reported recent use of cannabis in 2007. The proportion of REU reporting both lifetime and recent use of cannabis remained relatively stable compared to 2006, with a slight decrease in the proportion of REU reporting recent use of cannabis in 2007 (from 83% in 2006 to 80% in 2007). The frequency of recent cannabis use increased from 70 days in

2006 to 98 days in 2007. The proportion reporting binge use of cannabis increased to 35% in 2007 from 24% in 2006. The price, purity and availability of hydro, bush and generic cannabis remained stable in 2007 compared to 2006.

11.6.6 Western Australia

Prevalence of cannabis use has been consistently high among REU samples in WA across survey years. Patterns of cannabis use among the current sample were comparable to those found last year, with the majority of respondents reporting lifetime and recent use of cannabis. Frequency of use remained the same as last year with a median of 48 days during the last six months. Just under half of those reporting use of other drugs with ecstasy nominated cannabis and two-thirds of those who reported use of other drugs to 'come down' from ecstasy nominated cannabis.

There was a slight increase in the median price of hydro, while the price of bush remained the same as last year. The greatest proportion of current respondents reported the price of both forms of cannabis as stable during the last six months. Current purity of hydro was rated by two-thirds of respondents as high, while approximately half rated bush as medium. Recent purity of both forms was rated by the majority as stable. Although both forms of cannabis were mostly rated as very easy and easy to obtain, there was a decrease in the proportion nominating these ratings. Similarly, there were decreases in the proportions of respondents rating availability of both forms of cannabis as stable during the last six months. 'Friends' and 'friend's home' were the most common person and location for purchasing both forms of cannabis.

11.6.7 The Northern Territory

Lifetime use of cannabis was universal, with 96% of the sample reporting recent use, an increase from 86% in 2006. Frequency of use had declined since 2004, with a median of 15 days of use reported in 2007 (155 days in 2004, 150 days in 2005 and 90 days in 2006). REU reporting recent binging with cannabis decreased from 35% in 2006, to 14% in 2007. In 2007, participants were asked if they were able to distinguish between the two forms, hydro and bush. Eighty-eight percent of the participants who were able to answer on cannabis reported that they were able to distinguish between hydro and bush. As only three participants opted to report on the cannabis generic section, results will not be reported here due to the low numbers.

Hydro was priced by REU at $15 per gram and $350 per ounce; bush was priced at $30 a gram and $200 an ounce. The price of both these forms of cannabis was reported to have been stable over the preceding six months. Hydro was generally rated as being of high potency (69%) and very easy (38%) or easy (25%) to obtain. However, there was an increase in the proportion of REU reporting hydro as difficult to obtain, from 18% in 2006 to 31% in 2007.

Bush cannabis was rated as being of medium (42%) to low (42%) potency, a decrease from the 72% of participants that reported bush had a medium potency in 2006. There were mixed reports regarding bush availability, with equal proportions (33%) reporting bush as being very easy, easy or difficult to obtain. Both forms of cannabis were mainly scored from friends or a known dealer and obtained at a friend's or dealer's home.

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis increased from 2003/04 into 2004/05 and episodes in alcohol and other drug (AOD) treatment services where cannabis was a drug of concern increased from 2004/05 into 2005/06.

11.6.8 Queensland

Similar to previous years, the vast majority of REU (87%) reported recent use of cannabis in 2007. Twenty-three percent of REU reported using cannabis more than weekly and an additional 18% used daily. This was slightly lower than 2006 reports, where 28% of participants used cannabis more than weekly and 21% used daily. Nevertheless, cannabis use among REU continues to be the norm rather than the exception. Use of cannabis whilst under the influence and coming down from ecstasy also remains very common. In fact, cannabis is the most frequent other drug used in combination with ecstasy, with 65% of REU using cannabis when coming down from ecstasy and 50% using it when under the influence.

The median price of hydro reported in 2007 was $15 per gram (range $10-$25) and $300 per ounce (range $220-$400). The majority of REU (43%) who commented (n=53) reported that the price of hydro had remained stable in the six months prior to interview, although approximately one-third (34%) reported that the price had increased. The median price of a gram of bush was $10 (range $10-$25) and $250 an ounce (range $120-$300). Similar to reports for hydro, the majority of REU who commented (n=40) considered the price of bush to have remained stable, although a smaller proportion reported the price to have increased (15%) compared to hydro (34%). While no one reported a change in the price of hydro, 5% of REU who commented reported a decrease in the price of bush cannabis.

Overall, the majority of participants reported that hydro and bush cannabis were either easy or very easy (hydro: 70%, bush: 59%) to access, although the proportion of REU reporting that access had become more difficult in the six months preceding interview was higher for hydro than for bush. Similar to previous years, REU reported predominantly obtaining cannabis from friends or known dealers, generally at an agreed public location or a 'friend's home'.

Although reports varied, the majority of REU (57%) reported that the potency of hydro was currently high, whereas when asked to report on the current potency of bush cannabis, the majority reported that it was of medium potency (44%). This reflects an ongoing consensus that hydro is more potent than bush.

A higher proportion of REU (54%) reported that the potency of bush cannabis had remained stable in the six months prior to interview than for hydro (43%). Nevertheless, the majority of respondents considered the potency of both forms to have remained stable in the six months preceding interview.

11.7 Summary of cannabis trends

- Almost all (98%) of the sample reported ever having used cannabis and approximately four-fifths (81%) reported cannabis use in the six months preceding interview. Among recent (six month) users, cannabis had typically been smoked (99%), with consumption reported by 35%. The median age of first use was 15 years.
- Cannabis was the drug of choice for 14% of the sample.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 40 days during this time, i.e. less than twice per week. One-fifth of recent cannabis users (16% of the entire sample) reported daily cannabis use during the preceding six months. Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions.
- Participants responding to questions on cannabis markets (price, perceived potency and availability) were asked whether they distinguished between 'hydro' and 'bush' cannabis in terms of price, potency and availability. Responses were varied, with the majority of participants in the ACT, VIC, TAS, QLD and the NT reporting that they made this distinction. Use of hash and hash oil remained uncommon.
- Nationally, quarter ounces and ounces were the most commonly purchased amounts, with hydro more commonly purchased than bush. Median prices for hydro tended to be slightly higher than for bush cannabis, with the median price for a quarter ounce typically between $70 (VIC) and $90 (ACT, WA, the NT, QLD) for hydro except in SA ($58.75; note: small numbers commenting) and between $50 (SA, WA) and $90 (NSW) for bush (note: small numbers commenting on bush in all jurisdictions). The median price per ounce of hydro ranged from $200 in SA to $350 in the NT, while for bush it ranged from $190 in TAS to $300 in the NT (note: small numbers commenting on bush in most jurisdictions). Prices were commonly reported to have remained stable over the preceding six months.
- As in 2006, participants in all jurisdictions generally perceived the potency of hydro to be high (64% of those commenting) and bush was most commonly reported to be medium (50% of those commenting). The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro was reported to be easy or very easy to obtain, although one-third (31%) of those commenting in VIC and the NT considered it difficult to obtain, respectively. Just under half of the national sample thought that availability had remained stable over the preceding six months, although jurisdictional variations were noted. Bush cannabis was also considered easy or very easy to obtain by the majority of participants commenting; however, one-third or more in the ACT, VIC, the NT and QLD reported that it was difficult. Availability of both forms was generally reported to have remained stable over the preceding six months.
- Both hydro and bush cannabis were most commonly bought from friends, followed by known dealers. Friends' homes, followed by dealers' homes, were the most common locations for both bush and hydro to have been scored from.
- Health and law enforcement-related harms, including those associated with cannabis use, are discussed in the relevant sections later in the report.

12 OTHER DRUGS

12.1 Alcohol

Thirteen percent of the 2007 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 (96%; Table 4). The median age of first use was 14 years (range 3-27 years).

Among those who had used alcohol, use had occurred on a median of 48 days in the past six months (range 1-180 days). Seventy percent of recent alcohol users reported using alcohol more than once per week. Eight percent of those who recently used alcohol (also representing 8% of the entire sample) reported daily drinking.

Seventy-six percent of the national sample reported that they usually used alcohol in combination with ecstasy. Nearly four-fifths (77%) of those who reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks.

In 2007, the EDRS made use of the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993). The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert & Allen, 2002). Detailed information regarding the AUDIT in the 2007 EDRS can be found in Section 15.5.

12.2 Tobacco

Ninety percent of the national sample reported they had used tobacco in their lifetimes and 74% had used tobacco in the six months prior to interview. Tobacco was first used at a median age of 14 years (range 5-31 years). Tobacco was the drug of choice for 2% of the sample (n=15). Two-thirds (62%) of those who reported recent tobacco use (46% of the entire sample) were daily smokers.

12.3 Benzodiazepines

Almost half (46%) of the 2007 sample reported the lifetime use of any benzodiazepine. Just over one-quarter (29%) reported the recent use of any benzodiazepine on a median of seven days (i.e. approximately once per month). Eight percent of recent users (representing 2% of the national sample, n=16) reported daily use. Two percent (n=13) of the national sample reported usually using benzodiazepines with ecstasy; amongst those who reported usually using drugs to come down from ecstasy, 12% reported usually using benzodiazepines to come down from ecstasy. No participants nominated benzodiazepines as their drug of choice. In 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below).

12.3.1 Licitly obtained (prescribed) benzodiazepines

One-fifth (18%) of the 2007 sample reported having ever used licitly obtained benzodiazepines and 12% reported their use in the six months preceding interview. The median age of first use was 21 years (range 10-52 years). Licit benzodiazepines had been used on a median of 12 days (range 1-180 days) in the preceding six months among recent users; 17% of recent users reported daily use. The majority (99%) of recent licit benzodiazepine users reported swallowing in the preceding six months; four participants reported injecting and one participant reporting snorting licit benzodiazepines during this time.

12.3.2 Illicitly obtained (non-prescribed) benzodiazepines

Two-fifths (39%) of the 2007 sample reported having ever used illicitly obtained benzodiazepines and 23% reported their use in the six months preceding interview. The median age of first use was 20 years (range 10-51 years). Illicit benzodiazepines had been used on a median of four days (range 1-180 days) in the preceding six months. Amongst recent users, three-fifths (58%) reported using illicit benzodiazepines less than monthly, one participant reported daily use. Swallowing was the most common route of administration in the six months preceding interview (98%), though five participants reported injecting and three participants reported snorting illicit benzodiazepines during this time.

12.4 Antidepressants

One-quarter (26%) of the 2007 sample reported having ever used any antidepressant. One-fifth (11%) reported the recent (last six months) use of any antidepressant on a median of 180 days, i.e. daily (range 1-180 days). Fifty-one percent of recent users (5% of the entire sample) had used daily in the preceding six months. Fifteen participants reported usually using antidepressants with ecstasy and twelve participants reported usually using antidepressants to come down from ecstasy. In 2007, a distinction was also made between antidepressants that were licitly and illicitly obtained (see below).

12.4.1 Licitly obtained (prescribed) antidepressants

One-fifth (20%) of the 2007 sample reported having ever used licitly obtained antidepressants and 8% reported their use in the six months preceding interview. The median age of first use was 20 years (range 12-52 years). Licit antidepressants had been used on a median of 180 days (daily use; range 1-180 days) in the preceding six months; two-thirds (65%) of recent users reported daily use. All recent licit antidepressant users reported swallowing in the preceding six months, with one participant reporting injecting during this time.

12.4.2 Illicitly obtained (non-prescribed) antidepressants

Eight percent of the national sample reported having ever used illicitly obtained antidepressants and three percent reported their use in the six months preceding interview. The median age of first use was 20 years (range 13-36 years). Amongst those reporting recent use, use occurred on a median of two days (range 1-24 days). All recent illicit antidepressant users reported swallowing as the only route of administration in the preceding six months.

12.5 Inhalants

12.5.1 Nitrous oxide

One participant nominated nitrous oxide as their drug of choice. Almost half (46%) of the national sample reported lifetime use of nitrous oxide and almost one-quarter (22%) had used nitrous oxide in the six months preceding interview (Table 4). REU reported first using nitrous oxide in their late teens (median 18 years, range 8-46 years). Nitrous oxide was used on a median of three days in the preceding six months (range 1-100 days). Most (64%) reported using nitrous oxide less than once per month in the preceding six months.

12.5.2 Amyl nitrate

Two-fifths (41%) of the REU sample reported having used amyl nitrate (a vasodilator) in their lifetimes and 18% had used amyl nitrate in the six months preceding interview (Table 4). REU

first used amyl nitrate at a median age of 19 years (range 14-43 years). Frequency of amyl nitrate use was generally low, with users reporting a median of two days of use in the last six months (range 1-180 days). Seventy percent had used less than once per month in the preceding six months.

12.6 Mushrooms

Two percent of the national sample (n=15) nominated mushrooms as their drug of choice. Of the national sample, more than half (54%) had used mushrooms at some stage in their lifetimes and 18% had used mushrooms in the six months preceding interview. REU first used mushrooms at a median age of 19 years (range 13-47 years). Of those who used mushrooms in the preceding six months, oral use was the most common route of administration (98%), though small proportions reported smoking (2%) mushrooms in the past six months. Mushrooms were used on a median of two days (range 1-40 days). More than four-fifths (86%) had used mushrooms less than monthly.

12.7 Heroin and other opioids

Two percent (n=17) of the national sample nominated heroin as their drug of choice. Sixteen percent reported they had used heroin in their lifetimes, 13% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 19 years (range 12-39 years). Heroin had been used on a median of 24 days (range 1-180 days) in the preceding six months by recent users. One-third (31%) had used heroin less than monthly; 9% used heroin between monthly and fortnightly and 16% used between fortnightly and weekly; 44% reported using heroin more than once per week. The majority of recent heroin users had injected heroin (97%) in the preceding six months with a small proportion (9%) reporting smoking heroin during this time.

12.7.1 Methadone

Eight percent of the sample had ever used methadone, a medication used for the treatment of opioid dependence, and four percent (n=28) had used methadone in the last six months (Table 4). Five percent had ever injected methadone and two percent (n=13) had injected it in the last six months. Methadone was used on a median of 180 days in the six months preceding interview (range 1-180 days). More than half (57%, n=16) of those who used methadone reported daily methadone use.

12.7.2 Buprenorphine

Five percent (n=40) of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Two percent (n=16) reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six months, 56% had swallowed and 75% had injected it. The frequency of use in the last six months ranged from 1 day to 168 days, with a median of 22 days. More than two-fifths (44%) reported using buprenorphine less than once per month in the preceding six months. There were no reports of daily use.

12.7.3 Other opioids

Examples of other opioids include codeine, pethidine and opium. Twenty-six percent had ever used other opioids and 13% had used them in the six months preceding interview (Table 4). The median age of first use was 19 years (range 10-41 years). Other opioids were used on a median of six days (range 1-180 days) in the preceding six months. Half (50%) reported using less than once per month.

12.8 Pharmaceutical stimulants

Two-fifths (43%) of the 2007 sample reported the lifetime use of any pharmaceutical stimulant and 19% reported the recent use of any pharmaceutical stimulant on a median of five days during the past six months. Two percent of the national sample reported using pharmaceutical stimulants in a binge session of drug use in the preceding six months. Four percent reported usually using pharmaceutical stimulants with ecstasy. Eleven participants reported typically using pharmaceuticals stimulants when coming down from ecstasy. In 2007, a distinction was also made between pharmaceutical stimulants (such as dexamphetamine or methylphenidate [Ritalin]) that were licitly and illicitly obtained (see below).

12.8.1 Licitly obtained (prescribed) pharmaceutical stimulants

Six percent of the national sample reported the lifetime use of licit pharmaceutical stimulants and three percent reported their recent use. Licit pharmaceutical stimulants were first used at a median age of 17 years (range 8-45 years). In the six months preceding interview, use occurred on a median of 72 days (range 1-180 days), with two-fifths (38%) reporting daily use. All recent users reported swallowing licit pharmaceutical stimulants in the six months preceding interview; two participants each reported injecting and snorting licit pharmaceutical stimulants during this time.

12.8.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Two-fifths (40%) of the 2007 sample reported the lifetime use of illicit pharmaceutical stimulants and 17% reported their recent use. Illicit pharmaceutical stimulants were first used at a median age of 18 years (range 12-44 years). In the six months preceding interview, use occurred on a median of four days (range 1-96 days); three-fifths (58%) reported less than monthly use. Swallowing was the most commonly reported route of administration (89%); one-fifth (19%) reported snorting, seven percent reported injecting and two percent reported smoking.

12.9 Summary of other drug use

- Almost all (99%) participants reported lifetime use of alcohol, and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median number of days alcohol was used in the six months preceding interview was 48.
- Ninety percent reported lifetime tobacco use and 74% had used tobacco in the six months preceding interview. Two-thirds (62%) of recent tobacco users were daily smokers.
- Almost half (46%) of the sample reported lifetime benzodiazepine use (both licitly and illicitly obtained) and more than one-quarter (29%) reported recent use. A higher proportion of the sample reported lifetime and recent use of benzodiazepines that had been illicitly obtained compared to licitly obtained (39% vs. 18% for lifetime use; 23% vs. 12% for recent use). Sixteen participants reported daily benzodiazepine use.
- One-quarter (26%) of the sample reported lifetime antidepressant use (both licitly and illicitly obtained) and one-tenth (11%) reported recent use. A higher proportion of the sample reported lifetime and recent use of antidepressants that had been licitly obtained compared to illicitly obtained (20% vs. 8% for lifetime use; 8% vs. 3% for recent use).
- Almost half (46%) of the sample reported lifetime nitrous oxide use and almost one-quarter (22%) had used nitrous oxide in the six months preceding interview. Use occurred on a median of three days in the preceding six months.
- Two-fifths (41%) of the sample reported lifetime amyl nitrate use and 18% reported use in the six months preceding interview on a median of two days.
- More than half (54%) of the sample reported having ever used mushrooms and 18% reported recent mushroom use. Use occurred on a median of two days, and 86% of recent users had used less than once per month.
- Sixteen percent reported lifetime heroin use and 4% reported heroin use in the six months preceding interview. Sixteen percent reported having ever injected heroin. Use occurred on a median of 24 days in the six months preceding interview.
- Eight percent reported lifetime use of methadone and four percent reported recent methadone use, with the median occurrence of use equating daily use (i.e. 180 days). Five percent of the national sample reported lifetime buprenorphine use and two percent reported recent use, on a median of 22 days in the past six months.
- Two-fifths (43%) of the national sample had every used pharmaceutical stimulants (both those licitly and illicitly obtained) and one-fifth (19%) had used them in the six months preceding interview. A higher proportion of the sample reported lifetime and recent use of pharmaceutical stimulants that had been illicitly obtained compared to licitly obtained (40% vs. 6% for lifetime use; 17% vs. 3% for recent use).
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections later in the report.

13 DRUG INFORMATION-SEEKING BEHAVIOUR

Participants were asked a series of questions relating to the content, purity and testing of ecstasy tablets and the use of 'information resources'. This is the third year in which these data were collected; in-depth analyses were conducted using data collected in 2005 and readers are directed to the paper from the EDRS on pill testing (Johnston et al., 2006).

13.1 Content and testing of ecstasy

Table 60 below presents data relating to the content and testing of ERDs. Participants were asked a number of questions in relation to the content and purity of ecstasy (and related drugs) such as '*How <u>often</u> do you find out what the content and purity is of ecstasy before taking them?'* and '*How <u>do</u> you find out about the content and purity of ecstasy before taking them?*'.

Of the national sample, half (51%) of participants 'never' found out the content of other drugs (not including ecstasy), while 14% 'always' did. Twenty percent reported finding out the content of an ecstasy tablet 'always' and a further 18% found out 'most times' and 22% 'sometimes'. Thirty-three percent 'never' found out the content of ecstasy. When asked how they found out about the content of ecstasy (among those who found out, n=499), 72% reported asking a friend, 48% asked a dealer, 39% used websites, 33% reported asking people other than friends, 18% relied on personal experiences and 16% used testing kits (Table 62).

All participants were asked '*In the last six months, how often have you bought a drug and it has turned out to have a different content or purity than expected?'*. Of the national sample, 59% reported 'sometimes', 30% reported 'never' and small proportions reported 'half the time', 'most times' or 'always' (Table 62).

Table 62: Content and testing of ERDs, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Find out the content of other drugs (not ecstasy) (%)	**n=729**	n=100	n=72	n=100	n=91	n=100	n=100	n=66	n=100
Never	**51**	54	35	52	48	52	51	56	53
Sometimes	**19**	4	24	18	26	18	14	26	28
Half the time	**5**	2	6	4	10	2	6	5	4
Most times	**12**	10	25	11	7	15	14	5	7
Always	**14**	30	11	15	9	13	15	9	8
Find out the content of ecstasy (%)	**n=739**	n=100	n=74	n=100	n=99	n=100	n=100	n=66	n=100
Never	**33**	25	19	29	33	39	36	44	35
Sometimes	**22**	12	24	20	30	15	17	39	27
Half the time	**7**	5	5	7	11	6	6	3	9
Most times	**18**	15	26	21	15	19	21	5	21
Always	**20**	43	26	23	10	21	20	9	8
Find out ecstasy content via* (%)	**n=499**	n=75	n=60	n=71	n=66	n=61	n=64	n=37	n=65
Friends	**72**	55	77	70	88	56	69	87	82
Dealers	**48**	53	52	41	49	51	38	41	60
Testing kits	**16**	12	28	10	3	16	16	3	32
Information pamphlets	**1**	0	2	0	0	2	0	0	4
Websites	**39**	41	32	43	44	28	55	8	45
Other people	**33**	21	30	24	36	41	28	43	43
Personal experience	**18**	9	17	9	8	25	23	5	43

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Drug had a different content than expected (%)	**n=733**	n=100	n=74	n=100	n=95	n=100	n=98	n=66	n=100
Never	**30**	30	23	31	26	32	30	18	40
Sometimes	**59**	53	55	58	67	55	65	71	49
Half the time	**7**	4	19	7	3	7	4	8	6
Most times	**4**	11	1	3	2	4	1	3	4
Always	**1**	2	1	1	1	2	0	0	1

Source: EDRS REU interviews
*Among those who reported finding out the content of ecstasy

Participants were asked if they knew what a range of substances were (Table 63). The majority of participants indicated that they knew what an ecstasy-like substance was (98%), an amphetamine-type substance was (96%), ketamine (85%) and opiates (82%). One-third indicated that they knew what PMA was (34%) and 2CB/2CI (33%) while one-quarter (27%) indicated that they knew what DXM was.

Participants were then presented the same substances and asked if, having used a pill testing kit and were aware that an ecstasy pill contained that substance, would they continue to consume the pill. Almost all (99%) participants reported that they would consume the pill if it contained an ecstasy-like substance, the majority (91%) indicated that they would consume the pill if it contained an amphetamine-type substance and more than two-fifths indicated they would consume the pill if it contained ketamine (45%) or opiates (43%; Table 63). One-third (30%) of the sample would continue to consume a pill if they were unaware of the contents of the pill.

One in five (20%) would continue to consume the pill if testing indicated the presence of PMA, despite 66% of the sample not knowing what PMA was or being unsure. Of those who reported that they knew what PMA was (34% of the entire sample), 37% reported that it was 'a bad pill', 28% reported it to be a 'stimulant-type drug', 24% reported it to be a 'drug that causes death', 24% reported it to be a 'drug that causes overheating', 16% reported it to be an 'hallucinogenic drug', 15% reported it to be 'ecstasy' and 6% reported it to be 'red Mitsubishis'.

No difference was found between those who indicated that they knew what PMA or not regarding whether they would consume a pill if they were aware the pill contained PMA (22% vs. 19%; OR=1.2; 95%CI=0.8, 1.7). Five percent (n=40) of the entire sample reported that they had knowingly consumed PMA and 29% of the entire sample (n=213) reported that they suspected they may have consumed PMA.

Table 63: Participant knowledge of ecstasy pills containing other substances, and whether they would knowingly consume these pills, 2007

Substance	No	Yes	Unsure	Would consume pill containing substance
An ecstasy-like substance (e.g. MDMA, MDA)	2	98	<1	99
Amphetamine-type substance	3	96	1	91
Ketamine	14	85	1	45
Opiates	16	82	1	43
2CB/2CI	64	33	3	32
PMA	65	34	1	20
DXM	70	27	3	27
Showed no reaction				30

Source: EDRS REU interviews

13.2 Summary of drug information-seeking behaviour

- Half (51%) of the national sample 'never' found out the content of drugs other than ecstasy, and 33% 'never' found out the content of ecstasy. Fourteen percent 'always' found out the content of drugs other than ecstasy and 20% 'always' found out the content of ecstasy.
- Amongst those participants who reported finding out the content of ecstasy, 72% reported asking a friend, 48% asked a dealer, 39% used websites, 33% replied on information from people other than friends, 18% relied on personal experience and 16% used testing kits.
- Fifty-nine percent of the national sample reported that they 'sometimes' had bought a drug which had a different content than expected; 30% reported that this had 'never' occurred.
- One-third (34%) of the sample indicated that they knew what PMA was; one-fifth (20%) reported they would consume a pill knowing it contained PMA. One-third (30%) reported they would consume a pill if a pill testing kit showed no reaction.

14 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

14.1 Overdose and drug-related fatalities

As in previous years, participants were surveyed regarding their experience of overdose. However, in 2007 a distinction was drawn between self-reported overdose on stimulant and on depressant drugs (in previous years these drug types were combined). 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Thirty-six percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose[11].

14.1.1 Non-fatal stimulant overdose

Seventeen percent of the national sample reported having ever overdosed on a stimulant drug on an average number of two occasions (range 1-20 occasions). Participants reported that their last stimulant overdose had occurred a median of 12 months ago (range less than one month ago to 25 years ago). Of those who had ever overdosed on a stimulant drug, 39% (n=50, representing 7% of the entire sample) reported having overdosed in the past six months.

Participants reporting a recent (last six months) overdose were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy, followed by ice/crystal, with smaller proportions nominating speed, cocaine and base (Table 64). Polydrug use was common, with 54% (n=27) reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (70%, representing 38% of recent stimulant overdoses, n=19), cannabis (18%, or 33% of recent stimulant overdoses, n=9) and/or ecstasy (22%, representing 14% of recent stimulant overdoses, n=6).

Of those who had overdosed in the past six months, own homes and friends' homes and nightclubs were the most commonly nominated location of last overdose, followed by live music events, raves (including 'doofs' and dance parties; Table 64). Two percent each nominated outdoors, work, a private party, restaurant/café and public place.

Symptoms which participants reported on their last stimulant overdose occasion included increased body temperature (68%), dizziness (58%), increased heart rate (54%), vomiting (54%), nausea (52%), muscle twitches (40%), paranoia (36%), tremors (36%), headache (32%), rapid irregular breathing (32%), delirium/confusion (28%), extreme anxiety (28%), passing out (26%), agitation (26%), extreme agitation (24%), chest pain (22%), panic (22%), visual hallucination (22%), shallow irregular breathing (18%), auditory hallucination (12%), tactile hallucination (6%) and seizure (4%).

At their last occasion of overdose (of those who had overdosed in the preceding six months), most (56%) reported that they were monitored/watched by friends and 36% reported receiving no treatment; one participant each reported being taken to hospital by ambulance or by friends.

At their last occasion of overdose, participants reported having been partying for a median of five hours (range 0 hours to 14 days) and to have last eaten a meal (not a snack) a median of 12 hours (range 30 minutes to five days) before overdosing.

[11] Comparisons with previous years should be undertaken with caution due to changes in survey items on overdose.

Table 64: Stimulant overdose in the last six months among REU, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% Ever overdosed on stimulant drug	**17**	30	39	12	7	12	16	9	16
Mean number times ever overdosed*	**2**	3	1	1	3	2	4	3	2
% Overdosed last six months*	**39**	40	35	42	29	25	56	17	50
Main drug (%)**	**(n=50)**	(n=12)	(n=10)	(n=5)	(n=2)	(n=3)	(n=9)	(n=1)	(n=8)
Ecstasy	**56**	42	100	40	0	67	33	0	75
Ice/crystal	**22**	42	0	0	0	0	56	100	0
Speed	**8**	8	0	20	50	0	11	0	0
Cocaine	**8**	0	0	40	0	33	0	0	13
Base	**2**	8	0	0	0	0	0	0	0
Last OD location(%)**	**(n=50)**	(n=12)	(n=10)	(n=5)	(n=2)	(n=3)	(n=9)	(n=1)	(n=8)
Own home	**32**	33	10	20	100	0	67	100	13
Friend's home	**16**	25	10	20	0	0	11	0	25
Nightclub	**16**	8	10	40	0	67	0	0	25
Live music event	**12**	17	10	20	0	0	11	0	13
Rave/dance party	**10**	8	30	0	0	0	11	0	0

Source: EDRS REU interviews
*Of those who ever overdosed
**Of those who had overdosed in the past six months

14.1.2 Non-fatal depressant overdose

Twenty-six percent of the national sample reported having ever overdosed on a depressant drug on an average number of eight occasions (range 1-200 occasions). Participants reported that their last stimulant overdose had occurred a median of 12 months ago (range less than one month ago to 27 years ago). Of those who had ever overdosed on a depressant drug, 43% (n=82) reported having overdosed in the past six months (Table 65).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (76%); smaller proportions reported GHB (10%), benzodiazepines (6%), heroin (5%) and other opioids (2%). Just over half (58%, n=43) of those who reported recent depressant overdose had been under the influence of more than one drug at that time. In addition to the main drug, the most commonly reported 'other' drugs were cannabis (49%, representing 26% of recent depressant overdoses, n=21), ecstasy (28%, representing 15% of recent depressant overdoses, n=12) and/or alcohol (16%, representing 9% of recent depressant overdoses, n=7). Three participants had received naloxone in the past six months.

Of those who had overdosed in the past six months, locations of last overdose included own homes (35%), friends' homes (25%), nightclubs (14%), private parties (9%), pubs (5%) and public places (4%). Symptoms which participants reported on their last overdose occasion included losing consciousness (76%), collapsing (43%), vomiting (22%), suppressed breathing (21%), turning blue (9%) and nausea (9%).

At their last occasion of overdose (of those who had overdosed in the preceding six months), half (51%) had been monitored/watched by friends, 24% received no treatment/assistance, 7% were taken to hospital by friends, 6% were taken to hospital by an ambulance and 2% were attended on site by an ambulance.

At their last occasion of overdose, participants reported partying a median of six hours (range 0 hours to five days) and to have last eaten a meal (not a snack) a median of eight hours (range 0 hours to five days) before overdosing.

Table 65: Depressant overdose in the last six months among REU, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=77	QLD n=101
% Ever overdosed on depressant drug	**26**	19	62	21	23	23	22	21	24
Mean number times ever overdosed*	**8**	4	17	4	4	8	5	3	6
% Overdosed last six months*	**43**	26	61	24	39	39	41	14	63
Main drug (%)**	**(n=82)**	(n=5)	(n=28)	(n=5)	(n=9)	(n=9)	(n=9)	(n=2)	(n=15)
Alcohol	**76**	0	86	60	89	67	56	100	93
GHB	**10**	100	7	20	0	0	0	0	0
Benzodiazepines	**6**	0	4	0	11	33	0	0	0
Heroin	**5**	0	0	0	0	0	33	0	7
Other opioids	**2**	0	4	0	0	0	11	0	0
Last OD location(%)**	**(n=81)**	(n=5)	(n=27)	(n=5)	(n=9)	(n=9)	(n=9)	(n=2)	(n=15)
Own home	**35**	60	26	40	33	22	44	50	40
Friend's home	**25**	40	19	0	22	44	22	0	33
Nightclub	**14**	0	15	40	11	22	11	0	7
Private party	**9**	0	19	20	0	0	0	0	7
Pub	**5**	0	4	0	0	11	11	0	7
Public place	**4**	0	4	0	22	0	0	0	0

Source: EDRS REU interviews
*Of those who ever overdosed
**Of those who had overdosed in the past six months

14.1.3 Methamphetamine-related fatalities

The 2006 ABS data on methamphetamine-related deaths were not available at the time of publication. There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death, and therefore mortality data may under-represent cases where methamphetamine contributes to death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

Recently, 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, 2007). In 2005, there was a total of 68 'drug induced' deaths in which methamphetamine was mentioned among those aged 15-54 years.

Methamphetamine was determined to be the underlying cause of death in 38% (n=26) of all methamphetamine related deaths in 2005. The rate of methamphetamine related deaths among those aged 15-54 years decreased to 5.9 per million persons in 2005, from 6.6 in 2004 (Degenhardt & Roxburgh, 2007). Numbers have remained relatively stable over the past two years.

14.1.4 Cocaine

Fifteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2005 (Degenhardt & Roxburgh, 2007). Cocaine was determined to be the underlying cause of death in two-thirds (66%) of all cocaine related deaths in 2005 (n=10). The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.3 per million persons) remained relatively stable in 2005 compared to 2004 (where it was 1.7 per million persons).

14.1.5 Fatal and non-fatal ketamine overdose

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 et al., 2003), and the experience of a 'k-hole' may lead some to experience symptoms of paranoia, hallucinations and distress (Jansen, 2000). These effects may increase the acute risks of ketamine, particularly because 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.

No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. It is problematic to monitor deaths due to ketamine in existing data collections. See individual state/territory reports for jurisdictional-level information, where available.

14.1.6 Fatal and non-fatal GHB overdose

One of the reasons for the considerable media attention around GHB has arisen 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 & 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 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. Recent analysis of data from coronial records has suggested that 10 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 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.

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

14.2 Methamphetamine dependence

In 2007, participants were asked questions from the SDS for the use of methamphetamine; previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp & Mattick, 1997).

Of those who had used methamphetamine, the median SDS score was zero (range 0-15), with 16% scoring four or above. There were no significant differences regarding gender and median methamphetamine SDS score, or regarding gender and those who scored four or above. Of those who scored four or above on the SDS, 22% reported specifically attributing responses to speed, 39% to ice/crystal, 14% to base and 29% reported no specific methamphetamine.

14.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ERD use in the last six months. Of the national sample, 22% had accessed either a medical or health service in the six months preceding interview. Of those who had accessed help, the majority had accessed their general practitioner (GP, 44%), followed by a counsellor (30%), psychologist (21%), emergency department (20%), drug and alcohol worker (16%), first aid (15%), ambulance (12%), psychiatrist (9%), hospital (15%), social or welfare worker (13%), telephone counselling (8%) and/or internet counselling (3%; note: multiple responses permitted).

Table 66 presents the proportion of participants who accessed health help by main drug used. For those who saw a GP (n=68), alcohol was the most common main drug type reported, followed by ecstasy. The main reason for attendance was to obtain medical treatment (a prescription), followed by dependence. A counsellor (n=45) was the next most assessed service, where the main drug of concern was cannabis or ice/crystal and the main issue was for dependence. Alcohol was most commonly cited as the main drug leading participants to access a drug and alcohol (D&A) worker, emergency, first aid, hospital and/or an ambulance for assistance, whilst among those accessing psychologists and psychiatrists, polydrug use was most commonly reported.

Table 66: Proportion of REU who accessed health help by main drug type used and main reason, 2007

	Ecstasy (%)	Speed (%)	Base (%)	Ice/ crystal (%)	Cannabis (%)	Alcohol (%)	Polydrug	Main reason
GP (n=68)	13	2	3	12	10	15	9	Medical treatment (prescription)/dependence
Counsellor (n=45)	13	4	2	20	20	11	11	Dependence
D&A* worker (n=24)	13	4	8	13	8	21	8	Dependence
Psychologist (n=32)	13	3	3	13	13	16	19	Depression/dependence
Emergency (n=30)	20	0	3	10	7	27	3	Overdose
First aid (n=23)	17	17	4	4	0	44	4	Physical injury/overdose
Hospital (n=23)	22	0	4	9	9	26	9	Overdose/psychosis
Social/welfare worker (n=20)	5	5	0	15	5	10	10	Dependence
Ambulance (n=18)	11	0	6	6	11	28	11	Overdose
Psychiatrist (n=13)	8	0	8	0	15	8	31	Dependence

Source: EDRS REU interviews
*Drug and alcohol worker

14.4 Drug treatment

14.4.1 Ecstasy

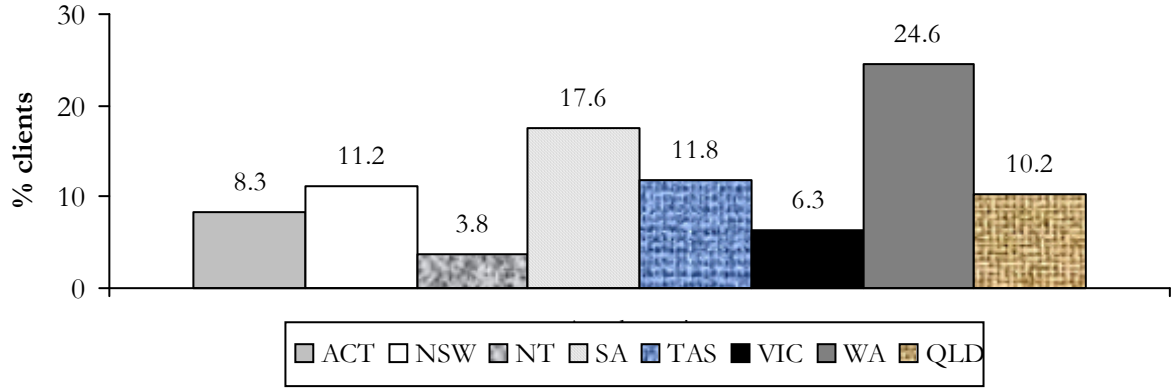
Although ecstasy users do not typically come into contact with health professionals for problems experienced related to drug use, and few of the REU were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

Of the 144,963 closed drug treatment episodes in Australia in 2005/06 (not including pharmacotherapy), 0.6% nominated ecstasy as their principal drug of concern: a total of 897 treatment episodes for the treatment of ecstasy-related problems (Australian Institute of Health and Welfare, 2007). VIC recorded the highest number of treatment episodes (336) followed by QLD (248). National figures are slightly up from the previous year (0.4% or 580 treatment episodes were for ecstasy-related problems in 2004/05). It should be noted that clients may have been seeking treatment for more than one drug type.

14.4.2 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (25%), followed by SA (18%), and TAS (12%; Figure 64). These proportions remained relatively unchanged from the 2004/05 data (Australian Institute of Health and Welfare, 2007).

Figure 64: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2007)
Notes: Excludes closed treatment episodes for clients seeking treatment for the drug use of others. Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSPs, correctional institutions, halfway houses or sobering up shelters.

14.4.3 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2005/06 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions. These figures remain unchanged from 2004/05 (Australian Institute of Health and Welfare, 2006, 2007).

14.4.4 Ketamine

Case studies of ketamine dependence in the medical literature are accumulating (Moore & Bostwick, 1999; Hurt & Ritchie, 1994; Soyka et al., 1993; Jansen, 1990; Kamaya & Krishna, 1987; Ahmed & Petchovsky, 1980). However, treatment-seeking for problems associated with ketamine use is low compared to other drugs. Data from the AODTS-NMDS show there was a total of 13 treatment episodes where ketamine was identified as the principal drug of concern during the period 2002/03 to 2005/06 (AODTS-NMDS unpublished data, 2002/03 to 2005/06). These data are based on closed treatment episodes, and episodes that are not completed within the annual collection period are not included in the collection for that period.

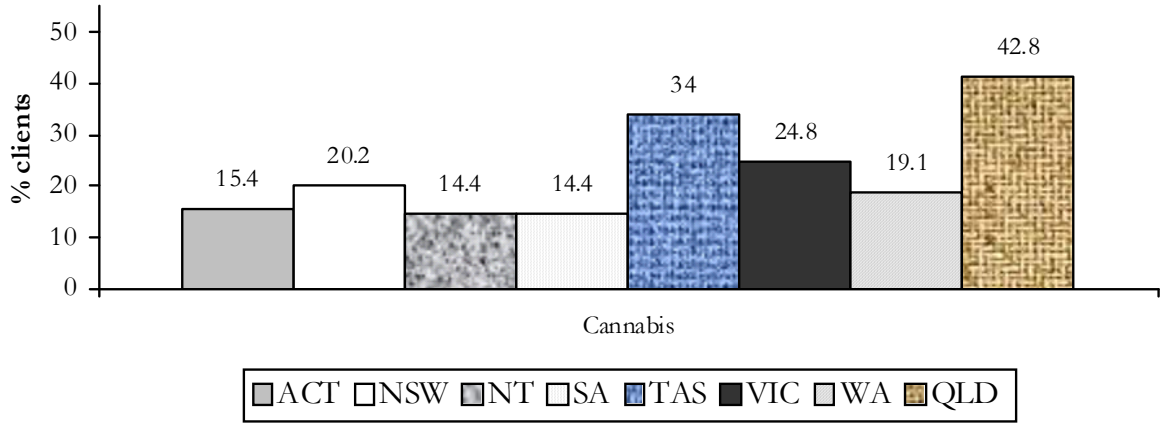
14.4.5 GHB

As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon. There have been a total of 19 episodes where GHB was identified as the principal drug of concern during the period 2002/03 and 2005/06, with 7 of these episodes occurring in 2005/06 (AODTS-NMDS unpublished data, 2002/03 to 2005/06). These data are based on closed treatment episodes, and episodes that are not completed within the annual collection period are not included in the collection for that period.

14.4.6 Cannabis

Data from the AODTS-NMDS indicate that in 2005/06 (excluding QLD[12]), TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34%) followed by VIC (25%; Figure 65). There has been little change in these figures from 2004/05 (Australian Institute of Health and Welfare, 2007).

Figure 65: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2005/06



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2007)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

14.5 Other self-reported problems associated with ERD use

14.5.1 Self-reported drug related problems

Participants in 2007 were asked about a range of other problems associated with their drug use. Participants were asked if, in the past six months, their drug use had caused repeated problems with family, friends or people at work or school; if they had any recurrent drug-related legal problems; if they had recurrently found themselves in situations where they were under the influence of any drug and someone (themselves or another person) could have been hurt or put at risk; or if their drug use had recurrently interfered with their responsibilities at home, work or school. Table 67 presents the proportion experiencing these problem and the main drugs of cause.

[12] In QLD a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected.

Table 67: Self-reported drug-related problems, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Drugs caused repeated problems with family, friends or colleagues (%)	**25**	25	39	21	25	28	31	23	14
Had recurrent drug-related legal problems last six months (%)	**4**	3	3	5	3	4	6	0	6
Recurrently found self in at-risk situations when under influence (%)	**28**	25	38	27	26	28	31	27	27
Drugs recurrently interfered with responsibilities at home/work/school (%)	**38**	38	46	35	39	40	52	29	27

Source: EDRS REU interviews

One-quarter (25%) reported that their drug use had caused repeated problems with family, friend or people at work or school in the preceding six months. These problems were most commonly attributed to ecstasy (29%, n=54), alcohol (19%, n=36), cannabis (17%, n=32), ice/crystal (14%, n=26), speed (7%, n=14), heroin (4%, n=7), base (n=4), other opioids (n=3), cocaine (n=1), LSD (n=1), methadone (n=1) and/or benzodiazepines (n=1).

More than one-quarter (28%) of the sample reported that they had recurrently found themselves in situations where they had put themselves or others at risk while they were under the influence of any drug. These problems were most commonly attributed to alcohol (44%, n=93), ecstasy (23%, n=48), cannabis (7%, n=14), LSD (n=9), ice/crystal (n=8), speed (n=7), base (n=5), cocaine (n=5), benzodiazepines (n=4), methadone (n=1) and/or ketamine (n=1).

Two-fifths (38%) of the sample reported that their drug use had recurrently interfered with their responsibilities at home, work or school. These problems were most commonly attributed to ecstasy (32%, n=90), alcohol (22%, n=63), cannabis (15%, n=43), ice/crystal (10%, n=27), speed (7%, n=19), heroin (3%, n=7), base (3%, n=9), cocaine (1%, n=4) and methadone (n=2), other opioids (n=1), LSD (n=1), antidepressants (n=1) and/or pharmaceutical stimulants (n=1).

Four percent of the sample reported that their drug use had caused recurrent legal problems in the preceding six months. These problems were most commonly attributed to alcohol (n=10), ice/crystal (n=4), cannabis (n=3), ecstasy (n=2), base (n=2), cocaine (n=1), heroin (n=1), methadone (n=1) and/or benzodiazepines (n=1).

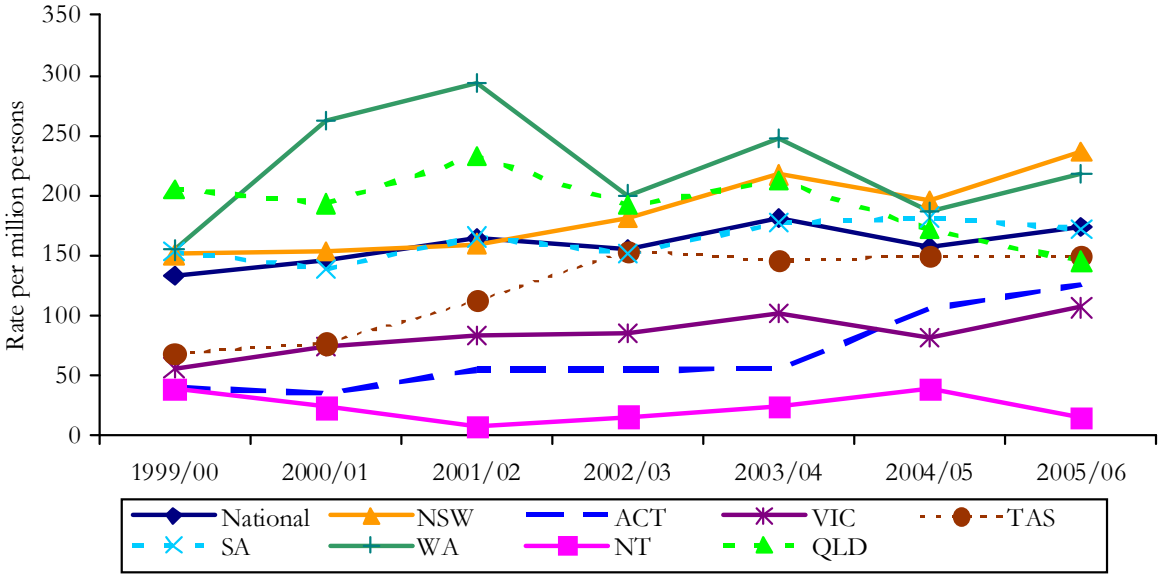
14.6 Hospital admissions

14.6.1 Methamphetamine

Figure 66 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54. Figures steadily increased at a national level between 1999/00 and 2003/04 (from 133 per million persons to 180), and have stabilised over the past three years (the 2005/06 figure was 173 per million persons). NSW recorded the highest number of amphetamine-related hospital admissions in 2005/06 at 236 admissions per million persons, representing an increase from 195 per million

persons in 2004/05. WA also recorded relatively high numbers of amphetamine-related hospital admissions during this period; however, admissions have declined from 293 per million persons in 2001/02 to 218 in 2005/06. QLD has also recorded a decline in these admissions over the six year period, while figures have stabilised in both SA and TAS.

Figure 66: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06

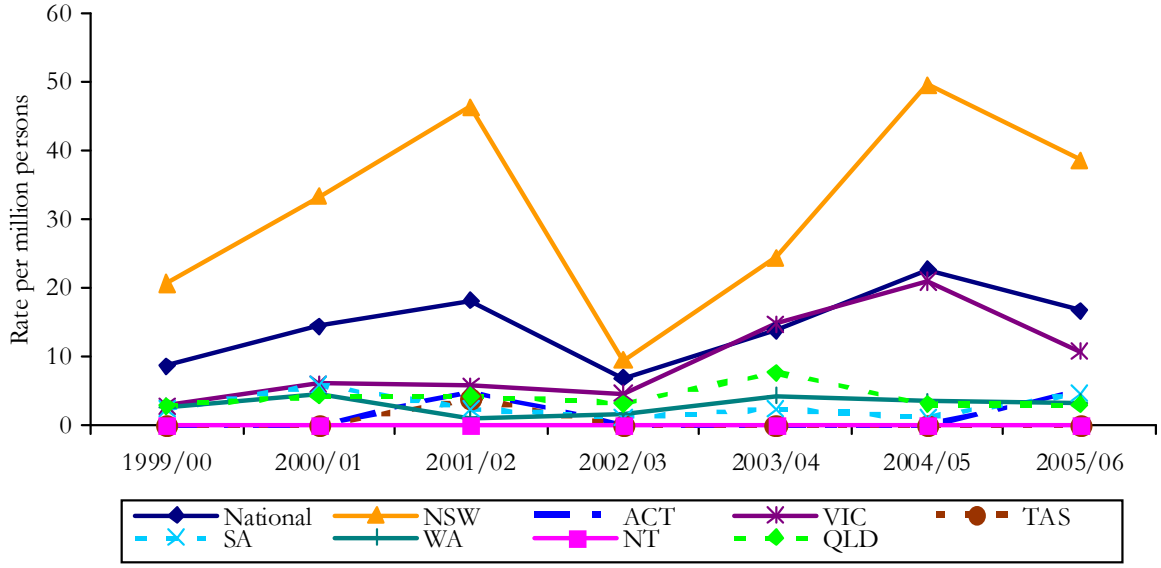


Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments
Note: From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit.

14.6.2 Cocaine

Figure 67 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the six year period, and have increased over the past four years from seven per million persons in 2002/03 to 17 per million persons in 2005/06. It should be noted, however, that, relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 per million persons in 2004/05, and declined to 38 in 2005/06. Figures were relatively lower in all other jurisdictions.

Figure 67: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06

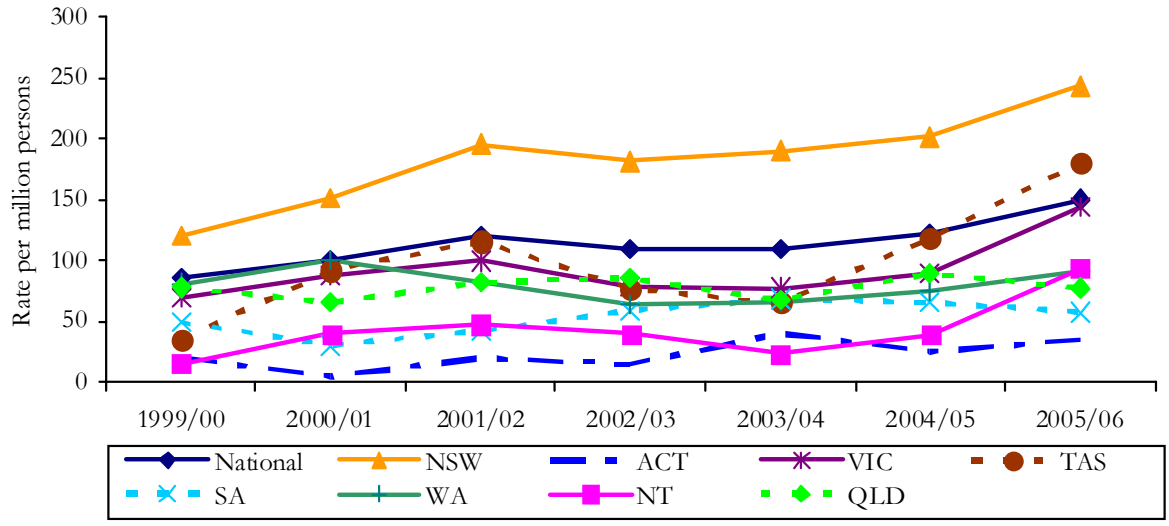


Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments.
Note: From 2001, numbers in TAS included admissions from an additional drug withdrawal unit.

14.6.3 Cannabis

Figure 68 shows the number of inpatient hospital admissions per million persons (among those aged 15-54) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the six-year period from 85 admissions per million persons in 1999/00 to 150 per million persons in 2005/06. NSW recorded the highest figures across the period, and these have also steadily increased from 120 admissions per million persons in 1999/00 to 243 in 2005/06. TAS, VIC and the NT also recorded increases in cannabis-related hospital admissions.

Figure 68: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2005/06



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

14.7 Mental health problems and psychological distress

The Kessler 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Kessler, 2002; SCID; Andrews & Slade, 2001).

Scores were reversed, such that the minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=706), the mean score was 18.3 (median 17, SD 6.3, range 10-47). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews & Slade, 2001; Furukawa et al., 2003), and work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[13].

The 2004/05 National Health Survey (Australian Bureau of Statistics, 2006) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be low, 16-21 as 'moderate', 22-29 as high and 30-50 as 'very high'. Using these categories, a similar proportion of EDRS participants reporting 'very high' distress was similar to those in the National Health Survey with the exception of WA where it was higher. Larger proportions of EDRS participants reported high distress than the general population (Table 68). Scores categorised using the CRUFAD scoring method are shown in Appendix H.

Table 68: K10 scores, by jurisdiction (method used in ABS National Health Survey), 2007

	ABS National Health Survey	EDRS								
K10 category	**National**	**National n=706**	**NSW n=100**	**ACT n=73**	**VIC n=96**	**TAS n=95**	**SA n=97**	**WA n=81**	**NT n=64**	**QLD n=100**
% reporting no or low distress (score 10-15)	**63**	**39**	37	26	38	39	44	31	66	37
% reporting moderate distress (score 16-21)	**24**	**35**	33	38	40	43	30	31	22	39
% reporting high distress (score 22-29)	**9**	**20**	23	29	20	15	21	22	11	18
% reporting very high distress (score 30-50)	**4**	**6**	7	7	3	3	5	16	2	6

Source: EDRS REU interviews, ABS (2006)

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

[13] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

14.8 Summary of health-related trends associated with ERD use

- Of the national sample, 17% reported having ever 'overdosed' on a stimulant drug and 7% (n=50) had done so in the preceding six months. Recent (last six months) overdoses were most commonly attributed to ecstasy (56%), followed by ice/crystal (22%). Just over half (54%) of those reporting recent overdose were under the influence of other drugs at that time. Participants reporting recent overdose had done so after a median of five hours of partying, and had typically either been monitored/watched by friends (56%) or had received no treatment/assistance (36%); two participants had been taken to hospital.
- Of the national sample, 26% reported having ever 'overdosed' on a depressant drug and 11% (n=82) reported recent (last six months) overdose. Recent overdoses were most commonly attributed to alcohol (76%), with smaller proportions reporting GHB (10%), benzodiazepines (6%), heroin (5%) and other opioids (2%). Just over half (58%) of those reporting recent depressant overdose were under the influence of more than one drug at that time. Participants reporting recent overdose had done so after a median of six hours of partying; medical treatment had not typically been sought, with 51% reporting having been watched by friends and 24% received no treatment/assistance.
- In 2005, methamphetamine and cocaine-related fatalities remained low relative to other drugs such as opioids (Degenhardt et al., 2006b; Degenhardt et al., 2006c). Monitoring of deaths due to other drugs used by this group, such as ketamine and GHB, is problematic in existing data collections.
- Of those who had used methamphetamine, the median score on the SDS was zero, indicating no dependence (range 0-15). Sixteen percent of recent methamphetamine users scored four or above, indicating possible dependence.
- Just over one-fifth (22%) had accessed either a medical or health service in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were GPs (44%) and counsellors (30%). Participants accessing GPS, D&A workers, emergency, first aid, hospital and/or an ambulance for assistance most commonly reported alcohol as the main drug behind their visit.
- In 2005/06, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.4% of closed treatment episodes; however this figure has increased slightly from 0.4% in 2004/05. Figures for cocaine also remained low and stable (0.3% of treatment episodes in 2005/06), as did those for ketamine and GHB (6 and 7 people nationally in 2005/06, respectively). The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 3.8% in the NT to 24.6% in WA. The proportion of clients seeking treatment where cannabis was the principle drug of concern ranged from 14.4% in the NT and SA to 42.8% in QLD.
- Social or relationship problems attributed to ERD use were reported by 25% of the national sample, while 38% reported occupational or educational problems and 28% had repeatedly found themselves in risky situations when under the influence. These problems were most commonly attributed to use of ecstasy, alcohol or cannabis. Only a small proportion reported legal problems (4%); these were most commonly attributed to alcohol (n=10), followed by ice/crystal (n=4).
- A small proportion of participants (6%) were classified as currently experiencing 'very high' psychological distress on the Kessler Psychological Distress Scale. The majority reported no to moderate distress (74%).

15 RISK BEHAVIOUR

15.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. Previous research has shown that REU who had ever injected a drug were significantly older, more likely to be unemployed and have a prison history, while participants who had completed high school and those who identified as heterosexual were less likely to have injected. Participants in the EDRS have been found to be demographically different to other samples of people who inject drugs (White et al., 2006).

In the 2007 EDRS, one in five (21%) of the national sample reported having injected at some time in their lives and, of those, 62% (representing 13% of the entire sample) reported injecting in the six months preceding interview. Out of a possible 16 drug types[14], a mean of 4.1 drugs (SD 3.0, range 1-15 drugs) had ever been injected; those who reported injecting in the preceding six months had injected a mean of 2.6 drugs (SD 1.7, range 1-9 drugs; Table 69).

Table 69: Injecting risk behaviour among REU, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Ever injected (%)	**21**	32	18	14	10	26	27	26	15
Median age first injected any drug (range)	**19 (14-35)**	19 (14-35)	18 (14-21)	18.5 (14-36)	18 (14-29)	20 (15-26)	19 (14-27)	21 (16-35)	18 (15-30)
Mean number of drugs ever injected* (range)	**4.1 (1-15)**	4.2 (1-10)	5.8 (1-11)	5.1 (1-11)	2.5 (1-6)	4.1 (1-15)	4.4 (1-11)	2.8 (1-8)	3.8 (1-9)
Injected last six months* (%)	**62**	72	69	64	60	52	67	59	47
Mean number of drugs injected last six months# (range)	**2.6 (1-9)**	2.6 (1-9)	3.2 (1-6)	3.6 (2-6)	2.0 (1-5)	2.5 (1-6)	2.9 (1-5)	1.6 (1-2)	1.9 (1-6)

Source: EDRS REU interviews
*Among those who had injected
#Among those who had recently injected

15.1.1 Lifetime injectors

Patterns of lifetime injecting drug use

Those who reported injecting a drug at some time first did so at a median age of 19 years (range 14-35 years) and had first injected a median of nine years previously (range 0-34 years).

[14] These were: ecstasy (pills or powder), methamphetamine (any form), pharmaceutical stimulants, cocaine, LSD, MDA, ketamine, GHB (includes GBL and 1,4B), alcohol, heroin, methadone, buprenorphine, other opioids, antidepressants, benzodiazepines and magic mushrooms.

Most of those who had ever injected commenced injecting with speed (47%) or heroin (24%). Speed (47%) and heroin (24%) were also the most commonly reported drugs ever injected by this group (Table 70).

Table 70: Injecting drug use history among REU who had ever injected, 2007

	Ever injected (%) n=154	First drug injected (%) n=153
Speed	80 *(17% of the entire sample)*	47 (n=73)
Heroin	60 *(13% of the entire sample)*	24 (n=37)
Ice/crystal	59 *(12% of the entire sample)*	9 (n=14)
Base	57 *(12% of the entire sample)*	9 (n=14)
Ecstasy*	49 *(10% of the entire sample)*	1 (n=2)
Cocaine	36 *(7% of the entire sample)*	1 (n=1)
Other opioids	28 *(6% of the entire sample)*	2 (n=3)
Methadone	22 *(5% of the entire sample)*	1 (n=1)
Benzodiazepines**	21 *(4% of the entire sample)*	1 (n=1)
Ketamine	17 *(4% of the entire sample)*	1 (n=2)
LSD	16 *(3% of the entire sample)*	0
Pharmaceutical stimulants**	16 *(4% of the entire sample)*	0
Buprenorphine	16 *(3% of the entire sample)*	0
MDA	12 *(2% of the entire sample)*	0

Source: EDRS REU interviews
*Refers to ecstasy tablets only
**Includes licitly and illicitly obtained

Initiation to injecting

Two-fifths (40%) of those who had ever injected had done so for the first time while under the influence of drugs; the most frequently nominated drugs which participants were under the influence of when they first injected were alcohol (51%) and cannabis (51%).

Initiation to injection typically occurred in the presence of other people, typically friends (69%), while 12% had first injected with their partners, 10% with their dealers, 8% with their regular partners, 7% with an acquaintance and 4% with a relative. Only three participants (12% of lifetime injectors) reporting first injecting when alone. Ten percent of those who had ever injected had first injected themselves, while 58% had first been injected by a friend. Seven percent had first been injected by a dealer, 9% by their partners, 7% by an acquaintance, 5% by a regular sex partner, 2% by a casual sex partner and 2% by a relative. Almost three-quarters (72%) of those who had first been injected by another person had subsequently injected themselves.

Of those who had ever injected themselves (as opposed to someone else injecting them, n=115), over half (54%) had learned from observing others and one-third (34%) had learned to inject from a friend or partner. Nine percent (n=10) had learned from another user, 4% (n=4) from a website, 4% (n=4) from an information pamphlet, 4% (n=4) had indirectly learned from a health professional and 3% (n=3) had learned from a NSP.

The main reason given for first injecting was curiosity (49%), while the most commonly reported reason for the last injection was to get high or have fun (36%; Table 71).

Table 71: Reasons for initial drug injection and last drug injection, 2007

Reason	First injection (%)	Last injection (%)
Curiosity	49	8
Get high/have fun	13	36
Peer pressure/influence	13	7
Have stronger drug effect	12	14
Depression/sadness	5	7
Opportunity presented itself	3	2
Injecting cheaper/less wasteful	1	3
Preferred route of administration	n.a.	15

Source: EDRS REU interviews

Participants who had injected at some stage during their lifetime but not during the past six months (n=58) were asked for the main reason behind this and to rate the likelihood of them injecting in future. A range of responses were given, the most common of which were: injection not being the preferred route of administration (17%, n=10); that the participant no longer used injectable drugs (17%, n=10) and/or he/she wished to avoid being considered a 'junkie' (17%, n=10). Thirty-eight percent (n=22) of those who had previously injected but not in the last six months reported that they would 'never' inject again, while 29% (n=17) thought it 'unlikely' and 22% (n=13) thought that they 'may' inject again. Three percent (n=2) reported that they were 'likely' to inject in future and 5% (n=3) thought it 'very likely'.

15.1.2 Recent injectors

Patterns of recent injecting drug use

Participants who had injected in the last six months reported injecting a median of 31 times in that time (range 1-1800 times). Methamphetamine was the most commonly injected drug in the preceding six months with just under-two-thirds of recent injectors injecting ice/crystal, three-fifths injecting speed and just under two-fifths injecting base. The frequency of injection was approximately once per fortnight for speed, base and ice. Heroin was injected by one-third of recent injectors in the preceding six months on a median of 24 days, i.e. an average of once per week. Two participants reported daily heroin injection and one participant reported daily speed injection. Methamphetamine, followed by heroin and other opioids were most commonly reported as the last drug injected. While 26% of recent injectors had injected ecstasy in the past six months, only 2% reported ecstasy to be the last drug injected (Table 72).

Table 72: Recent injecting drug use patterns among those who had recently injected, 2007

	% Injected past six months n=95	Median days injected last six months* (range)	% Last drug injected* n=94
Any methamphetamine	*94 (12% of the entire sample)*	n.a.	64
Ice/crystal	65 *(8% of the entire sample)*	12 (1-120)	26
Speed	60 *(8% of the entire sample)*	14 (1-180)	22
Base	39 *(5% of the entire sample)*	10 (1-96)	16
Heroin	33 *(4% of the entire sample)*	24 (1-180)	15
Ecstasy**	26 *(3% of the entire sample)*	4 (1-48)	2
Other opioids	20 *(3% of the entire sample)*	12 (1-40)	4
Cocaine	18 *(2% of the entire sample)*	2 (1-48)	4
Methadone	14 *(2% of the entire sample)*	8 (1-60)	1
Buprenorphine	13 *(2% of the entire sample)*	3 (1-166)	3

Source: EDRS REU interviews
* Of those who had injected each drug in the preceding six months
**Refers to ecstasy tablets only

Sharing of needles/syringes and other injecting equipment

Of those who injected in the preceding six months, five respondents reported using a needle after someone else in the *month* preceding interview. These included a close friend(s; n=4), a regular and/or casual sex partner(s; n=1 each; multiple responses were allowed). Fifteen participants reported that someone had used a needle after them in this time.

Sharing of other injecting equipment in the preceding month was reported by 43% (n=41) of recent (past six months) injectors. Of those who reported sharing any equipment, 59% (n=24) reported sharing spoons, 34% (n=14), 46% (n=19) reported sharing tourniquets and 10% (n=4) shared filters.

Context of injecting

Four-fifths of recent injectors reported they injected themselves 'every time', a finding that was relatively consistent across jurisdictions. Proportions who reported never injecting themselves ranged from none in the ACT, the NT and QLD to 22% in WA (Table 73). Those who had not always injected themselves in the past six months (n=19) had been injected by friends (n=11), partners (n=2) and/or sex partners (n=6).

Nineteen percent (n=18) of recent injectors had injected under the influence of ecstasy and/or other drugs in the past six months, nine percent (n=8) had injected while coming down and 51% (n=48) had injected both while under the influence and while coming down during that time. Twenty-one percent (n=20) of recent injectors had neither injected while under the influence nor whilst coming down from ecstasy and/or other drugs in the past six months.

The majority of participants who had injected usually did so in the presence of others, typically close friends and/or a regular sex partner. The majority of those who had recently injected reported having injected at home or at a friend's home, although public locations such as in a car, on the street or in a public toilet were also reported (Table 73). Comparisons across jurisdictions

should be made with a degree of caution due to small numbers commenting in many states/territories.

Table 73: Context and patterns of recent (last six months) injection, 2007

	National n=94	NSW n=23	ACT n=9	VIC n=9	TAS n=6	SA n=13	WA n=18	NT n=10	QLD n=6
Frequency of self-injection (%)									
Every time	**80**	87	78	78	67	77	78	80	83
Often	**6**	4	22	11	17	8	0	0	0
Sometimes	**1**	0	0	0	0	0	0	10	0
Rarely	**2**	0	0	0	0	0	0	10	17
Never	**11**	9	0	11	17	15	22	0	0
People usually inject with* (%)									
Close friends	**50**	52	56	67	67	46	28	50	67
Regular sex partner	**25**	17	11	22	17	8	56	30	17
Casual sex partner	**6**	4	0	0	17	0	11	10	17
Acquaintance	**9**	4	22	11	33	0	6	0	17
No one	**30**	35	22	33	17	39	17	40	33
Locations injected* (%)									
Own home	**82**	83	78	100	83	85	72	90	71
Friend's home	**44**	30	56	44	50	31	67	30	57
Car	**31**	0	33	44	50	31	50	50	14
Dealer's home	**32**	22	67	33	50	15	33	20	43
Street	**17**	9	11	33	17	8	39	0	14
Public toilet	**15**	4	22	44	33	15	17	0	0
Venue toilet	**11**	0	11	11	17	8	22	10	14

Source: EDRS REU interviews
*Multiple responses allowed

Obtaining needles

The majority of recent (past six months) injectors obtained needles from NSPs (67%) and/or a pharmacy (37%) in the preceding six months. Other sources included from a friend (12%), from a dealer (5%), a vending machine (11%), a sex partner (2%), a partner (1%) and/or an outreach service (1%).

Nine percent (n=8) of recent injectors reported having found it difficult to obtain needles in the preceding six months. Reasons for this included the opening hours (n=3), vending machines being broken or empty (n=3), being unable to afford them (n=2) and/or not knowing where to obtain them (n=1). No participants reported experiencing difficulty in obtaining needles as a result of location or stigma associated with injecting.

15.1.3 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs (AIHW, 2005). In 2004, 1.9% of the population had ever injected a drug with 0.4% having injected a drug in the past year. Those in the 20-29 year age group have a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2005b).

Meth/amphetamine (any form) was the most common first drug injected (59.1%), followed by heroin (24.5%), then steroids (5.4%). The most common drug among recent injecting drug users

was meth/amphetamine (83.6%), followed by heroin (23.1%); similar proportions recently injected ecstasy (7.9%), methadone (7.2%) and cocaine (7.1%) (Australian Institute of Health and Welfare, 2005b).

15.2 Blood-borne viral infections (BBVI)

Thirty-three percent of the national sample reported that they have never been vaccinated for hepatitis B virus (HBV), 44% reported that they had completed the vaccination schedule and 8% did not finish the vaccination schedule. A further 14% did not know if they had been vaccinated. Reasons for seeking HBV vaccination included going overseas (n=120), being vaccinated as a child (n=92), for work (n=47), at risk due to injecting drug use (n=26) and at risk due to sexual practices (n=24).

Participants were asked if they have been tested for hepatitis C virus (HCV). Of the national sample, 50% reported that they had never been tested for HCV, while 25% had been tested in the last year, 18% were tested more than a year ago and 7% either did not know or did not get their result. Among those who had ever injected, 16% had never been tested, 46% had been tested in the last year, 33% had been tested more than a year ago and 5% were not sure if they'd been tested. Four percent (n=32) of the national sample reported that they were positive for HCV; this figure was 20% for participants who had ever injected (representing 25% of injectors who had ever been tested).

Participants were asked if they had been tested for human immunodeficiency virus (HIV). Of the national sample, 50% had never been tested for HIV, 30% had been tested in the past year, 19% had been tested more than one year ago and 2% either did not know or did not get their result. Seven participants reported that they were HIV positive.

Forty-three percent of the national sample reported having a sexual health check-up (such as a swab, urine, or other blood test) in the past year, while 22% reported having had their last sexual health check-up more than one year ago. Thirty-five percent had never had a sexual health check-up and three participants either did not know or did not get their result.

The majority (84%) reported that they had never been diagnosed with a sexually transmitted infection (STI); 5% had been diagnosed with an STI in the past year. In the past year, 23 participants had been diagnosed with chlamydia and three participants had been diagnosed with gonorrhoea; no participant had been diagnosed with syphilis in the past year.

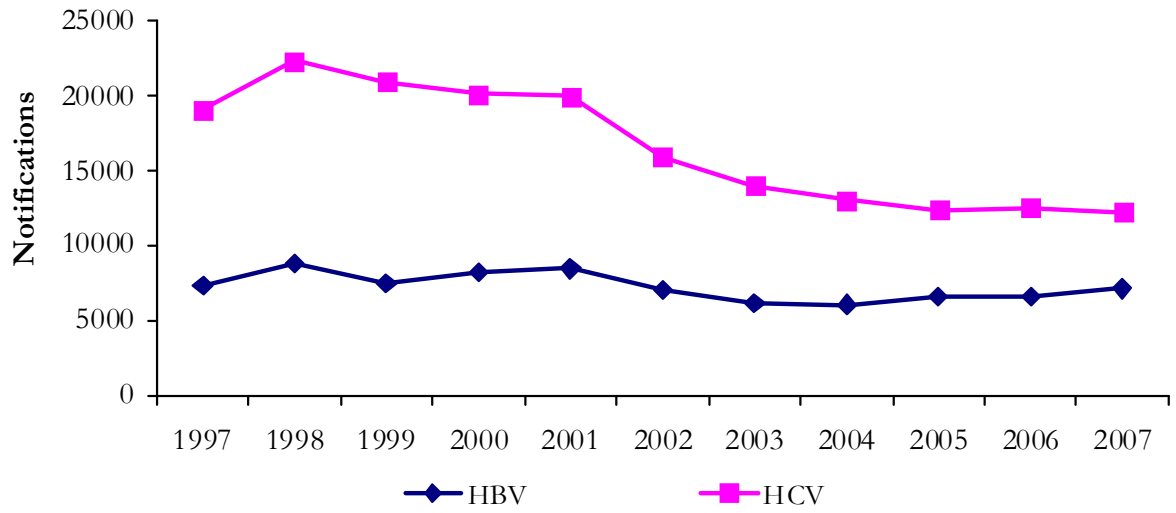
Blood-borne viral infection (BBVI) vaccinations and testing may be considered a marker of awareness of the risks involved with injecting. Therefore, those who reported an injecting drug use history were compared to those who reported never having injected a drug to investigate whether they were more likely to report HBV vaccination, HCV and HIV testing.

Those with an injecting drug use history were significantly more likely than those who had never injected to report having ever had some form of HBV vaccination (57% vs. 41%; OR = 1.9; 95%CI = 1.3, 2.7); to have ever been tested for HCV (79% vs. 33%; OR = 7.8; 95%CI = 5.1, 12); and to have ever been tested for HIV (81% vs. 40%; OR = 6.5; 95%CI = 4.2, 10.1).

The National Notifiable Diseases Surveillance System

Figure 69 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001. HBV notifications have remained relatively stable over the past five years.

Figure 69: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2007



Source: Communicable Diseases Network: Australia – NNDSS[15]
N.B. Data accessed on 13 December 2007. Figures are updated on an ongoing basis.

15.3 Sexual risk behaviour

The majority (92%) of participants reported penetrative sex in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand 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.

15.3.1 Recent sexual activity

Almost half (47%) reported one sexual partner during the preceding six months, 17% reported having two partners and one-quarter (24%) reported having between three and five partners (Table 74). Of those who reported penetrative sex in the preceding six months, more than four-fifths (84%) reported having sex with a regular partner and three-fifths (59%) reported sex with a casual partner.

Participants were asked about the use of 'protective barriers' which were defined as 'condoms, dams or gloves' with each partner type. The prevalence of using any barrier every time (always) was higher with casual (46%) compared to regular (23%) partners.

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

Table 74: Prevalence of sexual activity and number of sexual partners in the preceding six months, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Penetrative sex (%)	**92**	90	97	86	92	91	91	92	94
No. sexual partners (%)*	**(n=678)**	(n=90)	(n=72)	(n=86)	(n=92)	(n=91)	(n=91)	(n=61)	(n=95)
1 person	**47**	46	44	50	51	47	50	38	43
2 people	**17**	13	17	19	19	19	20	13	18
3-5 people	**24**	21	19	27	21	23	21	25	31
6 or more	**13**	20	19	5	10	11	10	25	8
Sex with regular partner (%)*	**84**	74	93	88	82	89	87	62	88
	(n=567)	(n=67)	(n=67)	(n=76)	(n=75)	(n=81)	(n=79)	(n=38)	(n=84)
Always use protection (%)	**23**	21	18	29	24	21	14	47	23
Sex with casual partner (%)*	**59**	61	61	47	54	55	57	67	70
	(n=398)	(n=55)	(n=44)	(n=40)	(n=50)	(n=50)	(n=52)	(n=41)	(n=66)
Always use protection (%)	**46**	53	39	58	38	40	40	51	50

Source: EDRS REU interviews
*Of those who had penetrative sex in the last six months

15.3.2 Drug use during sex

The majority (88%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months (Table 75). One-third (30%) reported that drug use during sex had occurred three to five times (30%) in the preceding six months while the same proportion (30%) reported that drug use during sex had occurred 11 or more times during this time.

The most commonly used drugs used during sex were ecstasy (65%), alcohol (49%) and cannabis (39%; Table 75). Other drugs nominated included speed (13%), ice/crystal (12%), cocaine (8%), base (7%), LSD (4%), GHB (3%), ketamine (2%), amyl nitrite (2%), pharmaceutical stimulants (2%), heroin (2%), methadone (2%), benzodiazepines (2%), other opioids (1%) and nitrous oxide (1%).

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 (43%) compared to regular (19%) partners.

Table 75: Drug use during sex in the preceding six months, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Penetrative sex while on drugs* (%)	**88**	89	93	85	80	91	87	97	84
No. times had sex while on drugs (%)	**(n=593)**	(n=80)	(n=67)	(n=72)	(n=74)	(n=83)	(n=79)	(n=58)	(n=80)
Once	**11**	6	13	6	14	11	14	12	13
Twice	**17**	18	19	19	16	13	14	19	15
3-5 times	**30**	26	31	31	32	27	27	40	31
6-10 times	**13**	11	10	15	12	11	14	16	14
Eleven +	**30**	39	25	29	26	39	32	14	28
Drugs used (%)									
Ecstasy	**65**	53	76	64	80	65	51	85	58
Alcohol	**49**	30	52	49	73	49	34	72	43
Cannabis	**39**	38	37	26	22	49	46	38	50
Speed	**13**	11	12	28	12	10	10	22	4
Crystal	**12**	28	5	7	1	17	27	3	5
Cocaine	**8**	21	10	14	1	7	5	0	6
Base	**7**	5	2	0	8	24	5	2	5
LSD	**4**	3	3	3	1	5	6	3	6
GHB	**3**	13	2	6	1	2	0	0	1
Sex with regular partner under influence of drugs (%)**	**78**	70	88	83	77	87	77	60	75
	(n=460)	(n=56)	(n=59)	(n=60)	(n=57)	(n=72)	(n=61)	(n=35)	(n=60)
Always use protection (%)	**19**	18	17	23	16	19	10	46	12
Sex with casual partner under influence of drugs(%)**	**55**	58	52	44	50	53	54	67	61
	(n=325)	(n=46)	(n=35)	(n=32)	(n=37)	(n=44)	(n=43)	(n=39)	(n=49)
Always use protection (%)	**43**	50	34	56	24	41	37	44	55

Source: EDRS REU interviews
* Of those who had penetrative sex
**Of those who had penetrative sex under the influence of drugs

15.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and other drugs. Over three-quarters of the national sample reported having driven a car in the six months preceding interview. Of these, 55% had driven under the influence of alcohol, ranging from 41% in NSW to 72% in the NT; and 69% of these (37% of those who had driven) had driven over the legal limit on a median of four occasions, ranging from on one occasion to every second day (Table 76).

Just under three-quarters (72%) of those who had driven in the previous six months had driven soon (within one hour) after taking an illicit drug and had done so on a median of five occasions in the preceding six months (range 1-180 times). Ecstasy, cannabis and speed were the drugs

most frequently nominated as having been consumed within one hour prior to driving a car in the preceding six months; findings which are likely, at least in part, to reflect the relative prevalence of use of these drugs amongst this group (Table 76).

Table 76: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% Driven a vehicle in the last six months (n)	**77 (573)**	66 (66)	87 (64)	71 (71)	76 (76)	79 (79)	75 (75)	82 (54)	87 (88)
% Driven under influence of alcohol#	**55**	41	54	46	57	68	57	72	49
% Driven while over the limit of alcohol## (n)	**n=311 69**	n=27 48	n=34 59	n=32 59	n=43 65	n=54 78	n=41 78	n=38 74	n=42 74
Median number of times driven over limit of alcohol## (range)	**4 (1-90)**	5 (1-90)	2.5 (1-12)	3 (1-72)	2 (1-56)	4 (1-24)	6 (1-90)	4 (1-48)	3 (1-24)
% Driven soon after* taking an illicit drug	**72**	61	73	72	51	84	84	76	72
Median number of times driven after taking an illicit drug ** **(range)**	**5 (1-180)**	4 (1-180)	5 (1-180)	4 (1-135)	2 (1-180)	120 (1-180)	6 (1-180)	4 (1-60)	5 (1-180)
Drugs used**	**(n=410)**	(n=40)	(n=47)	(n=51)	(n=39)	(n=66)	(n=63)	(n=41)	(n=63)
% Ecstasy	**73**	63	77	63	85	77	71	76	76
% Cannabis	**60**	45	64	63	46	65	59	63	68
% Speed	**31**	15	19	49	33	29	27	46	29
% Ice/crystal	**18**	15	4	14	8	30	38	10	13
% Base	**13**	3	6	2	8	49	2	15	8
% Cocaine	**12**	18	15	12	5	17	8	2	18
% LSD	**9**	3	6	4	10	14	10	15	8
% Ketamine	**3**	13	0	6	3	5	0	0	0
% Heroin	**3**	3	4	6	0	2	8	0	0

Source: EDRS REU interviews

Of those who had driven a vehicle in the last six months

Of those who had driven under the influence of alcohol in the last six months

* Within one hour of taking

**Of those that had driven soon after taking an illicit drug

Participants who had driven under the influence of alcohol and/or or drugs in the past six months were asked to indicate how impaired they felt their driving had been on the last occasion that they had engaged in this behaviour. The majority (73%) of those who commented thought that they had either been 'likely' (45%) or 'very likely' (28%) to have had an accident on the last

occasion they drove over the legal blood alcohol limit, while these figures were 42% for ecstasy, 32% for methamphetamine and 38% for cannabis (Table 77).

Table 77: Participant beliefs concerning their risk of having a vehicular accident under the influence of alcohol and other drugs, 2007

	Very unlikely	Unlikely	No more/ less likely	Likely	Very likely	Don't know
% Over the legal blood alcohol limit (n=571)	4	12	8	45	28	3
% Ecstasy (n=572)	11	26	17	32	10	4
% Methamphetamine (speed, base and/or ice/crystal, n=572)	12	28	20	24	8	8
% Cannabis (n=572)	14	22	20	30	8	7

Source: EDRS REU interviews

Participants were also surveyed regarding their perceived risk of being apprehended by police and detected as driving under the influence of alcohol, ecstasy, methamphetamine and cannabis. Driving over the legal blood alcohol limit was rated to be either 'likely' or 'very likely' to result in police apprehension by the majority of the sample (71%). Responses were more mixed for other drug types and may at least in part reflect levels of testing conducted: random breath testing for alcohol has been widely implemented in Australia for some time, whilst at the time of interview saliva drug driving testing was comparatively less common (Table 78).

Table 78: Participant beliefs concerning risk of being caught by police and identified as driving under the influence of alcohol and other drugs, 2007

	Very unlikely	Unlikely	No more/ less likely	Likely	Very likely	Don't know
% Over the legal blood alcohol limit (n=571)	5	11	10	41	30	2
% Ecstasy (n=572)	17	37	20	17	5	5
% Methamphetamine (speed, base or ice/crystal, n=572)	19	37	19	12	4	9
% Cannabis (n=572)	16	30	19	21	6	7

Source: EDRS REU interviews

Experiences of random breath testing (RBT) and roadside drug driving testing in the preceding six months were also recorded. Two-fifths of those who had driven a car in the last six months had been random breath tested during that time, eight percent of whom had been found to be over the legal alcohol limit (Table 79)[16]. Two percent (n=9) of those who had driven soon after taking an illicit drug(s) in the past six months had been saliva drug tested at some stage during that time. One participant reported testing positive for cannabis[17].

[16] Participants may not necessarily have been under the influence of alcohol when they were random breath tested.
[17] Participants may not necessarily have been under the influence of drugs at the time(s) they were drug tested.

Table 79: Random breath testing among those who had driven in the preceding six months, by jurisdiction, 2007

	National N=570	NSW n=66	ACT n=64	VIC n=71	TAS n=74	SA n=79	WA n=75	NT n=54	QLD n=87
% Random breath tested (RBT) last six months* (n)	40 (228)	27 (18)	39 (25)	51 (36)	38 (28)	37 29)	44 (33)	22 (12)	54 (47)
% RBT result over the legal alcohol limit (n)†	8 (18)	0	4 (1)	6 (2)	7 (2)	14 (4)	15 (5)	25 (3)	2 (1)

Source: EDRS REU interviews

* Among those who had driven a car in the last six months

† Among those who had been random breath tested

15.5 The Alcohol Use Disorders Identification Test (AUDIT)

In 2007, the EDRS made use of the AUDIT (Saunders et al., 1993). The AUDIT was designed by the WHO as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert & Allen, 2002). Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor & Higgins-Biddle, 2000).

The overall sample mean score on the AUDIT was 12.7 (median:12, range 0-37). Males had a significantly higher mean AUDIT score compared to females (13.3 vs. 11.9; $t_{692.2}$=-2.7, p<01). Seventy-six percent of the national sample scored eight or more; these are levels at which alcohol intake may be considered hazardous. There were no gender differences in those drinking at risky levels. Table 59 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. More than two-fifths (43%) of the national sample scored in Zone 2 (alcohol use in excess of low-risk guidelines), one-quarter (24%) scored in Zone 1 (low-risk drinking or abstinence), 15% scored in Zone 3 (harmful or hazardous drinking) and 18% scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional overviews for the four zones are presented in Table 59.

Table 80: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake, by jurisdiction, 2007

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Mean AUDIT total score, SD (range)	10.4, 6.9 (0-30)	14.0, 7.7 (0-36)	12.9, 7.2 (1-37)	14.1, 5.8 (1-28)	12.6, 7.7 (0-31)	11.2, 7.7 (0-31)	12.8, 6.1 (1-26)	13.8, 6.2 (0-29)
Score 8 or above (%)	64	78	78	90	74	63	79	82
Zone 1	36	22	22	10	26	37	22	18
Zone 2	41	37	43	57	43	35	46	43
Zone 3	11	18	17	15	9	10	19	23
Zone 4	11	24	18	18	22	18	14	16

Source: EDRS REU interviews

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

15.6 Summary of risk behaviours

- Approximately one in five (21%) of the national sample reported having injected at some time in their lives; 13% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years (range 14-35 years).
- Two-fifths (40%) of those who had ever injected had first done so under the influence of drugs, typically alcohol (51% of those who had first injected under the influence) and/or cannabis (51%) and had been in the presence of friends (69%). Of those who had ever injected themselves (n=115), the majority (54%) had learned how to inject by observing others, while one-third (34%) had learned from a friend or partner. The first drug injected was most commonly reported to have been speed (47%), followed by heroin (24%) and the main reason for having first injected was through curiosity (49%). The main reason for last drug injection was typically to get high or have fun (36%), followed by a preference for injecting as a route of administration (15%) and/or to obtain a stronger drug effect (14%).
- The majority of those who had recently injected reported having injected at home or at a friend's home, although public locations such as in a car, on the street or in a public toilet were also reported.
- Among those who had injected in the preceding six months (n=95), the most commonly reported drug injected was ice/crystal (65%). This had been injected on a median of 12 days in the preceding six months (i.e. fortnightly) by this group. Sixty percent of recent injectors had injected speed on a median of 14 days. Smaller proportions reported having injected base, heroin, ecstasy tablets, other opioids and cocaine.
- Ninety-one percent of those who had injected in the preceding six months had experienced no difficulty obtaining needles; these were typically obtained from an NSP (67%) and/or a pharmacy (37%). Of those who had injected in the preceding six months (n=95), a total of five respondents reported using a needle after someone else in the month preceding interview, while 15 had lent a needle to someone else after they had used it. Forty-three percent of recent (past six months) injectors (n=24) reported sharing of other injecting equipment.
- Thirty-three percent of the national sample reported that they had never been vaccinated for HBV. A further 44% reported that they had completed the vaccination schedule, 8% did not finish the vaccination schedule and 14% did not know if they had been vaccinated. Fifty percent of the national sample reported that they had never been tested for HCV, while 25% had been tested in the last year, 18% were tested more than a year ago, and 7% either did not know or did not get their results. Among those who had ever injected, 16% had never been tested, 46% had been tested in the last year, 33% had been tested more than a year ago and 5% were not sure if they had been tested. Four percent (n=32) of the national sample reported that they were positive for HCV; this figure was 20% for participants who had ever injected (representing 25% of injectors who had ever been tested). Thirty 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. Two percent of those who had ever been tested (<1% of the national sample, n=7) reported that they were HIV positive.
- The majority (92%) of participants reported penetrative sex in the six months preceding interview. Almost half (47%) reported one sexual partner during the preceding six months, almost one-fifth (17%) of participants had penetrative sex with two people and one-quarter (24%) reported sex with between three and five people. The majority (88%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.

- Just over three-quarters (77%) had driven a car in the last six months, 55% of whom had driven under the influence of alcohol (69% of whom reported having been over the legal limit) and 72% had driven within an hour of taking an illicit drug. The most commonly reported illicit drugs after which these participants had driven were ecstasy, cannabis and speed. The majority (73%) of those who commented thought that they had either been 'likely' (45%) or 'very likely' (28%) to have had an accident on the last occasion they drove over the legal blood alcohol limit, while these figures were 42% for ecstasy, 32% for methamphetamine and 38% for cannabis.
- Use of the AUDIT indicated that 76% of the national sample reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.
- Of those who had driven in the last six months, just over half (55%) had driven over the limit of alcohol and just under three-quarters (72%) had driven soon after taking any drug. The drug most commonly taken was ecstasy (73%) followed by cannabis (60%) and speed (31%). Driving over the legal blood alcohol limit was perceived as 'likely' or 'very likely' to cause a vehicular accident by 75%.

16 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

16.1 Reports of criminal activity among REU

Thirty percent of the national sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states/territories in the proportion reporting involvement in crime, ranging from 18% in the NT to two-fifths 38% in the ACT (Table 81). Twenty-three percent of the national sample reported that they had dealt drugs in the last month and, of these, three-fifths (62%) reported doing so less than once per week, 15% once per week, 16% more than once per week but less than daily, and 8% reported dealing on a daily basis. Eleven percent of the national sample reported that had committed a property crime in the last month and, of those, two-thirds (64%) reported doing so less than once per week, 14% once per week, 13% more than once per week but less than daily, and 9% reported property crime on a daily basis. Three percent reported committing a violent crime in the past month, with the majority (92%) reporting that this occurred less than once per week; one participant engaged in violent crime once per week and one participant engaged in violent crime more than once per week but less than daily. One percent (n=10) reported having committed fraud in the month prior to interview (Table 81). Of those, nine participants reported having done so less than once per week and one participant reported committing fraud more than once per week but less than daily.

Table 81: Criminal activity among REU, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
In the last month (%)									
Any crime	**30**	23	38	29	28	29	39	18	31
Drug dealing	**23**	15	32	21	24	23	31	15	24
Property crime	**11**	13	11	6	11	10	16	8	9
Fraud	**1**	1	0	1	1	3	4	0	0
Violent crime	**3**	2	3	3	5	4	5	2	2

Source: EDRS REU interviews

16.2 Perceptions of police activity towards REU

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. One-third (34%) reported that police activity had increased, while 35% reported that police activity had remained stable (Table 82). REU were also asked if police activity had made it 'more difficult' for them to score drugs. Of the national sample, 20% reported that police activity did make scoring drugs 'more difficult' for them (Table 82).

Table 82: Perceptions of police activity towards REU, by jurisdiction, 2007

	National N=739	NSW n=100	ACT n=74	VIC n=100	TAS n=99	SA n=100	WA n=100	NT n=65	QLD n=101
Recent police activity (%)									
Decreased	**3**	0	1	3	4	3	6	2	6
Stable	**35**	40	38	44	29	35	33	34	27
Increased	**34**	47	28	43	23	27	24	17	53
Don't know	**28**	13	32	10	43	35	37	48	15
Police activity made scoring more difficult	**20**	7	27	12	29	13	27	22	23

Source: EDRS REU interviews

16.3 Arrests

Nine percent of the national REU sample had been arrested in the past year (Table 83). Of those arrested, 20% were arrested for a violent crime, 17% for a property crime, 16% for drug use/possession, 13% for driving under the influence of alcohol, 9% for drunk and disorderly conduct, 6% for other driving offence, 6% for breaching an apprehended violence order (AVO), 4% for possession of a weapon, 1% for drug dealing/trafficking and 1% for fraud.

Table 83: Proportion of REU reporting arrest in the past year, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Arrested last 12 months (%)	**9**	14	4	7	10	8	12	5	13

Source: EDRS REU interviews

In addition to EDRS REU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACC (latest available year 2005/06). These are reported in the following sub-sections by drug type.

16.3.1 Ecstasy

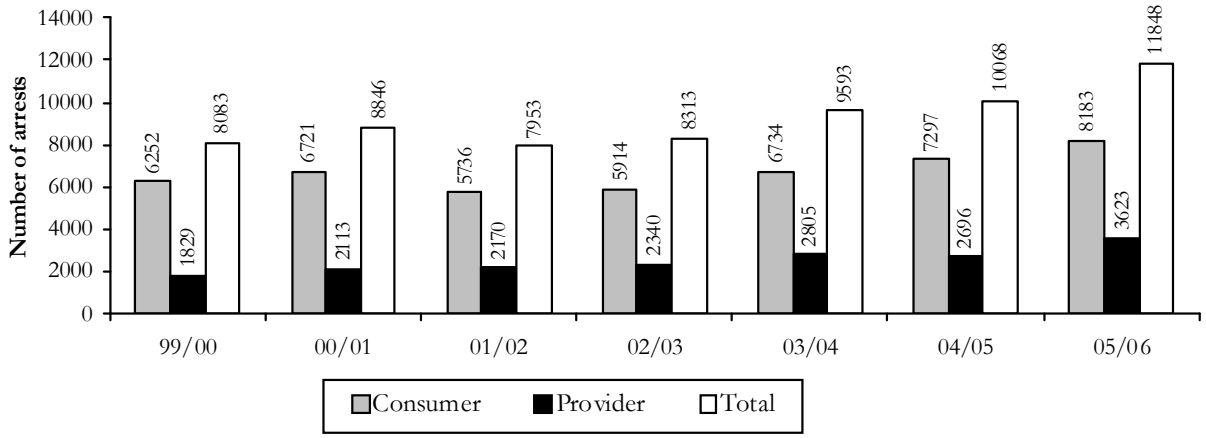
A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs (Australian Crime Commission, 2006); ecstasy arrests are therefore included under ATS. These data are presented below in the methamphetamine section.

Information on criminal activity and arrests among the 2005 national REU sample are presented above.

16.3.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2007). Consumer and provider arrests for ATS have continued to increase Australia-wide over the past four years (Figure 70). NSW and VIC recorded the largest increases in ATS arrests (NSW from 1,942 to 2,462 in 2005/06; VIC from 2,174 to 2,838 in 2005/06). QLD and SA also recorded increases while arrests remained stable in WA, the NT, the ACT and TAS. Data for 2006/07 were not available at the time of publication of this report.

Figure 70: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2005/06

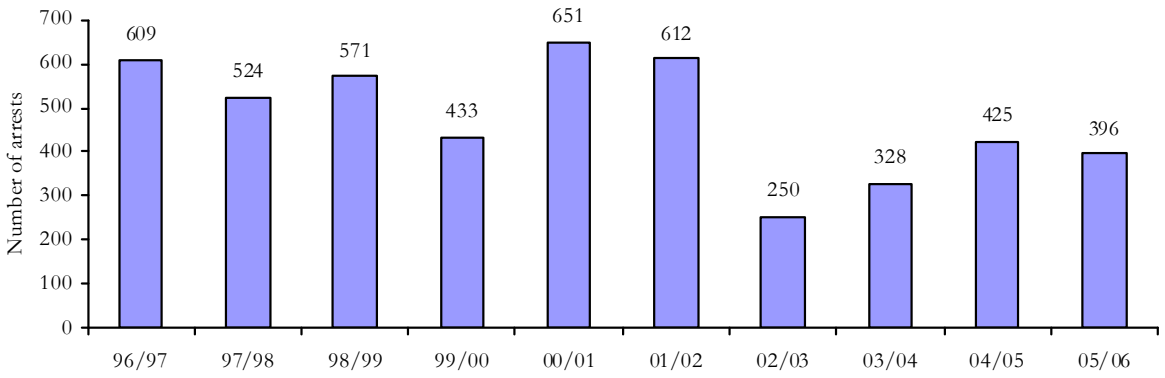


Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)

16.3.3 Cocaine

In 2005/06 the number of cocaine arrests Australia wide decreased slightly from 425 in 2004/05 to 396. The majority of these arrests (52%) were in NSW. The number of arrests in NSW declined from 229 in 2004/05 to 208 in 2005/06. Arrests remained relatively stable in other jurisdictions (Figure 71). Data for 2006/07 were not available at the time of publication of this report.

Figure 71: Total number of cocaine consumer and provider arrests, 1996/97- 2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2006/07 were not available at the time of publication.

16.3.4 Ketamine

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.

16.3.5 GHB

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, because GHB is not separately recorded in police databases.

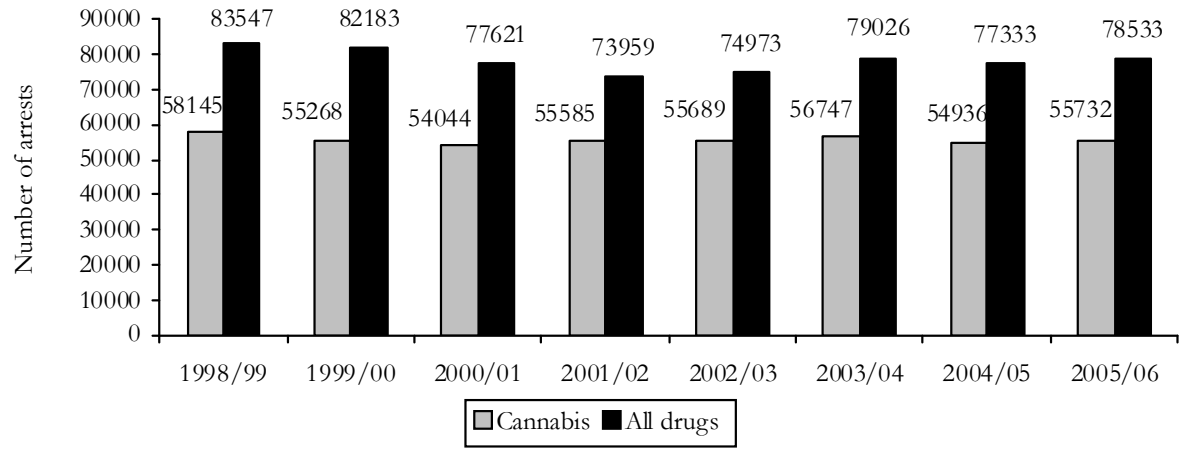
16.3.6 LSD

Nationally, a total of 96 consumer and 44 provider arrests for hallucinogens (including LSD and psilocybin (mushrooms)) were made in 2005/06. The majority of these arrests were in QLD, followed by VIC and NSW.

16.3.7 Cannabis

Cannabis arrests continue to account for the majority (71%) of all drug-related arrests in Australia (Australian Crime Commission, 2007). Numbers have remained relatively stable in the past eight years, indicating little change in enforcement of cannabis-related offences during this period. As in previous years, the number of cannabis arrests in QLD (23,235) accounted for just under half (42%) of the national total. Numbers increased in NSW from 6,583 in 2004/05 to 8,842 in 2005/06, while they decreased slightly in VIC from 7,221 in 2004/05 to 6,901 in 2005/06 (Figure 72). Data for 2006/07 were not available at the time of publication of this report.

Figure 72: Number of cannabis and all drug consumer and provider arrests, 1998/99-2005/06



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007)
Note: Data for 2006/07 were not available at the time of publication.

16.4 Perceived consequences on the banning of ice/crystal pipes

The banning of smoking equipment such as ice pipes (also known as crystal pipes or crack pipes) has been the subject of recent legislative attention in many jurisdictions. The prohibition of the sale of these pipes raises the issue of safe administration of illicit substances. Amongst recent ice/crystal users, 77% had smoked ice/crystal in the preceding six months compared with 26% who had injected ice/crystal in the preceding six months. Thus, smoking appears to be the favoured route of administration amongst ice/crystal users in the EDRS, and there is some concern that prohibition of the sale and use of pipes may lead to some ice/crystal users changing their routes of administration.

In 2007, participants who had smoked ice/crystal in the past six months were asked a series of questions relating to the purchase of ice/crystal pipes. Amongst recent ice/crystal users, 68% reported usually obtaining them from a friend, 40% from shops and 4% from their dealers.

Participants were asked what they would do if they could not obtain pipes from their usual source. Thirty-nine percent reported that they would find some other way to smoke ice/crystal; 29% reported that they would make their own pipes (e.g. using broken light bulbs); 21% reported that they would keep using old pipes; 19% reported that they would stop using ice/crystal; 17% reported that they would inject ice/crystal; 13% reported they would find another source of pipes; 10% would snort ice/crystal; and 8% would swallow ice/crystal.

16.5 Experiences with drug detection 'sniffer' dogs

Participants were asked about their experiences with drug detection 'sniffer' dogs. More than one-third (36%) of the national sample had seen detection dogs on an average of three times (range 1-72 times) in the past six months. Two-fifths (39%) of the national sample reported that, in the preceding six months, they had heard in advance that sniffer dogs would be at an event or location they were planning to attend.

Among those who reported hearing in advance about sniffer dogs, the majority (71%) reported taking some form of precaution; these precautions included hiding drugs better (53%), consuming the drugs before the event (34%), not taking their drugs to the event (16%), purchasing drugs at the event from a known source (9%), not changing their behaviour (6%), not going to the event (4%), using different 'undetectable' drugs (3%) and purchasing drugs at the event from an unknown source (3%). Eighteen percent of those who had taken some form of precaution (n=37%) reported experiencing some form of unwanted effect due to the precaution they took.

In the preceding six months, one-fifth (19%) reported seeing sniffer dogs when in possession of drugs. Of those who had observed sniffer dogs when in possession of drugs, the majority (70%) reported that they did not change their behaviour, 9% consumed their drugs, 7% walked away, 2% disposed of their drugs and 1% reporting purchasing their drugs from a known source. Twelve percent of those who had seen sniffer dogs when in possession of drugs in the preceding six months reported some form of unwanted effect due to their reaction.

Eleven participants reported being searched by police in the preceding six months due to a positive notification from a sniffer dogs. All 11 participants reported that the police found no drugs on their persons and let them go.

16.6 Summary of law enforcement-related issues

- Thirty percent of the sample reported engaging in some form of criminal activity in the month prior to interview.
- Drug dealing was the most common crime reported in all jurisdictions.
- Eleven percent of the national sample reported property crime in the last month. Two-thirds (64%) 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.
- Nine percent of the national sample had been arrested in the past year.
- One-third (34%) reported that police activity had increased and 35% thought that police activity had remained stable.
- One-fifth (20%) responded that police activity had made it more difficult for them to score drugs.
- Most (68%) recent ice/crystal users reported obtaining ice/crystal 'pipes' from friends. If pipes were not available from their usual source, participants reported they would find some way other way of smoking ice/crystal (39%), make their own pipes (29%) or inject ice/crystal (17%); 19% would stop using ice/crystal.
- One-third (36%) of the national sample reported seeing sniffer dogs on an average of three occasions in the six months preceding interview, with the majority reporting that they took some form of precaution if they were made aware that sniffer dogs would be at a location they were planning to attend.

17 IMPLICATIONS AND RECOMMENDATIONS

Australian Trends in Ecstasy and Related Drug Markets 2007 presents five years of data from all states and territories in Australia collected as part of the EDRS. The collection and analysis of information regarding ERD markets in all jurisdictions, across time, provides a context in which past, present and future findings can be placed. It also allows for the examination, across time, of trends in behaviours associated with drug use. In recent years, this has included users' experiences of seeking information regarding drug content and purity, sexual and driving risk behaviours and injecting drug use. The findings of the 2007 national EDRS indicate that further attention is particularly required in the following areas:

Jurisdictional differences

1. As in previous years, the 2007 findings indicate that although some trends in the use of ERDs may be common across Australia, there are also trends which are unique to individual jurisdictions. The reader is directed to the individual state/territory EDRS reports for further information on these and other issues at the jurisdictional level. It is important to recognise that different patterns of use may impact upon the consequences and outcomes of such use. Responses need to take jurisdictional differences into consideration.

Ecstasy

2. The REU sampled in 2007 reported using two tablets in a typical session of use and four tablets in the heaviest session of use over the preceding six months. Use over prolonged periods was also common, with 44% reporting use of the drug for 48 hours or more. Of concern are the short- and long-term effects that may occur from consuming increased quantities of ecstasy. A range of acute physical and psychological problems have been identified, including hyperthermia, hyponatraemia, short-term memory problems and mood disturbance while under the influence or in the days following ecstasy use (see Gowing et al., 2002 for a review). Given the potential for harm resulting from consuming larger quantities of ecstasy in a single use occasion, harm reduction messages might focus on targeting the quantity of ecstasy used and the risks involved.

3. Another potentially serious consequence of ecstasy use is serotonin syndrome, a drug-induced toxic state caused by an excess of serotonin in the central nervous system While the incidence of ecstasy-related fatalities due to serotonin syndrome appears to be very low relative to the prevalence of the drug's use, this remains a concern, as the concurrent use of other serotonergic drugs places individuals at increased risk (Gillman, 2006; Silins et al., 2006). Dissemination of the risks associated with concomitant use of ecstasy with other serotonergic substances (e.g. methylphenidate (Ritalin), methamphetamine and some antidepressants) is recommended.

4. There are risks associated with consumption of pills sold as ecstasy which are of unknown content and purity. Particular attention has been paid in recent years to adulterants such as PMA, which can cause toxicity and death (Caldicott et al., 2003; Ling et al., 2001). Purity data from analysed seizures are more objective than user reports which are necessarily influenced by such factors as an individual's tolerance, environment and polydrug use. However, these data do not provide a complete picture as not all seizures are subject to analysis; more comprehensive and systematic seizure analysis and

timely release of this information would be of great benefit in toxicity and overdose prevention.

5. Sixteen percent of participants who made efforts to find out the content of their ecstasy tablets reported the use of pill testing kits. Further research into this issue, including the feasibility of an illicit tablet monitoring and information service, including independent evaluation, would also inform further debate and policy decisions around this issue. Such a study is currently underway in Victoria (Secretariat of the Parliamentary Joint Committee on the Australian Crime Commission, 2007).

Polydrug use

6. As in previous years, participants in the 2007 sample were polydrug users. This remains an issue of concern and, despite the consequences being less well understood, there is some evidence for specific negative effects of polydrug use. For example, ecstasy used in combination with alcohol can lead to dehydration and concurrent stimulant use may potentiate stimulant toxicity, increasing the risk of overdose. The sedative effects of depressant drugs may be masked by the use of stimulants, which may reduce the user's ability to detect the onset of an overdose caused by the depressant drug. Further, alcohol used with cocaine forms cocaethylene, which has been shown to exert more cardiovascular toxicity than either cocaine or alcohol alone; and multiple depressant drug use, such as GHB and alcohol, may potentiate depressant toxicity. For this population, benefit may come from disseminating evidence regarding the negative effects from specific drug interactions rather than broader messages that focus on polydrug use in general.

7. Polydrug use also has implications for treatment and other interventions. As the present findings show, only a small proportion of REU were in current treatment for their drug use; however, substantial proportions reported that their drug use impacted upon other facets of their lives, such as their relationships, employment and education. A notable proportion of participants also recognised that their drug use had recurrently placed either themselves and/or others at risk. Only a small proportion reported accessing medical or health services due to their drug use. Thus, it may be advantageous to equip primary health care providers whom this group may already be accessing, e.g. GPs, with knowledge regarding the impact that drug use may have on areas of people's lives aside from physical problems, and with screening tools appropriate for the detection of these less obvious harms (Kinner & Degenhardt 2006). This may include such areas as psychological harm, impaired relationships; and the impact of drug use on education and employment. Furthermore, given that these users were not typically seeking formal treatment, dissemination of this information (including where to seek assistance) in an accessible and credible way via other avenues, for example through peers and internet sites, is also required.

Methamphetamine

8. Despite similar reports on the availability of methamphetamine across most jurisdictions in 2007, there appeared to be a decline in the proportion of REU participants reporting recent methamphetamine use compared to 2006, suggesting that drug availability alone may not account for use patterns. Self-reported purity of all three forms (speed, base and ice/crystal) appeared to have remained relatively stable, with participant responses indicating that the crystalline and base forms generally remained of high purity.

9. Some confusion about the term 'methamphetamine' exists in the community. The media often reports methamphetamine as synonymous with crystal methamphetamine, or 'ice'. Methamphetamine can take several forms, including 'ice'. Use of the lower purity powder form (speed) continues to account for a large proportion of the methamphetamine use among this group and indeed was the most commonly used form among the 2007 national sample. Care also needs to be taken when considering the data on purity of ice/crystal as seizure analysis has indicated that it is of bimodal purity (McKetin et al., 2005). Awareness and clarification of these issues is required if public health and education messages are to be credible and effective.

10. Despite overall decreases in recent (last six months) methamphetamine use noted in 2007, a small but significant proportion of participants reported very frequent use, including on a greater than weekly basis, and a small proportion showed signs of dependence as measured by the SDS. Data spanning the wider community continue to provide evidence of problems associated with methamphetamine use. Together, these findings suggest that wider implementation and dissemination to users of available treatment options for psychostimulant problems, including dependence, is required, as well as development of strategies to engage and retain users in these programs, as research shows that very few of these users attend for treatment (McKetin & McLaren, 2004).

11. Whilst users may consider smoking to be a safer route of methamphetamine administration than injecting, regular smoking of ice/crystal carries risks, including dependence (e.g. Matsumoto et al., 2002; McKetin et al., 2006). Recent ice/crystal smokers in the EDRS have also been identified to be at a higher risk of harms, including overdose, financial problems associated with their drug use and arrest, compared to other methamphetamine users (Degenhardt et al., in press). Efforts to reduce harms in this group should be made, bearing in mind that many may not consider their drug use to place them at risk of harm, may never inject drugs, and who may not come into contact with health services in relation to their drug use (Kinner & Degenhardt, 2006).

12. Currently, the sale of ice/crystal pipes is either prohibited by law or the laws applying to their sale are under review in most states and territories. Reports from the REU survey indicated that just under two-fifths (39%) of the sample would continue to smoke ice/crystal if the sale of these pipes were prohibited; some reported an intention to make their own smoking paraphernalia (e.g. using a broken lightbulb), while 17% reported that they would inject crystal instead. While intentions to engage in a future behaviour do not necessarily mean a person will engage in that behaviour, results indicate that caution should be exercised when making policy decisions regarding this issue, as these data suggest that such a policy decision may have little impact on the extent of use but would increase overall harms associated with use.

13. The minority of users who use methamphetamine more regularly may benefit from targeted harm reduction measures. These include targeted education regarding the effects of prolonged use (e.g. agitation, aggression, paranoia and psychosis), practical strategies to reduce risk (e.g. rest periods between binges), skills training or counselling for users (e.g. on recognising and dealing with anxiety, anger and low mood) and referral into treatment where appropriate. An example of an available resource is *'On Thin Ice: A User's Guide'* (available at http://ndarc.med.unsw.edu.au/), a booklet developed in conjunction with methamphetamine users.

Cannabis

14. Cannabis use in the EDRS REU sample was high, with more than one-fifth of recent users (representing 16% of the entire sample) reporting daily cannabis use. Cannabis is the most widely used illicit drug in Australia (Australian Institute of Health and Welfare, 2005b) and spans a wide range of demographic groups. Consequently, strategies to address problem use, for example, education campaigns and treatment, should be tailored to the specific demographic groups targeted. The National Cannabis Strategy 2006-2009 identified a range of responses that should be taken, including prevention and treatment of problems associated with cannabis use (Ministerial Council on Drug Strategy, 2006).

15. Many EDRS participants reported cannabis potency as high, and that much of the cannabis purchased was reported to have been hydroponically grown. However, there has been no published research analysing the potency of cannabis in Australia (McLaren et al., in press); future work may further examine the characteristics and potency of street samples of cannabis to validate subjective reports. Efforts to determine whether the different forms of cannabis (outdoor grown vs. hydroponically grown) are associated with different levels of harms, including dependence and comorbid mental health problems, would also be of benefit.

Tobacco and alcohol use

16. The use of tobacco amongst this group is also noteworthy, with just under half (46%) of the national sample reporting daily use over the preceding six months. Smoking tobacco can lead to a number of negative health consequences, including cancer, cardiovascular and respiratory problems. Effective treatments exist and appropriate dissemination about these should be communicated to this group.

17. The 2007 findings, as in previous years, highlight high levels of risky alcohol use amongst this group. Eight percent of recent alcohol users were daily drinkers, 76% drank at hazardous levels and more than two-thirds reported that they usually used alcohol with ecstasy. The use of alcohol while under the influence of stimulants allows for the consumption of larger quantities of alcohol without obvious signs of intoxication, yet the physical harms associated with this use still occur. Furthermore, many users who had experienced harms associated with their drug use attributed these (in full or in part) to their use of alcohol. Targeted efforts to educate and reduce harms associated with alcohol use, both alone and in combination with ecstasy, among this group would be beneficial.

Risk behaviours and harms

18. In addition to polydrug use, REU are a polydrug purchasing group, able to buy a wide range of drugs from their main source. Furthermore, users purchase drugs not only for themselves but for others as well. This places users at a heightened risk for more serious penalties were they to be apprehended by law enforcement; something that many participants of the 2006 REU sample were unaware of, or misinformed about (Dunn et al., 2007). As purchase often occurs away from the location of use, such risks apply not only to those who purchase in bulk, but also those who may carry drugs for others, e.g. when attending events. Given that the vast majority of this group has little to no contact with law enforcement, dissemination of the law surrounding illicit substances may need to come from other sources with which users come into contact.

19. Notable proportions of REU in the 2007 EDRS reported having experienced symptoms of overdose following the use of ERDs, including polydrug use. These were experienced in a range of public and private locations, including at their own and others' homes and

also at nightclubs and other events. Typically those who had overdosed had not received medical attention, instead being cared for by friends or receiving no treatment. Several opportunities exist to address this issue, including the use of trained 'drug rovers' and (or including) medical staff at events as intermediate monitors of wellbeing and dissemination of overdose risk reduction and management strategies to users. An example of a website addressing these issues, developed for the gay, lesbian, bisexual and transgender communities, may be found at http://www.partyingathome.acon.org.au/.

20. Approximately one in five REU in the national sample had ever injected a drug, and one in 10 had injected in the six months preceding interview. Only a small proportion of recent injectors had used a needle after someone else; however, approximately two-fifths reported sharing other injecting equipment. There is a clear need for harm reduction initiatives for this group, including on issues surrounding initiation to injecting, and which need to be tailored to the characteristics and drug use context of these users. Opportunities for intervention and advice via NSPs and pharmacies exist, as the majority of injectors reported usually obtaining their equipment through these sources; peer education in this area may also be appropriate given that the majority of those who had injected had learned from friends and partners.

21. Most REU participants reported having had penetrative sex in the six months preceding interview, with notable proportions reporting having had sex with more than one partner and substantial numbers reporting that they did not always use protection such as a condom. Three-fifths had not completed the vaccination schedule for hepatitis B, which can be passed on through sexual contact. These findings underline the need for innovative and credible health promotion messages targeted towards this group.

22. Further investigation into driving under the influence of drugs, e.g. the frequency and circumstances under which it occurs, is already an area of considerable research effort. Roadside drug testing has been introduced in the majority of jurisdictions. Dissemination of information to drug users about the effects of drug use (including polydrug use) on driving ability appears justified and informing users about the implementation of roadside drug testing (including the legislation and penalties) should occur. This is particularly relevant given that some participants may be driving after extended periods of drug use without sleep, and sizeable proportions of the national sample considered themselves 'unlikely' or 'very unlikely' to have an accident when driving under the influence of ecstasy, methamphetamine and cannabis. It may be timely to disseminate messages regarding drug use and driving (Degenhardt et al., 2006a). There may also exist opportunities (e.g. for promoters and events organisers) to improve alternative transportation options for events, particularly in areas where direct access to public transport is limited.

To conclude, the 2007 EDRS has provided data on the market characteristics (price, purity and availability) for ERDs, in addition to details of drug use and associated harms among a group of REU. It remains the only national monitoring system able to provide data on this group. The REU surveyed were young, well-educated, often employed and studying, were not seeking formal drug treatment and were not involved in substantial levels of drug-related crime. However, substantial proportions reported that their drug use was associated with significant levels of self-reported harms, and opportunities to reduce these harms exist. For strategies to be successful, messages need to be credible and acceptable to this group.

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APPENDICES

Appendix A: Patterns of ecstasy use, price, perceived purity and availability, 2006

Table A1: Patterns of ecstasy use among REU, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
Median age first used ecstasy (years)	**18**	18	18	18	19	18	18	18	18
Median age first used ecstasy regularly (years)	**19**	19	19.5	20	20.5	19	19	21	19
Median days used ecstasy in the last six months#	**12**	15	16	12	12	12	12	12	14
Used ecstasy# more than weekly (%)	**20**	18	21	25	15	11	18	24	28
Median tablets in typical session	**2**	2	2	2	2	2	2	2	2
Typically use >1 tablet (%)	**72**	69	73	75	78	80	70	57	63
Form mainly used (%)									
Pills	**99**	100	99	98	100	99	100	100	99
Powder	**1**	0	1	2	0	1	0	0	1
Recently binged* on ecstasy (%)	**45**	41	45	44	43	55	45	45	38
Ever injected ecstasy (%)	**12**	11	14	10	10	10	12	22	11
Use other drugs with ecstasy (%)	**93**	85	90	97	94	93	94	98	95
Use other drugs to come down from ecstasy (%)	**80**	68	75	82	73	85	86	84	85

Source: EDRS REU interviews (Dunn et al., 2007)

Note: Medians rounded to nearest whole number.

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

Refers to ecstasy 'pills' only; excludes powder

Table A2: Price, perceived purity and availability of ecstasy, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
Median price ($) per tablet	-	30	35	30	40	30	40	50	30
Price change (%)									
Increased	-	3	9	10	5	9	6	6	9
Stable	-	69	64	60	54	62	61	78	57
Decreased	-	16	15	21	28	19	19	4	19
Fluctuated	-	7	8	6	13	8	12	6	11
Don't know	-	5	4	3	0	2	2	6	4
Current purity (%)									
Low	**13**	12	7	13	12	11	22	14	14
Medium	**38**	42	47	35	39	31	28	53	34
High	**18**	20	23	18	13	17	13	12	22
Fluctuates	**31**	25	21	33	36	40	36	22	29
% Don't know (n)	**1**	1	2	0	0	2	1	0	1
Purity change (%)									
Don't know	**4**	4	4	4	3	8	2	6	2
Increasing	**11**	13	16	11	8	10	7	6	11
Stable	**32**	32	39	38	33	21	22	33	36
Decreasing	**22**	24	20	18	25	24	24	14	23
Fluctuates	**32**	27	21	28	31	38	45	41	28
Current availability (%)									
Don't know	**1**	1	0	0	1	1	0	10	0
Very easy	**54**	60	47	67	51	64	47	45	49
Easy	**38**	34	43	31	46	31	42	35	42
Difficult	**6**	5	7	2	2	4	11	10	8
Very difficult	**1**	0	3	0	0	0	0	0	1
Availability changes (%)									
Don't know (n)	**3**	1	3	0	3	2	1	16	2
More difficult	**11**	10	10	7	13	6	17	4	20
Stable	**65**	80	61	77	68	65	55	61	51
Easier	**16**	5	21	13	13	22	17	14	20
Fluctuates	**5**	4	5	3	3	5	10	6	7

Source: EDRS REU interviews (Dunn et al., 2007)

Appendix B: Use, price and availability of methamphetamine, 2006

Table B1: Use, price and availability of methamphetamine speed, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**64**	55	66	91	62	52	65	59	58
Median price per gram	-	n=23	n=20	n=45	n=28	n=15	n=19	n=12	n=26
	-	$60	$200	$200	$325	$50	$300	$122.75	$150
Median price per point	-	n=12	n=32	n=21	n=31	n=22	n=39	n=11	n=16
	-	$40	$40	$25	$40	$25	$50	$50	$25
Price changes									
Of those who responded	**(n=408)**	(n=50)	(n=61)	(n=66)	(n=56)	(n=36)	(n=63)	(n=29)	(n=47)
% Don't know (n)	**19 (78)**	26 (13)	30 (18)	9 (6)	21(12)	8 (3)	11 (7)	38 (11)	17 (8)
% Increased (n)	**10 (40)**	6 (3)	8 (5)	17 (11)	2 (1)	6 (2)	11 (7)	21 (6)	11 (5)
% Stable (n)	**58 (235)**	54 (27)	53 (32)	55 (36)	61(34)	64 (23)	75 (47)	35(10)	55 (26)
% Decreased (n)	**8 (31)**	8 (4)	7 (4)	15 (10)	7 (4)	11 (4)	0	3 (1)	9 (4)
% Fluctuated (n)	**6 (24)**	6 (3)	3 (2)	5 (3)	9 (5)	11 (4)	3 (2)	3 (1)	9 (4)
Availability									
Of those who responded	**(n=409)**	(n=50)	(n=61)	(n=66)	(n=56)	(n=36)	(n=63)	(n=30)	(n=47)
% Don't know (n)	**3 (14)**	8 (4)	0	0	2 (1)	3 (1)	5 (3)	10 (3)	4 (2)
% Very easy (n)	**37(153)**	46 (23)	28 (17)	49 (32)	16 (9)	58 (21)	44 (28)	20 (6)	36 (17)
% Easy (n)	**39 (158)**	26 (13)	53 (32)	39 (26)	59 (33)	19 (7)	33(21)	47 (14)	26 (12)
% Difficult (n)	**19 (77)**	18 (9)	16 (10)	12 (8)	23 (13)	17 (6)	16(10)	20 (6)	32 (15)
% Very difficult (n)	**2 (7)**	2 (1)	3 (2)	0	0	3 (1)	2 (1)	3 (1)	2 (1)
Availability changes									
Of those who responded	**(n=409)**	(n=50)	(n=61)	(n=66)	(n=56)	(n=36)	(n=63)	(n=30)	(n=47)
% Don't know (n)	**8 (33)**	12 (6)	12 (7)	0	11 (6)	6 (2)	5 (3)	17 (5)	9 (4)
% More difficult (n)	**16 (64)**	10 (5)	13 (8)	12 (8)	18 (10)	14 (5)	19 (12)	10 (3)	28 (13)
% Stable (n)	**61 (249)**	70 (35)	57 (35)	62 (41)	57 (32)	61(22)	59 (37)	67 (20)	57 (27)
% Easier (n)	**10 (42)**	6 (3)	13 (8)	21(14)	9 (5)	11 (4)	8 (5)	3 (1)	4 (2)
% Fluctuates (n)	**5 (21)**	2 (1)	5 (3)	5 (3)	5 (3)	8 (3)	10 (6)	3 (1)	2 (1)

Source: EDRS REU interviews (Dunn et al., 2007)

Table B2: Use, price and availability of methamphetamine base, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**34**	24	34	12	40	63	32	18	38
Median price per point	- -	n=12 $37.5	n=10 $42.5	n=0 n.a.	n=26 $40	n=28 $22.5	n=10 $50	n=2^ $80	n=13 $25
Price changes									
Of those who responded	**(n=178)**	(n=24)	(n=24)	(n=2^)	(n=35)	(n=39)	(n=25)	(n=4^)	(n=25)
% Don't know (n)	**18 (32)**	38 (9)	29 (7)	100(2)	11 (4)	5 (2)	16 (4)	25 (1)	12 (3)
% Increased (n)	**11 (19)**	4 (1)	13 (3)	0	11 (4)	10 (4)	16 (4)	0	12 (3)
% Stable (n)	**62 (111)**	46 (11)	54 (13)	0	66 (23)	77 (30)	64 (16)	75 (3)	60 (15)
% Decreased (n)	**5 (8)**	8 (2)	0	0	3 (1)	8 (3)	0	0	8 (2)
% Fluctuated (n)	**5 (8)**	4 (1)	4 (1)	0	9 (3)	0	4 (1)	0	8 (2)
Availability									
Of those who responded	**(n=178)**	(n=24)	(n=24)	(n=2^)	(n=35)	(n=39)	(n=25)	(n=4^)	(n=25)
% Don't know (n)	**5 (9)**	13 (3)	8 (2)	0	6 (2)	0	4 (1)	0	4 (1)
% Very easy (n)	**33 (58)**	33 (8)	25 (6)	0	17 (6)	54 (21)	32 (8)	50 (2)	28 (7)
% Easy (n)	**40 (72)**	38 (9)	54 (13)	50 (1)	60 (21)	28 (11)	48 (12)	0	20 (5)
% Difficult (n)	**20 (36)**	17 (4)	13 (3)	50 (1)	17 (6)	18 (7)	12 (3)	25(1)	44 (11)
% Very difficult (n)	**2 (3)**	0	0	0	0	0	4 (1)	25(1)	4 (1)
Availability changes									
Of those who responded	**(n=178)**	(n=24)	(n=24)	(n=2^)	(n=35)	(n=39)	(n=25)	(n=4^)	(n=25)
% Don't know (n)	**10 (18)**	21 (5)	17 (4)	0	9 (3)	3 (1)	8 (2)	25(1)	8 (2)
% More difficult (n)	**13 (23)**	13 (3)	8 (2)	50 (1)	11 (4)	13 (5)	4 (1)	0	28 (7)
% Stable (n)	**61 (108)**	46 (11)	54 (13)	0	71 (25)	67 (26)	72 (18)	75 (3)	48 (12)
% Easier (n)	**10 (17)**	17 (4)	17 (4)	0	3 (1)	10 (4)	8 (2)	0	8 (2)
% Fluctuates (n)	**7 (12)**	4 (1)	4 (1)	50 (1)	6 (2)	8 (3)	8 (2)	0	8 (2)

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Table B3: Use, price and availability of ice/crystal methamphetamine, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**49**	56	37	49	27	61	77	26	50
Median price per point	- -	n=42 $50	n=25 $50	n=12 $47.5	n=7^ $50	n=31 $50	n=42 $50	n=5^ $80	n=22 $50
Price changes									
Of those who responded	**(n=288)**	(n=54)	(n=38)	(n=25)	(n=22)	(n=42)	(n=62)	(n=10)	(n=35)
% Don't know (n)	**21 (60)**	17 (9)	29(11)	12 (3)	46(10)	17 (7)	15 (9)	60 (6)	14 (5)
% Decreased (n)	**18 (51)**	19(10)	18 (7)	32 (8)	23 (5)	10 (4)	13 (8)	0	26 (9)
% Stable (n)	**47(135)**	41(22)	40(15)	36 (9)	27 (6)	60(25)	69(43)	30 (3)	34(12)
% Increased (n)	**9 (25)**	17 (9)	8 (3)	4 (1)	0	10 (4)	2 (1)	10 (1)	17 (6)
% Fluctuated (n)	**6 (17)**	7 (4)	5 (2)	16 (4)	5 (1)	5 (2)	2 (1)	0	9 (3)
Availability									
Of those who responded	**(n=409)**	(n=50)	(n=61)	(n=66)	(n=56)	(n=36)	(n=63)	(n=30)	(n=47)
% Don't know (n)	**3 (14)**	8 (4)	0	0	2 (1)	3 (1)	5 (3)	10 (3)	4 (2)
% Very easy (n)	**37(153)**	46(23)	28(17)	49(32)	16 (9)	58(21)	44(28)	20 (6)	36(17)
% Easy (n)	**39(158)**	26(13)	53(32)	39(26)	59(33)	19 (7)	33(21)	47(14)	26(12)
% Difficult (n)	**19 (77)**	18 (9)	16(10)	12 (8)	23(13)	17 (6)	16(10)	20 (6)	32(15)
% Very difficult (n)	**2 (7)**	2 (1)	3 (2)	0	0	3 (1)	2 (1)	3 (1)	2 (1)
Availability changes									
Of those who responded	**(n=409)**	(n=50)	(n=61)	(n=66)	(n=56)	(n=36)	(n=63)	(n=30)	(n=47)
% Don't know (n)	**8 (33)**	12 (6)	12 (7)	0	11 (6)	6 (2)	5 (3)	17 (5)	9 (4)
% More difficult (n)	**16 (64)**	10 (5)	13 (8)	12 (8)	18(10)	14 (5)	19(12)	10 (3)	28(13)
% Stable (n)	**61(249)**	70(35)	57(35)	62(41)	57(32)	61(22)	59(37)	67(20)	57(27)
% Easier (n)	**10 (42)**	6 (3)	13 (8)	21(14)	9 (5)	11 (4)	8 (5)	3 (1)	4 (2)
% Fluctuates (n)	**5 (21)**	2 (1)	5 (3)	5 (3)	5 (3)	8 (3)	10 (6)	3 (1)	2 (1)

Source: EDRS REU interviews (Dunn et al., 2007)

Appendix C: Use, price and availability of cocaine, 2006

Table C1: Use, price and availability of cocaine, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**49**	56	37	49	27	61	77	26	50
Median price per point	- -	n=42 $50	n=25 $50	n=12 $47.5	n=7^ $50	n=31 $50	n=42 $50	n=5^ $80	n=22 $50
Price changes									
Of those who responded	**(n=167)**	(n=34)	(n=34)	(n=18)	(n=25)	(n=10)	(n=19)	(n=3^)	(n=24)
% Don't know (n)	**41 (69)**	41(14)	50(17)	28 (5)	56(14)	20 (2)	58(11)	33(1)	21 (5)
% Increased (n)	**8 (14)**	15 (5)	6 (2)	6 (1)	0	20 (2)	5 (1)	0	13 (3)
% Stable (n)	**34 (57)**	27 (9)	38(13)	44 (8)	32 (8)	50 (5)	21 (4)	33(1)	38 (9)
% Decreased (n)	**8 (13)**	9 (3)	3 (1)	6 (1)	12 (3)	10 (1)	11 (2)	0	8 (2)
% Fluctuated (n)	**8 (14)**	9 (3)	3 (1)	17 (3)	0	0	5 (1)	33(1)	21 (5)
Availability									
Of those who responded	**(n=167)**	(n=34)	(n=34)	(n=18)	(n=25)	(n=10)	(n=19)	(n=3^)	(n=24)
% Don't know (n)	**5 (9)**	9 (3)	9 (3)	0	4 (1)	0	5 (1)	0	4 (1)
% Very easy (n)	**14 (24)**	18 (6)	12 (4)	44 (8)	12 (3)	10 (1)	0	0	8 (2)
% Easy (n)	**28 (46)**	35(12)	32(11)	33 (6)	36 (9)	20 (2)	5 (1)	0	21 (5)
% Difficult (n)	**41 (69)**	32(11)	44(15)	11 (2)	32 (8)	70 (7)	63(12)	33(1)	54(13)
% Very difficult (n)	**11 (19)**	6 (2)	3 (1)	11 (2)	16 (4)	0	26 (5)	67(2)	13 (3)
Availability changes									
Of those who responded	**(n=167)**	(n=34)	(n=34)	(n=18)	(n=25)	(n=10)	(n=19)	(n=3^)	(n=24)
% Don't know (n)	**20 (34)**	18 (6)	32(11)	17 (3)	28 (7)	0	21 (4)	0	13 (3)
% More difficult (n)	**5 (8)**	3 (1)	6 (2)	11 (2)	0	0	0	0	13 (3)
% Stable (n)	**58 (96)**	68(23)	47(16)	50 (9)	44(11)	90 (9)	63(12)	100(3)	54(13)
% Easier (n)	**15 (25)**	12 (4)	15 (5)	22 (4)	24 (6)	10 (1)	11 (2)	0	13 (3)
% Fluctuates (n)	**2 (4)**	0	0	0	4 (1)	0	5 (1)	0	8 (2)

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Appendix D: Use, price and availability of ketamine, 2006

Table D1: Use, price and availability of ketamine, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**14**	27	15	29	6	11	4	6	12
Median price per gram	- -	(n=7) $175	(n=1^) $40	(n=5^) $100	(n=1^) $180	(n=3^) $300	(n=1^) $160	(n=1^) $50	(n=1^) $180
Price changes									
Of those who responded	**(n=51)**	(n=16)	(n=13)	(n=9)	(n=2^)	(n=4^)	(n=1^)	(n=1^)	(n=5^)
% Don't know (n)	**31 (16)**	25 (4)	31 (4)	56 (5)	50 (1)	0	0	0	40 (2)
% Increased	**6 (3)**	6 (1)	15 (2)	0	0	0	0	0	0
% Stable (n)	**55 (28)**	56 (9)	46 (6)	44 (4)	50 (1)	75 (3)	100(1)	100(1)	60 (3)
% Decreased (n)	**6 (3)**	13 (2)	0	0	0	25 (1)	0	0	0
% Fluctuated (n)	**2 (1)**	0	8 (1)	0	0	0	0	0	0
Availability									
Of those who responded	**(n=51)**	(n=16)	(n=13)	(n=9^)	(n=2^)	(n=4^)	(n=1^)	(n=1^)	(n=5^)
% Don't know (n)	**2 (1)**	0	8 (1)	0	0	0	0	0	0
% Very easy (n)	**14 (7)**	31 (5)	8 (1)	11 (1)	0	0	0	0	0
% Easy (n)	**37 (19)**	31 (5)	46 (6)	33 (3)	50 (1)	50 (2)	100(1)	0	20 (1)
% Difficult (n)	**39 (20)**	38 (6)	23 (3)	44 (4)	50 (1)	50 (2)	0	100(1)	60 (3)
% Very difficult (n)	**8 (4)**	0	15 (2)	11 (1)	0	0	0	0	20 (1)
Availability change									
Of those who responded	**(n=51)**	(n=16)	(n=13)	n=9^)	(n=2^)	(n=4^)	(n=1^)	(n=1^)	(n=5^)
% Don't know (n)	**6 (3)**	0	15 (2)	0	50 (1)	0	0	0	0
% Easier (n)	**12 (6)**	25 (4)	8 (1)	0	50 (1)	0	0	0	0
% Stable (n)	**53 (27)**	50 (8)	39 (5)	67 (6)	0	25 (1)	100(1)	100(1)	100(5)
% More difficult (n)	**24 (12)**	19 (3)	31 (4)	33 (3)	0	50 (2)	0	0	0
% Fluctuates (n)	**6 (3)**	6 (1)	8 (1)	0	0	25 (1)	0	0	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Appendix E: Use, price and availability of GHB, 2006

Table E1: Use, price and availability of GHB, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**8**	21	7	14	3	7	2	0	9
Median price per ml		(n=2^) 2x $5	(n=2^) 1x $1 1x $10	(n=5^) 1x $2 1x $2.50 3x $3	(n=2^) 2x $3	(n=5^) 1x $3 2x $3.50 1x $4 1x $10	(n=0) n.a.	(n=0) n.a.	(n=4^) 1x $4 2x $5 1x $15
Price changes									
Of those who responded	**(n=50)**	(n=18)	(n=10)	(n=7^)	(n=4^)	(n=6^)	(n=0)	(n=0)	(n=5^)
% Don't know (n)	**34 (17)**	33 (6)	30 (3)	14 (1)	75 (3)	33 (2)	0	0	40 (2)
% Increased (n)	**4 (2)**	11 (2)	0	0	0	0	0	0	0
% Stable (n)	**36 (18)**	39 (7)	70 (7)	29 (2)	25 (1)	0	0	0	20 (1)
% Decreased (n)	**18 (9)**	6 (1)	0	57 (4)	0	50 (3)	0	0	20 (1)
% Fluctuated (n)	**8 (4)**	11 (2)	0	0	0	17 (1)	0	0	20 (1)
Current availability									
Of those who responded	**(n=50)**	(n=18)	(n=10)	(n=7^)	(n=4^)	(n=6^)	(n=0)	(n=0)	(n=5^)
% Don't know (n)	**6 (3)**	6 (1)	0	0	50 (2)	0	0	0	0
% Very easy (n)	**18 (9)**	39 (7)	10 (1)	0	0	0	0	0	20 (1)
% Easy (n)	**32 (16)**	28 (5)	40 (4)	43 (3)	0	33 (2)	0	0	40 (2)
% Difficult (n)	**40 (20)**	28 (5)	40 (4)	43 (3)	50 (2)	67 (4)	0	0	40 (2)
% Very difficult (n)	**4 (2)**	0	10 (1)	14 (1)	0	0	0	0	0
Availability change									
Of those who responded	**(n=50)**	(n=18)	(n=10)	(n=7^)	(n=4^)	(n=6^)	(n=0)	(n=0)	(n=5^)
% Don't know (n)	**18 (9)**	11 (2)	50 (5)	0	50 (2)	0	0	0	0
% Easier (n)	**16 (8)**	11 (2)	10 (1)	29 (2)	25 (1)	17 (1)	0	0	20 (1)
% Stable (n)	**46 (23)**	67 (12)	30 (3)	29 (2)	25 (1)	50 (3)	0	0	40 (2)
% More difficult (n)	**18 (9)**	11 (2)	10 (1)	43 (3)	0	33 (2)	0	0	20 (1)
% Fluctuates (n)	**2 (1)**	0	0	0	0	0	0	0	20 (1)

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Appendix F: Use, price and availability of LSD, 2006

Table F1: Use, price and availability of LSD, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**29**	17	18	37	29	34	25	41	38
Median price per tab	- -	(n=27) $20	(n=22) $20	(n=11) $12	(n=32) $20	(n=32) $10	(n=20) $20	(n=19) $20	(n=26) $20
Price change									
Of those who responded	**(n=196)**	(n=28)	(n=24)	(n=12)	(n=34)	(n=32)	(n=20)	(n=19)	(n=27)
% Don't know (n)	**20 (39)**	29 (8)	21 (5)	8 (1)	12 (4)	25 (8)	35 (7)	16 (3)	11 (3)
% Increased (n)	**9 (18)**	11 (3)	8 (2)	17 (2)	9 (3)	9 (3)	10 (2)	5 (1)	7 (2)
% Stable (n)	**51 (99)**	46(13)	67(16)	58 (7)	47(16)	41(13)	45 (9)	53(10)	56(15)
% Decreased (n)	**9 (17)**	7 (2)	4 (1)	8 (1)	12 (4)	9 (3)	5 (1)	11 (2)	11 (3)
% Fluctuated (n)	**12 (23)**	7 (2)	0	8 (1)	21 (7)	16 (5)	5 (1)	16 (3)	15 (4)
Availability									
Of those who responded	**(n=196)**	(n=28)	(n=24)	(n=12)	(n=34)	(n=32)	(n=20)	(n=19)	(n=27)
% Don't know (n)	**5 (10)**	7 (2)	8 (2)	0	9 (3)	6 (2)	5 (1)	0	0
% Very easy (n)	**19 (38)**	14 (4)	13 (3)	25 (3)	24 (8)	25 (8)	20 (4)	11 (2)	22 (6)
% Easy (n)	**37 (73)**	14 (4)	38 (9)	33 (4)	38(13)	34(11)	40 (8)	74(14)	37(10)
% Difficult (n)	**33 (64)**	50(14)	38 (9)	33 (4)	24 (8)	34(11)	25 (5)	11 (2)	41(11)
% Very difficult (n)	**6 (11)**	14 (4)	4 (1)	8 (1)	6 (2)	0	10 (2)	5 (1)	0
Availability change									
Of those who responded	**(n=196)**	(n=28)	(n=24)	(n=12)	(n=34)	(n=32)	(n=20)	(n=19)	(n=27)
% Don't know (n)	**12 (23)**	18 (5)	25 (6)	0	12 (4)	13 (4)	10 (2)	5 (1)	4 (1)
% Easier (n)	**15 (30)**	14 (4)	17 (4)	0	21 (7)	9 (3)	15 (3)	0	33 (9)
% Stable (n)	**49 (95)**	54(15)	46(11)	58 (7)	47(16)	50(16)	40 (8)	58(11)	41(11)
% More difficult (n)	**18 (36)**	14 (4)	13 (3)	33 (4)	15 (5)	16 (5)	25 (5)	21 (4)	22 (6)
% Fluctuates (n)	**6 (12)**	0	0	8 (1)	6 (2)	13 (4)	10 (2)	16 (3)	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Appendix G: Use and price of MDA, 2006

Table G1: Use and price of MDA, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used last six months	**7**	14	8	8	3	9	0	2	12
Median price per cap	- -	(n=9^) $40	(n=4^) $50	(n=1^) $40	(n=1^) $40	(n=2^) $32.50	(n=0) n.a.	(n=1^) $50	(n=4^) $37.50

Source: EDRS REU interviews (Dunn et al., 2007)

^ Small numbers commenting (n<10), interpret with caution

Appendix H: Use, price and availability of cannabis, 2006

Table H1: Use and price of cannabis, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
% used cannabis last six months	**83**	73	83	79	82	83	85	84	92
Price -Hydro									
Median price per gram	**-** **-**	n=19 20	n=22 20	n=35 15	n=14 20	n=3 10	n=11 25	n=15 25	n=18 18.75
Median price per ounce	**-** **-**	n=17 300	n=24 300	n=28 220	n=38 290	n=44 200	n=42 280	n=14 300	n=30 300
Price- Bush									
Median price per gram	**-** **-**	n=10 20	n=11 20	n=10 15	n=13 15	n=2^ 17.50	n=6^ 18.75	n=4^ 25	n=10 12.50
Median price per ounce	**-** **-**	n=10 210	n=10 200	n=11 200	n=38 200	n=33 200	n=28 250	n=6 200	n=19 240
Price changes									
Hydro	**(n=438)**	(n=44)	(n=63)	(n=43)	(n=55)	(n=63)	(n=64)	(n=39)	(n=67)
Of those who responded									
% Don't know (n)	**9 (41)**	11 (5)	16 (10)	2 (1)	13 (7)	8 (5)	8 (5)	10 (4)	6 (4)
% Increased (n)	**9 (41)**	7 (3)	10 (6)	5 (2)	4 (2)	8 (5)	8 (5)	21 (8)	15 (10)
% Stable (n)	**70(307)**	77 (34)	59 (37)	74 (32)	71 (39)	73 (46)	78 (50)	62 (24)	67 (45)
% Decreased (n)	**8 (33)**	5 (2)	14 (9)	19 (8)	6 (3)	6 (4)	5 (3)	0 (0)	6 (4)
% Fluctuated (n)	**4 (16)**	0 (0)	2 (1)	0 (0)	7 (4)	5 (3)	2 (1)	8 (3)	6 (4)
Bush	**(n=299)**	(n=30)	(n=38)	(n=16)	(n=63)	(n=56)	(n=42)	(n=11)	(n=43)
Of those who responded	**17 (52)**	43 (13)	29 (11)	25 (4)	16 (10)	7 (4)	12 (5)	9 (1)	9 (4)
% Don't know (n)	**8 (23)**	10 (3)	16 (6)	6 (1)	6 (4)	5 (3)	7 (3)	0 (0)	7 (3)
% Increased (n)	**68 (203)**	43 (13)	50 (19)	63 (10)	68 (43)	80 (45)	76 (32)	82 (9)	74 (32)
% Stable (n)	**3 (8)**	3 (1)	0 (0)	0 (0)	0 (0)	7 (4)	0 (0)	9 (1)	5 (2)
% Decreased (n)	**4 (13)**	0 (0)	5 (2)	6 (1)	10 (6)	0 (0)	5 (2)	0 (0)	5 (2)
% Fluctuated (n)									

Source: EDRS REU interviews (Dunn et al., 2007)

Table H2: Availability of cannabis, by jurisdiction, 2006

	National N=752	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=51	QLD n=100
Availability									
Hydro									
Of those who responded	**(n=438)**	(n=44)	(n=63)	(n=43)	(n=55)	(n=63)	(n=63)	(n=40)	(n=67)
% Don't know (n)	**1 (5)**	5 (2)	2 (1)	0 (0)	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)
% Very easy (n)	**66(287)**	68(30)	79(50)	81(35)	49(27)	62(39)	60(38)	53(21)	70(47)
% Easy (n)	**27(116)**	21 (9)	16(10)	16 (7)	40(22)	32(20)	27(17)	30(12)	28(19)
% Difficult (n)	**7 (29)**	7 (3)	2 (1)	2 (1)	9 (5)	5 (3)	13 (8)	18 (7)	2 (1)
% Very difficult (n)	**<1 (1)**	0 (0)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Bush									
Of those who responded	**(n=299)**	(n=30)	(n=38)	(n=16)	(n=63)	(n=56)	(n=42)	(n=11)	(n=43)
% Don't know (n)	**4 (11)**	7 (2)	13 (5)	0	0	2 (1)	0	9 (1)	5 (2)
% Very easy (n)	**43(127)**	33(10)	42(16)	44 (7)	46(29)	46(26)	48(20)	36 (4)	35(15)
% Easy (n)	**35(104)**	27 (8)	32(12)	44 (7)	43(27)	38(21)	33(14)	9 (1)	33(14)
% Difficult (n)	**16(49)**	20 (6)	13 (5)	13 (2)	11 (7)	13 (7)	14 (6)	46 (5)	26(11)
% Very difficult (n)	**3 (8)**	13 (4)	0	0	0	2 (1)	5 (2)	0	2 (1)
Availability changes									
Hydro									
Of those who responded	**(n=438)**	(n=43)	(n=63)	(n=43)	(n=55)	(n=63)	(n=64)	(n=40)	(n=67)
% Don't know (n)	**2 (10)**	5 (2)	2 (1)	0 (0)	4 (2)	2 (1)	2 (1)	5 (2)	2 (1)
% More difficult (n)	**8 (34)**	9 (4)	3 (2)	7 (3)	6 (3)	5 (3)	8 (5)	25(10)	6 (4)
% Stable (n)	**74(324)**	74(32)	79(50)	84(36)	71(39)	81(51)	67(43)	60(24)	73(49)
% Easier (n)	**9 (40)**	7 (3)	13 (8)	9 (4)	15 (8)	5 (3)	9 (6)	5 (2)	9 (6)
% Fluctuates (n)	**7 (30)**	5 (2)	3 (2)	0 (0)	6 (3)	8 (5)	14 (9)	5 (2)	10 (7)
Bush									
Of those who responded	**(n=299)**	(n=30)	(n=38)	(n=16)	(n=63)	(n=56)	(n=42)	(n=11)	(n=43)
% Don't know (n)	**7 (21)**	10 (3)	16 (6)	6 (1)	6 (4)	4 (2)	0	9 (1)	9 (4)
% More difficult (n)	**9 (27)**	17 (5)	8 (3)	0	2 (1)	13 (7)	10 (4)	9 (1)	14 (6)
% Stable (n)	**67(199)**	63(19)	66(25)	75(12)	65(41)	68(38)	69(29)	64 (7)	65(28)
% Easier (n)	**13 (39)**	10 (3)	8 (3)	13 (2)	25(16)	9 (5)	17 (7)	0 (0)	7 (3)
% Fluctuates (n)	**4 (13)**	0	3 (1)	6 (1)	2 (1)	7 (4)	5 (2)	18 (2)	5 (2)

Source: EDRS REU interviews (Dunn et al., 2007)

Appendix J: Psychological distress scores

Table J1: K10 scores, by jurisdiction (CRUFAD scoring method), 2007

K10 category	National N=706	NSW n=100	ACT n=73	VIC n=96	TAS n=95	SA n=97	WA n=81	NT n=64	QLD n=100
% reporting no or low distress (score 10-15)	39	37	26	38	39	44	31	66	37
% reporting moderate distress (score 16-29)	55	56	67	59	58	51	53	33	57
% reporting high distress (score 30-50)	6	7	7	3	3	5	16	2	6

Source: EDRS REU interviews; see www.crufad.com for scoring method