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NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2009

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

NDARC Technical Report No. 53

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

NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2009

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

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NDARC Technical Report No. 53

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ABBREVIATIONS

1,4B	1,4-butanediol
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug(s)
AODTS	Alcohol and Other Drug Treatment Services
AUDIT	Alcohol Use Disorders Identification Test
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infection(s)
CNS	Central nervous system
DIN	Drug Infringement Notice(s)
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders-III-Revised
DUI	Driving under the influence
E	Ecstasy
EDRS	Ecstasy and related Drugs Reporting System
ERD	Ecstasy and related drug(s)
FDS	Family Drug Support
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug use
KE	Key expert(s)
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid (lysergic acid diethylamide)
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NESB	Non-English speaking background
NSP	Needle and Syringe Program(s)
NSW	New South Wales

NT	Northern Territory
NTAODTS	Northern Territory Alcohol and Other Drug Treatment Services
OD	Overdose
PCP	Phencyclidine
PDI	Party Drugs Initiative
PGSI	Problem Gambling Severity Index
PMA	para-methoxyamphetamine
PNS	peripheral nervous system
PWI	Personal Wellbeing Index
PWID	People who inject drugs
RBT	Random breath test(ing)
REU	Regular ecstasy user(s)
SDS	Severity of Dependence Scale
SMS	Short message service
STI	Sexually transmitted infection(s)
THC	delta-9-tetrahydro-cannabinol

EXECUTIVE SUMMARY

Common terms used throughout the report	
Regular ecstasy user (REU)	a person who has used ecstasy on six or more separate occasions in the previous six months
Recent use	used at least once in the previous six months
Sentinel group	a surveillance group that points towards trends and harms
Median	the middle value of an ordered set of values
Mean	the average
Frequency	number of occurrences within a given time period

The 2009 NT Trends in Ecstasy and Related Drug Markets report represents the seventh year in which data has been collected in the Northern Territory (NT) on the markets for ecstasy and related drugs (ERD). 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 the NT. Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (MDMA) and other related drugs such as methamphetamine, cocaine, gamma-hydroxy-butyrate (GHB), 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 ecstasy and other drugs. REU are recruited because they are considered a sentinel group to detect illicit drug trends. The information from REU is therefore not representative of ecstasy and other drug users in the general population, but is indicative of emerging trends that may warrant further monitoring.

The findings from each year not only provide a snapshot of the drug markets in the NT, but also help to provide an evidence base for policy decisions, inform harm reduction messages, and provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in the NT 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.

In 2009, 67 REU were interviewed in Darwin for the EDRS. The EDRS attempts to recruit 100 REU in each state and territory of Australia. Recruitment of REU appears to be much more difficult in Darwin, possibly due to a number of factors, such as the size of the population or the price of ecstasy (greater in Darwin than in other capital cities). Furthermore, whilst the EDRS attempts to interview at least 20 KE in each capital city, only 12 were interviewed in Darwin. Attempts to locate and interview KE who were knowledgeable in ERD also proved difficult.

REU demographic and drug use characteristics

Consistent with previous years, REU interviewed in 2009 were primarily young (in their late-20s to early-30s), almost two-thirds male, and primarily from English-speaking backgrounds. A small minority identified as Aboriginal and/or Torres Strait Islanders (A&TSI). Almost two-thirds of the sample identified as heterosexual. Participants mostly had at least a secondary school education and more than one-third held tertiary qualifications.

In 2009, the proportion of REU that were currently not working was higher than in the two previous years. There was also an increase in the proportion who reported a prison history. The proportion of REU currently receiving any form of drug treatment remained stable compared with 2008, following a decline since 2006.

Most KE comments were in line with the demographic data collected from REU. KE described REU as being young, possibly slightly more likely to be male and primarily employed or studying. They also agreed that while REU identified predominantly as heterosexual, there was also a sizeable proportion that did not. Furthermore, REU were generally reported to have had little prior contact with the criminal justice system and/or drug treatment centres/programs.

Patterns of drug use among REU

Ecstasy was the drug of choice for approximately half of the REU interviewed, followed equally by alcohol and speed and then cannabis. The preference for ecstasy has been increasing since 2006, while that for cannabis has declined sharply over this time to stabilise in 2009. The proportion of REU who had ever injected a drug was approximately one-third – higher than the preceding two years. As in previous years, methamphetamine powder (speed) was the drug most commonly first injected.

Tobacco was used on the highest median number of days over the six months prior to the interview (daily) followed by alcohol, other opiates, and cannabis and ecstasy pills. Seven other drugs for whom a minority of participants reported daily use were methamphetamines (all forms), cannabis, alcohol, heroin and buprenorphine and the remaining drugs were typically used on only a few days over the preceding six months.

Ecstasy

Ecstasy was first used at a mean age of 23 years with participants moving toward regular use within one year. The age of initiation was two years higher than previous years and the highest mean age recorded since the EDRS began. Comparable with previous years, ecstasy was used on a median of 12 days over the preceding six months. The proportion reporting using ecstasy weekly or more was also comparable. The majority of participants reported typically using more than one tablet in a session and the reported median number of tablets used was two in an average session and four in a heavy session of use. Tablets were most commonly swallowed; however, snorting, shelving/shafting (vaginal/anal administration), injecting and smoking were also mentioned.

More than one-third of those who had recently binged reported having used ecstasy during a binge episode and the majority reported typically using other drugs *with* ecstasy. The majority also reported typically using other drugs when *coming down*[1] from ecstasy. Speed and alcohol were the drug most commonly used drugs *with* ecstasy, while cannabis and alcohol were most commonly reported *to come down from* it. Ecstasy was most frequently used in nightclubs; however, there was a substantial proportion of the sample who reported typically using ecstasy in private locations such as a friend's home and private parties.

Price, purity and availability of ecstasy

The median price of ecstasy has been stable at $50 a tab since 2003 and, in 2009, 83% of participants reported that the price of ecstasy had remained stable over the preceding six months. Participants reported that during this time, they had purchased a median of six tablets on each occasion and that they had purchased ecstasy from a median of two people. Seventy-nine percent of participants reported having purchased ecstasy 12 times or less and in the majority of cases, participants purchased ecstasy for themselves and others (rather than solely for themselves or solely for others).

The purity of ecstasy in Darwin was reported to be at a medium level and to have remained largely stable over the preceding six months. Furthermore, ecstasy was primarily reported to be easy to obtain and that it had remained so over the preceding six months. Ecstasy was most commonly purchased from friends and known dealers in friends' or dealers' homes or in nightclubs.

The number of ecstasy seizures reported by the NT Police decreased from 92 in 2007/08 to 61 seizures; however, there was a large increase in the average weight of ecstasy seizures due to two large seizures in this time. This indicates a smaller number of larger seizures being made in 2008/09 compared with previous years.

[1] The acute recovery period following use of ecstasy.

KE reports on the age of ecstasy users indicated that ecstasy was used by people of a broad age bracket (mid-teens to early-40s); however, on average, users were aged between 18 and 25 years. Many KE stated that they noticed a higher proportion of male ecstasy users than females, although one KE had noticed a recent increase in female presentations for ecstasy. Almost all KE agreed that the use of ecstasy within the Indigenous population was relatively low. Most KE stated that while ecstasy users were predominantly heterosexual, there were also a proportion of users who were gay, lesbian, bisexual or transgender. They also agreed that very few REU had previous contact with the criminal justice system and, similarly, that very few REU were currently in drug treatment.

Almost all KE reported that ecstasy was primarily purchased in tablet form. One KE mentioned caps. Consequently, KE reported that ecstasy was usually swallowed; however, it was occasionally crushed and snorted.

The vast majority of KE in the NT were unable to comment on the price, purity or availability of ecstasy. Two KE agreed that the current price was $50-$60 per tablet. They also agreed that this price had remained stable over the preceding six months.

Most KE were unable to comment on the purity of ecstasy. Similarly, while one KE estimated that the purity of ecstasy had remained stable over the preceding six months, the remainder were unable to comment.

Methamphetamine

The 2009 EDRS distinguished between three different forms of methamphetamine: methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (ice/crystal). There has been an increase in 2009 of recent use of all types of methamphetamine among REU in Darwin. Caution should be used when interpreting data on the price, purity and availability of methamphetamines since only small numbers of participants reported on these.

In 2009, more than 80% of the sample reported the lifetime use of **speed** and more than 60% reported having used it recently. Speed was used on a median of three days over the preceding six months with three participants reporting using speed weekly or more. Participants reported using a median of one gram in both an average use and heavy use episode. Fifteen percent of participants reported speed as their drug of choice and more than one-quarter reported having used speed during a recent binge episode. Speed was primarily snorted; however, one-third of recent users reported swallowing it and more than one-fifth of recent users reported having injected it. Speed was most commonly used in the participant's own home or at a friend's home.

Speed was purchased at a median price of $50 per point and $300 per gram and the vast majority of participants reported that this price had remained stable over the preceding six months. The majority of participants who commented on speed purity reported it to be medium and the majority of those who commented reported that the purity of speed had remained stable over the

preceding six months. Speed was reported to be easy to access and to have been so for the preceding six months. Speed was most commonly purchased from known dealers in a friend's home.

Approximately one-half of REU interviewed had ever used **base** and over one-quarter had done so over the preceding six months. Base was used on a median of two days over this period and recent users reported using a median of one point during both average and heavy sessions of use. Five participants reported having recently used base during a binge episode. The most common route of administration among recent users was swallowing followed by injection and then equally snorting and smoking. Only three participants were able to comment on the price of base and only six participants could comment on purity and availability; therefore, findings should be interpreted with caution. Base was reported to be purchased at $350 per gram; however, there were mixed reports on purity and availability with equal amounts reporting current purity as low and medium and current availability as easy and difficult. Participants reported that the price, purity and availability of base had remained stable over the preceding six months.

Over one-quarter of participants in 2009 reported having ever used **ice/crystal** and 15% reported recent use. Ice/crystal was used on a median of five days over this period and recent users reported using a median of three points during both average and heavy sessions of use. Four participants reported having recently used ice/crystal during a binge episode. The most common route of administration among recent users was equally smoking and injecting followed by swallowing. Ice/crystal was reported to be purchased at $100 per point; however, there were mixed reports on price changes with equal reports of increasing and stable prices. Current purity was reported as high by the majority of participants and this was believed to have remained stable over the preceding six months. There were mixed reports on the availability of ice/crystal with equal amounts of REU reporting it was easy and difficult; however, the majority believed availability had remained stable over the preceding six months.

There were only a few KE able to comment on methamphetamines in the NT. Of those able comment there was a consensus that speed was not readily available in Darwin at the time of interview, nor was ice/crystal and that base seemed the most readily available. One health KE commented on a recent increase in methamphetamine presentations.

The number of meth/amphetamine seizures made by NT Police has increased to 131 in 2008/09 from the 113 recorded in 2007/08. The average weight of seizures remains low and stable in 2008/09.

Cocaine

More than one-half of participants in 2009 reported lifetime use of cocaine, and almost one-quarter had used it over the preceding six months. Cocaine was first used at a mean of 22 years of age and was the drug of choice for six participants. Only two participants reported having recently binged on cocaine.

Comparable with all previous years, except 2008 when only one participant reported recent use, cocaine was used on a median of two days over the preceding six months. Similarly, there were no reports of fortnightly or more use. The majority of participants reported using half a gram in both an average session and a heavy session of use. Cocaine was most commonly snorted; however, swallowing was also mentioned.

Only a small number of participants were able to comment on the price, purity and availability of cocaine; however, they were in agreement that it was difficult to access cocaine in Darwin.

Comments on cocaine use among REU in Darwin by KE were extremely limited. They agreed that it was not readily available and that use was very low.

The number of cocaine seizures has been low since 2005/06 and in 2008/09 this remained consistent with 2 seizures. The average weight of cocaine seizures increased substantially in 2008/09 due in part to one large seizure of 137.2 grams.

Ketamine

The reported lifetime use of ketamine remained stable in 2009 with 13% of participants reporting any use, while no participants reported having used ketamine over the six months preceding interview. As a result no participants were able to comment on the price, purity or availability of ketamine in Darwin.

GHB

As in the previous two years, no participants reported having recently used GHB and only six participants reported having ever used it, a figure which has been fluctuating over the past few years. No participants were able to comment on the price, purity or availability of GHB in Darwin.

LSD

Just under one-half of the sample reported lifetime use of LSD and just over one-tenth reported having used it recently. Both of these figures have been falling since 2006. LSD had been used on a median of three days over the preceding six months with participants reporting using a median of one tab during both an average session and a heavy session. Swallowing was the main route of administration; however, one participant reported recent injection. Common locations of use were mixed with equal amounts reporting at home, a friend's home and outdoors (camping etc).

Only a small number of participants were able to comment on the price, purity and availability of LSD in Darwin.

The number and average weight of LSD seizures made by the NT police continues to remain low.

MDA

While approximately one-fifth of participants reported having ever used MDA, only three participants had done so over the preceding six months. Reported lifetime and recent use of MDA remains stable with 2008. Only one participant reported recent use of MDA in a binge episode and no participants reported it as their drug of choice. The most common route of MDA administration was reported equally as swallowing and snorting.

Cannabis

The reported lifetime use of cannabis remained stable in 2009 with 93% reporting lifetime use; however, those reporting recent use (60%) increased significantly compared to 2008 (40%), yet still remained substantially lower than reported in the four years to 2007. Cannabis had been used on a median of 36 days over the preceding six months and 24% reported having used it fortnightly or more. One-tenth of those who had recently binged had used cannabis during a binge episode. Cannabis was most commonly smoked, although four participants reported having recently swallowed it. Recent users who quantified their use in terms of cones reported having smoked a median of three cones on their last occasion of use. Those who quantified their use in terms of joints reported having smoked a median of one joint on their last occasion of use.

In 2009, the EDRS made a distinction between commercial hydroponic cannabis (hydro) and outdoor-grown bush cannabis (bush). Participants were asked to distinguish between these forms when commenting on the price, purity and availability of cannabis. Only a small number of participants were able to comment on the price of cannabis in Darwin; however, the majority believed the price had remained stable for both hydro and bush cannabis over the past six months.

The majority of those who commented also noted no difference in potency between the two forms, with the majority reporting that the current potency of hydro and bush was medium. All of those who commented reported that the potency of bush had remained stable but reports about changes to the potency of hydro were mixed. Furthermore, participants mostly reported that bush was *easy* to *very easy* obtain while reports of the current availability of hydro were mixed. Changes to the availability of cannabis were seen as stable over the last six

months. Participants primarily purchased cannabis from friends or known dealers in private locations.

There was a general consensus among KE that use was primarily occurring among males, aged between late teens and early-40s. Among KE that could comment on purity, hydro was generally seen as having a medium to strong potency and this being stable over the last six months. The price of cannabis in the NT was seen as stable; however, price differences were noted between Darwin and regional and remote areas of the Territory. Prices were stable between $20 and $30 per gram in Darwin but it was noted as high as $50 in remote areas. The availability of hydro cannabis was seen to been easy, though it was subject to seasonal fluctuations.

In 2008/09, there were 1,156 cannabis seizures (including hash oil) made by the NT police with a total weight of 141kg and an average weight of 122 grams. Although the number of seizures remains stable in 2008/09, there was an increase in the average weight and total weights of cannabis seized in the NT.

Patterns of other drug use

Alcohol

The entire sample of REU in 2009 reported the lifetime use of alcohol and the vast majority (90%) reported having recently used it. Alcohol was first used at mean age of 14 years and used on a median of 71 days over the preceding six months and one-half of those who had recently binged reported having used it during a binge episode. Alcohol was commonly used both *with* ecstasy and *to come down from* it and was the drug of choice for 15% of participants. The use of alcohol appears to have remained steady and highly prevalent among REU in the NT.

Tobacco

The vast majority (88%) of the sample reported having ever used tobacco and approximately two-thirds (63%) reported having done so recently. Both of these figures have increased since 2008 (73% and 40% respectively). Tobacco was used on a median of 180 days (daily) over the preceding six months.

Benzodiazepines

The use of benzodiazepines was not common among REU in Darwin in 2009. While 13 participants reported lifetime use of benzodiazepines, only four participants had used them over the preceding six months.

Amyl nitrite

One-third (33%) of the sample reported lifetime use of amyl nitrite and 22% of participants reported using it in the preceding six months, on a median of eight days. The frequency of use and the percentage of recent amyl nitrate users are the highest recorded among REU since 2006.

Nitrous oxide

Ten participants (15%) of REU reported the lifetime use of nitrous oxide but as in previous years only a very small proportion (one participant) reported having used it recently.

Heroin and other opiates

Seven participants (10%) reported having ever used heroin; however, only one participant reported recent use in 2009. The exclusive route of administration was injection. Similarly both lifetime and recent usage of methadone among REU in the NT remains low, with four participants reporting lifetime use and only two reporting recent use. As with methadone, lifetime and recent use continues to be very low. Only two participants reported ever having used buprenorphine and only one recently in 2009. Nine participants reported having ever used other opiates and three reported recent use without a prescription.

Antidepressants

In 2009, only 10 participants reported having ever used antidepressants and four participants reported having used them recently. No participants reported using antidepressants either *with* ecstasy or *to come down from* it.

Pharmaceutical stimulants

Approximately one-quarter (23%) of participants in 2009 reported having ever used pharmaceutical stimulants (both licit and illicit) but only four participants reported having used them over the preceding six months without a prescription.

Mushrooms

Forty-five (45%) of participants interviewed reported having ever used mushrooms; however, only two participants reported having used them over the preceding six months.

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'. The majority of participants (52%) reported that they never attempted to find out the content or purity of ecstasy, while almost one-third (30%) reported that they sometimes did. Smaller proportions reported finding out the content and purity of ecstasy about half the time (2%), most times (10%) and always (6%).

Among the 32 participants who reported attempting to find out the content and purity of ecstasy, the most common source of information was a friend/s who had already taken the drug (86%), followed by a dealer (47%).

Participants were asked how often they had bought ecstasy and it turned out to have a different content or purity than expected. Over one-half (52%) reported that this never happened, 39% said it had sometimes happened and 9% reported that this happened about half the time.

Almost one-half (48%) of REU who commented reported that during the six months preceding the interview, they suspected having taken ecstasy which contained a substance other than MDMA. Of these, the majority (72%) suspected the ecstasy had contained meth/amphetamines and 22% suspected it had contained ketamine.

Health-related trends associated with drug use

Overdose

Participants were asked if they had ever overdosed on a stimulant drug or a depressant drug. In 2009, 11 participants reported that they had ever overdosed on a stimulant drug a median of two times (range=1-5). Seven participants reported overdosing on a stimulant drug in the 12 months preceding interview. Five participants attributed their overdose to ecstasy and two participants attributed it to speed. When asked what sort of treatment was received at the time of overdose, all participants reported no treatment or intervention.

Eighteen participants (27%) reported having ever experienced a depressant overdose on a median of five occasions (range=1-100). Ten of these had done so in the 12 months prior to interview and each of them attributed the overdose primarily to the consumption of alcohol. Overwhelmingly, all of the 10 received no treatment during their depressant overdoses.

Help-seeking behaviour

Five participants reported having accessed any health or medical services over the six months preceding the interview in relation to their drug use. This proportion is stable with 2008. Services were accessed with regards to cannabis, alcohol and benzodiazepine use and to target dependence.

Problems related to ecstasy and other drug use

Drug-related harms were characterised into four primary groups: reoccurring social/relationship problems; reoccurring legal/police problems; reoccurring problems due to drugs interfering with responsibilities; and repeatedly placing oneself or others in dangerous or risky situations as a

result of drug use. REU were asked if they had experienced any of these problems due to their drug use in the past six months.

The types of recurring drug-related problems most commonly reported were equally responsibility problems and experiencing recurring dangerous or risky situations when under the influence of drugs. These self-reported by one-half (25% each) of the sample. The majority reporting recurring dangerous or risky situations cited alcohol as the drug of concern, while those reporting responsibility problems attributed alcohol and ecstasy equally.

Ten participants (15%) reported social/relationship problems in relation to their drug use. Three of these attributed their recurring problems primarily to cannabis and two each to alcohol and speed and one participant each attributed the problems to ecstasy, ice/crystal and heroin use.

Hospital admissions

Methamphetamines

The rate of methamphetamine-related hospital admissions in the NT is relatively small and fluctuating compared to the national rate. The NT rate appears to have decreased slightly from a high of 45 per million in 2006/07 to a low of seven per million in 2007/08.

Cocaine

The NT has had no cocaine-related inpatient hospital admissions since 1996/97 whereas the national rate since 1998/99 shows a fluctuating increase.

Cannabis

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis has been generally increasing across time nationally and in the NT until 2005/06. From 2006/07 and again in 2007/08, the NT decreased to 44 admissions per million.

Mental and physical health problems and psychological distress

Kessler Psychological Distress Scale

In 2009, 65 participants participated in the Kessler Psychological Distress Scale (K10) survey with a median score of 14 (range=10-33). The majority (63%) fell into the low/no distress category, 19% fell into the moderate distress category and 18% fell into the high or very high distress category.

In 2009, there was an increase in those reporting moderate, high and very high distress and a subsequent decrease in those reporting low or no distress relative to 2008.

Self-reported mental health

Almost one-third (31%) of participants reported having recently experienced a mental health problem. The majority (57%) of those reporting an issue self-diagnosed depression and 29% reported anxiety, which is consistent with 2008. In 2009, there was a substantial increase in the numbers reporting recent mental health problems (6% in 2008 vs. 21% in 2009). Less than one-third (29%) of those who had experienced a mental health problem had sought the help of a health professional.

Personal Wellbeing Index (PWI)

In 2009, the EDRS introduced the Personal Wellbeing Index (PWI). Questions asked how satisfied participants were with various aspects of their lives which included standard of living, health, personal achievement and future security, among others. REU in the NT scored lower than the Australian general population (Cummins, Woerner et al. 2007) on each factor of personal wellbeing, except for future security, where they were comparable (70.75 vs. 69.78 in the general population). For all measures except for health (68.48) the scores were within the expected range of wellbeing scores.

Chronic physical conditions

In 2009, participants in the EDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous 12 months. Almost one-quarter (24%) of participants had ever been diagnosed with asthma, 6% had ever been diagnosed with gout, rheumatism or arthritis. One participant each had been diagnosed with cancer or a stroke (2% each). Of the 22 participants diagnosed for chronic conditions, only one had received treatment in the past 12 months.

Risk behaviours

Injecting risk behaviour

In 2009, less than one-third of participants (31%) reported having ever injected a drug and one-quarter (25%) reported having injected in the last six months. Both of these figures have increased in 2009. The proportion who had ever injected a drug increased from 16% in 2008 and the proportion reporting recent injection rose from 7% in 2008.

In 2009, the median age of first injection was 19 years (range=13-36). Among those who had ever injected, the most common drug first injected was speed (86%). REU who had recently injected had done so on a median of six occasions (range=3-180) over the six months prior to interview. In 2009, no recent injectors reported having used a needle/syringe after someone else or having lent or borrowed a needle/syringe. One respondent reported that he or she had used injecting equipment after someone else, specifically water and tourniquets.

Sexual risk behaviour

The majority of the sample (70%) reported having had penetrative sex with a casual partner (i.e. someone who was not a regular partner) in the six months preceding the interview. Half (51%) of those who had recently had penetrative sex with a casual partner reported using a protective barrier every time. Of those who had recently had sex with a casual partner, almost three-quarters (72%) had done so while under the influence of drugs. Among those who had recently had sex while under the influence of drugs, ecstasy was most commonly reported drug used (88%), followed by alcohol (56%). While under the influence of drugs, 56% of REU used protective sexual barriers every time, three participants each used them sometimes, often and never, and six participants used them rarely.

Driving risk behaviour

Almost three-quarters (73%) of the sample reported having driven a car over the six months prior to interview. Of those who had driven a car, more than half (53%) reported having driven under the influence of alcohol and almost one-half (47%) reported having driven over the legal blood alcohol limit on a median of four occasions. Over half (55%) of those who had driven reported having done so after consuming illicit drugs. Among those who had driven after taking illicit drugs, the vast majority (85%) reported having driven after using ecstasy. Other drugs reported included cannabis (41%) and speed (26% each).

Almost all KE agreed that driving under the influence (DUI) was a major and ongoing issue in Darwin. Despite recent media campaigns and an increase of random breath testing (RBT) operations, KE comments mirrored REU comments; that driving over the legal limit of alcohol was occurring both regularly and by a large proportion of REU in Darwin.

Gambling

In 2009, REU were asked questions about their gambling behaviour. More than one-third (40%) of REU had gambled in the previous month. Of those who had gambled, 76% usually gambled on poker machines (n=19), casino (32%, n=8), horse/dog racing (16%, n=4) and 8% (n=2) on other forms of gambling such as online poker. The median number of days gambled in the previous month was three (1-20). More than one-quarter (28%) were under the influence of alcohol last time they gambled and 24% were under the influence of illicit drugs.

Alcohol Quantity Frequency and Variability Assessment (AQFV)

The Alcohol Quantity Frequency and Variability Assessment[2] (AQFV), a self-report measure which examines recent alcohol use was included in the 2009 EDRS. There where no significant (p=>0.05) differences in male and female drinking patterns in regards to number of days participants drank alcohol at a low risk levels, high risk levels or number of drinks per drinking session.

Criminal and police activity

One-third (33%) of REU in 2009 reported having recently committed a crime. Among those that did, the type of crime committed most frequently was drug dealing. Very small numbers reported violent crime (three participants) and property crime (two participants). No participants reported having committed fraud and nine participants reported having been arrested over the preceding 12 months.

The majority of REU in 2009 were unable to comment on changes in police activity toward party drug users over the preceding six months. Fifteen percent reported that it had remained stable and six participants (9%) said that it had increased.

The number of both meth/amphetamine-related arrests have been increasing in the NT since 2002/03, while cannabis-related arrests remained stable compared with 2006/07; however, the number of cannabis-related drug infringement notices (DINs) has increased in the same period.

One-fifth (20%) of REU reported having recently seen police drug detection 'sniffer' dogs on a median of two occasions in the previous six months. Sixteen percent of participants had been in possession of drugs when they saw the dogs but none reported being searched due to a positive notification.

Participants were asked what proportion of their friends and acquaintances had used ecstasy over the preceding six months. Over one-tenth (13%) reported that most of them did, over one-

[2] Many thanks to Dr. James Lemon, previously of NDARC, for his kind permission to use the AQFV assessment in the 2009 EDRS.

quarter (27%) reported that about half of them did, and approximately one-half (49%) reported that a few of them did.

Aggression

In 2009, the EDRS included a new module investigating the presence of trait aggression among REU: the Buss-Perry Aggression Questionnaire (Short Form) (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger), and the cognitive component (hostility). Physical aggression and anger was endorsed by five participants each (8%). Hostility and verbal aggression were equally the second most endorsed aggression domains with three participants (5%) endorsing them each.

Implications

In line with the IDRS/EDRS methodology, the sample of 67 REU interviewed for the NT EDRS in 2008 was demographically similar to those from previous years. This allows comparisons to be made across time between these samples to glean some insights into trends and patterns among this group. Some of the more robust changes seen in 2009 are discussed below.

Patterns of drug use

Ecstasy, alcohol, tobacco, methamphetamines, and cannabis continued to be the drugs most commonly used among REU in Darwin. However, excluding ecstasy (participants are recruited based on their use of ecstasy), the reported use of each of these drugs, except alcohol, increased from 2008 to 2009. However, in most cases this increase is still part of a generally falling trend in the use of these drugs over the past few years. For example, the noted increase in all types (speed, base and ice/crystal) of recent methamphetamine use is still lower than recorded in the early years of the EDRS (2004-2005). Furthermore, while there was a noted increase the proportion of recent cannabis use, 2009 recorded the second-lowest proportion of recent users since the EDRS began (2008 was the lowest). The exception to this was cocaine, which in 2009 had the highest proportion of recent users (23%) since the EDRS began. It would appear that REU in Darwin used, overall, more drugs than in the past year, but REU reports from last year indicated that certain drugs had become slightly more difficult to access (speed and bush cannabis) which could contribute to reductions in their use. However, it should also be stressed that the samples recruited are not representative of all people who use ERD in the NT.

Drug information seeking

Across the past five years, a greater number of participants have reported never attempting to find out the content of ecstasy prior to consuming it. Again in 2009, more than half of the entire sample never attempted to assess the content or purity of ecstasy prior to using it. This may

reflect a generally stable level of purity which is in line with REU comments about the purity of ecstasy. From 2005 to 2009, fewer participants have reported that the purity of ecstasy was currently low or high or indeed fluctuating; there has been a growing proportion (64% in 2009) reporting that ecstasy was currently of medium purity and also that this had remained stable over the preceding six months.

Furthermore, when participants reported seeking information, it was most likely to be sought from either friends or dealers. Websites such as pillreports.com and bluelight.ru offer up to date information from other users. This peer approach may be more likely to be viewed positively by REU. Furthermore, while drug testing kits are not illegal to purchase or to posses in the NT (Australian Government Department of Health and Ageing 2005) they do not appear to be widely used. There have been small proportions of REU in the past who have reported regularly using testing kits; however, again in 2009, no participant reported having used a testing kit over the preceding six months. Overall, harm-reduction efforts could focus on encouraging REU to actively seek out information about ecstasy prior to taking it, utilising more reliable measures than friends or dealers, such as websites or pill testing kits.

Overdose, ongoing drug related problems and help seeking behaviour

In the current sample, seven participants (10%) reported having recently overdosed on stimulants and 10 (15%) on depressants. It is interesting to note the relative consistency in responses regarding the drug to which the overdose was attributed. All but two of the recent stimulant overdoses were attributed to ecstasy (two participants attributed speed) and all depressant overdoses to alcohol. Considering the wide range of drugs used by this group, it is notable that alcohol and ecstasy are the two which appear most commonly linked to overdose. It would appear that these two drugs are not only implicated in overdose but also in ongoing responsibility problems and also in REU experiencing risky or dangerous situations. Of the two, alcohol appears to be the most often cited. Any targeted interventions for REU in the NT will need to address alcohol consumption and associated risk behaviours in this group, not just ERD. This is particularly relevant, given the high proportion of KE who observed that alcohol was the most commonly used and problematic drug in the NT, even among REU.

Furthermore, only a very small proportion of participants reported seeking help in relation to their drug use. This figure has been falling since 2004 when approximately one-quarter of the sample sought the help of a medical service or health professional. In 2009, this figure decreased to the point where only 6% of participants had done so. Thus, despite the fact that participants reported having overdosed in the preceding six months and/or having experienced ongoing problems (both of which they were able to relate to their drug use), very few of them sought help.

Further work may be required to ascertain the full extent to which the use of ERD among REU in Darwin impacts negatively on their health and wellbeing. It may also be pertinent to assess the extent to which drug and alcohol services are available and known to REU and encourage them to access these services to reduce the risk of overdose and/or ongoing problems which extend beyond the user and impact on others around them.

REU and the law

The majority of REU interviewed in 2009 reported having driven a car over the preceding six months. Almost half of this group reported having driven over the legal blood alcohol limit (47%) and more than one-half after having taken illicit drugs (55%). The drug most commonly reported as having been taken prior to driving was ecstasy. If one considers that ecstasy was most commonly used in nightclubs and that the major nightclubs in Darwin are concentrated in the city itself, this would imply that many party goers were driving to the city for an evening out and then driving home after having consumed illicit drugs. There is also a high probability that these drivers had also consumed alcohol during the evening. Furthermore, over one-third (37%) of REU who had driven after having consumed illicit drugs reported that their driving was slightly impaired.

Further work is required to understand the reasons for these high levels of risky driving among REU in Darwin and to test a range of options to reduce this, including making public transport (including taxis) accessible after the closing hours of the major nightclubs and pubs in Darwin.

Conclusion

In summary, while recent drug use appears to have increased across this group, there seems to be a growing tendency to become complacent about the associated risks of drug use. This is evidenced by the falling proportions of participants who attempt to find out the content of ecstasy prior to consuming it, the low proportion seeking help despite being aware that they may experience ongoing problems related to their drug use, and by the high proportion of REU who drive over the legal blood alcohol limit or after consuming illicit drugs. These types of behaviours can lead to negative consequences both for REU and, in certain instances (drink/drug driving), for the wider community. Further investigation of associated risks with ERD use in the NT is recommended with a focus on targeted, peer-coordinated and sustainable interventions to reduce the associated harms of both licit and illicit drug use.

1 INTRODUCTION

In 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other related drugs using the extant Illicit Drug Reporting System (IDRS) methodology, as the IDRS did not capture the population using ecstasy and related drugs (ERD). It was considered feasible to monitor ERD markets and, in 2003, NDLERF funded the Party Drugs Initiative (PDI) in all states and territories to collect information on ERD drug markets. In the context of the EDRS, the terminology 'ecstasy and related drugs' includes all drugs that are routinely used in the context of entertainment venues, such as nightclubs or dance parties. This includes drugs such as ecstasy, methamphetamine, cocaine, LSD, ketamine, 3,4-methlyenedioxyamphetamine (MDA) and gamma-hydroxy-butyrate (GHB). In 2009, the EDRS was solely funded by the Australian Government Department of Health and Ageing (AGDH&A).

The PDI was renamed the Ecstasy and related Drug Reporting System (EDRS) in 2006. The findings in this EDRS report provide a summary of characteristics in ERD use detected in Darwin in 2009, with comparisons to previous years' data where available. These findings arise from the three data sources: interviews with current regular ecstasy users (REU); interviews with key experts (KE) – personnel who have contact with ecstasy users; 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 characteristics are documented. Consistency between the IDRS and the EDRS was maintained where possible, since the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city because new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

This is the seventh year the EDRS has been conducted in Darwin and the findings are contrasted to previous years where appropriate. Previous Darwin reports were: (Moon and Newman 2004; Newman 2005; Newman and Moon 2006; Moon and Newman 2007; Campbell and Degenhardt 2008; Scott and Burns 2009).

1.1 Study aims

As in previous years, the specific aims of the NT EDRS in 2009 were:

- to describe the characteristic of a sample of current ecstasy users interviewed in Darwin in 2009;
- to examine the patterns of ecstasy and other drug use of this sample;
- to document the current price, purity and availability of ecstasy and other related drugs available in Darwin;

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

- to identify emerging trends in the ERD market that may require further investigation.

2 METHODS

The 2009 EDRS used the same methodology as in previous years. This was trialled in the feasibility study (Breen, Topp et al. 2002) to monitor the trends in the markets for ERD. The three main sources of information used to document trends were:

- face-to-face interviews with current REU recruited in Darwin and Palmerston;
- interviews with KE who, through the nature of their work, have regular contact with ecstasy users in Darwin; and
- indicator data sources such as the purity of seizures of ecstasy analysed in the NT, and prevalence of use data drawn from the National Drug Strategy Household Surveys (NDSHS).

These three data sources were triangulated to provide an indication of emerging trends in drug use in the ERD markets.

2.1 Survey of REU

The sentinel population chosen to monitor trends in ERD markets consisted of people who regularly used tablets sold as 'ecstasy'. Although a range of drugs are used by party-goers, ecstasy can be considered one of the main illicit drugs used in Australia. In 2001, ecstasy was the third most widely used illicit drug, recently and in a person's lifetime, after cannabis and amphetamines. It has now overtaken methamphetamine as the second most widely used illicit drug after cannabis with 3.5% of the population aged 14 years or older reporting recent use of ecstasy in the 2007 NDSHS (Australian Institute of Health and Welfare 2008a).

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

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, REU (Topp and Darke 2001). In addition, because there has been an indication of an increase in use and controversy regarding the

neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of REU was successfully recruited and interviewed over the last five years, and was able to provide information on ERD markets. Therefore, REU have been used again in 2009 to provide information on ERD markets.

2.1.1 Recruitment

A total of 67 ecstasy users were interviewed for the 2009 NT REU survey, all of whom had resided in the Darwin or Palmerston metropolitan region in the previous 12 months. Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisement by poster in selected entertainment venues, clubs, pubs and universities; interviewer contacts; and 'snowball' procedures. 'Snowballing' is a means of sampling hidden populations which relies on peer referral and is widely used to access illicit drug users in both Australian (Solowij, Hall et al. 1992; Ovendon and Loxley 1996; Boys, Lenton et al. 1997) and international (Dalgarno and Shewan 1996; Forsyth 1996; Peters, Davies et al. 1997) studies. 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, email or SMS (mobile phone short message service) and were screened for eligibility. To meet entry criteria, they had to be at least 17 years of age (due to ethical constraints), had used ecstasy at least six times during the preceding six months, and had been a resident of the Darwin or Palmerston metropolitan region for the past 12 months. As in the main IDRS, the focus was on the capital city because new trends in illicit drug markets are considered more likely to emerge in the urban areas rather than in remote or regional areas.

Participants were informed that the information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed $40 for travel and associated costs. Interviews took place at a suitable negotiated venue, 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 National Drug and Alcohol Research Centre (NDARC) in 1997 (Topp, Hando et al. 1998; Topp, Hando et al. 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall et al. 1992) and powder amphetamine/methamphetamine (Hando and Hall 1993; Darke, Cohen et al. 1994; Hando, Topp et al. 1997). The interview schedule focussed primarily on the previous 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 drugs; help-seeking behaviour and other drug-related problems; psychological distress; driving under the influence (DUI); self-reported criminal activity; experience with 'sniffer' (drug detection) dogs; and general trends in the ERD markets, such as new types of drugs, new drug users and perceptions of police activity.

2.1.4 Data analysis

The one-way analysis of variance (ANOVA) procedure was used for continuous, normally distributed variables. Where continuous variables were skewed, medians[3] are reported and the Mann-Whitney *U*-test, a non-parametric equivalent of the *t*-test (Siegel and Castellan 1988), was employed. Categorical variables were analysed using chi-square analysis. Analyses were conducted using SPSS for Windows, Version 17.0 (SPSS 2008).

The data collected in 2009 was compared with data collected from comparable samples of ecstasy users from 2003 onward recruited as part of the PDI (2003-2005) and then the EDRS (2006-2009). As each of these samples was recruited using the same methods, meaningful comparisons can be made.

2.2 Survey of KE

The eligibility criterion for KE participation in the EDRS is regular contact, in their course of employment, with a range of REU throughout the preceding six months. Twelve KE from various metropolitan regions of Darwin provided information on the REU with whom they had had contact in the six months prior to interview. The interviews were conducted over the phone.

Of the 12 KE interviewed in 2009, seven were women and five were men. They came from very diverse backgrounds and included law enforcement personnel, nightclub owners/managers, festival paramedics, youth workers, outreach workers, drug and alcohol workers. Some KE also mentioned working with certain special populations, including youth; gay, lesbian, bisexual, transgender or queer (GLBTQ); Indigenous; and women. While all KE stated that they were

[3] The median value lies in the middle of a series of data points arranged in order of size, i.e. it provides a more representative view of skewed data than the mean value.

exposed to REU through their work, several KE stated that they also knew about REU through social networks and personal ties.

All KE reported having had at least weekly contact with REU with responses ranging from one to five days per week. Almost all KE had contact with at least 21 REU over the six months prior to interview.

2.3 Other indicators

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

Data sources included:

- the 2007 NDSHS (Australian Institute of Health and Welfare 2005; Australian Institute of Health and Welfare 2008a);
- NT Alcohol and Other Drug Program treatment services client database;
- Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence or ABCI);
- Alcohol and Drug Information Service (ADIS);
- Australian Federal Police (AFP); and
- the NT Police Illicit Drug database.

3 OVERVIEW OF REU

3.1 Demographic characteristics of the REU sample

Table 1 presents the demographic characteristics of the participants of the NT EDRS from 2003 to 2009. Sixty-seven REU were interviewed in 2009 with a mean age of 31 years (median=28, range=18-53). Sixty-four percent of the sample was male, which remains consistent from last year.

Ninety-nine percent of participants came from an English-speaking background, a slight increase over the preceding year. Twelve percent of the sample identified as Aboriginal and/or Torres Strait Islander (A&TSI), which is consistent with 2008 and stabilising a generally increasing trend from 2006 where only 8% of the sample identified as A&TSI.

Among the REU interviewed in 2009, 60% identified as heterosexual (comparable to 64% in 2008), 27% identified as a gay male, 6% as lesbian and another 6% as bisexual.

The highest level of education has remained constant since 2004 at 11 years of schooling completed (range=7-12 in 2009). The majority of REU did not go on to complete a course after leaving high school; however, 28% attended university and 12% completed a trade or technical qualification. These are consistent with the previous year.

The majority of REU interviewed in 2009 were employed on a full-time basis (55%), 9% on a part-time or casual basis, 5% were studying full time, and 6% were both studying and employed. Twenty-two percent of the sample reported being unemployed. While the proportion of REU employed full time has been constant across the last six sampling years, there has been a noticeable increase in the proportion of REU who are unemployed compared to the 2007/08 sampling years.

Eleven percent of participants in 2009 reported ever having served a jail term. The proportion currently in drug treatment has fluctuated across the last seven years but has remained at 0% since 2007.

Table 1: Demographic characteristics of REU sample, 2003-2009

	2003 (N=104)	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Mean age (years)	33 (17-55)	24 (16-45)	24 (17-47)	29 (18-59)	30 (17-50)	28 (20-44)	**31** (18-53)
Male (%)	70	73	57	57	71	64	**61**
English speaking background (%)	98	100	100	98	100	93	**99**
Aboriginal and/or Torres Straight Islander	20	11	10	8	11	13	**12**
Heterosexual (%)	73	83	88	80	63	64	**60**
Mean number school years*	10	11	11	11	11	11	**11**
Qualifications (%)							
Trade/technical	27	19	52	28	26	9	**12**
University/college	29	27	12	26	22	27	**28**
Employment							
Employed full-time (%)	17	49	32	51	56	58	**55**
Full-time students (%)	6	1	6	12	5	4	**5**
Unemployed (%)	61	30	35	22	8	6	**22**
Previous conviction (%)	36	16	13	24	9	0	**11**
Current drug treatment (%)	13	1	9	12	0	0	**0**

Source: EDRS REU interviews, 2003-2009

* Question changed in 2005 from 'How many years of school did you complete?' to 'What grade of school did you complete?'

3.1.1 KE comments

KE reports on the age of ecstasy users indicated that ecstasy was used by people of a broad age bracket (mid-teens to early-40s); however, on average, users were aged between 18 and 25 years. Almost all KE agreed that the use of ecstasy within the Indigenous population was relatively low.

Ecstasy users were seen to be relatively well educated with most having completed year 12 and many having completed further training either at university or in a trade or technical field. Furthermore, KE generally agreed that while a proportion of REU were students, most were employed and had relatively high disposable incomes.

Most KE stated that while ecstasy users were predominantly heterosexual, there were also a proportion of users who were gay, lesbian, bisexual or transgender. They also agreed that very few REU had previous contact with the criminal justice system and, similarly, that very few REU were currently in drug treatment.

3.2 Drug use history and current drug use

Half (49%) of all participants in the 2009 NT EDRS nominated ecstasy as their drug of choice. This remains comparable to previous years. Other drugs reported as the drug of choice included alcohol (15%), speed (15%), and cannabis (8%).

Some trends to note from 2008 to 2009 included:

- a slight increase in preference for cocaine from 2008 (0%) to 2009 (6%);
- a decline in the preference for alcohol from 2008 (26%) to 2009 (15%); and
- an increase in the proportion reporting lifetime injection.

Just under a third (31%) of the participants reported ever having injected a drug. For the majority of injectors (86%), speed was the drug first injected and for the remainder (10%), it was base and ice/crystal (5%). Injecting drug use is discussed further in Section 15.1 of this report.

Table 2: Drug of choice and injecting rates of REU sample, 2003-2009

	2003 (N=104)	2004 (N=71)	2005 (N=82)	2006 (N=49)	2007 (N=65)	2008 (N=43)	**2009 (N=67)**
Drug of choice (%)							
Ecstasy	36	47	61	37	37	44	**49**
Cannabis	10	28	10	16	14	7	**8**
Speed	13	10	18	8	11	12	**15**
Alcohol	-	4	2	12	26	26	**15**
LSD	6	4	0	6	0	2	**0**
Crystal	5	3	0	4	2	0	**3**
Heroin	18	1	1	4	0	0	**2**
Cocaine	3	1	4	4	3	0	**6**
Base	2	1	0	0	3	2	**2**
Benzodiazepines	1	0	0	0	0	0	**0**
Morphine	1	0	1	2	0	0	**0**
Ever injected any drug (%)	69	35	38	39	26	16	**31**
(Of those who had ever injected)	(n=70)	(n=25)	(n=31)	(n=20)	(n=17)	(n=9)	**(n=21)**
Drug first injected (%)							
Speed	67	60	70	65	71	89	**86**
Crystal	4	8	0	5	6	0	**5**
Base	-	20	0	0	6	11	**0**
Heroin	20	4	20	20	6	0	**10**
Steroids	-	4	0	0	6	0	**0**
LSD	-	4	3	0	0	0	**0**

Source: EDRS REU interviews, 2003-2009

Table 3 outlines the lifetime and recent usage of various drugs among REU in 2009. The most common drug used by REU over the six months prior to interview was alcohol (90%). Tobacco (65%), methamphetamines (64%) and cannabis (60%) were the next most commonly used drugs;

however, there has been a sharp increase in the proportion of the sample recently using all types of methamphetamines (any 64% in 2009 vs. 24% in 2008), cocaine (23% in 2009 vs. 2% in 2008), cannabis (60% in 2009 vs. 40% in 2008), amyl nitrate (22% in 2009 vs. 4% in 2008) and ecstasy in capsule (31% in 2009 vs. 95 in 2008) and powdered (19% in 2009 vs. 2% in 2008) form. The increase in any methamphetamine was seen in both lifetime and recent use and across all types (speed, base, and ice/crystal). Recent speed use increased and was reported by 61% of participants (24% in 2008), as did recent use of base (28% in 2009 vs. 9% in 2008) and ice/crystal (15% in 2009 vs. 0% in 2008).

The drugs used at the earliest median ages were tobacco (five years); alcohol (seven years); and cannabis (eight years), nitrous oxide and heroin (both 11 years). These were followed by speed and LSD (12 years), ecstasy (any form), base, amyl nitrate and illicit anti-depressants (all 13 years) and other opiates (14 years), cocaine, mushrooms, illicit benzodiazepines and pharmaceutical stimulants (all 15 years).

The drug used on the highest median number of days over the six months prior to interview was tobacco which was used daily (180 days, range=1-180) followed by alcohol which was used a median of twice a week (71 days, range=1-180). Other opiates were the next most frequently used drugs (42 days, range=36-48), followed by cannabis (37 days, range=1-180) and ecstasy pills which were used on a median of once a fortnight (12 days, range=4-70).There was also one participant who also reported to be a daily heroin and buprenorphine user (both 180 days, no range). No participants reported recent usage of GHB or ketamine (see Table 3).

Table 3: Lifetime and recent polydrug use of REU, 2009

	Used (% REU)		Age first used mean yrs 2009 [2008] (range)	Median days used last 6 months 2009 [2008] (range)
	Ever 2009 [2008]	Last 6 months 2009 [2008]		
Ecstasy pills	100 [100]	100 [100]	23 [22] (13-50)	12 [12] (4-70)
Ecstasy powder	39 [33]	19 [2]	25 [25] (13-40)	2 [19] (1-48)
Ecstasy caps#	52 [36]	31 [9]	25 (13-40)	6 [8] (1-72)
Any methamphetamine	82 [64]	64 [24]		4 [2] (1-180)
Speed	82 [67]	61 [24]	19 [20] (12-35)	3 [2] (1-180)
Base	52 [35]	28 [9]	22 [22] (12-40)	2 [4] (1-180)
Crystal	28 [18]	15 [0]	26 [26] (13-39)	5 [0] (1-180)
Cocaine	52 [36]	23 [2]	22 [23] (15-32)	2 [-] (1-12)
LSD	47 [60]	10 [16]	19 [19] (12-32)	3 [2] (1-12)
MDA	19 [15]	5 [2]	23 [22] (17-35)	2 [1] (1-2)
Ketamine	13 [6]	0 [0]	29 [30] (17-39)	0 [0] (0)
GHB	13 [6]	0 [0]	31 [27] (25-38)	0 [0] (0)
Amyl nitrate	33 [29]	22 [4]	21 [19] (13-39)	8 [2] (1-25)
Nitrous oxide	15 [13]	2 [2]	22 [19] (11-39)	1 [1] (1)
Cannabis	93 [93]	60 [40]	15 [16] (8-19)	37 [6] (1-180)
Alcohol	100 [98]	90 [87]	14 [14] (7-19)	50 [48] (2-180)
Heroin	10 [7]	2 [0]	21 [23] (11-36)	180 [0] (180)
Methadone	6 [0]	3 [0]	25 [n/a] (17-45)	2 [0] (1-2)
Buprenorphine	3 [0]	2 [0]	25 [n/a] (22-27)	180 [0] (180)
Other opiates*	9 [7]	5 [0]	26 [20] (14-41)	42 [0] (36-48)
Tobacco	88 [73]	65 [40]	14 [14] (5-19)	180 [170] (1-180)
Benzodiazepines*	12 [16]	3 [2]	20 [16] (15-26)	2 [5] (1-2)
Antidepressants*	6 [15]	3 [0]	23 [n/a] (13-39)	3 [0] (2-3)
Pharmaceutical stimulants*	22 [23]	6 [8]	27 [23] (15-52)	2 [4] (1-48)
Mushrooms	45 [33]	3 [2]	19 [18] (15-51)	2 [1] (2)

Source: EDRS REU interviews, 2009

Note: 2008 data in brackets

* Illicit only

Questions about ecstasy caps added in 2008

Over one in three (37%) of the REU interviewed reported bingeing on ecstasy and/or other related drugs during the six months preceding the interview. Bingeing is defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley 1996). This remained stable compared with 2008. Participants reported bingeing a median of three times over the last six months. The median length of the longest binge was 63 hours (range=49-168). Speed was the most commonly reported drug used during a binge episode (68%), followed by ecstasy (37%), base (18%), alcohol (16%) and ice/crystal (6%).

3.2.1 KE comments

Most KE agreed that polydrug use was common among REU in Darwin particularly among the younger users. Several KE commented that alcohol was the most problematic drug in terms of frequency and prevalence of use, level of consumption and associated risk behaviours and many KE believed alcohol consumption among REU in the NT had increased over the proceeding six months.

Further analyses of the use of individual drugs along with ecstasy, as well as behaviour associated with the various drugs, are documented in the relevant sections of this report.

3.3 Summary of REU demographic and polydrug use trends

- The majority of REU in 2009 were in their late-20s to early-30s, relatively well educated (mostly having finished year 11), more than one-third of the sample had tertiary training, and the majority was employed.
- There was an increase in the number of participants that were unemployed at the time of interview in 2009.
- There was an increase in the proportion of REU who had previously been convicted of an offence and also an increase in the proportion reporting a previous prison history.
- None of the participants reported being currently in drug treatment.
- Half (49%) of REU reported that ecstasy was their preferred drug, along with alcohol and speed as the most commonly chosen preferred drugs.
- The proportion of REU reporting that they had ever injected any drug increased by 15% since 2008 and is currently 31%. Comparable to previous years, speed was the drug first injected by the majority of users in this group.
- The most commonly used drugs other than ecstasy included alcohol, cannabis, tobacco and speed powder.
- As in 2008, there were no reports of recent use of ketamine or GHB; use of MDA nitrous oxide, mushrooms, illicit benzodiazepines, antidepressants and pharmaceutical stimulants remained low.

4 ECSTASY

'Ecstasy' is a street term for a number of substances related to MDMA or 3,4-methylenedioxymethamphetamine. MDMA is classed as a hallucinogenic amphetamine (White, Breen et al. 2003). 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 illegal chemicals like MDA, para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA), or substances such as caffeine or paracetamol or nothing at all. The results presented in this section relate to the participants' use and knowledge of tablets sold as ecstasy.

4.1 Ecstasy use among REU

On average, REU interviewed in 2009 first used ecstasy at 23 years of age (median=22, range=12-50). Participants began regularly[4] using ecstasy at a mean age of 24 years (median=22, range=12-50). The age of initiation is two years higher than 2008 and the highest age recorded since the EDRS began in the Northern Territory (NT). There has, however, been no change in the median number of days participants had used ecstasy in the preceding six months (12 days) or the proportion (22%) reporting weekly or more use.

The median number of tablets used in both 'usual' sessions (two tablets) and heavy sessions (four tablets) is consistent with previous years. The majority (74%) of the sample typically used more than one tablet in the six months prior to interview and this remains consistent with proportions in 2007 (70%).

Among those who had recently binged, 37% reported having used ecstasy during a binge episode. Furthermore, 77% of participants reported typically using other drugs *with* ecstasy and 59% reported having typically used other drugs to *come down* from it. Both the number of people recently binging on ecstasy and the proportion using other drugs with ecstasy has fallen since 2008 (58% and 86% respectively).

[4] Regular use is defined as using at least once a month.

Table 4: Patterns of ecstasy use among REU, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Age first used ecstasy# (mean years)	19 (12-43)	19 (11-35)	18 (14-52)	21 (14-42)	21 (16-36)	**23** (13-50)
Age started to use# regularly (mean years)	20 (14-43)	20 (15-40)	21 (16-52)	23 (15-42)	23 (16-36)	**24** (12-50)
Median days used ecstasy last 6 months#	16 (6-72)	24 (6-120)	12 (6-72)	15 (6-96)	15 (6-48)	**12** (4-72)
Use ecstasy weekly or more (%)#	39	52	33	30	20	**22**
Median ecstasy quantities used#						
'usual' session (range)	2 (0.5-6)	1 (1-6)	2 (1-7)	2 (0.5-6)	2 (0.5-4)	**2 (1-5)**
heavy session (range)	3 (0.75-14)	2 (1-12)	3 (1-12)	4 (1-13)	3 (1-48)	**4 (1-12)**
Typically use >1 tablet (%)	56	38	57	55	70	**74**
Used other drugs with ecstasy# (%)	89	96	98	100	86	**77**
Used drugs to come down from ecstasy# (%)	68	89	84	89	60	**59**

Source: EDRS REU interviews, 2004-2009

includes pills, powder and capsules

Participants were asked which drugs they typically[5] used *with* ecstasy and also to *come down*[6] from it (Table 5). The drug most commonly used *with* ecstasy was speed (48%; 15% in 2008), followed closely by alcohol (45%; 86% in 2008), with more than three-quarters (39%) of those who drank alcohol when taking ecstasy drinking in excess of five standard drinks. Other drugs commonly used in conjunction *with* ecstasy included tobacco (23%), cannabis (19%) and base (13%). Twenty-three percent of participants in 2009 reported that they did not use other drugs when using ecstasy. This figure is much higher than that of the previous four sampling years (15% in 2008, 0% in 2007, 2% in 2006, and 4% in 2005) and may be consistent with the decrease in the proportion reporting the use of alcohol while using ecstasy.

The drug most commonly used to come down from ecstasy was cannabis (35%), followed by speed (29%), and alcohol (24%). Thirteen percent of participants who drank alcohol while coming down from ecstasy reported drinking more than five standard drinks on the last occasion of use. Other drugs used while coming down included pharmaceutical stimulants and tobacco (both 6%). The number of participants reported not using any other drugs to come down from ecstasy in 2009 (41%) remains consistent with 2008 (40%). The proportions reporting usage of alcohol decreased (56% in 2008), while speed (29%) and cannabis (35%) (0%, 15% in 2008 respectively) to come down from ecstasy increased (Table 5).

[5] Where typical use was defined as two-thirds or more of the occasions of ecstasy use in the preceding six months.

[6] The acute recovery period following ecstasy use.

Table 5: Drugs used in combination with ecstasy by REU, NT, 2005-2009

	Use (%)									
	With ecstasy					Coming down from ecstasy				
	2005 (N=82)	2006 (N=51)	2007 (N=74)	2008 (N=55)	**2009 (N=67)**	2005 (N=82)	2006 (N=51)	2007 (N=74)	2008 (N=55)	**2009 (N=67)**
None	4	2	0	15	**23**	11	16	11	40	**41**
Speed	38	22	34	9	**48**	9	4	14	0	**29**
Base	9	4	9	4	**13**	3	0	0	0	**0**
Crystal	4	2	6	0	**10**	0	2	3	0	**0**
Cannabis	57	59	70	15	**19**	63	65	81	13	**35**
Alcohol	85	78	99	86	**45**	60	43	78	56	**24**
If yes, > 5 drinks?	97	75	83	75	**39**	98	77	74	59	**12**
Tobacco	72	71	71	20	**23**	65	57	75	9	**3**

Source: EDRS REU interviews, 2005-2009

The most common method of administration of ecstasy in the six months prior to interview was swallowing (97%), followed by snorting (37%), shelving/shafting (19%), injection (9%), and smoking (3%). There was an increase in the participants snorting, shelving/shafting and injecting (29%, 13%, and 19% respectively), while swallowing and smoking remained stable compared with 2008.

Table 6: Route of administration of ecstasy by REU, NT, 2004-2009

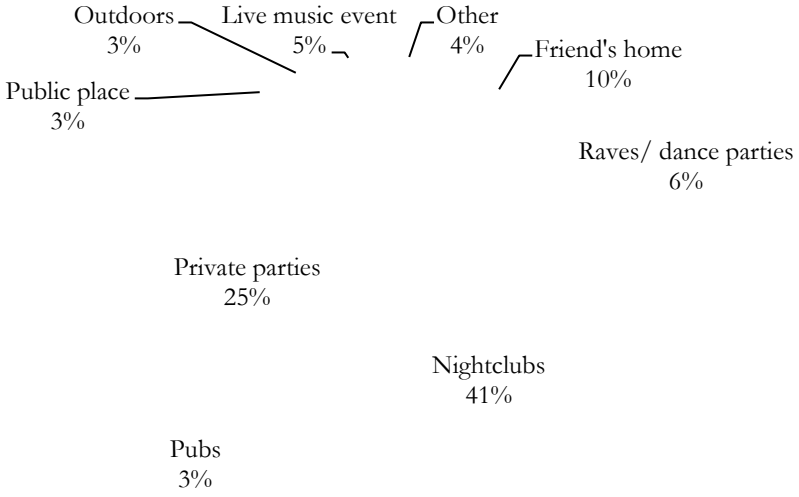
	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Administration last six months (%)						
Swallowed	97	98	96	100	100	**97**
Snorted	54	43	49	36	29	**37**
Injected	16	15	12	6	0	**9**
Smoked	13	6	4	2	2	**3**
Shelved/shafted*	9	4	4	14	13	**19**

Source: EDRS REU interviews, 2004-2009

* Refers to refers to vaginal/anal administration

In 2009, over a third of the sample (41%) reported that the last venue at which they used ecstasy was a nightclub. This was followed by private parties (25%), friends' houses (10%), and raves/doofs/dance parties (6%).

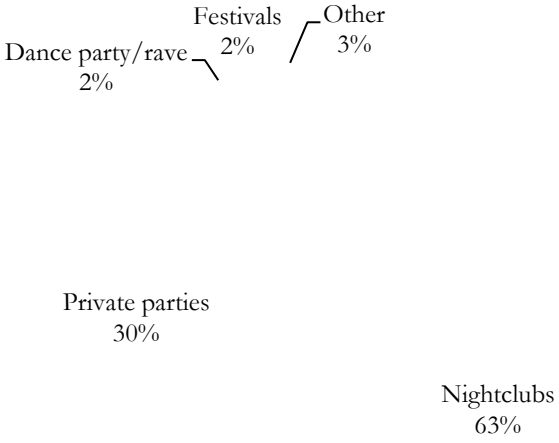
Figure 1: Last location of most recent ecstasy use, NT, 2009



Source: EDRS REU interviews, 2009
Note: due to changes in the survey in 2009, comparisons with previous years should be interpreted with caution

As in previous years, ecstasy was usually used in nightclubs by the largest proportion (63%) of participants (Figure 2). Other locations of usual use included private parties (30%), music festivals, and dance parties/raves/doofs (both 2%).

Figure 2: Usual location of ecstasy use, NT, 2009



Source: EDRS REU interviews, 2009
Note: Due to changes in the survey in 2009, comparisons with previous years should be interpreted with caution

4.2 Energy drinks

For the first time in 2009, participants in the EDRS were asked about their use of energy drinks. Seventy-nine participants commented and of these 58% had consumed energy drinks with alcohol in the last six months. Of those who had consumed energy drinks with alcohol, REU reported a median of three drinks (range: 1-24) were consumed on the last occasion. Fifty-eight percent of participants also reported consuming energy drinks in the same episode as ecstasy in the past six months. Of those participants who had consumed energy drinks with ecstasy, 34% had consumed energy drinks before taking ecstasy, 38% had consumed energy drinks with ecstasy and 46% had consumed energy drinks after ecstasy. Of those REU who reported using ecstasy the last time they consumed energy drinks, 74% reported that these energy drinks were also mixed with alcohol.

4.2.1 KE comments

Almost all KE reported that ecstasy was primarily purchased in tablet form. One KE mentioned caps. Consequently, KE reported that ecstasy was usually swallowed; however, it was occasionally crushed and snorted.

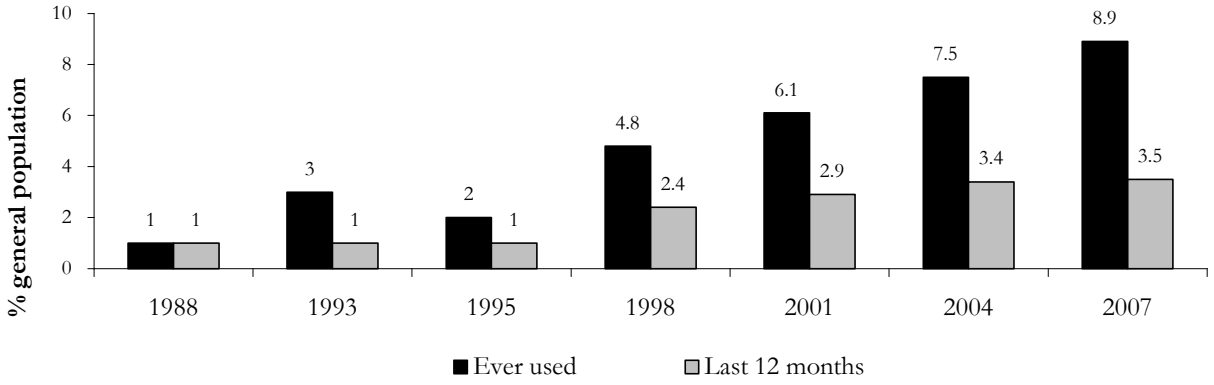
There was a general agreement among KE that alcohol was being consumed at risky levels by this group, to the extent that the majority listed alcohol as the most problematic drug among REU in the NT. Both alcohol and ecstasy were usually consumed together and most typically used between Thursday and Saturday nights. The majority of KE reported that ecstasy use in Darwin was concentrated among those aged between 16 and 25 years and while predominately occurring among males, one KE had noticed a recent increase in female presentations for ecstasy.

4.3 Use of ecstasy in the general population

Figure 3 presents data collected for the NDSHS from 1988 (the year in which ecstasy was first included in the survey) to 2007. Over this time, both the reported lifetime and recent use of ecstasy has increased among the general Australian population over the age of 14 years. In 2007, 8.9% of Australians interviewed reported having ever used ecstasy, an increase from 1% in 1988. Furthermore, in 2007, 3.5% of Australians interviewed reported having used ecstasy within the 12 months preceding the interview, compared with only 1% in 1988 (Australian Institute of Health and Welfare 2008a).

In the 2007 NDSHS, 13.7% of Territorians, aged 14 years or over, reported the lifetime use of ecstasy and 4.2% reported having used it recently (within the 12 months prior to interview). This latter figure has increased from that reported in 2004 (3.7%) (Australian Institute of Health and Welfare 2008).

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



Source: NDSHS, 1988-2008

4.4 Price

All participants were able to comment on the price of ecstasy (Table 7). The median price per tablet remained stable at $50 as did the median last purchase price, also at $50. This stability in price was reflected in the perceived price of ecstasy with 83% of the sample reporting that it had remained stable over the preceding six months. Three percent believed the price had decreased, 9% said that it had fluctuated and 5% of participants in 2009 believed the price of ecstasy had increased.

Table 7: Price of ecstasy purchased by REU and price variations, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Median price ecstasy tab $ (range)	50 (15-80)	50 (25-80)^	50 (40-60)	50 (35-60)	50 (30-50)	**50 (17-70)**
Median last price ecstasy tab $ (range)	50 (15-80)	50 (17-80)^	50 (30-60)	50 (18-60)	50 (30-50)	**50 (17-70)**
Price change (% of REU)						
Increased	9	11	6	12	0	**5**
Stable	66	73	78	76	80	**83**
Decreased	6	1	4	9	4	**3**
Fluctuated	20	15	6	3	9	**9**
Don't know	0	0	6	0	7	**-**

Source: EDRS REU interviews, 2004-2009

^ Small numbers reporting (n=<10)

Table 8 presents data on the purchasing behaviour of REU interviewed in 2009. Respondents purchased a median of six tablets (range=1-50) at each purchase from a median of two people (range=1-12) over the preceding six months. Sixty-seven percent of participants usually purchased ecstasy for themselves and others at the same time and 31% usually purchased ecstasy

only for themselves. There has been an increase in the proportion of the sample reporting that they purchased ecstasy seven to 12 times (i.e. between monthly and fortnightly) from 51% in 2008 to 58% in 2009. As a consequence, there has been a decrease in the proportion reporting that they had purchased ecstasy one to six times (29% in 2008 vs. 21% in 2009).

Table 8: Patterns of purchasing ecstasy, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Median no. of people purchased from	3 (1-20)	3 (1-25)	3 (1-35)	3 (1-50)	2 (1-6)	**2 (1-12)**
Median no. of ecstasy tabs purchased	-	3 (1-30)	4 (1-35)	3.5 (1-350)	4 (1-25)	**6 (1-50)**
Purchased for (%)						
Self only	-	20	38	32	29	**31**
Self and others	-	79	58	68	71	**67**
Others only	-	0	0	0	0	**2**
No. times purchased in the last 6 months (%)						
1-6	87	26	31	44	29	**21**
7-12	6	34	35	30	51	**58**
13-24	6	37	26	24	20	**18**
25+	0	2	4	2	0	**3**

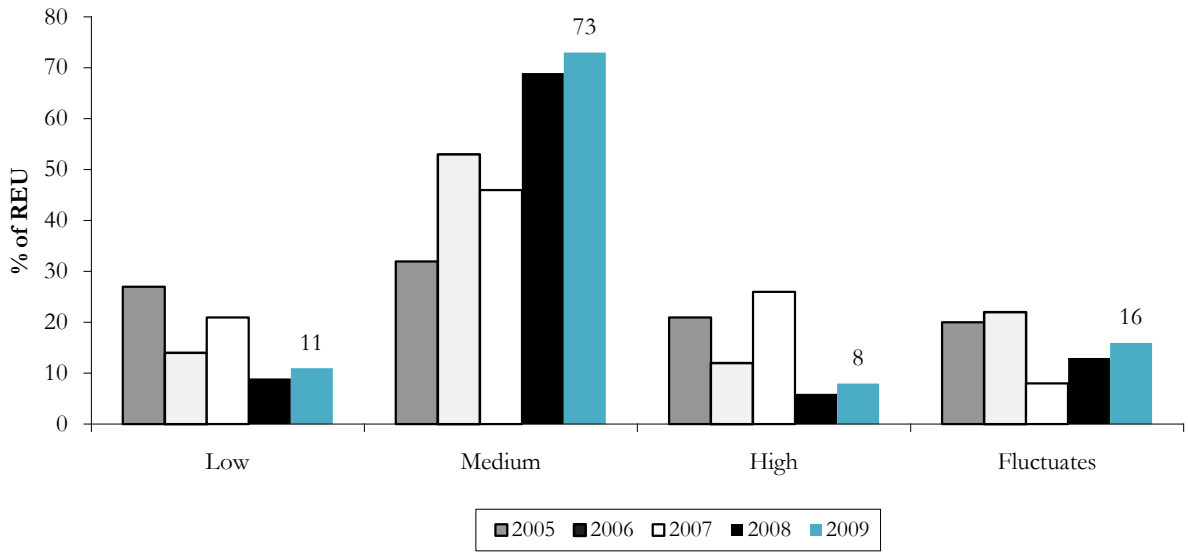
Source: EDRS REU interviews, 2004-2009

* Among those able to purchase drugs other than ecstasy from their main dealer

4.5 Purity

The majority (73%) of respondents reported the purity of ecstasy in Darwin to be medium. Eleven percent reported that it was low, 8% reported that it was high, and 16% reported that it had fluctuated over the six months prior to interview. Responses in 2009 remained consistent with those reported in 2008.

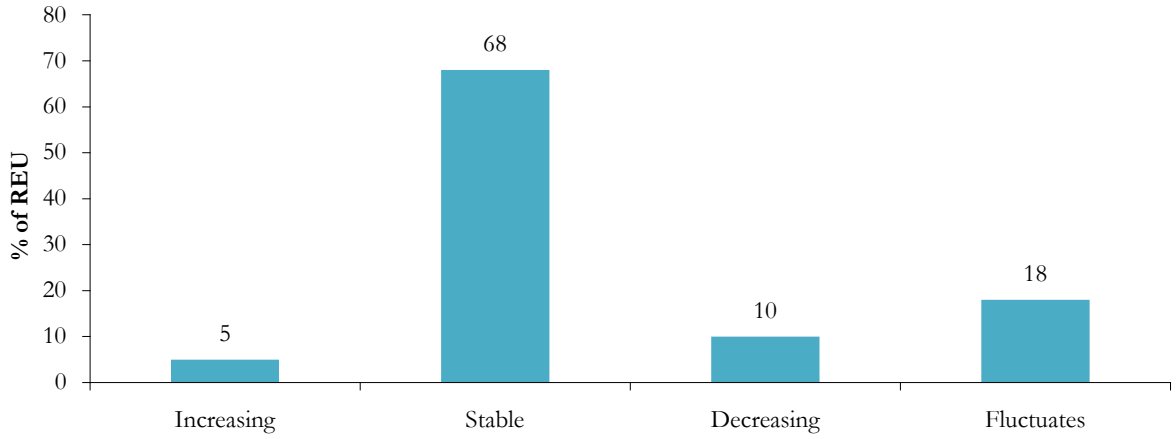
Figure 4: REU reports of current ecstasy purity, NT, 2005-2009



Source: EDRS REU interviews, 2005-2009

Figure 5 presents data reflecting participants' perceived change in purity of ecstasy over the preceding six months. The majority (68%) of the sample believed it had remained stable, 10% believed it had decreased, 5% believed it had increased, and 18% believed it had fluctuated.

Figure 5: REU reports of change in purity of ecstasy in the preceding six months, NT, 2009



Source: EDRS REU interviews, 2009

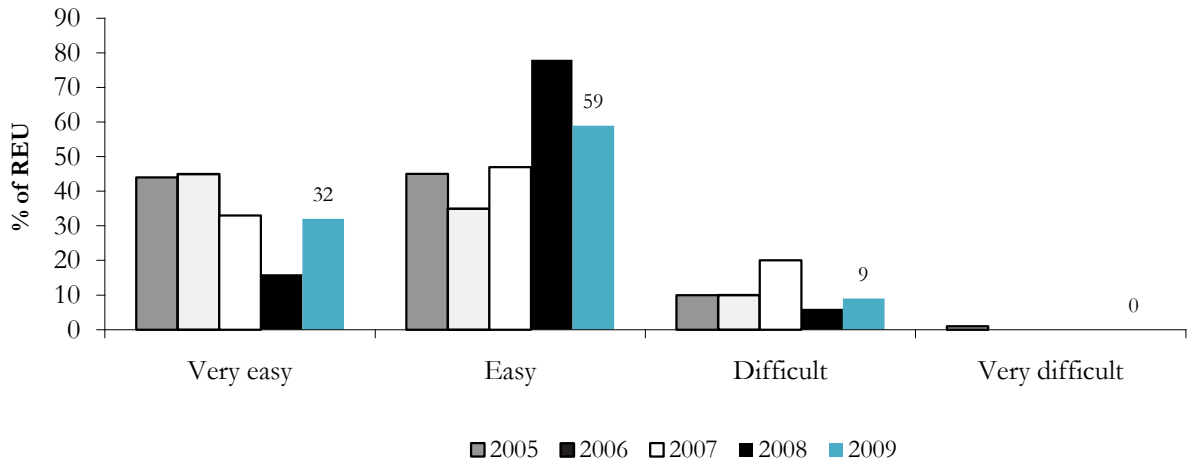
The above are all subjective estimates of purity and depend, among other factors, on users' tolerance levels. Clearly, laboratory analyses of the purity of seizures of ecstasy provide objective evidence regarding purity changes, and should therefore be more highly regarded than the reports of users. However, it is also important to note the limitation of the average purity figures calculated by forensic agencies, 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 a non-representative

sample of the illicit drugs available in Australia. Furthermore, the purity of drugs seized in the NT is not available because toxicological analyses are not undertaken on drugs seized.[7]

4.6 Availability

As with the purity data, participants' responses regarding the current availability of ecstasy were in quite strong agreement, i.e. most participants believed it was either easy or very easy to obtain ecstasy (59% and 32% respectively). Only a small proportion of the sample believed it was difficult to obtain ecstasy (9%) and no respondents believed it was very difficult (Figure 6).

Figure 6: REU reports of current availability of ecstasy, NT, 2005-2009

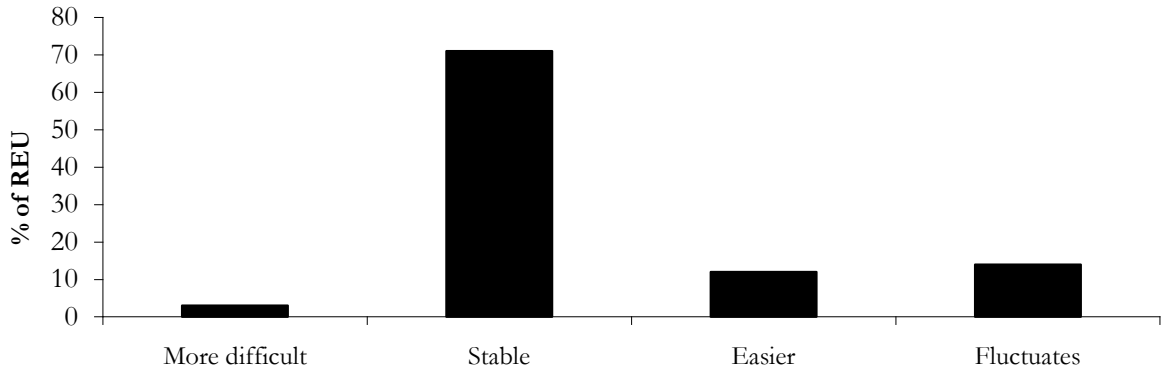


Source: EDRS REU interviews, 2005-2009

Figure 7 presents respondents' perceived change in the availability of ecstasy in the six months prior to interview. The majority (71%) believed it had remained stable, 3% believed it had become more difficult to obtain ecstasy, and 12% said that it had become easier to obtain; 14% reported that it had fluctuated.

[7] Purity data collected by the AFP are available for the period 1999/00-2003/04 and were provided by the ACC (formerly the ABCI). These data, along with the number of seizures made by the AFP in the NT are presented in the 2007 NT EDRS Report which can be accessed at http://notes.med.unsw.edu.au/NDARCWeb.nsf/page/EDRS.

Figure 7: REU reports of change in ecstasy availability in the preceding 6 months, NT, 2009



Source: EDRS REU interviews, 2009

Of the participants in the 2009 EDRS, all had bought ecstasy at least once during the six months prior to interview. The majority had bought from friends (57%) while 41% had bought from dealers and only 2% had bought from acquaintances (Table 9). Due to changes in the questionnaire in 2009 in regards to source and location, comparisons with previous years should be interpreted with caution.

Consistent with the data reported above, participants were most likely to purchase ecstasy at a friend's house (40%) and dealers' homes (16%); however, proportions of respondents also bought ecstasy in nightclubs (15%) and pubs (8%). Other venues where ecstasy was purchased included the participant's own home (9%) raves/doofs/dance parties and the street (3% each) (Table 9).

Table 9: REU reports of source and location for scoring ecstasy in the preceding six months, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009*** (N=67)**
Persons score from (%)#						
Used not scored	6	2	6	0	0	**0**
Friends	73	82	78	80	82	**57**
Dealers	52	48	24	55	53	**41**
Acquaintances	39	20	22	23	24	**2**
Work colleagues	16	17	8	6	4	**0**
Unknown dealer	26	17	8	11	7	**0**
Locations scored from (%)#						
Used not scored	1	2	6	0	0	**0**
Friend's home	49	62	59	64	69	**40**
Nightclub	51	48	45	42	55	**15**
Dealer's home	30	35	20	50	47	**16**
At own home	38	32	51	21	6	**9**
Rave/doof/dance party	31	13	18	12	6	**3**
Pub	27	32	29	18	18	**8**
Agreed public location	35	44	28	18	9	**2**
Street	9	4	2	0	11	**3**

Source: EDRS REU interviews, 2004-2009

Participants able to give more than one answer

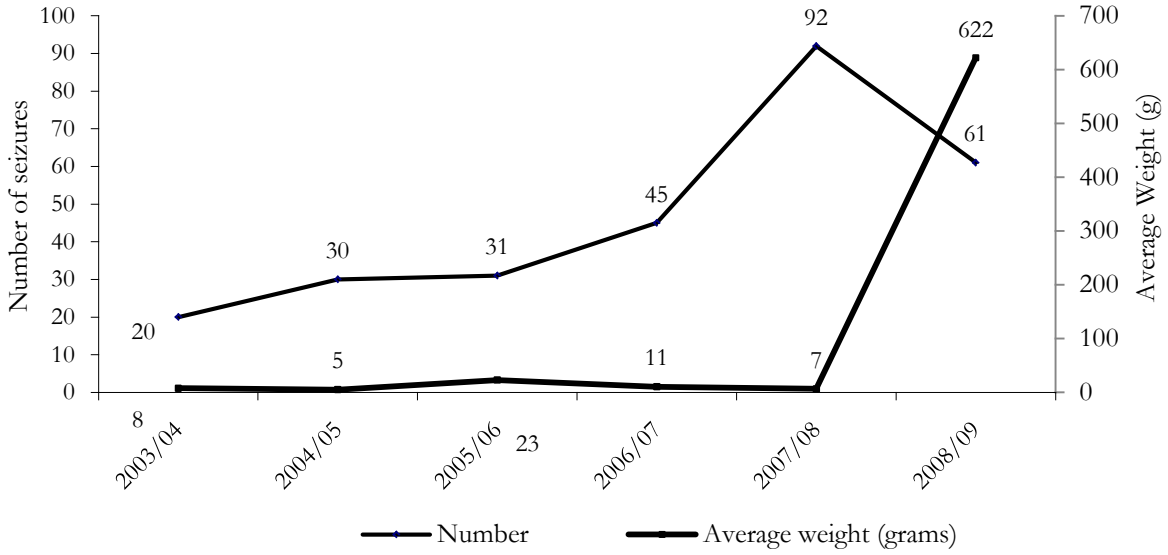
*** Note: Due to changes in the questionnaire to single response answers, direct comparisons with previous years should be interpreted with caution.

Figure 8 presents data on the number and average weight of ecstasy seizures made by the NT police. (Data are available since financial year 2003/04; data from previous years were managed through a paper-based system and are not deemed reliable). It should be noted that the weight is that recorded at point of seizure, it is approximate and is not forensically tested. The data does not relate to purity, and the drug name under which the seizure is coded is the drug that it is traded as. This also means that the weights include mixtures, not the total weight of pure MDMA.

From 2003/04 to 2007/08, the number of ecstasy seizures has increased from 20 to 92 with a large increase noticeable between 2006/07 (45) and 2007/08 (92). In 2008/09 there were 61 seizures and a substantial increase in the average weight (622 grams; range: 0.1 grams-28.66kg) per seizure[8].

[8] NB – there was two seizure made in 2008/09 which were much larger than the other seizures made. When these seizures were removed from the analysis, the average weight per seizure fell to 79.8g.

Figure 8: Number and average weight of ecstasy seizures, NT, 2005/06-2008/09



Source: NT Police Illicit Drug Seizure Database

Note: Drugs are classified according to information available to police at the time of seizure; however, no toxicological analyses are undertaken to establish the content of drugs found

4.6.1 KE comments

The vast majority of KE in the Northern Territory were unable to comment on the price, purity or availability of ecstasy. Two KE agreed that the current price was $50-$60 per tablet. They also agreed that this price had remained stable over the preceding six months.

Two KE estimated the current purity of ecstasy to be low and one believed it to be medium; however, most KE were unable to comment on the purity of ecstasy. Similarly, while one KE estimated that the purity of ecstasy had remained stable over the preceding six months, the remainder were unable to comment.

No KE were able to comment on the current availability of ecstasy in Darwin.

4.7 Summary of ecstasy trends

- Participants in the 2009 NT EDRS began using ecstasy at a median age of 23 years. This is the oldest age recorded since the EDRS began in the NT, four years higher than the national sample and older than any other jurisdiction in the country.
- Prices for recent ecstasy purchases and last purchase remained stable at a median price of $50 per tablet. This price was reported to have remained stable over the preceding six months, despite price drops in all other jurisdictions except for Tasmania. Furthermore the price of ecstasy in the NT remains the highest in the country, double the median price of the Australian Capital Territory and Victorian prices and more than double the price reported in New South Wales, South Australia and Queensland.
- Over one-fifth (22%) reported using ecstasy weekly or more.
- There was no change in the days participants had used ecstasy in the preceding six months (12 days) or the proportion (22%) reporting weekly or more use.
- REU reported typically using a median of two tablets per session, while almost one-fifth reported (18%) typically used three or more tablets in a session.
- In 2009 compared with 2008, there was a decline in the proportions reporting typically using other drugs *with* ecstasy (77% vs. 86% in 2008) however, the number reporting using other drugs to *come down* from ecstasy remains consistent (59% in 2009 vs. 60% in 2008).
- The drugs most commonly used with ecstasy included speed, alcohol, tobacco, and cannabis. More than three-quarters (39%) of those who typically consumed alcohol with ecstasy typically consumed more than five standard drinks.
- The drugs most commonly used to come down from ecstasy included speed, alcohol, and cannabis. Of those who typically consumed alcohol when coming down from ecstasy, more than one-tenth (13%) typically consumed more than five standard drinks.
- The vast majority of participants reported having swallowed ecstasy in the six months prior to interview; however, some also reported snorting, shelving/shafting, smoking and injecting.
- Ecstasy was most commonly used in nightclubs but also frequently used at private parties and friends' houses, raves/doofs/dance parties and live music events
- Most REU in Darwin reported the purity of ecstasy tablets to be medium and that it had remained stable over the preceding six months.
- Ecstasy was perceived as either easy or very easy to obtain by the majority of respondents. The availability of ecstasy was reported to have changed according to participants.
- Over the six months prior to interview, most participants had bought ecstasy primarily from friends or dealers or acquaintances and most often at a friend's house.

5 METHAMPHETAMINE

Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate, the form most commonly available throughout the 1980s) steadily increased, until methamphetamine dominated the market (Australian Bureau of Criminal Intelligence 2001). In the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine hydrochloride (Australian Bureau of Criminal Intelligence 2002).

Chemically, amphetamine and methamphetamine differ in molecular structure but are closely related. They exert their effects indirectly by stimulating the release of peripheral nervous system (PNS) and central nervous system (CNS) monoamines (principally dopamine, noradrenaline, adrenaline and serotonin), and both have psychomotor, cardiovascular, anorexogenic and hypothermic properties (Seiden, Sobol et al. 1993). Compared to amphetamine, methamphetamine has proportionally greater CNS than PNS stimulatory effects (Chesher 1993), and is a more potent form with stronger subjective effects.

In Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste – identified as becoming more widely available and used in all jurisdictions (Topp and Darke 2001; Topp, Degenhardt et al. 2002) – are also methamphetamine.

The distinction between speed, base and crystal has been made in an attempt to collect more comprehensive information on the use, price, purity and availability of each of these different forms. 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, approximately 10% (McKetin, McLaren et al. 2005). Base (also called paste, wax, point or pure) is an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is also thought to be manufactured in Australia; its purity has been found to be approximately twice that of speed at 21% (McKetin, McLaren et al. 2005).

The crystal form (also called ice, shabu, or crystal meth) is large crystals that range from translucent to white but may also have a green, blue or pink tinge due to either impurities or the addition of food dye. Crystal is predominantly manufactured in Asia and imported into Australia (Topp and Churchill 2002), although the first crystal laboratory was detected in Queensland in February 2002 (Australian Crime Commission 2003). Pure crystal has an estimated purity of 80%. A form of methamphetamine with a crystalline appearance has been detected which has a lower purity (19%); this lower purity crystalline methamphetamine may reflect either base with a crystalline appearance or crystal cut with crystalline adulterants (McKetin, McLaren et al. 2005).

5.1 Methamphetamine use among REU

5.1.1 Speed

The majority (82%) of REU interviewed in 2009 reported lifetime use of speed and 61% reported having used it recently (Table 10). The median age at which speed was first used was 19 years (range=7-35).

Among recent users, speed had been used on a median of three days (range=1-180) over the preceding six months and five participants reported using speed on a weekly basis or more. The median quantity used in a typical episode of use was one gram (range=0.25-3.5), the median amount for heavy use was also one gram, however the range was wider (range=0.5-20) (Table 10).

Of those who commented among the entire sample of REU, 10 participants (15%) reported that speed was their drug of choice and 68% of recent users (n=19) reported having recently used speed during a binge episode. Fifteen participants reported having used speed with ecstasy on the last occasion; and five participants (8%) reported typically using speed to come down from ecstasy.

Table 10 shows data across time in certain indicators of speed usage. While the proportion of participants reporting both lifetime and recent use of speed increased in 2009 only recent use increased significantly (C.I.; -0.51, -0.20) in 2009. However, the median number of days used has as remained stable, although the proportion of participants who reported using speed weekly or more has fluctuated since 2005. The median quantities used have continued to remain stable in 2009.

Table 10: Patterns of speed use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	83	90	88	83	67	**82**
Used last 6 months (%)	72	73	59	55	24	**61**
(Of recent users)	(n=51)	(n=60)	(n=30)	(n=36)	(n=13)	**(n=41)**
Median days used last 6 months (range)	6 (1-165)	6 (1-180)	4 (1-48)	4 (1-180)	2 (1-14)	**3 (1-180)**
Use weekly or more (%)	25	27	7	14	-	**5**
Median quantities used	(grams)	(grams)	(grams)	(grams)	(grams)	**(grams)**
Typical (range)	0.5 (0.2-4)	1 (0.25-3)	1 (0.25-1)	1 (0.25-2.5)	1 (0.25-2)	**1 (0.25-3.5)**
Heavy (range)	1 (0.25-5)	1 (0.25-12)	1 (0.25- 4)	1 (0.25-8)	1.5 (0.25-6.5)	**1 (0.5-20)**

Source: EDRS REU interviews, 2004-2009

Among recent users of speed, the most common route of administration was snorting (73%); however, more than one-third (35%) reported having recently injected speed. More than half

(55%) reported having swallowed speed, and 15% reported having smoked it. No participants reported having shelved or shafted speed. The proportion of participants reporting having recently injected speed remained stable in 2009; similarly, the proportion of those recently snorting speed also remained stable across this time.

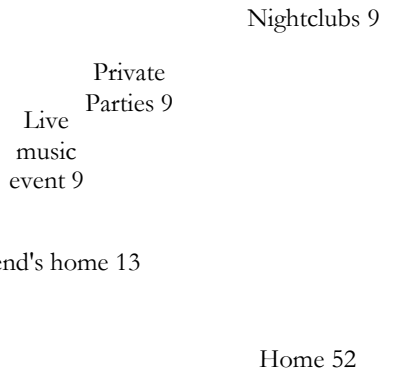
Table 11: Route of administration of speed by recent users, 2004-2009

	2004 (N=51)	2005 (N=60)	2006 (N=30)	2007 (N=36)	2008 (N=13)	**2009 (N=67)**
Route of administration last 6 months (%)						
Injected	14	35	33	25	39	**35**
Swallowed	78	65	73	64	32	**55**
Snorted	75	50	60	86	69	**73**
Smoked	20	13	13	8	8	**15**
Shelve/shaft	-	2	-	3	-	**-**

Source: EDRS REU interviews, 2004-2009

Among those who commented the most common location at which speed was last used was at the participant's own home (52%) followed by at a friend's home (13%) and equally a live music event, private party or a nightclub (9% each) (Figure 9).

Figure 8: Location of most recent speed use, %, 2009



Source: EDRS REU interviews, 2009

5.1.2 Base

Approximately half (52%) of the sample in 2009 reported lifetime use of base and 28% reported having used it recently. Base was first used at a median age of 22 years (range=12-40) and participants reported having used it on a median of two days (range=1-180) over the preceding six months. Participants reported having used a median of one point (range=1-4) in a typical use episode and a median of one point (range=1-4) on the heaviest use episodes over the preceding six months. Eighteen percent of recent users (n=5) reported having used base in a binge episode over the preceding six months.

Table 12 presents data across time on the patterns of use of base among REU. There has been an increase in the reported lifetime and recent usage of base among REU in Darwin from 2008 (35% ever used and 9% used recently) to 2009 (52% ever used and 28% used recently). The increase in recent use of base from 2008 to 2009 was insignificant. The proportion reporting weekly use or more use of base has, however, remained stable since 2007.

Table 12: Patterns of base use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	59	36	53	49	35	**52**
Used last 6 months (%)	45	29	18	27	9	**28**
(Of recent users)	(n=32)	(n=24)	(n=9)	(n=18)	(n=5)	**(n=19)**
Median days used last 6 months (range)	3 (1-180)	6 (1-90)	2 (1-36)	4 (2-28)	4 (1-16)	**2 (1-180)**
Use weekly or more (%)	25	17	11	2	-	**2**
Median quantities used (points)						
Typical (range)	1 (0.1-2.5)	1 (0.5-7)	1 (0.6-2.5)	1 (1-2)	1 (1-20)	**1 (1-4)**
Heavy (range)	1 (0.1-10)	1 (0.5-10)	1 (1-2)	2 (1-5)	1 (1)	**1 (1-4)**

Source: EDRS REU interviews, 2004-2009

Swallowing was the most common route of administration among the 19 recent users of base, with 10 participants reporting oral routes of administration (53%), followed by injecting by eight participants (42%). Four participants reported recently snorting or smoking base (21% each) and no one reporting shelving or shafting (Table 13).

Table 13: Route of administration of base by recent users, 2004-2009

	2004 (n=32)	2005 (n=24)	2006 (n=9)	2007 (n=18)	2008 (n=5)	**2009 (n=19)**
Route of administration last 6 months (%)	22	54	33	39	60	**42**
Injected						
Swallowed	94	58	78	83	20	**53**
Snorted	34	29	22	33	40	**21**
Smoked	9	17	-	6	-	**21**
Shelved/shafted	-	-	-	-	-	**-**

Source: EDRS REU interviews, 2004-2009

There were insufficient numbers reporting on the locations of use of base again in 2009 to report them here; however, responses from 2004 to 2007 are presented in the respective reports. Readers are directed to the NDARC website: http://ndarc.med.unsw.edu.au to access these past reports.

5.1.3 Ice/Crystal

Just over a quarter (28%) of the sample in 2009 had ever used crystal and 15% of participants reported having used it over the six months prior to interview. Crystal was first used at a median age of 26 years (range=13-39). Two participants (3% of entire sample) reported that crystal was their drug of choice, four (6% of entire sample) reported recently bingeing on it and 10% reporting using it with ecstasy on the last occasion. No participants reported having used crystal to come down from ecstasy.

Table 14 presents data across time on patterns of use of crystal among REU in the NT. There has been an increase from 2008 in the numbers reporting both lifetime (18% in 2008 vs. 28% in 2008) and recent (0% in 2008 vs. 15% in 2008) use of crystal.

Table 14: Patterns of crystal methamphetamine use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**200 (N=67)**
Ever used (%)	58	52	49	35	18	**28**
Used last 6 months (%)	35	32	26	24	-	**15**
(Of recent users)	(n=25)	(n=26)	(n=13)	(n=16)	(n=0)	**(n=10)**
Median days used last 6 months (range)	3 (1-60)	4 (1-90)	2 (1-5)	3 (1-80)	-	**5 (1-180)**
Use weekly or more (%)	12	8	-	6	-	**4**
Median quantities used (points)						
Typical (range)	1 (0.5-4)	1 (0.25-5)	2 (0.25-5)	1 (0.5-3)	-	**3 (1-3)**
Heavy (range)	2 (0.5-5)	1.5 (0.5-6)	2 (0.25-5)	2 (0.5-5.5)	-	**3 (-)**

Source: EDRS REU interviews, 2004-2009

Injecting and smoking were the most common routes of administration among recent users of crystal. Among the 10 participants that reported recent use, six reported injection or smoking (60% each). Two participants reported swallowing (20%) and no participants reported either snorting or shelving as recent routes of administration (Table 15).

Table 15: Route of administration of crystal methamphetamine by recent users, 2004-2009

	2004 (n=25)	2005 (n=26)	2006 (n=13)	2007 (n=16)	2008 (n=5)	**2009 (n=15)**
Route of administration last 6 months (%)						
Injected	24	35	54	19	-	**60**
Swallowed	64	46	23	25	-	**20**
Snorted	28	23	8	25	-	**-**
Smoked	32	42	54	63	-	**60**
Shelved/shafted	-	-	-	-	-	**-**

Source: EDRS REU interviews, 2004-2009

5.2 Price

Table 16 presents data across time on the reported price of methamphetamines in the NT. Caution should be used when interpreting these data as increasingly fewer participants have been able to provide data on price, purity and availability of methamphetamines in recent years.

In 2009, 24 participants were able to comment on the price of speed. They reported that in the preceding six months, speed had cost a median of $300 (range=$100-$800) per gram. Only three participants each were able to comment on the price of base and ice/crystal methamphetamine (Table 16).

Table 16: Price of various methamphetamine forms purchased by REU, 2004-2009

	2004	2005	2006	2007	2008	**2009**
Median price $						
Speed (range)						
Point	-	-	80 (25-350)	-	-	**50 (-)**
Gram	50 (50-700)	90 (25-300)	50 (40-100)^	250 (100-350)	300 (15-700)^	**300 (100-800)**
Base (range)						
Point	50 (15-80)	75 (30-400)	-	35 (35)^	-	**55 (50-60)^**
Gram	-	-	100 (100)^	200 (140-300)^	400 (400)^	**350 (300-400)^**
Crystal (range)						
Point	50 (25-75)	80 (40-100)	50 (50-150)^	45 (40-50)^	-	**100 (50-100)^**
Gram	-	-	300 (300)^	250 (100-1200)^	-	**1000 (-)^**

Source: EDRS REU interviews, 2004-2008

^ n=<10 respondents

The ACC reported the price of crystal methylamphetamines in the NT remained the highest in the country, with a gram ranging from $600-$700 in 2007/08. Other crystal ice/prices noted by the ACC in the NT were: $2,000 for an eightball (3.5g, i.e. 1/8 ounce), and $16,000-$20,000 for one ounce. For non-crystalline methylamphetamines other weight prices included one gram $350-600, an eightball (3.5g, i.e. 1/8 ounce) $800-$1100, and one ounce $7000-$9000. These prices have all increased since 2006/08 (Australian Crime Commission 2009).

Table 17 presents data on changes to the price of speed, base and ice/crystal over the preceding six months. Of the participants who commented, the majority replied that the price of both speed (80%) and base (50%) had remained stable, while ice/crystal had equally remained stable and increased (50% each) over the preceding six months.

Table 17: Methamphetamine price movements in the last six months, REU, 2008-2009

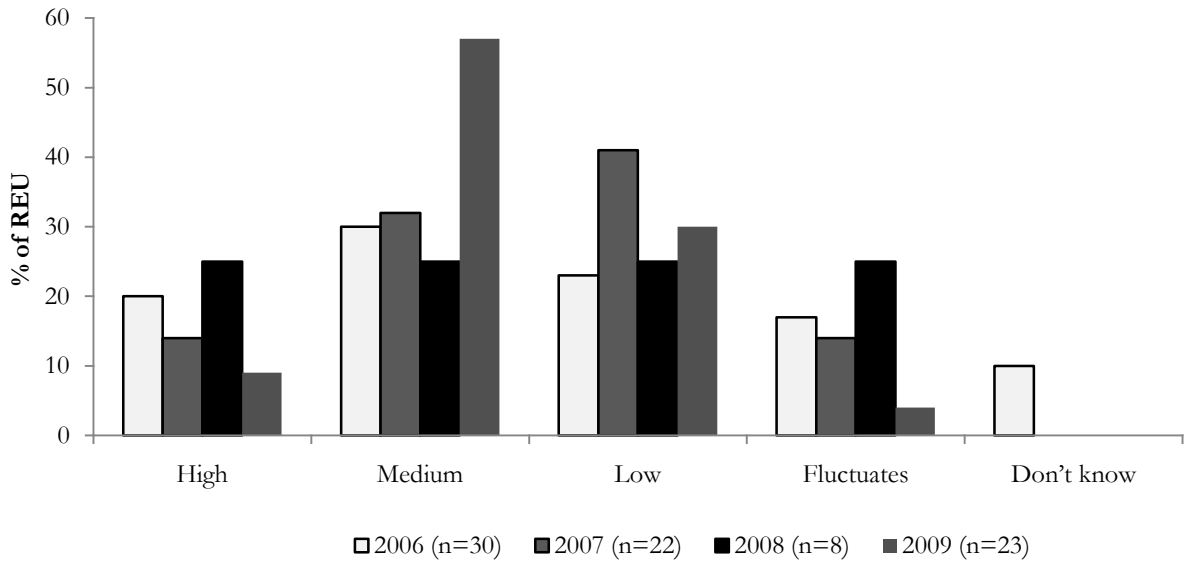
	Speed (n=24)	Base (n=6)	Ice/Crystal (n=5)
Price change %			
Increased	10 (13)	33 (-)	50 (-)
Stable	80 (88)	50 (100)	50 (-)
Decreased	5 (-)	- (-)	- (-)
Fluctuated	5 (-)	17(-)	- (-)

Source: EDRS REU interviews, 2009
NB: % of those that responded
2008 data in brackets

5.3 Purity

The majority of participants (57%) who commented on the current purity of speed reported it was medium (Figure 10). Thirty percent reported the purity was low and only 9% commented that the current purity was high.

Figure 9: REU reports of current purity of speed, % commented, REU, NT, 2006-2009



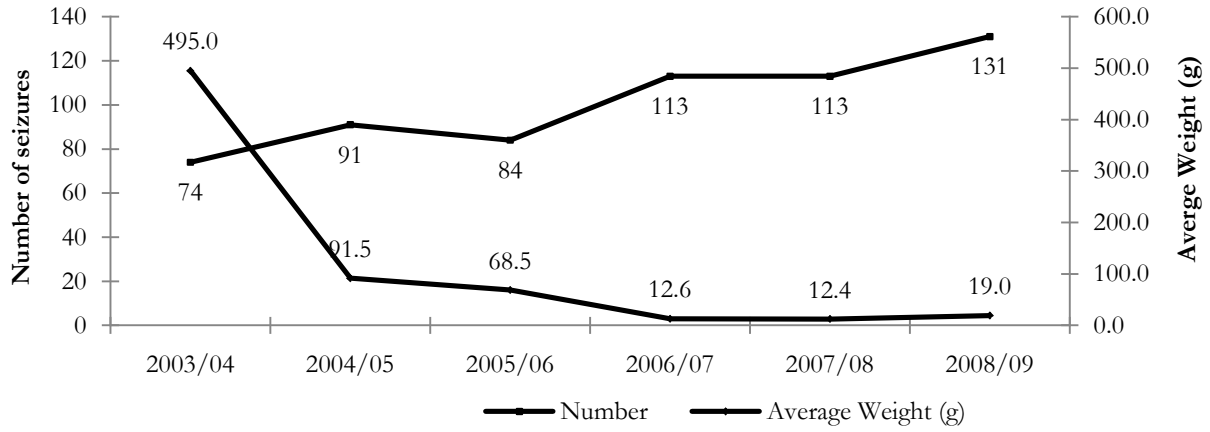
Source: EDRS REU interviews, 2006-2009

There were small numbers of participants commenting on the purity of base (n=6) and ice/crystal (n=5). The majority (60%) of those commenting on ice/crystal reported current purity as high, while base was reported as equally low and medium purity (50% each).

Figure 11 displays the number and average weight of methamphetamine seizures by the NT Police in the NT. Data are only available for the financial years 2003/2004 to 2008/2009 because previous years' data were managed through a paper-based system and were not deemed reliable. It should be noted that the weights recorded were of the total seizure and do not represent the weight of meth/amphetamine content of the seizure. Furthermore, as toxicological analyses are not used to ascertain the exact content of drugs seized, purity data are not available and drugs are classed according to the information available to police at the time of seizure.

The number of seizures made has increased from 74 in 2003/04 to 131 in 2008/09 which is an increase from the 113 recorded in 2007/08. The average weight of seizures remains low and stable in 2008/09 at 19.0 grams (Figure 11).

Figure 10: Number and average weight of seizures of amphetamine/methamphetamine, NT, 2003/04-2007/08



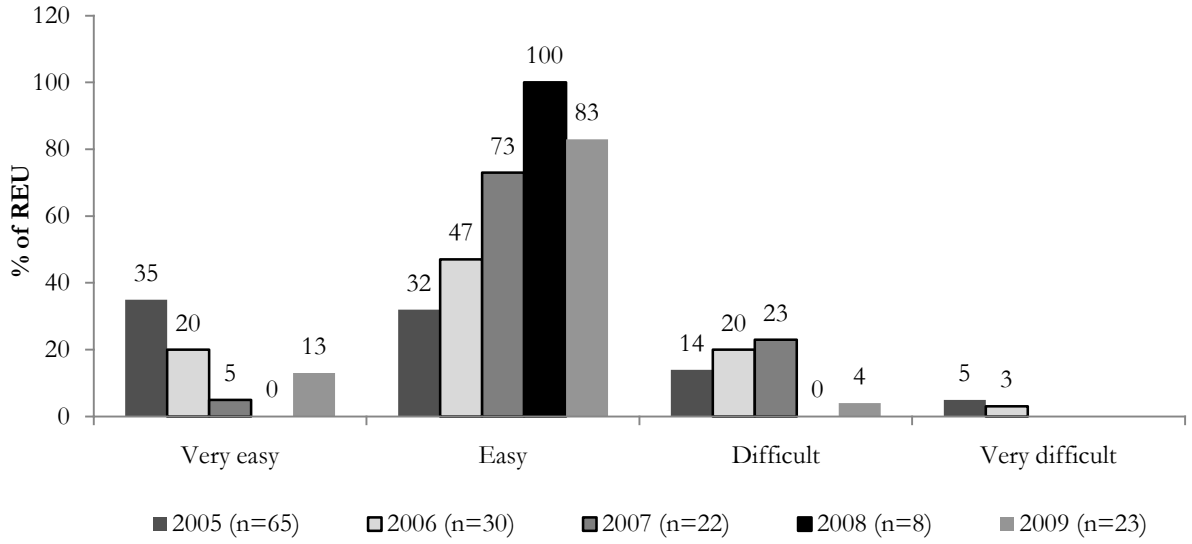
Source: NT Police Illicit Drug Seizure database

Note: Drugs are classified according to information available to police at the time of seizure; however, no toxicological analyses are undertaken to establish the content of drugs found

5.4 Availability

Ninety-six percent of the participants who commented on the availability of speed reported that it was currently easy or very easy to obtain (Figure 12). Furthermore, 91% of participants who commented reported that the availability of speed had remained stable over the preceding six months and only 10% commented that it had become more difficult to obtain. However, it would appear that there has been an increase in the number of participants that have reported speed availability as easy or very easy since 2005.

Figure 11: REU reports of current availability of speed, 2005-2009



Source: EDRS REU interviews, 2005-2009

Comparable to 2008 low numbers of participants were able to comment on the availability of base (n=6) or ice/crystal (n=5). Of the small number who could comment on changes in availability over the last 6 months the majority (67%; n=4) believed the availability of base had remained stable. Similarly, the majority (80%; n=4) believed the availability of ice/crystal had also remained stable over the past 6 months.

Participants were asked who they had purchased methamphetamines from over the preceding six months and the usual locations of purchase. As in 2008, speed was most commonly purchased from known dealers. The most common venue reported scoring speed where a friend's home, followed by an agreed public location. Very low numbers of participants again in 2009 reported purchases of base (n=6) and ice/crystal (n=5) (Table 18).

Table 18: REU reports of source and locations for scoring various methamphetamines in the last six months, % commented, 2005-2009

	Methamphetamine													
	Speed					Base					Ice/Crystal				
	2005 (n=59)	2006 (n=17)	2007 (n=23)	2008 (n=8)*	**2009 (n=23)**	2005 (n=24)	2006 (n=2)*	2007 (n=10)	2008 (n=1)*	**2009 (n=6)***	2005 (n=25)	2006 (n=4)	2007 (n=9)	2008 (n=0)	**2009 (n=5)***
Source scored from															
Friends	64	82	30	13	**26**	75	-	33	-	**33**	36	25	33	-	**40**
Known dealers	44	41	70	63	**65**	38	50	50	100	**33**	28	50	44	-	**40**
Workmates	4	6	-	-	**4**	13	-	-	-	**-**	8	-	-	-	**-**
Acquaintances	7	18	4	13	**-**	13	-	-	-	**-**	4	25	-	-	**-**
Unknown dealers	10	12	-	-	**-**	4	50	-	-	**-**	4	25	-	-	**-**
Locations scored															
Home	24	53	9	13	**4**	25	50	30	-	**50**	20	50	22	-	**-**
Dealer's home	37	24	57	38	**13**	42	50	50	100	**17**	16	25	22	-	**20**
Friend's home	58	65	26	13	**26**	58	-	30	-	**17**	32	25	33	-	**20**
Raves/dance parties	9	12	-	-	**-**	8	-	-	-	**-**	4	-	-	-	**-**
Nightclubs	24	18	13	13	**9**	21	-	-	-	**-**	4	-	-	-	**-**
Pubs	14	18	4	-	**13**	17	-	-	-	**-**	8	-	-	-	**-**
Street	9	6	4	13	**9**	13	50	-	-	**-**	4	-	-	-	**20**
Agreed public location	31	12	17	13	**22**	29	-	-	-	**17**	8	25	11	-	**-**

Source: EDRS REU interviews, 2005-2009

* Caution should be used when interpreting these data due to the small numbers reporting

There were only a few KE able to comment on methamphetamines in the NT. Of those able comment there was a consensus that speed was not readily available in Darwin at the time of interview, nor was ice/crystal and that base seemed the most readily available. One health KE commented on a recent increase in methamphetamine presentations.

5.5 Summary of methamphetamine trends

- The NT was the only jurisdiction to report an increase in recent methamphetamine use (all types) among REU (64% in 2009 vs. 24% in 2008). Closer analysis reveals only the recent use of speed increased significantly.
- More than one-half (61%) of the sample had recently used speed, over one-quarter (28%) had recently used base and almost one-sixth (15%) reported using ice/crystal.
- Methamphetamine (any type) had been used on a median of four days, speed three days, base two days and ice/crystal five days in the past six months.
- The most common routes of administration were snorting for speed, swallowing for base and equally smoking and injection for ice/crystal.
- The most common location of usual use for speed was the participant's own home. Only small numbers were able to report on the usual location for base and ice/crystal. The median price per point for speed was $50. There were only small numbers (<10) of REU able to comment on the price of ice/crystal and base.
- The majority of recent speed users reported the purity as low to medium. Only small numbers were able to report on the purity of base and ice/crystal.
- The availability of speed was reported to be easy to very easy to attain and to have remained so over the preceding six months. Only small numbers were able to report on the availability of base and ice/crystal.
- The number of meth/amphetamines seizures increased slightly to 131 in 2008/09. The average weight at 19.0 grams remains low and stable.

6 COCAINE

Cocaine is a stimulant, like methamphetamine (White, Breen et al. 2003) that is colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the cocoa plant, is the most common form of cocaine available in Australia. 'Crack' is a form of freebase cocaine (hydrochloride removed) which is particularly pure and it is infrequently encountered in this Australia (Australian Crime Commission 2009).

Street cocaine is usually 'cut' or diluted with other substances, some which mimic the taste or appearance of cocaine. There is not a great deal of information on the adulterants found in street cocaine.

6.1 Cocaine use among REU

Over half (52%) of the REU interviewed in 2009 reported having ever used cocaine and 23% reported having used it over the preceding six months, on a median of two days. Cocaine was first used at a median age of 22 years (range=15-32).

Cocaine was the drug of choice for 6% of participants in 2009. Only two participants reported having used cocaine during a binge episode over the preceding six months, one having typically used it with ecstasy and none reporting cocaine to come down from ecstasy.

Table 19 presents data across time on the prevalence of use of cocaine among REU in the NT and the frequency and quantity of use among recent users. The proportion reporting lifetime use of cocaine has increased from more than a third (36%) in 2009 to approximately one-half (52%) in 2009. Similarly, the proportions reporting recent use of cocaine have increased from 2% in 2008 to 23% in 2009. Due to the small numbers of participants reporting on the frequency and quantity of recent use in previous years, care should be taken when comparing these data across time.

Table 19: Patterns of cocaine use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	39	39	55	35	36	**52**
Recently used (%)	15	11	10	9	2	**23**
(Of recent users)	(n=11)	(n=9)	(n=5)	(n=3)	(n=1)	**(n=15)**
Median days used last 6 months (range)	1 (1-4)	3 (1-10)	3 (1-6)	2 (1-8)	-	**2 (1-12)**
Use fortnightly or more (n)	-	-	-	-	-	**-**
Median quantities used (grams)						
Usual (range)	0.5 (0.5-1)	2 (1-2)	0.5 (0.5)	1.25 (0.5-2)	0.5 (0.5)	**0.5 (0.25-1)**
Heavy (range)	0.75 (0.5-3)	3.5 (2-5)	1 (1)	2.75 (1-4.5)	4 (4)	**0.5 (0.25-2)**

Source: EDRS REU interviews, 2004-2009

Intranasal (sorting) was the most common route of administration for cocaine among REU in the NT in 2009. All of recent cocaine users reported snorting, while more than half (53%) reported recently swallowing cocaine. There where no reports of injection, smoking or shelving of cocaine. As only a small number of participants (n=5) were able to comment on the price, purity and availability of cocaine, comparisons with previous years' data will not be made here.

6.2 Price

Five participants commented on the price of cocaine. The median price for one gram of cocaine preceding six months cost $325 (range=$50-$350). All participants who were confident to comment on the price of cocaine over this period reported it as stable. Due to the small numbers commenting this data should be interpreted with caution.

6.3 Purity

Five participants commented on the purity of cocaine. Three participants reported that it was currently low and the remaining two that it was currently high. As with price, reports of changes in the purity of cocaine over the preceding six months were varied with two participants reporting that it had remained stable, one reporting it had decreased and the remaining reporting that they did not know.

6.4 Availability

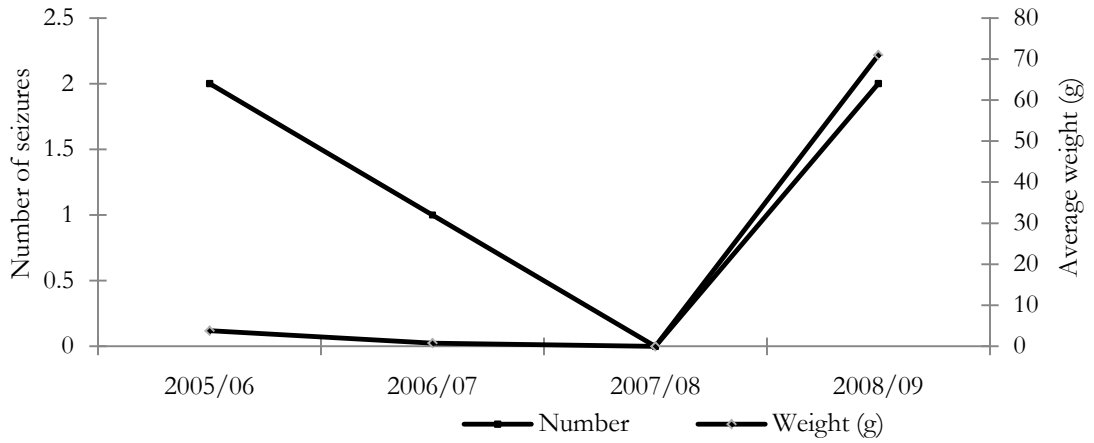
Of the five participants who commented on the availability of cocaine in the NT, all reported that it was currently difficult (n=4) or very difficult (n=1) to access. Four participants reported that availability had remained stable over the six months prior to interview and the other said that it had become easier to obtain over this time.

Figure 13 displays the number and weights of cocaine seizures by the NT Police. Data are only available for the financial years 2005/06 to 2008/09. It should be noted that the weights recorded were of the total seizure and do not represent the weight of the cocaine content of the seizure. Furthermore, as toxicological analyses are not used to ascertain the exact content of drugs seized, purity data are not available and drugs are classed according to the information available to police at the time of seizure.

The number of cocaine seizures has been low since 2005/06 and in 2008/09 this remained consistent with 2 seizures. The average weight of cocaine seizures increased substantially to 71 grams (range: 4.8-137.2 grams)[9].

[9] NB – there was one cocaine seizure made in 2008/09 which was much larger (137.2 grams vs. 4.8 grams) than the other seizure made.

Figure 12: Number and average weight of seizures of cocaine, NT, 2005/06-2008/09



Source: NT Police Illicit Drug Seizure database
Note: Drugs are classified according to information available to police at the time of seizure; however, no toxicological analyses are undertaken to establish the content of drugs found

Comments on cocaine use among REU in Darwin by KE were extremely limited. They agreed that it was not readily available and that use was very low.

6.5 Summary of cocaine trends

- In 2009 more than one-half (52%) of participants reported having ever used cocaine.
- More than one-fifth (23%) of REU reported having recently used cocaine – a 21% increase from 2008 and the highest number reporting recent use since the EDRS begun in 2003.
- Cocaine was used on a median of two days (range: 1-12) in the past six months.
- There were small numbers of participants reporting on the price, purity and availability of cocaine.
- Both participants and KE agreed that cocaine was difficult to obtain in Darwin and had been so over the preceding six months.
- The number of cocaine seizures remains low and stable in 2008/09; however there has been a noted increase in the weight of cocaine seizures.

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, capsules and tabs which are usually swallowed. Common names for ketamine include 'K', 'Special K' or 'Vitamin K' (White, Breen et al. 2003).

Ketamine produces a dissociative state in the user, commonly eliciting an out-of-body experience. It has a combination of stimulant, depressant, hallucinogenic and analgesic properties. 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 making supply irregular compared with other illicit substances (Australian Crime Commission 2003; Australian Crime Commission 2008).

7.1 Ketamine use among REU

Only nine of the 67 (13%) participants in 2009 reported the lifetime use of ketamine and no participants reported having used it over the preceding six months. The median age at which ketamine was first used was 29 years (range=17-39). No participants reported that ketamine was their drug of choice or that they had used it during a binge episode over the preceding six months.

Table 20 presents data across time showing the use of ketamine among REU in the NT. The proportion reporting the lifetime use of ketamine remained stable in 2009. Similarly, there were no reports of recent use of ketamine again in 2009.

Table 20: Patterns of Ketamine use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	32	13	26	33	6	13
Recently used (%)	18	7	6	8	-	-
(Of recent users)	(n=13)	(n=6)	(n=3)	(n=5)	(n=0)	(n=0)
Median days used last 6 months (range)	2 (1-4)	1 (1-30)	6 (1-20)	1 (1-12)	-	-
Use fortnightly or more (n)	0	1	1	1	-	-
Median quantities used (bumps)						
Usual (range)	2 (1-6)	1 (1)	1 (1)	4 (4)	-	-
Heavy (range)	2 (1-12)	1 (1)	1 (1)	8 (8)	-	-

Source: EDRS REU interviews, 2004-2009

As there were no recent users of ketamine, data on routes of administration and locations of use are not available for 2009. Readers are directed to previous years' reports available on the NDARC website at: http://ndarc.med.unsw.edu.au for data from 2003 onward.

7.2 Price, purity and availability

No participants were able to answer questions relating to the price, purity and availability of ketamine in 2009.

No KE were able to comment on ketamine.

7.3 Summary of ketamine trends

- The proportion of REU who reported lifetime use of ketamine remained stable compared to reports from 2008.
- No participants reported the recent use of ketamine in 2009 – stable compared to reports from 2008.
- No participants were able to report on the price, purity or availability of ketamine in 2009.

8 GHB

Gamma-hydroxybutyrate or GHB has been researched and used for a number of clinical purposes including as an anaesthetic (Kam and Yoong 1998; Nicholson and Balster 2001). In 1964, GHB was introduced in Europe as an anaesthetic agent particularly for children (Laborit 1964; Vickers 1968), but was not widely used due to the incidence of vomiting and seizures (Hunter, Long et al. 1971). Research has also examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak 1989; Chin, Kreutzer et al. 1992; Mack 1993) and for alcohol dependence and opioid withdrawal (Kam and Yoong 1998; Nicholson and Balster 2001).

GHB is a depressant and, when mixed with alcohol, the depressant effects are increased, which may lead to respiratory difficulties and overdose. GHB is highly dose-dependent, meaning there is an extremely small difference between the 'desired' dose and one that induces unconsciousness (White, Breen et al. 2003).

In recent years, there has been documentation of the use of GHB as a recreational drug in a range of countries around the world. 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, GBL (gamma-butyrolactone). The use of GBL, and a similar chemical, 1,4-B (1,4-butanediol), has also been documented (Ingels, Rangan et al. 2000). GBL and 1,4-B are metabolised into GHB in the body. They may be used as substitutes for GHB, but are known to be pharmacologically different.

8.1 GHB use among REU

Only nine participants of the 67 interviewed for the 2009 EDRS in the NT reported having ever used GHB and no participants reported having used it recently. The median age of first use of GHB was 31 years (range=25-38).

Table 21 presents data across time on the use of GHB by REU in the NT. From 2006 onwards, there have been no participants reporting the recent use of GHB.

Table 21: Patterns of GHB, 1,4-B and GBL use of REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	2009 (N=67)
Ever used (%)	20	15	4	15	6	13
Recently used (%)	6	4	0	0	0	0
(Of recent users)	(n=4)	(n=3)	(n=0)	(n=0)	(n=0)	(n=0)
Median days use last 6 months (range)	3 (1-10)	2 (1-6)	-	-	-	-
Use fortnightly or more (n)	0	0	-	-	-	-
Median quantities used (mls)						
Usual (range)	11 (2-50)	10 (10)	-	-	-	-
Heavy (range)	11 (2-80)	10 (10)	-	-	-	-

Source: EDRS REU interviews, 2004-2009

8.2 Price, purity and availability

No participant reported recent use of GHB and no participants were able to report on the price, purity or availability of GHB in the NT in 2009.

No KE were able to comment on the use of GHB among REU in Darwin.

8.3 Summary of GHB trends

- The proportion of REU who reported lifetime use of GHB remained stable with 2008.
- No participants reported the recent use of GHB. This figure has remained stable over last four years.
- GHB was first used in the participants' early-30s.
- No participants were able to comment on the price, purity or availability of GHB.

9 LSD

Lysergic acid diethylamide is commonly known as LSD, 'trips' or 'acid'. 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 adhered to perforated sheets. 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 (Australian Crime Commission 2009)

9.1 LSD use among REU

Just under half (47%) of REU interviewed in the NT in 2009 reported lifetime use of LSD and 11% reported having used it within the preceding six months. The median age of first use was 19 years (range=12-32).

No participants reported that LSD was their drug of choice and none reported having used LSD during a binge episode. Furthermore no participants reported typically using LSD with ecstasy; and no participants reported typically using LSD to come down from ecstasy.

LSD was used on a median of three days over the six months preceding the interview and only one participant reported fortnightly (12 days) use. Among recent users of LSD, the median quantity used in both a typical and the heaviest sessions were both one tab (typical range=0.75-2, heavy range=0.75-3).

Table 22 presents data across time on the use of LSD among REU in the NT. The proportions reporting lifetime and recent use of LSD have declined from 2006 (78% and 41% respectively) to 2009 (47% and 11% respectively). One person reported using LSD on a fortnightly basis; however, due to the low number of participants reporting recent use, comparisons should be interpreted with caution. The median quantities used have decreased from 2008 both in a typical session (2 vs. 1 tab) and a heavy session (3 vs. 1 tab). Once again this data should be interpreted with caution.

Table 22: Patterns of LSD use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	2009 (N=67)
Ever used (%)	63	61	78	70	60	47
Recently used (%)	31	15	41	33	16	11
Mean age first used (range)	18 (13-29)	17 (11-28)	19 (14-40)	20 (15-46)	19 (16-28)	19 (12-32)
(Of recent users)	(n=22)	(n=12)	(n=21)	(n=22)	(n=9)	(n=7)
Median days used last 6 months (range)	1 (1-48)	2 (1-10)	2 (1-48)	3 (1-14)	1.5 (1-8)	3 (1-12)
Use fortnightly or more (%)	14	0	10	5	0	14
Median quantities used (tabs)						
Usual (range)	1 (0.25-5)	1 (1-3)	1 (0.5-10)	1 (1-3)	2 (0.5-3)	1 (0.75-2)
Heavy (range)	1 (0.25-14)	1.5 (1-3)	1 (0.5-10)	1.5 (1-8)	3 (0.5-11)	1 (0.75-3)

Source: EDRS REU interviews, 2004-2009

Six participants reported swallowing as the route of administration (86%) in 2009 and only one participant reported recently injecting LSD.

The most common locations of last use of LSD among REU with in the preceding six months were mixed. Home, friends' homes, and outdoors were all reported by one participant each.

9.2 Price

Only three participants were able to comment on the price of LSD; therefore, caution should be used when comparing data with previous years. The median price for one tab was $25 (range=$20-$40). Of the three participants who commented, one reported that the price of LSD had increased and two said it had remained stable over the preceding six months.

9.3 Purity

Comments on LSD purity from the three participants who were able to comment were mixed: one reported that it was currently medium, one that it was high, and one that it fluctuates. Caution should be used when comparing data with previous years due to the small number of participants reporting again this year.

As to changes in the purity of LSD over the preceding six months, two participants reported that it had remained stable and one participant reported that it had increased.

In 2008/09 there was only one seizure of LSD, a decrease from the 10 reported in 2007/08. The average weight of seizures of LSD over time since 2005/06 has been increasing.

9.4 Availability

Two of the three participants who commented on the availability of LSD reported that it was currently difficult to obtain. One participant reported the current availability as easy.

Of the three participants who commented on changes to the availability of LSD over the preceding six months, two reported that it had fluctuated and one participant reported it had remained stable.

LSD was primarily scored from friends at their homes in 2009 (two participants each) or from friends at an agreed public locations (one participant).

No KE were able to comment on LSD in Darwin.

9.5 Summary of LSD trends

- In 2009, just under half (47%) of REU reported the lifetime use of LSD and 11% reported having used it recently.
- The median age of first use was 19 years which remains stable compared to previous years.
- LSD was used on a median of three days over the six months preceding the interview and only one participant reported fortnightly (12 days) use.
- There were small numbers of participants reporting on the price, purity and availability of LSD.
- Since 2005/06 the average weight of seizures of LSD over time since has been increasing.

10 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects to ecstasy. It generally comes in capsule, powder or tablet form and may be in pills sold as ecstasy (White, Breen et al. 2003).

10.1 MDA use among REU

Nineteen percent of REU interviewed in 2009 had ever used MDA and only three participants had used it over the preceding six months. MDA was used on a median of two days over the six months preceding the interview and no participants reported fortnightly or more frequent use (Table 23). MDA was first used at a median age of 23 years (range=17-35).

Table 23: Patterns of MDA use among REU, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	2009 (N=67)
Ever used (%)	28	12	16	30	15	19
Recently used (%)	10	2	2	5	2	5
(Of recent users)	(n=7)	(n=2)	(n=1)	(n=3)	(n=1)	(n=2)
Median days used last 6 months (range)	3 (1-24)	1 (1)	5 (5)	2 (1-8)	1 (1)	2 (1-2)
Use fortnightly or more (n)	1	-	-	-	-	-
Median quantities used (capsules)						
Usual (range)	1 (1-2)	2 (2)	3 (3)	2 (2-3)	1 (1)	2 (2)
Heavy (range)	2 (1-4)	2 (2)	8 (8)	3 (2-6)	1 (1)	2 (2)

Source: EDRS REU interviews, 2004-2009

Only one participant reported having recently used MDA in a binge episode and no participants reported having typically used it with ecstasy or to come down from it. Furthermore, no participant in 2009 reported that MDA was their drug of choice. Swallowing and snorting were the most commonly reported routes of MDA administration (two participants each). Only one participant reported recently shelving/shafting MDA.

No data were available on the price, purity or availability of MDA in Darwin in 2009.

No KE were able to comment on the use of MDA in the NT.

10.2 Summary of MDA trends

- In 2009, 19% of participants reported the lifetime use of MDA; however, only 2% reported having used it recently.
- There were small numbers of participants reporting on the price, purity and availability of MDA.

11 CANNABIS

Cannabis is derived from the cannabis plant (cannabis sativa). While cannabis can be grown in almost any climate, it is being increasingly cultivated by means of indoor hydroponic technology. The main active ingredient in cannabis is delta-9-tetrahydro-cannabinol (THC). Cannabis is used recreationally in three main forms: marijuana ('bush' or 'hydro' – see below for a description of these forms of marijuana), hashish, and hash oil (National Drug and Alcohol Research Center 2008).

From 2006, the EDRS included a more detailed section about cannabis and made a distinction between indoor-cultivated hydroponic cannabis (hydro) and outdoor-cultivated bush cannabis (bush) for price, potency and availability. In 2009, only participants who were able to distinguish between hydro and bush provided information about the price, purity and availability of cannabis.

11.1 Cannabis use among REU

The vast majority of participants (93%) reported ever using cannabis and 60% reported having used it recently compared with 40% in the previous year (Table 24). The median age of first use of cannabis was 15 years (range=8-19).

Cannabis was the main drug of choice for 8% of the sample and seven participants (10%) reported having used cannabis during a recent binge episode. Less than one in 10 participants reported typically using cannabis with ecstasy or to typically using cannabis to come down from it (both 9%).

Smoking was the most common route of administration, reported by 66% of recent users; only four participants reported having recently swallowed cannabis. While 17% of recent users of cannabis had used it on a less than monthly basis, 7% reported having used it between monthly and fortnightly, 9% between fortnightly and weekly, 26% on a greater than weekly basis and 10% reported daily use.

Participants were asked to approximate how much cannabis they had used the last time they had smoked. Nineteen of the 49 recent smokers quantified their use in terms of cones and had smoked a median of three cones (range=1-12) on their last occasion of use. Fifteen recent smokers quantified their use in terms of joints and had smoked a median of one joint (range=0.5-3) on their last occasion of use.

Table 24 presents data across time on the use of cannabis among REU in the NT. While the proportion reporting lifetime use of cannabis remained stable from 2008 to 2009 (both 93%), recent use significantly (C.I.; -0.36, -0.02) increased from 40% to 60%. The median days of use has also increased from 2008 (six days in 2008 vs. 37 days in 2009) as have the proportions reporting the use of cannabis fortnightly or more.

Table 24: Patterns of cannabis use and route of administration by REU, NT, 2004-2008

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	100	99	100	100	93	**93**
Recently used (%)	87	79	86	95	40	**60**
(Of recent users)	(n=62)	(n=65)	(n=44)	(n=63)	(n=22)	**(n=40)**
Median days used last 6 months (range)	155 (1-180)	150 (1-180)	90 (1-180)	15 (1-180)	6 (1-180)	**37 (1-180)**
Use fortnightly or more (%)	74	89	65	57	13	**27**
Route of administration last 6 months (%)						
Swallowed	26	29	34	29	27	**7**
Smoked	100	98	100	95	95	**66**

Source: EDRS REU interviews, 2004-2008

11.2 Price

Table 25 presents data on the current price of hydro and bush cannabis. Only eight participants were able to comment on a gram of hydro with a median price of $30. The six participants that were able to comment on cannabis prices reported a median price of $22.50 for a gram of bush. An ounce of hydro was reported by six participants to be $360 and three participants reported a median price of $320 for an ounce of bush. Caution should be used when interpreting these data due to the small numbers of participants reporting. No participants were able to comment on the price, purity or availability of hash or hash oil.

Table 25: Median price ($) of most recent cannabis purchases by REU, NT, 2006-2009

		2006	2007	2008	**2009**
Hydro	Gram	25 (17)*	22.5 (4)*^	20 (3)*^	**30 (8)*^**
	Ounce	300 (19)	350 (22)	350 (2)^	**360 (6)^**
Bush	Gram	25 (3)^	30 (1)	20 (3)^	**22.50 (6)^**
	Ounce	200 (6)^	300 (7)	300 (3)^	**320 (3)^**
Hash/hash oil	Gram	30 (3)^	-	-	-
	Cap	55 (2)^	-	-	-

Source: EDRS REU interviews, 2006-2009

* Number in brackets identifies the number of participants who commented

^ Small numbers reported (<10)

Table 26 presents user reports of recent changes in the price of cannabis in the NT. Again, care should be taken when interpreting the data due to low numbers reporting; however, the majority of participants have reported that the price of both hydro (86%) and bush (83%) cannabis has remained relatively stable over the preceding six months.

Table 26: Price variations of cannabis in the past six months, % commented, REU, NT, 2009

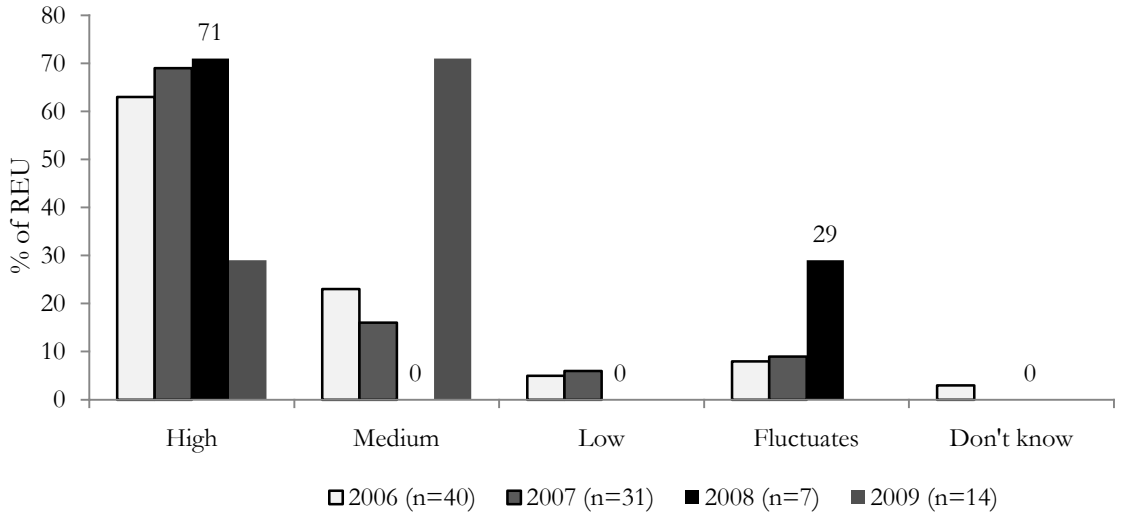
	2009 (N=67)	
	Hydro	**Bush**
Of those that responded (%)	(n=15)	(n=13)
Increasing	7	8
Stable	86	83
Decreasing	-	8
Fluctuating	7	-

Source: EDRS REU interviews, 2009

11.3 Potency

Figure 14 presents data on the current potency of hydro. Of the 14 participants who commented, the majority (71%) reported that it was currently medium and 29% reported that it was high.

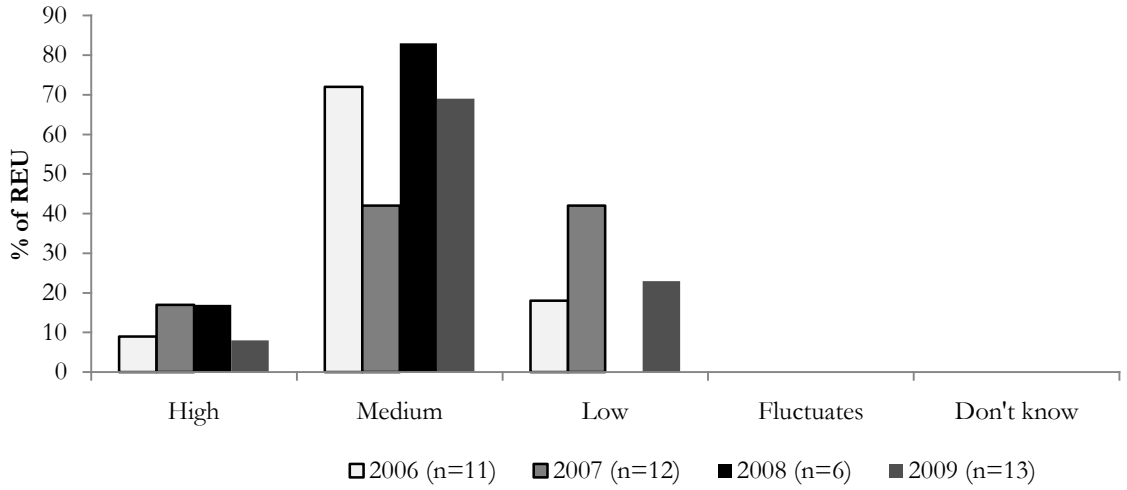
Figure 13: REU reports of current potency of hydro, % commented, REU, NT, 2006-2009



Source: EDRS REU interviews, 2006-2009

Figure 15 presents data on the current potency of bush. Similar to hydro, it was generally believed to be of medium potency. Of the 13 participants who commented, 69% believed it to be of medium potency and 23% reported bush was currently of low potency.

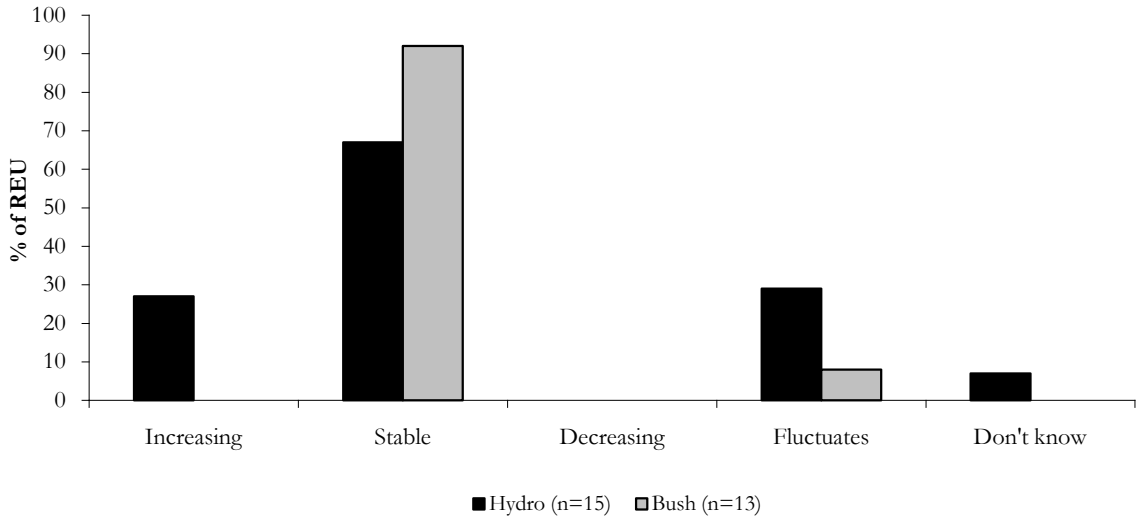
Figure 14: REU reports of current potency of bush, % commented, REU, NT, 2006-2009



Source: EDRS REU interviews, 2006-2009

The majority (92%) of the 13 participants who commented on bush cannabis reported that the potency had remained stable over the preceding six months. The reports on hydro were less consolidated; however, 67% of the 15 participants who commented reported that the potency of hydro had remained stable over this time. Four participants (27%) reported that it had increased and one participant reported that it had fluctuated (Figure 16).

Figure 15: Change in potency of cannabis in past six months, % commented, REU, NT, 2009

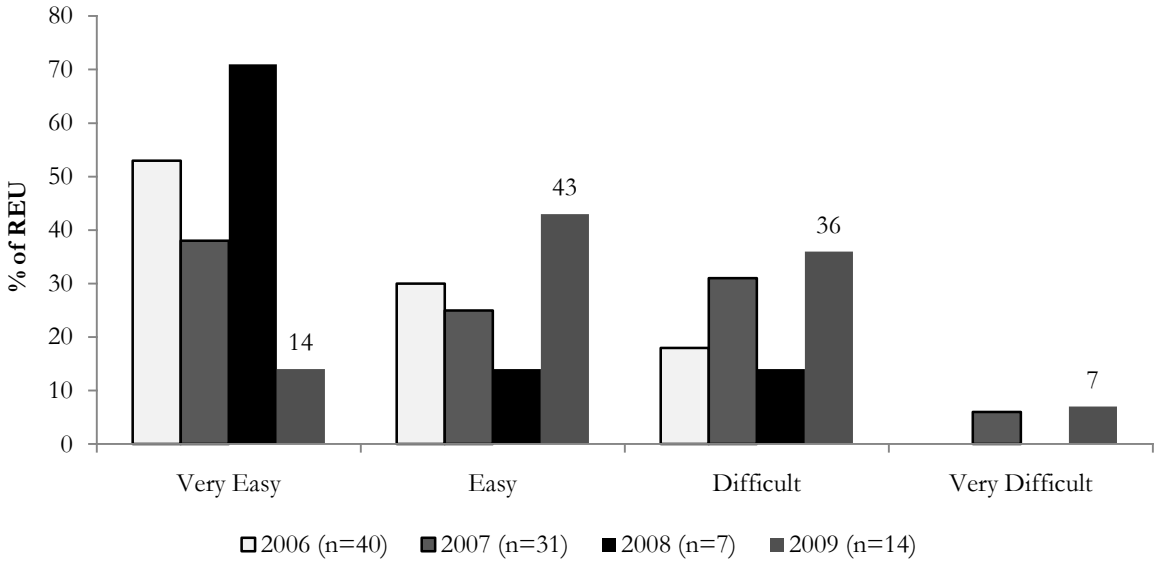


Source: EDRS REU interviews, 2009

11.4 Availability

Availability of hydro cannabis appears in the NT in 2009 was mixed. Of the 14 participants that commented, just over half (57%) reported it as easy or very easy. However, 43% believed it was difficult or very difficult (Figure 17).

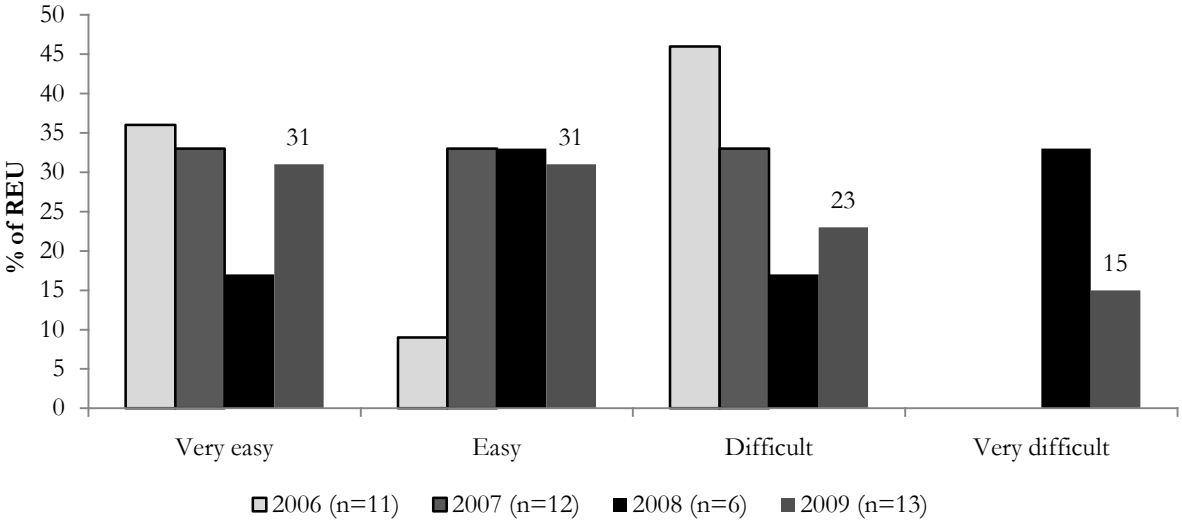
Figure 16: Current availability of hydro, % commented, REU, NT, 2006-2009



Source: EDRS REU interviews, 2006-2009

The majority (62%) of the 13 participants commenting on the availability of bush cannabis reported that it was currently easy or very easy to obtain. Just over a third (38%) reported it was currently difficult or very difficult to obtain (Figure 18).

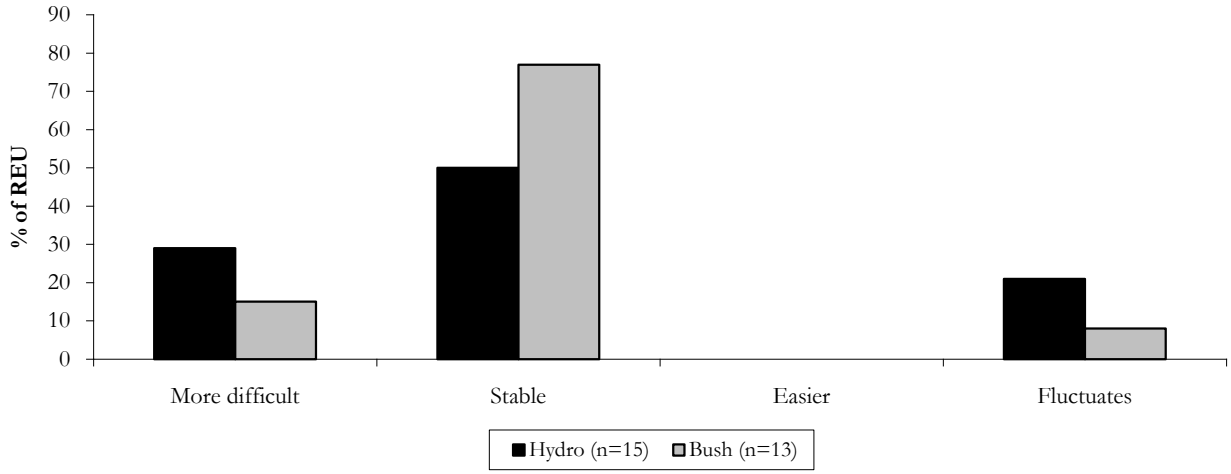
Figure 17: Current availability of bush, % commented, REU, NT, 2006-2009



Source: EDRS REU interviews, 2009

Participants were asked whether the availability of bush and hydro had changed over the preceding six months (Figure 19). The majority reported that the availability of hydro and bush cannabis had remained stable (47% and 77% respectively). Of the 15 participants commenting on changes in hydro availability, half (50%) reported it had remained stable, four participants (29%) reported it had become more difficult to obtain and three (8%) commented it had fluctuated. No participants reported that either hydro or bush cannabis had become easier to score.

Figure 18: Changes in cannabis availability in the preceding six months, % commented, REU, NT, 2009



Source: EDRS REU interviews, 2009

In 2008/09, there were 1,156 cannabis seizures (including hash oil) made by the NT police with a total weight of 141kg and an average weight of 122 grams (NT Police Illicit Drug Seizure Database).

Table 27 presents data on the people from whom hydro and bush cannabis were purchased and locations purchased from over the six months prior to interview. As in 2008, both hydro and bush were most commonly purchased from friends or known dealers. The locations at which it was most commonly purchased in 2009 were a friend's home, a dealer's home or home delivered.

Table 27: REU reports of source and locations for scoring cannabis in the last six months, % commented, NT, 2006-2009

	2006		2007		2008		**2009**	
	Hydro	Bush	Hydro	Bush	Hydro	Bush	**Hydro**	**Bush**
Source scored from	(n=40)	(n=11)	(n=30)	(n=12)	(n=7)	(n=5)	(n=15)	(n=13)
Street dealer	10	18	-	-	-	-	-	15
Friend	73	82	76	58	71	60	60	39
Known dealer	33	36	33	50	14	20	27	46
Workmates	10	9	7	-	14	-	-	-
Acquaintance	23	9	7	17	14	-	-	-
Unknown dealer	5	9	-	-	-	-	7	-
Locations scored from	(n=39)	(n=11)	(n=30)	(n=12)	(n=7)	(n=6)	(n=15)	(n=13)
Home delivery	64	11	27	0	-	-	33	15
Dealer's home	26	46	33	58	14	33	27	39
Friend's home	69	82	70	25	57	50	27	31
Acquaintance's house	26	9	0	17	14	-	-	-
Street market	8	18	0	17	-	-	-	-
Agreed public location	21	9	10	0	-	-	-	-
Work	3	0	3	0	29	-	-	-

Source: EDRS REU interviews, 2006-2009

The majority of KE were able to comment on the use of cannabis in Darwin. There was a general consensus that use was primarily occurring among males, aged between late teens and early-40s. Among KE who could comment on purity, hydro was seen as medium to strong and stable over the last six months by all but one KE who reported that the purity had fluctuated. The price of cannabis in the NT was seen as stable; however, price differences were noted between Darwin and regional and remote areas of the NT. Prices were stable between $20 and $30 per gram in Darwin but could be as high as $50 in remote areas. The availability of hydro cannabis was seen to have been easy, though was subject to seasonal fluctuations due to being it be imported from interstate.

11.5 Summary of cannabis trends

- In 2009, 93% of REU in the NT reported the lifetime use of cannabis and 60% reported having used it recently. While lifetime use has remained stable in 2009, recent use significantly increased. Lifetime use is the lowest reported since 2004 and recent use is the second lowest (40% in 2008) since the EDRS began.
- Cannabis had been used on a median of 37 days over the preceding six months (increasing from six days in 2008) and 45% of recent users reported having used it fortnightly or more.
- Smoking was the most common route of administration followed by swallowing.
- Participants reported having used a median of either three cones or one joint on their last occasion of use.
- Only small numbers were able to comment on the price of cannabis.
- REU reported the potency of hydro to be generally high and that of bush to be medium.
- Both the potency of bush and hydro was reported to have remained relatively stable over the preceding six months.
- Cannabis was the main drug of choice for 8% of the sample and only seven participants (10%) reported having used cannabis during a recent binge episode.
- Bush was reported to be easy to very easy to obtain by the majority; however, almost one-quarter of participants reported it as difficult to obtain. Reports of the current availability of hydro were varied; with just over one-half (54%) commenting it was easy or very easy.
- KE reported that the use of cannabis was widespread among REU in Darwin.

12 OTHER DRUGS

12.1 Alcohol

All participants in the 2009 NT EDRS reported ever using alcohol and the majority (90%) had done so within the six months preceding the interview. Alcohol was first used at a median age of 14 years (range=4-19). Among recent users, alcohol was used on a median of 71 days (range=2-180) and swallowing was the only reported route of administration.

Seventy-two percent of those who had recently consumed alcohol were greater than weekly drinkers, 10% consumed alcohol between fortnightly and weekly, 8% between monthly and fortnightly, and there were two participants (3%) that were less than monthly drinkers.

Alcohol was the drug of choice for just under one-sixth (15%) of the sample and the majority (50%) of those who had recently binged had used alcohol during a binge episode. Furthermore, among recent users of alcohol, 39% reported usually consuming more than five standard drinks with ecstasy and one-fifth (21%) reported typically using alcohol to come down from ecstasy.

Table 28 presents data across time on various markers of alcohol consumption among REU in the NT. The reported lifetime consumption has remained high across time and recent use remains stable with 2008.

Table 28: Patterns of alcohol use of REU, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	97	99	100	100	98	**100**
Recently used (%)	93	99	88	100	87	**90**
(Of recent users)	(n=66)	(n=81)	(n=45)	(n=66)	(n=48)	**(n=60)**
Median days used last 6 months (range)	48 (2-180)	60 (1-180)	50 (1-180)	72 (4-180)	48 (3-96)	**71 (2-180)**
Use fortnightly or more (%)	82	90	96	94	94	**86**
Alcohol mixed with ecstasy:						
>5 standard drinks with ecstasy	64	83	67	82	73	**39**
>5 standard drinks comedown from ecstasy	15	58	49	58	35	**7**

Source: EDRS REU interviews, 2004-2009

Almost all KE were able to comment on the use of alcohol among REU. There was a general consensus that alcohol was most problematic drug currently in the NT and was being consumed at risky levels, often in conjunction with ecstasy. Associated risk behaviours such as driving, swimming and jetty jumping under the influence were regularly occurring among this group.

12.2 Tobacco

Tobacco continues to be one of the most frequently and commonly used drugs among REU in the NT. In 2009, lifetime use increased from 73% in 2008 to 88% and, similarly, recent usage rose from 40% in 2008 to 63%. Among recent users, tobacco had been used on a median of 180 days, i.e. daily (range=1-180) over the preceding six months.

In contrast with many other drugs asked about in the EDRS, tobacco was primarily used either daily (68% of recent smokers) or on a greater than weekly (15%) basis. Two participants reported smoking between fortnightly and weekly and three participants reported smoking less than monthly.

Among REU interviewed in 2009, 10% of the sample reported usually using tobacco with ecstasy and 2% reported usually using tobacco to come down from ecstasy. No participants reported tobacco as their drug of choice.

Table 29 presents data across time on patterns of use of tobacco among REU in the NT. While there has been an increase from 2008 in both lifetime and recent use, it appears that, despite the very low numbers reporting recent use in 2008, there has been an overall general decline in recent use from 2006 onward. Thus it appears that while the numbers of smokers have fallen since 2006, those who have continued to smoke have remained weekly or daily smokers.

Table 29: Patterns of tobacco use by REU, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	92	88	98	91	73	**88**
Recently used (%)	82	88	86	77	40	**63**
(Of recent users)	(n=58)	(n=72)	(n=44)	(n=51)	(n=22)	**(n=40)**
Median days used last 6 months (range)	180 (1-180)	180 (1-180)	180 (2-180)	180 (2-180)	170 (3-180)	**180 (1-180)**
Use fortnightly or more (%)	90	95	95	74	95	**88**

Source: EDRS REU interviews, 2004-2009

No KE commented on tobacco use among REU in Darwin. At the time of interview, smoking had not yet been banned in nightclubs or pubs in the NT. A total ban came into effect in January 2010.

12.3 Benzodiazepines

Thirteen percent of participants reported having ever used benzodiazepines and four participants reported having used them over the six months prior to interview. Recent users of benzodiazepines reported having used them on a median of two days (range=1-2) during this

period. No participants reported that benzodiazepines were their drug of choice or that they had used them during a binge episode over the preceding six months. Furthermore, no participants reported usually using benzodiazepines with ecstasy or using them to come down from ecstasy.

12.3.1 Licit benzodiazepines

Four participants reported having ever used licitly obtained[10] benzodiazepines and a further four reported having used them recently. The median age of first use was 21 years (range=21-26).

12.3.2 Illicit benzodiazepines

Eight participants reported having ever used illicitly obtained benzodiazepines but only two participants had used them over the preceding six months. The median age of first use was 19.5 years (range=15-26). Swallowing was the exclusive route of administration for all recent users.

Only one KE was able to comment on benzodiazepines and it was on the current price, reported at $5 per pill.

12.4 Inhalants

12.4.1 Amyl nitrite

One-third (33%) of the sample in 2009 reported having ever used amyl nitrite and 22% participants reported having used amyl over the preceding six months. Amyl nitrite was first used at a median age of 21 years (range=13-39) and, among recent users, had been used on a median of eight days (range=1-25) over the preceding six months.

No participants reported that amyl nitrite was their drug of choice and only one participant had recently used it during a binge episode. Two participants reported that they usually used amyl either with ecstasy; however, none reported using it to come down from ecstasy.

Table 30 presents data across time on the use of amyl nitrite among REU in the NT.

Median days of use (eight days; range=1-25) and fortnightly or more use are the highest recorded among REU in the NT since the EDRS began (Table 30).

[10] Licit – obtained with a valid prescription; illicit – obtained without a valid prescription.

Table 30: Patterns of amyl nitrite use by REU, NT, 2004-2009

	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Ever used (%)	41	31	47	30	29	**33**
Recently used (%)	25	6	10	12	4	**22**
(Of recent users)	(n=18)	(n=5)	(n=5)	(n=8)	(n=2)	**(n=15)**
Median days used last 6 months (range)	2 (1-24)	6 (2-180)	2 (1-6)	5.5 (1-10)	2 (1-3)	**8 (1-25)**
Use fortnightly or more (%)	17	1	1	-	-	**33**

Source: EDRS REU interviews, 2004-2009

12.4.2 Nitrous oxide

Ten participants (15%) in 2009 reported the lifetime use of nitrous oxide; however (as in the previous four years), only a small proportion (2%) reported having used it within the six months prior to interview. No participant reported that nitrous oxide was their drug of choice, or that they had recently used it during a binge episode, or that they usually used it with ecstasy or to come down from it.

12.5 Heroin

Seven participants (10%) reported having ever used heroin; however, only participant reported having used it recently. The exclusive route of administration was injection.

12.6 Methadone

Reported lifetime and recent use of methadone continues to be low among REU in the NT in 2009. Four participants (6%) reported lifetime use of methadone and only two people reported use in the previous six months. The median days of use were also remained low at two days (range=1-2).

12.7 Buprenorphine

Similar to methadone, both lifetime and recent use of buprenorphine continues to be very low among REU in the NT. Only two participants reported lifetime use of buprenorphine and one had used it in the six months prior to interview.

12.8 Other opiates

Nine participants reported having ever used other opiates and five participants reported having recently used them. Three participants reported the recent use of illicit opiates on a median of 42 days (range=36-48).

12.9 Antidepressants

In 2009, only 10 participants reported having ever used antidepressants and only four participants reported having used them recently. Of the four reporting recent use, half had obtained it without a prescription. No participants reported usually using antidepressants either with ecstasy or to come down from it.

12.10 Pharmaceutical stimulants

Over one-fifth (23%) of participants in 2009 reported having ever used pharmaceutical stimulants; however, only four participants reported having used them over the preceding six months. No participants reported that pharmaceutical stimulants were their drug of choice, having recently used them in a binge episode, or having usually used them with ecstasy. Only one participant reported the use of pharmaceutical stimulants to come down from ecstasy.

12.10.1 Licit pharmaceutical stimulants

Five participants reported having ever used, and only one participant reported recent use of, licitly obtained pharmaceutical stimulants. The median age at which they were first used was 21 years (range=7-36).

12.10.2 Illicit pharmaceutical stimulants

Fifteen participants reported having ever used illicitly obtained pharmaceutical stimulants and four participants reported having used them over the preceding six months. The median age at which they were first used was 25 years (range=15-52).

12.11 Mushrooms

Forty-five percent of participants interviewed reported having ever used mushrooms; however, only two participants reported having used them over the preceding six months. The median age at which they were first used was 17 years (range=15-51).

12.12 Other drugs

Only one participant reported having ever used PCP (Phencyclidine).

12.13 Summary of other drug use

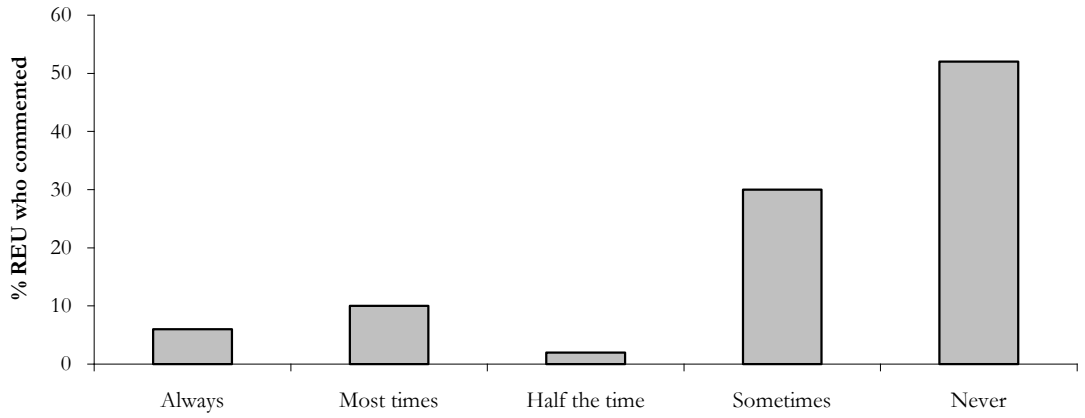
- All REU (100%) reported having ever used alcohol and 90% reported having used it recently. Both of these figures remain stable compared with 2008. There was a decline in both the numbers of REU that consumed >5 than five drinks with ecstasy and to come down from ecstasy.
- The use of tobacco among REU in the NT continues to be high (88% lifetime use and 65% recent use) and in 2009 there has been an increase those reporting both recent (40% in 2008) and lifetime use (73% in 2008).
- The use of illicit benzodiazepines is low among REU in the NT with only 12% of REU reporting lifetime use and only 3% reporting having used them recently.
- In 2009, one-third (33%) of REU reported having ever used amyl nitrite and 22% reported having used amyl recently. Recent use has increased from 4% in 2008.
- In 2009, both the lifetime use (15%) of nitrous oxide and recent use (2%) remains low and stable.
- Only 10% of participants reported having ever used heroin and only one participant reported having used it recently. This remains stable compared with 2008.
- Both lifetime and recent methadone use among REU in the NT remained stable and low. In 2009, four participants reported having ever used methadone and only two had used it recently.
- As with methadone, lifetime and recent use of buprenorphine was low and stable, with only two participants reporting lifetime use and one reporting recent use in 2009.
- Similarly, the use of other opiates remains low and stable. Nine participants reported lifetime use and only two reported recent use.
- In 2009, only four participants reported having ever used antidepressants that were not prescribed to them and only two participants reported having used them recently.
- The recent use of pharmaceutical stimulants was low and stable. Although over one-fifth (22%) reported lifetime use without a prescription, only four REU reporting having used them recently.
- Forty-five percent of REU reported the lifetime use of mushrooms; however, only two participants reported having used them recently.

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 fifth year in which this data have been collected.

Figure 20 presents data on the frequency with which REU attempted to find out the content and purity of ecstasy tablets prior to taking them. The majority of participants (52%) reported that they never attempted to find out the content or purity of ecstasy, while almost a third (30%) reported that they sometimes did. Smaller proportions reported finding out the content and purity of ecstasy most times (10%), always (6%), and half the time (2%).

Figure 19: Frequency of finding out content and purity of ecstasy, REU, NT, 2009



Source: EDRS REU interviews, 2009

From 2005, the first year in which these data were collected, there has been an increasing trend in the proportions reporting that they never attempt to find out the content of ecstasy before taking it, stabilising in 2009 (27% in 2005 vs. 52% in 2009) and a corresponding decline in the proportions reported that they always do so. This decline also stabilised in 2009 (20% in 2005 vs. 4% in 2009).

Among the 32 participants who reported attempting to find out the content and purity of ecstasy, the most common source of information was a friend who had already taken the drug (84%) followed by a dealer (47%). Participants also reported finding out the content of ecstasy from other people who had already taken it (41%), and personal experience (25%) (Figure 21).

Figure 20: Sources of ecstasy content and purity, NT, 2009

Source: EDRS REU interviews, 2009

Participants were asked how often they had bought ecstasy and it turned out to have a different content or purity than expected. Over one-half (52%) reported this never happened, 39% reported that this sometimes happened while 9% reported that this happened about half of the time.

Almost half (48%) of REU who commented reported that, during the six months preceding the interview, they suspected having taken ecstasy which contained a substance other than MDMA. Of these, 72% suspected the ecstasy had contained meth/amphetamines and 22% suspected it had contained ketamine. The next most common drug suspected to have been taken in an ecstasy tablet/powder/capsule was opiates (19%). Four participants reported knowing that there was something unusual in the drug but they were unsure what it was.

13.1 Summary of drug information-seeking behaviour

- The majority of REU (52%) reported never attempting to find out the content of the ecstasy they obtained and only four participants (6%) reported always attempting to do so. There appears to be a generally increasing proportion who never attempt to find out the content of ecstasy and a shrinking proportion who always attempt to do so.
- The most common sources of information regarding the content or purity of ecstasy were friends who had already taken the drug followed by dealers. No participants reported using websites or testing kits.
- Approximately one-half (48%) of those who commented reported having sometimes consumed ecstasy with a different content or purity than expected over the preceding six months.
- Participants most commonly reported that they believed adulterated pills had contained methamphetamines followed by ketamine.

14 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

14.1 Overdose

Participants were asked if they had ever overdosed on a stimulant drug or a depressant drug. In both instances, 'overdose' was defined as presenting with 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). As such, the following sections are based on participants' understanding of these definitions and their opinions as to whether they had overdosed.

14.1.1 Stimulant overdose

In 2009, participants were asked about their experiences with stimulant and depressant overdoses. Symptoms of stimulant toxicity that may indicate a person has suffered a stimulant overdose include nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium.

In 2009, 11 participants (16%) reported that they had ever overdosed on a stimulant drug a median of two times (range=1-5). Seven participants reported overdosing on a stimulant drug in the 12 months preceding interview. Three participants reported having overdosed at a friend's house, two at a nightclub, and one at a live music event and another at a rave/doof/dance party. Five participants attributed their overdose to ecstasy and the remaining two reported speed. The most common symptoms reported by the seven participants who had recently overdosed included increased body temperature (four participants), nausea, vomiting, tremors and agitation (three participants each). Other symptoms reported were increased heart rate, headache, visual hallucination; muscle twitches (two participants each) dizziness and passing out (one participant each).

No participants reported receiving any form of treatment or intervention at the time of overdose, At the time of overdose, one participant had been partying for 72 hours, three participants for 12 hours, one for eight hours and two for four hours.

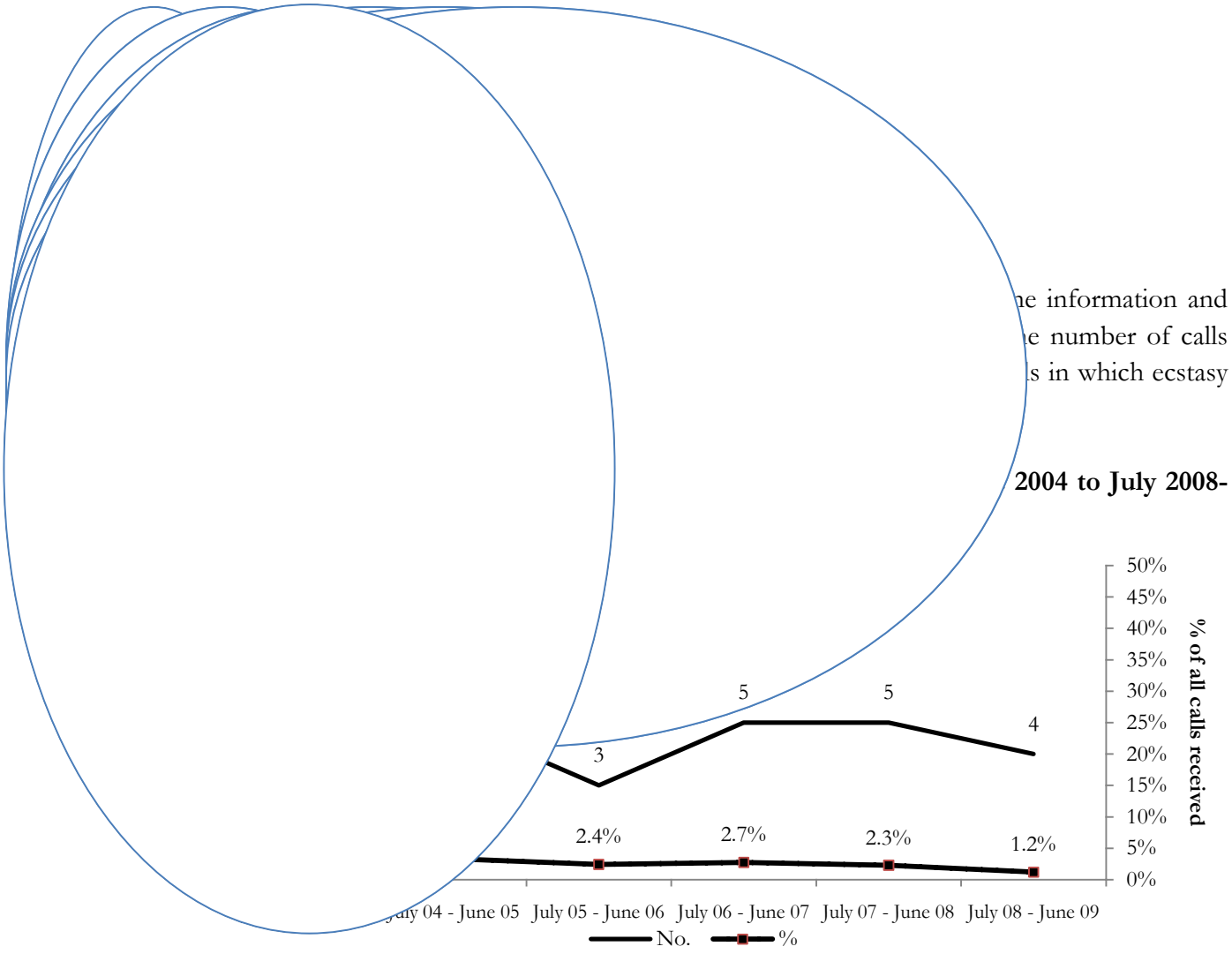
14.1.2 Depressant overdose

In 2009, participants were asked about their experiences with depressant overdose. The following symptoms are consistent with a depressant overdose: reduced level of consciousness, respiratory depression, turning blue or collapsing. Eighteen participants reported having ever experienced a depressant overdose on a median of five occasions (range=1-100). Ten of these had done so in the 12 months prior to interview and all of them attributed the overdose primarily to the consumption of alcohol. Four participants overdosed in a private setting (their own home) and

six participants overdosed in public settings: two each in a pub and at a live music event, and one each at nightclub and a rave/doof/dance party. Four of the 10 reported having consumed other drugs as well as alcohol. Three participants reported having also taken ecstasy and another participant reported ice/crystal prior to overdose. Vomiting was reported by all participants who had recently overdosed and other symptoms reported included losing consciousness and collapsing (two participants each). Overwhelmingly, all of the 10 received no treatment during their depressant overdose.

14.2 Help-seeking behaviour

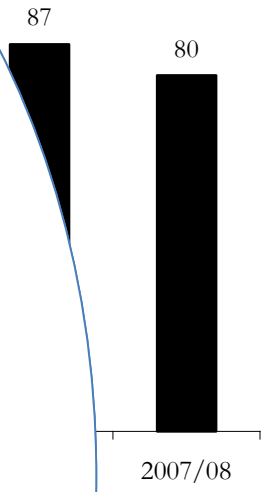
Five participants reported having accessed any health or medical services over the six months preceding interview in relation to their drug use. This proportion is stable compared with 2008 but prior to this it has been falling across time. Three participants reported having accessed a drug and alcohol worker, two accessed general practitioner, and one participant each reported accessing a psychologist or a social/welfare worker. Services were accessed with regards to cannabis, alcohol and benzodiazepine use and to target dependence.



Source: Northern Territory Alcohol and Drug Information Service (ADIS)
Note: More than one drug may be recorded per call and all drugs involved are not always recorded

Figure 23 displays the number of episodes of treatment in all NT alcohol and other drug treatment services (AODTS) where ecstasy was mentioned as either the principal or other drug of concern. In 2007/08, the most recent data available, there were 80 recorded treatment episodes where ecstasy was listed as a drug of concern, a slight decline from 87 in 2006/07. Despite this slight decline, there has generally been an increase across time in the number of treatment episodes where ecstasy was mentioned as a drug of concern.

NT AODTS with ecstasy as the



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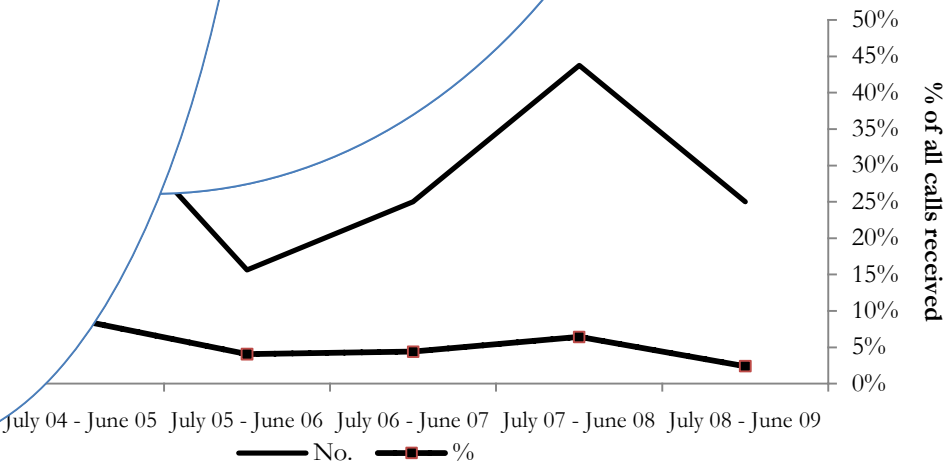

Source: Northern Territory ADIS
Note: More than one drug may be recorded per call and all drugs involved are not always recorded

Figure 25 shows the number of treatment episodes for own drug use in AODTS where amphetamine was the principal or other drug of concern. After a slight increase between 2003/04

egan to fall and has continued to do

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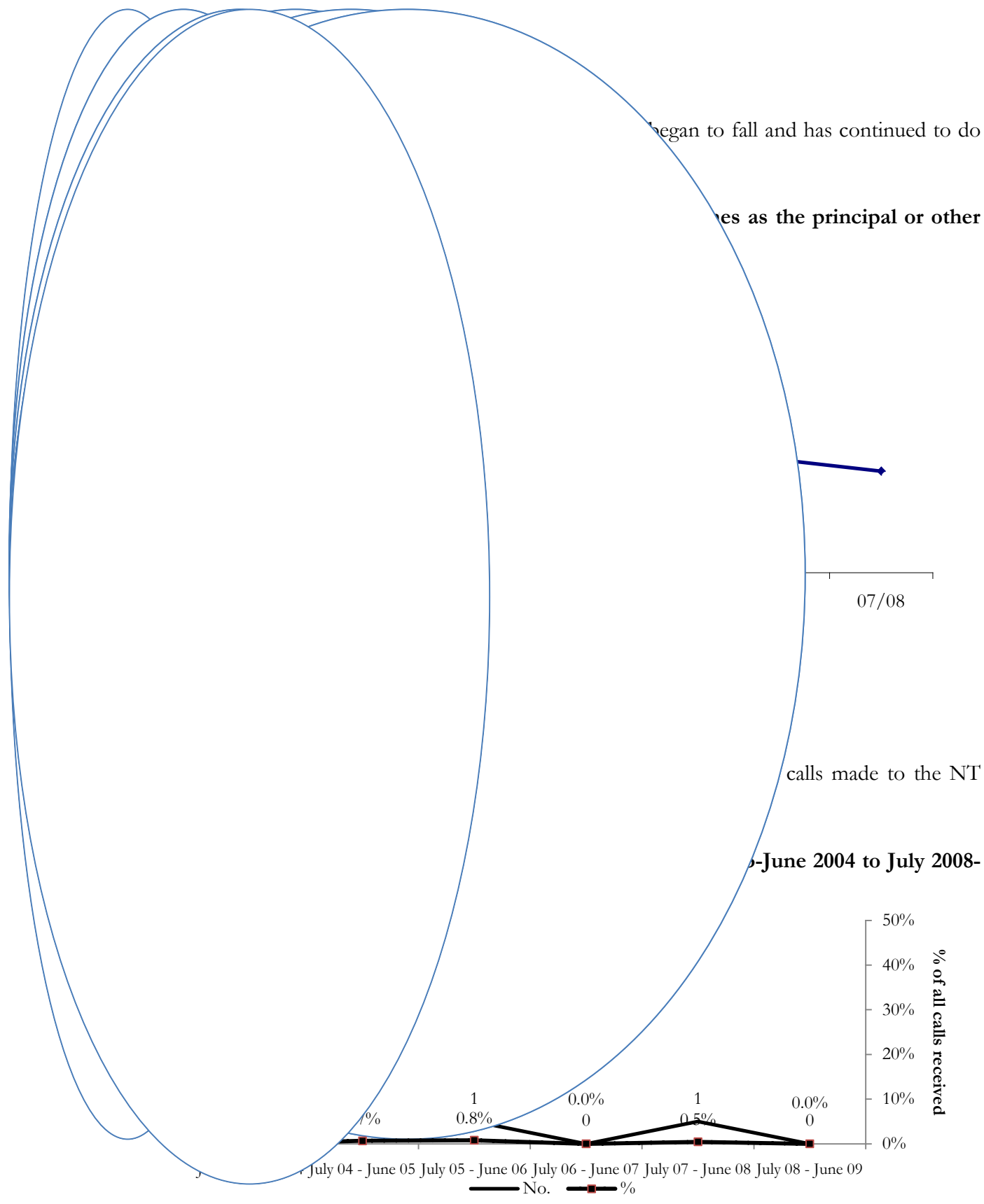
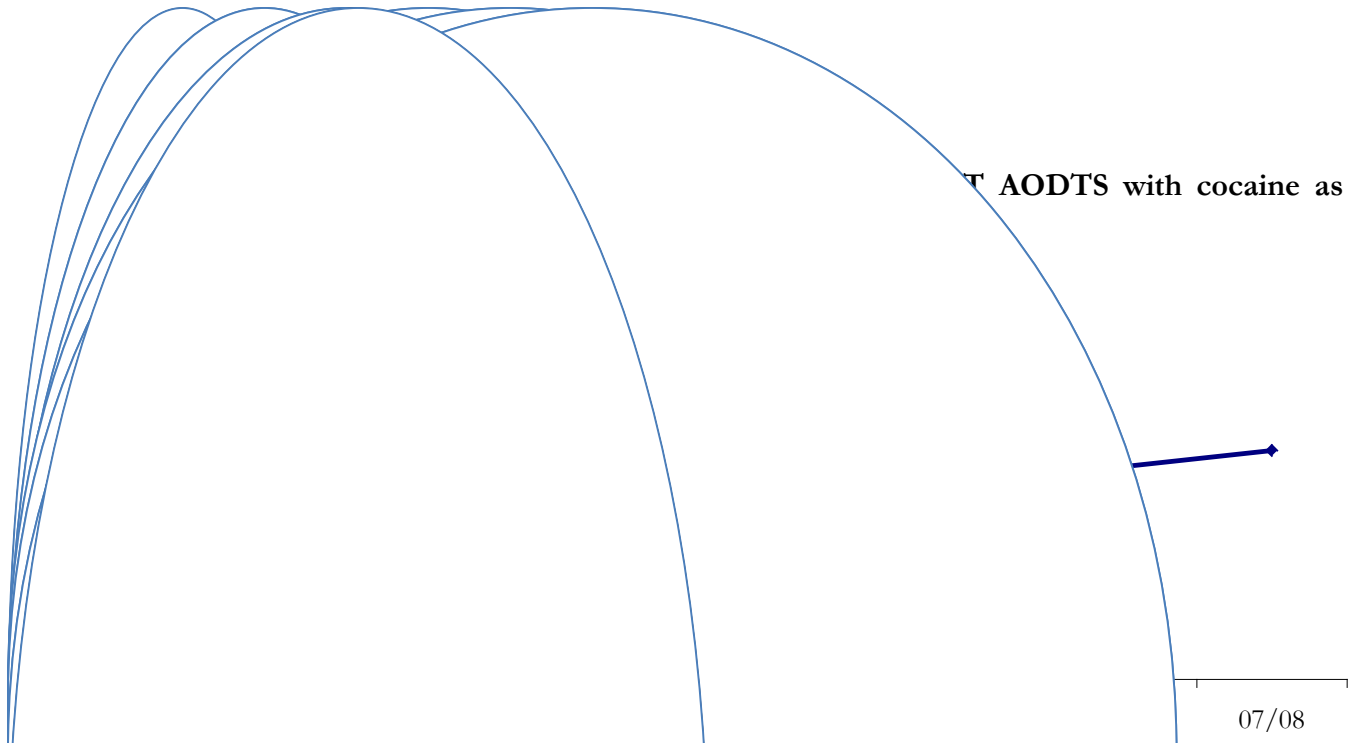


Source: Northern Territory ADIS
Note: More than one drug may be recorded per call and all drugs involved are not always recorded

Figure 27 presents the number of treatment episodes in AODTS where cocaine was the principal or other drug of concern. There has been an increase in the number of cocaine-related treatment episodes reported from 2005/06 (6) to 2007/08 (14).

T AODTS with cocaine as the



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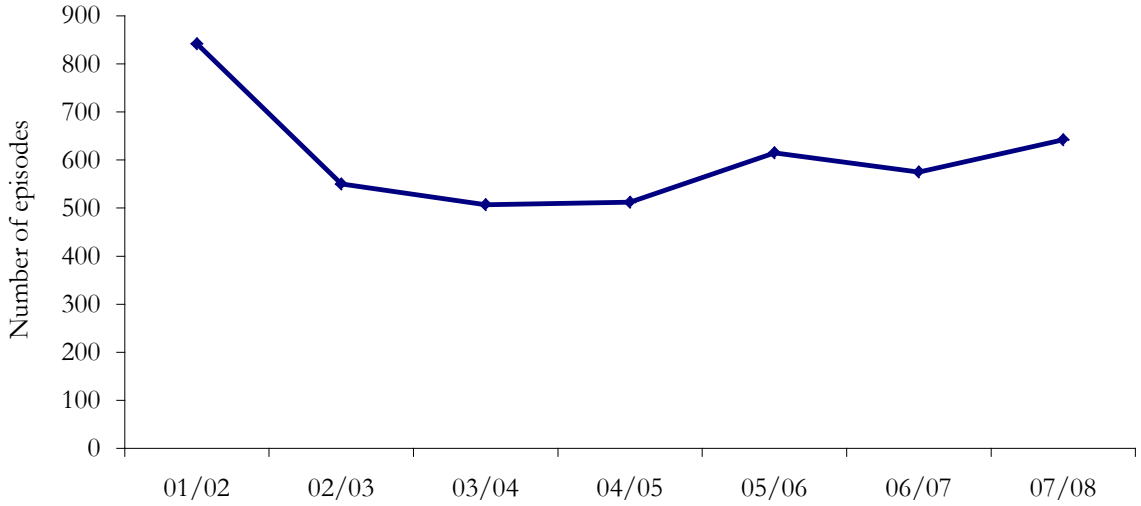
5.5% in July 2008-June

2003-June 2004 to July 2008-

Source: Northern Territory ADIS
Note: More than one drug may be recorded per call and all drugs involved are not always recorded

The number of episodes commenced in NT AODTS where cannabis was the principal or other drug of concern has been increasing since 2003/04 (507) to reach 642 in 2007/08 (Figure 29).

Figure 28: Number of closed treatment episodes in NT AODTS with cannabis as the principal or other drug of concern, 2001/02-2007/08



Source: NT AODTS client database

14.5 Problems related to ERD use

Drug-related harms were characterised into four primary groups: reoccurring social/relationship problems; reoccurring legal/police problems; reoccurring problems due to drugs interfering with responsibilities; and repeatedly placing oneself or others in dangerous or risky situations as a result of drug use. REU were asked if they had experienced any of these problems due to their drug use in the past six months. If so, participants nominated the main drug that they attributed these problems to. The results are summarised in Table 31.

The type of recurring drug-related problems most commonly reported was experiencing recurring dangerous or risky situations when under the influence of drugs and responsibility problems (17 participants each) within the preceding six months. The majority (12 participants) reporting recurring situations where they put themselves or others at risk while under the influence and attributed them to alcohol. Two participants attributed them to the use of ecstasy and one participant each to speed and heroin. Those participants experiencing recurring problems associated with responsibilities attributed them to the use of alcohol and ecstasy (six participants each), speed (two participants) and one participant each reported ice/crystal, cannabis and other opiates.

Ten participants (15% of entire sample) reported experiencing social/relationship problems in relation to their drug use. Three of these attributed their recurring problems primarily to cannabis, two each to alcohol and speed and one participant each to ecstasy, ice/crystal and heroin use.

No participants reported experiencing repeated legal problems associated with their drug use.

Table 31: Self-reported drug-related problems, REU, NT, 2008

	REU (N=67)
Risk problems (%)	25
Responsibility problems (%)	25
Relationship/social problems (%)	15
Legal/police problems (%)	0

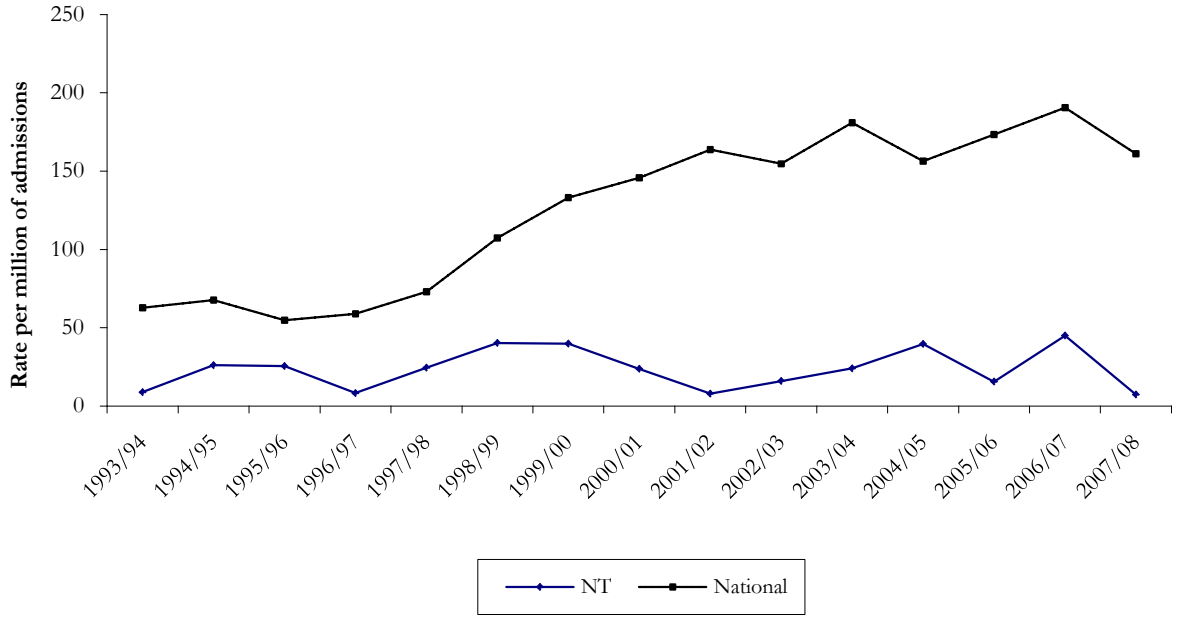
Source: EDRS REU interviews, 2009

14.6 Hospital admissions

14.6.1 Methamphetamines

Figure 30 shows the rate per million of inpatient hospital admissions where methamphetamines were involved in the primary diagnosis for people aged 15-54 years. The rate of methamphetamine-related hospital admissions in the NT is relatively small and fluctuating compared to the national rate. The NT rate appears to have decreased slightly from a high of 45 per million in 2006/07 to a low of seven per million in 2007/08.

Figure 29: Rate (per million) of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2007/08

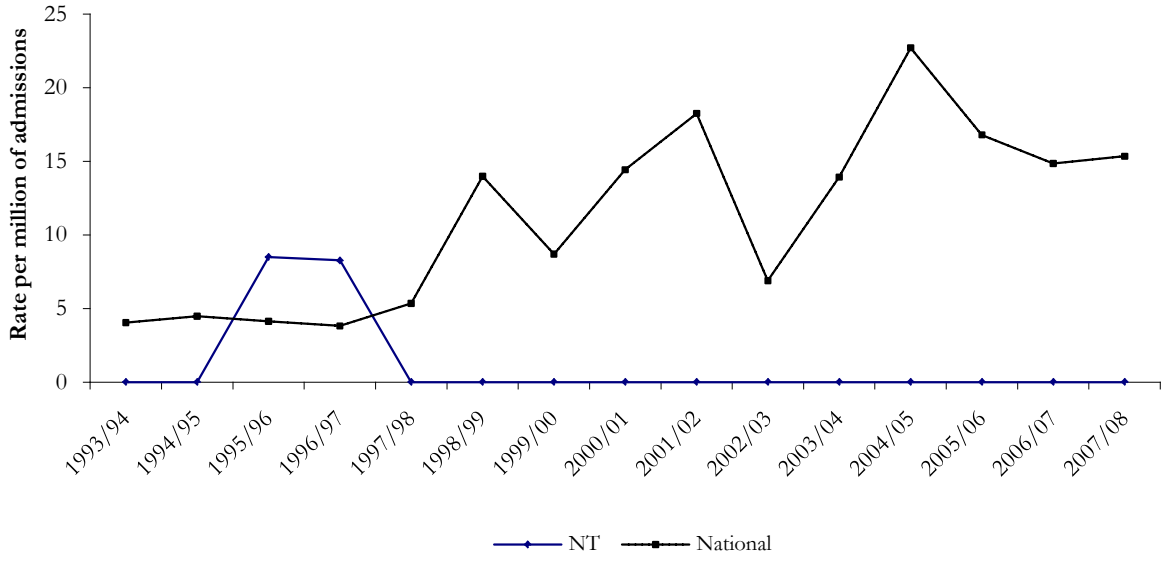


Source: (Roxburgh and Burns in press)

14.6.2 Cocaine

The rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years is shown in Figure 31. The NT has had no cocaine-related admissions since 1996/97 whereas the national rate since 1998/99 shows a fluctuating increase.

Figure 30: Rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2007/08

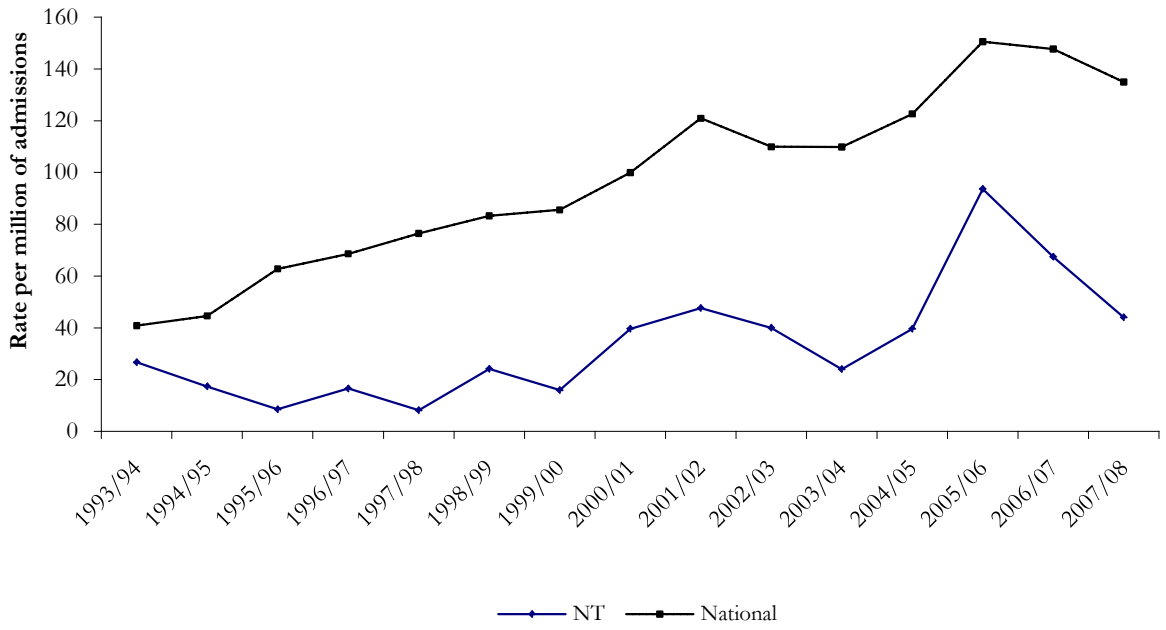


Source: (Roxburgh and Burns in press)

14.6.3 Cannabis

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis has been generally increasing across time nationally and in the NT until 2005/06 (Figure 32). While both graphs appear to have spiked in 2001/02, and then again in 2005/06, there was a noted a decrease in cannabis admissions during 2006/07 and again in 2007/08 to 44 admissions per million.

Figure 31: Rate (per million) of inpatient hospital admissions where cannabis was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2007/08



Source: (Roxburgh and Burns in press)

14.7 Mental and physical health problems and psychological distress

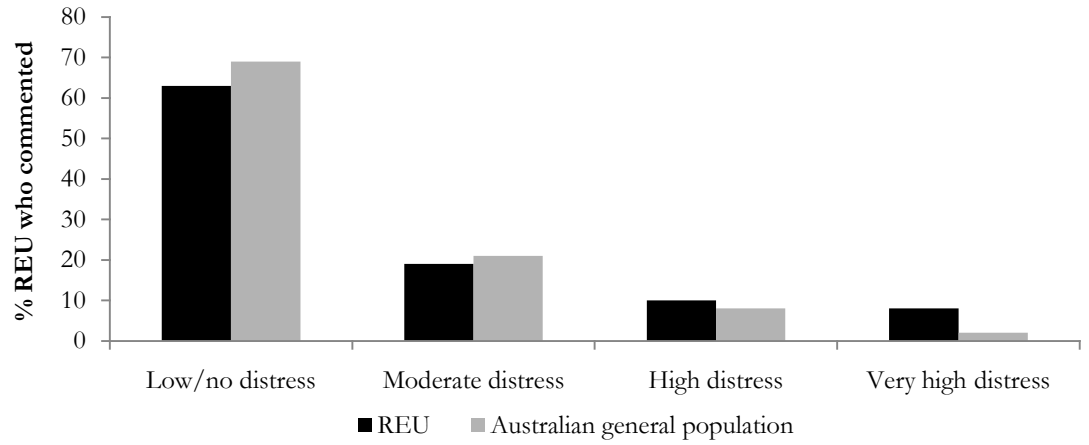
14.7.1 Kessler Psychological Distress Scale (K10)

From 2006, the EDRS included the 10-item Kessler Psychological Distress Scale (K10) (Kessler, Andrews et al. 2002) which is a questionnaire designed to measure the level of distress and severity associated with psychological symptoms in population surveys. The minimum score is 10 and the maximum is 50. Scores ranging from 10-15 are classified as low/no distress, 16-21 is moderate distress, 21-29 signifies high distress, and 30-50 indicates very high distress (Australian Institute of Health and Welfare 2008a).

In 2009, 65 participants participated in the K10 survey with a median score of 14 (range=10-33). The majority (63%) fell into the low/no distress category, 19% fell into the moderate distress one, 10% fell into the high distress category, and 8% into the very high distress category.

Figure 33 compares the spread of REU scores across these four categories with those of the general Australian population (Australian Institute of Health and Welfare 2008a). The REU data in 2009 continues to follow the same pattern as the population data (generally highest among the low/no distress category falling to lowest at the very high distress category).

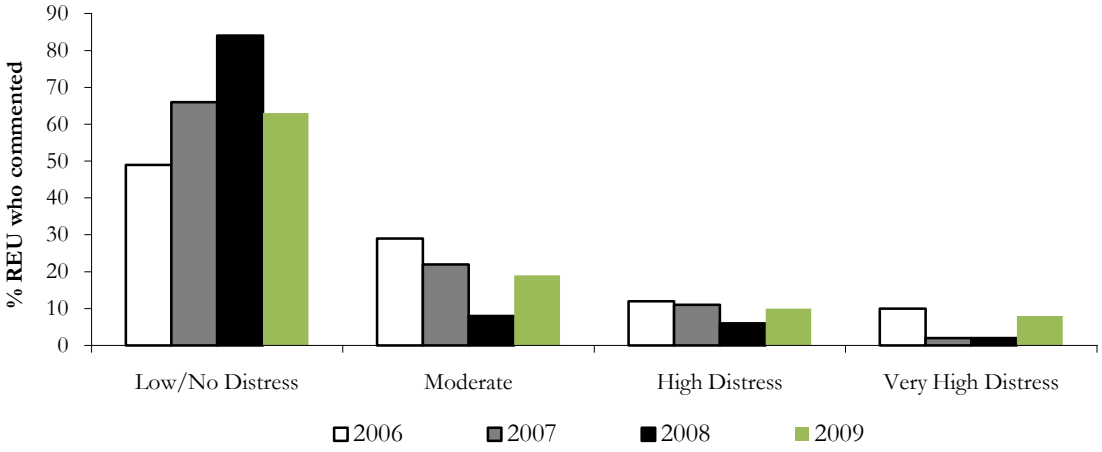
Figure 32: K10 scores for REU compared with the general Australian population, NT, 2009



Source: EDRS REU interviews, 2009; AIHW, 2008

Figure 34 presents data across time on the proportions of each sample from 2006 to 2009 that fell into each distress category. There was an increase in those reporting moderate, high and very high stress and a subsequent decrease in those reporting low or no distress in 2009.

Figure 33: K10 scores across time for REU in the EDRS 2006-2009



Source: EDRS REU interviews, 2009

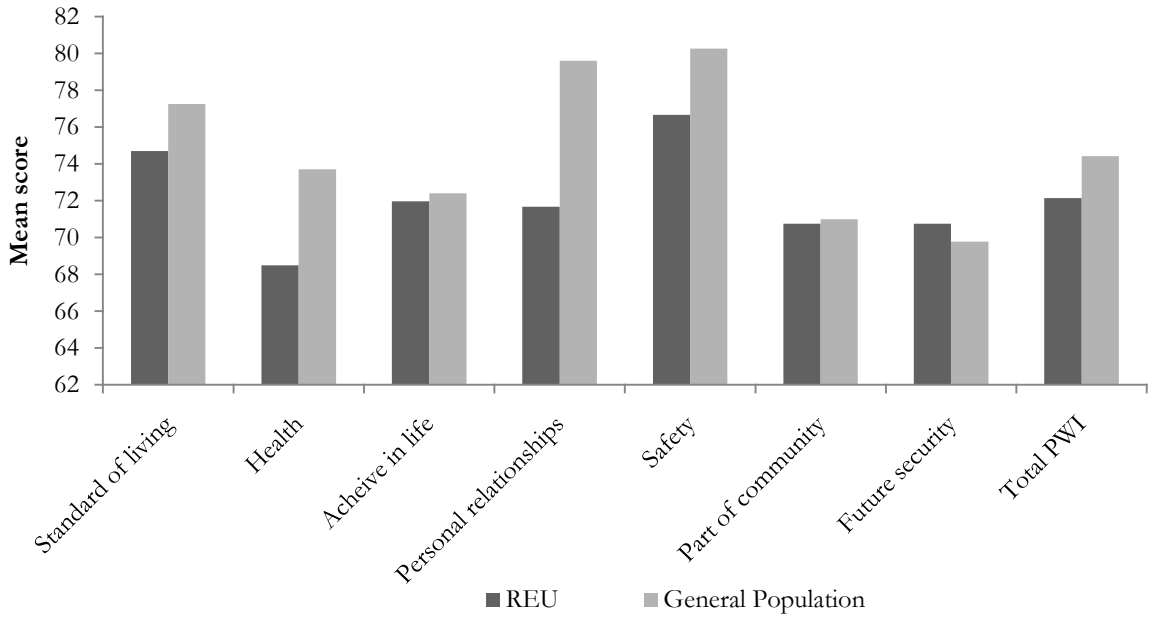
14.7.2 Self-reported mental health

Participants were also asked whether they had experienced any mental health problems over the previous six months. Twenty-one percent of participants reported having recently experienced a mental health problem. Depression was the most commonly reported issue (12 participants), followed by anxiety (six participants). Two participants each reported having experienced mania and panic, and one participant each reported phobias, OCD, paranoia and drug-induced psychosis. Only six participants (43% of those who had experienced a mental health problem) sought the help of a health professional, two of whom reported being prescribed anti-depressants and three prescribed benzodiazepines.

14.8 Personal Wellbeing Index (PWI)

In 2009, the Personal Wellbeing Index (PWI) was entered into the EDRS survey. Questions asked how satisfied participants were with various aspects of their life. These included standard of living, health, personal achievement, personal relationships, and personal safety, feeling a part of the community, future security, and life as a whole. REU were asked to respond on a scale of 0-10 where 0 was very unsatisfied and 10 was very satisfied. Figure 34 shows the mean REU scores compared to the Australian general population (Cummins, Woerner et al. 2007). NT REU scored lower than the general population on each factor of personal wellbeing, except for future security, where they were comparable (70.75 vs. 69.78 in the general population). For all measures except for health (68.48) the scores were within the expected range of wellbeing scores. Cummins et al. (2007) reported that at normal levels of wellbeing (average scores lies between 70-80 points), people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison, individuals with scores below 50 points are at a higher risk of depression.

Figure 34: Mean REU and Australian general population scores on the Personal Wellbeing Index



Source: EDRS REU surveys, 2009; Cummins et al., 2007

14.9 Chronic physical conditions

In 2009, participants in the EDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous 12 months. Almost one-quarter (24%) of participants had ever been diagnosed with asthma, and 6% had ever been diagnosed with gout, rheumatism or arthritis. One participant each had been diagnosed with cancer or a stroke (2% each). Table 32 shows the age of first diagnosis as well as the proportions of REU who had recently received treatment for these chronic conditions. Of the 22 participants diagnosed for chronic conditions only one had received treatment in the past 12 months.

Table 32: REU Lifetime diagnosis, age and recent treatment of chronic conditions 2009

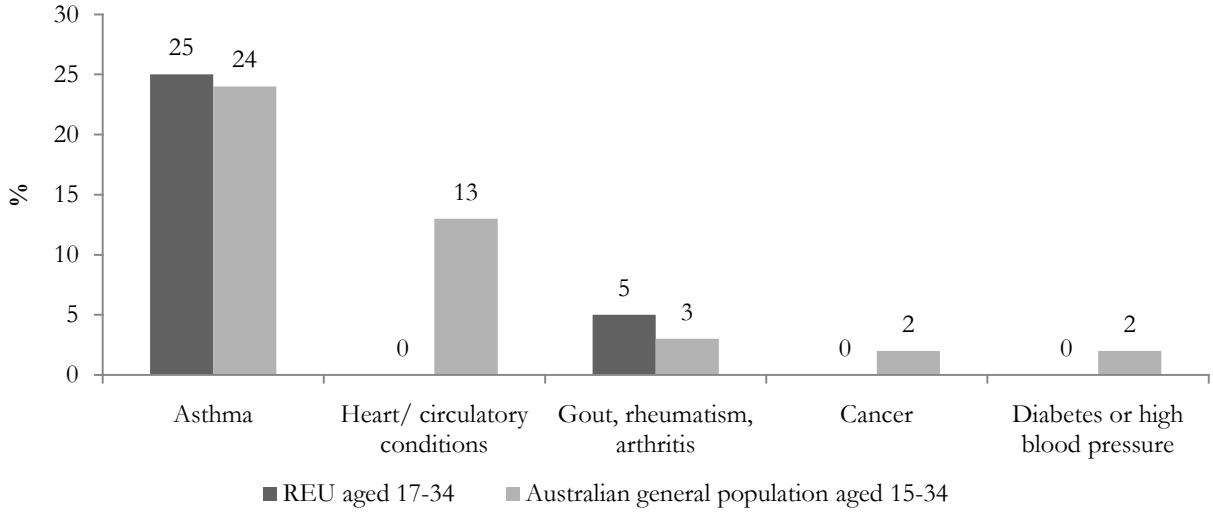
Condition	Ever diagnosed (%)	Mean age first diagnosed (years)	Received treatment last 12 months* (%)
Asthma	24	11	-
Heart/ circulatory conditions	-	-	-
Stroke (or effects of a stroke)	2	38	-
Gout, rheumatism or arthritis	6	27	25
Cancer	2	28	-
Diabetes or high blood sugar levels	-	-	-

Source: EDRS REU interviews, 2009

* Of those who had ever been diagnosed

Figure 36 shows the proportion of REU aged 17-34 years reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-34 years. Lower proportions of REU report having been diagnosed with heart or circulatory conditions, cancer or diabetes or high blood sugar levels compared to the general population (Table 36) (Australian Bureau of Statistics 2009). Comparable proportions of REU and the general population reported having been diagnosed with asthma.

Figure 35: Prevalence of chronic conditions amongst REU and Australian general population aged 15-34



Source: EDRS REU interviews, 2009; ABS, 2009

Twenty-four percent of REU also reported having been diagnosed with other chronic conditions. The most commonly reported chronic conditions were back or neck problems (seven participants), migraine (six participants), sinus or sinus allergies (five participants) and skin problems (four participants).

14.10 Summary of health-related issues

- In 2009, 16% of REU reported having ever overdosed on a stimulant drug. Seven participants reported having done so within the preceding year; five attributed their recent overdose to ecstasy and two to speed.
- More than one-quarter (27%) of participants reported having ever overdosed on a depressant drug. Ten percent reported having done so within the preceding 12 months and each of them attributed their recent overdose to alcohol.
- In 2009, only five participants reported having recently accessed a health or medical service regarding their drug use. This figure is stable compared with 2008; however, in prior years it has been steadily declining since 2006.
- The most commonly reported ongoing problems related to drug use were equally due to drugs interfering with responsibilities (25%) and placing oneself or others in dangerous situations (25%) as a result of drugs. Furthermore, 15% of those who commented reported having recently experienced problems relationship/social problems.
- Compared to the general population, NT REU scored lower on each factor of personal wellbeing, except for future security, where they were comparable. For all measures, except for health, the scores were within the expected range of wellbeing scores.
- The majority (63%) of respondents reported feeling no/low levels of psychological distress, while 18% fell either into the high or very high distress category as measured by the K10. Interestingly, there appears to be a higher proportion of REU falling into the low/no distress category compared with the general Australian population.
- Approximately one-third (34%) of participants reported a lifetime chronic condition. Of these the most common was asthma with just under one-quarter (24%) of participants. Only one participant had been treated for their chronic condition in the past 12 months.
- Approximately one-fifth (21%) of REU reported having recently experienced a mental health problem. Depression was most commonly reported followed by anxiety. Six participants had contacted a health professional regarding their mental health problems.

15 RISK BEHAVIOURS

15.1 Injecting risk behaviour

15.1.1 Lifetime injectors

In 2009, less than one-third of participants (31%) reported having ever injected a drug and a quarter (25%) reported having injected in the last six months. Although both of these figures have been falling across time, the proportion reporting ever injecting and recent injection increased in 2009. The proportion who had ever injected a drug increased from 16% in 2008 to 31% in 2009 and the proportion reporting recent injection rose from 7% in 2008 to 25% in 2009. The median age at which participants reported first having injected a drug was 19 years (range 13-36). Those REU who indicated that they had injected drugs at some point during their lifetime were asked to nominate the first drug they had injected. The majority (86%) of lifetime injectors reported that they had injected speed the first time they injected, followed by heroin (two participants) and one participant reported ice/crystal as the first drug they injected.

15.1.2 Recent injectors

The 17 REU (25% of the entire sample; 81% of those who reported ever injecting) who had recently injected had done so on a median of six occasions (range=3-180) over the six months prior to interview (Table 33). Participants were also asked the drug they last injected. The majority (59%) of recent injectors reported that speed was the last drug they had injected. A small proportion of participants reported base, ice/crystal and pharmaceutical opioids (two participants each) as the drug last injected last over the past six months.

Table 33: Drug injection patterns, NT REU, 2009

Drug type	Number of REU recently injected (n=17)	Median days injected (range)
Ecstasy (any form)	n=7 (10%)	4 (2-48)
Methamphetamine powder	n=14 (22%)	4 (1-180)
Methamphetamine base	n=8 (12%)	1 (1-180)
Methamphetamine crystal	n=6 (9%)	13 (1-180)
Cocaine	-	-
Illicit pharmaceutical stimulant	n=1 (2%)	48 (no range)
Heroin	n=1 (2%)	180 (no range)
Buprenorphine	-	-
Other illicit opiates	-	-
Benzodiazepines	-	-

Source: EDRS REU interviews, 2009

15.1.3 Injecting risk behaviours

In the 2009 EDRS, no participants reported that they had used a needle after someone else in the six months preceding interview. One respondent reported that he or she had used injecting equipment after someone else, specifically water and tourniquets.

15.1.4 Context of injecting

The majority (59%) of recent injectors reported that they were at home when they last injected. Smaller proportions reported injecting in a car (three participants), at a friend's home (two participants) and at a hotel (one participant) (Table 34). Those REU who had recently injected drugs primarily did so in the company of close friends (seven participants), alone (six participants), a regular sex partner (three participants) or family member (one participant) (Table 34).

15.1.5 Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate where they had sourced their needles. Of the 17 recent injectors, the majority (94%) obtained needles from a Needle and Syringe Program (NSP); one participant also reported having obtained needles from a chemist.

Table 34: Context of recent injection among recent injectors, REU, NT, 2004-2009

	Of recent injectors					
	2004 (n=17)	2005 (n=24)	2006 (n=14)	2007 (n=10)	2008 (n=4)	**2009 (n=17)**
Locales injected* (%)						
Own home	82	70	86	90	100	**59**
Friend's home	47	57	36	30	50	**12**
Dealer's home	29	26	14	20	-	**-**
Street	12	17	7	-	-	**-**
Venue or public toilet	18	9	-	10	-	**-**
Car	18	35	14	50	-	**18**
Sex venue	6	-	-	-	-	**-**
People usually injected with* (%)						
No one	12	4	36	40	25	**38**
Regular sex partner	35	30	-	30	-	**19**
Casual sex partner	-	9	7	10	-	**-**
Close friends	77	65	57	50	75	**44**
Acquaintances	29	13	7	-	-	**-**
Inject (%)						
Under the influence	35	9	21	40	**25**	**24**
While coming down	24	4	7	-	**25**	**12**
Both	24	52	36	30	**-**	**48**
Shared injecting equipment (%)	29	22	21	20	**-**	**-**
Spoons	6	17	-	-	**-**	**-**
Filter	24	30	21	20	**-**	**6**
Tourniquets	12	26	-	-	**-**	**6**
Water						
Lent needles last 6 months (%)	100	78	100	100	100	**100**
No times						
Borrowed needles last 6 months (%)	100	100	100	100	100	**100**
No times						

Source: EDRS REU interviews, 2004-2009

* Could nominate more than one response 2004-2008. From 2009 only one response was allowed

15.2 Gambling

In 2009, REU were asked questions about their gambling behaviour. More than one-third (40%) of REU had gambled in the previous month. Of those who had gambled, 76% usually gambled on poker machines (n=19), at a casino (32%, n=8), on horse/dog racing (16%, n=4) and 8% (n=2) on other forms of gambling such as online poker. The median number of days gambled in

the previous month was three (1-20). More than one-quarter (28%) were under the influence of alcohol last time they gambled and 24% were under the influence of illicit drugs (see Table 35).

Table 35: Gambling behaviour, NT, 2009

	2009 (N=67)
Gambled last 30 days (%)	40
Usual form of gambling (%)*	
Poker machines	76 (n=19)
Casino	32 (n=8)
Horse/dog racing	16 (n=4)
Other (e.g. online, sports)	8 (n=2)
Last form of gambling (%)*	
Poker machines	76 (n=19)
Casino	16 (n=4)
Horse/dog racing	4 (n=1)
Other (e.g. online, sports)	1 (n=1)
Median days gambled last month*	3 (1-20)
Under the influence of alcohol last time gambled*	28 (n=7)
Under the influence of illicit drugs last time gambled*	24 (n=6)

Source: EDRS REU interviews 2009

* Of those who had gambled in the last 30 days

Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items and participants answer on a five-point Likert scale (1=never and 5=always). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling. Eight REU in the NT reported gambling four or more days in the previous month. All eight of these participants completed the PGSI. Six participants scored in the problem gambling category, one in the moderate risk gambling category and one in the recreational gambling category.

15.3 Sexual risk behaviour

The majority (70%) of the sample reported having had penetrative sex with a casual partner (i.e. someone who was not a regular partner) in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or fist of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire.

10.1.1. Recent sexual activity

Half (50%) of those who had recently had penetrative sex with a casual partner had done so with either one or two partners, 15% had done so with three to five partners and one-quarter (25%) had penetrative sex with six or more partners over the preceding six months (Table 36).

Half (51%) of those who had recently had penetrative sex with a casual partner reported using a protective barrier every time, 13% reported doing so often, another 13% sometimes, 9% rarely and 15% reported never using a protective barrier with a casual partner.

Table 36: Prevalence of sexual activity and number of sexual partners in the preceding six months, REU, NT, 2008-2009

Variable	2008 N=55	**2009 N=67**
Casual penetrative sex (%)	62	**60**
No. of sexual partners (%):*		
One person	21	**28**
Two people	32	**22**
3-5 people	32	**22**
6-10 people	12	**15**
10+ people	6	**11**
With a casual partner not under the influence of drugs (%):*		
Use a protective barrier every time	65	**51**
Use a protective barrier often	12	**13**
Use a protective barrier sometimes	15	**13**
Never use a protective barrier	9	**15**

Source: EDRS REU interviews, 2008-2009

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

10.1.2. Drug use during sex

Of those who had recently had sex with a casual partner, 72% had done so while under the influence of drugs. Respondents were asked how many times they had had casual sex while under the influence of drugs over the preceding six months. Just under one-half (47%) reported having done so once, six percent reported twice, 18% said three to five times, and 12% reported having done so six times or more (Table 37).

Among those who had recently had sex while under the influence of drugs, ecstasy was most commonly reported (88%), followed by alcohol (56%). Other drugs reported were speed (21%; seven participants), cannabis (18%; six participants), crystal/ice and base (6% each; two participants each) cocaine, amyl nitrate and MDA (3% each; all one participant each).

More than half (56%) reporting using a protective barrier every time while under the influence of drugs (Table 37). While under the influence of drugs, three participants, used protective sexual barriers often, another three used them sometimes, six participants used them rarely, and three never used them (Table 37).

Table 37: Drug use during sex in the preceding six months, REU, NT, 2009

	2009 (N=67)
Penetrative sex while on drugs* (%)	**72**
Of those who had penetrative sex under the influence of drugs	**34**
Number of times (%)	
Once	**47**
Twice	**6**
3-5 times	**18**
6-10 times	**12**
Ten+	**18**
Drugs used time (%)	
Alcohol	**56**
Ecstasy	**88**
Cannabis	**18**
Speed	**21**
Base	**6**
Ice/crystal	**6**
Sex with a casual partner using drugs (%):	
Use a protective barrier every time	**56**
Use a protective barrier often	**9**
Use a protective barrier sometimes	**9**
Use a protective barrier rarely	**18**
Never use a protective barrier	**9**

Source: EDRS REU interviews, 2009

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

15.4 Driving risk behaviour

Almost three-quarters (73%) of the sample reported having driven a car over the six months prior to interview (Table 38). Of those who had driven a car, more than half (53%) reported having driven under the influence of alcohol and the majority (88%) of these people reported having driven over the legal blood alcohol limit, on a median of four occasions (range=1-24). Ten participants reported having done this once or twice (44%) and 13 participants reported having done this three or more times (56%). Of those who had driven recently, 35% had recently been roadside breath tested; however, no participants reported having tested over the legal blood alcohol limit.

Over half (55%) of those who had driven reported having done so after consuming illicit drugs (a comparable proportion with those who reported having driven under the influence of alcohol). One half (50%) reported having done this under five times over the preceding six months;

however, one-half (50%) reported having done this six times or more during this time. Among those who had driven after taking illicit drugs, the overwhelming majority (85%) reported having driven after using ecstasy. Other drugs reported included cannabis (41%) and speed (26%) (Table 38).

Table 38: Drug driving in the last six months among REU, 2009

Variable	2009 N=67
Driven a car in the past six months (%)	**73**
Driven under the influence of alcohol* (%)	**53**
Driven over the limit of alcohol* (%)	**88**
Driven after taking an illicit drug* (%)	**55**
Of those who had driven after taking a drug:	
Drug (%)	
Ecstasy	**85**
Cannabis	**41**
Ice/Crystal	**11**
Speed	**26**
Base	**7**
LSD	**4**

Source: EDRS REU interviews, 2009

* Of those who had driven a car in the last six months

Participants were asked a series of questions focusing on the last occasion in which they drove after taking an illicit drug. The drug most commonly reported as having been taken on the last occasion was ecstasy (70%). Cannabis (30%) was the second most frequently reported drug followed by speed (22%) and ice/crystal (11%).

Participants had driven a median of one hour (range=1-90) after taking the drug/s. Just under one-half (48%) reported that there was no impact on their driving, over one-third (37%) reported their driving was slightly impaired, 11% reported that their driving had slightly improved and one participant reported being quite impaired. No participants had ever been roadside drug tested.

15.5 The Alcohol Quantity Frequency and Variability Assessment (AQFV)

In 2009, a new measure of alcohol consumption was included in the EDRS as a way of more accurately measuring the quantity and frequency of alcohol use while taking into account variability of this over the course of the past year. The Alcohol Quantity Frequency and

Variability Assessment[11] (AQFV) is a self-report measure which examines alcohol use over the preceding six months. It has three categories: (a) typical drinking; (b) regular changes, e.g. weekends; and (c) occasional changes e.g. festivals, parties. Respondents are able to indicate a range for the number of drinks they consume for each section and then indicate on how many days per week, month or year they drink this amount. For example, a participant may report for the 'typical drinking' section that they consume two to three standard drinks, three days per week or five to six standard drinks, two days per month etc.

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

Table 39 presents the frequency and quantity of alcohol consumption for male and female REU in the NT in 2009. Females drank alcohol on more days at a low risk level than males (26 vs. 69), consistent with these results males drank at high risk levels on more days per year than females (14 vs. 6). These differences in risky drinking levels between males and females were, however; not significant ($p<0.05$). Similarly, the difference between males and females in the number of days per year that they drank alcohol at risky levels (3 vs. 2) and the number of drinks consumed per drinking session (male 7 vs. female 6) was also insignificant.

Table 39: Frequency and quantity of alcohol consumption among REU, NT 2009

	Males	Females
Median number of drinking days/year (range):		
Low Risk	69 (0-315)	26 (0-247)
Risky	14 (0-242)	6 (0-143)
High Risk	19 (0-364)	12 (0-208)
Average no. Drinks per session	7	6

Source: EDRS interviews 2009

15.6 Key expert comments

Almost all KE agreed that DUI was a major and ongoing issue in Darwin. Despite recent media campaigns and an increase of random breath testing (RBT) operations, driving over the legal limit of alcohol was occurring both regularly and by a large proportion of REU in Darwin. Several KE highlighted a current taxi shortage in Darwin, the lack of existing public transport options and the sheer geographical distances in the Northern Territory as factors that contributed to DUI of alcohol.

[11] Many thanks to Dr. James Lemon, previously of NDARC, for his kind permission to use the AQFV assessment in the 2009 EDRS.

15.7 Summary of risk behaviour

- In 2009, 31% of REU reported having ever injected a drug and one-quarter (25%) reported having done so recently. Both figures have increased since 2008.
- Among recent injectors, speed, heroin and ice/crystal were the only drugs recently injected and no participants reported having shared or borrowed needles. Only one respondent reported that he or she had used injecting equipment after someone else.
- Seventy percent of participants reported having recently had penetrative sex with a casual partner. Of these, 29% reported having done so with three or more partners, 51% reported using a protective barrier every time and 72% reported having sex while under the influence of drugs.
- Among those who recently had casual penetrative sex while under the influence of drugs, 56% reported using a protective barrier every time. Alcohol and ecstasy were the drugs most commonly reported.
- The majority (73%) of the sample had recently driven a car. Of these, 53% had done so under the influence of alcohol (88% of which were over the legal blood alcohol limit) and over one-half (55%) had done so under the influence of illicit drugs. The most common drugs reported were ecstasy followed by speed.
- Almost all KE agreed that DUI was a major and ongoing issue in Darwin and that driving over the legal limit of alcohol was occurring both regularly and by a large proportion of REU in Darwin.
- More than one-third of REU had gambled in the previous month on a median of three days. More than one-quarter (28%) were under the influence of alcohol last time they gambled and approximately one-quarter (24%) were under the influence of illicit drugs.
- Females drank alcohol on significantly more days at a low risk level than males and males drank at high risk levels on significantly more days per year than females.

16 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUGS

16.1 Reports of criminal activity among REU

One-third (33%) of REU in 2009 reported having committed any crime in the month prior to interview. Among those that did, the type of crime committed most frequently was drug dealing followed by violent crime (three participants) and property crime (two participants). There were no reports of fraud (Table 40). Six participants reported having been arrested over the preceding 12 months, three participants for violent crime, two for drink driving and one for use/possession of drugs.

Table 40: Criminal activity reported by REU, NT, 2004-2009

Criminal activity in the last month	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Any crime (%)	35	15	16	18	18	**33**
Drug dealing (%)	28	11	12	10	18	**31**
Once a week or more	17	7	0	6	7	**-**
Property crime (%)	4	2	6	5	-	**3**
Once a week or more	0	1	4	0	-	**2**
Fraud (%)	0	5	2	0	2	**-**
Once a week or more	-	1	0	-	2	**-**
Violent crime (%)	6	4	2	1	-	**5**
Once a week or more	0	0	2	0	-	**-**
Arrested last 12 months (%)	15	17	14	5	2	**9**

Source: EDRS REU interviews, 2004-2009

In general, KE did not associate ecstasy use or users with crime.

16.2 Perceptions of police activity towards REU

The majority (76%) of REU in 2009 were unable to comment on changes in police activity towards ecstasy users over the preceding six months. Fifteen percent reported that it had remained stable and six participants (9%) reported that it had increased. While 92% of REU reported that police activity had not made it difficult for them (personally) to score, 8% reported that it had (Table 41).

Table 41: Perceptions of police activity by REU, 2004-2009

Perception	2004 (N=71)	2005 (N=82)	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Recent police activity (%)						
Decreased	3	4	4	2	-	**-**
Stable	23	15	28	34	6	**15**
Increased	48	44	20	17	7	**9**
Don't know	27	38	49	48	87	**76**
Did not make scoring more difficult	73	83	77	79	92	**92**

Source: EDRS REU interviews, 2004-2009

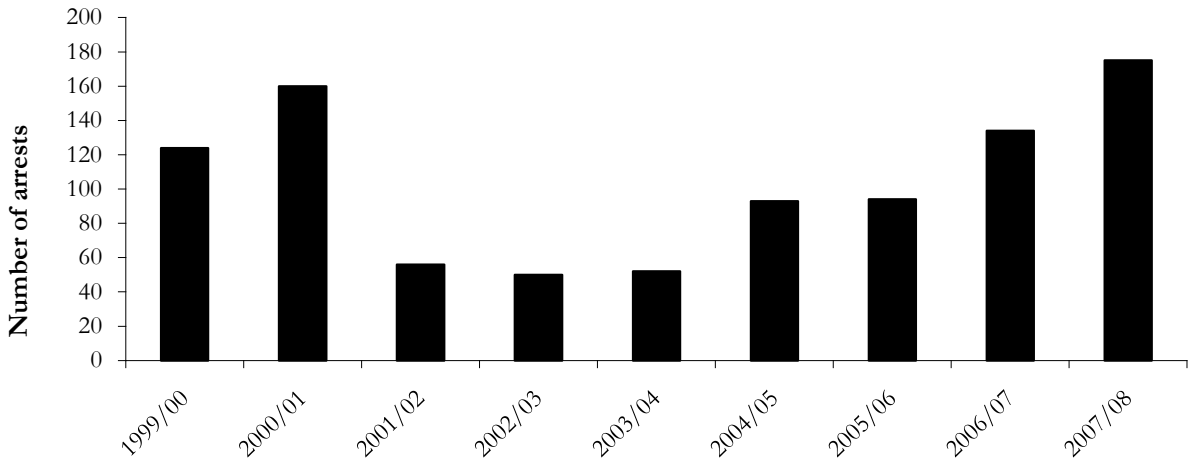
KE comments on police activity focused on DUI and drug-driving testing. The majority believe police RBT operations had increased in the past six months, but that DUI was still a major problem in Darwin due to lack of public transport, shortage of taxis, distance and lock-outs at pubs and night clubs.

16.3 Arrests

16.3.1 Amphetamine-type stimulant arrests

Figure 37 shows the total number of amphetamine-type stimulant consumer and provider arrests in the NT since 1999/00 including AFP data. After remaining stable at approximately 50 arrests from 2001/02 to 2003/04, there has been an increasing trend in the number of amphetamine-type stimulant arrests made in the NT to a total of 175 in 2007/08 (Australian Crime Commission 2009).

Figure 36: Number of amphetamine-type stimulants total consumer and provider arrests in the NT, 1999/00-2007/08



Source: (Australian Crime Commission 2009)

16.3.2 Cocaine

In 2007/08, there were no arrests for cocaine-related offences (consumer or provider)[12] in the NT. This figure has remained stable from 2005/06 (one male arrested, consumer) (Australian Crime Commission 2009).

16.3.3 Hallucinogens

In 2007/08, there were 10 arrests made related to hallucinogens, slightly higher than the previous financial year (six arrests in 2006/07) (Australian Crime Commission 2009).

16.3.4 Cannabis

In 2007/08, there were 552 cannabis-related consumer and/or provider arrests made and 379 cannabis-related drug infringement notices (DINs) were issued. The total number of cannabis-related arrests has been is comparable with 2006/07 (588). The number of DINs, however, has increased from 339 in 2006/07 (Australian Crime Commission 2009).

16.4 Experiences with drug detection 'sniffer' dogs

In 2009, participants were asked for the fourth year about their experience with drug detection 'sniffer' dogs. Twenty percent of participants reported having recently seen sniffer dogs on a median of two times in the past six months (range=1-4). One-sixth (16%) of participants had been in the possession of drugs when they saw the dogs, but none had been searched due to a positive notification from the dogs (Table 42).

Table 42: Participant experiences with drug detection 'sniffer' dogs, REU, NT, 2006-2009

	2006 (N=51)	2007 (N=66)	2008 (N=55)	**2009 (N=67)**
Seen sniffer dogs in the past 6 months (%)	26	20	4	**20**
If yes, how many times (median)	3 (1-12)	1 (1-6)	1.5 (1-2)	**2 (1-4)**
Been in possession of drugs when seen sniffer dogs (n)	10	5	-*	**11**

Source: EDRS REU interviews, 2006-2009

* Not asked

[12] Consumers refer to persons charged with user-type offences (e.g. possessing or administering drugs for own personal use); and providers-persons charged with supply-type offences (e.g. importation, trafficking, selling, cultivation and manufacture): Australian Crime Commission (2009). Australian Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.

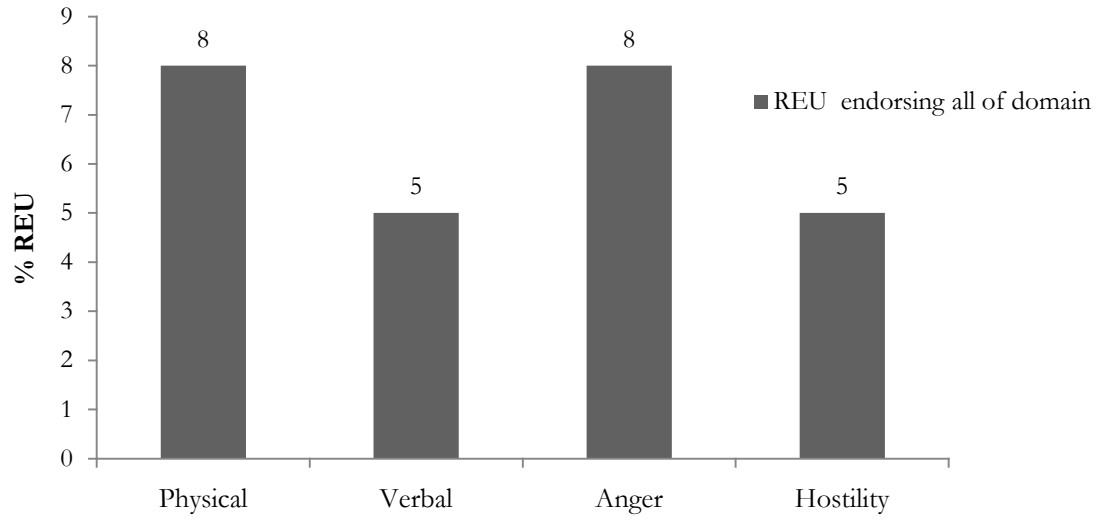
16.5 Aggression

In 2009, the EDRS included a new module investigating the presence of trait aggression among REU. This was in response to the increased government and media attention surrounding antisocial behaviour in and around 'party precincts'. Ecstasy has long been known to impact on the serotonergic system in the brain and there is a growing body of evidence that serotonin is implicated in the modulation of aggression in humans (Bond 2005; Hoshi, Cohen et al. 2007). In addition, there are multiple other factors which may contribute toward an increased involvement in aggressive situations by REU. These include currently experiencing symptoms of depression and/or anxiety, being young, being male, the use of other illicit substances such as cocaine and other stimulants, the high prevalence of cannabis use and the involvement in obtaining/using drugs and associated social contexts (Murray et al., 2008).

Thus, the 2009 EDRS included the Buss-Perry Aggression Questionnaire (Short Form) (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger), and the cognitive component (hostility). This questionnaire provides a valid and reliable measure of 'dispositional aggression' which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant and Smith 2001).

Figure 38 shows the proportion of participants who answered each of the three questions related to a component of aggression as being characteristic of them. Physical aggression and anger was endorsed by five participants each (8%). Hostility and verbal aggression were equally the second most endorsed aggression domains with three participants (5%) endorsing them each.

Figure 37: REU endorsing aggression domains, NT, 2009



16.6 Perceptions of changes in ERD markets

Participants were asked what proportion of their friends and acquaintances had used ecstasy over the preceding six months. Thirteen percent reported that most of them did, 27% reported that about half of them did, approximately one-half (49%) reported that a few of them did. Only four participants reported that all of their friends had recently used ecstasy and three reported that none did.

Six participants reported that there were new trends occurring among their friends regarding drug use. Two participants mentioned an increasing frequency of ecstasy use in Darwin. This is not supported, however, by the REU data which shows that the frequency of use in the NT has remained relatively stable since 2006 (Table 3).

16.7 Summary of criminal and police activity

- One-third (33%) reported being engaged in criminal activity within the month prior to interview. This was an increase from the proportion reporting in 2008 and REU that comment were primarily involved drug dealing.
- Six participants had been arrested in the preceding 12 months, an increase from 2008.
- The majority (76%) of participants could not comment on changes in police activity toward REU. Of those who commented, 15% of REU reported that it had remained stable, and 9% reported that it had recently increased.
- The number of meth/amphetamine related arrests has been increasing in the NT since 2002/03.
- One-fifth (20%) of REU reported having recently seen police drug detection sniffer dogs, an increase since 2008.
- One-quarter of participants endorsed all of the three questions related to a component of aggression as characteristic of them. Physical aggression and anger were equally the most endorsed by participants.

REFERENCES

Australian Bureau of Criminal Intelligence (2001). Australian Illicit Drug Report 1999-2000. Canberra, Australian Bureau of Criminal Intelligence.

Australian Bureau of Criminal Intelligence (2002). Australian Illicit Drug Report 2000-2001. Canberra, Australian Bureau of Criminal Intelligence.

Australian Bureau of Statistics (2009). National Health Survey: Summary of Results 2007-2008. Canberra, Australian Bureau of Statistics.

Australian Crime Commission (2003). Australian Illicit Drug Report 2001-02. Canberra, Australian Crime Commission.

Australian Crime Commission (2008). Australian Illicit Drug Data Report 2006-07. Canberra, Australian Crime Commission.

Australian Crime Commission (2009). Australian Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.

Australian Government Department of Health and Ageing (2005). Drug testing kits: Detailed discussion paper on social, health and legal issues. S. Henry-Edwards, S. Pointer and R. Ali. Canberra.

Australian Institute of Health and Welfare (2005). 2004 National Drug Strategy Household Survey - State and Territory Supplement. Canberra, Australian Institute of Health and Welfare: 1-12.

Australian Institute of Health and Welfare (2008). 2007 National Drug Strategy Household Survey: State and Territory Supplement. Canberra, Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (2008a). 2007 National Drug Strategy Household Survey: First results. Canberra, Australian Institute of Health and Welfare.

Bond, A. J. (2005). "Antidepressant treatments and human aggression." European Journal of Pharmacology 526: 218-225.

Boys, A., S. Lenton, et al. (1997). "Polydrug use at raves by a Western Australian sample." Drug and Alcohol Review 16: 227-234.

Breen, C., L. Topp, et al. (2002). Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two- year Feasibility trial. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Bryant, F. B. and B. D. Smith (2001). "Refining the architecture of aggression: A measurement model for the Buss-Perry Aggression Questionnaire." Journal of Research in Personality 35: 138-167.

Campbell, G. and L. Degenhardt (2008). Northern Territory Trends in Ecstasy and Related Drug Markets 2007: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). Australian Drug Trends Series No. 17. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Chesher, G. B. (1993). Pharmacology of the sympathomimetic psychostimulants. Illicit Psychostimulant Use in Australia. D. Burrows, B. Flaherty and M. MacAvoy. Canberra, Australian Government Publishing Service: 9-30.

Chin, M., R. Kreutzer, et al. (1992). "Acute poisoning from gamma-hydroxybutyrate overdose." Annals of Emergency Medicine 31: 716-722.

Cummins, R. A., J. Woerner, et al. (2007). Australian Unity Wellbeing Index Survey 20 Part A: The Report. The Wellbeing of Australians –Money, debt and loneliness Melbourne, Deakin University & Australian Centre on Quality of Life. Report 20.0.

Dalgarno, P. J. and D. Shewan (1996). "Illicit use of ketamine in Scotland." Journal of Psychoactive Drugs 28: 191-199.

Darke, S., J. Cohen, et al. (1994). "Transitions between routes of administration of regular amphetamine users." Addiction 89: 1077-1083.
Forsyth, A. J. M. (1996). " Places and patterns of drug use in the Scottish dance scene." Addiction 91: 511-521.
Hando, J. and W. Hall (1993). Amphetamine use among young adults in Sydney, Australia. Sydney, NSW Health Department.
Hando, J., L. Topp, et al. (1997). "Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia." Drug and Alcohol Dependence 46: 105-113.
Hoshi, R., L. Cohen, et al. (2007). "Ecstasy (MDMA) does not have long-term effects on aggressive interpretative bias: a study comparing current and ex-ecstasy users with polydrug and drug-naive controls." Experimental and Clinical Psychopharmacology 15(4): 351-358.
Hunter, A., W. Long, et al. (1971). "An evaluation of gamma hydroxybutyric acid in paediatric practice." British Journal of Anaesthesia 43: 620-627.
Ingels, M., C. Rangan, et al. (2000). "Coma and respiratory depression following the ingestion of GHB and its precursors: Three cases." Journal of Emergency Medicine 19(1): 47-50.
Kam, P. and F. Yoong (1998). "Gamma-hydroxybutyric acid: An emerging recreational drug." Anaesthesia 53: 1195-1198.
Kerlinger, F. N. (1986). Foundations of Behavioral Research. Japan, CBS Publishing Limited.
Kessler, R. C., G. Andrews, et al. (2002). "Short screening scales to monitor population prevalences and trends in non-specific psychological distress." Psychological Medicine 32: 959-976.
Laborit, H. (1964). "Sodium 4 hydroxybutyrate." International Journal of Neuropharmacology 43: 433-452.
Mack, R. (1993). "Love potion number 8 1/2." North Carolina Medical Journal 54: 232-233.
Mamelak, M. (1989). "Gammahydroxybutyrate: An endogenous regulator of energy metabolism." Neuroscience and Biobehavior Review 13: 187-198.
McKetin, R., J. McLaren, et al. (2005). The Sydney methamphetamine market: patterns of supply, use, personal harms and social consequences. NDLERF Monograph No. 13. Sydney, National Drug and Alcohol Research Centre, University of NSW.
Moon, C. and J. Newman (2004). Northern Territory Party Drug Trends 2003: Findings from the Party Drugs Initiative. Sydney, National Drug and Alcohol Research Centre.
Moon, C. and J. Newman (2007). Northern Territory Trends in Ecstasy and Related Drug Markets 2006: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). NDARC Technical Report No. 278. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
National Drug and Alcohol Research Center. (2008). "Fact Sheet - Cannabis." Retrieved 8 January, 2009, from http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/Fact%20Sheets.
National Health and Medical Research Council (2001). Australian Alcohol Guidelines: Health risks and benefits. Canberra, Commonwealth of Australia.
Newman, J. (2005). Northern Territory Trends in Ecstasy and Related Drug Markets 2004: Findings from the Party Drugs Initiative (PDI). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
Newman, J. and C. Moon (2006). Northern Territory Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
Nicholson, K. and R. Balster (2001). "GHB: A new and novel drug of abuse." Drug and Alcohol Dependence 63: 1-22.
Ovendon, C. and W. Loxley (1996). "Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)?" Addiction Research 4: 33-43.

Peters, A., T. Davies, et al. (1997). "Increasing popularity of injection as the route of administration of amphetamine in Edinburgh." Drug and Alcohol Dependence 48: 227-237.
Roxburgh, A. and L. Burns (in press). Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre,
University of New South Wales.
Scott, L. and L. Burns (2009). NT Trends in Ecstasy and Related Drug Markets 2008: Findings from the Ecstasy and Related Drugs Reporting System (EDRS). Australian Drug Trends Series. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. NDARC Technical Report No. 35.
Seiden, L. S., K. E. Sobol, et al. (1993). "Amphetamine: Effects on catecholamine systems and behaviour." Annual Review Pharmacology and Toxicology 33: 639-674.
Siegel, S. and N. J. Castellan (1988). Nonparametric Statistics for the Behavioural Sciences. Singapore, McGraw-Hill.
Solowij, N., W. Hall, et al. (1992). "Recreational MDMA use in Sydney: A profile of 'Ecstasy' users and their experiences with the drug." British Journal of Addiction 87: 1161-1172.
SPSS, i. (2008). SPSS for Windows. Chicago, SPSS, inc.,.
Topp, L. and A. Churchill (2002). "Australia's dynamic methamphetamine market." Drug Trends Bulletin June.
Topp, L. and S. Darke (2001). NSW Party Drug Trends 2000: Findings of the Illicit Drug Reporting System Party Drugs Module. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
Topp, L., L. Degenhardt, et al. (2002). "The emergence of potent forms of methamphetamine in Sydney, Australia; A case study of the IDRS as a strategic early warning system." Drug and Alcohol Review 21: 341-348.
Topp, L., J. Hando, et al. (1998). Ecstasy Use in Australia. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
Topp, L., J. Hando, et al. (2000). "Ecstasy use in Australia: Patterns of use and associated harms." Drug and Alcohol Dependence 55: 105-115.
Vickers, M. (1968). "Gammahydroxybutyric acid." Proceedings of the Royal Society of Medicine 61: 821-823.
White, B., C. Breen, et al. (2003). New South Wales Party Drugs Trends 2002: Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module. NDARC Technical Report Number 162. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.