J.Stafford and C.Breen

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2016:

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

Australian Drug Trends Series No. 172

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AUSTRALIAN DRUG TRENDS SERIES No. 172

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

TABLE OF CONTENTS

LIST OF TABLES

List of Figures

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This is the fourteenth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative or PDI) has been conducted nationally. In 2016, the EDRS Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The EDRS team would like to thank Australian Government Department of Health for their continued assistance and support of the EDRS.

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ABBREVIATIONS

4-MEC	4-Methylethcathinone
5-IAI	5-Iodo-2-aminoindane
5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACIC	Australian Criminal Intelligence Commission (formally ACC)
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Data Set
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
CRUFAD	Clinical Research Unit For Anxiety and Depression
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2,5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
EDRS	Ecstasy and Related Drugs Reporting System
EPS	Emerging psychoactive substances now referred to as NPS
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine

MDPV	Methylenedioxypyrovalerone (Ivory wave)
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NPS	New psychoactive substances
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
PPA	Price, purity and availability
QLD	Queensland
REU	Regular ecstasy users(s)
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SA	South Australia
SCID	Structured Clinical Interview for DSM-IV
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
TAS	Tasmania
THC	Tetrahydrocannabinol
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

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

Guide to days of use/injection

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

* As appropriate

EXECUTIVE SUMMARY

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2016* report presents the findings from the fourteenth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of Ecstasy and related drugs (ERD) markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylendioxymethamphetamine; MDMA) and other drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), *d*-lysergic acid (LSD), 3,4-methylendioxyamphetamine (MDA) and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from three sources: (a) surveys with regular psychostimulant users (RPU); (b) surveys with key experts (KE) who have contact with RPU through the nature of their work; and (c) the analysis of existing data sources that contain information on ERD. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the EDRS surveys are not representative of ERD users and drug use in the general population, but this is not the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. Regular Ecstasy User (REU)/Regular Psychostimulant User (RPU) are a sentinel group that provides information on patterns of drug use and market trends.

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

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

Demographics of EDRS participants and patterns of Drug use

- EDRS participants in 2016 continue to be a group that are aged in their mid-20s (mean age of 23 years), predominantly male (61%), the majority identifying as heterosexual (88%) and single (56%). Small proportions (2%) reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 44% had obtained post-secondary qualifications and 11% were full-time students.
- One-quarter (24%) of the national sample was currently in full-time employment. The mean weekly income was $588. The main source of income was salary/wages (66%). Half were renting (51%) and 41% were living in the parental/family home.
- In 2016, participants were recruited primarily through advertisements on the internet.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

Consumption pattern results

Current drug use

- Ecstasy was the drug of choice for 36% of the sample (significant increase from 30% in 2015) and 21% reported cannabis as their drug of choice (significant decrease from 29% in 2015).
- The drugs most likely to have ever been used and to have been used in the preceding six months were ecstasy followed by alcohol, cannabis and tobacco.
- Around one-third had binged on any stimulant in the last six months.
- Polydrug use was reported to occur weekly to fortnightly.

Ecstasy

- Any form of ecstasy was used by 97% of participants on a median of 13 days in the last six months.
- Eighty-three percent pf the national sample reported use of ecstasy pills on a median of 10 days in the six months prior to interview. Nineteen percent of participants reported using ecstasy pills more than once per week. The median number of pills used in an average session was two.
- Around one-quarter of the participants reported recently using ecstasy powder on a median of four days with 8% having had used them more than once per week. The median amount of ecstasy powder typically used in an episode was half a gram or three lines in the preceding six months.
- Sixty-one percent reported the use of ecstasy capsules on a median of five days in the last six months. Seven percent had used ecstasy capsules more than once per week in the last six months. The median number of ecstasy capsules taken in an average session in the preceding six months was two capsules.
- Over half of the national sample (57%) reported recently using MDMA crystal/rocks on median of six days with 9% reported that they had used MDMA crystal/rock more than once per week. The median amount of MDMA crystal/rock typical (or average) used in an average session was half a gram or two capsules in the preceding six months.
- Almost half (44%) reported that 'most' of their friends used ecstasy. Smaller proportions reported that all (10%) or a few (18%) of their friends used ecstasy.
- The majority of participants nominated oral ingestion as their main route of administration (ROA) for pills, capsules and MDMA crystal/rock, while most reported snorting for ecstasy powder.
- Data from the 2013 National Drug Strategy Household Survey suggest 2.5% of the general Australian population have used ecstasy in the past year (3% in 2010).

Methamphetamine

Speed powder

- One-quarter (25%) of the sample reported the use of speed on a median of two days in the six months prior to interview. VIC (50%) and TAS (32%) reported the largest proportions using speed powder. The majority of recent users (76%) used less than once a month. The median age of first speed use was 18 years.
- Among recent speed users, snorting (73%) and swallowing (35%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and one gram in a heavy session.
- Speed was the most common form of methamphetamine recently used by RPU.

Base

- Four percent of participants reported using base in the six months prior to interview on a median of two days. QLD (8%) was the jurisdiction with the highest reported base use. The median age of first base use was 19.5 years.
- Among recent base users, swallowing was the most commonly nominated ROA (46%) followed by smoking (36%). The majority of recent base users (73%) had used less than monthly.
- The average amount used was one point in both a typical and heavy session.

Crystal

- Nineteen percent of the national sample reported recent crystal methamphetamine use on a median eight days. Almost half (45%) of recent users reported using less than monthly. SA (33%) was the jurisdiction with the most recent crystal methamphetamine use reported. The median age of first crystal use was 19.5 years.
- The most common ROA for crystal methamphetamine use was smoking (85%). The average amount used in a typical session was one and a half points and for a heavy session two points.

Cocaine

- Nearly half (47%) of the national sample reported cocaine use in the six months prior to interview. NSW (70%) was the jurisdictions that reported the most recent cocaine use.
- Among recent users, cocaine had typically been snorted (98%), or swallowed (9%). The median age of first use was 19 years.
- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (73%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.

Ketamine

- Forty-two percent of the national sample reported lifetime use of ketamine, and 26% reported using ketamine recently (significant increase from 15% in 2015).
- Ketamine use was highest in VIC with 70% the sample reporting recent use.
- Amongst recent ketamine users, the majority (91%) snorted and 12% had swallowed it.
- Among recent users, ketamine had been used on a median of three days in the past six months; two-thirds (67%) had used ketamine less than once per month. There were three reports of more than weekly ketamine use.

GHB

- Seventeen percent of the national sample reported lifetime use of GHB, with 8% reporting recent use. This was a significant increase from 5% in 2015.
- NSW and VIC reported the highest proportion of recent use.
- Recent use occurred on a median of three days in the six months preceding interview (significant increase from two days in 2015). The majority (61%) reported using less than once per month.
- Recent GHB users reported using a median of 4mls in a typical episode of use and a median of 5.5mls in the heaviest recent episode of use. GHB was mainly consumed orally.

LSD

- Seventy-one percent of the national sample reported lifetime use of LSD and recent use of LSD at 45%. This was a significant increase in recent use of LSD from 40% in 2015.
- The median days of LSD use amongst recent users was three (significant increase from two days in 2015). Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.

Cannabis

- Cannabis was the second most recently used drug by the EDRS sample with 86% reporting recent use.
- Among those who had used cannabis in the six months preceding interview, cannabis had typically been smoked (97%).
- The median age of first use by recent users was 15 years.
- Among recent users, use occurred on a median of 49 days during this time (i.e. approximately twice per week). Reported daily use remained stable at 24%.

Other drugs

- **MDA** lifetime use was 23% of the national sample, with 11% reporting recent use on a median of two days. The majority (88%) of recent users reporting that use had occurred less than once per month. A median of two capsules or one tablet were used in a typical session.

- Almost the entire sample (over 99%) reported lifetime use of **alcohol**, and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 3% of the sample. Fifteen percent nominated alcohol as their drug of choice.
- Ninety-three percent reported lifetime **tobacco** use and 83% had used tobacco in the six months preceding interview. Half (47%) of recent tobacco users were daily smokers, with median days use being 155 (i.e. almost daily).
- One-quarter (26%) had used **e-cigarettes** in the six months prior to interview on a median of three days in the last six months.
- Half (52%) of the sample reported lifetime **benzodiazepine** use (both licitly and illicitly obtained) and around one-third (38%) reported recent illicit use. Swallowing was the main ROA reported. Daily use of illicit benzodiazepine use was not reported. Five participants reported daily 'licit' benzodiazepine use. The types most used were diazepam and alprazolam.
- Seven percent of the national sample reported using illicit **antidepressants** in their lifetime and 2% reported recent use. The median days of use was three. One participant reported daily use.
- Ten percent of participants reported 'licit' **antipsychotic** use on median of 165 days in the last six months. Four percent of the sample reported 'illicit' antipsychotic use on a median of two days in the last six months.
- One-third (36%) of the national sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days. Use was significantly higher in 2016; 26% in 2015.
- Recent use of **amyl nitrite** (nationally) was reported at 27% a significant increase from 21% in 2015. Use was occasional on a median of three days.
- Twenty-two percent of the national sample reported recent **mushroom** use, comparable to 2015. Use occurred on a median of two days, and the vast majority (91%) of recent users had used less than monthly.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC codeine**, **OTC stimulants** and **steroid use**.

New psychoactive substances (NPS)

- In 2016, the number of EDRS participants that had consumed an NPS in the previous six month period was 34%, and 4% reported use of synthetic cannabis.
- Reports of NPS use occurs in all states with synthetic cannabis use highest in the NT.
- The most used NPS included: DMT, Any 2C and NBOMe.
- Population estimates for these drugs suggest 1.4% of the general Australian population having reported having used synthetic cannabis in the past 12 months and 0.4% having used an NPS.

Drug Market: price, purity, availability and purchasing patterns

Ecstasy

- The median price of a tablet of ecstasy nationally was $25. A capsule of ecstasy was a median of $25 and ecstasy powder was reported at a median of $200 per gram or $27.50 per point. MDMA crystal/rock was $200 per gram and $30 per point. The highest proportions of participants in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months.
- Nineteen percent of the participants in the EDRS reported ecstasy pills to be of 'high' purity. Larger proportions reported other forms to be 'high' purity; 54% for MDMA crystal/rock 47% for ecstasy powder and 34% for ecstasy capsules.
- The purity of all ecstasy forms were varied with similar proportions reporting purity to be 'stable' or 'fluctuating' over the last six months, except crystal which was considered stable by over half of participants (58%).
- The availability of all ecstasy forms were considered to be 'very easy' to 'easy' to obtain. The majority of participants in all jurisdictions reported that availability had remained 'stable' in the six months prior to interview.
- All forms of ecstasy were predominantly purchased through friends and used in a range of locations, most commonly in nightclubs.

- The weight of MDMA seizures detected at the border increased dramatically to 2,002 kilograms in 2014/15, the second highest weight recorded over the past 14 years.

Methamphetamine

Speed powder

- The median price of a gram of speed nationally was $200 with 71% reporting that prices were 'stable'.
- Purity reports of speed were considered 'medium' 42%. Most reported purity of speed had remained 'stable' (67%).
- Speed was considered to be 'easy' to 'very easy' to obtain (60%). The majority considered speed availability to have remained 'stable' in the past six months (73%).

Base

- Price (median) of base was commonly reported in points and was $72.50 per point nationally. Most participants reported that this had remained 'stable' (41%).
- Purity was reported to be 'high' for base (45%), and this was considered to have 'increased' over the last six months (36%).
- Base was considered to be 'easy' to 'very easy' to obtain by two-thirds of those that commented (62%). This was reported to have remained 'stable' (43%) or become 'easier' (36%) to obtain over the past six months.

Crystal

- Price (median) of crystal methamphetamine was commonly reported in points, and was $75 per point nationally. Most participants reported that this had remained 'stable' (44%).
- The largest proportion reported that crystal methamphetamine purity was 'high' (50%) and that this had remained 'stable' (40%).
- The majority of participants commenting reported that crystal methamphetamine was 'easy' to 'very easy' to obtain (92%). Nearly two-thirds (62%) reported that availability had remained 'stable' and one-third (29%) reported it had become 'easier' to obtain in the preceding six months.
- ATS (predominantly crystalline methamphetamine) seizures detected at the Australian border dominated all illicit drug seizures in 2014/15. The numbers and weights of crystalline methamphetamine seizures are the highest on record.

Cocaine

- The price of cocaine remained 'stable' nationally at $300 per gram.
- Cocaine purity was reported as mixed between 'medium' (39%) and 'low' (31%). Purity was reported as remaining 'stable' over the preceding six months (53%).
- Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (55%) of the sample, although one-third (37%) reported it as 'difficult' to obtain. Most (65%) considered availability to have remained 'stable' in the six months prior to interview.
- Cocaine was predominantly purchased from private sources (i.e. friends at friend's home), and was most reportedly last used in public locations such as nightclubs and private locations such as friend's home and private parties.
- The number of cocaine seizures detected at the border has remained relatively high over the past few years.

Ketamine

- Seven percent of the national sample were able to comment on the price of a gram of ketamine.
- Price of a gram of ketamine had a median national price of $200. The price was reported as 'stable' by 74% of the participants that commented.
- The purity of ketamine has continued to be reported as 'high' (54%), and this was reported to have remained 'stable' by the majority that commented (62%).
- Ketamine availability reports were mixed between being 'easy' and 'difficult' (38% and 33% respectively). Two-thirds (65%) reported availability as having remained 'stable' in the preceding six months.

- Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's home. Locations of last use were divided between public locations (nightclubs) and private locations (friend's home).

GHB

- Small numbers (n=23) were able to comment on the price of a millilitre of GHB. Around half (52%) of the participants reported that the price had remained 'stable'.
- Purity was reported as 'high' (50%) and considered 'stable' (41%).
- Nationally, reports on availability of GHB were generally considered 'easy' to obtain (67%) with over half (55%) reporting that availability of GHB had remained 'stable' in the six months preceding interview.
- GHB was obtained from friends and known dealers in both public and private locations.

LSD

- The median price per tab of LSD was $20 nationally ranging from $15 in TAS to $30 in the NT. Sixty-six percent of those commenting reported that the price had remained 'stable' in the six months prior to interview.
- Around half reported the current purity of LSD as 'high' (48%) and 56% reported that purity had remained 'stable' in the six months preceding interview.
- Overall LSD was reported to have remained 'very easy' or 'easy' (69%) to obtain and this had remained 'stable' (63%) in the last six months.
- LSD was reported to have been obtained from friends and used in private locations such as the participant's own homes or friend's homes.

Cannabis

- The majority of respondents were able to differentiate between hydro and bush cannabis when asked about cannabis market characteristics.
- Nationally the median last price for an ounce was $280 for hydro and $240 for bush.
- Prices were reported to have remained 'stable' for both forms over the preceding six months.
- The potency of hydro was reported to be 'high' by 47% of the national sample (significant increase from 39% in 2015) and bush was reported to be 'medium' potency by 50%. The potency for both forms was reported to have remained 'stable' over the last six months.
- Hydro and bush were reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Hydro and bush cannabis were most commonly bought from friends, and used in private locations.

Health-Related Trends Associated with ERD use

Overdose

- Twenty-nine percent reported having ever **overdosed** on a **stimulant** drug and 19% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Public places such as live music events and nightclubs are where most stimulant ODs occurred. The most common symptoms reported were vomiting and nausea. On the last stimulant overdose occasion, 40% reported that they not receive any medical treatment.
- Twenty-seven percent of the national sample reported having ever **overdosed** on a **depressant** drug and 17% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (79%). Most depressant OD occurred in private locations such as their own home or at a friend's home. The most commonly reported symptoms were vomiting and losing consciousness. On the last depressant overdose occasion, most were attended to by friends who were monitoring them.

Help-seeking behaviour

- Of the national sample 85% had reported having **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. Of those who had commented, GPs (87%) were the service most accessed by this group for any reason, followed by

dentists (37%). Of those who accessed GPs to discuss drug use, cannabis and ecstasy were the primary drugs of concern in most cases.

Drug treatment

- Ecstasy was a drug of concern (principal or additional) in 3% of closed **treatment seeking** episodes in 2014/15 and was the principal drug in just 0.6% of cases. Proportionately, amphetamines consisted of 20% of all closed treatment episodes across Australia.

Hospital data

- The number of methamphetamine-related, cocaine-related and cannabis-related hospital admissions increased in 2014/15.

Mental health problems

- A substantial proportion of participants were classified as currently experiencing 'high' (25%) to 'very high' (9%) psychological distress on the **Kessler Psychological Distress Scale (K10).** People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.
- Over one-third (38%) of the sample reported **experiencing a mental health problem** in the preceding six months; anxiety and depression were the most commonly reported. Twenty-two percent reported visiting a mental health professional for a mental health problem in the last six months.

Risk Behaviour

Injecting risk behaviour

- Ten percent of the national sample reported having **injected** at some time in their lives; 4% of the national sample reported injecting in the last month preceding interview. The median age of first injection was 20 years of age.
- Of those who had injected in the preceding month very few respondents reported using a needle after someone else in the month preceding interview.

Sexual risk behaviour

- Two-thirds (64%) of participants reported penetrative sex in the six months preceding interview with at least one casual partner. A large majority had casual sex while under the influence of drugs including alcohol, ecstasy and cannabis. Twenty-one percent reported that they did not use a barrier for safe sex during their last sexual encounter while under the influence of drugs and/or alcohol.
- Just under half (46%) of the national sample reported having a sexual health check up in the last year. With a small percentage receiving a positive diagnosis for an STI in the past year (5%).

The Alcohol Use Disorders Identification Test

- Seventy-three percent of the national sample obtained eight or more on the AUDIT scale indicative of hazardous alcohol use.

Driving risk behaviours

- Around three-quarters (78%) of the national sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently, one-third reported driving while over the legal limit of alcohol and around half reported driving soon after using an illicit drug in the last six months.

Ecstasy and methamphetamine dependence

- Of those who recently used ecstasy, the median SDS score was one, with 26% scoring three or above (indicating dependence).
- Of those who recently used methamphetamine, the median SDS score was zero, with 27% scoring four or above (indicating dependence).

Law Enforcement-Related Trends associated with ERD use

Criminal activity

- One-third (36%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.

Arrests

- Ten percent of the national sample had been arrested in the past year. The most common charges reported were use/possession of drugs and violent offences.
- Consumer and provider arrests appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

Special Topics of Interest

NPS use provision

- Forty percent of the national sample reported using a NPS in the last 12 months, most commonly DMT and 2C-X.
- The majority of those who had used a NPS in the last 12 months nominated a friend as their main source.
- Of those who commented, over half (56%) reported that they did not provide any NPS to others, and 44% reported that they had provided any NPS to others; mainly to friends for free or to share.

Online purchasing

- Eighteen percent of 2016 national sample reported that they had purchased an illicit drug online in their lifetime. Fourteen percent had done so in the previous year between once and more than five times.
- Over half (56%) reported that less than 25% of their drugs were purchased online and 5% reported that all of their drugs were purchased online.
- Of those purchasing from the internet, 32% reported that they were purchasing for the purposes of supplying to friends.
- Purchases of illicit drugs were primarily made from either International webstores or dark net marketplaces similar to the now-closed Silk Road.
- Eleven percent of the national sample reported buying traditional illicit substances online (mainly ecstasy and LSD), while 4% reported purchasing NPS illicit substances online (mainly from the 2CX family).

Video gaming and gambling

- Two-thirds of the national sample reported playing video games in the last six months on a median of 24 days. Around half of those how had used video games in the last months had done so for one hour or less on a typical day of use. Fifteen percent of those who had played video games in the believed they had an issue with video gaming
- Nearly half (42%) of the national sample had gambled on a median of four days in the last six months. Ten percent believed they had an issue with gambling.

1 INTRODUCTION

The EDRS evolved from the Illicit Drug Reporting System (IDRS), an annual data collection that monitor trends in illicit drug markets and has been conducted in all states and territories of Australia since 2000. In June 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year trial in New South Wales and Queensland to examine the feasibility of monitoring emerging trends in the ecstasy and related drugs (ERD) market using the extant IDRS methodology. In addition, Drug and Alcohol Services Council (DASC), now known as Drug and Alcohol Services of South Australia (DASSA), funded the trial in SA. This component of the IDRS was known as the Party Drugs Module and the term 'party drug' included any drug that was routinely used in the context of entertainment venues such as nightclubs or dance parties, and by a population of users different to those surveyed by the main IDRS which focuses on injecting drug use.

In 2002, the National Drug and Alcohol Research Centre (NDARC) and DASSA funded the Party Drugs Module in NSW and SA respectively. In 2003, NDLERF provided funding for a feasibility trial for it to be conducted in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project had been collected nationally. Funding was again provided by NDLERF in 2004. From 2005 the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy provided funding. In 2006, the PDI was renamed the Ecstasy and Related Drugs Reporting System (EDRS) and has been conducted annually across capital cities in Australia since.

This report provides a national summary of trends from the fourteenth year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from the three data sources: interviews with current RPU; interviews with professionals who have contact with ecstasy users (key experts, or KE); and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented.

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

In 2016, the EDRS was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004).

The focus is on the capital city in each state/territory because trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the Drug Trends and NDARC websites. This report focuses on the 2016 data collection in all states/territories; reports from this and all previous years are available on the drug trends and NDARC website[1]. The reader should refer to the jurisdictional reports for more detailed trend information available.

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

[1] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au for details.

1.1 Study aims

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

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

2 METHOD

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

1. face-to-face interviews with current regular escstasy or other psychostimulant users recruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE who, through the nature of their work, have regular contact with regular escstasy or other psychostimulant users; and
3. indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys (NDSHS).

These data were used to provide an indication of emerging trends in ERD use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the participant survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2016 can be found in the jurisdictional reports, available from the Drug Trends website drugtrends.org.au.

2.1 Survey of RPU

Since 2003, the sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy was considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 2.5% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014).

Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting REU, the eligibility criteria were expanded to include other RPU to provide information on ERD markets. Since 2013, the RPU criteria was adopted for all states. Interestingly in 2016, there were a number of participants who had used ecstasy in the past six months but not regularly (i.e. at least monthly) (n=152) and a small number who had not used ecstasy at all in the past six months (n=11).

Numbers recruited for the 2016 EDRS were: National RPU N=795; including NSW n=103; ACT n=100; VIC n=100; TAS n=100; SA n=100; WA n=100; NT n=100; QLD n=92.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites (including drug information sites and forums as well as social media), gay and lesbian newspapers, on radio and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through

advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone (call or text) or email and were screened for eligibility. To meet entry criteria they had to:

- be at least 16 years of age (due to ethical constraints);
- have used ecstasy or other illicit psychoactive substances/stimulants (including: MDA, methamphetamine, cocaine, ketamine, GHB, LSD, mephedrone or other NPS) on at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place 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 more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that took approximately 45–60 minutes. All respondents were volunteers who were reimbursed $40 for time and expenses incurred. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous. The nature and purpose of the study was explained to participants before informed consent was obtained. Interviews took place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule.

2.1.3 Measures

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

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics: the price, purity and availability of different ERDS;
- risk behaviours (such as injecting and sexual behaviour);
- Severity of Dependence Scales and the Alcohol Use Disorders Identification Test ;
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including online purchasing patterns and NPS use, online purchasing and video gaming and gambling.

The EDRS participant surveys are used as the primary basis on which to examine drug trends. The participants provide comparable information on drug price, availability and use patterns in all jurisdictions and over time.

2.1.4 Data analysis

The EDRS participant surveys are used as the primary basis on which to examine drug trends. The participants provide comparable information on drug price, availability and use patterns in all jurisdictions and over time.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using the IBM SPSS Statistical Package for Windows, Version 22.0 (IBM, 2013).. More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug Trends website[2].

2.2 Survey of KE

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

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2016.

Ninety-seven KE across the country participated in the 2016 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program (NSP) workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/event organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of RPU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs (PWID), HIV-positive people, and the gay and lesbian community.

KE reports are critical in providing a context within which the EDRS participant data may be understood (e.g. in providing an indication of the extent to which trends may be extending to groups of users in other areas). Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the Drug Trends and NDARC websites: www.drugtrends.org.au.

[2] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au

2.3 Other indicators

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

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

- the 2013 National Drug Strategy Household Survey (AIHW, 2014);
- drug purity data provided by the Australian Criminal Intelligence Commission (ACIC). These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia and provide an objective measure of purity;
- data on consumer and provider arrests by drug type provided by the ACIC;
- data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- data on the number and weight of seizures of illicit drugs made at the border provided by the Department of Immigration and Border Protection.

3 DEMOGRAPHICS

Key points

- EDRS participants in 2016 continue to be aged in their early to mid-20s (mean age of 23 years), predominantly male (61%), heterosexual (88%) and single (56%). Small proportions reported currently being in drug treatment (2%) which was mainly drug counselling.
- The participants interviewed were well educated: 44% had obtained post-secondary qualifications; while 12% were full-time students.
- One-quarter (24%) of the national sample was currently in full-time employment. The mean weekly income was $588. The main source of income was salary/wages (66%). Half were renting (51%) or living in the parental/family home (41%).
- In 2016, participants were recruited primarily through the internet or word-of-mouth.

In the 2016 EDRS, 795 participants were interviewed. RPU criteria were used to include regular psychostimulant use (i.e. six separate occasions over the last six months of any ERD). The sample size was predetermined, with each state/territory aiming to interview 100 RPU. The national sample comprised 103 participants from Sydney (NSW), 100 participants from Melbourne (VIC), 100 participants from Adelaide (SA), 100 participants from Perth (WA), 100 participants from Darwin (NT), 100 participants Canberra (ACT), 92 participants in Brisbane and the Gold Coast (QLD), and; 100 participants in Hobart (TAS). From 2013 the eligibility for NT EDRS participation has been based on regular psychostimulant use, that is, used on at least six occasions within Australia (not necessarily in the NT) in the six months prior to interview. Further to this, eligible participants were required to have purchased at least one psychostimulant in the NT (that is, been able to complete a Price, Purity and Availability (PPA) section based on the Darwin market). Unlike other jurisdictions, no restrictions were placed on the length of time participants had resided in the NT due to the transient nature of Darwin residents.

See Appendix A, Figure A1 and Figure A2 for recruitment numbers and method patterns over time.

3.1 Overview of the EDRS participant sample

Nearly two-thirds (61%) of the national sample interviewed in 2016 were male. The mean age of the sample was 23 years (SD 5.5, range: 17–54). There were no significant differences between gender and age. Most participants identified as heterosexual (88%) and nominated English as the main language spoken at home (96%). The majority of participants were also born in Australia (83%), with 5% born in the United Kingdom and 2% born in New Zealand. A minority (4%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Over half reported that they lived in either their own premises (purchased or rented; 51%) or in their parents' or family's house (41%; Table 1).

The mean number of years of school education completed by the sample was 12 years (SD=0.89, range: 0–12), and 76% had completed high school education (year 12 or above). Almost half had completed courses after school, with 26% having completed a trade or technical qualification and 18% having completed a university degree or college course. Main source of income for this sample was wages or salary (66%) followed by government benefits (19%), parental allowance (8%), criminal activity (1%), other means (3%) and a small percentage reported that they had no income (3%). Mean weekly income nationally was $588 with variations across jurisdictions (Table 1).

Over half (56%) of the national sample reported that they were of single relationship status and one-third (38%) had a regular partner. Five percent reported being married or living in a de facto relationship, and 1% reported that they were separated or divorced.

Two percent (n=15) of the national sample reported that they were currently in drug treatment (Table 1). Of those that were in treatment, drug counselling was reported as their main form of treatment (n=8), with small numbers (n<10) reporting other treatments including detoxification.

Table 1: Demographic characteristics EDRS participants, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
Mean age (years)	23	**23**	21	21	24	25	20	21	25	24
% Male	62	**61**	68	58	47	51	61	73	65	69
% English speaking background	96	**96**	98	95	98	99	96	96	99	89
% Aboriginal and/or Torres Strait Islander	2	**4**	1	4	3	5	4	0	14	4
% Sexual identity										
Heterosexual	87	**88**	79	89	85	92	80	95	94	90
Gay male	3	**2**	7	1	3	0	4	1	2	1
Lesbian	2	**1**	1	3	1	1	1	1	0	0
Bisexual	7	**8**	12	7	10	7	13	3	4	8
Other	1	**1**	2	0	1	0	2	0	0	1
% Single	62	**56**	57	55	56	46	60	55	58	63
Mean years of school education (n)	12	**12**	12	12	12	12	12	12	12	12
% Tertiary qualifications	46	**44**	34	31	50	44	44	40	68	38
% Employed full time	24	**24**	24	17	16	17	23	29	50	15
% Students[#]	33	**39**	43	27	48	39	39	47	6	64
% Unemployed	12	**11**	7	11	14	13	10	10	16	11
Mean weekly income $	(N=728) $565	**(N=755) $588**	(n=100) $519	(n=93) $422	(n=96) $489	(n=97) $531	(n=93) $463	(n=90) $590	(n=96) $1167	(n=90) $518
% Accommodation										
Own house/flat	4	**4**	2	6	0	5	6	3	1	5
Rented house/flat	49	**51**	34	41	51	72	28	41	72	71
Family home	42	**41**	62	43	44	23	63	53	21	12
Boarding House/hostel	5	**2**	0	5	2	0	0	2	3	1
No fixed address	<1	**1**	0	0	0	0	1	1	1	4
Other	1	**3**	2	5	3	0	2	0	2	7
% Currently in drug treatment	2	**2**	1	0	2	2	4	4	1	1

Source: EDRS participant interviews

[#] Question wording changed in 2007 to include only full-time students, part-time student, work/study

The demographic characteristics of the EDRS participants recruited were generally consistent across jurisdictions. Appendix A, Table A1 presents key demographic characteristics across time. The EDRS participants in the national sample have consistently been in their early to mid-20s, well-educated and largely employed. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that RPU are a group with little contact with law enforcement and drug treatment services.

3.1.1 Recruitment of the participant sample

Participation in the EDRS study in previous years has continued to be reported by a minimal number of participants. This year, the internet was the medium by which most participants were recruited followed by word-of-mouth (Table 2). Over half (58%) of the national sample was recruited over the internet in 2016. There has been a change in the proportion of the sample recruited by various methods with an increase in the internet as a recruitment method over time (see Appendix A2).

Table 2: Previous participation in the EDRS and IDRS and source of participant recruitment, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Previously participated in EDRS	11	**13**	8	20	8	24	8	13	12	9
% EDRS survey recruitment										
Internet	33	**58**	53	64	56	42	65	71	78	36
Word-of-mouth	37	**30**	39	35	26	23	34	25	22	35
Advert in street press	12	**5**	1	0	18	6	0	2	0	16
Fliers	11	**4**	7	0	0	11	1	0	0	13
Other	8	**3**	0	1	0	18	0	2	0	0

Source: EDRS participant interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

Key points

- Ecstasy remained the most commonly reported drug of choice for 36% of the sample (significant increase from 30% in 2015) and 21% reported cannabis as their drug of choice (significant decrease from 29% in 2015).
- The drugs most likely to have ever been used, and to have been used, in the preceding six months were ecstasy, alcohol, cannabis and tobacco.
- The recent use of ketamine and GHB significantly increased.
- Around one-third of the sample had binged on one or more drugs on a median of three occasions in the last six months.
- Alcohol and cannabis were reported as the drugs most used in the past month.
- Polydrug use was reported by this sample on a weekly to fortnightly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: increase in drug use by particular groups and noticed new drug types.

In 2016, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including licit substances such as alcohol and tobacco.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS; namely ecstasy, methamphetamine, cocaine, ketamine, GHB and LSD.

Participants reported the use of a wide range of other drugs in their lifetime (Table 3). A small proportion of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'new psychoactive substances' (NPS) including DMT and NBOMe (hallucinogens); synthetic drugs such as 2C-I, 2C-B, and naturally occurring drugs, such as kava (data not shown). First included in 2010, the EDRS included a section investigating the prevalence of use of these substances in this sample. Results can be found in the section *4.10: New psychoactive substance use*. Jurisdictional reports also provide a more detailed overview of the use of these drugs in each jurisdiction.

Table 3 presents data on the lifetime and recent use of drugs among the national sample and jurisdictions. The drugs most likely to have ever been used and to have been used in the preceding six months were ecstasy, alcohol, cannabis and tobacco. Significant increases in recent use were found for ketamine (26%; 15% in 2015, $p<0.05$) and GHB (8%; 5% in 2015, $p<0.05$).

Increasing and decreasing trends are evident across time in relation to drug of choice, lifetime and recent use of ecstasy and other substances (Appendix B). In 2016, of interest is the decreasing trend of lifetime and recent use of any form methamphetamine, driven mainly by the decrease in methamphetamine powder (speed) and base use.

4.1.1 Injecting drug use

Ten percent of the national sample reported that they had injected a drug in their lifetime. The median age first injected was 19 years. Among those who had ever injected, the main drug first injected was speed followed by heroin. Four percent of the sample reported injecting in the past month (changed to from six months to past month in 2016). For further details, please refer to section *7.1: Injecting Risk Behaviour*.

Table 3: Lifetime and recent (last six months) drug use among RPU, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever injected a drug	8	**10**	3	4	12	19	7	2	23	10
% Injected past month	*5**	**4**	0	0	5	10	1	2	6	6
Ecstasy pills										
% ever used	95	**96**	88	88	98	100	99	100	99	92
% recent use	85	**86**	58	80	93	95	97	98	91	73
median days used	10	**10**	3	4	6	10	12	12	10	6
(range)	(1–110)	**(1–72)**	(1–48)	(1–25)	(1–72)	(1–70)	(1–72)	(1–72)	(1–60)	(1–60)
Ecstasy powder										
% ever used	37	**37**	24	23	53	48	32	29	43	47
% recent use	21	**57**	60	52	51	58	66	45	51	72
median days used	4	**4**	4	4	6	5	4	4	5	2
(range)	(1–180)	**(1–72)**	(1–72)	(1–24)	(1–72)	(1–20)	(1–24)	(1–24)	(1–60)	(1–12)
Ecstasy capsules										
% ever used	76	**77**	77	81	93	73	70	72	74	79
% recent use	60	**78**	89	89	90	55	79	75	60	81
median days used	5	**5**	10	7	6	3	5	5	4	6
(range)	(1–60)	**(1–96)**	(1–48)	(1–35)	(1–55)	(1–10)	(1–72)	(1–20)	(1–96)	(1–36)
MDMA crystal/rock										
% ever used	65	**74**	83	66	73	78	75	66	71	77
% recent use	52	**78**	98	79	81	43	84	89	61	89
median days used	5	**6**	7	6	5	4	6	6	5	6
(range)	(1–180)	**(1–96)**	(1–96)	(1–48)	(1–55)	(1–30)	(1–72)	(1–24)	(1–96)	(1–61)
Ecstasy (any form)[@]										
% ever used	100	**100**	100	100	100	100	100	100	100	99
% recent use	99	**99**	99	99	100	97	100	100	97	97
median days used	12	**13**	13	12	13	12	20	16	13	13
(range)	(1–180)	**(1–113)**	(1–113)	(1–48)	(1–72)	(1–76)	(1–84)	(1–90)	(1–100)	(1–80)
Alcohol										
% ever used	99.6	**99.6**	100	99	100	100	99	100	100	99
% recent use	97	**97**	100	99	97	98	98	95	94	98
median days used	48	**48**	48	48	48	80	24	28	57.5	48
(range)	(1–180)	**(1–180)**	(2–160)	(1–160)	(1–180)	(6–180)	(1–180)	(1–180)	(1–180)	(2–180)
Cannabis										
% ever used	98	**99**	99	98	100	98	100	98	98	99
% recent use	87	**85**	84	85	86	77	97	87	82	86
median days used	50	**49**	24	50	22	100	72	24	165	72
(range)	(1–180)	**(1–180)**	(1–180)	(1–180)	(1–180)	(2–180)	(1–180)	(1–180)	(1–180)	(1–180)
Tobacco										
% ever used	92	**93**	97	93	95	94	95	92	95	83
% recent use	82	**83**	87	84	88	76	84	79	87	75
median days used	166	**155**	72	90	163	180	180	48	180	96
(range)	(1–180)	**(1–180)**	(1–180)	(1–180)	(2–180)	(1–180)	(1–180)	(1–180)	(2–180)	(2–180)
E-cigarettes										
% ever used	57	**53**	62	51	62	44	62	46	59	37
% recent use	34	**26**	38	23	28	15	34	25	24	24
median days used	3	**3**	2	4	2	3	5	3	3	3
(range)	(1–180)	**(1–180)**	(1–180)	(1–90)	(1–48)	(1–20)	(1–180)	(1–31)	(1–180)	(1–180)
Meth. powder (speed)										
% ever used	52	**59**	49	55	85	86	23	41	74	58
% recent use	25	**25**	18	21	50	32	12	18	27	25
median days used	2	**2**	2	3	3	2	2	1.5	3	2
(range)	(1–90)	**(1–180)**	(1–24)	(1–24)	(1–50)	(1–60)	(1–12)	(1–180)	(1–48)	(1–12)
Meth. base										
% ever used	18	**21**	21	12	21	49	15	8	20	20
% recent use	3	**4**	5	6	2	4	3	1	5	8
median days used	2	**2**	–	–	–	–	–	–	–	–
(range)	(1–24)	**(1–96)**	–	–	–	–	–	–	–	–
Crystal meth. (crystal)										
% ever used	31	**34**	22	14	30	42	42	29	61	32
% recent use	19	**19**	15	5	18	21	33	12	32	19
median days used	6	**8**	10	–	15	10	4	4	12.5	12
(range)	(1–180)	**(1–180)**	(1–100)	–	(1–120)	(1–180)	(1–96)	(1–96)	(1–170)	(1–120)
Meth. (any form)#										
% ever used	*63*	***67***	*53*	*58*	*85*	*91*	*46*	*50*	*84*	*67*
% recent use	*38*	***38***	*27*	*26*	*57*	*42*	*36*	*27*	*52*	*39*
median days used	*3*	***4***	*3.5*	*3*	*5*	*3*	*4.5*	*2*	*6*	*2*
(range)	*(1–180)*	***(1–180)***	*(1–107)*	*(1–24)*	*(1–120)*	*(1–180)*	*(1–120)*	*(1–180)*	*(1–170)*	*(1–122)*

Source: EDRS participant interviews

– Not published due to small number reported (n<10)

* In 2015, injected in the last six months

[@] Ecstasy (any form) includes pills, powers, capsules & MDMA crystal/rock

[#] Meth. (any form) includes speed powder, base and crystal

Table 3: Lifetime and recent (last six months) drug use among RPU, 2016 (continued)

	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
Cocaine										
% ever used	67	**74**	82	71	81	68	77	67	80	66
% recent use	42	**47**	70	44	56	24	57	38	42	41
median days used	3	**3**	3.5	2	2	2	3	2.5	3	2
(range)	(1–72)	**(1–72)**	(1–72)	(1–12)	(1–34)	(1–12)	(1–24)	(1–48)	(1–30)	(1–32)
LSD										
% ever used	66	**71**	81	66	70	72	49	78	75	75
% recent use	40	**45**	65	40	52	39	30	50	32	55
median days used	2	**3**	3	3	2	4	2.5	2	4	4
(range)	(1–96)	**(1–60)**	(1–48)	(1–30)	(1–30)	(1–20)	(1–24)	(1–24)	(1–60)	(1–30)
MDA										
% ever used	24	**23**	20	19	30	15	17	30	22	27
% recent use	13	**11**	12	11	12	8	12	13	7	16
median days used	2	**2**	2	1	1	–	2	2	–	2
(range)	(1–25)	**(1–150)**	(1–7)	(1–3)	(1–18)	–	(1–12)	(1–12)	–	(1–20)
Ketamine										
% ever used	34	**42**	57	31	84	38	20	33	37	35
% recent use	15	**26↑**	50	20	72	3	15	18	11	22
median days used	2	**3**	3	2	5	–	1	3	1	2
(range)	(1–35)	**(1–72)**	(1–72)	(1–6)	(1–72)	–	(1–6)	(1–24)	(1–12)	(1–12)
GHB/1,4B/GBL										
% ever used	12	**17**	27	4	26	9	16	13	24	15
% recent use	5	**8↑**	20	1	14	0	9	4	4	7
median days used	2	**3**	6	–	4.5	–	–	–	–	–
(range)	(1–25)	**(1–80)**	(1–80)	–	(1–50)	–	–	–	–	–
Amyl nitrite										
% ever used	42	**44**	77	36	60	32	68	24	27	24
% recent use	21	**27**	59	24	36	11	54	14	8	9
median days used	3	**3**	2	1.5	2.5	2	5	4	–	–
(range)	(1–180)	**(1–90)**	(1–90)	(1–10)	(1–40)	(1–60)	(1–72)	(1–24)	–	–
Nitrous oxide										
% ever used	48	**59**	70	55	78	66	40	64	46	48
% recent use	26	**36**	56	37	62	15	26	45	17	25
median days used	4	**4**	5	4	5.5	2	4	4	5	2.5
(range)	(1–72)	**(1–180)**	(1–30)	(1–60)	(1–90)	(1–180)	(1–96)	(1–72)	(1–24)	(1–15)
Licit benzodiazepines										
% ever used	14	**14**	15	9	20	20	7	8	11	19
% recent use	7	**7**	5	5	11	9	2	6	6	14
median days used	10	**12**	–	–	14	–	–	–	–	6
(range)	(1–180)	**(1–180)**	–	–	(2–180)	–	–	–	–	(1–69)
Illicit benzodiazepines										
% ever used	43	**47**	60	30	58	36	55	53	30	58
% recent use	27	**34**	46	23	47	21	42	34	14	46
median days used	4	**4**	4	4	3	5	3	4.5	3	3.5
(range)	(1–90)	**(1–90)**	(1–89)	(1–90)	(1–72)	(1–30)	(1–80)	(1–48)	(1–24)	(1–25)
Any benzodiazepines (licit/illicit)										
% ever used	*49*	***52***	*66*	*32*	*66*	*44*	*60*	*55*	*35*	*59*
% recent use	*32*	***38***	*48*	*26*	*52*	*25*	*44*	*37*	*20*	*49*
median days used	*4*	***5***	*5*	*4*	*4*	*6*	*2*	*5.5*	*3*	*5*
(range)	*(1–180)*	***(1–180)***	*(1–109)*	*(1–90)*	*(1–180)*	*(1–180)*	*(1–80)*	*(1–72)*	*(1–180)*	*(1–50)*
Licit pharm. stimulants										
% ever used	7	**8**	17	13	2	6	8	4	5	9
% recent use	3	**3**	9	2	1	2	2	3	2	4
median days used	39	**96**	–	–	–	–	–	–	–	–
(range)	(1–180)	**(1–180)**	–	–	–	–	–	–	–	–
Illicit pharm. stimulants										
% ever used	52	**55**	64	46	54	49	35	83	39	72
% recent use	31	**35**	44	26	34	20	27	65	14	50
median days used	3	**4**	4	4.5	4	2	2	6	3.5	5
(range)	(1–180)	**(1–180)**	(1–30)	(1–100)	(1–18)	(1–15)	(1–60)	(1–180)	(1–60)	(1–150)
Any pharm. stimulants (licit/illicit)										
% ever used	*56*	***58***	*71*	*55*	*55*	*50*	*38*	*85*	*40*	*73*
% recent use	*33*	***37***	*50*	*27*	*34*	*20*	*29*	*67*	*15*	*52*
median days used	*4*	***5***	*6*	*5*	*4*	*4*	*2*	*6*	*4*	*6*
(range)	*(1–180)*	***(1–180)***	*(1–180)*	*(1–180)*	*(1–18)*	*(1–180)*	*(1–180)*	*(1–180)*	*(1–180)*	*(1–150)*

Source: EDRS participant interviews

– Not published due to small number reported (n<10)

Table 3: Lifetime and recent (last six months) drug use of RPU, 2016 (continued)

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
Illicit antidepressants										
% ever used	5	**7**	4	3	7	6	11	9	5	8
% recent use	1	**2**	1	1	1	1	5	5	2	1
median days used	3	**3**	–	–	–	–	–	–	–	–
(range)	(1–24)	**(1–180)**	–	–	–	–	–	–	–	–
Licit antipsychotics										
% ever used	4	**4**	2	7	4	3	3	2	4	4
% recent use	2	**1**	1	5	2	0	0	1	1	0
median days used	30	**165**	–	–	–	–	–	–	–	–
(range)	(1–180)	**(1–180)**	–	–	–	–	–	–	–	–
Illicit antipsychotics										
% ever used	8	**7**	13	5	8	7	4	10	5	7
% recent use	3	**4**	12	0	5	3	3	4	2	2
median days used	2	**2**	1.5	–	–	–	–	–	–	–
(range)	(1–130)	**(1–40)**	(1–10)	–	–	–	–	–	–	–
Magic mushrooms										
% ever used	59	**55**	60	52	70	56	36	62	52	53
% recent use	24	**22**	36	22	29	24	7	27	5	26
median days used	2	**2**	2	1	2	3	2	1	3	2
(range)	(1–48)	**(1–24)**	(1–6)	(1–4)	(1–20)	(1–24)	–	(1–12)	–	(1–10)
Heroin										
% ever used	7	**8**	8	4	15	9	5	4	15	8
% recent use	2	**2**	4	0	7	3	2	2	0	1
median days used	5	**3**	–	–	–	–	–	–	–	–
(range)	(1–179)	**(1–160)**	–	–	–	–	–	–	–	–
Methadone										
% ever used	3	**5**	1	1	5	18	3	2	3	3
% recent use	<1	**1**	0	0	1	1	1	1	1	1
median days used	2.5^	**–**	–	–	–	–	–	–	–	–
(range)	(2–180)	**–**	–	–	–	–	–	–	–	–
Buprenorphine										
% ever used	1	**3**	3	3	5	5	0	2	3	3
% recent use	<1	**1**	1	0	3	0	0	2	1	0
median days used	3^	**–**	–	–	–	–	–	–	–	–
(range)	(1–5)	**–**	–	–	–	–	–	–	–	–
Other opiates licit										
% ever used	15	**16**	16	15	17	13	21	11	9	25
% recent use	5	**7**	11	4	10	5	12	7	3	5
median days used	5.5	**10**	3	–	6	–	10	–	–	–
(range)	(1–180)	**(1–180)**	(1–20)	–	(2–65)	–	(1–90)	–	–	–
Other opiates illicit										
% ever used	20	**27**	32	16	36	19	30	29	18	39
% recent use	10	**15**	18	8	21	5	18	18	7	22
median days used	2	**3**	2	–	4	–	5	2	–	2.5
(range)	(1–140)	**(1–49)**	(1–20)	–	(1–49)	–	(1–48)	(1–10)	–	(1–42)
Any other opiates										
% ever used	30	**38**	42	26	46	29	45	36	24	58
% recent use	14	**21**	28	12	28	10	27	24	10	26
median days used	3	**3**	2.5	3	5	17	6	2	4.5	3
(range)	(1–180)	**(1–180)**	(1–20)	(1–15)	(1–65)	(3–150)	(1–138)	(1–14)	(1–180)	(1–42)
OTC codeine (for non-pain use)										
% ever used	24	**28**	37	33	25	25	25	32	24	24
% recent use	16	**18**	26	21	18	13	18	23	11	16
median days used	3	**3**	2	3	1.5	5	2	6	2	4
(range)	(1–180)	**(1–180)**	(1–30)	(1–180)	(1–24)	(1–150)	(1–24)	(1–100)	(1–30)	(1–48)
OTC stimulants										
% ever used	13	**12**	14	14	10	11	9	11	13	16
% recent use	5	**6**	9	10	5	5	4	4	6	5
median days used	3	**3**	–	3.5	–	–	–	–	–	–
(range)	(1–24)	**(1–48)**	–	(1–26)	–	–	–	–	–	–
Steroids										
% ever used	4	**3**	1	2	3	2	0	2	12	1
% recent use	1	**1**	0	0	0	1	0	0	6	1
median days used	45	**–**	–	–	–	–	–	–	–	–
(range)	(4–48)	**–**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
– Not published due to small number reported (n<10)

4.1.2 Drug of choice

Preference for ecstasy as the participants' drug of choice (36%) (i.e. preferred drug) experienced a significant increased (30% in 2015, p<0.05) (Table 4). Cannabis experienced a significant decrease from 29% in 2015 to 21% in 2016 (p<0.05). Alcohol as the drug of choice was reported by 15% of the sample. See Appendix B, Figures B1 for 'drug of choice' over time.

Table 4: Drug of choice among RPU, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	(N=763)	(N=795)	(n=103)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=92)
% Drug of choice	2015	**2016**								
Ecstasy	30	**36↑**	29	36	44	20	46	47	22	40
Cannabis	29	**21↓**	23	36	44	20	46	47	22	40
Alcohol	15	**15**	19	13	18	24	8	15	12	9
Cocaine	8	**8**	5	9	2	13	7	1	13	12
LSD	7	**7**	11	7	6	6	4	7	6	10
Crystal	3	**4**	1	1	6	7	3	2	7	4
Speed	2	**2**	0	3	1	2	1	2	3	0
Heroin	<1	**1**	1	0	1	2	1	0	2	0
Base	<1	**0**	0	0	0	0	0	0	0	0
Mushrooms	2	**2**	2	2	2	5	0	4	1	2
Ketamine	1	**1**	2	0	5	2	0	2	0	0
GHB	<1	**1**	4	0	0	0	0	0	1	0
Pharm. Stimulant#	<1	**<1**	0	0	0	0	1	2	0	0
MDA	<1	**<1**	0	0	0	0	0	0	0	1
Benzodiazepines#	0	**<1**	0	0	0	1	0	2	0	0
NPS*	n.a.	**1**	1	0	1	1	2	0	0	1
Other drugs	<1	**1**	2	0	5	3	1	0	0	0

Source: EDRS participant interviews
includes licit and illicit forms
* NPS – New Psychoactive Substances
n.a. not available

4.1.3 Drugs used most in last month

In 2016, participants were asked which drug they had used most often in the month prior to interview (Table 5). Alcohol (35%) followed by cannabis (33%), and ecstasy (20%) were the drugs reportedly most used in the past month.

Table 5: Drug used most often in the last month among RPU, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Alcohol	34	**35**	41	27	46	53	30	36	30	16
% Cannabis	41	**33**	26	40	21	28	35	24	45	44
% Ecstasy	17	**20**	17	19	19	8	30	33	14	23
% Speed	<1	**1**	0	6	2	0	0	1	1	0
% Crystal	3	**3**	2	1	4	4	1	2	7	7
% LSD	<1	**2**	3	3	1	1	2	0	1	5
% Cocaine	2	**1**	3	2	0	1	0	2	2	0
% Mushrooms	<1	**<1**	0	0	1	2	0	0	0	1

Source: EDRS participant interviews
Note: Benzodiazepine, methadone, heroin, pharmaceutical opioids, pharmaceutical stimulants, MDA, nitrous oxide and steroids were all mentioned by n<5 participants each.

4.1.4 Polydrug use among ERD

In 2016 participants were asked if the last time they used a psychostimulant they had used others drugs at the same time. Nearly the entire national sample (98%) reported the last time they used a psychostimulant they had used other drug(s) at the same time. The main drugs reported were ecstasy (68%), tobacco (56%), alcohol (more than 5 standard drinks; 55%), cannabis (48%) and alcohol (less than 5 standard drinks, 19%).

Table 6: Polydrug use among ERD, by jurisdication, 2016

%	National N=791	NSW n=102	ACT n=100	VIC n=99	TAS n=98	SA n=100	WA n=100	NT n=100	QLD n=92
	2016								
% Alcohol (> 5 standard drinks)	**56**	59	37	59	65	48	56	67	54
% Ecstasy	**68**	74	62	77	42	74	81	69	67
% Tobacco	**56**	68	26	61	62	67	47	71	49
% Cannabis	**48**	44	51	31	43	50	51	59	59
% Alcohol (< 5 standard drinks)	**19**	24	28	11	19	26	15	11	21
% LSD	**11**	22	12	8	6	6	4	10	20
% Cocaine	**10**	16	10	7	5	13	10	13	4
% Crystal	**9**	6	1	8	11	14	5	19	9
% Energy drinks	**8**	18	0	7	14	9	6	9	2
% Ketamine	**7**	16	3	26	0	2	4	1	3
% Benzodiazepines	**5**	11	0	9	8	2	4	4	2
% Pharmaceutical stimulants	**5**	7	1	4	2	3	18	1	8
% Speed	**4**	1	5	9	6	1	2	5	3
% Amyl nitrate	**3**	7	3	5	1	7	1	1	1
% Nitrous oxide	**3**	7	1	4	0	4	4	1	0
% GHB	**2**	8	0	4	0	0	1	0	0
% Mushrooms	**1**	3	2	1	4	0	1	0	0
% MDA	**1**	1	0	0	2	1	0	0	2
% NPS	**1**	1	0	3	1	1	3	0	0
% Base	**<1**	0	0	1	0	0	0	0	0
% OTC codeine	**<1**	0	0	3	0	1	0	1	0
% Other	**4**	7	2	3	2	4	4	2	8

Source: EDRS participant interviews
Note: Multiple responses allowed

4.1.5 Frequency of ERD use

Participants were asked how often they used ERDs. In 2016 the majority of respondents reported between monthly and weekly use indicating that this sample of regular ecstasy/psychostimulant users are a polydrug using group (Table 7).

Table 7: Frequency of ERD use in the RPU sample, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Not in the last month	6	**4**	3	8	6	5	0	1	4	3
% Monthly	23	**19**	20	27	21	25	16	8	16	19
% Fortnightly	36	**37**	41	39	32	39	36	38	26	42
% Weekly	22	**26**	26	21	26	20	30	28	34	22
% More than once a week	11	**12**	10	5	14	9	15	17	18	10
% Once a day	1	**1**	0	0	1	2	2	2	1	2
% More than once a day	<1	**1**	0	0	0	0	1	6	0	2

Source: EDRS participant interviews

4.1.6 Binge drug use

Participants were asked whether they had binged on any stimulant or related drug in the six months preceding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). Over one-third (37%) of the national sample had binged on one or more drugs in the preceding six months on a median of three occasions (range: 1–40). The median number of hours was 48 hours (approximately two days) with the range between 48–672 hours.

Among those who had binged for over 48 hours, ecstasy (74%) was the drug most commonly reported being used in a binge session. Tobacco (69%) then alcohol (64%; more than five standard drinks), cannabis (57%) were reportedly used by over half in a binge session. Crystal methamphetamine (35%), cocaine (28%), speed (21%) and energy drinks (18%) were also frequently reported as being used in a binge session (Table 8).

Table 8: Bingeing behaviour among RPU, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Binged on any stimulant	32	**37**	36	26	39	29	43	30	54	37
	(N=247)	**(N=291)**	(n=37)	(n=26)	(n=39)	(n=29)	(n=43)	(n=30)	(n=54)	(n=33)
% Ecstasy	72	**74**	89	62	82	66	77	77	65	70
% Alcohol >5 drinks	63	**64**	81	54	59	79	42	67	69	61
% Tobacco	64	**69**	81	46	82	72	61	60	82	55
% Cannabis	56	**57**	43	50	64	59	61	50	65	58
% Crystal	35	**35**	30	15	28	38	56	20	43	39
% Speed	20	**21**	19	42	46	14	5	3	26	15
% Energy drinks	12	**18**	41	19	15	31	5	10	15	9
% LSD	17	**18**	32	8	18	17	8	27	20	15
% Cocaine	23	**28**	54	12	26	7	28	30	32	24
% Pharmaceutical stimulants	7	**10**	5	8	3	3	2	47	2	18
% Benzodiazepines	5	**8**	16	0	13	17	5	7	2	3
% Alcohol <5 drinks	10	**11**	5	23	15	3	19	3	6	18
% Nitrous oxide	8	**8**	19	4	18	3	2	10	4	3
% Ketamine	9	**15**	35	12	41	0	7	7	7	6
% Amyl nitrite	3	**2**	8	0	5	0	2	0	0	0
% MDA	3	**2**	3	0	3	0	0	0	6	3
% GHB	3	**5**	30	4	3	0	0	0	2	0
% OTC codeine	2	**1**	0	0	0	0	2	3	0	0
% Mushrooms	3	**3**	0	4	3	0	0	10	0	12
% NPS	2	**2**	0	0	8	3	2	7	0	0
% Base	2	**1**	0	0	3	0	2	0	0	0
% Other	7	**7**	11	8	5	10	0	10	4	12

Source: EDRS participant interviews
Note: 'Binged' was defined as the use of any stimulant for more than 48 hours continuously without sleep

4.1.7 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, ROA, types of people using) in the last six months. Almost half (45%) that reported that there were changes in social drug use patterns are shown below in Table 9. Of those who commented (N=356), specific themes of change were endorsed with 38% reporting they had noticed an increase in drug use by particular groups, 25% reported they had noticed new drug types, and 3% reported that they had noticed different types of users. Thirty-eight percent of those that had noticed a changed reported that it was another issue to the above mentioned.

Table 9: Proportion that reported recent changes in social drug use patterns, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=756	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Changes in drug use	50	**45**	54	38	63	28	53	52	27	47

Source: EDRS participant interviews

4.2 Ecstasy use

Key Points

- Any form of ecstasy was used by 97% of participants on a median of 13 days in the last six months.
- Eighty-three percent of the national sample reported using ecstasy pills on a median of 10 days in the six months prior to interview. Nineteen percent of participants reported using ecstasy pills more than once per week. The median number of pills used in an average session was two.
- Around one-quarter of the participants reported recently using ecstasy powder on a median of four days with 8% using them more than once per week. The median amount of ecstasy powder typically used in an episode was half a gram or three lines in the preceding six months.
- Sixty-one percent reported the use of ecstasy capsules on a median of five days in the last six months. Seven percent had used ecstasy capsules more than once per week in the last six months. The median number of ecstasy capsules taken in a typical or average use episode in the preceding six months was two capsules.
- Over half of the national sample (57%) reported recently using MDMA crystal/rocks on median of six days with 9% reported that they had used MDMA crystal/rock more than once per week. The median amount of MDMA crystal/rock typical (or average) used in an episode was half a gram or two capsules in the preceding six months.
- Almost half (44%) reported that 'most' of their friends used ecstasy. Smaller proportions reported that all (10%) or a few (18%) of their friends used ecstasy.
- The majority of participants nominated oral ingestion as their main route of administration for pills, capsules and MDMA crystal/rock, while most reported snorting for ecstasy powder.
- Data from the National Drug Strategy Household Survey suggest 2.5% of the population have used ecstasy in the past year (3% in 2010).

4.2.1 Ecstasy use among RPU participants

Participants were asked about their use of a range of forms of ecstasy including; ecstasy pills (pills sold purporting to contain MDMA), ecstasy capsules (capsules sold purporting to contain MDMA), ecstasy powder (often sold in sachets) and crystal ecstasy. In addition participants are asked about their use of capsules of 'unknown content' (see Section 4.9.17).

All but one participant from the national sample reported a lifetime use of any form of ecstasy (i.e. pills, capsules, powder or crystal). Ninety-seven percent report recent use of ecstasy (any form) on a median of 13 days (i.e. twice per month) (range=1–113 days) (

Table 10). There was no significant difference in median days of use in 2016 compared with 2015 (p>0.05). See Appendix B, Figure B2 and Figure B3 for ecstasy trends over time.

4.2.1.1 Ecstasy pills

Nearly the entire EDRS sample reported a lifetime use of ecstasy pills (97%). The age of first use was 18 years (range=12–43 years). Eighty-three percent of the national sample reported using ecstasy pills on a median of 10 days (range=1–72 days) in the last six months (Table 10). The majority of participants nominated oral ingestion as their main ROA for pills (97%) (Table 13).

Of those who commented (N=655), over one-quarter (29%) had used ecstasy pills less than monthly, 40% of participants had used pills between monthly and fortnightly (inclusive), 12% had used between more than fortnightly and weekly and 19% had used ecstasy more than once per week.

The median number of ecstasy pills taken in a typical or average use episode in the preceding six months was two pills (range=0.5–10 pills), over one-quarter (29%) reported using over two pills per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four pills (range=0.5–40 pills) (Table 11).

4.2.1.2 Ecstasy powder

Thirty-seven percent of the national samples reported a lifetime use of ecstasy powder. The median age of first use was 18 years (range=13–48 years). Around one-quarter of the participants (21%) reported recently using ecstasy powder on a median of four days (Table 10). The main ROA reported for powder was snorting (76%) (Table 13).

Of those who commented (N=169), over half (58%) had used ecstasy powder less than monthly, 28% of participants had used powder between monthly and fortnightly (inclusive), 6% had used between more than fortnightly and weekly and 8% had used ecstasy powder more than once per week.

Ecstasy powder was typical reported in grams or lines. The median amount of ecstasy powder typical (or average) used in an episode was half a gram or three lines in the preceding six months. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of one gram or four lines (Table 11).

4.2.1.3 Ecstasy capsules

Around three-quarters (77%) of the national sample reported a lifetime use of ecstasy capsules. The median age of first use was 18 years (6–44 years). Sixty-one percent reported the use of ecstasy capsules on a median of five days in the last six months (Table 10). The majority of participants nominated oral ingestion as their main ROA for capsules (95%) (Table 13).

Of those who commented (N=478), half (51%) had used ecstasy capsules less than monthly, 34% of participants had used capsules between monthly and fortnightly (inclusive), 9% had used between more than fortnightly and weekly and 7% had used ecstasy capsules more than once per week.

The median number of ecstasy capsules taken in a typical or average use episode in the preceding six months was two capsules (range=1–10 capsules); fifteen percent reported using over two capsules per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of three capsules (range=1–30 capsules) (Table 11).

4.2.1.4 MDMA crystal/rock

Nearly three-quarters (74%) of the national sample reported a lifetime use of MDMA crystal/rock. The median age of first use was 19 years (13–44 years). Over half of the national sample (57%) reported recently using MDMA crystal/rocks on median of six days (Table 10). The majority of participants nominated oral ingestion as their main ROA for MDMA crystal/rock (85%) (Table 13).

Of those who commented (N=455), nearly half (47%) had used MDMA crystal/rock less than monthly, 36% of participants had used MDMA crystal/rock between monthly and fortnightly (inclusive), 8% had

used between more than fortnightly and weekly and 9% had used MDMA crystal/rock more than once per week.

MDMA crystal/rock was typical reported in grams or capsules. The median amount of MDMA crystal/rock typical (or average) used in an episode was half a gram or two capsules in the preceding six months. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of nearly one gram (0.8) or three capsules (Table 10).

Table 10: Patterns of ecstasy use, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Recently used:										
Pills	85	**83**	52	70	93	95	96	98	90	67
Powder	22	**21**	15	12	27	28	21	13	22	34
Capsules	60	**60**	68	72	84	40	55	54	44	64
MDMA crystal/rock	52	**57**	81	52	59	33	63	59	43	68
Any form[#]	99	**99**	99	99	100	97	100	100	97	97
Median age first used ecstasy*:										
Pills (range)	18 (12–47)	**18 (12–43)**	17 (13–25)	18 (13–24)	18 (13–43)	18 (13–28)	17 (13–35)	18 (14–33)	17 (13–37)	18 (12–39)
Powder (range)	19 (12–42)	**18 (13–48)**	18 (14–22)	18 (15–24)	19 (16–43)	18 (13–35)	18 (14–37)	20 (17–25)	18 (15–25)	20 (16–38)
Capsules (range)	18 (12–38)	**18 (6–44)**	18 (14–29)	18 (15–30)	19 (15–32)	19 (14–35)	18 (14–38)	18 (16–28)	18 (6–44)	19 (16–39)
MDMA crystal/rock (range)	19 (13–40)	**19 (13–44)**	18 (14–27)	18 (14–33)	19 (15–44)	20 (13–35)	18 (13–44)	19 (16–33)	18 (15–38)	19 (16–39)
Median days used ecstasy last six months*:										
Pills (range)	10 (1–110)	**10 (1–72)**	3 (1–48)	4 (1–25)	6 (1–72)	10 (1–70)	12 (1–72)	12 (3–72)	10 (1–60)	6 (1–60)
Powder (range)	4 (1–180)	**4 (1–72)**	4 (1–72)	4 (1–24)	6 (1–72)	4.5 (1–20)	4 (1–24)	4 (1–24)	4.5 (1–60)	2 (1–12)
Capsules (range)	5 (1–60)	**5 (1–96)**	9.5 (1–48)	7 (1–35)	6 (1–55)	25.5 (1–10)	5 (1–72)	5 (1–20)	3.5 (1–96)	6 (1–36)
MDMA crystal/rock (range)	5 (1–180)	**6 (1–96)**	7 (1–96)	6 (1–48)	5 (1–55)	4 (1–30)	6 (1–72)	6 (1–24)	5 (1–96)	6 (1–61)
Any form[#] **(range)**	12 (1–180)	**13 (1–113)**	13 (1–113)	12 (2–48)	13 (2–72)	12 (3–76)	20 (3–84)	16 (1–90)	13 (2–100)	13 (1–80)

Source: EDRS participant interviews
*Among those who recently used
[#] Includes all forms (pills, powder, capsules and MDMA crystal/rock)

Table 11: Median quantity of average and heavy session use of ecstasy pills, crystal/rock, powder and capsules, 2016

Median (range)	National N=800	National N=795	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
Median amount used in a typical session (range):										
Ecstasy pills	2 (0.5–11)	**2 (0.5–10)**	2 (0.5–9)	1 (0.5–8)	2 (1–7)	1 (1–7)	4 (1–10)	2 (1–10)	2 (1–8)	2 (0.5–4)
Ecstasy powder – grams	0.5 (0.1–3)	**0.5 (0.1–3)**	–	–	–	–	–	–	0.5 (0.1–2)	0.1 (0.1–3)
Ecstasy powder – lines	2 (1–3)	**3 (1–10)**	–	–	–	2 (1–5)	4 (1–7)	–	–	–
Ecstasy capsules	2 (0.1–9)	**2 (1–10)**	2 (1–10)	2 (1–6)	2 (1–5)	1 (1–3)	2 (1–6)	2 (1–6)	2 (1–5)	2 (1–3)
MDMA crystal/ rock – grams	0.5 (0.1–3.5)	**0.5 (0.1–3)**	0.45 (0.1–2)	–	–	–	0.5 (0.15–2)	0.5 (0.1–3)	0.5 (0.1–2)	0.1 (0.1–1)
MDMA crystal/ rock – caps	2 (0.1–9)	**2 (0.1–9)**	2 (0.5–9)	2 (1–5)	–	–	2 (1–8)	2 (0.5–8)	–	1.5 (0.1–5)
Median amount used in a heavy session (range):										
Ecstasy pills	3 (0.5–30)	**4 (0.5–40)**	3 (0.5–40)	2 (0.5–16)	4 (1–12)	3 (1–12)	7 (1.5–30)	4 (1–24)	4 (1–18)	3 (0.5–14)
Ecstasy powder – grams	1 (0.1–5)	**1 (0.1–6)**	–	–	–	–	–	–	1 (0.1–5)	0.2 (0.1–2)
Ecstasy powder – lines	2 (1–15)	**4 (1–20)**	–	–	–	–	4 (1–9)	–	–	–
Ecstasy capsules	2 (0.5–30)	**3 (1–30)**	4 (1–30)	3 (1–20)	3 (1–10)	2 (1–3)	3 (1–10)	2.5 (1–10)	2 (1–10)	3 (1–10)
MDMA crystal/ rock – grams	1 (0.1–6)	**0.8 (0.1–6.5)**	1 (0.2–3.5)	1 (0.25–4)	1 (0.5–2)	–	0.5 (0.15–2)	1 (0.1–6)	0.5 (0.1–6.5)	0.25 (0.1–3)
MDMA crystal/ rock – caps	3 (0.25–18)	**3 (0.3–30)**	3 (1–30)	4 (2–10)	–	–	2 (1–14)	2 (1—10)	–	3 (0.3–15)

Source: EDRS participant interviews
– Data not published due to small numbers reporting (n<10)

Participants were also asked what proportion of their friends used ecstasy (Table 12). As ecstasy is considered to be a drug that is used in the company of others, usually at a public location where there is music, participants were asked what proportion of their friends also used ecstasy. Almost half (44%) reported that 'most' of their friends used ecstasy. Smaller proportions reported that all (10%) or a few (18%) of their friends used ecstasy. There was little variation in reports of proportions of friends that use ecstasy from 2015 to 2016.

Table 12: Proportions of friends that use ecstasy, 2016

	National N=760	National N=795	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% All friends	**9**	**10**	18	9	8	8	5	14	10	11
% Most friends	**43**	**44**	50	34	30	21	53	51	39	46
% About half	**28**	**27**	18	33	20	50	20	24	30	23
% A few	**20**	**18**	16	23	12	20	22	11	21	20
% None	**<1**	**<1**	0	1	0	1	0	0	0	1

Source: EDRS participant interviews

4.2.3 Route of administration

Table 13 presents the 'main' route of administration (ROA) by jurisdiction for all forms of ecstasy. The majority of participants nominated oral ingestion as their main ROA for pills (97%), capsules (95%) and MDMA crystal/rock (85%). The main ROA reported for powder was snorting (76%).

Table 13: Main route of administration of ecstasy in the last six months, 2016

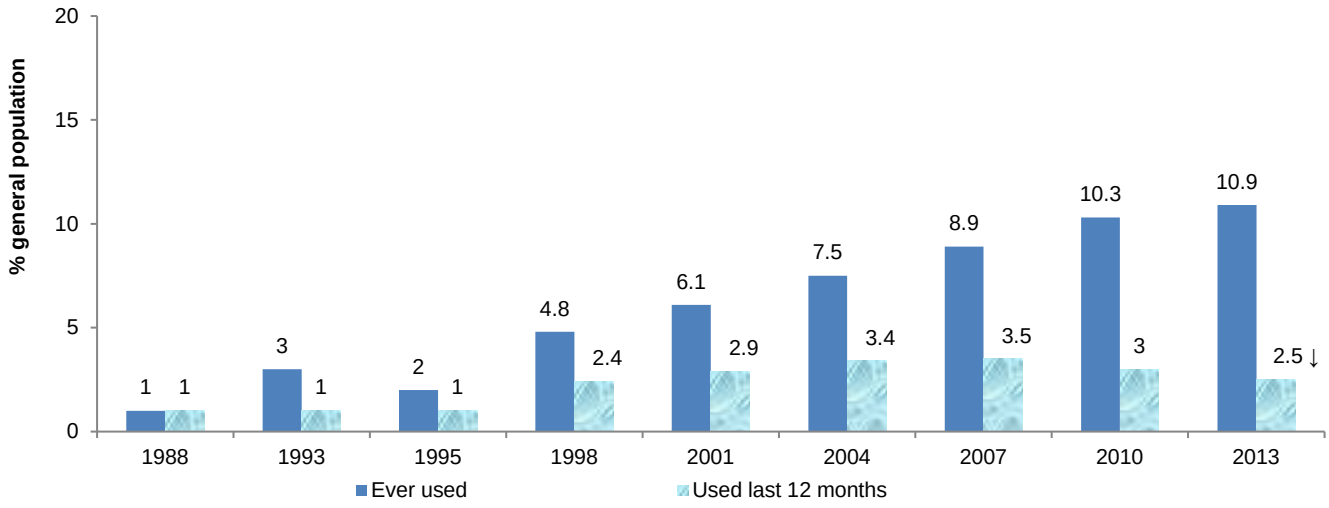
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Pills	(N=650)	**(N=655)**	(n=53)	(n=70)	(n=91)	(n=95)	(n=96)	(n=98)	(n=90)	(n=62)
Swallowed	93	**97**	96	96	100	95	100	99	94	98
Snorted	43	**43**	53	17	19	62	50	56	48	32
Injected	1	**<1**	0	0	0	3	0	0	0	0
Smoked	1	**2**	0	0	0	4	2	2	1	3
Shelved/shafted	3	**4**	11	6	4	2	5	1	4	3
% Capsules	(N=456)	**(N=470)**	(n=70)	(n=72)	(n=84)	(n=38)	(n=55)	(n=54)	(n=44)	(n=53)
Swallowed	89	**95**	97	94	95	84	96	98	89	98
Snorted	29	**37**	50	31	38	63	33	30	39	15
Injected	<1	**<1**	0	0	0	3	0	0	0	0
Smoked	1	**2**	0	1	1	8	0	0	2	2
Shelved/shafted	1	**2**	4	7	1	0	0	0	0	2
% Powder	(N=165)	**(N=169)**	(n=15)	(n=12)	(n=27)	(n=28)	(n=21)	(n=13)	(n=22)	(n=31)
Swallowed	50	**55**	67	58	56	46	38	31	50	81
Snorted	75	**76**	87	67	78	100	67	77	86	52
Injected	0	**<1**	0	0	0	4	0	0	0	0
Smoked	2	**<1**	0	0	4	0	0	0	0	0
Shelved/shafted	0	**0**	0	0	0	0	0	0	0	0
% MDMA crystal/rock	(N=399)	**(N=455)**	(n=83)	(n=52)	(n=59)	(n=33)	(n=63)	(n=59)	(n=43)	(n=63)
Swallowed	73	**85**	98	92	80	61	87	86	72	83
Snorted	52	**58**	63	42	64	61	60	59	65	49
Injected	1	**1**	0	0	3	6	0	0	0	2
Smoked	3	**4**	1	8	0	9	5	2	7	2
Shelved/shafted	1	**2**	2	6	2	0	0	0	2	0

Source: EDRS participant interviews

4.2.4 Use of ecstasy in the general population

Ecstasy remained the second most commonly used illicit drug in Australia, behind cannabis. Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 years and above, has gradually increased from 1% in 1988 to 10.9% in 2013. Recent use gradually increased from 1% in 1988, stabilised in 2007 (3.5%) and has declined to 2.5% in 2013 (Figure 1). This decrease was only significant for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%). There were no significant changes in use among any other age groups (AIHW, 2014a).

Figure 1: Prevalence of ecstasy use in Australia, 1988–2013



Source: NDSHS 1988–2013 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health, 1993, Commonwealth Department of Health and Family Services, 1996, Australian Institute of Health and Welfare, 1999, 2002, 2005, 2008, 2011a, 2014).
Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'.

4.3 Methamphetamine use

Key points

Around two-thirds (67%) of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or crystal), and 38% reported use of one or more of these forms during the six months preceding interview.

The median frequency of methamphetamine use (any form) among users was four days in the preceding six months indicating sporadic use. Over one-third of the sample reported monthly or more frequent use. Daily use was very uncommon, with three participants reporting daily use.

Speed powder

- One-quarter (25%) of the sample reported the use of speed powder on a median of two days in the six months prior to interview. VIC (50%) and TAS (32%) reported the largest proportions using speed. The majority of recent users (76%) used less than once a month. The median age of first use was 18 years.
- Among recent speed users, snorting (73%) and swallowing (35%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and one gram in a heavy session.
- Speed powder is the most common form of methamphetamine for RPU.

Base

- Four percent of participants reported using base in the six months prior to interview. The median days of use was two days. QLD (8%) was the jurisdiction with the highest reported base use. The median age of first use was 19.5 years nationally.
- Among recent base users, swallowing was the most commonly nominated ROA (46%) followed by smoking (36%). The majority of recent base users (73%) had used less than monthly.
- The average amount used was one point in a typical and heavy session.

Crystal

- Nineteen percent of the national sample reported recent crystal use on a median eight days. Almost half (45%) of recent users reported using less than monthly. SA (33%) was the jurisdiction with the most recent crystal use reported. The median age of first was 19.5 years nationally.
- The most common ROA for crystal use was smoking (85%). The average amount used in a typical session was one and a half points and for a heavy session two points.

4.3.1 Methamphetamine use among RPU

Sixty-seven percent of the national sample reported having used one or more forms of methamphetamine (speed, base and/or crystal) at some stage during their lifetime (Table 14). Over one-third (38%) of the national sample reported use during the preceding six months, with the highest use reported in VIC (57%) and the lowest in the ACT (26%). See Appendix B, Figure B4, Figure B5 and Figure B6 for recent methamphetamine use over time.

Frequency of use among recent users was sporadic with a median of four days (Table 14). Over half (58%) reported less than monthly use, 15% used between monthly to fortnightly, 10% used fortnightly to weekly, and 16% used weekly or more. Daily use of methamphetamine was uncommon in this group, only three participants of the national sample reported daily use.

Table 14: Patterns of methamphetamine (any form) use among RPU, 2016

%	National N=761	National N=795	NSW n=100	ACT n=98	VIC n=100	TAS n=78	SA n=100	WA n=100	NT n=101	QLD n=85
	2015	**2016**								
% Ever used	63	**67**	53	58	85	91	46	50	84	67
% Used last six months	38	**38**	27	26	57	42	36	27	52	39
Median days used* last six months (n; range)	3 (1–180)	**4 (1–180)**	3.5 (1–107)	3 (1–24)	5 (1–120)	3 (1–180)	4.5 (1–120)	2 (1–180)	6 (1–170)	2 (1–122)

Source: EDRS participant interviews
* Among those who had used recently.
Note: Includes speed, base and crystal. Medians may be rounded to nearest whole number.

4.3.2 Methamphetamine powder (speed)

Over half (59%) of participants in the 2016 national sample reported lifetime speed use and one-quarter (25%) had used speed in the preceding six months (Table 15). Those who had used speed recently reported first using it at median age of 18 years (range=13–30).

The most common ROA for speed was snorting (73%), followed by swallowing (35%), and smoking (8%) (Table 15).

Of those who recently used speed, the median number of days used was two, ranging from having used once to daily use. The majority of recent users (76%) used less than once a month, 16% used speed between monthly and fortnightly, 5% between fortnightly and weekly and 3% used speed more than once a week. One participant reported using daily in 2016.

Recent speed users reported using a median of half a gram in an average (typical) session of use (range=0.01–3 grams) and one gram in the heaviest recent session of use (range=0.01–5 grams) (Table 15).

Table 15: Patterns of methamphetamine powder (speed) use among RPU, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	52	**59**	49	55	85	86	23	41	74	58
% Used last six months	25	**25**	18	21	50	32	12	18	27	25
Route of administration:	N=189	**N=201**	n=19	n=21	n=50	n=32	n=12	n=18	n=27	n=22
% Snorted	71	**73**	68	71	92	81	42	50	82	46
% Swallowed	33	**35**	53	48	24	16	33	50	33	50
% Injected	3	**5**	0	0	2	16	0	0	4	9
% Smoked	11	**8**	5	0	6	0	42	17	7	9
Median days used last six months (n; range)	2 (1–90)	**2 (1–180)**	2 (1–24)	3 (1–24)	3 (1–50)	2 (1–60)	2 (1–12)	1.5 (1–180)	3 (1–48)	2 (1–12)
Average grams used (median; range)*	0.5 (0.05–3)	**0.5 (0.01–3)**	–	–	–	–	–	–	0.75 (0.2–3)	0.1 (0.01–1.5)
Heaviest grams used (median; range)*	0.5 (0.05–12)	**1 (0.01–5)**	–	–	–	–	–	–	1 (0.2–3)	0.1 (0.01–1.5)

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)
Note: Medians rounded to nearest whole number

4.3.3 Methamphetamine base

One-fifth (21%) of participants in the national sample reported lifetime use of base and 4% had used it in the six months preceding interview (Table 16). The median age of first use (among those who had recently used base) was 19.5 years (range=14–30 years).

Most recent base users (N=33) reported swallowing (46%) followed by smoking (36%) as the most common ROAs. The median number of days used was two indicating sporadic use and ranged from 1–96 days (approximately three times a week) (Table 16). The majority of recent base users (73%) had used less than monthly; 21% used base between monthly and fortnightly; one participant used fortnightly, two participants used base more than weekly and no participants used base between fortnightly and weekly or daily.

Recent base users reported using a median of one point in a typical session of use (range=0.4–4 points) and one point in the heaviest recent session of use (range=0.4–10 points).

Table 16: Patterns of methamphetamine base use among RPU, 2016

%	National N=761	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	19	**21**	21	12	21	49	15	8	20	20
% Used last six months	3	**4**	5	6	2	4	3	1	5	8
Route of administration:	N=25	**N=33**	n=5	n=6	n=2	n=4	n=3	n=1	n=5	n=7
% Swallowed*	56	**46**	–	–	–	–	–	–	–	–
% Smoked*	40	**36**	–	–	–	–	–	–	–	–
% Snorted*	20	**24**	–	–	–	–	–	–	–	–
% Injected*	4	**24**	–	–	–	–	–	–	–	–
Median days used* last six months (n; range)	2 (1–24)	**2 (1–96)**	–	–	–	–	–	–	–	–
Average points used (median; range)*	1 (0.25–3.5)	**1 (0.4–4)**	–	–	–	–	–	–	–	–
Heaviest points used (median; range)*	1.5 (0.25–3.5	**1 (0.4–10)**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)

4.3.4 Crystalline methamphetamine (crystal)

One-third (34%) of the participants in the 2016 national sample reported having ever used crystal and one-fifth (19%) had used crystal in the six months preceding interview (Table 17). The median age of first use, among those who reported using crystal recently, was 19.5 years (range=13–44 years).

Of those who reported recent use of crystal, the most common ROA was smoking (85%), 22% reported snorting and 20% reported injecting crystal in the past six months (significant increase from 11% in 2015). One participant reported recently shelving/shafting crystal.

Of those who reported recent use of crystal (N=153), the median number of days used was eight days, ranging from having used once in the preceding six months to daily (180 days) (Table 17). There was no significant difference in median days use of crystal in 2016 compared with 2015 ($p>0.05$). Almost half (45%) of recent users reported using less than monthly, 15% between monthly and fortnightly, 14% participants reported between fortnightly and weekly use and 26% participants reported using more than weekly. One participant reported daily crystal use in 2016.

The median amount of crystal used in a typical or average use episode in the preceding six months was one and a half points (range=0.05–8 points). Recent crystal users reported using a median of two points (range=0.05–11 points) during the heaviest recent use episode.

Table 17: Patterns of crystalline methamphetamine (crystal) use among RPU, 2016

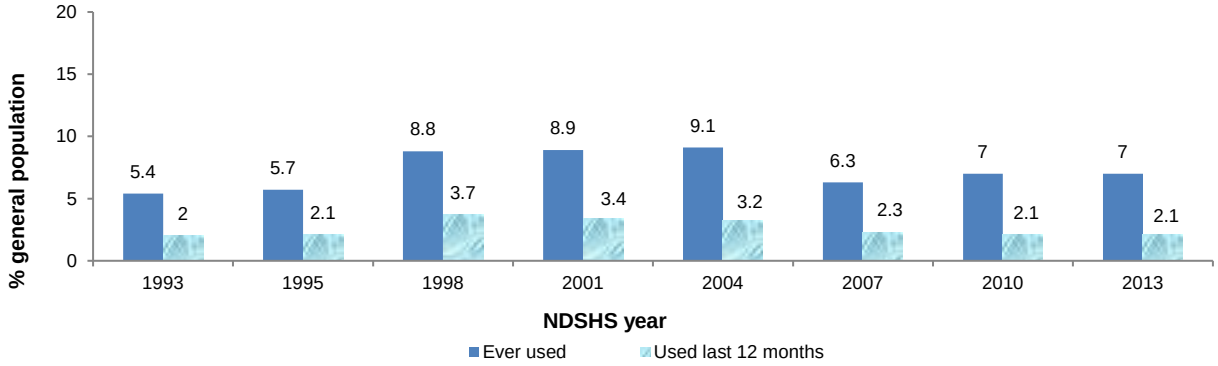
%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	31	**34**	22	14	30	42	42	29	61	32
% Used last six months	19	**19**	15	5	18	21	33	12	32	19
Route of administration:	N=143	**N=153**	n=15	n=5	n=18	n=21	n=33	n=12	n=32	n=17
% Snorted	10	**22**	7	–	33	19	36	42	9	6
% Swallowed	18	**12**	13	–	0	5	30	8	9	6
% Injected	11	**20↑**	7	–	22	43	3	17	25	29
% Smoked	80	**85**	93	–	72	76	82	83	94	88
Median days used* last six months (n; range)	6 (1–180)	**8 (1–180)**	10 (1–100)	–	15 (1–120)	10 (1–180)	4 (1–96)	4 (1–96)	12.5 (1–170)	12 (1–120)
Average points used (median; range)*	1 (0.25–10)	**1.5 (0.05–8)**	1.75 (0.25–3)	–	1.25 (0.5–5)	1 (0.5–3.5)	2 (0.5–5)	2 (0.25–5)	1.75 (0.5–8)	1 (0.05–4)
Heaviest points used (median; range)*	2 (0.25–16)	**2 (0.05–11)**	3 (0.25–5)	–	4 (1–7)	1.75 (0.6–6)	2 (0.5–10)	4 (0.25–11)	2 (0.5–10)	2 (0.05–6)

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)
↑ Significant increase between 2015 and 2016 (p<0.05)

4.3.5 Meth/amphetamine use in the general population

The NDSHS presents the proportion of the Australian general population who have ever used methamphetamine as well as the proportion that have used the drug in the past 12 months (see Figure 2). A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used methamphetamine remaining stable until 2007 at which time it began to decrease. In 2013, overall recent use was stable with 2010 results. There was a change in the form of methamphetamine used with an increase in crystal methamphetamine and decrease in the traditional form of powder methamphetamine (speed). In terms of age of use, there was a significant decrease only for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%).

Figure 2: Prevalence of methamphetamine use in Australia, 1993–2013



Source: NDSHS 1988–2013 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health, 1993, Commonwealth Department of Health and Family Services, 1996, Australian Institute of Health and Welfare, 1999, 2002, 2005, 2008, 2011a, 2014).

4.4 Cocaine use

Key points

- Nearly half (47%) of the national sample reported cocaine use in the six months prior to interview. NSW (70%) was the jurisdiction that reported the most recent use.
- Among recent users, cocaine had typically been snorted (98%), or swallowed (9%). The median age of first use was 19 years.
- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (73%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.

4.4.1 Cocaine use among RPU

Three-quarters of the sample (74%) of the participants in the national sample reported having ever used cocaine and nearly half (47%) had used cocaine in the six months preceding interview (Table 18). The majority of cocaine use continued to be reported in NSW (70%). The median age of first use, among those who reported having used cocaine recently, was 19 years (range=13–44 years).

Of those who had used cocaine, the median number of days of use was three (range=1–72 days) (Table 18). The majority (73%) had used less than monthly; 13% had used between monthly and fortnightly; 11% reported using between fortnightly and weekly and eight participants had used cocaine once a week or more. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (98%), with smaller proportions also reporting swallowing (9%) as an ROA. Few participants reported injecting and smoking.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range=0.05–2 grams). Recent cocaine users reported using a median of one gram (range=0.1–7 grams) during the heaviest use episode in the last six months (Table 18).

See Appendix B, Figure B7 and Figure B8 for cocaine use over time.

Table 18: Patterns of cocaine use, 2016

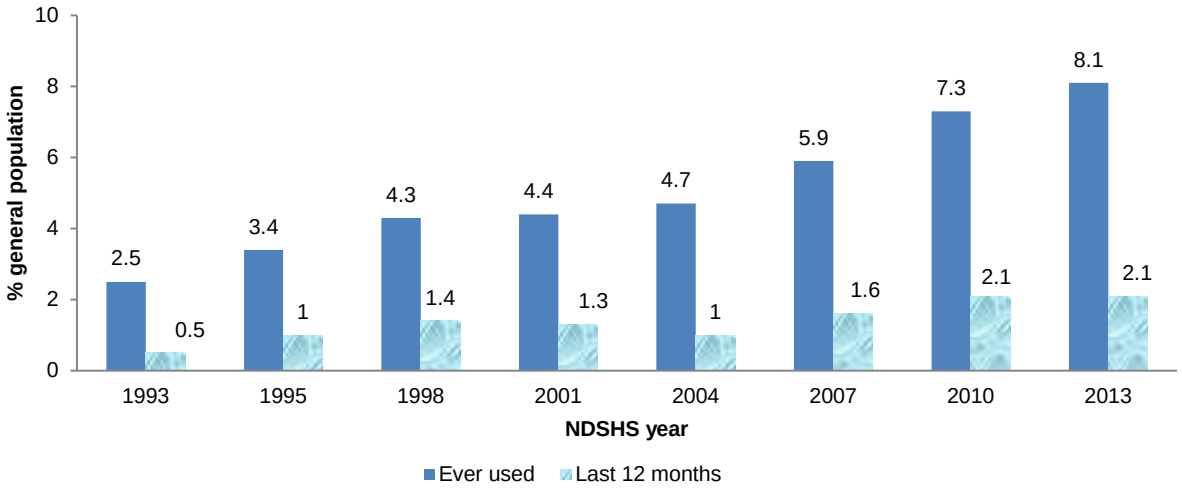
%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	67	**74**	82	71	81	68	77	67	80	66
% Used last six months	42	**47**	70	44	56	24	57	38	42	47
Route of administration:	N=319	**N=370**	n=72	n=44	n=56	n=24	n=57	n=38	n=42	n=37
% Snorted*	93	**98**	99	100	100	96	98	97	98	95
% Swallowed*	10	**9**	8	16	4	21	5	8	10	8
% Injected*	<1	**<1**	0	0	0	4	0	0	0	3
% Smoked*	<1	**1**	0	0	0	0	0	3	0	5
Median days used* last six months (n; range)	3 (1–72)	**3 (1–72)**	3.5 (1–72)	2 (1–12)	2 (1–34)	2 (1–12)	3 (1–24)	2.5 (1–48)	3 (1–30)	2 (1–32)
Average grams used (median; range)*	0.5 (0.1–4)	**0.5 (0.05–2)**	0.5 (0.2–2)	0.5 (0.25–2)	0.75 (0.5–1)	1 (0.25–1)	1 (0.1–1.75)	0.5 (0.25–2)	0.5 (0.2–2)	0.5 (0.05–1)
Heaviest grams used (median; range)*	1 (0.1–10)	**1 (0.1–7)**	1 (0.2–7)	1 (0.25–2)	1 (0.5–3)	1 (0.3–1.5)	1 (0.1–4)	1 (0.4–4)	0.5 (0.2–5)	0.5 (0.1–3)

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented

4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use among the Australian general population has been gradually increasing since 2001, however, annual use has remained consistent since 2007.

Figure 3: Prevalence of cocaine use in Australia, 1993–2013



Source: NDSHS 1988–2013 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health, 1993, Commonwealth Department of Health and Family Services, 1996, Australian Institute of Health and Welfare, 1999, 2002, 2005, 2008, 2011a, 2014).

4.5 Ketamine use

Key points

- Forty-two percent of the national sample reported lifetime use of ketamine, and 26% reported using ketamine recently (significant increase from 15% in 2015).
- Recent ketamine use varied greatly by jurisdiction and was highest in VIC with 70% the sample reporting recent use.
- Among recent ketamine users, the majority (91%) snorted and 12% had swallowed it.
- Among recent users, ketamine had been used on a median of three days in the past six months; over half (67%) had used ketamine less than once per month. There were three reports of more than weekly use.

4.5.1 Ketamine use among RPU

Forty-two percent of the 2016 national sample reported lifetime use of ketamine 26% had used it in the six months preceding interview (Table 19). This was a significant increase from 15% in 2015 ($p<0.05$). Recent use was highest in VIC (72%).

In the six months preceding interview, snorting (91%) was the most common ROA of ketamine, followed by swallowing (12%). Small numbers reported smoking and injecting ketamine.

Of those who used ketamine (N=210), the median number of days used was three (range=1–72 days) (Table 19). The majority (67%) had used less than monthly; 18% had used between monthly and fortnightly; 11% used between fortnightly and weekly. Three participants reported more than weekly use, no reports of daily use were reported.

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range=0.5–10 bumps) for a typical or average use episode and three bumps (range=1–20 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. The average or typical number of lines in a session among those who commented (N=33) was one (range=0.5–5.5 lines) and the heaviest recent session of use was two lines (range=0.5–15 lines). The average or typical amount of grams used in a session was half a gram (range=0.02–1 gram) and in a heavy session one gram (range=0.1–4 grams).

See Appendix B, Figure B7 and Figure B8 for ketamine use over time.

Table 19: Patterns of ketamine use among RPU, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=762	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever used	34	**42**	57	31	84	38	20	33	37	35
% Used last six months	15	**26↑**	50	20	72	3	15	18	11	22
Route of administration:	N=116	**N=210**	n=51	n=20	n=72	n=3	n=15	n=18	n=11	n=20
% Snorted*	76	**91**	98	95	93	–	67	83	91	90
% Swallowed*	18	**12**	2	5	13	–	27	17	9	25
% Injected*	<1	**<1**	0	0	0	–	0	0	0	0
% Smoked*	<1	**2**	0	5	3	–	7	0	0	0
Median days used* last six months (n; range)	2 (1–35)	**3 (1–72)**	3 (1–72)	2 (1–6)	5 (1–72)	–	1 (1–6)	3 (1–24)	1 (1–12)	2 (1–12)
Average bumps used (median; range)*	2 (0.1–7)	**2 (0.5–10)**	2 (0.5–10)	–	3 (1–8)	–	–	3.5 (1–6)	–	–
Most bumps used heavy session (median; range)*	2 (0.25–12)	**3 (1–20)**	3 (1–15)	–	3 (1–20)	–	–	–	–	–

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)
↑ Significant increase between 2015 and 2016 (p<0.05)

4.5.2 Ketamine in the general population

The 2013 NDSHS was the third time in which the prevalence of ketamine use in the general population was investigated. Use of ketamine in those aged 14 years and above was low; only 1.7% had ever used ketamine, however, this was a significant increase from 2010 (1.4%). Ketamine use in the past year remained low (0.3%) (Australian Institute of Health and Welfare, 2014).

4.6 GHB use

Key points

- Seventeen percent of the national sample reported lifetime use of GHB, with 8% reporting recent use. This was a significant increase from 5% in 2015.
- NSW (20%) and VIC (14%) reported the highest proportion of recent use.
- Recent use occurred on a median of three days in the six months preceding interview (significant increase from two days in 2015); 61% reported using less than once per month.
- Recent GHB users reported using a median of 4mls in a typical episode of use and a median of 5.5mls in the heaviest recent episode of use.
- GHB was mainly consumed orally.

4.6.1 GHB use among EDRS participants

Seventeen percent of the 2016 national sample reported lifetime use of GHB and 8% had used it in the six months preceding interview (Table 20). This was a significant increase from 5% in 2015 ($p<0.05$). NSW and VIC reported the highest proportion of recent use.

Nearly all of the recent GHB users reported swallowing GHB (98%). One participant reported shelving or shafting GHB recently. No other ROA were reported.

Of those who used GHB in the six months preceding interview, the median number of days used was three (Table 20). This was a significant increase from two days in 2015 ($p<0.05$). Sixty-one percent of the those who commented (N=43) reported using less than once per month; 12% reported using between monthly and fortnightly; six participants between fortnightly and weekly; six participants reported using more than once per week. No participants reported using GHB daily.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 4mls (range=1–30mls). Recent GHB users reported using a median of 5.5mls (range=1–60mls) during the heaviest recent use episode.

See Appendix B, Figure B7 and Figure B8 for GHB use over time.

Table 20: Patterns of GHB use among EDRS participants, 2016

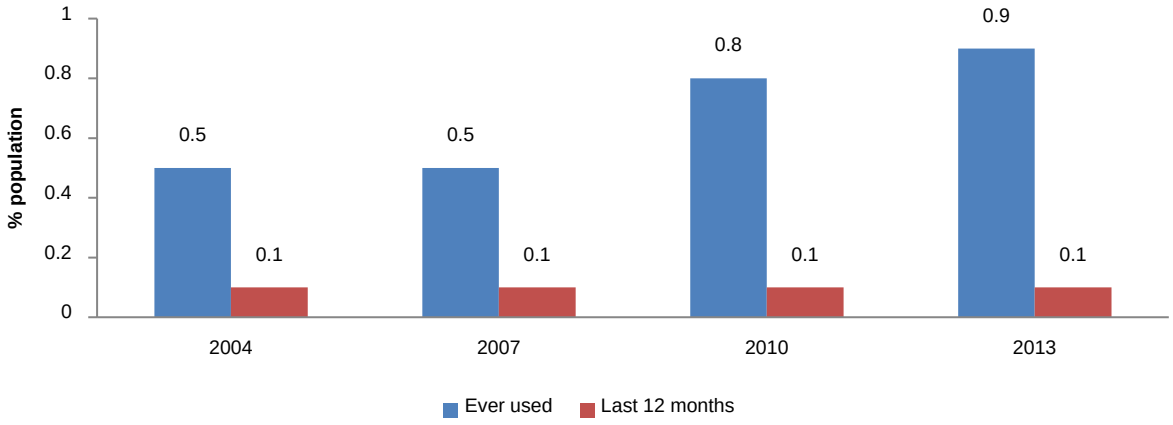
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=762	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever used	12	**17**	27	4	26	9	16	13	24	15
% Used last six months	5	**8↑**	20	1	14	1	9	4	4	7
Median days used* last six months (n; range)	2 (1–25)	**3↑ (1–80)**	6 (1–80)	–	4.5 (1–50)	–	–	–	–	–
Average mls used (median; range)*	4.9 (1–300)	**4 (0.5–30)**	5 (1–30)	–	4 (1–20)	–	–	–	–	–
Heaviest mls used (median; range)*	5 (1–300)	**5.5 (0.5–60)**	8 (1–60)	–	6 (1–30)	–	–	–	–	–

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)
↑ Significant increase between 2015 and 2016 ($p<0.05$)

4.6.2 GHB use in the general population

The prevalence of GHB use in the general population was first reported in the 2004 NDSHS and has remained low and stable. In 2013, results were similar to those reported in the 2010 NDSHS. Use of GHB among those aged 14 years and above was low, only 0.9% had ever used GHB, and 0.1% had used GHB in the past year (Figure 4).

Figure 4: Prevalence of GHB use in Australia, 2004–2013



Source: NDSHS 2004–2013 Australian Institute of Health and Welfare, 2005, 2008, 2011a, 2014).

4.7 LSD use

Key points

- Seventy-one percent of the national sample reported lifetime use of LSD; with recent use of LSD at 45%. This was a significant increase from 40% in 2015.
- The median days of LSD use among recent users was three (significant increase from two days in 2015). Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.
- LSD was mainly consumed orally.

4.7.1 LSD use among EDRS participants

In 2016, 71% of the national sample reported lifetime use of LSD and 45% had used it in the six months preceding interview (Table 21). This was a significant increase from 40% in 2015 ($p<0.05$).

Among those who commented (N=361), the primary ROA was oral ingestion (99%). Four participants snorted and one participant reported having shelved/shafted LSD in the last six months.

Of those who used LSD in the six months preceding interview (N=361), the median number of days used was three. This was a significant increase from two days in 2015 ($p<0.05$). The majority (74%) had used less than monthly; 16% used between monthly and fortnightly; 6% used between fortnightly and weekly; six participants used LSD more than weekly.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range=0.25–6 tabs). The median amount used in the heaviest recent session was 1.5 tabs (range=0.3–11 tabs).

See Appendix B, Figure B7 and Figure B8 for LSD use over time.

Table 21: Use of LSD in RPU, 2016

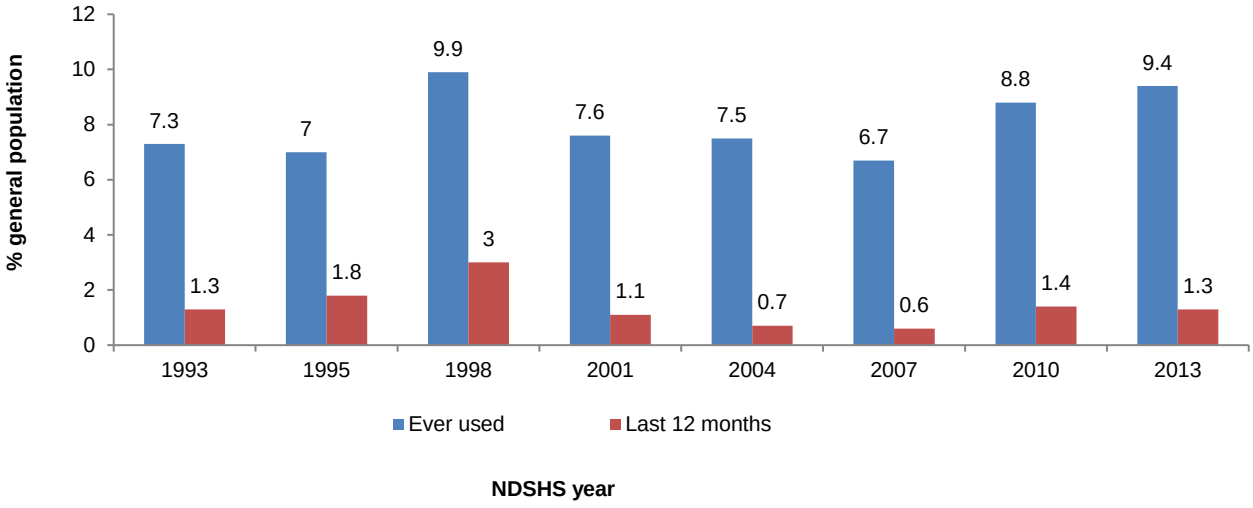
%	National N=762	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	66	**71**	81	66	70	72	49	78	75	71
% Used last six months	40	**45↑**	65	40	52	39	30	50	32	55
Median days used* last six months (n; range)	2 (1–96)	**3↑ (1–60)**	3 (1–48)	3 (1–30)	2 (1–30)	4 (1–20)	2.5 (1–24)	2 (1–24)	4 (1–60)	4 (1–30)
Average tabs used (n; range)*	1 (0.25–9)	**1 (0.25–6)**	1 (0.25–4)	1 (0.5–6)	1 (0.3–2)	1 (1–3)	1 (1–5)	1 (0.5–3)	2 (0.5–3)	1 (0.5–2)
Heaviest tabs used (n; range)*	1.5 (0.5–16)	**1.5 (0.3–11)**	2 (0.3–10)	1 (0.5–6)	1.5 (0.3–6)	1 (1–5)	1 (1–11)	1 (0.5–4)	2 (0.5–6)	1.75 (1–5)

Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)
↑ Significant increase between 2015 and 2016 ($p<0.05$)

4.7.2 Hallucinogen use in the general population

Figure 5 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2007, with a significant increase in 2010. Recent hallucinogen use has remained stable from 2010 at 1.3% (AIHW, 2014a).

Figure 5: Prevalence of hallucinogen use in Australia, 1993–2013



Source: NDSHS 1993–2013 (Commonwealth Department of Health, 1993, Commonwealth Department of Health and Family Services, 1996, Australian Institute of Health and Welfare, 1999, 2002, 2005, 2008, 2011a, 2014).

4.8 Cannabis use

Key points

- Cannabis was the second most recently used drug by the EDRS sample with 86% reporting recent use.
- Among those who had used cannabis in the six months preceding interview, cannabis had typically been smoked (97%).
- The median age of first use by recent users was 15 years.
- Among recent users, use occurred on a median of 49 days during this time (i.e. approximately twice per week). Reported daily use remained stable at 24%.

Participants were asked to differentiate between hydro and bush cannabis in terms of price, potency and availability. Sixty percent of those that used cannabis were able to distinguish between hydro and bush cannabis.

This section contains information about cannabis-use by the EDRS sample. Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the Drug Trends and NDARC websites[3].

4.8.1 Cannabis use among EDRS participants

Almost all (98%) of the 2016 national sample reported lifetime use of cannabis, with the majority (86%) of the sample having used cannabis in the six months prior to interview. The median age of first use of cannabis was 15 years (range=9–30 years) of recent users.

Almost all (97%) of those who had recently used cannabis had smoked it, 22% had recently swallowed it and 22% had inhaled it. Cannabis had been used on median of 49 days (range=1–180 days) in the six months preceding interview, which equates to twice per week (Table 22).

Among recent users (N=678), 15% reported using less than once per month; 10% reported using between monthly and fortnightly; 9% reported using between fortnightly and weekly; and 62% reported using more than once per week. This included 24% of recent cannabis users that reported daily cannabis use.

Refer to Appendix B, Figure B9 for cannabis use over time.

Table 22: Patterns of cannabis use among EDRS participants, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	98	**99**	99	98	100	98	100	98	98	99
% Used last six months	87	**86**	85	85	86	77	97	87	82	86
Route of administration:	N=664	**N=678**	n=87	n=85	n=86	n=77	n=97	n=87	n=82	n=77
% Smoked*	93	**97**	97	100	97	97	99	95	95	94
% Swallowed*	26	**22**	45	8	19	22	22	20	16	25
% Inhaled	24	**22**	43	12	15	13	16	24	26	33
Median days used last six months (n; range)*	50 (1–180)	**49 (1–180)**	24 (1–180)	50 (1–180)	22 (1–180)	100 (2–180)	72 (1–180)	24 (1–180)	165 (1–180)	72 (1–180)

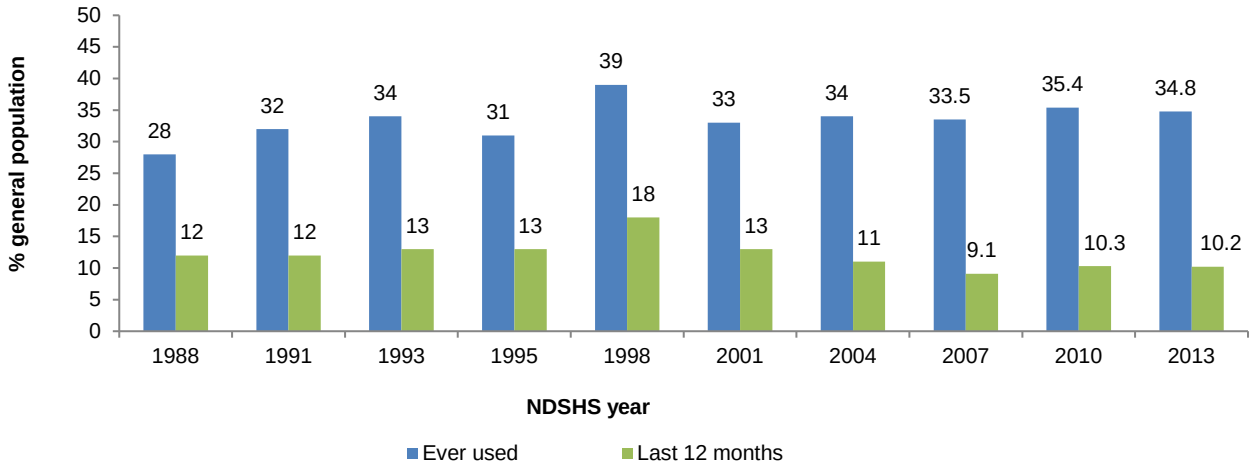
Source: EDRS participant interviews
* Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (N<10)

[3] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au

4.8.2 Cannabis use in the general population

As can be seen in Figure 6, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable in recent years. The most recent survey was conducted in 2013 and found that one-third (34.8%) of the Australian population aged 14 years and above had ever used cannabis, and 10.2% had used cannabis in the 12 months prior to interview. This has been relatively stable over time.

Figure 6: Lifetime and past year prevalence of cannabis use by Australians,1988–2013



Source: NDSHS 1988–2013 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health, 1993, Commonwealth Department of Health and Family Services, 1996, Australian Institute of Health and Welfare, 1999, 2002, 2005, 2008, 2011a, 2014).
Note: Caution should be exercised when interpreting prevalence of cannabis use between 1985 and 1993 due to major changes in sampling and methodology of the surveys

4.9 Other drug use

Key points

- **MDA** lifetime use was 23% of the national sample and 11% reporting recent use on a median of two days. The majority (88%) of recent users reporting that use had occurred less than once per month. A median of two capsules or one tablet were used in a typical session
- Almost the entire sample (over 99%) reported lifetime use of **alcohol** and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 3% of the sample. Fifteen percent nominated alcohol as their drug of choice.
- Ninety-three percent reported lifetime **tobacco** use and 83% had used tobacco in the six months preceding interview. Half (47%) of recent tobacco users were daily smokers, with median days use being 155 (i.e. almost daily).
- One-quarter (26%) had used **e-cigarettes** in the six months prior to interview on a median of three days in the last six months.
- Half (52%) of the sample reported lifetime **benzodiazepine** use (both licitly and illicitly obtained) and around one-third (38%) reported recent illicit use. Swallowing was the main ROA reported. Daily use of illicit benzodiazepine use was not reported. Five participants reported daily 'licit' benzodiazepine use. The types most used were diazepam and alprazolam.
- Seven percent of the national sample reported using illicit **antidepressants** in their lifetime and 2% reported recent use. The median days of use was three. One participant reported daily use.
- Ten percent of participants reported 'licit' **antipsychotic** use on median of 165 days in the last six months. Four percent of the sample reported 'illicit' antipsychotic use on a median of two days in the last six months.
- One-third (36%) of the national sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days. Use was significantly higher in 2016.
- Recent use of **amyl nitrite** (nationally) was reported at 27% a significant increase from 21% in 2015. Use was occasional on a median of three days.
- Twenty-two percent of the national sample reported recent **mushroom** use, comparable to 2015. Use occurred on a median of two days, and 91% of recent users had used less than monthly.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC codeine**, **OTC stimulants** and **steroid use**.

4.9.1 MDA use

MDA (3,4-methylenedioxyamphetamine), is mainly used as a recreational drug. The duration of the drug's effects is around 5–6 hours, slightly longer than that of its well-known cousin, MDMA. MDA is said to share the entactogenic effects of MDMA. Yet while it is generally similar to MDMA, users report that MDA has more stimulant and psychedelic qualities and slightly less intense entactogenic effects than MDMA. MDA is also considered less predictable than MDMA, with effects varying greatly from person to person.

Twenty-three percent of the national sample reported the lifetime use of MDA. Eleven percent of the national sample reported using it in the six months preceding interview. Reports of recent use were highest in QLD (19%). In the national sample, use occurred on a median of two days (range=1–20); with the majority (88%) of recent users reporting that use had occurred less than once per month. Among those who recently used MDA (N=90), swallowing (88%) was the most frequently nominated ROA, followed snorting (18%). Two participants reported shelving/shafting MDA and one participant reported smoking MDA recently.

A median of two capsules (range=0.5–6 capsules) or one tablet (1–6 tablets) were used in a typical session of use and a median of two capsules (range=1–14 capsules) or two tablets (1–12 tablets) were used in the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Fifteen percent of the 2016 national sample nominated alcohol as their drug of choice. Almost the entire national sample reported they had used alcohol in their lifetime (99.6%) and in the six months preceding interview (97%, Table 3). The median age of first use in recent alcohol users was 14 years (range=3–21 years).

Among those who had used alcohol, use had occurred on a median of 48 days (approximately twice weekly use) in the past six months (range=1–180 days). Sixty percent of recent alcohol users (N=774) reported using alcohol more than once per week. Three percent of recent users reported daily drinking (consistent with 2015 data).

The Alcohol Use Disorders Identification Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2016 EDRS can be found in chapter 7: *Risk Behaviour*.

4.9.3 Tobacco

Ninety-three percent of the national sample reported they had used tobacco in their lifetime and 83% had used tobacco in the six months prior to interview. Median days used was reported at 155 days, i.e. almost daily (range=1–180 days). Tobacco was first used at a median age of 15 years (range=7–27 years) by recent users. Forty-seven percent of those who reported recent tobacco use (N=657) were daily smokers.

4.9.4 E-cigarettes

Fifty-three percent of the national sample reported they had used e-cigarettes in their lifetime and 26% had used e-cigarettes in the six months prior to interview. Among those who had recently used (N=210), the median days used was reported at three days, i.e. sporadically (range=1–180 days). Median age of first use is 19 years (range=12–43 years).

4.9.5 Benzodiazepines

Half (52%) of the 2016 sample reported the lifetime use of any benzodiazepine. Around one-third (38%) reported the recent use of any benzodiazepine on a median of five days (i.e. approximately monthly). Five participants reported daily benzodiazepine use. Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below). Brand of benzodiazepine was not specified.

4.9.4.1 Licitly obtained (prescribed) benzodiazepines

Fourteen percent of the 2016 sample reported having ever used licitly obtained benzodiazepines and 7% reported their use in the six months preceding interview. Licit benzodiazepines had been used on a median of 12 days (range=1–180 days) in the preceding six months. Five participants reported using licitly obtained benzodiazepines daily. The majority (93%) of recent licit benzodiazepine users (N=57) reported swallowing in the preceding six months, with one report of snorting benzodiazepine use. The main types of benzodiazepine used by these users were diazepam and alprazolam.

4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Nearly half (47%) of the 2016 sample reported having ever used illicitly obtained benzodiazepines and one-third (34%) reported their use in the six months preceding interview. Illicit benzodiazepines had been used on a median of four days (range=1–90 days) in the preceding six months (Table 23). Among recent users (N=270), 61% reported using illicit benzodiazepines less than monthly, there were no reports of daily use. Swallowing was the most common ROA in the six months preceding interview (98%), 4% of recent users reported snorting and two participants reported smoking. The main types of benzodiazepine used by these users were diazepam and alprazolam.

Table 23: Use of illicitly obtained benzodiazepines, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever used	43	**47**	60	30	58	36	55	53	30	58
% Used last 6 months	27	**34**	46	23	47	21	42	34	14	46
Median days use* (n; range)	4 (1–90)	**4 (1–90)**	4 (1–89)	4 (1–90)	3 (1–72)	5 (1–30)	3 (1–80)	4.5 (1–48)	3 (1–24)	3.5 (1–25)

Source: EDRS participant interviews
* Of those who had used illicit benzodiazepines in the past six months

4.9.6 Illicit antidepressants

Seven percent of the national sample reported using illicit antidepressants in their lifetime and 2% reported recent use. The median days of use was three (approximately monthly; range=1–180 days) among those who recently used illicit antidepressants (N=17). One participants reported daily illicit use. The main ROA was swallowing (94%) and one participant reported snorting.

4.9.7 Antipsychotics

4.9.7.1 Licitly obtained (prescribed) antipsychotics

Four percent of the national sample reported the use of licit antipsychotics in their lifetime. Ten participants reported using them in the last six months on a median of 165 days (range=1–180 days).

4.9.7.2 Illicitly obtained (non-prescribed) antipsychotics

The lifetime use of illicit antipsychotics use was reported by 7% of the national sample. Four percent reported using illicit antipsychotics in the last six months on a median of two days (range=1–40 days).

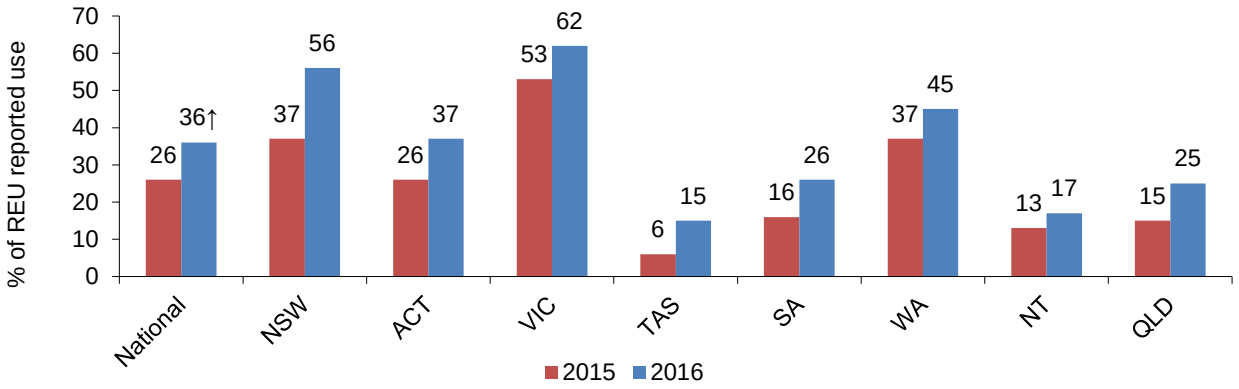
4.9.8 Inhalants use

4.9.8.1 Nitrous oxide

Fifty-nine percent of the national sample reported lifetime use of nitrous oxide and one-third (36%) had used nitrous oxide in the six months preceding interview (Figure 7). Recent use was reported at a significantly higher level in 2016 (36%) than in 2015 (26%, $p<0.05$). VIC continued to be the state with the highest recent use reported (62%).

Nitrous oxide was used on a median of four days in the preceding six months (range=1–180 days). Fifty-eight percent of recent users (N=283) reported using nitrous oxide less than once per month in the preceding six months. One participant reported daily use. The average number of bulbs consumed in an average or typical session was five (range=1–400) and the most number of bulbs consumed in a heavy session was 10 (range=1–750).

Figure 7: Recent use of nitrous oxide, 2015–2016



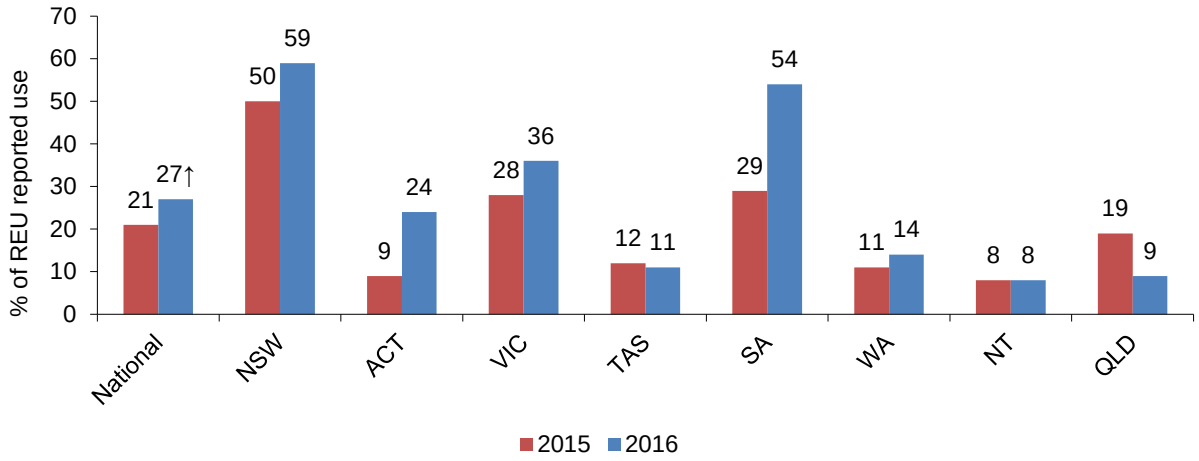
Source: EDRS participant interviews
↑ Significant increase between 2015 and 2016 ($p<0.05$)

4.9.8.2 *Amyl nitrite*

Forty-four percent of the sample reported having used amyl nitrite (a vasodilator) in their lifetime and 27% had used amyl nitrite in the six months preceding interview (Figure 8). Recent use was reported at a significantly higher level in 2016 (27%) than in 2015 (21%, $p<0.05$). NSW continued to be the state with the highest recent amyl nitrite use (59%).

Frequency of amyl nitrite use was generally low, with users reporting a median of three days of use in the last six months (range=1–90 days). Seventy-two percent of recent users (N=216) had used less than once per month in the preceding six months. No participants reported daily use.

Figure 8: Recent use of amyl nitrite, 2015–2016



Source: EDRS participant interviews
↑ Significant increase between 2015 and 2016 (p<0.05)

4.9.8.3 *Psilocybin Mushrooms*

Over half of the national sample (55%) reported lifetime use of mushrooms and 22% had used mushrooms in the six months preceding interview. Recent use was highest in NSW (36%) and VIC (29%) (Table 3). Of those who used mushrooms in the preceding six months (N=175), oral consumption was the most common ROA (99%), five participants reported smoking and one participant snorting mushrooms. Mushrooms were used on a median of two days (range=1–24 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (91%) had used mushrooms less than monthly.

4.9.9 Heroin

Eight percent reported they had used heroin in their lifetime. Two percent of the whole sample reported recently using heroin in the six months prior to interview (Table 3). Heroin had been used on a median of three days (range=1–160 days) in the preceding six months (N=19). Among recent heroin users, 63% had used heroin less than monthly. Majority of recent heroin users had injected heroin (42%) in the preceding six months with smaller proportions reporting smoking (32%) and snorting (26%) heroin during this time.

4.9.10 Methadone

Methadone is a medication used for the treatment of opioid dependence and had been used by 5% of the national sample in their lifetime and less than 1% (n=6) had used methadone in the last six months (Table 3). Methadone was only reported as being taken orally. Methadone was used on a median of three days (i.e. sporadically; range=1–70 days) in the six months preceding interview among those who had recently used methadone (n=6). There was no reported daily methadone use.

4.9.11 Buprenorphine

Three percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Seven participants reported recent use of

buprenorphine (Table 3). The frequency of use was four days (range=1–180 days). One participant reported using buprenorphine daily.

4.9.12 Other opioids

The lifetime use of 'other opioids' (i.e. excluding heroin, methadone, buprenorphine, OTC codeine), was reported by 38% of the national sample. Twenty-one percent reported using 'other opioids' recently. The median days of use was three days (range=1–180) among those who recently used other opioids (N=164). Seventy percent of those who recently used other opioids reported using monthly or less.

4.9.12.1 Licitly obtained (prescribed) other opioids

Lifetime use of licit 'other opioids' was 16% of the national sample and 7% had used at least once in the last six months prior to interview (Table 24). Among those who had recently used (N=57), the median days of licit opioid use was 10 days (range=1–180 days) (Table 4). ROA was mainly swallowing (95%), six reports of injecting, one report of snorting and no reports of smoking or shelving/shafting. Examples of other opioids include pethidine and opium, the main brand that was specified was Endone® and Panadeine Forte®.

Table 24: Use of licit opioids, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever used	15	**16**	16	15	17	13	21	11	9	25
% Used last 6 months	5	**7**	11	4	10	5	12	7	3	5

Source: EDRS participant interviews

4.9.12.2 Illicitly obtained (non-prescribed) other opioids

Lifetime use of illicit 'other opioids' was reported by 27% of the national sample (significant increase from 15% in 2015). Fifteen percent of the national sample had used other illicit opioids in the previous six months prior to interview (significant increase from 10% in 2015; $p<0.05$) (
Table 25). Among those who had recently used illicit other opioids (N=116), the median days of illicit opiate use was three days (range=1–49 days). The main ROA was swallowing (90%), followed by snorting (16%), injecting (3%), smoking (3%), and no reports of shelving/shafting. Examples of the main types used were Endone® and tramadol.

Table 25: Use of illicit opioids, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=763	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever used	15	**27↑**	32	16	36	19	30	29	18	39
% Used last 6 months	10	**15↑**	18	8	21	5	18	18	7	22

Source: EDRS participant interviews
↑ Significant increase between 2015 and 2016 ($p<0.05$)

4.9.13 Pharmaceutical stimulants

4.9.13.1 Licitly obtained (prescribed) pharmaceutical stimulants

Eight percent of the national sample reported licit lifetime use of pharmaceutical stimulants, 3% reported recent use (Table 26). The median days of use was 96 days (range=1–180 days) among those who had recently used (N=25). Swallowing was the ROA reported by most participants (92%) who had recently used and small proportions reported snorting (16%). The median amount used in an average session was two and a half tablets (range=1–10 tablets) and four tablets (range=1–10 tablets) in a heavy session. Seventy-four percent of recent licit pharmaceutic stimulant users reported taking their medication as prescribed.

Table 26: Use of licit (prescribed) pharmaceutical stimulants, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	7	**8**	17	13	2	6	8	4	5	9
% Used last 6 months	3	**3**	9	2	1	2	2	3	2	4

Source: EDRS participant interviews

4.9.13.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Over half (55%) of the national sample reported illicit lifetime use of pharmaceutical stimulants, 35% reported recent use (Table 27). Among those who had recently used (N=277), the median days of use was four days (sporadic use; range=1–180 days) (Table 3). Swallowing was the ROA reported by most participants (91%) followed by snorting (26%) and small numbers n<5 reporting injecting, smoking and shelve/shafting. The median amount used in an average session was two tablets (range=0.5–20 tablets). The median amount reported for most tablets taken in a session was three (range=0.5–40 tablets).

Table 27: Use of illicit pharmaceutical stimulants, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	52	**55**	64	46	54	49	35	83	39	72
% Used last 6 months	31	**35**	44	26	34	20	27	65	14	50

Source: EDRS participant interviews

4.9.14 Over the counter (OTC) codeine (not related to pain use)

One-quarter (28%) of the 2016 sample reported lifetime use of over the counter codeine for non-pain use and 18% reported recent use (
Table 28). Among those who had recently used (N=146), the median days of OTC codeine use for purposes unrelated to pain (i.e. recreational use) was three days in the previous six months (range=1–180 days) (Table 3). Swallowing was the most commonly reported ROA by most recent users (97%), with snorting (5%) and smoking (n=2) reported by few participants.

Table 28: Use of OTC codeine, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever used	24	**28**	37	33	25	25	25	32	24	24
% Used last 6 months	16	**18**	26	21	18	13	18	23	11	16

Source: EDRS participant interviews

4.9.15 Over the counter (OTC) stimulants

Twelve percent of the 2016 sample reported the lifetime use of OTC stimulants and 6% reported recent use. Recent use was spread across all states (Table 3). Among those who had recently used (N=48), the median of three days (range=1–48 days) with the majority (73%) reported monthly or less use. Swallowing was the most commonly reported ROA (94%), with two reports of snorting and one report of smoking.

4.9.16 Steroid use

Three percent of the 2016 sample reported the lifetime use of steroids and one percent (n=8) reported using steroids recently (Table 3). Of those that had used steroids recently, 63% had injected steroids and 38% reported swallowing steroids. No other ROA was reported.

4.9.17 Capsules contents unknown

Thirty percent of the national sample reported the lifetime use of a capsule with unknown contents and 14% reported use in the six months preceding interview (an increase from 18% lifetime and 7% recent use in 2015). Recent use was highest in VIC (19%) followed by QLD (17%). Of those who used capsules of unknown content in the preceding six months (N=112), oral consumption was the most common ROA (92%). Capsules of unknown content were used on a median of one day (range=1–24 days) indicating sporadic or very occasional use. The majority of all recent capsules of unknown content (93%) had used them less than monthly.

The median amount used in a typical or average episode in the preceding six months was one capsule (range=0.5–7 capsules); the 'most' amount used in a session was also one capsule (range=0.5–8 capsules).

4.10 New psychoactive substance use

Key points

- In 2016, one-third (34%) of the EDRS participants had consumed an NPS in the previous six months and 4% reported recent synthetic cannabis use.
- Reports of NPS use occurs in all states with synthetic cannabis highest in the NT.
- The most used NPS included: DMT, Any 2C and NBOMe.
- Population estimates suggest 1.4% of the general population reported synthetic cannabis use in the past 12 months and 0.4% reported NPS use.

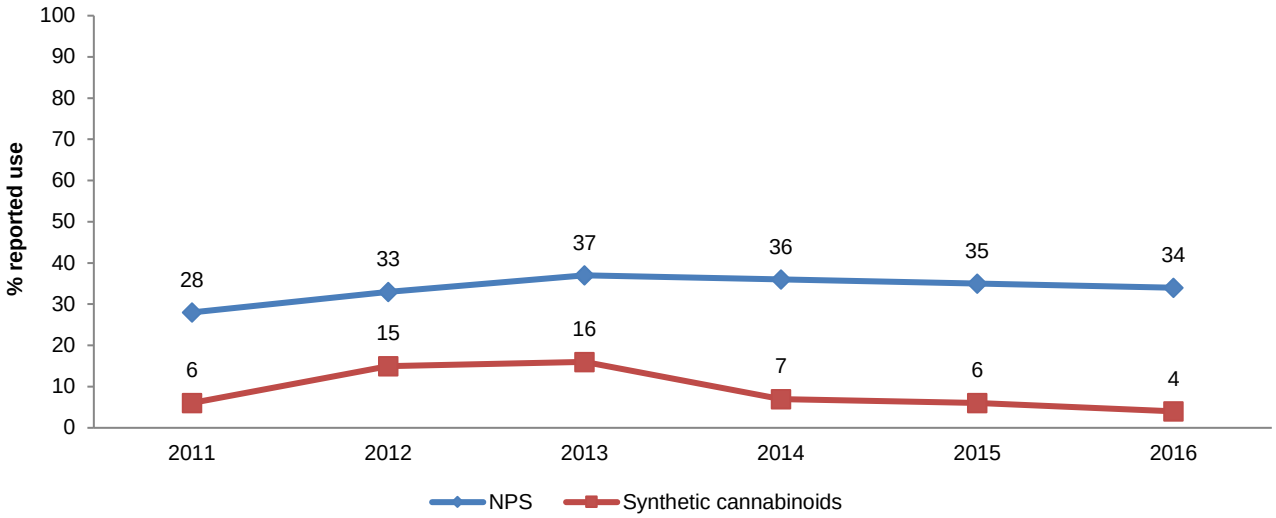
4.10.1 NPS use

New psychoactive substances (NPS, previously termed 'Emerging psychoactive substances or EPS') were noticed in the Australian drug markets when use, availability and purity of ecstasy decreased in 2010–11. In 2010, EDRS participants were beginning to report use of 'other' substances not traditionally asked about in the annual survey. In 2011, these 'other' drugs were found to belong to the NPS category and data has been collected on them in subsequent EDRS surveys. See Appendix C for a brief description of NPS included in the EDRS survey.

Population estimates from the NDSHS for NPS and synthetic cannabis indicate that 1.2% of the population (approximately 230,000 people) had used synthetic cannabinoids in the last 12 months, and 0.4% (approximately about 80,000 people) had used another psychoactive substance such as mephedrone (AIHW, 2014a).

As is evident in
Figure 9, recent use of NPS among RPU was reported by one-third or more of the sample since 2012. Synthetic cannabis use has declined from 16% in 2013 and remains relatively stable at 4% in 2016.

Figure 9: Recent use of NPS and synthetic cannabis by RPU in the EDRS, 2011–2016



Source: EDRS participant interviews

As is evident in Table 29, recent use of NPS is spread across the states and the use of synthetic cannabis is lower with the highest proportion reporting use in the NT (15%).

Table 29: Recent use of NPS and synthetic cannabis, 2016

%	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
Used an NPS	35	**34**	43	31	40	16	30	31	26	53
Used an NPS (including synthetic cannabinoid)	39	**36**	43	31	42	16	33	32	35	53
Synthetic Cannabinoid	6	**4**	1	2	3	1	4	3	15	3

Source: EDRS participant interviews

4.10.1.1 Phenethylamine class of NPS

In 2016, 13% of the national sample reported the use of any 2C (2C-B, 2C-I, 2C-E or other) in the last six months. Small numbers reported the recent use of NBOMe (7%) and mescaline (2%) (Table 30).

Table 30: Recent use of Phenethylamine class of NPS in the six months prior to interview, 2016

%	National N=763	National N=795		NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**									
Phenethylamine	%	**%**	**Median days used last six months**	%	%	%	%	%	%	%	%
Any 2C (2C-B, 2C-I, 2C-E or other)	14	**13**	**n.a.**	18	13	13	4	9	9	3	15
NBOMe	7	**4**	**1**	6	3	0	0	9	5	0	9
Mescaline	2	**2**	**1**	0	1	3	3	6	1	0	1

Source: EDRS participant interviews
Other drugs include: MDAI (<1%), Benzo Fury /6-APB (<1%)
n.a. not available

4.10.1.2 Other classes of NPS

Thirteen percent of the national sample reported using Dimethyl tryptamine (DMT) in the last six months. Smaller number reported using Dextromethorphan hydrobromide (DXT) (6%), herbal highs (4%), MXE (3%) and methylone (2%) (Table 31).

Table 31: Recent use of other classes of NPS in the six months prior to interview, 2016

%	National N=763	National N=795		NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**									
Tryptamines	%	**%**	Median days used last six months	%	%	%	%	%	%	%	%
DMT	11	**15**	1	15	12	23	4	10	18	16	23
Synthetic Cathinones											
Methylone/bk MDMA	4	**2**	1	1	3	1	4	2	2	1	5
Dissociative											
DXM	5	**6**	1	12	4	6	0	7	4	7	9
Methoxetamine (MXE)	2	**3**	2	6	1	9	5	0	0	1	2
Herbal highs*	5	**4**	2	5	3	3	0	4	3	8	8

Source: EDRS participant interviews
Other drugs include: 5MEO-DMT (1%), PMA (1%), Salvia divinorum (1%), LSA (Hawaiian Baby Woodrose-1%), Datura/Angel's trumpet (<1%), 4-AcO-DMT (<1%), Alpha PVP (<1%), Ayahuasca (<1%), MDAI (<1%), Benzo Fury (6-APB) (<1%), 5-IAI (<1%), 4-FA (<1%), Etizolam (<1%), Mephedrone (<1%), Ivory wave/MDPV (no use in 2016), DOI (no use in 2016), BZP (no use in 2016), Other substituted cathinone (no use in 2016), 4-MEC (no use in 2016).
* The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis, but are not covered by current drug law scheduling or legislation.

4.10.2 NPS adverse effects

Forty percent of the RPU sample reported that they had used an NPS in the past year, most commonly DMT (n=103), 2C-x (n=61), synthetic cannabinoids (n=24) and NBOMe (n=23). Among past year NPS consumers, 41% (n=129) reported that they had experienced an unexpected adverse effect on their last occasion of use. The most common adverse effects reported were paranoia (29%), nausea/vomiting (29%) and restlessness/anxiety (25%) (Table 32). Three participants reported that they had sought emergency medical help for an NPS adverse effect in the past year.

Table 32: Unexpected adverse effects among past-year NPS consumers, 2016

	National N=411	National N=316	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Unexpected adverse effect	56	**41**								
% Type of adverse effect	(N=180)	**(N=129)**	(n=15)	(n=8)	(n=19)	(n=14)	(n=23)	(n=22)	(n=16)	(n=12)
Paranoia	31	**29**	27	–	37	71	35	9	25	17
Nausea/vomiting	19	**29**	33	–	32	21	39	9	13	42
Restless/anxious	28	**25**	33	–	26	57	13	14	25	25
Heart racing or erratic	24	**17**	20	–	11	71	17	0	0	17
Visual hallucinations	18	**16**	13	–	16	7	9	18	31	25
Panic	25	**16**	20	–	16	50	9	0	13	17
Shaky hands/fingers	17	**13**	13	–	11	29	30	0	6	0
Auditory hallucinations	11	**12**	20	–	16	0	13	14	6	8
Overheating	18	**11**	7	–	5	43	17	0	0	17
Chest pain	6	**9**	13	–	5	29	9	0	6	8
Shortness of breath	12	**8**	13	–	0	21	9	5	6	0
Fingers/toes cold or numb	7	**8**	7	–	0	43	4	0	13	0
Angry or aggressive	3	**5**	7	–	0	0	4	0	13	17
Skin discoloured (blue/red)	6	**5**	7	–	0	36	0	0	0	0
Skin rash	5	**5**	7	–	0	36	0	0	0	0
Other	34	**33**	40	–	21	21	48	36	31	33

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

Key points

- The median price of a tablet of ecstasy nationally was $25. A capsule of ecstasy was a median of $25 and ecstasy powder was reported at a median of $200 per gram or $27.50 per point. MDMA crystal/rock was $200 per gram and $30 per point. The highest proportions of participants in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months.
- Nineteen percent of the participants in the EDRS reported ecstasy pills to be of 'high' purity. Larger proportions reported other forms to be 'high' purity; 54% for MDMA crystal/rock, 47% for ecstasy powder and 34% for ecstasy capsules.
- The purity of all ecstasy forms were varied with similar proportions reporting stable or fluctuating over the last six months, except for crystal which was considered 'stable' by over half (58%).
- The availability of all ecstasy forms were considered to be 'very easy' to 'easy' to obtain. The majority in all jurisdictions reported that availability had remained 'stable' in the six months prior to interview.
- All forms of ecstasy tended to be purchased through friends and used in a range of locations, most commonly in nightclubs.
- The weight of MDMA seizures detected at the border increased dramatically to 2,002 kilograms in 2014/15, the second highest weight recorded over the past 14 years.

This section contains information about market characteristics of Ecstasy (including price, perceived purity, availability and purchasing patterns). In 2016, participants were able to comment on the different forms of ecstasy (pills, powder, capsules and MDMA crystal/rock) separately. Below are the results. Comparable findings from previous years on price, availability and perceived purity are shown in Appendix C.

5.1.1 Price of ecstasy

The median price of ecstasy pills nationally was $25 ranging from $15 in SA to $35 in the NT (Table 33). The median price of ecstasy powder was $200 per gram and $27.50 per point (Table 34). Ecstasy capsules were reported to be median price of $25 per capsule (Table 35) and the median price of MDMA crystal/rock per gram was $200 and $30 per point (Table 36).

The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months (Table 33, Table 34, Table 35 and Table 36).

Table 33: Median price of ecstasy pills, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median Price ($)										
Per pill	25	**25**	25	25	22	30	15	25	35	25
% Price changes (n)	n.a.	**(N=451)**	(n=19)	(n=22)	(n=43)	(n=86)	(n=82)	(n=91)	(n=80)	(n=28)
Increased	n.a.	**7**	16	0	5	9	1	10	9	0
Stable	n.a.	**59**	63	77	70	76	59	40	49	64
Decreased	n.a.	**19**	5	14	19	9	27	39	9	11
Fluctuated	n.a.	**15**	16	9	7	6	13	12	34	25

Source: EDRS participant interviews
n.a. not available

Table 34: Median price of ecstasy powder, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median Price ($)										
Per gram	250	**200**	–	–	190	–	–	–	250	–
Per point	30	**27.5**	–	–	25	–	–	–	–	–
% Price changes (n)	n.a.	**(N=30)**	(n=3)	(n=7)	(n=8)	(n=4)	(n=2)	(n=1)	(n=2)	(n=3)
Increased	n.a.	**7**	–	–	–	–	–	–	–	–
Stable	n.a.	**67**	–	–	–	–	–	–	–	–
Decreased	n.a.	**20**	–	–	–	–	–	–	–	–
Fluctuated	n.a.	**7**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10).
n.a. not available

Table 35: Median price of ecstasy capsule, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median Price ($)										
Per capsule	30	**25**	25	25	25	35	25	30	37.5	25
% Price changes (n)	n.a.	**(N=216)**	(n=44)	(n=64)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=40)
Increased	n.a.	**5**	0	5	3	–	8	–	27	5
Stable	n.a.	**63**	68	64	59	–	75	–	46	65
Decreased	n.a.	**16**	21	14	23	–	17	–	18	3
Fluctuated	n.a.	**16**	11	17	15	–	0	–	9	28

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10).
n.a. not available

Table 36: Median price of MDMA crystal/rock, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median Price ($)										
Per gram	250	**200**	190	225	180	300	220	250	320	210
Per point	30	**30**	20	30	–	–	25	30	–	30
% Price changes (n)	(N=258)	**(N=307)**	(n=57)	(n=34)	(n=32)	(n=21)	(n=42)	(n=44)	(n=32)	(n=45)
Increased	11	**7**	7	3	9	5	14	7	13	0
Stable	69	**64**	53	65	66	76	60	66	69	67
Decreased	11	**18**	28	21	22	14	21	18	6	7
Fluctuated	9	**11**	12	12	3	5	5	9	13	27

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10).
n.a. not available

5.1.2 Purity – RPU reports

Around a third (34%) of participants in the EDRS sample that commented perceived ecstasy pills to be of 'medium' purity, 31% reporting that it 'fluctuates', or that it is 'high' in purity (19%). One-third (32%) reported that the purity of ecstasy pills was 'stable' over the last six months and one-third (38%) reported that the purity had fluctuated (Table 37).

Table 37: Participant reports of current ecstasy pills, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Purity (n)	n.a.	**(N=470)**	(n=20)	(n=25)	(n=46)	(n=89)	(n=83)	(n=95)	(n=82)	(n=30)
Low	n.a.	**17**	40	28	7	7	29	11	16	23
Medium	n.a.	**34**	10	25	30	45	30	25	45	40
High	n.a.	**19**	18	28	35	11	18	19	16	17
Fluctuates	n.a.	**31**	35	20	28	37	23	45	23	20
% Purity changes (n)	n.a.	**(N=450)**	(n=17)	(n=21)	(n=46)	(n=83)	(n=82)	(n=93)	(n=79)	(n=29)
Increasing	n.a.	**14**	6	19	20	10	15	22	6	10
Stable	n.a.	**32**	47	24	24	45	32	33	19	41
Decreasing	n.a.	**16**	35	14	13	8	28	18	14	3
Fluctuating	n.a.	**38**	12	43	44	37	26	27	61	45

Source: EDRS participant interviews
n.a. not available

Nearly half (47%) of the participants who commented reported that the purity of ecstasy powder was of 'high' purity and one-third (33%) reported purity to be 'medium'. Around one-third (37%) reported that the purity of ecstasy powder had remained stable in the last six months and 33% reported that it had fluctuated (Table 38).

Table 38: Participant reports of current ecstasy powder, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Purity (n)	n.a.	**(N=30)**	(n=2)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=3)
Low	n.a.	**0**	–	–	–	–	–	–	–	–
Medium	n.a.	**33**	–	–	–	–	–	–	–	–
High	n.a.	**47**	–	–	–	–	–	–	–	–
Fluctuates	n.a.	**20**	–	–	–	–	–	–	–	–
% Purity changes (n)	n.a.	**(N=30)**	(n=2)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=3)
Increasing	n.a.	**20**	–	–	–	–	–	–	–	–
Stable	n.a.	**37**	–	–	–	–	–	–	–	–
Decreasing	n.a.	**10**	–	–	–	–	–	–	–	–
Fluctuating	n.a.	**33**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)
n.a. not available

One-third of participants reported the purity of ecstasy capsules to be of 'high' or 'medium' purity (34% and 31% respectively). The largest proportion reported that the purity of ecstasy capsules had remained stable over the last six months (39%, Table 39).

Table 39: Participant reports of current ecstasy capsules, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Purity (n)	n.a.	**(N=215)**	(n=46)	(n=60)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=41)
Low	n.a.	**10**	11	15	10	–	0	–	27	2
Medium	n.a.	**31**	33	30	26	–	25	–	18	39
High	n.a.	**34**	20	33	44	–	33	–	46	42
Fluctuates	n.a.	**25**	37	22	21	–	42	–	9	17
% Purity changes (n)	n.a.	**(N=205)**	(n=39)	(n=60)	(n=39)	(n=3)	(n=12)	(n=3)	(n=10)	(n=39)
Increasing	n.a.	**18**	28	30	8	–	8	–	10	5
Stable	n.a.	**39**	36	38	49	–	42	–	10	39
Decreasing	n.a.	**11**	10	13	10	–	0	–	30	5
Fluctuating	n.a.	**32**	26	18	33	–	50	–	50	21

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)
n.a. not available

Over half (54%) of the EDRS participants who commented reported the purity of MDMA crystal/rock to be of 'high' purity. Nearly one-third (29%) reported the purity as 'medium'. Fifty-eight percent of those who commented reported that the purity of MDMA crystal/rock had remained 'stable' over the last six months (Table 40).

Table 40: Participant reports of current MDMA crystal/rock, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Purity (n)	(N=304)	**(N=349)**	(n=61)	(n=40)	(n=33)	(n=26)	(n=53)	(n=51)	(n=35)	(n=50)
Low	6	**3**	3	0	3	4	2	4	6	2
Medium	27	**29**	30	45	21	42	42	20	14	20
High	56	**54**	44	35	70	46	45	61	69	68
Fluctuates	11	**14**	23	20	6	8	11	16	11	10
% Purity changes (n)	(N=)	**(N=317)**	(n=47)	(n=39)	(n=33)	(n=25)	(n=49)	(n=46)	(n=31)	(n=47)
Increasing	13	**12**	19	21	6	4	8	20	7	4
Stable	65	**58**	49	49	76	84	55	57	45	60
Decreasing	6	**8**	11	3	6	4	14	9	19	0
Fluctuating	17	**22**	21	28	12	8	22	15	29	36

Source: EDRS participant interviews

5.1.3 Purity – seizure data

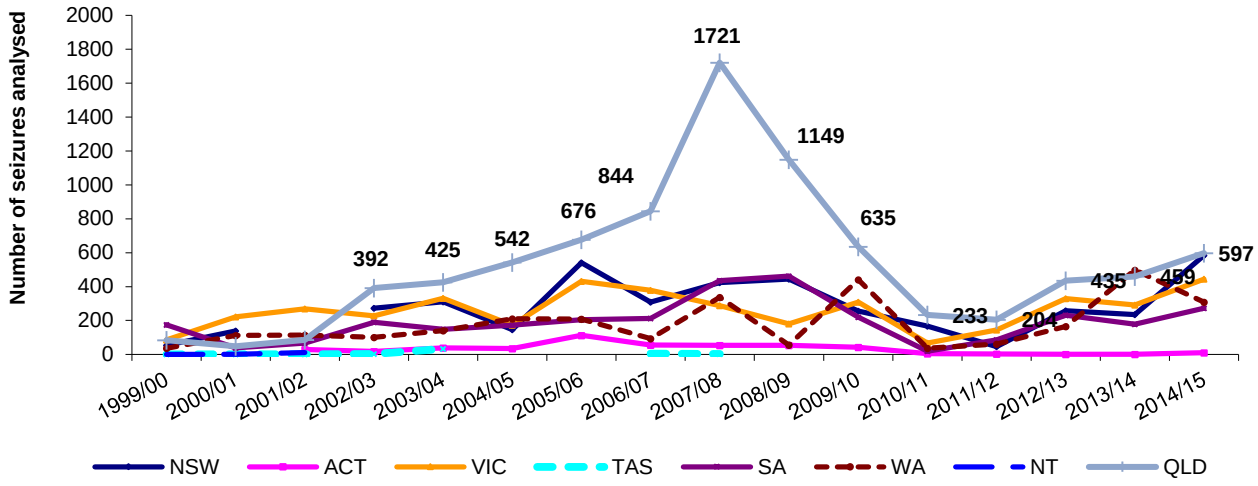
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and therefore should be considered in addition to the subjective reports of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

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

The following caveat applies to Figure 17 through to 21 below: Figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for SA, WA, TAS represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamines *seized by police* in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. In addition, no adjustment has been made to account for double counting of joint operations between the AFP and state/territory police.

In 2014/15, the number of state seizures analysed increased across many jurisdictions, with NSW reporting a large increase from 235 to 584 seizures. There were no seizures analysed in the NT or TAS in 2014/15 (Figure 10).

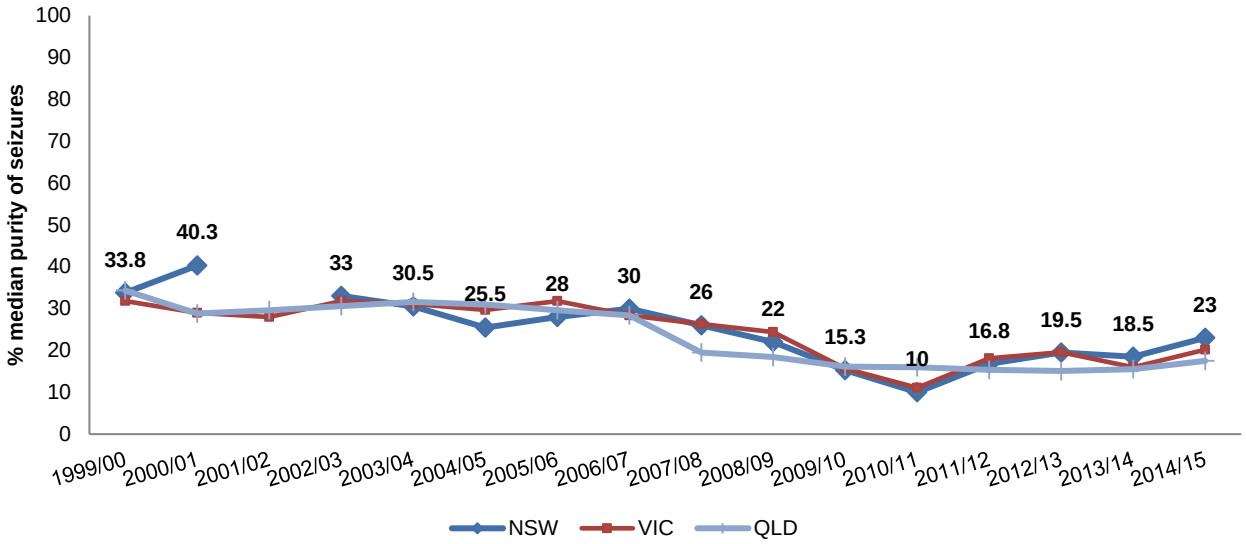
Figure 10: Number of phenethylamine state police seizures, 1999/2000–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures in the eastern states with the larger populations has been on a slight declining trend since 1999/2000. The median purity level in 2014/15 appears to be similar to figures in 2013/14 (Figure 11).

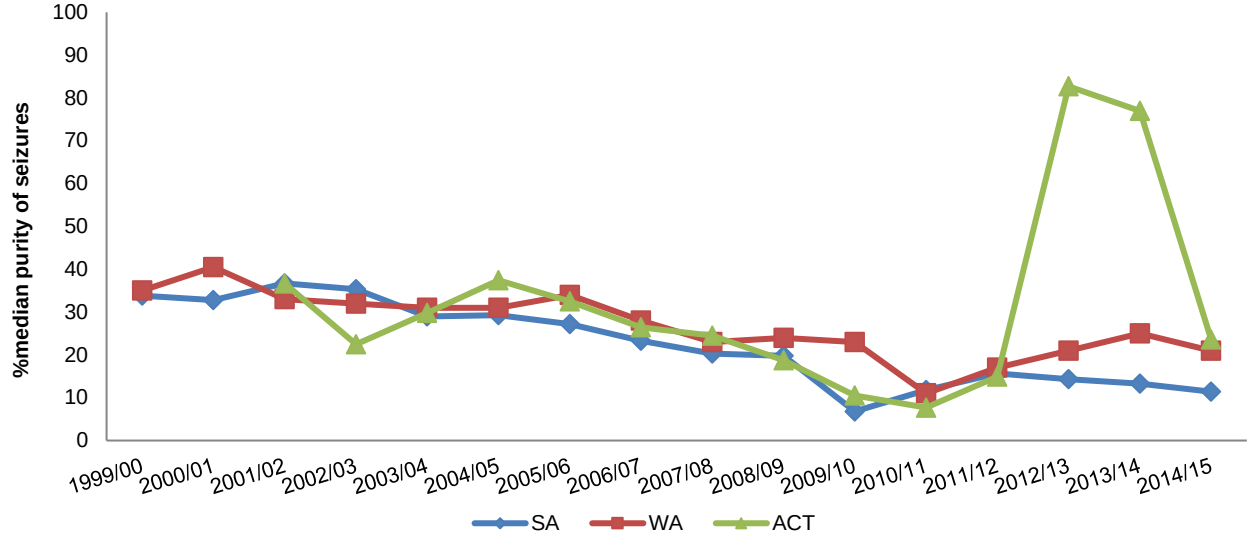
Figure 11: Median purity of state police phenethylamine seizures, eastern jurisdictions, 1999/2000–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

In smaller jurisdictions, the analysed median purity of the state police seizures are at similar levels to the larger jurisdictions above. TAS and the NT did not have any data recorded in 2014/15 (Figure 12).

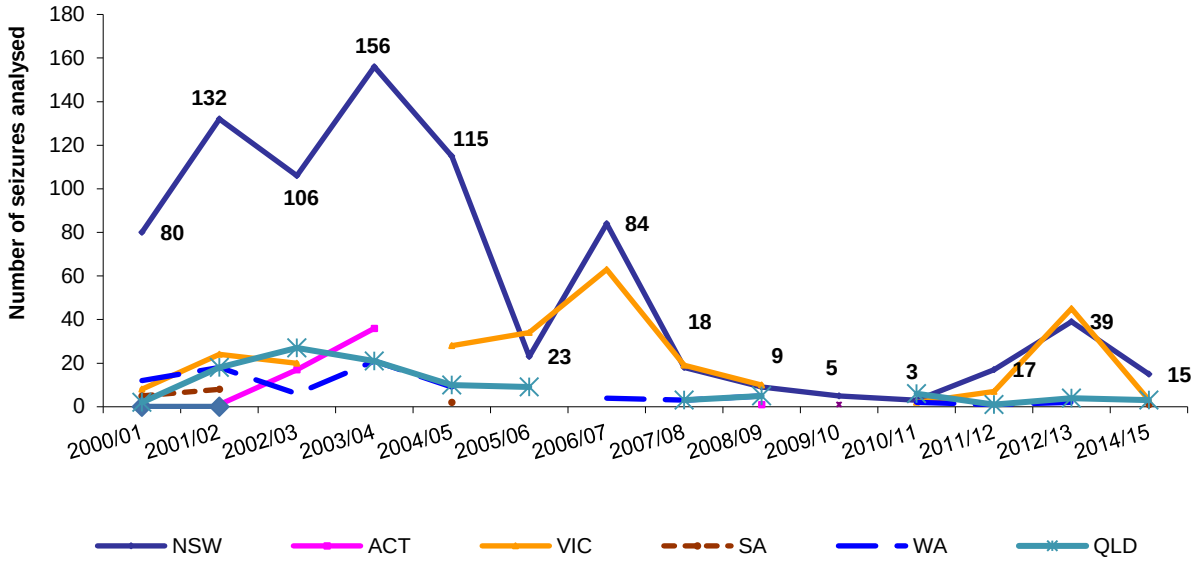
Figure 12: Median purity of state police phenethylamine seizures, smaller jurisdictions, 1999/2000–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

In 2014/15, only NSW, VIC, QLD and SA recorded AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures (Figure 13).

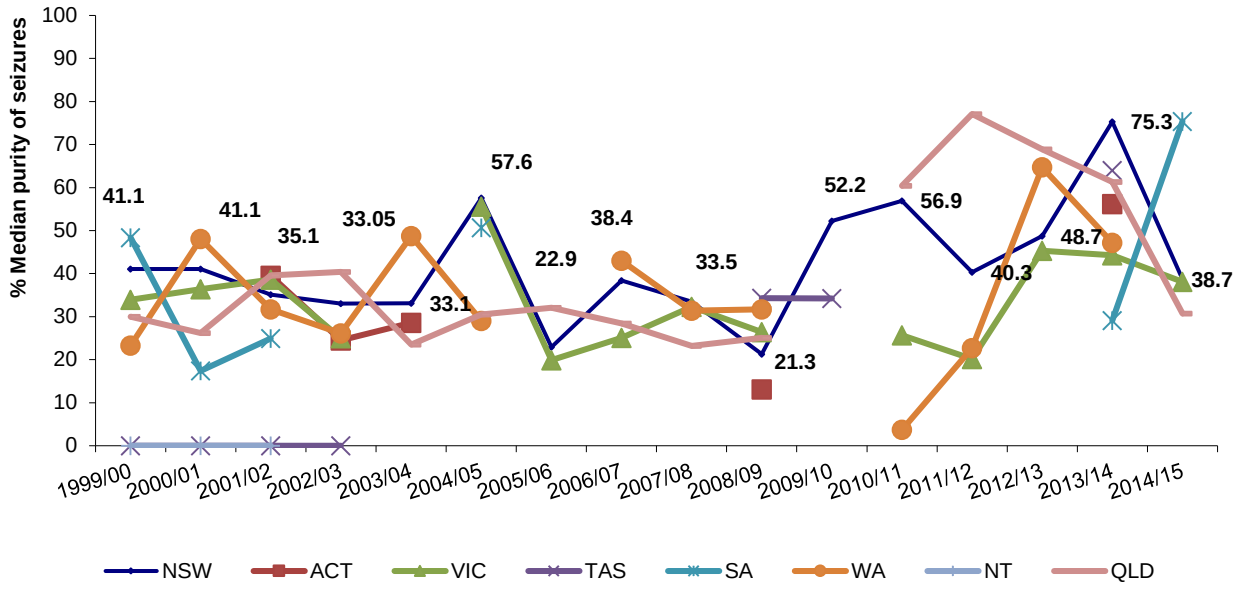
Figure 13: Number of AFP phenethylamine seizures, by jurisdiction, 2000/01–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

The median purity of AFP phenethylamine seizures show fluctuations across time (Figure 14).

Figure 14: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/2000–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

5.1.4 Availability – RPU reports

The majority of the EDRS national sample report ecstasy pills as being 'very easy' to 'easy' to obtain (93%), and this had remained 'stable' in previous six month period (Table 41).

Table 41: EDRS reports of availability of ecstasy pills in the preceding six months, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	n.a.	**(N=472)**	(n=20)	(n=25)	(n=45)	(n=89)	(n=84)	(n=95)	(n=82)	(n=32)
Very easy	n.a.	**57**	45	24	64	35	76	78	46	53
Easy	n.a.	**36**	40	72	31	52	24	21	38	41
Difficult	n.a.	**7**	15	4	4	14	0	1	13	6
Very difficult	n.a.	**<1**	0	0	0	0	0	0	2	0
% Availability changes (n)	n.a.	**(N=462)**	(n=20)	(n=23)	(n=46)	(n=88)	(n=81)	(n=93)	(n=81)	(n=30)
More difficult	n.a.	**7**	25	4	9	13	1	2	9	10
Stable	n.a.	**66**	55	61	72	72	67	60	67	70
Easier	n.a.	**22**	20	26	15	13	31	34	16	13
Fluctuates	n.a.	**4**	0	9	4	3	1	3	9	7

Source: EDRS participant interviews
n.a. not available

The availability of ecstasy powder was reported to be 'very easy' to 'easy' by 97% of those who commented. Sixty-five percent reported that availability of ecstasy powder had remained 'stable' over the last six months (Table 42).

Table 42: EDRS reports of availability of ecstasy powder in the preceding six months, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	n.a.	**(N=31)**	(n=3)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=3)
Very easy	n.a.	**61**	–	–	–	–	–	–	–	–
Easy	n.a.	**36**	–	–	–	–	–	–	–	–
Difficult	n.a.	**3**	–	–	–	–	–	–	–	–
Very difficult	n.a.	**0**	–	–	–	–	–	–	–	–
% Availability changes (n)	n.a.	**(N=31)**	(n=3)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=3)
More difficult	n.a.	**0**	–	–	–	–	–	–	–	–
Stable	n.a.	**65**	–	–	–	–	–	–	–	–
Easier	n.a.	**32**	–	–	–	–	–	–	–	–
Fluctuates	n.a.	**3**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)
n.a. not available

Ninety-three percent of the EDRS sample who commented reported that the availablility of ecstasy capsules were 'very easy' to 'easy' to obtain in the last six months. About two-thirds reported that availabilty of ecstasy capsules had remained 'stable' over that last six months (Table 43).

Table 43: EDRS reports of availability of ecstasy capsules in the preceding six months, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	n.a.	**(N=223)**	(n=49)	(n=64)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=42)
Very easy	n.a.	**49**	45	45	54	–	50	–	55	52
Easy	n.a.	**44**	47	45	41	–	33	–	46	45
Difficult	n.a.	**7**	8	9	5	–	17	–	0	2
Very difficult	n.a.	**0**	0	0	0	–	0	–	0	0
% Availability changes (n)	n.a.	**(N=219)**	(n=46)	(n=64)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=41)
More difficult	n.a.	**12**	15	17	10	–	17	–	9	2
Stable	n.a.	**62**	63	47	72	–	58	–	73	71
Easier	n.a.	**24**	22	36	18	–	25	–	18	15
Fluctuates	n.a.	**2**	0	0	0	–	0	–	0	12

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)
n.a. not available

The majority of the EDRS participants who commented reported that the availability of MDMA crystal/rock were 'very easy' to 'easy' to obtain and 16% reported that availability was 'difficult' in the last six months. Two-thirds (63%) reported that the availability of MDMA crystal/rock was 'stable' in the last six months (Table 44).

Table 44: EDRS reports of availability of MDMA crystal/rock in the preceding six months, 2016

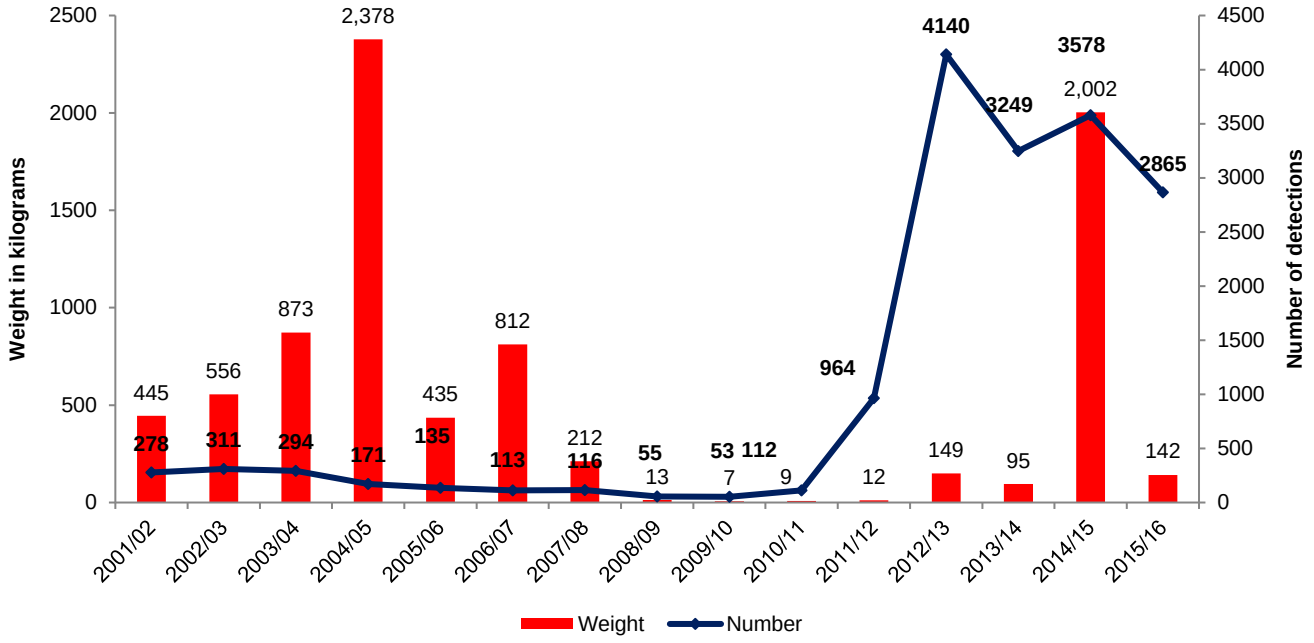
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=311)	**(N=353)**	(n=66)	(n=40)	(n=34)	(n=24)	(n=54)	(n=51)	(n=34)	(n=50)
Very easy	30	**36**	49	38	38	29	28	33	27	38
Easy	36	**47**	50	45	59	42	52	39	44	44
Difficult	30	**16**	2	15	3	25	20	22	29	18
Very difficult	3	**1**	0	3	0	4	0	6	0	0
% Availability changes (n)	(N=288)	**(N=343)**	(n=65)	(n=38	(n=34)	(n=23)	(n=52)	(n=49)	(n=32)	(n=50)
More difficult	14	**10**	3	13	9	9	15	12	13	8
Stable	59	**63**	66	45	74	65	58	59	63	74
Easier	20	**21**	29	32	18	22	19	20	16	8
Fluctuates	8	**6**	2	11	0	4	8	8	9	10

Source: EDRS participant interviews

5.1.4.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. In 2014/15 the weight of MDMA seizures detected increased dramatically (to 2,002 kilograms) and was primarily due to one combined seizure of methamphetamine and MDMA weighing 2.8 tonnes (Australian Customs Border and Protection Service, 2015) (
Figure 15). This was the second largest seizure of MDMA to be detected at the Australian border. In 2015/16 there were 2865 detections of MDMA with a weight of 142 kilograms. The vast majority of MDMA detections (over 99%) occurred through the cargo and international post stream.

Figure 15: Number and weight of detections of MDMA detected at the border by the Department of Immigration and Border Protection, 2001/2–2015/16



Source: Department of Immigration and Border Protection
NB: Weights are rounded to the nearest whole number

5.1.5 Purchasing patterns and locations of use of ecstasy

Ecstasy pills, powder and capsules were purchased from a range of sources and from a variety of public (59%) and private (42%) locations, with the most common sources at the national level reported to be friends (55%). The most common location for purchasing ecstasy was private locations such as friend's home, followed by public locations such as nightclubs (Table 45, Table 46 and Table 47).

Ecstasy pills, powder and capsules was reportedly most commonly used in a nightclub setting followed by live music/concert events then private settings such as private parties and friend's home (Table 45, Table 46 and Table 47).

Table 45: Last source, purchase location and use location of ecstasy pills, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	n.a.	**(N=468)**	(n=19)	(n=25)	(n=46)	(n=88)	(n=84)	(n=94)	(n=80)	(n=32)
Friends	n.a.	**59**	42	32	67	50	61	70	61	66
Known dealers	n.a.	**20**	16	44	15	17	21	17	25	9
Workmates	n.a.	**2**	0	0	0	8	0	0	0	0
Acquaintances	n.a.	**9**	5	4	4	14	11	5	9	16
Unknown dealers	n.a.	**5**	16	5	9	6	2	3	4	0
Street dealer	n.a.	**1**	0	0	0	1	4	1	0	0
Mobile dealers	n.a.	**<1**	5	0	0	0	1	0	0	0
Relatives	n.a.	**1**	0	8	0	3	0	1	0	0
Online darknet	n.a.	**3**	11	8	4	0	0	2	1	9
Other	n.a.	**<1**	5	0	0	1	0	0	0	0
% Most recent purchase place[#] (n)	n.a.	**(N=467)**	(n=19)	(n=25)	(n=45)	(n=88)	(n=84)	(n=94)	(n=80)	(n=32)
Home delivery	n.a.	**15**	5	8	7	21	14	12	16	28
Dealer's home	n.a.	**9**	5	28	7	7	8	6	14	3
Friend's home	n.a.	**24**	26	28	13	9	25	31	33	31
Raves*	n.a.	**2**	0	0	4	2	1	2	1	0
Nightclubs	n.a.	**17**	5	8	31	17	31	13	9	13
Pubs/bars	n.a.	**7**	0	0	0	21	1	4	10	0
Private parties	n.a.	**6**	5	4	13	8	0	5	6	3
Street market	n.a.	**2**	5	0	2	0	6	1	0	3
Agreed public location	n.a.	**11**	26	4	13	5	12	17	8	6
Work	n.a.	**1**	0	0	0	3	0	1	0	0
Education institute	n.a.	**<1**	0	0	0	0	0	1	0	3
Acquaintance's home	n.a.	**1**	5	0	0	2	1	1	1	0
Live music event	n.a.	**3**	5	8	2	5	0	4	0	0
Online/posted	n.a.	**2**	5	8	4	0	0	0	1	9
Other	n.a.	**1**	5	4	2	1	0	1	1	0
% Last use venue[#] (n)	n.a.	**(N=468)**	(n=19)	(n=25)	(n=46)	(n=88)	(n=84)	(n=94)	(n=80)	(n=32)
Home	n.a.	**10**	21	8	4	6	2	12	20	19
Friend's home	n.a.	**9**	16	20	2	8	6	7	16	3
Raves*	n.a.	**3**	0	0	11	5	2	0	3	0
Nightclubs	n.a.	**45**	21	28	65	35	75	45	25	44
Pubs/bars	n.a.	**9**	0	4	0	16	4	6	21	9
Private parties	n.a.	**11**	16	20	13	16	6	9	10	6
Public place	n.a.	**1**	0	0	0	0	0	2	1	0
Car	n.a.	**<1**	0	0	0	0	0	0	1	0
Outdoors[@]	n.a.	**2**	5	0	0	1	0	2	3	3
Live music event	n.a.	**8**	16	16	4	13	0	16	0	13
Acquaintance home	n.a.	**1**	0	0	0	1	2	0	0	0
Other	n.a.	**1**	5	4	0	0	2	1	0	3

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping
n.a. not available

Table 46: Last source, purchase location and use location of ecstasy powder, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	n.a.	**(N=31)**	(n=3)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=32)
Friends	n.a.	**42**	–	–	–	–	–	–	–	–
Known dealers	n.a.	**26**	–	–	–	–	–	–	–	–
Acquaintances	n.a.	**19**	–	–	–	–	–	–	–	–
Unknown dealers	n.a.	**3**	–	–	–	–	–	–	–	–
Relatives	n.a.	**3**	–	–	–	–	–	–	–	–
Online darknet	n.a.	**7**	–	–	–	–	–	–	–	–
% Most recent purchase place[#] (n)	n.a.	**(N=31)**	(n=3)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=32)
Home delivery	n.a.	**16**	–	–	–	–	–	–	–	–
Dealer's home	n.a.	**16**	–	–	–	–	–	–	–	–
Friend's home	n.a.	**23**	–	–	–	–	–	–	–	–
Nightclubs	n.a.	**3**	–	–	–	–	–	–	–	–
Pubs/bars	n.a.	**19**	–	–	–	–	–	–	–	–
Agreed public location	n.a.	**10**	–	–	–	–	–	–	–	–
Live music event	n.a.	**10**	–	–	–	–	–	–	–	–
Online	n.a.	**10**	–	–	–	–	–	–	–	–
% Last use venue[#] (n)	n.a.	**(N=31)**	(n=3)	(n=7)	(n=9)	(n=4)	(n=2)	(n=1)	(n=2)	(n=32)
Home	n.a.	**19**	–	–	–	–	–	–	–	–
Friend's home	n.a.	**7**	–	–	–	–	–	–	–	–
Raves*	n.a.	**3**	–	–	–	–	–	–	–	–
Nightclubs	n.a.	**29**	–	–	–	–	–	–	–	–
Pubs/bars	n.a.	**19**	–	–	–	–	–	–	–	–
Private parties	n.a.	**10**	–	–	–	–	–	–	–	–
Live music events	n.a.	**13**	–	–	–	–	–	–	–	–

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping
– Data not published due to small number commenting (n<10)
n.a. not available

Table 47: Last source, purchase location and use location of ecstasy capsules, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	n.a.	**(N=221)**	(n=49)	(n=63)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=41)
Friends	n.a.	**55**	61	49	54	67	75	100	55	49
Known dealers	n.a.	**23**	14	38	18	33	0	0	9	24
Workmates	n.a.	**1**	0	0	0	0	0	0	0	5
Acquaintances	n.a.	**10**	8	10	10	0	0	0	27	12
Unknown dealers	n.a.	**8**	12	3	15	0	0	0	0	7
Mobile dealers	n.a.	**1**	2	0	3	0	0	0	0	0
Online darknet	n.a.	**2**	2	0	0	0	17	0	9	2
Online social networking	n.a.	**<1**	0	0	0	0	8	0	0	0
% Most recent purchase place[#] (n)	n.a.	**(N=222)**	(n=49)	(n=63)	(n=39)	(n=3)	(n=12)	(n=3)	(n=11)	(n=42)
Home delivery	n.a.	**14**	22	6	8	33	8	0	9	26
Dealer's home	n.a.	**14**	4	25	3	0	8	0	0	26
Friend's home	n.a.	**17**	16	19	13	0	17	67	27	14
Raves*	n.a.	**2**	0	3	3	0	8	0	0	0
Nightclubs	n.a.	**18**	10	19	33	0	33	0	9	10
Pubs/bars	n.a.	**2**	4	0	3	33	0	0	0	2
Private parties	n.a.	**7**	14	2	15	33	0	0	0	0
Day clubs	n.a.	**<1**	0	0	3	0	0	0	0	0
Street market	n.a.	**5**	6	6	3	0	17	0	18	0
Agreed public location	n.a.	**13**	10	14	8	0	0	33	27	17
Work	n.a.	**<1**	0	0	3	0	0	0	0	0
Acquaintance home	n.a.	**2**	4	0	3	0	0	0	9	0
Live music event	n.a.	**3**	6	0	5	0	0	0	0	5
Online/posted	n.a.	**1**	2	0	0	0	8	0	0	0
Other	n.a.	**1**	0	5	0	0	0	0	0	0
% Last use venue[#] (n)	n.a.	**(N=221)**	(n=49)	(n=63)	(n=39)	(n=3)	(n=12)	(n=3)	(n=10)	(n=42)
Home	n.a.	**6**	6	2	8	0	17	0	20	5
Friend's home	n.a.	**9**	12	8	5	33	0	33	10	7
Raves*	n.a.	**6**	6	11	5	0	8	0	0	0
Nightclubs	n.a.	**43**	25	49	54	0	42	67	40	48
Pubs/bars	n.a.	**5**	6	3	3	0	0	0	0	10
Private parties	n.a.	**10**	25	6	8	0	0	0	0	10
Day clubs	n.a.	**<1**	0	0	3	0	0	0	0	0
Public place	n.a.	**3**	2	3	3	0	8	0	10	0
Outdoors[@]	n.a.	**3**	4	3	0	33	0	0	10	0
Live music event	n.a.	**13**	10	13	13	33	17	0	0	19
Other	n.a.	**3**	4	2	0	0	8	0	10	2

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping
n.a. not available

MDMA crystal/rock was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (58%) followed by known dealers (22%) (Table 48).

MDMA crystal/rock was purchased in private locations such as friend's home (31%), home delivered (14%) or dealers home (13%). Nightclubs (37%) were the locations MDMA crystal/rock was most used (Table 48).

Table 48: Last source, purchase location and use location of MDMA crsytal/rocks, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=318)	**(N=348)**	(n=65)	(n=38)	(n=34)	(n=24)	(n=54)	(n=50)	(n=34)	(n=49)
Friends	55	**58**	66	53	68	67	52	80	41	37
Known dealers	24	**22**	12	34	12	25	28	12	29	27
Workmates	2	**1**	0	3	0	0	2	0	3	0
Acquaintances	9	**9**	9	0	6	8	9	4	15	20
Unknown dealers	6	**3**	3	5	3	0	4	2	6	2
Street dealer	<1	**1**	0	0	0	0	2	0	0	2
Mobile dealers	1	**1**	2	0	0	0	2	0	0	0
Relatives	<1	**1**	0	0	3	0	0	2	3	0
Online darknet	3^	**5**	6	5	9	0	2	0	3	12
Online social networking		**<1**	2	0	0	0	0	0	0	0
% Most recent purchase place[#] (n)	(N=318)	**(N=349)**	(n=65)	(n=38)	(n=34)	(n=24)	(n=54)	(n=50)	(n=34)	(n=50)
Home delivery	12	**14**	11	18	9	21	17	10	9	20
Dealer's home	12	**13**	8	21	9	4	15	6	12	26
Friend's home	33	**31**	37	24	32	29	24	44	29	26
Raves*	4	**2**	5	3	0	0	2	2	0	0
Nightclubs	8	**7**	6	11	12	0	13	10	6	0
Pubs/bars	4	**6**	2	5	3	33	2	6	12	0
Private parties	4	**3**	8	0	3	0	2	8	0	2
Day clubs	0	**<1**	0	0	0	0	0	0	3	0
Street market	4	**2**	3	0	0	0	9	0	0	2
Agreed public location	9	**9**	11	8	18	8	7	4	9	10
Work	<1	**1**	0	0	3	0	0	2	0	0
Acquaintance's home	<1	**3**	5	0	0	0	6	4	9	0
Live music event	5	**3**	2	5	6	4	0	2	3	2
Online/posted	2	**3**	5	5	3	0	2	2	6	4
Other	2	**2**	0	0	3	0	2	2	6	4
% Last use venue[#] (n)	(N=315)	**(N=349)**	(n=65)	(n=37)	(n=34)	(n=25)	(n=54)	(n=50)	(n=34)	(n=50)
Home	9	**11**	6	14	15	8	7	10	21	14
Dealer's home	<1	**<1**	0	0	0	0	0	0	3	0
Friend's home	15	**12**	23	8	12	12	4	20	9	4
Raves*	9	**5**	11	14	0	4	6	2	0	0
Nightclubs	35	**37**	25	30	50	28	59	36	21	42
Pubs/bars	5	**7**	5	14	3	16	3	4	15	2
Private parties	9	**12**	15	5	9	12	4	18	12	14
Public place	1	**1**	0	3	0	0	0	0	3	2
Outdoors[@]	2	**3**	5	5	0	4	0	0	3	4
Live music event	15	**10**	11	3	12	16	7	6	12	14
Acquaintance home	0	**1**	0	0	0	0	4	0	0	0
Other	<1	**2**	0	5	0	0	4	2	3	4

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping
^ In 2015 online included the darknet and surface web

5.2 Methamphetamine

Key points

Speed powder

- The median price of a gram of speed nationally was $200 with 71% reporting that prices were 'stable'.
- Purity reports of speed were considered 'medium' 42%. Most reported purity of speed had remained 'stable' (67%).
- Speed was considered to be 'easy' to 'very easy' to obtain (60%). The majority considered speed availability to have remained 'stable' in the past six months (73%).

Base

- The price of base was commonly reported in points and median price was $72.50 per point nationally. Most participants reported that this had remained 'stable' (41%).
- Purity was reported to be 'high' for base (45%), and this was considered to have 'increased' over the last six months (36%).
- Base was considered to be 'easy' to 'very easy' to obtain by two-thirds of those that commented (62%). This was reported to have remained 'stable' (43%) or become 'easier' (36%) to obtain over the past six months.

Crystal

- The price of crystal was commonly reported in points, and median price was $75 per point nationally. Most participants reported that this had remained 'stable' (44%).
- The largest proportion reported that crystal purity was 'high' (50%) and that this had remained 'stable' (40%).
- The majority of participants commenting reported that crystal was 'easy' to 'very easy' to obtain (92%). Nearly two-thirds (62%) reported that availability had remained 'stable' and almost one-third (29%) reported it had become 'easier' to obtain in the preceding six months.
- ATS (predominantly crystalline methamphetamine) seizures detected at the Australian border dominated all illicit drug seizures in 2014/15. The numbers and weights of crystalline methamphetamine seizures are the highest on record.

This section contains information about market characteristics of methamphetamine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix D.

5.2.1 Price of methamphetamines

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. Data is not reported when fewer than 10 participants in a jurisdiction reported on recent purchase of different forms of methamphetamine. The median prices, by jurisdiction and perceptions of price changes are shown in Table 49.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram of speed nationally was $200, and $50 per point. Prices reported were considered to have remained 'stable' (71%) over the six months prior to interview by the majority of participants that commented (Table 49).

Few participants were able to comment on base (N=20 nationally). The price of base was reported in points and the last purchased price of a point of base $72.50 nationally. Forty-one percent of those commenting in the national sample reported that the price of base had remained 'stable' in the six months prior to interview (Table 49).

The median price for a point of crystal nationally was $75, and $400 for a gram of crystal. Participants reported that price had remained 'stable' (44%) six months prior to interview (Table 49).

Table 49: Median price of methamphetamine by jurisdiction, 2016

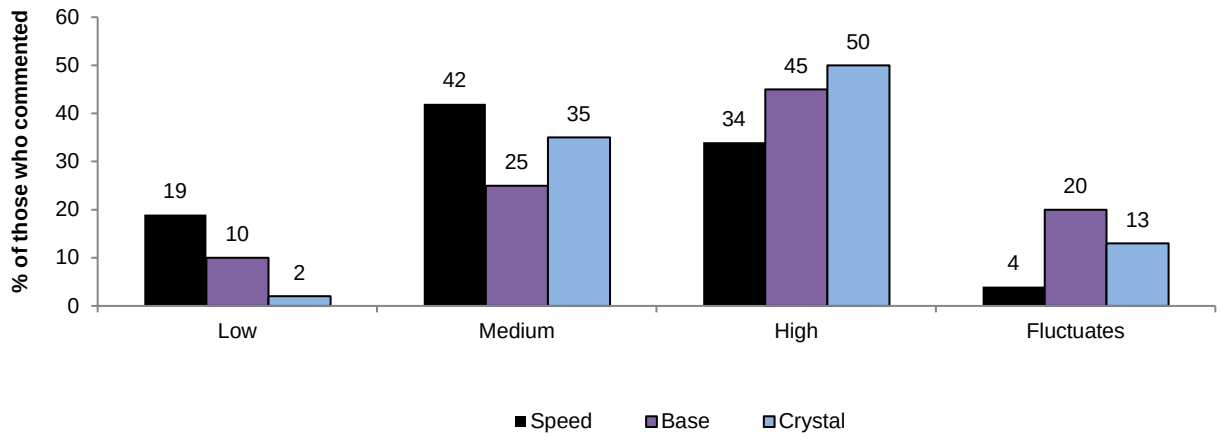
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Price ($) Speed										
Per point	50	**50**	–	–	–	50	–	–	–	–
Per gram	260	**200**	–	–	–	–	–	–	300	–
Price ($) Base										
Per point	75	**72.5**	–	–	–	–	–	–	–	–
Price ($) Crystal										
Per point	100	**75**	–	–	–	95	–	–	–	–
Per gram	500	**400**	–	–	–	–	–	–	–	–
Price changes										
% Methamphetamine powder (n) (speed)	(N=87)	**(N=82)**	(n=4)	(n=9)	(n=15)	(n=25)	(n=5)	(n=3)	(n=15)	(n=6)
Increased	13	**9**	–	–	0	–	–	–	13	–
Stable	76	**71**	–	–	93	–	–	–	47	–
Decreased	3	**13**	–	–	7	–	–	–	27	–
Fluctuated	9	**7**	–	–	0	–	–	–	13	–
% Methamphetamine base (n) (base)	(N=13)	**(N=17)**	(n=0)	(n=3)	(n=1)	(n=1)	(n=5)	(n=1)	(n=4)	(n=2)
Increased	8	**18**	–	–	–	–	–	–	–	–
Stable	69	**41**	–	–	–	–	–	–	–	–
Decreased	0	**29**	–	–	–	–	–	–	–	–
Fluctuated	23	**12**	–	–	–	–	–	–	–	–
% Crystal methamphetamine (n) (crystal)	(N=102)	**(N=108)**	(n=10)	(n=1)	(n=11)	(n=16)	(n=21)	(n=10)	(n=27)	(n=12)
Increased	10	**10**	10	–	0	13	10	10	19	0
Stable	57	**44**	80	–	18	63	38	20	44	42
Decreased	27	**30**	0	–	64	19	43	50	15	33
Fluctuated	7	**17**	10	–	18	6	10	20	22	25

Source: EDRS participant interviews
– Data not published due to small number commenting (n<10)

5.2.2 Purity – RPU reports

Participants were asked about their perceptions of speed, base and crystal purity currently and, also, whether this had changed over the last six months. Crystal and base were most commonly perceived to be of 'high' purity while speed was mostly perceived as 'medium' purity (Figure 16, Figure 18 Table 50 and Table 51).

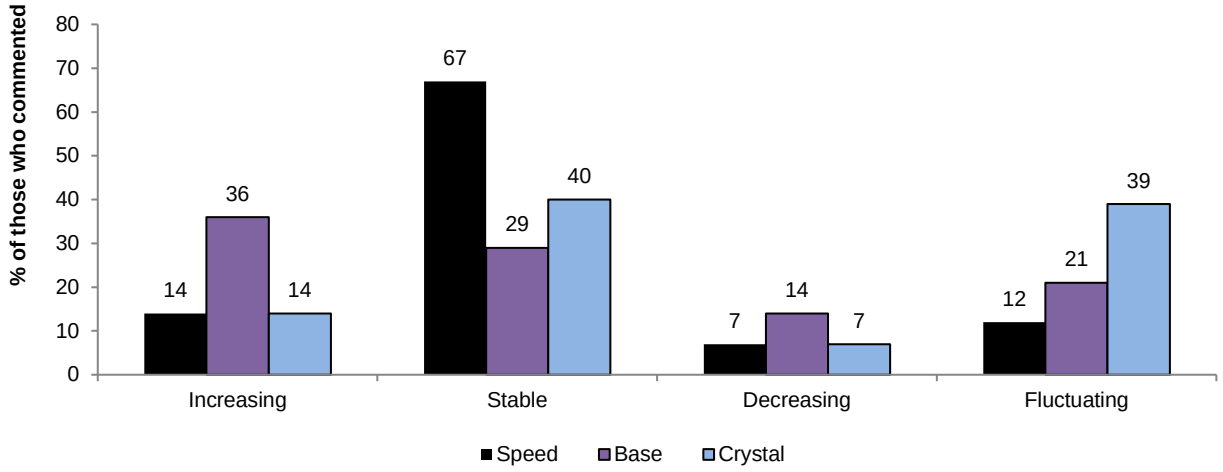
Figure 16: National RPU reports of current methamphetamine purity, 2016



Source: EDRS participant interviews
Note: Among those who commented

In 2016, the majority of the participants reported that the purity of all methamphetamine forms had remained stable in the last six months (Figure 17, Figure 19, Table 50 and Table 51).

Figure 17: National RPU reports of recent (last six months) change in methamphetamine purity, 2016



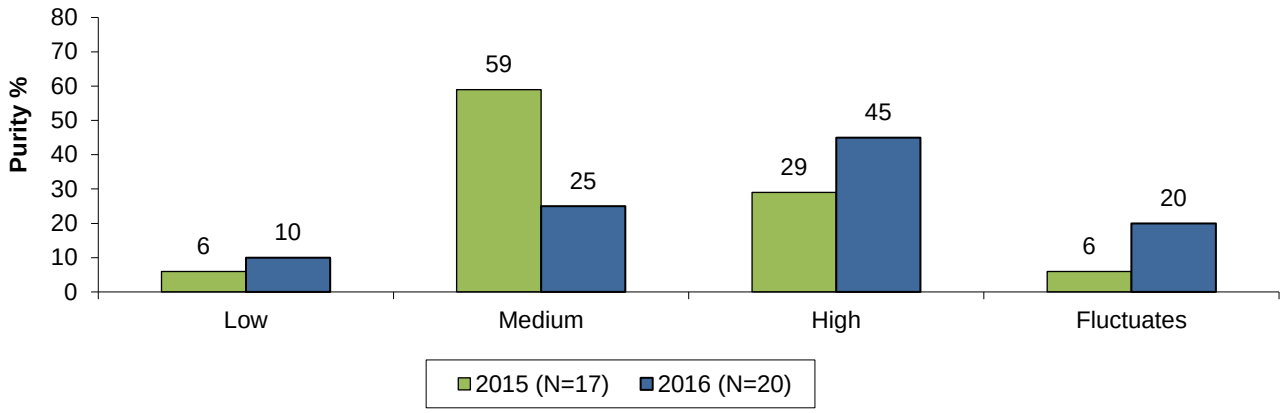
Source: EDRS participant interviews
Note: Among those who commented

Table 50: Perceived purity of methamphetamine powder, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current purity (n)	(N=98)	**(N=99)**	(n=3)	(n=9)	(n=21)	(n=29)	(n=6)	(n=4)	(n=18)	(n=9)
Low	21	**19**	–	–	10	45	–	–	17	–
Medium	48	**42**	–	–	52	31	–	–	28	–
High	25	**34**	–	–	29	21	–	–	56	–
Fluctuates	6	**4**	–	–	10	3	–	–	0	–
% Purity changes (n)	(N=82)	**(N=86)**	(n=2)	(n=9)	(n=18)	(n=26)	(n=5)	(n=3)	(n=15)	(n=8)
Increasing	11	**14**	–	–	6	8	–	–	00	–
Stable	43	**67**	–	–	83	69	–	–	47	–
Decreasing	24	**7**	–	–	6	15	–	–	7	–
Fluctuates	22	**12**	–	–	6	8	–	–	13	–

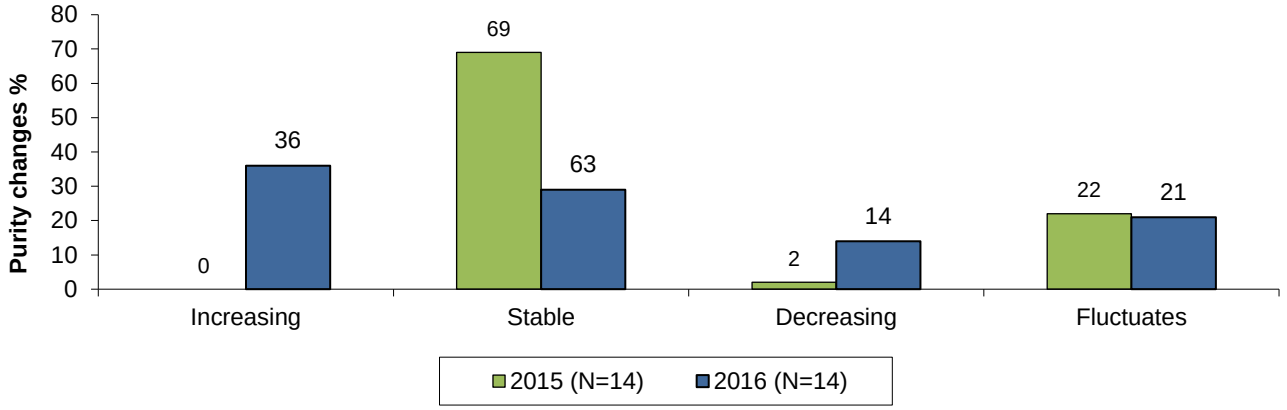
Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

Figure 18: Perceived purity of methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 19: Purity changes of methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 51: Perceived purity of crystalline methamphetamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current purity (n)	(N=103)	**(N=113)**	(n=10)	(n=1)	(n=13)	(n=17)	(n=21)	(n=10)	(n=27)	(n=14)
Low	6	**2**	0	–	0	0	0	0	7	0
Medium	34	**35**	20	–	31	41	57	20	22	43
High	46	**50**	70	–	39	47	43	50	59	43
Fluctuates	15	**13**	10	–	31	12	0	30	11	14
% Purity changes (n)	(N=92)	**(N=108)**	(n=8)	(n=1)	(n=13)	(n=17)	(n=20)	(n=10)	(n=27)	(n=12)
Increasing	17	**14**	–	–	23	12	20	20	7	0
Stable	42	**40**	–	–	23	53	50	30	26	50
Decreasing	16	**7**	–	–	15	0	5	10	11	8
Fluctuates	25	**39**	–	–	39	35	25	40	56	42

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.2.3 Purity – seizure data

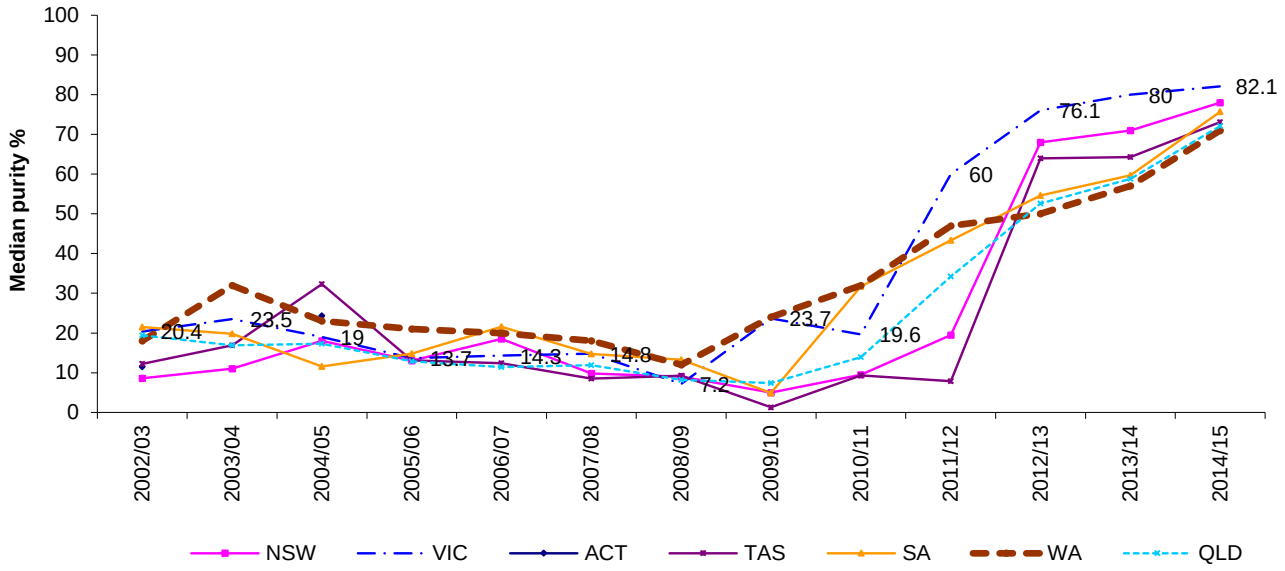
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine purity data. The ACIC has provided the purity figures for state police and AFP seizures.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia (Australian Crime Commission, 2015).

Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process, the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported.

Figure 20 shows the median purity across jurisdictions of methylamphetamine seizures by year from 2002/03. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is a clear upward trend across all states from 2009/10 in the purity of methylamphetamine seizures analysed. No methylamphetamine seizures were analysed for purity in the ACT in 2014/15 (Australian Crime Commission, 2015).

Figure 20: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2002/03–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

5.2.4 Availability of methamphetamines

Thirteen percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. As in 2016, the largest proportion (60%) reported that speed was 'easy' to 'very easy' to obtain. The majority of participants reported that availability of speed had remained 'stable' in the six month prior to interview (73%) (Table 52).

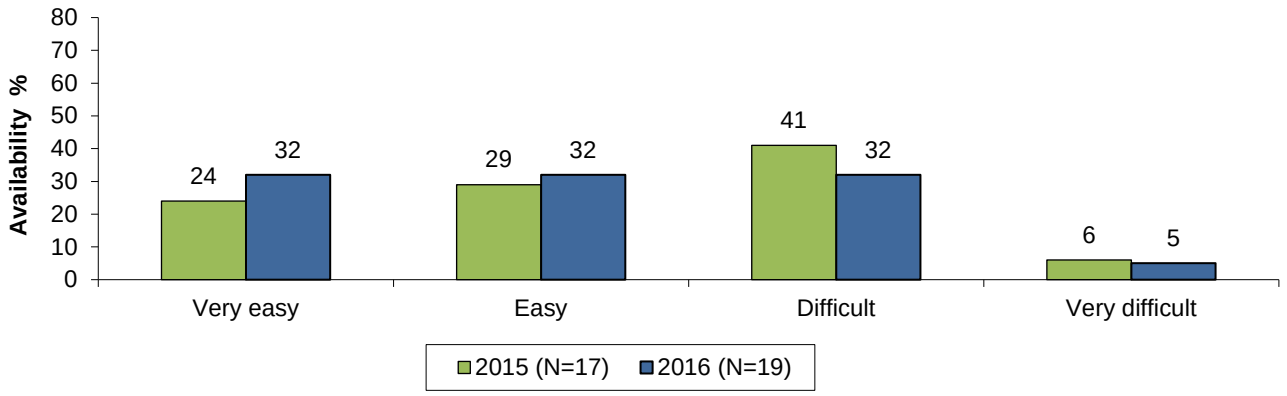
Table 52: Availability of methamphetamine powder, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=103)	**(N=102)**	(n=4)	(n=9)	(n=21)	(n=31)	(n=4)	(n=4)	(n=18)	(n=11)
Very easy	25	**18**	–	–	43	7	–	–	11	9
Easy	34	**42**	–	–	43	42	–	–	44	36
Difficult	34	**28**	–	–	14	29	–	–	28	55
Very difficult	7	**12**	–	–	0	23	–	–	16	0
% Availability changes (n)	(N=95)	**(N=93)**	(n=4)	(n=9)	(n=20)	(n=29)	(n=3)	(n=3)	(n=17)	(n=8)
More difficult	24	**15**	–	–	5	7	–	–	29	–
Stable	65	**73**	–	–	80	83	–	–	53	–
Easier	6	**10**	–	–	15	10	–	–	12	–
Fluctuates	4	**2**	–	–	0	0	–	–	6	–

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
– Not published due to small numbers reported (n<10)

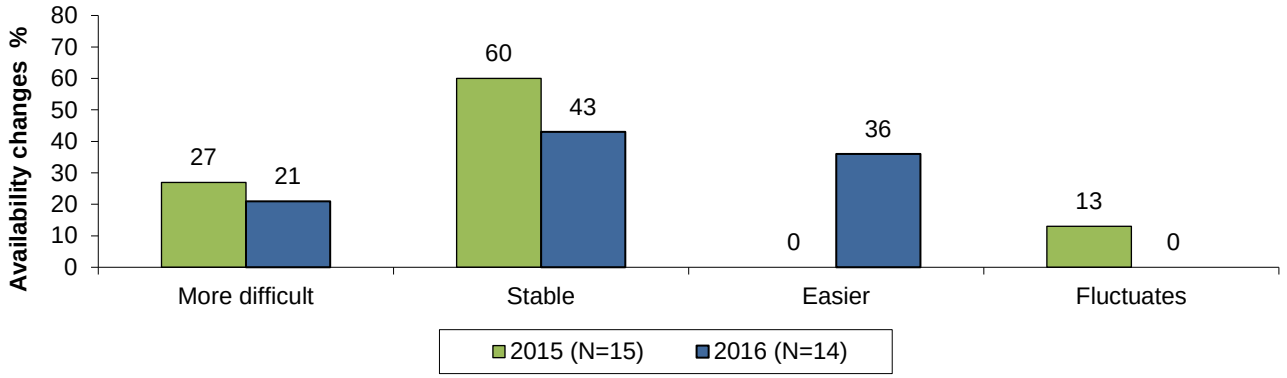
Very few participants in the national sample commented on the current availability of base and whether this had changed over the past six months. Reports on the availability of obtaining base had about two-thirds reporting base was 'easy' to 'very easy' (64%) to obtain and 32% reporting it as 'difficult'. This was reported to have remained 'stable' (43%) or become 'easier' (36%) in the last six months (Figure 21 and Figure 22).

Figure 21: Perceived availablility of methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 22: Availability changes of methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Fifteen percent of the national sample commented on the availability of crystal. The majority of participants considered it 'easy' or 'very easy' to obtain (92%). Nearly two-thirds (62%) reported that availability had remained 'stable' over the preceding six months and almost one-third (29%) reported it had become 'easier' to obtain (
Table 53).

Table 53: Availability of crystalline methamphetamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=111)	**(N=120)**	(n=11)	(n=3)	(n=13)	(n=17)	(n=24)	(n=10)	(n=28)	(n=14)
Very easy	67	**63**	91	–	69	41	54	80	61	64
Easy	30	**29**	9	–	31	47	29	10	32	29
Difficult	2	**8**	0	–	0	12	17	10	7	7
Very difficult	2	**0**	0	–	0	0	0	0	0	0
% Availability changes (n)	(N=106)	**(N=115)**	(n=11)	(n=1)	(n=12)	(n=17)	(n=24)	(n=10)	(n=28)	(n=12)
More difficult	3	**5**	0	–	0	12	4	10	7	0
Stable	61	**62**	27	–	58	71	42	70	82	75
Easier	32	**29**	73	–	33	18	42	20	7	25
Fluctuates	4	**4**	0	–	8	0	13	0	4	0

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.2.5 Purchasing patterns and locations of use of methamphetamines

As with ecstasy, speed use was reported most commonly to have been bought from friends (64%) and known dealers (19%), and obtained from friends' homes (32%) and used in nightclubs or at home (22% each; Table 54).

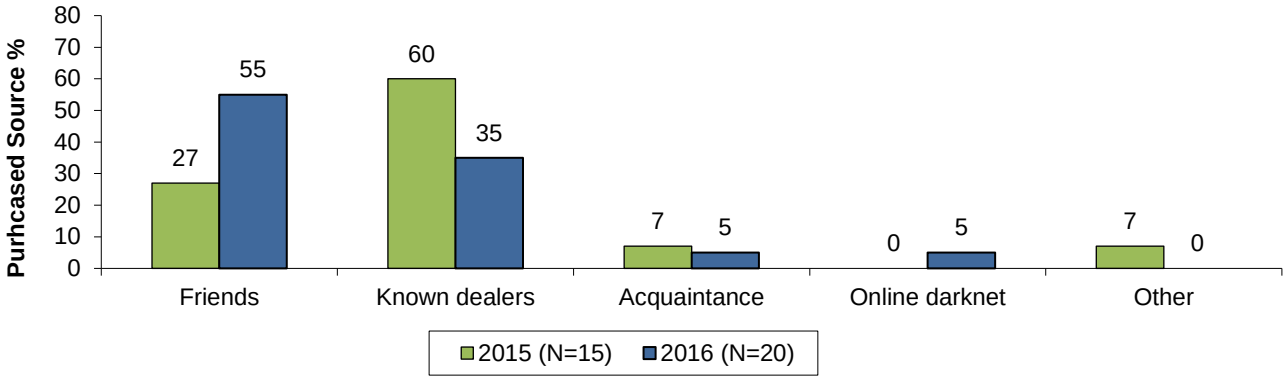
Table 54: Last source, purchase location and use location of methamphetamine powder (speed), 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=102)	**(N=96)**	(n=3)	(n=9)	(n=21)	(n=26)	(n=6)	(n=4)	(n=16)	(n=11)
Friends	57	**64**	–	–	76	81	–	–	50	36
Known dealers	18	**19**	–	–	10	12	–	–	31	27
Acquaintances	6	**5**	–	–	0	0	–	–	13	9
Unknown dealers	10	**5**	–	–	10	0	–	–	6	9
Mobile dealers	1	**1**	–	–	0	0	–	–	0	0
Relative	4	**3**	–	–	0	8	–	–	0	9
Online darknet	0	**3**	–	–	5	0	–	–	0	9
Other	4	**0**	–	–	0	0	–	–	0	0
% Locations obtained [#] (n)	(N=102)	**(N=95)**	(n=3)	(n=9)	(n=21)	(n=26)	(n=6)	(n=4)	(n=15)	(n=11)
Friend's home	35	**32**	–	–	14	39	–	–	33	18
Dealer's home	10	**8**	–	–	0	13	–	–	13	18
Home delivered	9	**20**	–	–	14	23	–	–	13	46
Acquaintance's house	0	**3**	–	–	0	0	–	–	7	0
Nightclub	9	**7**	–	–	29	0	–	–	7	0
Agreed public location	10	**7**	–	–	10	0	–	–	7	0
Raves*	3	**2**	–	–	0	8	–	–	0	0
Private party	7	**4**	–	–	5	4	–	–	0	0
Pubs/Bars	6	**7**	–	–	5	12	–	–	13	9
Day clubs	0	**1**	–	–	0	0	–	–	7	0
Street market	3	**0**	–	–	0	0	–	–	0	0
Live music events	3	3	–	–	14	0	–	–	0	0
Online/posted	0	**2**	–	–	5	0	–	–	0	9
Other	5	**2**	–	–	5	4	–	–	0	0
% Last use venue[#] (n)	(N=101)	**(N=94)**	(n=3)	(n=8)	(n=21)	(n=26)	(n=6)	(n=4)	(n=15)	(n=11)
Nightclub	28	**22**	–	–	48	0	–	–	20	9
Home	13	**22**	–	–	10	15	–	–	33	64
Friend's home	17	**19**	–	–	10	35	–	–	0	9
Private party	15	**9**	–	–	5	15	–	–	7	9
Live music event	5	**7**	–	–	19	0	–	–	7	9
Raves*	5	**3**	–	–	5	4	–	–	0	0
Pubs	11	**9**	–	–	0	15	–	–	20	0
Work	1	**4**	–	–	5	8	–	–	7	0
Outdoors[@]	1	**2**	–	–	0	4	–	–	7	0
Public place	0	**1**	–	–	0	0	–	–	0	0
Other	4	**1**	–	–	0	4	–	–	0	0

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
– Not published due to small numbers reported (n<10)
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping

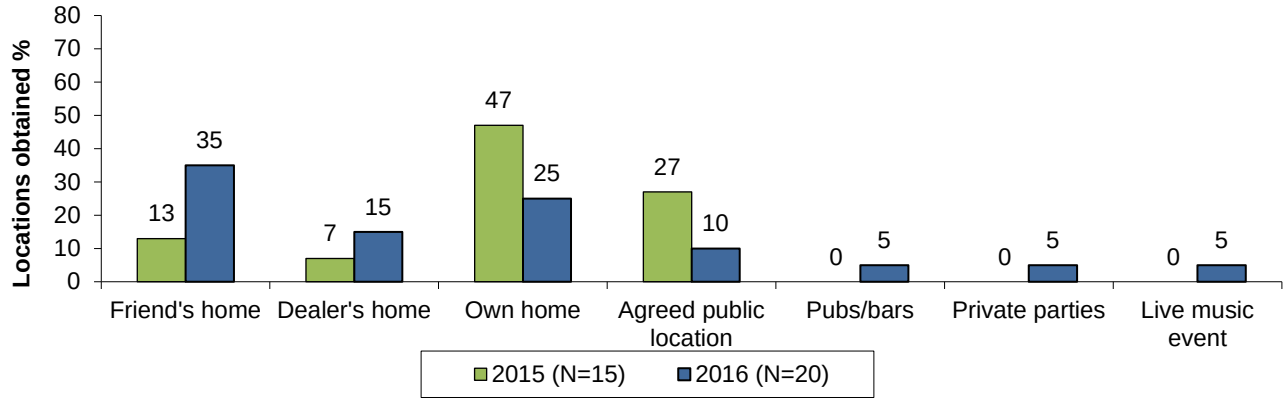
Base was also most commonly reported to have been bought from friends (55%) and obtained from friend's homes (35%). Base is the least common form reportedly used by EDRS participants. Base continued to be reportedly last used in private locations (own home and friend's home) (Figure 23, Figure 24 and Figure 25). Jurisdicational data not presented for methamphetamine base due to < 10 participants commenting in the majority of jurisdications.

Figure 23: Purchase source for methamphetamine base in the last six months, nationally, 2015–2016



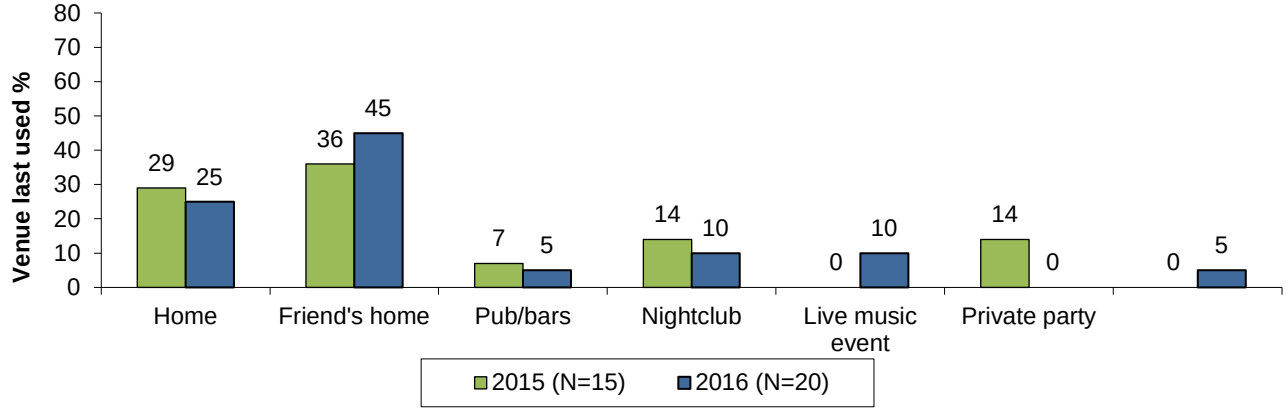
Source: EDRS participant interviews

Figure 24: Locations obtained methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews

Figure 25: Venue last used methamphetamine base last six months, nationally, 2015–2016



Source: EDRS participant interviews

The largest number of participants were able to comment on crystal methamphetamine. As with the other forms of methamphetamine, friends (50%) and known dealers (31%) were the most common sources of crystal. It was most commonly obtained and used in private locations, including at friend's home (38%), dealer's home (25%) and at the participant's own home (30%; Table 55).

Table 55: Last source, purchase location and use location of crystalline methamphetamine (crystal), 2016

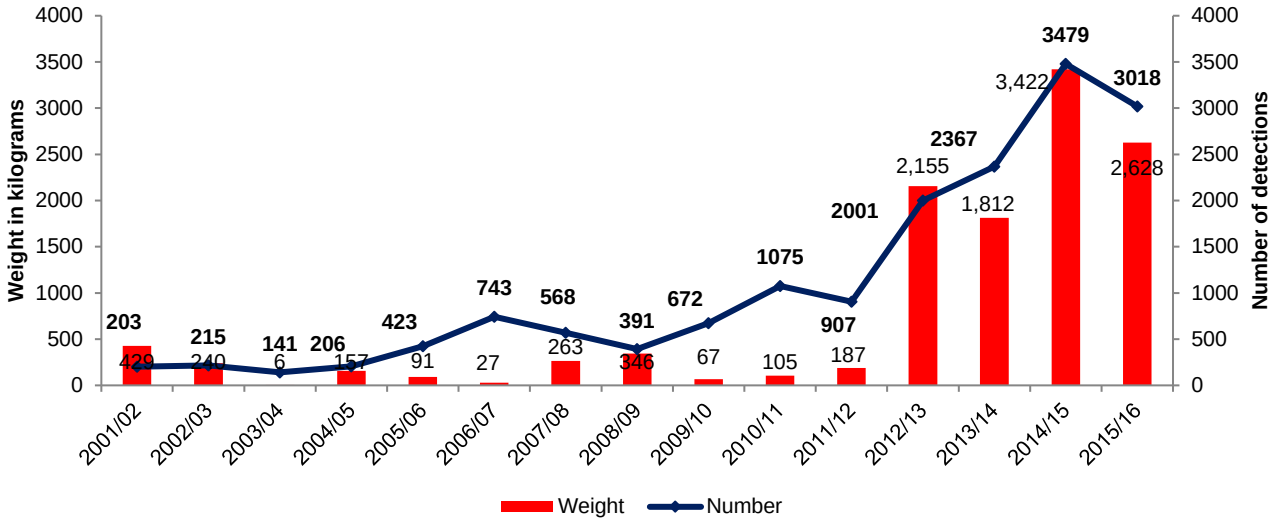
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=106)	**(N=115)**	(n=11)	(n=3)	(n=12)	(n=16)	(n=24)	(n=10)	(n=26)	(n=13)
Friends	52	**50**	27	–	42	44	42	70	46	85
Known dealers	32	**31**	55	–	33	38	42	20	31	0
Acquaintances	7	**9**	0	–	17	6	8	10	12	8
Unknown dealers	9	**4**	18	–	0	0	0	0	4	8
Street dealers	0	**1**	0	–	0	0	0	0	4	0
Other	<1	**5**	0	–	8	12	8	0	0	0
% Locations obtained [#] (n)	(N=106)	**(N=114)**	(n=11)	(n=3)	(n=12)	(n=16)	(n=24)	(n=10)	(n=25)	(n=13)
Friend's home	33	**38**	36	–	42	38	25	60	28	54
Dealer's home	18	**25**	27	–	25	31	33	20	28	0
Own home	19	**18**	0	–	17	19	29	10	12	31
Agreed public location	20	**12**	27	–	8	13	4	0	24	8
Nightclub	<1	**2**	0	–	0	0	8	0	0	0
Private parties	2	**2**	0	–	8	0	0	0	4	0
Pubs/bars	2	**1**	0	–	0	0	0	0	4	0
Other	6	**3**	9	–	0	0	0	10	0	8
% Last use venue[#] (n)	(N=106)	**(N=115)**	(n=11)	(n=3)	(n=12)	(n=16)	(n=24)	(n=10)	(n=26)	(n=13)
Home	37	**38**	36	–	50	13	29	50	58	39
Friend's home	35	**28**	36	–	17	38	29	20	15	39
Nightclub	9	**7**	0	–	17	6	13	0	8	0
Dealer's home	2	**4**	0	–	0	0	4	0	8	8
Acquaintance's house	0	**4**	0	–	0	0	13	10	0	0
Private party	6	**4**	0	–	0	13	4	0	4	0
Raves*	<1	**1**	0	–	8	0	0	0	0	0
Outdoors[@]	4	**4**	9	–	0	13	0	0	0	0
Live music event	0	**3**	0	–	0	0	0	0	4	15
Pub/Bars	<1	**2**	0	–	0	0	0	10	4	0
Other	5	**8**	19	–	8	17	8	10	0	0

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
– Not published due to small numbers reported (n<10)
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping

5.2.5 Amphetamine-type stimulants detected at the Australian border

Figure 26 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the Department of Immigration and Border Protection. In 2015/16, there were 3018 amphetamine-type stimulant detections at the border. The total weight of detections was 2628kg. ATS detections have been high in both number and size over the past four years.

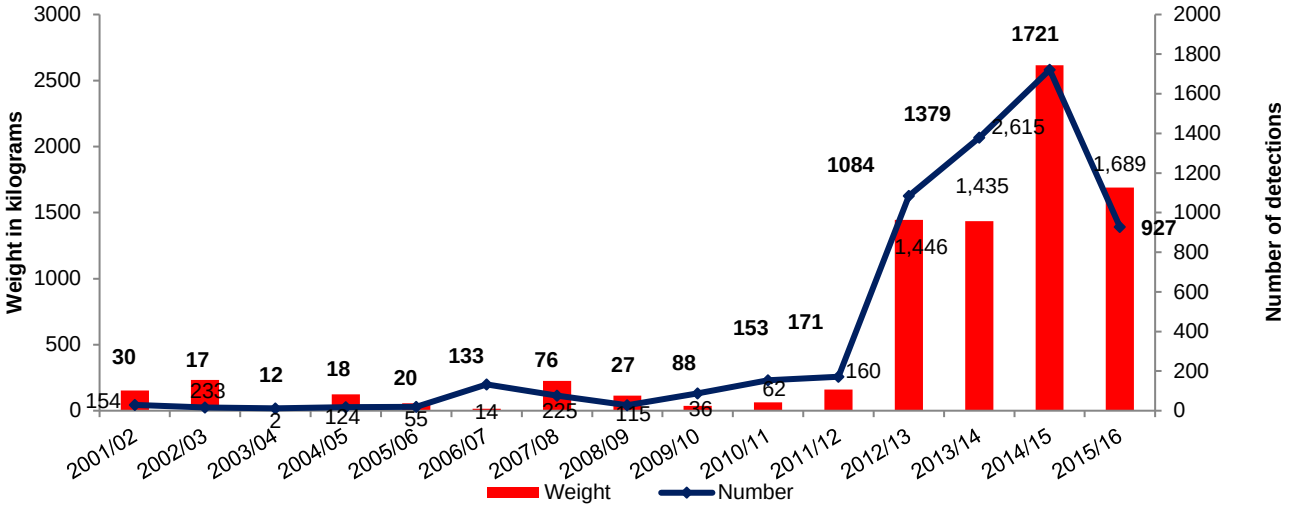
Figure 26: Total weight and number of ATS detected by the Department of Immigration and Border Protection, 2001/02–2015/16



Source: Department of Immigration and Border Protection
Note: Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections, excluding MDMA.
Weights are rounded to the nearest whole number

Separating out the number of crystal methamphetamine seizures detected at the Australian border, these seizures comprised approximately one-third (927 detections) of the total number of ATS (3018) detections in 2015/16. The weight of crystal methamphetamine seizures (1689 kg) comprised about two thirds of the total weight (2628kg) of ATS seizures. The number and size of crystal methamphetamine seizures in the past four years has been high.

Figure 27: Total number and weight of crystalline methamphetamine detected by the Department of Immigration and Border Protection, 2001/02–2015/16



Source: Department of Immigration and Border Protection
NB: Weights are rounded to the nearest whole number

5.3 Cocaine

Key points

- The price of cocaine remained 'stable' nationally ($300 per gram).
- Reports of cocaine purity were variable with 39% of participants reporting 'medium' and 31% reporting 'low'. Purity was reported as remaining 'stable' over the preceding six months (53%).
- Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (55%) of the sample, although over one-third (37%) reported it as 'difficult' to obtain. Most (65%) considered availability to have remained 'stable' in the six months prior to interview.
- Cocaine was predominantly purchased from private sources (i.e. friends at friend's home), and was most reportedly last used in public locations such as nightclubs and private locations such as friend's home and private parties.
- The number of cocaine seizures detected at the border has remained relatively high over the past few years.

This section contains information about market characteristics of cocaine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix E.

5.3.1 Price of cocaine

The majority of jurisdictions reported stability of the median last price per gram at $300 with variations across jurisdictions up to $350 in SA and the NT (Table 56).

Most of those commenting on cocaine considered that the price had remained 'stable' over the preceding six months (Table 56).

Table 56: Median price per gram of cocaine, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median price ($) per gram	300	**300**	300	300	300	–	350	–	350	325
% Price changes (n)	(N=133)	**(N=158)**	(n=42)	(n=22)	(n=11)	(n=11)	(n=23)	(n=13)	(n=20)	(n=16)
Increased	14	**6**	7	0	0	0	4	31	0	13
Stable	64	**72**	79	82	73	91	74	46	60	63
Decreased	8	**5**	7	9	9	9	0	8	0	0
Fluctuated	14	**17**	7	9	18	0	22	15	40	25

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)

5.3.2 Purity – RPU reports

Participants were asked about the current purity or strength of cocaine and if the purity had changed in the six months preceding interview (Table 57). Of those who commented, responses were mixed with one-third reporting 'medium' (39%) and 'low' (31%).

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion of the sample reported that it had remained 'stable' (Table 57).

Table 57: Perceived purity of cocaine, by jurisdiction, 2016

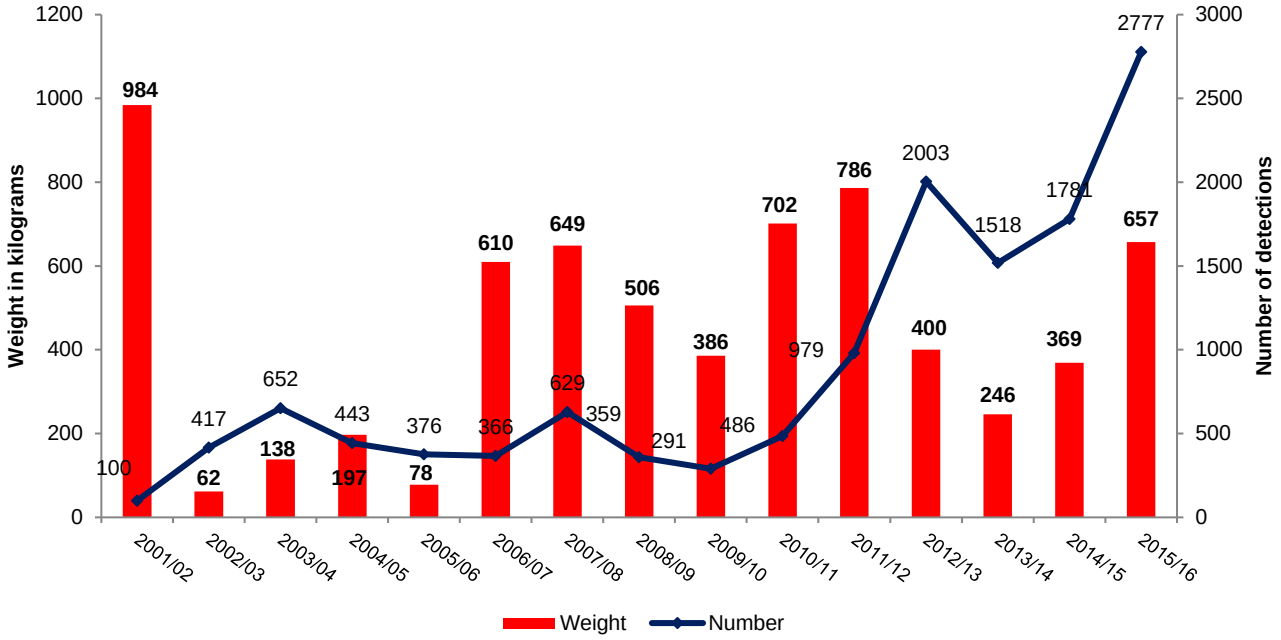
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current purity (n)	(N=165)	**(N=176)**	(n=44)	(n=16)	(n=15)	(n=16)	(n=27)	(n=14)	(n=23)	(n=21)
Low	33	**31**	46	19	20	38	19	43	35	24
Medium	34	**39**	25	31	53	50	56	21	39	48
High	23	**16**	16	19	20	12	15	21	4	24
Fluctuates	10	**13**	14	31	7	0	11	14	22	5
% Purity changes (n)	(N=135)	**(N=158)**	(n=38)	(n=16)	(n=13)	(n=11)	(n=28)	(n=14)	(n=21)	(n=17)
Increasing	10	**6**	5	6	8	0	4	29	0	6
Stable	56	**53**	53	44	69	82	50	50	38	59
Decreasing	14	**18**	18	19	23	9	29	21	10	6
Fluctuating	20	**23**	24	31	0	9	18	0	52	29

Source: EDRS participant interviews

5.3.3 Cocaine seized at the Australian border

During 2015/16, the Department of Immigration and Border Protection made a record 2,777 detections of cocaine at the Australian border, with a total weight of 657 kilograms (Figure 30). The number of seizures remains high, suggesting that there continues to be a lucrative market for importing cocaine into the country.

Figure 28: Number and weight of detections of cocaine detected at the border by the Department of Immigration and Border Protection, financial years 2001/02–2015/16



Source: Department of Immigration and Border Protection
NB: Weights are rounded to the nearest whole number

5.3.4 Purity – seizure data

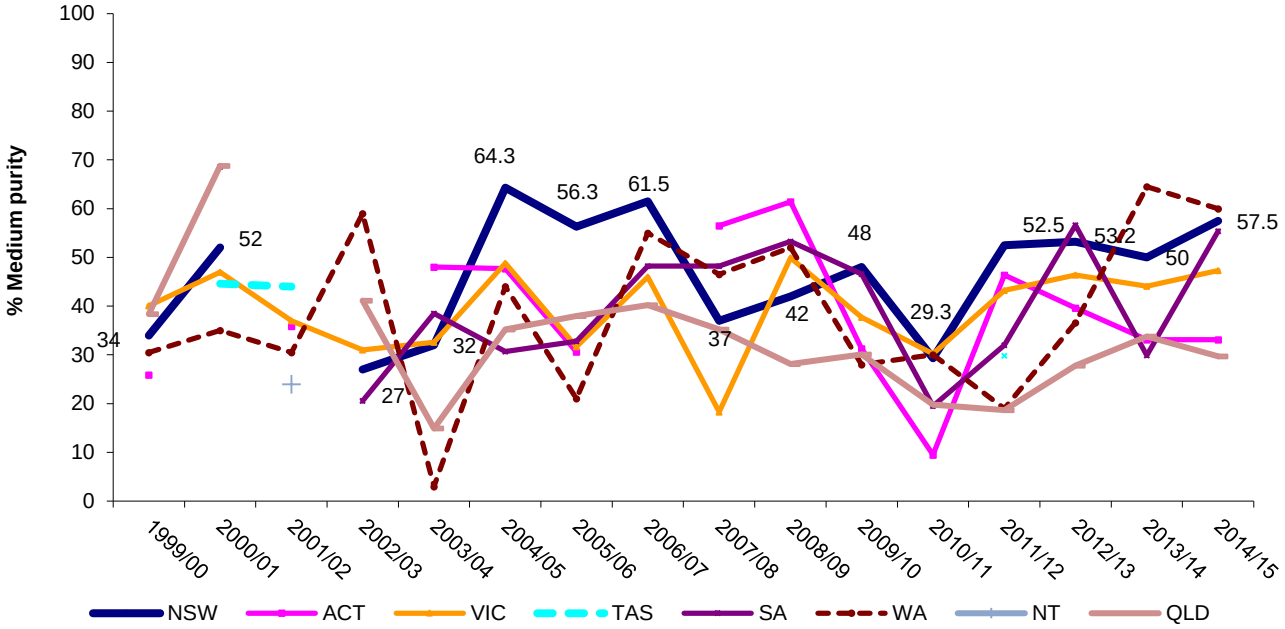
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACIC.

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter, or where the seizure is of a certain size. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Criminal Intelligence Commission, 2016).

Figures reported include seizures ≤2 grams and >2 grams, reflecting both street and larger seizures. The data in
Figure 29 do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for SA, WA (and TAS), and those supplied by the Australian Forensic Drug Laboratory, represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Over time cocaine purity has fluctuated, and has remained below 70% across all jurisdictions (Figure 29).

Figure 29: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/2000–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

5.3.5 Availability of cocaine

Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (55%) of the sample, although one-third (37%) reported it as 'difficult' to obtain. Most participants considered the ease of access to cocaine to have remained 'stable' (65%) in the six months prior to interview (Table 58).

Table 58: Availability of cocaine, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=170)	**(N=187)**	(n=46)	(n=19)	(n=16)	(n=16)	(n=30)	(n=15)	(n=25)	(n=21)
Very easy	19	**14**	11	11	38	0	10	27	8	19
Easy	42	**41**	59	58	38	19	33	27	40	33
Difficult	32	**37**	28	26	25	38	50	40	40	48
Very difficult	7	**8**	2	5	0	44	7	7	12	0
% Availability changes (n)	(N=156)	**(N=173)**	(n=43)	(n=19)	(n=15)	(n=13)	(n=28)	(n=15)	(n=23)	(n=17)
More difficult	10	**13**	12	0	7	15	21	20	13	12
Stable	63	**65**	74	84	53	77	50	47	65	65
Easier	21	**15**	12	5	33	8	25	27	4	12
Fluctuates	6	**7**	2	11	7	0	4	7	17	12

Source: EDRS participant interviews

5.3.6 Purchasing patterns and locations of use of cocaine

Cocaine was most commonly acquired through friends. It was most commonly obtained in private locations, (friend's home, and/or participant's own home) and used equally in public locations (nightclubs, pubs and raves) and private locations (homes, parties) (Table 59).

Table 59: Last source, purchase location and use location of cocaine, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=161)	**(N=187)**	(n=47)	(n=21)	(n=15)	(n=15)	(n=29)	(n=14)	(n=25)	(n=21)
Friends	65	**55**	57	33	73	67	66	43	48	52
Known dealers	18	**22**	19	48	20	7	21	29	20	14
Acquaintances	9	**8**	6	0	7	0	3	14	12	19
Unknown dealers	1	**7**	9	10	0	0	3	0	20	5
Workmates	2	**4**	4	5	0	20	0	7	0	0
Relative	1	**2**	2	5	0	0	0	0	0	5
Online darknet	2^	**2**	0	0	0	0	3	7	0	5
Online surface web		**<1**	2	0	0	0	0	0	0	0
Other	2	**<1**	0	0	0	7	0	0	0	0
% Locations obtained [#] (n)	(N=160)	**(N=186)**	(n=47)	(n=21)	(n=15)	(n=15)	(n=29)	(n=14)	(n=24)	(n=21)
Friend's home	34	**26**	23	29	20	27	28	36	29	24
Dealer's home	8	**9**	9	14	7	0	17	7	13	0
Own home	16	**15**	19	10	7	13	14	21	17	10
Agreed public location	11	**10**	11	10	13	7	7	14	13	10
Acquaintance's home	<1	**1**	2	0	0	0	0	0	4	0
Private party	4	**8**	11	0	13	7	0	7	4	19
Nightclub	9	**13**	6	19	27	7	17	7	8	24
Pubs/bars	5	**7**	9	0	7	20	3	0	13	0
Live music event	3	**3**	2	0	0	7	3	7	0	5
Raves*	0	**2**	0	5	7	0	0	0	0	5
Work	<1	**2**	0	5	0	13	0	0	0	0
Online/posted	3	**1**	0	0	0	0	3	0	0	5
Other	5	**4**	8	10	0	0	7	0	0	0
% Last use venue[#] (n)	(N=160)	**(N=186)**	(n=47)	(n=21)	(n=15)	(n=15)	(n=30)	(n=14)	(n=24)	(n=20)
Nightclub	26	**31**	28	52	33	20	33	7	33	35
Friends home	25	**17**	17	24	20	13	20	29	8	5
Private party	10	**19**	23	10	13	27	17	14	17	25
Home	12	**10**	11	5	7	7	13	7	21	5
Raves*	<1	**2**	2	5	7	0	0	0	0	5
Pub/bars	11	**9**	9	0	13	13	10	7	17	5
Live music event	7	**5**	2	0	0	7	3	21	4	15
Public place (street/park)	2	**<1**	0	0	0	0	3	0	0	0
Other	6	**6**	8	4	7	13	1	15	0	5

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
[#] Only one response allowed
^ In 2015 online included the darknet and surface web

5.4 Ketamine

Key points

- Seven percent of the national sample were able to comment on the price of a gram of ketamine.
- Price of a gram of ketamine had a median national price of $200. The price was reported as 'stable' by 74% of the participants that commented.
- The purity of ketamine has continued to be reported as 'high' (54%), and this was reported to have remained 'stable' by the majority that commented (62%).
- Ketamine availability reports were mixed between being 'easy' and 'difficult' (38% and 33% respectively). Two-thirds (65%) reported availability as having remained 'stable' in the preceding six months.
- Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's home. Locations of last use were divided between public locations (nightclubs) and private locations (friend's home).

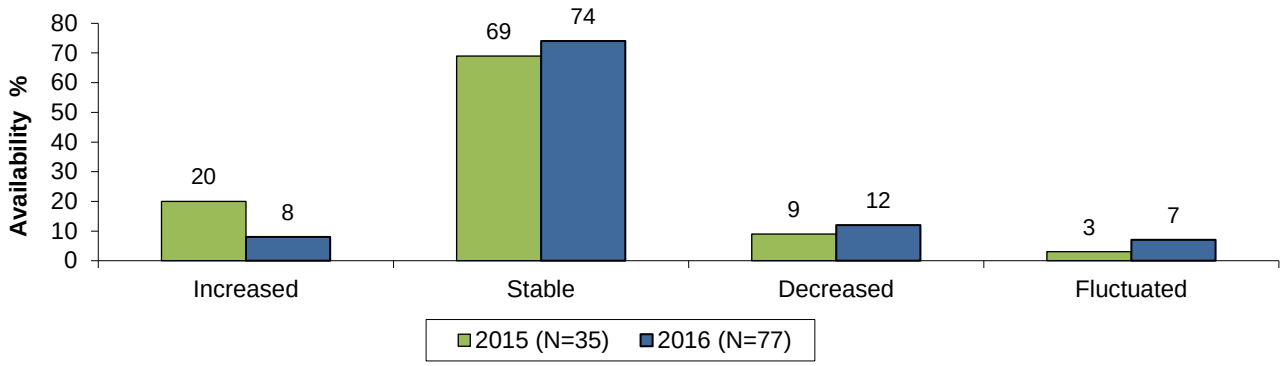
This section contains information about market characteristics of ketamine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix F.

5.4.1 Price of ketamine

Seven percent of the national EDRS sample (N=55) was able to comment on the price of a gram of ketamine. Only small numbers (n<10) in some jurisdictions were able to comment and the data not presented. The median last price paid for a gram of ketamine nationally was $200.

Ten percent (n=77) of the national sample, commented on whether the price of ketamine had changed in the preceding six months. The majority of participants commenting reported that the price had remained 'stable' (Figure 30).

Figure 30: Price changes of ketamine, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.4.2 Purity of ketamine

Participants were asked what the current purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. More participants were able to comment than in 2015. Twelve percent of the national sample commented on the purity of ketamine. Around half (54%) of those that commented reported ketamine purity to be 'high' and this is consistent with data from previous years (Table 60).

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 62% reported that the purity of ketamine had remained 'stable' (Table 60).

Table 60: Perceived purity of ketamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current purity (n)	(N=46)	**(N=98)**	(n=26)	(n=3)	(n=42)	(n=1)	(n=6)	(n=9)	(n=1)	(n=10)
Low	11	**4**	4	–	5	–	–	–	–	10
Medium	13	**21**	23	–	24	–	–	–	–	0
High	65	**54**	58	–	43	–	–	–	–	90
Fluctuates	11	**20**	15	–	29	–	–	–	–	0
% Purity changes (n)	(N=38)	**(N=91)**	(n=25)	(n=2)	(n=39)	(n=1)	(n=6)	(n=8)	(n=1)	(n=9)
Increasing	8	**13**	20	–	15	–	–	–	–	–
Stable	61	**62**	60	–	56	–	–	–	–	–
Decreasing	16	**6**	8	–	8	–	–	–	–	–
Fluctuating	16	**20**	12	–	21	–	–	–	–	–

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)

5.4.3 Availability of ketamine

Thirteen percent of the national sample commented on the recent availability of ketamine. More participants were able to comment than in 2015. Availability reports were mixed with 64% reporting it as 'easy' to 'very easy' to obtain and 37% reporting ketamine as 'difficult' to 'very difficult' to obtain (Table 61).

Of those who commented on recent changes in availability, two-thirds (65%) reported that the availability of ketamine had remained 'stable' over the preceding six months (Table 61).

Table 61: Availability of ketamine, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=47)	**(N=101)**	(n=27)	(n=4)	(n=42)	(n=1)	(n=6)	(n=9)	(n=1)	(n=11)
Very easy	21	**26**	22	–	29	–	–	–	–	36
Easy	26	**38**	37	–	52	–	–	–	–	18
Difficult	40	**33**	37	–	19	–	–	–	–	46
Very difficult	13	**4**	4	–	0	–	–	–	–	0
% Availability changes (n)	(N=43)	**(N=94)**	(n=25)	(n=3)	(n=42)	(n=1)	(n=5)	(n=9)	(n=1)	(n=8)
More difficult	10	**7**	8	–	12	–	–	–	–	–
Stable	63	**65**	60	–	71	–	–	–	–	–
Easier	21	**20**	28	–	17	–	–	–	–	–
Fluctuates	6	**7**	4	–	0	–	–	–	–	–

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)

5.4.4 Purchasing patterns and locations of use of ketamine

Ketamine was predominantly obtained from friends (67%). It was obtained from private locations, such as friend's home (25%) and dealer's home (5%) or public locations such as nightclubs (16%) and live music events (15%). Reports of the venue where participants reported last use of ketamine were mixed including private venues (friend's home (16%) and private parties (14%)) and public venues (nightclubs (22%) and rave/doofs/dance parties (21%))(see Table 62).

Table 62: Last source, purchase location and use location of ketamine, 2016

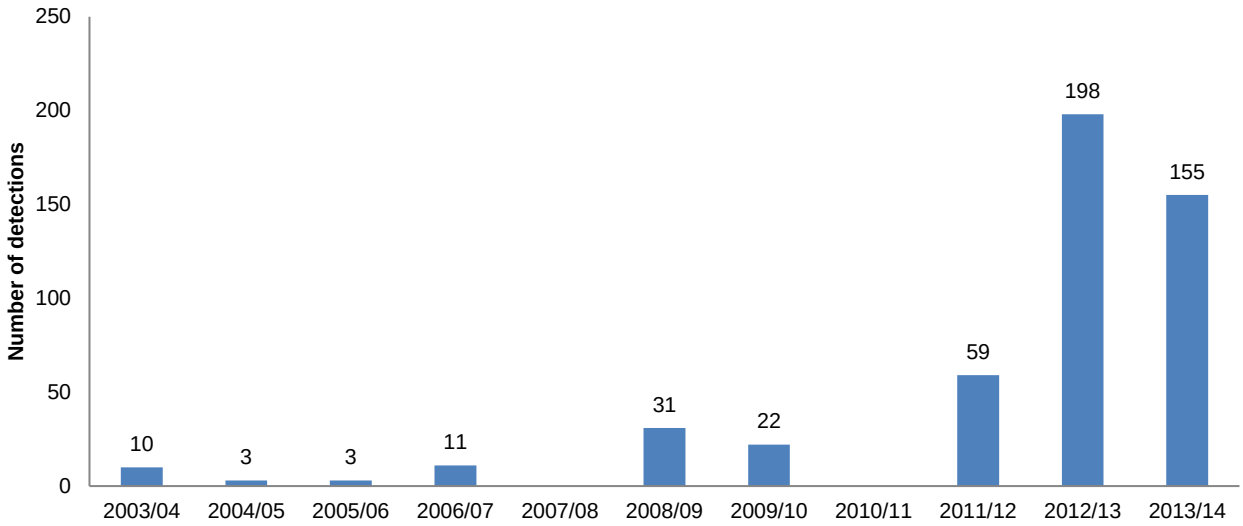
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=49)	**(N=103)**	(n=26)	(n=4)	(n=43)	(n=1)	(n=7)	(n=9)	(n=1)	(n=12)
Friends	55	**67**	77	–	61	–	–	–	–	58
Known dealers	18	**15**	19	–	16	–	–	–	–	8
Acquaintances	10	**4**	0	–	5	–	–	–	–	8
Unknown dealers	6	**9**	0	–	4	–	–	–	–	8
Online darknet	4^	**5**	0	–	5	–	–	–	–	17
Other	7	**6**	100	–	9	–	–	–	–	1
% Locations obtained [#] (n)	(N=49)	**(N=103)**	(n=26)	(n=4)	(n=43)	(n=1)	(n=7)	(n=9)	(n=1)	(n=12)
Friend's home	25	**25**	31	–	21	–	–	–	–	8
Nightclub	22	**16**	0	–	35	–	–	–	–	0
Dealer's home	8	**5**	12	–	2	–	–	–	–	8
Own home	6	**14**	15	–	12	–	–	–	–	17
Agreed public location	8	**12**	19	–	14	–	–	–	–	0
Private party	4	**8**	12	–	2	–	–	–	–	17
Pubs/bars	4	**1**	4	–	0	–	–	–	–	0
Live music event	6	**15**	4	–	14	–	–	–	–	33
Raves*	8	**2**	4	–	0	–	–	–	–	0
Online/posted	6	**2**	0	–	0	–	–	–	–	17
Other	3	**0**	0	–	0	–	–	–	–	0
% Last use venue[#] (n)	(N=49)	**(N=102)**	(n=26)	(n=4)	(n=42)	(n=1)	(n=7)	(n=9)	(n=1)	(n=12)
Home	8	**15**	15	–	7	–	–	–	–	33
Nightclub	29	**22**	8	–	45	–	–	–	–	0
Friends home	18	**16**	27	–	12	–	–	–	–	0
Private party	14	**14**	15	–	12	–	–	–	–	8
Pubs/bars	2	**3**	4	–	2	–	–	–	–	8
Live music event	8	**21**	8	–	19	–	–	–	–	42
Raves*	14	**10**	23	–	2	–	–	–	–	8
Others	11	**0**	0	–	0	–	–	–	–	0

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
* Includes 'doofs' and dance parties
^ In 2015 online included the darknet and surface web
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed

5.4.4 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. There were 155 seizures detected in 2013/14, representing a slight decrease from the 198 detections reported in 2012/13 (Figure 31). Data for 2014/15 and 2015/16 were unavailable at the time of publication.

Figure 31: Number of detections of ketamine detected at the border by the Department of Immigration and Border Protection, 2003/04–2013/14



Source: Department of Immigration and Border Protection
Note: Data for 2014/15 and 2015/16 were unavailable at the time of publication

5.5 GHB

Key points

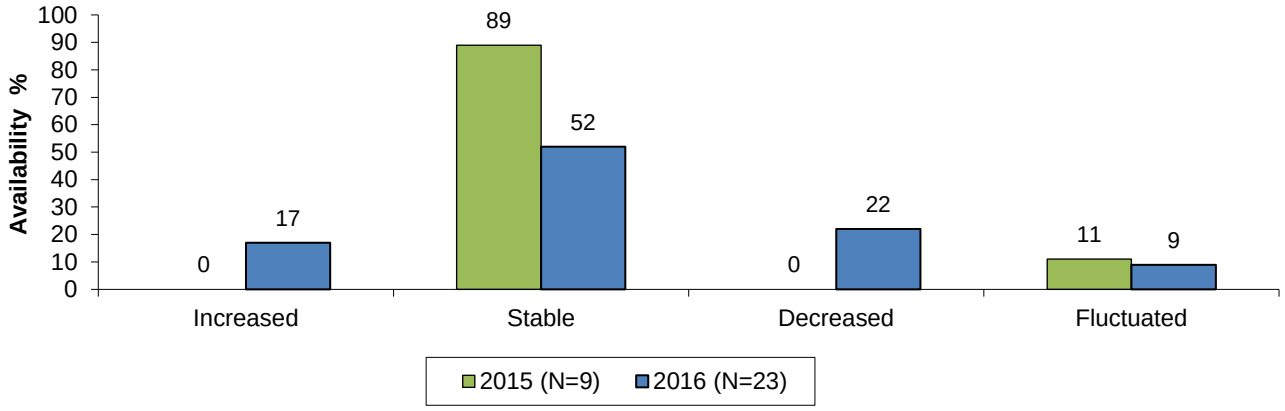
- Small numbers (n=23) were able to comment on the price of a millilitre of GHB. Around half (52%) of the participants reported that the price had remained 'stable'.
- Purity was reported as 'high' (50%) and considered 'stable' (41%).
- Nationally, GHB was generally considered 'easy' to obtain (67%) with over half (55%) reporting that availability of GHB had remained 'stable' in the six months preceding interview.
- GHB was obtained from friends and known dealers in both public and private locations.

This section contains information about market characteristics of GHB (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix G.

5.5.1 Price of GHB

Three percent of the national sample (N=23) were able to comment on the current price per millilitre of GHB ($7 per ml). Around half (52%) of those who commented on the price of GHB reported price to be stable over the last six months (Figure 32). Small numbers (n<10) were able to comment in all jurisidictions except NSW and therefore data is not presented by state.

Figure 32: Price changes of GHB, nationally, 2015–2016



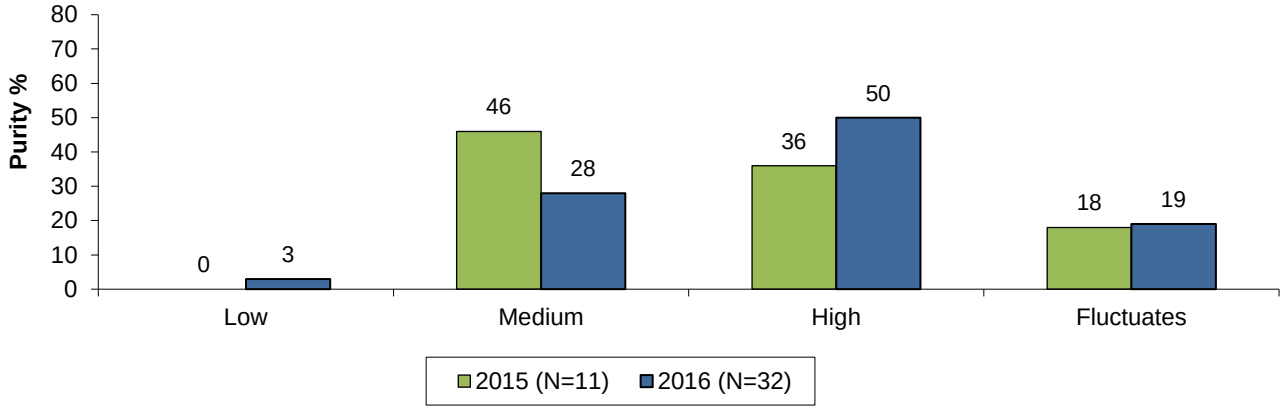
Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.5.2 Purity of GHB

Participants were asked what the current purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Four percent of the national sample (N=32) commented on the purity of GHB. Purity was considered to be 'high' (50%) by about half of participants who commented (Figure 33).

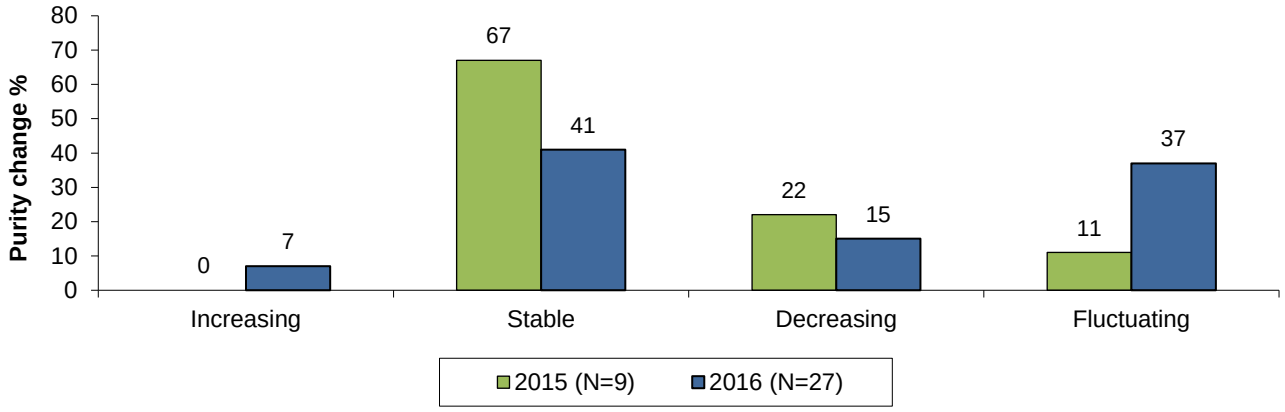
Of those who commented on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was 'stable' (41%) or 'fluctuating' (37%); (Figure 34).

Figure 33: Perceived purity of GHB last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 34: Purity change of GHB last six months, nationally, 2015–2016



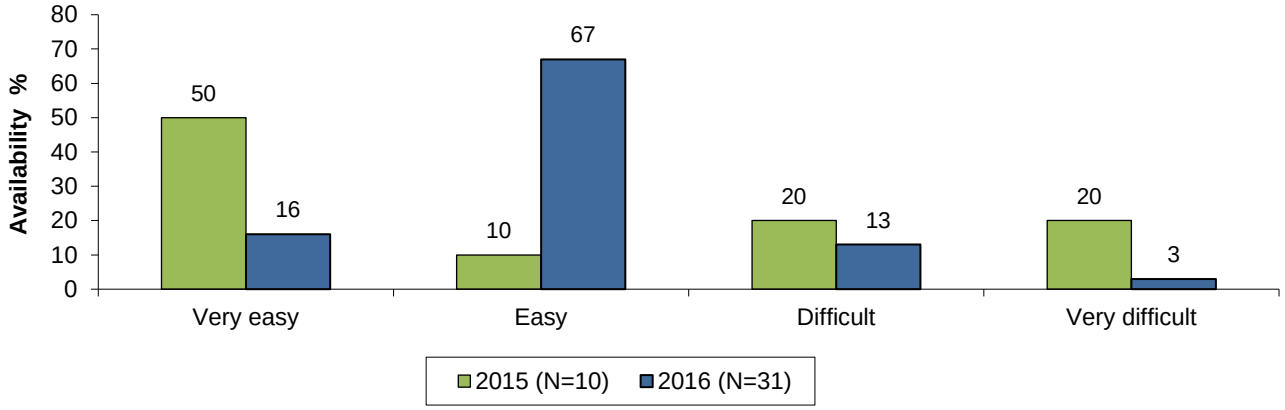
Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.5.3 Availability of GHB

Four percent of the national sample (n=31) commented on the recent availability of GHB. Again, small numbers (n<10) were reported in all states/territories except NSW, and these data are not presented.

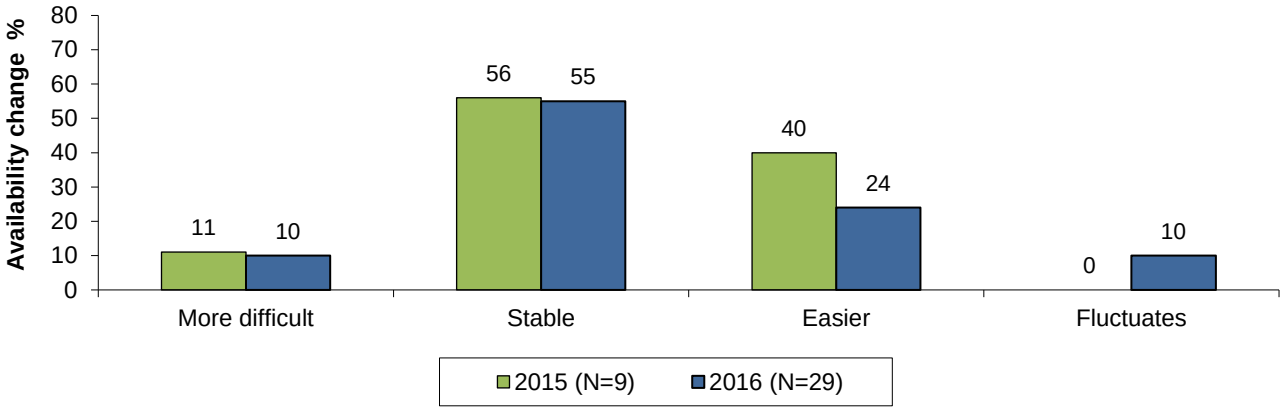
Nationally, reports on availability of GHB were generally considered 'easy' to obtain (67%) with 13% reporting availability as 'difficult' (Figure 35). Over half (55%) reported that availability of GHB had remained 'stable' in the six months preceding interview (Figure 36).

Figure 35: Perceived availablility of GHB last six months, nationally, 2015–2016



Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 36: Availability changes of GHB last six months, nationally, 2015–2016

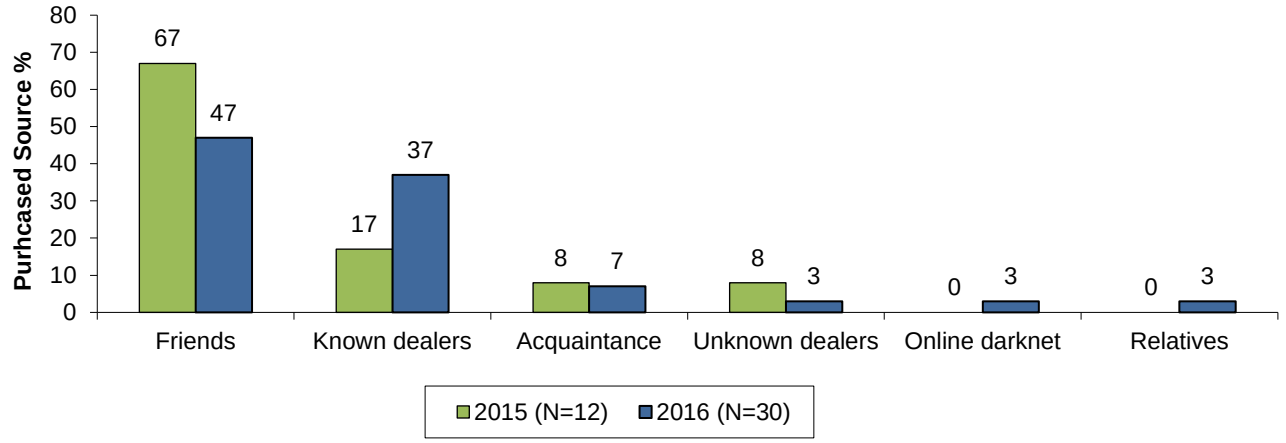


Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.5.4 Purchasing patterns and locations of use of GHB

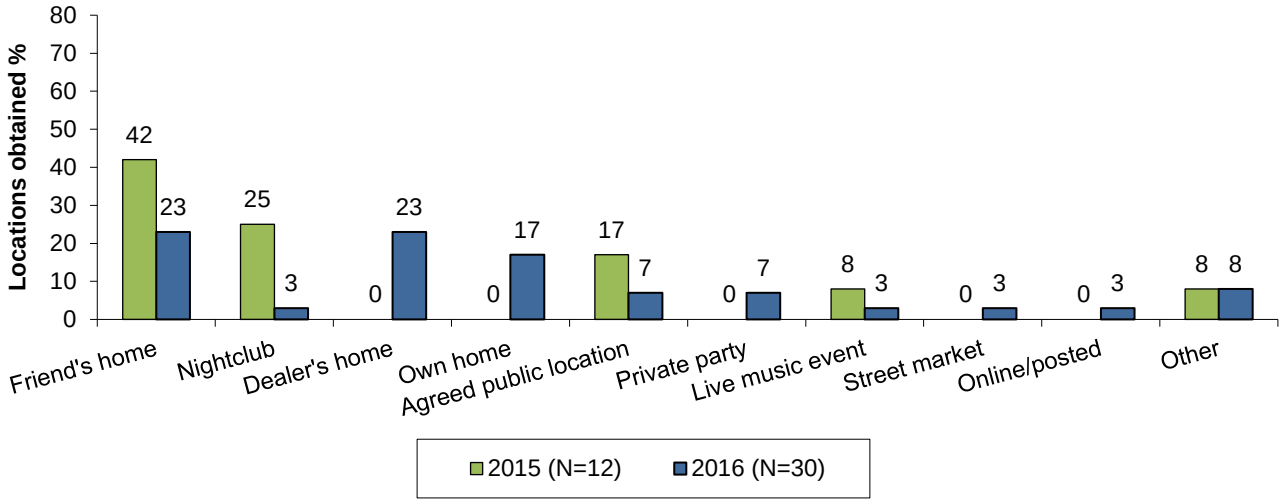
In all jurisdictions fewer than 10 participants (except in NSW) were able to comment on the source, purchase location of GHB and last use venue. GHB was mainly obtained from friends (47%) and known dealers (37%) (Figure 37). Around two-thirds (63%) of the purchase locations reported were private locations including friend's home (23%), dealer's home (23%) and own home (17%) (Figure 38). The last venue of intoxication was reported mainly in a friend's home (36%) followed by a nightclub (23%) (Figure 39).

Figure 37: Purchase source for GHB in the last six months, nationally, 2015–2016



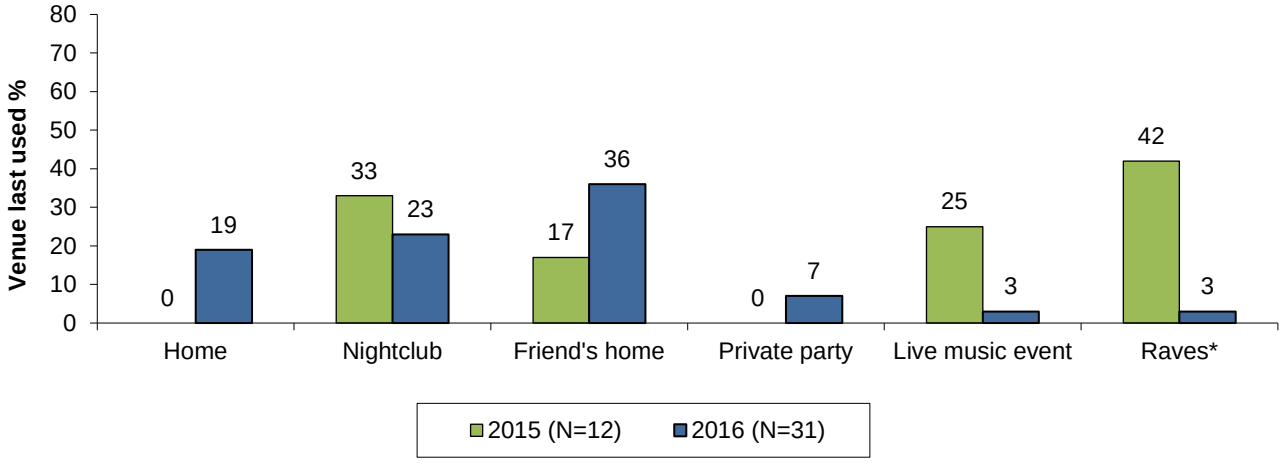
Source: EDRS participant interviews

Figure 38: Locations obtained GHB last six months, nationally, 2015–2016



Source: EDRS participant interviews

Figure 39: Venue last used GHB last six months, nationally, 2015–2016

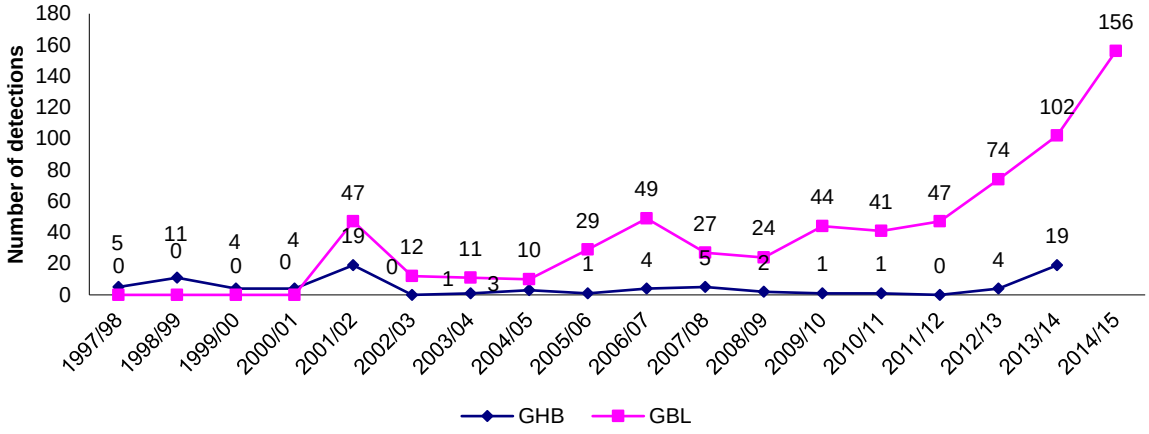


Source: EDRS participant interviews
* Includes 'doofs' and dance parties
# Examples include at a beach, bushwalking, camping

5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 40 indicates an increase in recent years in the number of detections of GBL at the Australian border, and these continue to outnumber seizures for GHB. GBL detections have continued to increase over time with 156 seizures recorded in 2014/15. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself. Nineteen seizures for GHB were reported in 2013/14 (four in 2012/13). Data for GHB seizures in 2015/16 were not available at the time of publication.

Figure 40: Number of GHB and GBL detections at the border by Department of Immigration and Border Protection, financial years 1997/98–2014/15



Source: Department of Immigration and Border Protection

5.6 LSD

Key points

- The median price per tab of LSD was $20 nationally ranging from $15 in TAS to $30 in the NT. Sixty-six percent of those commenting reported that the price had remained 'stable' in the six months prior to interview.
- Around half (48%) reported the current purity of LSD as 'high' and 56% reported that purity had remained 'stable' in the six months preceding interview.
- Overall LSD was reported to have remained 'very easy' or 'easy' (69%) to obtain and this had remained 'stable' (63%) in the last six months.
- LSD was reported to have been obtained from friends and used in private locations such as the participant's own homes or friend's homes.

This section contains information about market characteristics of LSD (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix H.

5.6.1 Price of LSD

Thirty-five percent of the national sample commented on the price of a tab of LSD. The national median price of a tab of LSD was $20 (ranging from $15 in TAS to $30 in the NT. The price of LSD was generally considered to be 'stable' (66%) in the preceding six months (**Error! Reference source not found.**).

Table 63: Median price per tab of LSD, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Median price ($) per tablet	25	**20**	20	20	20	15	17.5	25	30	20
% Price changes (n)	(N=203)	**(N=271)**	(n=52)	(n=32)	(n=28)	(n=40)	(n=23)	(n=33)	(n=22)	(n=41)
Increased	8	**7**	8	13	8	3	9	6	14	2
Stable	72	**66**	64	59	64	78	65	79	46	66
Decreased	9	**13**	17	19	14	10	17	9	14	7
Fluctuated	11	**14**	12	9	14	10	9	6	27	24

Source: EDRS participant interviews

5.6.2 Purity of LSD

Participants were asked what was the current purity or strength of LSD, and if the purity had changed in the six months preceding interview. In 2016, participants reported that LSD purity was 'high' (48%), followed by 'medium' (33%) and 'fluctuates' (15%) (Table 64).

Of those who commented on whether the purity of LSD had changed in the six months preceding interview, 56% reported that it had remained 'stable' (Table 64).

Table 64: Perceived purity of LSD, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current purity (n)	(N=226)	**(N=286)**	(n=52)	(n=34)	(n=28)	(n=42)	(n=25)	(n=39)	(n=25)	(n=41)
Low	7	**5**	6	6	4	2	4	3	12	5
Medium	29	**33**	39	32	29	41	36	26	24	29
High	54	**48**	44	47	57	45	36	51	52	51
Fluctuates	11	**15**	12	15	11	12	24	21	12	15
% Purity changes (n)	(N=195)	**(N=261)**	(n=45)	(n=32)	(n=27)	(n=40)	(n=24)	(n=33)	(n=22)	(n=38)
Increasing	12	**12**	11	6	7	10	21	12	23	13
Stable	63	**56**	58	69	78	63	38	70	18	42
Decreasing	6	**8**	11	6	0	15	8	3	9	8
Fluctuating	19	**24**	20	19	15	13	33	15	50	37

Source: EDRS participant interviews

5.6.3 Availability of LSD

Thirty-seven percent of the national sample commented on the recent availability of LSD; the majority reported LSD to be 'easy' to 'very easy' (69%) to obtain. Of those who commented, the 63% reported the availability of LSD to have remained 'stable' (63%) in the six months preceding interview (Table 65).

Table 65: Availability of LSD, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=231)	**(N=297)**	(n=56)	(n=36)	(n=31)	(n=40)	(n=26)	(n=40)	(n=25)	(n=43)
Very easy	20	**30**	29	19	19	28	46	35	24	40
Easy	37	**39**	29	28	52	53	35	45	40	37
Difficult	38	**25**	36	36	23	20	12	20	16	23
Very difficult	6	**6**	7	17	7	0	8	0	20	0
% Availability changes (n)	(N=210)	**(N=277)**	(n=52)	(n=32)	(n=30)	(n=39)	(n=24)	(n=36)	(n=24)	(n=40)
More difficult	14	**9**	12	3	17	8	8	6	17	5
Stable	64	**63**	62	63	67	72	46	58	50	75
Easier	13	**23**	23	25	17	15	42	36	21	13
Fluctuates	9	**5**	4	9	0	5	4	0	13	8

Source: EDRS participant interviews

5.6.4 Purchasing patterns and locations of use of LSD

LSD had been obtained from friends (59%), followed by known dealers (16%). LSD source venue was in private locations such as friends' homes (30%) and own home (17%). LSD was used in private locations and public locations (Table 66).

Table 66: Last source, purchase location and use location of LSD, 2016

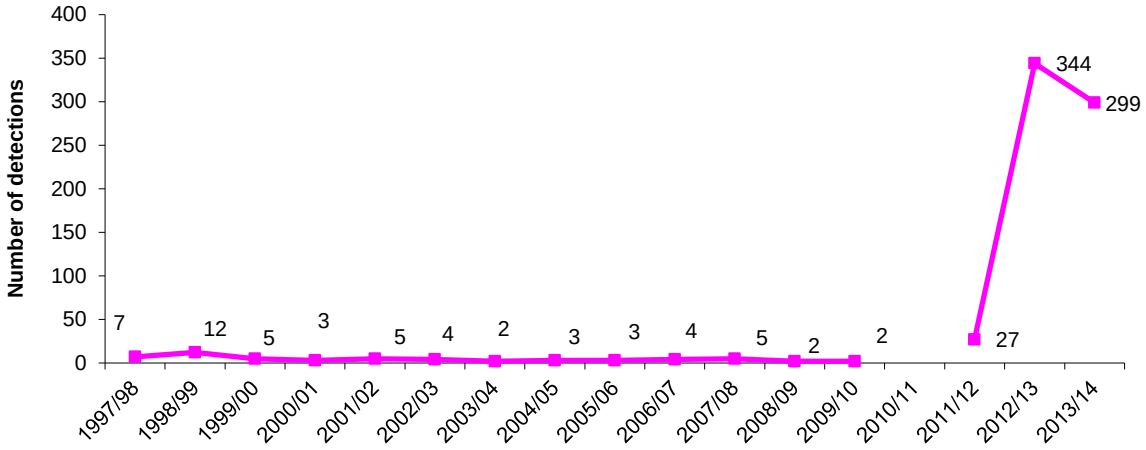
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	(N=234)	**(N=293)**	(n=55)	(n=33)	(n=32)	(n=42)	(n=26)	(n=39)	(n=24)	(n=42)
Friends	59	**59**	67	67	50	48	58	62	54	60
Known dealers	19	**16**	18	12	13	24	23	13	17	10
Acquaintances	7	**9**	6	15	3	17	12	10	8	2
Unknown dealers	7	**7**	6	3	19	10	0	3	8	5
Online darknet	7^	**8**	4	3	13	0	4	8	4	24
Online surface web/social networking		**1**	0	0	0	0	4	3	0	0
Other	1	**0**	0	0	2	0	0	2	9	0
% Locations obtained [#] (n)	**(N=234)**	**(N=293)**	(n=55)	(n=33)	(n=32)	(n=42)	(n=26)	(n=39)	(n=24)	(n=42)
Friend's home	34	**30**	35	18	13	29	31	44	29	38
Own home	13	**17**	15	21	9	10	12	8	29	36
Dealer's home	9	**9**	11	12	6	7	15	8	13	2
Raves*	8	**5**	6	12	0	14	0	3	0	0
Agreed public location	12	**8**	11	15	13	2	8	8	0	2
Private party	5	**4**	4	6	6	7	4	3	8	0
Nightclub	<1	**1**	0	0	3	2	0	3	4	0
Pubs/bars	1	**4**	4	0	6	14	8	5	0	0
Live music event	9	**8**	9	9	31	5	0	0	0	7
Online/posted	5	**6**	4	0	9	0	8	8	8	10
Other	3	**8**	0	7	4	10	14	10	9	5
% Last use venue[#] (n)	**(N=232)**	**(N=291)**	(n=55)	(n=33)	(n=31)	(n=42)	(n=26)	(n=39)	(n=24)	(n=41)
Own home	18	**20**	9	9	10	17	19	28	50	27
Friend's home	22	**18**	18	15	7	21	23	28	13	12
Live music event	14	**14**	20	12	39	5	4	7	4	17
Raves*	15	**8**	11	15	0	19	4	5	0	0
Outdoors[@]	14	**17**	26	30	7	12	15	8	8	22
Private party	6	**8**	4	12	7	14	8	8	0	12
Public place	6	**6**	4	3	19	0	0	8	13	5
Nightclub	4	**5**	2	0	3	5	4	0	0	0
Pub/bars	2	**2**	2	0	3	7	4	0	0	0
Other	0	**2**	4	4	5	0	19	8	12	5

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
^ In 2015 online included the darknet and surface web
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed

5.6.5.1 LSD detected at the Australian border

Until 2011/12 there had only been a small number of seizures of LSD, however in recent years, there has been an exponential growth in LSD seizures recorded with 344 in 2012/13 and 299 in 2013/14 (Figure 41). Data for 2014/15 and 2015/16 were not available at the time of publication.

Figure 41: Number of LSD detections at the border by the Department of Immigration and Border Protection, 1997/98–2013/14



Source: Department of Immigration and Border Protection
Note: Data for 2014/15 and 2015/16 were not available at the time of publication.

5.7 Cannabis

Key points

- The majority of respondents were able to differentiate between hydro and bush cannabis when asked about cannabis market characteristics.
- Nationally the median last price for an ounce was $280 for hydro and $240 for bush.
- Prices were reported to have remained 'stable' for both forms over the preceding six months.
- The potency of hydro was reported to be 'high' by 47% of the national sample (significant increase from 39% in 2015) and bush was reported to be 'medium' potency by 50%. The potency for both forms was reported to have remained 'stable' over the last six months.
- Hydro and bush were reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Hydro and bush cannabis were most commonly bought from friends, and used in private locations.

This section contains information about market characteristics of cannabis (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix I.

5.7.1 Price of cannabis

Prices in Table 67 represent the median last price paid for the most commonly reported purchase amounts (grams and ounces) of bush and hydro by jurisdiction. Nationally, 149 participants reported having purchased an ounce of hydro in the preceding six months (N=97 purchased an ounce of bush), while 122 reported purchase of a gram of hydro (N=77 purchased a quarter-ounce of bush). Median last price for a gram remained stable at $20 nationally (range=$10–$30) for hydro and bush. The median last price paid per ounce of hydro nationally was $280 and $240 for bush (Table 67).

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained 'stable' over the preceding six months (81% and 79% respectively) (Table 67).

Table 67: Median price of cannabis and price changes, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
Price ($) HYDRO										
Per gram	20	**20**	20	20	–	20	10	–	30	20
Per ounce	290	**280**	300	–	–	280	215	350	400	280
Price ($) BUSH										
Per gram	20	**20**	20	17.5	–	–	–	–	30	–
Per ounce	250	**240**	–	240	–	200	200	300	400	250
Price changes										
% HYDRO (n)	(N=370)	**(N=354)**	(n=31)	(n=44)	(n=21)	(n=58)	(n=39)	(n=51)	(n=60)	(n=50)
Increased	10	**6**	7	2	10	2	10	4	13	0
Stable	81	**81**	84	91	81	93	74	80	77	68
Decreased	2	**5**	7	2	10	2	0	14	2	10
Fluctuated	7	**8**	3	5	0	3	15	2	8	22
% BUSH (n)	(N=261)	**(N=266)**	(n=25)	(n=35)	(n=13)	(n=43)	(n=42)	(n=37)	(n=31)	(n=40)
Increased	5	**6**	0	0	0	7	14	5	13	5
Stable	81	**79**	88	89	100	81	81	76	68	65
Decreased	6	**6**	8	3	0	2	2	14	7	8
Fluctuated	8	**9**	4	9	0	9	2	5	13	23

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)

5.7.2 Potency of cannabis

Of those who commented, nearly half of the participants reported that the current potency of hydro cannabis was 'high' (47%) which is a significant increase from the proportion who reported hydro as 'high' in 2015 (39%; $p<0.05$) (Table 68). In contrast, bush cannabis was reported to be of 'medium' potency by half of participants (Table 69).

Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained 'stable' in the preceding six months (Table 68 and Table 69).

Table 68: Perceived potency of hydroponic cannabis, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Potency (n)	(N=381)	**(N=359)**	(n=34)	(n=43)	(n=23)	(n=56)	(n=39)	(n=50)	(n=62)	(n=52)
Low	13	**3**	6	2	0	0	3	4	3	8
Medium	36	**39**	44	49	30	48	36	30	31	42
High	39	**47↑**	32	40	65	41	44	58	53	42
Fluctuates	13	**11**	18	9	4	11	18	8	13	8
% Potency changes (n)	(N=365)	**(N=350)**	(n=33)	(n=41)	(n=23)	(n=55)	(n=39)	(n=48)	(n=61)	(n=50)
Increasing	14	**12**	21	22	9	6	10	17	12	4
Stable	53	**55**	52	46	70	69	62	54	38	60
Decreasing	6	**7**	12	12	9	4	10	2	8	6
Fluctuating	27	**25**	15	20	13	22	18	27	43	30

Source: EDRS participant interviews
↑ Significant increase between 2015 and 2016

Table 69: Perceived potency of 'bush' cannabis, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Current Potency (n)	(N=291)	**(N=280)**	(n=25)	(n=38)	(n=13)	(n=45)	(n=42)	(n=41)	(n=34)	(n=42)
Low	20	**23**	32	26	8	20	7	17	53	21
Medium	52	**50**	56	45	54	60	52	51	38	45
High	21	**19**	4	18	39	13	33	17	6	29
Fluctuates	7	**8**	8	11	0	7	7	15	3	5
% Potency changes (n)	(N=269)	**(N=267)**	(n=25)	(n=36)	(n=13)	(n=44)	(n=40)	(n=37)	(n=31)	(n=41)
Increasing	10	**6**	0	6	8	5	13	11	3	5
Stable	66	**68**	76	78	92	75	63	60	61	59
Decreasing	6	**7**	8	6	0	5	8	11	13	5
Fluctuating	19	**18**	16	11	0	16	18	19	23	32

Source: EDRS participant interviews

5.7.3 Availability of cannabis

Participants were asked to comment on the current availability of hydro, and whether this had changed in the six months preceding interview. Hydro was commonly reported to be 'easy' or 'very easy' to obtain (93%). Over half of the sample that commented reported access to hydro cannabis had remained 'stable' (80%; Table 70).

Table 70: Availability of hydro, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=390)	**(N=360)**	(n=33)	(n=44)	(n=23)	(n=57)	(n=39)	(n=50)	(n=62)	(n=52)
Very easy	66	**67**	49	68	70	65	64	72	63	81
Easy	25	**26**	39	25	30	28	31	18	27	15
Difficult	9	**7**	9	7	0	7	5	10	8	4
Very difficult	0	**1**	3	0	0	0	0	0	2	0
% Availability changes (n)	(N=378)	**(N=357)**	(n=32)	(n=42)	(n=23)	(n=57)	(n=39)	(n=50)	(n=62)	(n=52)
More difficult	10	**7**	13	5	4	11	3	8	13	0
Stable	72	**80**	72	93	83	84	80	82	63	89
Easier	10	**6**	9	2	13	4	10	4	5	6
Fluctuates	8	**7**	6	0	0	2	8	6	19	6

Source: EDRS participant interviews

Reports of bush availability also indicated that bush tended to be 'easy' or 'very easy' to obtain (81%), with one-fifth of the commenting sample considering it to be 'difficult' to obtain. NSW had the highest proportion (33%) that reported bush as being 'difficult' to obtain. Availability was most commonly reported to have remained 'stable' in the past six months by the national sample (75%; Table 71).

Table 71: Availability of bush, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Availability (n)	(N=289)	**(N=284)**	(n=27)	(n=38)	(n=13)	(n=45)	(n=42)	(n=42)	(n=34)	(n=43)
Very easy	46	**51**	41	53	54	56	52	60	29	56
Easy	33	**30**	19	29	31	33	31	33	41	23
Difficult	20	**18**	33	18	15	11	17	7	24	21
Very difficult	1	**1**	7	0	0	0	0	0	6	0
% Availability changes (n)	(N=277)	**(N=281)**	(n=27)	(n=38)	(n=13)	(n=44)	(n=42)	(n=42)	(n=33)	(n=43)
More difficult	10	**8**	15	8	15	2	12	5	6	7
Stable	72	**75**	67	68	77	82	79	67	82	79
Easier	11	**10**	7	11	8	11	2	24	9	5
Fluctuates	7	**7**	11	13	0	5	7	5	3	10

Source: EDRS participant interviews

5.7.4 Purchasing patterns and locations of use of cannabis

Hydro was most commonly reported to have been obtained from friends and known dealers and reported to have been obtained at friend's, dealers and own homes. Participant's own homes and friend's homes were most frequently reported as last locations of use (Table 72).

Table 72: Last source person and purchase locations and use locations of hydro, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	**(N=387)**	**(N=357)**	(n=34)	(n=43)	(n=23)	(n=54)	(n=39)	(n=49)	(n=62)	(n=53)
Friends	55	**50**	29	54	65	43	51	74	42	51
Known dealers	30	**35**	41	42	26	46	36	16	42	23
Acquaintances	6	**7**	0	2	0	4	10	2	5	25
Unknown dealers	2	**3**	15	2	4	0	0	4	5	0
Street dealer	1	**1**	3	0	0	0	0	0	3	0
Relatives	2	**1**	3	0	0	6	0	0	2	0
Workmates	3	**1**	0	0	0	2	0	2	2	0
Other	1	**2**	9	0	5	0	3	2	0	0
% Locations obtained [#] (n)	(N=387)	**(N=357)**	(n=34)	(n=43)	(n=23)	(n=54)	(n=39)	(n=49)	(n=62)	(n=53)
Friend's home	40	**35**	32	35	35	30	33	61	26	28
Dealer's home	17	**22**	29	30	9	24	23	8	31	19
Home (delivered)	23	**21**	6	14	35	30	26	8	19	32
Agreed public location	12	**15**	24	14	22	15	8	18	10	13
Acquaintance's home	2	**1**	0	0	0	0	8	0	3	0
Work	1	**1**	0	0	0	0	0	2	2	0
Street market	2	**2**	6	0	0	0	3	0	3	2
Pubs/Bars	1	**1**	0	0	0	0	0	0	2	2
Other	2	**2**	3	7	0	0	0	3	4	4
% Last use venue[#] (n)	(N=386)	**(N=356)**	(n=34)	(n=43)	(n=23)	(n=54)	(n=38)	(n=49)	(n=62)	(n=53)
Friend's home	30	**20**	18	26	13	19	32	45	2	9
Own home	59	**71**	59	58	78	78	66	45	97	76
Dealer's home	1	**<1**	0	0	0	0	3	0	0	0
Public place	2	**2**	3	2	9	2	0	4	0	2
Pub/bars	<1	**<1**	0	0	0	1	0	0	0	2
Outdoors[@]	2	**3**	6	9	0	0	0	2	2	6
Raves*	<1	**<1**	3	2	0	0	0	0	0	0
Private party	<1	**<1**	3	0	0	0	0	0	0	2
Other	3	**1**	8	3	0	0	0	4	0	3

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
^ In 2015 online included the darknet and surface web
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed

EDRS participants most commonly reported obtaining bush from friends and this most commonly occurred in private locations (at friend's homes and at their own homes). Participant's own homes followed by friend's homes were most commonly reported as last use venues (Table 73).

Table 73: Last source person, purchase location and use location of bush, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	**2016**								
% Purchased from[#] (n)	**(N=288)**	**(N=283)**	(n=27)	(n=38)	(n=13)	(n=44)	(n=42)	(n=41)	(n=34)	(n=44)
Friends	54	**59**	44	50	85	61	48	73	59	61
Known dealers	26	**24**	30	42	15	23	31	15	21	14
Acquaintances	6	**5**	4	0	0	0	7	2	9	11
Unknown dealers	5	**3**	4	0	0	5	2	0	6	2
Street dealer	2	**2**	4	0	0	0	2	0	0	7
Relatives	2	**4**	7	8	0	5	2	5	3	0
Workmates	4	**1**	0	0	0	5	0	0	3	0
Other	1	**2**	7	0	0	6	8	5	0	5
% Locations obtained [#] (n)	(N=291)	**(N=281)**	(n=27)	(n=38)	(n=13)	(n=44)	(n=41)	(n=41)	(n=34)	(n=43)
Friend's home	41	**42**	30	26	46	50	39	63	44	35
Dealer's home	20	**14**	22	26	0	5	24	7	24	0
Home (delivered)	16	**23**	22	32	8	21	22	10	15	42
Agreed public location	12	**11**	7	8	31	11	10	15	9	9
Acquaintance's home	2	**2**	0	0	0	2	2	0	6	2
Work	3	**1**	0	0	0	2	0	2	0	0
Street market	1	**3**	11	0	0	0	0	0	0	9
Pubs/Bars	<1	**1**	0	0	0	2	0	2	0	0
Other	4	**3**	8	8	15	7	3	0	2	3
% Last use venue[#] (n)	(N=291)	**(N=283)**	(n=27)	(n=38)	(n=13)	(n=44)	(n=42)	(n=41)	(n=34)	(n=44)
Friend's home	55	**26**	19	13	23	30	41	42	21	14
Own home	27	**60**	52	74	39	59	55	42	71	75
Dealer's home	1	**1**	4	0	0	0	0	2	3	0
Public place	1	**2**	4	3	15	0	2	0	3	0
Outdoors[@]	4	**6**	15	8	8	5	2	2	3	7
Private party	1	**3**	0	3	8	5	0	7	0	0
Other	11	**2**	6	0	7	0	0	5	0	4

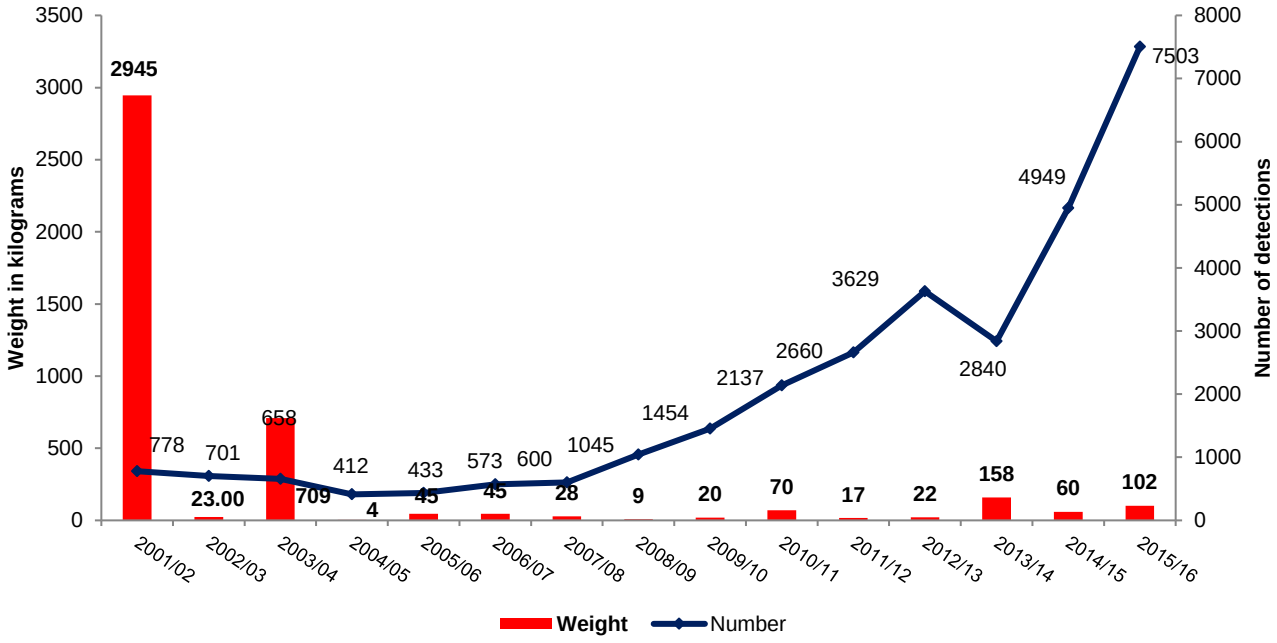
Source: EDRS participant interviews
^ In 2015 online included the darknet and surface web
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed

5.7.4 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Department of Immigration and Border Protection each year.

The number of cannabis detections has increased markedly since 2007/08 with 7503 detections in 2015/16, while weight remains relatively low at 102 kiligrams (Figure 42). The vast majority (over 99%) occurred through the cargo and international post stream and suggests high numbers of seizures coming through in small quantities.

Figure 42: Weight and number of detections of cannabis made at the border by the Department of Immigration and Border Protection, financial years 2001/02–2015/16



Source: Department of Immigration and Borer Protection

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

Overdose

- Twenty-nine percent reported having ever **overdosed** on a **stimulant** drug and 19% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Public places such as live music events and nightclubs are where most stimulant ODs occurred. The most common symptoms reported were vomiting and nausea. On the last stimulant overdose occasion, 40% reported that they not receive any medical treatment.
- Twenty-seven percent of the national sample reported having ever **overdosed** on a **depressant** drug and 17% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (79%). Most depressant ODs occurred in private locations such as their own home or at a friend's home. The most commonly reported symptoms were vomiting and loss of consciousness. On the last depressant overdose occasion, most were attended to by friends who were monitoring them.

Help-seeking behaviour

- Of the national sample 85% had reported having **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. Of those who had commented: GPs (87%) were the service most accessed by this group for any reason, followed by dentists (37%). Of those accessed GPs to discuss drug use, cannabis and ecstasy were the primary drugs of concern in most cases.

Drug treatment

- Ecstasy was a drug of concern (principal or additional) in 3% of closed **treatment seeking** episodes in 2014/15 and was the principal drug in just 0.6% of cases. Proportionately, amphetamines consisted of 20% of all closed treatment episodes across Australia.

Hospital data

- The number of methamphetamine-related, cocaine-related and cannabis-related hospital admissions increased in 2014/15.

Mental health problems

- A substantial proportion of participants were classified as currently experiencing 'high' (25%) to 'very high' (9%) psychological distress on the **Kessler Psychological Distress Scale (K10).**
- Over one-third (38%) of the sample reported **experiencing a mental health problem** in the preceding six months; anxiety and depression were the most commonly reported. Twenty-two percent reported visiting a mental health professional for a mental health problem in the last six months.

6.1 Overdose and drug-related fatalities

As in previous years, participants were surveyed regarding their experience of overdose. 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Forty-five percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose.

6.1.1 Non-fatal stimulant overdose among RPU

Twenty-nine percent of the national sample reported having ever overdosed on a stimulant drug on a median of one occasion (range=1–100 occasions). Nineteen percent of the sample reported they had experienced a stimulant overdose in the last 12 months.

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy (61%), with small proportions nominating crystal (9%), LSD (5%) and ketamine (5%) (Table 74). Polydrug use was common, with 84% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (67%) and cannabis (32%), with smaller numbers reporting crystal, speed, cocaine and LSD. Nightclubs were the venues that most people reported the stimulant overdose occurred (Table 74).

Table 74: Stimulant overdose in the last twelve months among EDRS participants, 2016

%	National N=760	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2015**								
% Ever overdosed on stimulant drug	29	**29**	49	16	32	12	39	23	36	26
Median number times ever overdosed* (n)	1	**2**	2	2	2	1.5	2	1	1.5	1
% Overdosed last 12 months	20	**19**	38	8	23	3	30	13	17	15
% Main drug**	(N=144)	**(N=147)**	(n=39)	(n=8)	(n=23)	(n=3)	(n=30)	(n=13)	(n=17)	(n=14)
Ecstasy	65	**61**	51	–	68	–	86	62	31	62
Crystal	6	**9**	13	–	9	–	0	0	38	0
Speed	3	**4**	3	–	5	–	3	8	6	0
Cocaine	4	**4**	5	–	0	–	0	15	6	0
LSD	8	**5**	3	–	14	–	3	0	6	0
Pharmaceutical stimulants	4	**4**	8	–	0	–	0	0	6	8
Ketamine	2	**5**	5	–	5	–	0	0	0	15
Other	13	**8**	12	–	0	–	8	15	7	15
% More than one drug in last OD**	79	**84**	83	–	100	–	83	62	100	69
% Last OD location**	(N=149)	**(N=149)**	(n=41)	(n=8)	(n=22)	(n=3)	(n=29)	(n=13)	(n=19)	(n=14)
Nightclub	18	**28**	12	–	55	–	41	31	11	29
Own home	17	**14**	22	–	5	–	24	0	11	14
Friend's home	18	**20**	15	–	14	–	7	8	47	21
Outdoors	3	**5**	**5**	–	0	–	7	0	5	0
Live music event	22	**17**	20	–	18	–	14	54	0	7
Rave/dance party	7	**1**	0	–	5	–	0	0	5	0
Private party	5	**8**	10	–	0	–	3	7	11	21
Public place	2	**2**	5	–	5	–	0	0	0	0
Other	8	**5**	11	–	0	–	7	0	10	8

Source: EDRS participant interviews
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months
– Data not published due to small numbers commenting (n<10)

Among participants who commented (N=147), the main symptoms reported on their last stimulant overdose occasion (if it occurred within the last 12 months) were vomiting (22%), nausea (11%), extreme anxiety (9%), increased heart rate (8%), hallucinations (visual) (8%), chest pain (5%), increased body temperature (5%), delirium/confusion (5%), passed-out (5%) and paranoia (4%). These symptoms were experienced outside the 'normal experience' of the drug.

At their last stimulant overdose occasion (of those who had overdosed in the preceding 12 months; N=149), 40% did not receive any medical treatment. Of those that did receive treatment (n=89), small numbers reported the following forms of treatment: attended the emergency department (7%); ambulance attendance (3%); got oxygen (1%); attended a drug health service (1%); and saw a GP (1%). Eighty-one percent reported another form of treatment such as being monitored by friends.

6.1.2 Non-fatal depressant overdose among RPU

Twenty-seven percent of the national sample reported having ever overdosed on a depressant drug on a median of three occasions (range=1–200 occasions). Seventeen percent reported that their last depressant overdose had occurred in the last 12 months (Table 75).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The majority reported the main drug was alcohol (79%); smaller proportions reported GHB (8%). Polydrug use was common, with nearly two-thirds (62%) reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last depressant overdose. These were typically cannabis (45%), ecstasy (27%), alcohol (16%), benzodiazepines (4%) and crystal (4%) with smaller numbers reporting cocaine, mushrooms, nitrous oxide and pharmaceutical stimulants.

As with stimulant overdose, of those that had had a depressant overdose in the past twelve months (N=135), locations of last overdose reported were mixed between private and public locations such as own home (32%), friends home (18%), private party (14%), and nightclubs (14%). Symptoms which participants reported on their last overdose occasion included vomiting (48%) and losing consciousness (33%) (
Table 75).

At their last depressant overdose occasion (of those who had overdosed in the preceding twelve months, N=135), 60% reported that there was a sober person who was able to assist at the time. On the last occasion of depressant overdose, immediate attention/care reported was monitoring by friends (42%), ambulance attendance (4%), emergency department attendance (4%), got oxygen (1%) and other (6%).

Table 75: Depressant overdose in the last 12 months among RPU, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=760	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Ever overdosed on depressant drug	26	**27**	45	42	43	17	20	23	14	11
Median number times ever overdosed* (n)	3	**3**	2	5	3	2	5	2	2	2
% Overdosed last 12 months	15	**17**	27	29	33	7	17	11	10	8
**% Main drug ** **	(N=112)	**(N=135)**	(n=28)	(n=29)	(n=26)	(n=7)	(n=17)	(n=11)	(n=10)	(n=7)
Alcohol	83	**79**	71	90	73	–	82	55	100	–
Heroin	2	**2**	0	0	4	–	0	0	0	–
GHB	2	**8**	21	0	12	–	6	9	0	–
Benzodiazepines	4	**4**	7	0	4	–	0	18	0	–
Other opiates	2	**3**	0	0	8	–	6	9	0	–
Other	8	**5**	0	10	0	–	6	9	0	–
% Last OD location**	(N=113)	**(N=132)**	(n=28)	(n=29)	(n=23)	(n=7)	(n=17)	(n=11)	(n=10)	(n=7)
Friends home	15	**18**	25	7	13	–	24	64	0	–
Own home	18	**32**	18	48	30	–	47	18	30	–
Nightclub	19	**14**	4	10	26	–	18	9	30	–
Private party	19	**14**	18	7	13	–	0	0	30	–
Pub	5	**7**	14	0	4	–	6	9	0	–
Public place (street/park)	4	**5**	11	7	4	–	0	0	0	–
Outdoors	2	**3**	4	3	0	–	6	0	10	–
Car/other passenger or driver	3	**2**	0	7	4	–	0	0	0	–
Other	15	**5**	6	11	6	–	0	0	0	–
% More than one drug in last OD**	57	**62**	71	52	48	86	59	64	78	71
% Symptoms experienced last OD**	(n=113)	**(N=135)**	(n=28)	(n=29)	(n=26)	(n=7)	(n=17)	(n=11)	(n=10)	(n=7)
Vomiting	49	**48**	43	72	39	–	65	46	10	–
Losing consciousness	35	**33**	29	21	50	–	24	27	60	–
Collapsing	6	**9**	14	0	4	–	12	9	20	–
Suppressed breathing	0	**3**	0	3	4	–	0	0	10	–
Other	10	**7**	14	3	4	–	0	18	0	–

Source: EDRS participant interviews
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months
– Data not published due to small numbers commenting (n<10)

6.1.3 Drug related fatalities – population data

The ABS has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by NDARC difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006 that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006. The ABS now release preliminary, revised and final deaths data for each year. The figures in this report relate to final data for 2011. These findings should be interpreted in conjunction with the ABS Technical Note 2 Causes of Death Revisions 2011, available on the ABS website: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Technical+Note32013

6.1.3.1 Methamphetamine-related fatalities

There were fewer deaths attributable to methamphetamine than were attributable to opioids. There is a limited understanding of the role of methamphetamine in causing death and, therefore, mortality data may under-represent cases where methamphetamine contributed to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2012, there was a total of 136 accidental 'drug induced' deaths in which methamphetamine was mentioned among those aged 15–54 years. Methamphetamine was determined to be the underlying cause of death in 22% (N=30) of all methamphetamine related deaths in 2011 (ABS causes of death data) (Roxburgh and Breen, 2016). The 2013 and 2014 ABS data on amphetamine deaths were not available at the time of publication.

6.1.3.2 Cocaine related fatalities

Nineteen accidental 'drug induced' deaths in which cocaine was mentioned occurred among the 15–54 year age group in 2012 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 42% (N=8) of all cocaine-related deaths in 2011(Roxburgh and Breen, 2016). The 2013 and 2014 ABS data on cocaine-related deaths were not available at the time of publication.

6.2 Help-seeking behaviour among RPU

Participants were asked if they had accessed any medical or health services in the last six months to which 85% responded that they had. In addition, 16% 'thought about' contacting a service or health professional in the last six months for any issues related to drug and/or alcohol use but had not done so.

In 2016, all participants were asked which of the following health services and professionals they had accessed over the past six months, how many visits with each health professional they had had and of those visits how many were related to drug and alcohol. Of those who commented (N=673), doctors (GPs) were seen by the majority of the sample (87%). Smaller proportions of the sample reported attending dentists (37%) and emergency departments (18%) (Table 76).

Table 76: Proportion of RPU who accessed a medical or health service, 2016

Service accessed	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=645	N=673	n=90	n=83	n=94	n=68	n=90	n=91	n=78	n=79
	2015	**2016**								
% Doctor (GP)	85	**87**	88	90	88	82	88	89	81	87
% Dentist	40	**37**	38	41	37	28	36	36	31	44
% Other health professional	21	**20**	18	24	21	19	11	26	14	25
% Emergency Department	16	**18**	23	25	14	16	14	14	32	8
% Psychologist	17	**16**	18	13	21	19	17	12	10	14
% Specialist doctors (not psychiatrists)	11	**12**	8	8	10	12	11	10	12	24
% Social Welfare workers	5	**4**	2	5	4	7	1	4	3	4
% Hospital admissions	9	**9**	7	10	6	3	11	13	13	4
% Medical tent	8	**6**	9	11	11	3	4	4	3	5
% Outpatient	5	**7**	2	5	5	7	4	13	6	11
% Psychiatrist	7	**7**	13	6	7	10	3	7	4	6
% Drug and alcohol counsellor	4	**4**	4	2	4	9	4	4	1	5
% Ambulance attendence	4	**5**	4	6	5	4	4	2	6	3

Source: EDRS participant interviews

Of those that had seen a GP, participants went on a median of two times (range=1–30) for any reason. Ten percent of the visits were for drug or alcohol related issues and the main drugs reported were cannabis (25%), ecstasy (23%), alcohol (13%) and crystal methamphetamine (12%).

6.3 Drug treatment – population data

Treatment statistics collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS) provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2014/15, 162,303 episodes were reported of clients seeking treatment for their own drug use. The principal drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in analyses involving principle drug of concern (Australian Institute of Health and Welfare, 2016).

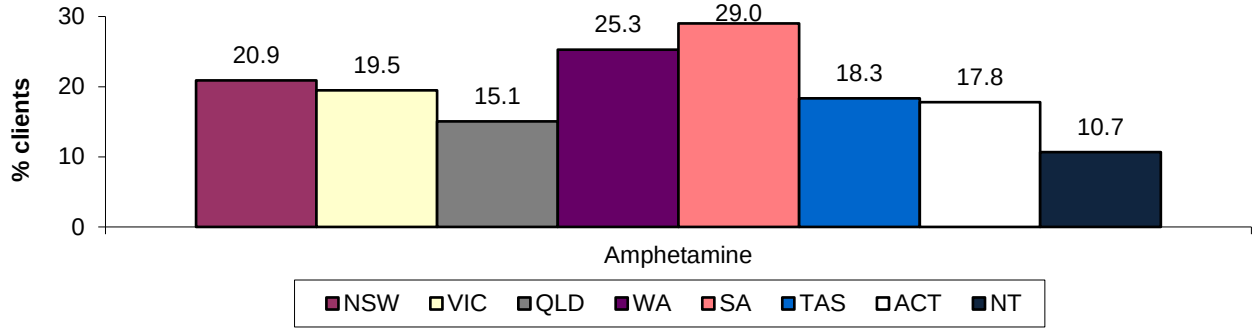
6.3.1 Ecstasy

Ecstasy was a drug of concern (principal or additional) in 3% of closed episodes in 2014/15 and was the principal drug in 0.6% of cases (Australian Criminal Intelligence Commission, 2016).

6.3.2 Meth/amphetamine

Amphetamines (including methamphetamine) were the principal drug of concern in 20% of all closed treatment episodes in 2014/15. SA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (29%), followed by WA (25.3%) (Figure 43) (Australian Criminal Intelligence Commission, 2016).

Figure 43: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2014/15*



Source: AODTS-NMDS (Australian Criminal Intelligence Commission, 2016)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

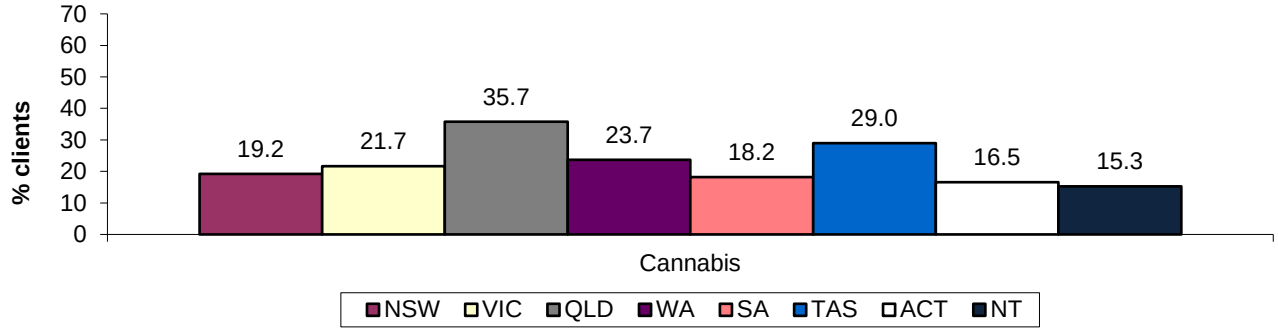
6.3.3 Cocaine

Three percent (N=558) of closed treatment episodes in Australia in 2014/15 were from clients who identified cocaine as the principle drug of concern. NSW recorded the highest proportion (0.7%) across the jurisdictions (Australian Criminal Intelligence Commission, 2016).

6.3.4 Cannabis

Data from the AODTS-NMDS indicate that in 2014/15, cannabis was the priniciple drug of concern in 24% of closed treatment episodes. QLD had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (35.7%), followed by TAS (29%) (Figure 44) (Australian Criminal Intelligence Commission, 2016).

Figure 44: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2014/15*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2016)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

6.3.5 Other drugs

For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW for example (Australian Institute of Health and Welfare, 2016).

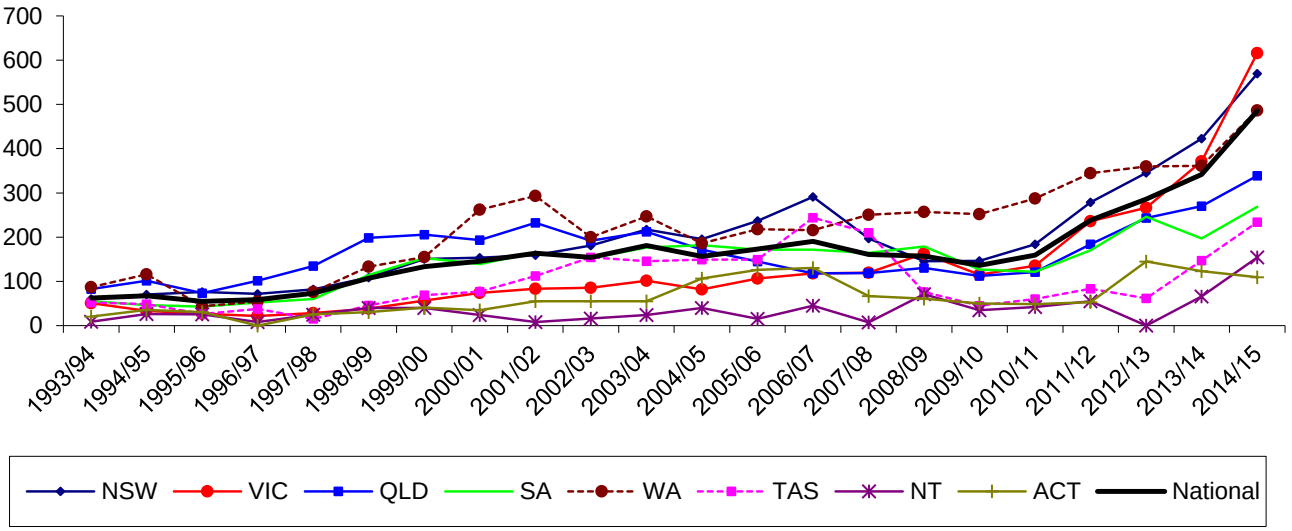
6.4 Hospital admissions

Data was unavailable for the 2015/16 period.

6.4.1 Methamphetamine

Figure 45 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years (Roxburgh and Breen, 2017). Figures have steadily increased at a national level since 1999/00, peaking at 485 admissions per million persons in 2014/15. VIC recorded the highest number of amphetamine-related hospital admissions in 2014/15 at 615 admissions per million persons. The majority of the jurisdictions (except the ACT) reported an increase in amphetamine-related hospital admissions in 2014/15 (Figure 45). Data for 2015/16 was unavailable at time of printing.

Figure 45: Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15-54, 1993-2015

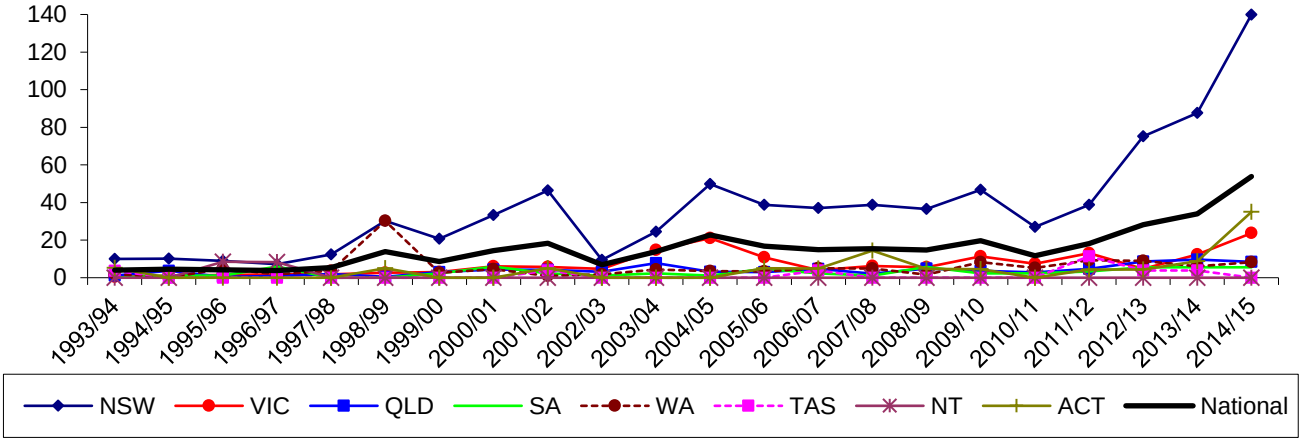


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017).
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for amphetamine withdrawal or psychosis.

6.4.2 Cocaine

Figure 46 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine (Roxburgh and Breen, 2017). In 2014/15, the number of cocaine-related hospital admissions was 54 admissions per million persons (an increase from 34 in 2013/14). It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 140 admissions per million persons in 2014/15 (Figure 46). Figures were relatively lower in all other jurisdictions. Data for 2015/16 was unavailable at time of printing.

Figure 46: Rates per million persons of principal cocaine-related hospital separations in Australia among persons aged 15-54, 1993-2015

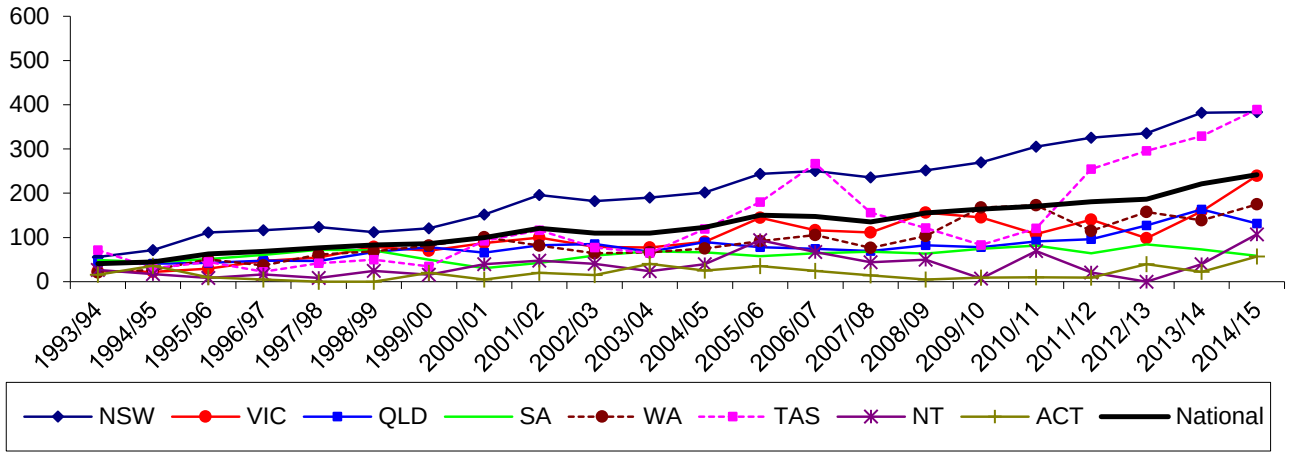


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for withdrawal or psychosis.

6.4.3 Cannabis

persons in 1999/00 to 242 per million persons in 2014/15. TAS recorded thFigure 47 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis (Roxburgh and Breen, 2017) At a national level these figures have steadily increased over time from 85 admissions per million persons in 1999/00 to 242 per million persons in 2014/15. TAS recorded the highest number of cannabis-related admissions per million persons among people aged 15-54 years in 2014/15 (389 admissions per million persons; Figure 47). Data for 2015/16 was unavailable at time of printing.

Figure 47: Rates per million persons of principal cannabis-related hospital separations in Australia among persons aged 15-54, 1993-2015



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for cannabis withdrawal or psychosis.

6.5 Mental health problems

6.5.1 Mental health problems and psychological distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Kessler, 2002, SCID; Andrews and Slade, 2001).

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and research suggests that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[4]. Almost one in ten (9%) EDRS participants had a score of 30 or more (Table 77).

The 2013 NDSHS (Australian Institute of Health and Welfare, 2011b) and the 2014–15 National Health Survey (Australian Bureau of Statistics, 2015) provides the most recent Australian population data available for the K10, and used four categories to describe degree of distress: scores from 10–15 were considered to be 'low'; 16–21 as 'moderate'; 22–29 as 'high'; and 30–50 as 'very high'. Using these categories, EDRS participants reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2014) (Table 77). People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.

Table 77: K10 scores by jurisdiction (method used in National Drug Strategy Household Survey and National Health Survey), 2016

K10 category	National Drug Strategy Household Survey 2013 (%)	National Health Survey 2014–2015 (%)	EDRS (%)									
			National N=754	National N=785	NSW n=103	ACT n=99	VIC n=95	TAS n=99	SA n=100	WA n=100	NT n=97	QLD n=92
			2015	**2016**								
No or low distress (score 10–15)	69.3	68.0	33	**35**	33	46	24	26	33	33	36	47
Moderate distress (score 16–21)	20.6	19.5	35	**32**	33	28	42	21	31	36	35	30
High distress (score 22–29)	7.2	8.0	23	**25**	27	12	27	37	28	22	24	19
Very high distress (score 30–50)	2.8	3.7	9	**9**	7	14	6	15	8	9	5	4

Source: EDRS participant interviews; NDSHS (Australian Institute of Health and Welfare, 2014, Australian Bureau of Statistics, 2015)
Note: The extent to which cut–offs derived from population samples can be applied to the RPU population is yet to be established and, therefore, these findings should be taken as a guide only

Participants were also asked if the feelings experienced in this four week period were usual or experienced more or less often, the highest proportion reported that these feelings of psychological distress were the same as experienced usually (61%), followed by more often than usual (21%) and less often than usual (17%).

[4] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

6.5.2 Self-reported mental problems and medication

About one-third (38%) of national participants reported experiencing a mental health problem in the six months preceding interview. The primary issue of concern was anxiety (25%), followed by depression (24%), paranoia (3%) and Attention Deficit Hyperactivity Disorder (ADHD) (Table 78).

Table 78: Self-reported mental health problem in the last six months, 2016

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=761	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Self-reported mental health problem in the last six months	36	**38**	44	30	41	48	35	42	33	30
Depression	24	**24**	29	22	23	35	24	23	18	20
Anxiety	22	**25**	24	18	33	28	22	32	23	18
Panic	3	**2**	1	0	3	4	3	2	0	3
Paranoia	3	**3**	1	0	4	6	5	3	0	1
Bipolar/Manic-Depression	2	**2**	2	4	2	0	3	2	3	1
ADHD	2	**3**	9	2	2	3	5	1	1	1
Post-traumatic stress disorder	2	**2**	2	0	1	2	2	0	2	3
% Attended a mental health professional	20	**22**	26	21	28	27	18	25	18	15

Source: EDRS participant interviews
Other mental health issues: OCD (1%), mania (<1%), any personality disorder (<1%), schizophrenia (<1%), drug-induced psychosis (<1%), other psychosis (<1%), other mental health problem (4%)

Participants were also asked whether they had visited a mental health professional for a mental health problem in the last six months and 22% participants reported doing so. Of those that had seen a health professional recently, 49% (N=87) had medication prescribed, primarily antidepressants. The most common antidepressants prescribed were: Lexapro (escitalopram) (22%), and Lovan/Prozac (fluoxetine) (16%). Benzodiazepines were prescribed to 32% of the medicated sample with Valium (diazepam) (44%) reported by most that commented. Antipsychotics were prescribed to 12% of this sample (N=10) mainly Seroquel (n=5). Mood stabilizers were prescribed to four participants in this sample with no specific type/brand commonly mentioned.

7 RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Ten percent of the national sample reported having injected at some time in their lives; 4% of reported injecting in the last month preceding interview. The median age of first injection was 20 years of age.
- Of those who had injected in the preceding month very few respondents reported using a needle after someone else in the month preceding interview.

Sexual risk behaviour

- Two-thirds (64%) of participants reported penetrative sex in the six months preceding interview with at least one casual partner. A large majority had casual sex while under the influence of drugs including alcohol, ecstasy and cannabis. Twenty-one percent reported that they did not use a barrier for safe sex during their last sexual encounter while under the influence of drugs and/or alcohol.
- Just under half (46%) of the national sample reported having a sexual health check up in the last year. With a small percentage receiving a positive diagnosis for an STI in the past year (5%).

The Alcohol Use Disorders Identification Test

- Seventy-three percent of the national sample obtained eight or more on the AUDIT; these are levels at which alcohol intake may be considered hazardous.

Driving risk behaviours

- Around three-quarters (78%) of the national sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently one-third reported driving while over the legal limit of alcohol and around half reported driving soon after using an illicit drug in the last six months

Ecstasy and methamphetamine dependence

- Of those who recently used ecstasy, the median SDS score was one, with 26% scoring three or above (indicating dependence).
- Of those who recently used methamphetamine, the median SDS score was zero, with 27% scoring four or above (indicating dependence).

7.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. Previous research has shown that RPU who had ever injected a drug were significantly older, more likely to be unemployed and have a prison history, while participants who had completed high school and those who identified as heterosexual were less likely to have injected. Participants in the EDRS have been found to be demographically different to other samples of PWID (White et al., 2006).

In the 2016 EDRS, 10% of the national sample reported having injected at some time in their lives and, 4% reported injecting in the last month preceding interview (Table 79). The mean age of first injection was 20 years. The main drugs injected in the last month among this sample were speed (47%), crystal (27%), heroin (17%), steroids (3%) and other opiates (3%).

The majority (80%) of this sample reported that they had not used a needle after somebody else, while 7% reported that they had done so 3–5 times in the last month. Forty percent reported that they had injected a partner/friends with a new needle in the last month and 7% reported that somebody had injected them with a used needle in the last month.

Table 79: Injecting risk behaviour among EDRS participants, 2016

	National N=761	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Ever injected a drug	8	**10**	**3**	4	12	19	7	2	23	10
% Injected in the last month	5*	**4**	0	0	5	10	1	2	6	7
Median age first injected (range)#	19 (13–31)	**19 (12–46)**	24 (23–24)	14 (13–16)	20 (12–26)	20 (13–30)	17 (14–46)	17 (13–21)	19 (14–30)	18 (16–38)

Source: EDRS participant interviews
Among those who had ever injected
* Injected in the last six months in 2015

7.1.2 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2013, 1.5% of the population had ever injected a drug (a significant decrease from 1.8% in 2010), with 0.3% having injected a drug in the past year (0.4% in 2010) (Australian Institute of Health and Welfare, 2014).

7.2 Sexual risk behaviour

7.2.1 Recent sexual activity

Two-thirds (64%) of the national EDRS sample reported having casual sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Seventeen percent reported having one casual partner, and 48% reported having more than one partner (Table 80).

Table 80: Number of sexual partners in the preceding six months, 2016

	National N=755	National N=793	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=98	NT n=100	QLD n=92
	2015	**2016**								
% Casual sex with at least one casual partner	65	**64**								
% No. of casual sexual partners	(N=492)	**(N=511)**	(n=61)	(n=63)	(n=64)	(n=62)	(n=74)	(n=61)	(n=67)	(n=59)
No casual partner	35	**36**	41	37	36	38	26	38	33	36
1 person	16	**17**	18	17	25	11	20	18	14	14
2 people	15	**13**	11	13	10	15	16	17	12	8
3–5 people	23	**23**	23	20	19	23	28	21	27	21
6–10 people	8	**8**	6	9	8	12	8	5	5	11
10 or more	3	**4**	2	4	2	1	2	0	9	11

Source: EDRS participant interviews

7.2.2 Drug use during sex

The majority (86%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months. Most participants reported that drug use during sex with a casual partner had occurred between three and five times (32%).

The most commonly used drugs used during sex were alcohol (81%), ecstasy (51%) and cannabis (35%). Other drugs nominated are presented in Table 81.

Table 81: Drug use during sex with a casual partner in the preceding six months, 2015

%	National N=492	National N=512	NSW n=61	ACT n=63	VIC n=64	TAS n=62	SA n=74	WA n=62	NT n=67	QLD n=59
	2015	**2016**								
% Penetrative sex with casual partner while on drugs *	89	**86**	92	79	77	95	85	86	90	85
% No. times had sex while on drugs with casual partner	(N=438)	**(N=440)**	(n=56)	(n=50)	(n=49)	(n=59)	(n=63)	(n=53)	(n=60)	(n=50)
Once	13	**13**	20	12	14	3	14	19	8	16
Twice	19	**16**	20	24	14	17	10	19	17	8
3–5 times	31	**32**	34	32	27	34	38	35	28	24
6–10 times	17	**15**	14	18	16	19	18	8	5	20
10+ times	20	**25**	13	14	29	27	21	19	42	32
% Drug used last time*	(N=440)	**(N=438)**	(n=56)	(n=50)	(n=49)	(n=58)	(n=63)	(n=52)	(n=60)	(n=50)
Ecstasy	52	**51**	34	52	41	64	64	54	50	50
Alcohol	80	**81**	86	94	78	85	75	75	90	66
Cannabis	43	**35**	21	34	29	24	35	46	45	48
Speed	4	**3**	0	6	4	5	2	0	7	2
Crystal	10	**9**	11	4	10	12	6	2	13	10
Cocaine	9	**10**	20	2	4	9	14	8	17	6
LSD	5	**6**	9	4	0	9	5	2	7	8
Ketamine	3	**5**	11	2	20	0	0	0	5	4
GHB	1	**4**	13	0	12	0	2	0	5	2
Pharmaceutical stimulants	3	**3**	0	2	4	0	2	8	0	6

Source: EDRS participant interviews
* Of those who had a casual partner
Other drugs include: Amyl nitrate (1%), benzodiazepines (1%), MDA (1%)., mushrooms (1%), base (<1%),other opiates (<1%), heroin (no reports in 2016), methadone (no reports in 2016) and nitrous oxide (no reports in 2016).

Participants were asked if they had used a barrier for safe sex during their last sexual encounter while under the influence of drugs and/or alcohol of which 21% (of N=440) reported that they had not. Response options reported for not using a barrier on this occasion when under the influence of drugs/and or alcohol included among this group (N=102) were: 'It was not mentioned' (23%), 'We agreed not to use any' (19%)', 'Using the pill' (18%),'We were too intoxicated' (16%), 'lack of availability' (12%), 'I did not wish to use it' (9%), 'My partner did not wish to use' (2%)' and 'other' (3%).

Participants were asked whether the last time they had sex with a casual partner when they were sober, whether they had used any form of protection/barrier to which 36% reported that they had not used protection, and 15% reported 'not applicable' as they had not engaged in sex with a casual partner while sober. The main reasons for not using a barrier among this group (N=183) were: 'Using the pill' (31%), 'I didn't wish to use' (22%), 'We agreed not to' (19%), 'It wasn't mentioned' (13%), 'My partner didn't wish to use' (4%), 'Lack of availability' (3%) and 'Other' (8%).

7.2.3 Sexual Health check up

Just under half (46%) of the national sample reported having a sexual health check up in the last year, 16% reported they had done so more than one year ago, 37% reported that they had not and a small percentage. The majority of the sample (85%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI). A small percentage (5%) reported that they had received a positive diagnosis for an STI in the past year and 9% reported that they had received a positive diagnosis for an STI over a year ago.

7.3 The Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993) was completed by RPU participants in the EDRS. The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen, 2002). Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; and may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The overall mean score on the AUDIT was 12.3 (SD 6.8). Gender differences were noted with the overall mean AUDIT score for males been significantly higher than female mean AUDIT scores (12.9 versus 11.3). Seventy-three percent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous. Over two-thirds of the participants in each state/territory reported scores of eight or more indicating hazardous use (Table 82).

The total AUDIT score enables categorisation into one of four 'zones' or risk levels. At a national level, 27% percent in 2016 scored in Zone 1 (low-risk drinking or abstinence), 43% scored in Zone 2 (alcohol use in excess of low-risk guidelines), 15% scored in Zone 3 (harmful or hazardous drinking) and 15% scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional data for the four zones are presented in Table 82.

Table 82: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=759	N=792	n=100	n=98	n=99	n=78	n=100	n=98	n=101	n=85
	2015	**2016**								
Mean AUDIT total score	13.1	**12.3**	12.5	11.7	11.2	13.3	11.2	12.6	13.3	12.4
SD	6.3	**6.8**	7.3	6.9	6.7	6.7	5.7	7.2	6.6	7.1
(range)	(0–34)	**(0–37)**	(1–37)	(0–31)	(1–30)	(0–35)	(0–26)	(0–36)	(0–29)	(0–32)
Score 8 or above %	79	**73**	70	71	64	78	74	77	80	71
Zone 1	21	**27**	30	29	36	22	26	23	20	29
Zone 2	45	**43**	36	45	42	47	51	47	41	37
Zone 3	18	**15**	18	11	12	14	13	16	19	16
Zone 4	17	**15**	17	15	10	17	10	14	20	17

Source: EDRS participant interviews
Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence

7.4 Driving risk behaviour

Of the national sample, around three-quarters (78%) had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently (N=623), 36% reported driving while over the legal limit of alcohol and 54% reported driving soon after using an illicit drug in the last six months (Table 83).

Table 83: RPU reports of driving behaviour in the last six months, by jurisdiction, 2016

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=762	N=795	n=103	n=100	n=100	n=100	n=100	n=100	n=100	n=92
	2015	**2016**								
% Driven in the last six months	82	**78**	74	74	72	71	82	82	93	79
Driven last six months:	(N=625)	**(N=623)**	(n=76)	(n=74)	(n=72)	(n=71)	(n=82)	(n=82)	(n=93)	(n=73)
% Driven over the legal alcohol limit in the last six months	40	**36**	26	43	28	25	28	48	56	30
% Driven soon after using an illicit drug(s) last six months	58	**54**	51	64	28	35	50	65	74	55

Source: EDRS participant interviews

7.5 Ecstasy and methamphetamine dependence

In 2016, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS is a reliable measure of the dependence construct with demonstrated psychometric properties for heroin, cocaine, amphetamine and methadone maintenance patients (Dawe et al., 2002). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno et al., 2011). Twenty-six percent of the national sample who commented (N=779) recorded a score of three and above. The majority of participants who scored three or more (N=199) were male (56%). The median ecstasy SDS score was one (range=0–11). Nearly half of the participants (42%) obtained a score of zero on the ecstasy SDS and a further 19% obtained a score of one on the scale, indicating the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use.

To assess methamphetamine dependence, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence (Bruno et al., 2009, Topp and Mattick, 1997). Of the 261 participants nationally who completed this section, 27% scored four or above. The majority of participants who scored four or more (N=71) were male (62%). The median methamphetamine SDS score was zero (range=0–12). Half the participants (52%) obtained a score of zero on the methamphetamine SDS and a further 7% obtained a score of one on the scale, indicating the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

Criminal activity

- One-third (36%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.

Arrests

- Ten percent of the national sample had been arrested in the past year. The most common charges reported were use/possession of drugs and violent offences.
- Consumer and provider arrests appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

8.1 Reports of criminal activity among RPU

One-third (36%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 84). Around one-quarter (27%) of the national sample reported that they had dealt drugs in the last month and, of these, over half (63%) reported doing so less than once per week, 15% once per week, 14% more than once per week but less than daily, and 8% reported dealing on a daily basis. Thirteen percent of the national sample reported that they had committed a property crime in the last month and, of those, the majority (72%) reported doing so less than once per week, 9% once per week, 13% more than once per week but less than daily, and 6% reported property crime on a daily basis. Four percent reported committing a violent crime in the last month, 3% reported having committed fraud and 8% reported being a victim of a violent crime in the last month (Table 84).

Table 84: Criminal activity among RPU, 2016

	National N=757	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Crime last month										
Drug dealing	26	**27**	26	20	14	20	38	42	32	27
Property crime	15	**13**	20	15	19	12	10	8	8	13
Violent crime	3	**4**	5	4	1	2	7	3	6	1
Fraud	3	**3**	2	4	3	4	2	2	2	2
% Any crime	38	**36**	39	34	26	26	44	45	36	35
% Victim of a crime last month	7	**8**	8	10	3	13	11	4	10	5

Source: EDRS participant interviews
n.a. not available

Participants were also asked if they had been a victim of violent crime in the last month. The majority (92%) had not, however 7% (N=57) reported that they had been a victim less than once per week and four participants reported they had been a victim more than once a week. Those that had been a victim of crime in the past month (n=58) were asked whether the perpetrator had been under the influence of drugs and/or alcohol on the last occasion. The majority (98%) reported they had been under the influence.

Ten percent of the national EDRS 2016 sample reported that they had been arrested in the past year. Of those arrested in the past year, the charges most commonly reported in this sample were use/posessession of drugs (31%), violent crime (17%) and alcohol driving offences (17%)(Table 85).

Table 85: Main reasons for arrest in the last 12 months, by jurisdiction, 2016

	National N=763	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
	2015	**2016**								
% Arrested last 12 months	10	**10**	17	5	56	11	9	7	19	11
% Reason for arrest* (n)	(N=75)	**(N=83)**	(n=17)	(n=5)	(n=5)	(n=11)	(n=9)	(n=7)	(n=19)	(n=10)
Use/Possession drugs	15	**31**	47	–	–	9	–	–	16	60
Public order* (drunk and disorderly)	27	**15**	6	–	–	9	–	–	26	10
Property crime	16	**12**	6	–	–	0	–	–	21	20
Violent crime	23	**17**	12	–	–	9	–	–	32	30
Alcohol and driving offence	13	**17**	6	–	–	55	–	–	26	0
Use/possession of weapons	5	**1**	0	–	–	0	–	–	0	10
Dealing	5	**6**	0	–	–	0	–	–	5	10
Other drugs and driving	3	**5**	6	–	–	18	–	–	0	0
Other driving offence	7	**4**	0	–	–	9	–	–	0	0
Other offences	11	**12**	24	–	–	9	–	–	0	30

Source: EDRS participant interviews
* 'Public orders' included: (failure to vacate premises, failure to dispose of needles, public urination)
– Data not published due to small numbers commenting (n<10)

8.2 Arrests from routinely collected data

In addition to EDRS RPU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACIC (latest available year 2014/15). These are reported in the following sub-sections by drug type.

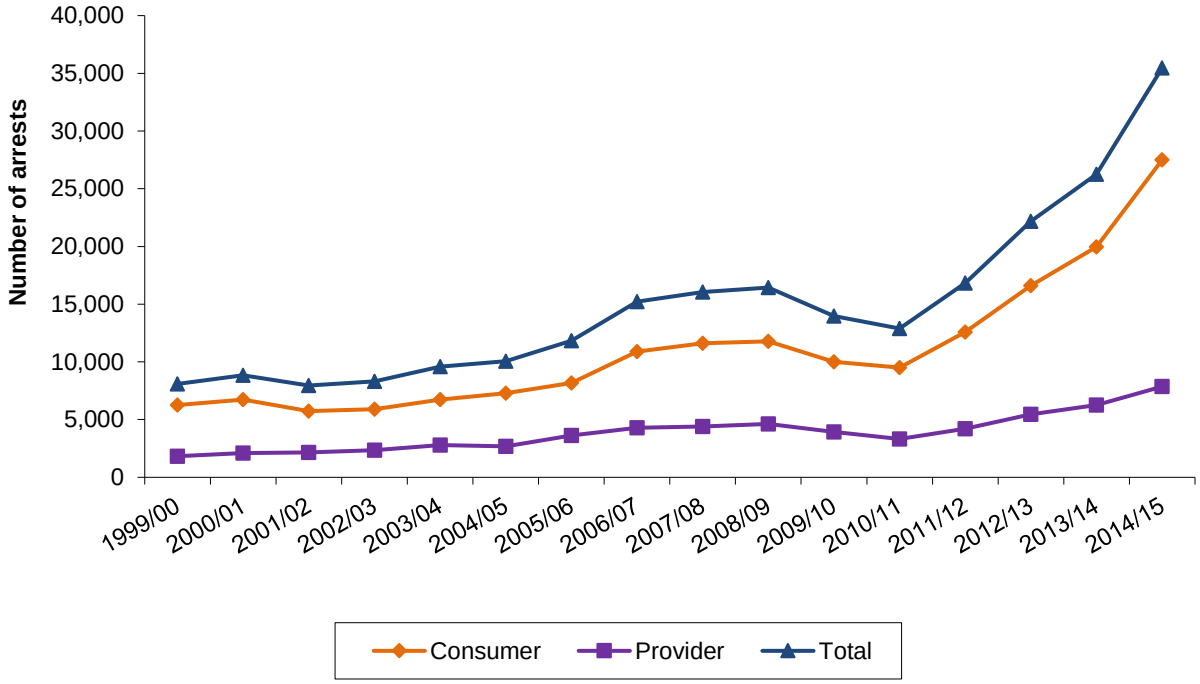
8.2.1 Ecstasy

A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs; ecstasy arrests are therefore included under ATS. These data are presented below in the methamphetamine section.

8.2.2 Methamphetamine

The number of national ATS arrests has increased over the last decade, accounting for 26.4% of national illicit drug arrests in 2014–15, second only to cannabis (Figure 48).

Figure 48: Amphetamine-type stimulants: consumer and provider arrests, 1999/00–2014/15



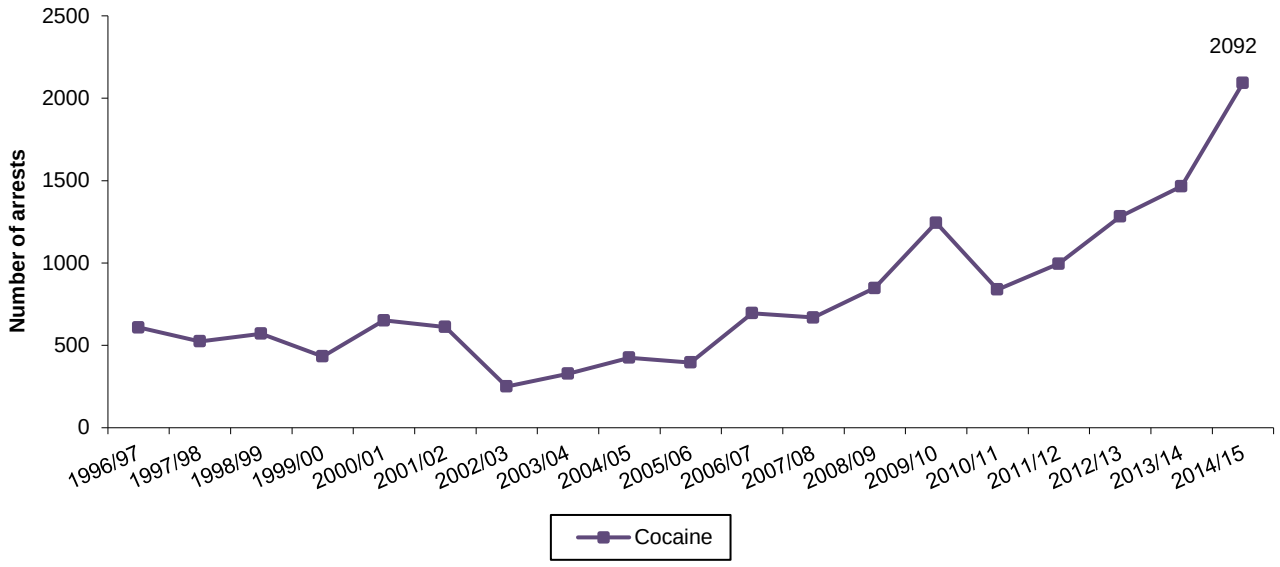
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

8.2.3 Cocaine

The number of cocaine arrests in Australia for 2014/15 is at a record high (2,092 arrests) (

Figure 49). The majority of these arrests continued to occur in NSW (data not shown). National cocaine arrests have accounted for less than 1.3% of national illicit drug arrests in the last decade.

Figure 49: Total number of cocaine consumer and provider arrests, 1996/97– 2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: The arrest data for each state and territory include AFP data.
Note: Data for 2015/16 were unavailable at time of publication.

8.2.4 Ketamine

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

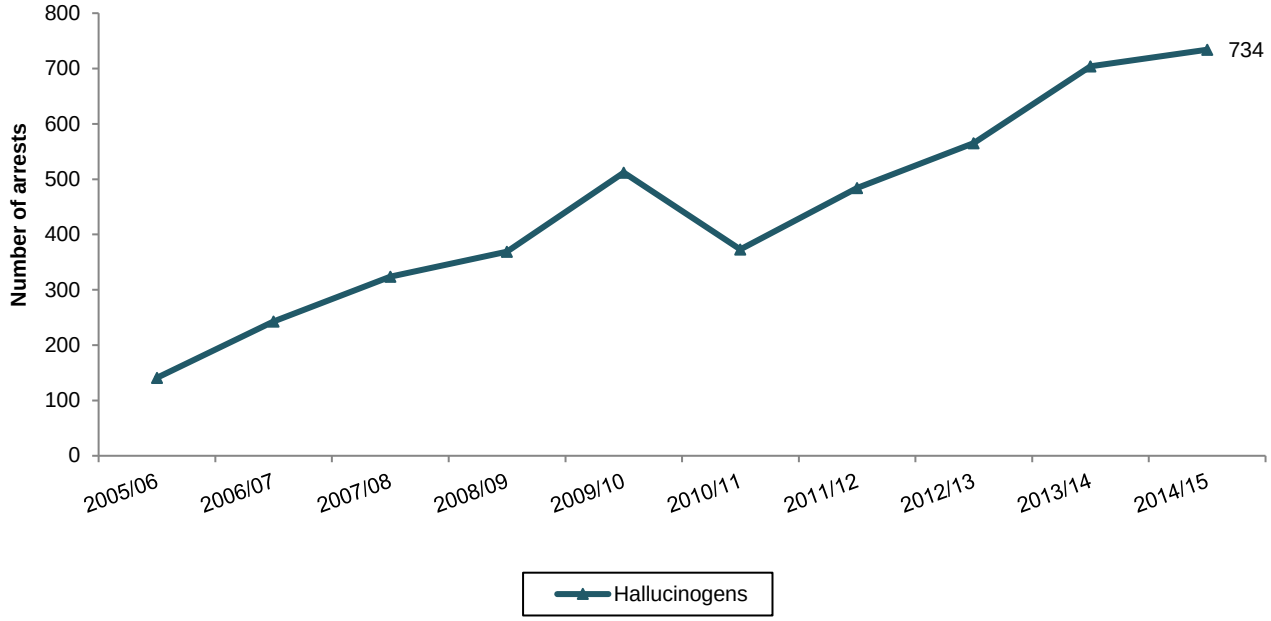
8.2.5 GHB

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

8.2.6 LSD

Nationally, a total of 734 total arrests were made in relation to hallucinogens including LSD and psilocybin (mushrooms). Consumer and provider arrests increased from 2013/14 (Figure 50). The majority of these arrests continued to be recorded in QLD, followed by NSW.

Figure 50: Number of hallucinogen consumer and provider arrests, 2005/06–2014/15

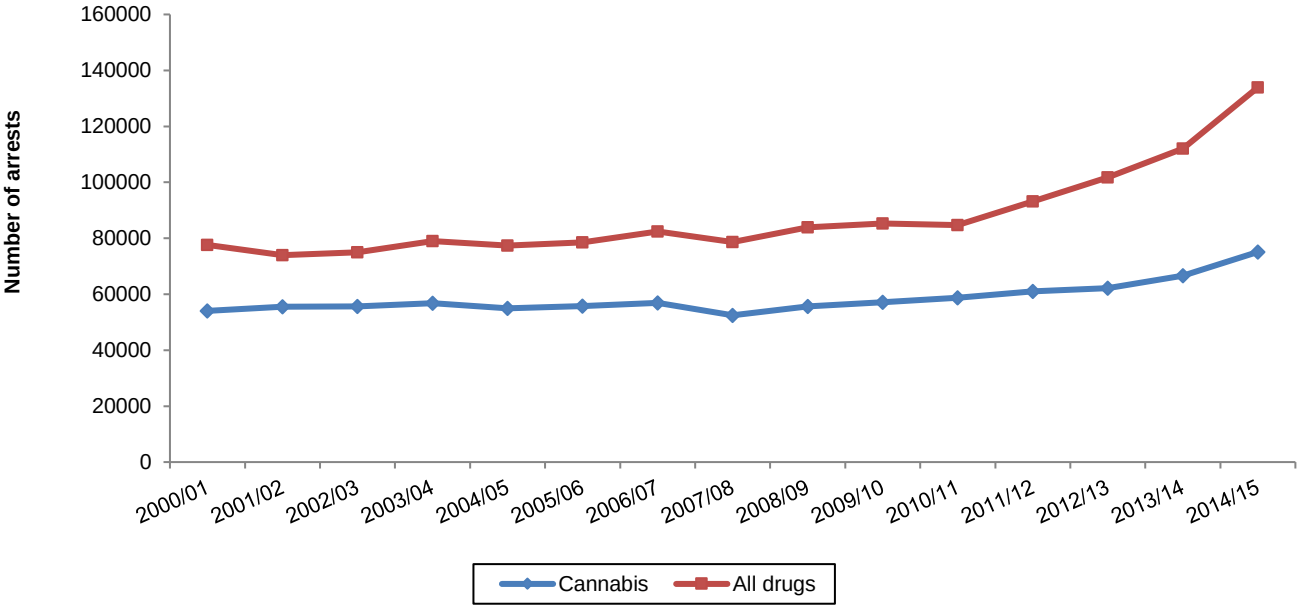


Source: (Australian Crime Commission, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

8.2.7 Cannabis

Cannabis arrests continue to account for the majority (56%) of all drug-related arrests in Australia (Figure 51). Numbers increased from 66,684 in 2013/14 to 75,105 in 2014/15. As in previous years, the number of cannabis arrests in QLD (23,850) accounted for nearly one-third (32%) of the national total. Numbers slightly increased in NSW from 15,756 in 2013/14 to 16,795 in 2014/15. Data for 2015/16 were not available at the time of publication of this report.

Figure 51: Number of cannabis and all drug consumer and provider arrests, 2000/01–2014/15



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2015, Australian Criminal Intelligence Commission, 2016).
Note: Data for 2015/16 were unavailable at time of publication.

9 SPECIAL TOPICS OF INTEREST

Key points

NPS use provision

- Forty percent of the national sample reported using a NPS in the last 12 months, most commonly DMT and 2C-X.
- The majority of those who had used a NPS in the last 12 months nominated a friend as their main source.
- Of those who commented, over half (56%) reported that they did not provide any NPS to others, and 44% reported that they had provided any NPS to others; mainly to friends for free or to share.

Online purchasing

- Eighteen percent of 2016 national sample reported that they had purchased an illicit drug online in their lifetime. Fourteen percent had done so in the previous year.
- Over half (56%) reported that less than 25% of their drugs were purchased online, with around 5% reporting that all of their drugs were purchased online.
- Of those purchasing from the internet, 32% reported that they were purchasing for the purposes of supplying to friends.
- Purchases of illicit drugs were primarily made from either international webstores or dark net marketplaces similar to the now-closed Silk Road.
- Eleven percent of the national sample reported buying traditional illicit substances online (mainly ecstasy and LSD), while 4% reported purchasing NPS illicit substances online (mainly from the 2C-x family).

Video gaming and gambling

- Two-thirds of the national sample reported playing video games in the last six months on a median of 24 days. Around half of those who had used video games in the last months had done so for one hour or less on a typical day of use. Fifteen percent of those who had played video games in the believed they had an issue with video gaming
- Nearly half (42%) of the national sample had gambled on a median of four days in the last six months. Ten percent believed they had an issue with gambling.

9.1 NPS supply and purchasing patterns

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

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

In addition to the direct purchasing of NPS for personal use, it is likely that the internet plays a role in practices of 'social supply' i.e. the non-commercial or non-profit-making distribution of drugs to non-

strangers (Hough et al., 2003) and dealing for cash profit. There are some anecdotal reports of this taking place, however, the overall extent to which this is happening remains unknown.

In order to address these issues, additional questions were included in the 2016 EDRS survey which examined the supply and purchasing patterns of past year NPS consumers. As outlined in Table 86, forty percent of the national sample reported using a NPS in the last 12 months, most commonly DMT and 2C-x. The majority of those who had used a NPS in the last 12 months nominated a friend as their main source. Smaller numbers nominated a dealer or 'online' as their main NPS source.

Participants were asked in the last 12 months if they provided any NPS to others. Of those who commented (N=311), 56% reported that they did not provide any NPS to others, while 44% reported that they had provided any NPS to others; mainly to friends for free or to share (Table 86).

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

Table 86: Purchasing and supply patterns among past year NPS consumers, 2016

	National N=795	NSW n=103	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=92
% Used NPS last 12 months	**40**	50	34	45	26	45	37	34	48
% Main NPS used last 12 months	**(N=311)**	(n=51)	(n=32)	(n=45)	(n=26)	(n=45)	(n=37)	(n=34)	(n=41)
DMT	**33**	26	25	49	15	20	57	38	34
2C-x	**19**	20	44	16	8	9	22	3	32
NBOMe	**9**	6	0	2	8	36	5	0	7
Synthetic cannabinoids	**7**	6	0	4	8	7	3	27	5
Methoxetamine	**5**	2	3	11	23	0	0	3	5
DXM	**5**	10	0	7	0	2	5	9	2
Methylone	**3**	0	9	0	12	0	0	3	5
PMA	**2**	0	3	0	0	11	3	0	0
Mephedrone	**2**	2	0	0	15	0	0	0	0
Salvia Divinorum	**2**	4	0	2	0	2	0	3	0
Mescaline	**1**	0	0	2	8	2	0	0	0
5-MeO-DMT	**1**	2	3	0	0	0	0	0	0
Other	**16**	32	13	14	3	13	10	23	12
% How obtained substance	**(N=312)**	(n=51)	(n=34)	(n=45)	(n=26)	(n=44)	(n=36)	(n=34)	(n=42)
Bought it	**62**	57	65	64	39	75	61	65	62
Given for free	**45**	53	41	47	50	36	47	50	38
Exchanged for something other than cash	**7**	4	3	9	19	7	6	9	2
% Main source	**(N=314)**	(n=50)	(n=34)	(n=45)	(n=26)	(n=45)	(n=36)	(n=34)	(n=44)
Friend	**55**	60	68	49	73	53	44	47	52
Acquaintance	**5**	10	0	4	0	4	6	3	5
Known dealer	**11**	6	12	11	15	9	19	6	14
Unknown dealer	**5**	2	0	13	4	13	0	0	5
Online dark net	**7**	6	6	7	8	7	11	3	11
Online surface web	**1**	2	6	0	0	0	3	0	0
Other	**14**	12	6	13	0	13	11	38	14
% Supplied NPS to others	**44**	39	32	60	36	47	44	47	43
% Who supplied NPS to*#	**(N=138)**	(n=20)	(n=10)	(n=27)	(n=9)	(n=21)	(n=16)	(n=16)	(n=19)
Friends	**96**	100	100	100	–	81	100	100	95
Relatives	**5**	10	0	4	–	0	6	13	0
Acquaintances	**7**	5	10	7	–	10	13	0	0
Strangers	**6**	5	10	0	–	19	6	0	0
% Method of supply*#	**(N=137)**	(n=20)	(n=10)	(n=27)	(n=9)	(n=20)	(n=16)	(n=16)	(n=19)
Gave away for free	**45**	45	60	44	–	65	50	44	26
Shared	**56**	75	50	67	–	30	31	56	63
Provided at cost price	**22**	35	30	19	–	25	31	19	11
Provided for cash profit	**14**	25	20	4	–	25	13	6	5
Exchanged	**12**	10	20	11	–	10	19	13	0

Source: EDRS participant interviews
* Multiple responses allowed, hence sum of percentages may exceed 100%
# Among those who had supplied NPS to others in the past year
– Data not published due to small numbers commenting (n<10)

9.2 Online purchasing

In 2016, the EDRS continued to investigate and monitor the practice of purchasing drugs online among recreational drug users in Australia. Of particular interest was the use of 'dark web' market places that are only accessible using a specially routed, anonymous connection, making it possible for people around the world to get illicit drugs like MDMA and cocaine delivered to their door (Burns and Van Buskirk, 2013). There is particular focus, given the changes in legislation and negative effects of particular NPS (such as NBOMe and synthetic cannabis), on the attainment of NPS online. The EDRS collected data to obtain: (1) prevalence of online drug purchasing; (2) motivations for using the internet to purchase substances; (3) patterns of online drug purchasing; and (4) familiarity with the internet as an avenue for purchasing of illicit substances.

In 2016, 18% of national EDRS participants reported that they had ever purchased an illicit drug online, with 14% having done so in the previous year (2015: 14% lifetime and 10% in the past year). One-third (32%) reported purchasing once and about half (53%) reported purchasing three or more times (
Table 87).

Table 87: Number of times recently purchased illicit drugs online, 2016

	National
% How many online purchases of illicit drugs in the past 12 months?	**% (N=112)**
Once	32
Twice	15
3–5 times	23
More than 5 times	30

Source: EDRS participant interviews

Participants were asked what proportion of their drugs were purchased online. The majority (56%) reported that less than 25% of their drugs were purchased online, with around 5% reporting that all of their drugs were purchased online. Results are summarised in Table 88.

Table 88: What proportion of drugs were purchased online, 2016

	National
% What proportion of all purchased drugs was purchased online?	**% (N=112)**
Less than 25%	56
Between 25% and 49%	10
Between 50% and 74%	13
Between 75% and 99%	17
All (100%)	5

Source: EDRS participant interviews

Of those purchasing from the internet, 32% (n=36) reported that they were purchasing for the purposes of supplying to friends, 8% (n=9) for the purposes of selling for a profit, 15% (n=17) for both supply to friends and for profit.

Purchases of illicit drugs were primarily made from either International webstores (on the 'surface web'; 21%, n=23) or dark net marketplaces similar to the now-closed Silk Road (78%, n=87). If participants had purchased from a dark net marketplace, they were asked to specify whether the retailer they purchased from was Australian (56%, n=51), International (30%, n=27) or both (14%, n=13).

Illicit substances recently purchased online are presented in Table 89.

Table 89: Illicit substances reportedly purchased online recently, 2016

Online substance purchased	National
% Traditional illicit substances	**% (N=91)**
Ecstasy (any form)	51
LSD	41
Cannabis	23
Benzodiazepines	14
Ketamine	10
Methamphetamine (any form)	8^
Mushrooms	7^
Cocaine	6^
% NPS illicit substances	**(N=33)**
2C-x family	76
DMT	42
NBOMe	21^
Mephedrone	9^
MXE	9^
Methylone	9^
5-MeO-DMT	6^

Source: EDRS participant interviews
^ Small numbers interpret with caution

All EDRS participants were asked about their level of knowledge of, and familiarity with, the 'dark net' and marketplaces, such as the now-closed Silk Road (Table 90).

Table 90: Familiarity with the 'dark net', 2016

	National N=788	NSW n=101	ACT n=100	VIC n=100	TAS n=100	SA n=96	WA n=100	NT n=99	QLD n=92
% Level of knowledge of the dark net:									
Never heard of the 'dark net'	**15**	7	21	15	12	27	16	19	2
Only heard of the 'dark net' online but never accessed it	**39**	26	45	43	39	30	38	49	38
Researched the dark net but never accessed it	**8**	7	16	11	9	3	0	5	13
Obtained drugs through a friend who purchased them from dark	**13**	27	2	1	24	16	16	8	9
Accessed dark net marketplaces but never purchased from them	**12**	12	10	17	6	4	19	9	15
Purchased drugs from 'dark net' market places	**14**	22	6	13	10	20	11	10	23

Source: EDRS participant interviews

9.3 Video gaming and gambling

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

In the 2016 EDRS survey additional questions were added to examine the proportions of co-occurring behavioural addictions and substance use disorders among a cohort of RPU. The questions assessed the amount of video gaming/gambling in the last six months and single-item measures of problematic video gaming/gambling use derived from Thomas et al., (2008) for gambling were included. Widyanto et al., (2010) demonstrate a high correlation between a single-item measure for internet addiction and a multiple item questionnaire.

Among the national sample, 64% reported playing video games in the last six months on a median of 24 days (around once a week; range=1–180 days). The median amount of time spent playing video games on a typical day was 90 minutes (range=2 mins to 24 hours). Around half (48%) of those how had used video games in the last months had done so for one hour or less on a typical day of use. Fifteen percent of those who had played video games in the last six months believed they had an issue with video gaming (Table 91).

Participants were also asked questions around gambling. Of the national sample nearly half (42%) had gambled on a median of four days in the last six months (range=1–180 days). Ten percent believed they had an issue with gambling (Table 91).

Table 91: Video gaming and gambling in the last six months among REU, 2016

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Video games:	**(N=795)**	(n=103)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=92)
% Played video games in the last six months	**64**	75	65	40	63	76	77	50	63
Last six months:	**(N=504)**	(n=77)	(n=65)	(n=40)	(n=63)	(n=76)	(n=77)	(n=49)	(n=57)
Median days played video games (range)	**24 (1–180)**	20 (1–180)	20 (1–180)	48 (2–180)	30 (1–180)	48 (1–180)	24 (1–180)	30 (1–180)	24 (1–180)
Median number of minutes spent playing video games on a typical day (range)	**90 (2–1440)**	120 (2–600)	60 (2–780)	120 (30–480)	60 (10–540)	60 (5–480)	90 (10–1440)	120 (15–390)	120 (2–720)
Amount of time spent video games on a typical day:									
% 1 hour or less	**48**	46	55	30	51	55	46	43	46
% More than 1 hour but less than 3 hours	**40**	37	32	55	38	37	46	37	40
% 3 hours or more	**13**	17	12	15	11	8	9	20	14
% Ever had an issue with video gaming	**15**	17	12	15	13	18	14	18	12
Gambling:	**(N=795)**	(n=103)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=92)
% Gambled last six months	**42**	53	49	26	28	55	48	47	31
Last six months:	**(N=335)**	(n=55)	(n=49)	(n=26)	(n=28)	(n=55)	(n=48)	(n=46)	(n=28)
Median days gambled (range)	**4 (1–180)**	5 (1–96)	2 (1–72)	4 (1–180)	5 (1–180)	4 (1–90)	2 (1–96)	10 (1–120)	4.5 (1–45)
% Ever had an issue with gambling	**10**	18	8	12	7	7	6	11	4

Source: EDRS participant interviews

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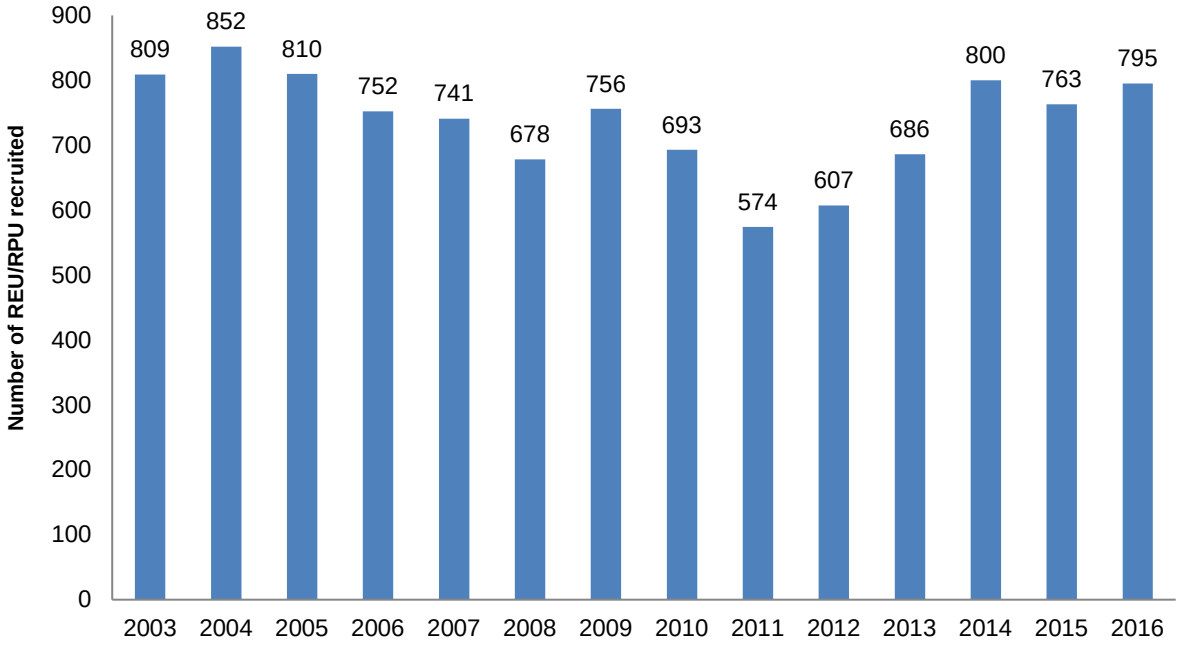
APPENDICES

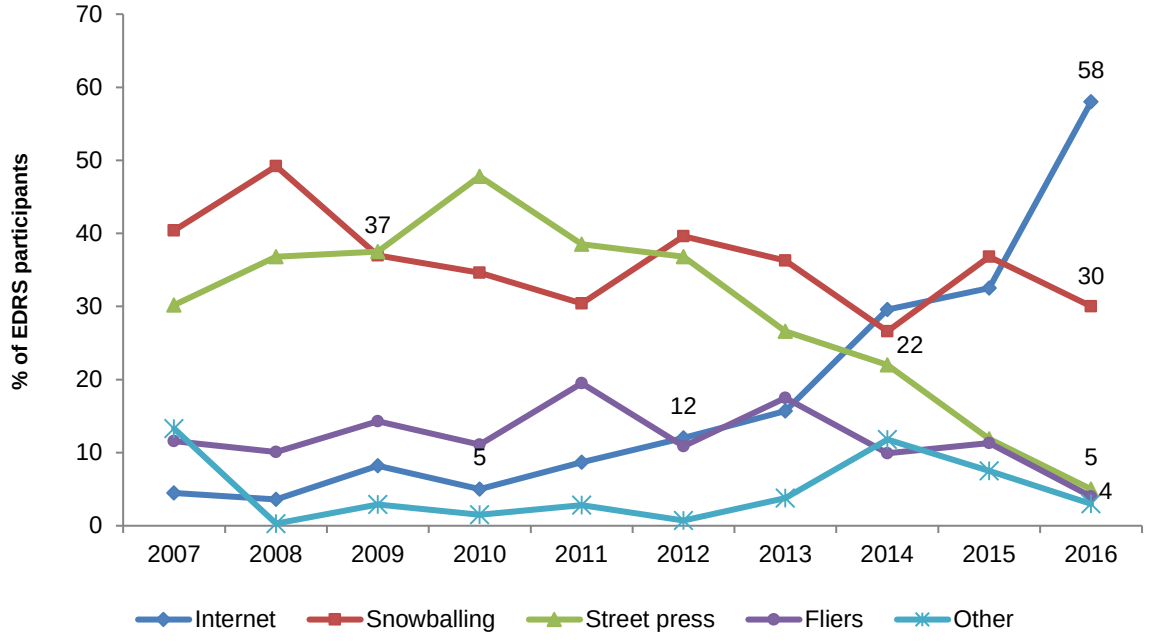
Appendix A: Recruitment and demographics of EDRS participants over time, 2003–2016

Figure A1: Recruitment of EDRS participants over time, nationally, 2003–2016



Source: EDRS participant interviews

Figure A2: Recruitment method of EDRS participants over time, nationally, 2007–2016



Source: EDRS participant interviews

Table A1: Demographic characteristics of the REU/RPU national sample, 2003–2016

%	2003 N=809	2004 N=852	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=607	2013 N=686	2014 N=800	2015 N=763	2016 N=795
Mean age (n; range)	25 (16–59)	24 (16–61)	24 (16–61)	25 (16–71)	25 (16–54)	25 (17–59)	24 (16–54)	24 (16–59)	24 (16–57)	25 (17–57)	23 (16–53)	23 (16–64)	23 (16–55)	**23 (17–54)**
% Male	60	62	59	63	58	57	64	58	69	65	67	66	62	**61**
% English speaking background	98	98	98	98	98	98	98	98	98	98	97	97	96	**96**
% Heterosexual	82	83	84	84	81	81	86	86	88	87	88	89	87	**88**
% Tertiary qualifications	46	50	50	45	56	53	43	47	46	50	44	46	46	**44**
% Employed full time	30	37	35	37	33	41	29	29	25	27	26	25	24	**24**
% Unemployed	25	16	14	16	16	11	18	14	22	16	16	15	12	**11**
% Prison history	8	7	8	7	6	4	6	4	n.a.	5	3	4	3	**4**
% Currently in drug treatment	6	3	3	4	4	3	3	4	5	5	3	2	2	**2**

Source: EDRS participant interviews

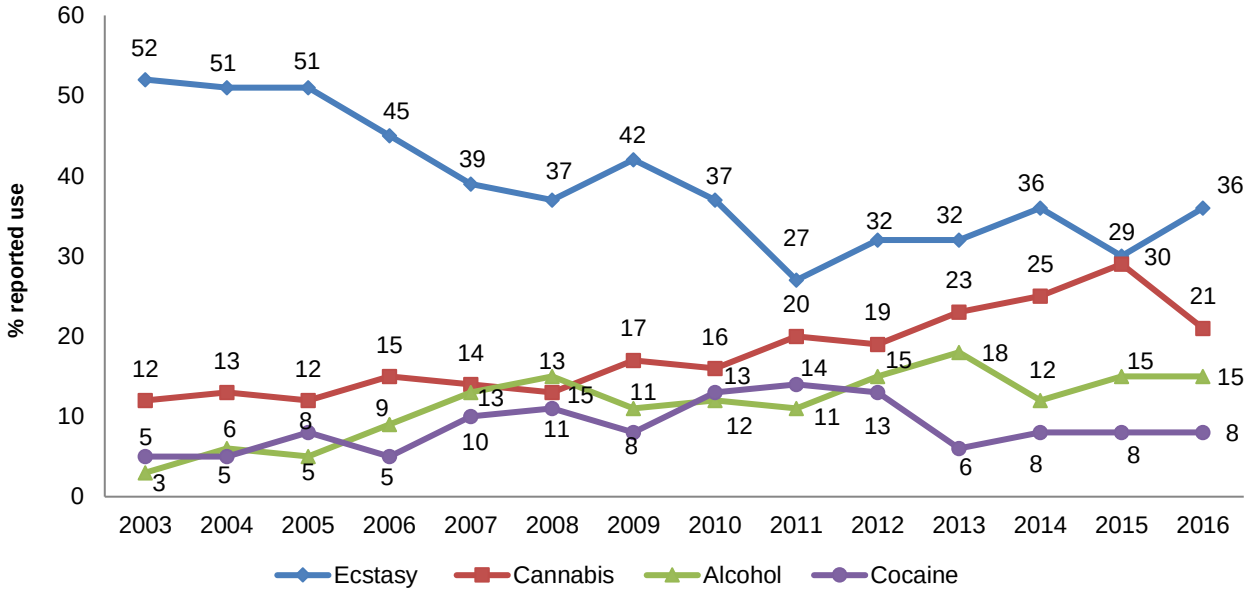
Appendix B: Lifetime and recent drug use, 2003–2016

Table B2: Lifetime and recent (last six months) drug use among RPU, nationally, 2003–2016

%	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Alcohol														
% ever used	98	99	99	99	100	99	99	99	100	99	99.9	99	99.6	**99.6**
% used last six months	93	95	97	96	98	97	97	97	98	96	97	98	97	**97**
Cannabis														
% ever used	96	96	97	98	100	97	98	99	98	98	97	99	98	**99**
% used last six months	85	81	84	83	87	76	82	80	85	82	85	83	87	**186**
Meth. powder (speed)														
% ever used	87	85	89	86	82	77	74	76	77	76	63	62	52	**59**
% used last six months	73	68	74	64	57	46	45	47	49	48	37	36	25	**25**
Meth. base														
% ever used	51	53	52	52	45	39	33	30	36	32	20	19	18	**21**
% used last six months	36	39	38	34	26	18	15	13	16	15	6	8	3	**4**
Crystal meth. (crystal)														
% ever used	63	63	60	65	54	47	36	38	43	48	35	32	31	**34**
% used last six months	52	45	38	49	33	24	15	17	26	29	24	20	19	**19**
Meth. (any form)^														
% ever used	92	91	94	93	89	83	79	81	83	84	70	68	63	**67**
% used last six months	84	83	84	82	71	59	54	56	60	61	49	47	38	**38**
Cocaine														
% ever used	54	54	61	63	66	68	63	73	79	73	62	72	67	**74**
% used last six months	24	27	41	37	40	36	39	48	46	40	36	44	42	**47**
LSD														
% ever used	65	60	64	61	61	58	61	63	73	68	70	66	66	**71**
% used last six months	29	26	32	29	28	30	34	38	46	34	43	41	40	**45**
MDA														
% Ever used	33	32	20	23	24	21	14	17	25	25	20	22	24	**23**
% Used last six months	19	15	9	7	6	4	5	7	12	10	12	12	13	**11**
Ketamine														
% Ever used	40	40	38	35	39	35	29	36	42	39	36	36	34	**42**
% Used last six months	26	23	21	14	16	12	10	12	16	14	19	18	15	**26**
GHB+														
% Ever used	22	23	21	20	20	17	14	18	22	21	14	14	12	**17**
% Used last six months	11	11	10	9	7	7	4	6	7	7	6	5	5	**8**

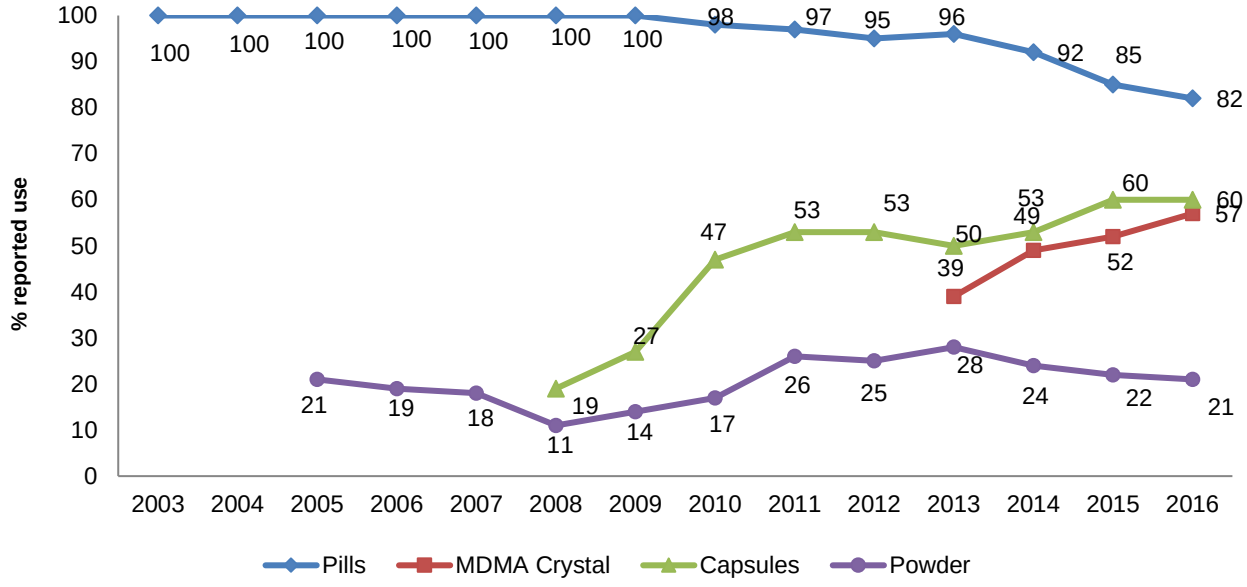
Source: EDRS participant interviews
[+] GHB category also includes 1,4 butanediol (1,4B) and GBL
[^] Refers to participants who nominated one or more of the following drugs: speed, base and/or crystal

Figure B1: Drug of choice for EDRS participants, nationally, 2003–2016



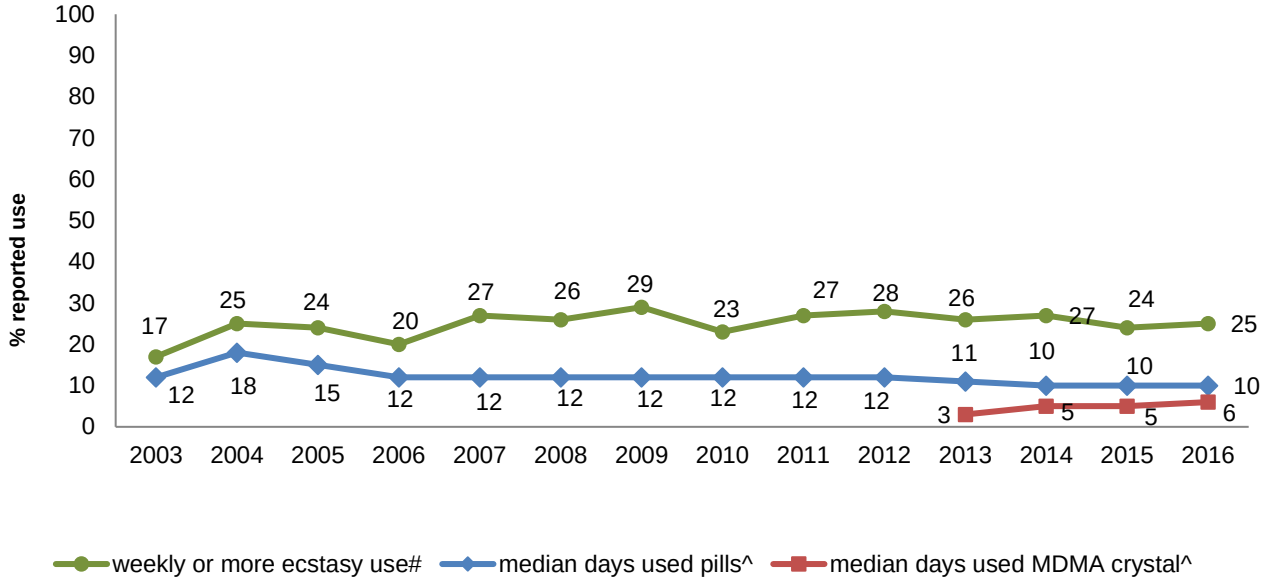
Source: EDRS participant interviews

Figure B2: Forms of ecstasy used in the last six months, nationally, 2003–2016



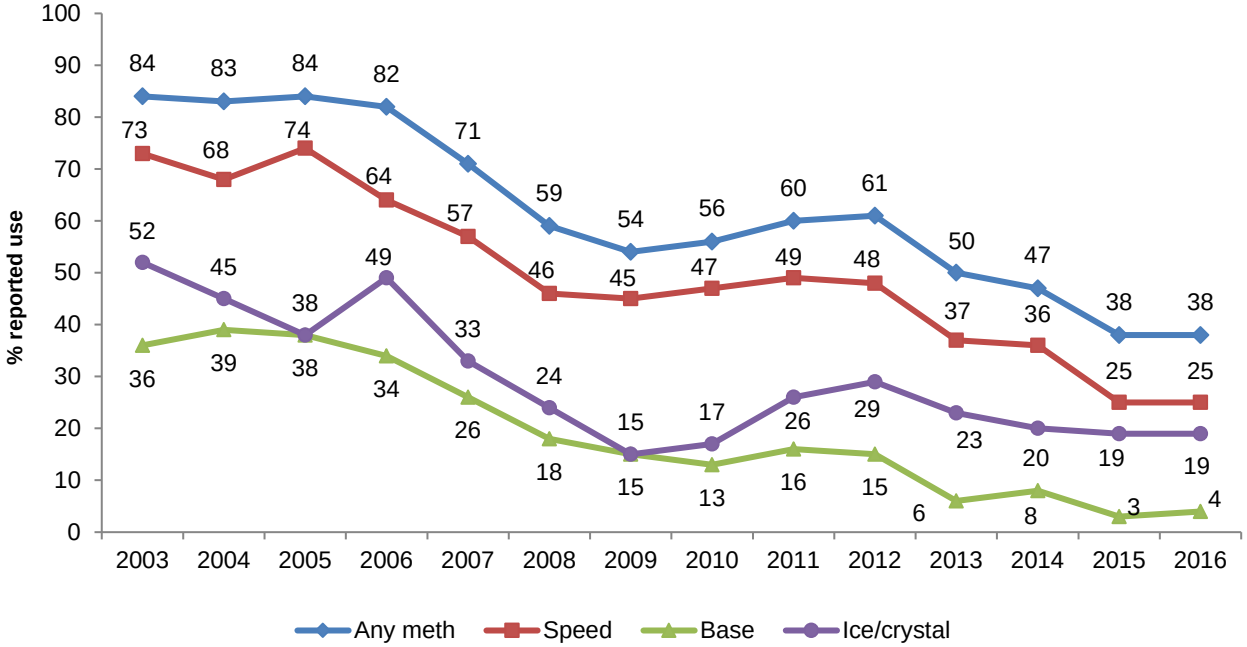
Source: EDRS participant interviews
Note: Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013

Figure B3: Frequency of ecstasy use (in the last six months), nationally, 2003–2016



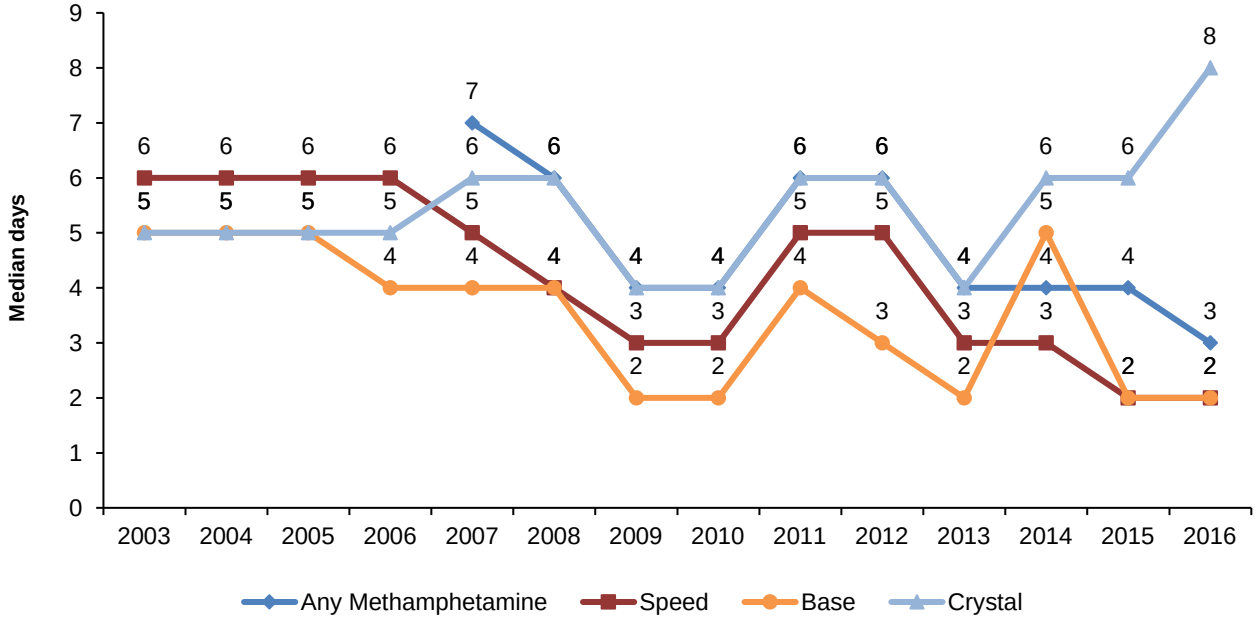
Source: EDRS participant interviews
[#] Includes ecstasy pills and powder in 2007. Includes ecstasy pills, powder and capsules between 2008 and 2012 and MDMA crystals from 2013 onwards
^ Among those who had used in the last six months

Figure B4: Recent any methamphetamine, speed powder, base and crystal methamphetamine use, nationally, 2003–2016



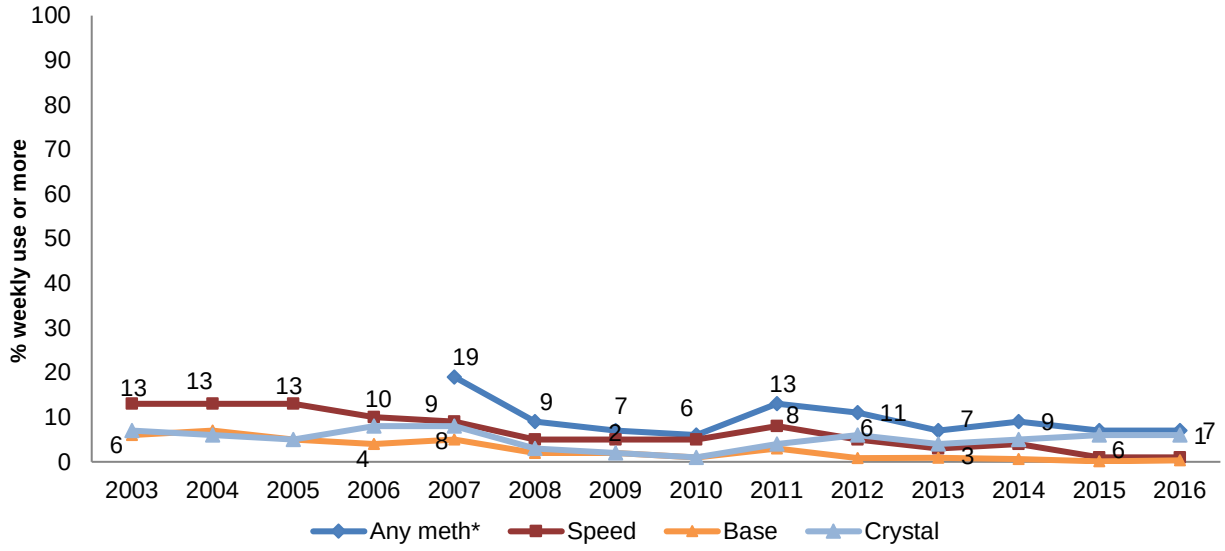
Source: EDRS participant interviews

Figure B5: Median days of any methamphetamine, speed powder, base and crystal (in the last six months), nationally, 2003–2016



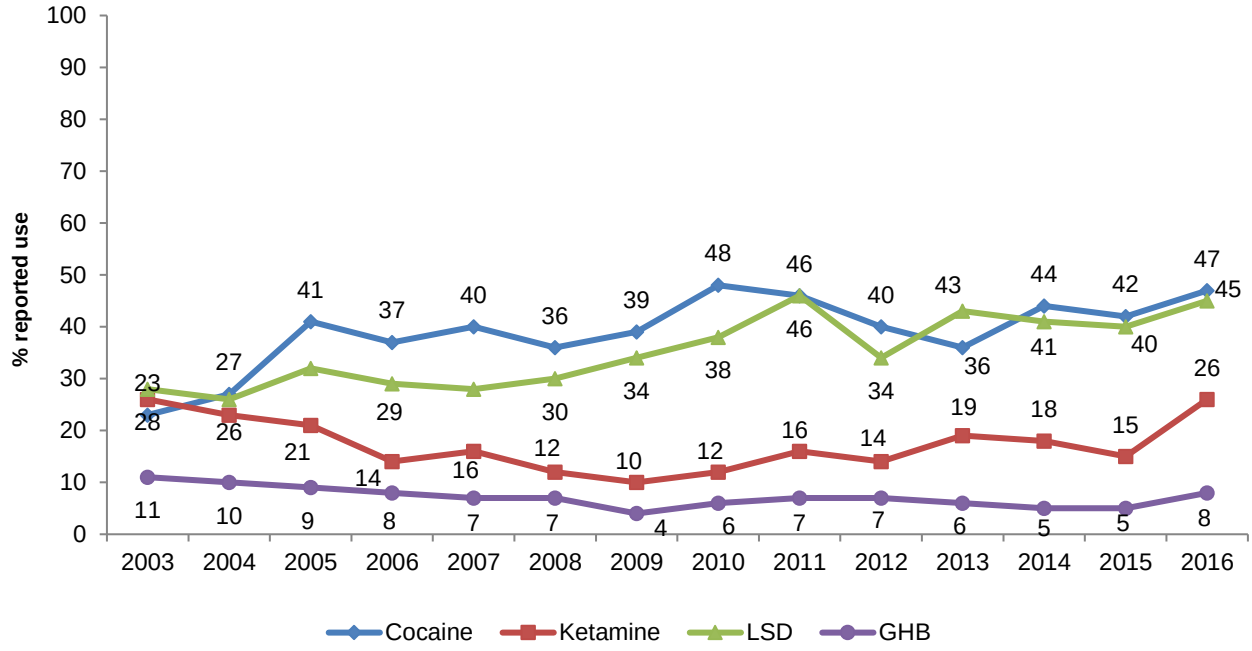
Source: EDRS participant interviews

Figure B6: 'Weekly or more but not daily' methamphetamine use (in the last six months), nationally, 2003–2016



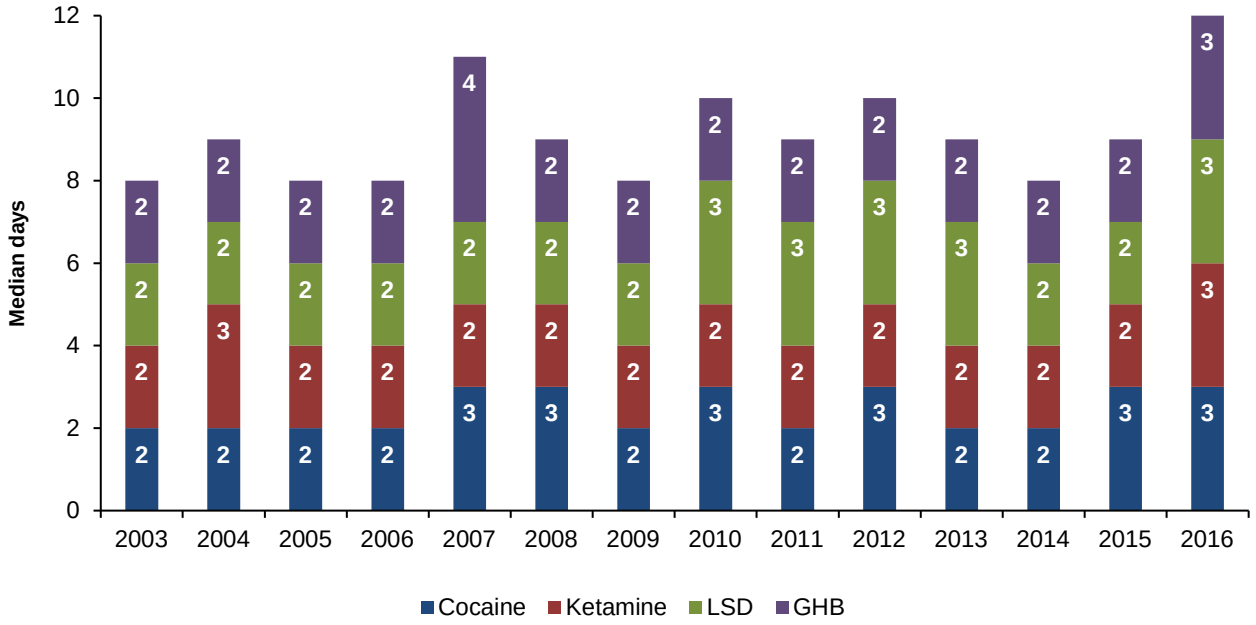
Source: EDRS participant interviews
* Includes speed, base and crystal

Figure B7: Recent use of cocaine, ketamine, GHB and LSD, nationally, 2003–2016



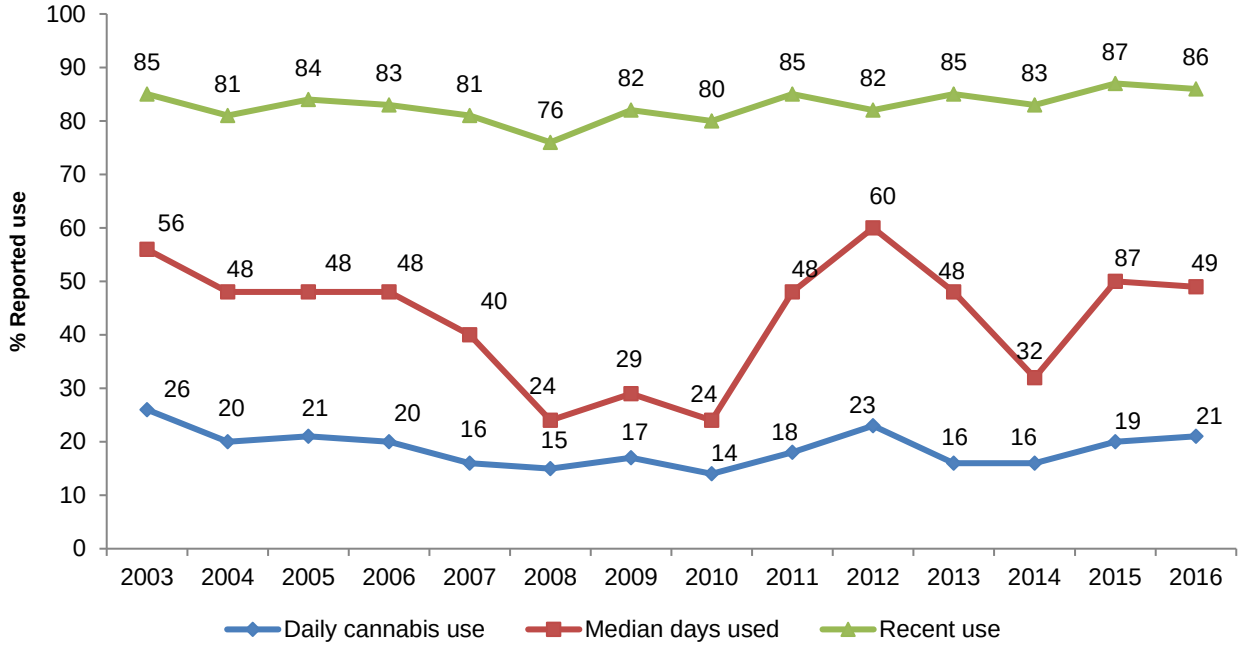
Source: EDRS participant interviews

Figure B8: Median days of cocaine, ketamine, GHB and LSD (in the last six months) use, nationally, 2003–2016



Source: EDRS participant interviews

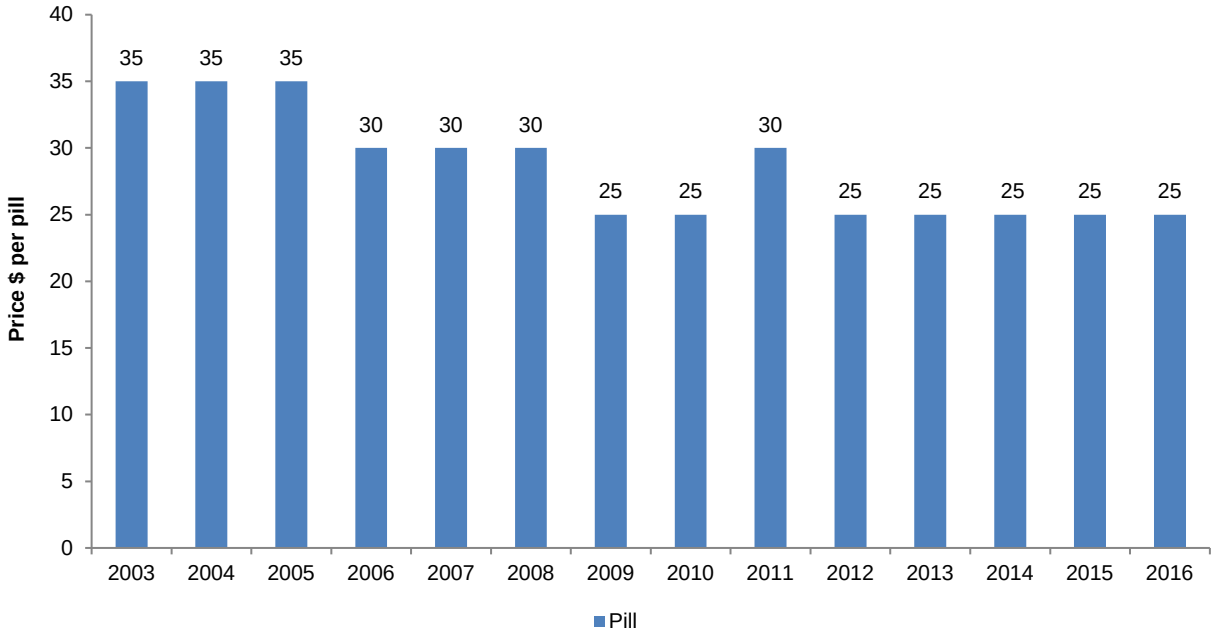
Figure B9: Patterns of recent use, median days of use and daily cannabis use among REU/RPU, nationally, 2003–2016



Source: EDRS participant interviews

Appendix C: Ecstasy price, perceived purity and availability, 2003–2016

Figure C1: Median price of an ecstasy pill, nationally, 2003–2016



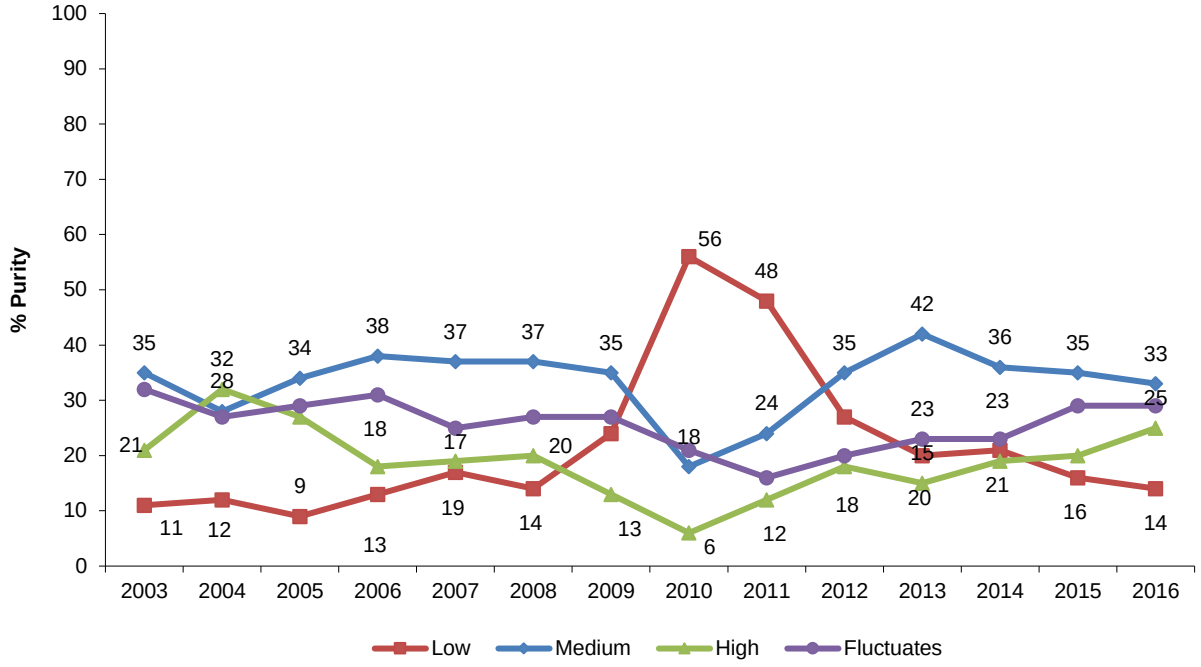
Source: EDRS participant interviews, 2003–2016
Note: Among those who commented.

Table C1: Median price of ecstasy per pill, by jurisdiction, 2003–2016

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25
2009	20	25	25	35	20	35	50	20
2010	25	25	25	35	23	35	35	25
2011	25	30	25	30	20	30	35	25
2012	25	25	30	30	20	35	40	25
2013	25	25	25	30	20	35	35	25
2014	25	25	25	30	20	35	40	25
2015	25	25	25	35	20	30	40	25
2016	**25**	**25**	**22**	**30**	**15**	**25**	**35**	**25**

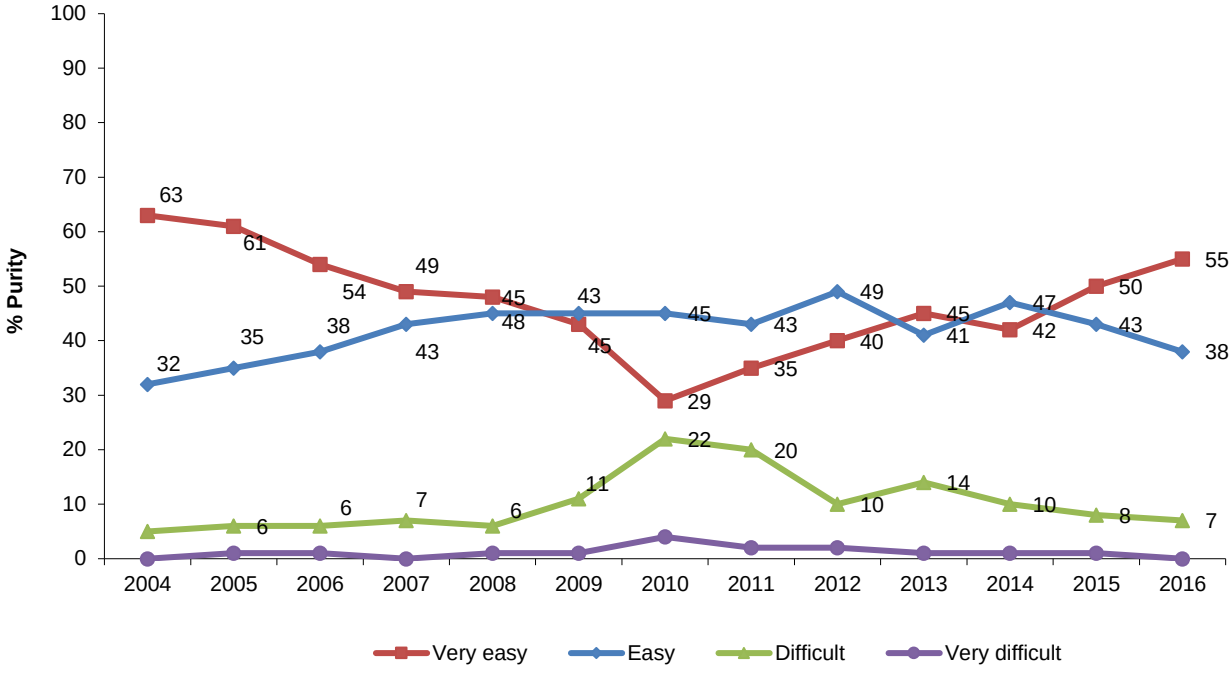
Source: EDRS participant interviews
Note: Among those who commented. From 2009, participants reported last price paid for ecstasy tablet not market price

Figure C2: National RPU reports of current ecstasy purity, 2003–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Includes all form of Ecstasy between 2003 and 2012. Includes pills, powder and capsules from 2013 onwards. MDMA crystal/rock not included from 2013 onwards.

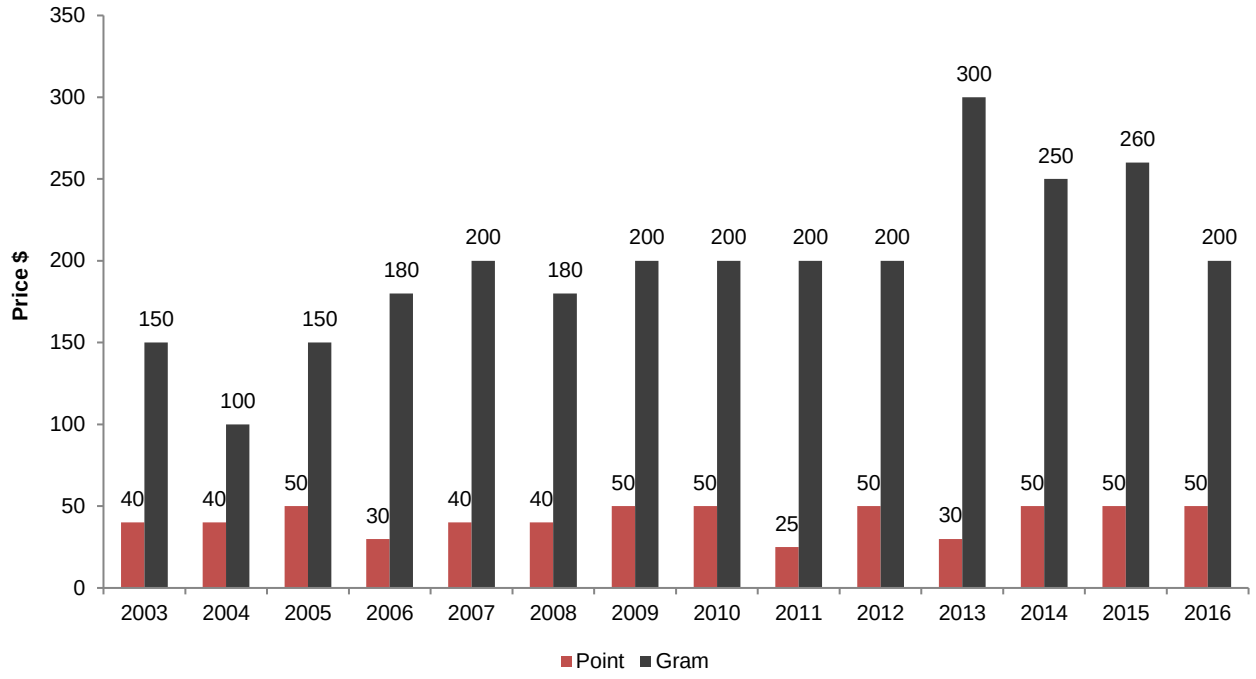
Figure C3: National RPU reports of current ecstasy availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented. Includes all form of Ecstasy between 2010 and 2012. Includes pills, powder and capsules from 2013 onwards. MDMA crystal/rock not included from 2013 onwards.

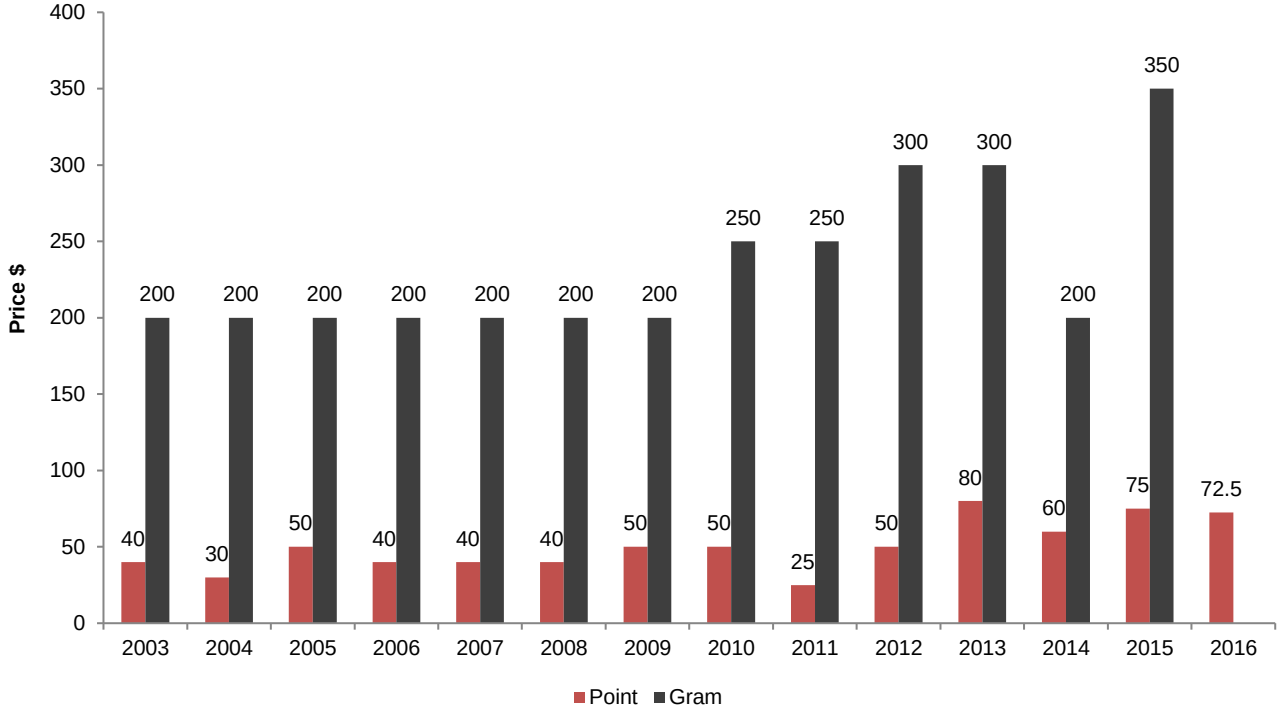
Appendix D: Methamphetamine price, perceived purity and availability, 2003–2016

Figure D1: Median price of methamphetamine powder (speed), nationally, 2003–2016



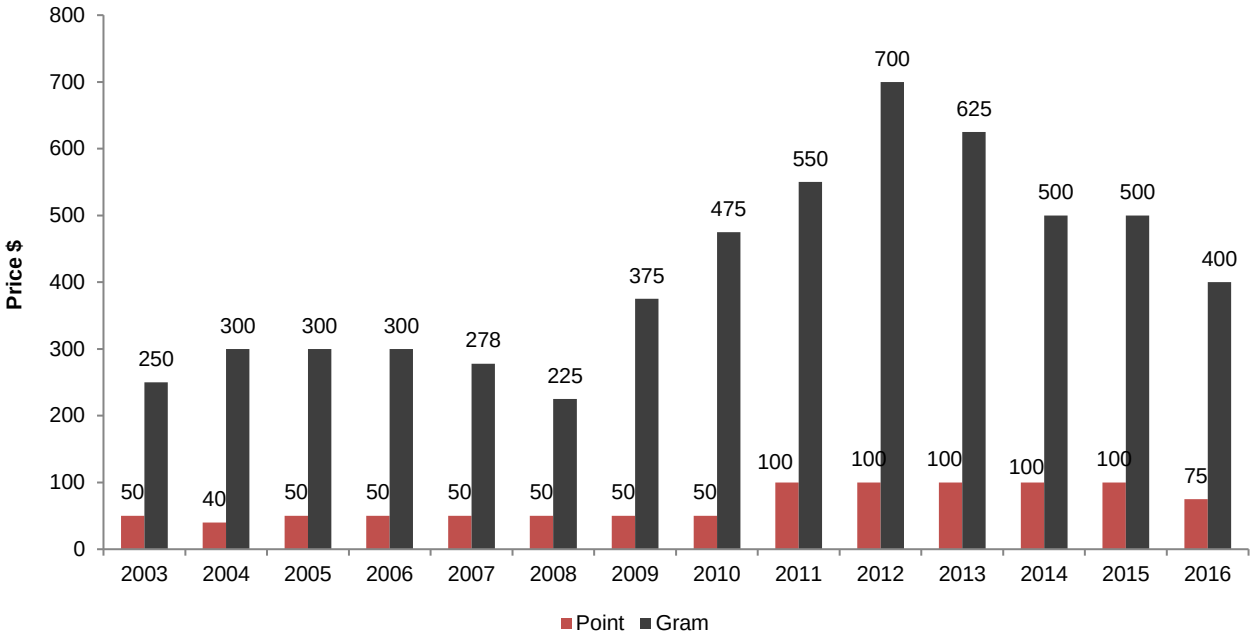
Source: EDRS participant interviews
Note: Among those who commented.

Figure D2: Median price of methamphetamine base, nationally, 2003–2016



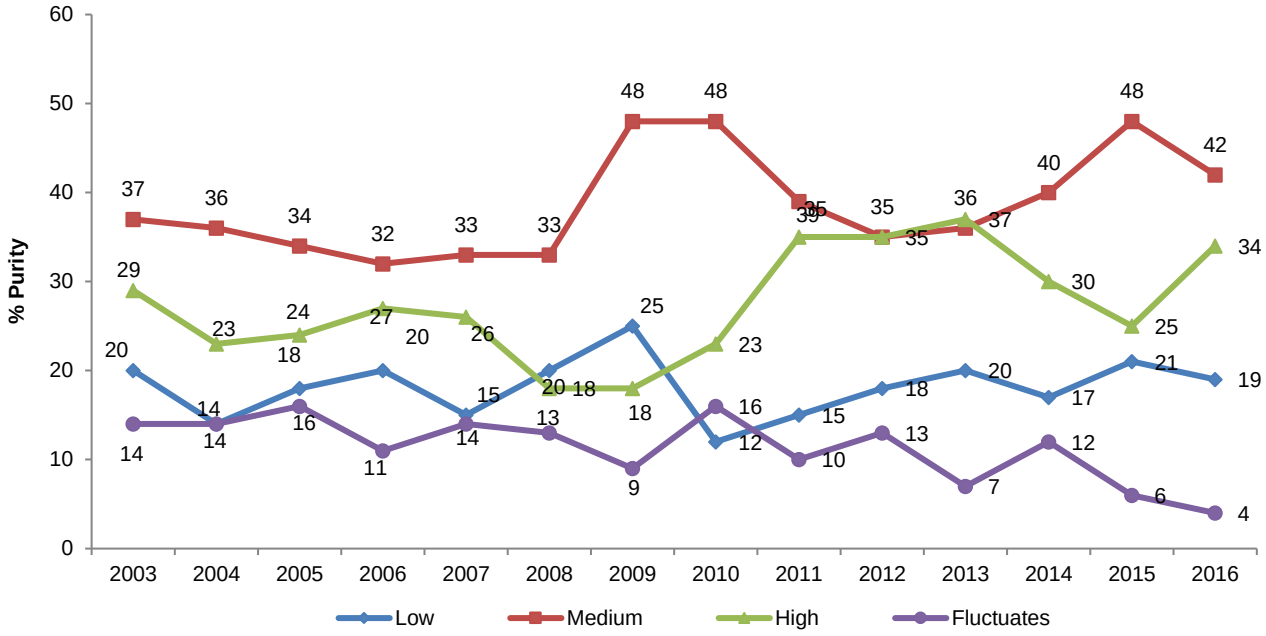
Source: EDRS participant interviews
Note: Grams not reported in 2016 due to small numbers commenting (N<10)
Note: Among those who commented.

Figure D3: Median price of crystalline methamphetamine (crystal), nationally, 2003–2016



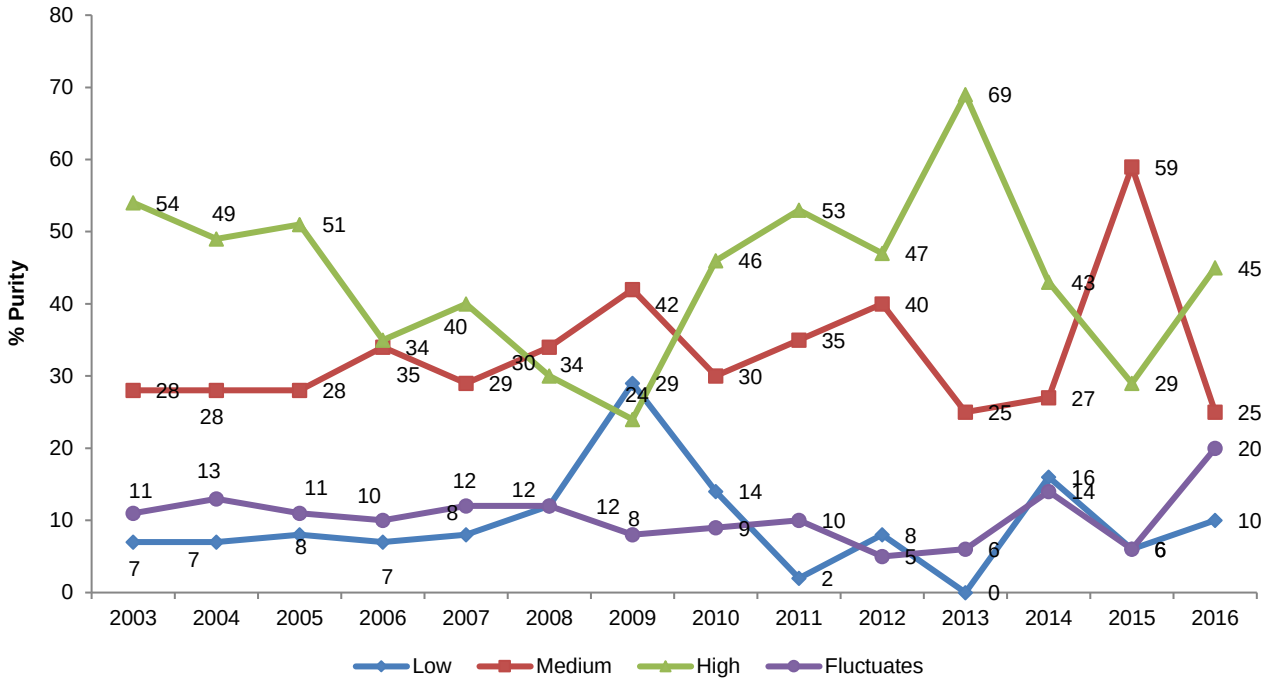
Source: EDRS participant interviews
Note: Among those who commented.

Figure D4: National RPU reports of current methamphetamine powder (speed) purity, 2003–2016



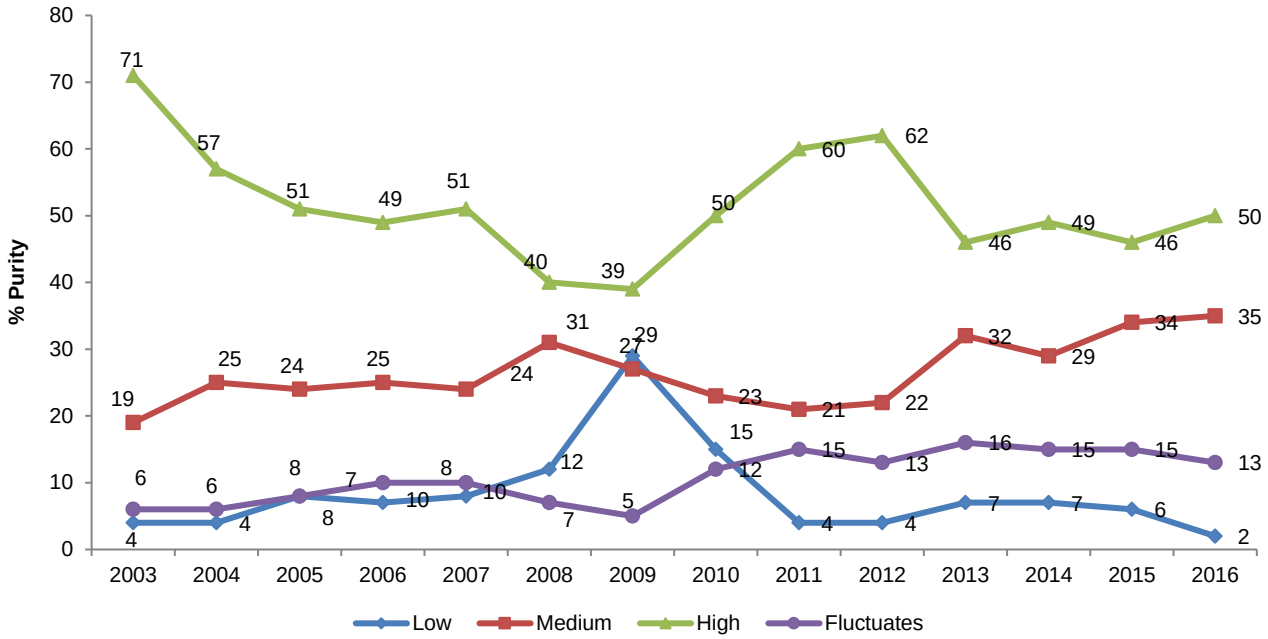
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D5: National RPU reports of current methamphetamine base purity, 2003–2016



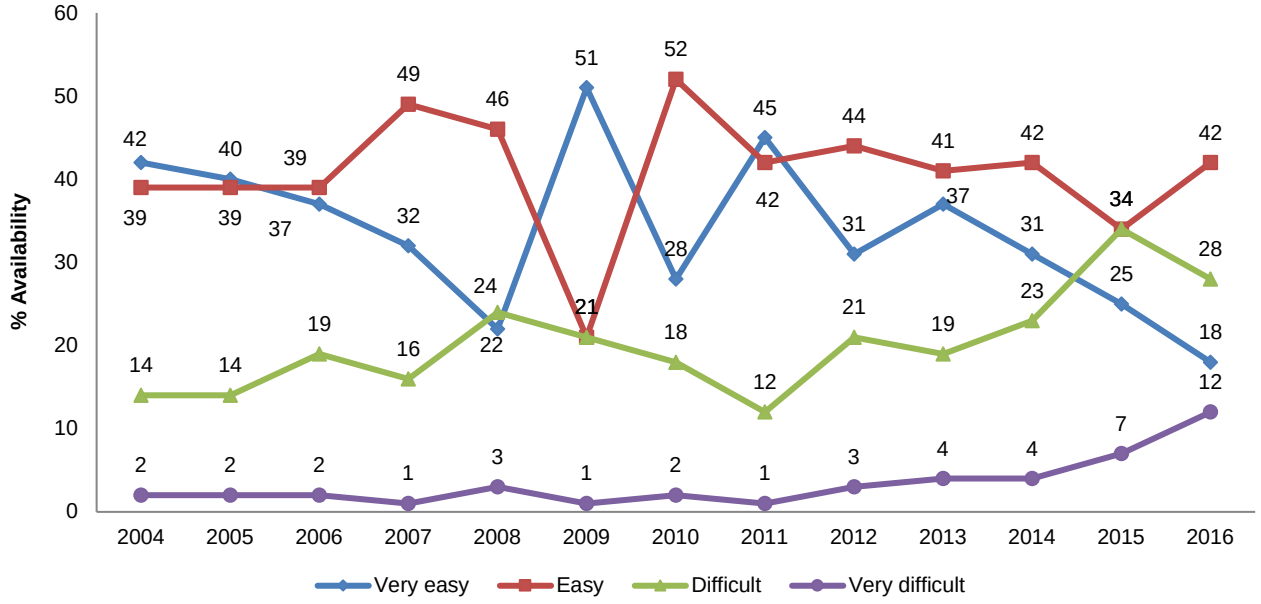
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D6: National RPU reports of current crystalline methamphetamine (crystal) purity, 2003–2016



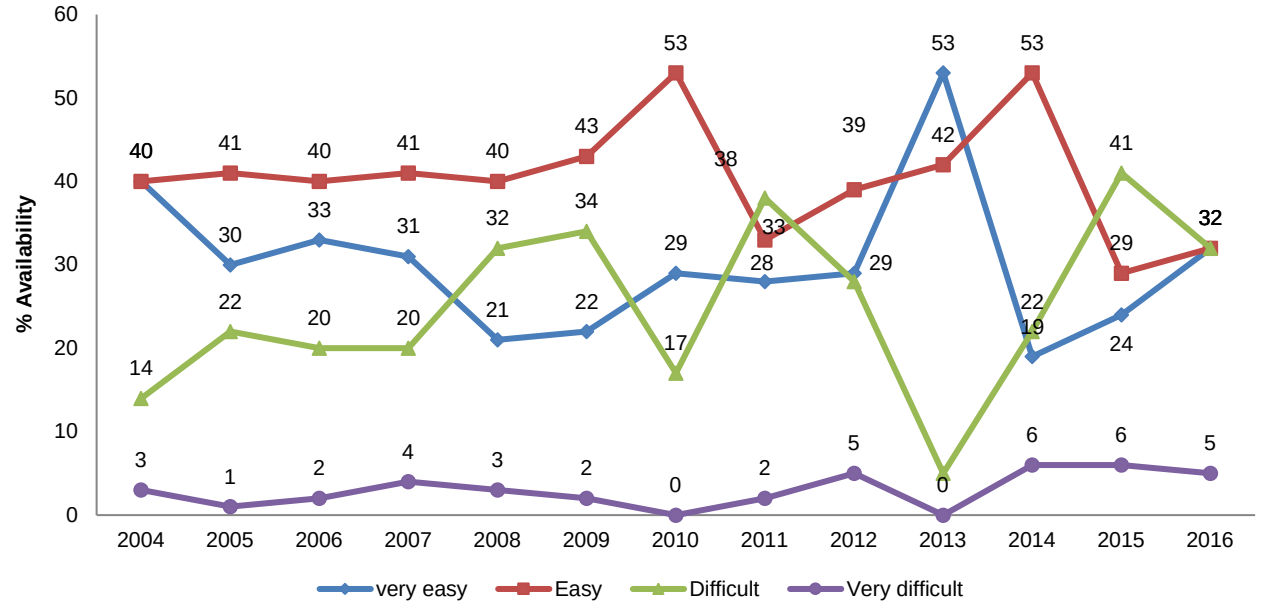
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D7: National RPU reports of current methamphetamine powder (speed) availability, 2004–2016



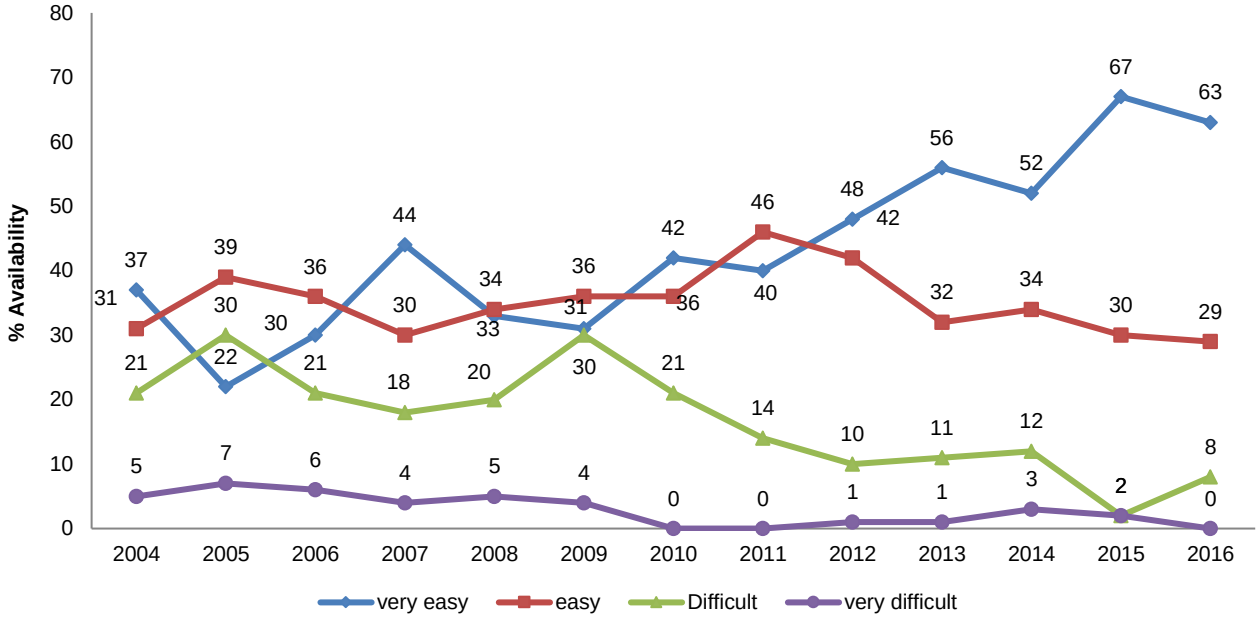
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

Figure D8: National RPU reports of current methamphetamine base availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

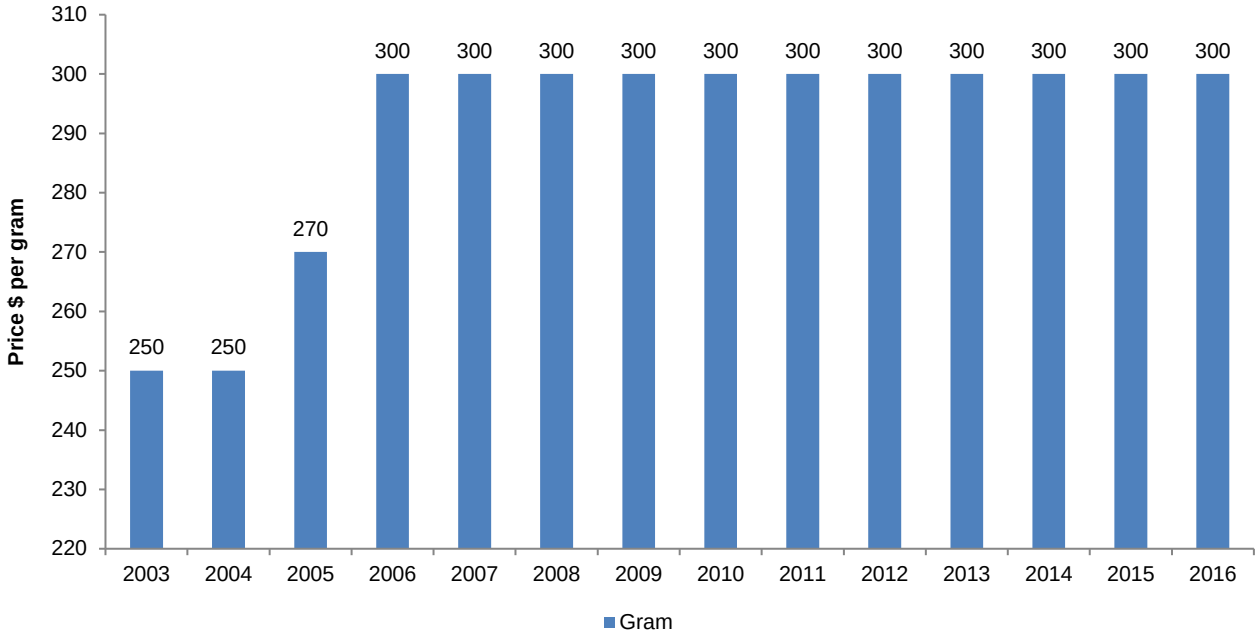
Figure D9: National RPU reports of current crystalline methamphetamine (crystal) availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

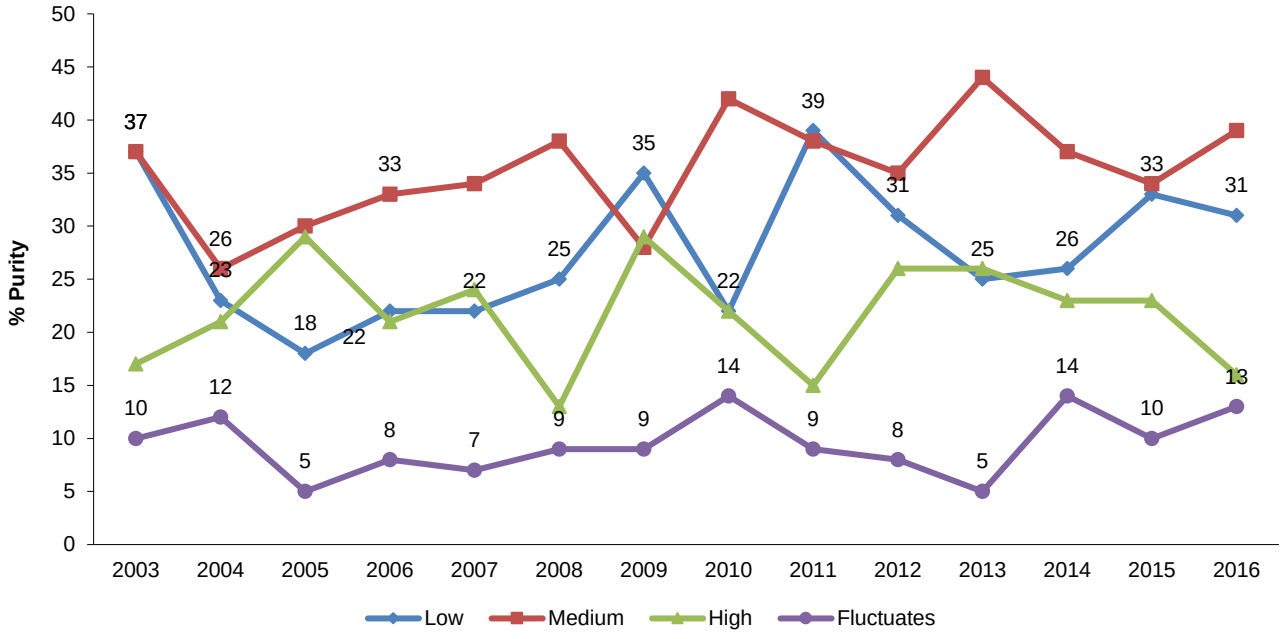
Appendix E: Cocaine price, perceived purity and availability, 2003–2016

Figure E1: Median price of cocaine per gram, nationally, 2003–2016



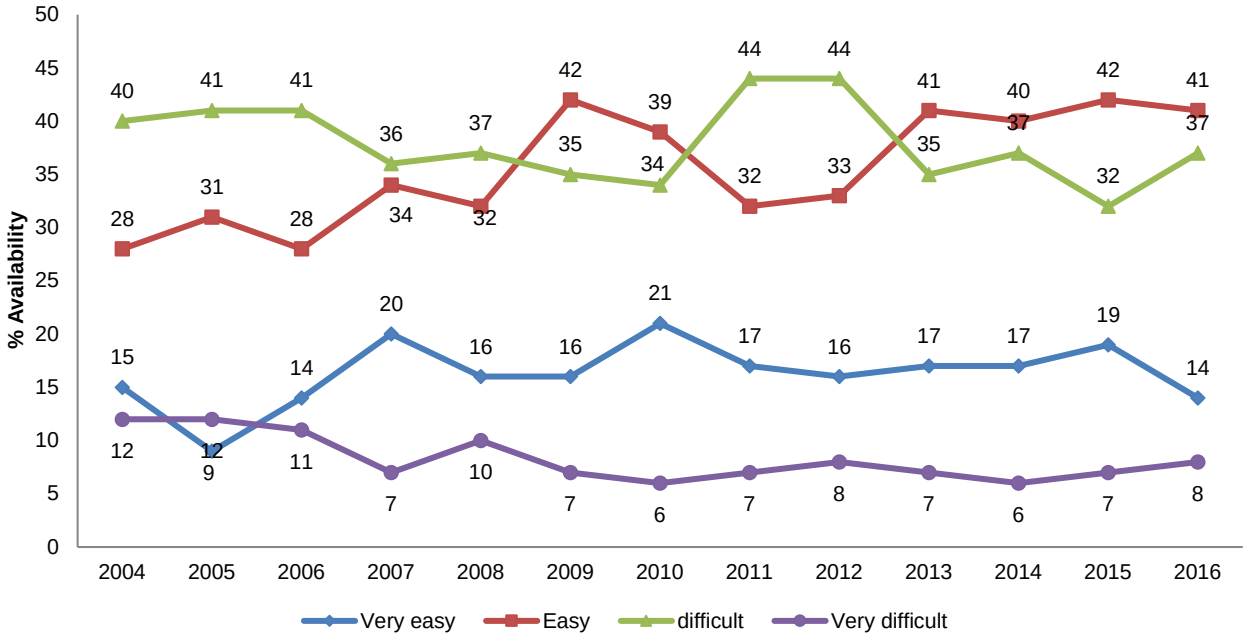
Source: EDRS participant interviews
Note: Among those who commented

Figure E2: National RPU reports of current cocaine purity, 2003–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

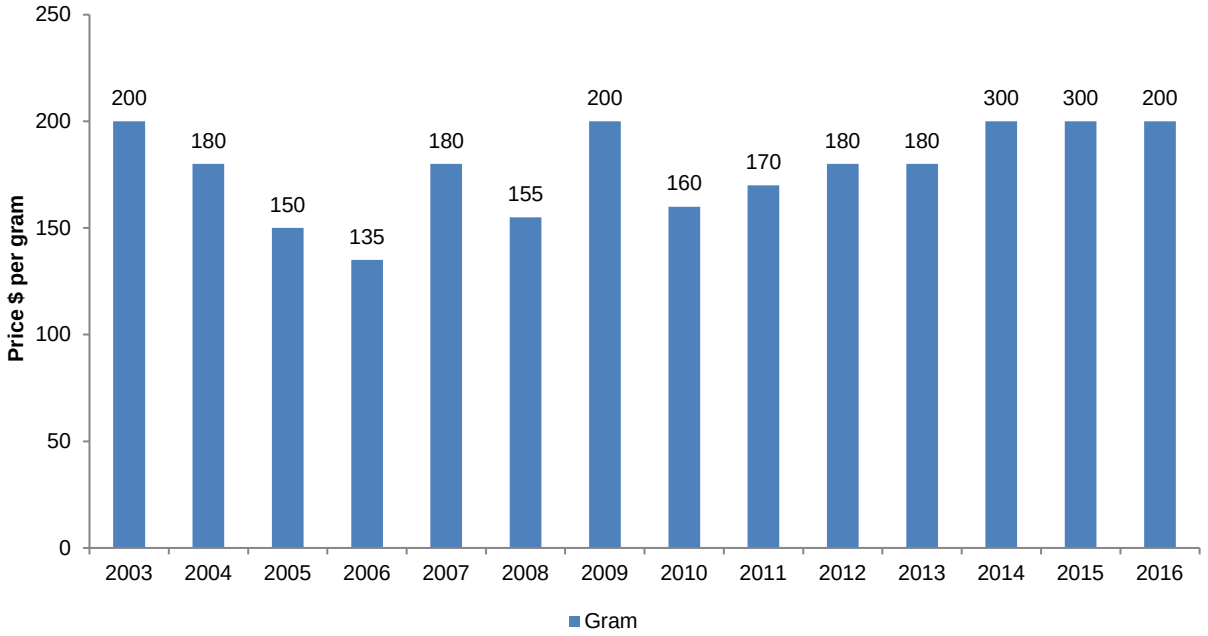
Figure E3: National RPU reports of current cocaine availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

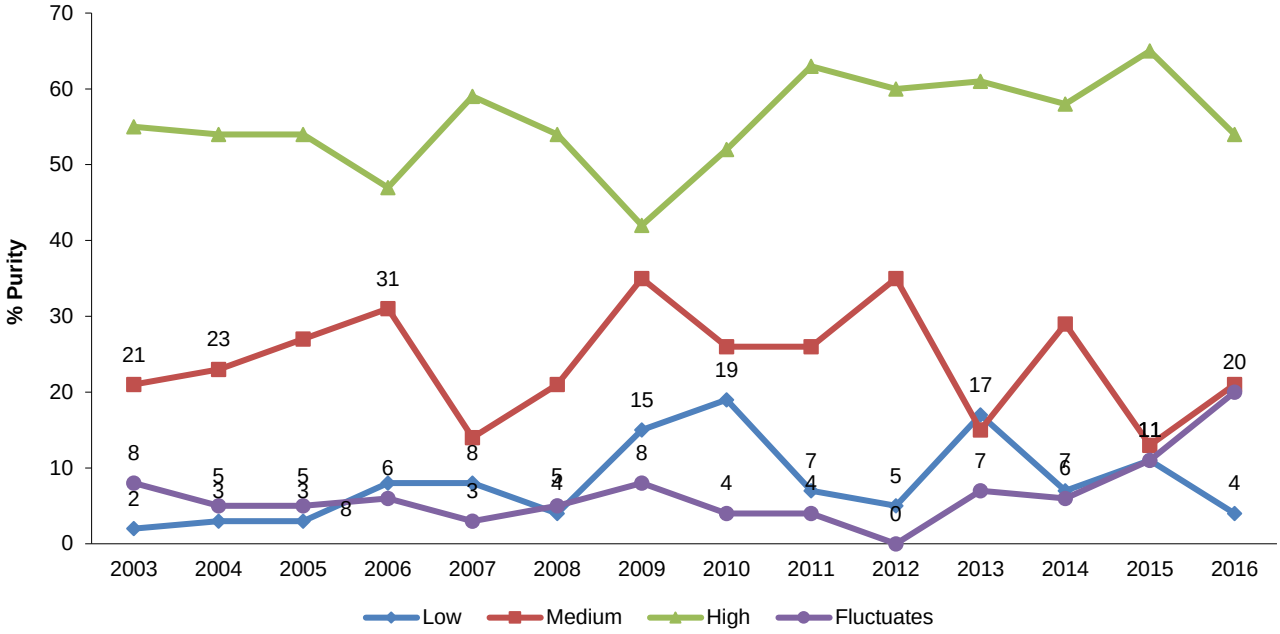
Appendix F: Ketamine price, perceived purity and availability, 2003–2016

Figure F1: Median price of ketamine per gram, nationally, 2003–2016



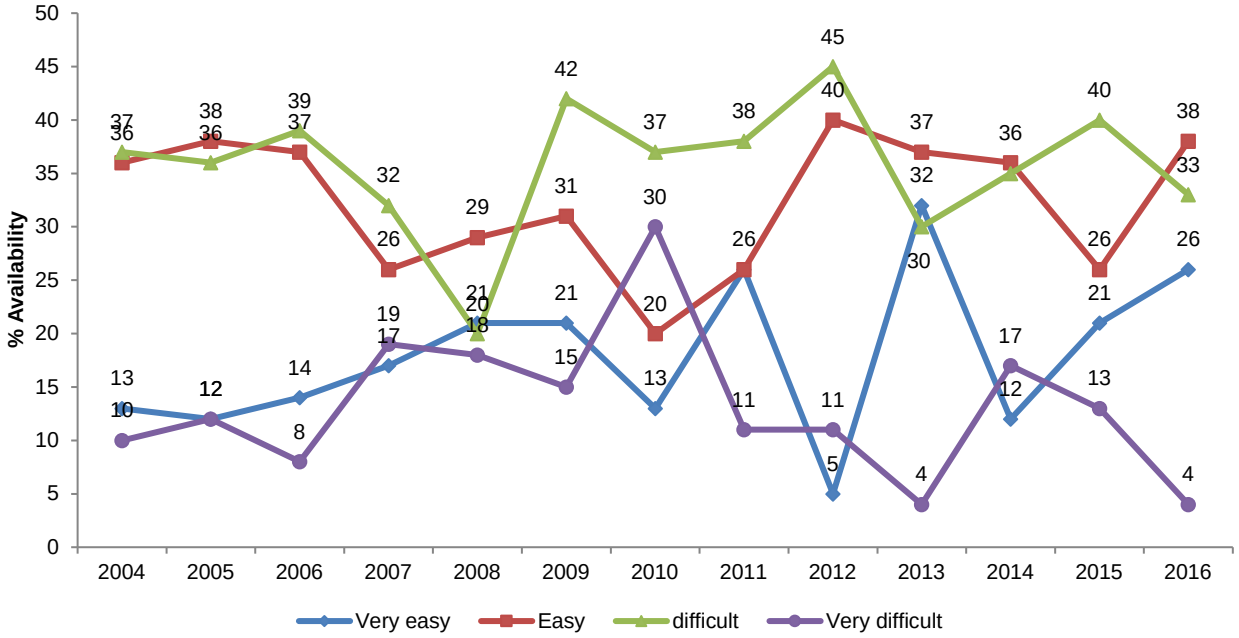
Source: EDRS participant interviews
Note: Among those who commented.

Figure F2: National RPU reports of current ketamine purity, 2003–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

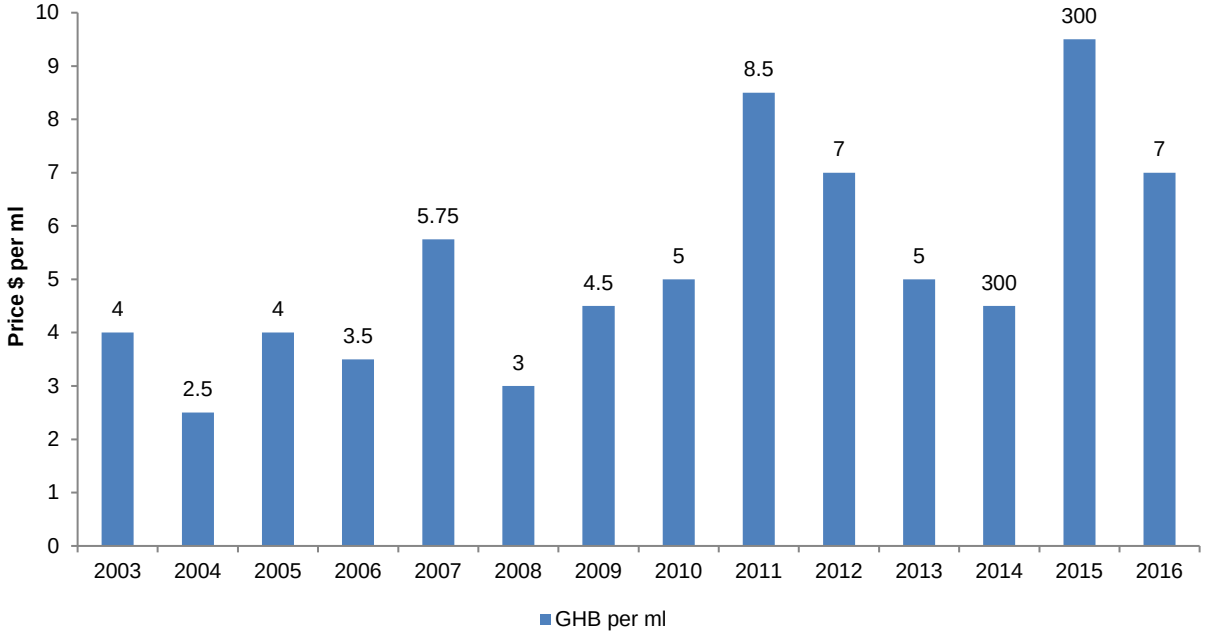
Figure F3: National RPU reports of current ketamine availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

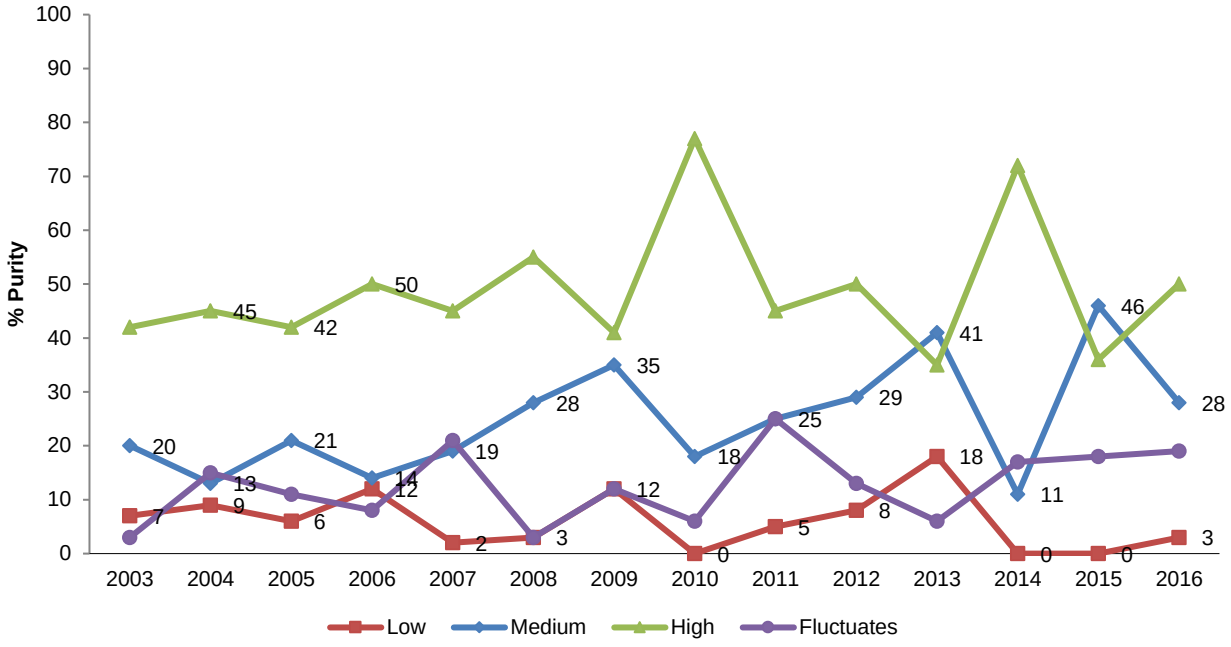
Appendix G: GHB price, perceived purity and availability, 2003–2016

Figure G1: Median price of GHB per ml, nationally, 2003–2016*



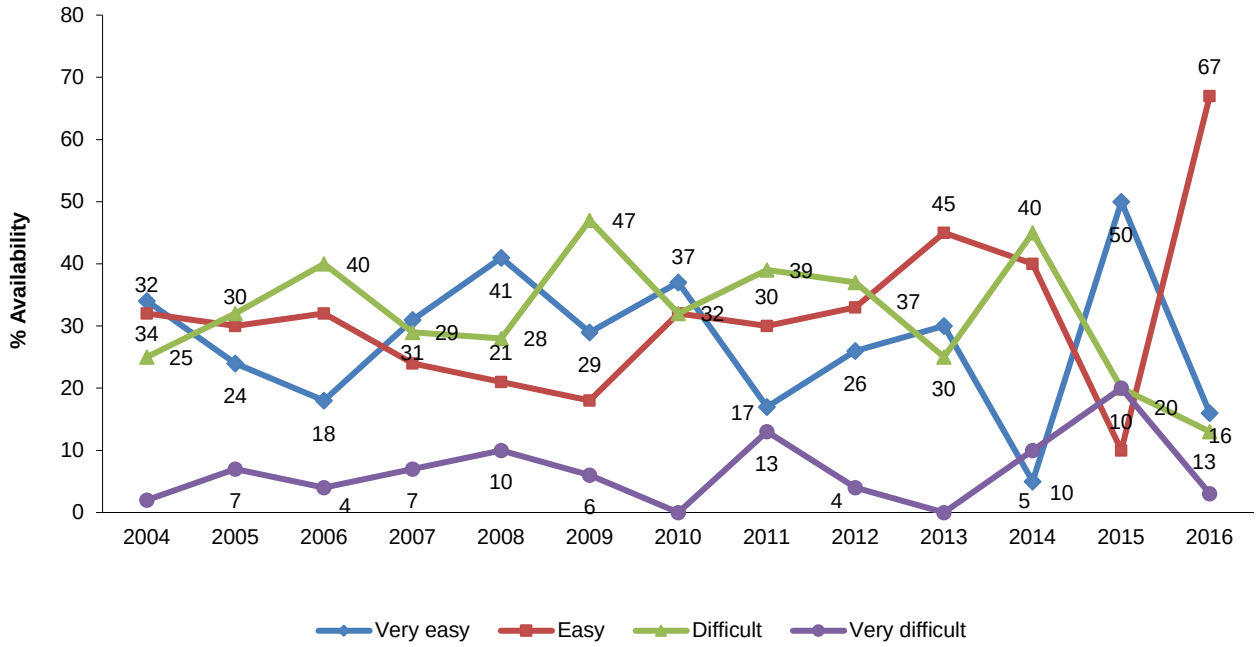
Source: EDRS participant interviews
Note: Among those who commented.
* Between 2003 and 2016 small numbers commented on the price of GHB per ml (ranging from 8 to 24 participants). Interrupt with caution.

Figure G2: National RPU reports of current GHB purity, 2003–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

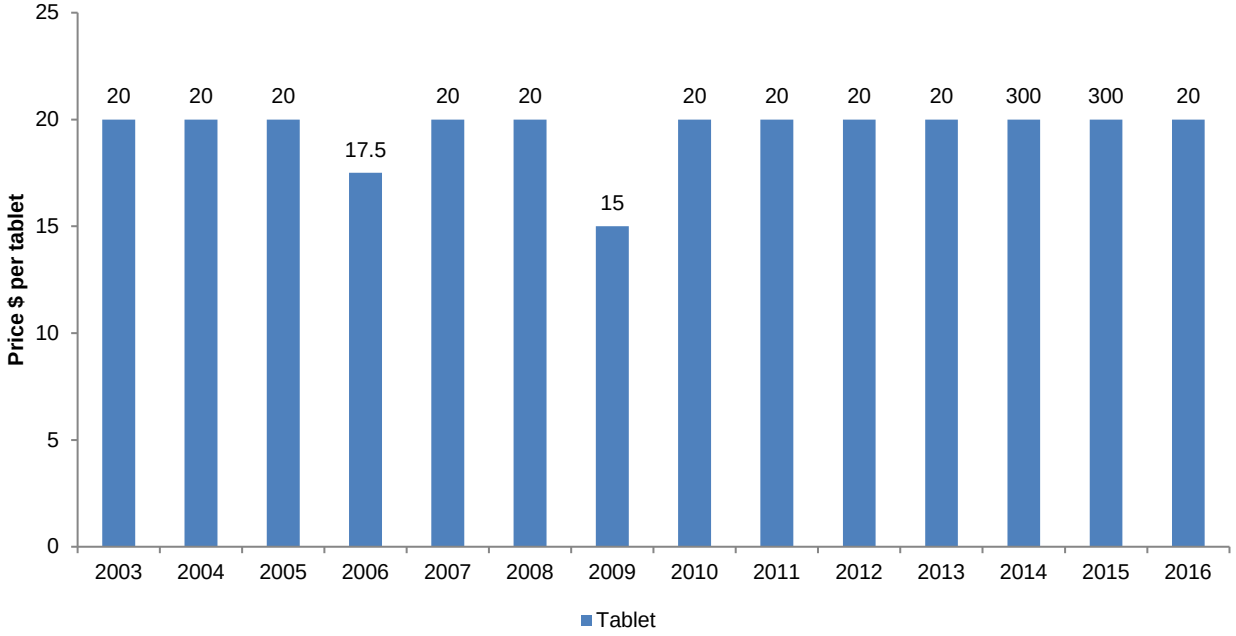
Figure G3: National RPU reports of current GHB availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

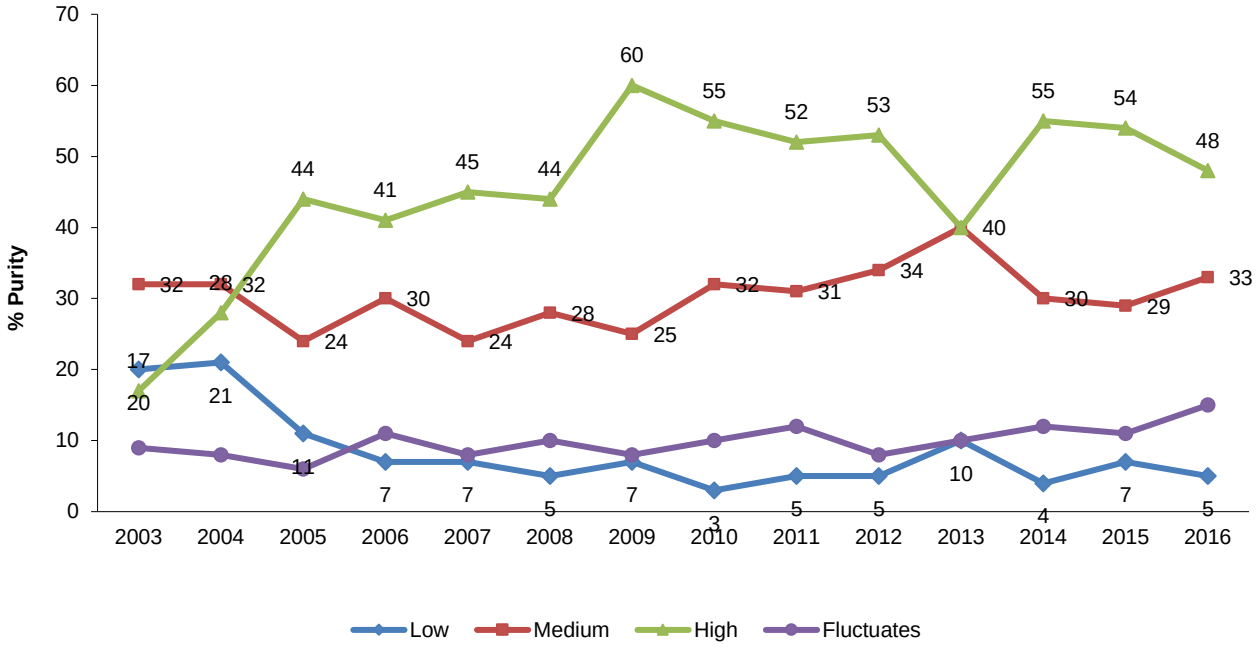
Appendix H: LSD price, perceived purity and availability, 2003–2016

Figure H1: Median price of LSD per tablet, nationally, 2003–2016



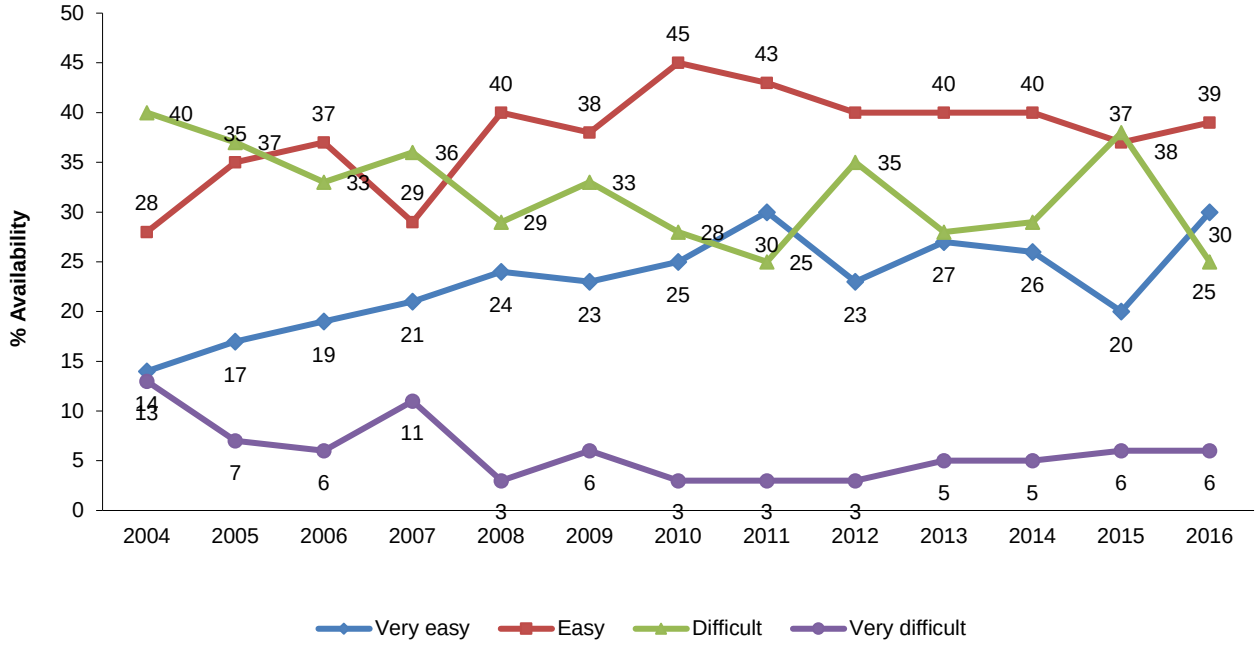
Source: EDRS participant interviews
Note: Among those who commented.

Figure H2: National RPU reports of current LSD purity, 2003–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

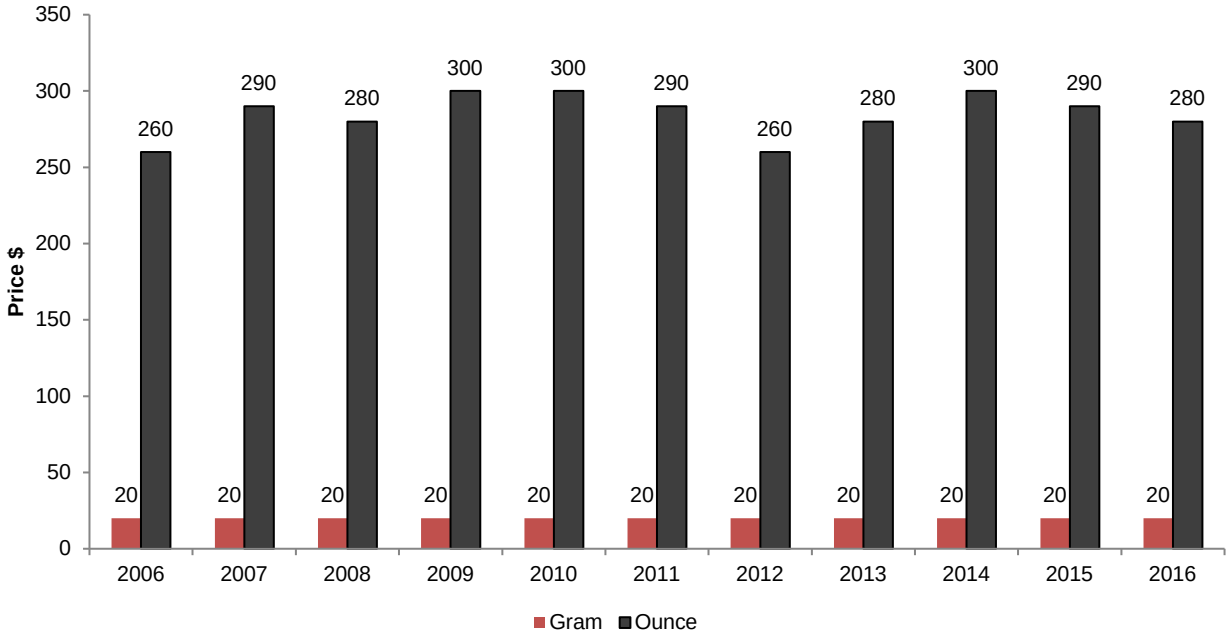
Figure H3: National RPU reports of current LSD availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

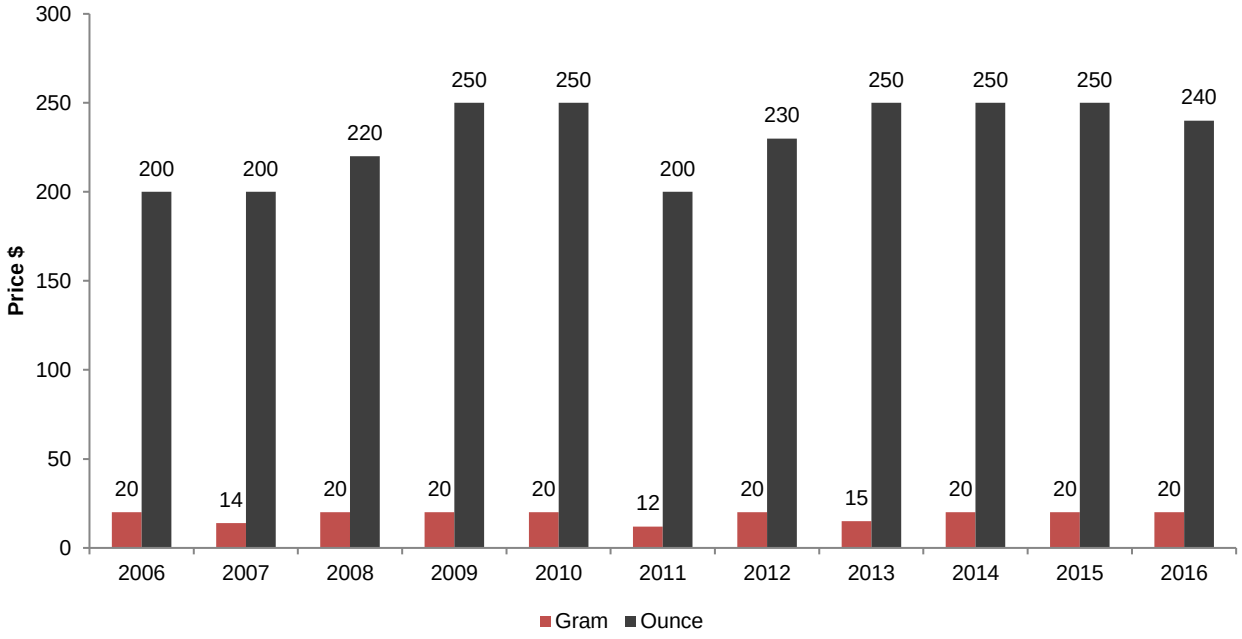
Appendix I: Cannabis price, perceived purity and availability, 2006–2016

Figure I1: Median price of hydroponic cannabis, nationally, 2006–2016



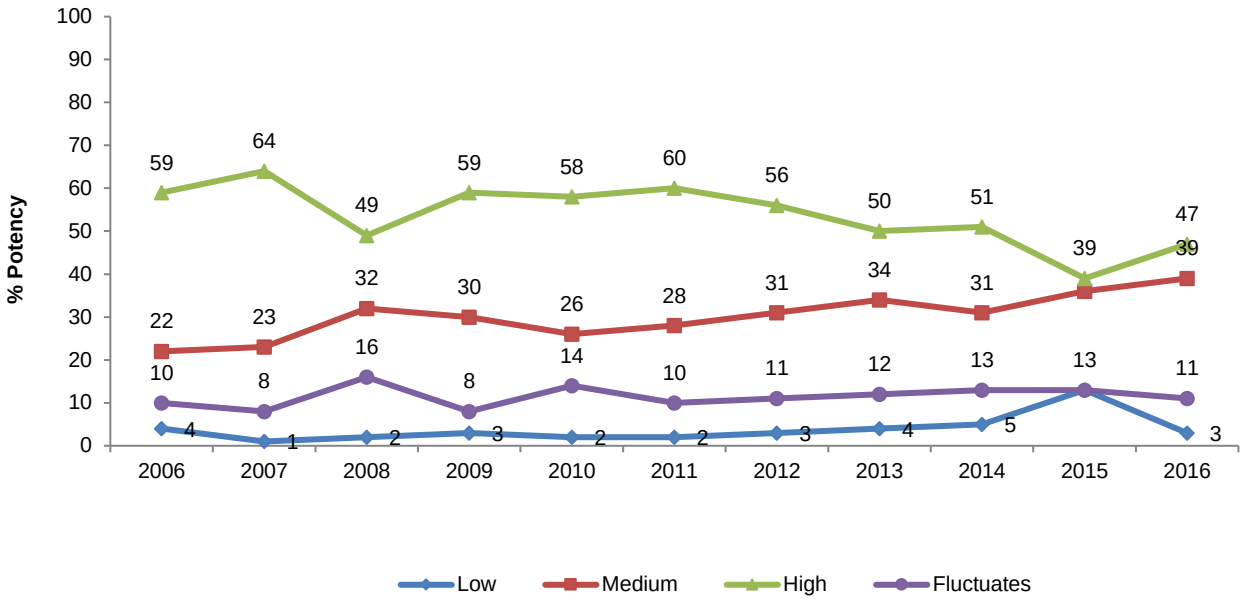
Source: EDRS participant interviews
Note: Among those who commented

Figure I2: Median price of bush cannabis, nationally, 2006–2016



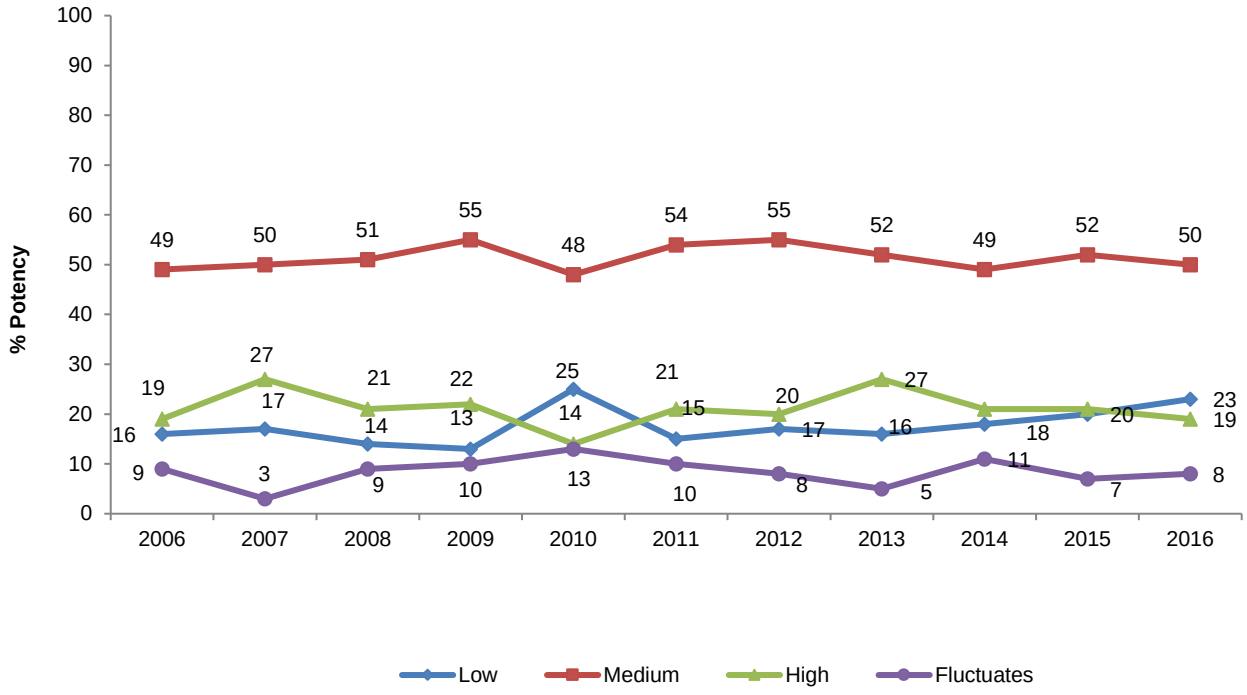
Source: EDRS participant interviews
Note: Among those who commented

Figure I3: National RPU reports of current hydroponic cannabis potency, 2006–2016



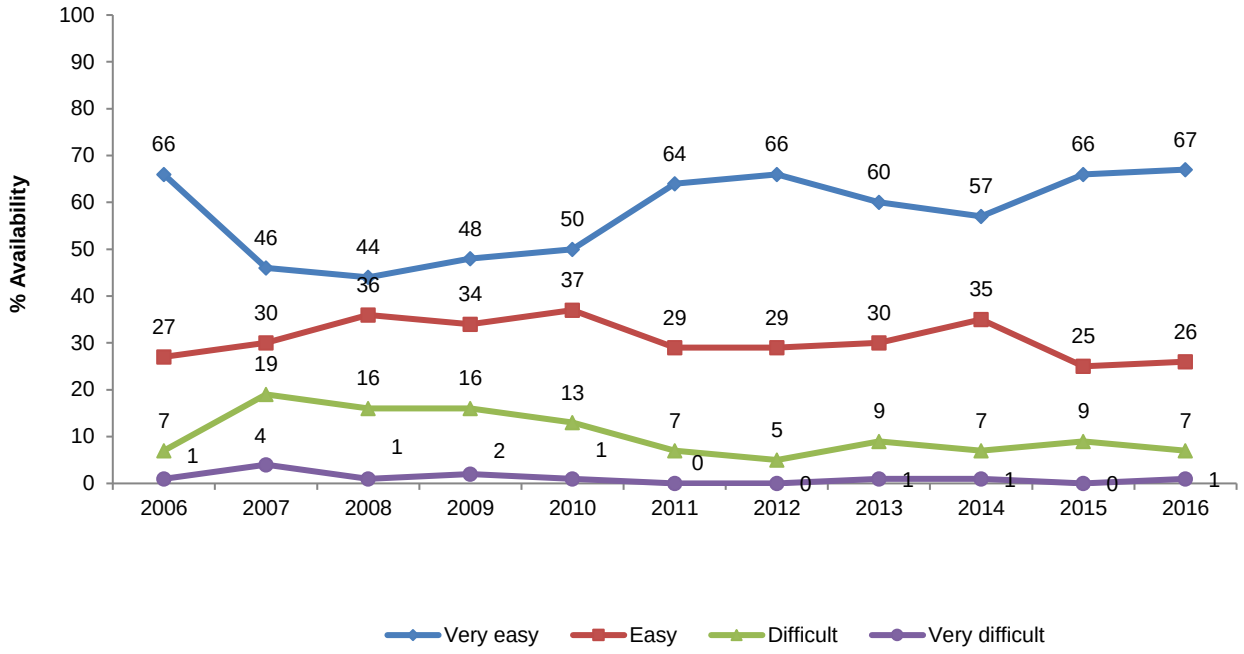
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure I4: National RPU reports of current bush cannabis potency, 2006–2016



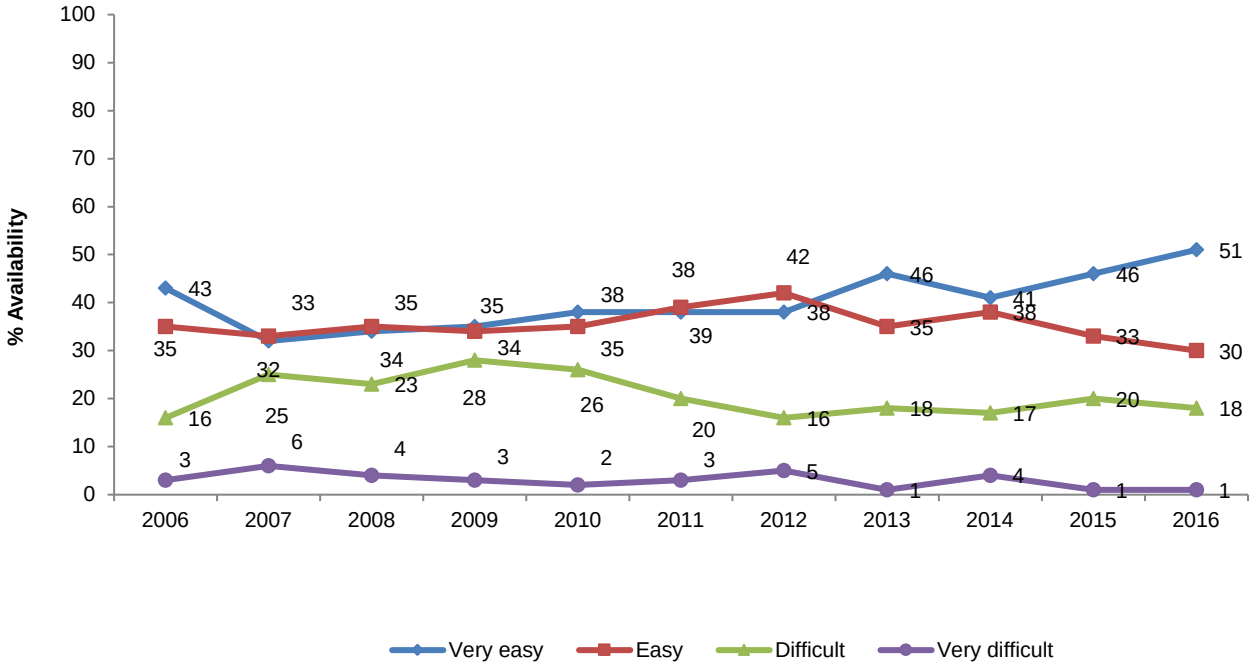
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure I5: National RPU reports of current hydroponic cannabis availability, 2006–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure I6: National RPU reports of current bush cannabis availability, 2006–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Appendix J: New Psychoactive Substances

Table J1: New psychoactive substances

Street name	Chemical name	Information on drug	Information on use and effects
Phenethylamines			
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B.
2C-B	4-bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2CB is sold as a white powder sometimes pressed in tablets or gel caps. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive.
NBOMe	N-methoxybenzyl	Psychedelic drugs with stimulant effects	NBOMe includes a series of drugs that contain an N-methoxybenzyl group. The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics, and include 25B-NBOMe, 25I-NBOMe and 25C-NBOMe. Available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found on blotting paper and may be sold as LSD.[5]
PMA	Paramethoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of <50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses >50mg are considered potentially lethal (due to the risk of overheating).
Tryptamines			
DMT	Dimethyltryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.[6]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	5-MeO-DMT is comparable in effects to DMT; however, it is substantially more potent. 5-MeO-DMT is mostly seen in crystalline form[7] but has been reportedly sold in powder form.
Synthetic cathinones			
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form.
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Effects are primarily psychostimulant in nature.

[5] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml

[6] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt

[7] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml

Table 103: New psychoactive substances (continued)

Street name	Chemical name	Information on drug	Information on use and effects
Ivory wave/MDPV	Methylenedioxypyrovalerone (3,4-methylenedioxy)	A cathinone derivative	More potent than other cathinones. Lidocaine (a common local anesthetic) is frequently used as a cutting agent, to give users the numbing sensation in the mouth or nose which is associated with drugs of high purity (e.g. high-purity cocaine).[8]
Piperazines			
BZP	Benzylpiperazine	A piperazine; a CNS stimulant	Gained popularity in some countries in the early 2000s as a legal alternative to amphetamines and ecstasy. One of the more common piperazines, providing stimulant effects which people describe as noticeably different than those of amphetamines. Not particularly popular as many people find that it has more unpleasant side effects than amphetamines.
Dissociative			
DXM	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the US	Commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is a dissociative drug that is almost always used orally, although pure DXM powder is occasionally snorted.
Naturally occurring substances			
Datura	Commonly *Datura inoxia* and *Datura strammonium.* Contains Atropine and Scopolamine. Also known as Angel's Trumpet	Atropine is a potent anticholinergic agent. Scopolamine is a CNS depressant and has antimuscarinic properties	The plant's effects make the user feel drowsy, drunk-like and detached from things around them. They can also bring on **hallucinations**. Doses are difficult to judge and can cause unconsciousness and death.[9]
Salvia	*Salvia divinorum* (contains Salvinorin A)	Salvia is derived from the American plant *Salvia divinorum*, a member of the mint family	At low doses (200−500mcg) salvia produces profound hallucinations that last from 30 minutes to an hour or so. In higher doses the hallucinations last longer and are more intense.[10]
LSA	*d*-lysergic acid amide	A naturally occurring psychedelic found in plants such as Morning Glory and Hawaiian Baby Woodrose seeds	LSA has some similarities in effect to LSD, but is generally considered much less stimulating and can be sedating in larger doses.
Mescaline[#]	3,4,5-trimethoxyphene-thylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico.
Synthetic cannabis			
K2/Spice	Synthetic cannabinoid	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)	A psychoactive herbal and chemical product that, when consumed, mimics the effects of cannabis.

[8] Drugscope: http://www.drugscope.org.uk/Media/Press+office/pressreleases/ivory_wave_MDPV

[9] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura

[10] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/salvia

[#]Mescaline is a naturally occurring phenethylamine, so could also be classified under the phenethylamine heading