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# AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2013:

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

Australian Drug Trends Series No. 118

The EDRS Project is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund

# AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2013


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AUSTRALIAN DRUG TRENDS SERIES No. 118

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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.

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# ACKNOWLEDGEMENTS

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# ABBREVIATIONS

| | |
|---|---|
| 5-MEO-DMT | 5-methoxy-dimethyltryptamine |
| 1,4B | 1,4 butanediol |
| 2C-B | 4-bromo-2,5-dimethoxyphenethylamine |
| 2C-E | 2, 5-dimethoxy-4-ethylphenethylamine |
| 2C-I | 2,5-dimethoxy-4-iodophenethylamine |
| 4-MTA | 4-methylthioamphetamine |
| ABCI | Australian Bureau of Criminal Intelligence |
| ABS | Australian Bureau of Statistics |
| ACC | Australian Crime Commission |
| ACS | Australian Customs Service |
| ACT | Australian Capital Territory |
| ADIS | Alcohol and Drug Information Service |
| AFP | Australian Federal Police |
| AGDH&A | Australian Government Department of Health and Ageing |
| AIHW | Australian Institute of Health and Welfare |
| AOD | Alcohol and Other Drug |
| AODTS-NMDS | Alcohol and Other Drug Treatment Services National Minimum Data Set |
| AQFV | Alcohol Quantity Frequency and Variability |
| ATS | Amphetamine type stimulants |
| ATSI | Aboriginal and/ or Torres Strait Island |
| AUDIT | Alcohol Use Disorders Identification Test |
| AVO | Apprehended Violence Order |
| BBVI | Blood-borne viral infection(s) |
| BMI | Body Mass Index |
| BZP | 1-Benzylpiperazine(s) |
| CNS | Central nervous system |
| CRUFAD | Clinical Research Unit For Anxiety and Depression |
| DASSA | Drug and Alcohol Services of South Australia |
| DOB | 2,5-dimethoxy-4-bromoamphetamine |
| DOI | Death on Impact; 2, 5-dimethoxy-4-iodamphetamine |
| DOM | 2,5-dimethoxy-4-methylamphetamine |
| DMT | Dimethyl tryptamine |
| DPMP | Drug Policy Modelling Program |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition |
| DXM | Dextromethorphan hydrobromide |
| D&A | Drug and Alcohol |
| EDRS | Ecstasy and Related Drugs Reporting System |
| EPS | Emerging psychoactive substances now referred to as NPS |
| ERD | Ecstasy and related drug(s) |
| FTND | Fagerstrom test for nicotine dependence |
| GBL | Gamma-butyrolactone |
| GHB | Gamma-hydroxybutyrate |
| GP | General Practitioner |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| HIV | Human immunodeficiency virus |

| | |
|---|---|
| HPV | Human papillomavirus |
| ICD-9 | International Statistical Classification of Diseases and Related Health Problems, Ninth Revision |
| ICD-10 | International Statistical Classification of Diseases and Related Health Problems, Tenth Revision |
| IDRS | Illicit Drug Reporting System |
| IDU | Person(s) who inject(s) drugs; injecting drug user(s) |
| IPS | Illicit psychostimulants |
| Ivory wave | See MDPV |
| K10 | Kessler Psychological Distress Scale |
| KE | Key expert(s) |
| KI | Key informants (now called key experts) |
| LOC | Loss of consciousness |
| 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) |
| MPTP | 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine |
| MSIC | Medically Supervised Injecting Centre (Sydney) |
| 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 |
| NDLERF | National Drug Law Enforcement Research Fund |
| NHMD | National Hospital Morbidity Database |
| NNDSS | National Notifiable Diseases Surveillance System |
| NPS | New psychoactive substances |
| NSP | Needle and Syringe Program(s) |
| NSW | New South Wales |
| NT | Northern Territory |
| OD | Overdose |
| OCD | Obsessive Compulsive Disorder |
| OTC | Over the counter |
| PCP | Phencyclidine |
| PDI | Party Drugs Initiative |
| PMA | Para-methoxyamphetamine |
| PPA | Price, purity and availability |
| QLD | Queensland |
| RBT | Random Breath Test |
| REU | Regular ecstasy users(s) |
| ROA | Route of administration |
| RPU | Regular psychostimulant user(s) |
| SA | South Australia |
| SAPOL | South Australia Police |
| 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 |
| TMA | 3,4,5 trimethoxyamphetamine |
| VIC | Victoria |
| WA | Western Australia |
| WHO | World Health Organization |

# Glossary of Terms

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

## Guide to days of use/injection

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

* As appropriate

# EXECUTIVE SUMMARY

## Executive summary introduction

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2013* report presents the findings from the eleventh 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 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 their other drug use in the general population, but this is 'not' the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. REU/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 in total 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 will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs; and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

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

# Executive Summary Snapshot

## Demographics of EDRS participants and patterns of Drug use

- EDRS participants in 2013 continue to be a group that are aged in their mid-20s (mean age of 25 years), predominantly male (67%), the majority identifying as heterosexual (88%) and being single (60%). Small proportions reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 44% had obtained post-secondary qualifications; while 15% were full-time students.
- One quarter (26%) of the national sample was currently in full-time employment. The mean weekly income was $550. The main source of income was salary/wages (64%). Half were renting (51%) or living in the parental/family home (41%).
- In 2013, participants were recruited primarily through word-of-mouth although we have seen a significant increase in online recruitment and a decrease in street press over time.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

## Consumption pattern results

- Ecstasy remained the drug of choice (32% in 2013). Cocaine experienced a decrease in relation to drug of choice and is now 5$^{th}$ in preference behind alcohol and LSD.
- The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco.
- Poly drug use is reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: new drugs on the market such as 2C-B, DMT and caps, and an increase in prevalence of traditional stimulant drugs such as ketamine and ecstasy.

## Ecstasy

- Ecstasy in some form was used by 99% of participants even though there was a change in the eligibility criteria.
- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Ten percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms, this was the first year ecstasy in the form of crystals/MDMA rock was investigated. Use of this form was popular, particularly so in the eastern states.
- Participants reported using a median of 2 tablets in a typical session of use, a median of two lines, and one capsule in average sessions of use.
- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Ecstasy remained to be seen as a 'social' drug with participants reporting 'most' (44%) of their friends have consumed it.
- The median price of a tablet of ecstasy nationally was $25 ranging from $20 in SA to $40 in the NT. A capsule nationally was a median of $30 and ecstasy (MDMA) powder was reported at a median price of $250 per gram a decrease from $300 per gram in 2012. MDMA crystal/rock was $260 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- With reports of ecstasy purity, we saw a significant increase in those reporting purity as 'medium' and a significant decrease in those reporting purity as 'low'. There continued to be a mixed view as to the purity change over the last six months.

- The majority continued to report that ecstasy was 'easy' to 'very easy' to obtain (86%). The majority in all jurisdictions reported that availability had remained 'stable' (55%) in the six months prior to interview.
- Ecstasy was purchased from a range of people (median 3 people), between monthly and fortnightly most commonly from friends, on a monthly basis with a median of four pills purchased in one session.
- It was also used in a range of locations, most commonly in nightclubs.

### Methamphetamine

*Speed powder*

- Just over one-third (37%) of the sample reported the use of speed in the six months prior to interview. The median days of use was three. As in 2012, VIC was the jurisdiction with the highest reported use of speed powder. The mean age of first use was 18 years.
- Among recent speed users, snorting (65%) and swallowing (44%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.
- Price (median) of a gram of speed nationally was $200 and ranged from $150 in NSW to $700 in WA, with 76% reporting that prices were stable.
- Purity reports of speed were mixed with 36% reporting speed as 'medium' and 37% reporting purity as 'high'. Most reported purity of speed had remained stable.
- Availability was still considered to be 'easy' to 'very easy' to obtain (88%). The majority considered speed availability to have remained 'stable' in the past six months.

*Base*

- Four percent of participants reported using base in the six months prior to interview, a significant decrease to 2012. The median days of use was two days. SA (11%) was the jurisdiction with the highest reported base use. The median age of first use was 19 years.
- Among recent base users, swallowing was the most commonly nominated route of administration (ROA) (46%) followed by smoking (42%). The average amount used in a typical and heavy session was two points.
- Base is the least common form of methamphetamine used by participants.
- Price (median) of base was commonly reported in points, nationally was $80 per point ranging from $80 in TAS to $90 in SA. Most participants reported that this had remained 'stable'.
- Purity was considered to be 'high' for base, and this was considered to have remained 'stable'.
- Availability reports for base were 'easy' to 'very easy' to obtain. Interestingly, participants reported this to have remained 'stable' over the past six months.

*Ice/crystal*

- Twenty-three percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was four days (less than monthly). VIC (45%) was the jurisdiction with the most recent ice/crystal use reported. The median age of first use was 20 years.
- The most common ROA for ice/crystal was smoking (92%). The average amount used in a typical session was one point and for a heavy session two points.
- Price (median) of ice/crystal was commonly reported in points, nationally it was $100 per point ranging from $80 in VIC and the ACT to $100 in most other jurisdictions except the NT where it was $200. Most participants reported that this had remained 'stable'.
- Most participants reported that ice/crystal purity was 'high' and that this had remained 'stable'.

- The majority of participants commenting reported that 'ice/crystal' was 'easy' to 'very easy' to obtain and that this had remained 'stable'.
- ATS seizures at the Australian border have increased significantly in 2012/13 in both number and weight.

### Cocaine

- Just over one-third (36%) of the national sample reported cocaine use in the six months prior to interview, similar to the level reported in 2012. VIC (46%), NSW (42%) and QLD (40%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (78%), or swallowed (11%). The median age of first use was 21 years.
- Frequency of cocaine use remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (80%) 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 with no change to 2012.
- Cocaine was the drug of choice for 6% of the EDRS sample, which was a significant decrease from 13% reported in 2012.

### Ketamine

- Over one-third (36%) of the national sample reported lifetime use of ketamine, and 19% reported using ketamine recently, a significant increase from 2012. The median age of first use was 19 years.
- Ketamine use was predominantly reported in NSW and VIC. All other states had lower levels of recent use.
- Amongst recent ketamine users, the majority (86%) snorted, while one-fifth (23%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (83%) had used ketamine less than once per month. There were two reports of more than weekly use.
- Proportion of reported recent use of ketamine had declined in all jurisdictions from 2003-2009, and stayed relatively consistent from 2010-2013.
- Price of a gram of ketamine ranged from a median national price of $180 to $47.50 in WA to $200 in VIC. The price was reported as stable by 77% of the participants that commented.
- The current purity of ketamine has continued to be reported as 'high' (61%), and this was reported to have remained 'stable' by the majority that commented.
- It was reported that ketamine was 'easy' to obtain. Participant availability was reported 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 friends' homes. Locations of last use were divided between public locations (nightclubs) and private locations (friends' homes).

### GHB

- Fourteen percent of the national sample reported lifetime use of GHB, with 6% reporting recent use. The median age of first use was 20 years.
- Most recent use was reported in NSW and VIC. There were no reports of recent use in the TAS and the ACT.
- Recent use occurred on a median of two days in the six months preceding interview; 77% reported using less than once per month.
- Recent GHB users reported using a median of 4 ml in a typical episode of use and a median of 5 ml in the heaviest recent episode of use. GHB was only consumed orally.

- Seventeen participants were able to comment on the median price of a millilitre of GHB of between $5 (nationally) to $11.50 (in NSW). Half of participants reported that the price had remained stable.
- Purity was this year reported as 'medium' (41%) and then 'high' (35%). Comments about purity change were that it was 'stable'.
- Of those who commented on GHB availability, reports were that it was easy to obtain. Availability change was reported as 'stable'.
- GHB was obtained from friends and known dealers and from private locations. Location where GHB was mostly last used was also in private locations.

### LSD

- Seventy percent of the national sample reported the lifetime use of LSD; with a significant increase in recent use of LSD from 34% in 2012 to 43% in 2013 ($p<0.05$). The median age of first use was 18 years.
- The median days of LSD use amongst recent users was three. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.
- Recent use has been steadily increasing from 28% in 2003 to 43% in 2013, increasing every year, until the significant decline to 34% in 2012. Recent use levels appears relatively even across Australia.
- LSD as drug of choice has been stable each year from 4% in 2007 to 7% in 2013.

### Cannabis

- Cannabis was the second most used drug by the EDRS sample recently (85%). While reported recent use remained 'stable', the proportion of reported daily use significantly decreased compared to 2012 (24% in 2012 versus 19% in 2013, $p<0.05$).
- Among recent (six month) users, cannabis had typically been smoked (99%), and swallowed (33%). The median age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 48 days during this time, i.e. approximately twice weekly use.
- Cannabis was the drug of choice for 23% of the sample.
- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally, prices for hydro were generally (slightly) more expensive than those for bush cannabis. Prices were reported to have remained 'stable' over the preceding six months.
- As in 2012, participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro and bush were both reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Both hydro and bush cannabis were most commonly bought from friends, and used in private locations.

### Other drugs

- **MDA** lifetime use was 20% of the national sample, with 12% reporting recent use on a median of two days and a median of two caps of use in an average session.
- Almost the entire sample (99.9%) participants reported lifetime use of **alcohol**, and 96.5% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 6% of the sample. Eighteen percent nominated alcohol as their drug of choice.

- Eighty-eight percent reported lifetime **tobacco** use and 77% had used tobacco in the six months preceding interview. Over half (52%) of recent tobacco users were daily smokers, with median days use being 180 (i.e. daily).
- Over half (54%) of the sample reported lifetime **benzodiazepine** (both licitly and illicitly obtained) and one-third (32%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (4%). The type most used was diazepam for both forms.
- One-tenth (9%) of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use was higher than illicit use in 2012 and 2011. ROA was mainly swallowing for both forms.
- One quarter (25%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of three days, comparable with 2012 results. Use was highest in VIC (45%).
- Recent use of **amyl nitrate** (nationally) was reported by almost one-fifth (17%) in 2013. Use was occasional on a median of three days mostly in NSW (45%).
- Twenty-seven percent of the national sample reported recent **mushroom** use, comparable to 2012. Use occurred on a median of two days, and 85% of recent users had used less than once per month.

- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **Over the counter (OTC) codeine**, **OTC stimulants** and **steroid use**.

### New psychoactive substances (NPS)

- Terminology has changed in the EDRS from Emerging Psychoactive Substances (EPS) to New Psychoactive Substances (NPS) to relate to this drug class given the universal reference to NPS.
- In 2013, the number of EDRS participants that have consumed an NPS in the previous six month period was 37% and 16% for synthetic cannabis.
- NPS use is spread across all states, whilst with synthetic cannabis it appeared to be concentrated in most states except WA and SA.
- Drugs most used in this class included: 2C-B, DMT and 2C-I
- Effects of these drugs based on user ratings included quite high/enjoyable for the pleasurable effects of NPS, the negative comedown effects were not considered any worse than expected and high ratings were given to taking the drug,. With synthetic cannabis, the pleasurable effects were given low scores, the negative comedown effects were given high scores implying they were worse than NPS. The low ratings for repetitive use implied they would not be taken again.

### Health-Related Trends Associated with ERD use

- Of the national sample, 43% had ever experienced a non-fatal drug overdose. 30% reported having ever **overdosed** on a **stimulant** drug, and 26% had done so in the preceding 12 months.\
- Ecstasy was the main drug to which participants attributed the stimulant overdose (OD). Most stimulant OD occurred in private locations. The most common overdose symptoms reported were increased heart rate and temperature. Of those that sought immediate treatment, most were attended to by an ambulance.
- Twenty-three percent of the national sample reported having ever **overdosed** on a **depressant** drug and 22% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (81%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting. Of those that sought treatment, most were attended to by an ambulance.
- Of the national sample 11% had **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (74%) were

the service most accessed by this group for any reason, followed by dentists (6%) and Emergency Departments (EDs) (5%). Of those that did access GPs to discuss drug use, ecstasy and alcohol were the primary drugs of concern in most cases.

- In 2011/12, **treatment seeking** for ecstasy use (as the principal drug of concern) remained low in the general population at 3% of closed treatment episodes.
- A small proportion of participants (8%) were classified as currently experiencing very high psychological distress on the **Kessler Psychological Distress Scale (K10)**. Approximately one third reported no or low distress (34%).
- Almost a third (30%) of the sample reported experiencing a **mental health problem** in the preceding six months; depression and anxiety were the most commonly reported.

### Risk Behaviour

- Thirteen percent of the national sample reported having **injected** at some time in their lives; 7% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years of age. Among those who had injected in the preceding six months, the last drug injected was speed (36%) which differed from 2012 in which it was ice/crystal.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (66%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (62%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority of those had casual sex last time under the influence of mostly ecstasy, alcohol and cannabis. Over half had used protection on this occasion.
- Just under three-quarters (74%) had **driven a car** in the last six months, 34% of those had reported being under the influence of alcohol, and 57% had driven shortly after taking an illicit drug on a median of five occasions. The most commonly reported illicit drugs after which these participants had driven were cannabis and ecstasy. A small number reported positive notifications were from being saliva drug tested. Participants that reported their behaviour had changed due to drug driving testing proportionately reported ‘not driving after using drugs’ followed by ‘waiting a few hours’ and ‘getting a taxi’.

### Law Enforcement-Related Trends associated with ERD use

- One-third (34%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were the most common crime reported across all jurisdictions, with smaller proportions reporting having committed fraud or a violent crime in the last month.
- Eleven percent of the national sample had been arrested in the past year, compared with 14% in 2012. The most common charges reported were property, alcohol and driving offences.
- **Consumer arrests** increased for amphetamine-type stimulants (ATS), hallucinogens and cannabis.

### Special Topics of Interest

- **Exposure to injecting** was a topic of interest identified previously in the EDRS. Half of RPU participants reported knowing ‘a few’ people who injected. Motivations for not injecting as well as injecting were reported.
- **NPS health effects** continued to be an area of topical interest. Factors that influenced the purchase and use of NPS are discussed as well as health effects (levels of tolerance and addiction) of specifically Mephedrone and 2C-B were reported. The intensity during the ‘high’ of these drugs is also reported.

# 1 INTRODUCTION

This report provides a national summary of trends from the eleventh 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 2013, the Ecstasy and Related Drugs Reporting System (EDRS) Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use and, therefore, there was a need to access a different population in order to obtain information on ERD markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus is on the capital city in each state/territory because new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the NDARC website. This report focuses on the 2013 data collection in all states/territories; reports from this and all previous years are available on the NDARC website[1]. Before 2003, data were collected in New South Wales (NSW), Queensland (QLD) and South Australia (SA) and some trend data are reported here; however, the reader should refer to the jurisdictional reports for more detailed trend information available from these years.

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.ndarc.med.unsw.edu.au

## 1.1 Study aims

In 2013, 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.

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

# 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 RPU recruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE (formally known as key informants, or KI) who, through the nature of their work, have regular contact with RPU; 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 REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2013can be found in the jurisdictional reports, available from the NDARC website (www.ndarc.med.unsw.edu.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 3% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2011a)*.

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

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – REU (Topp and Darke, 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that were sought. For more discussion on this issue see section 4.10: *New Psychoactive Substances*. Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting REU, RPU were also recruited to provide information on ERD markets. In 2013, the RPU criteria was adopted for all states. Interestingly, there were only a limited number of participants who had not used ecstasy (n=11) or had not used ecstasy

regularly in accordance with REU criteria (n=64). To summarise 11% of the 2013 sample were not REU suggesting that EDRS results still comprise of a large amount of data from RPU. Numbers for EDRS recruitment across jurisdictions are as follows: National REU n=686; NSW n=100; ACT n=77; VIC n=100; TAS n=75; SA n=100; WA n=100; NT n=45; QLD n=88.

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 year. 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 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. Interviews took place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

### 2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994)(Hando 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 ERD;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- ecstasy-related problems, including relationship, legal and occupational problems;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including exposure to injecting, and NPS health module.

### 2.1.4 Data analysis

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

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 $\chi^2$. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 20.0 SPSS Inc, 2011). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website[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 2013. KE were renumerated with a small gift (e.g. box of chocolates, coffee) for their time.

One-hundred and seventeen KE across the country participated in the 2013 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, human immunodeficiency virus (HIV) -positive people, and the gay and lesbian community.

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

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 NDARC website: 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 IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- the 2010 NDSHS (AIHW, 2011);
- drug purity data provided by the ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACC;
- data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- national notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

# 3 DEMOGRAPHICS

- EDRS participants in 2013 continue to be a group that are aged in their mid-20s (mean age of 25 years), predominantly male (67%), the majority identifying as heterosexual (88%) and being single (60%). Small proportions reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 44% had obtained post-secondary qualifications; while 15% were full-time students.
- One quarter (26%) of the national sample was currently in full-time employment. The mean weekly income was $550. The main source of income was salary/wages (64%). Half were renting (51%) or living in the parental/family home (41%).
- In 2013, participants were recruited primarily through word-of-mouth although we have seen a significant increase in online recruitment and a decrease in street press over time.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

In the 2013 EDRS, 686 participants were interviewed. Due to difficulty with recruitment in some of the smaller jurisdictions, the criteria were broadened to include regular psychostimulant use (i.e. six separate occasions over the last six months of any ERD). These participants were termed regular psychostimulant users (RPU). The national sample comprised 100 participants from Sydney (NSW), 100 participants from Melbourne (VIC), 100 participants from Adelaide (SA), 100 participants from Perth (WA), 88 participants in Brisbane and the Gold Coast (QLD), 77 participants Canberra (ACT), 76 participants in Hobart (TAS) and; 45 participants from Darwin (NT). The sample size was predetermined, with each state/territory aiming to interview 100 RPU. Although the same recruitment strategies were employed across all jurisdictions, certain states found it difficult to recruit 100 eligible participants in the required timeframe. (Whittaker & Burns, 2013; please see the NDARC website for details). Eligibility for NT EDRS participation was based on regular psychostimulant use, that is, used on at least six occasions within Australia 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.

## 3.1 Overview of the EDRS participant sample

Three fifths (67%) of the national sample interviewed in 2013 were male. The mean age of the sample was 23 years (SD=6.07, range=16-53). There was a significant difference between gender and age, with males found to be significantly older than females (23.41 versus 21.98, $t_{592}$=3.25, $p$<0.05). Most participants identified as heterosexual (88%) and nominated English as the main language spoken at home (97%). The majority of participants were also born in Australia (82%) with the following majority born in the United Kingdom (5%) and New Zealand (2%). A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Half reported that they lived in either their own premises (purchased or rented; 55%) 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 (SD=0.79, range=7-12), and 75% had completed high school education (year 12 or above). More than half had completed courses after school, with 23% having completed a trade or technical

qualification and 21% having completed a university degree or college course. Main source of income for this sample was wages or salary (64%) followed by government benefits (22%), parental allowance (6%), criminal activity (1.5%), other means (3%) and a small percentage reported that they had no income (3%). Mean weekly income nationally was $550 with variations across jurisdictions (Table 1).

Over half (60%) of the national sample reported that they were of single status and one-third (31%) had a regular partner. Eight percent reported being married or living in a de facto relationship, and less than 1% reported that they were separated, divorced or widowed respectively.

Three percent (n=19) 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=6), with small numbers (n<10) reporting other treatments including methadone and buprenorphine (Subutex or Suboxone) treatment.

**Table 1: Demographic characteristics EDRS participants, 2013**

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Mean age (years)** | 25 | **23** | 23 | 20 | 26 | 25 | 223 | 21 | 25 | 22 |
| **Male** | 65 | **67** | 75 | 71 | 63 | 57 | 75 | 63 | 69 | 64 |
| **English speaking background** | 98 | **97** | 96 | 96 | 100 | 99 | 98 | 96 | 87 | 96 |
| **Aboriginal and/or Torres Strait Islander** | 2 | **2** | 1 | 1 | 2 | 5 | 2 | 2 | 0 | 1 |
| **Sexual identity** | | | | | | | | | | |
| Heterosexual | 87 | **88** | 78 | 96 | 90 | 87 | 85 | 90 | 91 | 92 |
| Gay male | 4 | **4** | 10 | 0 | 5 | 0 | 1 | 1 | 7 | 2 |
| Lesbian | 2 | **2** | 1 | 0 | 2 | 4 | 6 | 0 | 0 | 0 |
| Bisexual | 6 | **7** | 9 | 4 | 3 | 9 | 7 | 8 | 2 | 6 |
| Other | 1 | **<1** | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| **Mean years of school education (n)** | 12 | **12** | 12 | 11 | 12 | 11 | 12 | 12 | 12 | 12 |
| **Tertiary qualifications** | 50 | **44** | 33 | 48 | 59 | 41 | 49 | 32 | 76 | 34 |
| **Employed full time** | 27 | **26** | 19 | 14 | 31 | 49 | 23 | 16 | 59 | 15 |
| **Students**[#] | 14 | **15** | 40 | 7 | 18 | 4 | 6 | 5 | 2 | 30 |
| **Unemployed** | 16 | **16** | 16 | 29 | 16 | 16 | 13 | 20 | 13 | 8 |
| **Mean weekly income ($)** | N=590 $576 | **N=654 $550** | n=98 $455 | n=68 $406 | n=98 $700 | n=74 $621 | n=99 $475 | n=96 $524 | n=35 $1140 | n=86 $420 |
| **Accommodation** | | | | | | | | | | |
| Own house/flat | 5 | **4** | 3 | 0 | 3 | 7 | 5 | 2 | 7 | 7 |
| Rented house/flat | 57 | **51** | 40 | 35 | 70 | 72 | 49 | 28 | 64 | 58 |
| Family home | 35 | **41** | 54 | 58 | 25 | 18 | 44 | 66 | 9 | 32 |
| Boarding House/hostel | 1 | **1** | 0 | 3 | 0 | 1 | 1 | 0 | 4 | 3 |
| Shelter /refuge | <1 | **<1** | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| No fixed address | <1 | **2** | 0 | 3 | 2 | 0 | 0 | 2 | 16 | 0 |
| Other | <1 | **<1** | 2 | 0 | 0 | 1 | 1 | 2 | 0 | 0 |
| **Currently in drug treatment** | 5 | **3** | 1 | 3 | 4 | 3 | 2 | 3 | 0 | 6 |

**Source: EDRS interviews**
[#] Question wording changed in 2007 to include only full-time students
**Note:** Mean weekly income first included in 2009

The demographic characteristics of the EDRS participants recruited were generally consistent across jurisdictions, though some differences were noted. Table 2 presents key demographic characteristics across time. The age of EDRS participants in the national sample, has consistently been on average in their mid-20s. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that RPU are a group with little contact with law enforcement and drug treatment services.

**Table 2: Demographic characteristics of REU/RPU, 2003-2013**

| (%) | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mean age (n; range)** | 25 (15-59) | 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)** |
| **Male** | 60 | 62 | 59 | 63 | 58 | 57 | 64 | 58 | 69 | 65 | **67** |
| **English speaking background** | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | **97** |
| **Heterosexual** | 82 | 83 | 84 | 84 | 81 | 81 | 86 | 86 | 88 | 87 | **88** |
| **Tertiary qualifications** | 46 | 50 | 50 | 45 | 56 | 53 | 43 | 47 | 46 | 50 | **44** |
| **Employed full time** | 30 | 37 | 35 | 37 | 33 | 41 | 29 | 29 | 25 | 27 | **26** |
| **Unemployed** | 25 | 16 | 14 | 16 | 16 | 11 | 18 | 14 | 22 | 16 | **16** |
| **Prison history** | 8 | 7 | 8 | 7 | 6 | 4 | 6 | 4 | n.a. | 5 | **3** |
| **Currently in drug treatment** | 6 | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 5 | 5 | **3** |

**Source: EDRS interviews**

### 3.1.1 Recruitment of the participant sample, 2013

Participation in the EDRS and/or IDRS study in previous years has continued to be reported by a minimal number of participants. Participants that meet criteria for the IDRS, that is regular injectors of illicit drugs, are purposefully screened out of the EDRS as they become a sentinel group able to provide information of a different nature for the IDRS study. Word-of-mouth continued to be the medium by which most participants were recruited followed by street press advertising and then fliers (Table 3). Overtime as we have seen the changes in drug use preference in this group, we have also seen a change in recruitment methods with a significant increase in the internet (2010: 5% vs. 2013: 16%, $p<0.05$) as a recruitment medium and a decline in street press advertising (2010: 35% vs. 2013: 27%, $p<0.05$). Despite the use of the same methodology, participants in the NT were extremely difficult to recruit in the given timeframe. For further explanation on jurisdictional differences please consult the relevant 2013 jurisdictional report.

**Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | **2013 N=682** | **n=100** | **n=76** | **n=100** | **n=75** | **n=100** | **n=99** | **n=45** | **n=88** |
| **Previously participated in EDRS** | 13 | **10** | 5 | 8 | 4 | 25 | 18 | 6 | 0 | 8 |
| **EDRS survey recruitment** | | | | | | | | | | |
| Internet | 12 | **16** | 34 | 1 | 20 | 11 | 22 | 12 | 2 | 10 |
| Word of mouth | 40 | **36** | 35 | 19 | 24 | 63 | 40 | 34 | 53 | 34 |
| Advert in street press | 37 | **27** | 22 | 43 | 49 | 5 | 24 | 24 | 33 | 14 |
| Fliers | 11 | **18** | 9 | 23 | 4 | 21 | 3 | 31 | 9 | 41 |
| Other | <1 | **4** | 0 | 14 | 3 | 3 | 11 | 0 | 2 | 1 |
| **Previously participated in IDRS** | 1 | **<1** | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 |

**Source: EDRS interviews**

# 4 CONSUMPTION PATTERN RESULTS

## 4.1 Drug use history and current drug use

- Ecstasy remained the drug of choice (32% in 2013). Cocaine experienced a decrease in relation to drug of choice and is now 5th in preference behind alcohol and LSD.
- The drugs most likely to have ever been used, and to have been used, in the preceding six months were alcohol, followed by cannabis and tobacco.
- Polydrug use was reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: new drugs on the market such as 2C-B, DMT and caps, and an increase in prevalence of traditional stimulant drugs such as ketamine and ecstasy.

In 2013, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco.

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 4). A small proportion of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'new psychoactive substances' including mephedrone, MDPV, DMT (a powerful hallucinogen); synthetic drugs such as 2C-I, 2C-B and benzylpiperizines (BZP); and naturally occurring drugs, such as kava (data not shown). First included in 2010 and continued in 2013, 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 substances*. Jurisdictional reports may also provide a more detailed overview of the use of these drugs in those areas.

A fictitious drug canthezine was included as a quality check on response of the survey instrument to allow some validation, to which no participant responded ever using.

The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco (Table 4). Thirteen percent of the national sample reported having ever injected a drug, and 7% of the sample had injected a drug in the six months preceding interview.

## Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2013

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever injected a drug** | 16 | **13** | 8 | 4 | 22 | 18 | 12 | 10 | 16 | 14 |
| **Injected drug recently** | 9 | ***7*** | 6 | 3 | 12 | 11 | 6 | 5 | 4 | 7 |
| **Alcohol** | | | | | | | | | | |
| ever used | 99 | **99.9** | 100 | 100 | 100 | 100 | 100 | 100 | 98 | 100 |
| recent use | 96 | **97** | 94 | 96 | 93 | 100 | 97 | 96 | 100 | 99 |
| median days recent use (n; range) | 48 (1-180) | **48 (1-180)** | 43 (1-180) | 24 (3-180) | 50 (2-180) | 72 (1-180) | 48 (1-180) | 48 (2-180) | 60 (1-180) | 48 (6-180) |
| **Cannabis** | | | | | | | | | | |
| ever used | 98 | **97** | 97 | 94 | 100 | 96 | 94 | 98 | 98 | 98 |
| recent use | 82 | **85** | 90 | 87 | 87 | 78 | 85 | 92 | 71 | 84 |
| median days recent use (n; range) | 60 (1-180) | **48 (1-180)** | 40 (1-180) | 90 (1-180) | 50 (1-180) | 48 (1-180) | 48 (2-180) | 27 (1-180) | 24 (1-180) | 48 (1-180) |
| **Tobacco** | | | | | | | | | | |
| ever used | 95 | **88** | 95 | 85 | 92 | 90 | 84 | 88 | 76 | 91 |
| recent use | 83 | **77** | 84 | 74 | 82 | 76 | 75 | 75 | 58 | 83 |
| median days recent use (n; range) | 180 (1-180) | **180 (1-180)** | 72 (1-180) | 180 (1-180) | 180 (2-180) | 180 (3-180) | 180 (1-180) | 96 (2-180) | 180 (3-180) | 180 (1-180) |
| **Meth. powder (speed)** | | | | | | | | | | |
| ever used | 76 | **63** | 56 | 70 | 86 | 95 | 47 | 36 | 53 | 65 |
| recent use | 48 | **37** | 25 | 57 | 58 | 53 | 21 | 17 | 33 | 41 |
| median days recent use (n; range) | 5 (1-180) | **3 (1-180)** | 2 (1-12) | 5 (1-180) | 4 (1-80) | 2 (1-90) | 1 (1-24) | 5 (1-72) | 5 (1-30) | 3 (1-36) |
| **Meth. base** | | | | | | | | | | |
| ever used | 31 | **20** | 21 | 9 | 30 | 45 | 15 | 9 | 7 | 18 |
| recent use | 15 | **6** | 4 | 5 | 8 | 7 | 11 | 0 | 2 | 9 |
| median days recent use(n; range) | 3 (1-120) | **2 (1-48)** | 1 (1-5) | 2.5^ (1-12) | 3^ (1-48) | 1^ (1-48) | 2 (1-24) | - (-) | 24^ *(no range)* | 2^ (1-24) |
| **Crystal meth. (ice/crystal)** | | | | | | | | | | |
| ever used | 48 | **35** | 24 | 23 | 62 | 38 | 37 | 32 | 36 | 26 |
| recent use | 29 | **24** | 11 | 14 | 45 | 17 | 28 | 22 | 56 | 21 |
| median days recent use (n; range) | 6 (1-170) | **4 (1-180)** | 4 (1-48) | 3 (1-180) | 10 (1-170) | 3 (1-72) | 4 (1-96) | 6 (1-180) | 3^ (1-30) | 3.5 (1-80) |
| ***Meth. (any form)*** | | | | | | | | | | |
| *ever used* | *84* | ***70*** | *59* | *74* | *91* | *96* | *64* | *45* | *62* | *71* |
| *recent use* | *61* | ***49*** | *36* | *65* | *71* | *57* | *46* | *31* | *42* | *48* |
| *median days recent use (n; range)* | *6 (1-180)* | ***4 (1-180)*** | *2 (1-48)* | *5 (1-180* | *8 (1-172)* | *3 (1-95)* | *4 (1-120)* | *5 (1-180)* | *8 (1-96)* | *4 (1-104)* |
| **Cocaine** | | | | | | | | | | |
| ever used | 73 | **62** | 64 | 62 | 78 | 49 | 58 | 54 | 64 | 67 |
| recent use | 40 | **36** | 42 | 38 | 46 | 17 | 35 | 34 | 33 | 40 |
| median days recent use (n; range) | 3 (1-100) | **2 (1-100)** | 2 (1-10) | 2 (1-100) | 2 (1-26) | 3 (1-6) | 2 (1-48) | 1 (1-48) | 4 (1-30) | 2 (1-12) |
| **LSD** | | | | | | | | | | |
| ever used | 68 | **70** | 71 | 75 | 88 | 79 | 51 | 66 | 64 | 63 |
| recent use | 34 | **43** | 51 | 53 | 52 | 38 | 25 | 43 | 40 | 41 |
| median days recent use (n; range) | 3 (1-48) | **3 (1-72)** | 2 (1-24) | 4 (1-72) | 3 (1-26) | 2 (1-12) | 2 (1-25) | 4 (1-48) | 2 (1-15) | 2 (1-16) |

**Source: EDRS interviews**
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers

## Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2013 continued

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **MDA** | | | | | | | | | | |
| ever used | 25 | **20** | 28 | 17 | 31 | 16 | 9 | 18 | 16 | 24 |
| recent use | 10 | **12** | 23 | 10 | 13 | 8 | 3 | 12 | 4 | 16 |
| median days recent use (n; range) | 3 (1-30) | **2 (1-48)** | 3 (1-15) | 2.5^ (1-20) | 1 (1-6) | 2.5^ (1-48) | 2^ (1-5) | 1 (1-5) | 1.5^ (1-2) | 2.5 (1-30) |
| **Ketamine** | | | | | | | | | | |
| ever used | 39 | **36** | 36 | 43 | 76 | 18 | 28 | 20 | 40 | 27 |
| recent use | 14 | **19** | 24 | 33 | 46 | 7 | 6 | 7 | 9 | 13 |
| median days recent use (n; range) | 2 (1-24) | **2 (1-48)** | 2 (1-10) | 2 (1-20) | 4 (1-48) | 2^ (1-2) | 1^ (1-2) | 2^ (1-10) | 1^ (1-2) | 1^ (1-2) |
| **GHB/1,4B/GBL** | | | | | | | | | | |
| ever used | 21 | **14** | 21 | 5 | 30 | 8 | 12 | 7 | 13 | 13 |
| recent use | 7 | **6** | 11 | 0 | 14 | 0 | 5 | 3 | 2 | 6 |
| median days recent use (n; range) | 2 (1-135) | **2 (1-180)** | 3 (1-30) | - (-) | 2 (1-180) | - (-) | 1^ (1-3) | 2^ (2-20) | 5^ *(no range)* | 1^ (1-5) |
| **Amyl nitrate** | | | | | | | | | | |
| ever used | 48 | **40** | 64 | 30 | 69 | 42 | 30 | 14 | 29 | 35 |
| recent use | 21 | **17** | 45 | 9 | 23 | 9 | 14 | 7 | 11 | 8 |
| median days recent use (n; range) | 2 (1-180) | **3 (1-160)** | 5 (1-160) | 1^ (1-3) | 3 (1-48) | 4^ (1-20) | 4 (1-15) | 1^ (1-5) | 2.5^ (2-4) | 2^ (1-8) |
| **Nitrous oxide** | | | | | | | | | | |
| ever used | 54 | **49** | 38 | 43 | 72 | 61 | 48 | 46 | 27 | 49 |
| recent use | 21 | **25** | 20 | 26 | 48 | 9 | 17 | 32 | 9 | 28 |
| median days recent use (n; range) | 4 (1-100) | **3 (1-130)** | 3 (1-20) | 5.5 (1-70) | 3 (1-48) | 1^ (1-60) | 2 (1-15) | 6 (1-130) | 2.5^ (1-26) | 5 (1-48) |
| **Licit benzodiazepines** | | | | | | | | | | |
| ever used | 18 | **16** | 11 | 12 | 30 | 17 | 12 | 12 | 16 | 19 |
| recent use | 12 | **8** | 6 | 7 | 13 | 8 | 66 | 6 | 4 | 9 |
| median days recent use (n; range) | 30 (1-180) | **20 (1-180)** | 5^ (2-30) | 10^ (1-60) | 40 (2-180) | 36^ (10-180) | 57^ 10-180) | 24^ (6-180) | 10.5^ (1-20) | 16^ (2-180) |
| **Illicit benzodiazepines** | | | | | | | | | | |
| ever used | 49 | **46** | 42 | 23 | 71 | 37 | 51 | 51 | 18 | 52 |
| recent use | 26 | **27** | 19 | 12 | 48 | 30 | 25 | 32 | 7 | 32 |
| median days recent use (n; range) | 4 (1-180) | **3.5 (1-72)** | 2 (1-10) | 1^ (1-14) | 4 (1-48) | 3 (1-40) | 3.5 (1-72) | 6 (1-48) | 1^ (-) | 6 (1-70) |
| ***Any benzodiazepines (licit/illicit)*** | | | | | | | | | | |
| *ever used* | *55* | ***54*** | *45* | *33* | *80* | *47* | *59* | *55* | *31* | *60* |
| *recent use* | *33* | ***32*** | *25* | *21* | *53* | *34* | *29* | *33* | *11* | *38* |
| *median days recent use (n; range)* | *5 (1-180)* | ***5 (1-180)*** | *3 (1-30)* | *1.5 (1-60)* | *6 (1-180)* | *6 (1-180)* | *5 (1-180)* | *7 (1-48)* | *1^ (1-20)* | *6 (1-180)* |

**Source: EDRS interviews**
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers

## Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2012 continued

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Licit pharm. stimulants** | | | | | | | | | | |
| ever used | 9 | **6** | 11 | 7 | 6 | 3 | 5 | 8 | 11 | 2 |
| recent use | 2 | **3** | 6 | 5 | 1 | 1 | 3 | 2 | 2 | 2 |
| median days recent use (n; range) | 126 (4-180) | **90 (2-180)** | 180^ (50-180) | 6.5^ (2-180) | 18^ *(no range)* | 90^ *(no range)* | 100^ (12-180) | 92.5^ (5-180) | - (-) | 58^ (4-112) |
| **Illicit pharm. stimulants** | | | | | | | | | | |
| ever used | 58 | **50** | 53 | 33 | 61 | 43 | 40 | 74 | 9 | 60 |
| recent use | 28 | **30** | 30 | 16 | 29 | 18 | 23 | 62 | 0 | 41 |
| median days recent use (n; range) | 4 (1-180) | **4 (1-180)** | 3 (1-90) | 4.5 (1-19) | 3 (1-84) | 3 (1-12) | 3 (1-180) | 6 (1-150) | - (-) | 3.5 (1-96) |
| ***Any pharm. stimulants (licit/illicit)*** | | | | | | | | | | |
| *ever used* | *62* | ***54*** | *59* | *38* | *65* | *45* | *43* | *77* | *18* | *61* |
| *recent use* | *29* | ***33*** | *35* | *21* | *30* | *20* | *25* | *64* | *2* | *42* |
| *median days recent use (n; range)* | *4 (1-180)* | ***4 (1-180)*** | *4 (1-180)* | *3 (1-84)* | *3 (1-90)* | *3 (1-180)* | *6 (1-180)* | *5^ (no range)* | *4 (1-124)* | *3 (1-180)* |
| **Licit antidepressants** | | | | | | | | | | |
| ever used | 23 | **19** | 12 | 13 | 23 | 20 | 19 | 25 | 13 | 21 |
| recent use | 10 | **9** | 7 | 9 | 7 | 9 | 9 | 14 | 7 | 9 |
| median days recent use (n; range) | 180 (2-180) | **180 (1-180)** | 48^ (1-180) | 180^ (150-180) | 160^ (5-180) | 180^ (14-180) | 180^ (1-180) | 120 (3-180) | 180^ (28-180) | 180^ (10-180) |
| **Illicit antidepressants** | | | | | | | | | | |
| ever used | 8 | **7** | 7 | 1 | 15 | 4 | 2 | 8 | 2 | 14 |
| recent use | 2 | **2** | 2 | 0 | 3 | 0 | 0 | 4 | 0 | 7 |
| median days recent use (n; range) | 4.5 (1-24) | **1 (1-48)** | 2^ (1-3) | - (-) | 3^ (2-5) | - (-) | - (-) | 1.5^ (1-48) | - (-) | 1^ (1-24) |
| ***Any antidepressants (licit/illicit)*** | | | | | | | | | | |
| *ever used* | *28* | ***24*** | *19* | *14* | *35* | *24* | *20* | *31* | *13* | *31* |
| *recent use* | *11* | ***11*** | *9* | *9* | *10* | *9* | *9* | *18* | *7* | *15* |
| *median days recent use (n; range)* | *180 (2-180)* | ***150 (1-180)*** | *3^ (1-180)* | *180^ (150-180)* | *52.5 (1-180)* | *180^ (14-180)* | *180^ (1-180)* | *90 (1-180)* | *180^ (28-180)* | *60 (1-180)* |
| **Magic mushrooms** | | | | | | | | | | |
| ever used | 71 | **60** | 48 | 65 | 85 | 71 | 54 | 44 | 44 | 61 |
| recent use | 27 | **27** | 25 | 47 | 38 | 15 | 19 | 17 | 11 | 38 |
| median days recent use (n; range) | 2 (1-30) | **2 (1-32)** | 2 (1-7) | 2.5 (1-32) | 2 (1-13) | 2 (1-6) | 1 (1-5) | 2 (1-10) | 3^ (1-3) | 2 (1-15) |

**Source: EDRS interviews**
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers.

## Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2013 continued

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Heroin** | | | | | | | | | | |
| ever used | 14 | **11** | 9 | 5 | 25 | 16 | 9 | 6 | 11 | 7 |
| recent use | 5 | **4** | 3 | 1 | 10 | 5 | 3 | 2 | 0 | 3 |
| median days recent use (n; range) | 5 (1-130) | **5.5 (1-140)** | 12^ (2-24) | 1 *(no range)* | 7.5 (1-140) | 5.5^ (3-30) | 10^ (1-18) | 12^ (9-15) | - (-) | 4^ (1-4) |
| **Methadone** | | | | | | | | | | |
| ever used | 8 | **5** | 6 | 3 | 14 | 7 | 6 | 1 | 0 | 2 |
| recent use | 3 | **2** | 4 | 1 | 4 | 1 | 0 | 0 | 0 | 0 |
| median days recent use (n; range) | 24 (1-180) | **7 (1-180)** | 6.5^ (1-24) | 1^ *(no range)* | 110^ (2-180) | 1^ *(no range)* | - (-) | - (-) | - (-) | - (-) |
| **Buprenorphine** | | | | | | | | | | |
| ever used | 6 | **3** | 2 | 1 | 6 | 5 | 2 | 3 | 0 | 2 |
| recent use | 3 | **1** | 1 | 1 | 3 | 4 | 0 | 0 | 0 | 1 |
| median days recent use (n; range) | 24 (1-180) | **2^ (1-180)** | 30^ *(no range)* | 1^ *(no range)* | 2^ *(no range)* | 9^ (1-10) | - (-) | - (-) | - (-) | 180^ *(no range)* |
| **Other opiates licit** | | | | | | | | | | |
| ever used (%) | 13 | **12** | 15 | 9 | 19 | 7 | 14 | 8 | 11 | 11 |
| recent use (%) | 5 | **5** | 7 | 4 | 10 | 0 | 4 | 4 | 2 | 7 |
| median days recent use | 10 (1-180) | **10 (1-180)** | 7^ (1-180) | 2^ (1-7) | 12 (1-180) | - (-) | 14.5^ (10-24) | 7.5^ (1-96) | 3^ *(no range)* | 13^ (4-15) |
| **Other opiates illicit** | | | | | | | | | | |
| ever used | 25 | **22** | 17 | 16 | 32 | 22 | 27 | 23 | 4 | 23 |
| recent use | 9 | **10** | 4 | 16 | 14 | 11 | 7 | 12 | 0 | 11 |
| median days recent use(n; range) | 3 (1-170) | **3 (1-160)** | 3.5^ (1-10) | 1 (1-21) | 2.5 (1-160) | 5.5^ (1-30) | 3^ (1-24) | 5.5 (1-90) | - (-) | 1.5 (1-48) |
| ***Any other opiates*** | | | | | | | | | | |
| *ever used* | 15 | **30** | 26 | 21 | 41 | 28 | 35 | 29 | 16 | 32 |
| *recent use* | 5 | **14** | 11 | 17 | 21 | 11 | 10 | 15 | 2 | 17 |
| *median days (n; range)* | 5 (1-72) | **4 (1-180)** | 5 (1-180) | 2 (1-21) | 3 (1-180) | 5.5^ (1-30) | 9 (1-36) | 4 (1-96) | 3^ *(no range)* | 7 (1-48) |
| **OTC codeine (for non-pain use)** | | | | | | | | | | |
| ever used | 23 | **25** | 18 | 21 | 31 | 24 | 31 | 23 | 16 | 32 |
| recent use | 14 | **13** | 9 | 9 | 14 | 9 | 21 | 15 | 4 | 17 |
| median days (n; range) | 4 (1-180) | **3 (1-120)** | 1^ (1-30) | 2^ (1-53) | 2 (1-24) | 7^ (1-90) | 4 (1-48) | 3 (1-120) | 2^ (1-3) | 2 (1-90) |
| **OTC stimulants** | | | | | | | | | | |
| ever used | 15 | **10** | 12 | 8 | 14 | 7 | 4 | 7 | 9 | 16 |
| recent use | 5 | **4** | 3 | 1 | 8 | 3 | 1 | 5 | 2 | 6 |
| median days recent use (n; range) | 5 (1-72) | **2.5 (1-120)** | 11^ (4-11) | 1^ *(no range)* | 2^ (1-12) | 2.5^ (2-3) | 12^ *(no range)* | 13^ (2-120) | 1^ *(no range)* | 2^ (1-6) |
| **Steroids** | | | | | | | | | | |
| ever used | 2 | **2** | 4 | 1 | 3 | 0 | 0 | 1 | 7 | 5 |
| recent use | 1 | **<1** | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 2 |
| median days recent use (n; range) | 25.5^ (7-90) | **40^ (20-48)** | 20^ *(no range)* | 40^ *(no range)* | - (-) | - - | - (-) | 48^ *(no range)* | - (-) | 36^ (24-48) |

**Source: EDRS interviews**
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers
*of those that used OTC codeine for pain use
**of those that used OTC codeine for other than pain use

Increasing and decreasing trends are evident across time in relation to lifetime and recent use of ecstasy and related substances (Table 5). In 2013, of interest is the decreasing trend of lifetime and recent use of any form methamphetamine.

**Table 5: Lifetime and recent (last six months) polydrug use of RPU, 2003-2013**

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

**Source: EDRS 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 ice/crystal

### 4.1.1 Injecting drug use

Thirteen percent of the national sample reported that they had injected a drug in their lifetime, and 7% of the sample had injected in the preceding six months. Among those who had recently injected: methamphetamine ((speed and ice/crystal) were the most commonly last injected drug in the preceding six months), followed by heroin. For further details, please refer to section 7.1: *Injecting Risk Behaviour*.

### 4.1.2 Drug of choice and binge drug use

Ecstasy was the drug of choice for one-third (33%) of respondents in 2013. The next most commonly preferred drug was cannabis, followed by alcohol and LSD (Table 6). Trend data would indicate that whilst in recent years ecstasy has been declining in preference (42% in 2009 to 27% in 2011) it has now begun to return into favour (Figure 1). Cocaine has significantly decreased from 13% in 2012 to 6% in 2013, $p<0.05$).

**Table 6: Drug of choice among RPU, 2013**

| | National N=606 | National N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Drug of choice (%)** | 2012 | **2013** | | | | | | | | |
| Ecstasy | 32 | **33** | 34 | 36 | 26 | 28 | 29 | 42 | 7 | 46 |
| Cannabis | 19 | **23** | 30 | 33 | 17 | 17 | 26 | 20 | 22 | 19 |
| Alcohol | 15 | **18** | 21 | 5 | 13 | 16 | 25 | 16 | 57 | 10 |
| Cocaine | 13 | **6** ↓ | 2 | 8 | 2 | 15 | 6 | 5 | 0 | 10 |
| LSD | 5 | **7** | 6 | 9 | 10 | 5 | 3 | 9 | 2 | 6 |
| Ice/crystal | 3 | **3** | 2 | 0 | 11 | 0 | 2 | 0 | 0 | 2 |
| Speed | 4 | **4** | 1 | 3 | 7 | 9 | 0 | 2 | 14 | 2 |
| Heroin | 2 | **1** | 0 | 1 | 3 | 1 | 0 | 1 | 0 | 2 |
| Base | <1 | **<1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Mushrooms | 2 | **1** | 0 | 1 | 4 | 1 | 1 | 1 | 0 | 1 |
| Ketamine | <1 | **1** | 0 | 1 | 2 | 1 | 1 | 1 | 0 | 0 |
| GHB* | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Pharm Stimulant # | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Pharm Opioids# | <1 | **<1** | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Amyl nitrate | <1 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nitrous Oxide | <1 | **<1** | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| MDA | <1 | **<1** | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Benzodiazepines# | <1 | **<1** | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| Other drugs | 1 | **2** | 3 | 0 | 0 | 7 | 5 | 1 | 0 | 0 |

**Source: EDRS interviews**

Participants were asked whether they had binged on ERDs 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). Two-fifths (39%) of the national sample had binged on one or more drugs in the preceding six months on a median of two occasions (range 1-90). The median number of hours was 72 hours (approximately three days) with the range between 48-408 hours.

Amongst those who had binged for over 48 hours, ecstasy (79%) was the drug most commonly reported being used in a binge session. Alcohol more than five standard drinks (69%), tobacco (62%), cannabis (55%), speed (29%), energy drinks (27%) and ice/crystal methamphetamine (32%) were also frequently reported as being used in a binge session.

## Table 7: Bingeing behaviour among RPU, 2013

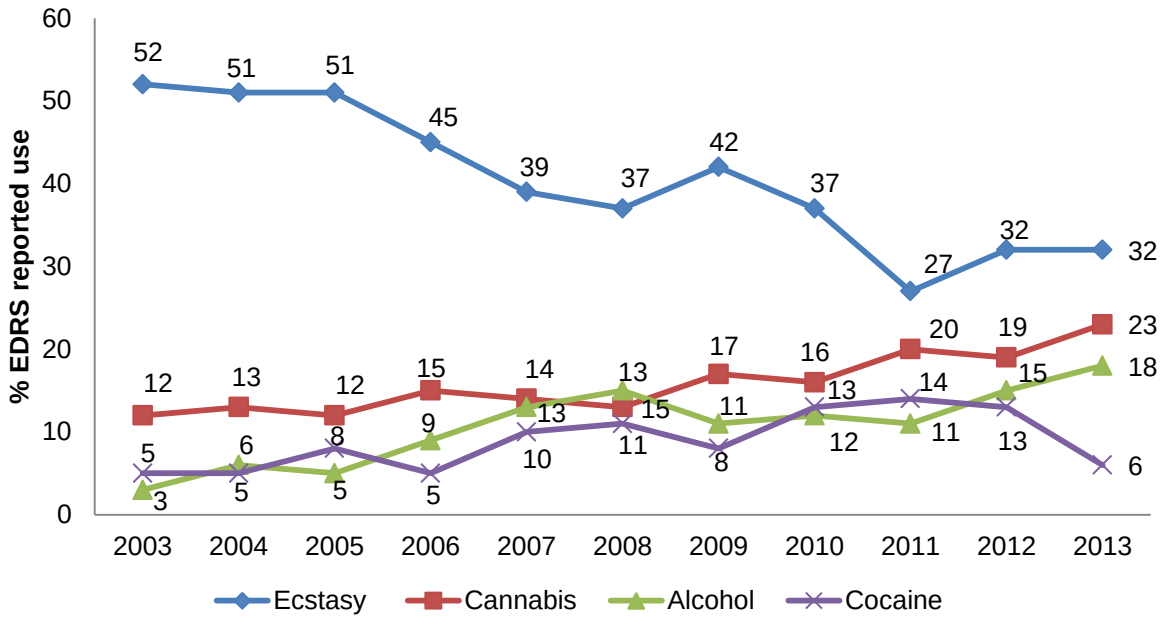
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=685 | n=100 | n=76 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| Binged on any stimulant | 39 | **39** | 25 | 53 | 49 | 33 | 39 | 38 | 31 | 46 |
| | N=236 | N=270 | n=25 | n=40 | n=49 | n=25 | n=39 | n=38 | n=14 | n=40 |
| Ecstasy | 30 | 79 | 92 | 83 | 67 | 68 | 85 | 87 | 71 | 80 |
| Alcohol >5 drinks | 27 | 69 | 28 | 75 | 55 | 84 | 64 | 79 | 79 | 85 |
| Tobacco | 26 | 62 | 64 | 68 | 43 | 72 | 64 | 66 | 64 | 63 |
| Cannabis | 22 | 55 | 44 | 60 | 35 | 72 | 56 | 66 | 43 | 63 |
| Speed | 13 | 29 | 32 | 45 | 35 | 44 | 10 | 21 | 14 | 23 |
| Energy drinks | 9 | 27 | 28 | 38 | 8 | 28 | 15 | 47 | 43 | 23 |
| Ice/crystal | 16 | 32 | 20 | 15 | 55 | 20 | 44 | 34 | 21 | 25 |
| LSD | 6 | 17 | 16 | 15 | 20 | 24 | 8 | 24 | 21 | 13 |
| Cocaine | 6 | 16 | 20 | 25 | 10 | 16 | 13 | 16 | 14 | 18 |
| Pharmaceutical stimulants | 3 | 12 | 4 | 13 | 2 | 20 | 5 | 37 | 0 | 13 |
| Benzodiazepines | 4 | 11 | 0 | 8 | 14 | 20 | 5 | 16 | 7 | 13 |
| Alcohol <5 drinks | 4 | 8 | 16 | 8 | 8 | 4 | 8 | 11 | 0 | 5 |
| Nitrous oxide | 3 | 7 | 4 | 10 | 8 | 8 | 3 | 11 | 14 | 3 |
| Ketamine | 3 | 6 | 0 | 18 | 12 | 4 | 0 | 3 | 14 | 0 |
| Amyl nitrate | 2 | 5 | 24 | 0 | 4 | 16 | 3 | 3 | 0 | 0 |
| MDA | 1 | 3 | 8 | 8 | 2 | 4 | 0 | 0 | 0 | 3 |
| GHB | 2 | 3 | 12 | 0 | 8 | 0 | 0 | 5 | 0 | 0 |
| OTC codeine | <1 | 3 | 0 | 3 | 4 | 4 | 3 | 3 | 0 | 5 |
| Base | 3 | 2 | 0 | 0 | 4 | 4 | 8 | 0 | 0 | 0 |
| Other | 2 | 13 | 12 | 18 | 6 | 20 | 8 | 24 | 7 | 10 |

**Source: EDRS interviews**

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

* of those who had binged on any stimulant.

## Figure 1: Drug of choice for EDRS participants, 2003-2013




**Source: EDRS interviews**

In 2013, participants were asked which drug they had used most often in the month prior to interview (see Table 12). Similar to recent use patterns reported by participants (Table 4), alcohol (39%) followed by cannabis (33%) and ecstasy (15%) were the drugs most often reportedly used. Where there was a discrepancy between nominated drug of choice and drug most often used, participants were asked the reason for this and the most common responses given for this were availability of the drug of choice (26%), use in social situations (19%), price of the favourite drug (17%), impact on daily functioning of the drug of choice (12%), health effects (10%), low purity of the favourite drug (3%), and peer influence (1%).

**Table 8: Drug used most often in the last month among RPU, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| Alcohol | 32 | 39 | 33 | 18 | 33 | 59 | 40 | 42 | 78 | 26 |
| Cannabis | 30 | 33 | 34 | 48 | 27 | 25 | 32 | 33 | 20 | 36 |
| Ecstasy | 19 | 15 | 22 | 18 | 11 | 7 | 17 | 14 | 0 | 24 |
| Speed | 3 | 3 | 0 | 9 | 5 | 1 | 1 | 2 | 2 | 1 |
| Ice/crystal | 5 | 3 | 2 | 1 | 14 | 0 | 3 | 2 | 0 | 0 |
| LSD | <1 | <1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 2 |
| Cocaine | 1 | 1 | 1 | 0 | 2 | 0 | 3 | 2 | 0 | 1 |
| Mushrooms | <1 | <1 | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 2 |

**Source: EDRS interviews**

Note: Methadone, heroin, pharmaceutical opioids, pharmstimulants, benzodiazepines, base, MDA, ketamine, GHB, nitrous oxide and amyl nitrate were all mentioned by n<5 participants each.

### 4.1.3 Polydrug use in RPU, 2013

In 2013, participants were asked how often they used ERDs. The majority of respondents reported between monthly and weekly use which is supportive of the literature which indicates that this sample of regular ecstasy/psychostimulant users is a polydrug using group (see Table 13).

**Table 9: Frequency of polydrug use in the RPU sample, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=606 | 2013 N=685 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=44 | n=88 |
| Not in the last month | 6 | **5** | 7 | 3 | 1 | 4 | 4 | 2 | 16 | 8 |
| Monthly | 17 | **22** | 18 | 29 | 11 | 40 | 19 | 11 | 46 | 22 |
| Fortnightly | 34 | **36** | 40 | 33 | 30 | 34 | 39 | 41 | 11 | 44 |
| Weekly | 27 | **27** | 29 | 26 | 37 | 16 | 30 | 32 | 16 | 17 |
| More than once a week | 14 | **10** | 6 | 9 | 16 | 3 | 8 | 14 | 11 | 8 |
| Once a day | 1 | **1** | 0 | 1 | 5 | 3 | 0 | 0 | 0 | 1 |
| More than once a day | <1 | **<1** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |

**Source: EDRS interviews**

### 4.1.4 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, routes of administration, types of people using) in the last six months. Proportions (49%) that reported that there were changes are shown below in Table 10. Specific themes of change were endorsed with 24% reporting they had noticed an increase in drug use by particular groups, 20% reported they had noticed new drug types, and 2% reported that they had noticed different types of users. Half (52%) of those that had noticed a changed reported that it was another issue to the above mentioned.

Nationally, the common themes reported were:

- new drugs on the market and friends or participants seeing and using more of these drugs such as DMT, 2C-B and Caps;
- an increase in drug use presence of ketamine and ecstasy

Readers are directed to jurisdictional reports for further in depth analysis of these trends.

**Table 10: Proportion that reported recent changes in social drug use patterns, 2013**

| (%) | National 2012 N=603 | National 2013 N=682 | NSW n=100 | ACT n=50 | VIC n=100 | TAS n=100 | SA n=92 | WA n=90 | NT n=12 | QLD n=59 |
|---|---|---|---|---|---|---|---|---|---|---|
| Changes in drug use | 41 | **49** | 59 | 24 | 69 | 23 | 47 | 68 | 27 | 48 |

**Source: EDRS interviews**

## 4.2 Ecstasy use

- Ecstasy in some form was used by 99% of participants.
- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Ten percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms, this was the first year ecstasy in the form of crystal/MDMA rock was investigated. Use of this form was popular, particularly so in the eastern states.
- Participants reported using a median of 2 tablets in a typical session of use, a median of two lines, and one capsule in average sessions of use.
- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Ecstasy was seen to remain a 'social' drug with participants reporting 'most' (44%) of their friends have consumed it.
- Current domestic and EDRS market indicators would suggest that ecstasy consumption is beginning to return to previous levels seen in recent years. See section *5.1 Ecstasy* for more information.

### 4.2.1 Ecstasy use among RPU participants

The median age at which participants in the 2013 national sample first used ecstasy was 18 years (range 12-41 years). Participants reported that regular (at least monthly) ecstasy use occurred at a median of 18 years (range 13-45 years). The median length of time since participants reported first using regularly was two years (range 0-27 years).

Participants in the national sample had used some form of ecstasy on a median of 12 days in the preceding six months (range 1-120 days). There was no significant difference reported in median days use in 2013 compared with 2012, $p>0.05$. Just under half (47%) of participants had used between monthly and fortnightly (inclusive), 23% had used between more than fortnightly and weekly and 10% had used ecstasy more than once per week[3].

The median number of ecstasy tablets taken in a typical or average use episode in the preceding six months was two tablets (range 0.5-28 tablets), close to one-third (29%) reported using over two tablets per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four tablets (range 0.5-50 tablets; see Table 12).

The majority of participants continued to report using pills recently, while other forms of capsules (53%) and crystal/MDMA rock (39%) and ecstasy powder (25%) continued to gain in popularity in use. The issue of crystal/MDMA rock was investigated at a national level for the first time in 2013. From this it was evident that it is a popular form, having more reports of recent use than MDMA powder. Users reported having received the crystal/MDMA rock in two methods as crystals (crystalline form) or in capsules. Use of crystal/MDMA rock appears to be highest in the eastern states.

Similar proportions to 2012 reported having binged on ecstasy in the preceding six months; the longest binge session reported was a median of 60 hours (range 48-408 hours). VIC, SA and WA reported the longest binge sessions of a median of 72 hours (three days).

[3] Considering ecstasy pills, powder, capsules and crystals together, results were: 52% had used between monthly and fortnightly (inclusive); 32% had used between fortnightly and weekly; and 17% had used more than once per week.

## Table 11: Patterns of ecstasy use, 2013

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=606 | 2013 N=683 | n=100 | n=77 | n=97 | n=75 | n=100 | n=100 | n=45 | n=88 |
| **Median age first used ecstasy (years)** | 17 | **18** | 16.5 | 18 | 18 | 18 | 17.5 | 18 | 17 | 18 |
| **Median age first used ecstasy regularly (years)** | 19 | **18** | 18 | 18 | 19 | 20 | 18 | 18 | 19 | 18 |
| **Median days used ecstasy in the last six months** | 13 | **12** | 12 | 15 | 16 | 10 | 12 | 13.5 | 8.5 | 14 |
| **Median days used ecstasy pills in the last six months[#]** | 12 | **11** | 12 | 10 | 9.5 | 8 | 12 | 12 | 8 | 12 |
| **Used ecstasy more than weekly (%)** | 27 | **26** | 21 | 33 | 31 | 13 | 25 | 30 | 18 | 33 |
| **Median tablets in typical session** | 2 | **2** | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Typically use > 2 tablets (%)** | 30 | **29** | 33 | 31 | 26 | 15 | 48 | 28 | 20 | 25 |
| **Forms used (%)** | | | | | | | | | | |
| Pills | 95 | **96** | 99 | 96 | 89 | 93 | 98 | 99 | 96 | 99 |
| Capsules | 53 | **50** | 59 | 43 | 69 | 53 | 26 | 48 | 27 | 67 |
| Crystals/Rock | n.a. | **39** | 28 | 71 | 51 | 48 | 25 | 34 | 50 | 23 |
| Powder | 25 | **27** | 29 | 20 | 53 | 20 | 16 | 23 | 18 | 36 |
| **Recently binged[*] on ecstasy (%)** | 30 | **31** | 23 | 43 | 35 | 22 | 33 | 33 | 22 | 36 |
| **Ever injected[#] ecstasy (%)** | 6 | **4** | 4 | 0 | 8 | 8 | 3 | 5 | 0 | 3 |
| **Use other drugs with ecstasy (%)** | 91 | **92** | 89 | 90 | 95 | 96 | 91 | 93 | 88 | 92 |
| **Use other drugs to come down from ecstasy (%)** | 56 | **57** | 58 | 70 | 53 | 76 | 61 | 49 | 41 | 48 |

**Source: EDRS interviews**

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

[#] Refers to ecstasy 'pills' only; excludes MDMA crystal/rock, powder and capsules.

If participants answered positively to taking a form of MDMA or ecstasy recently, they were then asked how much of that form (quantity) they had taken on average in a session and the largest (most) amount they had taken of that form in a session. With the MDMA crystal/rock form growing in popularity, the form in which this is taken is mixed with 32% of participants answering in points, 31% answering in caps and 27% answering in grams.

**Table 12: Median quantity of average and heavy session use of ecstasy pills, crystal/rock, powder and capsules, 2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| Median (range) | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| Median pills used in a heavy session | 4 (1-40) | **4 (0.5-50)** | 4 | 4 | 3 | 3 | 5 | 3.5 | 3 | 3.5 |
| Median crystal/ rock used in an average session (grams) | n.a. | **0.5 (0.05-2)** | 0.5^ | 0.5^ | 0.27 | 1^ | 1^ | 0.5^ | 1^ | 0.38^ |
| Median crystal/ rock used in a heavy session (grams) | n.a. | **1 (0.1-5)** | 0.5^ | 1^ | 0.45 | 1^ | 1^ | 1^ | 1^ | 0.75^ |
| Median powder used in an average session (grams) | 0.5 (0.1-3) | **0.5 (0.05 -3)** | 0.5 | 0.5^ | 0.3 | 1^ | 0.8^ | 0.5^ | 0.5^ | 0.5 |
| Median powder used in heavy session (grams) | 0.9 (0.1-6) | **0.8 (0.05-19)** | 0.5 | 1 | 0.5 | 1 | 1.5 | 0.9 | 1 | 0.9 |
| Median powder used in an average session (lines) | 2 (1-10) | **2 (1-5)** | 2^ | 4^ | 2^ | 2.25^ | 2^ | 2^ | 2.5^ | 2 |
| Median powder used in heavy session (lines) | 2.5 (1-10) | **3 (1-20)** | 3^ | 6^ | 2^ | 3^ | 2^ | 4^ | 2.5^ | 2.75 |
| Median capsules used in an average session | 1 (0.5-6) | **1 (0.25-10)** | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 2 |
| Median capsules used in a heavy session | 2 (1-21) | **2 (0.25-23)** | 2 | 3 | 2 | 2 | 2 | 2 | 2.5 | 2 |

**Source: EDRS interviews**
^ small numbers so please interpret with caution

Participants were also asked what proportion of their friends used ecstasy (see Table 13). As ecstasy is considered to be a drug that is used whilst 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, to which the majority reported 74% that most (to about half) of their friends used ecstasy. Smaller proportions reported that all (8%) or a few (18%) of their friends used ecstasy. There was little to no variation in reports of proportions of friends that use ecstasy from 2012 to 2013.

**Table 13: Proportions of friends that use ecstasy, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=604 | 2013 N=681 | n=100 | n=75 | n=100 | n=74 | n=100 | n=99 | n=45 | n=88 |
| All friends | 8 | **8** | 5 | 5 | 8 | 1 | 11 | 13 | 7 | 13 |
| Most friends | 43 | **44** | 48 | 53 | 40 | 34 | 38 | 42 | 42 | 50 |
| About half | 30 | **30** | 33 | 32 | 28 | 45 | 31 | 26 | 29 | 19 |
| A few | 19 | **18** | 14 | 7 | 22 | 20 | 19 | 18 | 22 | 18 |
| None | 0 | **<1** | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |

**Source: EDRS interviews**

In 2013, participants were also asked in what company (if any) did they last use ecstasy, to which the highest proportion reported that they were other people who were using ecstasy or related drugs (84%). These other people were mostly friends (97%), followed by acquaintances and relatives. Smaller proportions reported being by themselves at a venue (6%) or by themselves in a private location (5%) or with other people who were using different types of drugs (4%) or with people who were not using drugs (1%).

### 4.2.2 Other drug use with ecstasy and when coming down from ecstasy

The majority (92%) of RPU interviewed reported that they usually used other drugs with ecstasy.

As in previous years, alcohol, tobacco and cannabis were the most commonly reported drugs typically used with ecstasy (see Table 14).

**Table 14: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=603 | 2013 N=603 | n=100 | n=51 | n=100 | n=100 | n=91 | n=90 | n=12 | n=61 |
| Alcohol >5 standard drinks | 64 | **68** | 42 | 57 | 61 | 88 | 78 | 70 | 80 | 78 |
| Tobacco | 51 | **53** | 53 | 57 | 33 | 71 | 52 | 53 | 44 | 62 |
| Cannabis | 38 | **43** | 42 | 53 | 39 | 38 | 50 | 38 | 31 | 52 |
| Energy drinks | 9 | **14** | 18 | 18 | 1 | 23 | 4 | 25 | 15 | 10 |
| Speed | 10 | **7** | 1 | 19 | 16 | 1 | 4 | 1 | 10 | 3 |
| Cocaine | 6 | **7** | 5 | 18 | 7 | 3 | 7 | 8 | 3 | 7 |
| LSD | 6 | **5** | 10 | 10 | 5 | 4 | 1 | 8 | 0 | 0 |
| Pharmaceutical Stimulants | 3 | **5** | 0 | 3 | 2 | 6 | 0 | 19 | 0 | 4 |
| Ice/crystal | 7 | **6** | 6 | 4 | 15 | 1 | 4 | 7 | 3 | 4 |
| Amyl nitrate | 1 | **3** | 17 | 2 | 0 | 3 | 2 | 0 | 3 | 0 |
| Base | 1 | **<1** | 0 | 0 | 2 | 1 | 0 | 0 | 3 | 0 |
| Benzodiazepines | 3 | **4** | 1 | 2 | 4 | 6 | 3 | 5 | 0 | 6 |
| Ketamine | 2 | **4** | 5 | 9 | 13 | 1 | 0 | 0 | 0 | 0 |
| Nitrous oxide | 2 | **2** | 5 | 4 | 0 | 1 | 2 | 1 | 0 | 1 |
| GHB | 1 | **<1** | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| MDA | <1 | **1** | 5 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| OTC Codeine | 0 | **<1** | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| Other | 4 | **6** | 6 | 9 | 7 | 4 | 2 | 13 | 3 | 4 |

**Source: EDRS interviews**

Over half (57%) of the sample also used other drugs to come down from ecstasy (see Table 15). Similarities in drug types used are reported across 2012-2013.

**Table 15: Drugs used to come down from ecstasy last time used, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=604 | 2013 N=683 | n=100 | n=76 | n=100 | n=76 | n=99 | n=100 | n=44 | n=88 |
| **Used drugs to come down from ecstasy** | 56 | **57** | 58 | 70 | 51 | 76 | 61 | 49 | 41 | 48 |
| **Drugs used to come down:** | N=604 | **N=389** | n=58 | n=53 | n=51 | n=58 | n=60 | n=49 | n=18 | n=40 |
| Cannabis | 40 | **74** | 79 | 79 | 49 | 62 | 83 | 69 | 78 | 93 |
| Alcohol >5 standard drinks | 9 | **15** | 7 | 11 | 4 | 48 | 12 | 10 | 11 | 7 |
| Alcohol <5 standard drinks | 4 | **4** | 10 | 4 | 4 | 3 | 2 | 4 | 6 | 0 |
| Tobacco | 15 | **19** | 21 | 15 | 2 | 50 | 13 | 12 | 17 | 17 |
| Benzodiazepines | 9 | **15** | 14 | 6 | 31 | 14 | 13 | 22 | 0 | 12 |
| OTC Codeine | 2 | **2** | 0 | 2 | 6 | 3 | 2 | 0 | 0 | 2 |
| Speed | <1 | **<1** | 0 | 0 | 2 | 0 | 0 | 0 | 6 | 0 |
| Ice/crystal | 0 | **<1** | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 |
| Nitrous oxide | 0 | **<1** | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Amyl nitrate | 0 | **<1** | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 0 |
| Ketamine | <1 | **<1** | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Base | <1 | **<1** | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| GHB | 1 | **<1** | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| LSD | 0 | **<1** | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Cocaine | <1 | **<1** | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Pharmaceutical stimulants | <1 | **1** | 0 | 4 | 2 | 0 | 0 | 2 | 0 | 0 |
| Energy drinks | <1 | **1** | 2 | 2 | 0 | 0 | 2 | 2 | 0 | 0 |
| Other | 5 | **6** | 9 | 8 | 4 | 5 | 7 | 12 | 0 | 2 |

**Source: EDRS interviews**

### 4.2.3 Route of administration

Table 16 presents the 'main' route of administration (ROA) by jurisdiction for all forms of ecstasy. The majority of participants (86%) nominated oral ingestion as their main route of administration, 13% mainly snorted the drug, and small numbers mainly injected it.

**Table 16: Main ROA of ecstasy in the last six months, 2013**

| | National N=606 | National N=685 | NSW n=100 | ACT n=76 | VIC n=97 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 | **2013** | | | | | | | | |
| **Swallow (%)** | 88 | **86** | 97 | 78 | 88 | 79 | 91 | 90 | 84 | 75 |
| **Snort (%)** | 11 | **13** | 3 | 21 | 10 | 21 | 6 | 9 | 16 | 25 |
| **Inject (%)** | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| **Other (%)** | <1 | **<1** | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 |

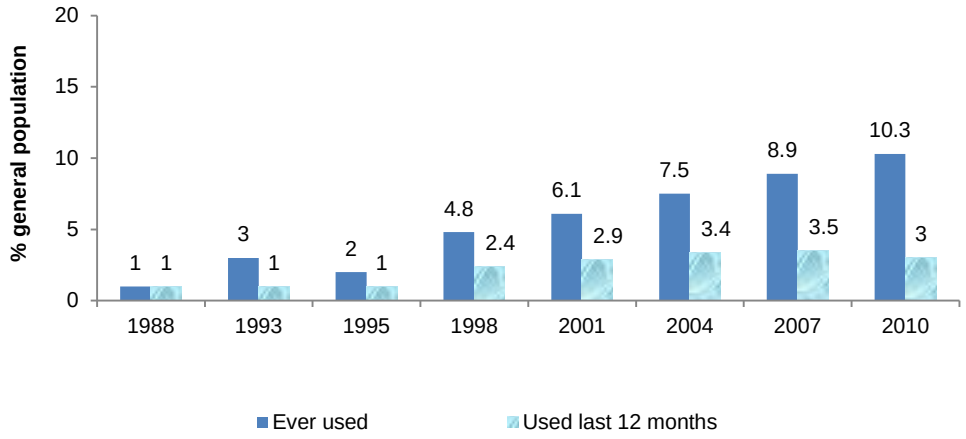
**Source: EDRS interviews**
Note: 'Other' includes methods of smoking and shelve/shaft

### 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 increased from 1% in 1988 to 8.9% in 2007. For the first time since 1995, there was a statically significant decline in recent ecstasy use between 2007 and 2010 (Figure 2). This decrease was seen amongst males and those aged between 14-19 years of age (AIHW, 2011b).

Ecstasy use remained highest among those aged 20-29 years, with 1 in 4 (24.2%) ever using ecstasy and 1 in 10 (9.9%) using it in the previous 12 months (AIHW, 2011b).

**Figure 2: Prevalence of ecstasy use in Australia, 1988-2010**




**Source: NDSHS 1988-2007 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)**

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

While the majority of participants continued to report lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal), and half reported use of one or more of these forms during the six months preceding interview there was a significant decrease in use levels reported for lifetime and recent use.

The median frequency of methamphetamine use (any form) among users was four days (less than monthly) in the preceding six months. Daily use was uncommon, with three participants reporting daily use (speed and ice/crystal) in 2013.

Twelve percent of the national sample reported having ever injected methamphetamine (any form) which was comparative to 2012 levels.

*Speed powder*

- Just over one-third (37%) of the sample reported the use of speed in the six months prior to interview. The median days of use was three days. As in 2012, VIC was the jurisdiction with the highest reported use of speed powder. The median age of first use was 18 years.
- Among recent speed users, snorting (65%) and swallowing (44%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.

*Base*

- Four percent of participants reported using base in the six months prior to interview, a significant decrease to 2012. The median days of use was two days. SA (11%) was the jurisdiction with the highest reported base use. The median age of first use was 19 years.
- Among recent base users, swallowing was the most commonly nominated ROA (46%) followed by smoking (42%). The average amount used in a typical and heavy session was two points.
- Base is the least common form of methamphetamine used by participants.

*Ice/crystal*

- Twenty-three percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was four days (less than monthly). VIC (45%) was the jurisdiction with the most recent ice/crystal use reported. The median age of first use was 20 years.
- The most common ROA for ice/crystal was smoking (92%). The average amount used in a typical session was one point and for a heavy session two points.

### 4.3.1 Methamphetamine use among RPU

Seventy percent of the national sample reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lifetime, this number was significantly fewer than 2012 (70% vs. 84%; $p<0.05$) (see Table 17). Half (50%) of the national sample reported use during the preceding six months, ranging from the highest use reported in VIC (71%) to the lowest use reported in WA (31%). Speed was the form accounting for the majority of recent any methamphetamine use (see Figure 3). Twelve percent of participants in the national sample reported having ever injected methamphetamine. Frequency of use among recent users averaged less than monthly use (median four days; Table 17). Daily use of methamphetamine was uncommon in this group,

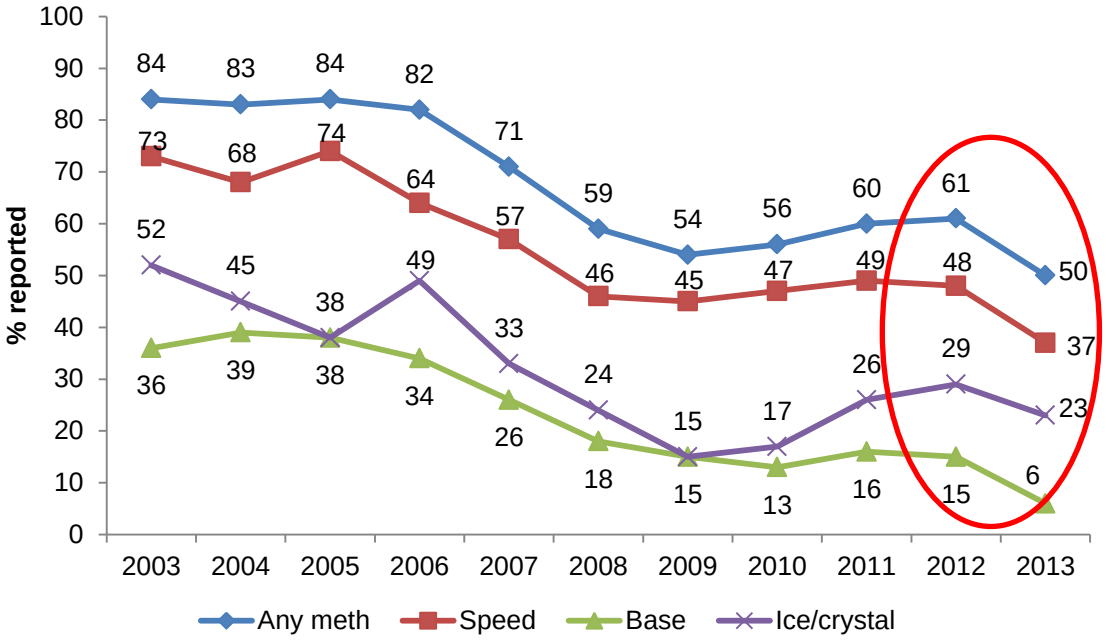
being reported by two participants of the entire sample. All forms of methamphetamine use reported a significant drop in use compared with 2012 figures.

**Table 17: Patterns of methamphetamine (any form) use among RPU, 2013**

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=44 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Ever used | 84 | **70 ↓** | 59 | 74 | 91 | 96 | 64 | 45 | 62 | 71 |
| Ever injected | 13 | **12** | 6 | 4 | 19 | 17 | 8 | 69 | 7 | 10 |
| Used last six months | 61 | **49 ↓** | 36 | 65 | 71 | 57 | 46 | 31 | 44 | 48 |
| Median days used* last six months (n;range) | 6 (1-180) | **4 (1-180)** | 2 (1-48) | 5 (1-180) | 8 (1-172) | 3 (1-95) | 4 (1-120) | 5 (1-180) | 6.5 (1-96) | 4 (1-104) |

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

**Figure 3: Recent any methamphetamine, speed powder, base and ice/crystal methamphetamine use, 2003-2013**




**Source: EDRS interviews**

### 4.3.1.1 Methamphetamine powder (speed)

Almost two-thirds (63%) of participants in the 2013 national sample reported lifetime speed use and one-third (37%) had used speed in the preceding six months (Table 18). Those who had used speed recently reported first using it at median age of 18 years (range 8-30). As with all forms of methamphetamine, there was a significant decrease between recent six monthly use from 2012 to 2013 (48% vs. 37%, $p<0.05$).

The most common ROA for speed was snorting followed by swallowing and smoking (Table 18).

Of those who recently used speed, the median number of days used was three, ranging from having used once to daily use. Two-thirds of recent users (68%) used less than once a month (56% in 2012), 21% used speed between monthly and fortnightly (28% in 2012), 6% between fortnightly and weekly (8% in 2012) and 6% used speed more than once a week (9% in 2012). Daily use was uncommon, being reported by one participant (n= 2 in 2012).

Recent speed users reported using a median of half a gram in a typical session of use (range 0.05-12 grams) and one gram in the heaviest recent session of use (range 0.05-7 grams).

**Table 18: Patterns of methamphetamine powder (speed) use among RPU, 2013**

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Ever used | 77 | **63** | 56 | 70 | 86 | 95 | 47 | 36 | 53 | 65 |
| Ever injected | 11 | **9** | 4 | 3 | 16 | 17 | 5 | 25 | 4 | 8 |
| Used last six months | 48 | **37 ↓** | 25 | 57 | 58 | 53 | 21 | 17 | 33 | 41 |
| Snorted* | 73 | **65** | 64 | 52 | 86 | 82 | 52 | 35 | 80 | 42 |
| Swallowed* | 60 | **44** | 52 | 55 | 28 | 51 | 54 | 41 | 27 | 67 |
| Injected* | 11 | **10** | 0 | 0 | 14 | 20 | 5 | 29 | 7 | 6 |
| Smoked* | 36 | **20** | 4 | 16 | 28 | 18 | 38 | 24 | 0 | 22 |
| Median days used* last six months (n; range) | 5 (1-180) | **3 (1-180)** | 2 (1-12) | 5 (1-180) | 4 (1-80) | 2 (1-90) | 2 (1-24) | 5 (1-72) | 4.5 (1-30) | 3 (1-36) |
| Average grams used (median; range)* | 0.5 (0.05-5) | **0.5 (0.05-12)** | 0.5^ (0.05-1) | 0.5 (0.05-2) | 0.5 (0.1-12) | 0.5^ (0.25-1) | 0.5^ (0.1-1) | 1^ (-) | 1 (0.5-2) | 0.5^ (0.5-1) |
| Heaviest grams used (median; range)* | 1 (0.05-7) | **1 (0.05-7)** | 0.5 (0.05-3) | 1 (0.5-5) | 1 (0.2-7) | 0.5 (0.25-2) | 0.5 (0.1-2) | 1 (-) | 1 (0.05-5) | 1 (0.1-1) |
| Drug of choice | 4 | **4** | 1 | 3 | 7 | 9 | 0 | 2 | 14 | 2 |
| Binged on speed** | 33 | **29** | 32 | 45 | 35 | 44 | 10 | 21 | 14 | 23 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ small numbers n<10 interpret with caution
Note: Medians rounded to nearest whole number

### 4.3.1.2 Methamphetamine base

A fifth (20%) of participants in the national sample reported lifetime use of base, and 4% had used it in the six months preceding interview. Base was found to have significantly decreased in recent six monthly use from 2012 to 2013 (15% vs. 6%, $p<0.05$). The median age of first use (among those who had recently used base) was 19 years (range 15-30 years).

Most recent base users reported swallowing (46%) followed by smoking (42%) as the most common ROAs. The median number of days used was two (sporadic use), ranging from having used base on only one day to 48 days (approximately twice weekly) (Table 19). There was no significant difference in median days used in 2013 compared to 2012 ($p>0.05$). The

majority of recent base users (76%) had used less than monthly; 10% used base between monthly and fortnightly; four participants used between fortnightly and two participants used base more than once a week. There were no reports of daily use.

Recent base users reported using a median of two points in a typical session of use (range 0.5-3 points) and two points in the heaviest recent session of use (range 0.5-5 points).

**Table 19: Patterns of methamphetamine base use among RPU, 2013**

| (%) | National 2012 N=607 | National 2012 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Ever used | 32 | **20** | 21 | 9 | 30 | 45 | 15 | 9 | 7 | 18 |
| Ever injected | 6 | **4** | 4 | 1 | 5 | 4 | 3 | 22 | 4 | 3 |
| Used last six months | 15 | **6 ↓** | 4 | 5 | 8 | 7 | 11 | 0 | 2 | 9 |
| Swallowed* | 76 | **46** | 75 | 75 | 38 | 80 | 27 | 0 | 0 | 38 |
| Smoked* | 46 | **42** | 0 | 0 | 63 | 0 | 64 | 0 | 0 | 63 |
| Snorted* | 28 | **29** | 50 | 25 | 75 | 0 | 7 | 0 | 100 | 13 |
| Injected* | 15 | **17** | 0 | 0 | 13 | 40 | 9 | 0 | 100 | 25 |
| Median days used* last six months (n; range) | 3 (1-120) | **2 (1-48)** | 2^ (1-5) | 5^ (1-12) | 3^ (1-48) | 1^ (1-48) | 2 (1-24) | - (-) | 24^ (-) | 2^ (1-24) |
| Average points used (median; range)* | 2 (01-14) | **2 (0.5-3)** | 2^ (-) | 2^ (-) | 2^ (-) | 2 (-) | 1^ (0.5-2) | - - | - - | 2^ (0.5-3) |
| Heaviest points used (median; range)* | 2 (0.2-30) | **2 (0.5 -5)** | 2^ (-) | 5^ (-) | 2.5^ (2-3) | 2^ (-) | 1^ (0.5-4.5) | - - | - - | 1^ (1-2) |
| Drug of choice | 2 | **<1** | 0 | 0 | 2 | 1 | 3 | - | 0 | 0 |
| Binged on base** | 2 | **2** | 0 | 0 | 4 | 4 | 8 | 0 | 0 | 0 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
**Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number

#### 4.3.1.3 Crystalline methamphetamine (ice/crystal)

One-third (35%) of the participants in the 2013 national sample reported having ever used ice/crystal and around one-fifth (23%) had used ice/crystal in the six months preceding interview (Table 20). Recent six monthly use of ice/crystal was significantly lower from 2012 to 2013 (29% vs. 23%, $p<0.05$). The median age of first use, among those who reported using ice/crystal recently, was 20 years (range 13-47 years).

Of those who reported recent use of ice/crystal, the most common ROA was smoking (92%); notable proportions also reported swallowing, snorting, injecting the drug in the past six months.

Of those who reported recent use of ice/crystal, the median number of days used was four, (sporadic use) ranging from having used once in the preceding six months to approximately daily (180 days; Table 20). There was no significant difference in median days use of ice/crystal in 2012 compared with 2013 ($p>0.05$). Over half (55%) of recent users reported using less than monthly, 20% between monthly and fortnightly, 9% participants reported between fortnightly and weekly use and 16% participants reported using more than weekly. There were two reports of daily ice/crystal use in 2013.

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was one point (range 0.1-6 points). Recent ice/crystal users reported using a median of two points (range 0.2-10 points) during the heaviest recent use episode.

**Table 20: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2013**

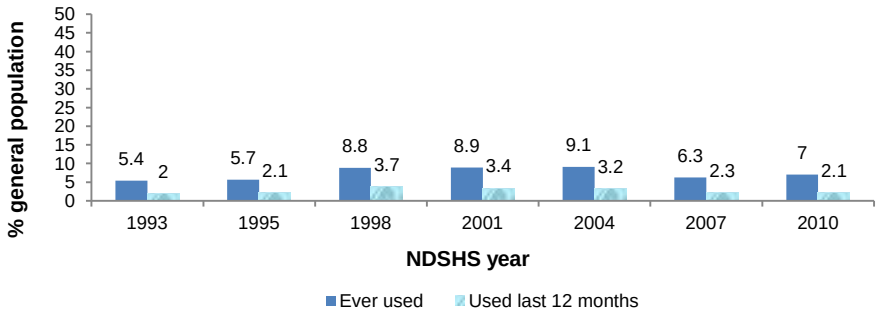
| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Ever used | 48 | **35** | 21 | 23 | 62 | 38 | 37 | 32 | 36 | 26 |
| Ever injected | 10 | **6** | 5 | 3 | 12 | 5 | 5 | 16 | 0 | 5 |
| Used last six months | 29 | **23 ↓** | 11 | 14 | 45 | 17 | 28 | 22 | 56 | 21 |
| Snorted* | 20 | **24** | 0 | 18 | 36 | 23 | 11 | 46 | 11 | 17 |
| Swallowed* | 30 | **25** | 18 | 27 | 27 | 15 | 33 | 23 | 0 | 33 |
| Injected* | 20 | **20** | 46 | 9 | 27 | 23 | 14 | 14 | 0 | 17 |
| Smoked* | 88 | **92** | 82 | 100 | 93 | 92 | 96 | 82 | 100 | 89 |
| Median days used* last six months (n; range) | 6 (1-170) | **4 (1-180)** | 4 (1-48) | 3 (1-180) | 10 (1-170) | 3 (1-72) | 4 (1-96) | 6 (1-180) | 3^ (1-30) | 3.5 (1-80) |
| Average points used (median; range)* | 1.5 (0.1-7) | **1 (0.1-6)** | 2 (0.5-4) | 1^ (0.1-3) | 1.5 (0.3-5) | 2^ (0.25-3) | 1 (0.5-5) | 1.8 (0.5-6) | 2^ (1-4) | 1 (0.25-3) |
| Heaviest points used (median; range)* | 2.5 (0.1-30) | **2 (0.2-10)** | 2 (0.5-4) | 1^ 0.2-9) | 2 (0.5-7) | 1.75^ .25-5) | 2 (0.5-5) | 2.5 0.5-10) | 4^ (1-5) | 2 (0.5-5) |
| Drug of choice | 3 | **3** | 2 | 0 | 11 | 0 | 2 | 0 | 0 | 2 |
| Binged on ice/crystal** | 40 | **32** | 20 | 15 | 55 | 20 | 44 | 34 | 21 | 25 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number.

#### 4.3.1.4 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 4). 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 2010, a significant increase was reported in lifetime use compared with 2007. Past-year use of methamphetamine is reported at similar levels of those reported in 2007 and 1995. Males aged 20-29 years were the only group to record a significant decrease in recent (past 12 months) use.

**Figure 4: Prevalence of methamphetamine use in Australia, 1993-2010**




**Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)**

## 4.4 Cocaine use

*Current use*

- Just over one-third (36%) of the national sample reported cocaine use in the six months prior to interview, similar to the level reported in 2012. VIC (46%), NSW (42%) and QLD (40%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (78%), or swallowed (11%). The median age of first use was 21 years.
- Frequency of cocaine use remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (80%) 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 with no change to 2012.
- Cocaine was the drug of choice for 6% of the EDRS sample, which was a significant decrease from 13% reported in 2012.

### 4.4.1 Cocaine use among RPU

The majority (62%) of the participants in the national sample reported having ever used cocaine and one-third (36%) had used cocaine in the six months preceding interview (Table 21). There was no significant difference found in recent use of cocaine in 2013 compared with 2012. The majority of cocaine use continued to be reported on the east coast of Australia in VIC (46%) and NSW (42%). The median age of first use, among those who reported having used cocaine recently, was 19 years (range 15-41 years).

Of those who had used cocaine, the median number of days of use was two, ranging from having used cocaine one day to 100 days (Table 21). There was no significant difference detected in median days of use between 2012 and 2013 ($p>0.05$). The majority (80%) had used less than monthly; 11% had used between monthly and fortnightly; 5% reported using between fortnightly and weekly and seven participants had used cocaine once a week or more. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (78%), with smaller proportions also reporting swallowing (11%) as an ROA.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range 0.05-19 grams). Recent cocaine users reported using a median of one gram (range 0.1-200 grams) during the heaviest use episode in the last six months (Table 21).

## Table 21: Patterns of cocaine use, 2013

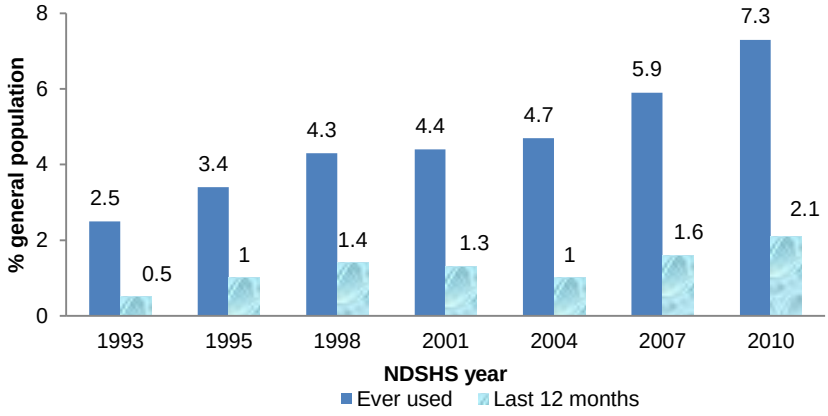
| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 73 | **62** | 64 | 62 | 72 | 49 | 58 | 54 | 64 | 67 |
| **Ever injected** | 6 | **5** | 6 | 0 | 9 | 5 | 7 | 4 | 0 | 2 |
| **Used last six months** | 40 | **36** | 42 | 38 | 46 | 17 | 35 | 34 | 33 | 40 |
| **Snorted*** | 97 | **78** | 86 | 100 | 98 | 92 | 94 | 97 | 100 | 38 |
| **Swallowed*** | 31 | **11** | 29 | 7 | 11 | 8 | 9 | 12 | 0 | 7 |
| **Injected*** | 3 | **2** | 2 | 0 | 4 | 0 | 3 | 0 | 0 | 1 |
| **Smoked*** | 5 | **1** | 2 | 3 | 2 | 0 | 3 | 0 | 0 | 0 |
| **Median days used* last six months (n; range)** | 3 (1-100) | **2 (1-100)** | 2 (1-10) | 2 (1-100) | 2 (1-26) | 3 (1-6) | 2 (1-48) | 1 (1-48) | 4 (1-30) | 2 (1-12) |
| **Average grams used (median; range)*** | 0.5 | **0.5 (0.05-19)** | 0.5 (0.1-2) | 1 (0.2-3.5) | 0.5 (0.05-3) | 1^ (0.5-2) | 0.5 (0.25-4) | 0.75 (0.1-2) | 1 (0.25-2) | 0. 5 (0.25-19) |
| **Heaviest grams used (median; range)*** | 1 (0.1-8) | **1 (0.1-200)** | 0.5 (0.1-6) | 1 (0.5-5) | 0.5 (0.1-5) | 1^ (1-2) | 1 (0.25-4) | 1 (0.1-5) | 1.5 (0.25-8) | 1 0.25-200) |
| **Drug of choice** | 13 | **6 ↓** | 2 | 8 | 2 | 15 | 6 | 5 | 0 | 10 |
| **Binged on cocaine**** | n.a. | **16** | 20 | 25 | 10 | 16 | 13 | 16 | 14 | 18 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number ^Small numbers responded; interpret with caution

### 4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population remained consistent between 1993 and 1995 with approximately 3% of the population having ever used the drug. This figure rose to 4.3% in 1998, and remained consistent in 2001 and 2004 (see Figure 5). In 2010, 7.3% reported ever having used cocaine, which was a significant increase from that reported in 2007 (Figure 5). Recent use of cocaine has remained relatively stable across the five sampling years; however, in 2004 through to 2010 this figure has been significantly increasing. In 2010, significant increases were seen among females in the 20-29 year old age category.

**Figure 5: Prevalence of cocaine use in Australia, 1993-2010**




**Source: NDSHS 1993-2010 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)**

## 4.5 Ketamine use

*Current use*

- Over one-third (36%) of the national sample reported lifetime use of ketamine, and 19% reported using ketamine recently, a significant increase from 2012. The median age of first use was 19 years.
- Ketamine use is predominantly reported in NSW and VIC. All other states had lower levels of recent use.
- Amongst recent ketamine users, the majority (86%) snorted, while one-fifth (23%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (83%) had used ketamine less than once per month. There were two reports of more than weekly use.

*Trend use*

- Proportion of reported recent use of ketamine had declined in all jurisdictions from 2003-2009, and stayed relatively consistent from 2010-2013.

### 4.5.1 Ketamine use among RPU

One-third (36%) of the 2013 national sample reported lifetime use of ketamine and two-fifths (19%) had used it in the six months preceding interview (Table 22). There was a significant increase in recent use from 2012 compared with 2013 (14% vs. 19%; $p<0.05$). While the figures reported were relatively low, they were more substantial than those reported in the 2010 NDSHS (0.2% recent use for participants aged 14 years and over). The EDRS has been able to monitor and document trends in ketamine use nationally since 2003, placing it in a good position to shape appropriate evidence-based policy responses in light of new trends that may be detected.

Ketamine was first used at a median age of 19 years (range 15-32 years) by recent users.

In the six months preceding interview, snorting (86%) was the most common ROA of ketamine, followed by swallowing (23%).

Of those who used ketamine, the median number of days used was two (range 1-48 days) (Table 22). There was no significant difference detected in median days of use in 2013 compared with 2012 ($p>0.05$). The majority (83%) had used less than monthly; 8% had used between monthly and fortnightly; 6% used between fortnightly and weekly. Two 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 1-20 bumps) for a typical or average use episode and two bumps (range 1-40 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Fifteen participants reported using a median of one line in a typical session (range 1-4 lines) and the heaviest recent session of use was two lines (range 1-6 lines). Thirteen participants reported using a median of half a gram (range 0.1-5 gram) in a typical session of use and reported using a median of half a gram (range 0.5-5 grams) in the heaviest recent session of use.

**Table 22: Patterns of ketamine use among RPU, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 39 | **36** | 36 | 42 | 76 | 18 | 28 | 20 | 40 | 27 |
| **Ever injected** | 3 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Used last six months** | 14 | **19** | 24 | 33 | 46 | 9 | 6 | 7 | 9 | 13 |
| **Snorted*** | 74 | **86** | 79 | 80 | 100 | 100 | 50 | 100 | 100 | 55 |
| **Swallowed*** | 36 | **23** | 17 | 36 | 17 | 0 | 50 | 0 | 0 | 55 |
| **Injected*** | 9 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Smoked*** | 2 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Median days use last six months (n; range)** | 2 (1-24) | **2 (1-48)** | 2 (1-10) | 2 (1-20) | 4 (1-48) | 2^ (1-2) | 2^ (1-2) | 2^ (1-10) | 1^ (1-2) | 1^ (1-2) |
| **Average bumps used (median; range)*** | 2 (0.5-10) | **2 (1-20)** | 2^ (1-5) | 2^ (1-20) | 3 (1-4) | 2^ (2-3) | 1^ (-) | - - | 2.75^ (1-6) | 1.5^ (1-2) |
| **Heaviest bumps used (median; range)*** | 3 (0.5-15) | **2 (1-40)** | 2^ (1-10) | 3^ (1-40) | 3 (1-6) | 2^ (2-3) | 1^ (-) | - - | - - | 1.5^ (1-2) |
| **Drug of choice** | 1 | **1** | 0 | 1 | 2 | 1 | 1 | 1 | 0 | 0 |
| **Binged on ketamine**** | 7 | **6** | 0 | 18 | 12 | 4 | 0 | 3 | 14 | 0 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

### 4.5.2 Ketamine in the general population

The 2010 NSDSHS was the third year 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 1.4% had ever used ketamine, however, this was a significant increase from 2007 (1.1%). 0.2% had used ketamine in the past year approximating 37, 000 people (Australian Institute of Health and Welfare, 2008).

## 4.6 GHB use

*Current use*

- Fourteen percent of the national sample reported lifetime use of GHB, with 6% reporting recent use. The median age of first use was 20 years.
- Most recent use was reported in NSW and VIC. There were no reports of recent use in the TAS and the ACT.
- Recent use occurred on a median of two days in the six months preceding interview; 77% reported using less than once per month.
- Recent GHB users reported using a median of 4 ml in a typical episode of use and a median of 5 ml in the heaviest recent episode of use. GHB was only consumed orally.

*Trends in use*

- Since monitoring began, GHB has been reportedly used by low numbers at around 10% of the national sample.
- Proportion of reported recent use of GHB has declined in all jurisdictions from 2003-2009 and stayed stable from 2010-2013 around 7%.

### 4.6.1 GHB use among EDRS participants

One-tenth (14%) of the 2013 national sample reported lifetime use of GHB and 6% had used it in the six months preceding interview (Table 23). There was no significant increase in recent use reported in 2013 compared with 2012.

GHB was first used at a median age of 20 years, (range 16-40 years). All recent GHB users reported swallowing GHB. There were no other ROA reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 23). There was no significant difference found in median days of use in 2013 compared to 2012 ($p>0.05$). Over three-quarters of the sample (77%) reported using less than once per month; three participants between monthly and fortnightly; one participant reported using between fortnightly and weekly; three participants reported using more than once per week. One participant 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 4 ml (range 0.5-50 ml). Recent GHB users reported using a median of 5 ml (range 0.5-50 ml) during the heaviest recent use episode.

**Table 23: Patterns of GHB use among EDRS participants, 2013**

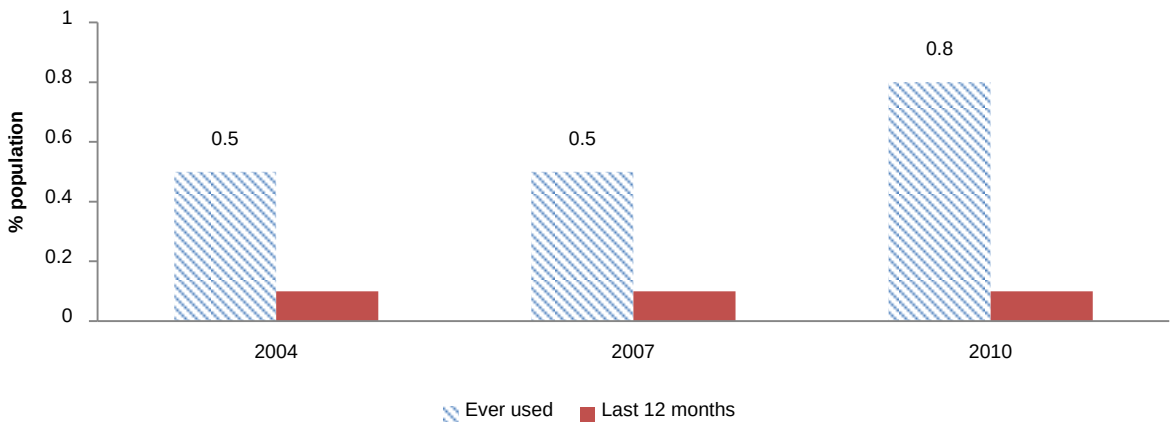
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 21 | **14** | 21 | 5 | 30 | 8 | 12 | 9 | 13 | 13 |
| **Used last six months** | 7 | **6** | 11 | 0 | 14 | 0 | 5 | 3 | 2 | 6 |
| **Median days used* last six months (n; range)** | 2 (1-135) | **2 (1-180)** | 3 (1-30) | - | 2 (1-180) | - | 1^ (1-3) | 2^ (2-20) | 5^ (-) | 1^ (1-5) |
| **Average mls used (median; range)*** | 3 (0.5-60) | **4 (0.5-50)** | 4 (2-8) | - | 4.5 (0.5-10) | - | 4.5^ (2-8) | - | 6^ (-) | 4.75^ (1-50) |
| **Heaviest mls used (median; range)*** | 4 (1-120) | **5 (0.5-50)** | 4.5 (2-10) | - | 5 (0.5-25) | - | 6.5^ (2-8) | - | 8^ (-) | 4.75^ (1-50) |
| **Drug of choice** | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Binged on GHB**** | 4 | **3** | 12 | 0 | 8 | 0 | 0 | 5 | 0 | 0 |

**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

## 6.2 GHB use in the general population

The 2004 NDSHS was the first to investigate the prevalence of GHB use in the general population. In 2010, results were similar to those reported in the 2007 NDSHS. Use of GHB in those aged 14 years and above was low, only 0.8% had ever used GHB, and 0.1% had used GHB in the past year (see Figure 7).

**Figure 6: Prevalence of GHB use in Australia, 2004-2010**




**Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)**

## 4.7 LSD use

*Current use*

- Seventy percent of the national sample reported lifetime use of LSD; with a significant increase in recent use of LSD from 34% in 2012 to 43% in 2013 ($p$<0.05). The median age of first use was 18 years.
- The median days of LSD use amongst recent users was three. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.

*Trends in use*

- Recent use has been steadily increasing from 28% in 2003 to 43% in 2013, increasing every year, until the significant decline to 34% in 2012. Recent use levels appear relatively even across Australia's states and jurisdictions.
- LSD as drug of choice has been stable each year from 4% in 2007 to 7% in 2013.

### 4.7.1 LSD use among EDRS participants

In 2013, 70% of the national sample reported lifetime use of LSD and 43% had used it in the six months preceding interview (Table 24). There was a significant increase detected between recent use of LSD in 2013 compared with 2012 (43% versus 34%, $p$<0.05). The median age of first use was 18 years (range 12-43 years).

The primary ROA was oral ingestion (84%). One participant reported having smoked it and one participant had snorted it in the last six months. There were no reported responses of injection.

Seven percent of the 2012 national sample reported that LSD was their drug of choice. Of those who used LSD in the six months preceding interview, the median number of days used was three, ranging from having used once in the six months preceding interview to having used approximately three times per week during this same period. There was no significant difference found in median days use in 2013 compared with 2012 ($p$>0.05). The majority (80%) had used less than monthly; 18% used between monthly and fortnightly; 6% used between fortnightly and weekly; four 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 0.25-10 tabs). The median amount used in the heaviest recent session was two tabs (range 0.25-50 tabs).

**Table 24: Use of LSD in RPU, 2013**

| (%) | National 2012 N=607 | National 2013 N=607 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 70 | **70** | 71 | 75 | 88 | 79 | 51 | 66 | 64 | 63 |
| **Ever injected** | 1 | **1** | 1 | 0 | 2 | 2 | 0 | 0 | 0 | 1 |
| **Used last six months** | 34 | **43 ↑** | 51 | 53 | 52 | 38 | 25 | 41 | 40 | 41 |
| **Median days used last six months (n; range)** | 3 (1-48) | **3 (1-72)** | 2 (1-24) | 4 (1-72) | 3 (1-26) | 2 (1-12) | 2 (1-25) | 4 (1-48) | 2 (1-15) | 2 (1-16) |
| **Average tabs used (n; range)*** | 1 (0.25-4) | **1 (0.25-10)** | 1 (0.25-7.5) | 1 (1-5) | 1.25 (1-3) | 1 (0.25-5) | 1 (1-5) | 1 (0.25-10) | 1 (1-3) | 1 (0.5-6) |
| **Heaviest tabs used (n; range)*** | 2 (0.5-20) | **2 (0.25-50)** | 1.5 (0.5-10) | 2 (1-11) | 2 (1-10) | 1 (0.25-5) | 2 (1-5) | 1 (0.5-50) | 1 (1-5) | 1.25 (0.5-12) |
| **Drug of choice** | 5 | **7** | 6 | 9 | 10 | 5 | 3 | 9 | 2 | 6 |
| **Binged on LSD**** | 7 | **17** | 16 | 15 | 20 | 24 | 8 | 24 | 21 | 13 |

**Source: EDRS interviews**

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

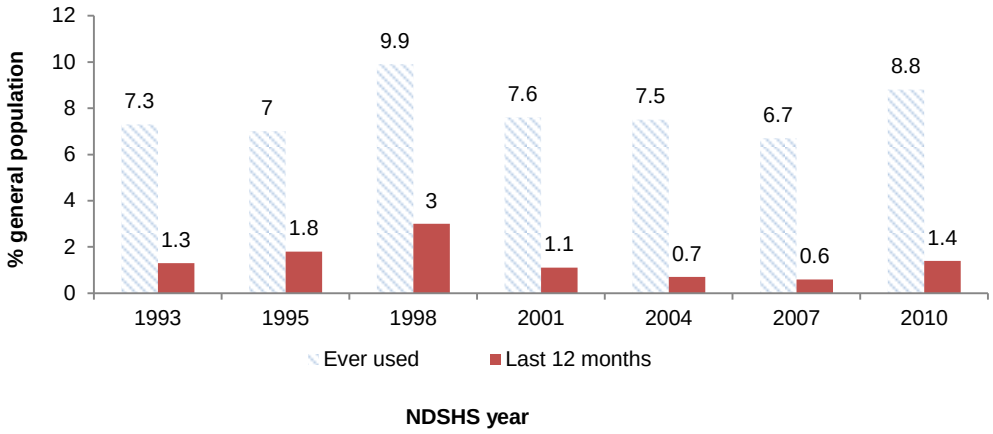
Note: Medians rounded to nearest whole number

^small numbers responded; interpret with caution

### 4.7.2 Hallucinogen use in the general population

Figure 7 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 also significantly increased between 2007 and 2010, with most common use in 20-29 year olds.

**Figure 7: Prevalence of hallucinogen use in Australia, 1993-2010**




Source: (Australian Institute of Health and Welfare, 2011b)

## 4.8 Cannabis use

*Current trends*

- Cannabis was the second most used drug by the EDRS sample recently (85%). While reported recent use remained stable, the proportion of reported daily use significantly decreased compared to 2012 (24% in 2012 versus 19% in 2013, $p<0.05$).
- Among recent (six month) users, cannabis had typically been smoked (99%), and swallowed (33%). The median age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 48 days during this time, i.e. approximately twice weekly use.
- Cannabis was the drug of choice for 23% of the sample.

*Trends in use*

- The cannabis market remains relatively stable in relation to recent use with slight fluctuations in median days use and proportion of EDRS participants that report smoking cannabis daily.

Following high rates of cannabis use reported by EDRS samples in previous years, from 2006 the EDRS has included survey items on price, potency and availability of this drug. These items distinguish between indoor-cultivated hydroponic (hydro) and outdoor cultivated (bush) cannabis following reports of different market characteristics of each (Stafford et al., 2005, Breen et al., 2004). In the absence of definitive data on the extent to which this distinction reflects actual cultivation methods in Australia (McLaren et al., 2008, Hall and Swift, 2000); however, use patterns refer to any form of cannabis.

Participants completing the section were asked to differentiate between hydro and bush cannabis in terms of price, potency and availability. Sixty-one percent of participants 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 NDARC website[4].

### 4.8.1 Cannabis use among EDRS participants

Almost all (97%) of the 2013 national sample had ever used cannabis, with the majority (85%) of the sample having used cannabis in the six months prior to interview. These figures are comparable to 2012 results (Table 25). The median age of first use of cannabis was 15 years (range 8-30 years) of recent users. Cannabis was the drug of choice for 23% of the sample.

Almost all (99%) of those who had recently used cannabis had smoked it, while one-third (33%) had recently swallowed it. Cannabis had been used on median of 48 days (range 1-180 days) in the six months preceding interview, which equates to use of approximately twice per week (see Figure 8).

Amongst recent users, 17% reported using less than once per month; 9% reported using between monthly and fortnightly; 10% reported using between fortnightly and weekly; and

[4] See www.ndarc.med.unsw.edu.au

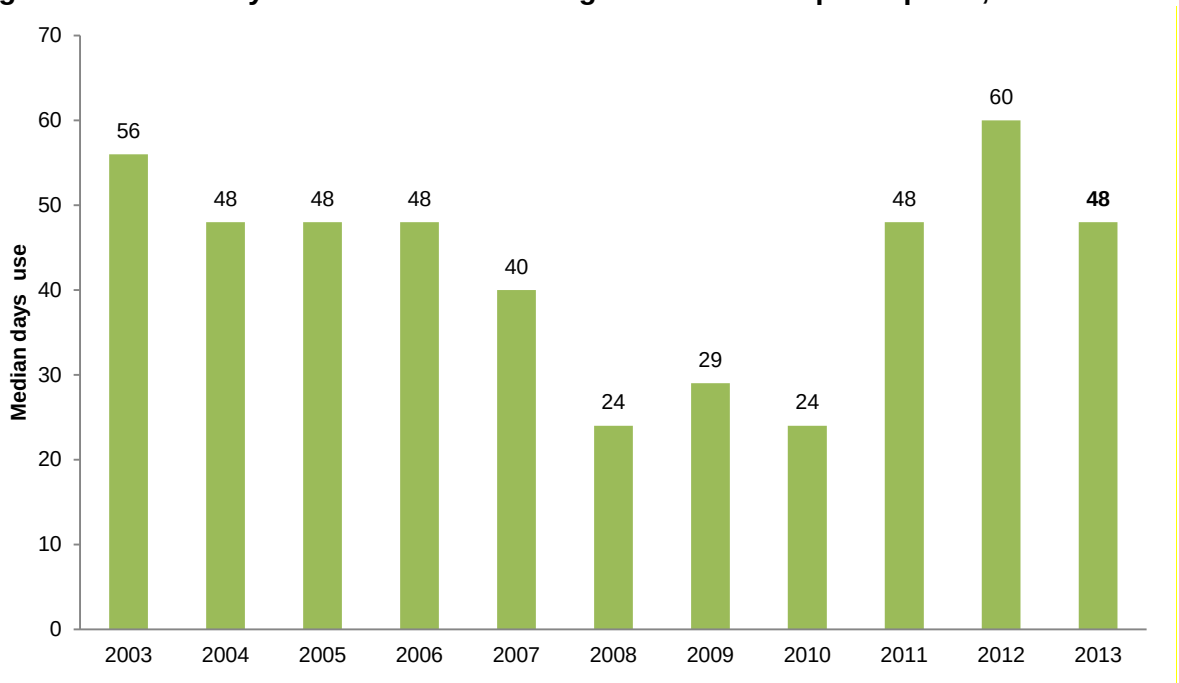
58% reported using more than once per week. Nineteen percent of recent cannabis users (16% of the entire sample) reported daily cannabis use during the preceding six months. There was a significant difference in the proportion of daily cannabis users from 2012 (24%) to 2013 (19%; $p<0.05$).

**Table 25: Patterns of cannabis use among EDRS participants, 2013**

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 98 | **97** | 97 | 94 | 100 | 96 | 94 | 98 | 98 | 98 |
| **Used last six months** | 82 | **85** | 90 | 87 | 87 | 78 | 85 | 92 | 71 | 84 |
| **Smoked*** | 99.6 | **99** | 97 | 100 | 99 | 100 | 100 | 99 | 100 | 100 |
| **Swallowed*** | 36 | **33** | 34 | 21 | 28 | 41 | 35 | 33 | 13 | 49 |
| **Median days used* last six months (n; range)** | 60 (1-180) | **48 (1-180)** | 40 (1-180) | 90 (1-180) | 50 (1-180) | 48 (1-180) | 48 (2-180) | 26.5 (1-180) | 24 (1-180) | 48 (1-180) |
| **Drug of choice** | 19 | **23** | 30 | 33 | 17 | 17 | 26 | 20 | 22 | 19 |
| **Binged on Cannabis**** | 56 | **55** | 44 | 60 | 35 | 72 | 56 | 66 | 43 | 63 |

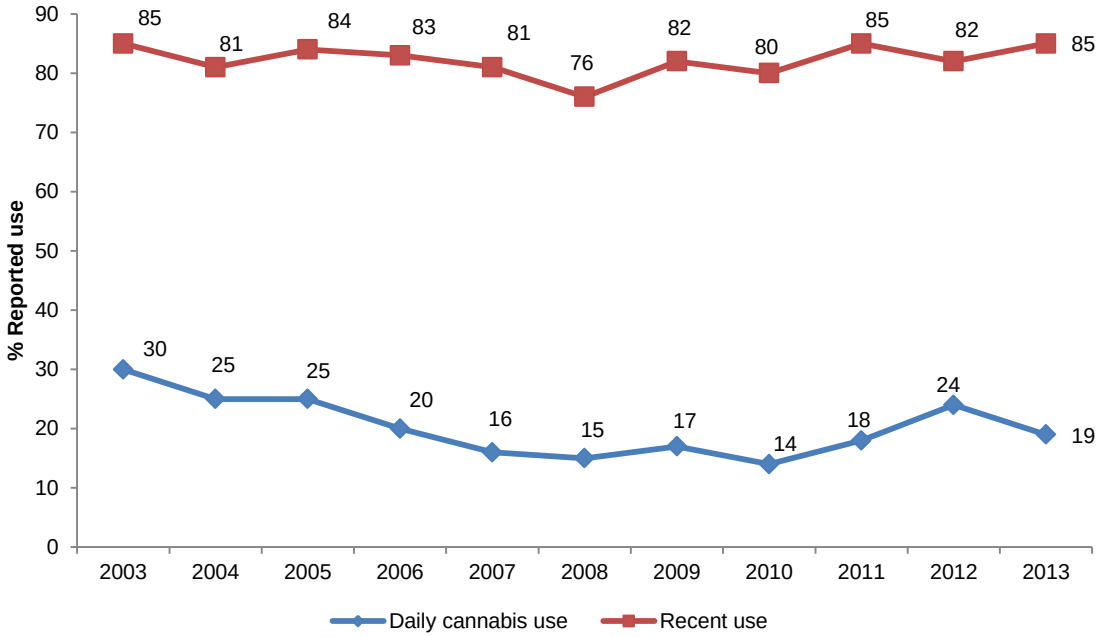
**Source: EDRS interviews**
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^Small numbers responded; interpret with caution

**Figure 8: Median days used cannabis among national EDRS participants, 2003- 2013**




**Source: EDRS interviews**

**Figure 9: Patterns of recent and daily cannabis use among national REU, 2003- 2013**

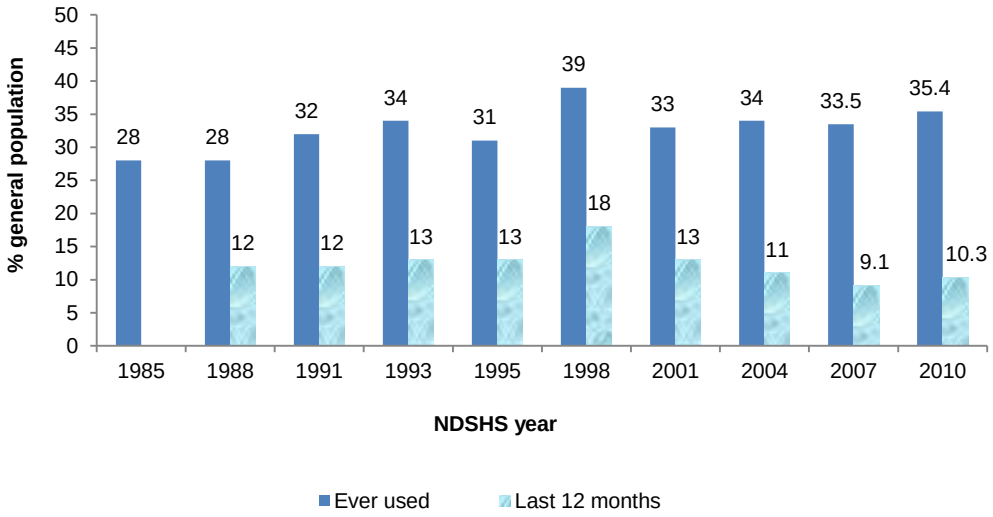



**Source: EDRS interviews**

### 4.8.2 Cannabis use in the general population

As can be seen in Figure 10, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable across sampling years. The most recent survey was conducted in 2010 and found that one-third (35.4%) of the Australian population aged 14 years and above had ever tried cannabis, while 10.3% had used cannabis in the 12 months prior to interview. This is a significant increase in lifetime and recent use from the previous survey year 2007.

**Figure 10: Lifetime and past year prevalence of cannabis use by Australians,1985-2010**




**Source: NDSHS 1988-2010** (Commonwealth Department of Community Services and Health, 1988; Australian Institute of Health and Welfare, 2005, 2008, 2011b)
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 drugs use

*Current use*

- **MDA** lifetime use was 20% of the national sample, with 12% reporting recent use on a median of two days and a median of two caps of use in an average session.

- Almost the entire sample (99.9%) participants reported lifetime use of **alcohol**, and 96.5% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 6% of the sample. Eighteen percent nominated alcohol as their drug of choice.

- Eighty-eight percent reported lifetime **tobacco** use and 77% had used tobacco in the six months preceding interview. Over half (52%) of recent tobacco users were daily smokers, with median days use being 180 (i.e. daily).

- Over half (54%) of the sample reported lifetime **benzodiazepine** use (both licitly and illicitly obtained) and one-third (32%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (4%). The type most used was diazepam for both forms.

- One-tenth (9%) of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use was higher than illicit use in 2012 and 2011. ROA was mainly swallowing for both forms.

- One quarter (25%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of three days, comparable with 2012 results. Use was highest in VIC (45%).

- Recent use of **amyl nitrate** (nationally) was reported by almost one-fifth (17%) in 2013. Use was occasional on a median of three days mostly in NSW (45%).

- Twenty-seven percent of the national sample reported recent **mushroom** use, comparable to 2012. Use occurred on a median of two days, and 85% of recent users had used less than once per month.

- **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 percent of the national sample reported the lifetime use of MDA. The median age of first use was 19 years (range 15-40 years) for recent users. Twelve percent of the national sample reported using it in the six months preceding interview (10% of recent use reported in 2012). Use occurred on a median of two days (range 1-48), with the majority (85%) of recent users reporting that use had occurred less than once per month. Swallowing (93%) was the most frequently nominated ROA, followed by snorting (16%). There was one report of injecting MDA, and two reported having smoked MDA.

A median of two capsules (range 0.15-6 capsules) were used in a typical session of use and a median of two capsules (range 1-10 capsules) were used in the heaviest session of use over the preceding six months.

### 4.9.2 Alcohol

Eighteen percent of the 2013 (15% in 2012) national sample nominated alcohol as their drug of choice. Almost the entire national sample reported they had used alcohol in their lifetime (99.9%) and in the six months preceding interview (96.5%, see Table 4). The median age of first use in recent alcohol users was 14 years (range 1-25 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-one percent of recent alcohol users reported using alcohol more than once per week. Six percent of recent users reported daily drinking (6% were daily drinkers in 2012).

Of the sample, those that reported using drugs in combination with ecstasy, 70% reported that they usually consumed more than five standard alcoholic drinks.

In 2013, the Alcohol Use Disorders Inventory Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2013 EDRS can be found in chapter 7: *Risk Behaviour*.

### 4.9.3 Tobacco

Eighty-eight percent of the national sample reported they had used tobacco in their lifetime and 77% had used tobacco in the six months prior to interview. Median days used was reported at 180 days, i.e. daily (range 1-180 days). Tobacco was first used at a median age of 15 years (range 5-28 years) by recent users. Fifty-two percent of those who reported recent tobacco use were daily smokers (59% in 2012).

### 4.9.4 Benzodiazepines

Over half (54%) of the 2013 sample reported the lifetime use of any benzodiazepine. Almost one-third (32%) reported the recent use of any benzodiazepine on a median of five days (i.e. approx. monthly). Four percent of recent users reported daily use. Twenty-three participants (4%) in the sample reported usually using benzodiazepines with ecstasy; 15% reported usually using benzodiazepines to come down from ecstasy (of those that use drugs to come down off ecstasy N=389); and 11% reported bingeing on benzodiazepines (of those that binged on stimulants N=270). Three participants nominated benzodiazepines as their drug of choice. 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

Sixteen percent of the 2013 sample reported having ever used licitly obtained benzodiazepines and 7% reported their use in the six months preceding interview. The median age of first use was 20 years (range 12-30 years). Licit benzodiazepines had been used on a median of 20 days (range 1-180 days) in the preceding six months. Seventeen percent of recent users reported daily use (25% in 2012). Almost all of the recent licit benzodiazepine users reported swallowing in the preceding six months, with two reports of snorting licit benzodiapine use.

The main type of benzodiazepine used by these users were: diazepam (62%; including brand names Valium and generic) and alprazolam (6%; including brand names Xanax).

#### 4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Almost half (46%) of the 2013 sample reported having ever used illicitly obtained benzodiazepines and one-quarter (27%) reported their use in the six months preceding interview (Table 26). The median age of first use was 19 years (range 16-36 years) in recent users. Illicit benzodiazepines had been used on a median of three-and-a-half days (range 1-72 days) in the preceding six months. Amongst recent users, over half (60%) reported using illicit benzodiazepines less than monthly, no participants reported daily use. Swallowing was the most common ROA in the six months preceding interview (74%), 7% of recent users reported snorting and 2% of recent users reported smoking.

The main type of benzodiazepine used by these users were diazepam (45%; including brand names Valium, Valpam and generic) and alprazolam (40%; including brand names Xanax and Alprax).

**Table 26: Use of illicitly obtained benzodiazepines, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=606 | 2013 N=686 | n=100 | n=77 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 49 | **46** | 42 | 23 | 71 | 37 | 51 | 51 | 18 | 52 |
| **Used last 6 months** | 26 | **27** | 19 | 12 | 48 | 30 | 25 | 32 | 7 | 32 |
| **Median days use (n; range)*** | 4 (1-180) | **3.5 (1-72)** | 2 (1-10) | 1^ (1-14) | 4 (1-48) | 3 (1-40) | 3.5 (1-72) | 6 (1-48) | 1^ (-) | 6 (1-70) |

**Source: EDRS interviews**
* Of those who had used illicit benzodiazepines in the past six months
^ Small numbers responded; interpret with caution

### 4.9.5 Antidepressants

#### 4.9.5.1 Licitly obtained (prescribed) antidepressants

Nineteen percent of the national sample reported using licit antidepressants in their lifetime and one-tenth (9%) reported recent use (Table 27). The median age of first using licit antidepressants was 20 years (range 9-45 years) amongst recent users. The median day of use was 180 days (range 1-180 or daily among those who recently used licit antidepressants. Twenty-five percent of recent users reported using them daily.

**Table 27: Use of licitly obtained antidepressants, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 23 | **19** | 12 | 13 | 23 | 20 | 19 | 25 | 13 | 21 |
| **Used last 6 months** | 10 | **9** | 7 | 9 | 7 | 9 | 9 | 14 | 7 | 9 |
| **Median days use (n; range)*** | 180 (1-180) | **180 (1-180)** | 48^ (15-180) | 180^ (150-180) | 180^ (5-180) | 180^ (14-180) | 180^ (1-180) | 120 (3-180) | 180^ (28-180) | 180^ (10-180) |
| **ROA*** | | | | | | | | | | |
| Swallowing | 97 | **100** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

**Source: EDRS interviews**
* Of those who had used licit antidepressants in the past six months
^ Small numbers responded; interpret with caution

#### *4.9.5.2 Illicitly obtained (non-prescribed) antidepressants*

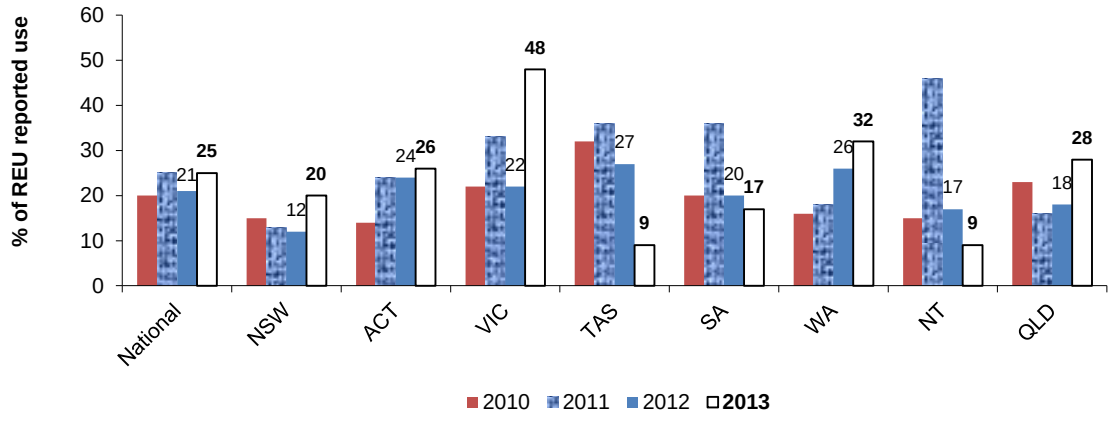
Seven percent of the national sample reported using illicit antidepressants in their lifetime and 2% report recent use. The median age of first using licit antidepressants was 20 years (range 18-31 years) among recent users. The median days of use was one day (range 1-48 days) among those who recently used illicit antidepressants. Main ROA was swallowing (93%) by recent consumers, with one participant having reported snorting.

### 4.9.6 Inhalants use

#### *4.9.6.1 Nitrous oxide*

Half (49%) of the national sample reported lifetime use of nitrous oxide and one-quarter (25%) had used nitrous oxide in the six months preceding interview (Figure 11). Recent users reported first using nitrous oxide in their late teens, median is 18 years (range 13-36 years). Nitrous oxide was used on a median of three days in the preceding six months (range 1-130 days). No daily use was reported. Over half (62%) reported using nitrous oxide less than once per month in the preceding six months. Nitrous oxide was nominated by two participants as their drug of choice. The most number of bulbs consumed in a heavy session was 10 (range 0.5-700).

**Figure 11: Use of nitrous oxide, 2010-2013**



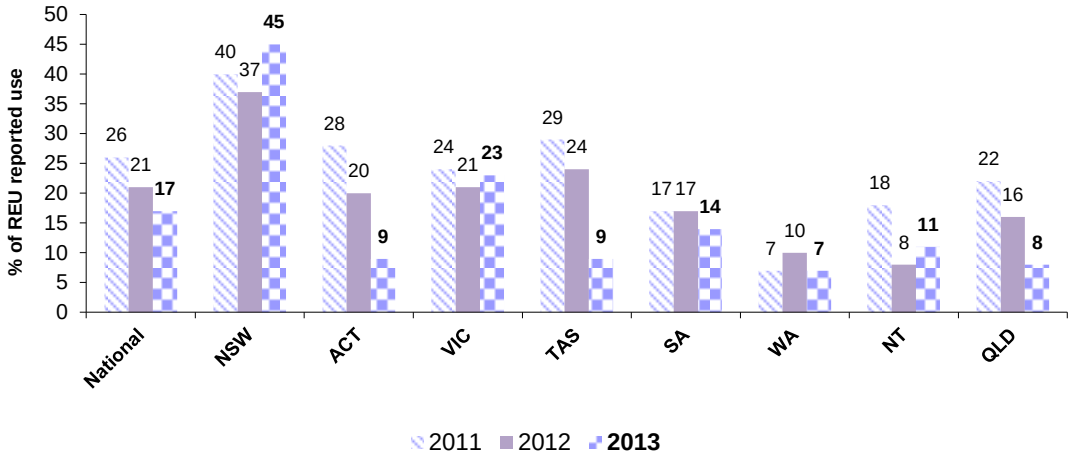

**Source: EDRS interviews**

#### 4.9.6.2 Amyl nitrate

Forty percent of the sample reported having used amyl nitrate (a vasodilator) in their lifetime and 17% had used amyl nitrate in the six months preceding interview (Figure 12). No significant differences were detected in national use from 2012 to 2013.

Participants first used amyl nitrate at a median age of 19 years (range 14-50 years) by recent users. Frequency of amyl nitrate use was generally low, with users reporting a median of three days of use in the last six months (range 1-160 days). Sixty-nine percent of recent users had used less than once per month in the preceding six months. No participants reported daily use.

**Figure 12: Use of amyl nitrate, 2011-2013**




**Source: EDRS interviews**

#### 4.9.6.3 Psilocybin Mushrooms

One percent of the national sample nominated mushrooms as their drug of choice. Of the national sample, 60% had reported lifetime use of mushrooms and 27% had used mushrooms in the six months preceding interview. The majority of recent use has been reported in the ACT and VIC (see Table 4). Participants first used mushrooms at a mean age of 18 years (range 13-36 years). Of those who used mushrooms in the preceding six months, oral consumption was the most common ROA (87%), though small proportions reported smoking them (n=3). Mushrooms were used on a median of two days (range 1-15 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (85%) had used mushrooms less than monthly.

### 4.9.7 Heroin

Eight participants nominated heroin as their drug of choice. Eleven percent reported they had used heroin in their lifetimes, 32% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 19 years (range 12-33 years) in recent users. Heroin had been used on a median of 5.5 days (range 1-140 days) in the preceding six months by recent users. Half (50%) had used heroin less than monthly, 27% between monthly and fortnightly, 12% between fortnightly and weekly and 12% reported using heroin more than once per week. The majority of recent heroin users had injected heroin (58%) in the preceding six months with smaller proportions reporting smoking (27%), snorting (20%) or swallowing (8%) heroin during this time.

### 4.9.8 Methadone

Methadone medication used for the treatment of opioid dependence, had been used 5% of the entire sample in their lifetime, 2% (n=10) of the national sample had used methadone in the last six months (Table 4). Eight percent had ever injected methadone and 2% had injected it in the last six months. Methadone was used on a median of seven days (i.e. approximately monthly) in the six months preceding interview (range 1-180 days). One-fifth (20%) of those who used methadone reported daily methadone use.

### 4.9.10 Buprenorphine

Three percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. One percent reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six months, 89% had swallowed and 44% had injected it. The frequency of use was 2 days (range 1-180 days). The majority (78%) reported using buprenorphine weekly or less in the preceding six months. One participant amongst the recent users used buprenorphine daily.

### 4.9.11 Other opioids

#### *4.9.11.1 Licitly (prescribed) other opioids*

Lifetime use of licit other opioids was 12% of the national sample and 5% had used at least once in the last six months prior to interview (Table 28). Median days of licit opioid use was 10 days (range 1-180 days). ROA was mainly swallowing (54%), with one report of injecting, and one report of snorting. The median age of first use for recent licit users was 20 years (range 10-47 years). Examples of other opioids include pethidine and opium, the main brand that was specified was Endone.

**Table 28: Use of licit opioids, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=687 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 13 | **12** | 15 | 9 | 19 | 7 | 14 | 8 | 11 | 11 |
| **Used last 6 months** | 5 | **5** | 7 | 4 | 10 | 0 | 4 | 4 | 2 | 7 |

**Source: EDRS interviews**

#### *4.9.11.2 Illicitly obtained (non-prescribed) other opioids*

Lifetime use of illicit other opioids was one-fifth (22%) of the national sample, and 10% of the national sample had used other illicit opioids in the previous six months prior to interview (see Table 29). Median days of licit opiate use was three days (range 1-160 days). The main ROA was swallowing (82%), followed by snorting (22%), injecting (9%), smoking (8%), and one participant reported shelving/shafting. The median age of first use for recent illicit users was 19 years (range 13-35 years). Examples of other opioids include pethidine and opium, the main brand used was Oxycontin.

**Table 29: Use of illicit opioids, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=687 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 25 | **22** | 17 | 16 | 32 | 22 | 27 | 23 | 4 | 23 |
| **Used last 6 months** | 9 | **10** | 4 | 16 | 14 | 11 | 7 | 12 | 0 | 11 |

**Source: EDRS interviews**

### 4.9.12 Pharmaceutical stimulants

#### *4.9.12.1 Licitly obtained (prescribed) pharmaceutical stimulants*

Six percent of the national sample reported licit lifetime use of pharmaceutical stimulants, 3% reported recent use (see Table 30). The median days of use was 90 days (range 2-180 days). Swallowing was the ROA reported by most participants (90%) with small proportions reporting snorting (35%) and n<5 reporting injecting. Median age of first use by recent users was 17.5 years (range 6-41 years). Median amount used in an average session was three tablets (range 1-8 tablets). The median amount reported for most tablets taken in a session was four (range 1-20 tablets). Main brand was not specified for pharmaceutical stimulants but they included Dexamphetamines and Ritalin.

**Table 30: Use of licit (prescribed) pharmaceutical stimulants, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=77 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 9 | **6** | 11 | 7 | 6 | 3 | 5 | 8 | 11 | 2 |
| **Used last 6 months** | 2 | **3** | 6 | 5 | 1 | 1 | 3 | 2 | 2 | 2 |

**Source: EDRS interviews**

#### *4.9.12.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants*

Half of the national sample reported illicit lifetime use of pharmaceutical stimulants, 30% reported recent use (see Table 31). Illicit use accounts for the majority of pharmaceutical stimulant use in this sample of EDRS participants. The majority of recent use occurred in WA. The median days of use was four days (sporadic use, range 1-180 days). Swallowing was the ROA reported by most participants (87%) followed by snorting (43%) and small numbers n<5 reporting injecting and smoking. Median age of first use by recent users was 18 years (range 6-30 years). Median amount used in an average session was two tablets (range 0.33-30 tablets). The median amount reported for most tablets taken in a session was three (range 0.33-30 tablets). Main brand was not specified for pharmaceutical stimulants included Dexamphetamines and Ritalin.

**Table 31: Use of illicit pharmaceutical stimulants, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=5607 | 2013 N=686 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | **58** | **50** | 53 | 33 | 61 | 43 | 40 | 74 | 9 | 60 |
| **Used last 6 months** | **28** | **30** | 30 | 16 | 29 | 18 | 23 | 62 | 0 | 41 |

**Source: EDRS interviews**

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

Twenty-five percent of the 2013 sample reported lifetime use of over the counter codeine for non-pain use and 13% reported recent use (see Table 32). The most use was reported in TAS and QLD. OTC codeine were first used by recent users at a median age of 19 years (range 10-30 years). Median days of OTC codeine for purposes unrelated to pain (i.e. recreational use) was three days in the previous six months (range 1-120 days). Swallowing was the most commonly reported ROA by all recent users and two participants reported snorting.

**Table 32: Use of OTC codeine, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=76 | n=100 | n=100 | n=45 | n=88 |
| **Ever used** | 23 | **25** | 18 | 21 | 31 | 24 | 31 | 23 | 16 | 32 |
| **Used last 6 months** | 14 | **13** | 9 | 10 | 14 | 9 | 21 | 15 | 4 | 17 |

**Source: EDRS interviews**

### 4.9.13 Over the counter (OTC) stimulants

Ten percent of the 2013 sample reported the lifetime use of OTC stimulants and 4% reported recent use. Recent use was mostly reported in VIC. OTC stimulants was first used at a median age of 18 years (range 13-30 years) for recent users. In the six months preceding interview, use occurred on a median of 2.5 days (range 1-120 days); the majority (73%) reported monthly use or less. Swallowing was the most commonly reported ROA (89%); two participants reported snorting, and one participant reported injecting. No main brand was specified; brands mentioned were Codral, followed by Sudafed and chemists own cold and flu.

### 4.9.14 Steroid use

Two percent of the 2013 sample reported the lifetime use of steroids and one percent (n=5) reported using steroids recently. Median age of first use for steroids was 19 years (range 17-20 years). Of those that had used steroids recently, three participants (60%) had injected steroids and three participants (60%) had swallowed steroids. No other ROA was reported. Median days injected and used by recent steroid users was 40 days (range 20-48 days). No main brand was reported, however, brands mentioned included Anavar, Clembutyrol Human Growth Hormone and Stanazol.

### 4.9.15 Other drugs

See Table 4 on changes in general trends for ERD use regarding drugs not mentioned.

## 4.10 New psychoactive substance (NPS) use

- Terminology has changed in the EDRS from Emerging Psychoactive Substances (EPS) to New Psychoactive Substances (NPS)
- In 2013, the number of EDRS participants that have consumed an NPS in the previous six month period was 37% and 16% for synthetic cannabis, both comparable but substantial figures for this newer drug class.
- For NPS use is spread across all states whilst with synthetic cannabis it appeared to concentrate in most states except WA and SA.
- Drugs most used in this class included: 2C-B, DMT and 2C-I
- Effects of these drugs based on user ratings included quite high/enjoyable for the pleasurable effects of NPS, the negative comedown effects were not considered any worse than expected and high ratings were given to taking the drug again indicative of repetitive use.
- With synthetic cannabis, the pleasurable effects were given low scores, the negative comedown effects were given high scores implying they were much worse than NPS and low ratings were given when asked about repetitive use implying they would not be taken again.

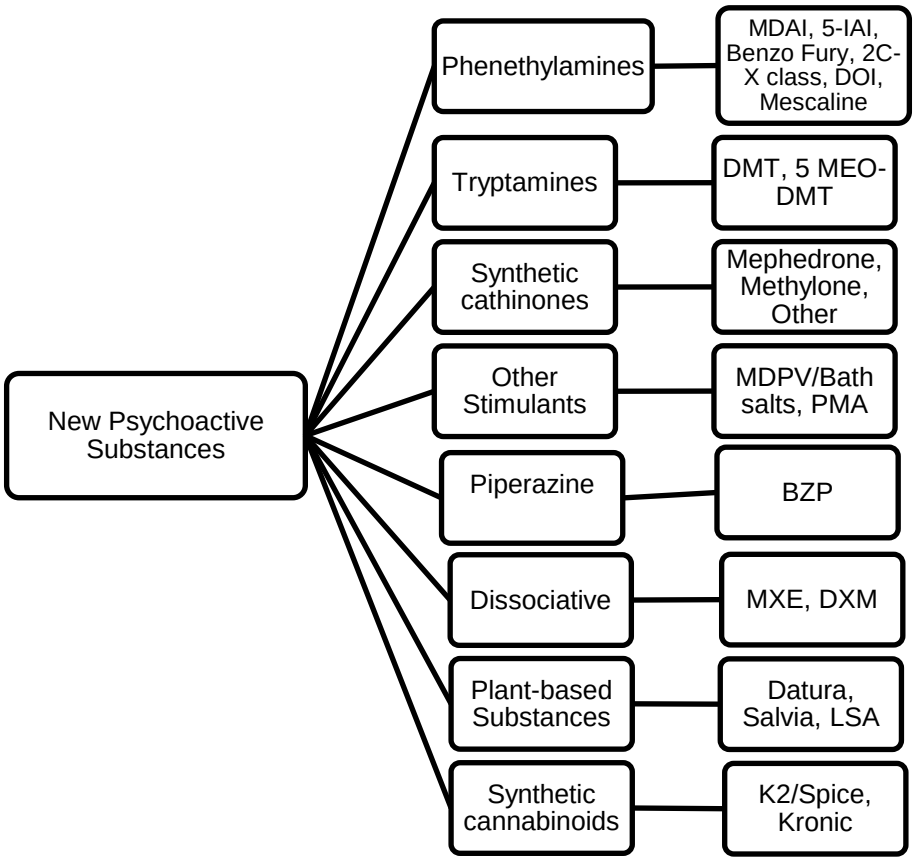


**Table 33: New psychoactive substances**

| Street Name | Chemical Name | Information on Drug | Information on use and effects |
|---|---|---|---|
| 2C-I | 2,5-dimethoxy-4-iodophenethylamine | A psychedelic drug with stimulant effects | Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B |
| 2C-B | 4-Bromo-2,5-dimethoxyphenethylamine | A psychedelic drug with stimulant effects | 2C-B is sold as a white powder sometimes pressed in tablets or gel caps |
| 2C-E | 2,5-dimethoxy-4-ethylphenethyl-amine | A psychedelic drug with stimulant effects | Commonly taken orally and highly dose-sensitive |
| 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] |
| Mescaline | 3,4,5-trimethoxyphene-thylamine | A hallucinogenic alkaloid | First isolated in 1896 from the peyote cactus of northern Mexico |
| DMT | Dimethyl tryptamine | A hallucinogenic drug in the tryptamine family | Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form[6] |
| 5-MeO-DMT | 5-methoxy-E-dimethyltryptamine | A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad | It is found in some traditional South American shamanic snuffs and sometimes in Ayahuasca brews. It is comparable in effects to DMT; however, it is substantially more potent. 5-MEO-DMT is mostly seen in crystalline form[7] |
| Mephedrone | 4-methyl-methcathin-one | A stimulant which is closely chemically related to amphetamines | Reportedly produces a similar experience to drugs like amphet-amines, ecstasy or |

[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.

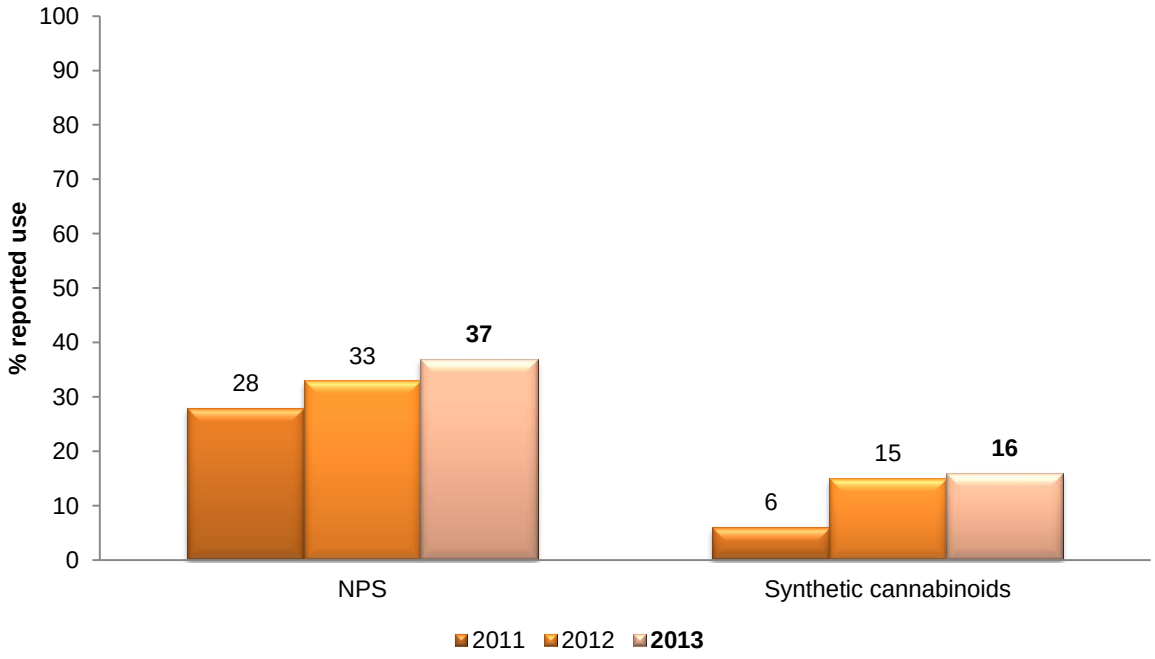
| Street Name | Chemical Name | Information on Drug | Information on use and effects |
|---|---|---|---|
| | | | cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form. Mephedrone is probably the most well known of a group of drugs derived from cathinone (a chemical found in the plant called khat)[8] |

### 4.10.1 NPS class

New psychoactive substances (previously termed 'Emerging psychoactive substances (EPS)' were first noticed to have entered the Australian drug market when use, availability and purity of ecstasy decreased in 2010-2011. In 2010, EDRS participant users 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 were asked about in subsequent EDRS surveys.

As is evident in Figure 13, NPS are a steadily growing class of drug in the EDRS sample. Synthetic cannabis use appears to have remained stable and low.

**Figure 13: Recent use of NPS and synthetic cannabis, 2011-2013**




Source: EDRS participant interviews

[8] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone.

As is evident, recent use of NPS is spread across the states whereas use of synthetic cannabis is lower and appears to be mostly across the eastern states (see Table 34).

**Table 34: Recent use of NPS and synthetic cannabis, 2013**

| (%) | National 2012 N=606 | National 2013 N=685 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=44 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Used an NPS** | 33 | **37** | 36 | 38 | 42 | 37 | 37 | 39 | 14 | 38 |
| **Used an NPS (including synthetic cannabis)** | 40 | **44** | 48 | 49 | 47 | 37 | 40 | 47 | 27 | 49 |
| **Synthetic Cannabinoid** | 15 | **16** | 25 | 17 | 18 | 1 | 8 | 19 | 18 | 21 |

Source: EDRS participant interviews

#### *4.10.1.1 Mescaline*

Mescaline is a psychoactive phenethylamine chemical which comes from the peyote cactus. It has hallucinogenic properties. A standard dose for oral mescaline use ranges from 200-500 mg. Recent use was reported by 3% of the national sample (see Table 35). Swallowing was reported by all recent users and smoking was reported by one participant. Median days used is one day (range 1-48 days) over the last six months. The predominant source for obtaining mescaline is through friends (47%) followed by a dealer (11%). There were single responses to obtaining mescaline through a shop, given as a gift, or the internet. Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 2 (range 0-9); rating of hangover: median 0 (range 0-8); rating of likelihood of taking it again: median 10 (range 0-10).

**Table 35: Use of Mescaline, 2013**

| (%) | National 2012 N=549 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 11 | **10** | 10 | 12 | 19 | 9 | 6 | 6 | 7 | 8 |
| **Used last 6 months** | 2 | **3** | 2 | 8 | 3 | 3 | 1 | 0 | 4 | 3 |

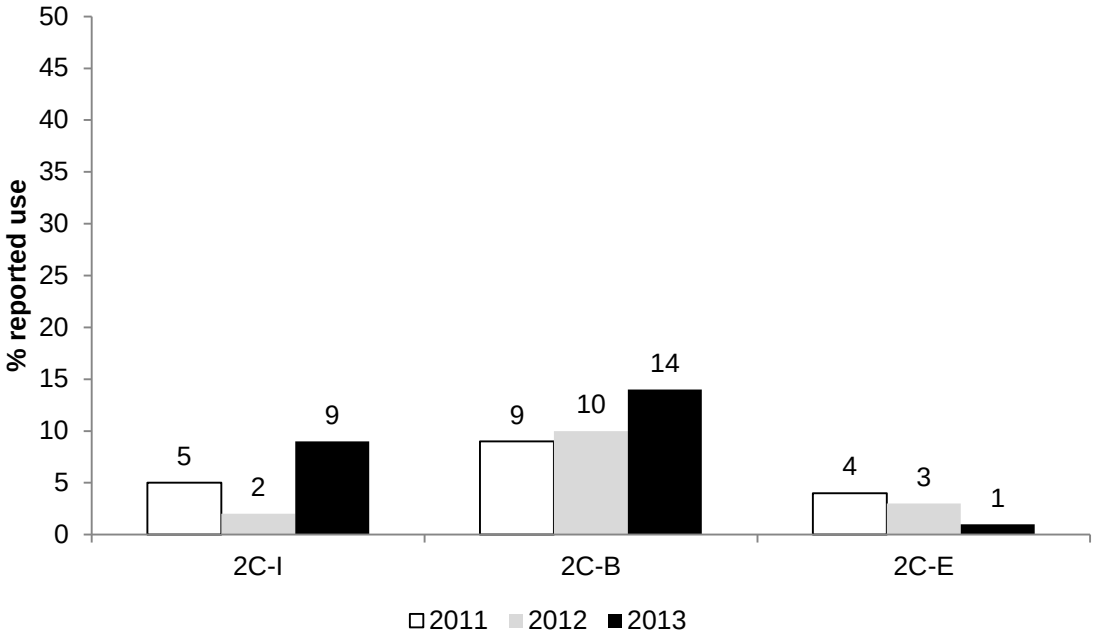
**Source: EDRS interviews**

### 4.10.2 Phenethylamines 2C-X class

#### *4.10.2.1 2C-I, 2C-B and 2C-E*

2C-I is a psychedelic drug with stimulant effects. A standard oral dose of 2C-I is between 10-25 mg. Recent reports suggest that 2C-I is slightly more potent than its closely related cousin 2C-B. Fourteen percent of participants that answered the section reported lifetime use of 2C-I and 9% of the sample reported past six month use of 2C-I (see Figure 14). Median days of use was two (range 1-30 days). ROA reported was swallowing (97%) and snorting (9%). There were no reports of smoking or injecting the drug. Of those that used 2C-I recently, the primary sources were friends (58%), followed by dealers (26%) and the internet (16%). Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 3 (range 0-10); rating of hangover: median 2 (range 0-10); rating of likelihood of taking it again: median 7 (range 0-10).

**Figure 14: Recent use 2C-I, 2C-B and 2C-E, 2011-2013**




Source: EDRS participant interviews

Closely related is the psychedelic phenethylamine 2C-B (2,5-dimethoxy-4-bromophenethylamine), the dosage range is listed as 16–24mg. 2C-B is sold as a white powder sometimes pressed in tablets or gel caps. The drug is usually taken orally, but can also be snorted. A quarter of the national sample had lifetime experience of consuming 2C-B, 14% had consumed the drug in the past six months (Table 36). NSW reported the most recent use. Median days of use nationally was one day (range 1-48 days). Swallowing was the most common ROA reported (87% of recent users), 24% reported having snorted the drug. Two participants reported smoking it. Of those that used 2C-B recently, the primary sources were friends (56%) and dealers (33%) with 7% reporting online and two reports of it being given as a gift and one report of a shop. Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 3 (range 0-10); rating of hangover: median 2 (range 0-10); rating of likelihood of taking it again: median 7.5 (range 0-10).

2C-E is also in this class of psychedelic research chemical drugs. It is commonly active in the 10–20mg range, taken orally, and highly dose-sensitive. Snorting requires a much lower dose, typically not exceeding 5mg, but this method of consumption elicits a noticeably painful or uncomfortable sensation in the nasal cavity for 10 minutes or so. Of the three related psychedelic phethylamines, 2C-E is the drug least used in the lifetime (4%) and recently (1%) of participants (Table 36). Most commonly reported ROA nationally was swallowing (75%) and snorting (25%). No other ROA were reported. Median days used 2C-E was one day (range 1-2 days). Of those that used 2C-E recently, the primary sources were friends (50%) and dealers (38%), with one report of it being a gift. Rating for pleasurable effects during the high: median 7.5 (range 1-10); rating negative effects during the high: median 0 (range 0 no effect-10 worst ever had); rating of hangover: median 1.5 (range 0 no effect-10 worst ever had); rating of likelihood of taking it again: median 8 (range 0 definitely not-10 definitely yes).

**Table 36: Use of 2C-I, 2C-B, 2C-E, 2013**

| (%) Ever used | National 2012 N=571 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2CI | 10 | **14** | 11 | 18 | 16 | 24 | 8 | 20 | 7 | 10 |
| 2CB | 24 | **25** | 37 | 22 | 29 | 29 | 27 | 15 | 9 | 22 |
| 2CE | 7 | **4** | 3 | 4 | 4 | 8 | 3 | 5 | 0 | 6 |
| **Used last 6 months** | **National 2012 N=571** | **National 2013 N=686** | **NSW n=100** | **ACT n=77** | **VIC n=100** | **TAS n=76** | **SA n=100** | **WA n=100** | **NT n=45** | **QLD n=88** |
| 2CI | 2 | **8** | 6 | 13 | 9 | 4 | 6 | 17 | 2 | 6 |
| 2CB | 10 | **14** | 25 | 20 | 17 | 5 | 14 | 8 | 2 | 15 |
| 2CE | 3 | **1** | 1 | 4 | 0 | 1 | 1 | 1 | 0 | 1 |

**Source: EDRS interviews**

#### 4.10.2.2 *2C-Other*

The 2C-class is quite large, and therefore participants in 2012 were asked if they had tried any other the other 2C-class drugs. Three percent (n=21) reported that they had tried a 2C-class drug (outside of those mentioned above). Eleven participants had used these drugs recently including 2C-NBOMe, 2C-C, 2C-P. Of recent users participants reported swallowing (82%) and one report of snorting as the only ROAs. Median days of use was one day (range 1-20 days). Most common sources reported were friends (46%), dealers (36%) and the internet (online medium) (18%).

#### 4.10.2.3 *6-APB Benzo Fury*

6-APB is a synthetic chemical that became available via online vendors in 2010. Little is known about its effects, which are presumed to include stimulation and euphoria, though not enough reliable human data has been recorded to say much with certainty. Lifetime use was 1% (n=8) from NSW, VIC TAS and WA whilst recent use was very low at <1% mostly in VIC.

#### 4.10.2.4 *5-IAI*

5-Iodo-2-aminoindane (5-IAI) is a drug which acts as a releasing agent of serotonin, norepinephrine, and dopamine. Lifetime use was reported by two participants as was recent use.

### 4.10.3 Phenethylamines Psychedelic class

#### *4.10.3.1 DOI (Death on Impact)*

DOI (Death on impact, 2,5-dimethoxy-4-iodoamphetamine) is also a psychedelic phenethylamine. It requires only very small dosages to produce full effects. It is uncommon as a substance for human ingestion but common in research. It has been found on blotter and may be sold as LSD (Erowid: www.erowid.org/chemicals/doi/doi.shtml). Lifetime use was 1% (n=8) from TAS and SA whilst recent use was very low at <1% all in SA.

### 4.10.4 Phenethylamines β– ketones

#### *4.10.4.1 Mephedrone*

Mephedrone (4-methylmethcathinone) is a stimulant which is closely related chemically to amphetamines. Users report that mephedrone produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder which is usually snorted, but can also be swallowed in bombs (wraps of paper) and may also appear in pill or capsule form. Mephedrone is probably the most well-known of a group of drugs derived from cathinone (the same chemical found in the plant called khat) although two other compounds are also increasingly recognised on the market. These are methedrone and methylone. The effects of methylone are said to be broadly similar to mephedrone, although methylone is said to give the user an experience more closely related to taking

ecstasy (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone).

Mephedrone use continues to be generally reported to have occurred in TAS and VIC. Recent use appears to have stabilised to around 5-6% of the sample. Snorting and swallowing were the most common ROAs reported followed by small numbers (n<3) smoking or injecting mephedrone in the last six months (see Table 37). Median days use in the last six months is two days (range 1-40). Mephedrone was predominantly last sourced from friends (56%) followed by dealers (28%), small numbers reported the internet (n=4), or receiving it as a gift (n=1). For more information on Mephedrone, see Bruno et al., (2012). Rating for pleasurable effects during the high: median 6 (range 3-10); rating negative effects during the high: median 3 (range 0-10); rating of hangover: median 4 (range 0-10); rating of likelihood of taking it again: median 6 (range 0-10).

**Table 37: Use of mephedrone, 2013**

| (%) | National 2012 N=570 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 19 | **17** | 11 | 3 | 36 | 42 | 11 | 6 | 7 | 14 |
| **Used last 6 months** | 5 | **6** | 1 | 0 | 10 | 24 | 4 | 3 | 2 | 8 |
| **ROA*** | | | | | | | | | | |
| Snorted | 48 | **61** | 0 | 0 | 0 | 44 | 100 | 67 | 100 | 86 |
| Swallowed | 62 | **49** | 100 | 0 | 56 | 78 | 0 | 0 | 0 | 14 |

**Source: EDRS interviews**
* Of those who had used recently

### 4.10.4.2 *Methylone, bk-MDMA*

Methylone, also known as 'M1', 3,4-methylenedioxy-*N*-methylcathinone, bk-MDMA, is an entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes. It was originally patented by Jacob Peyton and Alexander Shulgin in 1996 as an antidepressant. The more intuitive abbreviation MDMC unfortunately cannot be used for this chemical, since it had already been given to another earlier Shulgin creation, 3,4-ethylenedioxymethamphetamine. Methylone is a close structural analogue of MDMA, differing by the addition of a β-ketone group (see http://en.wikipedia.org/wiki/Methylone).

Five percent of the national EDRS sample reported lifetime use of methylone. Three percent of the sample (n=22) reported recent use across all states. Median days use was one (range 1-15). Most recent users reported swallowing (70%) methylone, followed by snorting (45%). It was primarily obtained from friends (50%) or dealers (35%) with three reports of it being purchased online. Rating for pleasurable effects during the high: median 6 (range 0-9); rating negative effects during the high: median 2 (range 0-10); rating of hangover: median 4 (range 0-10); rating of likelihood of taking it again: median 5 (range 0-10).

### 4.10.4.3 *MDPV (Bath salts)*

MDVP marketed as Bath salts and Ivory wave, is reported from limited forensic testing to have contained the active drug methylenedioxypyrovalerone (MDPV), along with cutting agents such as the common local anaesthetic Lidocaine. MDPV is a cathinone derivative, it is more potent than other cathinones, so users that may be used to taking mephedrone or other similar drugs may be increasing the risk to their health by taking too much, in the mistaken belief that it will behave the same. Using MDPV can lead to the overstimulation of both the cardiac system and the nervous system, causing heart problems, agitation, hallucinations and fits. Lidocaine is a common local anaesthetic 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 (i.e. high-purity cocaine; Drugscope: www.drugscope.org.uk/ourwork/pressoffice/pressreleases/ivory_wave_MDP.

Use in the 2013 national sample was small at about 3% for lifetime and 1% (n=8) for recent use (Table 38). Swallowing was the main ROA reported by recent users followed by snorting. MDPV was used on a median of one day (range 1-2 days). MDVP was obtained from friends mostly followed by dealers. Rating for pleasurable effects during the high of MDVP: median 5 (range 1-9); rating negative effects during the high: median 4 (range 0-10); rating of hangover: median 7 (range 0-10); rating of likelihood of taking it again: median 0 (range 0-10).

**Table 38: Use of MDPV, 2013**

| (%) | National 2012 N=570 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 5 | **3** | 1 | 0 | 5 | 11 | 2 | 3 | 2 | 1 |
| **Used last 6 months** | 3 | **1** | 0 | 0 | 2 | 4 | 1 | 1 | 2 | 0 |

**Source: EDRS interviews**

#### *4.10.4.4 Cathinone*

Lifetime use was reported by two participants, specifically of methcathinone, 4-MEC, Khat and flephedrone and butylone with no recent use reported.

### 4.10.5 Phenethylamines cyclised amphetamines (related to MDMA and amphetamines) class

#### *4.10.5.1 MDAI*

Lifetime use was reported by 1.5% of EDRS participants, with recent use reported by three participants. All recent users reported the ROA of swallowing. Median days used was two days (range =1-2 days) in the last six months. Sources for obtaining MDAI were split across the following groups: internet, dealer and friend. Rating for pleasurable effects during the high: median 4 (range 4-9); rating negative effects during the high: median 4 (range 0-7); rating of hangover: median 6 (range 1-10); rating of likelihood of taking it again: median 7 (range 3-10).

### 4.10.6 Tryptamines class (3'- Substituted, 5'-Substituted)

#### *4.10.6.1 DMT*

DMT (chemical name dimethyltriptamine) is a hallucinogenic drug in the tryptamine family, which is similar to LSD though its effects are said to be more powerful. Pure DMT is reportedly found in crystal form but has been reportedly sold in powder form. It can be injected, smoked or sniffed and the effects rarely last more than two hours (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt). Twenty-seven percent of the national sample reported lifetime use of DMT. Fourteen percent of the national sample reported using it recently, the most used NPS reported in this sample (see Table 39). The main route of administration reported by users was smoking (95%) followed by swallowing (7%) and one participant reported snorting. Median days of use was two days (range 1-48 days) among recent users. Friends (80%) were the source most commonly reported for obtaining DMT, followed by dealer (11%) four reports of online, and two reports of being received as a gift. Rating for pleasurable effects during the high: median 9 (range 0-10); rating negative effects during the high: median 1 (range 0-10); rating of hangover: median 0 (range 0-9); rating of likelihood of taking it again: median 10 (range 0-10).

**Table 39: Use of DMT, 2013**

| (%) | National 2012 N=571 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 26 | **27** | 16 | 13 | 44 | 36 | 28 | 33 | 16 | 19 |
| **Used last 6 months** | 13 | **14** | 9 | 8 | 25 | 11 | 14 | 22 | 2 | 14 |

**Source: EDRS interviews**

#### *4.10.6.2 MXE (3'-Substituted)*

Lifetime use of MXE was 3%, with fifteen participants (2%) consuming it in the previous six months. ROA reported were snorting (54%), swallowing (47%) and injecting by one participant. Median days used was one day (range 1-3 days). MXE was recently obtained friends (60%) followed by online (33%) and one participant said it was a dealer. Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 2 (range 0-10); rating of hangover: median 3 (range 0-8); rating of likelihood of taking it again: median 7 (range 0-10).

#### *4.10.6.3 5-MEO-DMT (5'-Substituted)*

5-MeO-DMT (5-methoxy-dimethyltryptamine) is a psychedelic tryptamine. 5-MeO-DMT is a naturally occurring psychedelic present in numerous plants and in the venom of the *Bufo alvarius* toad. It is found in some traditional South American shamanic snuffs and sometimes in ayahuasca brews. It is somewhat comparable in effects to DMT; however, it is substantially more potent, so it should not be confused with DMT. 5-MeO-DMT is mostly encountered as a crystalline chemical and smoked, snorted, or swallowed for recreation and/or insight. The standard dosage range for smoked 5-MeO-DMT is between 2-15 mg (Erowid: www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml).

Three percent reported lifetime use, eight participants consumed 5-MeO-DMT in the previous six months of the national sample. The ROAs reported were smoking (88%) and swallowing (25%). Median days used was one day (range 1-48 days). 5-Meo-DMT was recently obtained by friends (63%), dealers (25%) and one participant reported it was a gift. Rating for pleasurable effects during the high: median 8 (range 5-10); rating negative effects during the high: median 1 (range 0-5); rating of hangover: median 0 (0-4); rating of likelihood of taking it again: median 8 (range 2-10).

### 4.10.7 Piperazines class

#### *4.10.7.1 BZP*

BZP (1-benzylpiperazine) is a piperazine and a central nervous system (CNS) stimulant which gained popularity in some countries in the early 2000s as a legal alternative to amphetamine, methamphetamine, and MDMA. It is one of the more commonly used piperazines, providing stimulant effects which people describe as a noticeably different than those of amphetamines. It is not particularly popular because many people find that it has more side effects than amphetamines. BZP is used orally at doses of between 70-150 mg and effects are reported to last 6-8 hours (Erowid: www.erowid.org/chemicals/bzp/bzp_basics.shtml).

Lifetime use was at 3% of the sample. Recent use was reported by three participants, with use in small numbers. Swallowing was the main ROA. Median days used was one day (no range) in the last six months. The most commonly reported sources for obtaining BZP was friends. Due to small numbers ratings are not reported.

## 4.10.8 Natural occurring substances

### *4.10.8.1 Datura/Angel's Trumpet*

There are many different species in the Datura genus. Probably the two most well-known are the devil's weed (*Datura inoxia*) and the thornapple or jimson weed (*Datura strammonium*). The plant's effects are mainly stupefying. That is, they 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 easily cause unconsciousness and death (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura).

Recent use was reported by three participants with two reports of smoking as an ROA and one participant reporting smoking it. Median days of recent use was one day (range 1-2 days; Table 40). Datura was obtained through friends. Due to small numbers ratings are not reported.

**Table 40: Use of Datura, 2013**

| (%) | National 2012 N=571 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 8 | **5** | 3 | 1 | 12 | 8 | 3 | 5 | 2 | 2 |
| **Used last 6 months** | <1 | **<1** | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |

**Source: EDRS interviews**

### *4.10.8.2 Salvia divinorum*

Eight percent reported using salvia divinorum in their lifetime, two percent reported using recently. Salvia was smoked by 100% of recent users in the last six months, no other ROA was reported. Median days of recent use was two days (range 1-20 days) in the last six months. Of those that used salvia recently, the primary source was friends (72%) followed by single reports of the internet, shop, dealer and a gift. Rating for pleasurable effects during the high: median 6.5 (range 0-10); rating negative effects during the high: median 2 (range 0-8); rating of hangover: median 0 (range 0-8); rating of likelihood of taking it again: median 9 (range 0-10).

### *4.10.8.3 LSA*

Seven percent reported using LSA in their lifetime, two percent reported using LSA recently. LSA was swallowed by 100% of recent users in the last six months, no other ROA was reported. Median days of recent use was one day (range 1-5 days) in the last six months. Of those that used LSA recently, the primary source was dealer (42%) followed by friends (25%), and shops (17%). Rating for pleasurable effects during the high: median 6 (range 1-8); rating negative effects during the high: median 4.5 (range 0-9); rating of hangover: median 4 (range 0-9); rating of likelihood of taking it again: median 5 (range 0-10).

## 4.10.9 Other drugs

### *4.10.9.1 DXM*

Dextromethorphan is a semisynthetic opiate derivative which is legally available over the counter in the United States. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is almost always used orally, although pure DXM powder is occasionally snorted. The effects of DXM generally fall into the category of dissociatives, along with ketamine, PCP, and nitrous oxide. As with many psychoactive substances, dosages of DXM vary greatly, depending on the individual and the desired level of effects. Recreational doses range from 100 mg to 1,200 mg or more (Erowid: www.erowid.org/chemicals/dxm/dxm_basics.shtml).

Eleven percent reported using DXM in their lifetime, four percent reported using DXM recently (Table 41). DXM was swallowed by 100% of recent users in the last six months. Median days of recent use was 1.5 days (range 1-52 days) in the last six months. Of those that used DXM recently, the primary sources were shops (70%) followed by friends (23%) with two reports of another source. Rating for pleasurable effects during the high: median 7 (range 2-10); rating negative effects during the high: median 4 (range 0-10); rating of hangover: median 3 (range 0-10); rating of likelihood of taking it again: median 5 (range 0-10).

**Table 41: Use of DXM, 2013**

| (%) | National 2012 N=571 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 12 | **11** | 11 | 16 | 13 | 9 | 10 | 7 | 4 | 11 |
| **Used last 6 months** | 3 | **4** | 7 | 10 | 2 | 4 | 5 | 5 | 0 | 0 |

**Source: EDRS interviews**

#### *4.10.9.2 PMA*

Para-methoxyamphetamine (PMA) has been used as a recreational psychoactive drug, primarly in the 1970s, and in Australia since late 1994. More recently, it has been sold as MDA or MDMA (ecstasy). Pure PMA is a white powder, but street products can also be beige, pink or yellowish. Today it is usually made into pressed pills.

The effects of PMA include increase in energy, visual distortions and a general change in consciousness. Symptoms after ingestions can be pupil dilation, erratic eye movements, muscles spasms, increase in body temperature, nausea and vomiting. In some cases ingestion can lead to convulsions, coma and death. PMA has caused a number of deaths in Canada and Australia and has been implicated in two recent deaths in Chicago, USA. Most PMA deaths have been in users who have taken tablets sold as 'ecstasy' (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/pma).

Six participants reported using PMA recently. For recent users, swallowing was the only ROA reported. Median days used PMA recently was 1.5 days (range 1-4 days) (Table 42). PMA was reportedly obtained by dealers (67%) or friends (33%). Rating for pleasurable effects during the high: median 3.5 (range 0-7); rating negative effects during the high: median 7 (range 0-10); rating of hangover: median 2.5 (range 2-10); rating of likelihood of taking it again: median 1 (range 0-8).

**Table 42: Use of PMA, 2013**

| (%) | National 2012 N=571 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever used** | 5 | **2** | 2 | 3 | 4 | 1 | 4 | 1 | 0 | 0 |
| **Used last 6 months** | 2 | **1** | 0 | 1 | 2 | 0 | 3 | 0 | 0 | 0 |

**Source: EDRS interviews**

### 4.10.10 Cannabinoids

#### *4.10.10.1 Synthetic cannabinoids*

A new generation of recreational psychoactives emerged in 2006, with the arrival of a smoking blend named "Spice". The only ingredients listed on the label of Spice, as well as the labels of numerous similar blends, are various herbs. However, these products have recently been found to also contain synthetic chemicals with effects similar to THC. Although sold in the same contexts as the mostly ineffective 'legal buds' (in headshops and by online vendors), Spice and its relatives are ostensibly marketed as 'incense' rather than smoking material.

Lifetime use of synthetic cannabinoids was high among the sample at 32% compared to 2012, and recent use was 16%. Recent use was reported across all states mostly NSW, VIC and WA.

*K2/Spice*
Eight percent of the sample had used K2/Spice in their lifetime, and 3% percent of the national sample had used it recently. Median days of use was two days (range 1-60 days). Synthetic cannabis was only smoked (100%). The main sources it was obtained from were shops (67%) and friends (33%). Rating for pleasurable effects during the high: median 5 (range 0-9); rating negative effects during the high: median 5 (range 0-10); rating of hangover: median 0 (range 0-8); rating of likelihood of taking it again: median 2 (range 0-10).

*Kronic*
Nineteen percent of the sample had used Kronic in their lifetime, and 8% percent of the national sample had used it recently. Median days of use was two days (range 1-96 days). Synthetic cannabis was only smoked (100%). The main sources it was obtained from were friends (47%), shops (40%), gifts (6%) and there were two reports for dealers and one report for the internet. Rating for pleasurable effects during the high: median 5 (range 0-10); rating negative effects during the high: median 3.5 (range 0-10); rating of hangover: median 0 (range 0-10); rating of likelihood of taking it again: median 4 (range 0-10).

### 4.10.11 Other drugs: Opiates

#### *4.10.11.1 MPTP*

There were one report of lifetime use of MPTP but no recent use.

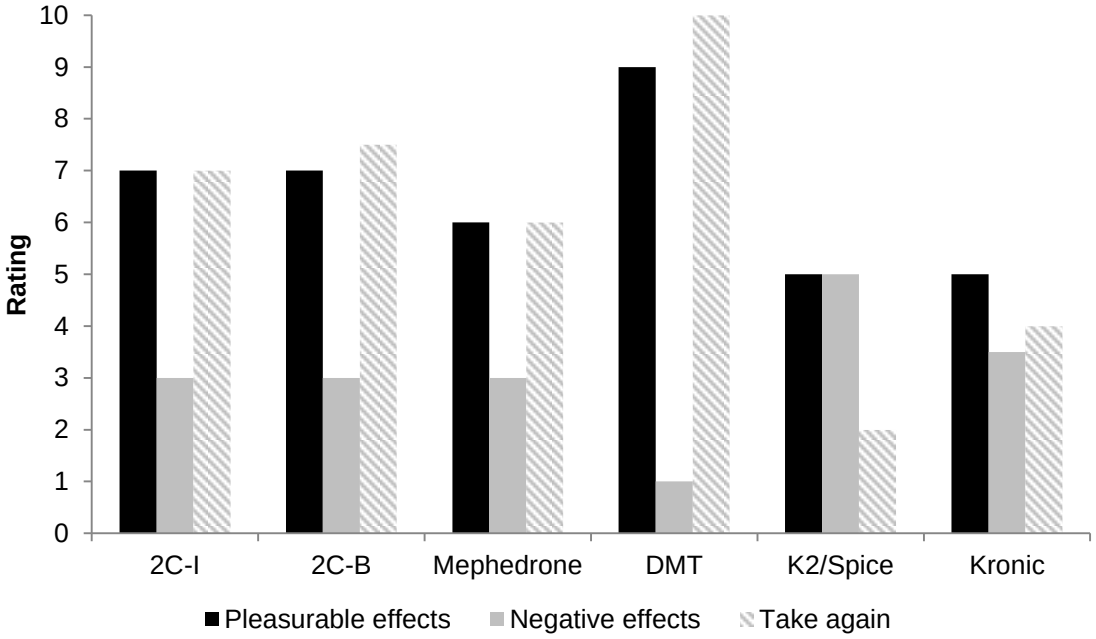
### 4.10.12 Capsules Unknown

The practice of taking ‘caps’ without any description of what the substance being taken is or the effects that can be expected after taking the unknown capsules is being monitored. Lifetime use was at 21% and recent use was 10% with recent use mainly reported in VIC and QLD. The capsules were mostly swallowed (92%), followed by snorted (23%), with single reports of them being smoked or injected. Median days over the past six months was two days (range 1-30 days). Capsules were mostly obtained through friends (59%), followed by dealers (25%), or were gifts (7%) and two reports of shops. Rating for pleasurable effects during the high: median 6 (range 0-10); rating negative effects during the high: median 2 (range 0-10); rating of hangover: median 4 (range 0-10); rating of likelihood of taking it again: median 6 (range 0-10).

### 4.10.13 Self-reported rating of NPS and Synthetic cannabis

In 2013, participants were asked to rate from one to ten, the pleasurable effects of the drug, the negative effects of the drug and whether they would take the drug again. With the NPS that were reportedly most used (2C-I, 2C-B, Mephedrone and DMT), it appeared that pleasurable effects were rated quite highly, compared to the pleasurable effects of synthetic cannabinoids (see Figure 15). Conversely, the negative effects (whereby 10 was the worst effects ever experienced) were rated low for NPS and quite high for synthetic cannabinoids. Lastly, when asked if they would take the drug again (10 is definitely yes), NPS rated more highly than did the synthetic cannabinoids.

**Figure 15: Ratings of NPS versus synthetic cannabinoids, 2013**




Source: EDRS interviews 2013

# 5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

## 5.1 Ecstasy

- The median price of a tablet of ecstasy nationally was $25 ranging from $20 in SA to $40 in the NT. A capsule nationally was a median of $30 and ecstasy (MDMA) powder was reported at a median price of $250 per gram and decrease from $300 per gram in 2012. MDMA Crystal/rock was $260 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- With reports of ecstasy purity, we saw a significant increase in those reporting purity as 'medium' and a significant decrease in those reporting purity as 'low'. There continued to be a mixed view as to the purity change over the last six months.
- The majority continued to report that ecstasy was 'easy' to 'very easy' to obtain (86%). The majority in all jurisdictions reported that availability had remained 'stable' (55%) in the six months prior to interview.
- Ecstasy was purchased from a range of people (median 3 people), between monthly and fortnightly most commonly from friends, on a monthly basis with a median of four pills purchased in one session.
- It was also used in a range of locations, most commonly in nightclubs.

### 5.1.1 Price

The median price of ecstasy pills nationally was $25 (range $5-$60) ranging from $20 in SA to $35 in the NT and WA. The price was generally consistent across the jurisdictions. The median price per cap (capsule which may have consisted of powder or crystal) was similar to a pill/tablet at $30 (range $15-$60). The median price of powder per gram varied across jurisdictions with a national median price of $250 per gram a decrease from $300 reported in 2012 (caution small numbers reporting across jurisdictions; Table 43). Finally MDMA crystal/rock which has been a relatively new form to appear on the market, the median price for a gram of MDMA crystal/rock was $260 per gram (range $30-$450). The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months (Table 44).

## Table 43: Median last price paid for ecstasy tablet and participants' reports of price change, 2013

| | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Median price ($) per tablet (range)** | **N=550**<br>**25**<br>**(2-50)** | **N=631**<br>**25**<br>**(5-60)** | 25<br>(13-50) | 25<br>(15-40) | 25<br>(10-35) | 30<br>(20-40) | 20<br>(5-30) | 35<br>(6-60) | 35<br>(15-50) | 25<br>(8-40) |
| **Median price ($) per capsule (range)** | **N=162**<br>**30**<br>**(2-60)** | **N=219**<br>**30**<br>**(15-60)** | 37.50<br>(25-50) | 30<br>(20-60) | 30<br>(20-50) | 30<br>(20-40) | 25<br>(20-40) | 37.50<br>(25-50) | n.a. | 30^<br>(25-40) |
| **Median price ($) per gram powder (range)** | **N=15**<br>**300**<br>**(30-350)** | **N=62**<br>**250**<br>**(20-400)** | 300^<br>(200-300) | 300<br>(20-350) | 250<br>(30-350) | 300^<br>(30-400) | 100^<br>(30-180) | 250^<br>(80-400) | n.a. | 300^<br>(-) |
| **Median price ($) per gram crystals (range)** | **n.a.** | **N=51**<br>**260**<br>**(30-450)** | 280^<br>(100-320) | 300<br>(30-400) | 250<br>(60-350) | 200^<br>(-) | 180^<br>(30-250) | 300^<br>(250-450) | n.a. | 225^<br>(150-300) |

**Source: EDRS interviews**
Note: n.a. means data was not available
^ Small numbers interpret with caution

## Table 44: Price changes reported for ecstasy by RPU, 2013

| (%) | National 2012 N=607 | National 2013 N=609 | NSW n=96 | ACT n=62 | VIC n=85 | TAS n=69 | SA n=91 | WA n=96 | NT n=26 | QLD n=84 |
|---|---|---|---|---|---|---|---|---|---|---|
| Price change Increased | 16 | **12**↓ | 7 | 13 | 12 | 12 | 8 | 17 | 23 | 11 |
| Stable | 63 | **71**↑ | 77 | 73 | 74 | 70 | 67 | 62 | 50 | 80 |
| Decreased | 10 | **10** | 13 | 2 | 12 | 10 | 21 | 12 | 4 | 1 |
| Fluctuated | 11 | **8** | 3 | 13 | 2 | 9 | 4 | 10 | 23 | 8 |

**Source: EDRS interviews**
Note: Response 'don't know' has been excluded from analysis.

Table 45 presents the median price of ecstasy across time. Although prices do vary across jurisdictions, the price of ecstasy appears to be higher in more remote jurisdictions, such as the NT and WA, whilst larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, (exception of the NT), the price of ecstasy has steadily declined across time.

**Table 45: Median price of ecstasy per tablet, 2000-2013**

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

**Source: EDRS interviews**
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD for 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. From 2009, participants reported last price paid for ecstasy tablet not market price

Table 46 illustrates the change in prices reported when ecstasy tablets (pills) are purchased in larger quantities.

**Table 46: Median price of ecstasy tablets bought in larger quantities, 2013**

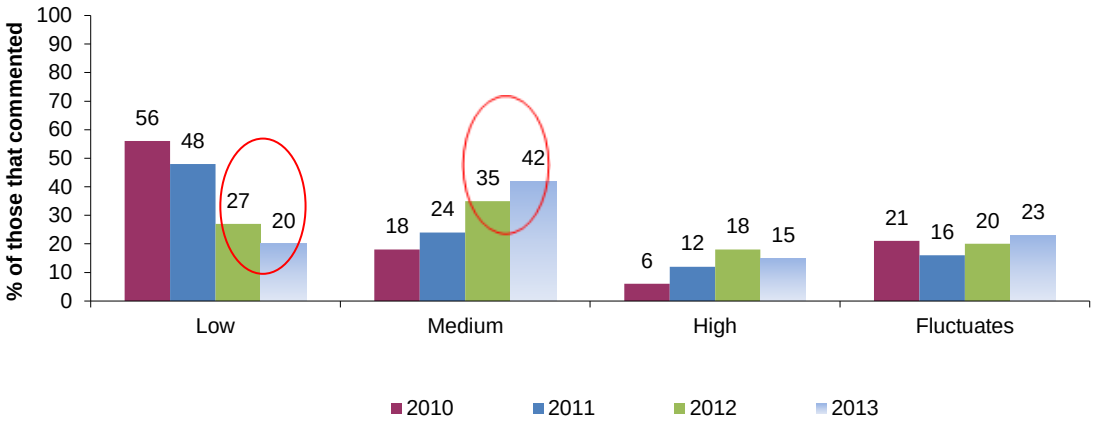
| | Per pill/10 pills | Per pill/20 pills | Per pill/50 pills | Per pill/100 pills |
|---|---|---|---|---|
| **NSW** | $20/$200 | $20/$400 | $16 /$800 | $15/$1500 |
| **ACT** | $25/$250 | $20/$400 | $17/$850^ | $12.5^/$1250^ |
| **VIC** | $25/$250 | $20/$400^ | $17/$850 | $15/$1500 |
| **TAS** | $25/250 | $25^/$500^ | n.a. | $15^/$1500^ |
| **SA** | $20/$180 | $18/$320 | $13/$650 | $13/$1300 |
| **WA** | $35/$300 | $30/$600^ | $25/$1000 | n.a. |
| **NT** | $35/$350 | $20/200 | n.a. | n.a. |
| **QLD** | $25/$250 | $20 /$200 | $20/$1500 | $15/$1500 |

**Source: EDRS interviews**
**Note:** ^ small numbers reporting, interpret with caution

### 5.1.2 Purity

Participants' perception of ecstasy purity has changed in recent years from earlier years. In 2013, we saw a continued significant decrease in those reporting purity as low (27% in 2012 vs. 20% in 2013; $p<0.05$) and a significant increase in those reporting purity as medium (35% in 2012 vs. 42% in 2013; $p<0.05$) (see Figure 16).

**Figure 16: National RPU reports of current ecstasy purity, 2010-2013**




**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

In 2013, significantly more users reported that the purity of ecstasy was 'medium' ($p<0.05$), and significantly less reported purity as 'low' (Table 47).

**Table 47: Participant reports of current ecstasy purity, 2013**

| (%) Current purity | National 2012 N=595 | National 2013 N=660 | NSW n=98 | ACT n=70 | VIC n=92 | TAS n=76 | SA n=98 | WA n=99 | NT n=39 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Low | **27** | **20** ↓ | 15 | 27 | 25 | 13 | 20 | 18 | 21 | 19 |
| Medium | **35** | **42** ↑ | 39 | 34 | 34 | 49 | 46 | 46 | 54 | 40 |
| High | **18** | **15** | 14 | 19 | 19 | 8 | 14 | 20 | 16 | 11 |
| Fluctuates | **20** | **23** | 32 | 20 | 22 | 30 | 19 | 16 | 11 | 30 |

**Source: EDRS interviews**

Participants were asked to comment on the change of ecstasy purity in the preceding six months. The result is mixed across the categories but generally the purity of ecstasy is considered 'stable' (Figure 17).

**Figure 17: National RPU reports of recent (last six months) change in ecstasy purity, 2010-2013**


**Source: EDRS Interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 48 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview. Mixed results for purity change are evident with 31% reporting that purity change of ecstasy is 'stable'.

**Table 48: Participant reports of changes in ecstasy purity in the past six months, 2013**

| (%) Current purity change | National 2012 N=564 | National 2012 N=613 | NSW n=93 | ACT n=64 | VIC n=90 | TAS n=70 | SA n=93 | WA n=92 | NT n=29 | QLD n=82 |
|---|---|---|---|---|---|---|---|---|---|---|
| Increasing | 23 | **13↓** | 12 | 14 | 18 | 6 | 13 | 21 | 3 | 12 |
| Stable | 31 | **35** | 45 | 33 | 34 | 34 | 38 | 27 | 48 | 24 |
| Decreasing | 23 | **22** | 18 | 31 | 22 | 10 | 20 | 22 | 17 | 29 |
| Fluctuating | 24 | **31↑** | 25 | 22 | 26 | 50 | 29 | 30 | 31 | 34 |

**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

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

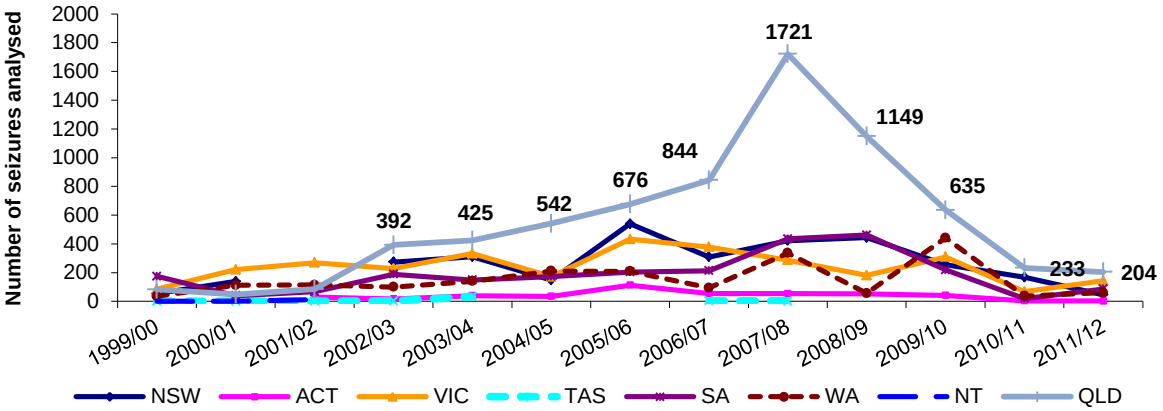
The purity data presented in this report are provided by the ACC and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provided data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under 'phenethylamines'. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), 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 1999/00.

**The following caveat applies to figure 18 through to 22 below:** Figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

In 2011/12, the number of state seizures analysed continued to drop across many jurisdictions. Most apparent is the decrease in the number of seizures in QLD from 1,149 in 2008/09 to 204 in 2011/12. There were no seizures analysed in the NT or TAS in 2011/12 (Figure 18, QLD is highlighted in figure below).

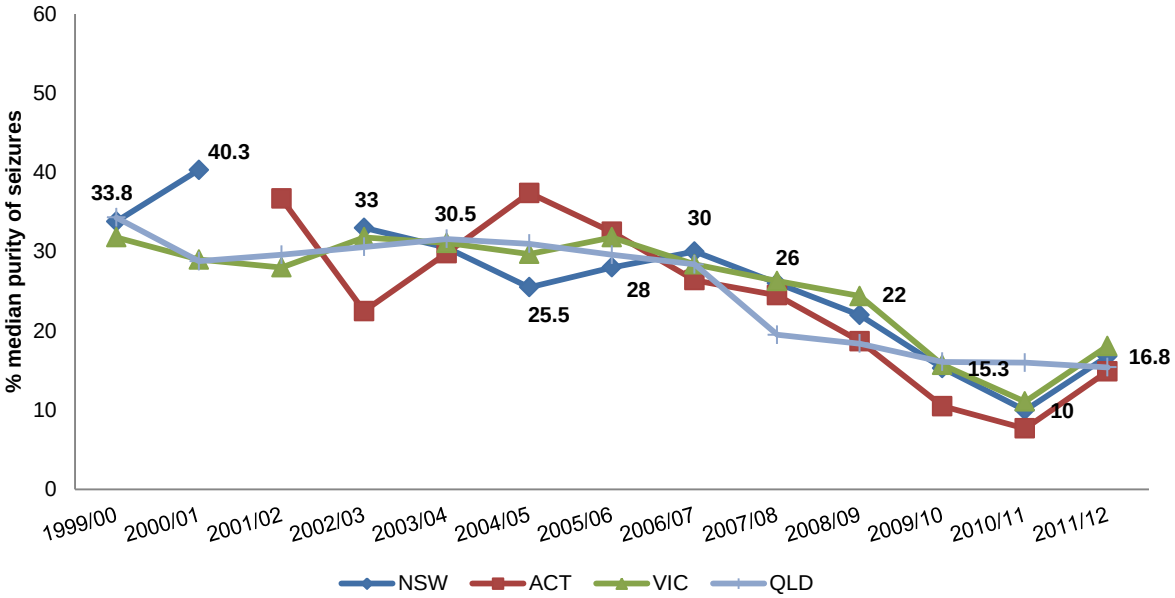
**Figure 18: Number of phenethylamine state police seizures, 1999/00-2011/12**




**Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)**
Note: Data for 2012/13 were not available 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 1999/00. The median purity level in 2011/12 appears to be similar to figures in 2009/10 (Figure 19, NSW trend figures highlighted).

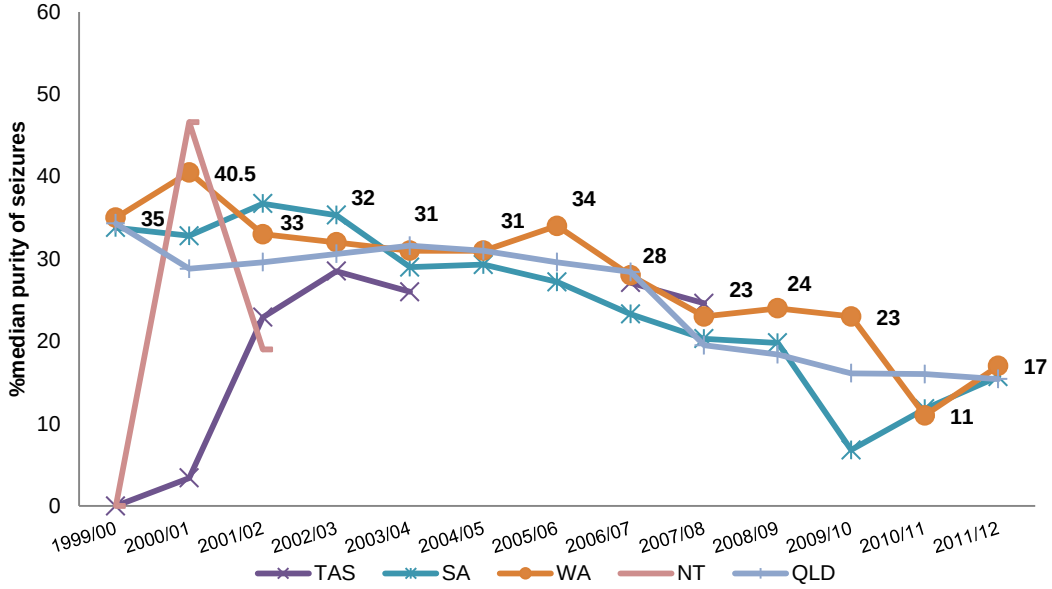
**Figure 19: Median purity of state police phenethylamine seizures, eastern jurisdictions, 1999/00-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013)**
Note: Data for 2012/13 were not available 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. SA reported a noticeable decline in purity. The trend also illustrates a decline in purity over time. TAS and the NT did not have any data recorded in 2011/12 (Figure 20, WA trend figures highlighted).

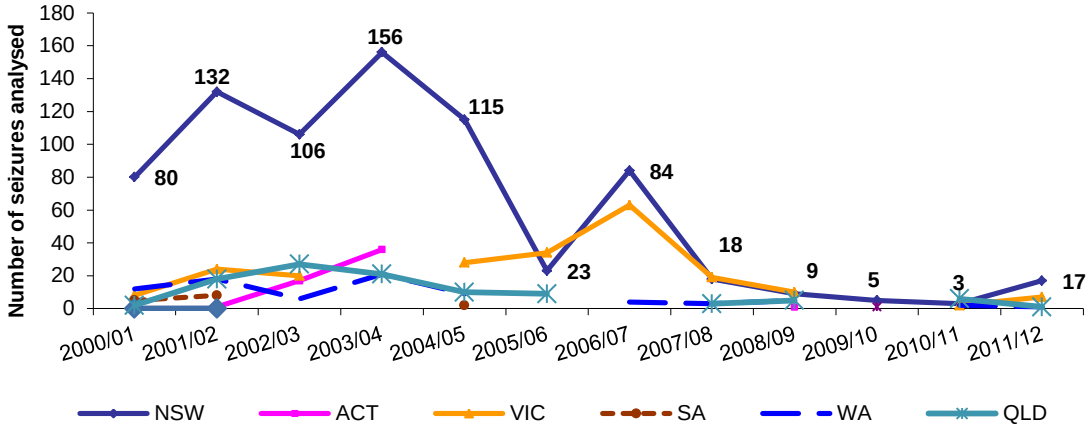
**Figure 20: Median purity of state police phenethylamine seizures, smaller jurisdictions, 1999/00-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)**
Note: Data for 2012/13 were not available at time of publication

In 2011/12, NSW, VIC, WA and QLD were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures. In NSW, the number of AFP seizures actually increased (Figure 21, NSW trend highlighted). NT and TAS are not shown.

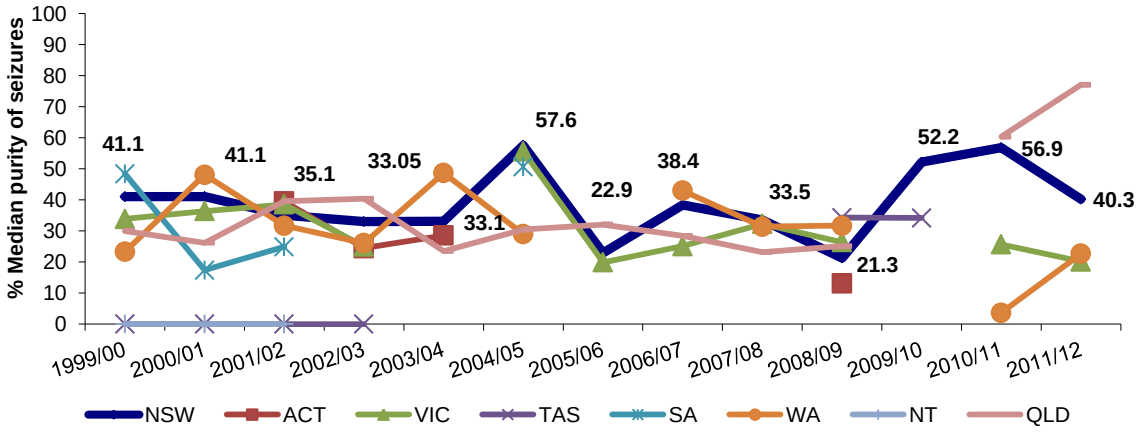
**Figure 21: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)**
Note: Data for 2012/13 were unavailable at time of publication

The median purity of AFP phenethylamine seizures remained relatively stable across time for the majority of jurisdictions. NSW has experienced fluctuations across time (Figure 22, NSW trend highlighted). Note: difficult to interpret trends as small number of seizures across jurisdictions n<10.

**Figure 22: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)**
Note: Data for 2011/12 were unavailable at time of publication.

### 5.1.3 Availability

The majority of the EDRS national sample continued to report ecstasy as being 'easy' to 'very easy' to obtain (86%), while there was a significant increase and decrease within the category over all, most participants reported that it was accessible and that this had remained 'stable' in previous six month period (Table 49).

**Table 49: EDRS reports of availability of ecstasy in the preceding six months, 2013**

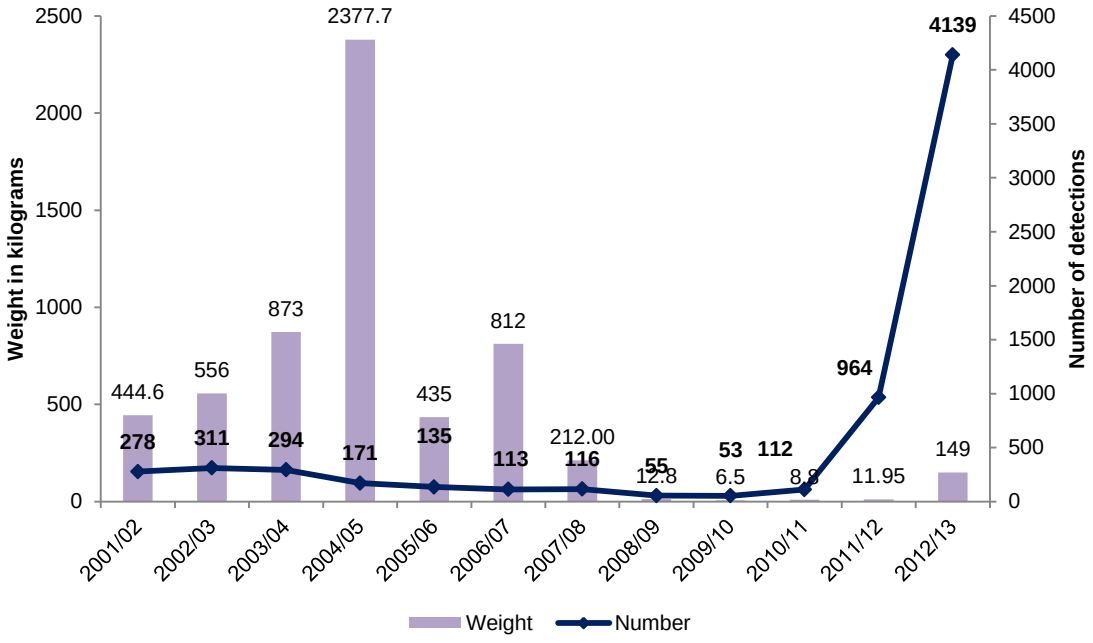
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| Availability of ecstasy | 2012 N=588 | 2013 N=664 | n=100 | n=74 | n=92 | n=74 | n=99 | n=100 | n=38 | n=87 |
| Very easy | 40 | **45↑** | 50 | 45 | 54 | 14 | 60 | 48 | 43 | 39 |
| Easy | 49 | **41↓** | 41 | 39 | 35 | 50 | 37 | 48 | 29 | 43 |
| Difficult | 10 | **14** | 9 | 16 | 11 | 35 | 3 | 4 | 29 | 18 |
| Very difficult | 2 | **<1** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| **Change in availability** | **N=574** | **N=632** | **n=96** | **n=71** | **n=91** | **n=72** | **n=95** | **n=97** | **n=27** | **n=86** |
| More difficult | 11 | **14** | 6 | 17 | 14 | 33 | 6 | 5 | 17 | 21 |
| Stable | 62 | **55** | 58 | 42 | 67 | 49 | 62 | 53 | 58 | 51 |
| Easier | 21 | **23** | 32 | 30 | 18 | 8 | 23 | 34 | 4 | 17 |
| Fluctuates | 6 | **8** | 3 | 11 | 1 | 10 | 8 | 8 | 21 | 11 |

**Source: EDRS interviews**
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

#### *5.1.3.1 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 2012/13 the weight of seizures illustrated an increase compared to recent previous year's figures and the number of seizures has dramatically increased with international mail reported as the medium of the majority of detected seizures (Figure 23).

**Figure 23: Number and weight of detections of MDMA detected at the border by the Australian Customs and Border Protection Service, 1997/98-2012/13**




**Source: (Australian Customs Border and Protection Service, 2014)**

### 5.1.4 Supply: Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range 0-80 people), and just under two-thirds (62%) reported typically purchasing for themselves and friends on those occasions. Among this group, figures of frequency of purchase were comparable to those reported in 2012, with almost half (47%) of the sample reporting purchasing ecstasy monthly or less. The median number of ecstasy pills purchased at a time was four tablets/pills (Table 50).

**Table 50: Purchasing patterns related to ecstasy use, 2013**

| (%) | National 2012 N=606 | National 2013 N=683 | NSW n=100 | ACT n=48 | VIC n=100 | TAS n=76 | SA n=98 | WA n=100 | NT n=44 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Median no. people bought ecstasy from (n; range)** | 3 (1-35) | 3 (0-80) | 3.5 (0-80) | 3 (0-30) | 3 (0-50) | 3 (1-6) | 4 (0-17) | 4 (1-20) | 3 (1-20) | 3 (1-30) |
| **Last time purchased ecstasy for:** | | | | | | | | | | |
| Yourself | 39 | 35 | 37 | 34 | 32 | 38 | 40 | 33 | 24 | 33 |
| Yourself and others | 58 | 62 | 62 | 61 | 59 | 60 | 55 | 66 | 73 | 64 |
| Others only | 1 | 1 | 0 | 0 | 2 | 3 | 2 | 1 | 2 | 0 |
| Didn't purchase | 2 | 3 | 1 | 5 | 7 | 0 | 3 | 0 | 0 | 3 |
| **Frequency of purchase:** | | | | | | | | | | |
| Monthly or less (1-6 times) | 45 | 47 | 44 | 44 | 46 | 51 | 48 | 49 | 71 | 37 |
| Fortnightly or less (7-12 times) | 35 | 34 | 30 | 40 | 31 | 39 | 28 | 32 | 17 | 51 |
| Weekly or less | 15 | 16 | 20 | 13 | 21 | 7 | 21 | 17 | 12 | 13 |
| Three times per week or more (25-180) | 5 | 2 | 5 | 3 | 2 | 3 | 2 | 2 | 0 | 0 |
| **Median no. pills usually purchased (n)** | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 |

**Source: EDRS interviews**

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (66%; Table 51).

Source location for ecstasy purchase is private locations such as friend's home (32%) and followed by public locations such as nightclubs (15%), and agreed public locations (8%).

Ecstasy was reportedly most commonly used in a nightclub setting (41%) followed by private settings such as friend's home (13%), own home (10%) and private parties (10%, Table 51).

## Table 51: Last source, purchase location and use location of ecstasy, 2013

| (%) Source | National 2012 N=600 | National 2013 N=6681 | NSW n=96 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=99 | WA n=100 | NT n=41 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| Friends | 64 | **66** | 56 | 62 | 65 | 71 | 69 | 78 | 79 | 61 |
| Known dealers | 18 | **19** | 25 | 25 | 29 | 8 | 15 | 10 | 4 | 24 |
| Acquaintances | 9 | **6** | 7 | 3 | 3 | 6 | 7 | 5 | 8 | 6 |
| Unknown dealers | 4 | **4** | 8 | 1 | 2 | 7 | 3 | 1 | 0 | 6 |
| Workmates | 1 | **1** | 1 | 0 | 0 | 4 | 2 | 1 | 0 | 1 |
| Other | 1 | **<1** | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 1 |
| Street dealers | 1 | **<1** | 0 | 2 | 0 | 0 | 0 | 0 | 8 | 0 |
| Relatives | 1 | **1** | 0 | 1 | 0 | 1 | 2 | 1 | 0 | 1 |
| Online | <1 | **1** | 2 | 3 | 0 | 0 | 1 | 2 | 0 | 1 |
| Haven't obtained | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Location obtained** | | | | | | | | | | |
| Friend's home | 31 | **32** | 22 | 25 | 32 | 32 | 38 | 38 | 33 | 37 |
| Nightclub | 13 | **15** | 23 | 10 | 14 | 11 | 19 | 13 | 17 | 12 |
| Dealer's home | 8 | **11** | 9 | 16 | 13 | 6 | 9 | 7 | 8 | 16 |
| Home delivered | 15 | **13** | 8 | 13 | 9 | 19 | 12 | 11 | 13 | 21 |
| Agreed public location | 11 | **8** | 18 | 4 | 11 | 1 | 7 | 6 | 8 | 2 |
| Raves* | 1 | **3** | 2 | 9 | 3 | 3 | 0 | 3 | 4 | 0 |
| Private party | 5 | **5** | 6 | 7 | 3 | 6 | 4 | 8 | 0 | 4 |
| Pubs | 5 | **4** | 2 | 1 | 8 | 10 | 4 | 2 | 0 | 1 |
| Acquaintance's home | 2 | **<1** | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Street | 3 | **3** | 4 | 9 | 1 | 3 | 2 | 0 | 8 | 4 |
| Work | 1 | **<1** | 1 | 0 | 0 | 4 | 1 | 1 | 0 | 0 |
| Live music event/festival | 2 | **2** | 1 | 1 | 3 | 4 | 0 | 1 | 8 | 1 |
| Online | <1 | **<1** | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (include. Day club, educational institution etc.) | 1 | **2** | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 2 |
| Haven't obtained | <1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Last use venue** | | | | | | | | | | |
| Nightclub | 40 | **41** | 51 | 31 | 30 | 29 | 45 | 47 | 38 | 51 |
| Home | 11 | **10** | 3 | 10 | 14 | 18 | 12 | 10 | 13 | 1 |
| Friend's home | 14 | **13** | 6 | 18 | 12 | 15 | 16 | 11 | 4 | 16 |
| Live music event/festival | 9 | **10** | 13 | 4 | 8 | 8 | 5 | 10 | 21 | 20 |
| Private party | 12 | **10** | 9 | 13 | 12 | 17 | 7 | 10 | 0 | 8 |
| Raves* | 5 | **6** | 6 | 14 | 15 | 3 | 0 | 5 | 13 | 0 |
| Pub | 6 | **5** | 4 | 6 | 8 | 8 | 11 | 0 | 8 | 0 |
| Outdoors◊ | 1 | **2** | 4 | 3 | 0 | 1 | 3 | 0 | 4 | 1 |
| Dealers home | <1 | **<1** | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Public place | 1 | **1** | 2 | 0 | 0 | 0 | 1 | 4 | 0 | 0 |
| Other (includes car and day club) | 1 | **<1** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |

**Source: EDRS interviews**
* Includes 'doofs' and dance parties
◊ Examples include at a beach, bushwalking, camping
^ Small numbers interpret with caution

## 5.2 Methamphetamine

*Speed powder*

- Price (median) of a gram of speed nationally was $200 and ranged from $150 in NSW to $700 in WA, with 76% reporting that prices were stable.
- Purity reports of speed were mixed with 36% reporting speed as 'medium' and 37% reporting purity as 'high'. Most reported purity of speed had remained stable.
- Availability is still considered to be 'easy' to 'very easy' to obtain (88%). The majority considered speed availability to have remained 'stable' in the past six months.

*Base*

- Price (median) of base was commonly reported in points, nationally was $80 per point ranging from $80 in TAS to $90 in SA. Most participants reported that this had remained 'stable'.
- Purity was considered to be 'high' for base, and this was considered to have remained stable.
- Availability reports for base were 'easy' to 'very easy' to obtain. Interestingly, participants reported this to have remained 'stable' over the past six months.

*Ice/crystal*

- Price (median) of ice/crystal was commonly reported in points, nationally was $100 per point ranging from $80 in VIC and the ACT to $100 in most other jurisdictions except the NT where it was $200. Most participants reported that this had remained 'stable'.
- Most participants reported that ice/crystal purity was 'high' and that this had remained 'stable'.
- The majority of participants commenting reported that ice/crystal was 'easy' to 'very easy' to obtain and that this had remained 'stable'.
- ATS seizures at the Australian border have increased significantly in 2012/13 in both number and weight.

### 5.2.1 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of different forms of methamphetamine. The median prices, by jurisdiction, are presented in Table 52 and perceptions of price changes are shown in Table 53.

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 ranged from $150 in NSW to $700 in WA, slightly higher than 2012 figures. Prices reported were considered to have remained 'stable' over the six months prior to interview by the majority of participants that commented.

Very few participants were able to comment on base. The price of base was reported in points, last purchase price of a point of base was between $80 per point in VIC to $90 per point in SA. The majority of those commenting in the national sample reported that the price of base had remained 'stable' in the six months prior to interview.

The median price for a point of ice/crystal was $50 in NSW to $100 in WA, SA, TAS and QLD. This is a continuing increase to figures reported in 2012 across most jurisdictions (see

Table 52). The price per gram was typically higher for ice/crystal than for speed or base. Despite these increases in price, in 2013 compared to 2012 results, participants reported that price had remained 'stable' (65%) six months prior to interview.

**Table 52: Median of last price paid of various forms of methamphetamine, 2013**

| | Median price $ per point | | | | | | Median price $ per gram | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Speed powder | | Base | | Ice/crystal | | Speed powder | | Base | | Ice/crystal | |
| | 2012 | **2013** | 2012 | **2013** | 2012 | **2013** | 2012 | **2013** | 2012 | **2013** | 2012 | **2013** |
| National | 50 | **30** | 50 | **80** | 50 | **100** | 200 | **200** | 300 | **300** | 300 | **300** |
| NSW | 35^ | **50^** | 50^ | **-** | 50 | **50^** | 75^ | **150^** | 170^ | **70^** | 500^ | **400^** |
| ACT | 40^ | **25^** | 50^ | **-** | 100^ | **80^** | 200 | **200** | 250^ | **225^** | 310^ | **725^** |
| VIC | 90^ | **30** | 100^ | **80^** | 100 | **80** | 200 | **200** | 300^ | **400^** | 650^ | **600** |
| TAS | 50 | **50** | 50 | **-** | 60 | **100^** | 300 | **300** | 300^ | **210^** | 300^ | **-** |
| SA | 85 | **100^** | 85 | **90^** | 100 | **100** | 225^ | **280^** | 325^ | **-** | 600^ | **450^** |
| WA | 100^ | **100^** | - | **-** | 100 | **100** | 400^ | **700^** | - | **-** | 525^ | **800^** |
| NT | 100^ | **-** | - | **-** | 150^ | **200^** | 200^ | **300^** | 450^ | **-** | - | **300^** |
| QLD | 100^ | **65^** | 65^ | **-** | 95 | **100^** | 200^ | **200^** | - | **800^** | 600 | **800^** |

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

**Table 53: Methamphetamine price changes, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Speed price changes** | **2012** | **2013** | | | | | | | | |
| (among those who commented) | **N=181** | **N=100** | **n=4^** | **n=29** | **n=20** | **n=16** | **n=10** | **n=7^** | **n=4^** | **n=10** |
| Increased | **16** | **10** | 0 | 7 | 15 | 13 | 0 | 14 | 0 | 20 |
| Stable | **72** | **76** | 75 | 72 | 75 | 69 | 100 | 86 | 100 | 60 |
| Decreased | **3** | **9** | 25 | 14 | 5 | 13 | 0 | 0 | 0 | 10 |
| Fluctuated | **9** | **5** | 0 | 7 | 5 | 6 | 0 | 0 | 0 | 10 |
| **Base price changes** | **National** | | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **2012 N=57** | **2013 N=14** | **n=1^** | **n=1^** | **n=4^** | **n=2^** | **n=5^** | **n=0** | **n=0** | **n=1^** |
| Increased | **25** | **7** | 0 | 0 | 25 | 130 | 0 | - | - | 0 |
| Stable | **70** | **86** | 100 | 100 | 75 | 50 | 100 | - | - | 100 |
| Decreased | **0** | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Fluctuated | **5** | **7** | 0 | 0 | 0 | 50 | 0 | - | - | 0 |
| **Ice/crystal price changes)** | **National** | | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **2012 N=122** | **2013 N=92** | **n=6^** | **n=6^** | **n=28** | **n=6^** | **n=21** | **n=16** | **n=2^** | **n=7^** |
| Increased | **16** | **13** | 17 | 33 | 7 | 0 | 14 | 13 | 0 | 29 |
| Stable | **68** | **65** | 67 | 67 | 64 | 67 | 67 | 69 | 100 | 43 |
| Decreased | **9** | **15** | 17 | 0 | 29 | 17 | 10 | 6 | 0 | 14 |
| Fluctuated | **7** | **7** | 0 | 0 | 0 | 17 | 10 | 13 | 0 | 14 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The median price per gram of speed has remained substantially lower in NSW compared to other jurisdictions over time, however, in 2013 we saw an increase in price for speed in NSW to the highest reported since monitoring began in 2000. Also in 2013, there appeared to be small numbers commenting in NSW (Table 52).

## Table 54: Median price per gram of methamphetamine powder (speed), 2000-2013

| | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| **2000** | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | 60 |
| **2001** | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. |
| **2002** | 60 | n.a.. | n.a.. | n.a.. | 43 | n.a.. | n.a.. | n.a.. |
| **2003** | 55 | 175 | 180 | 200 | 40 | 200 | 60 | 200 |
| **2004** | 60 | 80 | 180 | 300 | 50 | 300 | 100 | 180 |
| **2005** | 60 | 80 | 180 | 325 | 65 | 300 | 200 | 180 |
| **2006** | 60 | 200 | 200 | 325 | 50 | 300 | 122.75 | 150 |
| **2007** | 50 | 200 | 195 | 300 | 200 | 350 | 250 | 200 |
| **2008** | 50 | 225 | 200 | 300 | 200^ | 100 | 300^ | 165 |
| **2009** | 47.50 | 200 | 190 | 255 | 350 | 275 | 300 | 180 |
| **2010** | 55 | 200 | 200 | 250 | 200^ | 300^ | 350 | 200 |
| **2011** | 80 | 200 | 200 | 250^ | 300^ | 475^ | 300^ | 200 |
| **2012** | 75^ | 200 | 200 | 300 | 225^ | 400^ | 200^ | 200^ |
| **2013** | **150^** | **200** | **200** | **300** | **280^** | **700^** | **300^** | **200^** |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000, in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here; no participants reported on the price of speed in QLD in 2001. In 2009 onward, only last price paid for gram of speed was reported.

Very few participants in 2013 across jurisdictions were able to comment on the price per point of base. In 2013, a few jurisdictions reported an increase in price per point of base (Table 55).

## Table 55: Median price per point of methamphetamine base (base), 2000-2013

| | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| **2000** | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | 30 |
| **2001** | 50 | n.a.. | n.a.. | n.a.. | 30 | n.a.. | n.a.. | 30 |
| **2002** | 40 | n.a.. | n.a.. | n.a.. | 25 | n.a.. | n.a.. | n.a.. |
| **2003** | 40 | 40 | 32.5 | 50 | 25 | 50 | 50 | 25 |
| **2004** | 37.5 | 40 | 29 | 50 | 25 | 50 | 50 | 27.5 |
| **2005** | 30 | 40 | 22.5 | 50 | 25 | 50 | 75 | 25 |
| **2006** | 37.5 | 42.5 | *(no purchases)* | 40 | 22.5 | 50 | 80^ | 25 |
| **2007** | 40^ | 50^ | 50^ | 40 | 40 | 50^ | 35^ | 25 |
| **2008** | 42.5^ | 30 | 30^ | 40^ | 50 | 50^ | *(no purchases)* | 25 |
| **2009** | 30^ | 40^ | *(no purchases)* | 60^ | 50^ | 50^ | 55^ | 40^ |
| **2010** | 35^ | 25^ | *(no purchases)* | 50^ | 50^ | *(no purchases)* | 50^ | 35^ |
| **2011** | *(no purchases)* | 22.50^ | 40^ | 50^ | 50^ | *(no purchases)* | *(no purchases)* | 40^ |
| **2012** | 50^ | 50^ | 100^ | 50 | 85 | - | - | 65^ |
| **2013** | ***(no purchases)*** | ***(no purchases)*** | ***80^*** | ***(no purchases)*** | **90^** | ***(no purchases)*** | ***(no purchases)*** | ***(no purchases)*** |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution.
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. No participant commented on the price of a point of base in VIC in 2006. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009 onward, only last price paid for point of base was reported

In 2013, the median price for a point of ice/crystal increased across most jurisdictions. NSW reported the lowest price for a point of ice/crystal methamphetamine ($50). Please interpret with caution as small numbers in certain jurisdictions (Table 56).

**Table 56: Median price per point of crystalline methamphetamine (ice/crystal), 2000-2013**

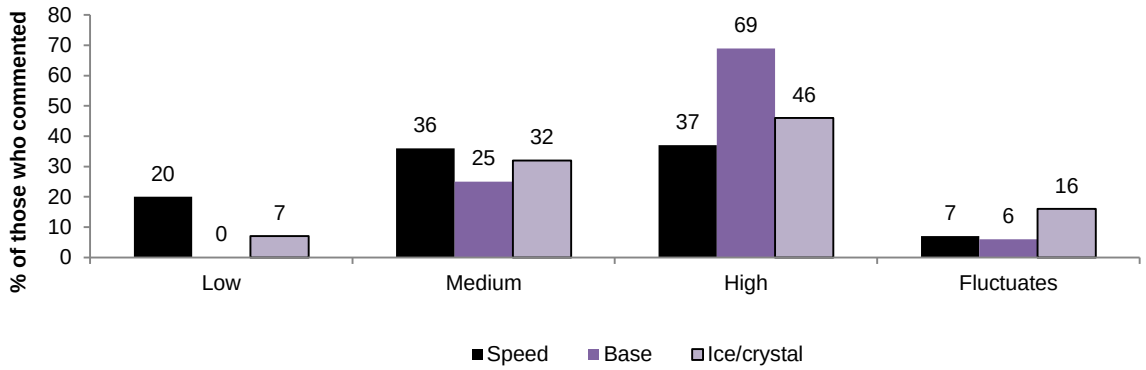
| | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| **2000** | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | 35 |
| **2001** | 50 | n.a.. | n.a.. | n.a.. | 35 | n.a.. | n.a.. | 40 |
| **2002** | 50 | n.a.. | n.a.. | n.a.. | 25 | n.a.. | n.a.. | n.a.. |
| **2003** | 50 | 45 | 40 | 50^ | 25 | 50 | 65 | 40 |
| **2004** | 40 | 47.5 | 40 | 50^ | 25 | 50 | 50 | 40 |
| **2005** | 50 | 35 | 40 | 50^ | 25 | 50 | 80 | 47.5 |
| **2006** | 50 | 50 | 47.5 | 50^ | 50 | 50 | 80^ | 50 |
| **2007** | 50 | 50^ | 40^ | 50^ | 50 | 50 | 50^ | 50 |
| **2008** | 50 | 50 | 50^ | 40^ | 50 | 50 | *(no purchases)* | 50 |
| **2009** | 50^ | 50^ | 50^ | 50^ | 50 | 50^ | 100^ | 50 |
| **2010** | 50 | 70^ | 85^ | *(no purchases)* | 75^ | 50^ | 100^ | 50^ |
| **2011** | 60 | 80^ | 100 | 50^ | 95 | 100^ | *(no purchases)* | 100 |
| **2012** | 50 | 100^ | 100 | 60 | 100 | 100 | 150^ | 95 |
| **2013** | **50^** | **80^** | **80** | **100^** | **100** | **100** | **200^** | **100^** |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009, only last price paid for point of ice/crystal was reported.

### 5.2.2 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and, also, whether this had changed over the last six months. Ice/crystal and this year base, were most commonly perceived to be of 'high' purity, whilst speed had mixed comments of 'medium' to 'high' purity (Figure 24).

**Figure 24: National RPU reports of current methamphetamine purity, 2013**




**Source: EDRS interviews**
Note: Among those who commented

National differences noted from 2013 include less RPU able to comment on market characteristics across all three forms (Table 57).

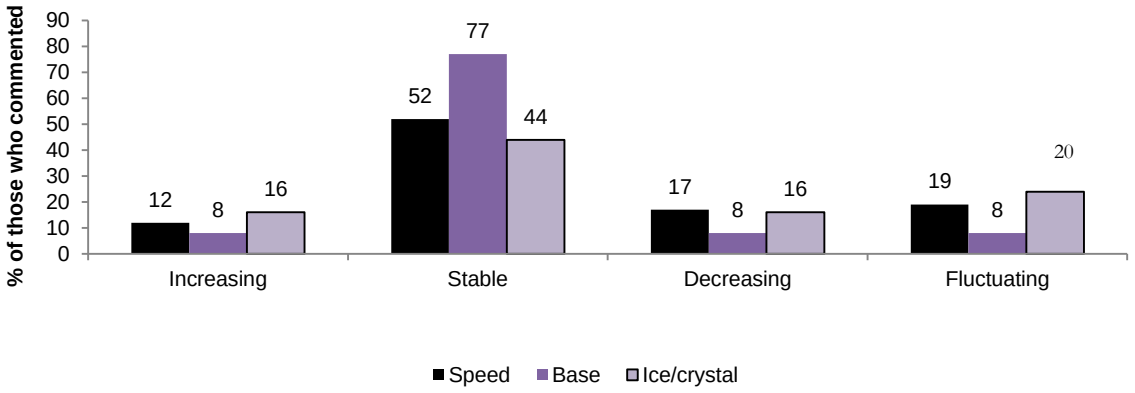
**Table 57: Participant reports of current methamphetamine purity, 2013**

| (%) Current purity Speed | National 2012 N=205 | National 2013 N=128 | NSW n=5^ | ACT n=37 | VIC n=20 | TAS n=23 | SA n=13 | WA n=7^ | NT n=11 | QLD n=12 |
|---|---|---|---|---|---|---|---|---|---|---|
| Low | 18 | **20** | 0 | 38 | 30 | 9 | 15 | 14 | 0 | 8 |
| Medium | 35 | **36** | 20 | 32 | 30 | 44 | 39 | 71 | 27 | 33 |
| High | 35 | **37** | 80 | 16 | 35 | 39 | 46 | 14 | 73 | 50 |
| Fluctuates | 13 | **7** | 0 | 14 | 5 | 9 | 0 | 0 | 0 | 8 |
| **Current purity Base** | **2012 N=62** | **2013 N=16** | **n=2^** | **n=1^** | **n=4^** | **n=2^** | **n=6^** | **n=0** | **n=0** | **n=1^** |
| Low | 8 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Medium | 40 | **25** | 0 | 0 | 50 | 0 | 33 | - | - | 0 |
| High | 47 | **69** | 100 | 100 | 50 | 100 | 67 | - | - | 0 |
| Fluctuates | 5 | **6** | 0 | 0 | 0 | 0 | 0 | - | - | 100 |
| **Current purity Ice/Crystal** | **2012 N=135** | **2013 N=103** | **n=6^** | **n=4^** | **n=31** | **n=6^** | **n=24** | **n=18** | **n=6^** | **n=8^** |
| Low | 4 | **7** | 0 | 25 | 3 | 0 | 4 | 11 | 17 | 13 |
| Medium | 22 | **32** | 50 | 75 | 29 | 33 | 25 | 33 | 50 | 13 |
| High | 62 | **46 ↓** | 17 | 0 | 52 | 50 | 63 | 33 | 33 | 50 |
| Fluctuates | 13 | **16** | 33 | 0 | 16 | 17 | 8 | 22 | 0 | 25 |

**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards
^ small numbers commenting (n<10); interpret with caution

The largest proportion of users of all forms of methamphetamine reported that the purity remained 'stable' in the six months preceding interview (Figure 25) (Table 58).

**Figure 25: National RPU reports of recent (last six months) change in methamphetamine purity, 2013**




**Source: EDRS interviews**
Note: Among those who commented

**Table 58: Participant reports of methamphetamine purity change, 2013**

| (%) Current purity Speed | National 2012 N=181 | National 2013 N=107 | NSW n=3^ | ACT n=30 | VIC n=20 | TAS n=17 | SA n=11 | WA n=7^ | NT n=7^ | QLD n=12 |
|---|---|---|---|---|---|---|---|---|---|---|
| Increasing | 12 | **12** | 0 | 23 | 15 | 0 | 9 | 14 | 0 | 8 |
| Stable | 51 | **52** | 100 | 40 | 60 | 47 | 55 | 29 | 86 | 58 |
| Decreasing | 12 | **17** | 0 | 17 | 25 | 12 | 0 | 43 | 14 | 17 |
| Fluctuating | 25 | **19** | 0 | 20 | 0 | 41 | 36 | 14 | 0 | 17 |
| **Base** | **2012 N=56** | **2012 N=13** | **n=1^** | **n=1^** | **n=3^** | **n=2^** | **n=5^** | **n=0** | **n=0** | **n=1^** |
| Increasing | 13 | **8** | 0 | 0 | 0 | 50 | 0 | - | - | 0 |
| Stable | 50 | **77** | 100 | 100 | 100 | 50 | 80 | - | - | 0 |
| Decreasing | 5 | **8** | 0 | 0 | 0 | 0 | 20 | - | - | 0 |
| Fluctuating | 32 | **8** | 0 | 0 | 0 | 0 | 0 | - | - | 100 |
| **Ice/Crystal** | **2012 N=125** | **2013 N=92** | **n=6^** | **n=3^** | **n=30** | **n=5^** | **n=22** | **n=16** | **n=3^** | **n=7^** |
| Increasing | 10 | **16** | 17 | 0 | 17 | 0 | 14 | 25 | 0 | 29 |
| Stable | 56 | **44** | 67 | 67 | 37 | 80 | 46 | 31 | 67 | 29 |
| Decreasing | 10 | **16** | 0 | 33 | 20 | 0 | 14 | 19 | 0 | 29 |
| Fluctuating | 24 | **24** | 17 | 0 | 27 | 20 | 27 | 25 | 33 | 14 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

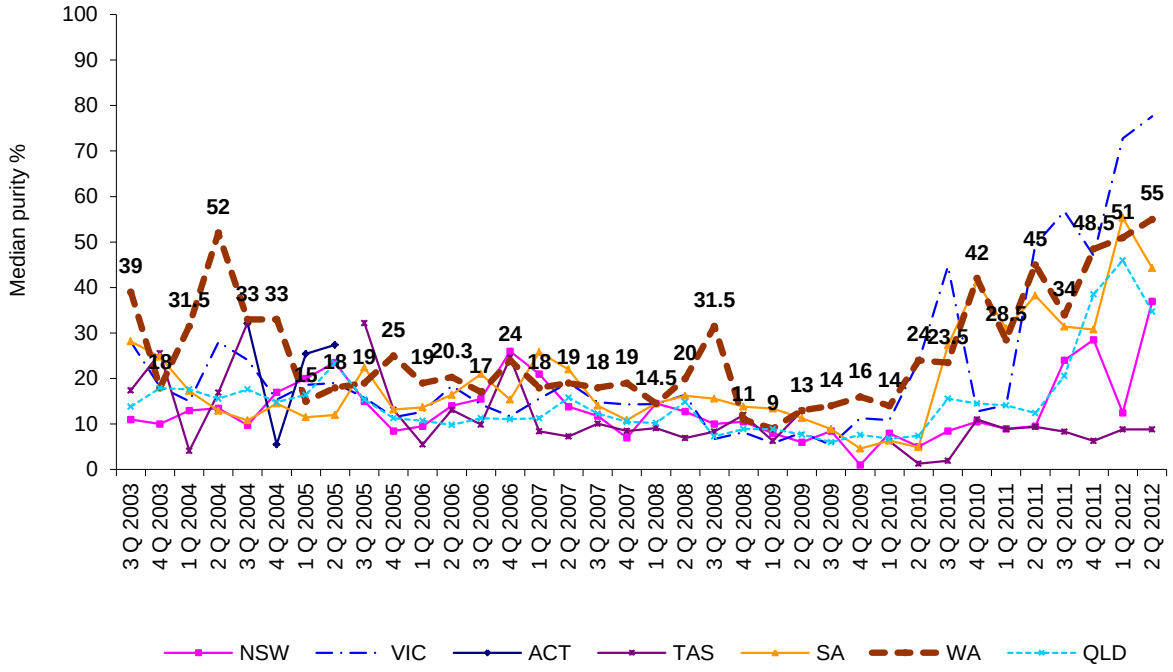
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine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

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from these purity data remains difficult (Australian Customs Service, 2007).

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

Figure 26 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (http://www.crimecommission.gov.au/). In 2011/12, it would appear that the median purity of methylamphetamine while having fluctuated appears to have increased in VIC and WA (WA figures are bolded). No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2010/11 (Australian Crime Commission, 2013).

**Figure 26: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)**
Note: Data for 2012/13 were not available at the time of publication; WA figures highlighted

### 5.2.3 Availability

Twenty percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. As in 2012, the largest proportion (78%) 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 (72%, Table 59).

**Table 59: Availability of methamphetamine powder (speed), 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** | **2012** | **2013** | | | | | | | | |
| **(among those who commented)** | **N=210** | **N=135** | **n=5^** | **n=38** | **n=21** | **n=27** | **n=13** | **n=7^** | **n=11** | **n=12** |
| Very easy | 31 | **36** | 0 | 34 | 57 | 22 | 69 | 57 | 36 | 8 |
| Easy | 44 | **42** | 40 | 50 | 29 | 44 | 23 | 43 | 27 | 58 |
| Difficult | 21 | **19** | 40 | 16 | 9 | 26 | 8 | 0 | 27 | 33 |
| Very difficult | 3 | **4** | 20 | 0 | 5 | 7 | 0 | 0 | 9 | 0 |
| **Availability changes** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| **(among those who commented)** | **N=202** | **N=123** | **n=5^** | **n=35** | **n=21** | **n=25** | **n=13** | **n=7^** | **n=5^** | **n=12** |
| More difficult | 18 | **11** | 20 | 6 | 5 | 20 | 0 | 14 | 0 | 33 |
| Stable | 71 | **72** | 80 | 60 | 86 | 64 | 100 | 71 | 100 | 58 |
| Easier | 7 | **12** | 0 | 29 | 10 | 4 | 0 | 14 | 0 | 8 |
| Fluctuates | 4 | **4** | 0 | 6 | 0 | 12 | 0 | 0 | 0 | 0 |

**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards
^Small numbers commenting (n<10); interpret with caution

Very few of the national sample commented on the current availability of base and whether this had changed over the past six months. Reports in availability of obtaining base remained

'stable' with the majority reporting base was 'easy' to 'very easy' (95%) to obtain and this was reported to have remained 'stable' (100%; Table 60).

**Table 60: Availability of methamphetamine base, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | 2012 N=65 | 2013 N=19 | n=2^ | n=1^ | n=4^ | n=2^ | n=9^ | n=0 | n=0 | n=1^ |
| Very easy | 29 | **53** | 0 | 100 | 50 | 100 | 56 | - | - | 0 |
| Easy | 39 | **42** | 100 | 0 | 50 | 0 | 33 | - | - | 100 |
| Difficult | 28 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Very difficult | 5 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| **Availability changes (among those who commented)** | 2012 N=63 | 2013 N=18 | NSW n=2^ | ACT n=1^ | VIC n=4^ | TAS n=2^ | SA n=8^ | WA n=0 | NT n=0 | QLD n=1^ |
| More difficult | 14 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Stable | 73 | **100** | 100 | 100 | 100 | 100 | 100 | - | - | 100 |
| Easier | 8 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Fluctuates | 5 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |

**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards^ small numbers (n<10); interpret with caution

Fifteen percent of the national sample commented on the availability of ice/crystal. The majority of participants considered it 'easy' or 'very easy' to obtain (88%). Over half reported that availability had remained 'stable' over the preceding six months (Table 61).

**Table 61: Availability of crystalline methamphetamine (ice/crystal), 2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | 2012 N=136 | 2013 N=105 | n=7^ | n=4^ | n=32 | n=5^ | n=25 | n=18 | n=6^ | n=8^ |
| Very easy | 48 | **56** | 57 | 50 | 78 | 40 | 40 | 61 | 50 | 25 |
| Easy | 42 | **32** | 29 | 0 | 22 | 0 | 44 | 39 | 33 | 63 |
| Difficult | 10 | **11** | 14 | 50 | 0 | 60 | 16 | 0 | 17 | 0 |
| Very difficult | 1 | **1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| **Availability changes** (among those who commented) | 2012 N=130 | 2013 N=100 | NSW n=6^ | ACT n=5^ | VIC n=32 | TAS n=6^ | SA n=23 | WA n=18 | NT n=2^ | QLD n=8^ |
| More difficult | 9 | **12** | 0 | 40 | 13 | 17 | 13 | 0 | 50 | 13 |
| Stable | 69 | **63** | 83 | 40 | 59 | 50 | 70 | 67 | 50 | 63 |
| Easier | 20 | **21** | 17 | 20 | 28 | 17 | 13 | 28 | 0 | 13 |
| Fluctuates | 3 | **4** | 0 | 0 | 0 | 17 | 4 | 6 | 0 | 13 |

**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards^ small numbers (n<10); interpret with caution

As with ecstasy, speed use was reported most commonly to have been bought from friends and known dealers, and obtained from friends' homes and used in nightclubs (Table 62).

**Table 62: Last source, purchase location and use location of methamphetamine powder (speed), 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from** | **2012** | **2013** | | | | | | | | |
| (among those who commented) | **N=217** | **N=141** | **n=6^** | **n=38** | **n=22** | **n=31** | **n=14** | **n=7^** | **n=11** | **n=12** |
| Friends | 55 | **57** | 50 | 58 | 55 | 65 | 57 | 29 | 64 | 50 |
| Known dealers | 21 | **22** | 0 | 26 | 32 | 10 | 21 | 43 | 9 | 33 |
| Acquaintances | 8 | **4** | 0 | 0 | 5 | 7 | 7 | 0 | 9 | 8 |
| Unknown dealers | 2 | **7** | 33 | 8 | 9 | 7 | 0 | 0 | 9 | 0 |
| Workmates | 4 | **<1** | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Street dealers | <1 | **1** | 0 | 3 | 0 | 0 | 0 | 0 | 9 | 0 |
| Mobile dealers | 1 | **<1** | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 0 |
| Online | <1 | **1** | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Other | <1 | **<1** | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 0 |
| Haven't obtained | 8 | **5** | 17 | 0 | 0 | 10 | 14 | 0 | 0 | 8 |
| **Locations obtained** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **N=218** | **N=141** | **n=6^** | **n=38** | **n=22** | **n=31** | **n=14** | **n=7^** | **n=11** | **n=12** |
| Friend's home | 33 | **35** | 17 | 32 | 50 | 36 | 50 | 29 | 27 | 17 |
| Dealer's home | 12 | **19** | 17 | 24 | 32 | 7 | 7 | 43 | 0 | 33 |
| Home delivered | 14 | **11** | 17 | 3 | 0 | 26 | 7 | 0 | 18 | 17 |
| Nightclub | 10 | **7** | 17 | 11 | 5 | 0 | 0 | 0 | 27 | 8 |
| Public place | 3 | **9** | 17 | 11 | 5 | 0 | 7 | 14 | 27 | 8 |
| Raves* | 1 | **5** | 0 | 11 | 0 | 10 | 0 | 0 | 0 | 0 |
| Private party | 4 | **4** | 0 | 3 | 0 | 7 | 14 | 0 | 0 | 0 |
| Pubs | 4 | **<1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| Street | 1 | **1** | 0 | 3 | 0 | 0 | 0 | 14 | 0 | 0 |
| Live music events | 2 | **2** | 0 | 3 | 5 | 3 | 0 | 0 | 0 | 0 |
| Online | <1 | **1** | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Other | 4 | **<1** | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| Used but not obtained | 8 | **5** | 17 | 0 | 0 | 10 | 14 | 0 | 0 | 8 |
| **Last use venue** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **N=218** | **N=141** | **n=6^** | **n=38** | **n=22** | **n=31** | **n=14** | **n=7^** | **n=11** | **n=12** |
| Nightclub | 29 | **21** | 50 | 29 | 18 | 3 | 14 | 0 | 55 | 25 |
| Dealers home | <1 | **<1** | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| Home | 16 | **19** | 0 | 16 | 27 | 32 | 14 | 14 | 0 | 17 |
| Friend's home | 18 | **18** | 0 | 26 | 18 | 10 | 29 | 29 | 18 | 8 |
| Private party | 7 | **9** | 0 | 11 | 5 | 13 | 14 | 14 | 0 | 8 |
| Live music event | 5 | **6** | 17 | 3 | 14 | 7 | 0 | 0 | 18 | 0 |
| Raves* | 4 | **5** | 0 | 13 | 0 | 7 | 0 | 0 | 0 | 0 |
| Pubs | 7 | **7** | 0 | 0 | 9 | 10 | 7 | 14 | 0 | 25 |
| Work | 1 | **<1** | 0 | 0 | 14 | 7 | 0 | 0 | 0 | 0 |
| Public place | <1 | **1** | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 8 |
| Other | 4 | **4** | 17 | 0 | 0 | 6 | 0 | 14 | 9 | 0 |
| Used but not obtained | 8 | **7** | 17 | 3 | 0 | 13 | 21 | 0 | 0 | 8 |

**Source: EDRS interviews**
* Includes 'doofs' and dance parties
Note: Numbers may not add to 100% due to small proportions reporting that they haven't obtained base recently but were able to comment on market characteristics or the option of a 'street dealer'
^Small numbers commenting (n<10); interpret with caution

As with ecstasy and speed, base was also most commonly reported to have been bought from friends (and known dealers) and most commonly sourced from friend's home. 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) (Table 63). Jurisdictional differences should be interpreted with caution due to small numbers.

**Table 63: Last source, purchase location and use location of methamphetamine base, 2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from** (among those who commented) | 2012 N=67 | 2013 N=21 | n=3^ | n=2^ | n=4^ | n=2^ | n=9^ | n=0 | n=0 | n=1^ |
| Friends | 49 | **52** | 67 | 50 | 100 | 100 | 22 | - | - | 0 |
| Known dealers | 16 | **24** | 0 | 50 | 0 | 0 | 33 | - | - | 100 |
| Acquaintances | 9 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Workmates | 5 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Other | 5 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Haven't obtained | 16 | **14** | 33 | 0 | 0 | 0 | 22 | - | - | 0 |
| **Locations obtained** (among those who commented) | 2011 N=59 | 2012 N=21 | NSW n=3^ | ACT n=2^ | VIC n=4^ | TAS n=2^ | SA n=9^ | WA n=0 | NT n=0 | QLD n=1^ |
| Friend's home | 39 | **24** | 33 | 0 | 25 | 50 | 22 | - | - | 0 |
| Dealer's home | 12 | **14** | 0 | 0 | 0 | 0 | 22 | - | - | 100 |
| Own home | 10 | **10** | 0 | 0 | 25 | 0 | 11 | - | - | 0 |
| Public place | 3 | **19** | 33 | 0 | 50 | 50 | 0 | - | - | 0 |
| Raves | 3 | **5** | 0 | 50 | 0 | 0 | 0 | - | - | 0 |
| Private parties | 2 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Work | 6 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Other | 2 | **0** | 0 | 0 | 0 | 0 | 0 | - | - | 0 |
| Used but not obtained | 16 | **14** | 33 | 0 | 0 | 0 | 22 | - | - | 0 |
| **Last use venue** (among those who commented) | 2012 N=21 | 2013 n=3^ | NSW n=2^ | ACT n=4^ | VIC n=2^ | TAS n=9^ | SA n=0 | WA n=0 | NT n=1^ | QLD n=3^ |
| Home | 9 | **24** | 0 | 0 | 50 | 0 | 33 | - | - | 0 |
| Friend's home | 27 | **19** | 0 | 0 | 50 | 0 | 22 | - | - | 0 |
| Live music event | 2 | **5** | 33 | 0 | 0 | 0 | 0 | - | - | 0 |
| Pub | 3 | **5** | 0 | 0 | 0 | 50 | 0 | - | - | 0 |
| Nightclub | 24 | **14** | 33 | 0 | 0 | 0 | 11 | - | - | 100 |
| Private party | 6 | **5** | 0 | 0 | 0 | 0 | 11 | - | - | 0 |
| Raves* | 0 | **5** | 0 | 50 | 0 | 0 | 0 | - | - | 0 |
| Other | 5 | **10** | 0 | 50 | 0 | 50 | 0 | - | - | 0 |
| Used but not obtained | 18 | **14** | 33 | 0 | 0 | 0 | 22 | - | - | 0 |

**Source: EDRS Interviews**
* Includes 'doofs' and dance parties
^ Small numbers commenting (n<10); interpret with caution
Note: Numbers may not add to 100% due to small proportions reporting that they have not obtained base recently but were able to comment on market characteristics or the option of 'street dealer' or 'outdoors'

As with the other forms of methamphetamine, friends and known dealers were the most common sources of ice/crystal. It was most commonly obtained and used in private locations, including at friend's home, dealer's home and at the participant's own home (Table 64).

**Table 64: Last source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2013**

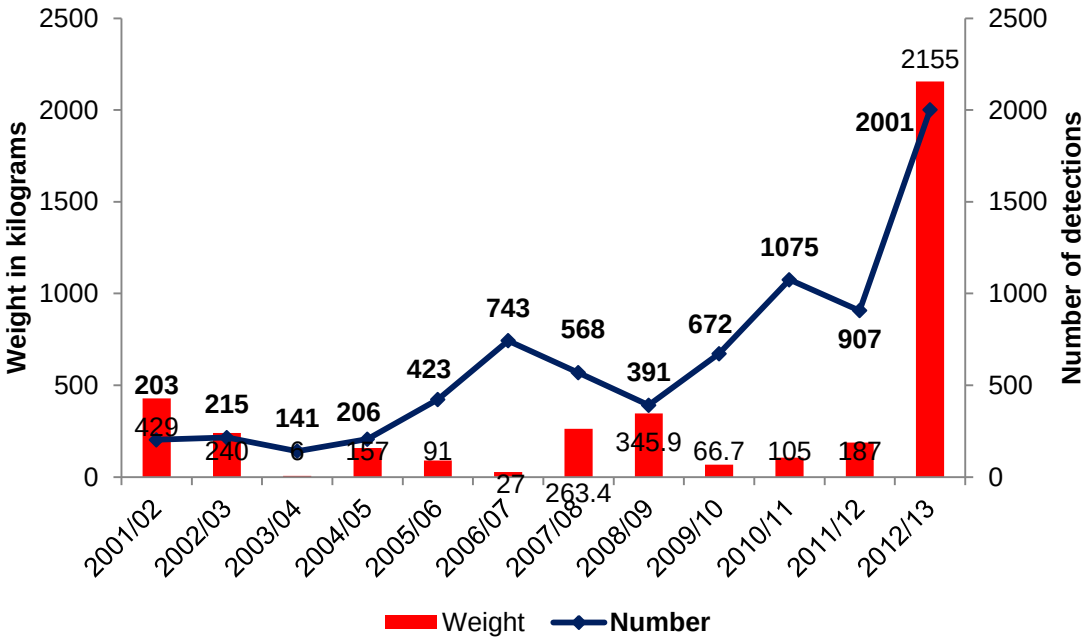
| Obtained from (%) | National 2012 | National 2013 | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| (among those who commented) | N=139 | N=111 | n=7^ | n=6^ | n=32 | n=7^ | n=25 | n=19 | n=7^ | n=8^ |
| Friends | 45 | **51** | 14 | 33 | 53 | 71 | 52 | 58 | 57 | 50 |
| Known dealers | 30 | **33** | 71 | 33 | 41 | 0 | 28 | 26 | 14 | 50 |
| Acquaintances | 7 | **4** | 0 | 0 | 3 | 0 | 0 | 11 | 14 | 0 |
| Unknown dealers | 4 | **5** | 0 | 33 | 3 | 14 | 4 | 0 | 14 | 0 |
| Street dealers | 1 | **<1** | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 |
| Workmates | <1 | **<1** | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Haven't obtained | 9 | **5** | 14 | 0 | 0 | 0 | 12 | 5 | 0 | 0 |
| **Locations obtained** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | N=139 | N=111 | n=7^ | n=6^ | n=32 | n=7^ | n=25 | n=19 | n=7^ | n=8^ |
| Friend's home | 36 | **35** | 14 | 50 | 16 | 43 | 40 | 53 | 57 | 38 |
| Dealer's home | 21 | **22** | 43 | 17 | 19 | 14 | 24 | 16 | 14 | 38 |
| Own home | 15 | **14** | 0 | 17 | 22 | 29 | 8 | 5 | 14 | 13 |
| Agreed public location | 11 | **16** | 29 | 17 | 34 | 0 | 4 | 5 | 14 | 13 |
| Nightclub | 2 | **3** | 0 | 0 | 3 | 0 | 4 | 5 | 0 | 0 |
| Private parties | 2 | **2** | 0 | 0 | 0 | 0 | 4 | 5 | 0 | 0 |
| Raves/doofs | 0 | **<1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 5 | **4** | 0 | 0 | 6 | 0 | 4 | 5 | 0 | 0 |
| Used but not obtained | 9 | **5** | 14 | 0 | 0 | 0 | 12 | 5 | 0 | 0 |
| **Last use venue** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | N=139 | N=111 | n=7^ | n=6^ | n=32 | n=7^ | n=25 | n=19 | n=7^ | n=8^ |
| Home | 26 | **27** | 14 | 17 | 50 | 29 | 20 | 16 | 14 | 25 |
| Friend's home | 36 | **32** | 14 | 33 | 28 | 29 | 28 | 37 | 57 | 38 |
| Nightclub | 11 | **14** | 29 | 33 | 0 | 0 | 32 | 11 | 0 | 13 |
| Private party | 3 | **5** | 0 | 0 | 3 | 0 | 4 | 11 | 14 | 0 |
| Raves/doofs | 0 | **4** | 0 | 0 | 6 | 29 | 0 | 0 | 0 | 0 |
| Public place | 4 | **4** | 14 | 0 | 0 | 14 | 0 | 5 | 14 | 0 |
| Live music event | 2 | **3** | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 13 |
| Pub | 4 | **2** | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 13 |
| Other | 4 | **5** | 0 | 17 | 3 | 0 | 0 | 0 | 0 | 0 |
| Used but not obtained | 8 | **6** | 14 | 0 | 3 | 0 | 13 | 11 | 0 | 0 |

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

### 5.2.4 Amphetamine-type stimulants detected at the Australian border

Figure 27 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the Australian Customs and Border Protection Service. In 2012/13, both the number (2001) of detections and the weight of seizures (2155 kilograms), increased substantially.

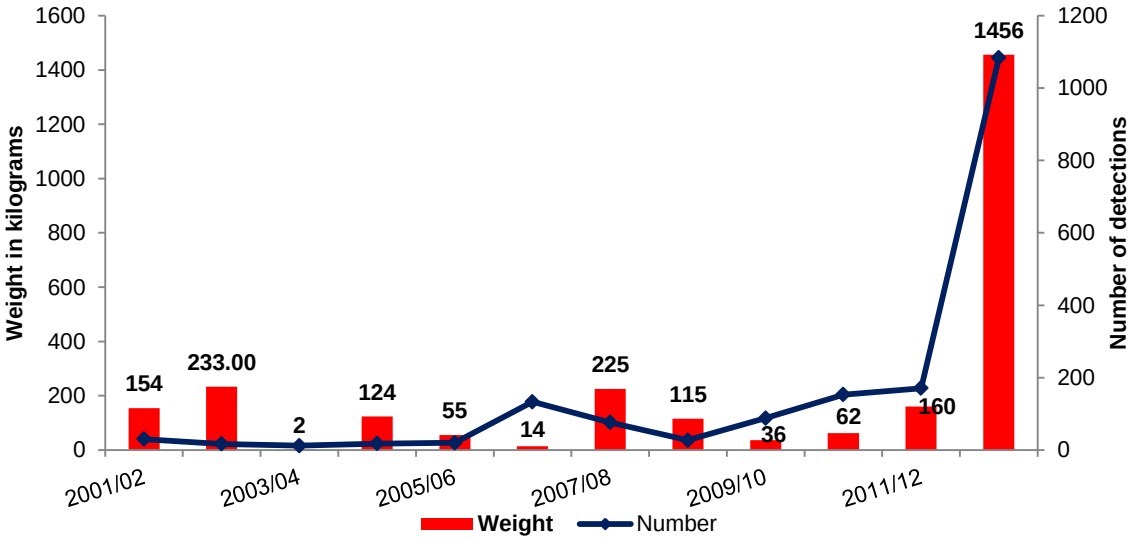
**Figure 27: Total weight and number of ATS detected by the Australian Customs and Border Protection Service, financial years 2001/02-2012/13**




**Source: (Australian Customs Border and Protection Service, 2013)**
Note: Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA.

The number and weight of crystal methamphetamine seizures detected at the Australian border increased substantially in 2012/13, to 1456 detections and 1456 kilograms (Figure 28) (Australian Customs Border and Protection Service, 2013).

**Figure 28: Total number and weight of crystalline methamphetamine detected by the Australian Customs and Border Protection Service, 2001/02-2012/13**




**Source:** (Australian Customs Border and Protection Service, 2013)

## 5.3 Cocaine

- The price of cocaine remained stable nationally and in NSW, ACT, VIC, TAS and QLD at $300 per gram.
- Cocaine purity was reported as 'medium' (44%). Purity was reported as remaining 'stable' over the preceding six months.
- Availability reports were mixed with 58% reporting that it was 'easy'-'very easy' to obtain and 49% reporting it was 'difficult' to 'very difficult' and availability change was reported as being 'stable'.
- 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.
- Number of seizures continued to increase in 2012/13

### 5.3.1 Price

Cocaine was most commonly purchased in grams and ranged from a median of $300 in most eastern jurisdictions to $400 in WA (Table 65).

**Table 65: Median price per gram of cocaine, 2013**

| Median ($) | National 2013 N=109 | NSW n=28 | ACT n=16 | VIC n=19 | TAS n=4^ | SA n=19 | WA n=10 | NT n=5^ | QLD n=12 |
|---|---|---|---|---|---|---|---|---|---|
| **Gram (range)** | 300 (250-900) | 300 (200-370) | 300 (150-900) | 300 (250-400) | 300^ (280-350) | 325 (287-350) | 400 (300-500) | 350^ (300-500) | 300^ (250-300) |

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

The majority of those commenting on cocaine considered that the price had remained 'stable' over the preceding six months (Table 66).

**Table 66: Price changes of cocaine, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Cocaine price changes** | 2012 | 2012 | | | | | | | | |
| (Of those who responded) | N=136 | N=98 | n=22 | n=13 | n=17 | n=3^ | n=22 | n=9^ | n=1^ | n=11 |
| Increased | 13 | **11** | 0 | 8 | 29 | 0 | 14 | 11 | 0 | 9 |
| Stable | 69 | **80** | 91 | 85 | 65 | 67 | 86 | 67 | 100 | 73 |
| Decreased | 10 | **5** | 5 | 8 | 6 | 0 | 0 | 11 | 0 | 9 |
| Fluctuated | 8 | **4** | 5 | 0 | 0 | 33 | 0 | 11 | 0 | 9 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The majority of jurisdictions reported stability of the median last price per gram at $300 with variations across jurisdictions up to $400 in WA (Table 67).

**Table 67: Median price of cocaine, 2003-2013**

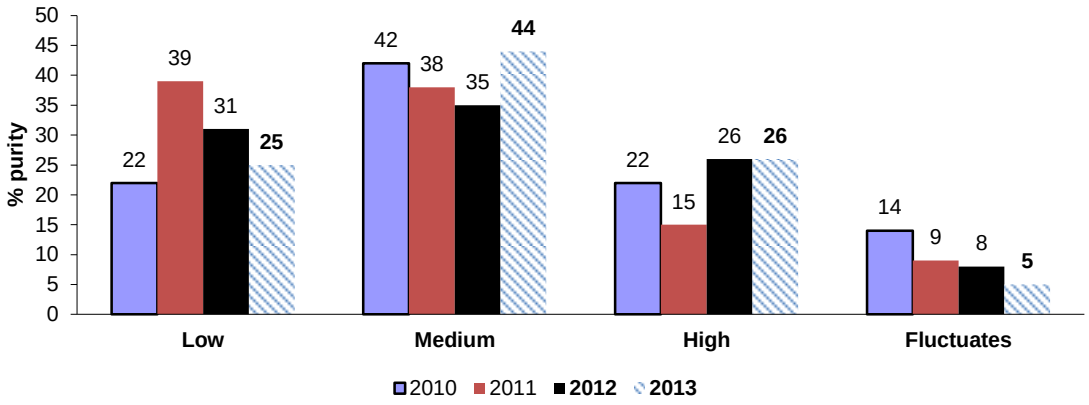
| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2003 | 200 | 250 | 250 | 250 | 210 | 325 | 280 | 250 |
| 2004 | 200 | 250 | 277.50 | 325^ | 250 | 400 | 250 | 237.50 |
| 2005 | 270 | 250 | 300 | 350 | 300 | 350 | 375 | 300 |
| 2006 | 300 | 300 | 300 | 350 | 300^ | 350 | 275^ | 300 |
| 2007 | 300 | 300 | 300 | 350 | 337.5 | 400 | 350^ | 300 |
| 2008 | 300 | 300 | 300 | 350 | 375 | 325 | 450 | 300 |
| 2009 | 300 | 300 | 300 | 300 | 350 | 375 | 325 | 300 |
| 2010 | 300 | 300 | 300 | 350 | 350 | 365^ | 400^ | 300 |
| 2011 | 300 | 300 | 300 | 300 | 375 | 350^ | 350^ | 350 |
| 2012 | 300 | 300^ | 350 | 300^ | 350 | 325 | - | 300 |
| **2013** | **300** | **300** | **300** | **300** | **325** | **400** | **350^** | **300^** |

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

### 5.3.2 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview (see
Figure 29). Of those who commented, responses were mainly 'medium' (44%).

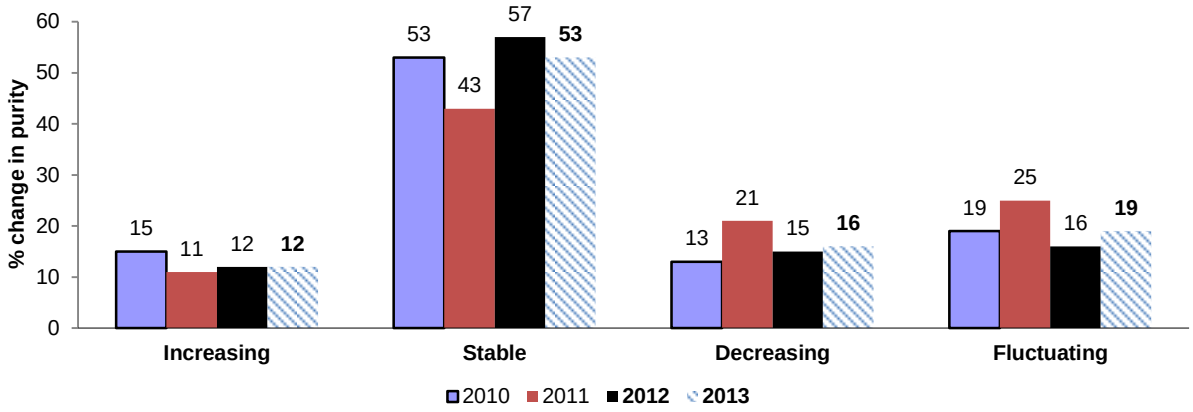
**Figure 29: National EDRS reports of current cocaine purity, 2010-2013**




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

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' (Figure 30).

**Figure 30: National RPU reports of recent (last six months) change in cocaine purity, 2010-2013**

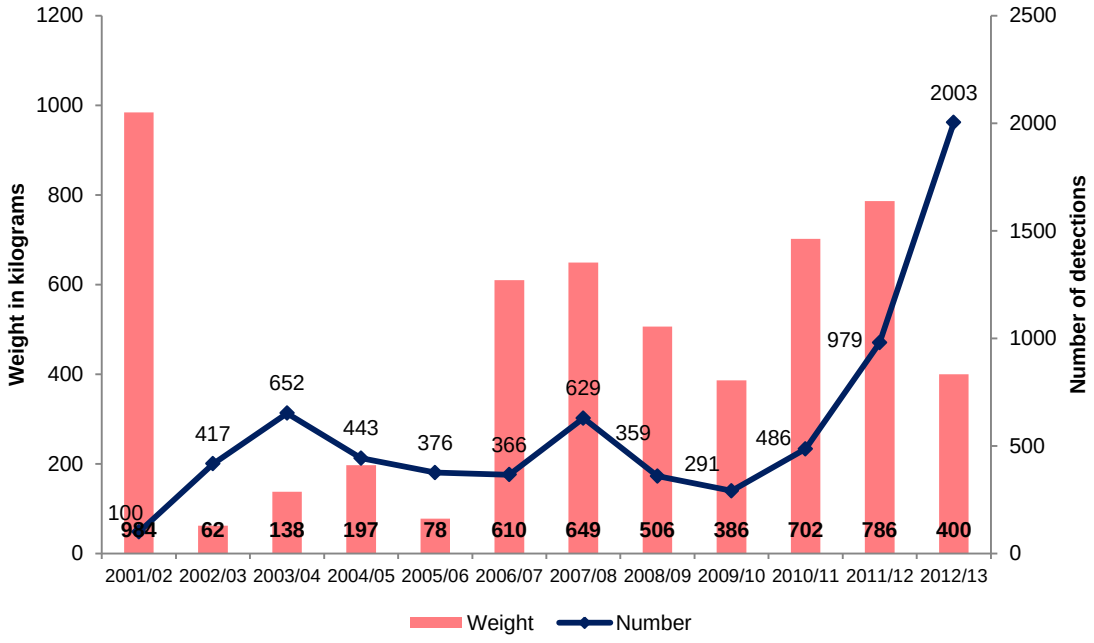



**Source: EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

### 5.3.3 Cocaine seized at the Australian border

During 2012/13, the Australian Customs and Border Protection Service made 2003 detections of cocaine at the Australian border, an increase from 979 in 2011/12 (Figure 31). The detections weighed a total of 400 kilograms which was a decrease from 786 kilograms in 2010/11 implying more of a scattergun approach to importation.

**Figure 31: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2012/13**




**Source: (Australian Customs and Border Protection Service, 2013)**

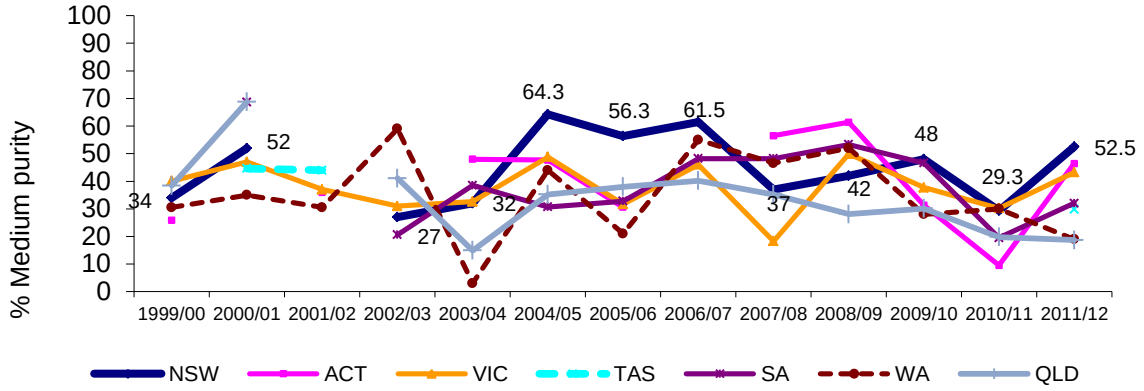
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission, 2006).

Figures reported include seizures ≤2 grams and >2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 32: these do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for WA (and TAS), and those supplied by the Australian Forensic Drug Laboratory, represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Median purity of state police seizures was highest in NSW (values highlighted) at 52.5% (Figure 32). Over time it is apparent that cocaine purity has fluctuated, however, in recent years it appears to have stabilised to between 30%-50%.

**Figure 32: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999-2012**




**Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013).**
Note: Data for 2012/13 were unavailable at time of publication.

### 5.3.4 Availability

Reports of availability were mixed, with 58% of those commenting considering it to be 'easy' to 'very easy' to obtain versus 42% of those who considered it to be 'difficult' to 'very difficult' to obtain. Most participants considered the ease of access to cocaine to have remained 'stable' (70%) in the last six months prior to interview (Table 68).

**Table 68: Availability of cocaine, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** | 2012 | 2013 | | | | | | | | |
| (among those who commented) | N=165 | N=140 | n=29 | n=18 | n=19 | n=8^ | n=28 | n=15 | n=8^ | n=13 |
| Very easy | 17 | 17 | 21 | 17 | 21 | 0 | 21 | 7 | 25 | 15 |
| Easy | 32 | 41 | 52 | 39 | 47 | 13 | 39 | 27 | 63 | 31 |
| Difficult | 44 | 35 | 28 | 39 | 32 | 38 | 29 | 60 | 13 | 46 |
| Very difficult | 7 | 7 | 0 | 6 | 0 | 50 | 11 | 7 | 0 | 8 |
| **Availability changes** | 2012 | 2013 | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
| (among those who commented) | N=153 | N=110 | n=23 | n=14 | n=18 | n=5^ | n=22 | n=12 | n=5^ | n=11 |
| More difficult | 9 | **6** | 17 | 0 | 6 | 0 | 7 | 0 | 0 | 0 |
| Stable | 73 | **70** | 61 | 64 | 78 | 100 | 77 | 75 | 60 | 55 |
| Easier | 13 | **17** | 22 | 29 | 17 | 0 | 7 | 8 | 20 | 27 |
| Fluctuates | 5 | **6** | 0 | 7 | 0 | 0 | 5 | 17 | 20 | 18 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

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) versus private locations (Table 69).

**Table 69: Last source, purchase location and use location of cocaine, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from** (among those who commented) | 2012 N=175 | 2013 N=142 | n=29 | n=18 | n=21 | n=10 | n=28 | n=15 | n=8^ | n=13 |
| Friends | 52 | **51** | 31 | 67 | 43 | 80 | 57 | 40 | 63 | 54 |
| Known dealers | 15 | **20** | 28 | 22 | 38 | 10 | 14 | 7 | 0 | 15 |
| Acquaintances | 7 | **9** | 7 | 0 | 10 | 0 | 4 | 33 | 0 | 23 |
| Unknown dealers | 4 | **6** | 10 | 6 | 5 | 0 | 4 | 7 | 13 | 0 |
| Workmates | 2 | **1** | 0 | 0 | 0 | 0 | 4 | 0 | 13 | 0 |
| Other | 1 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Online | 1 | **<1** | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Relatives | <1 | **<1** | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 |
| Used but not obtained | 17 | **12** | 24 | 6 | 5 | 10 | 14 | 7 | 13 | 8 |
| **Locations obtained** (among those who commented) | 2012 N=175 | 2013 N=139 | NSW n=29 | ACT n=15 | VIC n=21 | TAS n=10 | SA n=28 | WA n=15 | NT n=8^ | QLD n=13 |
| Friend's home | 31 | **37** | 24 | 33 | 38 | 60 | 43 | 47 | 13 | 46 |
| Dealer's home | 5 | **12** | 14 | 20 | 29 | 0 | 4 | 0 | 13 | 8 |
| Own home | 11 | **8** | 7 | 0 | 10 | 0 | 7 | 7 | 13 | 23 |
| Agreed public location | 7 | **5** | 14 | 0 | 5 | 0 | 0 | 0 | 13 | 8 |
| Acquaintance's home | <1 | **3** | 0 | 0 | 5 | 0 | 4 | 13 | 0 | 0 |
| Private party | 6 | **5** | 3 | 7 | 0 | 10 | 7 | 13 | 0 | 0 |
| Nightclub | 6 | **9** | 7 | 20 | 5 | 10 | 7 | 0 | 25 | 8 |
| Pubs | 7 | **3** | 3 | 0 | 5 | 0 | 7 | 0 | 0 | 0 |
| Raves* | <1 | **<1** | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| Live music event | 1 | **3** | 0 | 7 | 0 | 10 | 0 | 13 | 0 | 0 |
| Work | 2 | **2** | 3 | 0 | 0 | 0 | 4 | 0 | 13 | 0 |
| Online | <1 | **<1** | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Used but not obtained | 17 | **12** | 24 | 7 | 5 | 10 | 14 | 7 | 13 | 8 |
| **Last use venue** (among those who commented) | 2011 N=175 | 2012 N=138 | NSW n=29 | ACT n=15 | VIC n=21 | TAS n=10 | SA n=28 | WA n=15 | NT n=8^ | QLD n=12 |
| Nightclub | 26 | **23** | 21 | 40 | 19 | 10 | 29 | 7 | 25 | 25 |
| Friends home | 20 | **17** | 21 | 7 | 14 | 20 | 21 | 20 | 0 | 25 |
| Private party | 8 | **15** | 7 | 13 | 14 | 20 | 7 | 40 | 13 | 25 |
| Home | 10 | **10** | 10 | 7 | 14 | 0 | 4 | 7 | 38 | 17 |
| Raves* | 1 | **3** | 7 | 7 | 5 | 0 | 0 | 0 | 0 | 0 |
| Pub | 7 | **10** | 7 | 7 | 24 | 0 | 18 | 0 | 13 | 0 |
| Live music event | 2 | **4** | 0 | 7 | 0 | 20 | 0 | 13 | 0 | 8 |
| Public place (street/park) | <1 | **2** | 7 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| Other | 8 | **6** | 7 | 7 | 0 | 20 | 8 | 0 | 13 | 0 |
| Used, but not obtained | 17 | **9** | 14 | 0 | 5 | 10 | 14 | 13 | 0 | 0 |

**Source: EDRS interviews**
* Includes 'doofs' and dance parties ^Small numbers commenting (n<10); interpret with caution
Note: n.a.. means data not available

## 5.4 Ketamine

- Price of a gram of ketamine ranged from a median national price of $180 to $47.50 in WA to $200 in VIC. The price was reported as stable by 77% of the participants that commented.
- The current purity of ketamine has continued to be reported as 'high' (61%), and this was reported to have remained 'stable' by the majority that commented.
- Ketamine availability returned to reports of being 'easy' (69%). Participants 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).

### 5.4.1 Price

Only a small proportion of the national EDRS sample (6%) were able to comment on the price of a gram of ketamine in all jurisdictions and, therefore, the results should be interpreted with caution. The median last price paid for a gram of ketamine nationally was high at $180 (range $15-$300) ranging from $47.50 in SA to $200 in NSW and VIC (Table 70).

**Table 70: Median price of ketamine, 2013**

| Median price ($) | National 2013 N=42 | NSW n=5^ | ACT n=9^ | VIC n=21 | TAS n=2^ | SA n=1^ | WA n=2^ | NT n=0 | QLD n=2^ |
|---|---|---|---|---|---|---|---|---|---|
| **Gram (range)** | 180 (15-300) | 200^ (15-200) | 80^ (20-300) | 200 (30-300) | 180^ (60-300) | 100^ (*no range*) | 47.50^ (45-50) | - - | 150 (150-180) |

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

Five percent (n=35) of the national sample, commented on whether the price of ketamine had changed in the preceding six months. The majority of these commenting participants reported that the price had remained stable (Table 71).

**Table 71: Price changes of ketamine, 2013**

| (%) Ketamine price changes (among those who commented) | National 2012 n=28 | National 2013 n=35 | NSW n=5^ | ACT n=3^ | VIC n=21 | TAS n=2^ | SA n=2^ | WA n=2^ | NT n=0 | QLD n=0 |
|---|---|---|---|---|---|---|---|---|---|---|
| Increased | 25 | **11** | 40 | 67 | 0 | 0 | 0 | 0 | - | - |
| Stable | 57 | **77** | 60 | 33 | 91 | 100 | 50 | 50 | - | - |
| Decreased | 7 | **3** | 0 | 0 | 5 | 0 | 0 | 0 | - | - |
| Fluctuated | 11 | **9** | 0 | 0 | 5 | 0 | 50 | 50 | - | - |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution.
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 72 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of EDRS participants able to comment on the price of ketamine has been low, so caution should be made when interpreting results. The majority of use has been reported to occur in NSW where the price has increased to $200 per gram.

**Table 72: Median price of ketamine, 2000-2013**

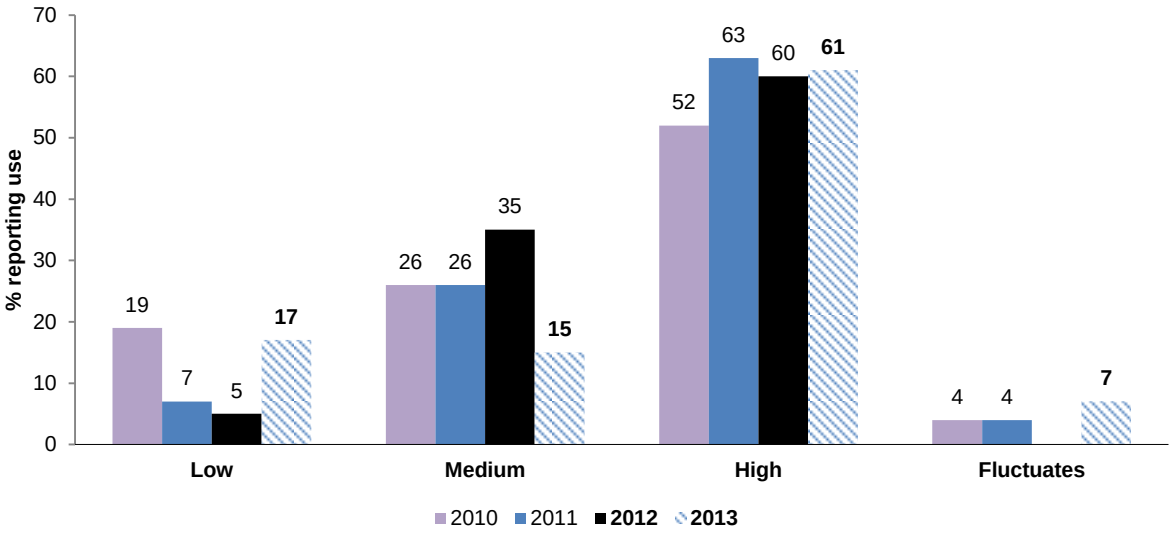
| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2000 | 200 | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | 50 |
| 2001 | 150 | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | n.a.. | 142.50 |
| 2002 | 160 | n.a.. | n.a.. | n.a.. | 40 | n.a.. | n.a.. | n.a.. |
| 2003 | 150 | n.a.. | 200 | 100^ | 200 | n.a.. | n.a.. | 180 |
| 2004 | 200 | 200^ | 195 | 50^ | 200 | n.a.. | 200^ | n.a.. |
| 2005 | 100 | 65^ | 180 | 190^ | 200 | 150 | 80^ | 150^ |
| 2006 | 175^ | 40^ | 100^ | 180^ | 300^ | 160^ | 50^ | 180^ |
| 2007 | 150 | 172.5^ | 200^ | 300^ | 200 | n.a.. | n.a.. | n.a.. |
| 2008 | 150 | n.a. | 200 | 300^ | 225^ | n.a. | n.a. | n.a. |
| 2009 | 150^ | n.a. | 200^ | 300^ | 200^ | n.a. | 400^ | 200^ |
| 2010 | 150^ | 170^ | 220^ | n.a. | 125^ | 250^ | 350^ | 150^ |
| 2011 | 150 | 170^ | $200 | n.a. | $250^ | $250^ | n.a. | $150^ |
| 2012 | 150^ | n.a. | $200^ | $200^ | $57.50^ | n.a. | n.a. | n.a. |
| **2013** | **200^** | **80^** | **200^** | **180^** | **100^** | **47.50^** | **n.a.** | **n.a.** |

**Source: EDRS interviews**
^A small number of participants commented; interpret with caution.
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002, data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2009, only the last price paid for ketamine was collected.

## 5.4.2 Purity

Participants were asked what the current purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. Eight percent (n=58) of the national sample commented on the purity of ketamine. Over half of those that commented reported ketamine purity to be 'high' (61%; Figure 33). Perceived purity of ketamine appears to have remained as 'high' over the last three years.

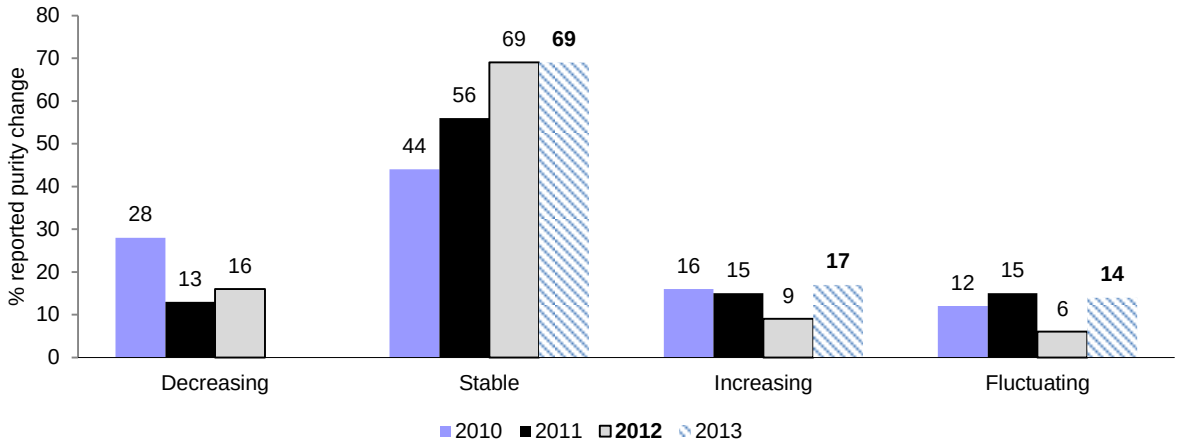
**Figure 33: National EDRS reports of current ketamine purity, 2010-2013**




**Source: EDRS interviews**
Note: Among those who commented (n=27 in 2010, n=48 in 2011, n=37 in 2012, n=54 in 2013)
The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 69% reported that the purity of ketamine had remained 'stable' (Figure 34).

**Figure 34: National EDRS reports of recent (last six months) change in ketamine purity, 2010-2013**




**Source: EDRS interviews**
Note: Among those who commented (n=25 in 2010, n=39 in 2011, n=32 in 2012, n=35 in 2013)
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

### 5.4.3 Availability

Eight percent of the national sample commented on the recent availability of ketamine. Overall, ketamine availability reports were considered 'easy' to 'very easy' to obtain with significantly more participants in 2013 reporting that it was 'very easy' to obtain compared to 2012 (32% vs. 5%, $p<0.05$) (Table 73).

Reports of recent availability change saw over half (64%) of those who commented reporting that the availability of ketamine had remained 'stable' over the preceding six months (Table 73).

**Table 73: Availability of ketamine, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** | **2012** | **2013** | | | | | | | | |
| (among those who commented) | **N=38** | **N=57** | **n=8^** | **n=12** | **n=26** | **n=3^** | **n=4^** | **n=2^** | **n=0** | **n=2^** |
| Very easy | 5 | 32 ↑ | 0 | 33 | 39 | 33 | 25 | 50 | - | 50 |
| Easy | 40 | 37 | 38 | 42 | 42 | 0 | 25 | 0 | - | 0 |
| Difficult | 45 | 30 | 63 | 17 | 19 | 67 | 25 | 50 | - | 50 |
| Very difficult | 11 | 4 | 0 | 8 | 8 | 0 | 25 | 0 | - | 0 |
| **Availability changes** | **National 2012** | **National 2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **n=35** | **n=47** | **n=6^** | **n=7^** | **n=25** | **n=2^** | **n=3^** | **n=2^** | **n=0** | **n=2^** |
| Easier | 23 | **27** | 0 | 57 | 32 | 0 | 0 | 50 | - | 0 |
| Stable | 60 | **64** | 83 | 43 | 60 | 100 | 67 | 50 | - | 100 |
| More difficult | 23 | **6** | 17 | 0 | 8 | 0 | 0 | 0 | - | 0 |
| Fluctuates | 6 | **2** | 0 | 0 | 0 | 0 | 33 | 0 | - | 0 |

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

Ketamine was predominantly obtained from friends (71%). It was predominantly obtained from private locations, such as friend's home (31%) and participant's own home (delivered; 10%). Last use venue, where participants reported spending the most time intoxicated, included private venues such as friend's home (24%) and own home (17%) (see Table 74).

**Table 74: Last source, purchase location and use location of ketamine, 2013**

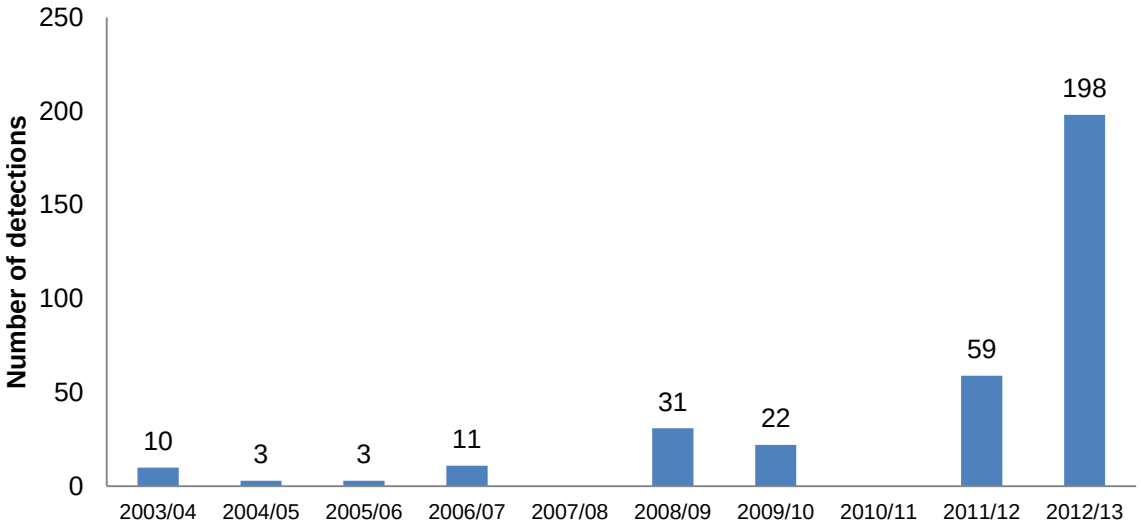
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from** (among those who commented) | 2012 n=49 | 2013 n=58 | n=9^ | n=12 | n=27 | n=4^ | n=4^ | n=2^ | n=0 | n=2^ |
| Friends | 54 | **71** | 44 | 75 | 70 | 100 | 75 | 50 | - | 50 |
| Known dealers | 10 | **14** | 33 | 8 | 15 | 0 | 0 | 0 | - | 0 |
| Acquaintances | 10 | **1** | 0 | 8 | 4 | 0 | 0 | 0 | - | 0 |
| Unknown dealers | 3 | **5** | 11 | 0 | 7 | 0 | 0 | 0 | - | 0 |
| Online | 0 | **3** | 11 | 8 | 4 | 0 | 0 | 0 | - | 0 |
| Other | 5 | **1** | 0 | 0 | 0 | 0 | 0 | 50 | - | 50 |
| Used, but not obtained | 18 | **2** | 0 | 0 | 0 | 0 | 25 | 0 | - | 0 |
| **Locations obtained** (among those who commented) | 2012 n=39 | 2013 n=58 | NSW n=9^ | ACT n=12 | VIC n=27 | TAS n=4^ | SA n=4^ | WA n=2^ | NT n=0 | QLD n=2^ |
| Friend's home | 21 | **31** | 22 | 25 | 30 | 25 | 50 | 50 | - | 50 |
| Dealer's home | 3 | **9** | 22 | 25 | 30 | 0 | 0 | 0 | - | 50 |
| Own home | 13 | **10** | 22 | 17 | 4 | 25 | 0 | 0 | - | 0 |
| Agreed public location | 3 | **3** | 0 | 0 | 7 | 0 | 0 | 0 | - | 0 |
| Private party | 15 | **3** | 0 | 17 | 0 | 0 | 0 | 0 | - | 0 |
| Nightclub | 13 | **12** | 11 | 0 | 19 | 0 | 25 | 0 | - | 0 |
| Pubs | 5 | **12** | 0 | 0 | 19 | 50 | 0 | 0 | - | 0 |
| Live music event | 3 | **7** | 11 | 8 | 7 | 0 | 0 | 0 | - | 0 |
| Raves/doofs/ dance parties | 3 | **3** | 0 | 25 | 0 | 0 | 0 | 0 | - | 0 |
| Online | 0 | **3** | 11 | 8 | 7 | 0 | | 50 | - | 0 |
| Other | 5 | **5** | 11 | 0 | 4 | 0 | 0 | 0 | - | 0 |
| Used, but not obtained | 18 | **3** | 0 | 0 | 0 | 0 | 25 | 0 | - | 0 |
| **Last use venue** (among those who commented) | 2012 n=39 | 2013 n=58 | NSW n=9^ | ACT n=12 | VIC n=27 | TAS n=4^ | SA n=4^ | WA n=2^ | NT n=0 | QLD n=2^ |
| Nightclub | 15 | **11** | 33 | 0 | 44 | 0 | 50 | 0 | - | 0 |
| Friends home | 15 | **24** | 33 | 17 | 26 | 0 | 25 | 50 | - | 0 |
| Private party | 18 | **5** | 0 | 16 | 0 | 0 | 0 | 0 | - | 50 |
| Home | 18 | **17** | 11 | 42 | 7 | 25 | 0 | 50 | - | 0 |
| Live music event | 8 | **10** | 11 | 8 | 11 | 0 | 0 | 0 | - | 50 |
| Raves/doofs/ dance parties | 8 | **7** | 0 | 17 | 4 | 25 | 0 | 0 | - | 0 |
| Others | 3 | **9** | 11 | 0 | 7 | 50 | 0 | 0 | - | 0 |
| Used, but not obtained | 15 | **2** | 0 | 0 | 0 | 0 | 25 | 0 | - | 0 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
For columns that do not add up to 100%, responses such as 'other' were not reported

### 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 198 seizures detected in 2012/13, representing a clear increase from the 59 detections reported in 2011/12 (Figure 35).

**Figure 35: Number of detections of ketamine detected at the border by the Australian Customs and Border Protection Service, 2003/04-2012/13**




**Source: (Australian Customs Border and Protection Service, 2013)**

## 5.5 GHB

- Seventeen participants were able to comment on the median price of a millilitre of GHB of between $5 (nationally) to $11.50 (in NSW). Half of participants reported that the price had remained 'stable'.
- Purity was this year reported as 'medium' (41%) and then 'high' (35%). Comments about purity change were that it was 'stable'.
- Of those who commented on GHB availability, reports were that it was 'easy' to obtain. Availability change was reported as 'stable'.
- GHB was obtained from friends and known dealers and from private locations. Location where GHB was mostly last used was also in private locations.

### 5.5.1 Price

The median price per millilitre in each jurisdiction is presented in Table 75. Fourteen participants from the national sample were able to comment on the current price per millilitre of GHB and, as such, the results should be interpreted with caution.

**Table 75: Median price per ml of GHB, 2013**

| Median Price ($) | National 2013 N=17 | NSW n=6^ | ACT n=1^ | VIC n=5^ | TAS n=0 | SA n=3^ | WA n=1^ | NT n=0 | QLD n=1^ |
|---|---|---|---|---|---|---|---|---|---|
| Per ml (range) | 5 (1-30) | 11.50 (4-25) | 1 (no range) | 5 (2-12) | n.a. | 6 (5-30) | 1 (no range) | n.a.. | 5 (1-30) |

**Source: EDRS interviews**
^ Small numbers commenting (n<10), interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Eighteen participants were able to comment on whether the price of GHB had changed. Half of participants reported that the price had remained 'stable' (50%) (see Table 76).

**Table 76: Price changes of GHB, 2013**

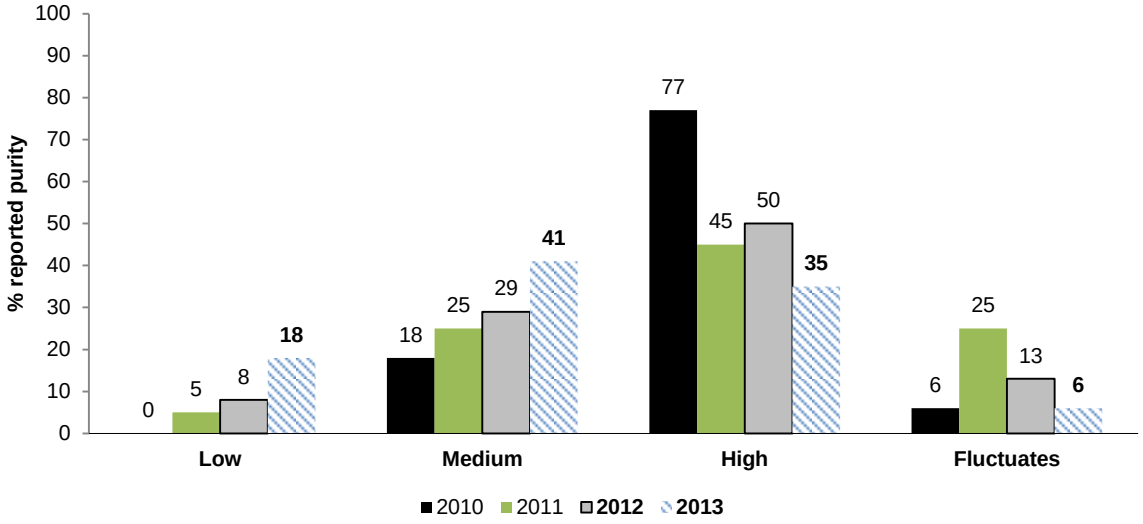
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| GHB price changes (among those who commented) | 2012 n=20 | 2013 n=18 | n=8^ | n=1^ | n=5^ | n=0 | n=3^ | n=0 | n=0 | n=1^ |
| Increased | **5** | **28** | 25 | 0 | 40 | - | 33 | - | - | 29 |
| Stable | **75** | **50** | 50 | 100 | 40 | - | 67 | - | - | 50 |
| Decreased | **5** | **6** | 0 | 0 | 0 | - | 0 | - | - | 6 |
| Fluctuates | **15** | **17** | 25 | 0 | 20 | - | 0 | - | - | 17 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

### 5.5.2 Purity

Participants were asked what the current purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Seventeen participants commented on the purity of GHB. Purity was considered to be 'medium' (41%) or 'high' (35%) by most participants who commented (Figure 36).

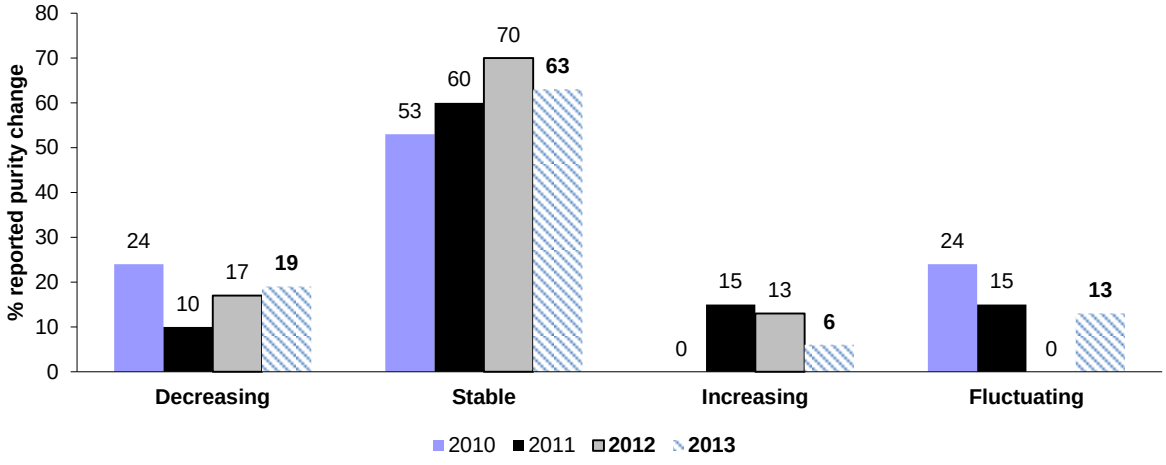
**Figure 36: National RPU reports of current GHB purity, 2010-2013**




**Source: EDRS interviews**
Note: Among those who commented (n=17 in 2010, n=20 in 2011, n=24 in 2012, n=17 in 2013).
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented (n=16) on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was 'stable' (63%; Figure 37).

**Figure 37: National RPU reports of recent (last six months) change in GHB purity, 2010-2013**




**Source: EDRS interviews**
Note: Among those who commented (n=15 in 2009, n=17 in 2010, n=20 in 2011, n=16 in 2013). The response option 'don't know' was excluded from analysis from 2009 onwards

### 5.5.3 Availability

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

Nationally, reports on availability of GHB were generally considered 'easy' to 'very easy' (75%). NSW and VIC continue to be the jurisdictions where the most use and, therefore, market characteristics can be obtained from.

The majority (47%) reported that availability of GHB had remained 'stable' in the six months preceding interview (Table 77).

**Table 77: Availability of GHB, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | 2012 n=27 | 2013 N=20 | n=8^ | n=1^ | n=5^ | n=0 | n=4^ | n=1^ | n=0 | n=1^ |
| Very easy | 26 | **30** | 25 | 0 | 60 | - | 0 | 100 | - | 0 |
| Easy | 33 | **45** | 63 | 0 | 40 | - | 25 | 0 | - | 100 |
| Difficult | 37 | **25** | 13 | 100 | 0 | - | 75 | 0 | - | 0 |
| Very difficult | 4 | **0** | 0 | 0 | 0 | - | 0 | 0 | - | 0 |
| **Availability changes** (among those who commented) | 2012 n=25 | 2013 n=17 | NSW n=8^ | ACT n=1^ | VIC n=5^ | TAS n=0 | SA n=4^ | WA n=0 | NT n=0 | QLD n=1^ |
| More difficult | 12 | **18** | 29 | 0 | 0 | - | 33 | - | - | 0 |
| Stable | 72 | **47** | 57 | 100 | 40 | - | 33 | - | - | 0 |
| Easier | 12 | **29** | 14 | 0 | 60 | - | 0 | - | - | 100 |
| Fluctuates | 4 | **6** | 0 | 0 | 0 | - | 33 | - | - | 0 |

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

In all jurisdictions fewer than 10 participants were able to comment on the source, purchase location of GHB and last use venue. GHB was obtained from friends (52%) and acquaintances (19%), known dealers (14%) and unknown dealers (10%) with one report of online. The purchase location was predominantly private locations (62%). The last venue of intoxication was reportedly public locations such as nightclubs and live music events (60%).

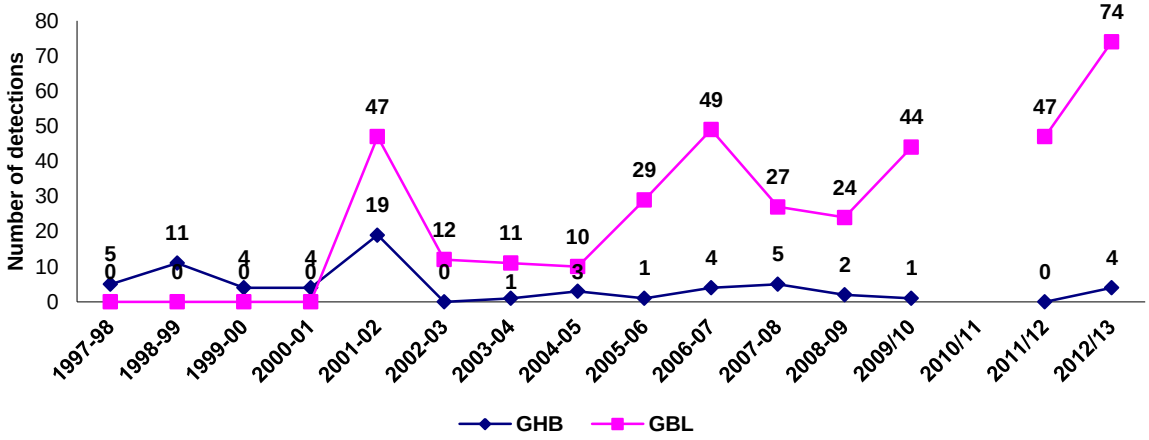
### 5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 38 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. There were 74 detections of GBL in 2012/13, representing an increase from 47 in 2011/12. 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. No seizures for GHB were reported in 2011/12.

It must be remembered that it is possible to obtain the precursors from legitimate sources in Australia. It is likely that some manufacturers of GHB source the precursors for the drug in

this country. The relatively small number of GHB/GBL detections at the border, comparative to other drug types, may also be a reflection of this fact.

**Figure 38: Number of GHB and GBL detections at the border by Australian Customs and Border Protection Service, financial years 1997/98-2012/13**




**Source: (Australian Customs Border and Protection Service, 2013)**

## 5.6 LSD

- The median price per tab of LSD ranged from $20 nationally to $32.50 in the NT Sixty-nine percent of those commenting reported that the price had remained stable in the six months prior to interview.
- Current purity of LSD was mixed with equal numbers reporting 'high' and 'medium'. Most of those who commented reported that purity had remained stable, in the six months preceding interview.
- Overall LSD was reported to have remained easy (67%) to obtain and this has remained stable (51%) in the last six months.
- LSD was mostly reported to have been obtained from friends and used in private locations such as the participants' own homes or friends' homes.

### 5.6.1 Price

Thirty-five percent (n=160) of the national sample, commented on the price of a tab of LSD. The national median price of a tab of LSD was $20 but ranged from $15 in VIC and SA to $32.50 in the NT (Table 78). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to $10 or less.

**Table 78: Median price per tab of LSD, 2013**

| Median price $ (range) | National 2013 N=239 | NSW n=52 | ACT n=34 | VIC n=40 | TAS n=25 | SA n=21 | WA n=39 | NT n=8^ | QLD n=20 |
|---|---|---|---|---|---|---|---|---|---|
| **Per tab (range)** | 20 (1-50) | 20 (8-50) | 20 (10-30) | 15 (10-30) | 20 (10-30) | 15 (8-25) | 25 (1-35) | 32.50 (20-50) | 22.50 (8-30) |

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

Thirty-two percent of the national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be 'stable' (69%) in the preceding six months (Table 79).

**Table 79: Price changes of LSD, 2013**

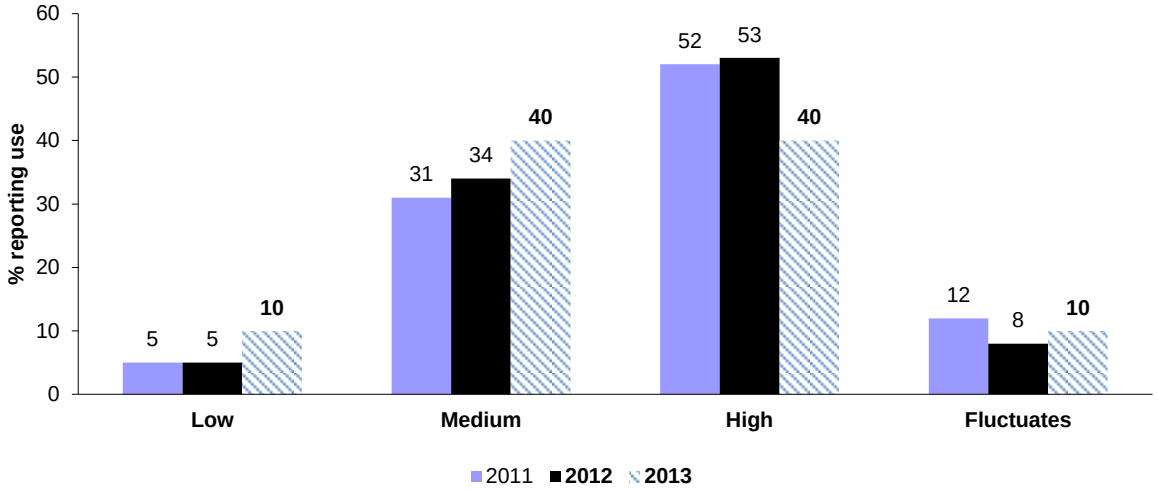
| (%) LSD price changes (among those who commented) | National 2012 n=174 | National 2013 n=218 | NSW n=45 | ACT n=34 | VIC n=37 | TAS n=34 | SA n=16 | WA n=19 | NT n=4^ | QLD n=12 |
|---|---|---|---|---|---|---|---|---|---|---|
| Increased | 8 | **10** | 9 | 15 | 8 | 14 | 10 | 11 | 0 | 0 |
| Stable | 79 | **69** | 76 | 56 | 78 | 67 | 76 | 60 | 75 | 74 |
| Decreased | 8 | **13** | 13 | 12 | 8 | 10 | 10 | 16 | 25 | 21 |
| Fluctuated | 6 | **8** | 2 | 18 | 5 | 10 | 5 | 14 | 0 | 5 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution. The response option 'don't know' was excluded from analysis from 2009 onwards

### 5.6.2 Purity

Participants were asked what was the current purity or strength of LSD, and if the purity had changed in the six months preceding interview. Interestingly in 2013, equal portions of participants reported that LSD purity was either 'medium' (40%) or 'high' (40%) (see Figure 39).

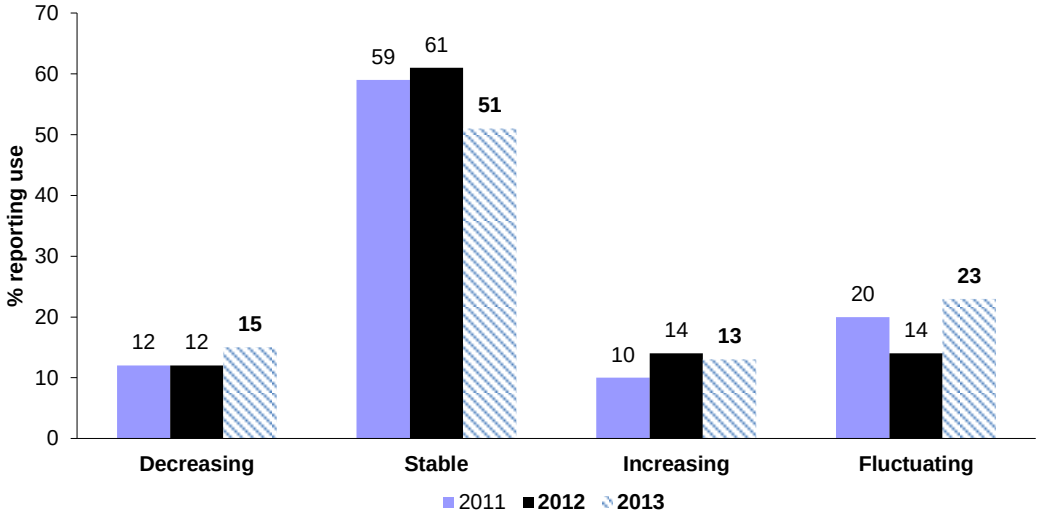
**Figure 39: National RPU reports of current LSD purity, 2011-2013**




**Source: EDRS interviews**
Note: Among those who commented (n=229 in 2011, n=185 in 2012, n=238 in 2013)
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of LSD had changed in the six months preceding interview, 51% reported that it had remained stable (Figure 40).

**Figure 40: National RPU reports of recent (last six months) change in LSD purity, 2011-2013**




**Source**: **EDRS interviews**
Note: Among those who commented (n=203 in 2011, n=185 in 2012)
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

### 5.6.3 Availability

Thirty-six percent of the national sample commented on the recent availability of LSD; the majority reported LSD to be 'easy' to 'very easy' (67%) to obtain. Of those who commented, the availability of LSD was reported to have remained 'stable' (60%) in the six months preceding interview (Table 80).

**Table 80: Availability of LSD, 2012-2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | **2012** n=200 | **2013** n=247 | n=51 | n=37 | n=38 | n=24 | n=27 | n=39 | n=11 | n=20 |
| Very easy | 23 | **27** | 14 | 32 | 40 | 17 | 19 | 33 | 36 | 30 |
| Easy | 40 | **40** | 49 | 32 | 34 | 54 | 33 | 36 | 55 | 35 |
| Difficult | 35 | **28** | 29 | 27 | 26 | 29 | 37 | 28 | 9 | 30 |
| Very difficult | 3 | **5** | 8 | 8 | 0 | 0 | 11 | 3 | 0 | 5 |
| **Availability changes** (among those who commented) | **2012** n=222 | **2013** n=223 | **NSW** n=45 | **ACT** n=35 | **VIC** n=37 | **TAS** n=20 | **SA** n=24 | **WA** n=37 | **NT** n=6^ | **QLD** n=19 |
| Easier | 10 | **16** | 11 | 26 | 24 | 15 | 17 | 8 | 0 | 16 |
| Stable | 70 | **60** | 58 | 46 | 70 | 65 | 63 | 57 | 100 | 53 |
| More difficult | 17 | **18** | 31 | 14 | 3 | 20 | 13 | 24 | 0 | 16 |
| Fluctuates | 4 | **7** | 0 | 14 | 3 | 0 | 8 | 11 | 0 | 16 |

**Source: EDRS interviews**
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

### 5.6.4 Source and locations of use

LSD had been obtained from friends (60%), followed by known dealers (17%). LSD source venue was mostly private locations such as friends' homes (36%). LSD was most frequently used in private locations such as friends' homes (22%) and own home (15%, Table 81).

**Table 81: Last source, purchase location and use location of LSD, 2013**

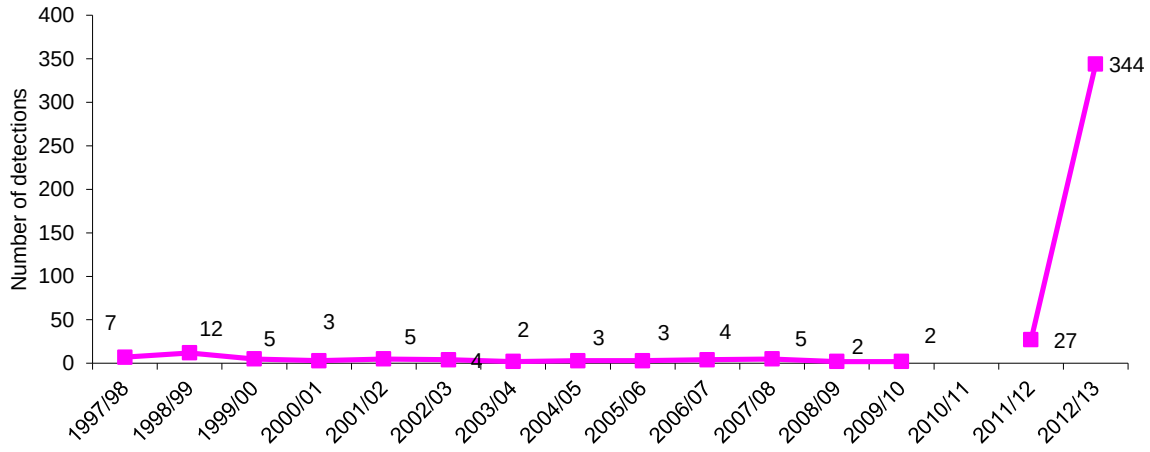
| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| Obtained from (of those who commented) | 2012 N=202 | **2013 N=256** | n=52 | n=36 | n=41 | n=28 | n=27 | n=40 | n=12 | n=20 |
| Friends | 50 | **62** | 50 | 67 | 71 | 57 | 48 | 80 | 75 | 50 |
| Known dealers | 19 | **17** | 23 | 25 | 15 | 18 | 22 | 0 | 8 | 25 |
| Acquaintances | 8 | **6** | 6 | 3 | 0 | 11 | 4 | 8 | 0 | 20 |
| Unknown dealers | 2 | **6** | 14 | 0 | 7 | 11 | 0 | 0 | 17 | 5 |
| Street dealers | 3 | **<1** | 0 | 3 | 0 | 0 | 0 | 3 | 0 | 0 |
| Online | n.a. | **2** | 4 | 3 | 0 | 0 | 0 | 3 | 0 | 0 |
| Used but not obtained | 17 | **6** | 4 | 0 | 7 | 4 | 26 | 8 | 0 | 0 |
| **Locations obtained** *(of those who commented)* | 2012 n=202 | **2013 n=255** | n=52 | n=35 | n=41 | n=28 | n=27 | n=40 | n=12 | n=20 |
| Friend's home | 24 | **36** | 33 | 40 | 27 | 21 | 37 | 53 | 33 | 40 |
| Own home | 10 | **10** | 10 | 9 | 12 | 11 | 7 | 10 | 25 | 5 |
| Dealer's home | 11 | **8** | 6 | 6 | 10 | 11 | 11 | 14 | 0 | 25 |
| Raves* | 6 | **7** | 2 | 17 | 5 | 21 | 0 | 5 | 0 | 0 |
| Agreed public location | 10 | **17** | 39 | 11 | 20 | 4 | 11 | 5 | 25 | 15 |
| Private party | 4 | **3** | 0 | 3 | 10 | 4 | 0 | 5 | 0 | 0 |
| Nightclub | 2 | **3** | 4 | 6 | 0 | 4 | 4 | 0 | 8 | 0 |
| Pubs | 2 | **2** | 0 | 0 | 0 | 11 | 4 | 3 | 8 | 0 |
| Acquaintances home | 2 | **<1** | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| Live music event | 6 | **6** | 0 | 6 | 10 | 11 | 0 | 5 | 0 | 15 |
| Online | n.a. | **<1** | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | **1** | 2 | 0 | 0 | 0 | 0 | 3 | 0 | 0 |
| Used but not obtained | 17 | **7** | 4 | 3 | 7 | 4 | 26 | 8 | 0 | 0 |
| **Last use venue** *(of those who commented)* | 2012 n=203 | **2013 n=256** | n=52 | n=35 | n=41 | n=28 | n=28 | n=40 | n=12 | n=20 |
| Own home | 12 | **15** | 12 | 11 | 24 | 21 | 7 | 13 | 17 | 15 |
| Friend's home | 18 | **22** | 27 | 17 | 5 | 11 | 25 | 38 | 8 | 35 |
| Live music event | 10 | **10** | 6 | 6 | 15 | 14 | 7 | 5 | 17 | 20 |
| Raves* | 10 | **10** | 4 | 20 | 15 | 21 | 4 | 5 | 8 | 0 |
| Outdoors | 15 | **16** | 21 | 31 | 7 | 4 | 21 | 10 | 0 | 30 |
| Private party | 7 | **5** | 6 | 6 | 12 | 4 | 0 | 3 | 0 | 0 |
| Public place | 5 | **7** | 14 | 0 | 10 | 0 | 0 | 10 | 25 | 0 |
| Nightclub | 3 | **4** | 6 | 3 | 0 | 4 | 4 | 3 | 17 | 0 |
| Pubs | <1 | **2** | 0 | 0 | 0 | 11 | 0 | 0 | 8 | 0 |
| Other | 2 | **3** | 2 | 3 | 5 | 4 | 0 | 3 | 0 | 0 |
| Used but not obtained | 18 | **8** | 4 | 3 | 7 | 7 | 32 | 10 | 0 | 0 |

**Source: EDRS interviews**
* Includes 'doofs' and dance parties
^ Small numbers commenting (n<10); interpret with caution

### 5.6.5 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years, however in 2012/13 there were 344 seizures recorded, the highest to date since EDRS monitoring began (Figure 41).

**Figure 41: Number of LSD detections at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2012/13**




**Source: (Australian Customs Border and Protection Service, 2013)**

## 5.7 Cannabis

- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally, prices for hydro were generally (slightly) more expensive than those for bush cannabis. Prices were reported to have remained stable over the preceding six months.
- As in 2012, participants in all jurisdictions generally perceived the potency of hydro to be high and bush was most commonly reported to be medium. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro and bush were both reported by the majority to be easy or very easy to obtain, and the availability of both forms was reported to have remained stable.
- Both hydro and bush cannabis were most commonly bought from friends, and used in private locations.

### 5.7.1 Price

Prices in Table 82 represent the median last price paid for the most commonly reported purchase amounts (quarter-ounces and ounces) of bush and hydro by jurisdiction. Nationally, 151 participants reported having purchased an ounce of hydro in the preceding six months (n= 98 purchased an ounce of bush), while 146 reported purchase of a quarter-ounce of hydro (n= 84 purchased a quarter-ounce of bush). Prices last paid per quarter ounce of hydro were either reported as constant or having had slight fluctuations with ounces slightly increasing and quarter ounces slightly decreasing, as compared to 2012. The median last price paid per ounce of hydro nationally was $280 (range $100-$450). The median last price paid per ounce of bush nationally was $280 (range $100-$400) (Table 82).

It should also be noted that the use of hashish (hash) and hash oil was rarely reported by EDRS participants (n=20 across all jurisdictions reported recent purchase of either form in 2013). The median price for a gram of hash nationally is $30 (range $9-$100) and the median price for a cap of hash oil is $20^ (no range, small numbers reporting).

**Table 82: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, 2012-2013**

| | Median last price $ per quarter-ounce (range) | | | | Median last price $ per ounce (range) | | | |
|---|---|---|---|---|---|---|---|---|
| | Hydro | | Bush | | Hydro | | Bush | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| **National** | | **90 (19-120)** | | **77.50 (30-260)** | | **280 (100-450)** | | **250 (100-400)** |
| **NSW** | 100 (50-100) | **90 (70-100)** | 100^ (70-100) | **90 (70-110)** | 290 (160-350) | **300 (250-450)** | 265 (150-300) | **300 (200-400)** |
| **ACT** | 90 (40-240) | **90 (19-100)** | 60^ (50-80) | **70 (60-260)** | 280 (230-320) | **280 (240-360)** | 240^ (180-300) | **280 (100-360)** |
| **VIC** | 80 (50-240) | **80 (70-90)** | 70 (40-240) | **70^ (60-260)** | 150 (150-600) | **250 (200-300)** | 212^ (120-250) | **200^ *(no range)*** |
| **TAS** | 90 (25-190) | **80 (60-100)** | 70^ (0-150) | **65 (50-90)** | 150 (150-350) | **280 (120-350)** | 250 (150-280) | **200 (150-280)** |
| **SA** | 52.50^ (50-65) | **60 (50-85)** | 55^ (50-80) | **60^ (50-85)** | 200 (100-250) | **220 (100-250)** | 200 (80-240) | **220 (100-280)** |
| **WA** | 87.50^ (75-100) | **90^ (75-120)** | 80^ *(no range)* | **-** - | 350 (200-370) | **350 (300-400)** | 300^ (200-350) | **300 (150-350)** |
| **NT** | 100^ *(no range)* | **82.50^ (75-90)** | - - | - - | 450^ (200-450) | **320^ (300-400)** | 265^ (250-280) | **200^ (150-250)** |
| **QLD** | 90 (70-100) | **90 (30-100)** | 80^ (70-90) | **75^ (30-90)** | 280 (80-450) | **267.50 (150-320)** | 250^ (60-300) | **235 (100-400)** |

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

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained 'stable' over the preceding six months (Table 83) and (Table 84).

**Table 83: Hydro Cannabis price changes, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Hydro price changes** | 2012 | 2013 | | | | | | | | |
| Of those who responded | n=339 | n=338 | n=51 | n=47 | n=33 | n=46 | n=53 | n=47 | n=12 | n=49 |
| Increased | 11 | **10** | 14 | 6 | 0 | 7 | 17 | 11 | 17 | 8 |
| Stable | 82 | **82** | 77 | 79 | 91 | 87 | 83 | 85 | 83 | 78 |
| Decreased | 3 | **3** | 6 | 2 | 9 | 2 | 0 | 2 | 0 | 2 |
| Fluctuated | 4 | **5** | 4 | 13 | 0 | 4 | 0 | 2 | 0 | 12 |

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

**Table 84: Bush Cannabis price changes continued, 2013**

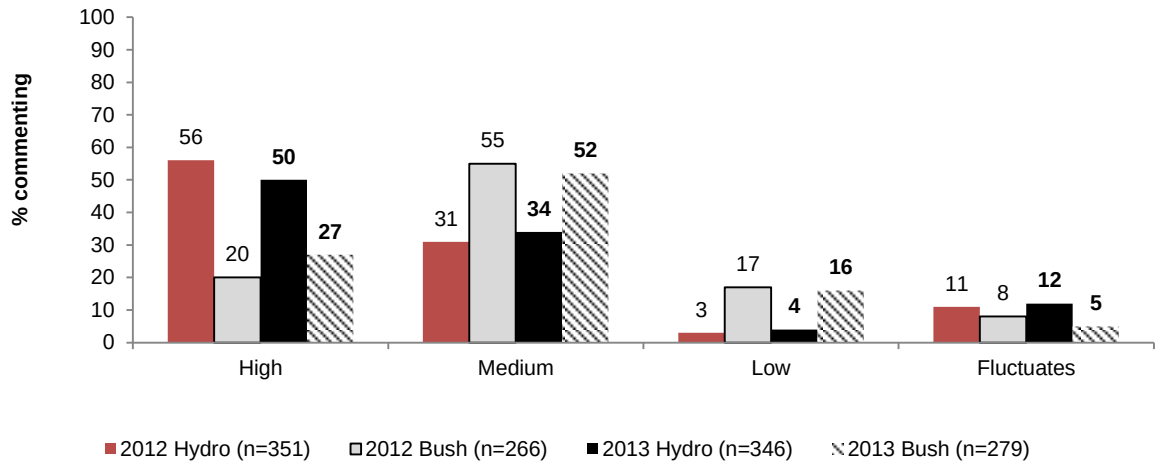
| Bush price changes<br>Of those who responded | 2012<br>n=247 | 2013<br>n=256 | NSW<br>n=24 | ACT<br>n=43 | VIC<br>n=20 | TAS<br>n=39 | SA<br>n=56 | WA<br>n=30 | NT<br>n=5^ | QLD<br>n=39 |
|---|---|---|---|---|---|---|---|---|---|---|
| Increased | 6 | **6** | 8 | 2 | 15 | 0 | 7 | 7 | 0 | 10 |
| Stable | 82 | **83** | 79 | 91 | 75 | 90 | 80 | 87 | 100 | 72 |
| Decreased | 6 | **7** | 8 | 5 | 10 | 8 | 7 | 3 | 0 | 8 |
| Fluctuated | 7 | **4** | 4 | 2 | 0 | 3 | 5 | 3 | 0 | 10 |

**Source: EDRS Interviews**
^ Small numbers reporting (n<10); interpret with caution

## 5.7.2 Potency

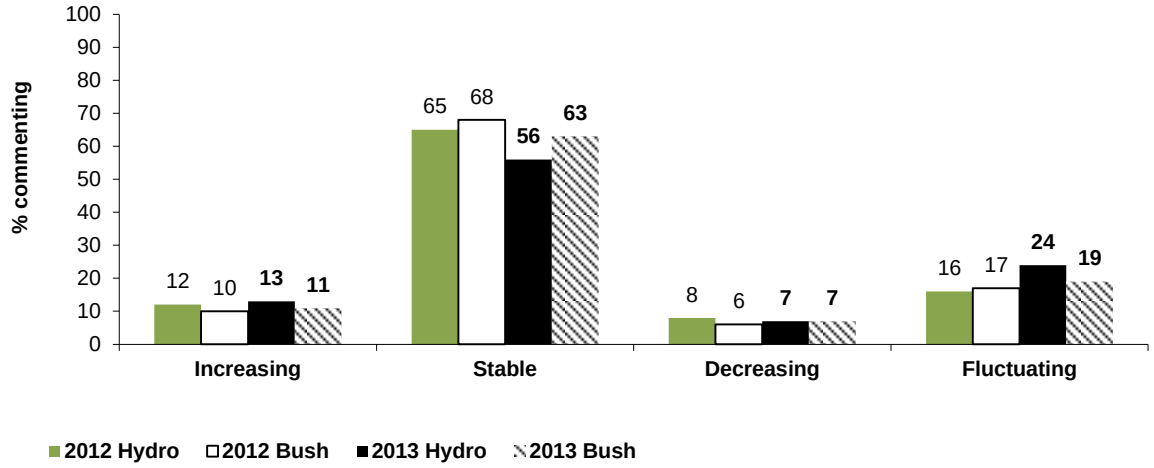
Of those who commented, half the number of participants reported that the current potency of hydro cannabis was 'high' (50%). In contrast, bush cannabis was most commonly reported to be of 'medium' potency (Figure 42). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained 'stable' in the preceding six months (Figure 43).

**Figure 42: National reports of current cannabis potency among those who commented, 2012-2013**




**Source: EDRS interviews**

**Figure 43: National reports of recent (last six months) change in cannabis potency, 2012-2013**




**Source: EDRS interviews**

## 5.7.3 Availability

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 (80%). Over half of the sample that commented reported access to hydro cannabis had remained 'stable' (70%, Table 85).

**Table 85: Availability of hydro, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | **2011** n=311 | **2012** n=347 | n=51 | n=50 | n=35 | n=46 | n=56 | n=48 | n=12 | n=49 |
| Very easy | 66 | **60** | 75 | 62 | 77 | 41 | 55 | 69 | 50 | 47 |
| Easy | 29 | **30** | 22 | 28 | 20 | 39 | 34 | 23 | 50 | 39 |
| Difficult | 5 | **9** | 2 | 10 | 3 | 17 | 11 | 8 | 0 | 14 |
| Very difficult | 0 | **<1** | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| **Availability changes** (among those who commented) | **2012** n=348 | **2013** n=341 | NSW n=51 | ACT n=50 | VIC n=35 | TAS n=44 | SA n=55 | WA n=47 | NT n=11 | QLD n=48 |
| More difficult | 8 | **15** | 10 | 14 | 3 | 23 | 18 | 6 | 0 | 33 |
| Stable | 80 | **69** | 73 | 60 | 94 | 64 | 66 | 72 | 100 | 52 |
| Easier | 8 | **10** | 18 | 14 | 3 | 14 | 7 | 13 | 0 | 2 |
| Fluctuates | 4 | **6** | 0 | 12 | 0 | 0 | 7 | 9 | 0 | 13 |

**Source**: **EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Reports of bush availability also indicated that bush tended to be 'easy' or 'very easy' to obtain (81%), with approximately one-fifth of the commenting sample considering it to be 'difficult' to obtain. NSW was the jurisdictions that had the highest proportion 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 (Table 86).

**Table 86: Availability of bush, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Availability** (among those who commented) | 2012 N=234 | 2013 N=280 | n=26 | n=48 | n=20 | n=49 | n=55 | n=32 | n=10 | n=40 |
| Very easy | 38 | **46** | 31 | 33 | 65 | 51 | 53 | 28 | 80 | 50 |
| Easy | 42 | **35** | 39 | 46 | 15 | 31 | 36 | 47 | 10 | 33 |
| Difficult | 16 | **18** | 31 | 17 | 20 | 16 | 11 | 25 | 10 | 18 |
| Very difficult | 5 | **1** | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 |
| **Availability changes** (among those who commented) | National N=262 | N=272 | NSW n=25 | ACT n=45 | VIC n=20 | TAS n=48 | SA n=55 | WA n=32 | NT n=7^ | QLD n=40 |
| More difficult | 10 | **14** | 8 | 20 | 5 | 21 | 11 | 13 | 0 | 15 |
| Stable | 72 | **66** | 60 | 67 | 75 | 71 | 64 | 53 | 100 | 68 |
| Easier | 12 | **13** | 28 | 7 | 15 | 6 | 18 | 16 | 0 | 8 |
| Fluctuates | 7 | **7** | 4 | 7 | 5 | 2 | 7 | 19 | 0 | 10 |

**Source**: **EDRS interviews**
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers reporting (n<10); interpret with caution

Hydro was most commonly reported to have been obtained from friends and known dealers and was the most commonly reported to have been obtained at friends' homes. Participant's own homes and friend's homes were most frequently reported as last locations of use (Table 87).

**Table 87: Last source person and purchase locations and use locations of hydro, 2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from (%)** | **2012** | **2013** | | | | | | | | |
| (among those who commented) | **N=359** | **N=352** | **n=53** | **n=50** | **n=35** | **n=47** | **n=57** | **n=48** | **n=13** | **n=49** |
| Friends | 56 | **43** | 45 | 20 | 46 | 43 | 44 | 54 | 62 | 47 |
| Known dealers | 27 | **38** | 43 | 44 | 34 | 34 | 37 | 29 | 15 | 45 |
| Acquaintances | 5 | **8** | 2 | 34 | 7 | 2 | 2 | 6 | 0 | 4 |
| Unknown dealers | 1 | **3** | 4 | 0 | 9 | 2 | 4 | 2 | 8 | 2 |
| Street dealer | 1 | **2** | 2 | 2 | 0 | 0 | 5 | 0 | 15 | 0 |
| Relatives | 1 | **2** | 0 | 0 | 3 | 11 | 0 | 2 | 0 | 0 |
| Online | 0 | **<1** | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Workmates | 2 | **<1** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| Other | 3 | **<1** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| Used, but not obtained | 6 | **3** | 4 | 0 | 0 | 9 | 5 | 4 | 0 | 2 |
| **Locations obtained** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **N=357** | **N=349** | **n=53** | **n=47** | **n=35** | **n=47** | **n=57** | **n=48** | **n=13** | **n=49** |
| Friend's home | 40 | **33** | 32 | 34 | 29 | 21 | 32 | 48 | 54 | 31 |
| Dealer's home | 19 | **28** | 19 | 40 | 34 | 26 | 29 | 13 | 23 | 39 |
| Home (delivered) | 20 | **19** | 8 | 9 | 17 | 40 | 19 | 17 | 15 | 22 |
| Agreed public location | 6 | **10** | 32 | 0 | 14 | 2 | 12 | 8 | 8 | 2 |
| Acquaintance's home | 4 | **2** | 2 | 4 | 0 | 0 | 0 | 4 | 0 | 2 |
| Work | 1 | **<1** | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| Street market | <1 | **1** | 4 | 0 | 0 | 0 | 2 | 2 | 0 | 2 |
| Nightclubs | 0 | **<1** | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pubs/Bars | 0 | **2** | 0 | 9 | 3 | 2 | 0 | 0 | 0 | 0 |
| Online | 0 | **<1** | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Other | 3 | **<1** | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 |
| Used, but not obtained | 6 | **3** | 4 | 0 | 0 | 9 | 5 | 4 | 0 | 2 |
| **Last use venue** | **2012** | **2013** | **NSW** | **ACT** | **VIC** | **TAS** | **SA** | **WA** | **NT** | **QLD** |
| (among those who commented) | **N=358** | **N=352** | **n=53** | **n=47** | **n=35** | **n=47** | **n=57** | **n=48** | **n=13** | **n=49** |
| Friend's home | 27 | **30** | 32 | 46 | 20 | 17 | 23 | 31 | 46 | 31 |
| Own home | 60 | **56** | 49 | 40 | 71 | 72 | 63 | 44 | 39 | 61 |
| Dealer's home | 1 | **<1** | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 |
| Public place | 2 | **2** | 8 | 0 | 3 | 0 | 0 | 2 | 15 | 0 |
| Pub | <1 | **<1** | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 |
| Outdoors | <1 | **2** | 8 | 0 | 0 | 0 | 2 | 4 | 0 | 0 |
| Raves/doofs | 0 | **<1** | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 2 |
| Private party | <1 | **<1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Other | 3 | **<1** | 0 | 0 | 3 | 0 | 0 | 4 | 0 | 0 |
| Used, but not obtained | 5 | **4** | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 2 |

**Source**: **EDRS interviews**
'Other' last use venue includes: restaurants/cafes, raves/doofs/dance parties, and car/other vehicle and work

As with hydro and other drug types investigated by the EDRS, EDRS participants most commonly reported obtaining bush from friends (51%) and this most commonly occurred in private locations (at friend's homes (42%) and at their own homes (14%)). Participant's own homes (54%) followed by friend's homes (25%) were most commonly reported as last use venues (Table 88).

**Table 88: Last source person, purchase location and use location of bush, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Obtained from** | 2012 | 2013 | | | | | | | | |
| (among those who commented) | N=270 | N=284 | n=27 | n=48 | n=20 | n=49 | n=57 | n=33 | n=10 | n=40 |
| Friends | 59 | **51** | 56 | 27 | 85 | 53 | 44 | 70 | 70 | 50 |
| Known dealers | 17 | **30** | 22 | 42 | 5 | 29 | 37 | 15 | 20 | 33 |
| Acquaintances | 6 | **6** | 0 | 25 | 0 | 2 | 4 | 3 | 0 | 5 |
| Unknown dealers | 2 | **3** | 15 | 2 | 5 | 0 | 0 | 3 | 0 | 5 |
| Street dealer | 1 | **2** | 4 | 0 | 0 | 2 | 4 | 0 | 0 | 5 |
| Workmates | 2 | **<1** | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 |
| Relatives | 2 | **2** | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 3 |
| Other | 5 | **1** | 0 | 2 | 5 | 0 | 4 | 0 | 0 | 0 |
| Used but not obtained | 10 | **4** | 4 | 2 | 0 | 4 | 7 | 6 | 10 | 0 |
| **Locations obtained** | 2012 | 2013 | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
| (among those who commented) | N=269 | N=283 | n=27 | n=47 | n=20 | n=49 | n=57 | n=33 | n=10 | n=40 |
| Friend's home | 45 | **42** | 41 | 43 | 60 | 39 | 42 | 49 | 30 | 33 |
| Home delivery | 16 | **14** | 7 | 11 | 15 | 18 | 9 | 12 | 50 | 18 |
| Dealer's home | 13 | **23** | 19 | 28 | 5 | 25 | 26 | 18 | 0 | 35 |
| Agreed public location | 6 | **8** | 19 | 2 | 10 | 4 | 14 | 6 | 10 | 3 |
| Acquaintance's home | 2 | **<1** | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 3 |
| Street market | 1 | **1** | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| Nightclubs | 0 | **1** | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| Private parties | <1 | **<1** | 0 | 4 | 5 | 0 | 0 | 0 | 0 | 0 |
| Live music event | 1 | **<1** | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| Other | 5 | **5** | 8 | 4 | 5 | 8 | 2 | 6 | 0 | 3 |
| Used but not obtained | 10 | **4** | 4 | 2 | 0 | 4 | 7 | 6 | 10 | 0 |
| **Last use venue** | 2012 | 2013 | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
| (among those who commented) | N=270 | N=284 | n=27 | n=48 | n=20 | n=49 | n=57 | n=33 | n=10 | n=40 |
| Own home | 53 | **54** | 33 | 38 | 55 | 78 | 54 | 49 | 50 | 63 |
| Friend's home | 29 | **25** | 33 | 40 | 30 | 10 | 26 | 27 | 10 | 20 |
| Dealer's home | <1 | **1** | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 8 |
| Private party | 1 | **1** | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 |
| Pub | 1 | **<1** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| Outdoors | 4 | **5** | 11 | 2 | 5 | 0 | 5 | 3 | 20 | 8 |
| Public place | 2 | **2** | 11 | 0 | 0 | 0 | 0 | 0 | 10 | 3 |
| Other | 4 | **6** | 8 | 15 | 0 | 2 | 2 | 15 | 0 | 0 |
| Live music event | 1 | **1** | 0 | 2 | 5 | 2 | 0 | 0 | 0 | 0 |
| Used but not obtained | 7 | **4** | 4 | 0 | 0 | 6 | 11 | 3 | 10 | 0 |

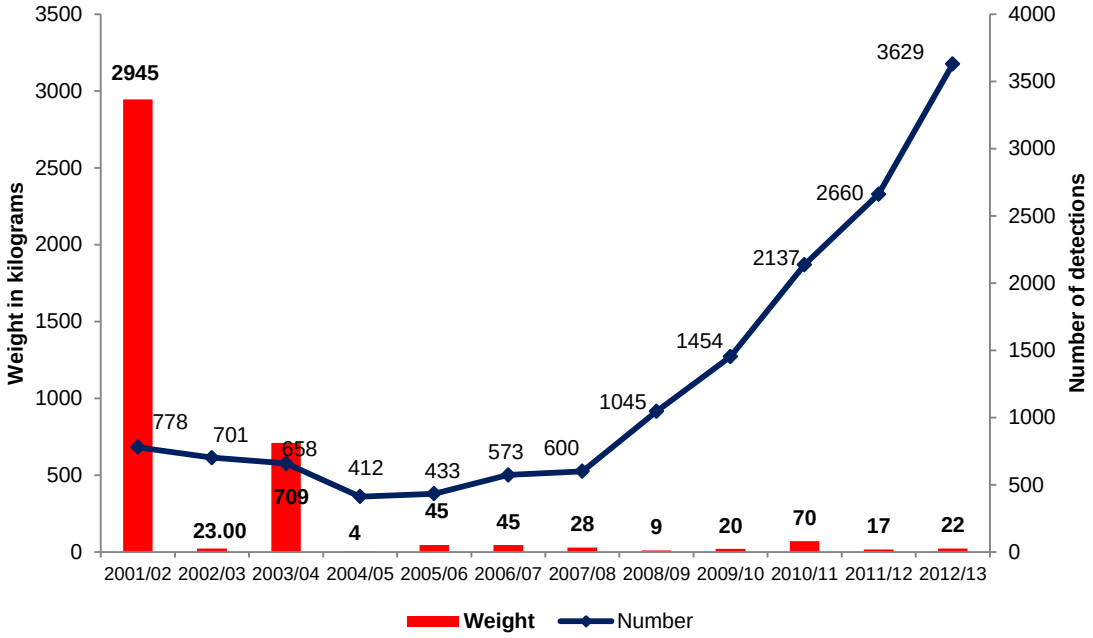
**Source: EDRS interviews**
'Other' last use venue includes: car/other vehicle, raves/doofs/dance parties, educational institutions, work and acquaintances house.

### 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 Australian Customs and Border Protection Service each year.

The number of cannabis detections continued to increase in 2012/13 to 3629 (up from 2660 in 2011/12), while weight of seizures stabilised (Figure 44).

**Figure 44: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2012/13**




**Source: (Australian Customs Border and Protection Service, 2013)**

# 6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

- Of the national sample, 43% had ever experienced a non-fatal drug overdose. Thirty percent reported having ever **overdosed** on a **stimulant** drug and 26% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Most stimulant OD occurred in private locations. The most common symptoms reported were increased heart rate and temperature. Of those that sought immediate treatment, most were attended to by an ambulance.
- Twenty-three percent of the national sample reported having ever **overdosed** on a **depressant** drug and 22% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (81%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting. Of those that sought treatment, most were attended to by an ambulance.
- Of the national sample 11% had reported having **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (74%) were the service most accessed by this group for any reason, followed by dentists (6%) and EDs (5%). Of those that did access GPs to discuss drug use, ecstasy and alcohol were the primary drugs of concern in most cases.
- In 2011/12, **treatment seeking** for ecstasy use (as the principal drug of concern) remained low in the general population at 3% of closed treatment episodes.
- A small proportion of participants (8%) were classified as currently experiencing very high psychological distress on the **Kessler Psychological Distress Scale**. The majority reported no or low distress (34%).
- Almost a third (30%) of the sample reported experiencing a **mental health problem** in the preceding six months; depression and anxiety were the most commonly reported.

## 6.1 Overdose and drug-related fatalities

As in previous years[9], 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-three percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose[10].

### 6.1.1 Non-fatal stimulant overdose

Thirty percent of the national sample reported having ever overdosed on a stimulant drug on an average of twice (range 1-200 occasions). Twenty-six percent of the sample reported they had experienced a stimulant overdose in the last 12 months.

[9] Note, however, that in 2007 a distinction was drawn between self-reported overdose of stimulant drugs and of depressant drugs (in previous years these drug types were combined).

[10] Comparisons with previous years should be undertaken with caution due to changes in survey items on overdose.

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 (50%), with smaller proportions nominating ice/crystal, speed and cocaine (Table 89). Polydrug use was common, with 77% 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 (50%) and cannabis (19%), with smaller numbers reporting ketamine, cocaine, LSD and benzodiazepines.

Nightclubs were the venue that most people reported the stimulant overdose occurred (Table 89).

The main symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included increased body temperature (36%), increased heart rate (33%), extreme anxiety (27%), dizziness (27%) panic (26%), nausea (25%), , delirium/confusion (22%), paranoia (20%), hallucinogenic – visual (16%), muscle twitches (16%), chest pain (15%), tremors (14%) and vomiting (13%). These symptoms were experienced outside the 'normal experience' of the drug.

At their last occasion of overdose (of those who had overdosed in the preceding 12 months), 44% did not receive any medical treatment. Of those that received treatment, small numbers reported the following forms of treatment: attended an ambulance (4%); attended the emergency department (3%) and saw a GP (<1%). Forty-three percent reported another form of treatment such as being monitored by friends. Participants were asked if after their stimulant overdose they received, or sought out, any information, to which 22% reported that they had. Most of those participants who sought out information consulted the internet/website information (59%), or consulted their friends (11%) or their GP (11%).

Participants were asked if after, or before, they had experienced an overdose they had consulted a website known as Pill Reports (www.pillreports.com) which is a forum website where specific drugs and their effects are discussed. It can provide knowledge on the experience of a drug based on its stamp, marking or sometimes its colour. The majority of participants reported they had not looked on pill reports (72%), whereby still a smaller proportion did (before using drug 12%, after using drug 9% and both before and after using 7%).

Of those that had a stimulant overdose in the last 12 months, participants reported having been partying for a median of 5 hours (range 0 hours to 96 hours (approximately four days)). Almost two-thirds (65%) reported that the last stimulant OD had occurred during a heavy session, while 35% reported the stimulant OD occurred on a normal night out. Participants were asked what they believed that their most recent overdose was due to: consuming too much (60%); consuming an adulterated pill (14%); or both those reasons (15%); or another reason entirely (11%).

**Table 89: Stimulant overdose in the last six months among EDRS participants, 2013**

| (%) | National 2012 N=603 | National 2013 N=684 | NSW n=99 | ACT n=77 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=44 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever overdosed on stimulant drug** | 33 | **30** | 35 | 29 | 25 | 21 | 41 | 39 | 13 | 21 |
| **Median number times ever overdosed* (n)** | 2 | **2** | 2 | 2 | 2 | 1.5 | 2 | 2 | 2 | 1 |
| **Overdosed last 12 months** | 18 | **26** | 32 | 25 | 21 | 21 | 38 | 34 | 11 | 18 |
| **Main drug**** | (n=108) | **(n=123)** | (n=25) | (n=16) | (n=12) | (n=3^) | (n=29) | (n=28) | (n=2^) | (n=8^) |
| Ecstasy | 54 | **50** | 52 | 38 | 25 | 0 | 66 | 61 | 100 | 25 |
| Ice/crystal | 16 | **7** | 0 | 6 | 17 | 33 | 3 | 7 | 0 | 13 |
| Speed | 6 | **6** | 4 | 6 | 17 | 33 | 0 | 4 | 0 | 13 |
| Cocaine | 6 | **7** | 4 | 13 | 8 | 0 | 14 | 0 | 0 | 0 |
| LSD | 6 | **4** | 4 | 6 | 0 | 0 | 0 | 11 | 0 | 0 |
| Pharmaceutical stimulants | 1 | **7** | 12 | 0 | 8 | 0 | 3 | 11 | 0 | 0 |
| Other | 17 | **20** | 24 | 31 | 25 | 33 | 17 | 7 | 0 | 50 |
| **More than one drug in last OD**** | 82 | **77** | 84 | 69 | 92 | 100 | 73 | 64 | 100 | 88 |
| **Last OD location**** | N=108 | **N=124** | n=25 | n=16 | n=12 | n=3^ | n=30 | n=28 | n=2^ | n=8^ |
| Nightclub | 16 | **28** | 44 | 25 | 17 | 0 | 27 | 29 | 0 | 25 |
| Own home | 21 | **13** | 8 | 13 | 25 | 33 | 13 | 11 | 0 | 13 |
| Friend's home | 22 | **18** | 20 | 19 | 0 | 67 | 20 | 18 | 50 | 0 |
| Outdoors | 5 | **4** | 8 | 0 | 0 | 0 | 3 | 0 | 0 | 25 |
| Live music event | 11 | **13** | 8 | 19 | 25 | 0 | 7 | 11 | 50 | 25 |
| Rave/dance party | 3 | **2** | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Private party | 7 | **10** | 0 | 6 | 0 | 0 | 20 | 18 | 0 | 0 |
| Public place | 3 | **4** | 4 | 0 | 8 | 0 | 3 | 7 | 0 | 0 |
| Other | 15 | **8** | 0 | 19 | 25 | 0 | 7 | 4 | 13 | 0 |

**Source: EDRS interviews** * Of those who ever overdosed ** Of those who had overdosed in the past 12 months
^ Small numbers n<10; interpret with caution

### 6.1.2 Non-fatal depressant overdose

Twenty-three percent of the national sample reported having ever overdosed on a depressant drug on a median of two occasions (range 1-100 occasions). Twenty-two percent reported that their last depressant overdose had occurred in the last 12 months (see Table 90).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (81%); smaller proportions reported GHB (6%) and heroin (2%).

As with stimulant overdose, of those that had had a depressant overdose in the past six months, locations of last overdose reported were predominantly private locations such as friend's home (23%) and own home (17%). Symptoms which participants reported on their last overdose occasion included vomiting (40%) and losing consciousness (39%) and supressed breathing (8%). See Table 90 for other symptoms experienced.

At their last occasion of overdose (of those who had overdosed in the preceding six months), 53% reported that there was a sober person who was able to assist at the time. On the occasion of overdose, immediate attention/care reported was monitoring by friends (44%), ambulance attendance (5%), and emergency department attendance (6%).

The majority of those that had recently overdosed on a depressant reported that it had occurred on a night of 'heavy session' of use (65%) as opposed to a normal night out. The depressant OD was reported to have occurred a median of six hours (range 0-72 hours) after being out partying.

## Table 90: Depressant overdose in the last 12 months among RPU, 2013

| | National 2012 N=602 | National 2013 N=683 | NSW n=99 | ACT n=75 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ever overdosed on depressant drug** | 31 | **23** | 16 | 17 | 21 | 19 | 40 | 30 | 13 | 18 |
| **Median number times ever overdosed* (n)** | 3 | **2** | 2 | 4 | 2 | 1.5 | 9.5 | 2 | 3 | 2.5 |
| **Overdosed last 12 months** | 17 | **22** | 13 | 17 | 18 | 18 | 40 | 30 | 13 | 18 |
| **Main drug **** | (n=94) | **(n=88)** | (n=7^) | (n=7^) | (n=12) | (n=3^) | (n=30) | (n=19) | (n=4^) | (n=6^) |
| Alcohol | 72 | **81** | 86 | 100 | 50 | 33 | 93 | 79 | 100 | 67 |
| Heroin | 6 | **2** | 0 | 0 | 8 | 33 | 0 | 0 | 0 | 0 |
| GHB | 3 | **6** | 14 | 0 | 33 | 0 | 0 | 0 | 0 | 0 |
| Benzodiazepines | 6 | **3** | 0 | 0 | 0 | 33 | 0 | 5 | 0 | 17 |
| Other opiates | 3 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 9 | **8** | 0 | 0 | 8 | 0 | 7 | 16 | 0 | 17 |
| **Last OD location**** | (n=95) | **(n=88)** | (n=7^) | (n=7^) | (n=12) | (n=3^) | (n=30) | (n=19) | (n=4^) | (n=6^) |
| Friends home | 24 | **23** | 14 | 0 | 25 | 0 | 30 | 5 | 25 | 50 |
| Own home | 26 | **17** | 29 | 0 | 25 | 0 | 20 | 16 | 0 | 17 |
| Nightclub | 15 | **17** | 43 | 0 | 0 | 0 | 20 | 26 | 25 | 0 |
| Private party | 11 | **15** | 0 | 29 | 0 | 0 | 17 | 26 | 0 | 17 |
| Pub | 4 | **8** | 0 | 0 | 8 | 0 | 10 | 5 | 50 | 0 |
| Public place (street/park) | 7 | **6** | 0 | 0 | 25 | 0 | 0 | 11 | 0 | 0 |
| Other | 8 | **15** | 14 | 70 | 16 | 33 | 3 | 11 | 0 | 17 |
| **More than one drug in last OD**** | 43 | **55** | 43 | 71 | 77 | 67 | 40 | 58 | 25 | 83 |
| **Symptoms experienced last OD**** | (n=93) | **(n=89)** | (n=7^) | (n=7^) | (n=12) | (n=3^) | (n=30) | (n=19) | (n=4^) | (n=6^) |
| Vomiting | 38 | **40** | 29 | 29 | 33 | 0 | 60 | 26 | 100 | 0 |
| Losing consciousness | 34 | **39** | 43 | 43 | 42 | 33 | 33 | 42 | 0 | 67 |
| Collapsing | 9 | **6** | 0 | 0 | 0 | 33 | 3 | 16 | 0 | 0 |
| Suppressed breathing | 2 | **8** | 0 | 14 | 25 | 33 | 0 | 5 | 0 | 17 |
| Turning blue | 2 | **1** | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 15 | **7** | 14 | 14 | 0 | 0 | 3 | 11 | 0 | 17 |

**Source: EDRS interviews**
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months

*Drug-related fatalities*

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. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that *had* been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2007.

### 6.1.3 Methamphetamine-related fatalities

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

In 2009, there were a total of 86 'drug induced' deaths in which methamphetamine was mentioned among those aged 15 to 54 years (the ages when most drug related deaths occur) and 88 deaths across all ages. The rate of methamphetamine related deaths among those aged 15 to 54 years in 2009 was 7 per million persons, and remains relatively unchanged from 6.8 in 2008 (Roxburgh & Burns (2013). The 2010 ABS data on methamphetamine-related deaths were not available at the time of publication.

### 6.1.4 Cocaine

In 2009, there were 23 drug induced deaths in which cocaine was mentioned among those aged 15–54 years of age and 24 deaths across all ages. Cocaine was determined to be the underlying cause of death in 21% (n=5) of all cocaine related deaths in 2009 among Australians aged 15 to 54 (Roxburgh & Burns, 2013). The 2010 ABS data on cocaine-related deaths were not available at the time of publication.

### 6.1.5 Fatal and non-fatal ketamine overdose

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

No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. It is problematic to monitor deaths due to ketamine in existing data collections. See individual state/territory reports for jurisdictional-level information, where available.

### 6.1.6 Fatal and non-fatal GHB overdose

One of the reasons for the considerable media attention around GHB has arisen from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson & Balster, 2001). In

recreational settings, the additional factors of inconsistent potency, variable individual response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose, despite the best intentions of users to reduce these risks. In one Australian study, half (53%) of a sample of GHB users had overdosed at some time (overdosing was defined as losing consciousness and being unable to be woken) (Degenhardt et al., 2003).

Concerted media attention on GHB-related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred. Recent analysis of data from coronial records has suggested that 10 cases had been confirmed in this country to be associated with the use of GHB, with eight of these cases confirmed as primarily caused by the drug (Caldicott et al., 2004).

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

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

## 6.2 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ERD or alcohol use in the last six months to which 11% responded that they had. For those that had 'thought about' contacting a service, however did not do so (14%, n=84), the reasons most endorsed for not doing so included: 'worked it out on my own' (26%), 'not a priority' (15%), 'could not be bothered' (11%) and 'did not want to abstain from drug use' (11%).

In 2013, all participants were asked which of the following health services and professionals they had accessed over the past six months and how many visits with each health professional they had had and of those visits how many were related to drug and alcohol. Doctors (General Practitioners) as expected were seen by the majority of the sample (74%). Smaller proportions of the sample reported seeing dentists (6%) and the Emergency Department (5%) see Table 91.

**Table 91: Proportion of RPU who accessed a medical or health service, 2013**

| Service accessed (%) | National 2013 N=500 | NSW n=87 | ACT n=29 | VIC n=80 | TAS n=40 | SA n=84 | WA n=83 | NT n=24 | QLD n=73 |
|---|---|---|---|---|---|---|---|---|---|
| Doctor (GP) | **74** | 82 | 62 | 76 | 68 | 76 | 70 | 71 | 75 |
| Dentist | **6** | 3 | 7 | 1 | 13 | 10 | 7 | 4 | 6 |
| Emergency Department | **5** | 2 | 17 | 4 | 3 | 5 | 8 | 4 | 4 |
| Psychologist | **3** | 2 | 3 | 4 | 8 | 1 | 1 | 0 | 3 |
| Psychiatrist | **2** | 1 | 3 | 1 | 3 | 4 | 2 | 0 | 1 |
| Drug and alcohol counsellor | **2** | 1 | 7 | 0 | 5 | 0 | 2 | 4 | 0 |
| Other health professional | **2** | 0 | 0 | 4 | 0 | 2 | 2 | 4 | 0 |
| Other doctors | **2** | 1 | 0 | 3 | 0 | 1 | 0 | 0 | 6 |
| Specialist doctors (not psychiatrists) | **1** | 0 | 0 | 4 | 0 | 0 | 1 | 0 | 3 |
| Social Welfare workers | **1** | 2 | 0 | 0 | 3 | 0 | 2 | 0 | 1 |

**Source: EDRS interviews**

Note: Medical tent, outpatient hospital service, ambulance, inpatient treatment were reported by n<5 participants nationally.

Of those that had seen a Doctor (GP), the median number of times a doctor was seen for any reason was twice (range 1-100). When asked of those times, how many visits were drug or alcohol related the median was zero (range 0-8). The main drugs reported for visits to the Doctor, of those that reported having seen the Doctor for drug and alcohol related issues included ecstasy (25%), alcohol (23%), cannabis (15%), heroin (6%), crystal methamphetamine (6%), benzodiazepines (6%), pharmaceutical stimulants (4%), and cocaine (2%), antidepressants (2%) and methadone (2%).

## 6.3 Drug treatment

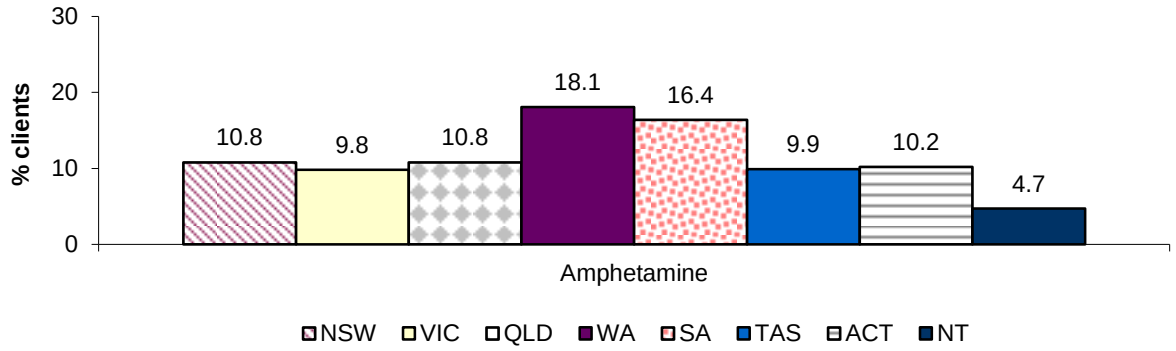
### 6.3.1 Ecstasy

Ecstasy was a drug of concern (principal or additional) in 3**%** of closed episodes in 2011–12 and was the principal drug in just 0.4% of cases (Australian Institute of Health and Welfare, 2013a).

### 6.3.2 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (18.1%), followed by SA (16.4%) (Figure 45) (Australian Institute of Health and Welfare, 2013a).

**Figure 45: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2011/12**




**Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2013a)**
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others. Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSP, correctional institutions, halfway houses or sobering up shelters

### 6.3.3 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2011/12. NSW recorded the highest proportion (0.5%) across the jurisdictions (Australian Institute of Health and Welfare, 2013a).

### 6.3.4 Ketamine

No specific ketamine data were available in 2011/12. Treatment-seeking for problems associated with ketamine use is low compared to other drugs.

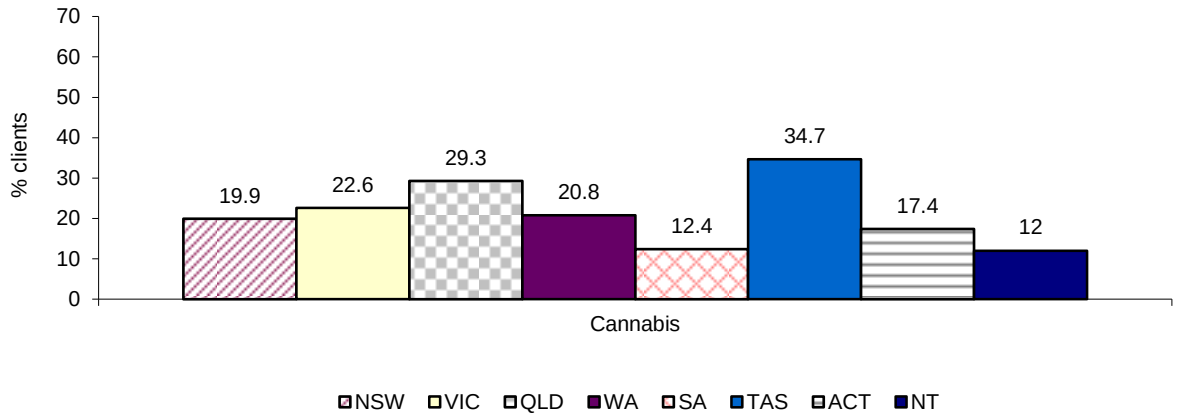
### 6.3.5 GHB

No specific data were available for 2011/12. As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon.

### 6.3.6 Cannabis

Data from the AODTS-NMDS indicate that in 2011/12, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34.7%), followed by QLD (29.3%) and VIC (22.6%) (Figure 46) (Australian Institute of Health and Welfare, 2013a).

**Figure 46: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2011/12**




**Source: AODTS-NMDS**
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

## 6.4 Other self-reported problems associated with ERD use

### 6.4.1 Self-reported drug related problems

Participants in 2013 were asked about a range of other problems associated with their drug use. Participants were asked if, in the past six months, their drug use had caused repeated problems with family, friends or people at work or school; if they had any recurrent drug-related legal problems; if they had recurrently found themselves in situations where they were under the influence of any drug and someone (themselves or another person) could have been hurt or put at risk; or if their drug use had recurrently interfered with their responsibilities at home, work or school. Table 92 presents the proportion experiencing these problem and Table 93 the main drugs responsible.

**Table 92: Self-reported drug-related problems, by jurisdiction, 2013**

| | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| **(%)** | 2012 N=601 | **2013 N=680** | **n=100** | **n=74** | **n=100** | **n=75** | **n=100** | **n=100** | **n=43** | **n=88** |
| Drugs recurrently interfered with responsibilities at home/work/school | 39 | **34** | 36 | 41 | 31 | 33 | 32 | 39 | 19 | 36 |
| Recurrently found self in at-risk situations when under influence | 36 | **33** | 21 | 46 | 27 | 19 | 41 | 50 | 16 | 32 |
| Drugs caused repeated social problems with family, friends or colleagues | 25 | **24** | 19 | 30 | 22 | 27 | 23 | 26 | 7 | 30 |
| Had recurrent drug-related legal problems last six months | 6 | **4** | 3 | 8 | 2 | 1 | 4 | 6 | 0 | 9 |

**Source: EDRS interviews**

Participants that self-reported a drug related issue/problem were asked which main drug they attributed to the issue. For repeated social problems, recurrent legal problems and interference with responsibilities at home and work participants identified alcohol and cannabis. For issues related to repeat at risk situations, alcohol and ecstasy were the main drugs reported to contribute to these issues.

**Table 93: Main drug attributed to self-reported problem, 2013**

| **(%)** | **Drugs caused repeated problems with family, friends or colleagues** | | **Had recurrent drug-related legal problems last six months** | | **Recurrently found self in at-risk situations when under influence** | | **Drugs recurrently interfered with responsibilities at home/work/school** | |
|---|---|---|---|---|---|---|---|---|
| | 2012 N=150 | **2013 N=161** | 2012 N=35 | **2013 N=30** | 2012 N=217 | **2013 N=220** | 2012 N=234 | **2013 N=232** |
| Alcohol | 31 | **22** | 49 | **37** | 60 | **52** | 36 | **26** |
| Ecstasy | 12 | **23** | 0 | **10** | 14 | **17** | 18 | **25** |
| Speed | 4 | **4** | 0 | **3** | 2 | **1** | 1 | **3** |
| Ice/crystal | 10 | **8** | 11 | **0** | 5 | **6** | 8 | **6** |
| Cannabis | 31 | **40** | 29 | **43** | 12 | **15** | 31 | **32** |
| Other | 11 | **8** | 11 | **7** | 15 | **9** | 7 | **8** |

**Source: EDRS interviews**

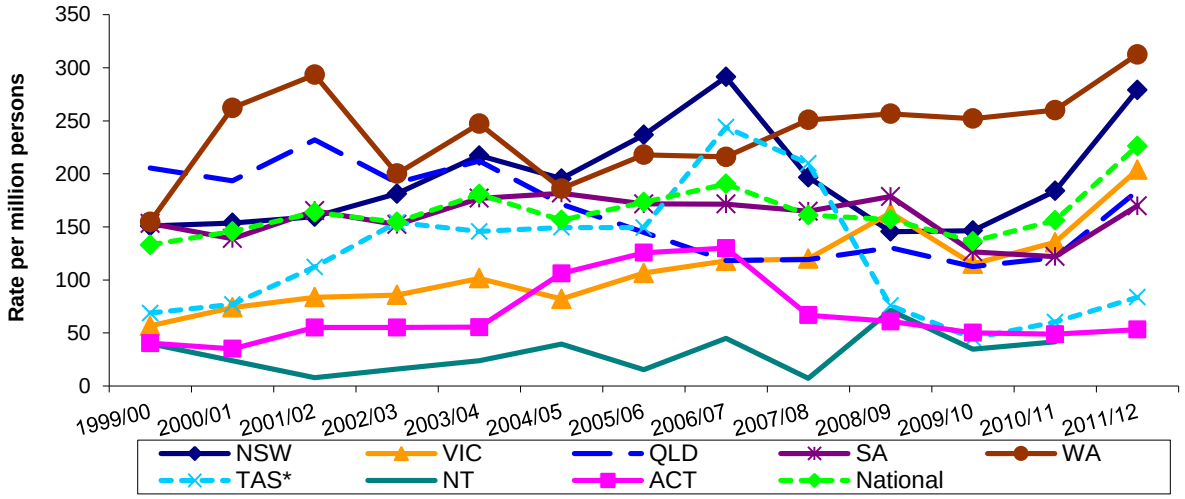
## 6.5 Hospital admissions

Data was unavailable for the 2012/13 period.

### 6.5.1 Methamphetamine

Figure 47 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. Figures have steadily increased at a national level since 1999/00, peaking at 250 per million persons in 2011/12. WA recorded the highest number of amphetamine-related hospital admissions in 2011/12 at 312 admissions per million persons. It should be noted however that part of this increase is likely to be due to an additional treatment facility being added to the collection in WA from 2010/11. All states comparatively have either increased slightly or remained stable from 2010/11 figures.

**Figure 47: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12**



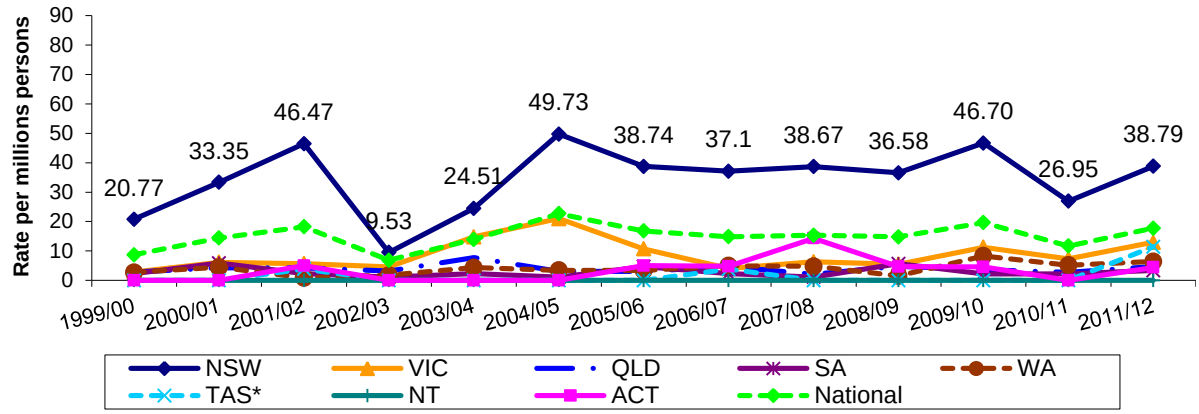

**Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)**

* 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. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations. Rates for the NT for 2011/12 are not presented due to small numbers

### 6.5.2 Cocaine

Figure 48 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have recently stabilised over the past few years. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 admissions per million persons in 2004/05. In 2011/12, NSW recorded 38 cocaine-related admissions per million persons. Figures were relatively lower in all other jurisdictions.

**Figure 48: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12**

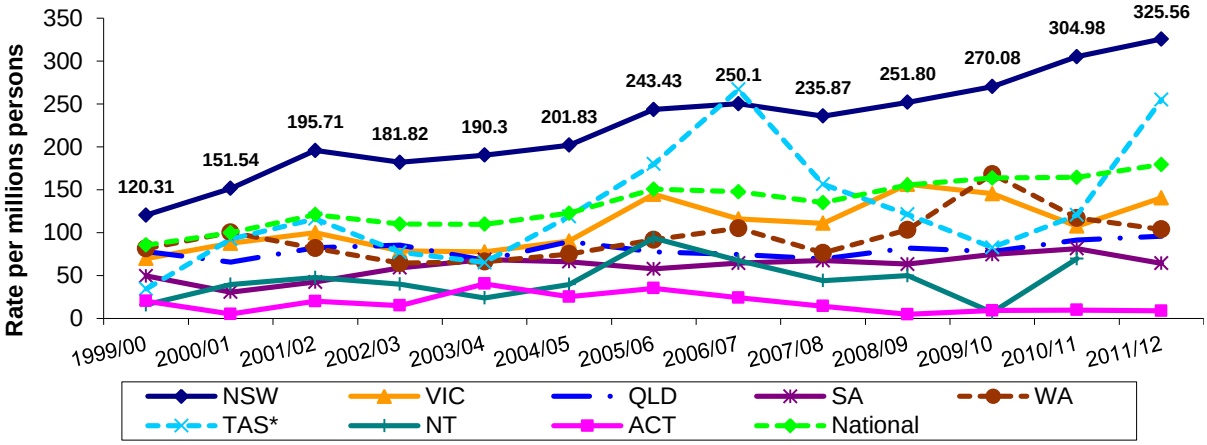



**Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)**
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. . From 2010/11, numbers in WA included admissions from an additional unit. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations.

### 6.5.3 Cannabis

Figure 49 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the 12-year period illustrated below. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2011/12 (325 admissions per million persons).

**Figure 49: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12**




**Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)**
* 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. Rates for the NT for 2011/12 are not presented due to small numbers. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations.

## 6.6 Mental and physical health problems

### 6.6.1 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 et al., 2002, SCID; Andrews and Slade, 2001).

The minimum score was 8 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=669), the mean score was 18.8 (SD 6.9). 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 work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[11].

The 2010 NDSHS (Australian Institute of Health and Welfare, 2011b) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be low; 16-21 as moderate; 22-29 as high; and 30-50 as very high. Proportionately, there were more EDRS participants falling in the moderate to high distress category when compared to the NDSHS sample. A similar proportion of EDRS participants reporting very high distress were similar to those in the NDSHS (Table 94). When asked whether 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 (64%), followed by more often than usual (19%) then less often than usual (12%).

**Table 94: K10 scores, (method used in ABS National Health Survey), 2012**

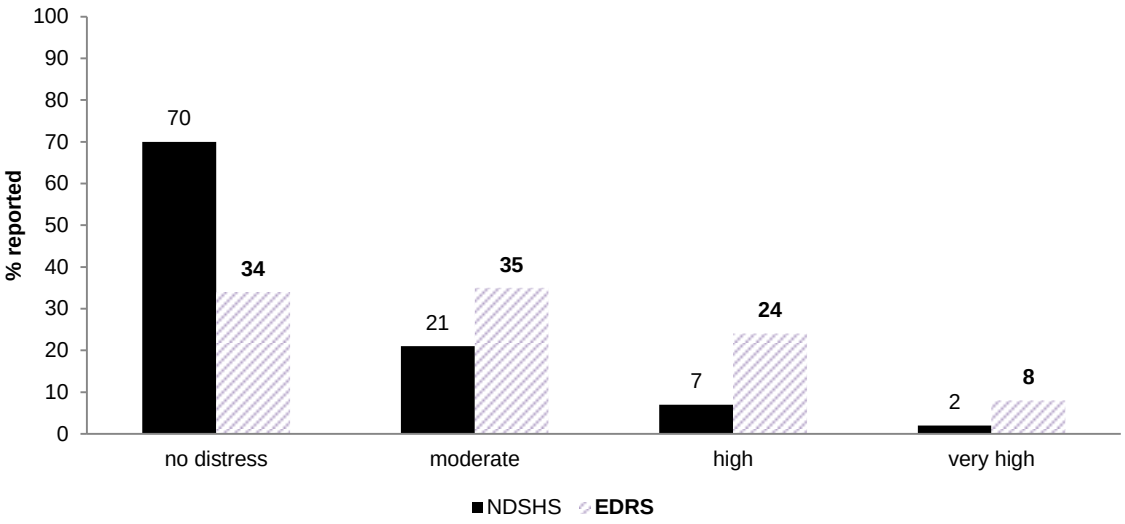
| (%) | NDSHS | | | EDRS | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **K10 category** | **National AIHW** | **National 2012 N=605** | **National 2013 N=669** | **NSW n=100** | **ACT n=50** | **VIC n=100** | **TAS n=100** | **SA n=92** | **WA n=89** | **NT n=12** | **QLD n=62** |
| reporting no or low distress (score 10-15) | **70** | **32** | **34** | 38 | 32 | 33 | 25 | 29 | 31 | 62 | 37 |
| reporting moderate distress (score 16-21) | **21** | **38** | **35** | 27 | 38 | 36 | 37 | 43 | 37 | 29 | 27 |
| reporting high distress (score 22-29) | **7** | **22** | **24** | 26 | 21 | 26 | 28 | 23 | 24 | 7 | 27 |
| reporting very high distress (score 30-50) | **2** | **8** | **8** | 9 | 9 | 6 | 9 | 5 | 8 | 2 | 9 |

**Source: EDRS interviews; (AIHW, 2011B)**
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

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

As is evident (Figure 50), the proportion of the RPU sample in the moderate and high distress categories is greater than that of the general population.

**Figure 50: Proportion of population (ABS National Health Survey) and EDRS sample of K10 categories, 2013**




**Source: EDRS interviews; (Australian Institute of Health and Welfare, 2011b)**
Note: The extent to which cut-offs derived from population samples can be applied to the REU population is yet to be established and therefore these findings should be taken as a guide only

### 6.7.2 Self-reported mental problems and medication

Almost one-third (30%) of national participants reported experiencing a mental health problem in the six months preceding interview. Of these, the primary issue of concern was depression (67%), followed by anxiety (63%) and paranoia (13%). For jurisdictional breakdowns, see Table 95. Other mental health problems reported, but not listed due to small numbers, included phobias, mania and any personality disorders.

**Table 95: Self-reported mental health problem in the last six months, 2013**

| (%) | National | | NSW n=100 | ACT n=76 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=605 | **2013 N=684** | | | | | | | | |
| **Experienced a mental health problem** | 32 | **30** | 30 | 30 | 32 | 41 | 23 | 36 | 9 | 32 |
| **Of those that had mental health problem** | N=191 | **N=207** | n=30 | n=23 | n=32 | n=31 | n=23 | n=36 | n=4^ | n=28 |
| Depression | 61 | **67** | 67 | 74 | 44 | 74 | 65 | 78 | 100 | 61 |
| Anxiety | 57 | **63** | 70 | 74 | 59 | 55 | 74 | 61 | 25 | 61 |
| Paranoia | 13 | **13** | 23 | 26 | 6 | 13 | 7 | 11 | 0 | 4 |
| Panic | 8 | **10** | 10 | 9 | 13 | 10 | 0 | 8 | 25 | 18 |
| Posttraumatic stress disorder | 2 | **9** | 7 | 9 | 6 | 13 | 0 | 14 | 0 | 14 |
| OCD | 2 | **6** | 0 | 9 | 6 | 7 | 0 | 6 | 25 | 11 |
| Manic-depression/Bipolar disorder | 6 | **8** | 0 | 9 | 16 | 3 | 9 | 6 | 50 | 7 |
| Drug induced psychosis | 4 | **2** | 3 | 4 | 0 | 0 | 4 | 0 | 0 | 4 |
| Schizophrenia | 3 | **2** | 0 | 4 | 3 | 3 | 4 | 0 | 0 | 0 |

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

Participants were also asked whether they had visited a mental health professional for a mental health problem in the last six months, to which 17% participants reported doing so. Of those that had seen a health professional recently, 53% had medication prescribed. Of those that had received medication, it was primarily antidepressants (81%; Table 96). The most common antidepressants prescribed were: Lexapro (22%), Zoloft (11%) and Pristiq (9%). Benozodiazepines were prescribed to 39% of the medicated sample to which Valium (50%) was reported by most that commented. Antipsychotics were the prescribed medication to 14% of this sample. The most common antipsychotics prescribed to participants were Seroquel (67%). Mood stabilizers were the least commonly prescribed medication to this sample with no specific type/brand more common (Table 96).

**Table 96: Mental health assistance and medication, 2012-2013**

| | National 2013<br>N=684 |
|---|---|
| **Attend a mental health professional** | **17%** |
| **Had medication prescribed** | **N=127**<br>**53%** |
| | **N=67** |
| **Antidepressants** | **81%** |
| **Benzodiazepines** | **39%** |
| **Antipsychotic** | **14%** |
| **Mood stabiliser** | **6%** |

**Source: EDRS interviews**

# 7 RISK BEHAVIOUR

- Thirteen percent of the national sample reported having **injected** at some time in their lives; 7% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years of age. Among those who had injected in the preceding six months, the last drug injected was speed (36%) which differed from 2012 in which it was ice/crystal.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (66%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (62%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority of those had casual sex the last time under the influence of mostly ecstasy, alcohol and cannabis. Over half had used protection on this occasion.
- Just under three-quarters (74%) had **driven a car** in the last six months, 34% of those had reported being under the influence of alcohol, and 57% had driven shortly after taking an illicit drug on a median of five occasions. The most commonly reported illicit drugs after which these participants had driven were cannabis and ecstasy. A small number reported positive notifications were from being saliva drug tested. Participants that reported their behaviour had changed due to drug driving testing proportionately reported 'not driving after using drugs' followed by 'waiting a few hours' and 'getting a taxi'.
- Seventy-nine percent of the national sample obtained eight or more on the AUDIT scale; these are levels at which alcohol intake may be considered hazardous. Males had a significantly higher score than females.

## 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 people who inject drugs (White et al., 2006).

In the 2013 EDRS, 13% of the national sample reported having injected at some time in their lives and, 7% (n=47) reported injecting in the six months preceding interview (Table 97).

**Table 97: Injecting risk behaviour among EDRS participants, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=607 | 2013 N=686 | n=100 | n=77 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| **Ever injected** | 16 | **13** | 8 | 4 | 22 | 18 | 12 | 10 | 16 | 14 |
| **Median age first injected any drug (range)** | **19 (13-47)** | **19 (12-45)** | 20^ (13-45) | 16^ (15-17) | 19 (12-35) | 21 (15-27) | 21 (14-30) | 16.5 (12-25) | 21^ (18-27) | 17.5 (15-26) |
| **Injected last six months** | 43 | **7** | 6 | 3 | 12 | 11 | 6 | 5 | 4 | 7 |

**Source: EDRS interviews**
^ Small numbers interpret with caution

### 7.1.1 Recent injectors

Participants who had injected in the last six months reported having injected a median of 20 times (range 1-200 times). Speed was the most commonly last injected drug in the preceding six months, followed by ice/crystal (Table 98).

Fifty-five percent of recent injectors had injected under the influence of ERD in the past six months, 21% had injected while coming down, and 13% had injected while they were under the influence and 21% had injected both while under the influence and while coming down during that time.

**Table 98: Recent injecting drug use patterns among those who had recently injected, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=69 | 2013 N=47 | n=6^ | n=2 ^ | n=12 | n=8^ | n=6^ | n=5^ | n=2^ | n=6^ |
| **Median number of times injected last 6 months (range)** | 12 (1-288) | **20 (1-200)** | 18 (2-25) | 14 (3-24) | 34 (2-200) | 6 (1-72) | 48 (4-100) | 72 (12-180) | 14 (3-24) | 4 (1-48) |
| **Last drug injected** | n=55 | **n=47** | | | | | | | | |
| Ice/Crystal | 31 | **30** | 50 | 50 | 50 | 0 | 33 | 0 | 0 | 33 |
| Heroin | 26 | **21** | 33 | 0 | 33 | 25 | 33 | 0 | 0 | 0 |
| Speed | 15 | **36** | 17 | 0 | 17 | 63 | 17 | 100 | 100 | 17 |
| Other opiates | 9 | **2** | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 0 |
| Cocaine | 2 | **2** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| Steroids | n.a. | **9** | 0 | 50 | 0 | 0 | 17 | 0 | 0 | 33 |
| **Injected while under influence/ coming down*** | n=55 | **n=47** | n=6^ | n=100 | n=12 | n=8^ | n=6^ | n=5^ | n=2^ | n=6^ |
| Neither | 41 | **45** | 50 | 100 | 17 | 38 | 33 | 40 | 100 | 83 |
| Under the influence | 15 | **13** | 0 | 0 | 25 | 13 | 0 | 40 | 0 | 0 |
| Coming down | 24 | **21** | 17 | 0 | 42 | 13 | 33 | 0 | 0 | 17 |
| Both | 20 | **21** | 33 | 0 | 17 | 38 | 33 | 20 | 0 | 0 |
| **Median number of times injected while under influence/coming down (range)**** | N=32 4 (0-173) | **N=20 4.5 (1-48)** | 12^ (2-24) | - - | 3^ (1-18) | 4^ (2-6) | 20^ (2-48) | 3^ (-) | n.a. | 5^ (-) |

**Source: EDRS interviews**
* Of those who had injected each drug in the preceding six months
** Of those who had injected whilst under the influence and/or coming down
^ Small numbers; interpret with caution

#### *7.1.1.1 Context of injecting*

The majority of participants obtained their needles for injecting from an NSP or from a pharmacy or chemist. Hospital increased as a venue for obtaining needles. Small numbers reported obtaining needles from vending machines, dealers and hospitals (see Table 99). Most participants reported injecting in their own home (64%) or friend's homes (28%).

### *7.1.1.2 Sharing of needles/syringes and other injecting equipment*

Of those who injected in the preceding six months (n=47), five respondents reported the practice of using a needle between 1-10+ times after another person in the month preceding interview. When asked how many people had used the needle before the respondent, four respondents answered one person and one respondent answered two people. When asked who these people were, regular casual sex partner and close friends were the responses given. And of those that reported injecting in a social situation, as opposed to alone which is common for injectors in this study, most injecting participants reported doing so with close friends (43%) or regular sex partner (21%), smaller numbers reported doing so with acquaintances (4%) or casual sex partners (6%) present (see Table 99).

Sharing of other injecting equipment in the preceding month was reported by 36% of recent (past six months) injectors. Of those who reported sharing any equipment, 21% reported sharing spoons and mixes, 11% reported sharing tourniquets, 15% shared filters, 9% shared water, and one participant shared swabs.

**Table 99: Context and patterns of recent (last six months) injection, 2013**

| (%) | National | | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 N=55 | 2013 N=47 | n=6^ | n=2^ | n=12 | n=8^ | n=6^ | n=5^ | n=2^ | n=6^ |
| **Needle sources** | | | | | | | | | | |
| NSP | 55 | **66** | 83 | 50 | 100 | 50 | 67 | 60 | 50 | 17 |
| Chemist | 35 | **21** | 0 | 50 | 0 | 38 | 17 | 20 | 50 | 50 |
| Friend | 16 | **15** | 0 | 0 | 0 | 50 | 0 | 20 | 0 | 33 |
| Hospital | 15 | **4** | 0 | 0 | 0 | 13 | 17 | 0 | 0 | 0 |
| Vending machines | 11 | **9** | 17 | 0 | 0 | 38 | 0 | 0 | 0 | 0 |
| Outreach program | 6 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dealer | 2 | **9** | 17 | 0 | 0 | 13 | 0 | 40 | 0 | 0 |
| Partner | 2 | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **People usually inject with*** | N=53 | **N=47** | | | | | | | | |
| Close friends | 53 | **43** | 33 | 50 | 17 | 75 | 33 | 60 | 0 | 67 |
| Regular sex partner | 26 | **21** | 33 | 0 | 50 | 0 | 17 | 0 | 50 | 0 |
| Acquaintances | 13 | **4** | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 17 |
| No one | 15 | **34** | 33 | 50 | 25 | 13 | 83 | 40 | 50 | 17 |
| Casual sex partner | 6 | **6** | 33 | 0 | 8 | 0 | 0 | 0 | 0 | 0 |
| **Locations injected last 6 months*** | N=54 | **N=47** | | | | | | | | |
| Own home | 56 | **64** | 50 | 50 | 100 | 38 | 83 | 20 | 50 | 67 |
| Friend's home | 27 | **28** | 17 | 50 | 0 | 63 | 17 | 60 | 0 | 33 |
| Dealer's home | 6 | **2** | 0 | 0 | 0 | 0 | 0 | 20 | 0 | 0 |
| Car | n.a. | **2** | 0 | 0 | 0 | 0 | 0 | 0 | 50 | 0 |
| Public toilet/Venue toilet | 2 | **2** | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MSIC | n.a. | **2** | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Source: EDRS interviews**
* Multiple responses allowed
^ Small numbers; interpret with caution

## 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 2010, 1.8% of the population had ever injected a drug, with 0.4% (74, 000 people) having injected a drug in the past year. Those in the 20-29 year and 30-39 year age group had a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2011a).

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range 0.65%-1.50%) which equates to approximately 149,591 persons (range 89,253 - 204,564) (Mathers et al., 2008).

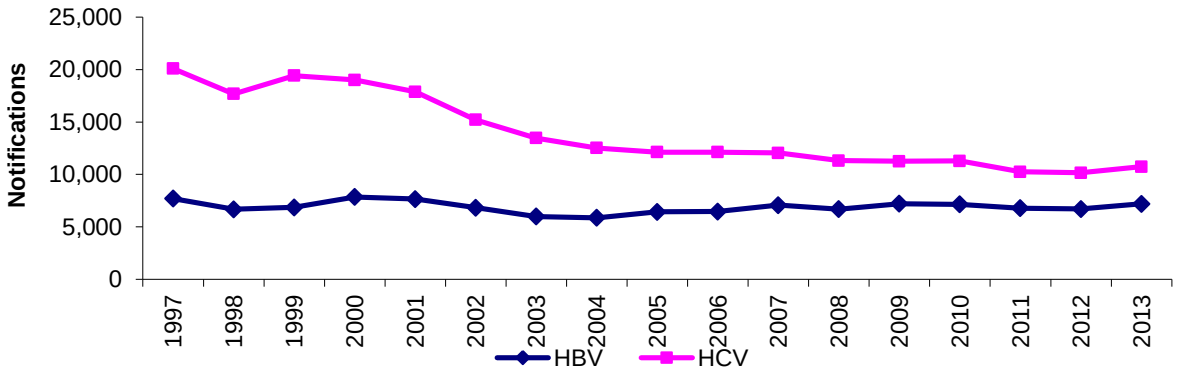
## 7.2 Blood-borne viral infections (BBVI)

### 7.2.1 The National Notifiable Diseases Surveillance System

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 51 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2013, the number of HBV and HCV notifications recorded were higher than in 2012 (HBV: 6,717 in 2012 and 7,196 in 2013 and HCV 10,119 in 2012 and 10,743 in 2013). HCV continued to be more commonly notified than HBV.

**Figure 51: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2013**




**Source: Communicable Diseases Network – NNDSS date accessed: 14th April, 2014**
Note: Figures are updated on an ongoing basis
Notes on interpretation: The quality and completeness of data compiled in the National Notifiable Diseases Surveillance System are influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between States and Territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time

## 7.3 Sexual risk behaviour

### 7.3.1 Recent sexual activity

Two-thirds (62%) of the national 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. Eighteen percent reported having one casual partner, and 44% reported having more than one partner (range: 2 to more than 10 partners, Table 100).

**Table 100: Number of sexual partners in the preceding six months, 2013**

| (%) | National 2012 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **No. casual sexual partners** | (N=597) | **(N=681)** | (n=100) | (n=76) | (n=100) | (n=75) | (n=100) | (n=100) | (n=43) | (n=87) |
| No casual partner | 34 | **38** | 43 | 33 | 48 | 44 | 30 | 41 | 30 | 26 |
| 1 person | 15 | **18** | 17 | 26 | 11 | 21 | 22 | 12 | 7 | 26 |
| 2 people | 17 | **16** | 10 | 11 | 19 | 11 | 15 | 22 | 12 | 23 |
| 3-5 people | 23 | **19** | 19 | 22 | 16 | 16 | 26 | 15 | 26 | 18 |
| 6-10 people | 7 | **8** | 9 | 8 | 5 | 8 | 6 | 9 | 21 | 2 |
| 10 or more | 5 | **2** | 2 | 0 | 1 | 0 | 1 | 1 | 5 | 3 |

**Source: EDRS interviews**
* Of those who had a casual partner

### 7.3.2 Drug use during sex

The majority (90%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months (Table 101). Most participants reported that drug use during sex with a casual partner had occurred between three and five times (32%) and more than 10 times (22%) in the preceding six months.

The most commonly used drugs used during sex were ecstasy (61%), alcohol (49%) and cannabis (39%), a slight variation from last year where alcohol was the most used drug in this context. Other drugs nominated can be seen in Table 101.

**Table 101: Drug use during sex with a casual partner in the preceding six months, 2013**

| (%) | National 2012 N=397 | National 2013 N=426 | NSW n=57 | ACT n=51 | VIC n=52 | TAS n=42 | SA n=70 | WA n=58 | NT n=31 | QLD n=65 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Penetrative sex with casual partner while on drugs *** | 92 | **90** | 83 | 94 | 94 | 95 | 93 | 88 | 84 | 89 |
| **No. times had sex while on drugs with casual partner** | N=362 | **N=381** | n=47 | n=48 | n=49 | n=40 | n=65 | n=48 | n=26 | n=58 |
| Once | 12 | **12** | 15 | 15 | 12 | 15 | 8 | 6 | 15 | 12 |
| Twice | 16 | **20** | 26 | 33 | 16 | 20 | 22 | 13 | 15 | 12 |
| 3-5 times | 30 | **32** | 36 | 27 | 25 | 25 | 32 | 54 | 8 | 38 |
| 6-10 times | 18 | **15** | 9 | 6 | 12 | 33 | 19 | 10 | 23 | 12 |
| 10+ times | 25 | **22** | 15 | 19 | 35 | 8 | 20 | 17 | 39 | 26 |
| **Drug used last time**** | N=365 | **N=380** | n=47 | n=48 | n=49 | n=40 | n=65 | n=48 | n=26 | n=58 |
| Ecstasy | 55 | **61** | 62 | 67 | 41 | 64 | 66 | 60 | 62 | 62 |
| Alcohol | 53 | **49** | 55 | 33 | 69 | 48 | 49 | 63 | 35 | 38 |
| Cannabis | 40 | **39** | 34 | 56 | 27 | 26 | 39 | 33 | 42 | 52 |
| Speed | 9 | **8** | 2 | 21 | 6 | 8 | 3 | 6 | 8 | 10 |
| Ice/Crystal | 12 | **8** | 0 | 4 | 22 | 0 | 12 | 6 | 12 | 3 |
| Cocaine | 9 | **9** | 9 | 3 | 14 | 3 | 3 | 2 | 19 | 21 |
| Base | <1 | **<1** | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| LSD | 3 | **7** | 11 | 6 | 6 | 5 | 2 | 10 | 12 | 9 |
| Ketamine | 1 | **2** | 4 | 4 | 2 | 0 | 0 | 2 | 4 | 0 |
| Amyl nitrate | 2 | **3** | 13 | 0 | 2 | 0 | 2 | 2 | 0 | 3 |
| Nitrous oxide | 1 | **1** | 0 | 0 | 0 | 0 | 2 | 4 | 0 | 2 |
| GHB | 2 | **<1** | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| Benzodiazepines | 3 | **0** | 0 | 0 | 0 | 3 | 3 | 4 | 0 | 0 |
| Pharmaceutical stimulants | 3 | **2** | 0 | 0 | 0 | 5 | 0 | 4 | 0 | 3 |
| Mushrooms | 0 | **2** | 2 | 0 | 4 | 0 | 2 | 2 | 0 | 3 |
| MDA | <1 | **<1** | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Methadone | 0 | **<1** | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Heroin | 2 | **<1** | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| Other opiates | <1 | **<1** | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 |
| Other | <1 | **3** | 2 | 2 | 6 | 3 | 2 | 6 | 0 | 3 |

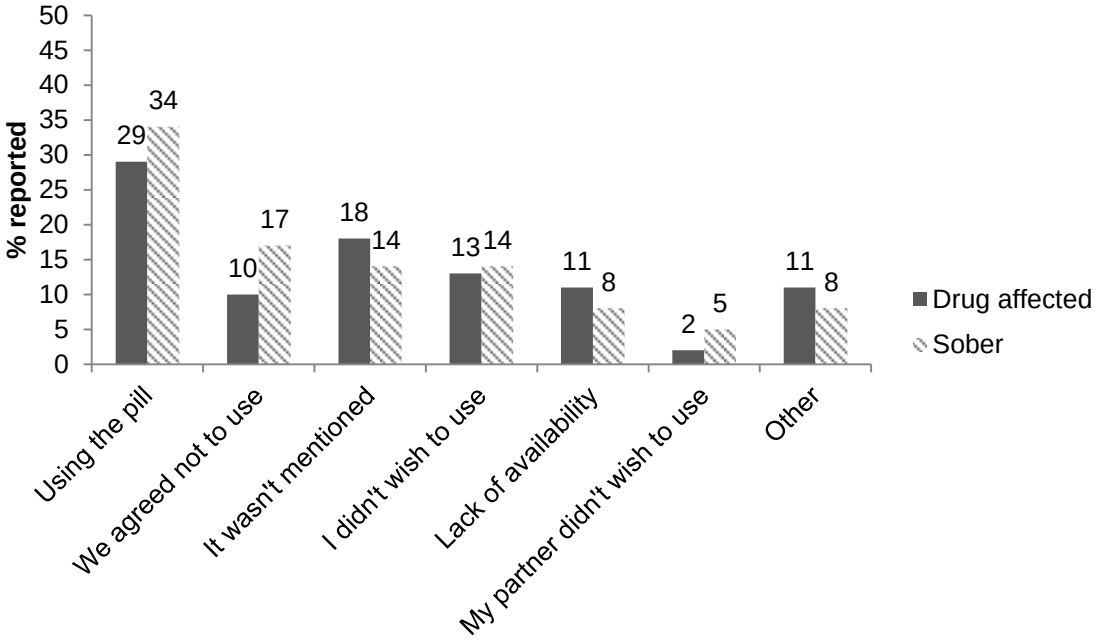
**Source: EDRS interviews**
* Of those who had a casual partner
** Among those who had a casual partner while under the influence of a drug

Participants were asked if they had used a barrier for safe sex during their last sexual encounter that was under the influence of drugs and/or alcohol which 46% (of n=382) reported that they had not. Response options reported for not using a barrier on this occasion included: 'Using the pill' (29%), 'It was not mentioned' (18%), 'I did not wish to use it' (13%), 'lack of availability' (11%), 'We agreed not to use any' (10%)', 'We were too intoxicated' (6%), 'My partner did not wish to use' (2%)' and 'other' (11%). 'Other' responses were themed around knowing the person, being pregnant, and having other forms of contraception such as implanon or cervical implant (see Figure 52).

Participants were also asked how often they used barrier/protection by way of condoms and gloves when having sex with a casual partner in the last six months, to which 35% responded with 'every time' and 22% responded with 'never'. Smaller proportions reported that they 'often' (19%), 'sometimes' (15%) or 'rarely' (9%) would use protection when having sex with a casual partner.

Following on, 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 47% reported that they had used protection, 36% that they had not and 18% reported 'not applicable' as they had not engaged in sex with a casual partner while sober.

**Figure 52: Reasons reported for not using barriers/protection during casual sex last time under the influence (drug affected) versus sober, 2013**




Source: EDRS interviews

### 7.3.3 Sexual Health

Just under half (45%) 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, 38% reported that they had not and a small percentage (1%) reported that they were unsure. The majority of the sample (85%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI). A small percentage reported that they had received a positive diagnosis for an STI in the past year (5%), 8% reported that they had received a positive diagnosis for an STI over a year ago, and 2% were unsure of whether they had received a diagnosis. Chylamydia and HPV were the two diagnoses reported by those who had received a diagnosis in the past year.

## 7.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and other drugs. Seventy-four percent of the national sample reported having driven a car in the six months preceding interview. Of these, 34% had driven while over the limit of alcohol a median of twice (range 1-96 times) (see Table 102). Of those who had driven, whilst over the limit of alcohol, 54% had a full licence, 38% had a provisional licence, 5% had no licence and 4% had a learners permit.

**Table 102: RPU reports of alcohol driving risk behaviour in the last six months, 2013**

| (%) | National | National | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | **2012 N=599** | **2013 N=684** | **n=100** | **n=76** | **n=100** | **n=75** | **n=100** | **n=100** | **n=45** | **n=88** |
| Driven a vehicle in the last six months | 76 | **74** | 62 | 79 | 65 | 68 | 86 | 82 | 80 | 74 |
| Driven under influence of alcohol# | n=457<br>57 | **n=507**<br>**34** | n=62<br>24 | n=60<br>45 | n=65<br>23 | n=51<br>26 | n=86<br>37 | n=82<br>37 | n=36<br>53 | n=65<br>31 |
| Median number of times driven over limit of alcohol##<br>(n; range) | 2<br>(1-50) | **2**<br>**(1-96)** | 2<br>(1-10) | 3<br>(1-24) | 2<br>(1-6) | 1<br>(1-20) | 2<br>(1-24) | 7.5<br>(1-96) | 2<br>(1-30) | 2<br>(1-10) |

**Source: EDRS interviews**
# Of those who had driven a vehicle in the last six months
## Of those who had driven over the limit of alcohol in the last six months

Experiences of RBT and roadside drug driving testing in the preceding six months were also recorded. Two-fifths (42%) of those who had driven a car in the last six months had been required to perform a RBT during that time. Of those, 4% had been found to be over the legal alcohol limit (Table 103).

**Table 103: Random breath testing among those who had driven in the preceding six months, 2013**

| (%) | National 2012 N=454 | National 2013 N=507 | NSW n=62 | ACT n=60 | VIC n=65 | TAS n=51 | SA n=86 | WA n=82 | NT n=36 | QLD n=65 |
|---|---|---|---|---|---|---|---|---|---|---|
| Random breath tested (RBT) last six months* | 45 | **42** | 50 | 35 | 48 | 29 | 43 | 40 | 39 | 46 |
| RBT positive result over the legal alcohol limit† | **N=1959** | **N=2124** | n=310 | n=210 | n=310 | n=157 | n=378 | n=336 | n=147 | n=307 |

**Source: EDRS interviews**
* Among those who had driven a car in the last six months † Among those who had been random breath tested Participants may not necessarily have been under the influence of alcohol when they were random breath

Over half (57%) of those who had driven in the previous six months had driven after taking an illicit drug and had done so on a median of five occasions in the preceding six months (range 1-180 times); this was reported to have occurred most in the ACT and TAS. Cannabis and ecstasy were the drugs most frequently nominated as having been consumed prior to driving a car in the preceding six months; such findings are likely, at least in part, to reflect the relative prevalence of use of these drugs amongst this group (Table 104). Cannabis was the drug most reported to have been used last time this action occurred (Table 105).

## Table 104: RPU reports of drug driving risk behaviour in the last six months, 2013

| (%) | National 2012 | National 2013 | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|---|---|
| | N=457 | N=506 | n=62 | n=60 | n=65 | n=51 | n=85 | n=82 | n=36 | n=65 |
| **Driven soon after taking an illicit drug*** | 58 | **57** | 45 | 73 | 54 | 55 | 62 | 66 | 36 | 49 |
| **Median number of times driven after taking an illicit drug**** | 6 | **5** | 4.5 | 10 | 4 | 8 | 4 | 5 | 3 | 5 |
| **(n; range)** | (1-180) | **(1-180)** | (1-60) | (1-160) | (1-96) | (1-160) | (1-150) | (1-96) | (1-180) | (1-180) |
| **All drugs used in last 6 months**** | **(n=263)** | **(n=287)** | (n=28) | (n=44) | (n=35) | (n=28) | (n=53) | (n=54) | (n=13) | (n=32) |
| Heroin | *2* | **<1** | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 |
| Cannabis | 72 | **69** | 86 | 82 | 43 | 82 | 64 | 67 | 62 | 72 |
| Ecstasy | 49 | **45** | 43 | 46 | 34 | 25 | 51 | 59 | 46 | 38 |
| Speed | 17 | **13** | 0 | 34 | 20 | 14 | 0 | 2 | 39 | 13 |
| Ice/crystal | 6 | **12** | 0 | 5 | 46 | 4 | 17 | 6 | 8 | 6 |
| LSD | 4 | **8** | 7 | 11 | 3 | 4 | 2 | 17 | 8 | 13 |
| Cocaine | 8 | **5** | 0 | 7 | 6 | 0 | 6 | 2 | 15 | 6 |
| Mushrooms | 2 | **4** | 4 | 11 | 3 | 0 | 2 | 4 | 8 | 3 |
| Pharmaceutical stimulants | 5 | **5** | 0 | 5 | 0 | 4 | 4 | 15 | 0 | 0 |
| Benzodiazepines | 2 | **<1** | 4 | 2 | 3 | 7 | 0 | 2 | 8 | 0 |
| Other | 2 | **6** | 11 | 2 | 6 | 11 | 5 | 6 | 0 | 6 |

**Source: EDRS interviews**
* Among those who had driven a car in the last six months
** Of those that had driven soon after taking an illicit drug

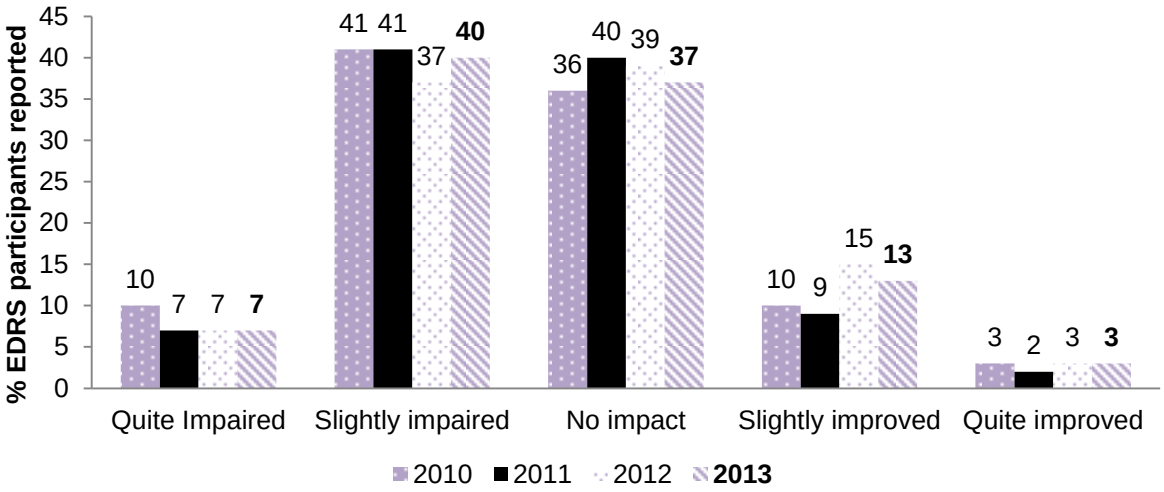
## Table 105: RPU reports of drug driving risk behaviour last time in the last six months, 2013

| (%) | National 2012 N=263 | National 2013 N=287 | NSW n=28 | ACT n=44 | VIC n=35 | TAS n=28 | SA n=53 | WA n=54 | NT n=13 | QLD n=32 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Drugs used last time**** | | | | | | | | | | |
| None | 0 | **<1** | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 |
| Cannabis | 65 | **61** | 68 | 71 | 29 | 75 | 62 | 57 | 62 | 69 |
| Ecstasy | 27 | **29** | 39 | 30 | 17 | 14 | 38 | 33 | 39 | 22 |
| Speed | 8 | **8** | 0 | 16 | 14 | 7 | 0 | 2 | 31 | 9 |
| Ice/crystal | 3 | **6** | 0 | 5 | 31 | 0 | 8 | 2 | 0 | 0 |
| Cocaine | 2 | **2** | 0 | 5 | 0 | 0 | 2 | 0 | 15 | 3 |
| LSD | 1 | **3** | 7 | 5 | 3 | 0 | 2 | 2 | 8 | 3 |
| Mushrooms | 2 | **2** | 0 | 5 | 3 | 0 | 0 | 2 | 0 | 3 |
| Other | 2 | **8** | 7 | 2 | 12 | 11 | 6 | 15 | 0 | 6 |

**Source: EDRS interviews** * Of those who had driven a vehicle in the last six months

Participants who had driven under the influence of illicit drugs in the past six months were asked to indicate how impaired they felt their driving had been on the last occasion that they had engaged in this behaviour. As is evident with the last four years of data, of those who commented 40% reported they were slightly impaired, 37% reported had no impact, smaller proportions reported that they had been slightly improved (13%), quite impaired (7%) or quite improved (3%) on their driving ability (Figure 53). This trend has been relatively consistent over time.

**Figure 53: Perceived impairment on driving ability last time after taking illicit drugs, 2012-2013**




**Source: EDRS interviews**

Twelve percent (n=60) of those who had driven a vehicle in the past six months had been saliva drug tested at some stage in their lifetime. Nine participants (15%) reported positive results from being tested for driving under the influence of illicit drugs, which was for cannabis and amphetamines.

Participants were also asked out of the next 100 people in their state, how many do they think will be caught for drug driving to which the median in most jurisdictions was 5 (range 0-90) except for Tasmania where the median was 4 (range 0-80) (see Table 106). When participants were asked to estimate how often they would drive after taking drugs in the next six months, WA and the ACT were the only jurisdictions to have medians above zero (see Table 107).

**Table 106: RPU estimations of how many will be caught out of the next 100 people for drug driving, 2013**

| | Median | Range |
|---|---|---|
| **National (N=502)** | 5 | 0-90 |
| **NSW (n=62)** | 5 | 0-60 |
| **ACT (n=59)** | 5 | 0-70 |
| **VIC (n=65)** | 5 | 0-75 |
| **TAS (n=50)** | 4 | 0-80 |
| **SA (n=85)** | 5 | 0-50 |
| **WA (n=82)** | 5 | 0-50 |
| **NT (n=36)** | 5 | 0-35 |
| **QLD (n=63)** | 5 | 0-90 |

**Source: EDRS interviews**

**Table 107: RPU estimations of how many times they will drive after taking drugs in the next six months, 2013**

| | Median | Range |
|---|---|---|
| **National (N=500)** | 0 | 0-180 |
| **NSW (n=62)** | 0 | 0-50 |
| **ACT (n=56)** | 3.5 | 0-160 |
| **VIC (n=65)** | 0 | 0-180 |
| **TAS (n=49)** | 0 | 0-100 |
| **SA (n=85)** | 0 | 0-150 |
| **WA (n=82)** | 1 | 0-180 |
| **NT (n=36)** | 0 | 0-180 |
| **QLD (n=65)** | 0 | 0-180 |

**Source: EDRS interviews**

Participants were also asked if the introduction of roadside saliva drug testing had changed their driving behaviour to which nationally 29% reported that it had and 69% reported that it had not and 2% were unsure. Of those that reported their behaviour had changed, the highest proportion reported not driving after using drugs (39%), other changes included waiting a few hours (21%), getting a taxi (17%), organising another driver if they were going to take drugs (11%), getting a bus (7%) and not using drugs if they are intending to drive in the following 24 hours (5%) (Table 108).

**Table 108: RPU changes to drug driving behaviour since the introduction of roadside drug testing, 2013**

| | National (N=157) | NSW (n=16) | ACT (n=16) | VIC (n=22) | TAS (n=26) | SA (n=32) | WA (n=24) | NT (n=6^) | WA (n=16) |
|---|---|---|---|---|---|---|---|---|---|
| Not drive after using drugs | 39 | 25 | 27 | 32 | 65 | 56 | 25 | 17 | 25 |
| Wait a few hours | 21 | 6 | 13 | 32 | 12 | 31 | 13 | 17 | 19 |
| Get a taxi | 17 | 19 | 7 | 14 | 15 | 34 | 8 | 33 | 0 |
| Organise another driver | 11 | 6 | 33 | 9 | 12 | 9 | 4 | 17 | 6 |
| Get a bus | 7 | 13 | 7 | 5 | 12 | 7 | 4 | 0 | 0 |
| Not use drugs if intending to drive next 24 hours | 5 | 6 | 0 | 7 | 0 | 3 | 0 | 33 | 6 |
| Other | 26 | 50 | 25 | 23 | 8 | 16 | 38 | 17 | 44 |

**Source: EDRS interviews**

## 7.5 The Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT (Saunders et al., 1993) was completed by REU 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; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The overall mean score on the AUDIT was 13.5 (SD 7.0). There was a significant difference in gender AUDIT scores, with males scoring higher than females (13.9 vs. 12.7, $t_{678}$=-2.22, $p$=0.027). Seventy-nine percent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous. Jurisdictional scores of eight or more illustrate that half or more of the participants in each state/territory reported scores at this level. Table 109 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. At a national level, 21% percent in 2013 scored in Zone 1 (low-risk drinking or abstinence), 42% (37% in 2012) scored in Zone 2 (alcohol use in excess of low-risk guidelines), 13% (19% in 2012) scored in Zone 3 (harmful or hazardous drinking) and 24% (compared with 27% in 2012) scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional overviews for the four zones are presented in Table 109.

**Table 109: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, 2013**

| | NSW | | ACT | | VIC | | TAS | | SA | | WA | | NT | | QLD | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** |
| **Mean AUDIT total score, SD (range)** | 13.3<br>7.2<br>(0-33) | **10.6**<br>**6.1**<br>**(0-28)** | 11.0<br>6.9<br>(0-31) | **12.2**<br>**5.8**<br>**(2-27)** | 14.8<br>7.6<br>(0-32) | **11.6**<br>**7.1**<br>**(0-30)** | 16.9<br>6.5<br>(0-30) | **15.5**<br>**7.7**<br>**(2-36)** | 16.2<br>6.8<br>(0-34) | **14.8**<br>**6.9**<br>**(0-31)** | 15.0<br>7.6<br>(0-31) | **14.1**<br>**6.9**<br>**(0-31)** | 14.4<br>9.9<br>(0-32) | **14.7**<br>**7.1**<br>**(0-33)** | 14.6<br>7.7<br>(0-31) | **15.8**<br>**7.0**<br>**(0-34)** |
| **Score 8 or above (%)** | 79 | **66** | 71 | **77** | 82 | **67** | 92 | **85** | 88 | **86** | 79 | **85** | 75 | **89** | 83 | **84** |
| **Zone 1** | 21 | **34** | 29 | **23** | 18 | **33** | 8 | **15** | 12 | **14** | 21 | **15** | 25 | **11** | 17 | **16** |
| **Zone 2** | 42 | **48** | 49 | **53** | 40 | **39** | 33 | **45** | 34 | **43** | 28 | **47** | 25 | **53** | 40 | **35** |
| **Zone 3** | 19 | **10** | 14 | **13** | 12 | **10** | 26 | **11** | 21 | **20** | 22 | **17** | 17 | **18** | 13 | **19** |
| **Zone 4** | 17 | **8** | 8 | **11** | 30 | **18** | 33 | **29** | 33 | **22** | 29 | **21** | 33 | **18** | 30 | **30** |

**Source: EDRS 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

# 8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

- One-third (34%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Eleven percent of the national sample had been arrested in the past year, compared with 14% in 2012. The most common charges reported were property, alcohol and driving offences.
- **Consumer arrests** appeared to have increased across ATS, hallucinogens and cannabis.

## 8.1 Reports of criminal activity among RPU

One-third (34%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 110). A fifth (21%) of the national sample reported that they had dealt drugs in the last month and, of these, two-thirds (67%) reported doing so less than once per week, 9% once per week, 13% more than once per week but less than daily, and 11% reported dealing on a daily basis. Seventeen percent of the national sample reported that had committed a property crime in the last month and, of those, the majority (70%) reported doing so less than once per week, 15% once per week, 10% more than once per week but less than daily, and 4% reported property crime on a daily basis. Three percent (n=17) reported committing a violent crime in the past month. Three percent (n=17) reported having committed fraud in the month prior to interview (Table 110).

**Table 110: Criminal activity among RPU, 2013**

| (%) | National 2012 N=607 | National 2013 N=686 | NSW n=100 | ACT n=77 | VIC n=100 | TAS n=76 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **In the last month** | | | | | | | | | | |
| Any crime | 38 | **34** | 34 | 46 | 26 | 34 | 32 | 42 | 13 | 34 |
| Drug dealing | 26 | **21** | 18 | 17 | 18 | 21 | 22 | 25 | 7 | 31 |
| Property crime | 17 | **17** | 22 | 35 | 12 | 18 | 7 | 25 | 7 | 8 |
| Fraud | 3 | **3** | 0 | 9 | 2 | 3 | 3 | 2 | 2 | 2 |
| Violent crime | 5 | **3** | 3 | 4 | 0 | 3 | 4 | 3 | 2 | 1 |

**Source: EDRS interviews**

## 8.2 Arrests

Eleven percent of the national EDRS 2013 sample reported that they had been arrested in the past year (Table 111). Of those arrested in the past year, the charges most commonly reported in this sample property crime and alcohol and driving offences.

**Table 111: Proportion of REU reporting arrest in the past year, 2013**

| (%) | National 2012 N=601 | National 2013 N=679 | NSW n=100 | ACT n=73 | VIC n=100 | TAS n=75 | SA n=99 | WA n=100 | NT n=44 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Arrested last 12 months** | 14 | **11** | 8 | 14 | 11 | 17 | 11 | 13 | 7 | 9 |

**Source: EDRS interviews**

**Table 112: Arrest charges for last 12 months, 2013**

| (%) | National 2012 N=89 | National 2013 N=77 |
|---|---|---|
| **Charge arrested for last 12 months** | | |
| Alcohol and driving offences | 19 | **17** |
| Use/possession drugs | 15 | **13** |
| Violent crime | 21 | **14** |
| Property crime | 18 | **23** |
| Other driving offences | 3 | **1** |
| Dealing | 6 | **4** |
| Fraud | 4 | **4** |
| Other offences* | 16 | **27** |

**Source: EDRS interviews**
* 'Other offences' included: public orders (failure to vacate premises, failure to dispose of needles, public urination)

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 ACC (latest available year 2011/12). These are reported in the following sub-sections by drug type.

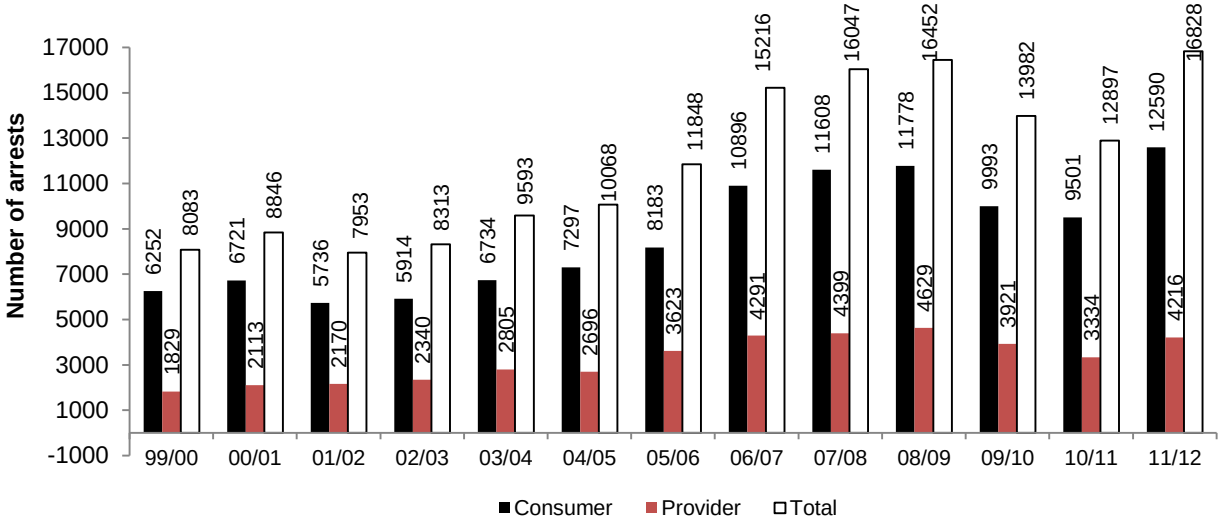
### 8.2.1 Ecstasy

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

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy belongs), so these classes have been aggregated. Consumer and provider arrests for ATS have experienced an increase in 2011/12 with total arrests recorded at the highest figures since 1999/2000 (Figure 54).

**Figure 54: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2011/12**

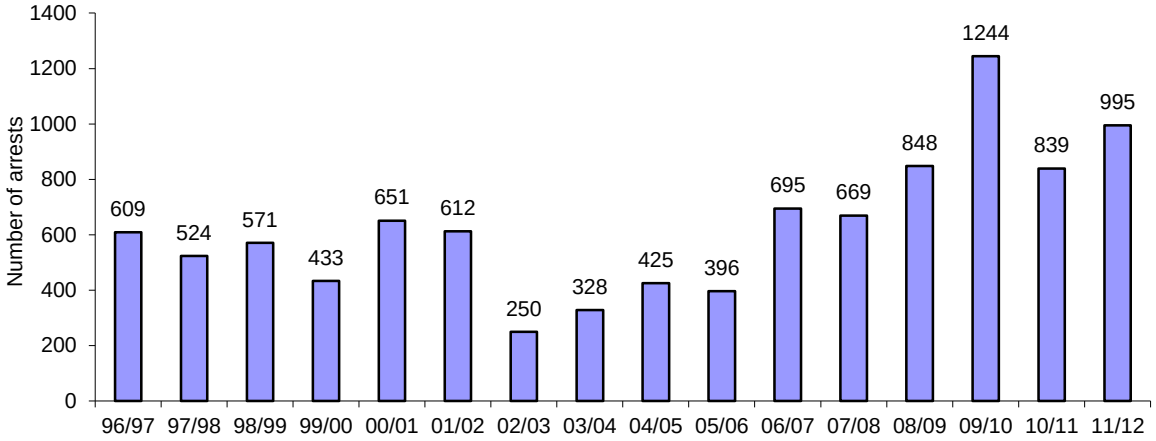



,
**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013)**

### 8.2.3 Cocaine

In 2011/12, the number of cocaine arrests Australia wide has had a slight increase from 2010/11. The majority of these arrests continued to occur in NSW (Figure 55).

**Figure 55: Total number of cocaine consumer and provider arrests, 1996/97- 2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013)**
Note: The arrest data for each state and territory include AFP data. Data for 2011/12 were not available at the time of publication.

### 8.2.4 Ketamine

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

data are available on the number of police apprehensions for possession or supply of this controlled substance.

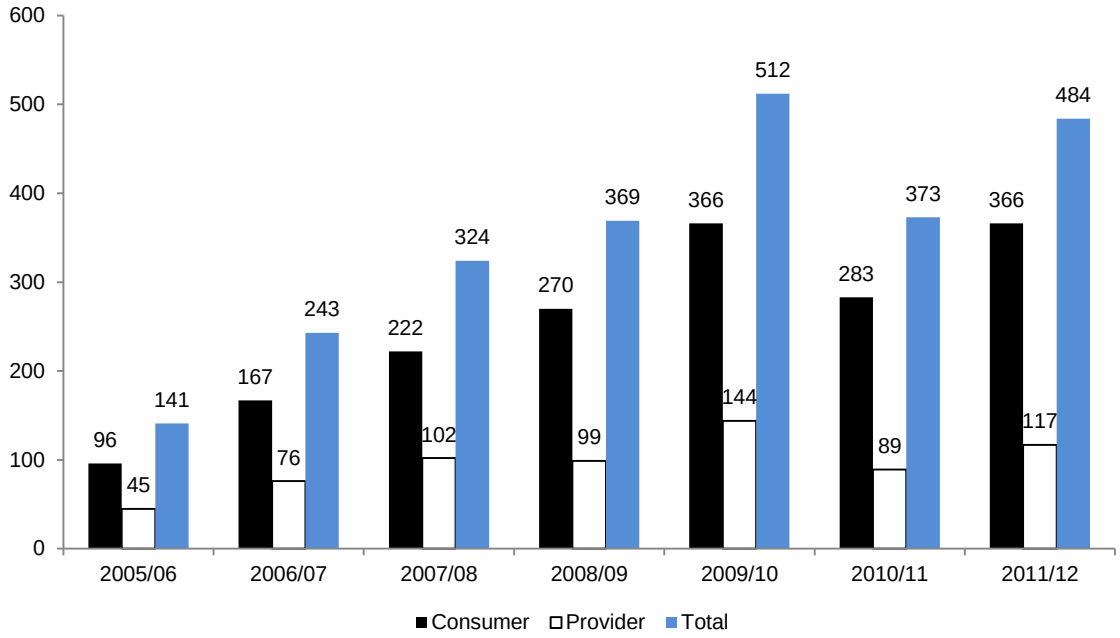
### 8.2.5 GHB

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

### 8.2.6 LSD

Nationally, a total of 484 total arrests were made in relation to hallucinogens including LSD and psilocybin (mushrooms). Consumer and provider arrests slightly increased from 2010/11 (Figure 56). The majority of these arrests continued to be recorded in QLD, followed by NSW.

**Figure 56: Number of hallucinogen consumer and provider arrests, 2005/06-2011/12**

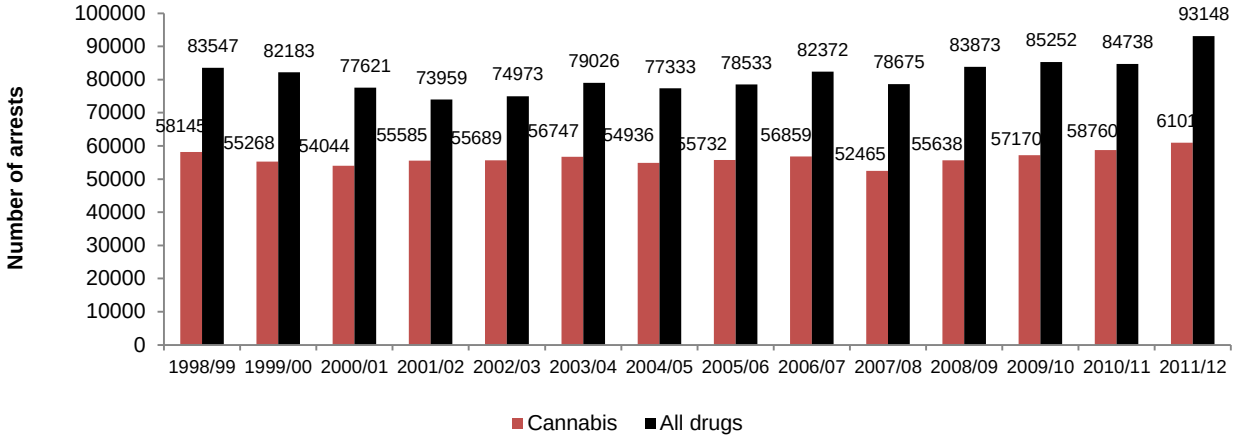



**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013)**
Note: Data for 2011/12 were not available at the time of publication.

### 8.2.7 Cannabis

Cannabis arrests continue to account for the majority of all drug-related arrests in Australia (66%). Numbers have remained relatively stable in the past ten years, indicating little change in enforcement of cannabis-related offences during this period (Figure 57).

**Figure 57: Number of cannabis and all drug consumer and provider arrests, 1998/99-2011/12**




**Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013)**
Note: Data for 2011/12 were not available at the time of publication

# 9 SPECIAL TOPICS OF INTEREST

- **Exposure to injecting** was a topic of interest identified previously in the EDRS. Half of RPU participants reported knowing 'a few' people who injected. Motivations for not injecting as well as injecting were reported.

- **NPS health effects** continued to be an area of topical interest. Factors that influenced the purchase and use of NPS are discussed as well as health effects (levels of tolerance and addiction) of specifically Mephedrone and 2C-B were reported. The intensity during the 'high' of these drugs is also reported.

## 9.1 Exposure to injecting

Interviews with KE, conducted as part of the 2012 EDRS, identified that there could be an increasing number of young people injecting as a route of administration. KE reported that they have noticed an increasing number of young people presenting to emergency services with injection-related problems, indicating that in addition to an increase in young people injecting, there could be a lack of awareness around safe injecting practices. While rates of injecting drug use among EDRS samples have traditionally been extremely low, identifying risk of injecting could have important harm reduction implications, particularly in relation to education around blood-borne viruses and safe injecting practices.

The aim of this module was to investigate the risk of injecting drug use among RPU by: (a) identifying the level of exposure to injecting; (b) investigating attitudes toward the practice of injecting drugs; and (c) investigating beliefs around the likelihood of injecting a drug in the future.

In relation to exposure to injecting, half (50%) the number of EDRS participants reported knowing a few friends or acquaintances that had injected an illicit drug in their lifetime, whilst two-thirds (43%) reported that they did not know of any person that had injected. Of those who knew of a person/people who had injected previously, they were asked in the last 12 months, what relationship they had with the people that had injected. The majority reported that their relationship to this person/people was a friend or acquaintance (75%), smaller proportions reported that they were family members (6%) or a partner (4%) or that recently (past 12 months) nobody they knew had recently injected a drug (23%). Also of this group that knew of lifetime injectors, they were asked if they had ever been directly exposed to the injecting practice i.e. in the vicinity of the injecting practice taking place to which two-fifths (44%) answered positively.

Smaller numbers of the whole sample reported having been offered drugs to inject (23%) in the last 12 months, and had ever seriously considered injecting a drug (9%). The main reasoning for this sample for not injecting a drug was fear of needles (13%), not the preferred route of administration (12%), do not use drugs that are injectable i.e. cannabis (11%) and the social stigma attached to injecting (10%). The main reasoning for this sample to consider injecting a drug was curiosity (18%), to have a stronger drug effect (11%), to get high/have fun (9%) were among the reasons endorsed most, however, half the participants (51%) reported that they 'would not consider' injecting a drug. Finally participants were asked to rate on a scale of 1-10 (where 1 means 'extremely unlikely' and '10' means 'extremely likely') how likely they would be to inject a drug in the future to which the overwhelming majority (75%) endorsed '1' which was 'extremely unlikely'. Small numbers (4%) reported that they would be 'extremely likely' to inject a drug in the future.

## Table 113: Exposure to injecting, 2013

| | National 2013 N=682 (%) | NSW n=100 | ACT n=74 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|
| **What proportion of your friends/ acquaintances have ever injected a drug illicitly?** | | | | | | | | | |
| Most | **2** | 1 | 0 | 5 | 3 | 1 | 3 | 0 | 0 |
| About half | **2** | 1 | 3 | 4 | 1 | 0 | 2 | 2 | 1 |
| A few | **50** | 42 | 51 | 55 | 55 | 44 | 50 | 42 | 61 |
| None | **43** | 51 | 45 | 34 | 39 | 50 | 44 | 51 | 36 |
| I don't know | **3** | 5 | 1 | 2 | 3 | 5 | 1 | 4 | 1 |
| **Of those who know someone who has injected, who has injected (past 12 months)?** | **N=366** | n=44 | n=40 | n=64 | n=44 | n=44 | n=55 | n=20 | n=55 |
| A friend/acquaintance | **75** | 61 | 73 | 77 | 75 | 77 | 76 | 65 | 85 |
| A (non-partner) family member | **6** | 7 | 3 | 7 | 7 | 0 | 11 | 0 | 6 |
| Partner | **4** | 9 | 0 | 9 | 5 | 2 | 0 | 5 | 4 |
| No one | **23** | 32 | 25 | 22 | 23 | 23 | 24 | 35 | 11 |
| **Of those who know someone who has injected, have they ever injected around you?** | **N=366** | n=44 | n=40 | n=64 | n=44 | n=44 | n=55 | n=20 | n=55 |
| Yes | **44** | 30 | 46 | 45 | 61 | 43 | 46 | 24 | 44 |
| **Have you been offered drugs to inject in the past 12-months?** | **N=682** | n=100 | n=74 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| Yes | **23** | 19 | 26 | 25 | 32 | 22 | 18 | 11 | 28 |
| **Have you ever seriously considered injecting a drug?** | **N=682** | n=100 | n=74 | n=100 | n=75 | n=100 | n=100 | n=45 | n=88 |
| Yes | **9** | 13 | 8 | 7 | 9 | 10 | 3 | 4 | 13 |
| No | **80** | 83 | 85 | 72 | 73 | 78 | 87 | 87 | 76 |
| I have already injected a drug | **12** | 4 | 7 | 21 | 17 | 12 | 10 | 9 | 11 |

**Source: EDRS interviews**

## Table 114: Main reasons for considering injecting drugs, 2013

| What would be your main reason for not injecting a drug? | National N=682 | NSW n=100 | ACT n=74 | VIC n=100 | TAS n=75 | SA n=100 | WA n=100 | NT n=45 | QLD n=88 |
|---|---|---|---|---|---|---|---|---|---|
| Fear of needles | **14** | 17 | 8 | 17 | 10 | 12 | 13 | 24 | 10 |
| Not my preferred administration | **13** | 4 | 3 | 13 | 30 | 20 | 5 | 27 | 14 |
| Don't use drugs that are injectable | **12** | 11 | 15 | 11 | 5 | 14 | 14 | 13 | 8 |
| Concerns about dependence | **11** | 14 | 10 | 10 | 4 | 12 | 13 | 9 | 14 |
| Social stigma associated with injecting | **10** | 12 | 10 | 14 | 15 | 7 | 7 | 2 | 9 |
| Concerns about BBVI's | **7** | 6 | 14 | 5 | 3 | 10 | 13 | 0 | 2 |
| I will continue to inject no matter what | **4** | 1 | 0 | 6 | 7 | 4 | 9 | 2 | 3 |
| Concern about injection related injury | **4** | 4 | 3 | 4 | 1 | 7 | 2 | 13 | 1 |
| I don't know how to inject myself | **3** | 0 | 22 | 2 | 1 | 0 | 1 | 2 | 2 |
| No access to injecting equipment | **2** | 0 | 5 | 2 | 3 | 2 | 1 | 2 | 0 |
| Did not enjoy/bad experience | **1** | 0 | 8 | 0 | 0 | 0 | 1 | 0 | 0 |
| Other | **20** | 31 | 4 | 16 | 22 | 12 | 21 | 4 | 36 |
| **What would be your main reason for injecting a drug?** | **National N=682** | **NSW n=100** | **ACT n=74** | **VIC n=100** | **TAS n=75** | **SA n=100** | **WA n=100** | **NT n=45** | **QLD n=88** |
| Would not consider | **51** | 42 | 15 | 61 | 37 | 53 | 59 | 82 | 64 |
| Curiosity | **18** | 15 | 55 | 15 | 21 | 18 | 8 | 2 | 10 |
| To have stronger drug effect | **11** | 12 | 1 | 13 | 21 | 15 | 7 | 7 | 6 |
| Get high/have fun | **9** | 21 | 16 | 2 | 4 | 6 | 13 | 4 | 2 |
| Peer pressure/influence | **2** | 0 | 4 | 1 | 9 | 1 | 4 | 0 | 0 |
| Family use | **<1** | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Opportunity presented itself | **<1** | 1 | 4 | 0 | 0 | 1 | 0 | 0 | 0 |
| Preferred route of administration | **2** | 1 | 1 | 5 | 1 | 1 | 1 | 2 | 0 |
| Other | **7** | 8 | 1 | 3 | 5 | 5 | 7 | 2 | 18 |

## 9.2 NPS Health effects

The past 10 years has seen the emergence of a range of substances that mimic illicit stimulants and hallucinogens such as amphetamines, ecstasy and LSD – often referred to collectively as 'new psychoactive substances' (NPS). As they are designed to be structurally similar to their banned counterparts, without containing controlled substances, they do not fall readily under legislative control and some have been marketed as 'legal highs'. The promotion of these substances as 'legal highs', together with the fact that they can be bought over the Internet, over the counter, and in shop fronts in Australia has made them accessible to people who may not have used illicit drugs previously, and also gives the illusion of safety. However, the safety or otherwise of these substances is unclear, and there is little evidence on which to base public policies relating to these substances. Indeed, the health and social consequences of these drugs remain poorly understood in Australia, and internationally. This module has therefore been included to improve our knowledge and understanding of the use and effects of four of the most commonly used NPS: mephedrone, 2C-B, methylone and MDPV.

Of those who had used the NPS, participants were asked if they bought the particular NPS in a pre-packaged brand. Of those that used mephedrone (n=35), one person reported purchasing mephedrone in a pre-packaged brand. Of those that used 2C-B (n=88), four participants purchased 2C-B as a pre-packaged brand. Of those that used MDPV (n=8) and those that used methylone (n=10), there were no reports of participants buying either of these substances in pre-packaged brands.

As this is a new growing class of drug, particular motivations to use these drugs were assessed and rated in terms of their influence. For example, on a scale of 0 to 10 where 0 is no influence at all and 10 is maximum influence, how motivating have the following factors been when you have taken mephedrone? Results are presented in percentages for those that answered it had 'some' influence i.e. rated the motivation factor greater than zero. For mephedrone, availability (66%), the higher level of purity compared to other drugs (63%) and the better high compared to other illicit drugs (58%) were the factors most considered when using mephedrone. For 2C-B, the results would suggest that the value for money (73%), the comparative high (72%) and fewer side effects (70%) were the most influential factors when considering its use. For methylone, its value for money (91%), fewer side effects (73%) and that the dose effect is not as long lasting (73%) that is influential in taking this drug.

**Table 115: Factors that had some influence (rated greater than '0') on whether EDRS participants used NPS, 2013**

| (%) | Mephedrone n=38 | Methylone n=11 | 2C-B n=90 |
|---|---|---|---|
| Legal to buy it | 32 | 36 | 42 |
| Easy to buy on the internet and delivered to my home | 37 | 64 | 49 |
| High level of purity compared to traditional illegal stimulants | 63 | 54 | 66 |
| It was good value for money | 79 | 91 | 73 |
| Better high compared to traditional illegal stimulants | 58 | 70 | 72 |
| Fewer side effects compared to traditional illegal stimulants | 53 | 73 | 70 |
| Single dose doesn't last too long | 45 | 73 | 50 |
| No other drug available to me at the time so I bought it | 66 | 60 | 68 |

**Source: EDRS interviews**

**Table 116: Level of tolerance and properties of addiction of mephedrone and 2C-B, 2013**

| (%) | Mephedrone N=33 | 2C-B N=89 |
|---|---|---|
| Usual dose has not had the same effect as when you first started | 46 | 15 |
| Taken (drug) in larger amounts than intended | 39 | 17 |
| Persistent desire or strong urge to take (drug) | 24 | 9 |
| Continued to take (drug) even though you've had physical or psychological problems | 25 | 7 |
| Spent a great deal of time getting (drug) or taking it or recovering | 21 | 7 |
| Have you given up important social, occupational or recreational activities because of (drug) | 12 | 2 |
| Have you been concerned about your use of (drug) | 12 | 3 |
| Have you taken (drug) or another stimulant to help relieve drug withdrawals | 12 | 3 |
| Wanted to cut down/take (drug) less often but not successful | 9 | 2 |
| Friends and family have expressed concern about your use of (drug) | 6 | 3 |

Source: EDRS interviews

Prevalence and frequency of drug effects were investigated in relation to mephedrone, 2C-B, methylone and MDPV. Due to small numbers reporting use of Methylone and MDPV only

national figures for mephedrone and 2C-B were reported. Effects that were not experienced (never) by over 90% of participants that commented for mephedrone included: skin rash (97%), skin discolouration (95%) and anger and aggression (90%). The effects that were experienced ‘most of the time’ by the majority included: urge to talk (74%), urge to move (74%) and increased energy (64%). Skin rashes (97%), anger or aggression (96%), chest pain (95%) and were the symptoms not (never) experienced when taking 2C-B by the majority of participants commenting (over 90%). No appetite for food (58%) and urge to move (52%) were the effects experienced ‘most of the time’ by over half the number of participants commenting on 2C-B.

**Table 117: Prevalence and frequency of effects of mephedrone and 2C-B, 2013**

| (%) | Mephedrone | | | | 2C-B | | | |
|---|---|---|---|---|---|---|---|---|
| | Never | Once | Sometimes | Most of the time | Never | Once | Sometimes | Most of the time |
| Euphoria | 18 | 5 | 21 | 56 | 9 | 18 | 26 | 47 |
| Increased Energy | 10 | 5 | 21 | 64 | 17 | 12 | 26 | 45 |
| Improved concentration | 54 | 0 | 31 | 15 | 71 | 6 | 12 | 11 |
| Empathy with others | 15 | 8 | 26 | 51 | 23 | 12 | 29 | 36 |
| Urge to talk | 8 | 5 | 13 | 74 | 15 | 10 | 28 | 47 |
| Urge to move | 11 | 0 | 14 | 74 | 13 | 11 | 24 | 52 |
| Increased sexual desire | 33 | 5 | 44 | 18 | 59 | 6 | 20 | 15 |
| Restless or anxious | 28 | 13 | 41 | 18 | 41 | 14 | 26 | 19 |
| Angry or aggressive | 90 | 3 | 5 | 3 | 96 | 2 | 2 | 0 |
| Agitated | 62 | 15 | 21 | 3 | 69 | 11 | 13 | 7 |
| No appetite for food | 15 | 10 | 21 | 54 | 17 | 9 | 17 | 58 |
| You were forgetting things | 49 | 8 | 31 | 13 | 44 | 8 | 25 | 23 |
| Panicky | 74 | 8 | 15 | 3 | 75 | 7 | 12 | 7 |
| Blurred vision | 33 | 13 | 46 | 8 | 30 | 14 | 39 | 18 |
| Seeing things not there | 85 | 5 | 8 | 3 | 36 | 7 | 24 | 33 |
| Hearing things not there | 87 | 3 | 8 | 3 | 59 | 8 | 23 | 10 |
| Body sweating | 26 | 3 | 44 | 28 | 43 | 9 | 31 | 18 |
| Overheating | 41 | 0 | 44 | 15 | 62 | 7 | 19 | 13 |
| Heat raving or erratic | 23 | 3 | 49 | 26 | 46 | 9 | 32 | 13 |
| Shortness of breath | 72 | 3 | 23 | 3 | 85 | 3 | 9 | 3 |
| Headache | 72 | 10 | 15 | 3 | 84 | 3 | 7 | 4 |
| Chest pain | 85 | 5 | 8 | 3 | 95 | 5 | 0 | 0 |
| Clenching jaw, grinding teeth | 14 | 10 | 23 | 54 | 32 | 11 | 34 | 23 |
| Shaky hands, fingers | 41 | 5 | 44 | 10 | 56 | 13 | 19 | 12 |
| Fingers/toes were cold or numb | 72 | 5 | 23 | 0 | 84 | 4 | 11 | 1 |
| Skin discolouration (red/blue) | 95 | 5 | 0 | 0 | 88 | 1 | 9 | 2 |
| Skin rash | 97 | 3 | 0 | 0 | 97 | 2 | 1 | 0 |
| Vomiting | 77 | 10 | 13 | 0 | 87 | 2 | 10 | 1 |
| Headache | 72 | 10 | 15 | 3 | | | | |
| Hard to sleep | 18 | 5 | 28 | 49 | 42 | 15 | 18 | 25 |

Source: EDRS interviews

If participants answered that they had experienced a particular effect, they were asked the level of intensity for this experience, whether it was 'mild', 'moderate' or 'intense'. For mephedrone, the effects that were nominated as being the most intense included: 'urge to talk' (61%), 'urge to move' (56%), 'hard to sleep' (53%) and 'no appetite for food' (52%). 2C-B experiences that were intense were 'panicky' (52%), 'urge to move' (46%), and 'increased sexual desire' (46%).

**Table 118: Intensity of effects experienced for mephedrone and 2C-B, 2013**

| (%) | Mephedrone | | | 2C-B | | |
|---|---|---|---|---|---|---|
| | Mild | Moderate | Intense | Mild | Moderate | Intense |
| Euphoria | 16 | 56 | 28 | 29 | 49 | 22 |
| Increased Energy | 17 | 40 | 43 | 27 | 59 | 15 |
| Improved concentration | 39 | 44 | 17 | 42 | 35 | 23 |
| Empathy with others | 21 | 33 | 46 | 32 | 33 | 35 |
| Urge to talk | 14 | 25 | 61 | 18 | 42 | 40 |
| Urge to move | 6 | 38 | 56 | 15 | 39 | 46 |
| Increased sexual desire | 39 | 42 | 19 | 19 | 35 | 46 |
| Restless or anxious | 43 | 25 | 32 | 20 | 48 | 32 |
| Angry or aggressive | 75 | 25 | 0 | 50 | 25 | 25 |
| Agitated | 73 | 20 | 7 | 39 | 43 | 18 |
| No appetite for food | 15 | 33 | 52 | 24 | 37 | 40 |
| You were forgetting things | 50 | 45 | 5 | 31 | 49 | 20 |
| Panicky | 50 | 10 | 40 | 13 | 35 | 52 |
| Blurred vision | 62 | 27 | 12 | 47 | 38 | 16 |
| Seeing things not there | 40 | 40 | 20 | 19 | 41 | 40 |
| Hearing things not there | 40 | 40 | 20 | 38 | 35 | 27 |
| Body sweating | 48 | 38 | 14 | 44 | 42 | 14 |
| Overheating | 39 | 35 | 26 | 37 | 37 | 26 |
| Heat racing or erratic | 33 | 53 | 13 | 51 | 45 | 4 |
| Shortness of breath | 73 | 18 | 9 | 64 | 36 | 0 |
| Headache | 55 | 7 | 36 | 40 | 33 | 27 |
| Chest pain | 33 | 33 | 33 | 60 | 20 | 20 |
| Clenching jaw, grinding teeth | 21 | 41 | 38 | 39 | 37 | 24 |
| Shaky hands, fingers | 61 | 30 | 9 | 50 | 35 | 15 |
| Fingers/toes were cold or numb | 64 | 36 | 0 | 60 | 27 | 13 |
| Skin discolouration (red/blue) | 50 | 50 | 0 | 55 | 36 | 9 |
| Skin rash | 0 | 100 | 0 | 33 | 33 | 33 |
| Vomiting | 56 | 33 | 11 | 50 | 42 | 8 |
| Headache | 55 | 7 | 36 | | | |
| Hard to sleep | 9 | 38 | 53 | 28 | 38 | 34 |

Source: EDRS interviews

# REFERENCES


ANDREWS, G. & SLADE, T. (2001) Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health,* 25, 494-497.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2000) Australian Illicit Drug Report 1998-99. Canberra, Australian Bureau of Criminal Intelligence.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2001) Australian Illicit Drug Report 1999-2000. Canberra, Australian Bureau of Criminal Intelligence.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2002) Australian Illicit Drug Report 2000-2001. Canberra, Australian Bureau of Criminal Intelligence.

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

AUSTRALIAN CRIME COMMISSION (2004) Australian Illicit Drug Data Report 2002-03. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003-04. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004-05. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, Australian Crime Commission.

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

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

AUSTRALIAN CRIME COMMISSION (2010) Illicit Drug Data Report 2008-09. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2011) Illicit Drug Data Report 2009-10. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2012) Illicit Drug Data Report 2010-11. Canberra, Australian Crime Commission.

AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2010) Australian Customs and Protection Service Annual Report 2009-10. Canberra, Commonwealth of Australia.

AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2011) Australian Customs and Protection Service Annual Report 2010-11. Canberra, Commonwealth of Australia.

AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2012) Australian Customs and Protection Service Annual Report 2011-12. Canberra, Commonwealth of Australia.

AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2013) Australian Customs and Protection Service Annual Report 2012-13. Canberra, Commonwealth of Australia.

AUSTRALIAN CUSTOMS SERVICE (2007) Australian Customs Service Annual Report 2006-07. Canberra, Commonwealth of Australia.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2002) 2001 National Drug Strategy Household Survey: Detailed findings. Canberra, Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005) National Drug Strategy Household Survey 2004 - detailed findings. Canberra, Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008) 2007 National Drug Strategy Household Survey: detailed findings. *Drug statistics series no. 22. Cat. no. PHE 107.* Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2009) Alcohol and other drug treatment services in Australia 2007-08: Report on the national minimum data set. *Drug treatment series no. 9. Cat. no. HSE 73.* Canberra, Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2011a) 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25. Cat. no. PHE 145.* Canberra, Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2011b) 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25.* Department of Health and Ageing. IN NO., C. (Ed.) *PHE 145.* Canberra, AIHW.

BABOR, T., DE LA FLUENTE, J., SAUNDERS, J. & GRANT, M. (1992) The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care.

BABOR, T. & HIGGINS-BIDDLE, J. (2000) Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction,* 95, 677-86.

BIERNACKI, P. & WALDORF, D. (1981) Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods for Research,* 10, 141-163.

BOYS, A., LENTON, S. & NORCOSS, K. (1997) Polydrug use at raves by a Western Australian sample. *Drug and Alcohol Review,* 16, 227-234.

Boys, A., Marsden, J., & Strang, J. (2001). Understanding reasons for drug use amongst young people: A functional perspective. *Health Education Research*, *16*(4), 457-469.

BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., MOON, C., WARD, J. & WEEKLEY, J. (2004) Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). . Sydney, National Drug and Alcohol Research Centre, University of NSW.

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

BRUNS, J., JR. & HAUSER, W. A. (2003) The epidemiology of traumatic brain injury: a review. *Epilepsia,* 44 Suppl 10, 2-10.
CALDICOTT, D., CHOW, F., BURNS, B., FELGATE, P. & BYARD, R. W. (2004) Fatalities associated with the use of gamma-hydroxybutyrate and its analogues in Australiasia. *Medical Journal of Australia,* 181, 310-313.

COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES AND HEALTH (1988) Statistics on Drug Abuse in Australia 1988: An information document for use in association with the National Campaign Against Drug Abuse. Canberra, Australian Government Publishing Service.

COMMONWEALTH DEPARTMENT OF HEALTH AND FAMILY SERVICES (1996) 1995 National Drug Strategy Household Survey: Survey Results. Canberra, Commonwealth Department of Health and Family Services.

COMMONWEALTH DEPARTMENT OF HEALTH, H., LOCAL GOVERNMENT AND COMMUNITY SERVICES, (1993) 1993 National Drug Household Survey. Canberra, Commonwealth Department of Health, Housing, Local Government and Community Services.

CORRIGAN, J. D., BOGNER, J. & HOLLOMAN, C. (2012) Lifetime history of traumatic brain injury among persons with substance use disorders. *Brain Inj,* 26, 139-50.

Curran, H. V., & Robjant, K. (2006). Eating attitudes, weight concerns and beliefs about drug effects in women who use ecstasy. *Journal of Psychopharmacology*. *20*(3), 425-431.

DALGARNO, P. J. & SHEWAN, D. (1996) Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs,* 28, 191-199.

DARKE, S., COHEN, J., ROSS, J., HANDO, J. & HALL, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction,* 89, 1077-1083.

DILLON, P., COPELAND, J. & JANSEN, K. L. R. (2003) Patterns of use and harms associated with non-medical ketamine use. *Drug and Alcohol Dependence,* 69, 23-28.

FORSYTH, A. J. M. (1996) Places and patterns of drug use in the Scottish dance scene. *Addiction,* 91, 511-521.

FURUKAWA, T. A., KESSLER, R. C., SLADE, T. & ANDREWS, G. (2003) The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-being. *Psychological Medicine,* 33, 357-362.

HALL, W. & SWIFT, W. (2000) The THC content of cannabis in Australia: Evidence and implications. *Australian & New Zealand Journal of Public Health,* 24, 503-508.

HANDO, J. & HALL, W. (1993) Amphetamine use among young adults in Sydney, Australia. Sydney, NSW Health Department.

HANDO, J., TOPP, L. & HALL, W. (1997) Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia. *Drug and Alcohol Dependence,* 46, 105-113.

JANSEN, K. L. R. (2000) *Ketamine, Dreams and Realities,* Florida, Multidisciplinary Association for Psychedelic Studies.

KELLY, M. P., JOHNSON, C. T., KNOLLER, N., DRUBACH, D. A. & WINSLOW, M. M. (1997) Substance abuse, traumatic brain injury and neuropsychological outcome. *Brain Inj,* 11, 391-402.

KERLINGER, F. N. (1986) *Foundations of Behavioral Research,* Japan, CBS Publishing Limited.
KESSLER, R. C., ANDREWS, G., COLPE, L. J., HIRIPI, E., MROCZEK, D. K., NORMAND, S.-L. T., WALTERS, E. E. & ZASLAVSKY, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine,* 32, 959-976.

LEVENTHAL, G. (1983). Body image of drug and alcohol abusers. *International Journal of the Addictions, 18*(6), 791-804.

MATHERS, B., DEGENHARDT, L., PHILLIPS, B., WEISSING, L., HICKMAN, M., STRATHDEE, S., WODAK, A., PANDA, S., TYNDALL, M., TOUFIK, A., MATTICK, R. & AND THE REFERENCE GROUP TO THE UNITED NATIONS ON HIV AND INJECTING DRUG USE (2008) Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet,* 372.

MATTHEW-SIMMONS, F., LOVE, S. & RITTER, A. (2008) A review of Australian public opinion surveys on illicit drugs. . *DPMP Monograph Series No. 17.* Sydney, National Drug and Alcohol Centre, University of New South Wales.

MCLAREN, J., SWIFT, W., DARKE, S. & ALLSOPP, S. (2008) Cannabis potency and contamination: A review of the literature. *Addiction,* 103, 1100-1109.

Neale, A., Abraham, S., & Russell, J. (2009). "Ice" use and eating disorders: A report of three cases. *International Journal of Eating Disorders, 42*(2),188-191.

Nieri, T., Kulis, S., Keith, V. M., & Hurdle, D. (2005). Body image, acculturation, and substance abuse among boys and girls in the southwest. *American Journal of Drug and Alcohol Abuse*, *31*(4), 617-639.

NICHOLSON, K. & BALSTER, R. (2001) GHB: A new and novel drug of abuse. *Drug and Alcohol Dependence,* 63, 1-22.

OVENDON, C. & LOXLEY, W. (1996) Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)? *Addiction Research,* 4, 33-43.

Parkes, S. A., Saewyc, E. M., Cox, D. N., & MacKay, L. J. (2008). Relationship between body image and stimulant use among Canadian adolescents. *Journal of Adolescent Health, 43*(6), 616-618.

PERKES, I., SCHOFIELD, P. W., BUTLER, T. & HOLLIS, S. J. (2011) Traumatic brain injury rates and sequelae: a comparison of prisoners with a matched community sample in Australia. *Brain Inj,* 25, 131-41.

PETERS, A., DAVIES, T. & RICHARDSON, A. (1997) Increasing popularity of injection as the route of administration of amphetamine in Edinburgh. *Drug and Alcohol Dependence,* 48, 227-237.

REINERT, D. F. & ALLEN, J. P. (2002) The Alcohol Use Disorders Identification Test (AUDIT): A review of the recent research. *Alcoholism: Clinical & Experimental Research,* 26, 272-279.

ROXBURGH, A. & BURNS, L. (in press-a) Drug-induced deaths in Australia, 2008. National Drug and Alcohol Research Centre, University of New South Wales.

ROXBURGH, A. and Burns, L (2013). Cocaine and methamphetamine related drug-induced deaths in Australia, 2009. Sydney: National Drug and Alcohol Research Centre.

SAUNDERS, J. B., AASLAND, O. G., BABOR, T. F., DE LA FUENTE, J. R. & GRANT, M. (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction,* 88, 791-804.

SIEGEL, S. & CASTELLAN, N. J. (1988) *Nonparametric Statistics for the Behavioural Sciences,* Singapore, McGraw-Hill.

SOLOWIJ, N., HALL, W. & LEE, N. (1992) Recreational MDMA use in Sydney: A profile of 'Ecstasy' users and their experiences with the drug. *British Journal of Addiction,* 87, 1161-1172.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., MOON, C. & WEEKLEY, J. (2005) Australian Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STATISTICS, A. B. O. (2006) National Health Survey: Summary of Results 2004-2005. Canberra, Australian Bureau of Statistics.

TAIT, R. J., ANSTEY, K. J. & BUTTERWORTH, P. (2010) Incidence of self-reported brain injury and the relationship with substance abuse: findings from a longitudinal community survey. *BMC Public Health,* 10, 171.

TOPP, L., BREEN, C., KAYE, S. & DARKE, S. (2004) Adapting the Illicit Drug Reporting System (IDRS) methodology to examine the feasibility of monitoring trends in party drug markets. *Drug and Alcohol Dependence,* 73, 189-197.

TOPP, L. & DARKE, S. (2001) NSW Party Drug Trends 2000: Findings of the Illicit Drug Reporting System Party Drugs Module. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L., HANDO, J., DEGENHARDT, L., DILLON, P., ROCHE, A. & SOLOWIJ, N. (1998) Ecstasy Use in Australia. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L., HANDO, J., DILLON, P., ROCHE, A. & SOLOWIJ, N. (2000) Ecstasy use in Australia: Patterns of use and associated harms. *Drug and Alcohol Dependence,* 55, 105-115.

Weathers, C., & Billingsley, D. (1982). Body image and sex-role stereotype as features of addiction in women. *International Journal of the Addictions*, *17*(2), 343-347.

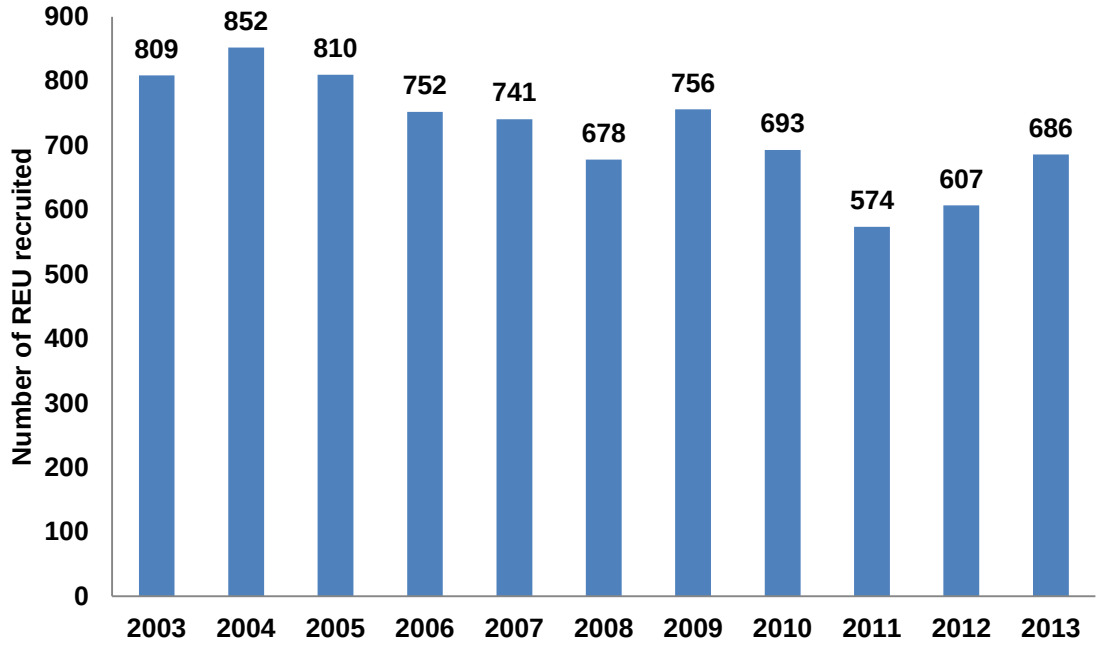
WHITE, B., DAY, C., DEGENHARDT, L., KINNER, S., FRY, C., BRUNO, R. & JOHNSTON, J. (2006) Prevalence of injecting drug use and associated risk behaviour among regular ecstasy users in Australia. *Drug and Alcohol Dependence,* 83.

WHITTAKER, E., VAN BUSKIRK, J. & BURNS, L. (2013). Revisiting recruitment issues in Australia's remote Top End: Psychostimulant users, price and proposed changes. EDRS Drug Trends Bulletin April 2013, Sydney: National Drug and Alcohol Research Centre, University of New South Wales.

# APPENDICES

## Appendix A: Recruitment of EDRS participants over time, 2003-2013

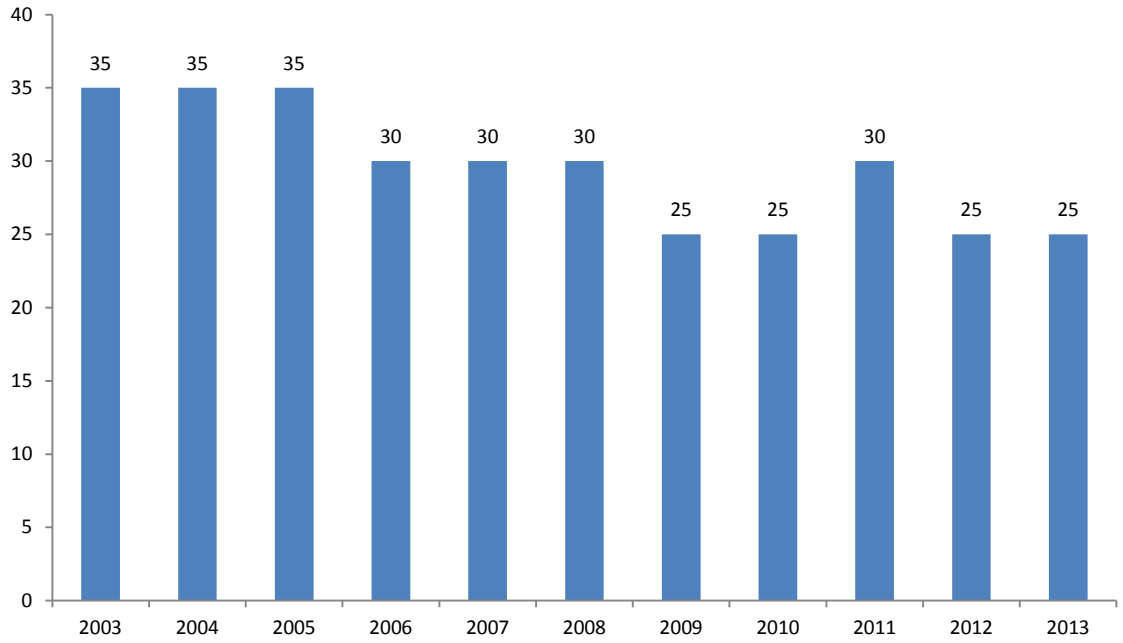
**Figure A1: Recruitment of EDRS participants over time, 2003-2013**




**Source: EDRS participant interviews, 2003-2013**

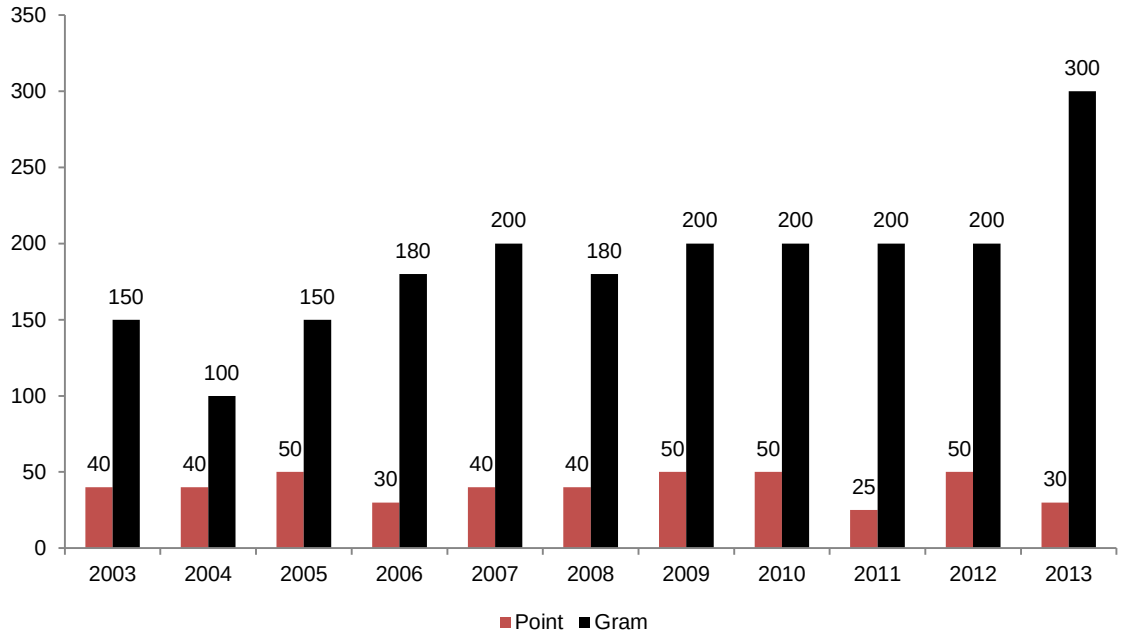
# Appendix B: Price trends of ecstasy and related drugs, 2003-2013

## Figure B1: Median price of an ecstasy pill, 2003-2013



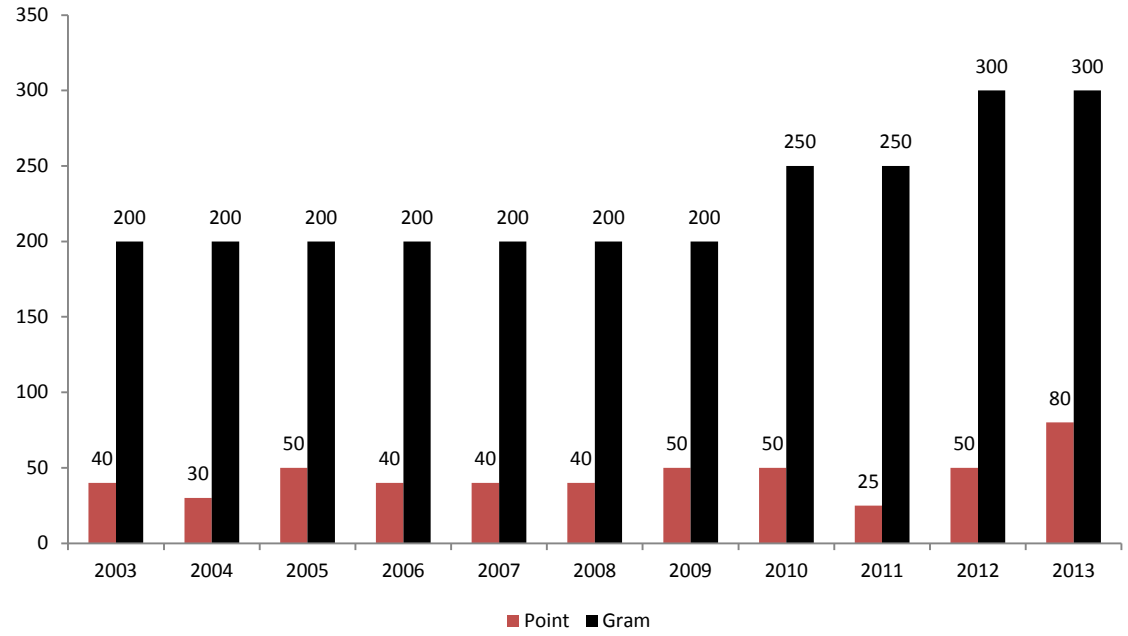

**Source: EDRS participant interviews, 2003-2013**

## Figure B2: Median price of methamphetamine powder (speed), 2003-2013



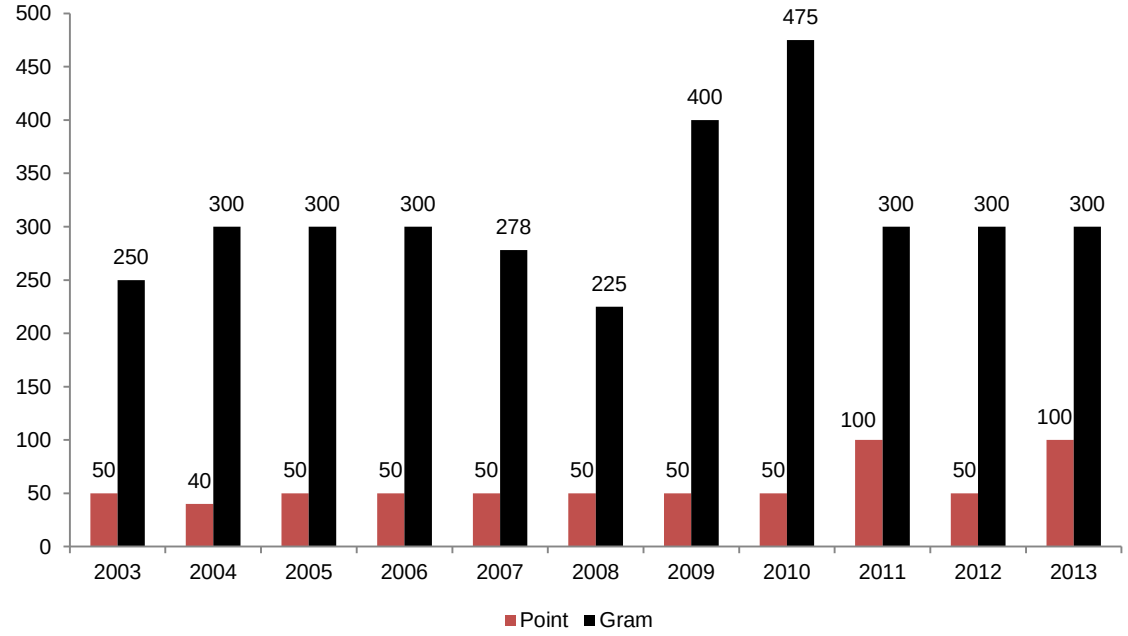

**Source: EDRS participant interviews, 2003-2013**

## Figure B3: Median price of methamphetamine base, 2003-2013



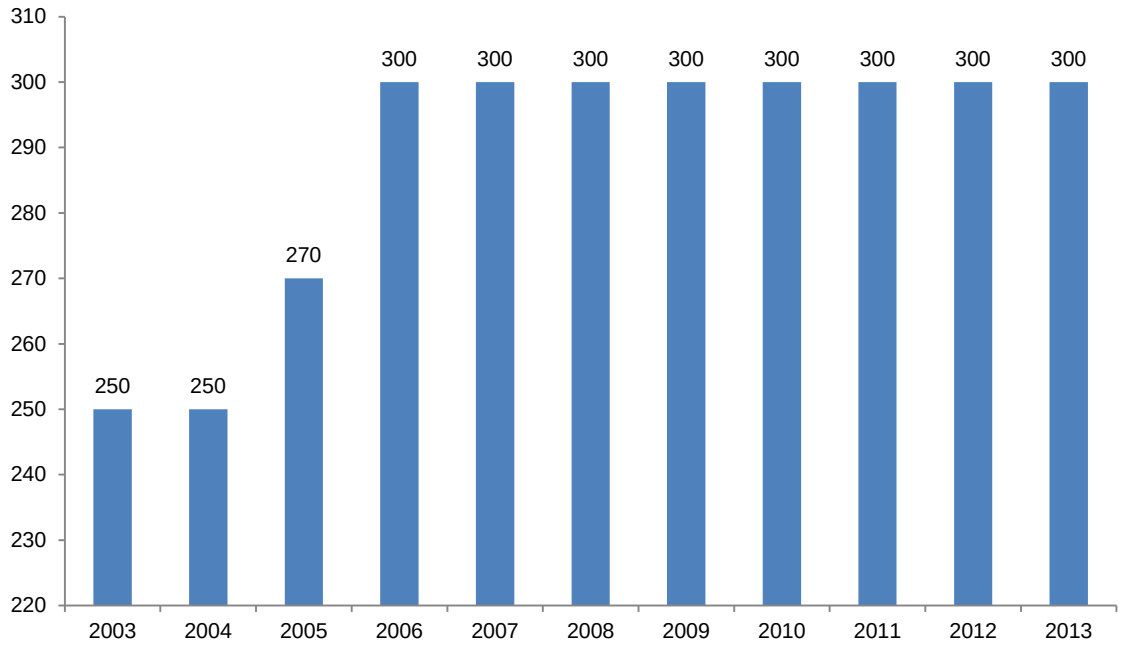

**Source: EDRS participant interviews, 2003-2013**

## Figure B4: Median price of ice/crystal, 2003-2013



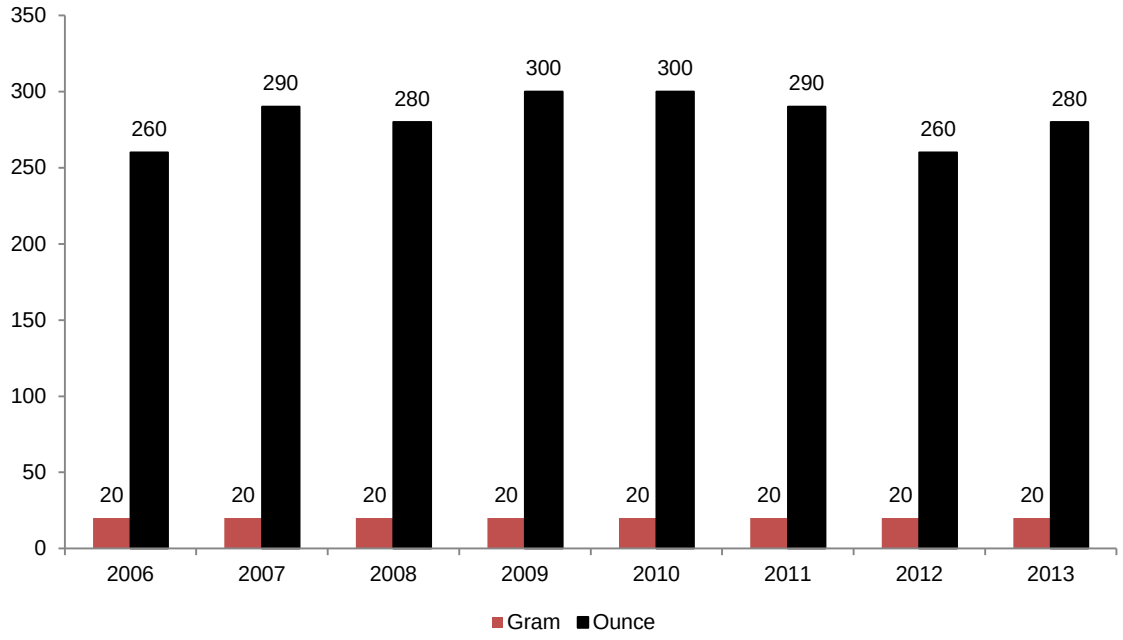

**Source: EDRS participant interviews, 2003-2013**

## Figure B5: Median price of one gram of cocaine, 2003-2013



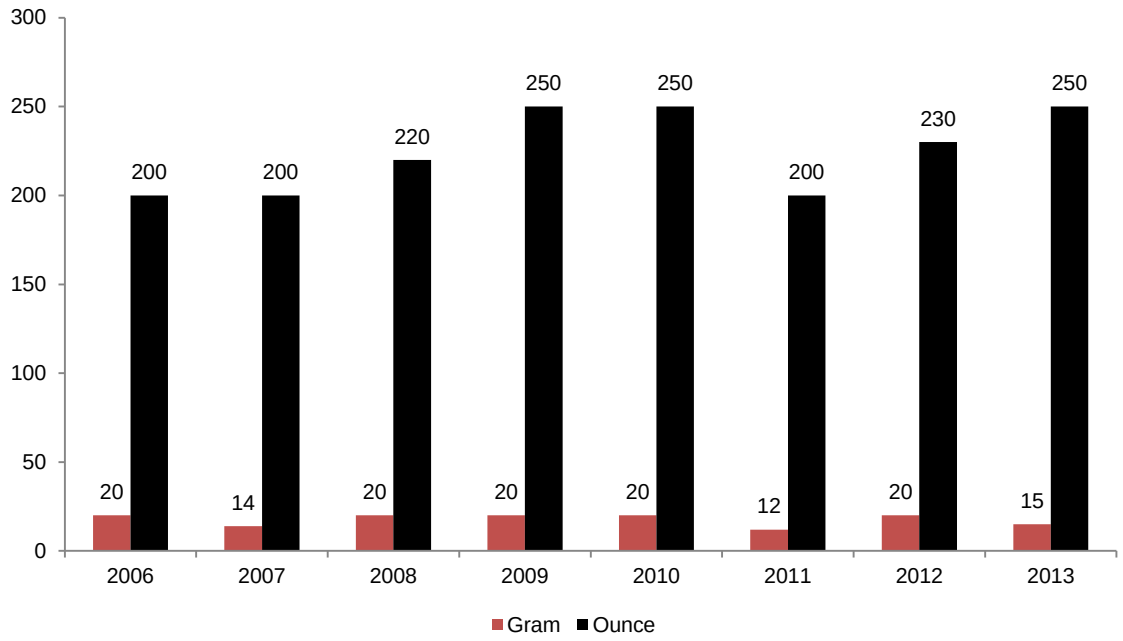

**Source: EDRS participant interviews, 2003-2013**

## Figure B6: Median price of hydroponic cannabis, 2006-2013




**Source: EDRS participant interviews, 2006-2013**

**Figure B7: Median price of bush cannabis, 2006-2013**




**Source: EDRS participant interviews, 2006-2013**