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TASMANIAN PARTY DRUG TRENDS 2003
Findings from the Party Drugs Initiative (PDI)

NDARC Technical Report No. 186

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Findings from the Party Drugs Initiative (PDI)

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
DHHS	Department of Health and Human Services
GHB	Gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user
KI	Key Informant
KIS	Key Informant Study
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
NAP	Needle Availability Program
PDU	Party drug user
SIS	State Intelligence Services, Tasmania Police
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
SSRI	Specific Serotonin Reuptake Inhibitor
TASPOL	Tasmania Police
TCA	Tricyclic Antidepressant

EXECUTIVE SUMMARY

The Party Drug Initiative (PDI) is an offshoot project of the Illicit Drug Reporting System (IDRS), designed specifically to examine trends in use, price, purity and availability of ecstasy and other 'party drugs' across Australia. For the purpose of this study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties / events. These drugs may include ecstasy, methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

In 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs'. This used the IDRS methodology of triangulation of information from standardised interviews with people who regularly consume such drugs, a qualitative survey of individuals who have regular first-hand contact with such groups of people, and an examination of existing available data sources or indicators relevant to drug use in each state. Following successful utilisation of this methodology to gather information about trends in use, price, purity, and availability of party drugs, the NDLERF funded a two-year expansion of the project into each Australian jurisdiction. This report represents the first year that this study has been employed in Tasmania.

Demographic characteristics of party drug users (PDU)
One hundred people that used ecstasy and other party drugs at least once per month (PDU) were interviewed in Hobart during July and August 2003. These consumers tended to be young, with three-quarters aged between 18 and 23, and 90% younger than 30. They tended to be relatively well-educated, with substantial proportions either possessing or working toward tertiary qualifications. Participants were typically either employed or engaged in full time study, with just 16% currently unemployed. There were low levels of exposure to drug treatment programs, with 10% involved in drug treatment at the time of interview.

Patterns of drug use among PDU
While half of the participants regarded ecstasy as their drug of choice, and were recruited on the basis of ecstasy use, they could typically be characterised as polydrug users. Most participants had tried an array of different drugs, using a median of nine different classes of drugs at some stage in their lives. PDU participants had used a median of seven different drug classes in the six months prior to interview, and it was typical for multiple drugs such as alcohol, tobacco, cannabis and methamphetamine to be used in conjunction on an occasion of ecstasy use.

Ecstasy
Participants had first used ecstasy at an average of 19 years of age and started to use the drug regularly (at least monthly) by age 20 on average. While there was a wide variation in the frequency of use of ecstasy within the sample, ranging from monthly use to consumption several days a week, half used ecstasy fortnightly or more often, and one-third used weekly or more frequently. Half of the sample usually used more than one tablet of ecstasy in a single episode of use, and 40% had used four or more tablets in a single occasion at least once in the preceding six months. Forty percent of the participants reported that they had 'binged' (used drugs continuously for 48 hours or more without sleep) on ecstasy in the preceding six months. Consistent with other studies

among this demographic of consumers, participants primarily administered ecstasy orally, although administration through snorting was also common but not as a primary mode of use. While 18% of the sample reported having injected ecstasy at some stage in their lives, 11% had done so in the six months prior to participating and just 5% reported this as their main route of administration of the drug.

The median purchase price for ecstasy was $45 per tablet, although the most common purchase prices are $50 or $40 per tablet. This price appears to have remained stable in recent months. Most participants report paying for ecstasy through paid employment or being given the drug by friends. The majority of both participants and key informants reported that ecstasy was 'easy' or 'very easy' for consumers to obtain, and that this situation had been consistent over recent months. The majority of participants reported purchasing the drug from friends.

Consumer reports on the purity of ecstasy tablets purchased locally suggest that purity varies greatly. There have been limited forensic analyses of ecstasy seized within the state, with single seizures analysed in 2000/01 and 2001/02 revealing 3.4% and 22.9% purity respectively. The three Tasmanian ecstasy seizures analysed during 2002/03 attained a purity of 28.5%, reasonably consistent with seizures made by police within other Australian jurisdictions.

Participants reported a broad range of physical and psychological symptoms which they perceived as related, at least in part, to their use of ecstasy. While the majority of these symptoms were relatively minor, very small proportions reported psychological side effects which caused significant distress, such as panic attacks or suicidal thoughts. Similarly, many participants attributed a range of occupational, relationship or financial problems to their use of ecstasy. Again, these were primarily minor, but a very small proportion reported experiencing major disruptions to functioning, such as loss of employment, the ending of relationships, and the inability to pay for essentials such as food or rent.

Interviews with participants clearly indicated that health messages about the potential risks of ecstasy use (such as dehydration, overhydration or overheating) are being received by consumers of the drug, and that this group are interested and actively investigating harm reduction information. Participants almost exclusively accessed this information from peers, either through consulting individuals that had already used particular drugs of interest or accessing peer-run harm reduction websites.

Methamphetamine

Methamphetamine use was common among this population of ecstasy consumers. Almost all had ever used some form of the drug, and more than 80% had used some form in the six months prior to interview. The median number of times participants had used any form of methamphetamine in this six-month period was seven times, equating to approximately monthly use of the drug. Methamphetamine was most typically swallowed, although snorting was also a common mode of administration. Methamphetamine powder and crystalline methamphetamine ('ice') were the forms most commonly used among this group, although, typically participants only used small amounts of the drug at a time (0.05-0.1 g) and used each form less than once per month.

The price of each form of methamphetamine was regarded as remaining stable in the preceding six months by most participants, at $40 per 0.1 g of powder or 'base'

methamphetamine, and $50 per 0.1 g of crystalline methamphetamine. The majority of participants reported that it was 'easy' or 'very easy' for them to access all forms of methamphetamine, and that this situation had remained stable in the preceding six months. However, the local availability of crystalline methamphetamine appears to have increased in this time, a finding that is supported by the results of other recent local studies such as the 2003 IDRS.

Cocaine
While almost half of the PDU participants had ever tried cocaine, less than ten percent had used the drug in the six months prior to interview. Typically, when PDU did use cocaine, this was infrequent (only once or twice in the past six months), snorted, and used in small amounts (0.1-0.5 g). Cocaine was reported as costing a median of $270 per gram, with the price generally regarded as fluctuating around this point in the preceding six months. The drug was regarded as being 'difficult' or 'very difficult' to access locally. This appears to have been the situation locally for some time, as the IDRS study in Tasmania has reported similar findings for the past four years, and there have been no seizures of cocaine by Tasmania Police in the past two financial years.

Ketamine
One third of the PDU participants reported ever trying ketamine, and one-quarter had used the drug in the six months prior to interview. Among those that had recently used the drug, this was a relatively infrequent event – in general, three times or less in a six month period – and was used in small amounts, with individuals on average swallowing one ketamine-based tablet or snorting 5 'bumps' of powder. The ketamine accessed locally was reported as being generally high in purity and reasonably easy to access; both being situations that were reported as remaining stable in the preceding six months. Median market prices were approximately $50 for a tablet, and $60 for a 'vial' of ketamine powder.

GHB
GHB (gamma-hydroxybutyrate) had been tried by ten percent of the regular ecstasy consuming participants, and used by 6% in the six months prior to interview. A close chemical relative of GHB, known as 1,4B (1,4 butanediol), which is metabolised in the body to GHB, had been tried by 2% of the PDU participants and recently used by a single participant. GHB is typically sold in liquid form and swallowed by consumers. Those recently using GHB had typically only used the drug on a single occasion in the past six months. These low levels of use, combined with the low level of experience with the drug among the PDU group, and the lack of recent seizures of GHB, all suggest a low level of availability of GHB locally.

LSD and other psychedelics
Almost two-thirds of the PDU sample had ever tried LSD, and one-quarter had used the drug in the six months prior to participating in the study. More than one-third of the sample had consumed psychedelic mushrooms in the preceding six months, and as such, half of the PDU sample had used some form of psychedelic drug (LSD and/or mushrooms) at least once in the past six months. Participants had used LSD a median of once, and mushrooms a median of three times in the past six months. Most had used psychedelics less than once per month on average in this time.

LSD was available locally both in liquid form and in 'tabs', both costing approximately $20 per unit. This price appears to have remained stable in recent months. Participants

typically used one to two drops or tabs on an occasion of use. Key informants and PDU participants both reported that LSD was reasonably difficult to access locally, and that it may have become even more difficult to access in recent months.

MDA

One-third of the regular ecstasy-using participants reported ever trying MDA, and one-fifth had used the drug in the six months prior to participating in the study. MDA was typically sold locally as a capsule of powder, for $40-50 per capsule, with consumers typically swallowing the capsules or snorting the powder. Most of those that had recently used MDA had done so on three or fewer occasions in the six months prior to being interviewed, and used one-half to one capsule of the drug on a typical occasion of use. MDA appears to be somewhat challenging for consumers to access locally, with one third of the participants reporting on availability suggesting that it was 'difficult' or 'moderately easy' for them to access respectively. This level of availability appears to have remained stable in recent months.

Patterns of other drug use

Almost all of the regular party drug users surveyed drank alcohol, on a median of two days per week. During occasions of use of ecstasy, three-quarters of the sample typically concurrently consumed alcohol, with two-thirds of these individuals usually consuming more than five standard drinks on such occasions. Ninety percent of the party drug users surveyed had recently used cannabis, on a median of two days per week over the past six months. Two-thirds of the sample used cannabis to help manage the 'come down' period following use of ecstasy. Four out of five of the consumers surveyed had smoked tobacco in the six months prior to participating, with half of these smoking on a daily basis. Those people who only smoked occasionally often reported that they usually (but not necessarily exclusively) smoked while using ecstasy. Forty percent of participants reported inhaling amyl nitrate, and one-quarter used nitrous oxide in the previous six months, although most had only done so on less than six days in this time. Fourteen percent of participants had recently used antidepressants, with all but two of these using the drug for the management of depression as prescribed by a medical practitioner.

Criminal and Police Activity

With the exception of provision of drugs, just 5% of the regular ecstasy-consuming participants reported any involvement in criminal activity such as property crime or fraud in the month prior to participating in the study. Three percent of the sample had been imprisoned at some stage in their lives, and 5% had been arrested in the year prior to interview for property crime or drug or alcohol related offences. Dealing of drugs, however, was reported by one-quarter of the PDU sample in the preceding month. While this was typically reported as low-level dealing among friends, most of these individuals had partially funded their own party drug use through such activity. Finally, the majority of participants and key informants noted an increased police presence and interest into party drug use; although this had not yet appeared to have reduced access to these drugs in recent months.

Implications

The findings of the Tasmanian 2003 Party Drugs Initiative suggest the following areas for further investigation or possible consideration in policy:

- Close monitoring of the expanding methamphetamine market, particularly in terms of the use and impacts of crystalline methamphetamine, as the availability of this, more potent form of the drug appears to have substantially increased in Hobart in recent months
- Specific research or increased regularity of examination of the composition of the tablets sold locally as ecstasy is required to better understand the potential harms faced by local consumers
- While there are acute limitations to the use of commercially available ecstasy 'testing kits', currently there is often very little information available to consumers in regard to the substances contained within the tablets that are sold on the local market. Limitations aside, use of these kits may allow consumers to be more informed about the tablets that they choose to use. Such kits are currently not available from any local source, and there may be some benefit from a peer-based or non-government organisation making these available locally on a not-for-profit or cost-recovery basis, or facilitating provision of testing at dance and related events
- Consumers interviewed in the current study were clearly actively seeking out harm reduction information in regard to the substances they chose to use. Almost without exception, however, this information was sought from peers or peer-run organisations. As such, it is likely that any harm reduction programs within the local population will achieve maximum impact if delivered through peers or peer-based organisations and mediums appropriate to the target group such as internet sites or outreach workers at dance and related events. Where possible, funding initiatives targeted to local party-drug using populations should take into account the importance and utility of peer-based interventions and organisations
- Given the high level of coincident binge alcohol and ecstasy use within the current participant sample, it would be appropriate for harm reduction projects targeted to local party-drug using populations to include improvement of awareness of the risks of such behaviour among the target population as a key issue
- As a substantial proportion of party drug use occurs in dance-related public venues, it would be appropriate that training in regard to harm reduction and appropriate responses to consumers to be provided to staff of entertainment venues in addition to emergency workers
- While almost one-quarter of the individuals surveyed had recently injected, it was not typical for these consumers to access Needle Availability Program outlets for equipment or information. Further investigation should be made into approaches to: increase the awareness among the target demographic of the availability of these outlets; reduction of any barriers to this population accessing such services; or development of innovative responses to increase access to injection equipment and related harm reduction information to these consumers
- As there was a high level of consumption of alcohol in conjunction with party drugs among this group, continued monitoring of trends in GHB use and availability is clearly warranted, particularly given the low overdose threshold for use of GHB, especially when combined with alcohol

1. INTRODUCTION

The Party Drug Initiative (PDI) is an offshoot project of the Illicit Drug Reporting System (IDRS), designed specifically to examine trends in use, price, purity and availability of ecstasy and other 'party drugs' across Australia. For the purpose of this study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties / events. These drugs may include ecstasy, methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

The IDRS is an ongoing study jointly funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund. Following successful single and multi-state trials of the IDRS methodology in 1996 and 1997, the project has been run in every state and territory of Australia on an annual basis since 1999. The intention of the IDRS is to provide a co-ordinated approach to the monitoring of trends associated with the use of methamphetamine, opioids, cannabis and cocaine, in order that this information can act as an early indicator of emerging trends in illicit drug use. Additionally, the IDRS aims to be timely and sensitive enough to signal the existence of emerging problems of national importance rather than to describe phenomena in detail, instead providing direction for issues that may require more detailed data collection or are important from a policy perspective.

The full IDRS methodology involves a triangulated approach to data collection on drug trends, involving standardised surveys of people who regularly inject illicit drugs, a qualitative survey of individuals who have regular first-hand contact with groups of people who use illicit drugs ('key informants'), and an examination of existing available data sources or indicators relevant to drug use in each state.

In 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs' using the IDRS methodology of triangulation of information from regular users, professionals working with such groups and drug use indicator data, as it was clear that the IDRS did not capture the emerging population using 'party drugs'. The results of the trial are reported in Breen, Topp and Longo (2002). Following successful utilisation of this methodology to gather information about trends in use, price, purity, and availability of party drugs, the NDLERF funded a two-year expansion of the project into each Australian jurisdiction.

1.0 Study Aims

The aims of the Tasmanian component of the PDI in 2003 were to describe the characteristics of a sample of current ecstasy users interviewed in Hobart in 2003; to examine the patterns of ecstasy and other drug use of this sample; to document trends in price, purity and availability of ecstasy and other 'party drugs' in Hobart; to examine participant's perceptions of the incidence and nature of party-drug related harms (including physical, psychological, financial, occupational, social and legal harms) experienced by this sample; and finally to identify emerging trends in the local 'party drug' market that may require further investigation.

2. METHOD

The PDI, like the IDRS, is essentially a convergent validity study, where information from three main sources, each with its own inherent advantages and limitations, is compiled and compared to determine drug trends. The three components of the PDI are: a survey of people who regularly use 'party drugs' (PDU), a key informant study of individuals who, through the nature of their work, have regular contact with individuals that use ecstasy and other 'party drugs' in Hobart, and an examination of existing indicator data on party drug-related issues. Details of each data set are provided below. Previous work with the PDU methodology has found that regular party drug users are a good sentinel group for detecting trends in such substances due to their high exposure to many types of party drugs. This group also posses' first-hand knowledge of the price, purity and availability of illicit drugs. Key informant interviews provide contextual information about drug use patterns and health-related issues, such as treatment presentations. The collection and analysis of existing drug use indicator data provides quantitative contextual support for the drug trends detected by the PDU and key informant surveys.

Data sources complemented each other in the nature of the information they provided, with information from the three sources used to determine whether there was convergent validity for detected trends, and the most reliable or 'best' indicator of a particular trend was used when summarising trends.

2.1 Survey of party drug users (PDU)

2.1.1 Recruitment

One hundred users of ecstasy and other 'party drugs' were interviewed in Hobart during July and August 2003. Inclusion criteria for participation in the study were that the individual must have used ecstasy at least once monthly in the six months prior to interview, and have resided in Hobart for the past twelve months or more. Participants were recruited using a variety of methods, including radio promotion, posters and flyers distributed across appropriate places in Hobart city (cafes, nightclubs, clothing stores, music stores, hairdressers, university and Tafe), internet forum boards (on music and ecstasy-related sites: www.pillreports.com; www.bluelight.nu; www.freshdisko.com; www.nakeddwarf.com.au) and through snowball methods (recruitment of friends and associates through word of mouth). All interviews were face-to-face, and were conducted at places convenient to the participant, such as cafes, health services, parks, the University of Tasmania, or, where invited by the participant, private homes.

2.1.2 Procedure

Participants contacted the researchers by telephone, email or short message service ('SMS'). Participants were screened for appropriateness by the interviewers prior to arranging an appointment, through a series of questions designed to elicit participant's knowledge of the current local ecstasy market (such as asking about recent pill markings and prices), and through ensuring that participants met the study entry criteria.

Prior to commencing the interview, the aims and rationale for the current study were explained to the participant, as well as the interview process. Participants were also given an information sheet describing the interview content, with both procedures allowing

participants to make a more informed decision about their involvement. Information provided was entirely confidential, and participants were informed that they were free to withdraw from participation without prejudice or to decline to answer any questions if they so wished. Interviews generally lasted between 40 and 60 minutes, and participants were reimbursed $30 for their time and out-of-pocket expenses.

2.1.3 Measures

Participants were administered a structured interview schedule based on a multi-state 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 methamphetamine (Darke et al, 1994, Hando & Hall, 1993, Hando et al, 1997). The interview schedule focused on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of different party drugs; self-reported criminal activity; perceived benefits of party drugs; perceived physical and psychological side effects of party drugs; other party drug related problems, including social, financial, legal and occupational problems; and general trends in party drug markets, such as the appearance of new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, t-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney U-test, a non-parametric analogue of the t-test, was employed. Categorical variables were analysed using chi-quare. Gender differences are noted where significant. All analyses were conducted using SPSS for Windows, release 11.0.1 (SPSS Inc, 2003).

2.2 Survey of key informants (KI)

The eligibility criterion for involvement in the study as a key informant was regular contact with a range of ecstasy users throughout the preceding six months in Hobart. Eighteen key informants participated in semi-structured interviews between July and August 2003. Interviews were primarily conducted face-to-face, but a minority of interviews were conducted via telephone.

Key informants included outreach health workers that provide services at raves and dance parties (n=3), nightclub owners (n=3), youth workers (n=3), and event / venue security personnel (n=3), with individual key informants who had contact with ecstasy users through their roles as a DJ, party promoter, researcher, law enforcement officer, drug counsellor, and dealer. Eleven of these key informants were male and seven were female. Although the majority of the professional roles of these key informants were generic, several worked with special populations, including youth (n=7), HIV positive individuals (n=2) and gay/lesbian/bisexual/transgender populations (n=3).

The median level of contact with ecstasy users among these key informants was three times per week (ranging between once per week and daily). The majority (n=10) of key informants had meaningful contact with over fifty ecstasy users in the preceding six months, with all but one seeing more than 10 different ecstasy users in this time.

All key informants reported that the information that they provided in the interview was gathered through their own contact with users of the drugs, with nine also obtaining information from colleagues, and six through observation. Key informants generally reported being very certain (56%, n=10) or moderately certain (33%, n=6) of the information that they provided, with only two reporting being a little unsure of their knowledge.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour and health issues. Interviews ranged from 30 to 120 minutes, with the majority taking approximately 60 minutes to conduct. Notes were taken during the interview and subsequently transcribed in full. Open-ended responses were analysed using a word processor, sorting for recurring themes across respondents. Single reports from key informants have been presented where they were deemed reliable by the interviewer, and where the information provided contributed to the explanation of particular trends. Closed-ended responses were analysed using SPSS for Windows, release 11.0.1 (SPSS Inc, 2003).

2.3 Other indicators

To complement and validate data collected from the key informant study and PDU survey, a range of secondary data sources was examined, including survey, health, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should be available at least annually; include 50 or more cases; provide brief details of illicit drug use; be collected in the main study site (Hobart or Tasmania for the current study); and include details on the main illicit drugs under investigation. However, due to the relatively small size of the illicit drug using population in Tasmania (in comparison to other jurisdictions involved in the PDI), and a paucity of available data (several key services are in the process of adopting computerised or more systematic information storage and retrieval systems), the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution, and attention is drawn to relevant data limitations in the text.

Data sources that fulfil the majority of these criteria and have been included in this report are as follows:

- *The 1998 and 2001 National Drug Strategy Household Surveys*

This survey represents a prevalence study of drug use amongst the general community, surveying 1,031 individuals in Tasmania in the 1998 study, and 1,349 individuals in 2001, who were over 14 years of age, could speak English, and who lived in private dwellings (Australian Institute of Health and Welfare, 1999; 2002). The survey covered the following illicit drugs: cannabis, methamphetamine, hallucinogens, cocaine, ecstasy/designer drugs and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

- *Police Data*

Tasmania Police State Intelligence Services and the Australian Bureau of Criminal Intelligence (ABCI, now the Australian Crime Commission, ACC) have provided information on drug seizures, charges, and costs. Data on the purity of drugs seized is also provided through the ACC, however, drugs are only analysed by Tasmania Police Forensic Services in seizures where the person involved denies that the powder in question contains illicit substances. Hence, for the 2002/03 financial year, a very small number of samples of methamphetamine or phenethylamines were analysed for purity.

- *Telephone Advisory Services Data*

In mid-May 2000, Turning Point Alcohol and Drug Centre in Victoria took over responsibility for administration of the Tasmanian Alcohol and Drug Information Service (ADIS), a confidential, 24-hour, drug and alcohol counselling, information and referral service. Turning Point systematically record data for each call received, which comprised 2208 calls to ADIS during the 2000/01 financial year; 2129 calls in 2001/02; and 1984 calls during 2002/03.

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic Characteristics of the PDU sample

Less than two-thirds (61%) of the sample of 100 ecstasy users were male (Table 1). The mean age of the sample was 23.6 years (range 18-45; SD: 5.0 years), and there was no significant difference between the mean age of males (24.3 years) and females (22.6 years). The majority (85%) of participants nominated their sexual identity as heterosexual, although gay males (2%) and bisexuals (13%) were also represented. All spoke English as their main language, and a minority (6%) were of Aboriginal descent. Participants resided in twenty-three different suburbs across the greater Hobart area, although the great majority lived in the inner Hobart suburbs (70%: 12% northern suburbs, 7% eastern shore, 5% Kingborough, 3% Sorrell, 1% no fixed address). The majority lived in their own (owned or rented) accommodation (74%) or in their parent's or family's home (22%).

The mean number of years of school education completed by participants was 11.6 (range 8-12 years, SD = 0.88 years), with 83% having completed year 12. Forty-four percent of the sample had completed courses after school, with 23% possessing a trade or technical qualification and 21% having completed a university degree. One quarter of the sample (27%) were currently employed full time, with 17% engaged in part time or casual employment. Forty percent of the participants were currently full-time students, and 16% were currently unemployed. Only 10% of the sample were currently receiving drug treatment, with 7% receiving methadone maintenance, 1% buprenorphine maintenance, and the remaining 2% drug and alcohol counselling. Just three participants had a previous criminal conviction for which they had served a custodial sentence (Table 1).

Key informant descriptions of the ecstasy users with whom they had meaningful recent contact were consistent with the characteristics of the PDU sample. Key informants described groups with an even gender balance (n=8) or with a slight preponderance of males (n=5). The estimated ages of these groups ranged between 16 and 53 years, with most reported as being in their early 20s. Most key informants described these populations as being from English-speaking backgrounds, with the representation of gay and lesbian individuals being proportional to that seen in the general population. While several key informants noted contact with individuals that lived in a wide range of suburbs, six key informants noted that the majority of their groups lived in inner Hobart city suburbs.

Table 1 Demographic characteristics of the PDU sample

Variable	2003 PDU Sample (n=100)
Mean age (years)	24 (range 18-45)
Sex (% male)	61
Ethnicity	
English speaking background (%)	100
Aboriginal or Torres Strait Islander (%)	6
Accommodation	
Own accommodation (includes renting) (%)	75
Live with parents / family (%)	22
Boarding house / hostel (%)	2
Refuge (%)	1
Location of residence	
Inner Hobart suburbs (%)	70
Northern suburbs (%)	12
Eastern shore (%)	7
Kingston area (%)	6
Sorrell (%)	4
No fixed address (%)	1
Education	
Mean years of school education	12 (range 8-12)
Trade / technical qualifications (%)	23
University qualifications (%)	21
Employment	
Full-time employment (%)	27
Part-time / casual employment (%)	17
Full-time student (%)	40
Unemployed (%)	16
Sexual identity	
Heterosexual (%)	85
Gay male (%)	2
Bisexual (%)	13
Currently receiving drug treatment (%)	10
Prison history (%)	3

Source: Party Drugs Initiative PDU interviews

Almost all key informants noted that the majority of the ecstasy users with whom they had recent contact had completed a year 12 education at least, with six key informants noting that much of the group they had contact with had either completed or were working towards a university degree. High proportions (70-100%) were considered to be currently employed or full time students. Two key informants noted contact with groups that were predominantly unemployed, but this may be more reflective of the nature of

their role (outreach work, public sector counselling) than representative of the ecstasy-using demographic per se. Two key informants had recent contact with ecstasy users who were in treatment, although it was noted that ecstasy use was rarely the presenting 'problem' drug. Similarly, only a few key informants (n=5) noted contact with ecstasy-using groups with a prison history, and in these cases the proportion of the group with such a history was estimated as being very small (three key informants estimating 1-5% of their groups).

3.2 Drug use history and current drug use

The PDU cohort in the current study had used quite an array of different types of drugs, with participants using a median of 9 different drug classes at some stage of their lives (of the 19 different drug types examined in the current study: range 4-18 types, SD 3.1) and 7 different types in the six months prior to interview (range 3-12 types, SD 2.1).

Amongst the sample there was a wide range of age of initiation into the different drug classes (Table 2). The median age of initiation into use of the drugs that are more prevalent in society, such as tobacco, alcohol and cannabis was 15 years, while median age of first use of ecstasy and other party drugs among the current sample was generally between 19 and 22 years.

Ecstasy was the drug of choice of over half of the PDU sample (54%), with smaller proportions reporting cocaine (13%), heroin (10%), cannabis (8%), methamphetamine (5%), LSD (5%) and psychedelic mushrooms (2%) as their favourite drug.

Forty-five percent of the sample had 'binged' on one or more party drugs in the preceding six months. 'Bingeing' was defined as using a drug on a continuous basis for more than 48 hours without sleep. The median length of the longest binge amongst this group was 2.5 days (range 2-8 days). Ecstasy (41% of the sample) was the most commonly reported drug used in this way. Cannabis (29%), alcohol (28%), methamphetamine powder (24%), crystal methamphetamine (16%), amyl nitrate (11%), and methamphetamine base (9%) were other drugs that were commonly part of these binges.

One-quarter (26%) of the PDU sample had used substances intravenously at some stage of their lives. Half had first injected methamphetamine (50% powder; 4% methamphetamine base/paste), and half had first injected an opiate (19% heroin; 4% methadone; 23% morphine or other opiates). The mean number of drug classes (of the 19 drug types examined in the current study) ever injected by this group was 5 (range 1-12, SD = 3). Twenty-two percent had injected in the six months prior to interview, with a mean of 2 drug classes injected in this time (range 1-6, SD=1.5).

There were no differences between those that had ever injected a drug and those that had not in terms of sex, ethnicity, sexual preference, or prison history. However, those that had ever injected a drug were, on average, significantly older (27.5 years vs. 22.3 years: Mann-Whitney U = 425.0, $p<0.001$), had spent significantly fewer years in education (11.0 years vs. 11.9 years: Mann-Whitney U = 626.5, $p<0.001$), and were significantly more likely to be unemployed (44% vs. 7%, $\chi^2(3)=23.0$, $p<0.001$) than those that had not injected. Similarly, there were significant differences between the groups in terms of drug use history, with those who had ever injected any drug having, on average, used more

drug classes in their lifetimes (13.3 vs. 8.3: Mann-Whitney U = 98.5, $p<0.001$) and in the preceding six months (8.5 vs. 6.3: Mann-Whitney U = 397.5, $p<0.001$) and were significantly more likely to nominate heroin as their drug of choice (39% vs. 0%: $\chi^2(10)=55.8.0$, $p<0.001$) than those that had not injected. Importantly, there was no significant difference between the groups in terms of frequency of use of ecstasy in the preceding six months (23 days vs. 20 days: Mann-Whitney U = 865, $p<0.44$). As such, it is clear that those participants that had ever injected were indeed regular consumers of 'party drugs' (and as such, an appropriate sentinel population for the aims of this study), and reflected the moderate level of overlap between 'party drug' using populations and injecting drug user populations.

Consistent with the quantitative data provided by the PDU, patterns of extensive polydrug use among ecstasy users were described by key informants. Comments by key informants regarding each drug class are reported throughout the relevant sections of this report.

Table 2 Lifetime and recent polydrug use of PDU

Drug Class	Ever used (%)	Median age first used (years)	Ever injected (%)	Median age first injected (years)	Injected in last 6 months (%)	Ever smoked (%)	Smoked in last 6 months (%)	Ever snorted (%)	Snorted in last 6 months (%)	Ever swallowed (%)	Swallowed in last 6 months (%)	Median days used in last 6 months	Used in the last six months (%)
Ecstasy	100	19	18	22	11	15	9	87	77	100	97	14	100
Methamphetamine powder	90	19	22	19	11	18	3	67	42	82	53	4	67
Methamphetamine base	36	21	13	25	9	5	0	12	6	29	17	3	24
Crystal methamphetamine	58	22	15	21	13	37	32	10	7	29	20	3	52
Cocaine	44	21	10	23	0	9	1	40	5	8	1	2	7
MDA	32	20	3	20	0	1	0	12	9	29	20	2	21
Ketamine	38	21	9	24	4	0	0	19	15	28	16	3	24
GHB	10	22	1	16	0					10	6	1	6
1,4 B	2	21	0	0	0					2	1	3	1
2CB	4	22	1	26	0					3	1	1	1
Psychedelic mushrooms	54	20	0	0	0	3	1	2	1	54	38	3	38
LSD	62	18	9	21	0					62	24	1	24
Amyl nitrate	78	20										3	43
Nitrous Oxide	47	19										2	25
Cannabis	100	15										48	90
Alcohol	100	15										48	98
Heroin	20	19	18	19	6	10	1	7	0	3	0	16	6
Methadone	14	22	13	21	11					13	11	14*	13
Buprenorphine	5	25	4	24	2					4	3	14*	3
Other opiates	35	20	16	18	8	11	1	1	0	22	10	6	13
Tobacco	96	15										180	81
Antidepressants	32	18	1	17	0					32	14	10*	14
Benzodiazepines	52	20	7	18	2	7	1	4	0	52	34	6	35
Polydrug use *(mean drug classes used out of 19)†*	9		5[#]		2[#]								7

* among those not currently receiving treatment with these pharmaceuticals; [#]among those that had ever injected any illicit drug; †All forms of methamphetamine collapsed

Source: Party Drugs Initiative PDU interviews

3.3 Summary of demographic and drug use trends in PDU

Among the current party drug user sample:

- There was a slight preponderance of males (60%)
- Users tended to be young, with three-quarters aged between 18 and 23, and 90% younger than 30
- Users tended to be relatively well-educated, with the majority having completed a year 12 education and substantial proportions either possessing or working toward tertiary qualifications
- Party drug users had very little contact with the criminal justice system or drug treatment agencies
- Participants had not been restricted to ecstasy use, with most trying an array of different drugs at some stage in their lives
- Polydrug use was the norm, with large proportions using several types of illicit drug class in the preceding six months, the most common being cannabis, methamphetamine powder and crystal methamphetamine
- Age of initiation into ecstasy and other party drug use was generally between 19 and 22 years
- One quarter had injected a drug at some stage in their lives

4 ECSTASY

The median age at which participants had first used ecstasy was 19 years (range 14-40 years, SD = 3.6: Table 3), and they had a median duration of ecstasy use of three years (range 0-17 years, SD = 3.4 years). There were no significant sex differences in age of initiation into ecstasy or duration of ecstasy use. When asked their relationship to the person that first introduced them to the drug, this was most commonly a friend (86%), with minorities introduced by relatives (11%), partner (6%), and single individuals reporting being introduced to the drug by a dealer or searching the drug out themselves. All but one participant had used ecstasy at least once per month at some stage in their lives, and reported having done so at a median age of 20 years (range 15-42, SD = 4.2).

4.1 Ecstasy use among PDU

Participants had used ecstasy on a median of 14 days in the preceding six months (range 6-96). Almost half (48%) of participants had used ecstasy between once monthly and once fortnightly, 29% had used between fortnightly and weekly, and 23% had used ecstasy on more than one day per week.

The median number of ecstasy tablets taken on a 'typical' or 'average' episode of use in the preceding six months was 1.5 (range 0.5-7.5). Just over half (54%) of the sample reported that they typically used more than one tablet, and 8% typically used four or more tablets in a single episode of use (3% using 5 or more). During their 'heaviest' episode of use in the preceding six months, participants reported consuming a median of three tablets (range 1-60), with 40% of the sample using four or more tablets in a single episode of use in the preceding six months.

In the six months prior to interview, 97% of participants had swallowed ecstasy and 77% had snorted the drug. Smaller proportions reported smoking (9%) or injecting ecstasy (11%) in this time. The clear majority (89%) reported that swallowing was their usual mode of administration of ecstasy in the preceding six months, with 6% reporting snorting and 5% nominating injection as their usual mode of administration. Median age of first injection of ecstasy was 22 years (range 16-44), three years later than the median age of first use in the wider sample (the exact same trend occurs if the median age of first use of ecstasy is calculated only amongst those ever injecting the drug).

Participants were asked if they had 'binged' on any drug in the six month period prior to interview. 'Bingeing' was defined as a period of continuous use of any drug for 48 hours or more without sleep. Just under half of the total sample reported 'bingeing' in this time (45%). Of those who reported bingeing in the preceding six months, almost all (91%, n=41) had used ecstasy to do so - although over half had done so with ecstasy in combination with other stimulants (54% of this group also using methamphetamine powder, 32% also using crystal methamphetamine, 27% amyl nitrate). Substantial proportions also reported using ecstasy in combination with depressants during a binge, most commonly alcohol (68%), cannabis (66%) and ketamine (12%). The median length of the longest binge involving ecstasy in the preceding six months was 2.5 days (range 2-8 days).

There were no differences in terms of sex, age, injection history, number of years that participants had been using ecstasy for, and the average 'usual' amount of ecstasy used in a session between those that had binged on ecstasy in the preceding six months and those that had not. However, those that had recently binged on ecstasy had used ecstasy on a significantly greater number of days in the preceding six months (mean 29 vs. 15 days: Mann-Whitney $U = 525$, $p<0.001$), and used significantly more ecstasy in their heavy use periods (seven tablets vs. three tablets: Mann-Whitney $U = 727.5$, $p<0.001$) than those that had not. Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history, having used significantly more drug types ever (11 vs. 9: Mann-Whitney $U = 708.0$, $p<0.001$) and in the preceding six months (8 vs. 6: Mann-Whitney $U = 717.5$, $p<0.001$) than those that had not binged on ecstasy.

Table 3 Patterns of ecstasy use among PDU

Variable	2003 sample (n=100)
Mean age first used ecstasy (years)	20 (range 14-40)
Ecstasy as drug of choice (%)	50
Frequency of use	
Median days used ecstasy in the last 6 months	14
Use ecstasy weekly or more frequently (%)	38
Route of administration of ecstasy	
Mainly swallowed ecstasy in the last 6 months (%)	89
Mainly snorted ecstasy in the last 6 months (%)	6
Mainly injected ecstasy in the last 6 months (%)	5
Dose	
Median number of ecstasy tablets used in a typical session	1.5 (range 0.5-7.5)
Typically use more than one tablet per session (%)	54
Recently binged on ecstasy (%)	41
Median number of ecstasy tablets used in biggest binge	3 (range 1-60)
Injecting drug use	
Ever injected any drug (%)	26
Ever injected ecstasy (%)	18
Injected ecstasy in the last 6 months (%)	11
Polydrug use	
Median number of drug types ever used	11
Median number of drug types used in the last 6 months	7
Locations usually used ecstasy in the last 6 months	
Home (%)	30
Dealer's home (%)	5
Friend's home (%)	29
Rave (%)	73
Dance party (%)	75
Nightclub (%)	73
Pub (%)	10
Private party (%)	32
Public place (street/park) (%)	5
Car (%)	5
Location last used ecstasy	
Home (%)	8
Dealer's home (%)	3
Friend's home (%)	11
Rave (%)	12
Dance party (%)	21
Nightclub (%)	37
Pub (%)	4
Private party (%)	4

Source: Party Drugs Initiative PDU interviews

Most participants 'typically' (defined as on two-thirds or more occasions of ecstasy use in the preceding six months) used other drugs in combination with ecstasy (98%) or in the 'come down' (acute recovery period) following ecstasy use (89%). A median of two (range 0-9) other drugs were typically used in conjunction with ecstasy; most commonly tobacco (72%), alcohol (72%), cannabis (44%), and methamphetamine powder (25%). Smaller proportions reported typically using amyl nitrate (12%), methamphetamine base (9%), crystal methamphetamine (8%), nitrous oxide (4%), methadone (4%), ketamine (3%), LSD (2%), benzodiazepines (2%) or antidepressants (1%) in combination with ecstasy. Of the almost three-quarters (72%) of the sample that usually used alcohol with ecstasy, 62% (n=45) usually consumed more than five standard drinks. This is noteworthy due to the increased risk of dehydration when alcohol is combined with ecstasy.

A median of 2 (range 0-8) other drugs were typically used during the acute recovery period following ecstasy use, most commonly cannabis (63%), tobacco (56%), alcohol (39%, with 59% of these consuming more than five standard drinks in this period n=23), or benzodiazepines (17%). Smaller proportions reported the typical use of methadone (4%), other opiates (such as codeine or morphine: 5%), methamphetamine (3% each reporting use of powder, base and crystalline methamphetamine), ketamine (2%) and amyl nitrate (2%) to come down from ecstasy or ameliorate the side effects during this period.

Table 4 Polydrug use among PDU

Variable	Drugs typically used with ecstasy in the last six months (%)	Drugs typically used to come down from ecstasy in the last six months (%)
None	2	11
Methamphetamine powder	25	3
Methamphetamine base	9	3
Crystal methamphetamine	8	3
LSD	2	0
Ketamine	3	2
Amyl nitrate	12	2
Nitrous oxide	4	1
Cannabis	44	63
Alcohol		
Usually drink	72	39
Usually drink > 5 std drinks	45	23
Opiates	5	10
Tobacco	72	56
Antidepressants	1	1
Benzodiazepines	2	17
Median number of drugs typically used	2 (range 0-9)	2 (range 0-8)

Source: Party Drugs Initiative PDU interviews

Participants were asked about their use of antidepressants with ecstasy, and of the 14% of the sample that reported using antidepressants in the preceding six months, all but two were taking the medication, as prescribed, for depression. One of these individuals

reported using antidepressants in the acute 'come down' period from ecstasy use and also in the absence of other drugs (but was not taking them as a prescription for the amelioration of depression).

While key informant reports on the use of ecstasy amongst the populations that they were familiar with varied widely (depending on the particular role of the key informant), patterns of ecstasy use reported by key informants were generally consistent with those seen among the PDU. Weekly (n=6) or fortnightly use of ecstasy (n=3) was considered common, with two key informants noting that frequency of use tends to vary with the frequency of dance events, which are more frequent during the summer months. Use of one to two (n=6) or two (n=4) tablets per session was generally reported as the norm amongst PDU that key informants had regular contact with, although reported quantity varied from 0.5-10 pills per session.

Key informant reports were consistent with data from PDU interviews in suggesting that the majority (80-90%) of ecstasy users administer the drug orally, although snorting was reported in 20-99% of the groups key informants were familiar with (commonly approximately 20%). One key informant noted that the more 'experienced' and organised users tended to snort the drug more often than swallowing. Almost all key informants reported that injection or 'shelving' (vaginal or anal administration) was uncommon (typically less than 5%) or non-existent among the groups of ecstasy users that they were familiar with. One experienced key informant reported hearing (but never witnessing) of individuals putting tablets under a bandaid on their forehead, under the theory that the drug would slowly be released into their system as they began to sweat.

PDU were asked about the locations that they had usually used ecstasy in the preceding six months. This use refers to the location where the participant had been under the effects of ecstasy, rather than necessarily referring to the place of administration of the drug. Most commonly, use was associated with dance related venues amongst the current sample, with 75% reporting usually using at dance parties, 73% at raves, and 73% at nightclubs. However, the drug was used in a wide array of contexts, with 32% usually using at private parties, 30% at their homes, 29% at the homes of friends, and 5% at the home of a dealer. Smaller proportions reported use at pubs (10%), public places (such as a park: 5%), and 5% had usually used in a vehicle. Examination of the location of participant's most recent use of ecstasy confirms the strong association with dance events, with 70% last using the drug at such an event (37% at a nightclub, 21% a dance party, and 12% at a rave), however use at private homes (26%) and pubs (4%) was also noted.

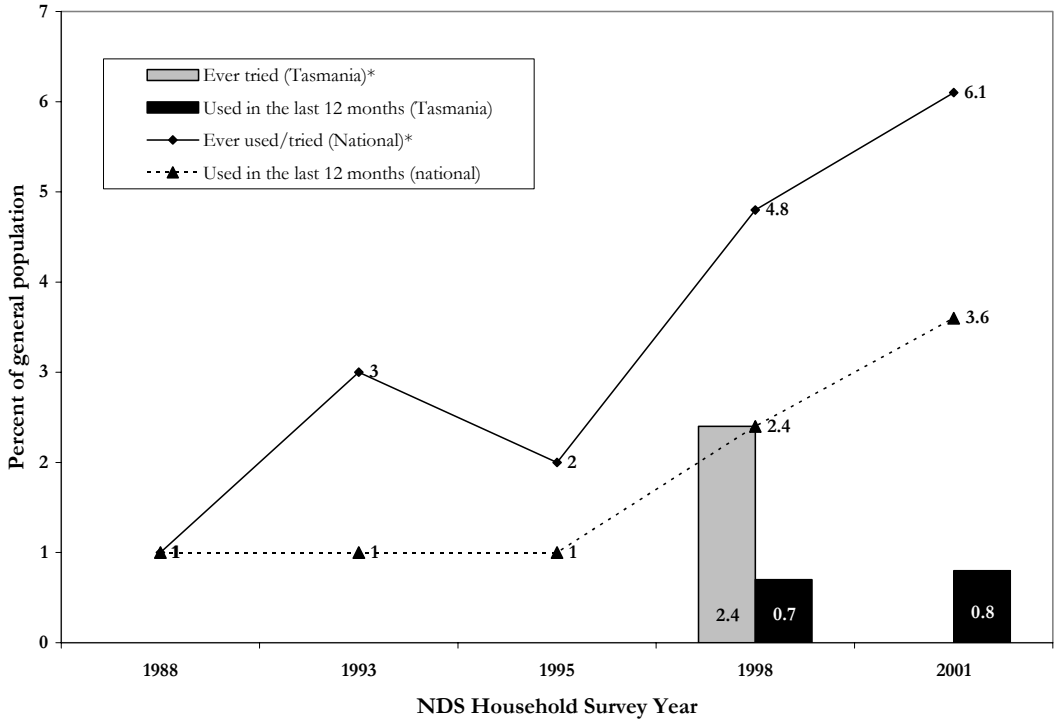
4.1.2 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household survey (NDSHS) in 1998, reported lifetime prevalence of ecstasy use among the general population has increased from 1% in 1988 to 6.1% in 2001 (Australian Institute of Health and Welfare, 2002). Similarly, as indicated in Figure 1 below, the proportion of the general population who reported using ecstasy in the preceding 12 months increased from 1% in 1988 to 2.9% in 2001 (Australian Institute of Health and Welfare, 2002).

From the 1998 National Drug Strategy Household Survey for Tasmania (Australian Institute of Health and Welfare, 1999), 2.4% of those surveyed reported ever using ecstasy (n=28), while 0.7% (n=8) had used in the year prior to the survey. A very similar rate (0.8%, n=10) reported use of ecstasy in the year prior to interview in the 2001

National Drug Household Survey (n=1,349: Australian Institute of Health and Welfare, 2002). Such low base rates of use render trends difficult to identify, but the similarity of the figures would suggest a reasonably stable prevalence of ecstasy use in Tasmania between these two surveys[1].

Figure 1 Prevalence of Ecstasy use in Australia, 1988-2001



Source: National Drug Strategy Household Survey 1998-2001.

4.1.3 Summary of patterns of ecstasy use

Among the current party drug user sample:

- The median age of first use of ecstasy was 19 years
- The clear majority of users generally consume the drug orally
- Half the respondents used ecstasy fortnightly or more often
- Two in five of this group had recently used ecstasy on a continuous basis for 48 hours or more without sleep
- Half of the sample usually use more than one ecstasy tablet in a single episode of use, and 40% had used four or more tablets at least once in a session in the preceding six months
- Use of other drugs in conjunction with ecstasy was the norm among this group, with half usually consuming more than five standard drinks while using the drug

[1] Rates of lifetime use of ecstasy were not reported in the 2001 report due to a change in the wording of the relevant question (from 'have you ever *tried* ecstasy' to 'have you ever *used* ecstasy') which many researchers believe would lead to under-reporting of experimental use of the drug, with respondents equating the term 'use' with regular, rather than experimental, use of the drug.

4.2 Price

Almost all of the PDU were able to comment on the price of ecstasy in Hobart. All reported buying tablet preparations of the drug in the six months prior to interview. In concert with these reports, key informants uniformly reported that tablet preparations of ecstasy were the more commonly used and sold, although almost half (n=8) reported that MDMA capsules were also sold and used locally, albeit less commonly than tablets. One key informant estimated that for approximately every ten batches or pills there was one of powder/capsules.

When asked about the usual cost of ecstasy tablets, the median price reported by PDU was $50 (range $30-50, n=65: Table 5). However, this was slightly higher than the median price that participants reported as actually paying for their last purchase, which was a median of $45 per tablet (range $15-68, n=98). The most common last purchase prices were $50 (n=40) and $40 (n=31) per tablet. Most participants reported that the price of ecstasy had either remained stable (72%) or decreased (15%) in the preceding six months. Key informant reports were consistent with user reports, with the majority reporting the price of ecstasy as $50 per tablet (n=8), although many also reported a price range of $30-50 per tablet (n=5) and reporting that the higher price was more common if you were not known to the seller, and that unit prices were cheaper if the drug was purchased in larger quantities. Of the fifteen key informants who commented on recent changes in the price of ecstasy, two-thirds (n=10) reported that prices had remained stable, while much of the remainder (n=4) reported decreasing prices.

Prices reported by Tasmania Police for ecstasy (based on informant reports) have varied quite substantially over the past six financial years (Table 6), varying from $60-80 per tablet in 1997/98, to $15-25 per tablet during 1998/99 and 1999/00. While prices for the 2002/03 financial year were not available at the time of completion of this report, the price ranges noted in the 2000/01 and 2001/02 financial years of $50-70 per tablet are reasonably commensurate with reports from IDU and KI discussed above.

Table 5 Price of ecstasy purchased by PDU and price variations

Variable	2003 Sample (n=100)
Median price per ecstasy tablet (n=65)	$50 *(range $30-$50)*
Median price of last ecstasy tablet purchased (n=98)	$45 *(range $15-$68)*
Price change	
Increased (%)	5
Stable (%)	72
Decreased (%)	15
Fluctuated (%)	8

Source: Party Drugs Initiative PDU interviews

Table 6 Price of ecstasy reported by Tasmania Police 1998/99-2001/02

	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
Price per tablet	$60-80	$15-25	$15-25	$50-60	$50-70	n/a

Source: Australian Bureau of Criminal Intelligence (1998, 1999, 2000, 2001, 2002); Australian Crime Commission (2003,2004)

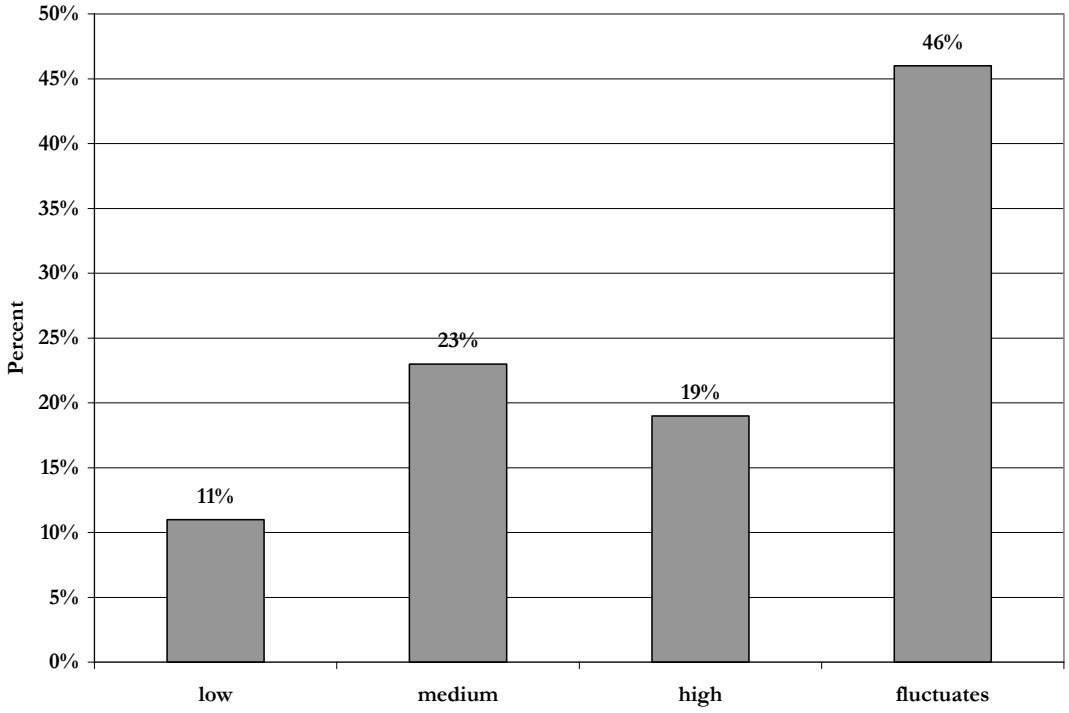
PDU respondents were asked how they had paid for the ecstasy that they had used in the preceding six months, and, in line with the high rate of engagement in paid employment among this group, 77% reported using the finances they had earned through employment. Other common sources of funds spent on ecstasy was through Government benefits (such as NewStart or Youth Allowance: 28%) or a Government study allowance (24%). More than half of the sample (57%) had been given ecstasy by friends or a partner in the past six months. Smaller proportions reported accessing ecstasy through attaining credit from dealers (23%), borrowing money from friends (24%), being given/borrowing money from parents (19%), or through bartering drugs or other goods for ecstasy (14%). Use of illicit means to pay for ecstasy use were less common, with 19% reporting some dealing of drugs to help fund their own use, and single individuals reporting engaging in fraud, property crime (such as shoplifting or stealing) or involvement in sex work to pay for the drug in the preceding six months.

4.3 Purity

According to PDU reports of the purity of ecstasy, there is quite a degree of fluctuation, with almost half (46%) of the sample reporting that the level of purity of the drug had varied so much that it was difficult to estimate an 'average' purity level in recent months. Of those that could report an average purity level of the drug, responses were quite mixed, with 23% of the sample reporting a 'medium' level of purity of ecstasy, 19% reporting 'high' and 11% 'low' purity in recent months (Figure 2). Key informant reports on the current purity of ecstasy matched PDU reports, with eight reporting that purity had fluctuated, 3 that purity as 'high' and 2 that the ecstasy sold locally was generally of 'medium' purity.

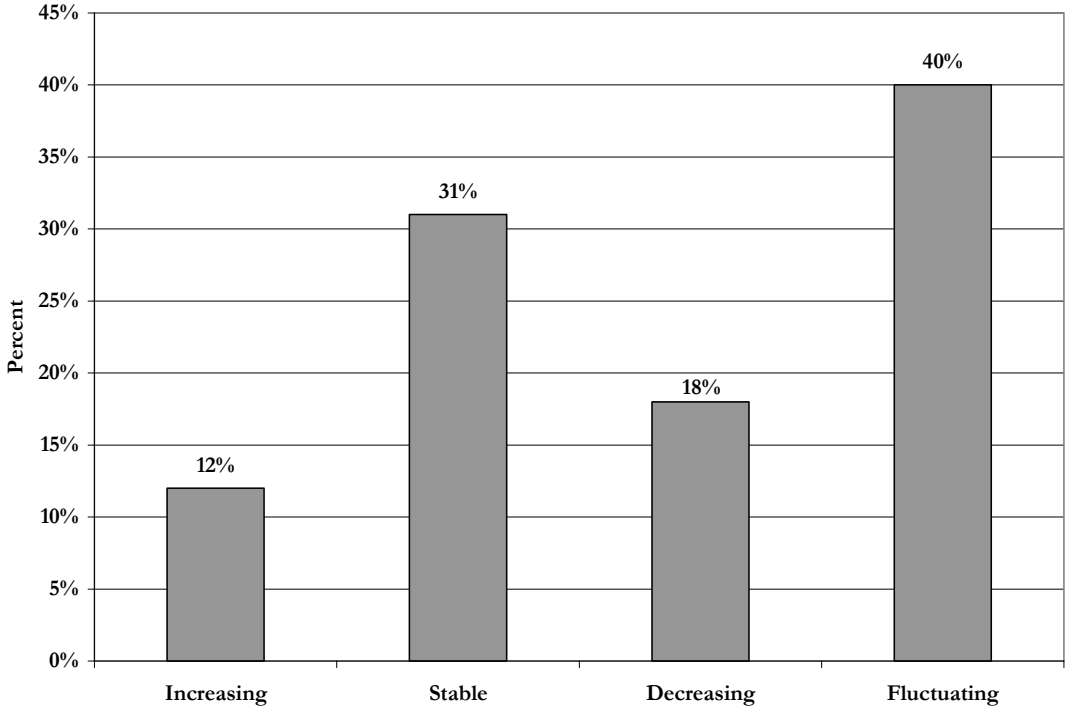
Reports of change in purity of ecstasy in the preceding six months by PDU followed from the reports on the general purity level, with the majority reporting that purity of the drug fluctuates greatly (40% of those responding), while a third of those responding reported that the purity of ecstasy had generally remained stable in this time (30%, Figure 3). Almost equal proportions reported increasing (12%) and decreasing (18%) purity levels in the preceding six months. Again, key informant reports were in line with those from PDU, with six indicating that purity had fluctuated, five that purity had remained stable, and three that the purity of ecstasy had increased in the preceding six months.

Figure 2 PDU reports of current purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

Figure 3 PDU reports of change in purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

While user reports of purity of any substance are, by definition, subjective and depend, among other factors, on user's tolerance levels and experience, there is a paucity of objective purity data on seizures of ecstasy from within Tasmania. As indicated in Table 7 below, there have only been limited purity analyses of seized phenethylamines (the class of drugs that ecstasy, or MDMA, and drugs such as MDA, MDEA and mescaline belong to) in the past four financial years as Tasmania Police are only able to analyse seizures where the illicit nature of the substance is contested. The single analysed sample from 2000/01 had a median purity level of 3.4%, and that from 2001/02 was recorded at 22.9% pure. There were three samples of ecstasy analysed in the 2002/03 period, returning a median purity of 28.5% (range 28.5-28.6%: ACC, 2004). Such purity levels are reasonably consistent with seizures made in other Australian jurisdictions, with the 228 analysed phenethylamine seizures made by Victoria Police in the 2002/03 period having a median purity of 31.8%, and the 273 New South Wales Police seizures having a median purity of 33.0% in this time.

Table 7 Median purity of phenethylamine seizures 1999/00-2002/03

	1999/00	2000/01	2001/02	2002/03
Median % purity	n/a	3.4	22.9	28.5
Number of samples	n/a	n=1	n=1	n=3

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

4.4 Availability

All PDU participants were able to comment confidently on the availability of ecstasy in Hobart in the six months prior to interview. The majority of users reported that ecstasy was easy or very easy for them to obtain (72%: Table 8), with only a very small minority (2%) reporting it as difficult to access. PDU most commonly reported that the availability of ecstasy had remained stable in the preceding six months (53%), although an almost equal proportion reported increasing (20%) and decreasing (19%) availability of the drug in this time. Key informant reports supported those from the PDU, with almost all reporting ecstasy as either easy (n=6) or very easy (n=9) for the groups they had contact with to access (only one reporting that it was difficult to access the drug), and that this level of availability had remained stable (n=6) or increased (n=7) in the preceding six months. Two key informants felt that ecstasy had become more difficult to access in recent months, and one indicated that availability is very variable.

Among the current PDU sample, the majority of participants reported that in the six months prior to the interview that had obtained ecstasy through friends (90%) or dealers (66%). Other people from whom the drug had been recently obtained included acquaintances (34%), workmates (12%), and persons unknown to the participant (7%). That the drug is primarily sourced locally is reflected in the fact that just 9% reported sourcing ecstasy from a contact or dealer in a mainland jurisdiction.

Table 8 PDU reports of availability of ecstasy in the preceding six months

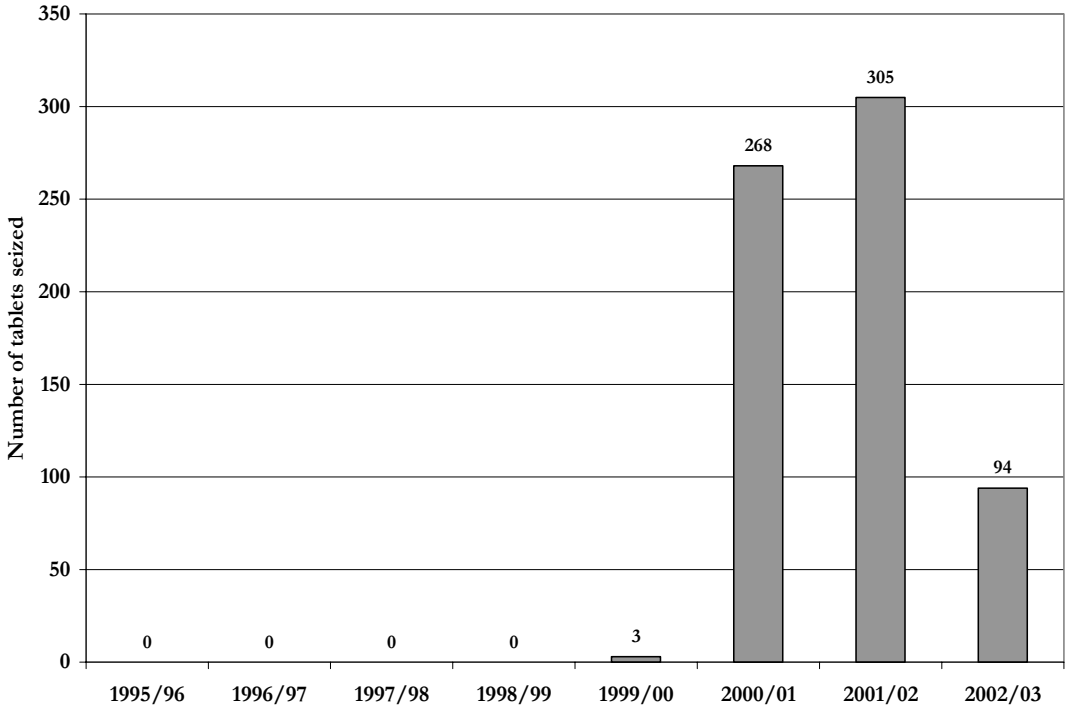
Variable	2003 Sample (n=100) %
Ease of obtaining ecstasy	
Very easy (%)	43
Easy (%)	29
Moderately easy (%)	26
Difficult (%)	2
Changes in availability in the last six months	
Stable (%)	53
Easier (%)	20
More difficult (%)	19
Fluctuates (%)	7
Persons scored from in the last six months	
Friends (%)	90
Dealers (%)	66
Workmates (%)	12
Acquaintances (%)	34
Mainland contact / dealer (%)	9
Unknown persons (%)	7
Locations scored from in the last six months	
Home (%)	30
Dealer's home (%)	47
Friend's home (%)	56
Rave (%)	35
Dance party (%)	33
Nightclub (%)	40
Pub (%)	15
Street (%)	7

Source: Party Drugs Initiative PDU interviews

Participants were asked about the locations that they had purchased ecstasy from in the preceding six months. While almost half (47%) had recently purchased from a dealer's home, substantial proportions had recently purchased the drug while at dance events/venues (35% at a rave, 33% at a dance party, 40% at a nightclub). Sizable proportions of participants had purchased the drug at private homes (30% in their own home, 56% at a friend's home), while the drug was less commonly purchased at pubs (15%) or on the street (7%).

Seizures of ecstasy by Tasmania Police (Figure 4) have increased in recent years, in line with the increased availability of the drug at a national level. While no seizures of ecstasy were reported by Tasmania Police to the ABCI between 1995/96 and 1998/99, three tablets were seized in 1999/00, increasing to 268 in 2000/01 and 305 in 2001/02, while in the 2002/03 financial year 92 tablets were seized.

Figure 4 Number of seizures of tablets suspected to contain ecstasy by Tasmania police 1995/96-2002/03



Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission

4.1.3 Summary of the price, purity and availability of ecstasy

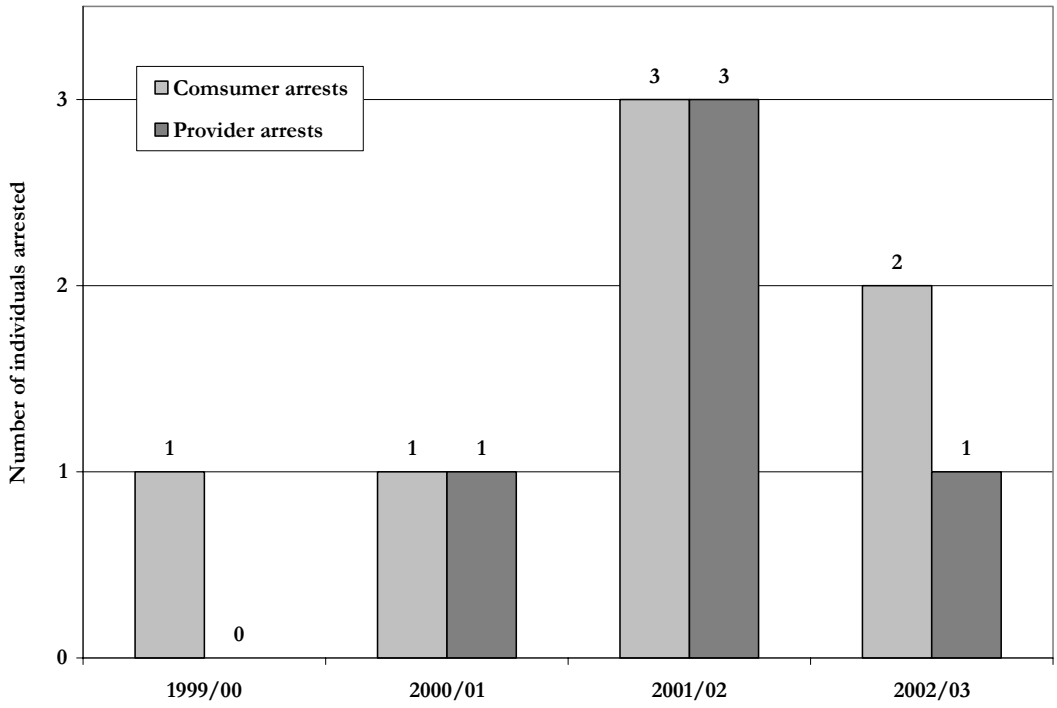
- The median purchase price for ecstasy is $45 per tablet, although the most common purchase prices are $50 or $40 per tablet
- Consumer reports on the purity of ecstasy tablets suggest that this varies greatly
- Both consumers and key informants report that ecstasy is 'easy' or 'very easy' to obtain, and that this situation has remained stable in recent months
- The majority of participants purchase ecstasy from friends

4.5 Ecstasy related harms

4.5.1 Law enforcement

Figure 5 represents the number of police incidents recorded for ecstasy possession or use, and for selling or trafficking in ecstasy recorded by Tasmania Police between 1999/00 and 2002/03. It is clear that use and sale of ecstasy are currently not causing a substantial degree of burden on police, particularly in comparison to the number of arrests recorded relating to cannabis (1863 arrests in 2002/03) or even methamphetamines (65 arrests in 2002/03).

Figure 5 Number of police incidents recorded for ecstasy possession/use (consumers) and deal/traffic (providers), 1999/00-2002/03



Source: Tasmania Police

4.5.2 Health related harms

Table 9 and 10 respectively detail the physical and psychological side effects attributed by participants to use of ecstasy in the preceding six months.

Participants reported a mean of ten physical side effects in the preceding six months (SD = 3.8, range 1-20) of the 22 symptoms enquired about in the current study. The side effects most commonly related to ecstasy use were loss of appetite, trouble sleeping, loss of energy, blurred vision, hot and cold flushes, and teeth problems (such as grinding), which were experienced by over half the sample in the preceding six months (and over 30% of the sample attributed each of these side effects to the use of ecstasy in isolation from other substances: Table 9). A mean of seven psychological symptoms related at

least in part to ecstasy use were reported (range 0-15, of the 18 symptoms enquired about). Approximately half the sample (and approximately 30% reported each side effect to the use of ecstasy alone) reported experiencing confusion, having difficulty concentrating, agitation, paranoia, visual hallucinations, irritability and anxiety in the preceding six months (Table 10).

Route of administration of ecstasy was not related to the number of either physical or psychological side effects experienced by participants. However, those that had recently binged on ecstasy reported a significantly greater mean number of both physical (11.6 vs. 9.1, Mann-Whitney U = 774.5, p=0.002) and psychological (8.1 vs. 5.9, Mann-Whitney U = 750.0, p=0.001) side effects of ecstasy in the preceding six months than those that had not.

Most key informants indicated that there were no notable recent changes in the level of negative side effects experienced by the ecstasy using populations that they were associated with. Three key informants noted that the frequency of people experiencing 'serious' side effects at events had remained reasonably stable in recent months (although one noted an increase in frequency of such incidents), with those experiencing such effects most often being young (18-21 years) and naive or inexperienced users. One key informant noted that event promoters were adopting strategies (such as providing water, and 'chill out' areas) to try to minimise these. Two key informants noted increases in the experience of psychological problems among ecstasy users in recent months, particularly in relation to depression, while one noted increases in problems such as anger and paranoia arising from people using the drugs for extended binges.

Table 9 Physical side- effects of ecstasy experienced in preceding six months

Symptom	Experienced in the last six months (%)*	Experienced under the influence of ecstasy (%)*	Experienced coming down from ecstasy (%)*	Experience only related to ecstasy (%)#
Teeth problems	61	49	43	49
Profuse sweating	59	55	20	44
Hot / cold flushes	64	56	33	52
Heart palpitations	42	38	25	69
Shortness of breath	26	24	8	50
Chest pains	8	6	6	88
Headaches	44	12	43	50
Dizziness	47	39	30	57
Tremors / shakes	44	27	37	61
Fainting / pass out	10	5	5	70
Fits / seizures	3	3	0	100
Numbness / tingling	53	49	24	43
Vomiting	33	29	7	39
Stomach pains	32	28	20	31
Muscular aches	46	12	43	54
Joint pains / stiffness	34	5	33	47
Inability to urinate	47	46	19	32
Blurred vision	75	69	30	53
Trouble sleeping	80	50	74	65
Weight loss	44	26	30	61
Loss of appetite	89	84	80	62
Loss of energy	70	10	69	64

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 10 Psychological side- effects of ecstasy experienced in the preceding six months

Symptom	Experienced in the last six months (%)*	Experienced under the influence of ecstasy (%)*	Experienced coming down from ecstasy (%)*	Experience only related to ecstasy (%)#
Memory lapse	42	36	27	67
Visual hallucinations	47	46	18	66
Auditory hallucinations	31	22	25	61
Loss of sex urge	21	16	17	48
Inability to achieve orgasm	36	32	28	56
Anger / hostility	23	4	22	48
Violent behaviour	4	2	4	100
Anxiety	59	28	53	49
Panic attacks	10	3	8	40
Paranoia	45	24	42	71
Depression	55	3	55	47
Suicidal thoughts	14	2	14	36
Suicide attempts	3	1	3	67
Confusion	92	51	90	63
Difficulty concentrating	84	55	82	67
Irritability	46	11	45	67
Agitation / restlessness	52	32	47	65
Flashbacks	18	5	17	28

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

4.5.3 Other harms

While, in the main, the participants in the current study had used ecstasy on less than a weekly basis (62%), and had not reported any problems with stopping or reducing their use (78%), one in five participants (22%) reported that, during past year, they had tried to stop or reduce their use of the drug but found that they could not. These participants had used ecstasy at greater frequency than those that did not report problems with reducing use (average of 33 days vs. 17 days in the preceding six months: Mann-Whitney U = 382.0, $p<0.001$), however there were no other distinguishing demographic factors between these individuals including age, sex, education level or current employment.

Just over one-third of the sample had experienced occupational or study problems in the preceding six months (Table 11) which they perceived as related, at least in part, to their use of ecstasy. Of those experiencing recent work or study problems, three-quarters were relatively minor problems, involving trouble concentrating, reduced work performance, or feeling low on motivation. Twenty-two percent (n=8) involved taking sick leave or not attending classes, while only one participant experienced the particularly serious problem of being dismissed or quitting a job.

Just under one-third of the sample had experienced recent relationship or social problems that they attributed in part as due to ecstasy use. Again, the majority of these were relatively minor problems, such as arguments or mistrust/anxiety (75%), although six participants had ended a relationship as a result of ecstasy use (19%), and two reported that being kicked out of their family home was at least partially related to their ecstasy use.

Only two participants had experienced legal problems in the preceding six months which they had attributed in part to their ecstasy use. One participant had lost their licence (although this was also related to alcohol and cannabis use) and another had been searched and had their name taken.

Financial problems associated with ecstasy use were relatively common, experienced by 44% of the sample. Almost half (43%) of these problems were relatively minor, such as having no money for recreational activities or luxuries, however, one-third (34%) reported that their ecstasy use had placed them in debt, and of particular concern, 23% (n=10) had been unable to pay for essentials such as food or rent.

There were no significant sex differences in the likelihood of participants reporting experiencing these four categories of ecstasy-related problems in the preceding six months. Moreover, recent bingeing on ecstasy was not related to the likelihood of experiencing occupational, financial, legal or social problems amongst the current sample. Recent injection of ecstasy likewise did not relate to the likelihood of experiencing ecstasy-related occupational, financial, legal or social problems in the preceding six months.

Table 11 Summary of ecstasy-related problems among ecstasy users

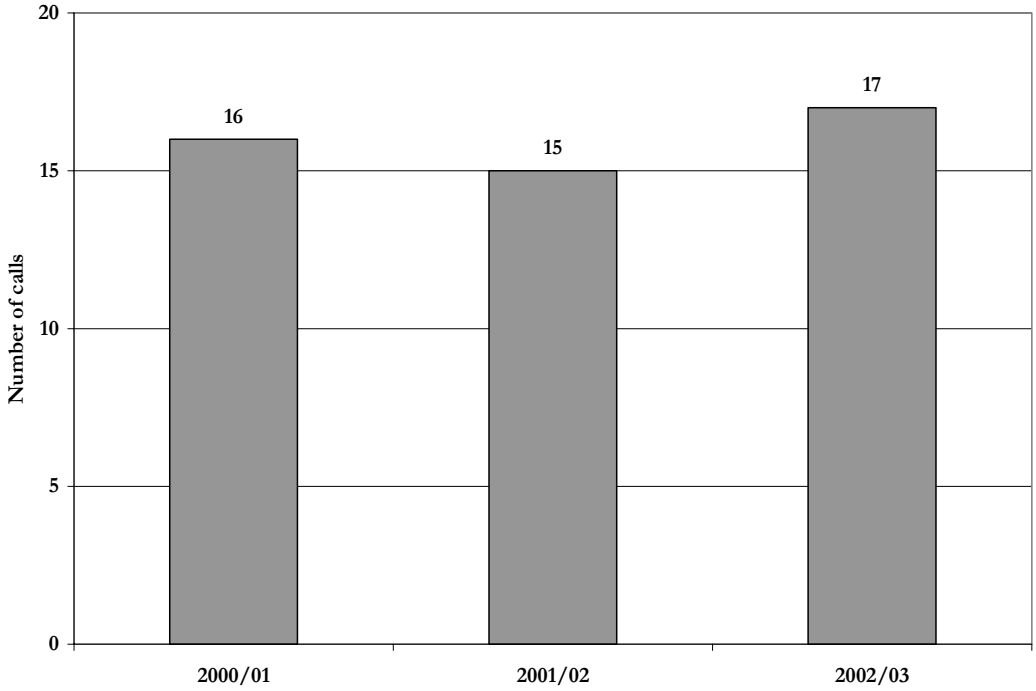
Ecstasy-related problem	2003 Sample (n=100)
Mean number of physical side effects experienced	10.1 (range 1-20)
Mean number of psychological side effects experienced	6.8 (range 0-15)
Experienced occupational/study problems (%)	36
Experienced relationship / social problems (%)	32
Experienced financial problems (%)	44
Experienced legal / police problems (%)	2

Source: Party Drugs Initiative PDU interviews

Alcohol and Drug Information Service Data

The Tasmanian Alcohol and Drug Information Service (ADIS) is a telephone information and referral service. ADIS for Tasmania is administered by Turning Point Alcohol and Drug Centre, and data from each call to the service is systematically recorded. As indicated in Figure 6 below, there have been a steady and small number of calls to ADIS relating to ecstasy in the past three financial years. To exemplify the minor nature of Tasmanian instigated calls to ADIS relating to ecstasy, the service received 2208 calls from Tasmanians in 2000/01, 2129 in 2001/02 and 1984 calls in 2002/03.

Figure 6 Number of inquiries to ADIS regarding ecstasy 2000/01-2002/03



Source: ADIS Tasmania Reports, Turning Point Alcohol and Drug Centre

4.6 Benefit and risk perception

4.6.1 Perceived benefits

Participants in the 2003 sample were asked to describe the benefits they perceived to be associated with taking ecstasy. Befitting the drug's use in social or dance event contexts, the most common responses (Table 12) as to the benefits of ecstasy use were primarily social in nature, such as enhanced empathy or 'connectedness' with others (51%), enhanced confidence (45%), and enhanced sociability (36%). The added stamina and energy from the stimulant effects of the drug was also perceived as a sizeable benefit by almost half the sample (47%), allowing people to stay out for longer and to dance for longer. Improvements to the occasion were also commonly perceived as benefits, with 48% reporting that ecstasy enhanced their mood, 24% noting that it allowed them to have an enjoyable time, 24% reporting that it allowed them to enjoy dance music more, and with 12% reporting a benefit of ecstasy was that it allowed them to 'party' with a clear head (unlike drugs such as alcohol or cannabis) and to stay in control, while 10% indicated that venues where ecstasy use is predominant provide a more pleasant and safer environment that those dominated by alcohol use. Purely hedonistic aspects were slightly less commonly reported as benefits, with 36% reporting enjoying the euphoric aspects of use, and 13% reporting that it provided enhanced libido or sexual enjoyment. The psychedelic and introspective effects of ecstasy were also commonly perceived as a benefit, with 14% reporting enjoying ecstasy's effects on enhancing their senses and 16% reporting that it made them feel more self-aware.

Table 12 Perceived benefits of ecstasy use reported by PDU

Benefit	2003 Sample (n=100) n
Enhanced empathy / connectedness with others	51
Mood enhancement	48
Enhance energy / stamina	47
Decrease inhibitions / enhanced confidence	45
Enhances sociability / chattiness	36
Euphoria	36
Enjoyable time	24
Helps you to enjoy the music	17
Enhanced self-awareness	16
Relaxation / release	15
Enhanced sensations / senses	14
Enhanced sex / libido	13
Can party with a clear head / stay in control	12
Ecstasy use provides a more pleasant / safer environment than alcohol use	10

Source: Party Drugs Initiative PDU interviews

4.6.2 Perceived risks

Participants were also asked about the potential risks or harms that they associated with the use of ecstasy (Table 13). In keeping with the very educated and self aware nature of this group, just 12% of the sample reported that there were no risks associated with the use of ecstasy, or that they did not know of any risks associated with the use of the drug. Notably, the primary concern of the users, spontaneously noted by almost two-thirds of respondents, (62%) was the problems associated with not knowing the exact contents and impurities contained within the tablets they were sold as 'ecstasy'. The clear theme was that users knew the effects that they were seeking in these drugs, but due to the illicit and unregulated nature of these tablets, they could not be sure as to the exact contents of the pills that they purchased and whether they would actually be ingesting a different, unwanted, substance, or whether they may experience an unexpected reaction from one of the tablet impurities.

Other common concerns that users reported indicated that they had received the health messages about ecstasy use, with 32% reporting that dehydration was a risk, 28% noting possibilities of damage to the brain's serotonin system, 17% over hydration and 15% overheating / over-exertion as potential harms related to ecstasy use. Almost one-quarter of respondents noted that one of the risks associated with use was that the drug may make you more likely to put yourself in vulnerable situations (due to the euphoric and empathic nature of the drug making an individual more trusting) or to take risks that one may not usually take (such as injecting drug use or unsafe sex).

Concerns with the impact on relationships or the deleterious effect that substance use may have on social standing (due to the stigma and negative stereotypes associated with substance use) were noted by 15% of the sample. Concerns about negative impacts on mental health and wellbeing were also common, with 15% reporting the potential of ecstasy to cause or exacerbate depression, 15% concerned about anxiety or panic

inducing effects and 13% concerned about long term consequences for mental health such as psychosis (13%).

Finally, given the concerns in the media about the impact of ecstasy use in regard to lost productivity, it was noteworthy that just 15% of users of the drug noted this as a potential harm associated with the use of the drug. Similarly, concerns in regard to the illicit nature of the drug appeared to be quite minimal, with only 13% noting legal problems as a potential harm associated with ecstasy use.

Table 13 Perceived risks of ecstasy use reported by PDU

Risk	2003 Sample (n=100) n
Not knowing exactly what the content / purity of pills are / tablet impurities	62
Dehydration	32
Damage / change to brain function (loss of serotonin, etc)	28
General physical health problems	27
Risk-taking behaviour / makes you more vulnerable	23
Over hydration	17
Depression	15
Relationship problems / damage to reputation	15
Overexertion / overheating	15
Anxiety / panic	15
Reduced work / study performance / concentration	15
Financial problems	13
Legal problems	13
Mental health problems (long term) / psychosis	13
None / Don't know	12
Addiction	8
Memory loss / damage	8
Passing out	7
Death	7
Weight loss	6
Mood swings / emotional instability	5
Heart problems / palpitations	5
Seizures / fits	3

Source: Party Drugs Initiative PDU interviews

4.7 Other Trends and Features of Ecstasy Use

Within the social networks of the PDU participants, use of ecstasy use was quite common, with 3% of participants reporting that 'all'; 41% reporting 'most'; and 43% suggesting that 'about half' of their friends and acquaintances used ecstasy. Just 13% of respondents reported that use of ecstasy was limited to only 'a few' of their friends and acquaintances.

Qualitative comments from both key informants and ecstasy users themselves indicated a number of other changes in recent months.

Changes in the use of ecstasy were noted, with seven PDU and one key informant noting an increase in the frequency of ecstasy use among some users. However, other key informants noted that frequency of use is also related to the frequency of dance events (n=3), and also relates to the stage of the level of experience of the individual in general (with an increased frequency amongst new or younger users in the 'honeymoon' period with the drug; and a decline of use with increasing age; n=2). Thirteen PDU and one key informant noted increases in the number of pills taken in a single episode of use in recent months, with three PDU and a single key informant that some individuals were using for longer stretches at a time without sleep ('binges'). Two PDU also noted increases in the numbers of party drug users using snorting and injecting as modes of administration.

Changes in the demographics of those using ecstasy and other party drugs were noted by many respondents. While four key informants noted no change in the overall numbers of people using ecstasy in the preceding six months, ten key informants and twenty-three PDU reported an increase in the number of people using the drug in recent months (or that there were more new people using ecstasy). A widening of the demographic of individuals using ecstasy was also noted both by key informants (n=4) and several PDU, most notably a decrease in the age of those using (n=7 KI, n=5 PDU), although an increase in the breadth of the age range of users was also noted, with one key informant and one PDU noting more 'older' people using ecstasy in recent months. Members of the ecstasy user sample also noted that as use of ecstasy had become more 'trendy' it had shifted into different demographics from the 'dance' scene (n=2), with more university students (n=2) and more 'sensible' people using (n=1) the drug locally. In keeping with such a broadening of popularity of the drug, both key informants and users noted that ecstasy use had become more 'accepted' in recent months (n=1 respectively), that use at dance events had become more visible (n=2 key informants) and that the locations of use of ecstasy had broadened to include private parties rather than primarily being dance event-related (n=1 key informant).

An increase in 'poly substance' use or increases in people using combinations of different pills in the preceding six months by two key informants that were intimately involved in health interventions at dance events, which was supported by reports from five PDU suggesting an increased level of experimentation with other drugs (such as crystalline methamphetamine) in the PDU they had contact with. An increase in the intentional use of new combinations was also reported, with one key informant and one PDU reporting a recent increase in 'candyflipping' (use of ecstasy and LSD together) and use of ecstasy and Viagra (sildenafil citrate) in combination in recent months (n=3 key informants), while one key informant noted 'preloading' (use of other drugs prior to ecstasy to enhance the effect or ameliorate the recovery period) with antidepressants and vitamin B12 among as a new trend among the PDU that they had contact with.

One key informant, an outreach health intervention worker, noted an increase in recent months in the numbers of people that had wanted to stop or reduce their ecstasy use but were finding this difficult. This was supported by reports from the PDU sample, with nine individuals reporting concerns that they had developed cravings or a dependence for the drug, and 22% of the sample noting that they had recently wanted to try to stop or reduce their use but found they could not.

Both key informants and users themselves noted a substantial level of knowledgeable or responsible use among PDU they were associated with, reporting that researching the effects of drugs and harm reducing approaches to use was the norm among such individuals. As discussed in later sections of the report, the majority of the current PDU sample reported usually researching the effects of the substances prior to their use. As such, as several PDU noted, much of the negative stereotypes around party drug users (such as being irresponsible, reckless, unaware, or in denial of the potential negative effects of use) are simply unfounded. In keeping with this, five PDU bemoaned the lack of availability of pill testing kits within the state, particularly at dance events, a role that user groups in mainland jurisdictions have been able to make great impact in terms of spreading harm reduction and safer using messages to party drug users.

4.8 Summary of Ecstasy Harms and Trends in Use

- There appears to be a minimal impact of ecstasy on recent Tasmania Police drug-related statistics
- Most ecstasy users report a range of physical and psychological symptoms which they perceive as related, at least in part, to their use of the drug. While the majority of these symptoms are relatively minor, very small proportions report psychological side effects which cause significant clinical distress such as panic attacks or suicidal thoughts
- Substantial proportions of ecstasy users report occupational, relationship or financial problems which they perceive as being related, at least in part, to their use of ecstasy. While the vast majority of these are relatively minor, a very small proportion of participants reported experiencing problems which constitute significant disruptions to functioning, such as loss of employment, the ending of relationships, and inability to pay for essentials such as food or rent
- Ecstasy users report the positive effects of the drug for them to relate predominantly to social or functional aspects, such as increased empathy, confidence, and sociability and enhanced energy or stamina
- The primary concern among users surrounding the possible negative effects of ecstasy relate to tablet impurities and fluctuating pill content and purity
- User reports regarding the potential risks of ecstasy use indicate that messages about risks (such as dehydration, overhydration, overheating etc) are being received by consumers of the drug, and that this group are interested and aware of harm reduction messages
- Both consumer and key informants reported a widening of the demographics of those using ecstasy, with use seen in both younger and older age groups
- Consumers and key informants reported increases in experimentation with other 'party' drugs among ecstasy users in recent months, particularly in regard to crystalline methamphetamine

5 METHAMPHETAMINE

In previous years, IDRS reports have used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. Throughout the 1980s, the form of illicit amphetamine most available in Australia was amphetamine sulphate (Chesher, 1993). Following the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals for the production of amphetamine sulphate (Wardlaw, 1993), illicit manufacturers were forced to rely on different procedures for the preparation of amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine[2] (rather than amphetamine) steadily increased until methamphetamine clearly dominated the market (ABCI, 1999, 2000, 2001). Across Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, base, paste and crystal meth, are also methamphetamine. Therefore, the term methamphetamine will be used in the current report to refer to the drugs available in this class.

As methamphetamine markets across the country have expanded over the past few years, it has become apparent that there is a diversity of forms of methamphetamine sold in the Australian illicit drug market. While there is some disagreement among both users and researchers as to the nature of these forms, it is clear that these are marketed differently to consumers and sold on differing price scales. As such, trends in regard to each of these forms will be discussed separately where appropriate.

With the exception of pharmaceutical stimulants such as dexamphetamine and methylphenidate, it appears that there are three dominant 'preparations' of methamphetamine used within the Tasmanian (and Australian) drug market – each falling at three points along a continuum of form, but all of which are essentially the same substance.

Powder form methamphetamine[3] is the form of the drug which has traditionally been available in Australia. This is commonly a powder that can range from fine to more crystalline or coarse, and may take different colours (commonly white, yellow, brown, orange or pink), depending on the chemical process used in its production and the quality of that process. It is produced within Australia, most commonly in small, portable 'laboratories', and is usually based on pharmaceutical pseudoephedrine (extracted from, for example, *Sudafed* tablets). Because of its powder form, it if fairly easy to 'cut' (dilute) and is commonly sold at fairly low purity/potency. In the 2003 PDI and IDRS surveys, participants that reported using each 'form' of methamphetamine were asked to indicate what each 'form' they had purchased in the past six months most closely resembled from a series of exemplars[4], and common responses for methamphetamine powder are included in Table 14 below, although it was commonly reported as a beige/browny/yellowy/off-white crystalline powder.

The two other 'forms' of methamphetamine are traditionally higher in potency (due to being more difficult to 'cut') and have been increasing in availability across all Australian

[2] Methamphetamine is an abbreviation of the name methylamphetamine, and as such, both terms are interchangeable.
[3] Powder form methamphetamine is also referred to in national and other jurisdiction IDRS and PDI reports as 'speed'.
[4] The exemplars provided, along with a discussion of the proposed groupings of the pictures, is available at: http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins , and an article discussing evolving changes in Australian methamphetamine markets by Topp and Churchill (2002) is also accessible at the same address.

Jurisdictions in the past few years (Topp et al, 2002). The first, referred to in some jurisdictions as 'base' or 'paste' is commonly a gluggy, oily, 'wet' powder. Although it does not seem to have a particular moniker in Tasmania, it is usually sold in units of 'points' (0.1 grams) in comparison to powder methamphetamine, which is traditionally sold in gram units at similar prices. This form of the drug appears oily because the conversion process from pseudoephedrine to methamphetamine produces the alkaline (base) form of methamphetamine, which is 'oily'. To convert this to a more easily injectable form (methamphetamine hydrochloride crystals, which may take the appearance of powder, or, when no impurities are present, and carefully crystallised, may take the form of the 'ice' crystals discussed below) requires a high level of skill, and when not completed correctly, the result of this process is an oily powder that often has a yellow or brownish tinge due to the presence of iodine and other impurities (Topp & Churchill, 2002). IDU survey respondents that had recently purchased this form of the drug locally reported it as appearing as a sticky 'pasty' gel/wax, often brown in colour, and indicative exemplars of this form of the drug are included in Table 14.

The final form of methamphetamine, often referred to as 'ice' or 'crystal meth(amphetamine)' is the product of a careful production process, and is believed to chiefly be imported into Australia from Asian countries (Topp & Churchill, 2002). It commonly appears as clear, ice-like, crystals, and as such, is difficult to 'cut' (dilute), resulting in a relatively high-purity/potency product. Those IDU survey respondents that had recently purchased this form locally provided exemplars as detailed in Table 14, although it was commonly reported as transparent white crystals or rocks (approximately the size of match heads), with a presentation similar to rock salt.

From comparison of the exemplar pictures as the presentation of the methamphetamine most commonly used in the preceding six months selected by the PDU and IDRS IDU samples, it is clear that there is a substantial level of congruence across these samples (Table 14). This may indicate that, while the party drug user and injecting drug user samples used in the two studies are quite distinct, the both may be using the same supply routes for methamphetamine.

Table 14 Indicative methamphetamine forms reported by those using the drug in the PDU survey

PDU Sample 2003 *Exemplars most commonly selected*		IDRS IDU Sample 2003 *Exemplars most commonly selected**
Methamphetamine Powder		
 ***2003 PDU Sample: used most n=24/42***	 ***2003 PDU Sample: used most n=18/42***	 ***2003: Used n=20/40, used most n=13/17*** *2002: Used n=16/35, used most n=5/13*
Base/Paste Methamphetamine		
 ***2003 PDU Sample: used most n=10/23***		 ***2003: Used n=7/37, used most n=5/21**** *2002: Used n=28/74, used most n=16/58*
Crystalline Methamphetamine		
 ***2003 PDU Sample: used most n=20/27***		 ***2003: Used n=40/54, used most 32/43*** *2002: Used n=11/20, used most n=0/3*

Source: Party Drugs Initiative PDU interviews; Illicit Drug Reporting System IDU interviews

*Note: All participants reporting use of any form of methamphetamine were asked to nominate the exemplars that most closely resembled the methamphetamine they had used within each 'form'. More than one exemplar could be nominated within each 'form' of the drug. The proportion of participants thus nominating each of the most common exemplars is detailed above as 'used n'. For the 'form' of methamphetamine, participants were asked to nominate which exemplar most resembled the 'form' of the drug they had used most often in the preceding six months. The indicated exemplar for base/paste methamphetamine selected by the IDRS IDU sample in 2003 was 'tied' for the exemplar most commonly selected – refer to Bruno and McLean 2004 for more details.

5.1 Methamphetamine use among PDU

Use of some form of methamphetamine was very common among the PDU sample, with almost all (93%) ever using the drug, and 82% using some form in the six months prior to interview. Within this period, across all forms of the drug, the median frequency of use was seven times. The drug was most commonly swallowed or snorted, with just one-quarter (24%) of the sample reporting ever injecting some form of methamphetamine, with 20% injecting the drug in the preceding six months.

5.1.1 Methamphetamine Powder (Speed)

Almost all (90%) of the PDU survey participants reported lifetime methamphetamine powder use, and two-thirds (67%) of the sample had used this form of the drug in the six months prior to interview. Amongst this group, the median frequency of use was just four days in this period, equating to use of the drug less than once per month on average. Of those that had recently used methamphetamine powder, almost three-quarters (63%) had used the drug less than once per month, 22% used the drug between once per month and once per fortnight in this time, with only 5% using between fortnightly and weekly, and 9% used powder more than once per week. Despite the high proportion of the sample recently using powder methamphetamine, and the small proportion using it very frequently, just 3% of the PDU participants nominated this as their drug of choice.

The median amount of powder methamphetamine used in a 'typical' or 'average' episode of use in the preceding six months (amongst those reporting use of the drug) was 0.1 grams (range 0.05-0.5 g). During their episode of heaviest recent use, participants again reported a median of use of 0.1 grams, although a much larger range was nominated, between 0.05 g and 4 g of powder methamphetamine. Just 4% of the sample (6% of those that had recently used this form) had used one gram or more of methamphetamine powder during a single episode of use in the preceding six months.

Seventy-nine percent of those that had used methamphetamine powder in the preceding six months had swallowed the drug in this time. Snorting was also common, reported by 63% of this group, while 4% recently smoked the drug and 16% had injected powder methamphetamine in the preceding six months.

As can be seen in Table 15 below, similar to patterns for use of ecstasy, methamphetamine powder was predominantly used in dance-related contexts, such as raves, dance parties or nightclubs (61% of those recently using methamphetamine powder were in these contexts while under the influence of the drug the last time they used it), although a smaller proportion had used the drug at private homes or private parties (35%).

Of the 18 key informants, all but three noted some use of methamphetamine powder among the groups of ecstasy users that they were familiar with. Estimates of the proportion of these groups using methamphetamine powder ranged from 10% to 100%, although, in keeping with the proportion of the current PDU sample using the drug, most estimated this proportion to be between 30%-50% of the groups of ecstasy users they had recent contact with. Swallowing (in drinks) or snorting were the predominant modes of administration reported by key informants.

Table 15 Patterns of methamphetamine powder use of PDU

Methamphetamine powder variable	PDU sample (n=100)
Ever used (%)	90
Used in the preceding six months (%)	67
Injected in the preceding six months (%)	11
Of those who had used in the preceding six months	
Median days used in the preceding six months	4
Median quantities	
Median points used typically in the preceding six months	1 (0.5-5)
Median points used in biggest binge in the preceding six months	1 (0.5-40)
Locations usually used methamphetamine powder	
Home (%)	26
Dealer's home (%)	5
Friend's home (%)	17
Rave (%)	51
Dance party (%)	51
Nightclub (%)	46
Pub (%)	5
Private party (%)	13
Public place (street/park) (%)	3
Car (%)	4
Location last used methamphetamine powder	
Home (%)	13
Dealer's home (%)	3
Friend's home (%)	13
Rave (%)	16
Dance party (%)	16
Nightclub (%)	29
Pub (%)	2
Private party (%)	6
Public place (street/park) (%)	2

Source: Party Drugs Initiative PDU interviews

5.1.2 Methamphetamine Base

Base or 'paste' methamphetamine was the least commonly used form of methamphetamine among the current PDU sample, with just 36% reporting using this form at some stage in their life, and just one quarter (24%) using it in the preceding six months. Within this group, the median frequency of use of this form of the drug was three days in the preceding six months (range 1-96 days), equating to use of the drug once every two months on average. Twenty percent of this group reported using methamphetamine base once per week or more often, while the majority had used the drug less then once per month in the preceding six months (63%). None of the current participant sample nominated base/paste methamphetamine as their drug of choice.

Amongst those that had recently used this form of methamphetamine, the median amount used in a 'typical' or 'average' episode eof use in the preceding six months was 0.1 g (a 'point') ranging from 0.05 g-0.5 g. During their episode of heaviest use in the preceding six months, participants reported a median use of 0.2 g, ranging from 0.1-4.0 g. Just 3 participants reported using one gram or more of methamphetamine base during their heaviest binge in the preceding six months.

Among the 24 individuals that reported use of methamphetamine base in the preceding six months, swallowing was the most common route of administration (71%), although snorting was also very common (50%). Thirty-eight percent of this group had also injected this form in the preceding six months. Use of this form of methamphetamine was less strongly associated with dance-related events, with just 41% of those that had recently used the drug reporting using it last at a rave, nightclub or dance party. An almost equal proportion (37%) had last used this form at a private residence (an individual's home or private party).

Table 16 Patterns of Methamphetamine Base Use Among PDU

Methamphetamine base variable	PDU Sample (n=100)
Ever used (%)	36
Used in the preceding six months (%)	24
Injected in the preceding six months (%)	9
Of those who had used in the preceding six months	
Median days used in the preceding six months	3
Median quantities	
Median points used typically in the preceding six months	1 (0.5-5)
Median points used in biggest binge in the preceding six months	2 (1-40)
Locations usually used methamphetamine base	
Home (%)	44
Dealer's home (%)	0
Friend's home (%)	24
Rave (%)	48
Dance party (%)	52
Nightclub (%)	64
Pub (%)	16
Private party (%)	24
Public place (street/park) (%)	8
Location last used methamphetamine base	
Home (%)	18
Dealer's home (%)	5
Friend's home (%)	5
Rave (%)	9
Dance party (%)	18
Nightclub (%)	14
Pub (%)	5
Private party (%)	9
Public place (street/park) (%)	14
Car (%)	5

Source: Party Drugs Initiative PDU interviews

In keeping with the relatively low level of use of this form of methamphetamine among the PDU sample, eleven of the 18 key informants noted no recent use of this form of the drug among the party drug users that they had contact with. Just three key informants noted some use of this form amongst their groups, indicating that it was more commonly dissolved in liquid or rubbed on the gums, with snorting of the drug less common due to its oily nature.

5.1.3 Crystal Methamphetamine

While a smaller proportion of the current PDU sample reported ever using crystal methamphetamine (58%), this form was almost as commonly used in the preceding six months as methamphetamine powder, with 52% of the sample recently using crystal methamphetamine and 67% reporting recent use of powder. Among those using crystal methamphetamine, the median frequency of use was once per every two months in the preceding six months on average. Of those using crystal in this time, three-quarters had used it just once per month or less, although 15% of this group (n=8) reported using it once a week or more frequently in this time. Despite this, just 2% of the sample reported crystal methamphetamine as their drug of choice.

The median amount of crystalline methamphetamine used in a 'typical' or 'average' episode of use in the preceding six months was, in keeping with its high potency, slightly less than that reported for the other forms, at 0.05 g (range 0.02 g-0.2 g). During their heaviest period of recent use, participants reported using a median of 0.1 g of the drug, with a range of 0.025-1.0 g. Only one participant reported using a gram of crystal methamphetamine during their greatest binge in the preceding six months.

Among the 52% of the sample reporting use of crystal methamphetamine in the preceding six months, smoking was the most common mode of ingestion (62% of this group), with smaller proportions swallowing (38%), injecting (25%) or snorting (14%) this form in the preceding six months.

When asked where they were the last time they used crystalline methamphetamine (the venue where they were under the influence of the drug rather than the place of ingestion), PDU reported more commonly being in a private dwelling (home or private party – 56%), than at a dance event (35%), a pattern in contrast to that seen for methamphetamine powder.

Eight of the 18 key informants noted some recent use of crystalline methamphetamine amongst the ecstasy users that they had contact with. Use was generally reported as being occasional at most, with smoking or swallowing being the most common modes of administration amongst those using this form. One key informant and 19 PDU had noted increases in the number of ecstasy users using (and smoking) crystal methamphetamine in the preceding six months.

5.2 Price

PDU participants were asked to nominate the current market price of each form of methamphetamine that they had used in the preceding six months, and their last purchase price for these forms. The most commonly reported purchase amounts across all forms of methamphetamine were units of 'points' (0.1 g) and grams. Median market prices for each form (Table 18) were $50 per point (for all forms) and $200 per gram for powder, $300 per gram for paste, and $400 per gram for crystalline methamphetamine, a pricing scale that matches the potency of the three forms (see Section 5.3).

Table 17 Patterns of Crystal Methamphetamine (Ice) Use Among PDU

Crystal methamphetamine variable	PDU sample (n=100)
Ever used (%)	58
Used in the preceding six months (%)	52
Injected in the preceding six months (%)	13%
Of those who had used in the preceding six months	
Median days used in the preceding six months	3
Median quantities	
Median points used typically in the preceding six months	0.5 (0.2-2)
Median points used in biggest binge in the preceding six months	1 (0.25-10)
Locations usually used crystal methamphetamine	
Home (%)	22
Dealer's home (%)	7
Friend's home (%)	42
Rave (%)	29
Dance party (%)	36
Nightclub (%)	40
Pub (%)	7
Private party (%)	6
Public place (street/park) (%)	2
Location last used crystal methamphetamine	
Home (%)	10
Friend's home (%)	38
Rave (%)	8
Dance party (%)	8
Nightclub (%)	19
Pub (%)	8
Private party (%)	8
Public place (street/park) (%)	6

Source: Party Drugs Initiative PDU interviews

While reported last purchase prices for these forms were generally equal to or lower than the reported 'market' prices, this pattern was not necessarily consistent across all forms. Reported median last purchase prices for methamphetamine powder were $40 per 'point' (range $3-65, n=47) and $300 per gram (range $30-$320, n=9). Last purchase prices for methamphetamine base were lower than the reported 'market' prices, at a median of $40 per 'point' (range $20-50, n=14) and $275 per gram (range $200-300, n=4). Median last purchase prices for crystalline methamphetamine were equivalent or greater than the reported market prices, at $50 per 'point (range $35-100, n=22) and $450 per gram (range $400-450, n=3).

Across all forms of methamphetamine, these prices were predominantly rated as remaining stable in the preceding six months (of those reporting trends in prices, 72% perceived the price of methamphetamine powder as remaining stable, 82% reported base as remaining stable, and 73% that crystalline methamphetamine had remained stable in price in the preceding six months). The only notable dissent from this trend was a minority (20% of those reporting trends on methamphetamine powder) reporting that prices for powder had decreased in the six months prior to interview. Key informants reporting on trends in prices in methamphetamine overall (i.e. not specifying trends across the different forms) predominantly reported decreasing prices (n=4/5) although one reported that prices had remained reasonable stable in the preceding six months.

Table 18 Price of various forms of methamphetamine purchased by PDU

Median price methamphetamine	Methamphetamine powder	Methamphetamine base / paste	Crystal methamphetamine
Point (0.1 gram)	$50 *($40-50) n=41*	$50 *($35-300) n=16*	$50 *($35-100) n=31*
Gram	$200 *($30-300) n=11*	$300 *($250-375) n=5*	$400 *($300-500) n=8*
Last purchase price			
Point (0.1 gram)	$40 *($3-65) n=47*	$40 *($20-50) n=14*	$50 *($35-100) n=22*
Gram	$300 *($30-320) n=9*	$275 *($200-300) n=4*	$450 *($400-450) n=3*
Price change			
Increased (%)	2	6	12
Stable (%)	72	82	73
Decreased (%)	20	12	13
Fluctuated (%)	6	0	6

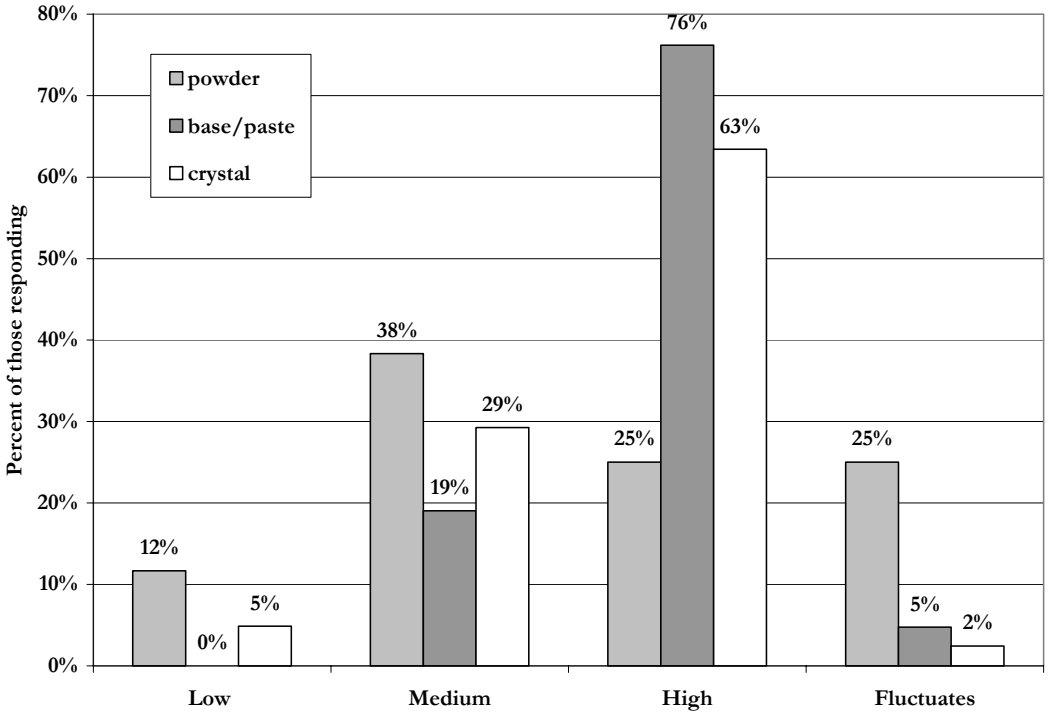
Source: Party Drugs Initiative PDU interviews Note: Price range in parentheses

5.3 Purity

Participants that had recently used each form of methamphetamine were asked to estimate its current level of purity. While this is necessarily a subjective opinion, there was a reasonable level of consistency of these estimates within each form. Crystal methamphetamine was generally reported as being 'high' (63%) or 'medium' (29%) in purity (Figure 7). Methamphetamine base was most commonly reported as being 'high' in purity (76%), although a minority (19%) reported this form as being of 'medium' purity (19%). Estimated purity for methamphetamine powder was the most variable of the three forms, with 38% reporting purity as 'medium', 25% as 'high' and a further 25% reported that purity fluctuated without a general pattern in the six months prior to interview.

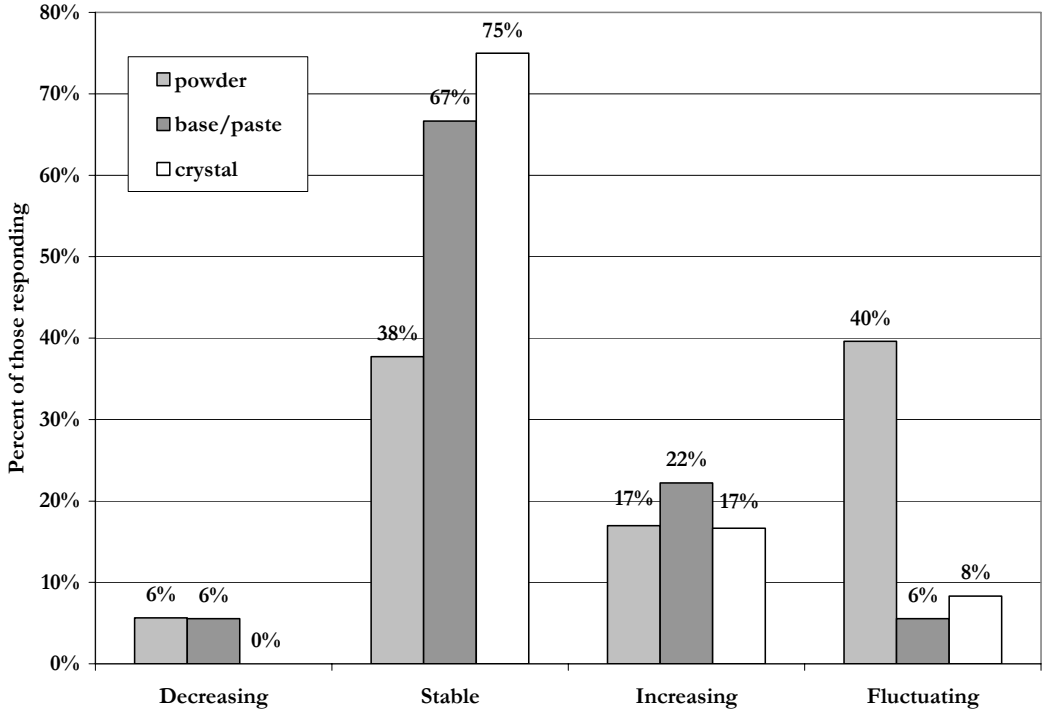
The majority of participants reporting on crystal and methamphetamine base considered the purity of these forms to have remained stable (75% and 67% respectively: Figure 8) or had increased (17% and 22% respectively) in the preceding six months. Consistent with reports on purity of powder methamphetamine, 40% reported that the purity of this form had fluctuated in the preceding six months, while 38% reported that purity had remained stable in this time.

Figure 7 Current Purity of Methamphetamine 2003



Source: Party Drugs Initiative PDU interviews

Figure 8 Recent change in Purity of Methamphetamine 2003



Source: Party Drugs Initiative PDU interviews

Data for purity of methamphetamine received at police analytical laboratories has been provided for the 1997/98 to 2002/03 financial years (Table 19). Drugs seized by Tasmania Police are only tested for composition and purity if the alleged offender pleads not guilty to the associated charge. Hence, purity data for drug seizures in the state are minimal. This very restricted sample size renders it difficult to make inferences about trends in purity of methamphetamine. However, the data does seem to suggest that the level of purity of consumer-type amounts of methamphetamine seized in Tasmania had remained relatively stable over the period 1997/98 to 2000/01. The apparent sharp 'jump' in purity of analysed methamphetamine samples between 2000/01 and 2001/02 may simply reflect the analysis of a more representative sampling of methamphetamine seizures (afforded by the greater sample size). While examination of Table 19 shows that the 'jump' to higher median purity seen in 2001/02 declined somewhat during 2002/03, the range in purity levels (0.1-71% in 2001/02 and 2-79% in 2002/03) has remained similar over the past two financial years.

Table 19 Purity of seizures of methamphetamine made by Tasmania Police received for laboratory testing, 1997/98 – 2002/03

	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
<=2 g						
n	*4*	*31*	*9*	*10*	*20*	*30*
average % purity	5 %	5 %	7.4 %	10.4%	26.6%	12.7%
> 2g						
n	*2*	*8*	*11*	*14*	*28*	*13*
average % purity	7 %	21 %	6.6 %	3.6 %	19.2%	11.2%
Total						
n	*6*	*39*	*20*	*24*	*48*	*43*
average % purity	**6 %**	**8 %**	**7 %**	**6.4 %**	**22.2%**	**12.2%**
Range in % purity	3-8%	2-59%	2-26%	0.5-50%	0.1-70.6%	1.9-78.5%

Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission

Note: No seizures made by the Australian Federal Police in the state were analysed during this period. All analysed seizures of amphetamines in this period revealed methylamphetamine rather than amphetamine.

5.4 Availability

Details of PDU participant reports on availability of all forms of methamphetamine are described in Table 20 below. Estimates of availability were reasonably consistent across all forms of the drug, with approximately 85% of respondents for each form reporting that it was moderately to very easy to access, and approximately 25% reporting that each was very easy for them to access. Reports of changes to availability, however, diverged for each form. Availability of methamphetamine powder was predominantly reported as remaining stable in the preceding six months (67%), with approximately equal proportions of respondents reporting increases (16%) and decreases (12%) in availability in this time. While the majority of respondents also reported that the availability of methamphetamine base had remained stable in this time (71%), one quarter (24%) reported that this form had become more difficult to access in recent months. On the contrary, the majority of participants reported that it had become easier to access

crystalline methamphetamine in the six months prior to interview (65%), with only a minority (29%) reporting that availability had remained stable in this time.

Key informant reports of the ease of availability of methamphetamine were generally consistent with those from users, with seven reporting that it had become easier to access methamphetamine in the preceding six months (four of these specifically referring to crystal), and just two perceiving that availability had remained stable in this time.

As an indication of availability of methamphetamine, Tasmania Police seizures of the drug have steadily increased between 1999/00 and 2001/2002, although dropping slightly in 2002/03 (Figure 9). For more detailed examination of trends in methamphetamine availability between 2000 and 2003, please refer to Bruno and McLean (2004).

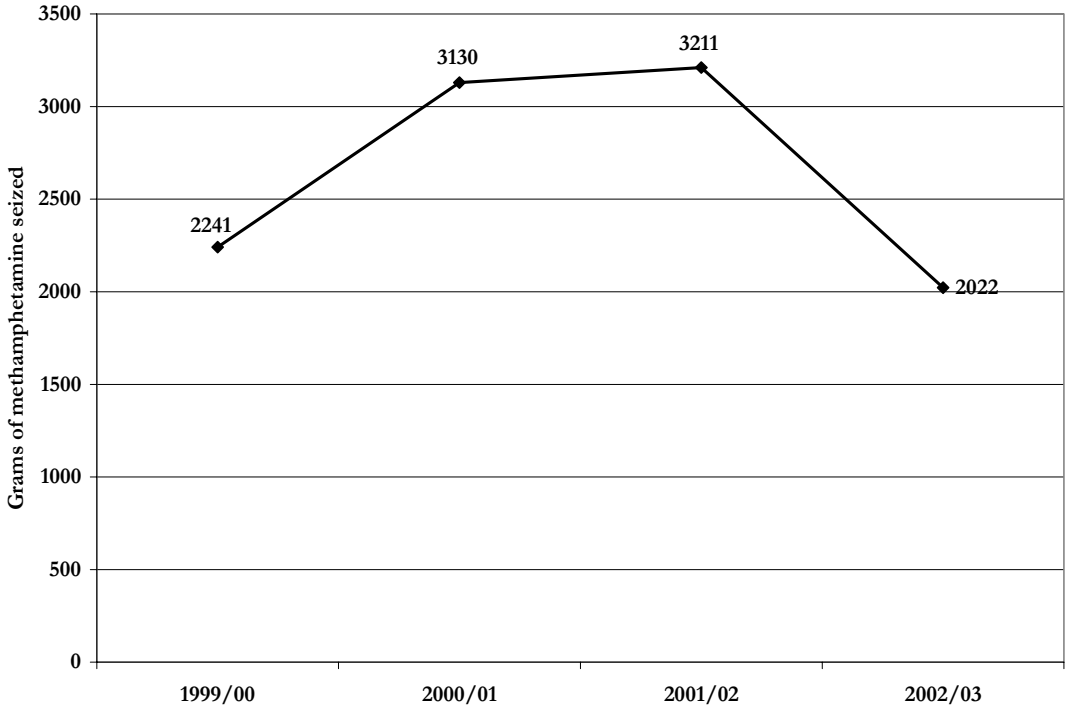
When asked whom they had purchased ecstasy from in the preceding six months, following similar trends to that reported for ecstasy, the drug was most commonly purchased from friends (60-69% across all forms of methamphetamine: Table 20). As would be expected, purchasing of the drug from a 'dealer' was the next most common person scored from in the preceding six months (29%-48% across all forms). There is very little evidence of street-based methamphetamine dealing, with just one participant reporting purchase of the drug from the 'street' in the preceding six months. Across all forms of methamphetamine, the drug was most commonly purchased from private homes (see Table 20), although a minority reported recently purchasing methamphetamine in public venues, such as dance parties, nightclubs or pubs in the preceding six months.

Table 20 PDU reports of availability of methamphetamine

Methamphetamine	Powder	Base / paste	Crystal
Ease of obtaining			
Very easy (%)	28	30	21
Easy (%)	34	22	23
Moderately easy (%)	28	35	34
Difficult (%)	10	13	16
Changes in availability in the last 6 months			
Stable (%)	67	71	29
Easier (%)	16	5	65
More difficult (%)	12	24	6
Fluctuates (%)	5	-	-
Persons scored from in the last 6 months			
Friends (%)	69	60	67
Dealers (%)	38	48	29
Workmates (%)	4	0	2
Acquaintances (%)	10	8	4
Mainland contact / dealer (%)	-	4	2
Unknown persons (%)	-	4	-
Locations scored from in the last 6 months			
Home (%)	20	24	18
Dealer's home (%)	33	32	24
Friend's home (%)	46	40	46
Rave (%)	20	12	11
Dance party (%)	21	12	6
Nightclub (%)	21	8	11
Pub (%)	7	-	6
Street (%)	1	-	-

Source: Party Drugs Initiative PDU interviews

Figure 9 Seizures of methamphetamine (or powder believed to be methamphetamine) by Tasmania Police 1999/00-2002/03



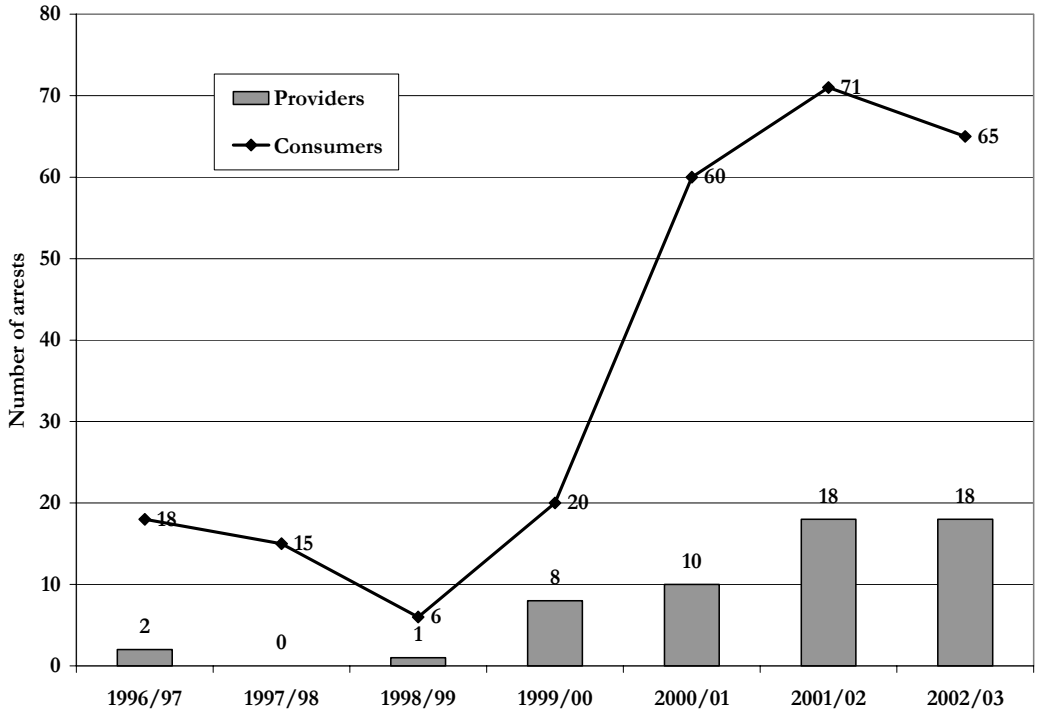
Source: Tasmania Police

5.5 Methamphetamine related harms

5.5.1 Law enforcement

Figure 10 below represents the number of police incidents recorded for methamphetamine possession or use (consumer offences) and for selling or trafficking methamphetamines (provider offences) by Tasmania Police between 1999/00 and 2002/03. This data indicates a marked increase in the number of arrests between 1998/99 and 2000/01, primarily associated with a greatly increased number of charges associated with 'consumer'-type offences. This is likely to reflect an increased availability and use of methamphetamines, as has been identified through the Tasmanian IDRS in 2001 and 2002 (Bruno & McLean 2002, 2003). While the number of arrests have fluctuated slightly between 2000/01 and 2002/03, these rates remain substantially greater than those seen prior to 2000/01.

Figure 10 Number of police incidents recorded for methamphetamine possession/use (consumers) and deal/traffic (providers), 1999/00-2002/03



Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission

5.5.2 Health

Table 21 and 22 respectively detail the physical and psychological side effects experienced by PDU participants in the preceding six months and attributed to some form of methamphetamine.

Participants reported a mean of five physical side effects (range 0-15) in relation to use of any form of methamphetamine in the preceding six months of the 22 symptoms enquired about in the current study. The side effects most commonly attributed to methamphetamine use were difficulties in sleeping, loss of appetite, teeth problems (such as teeth grinding), tremors or shakes, and heart palpitations, all of which relate to the central nervous system stimulating effects of methamphetamine. These side effects were experienced by over one-third of the sample in the preceding six months. However, since methamphetamine was used in conjunction with other drugs amongst the current PDU sample, it was uncommon for these side-effects to be attributed solely to methamphetamine use (with just 10% or less of the sample reporting any of these physical side effects solely to methamphetamine use). The experience of heart palpitations and of tremors or shakes were the two physical side-effects most commonly attributed solely to methamphetamine use by PDU, reported by 10% and 7% of those experiencing these symptoms respectively.

PDU reported a mean of three psychological symptoms related at least in part to methamphetamine use in the preceding six months (any form of methamphetamine: range 0-15 symptoms of the 18 enquired about). The most commonly reported psychological side effects attributed to methamphetamine, experienced by one-third or

more of the sample, were confusion, agitation or restlessness, difficulties concentrating, irritability and anxiety. Again, as methamphetamine was rarely used in isolation by the PDU cohort, it was uncommon for these reported negative effects to be solely attributed to methamphetamine use. Just five percent of those that reported experiencing any psychological side effect attributed this solely to any form of methamphetamine (Table 22).

The majority of key informants did not note any recent changes in the level of deleterious side effects associated with methamphetamine use among the party-drug using populations that they were associated with. Three key informants did, however, note recent increases in issues such as sleeping problems, paranoia and anger amongst regular- or longer-term- users of methamphetamine. One key informant, a drug and alcohol counsellor, noted anecdotal reports of 2-3 recent local deaths associated with crystalline methamphetamine use, although these reports have not yet been substantiated by the Coroner.

Table 21 Physical side- effects of methamphetamine experienced in preceding six months

Symptom	Experienced related to powder		Experienced related to base/paste		Experienced related to crystal		Experienced related to any methamphet		Experience only related to methamphet	
	%*	n	%*	n	%*	n	%*	n	%#	n
Teeth problems	37	*25*	0	*0*	19	*10*	39	*32*	2	*2*
Profuse sweating	19	*13*	8	*2*	17	*9*	27	*22*	1	*1*
Hot / cold flushes	27	*18*	8	*2*	17	*9*	30	*25*	6	*5*
Heart palpitations	33	*22*	8	*2*	15	*8*	37	*30*	7	*6*
Shortness of breath	9	*6*	4	*1*	2	*1*	9	*7*	0	*0*
Chest pains	6	*4*	0	*0*	4	*2*	7	*6*	2	*2*
Headaches	21	*14*	8	*2*	13	*7*	22	*18*	4	*3*
Dizziness	15	*10*	8	*2*	4	*2*	15	*12*	2	*2*
Tremors / shakes	37	*25*	13	*3*	17	*9*	38	*31*	10	*8*
Fainting / pass out	3	*2*	4	*1*	0	*0*	2	*2*	0	*0*
Fits / seizures	1	*1*	0	*0*	0	*0*	1	*1*	0	*0*
Numbness / tingling	13	*9*	4	*1*	13	*7*	20	*16*	4	*3*
Vomiting	9	*6*	0	*0*	6	*3*	10	*8*	2	*2*
Stomach pains	13	*9*	4	*1*	2	*1*	12	*10*	2	*2*
Muscular aches	25	*17*	4	*1*	13	*7*	29	*24*	6	*5*
Joint pains / stiffness	19	*13*	4	*1*	12	*6*	22	*18*	6	*5*
Inability to urinate	19	*13*	0	*0*	4	*2*	17	*14*	2	*2*
Blurred vision	10	*7*	0	*0*	2	*1*	10	*8*	0	*0*
Trouble sleeping	60	*40*	8	*2*	38	*20*	65	*53*	4	*3*
Weight loss	25	*17*	0	*0*	17	*9*	28	*23*	1	*1*
Loss of appetite	57	*38*	8	*2*	37	*19*	62	*51*	4	*3*
Loss of energy	25	*17*	8	*2*	15	*8*	28	*23*	0	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 22 Psychological side- effects of methamphetamine experienced in the preceding six months

Symptom	Experienced related to powder		Experienced related to base/paste		Experienced related to crystal		Experienced related to any methamphet		Experience only related to methamphet	
	%*	n	%*	n	%*	n	%*	n	%#	n
Memory lapse	12	*8*	0	*0*	10	*5*	15	*12*	1	*1*
Visual hallucinations	7	*5*	0	*0*	6	*3*	10	*8*	1	*1*
Auditory hallucinations	9	*6*	4	*1*	8	*4*	11	*9*	1	*1*
Loss of sex urge	10	*7*	0	*0*	6	*3*	12	*10*	4	*3*
Inability to achieve orgasm	19	*13*	4	*1*	15	*8*	22	*18*	0	*0*
Anger / hostility	15	*10*	0	*0*	8	*4*	15	*12*	4	*3*
Violent behaviour	1	*1*	0	*0*	2	*1*	2	*2*	1	*1*
Anxiety	28	*19*	4	*1*	17	*9*	32	*26*	2	*2*
Panic attacks	3	*2*	0	*0*	2	*1*	4	*3*	0	*0*
Paranoia	13	*9*	0	*0*	17	*9*	20	*16*	2	*2*
Depression	16	*11*	0	*0*	13	*7*	21	*17*	2	*2*
Suicidal thoughts	6	*4*	0	*0*	4	*2*	7	*6*	1	*1*
Suicide attempts	3	*2*	0	*0*	0	*0*	2	*2*	0	*0*
Confusion	42	*28*	4	*1*	25	*13*	45	*37*	1	*1*
Difficulty concentrating	36	*24*	4	*1*	21	*11*	38	*31*	0	*0*
Irritability	27	*18*	8	*2*	17	*9*	33	*27*	4	*3*
Agitation / restlessness	40	*27*	4	*1*	25	*13*	44	*36*	5	*4*
Flashbacks	3	*2*	0	*0*	0	*0*	2	*2*	0	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

5.5.3 Other Harms

Approximately one-quarter of the total PDU sample reported experiencing any occupational/study, relationship, financial or legal problems associated with any form of methamphetamine use in the preceding six months (Table 23). Generally, these problems were more often associated with use of methamphetamine powder than 'base' or crystalline methamphetamine, in keeping with the relatively greater use of powder methamphetamine among the current PDU sample.

Of those that had used some form of methamphetamine in the preceding six months, 18% had experienced recent occupational or study problems which they attributed, at least in part, to their methamphetamine use. The minority of these were relatively minor problems, such as trouble concentrating (27%), lack of motivation (13%). The remainder were more notable issues, such as reduced work performance (7%), or taking sick days or not attending classes (40%), while two participants (13%) attributed their methamphetamine use as the reason they had been sacked or unable to find work (although this was also associated with use of multiple drugs).

Only a single participant had experienced any legal problems associated with methamphetamine use in the preceding six months (1.2% of all participants using methamphetamine in this time). This individual was convicted of a crime associated with methamphetamine base and crystalline methamphetamine.

One-seventh of those who had recently used methamphetamine reported experiencing relationship or social problems associated with such use in the preceding six months. These problems ranged from relatively minor challenges such as arguments (33%) and

mistrust or anxiety (25%) to more serious concerns such as the ending of a relationship (25%) or contributing to their being 'kicked out' of the family home (17%, n=2).

Of the 82 individuals that had used any form of methamphetamine in the preceding six months, 20% (n=16) had experienced some financial problems that they associated with this use. This ranged from having no remaining money to spend on recreation or luxuries (31%, n=5) to owing people money or being in debt (38%, n=6). Of concern was that five individuals (31%) reported overspending on methamphetamine use to the point where they had no money for essentials such as food or rent.

Table 23 Summary of methamphetamine-related problems among users

Methamphetamine-related problem	2003 Sample (n=82)
Mean number of physical side effects experienced	5.3 (range 0-15)
Mean number of psychological side effects experienced	3.3 (range 0-15)
Experienced occupational/study problems (%)	18.3%
Experienced relationship / social problems (%)	14.6%
Experienced financial problems (%)	19.5%
Experienced legal / police problems (%)	1.2%

Source: Party Drugs Initiative PDU interviews

5.6 Benefit and risk perception

5.6.1 Perceived benefits

PDU participants in the current study were asked to describe the benefits that they perceived to be associated with methamphetamine use. The most commonly reported effects were remarkably similar across all forms of methamphetamine (Table 24) and as such will be discussed together. The most commonly reported benefits included functional aspects of use (such as enhanced energy or stamina, the ability to retain a clear head while 'partying', and enhanced motivation), social benefits (such as enhanced confidence and sociability) and hedonistic aspects of use (including euphoria, mood enhancement, and use of the drug providing an enjoyable time). Of note, however, were a small number of individuals reporting that the benefits of methamphetamine for them were decreased weight due to use of the drug, and that methamphetamine use allows them to consume more alcohol in a night. While such perceptions were only reported among a very small proportion of participants, they both reflect potentially risky health behaviours.

Table 24 Perceived benefits of methamphetamine use reported by PDU

Benefit	Powder n	Base n	Crystal n	All forms n
Enhance energy / stamina	86	37	36	159
Can party with a clear head / stay in control	16	11	19	46
Decrease inhibitions / enhanced confidence	19	7	14	40
Euphoria	7	8	8	23
Enhanced motivation / productivity	10	6	6	22
Enhances sociability / chattiness	12	5	3	20
Mood enhancement	11	1	3	15
Enjoyable time	6	3	2	11
Can drink more alcohol	5	3	1	9
Stabilises / enhances the effects of ecstasy	3	2	2	7
Nothing	3	0	3	6
Enhanced empathy / connectedness with others	2	1	2	5
Enhanced sensations / senses	2	1	1	4
Decreased appetite / weight	2	2	0	4
Enhanced self-awareness	0	0	3	3
Relaxation / release	3	0	0	3
Enhanced sex / libido	0	0	3	3
More pure than other forms of methamphetamine	0	0	2	2

Source: Party Drugs Initiative PDU interviews

5.6.2 Perceived risks

Participants were also asked about the potential risks or harms that they associated with the use of ecstasy (Table 25). As responses were remarkably similar across all forms of the drug, these reports will be discussed together.

Noteworthy among these responses, in keeping with the well-educated nature of the PDU group in relation to substance use, only a very small number of those interviewed suggested that there were no potential harms that could be associated with methamphetamine use. Similarly, of those that reported that they did not know the risks associated with methamphetamine use, almost all (n=61 of 69 comments) had not used that form of the drug – as such, it is clear that the majority of those who had used methamphetamine were aware of at least some potential harms associated with its use.

It is notable that the most commonly reported potential harms perceived by the group to be associated with methamphetamine use were very different than those perceived to be associated with ecstasy use, despite the fact that methamphetamine is often present in tablets sold as ecstasy. Addiction and major mental health problems such as psychosis were the primary concern of participants in relation to methamphetamine use, issues that were rarely noted in association with ecstasy use (just 8% perceived addiction, and 13% perceived major mental health problems as potential risks associated with ecstasy use). However, more similar to the concerns of PDU participants in association with ecstasy use, were concerns about not knowing the exact content or impurities within the methamphetamine they purchased, and the potential for physical health problems due to methamphetamine use.

Table 25 Perceived risks of methamphetamine use reported by PDU

Risk	Powder n		Base n		Crystal n		All forms
	Used	Never used	Used	Never used	Used	Never used	
Addiction	25	1	8	10	17	11	72
Mental health problems (long term) / psychosis	31	0	11	7	18	4	71
Don't know	1	1	1	40	6	20	69
Not knowing exactly what the content / purity of the drug is / impurities	28	0	8	8	14	6	64
General physical health problems	19	1	9	2	10	2	43
Heart problems / palpitations	16	0	9	3	9	1	38
Aggression / anger	16	3	3	3	6	6	37
Depression	12	0	8	1	6	1	28
Damage / change to brain function	10	1	5	2	4	2	24
Overexertion / overheating	7	0	4	5	4	3	23
Teeth problems	3	1	3	0	10	4	21
Overdose	10	1	6	4	0	0	21
Dehydration	10	0	2	4	3	1	20
Risk-taking behaviour	12	1	0	5	1	1	20
Reduced work performance / concentration / cognitive problems	7	1	4	3	3	1	19
Paranoia	8	0	3	1	6	1	19
Legal problems	7	1	1	3	2	4	18
Financial problems	7	0	4	0	3	1	15
Weight loss	7	0	2	3	3	0	15
Anxiety / panic	5	0	2	1	1	2	11
Death	2	0	1	0	7	0	10
Insomnia	3	2	1	2	1	1	10
Overhydration	4	0	1	2	2	0	9
Mood swings / emotional instability	4	1	1	0	0	2	8
Relationship / reputation problems	5	0	2	0	0	0	7
Memory loss / damage	2	1	2	0	2	0	7
None	2	1	2	0	2	0	7
Personality change	3	0	0	1	0	0	4
Seizures / fits	1	0	0	1	1	0	3

Source: Party Drugs Initiative PDU interviews

PDU participants also commonly reported concerns about the risks of psychological problems associated with methamphetamine use, most commonly aggression, paranoia, depression and anxiety. Concerns about the harms associated with the physiological effects of use of methamphetamine were also common, such as heart palpitations, over-exertion and teeth grinding.

However, similar to the trends in perceived harms associated with ecstasy use, legal and financial harms, and reduction of performance at work were relatively low on the list of potential concerns associated with methamphetamine use by the PDU participants.

5.7 Other Trends and Features of Methamphetamine Use

Qualitative comments from both key informants and the PDU themselves indicated a number of other changes in terms of methamphetamine in recent months, primarily associated with changes in the crystalline methamphetamine market.

Five key informants and fourteen PDU noted that the availability of crystalline methamphetamine had substantially increased in the six- to twelve- month period prior to the study. Associated with this, one key informant and five PDU noted an increase in methamphetamine use generally amongst party-drug using populations. Nineteen PDU reported noting an increase in crystalline methamphetamine use and, in particular, smoking of crystalline methamphetamine amongst their peers in recent months.

5.8 Summary of Methamphetamine Trends

- Methamphetamine use is common amongst this population of ecstasy users. More than 80% of this group used some form of methamphetamine in the six months prior to interview. The median number of times participants had used any form of the drug in this six-month period was seven times, equating to approximately monthly use of methamphetamine on average.
- Use of methamphetamine powder and crystalline methamphetamine was most common amongst this group, although, typically, participants only used small amounts of the drug at a time (0.05-0.1 g) and used each form less than once per month.
- The price of each form of methamphetamine was regarded as remaining stable in the preceding six months by most participants, at $40 per 0.1 g of powder or 'base' methamphetamine, and $50 per 0.1 g of crystalline methamphetamine.
- Most participants reported that it was easy or very easy for them to access all forms of methamphetamine, and that this situation had remained stable in the preceding six months. However, the local availability of crystalline methamphetamine appears to have increased in this time.
- While approximately one-quarter of those that reported recently using methamphetamine had experienced some negative social, financial, legal or work-related effect that they attributed to their use of the drug, the majority of these had relatively minor impacts, such as getting into arguments or losing motivation. While it was more common to experience physical or psychological side effects related to methamphetamine, as the majority of individuals used methamphetamine with other drugs, it was uncommon for participants to attribute these side-effects solely to the use of methamphetamine.

6 COCAINE

Of the one hundred PDU participants, almost half (44%) had ever tried cocaine. The median age of first use of cocaine was 21 years (range 15-30 years, SD = 3.5 years: Table 26). While there were no sex differences in the mean age of first use of cocaine, males were significantly more likely than females to have used cocaine: 54% of male PDU participants had ever used cocaine in comparison to 28% of female participants, $\chi^2(1)=6.47$, $p=0.011$. Cocaine was most commonly snorted, with 40 of the 44 individuals that had ever used the drug reporting that they had snorted the drug at some stage. Lifetime use of cocaine via smoking (n=9, 20% of those that had ever used cocaine), swallowing (n=8, 18% of those that had ever used cocaine) and injection (n=10, 23% of those that had ever used cocaine) was much less common. Among the 10 participants that had ever injected cocaine, the median age of first injection of the drug was 23 years, a median of five years later than these participants reported first injecting any drug (range 0-10 years later).

6.1 Cocaine Use Among PDU

While almost half of the PDU participants had used cocaine at least once in their lives, only 7 participants reported using the drug in the preceding six months. The median number of times that these participants had used cocaine in this time was just twice, with all but two participants using the drug only once or twice in the preceding six months (range 1-10 times). Typically, when cocaine was used, only small amounts were consumed: the median amount of the drug used in an average 'session' of use was only 0.1 g (range 0.1-0.5 g), and participants reported the largest amount of cocaine consumed in a 'session' of use in the preceding six months as a median of 0.5 g (range 0.1-0.5g). Only a single participant had recently 'binged' on party drugs (using drugs for 48 hours or more in a continuous period without sleep) using cocaine, but this was also in combination with a number of other substances including ecstasy and methamphetamine.

Of the seven participants that reported recent cocaine use, almost all had snorted the drug (n=5/7, 71%), with the remaining two individuals swallowing (n=1) or smoking the drug in this time. None of the seven participants that had used cocaine in the preceding six months had recently injected the drug.

Participants that had used cocaine in the preceding six months were also asked where they had typically used (been under the influence of, not necessarily the place of ingestion) cocaine in this time. This was most commonly related to dance- or party-environments, with 42% reporting usually using at nightclubs, 28% at dance parties, and 14% at a rave. The drug was also consumed in private environments, with 28% reporting usually using cocaine at a friend's home, and 14% usually using at a private party or their own home respectively in the preceding six months. When asked where they last used cocaine, similar reports were made, with 40% last using the drug at a friend's home, and 20% (n=1) reporting last using at their own home, a rave, and a nightclub respectively (the remaining two participants declined or were unable to recall).

Table 26 Patterns of cocaine use among PDU

Cocaine variable	PDU sample (n=100)
Ever used (%)	44
Used in the preceding six months (%)	7
Of those who had used in the preceding six months	
Median days used in the preceding six months	2
Median quantities	
Median grams used typically in the preceding six months	0.1 (0.1-0.5)
Median grams used in biggest binge in the preceding six months	0.5 (0.1-0.5)
Locations usually used cocaine	
Home (%)	14
Dealer's home (%)	-
Friend's home (%)	28
Rave (%)	14
Dance party (%)	28
Nightclub (%)	42
Pub (%)	-
Private party (%)	14
Public place (street/park) (%)	-
Car (%)	-
Location last used cocaine	
Home (%)	20
Dealer's home (%)	-
Friend's home (%)	40
Rave (%)	20
Dance party (%)	-
Nightclub (%)	20
Pub (%)	-
Private party (%)	-
Public place (street/park) (%)	-

Source: Party Drugs Initiative PDU interviews

Key informants generally reported that use of cocaine was either non-existent (n=8) or vary rare (n=8) among the individuals that they were familiar with. Commonly, the drug was reported as being attractive to these populations but difficult and expensive to obtain locally.

6.2 Price

PDU participants were asked to nominate the current market price for cocaine and the last amount that they paid for the drug in the past six months. Due to the small numbers of participants commenting, this information should be interpreted with due consideration. Despite reports of PDU typically consuming small amounts of cocaine in a 'session', the most common purchase amount was grams of the drug, which was reported as costing a median of $270 (n=9: Table 27). Single individuals reported last purchase amounts of cocaine of 'points' (0.1 g) as costing $60, and half-gram amounts costing $125. PDU estimates of the market price for cocaine were reasonably consistent with last purchase prices, at $50-80 per 'point' (n=2) and $200-200 (median = $250, n=9) per gram. Of those that could comment on the price of cocaine, half reported this as having remained stable in the preceding six months, while one-third (30%) perceived the price as

having fluctuated in this time (Table 27). No key informants could comment on the price of cocaine locally.

Table 27 Price of various forms of cocaine purchased by PDU

Median price	Cocaine
Point (0.1 gram)	$65 *(range $50-80) n=2*
Gram	$250 *(range $200-400) n=9*
Last purchase price	
Point (0.1 gram)	$60 *n=1*
Half gram	$125 *n=1*
Gram	$270 *n=9*
Price change (n=10)	
Increased (%)	10
Stable (%)	50
Decreased (%)	10
Fluctuated (%)	30

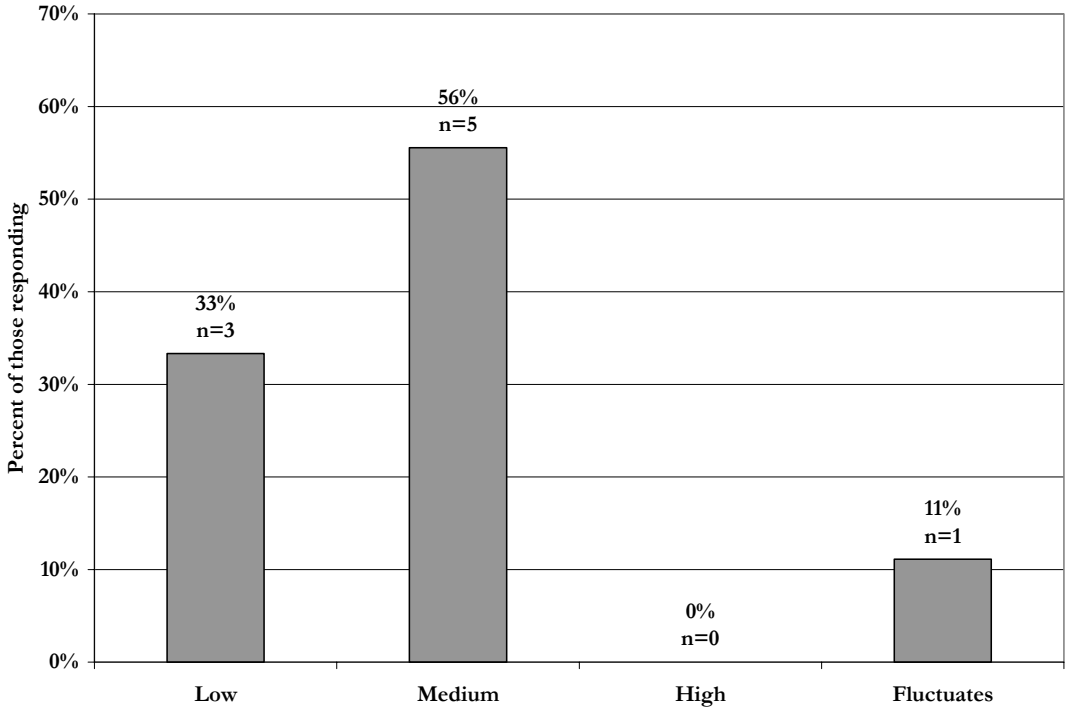
Source: Party Drugs Initiative PDU interviews

6.3 Purity

PDU participants reporting on recent trends in cocaine were asked to estimate its current level of purity. While this is necessarily a subjective opinion and will be affected by the experiences of the individual, there was a reasonable level of consistency across respondents, with all but one reporting the purity of cocaine as being medium (56%, n=5) or low (33%, n=3) in purity (Figure 11). When asked whether the purity of cocaine locally had changed in recent months, opinions were slightly more mixed (Figure 12). Equal numbers regarded the purity of cocaine to have fluctuated or decreased in the preceding six months (n=3, 33% respectively), while two participants perceived that the purity of cocaine had remained stable in this time (n=2, 22%).

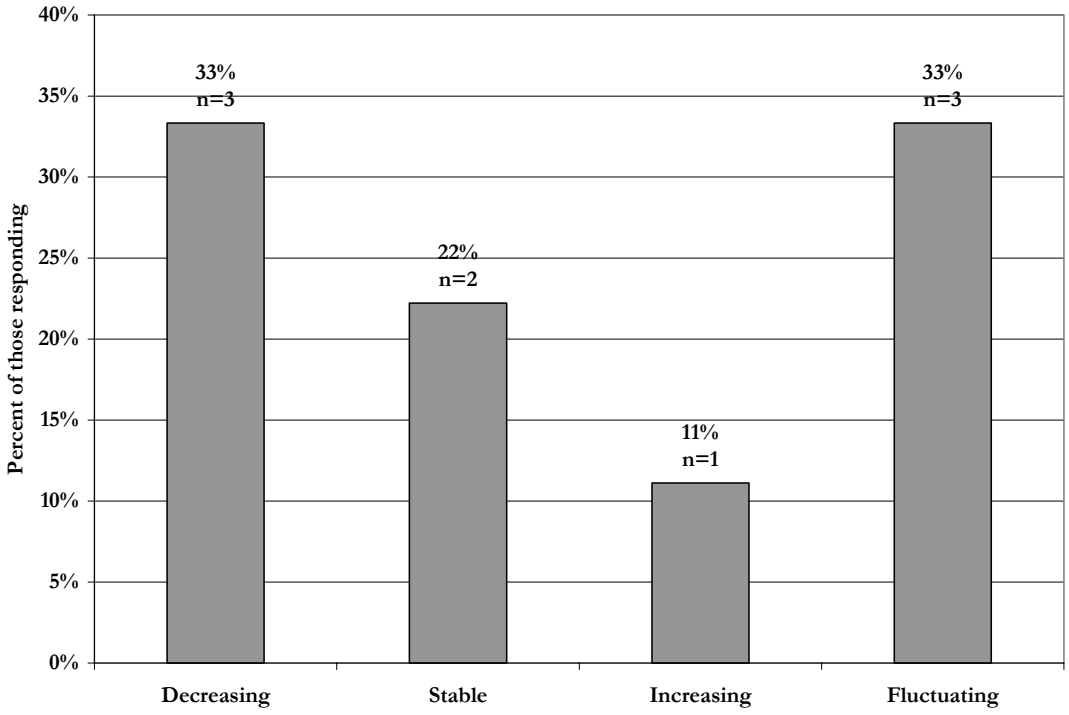
The last analysed sample of cocaine seized within the state by Tasmania Police was from the first quarter of 2001. This was an amount of less than two grams, and was analysed during the first quarter of 2002 at 44.0% purity. Given the paucity of objective purity information, it is not possible to ascertain changes in purity levels of cocaine over time.

Figure 11 Current Purity of Cocaine 2003



Source: Party Drugs Initiative PDU interviews

Figure 12 Recent change in purity of cocaine 2003



Source: Party Drugs Initiative PDU interviews

6.4 Availability

Details of PDU participant reports on the availability of cocaine are summarised in Table 28 below. Consistent with the low levels of use of the drug, the majority of those responding regarded cocaine as difficult (34%, n=11) or very difficult (44%, n=14) to obtain locally. While seven individuals reported that cocaine was moderately to very easy for them to obtain locally in the preceding six months, only two of these participants had used the drug in the past six months. The clear majority of participants commenting perceived that this low availability of cocaine had remained stable in the preceding six months (n=19, 83% of those commenting).

Only a single key informant could comment on the availability of cocaine to the group that they were associated with. This key informant reported that the availability of cocaine had increased in recent months, but remained a difficult drug to access.

While there had been no seizures of cocaine made by Tasmania Police made between 1995/96 and 1999/00, two seizures totalling 29g were made in 2000/01, both by Western Drug Intelligence Services in November, 2000 (Figure 13). One seizure of cocaine was made from a person intercepted upon arrival into the state, who was also in possession of a number of tablets of ecstasy. The other seizure resulted from a search of the home of a member of an organised motor-cycle gang. There were no seizures of cocaine made by Tasmania Police in 2001/02 or 2002/03.

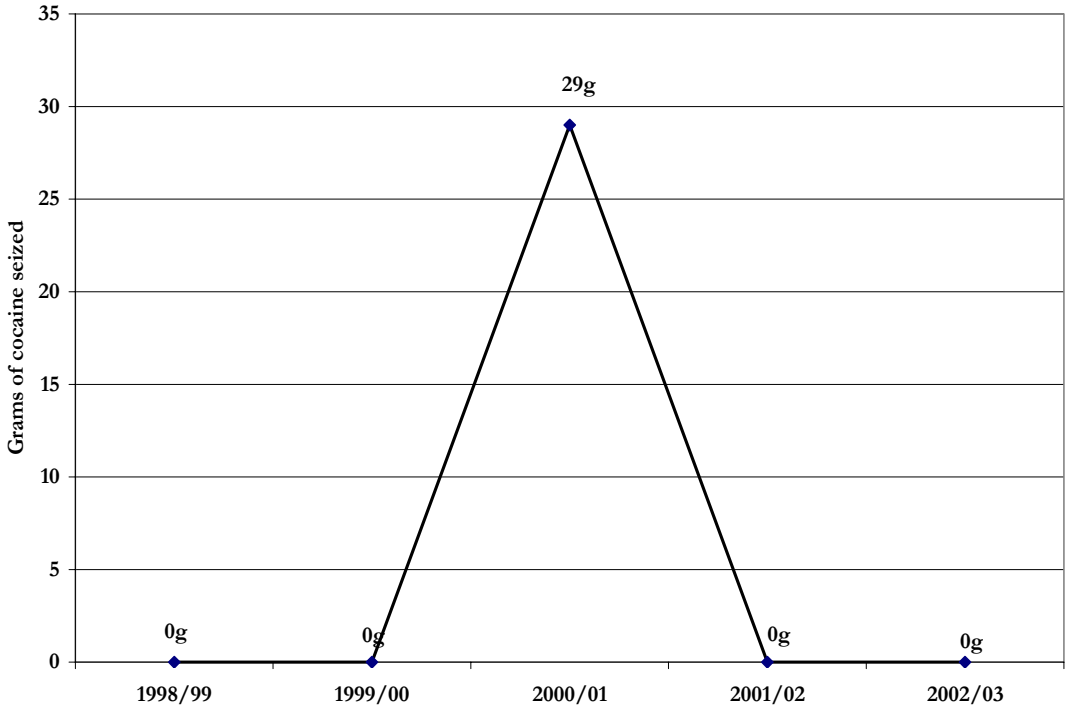
The majority of participants that had recently used cocaine had purchased the drug from friends (67%, n=4), with the remainder purchasing from a dealer (33%, n=2: Table 28). Matching this, those that had purchased through friends reported buying the drug at a friends home (n=4), and those that had purchased through a dealer had purchased from the dealer's home.

Table 28 PDU reports of availability of cocaine in the preceding six months

Variable	Cocaine
Ease of obtaining	
Very easy (%)	3
Easy (%)	3
Moderately easy (%)	16
Difficult (%)	34
Very difficult (%)	44
Changes in availability in the last 6 months	
Stable (%)	83
Easier (%)	4
More difficult (%)	9
Fluctuates (%)	4
Persons scored from in the last 6 months	
Friends (%)	67
Dealers (%)	33
Locations scored from in the last 6 months	
Dealer's home (%)	20
Friend's home (%)	80

Source: Party Drugs Initiative PDU interviews

Figure 13 Seizures of cocaine by Tasmania Police 1998/99-2002/03



Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission

6.5 Cocaine related harms

6.5.1 Law enforcement

Tasmania Police reported no seizures or arrests related to cocaine in the 2002/03 financial year. There have been no seizures or arrests related to cocaine between 1995/96 and 2002/03 other than two seizures made during the 2000/01 financial year (Australian Bureau of Criminal Intelligence, 1996, 1997, 1998, 1999, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004).

6.5.2 Health

Table 29 and 30 respectively detail the physical and psychological side effects experienced by PDU participants in the preceding six months that were attributed to use of cocaine.

Those that had recently used cocaine reported experiencing a mean of two of the 22 physical side effects enquired about in the current study (range 0-5, n=7). The side effects most commonly attributed to use of cocaine were all related to the central nervous system stimulating effects of the drug, namely loss of appetite, trouble sleeping and loss of appetite (Table 29). There were also single reports of the experience of profuse sweating, heart palpitations and a loss of energy, commonly both while under the influence of the drug and during the acute recovery period. However, as in most cases cocaine was commonly used in conjunction with other drugs, the experience of any physical side effect was not able to be solely attributed to cocaine use by any of the participants.

A mean of two psychological side effects from the 18 enquired about (range 0-5) were attributed to cocaine use by those that had used the drug in the preceding six months. With the exception of the experience of depression during the acute recovery period (n=2) there were single reports of the experience of visual and auditory hallucinations, anger, violent behaviour, anxiety, confusion, difficulty concentrating, irritability and agitation, predominantly experienced during the acute recovery period following use (Table 30). Again, as cocaine was typically used in combination with other drugs, none of these psychological side effects, with the exception of the single report of anger or hostility, were solely attributed to the use of cocaine.

As key informants noted only very limited levels of cocaine use amongst the PDU groups that they were familiar with, none of the key informants were aware of any recent changes in the level of deleterious side effects associated with cocaine use in the preceding six months.

Table 29 Physical side- effects of cocaine experienced in preceding six months

Symptom	Experienced in the last six months n=7 (%)*		Experienced under the influence n=7 (%)*		Experienced coming down from cocaine n=7 (%)*		Experience only related to cocaine n=7 (%)#	
	%*	n	%*	n	%*	n	%*	n
Profuse sweating	14	*1*	14	*1*	14	*1*	-	*0*
Hot / cold flushes	14	*1*	14	*1*	14	*1*	-	*0*
Heart palpitations	14	*1*	-	*0*	14	*1*	-	*0*
Trouble sleeping	29	*2*	29	*2*	14	*1*	-	*0*
Weight loss	43	*3*	43	*3*	14	*1*	-	*0*
Loss of appetite	43	*3*	43	*3*	29	*2*	-	*0*
Loss of energy	14	*1*	14	*1*	14	*1*	-	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 30 Psychological side-effects of cocaine experienced in the preceding six months

Symptom	Experienced in the last six months n=7 (%)*		Experienced under the influence n=7 (%)*		Experienced coming down from cocaine n=7 (%)*		Experience only related to cocaine n=7 (%)#	
	%*	n	%*	n	%*	n	%*	n
Visual hallucinations	14	*1*	14	*1*	14	*1*	-	*0*
Auditory hallucinations	14	*1*	-	*0*	14	*1*	-	*0*
Anger / hostility	14	*1*	14	*1*	14	*1*	14	*1*
Violent behaviour	14	*1*	14	*1*	14	*1*	-	*0*
Anxiety	14	*1*	-	*0*	14	*1*	-	*0*
Depression	29	*2*	-	*0*	29	*2*	-	*0*
Confusion	14	*1*	-	*0*	14	*1*	-	*0*
Difficulty concentrating	14	*1*	-	*0*	14	*1*	-	*0*
Irritability	14	*1*	-	*0*	14	*1*	-	*0*
Agitation / restlessness	14	*1*	-	*0*	14	*1*	-	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

6.6.3 Other Harms

Of the seven individuals that had recently used cocaine, two had reported experiencing relationship, financial or work/study problems associated with cocaine use in the preceding six months (Table 31). In both cases, these effects were relatively minor, with one participant attributing the experience of mistrust or anxiety as a relationship problem they had experienced attributed to cocaine use, while the other attributed a lack of motivation at work and overspending so that they had no remaining money to spend on recreational activities as problems associated with their use of cocaine. In keeping with the lack of any recorded police arrests associated with cocaine in the past financial year, no participants reported any legal problems associated with their recent use of cocaine.

Table 31 Summary of cocaine-related problems among users

Cocaine-related problem	PDU Sample (n=7)
Mean number of physical side effects experienced	1.9 (range 0-5)
Mean number of psychological side effects experienced	1.6 (range 0-5)
Experienced occupational/study problems (%)	14%
Experienced relationship / social problems (%)	14%
Experienced financial problems (%)	14%
Experienced legal / police problems (%)	0%

Source: Party Drugs Initiative PDU interviews

6.6 Benefit and risk perception

6.6.1 Perceived Benefits

PDU participants were asked to describe the benefits that they perceived to be associated with cocaine use. The most commonly reported effects were quite similar to those reported by participants for methamphetamine. These commonly reported benefits included functional aspects of use (such as enhanced energy or stamina, and the ability to retain a clear head while 'partying'), social benefits (such as increased confidence and sociability) and hedonistic aspects of use (including euphoria, mood enhancement, and use of the drug providing an enjoyable time). Noteworthy among the less frequent responses were two participants reporting that cocaine was a glamorous drug and that the benefit of cocaine use was decreased weight. However, both of these responses were from individuals that had not recently used the drug.

Table 32 Perceived benefits of cocaine use reported by PDU

Benefit	n
Decrease inhibitions / enhanced confidence	39
Enhance energy / stamina	12
Euphoria	12
Enhances sociability / chattiness	8
Enjoyable time	7
Can party with a clear head / stay in control	6
Mood enhancement	6
Enhanced sensations / senses	3
Rush	3
Relaxation / release	2
Enhanced sex / libido	2
Glamour / something different	2
No hangover	2
Fast and strong effects	2
Stabilises / enhances the effects of ecstasy	1
Enhanced empathy / connectedness with others	1
Decreased appetite / weight	1
Enhanced self-awareness	1
More pure than methamphetamine	1

Source: Party Drugs Initiative PDU interviews

6.6.2 Perceived Risks

Participants were also asked about the potential harms or risks that they associated with the use of cocaine (Table 33). The most commonly reported concern, for both those that had ever used cocaine and those that had not, was the prospect of development of addiction to the drug. Other common concerns, which were also shared by both those that had ever used cocaine or otherwise, were physical harms such as overdose, nasal damage, and heart palpitations or other damage. Concerns about the financial impact of regular cocaine use, the potential for major mental health problems such as psychosis, and the potential harms arising from unwanted impurities in the purchased drug were also common themes of concern.

While four individuals that had used cocaine at some stage in their lives said that they did not know what the potential harms associated with cocaine use were, this was more common among those that had never used the drug. Small numbers of participants that had ever used cocaine (n=3) and had never used the drug (n=2) perceived no potential risks associated with the use of the drug.

Table 33 Perceived risks of cocaine use reported by PDU

Risk	Cocaine n		All respondents
	Used	Never used	
Addiction	20	17	37
Nasal damage	18	8	26
Don't know	4	16	20
Financial problems	13	6	19
Overdose	5	11	16
Mental health problems (long term) / psychosis	4	5	9
Not knowing exactly what the content / purity of the drug is / impurities	6	3	9
Heart problems / palpitations	6	3	9
General physical health problems	1	5	6
None	3	2	5
Personality change	3	2	5
Aggression / anger	3	1	4
Legal problems	4	0	4
Over confidence	3	1	4
Depression	3	0	3
Reduced work performance / concentration / cognitive problems	3	0	3
Paranoia	2	1	3
Anxiety / panic	3	0	3
Death	2	1	3
Damage / change to brain function	1	1	2
Risk-taking behaviour	1	1	2
Memory loss / damage	1	1	2
Dehydration	1	0	1
Weight loss	1	0	1
Insomnia	0	1	1
Overhydration	1	0	1
Relationship / reputation problems	1	0	1
Seizures / fits	1	0	1

Source: Party Drugs Initiative PDU interviews

6.7 Summary of Cocaine Trends

- While almost half of the PDU sample had ever tried cocaine, less than 10% had used the drug in the six months prior to interview
- Typically, when PDU did use cocaine, it was infrequent (only once or twice in the past six months), snorted, and only used in small amounts (0.1-0.5 g)
- Cocaine was reported as costing a median of $270 per gram, with this price generally regarded as remaining stable or fluctuating somewhat in the past six months
- Cocaine was regarded as being difficult or very difficult to access locally, a situation that was perceived as remaining stable in the past six months, and supported by a lack of any seizures of cocaine by Tasmania Police in the past two financial years

7 KETAMINE

Among the one hundred PDU participants, approximately one-third (38%) had ever tried ketamine (Table 34). The median age of first use of ketamine was 21 years (range 15-36 years, SD = 4.5 years). There were no significant sex differences in the proportion of male (39%) and female (36%) PDU participants reporting that they had ever used ketamine. Similarly, there was no significant sex difference in the age that the drug was first used. Ketamine was most commonly swallowed, with 28 of the 38 individuals reporting that they had ever used ketamine reporting swallowing the drug. Snorting of ketamine was also common, reported by 19 of those that had ever used the drug. Ketamine injection was less prevalent, reported by only 9 individuals at some stage in their lives. The median age of first injection of ketamine was 24 years (range 15-36 years, SD = 6.2 years), three years later than the median age of first use of the drug. Eight males and one female had reported ever injecting ketamine, however this difference as not statistically significant ($\chi^2(1) = 3.2$, $p=0.072$) due to the uncommon nature of injection of the drug. Similarly, there were no significant sex differences in the mean age of first injection of ketamine.

7.1 Ketamine Use Among PDU

One-quarter (24%) of the PDU sample reported using ketamine in the six months prior to interview. While use was relatively common, participants had used the drug a median of just 2.5 times in this period (range 1-24), with two-thirds of those recently using ketamine consuming it three times or less in the preceding six months.

Ketamine was either purchased in powder form or incorporated into tablets. A median of 5 'bumps[5]' of ketamine (range 2-5) or 1 tablet (range 0.5-2) was reported as being used in a typical occasion of use. On the heaviest occasion of use in the preceding six months, a median of 10 'bumps' (range 2-20) or 5 pills (range 2-8) was reported. Four participants that had recently 'binged' on party drugs (using drugs for a period of 48 hours or more in a continuous period without sleep) had used ketamine to do so, but in all cases this was in conjunction with use of ecstasy and methamphetamine.

Of the 24 participants that reported recent ketamine use, approximately equal numbers had used the drug intranasally (n=15, 63%) and orally (n=16, 67%), with smaller proportions reporting injecting the drug (n=4, 17%) in the preceding six months.

Participants that had recently used ketamine were asked where they had typically used (been under the influence of, rather than necessarily reflecting the place of ingestion) the drug in the previous six months. While it was common for the drug to be used in dance-club related environments, with almost half of those recently using ketamine typically using in a nightclub (with 19% typically using at a dance party, and 14% using at a rave), the drug was often also used in private residences, such as a friend's home (29%), the user's home (19%), a dealer's home (14%) or a private party (14%). When asked where they last used ketamine, participants more commonly nominated private residences (24% at a friend's home, 19% their own home, 14% at a private party, and 5% at a dealer's

[5] Ketamine powder may be used in devices known as 'bump bottles' that facilitate snorting in small amounts of the drug. A single snort, or 'bump', is difficult to quantify, but may approximate 0.05-0.2 g.

home) than dance related environments (25% at a nightclub, 5% at a dance party and 5% at a rave).

Table 34 Patterns of Ketamine use of PDU

Ketamine variable	PDU sample (n=100)
Ever used (%)	38
Used in the preceding six months (%)	24
Of those who had used in the preceding six months	
Median days used in the preceding six months	2.5
Median quantities	
Median amount used typically in the preceding 6 months	5 bumps (2-5) 1.25 pills (0.5-2)
Median amount used in biggest binge in the preceding 6 months	10 bumps (2-20) 5 pills (2-8)
Locations usually used ketamine	
Home (%)	19
Dealer's home (%)	14
Friend's home (%)	29
Rave (%)	14
Dance party (%)	19
Nightclub (%)	48
Pub (%)	5
Private party (%)	14
Public place (street/park) (%)	-
Car (%)	-
Location last used ketamine	
Home (%)	19
Dealer's home (%)	5
Friend's home (%)	24
Rave (%)	5
Dance party (%)	5
Nightclub (%)	25
Pub (%)	-
Private party (%)	14
Public place (street/park) (%)	-

Source: Party Drugs Initiative PDU interviews

Key informants were quite mixed in their reports of recent use of ketamine amongst the party-drug using populations that they were associated with. While eight key informants did not note any recent use of ketamine amongst those that they were familiar with, some use was reported by ten key informants. Amongst those using the drug, key informants indicated that, while many party drug users that they had contact with had tried the drug at some stage, generally only 5-20% of these groups used the drug regularly, usually once or twice per month, and one to two pills or one 'vial' or 'bump' per occasion of use. A single key informant noted a recent increase in use of ketamine amongst the group that the group that they were familiar with.

7.2 Price

PDU participants were asked to nominate the current market price for ketamine locally. Ketamine-based tablets were reported at a median price of $45 each (range $25-50 per tablet, n=11). Smaller numbers could report prices for ketamine powder, and there was considerable variation amongst these reports: a 'point' (0.1 g) of ketamine was reported at a median cost of $50 (range $25-$60, n=3), and a gram of the drug was reported to cost a median of $100 (range $50-$150).

When asked for the cost of their last purchase of ketamine, the median price for a tablet ($47.50, range $25-50, n=8) was similar to the reported market price for ketamine-based tablets and indeed also of the prices for ecstasy-based tablets. Only three participants could report prices for recent purchases of ketamine powder, which ranged between $50 and $120 for a 'vial' of powder (participants could not specify the exact amount of the drug).

Among those that could comment on prices of ketamine over time, there was a clear consensus that the price had remained stable over the preceding six month period (79% of those commenting, n=11/14: Table 35).

Table 35 Price of Ketamine Purchased by PDU

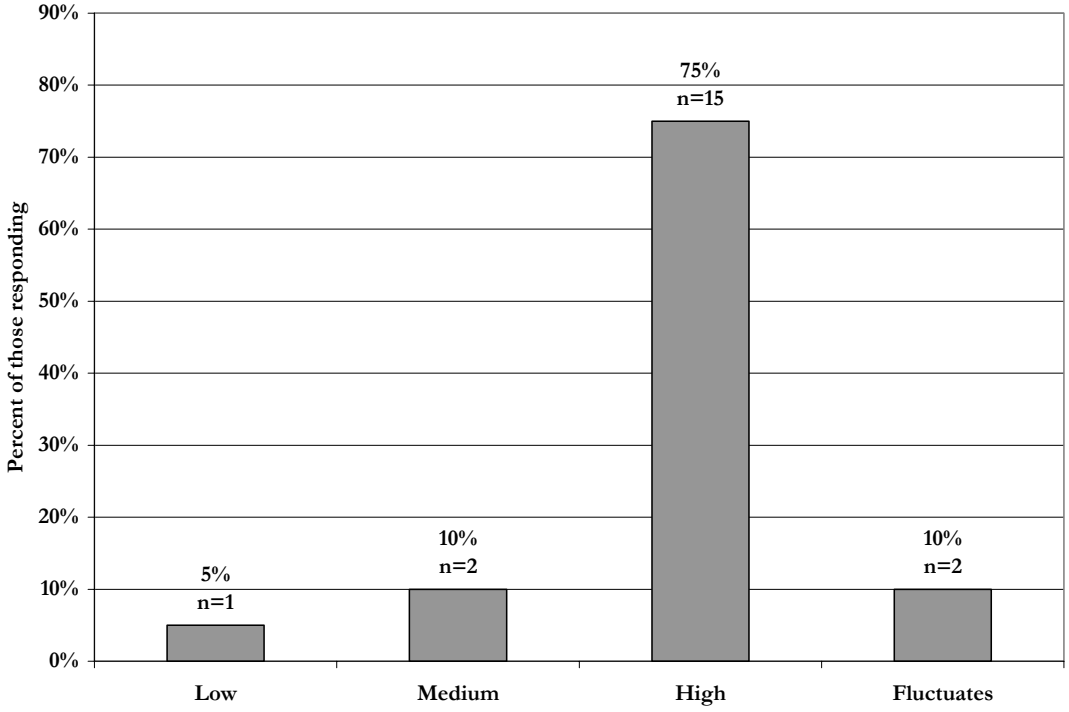
Median price	Ketamine
Tablet	$45 *(range $25-50) n=11*
Point (0.1 gram)	$50 *(range $25=60) n=3*
Gram	$100 *(range $50-150) n=2*
Last purchase price	
Tablet	$47.50 *(range $25-50) n=8*
Vial	$60 *(range $50-120) n=3*
Price change (n=14)	
Increased (%)	7
Stable (%)	79
Decreased (%)	7
Fluctuated (%)	7

Source: Party Drugs Initiative PDU interviews

7.3 Purity

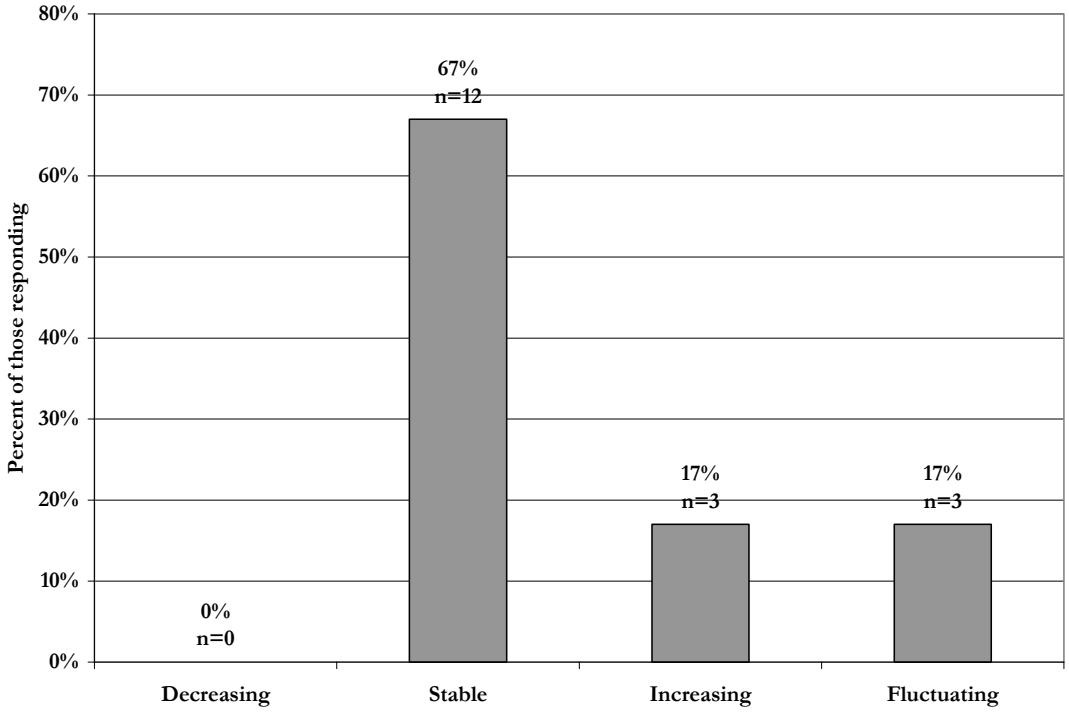
PDU participants reporting on recent trends in ketamine were asked to estimate its current level of purity. While this is necessarily a subjective opinion and can be affected by the experiences of the individual, there was a clear consistency in reports (Figure 14), suggesting that the purity was high (75% of those commenting, n=15). Only small proportions suggested that the purity of ketamine in recent months was low (5%, n=1), medium (10%, n=2) or had fluctuated (10%, n=2). There were similar consistencies in reports of the stability of purity of ketamine over the past six months, with the clear majority suggesting that purity had remained stable in this time (67% of those commenting, n=12). Three participants each noted that purity had increased (17%) or fluctuated (17%) in this time. There have been no seizures of ketamine reported or analysed for purity by Tasmania Police in recent years, and as such there are no objective figures available to ascertain changes in purity levels of ketamine locally over time.

Figure 14 Current purity of ketamine 2003



Source: Party Drugs Initiative PDU interviews

Figure 15 Recent change in the purity of ketamine 2003



Source: Party Drugs Initiative PDU interviews

7.4 Availability

PDU participant reports of the local availability of ketamine are summarised in Table 36 below. Commonly, the drug was seen as reasonably easily accessed during the six months prior to interview, with 46% of those commenting suggesting that ketamine was 'moderately easy' to access, 29% as 'easy' to access, and 8% as 'very easy' for them to access. Seventeen percent reported that ketamine was 'difficult' for them to access. In general, this level of availability was perceived by PDU as remaining stable in the six months prior to interview (67%), or becoming easier to access in this time (21%). Only two key informants could report on changes in the availability of ketamine to the party drug-using populations that they were familiar with, with contradictory reports: one reporting that ketamine had become easier to access in the preceding six months; the other reporting that availability of the drug had decreased in this time. There have been no seizures of ketamine reported by Tasmania Police during the 2002/03 financial year (Australian Crime Commission, 2004).

Participants that had used ketamine in the preceding six months were asked who they had recently purchased the drug from. Ketamine was commonly purchased from friends (56%, n=14) or dealers (52%, n=13), with a single participant reporting purchasing the drug through a workmate (4%, n=1). The drug was most commonly purchased in private residences, such as a dealer's home (40%, n=10), a friend's home (36%, n=9), or the participant's own home (20%, n=5). Smaller proportions of participants reported recently purchasing the drug in public environments, such as a nightclub (24%, n=6), a rave (8%, n=2), dance party (8%, n=2) or pub (4%, n=1).

Table 36 PDU reports of availability of ketamine in the preceding six months

Variable	Ketamine
Ease of obtaining	
Very easy (%)	8
Easy (%)	29
Moderately easy (%)	46
Difficult (%)	17
Very difficult (%)	-
Changes in availability in the last 6 months	
Stable (%)	67
Easier (%)	21
More difficult (%)	5
Fluctuates (%)	-
Persons scored from in the last 6 months	
Friends (%)	56
Dealers (%)	52
Workmates (%)	4
Acquaintances (%)	-
Mainland contact / dealer (%)	-
Unknown persons (%)	-
Locations scored from in the last 6 months	
Home (%)	20
Dealer's home (%)	40
Friend's home (%)	36
Rave (%)	8
Dance party (%)	8
Nightclub (%)	24
Pub (%)	4
Street (%)	-

Source: Party Drugs Initiative PDU interviews

7.5 Ketamine related harms

7.5.1 Law enforcement

Tasmania Police reported no seizures or arrests related to ketamine in the 2002/03 financial year (Australian Crime Commission, 2004).

7.5.2 Health

Table 37 and 38 respectively detail the physical and psychological side effects experienced by PDU participants in the preceding six months that they attributed, at least partially, to the effects of their use of ketamine.

Those that had recently used ketamine reported experiencing a mean of 2 of the 22 physical side effects enquired about in the current study (range 0-12, n=24: Table 39). The side effects most commonly attributed to use of ketamine were numbness and tingling, and blurred vision (21%, n=5 respectively), both of which are common effects of ketamine intoxication. These effects were more often reported as experienced while 'under the influence' of the drug. Other commonly experienced physical side effects of ketamine use were headaches, dizziness, tremors/shakes (17%, n=4 respectively) and loss

of energy and loss of appetite (13%, n=3 respectively). However, as it was typical of the PDU group to use multiple drug types in a given occasion of use, it was uncommon for the experience of physical side effects to be attributed solely to the use of ketamine: two participants attributed the experience of numbness or tingling to their use of ketamine, and one reported an experience of shortness of breath in the preceding six months that they believed was purely related to their use of ketamine.

A mean of 1.5 psychological side effects (of the 18 enquired about) were attributed to ketamine by those that had used the drug in the preceding six months (Table 39). The most commonly reported side effect was the experience of visual hallucinations, which was reported by 29% (n=7) of those that had recently used ketamine, typically during the acute intoxication period, and the only ketamine-related side effect that was solely attributed to ketamine use in the absence of other drugs (by 4% of those recently using ketamine, n=1). Three participants (13% of those recently using ketamine) also reported experiencing auditory hallucinations while under the influence of ketamine. Other commonly reported psychological side effects, generally experienced during the recovery period from ketamine use were confusion (17%, n=4), difficulty concentrating (17%, n=4), anxiety (13%, n=3), and depression (13%, n=3).

As key informants generally noted that ketamine use was limited or rare amongst the PDU groups that they were familiar with, none reported any recent changes in the level of deleterious side effects associated with ketamine use in the preceding six months.

Table 37 Physical side- effects of ketamine experienced in preceding six months

Symptom	Experienced in the last six months (n=24) (%)*		Experienced under the influence (n=24) (%)*		Experienced coming down from ketamine (n=24) (%)*		Experience only related to ketamine (n=24) (%)#	
	%*	n	%*	n	%*	n	%*	n
Teeth problems	-	*0*	-	*0*	-	*0*	-	*0*
Profuse sweating	-	*0*	-	*0*	-	*0*	-	*0*
Hot / cold flushes	4	*1*	4	*1*	4	*1*	-	*0*
Heart palpitations	-	*0*	-	*0*	-	*0*	-	*0*
Shortness of breath	8	*2*	8	*2*	-	*0*	4	*1*
Chest pains	4	*1*	4	*1*	4	*1*	-	*0*
Headaches	17	*4*	4	*1*	17	*4*	-	*0*
Dizziness	17	*4*	13	*3*	13	*3*	-	*0*
Tremors / shakes	17	*4*	8	*2*	13	*3*	-	*0*
Fainting / pass out	-	*0*	-	*0*	-	*0*	-	*0*
Fits / seizures	-	*0*	-	*0*	-	*0*	-	*0*
Numbness / tingling	21	*5*	21	*5*	8	*2*	8	*2*
Vomiting	4	*1*	4	*1*	-	*0*	-	*0*
Stomach pains	4	*1*	4	*1*	4	*1*	-	*0*
Muscular aches	8	*2*	4	*1*	8	*2*	-	*0*
Joint pains / stiffness	-	*0*	-	*0*	-	*0*	-	*0*
Inability to urinate	4	*1*	4	*1*	4	*1*	-	*0*
Blurred vision	21	*5*	17	*4*	13	*3*	-	*0*
Trouble sleeping	8	*2*	8	*2*	-	*0*	-	*0*
Weight loss	8	*2*	8	*2*	8	*2*	-	*0*
Loss of appetite	13	*3*	13	*3*	8	*2*	-	*0*
Loss of energy	13	*3*	8	*2*	13	*3*	-	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 38 Psychological side-effects of ketamine experienced in the preceding six months

Symptom	Experienced in the last six months (n=24) (%)*		Experienced under the influence (n=24) (%)*		Experienced coming down from ketamine (n=24) (%)*		Experience only related to ketamine (n=24) (%)#	
	%*	n	%*	n	%*	n	%*	n
Memory lapse	8	2	8	2	4	1	-	0
Visual hallucinations	29	7	29	7	13	3	4	1
Auditory hallucinations	13	3	13	3	-	0	-	0
Loss of sex urge	4	1	4	1	-	0	-	0
Inability to achieve orgasm	4	1	4	1	4	1	-	0
Anger / hostility	4	1	-	0	4	1	-	0
Violent behaviour	-	0	-	0	-	0	-	0
Anxiety	13	3	4	1	13	3	-	0
Panic attacks	4	1	4	1	-	0	-	0
Paranoia	8	2	4	1	4	1	-	0
Depression	13	3	-	0	13	3	-	0
Suicidal thoughts	-	0	-	0	-	0	-	0
Suicide attempts	-	0	-	0	-	0	-	0
Confusion	17	4	13	3	17	4	-	0
Difficulty concentrating	17	4	13	3	17	4	-	0
Irritability	8	2	8	2	8	2	-	0
Agitation / restlessness	8	2	8	2	8	2	-	0
Flashbacks	-	0	-	0	-	0	-	0

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

7.5.3 Other Harms

Two of the 24 participants that had recently used ketamine reported experiencing relationship, financial or work/study problems associated with ketamine use in the preceding six months (Table 39). One participant reported use of ketamine, in conjunction with ecstasy, methamphetamine and MDA, had caused them to be in debt. The other participant attributed a lack of motivation at work and financial problems in terms of not having enough money for other recreational activities, to their use of ecstasy, ketamine and crystalline methamphetamine, and also that this drug use contributed to their being 'kicked out' of the family home. No participants had reported experiencing legal problems as a result of their use of ketamine.

Table 39 Summary of ketamine-related problems among users

Ketamine-related problem	2003 Sample (n=24)
Mean number of physical side effects experienced	1.7 (range 0-12)
Mean number of psychological side effects experienced	1.5 (range 0-12)
Experienced occupational/study problems (%)	4%
Experienced relationship / social problems (%)	4%
Experienced financial problems (%)	8%
Experienced legal / police problems (%)	0%

Source: Party Drugs Initiative PDU interviews

7.6 Benefit and risk perception

7.6.1 Perceived Benefits

PDU participants were asked to describe the benefits that they perceived to be associated with ketamine use (Table 40). The most common response, other than the experience of dissociation which is the chief effect of the drug, was 13 participants reporting that they perceived no benefits of ketamine use. In support of the prevalence of such a view, one key informant noted that individuals who preferred ketamine were often a different group than those that preferred ecstasy (and were more likely to attend 'alternative' raves rather than nightclubs). Other commonly reported benefits of ketamine were mood- or hedonism- related (relaxation, n=12; use of the drug providing an enjoyable time, n=7; that ketamine provided escapism, n=6) or that the effects of the drug facilitated self-awareness (n=7).

Table 40 Perceived benefits of ketamine use reported by PDU

Benefit	Ketamine n
Dissociation	13
None	13
Relaxation / release	12
Enjoyable time	7
Enhanced self-awareness / enlightenment	7
Something different / escapism	6
Changed perception	4
Euphoria	3
Good for coming down	3
Enhances sociability / chattiness	2
Safe (because medical quality drug)	2
Being out of control	2
Enhanced sensations / senses	1
Enhanced empathy / connectedness with others	1

Source: Party Drugs Initiative PDU interviews

7.6.2 Perceived Risks

Participants were asked about the potential harms or risks that they associated with the use of ketamine (Table 41). The most common response from people that had not ever used the drug was that they did not know what the risks of ketamine use were. Of those that had ever used ketamine, only two reported that they did not know what the risks associated with the drug were, and two perceived no potential harms that could arise from the use of ketamine. Concerns common to those that had ever used the drug and those that had not were the risk of dissociation or 'going in to the k-hole', which is the effect that some consumers seek when using the drug. Similarly, concerns as to the risk of overdose and associated effects (passing out, coma, death) on use of the drug were common. Other concerns related to the potential for deleterious physical or mental health effects that may arise from use of ketamine, and that the illicit nature of the drug

and its access meant that consumers could not be sure of the content or impurities contained within their ketamine purchase.

Table 41 Perceived risks of ketamine use reported by PDU

Risk	Ketamine		All respondents
	Used	Never used	
	n	n	n
Don't know	2	35	37
Hallucinations / dissociation / k-hole	5	10	15
Death	4	6	10
Overdose	6	2	8
Passing out / coma	4	3	7
Mental health problems (long term) / psychosis	5	1	6
Not knowing exactly what the content / purity of the drug is / impurities	4	2	6
General physical health problems	3	2	5
Heart problems / palpitations	2	2	4
Damage / change to brain function	3	1	4
Mixing with alcohol or other drugs	2	2	4
None	2	1	3
Legal problems	3	0	3
Anxiety / panic	1	2	3
Risk-taking behaviour	3	0	3
Vomiting while passed out	2	1	3
Addiction	2	0	2
Depression	0	2	2
Paranoia	1	1	2
Memory loss / damage	1	1	2
Lethargy	1	1	2
Financial problems	1	0	1
Dehydration	0	1	1
Relationship / reputation problems	1	0	1
Toxic reaction	0	1	1

Source: Party Drugs Initiative PDU interviews

7.7 Summary of Ketamine Trends

- One third of those party drug using participants had ever tried ketamine, and one-quarter had used the drug in the six months prior to interview
- Among those that recently used the drug, it was a relatively infrequent event – in general three times or less in a six month period – and was used in small amounts, with individuals on average swallowing one ketamine-based tablet or snorting 5 'bumps' of powder
- The ketamine accessed locally was reported as being generally high in purity and reasonably easy to access; both situations that had remained stable in the preceding six months.
- The median market prices were approximately $50 for a tablet and $60 for a 'vial' of powder ketamine
- Tasmania Police did not report any seizures or arrests related to ketamine in the 2002/03 financial year
- A relatively small proportion of those using ketamine reported experiencing deleterious side effects from such use

8 GHB

GHB (gamma-hydroxybutyrate) is a chemical that has been utilised for a number of clinical purposes such as anaesthesia, narcolepsy and as a tool in management of alcohol dependences and opioid withdrawal (White, Breen & Degenhardt, 2003). In recent years GHB has been used as a recreational drug in a range of countries. In Australia, the drug may be known by the street names of 'liquid ecstasy', 'GBH', 'grievous bodily harm', 'fantasy', or 'blue nitro'.

The Australian Crime Commission (2003) reports that some substances, namely gamma-butyrolactone (GBL) and 1,4 butanediol ('1,4 B'), may be sold as GHB alternatives, as they are metabolised to GHB in the body following ingestion. While these may be used as substitutes for GHB, they are pharmacologically distinct (White, Breen & Degenhardt, 2003). Trends in 1,4 B use were enquired about in the current study, however, only a single participant reported using this drug in the preceding six months (just two had ever tried it), and had swallowed the drug on three occasions in this time.

Within the one-hundred regular ecstasy-using participants recruited in the current study, 10% reported ever trying GHB (Table X). The average age of first use was 22 years (range 16-27 years, SD = 3.5 years). There were no significant sex differences in the proportion of male (13.1%, n=8) and female (5.1%, n=2) that had ever tried GHB. Similarly, there were no sex differences in the average age that the drug was first tried among these individuals. All consumers that reported ever trying GHB had swallowed the drug, with only a single individual reporting ever injecting GHB.

8.1 GHB use among PDU

While 10% of the PDU sample had reported ever trying GHB, just 6 individuals had used the drug in the six months prior to interview. All of these individuals reported using GHB on a single occasion in this time, and all consumed the drug orally. While all six participants that had recently used GHB had also 'binged' on party drugs (using drugs for a continuous period of 48 hours without sleep), none had used GHB to do so.

Of the six participants that had recently used GHB, four provided information about trends and other aspects of this use. When asked where they had last 'used' (been under the influence of, rather than necessarily reflecting the place of ingestion) GHB in the preceding six months, half had last used in a public, dance-related environment (rave, dance party), and half had last used in a private dwelling (a private party, friends home: Table 42)[6].

The majority of key informants (n=10) noted no recent use of GHB amongst the party-drug using groups that they were associated with. Four key informants, however, had noted some use, but this was generally amongst quite a small proportion of the

[6] In other sections of this report, there is a differentiation between where the drugs had 'typically' been used, which may encompass several venue types if the drug had been used on several occasions, and where the drug had been used last in the preceding six months. As the drug was only used on a single occasion by all those responding, responses to these two questions are the same by definition and as such, only the latter is reported here.

individuals that they were familiar with, generally estimated as 1-5% or less, and that this use was infrequent. Two key informants suggested that GHB use may be slightly more commonly used in the 'homosexual dance scene'. From the current data, it is difficult to ascertain if this perception is correct or otherwise.

Table 42 Patterns of GHB Use Among PDU

GHB variable	PDU sample (n=100)
Ever used (%)	10
Used in the preceding six months (%)	6
Of those who had used in the preceding six months	
Median days used in the preceding six months	1
Locations last used GHB	
Home (%)	-
Dealer's home (%)	-
Friend's home (%)	25
Rave (%)	25
Dance party (%)	25
Nightclub (%)	-
Pub (%)	-
Private party (%)	25
Public place (street/park) (%)	-
Car (%)	-

Source: Party Drugs Initiative PDU interviews

8.2 Price

Only a single participant could confidently comment on the price of GHB. This individual reported that they recently purchased the drug for $10 for approximately 30 ml of solution, and that they perceived this price as remaining stable in the preceding six months. No price data for GHB was available from Tasmania Police at the time of this report.

8.3 Purity

Three PDU participants were able to estimate the current level of purity of locally-accessed GHB. Two perceived this GHB as being 'high' in purity, and one reported that purity of the drug locally had fluctuated in the past six months. Only a single participant was able to report on the purity of GHB over time, and they suggested that this had remained stable in recent months. While these reports are necessarily subjective, there have been no seizures of GHB analysed for purity by Tasmania Police in recent years, and as such, there are no objective figures available to ascertain current purity levels or changes over time.

8.4 Availability

Five participants were able to comment on the current level of local availability of GHB, and responses were reasonably consistent: one (17%) reporting that the drug was moderately easy to access, three (50%) that it was difficult to access, and two (33%) that it was very difficult to access. All reported that this situation had remained stable in Hobart in recent months. Three key informants supported the suggestion that the drug was difficult to access locally. Tasmania Police reported a single seizure of GHB in the 2001/02 financial year (Australian Crime Commission, 2003), but had recorded no seizures in previous or subsequent reporting periods.

Participants that had recently used GHB were asked who they had recently purchased the drug from. Four participants were comfortable in responding to these questions, reporting purchasing from acquaintances (n=2), through a friend (n=1) or from a dealer (n=1). The drug was purchased in all instances in private dwellings, with three reporting purchasing at a friend or acquaintance's private home (n=3), and one reporting purchasing at a private party.

8.5 GHB related harms

8.5.1 Law enforcement

Tasmania Police reported no seizures or arrests related to GHB in the 2002/03 financial year (Australian Crime Commission, 2004).

8.5.2 Health

Given that there was both a small proportion of the current PDU sample reporting recent use of GHB, and that the drug was only used on one occasion by all of these individuals in the preceding six months, there was limited experience of deleterious physical or psychological side effects of GHB among this group. Indeed, none of the participants reported experiencing any of the 18 psychological side effects enquired about in the current study in association with their GHB use. There were just two reports of experience of physical side effects in association with GHB use (of the 22 symptoms investigated): one report (17% of those recently using GHB) of the experience of heart palpitations (both while under the influence and in the acute recovery period) and one report of experiencing dizziness while under the influence of GHB. In both of these instances, other drugs had also been consumed, so it is unclear whether these experiences could be solely attributed to the effects of GHB.

Similarly, no participants reported experiencing any relationship, financial, legal or work/study problems that they attributed to GHB use in the preceding six months.

As key informants generally noted limited or no recent use of GHB among the PDU groups that they were familiar with, none reported any recent changes in the extent of negative side effects arising from GHB use among these groups in the preceding six months.

8.6 Benefit and risk perception

8.6.1 Perceived Benefits

PDU participants were asked to describe the benefits that they associated with use of GHB. Reflecting the low degree of experience with GHB amongst the current PDU sample, there were only a small number of responses to this question (Table 43). Three participants reported that they could perceive no benefits to the effects of the drug. The most commonly reported benefits related to social enhancements such as increased empathy and sociability, although another common theme was hedonistic aspects of use (mood enhancement, use of the drug providing an enjoyable time, relaxation, euphoria, and that the effects of the drug were similar to alcohol intoxication). Two other themes, although somewhat less commonly reported, were the difference in effects of GHB in comparison to ecstasy and other party drugs (a 'gentle comedown' and that the effects are longer lasting than ecstasy), and the effects of GHB on the senses (enhanced physical and sexual sensations, and decreased sensory perception).

Table 43 Perceived benefits of GHB use reported by PDU

Benefit	n
Enhanced empathy / connectedness with others	4
Enhances sociability / chattiness	3
Enjoyable time	3
Mood enhancement	3
None	3
Euphoria	2
Relaxation / release	2
Feels like being drunk	2
More powerful / longer lasting than ecstasy	2
Enhanced sensations / senses	1
Enhanced sex / libido	1
Decreased sensory perception	1
Gentle comedown	1

Source: Party Drugs Initiative PDU interviews

8.6.2 Perceived Risks

Participants were also asked about the potential harms or risks that they associated with the use of GHB (Table 44). While the clear majority of respondents reported that they did not know what the risks of GHB use were, this was clearly restricted to those that had never used the drug, with two of the ten individuals that had ever used GHB reporting that they did not know what the risks of GHB were. This aside, the most common theme reflected awareness of the risks associated with overdose from GHB, including the low overdose threshold of the drug (n=13), death (n=10), the risk of passing out (n=6), problems arising from interactions with alcohol (n=4), and the risk of vomiting while passed out from GHB (n=2). Similar to themes across all other classes of drugs were concerns arising from the illicit nature of the drug and access to it meaning that consumers could not be sure of the content or impurities contained within their GHB purchase. The final common theme was the risk of general physical harm from use

of GHB, including general physical health problems (n=5), heart problems (n=3), and the risk of seizure (n=3).

Table 44 Perceived risks of GHB use reported by PDU

Risk	GHB		
	Used	Never used	All respondents
	n	n	n
Don't know	2	61	63
Low overdose threshold	2	11	13
Death	1	9	10
Not knowing exactly what the content / purity of the drug is / impurities	2	5	7
Pass out / coma	3	3	6
General physical health problems	1	4	5
Risk-taking behaviour / increased vulnerability	1	3	4
Mixing with alcohol	1	3	4
Heart problems / palpitations	1	2	3
Seizures / fits	2	1	3
Dehydration	1	1	2
Pass out and vomit	1	1	2
Financial problems	0	1	1
Mental health problems (long term) / psychosis	1	0	1
Legal problems	0	1	1
Depression	0	1	1
Relationship / reputation problems	0	1	1

Source: Party Drugs Initiative PDU interviews

8.7 Summary of GHB Trends

- GHB had been tried by 10% of the regular ecstasy-using sample of participants, and used by 6% in the six months prior to interview. A close chemical relative of GHB, known as 1,4 B, had been tried by 2% of participants and used recently by a single participant
- GHB is typically sold in liquid form and swallowed by consumers
- Those recently using GHB had typically only used the drug once in the last six months
- These low levels of use and lack of recent seizures of the drug suggest a low level of availability of GHB locally

9 LSD

Of the one hundred regular ecstasy-using participants, almost two-thirds had ever tried LSD (lysergic acid diethylamide – 62%: Table 45). Male participants were significantly more likely to have ever used LSD (71%) than females (49%): $\chi^2(1)=4.78$, $p=0.03$. The average (and median) age that LSD was first used among this group was 18 years (range 14-25 years, SD = 2.6 years). There were no sex differences in the average age that LSD was first used. LSD had been consumed orally by all those that reported ever using the drug. However, 9% of the PDU sample (15% of those that had ever used LSD) had injected LSD at some stage in their lives. The median (and average) age of first injection of LSD was 21 years (range 16-30 years, SD = 4.6 years), three years later than the median age of first use of the drug. Eight males and one female had reported ever injecting LSD, however this difference as not statistically significant ($\chi^2(1) = 3.2$, $p=0.072$) due to the uncommon nature of injection of the drug. Similarly, there were no significant sex differences in the mean age of first injection of LSD.

9.1 LSD use among PDU

One-quarter (24%) of the PDU sample reported using LSD in the six months prior to interview. Male participants were significantly more likely to have recently used LSD (31%) than females (13%): $\chi^2(1)=4.38$, $p=0.04$. While use was relatively common, participants had only used LSD on a median of one occasion in the preceding six months (range 1-15 occasions). More than half (54%) of those recently using the drug in this time had only consumed the drug on one occasion, and all but a single participant had used LSD on four occasions or less in this time.

LSD was either purchased in 'tab' (paper soaked in LSD liquid) or liquid form. Due to the small number of participants using this drug, data for these forms will be discussed together. A median of 1.25 'tabs' or drops of LSD were reported as being used in a typical occasion of use in the preceding six months (range 1-2). During the heaviest period of use in this time, participants reported using a median of 3 'tabs' or drops of LSD. Four participants that had recently 'binged' on party drugs (using drugs for a period of 48 hours or more in a continuous period without sleep) had used LSD to do so, but in all cases this was in conjunction with use of ecstasy and methamphetamine.

All PDU participants that reported recent use of LSD had consumed the drug orally in the preceding six months. There were no participants that had recently injected the drug.

Participants that had recently used LSD were asked where they had typically used (been under the influence of, rather than necessarily reflecting the place of ingestion) the drug in the six months prior to interview (Table 45). It was more common for respondents to report using the drug in a public dance-related environment (31% nightclub, 21% rave, 21% dance party) than it was for people to use the drug in a private dwelling (28% own home, 24% at a friend's home, 21% at a private party). Two participants reported usually using LSD in some other public space, such as a park or beach, and one reported usually using the drug while in a car. When asked about where they had last used LSD, there was an even balance between those reporting last using in private residences (22% own home,

4% at a dealer's home, 19% at a friend's home, 7% at a private party) and in a public dance-related environment (26% at a nightclub, 15% at a dance party, and 7% at a rave).

Table 45 Patterns of LSD Use Among PDU

LSD variable	PDU sample (n=100)
Ever used (%)	62
Used in the preceding six months (%)	24
Of those who had used in the preceding six months	
Median days used in the preceding six months	1
Median quantities	
Median tabs/drops used typically in the preceding 6 months	1.25 (1-2)
Median tabs/drops used in biggest binge in the preceding 6 months	3 (1-4)
Locations usually used LSD	
Home (%)	28
Dealer's home (%)	-
Friend's home (%)	24
Rave (%)	21
Dance party (%)	21
Nightclub (%)	31
Pub (%)	-
Private party (%)	21
Public place (street/park) (%)	7
Car (%)	3
Location last used LSD	
Home (%)	22
Dealer's home (%)	4
Friend's home (%)	19
Rave (%)	7
Dance party (%)	15
Nightclub (%)	26
Pub (%)	-
Private party (%)	7
Public place (street/park) (%)	-

Source: Party Drugs Initiative PDU interviews

There was a clear divergence of opinion among key informants in regard to recent LSD use amongst the party drug-using groups that they were associated with. Equal numbers of key informants reported extremely limited or no recent LSD use among the groups that they were familiar with (n=8), and the remainder (n=8) indicated that 10-60% of their groups had recently consumed the drug (although most commonly use was reported as limited or rare). These key informants reported that both liquid LSD and 'tabs' were used by these groups, typically in amounts of one 'tab' or one drop of liquid LSD per occasion of use, although this may vary from one to five 'tabs' or drops. These reports are very similar to the patterns of use seen among the current PDU sample. One key informant noted that use was more common at outdoor dance events, particularly those associated with 'trance' or 'psytrance'-related dance events. While one key informant reported that it was rare for individuals to use LSD with ecstasy, one PDU participant noted an increase in this exact practice, termed 'candyflipping', among their peers. Finally, two key informants noted that LSD use had decreased amongst the party drug-using groups that they were familiar with in the past 6-12 months.

9.2 Price

PDU participants were asked to nominate the current market price for LSD locally. These reports were quite varied (Table 46), ranging from $5 to $50 per tab of LSD (median $20, n=39). When asked for the cost of their last purchase of LSD, again while there was some noteworthy variation in responses, the median cost was $20 both for an LSD tab (range $2-40, n=21) and for a drop of the drug (range $10-20, n=6). No key informants could comment on current prices for LSD, and price information from Tasmania Police for 2002/03 was not available at the time of this report.

Among those PDU participants that could comment on the price of LSD over time (n=39), there was a clear consensus that the price had remained stable over the preceding six month period (79% of those commenting: Table 46), with only very small proportions reporting that prices had increased (13%) or fluctuated (8%) in this time.

Table 46 Price Of LSD Purchased by PDU

Median price	**LSD**
Tab	$20 *(range $5-50) n=39*
Last purchase price	
Tab	$20 *(range $2-40) n=21*
Drop	$20 *(range $10-20) n=6*
Price change (n=39)	
Increased (%)	13
Stable (%)	79
Decreased (%)	-
Fluctuated (%)	8

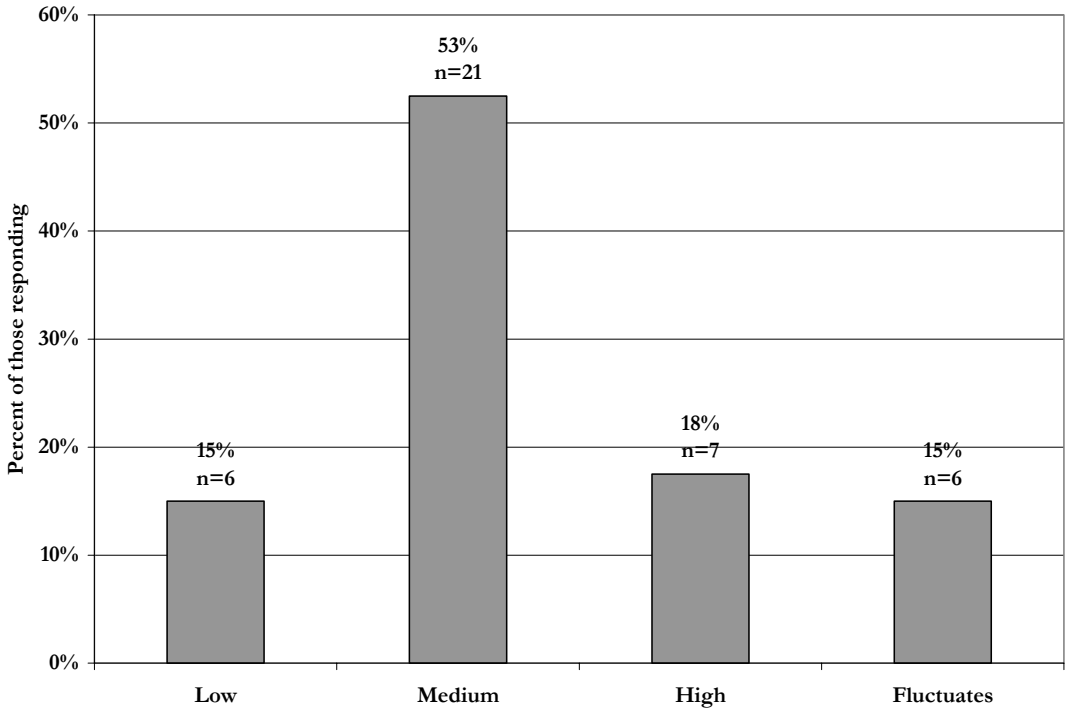
Source: Party Drugs Initiative PDU interviews

9.3 Purity

PDU participants that had recently used LSD were asked to estimate its current level of purity. While this is necessarily a subjective opinion and can be affected by a number of variables, including the experience of the individual, there was a reasonable consistency in reports (Figure 16). More than half (53%, n=21) of those commenting on LSD purity perceived it as being at a 'medium' level of purity. Reasonably equal and small proportions of respondents reported a 'low' (15%, n=6), 'high' (18%, n=7) and fluctuating (15%, n=6) purity of the drug locally. There was one large seizure of 488 tabs prepared for sale as LSD made in the Tasmania in 2002/03. While these were sold as containing LSD by the provider, forensic tests revealed negative results for any drug on analysis.

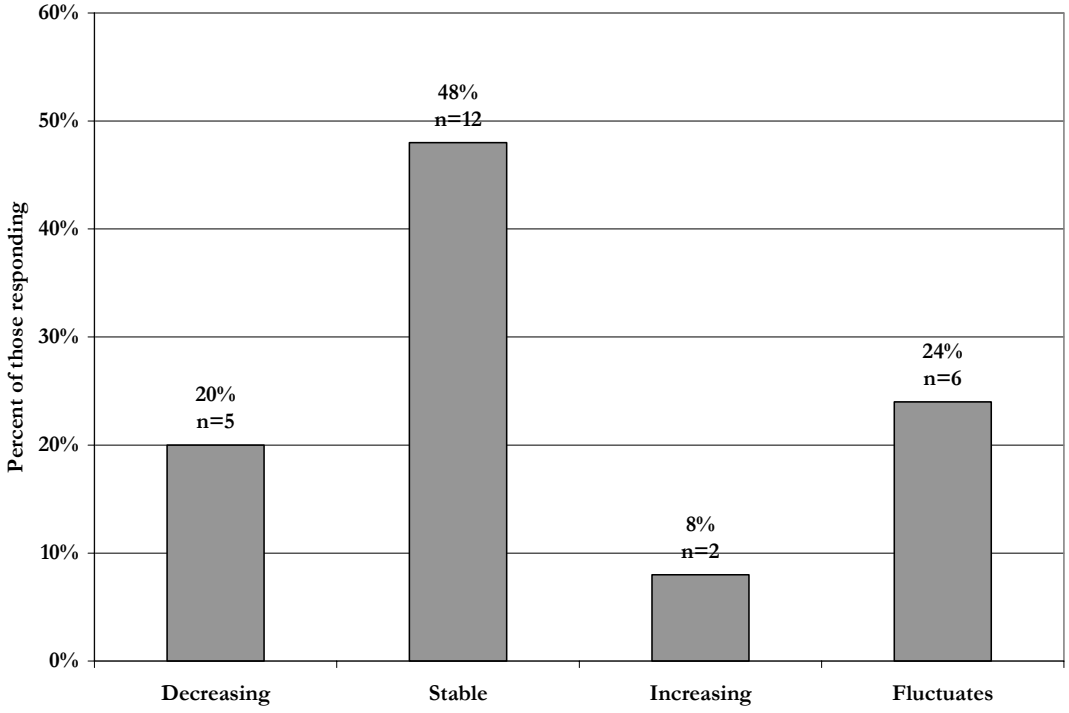
Among those PDU participants that could comment on the stability of local LSD purity over time (Figure 17), the majority (48%, n=12) reported that there had been no recent change in purity levels. However, noteworthy minorities reported that purity levels had decreased (20%, n=5) or fluctuated (24%, n=6) in the preceding six months.

Figure 16 Current purity of LSD 2003



Source: Party Drugs Initiative PDU interviews

Figure 17 Recent change in purity of LSD 2003



Source: Party Drugs Initiative PDU interviews

9.4 Availability

PDU participant reports of the local availability of LSD are summarised in Table 47 below. Commonly, the drug was seen as somewhat difficult to access locally, with 46% of those commenting reporting that it was 'difficult' to access, 13% that it was 'very difficult' to access, and 24% that it was 'moderately easy' to access in the six months prior to interview. While almost half of those commenting thought that the availability of LSD had remained stable in the preceding six months (49%), a substantial proportion noted that the drug had become increasingly difficult to access in this time (36%).

Key informants reported similar comments in terms of availability of LSD, with two reporting that the drug was difficult for the individuals that they were associated with to access, and further two key informants noted that the availability of LSD to these groups had decreased in the preceding 6-12 months.

There is some degree of support for these reports of declining availability of LSD locally from the extent of LSD seizures from Tasmania Police in recent years. During 1999/00, 109 LSD tabs were seized, falling to 8 tabs during 2000/01, and 5 tabs in 2001/02. While there was a single seizure of 488 tabs sold as LSD during 2002/03, this did not test positive to containing any illicit substance (Bruno & McLean, 2003, Australian Crime Commission, 2004).

Table 47 PDU reports of availability of LSD in the preceding six months

Variable	LSD
Ease of obtaining	
Very easy (%)	4
Easy (%)	13
Moderately easy (%)	24
Difficult (%)	46
Very difficult (%)	13
Changes in availability in the last 6 months	
Stable (%)	49
Easier (%)	7
More difficult (%)	36
Fluctuates (%)	9
Persons scored from in the last 6 months	
Friends (%)	74
Dealers (%)	30
Workmates (%)	4
Acquaintances (%)	11
Mainland contact / dealer (%)	-
Unknown persons (%)	-
Locations scored from in the last 6 months	
Home (%)	20
Dealer's home (%)	40
Friend's home (%)	36
Rave (%)	8
Dance party (%)	8
Nightclub (%)	24
Pub (%)	4
Street (%)	-

Source: Party Drugs Initiative PDU interviews

Participants that had reported using LSD in the preceding six months were asked the range of sources that they had purchased the drug from in this time. LSD was most commonly purchased from friends or acquaintances (friends 74%, n=20; acquaintances 11%, n=3; workmates 4%, n=1), with smaller proportions reporting purchasing the drug from a dealer (30%, n=8). In keeping with these reports, the drug was most commonly purchased from private residences, such as a friend's home (36%), the respondent's own home (20%) or a dealer's home (40%). It was less common to have purchased the drug in a public environment, with smaller proportions reporting recently purchasing the drug in a nightclub (24%), at a rave or dance party (8% respectively) or in a pub (4%).

9.5 LSD related harms

9.5.1 Law enforcement

Tasmania Police reported a single arrest related to LSD in the 2002/03 financial year (Australian Crime Commission, 2004), that of a single male provider of the drug. While a substantial number of tabs sold as LSD (n=488) were seized, these did not test positive for any illicit substance on forensic analysis.

9.5.2 Health

Table 48 and 49 respectively detail the physical and psychological side effects experienced by PDU participants in the preceding six months that they attributed, at least partially, to the effects of their use of LSD.

Those that had recently used LSD reported experiencing an average of 1.5 of the 22 physical side effects enquired about in the current study (range 0-9, n=24). The side effects most commonly attributed to use of LSD were blurred vision (25% of those recently using LSD, n=6: Table 48), difficulties sleeping (17%, n=4), loss of energy (17%, n=4), weight loss (13%, n=3), loss of appetite (13%, n=3) and hot and cold flushes (13%, n=3), all of which, with the exception of a loss of energy, were more commonly experienced during the acute intoxication period. As it was typical for the PDU group to use multiple drug types in a given occasion of use, it was uncommon for the experience of these physical side effects to be attributed solely to the effects of LSD. There were single reports of participants experiencing numbness or tingling, stomach pains, and loss of energy that they attributed solely to the effects of LSD in the absence of any other illicit substance.

A mean of 1.7 (range 0-7) psychological side effects (of the 18 enquired about in the current study) were attributed to LSD by those that had used the drug in the six months prior to interview (Table 50). The psychological side effects most commonly reported were those that are hallmarks of intoxication with LSD, namely visual and auditory hallucinations (experienced by 58% and 25% of those that had recently used the drug respectively). Other commonly experienced side-effects of use of the drug were confusion (25%), difficulty concentrating (25%), 'flashbacks' (13%) and anxiety (13%). LSD was often used in conjunction with other substances, and as such it was difficult to attribute the experience of these symptoms solely to the use of the drug for many of the respondents. However, 29% (n=7) of those who recently used LSD attributed their experience of visual hallucinations solely to the effects of the drug, with 13% (n=3) similarly reporting experiencing auditory hallucinations, 8% difficulty concentrating, and 8% flashbacks to the effects of LSD in isolation of the effects of any other substance.

Table 48 Physical side- effects of LSD experienced in preceding six months

Symptom	Experienced in the last six months (n=24) (%)*		Experienced under the influence (n=24) (%)*		Experienced coming down from LSD (n=24) (%)*		Experience only related to LSD (n=24) (%)#	
	%*	n	%*	n	%*	n	%*	n
Teeth problems	4	1	4	1	4	1	-	0
Profuse sweating	8	2	8	2	4	1	-	0
Hot / cold flushes	13	3	13	3	8	2	-	0
Heart palpitations	4	1	4	1	-	0	-	0
Shortness of breath	4	1	4	1	4	1	-	0
Chest pains	-	0	-	0	-	0	-	0
Headaches	4	1	-	0	4	1	-	0
Dizziness	4	1	4	1	4	1	-	0
Tremors / shakes	-	0	-	0	-	0	-	0
Fainting / pass out	-	0	-	0	-	0	-	0
Fits / seizures	-	0	-	0	-	0	-	0
Numbness / tingling	8	2	8	2	-	0	4	1
Vomiting	-	0	-	0	-	0	-	0
Stomach pains	4	1	4	1	4	1	4	1
Muscular aches	4	1	-	0	4	1	-	0
Joint pains / stiffness	4	1	-	0	4	1	-	0
Inability to urinate	4	1	4	1	4	1	-	0
Blurred vision	25	6	25	6	8	2	-	0
Trouble sleeping	17	4	17	4	13	3	-	0
Weight loss	13	3	13	3	4	1	-	0
Loss of appetite	13	3	13	3	8	2	-	0
Loss of energy	17	4	4	1	13	3	4	1

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 49 Psychological side-effects of LSD experienced in the preceding six months

Symptom	Experienced in the last six months (n=24) (%)*		Experienced under the influence (n=24) (%)*		Experienced coming down from LSD (n=24) (%)*		Experience only related to LSD (n=24) (%)#	
	%*	n	%*	n	%*	n	%*	n
Memory lapse	4	1	4	1	4	1	-	0
Visual hallucinations	58	14	58	14	17	4	29	7
Auditory hallucinations	25	6	25	6	17	4	13	3
Loss of sex urge	-	0	-	0	-	0	-	0
Inability to achieve orgasm	4	1	4	1	4	1	-	0
Anger / hostility	-	0	-	0	-	0	-	0
Violent behaviour	-	0	-	0	-	0	-	0
Anxiety	13	3	8	2	8	2	-	0
Panic attacks	-	0	-	0	-	0	-	0
Paranoia	4	1	4	1	4	1	-	0
Depression	-	0	-	0	-	0	-	0
Suicidal thoughts	-	0	-	0	-	0	-	0
Suicide attempts	-	0	-	0	-	0	-	0
Confusion	25	6	17	4	21	5	-	0
Difficulty concentrating	25	6	21	5	21	5	8	2
Irritability	-	0	-	0	-	0	-	0
Agitation / restlessness	-	0	-	0	-	0	-	0
Flashbacks	13	3	-	0	13	3	8	2

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

As key informants generally noted that LSD use was limited amongst the groups of party drug consumers that they were familiar with, none noted any recent changes in the level of negative side effects arising from use of LSD in the past six or twelve months.

9.5.3 Other Harms

Four of the 24 participants that had recently used LSD reported experiencing relationship, financial or work/study problems associated with LSD use in the preceding six months (Table 50). One participant reported that their substance use, including LSD, ecstasy, methamphetamine and cannabis, had left them in debt. Another indicated that their use of LSD, ecstasy, cocaine and cannabis had caused relationship problems in terms of mistrust and anxiety. This individual, along with one other, had experienced recent difficulties concentrating at work/school, which was attributed to use of LSD and ecstasy. One further individual had taken time off work/school due to their use of LSD.

Table 50 Summary of LSD-related problems among users

LSD-related problem	2003 Sample (n=24)
Mean number of physical side effects experienced	1.5 (range 0-9)
Mean number of psychological side effects experienced	1.7 (range 0-7)
Experienced occupational/study problems (%)	13%
Experienced relationship / social problems (%)	4%
Experienced financial problems (%)	4%
Experienced legal / police problems (%)	0%

Source: Party Drugs Initiative PDU interviews

9.6 Benefit and risk perception

9.6.1 Perceived Benefits

PDU participants were asked to describe the benefits that they perceived to be associated with use of LSD (Table 51). The two most common themes were those that have been traditionally associated with the drug's use across cultures and generations, namely the feelings of attaining personal enlightenment or undergoing a spiritual experience through the use of LSD (n=49), and the consciousness- and perceptual- altering effects of the drug (n=48). Hedonistic aspects of use of the drug (LSD providing an enjoyable experience, or escapism, n=25) were also commonly noted.

9.6.2 Perceived Risks

Participants were also asked about the potential harms or risks that they associated with the use of LSD (Table 52). The most commonly reported concern, both by those that had ever tried LSD and those that had not, was the potential for long term mental health problems such as psychosis or paranoia and the risk of lasting damage to brain function. Also commonly reported, albeit more frequently among those that had used the drug at some stage, were concerns about the effect of LSD on behaviour, particularly in terms of loss of control or the potential for physical harm arising from disinhibited or foolish behaviour while under the influence of the drug or hallucinating. Another theme related to the potential for a 'bad trip' or a disconcerting experience while under the influence or

following the use of the drug, including concerns about hallucinations, 'flashbacks', a 'bad trip', anxiety or panic. Among those that had used LSD at some stage in their lives, three (of the 62 individuals) did not know of any potential risks associated with use of the drug, and a further three such individuals perceived no potential harms from LSD use.

Table 51 Perceived benefits of LSD use reported by PDU

Benefit	n
Enhanced self-awareness / enlightenment	36
Altered consciousness / perception	25
Hallucinations	22
Enjoyable time	19
Spiritual experience / connectedness with earth / others	13
Escapism	6
Enhance energy	5
Enhanced creativity	4
Social experience	3
Enhanced sensations / senses	1
Loss of control	1

Source: Party Drugs Initiative PDU interviews

Table 52 Perceived risks of LSD use reported by PDU

Risk	LSD		All respondents
	Used n	Never used n	
Mental health problems (long term) / psychosis	33	21	54
Life threatening (foolish behaviour under influence)	16	8	24
Bad trip	10	7	17
Damage / change to brain function	8	4	12
Flashbacks	7	5	12
Don't know	3	5	8
Paranoia	5	2	7
Not knowing exactly what the content / purity of the drug is / impurities	4	1	5
Anxiety / panic	2	2	4
Hallucinations	2	2	4
Loss of control	2	2	4
None	3	0	3
Legal problems	3	0	3
Reduced work performance / concentration / cognitive problems	2	1	3
General physical health problems	1	1	2
Lasts a long time	0	2	2
Addiction	0	1	1
Overdose	1	0	1
Aggression / anger	1	0	1
Depression	1	0	1
Memory loss / damage	1	0	1
Dehydration	1	0	1

Source: Party Drugs Initiative PDU interviews

9.7 Summary of LSD Trends

- Amongst this sample of people that regularly use ecstasy, almost two-thirds had ever tried LSD, and one-quarter had used the drug in the six months prior to participating in the study
- Males were significantly more likely to have ever or recently used LSD
- Participants typically only used LSD once in the preceding six months
- LSD was available locally both in liquid form and in 'tabs', both costing approximately $20 per unit. This price appears to have remained stable in recent months
- Participants typically used one-two tabs or drops on an occasion of use
- Both key informants and consumers reported that LSD was reasonably difficult to access locally, and that it may have become even more difficult to access in recent months

10 MDA

One-third of the one hundred regular ecstasy-using PDU participants had ever tried MDA (3,4-methylenedioxyampletamine: Table 53). There were no significant sex differences in terms of use of the drug, with 36% of male and 26% of female PDU participants reporting ever trying MDA. The median age of first use of MDA was 20 years (range 16-32 years, SD = 3 years), similar to the median age that ecstasy was first used across the PDU sample. There were no significant differences between the mean age of first use of males and females. Among the 32 individuals that had ever used MDA, the drug was most commonly used orally (90%), with smaller proportions snorting (38%) or smoking (3%) the drug at some stage. Only three individuals had ever injected MDA (9% of those who had ever used the drug), and the median age of first injection was 20 years (range 19-24). All three respondents that had ever injected MDA were male.

10.1 MDA use among PDU

One-fifth (21%) of the PDU participants reported using MDA in the six months prior to interview. These participants used the drug on a median of two occasions in this time (range 1-20), with three quarters of all those recently using MDA using it on three occasions or less in the previous six month period.

MDA was commonly purchased as capsules of powder. A median of half a capsule (range 0.5-1 capsules) was reported as being used in a typical occasion of use. On the heaviest occasion of use in the preceding six months, participants reported using a median of 1.25 capsules (range 0.5-2). Four participants that had recently 'binged' on party drugs (using drugs in a continuous 48-hour period without sleep) had used MDA to do so, but in all cases this was done in conjunction with both ecstasy and methamphetamine.

Among the 21 individuals that reported using MDA in the preceding six months, all but one (95%, n=20) had used the drug orally in this time, and almost half (43%, n=9) had used MDA intranasally. No participants reported recently smoking or injecting MDA.

PDU participants that had recently used MDA were asked where they had typically used (been while under the influence of, rather than necessarily reflecting the location of ingestion) the drug in the preceding six months. MDA was clearly most commonly used in dance-related public environments, with 62% of those recently using the drug reporting using at a dance party, 57% at a rave, and 43% at a nightclub. Smaller proportions reported typically using MDA in a private dwelling, with 24% using the drug at a friend's home, 14% at a private party or in their own home respectively, and 5% at a dealer's home. A similar pattern was seen when participants were asked where they had last used MDA, with two-thirds last using in a dance-related public environment (24% at a rave, 24% at a dance party, and 19% in a nightclub), and only small proportions reporting they had last used in a private dwelling, such as a friend's (10%) or their own (14%) home.

Table 53 Patterns of MDA Use Among PDU

MDA variable	PDU sample (n=100)
Ever used (%)	32
Used in the preceding six months (%)	21
Of those who had used in the preceding six months	
Median days used in the preceding six months	2
Median quantities	
Median amount used typically in the preceding 6 months	0.5 caps (0.5-1)
Median amount used in biggest binge in the preceding 6 months	1.25 caps (0.5-2)
Locations usually used MDA	
Home (%)	14
Dealer's home (%)	5
Friend's home (%)	24
Rave (%)	57
Dance party (%)	62
Nightclub (%)	43
Pub (%)	-
Private party (%)	14
Public place (street/park) (%)	-
Car (%)	-
Location last used MDA	
Home (%)	14
Dealer's home (%)	-
Friend's home (%)	10
Rave (%)	24
Dance party (%)	24
Nightclub (%)	19
Pub (%)	-
Private party (%)	5
Public place (street/park) (%)	5

Source: Party Drugs Initiative PDU interviews

Key informants generally reported that there was no recent use of MDA amongst the groups of regular party drug consumers that they were associated (n=10). Only three key informants reported some use, but perceived this as minimal, and that it was rarely used unless a consumer was specifically searching it out. One key informant noted that use of MDA was seen in the 'trance' or 'psytrance' related dance scenes, and was uncommon in more mainstream dance events. A further key informant noted that, due to the similarities between MDA and MDMA, the former may appear in tablets sold as ecstasy and the consumer may not be aware of this until after consuming the tablet.

10.2 Price

PDU participants that had recently used MDA were asked to nominate the current market price of the drug. The median market price per capsule was similar to that of ecstasy tablets, at $50 per capsule ($35-60, n=15). While the price range for the last purchase price of the drug was tighter, the median last purchase amount was again $50 per capsule (range $40-50, n=11). All of those PDU participants that were able to comment on the price of MDA over time suggested that the price of the drug had remained stable in the preceding six months.

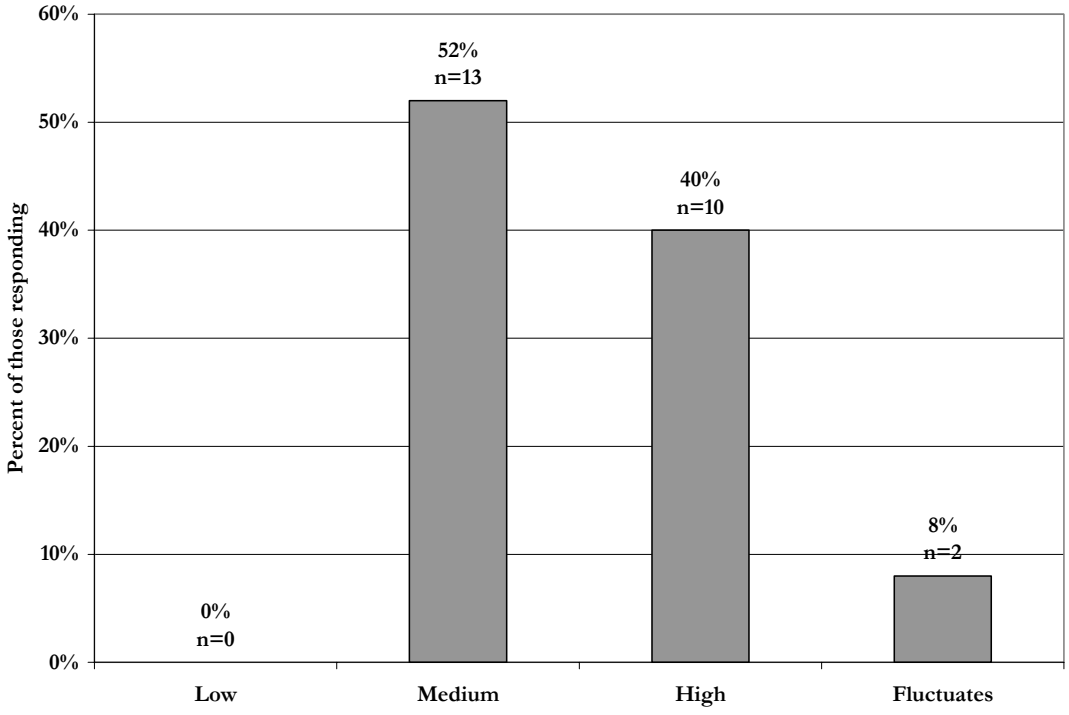
No key informants could comment on current local prices for MDA, and price information from Tasmania Police for 2002/03 was not available at the time of this report.

10.3 Purity

PDU participants that had reported recently using MDA were asked to estimate its current level of purity. While this is necessarily a subjective opinion that may be affected by a number of variables, there was a reasonable consistency in responses, with 52% (n=13) suggesting that the drug was 'medium' in purity, and 40% (n=10) that MDA was of 'high' in purity (Table 18). Two-thirds (67%, n=12) of those providing estimates of MDA purity suggested that the purity of the drug locally had remained stable in the preceding six months. Smaller proportions suggested that the purity had fluctuated (22%, n=4) or decreased (11%, n=2) in this time (Table 19).

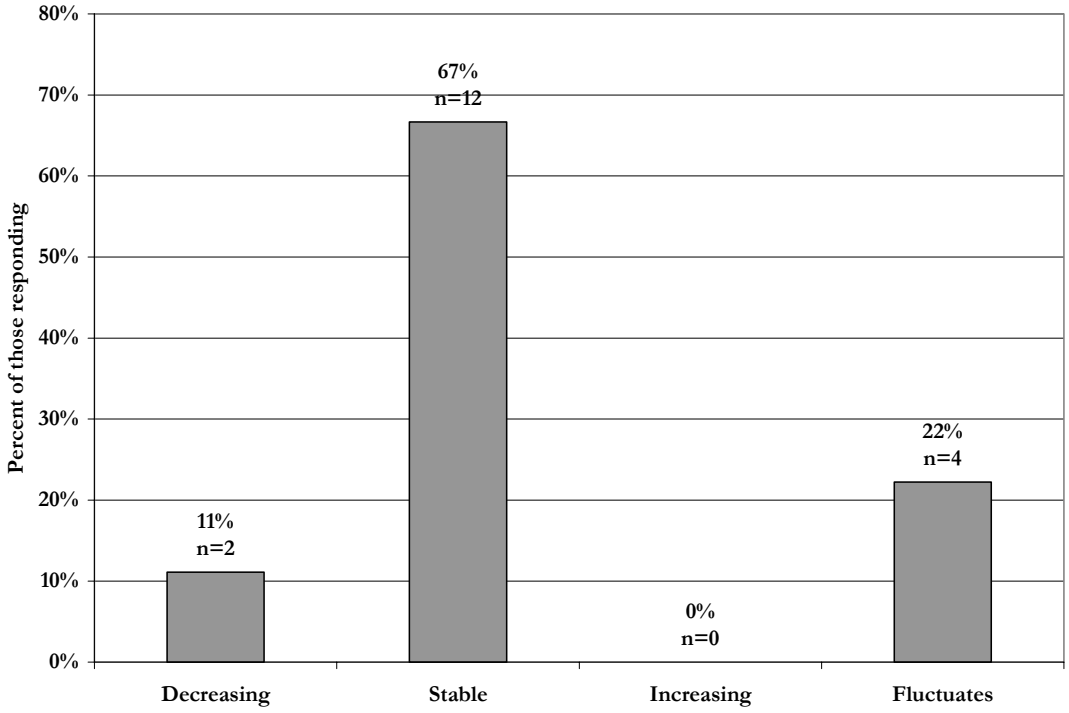
There have been no seizures of MDA reported or analysed for purity by Tasmania Police in recent years, and as such there are no objective figures available to ascertain current purity levels or changes in local MDA purity over time.

Figure 18 Current purity of MDA 2003



Source: Party Drugs Initiative PDU interviews

Figure 19 Recent change in purity of MDA 2003



Source: Party Drugs Initiative PDU interviews

10.4 Availability

PDU participant reports of the availability of MDA locally are summarised in Table 54 below. Participants reported that MDA was somewhat challenging to access, with 38% of those reporting on availability suggesting that it was 'difficult' to access, 29% that it was 'moderately easy' to access, and 25% that it was 'easy' for them to access the drug locally. All but one of those that could report on the availability of MDA over time suggested that this level of availability had remained stable in the preceding six months. There have been no seizures of MDA made by Tasmania Police in the 2002/03 financial year (Australian Crime Commission, 2004).

Participants that had used MDA in the previous six months were asked who they had recently purchased the drug from (Table 54). MDA was primarily purchased from or through a friend (71%, n=15), more commonly so than from a dealer (57%, n=12), with two participants purchasing the drug from an acquaintance in the preceding six months (10%). Notably, in all cases the drug was purchased locally and not directly accessed from a mainland contact or dealer. The drug was most commonly purchased in private residences, such as a friend's home (48%, n=10), a dealer's home (48%, n=10), or the consumer's own home (24%, n=5). Smaller proportions reported recently purchasing MDA from dance-related public environments, such as a rave (24%, n=5), a dance party (24%, n=5) or a nightclub (10%, n=2).

Table 54 PDU reports of availability of MDA in the preceding six months

Variable	MDA
Ease of obtaining	
Very easy (%)	8
Easy (%)	25
Moderately easy (%)	29
Difficult (%)	38
Very difficult (%)	-
Changes in availability in the last 6 months	
Stable (%)	95
Easier (%)	-
More difficult (%)	-
Fluctuates (%)	5
Persons scored from in the last 6 months	
Friends (%)	71
Dealers (%)	57
Workmates (%)	-
Acquaintances (%)	10
Mainland contact / dealer (%)	-
Unknown persons (%)	-
Locations scored from in the last 6 months	
Home (%)	24
Dealer's home (%)	48
Friend's home (%)	48
Rave (%)	24
Dance party (%)	24
Nightclub (%)	10
Pub (%)	-
Street (%)	5

Source: Party Drugs Initiative PDU interviews

10.5 MDA related harms

10.5.1 Law enforcement

Tasmania Police reported no seizures or arrests related to MDA in the 2002/03 financial year (Australian Crime Commission, 2004). However, due to the similarity between MDA and MDMA and the fact that Tasmania Police are unable to test seizures for content unless charges are contested, it is possible that any seizures of MDA may inadvertently be recorded within the number of ecstasy seizures when reported.

10.5.2 Health

Table 55 and 56 respectively detail the physical and psychological side effects experienced by PDU participants that they attributed, at least partially, to the effects of their use of MDA.

Those that had recently used MDA reported a mean of 0.6 of the 22 physical side effects enquired about in the current study (range 0-7: Table 57). Two individuals respectively reported experiencing dizziness, and a loss of appetite. There were single reports of experiencing heart palpitations, shortness of breath, chest pains, headache, tremors or shakes, numbness or tingling, weight loss and loss of energy in association with use of

MDA. In all cases other than the experience of loss of energy, these symptoms were first experienced during the acute intoxication period of MDA use. As MDA was commonly used in conjunction with other illicit drugs by the PDU participants, none of these individuals were able to solely attribute these symptoms to the effect of MDA.

Similar responses were seen in terms of the experience of psychological side effects, with a mean of 0.5 of the 18 symptoms investigated in the current study (range 0-10) experienced in association with use of MDA by those that had used the drug in the preceding six months. Two participants reported experiencing visual hallucinations while under the influence of MDA. There were single reports of the experience of memory lapse while under the influence of MDA, and of confusion, difficulty concentrating, irritability and agitation while under the influence of MDA and during the acute recovery period. Additionally, there were also single reports of individuals experiencing anger, anxiety, paranoia and depression during the acute comedown or recovery period after MDA use (Table 56). Again, as MDA, like most other party drugs, were commonly used in conjunction with other illicit drugs by the PDU participants, none of the participants that reported experiencing these symptoms could attribute them solely to the effects of MDA in isolation of other substances.

Table 55 Physical side- effects of MDA experienced in preceding six months

Symptom	Experienced in the last six months (n=21) (%)*		Experienced under the influence (n=21) (%)*		Experienced coming down from MDA (n=21) (%)*		Experience only related to MDA (n=21) (%)#	
	%*	n	%*	n	%*	n	%*	n
Teeth problems	-	*0*	-	*0*	-	*0*	-	*0*
Profuse sweating	-	*0*	-	*0*	-	*0*	-	*0*
Hot / cold flushes	-	*0*	-	*0*	-	*0*	-	*0*
Heart palpitations	5	*1*	5	*1*	5	*1*	-	*0*
Shortness of breath	5	*1*	5	*1*	-	*0*	-	*0*
Chest pains	5	*1*	5	*1*	5	*1*	-	*0*
Headaches	5	*1*	5	*1*	5	*1*	-	*0*
Dizziness	10	*2*	10	*2*	10	*2*	-	*0*
Tremors / shakes	5	*1*	5	*1*	-	*0*	-	*0*
Fainting / pass out	-	*0*	-	*0*	-	*0*	-	*0*
Fits / seizures	-	*0*	-	*0*	-	*0*	-	*0*
Numbness / tingling	5	*1*	5	*1*	-	*0*	-	*0*
Vomiting	-	*0*	-	*0*	-	*0*	-	*0*
Stomach pains	-	*0*	-	*0*	-	*0*	-	*0*
Muscular aches	-	*0*	-	*0*	-	*0*	-	*0*
Joint pains / stiffness	-	*0*	-	*0*	-	*0*	-	*0*
Inability to urinate	-	*0*	-	*0*	-	*0*	-	*0*
Blurred vision	-	*0*	-	*0*	-	*0*	-	*0*
Trouble sleeping	-	*0*	-	*0*	-	*0*	-	*0*
Weight loss	5	*1*	5	*1*	5	*1*	-	*0*
Loss of appetite	10	*2*	10	*2*	5	*1*	-	*0*
Loss of energy	5	*1*	-	*0*	5	*1*	-	*0*

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

Table 56 Psychological side-effects of MDA experienced in the preceding six months

Symptom	Experienced in the last six months (n=21) (%)*		Experienced under the influence (n=21) (%)*		Experienced coming down from MDA (n=21) (%)*		Experience only related to MDA (n=21) (%)#	
	%*	n	%*	n		%*	n	%*
Memory lapse	5	1	5	1	-	0	-	0
Visual hallucinations	10	2	10	2	-	0	-	0
Auditory hallucinations	-	0	-	0	-	0	-	0
Loss of sex urge	-	0	-	0	-	0	-	0
Inability to achieve orgasm	-	0	-	0	-	0	-	0
Anger / hostility	5	1	-	0	5	1	-	0
Violent behaviour	-	0	-	0	-	0	-	0
Anxiety	5	1	-	0	5	1	-	0
Panic attacks	-	0	-	0	-	0	-	0
Paranoia	5	1	-	0	5	1	-	0
Depression	5	1	-	0	5	1	-	0
Suicidal thoughts	-	0	-	0	-	0	-	0
Suicide attempts	-	0	-	0	-	0	-	0
Confusion	5	1	5	1	5	1	-	0
Difficulty concentrating	5	1	5	1	5	1	-	0
Irritability	5	1	5	1	5	1	-	0
Agitation / restlessness	5	1	5	1	5	1	-	0
Flashbacks	-	0	-	0	-	0	-	0

* proportion of the total sample # among those experiencing the symptom

Source: Party Drugs Initiative PDU interviews

10.5.3 Other Harms

None of the 21 participants that had recently used MDA reported experiencing occupational/study, relationship or legal problems that they attributed to use of MDA in the preceding six months (Table 57). One participant reported that their recent use of MDA, in conjunction with use of ecstasy, methamphetamine and ketamine, had left them in debt.

Table 57 Summary of MDA-related problems among users

MDA-related problem	PDU Sample (n=21)
Mean number of physical side effects experienced	0.6 (range 0-7)
Mean number of psychological side effects experienced	0.5 (range 0-10)
Experienced occupational/study problems (%)	0%
Experienced relationship / social problems (%)	0%
Experienced financial problems (%)	5%
Experienced legal / police problems (%)	0%

Source: Party Drugs Initiative PDU interviews

10.6 Summary of MDA Trends

- One-third of the regular ecstasy-using sample had ever tried MDA, and one-fifth had used the drug in the six months prior to participating in the study
- MDA was typically sold locally as a capsule of powder, for $40-50 per capsule
- Consumers typically swallow the capsules of MDA or snort the powder
- Most of those that had recently used MDA had done so on three or fewer occasions in the six months prior to being interviewed, and used one-half to one capsule of the drug on a typical occasion of use
- MDA appears to be somewhat challenging for consumers to access locally, with one-third of the participants reporting on availability suggesting that it was 'difficult' or 'moderately easy' for them to access respectively, with one quarter reporting that it was 'easy' to access. This pattern of availability appears to have remained stable in recent months

11 OTHER DRUGS

11.1 Alcohol

All of the regular ecstasy-using PDU participants had consumed alcohol at some stage in their lives. The median age of first use of alcohol was 15 years (range 10-18 years, SD = 1.7 years). All but two participants had used alcohol in the six months prior to interview, on a median of 48 days in this time (range 1-180 days, SD = 37 days), equating to approximately twice weekly consumption of alcohol. There were no sex differences in terms of the first age of use of alcohol or the number of days that alcohol was used in the preceding six months.

While alcohol use was certainly not restricted to coinciding with use of ecstasy, as noted in Section 4.1, almost three-quarters of the sample (72%) typically consumed alcohol while under the influence of ecstasy, and two-thirds of these individuals typically consumed more than five standard drinks on these occasions.

All but two of the key informants noted use of alcohol amongst the party-drug using groups that they were associated with. These key informants estimated 75-100% of the groups they were familiar with used alcohol, commonly once to three days per week. Binge drinking (consumption of more than five standard drinks per session) was noted by two key informants to occur in approximately half of these groups per week, however five key informants noted more moderate levels of alcohol consumption amongst these individuals. One key informant, an experienced nightclub owner, noted that there appeared to be a greater level of mixing ecstasy and alcohol in Tasmania than they had seen in similar situations in other jurisdictions.

PDU participants were asked about the benefits that they perceived to be associated with use of alcohol (Table 58). Common themes related to the positive effects of alcohol in terms of relaxation and stress reduction, social benefits such as increased sociability and enhanced confidence, and the mood-enhancing or other pleasurable effects of use of alcohol. Eight participants noted that one of the benefits of use of alcohol, particularly in relation to the other drugs discussed in the current study, was its legal status and social acceptability. Two participants found alcohol useful for enhancing or speeding the onset of the effects of other drugs. Three could not think of any positive aspects to use of alcohol.

Table 58 Perceived benefits of alcohol use reported by PDU

Benefit	n
Relaxation / reduces stress	46
Increased sociability	42
Decreased inhibitions / enhanced confidence	35
Enjoyable / fun	20
Enhances mood	11
Socially acceptable / legal drug	8
Increased energy	6
Pleasant taste / compliments food	6
Easily available	4
Nothing	3
Wine is good for you	2
Enhances or 'brings on' the effect of other drugs	2
Low cost	2

Source: Party Drugs Initiative PDU interviews

Participants were also asked about the potential harms or risks that they associated with use of alcohol (Table 59). Most common in these responses were the impact of alcohol use on physical health, including liver damage, damage or changes to brain functioning with excessive or continual use, hangover, and other associated general physical health problems. Similarly potent in these themes were the effect of alcohol on behaviour, in terms of disinhibition, diminished judgement, unsafe sexual behaviour, harms from accidents associated with loss of physical control, drink driving and increased vulnerability to harm or dangerous situations. The association between alcohol use and aggression or violence, also associated with the disinhibiting effect of the drug, was noted in particular, as well as the impact of these behaviours on social relationships. These last two themes of the disinhibiting and judgement diminishing effect of alcohol were particularly salient among this group, with multiple individuals commenting that social environments such as nightclubs or dance events were more pleasant in terms of the behaviour of patrons when the crowd had consumed ecstasy than they were when alcohol was the main drug consumed.

Table 59 Perceived risks of alcohol use reported by PDU

Benefit	n
Liver damage	42
Risk-taking behaviour / disinhibited behaviour / poor judgement	40
General physical health problems	32
Aggression / violence	25
Addiction	23
Loss of control	19
Hangover	13
Memory loss	11
Alcohol poisoning	9
Relationship problems	8
Drink driving	8
Brain damage / Korsakoff's psychosis	8
Vomiting	7
Kidney damage	7
Financial problems	6
Mental health problems	4
Depression	4
None	3
Vagueness / confusion	3
Don't know	2
Decreased energy / apathy	2
Diminished work performance	2
Diminished self esteem / loss of respect of others	2
Increased vulnerability	2
Legal problems	2

Source: Party Drugs Initiative PDU interviews

11.2 Cannabis

All of the 100 regular party drug using participants had tried cannabis at some stage in their lives. The median age of first use of cannabis was 15 years (range 9-26 years, SD = 2 years) similar to the median first age of use of alcohol (15 years). There were no significant differences between the average age of first use of cannabis for males (15.3 years) and females (15.4 years). Ninety percent of the sample had used cannabis in the six months prior to participating in the study, at a median frequency of 48 days in this period (range 1-180 days, SD = 72), equating to approximately twice weekly use. Males had used

the drug on a significantly greater number of days (mean = 90 days) than females (mean = 60 days) in the preceding six months: Mann-Whitney $U = 635.5$, $p=0.010$.

All but three key informants noted some recent use of cannabis amongst the regular party-drug using populations that they were familiar with. This was estimated to range from 15-100% of these groups, with a median estimate of approximately 80%. The amount and frequency of this use was seen by key informants as highly variable across individuals, ranging from single occasions of use in a six month period to daily use, and use ranging from a single joint or 'cone' to two grams per occasion. Two key informants noted that cannabis was used among the groups that they were familiar with primarily for management of the 'comedown' from ecstasy use. In support of this assertion, as noted in Section 4.1, 44% of the PDU participants reported typically using cannabis while under the influence of ecstasy, but two-thirds (63%) typically used cannabis during the 'come down' period following use of ecstasy.

PDU participants were asked to describe the benefits that they experienced from cannabis use (Table 60). Just 5% did not ascribe any benefit to the use of the drug. By far, the most commonly reported benefit was that cannabis use promoted relaxation or a relief from stress. Other common themes were functional uses of the drug, such as an aid to facilitating sleep, as a way to manage anxiety, depression, pain, or the 'come down' from the effects of other drugs. Hedonistic aspects (enjoyment, the relief of boredom, escapism) were also commonly reported. Other participants reported using the drug as a means to enhance their creativity.

Table 60 Perceived benefits of cannabis use reported by PDU

Benefit	n
Relaxation / stress relief	72
Enjoyable / fun	24
Helps me sleep	22
Mood stabilising or enhancing effects: aids the control of anxiety, depression	16
Produces interesting thoughts / enhances creativity	15
Enhanced sociability	15
Relieves boredom	9
Aids in managing the 'come down' from use of other drugs	9
Enhances appetite	9
Alters perception / state of mind	6
'Brings on' the effects of other drugs	6
None	5
Aids in pain management	5
Low cost drug	3
Helps me to enjoy everyday activities	3
Enhances concentration	3
Euphoria	3
Heightened senses	3
Good substitute for alcohol	2
Easily accessible	2

Source: Party Drugs Initiative PDU interviews

PDU participants were also asked to nominate the risks or potential harms that they perceived to be related to use of cannabis (Table 61). While seven individuals reported that they could perceive no potential ill effects from use of the drug, several main themes emerged from these reports that were clearly in keeping with the known effects of the drug. Diminished motivation and lethargy and the impact of this on relationships was

noted by more than a quarter of the sample. Damage to physical health associated with the smoking of the drug (lung cancer, respiratory damage) or being physically run down from regular use was also commonly noted, as was the risk of mental health problems such as paranoia, depression, anxiety, mood swings and psychosis. A substantial proportion of participants also noted concern with the potential for memory loss and generally feeling 'vague' following use of the drug.

Table 61 Perceived risks of cannabis use reported by PDU

Benefit	n
Decreased motivation	27
Lung cancer	21
Paranoia	21
Depression	20
Addiction / dependence	19
Psychosis / schizophrenia	18
Memory / short-term memory loss	16
Respiratory problems	15
Vagueness / confusion	10
General mental health problems	10
Decreased energy / lethargy	10
General health problems	9
None	7
Anxiety / panic	7
Becoming anti-social / socially-isolated	7
Mood swings	7
Financial problems	6
Legal problems	6
Social or relationship problems	5
Addiction to tobacco	4
Long-term brain damage / structural change from chronic use	3
Increased risk of accidents while driving following cannabis use	3

Source: Party Drugs Initiative PDU interviews

11.3 Tobacco

Almost all (96%) of the 100 PDU participants had ever smoked tobacco. The median age that tobacco was first tried was 15 years (range 9-23 years, SD = 2 years), similar to the median age of first use of both alcohol and cannabis. There was no significant difference between the mean age of first use of tobacco for males (15.1 years) and females (14.6 years). Four out of five of the 100 PDU participants (81%) had smoked tobacco in the six month period prior to participating in the study. Slightly more than half of these (44% of the sample, 54% of those recently smoking) had smoked on a daily basis in this time, with one-fifth (22% of those recently smoking) smoking once per week or less. There were no significant differences in the frequency of smoking between males and females, nor were there differences in the proportion of male (57% of those recently smoking) and female (50% of those recently smoking) recent smokers that smoked on a daily basis.

All but two key informants noted recent smoking of tobacco among the groups of regular ecstasy using groups that they were associated with. These key informants estimated that between 35% and 99% of the groups that they were familiar with smoked tobacco (median estimate 80%). Frequency of use varied from 'social smoking' (only smoking when out at nightclubs, for example) to daily use, with the latter predominant.

Two key informants noted that people that rarely or occasionally smoked were more likely to smoke when they were using ecstasy. In support of such reports, while 44% of the PDU sample were daily tobacco smokers, almost three-quarters (72%) of participants reported usually smoking tobacco while under the influence of ecstasy.

11.4 Benzodiazepines

Just over half (52%) of the PDU sample had ever used benzodiazepines, and there was an equivalent extent of lifetime use of benzodiazepines across the sexes (54% of males, 49% of females). The median age that participants had first used this class of drugs was 20 years (range 10-40 years, SD = 5 years), which was consistent for both males (mean = 20.6 years) and females (mean = 20.5 years). Among those individuals that had ever used benzodiazepines, all had used the drug orally (n=52), with small proportions reporting ever smoking (13%, n=7) or snorting (8%, n=4) the drug. Seven individuals (13% of those ever using benzodiazepines) had ever injected this drug class, and had first done so at a median age of 18 years (range 15-35 years, SD = 7 years). All of those that had injected benzodiazepines were males.

One third (35%) of those participating in the PDU survey had used benzodiazepines in the six months prior to interview. There were no significant sex differences between those that had recently used the drug and those that had not (34% of males, 36% of females). Amongst those recently using the drug, benzodiazepines were used on a median of six days in the preceding six months (range 1-180 days, SD = 54 days), with two-thirds using them on ten occasions or less in this time. Males had used benzodiazepines significantly more frequently than females in the preceding six months (41 days vs. 18 days respectively: Mann-Whitney U = 88.0, p = 0.048). All but one of those recently using benzodiazepines had used the drug orally in this time (97%), with two participants reporting injecting (6%) and one smoking (3%) benzodiazepines in the six months prior to being interviewed.

Nine key informants did not perceive or were not aware of any use of benzodiazepines among the party-drug using individuals that they were familiar with. Seven key informants noted some illicit use of benzodiazepines (use of the drug without prescription) and some licit (prescribed) use of these drugs among the groups they were reporting on. This use of benzodiazepines was typically reported as occurring in small proportions of these groups (median estimate 15%, ranging from less than 10% to 70%). Most of these key informants noted that this use of benzodiazepines was more common in groups that were primarily users of other drugs (such as opioids) rather than primary party drug users. Some key informants, all nightclub staff, noted concern in regard to anecdotal reports of drink spiking with benzodiazepines. Three key informants noted that use of benzodiazepines among primary party drug users was most commonly to manage the effects of 'coming down' from ecstasy. Such assertions are clearly supported by the finding that, among the current PDU sample, 2% reported typically using benzodiazepines while under the influence of ecstasy, but 17% reported typically using benzodiazepines during the 'come down' period (Section 4.1, Table 4).

11.5 Antidepressants

One-third of the PDU sample (32%) had ever taken antidepressants, with females significantly more likely than males to have ever done so (44% vs. 25% respectively: $\chi^2(1)=3.95$, $p=0.047$). All of those reporting lifetime use of antidepressants had swallowed these tablets, although a single, male, participant reported injecting an antidepressant at some stage (first injecting an antidepressant at age 17). Fourteen individuals reported using antidepressants in the six months prior to participating in the PDU study, and of these, all but two had the drug prescribed to them by a medical practitioner for the treatment of depression and were using it as such. Among those using antidepressants prescribed to them, the median frequency of use was 90 days in the preceding six months (range 14-180 days), with 42% of this group (n=5/11) using them on a daily basis. The two participants that had used antidepressants but had not had the drug prescribed to them had used them on one and ten occasions respectively in the preceding six months. The latter individual reported using antidepressants during the 'come down' period following ecstasy use.

Seven key informants did not perceive or were not aware of any use of antidepressants among the party drug-using individuals that they were familiar with. Five noted a small proportion (2-10%) of their groups were using antidepressants as prescribed by a medical practitioner for depression. A further three key informants noted that 15-20% of those individuals that they were familiar with had recently used antidepressants for recreational purposes, with one key informant noting that some consumers were using 3-4 antidepressant tablets mixed with alcohol, and reported that this provided a similar (but more mild) subjective effect as ecstasy.

11.6 Inhalants

More than three-quarters (78%) of the PDU sample reported ever trying amyl nitrite. There were no significant sex differences in use of the drug, with 82% of male participants and 72% of female participants reporting ever trying amyl nitrite. The median age that the drug was first used was 20 (range 16-43 years, SD = 4 years), which was similar for both male (mean = 20.6) and female (mean = 20.1) participants that had ever tried the drug. Forty-three percent of the PDU sample reported using amyl nitrite in the six months prior to interview, on a median of three days in this period (range 1-72 days, SD = 17 days). Two thirds (67%) of those that had recently used amyl nitrite had done so on six days or less in the preceding six months. There were no significant sex differences either in the proportion of males and females using amyl nitrite in the preceding six months (49% and 33% respectively) or the frequency of this use (11 vs. 10 days respectively). Those that had recently used amyl nitrite reported of using a median of five 'snorts' of the drug (range 1-40 'snorts') in a typical occasion of use, and a median of 5 'snorts' (range 1-300 'snorts') in their heaviest occasion of use in the preceding six months.

Almost half (47%) of the PDU sample had ever tried nitrous oxide, with 54% of the males and 36% of the females sampled reporting ever trying the drug (this difference was not statistically significant). The median age of first use of nitrous oxide was similar for both males and females at 19 years (range 12-30 years, SD = 4 years), slightly earlier than

the age of first use of amyl nitrite. One quarter (25%) of PDU participants reported using nitrous oxide in the six months prior to participating in the study, and had used the drug on a median of two days in this time (range 1-20 days, SD = 6). Three quarters (76%) of those that had recently used the drug had done so on six days or less in the preceding six months. Perhaps reflecting the small number of individuals using nitrous oxide in the preceding six months, there were no significant sex differences in the proportion of males and females using the drug in the preceding six months (30% and 18% respectively) or the frequency of use in this time (6 vs. 2 days respectively). A median of 6 bulbs (an ampoule of nitrous oxide gas) were reported as being used in a typical occasion of use (range 1-12 bulbs), and a median of 10 bulbs (range 1-24) were reported as being used in the heaviest occasion of use in the preceding six months.

Eight key informants did not note or were not aware of any use of inhalants amongst the party drug users that they were familiar with. However, eight other key informants reported recent use of both amyl nitrite and nitrous oxide amongst the consumers that they had associated with. Estimates of the proportion of ecstasy users that had recently used these inhalants ranged from 10% to 100% (median estimate of 35%), with estimates of 2-15 snorts or bulbs being consumed in a typical occasion of use. Most key informants could not report on the frequency of such use, but among those that could, use was described as occurring fortnightly or bimonthly. Two key informants suggested that use of inhalants was more common among homosexual groups, although there is no objective evidence currently available to support this perception. There were single reports of recent increases in use of nitrous oxide and amyl nitrite respectively among party drug using groups in recent months.

PDU participants were asked what benefits they perceived to be associated with use of amyl nitrite (Table 62), and five key themes emerged from these reports. While four individuals reported that they could not think of any positive effects that were associated with use of the drug, the most common responses were associated with the immediate 'head rush' experienced on ingestion of the drug. Other common themes were that use of the drug provided an enjoyable time, that use seemed to enhance the effects of other drugs, and that use produced a relaxing or euphoric feeling. Other PDU reported that it enhanced sexual experiences through intensifying tactile sensations.

Table 62 Perceived benefits of amyl nitrite use reported by PDU

Benefit	n
Produces a 'head rush' or 'head spin'	32
Fun	21
Enhances the effects of other drugs	15
Enhances sex / enhances the sense of touch	8
Relaxation / release	6
Immediate effect	5
Euphoria	4
None	4
Low cost	3
Easy to pass the drug around a club	1
Use of the drug is legal	1

Source: Party Drugs Initiative PDU interviews

PDU participants were also asked what potential risks or harms they associated with the use of amyl nitrite. Of note was that, among those that had used the drug, nine

individuals reported that there were no harms that may arise from use of the drug, and 14 did not know what the potential harms were. With the exception of these reports, the primary concern for consumers was the potential for damage to brain function arising from use of the drug (from the potential for a hypoxia - reduction of oxygen content in the blood), both in the long-term and short-term (such as passing out, experiencing headaches or having concentration difficulties during the day after use). Also common were concerns of the potential for damage to physical health arising from use, including damage to the nasal or circulatory systems.

Table 63 Perceived risks of amyl nitrite use reported by PDU

Risk	Used n	Never used n	Total n
Don't know	14	19	33
Brain damage due to hypoxia	28	3	31
Headache	11	1	12
None	9	-	9
Damage to nasal system	7	-	7
Heart / vein damage	7	-	7
Feinting or passing our	4	-	4
General physical health problems	4	-	4
Problems with concentration or attention the following day	3	-	3
Interactions with alcohol	1	-	1
Flammable	1	-	1
Loss of sensation	1	-	1
Decreased immunity	1	-	1
Memory loss / damage	1	-	1
Risk-taking behaviour	1	-	1
Vomiting	1	-	1
Anxiety	1	-	1

Source: Party Drugs Initiative PDU interviews

11.7 Heroin

Twenty of the one hundred regular ecstasy-using PDU participants reported ever trying heroin at some stage of their lives. Equal proportions of male (23%) and female (16%) participants had ever used the drug. The median age of first use of heroin among these participants was 19 years (range 14-30, SD = 4 years), which was similar across respondents of both sexes. Heroin had been most commonly injected (90% of those using the drug), with smaller proportions reporting ever smoking (50%), snorting (35%), or swallowing (15%) the drug. Heroin was first injected at a median age of 19 years (range 14-30, SD = 4 years), coincident with the median age of first use of the drug. There were no significant sex differences in the mean age of first injection of heroin.

Six participants (4 males, 2 females) had used heroin in the six months prior to participating in the study. All of these individuals injected the drug in this time (no other modes of administration were reported). Heroin was used on a median of 16 days (range 3-48 days, SD = 20 days) in the preceding six months.

Key informants commonly reported not knowing of any use of heroin among the regular party drug using individuals that they were familiar with. However, eight key informants

reported that small proportions of the groups they were associated with had tried the drug at some stage, estimated at between 1% and 5% of these groups. There were suggestions among these informants that there was "no real heroin culture in Tasmania" (an assertion supported by monitoring studies such as the IDRS: Bruno & McLean, 2004) and that heroin "has a bad social reputation among pill users", and as such it would be uncommon for the drug to be used by these individuals.

11.8 Methadone

Among the 100 PDU participants, 14% had ever used methadone. Similar proportions of male (16%) and female (10%) participants had ever used the drug. The reported median age of first use of methadone was 21.5 years (range 16-36 years, SD = 5 years), which was consistent for both male and female participants. Equal proportions of these respondents had ever injected (93% of those ever using methadone) or ever swallowed (93%) methadone. The median age of first injection of methadone was 21 years (range 16-33 years, SD = 5 years), similar to the median age of first use of the drug.

Thirteen of the PDU respondents reported using methadone in the six months prior to interview. Again, equal proportions reported recent intravenous (85%) and oral (85%) use. Among these individuals, there was a median frequency of daily use (180 days) in the preceding six months, however, of the 13 participants reporting recent methadone use, 8 were receiving methadone maintenance therapy. When these participants were removed, the median frequency of use was ten days (range 1-24 days) in the preceding six months.

Only three key informants noted any recent use of methadone among the party drug using individuals that they were familiar with, noting licit (prescribed) and illicit use in 2-15% of these groups. One of these informants was a DJ, with the remaining two both being involved in illicit drug counselling, possibly reflecting that these key informants were more likely to come across individuals with issues around use of multiple substances, or, perhaps more likely, suggesting that methadone consumers that also use party drugs may form a somewhat different demographic to that of ecstasy users more generally.

11.9 Buprenorphine

Five of the one hundred PDU participants had ever used buprenorphine (four males, one female). The drug was first used at a median of 25 years (range 22-37, SD = 6 years). Among these individuals, equal proportions reported ever swallowing (80%, n=4) and injecting (80%, n=4) buprenorphine. Three males and one female reported ever injecting buprenorphine, with a median age of first injection of 24 years (range 22-37 years, SD = 7 years).

Three individuals reported using buprenorphine in the preceding six months. All of these individuals were male, and, while all had recently used the drug orally, two had also injected buprenorphine in the preceding six months. Only one of these three individuals was receiving maintenance treatment with buprenorphine, and had used the drug on a daily basis in the six months prior to interview. The other two individuals had used buprenorphine on two and thirty days respectively in this time.

11.10 Other Opiates

'Other opiates' refer to a number of other classes of opiate-based drugs, ranging from over-the-counter pharmaceutical products such as codeine, to restricted pharmaceuticals based on morphine and related chemicals (for example, MS Contin, Kapanol, Ordine, MS Mono, Anamorph, Endone, OxyContin, OxyNorm), and also derivatives of alkaloid poppy plants such as 'poppy wash' or opium.

One third (35%) of the PDU sample reported ever using one of the drugs within this 'other opiates' cluster. There was no significant difference between the proportion of male (39%) and female (28%) participants reporting such use. While oral use was most common (63% of those ever using this group of drugs), smaller proportions reported ever injecting (46%), smoking (31%) or snorting (3%) drugs from this cluster. The median age of first use of any drug within this class was 20 years (range 14-44 years) and the median age of first injection was 18 years (range 14-44 years).

Thirteen participants reported use of drugs within the 'other opiates' cluster in the preceding six months. Again, there were similar proportions of male (15%) and female (10%) participants reporting recent use. Among those recently using these drugs, oral use was most common (77%), with some individuals injecting (62%) or smoking (8%) these drugs in the preceding six months. The median frequency of use was six days (range 1-120 days, SD = 36 days) in the six months prior to interview, although over 60% of those recently using drugs from this class had used the drug on six days or less in this time.

11.11 Psychedelic Mushrooms

Just over half of the PDU sample (54%) reported ever trying psychedelic mushrooms. The median age that mushrooms had first been used was 20 years (range 14-37 years). All of these individuals reported using mushrooms orally, although three (6%) reported ever smoking, and two (4%) ever snorting psychedelic mushroom preparations. More than one third (38%) of the PDU sample reported using psychedelic mushrooms in the six months prior to participating in the study. It is noteworthy that this is a greater proportion of the sample than those that reported recent use of LSD (24%). Also, only 13 individuals reported recent use of both LSD and psychedelic mushrooms, meaning that almost half (49%) of the sample had used some form of psychedelic drug in the preceding six months. The median frequency of use of mushroom preparations was three days in the preceding six months (range 1-180 days), with 84% of those that had recently used mushrooms doing so on six days or less in this time, and 30% only using mushrooms once in this time. All of those that had recently used mushrooms had done so orally, with only single individuals reporting smoking or snorting some sort of preparation of psychedelic mushrooms in the preceding six months. Four PDU participants noted an increase in use of such mushrooms among their peers in recent months.

11.12 2CB

4-Bromo-2,5-dimethoxyphenethylamine (2CB) is a synthetic chemical in the phenethylamine class. It is related structurally to mescaline and distantly to MDMA. 2CB first gained popularity as a legal ecstasy replacement in the US in the mid-1980s. It is generally considered to provide a psychedelic experience which is somewhat 'gentler' than LSD or mushrooms, being less prone to producing 'bad trips' or anxiety at recreational use levels. 2CB is also known for the strong body component of its effects which are alternately described as pleasurable energy or a 'sense of being in the body', and by others as an unpleasant 'buzzing' or body-load (Erowid, 2004).

Four PDU participants reported ever trying 2CB, with three using the drug orally and one injecting it. The median age of first use of 2CB was 22 years (range 19-25). Only a single participant reported using 2CB in the six months prior to participating in the study, and had only used the drug, orally, on a single occasion in this period.

11.13 Summary of trends for other drugs

- Almost all of the regular party drug users surveyed drank alcohol, on a median of twice per week.
- Three-quarters of the sample typically consumed alcohol in conjunction with ecstasy, with two-thirds of these individuals usually consuming more than five standard drinks on these occasions
- Ninety percent of the party drug users surveyed had recently used cannabis, on a median of two days per week over the past six months. Two-thirds of the sample used cannabis to help manage the 'come down' period following use of ecstasy
- Four out of five of the consumers surveyed had smoked tobacco in the six months prior to participating, with half of these smoking on a daily basis. Those people who only smoked occasionally often reported that they usually (but not necessarily exclusively) smoked while using ecstasy
- Forty percent of participants reported inhaling amyl nitrate, and one-quarter used nitrous oxide in the previous six months, although most had only done so on less than six days in this time
- Small proportions (15% or less) of the consumer sample had recently used heroin, morphine, methadone, or other opiates, and one-third of participants had recently used benzodiazepines. Of those that had recently used benzodiazepines, half typically (but not necessarily exclusively) used benzodiazepines in the management of 'coming down' from ecstasy use
- Fourteen percent of participants had recently used antidepressants, with all but two of these using the drug for the management of depression as prescribed by a medical practitioner
- More than one-third of the party drug consuming sample had used psychedelic mushrooms in the preceding six months. The median frequency of use of mushrooms was three days in this time, with most using them less than once per month on average in the previous six months. Half of the PDU sample had used some form of psychedelic drug (LSD and/or mushrooms) at least once in the past six months.

12 OTHER ASPECTS OF PARTY DRUG USE

12.1 Injecting Drug Use

One-quarter (26%) of the PDU sample had used substances intravenously at some stage of their lives. Half had first injected methamphetamine (50% powder; 4% methamphetamine base/paste), and half had first injected an opiate (19% heroin; 4% methadone; 23% morphine or other opiates). The mean number of drug classes (of the 19 drug types examined in the current study) ever injected by this group was 5 (range 1-12, SD = 3). Twenty-two percent had injected in the six months prior to interview, with a mean of 2 drug classes injected in this time (range 1-6, SD=1.5).

There were no differences between those that had ever injected a drug and those that had not in terms of sex, ethnicity, sexual preference, or prison history. However, those that had ever injected a drug were, on average, significantly older (27.5 years vs. 22.3 years: Mann-Whitney U = 425.0, $p<0.001$), had spent significantly fewer years in education (11.0 years vs. 11.9 years: Mann-Whitney U = 626.5, $p<0.001$), and were significantly more likely to be unemployed (44% vs. 7%, $\chi^2(3)=23.0$, $p<0.001$) than those that had not injected. Similarly, there were significant differences between the groups in terms of drug use history, with those who had ever injected any drug had, on average, used more drug classes in their lifetimes (13.3 vs. 8.3: Mann-Whitney U = 98.5, $p<0.001$) and in the preceding six months (8.5 vs. 6.3: Mann-Whitney U = 397.5, $p<0.001$) and were significantly more likely to nominate heroin as their drug of choice (39% vs. 0%: $\chi^2(10)=55.8.0$, $p<0.001$) than those that had not injected. Importantly, there was no significant difference between the groups in terms of frequency of use of ecstasy in the preceding six months (23 days vs. 20 days: Mann-Whitney U = 865, $p<0.44$). As such, it is clear that those participants that had ever injected were indeed regular consumers of 'party drugs' (and as such, an appropriate sentinel population for the aims of this study), and reflected the moderate level of overlap between 'party drug' using populations and injecting drug user populations.

The sharing of needles, syringes and other equipment associated with the preparation or injection of drugs is important with respect to the risk of exposure to blood borne viruses such as HIV and hepatitis B and C. PDU participants that had recently injected reported absolutely no sharing of needles/syringes or of lending them to others to use in the month prior to interview (Table 64). However, small proportions of participants reported sharing of other injection equipment in this time, such as tourniquets (14%, n=3), spoons or mixing containers (9%, n=2) or water (5%, n=1). While these practices carry a lower degree of risk than injection with another person's used syringe, these behaviours still carry the potential for infection with blood borne viruses.

Among those PDU participants that had recently injected, sixteen (75%) had injected while under the influence of party drugs at some stage during this period. These participants reported such a pattern of injection had occurred on a median of five occasions in this time (range 1-120 times). Participants most commonly reported injection of methamphetamine while injecting under the influence of party drugs (n=12: powder n=7; base n=1; crystalline methamphetamine n=4), although there were also reports of injection of ecstasy (n=3), ketamine (n=1), methadone (n=1) and morphine (n=1). Among those that had recently injected while under the influence of party drugs, there was considerable variation in regard to the stage of a drug use 'session' that they

would inject: while 25% (n=4) reported that they injected at various stages, 31% (n=5) reported injecting prior to swallowing an ecstasy tablet (where multiple pills were used), 13% (n=2) while in the middle of the 'high' of the previously used drug, and 31% when 'coming down' from the effects of the previously used drug (n=3) or at an after party (n=2).

Table 64 Proportion of the PDU sample reporting sharing of injection equipment in the month prior to interview

Injection equipment sharing (n=22)	
Borrowed used needles	0%
Lent used needle to others	0%
Shared spoons/mixing container	9%
Shared water	5%
Shared filters	0%
Shared tourniquets	14%

Source: Party Drugs Initiative PDU interviews

PDU participants that reported ever injecting any drug were asked the sources of their knowledge of injection practice and technique. This information was primarily transmitted from peers, with 81% (n=18) reported learning from friends, and 32% (n=7) from another consumer. Allied workers such as needle exchange staff (32%, n=7) and medical professionals (9%, n=2) were less commonly consulted. Information resources were also utilised, with 18% (n=4) reporting learning through an information pamphlet and 5% (n=1) through a website.

PDU participants were asked about the potential risks or harms that they perceived to be associated with intravenous drug use (Table 65). While the majority of the participants had never injected any drug, most comments reflected a realistic understanding of the risk potential of such an activity. Themes commonly reported included the risk of contraction of a blood borne virus through use of contaminated needles or other injecting equipment, and the potential for damage to veins through injection. Those that had never injected reported themes that may reflect some of the issues that cause them to refrain from such activities, such as the potential for harm from injecting air into the venous system or from not having a sound knowledge of correct injection technique, and the social stigma of injecting drug use. Other such themes included a perceived increased likelihood of overdose, that injecting use does not allow the same degree of filtering of particulate matter or impurities afforded through oral use of drugs, and that injection would not allow individuals the same degree of control over their dose of drugs in comparison to other modes of administration.

Table 65 Perceived risks of intravenous administration of as reported by PDU

Risk	Injected	Never injected	Total
	n	n	n
Risk of infection (blood borne virus)	15	51	66
Increased risk of overdose	9	21	30
Sharing of injection equipment	2	26	28
Vein damage / scarring	11	17	28
Increased risk of addiction	3	13	16
Impurities less likely to be filtered prior to passing into bloodstream	2	10	12
Lack of control over dose / can't titrate dose as easily	2	9	11
Harm from injecting air into veins	0	10	10
Social stigma (of injecting drug use)	2	7	9
Not knowing what you're doing	0	8	8
General physical health harms	3	3	6
Unhygienic	1	5	6
Stronger impact / rush (overwhelming)	3	2	5
Addiction to injection (needle fixation)	0	3	3
Don't know	2	1	2
'Dirty hits'	2	0	2
Loss of limbs	1	1	2
"Having to mix with drug addicts"	0	1	1

Source: Party Drugs Initiative PDU interviews

12.2 Intranasal Drug Use

Four out of five (79%) of the PDU participants had reported snorting some form of drug in the six months prior to interview. Ecstasy was the drug most commonly used intranasally in this time (by 77% of the sample, or 97% of those recently snorting any drug), although methamphetamine powder (42% of the sample, 53% of those recently snorting any drug) was also often administered in this way.

Among those that had recently administered any drug intranasally, banknotes were most commonly used (87%), with smaller proportions noting usually using straws (22%), pen bodies (7%) or a purpose-built snorting kit (7%) to facilitate nasal administration. Almost two-thirds (62%) of those that had recently used drugs intranasally had used another person's snorting implement in the month prior to interview. Of those recently snorting drugs, 18% had shared another person's snorting implement on one occasion in the preceding month, 12% had done so twice, 18% three to five times, 5% six to ten times and 9% more than ten times in the month prior to interview. Typically, small numbers of individuals had used the equipment prior to the participant, with 21% reporting one person using the implement prior to them, 18% two people, 21% 3-5 people, and 4% 6-10 people (the remaining 37% did not share a snorting implement). Implements were usually shared among close friends (84% of those recently sharing), or regular sexual partners (28%), although smaller proportions had also shared snorting equipment with acquaintances (14%). Sixty-four percent of those participants that had recently used drugs intranasally had reported passing their used implement on to others in the preceding month, typically doing so on a number of occasions in this time (14% once, 14% twice, 24% 3-5 times, 5% 6-10 times, 6% more than ten times).

Table 66 Proportion of the PDU sample reporting sharing of intranasal implements in the month prior to interview

Intranasal Use Variable (n=79)	%
Snorting equipment sharing	
Borrowed used implement	62%
Lent used implement	64%
Usual snorting equipment	
Banknote	87%
Straw	22%
Pen body	7%
Snort kit / pipe	7%

Source: Party Drugs Initiative PDU interviews

PDU participants were asked about the risks or potential harms that they associated with intranasal use of drugs (Table 67). Just six participants (five of these having ever snorted any drug) perceived no potential for harm from this practice. The most common concern was the risk of damage to the nasal system, reported by more than three-quarters of the sample. All other potential harms were infrequently reported in comparison to this, with approximately one-tenth of the sample noting concerns with the risk of exposure to blood borne viruses, the potential for an overwhelming rush if too strong a dose of a drug is consumed intranasally (and the loss of the ability to easily titrate your dose provided through oral consumption), and harm from impurities or unknown substances within the powder consumed, along with the perception that there would be a less effective filtering of these on intranasal ingestion in comparison to oral use.

Table 67 Perceived risks of intranasal drug administration reported by PDU

Risk	Snorted	Never snorted	Total
	n	n	n
Damage to nasal system	69	9	78
Stronger impact / rush (overwhelming)	8	3	11
Impurities and unknown substances within the powder	9	1	10
Risk of infection on sharing (of blood borne viruses)	9	1	10
Overdose	7	1	8
None	5	1	6
Damage blood vessels in/around eyes	6	-	6
Impurities less likely to be filtered prior to passing into bloodstream	5	-	5
General physical health problems	3	1	4
Lack of control over dose / can't titrate dose as easily	3	-	3
Don't know	1	-	1

Source: Party Drugs Initiative PDU interviews

12.3 Polydrug use

As detailed in Sections 3 and 4 above, among this sample of regular ecstasy users, it was typical for many different types and classed of drug to have been used in the previous six months, and when using ecstasy, it was also common for multiple different drug types to be used on a given occasion (refer to Table 4 for more details).

The side effects experienced in the preceding six months that were attributed to use of particular drugs has been examined in previous sections. However, given that it was uncommon for drugs to be used in isolation among the current sample, the proportion of participants that reported experiencing side effects through polydrug use (defined here as three or more drugs being attributed to the experience of the side effect) is summarised below in Table 68. Side effects that were commonly experienced among the PDU participants that also had substantial minorities attributing this experience to polydrug use included physical symptoms such as headaches (attributed to polydrug use by 36% of those experiencing headaches), dizziness (21%), tremors or shakes (20%), and psychological symptoms including anxiety (22%), paranoia (20%), confusion (24%), concentration problems (27%), irritability (20%) and restlessness (23%).

It should be noted that significant minorities also attributed the experience of these side effects to factors unrelated to drug use (Table 68). These most commonly related to physical factors such as overexertion while dancing, lack of food, water or sleep. Eighty-seven percent of those reporting experiencing muscular aches in the preceding six months attributed this to physical factors, as did 85% of those experiencing joint pains or stiffness, 50% of those experiencing shortness of breath, 44% of those reporting profuse sweating, and 41% of those reporting weight loss or loss of energy respectively. Small minorities of those recently experiencing headaches or profuse sweating (14% and 10% respectively) attributed this to environmental effects such as loud music and hot environments. Similarly, minorities of those reporting recent disturbances of mood such as depression, suicidal thoughts or suicide attempts attributed these to pre-existing issues, social problems or other life stressors rather than the effects of substances (Table 68).

PDU participants were also asked about the potential risks or harms that they associated with polydrug use (Table 69). Only negligible proportions of participants reported that there were no potential risks of polydrug use (n=5) or that they were unaware of any potential harms (n=2). The most commonly reported concern was the potential for harmful interactions leading to overdose, for example, with the combination of GHB and alcohol increasing the risk of respiratory suppression. Other themes included the potential for additive effects following polydrug use, both in terms of an increased potency of the experience of the desired effects of the drug, and also an increased risk of experiencing the negative side effects of the substances involved. Similarly common was the concern that polydrug use may have unpredictable effects, not only due to the interactions between the drugs involved, but also among the impurities or unanticipated drugs consumed (such as the consumption of a tablet which was purchased as ecstasy, but actually contained ecstasy and ketamine). Another theme commonly reported was the potential for harm through use of substances with contradictory effects on the central nervous system, such as amphetamines and opiates, where the use in conjunction may cause individuals to underestimate the doses consumed (due to the attenuation of subjective effect from the contradictory acting substance) or to put additional physical strains on the body.

Table 68 Acute health related side effects attributed to polydrug use or other factors

	% of the sample who reported experiencing the effect	% of those who reported experiencing the side effect who attribute the effects to:					
		Polydrug use	Physical factors	Pre-existing condition	Environ-mental factors	Social factors	Life stressors
Physical side-effects							
Teeth problems	61	8*	11	5*	2*	-	2*
Profuse sweating	59	8*	44	-	10	-	-
Hot / cold flushes	64	8*	14	-	5*	-	-
Heart palpitations	42	12*	17	-	10*	-	-
Shortness of breath	26	12*	50	8*	8*	-	-
Chest pains	8	25*	-	-	-	-	-
Headaches	44	36	36	-	14	-	-
Dizziness	47	21	17	-	2*	-	-
Tremors / shakes	44	20	20	-	2*	-	-
Fainting / pass out	10	20*	20*	10*	10*	-	-
Fits / seizures	3	33*	33*	-	-	-	-
Numbness / tingling	53	8*	4*	2*	-	-	-
Vomiting	33	15*	9*	-	-	-	-
Stomach pains	32	13*	19	3*	-	-	-
Muscular aches	46	11*	87	2*	-	-	-
Joint pains / stiffness	34	15*	85	3*	3*	-	-
Inability to urinate	47	6*	4*	-	-	-	-
Blurred vision	75	17	3*	-	1*	-	-
Trouble sleeping	80	16	3*	6*	-	-	-
Weight loss	44	16	41	-	-	-	-
Loss of appetite	89	17	2*	1*	-	-	-
Loss of energy	70	16	41	-	-	-	1*
Psychological side-effects							
Memory lapse	42	19	5*	-	-	-	2*
Visual hallucinations	47	15	4*	-	-	-	-
Auditory hallucinations	31	19	16*	-	3*	-	-
Loss of sex urge	21	10*	19*	-	-	-	-
Inability to achieve orgasm	36	25	11*	3*	-	-	-
Anger / hostility	23	13*	17*	-	4*	4*	-
Violent behaviour	4	-	25*	-	-	-	-
Anxiety	59	22	10	5*	2*	5*	8*
Panic attacks	10	10*	-	-	-	-	-
Paranoia	45	20	4*	-	2*	4*	2*
Depression	55	13	11	7*	-	9*	9*
Suicidal thoughts	14	21*	14*	7*	-	7*	14*
Suicide attempts	3	-	-	33*	-	-	-
Confusion	92	24	16	3*	1*	-	2*
Difficulty concentrating	84	27	10	2*	1*	-	-
Irritability	46	20	9*	4*	2*	4*	-
Agitation / restlessness	52	23	6*	6*	4*	-	-
Flashbacks	18	11*	-	-	6*	-	6*

Source: Party Drugs Initiative PDU interviews ***n<5 or less**

Table 69 Perceived risks of polydrug use reported by PDU

Risk	n
Harmful interactions / overdose	33
Additive effects of drugs and harms	17
Unpredictability of effect (due to impurities, interactions)	17
Conflicting effects of drugs (e.g. stimulants vs. depressants)	14
Dehydration	8
Increased risk of heart problems	7
General physical health harms	7
None	5
Respiratory suppression	5
Don't know	2
Increased chance of risky behaviour	2
Damage to brain structure / function	2

Source: Party Drugs Initiative PDU interviews

12.4 Access to Drug and Harm Reduction Information

PDU participants were asked whether they researched or investigated the effects or risks of the substances that they were considering purchasing. It was clear that these participants were, in general, actively investigating the benefits and risks of drugs prior to use, with more than one third reporting always researching prior to making a drug purchase (37%). A further 27% reported investigating the effects or potential risks of substances on most occasions, with 13% doing so 'about half the time', 18% 'sometimes' and just 5% never investigating the potential effects of these drugs.

The most common sources of such information were peers, with 85% of the sample reporting investigating the effects and risks of their drug purchases from friends that had previously taken the drug, 43% from other individuals that had previously consumed the drug, and 56% from the provider of the drug. It was also common for these individuals to access drug and harm-reduction information from websites, used by 59% of the sample, with peer-run websites being the predominantly reported sources of information. These included www.pillreports.com (38% of the sample), www.bluelight.nu (5%), www.dancesafe.org (4%) or the vaults of Erowid (www.erowid.org : 1%). Eight participants reported using drug testing kits to clarify the components of their drug purchases, and 7% reported accessing harm reduction information from information pamphlets.

12.5 Summary

- One in five of those party drug consumers sampled had injected some drug in the previous six months. While no recent sharing of needles or syringes was noted among these individuals, a minority (15%) had shared other injecting equipment such as tourniquets or mixing containers – practices which carry the risk of transmission of blood-borne viruses
- Four out of five of those sampled had administered drugs through snorting in the past six months. Banknotes were typically used for such consumption, and two-thirds of these participants reported sharing their snorting implement with other friends in the preceding month
- The party drug consumers interviewed typically reported regularly and actively researching harm reduction information about drugs prior to consumption. Peers were almost exclusively the source of such information, whether this be consulting individuals that had previously used the particular drug or accessing peer-run harm reduction websites

13 CRIMINAL AND POLICE ACTIVITY

13.1 Reports of criminal activity among PDU

Less than one-third (30%) of the 2003 PDU sample participants reported committing a crime in the month prior to interview (Table 70). Drug dealing was the crime that these individuals were most likely to report being involved in, with 25% of the sample reporting having sold drugs at least once in the preceding month. Among those that reported selling drugs, almost half (n=12/25) had done so on less than once per week in this time, three (12%) had sold drugs approximately once per week, and ten (40%) had sold drugs several times per week in this period. No participants reported selling drugs on a daily basis in the preceding month. It should be noted that many of these 'dealers', while indeed engaging in an illegal activity, may not identify themselves as such, and may be buying drugs to distribute to their friends only, and making little or no financial profit in the process. Three key informants provided reports supporting this assertion, suggesting that those that were selling were primarily 'small' dealers, either providing the drug to finance their own use and selling mainly to friends, or purchasing drugs in larger quantities than they would use themselves to reduce the unit cost and pass this saving on to their friends (for example, buying ten tablets for $40 each rather than individually at $50, and selling to friends at cost). While these reports provide an important context to the prevalence of 'dealing' in the current sample, 19 of the 25 participants that reported recent dealing also reported that this activity helped financially support their ecstasy use. Eight key informants noted no recent change in the level of dealing amongst the party-drug using groups that they were familiar with. Two key informants noted an increase of the aforementioned 'small' dealers in recent months, while one noted a decrease in such dealing due to concerns from recent 'busts' of ecstasy providers (discussed below).

Table 70 Reported criminal activity among PDU

Activity	2003 PDI (n=100) %
Crime (% in last month)	
Dealing	25
Property crime	4
Violent crime	0
Fraud	1
Any crime	30
In the preceding six months (%)	
Paid for ecstasy through dealing drugs	19
Paid for ecstasy through property crime	1
Paid for ecstasy through fraud	1
Paid for ecstasy through sex work	1
Arrested last 12 months (%)	6
Arrested for property crime	1
Arrested for use/possession	0
Arrested for violent crime	0
Arrested for fraud	0
Arrested for dealing/trafficking	0
Arrested for driving offence	1
Arrested for alcohol and driving	2
Arrested for drugs and driving	0
Arrested for other reason	1

Source: Party Drugs Initiative PDU interviews

Four participants reported committing a property crime in the preceding month, of whom three had done so once per week, and one had done so less frequently. Only a single PDU participant noted that they had used property crime to finance their use of ecstasy in the preceding six months (Table 70). Most key informants reported that there was no property crime amongst the party drug users they were familiar with (n=3) or no change in the extent of property crime among such groups in the preceding six months (n=7). Only a single key informant noted a slight increase in the extent of property crime among such groups (estimated at 1-5% of the group they were familiar with), but noted that "it was generally not ecstasy that leads people to commit such crimes". Among other key informants (both noting no recent change in the extent of property crime in these groups), one noted that property crime among ecstasy-using populations was more likely to relate to shoplifting than burglary; and the other noted that the property crime among this group was primarily opportunistic, for example, if a person had left valuables unattended in a nightclub.

No participants reported involvement in any violent crimes in the month prior to interview. Key informant reports were consistent in supporting a low or non-existent level of violent crimes among regular party drug using groups. Key informants involved in nightclub environments reported that events involving violence were more commonly related to use of alcohol or methamphetamine.

A single individual reported committing fraud on a daily basis during this time. A single (and different) PDU participant reported using fraud as a means to pay for ecstasy use at some stage in the previous six months. Key informants uniformly reported that there had been no recent change to the, very low, rate of fraud amongst the party drug consumers that they were familiar with. In most cases, any fraud among these groups was reported by key informants as relating to tax evasion through taking cash work or incorrect reporting to social security, although one key informant had recently heard of commission of credit card fraud by one of members of the PDU group they were associated with.

Six of the one hundred PDU participants reported being arrested in the twelve months prior to participating in the current study. Single individuals had been arrested for commission of property crime, possession of illicit drugs, and disorderly conduct. The remaining three arrests were driving offences, with two reporting being arrested in relation to drink driving and one for driving while disqualified.

13.2 Perceptions of police activity towards PDU

PDU participants were asked whether they had perceived any changed in police activity towards them in recent months (Table 71). Just a single individual reported noting less activity, and 24% perceived no recent changes. More than half the respondents noted an increase in recent police activity (55%). Increased police presence at nightclubs and dance related events was most commonly reported, with an increase in 'undercover' police at such venues reported by 33 participants and four key informants, and an increased visibility of uniformed police both inside (n=3) and outside (n=3) nightclubs also reported. There was a feeling amongst many participants, also shared by several key informants, that local police had become increasingly interested in this area in recent months (this perception being supported by the law enforcement key informant, noting that this increased monitoring was a change in response to trends in use). Four key

informants and 24 consumer participants noted an increase in 'busts' on ecstasy dealers in recent months. Small numbers of PDU participants also perceived recent increases in questioning of party drug consumers in recent months (n=3), as well as an increase in utilisation of cautioning/warnings of consumers by police (n=2).

While many PDU participants and key informants noted an increasing amount of police attention directed towards this area, and eight consumers believed that there had been an increase in surveillance of ecstasy providers in recent months, only one-quarter (28%) of the PDU participants reported that such changes had made it more difficult for them to access ecstasy or other drugs in this time (Table 71).

Table 71 Perceptions of police activity among PDU

Have there been changes in police activity in the last six months?	
More activity	55%
Stable	24%
Less activity	1%
Don't know	20%
Has police activity made it more difficult to buy drugs recently?	
Yes	28%
No	73%
Don't know	-

Source: Party Drugs Initiative PDU interviews

13.3 Summary

- With the exception of provision of drugs, just 5% of the regular ecstasy-consuming participants reported any involvement in criminal activity
- Dealing of drugs in the preceding month was reported by one quarter of the ecstasy-consuming participants. While this was typically reported as low-level dealing among friends, most of these individuals had partially funded their own party drug use through such activity
- While the majority of participants perceived an increased police presence and interest into party drug use, this has not appeared to reduce their access to these drugs in recent months

14 SUMMARY

14.1 Demographic characteristics of party drug users (PDU)

PDU consumers tended to be young, with three-quarters aged between 18 and 23, and 90% younger than 30. They tended to be relatively well-educated, with substantial proportions either possessing or working toward tertiary qualifications. Participants were typically either employed or engaged in full time study, with just 16% currently unemployed. There were low levels of exposure to drug treatment programs, with 10% involved in drug treatment at the time of interview.

14.2 Patterns of drug use among PDU

While half of the participants regarded ecstasy as their drug of choice, and were recruited on the basis of ecstasy use, they could typically be characterised as polydrug users. Most participants had tried an array of different drugs, using a median of 9 different classes of drugs at some stage in their lives. PDU participants had used a median of 7 different drug classes in the six months prior to interview, and it was typical for multiple drugs such as alcohol, tobacco, cannabis and methamphetamine to be used in conjunction on an occasion of ecstasy use.

14.3 Ecstasy

Participants had first used ecstasy at an average of 19 years of age and started to use the drug regularly (at least monthly) by age 20 on average. While there was a wide variation in the frequency of use of ecstasy within the sample, ranging from monthly use to consumption several days a week, half used ecstasy fortnightly or more often, and one-third used weekly or more frequently. Half of the sample usually used more than one tablet of ecstasy in a single episode of use, and 40% had used four or more tablets in a single occasion at least once in the preceding six months. Forty percent of the participants reported that they had 'binged' (used drugs continuously for 48 hours or more without sleep) on ecstasy in the preceding six months. Consistent with other studies among this demographic of consumers, participants primarily administered ecstasy orally, although administration through snorting was also common but not as a primary mode of use. While 18% of the sample reported having injected ecstasy at some stage in their lives, 11% had done so in the six months prior to participating and just 5% reported this as their main route of administration of the drug.

The median purchase price for ecstasy was $45 per tablet, although the most common purchase prices are $50 or $40 per tablet. This price appears to have remained stable in recent months. Most participants report paying for ecstasy through paid employment or being given the drug by friends. The majority of both participants and key informants reported that ecstasy was 'easy' or 'very easy' for consumers to obtain, and that this situation had been consistent over recent months. The majority of participants reported purchasing the drug from friends.

Consumer reports on the purity of ecstasy tablets purchased locally suggest that purity varies greatly. There have been limited forensic analyses of ecstasy seized within the state, with single seizures analysed in 2000/01 and 2001/02 revealing 3.4% and 22.9% purity respectively. The three Tasmanian ecstasy seizures analysed during 2002/03 attained a

purity of 28.5%, reasonably consistent with seizures made by police within other Australian jurisdictions.

Participants reported a broad range of physical and psychological symptoms which they perceived as related, at least in part, to their use of ecstasy. While the majority of these symptoms were relatively minor, very small proportions reported psychological side effects which caused significant distress, such as panic attacks or suicidal thoughts. Similarly, many participants attributed a range of occupational, relationship or financial problems to their use of ecstasy. Again, these were primarily minor, but a very small proportion reported experiencing major disruptions to functioning, such as loss of employment, the ending of relationships, and the inability to pay for essentials such as food or rent.

Interviews with participants clearly indicated that health messages about the potential risks of ecstasy use (such as dehydration, overhydration or overheating) are being received by consumers of the drug, and that this group are interested and actively investigating harm reduction information. Participants almost exclusively accessed this information from peers, either through consulting individuals that had already used particular drugs of interest or accessing peer-run harm reduction websites.

14.4 Methamphetamine

Methamphetamine use was common among this population of ecstasy consumers. Almost all had ever used some form of the drug, and more than 80% had used some form in the six months prior to interview. The median number of times participants had used any form of methamphetamine in this six-month period was seven times, equating to approximately monthly use of the drug. Methamphetamine was most typically swallowed, although snorting was also a common mode of administration. Methamphetamine powder and crystalline methamphetamine ('ice') were the forms most commonly used among this group, although, typically participants only used small amounts of the drug at a time (0.05-0.1 g) and used each form less than once per month.

The price of each form of methamphetamine was regarded as remaining stable in the preceding six months by most participants, at $40 per 0.1 g of powder or 'base' methamphetamine, and $50 per 0.1 g of crystalline methamphetamine. The majority of participants reported that it was 'easy' or 'very easy' for them to access all forms of methamphetamine, and that this situation had remained stable in the preceding six months. However, the local availability of crystalline methamphetamine appears to have increased in this time, a finding that is supported by the results of other recent local studies such as the 2003 IDRS.

14.5 Cocaine

While almost half of the PDU participants had ever tried cocaine, less than ten percent had used the drug in the six months prior to interview. Typically, when PDU did use cocaine, this was infrequent (only once or twice in the past six months), snorted, and used in small amounts (0.1-0.5 g). Cocaine was reported as costing a median of $270 per gram, with the price generally regarded as fluctuating around this point in the preceding six months. The drug was regarded as being 'difficult' or 'very difficult' to access locally. This appears to have been the situation locally for some time, as the IDRS study in

Tasmania has reported similar findings for the past four years, and there have been no seizures of cocaine by Tasmania Police in the past two financial years.

14.6 Ketamine

One third of the PDU participants reported ever trying ketamine, and one-quarter had used the drug in the six months prior to interview. Among those that had recently used the drug, this was a relatively infrequent event – in general, three times or less in a six month period – and was used in small amounts, with individuals on average swallowing one ketamine-based tablet or snorting 5 'bumps' of powder. The ketamine accessed locally was reported as being generally high in purity and reasonably easy to access; both being situations that were reported as remaining stable in the preceding six months. Median market prices were approximately $50 for a tablet, and $60 for a 'vial' of ketamine powder.

14.7 GHB

GHB (gamma-hydroxybutyrate) had been tried by ten percent of the regular ecstasy consuming participants, and used by 6% in the six months prior to interview. A close chemical relative of GHB, known as 1,4B (1,4 butanediol), which is metabolised in the body to GHB, had been tried by 2% of the PDU participants and recently used by a single participant. GHB is typically sold in liquid form and swallowed by consumers. Those recently using GHB had typically only used the drug on a single occasion in the past six months. These low levels of use, combined with the low level of experience with the drug among the PDU group, and the lack of recent seizures of GHB, all suggest a low level of availability of GHB locally.

14.8 LSD and other psychedelics

Almost two-thirds of the PDU sample had ever tried LSD, and one-quarter had used the drug in the six months prior to participating in the study. More than one-third of the sample had consumed psychedelic mushrooms in the preceding six months, and as such, half of the PDU sample had used some form of psychedelic drug (LSD and/or mushrooms) at least once in the past six months. Participants had used LSD a median of once, and mushrooms a median of three times in the past six months. Most had used psychedelics less than once per month on average in this time.

LSD was available locally both in liquid form and in 'tabs', both costing approximately $20 per unit. This price appears to have remained stable in recent months. Participants typically used one to two drops or tabs on an occasion of use. Key informants and PDU participants both reported that LSD was reasonably difficult to access locally, and that it may have become even more difficult to access in recent months.

14.8 MDA

One-third of the regular ecstasy-using participants reported ever trying MDA, and one-fifth had used the drug in the six months prior to participating in the study. MDA was typically sold locally as a capsule of powder, for $40-50 per capsule, with consumers typically swallowing the capsules or snorting the powder. Most of those that had recently used MDA had done so on three or fewer occasions in the six months prior to being interviewed, and used one-half to one capsule of the drug on a typical occasion of use.

MDA appears to be somewhat challenging for consumers to access locally, with one third of the participants reporting on availability suggesting that it was 'difficult' or 'moderately easy' for them to access respectively. This level of availability appears to have remained stable in recent months.

14.9 Patterns of other drug use

Almost all of the regular party drug users surveyed drank alcohol, on a median of two days per week on average. During occasions of use of ecstasy, three-quarters of the sample typically concurrently consumed alcohol, with two-thirds of these individuals usually consuming more than five standard drinks on such occasions. Ninety percent of the party drug users surveyed had recently used cannabis, on a median of two days per week over the past six months. Two-thirds of the sample used cannabis to help manage the 'come down' period following use of ecstasy. Four out of five of the consumers surveyed had smoked tobacco in the six months prior to participating, with half of these smoking on a daily basis. Those people who only smoked occasionally often reported that they usually (but not necessarily exclusively) smoked while using ecstasy. Forty percent of participants reported inhaling amyl nitrate, and one-quarter used nitrous oxide in the previous six months, although most had only done so on less than six days in this time. Fourteen percent of participants had recently used antidepressants, with all but two of these using the drug for the management of depression as prescribed by a medical practitioner.

14.10 Criminal and Police Activity

With the exception of provision of drugs, just 5% of the regular ecstasy-consuming participants reported any involvement in criminal activity such as property crime or fraud in the month prior to participating in the study. Three percent of the sample had been imprisoned at some stage in their lives, and 5% had been arrested in the year prior to interview for property crime or drug or alcohol related offences. Dealing of drugs, however, was reported by one-quarter of the PDU sample in the preceding month. While this was typically reported as low-level dealing among friends, most of these individuals had partially funded their own party drug use through such activity. Finally, the majority of participants and key informants noted an increased police presence and interest into party drug use, although this had not yet appeared to have reduced access to these drugs in recent months.

15 IMPLICATIONS

The findings of the Tasmanian 2003 Party Drugs Initiative suggest the following areas for further investigation or possible consideration in policy:

- Close monitoring of the expanding methamphetamine market, particularly in terms of the use and impacts of crystalline methamphetamine, as the availability of this, more potent, form of the drug appears to have substantially increased in Hobart in recent months
- Specific research or increased regularity of examination of the composition of the tablets sold locally as ecstasy is required to better understand the potential harms faced by local consumers
- While there are acute limitations to the use of commercially available ecstasy 'testing kits', currently there is often very little information available to consumers in regard to the substances contained within the tablets that are sold on the local market. Limitations aside, use of these kits may allow consumers to be more informed about the tablets that they chose to use. Such kits are currently not available from any local source, and there may be some benefit from a peer-based or non-government organisation making these available locally on a not-for-profit or cost-recovery basis, or facilitating provision of testing at dance and related events
- Consumers interviewed in the current study were clearly actively seeking out harm reduction information in regard to the substances they choose to use. Almost without exception, however, this information was sought from peers or peer-run organisations. As such, it is likely that any harm reduction programs within the local population will achieve maximum impact if delivered through peers or peer-based organisations and mediums appropriate to the target group such as internet sites or outreach workers at dance and related events. Where possible, funding initiatives targeted to local party-drug using populations should take into account the importance and utility of peer-based interventions and organisations
- Given the high level of coincident binge alcohol and ecstasy use within the current participant sample, it would be appropriate for harm reduction projects targeted to local party-drug using populations to include improvement of awareness of the risks of such behaviour among the target population as a key issue
- As a substantial proportion of party drug use occurs in dance-related public venues, it would be appropriate that training in regard to harm reduction and appropriate responses to consumers to be provided to staff of entertainment venues in addition to emergency workers
- While almost one-quarter of the individuals surveyed had recently injected, it was not typical for these consumers to access Needle Availability Program outlets for equipment or information. Further investigation should be made into approaches to: increase the awareness among the target demographic of the availability of these outlets; reduction of any barriers to this population accessing such services; or development of innovative responses to increase access to injection equipment and related harm reduction information to these consumers
- As there was a high level of consumption of alcohol in conjunction with party drugs among this group, continued monitoring of trends in GHB use and availability is clearly warranted, particularly given the low overdose threshold for use of GHB, especially when combined with alcohol

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