Francoise Chanteloup & Simon Lenton

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

NDARC Technical Report No. 187

WESTERN AUSTRALIAN PARTY DRUG TRENDS 2003

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National Drug Research Institute
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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
GHB	Gamma-hydroxy-butyrate
IDU	Injecting Drug User
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
'The Department'	Australian Government Department of Health and Ageing

EXECUTIVE SUMMARY

In 2000 the Illicit Drug Reporting System (IDRS) was expanded from previous years to explore the feasibility of monitoring trends in the market for party drugs using the existing IDRS methodology. This report presents the findings of the first year of data collection in Perth, W.A. Like the IDRS, these trends are based on three data sources:

1. Quantitative interviews with 100 current regular ecstasy users.

2. Qualitative interviews with 10 key informants (KIs) who have regular contact with ecstasy users and are employed in areas including health, outreach, and law enforcement.

3. Analysis of various indicator data from health and law enforcement sources.

Demographic characteristics of party drug users (PDU)

For the purpose of this study 'party drug users' are a population defined by their regular use of tablets sold as ecstasy. The inclusion criteria consisted of the use of ecstasy at least monthly during the previous 6 months, having resided in the Perth metropolitan region for at least 12 months prior to the interview, and being aged 16 years or older.

This sample of ecstasy users was young, relatively well-educated, employed or studying. Respondents were a mean age of 21. The sample was comprised of 53% males and 47% females. The mean number years achieved at school was 12. Forty eight percent of the sample had tertiary qualifications. Sixteen percent were students at the time of the interview and 22% were unemployed. Nine percent identified as Aboriginal or Torres Strait Islander (ATSI).

Patterns of drug use among PDU

While 52% of respondents nominated ecstasy as their drug of choice, polydrug use was common. Participants had used an average of 8.7 drugs in their lifetime and 6.4 within the preceding six months. Eighty five percent of respondents reported using other drugs with ecstasy and76% reported using other drugs during the acute recovery phase after ecstasy use. A mean of 3 drugs was used with ecstasy. Those that were regularly used with ecstasy by substantial numbers of respondents included tobacco, alcohol methamphetamine powder, cannabis and crystal methamphetamine. Additionally, a mean of 2 drugs was used after ecstasy use. Drugs that were regularly used in this context included cannabis, tobacco and alcohol.

Patterns of ecstasy use

Ecstasy users in the current sample began using in their late teens. Variation existed in terms of frequency of use with 39% using between monthly and fortnightly, 36% using between fortnightly and weekly, and 25% of respondents using ecstasy on a weekly basis. In terms of duration of use, an average of 12 days (range 6-78) during the preceding six months was reported. Some 57% reported that they typically use more than one ecstasy

tablet per episode of use, with 43% reporting having used 4 or more tablets in a single use episode on at least one occasion over the past six months. Oral routes of administration for ecstasy were most prevalent, although 10% reported having injected the drug at some time.

Price, purity and availability of ecstasy

The majority of respondents paid for their ecstasy through paid employment (85%) or received it as a gift from their friends (67%). Additionally, most respondents reported acquiring the drug from "friends" (91%) or "dealers" (63%). The current standard price of ecstasy in Perth is $40 and 68% reported the price as remaining unchanged during the six months preceding the interview. Some 87% believed it was "easy" or "very easy" to obtain. Some 63% or respondents rated the ease of access as having remained unchanged during the previous six months. Estimates concerning the purity of ecstasy varied among respondents. However, 53% reported the current purity as being either "medium" or "high", although 33% believed it to fluctuate. Thirty eight percent of respondents believed that levels of purity had fluctuated during the previous six months. Obviously, purity estimates by users are subjective as they are based on individual experience with the drug, and include factors such as user tolerance levels.

Harm related to ecstasy and other drug use

Respondents reported a range of recently experienced health related side effects attributed at least partially to their use of ecstasy. An average of 19 side effects was reported as experienced in the last 6 months, occurring both while under the influence of ecstasy and during the acute recovery period following ecstasy use.
Among those who recently used ecstasy, 73% reported experiencing "loss of appetite", 72% reporting "blurred vision", and 51% experienced "confusion" under the influence and attributed to their use of ecstasy. Some 75% of recent ecstasy users reported "confusion" attributable to their use of ecstasy, 72% reported "blurred vision", and 51% experienced ecstasy use related "confusion" during the acute recovery period after ecstasy use.

The involvement of ecstasy in occupational (9%), relationship (29%), and financial problems (42%), was also reported by substantial numbers of respondents. In most cases the problems were minor in nature, although some could be considered more severe. For example, 3 respondents reported a loss of employment and 1 described missing work due to the effects of drug use. Some8 respondents reported having a relationship end. Sixteen respondents reported being in debt, and 8 respondents reported being unable to pay for food or rent.

Methamphetamine

The majority of respondents reported both lifetime (93%) and recent (83%) use of methamphetamine powder (speed). Thirty four percent reported using less than monthly, and66% of respondents reported using at least monthly. Some 25% of respondents used weekly or more often, during the preceding six months. Respondents reported using an average of 8 days during the past six months with 0.2 of a gram being the typical amount used per session. It was most commonly taken orally or snorted.

Thirty two percent of the sample reported using methamphetamine base during the preceding six months with 66% of these using less often than monthly. The typical amount used was 1 point (0.1 of a gram), and most reported taking it orally.

Over three quarters (77%) reported using crystal methamphetamine in the last six months on a median of 8 days. The common amount used was 1 point. Most respondents (62%) used at least monthly with 23% using weekly or more often. It was most commonly smoked or snorted.

The current price for a point of all three forms of methamphetamine was $50 and this was understood as remaining stable during the past six months. All forms were rated as being currently "medium" or "high" in terms of purity or strength. Most believed that this had remained stable. Specifically, the purity of methamphetamine powder was believed to have remained unchanged by 36% of respondents who commented. Some 46% rated the current purity of methamphetamine base as stable. Some 31% of respondents who commented believed the current purity of crystal methamphetamine as unchanged during the previous six months.

The majority of respondents who commented on the availability of methamphetamine powder reported it being "very easy" or "easy" to obtain (48% and 24% respectively). Some 51%of respondents believe that availability had remained stable through the preceding six months. In terms of methamphetamine base, over half of respondents rated availability as very easy (35%) or easy (19%) to obtain. Some 50% of respondents who commented characterized the availability of methamphetamine base over the previous six months has remaining the same, or stable. Crystal methamphetamine was believed to be "easy" (21%) or "very easy" (46%) to obtain by two thirds of respondents who commented. According to 36% of respondents ease of access to crystal methamphetamine had become "easier" over the previous six months while 25% reported it as having remained stable over that period.

Cocaine

Although 44% respondents reported lifetime use of cocaine, only 17% reported having used the drug in the last 6 months Among these recent users, 94% had used monthly or less often. Respondents reported an average of 2 days use during the past six months, with 0.5 grams being the typical amount used. All respondents reported having snorted it recently with only 3 respondents having swallowed it. In no cases did injecting or smoking occur.

According to the 6 interviewees who commented, the average price for cocaine at the time of interview was $350 per gram. Fourteen respondents commented on changes in price during the past 6 months. Some 50% stated a lack of knowledge and 36% described it having remained unchanged during the six month period. Of the 14 respondents who commented, purity was rated as "low" by 79% and 50% rated it as having remained that way during the previous six months. The drug was described as "difficult" or "very difficult" to obtain by 72% of the fourteen interviewees who were able to comment. Also among the 14 who commented, availability was rated as having remained unchanged during the previous six month period by 43% of respondents.

Ketamine

Lifetime use of ketamine was reported by 25% of respondents with 12% reporting having used the drug in the previous 6 months. Some 83%of those who had used the drug in the last 6 months used ketamine less often than once per month. Thus recent use was not widespread in the current group of PDU. This was reflected in the data obtained where only small numbers were able to report on issues of price, purity, and availability, making these results potentially unreliable.

GHB

One fifth (20%) of respondents reported lifetime use, and 8% having used GHB in the last 6 months. Of these, 88% reported using less than monthly during the previous six months with a typical amount of use being 10 mls of the liquid. Given the small number of recent users, information concerning price, purity, and availability were largely unavailable, and any data that was obtained is likely unreliable.

LSD

Most respondents (62%) reported lifetime use of LSD with 22% having used it recently. Some 91% of these recent users reported using it monthly or less often with 1 "tab" being the average amount used. Twenty eight interviewees were able to comment on the price of LSD. The average price per tab was reported as $20 and this was thought to have remained unchanged during the preceding six month period. Among the 41 respondents who commented, purity was rated as "medium" or "low" by 56% but respondents were unable to comment on whether this had changed during the past six months. LSD was believed to be very difficult to obtain by 51% of respondents and this was rated as unchanged during the past six months by 58%.

MDA

Only 12% of respondents reported lifetime use of MDA, and only one respondent reported having used it in the last 6 months. Given this, further discussion is not undertaken at this point.

Criminal and Police Activity

Some 61% reported not being engaged in any criminal activities during the month prior to the interview. Thirty six percent of respondents reported being involved in drug dealing during the month preceding the interview. However, 22 of those who reported dealing did so once per week or less often. It should be noted that many of these respondents did not characterize their behaviour as 'dealing' in the sense that they purchased drugs to distribute to friends without profiting. Overall, 92% of respondents said they had not been arrested during the previous 12 months. Four percent reported a previous criminal conviction or prison history. Only 5% reported currently undergoing drug treatment. Respondents' perceptions concerning any changes in police activity during the past six months towards party drug users were varied with 34% stating it as remaining "unchanged", and 29% citing it as having "increased". Most respondents

(82%), however, did not believe that police activity had any impact on their obtaining drugs.

1. INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing project funded by Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). It has been conducted on an annual basis in NSW since 1996 and in all states and territories of Australia since 1999. The objective of the IDRS is the provision of a coordinated approach to the monitoring of the use of the main illicit drugs used in Australia. Specifically, this includes amphetamines, cannabis, cocaine, and heroin. It is intended to act as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends, providing data in a timely manner as opposed to describing phenomena in detail. As such, it will provide direction for more detailed research on specific areas.

The IDRS data collection is comprised of three components: interviews with illicit drug users, interviews with professionals who work with illicit drug users, and secondary or indicator data sources such as national drug use household surveys, customs data, arrest data, hospital accident and emergency data. Using multiple data sources enable triangulation so as to minimise the biases inherent in each and permit validation of observed trends across different data sources.

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 extant IDRS methodology given that the IDRS did not access the population using 'party drugs'. For the present purposes 'party drugs' refers to drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, amphetamines, cocaine, LSD, ketamine, MDA (3-4methylenedixyamphetamine) and GHB (gamma-hydroxybutyrate).

This report presents the findings of the first year of data collection for the party drugs module in Perth, W.A. Similar to the IDRS, these trends are based on three data sources: interviews with current regular ecstasy users, interviews with professionals who have contact with ecstasy users, and the collation of indicator data. Consistency with the main IDRS was maintained where possible. As such, focus is on the capital city is based on the logic that emerging trends in illicit drug markets are more likely to occur initially in large cities rather than regional centres or rural areas.

1.1 Study Aims

The specific aims of the party drug module of the WA IDRS 2003 were to:

1. describe the characteristics of a sample of ecstasy users in Perth;
2. examine patterns of ecstasy and other drug use among a sample of current ecstasy users;
3. document the current price, purity and availability of ecstasy and other party drugs in Perth;

4. examine participants perceptions of the nature and incidence or ecstasy-related harm including physical, psychological, financial, occupational, social and legal harms; and
5. identify emerging trends in the party drug market that may require further investigation.

2.0 METHOD

A triangulated approach to was used for this study to provide an indication of emerging trends in drug use and party drug markets. The three main sources of information used to document trends were: a survey of regular party drug users (PDU), a key informant (KI) survey of professionals working in the field, and an examination of existing indicator data.

2.1 Survey of party drug users (PDU)

There is an established market for ecstasy (tablets that are purported to contain 3,4-methylenedioxymethamphetamine [MDMA] that has existed for more than a decade. While a number of drugs are located within the so-called 'party drug' category, it is the case that ecstasy is considered one of the main illicitly used drugs used in Australia. Following cannabis and amphetamines, it is the third most widely used illicit drug with 10.4% of 20-29 year olds and 5% of 14-19 year olds reporting recent (last 12 months) ecstasy use in the 2001 National Drug Strategy Household Survey (Australia Institute of Health and Welfare, 2002). On this basis, regular ecstasy use defined the sentinel population recruited for the study.

2.1.1 Recruitment

One hundred ecstasy users were interviewed for the 2003 party drugs IDRS, all of whom resided in the Perth metropolitan area. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, and through flyers distributed at nightclubs, record stores and outreach agencies, and interviewer contacts. Snowballing techniques were also utilised. Ethics approval was granted (HR47/2003), from the Curtin University Human Research Ethics Committee permitting interviews to be conducted with participants aged 16 years or older.

2.1.2 Procedure

Participants contacted researchers by telephone and were screened for eligibility. Potential participants were screened upon contact with researchers to ensure they met the criteria. Specifically, participants must have used ecstasy at least monthly over the previous 6 months, were at least 16 years of age, and had lived in the Perth metropolitan area for no less than 12 months prior to interview. As in the main IDRS, the focus was on the capital city as new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

Participants were informed that the study would consist of a confidential face-to-face interview of approximately 45 minutes and that all data collected would be anonymous. All respondents were volunteers who were reimbursed $30 to cover their costs of attendance. Interviews were conducted at public locations convenient to each participant. This included café/bars and occasionally at the participants home. Prior to conducting the interviews, interviewers were trained in the administration of the specific interview. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and amphetamine users (Darke et al., 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997). The interview schedule focussed primarily on the six months preceding the interview. The survey allowed assessment of sample characteristics; ecstasy and other drug use history (including frequency and quantity of use and routes of administration); physical and psychological side effects of ecstasy; other ecstasy-related problems (i.e., relationship, financial, legal and occupational problems); price, purity and availability of different party drugs; self-reported criminal activity; and general trends in party drug markets such as 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 the means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegal & Castellan. 1988), was employed. Categorical variables were analysed using χ^2. All quantitative data were analysed using SPSS for Windows, Version 10 for Macintosh. Qualitative data collected from the Party Drug Users and key informants were analysed using the word processing and table making options of Microsoft Word 2001 for Macintosh.

2.2 Survey of key informants (KI)

So as to be consistent with the main IDRS, it was decided that the eligibility criterion for key informant (KI) participation in the party drugs IDRS would be regular contact in the course of employment with a range of ecstasy users during the previous six months. Ten key informants provided information on the ecstasy users with whom they had recent contact.

2.3 Other Indicators

Secondary data sources were examined to enhance and validate the data collected from both the PDU and key informant interviews. These sources were used when it was clear

they could provide further indicators of illicit party drug use as well as related harms. They included data from health, survey, research, and law enforcement sources. These data sources included:

- The 2001 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2002).
- Australian Crime Commission (ACC); drug purity and seizure data
- Australian Customs Service; arrest data
- Telephone advisory service data from the Alcohol and Drug Information Service

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic Characteristics of the PDU sample

Slightly over half (53%) of the respondents were male and 47% were female. The mean age at the time of interview was 21.4 (SD 4; range 15-35). Some 83% identified their sexual identity as heterosexual. Gay males comprised 6% of the sample, in addition to bisexuals (8%) and lesbian women (2%). English was nominated as the main language spoken at home by 99% of participants. Nine (9%) respondents were of indigenous Australian descent. Most respondents lived in either a rented house or flat (52%) or their parents' or family home (42%) with six respondents (6%) reporting living in a home owned by themselves.

The mean number of years of education completed by respondents was 12.1 (SD 1.1; range 6-14). Some 48% had completed coursework after school with 26% holding a trade or technical qualification and 22% possessing a university or college degree. At the time of interview 33% of the sample was employed on a full time basis, and 28% were employed on a part time or casual basis. The proportion of those who reported they were unemployed was 22% while 16% were full time students. Some 5% reported being in some form of drug treatment at the time of interview. Types of treatment varied with one respondent reporting Buprenorphine treatment, one being on anti-depressants, one using dexamphetamine for drug-related problems, one nominating an unspecified rehabilitation program for amphetamine users, and one respondent declined to specify. Four (4%) respondents reported a previous criminal conviction or incarceration.

KI descriptions of ecstasy users with whom they had recent contact were broadly consistent with the characteristics of the present PDU sample. Most were believed to be in early to mid twenties, ranging from 16 to 58 years. In most cases males were believed to out number females, although two KI reported an equal ration of males to females. The majority of KI described groups who were from English speaking backgrounds. One KI described a predominately Asian group of users, and another mentioned having contact with users from a range of backgrounds. Most were described as being employed or studying, although one KI described a group who were mainly unemployed. Descriptions of sexual identification varied from the current PDU sample. Four KI believed most of the group with which they had contact were heterosexual, but most described a range of orientations. One outreach worker had contact with gay/lesbian/bisexual ecstasy users. In terms of drug treatment, three KI believed users were not in drug treatment currently. However in many cases KI did not have a great

deal of knowledge in this area. Most KI described users as having minimal prison history, although one was currently in contact with a group of incarcerated users. Most KI suggested users resided somewhere in the Perth metro area, although one KI believed there was no centralized population of users.

Table 1: Demographic characteristics of PDU sample

Variable	% Respondents (n=100)
Mean age (years)	21.4 years
Male (%)	53
English speaking background (%)	99
ATSI (%)	9
Heterosexual (%)	83
Mean number school years	12.1 years
Tertiary qualifications (%)	48
Employed full-time	33
Full-time students (%)	16
Unemployed (%)	22
Previous conviction (%)	4

Source: PDU survey data

3.2 Drug use history and current drug use

Polydrug use was a common occurrence with a mean of 8.7 drugs (SD 2.8; range 3-16) ever used, and a mean of 6.4 drugs (SD 2; range 2-12) being used in the preceding 6 months.

Over half (52%) of respondents reported ecstasy as their drug of choice. Smaller proportions of respondents nominated other drugs. Specifically, equal numbers of respondents cited crystal methamphetamine (9%) and cannabis (9%) as their preferred drugs. LSD was preferred by 8% of participants, followed by cocaine (5%) and alcohol (4%).

Table 2: Lifetime and recent polydrug use of PDU

Variable	(n=100)
Mean number of drug ever used	8.7
Mean number of drugs used last 6 months	6.4
Ever inject any drug (%)	21
Ecstasy	
ever used (%)	100
used last 6 months (%)	100
Alcohol	
ever used (%)	99
used last 6 months (%)	94
Cannabis	
ever used (%)	99
used last 6 months (%)	91
Tobacco	
ever used (%)	83
used last 6 months (%)	70
Methamphetamine powder (Speed)	
ever used (%)	93
used last 6 months (%)	83
Methamphetamine base	
ever used (%)	54
used last 6 months (%)	32
Crystal methamphetamine (Ice)	
ever used (%)	91
used last 6 months (%)	77
Cocaine	
ever used (%)	44
used last 6 months (%)	17
LSD	
ever used (%)	62
Used last 6 months (%)	22
MDA	
ever used (%)	12
used last 6 months (%)	1
Ketamine	
ever used (%)	25
used last 6 months (%)	12
GHB	
ever used (%)	20
used last 6 months (%)	8
14B	
ever used (%)	2
used last 6 months (%)	2

Table 2: Lifetime and recent polydrug use of PDU, cont.

Variable	(n=100)
Amyl nitrate	
ever used (%)	43
used last 6 months (%)	16
Nitrous oxide	
ever used (%)	65
used last 6 months (%)	43
Benzodiazepines	
ever used (%)	48
used last 6 months (%)	32
Anti-depressants	
ever used (%)	30
used last 6 months (%)	17
Heroin	
ever used (%)	10
used last 6 months (%)	1
Methadone	
ever used (%)	1
used last 6 months (%)	1
Buprenorphine	
ever used (%)	6
used last 6 months (%)	4
Other opiates	
ever used (%)	31
used last 6 months (%)	17

PDU survey data

Binging, defined as the continuous use of a drug for more than 48 hours (Ovenden and Loxley, 1996), was also explored. Sixty two percent of respondents reported having binged on one or more party drugs during the preceding 6 months. The longest binge period was a median of 3 days (range 2-18). Of the drugs reported being used during the binge period, ecstasy was the most frequently reported (23%). The second most commonly cited drug used in a binge context, was crystal methamphetamine (17%). Other regularly reported drugs included methamphetamine powder (12%), cannabis (12%), alcohol (11%), and dexamphetamines (6%) (Table 3).

Table 3: PDU reports of drugs used during binge in the preceding six months

Drug	Count	% of Responses	% of Cases (n=62)
Ecstasy	52	23	84
Crystal meth	38	17	61
Meth powder	27	12	44
Cannabis	26	12	42
Alcohol	25	11	40
Dexamphetamine	13	6	21
Nitrous Oxide	10	5	16
Other drugs	9	4	15
Meth base	8	4	13
LSD	5	2	8
Amyl Nitrate	4	2	7
Cocaine	3	1	5
Ketamine	1	1	2
GHB	1	1	2
Total responses	222	100	358

PDU survey data

Twenty two percent of respondents reported having injected drugs during their lifetime. Of this group, the mean number of drugs ever injected was 4.7 (SD 2.8; range 1-11). Over half (57%) commenced injecting with methamphetamine powder. This was followed by methamphetamine base (19%), crystal methamphetamine (19%), and heroin (5%). Thirteen respondents reported injecting during the preceding six months. The most commonly injected drugs in the preceding six months were methamphetamine powder (11%), methamphetamine crystal (11%), followed by methamphetamine base (6%).

So as to ensure that the current sample was comprised of primarily party drug users a number of comparisons were drawn between those reporting lifetime injecting and those who had never injected.

There were no significant differences between injectors and non injectors in terms of sex, age, employment status, or prison history. However, injectors were more likely to have been using been using ecstasy longer (mean of 5.4 versus 3.3 years) $t=-2.618$, $df=25.319$, $p=.015$. Additionally, those who had never injected had more years of education than injectors. (12.3 versus 11.2 years) $t=2.853$, $df=22.606$, $p=.009$. Based on this we can conclude that the majority of the sample was comprised of primarily party drug users and was the appropriate sentinel population to interview in order to achieve the goals of the study.

3.3 Summary of polydrug use trends in PDU

Poly drug use was common among respondents with a mean of 9 drugs ever used and a mean of 6 being used recently. Over half of respondents cited ecstasy as their drug of choice followed by smaller proportions nominating crystal methamphetamine and cannabis. Large proportions reported recent use of alcohol, cannabis, tobacco, speed, and crystal. Most respondents reported using other drugs in combination with ecstasy either while under the influence or during the acute recovery phase following ecstasy use.

Consistent with quantitative data provided by ecstasy users, patterns of extensive polydrug use among ecstasy users were described by KI. Where available, comments by KI concerning each drug class are documented throughout the relevant sections of this report. There was some variation in patterns of polydrug use described by KI, probably influenced by factors such occupation of the KI and the specific group of ecstasy users with whom they had recent contact. Most noted the regular occurrence of polydrug use among ecstasy users.

4.0 ECSTASY

4.1 Ecstasy use among PDU

Participants had used ecstasy on a median of 12 (range 6-78) days in the preceding six months. Some 39% of respondents had used ecstasy between monthly and fortnightly, 36% between fortnightly and weekly, and 25% between weekly and daily during the preceding six month period.

As indicated in Table 4, the median number of tablets taken in a typical use episode was 1.5 (range 0.5-15). Some 57% typically used more than one ecstasy tablet. Referring to the heaviest use period in the preceding six months, respondents cited a median of 3 (range 1-50) tablets. Forty three percent of respondents took 4 or more tablets during their heaviest use episode.

Almost all (99%) respondents had swallowed ecstasy during the preceding 6 months. During the same period 70% had snorted it, 6% had smoked it, and 5% had injected the drug. In terms of how respondents mainly used ecstasy during the past 6 months, 91% reported taking it orally. Snorting was reported by 7% respondents, followed by injecting (1%), and shafting (inserting rectally) (1%) as the main route of administration. Among those who had injected ecstasy at some point (10%), the mean age of first injection was 18 (SD 1.6; range 16-21).

Table 4: Patterns of ecstasy use among PDU

Variable	% Respondents (n=100)
Mean age first used ecstasy (years)	17.7
Median days used ecstasy last 6 months	12
Ecstasy 'favourite' drug (%)	52
Use ecstasy weekly or more (%)	25
Median ecstasy tablets in 'typical' session	1.5
Typically use >1 tablet (%)	57
Of those who binged	
Recently binged on ecstasy (%)	84
Ever injected ecstasy (%)	10
Mainly swallowed ecstasy last 6 months (%)	90
Mainly snorted ecstasy last 6 months (%)	7
Mainly injected ecstasy last 6 months (%)	1

PDU survey data

Respondents were asked whether they typically used other drugs with ecstasy as well as during the acute recovery phase after ecstasy use. In this case typically was defined as defined as two thirds or more occasions of ecstasy use during the preceding six months. Some 85% of respondents typically used other drugs with ecstasy. Seventy six percent of respondents reported using other drugs during the acute recovery period after ecstasy use. A mean of 3.1 (SD 1.6; range 1-10) other drugs were typically used in conjunction with ecstasy. In particular, this included tobacco (55%), alcohol (45%), methamphetamine powder (42%), cannabis (38%), and crystal methamphetamine (33%). Other drugs reported by smaller proportions of respondents included: methamphetamine base (6%), LSD (5%), ketamine (2%), GHB (1%) amyl nitrate (8%), nitrous oxide (10%), anti depressants (4%), and benzodiazepines (2%).

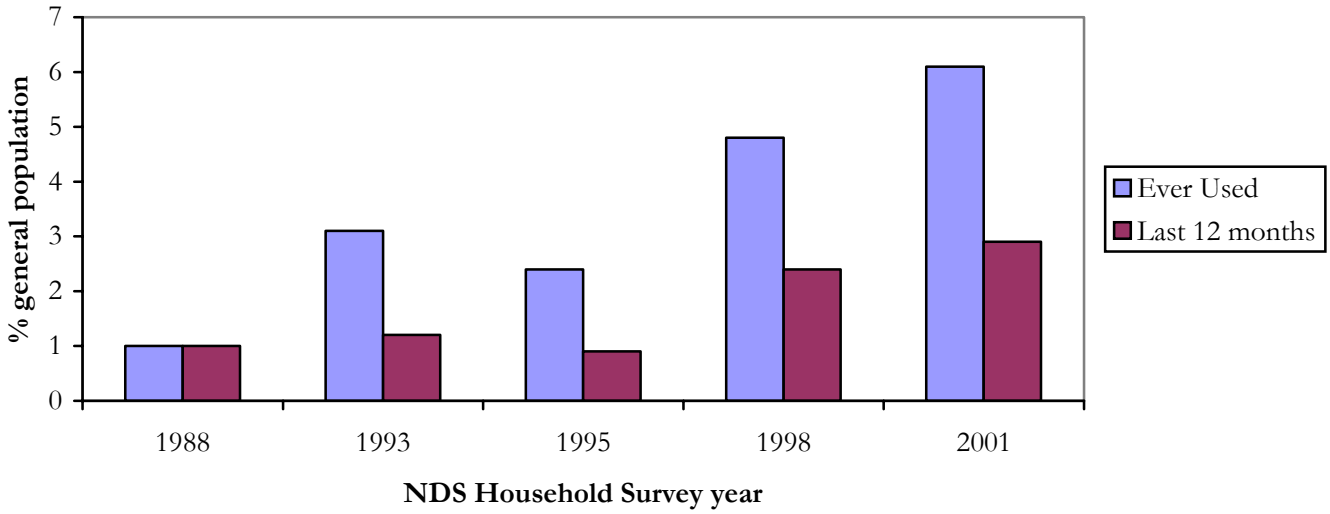
Among those who typically used other drugs during the acute recovery phase after using ecstasy, a mean of 2.2 (SD 1.5; range 1-9) drugs was reported. The most commonly reported drugs were cannabis (54%) tobacco (42%) and alcohol (24%). Drugs reported by fewer respondents included: benzodiazepines (9%), meth powder (8%), crystal meth (8%), nitrous oxide (5%), anti depressants (3%), meth base (2%), other opiates (2%), LSD (1%), ketamine (1%), GHB (2%), and amyl nitrate (2%).

KI reports were generally consistent with user interviews in that most ecstasy users take the drug orally. Other methods occur but are less common. Injecting and snorting were believed to occur although not regularly. Most KI believed there had been no changes in the types of people using ecstasy, although 2 did note that more people generally are using ecstasy.

4.2 Use of ecstasy in the general population

Since ecstasy was initially included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population increased from 1% in 1988 to 6.1% in 2001 (Australian Institute of Health and Welfare, 2002). Also shown in Figure 1 is an increase in the proportion of the general population who reported using ecstasy during the preceding six months. Specifically, the proportion rose from 1% in 1988 to 2.9% in 2001 Australian Institute of Health and Welfare, 2002).

Figure 1: Prevalence of ecstasy use in Australia, 1988-2001 (Source:NDSHS)



Slight variations exist in terms of prevalence of ecstasy use according to gender. According to the 2001 NDSHS, 7.1% of males and 5.1% of females reported lifetime ecstasy use. Additionally, some variation was evident among the different age groups with both lifetime (19.7%) and recent (10.4%) ecstasy use most common among those aged 20-29 years. Those in the 30-39 age year groups reported lifetime use of 7.4%, followed by 7% among those aged 14-19 years.

4.2 Price

According to participants, the median price of ecstasy was $40 per tablet (range $25-50). Sixty-eight percent of respondents at the time of interview suggested that the price of ecstasy during the preceding six months had remained stable. Twelve percent (12%) reported the price as having decreased, and 10% cited it as having increased during the preceding six months (Table 5).

Table 5: Price of ecstasy purchased by PDU and price variations

Ecstasy	% Respondents (n=100)
Median price ecstasy tablet (range)	40 (25-50)
Price change:	
Increased (%)	10
Stable (%)	68
Decreased (%)	12
Fluctuated (%)	6
Don't know (%)	4

PDU survey data

Ecstasy was paid for using a number of methods during the preceding six months. This included paid employment (85%), ecstasy was a gift from friends (67%), dealing drugs (25%), borrowing money from friends (22%), government study allowance (17%), money originating from parents (16%), bartering drugs or other goods (15%) credit from

dealers (14%), and money obtained from a government benefit (9%). Less common ways of obtaining ecstasy included pawning (3%), and property crime (1%).

Eight KI who were able to comment suggested a price ranging from $25 to $60 per pill. Assessments of changes in price varied somewhat with five KI rating the price as having remained stable, two reporting it as fluctuating, and rating it as having decreased.

4.3 Purity

Reports concerning the purity of ecstasy during the preceding six months varied a great deal among respondents. Table 6 shows that 33% of participants cited the level of purity as "fluctuating"; followed by 31% of respondents cited purity as "medium", and 22% classified it as "high".

Table 6: PDU reports of current purity of ecstasy in the preceding six months

Variable	(n=100)
Low (%)	12
Medium (%)	31
High (%)	22
Fluctuates (%)	33
Don't know (%)	2

PDU survey data

In terms of perceived changes in purity during the preceding six months, over one third reported the level as fluctuating. Decreased levels of purity were reported by 22% of respondents followed by 21% who cited the levels as being stable (Table 7).

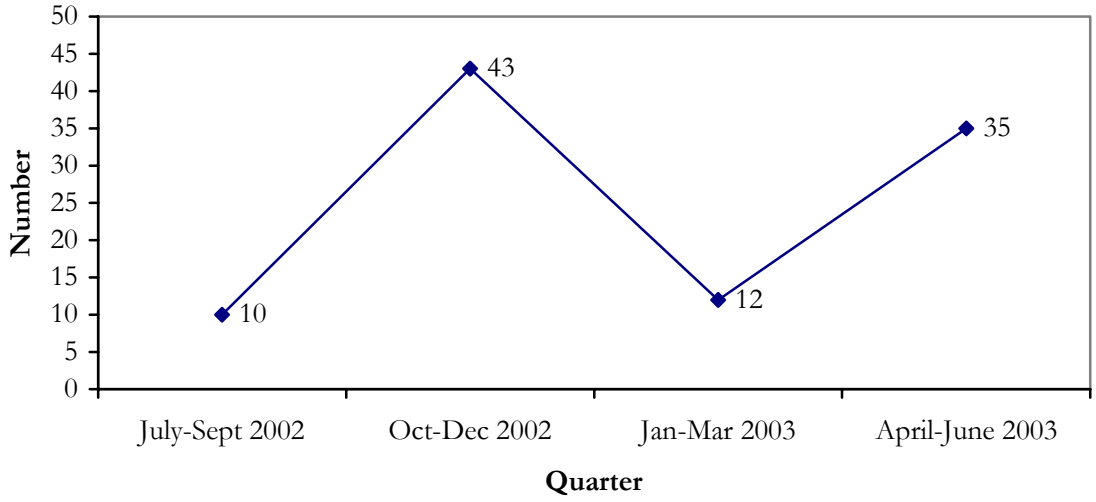
Table 7: PDU reports of change in purity of ecstasy in the preceding six months

Ecstasy	(n=100)
Increased	14
Stable	21
Decreased	22
Fluctuating	38
Don't know	5

PDU survey data

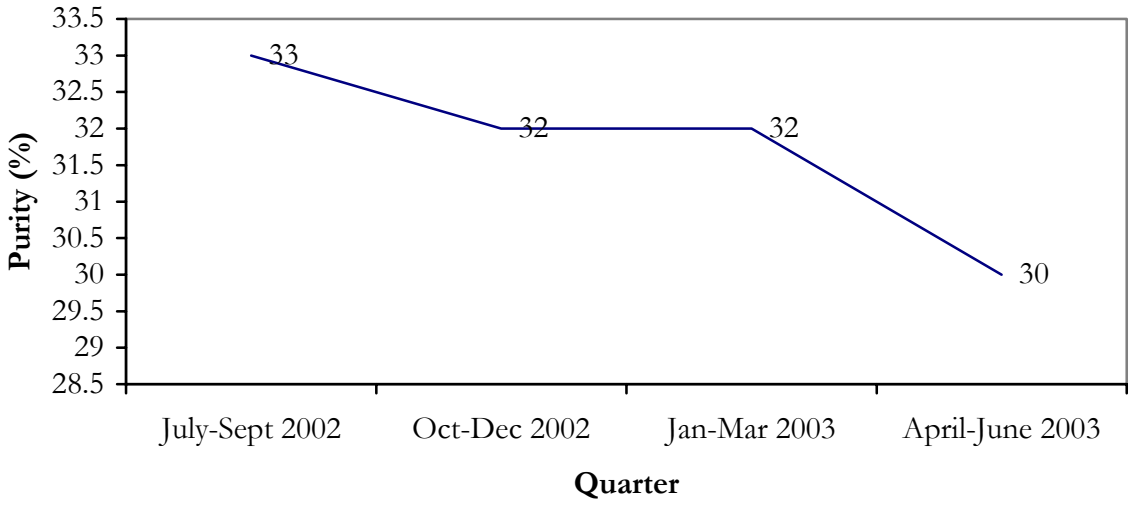
It should be noted that estimates concerning the purity of a drug by users are subjective and based on a number of factors including the tolerance level of the individual user. Thus, results concerning user estimates should be interpreted with caution.
Data provided by the Australian Crime Commission indicated that the number of seizures of phenethylamines in the financial year 2000-2003 have fluctuated across quarters, although an increase is evident between the third and fourth quarters (Figure 2). However, it is not possible from one year of data to rule out that there could be a seasonal effect.

Figure 2: Number of phenethylamines seizures in WA, by quarter July 2002-June 2003 (Source: ACC)



The median purity of seizures analysed in WA during the 2002-2003 financial year appears to have decreased somewhat from the first quarter (33%) to the fourth (30%) (Figure 3). This data appears to conflict with assessments by respondents where over one third rated it as having fluctuated. However, seizures analysed are not a random sample of all seizures made. It is not possible on the basis of the data of the current year to draw definitive conclusions regarding ecstasy purity.

Figure 3: Median purity of phenethylamines seizures in WA by quarter July 2002-June 2003 (Source: ACC)



4.4 Availability

Most respondents reported ecstasy as being "very easy" (61%) or "easy" (26%) to obtain during the preceding six months. Further, most users cited availability as remaining stable (63%) during the past six months (Table 8). This was generally supported by KI accounts where the majority believed it was easy to obtain. Of the 7 KI who were able to comment, most believed availability had remained stable.

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

Ecstasy	n=100
Ease of obtaining ecstasy:	
Very easy (%)	61
Easy (%)	26
Availability:	
Stable (%)	63
Increased (%)	16

PDU survey data

Table 9 shows that the person from whom respondents had most often obtained ecstasy during the six months preceding the interview, was most often identified as a friend (91%) or dealer (63%). Less commonly mentioned were acquaintances (35%), workmates (19%), people who were unknown to the user (9%) and in few cases, family members (2%).

Table 9: PDU reports of person scored ecstasy from in the preceding six months

Person score from	Count	% of Responses	% of Cases (n=100)
Friends	90	42	91
Dealers	62	29	63
Acquaintances	35	16	35
Workmates	19	9	19
Unknown	9	4	9
Family	2	1	2
Total responses	217	100	219

PDU survey data
1 missing case

Three quarters (74.5%) of respondents identified a friend's home as being the location where ecstasy was acquired, followed by a dealers home (42.9%). Other purchase venues included raves (39.8), nightclub (32.7%), dance parties (26.5%), street (14.3), and pubs (12.2%) (Table10).

Table 10: PDU reports of venue where scored ecstasy in the preceding six months

Venue	Count	% of Responses	% of Cases (n=100)
Friends home	73	26	75
Dealers home	42	15	43
Raves	39	14	40
Home	32	12	33
Nightclubs	32	12	33
Dance parties	26	9	27
Street	14	5	14
Pubs	12	4	12
Varies	4	1	4
Miscellaneous	3	1	3
Gym	2	1	2
Total responses	279	100	285

PDU survey data
2 missing cases

4.5 Benefit and risk perception

Participants in the 2003 sample were asked to describe some of the benefits and risks they perceived to be associated with taking ecstasy. The data in this section is based on open ended questions and all participants, regardless of whether they had previously used a drug, were invited to comment. Obviously it is the case that all respondents had recently used ecstasy, but this is not necessarily the case for other drugs (discussed in their respective sections). Additionally, in some cases respondents believed their comments in this area applied to more than one drug category and therefore did not discuss each drug separately. This was particularly the case for the different forms of methamphetamine where benefits and risks were often believed to be the same across the three forms. Additionally, some respondents also believed that benefits and risks were similar for many drugs in general. These issues made interpretation difficult and raised issues concerning the validity of the data. Thus, discussions concerning the perceived benefits and risks for each drug category are restricted to general themes.

4.5.1 Perceived benefits

All 100 respondents commented on the perceived benefits of ecstasy use. Some 61 respondents cited 'a feeling of closeness' with others that results from using ecstasy. Related to this was 'an enhanced level of confidence' mentioned by 54 of respondents. Often times this was discussed in terms of 'losing one's inhibitions' in terms of interacting with strangers. Thus it had to do with contributing to 'an overall sense of community'. Some 30 interviewees noted the benefit of 'increased energy', allowing them to stay awake longer, as well as to participate in activities such as dancing for longer periods. Additionally, 30 respondents spoke of the fact that using ecstasy was 'a fun experience', and 27 respondents mentioned the benefit of 'escaping temporarily from the pressures associated with life'.

4.5.2 Perceived risks

In terms of the perceived benefits, 97 respondents commented. Some 36 respondents cited the issue of 'pill content' either in the sense of unknown strength or purity, or unknown drug contaminants or cutting agents. There were 27 respondents who raised the issue of acute physical harms, which included dehydration, overeating, vomiting, trouble sleeping, etc. The possibility of cognitive impairment was also a commonly cited risk mentioned by 25 respondents. Ecstasy use was believed by some 21 people to place users at some level of risk, whether this meant general vulnerability, or more specific issues such as risk taking in terms of sex or 'taking more drugs than one intended'. Some 11 respondents cited the risk of 'legal problems', and 'general mood impairment' was cited by 8 respondents.

4.6 SUMMARY OF ECSTASY TRENDS

User	• Majority consume drug orally • Most used fortnightly or more often • Over half typically use more than one ecstasy tablet per session • A substantial proportion recently use ecstasy for more than 48 hours without sleep
Price	• $40 per tablet • Stable
Purity	• Medium or high • Fluctuates
Availability	• Easy or very easy to obtain • Stable

5.0 METHAMPHETAMINE

Prior to 2001, the IDRS used the term 'amphetamines' to refer collectively to both amphetamine and methamphetamine. 'Amphetamine' is used to denote the sulfate of amphetamine, which throughout the 1980s was the form of illicit amphetamine most available in Australia (Chesher, 1993). Legislative controls implemented in the 1990s to restrict the availability of the main precursor chemicals (Wardlaw, 1993) apparently resulted in illicit manufacturers shifting to different recipes for 'cooking' amphetamine. Throughout the 1990s the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulfate) increased to the point that the market was dominated by this form of the drug. Currently in Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine. The more potent form of this family of drugs, known by terms such as ice, shabu, base and crystal meth has been identified as becoming more widely available.

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine Powder (Speed)

As indicated in Table 11, most respondents (93%) reported ever using methamphetamine powder (speed), with 83% reporting having used speed during the preceding six months. Those respondents who had used during the past 6 months reported using on a median of 8 days (range 1-96). One third (34%) of respondents used less often than monthly, 22% used between monthly and fortnightly, 19% used between fortnightly and weekly, and one quarter (25%) used weekly or more often. A minority of respondents (4%) cited speed as their preferred drug.

Forty four respondents were able to quantify their use in grams. The median quantity use during a typical use episode during the previous six months was 0.2 grams (range 0.01-2). Recent speed users reported a median quantity of 0.6 grams (range 0.1-10) during their 'heaviest' use episode; 18% reported using more than one gram on a single occasion during the preceding six months. Among those who reported binging in the past six months, 44% reported using speed during that episode.

Others quantified their use in terms of points. For 37 respondents a median of 1 point (range 0.25-3) was reported during an "average or typical" use period. In terms of their 'heaviest' use period during the preceding six month period, a median of 2 points (range 0.50-15; n=30) was reported.

Among recent speed users, 88% reported snorting, 63% had swallowed, 28% reported smoking, and 13.3% had injected speed.

Table 11: Patterns of Methamphetamine Powder (Speed) Use Among PDU

Speed	(n=100)
Ever used (%)	93
Used in preceding six months (%)	83
Of those who used in preceding 6 months	
Median days used last 6 months (range)	8 (1-96)
Median quantities used (grams)	
Typical (range)	0.2 (0.01-2)
Heavy (range)	0.6 (0.1-10)

PDU survey data

5.1.2 Methamphetamine Base

Table 12 shows that 54%of the sample reported ever having used methamphetamine base with 32% having used 'base' during the preceding six months. Some 66% of respondents reported using less than monthly, 22% used between monthly and fortnightly, 9% used between fortnightly and weekly, and one respondent used more than weekly.

Those who had used 'base' during the past six months reported using a median of 2.5 days (range 1-96). In no case was methamphetamine base nominated as a main drug of choice. Of those who reported using 'base' in the past six months, 17 quantified their use

on terms of points. Other respondents used various measures making it difficult to conduct analysis. Therefore, only those who used 'points' to quantify amounts are reported. Caution should be used when interpreting results.

Seventeen respondents reported a median of 1 'point' (range 0.3-6) during typical use periods in the past six months. In terms of 'heavy' use eighteen respondents reported a median of 1.5 points (range 0.5-20) during a single use episode. Among respondents who binged during the preceding six months, 13% reported using 'base' during that period. Among those who had used 'base' in the last 6 months , 63% reported having swallowed, 50% reported snorting, 19% had injected, and 12% had smoked during the previous six months.

Table 12: Patterns of Methamphetamine Base Use Among PDU

Base	(n=100)
Ever used (%)	54
Used in preceding six months (%)	32
Of those who used in preceding 6 months	
Median days used last 6 months (range)	2.5 (1-96)
Median quantities used (points)	
Typical (range)	1 (0.3-6)
Heavy (range)	1.5 (0.5-20)

PDU survey data

5.1.3 Crystal Methamphetamine

Table 13 demonstrates that 91% of respondents reported ever having used crystal methamphetamine (ice), and 77% reported using it during the preceding six months. Those who used recently reported a median of 8 days (range 1-120) use. Some 38% of recent users reported using crystal methamphetamine less than monthly, 20% between monthly and fortnightly, 20% between fortnightly and weekly, and just and 23% reported using weekly or more often during the preceding six month period.

Nine percent of respondents nominated crystal methamphetamine as their preferred drug. Respondents who quantified their recent use in points reported a median of 1 point (range 0.1-10; n=72) during a typical use period and a median of 2.5 points (range 0.1-50; n=71) during the single heaviest use episode. It should be noted that both the typical and heaviest quantity variables were computed based on a conversion from dollar amounts to points in cases where participants could only quantify their use in terms of monetary amounts as opposed to points. For example, a 'fifty bag' or 'fifty dollars worth' was converted to 1 point on the basis that the median cost per point is $50 as reported elsewhere in this report.

Among respondents who reported a binge during the preceding six months, 61% of respondents used crystal methamphetamine during that episode. Of those who had used the drug in the previous 6 months 74%reported having smoked crystal methamphetamine. 70% had snorted it, 49% had swallowed, and 14.3% of respondents reported having injected ice during that period.

Table 13: Patterns of Crystal Methamphetamine (Ice) Use Among PDU

Ice	(n=100)
Ever used (%)	91
Used in preceding six months (%)	77
Of those who used in preceding 6 months	
Median days used last 6 months (range)	8 (1-120)
Median quantities used (points)	
Typical (range)	1 (0.1-10)
Heavy (range)	2.5 (0.1-50)

PDU survey data

Most KI noted the use of methamphetamines among the users that they were in contact. Powder and crystal forms of methamphetamine appeared to be more widely used among the ecstasy users reported on by KI. Methamphetamine base was less often commented upon. Four KI noted that crystal methamphetamine seemed to have become more popular among users. This was largely consistent with PDU reports, where the proportions using 'base' recently, was less than that of powder or crystal. Powder was taken orally and snorted while crystal was snorted or smoked. One KI reported half of the user group injecting powder.

5.2 Price

Table 14: Price of various forms of methamphetamine purchased by PDU

Methamphetamine	Median price ($)
Methamphetamine powder (speed)	
Gram	200 ($50-400)
Point	50 ($25-50)
Methamphetamine Base	
Point	50
Crystal methamphetamine	
Point	50 ($25-70)

PDU survey data

Powder

According to 25 respondents the price of speed at the time of interview was $200 per gram (range $50-400). Another commonly reported measure was $50 for one point (range $25-50). Of the 80 PDU who commented, 58% cited the price as remaining stable during the previous six months (Table 14).

Base/Past Methamphetamine

Ten respondents cited a median of $50 as the current price for a point of methamphetamine base. Eight respondents provided a range of other measures. However, the measures were sufficiently varied that further analysis was not conducted.

Of the 26 respondents who commented, 54% cited the price as remaining stable (Table 14).

Crystal Methamphetamine

According to 48 respondents the price of crystal methamphetamine at the time of interview was $50 per point (range $25-70). Nine respondents cited a median price of $2250 per gram (range $50-400). Of the 72 respondents who commented, 60% cited the price as having remained stable during the six months preceding interview (Table 14).

5.3 Purity

Among those who commented, all forms of methamphetamine were rated as being currently "medium" or "high" in terms of purity. Specifically, among the 80 interviewees who commented, 34% rated methamphetamine powder as being 'medium'. Among the 26 respondents who commented, 42% rated meth base as 'high' in strength, and 57% of 72 who commented believed crystal methamphetamine to be of high purity at the time of interview.

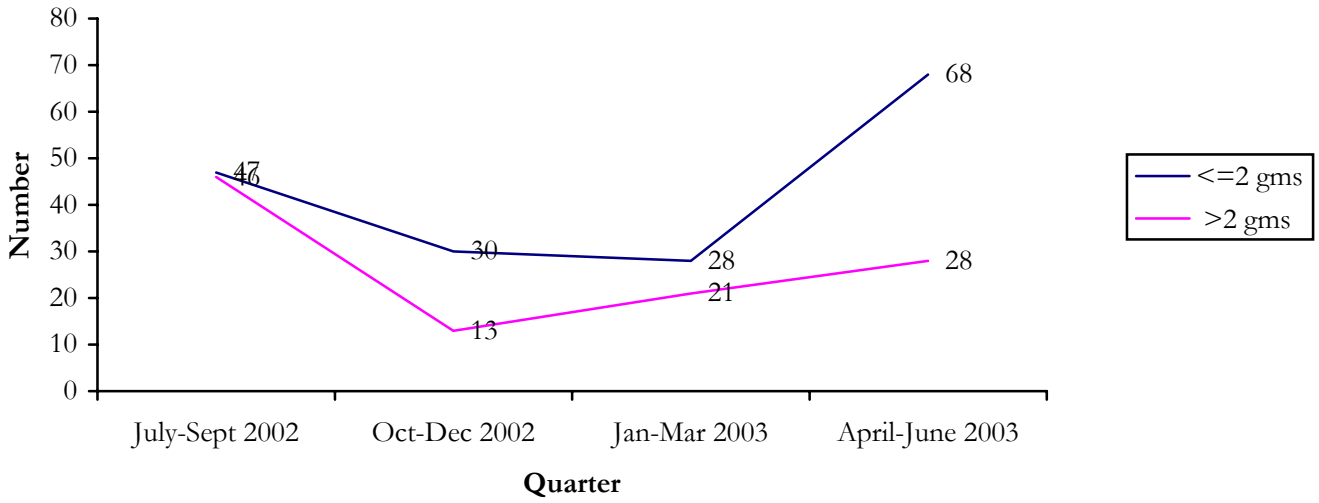
In terms of perceived change in purity of methamphetamine during the preceding six months, responses were more varied. Some 36% of respondents who commented believed that the purity of methamphetamine powder was stable. However, this was followed by 21% who stated that they did not know. Slightly under half (46%) believed that methamphetamine base was stable; again followed by 31% of respondents who did not feel capable of commenting. Among those who commented on crystal methamphetamine, 31% of respondents rated the current purity as unchanged during the preceding six months. This was followed by 24% who reported that the purity had increased during the previous six months. This was followed by 17% who rated it as "fluctuating" and 10% who suggested that there had been a decrease.

5.4 Availability

The majority of respondents who commented on the availability of speed reported it being "very easy" or "easy" to obtain (48% and 24% respectively). Some 51%) of respondents believed that availability had remained stable through the preceding six months. In terms of methamphetamine base, over half of respondents rated availability as very easy (35%) or easy (19%) to obtain. Some 50% of respondents who commented characterized the availability of base over the previous six months has remaining the same, or stable. Crystal methamphetamine was rated as being "easy" (21%) or "very easy" (46%) to obtain by two thirds of respondents who commented. According to 36% of respondents ease of access to crystal meth had become "easier" over the previous six months while 25% reported it as having remained stable over that period.

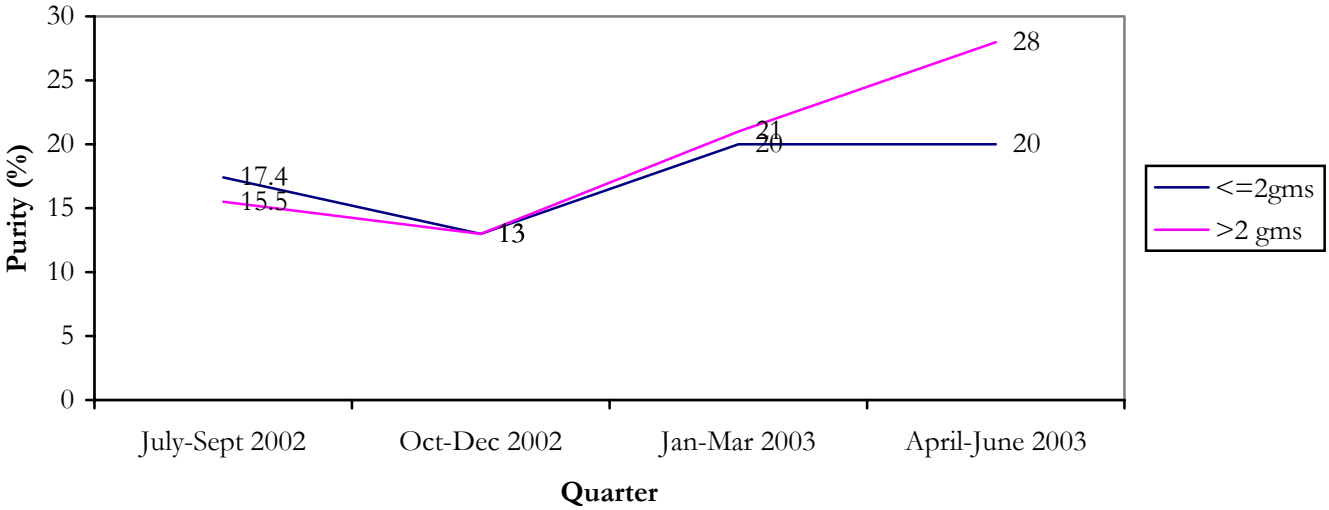
Data provided by the ACC indicates in an increase in the number of methylamphetamine seizures in WA across quarters during the 2002-2003 financial year. Although the numbers of cases for each weight category are similar during the first quarter (46 versus 47 cases), there is a larger difference in the number of seizures during the 4th quarter (68 cases for <=2grams versus 28 cases for >2 grams) (Figure 4). However, it is not possible from one year of data to rule out that there could be a seasonal effect. It should also be noted that WA Forensic Science lab does not analyse all seizures less than 2 grams. Thus, the figure underestimates the number of samples tested.

Figure 4: Number of analysed seizures of methylamphetamine, in WA by quarter, July 2002-June 2003 (Source: ACC)



The median purity of seizures analysed has increased for both weight categories across the 2002-2003 financial year, although it appears to have levelled off recently in the 2 grams or less weight category (median 20% purity in the 3rd and 4th quarters. In the larger weight category there appears to have been a continued increase in median purity recently (21% in quarter three and 28% in quarter four) (Figure 5). However, once again, it is not possible from one year of data to rule out that there could be a seasonal effect. Also, because samples tested are not a random sample of all seizures, caution should be exercised in interpreting this data.

Figure 5: Median purity of seizures of methylamphetamine by quantity, in WA by quarter, July 2002-June 2003 (Source: ACC)



5.5 Benefit and risk perception

Respondents were asked about the benefits and risks believed to be associated with each form of methamphetamine. As mentioned earlier, there were a substantial number of respondents who stated that their views concerning each form were the same regardless of the type of methamphetamine being discussed. Additionally, some respondents also believed that many of the benefits and risks of each form of methamphetamine were similar to their previous discussions concerning ecstasy.

5.5.1 Perceived benefits

Given that many respondents believed the benefits and risks applied across the three forms, the general category of methamphetamine will be discussed. Of the 100 respondents who were invited to comment, some 85 believed the ability to remain awake for extended periods and feel energetic a benefit associated with the use of methamphetamines. Some 38 respondents cited the feeling of confidence or generally feeling good about oneself as an additional positive. The ability to work effectively was another benefit cited by some 20 interviewees.

5.5.2 Perceived risks

Some 84 respondents commented on some of the risks they believed to be associated with the use of methamphetamines. Among 36 respondents the issue of general physical problems was raised as a potential risk covering a range of problems which included weight loss, etc. Some 35 interviewees believed the possibility of addiction to be associated with the use of methamphetamines. For some 29 respondents the risk of a psychotic episode was also a risk factor.

5.7 Summary of Methamphetamine Trends

User	• Substantial proportions reported using both powder and crystal. Base use somewhat less than that of other forms. • Typical amount for crystal and base is 1 point; for powder typical amount is 0.2 gram
Price	• $50 per point for all forms • Stable for all forms
Purity	• All forms medium or high • All forms stable
Availability	• All forms easy • Powder and base stable; crystal rated as easier

6.0 COCAINE

6.1 Cocaine Use Among PDU

As noted in Table 15, those who had used cocaine during the preceding six months (17 respondents) reported using a median of 2 days (range 1-13). Most of these respondents

(94%) used cocaine "monthly" or less often, with one respondent reporting having used approximately once a fortnight.

Of those who commented, 6 respondents quantified their typical and heavy use periods during the past six months in terms of grams. A median of 0.5 grams was used during both a typical and heavy (range 0.1-2.5) use episode. Among 62 respondents who reported a binge episode on any drug during the previous six months, 4.8% reported having used cocaine as part of that use period.

All respondents (17) who reported using cocaine during the preceding six months snorted the drug. A small number (3) reported swallowing cocaine, and in no case was either injecting or smoking cocaine reported.

Table 15: Patterns of Cocaine Use of PDU

Cocaine	% Respondents (n=100)
Ever used (%)	44
Used last 6 months (%)	17
Of those who used in the preceding 6 months	
Median days used last 6 months (range)	2 (1-13)
Median quantities used (grams)	
Typical (range)	0.5 (0.1-2.5)
Heavy (range)	0.5 (0.1-2.5)

PDU survey data

Cocaine was not discussed by KI, perhaps reflecting the smaller proportions of recent users and their infrequent use. According to one KI, cocaine is not common among the group because of the issue of questionable purity.

6.2 Price

Six respondents who commented on the price per gram of cocaine reported a median of $325 (range $250-400). One participant reported the cost as being $1000 for an eight-ball (3.5 grams). Out of fourteen respondents who commented on changes in the price during the preceding six months, 50% stated they had no knowledge concerning the matter, and 36% reported the price as "stable".

6.3 Purity

Among those who commented 79% reported the purity of cocaine during the past six months as being "low" and 50% believed that purity had "remained stable' over this period.

6.4 Availability

Fourteen respondents commented upon the ease of obtaining cocaine at the time of interview. Most respondents rated it as being "difficult" (43%) or "very difficult" (29%) to obtain. Of those who commented, 43% of respondents stated that ease of access had "remained stable" during the preceding six months.

6.5 Benefit and risk perception

6.5.1 Perceived Benefits

Thirty three respondents cited a lack of knowledge when asked to comment on the benefits of cocaine use. Nine respondents stated that there were no benefits. Of the 58 respondents who believed there were benefits to using cocaine, over half (38 respondents) commented on 'an enhancement of confidence'.

6.5.2 Perceived Risks

Fifty eight respondents commented on the associated risks, and 6 cited a lack of knowledge. 'Addiction' was discussed by some 25 respondents, and 10 noted the 'financial impact' associated with the cost of purchasing it. The 'potential for physical problems' in terms of 'nasal problems' with excessive use was believed to be an additional risk factor for some 8 respondents.

6.6 Summary of Cocaine Trends

User	• Less than one fifth recently used • Most used monthly or less often • .50 gram typically used
Price	• $325 per gram • Stable
Purity	• Low • Stable
Availability	• Difficult or very difficult • Stable

7.0 KETAMINE

7.1 Ketamine Use Among PDU

Only 25% of respondents reported lifetime use of ketamine. Twelve participants reported having used ketamine during the preceding six months. Of these, the majority (83%) used ketamine less than once per month. No respondents nominated ketamine as their preferred drug.

Reports concerning the way in which recent users quantified their use varied. Four respondents quantified their use in terms of 'bumps' with a median of 1.5 bumps (range 1-4) being consumed in a typical episode. The same median amount (1.5; range 1-4) of bumps was reported being used during a heavy use episode (Table 16). Reports of other measures were extremely varied thus making it difficult to interpret.

KI reports concerning ketamine were few and inconsistent. Of the three who commented, two believed it was difficult to obtain and thus rarely used, while one believed there had been an increase in ketamine use.

Table 16: Patterns of Ketamine use of PDU

Ketamine	% Respondents (n=100)
Ever used (%)	25
Used last 6 months (%)	12
Of those who used in the preceding 6 months	
Median days used last 6 months (range)	2.5(1-20)
Median quantities used (bumps)	
Typical (range)	1.5(1-4)
Heavy (range)	1.5(1-4)

PDU survey data

7.2 Price

The number of users who were able to comment on price of ketamine was very small (3 respondents). One respondent provided a figure of $30 per unit, one respondent reported $20 per cap, and a third cited the price as being $30 per tab. In terms of any changes in price during the preceding six months, the majority of those who commented (n=6) stated they "did not know". According to one respondent, the price had "remained stable".

7.3 Purity

Reports concerning the current purity of ketamine were also extremely varied. Of the 6 respondents who were able to comment, 3 reported it as "medium", followed by two who did not know. One respondent rated the current purity as "high". Reports concerning changes in purity during the preceding six months were equally varied with 3 respondents rating ketamine as "stable", 2 respondents did not know, and according to one respondent the purity had "decreased" during the previous six months.

7.4 Availability

Of the six respondents who comment on current availability of ketamine, 4 suggested it was "moderately easy" to obtain. One respondent rated it as being "difficult", and one had no knowledge concerning the current ease of access. In terms of any changes in ease of access during the previous six months, 4 respondents cited it as being "stable", followed by two respondents reporting that they did not know.

7.5 Benefit and risk perception

7.5.1 Perceived Benefits

Over half of respondents (54) stated that they had no knowledge concerning the benefits of ketamine. Twenty one believed there were no benefits. Among the 25 respondents who believed there might be benefits, 7 respondents believed the hallucinogenic properties were beneficial. Smaller numbers commented on it being a 'fun and relaxing drug' and the dissociative effect.

7.5.2 Perceived Risks

Forty four respondents commented on the perceived risks, of which only 2 believed they did not know. The potential for overdose and death was the most commonly cited risk associated with the use of ketamine (cited by some 17 respondents). Other risks included not returning from the 'k-hole' (cited by 5 interviewees), and being in a vulnerable state while under the influence (some 4 respondents)

7.6 Summary of Ketamine Trends

User	• Use not widespread • Typical amount used is 1.5 bumps • Most use monthly or less often
Price	• No information on price
Purity	• Reports varied and inconsistent
Availability	• Moderately easy to obtain • Stable

8.0 GHB

Regarding GHB, 20% of respondents reported lifetime use while 10% reported having used it during the preceding six months. Two respondents reported ever having used 1-4B. Similarly, two respondents reported using 1-4B during the preceding six months. Given the small number of respondents reporting use of 1-4B, the results will not be reported.

It should be noted that given the small number of respondents and significant variation, caution should be exercised in drawing any conclusions from the data.

8.1 GHB use among PDU

Referring to Table 17, eight respondents reported using GHB on a median of 1.5 days during the preceding six months (range 1-10). The majority reported using less than once per month. One respondent reported using between monthly and fortnightly.

Table 17: Patterns of GHB Use among PDU

GHB	% Respondents (n=100)
Ever used (%)	20
Used last 6 months (%)	8
Of those who used in the preceding 6 months	
Median days used last 6 months (range)	1.5 (1-10)
Median quantities used (mls)	
Typical (range)	10 (5-30)
Heavy (range)	25 (5-500)

PDU survey data

GHB use was not well commented upon by KI and those who were able to discuss it provided conflicting information. One KI believed that it was used infrequently while another noted that there had been an increase in the numbers using. Given the small numbers of PDU reporting recent use it is likely that KI are not acquiring significant knowledge about its use.

8.2 Price

Only two respondents were able to comment on the current price of GHB and there was little consistency. In one case the price was cited as $10 for 30mls while in the other it was $70 for 5mls.

8.3 Purity

Three respondents commented on the purity of GHB at the time of interview. One respondent rated it as "high", one rated it as "medium", and one did not have any knowledge in that area. Similar variation existed in terms of evaluating change in purity during the previous six months. Specifically, one stated the purity was "stable", one believed it had "fluctuated" and one did not know.

8.4 Availability

Three respondents commented on the availability of GHB at the time of interview. As with the previous sections, results were inconsistent: two respondents rating it as

"difficult" and one respondent as being "moderately easy" to obtain. In terms of any change in availability during the previous six months, one respondent rated it as more "difficult", one as being "stable", and one as being "easier" to obtain.

8.5 Benefit and risk perception

8.5.1 Perceived Benefits

Most respondents (66) stated a lack of knowledge in terms of the perceived benefits associated with the use of GHB. Of those who did comment, 18 believed there were no benefits. Among respondents who cited benefits, 6 respondents believed it to have 'a somewhat similar effect to that of alcohol without the negative factors'. For 6 respondents it was also believed to be 'similar in effect to Ecstasy'. Smaller numbers mentioned 'dissociation', 'loss of control', and it generally being a 'fun' drug as other benefits.

8.5.2 Perceived Risks

Thirty-nine respondents commented on the possible risks. Two stated they did not know. Among those who discussed the risks, some 25 respondents believed 'overdose' and 'death' to be associated with the use of GHB. The 'potential for being in a vulnerable state while under the influence' was also noted by 6 respondents.

8.6 Summary of GHB Trends

User	• Use not widespread • Typical amount used 10 ml • Most used monthly or less often
Price	• Unavailable
Purity	• Unavailable
Availability	• Unavailable

9.0 LSD

9.1 LSD use among PDU

Noted in Table 18, 62% of respondents reported lifetime use of LSD with 22% having used during the past six months. Respondents reported using a median of 1 day (range 1-10) within the preceding six months. The majority (91%) reported using once per month or less often. Two respondents reported using between monthly and fortnightly. Eight respondents nominated LSD as their preferred drug.

The median number of LSD tabs taken in a typical use episode was 1 (range 0.5-3). During their heaviest use episode in the preceding six months a median of 1 (range 0.25-7) was also used. Eighteen percent of respondents who had binged during the previous six months reported using LSD as part of that use episode. All recent LSD users

reported swallowing the drug. One respondent reported injecting it during the preceding six months. Few KI commented on the use of LSD. Of the two who did comment, both indicated that use is infrequent.

Table 18: Patterns of LSD Use among PDU

LSD	% Respondents (n=100)
Ever used (%)	62
Used last 6 months (%)	22
Of those who used in the preceding 6 months	
Median days used last 6 months (range)	1 (1-10)
Median quantities used (tabs)	
Typical (range)	1 (0.5-3)
Heavy (range)	1 (.25-7)

PDU survey data

9.2 Price

The median price paid for a tab of LSD was $20 (range $15-40; n=28). Of the 41 respondents who were able to comment, 39% rated the price as remaining "stable" during the preceding six months, 27% who did not know and 22% said the price had "increased". Small proportions (7% and 5%) reported the price as having fluctuated and decreased respectively.

9.3 Purity

Forty-one respondents were able to comment on current purity of LSD. The majority thought it to be "low" (29%) or "medium" (27%), although it should be noted that 24% of respondents stated they did not know about the level of purity at the time of interview.

9.4 Availability

Three quarters of respondents who commented rated current availability of LSD as very difficult (51%) or difficult (24%). Availability had remained unchanged during the previous six months (58.5)

9.5 Benefit and risk perception

9.5.1 Perceived Benefits

Seventeen respondents cited a lack of knowledge concerning the benefits associated with LSD use, and 17 believed there were no benefits. Of the 66 who believed there were benefits, 29 respondents noted 'the opportunity to experience a change in perspective', 12 cited an 'alternative mental experience', and 13 remarked that it was a 'fun' drug.

9.5.2 Perceived Risks

In terms of the perceived risks associated with the use of LSD, 80 respondents commented, with only one stating they did not know. The most commonly reported risks were experiencing a 'bad trip and flashbacks' (raised by some 44 respondents). Some 16 respondents also believed the possibility of 'brain damage' existed as well as the issue of being involved in risky behaviour while under the influence (11 respondent).

9.6 Summary of LSD Trends

User	• Approximately one fifth used recently • Most use monthly or less often
Price	• $20 per tab • Stable
Purity	• Low or medium • Respondents unable to comment on changes in purity
Availability	• Very difficult to obtain • Stable

10.0 MDA

10.1 MDA use by PDU

The number of PDU reporting lifetime use of MDA was 12%. Only one respondent reported having used it monthly during the preceding six months. Given the extremely low numbers of recent use no additional information will be presented.

11.0 OTHER DRUGS

11.1 Alcohol

Almost all respondents reported lifetime use (99%) of alcohol and consumption during the preceding six months (94%). Among those who used during the past six months, a median of two days per week (48 days; range 1-180) was reported. Of those who typically use alcohol while using ecstasy, 53% of respondents reported consuming more than 5 standard drinks. Similarly, 62% of respondents who reported usually using alcohol in conjunction with ecstasy consumed more than 5 standard drinks during the come-down period.

11.2 Cannabis

Almost all respondents (99%) reported lifetime use of cannabis. Ninety one participants reported a median of 25 days (range 1-180) use during course of the preceding six months. Some 35% of respondents used cannabis three times per week or more. In terms of cannabis use in the context of ecstasy, 38% of respondents reported typically using cannabis in conjunction with ecstasy. Additionally, 54% typically used cannabis to come down from ecstasy and other party drugs. KI reports were consistent with this in that the majority specifically mentioned the use of cannabis. In some cases Key Informants discussed cannabis use as part of the party drug scene, while mentioned others whose use occurred on a daily basis.

11.3 Tobacco

Most respondents (83%) reported lifetime use of tobacco and 70% had used it during the six months preceding the interview. A substantial number (72%) of those who recently used reported being daily smokers.

11.4 Benzodiazepines

Some 48% of the current sample reported ever having tried benzodiazepines and 32% had used during the six months preceding the interview. Benzodiazepines were used on a median of 6 days (range 1-180) during the preceding six months. Fifty-five percent of recent users had used monthly or less often. A small number (2 respondents) reported typically using benzodiazepines with ecstasy. A slightly larger proportion of respondents (9%) reported typically using the drug during the acute recovery phase or 'come down' period after ecstasy use.

11.5 Antidepressants

Approximately one third (30%) of respondents reported using antidepressants at some point during their lifetime. Seventeen percent reported the use of antidepressants during the six months preceding the interview on a median of 14 days (range1-180). Of the 17 recent users, 53% reported taking antidepressants for depression. Only 4% of respondents reported typically using antidepressants while under the influence of ecstasy and 3% reported using them during the acute recovery period after ecstasy use.

11.6 Inhalants

Lifetime use of amyl nitrate was reported by 43% of respondents while 16% reported using this drug during the six months preceding the interview. Among these, a median of 3 days (range 1-180) was reported, with 53% using amyl "monthly" or less often.

In terms of nitrous oxide, 65% of respondents reported lifetime use. Some 43% reported having used nitrous oxide during the six months preceding the interview on a median of 3 days (range 1-90). Sixty-seven percent of those who recently used reported using "monthly" or less often.

11.7 Other opiates

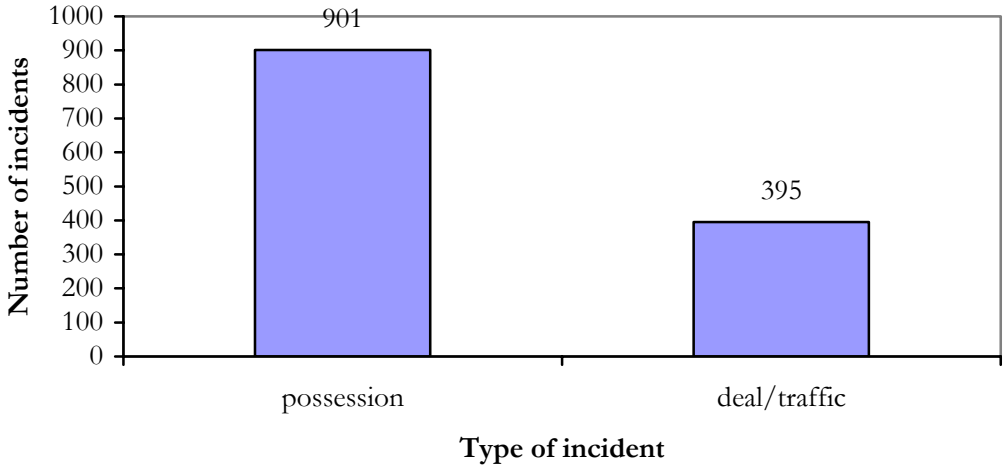
There were 31% of respondents who reported lifetime use of other opiates, and 17% who had used during the preceding six months. Of those who used recently, 71% used other opiates "monthly" or less often.

12.0 DRUG RELATED HARMS

12.1 Law enforcement

Figure 6 presents the number of amphetamine-type possession incidents by gender for 2002-2003. It should be noted that 'amphetamine-type stimulants' refers to amphetamine, methylamphetamine, crystalline methylamphetamine, and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA - commonly known as ecstasy), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA). Note that the number of incidents for possession or use, is substantially higher than incidents involving dealing or trafficking.

Figure 6: Number of police incidents recorded for amphetamine-type stimulants by possession/use and dealing/trafficking, 2002-2003 (Source ACC)



12.1.1 Reports of criminal activity among PDU

Table 19 shows that 38% of respondents had committed a crime in the month preceding the interview. The vast majority of these 'crimes' involved the sale and /or purchase of drugs. Some 36% reported having sold drugs at least once during the past six months. Sixteen percent reported selling drugs less than once per week, while 6% reported selling weekly during the preceding six months. Ten percent had sold drugs between weekly and daily, and 4 respondents reported selling on a daily basis during the past six months. It should be noted that many of these respondents did not characterize their behaviour as 'dealing' in the sense they purchased drugs to distribute to friends without profiting.

Ninety-five percent of respondents had not committed a property crime during the past month, and 98% reported having not committed fraud during the past month. No respondents reported being involved in any violence crime.

The majority of respondents (92%) had not been arrested during the preceding 12 months. Two respondents reported being arrested for illicit drug use or possession, 1 for

dealing or trafficking, 1 for property crime, and 2 reported being arrested for violent crime during the preceding 12 months.

In terms of being involved in illicit activities to pay for ecstasy, 25% reported dealing drugs in order to pay for ecstasy during the preceding six months. Only one person reported engaging in property crime in order to pay for ecstasy.

KI reports supported the user data in the sense that it was believed ecstasy users were generally not involved in the commission of any crimes beyond perhaps dealing in the context of their friends.

Table 19: Criminal activity reported by PDU

Criminal activity in last month	2002(n=100)
Any crime	38
Property crime	5
Dealing	36
Fraud	2
Violent crime	0
In preceding six months	
Paid for ecstasy through dealing drugs	25
Paid for ecstasy through property crime	1

PDU survey data

12.1.2 Perceptions of police activity towards PDU

Respondents were asked to comment on whether they believed there had been any changes in police activity towards party drug users in the six months preceding interview. Responses were varied with 34% of respondents stating that it had "remained unchanged", and a further 29% rating it as having "increased". Table 20 shows that 31% cited a lack of knowledge concerning the matter. However, 82% of respondents were of the view that any police activity had not made it more difficult for them to score.

Table 20: Perceptions of police activity towards PDU

Perception	2002 (n=100)
Recent police activity:	
Decreased	6
Stable	34
Increased	29
Don't know	31
Did not make scoring more difficult	82

PDU survey data

12.2 SUMMARY

- Excluding drug dealing, most users are not involved in criminal activity
- Few ecstasy users are arrested and few have previous history of incarceration
- Users report that police activity has not made it more difficult to obtain drugs

12.3 HEALTH

12.3.1 Acute health related harms related to party drug use

Respondents were asked whether they had experienced a number of side effects attributed at least partially to their ecstasy use in the preceding six months. Overall, respondents reported experiencing a mean of 19 side effects in relation to their use of party drugs.

Table 21 presents each side effect attributed to each drug as a proportion of those who had recently used each drug. The period in which the side effect occurred is while under the influence. Among those who recently used ecstasy, 73% reported experiencing "loss of appetite", 72% of respondents reported "blurred vision", and 51% experienced "confusion" under the influence and attributed to their use of ecstasy.

In terms of methamphetamine powder, 49% of those who had recently used the drug experienced a "loss of appetite" attributed to the use that drug. This was followed by 31% who reported "weight loss" and 29% experiencing "troubling sleeping" in relation to using methamphetamine powder.

The proportions of recent crystal methamphetamine users attributing the side effect to their use of the drug are smaller. For example, 22% of recent crystal users experienced "loss of appetite" attributed to their use of the drug. This was followed by 21% experiencing "heart palpitations" attributable to their use of crystal. Also of note was that even smaller proportions of respondents reported drug-related side effects attributed to their use of methamphetamine base or cannabis.

Table 21: Acute health related side effects experienced under the influence

Symptom	Ecstasy n=100(%)	Meth powder n=83(%)	Crystal meth n=77(%)	Meth base n=32 (%)	Cannabis n=91 (%)
Loss of appetite	73	49	22	0	0
Blurred vision	72	10	6	0	2
Confusion	51	15	13	6	5
Profuse sweating	48	23	17	0	0
Memory lapse	46	6	4	0	3
Trouble sleeping	44	29	13	0	1
Hot/cold flushes	42	12	9	0	1
Teeth problems	42	25	10	0	0
Tremors/shakes	42	13	10	0	1
Difficulty concentrating	41	16	8	3	8
Weight loss	41	31	17	0	0
Dizziness	38	6	9	3	1
Numbness/tingling	38	4	6	0	2
Visual hallucinations	36	7	9	0	4
Vomiting	35	6	1	0	1
Agitation/restlessness	30	18	9	0	1
Heart palpitations	28	14	21	0	1
Auditory hallucinations	25	7	8	0	3
Anxiety	24	16	9	0	3
Inability to urinate	24	11	5	0	0
Paranoia	20	12	8	3	16
Joint pains/stiffness	18	7	4	0	1
Shortness of breath	18	10	10	0	4
Muscular aches	17	10	5	0	0
Stomach pains	16	7	3	0	0
Headaches	14	7	4	0	1
Inability to orgasm	14	12	5	0	1
Irritability	13	8	5	0	1
Loss of energy	13	7	1	0	5
Loss of sex urge	13	11	5	0	2
Fainting/ passing out	11	4	0	0	3
Chest pains	8	5	4	0	3
Flashbacks	7	5	0	0	0
Panic attacks	5	4	0	0	0
Anger/hostility	3	2	3	0	0
Violent behaviour	3	1	1	0	0
Suicidal thoughts	1	2	0	0	1
Depression	0	1	0	0	1
Fits/seizures	0	0	0	0	0
Suicide attempts	0	0	0	0	0

PDU survey data

Table 22 presents each side effect attributed to each drug as a proportion of those who had used each drug in the preceding 6 months. The period in which the side effect occurred is during the come down period after drug use. Some 75% of recent ecstasy

users reported "confusion" attributable to their use of ecstasy, 67% reported "loss of appetite", and 61% experienced ecstasy use related "difficulty concentrating" during the come down period. Among recent methamphetamine powder users, 45% reported experiencing a "loss of appetite" as a result of their powder use. Among powder users 33% reported "weight loss," and 29% experienced "confusion" during the come down period.

Referring to recent crystal amphetamine users, 21% reported "loss of appetite" during the come down period because of their crystal use, 19% reported experiencing "agitation" and 19% reported "confusion" due to their use of crystal methamphetamine.

Table 22: Acute health related side effects experienced coming down from drugs

Symptom	Ecstasy n=100 (%)	Meth powder n=83(%)	Crystal meth n=77 (%)	Meth base n=32 (%)	Cannabis n=91 (%)
Confusion	75	29	19	6	2
Loss of appetite	67	45	21	0	0
Difficulty concentrating	61	29	13	3	5
Loss of energy	57	28	16	0	5
Muscular aches	53	27	17	0	0
Irritability	51	30	18	0	2
Trouble sleeping	51	41	18	0	1
Weight loss	49	33	19	0	0
Agitation/restlessness	47	25	19	0	3
Anxiety	41	25	13	0	2
Joint pains/stiffness	39	18	14	0	0
Depression	38	14	9	0	5
Teeth problems	35	18	13	0	0
Tremors/shakes	34	14	13	0	1
Headaches	33	14	10	0	0
Hot/cold flushes	30	1	1	0	0
Paranoia	29	19	12	3	5
Dizziness	26	7	8	0	0
Auditory hallucinations	25	10	8	0	3
Blurred vision	23	6	6	0	0
Memory lapse	22	2	0	0	3
Stomach pains	22	11	7	0	0
Anger/hostility	19	16	10	0	1
Numbness/tingling	19	6	8	0	0
Visual hallucinations	18	8	6	0	1
Fainting/ passing out	17	4	3	0	2
Inability to orgasm	15	17	6	0	1
Profuse sweating	15	12	6	0	0
Flashbacks	13	7	0	0	0
Inability to urinate	12	10	3	0	0
Heart palpitations	10	13	5	0	1
Loss of sex urge	10	8	5	0	0
Chest pains	9	4	5	0	1
Shortness of breath	9	5	5	0	1
Panic attacks	8	5	4	0	0

Symptom	Ecstasy n=100 (%)	Meth powder n=83(%)	Crystal meth n=77 (%)	Meth base n=32 (%)	Cannabis n=91 (%)
Vomiting	8	2	1	0	0
Suicidal thoughts	6	1	3	0	2
Fits/seizures	0	1	0	0	0
Suicide attempts	0	1	0	0	0
Violent behaviour	0	1	0	0	0

PDU survey data

12.3.2 Other harms related to party drug use

Table 23 presents each side effect attributed at least partially to physical factors or pre-existing health conditions experienced either under the influence or doing the acute recovery period following ecstasy use. Over half of those who experienced "joint pains/stiffness" (52) and "muscular aches" (65) attributed their cause "at least partially", to "physical factors" (54% and 55% respectively). Those attributing side effects to "pre-existing health conditions" were smaller. For example, 12% of 59 experiencing anxiety attributed their side effect to a pre existing health condition.

Table 23: Acute health related problems attributed at least in part to other factors experienced either under the influence or coming down

Symptom	Side effect experienced (n)	Physical factors (%)	Pre-existing health conditions (%)
Loss of appetite	86	6	1
Confusion	85	20	4
Trouble sleeping	82	1	0
Blurred vision	81	7	1
Difficulty concentrating	73	15	3
Agitation/restlessness	70	13	0
Weight loss	67	30	1
Loss of energy	66	27	2
Muscular aches	65	55	0
Irritability	62	15	2
Memory lapse	61	3	0
Profuse sweating	61	33	2
Paranoia	60	7	3
Anxiety	59	10	12
Hot/cold flushes	59	10	0
Tremors/shakes	58	12	0
Dizziness	54	22	0
Teeth problems	54	13	7
Headaches	52	31	4
Joint pains/stiffness	52	54	2
Visual hallucinations	52	25	2
Auditory hallucinations	50	26	2
Numbness/tingling	50	8	2
Heart palpitations	48	15	4
Vomiting	47	17	2
Depression	44	5	9

Symptom	Side effect experienced (n)	Physical factors (%)	Pre-existing health conditions (%)
Stomach pains	42	19	5
Shortness of breath	37	16	14
Inability to orgasm	34	3	3
Anger/hostility	32	9	6
Loss of sex urge	30	6	7
Inability to urinate	28	0	0
Chest pains	21	10	0
Fainting/ passing out	20	40	0
Flashbacks	19	11	5
Panic attacks	14	0	14
Suicidal thoughts	11	0	9
Violent behaviour	6	0	0
Fits/seizures	4	25	25
Suicide attempts	3	0	0

PDU survey data

As shown in Table 24, forty-four percent of respondents reported their drug use as having caused "work or study problems" during the preceding six months. Of those who reported experiencing problems, over half (59%) were relatively minor involving trouble concentrating, reduced work performance, or feeling unmotivated. Approximately one fifth (18%) reported more serious problems such as taking sick leave or missing classes, or losing a job as a result of their drug use.

Forty-two percent of respondents reported experiencing "financial problems" as a result of their drug use during the preceding six months. This included 24% who reported more serious problems such as "being in debt" or "lacking sufficient funds for basic amenities including food and rent". There were 18% who reported less serious problems such as "having no money for recreation or luxuries".

Twenty-nine percent of respondents reported recently experiencing "social problems" during the six months preceding interview. Of those problems, 17% were relatively minor such as "arguments" and "mistrust". Among 10% a more serious problem occurred such as the "ending of a relationship" because of drug use.

Legal problems were reported by 9% of respondents. The majority (7%) of these were minor such as "being cautioned by police". Only 2% reported anything more serious such as "being arrested" (Table 24).

Table 24: Other harms associated with drug use

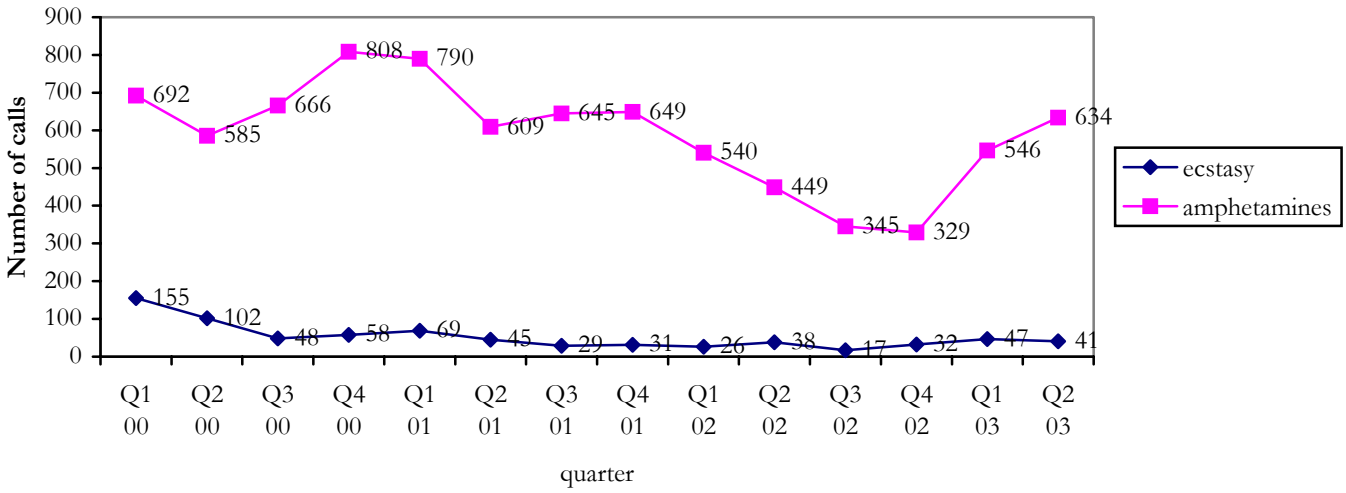
Problem	Any drug (%) n=100	Ecstasy (%) n=100	Speed (%) N=83	Base (%) n=32	Crystal (%) n=77	Cannabis (%) n=91
Work/study	44	35	23	6	30	13
Financial	42	38	20	9	22	10
R'ship/social	29	17	19	6	21	3
Legal/police	9	3	4	0	5	4

PDU survey data

12.3.4 Drug and alcohol information services

The WA Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in WA. Figure 7 shows that although somewhat higher in June 2000, the number of ecstasy related inquiries to the ADIS line have remained low.

Figure 7: Number of drug-related calls to ADIS by quarter, June 2000 to July 2003 (Source: ADIS)



Indeed, the inquiries to ADIS concerning ecstasy have consistently been a small proportion of the total number of inquiries received in each quarter. For example, ecstasy related inquiries made up only 5% (n=3393) of calls in January-March 2000 and1% (n=2782) of all calls made in April-June 2003.

Inquiries concerning amphetamines to the ADIS line have been consistently higher than ecstasy. Figure 7 shows that although over time there has been a general decline in the number of inquiries made, a recent increase has occurred. The proportion of amphetamine related inquiries to the total number of calls received by ADIS has ranged from a high of 29% in the fourth quarter of 2000 to a low of 19% in the fourth quarter of 2002.

12.4 Summary of ecstasy related harms

- An average of 19 side effects was reported with the most common being confusion, loss of appetite, blurred vision, and difficulty concentrating
- Side effects were experienced both while under the influence and coming down
- Substantial proportions of ecstasy users reported occupational, relationship and financial problems attributed at least partially to their drug use. In most cases the problems were minor.
- The number of ecstasy related inquiries to the ADIS line have remained low over time

13.0 SUMMARY

13.1 Demographic characteristics of PDU

For the purpose of this study party drug users are a population defined as regular users of tablets sold as ecstasy. The party drug users in this sample were an average age of 21 years. Over half (53%) were male and only 9% identified as Aboriginal or Torres Strait Islander (ATSI). Forty eight percent had tertiary qualifications and 16% were students at the time of the interview. Some 22% were unemployed. Most (61%) reported not being engaged in any criminal activities during the month prior to the interview. Of the 36% of respondents who reported being involved in drug dealing the month prior to the interview, 61% had dealt drugs weekly or less often. Many of these respondents only dealt drugs in the context of distributing to friends and did not consider themselves to be 'dealers'. Most (92%) respondents had not been arrested during the previous 12 months. Some 5% reported being in some form of drug treatment at the time of interview.

Some 21% of respondents had ever injected any drug. No significant differences existed between injectors and non injectors in terms of sex, age, employment status, or prison history. However, injectors were more likely to have been using been using ecstasy longer and possessed less education. Nevertheless, the 2003 sample was comprised of primarily party drug users, of whom slightly over half (52%) nominated their preferred drug as ecstasy.

13.2 Patterns of polydrug use

Poly drug use was common among respondents with a mean of 9 drugs ever used and a mean of 6 being used recently. The majority of respondents typically used other drugs in combination with ecstasy either while under the influence (85%) or during the acute recovery period following its use (76%). Respondents reported using an average of 3.1 drugs while under the influence. This included tobacco, alcohol, methamphetamine powder, cannabis, and crystal methamphetamine. An average of 2.2 drugs was used during the acute recovery period; including cannabis, tobacco, and alcohol.

Many respondents (62%) reported having binged on one or more party drugs during the preceding 6 months; the longest binge period being a median of 3 days. A number of drugs were used during this period, although ecstasy was the most frequently reported (23%), followed by crystal methamphetamine (17%).

13.3 Patterns of ecstasy use

Ecstasy users in the current sample typically began using ecstasy in their late teens. The current frequency of use among most respondents ranged from between monthly and fortnightly (39%) to less than weekly to 25% using ecstasy weekly or more often. Over half (57%) of respondents typically used more than one ecstasy tablet per use period. The main route of administration was oral. Generally, most KI reported no changes in the types of people using ecstasy, although two noted that more people using ecstasy. This is consistent with the 2002 National Drug Household survey in terms of an increase in ecstasy use among the general population.

13.4 Price, purity and availability of ecstasy

The price of ecstasy was $40 per tablet and 87% of respondents rated it as easy or very easy to obtain; a situation 63% of respondents rated as having remained stable during the previous six months. Reports concerning purity, however, were more variable where 33% believed it 'fluctuated and another 31% rated it as 'medium'. Given the subjective nature of user purity assessments, this is not surprising.

13.5 Ecstasy related harms

Some 44% of respondents reported ecstasy related occupational problems, followed by 42% reporting financial problems and 29% cited social or relationship problems.

Ecstasy users reported a range of side effects occurring both while under the influence and during the acute recovery phase after ecstasy use. Among those who recently used ecstasy, 73% reported a "loss of appetite", 72% experienced "blurred vision", and 51% experienced "confusion" under the influence and attributed to their use of ecstasy. Some 67% of recent ecstasy users reported "loss of appetite" attributable to their use of ecstasy, 61% reported "difficulty concentrating", and 57% experienced ecstasy use related "loss of energy" during the acute recovery period after ecstasy use.

In terms of methamphetamine powder, 49% of those who had recently used the drug experienced a "loss of appetite" attributed to the use that drug. This was followed by 31% of respondents reporting "weight loss" and 29% experiencing "trouble sleeping" in relation to using methamphetamine powder. The proportions of recent crystal methamphetamine users attributing the side effect to their use of the drug are smaller. For example, 22% of recent crystal users experienced a "loss of appetite" attributed to their use of the drug. This was followed by 21% experiencing "heart palpitations" attributable to their use of crystal. Among recent methamphetamine powder users, 45% reported experiencing a "loss of appetite" as a result of their powder use. Among powder users, 41% reported experiencing "trouble sleeping," and 33% experienced "weight loss" during the come down period. Some 21% of recent crystal methamphetamine users reported "loss of appetite" during the come down period because of their crystal use, 19% reported experiencing "agitation" and 19% reported "confusion" due to their use of crystal methamphetamine.

13.6 Patterns of other drug use

Most respondents reported both lifetime (93%) and recent use (83%) of methamphetamine powder. Some 66% of respondents reported using at least monthly. Some 25% used at least weekly during the previous six months. Respondents used on an average of 8 days. Use of crystal methamphetamine had a similar use profile with most respondents having used recently (77%). As with powder, most (62%) used at least monthly and 23% had used at least weekly on an average of 8 days.
In contrast, recent use of methamphetamine base was lower (32%) than the other forms with most (66%) using less than monthly.

The current price for a point of all three forms of methamphetamine was $50 and this was understood as having remained stable during the past six months. All forms were rated as being currently medium or high in terms of purity or strength. Some 36% of

respondents who commented believed the purity of methamphetamine powder to have remained unchanged during the past 6 months. Some 46% rated the current purity of methamphetamine base as remaining stable and 31% rated crystal methamphetamine as remaining stable.

Most respondents who commented on the availability of methamphetamine powder reported it being "very easy" or "easy" to obtain (48% and 24% respectively). Some 51%of respondents believed that availability had remained stable through the preceding six months. In terms of methamphetamine base, over half of respondents rated availability as very easy (35%) or easy (19%) to obtain. Some 50% of respondents who commented characterized the availability of methamphetamine base over the previous six months has remaining the same, or stable. Crystal methamphetamine was believed to be "easy" (21%) or "very easy" (46%) to obtain by two thirds of respondents who commented. According to 36% of respondents ease of access to crystal methamphetamine had become "easier" over the previous six months while 25% reported it as having remained stable over that period.

Recent use of other drugs such as cocaine, LSD, GHB, and MDA was much lower than methamphetamine. For cocaine, 17% of respondents had used it recently. Use was infrequent with 2 days during the previous six months being the average and may be indicative of more opportunistic use. Although most respondents reported lifetime use of LSD (62%), only 22% reported recent use. In this case as well, use was infrequent with most (91%) having used it monthly or less often. Given that it was perceived as difficult to obtain, frequency and levels of use could reflect this. The use of GHB was also not widespread with 8% reporting recent use. As with cocaine, frequency of use was low with 88% using less than monthly. Finally, only about 12% reported lifetime use of MDA with only one respondent reported having used it recently.

14.0 IMPLICATIONS

This study was the first year for the WA module of the PDI study and will provide important baseline date from which to monitor emerging trends in the party drug market. It will contribute to knowledge of trends occurring nationally as well as providing insight into issues that may be unique to Western Australia.

Although there is little comparative data at present, this study did highlight the extensive poly drug use occurring amongst this sample of party drug users. It is of interest that WA had the highest rates of recent crystal methamphetamine use among Party drug users surveyed across all Australian jurisdictions as part of the Party Drugs Initiative (PDI 2003). . Furthermore at an average of 8 days use during the previous 6 months WA is also at the top in terms of the frequency of use for crystal methamphetamine among the groups surveyed (PDI 2003). According to previous reports, WA had the second highest prevalence of recent amphetamine use, the largest proportion of people seeking treatment for amphetamines and the highest rate of amphetamine related inpatient hospital admissions (IDRS, 2003). This is not to suggest that the treatment and morbidity data just discussed apply to the PDI in the current sample. However, viewed as a whole, it might suggest an area for further investigation. At the very least it suggests that continued efforts to disseminate relevant information to party drug users concerning the potential for harms with aspects of poly drug use are warranted.

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