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

NDARC Technical Report No. 189

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2003

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NT Department of Health and Community Services
Alcohol and Other Drugs Program

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATS	Amphetamine Type Stimulants
GHB	Gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User(s)
KI	Key Informant(s)
LSD	*d*-lysergic acid
MDA	Methylenedioxyamphetamine
MDMA	Methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
PDU	Party Drug User(s)
the Department	Australian Government Department of Health and Ageing

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EXECUTIVE SUMMARY

This report presents the results of a study (Party Drug Initiative (PDI) to monitor party drug markets in the Northern Territory. This is the first sample to provide data for future monitoring on trends in the party drug market. Trends of the demographic characteristics and patterns of drug use among party drug users, their criminal behaviour, and perceived party drug related harms are presented. The implications of the results and the nature and characteristics of party drug markets are discussed.

Demographic characteristics of party drug users (PDU)

The results indicate that party drug users, a population defined in this study by the regular use of tablets sold as 'ecstasy', tend to be mainly male (70%), young (average age 33), reasonably well educated (average 10 years of education), with more than half (56%) having completed post secondary qualifications, and mostly unemployed (61%). Over a third (36%) had been in prison and 13% were currently utilising drug treatment agencies. Over two thirds had ever injected any drug.

Patterns of polydrug use among PDU

Polydrug use was the norm in the PDU sample and over a third of nominated ecstasy as their drug of choice, followed by methamphetamines. On average, participants had used 10 drug classes in their lifetime and six in the prior six months. Most would use other drugs concurrently with ecstasy, including cannabis, tobacco, methamphetamine powder and alcohol. Most participants also used other drugs to ease the 'come down' or aversive recovery period following acute ecstasy intoxication, including, cannabis, alcohol, tobacco, and to a lesser extent other opiates and benzodiazepines.

Over two thirds of participants had used one or more drugs in the previous six months on a continuos basis for 48 hours or more without sleep (bingeing), with the average length of the longest binge being five days.

Ecstasy

On average, participants started to use ecstasy at 24 years old, and started using it regularity at 27 years old. Their recent frequency of use varied from once a month to five times a week, but the median use was 12 days (once a fortnight). Most would use one tablet in an episode, or two tablets in a heavy episode and over half of users binged with ecstasy. A fair proportion of users had recently injected ecstasy (28%), although the most common route of administration was swallowing (94%), with most usually doing this at home (67%).

The average price of ecstasy in tablet form was $50 and a majority or users said this price had been 'stable' over the previous six months. Most participants reported paying for ecstasy by receiving it as a gift (79%), government benefits (62%) and through paid employment (55%). A majority of users said they scored ecstasy from a friend (78%) at a friend's home (62%)

Most participants reported that the current purity of ecstasy was 'medium' (40%) and that this had been 'stable' (37%) over the past six months. Most users reported the availability of ecstasy as 'easy' (28%) to 'very easy' (29%) and that this had been 'stable' (53%) over the past six months.

At a national level, the average purity of seizures of tablets analysed actually containing MDMA has increase in recent years. Imports (imported tablets) are more likely to contain MDMA and tend to be more highly sought after than locally manufactured imitations that contain methamphetamine, with users willing to pay more for a tablet they believe to be imported. The proportion of the ecstasy market that is sourced by locally produced duplicate tablets has increased markedly since 1997. The Australian Bureau of Criminal Intelligence recently estimated that up to 80% of tablets sold as ecstasy in Australia are locally manufactured duplicate tablets that contain low-dose methamphetamine, sometimes in combination with another drug such as ketamine, rather than MDMA (3,4-methylenedioxymethamphetamine), the compound to which the term 'ecstasy' originally applied (Australian Bureau of Criminal Intelligence, 2002). Almost all of the tablets actually contain MDMA are likely to have been imported; few clandestine manufacturers in Australia have access to either the necessary precursors or the required expertise to produce true MDMA. The supply of imported MDMA tablets does not appear to match demand, and the market for duplicate pills remains. The number and weight of customs seizures of ecstasy seized at the Australian border has also increased in recent years, suggesting either changes in activity, improvements in detection or more ecstasy being imported or a combination of these factors.

Participants reported a broad range of benefits and risks that they attributed to their ecstasy use. Most users believed there were two benefits with ecstasy use and the most common perceived benefits were social enhancement (59%) and mood/feeling enhancement (53%). The most common perceived risk was to ones physical health (44%).

Methamphetamine

A majority of the PDU sample reported lifetime (89%) and recent (81%) methamphetamine powder use, methamphetamine base and crystal use was smaller but there were still substantial proportions for lifetime (47% and 55%) and recent use (32% and 40%). On average, people started to use powder at 20 years old, base at 23 years old and crystal at 26 years old.

Among the recent users, a quarter had used powder, 15% had used base and 7% had used crystal more than weekly. The majority of recent users had recently injected all forms of methamphetamines (66% powder, 73% base, and 60% crystal), with swallowing being the next most common route of administration (38% powder, 42% base, and 33% crystal). Most speed users report typically using one gram, and two grams of powder in a heavy episode. Most base users report typically using one point, and two and a half points in a heavy episode. Most crystal users report typically using one point, and two points in a heavy episode. Of the recent users for each methamphetamine type, over half binge with powder, over a quarter binge with base and 40% binge with crystal.

Powder and base was most commonly reported to be purchased for a median of $50 per point and crystal purchased for a median of $65 per point. The majority of users of each

form of methamphetamine said this price had been 'stable' (62% powder, 58% base, 57% crystal) over the previous six months.

With regards to reports of the current purity, most respondents stated that the purity of: powder was 'low' (44%) to 'medium' (24%), base was 'medium' (41%) to 'high' (34%) and crystal was 'high' (65%). A majority of users informed that the purity of powder and base was 'fluctuating' (40% and 38%), and the purity of crystal had been 'stable' (54%) in the previous six months.

When reporting on availability, most users stated that powder was 'easy' (52%) to 'very easy' (24%), base was 'very easy' (38%) or 'moderate' (28%) and crystal was fairly evenly distributed from 'very easy' (24%) to 'very difficult' (16%) to obtain. Most stated that the availability of all the types of methamphetamine had been 'stable' (48% powder, 53% base, 46% crystal) over the past six months and most respondents scored from their friends (77% powder and crystal, 73% base) at their friend's home (64% powder, 71% base, 70% crystal).

Participants reported a broad range of benefits and risks which they attributed to their methamphetamine use. Users reported a median of one benefit with powder and crystal use, and two benefits with base use. The most common perceived benefit for all the methamphetamine types was increased energy, motivation, alertness (71% powder, 38% base, 53% crystal) and the most common perceived risk with all methamphetamine types was tot their physical health (40% powder, 27% base, 35% crystal).

LSD

Most participants had used LSD at some time (80%) and a quarter had used it in the previous 6 months. On average, people started to use LSD at 18 years old and a very small proportion would use LSD fortnightly or more (8%). Most respondents would typically use one tab and two tabs in a heavy episode. One third of recent LSD users had recently binged with LSD. A small proportion of recent users had recently injected LSD (12%), with the most common route of administration was swallowing (96%).

LSD was most commonly purchased in tab form for a median of $25 and a majority of those who commented said this price was either 'fluctuating' (37%) or 'stable' (32%). Most who commented reported the current purity of LSD as 'fluctuating' (37%) or 'medium' (32%) and stated the purity had been 'fluctuating' (53%) over the past six months. A majority of users reported the availability of LSD as 'easy' to 'very easy' (53%) and stated that this had mostly been 'stable' (47%) or 'more difficult' (21%) over the past six months.

Participants reported a broad range of benefits and risks that they attributed to their LSD use. Users reported a median of one benefit with LSD use and the most common perceived benefit was mental/spiritual enhancement (37%). The most common perceived risk with using LSD was to ones mental health (38%).

Other party drugs

The prevalence and frequency of use of party drugs other than ecstasy (cocaine, amyl nitrite, nitrous oxide, MDA, Ketamine and GHB) was very low. Half of participants had used cocaine and amyl nitrite, a third had used nitrous oxide, a fifth had used MDA, ketamine and GHB in their lifetime. However recent use of all these other party drugs were under 8%. Sixty percent of MDA users, a third of cocaine and ketamine users and a quarter of GHB users had injected their drugs. The most common route of administration was snorting (n=3) and smoking (n=3) for cocaine, and swallowing for MDA (n=5), ketamine (n=6), and GHB (n=4).

In the past six months GHB was used for a median of eight days, cocaine six days, amyl nitrite four and a half, days nitrous oxide four days, MDA two days and ketamine one day. Typically participants would use one gram of cocaine, four snorts of amyl nitrite, seven bulbs of nitrous oxide, two caps of MDA, one bump of ketamine and 16mls of GHB in an episode. In a heavy use episode, on average participants would use four injections of cocaine, 10 snorts of amyl nitrite, 13 bulbs of nitrous oxide, five caps of MDA, one and a half bumps of ketamine and 17mls of GHB.

A quarter of recent users would binge with GHB and Nitrous oxide, 17% would binge with MDA and 40% would binge with cocaine. No participants used these other party drugs to come down from ecstasy, but 20% would use cocaine, 13% would use amyl nitrite and 17% would use MDA concurrently with ecstasy.

The median prices were reported as: $280 per gram of cocaine, $60 per cap of MDA, and $40 per half gram of ketamine. Most users reported that the price for cocaine had been 'fluctuating' or 'increasing', and as 'stable' for MDA over the previous six months.

Participants reports of the other party drugs purity was as follows: cocaine is 'medium' (n=2) and the purity is 'decreasing' (n=3), MDA and ketamine are 'high' (n=1 and n=3) and the purity is 'stable' (n=1 and n=3). Half the participants who commented on the availability of cocaine stated it was 'moderate to easy' (n=3) to obtain and this had been 'stable' (n=3) over the past six months and the other half stated it was 'difficult to very difficult' (n=3) to obtain and that it had become 'more difficult' (n=3) over the past six months. It was reported that MDA was 'difficult' (n=4) and ketamine 'very difficult' (n=1) to obtain, and these had been 'stable' (n=3 and n=1) over the previous six months.

Other drugs

Significant proportions of the PDU sample reported the use of other licit and illicit drugs.

Alcohol

A majority of the respondents reported recent alcohol use (78%), starting at a median age of 14 years, using for a median of 27 days in the previous six months, and over a quarter would binge with alcohol. Just over half the sample used ecstasy with alcohol, a quarter use alcohol whilst coming down from ecstasy, a fifth use alcohol with their drug of choice (if it was nominated as something other than ecstasy), and one tenth use alcohol when coming down from their drug of choice. The most commonly reported benefit

associated with alcohol use was social enhancement (41%), and the most common perceived risk with using alcohol was ones behaviour whilst intoxicated (39%).

Cannabis

Recent cannabis use was reported by almost all of the respondents (95%), starting at a median age of 14 years, using for a median of 180 days in the previous six months, and a 42% would use it to binge. Three quarters of the sample used ecstasy with cannabis, two thirds use cannabis whilst coming down from ecstasy, a third use cannabis with their drug of choice (if it was nominated as something other than ecstasy), and a quarter use cannabis when coming down from their drug of choice. The most commonly reported benefit associated with using cannabis was mood/feeling enhancement (78%) and the most common perceived risk was to ones mental health (27%).

Tobacco

A majority of the respondents reported recent tobacco use (84%), starting at a median age for of 13 years, using for a median of 180 days in the previous six months and 5% had used it to binge. Three-quarters used ecstasy with tobacco, half use tobacco whilst coming down from ecstasy, a third use tobacco with their drug of choice (if it was nominated as something other than ecstasy), and a quarter use tobacco when coming down from their drug of choice.

Benzodiazepines

Just under half of the respondents reported recent benzodiazepine use (44%), starting at a median age of 21 years, using for a median of 20 days in the previous six months and no one reported bingeing with benzodiazepines. A fifth had recently injected, almost all had swallowed (93%) and one tenth had smoked benzodiazepines. One percent used ecstasy with benzodiazepines, 15% use benzodiazepines whilst coming down from ecstasy, 5% use benzodiazepines with their drug of choice (if it was nominated as something other than ecstasy), and 6% use benzodiazepines when coming down from their drug of choice.

Antidepressants

A quarter of the respondents reported recent antidepressant use, starting at a median age of 25 years, using for a median of 20 days in the previous six months and no one reported bingeing with antidepressants. Five percent had recently injected antidepressants. One third of recent users stated they were taking antidepressants for depression, 1% said they were taking it for pain and 1% said they were taking it out of curiosity. Three percent used ecstasy with antidepressants, 4% use antidepressants whilst coming down from ecstasy, 2% use antidepressants with their drug of choice (if it was nominated as something other than ecstasy), and 3% use antidepressants when coming down from their drug of choice.

Heroin

One fifth of the respondents reported recent heroin use, starting at a median age of 22 years, using for a median of five days in the previous six months and only one person reported bingeing with heroin. Sixteen percent had recently injected, 4% had smoked, 1% had swallowed and 2% had snorted heroin. Two percent used ecstasy with heroin, 4% use heroin whilst coming down from ecstasy, 3% use heroin with their drug of choice (if it was nominated as something other than ecstasy), and 2% use heroin when coming down from their drug of choice.

Other opiates
Just under half of the respondents reported recent other opiate use (43%), starting at a median age of 25 years, using for a median of 40 days in the previous six months and 7 participants reported bingeing with morphine. Forty percent had recently injected, 1% smoked, 21% swallowed and 1% snorted other opiates. Seven percent used ecstasy with other opiates, 16% use other opiates whilst coming down from ecstasy, 4% use other opiates with their drug of choice (if it was nominated as something other than ecstasy), and 5% use other opiates when coming down from their drug of choice.

Methadone
A quarter of respondents reported recent methadone use, starting at a median age of 28 years, using for a median of 20 days in the prior six months and no data was collected on bingeing with methadone. One sixth had recently injected methadone. Three percent used ecstasy with methadone, 2% use methadone whilst coming down from ecstasy, 1% use methadone with their drug of choice (if it was nominated as something other than ecstasy), and no one used methadone when coming down from their drug of choice.

Buprenorphine
One sixth of the respondents reported recent buprenorphine use, starting at a median age of 32 years, using for a median of seven days in the previous six months and no data was collected on bingeing with buprenorphine. Seven percent had recently injected buprenorphine. One person reported using buprenorphine when coming down from their drug of choice (if it was nominated as something other than ecstasy).

Party drug related harms

Participants reported a broad a range of acute health related side effects due to party drug use in the preceding six months. Participants were asked to specify whether side effects were experienced while under the influence of drugs or while coming down from drugs. Participants responded whether they perceived ecstasy to be related to each side effect and then specified 'other drugs' and/or 'other factors' associated with each side effect. Participants experienced a median of 16 side effects overall, 13 while under the influence and 11 while coming down from their drug use.

The most common side effect experienced while under the influence of party drugs were trouble sleeping, loss of appetite, profuse sweating, and confusion. The most common side effect experienced while coming down from party drugs were confusion, trouble sleeping, agitation/restlessness, and loss of appetite.

While under the influence of drugs and during comedown, the most commonly attributed side effects attributed to poly drug use were suicide attempts, suicidal thoughts and inability to orgasm. Some participants also attributed acute side effects they had experienced to other factors unrelated to drug use

Participants reported a range of other harms associated with drug use. Recent ecstasy users were most likely to attribute financial or work/study problems to their recent use of the drug. Recent powder users were most likely to nominate work/study and relationship problems. Recent cannabis users were most likely to report legal/police problems related to their use.

Criminal and police activity

One third of the sample committed a median of three types of crime in the month prior to interview with the most common being drug dealing. One fifth had sold drugs once a week or more in the previous month and a third dealt drugs in the past six months to pay for their ecstasy. Up to 14% committed one or more property crime, fraud and violent crimes, and a proportion of each stated this was to pay for their ecstasy. One quarter had been arrested in the previous 12 months prior to interview, with 6% for public order related offences. Over a third had a previous conviction for which they had served a custodial sentence. Two thirds reported that police activity towards party drug users had either increased or remained stable in the prior six months and a majority thought that the police activity had not made it harder to score their drugs.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing study funded by the 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 since 1999. The purpose of the IDRS is to provide a coordinated approach to the monitoring of the use of Australia's main illicit drugs, in particular methamphetamine, cannabis, cocaine and heroin. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concerns in various illicit drug markets. The IDRS is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail, such that it will provide direction for more detailed research in specific areas.

In 2000, the National Drug Law Enforcement Research Fund (NDLERF), funded a two year state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs' using the extant IDRS methodology, as the IDRS did not capture the population using 'party drugs'. It was considered feasible to monitor party drug markets and in 2003, NDLERF funded the Party Drugs Initiative (PDI) in all states and territories to collect information on party drug markets. For the purpose of the study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, methamphetamine, cocaine, LSD, Ketamine, MDA (3,4-methlyenedioxyamphetamine) and GHB (Gamma-hydroxy-butyrate).

The findings in this Party Drug Initiative (PDI) report provide a summary of characteristics in ecstasy and other 'party drug' use detected in Darwin in 2003. These findings arise from the three data sources: interviews with current regular ecstasy users, interviews with key personnel who have contact with ecstasy users, and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid characteristics are documented. Consistency between the IDRS and the PDI was maintained where possible, as the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

This is the first PDI conducted in Darwin and it therefore summarises the prevalence data which could be considered a baseline. Future NT PDI studies will allow comparisons with the findings presented here. There are statistical constraints of drawn comparisons over time, but it is important to note that the methodology for future studies will all be identical, including the criteria for participation, questions asked, recruitment methods and statistical analyses.

1.1 Study aims

In 2003, the specific aims of the NT Party Drugs study were:

1. to describe the characteristic of a sample of current ecstasy users interviewed in Darwin in 2003;

2. to examine the patterns of ecstasy and other drug use of this sample;

3. to document the current price, purity and availability of ecstasy and other party drugs available in Darwin;

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

5. to identify emerging trends in the party drug market that may require further investigation.

2.0 METHOD

The 2003 Party Drug Initiative (PDI) used the methodology trialed in the feasibility study (Breen et al, 2002) to monitor the trends in the markets for ecstasy and other party drugs. The three main sources of information used to document trends were:

1. face to face interviews with current regular ecstasy users recruited in Darwin;

2. interviews with key informants who, through the nature of their work, have regular contact with ecstasy users in Darwin; and

3. indicator data sources such as the purity of seizures of ecstasy analysed in the NT, and prevalence of use data drawn from the National Drug Household Surveys.

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

2.1 Survey of party drug users (PDU)

The sentinel population chosen to monitor trends in party drug markets consisted of people who regularly use tablets sold as 'ecstasy'. Although a range of drugs fall into the category 'party drugs', ecstasy is a party drug that can be considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis and amphetamines with one in ten (10.4%) of 20-29 year olds and 5% of 14-19 year olds reporting recent ecstasy use in the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002).

A growing market for ecstasy (tablets sold purporting to contain 3,4-methlyenedioxymethamphetamine [MDMA]) has existed in Australia for more than a decade. In contrast, other drugs that fall into the class of 'party drugs' have either declined in popularity since the appearance of ecstasy in Australia (e.g. LSD), fluctuated widely in availability (e.g. methylenedioxyamphetamine [MDA]), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine, and gemma-hydroxy-butyrate [GHB]). It has been suggested (Topp & Darke, 2001) that it would be difficult to identify a regular user of GHB or ketamine, who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first party drug with which many young Australians who choose to use illicit drugs will experiment and a minority of these users will go on to experiment with the less common party drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets relative to other party drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, party drug users (PDU) (Topp & Darke, 2001). In addition, as there has been and indication of increase in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of regular ecstasy users was successfully recruited and interviews, and was able to provide information on party drug markets.

2.1.1 Recruitment

A total on 104 ecstasy users were interviewed for the 2003 NT PDU survey, all of whom had resided in the Darwin or Palmerston metropolitan region. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisement by poster in appropriate clothing stores, music retailers and selected entertainment venues, interviewer contacts and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a mean of sampling hidden populations which relies on peer referral and is widely used to access illicit drug users in both Australian (Boys et al., 1997; Overdon & Loxley, 1996; Solowij et al., 1992) and international (Dalgarno & Sherwan, 1996; Forsyth, 1996; Peters et al., 1997) studies. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be of at least 16 years of age (due to ethical constraints), have ecstasy at least six times during the preceding six months, and have been a resident of the Darwin or Palmerston metropolitan region for the past 12 months. As in the main IDRS, the focus was on the capital city, as new trends in illicit drug markets are considered more likely to emerge in the urban areas rather than in remote or regional areas.

Participants were informed that the information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for their participation. Interviews took place at a suitable community venue, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998; Topp et al., 2000), which incorporated items for a number of previous NDARC studies of users of ecstasy (Solowij et al., 1002) and powder amphetamine/methamphetamine (Darke et al., 1994; Hando & Hall, 1993; Hando et al., 1997). The interview schedule focussed primarily on the previous six months and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of different party drugs; self reported criminal activity; perceived physical and psychological side effects of ecstasy; other ecstasy related problems, including relationship, financial, legal and occupational problems; and general trends in the party drug markets, such as new types of drugs, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuos, normally distributed variables, t-tests were employed. Categorical variables were analysed using Chi-square (χ^2). Relationships between continuos variables were analysed using Pearson's correlations (r). All analyses were conducted using SPSS for Windows, Version 11.5.0 (SPSS inc, 1989-2002).

2.2 Survey of key informants

To maintain consistency 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 their the course of employment, with a range of ecstasy users throughout the preceding six months. Seven KI from various metropolitan regions of Darwin provided information on the ecstasy users with whom they had had contact in the six months preceding the interview. The interviews were conducted at locations of the KI choice; all interviews were conducted face-to-face. Three KI were female and four were male.

The seven KI interviewed in 2003 represented a range of occupations. One was a student enrichment and development officer/event organiser, another was a community health promotion worker, one worked in the hospitality industry, one was an emergency department nurse, another was a party promoter/dealer 'go between', and two were drug squad police officers.

Three of the KI stated that they knew about ecstasy users through their work and their personal/social life, one stated they obtained their knowledge solely through work and another knew about ecstasy users only through their personal/social life. The two remaining KI were in the drug squad of the Northern Territory Police. Three KI stated that they worked with all special populations, and another stated they worked with all but HIV+ populations. One KI worked primarily with students, one worked primarily with drug users and another worked with gay/lesbian and HIV+ populations. The extent of KI contact with ecstasy users ranged from one day per week to seven days per week over the previous six months, with one KI having contact with over 100 users, two KI had contact with 21-50 users and two KI had contact with 10-20 users. Five KI stated that they obtained the information provided through their own contact with users, four also obtained information from their observations, two from their colleagues, one from the media and one from personal experience. Two KI did not answer the question. Of the five KI that answered the question about their certainty of knowledge, four were very certain and one was moderately certain.

2.3 Indicator data

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

Data sources included:

- The 2001 National drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2002)
- Northern Territory Alcohol and Other Drug Program treatment services client database
- Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence)
- Australian Customs Service (ACS)
- Alcohol and Drug Information Service (ADIS)
- Australian Federal Police (AFP)

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic Characteristics of the PDU sample

The mean age of the PDU sample was 33 years (SD=9.2), ranging from 17 to 55 (Table 1). Seventy percent were male and 20% were of Aboriginal or Torres Strait Islander (ATSI) descent. There was no significant differences in the mean age between males (34 years) and females (31 years), in the mean age between ATSI (34 years) and non-ATSI (30 years) groups nor in the gender composition of ATSI (69% male) and non-ATSI (75% male) groups. The majority of participants nominated their sexual identity as heterosexual (73%), although gay males (3%), bisexuals (16%) and lesbian women (3%) were also represented. In the non-heterosexual group, there was significantly more females (61%) than males (χ^2_1=11.87, p<0.01). The majority spoke English (98%) as their main language at home. A majority of participants were renting (72%), however, more were homeless or lived in a car or tent (9%) than owned a house/unit (3%).

Most of the sample were unemployed, although 38% were employed either full- or part-time or were students. The mean number of school years completed was ten (SD 1.25; range 7-12), and less than a quarter (21%) of participants had completed high school education. Over half (56%) had completed some sort of post-school qualification, 30% with a trade or technical qualification and 29% with a university degree or college course. Thirteen percent were in some form of drug treatment (methadone and buprenophrine treatment, Narcotics Anonymous and counselling) at the time of interview.

Over one third (36%) had previously been in prison. Those who had been in prison were significantly older (31.26 vs 36.03, t_{101}= -2.59, p=0.01) and had completed significantly less years of education (10.66 vs 9.51, t_{101}=5.89, p<0.01) than those who had not been in prison. Ninety five percent of those who had ever been in prison were male (χ^2_1=15.33, p<0.01), 84% were unemployed (χ^2_1=11.42, p<0.01), and 94% were heterosexual (χ^2_1=9.33, p<0.01).

A quarter of participants (24%) had been arrested in the previous 12 months. Those who had been arrested in the previous 12 months were significantly younger when they first tried ecstasy (24.65 vs 20.71, t_{100}= 2.09, p<0.05) and when they first started using ecstasy regularly (27.59 vs 23.21, t_{98}= 2.09, p<0.05) than those who had not been arrested in the prior 12 months.

KI reports on the age of ecstasy users varied but most agreed that the usual age was late teens to mid twenties. Two thought that the usual age was late twenties into the thirties and the range reported was 15 to 50 years old. Three KI thought that ecstasy users were 70% male, one thought they were 60% male, one stated they were 50% males and two believed they were 40% male. KI reports on ethnicity varied widely as well; two reported users were 100% Caucasian, one said they were 70% Caucasian, 20% Greek, 10% Chinese, and no ATSI, one stated that 5% were ATSI but none were 'full blood', another reported that 10% were ATSI and 20% were NESB and the last one believed that a very small proportion of users were NESB and ATSI and that 'Greek males' supplied the users.

Two KI stated that ecstasy users were mainly heterosexual, another reported that only 40% were heterosexual, one believed that all users were either gay or 'gay friendly', another reported that 90% were gay and 10% were bisexual, one KI believed that a third were homosexual and one said that they didn't associate any specific sexual preference with ecstasy users. KI reports around ecstasy users' employment status also varied widely; two believed that 100% were full-time employed and another believed that 80% or more were full time employed. The remainder of the responses reported that the users employment status varied from student, to part time to full-time employment in varied jobs such as hairdresser, barrister, doctor and hospitality workers. One KI reported that most users were unemployed or middle-income earners. All KI believed that most ecstasy users had completed year 12 and stated that their education ranged from blue collar trades to tertiary education.

Table 1: Demographic characteristics of PDU sample

Variable		2001 national sample (n=350)	2003 sample (n=104)
Age (yrs)	Mean	24	33
	Range	-	17-55
	SD	-	9.2
Male (%)		58	70
Heterosexual (%)		75	73
ATSI (%)		5	20
	Male	-	75
Language (% LOTE at home)		4	2
Accommodation (%)	Own house/flat	64 (inc rent)	3
	Rent house/flat		72
	Homeless/car/tent	-	9
Employment (%)	Not employed	14	61
	Full time	37	17
	Part time	-	14
	Student	5	6
	Home duties	-	2
School education (mean yrs)		12	10
Post school education (%)	None	-	44
	Trade technical		27
	University / college	52 (inc trade/tech)	29
Ever in prison (%)		4	36
Currently in drug treatment (%)		5	13

Source: Party Drugs Initiative PDU interviews; Breen et al 2002.

All but one KI reported that users were not in drug treatment programs, with one stating that people use ecstasy recreationally and that it is not recognised as a problem. One KI reported that a very small proportion of users went through drug treatment programs. Three KI informed that the users they were familiar with were not currently in prison and did not have a prison history, two stated they did not know and two stated that a small proportion had a previous prison history or were currently in prison.

3.2 Drug use history and current drug use

Ecstasy was the most popular drug amongst the PDU (36%, Table 2), although substantial proportions nominated methamphetamine (20%) and heroin (18%) as their drug of choice. Those who chose benzodiazepines and morphine as their drug of choice all identified as ATSI. A majority of the sample (69%) reported they had injected a drug at least once in their lifetime. Sixty seven percent of injectors nominated methamphetamine powder and 20% heroin as the first drug they had injected, only 3% had first injected ecstasy.

Table 2: PDU drug of choice and injecting rates (PDU)

Variable	2001 national sample (n=350)	2003 Sample (n=104)
Drug of choice		
Ecstasy	54	36
Methamphetamine	-	20
Cocaine	-	3
LSD	-	6
Cannabis	-	10
Heroin	-	18
Other	-	8
Ever injected any drug	27	69
Drug first injected (% of injectors)		**(n=70)**
Ecstasy	2	3
Meth powder	64 (any meth)	67
Crystal meth		4
Cocaine	-	1
Heroin	24	20
Other opiates	-	3
Morphine	-	1

Source: Party Drugs Initiative PDU interviews; Breen et al 2002.

Polydrug drug use (using three or more different drug classes) was the norm, with respondents having ever used a median of ten drug classes (range 3-17) and median of six (range 2-13) in the six months prior to interview (all subsequent polydrug figures refer to Table 3). All PDU's reported polydrug use at some time, and all but one PDU reported polydrug use in the previous six months. There were significant differences between ethnicity and the number of drugs used: participants identifying as ATSI used less drug classes in the previous six months (7.71 vs 5.80, t_{101}=2.91, p<0.01) and less drug classes ever (11.87 vs 8.10, t_{101}=3.97, p<0.01) than non-ATSI PDU's.

Including alcohol and tobacco, the median age of first use of any drug class was 12 years, with 14 being the median age of first use for cannabis. The drugs that were used at the youngest age were cannabis (8 years) and tobacco (5 years). Benzodiazepines and nitrous oxide were used by some participants as early as nine and [redacted] years correspondingly. The drugs that were first injected at the youngest age were methamphetamine powder and LSD. These were injected by some participants at ages 11 and 12 years respectively.

Sixty nine percent of the sample had binged on one or more party drugs in the preceding six months. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The mean length for longest binge was five days (range 2 – 15 days, with one respondent reporting 60 days). Ecstasy (55%) was the most commonly reported drug used in this way, followed by methamphetamine powder (51%), cannabis (42%), alcohol (29%) and crystal (20%)

Aside from ecstasy, cannabis (95%), tobacco (84%), methamphetamine powder (81%), and alcohol (78%) were the most common drugs used over the six months prior to interview. Both cannabis and tobacco were used daily in the six months before interview (median days used=180), with methamphetamine powder and alcohol being used for a median of 12 and 27 days accordingly. The most common drugs injected by PDU's were methamphetamine powder (65% ever, 53% last six months), other opiates (48% ever, 40% last six months), heroin (45% ever, 16% last six months) and ecstasy (39% ever, 28% last six months)

Substantial proportions of the sample had used and injected opiates in the six months prior to interview: 18% and 16% for heroin, 24% and 15% for methadone, 15% and 7% for buprenorphine, and 43% and 40% for other opiates. Both methadone and 'other opiates' were used more often than ecstasy, respectively having median days of use of 20 and 40, compared to 12 for ecstasy. Morphine is the most common injected opiate among injecting drug users in Darwin (Duquemin & Gray, 2002) and may account for most of the 'other opiate' group.

With the exception of LSD (25%), drugs typically seen as 'party drugs' showed a low incident of recent use: cocaine 5%, MDA 6%, ketamine 7% and GHB 4%. No one had used 1,4B in the six months prior to interview. Small proportions of the sample reported using drugs other than those listed in Table 3, these included magic mushrooms (10%), cactus (1%) and opium (2%).

A number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no significant differences between the two groups in terms of gender composition, age or ethnicity. There was a difference in the two groups in relation to duration of education (10.78 vs 10.01, t_{100}=2.97, p=0.004), with injectors having significantly less years of education. There was also a significant

difference between injectors and non-injectors in the likelihood of previous imprisonment (χ^2_1=11.9; p=0.001). In the sample 36% had previously been in prison, and 92% of those people had injected a drug in their lifetime. Injectors were also significantly more likely to be unemployed (χ^2_1=14.07; p=0.04).

There were no differences between injectors and non-injectors in terms of the amount of ecstasy used in their heaviest use episode. Injectors however, had used a wider range of other drugs, both ever (12.7 vs 7.6; t_{100}= -7.12, p=0.00) and in the preceding six months (8.2 vs 5.3; t_{100}= -5.77; p=0.00). Those who had injected a drug were also significantly more likely to report recent heroin use (26% vs 0%; χ^2_1=8.3; p=0.004). Heroin had been injected by 16% of the sample and used for a median of 15 days (range 1-150) in the previous six months. Thus a fair proportion of past and current heroin users were included in this sample.

Patterns of polydrug use were described by the KI. Comments regarding each drug class are documented throughout the relevant sections of this report. Overall patterns of polydrug use described by KI varied widely. One stated that when students return to their home states or when locals are holidaying interstate the range of drugs they use will increase (e.g GHB, ketamine), but otherwise ecstasy is not normally mixed, if it is mixed it is usually with amphetamines, alcohol and tobacco. The KI noted that other drugs are also used to party, but not in combination with ecstasy because other drugs will spoil the effects of ecstasy.

Another KI reported that ecstasy is mainly used when clubbing on weekends in combination with cannabis, tobacco and alcohol (with spirit mixers becoming more popular). The KI also noted that most ecstasy users are recent arrivals from down south, but local use is increasing. Psychological and emotional issues as well as extreme behaviour were reported to be associated with polydrug use. Another KI commented that ecstasy doesn't produce 'the horrors' the next day and that with ecstasy there isn't as much polydrug behaviour, people just use ecstasy and water.

One KI reported that there is a new drug which some ecstasy users were using called 'mentos' which is amphetamine based and is from Canberra. Mentos are the size of a ten or 20-cent piece, dissolves on the tongue in 20 minutes and the effects last 16 to 24 hours. At the time of writing the authors had not identified this drug.

Table 3: Lifetime and recent polydrug use of PDU

Variable	Used (% PDU)		Injected (% PDU)		Age (mean yrs & range)		Days used last 6 months (median)
	Ever	Last six months	Ever	Last 6 months	1st used	1st injected	
1. Ecstasy	100	100	39	28	24 (14-50)	27 (15-46)	12
2. All methamphetamine	90	82	65	54	18	19	12
a. Methamphetamine powder	89	81	64	53	20 (11-43)	21 (11-45)	12
b. Methamphetamine base	47	32	38	23	23 (13-45)	24 (13-45)	4
c. Methamphetamine crystal	55	40	34	24	26 (13-46)	26 (13-44)	5
3. Cocaine	50	5	19	1	22 (14-36)	26 (17-41)	6
4. LSD	80	25	22	3	18 (11-40)	20 (12-35)	3
5. MDA	21	6	6	2	24 (15-44)	27 (19-45)	2
6. Ketamine	18	7	6	3	25 (17-44)	27 (19-37)	1
7. GHB	17	4	4	0	23 (15-32)	24 (20-30)	8
8. 1,4B	2	0	1	0	25 (18-31)	31 (31-31)	0
9. Amyl nitrite	47	8			18 (11-35)		5
10. Nitrous oxide	31	4			18 (10-33)		4
11. Cannabis	99	95			14 (8-29)		180
12. Alcohol	93	78			14 (5-25)		27
13. Heroin	48	18	45	16	22 (14-38)	22 (14-39)	5
14. Methadone	41	24	29	15	28 (16-43)	30 (19-43)	20
15. Buprenorphine	19	15	9	7	32 (18-50)	33 (20-43)	7
16. Other opiates	56	43	48	40	25 (12-45)	27 15-45)	40
17. Tobacco	93	84			13 (5-45)		180
18. Anti-depressants	43	24	8	5	25 (11-43)	27 (15-35)	40
19. Benzodiazepines	56	44	26	18	21 (9-41)	26 (15-45)	20
Total			69	58	12	20	
Drug classes (median)	10	6					

Source: Party Drugs Initiative PDU interviews

3.3 Summary of demographic characteristics and polydrug use trends

- ❖ although both males and females of all ages use ecstasy, use was more common among males (70%)
- ❖ the age of ecstasy users was fairly evenly distributed, half were aged between their late teens and early thirties
- ❖ the ecstasy users interviewed were relatively well educated, with most having completed at least 10 years of education and a substantial proportion (56%) with tertiary or trade qualifications
- ❖ a majority of ecstasy users interviewed were unemployed (61%)
- ❖ a fair proportion of ecstasy users reported having had contact with the criminal justice system (36%), but not many had contact with drug treatment agencies (13%)
- ❖ over two thirds of the sample had ever injected a drug
- ❖ polydrug use appears to be the norm among the regular ecstasy users interviewed
- ❖ ecstasy was the drug of choice for over a third of the respondents, followed by methamphetamines (26%)
- ❖ a large proportion reported recent use of cannabis (95%), tobacco (84%), methamphetamines (82%) and alcohol (78%)

4.0 ECSTASY

4.1 Ecstasy use among PDU

The mean age of first use of ecstasy was 24 years (range 14-50, Table 4), and 27 years (range 15-54) for starting to use regularly. The younger the participants were when they first used ecstasy, the younger they were when they started using it regularly (r_{100}= 0.929, p =0.01) and the younger they were when they first injected it (r_{40}= 0.792, p =0.01).

In the six months prior to interview, ecstasy was used for a median of 12 days (equivalent to once a fortnight) with 19% of the sample using it at least weekly. The usual number of tablets consumed was one (range 0.5-3), although 21% of the sample typically used more than that: 15% of the sample typically used two tablets and 3% used 3. During their heaviest use episode in the previous six moths, participants reported taking a median of two tablets (range 0.5 -14) with 40% of the sample taking three or more tablets in a single use episode in the preceding six months.

Table 4: Patterns of ecstasy use among PDU

Variable		2003 sample (n=104)
Age first used (mean years)		24
Age started to use ecstasy regularly (mean years)		27
Days used in last 6 months (median)		12
Ecstasy 'favourite' drug (%)		36
Use weekly or more (%)		19
Median quantities used (tablets)		
	Usual (range)	1 (0.5-3)
	Heavy (range)	2 (0.5-14)
Usually use > than usual amount (%)		21
Used other drugs with ecstasy (%)		92
Used other drugs after ecstasy (%)		84
Recently binged with (%)		55

Source: Party Drugs Initiative PDU interviews

Sixty-nine percent of the sample had 'binged' (stayed awake for 48 hours or longer) at least once on stimulants within six months of the interview, and 6% had used ecstasy alone in their binge. Fifty five percent of the sample had used ecstasy during a binge. The most commonly used drugs with ecstasy when bingeing were: methamphetamine powder (77%), cannabis (61%), alcohol (41%) and crystal methamphetamine (28%).

Table 5: Drugs used in combination with ecstasy by PDU

Variable	Use (%) (n=104)	
	with ecstasy	coming down form ecstasy
None	8	16
Methamphetamine powder	43	5
Methamphetamine base	8	1
Crystal Methamphetamine	17	1
Cocaine	1	0
LSD	5	0
MDA	1	0
Ketamine	0	0
GHB	0	0
1,4B	0	0
Amyl nitrite	1	0
Nitrous oxide	0	0
Cannabis	78	68
Alcohol	53	30
Heroin	2	5
Methadone	3	2
Other opiates	7	18
Tobacco	74	57
Antidepressants	3	4
Benzodiazepines	1	17
Viagra	1	0
Mushrooms	1	0
Coffee	0	1

Source: Party Drugs Initiative PDU interviews

Ninety-two percent (Table 5) of the sample used other drugs at the same time they were using ecstasy. Other drugs commonly used in conjunction with ecstasy included: cannabis (78%), tobacco (74%), methamphetamine powder (43%), and methamphetamine crystal (17%). Fifty three percent usually used alcohol with ecstasy, with 62% of this group usually drinking more than five standard drinks in a session. Eighty-four percent used other drugs to come down from ecstasy. These drugs included: cannabis (68%), tobacco (57%), 'other opiates' (18%), and

benzodiazepines (17%). Thirty percent usually drank alcohol when coming down from ecstasy, with 75% of this group usually drinking more than five standard drinks.

While those who binged on ecstasy in the previous six months were predominantly male (74%) and non-ATSI (84%), these differences were not significant. There were also no significant age difference between the two groups. Those who had binged on ecstasy had not used ecstasy on a significantly greater number of days in the preceding six months than those who had not binged, but they had used significantly more ecstasy in heavy use episodes (2.77 vs 2.0, t_{89}= -2.0, p<0.05). There were no significant differences between the amount of ecstasy used in heaviest use episode and ethnicity, gender or age. Those who had binged on ecstasy in the previous six months also had a more extensive polydrug history; having used significantly more drugs ever (12 vs 10, t_{89}= -2.12, p<0.05) than those that had not binged on ecstasy.

When asked about the frequency and quantity of ecstasy use, KI responses were fairly consistent; one stated that quantity depends on the strength but generally people will take 1-2 tablets and that 25% would each use 2-3 days per week, weekly, monthly and sporadically, but none would use more than three times per week. Another stated that most would use monthly and the average quantity was one tablet, another simply stated that most use between Thursdays and Mondays. One reported that people start by using one quarter or one half tablet per night but when there is a big event people would take one tablet that night and another the next day, but typically people would use fortnightly and the rest would only use on special occasions. Another KI reported that people usually use from Thursday to Saturdays taking 2-3 tablets over the weekend. The last KI agreed with the usual weekend use, reporting that people would take about six tablets over the weekend (range 1-8 tablets maximum) but noted that some groups meet and use during the week.

Table 6: Route of administration of ecstasy by PDU

Variable	2003 sample (n=104)
Ever injected	39
Age first injected (mean)	27
Injected last 6 months (%)	28
Swallowed last six months (%)	94
Snorted last 6 months (%)	22
Smoked last six months (%)	5

Source: Party Drugs Initiative PDU interviews

The most common method of administration of ecstasy in the six months prior to interview was swallowing (94%, Table 6). Twenty-two percent had snorted and 28% had injected ecstasy. Fifty-two percent of the sample had only administered ecstasy orally over the previous six months, and seventy-two percent had only used a method other than injecting. Five KI commented that the route of administration for ecstasy was swallowing or dissolving in water.

One stated that 90% of users swallow and 10% snort, another stated that 90% swallow and 10% inject ecstasy.

Table 7: Usual and last ecstasy use venue by PDU

Variable		2003 (n=104)	
Ecstasy use venue (%)		Usual	Last
	Home	67	28
	Dealers home	5	0
	Friends home	44	16
	Raves	5	0
	Dance parties	12	4
	Nightclubs	52	27
	Pubs	44	9
	Private parties	42	7
	Restaurant/cafes	1	0
	Public place	11	3
	Vehicle	3	0
	Other	4	7

Source: Party Drugs Initiative PDU interviews

The majority of participants reported that their usual use (67%) and last use (28%) venue was at home (Table 7). Other popular usual use venues were: nightclub (52%), pub (44%), friend's home (44%) and private party (42%). Four percent of the sample nominated other for their usual use venue, these included: beach (2%), sex and bush (1% each). Only 5% nominated raves and 12% nominated dance parties as where they usually used ecstasy, no one had last used ecstasy at a rave and 4% had last used it at a dance party.

After home, the most common recent use venues were: nightclub (27%), friends home (16%) and pub (9%). Seven percent of the sample nominated other for their last use venue, these included: V8 supercar races, camping, fishing, in town, bush, golf course and beach (all 1% each).

When asked about the proportion of their friends and acquaintances that use ecstasy, no one reported that none of their friends/acquaintances used ecstasy, 22% reported that a few used, 72% thought that half or more of their friends used, and 6% stated that all of their friends used ecstasy.

When asked about the changes in ecstasy use and the people using ecstasy in the previous six months KI reported that: there is an increase in people using with more people coming up from down south who want to party, more venues catering for this user group and having more events, decreased frequency of use and quality of ecstasy, liquid E now available and that ecstasy is more prevalent and that it is a status symbol for young kids. Other changes among ecstasy users noted by KI include: increased awareness of side effects, increase in risk taking behaviour around partying (including injuries and sexual risk taking), ecstasy use was previously a private event at home, now it is becoming more public and available, and it was also reported that once there was a bad batch ecstasy which increased the number of people presenting at the hospital.

4.2 Use of ecstasy in the general population

From 1988 to 2001 lifetime prevalence of ecstasy use among the Australian population, 14 years and over, has increased from 1% to 6.1% (almost one million Australians). In this timeframe the proportion of the general population reporting using ecstasy in the previous six months has also increased from 1% to 2.9% (AIHW, 2001). Two point eight percent of Territorians had used ecstasy in the previous 12 months.

The 2001 NDSHS highlighted that males (7.1%) were more likely to use ecstasy in their lifetime than females (5.1%), and use ecstasy more frequently. When using ecstasy, 90% of users would normally have one or two tablets. The average age for first using ecstasy was 21.9 years and those aged 14-19 years used ecstasy more frequently.

In the 2001 survey, there were estimated to be 2700 injecting drug user in the Territory. Of those some had recently injected ecstasy, however the exact percent was not reported due to large sampling variability.

In the 2001 national survey, recent ecstasy users most commonly sourced their drugs from their friends or acquaintances (71.3%) or dealers (19.1%). Ecstasy was mostly commonly used at rave/dance parties (70.1%), private parties (53.8%) and public establishments (50.2%). Among recent ecstasy user, 28% reported that all or most of their friends/acquaintances used ecstasy and among lifetime users, 15% reported that all or most of their friends/acquaintances used ecstasy.

Three quarters of recent ecstasy users had used alcohol concurrently with ecstasy and two thirds concurrently with cannabis. One third of recent ecstasy users would substitute alcohol for ecstasy when it was not available, one quarter would substitute amphetamines, 17% would substitute cannabis and 15% would not use another drug if ecstasy was not available (AIHW, 2001).

4.3 Price

Forty two people were able to comment on the price of ecstasy, reporting a median price of $50 per tablet (Table 8). All reported that the ecstasy available in the preceding six months came in tablet form. All KI agreed that ecstasy came in the form of a tablet, varying in size, colour and patterns.

Most respondents (58%) reported that the price of ecstasy had been stable in the six months prior to interview. Six KI reported the price for a single tablet ranging from $40 - $80 with a usual price of $50. Two KI noted that you could buy 50+ tablets for $40 each or 100+ tablets for $35 each. Five commented that the price of ecstasy was stable and two stated that they didn't know about the change in price over the previous six months.

Table 8: Price of ecstasy purchased by PDU

Variable		2003 (n=104)
Median price per tab ($ range)		50 (20-80)
Number of purchasers		42
Changes in price (%)		
	Increasing	15
	Stable	58
	Decreasing	3
	Fluctuating	18

Source: Party Drugs Initiative PDU interviews

Table 9: Methods of paying for ecstasy in the preceding six months

Variable		2003 (n=104)
Methods of paying for ecstasy (%)		
	Gift from friend/partner	79
	Government benefits	62
	Paid employment	55
	Borrowing money from friends	49
	Credit from a dealer	48
	Bartering drugs or goods	32
	Pawning	31
	Dealing drugs	29
	Property crime	12
	Money from parents	12
	Study allowance	10
	Fraud	9
	Sex work	5

Source: Party Drugs Initiative PDU interviews

PDU participants payed for their ecstasy in a variety of ways over the six months prior to interview, the most common were: receiving it as a gift from a friend partner (79%), from government benefits (62%), from paid employment (55%) and by borrowing money from friends (49%, Table 9).

4.4 Purity

There was little consistency in users' estimates of the current purity of ecstasy, with a majority of PDU participants rating the purity of ecstasy at the time of interview as 'medium' (40%, Table 10), while 16% rated it as 'high' and 22% reported that the purity 'fluctuates'. Similar proportions reported that in the six months prior to interview purity had either been 'stable' (37%) or had 'fluctuated' (35%).

Two KI reported they did not know the current purity of ecstasy, two said that it was 'low' and one each reported it as 'fluctuating', 'stable' and 'medium'. When asked to comment on the purity change over the previous six months four KI said they didn't know, and one each stated it was 'stable', 'fluctuating' and 'decreasing'.

Table 10: PDU reports of current and recent purity of ecstasy

Variable		2003 sample (n=104)
Current purity (%)	Low	20
	Medium	40
	High	16
	Fluctuate	22
Purity change (%)	Increasing	13
	Stable	37
	Decreasing	14
	Fluctuating	35

Source: Party Drugs Initiative PDU interviews

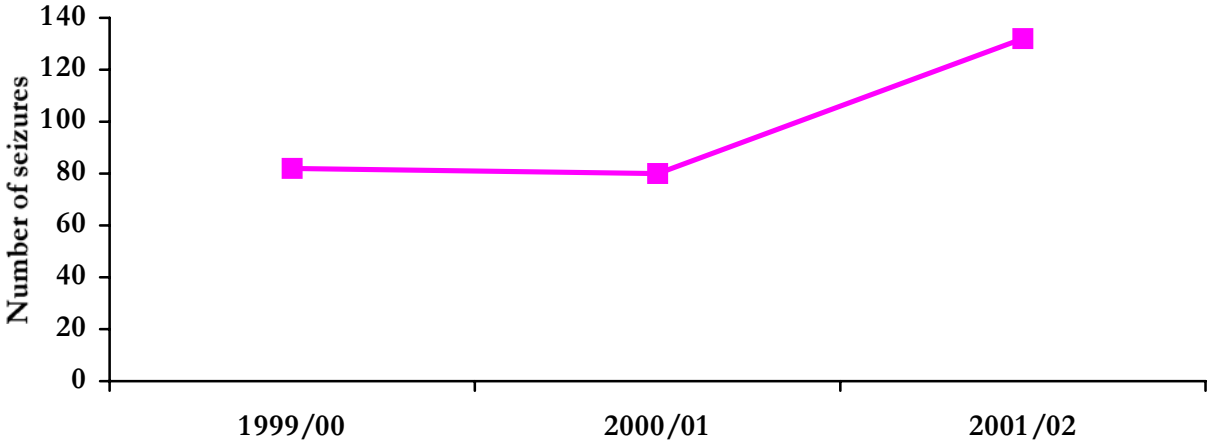
The above are all subjective estimates of purity and depend, among other factors, on users' tolerance levels. Clearly, laboratory analyses of the purity of seizures of ecstasy provide objective evidence regarding purity changes, and should therefore be more highly regarded than the reports of users. However, it is also important to note the limitation of the average purity figures calculated by forensic agencies, namely, that not all illicit drugs seized by Australia's law enforcement agencies are analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, it remains the

case that the purity figures provided by forensic agencies remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC report both federal and state police seizure data including number and weight of seizures. In 1999-2000 the purity was reported as 'ecstasy' seizures. Since 2000-01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (ACC 2003) and seizures of these drugs are included in the seizure data from 2000-01.

Data provided by the ACC indicate the number of Australian Federal Police (AFP) seizures of phenethylamines in the financial year 2001-02 increased (Figure 1). No NT purity figures from forensic agencies were available, as purity data was not analysed in the NT in 2003. No seizures of phenethylamines were analysed in the NT.

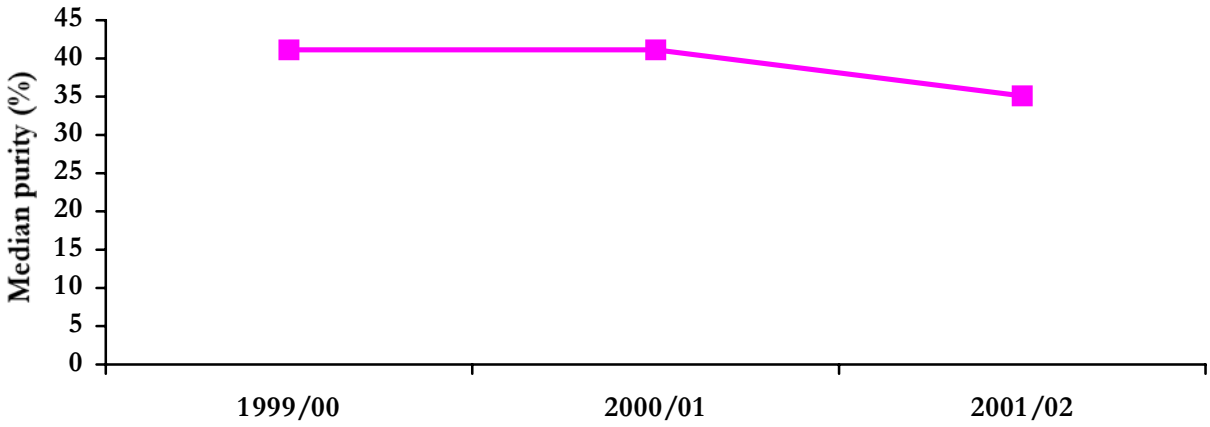
Figure 1: Number of phenethylamines* seizures in Australia by the Australian Federal Police 1999- 2002



*1999/2000 indicates detection of MDMA. In 2000/01 this changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)

The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity. Figure 2 displays the median purity of seizures of phenethylamine analysed by the Australian Federal Police during the financial years between 1999 and 2002. In the two financial years between 1999 and 2001 the median purity remained consistent at 41%, whereas there was a steep drop to 35% purity in the 2001/2002 financial year.

Figure 2: Median purity of phenethylamines* seizures in Australia by the Australian Federal Police 1999-2002.



*1999/2000 indicate detection of MDMA. In 2000/01 this changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence, (2001,2002), Australian Crime Commission (2003)

4.5 Availability

All participants were able to comment on the availability of ecstasy. Most PDU's rated ecstasy as 'easy' (28%, Table 11) or 'very easy' (29%) to obtain. Most also reported that availability had remained 'stable' in the six months prior to interview (53%), while 19% reported that availability had 'fluctuated'.

Table 11: PDU reports of availability of ecstasy in the last six months

Variable	2003 sample (n=104)
Current availability (%)	
Very easy	29
Easy	28
Moderate	29
Difficult or very difficult	14
Availability change (%)	
More difficult	16
Stable	53
Easier	10
Fluctuates	19
Persons scored from (%)	
Friends	78
Dealers	46
Workmates	8
Acquaintances	26
Unknown	14
Locations scored from (%)	
Home	28
Dealer's home	36
Friend's home	62
Nightclubs	23
Pubs	16
Street	16
Raves or dance parties	14

Source: Party Drugs Initiative PDU interviews

KI reports on the availability of ecstasy were similar to the sample responses; one didn't know, three said it was 'very easy', two said it was 'easy' to obtain and one said it 'varied week to week from very easy to impossible'. KI reports on the availability change over the past six months included: one each for 'fluctuating', 'more difficult', 'stable' and 'easier', two did not know, and again one said it 'varies from very easy to impossible'.

The most common sources for scoring ecstasy over the six months prior to interview (Table 11) were friends (78%) and dealers (46%), workmates (8%) and people not known to the participant

(14%). Consistent with this pattern, most people scored from a friend's home (62%), while smaller but substantial proportions scored from dealer's home (36%) or in their own home (28%). Smaller proportion again purchased at a nightclub (23%), a pub (16%), a rave or dance party (14%), or on the street (16%). Two percent reported they had obtained ecstasy in another location, 1% from street dealers and 1% from deliveries.

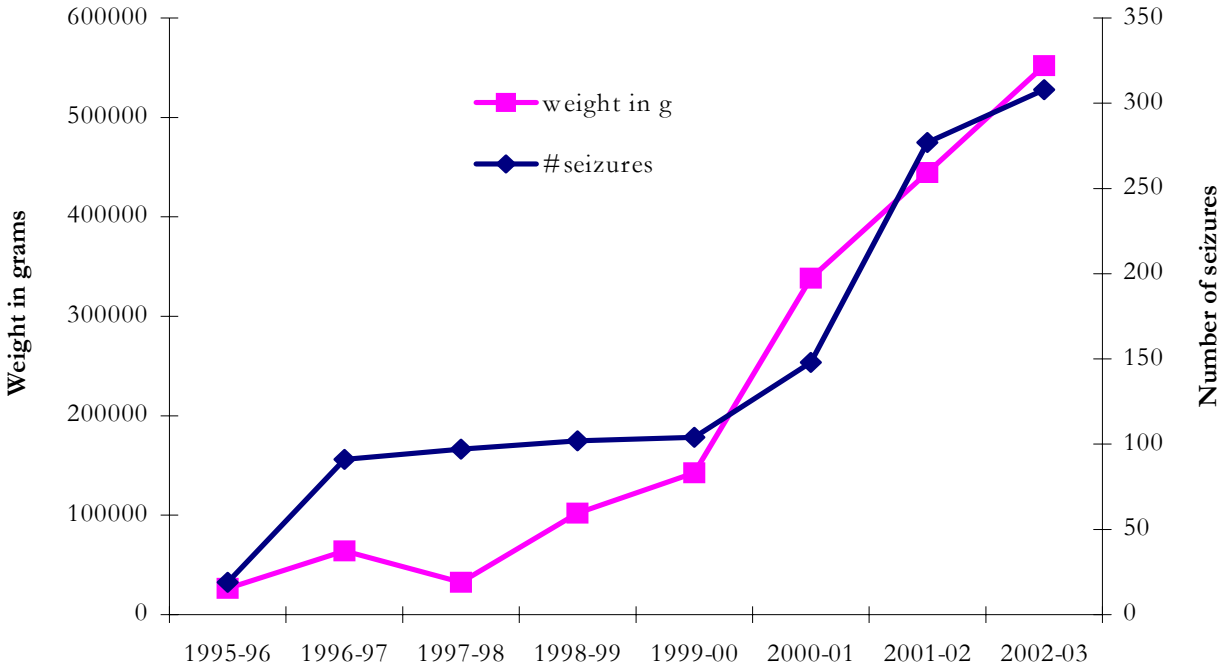
Most KI stated that there were no changes in the people selling ecstasy, but some comments included: dealers tend to be older than users, dealers getting younger and using various tactics for supply including an increase in the use of mobile phone text messages. When asked about the changes in manufacturing or importing of ecstasy, again, most KI said there had been no change or they didn't know, but other comments included: all are transported from down south, small amount made in Australia, most imported from over seas, there has been an increase in seizures (more often and larger amounts), and an increase in raids.

4.6 Detection of ecstasy at the Australian Border

The total number and weight of detections of phenethylamine at the Australian border has increased dramatically since the mid-1990s. Detection of record quantities of phenethylamine recently resulted in an increase of 31.5% from 338.4 kilograms in 2000/01 to 445 kilograms in 2001/02 (ACC, 2003). It is generally recognised that increased detection weights could reflect: (1) changes in law enforcement activity, such as increased detection capabilities or a shift in focus to high-level trafficking syndicates; (2) increased demand for the drug, and the consequential increase in the size of its market; (3) a shift in importation methods or practices by importers; or (4) some combination of all the factors.

Increased funding for Commonwealth law enforcement agencies in recent years has significantly enhanced their intelligence, targeting, search and detection capabilities, which is likely to have contributed to the increase in MDMA detections depicted in Figure 3. However, at the same time, there are also indications that the use and perhaps the demand for ecstasy have increased in recent years (AIHW, 2002). In the past there has been limited manufacture of MDMA in Australia; in the financial year 2001/02, no MDMA clandestine laboratories were seized in Australia and there was only one incident involving the detection of MDMA precursors by state police (ACC, 2003). Further, prior to 2003, Customs has detected only limited numbers of imported MDMA precursors (ACC, 2003). Thus, it may be that the increased weight of MDMA detections reflects not only more efficient supply reduction activity, but also increased market demand that traffickers are seeking to meet through an increase in the weight per importation. Note however, that in 2003 there was a large seizure of safrole, a chemical precursor used in the manufacture of MDMA, made by Customs and NSW Police indicating that crime groups may be attempting domestic production of MDMA.

Figure 3: Number and weight in kilograms of detections of MDMA at the Australian Border, 1995-1996 to 2002-03



Source: Australian Customs Service

4.7 Ecstasy related harms

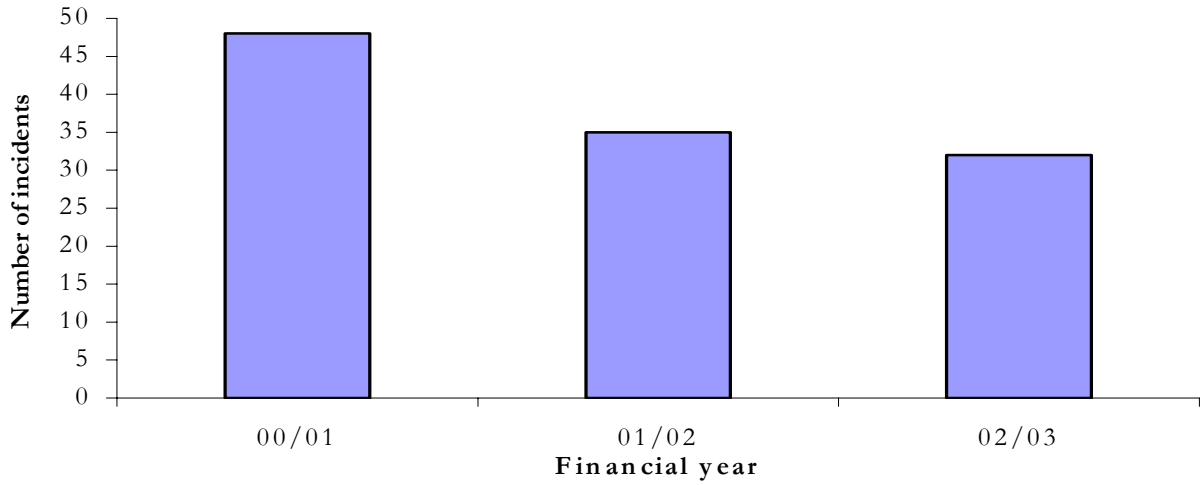
4.7.1 Health

Participants in 2003 were asked to identify a range of side effects experienced as a result of their party drug use however, given that this question is not ecstasy specific, these data appear in Section 9.0 of the report called 'party drug related harm'.

Figure 5 displays the number of episodes of treatment in all Northern Territory alcohol and other drug treatment services in the specified financial year period where ecstasy was mentioned as either the principal or other drug of concern.

The numbers of people presenting to treatment in each financial year are low and declining, 48 in 2000/2001, 35 in 2001/2002 and 32 in 2002/2003. PDU's may not identify their ecstasy use as a drug problem or not many people use ecstasy. This is similar to a KI comment that people use ecstasy recreationally and that it is not recognised as a problem. However, 26% of the PDU sample stated that during the previous 12 months they wanted or tried to stop or cut down their ecstasy use but were unable to do so.

Figure 4: Number of episodes of treatment in alcohol and other drug treatment services with ecstasy as the principal or other drug of concern, financial years 2000-2003.



Source: Northern Territory Alcohol and Other Drug Program treatment services client database.

4.7.2 Drug and alcohol information services

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, and has only received 2 calls (1 in March-June and 1 in October-December) regarding ecstasy in the three periods of 2003.

4.8 Benefit and risk perception

Data was collected from survey participants on the risks and benefits they perceived to be associated with taking party drugs.

4.8.1 Perceived benefits

Respondents were asked to identify any benefits they perceived to be related to their ecstasy use. A range of benefits were reported. Table 12 presents the categorised perceived benefits of ecstasy use. Over half of the respondents attributed social enhancement (59%) and enhancement of their mood/feelings (53%) to their ecstasy use. Over a quarter (27%) believed that their experience of increased energy, motivation and alertness whilst taking ecstasy was a benefit. None of the respondents believed that availability/accessibility, price and enhancement of other drugs was a benefit from taking ecstasy, and no one believed that there were no benefits from taking ecstasy. Overall respondents believed there was a median of two benefits (range 1-4) associated with taking ecstasy.

Table 12: PDU perceived benefits associated with ecstasy use*

Variable	2003 sample (n=104)
Benefit attributed to ecstasy use (%)	
Sexual enhancement	21
Social enhancement	59
Mood/feeling enhancement	53
Increase energy, motivation, alertness	27
Mental/spiritual enhancement	17
Mild/easy comedown	2
No benefits	0
Effects with other drugs	0
Availability/accessibility	0
Price	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

For those respondents who believed that there were social benefits associated with using ecstasy there were a number of significant differences: they were younger (35.81 vs 30.70, t_{102}= 2.89, p< 0.01), younger when they first tried ecstasy (26.88 vs 21.52, t_{100}= 3.4, p<0.01) and younger when they first started using ecstasy regularly (29.76 vs 24.31, t_{98}= 3.06, p <0.01).

There was an age difference between those who experienced mental/spiritual benefits from ecstasy use and those who did not. Those who did were significantly older (31.97 vs 36.89, t_{102} = -2.1, p <0.05). No significant gender or ethnicity differences were found in relation to perceived benefits. There were also no significant differences between perceived benefit categories and number of days using ecstasy in the prior six months or age first injected ecstasy.

4.8.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking ecstasy and if so they were asked to specify the risk (Table 13). Seventy eight percent of respondents believed there were some risks involved with taking ecstasy and 3% did not know whether there were any risks.

Forty four percent of PDUs believed there were physical risks with taking ecstasy, 23% believed there was a risk of overdosing or not knowing how to use ecstasy properly and 19% stated there was a risk with not knowing the quality and composition of the drugs they were receiving. None of the respondents believed that there were any sexual risks involved with ecstasy use. Overall

respondents believed there was a median of only one risk (range 0-3) involved with taking ecstasy.

Table 13: PDU perceived risks associated with ecstasy use*

Variable		2003 sample (n=104)
Any risks with ecstasy use (%)	Yes	78
	No	19
	Don't know	3
Risk attributed to ecstasy use (%)		
Overdose/un-knowledgeable on how to use		23
Physical health		44
Mental health		13
Behaviour whilst on drug		3
Death		4
Addiction		5
Legal problems		8
Financial problems		3
Relationship problems		1
Sexual problems		0
Unknown quality/composition of drug		19
Type of people users deal with		5
Drinking too much (water or alcohol)		10

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

PDU's who believed that a risk of taking ecstasy was the type of people they had to deal with were significantly younger (32.92 vs 24.50, t_{76}= 2.08, p = 0.041), younger when they first tried ecstasy (24.07 vs 15.75, t_{74}= 2.16, p = 0.03), and younger when they started using ecstasy regularly (26.76 vs 17, t_{74}= 2.26, p = 0.03).

There were no significant differences between perceived risk categories and number of days using ecstasy in the previous six months or age first injected ecstasy. There were also no significant gender or ethnicity differences found in relation to perceived risks.

4.9 Summary of ecstasy trends

- on average, the PDU sample started to use ecstasy at 24 years old, and started using it regularly at 27 years old
- a fair proportion reported using ecstasy more than weekly (19%), most typically using one tablet, or two in a heavy episode and over half of users binged with ecstasy
- a fair proportion of users had recently injected ecstasy (28%), although most swallowed it (94%)
- most reported usually using ecstasy at home (67%)
- ecstasy was most commonly purchased in tablet form for $50 and a majority of users said this price was 'stable' (58%)
- most users said that the current purity of ecstasy was 'medium' (40%) and that this had been stable (37%) over the past six months
- most users reported the availability of ecstasy was 'easy to very easy' (57%) and that this had been 'stable' (53%) over the past six months
- a majority of users said they scored ecstasy from a friend (78%) at a friends home (62%)
- most users believed there were two benefits with ecstasy use and the most common perceived benefits were social enhancement (59%) and enhancement of mood/feeling (53%)
- the most common perceived risk with ecstasy use was to ones physical health (44%)

5.0 METHAMPHETAMINE

Amphetamine is used to denote the sulfate of amphetamine which previously dominated the Australian market. Currently almost all amphetamine seizures are now methamphetamine.

Methamphetamine is the result of cooking the amphetamine in different ways. Amphetamine and methamphetamine are closely related chemically, but differ in molecular structure. Both have psychomotor, cardiovascular, anorexogenic and hyperthermic properties and stimulate the release of peripheral and central monoamines.

In this report the distinction has been made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal').

Speed is typically manufactured in a range of colours (white to yellow, orange, pink or brown) depending on the chemicals used to produce it and is usually relatively low in purity.

Base, which is also called paste, wax, point or pure, has an oily, gluggy, damp, sticky consistency that is often brownish. It is reportedly difficult to dissolve for injecting without heating.

Crystal, which is also known as ice, shabu, or crystal meth, has a crystal or course powder consistency and ranges in colour from translucent to white, sometimes with a green, blue or pink tinge. While the other forms of methamphetamines are manufactured in Australia, crystal is made in Asia and imported into Australia (White et al, 2002).

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine powder (speed), base & crystal (ice)

After cannabis (95%, Table 3), some form of methamphetamine was the most commonly used drug amongst PDU participants (82%), used on a median of 12 days in the previous six months.

Speed powder was the most used form of methamphetamine, (81%) and was used on a median of 12 days in the six months prior to interview (Table 14). On average, powder was first used at a younger age (20 years) and crystal was first used at an older age (26 years). Twenty-five percent of those who used speed powder in the previous six months used it at least weekly. Although more people used crystal (40%) than base (32%) in the previous six months, they used base more frequently, with 15% using it weekly or more.

The median amount of powder used in a session was one gram, although 30% typically used more than this, reporting up to three grams as an average. In heavy use episodes, participants reported using up to 14 grams of powder. The median amount of base and crystal used in a session was one point, but 48% reported usually using more base, and 26% reported usually using more crystal than this. Up to ten points of base and crystal were reportedly used in a heavy use episode, notably this is the same amount for usual use episodes.

Table 14: Patterns of methamphetamine use by PDU.

Variable	Methamphetamine		
	Powder	Base	Crystal
	(n=104)	**(n=104)**	**(n=104)**
Ever used (%)	89	47	55
Age first used (mean years)	20	23	26
Used last 6 months (%)	81	32	40
(recent users)	**(n=84)**	**(n=33)**	**(n=42)**
Median days used last 6 months (range)	12 (1-180)	4 (1-120)	5 (1-90)
Use weekly or more (%)	25	15	7
Median quantities used	(grams)	(points)	(points)
Usual (range)	1 (0.1-3)	1 (0.5-10)	1 (0.5-10)
Heavy (range)	2 (0.1-14)	2.5 (1-10)	2 (0.5-10)
Usually use > usual amount (%)	30	48	26
Recently binged with (%)	56	27	40

Source: Party Drugs Initiative PDU interviews

Fifty six percent of recent users had included speed powder in their recent binge, 40% had included crystal methamphetamine and 27% had used base in a recent binge.

Injection was the most frequently used method of administration for methamphetamine users (Table 15). Base showed the highest injecting rates with 80% of participants who had ever used base having injected it at some time, and 73% of those who had used base in the previous six months had injected it in the previous six months. Sixty six percent of recent powder users and 60% of recent crystal users had injected in the previous six months.

After injecting, the most common route of administration for recent powder users was snorting (43%), for recent base users it was swallowing (42%), and for recent crystal users it was equally smoking and swallowing (33%). The least common form of administration for powder (13%) and base (3%) was smoking, and for crystal it was snorting (14%).

As with methamphetamine age of first use, on average, powder was first injected at a younger age (21 years) and crystal was first injected at an older age (26 years).

Table 15: Route of administration of methamphetamines by PDU.

Variable	Methamphetamine		
	Powder	Base	Crystal
(ever used)	**(n=93)**	**(n=48)**	**(n=57)**
Ever injected	72	80	61
Age first injected (mean)	21	24	26
(**recent users)**	**(n=84)**	**(n=33)**	**(n=42)**
Injected last 6 months (%)	66	73	60
Swallowed last 6 months (%)	38	42	33
Snorted last 6 months (%)	43	12	14
Smoked last 6 months (%)	13	3	33

Source: Party Drugs Initiative PDU interviews

Half of the recent powder users would use speed with ecstasy, and 38% of recent crystal users did the same (Table 16). All of the methamphetamines were not commonly used to come down from ecstasy or their drug of choice (all under 5%). Twelve percent of recent powder users would use speed with their drug of choice, and only 6% of base users and 7% of crystal users would do the same.

Table 16: Other drug use with methamphetamines

Variable	Methamphetamine		
	Powder (n=84)	Base (n=33)	Crystal (n=42)
Use (% of recent users)			
With ecstasy	50	21	38
Comedown from ecstasy	5	3	2
With drug of choice	12	6	7
Comedown from drug of choice	0	3	0

Source: Party Drugs Initiative PDU interviews

The majority of powder users reported that their usual use (63%) and last use (44%) venue was at home (Table 17). Other popular usual use venues were: friends home (50%), pub (37%), private party (34%) and nightclub (30%). Four percent of the sample nominated other for their usual use venue and 2% for last use venue, these included: beach, hotel, in the gutter and V8 supercars. After home, the most common last use venues for powder users were: friends home (24%), private party and nightclub (10% each). Only 9% and 5% of powder users nominated their usual use venue as dance parties and raves respectively. One percent had last used powder at a dance party and none had last used at a rave.

The majority of base users reported that their usual use (65%) and last use (50%) venue was at home (Table 17). Other popular usual use venues were: friends home (53%), pub (38%), nightclub (33%) and private party (23%). None of the sample nominated other for their usual use venue, but 3% did so for last use venue, this included the V8 supercars. After home, the most common last use venues for base users were: friends home (28%), nightclub and dealers home (6% each). No base users nominated their usual use venue or last use venues as dance parties or raves.

Over half of the crystal users reported that their usual use venue was at home (58%), and 49% stated they had last used it at home. Other popular usual use venues were: friends home (50%), pub (22%), nightclub and private party (17% each). Two percent of the sample nominated other for their usual use and last use venue, this included the casino. After home, the most common last use venues for crystal users were: friends home (20%), pub (9%) and public place (6%). No base users nominated their usual use or last use venues as raves, but 7% stated that dance parties were their usual use venue and 3% said it was their last use venue.

KI comments about methamphetamine use were very diverse, some said that 100% of ecstasy users also used some sort of methamphetamine, another said 60% and another stated 50%. One reported that 80% of ecstasy users also used methamphetamine powder and two others said between 20% and 50% would use powder. Most agreed that base and crystal use was rare. KI reported that the main routes of administration were swallowing/orally, then injecting, then snorting. Not many commented on the frequency of use of methamphetamines, but the ones who did reported that use varied from weekly to fortnightly and from occasionally to regularly. Two KI commented that the usual quantity was between one gram and 3grams maximum.

Table 17: Usual and last methamphetamine use venue by PDU

Variable	Methamphetamine					
	Powder		Base		Crystal	
	Usual (n=77)	Last (n=84)	Usual (n=32)	Last (n=32)	Usual (n=36)	Last (n=35)
Use venue (% of commented)						
Home	63	44	65	50	58	49
Dealers home	9	1	13	6	11	3
Friends home	50	24	53	28	50	20
Raves	5	0	0	0	0	0
Dance parties	9	1	0	0	9	3
Nightclubs	30	10	33	6	17	3
Pubs	37	4	38	0	22	9
Private parties	34	10	23	3	17	3
Restaurant/cafes	0	1	0	0	0	0
Public place	7	2	10	0	9	6
Vehicle	2	1	7	0	3	0
Other	4	2	0	3	2	2

Source: Party Drugs Initiative PDU interviews

5.2 Price

Twenty eight participants were able to comment on the current price of powder in terms of points and 24 were able to comment in terms of grams (Table 18). The median price for a point of speed powder was $50 and $60 for a gram. Eighty five people were able to comment on the changes in price, and most (62%) reported that the price of powder had been 'stable' over the six months prior to interview.

Almost identical pricing patterns were found for the base and crystal forms (Table 18). Twenty two participants paid a median of $50 for one point of base and 26 paid a median of $65 for one point of crystal. Thirty three commented on the changes in price of base users and 37 commented on the changes in price of crystal, with a majority reporting that the price of each form had been 'stable' in the six months prior to interview (58% and 57% respectively). Small proportions reported 'increasing' prices (15% and 14%)

Table 18: Price of various forms of methamphetamine purchased by PDU

Variable	Methamphetamine		
	Powder	Base	Crystal
Median price point ($ range)	50 (25-100)	50 (20-100)	65 (40-100)
Number of purchasers	28	22	26
Median price gram ($ range)	60 (50-300)	-	-
Number of purchasers	24		
(commented)	**(n=85)**	**(n=33)**	**(n=37)**
Changes in price (%)			
Increasing	11	15	14
Stable	62	58	57
Decreasing	5	3	3
Fluctuating	13	9	5

Source: Party Drugs Initiative PDU interviews

5.3 Purity

Table 19 displays the PDU's perception of the current purity and recent purity change in relation to all types of methamphetamines.

Table 19: PDU reports of current and recent purity of methamphetamine

Variable	Methamphetamine		
	Powder (n=85)	Base (n=32)	Crystal (n=37)
Current purity			
Low	44	16	5
Medium	24	41	16
High	15	34	65
Fluctuate	14	6	3
Purity change			
Increasing	11	13	14
Stable	26	31	54
Decreasing	21	9	5
Fluctuating	40	38	8

Source: Party Drugs Initiative PDU interviews

Forty-four percent of those able to comment reported the purity of speed powder as low, and 24% as medium. Base was considered to be either of a medium (41%) or high (34%) purity, while most reported the purity of crystal as high (65%). Reports of the purity of speed powder were mixed: 40% thought it was fluctuating, 26% said it was stable and 21% believed it to be decreasing. Those who commented on base mainly reported as being either fluctuating (38%) or stable (31%). The purity of crystal was reported to have been either stable (54%) or increasing (14%) over the six months prior to interview.

5.4 Availability

Over three quarters of those able to comment reported powder as either easy (24%, Table 20) or very easy (52%) to obtain, with most reporting that availability had been either stable (48%) or getting easier (22%) over the six months prior to interview. Powder was most often scored from friends (77%), dealers (49%) or acquaintances (18%). The venues where powder was purchased varied, with 64% from a friend's home, 35% from a dealers home and 29% at the respondent's own home being the most commonly reported locations. Smaller proportions scored from pubs (15%), nightclubs (10%), the street (10%) or raves/dance parties (8%).

Current base availability was more mixed, with 38% reporting it as very easy and 28% reporting it as moderate. Twenty-two percent reported that base was difficult to obtain. Sources and locations of scoring were similar to those shown for powder, with friends (73%) and dealers (42%) being the main sources and friend's homes (71%), dealer's homes (36%) and the respondent's own home (23%) being the most commonly reported locations.

Although the largest proportion reported crystal as either very easy (24%) or easy (19%) to obtain, the availability ratings were more evenly distributed with 16% each reporting crystal as either difficult or very difficult to obtain. The pattern of sources and locations of purchase were similar to powder and base, although no one reported scoring crystal on the street.

Table 20: PDU reports of availability of methamphetamine in the last six months

Variable	Methamphetamine		
	Powder	Base	Crystal
(commented)	**(n=85)**	**(n=32)**	**(n=37)**
Current availability (%)			
Very easy	52	38	24
Easy	24	13	19
Moderate	18	28	14
Difficult	5	22	16
Very difficult	0	0	16
Availability change (%)			
More difficult	12	16	16
Stable	48	53	46
Easier	22	22	8
Fluctuates	15	6	5
Source scored from (%)			
Friends	77	73	77
Dealers	49	42	34
Workmates	5	6	6
Acquaintances	18	18	11
Unknown	5	0	0
Locations scored from (%)			
Home	29	23	12
Dealer's home	35	36	30
Friend's home	64	71	70
Nightclubs	10	13	6
Pubs	15	10	12
Street	10	3	0
Raves or dance parties	8	3	3

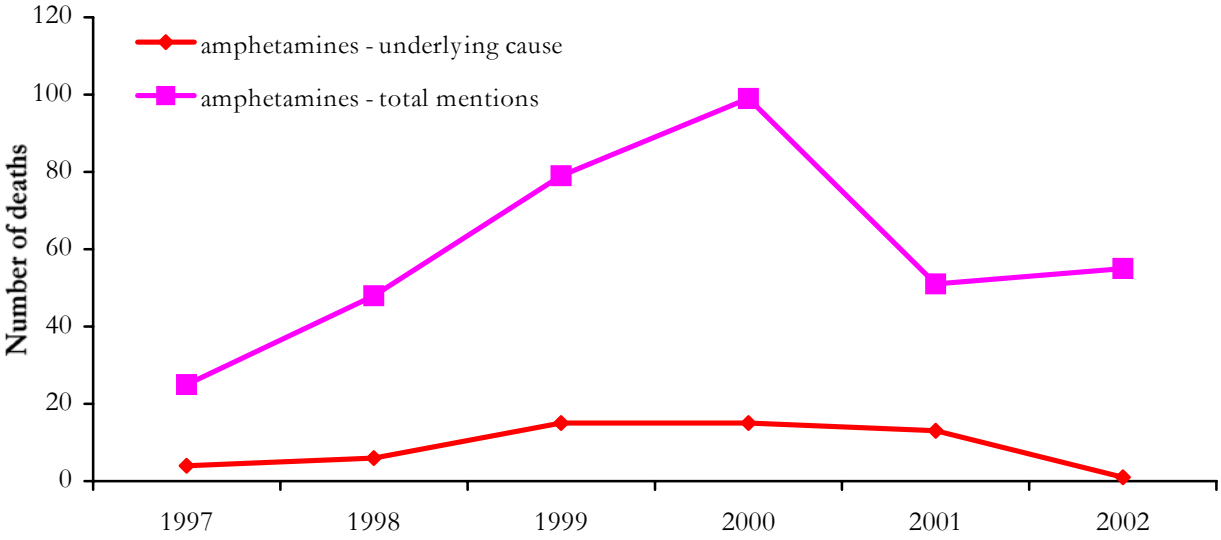
Source: Party Drugs Initiative PDU interviews

5.5 Methamphetamine related harms

5.5.1 Health

Small numbers of accidental drug-induced deaths where methamphetamine has been noted have occurred over the past six years in Australia, however, none reported the Northern Territory as their usual place of residence (Figure 5). Between 1997 and 2000 there was an increase in the number of deaths in which methamphetamine was noted, from 25 in 1997 to 99 in 2000, with a decrease in 2001 to 51 deaths and a slight increase in 2002 to 55 deaths. In 2002, there was only one death where methamphetamine was thought to be the underlying cause of death.

Figure 5: Number of accidental drug-induced deaths mentioning methamphetamine (total and underlying COD) among those aged 15-54 years in Australia, 1997-2002.



Source: 2002 ABS cocaine and amphetamine bulletin

5.6 Benefit and risk perception

For the first time in 2003, data was collected from survey participants on the risks and benefits they perceived to be associated with taking party drugs.

5.6.1 Perceived benefits

Table 21 presents the perceived benefits of methamphetamine use. Overall respondents believed there was a median of one benefit (range 1-4) associated with using powder, two benefits (range 1-4) associated with using base and one benefit (range 1-4) associated with using crystal. Seventy one percent of people who commented on powder stated that the increase in energy, motivation and alertness was a benefit of powder use. Over half of the people who had ever used crystal

meth, and 38% of the people who had ever used base felt the same was a benefit of their form of methamphetamine use.

Table 21: PDU perceived benefits associated with methamphetamine use*

Variable	Methamphetamine		
	Powder (n=93)	Base (n=84)	Crystal (n=57)
Benefit (% of ever used)			
Sexual enhancement	10	4	12
Social enhancement	32	19	32
Mood/feeling enhancement	20	15	28
Increase energy, motivation, alertness	71	38	53
Mental/spiritual enhancement	3	6	5
Mild/easy comedown	0	0	2
No benefits	1	0	0
Effects with other drugs	9	6	5
Availability/accessibility	0	0	0
Price	0	0	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

Powder users also stated that the social and mood/feeling enhancement was a benefit of using powder (32% and 20% respectively). Crystal users reported very similar figures (32% for social enhancement and 28% for mood/feeling enhancement), whereas base had smaller proportions who attributed these benefits to their base use (19% for social enhancement and 15% for mood/feeling enhancement).

Sexual enhancement was considered to be a benefit by powder (10%) and crystal users (12%), but not so much by base users (4%). Base users believed that mental/spiritual enhancement (6%) was more a benefit of their drug. One percent of powder users thought there was no benefit to using powder, none of the base and crystal users reported this. The users of all forms of methamphetamines stated there were no price or availability/accessibility benefits to using their drug.

5.6.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking methamphetamines and if so they were asked to specify the risk (Table 22). Sixty six percent of the PDU sample believed there was some risk involved with powder use and 20% didn't know.

Over a third of the PDU sample believed there was some risk with base use (36%) and over half didn't know (51%). Similarly, 40% of the PDU sample believed there was a risk involved with crystal use and almost half didn't know (49%).

Risks to ones physical health was most commonly attributed to methamphetamine use, 40% of powder users, 27% of base users and 35% of crystal users. After physical health, powder users believed that the composition/quality of the drug (20%) and mental health (18%) were risks associated with powder use. Base users believed that after physical health, mental health (11%) and addiction (8%) were risks of using base. The composition/quality of the drug (14%) and mental health (12%) were considered to be risks of using crystal powder. Eleven percent of crystal users also thought that overdose/un-knowledgable on use and addiction were risks with the drug.

Table 22: PDU perceived risks associated with methamphetamine use*

Variable		Methamphetamine		
		Powder (n=104)	Base (n=104)	Crystal (n=104)
Any risk with methamphetamine use (%)	Yes	66	36	39
	No	14	13	11
	Don't know	20	51	49
Risk (% of ever used)		**(n=93)**	**(n=84)**	**(n=57)**
	Overdose/un-knowledgeable on how to use	8	5	11
	Physical health	40	27	35
	Mental health	18	11	12
	Behaviour whilst on drug	2	4	5
	Death	1	0	2
	Addiction	9	8	11
	Legal problems	4	2	5
	Financial problems	3	4	4
	Relationship problems	2	2	0
	Sexual problems	2	1	4
	Unknown quality/composition of drug	20	6	14
	Type of people users deal with	2	2	4
	Drinking too much (water or alcohol)	0	0	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

5.7 Summary of Methamphetamine trends

- a majority of ecstasy users had also used powder (81%) in the past six months and fair proportion had used crystal (40%) and base (32%)
- on average, the ecstasy users interviewed started to use powder at 20 years old, base at 23 years old and crystal at 26 years old.
- a quarter reported using powder, 15% reported using base and 7% reported using crystal more than weekly
- most speed users reported typically using one gram, and two grams in a heavy episode. Over half of users reported they had binged with powder in the six months prior to interview.
- most base users reported they typically used one point, or 2.5 points in a heavy episode. Over a quarter of users binged with base in the six months prior to interview.
- most crystal users reported they typically used one point, or 2 points in a heavy episode and 40% of users had binged with crystal in the six months prior to interview.
- a majority of recent users had recently injected all forms of methamphetamine (66% powder, 73% base, 60% crystal), with swallowing (38% powder, 42% base, 33% crystal) the next most commonly reported route of administration
- powder and base were most commonly purchased for a median of $50 per point and crystal was most commonly purchased for a median of $65 per point
- a majority of those who commented on each form of methamphetamine said the price was 'stable' (62% powder, 58% base, 57% crystal)
- most respondents reported the purity of: powder to be 'low to medium' (68%) and 'fluctuating' (40%), base to be 'medium to high' (75%) and 'fluctuating' (38%) or 'stable' (31%), and crystal to be 'high' (65%) and stable (54%)
- powder users reported the availability as 'easy to very easy' (66%), and 'stable' (48%), base users reported the availability as 'very easy' (38%) or 'moderate' (28%), and 'stable' (53%), and crystal users reports of the availability were fairly evenly distributed from 'very easy to easy; (43%) to 'difficult to very difficult' (32%), and 'stable' (46%)
- most users of all types of methamphetamine scored from their friends (77% powder and crystal, 73% base) and at their friends home (64% powder, 71% base, 70% crystal)
- users believed there was median of one benefit with powder and crystal use, and two benefits with base use. The most common perceived benefit for all methamphetamines was increase energy, motivation, alertness (71% powder, 38% base, 53% crystal)
- the most common perceived risk with all methamphetamines was to ones physical health (40% powder, 27% base, 35% crystal)

6.0 LSD

6.1 LSD use among PDU

LSD was used by 80% of the PDU's in their lifetime and by a quarter of the PDU's in the six months before interview (Table 23). Recent LSD users had used it for a median of three days, with 8% using it fortnightly or more. The usual amount used in a session was one tab although 23% of LSD users typically used more than that, up to a maximum five tabs in a session. In heavy use episodes, users would typically use a median of two tabs, but could use up to 20 tabs. Eight percent of the PDU and 31% of recent LSD users had used LSD in a recent binge.

Table 23: Patterns of LSD use among PDU

Variable		2003 sample (n=104)
Ever used (%)		80
Mean age first used LSD		18
(recent users)		**(n=26)**
Median days used last 6 months		3
Use fortnightly or more (%)		8
Median quantities used (tabs)		
	usual (range)	1 (0.5-5)
	heavy (range)	2 (0.5-20)
Usually use > usual amount (%)		23
Recently binged with (%)		31

Source: Party Drugs Initiative PDU interviews

Twenty eight percent of people that had ever used LSD had also injected it at some time, with the average age for first injecting being 20 years (Table 24). By far the most common route of administration for recent users was swallowing (96%), with only 12% injecting.

Table 24: Route of administration of LSD by PDU

Variable	2003 sample
(ever used)	**(n=83)**
Ever injected (%)	28
Age first injected (mean)	20
(**recent users)**	**(n=26)**
Injected last 6 months (%)	12
Swallowed last 6 months (%)	96

Source: Party Drugs Initiative PDU interviews

Nineteen percent of recent LSD users would use LSD with ecstasy, and 8% would use it with their drug of choice (Table 25). None of the recent LSD users would use it to come down from ecstasy or their drug of choice.

Table 25: Other drug use with LSD

Variable	2003 sample (n=26)
Use (% of recent users)	
With ecstasy	19
Comedown from ecstasy	0
With drug of choice	8
Comedown from drug of choice	0

Source: Party Drugs Initiative PDU interviews

Data concerning the usual and last use venue of LSD was not collected in the user survey component in 2003.

All but two KI stated that none of the ecstasy users would also use LSD, others said it was rare, or didn't comment. The two KI that did comment stated that 20% of the PDU would use LSD, they would swallow it, it came in the form of 'blotters' and people would take it rarely, approximately once a year.

6.2 Price

Ten people were able to comment on the price of LSD and they reported paying a median of $25 for a tab of LSD (Table 26), while nine others reported a low price of a tab as $15 and the

high price of a tab as $60. Of these nineteen, 32% reported prices as 'stable' over the six months preceding interview and 37% reported them as 'fluctuating'.

Table 26: Price of LSD purchased by PDU

Variable		2003 sample
Median price tab ($ range)		25 (10-30)
Number of purchasers		10
(commented)		**(n=19)**
Changes in price (%)		
	Increasing	5
	Stable	32
	Decreasing	16
	Fluctuating	37

Source: Party Drugs Initiative PDU interviews

6.3 Purity

Nineteen people were able to comment on the purity of LSD. The purity at time of interview of LSD was rated by the largest proportion to be fluctuating (37%, Table 27), although 32% rated it as medium and 16% as high. Just over half (53%) of those who commented reported that LSD purity had been fluctuating over the six months prior to interview.

Table 27: PDU reports of LSD purity

Variable		2003 sample (n=19)
Current purity (%)	Low	5
	Medium	32
	High	16
	Fluctuating	37
Purity change (%)	Increasing	11
	Stable	16
	Decreasing	11
	Fluctuating	53

Source: Party Drugs Initiative PDU interviews

6.4 Availability

Again 19 people were able to comment on the availability of LSD, with half reporting LSD as easy (32%, Table 28) or very easy (21%) to obtain. The pattern of change of availability reported was mixed: 21% more difficult, 47% stable and 16% easier.

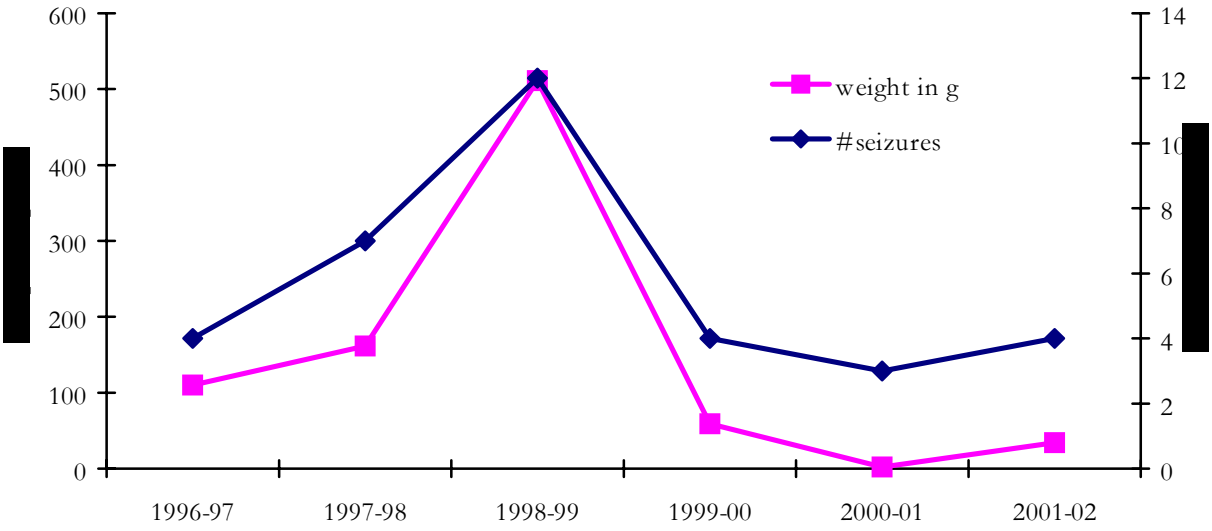
Table 28: PDU reports of LSD availability

Variable		2003 sample (n=19)
Current availability (%)	Very easy	21
	Easy	32
	Moderate	26
	Difficult or very difficult	16
Availability change (%)	More difficult	21
	Stable	47
	Easier	16
	Fluctuates	11

Source: Party Drugs Initiative PDU interviews

Figure 6 indicates that both the number and weight of Australian LSD border detections has decreased over recent years since a peak in 1998-99, remaining low since that time.

Figure 6: Number and weight of Australian border-level detections of LSD, 1996-97 to 2001-02



Source: Australian Customs Service

6.5 Benefit and risk perception

For the first time in 2003, data was collected from survey participants on the risks and benefits they perceived to be associated with taking party drugs.

6.5.1 Perceived benefits

Respondents were asked to identify any benefits they perceived to be related to their LSD use (Table 29). A range of benefits were reported with most people believing there was a median of one benefit (range 1-2). The most commonly perceived benefit of LSD use by recent users was mental/spiritual enhancement (37%), followed by mood/feeling enhancement (15%), with a small proportion nominating social enhancement (5%). None of the users thought there was no benefit to using LSD.

Table 29: PDU perceived benefits associated with LSD use*

Variable	2003 sample (n=83)
Benefit (% of ever used)	
Sexual enhancement	0
Social enhancement	5
Mood/feeling enhancement	15
Increase energy, motivation, alertness	1
Mental/spiritual enhancement	37
Mild/easy comedown	0
No benefits	0
Effects with other drugs	0
Availability/accessibility	0
Price	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

6.5.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking LSD and if so they were asked to specify the risk. Forty five percent of the PDU sample believed there was some risk involved with LSD use and just under half didn't know (48%).

As with perceived benefits, by far the most commonly perceived risk by LSD users was to ones mental health (38%, Table 30). Seven percent of LSD users thought that the quality/composition of the drug was a risk they took when using LSD and 6% thought that there was a risk to their physical health. No one thought that they were risking death by using LSD.

Table 30: PDU perceived risks associated with LSD use*

Variable		2003 sample (n=104)
Any risks with LDS use (%)	Yes	43
	No	11
	Don't know	46
Risk (% of ever used)		**(n=83)**
	Overdose/un-knowledgeable on how to use	5
	Physical health	6
	Mental health	38
	Behaviour whilst on drug	4
	Death	0
	Addiction	2
	Legal problems	1
	Financial problems	1
	Relationship problems	0
	Sexual problems	0
	Unknown quality/composition of drug	7
	Type of people users deal with	0
	Drinking too much (water or alcohol)	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

6.6 Summary of LSD trends

- most ecstasy users had also used LSD at some time (80%) and a quarter had used it in the six months preceding interview
- on average, the users interviewed had first used LSD at 18 years old
- a very small proportion reported they had used LSD fortnightly or more (8%), most reported they typically used use one tab, and two tabs in a heavy episode. A third of recent users reported they had binged with LSD
- a small proportion of recent users had recently injected LSD (12%), although most reported swallowing it (96%)
- LSD was most commonly purchased in tab form for $25 and a majority or users said this price was either 'fluctuating' (37%) or 'stable' (32%)
- users said that the current purity of LSD was 'fluctuating' (37%) or 'medium' (32%) and that this had been 'fluctuating' (53%) over the past six months
- users reported the availability of LSD was 'easy to very easy' (53%) and that this had mostly been 'stable' (47%) or 'more difficult' (21%) over the past six months
- users reported a median one benefit with LSD use and the most common perceived benefit was mental/spiritual enhancement (37%)
- the most common perceived risk with using LSD was to ones mental health (38%)

7.0 OTHER PARTY DRUGS

Other typical 'party' drugs showed a low incidence of recent use amongst the PDU. Table 31 summarises selected data from the survey relating to other party drug. 1,4B has been excluded from this section due to low incidence of use (2% ever, 0% in the past six months). Table 32 presents other party drug perceived benefits, and Table 33 presents other party drug perceived risks. These should be treated with caution due to the low number of respondents.

The prevalence and frequency of use of party drugs other than ecstasy is very low (cocaine, amyl nitrite, nitrous oxide, MDA, Ketamine and GHB). Half of participants had used cocaine and amyl nitrite, a third had used nitrous oxide, a quarter had used MDA and one fifth had used ketamine and GHB in their lifetime. However recent use of these other party drugs were all under 8%. Sixty percent of MDA users, a third of cocaine and ketamine users and a quarter of GHB users had injected their drugs. The most common route of administration was snorting and smoking for cocaine, and swallowing for MDA, ketamine and GHB.

Two KI commented on cocaine use stating that very small and select groups would use cocaine such as the gay community or the financially independent and only small amounts of powder would be snorted on special occasions, use was more opportunistic and experimental. Two KI commented on the use of inhalants; one reported that that people do not use inhalants with ecstasy, the other reported that 30% of PDU would use inhalants, and that they would typically sniff paint solvents. One KI commented on ketamine use, reporting that 10% of the PDU would use ketamine by injecting the powder. One KI commented on GHB use reporting that there had been very few seizures of vials and that availability is very small.

GHB was used for a median of eight days, cocaine six days, amyl nitrite four and a half, days nitrous oxide four days, MDA two days and ketamine one day in the past six months. Typically participants would use one gram of cocaine, four snorts of amyl nitrite, seven bulbs of nitrous oxide, two caps of MDA, one bump of ketamine and 16mls of GHB in an episode. In a heavy use episode, participants would use four injections of cocaine, 10 snorts of amyl nitrite, 13 bulbs of nitrous oxide, five caps of MDA, one and a half bumps of ketamine and 17mls of GHB.

A quarter of recent users would binge with GHB and Nitrous oxide, 17% would binge with MDA and 40% would binge with cocaine. No participants used these other party drugs to come down from ecstasy, but 20% would use cocaine, 13% would use amyl nitrite and 17% would use MDA concurrently with ecstasy.

The median prices were reported as: $280 per gram of cocaine, $60 per cap of MDA, and $40 per half gram of ketamine. Most users reported that these prices for cocaine had been 'fluctuating' or 'increasing', and were 'stable' for MDA over the previous six months.

Participants reports of the other party drugs purity is as follows: cocaine is medium and the purity is decreasing, MDA and ketamine are high and the purity is stable. Half the participants who commented on the availability of cocaine stated it was 'moderate to easy' to obtain and this had been stable over the past six months and the other half stated it was 'difficult to very difficult' to obtain and that it had become 'more difficult' over the past six months. It was reported that MDA was 'difficult' and ketamine 'very difficult' to obtain, and this had been stable over the previous six months.

Table 31: Other party drugs, selected characteristics

Variable	Cocaine	Amyl Nitrite	Nitrous Oxide	MDA	Ketamine	GHB
Ever used (% of PDU)	50	47	31	21	18	17
Used in last 6 months (n)	5	8	4	6	7	4
Ever injected (% of ever used)	38			60	32	22
Route of administration for recent users (n)						
Injected (last 6 months)	1			2	3	0
Swallow (last 6 months)	1			5	6	4
Snort (last 6 months)	3			3	2	
Smoke (last 6 months)	3			0	0	
Median days used in previous 6 months (range)	6 (2-30)	4.5 (1-40)	4 (3-6)	2 (1-12)	1 (1-10)	8 (2-12)
Binge with (n)	2	0	1	1	0	1
Use with E (n)	1	1	0	1	0	0
Used come down from E (% of recent users)	0	0	0	0	0	0
Usual amount used (mean, range)	1 gm (1)	4 snorts (2-5)	7 bulbs (5-10)	2caps (1-3)	1 bumps (1-2)	16mls (3-30)
Heavy amount used (mean, range)	4 injections	10 snorts (3-20)	13 bulbs (5-30)	5 caps (1-10)	2 bumps (1-3)	17mls (5-30)
Median price per … (range)	$280 p/gm (60-500)	dnc	dnc	$60 p/cap (30-100)	$40 p/ 0.5g (20-60)	nd
(commented)	**(n=6)**			**(n=6)**	**(n=1)**	**(n=0)**
price change (n)	2 Increasing	dnc	dnc	2 stable	nd	nd
	2 fluctuating					
Purity (n)	2 medium	dnc	dnc	3 high	1 High	nd
purity change (n)	3 decreasing	dnc	dnc	3 stable	1 Stable	nd
availability (n)	3 moderate to easy	dnc	dnc	4 difficult	1 Very difficult	nd
	3 difficult to very					
availability change (n)	3 Stable	dnc	dnc	3 stable	1 stable	nd
	3 more difficult					

Source: Party Drugs Initiative PDU interviews

nd = no data

dnc = data not collected in the user survey component in 2003

Table 32: PDU perceived benefits associated with other party drug use*

Variable	Cocaine (n=52)	Amyl Nitrite (n=49)	Ketamine (n=19)	GHB (n=18)
Benefit (% of ever used)				
Sexual enhancement	4	8	0	6
Social enhancement	2	0	0	0
Mood/feeling enhancement	33	31	16	11
Increase energy, motivation, alertness	4	0	0	0
Mental/spiritual enhancement	4	2	16	0
Mild/easy comedown	0	0	11	0
No benefits	0	2	0	0
Effects with other drugs	0	2	0	6
Availability/accessibility	0	0	0	0
Price	0	0	0	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

Data concerning the benefits of nitrous oxide and MDA were not collected in the user survey component in 2003

The most common benefit perceived to be associated with cocaine, amyl nitrite and GHB use was mood/feeling enhancement, this benefit was also perceived to be associated with ketamine use as well as mental/spiritual enhancement.

Comments about amyl nitrite under the' sexual enhance' category that are different to comments that fall under this category for other drugs include 'relaxes your sphincter', 'makes anal sex easier' and 'intense orgasm'.

Table 33: PDU perceived risks associated with other party drug use*

Variable		Cocaine (n=104)	Amyl Nitrite (n=104)	Ketamine (n=104)	GHB (n=104)
Any risk with drug use (%)	Yes	15	15	7	2
	No	11	11	7	5
	Don't know	73	74	87	93
Risk (% of ever used)		**(n=52)**	**(n=49)**	**(n=19)**	**(n=18)**
Overdose/un-knowledgeable on how to use		4	2	5	0
Physical health		13	20	11	6
Mental health		8	4	5	0
Behaviour whilst on drug		2	0	11	0
Death		4	2	0	0
Addiction		8	0	5	0
Legal problems		4	2	5	6
Financial problems		4	0	0	0
Relationship problems		0	0	0	0
Sexual problems		0	0	0	0
Unknown quality/composition of drug		2	0	0	0
Type of people users deal with		0	0	0	0
Drinking too much (water or alcohol)		0	0	0	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

Data concerning the risks of nitrous oxide and MDA were not collected in the user survey component in 2003.

The most common perceived risks with using cocaine, amyl nitrite, ketamine and GHB is to ones physical health, recent ketamine users also considered ones behaviour whilst under the influence of ketamine to be a risk.

7.1 Summary of other party drug use

- other typical 'party' drugs showed a low incidence of recent use and no one had used 1,4B in the previous six months
- proportions of recent MDA (n=2), cocaine (n=1), and ketamine (n=3) users had injected their drugs
- the most common route of administration for recent users was snorting (n=3) and smoking (n=1) for cocaine, and swallowing for MDA (n=5), ketamine (n=6) and GHB (n=4)
- these other party drugs were used for a median of 1 to 8 days in the past six months
- usual use amounts were: 1 gram of cocaine, 4 snorts of amyl nitrite, 7 bulbs of nitrous oxide, 2 caps of MDA, 1 bump of ketamine and 16mls of GHB.
- GHB , nitrous oxide, MDA and cocaine were reported to have been used in a binge
- participants did not use other party drugs to come down from ecstasy but cocaine, amyl nitrite and MDA was used concurrently with ecstasy
- the median prices were reported as: $280 per gram of cocaine, $60 per cap of MDA, and $40 per half gram of ketamine.
- the purity of cocaine was reported as 'medium' (n=2), MDA (n=3) and ketamine (n=1) were reportedly of 'high' purity
- with regards to availability: cocaine is 'moderate to easy' (n=3) or 'difficult to very difficult' (n=3), MDA is 'difficult' (n=4) and ketamine is 'very difficult' (n=1)
- the most common benefit perceived to be associated with other party drug use was mood/feeling enhancement (33% cocaine, 31% amyl nitrite, 16% ketamine, 11% GHB)
- the most common perceived risks with using other party drugs was to ones physical health (13% cocaine, 20% amyl nitrite, 11% ketamine, 6% GHB)

8.0 OTHER DRUGS

Significant proportions of party drug users reported the use of other licit and illicit drugs.

8.1 Alcohol

Almost all of the 2003 respondents reported having used alcohol at some time (93%) and a majority reported recent (78%) alcohol use (Table 3). The median age for first using alcohol was 14 years, although some started as early as five years and as late as 25 years. Alcohol was used for a median of 27 days and over a quarter (29%) of the sample had binged with alcohol in the previous six months.

Just over half (51%) of the sample used ecstasy with alcohol, and 62% of those would drink more than five standard drinks. Twenty seven percent would use alcohol whilst coming down from ecstasy, and three quarters of those would drink more than five standard drinks. Eighteen percent of PDU's would use alcohol with their drug of choice, and 95% of those would drink more than five standard drinks. Ten percent of PDU's would use alcohol when coming down from their drug of choice, and all of these people would consume more than five standard drinks.

All KI commented that alcohol use was common with 70%-100% of PDU using alcohol. One KI reported that it was especially the younger PDU who would use alcohol. Most thought it was used between daily and weekly, but a couple said that it was more recreational or occasional and not in combination with ecstasy. Comments regarding the amount of alcohol used varied from lots, to six drinks, to until intoxicated.

The most commonly reported benefit of alcohol by those PDU that had ever used it was social enhancement (41%, Table 34), followed by mood/feeling enhancement (35%). Almost one quarter stated that there was no benefits (22%) to using alcohol, and in spite of the figures above, no one mentioned that alcohol was good to use with or to come down from other drugs.

The most common perceived risk of using alcohol was ones behaviour whilst intoxicated (39%, Table 35), closely followed by physical health (37%), and overdose and addiction (both 12%). Only a small proportion believed that alcohol use caused financial (2%) or relationship problems (3%), and predicably no one reported that there were any risks with the composition/quality of alcohol or the type of people one deals with to use alcohol.

Table 34: PDU perceived benefits associated with alcohol use*

Variable		2003 sample (n=97)
Benefit (% of ever used)		
	Sexual enhancement	2
	Social enhancement	41
	Mood/feeling enhancement	35
	Increase energy, motivation, alertness	0
	Mental/spiritual enhancement	0
	Mild/easy comedown	1
	No benefits	22
	Effects with other drugs	0
	Availability/accessibility	4
	Price	3

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

Table 35: PDU perceived risks associated with alcohol use*

Variable		2003 sample (n=104)
Any risk with alcohol use (%)	Yes	78
	No	14
	Don't know	8
Risk (% of ever used)		**(n=97)**
	Overdose/un-knowledgeable on how to use	12
	Physical health	37
	Mental health	6
	Behaviour whilst on drug	39
	Death	2
	Addiction	12
	Legal problems	2
	Financial problems	2
	Relationship problems	3
	Sexual problems	3
	Unknown quality/composition of drug	0
	Type of people users deal with	0
	Drinking too much (water or alcohol)	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

8.2 Cannabis

Ever (99%) and recent (95%) cannabis use was reported by almost all of the respondents (Table 3). The median age for first using cannabis was 14 years, although some started as early as eight years and as late as 29 years. Cannabis was used for a median of 180 days and almost half (42%) of the sample had binged with cannabis in the previous six months.

Three quarters of the sample used ecstasy with cannabis and 64% would use cannabis whilst coming down from ecstasy. Just over a third (34%) of PDU's would use cannabis with their drug of choice, and a quarter would use cannabis when coming down from their drug of choice.

Consistent with the users reports, all KI described the use of cannabis among substantial proportions of ecstasy users (50%-100%). One KI reported that cannabis use was only occasional and not used as a party drug, another said the use was recreational, the rest stated that cannabis was used weekly to daily, sometimes up to three times a day. All reported that it was smoked and one said it was also ingested.

The most commonly reported benefit of cannabis by those PDU's that had ever used it was mood/feeling enhancement (78%, Table 36), followed by effects with other drugs (22%), and mental spiritual enhancement (12%). Two percent stated that there was no benefit to using cannabis.

Table 36: PDU perceived benefits associated with cannabis use*

Variable	2003 sample (n=103)
Benefit (% of ever used)	
Sexual enhancement	3
Social enhancement	6
Mood/feeling enhancement	78
Increase energy, motivation, alertness	0
Mental/spiritual enhancement	12
Mild/easy comedown	0
No benefits	2
Effects with other drugs	22
Availability/accessibility	1
Price	1

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

The most common perceived risk of using cannabis was to ones mental health (27%, Table 37), closely followed by physical health (24%), and legal problems (10%). No one believed they were risking death or overdose by using cannabis and only a small proportion thought there was a risk of addiction (5%).

Table 37: PDU perceived risks associated with cannabis use*

Variable		2003 sample (n=104)
Any risks with cannabis use (%)	Yes	51
	No	46
	Don't know	3
Risk (% of ever used)		**(n=103)**
	Overdose/un-knowledgeable on how to use	0
	Physical health	24
	Mental health	27
	Behaviour whilst on drug	1
	Death	0
	Addiction	5
	Legal problems	10
	Financial problems	3
	Relationship problems	2
	Sexual problems	0
	Unknown quality/composition of drug	2
	Type of people users deal with	1
	Drinking too much (water or alcohol)	0

Source: Party Drugs Initiative PDU interviews
*Refer to Appendix A for category definitions

8.3 Tobacco

Almost all of the 2003 respondents reported having used tobacco at some time (93%) and a majority reported recent (84%) tobacco use (Table 3). The median age for first using tobacco was 13 years, although some started as early as five years and as late as 45 years. Tobacco was used for a median of 180 days and 5% of the sample had binged with tobacco in the previous six months.

Almost three-quarters of the sample used ecstasy with tobacco (72%) and 56% would use tobacco whilst coming down from ecstasy. Just over a third (38%) of PDU's would use tobacco with their drug of choice, and 23% would use tobacco when coming down from their drug of choice.

All KI commented on tobacco use, six thought that a majority of PDU used tobacco (from 50% to 80%) daily but the amounts would vary. One KI believed that only 10% of the PDU used tobacco and that they would use it occasionally, more at parties.

8.4 Benzodiazepines

Just over half of the 2003 respondents reported having used benzodiazepines at some time (56%) and 44% reported recent benzodiazepine use (Table 3). The median age for first using benzodiazepines was 21 years, although some started as early as nine years and as late as 41 years.

Twenty six percent of the sample had injected benzodiazepines at some time and 18% had injected them in the prior six months. The median age for first injecting benzodiazepines was 26 years, although some started as early as 15 years and as late as 45 years. Eleven percent of recent users had smoked benzodiazepines, 93% had swallowed and no one reported snorting. Benzodiazepines were used for a median of 20 days and no one reported bingeing with benzodiazepines in the previous six months.

One percent of the sample used ecstasy with benzodiazepines and 15% would use benzodiazepines whilst coming down from ecstasy. Five percent of PDU's would use benzodiazepines with their drug of choice, and 6% would use benzodiazepines when coming down from their drug of choice.

Only one KI commented on licit benzodiapines, saying that 10% of PDU's would swallow or inject the gel caps fortnightly.

8.5 Antidepressants

Forty three percent of the 2003 respondents reported having used antidepressants at some time and 24% reported recent antidepressant use (Table 3). The median age for first using antidepressants was 25 years, although some started as early as 11 years and as late as 43 years. Eight percent of the sample had injected antidepressants at some time and 5% had injected them in the prior six months. The median age for first injecting antidepressants was 27 years, although some started as early as 15 years and as late as 35 years. Antidepressants were used for a median of 20 days and no one reported bingeing with antidepressants in the previous six months.

One third of the PDU who had used antidepressants in the previous six months stated they were taking antidepressants for depression, 1% said they were taking if for pain and 1% said they were taking it out of curiosity. None of the recent antidepressant users reported that they took antidepressants before or while using ecstasy, but 8% said they took antidepressants whilst coming down from ecstasy.

Three percent of the PDU used ecstasy with antidepressants and 4% would use antidepressants whilst coming down from ecstasy. Two percent of PDU's would use antidepressants with their drug of choice, and 3% would use antidepressants when coming down from their drug of choice.

A few KI commented on antidepressant use saying that a range from none to 10% of ecstasy users will use antidepressants, all said it was in pill form which was swallowed and it one to four pills were taken daily to fortnightly as a softener.

8.6 Opiates and other related drugs

8.6.1 Heroin

Just under half of the 2003 respondents reported having used heroin at some time (48%) and 18% reported recent heroin use (Table 3). The median age for first using heroin was 22 years, although some started as early as 14 years and as late as 38 years.

Forty five percent of the sample had injected heroin at some time and 16% had injected it in the prior six months. The median age for first injecting heroin was 22 years, although some started as early as 14 years and as late as 39 years. Four percent of recent users had smoked heroin, 1% had swallowed and 2% reported snorting it. Heroin was used for a median of five days and one person reported bingeing with heroin in the previous six months.

Two percent of the sample used ecstasy with heroin and 4% would use heroin whilst coming down from ecstasy. Three percent of the PDU would use heroin with their drug of choice, and 2% would use heroin when coming down from their drug of choice.

One KI commented on heroin saying that a different demographic to the PDU uses it.

8.6.2 Other opiates

Just over half of the 2003 respondents reported having used other opiates at some time (56%) and 43% reported recent other opiate use (Table 3). The median age for first using other opiates was 25 years, although some started as early as 12 years and as late as 45 years.

Forty eight percent of the sample had injected other opiates at some time and 40% had injected them in the prior six months. The median age for first injecting other opiates was 27 years, although some started as early as 15 years and as late as 45 years. One percent of recent users had smoked other opiates, 21% had swallowed and 1% reported snorting them. Other opiates were used for a median of 40 days and 7 participants reported bingeing with morphine in the previous six months.

Seven percent of the sample used ecstasy with other opiates and 16% would use other opiates whilst coming down from ecstasy. Four percent of the PDU would use other opiates with their drug of choice, and 5% would use other opiates when coming down from their drug of choice.

8.6.3 Methadone

Forty one percent of respondents reported having used methadone at some time and 24% reported recent methadone use (Table 3). The median age for first using methadone was 28 years, although some started as early as 16 years and as late as 43 years.

Twenty nine percent of the sample had injected methadone at some time and 15% had injected it in the prior six months. The median age for first injecting methadone was 30 years, although some started as early as 19 years and as late as 43 years. Methadone was used for a median of 20 days in the previous six months. No data was collected on bingeing with methadone.

Three percent of the sample used ecstasy with methadone and 2% would use methadone whilst coming down from ecstasy. One percent of PDU's would use methadone with their drug of choice, and no one reported using methadone when coming down from their drug of choice.

Only one KI commented on methadone use, saying that only a very small amount of PDU's would use methadone and it came in syrup from.

8.6.4 Buprenorphine

One fifth of the 2003 respondents reported having used buprenorphine at some time (19%) and 15% reported recent buprenorphine use (Table 3). The median age for first buprenorphine was 32 years, although some started as early as 18 years and as late as 50 years.

Nine percent of the sample had injected buprenorphine at some time and 7% had injected it in the prior six months. The median age for first injecting buprenorphine was 33 years, although some started as early as 20 years and as late as 43 years. Buprenorphine was used for a median of seven days in the previous six months. No data was collected on bingeing with buprenorphine. One person said they would use buprenorphine when coming down from their drug of choice.

8.7 Summary of other drug use

- lifetime and recent use for all other drugs varied widely; alcohol (93%, 78%), cannabis (99%, 95%), tobacco (93%, 84%), benzodiazepines (56%, 44%), antidepressants (43%, 24%), heroin (48%, 18%), other opiates (56%, 43%), methadone (41%, 24%) and buprenorphine (19%, 15%)
- the median age for first use of alcohol, cannabis and tobacco was early teens, for benzodiazepines, heroin and antidepressants it was early twenties, for other opiates and methadone it was mid twenties and for buprenorphine it was early thirties
- cannabis and tobacco were the most frequently used drugs at a median of 180 days in the previous 6 months and buprenorphine and heroin were the least frequently used other drugs for a median of 7 and 5 days respectively
- the use of other drugs in combination with ecstasy and the drug of choice was very common
- all other drugs were administered either orally or injected - benzodiazepines, heroin and other opiates were the only ones which included alternative routes of administration
- the most commonly reported benefit of alcohol use was social enhancement (41%), and the most common perceived risk was ones behaviour whilst intoxicated (39%)
- the most commonly reported benefit of cannabis use was mood/feeling enhancement (78%) and the most common perceived risk was to ones mental health (27%)

9.0 PARTY DRUG RELATED HARMS

The following section presents data on harms related to party drug use as reported by the 2003 PDU sample in the six months preceding interview. Participants in 2003 were asked to identify a range of side effects experienced as a result of their party drug use however, contrary to other jurisdiction reports of previous years, the distinction between physical and psychological side effects was not made. Also different to previous years, participants were asked to specify the other drugs and other factors they perceived to be associated with each side effect they reported experiencing.

9.1 Acute health related harms

Participants were asked whether they had experienced a range of acute health related side effects due to party drug use in the preceding six months. Forty side effects were asked about. Participants also responded whether they perceived ecstasy to be related to each side effect and then specified 'other drugs' and/or 'other factors' associated with each side effect. Ecstasy was asked about specifically for future comparability, and overestimation of ecstasy attribution may have occurred as a result.

Table 38 presents commonly identified acute health related side effects experienced by the 2003 sample while under the influence of drugs in the preceding six months. Only the most commonly specified drugs are presented; side effects experienced are presented as proportions of those who reported recent use of each drug type.

Trouble sleeping, loss of appetite, profuse sweating, and confusion were experienced by more than half the sample during the preceding six months while under the influence of party drugs. The proportions reporting having experienced side effects while under the influence of any drug were similar to proportions that identified side effects as ecstasy related. This suggests the majority of those who experience side effects attribute them to ecstasy, however it needs to be acknowledge this outcome may be influenced by the question wording as mentioned above.

Only small proportions of other drug users attributed side effects to their use. Methamphetamine powder was reported by one third of those who had recently used it as related to trouble sleeping (38%), appetite loss (37%), profuse sweating (31%), and weight loss (30%). Small proportions of recent crystal methamphetamine users reported related effects, with the most common being loss of appetite, confusion, heart palpitations, difficulty concentrating and joint pain/stiffness (all 5%).

The most common side effect related to LSD by recent users under the influence was visual hallucination (27%), for cannabis it was memory lapses (10%) and for alcohol is was memory lapse and vomiting (both 9%).

Some acute side effects such as fits/seizures and suicide attempts (n=2) were rarely nominated as having been experienced while under the influence of drugs, however all side effects were nominated at least twice by PDU.

Table 38: Acute health related side effects experienced while under the influence of drugs

Variable	Any drug (n=104) (%)	Ecstasy (n=104) %)	Powder (n= 84) (%)	Crystal (n= 42) (%)	LSD (n= 26) (%)	Cannabis (n= 99) (%)	Alcohol (n= 80) (%)
Trouble sleeping	77	70	38	2*	-	-	1*
Loss of appetite	71	62	37	5*	-	1*	-
Profuse sweating	63	52	31	2*	-	-	4*
Confusion	53	46	25	5*	4*	5*	4*
Heart palpitations	48	41	25	5*	-	-	1*
Difficulty concentrating	45	39	14	5*	4*	4*	1*
Hot/cold flushes	44	36	18	2*	-	-	-
Memory lapse	43	30	6*	2*	-	10	9
Weight loss	43	27	30	2*	-	-	-
Anxiety	41	35	14	2*	-	2*	-
Agitation/ restlessness	40	36	20	-	-	-	-
Shortness of breath	38	26	10	-	4*	5*	-
Blurred vision	35	28	10	-	4*	-	5*
Visual hallucinations	35	26	8	-	27	-	-
Paranoia	33	25	14	-	4*	4*	-
Teeth Problems	32	20	21	-	-	-	1*
Tremors/shakes	32	26	14	-	-	-	1*
Dizziness	31	23	8	-	8*	2*	4*
Unable to orgasm	31	25	13	2*	-	-	3*
Auditory hallucinations	30	25	8	-	8*	-	-
Vomiting	29	17	6*	-	-	-	9
Numbness/tingling	28	22	8	3*	-	1*	-
Loss sex urge	27	20	6*	-	-	-	1*
Inability to urinate	25	17	10	2*	-	-	-
Muscular aches	25	23	18	2*	-	-	-
Joint pains/stiffness	24	19	10	5*	-	-	-
Stomach pains	24	18	11	-	-	-	1*
Headaches	23	15	7	2*	-	1*	5*
Irritability	22	18	10	2*	-	-	-
Anger/hostility	20	12	13	2*	-	1*	3*
Depression	18	14	6*	-	-	2*	1*
Loss of energy	16	13	2*	-	-	3*	1*
Flashbacks	14	13	2*	-	4*	1*	-
Chest pains	12	7	6*	-	-	-	-
Panic attacks	10	8	4*	-	-	-	-
Suicidal thoughts	10	8	6*	-	-	-	1*
Fainting/passing out	7	5*	-	-	-	1*	1*
Violent behaviour	5	3*	2*	-	-	-	1*
Fits/seizures	2	1*	-	-	-	-	-
Suicide attempts	2	2*	1*	-	-	-	1*

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

Acute health side effects experienced during the come down phase of drug use differed to those experienced while under the influence of drugs as would be expected (Table 39).

Table 39: Acute health related side effects experienced coming down from drugs

Variable	Any drug (n=104) (%)	Ecstasy (n=104) %)	Powder (n= 84) (%)	Crystal (n= 42) (%)	LSD (n= 26) (%)	Cannabis (n= 99) (%)	Alcohol (n= 80) (%)
Confusion	54	49	27	7*	4*	6	3*
Trouble sleeping	51	45	26	2*	-	-	1*
Agitation/ restlessness	50	46	20	-	4*	1*	-
Loss of appetite	50	42	29	5*	-	1*	-
Loss of energy	48	44	15	2*	4*	4*	3*
Anxiety	47	43	14	5*	-	2*	-
Difficulty concentrating	47	42	14	5*	8*	4*	1*
Hot/cold flushes	45	37	14	-	4*	1*	-
Muscular aches	42	39	17	5*	-	-	-
Irritability	41	36	12	5*	-	1*	-
Joint pains/stiffness	41	36	12	12*	-	-	-
Depression	40	35	11	-	-	2*	1*
Headaches	33	28	7	2*	-	-	9
Tremors/shakes	33	25	14	-	-	2*	-
Profuse sweating	32	27	17	-	-	-	3*
Memory lapse	30	25	4*	2*	-	9	4*
Teeth Problems	29	22	15	-	-	-	-
Anger/hostility	28	23	14	2*	-	2*	1*
Paranoia	28	26	12	-	4*	4*	-
Dizziness	23	16	7	-	-	3*	1*
Stomach pains	23	18	10	-	-	-	1*
Weight loss	23	17	14	-	-	-	-
Shortness of breath	22	15	2*	-	-	3*	-
Auditory hallucinations	20	16	7	8*	-	-	-
Blurred vision	19	15	11	-	-	-	3*
Heart palpitations	19	16	12	-	-	-	-
Loss sex urge	19	14	5*	-	-	-	1*
Vomiting	18	13	2*	-	-	-	4*
Panic attacks	15	13	5*	2*	-	-	-
Unable to orgasm	15	12	6*	-	-	-	3*
Flashbacks	14	13	2*	-	4*	-	-
Inability to urinate	14	10	4*	2*	-	-	-
Numbness/tingling	14	11	5*	-	-	-	-
Visual hallucinations	14	11	5*	-	8*	-	-
Suicidal thoughts	13	9	7	-	-	-	1*
Chest pains	11	7	5*	-	4*	-	-
Violent behaviour	8	7	4*	-	-	-	-
Fainting/passing out	6	6	-	-	-	-	-
Suicide attempts	3	2*	2*	-	-	-	1*
Fits/seizures	1	-	-	-	-	-	-

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

Confusion (54%), trouble sleeping (51%), agitation/restlessness (50%), and loss of appetite (50%) were experienced by approximately half of 2003 sample while coming down from party drugs. Further loss of energy (48%), anxiety (47%) difficulty concentrating (47%), hot/cold flushed (45%), muscular aches (42%), irritability (41%), joint pain/stiffness (41%) and depression (40%) were experienced by over one third. Again, proportions reporting side effects as a result of any drug use where similar to those who attributed side effects to ecstasy, suggesting the majority of those who experience side effects attributed them to ecstasy.

The most commonly identified side effects experienced during come down by recent methamphetamine powder users were smaller, but similar, to those experienced overall, with loss of appetite (29%) confusion (27%) and trouble sleeping (26%) being the most common. Again, only small proportions (all $n \leq 5$) of recent crystal users reported side effects during comedown with joint pain/stiffness. LSD also showed the same small proportions, with visual hallucinations and difficulty concentrating (both 8%) the most frequently reported. Cannabis was reported by 9% of recent users as related to memory lapses and alcohol was perceived as related to the experience of headaches (9%) during the come down period.

Again, all symptoms were nominated at least once by the sample. One person experienced fits/seizures in the preceding six months during the come down period and very few participants mentioned suicide attempts ($n=3$).

Of those who reported experiencing side effects related to party drug use in the preceding six months, minorities (all $n \leq 5$) reported them related to polydrug use (Table 40). Side effects were considered related to polydrug use when three or more drugs were attributed to the side effect.

While under the influence of drugs and during comedown, the most commonly attributed side effects to poly drug use were suicide attempts (50% and 33% respectively), followed by suicidal thoughts (10% and 8%) and inability to orgasm (6% each).

Table 40: Acute health related side effects attributed to polydrug use

Variable	Under the influence		Coming down	
	Experienced (n)	Attribute to polydrug (%)	Experienced (n)	Attribute to polydrug (%)
Anger/hostility	21	5*	29	3*
Anxiety	43	2*	49	2*
Confusion	55	4*	56	5*
Difficulty concentrating	47	4*	49	4*
Headaches	24	4*	34	3*
Hot/cold flushes	46	2*	-	-
Joint pains/stiffness	25	4*	43	2*
Loss of appetite	74	1*	52	2*
Loss of energy	-	-	50	2*
Muscular aches	26	4*	44	2*
Suicide attempts	2	50*	3	33*
Suicidal thoughts	10	10*	13	8*
Trouble sleeping	80	1*	53	2*
Unable to orgasm	32	6*	16	6*
Weight loss	45	2*	-	-

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

Participants experienced a median of 16 side effects (SD=8.3) overall, 13 (SD=7.9) while under the influence and 11 (SD=7.3) while coming down from their drug use. Significant minorities also attributed acute side effects they had experienced to other factors unrelated to drug use (Table 41).

Physical factors related to the person such as lack of food, water and sleep, were commonly nominated as related to acute side effects. Anger/hostility (8%), joint pains/stiffness (8%), and vomiting (5%) were the most commonly nominated side effects attributed to physical factors.

Acute side effects were also attributed to pre-existing conditions such as 'mental health', 'epilepsy', 'pregnancy' and 'bad back'. Half (n=2) of those who experienced fits/seizures and 8% who experienced suicidal thoughts as a result of party drug use also nominated a pre-existing health condition.

Other factors were considered by small proportions of those who had experienced side effects as related to external factors. These included things external to the person such as 'climate' and 'accidents'. Four percent attributed both profuse sweating and joint pains/stiffness profuse to external factors.

Table 41: Acute health related problems attributed at least in part to other factors experienced either under the influence or coming down

Variable	Side effect experienced (n)	Physical factors (%)	External factors (%)	Pre-existing conditions (%)
Profuse sweating	67	4*	4*	-
Agitation/ restlessness	64	2*	-	-
Anxiety	61	-	2*	2*
Difficulty concentrating	57	2*	-	-
Heart palpitations	55	2*	-	2*
Memory lapse	53	2*	-	-
Irritability	47	2*	-	2*
Muscular aches	46	4*	2*	-
Weight loss	46	4*	-	-
Tremors/shakes	45	-	-	2*
Depression	43	-	-	2*
Teeth Problems	43	2*	-	-
Paranoia	41	-	-	2*
Shortness of breath	41	-	-	2*
Headaches	40	3*	-	-
Blurred vision	39	3*	-	-
Vomiting	38	5*	-	-
Anger/hostility	37	8*	-	-
Dizziness	37	3*	-	-
Auditory hallucinations	33	-	-	3*
Numbness/tingling	33	-	-	6*
Stomach pains	33	3*	-	-
Joint pains/stiffness	25	8*	4*	-
Panic attacks	18	-	-	6*
Chest pains	15	-	-	7*
Suicidal thoughts	13	-	-	8*
Fits/seizures	2	-	-	50*

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

9.2 Other party drug related harms

Participants in 2003 reported a range of other harms associated with drug use. Forty-seven percent (Table 42) of the PDU sample had experienced recent financial problems, and 31% relationship or other social problems.

Recent ecstasy users were most likely to attribute financial or work/study problems (69%, 65%) to their recent use of the drug. Owing money (38%) and not having money for rent or food (35%) were the most frequently mentioned financial problems, while being convicted of a crime (39%) was the most frequent legal problem.

Recent powder users were most like to nominate work/study and relationship problems (71%, 70%). Arguments and the ending of relationships were the most frequent social problems (32% each), while being out of work (33%) and being unmotivated at work (28%) were the most common occupational problems. Recent cannabis users were most likely to report legal/police problems (46%) related to their use.

Table 42: Other harms associated with drug use

Variable	Experienced (n=104)	Ecstasy (n=104)	Meth powder (n=84)	Cannabis (n=99)
R'ship/social (%)	31	53	70	40
Financial (%)	47	69	52	44
Legal/police (%)	14	62	39	46
Work/study (%)	18	65	71	24

Source: Party Drugs Initiative PDU interviews

9.3 Summary of party drug related harms

- the most common side effects experienced while under the influence of party drugs were trouble sleeping, loss of appetite, profuse sweating, and confusion
- the most common side effects experienced while coming down from party drugs were confusion, trouble sleeping, agitation/restlessness, and loss of appetite
- while under the influence of drugs and during comedown, the most commonly attributed side effects to poly drug use were suicide attempts, suicidal thoughts and inability to orgasm
- some participants also attributed acute side effects they had experienced to other factors unrelated to drug use
- recent ecstasy users were most likely to attribute financial or work/study problems to their recent use of the drug
- recent powder users were most like to nominate work/study and relationship problems
- recent cannabis users were most likely to report legal/police problems related to their use

10.0 CRIMINAL AND POLICE ACTIVITY

10.1 Reports of criminal activity among PDU

Over one third (36%) of the PDU sample reported committing a median of three types of crime in the month prior to interviews (Table 43). Drug dealing (28%) was the criminal activity in which participants were most likely to have recently engaged, with 18% of the sample reporting that they had sold drugs once a week or more in the previous month. Twenty nine percent of ecstasy users said that they had dealt drugs in the past six months to pay for their ecstasy.

Fourteen percent of participants committed property crime and 12% said they did so to pay for their ecstasy. Although only 3% of the sample stated they committed fraud (2% once a week or more), 9% of ecstasy users stated that they had paid for their drugs through fraud. Although 3% of the participants reported committing violent crimes, none had done so once a week or more.

Table 43: PDU reports of criminal activity in the last month

Variable		2003 sample (n=104)
Any crime (%)		36
Drug dealing (%)		28
	Once a week or more	18
Property crime (%)		14
	Once a week or more	7
Fraud (%)		3
	Once a week or more	2
Violent crime (%)		3
	Once a week or more	0
In the preceding 6 months paid for ecstasy through (%):		
	Dealing drugs	29
	Property crime	12
	Fraud	9
	Sex work	5

Source: Party Drugs Initiative PDU interviews

One quarter of the sample had been arrested in the 12 months prior to interview. Seven percent were arrested for property crimes and 5% for violent crime (Table 44). Fourteen percent were arrested for other offences including: disturbing parliament, drunk and disorderly, shop lifting,

political activities, domestic violence, in possession of stolen goods, protesting, drink driving, motor vehicle theft, larceny and bill posting. Six percent of these fall under public order related offences. Over a third (36%) of participants had a previous conviction for which they had served a custodial sentence

Table 44: Arrest rates of PDU

Variable	2003 sample (n=104)
In previous 12 months arrested for (%):	
Use/possession	2
Dealing/trafficking	0
Property crime	7
Fraud	1
Violent crime	5
Other	14

Source: Party Drugs Initiative PDU interviews

10.2 Perceptions of Police activity towards PDU

Sixty-eight percent of the sample reported that police activity towards party drug users had either increased or remained stable in the six months prior to interview, despite this, a majority thought that the police activity had not made it harder to score (64%, Table 45). Comments from those PDU in this latter group mainly mentioned increased police surveillance and activity towards cannabis users and dealer's homes.

Table 45: Perceptions of police activity by PDU

Variable	2003 sample (n=104)
Less activity (%)	1
Stable (%)	30
More activity (%)	38
Don't know (%)	32
Did not make scoring more difficult (%)	64

Source: Party Drugs Initiative PDU interviews

Most reports commented on heavier more obvious police activity, with the police cracking down and being less tolerant, harassing users, hanging out where users are, more surveillance and undercover work, raids and more arrests. A couple commented on police 'busting dope dealers'.

There were numerous comments about the increase of police interest and activity with cannabis users. A small number of participants made comments relating to some drugs being hard to obtain and therefore use has decreased (particularly cannabis) and some being easier to obtain and therefore use has increased (benzodiazepines).

Very few KI commented in relation to seizures, arrests and criminal and police activity. None of the KI commented on the changes in any type of crime, a few said there had been an increase in police activity, two said there was no change in police activity and some commented that police now have more resources and were taking a target based approach. Other comments included: more Central Investigations Bureau and recruiting informants through advertisements and police people, increase in supplier busts linked to police activity and the availability of people to purchase from, there have been several hundred seizures this year but this is not a change, ecstasy users may be associated with half of the public order issues and that customs getting smarter in Australia and Darwin.

10.3 Anything new happening?

When asked whether anything new was happening in drug use amongst themselves and their friends (new drug types, different types of users, increase in drug use by some users), one third (37%) of the PDU sample believed that something new was happening.

Comments around increase drug use included: increase in drug use and type of drugs available, new special/designer/homebake chemical drugs, more younger people getting into drugs and heavier drugs, and more people injecting, and starting to inject earlier.

Comments about availability included: antidepressants being injected due to lack of availability of other drugs, powder changed from grams to points, methadone available to those who need/want it. And one participant commented that shonky dealers were ripping them off.

One participant noted that there is now more of a 'push towards awareness and responsible drug use' and another stated that drug users were experiencing different/new problems.

One KI commented that ecstasy use in Darwin is relatively new but growing, a number of reasons were given for this: people moving away from alcohol towards ecstasy because it is cheaper with less side effects, also because when people use ecstasy they also drink water from water bottles and it is much harder to spike water bottles than alcoholic drinks.

10.4 Summary of criminal and police activity

- one third of the sample committed a median of three types of crime in the past month with the most common being drug dealing
- one fifth had sold drugs once a week or more in the previous month and a third dealt drugs in the past six months to pay for their ecstasy
- between 14% and 3% committed property crime, fraud and violent crimes, a proportion of each stated this was to pay for their ecstasy.
- one quarter had been arrested in the previous 12 months prior to interview and over a third had a previous conviction for which they had served a custodial sentence.
- two thirds reported that police activity towards party drug users had either increased or remained stable in the prior six months.
- a majority thought that the police activity had not made it harder to score drugs

11.0 DISCUSSION

This is the first study of party drug use in the NT using the methodology originally established for the Illicit Drug Reporting System, therefore no PDI trend analysis is possible. However, comparison to similar, earlier studies carried out in other jurisdictions is possible and shows that the 2003 NT PDI presents a picture of party drug use and users that differs in certain characteristics to that found elsewhere.

In comparison to the feasibility trial of the current methodology (Breen et al., 2002), the NT PDU sample is older (mean age of 33 compared to 24, Table 1), more indigenous (20% to 5%), more likely to be unemployed (61% to 14%), and more likely to have been in prison (36% to 5%) or be in drug treatment (13% to 5%). The NT sample is more likely to have ever injected a drug (67% to 27%, Table 2), and more often uses ecstasy at private venues, such as at home or private parties, rather than public events, such as raves and dance parties.

The use of drugs such as ketamine, amyl nitrate and nitrous oxide, typically associated with party drug use elsewhere, proved to have a low incidence of recent use in the NT PDU sample and were reported by key informants as being difficult to obtain. The NT PDU sample also reported a relatively high level of use of drugs more typically associated with injecting drug users. For example, 43% of the NT sample reported recent use of 'other opiates', compared to 4% of the feasibility sample (Breen et al., 2002). The NT PDU sample resembles the NT IDU sample (Moon, 2004) in other ways as well, such as in the imprisonment and drug treatment rates mentioned above.

At the same time, other drugs typically associated with party drug use elsewhere, particularly the methamphetamine group, cannabis and LSD, were also found to have high levels of recent use in the NT PDU sample, and ecstasy (the 'sentinel' drug for party drug use) was found to be usually used with these drugs rather than the opiates.

Key informant comment suggests that while a range, albeit a limited range, of party drugs is available and used in the NT, the 'party drug scene' as such is either nascent or emergent in Darwin, rather than established. In support of this contention, key informants mentioned the relative dearth of dedicated party venues (such as nightclubs) and their close association with the well established pub scene, the absence of associated events (such as raves) and the importance of transient party-goers (backpackers and other tourists) to the ecstasy market. Those key informants who had experience of a party drug scene in other jurisdictions were confident that a similar scene, users, patterns of use and drug market were rare in Darwin, if they exit at all. The same key informants, however, raised the continuing development of the entertainment sector in Darwin, an expectation among younger people to be able to incorporate party drugs into their lifestyles, and a willingness among at least some dealers to sell them, as likely to lead to the growth of this market.

Various aspects of the conduct of the study are also consistent with the Darwin party scene being small. On the one hand, it was difficult to find key informants who were confident that they had any contact with ecstasy users or knowledge of party drug use, which stands in contrast to the relative ease of recruiting key informants for the Illicit Drug Reporting System. Also, the main user recruitment method, ie snowballing, resulted in a PDU sample with a high proportion of injecting drug users, suggesting that party drug use is intermingled with the balance of the

Darwin illicit drug using population. It is also possible that the methodology, developed and tested in urban centres with large populations and established party drug use, is not as effective in a centre with a small party drug using population.

Summaries of the main findings are presented below.

11.1 Demographic characteristics of PDU

The current results indicate that party drug users, a population defined by this study by the regular use of tablets sold as 'ecstasy', tend to be relatively young, male, relatively well educated, with most having completed at least 10 years of education with tertiary qualifications, and unemployed. A fair proportion of participants reported having contact with the criminal justice system, but only a few were currently utilising drug treatment agencies.

11.2 Patterns of polydrug use

As with the Australian samples of party drug users (Boys et al., 1997), and the previous NSW PDI sample (Breen et al., 2002), the participants interviewed in 2003 were extensive polydrug users, over a third of whom nominated ecstasy as their drug of choice. On average, participants had used 10 drug classes in their lifetime and six in the prior six months.

Over two thirds of participants had used one or more drugs in the previous six months on a continuos basis for 48 hours or more without sleep (bingeing), with the average length of the longest binge being five days.

Over two thirds had ever injected any drug. There were no significant differences between injectors and non injectors in terms of gender composition, age or ethnicity, but there was a difference in relation to duration of education, and likelihood of previous imprisonment and employment status. Injectors however, had used a wider range of other drugs in their lifetime and in the preceding six months and were also more likely to report recent heroin use. A fair proportion of past and current heroin users were included in this sample.

11.3 Patterns of ecstasy use

The regular ecstasy users interviewed in 2003 described a wide range of patterns of ecstasy and other drug use. On average, participants started to use ecstasy in their early twenties, and started using it regularly in their late twenties. Their current frequency of use varied from once a month to five times a week, but the median use was 12 days (once a fortnight). Most would use one tablet in an episode, or two tablets in a heavy episode and almost half of users binged with ecstasy. A fair proportion of users had recently injected ecstasy, although the most common route of administration was swallowing, with most doing this at home.

Most would use other drugs concurrently with ecstasy, including cannabis, tobacco, methamphetamine powder and alcohol. Most participants also used other drugs to ease the 'come down' or aversive recovery period following acute ecstasy intoxication, including,

cannabis, alcohol, tobacco, and to a lesser extent other opiate and benzodiazepines. These apparent normative patterns of polydrug use emphasise the need for research and education on the effects and risks of such practices

11.4 Price, purity and availability of ecstasy

The average price of ecstasy in tablet form was $50 and a majority or users said this price had been 'stable' over the previous six months. Most participants reported paying for ecstasy by receiving it as a gift, government benefits and through paid employment. A majority of users said they scored ecstasy from a friend at a friend's home

Most participants reported that the current purity of ecstasy was 'medium' and that this had been 'stable' over the past six months. They also reported the availability of ecstasy was 'easy' to 'very easy' to obtain and that this had been stable over the past six month. These data were supported by evidence of increased seizures of ecstasy and increased purity of seizures containing MDMA (ACC, 2003). The small number of MDMA-producing laboratories seised in Australia suggests that it is highly likely that almost all the tablets available in Australia that actually contain MDMA are imported and tend to be more highly sought after than locally manufactured imitations that contain methamphetamine.

11.5 Ecstasy related harms

Participants reported a broad range of benefits and risks that they attributed to their ecstasy use. Most users believed there were two benefits with ecstasy use and the most common perceived benefits were social enhancement and mood/feeling enhancement. The most common perceived risk was to ones physical health.

Participants reported a broad a range of acute health related side effects due to party drug use in the preceding six months. The most common side effect experienced while under the influence of party drugs were trouble sleeping, loss of appetite, profuse sweating, and confusion. The most common side effect experienced while coming down from party drugs were confusion, trouble sleeping, agitation/restlessness, and loss of appetite.

While under the influence of drugs and during comedown, the most commonly attributed side effects attributed to poly drug use were suicide attempts, suicidal thoughts and inability to orgasm. Some participants also attributed acute side effects they had experienced to other factors unrelated to drug use

Participants reported a range of other harms associated with drug use. Recent ecstasy users were most likely to attribute financial or work/study problems to their recent use of the drug. Although many of these problems could be considered relatively minor, some constituted significant disruptions to functioning, including owing money, not having money for rent or food and being convicted of a crime.

Over one third of the PDU sample reported committing a median of three types of crime in the month prior to interviews, with drug dealing being the most common crime. A third of ecstasy

users said that they had dealt drugs in the past six months to pay for their ecstasy. Smaller proportion committed property crime, fraud and violent crimes, and a proportion of each stated this was to pay for their ecstasy.

11.6 Patterns of other drug use

A majority of ecstasy users reported lifetime and recent methamphetamine powder use, methamphetamine base and crystal use was smaller but still substantial proportions for lifetime and recent use. Powder was used for a median of 12 days, base for 4 days and crystal for 5 days. KI comments about methamphetamine use were very diverse; most said that between 100%-50% of ecstasy users also used some sort of methamphetamine. Most agreed that base and crystal use was rare. Very few KI commented on the frequency of use of methamphetamines, reporting that use varied from weekly to fortnightly and from occasionally to regularly.

LSD was also commonly used among the PDU interviewed; approximately three-quarters of participants reported lifetime use of LSD and a quarter had used it in the previous six months. LSD was used for a median of only three days. All but two KI stated that none of the ecstasy users would also use LSD, others said it was rare, or didn't comment. The two KI that did comment stated that 20% of the PDU would use LSD, and use it rarely, approximately once a year.

The prevalence and frequency of use of party drugs other than ecstasy (cocaine, amyl nitrite, nitrous oxide, MDA, Ketamine and GHB) was very low. Half of participants had used cocaine and amyl nitrite, a third had used nitrous oxide, a quarter had used MDA and one fifth had used ketamine and GHB in their lifetime. However recent use of all these other party drugs was under 8%. GHB was used for a median of eight days, cocaine six days, amyl nitrite four and a half days, nitrous oxide four days, MDA two days and ketamine one day in the past six months. The relatively low rate of exposure to the regular use of these drugs in itself is an indicator of the small size of the markets for them, perhaps the most important factor related to PDU's use of the other drugs is the risk associated with polydrug use.

Two KI commented on cocaine use stating that very small and select groups would use cocaine such as the gay community or the financially independent. They indicated that only small amounts of powder would be snorted on special occasions, use was more opportunistic and experimental. Two KI commented on the use of inhalants, one reported that that people do not use inhalants with ecstasy, the other reported that 30% of PDU would use inhalants, and that they would typically sniff paint solvents. One KI commented on ketamine use, reporting that 10% of the PDU would use ketamine by injecting the powder. One KI commented on GHB use reporting that there had been very few seizures of vials and that availability is very small.

Significant proportions of party drug users reported the use of other licit and illicit drugs; a majority reported recent alcohol use for a median of 27 days, recent cannabis use was reported by almost all for a median of 180 days, a majority reported recent tobacco use for a median of 180 days, just under half reported recent benzodiazepine use for a median of 20 days, a quarter reported recent antidepressant use or a median of 20 days, one fifth reported recent heroin use or a median of five days, just under half reported recent other opiate use or a median of 40 days,

a quarter reported recent methadone use for a median of 20 days, and one sixth reported recent buprenorphine use for a median of seven days.

11.7 Implications

The authors suggest that:

1. The PDI be replicated in 2004.

2. Additional research is conducted to validate the findings of the PDI.

3. In light of the range of harms reported by the PDU sample as associated with ecstasy use:

    - health professionals, services and other relevant agencies be encouraged to further develop their capacity to detect ecstasy use amongst their clientele.
    - health promotion resources specific to party drugs use, particularly among young people, be developed and distributed.

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13.0 APPENDIX A

13.1 Definitions for categories of perceived benefits with drug taking

These categories were calculated to incorporate benefits covering all drugs, therefore some tables in the report may record 0% under some categories.

The following are examples of some answers from the surveys and which categories they correspond with.

Sexual enhancement	Helps sex drive, good sex, get more sex, longer sex, increased arousal, loss of sexual inhibitions, makes anal sex easier.
Social enhancement	Make it easier to deal with uncomfortable situation, friendlier, party more, dance better, more fun.
Mood/feeling enhancement	Good rush, euphoria, high, confidence, relaxant, stress relief, feel good, happy, mellow.
Increase energy, motivation, alertness	Staying awake, more active, lots of energy, get the housework done, less fatigue.
Mental/spiritual enhancement	Heightened awareness, insight into other realms, enlightenment, clarity, escape reality, increase creativity, mental freedom, hallucination, change perception.
Mild/easy comedown	No hard comedown, minimal comedown.
No benefits	Nothing, none, yucky.
Effects with other drugs	Brings you down from other drugs, helps with comedown of other drugs, improves appetite, enables sleep, good for hangover, prolongs high of other drugs, helps keep me going when on other drugs, helps other drugs kick in, able to drink more, hold other drug.
Availability/accessibility	Easily available, accessible, legal, can use it anywhere.
Price	Cheap.

13.2 Definitions for categories of perceived risks with drug taking

These categories were calculated to incorporate risks covering all drugs, therefore some tables in the report may record 0% under some categories.

The following are examples of some answers from the surveys and which categories they correspond with.

Overdose/un-knowledgeable on use	Taking too much, don't now how to use properly, taking too often.
Physical health	Bowels, liver, dehydration, heart attack, nutrition, weight, infection, disease, headache.
Mental health	Freaking out, paranoia, short-term memory, depression, concentration, emotions, anxiety, decrease confidence/dignity and motivation.
Behaviour whilst on drug	Increase likelihood of accident and injury, driving, less control, no fear and violent.
Death	
Addiction	Reliance, dependent to have a good time.
Legal problems	Legal and police troubles, become a criminal.
Financial problems	Decrease standard of living.
Relationship problems	Family, friends, children.
Sexual problems	Erection, libido, promiscuity, unprotected sex, miscarriage.
Unknown quality/composition of drug	Don't know what you're getting, don't know what it is cut with, dirty hit, purity.
Type of people users deal with	Type of people you deal with to obtain drug, type of people you socialise with, social circumstances out of your control, hells angels.
Drinking too much	Water, liquid or alcohol, drowning.