Francoise Chanteloup & Simon Lenton

# WA TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004: Findings from the Party Drugs Initiative (PDI)

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# WEST AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004


## Findings from the Party Drugs Initiative (PDI)

**Francoise Chanteloup & Simon Lenton**

National Drug and Alcohol Research Centre

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## ABBREVIATIONS

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| ACC | Australian Crime Commission |
| ADIS | Alcohol and Drug Information Service |
| AFP | Australian Federal Police |
| AGAL | Australian Government Analytical Laboratories |
| ATSI | Aboriginal and Torres Strait Islander |
| BBV | Blood borne virus |
| FDS | Family Drug Support |
| GHB | Gamma-hydroxy-butyrate |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| IDRS | Illicit Drug Reporting System |
| KE | Key Experts(s) |
| LSD | *d*-lysergic acid |
| MDA | 3,4-methylenedioxyamphetamine |
| MDMA | 3,4-methylenedioxymethamphetamine |
| NDARC | National Drug and Alcohol Research Centre |
| NDS | National Drug Strategy |
| NDLERF | National Drug Law Enforcement Research Fund |
| NSW | New South Wales |

# EXECUTIVE SUMMARY

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

1. Quantitative interviews with 100 current regular ecstasy users.

2. Qualitative interviews with 6 key experts (KEs) who have regular contact with ecstasy users and are employed in areas including health, outreach, and law enforcement.

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

**Demographic characteristics of regular ecstasy users**

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

The current sample of ecstasy users was similar in many cases to the sample of the previous survey year. Respondents were a mean age of 22 years in 2004 which was not significantly different the 21 years in the previous year. The sample was comprised of 59% males (53% in 2003). Many (97%) were of English speaking backgrounds (99% in 2003) and 89% reported a heterosexual identity (83% in 2003). Forty nine percent of the sample reported obtaining some form of post secondary education which consisted of 24% with trade or technical training and 25% having attended university or college. In the previous year 48% of respondents had completed some form of post secondary training. Approximately one quarter (24%) of the sample in 2004 was unemployed at the time of the interview, a finding similar to the 22% who reported the same in 2003.

However, differences were found on a number of variables. Only 1% reported being of Aboriginal or Torres Islander (ATSI) descent, representing a decline from the previous survey year (9%). The mean number of school years completed was 11.5, less than that of the previous year (12.1). The proportion of respondents reporting a previous prison history or conviction (16%) had increased from the previous survey year (4%).

**Patterns of drug use among regular ecstasy users**

Both lifetime and recent use of a range of drugs was reported by respondents, suggesting that the current sample engages in poly drug use. Recent use of substances reported by over half of respondents include: alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%). Other drug use was reported by respondents although the proportions were lower. Overall, the mean number of drug classes ever used by respondents was 8.8 and the mean number used during the 6 months preceding the interview was 6.7.

Twenty two percent of respondents reported ever injecting any drug. Among those, there was a significant increase in the proportions of respondents who had reported recently

injecting (i.e. during the last 6 months) across survey years (62% in 2003 versus 91% in 2004).

**Ecstasy**

No significant differences were found in patterns of use across the surveys in 2003 and 2004. Ecstasy was nominated by the highest proportion of respondents as the 'drug of choice' (44%) in the current survey year. Respondents used a median of 12 (range 0.5-21) days with 61% reporting that they typically used more than one tablet during a use period. Ecstasy was used weekly or more often by 21% of respondents. Many respondents (93%) reported that they typically administer the drug orally although 14% reported injecting ecstasy at some time. Many respondents reported typically using other drugs with ecstasy (86%) and during the acute recovery period after ecstasy use (80%), highlighting the polydrug using behaviour of the group.

**Price, purity and availability of ecstasy**

The median price of ecstasy reported in 2004 was $50 per tablet and this was rated as having remained stable during the previous 6 months by 62% of respondents. The current purity of ecstasy was rate as 'high' by the highest proportion of respondents (48%). Although 34% reported it as 'fluctuating' during the previous 6 months, this was closely followed by 32% who believed the purity of ecstasy had increased. Obviously, user assessments of drug purity are subjective, incorporating various factors such as drug tolerance, etcetera.

Ecstasy was described as being 'very easy' to obtain by 54% of respondents. Many respondents (64%) in the 2004 survey year reported the availability situation as having remained unchanged or 'stable' during the past 6 months.

Many respondents (89%) reported purchasing their ecstasy from friends, a finding similar to that reported in 2003 (91%). A change was found in the proportions of respondents who use a number of other sources. Fewer respondents reported using 'known dealers' to obtain their ecstasy in 2004 (53%) versus 2003 (63%). An increase occurred in the respondents sourcing from 'unknown dealers' in 2004 (33%) versus 2003 (9%). An increase was also seen in the proportions sourcing the drug from 'acquaintances' in the current survey year (47%) compared to 2003 (36%).

No change was found in the proportions of respondents using a friend's home as a venue to obtain ecstasy (75% in 2003 versus 72% in 2004). However, the proportions reporting use of nightclubs as a venue to purchase increased across survey years (43% in 2004 compared to 33% in 2003). A decrease occurred among those reporting that they purchased ecstasy on the street in 2004 (5%) versus 2003 (14%).

**Methamphetamine**

There was no significant difference in the proportion of respondents who reported ever having used methamphetamine powder in 2004 than in the 2003 survey year (88% versus 93%). No significant difference was found in the proportions reporting recent use of the drug (i.e. during the past 6 months) across survey years (78% in 2004 versus 83% in 2003).

Fewer respondents reported having snorted methamphetamine powder during the previous 6 months (81% in 2004 compared to 88% in 2003). No change occurred in the proportions reporting swallowing across survey years (56% in 2004 versus 63% in 2003)

No significant change occurred in the proportions reporting injecting across survey years (17% in 2004 versus 13% in 2003). Neither did any significant change occur in the proportions smoking (37% in 2004 versus 28% in 2003).

Lifetime use of methamphetamine base was reported by 46% of respondents, which was not significantly different from that in 2003 (54%). The proportions reporting recent use across survey years (31% in 2004 versus 32% in 2003) also remained unchanged.

Of those who used methamphetamine base during the previous 6 months, 58% reported having snorted the drug, a finding not significantly different to 2003 (50%). Neither was there any significant change in the proportions of respondents who swallowed methamphetamine base across survey years (52% in 2004 versus 63% in 2003). Recent injecting (29% in 2004 versus 19% in 2003) also remained unchanged. Smoking methamphetamine base was the only significant change, having increased to 26% in 2004 from 13% in 2003.

There was no significant change in lifetime use of crystal methamphetamine (89%) in 2004 compared to the 2003 survey year (91%). No significant difference was found in the proportions reporting use during the previous 6 months (80% in 2004 versus 77% in 2003).

Of those who had used crystal methamphetamine recently, the 56% who reported snorting the drug represented a significant decrease from 2003 (70%). There was no significant change across survey years in the proportions reporting swallowing crystal methamphetamine (43% in 2004 versus 49% in 2003). Rates of injecting also remained unchanged (19% in 2004 compared to 14% in 2004). Smoking crystal methamphetamine did increase significantly to 92% in the current year from 74% in the 2003 survey year.

The median price per point for methamphetamine powder was reported by 22 respondents as $50. For methamphetamine base, the median price per point was $50 (n=6) and for crystal methamphetamine, the median price per point was also $50 (n=43). All of these median prices were the same as those reported in the 2003 survey year.

In terms of any changes to the price of methamphetamine during the 6 months preceding the interview, 60% of the 60 respondents who commented believed the price of methamphetamine powder to be unchanged or 'stable'. This was also the case for both methamphetamine base, where 57% (n=14) believed the price to have remained 'stable', and crystal methamphetamine where 64% (n=61) reported it as having remained 'stable' during the 6 months preceding the interview.

Variation occurred in self-reports of purity according to type of methamphetamine. For both methamphetamine crystal and base, purity was rated as 'high' at the time of interview by the highest proportion of respondents (59% for crystal and 43% for base). Methamphetamine powder was thought to be of 'medium' purity by the highest proportion of respondents (47%).

Both methamphetamine powder and base were rated as being currently 'easy' to obtain by the highest proportion of respondents (42% for methamphetamine powder and 57% for methamphetamine base. Crystal methamphetamine was believed to be 'very easy' to obtain by 61% of respondents who commented. This situation was rated as having remained 'stable' during the 6 months preceding the interview for all forms of

methamphetamine by the highest proportions of respondents (48% for methamphetamine powder, 71% for methamphetamine base, and 52% for crystal methamphetamine).

**Cocaine**
Lifetime use of cocaine was reported by 36% of respondents, not significantly different to that reported in 2003 (44%). Recent cocaine use (16% in 2004 versus 17% in 2004) also remained unchanged.

The median price per gram of cocaine was $300 (n=7), a situation which remained 'stable' during the previous 6 months according to 43% of respondents. In 2003, 6 respondents commented, reporting a median price of $325 per gram. However, in 2003, 50% (n=14) of respondents commenting 'did not know' whether any changes in price occurred during the 6 months preceding the interview. As in 2003, the small number of respondents able to comment on price of cocaine suggests caution in interpreting these results as they may be unreliable.

Subjective assessments of current purity and any changes in that purity were provided by only 7 respondents. Lack of consensus made it difficult to draw any reliable conclusions. Similarly, current availability of cocaine was commented on by only 7 respondents. Four respondents rated it as 'difficult'. This was followed by two who rated it as 'very difficult'. In terms of perceived changes in availability during the previous 6 months, 6 of the 7 respondents rated it as 'stable'. Again, the small numbers here suggest caution in interpreting these subjective purity data.

**Ketamine**
Lifetime use of ketamine was 21%, a proportion not significantly different from that in 2003 (25%). No significant differences were found across survey years in terms of recent ketamine use (10% in 2004 versus 12% in 2003). Although 10 respondents reported using ketamine during the previous 6 months, only one participant elected to respond to a series of questions about price, purity, availability, location of use and source of the drug this making it impossible to make further comments about the market for ketamine in WA. This was largely similar to the situation in 2003 where information concerning ketamine was minimal.

**GHB**
In 2004 11% of respondents reported lifetime use of GHB, a proportion that was significantly lower than that in 2003 (20%). In terms of recent use, only 5% reported using during the 6 months preceding the interview, an this remained unchanged to that found in 2003 (8%).

Although 5 respondents reported using GHB during the previous 6 months, only one participant elected to respond to a series of questions about price, purity, availability, location of use and source of the drug, precluding further discussion of the market for GHB in WA. This situation for GHB was similar to that in 2003 where information concerning the drug was minimal.

**LSD**
Lifetime use of LSD was reported by 50% of respondents in 2004 representing a decrease from that in 2003 (62%). A decrease occurred among respondents reporting

recent use (11% in 2004 versus 22% in 2003). The median price of LSD in 2004 was $25 per tab and was believed to have increased by 35% of respondents who commented.

In terms of current purity, 25% of respondents reported the current purity of LSD as 'medium' while a further 25% reported it as 'high'. However, it should be noted that while 20 respondents believed they possessed adequate knowledge concerning the purity of the drug, only 11 respondents had actually used the drug during the 6 months preceding the interview. Thus, respondent information may not be the most reliable source in this case. Further, although 30% of respondents believed the current purity of LSD had remained 'stable' during the previous 6 months, 25% of the sample suggested it had 'decreased' and a further 25% rated it as having 'fluctuated'. Current availability of LSD was reported as being 'difficult' (45%) or 'very difficult' (40%) at the time of interview. Availability was rated as 'stable' during the 6 months preceding the interview by 55% of respondents who commented.

**MDA**

Lifetime use of MDA was reported by 19% of respondents, representing an increase from the previous survey year (12% in 2003). A significant increase was also found in recent use of MDA (6% in 2004 versus 1% in 2003).

Only three respondents elected to respond to a series of questions about price, purity, availability, location of use and source of the drug. Further, only two of these respondents reported they had actually used the drug during the previous 6 months. These extremely small numbers calls into question the reliability of information in this area.

**Patterns of other drug use**

Lifetime use of alcohol was reported by 99% of respondents which was unchanged from that of 2003 (99%). Recent use was also unchanged across survey years (92% in 2004 versus 94% in 2003). The median number of days use during the past six months was 24. Alcohol was also reported by substantial numbers of respondents in the context of their ecstasy use. Specifically, 40% of respondents reported typically using alcohol with ecstasy, and of those who did, 55% reported typically consuming more than 5 standard drinks. Alcohol was also typically used by 26% of respondents to 'come down' from ecstasy, and of those 62% reported typically consuming more than 5 standard drinks.

Most respondents (97%) reported lifetime use of cannabis, a proportion that was not significantly different to that in 2003 (99%). However, recent use had declined significantly from 91% in 2003 to 85% in 2004. The median number of days used during the past 6 months was 47. Sixty three percent reported having used three times per week or more often. While 32% of respondents reported they typically used cannabis with ecstasy, 63% reported typically using it during the acute recovery period after ecstasy use.

Many respondents (85%) reported lifetime use of tobacco and this was not significantly different to that in 2003 (83%). Recent use of tobacco was also unchanged (73% in 2004 versus 70% in 2003). The median number of days use during the previous 6 months was 180. Forty three percent reported typically using tobacco with ecstasy and 38% reported they typically use it during the acute recovery period after ecstasy use.

A decline in lifetime use of benzodiazepines was found (35% in 2004 versus 48% in 2003). However, there was no difference in use during the previous 6 months across

survey years (29% in 2004 compared to 32% in 2003). The median number of days use reported during the past six months was three (1-180). Few respondents (2%) reported typically using benzodiazepines while using ecstasy and only 7% reported typically using them during the acute recovery period following the use of ecstasy.

Lifetime use of antidepressants was reported by 25% of respondents although this proportion was not significantly different to that in 2003 (30%). Use reported during the previous 6 months was also unchanged (13% in 2004 compared to 17% in 2003). The median number of days used during the past six months was 180 (1-180). Of those 13 respondents, 62% were taking antidepressants as prescribed. Very few respondents reported typically using antidepressants with ecstasy (1 respondent) or during the acute recovery period after ecstasy use (1 respondent).

Lifetime use of amyl nitrite was reported by 36% of respondents, although this was unchanged from that in 2003 (43%). There was also no significant change in proportions reporting recent use (15% in 2004 versus 16% in 2003). The median number of days use during the past six months was 4 (1-50). The median age of first use was 18 (13-30) years. Only 7% of respondents reported typically using amyl nitrite with ecstasy. Only 2% reported using it during the acute recovery phase after ecstasy use.

Although many respondents reported lifetime use of nitrous oxide (62%) it was not significantly different to that found in 2003 (65%). No change was found in recent use of nitrous oxide (43% in 2004 versus 43% in 2003). The median number of days used during the previous six months was 5 (1-100). The median age of first use was 17 (13-27) years. Some 19% of respondents reported typically using nitrous oxide with ecstasy and 11% reported using the drug in the acute recovery phase after ecstasy use.

A significant decline occurred in lifetime use of other opiates from 31% in 2003 to 18% in 2004. However, no significant difference was found in proportions of recent use (10% in 2004 compared to 17% in 2003). The median number of days use during the past six months was two (1-180). The median age of first use was 18 (14-28) years. No respondents reported typically using other opiates in conjunction with ecstasy and only one reported typically using them during the acute recovery period after ecstasy use.

Lifetime use of other drugs was reported by 27% of respondents and 17% reported using other drugs during the past six months. Other drugs were used a median of two (1-59) days during the past six months. Although the responses were varied, 13 respondents listed 'magic mushrooms' as the drug used. The median age of first use was 19 (14-30) years.

**Criminal and Police Activity**

No significant difference was found between the 30% of respondents in 2004 and the 38% in 2003 who said they committed criminal activity during the month prior to the interview. Reports of drug dealing fell from 36% in 2003 to 25% in 2004. However, the proportions of respondents reporting the commission of property crimes during the previous month increased significantly from 5% in 2003 to 10% in 2004. No significant difference was found in the proportions of respondents reporting engaging in drug dealing to pay for their ecstasy during the 6 months preceding the interview (25% in 2003 and 17% in 2004).

Respondent perceptions of changes in police activity towards regular ecstasy users was similar across survey years in the sense that the highest proportion of respondents in 2004 reported the situation as having remained 'stable' (38%) compared to 34% in 2003. Similar to the situation in 2003, many respondents believed that police activity had 'no impact' on their ability to score drugs (82% in 2003 and 89% in 2004).

**Implications**

Polydrug use continues to be a common practise in which regular ecstasy users engage despite being aware of the potential risks and side effects of the drugs they use. Use in the previous 6 months of different drugs reported by over half of respondents included: alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%).

Of particular note is that 40% of respondents reported typically using alcohol with ecstasy, and of those who did, 55% reported typically consuming more than five standard drinks. Alcohol was also typically used by 26% of respondents to 'come down' from ecstasy, and of those 62% reported typically consuming more than five standard drinks. The high rate of alcohol use is of interest given that in the past it had not traditionally been a part of the ecstasy scene. Thus, it may be useful to explore the meaning of alcohol within this setting.

Recent use of crystal methamphetamine in WA continues to be the highest of all Australian jurisdictions as well as reporting the highest average number of days use of the drug during the 6 month period. Also of note is the possible movement away from snorting crystal methamphetamine towards smoking. Similarly, significant increases were seen in the proportion of recent users reporting smoking of methamphetamine base in the previous 6 months. These increases in reports of smoking as a form of administration for these forms of methamphetamine are consistent with anecdotal reports from peer outreach workers Smoking is a more potent mode of administration which is more likely to result in escalation to dependence, all of which presents challenges to health providers.

Most respondents reported purchasing their drugs from friends. However, it is the case that increases occurred in the proportions who reported also sourcing ecstasy, methamphetamine powder and crystal from 'unknown' dealers, speaking to the issue that users may have little control over the drugs they receive.

# 1.0 INTRODUCTION

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

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

In 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and related drugs using the extant IDRS methodology given that the IDRS did not access the population using ecstasy and related drugs. For the present purposes ecstasy and related drugs refers to drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, amphetamines, cocaine, LSD, ketamine, MDA (3-4methylenedixyamphetamine) and GHB (gamma-hydroxy butyrate).

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

## 1.1 Study aims

The specific aims of the ecstasy and related drug module of the WA IDRS 2003 were to:

1. describe the characteristics of a sample of ecstasy users in Perth;
2. examine patterns of ecstasy and other drug use among a sample of current ecstasy users;
3. document the current price, purity and availability of ecstasy and related drugs in Perth;
4. examine participants perceptions of the nature and incidence or ecstasy-related harm including physical, psychological, financial, occupational, social and legal harms; and

5. identify emerging trends in the ecstasy and related drug market that may require further investigation.

# 2.0 METHODS

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

## 2.1 Survey of regular ecstasy users

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

### 2.1.1 Recruitment

One hundred ecstasy users were interviewed for the 2004 Party Drugs Initiative (PDI), all of whom resided in the Perth metropolitan area. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, and through flyers distributed at nightclubs, record stores and outreach agencies, and interviewer contacts. Snowballing techniques were also utilised. Ethics approval was granted (HR47/2003) from the Curtin University Human Research Ethics Committee permitting interviews to be conducted with participants aged 16 years and older.

### 2.1.2 Procedure

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

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

### 2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and amphetamine users (Darke et al., 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997). The interview schedule focussed primarily on the six months preceding the interview. The survey allowed assessment of sample characteristics; ecstasy and other drug use history (including frequency and quantity of use and routes of administration); physical and psychological side effects of ecstasy; other ecstasy-related problems (i.e., relationship, financial, legal and occupational problems); price, purity and availability of different drugs; self-reported criminal activity; and general trends in the ecstasy and related drug markets such as new drug types, new drug users, and perceptions of police activity.

### 2.1.4 Data analysis

Quantitative data from the regular ecstasy user survey was analysed using SPSS 11.0 for Windows. For quantitative analysis alpha was set at .05. Qualitative data collected from the regular ecstasy users and key experts were analysed using the word processing and table making options of Microsoft Word 2001.

## 2.2 Survey of key experts

So as to be consistent with the main IDRS, it was decided that the eligibility criterion for key expert (KE) participation in the PDI would be regular contact in the course of employment with a range of ecstasy users during the previous six months. Six key experts provided information on the ecstasy users with whom they had recent contact. Their professions were: law enforcement, outreach worker, youth worker, program implementation, and IT support who also had personal involvement in the ecstasy and related drug scene.

## 2.3 Other indicators

Secondary data sources were examined to enhance and validate the data collected from both the regular ecstasy users and key expert interviews. These sources were used when it was clear they could provide further indicators of illicit ecstasy and related drug use as well as related harms. They included data from health, survey, research, and law enforcement sources. These data sources included:

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

# 3.0 OVERVIEW OF REGULAR ECSTASY USERS

## 3.1 Demographic characteristics of the regular ecstasy users sample

One hundred regular ecstasy users were interviewed in the Perth metropolitan area in June 2004. As shown in Table 1, the mean age of the sample was 22 (sd=4.5, range 16-38 years), not significantly different from the mean age of the sample in 2003 (21.4, sd=4.0, range 15-35 years) (t=-.222, df=99, p=.824). There was no significant difference between the proportion of males between 2003 (53%) versus 2004 (59%) ($\chi^2$=1.445, df=1, p=.229). There was no significant difference between those reporting an English speaking background in 2003 (99%) and 2004 (97%) (p=.079, Fisher's exact test). There was also no significant difference in the proportions reporting their sexual identity as heterosexual between the two sampling years (83% in 2003 and 89% in 2004) ($\chi^2$=2.551, df=1, p=.110). However, there was a significant decrease between the survey years in those reporting they were of Aboriginal or Torres Islander (ATSI) descent (9% in 2003 and 1% in 2004) ($\chi^2$=7.814, df=1, p=.005).

A slight decrease was also found in the mean number of school years completed across sampling years (12.1 in 2003 and 11.5 in 2004) (t=-7.028, df=98, p=.000). Not significantly different to 2003, 49% of the 2004 sample reported obtaining some form of post secondary education ($\chi^2$=.582, df=2, p=.747). This consisted of 24% reporting they had trade or technical training and 25% reporting they had attended university or college. No significant difference was found in the proportions reporting unemployment between the two survey years (22% in 2003 and 24% in 2004) (p=.375, Fisher's exact test).

The proportion of respondents reporting a previous prison history or conviction had increased across survey years. Specifically, 4% reported a previous prison history in 2003 and 16% reported the same in 2004 (p=.000, Fisher's exact test).

Key expert information supported the profile of the 2004 ecstasy users. While they provided an age range of teenagers to middle aged, most of the ecstasy users were concentrated in their 20s. According to five key experts, the sex was predominantly male. However, one key expert reported that the ecstasy users with which they had contact were approximately 65% female. Ecstasy users were also believed to be from predominantly English speaking backgrounds, although one key expert commented that Asian and African backgrounds were being encountered more frequently in the scene. Levels of education were also high, with 5 of the key experts commenting that most have either university or TAFE. One key expert commented that level of education ranged from users with no or little education to those with university or TAFE qualifications. Apart from one key expert, all believed that the users with whom they had contact were either employed or currently in school. Sexual identity was reported as being mainly heterosexual with some gay/lesbian. However, one key informant reported contact with a primarily gay/lesbian group of users. Prison history of ecstasy users was reported as minimal by five key experts, with a sixth stating that 25%-35% of the group possessed a previous history. Knowledge concerning whether users were in drug treatment varied with three key experts stating they did not know or that it 'was possible' and a fourth reporting that participation in drug treatment varied among the group. Two key experts stated that no one within their respective groups was currently involved in drug treatment.

**Table 1: Demographic characteristics of regular ecstasy users sample (n=100)**

| Variable | 2003 | 2004 | Significance |
|---|---|---|---|
| Mean age (years) | 21.4 | 22 | p=.747 |
| Male (%) | 53 | 59 | p=.229 |
| English speaking background (%) | 99 | 97 | p=.079 |
| ATSI (%) | 9 | 1 | p=.005 |
| Heterosexual (%) | 83 | 89 | p=.110 |
| Mean number school years | 12.1 | 11.5 | p=.000 |
| Tertiary qualifications (%) | | | |
| None | 52 | 51 | p=.747 |
| Trade/technical | 26 | 24 | |
| University/college | 22 | 25 | |
| Employment (%) | | | |
| Not employed | 22 | 24 | p=.375 |
| Full time | 33 | 31 | |
| Part time | 28 | 22 | |
| Student | 16 | 21 | |
| Home duties | 1 | 2 | |
| Previous conviction (%) | 4 | 16 | p=.000 |

**Source: PDI regular ecstasy user interviews**

## 3.2 Drug use history and current drug use

As seen in Table 2, substantial proportions of respondents report both lifetime and recent use of a range of drugs, suggesting that the current sample engages in poly drug use; a situation which was seen to exist in the 2003 sample. Recent use of substances reported by over half of respondents include: alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%). The frequency of use for these substances varies. Again looking at those drugs reported by over half of respondents, tobacco was used a median of 180 (range 1-180) days, followed by cannabis (median 46.5, range 1-180 days), alcohol (median 24, range 1-180 days), crystal methamphetamine (median 8, range 1-180 days), and methamphetamine powder (median 7, range 1-180 days). This data is generally consistent with key expert reports where it was believed that the use of speed, alcohol, cannabis, nicotine and crystal methamphetamine were common among the groups with whom they had contact and that the frequency of use of these drugs varied.

There was no significant difference in the mean number of drug classes ever used by respondents across survey years (8.7 in 2003 versus 8.8 in 2004) ($t=.477$, $df=98$, $p=.635$). Nor was a significant difference found between the mean number of drug classes used during the 6 months preceding interview across survey years (6.4 in 2003 compared to 6.7 in 2004) ($t=1.650$, $df=96$, $p=.102$).

There was also no significant difference in the proportions of respondents who reported ever injecting any drug (21% in 2003 and 22% in 2004) ($\chi^2=.060$, $df=1$, $p=.806$). However, among those who had ever injected, there was a significant increase in the proportions of respondents who had recently injected (i.e. during the last 6 months) across survey years (62% (n=13) in 2003 versus 91% (n=20) in 2004) ($\chi^2=7.848$, $df=1$, $p=.005$).

**Table 2: Lifetime and recent polydrug use of regular ecstasy users**

| Drug class | Ever used | Ever injected | Used in last 6 months | Injected in last 6 months | Median days used last 6 months* |
|---|---|---|---|---|---|
| **Mean drug classes** | 8.8 | | 6.7 | | |
| **Inject any drug** | | 22 | | 20 | |
| **Ecstasy** | 100 | 14 | 100 | 4 | 12 (6-72) |
| **Alcohol** | 99 | | 92 | | 24 (1-180) |
| **Cannabis** | 97 | | 85 | | 46. 5 (1-180) |
| **Tobacco** | 84 | | 73 | | 180 (1-180) |
| **Meth powder** | 88 | 18 | 78 | 13 | 7 (1-180) |
| **Meth base** | 46 | 11 | 31 | 9 | 5 (1-160) |
| **Crystal meth** | 89 | 19 | 80 | 15 | 8 (1-180) |
| **Cocaine** | 36 | 8 | 16 | 2 | 1 (1-25) |
| **LSD** | 50 | 4 | 11 | 0 | 1 (1-10) |
| **MDA** | 19 | 1 | 6 | 0 | 2 (1-10) |
| **Ketamine** | 21 | 3 | 10 | 1 | 1 (1-3) |
| **GHB** | 11 | 0 | 5 | 0 | 1 (1-3) |
| **Amyl nitrate** | 36 | - | 15 | - | 4 (1-50) |
| **Nitrous oxide** | 62 | - | 43 | - | 5 (1-100) |
| **Benzodiazepines** | 35 | - | 29 | - | 3 (1-180) |
| **Anti-depressants** | 25 | 0 | 13 | 0 | 180 (1-180) |
| **Heroin** | 13 | 9 | 8 | 6 | 2.5 (1-72) |
| **Methadone** | 4 | 0 | 1 | 0 | 180 (180-180) |
| **Other opiates** | 18 | 2 | 10 | 2 | 2 (1-180) |

**Source: PDI regular ecstasy user interviews**
* by those reporting use during the past 6 months

## 3.3 Summary of polydrug use trends

- Polydrug use among regular ecstasy users was common among respondents with a mean of 8.8 drug classes ever used and a mean of 6.7 used during the previous 6 months
- Lifetime injecting was reported by 22% of respondents with 91% of those having done so during the previous 6 months.
- Substantial proportions of respondents reported recent use of a range of other drugs in addition to ecstasy. Use in the previous 6 months of different drugs reported by over half of respondents included: alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%).

# 4.0 ECSTASY

## 4.1 Current Ecstasy Use

As shown in Table 3, no significant differences were found in any of the variables regarding patterns of use across the survey years in 2003 and 2004. In the current year, ecstasy was the drug nominated by the highest proportion of respondents as the 'drug of choice' (44%).

**Table 3: Current patterns of ecstasy use (n=100)**

| **Variable** | 2003 | 2004 | Significance |
|---|---|---|---|
| Mean age first used ecstasy (years) | 17.7 | 17.9 | t=.670, df=99, p=.504 |
| Mean days used ecstasy last 6 months | 16.1 | 16.4 | t=.207, df=99, p=.836 |
| Ecstasy drug of choice (%) | 52 | 44 | $\chi^2$=2.564, df=1, p=.109 |
| Use ecstasy weekly or more (%) | 25 | 21 | $\chi^2$=.853, df=1, p=.356 |
| Mean ecstasy tablets in 'typical' session | 1.7 | 2.2 | t=1.636,df=98,p=.105 |
| Typically use >1 tablet (%) | 57 | 61 | $\chi^2$=.367, df=1, p=.545. |
| Recently binged on ecstasy (%) | 38 | 38 | $\chi^2$=.397, df=1, p=.529 |
| Ever injected ecstasy (%) | 10 | 14 | $\chi^2$=1.778, df=1, p=.182 |
| Mainly swallowed ecstasy last 6 mths (%) | 90 | 93 | $\chi^2$=1.000, df=1, p=.317 |
| Typically use other drugs in conjunction with ecstasy (%) | 85 | 86 | $\chi^2$=.078, df=1, p=.779). |
| Typically use other drugs to 'comedown' from ecstasy (%) | 76 | 80 | $\chi^2$=.877, df=1, p=.349. |

**Source: PDI regular ecstasy user interviews**

Ecstasy was used a median of 12 (range 0.5-21) days in the last six months with 61% reporting that they typically used more than one tablet during a use period. The 38% who reported having binged[1] on ecstasy was the same as that reported in 2003. In terms of

[1] Defined as using the drug for more than 48 hours continuously without sleep (Ovenden and Loxley 1996).

frequency of use, 21% used ecstasy weekly or more often. A higher proportion of respondents (46%) used ecstasy monthly but less than fortnightly, followed by 33% who used fortnightly but less than weekly. According to key experts, the frequency of use varies and depends on many factors such as the event, the quality of the drug, and individual factors.

Few respondents reported having ever injected ecstasy (14%) and the majority of respondents (93%) reported that they typically used the drug orally. All key experts reported the drug as being taken orally with one reporting that snorting occurs occasionally. Underscoring the polydrug using behaviour among the group was the fact that the majority of respondents reported typically using other drugs with ecstasy (86%) and during the acute recovery period after ecstasy use (80%).

**Table 4: Venue where ecstasy was used during past 6 months (%)**

| Venue (%) | Usual place of use | Last place of use |
|---|---|---|
| Home | 41 | 15 |
| Dealers home | 6 | - |
| Friends home | 62 | 18 |
| Raves/Doofs/Dance parties | 69 | 20 |
| Nightclubs | 66 | 26 |
| Pubs | 18 | 2 |
| Private party | 52 | 11 |
| Restaurant | - | - |
| Public place | 15 | 2 |
| Car (passenger) | 22 | - |
| Car (driver) | 8 | - |
| Outdoors | 20 | 2 |
| Live music event | 35 | 2 |
| Work | 3 | 1 |
| Other | - | 1 |

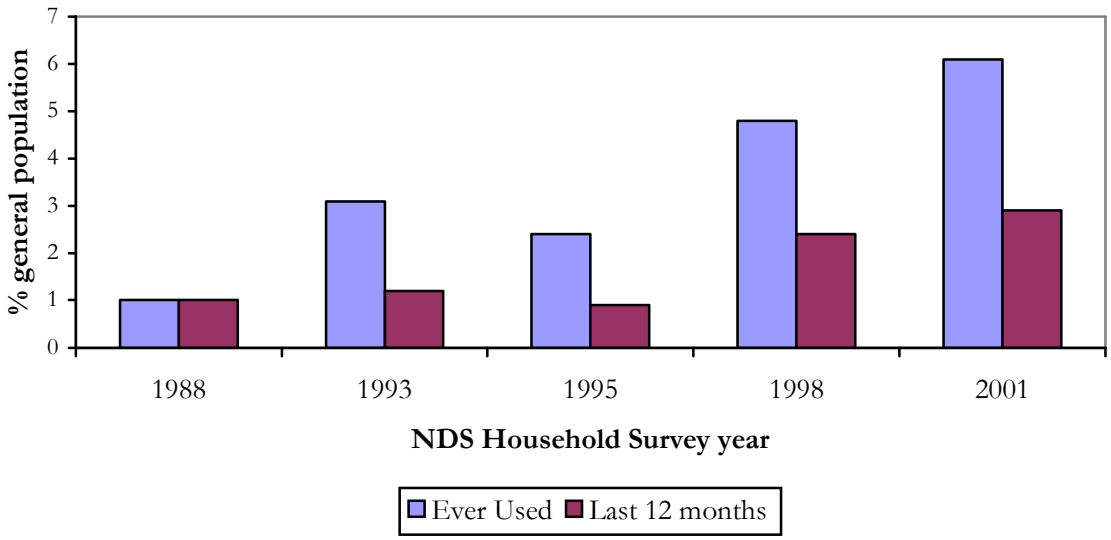
**Source: PDI regular ecstasy user interviews**

As shown in Table 4, the venue where ecstasy was usually used that was reported by the highest proportion of respondents was raves (69%). This was followed by nightclubs (66%) and a friends' home (62%). The last place of use was reported as a nightclub (26%), followed by raves (20%).

## 4.2 Use of ecstasy in the general population

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

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




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

## 4.3 Summary of patterns of ecstasy use

- Ecstasy was used a median of 12 days in the last 6 months.
- Typical use of more than one tablet was reported by 61% of respondents.
- Ecstasy was used weekly or more often by 21% of respondents.
- Most (93%) typically took ecstasy orally.
- Many respondents reported typically using other drugs with ecstasy (86%) and during the acute recovery phase after ecstasy use (80%).
- Ever having injected ecstasy was reported by 14% of respondents.

## 4.4 Price

Referring to Table 5, the median price of ecstasy reported in 2004 was $50 (range 25-60) per tablet. This price was rated as having remained stable during the previous 6 months by 62% of respondents. This was followed by 19% who rated the price as having decreased. Key expert reports were largely consistent with user data in that the price per pill ranged from a low of $23 to a high of $65. Four key experts believed the prices to have remained stable and two reported it as having fluctuated during the previous 6 months.

**Table 5: Price of Ecstasy and Price Variations**

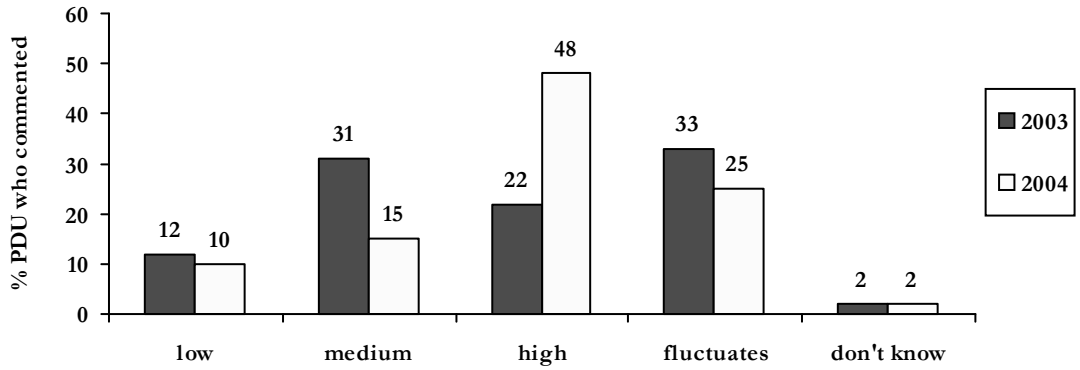
| Price | 2003 | 2004 |
|---|---|---|
| Median price ecstasy tablet (range) | $40 (25-50) | $50 (25-60) |
| **Price change:** | | |
| Increased (%) | 10 | 4 |
| Stable (%) | 68 | 62 |
| Decreased (%) | 12 | 19 |
| Fluctuated (%) | 6 | 13 |
| Don't know (%) | 4 | 2 |

**Source: PDI regular ecstasy user interviews**

## 4.5 Purity

As shown in Figure 2, the current purity of ecstasy was rate as 'high' by the highest proportion of respondents (48%). However, this was followed by one quarter (25%) of respondents reporting it 'fluctuating'. Four key experts, in contrast, rated it as fluctuating with two rating it as medium or high.

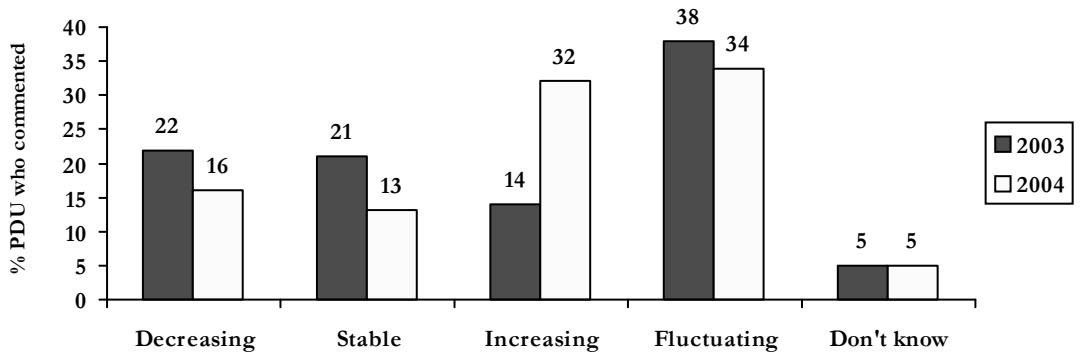
**Figure 2: Reports of purity of ecstasy in the preceding six months**




**Source: PDI regular ecstasy user interviews**

In terms of respondents' assessments of changes in purity during the previous 6 months, 34% reported it as 'fluctuating', although this was closely followed by 32% who rated purity of ecstasy as having increased (Figure 3). All key experts excepting one believed the purity to have fluctuated during the previous 6 months. One key expert rated it as stable.

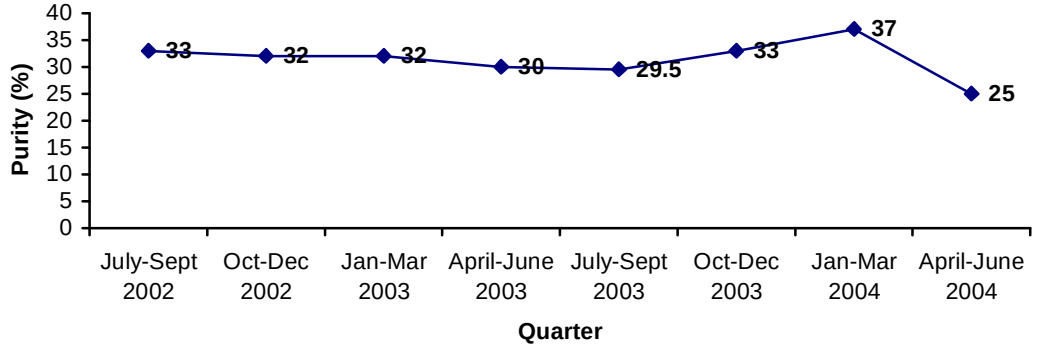
**Figure 3: Reports of change in purity of ecstasy in the preceding six months**




**Source: PDI regular ecstasy user interviews**

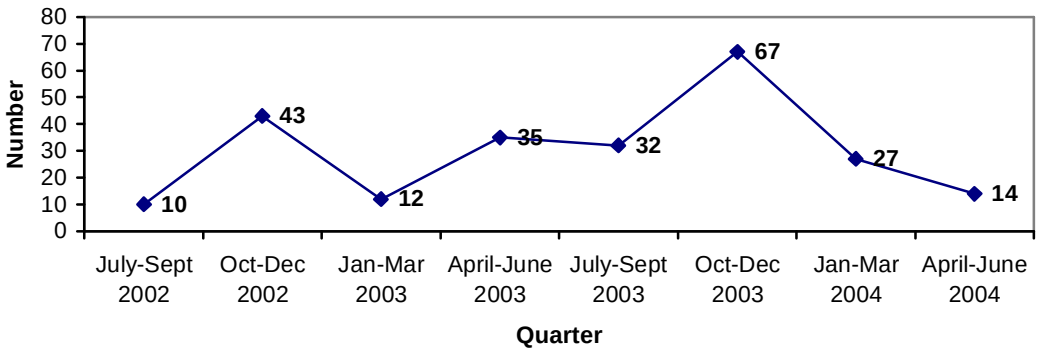
Purity estimates by users are subjective and are due, in part, to issues such as individual tolerance. Laboratory analyses of the purity of seizures of ecstasy provide a more objective assessment than those of user perceptions. However, seizures analysed are not a random sample of all seizures made. As shown in Figure 4, data provided by the Australian Crime Commission indicate that the median purity of phenethylamines seized across time have remained stable apart from what appears to be a small increase in January-March 2004.

**Figure 4: Median purity of phenethylamines seizures in WA by quarter July 2002 to June 2004**




Data provided by the Australian Crime Commission indicate an overall increase in the number of seizures of phenethylamines in WA peaking in Oct-Dec 2003; after which a possible downward trend is occurring across quarters. More data will be required to determine the extent of this trend (Figure 5).

**Figure 5: Number of phenethylamines seizures in WA, by quarter July 2002-June 2004**




## 4.6 Availability[2]

As shown in Table 6, current ease of obtaining ecstasy was described as being 'very easy' by 54% of respondents, not significantly different from the 61% who reported it as being 'very easy' during 2003 ($\chi^2$=2.060, df=1, p=.151). Neither was there a significant increase in the proportions of respondents rating ecstasy as currently 'easy' to obtain: 38% in 2004 versus 237% in 2003 ($\chi^2$=.043, df=1, p=.836). Many respondents (64%) in the 2004 survey year reported the availability situation as having remained unchanged or 'stable' during the past 6 months. Key expert reports were largely consistent with the current situation where all believed it was 'easy' or 'very easy' to obtain and that this had remained 'stable' during the previous 6 months.

[2] Due to changes to the scales between the 2003 and 2004 data collection years, 'moderately easy' and 'easy' were combined in the 2003 data to make it consistent with the 2004 year.

**Table 6: Reports of availability of ecstasy in the preceding six months**

| Ecstasy | 2003 (n=100) | 2004 (n=100) | Significance |
|---|---|---|---|
| **Ease of obtaining ecstasy:** | | | |
| Very easy (%) | 61 | 54 | p=.151 |
| Easy (%) | 37 | 38 | p=.836 |
| **Change in availability:** | | | |
| Stable (%) | 63 | 64 | - |
| Increased (%) | 16 | 15 | - |

**Source: PDI regular ecstasy user interviews**

Regarding the persons from whom they purchased their ecstasy, although 89% of respondents reported scoring from 'friends', it was not significantly different to that reported in 2003 (91%) ($\chi^2$=.441, df=1, p=.507). Of interest is the change in proportions of respondents who use a number of other sources[3]. Specifically, fewer respondents reported using 'known dealers' to obtain their ecstasy in 2004 (53%) versus 2003 (63%) ($\chi^2$=3.959, df=1, p=.047). Further, there was a marked increase in the respondents sourcing from 'unknown dealers' in 2004 (33%) versus 2003 (9%) ($\chi^2$=69.169, df=1, p=.000). There was also a significant increase in the proportions sourcing the drug from 'acquaintances' in the current survey year (47%) compared to 2003 (36%) ($\chi^2$=5.548, df=1, p=.019).

In terms of the venue at which respondents scored, a significant increase occurred in the proportions reporting use of nightclubs to score across survey years (43% in 2004 compared to 33% in 2003) ($\chi^2$=4.868, df=1, p=.027). In contrast, there was a significant decrease in those reporting that they scored ecstasy on the street in 2004 (5%) versus 2003 (14%) ($\chi^2$=7.042, df=1, p=.008). No significant differences were found in any of the other locations from which ecstasy was obtained.

Ecstasy had been scored from a median of 4 (range 1-50) people in the preceding six months. According to 79% of respondents, other drugs were available from their main ecstasy dealer. Other drugs obtained from the main dealer included crystal methamphetamine (72%), cannabis (55%), methamphetamine powder (54%), and methamphetamine base (22%). A range of other drugs were mentioned by smaller proportions of respondents.

## 4.7 Ecstasy related harms

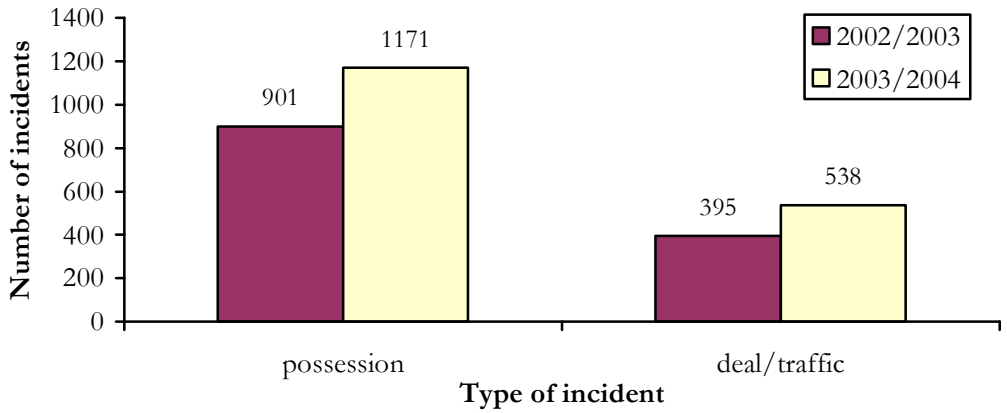
### 4.7.1 Law enforcement

Figure 6 presents the number of amphetamine-type possession incidents by for 2002-2003 and 2003-2004. It should be noted that 'amphetamine-type stimulants' refers to amphetamine, methylamphetamine, crystalline methylamphetamine, and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA - commonly known as ecstasy), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-

[3] Participants could give multiple responses to this question as they may purchase from a number of sources.

methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA). Note that the number of incidents for possession or use, is substantially higher than incidents involving dealing or trafficking. Overall, both incidents for possession and dealing appear to have increased across time: from 901 to 1171 incidents for possession, and from 395 to 538 incidents for dealing/trafficking.

**Figure 6: Number of police incidents recorded for amphetamine-type stimulants by possession/use and dealing/trafficking, July 2002- June 2003 and July 2003- June 2004**

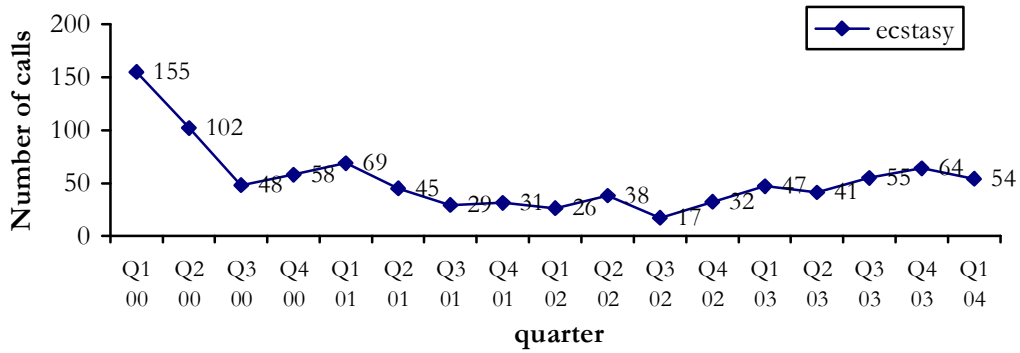



**Source: PDI regular ecstasy user interviews**

### 4.7.2 Health related harms

The WA Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in WA. While health-related harms associated with ecstasy are discussed in more detail elsewhere, calls to ADIS provide a general indicator of the level of harm experienced by ecstasy users. Figure 7 shows that although somewhat higher in June 2000, the number of ecstasy related inquiries to the ADIS line have remained low.

**Figure 7: Number of ecstasy related inquires to ADIS in WA by quarter, June 2000-March 2004**




Indeed, the inquiries to ADIS concerning ecstasy have consistently been a small proportion of the total number of inquiries received in each quarter. For example, ecstasy related inquiries made up only 5% of the total calls (n=3393) in January-March 2000 and 2% of the total calls (n=3310) coded in January-March 2004 (ADIS).

## 4.8 Benefit and risk perception

Respondents were asked whether there were any benefits and risks associated with ecstasy use. Eighty nine percent reported that benefits were derived from taking ecstasy. Respondents were then asked to list up to three of the biggest benefits they believed to be associated with their personal use of the drug. Table 7 lists the first benefit reported by respondents. Enhanced closeness was reported by 47% of respondents, followed by enhanced communication (21%). Smaller proportions of respondents nominated other perceived benefits of ecstasy use.

**Table 7 Perceived benefits of ecstasy use**

| | n=100 |
|---|---|
| Enhanced closeness/bonding/empathy | 47% |
| Enhanced communication | 21% |
| Enhanced mood | 20% |
| Fun | 7% |
| The high/rush | 1% |
| Enhanced appreciation of music or dance | 1% |
| Increased confidence | 1% |
| Different effect to alcohol | 1% |

**Source: PDI regular ecstasy user interviews**

In terms of the perceived risks associated with ecstasy use, 86% of respondents reported that risks did exist. Similar to the perceived benefits, respondents were then asked to list up to three of the biggest risks they believed to be associated with their personal use of the drug. Table 8 presents the first risk reported by respondents. Depression and damage to brain function were both reported by 16% of respondents. Various other risks were reported by smaller proportions.

**Table 8 Perceived risks of ecstasy use**

| Risk | n=100 |
|---|---|
| Depression | 16 |
| Damage to brain function | 16 |
| General acute physical problems | 9 |
| Paranoia | 8 |
| Dehydration | 7 |
| Memory impairment | 6 |
| Unknown drug strength/purity | 6 |
| Anxiety | 5 |
| Psychosis | 5 |
| Non-fatal overdose | 4 |
| Addiction | 2 |
| Other psychological harm | 2 |
| Over-hydration | 2 |
| Fatal overdose | 2 |
| Taking more drug than intended | 2 |
| Lack of motivation | 1 |
| Cognitive impairment | 1 |
| Long term physical problems | 1 |
| Increased vulnerability | 1 |
| Financial problems | 1 |
| Other harm (general) | 1 |

**Source: PDI regular ecstasy user interviews**

## 4.9 Summary of ecstasy trends

- The median price of ecstasy was $50 per pill with 62% of respondents rating the price as 'stable' or unchanged.
- Purity was rated as 'high' by 48% of respondents and 34% believed it to have fluctuated during the previous 6 months.
- Ecstasy was rated as 'very easy' to obtain by 54%. This situation was believed to have remained 'stable' during the previous 6 months by 64% of respondents.

# 5.0 METHAMPHETAMINE

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

## 5.1 Current patterns of methamphetamine use

### 5.1.1 Methamphetamine Powder (Speed)

There was no significant difference in the proportion of respondents reported ever having used methamphetamine powder in 2004 than in the 2003 survey year (88% versus 93%) ($\chi^2$=3.840, df=1, p=.050). There was, no significant difference in the proportions reporting recent use of the drug (i.e. during the past 6 months) across survey years (78% in 2004 versus 83% in 2003) ($\chi^2$=1.772, df=1, p=.183). The median days use during the past 6 months was 7 (range 1-180) days. However, there was no change in the mean number of days use during the previous 6 months across survey years (17.73 days in 2004 versus 15.65 days in 2003) (t=.598, df=77, p=.552). The median for both the average and heaviest quantities used among the respondents in the current year was .50 of a gram (Table 9).

**Table 9: Current patterns of methamphetamine powder (n=100)**

| Methamphetamine powder | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used (%) | 93 | 88 | p=.050 |
| Used preceding six months (%) | 83 | 78 | p=.183 |
| **Of those who had used in the preceding 6 mths** | | | |
| Mean days used last 6 mths | 15.7 | 17.7 | p=.552 |
| **Median quantities used (grams)** | | | |
| Typical (range) | 0.2 (0.01-2) | 0.5 (.10-5) | - |
| Heavy (range) | 0.6 (0.1-10) | 0.5 (.10-20) | - |

**Source: PDI regular ecstasy user interviews**

In terms of the method of administration, of those who used recently, fewer respondents reported having snorted methamphetamine powder during the previous 6 months (81% in 2004 compared to 88% in 2003) ($\chi^2$=3.862, df=1, p=.049). No significant change occurred in the proportions reporting swallowing across survey years (56% in 2004 versus 63% in 2003) ($\chi^2$=1.298, df=1, p=.255). No significant change occurred in the

proportions reporting injecting across survey years (17% in 2004 versus 13% in 2003) ($\chi^2$=.791, df=1, p=.374). Neither was there any significant change in the proportions smoking (37% in 2004 versus 28% in 2003) ($\chi^2$=3.491, df=1, p=.062).

According to key experts, the use of methamphetamine powder remains common among the groups with which they have contact, although one noted a move away from it towards crystal methamphetamine. Level of knowledge concerning quantity and frequency was not high. Two key experts believed that use could occur as often as weekly and as infrequently as monthly. Further, one noted that the use of methamphetamine powder occurred a bit more frequently than the use of ecstasy.

### 5.1.2 Methamphetamine Base

Methamphetamine base was reported to have been used by 46% of respondents at some time (i.e. ever used), representing no significant change from that in 2003 (54%) ($\chi^2$=2.576, df=1, p=.108). There was also no difference found in the proportions reporting recent use across survey years (31% in 2004 versus 32% in 2003) ($\chi^2$=.046, df=1, p=.830). The drug was used a median of 5 (range 1-160) days during the past 6 months. There was no difference in the mean number of days reported across survey years (15.03 in 2004 versus 7.47 in 2003) (t=1.338, df=30, p=.191). In both cases the median average and heaviest quantities used in a session was 2 points (Table 10).

**Table 10: Current patterns of methamphetamine base (n=100)**

| Methamphetamine base | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used (%) | 54 | 46 | p=.108 |
| Used last six months (%) | 32 | 31 | p=.830 |
| **Of those who had used in the preceding 6 mths** | 7.07 | 15.03 | p=.191 |
| Mean days used last 6 mths | | | |
| **Median quantities used (points)** | | | |
| Typical (range) | 1 (0.3-6) | 2 (0.25-5) | - |
| Heavy (range) | 1.5 (0.5-20) | 2 (0.25-10) | - |

**Source: PDI regular ecstasy user interviews**

Of those who used during the previous 6 months, 58% reported having snorted the drug. However, this was not significantly different to 2003 (50%) ($\chi^2$=.806, df=1, p=.369). No difference was found in the proportions of respondents who swallowed methamphetamine base across survey years (52% in 2004 versus 63% in 2003)($\chi^2$=1.568, df=1, p=.211). Neither was there any change in recent injecting (29% in 2004 versus 19% in 2003) ($\chi^2$=2.151, df=1, p=.142). Smoking methamphetamine base was the only significant change, having increased to 26% in 2004 from 13% in 2003 (p=.033, Fisher's exact test).

Methamphetamine base was not something key experts could comment on. One key expert did note that it was common although both methamphetamine powder and crystal methamphetamine were more popular.

### 5.1.3 Crystal Methamphetamine

As shown in Table 11, lifetime use of crystal methamphetamine was 89%, not significantly different to the 2003 survey year (91%) ($\chi^2$=.488, df=1, p=.485). There was also no change in proportions reporting use during the previous 6 months (80% in 2004 versus 77% in 2003) ($\chi^2$=.438, df=1, p=.508). Respondents who has used recently used a median of 8 (range 1-180) days. However, there was no significant difference in the means across survey years (22.16 days in 2004 versus 17.36 days in 2003) (t=1.127, df=78, p=.263). In terms of quantities used, 2 points was the median for both 'typical' and heavy use periods.

**Table 11: Current patterns of crystal methamphetamine (n=100)**

| Crystal methamphetamine | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used (%) | 91 | 89 | p=.485 |
| Used last six months (%) | 77 | 80 | p=.508 |
| **Of those who had used in the preceding 6 mths** | 17.36 | 22.16 | p=.263 |
| Median days used last 6 mths | | | |
| **Median quantities used (points)** | | | |
| Typical (range) | 1 (0.1-10) | 2 (0.33-10) | - |
| Heavy (range) | 2.5 (0.1-50) | 2 (0.33-48) | - |

**Source: PDI regular ecstasy user interviews**

Of those who had used crystal methamphetamine during the previous 6 months, 56% reporting snorting the drug, a significant decrease from 2003 (70%) ($\chi^2$=7.009, df=1, p=.008). No change occurred across survey years in the proportions reporting swallowing crystal methamphetamine (43% in 2004 versus 49% in 2003) ($\chi^2$=1.299, df=1, p=.254). Neither was any significant difference found in the rates of injecting (19% in 2004 compared to 14% in 2004) ($\chi^2$=1.558, df=1, p=.212) among those who had used in the last 6 months. However, the proportions of those who had used the drug in the previous 6 months who reported smoking crystal methamphetamine during that period did increase, with 92% in 2004 versus 74% in the 2003 survey year ($\chi^2$=13.558, df=1, p=.000).

All but one key expert discussed some aspects of the use of crystal methamphetamine and it was something believed to be common among the users with whom they had contact. Two remarked on an apparent increase in use of crystal methamphetamine. In terms of mode of administration, one key expert believed that it was most commonly smoked while two others noted that smoking was less common. This appears to conflict somewhat with regular ecstasy user data.

**Table 12: Location of usual methamphetamine use by form, 2004**

| Variable (%) | Powder (n=62) | Base (n=13) | Crystal (n=68) |
|---|---|---|---|
| Home | 48 | 46 | 57 |
| Dealers home | 11 | 8 | 16 |
| Friends home | 57 | 31 | 68 |
| Raves | 45 | 15 | 46 |
| Nightclubs | 55 | 54 | 57 |
| Pubs | 36 | 23 | 32 |
| Private party | 48 | 23 | 46 |
| Restaurant | 3 | - | 4 |
| Public place | 19 | 8 | 19 |
| Car (passenger) | 26 | 8 | 22 |
| Car (driver) | 10 | - | 13 |
| Outdoors | 19 | 8 | 16 |
| Live music event | 31 | 15 | 28 |
| Work | 8 | - | 13 |
| Other | 3 | - | 1 |

**Source: PDI regular ecstasy user interviews**

Respondents were also asked their usual location of use for each form of methamphetamine. As shown in Table 12, usual use occurred in a number of venues. For both methamphetamine powder and crystal, the location nominated by the highest proportions of respondents was a 'friend's home' (57% for powder and 68% for crystal). In contrast, for methamphetamine base, a 'nightclub' was nominated by the highest proportion of respondents (54%). Smaller proportions reported various other locations.[4] Location of last use was 'home' for both methamphetamine crystal and base (29% and 39% respectively) and a 'friend's home' for methamphetamine powder (24%). Smaller proportions of respondents reported other locations (Table 13).

[4] Respondents could nominate multiple usual use venues

**Table 13: Location of last methamphetamine use by form, 2004**

| Variable (%) | Powder (n=62) | Base (n=13) | Ice (n=68) |
|---|---|---|---|
| Home | 23 | 39 | 29 |
| Dealers home | - | - | - |
| Friends home | 24 | 15 | 31 |
| Raves | 8 | - | 7 |
| Nightclubs | 18 | 15 | 10 |
| Pubs | 3 | 15 | 3 |
| Private party | 15 | - | 9 |
| Restaurant | - | - | - |
| Public place | - | - | 2 |
| Car (passenger) | - | - | - |
| Car (driver) | - | - | 3 |
| Outdoors | - | - | 2 |
| Live music event | - | - | - |
| Work | 3 | - | 2 |
| Other | 2 | - | 2 |

**Source: PDI regular ecstasy user interviews**

## 5.2 Price

According to 22 respondents who commented, the median price for a gram of methamphetamine powder was $300, ranging from a low of $200 to a high of $500. The median price per point was $50. In 2003, the median price per gram was $200 (range $50-400) (n=25) and the median price per point was $50 (range $25-50) (n=35). For methamphetamine base, the median price per point was $50 (n=6). In 2003, the price per point was $50 according to the 10 respondents who commented. For crystal methamphetamine, the median price per point was $50 (range $30-80) (n=43). This is similar to the $50 per point (range $25-50) (n=42) reported in the 2003 survey year (Table 14).

**Table 14: Price of various methamphetamine forms**

| Median price ($) methamphetamine | 2004 |
|---|---|
| **Speed** | |
| Gram | $300 (200-500) |
| Point | 50 |
| **Base** | |
| Point | $50 (25-50) |
| **Crystal** | |
| Point | $50 (30-180) |

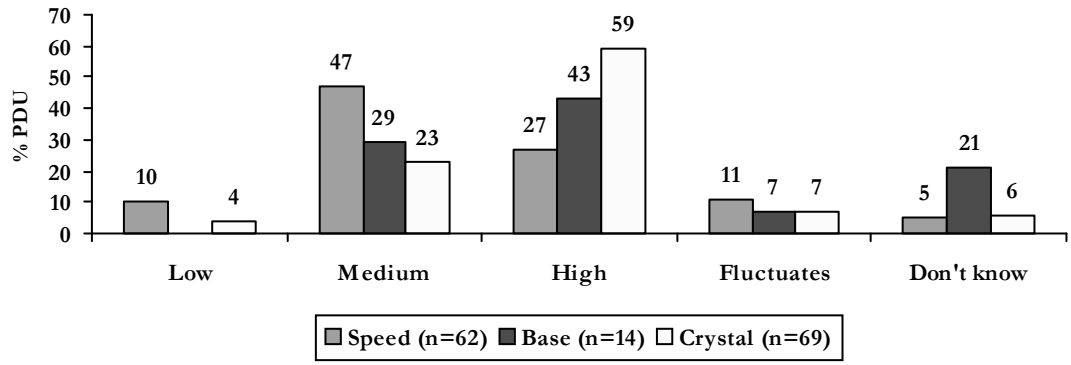
**Source: PDI regular ecstasy user interviews**

In terms of changes to the price of methamphetamine during the 6 months preceding the interview, 60% of the 60 respondents who commented believed the price of methamphetamine powder to be unchanged or 'stable'. This was also the case for both methamphetamine base, where 57% (n=14) believed the price to have remained 'stable' and crystal methamphetamine where 64% (n=61) believed it to have remained 'stable' during the 6 months preceding the interview.

## 5.3 Purity

As shown in Figure 8, the perceived purity of the different forms of methamphetamine varied according to type. For both methamphetamine crystal and base, purity was believed to be 'high' at the time of interview by the highest proportion of respondents (59% for crystal and 43% for base). Methamphetamine powder was thought to be of 'medium' purity by the highest proportion of respondents (47%).

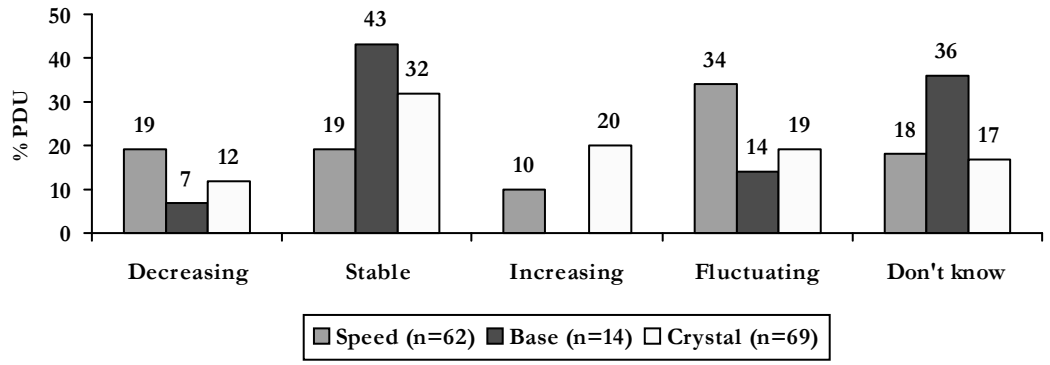
**Figure 8: Reports of purity of various forms of methamphetamine in the preceding 6 months, 2004**




**Source: PDI regular ecstasy user interviews**

In terms of perceived changes to this purity during the 6 months preceding the interview, assessments again varied according to type of methamphetamine. As shown in Figure 9, 34% of respondents who commented believed that the purity of methamphetamine powder 'fluctuated' during the previous 6 months. For methamphetamine base, the highest proportion of respondents (43%) believed the purity to have remained 'stable', although this was followed by 36% who stated that they 'did not know'. Of the 69 respondents who commented on crystal methamphetamine, 32% believed the current purity to have remained 'stable', followed by a further 20% who believed it to have 'increased' during the 6 months preceding the interview.

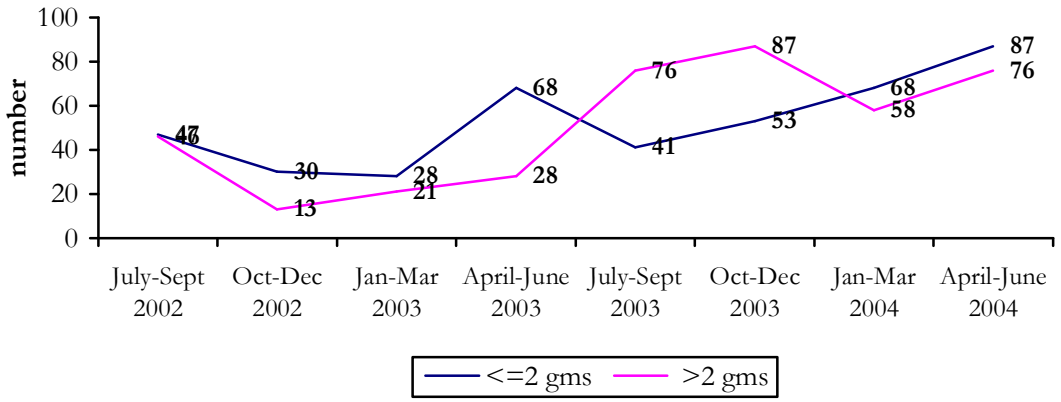
**Figure 9: Reports of change in purity of various forms of methamphetamine in the preceding 6 months, 2004**




**Source: PDI regular ecstasy user interviews**

As shown in Figure 10, data provided by the ACC indicates in an increase in the number of methylamphetamine seizures in WA across quarters during the 2002-2003 and 2003-2004 financial years. In fact, the numbers of cases for each weight category appears to have steadily increased over time. It should also be noted that WA Forensic Science lab does not analyse all seizures less than 2 grams. Thus, the figure underestimates the number of samples tested.

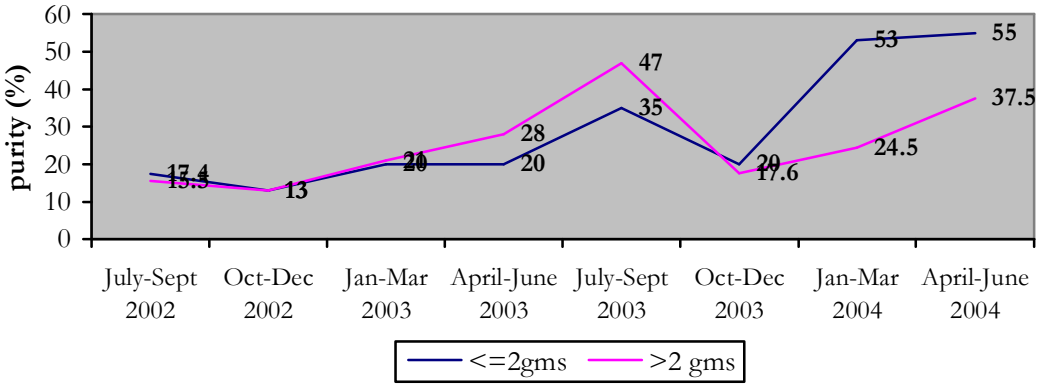
**Figure 10: Number of analysed seizures of methylamphetamine, in WA, by quarter, July 2002-June 2004**




**Source: Australian Crime Commission**

As shown in Figure 11, the median purity of seizures analysed has increased for both weight categories across the 2002-2003 and 2003-2004 financial years. However, because samples tested are not a random sample of all seizures, caution should be exercised in interpreting this data.

**Figure 11: Median purity of seizures of methylamphetamine by quantity, in WA by quarter, July 2002-June 2004**

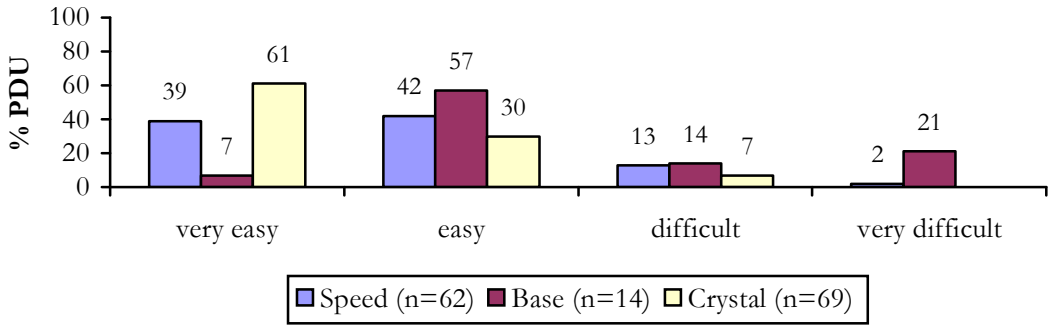



**Source: Australian Crime Commission**

## 5.4 Availability

Both methamphetamine powder and base were rated as being currently 'easy' to obtain by the highest proportion of respondents (42% for methamphetamine powder and 57% for methamphetamine base. Crystal methamphetamine was believed to be 'very easy' to obtain by 61% of respondents who commented (Figure 12).

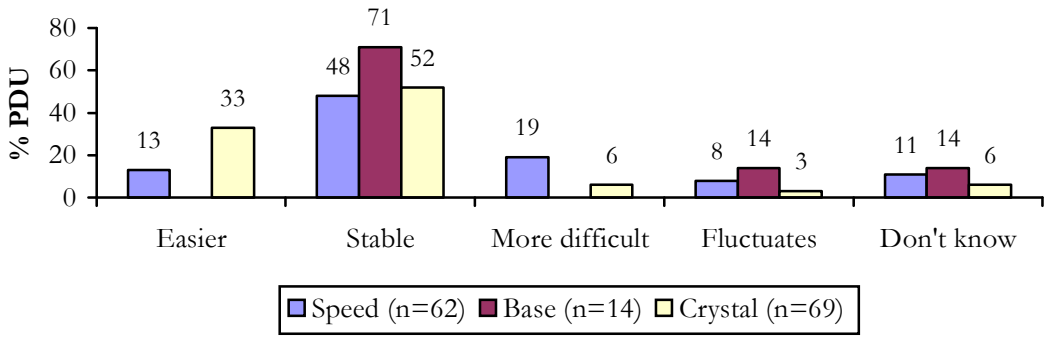
**Figure 12: Current availability of various forms of methamphetamine 2004**




**Source: PDI regular ecstasy user interviews**

As shown in Figure 13, this situation was rated as having remained 'stable' during the 6 months preceding the interview for all forms of methamphetamine by the highest proportions of respondents (48% for methamphetamine powder, 71% for methamphetamine base, and 52% for crystal methamphetamine).

**Figure 13: Change in the availability of various forms of methamphetamine in the preceding six months**



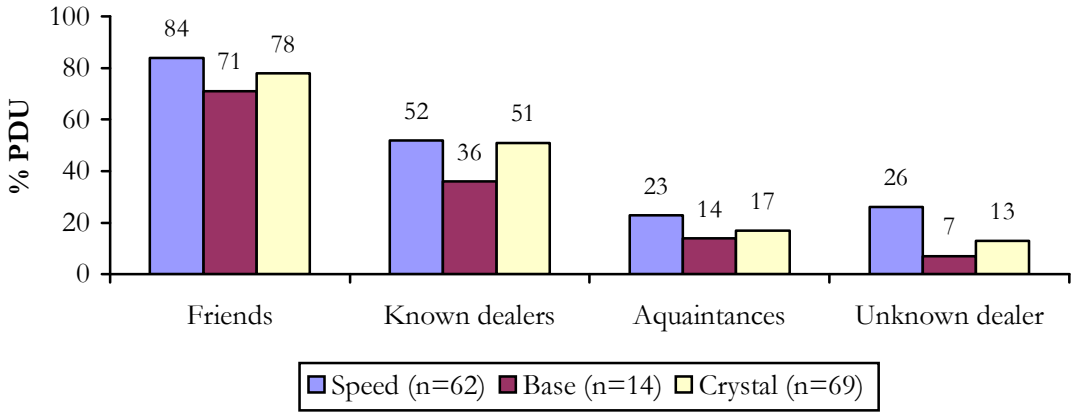

**Source: PDI regular ecstasy user interviews**

In terms of availability across survey years, there was no significant difference in the proportions of respondents reporting methamphetamine powder as 'very easy' to obtain (39% in 2004 versus 48% in 2003) ($\chi^2$=1.921, df=1, p=.166). Significant differences were found across survey years for both methamphetamine base and crystal in terms of perceived availability. There was a significant decrease in the proportions of respondents rating methamphetamine base as 'very easy' to obtain between the current year and 2003 (7% in 2004 compared to 35% in 2003 ($\chi^2$=4.669, df=1, p=.045). A significant increase occurred in 2004 with 61% of respondents reporting crystal methamphetamine as 'very easy' to obtain compared to the 46% (n=72) reporting the same in 2003 ($\chi^2$=6.284, df=1, p=.012).

As shown in Figure 14, regardless of the form of methamphetamine, purchase from friends was the most common source of the drug (84% for methamphetamine powder, 71% for methamphetamine base, and 78% for crystal methamphetamine).

The only significant differences found across survey years concerned the use of 'unknown dealers' as a source for both methamphetamine powder and crystal. Specifically, a higher proportion of respondents reported sourcing methamphetamine powder from 'unknown dealers' in the current year than in 2003 (26% in 2004 and 3% in 2003 (p=.000, Fisher's exact test). This was also the case for sourcing crystal methamphetamine from 'unknown dealers', where 13% of respondents reported doing so in 2004 versus 4% in 2003 (p=.002, Fisher's exact test).

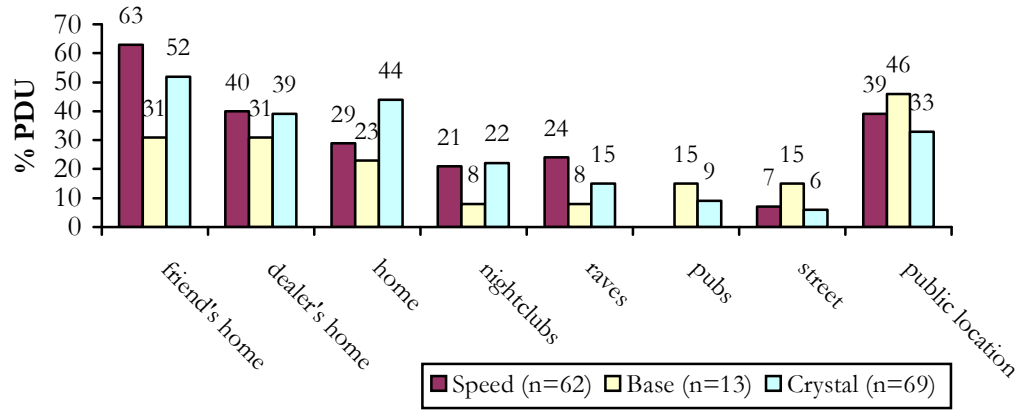
**Figure 14: People from whom methamphetamine powder, base and crystal purchased in the preceding six months**




**Source: PDI regular ecstasy user interviews**

As shown in Figure 15, for both methamphetamine powder and crystal, the highest proportions of respondents reported purchasing the drug from a 'friend's home' (52% for methamphetamine powder and 62% for crystal). For methamphetamine base, a 'public location' was the common purchase venue (46%).

**Figure 15: Locations where methamphetamine powder, base and crystal purchased in the preceding six months**




**Source: PDI regular ecstasy user interviews**

No significant differences were found across survey years for any of the purchase locales[5] for methamphetamine powder. For methamphetamine base, fewer reported purchasing at a friend's home during the current year than in the 2003 survey year (31% in 2004 versus 56% in 2003) ($\chi^2$=3.861, df=1, p=.049). For crystal methamphetamine significantly more respondents reported purchasing 'at home' in 2004 compared to 2003 (44% in 2004 versus 28% in 2003) ($\chi^2$=3.861, df=1, p=.049). In contrast, fewer reported purchasing crystal methamphetamine at a 'friend's home' in the current year (52% in 2004 compared to 73% in 2003) ($\chi^2$=15.623, df=1, p=.000).

[5] Significance testing was not conducted on all categories as some were revised or newly created for the current year.

## 5.5 Methamphetamine related harms

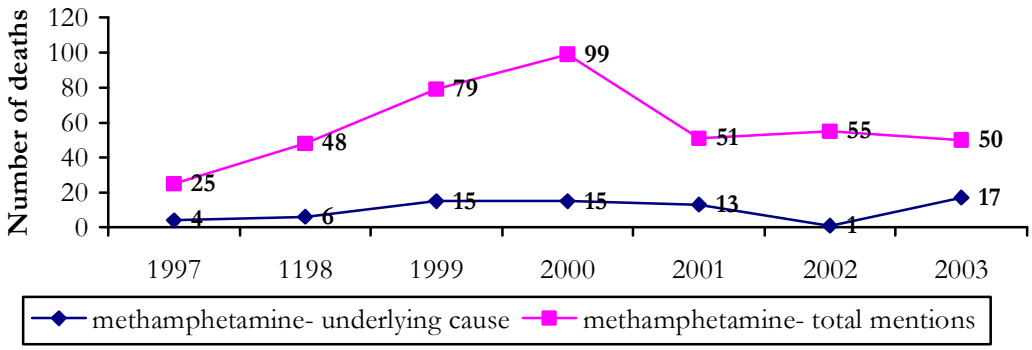
### 5.5.1 Health

Degenhardt et al (2004) investigated Australian Bureau of Statistics data regarding the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. This refers to deaths where methamphetamine was determined to be the primary factor responsible for the person's death as well as where methamphetamines were noted but where another drug was believed to be the primary factor. Figure 16 presents the methamphetamine data for the years 1997 through 2003.

A steady increase in the total mentions is evident up until 2000 after which a drop occurs and although the rates appear to be steady from 2001 there is not a return to the previous high seen in 2000. The rates specifically for methamphetamine as the underlying cause are much lower, ranging from a low of 1 death in 2002 to a high of 17 deaths in 2003, although a slight increase in deaths over time can be noted.

In 2003, there were a total of 50 deaths in which methamphetamine was mentioned among those aged 15-54 years, of which Western Australia accounted for 18% of these deaths, preceded only by New South Wales (54%)(Degenhardt et al (2004).

**Figure 16: Number of accidental drug-induced deaths mentioning methamphetamine among those aged 15-54 years in Australia, 1997- 2003**




**Source: Australian Bureau of Statistics morbidity database**

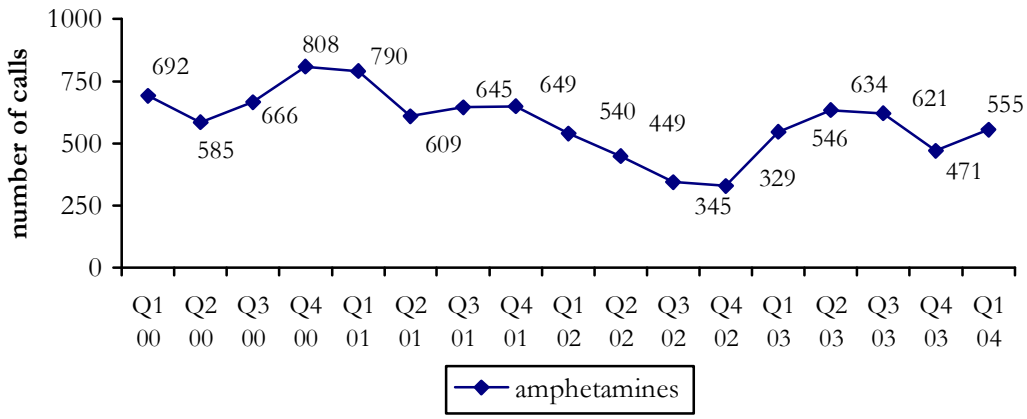
National hospital morbidity data from the Australian Institute of Health and Welfare indicates that the proportions of admissions to WA hospitals where amphetamine was the primary diagnosis have remained at a constant level across four years of data collection (1999-2003). Specifically, the proportion has remained constant at 32% with a slight increase to 33% during the 2001/2002 year. These rates appear marginally higher than the national figures which ranged from a low of 28% to a high of 30% (Figure 17).

**Figure 17: Proportion of hospital admissions for WA and Australia where amphetamine use was coded as primary diagnosis, 1999-2003**


**Source: Australian Institute of Health and Welfare**

Telephone calls to the WA Alcohol and Drug Information Service (ADIS) gradually declined over time during the period of 2000 to 2002 where a low of 329 calls were coded. Beginning in 2003, however, the number of calls appears to be on the increase (Figure 18).

**Figure 18: Number of amphetamine related inquiries to ADIS in WA by quarter, June 2000 – March 2004**




**Source: WA Alcohol and Drug Information Service, 2004**

## 5.6 Summary of Methamphetamine Trends

- Eighty eight percent of respondents reported lifetime us of methamphetamine powder and 78% had used during the past 6 months.
- Forty six percent of respondents reported lifetime use of methamphetamine base and 31% reported use during the previous 6 months.
- Eighty nine percent of respondents reported lifetime use of crystal methamphetamine and 80% used during the previous 6 months.
- For crystal methamphetamine, the proportions reporting recent snorting of the drug decreased across survey years (56% in 2004 versus 70% in 2003) and the proportions recently smoking increased (92% in 2004 versus 74% in 2003).
- The median price for all forms of methamphetamine was $50 per point. The price for all forms during the past 6 months was stable (60% for methamphetamine powder, 57% for methamphetamine base and 64% for crystal methamphetamine).
- Purity was rated as being 'medium' (47%) for methamphetamine powder, with the situation during the past 6 months believed to have 'fluctuated' (34%). For methamphetamine base purity was considered 'high' and remaining stable (43%). For crystal methamphetamine it was rated as 'high' (59%) with the situation remaining 'stable' during the past 6 months (32%).
- Availability of methamphetamine powder was believed to be 'easy' by 42% of respondents and this was 'stable' according to 48%. For methamphetamine base, 57% rated current availability as 'easy' and this was believed to be 'stable' by 71% of respondents. For crystal methamphetamine, availability was rated as 'very easy' by 61% and 52% of respondents rated the current situation as having remained 'stable' during the 6 months preceding the interview.

# 6.0 COCAINE

## 6.1 Current patterns of cocaine use

Referring to Table 15, 36% of respondents reported lifetime use of cocaine, a proportion that was not significantly different to that reported in 2003 (44%) ($\chi^2$=2.597, df=1, p=.107). No differences were found across survey years in terms of recent cocaine use (16% in 2004 versus 17% in 2004) ($\chi^2$=.071, df=1, p=.790). Respondents used a median of 1 day (range 1-25) during the 6 months preceding the interview. However, no difference in the mean number of days use was found across the two years (3.63 days in 2004 versus 3.12 in 2003) (t=-.328, df=15, p=.748).

**Table 15: Current patterns of cocaine use (n=100)**

| Cocaine | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used % | 44 | 36 | p=.107 |
| Used last six months% | 17 | 16 | p=.790 |
| **Of those who had used in the preceding 6 mths** | | | |
| Mean days used last 6 mths | 3.12 | 3.63 | p=.748 |
| **Median quantities used (grams)** | | | |
| Typical (range) | 0.5 (0.1-2.5) | 0.25( .1-.8) | - |
| Heavy (range) | 0.5 (0.1-2.5) | 0.5 (.1-6.25) | - |

**Source: PDI regular ecstasy user interviews**

Few respondents reported ever injecting cocaine (8%) and only two respondents reported doing so during the 6 months preceding the interview. Of those respondents who used during the previous 6 months, 81% reported snorting the drug, followed by 6% reporting swallowing it, and 6% having smoked cocaine.

Of the seven respondents who commented on their usual place of cocaine use, 29% reported their 'own home', 29% reported a 'friend's home', and 14% reported a 'private party'. The last place of use was reported as a 'friend's home' (29%), followed by their 'own home' (14%), and a 'private party' (14%) (n=7).

Key experts were of the view that cocaine was not generally used among the user groups and that it was difficult to obtain in Perth. One key expert believed that 30% of the users in the group did use it, although use was sporadic (i.e. twice per year).

## 6.2 Price

As shown in Table 16, the median price per gram of cocaine was $300 (250-400) (n=7), a situation which remained 'stable' during the previous 6 months according to 43% of respondents. In 2003, 6 respondents were able to comment, reporting a median price of $325 (250-400) per gram. However, in 2003, 50% (n=14) of respondents commenting 'did not know' whether there had been any changes in price during the 6 months

preceding the interview. As in 2003, the small number of respondents able to comment on price of cocaine suggests caution in interpreting these results as they may be unreliable.

**Table 16: Price of cocaine and price variations**

| **Cocaine** | **2003** | **2004** |
|---|---|---|
| Median price ($) cocaine | (n=6) | (n=7) |
| Gram | 325 | 300 |
| | ($250-400) | ($250-400) |
| **Price change:** | (n=14) | (n=7) |
| Increased (%) | 0 | 14 |
| Stable (%) | 36 | 43 |
| Decreased (%) | 7 | 0 |
| Fluctuated (%) | 7 | 14 |
| Don't know (%) | 50 | 29 |

**Source: PDI regular ecstasy user interviews**

## 6.3 Purity

Subjective assessments of purity were provided by seven respondents. For three respondents, the current purity of cocaine was believed to be 'low', followed by two who suggested it 'fluctuated'. One respondent rated purity as 'high' and one 'did not know'. Of the seven respondents who commented, three believed the current level to have remained 'stable' during the 6 months preceding the interview. This was followed by two respondents who 'did not know', one who rated it as 'fluctuating', and one who believed it to have 'decreased' during the previous 6 months.

## 6.4 Availability

Current availability of cocaine was commented on by seven respondents. Fifty seven percent of respondents rated it as 'difficult'. This was followed by 29% who rated it as 'very difficult' and 14% who rated it as 'easy' to obtain. In terms of perceived changes in availability during the previous 6 months, 86% of the seven respondents rated it as 'stable'. This was followed by 14% who rated the situation as having 'fluctuated' during the past 6 months.

In terms of the people from whom cocaine was purchased during the preceding 6 months, two respondents reported using a 'friend' and two reported using a 'known dealer'. The locations where it had been purchased included: a 'friend's home' (two respondents), a 'dealer's home' (one respondent), and 'own home' (one respondent). It should be noted that insufficient numbers makes it difficult to reach any conclusions.

## 6.5 Cocaine related harms

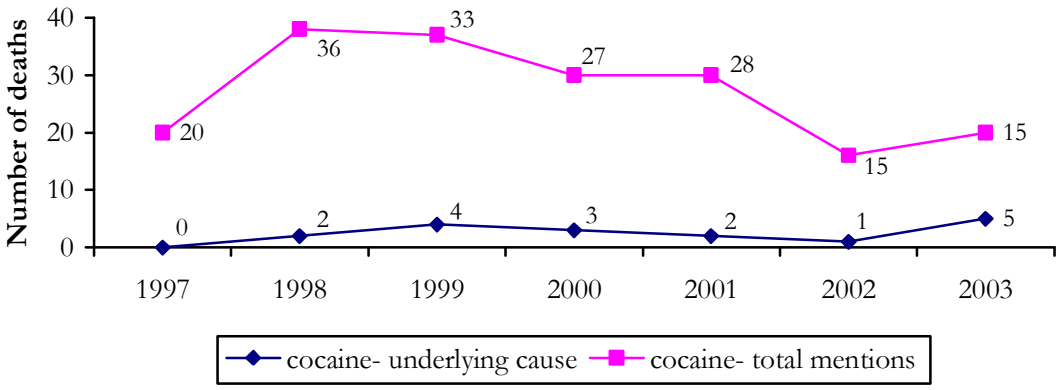
### 6.5.1 Law enforcement

Data supplied by the Australian Crime Commission indicates that both consumer and provider arrests in WA during the 2003-2004 financial year are extremely low: 9 consumer arrests out of 153 national consumer arrests and 12 provider arrests out of 175 national provider arrests.

### 6.5.2 Health

Degenhardt et al (2004) investigated Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. Figure 19 presents the cocaine data for the years 1997 through 2003. There appears to be a downward trend for the total number of deaths in which cocaine was mentioned. In 2003 there were 5 deaths where cocaine was recorded as the underlying cause.

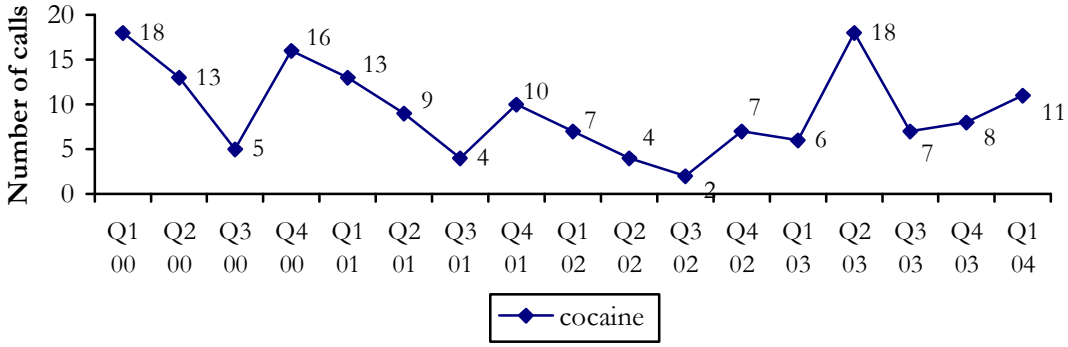
**Figure 19: Number of accidental drug-induced deaths mentioning cocaine among those aged 15-54 years in Australia, 1997- 2003**




**Source: Australian Bureau of Statistics morbidity database**

In WA, the cocaine-related calls to ADIS have been a consistently small proportion of the total calls coded, ranging from a low of two calls in the third quarter of 2002 (0.1%) to a high of 18 calls in the second quarter in 2003 (0.6%). In both cases, the calls make up less than 1% of the total calls made in each quarter (1760 in third quarter 2002 and 2782 in second quarter 2003) (Figure 20).

**Figure 20: Number of cocaine related inquiries to ADIS in WA by quarter, June 2000 – March 2004**




**Source: Alcohol and Drug Information Service**

## 6.6 Summary of Cocaine Trends

- Lifetime use of cocaine was reported by 36% of respondents and use during the previous 6 months was reported by 16%.
- Recent use had a median of 1 day in the past 6 months.
- The typical amount used was .25 of a gram.
- Snorting was the most common route of administration (81%).
- The median price per gram, based on seven respondents, was $300 per gram. The price was rated as 'stable' (43%).
- Respondent reports on purity were difficult to assess due to variation among the small number (seven) of respondents who commented.
- Availability was reported as being 'difficult' by 57% of respondents and 86% believed the situation to have remained 'stable' during the previous 6 months (n=7).

# 7.0 KETAMINE

## 7.1 Current patterns of ketamine use

As shown in Table 17, lifetime use of ketamine was 21%, a proportion not significantly different from that in 2003 (25%) ($\chi^2$=.853, df=1, p=.356). No differences were found across survey years in terms of recent cocaine use (10% in 2004 versus 12% in 2003) ($\chi^2$=.379, df=1, p=.538). The median days use during the past 6 months was 1 day in 2004 compared to 2.5 in 2003. A significant decrease in the mean number of days use during the previous 6 months was found (1.4 days in 2004 versus 4.08 days in 2003) (t= =-12.121, df=9, p=.000).

**Table 17: Current patterns of ketamine use (n=100)**

| Ketamine | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used (%) | 25 | 21 | p=.356 |
| Used last six months (%) | 12 | 10 | p=.538 |
| **Of those who had used in the preceding** | | | |
| **6 mths** | 4.08 | 1.40 | p=.000 |
| Mean days used last 6 mths | | | |
| **Median quantities used (bumps)** | | | |
| Typical (range) | 1.5 (1-4) | 1 (.5-1.5) | - |
| Heavy (range) | 1.5 (1-4) | 1 (1-5) | - |

**Source: PDI regular ecstasy user interviews**

Although 10 respondents reported using ketamine during the previous 6 months, only one participant elected to respond to a series of questions about price, purity, availability, location of use and source of the drug. An additional indication of ketamine use is the number of ketamine-related calls to ADIS. Specifically, a total of seven calls were recorded between June 2000 and March 2004 (of a total of 40276 calls). Key experts were also of the view that ketamine was rarely used. One key expert in law enforcement noted that he was not seeing seizures of ketamine. Given this, no further discussion of ketamine will be undertaken. This was largely similar to the situation in 2003 where information concerning ketamine was minimal.

## 7.2 Summary of Ketamine Trends

- Lifetime use of ketamine was 21% and use during the previous 6 months was reported by 10% of respondents.
- Respondents used a median of 1 day (range 1-3).
- Few respondents could provide information concerning the current ketamine market.
- Few calls to ADIS regarding ketamine.

# 8.0 GHB

## 8.1 Current patterns of GHB use

As shown in Table 18, in 2004 11% of respondents reported lifetime use of GHB. This was significantly lower than that in 2003 (20%) ($\chi^2$=5.063, df=1, p=.024). In terms of recent use, only 5% reported using during the 6 months preceding the interview, a proportion not significantly different to that found in 2003 (8%) ($\chi^2$=1.223, df=1, p=.269). Respondents who had used recently reported a median of 1 day (range 1-3) compared to 1.5 days (range 1-10). However, there was no significant difference between the means across survey years (2.5 in 2003 versus 1.80 in 2004) t=-1.429, df=4, p=.226. The typical amount used was 5 mls (range 1-10).

**Table 18: Current Patterns of GHB use (n=100)**

| **GHB** | **2003** | **2004** | **Significance** |
|---|---|---|---|
| Ever used (%) | 20 | 11 | p=.024 |
| Used last six months (%) | 8 | 5 | p=.269 |
| **Of those who had used in the preceding 6 mths** | 2.50 | 1.80 | p=.226 |
| Mean days used last 6 mths | | | |
| **Median quantities used (mls)** | | | |
| Typical (range) | 10 (5-30) | 5 (1-10) | - |
| Heavy (range) | 25 (5-500) | 5 (1-15) | - |

**Source: PDI regular ecstasy user interviews**

Five respondents reported using GHB during the previous 6 months, and only one participant elected to respond to a series of questions about price, purity, and availability, location of use and source of the drug. One person is insufficient to make sense of trends involving use of GHB.

Low levels of GHB use were also supported by key expert reports where five believed that it did not occur among the groups with which they had contact. According to one key expert, 25% of the group used the drug although this was on an opportunistic basis and thus was infrequent. Calls to ADIS were also minimal with only five being recorded between the periods of June 2000 through March 2004. This was largely similar to the situation in 2003 where information concerning GHB from both users and key experts were minimal.

## 8.2 Summary of GHB Trends

- Only 11% of respondents reported lifetime use of GHB and 5% reported recent use.
- The median days use was 1(range 1-3).
- The typical quantity use was 1 ml (range 1-10).
- Few respondents could provide information about the current GHB market.
- Key experts reported low levels of use.
- Few calls to ADIS.

# 9.0 LSD

## 9.1 Current patterns of LSD use

As shown in Table 19, lifetime use of LSD was reported by 50% of respondents in 2004 which was a significant decrease from that in 2003 (62%) ($\chi^2$=6.112, df=1, p=.013). Similarly, a significant decrease occurred among respondents reporting use during the past 6 months (11% in 2004 versus 22% in 2003) ($\chi^2$=7.051, df=1, p=.008). Respondents used a median of 1 day (range 1-10) during the past 6 months, and there was no significant difference in the mean number of days across survey years (2.82 in 2003 and 2.91 in 2004) (t=.103, df=10. p=.920). The typical amount consumed was one 'tab' (range .33-3).

Reports of key experts tend to support PDI data where most believe low levels of use occur and availability is difficult. One key expert stated that 10% of the group uses but this occurs only every 6 months because of the difficult availability. Another believed that LSD is less a part of a poly drug using scene and more to do with parties that revolve around LSD exclusively.

**Table 19: Current patterns of LSD use (n=100)**

| LSD | 2003 | 2004 | Significance |
|---|---|---|---|
| Ever used (%) | 62 | 50 | p=.013 |
| Used last six months (%) | 22 | 11 | p=.008 |
| **Of those who had used in the preceding 6 months** | | | |
| Mean days used last 6 months | 2.82 | 2.91 | p=.920 |
| **Median quantities used (tabs)** | | | |
| Typical (range) | 1(.5-3) | 1 (.33-3) | - |
| Heavy (range) | 1 (.25-7) | 1.5 (.33-8) | - |

**Source: PDI regular ecstasy user interviews**

In terms of the location where LSD was usually used during the previous 6 months, 32% of respondents who commented reported 'raves/doofs/dance parties' as their usual place of use, followed by a 'friend's home' (21%)(Table 20). A 'friend's home' was reported as the last use venue by 26% of respondents who commented, followed by 21% who reported 'raves/doofs/ dance parties'.

**Table 20: Venue where LSD was used during past 6 months, 2004**

| Venue (%) | Usual place of use (n=19) | Last place of use (n=19) |
|---|---|---|
| Raves / doofs / dance parties | 32 | 21 |
| Friends home | 21 | 26 |
| Nightclubs | 11 | 5 |
| Live music event | 11 | 0 |
| Private party | 5 | 0 |
| Public place | 5 | 0 |
| Car (passenger) | 5 | 0 |
| Outdoors | 5 | 5 |
| Home | 0 | 0 |
| Dealers home | 0 | 0 |
| Pubs | 0 | 0 |
| Restaurant | 0 | 0 |
| Car (driver) | 0 | 0 |
| Work | 0 | 0 |
| Other | 0 | 0 |

**Source: PDI regular ecstasy user interviews**

## 9.2 Price

The median price of LSD in 2004 was $25 per tab (range 7-40). This price was believed to have increased by 35% of respondents who commented (Table 21).

**Table 21: Prices of LSD**

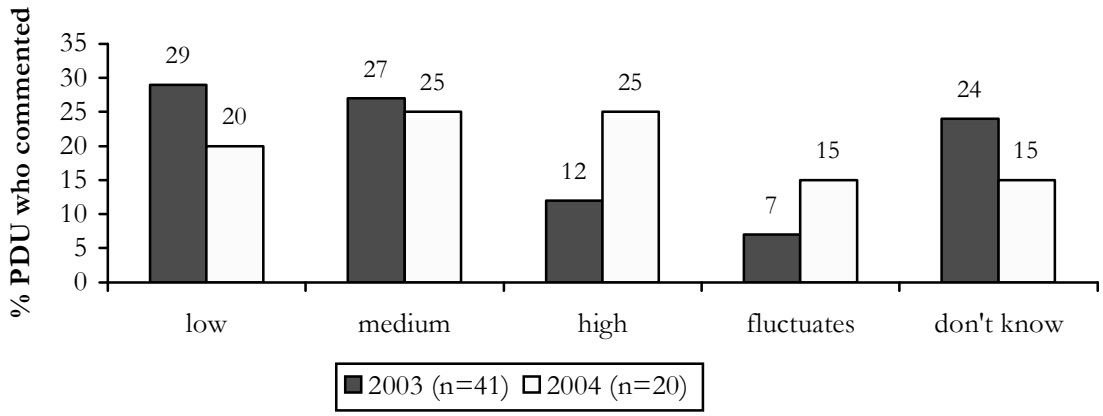
| LSD | 2003 | 2004 |
|---|---|---|
| Tab (range) | $20 (15-40) (n=28) | $25 (7-40) (n=12) |
| **Price change:** | (n=41) | (n=20) |
| Increased (%) | 22 | 35 |
| Stable (%) | 39 | 25 |
| Decreased (%) | 5 | 5 |
| Fluctuated (%) | 7 | 20 |
| Don't know (%) | 27 | 15 |

**Source: PDI regular ecstasy user interviews**

## 9.3 Purity

Referring to Figure 21, 25% of respondents reported the current purity of LSD as 'medium' while a further 25% reported it as 'high'. However, it should be noted that while 20 respondents believed they possessed adequate knowledge concerning the purity of the drug, only 11 respondents had actually used the drug during the 6 months preceding the interview. Thus, respondent information may not be the most reliable source in this case.

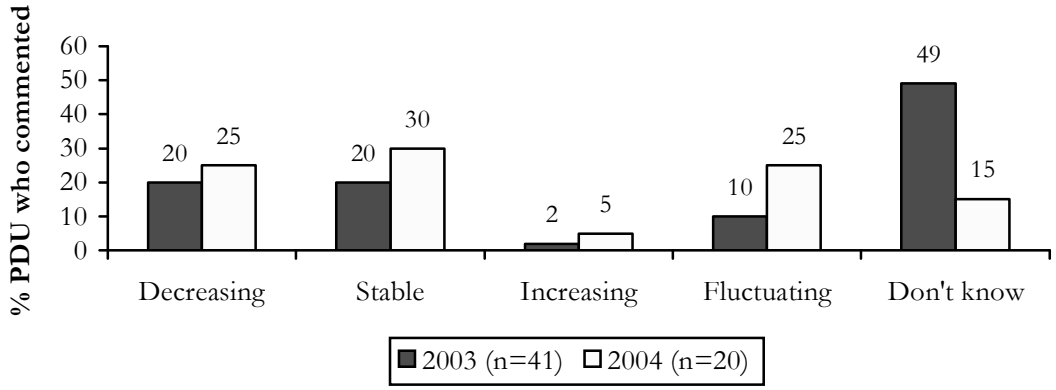
**Figure 21: Reports of purity of LSD in the preceding six months**




**Source: PDI regular ecstasy user interviews**

Although 30% of respondents believed the current purity of LSD had remained 'stable' during the previous 6 months, this was followed by 25% suggesting it had 'decreased' and a further 25% who rated it as having 'fluctuated' (Figure 22).

**Figure 22: Reports of change in purity of LSD in the preceding six months**

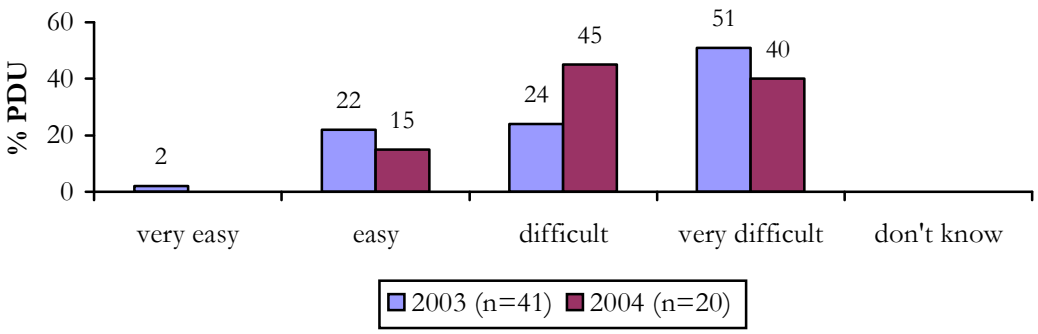



**Source: PDI regular ecstasy user interviews**

## 9.4 Availability

Current availability of LSD was reported as being 'difficult' (45%) or 'very difficult' (40%) at the time of interview (Figure 23). While there was no change in the proportions reporting LSD as 'very difficult' across survey years (51% in 2003 versus 40% in 2004) ($\chi^2$=1.008, df=1, p=.315), there were significantly more respondents reporting LSD as being 'difficult' to obtain in the current year (24% in 2003 versus 45% in 2004) ($\chi^2$=4.607, df=1, p=.039).

**Figure 23: Current LSD availability**




**Source: PDI regular ecstasy user interviews**

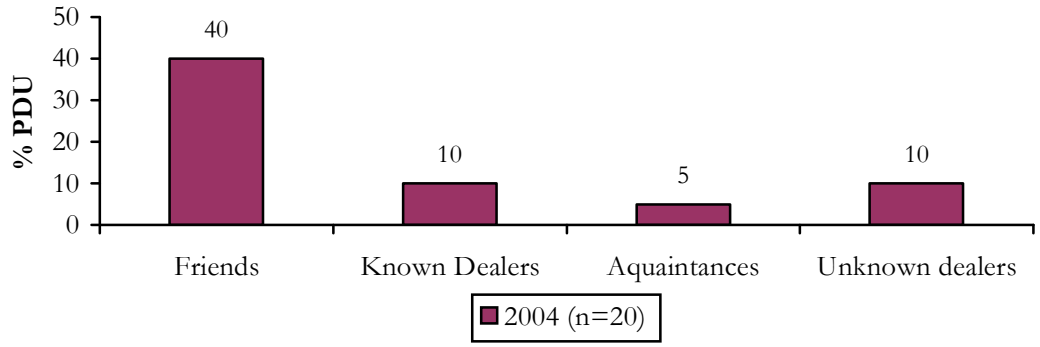
As shown in Figure 24, 55% of respondents who commented rated the availability of LSD during the 6 months preceding the interview as being 'stable' or unchanged.

**Figure 24: Changes in availability of LSD during the previous 6 months, 2004**


**Source: PDI regular ecstasy user interviews**

Referring to the people from whom LSD was obtained in the current survey year, 40% of respondents reported using a 'friend', followed by 10% reporting using 'known dealers' and 10% using 'unknown dealers'. The use of 'acquaintances' was only reported by 5% (Figure 25).

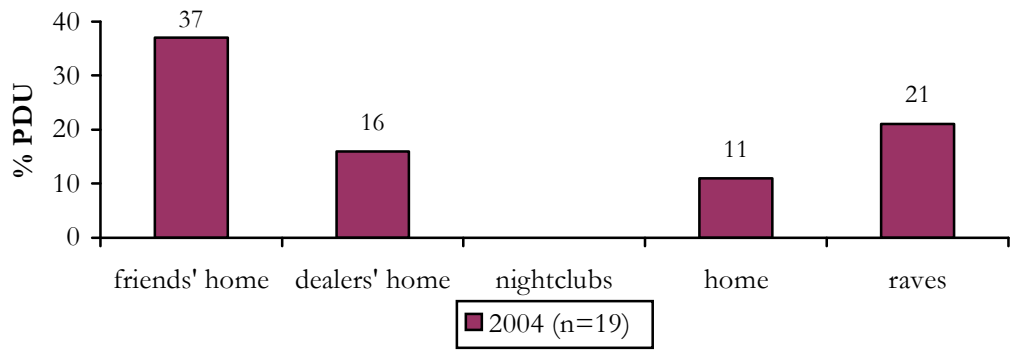
**Figure 25: People from whom LSD had been purchased from in the preceding six months, 2004**




**Source: PDI regular ecstasy user interviews**

The purchase venue reported by the highest proportion of respondents was a 'friend's home' (37%) followed by 21% reporting they purchased at a 'rave' (Figure 26).

**Figure 26: Locations LSD had been purchased from in the preceding six months**




**Source: PDI regular ecstasy user interviews**

## 9.5 Summary of LSD Trends

- Lifetime use of LSD was reported by 50% of respondents and 11% reported having used during the 6 months preceding the interview.
- Respondents used a median of one day (range 1-10) during the past 6 months.
- The typical amount consumed was one 'tab' (range .33-3).
- The current price of LSD was $25 per tab (range $7-40) with 35% of respondents believing the price to have increased recently.
- Current purity was rated as medium (25%) or high (25%) with 30% of respondents believing this to have remained 'stable' during the 6 months preceding the interview.
- LSD was rated as currently difficult (45%) or very difficult (40%) to obtain. This situation was believed to be 'stable' or unchanged during the past 6 months by 55% of respondents who commented.

# 10.0 MDA

## 10.1 Current patterns of MDA use

As shown in Table 22, lifetime use of MDA was reported by 19% of respondents, representing an increase from the previous survey year (12% in 2003) ($\chi^2$=4.640, df=1, p=.031). A significant increase was also found in recent use of MDA (6% in 2004 versus 1% in 2003) (p=.001, Fisher's exact test). Respondents used a median of two (range 1-10) days and the typical amount consumed was one capsule (range 1-2).

**Table 22: Current patterns of MDA use**

| MDA | 2003 (n=100) | 2004 (n=100) | Significance |
|---|---|---|---|
| Ever used (%) | 12 | 19 | p=.031 |
| Used last six months (%) | 1 | 6 | p=.001 |
| **Of those who had used in the preceding 6 mths** | 6 | 2 (1-10) | - |
| Median days used last 6 mths (range) | | | |
| **Median quantities used (capsules)** | | | |
| Typical (range) | 1 | 1 (1-2) | - |
| Heavy (range) | 3 | 1.25 (1-4) | - |

**Source: PDI regular ecstasy user interviews**

Only three respondents elected to respond to a series of questions about price, purity, availability, location of use and source of the drug. Further, only 2 of these respondents reported they had actually used the drug during the previous 6 months. These extremely small numbers calls into question the reliability of information in this area. Further, MDA was not something which key experts commented upon. In fact, a similar situation existed in 2003 where few respondents elected to respond to questions concerning MDA. On this basis no further discussion will be undertaken.

## 10.2 Summary of MDA Trends

- Lifetime use of MDA was reported by 19% of respondents and 6% reported having used recently.
- MDA was used a median of 2 (range 1-10) days.
- The typical quantity consumed was 1 capsule (range 1-2).
- Few respondents could comment on questions concerning the market aspects of MDA.

# 11.0 OTHER DRUGS

## 11.1 Alcohol

Lifetime use of alcohol was reported by 99% of respondents in 2004 which was unchanged from that in 2003 (99%) (p=1.000, Fisher's exact test). Recent use of alcohol was also unchanged (92% in 2004 versus 94% in 2003) ($\chi^2$=.709, df=1, p=.400). The median number of days use during the past six months was 24 (1-180). Alcohol was also reported by substantial numbers of respondents in the context of ecstasy use. Specifically, 40% of respondents reported typically using alcohol with ecstasy, and of those who did, 55% reported typically consuming more than five standard drinks. Alcohol was also typically used by 26% of respondents to 'come down' from ecstasy, and of those 62% reported typically consuming more than five standard drinks.

Key experts reported that alcohol use was common and quantity and frequency varied. One key expert noted that occasionally situations occurred where alcohol, methamphetamine powder and crystal methamphetamine were used. Another suggested that more drinking occurs in situations where other drugs are being used because the effects cannot be felt to the same degree as if only alcohol was being used.

## 11.2 Cannabis

Most respondents (97%) reported lifetime use of cannabis in the current survey year and this was unchanged from that in 2003 (99%) (p=.079, Fisher's exact test). Use during the previous 6 months, however, decreased across survey years (from 91% in 2003 to 85% in 2004) ($\chi^2$=4.574, df=1, p=.032). The median number of days used during the past 6 months was 47 (1-180). Sixty three percent reported having used 3 times per week or more often. While 32% of respondents reported they typically used cannabis with ecstasy, 63% reported typically using it during the acute recovery period after ecstasy use.

Key expert reports support PDI data in the sense that cannabis use is common. Quantity and frequency vary. One key expert believed that frequency ranges from daily to monthly while another noted that it is mainly confined to weekends. Two noted specifically that cannabis is used particularly to 'come down' from ecstasy or related drug use.

## 11.3 Tobacco

Many respondents (85%) reported lifetime use of tobacco although this was not significantly different to that in 2003 (83%) ($\chi^2$=.071, df=1, p=.790). Recent use was also unchanged with 73% in 2004 versus 70% in 2003 ($\chi^2$=.401, df=1, p=.526). The median number of days use during the previous 6 months was 180 (range 1-180). Forty three percent reported typically using tobacco with ecstasy and 38% reported they typically use it during the acute recovery period after ecstasy use.

Tobacco use was commented upon by five of the six key experts who were of the view that it was common among the groups with whom they had contact. However, they generally had little knowledge concerning quantity and frequency of use as it was believed that these factors varied according to the individuals.

## 11.4 Benzodiazepines

Lifetime use of benzodiazepines was reported by 35% of respondents in the current survey year, representing a significant decline from that in 2003 (48%) ($\chi^2$=7.397, df=1, p=.007). No significant differences were found between the proportions reporting use during the past 6 months, (29% in 2004 versus 32% in 2003) ($\chi^2$=.529, df=1, p=.467). The median number of days use reported during the past six months was 3 (1-180). Few respondents (2%) reported typically using benzodiazepines while using ecstasy and only 7% reported typically using them during the acute recovery period following the use of ecstasy.

In terms of key expert reports, four believed use was common among the groups while two believed it to be minimal. Two key experts specifically commented they were used during the acute recovery period after ecstasy use. Details concerning quantity and frequency were minimal although one key expert believed it was something that occurred during the course of a weekend.

## 11.5 Antidepressants

Lifetime use of antidepressants was reported by 25% of respondents, not significantly different to that in 2003 (30%) ($\chi^2$=1.190, df=1, p=.275). Recent use was also unchanged across survey years (13% in 2004 versus17% in 2003) ($\chi^2$=1.050, df=1, p=.305). The median number of days used during the past six months was 180 (1-180). Of those 13 respondents, 62% were taking antidepressants as prescribed. Very few respondents reported typically using antidepressants with ecstasy (one respondent) or during the acute recovery period after ecstasy use (one respondent).

Key expert reports were minimal with regard to antidepressant use. Of the four who commented, three believed it to be minimal while one believed that use did occur in the context of the acute recovery period after other drug use.

## 11.6 Inhalants

Lifetime use of amyl nitrite was reported by 36% of respondents in 2004, a proportion that was not significantly different to that in 2003 (43%) ($\chi^2$=1.999, df=1, p=.157). Use during the past 6 months was reported by 15% and this was also unchanged from the previous year (16%) ($\chi^2$=.019, df=1, p=.890). The median number of days use during the past six months was 4 (1-50). The median age of first use was 18 (13-30) years. Only 7% of respondents reported typically using amyl nitrite with ecstasy. Only 2% reported using it during the acute recovery phase after ecstasy use.

Lifetime use of nitrous oxide in 2004 was reported by 62% of respondents, not significantly different to that reported in the previous survey year (65%) ($\chi^2$=.396, df=1, p=.529). Recent use was reported by 43%, again unchanged from the previous year (43%) ($\chi^2$=.000, df=1, p=1.000). The median number of days used during the previous six months was 5 (1-100). The median age of first use was 17 (13-27) years. Some 19% of respondents reported typically using nitrous oxide with ecstasy and 11% reported using the drug in the acute recovery phase after ecstasy use.

Inhalants use was not something that was well discussed by key experts. One key informant noted that amyl nitrite was becoming more popular among both straight and

gay/lesbian/bisexual populations in Perth within the last year or so. Two key experts believed that use of nitrous oxide was uncommon, with one specifically noting that it was more popular among a younger crowd.

## 11.7 Other opiates

Lifetime use of other opiates was reported by 18% of respondents, a significant decrease from that in 2003 (31%) ($\chi^2$=7.901, df=1, p=.005). However, no difference was found in recent use of other opiates (10% in 2004 versus 17% in 2003) ($\chi^2$=3.473, df=1, p=.062). The median number of days use during the past six months was 2 (1-180). The median age of first use was 18 (14-28) years. No respondents reported typically using other opiates in conjunction with ecstasy and only 1 reported typically using them during the acute recovery period after ecstasy use.

## 11.8 Other drugs

Lifetime use of other drugs was reported by 27% of respondents and 17% reported using other drugs during the past six months. Other drugs were used a median of 2 (1-59) days during the past six months. Although the responses were varied, 13 respondents listed 'magic mushrooms' as the drug used. The median age of first use was 19 (14-30) years.

## 11.9 Summary of other drug use

- The use of a range of other drugs was reported by many respondents.
- Recent use of alcohol was reported by 92% of respondents. Median use was 24 (1-180) during the past 6 months.
- Cannabis use was common with 85% reporting use during the past 6 months.
- Slightly less than three quarters (73%) of respondents reported recent use of tobacco.
- Only 29% reported recently using benzodiazepines and few reported use in the context of their ecstasy use.
- Antidepressants were used in the past 6 months by 13% of respondents and 62% reported taking them as prescribed. Antidepressant rarely occurred in the context of ecstasy use with one respondent reported typically using with ecstasy and one respondent reporting typical use during the acute recovery phase after ecstasy use.
- Recent use of amyl nitrite was reported by 15% of the sample whereas 43% of respondents reported using nitrous oxide during the 6 months preceding the interview.

# 12.0 RISK BEHAVIOUR

## 12.1 Injecting risk behaviour

### 12.1.1 Lifetime injecting patterns

As shown in Table 23, twenty two percent of the sample reported ever injecting any drug and 91% (n = 20) of those reported having injected during the 6 months preceding the interview. Of those who had ever injected, over half (55%) reported methamphetamine powder as the first drug injected. Also of those who injected during the previous 6 months, 15% reported injecting crystal methamphetamine followed by 13% reporting having injected methamphetamine powder. The last drug injected was crystal methamphetamine, reported by 70% of respondents.

**Table 23: Injecting drug use history (lifetime injecting drug users)**

| | % ever used | % ever injected | % first drug injected | Age first injected | % used past 6 months | % injected past 6 months | Days injected last 6 months | Last drug injected |
|---|---|---|---|---|---|---|---|---|
| Speed powder | 88 | 18 | 55 | 20 (12-24) | 78 | 13 | 20 (1-180) | 5 |
| Base | 46 | 11 | 5 | 21(13-33) | 31 | 9 | 20 (6-160) | - |
| Ice | 89 | 19 | 23 | 20 (13- | 80 | 15 | 34.5 (2-180 | 70 |
| Heroin | 13 | 9 | 18 | 33) | 8 | 6 | 3 (1-72) | 20 |
| Ecstasy | 100 | 14 | - | 22 (17-28) | 100 | 4 | 3.5 (1-10) | - |
| Cocaine | 36 | 8 | - | 19 (17-30) | 16 | 2 | 13 (1-25) | - |
| Ketamine | 21 | 3 | - | 18 (15-30) | 10 | 1 | 1 (1-1) | 5 |
| Other opiates[1] | 18 | 2 | - | 25 (21-26) | 10 | 2 | 5.5 (1-10) | - |
| | | | | 19 (17-21) | | | | |
| Any drug | | 22 | | | | 91 | | |

**Source: PDI regular ecstasy user interviews**
**1. Note: Includes methadone, codeine, physeptone tablets, morphine, and pethidine.**

*Context of initiation to injecting*

In terms of the context of initiation to injecting, 27% injected for the first time under the influence of drugs, with cannabis (14%) and alcohol (14%) reported by the highest proportion of respondents as the drugs used preceding first injection. This was followed by ecstasy (5%) and benzodiazepines (5%).

Respondents were also asked to answer questions on how they learned to inject. Eighty two percent reported learning to inject through a friend or partner. This was followed by 9% who learned through another user and 5% who reported learning indirectly from a health professional.

### 12.1.2 Recent injecting patterns

As shown in Table 23 above, the drug injected on the highest median number of days during the past 6 months was crystal methamphetamine (34.5, range 2-180), followed by methamphetamine powder (20, range 6-160) and methamphetamine base (20, range 1-180).

*Injecting risk behaviour among recent injectors*

Referring to Table 24, the majority of respondents (95%) reported that they had not used a needle after someone else during the last month. Of those who did report this behaviour (5%), all had done so between 6 and 10 times during the past month. Overall, 90% of recent injectors reported that they had not used a needle after someone during the previous 6 months. Of the 10% (n = 2) who did, 5% (n = 1) reported having done so twice, and 5% (n = 1) reported having done so more than 10 times.

Again among those having injected during the past 6 months, 50% reported using injecting equipment after someone else. Of those, 35% reported using tourniquets, 20% reported using spoons, 20% reported using filters, and 10% reported using water.

Overall, recent injectors had injected any drug a median of 30 times (range 1-720) in the preceding six months. Seventy percent reported injecting under the influence during the past 6 months. Respondents injected a median of 6 times (1-180).

**Table 24: Injecting risk behaviour**

| **Of those who injected in last six months** | **N=20** |
|---|---|
| **Shared needles last month n(%)** | 1(5 %) |
| **Shared needles last 6 months n(%)** | 2(10%) |
| **Times used needle after someone last 6 months n(%)** | |
| No time | 18(90%) |
| Twice | 1(5%) |
| More than 10 times | 1(5%) |
| *Of those who used after someone:* | |
| *No. of different people used before n(%)* | |
| None | 0 |
| One | 2(100%) |
| *People used after n(%)* | |
| Regular sex partner | 2(100%) |
| Casual sex partner | 0 |
| Close friend | 0 |
| **Times someone used needle after last 6 months n(%)** | |
| No times | 16(84%) |
| Once | 1(5%) |
| 6 to 10 times | 1(5%) |
| More than 10 times | 1(5%) |
| **Shared other injecting equipment n(%)** | |
| spoons | 4(20%) |
| filter | 4(20%) |
| tourniquets | 7(35%) |
| water | 2(10%) |
| **Frequency of self injection n(%)** | |
| Every time | 17(85%) |
| Often | 0(0%) |
| Sometimes | 2(10%) |
| Rarely | 1(5%) |
| Median times injected any drug last 6 months | 30 (1-720) |
| Injected under the influence n(%) | 14(70%) |
| Median times injected any drug under the influence last 6 months | 6 (1-180) |

**Source: PDI regular ecstasy user interviews**

*Context of injecting*

The highest proportion of respondents reported recently injecting in the context of their own home (80%) followed by a 'friend's home" (75%). Smaller proportions were reported for other locales (Table 26).

Respondents were also asked to report on the persons with whom they usually injected. As shown in Table 26, 80% reported doing so with 'close friends'. This was followed by 45% who reported that they usually inject 'alone'.

**Table 26: Context of recent injection**

| Variable | % |
|---|---|
| Locales injected | |
| Own home | 80 |
| Friend's home | 75 |
| Dealer's home | 35 |
| Street | 35 |
| Venue toilet | 20 |
| Public toilet | 30 |
| Car | 50 |
| People injected with | |
| No one | 5 |
| Regular sex partner | 45 |
| Casual sex partner | 10 |
| Close friends | 80 |
| Acquaintances | 30 |

**Source: PDI regular ecstasy user interviews**

*Obtaining needles*

In terms of needle source, 85% of respondents who had injected in the last 6 months reported obtaining from a chemist, 25% reported using a needle service provider, 20% from a friend, 10% from a dealer, and 5% obtained from a partner over that period. Only 5% (one respondent) reported they had difficulty obtaining needles during the previous 6 months. The reasons provided for this difficulty were the location and opening hours of the needle source.

*BBVI vaccination, testing and self reported status*

As shown in Table 25, 33% of all respondents (injectors and non-injectors) reported that they had been vaccinated for Hepatitis B virus at some time. Nine percent cited the reason for this as being at risk due to their injecting drug use, and 6% reported the reason as being due to a perceived sexual risk. Of those who had ever injected (n=22) 10 (46%) said they had been Hepatitis B vaccinated and had completed the schedule, one (5%) had not completed the schedule, two (9%) were unsure whether they had been vaccinated and 9 (41%) said that they had not been Hepatitis B vaccinated.

**Table 25: BBVI vaccination, testing and self reported status**

| Variable | N=100 |
|---|---|
| HBV vaccination (%) | 33 |
| If yes, reason | |
| Risk (sexual) | 6 |
| Risk (IDU) | 9 |
| HCV test last year (%) | 33 |
| If yes | |
| Positive | 0 |
| Negative | 100 |
| Don't know | 0 |
| HIV test last year (%) | 42 |
| If yes | |
| Positive | 2 |
| Negative | 98 |
| Don't know | 0 |

**Source: PDI regular ecstasy user interviews**

Thirty three percent of all respondents (injectors and non-injectors) reported undergoing Hepatitis C testing during the previous year, with none reporting a positive outcome. Of those who had ever injected (n=22) 18 (82%) said they had been Hepatitis C tested. HIV testing was also undertaken by 42% of respondents during the previous year, with 2% reporting a positive result. Some 18(82%) of the 22 who had ever injected reported having ever been tested for HIV, all of these having been tested in the last year.

## 12.2 Sexual risk behaviour

### 12.2.1 Patterns of recent sexual activity

As shown in Table 27, 93% of respondents reported engaging in penetrative sex[6] during the past 6 months. Over half (55%) reported having sex with one person. This was followed by 24% who reported between 3 and 5 people. Of those reporting a regular sex partner (81%), only 29% always used protection. Of those who reported a casual sex partner, 62% reported they always used protection. Only 19% reported having engaged in anal sex in the past six months.

[6] Penetrative sex is defined as penetration of penis/fist of vagina/anus. Dental dams and gloves may be used during fisting.

**Table 27: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2004**

| Variable | N=100 |
|---|---|
| **Penetrative sex last six months** | 93 |
| **No. sex partners (%)*** | |
| One person | 55 |
| Two people | 12 |
| 3 to 5 people | 24 |
| **Sex with regular partner (%)*** | 81 |
| Always use protection (%) | 29 |
| **Sex with casual partner (%)*** | 54 |
| Always use protection (%) | 62 |
| **Anal sex (%)*** | 19 |
| **No. sex partners (%)*** | |
| | (n=18) |
| ≤ monthly | 61 |
| ≤ fortnightly | 11 |
| ≤ weekly | 28 |

**Source: PDI regular ecstasy user interviews**
* of those who had penetrative sex in the last 6 months

### 12.2.2 Sexual risk behaviour

As shown, in Table 28, over half (67%) of respondents reported engaging in penetrative sex while under the influence of drugs during the preceding 6 months. Of those who did, 24% reported doing so more than 10 times, followed by 23% who reported engaging in sex while under the influence between 3 and 5 times. In terms of drugs used while engaging in penetrative sex, ecstasy was reported by the highest number of respondents (69%). This was followed by crystal methamphetamine (45%) and cannabis (34%).

**Table 28: Drug use during sex in the preceding six months, 2004**

| Variable | N=100 |
|---|---|
| **Penetrative sex under the influence (%)*** | 67 |
| **No. times sex under the influence** | (n=62) |
| Once | 21 |
| Twice | 15 |
| 3 to 5 times | 23 |
| 6 to 10 times | 18 |
| More than 10 times | 24 |
| | |
| **Drugs used under the influence** | |
| Ecstasy | 69 |
| Cannabis | 34 |
| Alcohol | 31 |
| Methamphetamine powder | 18 |
| Methamphetamine base | 3 |
| Crystal methamphetamine | 45 |
| Cocaine | 3 |
| Ketamine | - |
| GHB | - |

**Source: PDI regular ecstasy user interviews**
* Of those who had penetrative sex

## 12.3 Tattooing and piercing

Respondents were asked a series of questions concerning tattooing and piercing. As shown in Table 29, 19% of respondents had received a tattoo. The median length of time since last tattoo was 24 months ago (range 3-120). Forty four percent had received a piercing. Median length of time since last piercing was 24 months ago (range 0.5-120). While none of those who had received a non-professional tattoo had said that the needle had been used before, 13% of those who had received a non-professional piercing had said that the needle had been used before.

**Table 29: Tattooing and piercing**

| Variable | N=100 |
|---|---|
| **Tattooed** | 19 |
| **Of those tattooed (n=19)** | |
| Non professional | 5 |
| **Of those with non professional tattoo** | |
| **Needle used before** | |
| Yes | 0 |
| No | 100 |
| Don't know | 0 |
| **Pierced** | 44 |
| **Of those pierced (n=44)** | |
| Non professional | 23 |
| **Of those with non professional piercing** | |
| **Needle used before** | |
| Yes | 13 |
| No | 88 |
| Don't know | 0 |

**Source: PDI regular ecstasy user interviews**

## 12.4 Driving risk behaviour

Fifty nine percent of the sample had driven soon after taking a drug in the six months preceding interview. The drugs cited by substantial numbers of respondents were ecstasy (64%), crystal meth (61%), meth powder (50%) cannabis (54%), and alcohol (46%).

# 13.0 HEALTH RELATED ISSUES

## 13.1 Overdose

Seventeen percent reported they 'had overdosed' in the preceding six months. The most common drugs involved with an overdose were ecstasy (35%; n=6) and alcohol (35%; n=6). This was followed by crystal methamphetamine (24%; n=4), and methamphetamine powder (6%; n=1).

Of those who had overdosed on ecstasy, other drugs used at the same time were methamphetamine powder (50%), alcohol (33%), crystal methamphetamine (17%), and dexamphetamine (17%). One respondent (17%) reported no other drugs being involved.

Of those who had overdosed on alcohol, other drugs used at the same time were ecstasy (17%), cannabis (17%), crystal methamphetamine (17%), and methamphetamine powder (17%). Three respondents (50%) reported no other drugs as being involved.

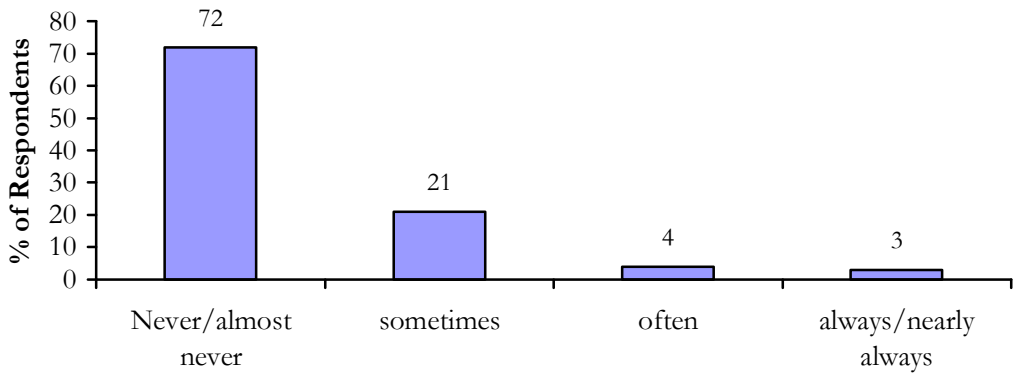
## 13.2 Self reported symptoms of dependence

### 13.2.1 Ecstasy

In order to examine respondents' degree of dependence upon ecstasy, all respondents were asked a series of items from the Severity of Dependence Scale (Gossop, Griffiths, Darke, Griffiths, Hando, Powis, Hall & Strang, 1995).

When asked "Did you ever think that your ecstasy use was out of control?" most respondents said that they never or almost never felt this way (72%). However, 28% of the sample indicated that they had felt their use was out of control (Figure 27).

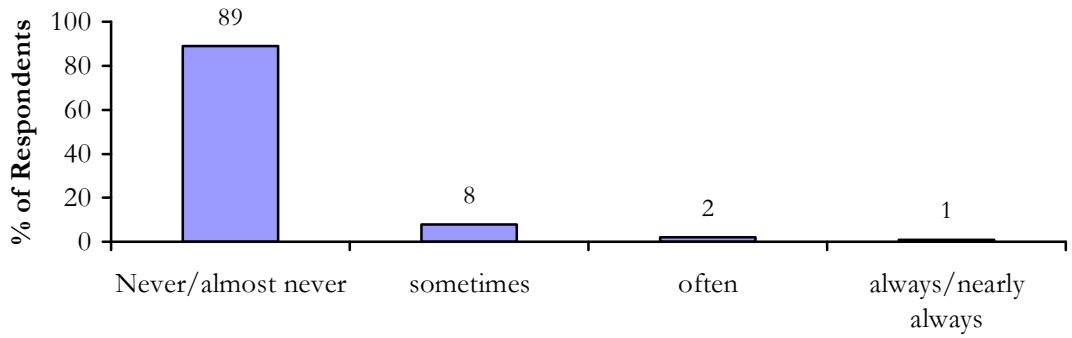
**Figure 27: Ecstasy SDS- ecstasy use out of control (n=100)**




**Source: PDI regular ecstasy user interviews**

In response to the item "Did the prospect of missing a dose make you anxious or worried?" 89% of the sample disagreed with the statement, meaning that they never or almost never felt this way. Only 11% of the sample answered in the affirmative (Figure 28).

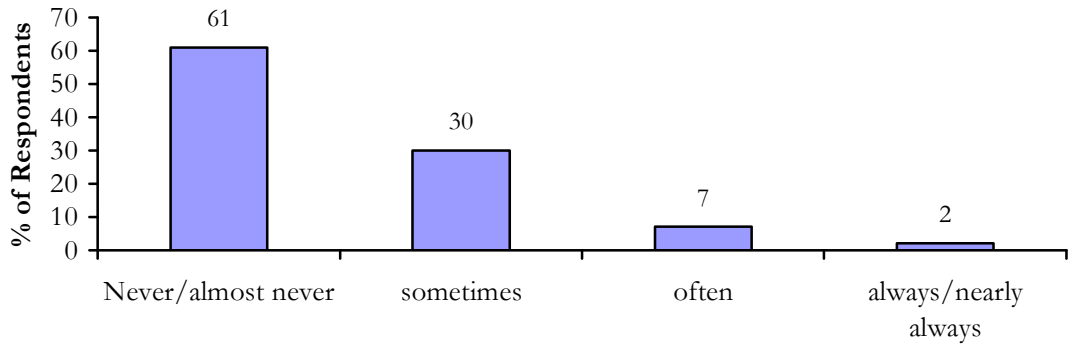
**Figure 28: Ecstasy SDS- prospect of missed dose caused anxiety (n=100)**




**Source: PDI regular ecstasy user interviews**

Respondents were also asked "Did you ever worry about your use of ecstasy?". While 39% indicated that they did worry to some extent, only 2% reported that they were worried 'always or nearly always' (Figure 29).

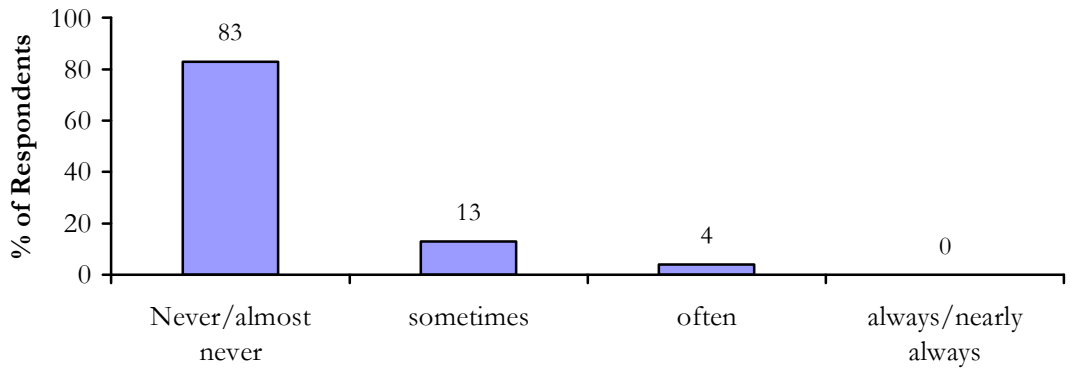
**Figure 29: Ecstasy SDS- worry about use of ecstasy (n=100)**




**Source: PDI regular ecstasy user interviews**

The fourth SDS item "Did you wish you could stop?" was disagreed with by many respondents (83.0%) stating that they had never or almost never felt this way (Figure 30).

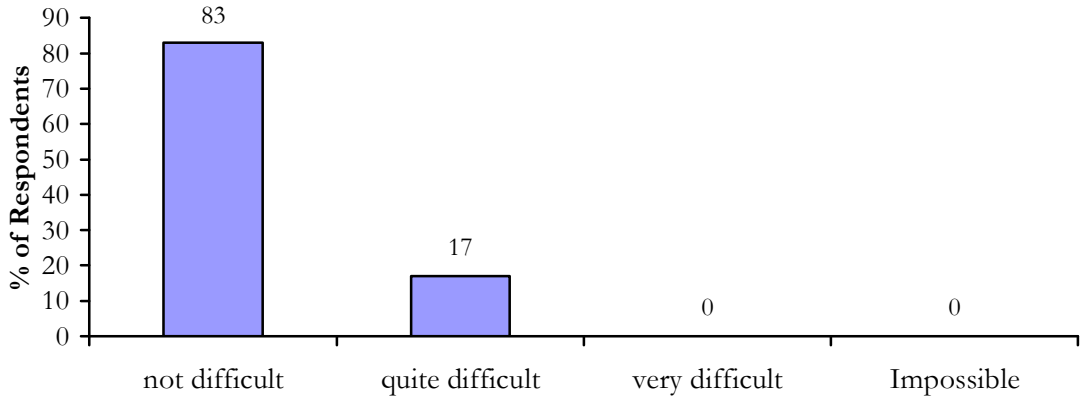
**Figure 30: Ecstasy SDS- wish could stop (n=100)**




**Source: PDI regular ecstasy user interviews**

In response to the question "How difficult did you find it to stop, or go without cannabis?" 83% stated that they experienced 'no difficulty', although 17% reported they would find it 'quite difficult' (Figure 31).

**Figure 31: Ecstasy SDS- difficulty in stopping (n=100)**




**Source: PDI regular ecstasy user interviews**

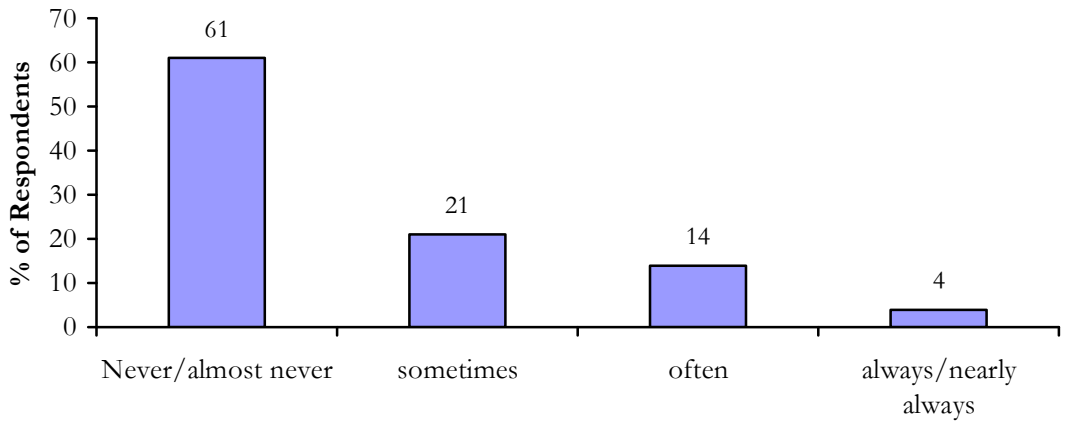
Totalling the data from these five items generated a total SDS score, resulting in a median of 1 (range 0-11). Using the Short Dependence Scale, a cut off score of four or greater is defined as indicative of some level of substance dependency. Based on this measure, 15% of the survey sample was to some degree dependent upon ecstasy.

### 13.2.1 Methamphetamine

Respondents were asked the same series of items from the Severity of Dependence Scale (Gossop, Griffiths, Darke, Griffiths, Hando, Powis, Hall & Strang, 1995) specifically about their use of methamphetamine.

Beginning with the first item, "Did you ever think your methamphetamine use was out of control', while 61% disagreed with the statement 39% of respondents did respond in the affirmative. For example, 21% reported that they 'sometimes' felt their use of methamphetamine was 'out of control' (Figure 32).

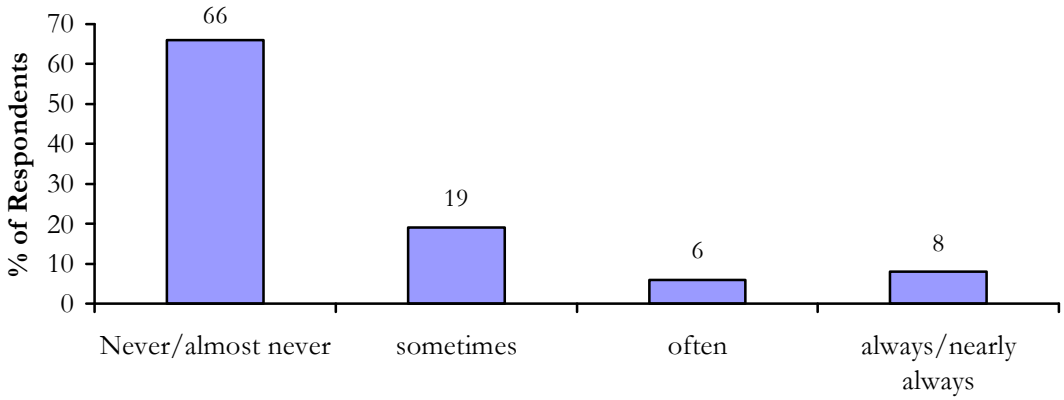
**Figure 32: Methamphetamine SDS- methamphetamine use out of control**




**Source: PDI regular ecstasy user interviews**

As shown in Figure 33, 66% of respondents disagreed with the statement that 'the prospect of missing a dose makes me anxious'. Similar to the previous statement, was the 33% who agreed to some degree. For example, 19% stated that this was 'sometimes' the case.

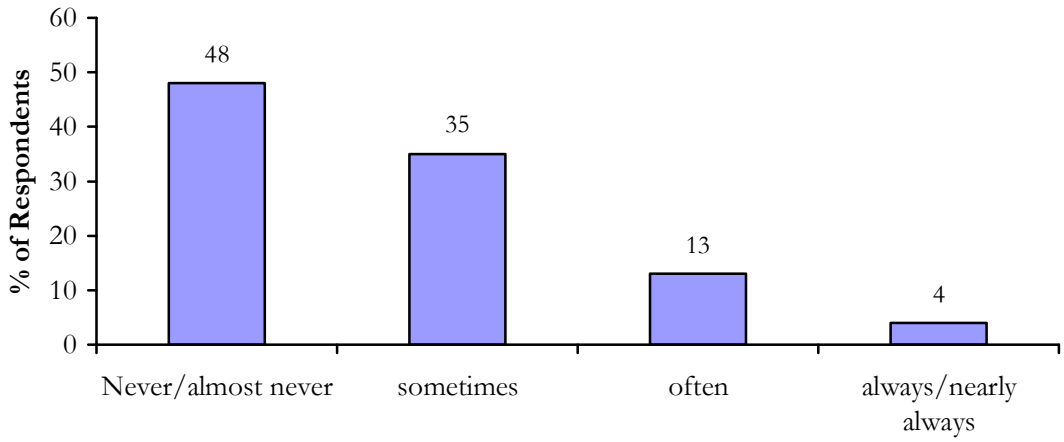
**Figure 33: Methamphetamine SDS- prospect of missed dose causes anxiety**




**Source: PDI regular ecstasy user interviews**

In the case of the item concerning whether they ever worry about their use of methamphetamine (Figure 34), 52% of respondents expressed some level of agreement with the statement. For example, 35% reported that they 'sometimes' worry about their use of the drug, and 13% said they worried 'often'.

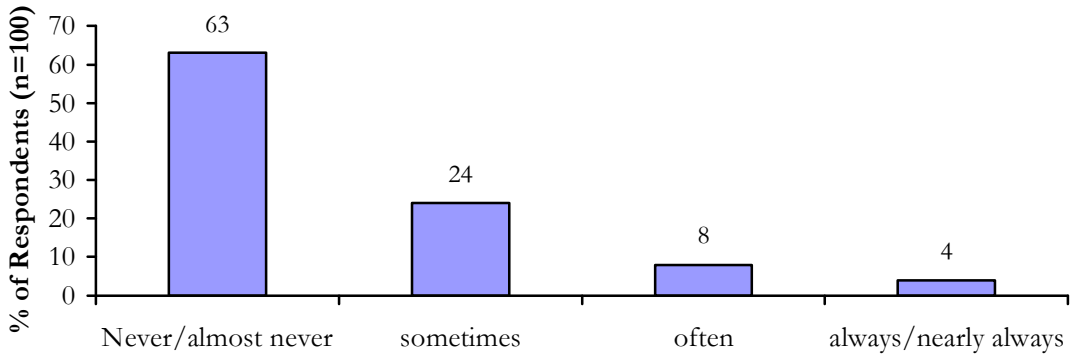
**Figure 34: Methamphetamine SDS- worried about methamphetamine use**




**Source: PDI regular ecstasy user interviews**

The final item, whether respondents 'wished they could stop' was disagreed with by 63% of the sample. However, 36% expressed some level of agreement with the statement (Figure 35).

**Figure 35: Methamphetamine SDS- wish they could stop**




**Source: PDI regular ecstasy user interviews**

Totalling the data from these five items generated a total SDS score, resulting in a median SDS score of 1 (range 0-13). In this case, a cut off score of greater than four is defined as indicative of some level of methamphetamine dependency (Topp and Mattick, 1997). On this basis, 28% of respondents would be classified as having some level of methamphetamine dependence.

## 13.3 Help-seeking behaviour

Twenty six percent of respondents had accessed a health or medical service in the six months preceding interview. As shown in Table 30, the service accessed by the highest proportion of respondents was a GP (14%) followed by a counsellor (9%). Of those 14 respondents who consulted a GP, 39% reported crystal methamphetamine as the main drug involved. Similarly, of the 9 respondents who accessed a counsellor, 44% noted crystal methamphetamine as the main drug involved. Other services accessed by smaller proportions of respondents are listed below.

**Table 30: Service accessed and main drug involved**

| Service | Accessed % | Ecstasy % | Speed % | Crystal % | Cannabis % | Alcohol % | Polydrug (%) | Other |
|---|---|---|---|---|---|---|---|---|
| First aid | 2 | - | - | 50 | - | 50 | - | |
| ambulance | 3 | - | - | 33 | - | 33 | 33 | |
| emergency | 7 | 17 | 17 | 33 | | 17 | 17 | |
| hospital | 3 | - | - | 33 | - | 33 | 33 | |
| GP | 14 | 23 | 15 | 39 | 8 | - | 8 | 8 |
| Counsellor | 9 | 22 | 22 | 44 | - | 11 | - | - |
| Drug/alcohol worker | 6 | - | 17 | 67 | - | 17 | - | - |
| Social worker | 3 | 33 | 33 | 33 | - | - | - | - |
| Psychologist | 4 | 33 | 33 | 33 | - | - | - | - |
| Psychiatrist | 3 | 33 | - | - | 33 | - | 33 | - |

Referring to Table 31 below, of the 14 respondents who accessed a GP, 14% reported dependence as the main issue involved. Some 67% (n=9) of respondents who accessed a counsellor cited 'dependence' as the main issue associated with their access of a counsellor. This was followed by 11% who cited depression as the main reason. Other services accessed by smaller proportions of respondents are listed below.

**Table 31: Service accessed and main issue involved**

| Service | Depression % | Anxiety % | Overdose % | Dependence % | Psychosis % | Other psych problems % | Acute physical problems % | Other % |
|---|---|---|---|---|---|---|---|---|
| First aid | - | - | 50 | - | | | | 50 |
| ambulance | - | - | 33 | | 33 | | | 33 |
| emergency | - | 14 | 29 | - | 14 | 14 | 14 | 14 |
| Hospital | - | - | 33 | - | 33 | - | - | 33 |
| GP | 7 | 7 | | 14 | 7 | 7 | 21 | 36 |
| Counsellor | 11 | - | - | 67 | - | - | - | 22 |
| Drug/alcohol worker | 83 | - | - | - | - | - | - | 17 |
| Social worker | - | - | - | 33 | - | - | - | 67 |
| Psychologist | | | | 25 | 25 | 25 | | 25 |
| Psychiatrist | 33 | 33 | - | 33 | - | - | - | - |

**Source: PDI regular ecstasy user interviews**

## 13.4 Other problems

Respondents were also asked to report on whether their drug use caused any work, financial, relationship or legal problems. As shown in Table 32, 51% of respondents reported experiencing work or study problems due to their drug use. Crystal methamphetamine was reported by 37% as the main drug attributed to their work or study problem. Financial problems were reported by 44% of respondents, with ecstasy listed by the highest proportion (39%) as the main drug underlying the problem. In terms of relationship or social problems, 37% of respondents reported experiencing this as a result of their drug use. Ecstasy was reported by 41% as the main drug attributable to the problem. Finally, only 6% of respondents reported legal problems resulting from their drug use. For those who did experience legal problems, both crystal methamphetamine and cannabis were reported by 33% of respondents as the main drugs associated with the problem.

**Table 32: Main drug attributed to other problems experienced in the preceding six months**

| Problem | Any drug % | Ecstasy % | Speed % | Base % | Crystal % | Cannabis % | Alcohol % |
|---|---|---|---|---|---|---|---|
| Work/study | 51 | 33 | 12 | - | 37 | 12 | 4 |
| Financial | 44 | 39 | 9 | - | 36 | 5 | 2 |
| R'ship/social | 37 | 41 | 16 | - | 32 | 5 | - |
| Legal/police | 6 | - | 17 | - | 33 | 33 | 17 |

**Source: PDI regular ecstasy user interviews**

# 14.0 CRIMINAL AND POLICE ACTIVITY

## 14.1 Reports of criminal activity

In terms of any criminal activity committed by regular ecstasy users during the month preceding the interview, there was no significant difference between the 30% reported in 2004 and the 38% reported in 2003 ($\chi^2$=2.716, df=1, p=.099). A significant decline was found in reports of drug dealing which fell from 36% in 2003 to 25% in 2004 ($\chi^2$=5.580, df=1, p=.018). There was a significant increase in the proportions of respondents reporting the commission of property crimes during the previous month (5% in 2003 compared to 10% in 2004) ($\chi^2$=5.263, df=1, p=.022.). In the preceding 6 months, there was no significant difference in the proportions of respondents reporting the use of drug dealing to pay for their ecstasy (25% in 2003 and 17% in 2004) ($\chi^2$=3.413, df=1, p=.065) (Table 33).

**Table 33: Current patterns of criminal activity (n=100)**

| Criminal activity in the last month | 2003 | 2004 | Significance |
|---|---|---|---|
| Any crime | 38 | 30 | p=.099 |
| Drug dealing | 36 | 25 | p=.018 |
| Property crime | 5 | 10 | p=.022 |
| Fraud | 2 | 4 | - |
| Violent crime | 0 | 4 | - |
| **In the preceding six months:** | | | |
| Paid for ecstasy through dealing drugs (either cash or ecstasy profit) | 25 | 17 | p=.065 |
| Paid for ecstasy through property crime | 1 | 2 | - |

**Source: PDI regular ecstasy user interviews**

## 14.2 Perceptions of police activity

Respondent perceptions of changes in police activity towards regular ecstasy users was similar across survey years in the sense that the highest proportion of respondents in 2004 reported the situation as having remained 'stable' (38%) compared to 34% in 2003 (Table 34). As in 2003, most respondents believed that police activity had no impact on their ability to score drugs (82% in 2003 and 89% in 2004).

**Table 34: Current perceptions of police activity (n=100)**

| Perception | 2003 | 2004 |
|---|---|---|
| **Recent police activity:** | | |
| Decreased | 6 | 4 |
| Stable | 34 | 38 |
| Increased | 29 | 29 |
| Don't know | 31 | 29 |
| Did not make scoring more difficult | 82 | 89 |

**Source: PDI regular ecstasy user interviews**

## 14.3 Summary

- The commission of any crime during the month prior to the interview was reported by 30% of respondents in 2004.
- Drug dealing in the previous month was reported by 25% of respondents, representing a decrease from 36% in the 2003 survey year.
- Property crime in the month prior to the interview was reported by 10% of respondents, an increase from 5% in the previous survey year.
- Dealing drugs to pay for their ecstasy during the previous 6 months was reported by 17% of respondents.
- Police activity was believed to be 'stable' by 38% of respondents.
- Many respondents (89%) believed that police activity did not make it more difficult to score drugs.

# 15.0 SUMMARY

## 15.1 Demographic characteristics of regular ecstasy users

The demographic characteristics of the 2004 sample were not significantly different to that in 2003. Respondents were a mean age of 22 and 59% were male. Many respondents reported an English speaking background (97%) and a heterogeneous sexual identity (89%). The only difference was the increase in proportion of respondents reporting they were of Aboriginal or Torres Islander (ATSI) descent (9%) in the current survey year compared to 1% in 2004 ($\chi^2$=7.814, df=1, p=.005).

## 15.2 Patterns of polydrug use

As with the 2003 sample, both lifetime and recent use of a range of drugs was reported by respondents in the current survey year. Alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%) were reported by over half of respondents as being used during the previous 6 months. The frequency of use for these substances varied: tobacco was used a median of 180 (range 1-180) days, followed by cannabis (median 46.5, range 1-180 days), alcohol (median 24, range 1-180 days), crystal methamphetamine (median 8, range 1-180 days), and methamphetamine powder (median 7, range 1-180 days).

In fact, there was no difference in the mean number of drug classes ever used by respondents across survey years (8.7 in 2003 versus 8.8 in 2004) (t=.477, df=98, p=.635). or in the mean number of drug classes used during the 6 months preceding interview across survey years (6.4 in 2003 compared to 6.7 in 2004) (t=1.650, df=96, p=.102).

Reports of lifetime injecting were similar across the two survey years, with 22% in 2004 versus 21% in 2003. However, among those who had injected, a significant increase occurred in the proportions of respondents who had recently injected (i.e. during the last 6 months) across survey years (62% in 2003 versus 91% in 2004) ($\chi^2$=7.848, df=1, p=.005).

## 15.3 Ecstasy

Ecstasy use among the regular ecstasy user samples was unchanged with no significant differences found in any of the variables regarding patterns of use across the survey years in 2003 and 2004. In the current survey year, ecstasy was used a median of 2 (range 0.5-21) days with 61% reporting that they typically used more than one tablet during a use period. In terms of frequency of use, 21% used ecstasy weekly or more often. Many respondents (93%) reported that they typically used the drug orally whereas few reported having ever injected ecstasy (14%).

The price of ecstasy reported in 2004 was $50 (range 25-60) per tablet which was rated as having remained 'stable' during the previous 6 months by 62% of respondents.

Purity of ecstasy was rate as 'high' by the highest proportion of respondents (48%) and believed to have 'fluctuated' during the previous 6 months by 34% of respondents. At the same time, however, 32% believed the current purity to have 'increased' thus highlighting the subjective nature of user assessments of purity.

Availability of ecstasy remained unchanged across survey years. In 2004 it was rated as being 'very easy' by 54% of respondents, not significantly different from the 61% who reported it as being 'very easy' during 2003 ($\chi^2$=2.060, df=1, p=.151). Neither was there a significant increase in the proportions of respondents rating ecstasy as currently 'easy' to obtain: 38% in 2004 versus 237% in 2003 ($\chi^2$=.043, df=1, p=.836). Many respondents (64%) in the 2004 survey year reported the availability situation as having remained unchanged or 'stable' during the past 6 months.

The usual place of use of ecstasy was raves/doofs/dance parties (69%). In terms of the persons from whom they purchased their ecstasy, many respondents (89%) reported scoring from friends, a finding that was similar to that reported in 2003 (91%) ($\chi^2$=.441, df=1, p=.507). Fewer respondents reported using 'known dealers' to obtain their ecstasy in 2004 (53%) versus 2003 (63%) ($\chi^2$=3.959, df=1, p=.047). There was also an increase in the respondents reporting sourcing from unknown dealers in 2004 (33%) versus 2003 (9%) ($\chi^2$=69.169, df=1, p=.000). Further, an increase occurred in the proportions sourcing the drug from 'acquaintances' in the current survey year (47%) compared to 2003 (36%) ($\chi^2$=5.548, df=1, p=.019).

In terms of the venue at which respondents scored, an increase occurred in the proportions reporting use of nightclubs to score across survey years (43% in 2004 compared to 33% in 2003) ($\chi^2$=4.868, df=1, p=.027). A decrease occurred in those reporting that they scored ecstasy on the street in 2004 (5%) versus 2003 (14%) ($\chi^2$=7.042, df=1, p=.008).

## 15.4 Methamphetamine

Both lifetime and recent use of all forms of methamphetamine were reported by many respondents. For methamphetamine powder, 88% percent of respondents reported lifetime use of methamphetamine powder and 78% had used during the past 6 months. For methamphetamine base, 46% of respondents reported lifetime use of methamphetamine base and 31% reported use during the previous 6 months. For crystal methamphetamine, 89% of respondents reported lifetime use of crystal methamphetamine and 80% used during the previous 6 months.

There was no significant difference in the proportion of respondents reported ever having used methamphetamine powder in 2004 than in the 2003 survey year (88% versus 93%) (88% versus 93%) ($\chi^2$=3.840, df=1, p=.050). There was no significant difference in the proportions reporting recent use of the drug (i.e. during the past 6 months) across survey years (78% in 2004 versus 83% in 2003) ($\chi^2$=1.772, df=1, p=.183).

Methamphetamine base was reported to have been used by 46% of respondents at some time (i.e. ever used), representing no significant change from that in 2003 (54%) ($\chi^2$=2.576, df=1, p=.108). There was also no difference found in the proportions reporting recent use across survey years (31% in 2004 versus 32% in 2003) ($\chi^2$=.046, df=1, p=.830).

Lifetime use of crystal methamphetamine was 89%, not significantly different to the 2003 survey year (91%) ($\chi^2$=.488, df=1, p=.485). There was also no change in proportions reporting use during the previous 6 months (80% in 2004 versus 77% in 2003) ($\chi^2$=.438, df=1, p=.508).

In terms of the method of administration, of those who used recently, fewer respondents reported having snorted methamphetamine powder during the previous 6 months (81% in 2004 compared to 88% in 2003) ($\chi^2$=3.862, df=1, p=.049).

Smoking methamphetamine base in the previous 6 months was the only significant change, having increased to 26% in 2004 from 13% in 2003 ($\chi^2$=5.018, df=1, p=.033).

Of those who had used crystal methamphetamine during the previous 6 months, 56% reporting snorting the drug, a significant decrease from 2003 (70%) ($\chi^2$=7.009, df=1, p=.008).

Of those who had used crystal methamphetamine during the previous 6 months, 56% reporting snorting the drug, a significant decrease from 2003 (70%) ($\chi^2$=7.009, df=1, p=.008). No change occurred across survey years in the proportions reporting swallowing crystal methamphetamine (43% in 2004 versus 49% in 2003) ($\chi^2$=1.299, df=1, p=.254). Neither was any difference found in the rates of injecting (19% in 2004 compared to 14% in 2004) ($\chi^2$=1.558, df=1, p=.212). The proportions reporting smoking crystal methamphetamine did increase, with 92% in the current year versus 74% in the 2003 survey year ($\chi^2$=13.558, df=1, p=.000).

The median price for all forms of methamphetamine was $50 per point. The price for all forms during the past 6 months was stable (60% for methamphetamine powder, 57% for methamphetamine base and 64% for crystal methamphetamine).

Purity was rated as being 'medium' (47%) for methamphetamine powder, with the situation during the past 6 months believed to have 'fluctuated' (34%). For methamphetamine base purity was considered 'high' and remaining stable (43%). For crystal methamphetamine it was rated as 'high' (59%) with the situation remaining 'stable' during the past 6 months (32%).

Availability of methamphetamine powder was believed to be 'easy' by 42% of respondents and this had remained 'stable' during the 6 months preceding the interview according to 48%. For methamphetamine base, 57% rated current availability as 'easy' and this was believed to be 'stable' during the previous 6 months by 71% of respondents. For crystal methamphetamine, availability was rated as 'very easy' by 61% and 52% of respondents rated the current situation as having remained 'stable' during the 6 months preceding the interview.

In terms of availability across survey years, there was no significant difference in the proportions of respondents reporting methamphetamine powder as 'very easy' to obtain (39% in 2004 versus 48% in 2003) ($\chi^2$=1.921, df=1, p=.166). Significant differences were found across survey years for both methamphetamine base and crystal in terms of perceived availability. There was a significant decrease in the proportions of respondents rating methamphetamine base as 'very easy' to obtain between the current year and 2003 (7% in 2004 compared to 35% in 2003 (p=.045, Fisher's exact test). A significant increase occurred in 2004 with 61% of respondents reporting crystal methamphetamine as 'very easy' to obtain compared to the 46% (n=72) reporting the same in 2003 ($\chi^2$=6.284, df=1, p=.012).

## 15.5 Cocaine

The 36% of respondents who reported lifetime use of cocaine was not significantly different to that reported in 2003 (44%) ($\chi^2$=2.597, df=1, p=.107). Neither were any differences were found across survey years in terms of recent cocaine use (16% in 2004 versus 17% in 2004) ($\chi^2$=.071, df=1, p=.790).

Based on 7 respondents who commented, the median price per gram of cocaine was $300 (250-400). This price was reported as 'stable' during the previous 6 months according to 43% of respondents. Subjective assessments of purity were provided by only 7 respondents and they varied. Thus, it is difficult to make sense of trends in this area. Availability was reported as being 'difficult' by 57% of respondents and 86% believed the situation to have remained 'stable' during the previous 6 months (n=7).

## 15.6 Ketamine

There was no change in lifetime use of ketamine across survey years (21% in 2004 and 25% in 2003) ($\chi^2$=.853, df=1, p=.356). Neither were any differences found across survey years in terms of recent cocaine use (10% in 2004 versus 12% in 2003) ($\chi^2$=.379, df=1, p=.538). Although 10 respondents reported recent use of ketamine, only 1 respondent could provide information concerning price, purity, and availability of the drug. Further, few calls to ADIS may provide further evidence of its low levels of use in WA. This situation is similar to the 2003 survey year where few respondents could provide information beyond current levels of use.

## 15.7 GHB

In 2004 11% of respondents reported lifetime use of GHB. This was significantly lower than that in 2003 (20%) ($\chi^2$=5.063, df=1, p=.024). In terms of recent use, only 5% reported using during the 6 months preceding the interview, a proportion not significantly different to that found in 2003 (8%) ($\chi^2$=1.223, df=1, p=.269). Respondents who had used recently used a median of 1 day (range 1-3) and the typical amount used was 5 mls (range 1-10). Only 1 user elected to respondent to a series of questions concerning price, purity and availability of GHB thus there is limited information concerning market aspects of the drug.

## 15.8 LSD

Reports of lifetime use of LSD declined across survey years (50% of respondents in 2004 from 62% in 2003 ($\chi^2$=6.112, df=1, p=.013). A decrease also occurred among respondents reporting use during the past 6 months (11% in 2004 versus 22% in 2003) ($\chi^2$=7.051, df=1, p=.008).

The current price of LSD was $25 per tab (range $7-40) with 35% of respondents believing the price to have increased recently. Current purity was rated as medium (25%) or high (25%) with 30% of respondents believing this to have remained 'stable' during the 6 months preceding the interview. LSD was rated as currently difficult (45%) or very difficult (40%) to obtain. This situation was believed to be 'stable' or unchanged during the past 6 months by 55% of respondents who commented.

## 15.9 MDA

Lifetime use of MDA was reported by 19% of respondents, representing an increase from the previous survey year (12% in 2003) ($\chi^2$=4.640, df=1, p=.031). A significant increase was also found in recent use of MDA (6% in 2004 versus 1% in 2003) (p=.001, Fisher's exact test). Respondents used a median of 2 (range 1-10) days and the typical amount consumed was 1 capsule (range 1-2).

Few respondents could comment on questions concerning the market aspects of MDA. Only three respondents elected to respond to a series of questions about price, purity, and availability, and only 2 of these respondents reported they had actually used the drug during the previous 6 months. These small numbers calls into question the reliability of information in this area. In fact, a similar situation existed in 2003 where few respondents elected to respond to questions concerning MDA.

## 15.10 Other drugs

Many respondents reported using a range of other drugs. Recent use of alcohol was reported by 92% of respondents. Median use was 24 (1-180) during the past 6 months. Alcohol was typically used with ecstasy by 40% of respondents. Of those who did, 55% reported typically consuming more than 5 standard drinks. Alcohol was also used during the acute recovery period after ecstasy use by 26%. Of those who did, 62% typically consumed more than 5 standard drinks.

Cannabis use was common with 85% reporting use during the past 6 months. Cannabis was also used with ecstasy by 32% of respondents and during the acute recovery period after ecstasy use (63%).

Approximately three quarters (73%) of respondents reported recent use of tobacco. It was also used in the context of their ecstasy use where 43% typically used it with ecstasy and 38% reported using it during the acute recovery period after ecstasy use.

Only 29% reported recently using benzodiazepines and few reported use in the context of their ecstasy use (2% with ecstasy and 7% during the acute recovery period).

Antidepressants were used in the past 6 months by 13% of respondents and 62% reported taking them as prescribed. Antidepressant use did not occur in the context of ecstasy use with only 1 respondent reported typically using with ecstasy and 1 respondent reporting typical use during the acute recovery phase after ecstasy use.

Recent use of amyl nitrite was reported by 15% of respondents. Only 7% of respondents reported typically using it with ecstasy and 2% reporting using it during the acute recovery period.

Use of nitrous oxide was reported by 43% of respondents reported using nitrous oxide during the 6 months preceding the interview. In terms of use in the context of their ecstasy use, 19% reported typically using the drug in conjunction with ecstasy and 11% reported its use during the acute recovery period.

Other opiates were reportedly used by 10% of respondents during the 6 months preceding the interview. However, they were not generally associated with ecstasy use as

no respondents reported typically using them in conjunction with ecstasy, and only 1 respondent reported to typically use them during the acute recovery period after ecstasy use.

## 16.0 IMPLICATIONS

Polydrug use continues to be a common practise in which regular ecstasy users engage despite being aware of the potential risks and side effects of the drugs they use. Use in the previous 6 months of different drugs reported by over half of respondents included: alcohol (92%), cannabis (85%), crystal methamphetamine (80%), methamphetamine powder (78%), and tobacco (73%).

Of particular note is that 40% of respondents reported typically using alcohol with ecstasy, and of those who did, 55% reported typically consuming more than 5 standard drinks. Alcohol was also typically used by 26% of respondents to 'come down' from ecstasy, and of those 62% reported typically consuming more than 5 standard drinks. The high rate of alcohol use is of interest given that it has not traditionally been a part of the ecstasy scene. Thus, it may be useful to explore the meaning of alcohol within this setting.

Recent use of crystal methamphetamine in WA continues to be the highest of all Australian jurisdictions as well as reporting the highest average number of days use of the drug during the 6 month period. Also of note is the possible movement away from snorting crystal methamphetamine towards smoking, a more potent mode of administration. There was also an increase in proportion reporting smoking methamphetamine base. The increasing use of smoking as a means of administration for these forms of methamphetamine is consistent with anecdotal reports from peer outreach workers and presents challenges to health care providers.

Most respondents reported purchasing their drugs from friends. However, it is the case that increases occurred in the proportions who reported also sourcing ecstasy, methamphetamine powder and crystal from 'unknown' dealers, speaking to the issue that users may have little control over the drugs they receive.

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