Jaclyn Newman & Chris Moon

NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004

Findings from the Party Drug Initiative (PDI)

NDARC Technical Report No. 222

NORTHERN TERRITORY TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004

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Jaclyn Newman and Chris Moon

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

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACON	AIDS Council of NSW
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
DNC	Data not collected
FDS	Family Drug Support
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
KE	Key Expert(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
REU	Regular Ecstasy User(s)

EXECUTIVE SUMMARY

Demographic characteristics of Regular Ecstasy Users (REU)
Although both males and females of all ages use ecstasy, use was more common among males in both years (70% and 73%). The average age of the regular ecstasy users decreased by almost a decade this year, going from 33 years in 2003 to 24 years in 2004. The ecstasy users interviewed were relatively well educated, with most having completed at least 11 years of education (10 years in 2003) and a substantial proportion (46%) had tertiary or trade qualifications (56% in 2003). Two thirds of 2004 REU interviewed were employed in some form compared to 39% last year. Previous incarceration proportions dropped form 36% in 2003 to 16% in the current year. Only one person reported they were currently in treatment whereas 13% were last year. A third of the sample had ever injected a drug compared to two-thirds last year.

Patterns of drug use among REU
Polydrug use was the norm among the regular ecstasy users interviewed in both years. Ecstasy was the drug of choice for most of the respondents in both years (47% in 2004 and 36% in 2003), followed by cannabis in 2004 and methamphetamines in 2003. A large proportion reported recent use of alcohol, cannabis, tobacco, and methamphetamines in both years. Again this year, drugs typically seen as 'ecstasy related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

Ecstasy
On average, the sample of regular ecstasy users started to use ecstasy at 19 years (compared to 24 years in 2003), and began using it regularly when they were 20 years (compared to 27 years on 2003). Patterns of ecstasy use varied over the two years. In 2004 the proportion using ecstasy weekly or more increased (39% vs 19%), usual (1 vs 2) and heavy (2 vs 3) quantities increased, and bingeing with ecstasy decreased. A higher proportion reported that ecstasy was their favourite drug in 2004. In both years most of the sample used other drugs with ecstasy but use of other drugs whilst coming down from ecstasy reduced from 84% in 2003 to 58% in 2004.

In both years most of the sample recently swallowed ecstasy and in 2004 the proportion that had recently injected it decreased. Ecstasy was most commonly purchased in tablet form for $50 and this price was 'stable' in the six months preceding interview in both years. In 2004 most users said that the current purity of ecstasy was 'medium' or 'high' and that this had been 'fluctuating' over the past six months, in 2003 the purity was 'medium' and 'stable'. Most users reported the availability of ecstasy as 'very easy' and that this had been 'stable' over the past six months in both years.

A majority of users said they scored ecstasy from a friend in both years, but in 2003 it was most scored at a friends home and in 2004 in was mostly scored at a nightclub. In 2004 most regular ecstasy users reported that they usually and had last used ecstasy at a nightclub, in 2004 they usually and last used at home.

In 2004 almost one fifth (18%) of the sample obtained a Severity of Dependence Scale (SDS) score indicative of problematic or dependent use. In 2004 the most common perceived benefits associated with ecstasy use were 'enhancement of mood' and 'fun', and in 2003 it was 'social enhancement' and 'enhancement of mood/feeling'. The most

common perceived risk with ecstasy use was to the 'unknown drug contaminants or cutting agents' in the tab and in 2003 it was risks to 'ones physical health'

Methamphetamine

In 2004 majority of the sample had also used speed in the past six months (72%, 91% in 2003) and substantial proportions had used crystal (35%, 40% in 2003) and base (45%, 32% in 2003). The average age for methamphetamine initiation has decreased since 2003 - speed 18 years vs 20 years, base 20 years vs 23 years and crystal 20 years vs 26 years. In both years a quarter reported they had used speed weekly or more in the six months preceding the interview. In 2004, 25% had use base (15% in 2003) and 12% used crystal (7% in 2003) at the same frequency. Recent injection of all forms of methamphetamine by recent users dropped drastically in 2004 – speed 66% vs 14%, base 73% vs 22%, and crystal 60% vs 24%. Swallowing overtook injection as the most common route of administration for all forms of methamphetamine in 2004.

Forty one percent of the current sample had ever used pharmaceutical stimulants at and average age of 18 years. Recent users would typically use 10 tabs or 12 tabs in a heavy use episode. Ten percent reported using weekly or more. Most of the recent users swallowed pharmaceutical stimulants, and one fifth had injected them.

In 2004 the average usual amount of speed used decreased from one gram to half a gram and the heavy amount used also decreased from two grams to one gram. In both years over half of the recent speed users had recently binged with speed. In both years the average amount of base used in a typical session was one point. In 2004 the average amount used in a heavy session decreased from two and a half points to one point. In both years similar proportions recently binged with base. On average crystal users reported typically using one point or 2 points in a heavy episode in both years. In 2004 recent bingeing with crystal reduced by half (40% vs 20%). In 2004 17% of recent methamphetamine users obtained a SDS score indicative of problematic or dependent use.

In 2004 speed was most commonly purchased for a median of $100 per gram ($50 per point in 2003), base for a median of $50 per point (same in 2003) and crystal for a median of $50 per point ($65 per point in 2003). A majority of users of each form of methamphetamine in both years said this price was 'stable'. Most respondents reported the purity of: speed as 'low' and 'stable' ('fluctuating' in 2003), base as 'medium' and 'stable' ('fluctuating in 2003), and crystal as 'high' and 'stable' in both years. Speed users in both years reported the availability as 'very easy', and 'stable', base users in 2004 reported the availability as 'easy', and 'stable' ('very easy and 'stable' in 2003), and crystal users in both years reported the availability as 'easy, and 'stable'.

In 2004 speed and crystal users mostly scored from their friends, base users scored from known dealers, and all mostly scored at their friend's home. In 2003 most users of all types of methamphetamine scored from their friends at their friends home.

Cocaine

In the current year lifetime cocaine used dropped (50% vs 39%) and recent use increased (5% vs 15%) compared to 2003. Among those that recently used, cocaine use was infrequent with a median of one days use in the preceding six months in 2004, compared to six days in 2003. In both years recent cocaine users most commonly snorted; in 2003 only one person had injected, but in 2004 36% of recent users had injected.

In 2004 usual (0.5 grams) and heavy (0.75 grams) quantities used were very similar and in 2003 only one person reported a usual quantity of one gram and a heavy quantity of four injections. Only one person had recently binged with cocaine in 2004 and two had done the same in 2003. In 2004 cocaine was usually used at home or at private parties.

The median price for a gram of cocaine in 2004 was reported to be $250 ($280 in 2003). Most users in 2004 reported that the price for cocaine had been 'stable' with no response pattern in 2003. The purity of cocaine was reported to be 'medium' in both years and half 'didn't know' about the change in purity over the last the six months in 2004, but in 2003 it was reported to be 'decreasing'. Most participants who commented on the availability stated that cocaine was 'difficult to very difficult' to obtain in 2004 (no pattern in 2003) and this had been 'stable' over the past six months in 2004, but half in 2003 said it was becoming 'more difficult.

Ketamine

Ketamine lifetime (18% vs 32%) and recent (7% vs 18%) use increased in 2004 compared to 2003. Recent users in 2004 had used it for a median of two days (one day in 2003) and used two bumps in usual and heavy episodes. In 2003 one bump was usually used and two bumps were used in heavy episodes. The majority of those that had recently used ketamine had swallowed it in both years, but just over a third had injected it in both years as well. In 2004 respondents reported usually using ketamine at home.

The median price per bump in 2004 was reported at $200 ($40 for 0.5grams in 2003), and most did not know if this price had recently changed. Ketamine purity was rated 'high' and 'stable' in both years. Ketamine availability was described as 'difficult to very difficult' to obtain in both years, with very mixed reports of change in availability

GHB

As with last year no one had ever used 1,4B but this year one person had ever used GBL at age 36, but had not used it recently. In 2004 20% of the sample reported lifetime use of GHB (17% in 2003) and only 6% had used GHB in the six months preceding interview (4% in 2003). Among the few that reported GHB use, 4% had ever injected it in 2004, but recently all swallowed the drug in both years. GHB had been recently used for a median of two and a half days (eight days in 2003) and people were using 11.1mls in usual and heavy episodes. The usual amount used in 2003 was 16mls and 17mls in heavy episodes.

One person reported the price of GHB at $3 per ml, with change in price comments varied, but no one could answer these questions on 2003. There were no consistent pattens with comments on GHB purity and availability in 2004 and again no one could answer these questions in 2003.

LSD

In 2004 lifetime LSD use decreased (80% vs 63%) and recent use increased (25% vs 31%) compared to 2003. On average, the users interviewed had first used LSD at 18 years old in both years. A small proportion (14%) reported they had used LSD fortnightly or more in 2004 and in 2003 it was 8%. A small proportion (5%) of recent users had recently injected LSD in 2004 (12% in 2003), although most reported swallowing it in both years.

Most reported they typically used use one tab in usual episodes in both years, and for heavy episodes it was one tab in 2004 but two tabs in 2003. Recent bingeing with LSD amongst recent users decreased in 2004 from 12% to 9%.

In both years LSD was most commonly purchased in tab form for $25 and a majority or users said this price was 'stable'. In both years users said that the current purity of LSD was 'fluctuating' and that it had been 'fluctuating' over the past six months. Availability of LSD differed over the two years. In 2004 it was 'difficult' to obtain and this had been 'stable' over the past six months. In 2003 it was 'easy to very easy' to obtain and this had been 'stable'. LSD was most commonly used in nightclubs in 2004 and was typically scored from a friend in the users own home.

MDA

Twenty eight percent of the sample reported lifetime use of MDA (21% in 2003) but only ten percent had used MDA in the six months preceding interview (6% in 2003). Swallowing was the most common recent route of recent administration in both years. In 2004 the quantity of MDA used declined. In usual episodes it dropped from two caps to one cap, and in heavy episodes it dropped from five caps to two caps. Among those that used MDA, use was infrequent in both years - three days in the six months preceding interview in 2004 and two days in 2003.

A cap of MDA was reportedly purchased in 2004 for a median of $55 ($60 per cap in 2003) and this price had been 'stable' over the prior six months in 2004. The one respondent who knew about MDA purity in 2004 and reported it to be ' high' and 'stable' which was the same as the previous year. The two people who commented on MDA availability in 2004 said it was 'very easy' or 'difficult' and that it had remained 'stable' or 'fluctuated'. In 2003 it was reported as 'difficult' and 'stable'.

Patterns of 'other drug' use

Compared to 2003, cannabis, alcohol and tobacco use remained high. The proportion of the sample who reported using all other drugs in 2004 reduced profoundly, except for inhalant use, where lifetime use remained stable but recent use increased.

Proportions for lifetime and recent use of other drug varied in 2004; cannabis (100%, 87%), alcohol (97%, 93%), Tobacco (92%, 82%), Heroin (27%, 3%), Amyl nitrite (41%, 25%), Nitrous oxide (44%, 16%), Methadone (10%, 1%), Buprenorphine (6%, 3%), Other opiates (21%, 8%), Anti-depressants (24%, 11%), Benzodiazepines (24, 10%).

The mean age for first using tobacco, alcohol and cannabis was early teens, this was the same in 2004. The mean age for first using ecstasy, speed, pharmaceutical stimulants, LSD, nitrous oxide, heroin, antidepressants and benzodiazepines was late teens in 2004, however, in 2003 it was early twenties for benzodiazepines, heroin and antidepressants. The mean age for first using buprenorphine in 2004 was 26 years and in 2003 it was 32 years.

Tobacco was the most frequently used drug at a median of 180 days in the last six months, with cannabis and buprenorphine not too far behind in 2004. In 2003 cannabis and tobacco were both used for a median of 180 days. In 2004 cocaine, LSD and nitrous oxide were the least frequently used drugs, all with a median of one days use in the last six months, and in 2003 buprenorphine and heroin were the least frequently used other drugs for a median of 7 and 5 days respectively.

Proportions of the 2004 sample who had ever injected specific drugs varied; alcohol (4%), heroin (17%), methadone (6%), buprenorphine (4%), other opiates (11%), antidepressants (1%) and benzodiazepines (9%), however these figures were all smaller than the previous year. In 2004 all other drugs were most commonly swallowed in the prior six months, except cannabis, which was mostly smoked, and heroin, which had two recent users, one swallowed and one injected.

Two thirds of those who recently drank alcohol would drink more that 5 standard drinks when using ecstasy (62% in 2003) and 15% would do the same whilst coming down from ecstasy (75% in 2003). In 2004 most people who had recently used anti-depressants, were utilising prescribed anti-depressants and taking them only as prescribed. Other drug that the 2004 sample reported using were aerosols, physeptone, rohypnol, mushrooms, xanax, glue, steroids, kava, travelcalm, and butane.

Risk behaviour

One third of the sample had ever injected a drug using a median of four different drugs with speed being the most common recently injected drug. Most injectors had learnt to inject from a friend or partner and 20% had first injected under the influence, most commonly cannabis. Most people injected themselves, substantial proportions would share injecting paraphernalia but no one reported sharing needles. While most people injected in a home, substantial proportions would inject in public venues.

High proportions were tested for HCV and HIV and half the sample had been vaccinated against HBV. Almost all REU had penetrative sex in the prior six months, most with one or two partners. The majority never used condoms with regular partners but always used condoms with casual partners. A high proportion had sex under the influence of drugs, most commonly ecstasy and generally once a month or more.

Approximately half the sample had tattoos and/or piercings, small proportions were done non-professionally, but none with a used needle. Almost two thirds of the sample drove within one hour of taking drugs, most commonly ecstasy and cannabis.

Health related issues

In 2004 nine people had overdosed in the last six months, with ecstasy and cannabis being the most common main drugs involved. REUs in 2004 elicited a median ecstasy SDS score of 1, with 7% reaching a score indicative of problematic use and 11% obtaining a score indicative of dependence. Recent methamphetamine users in 2004 elicited a median methamphetamine SDS score of 0, with 4% reaching a score indicative of problematic use and 13% obtaining a score indicative of dependence. A quarter of the 2004 sample had accessed a health or medical service (most commonly psychiatrists and psychologists) in the past six months in relation to their drug use.

Almost half the sample had recently experienced financial problems in both years and in both years this was most commonly attributed to ecstasy. Almost half the 2004 sample had recently experienced relationship/social problems (31% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed. Almost half the 2004 sample had recently experienced work/study problems (18% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed. Only 7% the 2004 sample had recently experienced legal problems (14% in 2003) in 2004 this was most commonly attributed to cannabis, but in 2003 in was attributed to ecstasy.

Criminal activity, policing and market changes

A third of the sample had committed a crime in the past month, which consisted mostly of drug dealing in both years. Just over a quarter of the 2004 participants would use criminal methods to pay for their ecstasy, the most common approach being dealing drugs for ecstasy profit. The proportion of REU that had been arrested in the previous 12 months dropped from 25% to 15% this year. Half of the 2004 sample thought that police activity towards ERDUs had increased recently (38% in 2003), however three-quarters said this had not made it harder for them to score their drugs (64% in 2003).

A third of the 2004sample believed that new things were happening in the drug scene, these involved changes in drug use patterns, the type of drugs being used, the type of people using drugs, and in the supply of drugs.

Implications

The patterns of use and market characteristics of ecstasy and related drugs have received relatively little attention in the NT although it would appear from this study and the 2003 PDI that this market is well established, that the use of these drugs has become 'normalised' as an aspect of 'going out' behaviour and that it carries risks of related harms. The findings from the Northern Territory 2003 and 2004 Party Drugs Initiative suggest that the following issues receive attention from policy makers, researchers and health professionals:

- Substantial proportions of REU reported recently bingeing on ecstasy, recent alcohol use and also using large amounts of alcohol in conjunction with ecstasy, and this is supported by KE comment. It is also clear that polydrug use is the norm. These patterns of use may increase the risk of harm associated with ecstasy use and so appropriate prevention and harm minimisation strategies should be developed and targeted towards REU.
- As in 2003, the majority of ecstasy users acknowledge that their use involves the risk of a range psychological, neurological and physical harms and substantial proportions of the 2004 sample reported problematic or dependent use of either ecstasy or methamphetamines. At the same time only one person was in some form of drug treatment at the time of interview. In light of what may be an imbalance between risky behaviour and treatment seeking,
  - health professionals, services and other relevant agencies should be encouraged to further develop their capacity to detect ecstasy use amongst their clientele.
  - health promotion resources specific to ecstasy and related drug use, particularly among young people, be developed and distributed.
- It is known that the content of 'ecstasy' tablets is variable and that they may contain little or no 'ecstasy' per se. The single risk reported most by REU was not knowing what is in the tablets they consume. The risks associated with consumption of either contaminants, unknown or unanticipated drugs may be reduced by:
  - the analysis of seizures by law enforcement agencies in the Northern Territory. The analysis of the composition of the tablets sold locally as 'ecstasy' is required to better understand the potential harms faced by local consumers
  - locally available 'ecstasy testing kits' may allow consumers to be more informed about the drugs they believe they are using.
- Further analysis of the different sub-groups of users and their drug using profiles, in particular, indigenous use of ecstasy and related drugs, the use of these drugs in the workplace and by tourist visitors to the NT.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing study funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). It has been conducted on an annual basis in NSW since 1996, and in all states and Territories since 1999. The purpose of the IDRS is to provide a coordinated approach to the monitoring of the use of Australia's main illicit drugs, in particular methamphetamine, cannabis, cocaine and heroin. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concerns in various illicit drug markets. The IDRS is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail, such that it will provide direction for more detailed research in specific areas.

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

The findings in this Party Drug Initiative (PDI) report provide a summary of characteristics in ecstasy and other related drug use detected in Darwin in 2004, with comparisons to 2003 data where available. These findings arise from the three data sources: interviews with current regular ecstasy users, interviews with key personnel who have contact with ecstasy users, and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid characteristics are documented. Consistency between the IDRS and the PDI was maintained where possible, as the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

This is the second PDI conducted in Darwin and it is contrasted to the prevalence data from 2003, which could be considered a baseline. There are statistical constraints of drawn comparisons over time, but it is important to note that the methodology for future studies will all be identical, including the criteria for participation, questions asked, recruitment methods and statistical analyses.

1.1 Study aims

As in 2003, the specific aims of the NT Ecstasy and related Drugs study in 2004 were:

1. to describe the characteristic of a sample of current ecstasy users interviewed in Darwin in 2004;

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

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

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

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

2.0 METHODS

The 2004 Party Drug Initiative (PDI) used the same methodology as in 2003. This was trialed in the feasibility study (Breen et al, 2002) to monitor the trends in the markets for ecstasy and other related drugs. The three main sources of information used to document trends were:

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

2. interviews with Key Experts (KE) who, through the nature of their work, have regular contact with ecstasy users in Darwin; and

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

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

2.1 Survey of Regular Ecstasy Users (REU)

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

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

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

related drug markets. Therefore regular ecstasy users have been used again in 2004 to provide information on ecstasy and related drug markets.

2.1.1 Recruitment

A total on 71 ecstasy users were interviewed for the 2004 NT REU survey, all of whom had resided in the Darwin or Palmerston metropolitan region. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisement by poster in appropriate clothing stores, music retailers and selected entertainment venues, clubs and pubs, interviewer contacts and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a mean of sampling hidden populations which relies on peer referral and is widely used to access illicit drug users in both Australian (Boys et al., 1997; Overdon & Loxley, 1996; Solowij et al., 1992) and international (Dalgarno & Sherwan, 1996; Forsyth, 1996; Peters et al., 1997) studies. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

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

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

2.1.3 Measures

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

2.1.4 Data analysis

For continuos, normally distributed variables, t-tests (independent and one-sample) were employed. Categorical variables were analysed using Chi-square (χ^2). Relationships between continuos variables were analysed using Pearson's correlations (r). All analyses were conducted using SPSS for Windows, Version 12.0.1 (SPSS inc, 1989-2003).

2.2 Survey of key experts (KE)

As in 2003, to maintain consistency with the main IDRS, it was decided that the eligibility criterion for key expert (KE) participation in the PDI IDRS would be regular contact, in their the course of employment, with a range of regular ecstasy users throughout the preceding six months. Eleven KE from various metropolitan regions of Darwin provided information on the regular ecstasy users with whom they had had contact in the six months preceding the interview. The interviews were conducted at locations of the KE choice; all interviews were conducted face-to-face. Five KE were female and six were male.

The 11 KE interviewed in 2004 represented a range of occupations. One was a student enrichment and development officer/event organiser, another was a community health promotion worker, one worked in the hospitality industry, one was a dancer, another was a DJ, one worked as a paramedic, one was a health promotion worker/outreach/youth worker, one was a social worker/counsellor, one was a bouncer, another worked for community corrections and one was a drug squad police officer.

Eight of the KE stated that they knew about ecstasy users through their work and their personal/social life, and two stated they obtained their knowledge solely through work. The one remaining KE was in the drug squad of the Northern Territory Police and was not asked that question. None of the KE worked with any special populations in particular, except community corrections who worked with prisoners and one who worked with students. The extent of KE contact with ecstasy users ranged from one day per week to seven days per week over the previous six months, with two KE having contact with over 100 users. Two KE had contact with 51-100 users, another three KE had contact with 21-50 users, two had contact with 10-20 users and one had contact with less than 10 users. All KE stated that they obtained the information provided through their own contact with users, eight also obtained information from their observations, and talking with colleagues and friends.

2.3 Other indicators

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

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

3.0 OVERVIEW OF REGULAR ECSTASY USERS (REU)

3.1 Demographic characteristics of the REU sample

At 24 years (SD 5.7; range 16-45), the mean age of the 2004 NT REUs sample was significantly lower (t_{70} = -13.56, p<0.01) than the 2003 sample (33 years; SD=9.2; range 17-55, Table 1). Seventy three percent of the current sample were male, and although not significant, males first tried ecstasy at a younger age (18years vs 20years) and started using regularly at a younger age (20years vs 21years) than females. Eleven percent (11%) of REU were of Aboriginal or Torres Strait Islander (ATSI) descent (compared to 20% the previous year). There were no significant differences in the mean age between males (24 years) and females (25 years), and in the mean age between the ATSI (22 years) and non-ATSI (24 years). Interestingly, last year 69% of the ATSI group were male, this year all of the REU that identified as ATSI were male.

Again, this year the majority of participants nominated their sexual identity as heterosexual (83%), however gay males (7%), bisexuals (4%) and lesbian women (6%) were also represented. In 2003 there were more females (61%) than males in the non-heterosexual group. This year the non-heterosexual group was comprised of more males (66%) than females, and more non-ATSI (83%) than ATSI.

Last year the majority of the sample nominated English (98%) as their main language spoken at home and this year all REUs indicated that they were from an English Speaking Background (ESB).

In 2004 a majority of participants were renting or owned their own home (72%), and year only 1% were homeless or lived in a car or tent compared to 9% in 2003. When comparing gender and accommodation, more females owned their own house/unit, (16% vs 6%), more males rented (69% vs 47%), and more females lived with their parents/family (32% vs 19%)[1]. There was a significant difference in age and accommodation type, with older REUs more likely to live in their own accommodation than younger REUs (25years vs 21years; t_{69} = 2.498, p<0.01).

Last year a higher proportion of the sample was unemployed (61% vs 30%), and this year a higher proportion were employed full-time (49% vs 17%), with 66% of the 2004 sample being employed in some form. Comparing genders within the current sample, more males were unemployed (35% vs 16%), more females were employed full time (58% vs 46%), and part time/casual (15% vs 21%)[2].

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[1] For future analysis in this report the accommodation variable has been collapsed into two categories 'own accommodation' (ie own home/unit and rent house/unit) and 'other accommodation' (ie live with their parents/family, in a boarding house/hostel or in a shelter/refuge).

[2] For future analysis in this report the employment variable has been collapsed into two categories, the 'employed' group (ie full-time, part-time or casual) and the 'unemployed' group (ie home duties, student, and unemployed).

In 2003 the mean number of school years completed was ten (SD 1.25; range 7-12), and this year it rose 11 (10.6 males, 11.1 females; SD 1.1; range 7-12), with more having completed high school education in 2004 (30% vs 21%). Although not significant, females were more likely to completed high school than males (42% vs 25%). The employed group were significantly more likely to have completed high school than the unemployed group (40% vs 8%; $\chi^2_1=6.39$; $p<0.01$).

Just under half (46%) of the sample had completed some form of post-school qualification, 19% with a trade or technical qualification and 27% with a university degree or college course. Post school qualifications included: degrees in business marketing, arts, law, engineering, social science community development; certificates in retail, business, real estate, clothing production, music, panel beating, aged & disability, youth work (AOD), hospitality, welding, agriculture and information technology.

Table 1: Demographic characteristics of REU sample, 2003-2004

		2003 sample (n=104)	**2004 sample (n=71)**
Mean age (years)		33 (17-55)	**24 (16-45)**
Male (%)		70	**73**
Accommodation (%)	Own/rented house	75	**72**
	Homeless/shelter/refuge	9	**1**
ESB (%)		98	**100**
ATSI (%)		20	**11**
Heterosexual (%)		73	**83**
Mean number school years		10	**11**
	Complete year 12 (%)	-	**30**
Post school education (%)	None	44	**54**
	Trade/technical	27	**19**
	University/college	29	**27**
Employment (%)	Unemployed	61	**30**
	Full time	17	**49**
	Part Time	14	**17**
	Students	6	**1**
Currently in treatment (%)		13	**1**
Previous conviction (%)		36	**16**
Binged in the last 6 months (%)		69	**54**
Median longest binge (range)		120 (48-360)	**72 (48-264)**
Participated in PDI before (%)		DNC	**9**
Participated in IDU before (%)		DNC	**4**

Source: Party Drugs Initiative REU interviews

This year only one person recorded that they were in drug treatment at the time of the interview (identified as subutex) compared to 13% in 2003 (methadone and buprenophrine treatment, Narcotics Anonymous and counselling).

Compared to the previous year, a much smaller proportion of REU had previously been in prison (36% vs 16%). Unlike the previous year, there were no significant differences in the current year in relation to previous incarceration. However, 91% of those who had ever been in prison were male. ATSI had higher proportions with a prison history than non-ATSI (63% vs 10%), as did heterosexuals compared to non-heterosexual (19% vs 0%), as well as unemployed compared to employed (25% vs 11%), as did those who had not completed high school contrasted to those who did (20% vs 5%).

KE reports on the age of ecstasy users varied, with the minimum age reported to be 14 years and the maximum to be 50 years plus. Most agreed that the usual age was late teens to late twenties. Five KE thought that ecstasy users were 50-50 male/female, one thought they were 70% female, and two others stated that the majority of users were female. However the remaining three believed users were mostly male. KE reports on ethnicity were mixed, however all agreed that although the ethnicity of users varied, all were from English speaking backgrounds, most or all were Caucasian, and few to none were ATSI.

When asked if ecstasy users live in any particular areas most agreed that they lived in either the city and/or northern suburbs and/or Palmerston. One believed that Palmerston has double the number ecstasy users that Darwin had. Another said that rural people were more likely to 'stick to drinking' rather than use ecstasy, however, the paramedic stated that they frequently get ecstasy calls to attend rural areas as far as Berry Springs (70kms out of Darwin), but agreed that most calls are to city nightclubs.

Five KE stated that ecstasy users were mainly heterosexual and one clarified that this was because there is not a huge 'gay community' in Darwin. Four reported that sexuality of users varied and one noted that 'even' transsexuals were using ecstasy. Two did not know about the sexual preference of users. KE reports around ecstasy users' employment status also varied widely; One had most contact with university students and said most of them would work part time, another stated that 100% were employed in professional roles or business owners. At the other end of the spectrum, one KE stated that users are generally on government benefits, another said half are unemployed and half work full time and one more thought a third were employed full time and two thirds were on government benefits. Conversely one stated that ecstasy users don't look like they would be on government benefits and that some are 'school kids'. The remainder believed that most to all were employed it professional or regular jobs and one stated that those who weren't employed were usually the ones selling drugs or doing jobs like washing dishes for cash in hand.

Most believed that most ecstasy users had completed year 12 and/or higher education/trade, a couple thought that the education of users varied and another though that most had only some secondary education.

Most KE stated that they didn't know about the users current drug treatment or that the users were not in treatment. One stated that all the users they were in contact with were in counselling, another said that some REU have been in treatment and that methadone was common. One reported that they knew a few who had previously been in psychiatric

treatment and another said that less than five REU that they knew would have previously received treatment. One KE commented that a lot went through treatment as part of their bail bargain so they didn't have to go to prison.

The two KE who work in the criminal justice system stated that some to a majority of REU they come in contact with are either currently in prison or have a history. The remaining KE all stated that very few or none were currently or previously incarcerated.

Bingeing behaviour reduced in the current year, previously 69% of the sample had binged on one or more drugs in the preceding six months, this year the figure was reduced to 54% (Table 1). Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The mean length for longest binge was three days (range 2 – 11 days), compared to five days last year. Of those REU who reported bingeing, ecstasy (82%) was the most common drug they would use in this way, followed by speed (71%), cannabis (47%), and alcohol (37%).

Significantly more males had binged compared to females (32% vs 62%; χ^2_1=3.88; p<0.05), those who had not completed high school also binged more contrasted to those that had not completed high school (33% vs 62%; χ^2_1=3.80; p=0.05), and also the unemployed were more likely to binge than those who were employed (75% vs 43%; χ^2_1=5.48; p<0.01).

Nine percent of the sample had participated in the PDI before and only 4% had participated in the IDU previously.

3.2 Drug use history and current drug use

This year ecstasy was the most popular drug amongst the REU (47%, Table 2). The popularity of speed (20% down to 10%) and cannabis (28% down to 10%) declined and heroin's favouritism dropped drastically (18% down to 1%) when compared to the previous year.

Most of the females nominated ecstasy (53%) as their drug of choice. Ecstasy was also most of the males drug of choice (44%), closely followed by cannabis (35%). Ecstasy was nominated as drug of choice by half (49%) of the non-ATSI group and only a quarter (25%) of the ATSI group. Although numbers were small (n=1-3), all those that chose heroin, cocaine and base as their drug of choice were female, and all that chose alcohol were male. In the previous year one person each nominated morphine and benzodiazepines as their drug of choice, both identified as ATSI.

When comparing those who chose ecstasy as their drug of choice (E-preferred) to those who chose another drug (other-preferred) there were no differences in age, gender, and sexuality. However, the E-preferred group had completed significantly more years of education (11 vs 10; t_{69} = -2.37, p<0.05), smaller proportions lived in their own accommodation (57% vs 84%; χ^2_1=4.94; p<0.05), higher proportions had completed high school (46% vs 16%; χ^2_1=6.10; p<0.01), smaller proportions had previously been in prison (3% vs 26%; χ^2_1=5.64; p<0.01), and smaller percentages were bingers (39% vs 66%; χ^2_1=3.94; p<0.05), when compared to other-preferred group.

Table 2: Drug of choice and injecting rates of REU sample, 2003-2004

		2003 sample (n=104)	**2004 sample (n=71)**
Drug of choice (%)	Ecstasy	36	**47**
	Cannabis	10	**28**
	speed	20 (all meth)	**10**
	Alcohol	0	**4**
	LSD	6	**4**
	Crystal	-	**3**
	Heroin	18	**1**
	Cocaine	0	**1**
	Base	-	**1**
	Benzodiazepines	1	**0**
	Morphine	1	**0**
Ever injected any drug (%)		69	**35**
(Of those who had ever injected)		(n=70)	**(n=25)**
Drug first injected (%)	Speed	67	**60**
	Crystal	4	**8**
	Base	-	**20**
	Heroin	20	**4**
	Steroids	-	**4**
	LSD	-	**4**

Source: Party Drugs Initiative REU interviews

In 2004, the lifetime injection rate halved from 69% to 35%. Eighty-eight percent (88%) of lifetime injectors nominated some form of methamphetamine as their intravenous initiation substance. Heroin, steroids and LSD accounted for 4% each as the first drug injected. Injecting behaviour and further analysis is detailed in section 12.0 of this report.

As with the previous year, polydrug drug use (using three or more different drug classes) was the norm, with respondents having ever used a median of eight drug classes (range 4-17) (2003 median of ten drug classes, range 3-17) and a median of six drug classes (range 3-13) (2003 median of six, range 2-13) in the six months prior to interview (all subsequent polydrug figures refer to Table 3). The minimum number of drugs used ever (4) and recently (3) has increased by one since last year, therefore the entire 2004 sample were recent polydrug users. Injectors had used a median of four and a half drugs ever (range 1-12) and three recently (range 1-6).

There were no differences in number of drug classes ever and recently used in relation to gender or ethnicity. However in 2003 the number of drug classes did vary in relation to ethnicity, with participants identifying as ATSI using less drug classes in the previous six

months (8 vs 6, t_{101}=2.91, p<0.01) and less drug classes ever (12 vs 8, t_{101}=3.97, p<0.01) than non-ATSI REU's.

With the current sample, REU's age was significantly correlated with the number of drug classes used ever (r_{71}= 0.28, p =0.02), but not recently. Those who lived in their own accommodation had used significantly more drug classes ever than those who lived in other accommodation (10 vs 8; $t_{49.4}$=3.12; p<0.01). This difference was not significant for number of drugs used recently. Not surprisingly, there was a significant difference between bingers and non-bingers, with bingers using more drugs ever (10 vs 8, $t_{67.2}$=-4.20, p<0.01) and recently (7 vs 5, $t_{49.4}$=-3.25, p<0.01). This difference was also evident with the previous year's sample. Injectors had used significantly more drugs ever (11 vs 8, t_{69}=-5.73, p<0.01), but not recently compared to non-injectors.

Including alcohol and tobacco, the mean age of first use of any drug class was 13 years and the mean age of first injecting any drug class was 19 years. Drugs that were used at the earliest minimum ages were alcohol (2 years), tobacco (5 years) and cannabis (6 years), followed by pharmaceutical stimulants (7 years) and speed (9 years). Other pre-teen age of initiation drugs included anti-depressants, benzodiazepines and nitrous oxide (all with a minimum of 12 years). Once they were in their teens (13 years), ecstasy and LSD were the drugs that some of the sample began to use. There were a few significant differences in relation to the age that REU started using any drugs; unemployed REU started using drugs younger than employed REU (11 years vs 13 years; $t_{31.6}$=-2.40; p<0.05); bingers also started using drugs younger than non-bingers (12 years vs 13 years; t_{69}=-2.76; p<0.01); and those in the other-preferred group used drugs younger than those in the E-preferred group (11 years vs 14 years; $t_{54.5}$=-4.08; p<0.01).

Aside from ecstasy, alcohol (93%), cannabis (87%), tobacco (82%) and speed (72%) were the most commonly used drugs over the six months prior to interview. These were also the most common recent drugs used last year, however the order has changed (in 2003 the equivalent proportions were: cannabis (95%), tobacco (84%), speed (81%), alcohol (78%)), with alcohol taking over from cannabis as the second most common drug used recently. In the current year base, cannabis, alcohol, buprenorphine, other opiates, tobacco and antidepressants were all used daily by some users in the six months before interview. This year however, tobacco was the only drug recording a median of daily use, whereas in 2003 both tobacco and cannabis were found to have a median of daily use. In 2004 cannabis was used for a median of 155 days, alcohol had a median of twice weekly use (48 days), heroin recorded a median use of twice a month and speed had a median of monthly use.

In 2003 substantial proportions of the sample had used and injected opiates in the six months prior to interview: 18% and 16% for heroin, 24% and 15% for methadone, 15% and 7% for buprenorphine, and 43% and 40% for other opiates. Morphine is the most common injected opiate among intravenous drug users in Darwin (Moon, 2003) and may account for most of the 'other opiate' group. In 2004 these figures drastically dropped to 3% and 1% for heroin, 1% and 0% for methadone, 3% and 1% for buprenorphine, and 8% and 4% for other opiates. In the previous year both methadone and 'other opiates' were used more often than ecstasy, respectively having median days of use of 20 and 40, compared to 12 for ecstasy. The only opiate used more frequently in the last six months than ecstasy (median 16 days) was buprenorphine (median 127.5 days) however, only 3% of the sample were recent buprenorphine users.

Most (92%) of the sample had snorted a drug at some time in their life and 11% had shelved/shafted a drug in their lifetime. Shelvers/shafters had used significantly more drug classes ever (12 vs 9; t_{69}=-3.06; p<0.01) and although not significant, on average they were older (27 years vs 23 years) than those that had never shelved/shafted drugs. Of those that had shelved/shafted, none identified as ATSI. Snorters had also used more drug classes ever (9 vs 5; t_{69}=-3.47; p<0.01) and recently (6 vs 4; t_{69}=-2.52; p=0.01) than non-snorters.

In 2003, with the exception of LSD (25%), drugs typically seen as 'ecstasy related drugs' showed a low incidence of recent use: cocaine 5%, MDA 6%, ketamine 7% and GHB 4%. The same is true for the present year, however proportions have risen (cocaine 16%, MDA 10%, ketamine 18% and GHB 6%). In both years, no one had used 1,4B in the six months prior to interview. Small proportions of the sample reported using drugs other than those listed in Table 3, in 2003 these included magic mushrooms, cactus, and opium, and in 2004 these included physeptone, rohypnol, mushrooms, xanax, carvex, kava, and steroids.

Patterns of polydrug use were described by the KE. Comments regarding each drug class are documented throughout the relevant sections of this report. Overall patterns of polydrug use described by KE varied widely. One stated that most people would use a combination of four drugs, which usually includes alcohol and tobacco and that on the whole drug use is increasing. They noted this may be because people aren't being deterred as there is no advertising or publicity about the harms of drug use and they are not seeing their mates overdosing. Another KEs reports were similar, saying that most people would use four drugs in one night: first alcohol, then speed, then ecstasy, then cannabis, and that people may also be using tobacco during the night. The KE also noted that older people would drink more water and less alcohol in the night compared to younger users.

Another KE advised that when people are using ecstasy they will also use cannabis/tobacco and alcohol and generally that is all, 'otherwise it means hospital'. The KE also noted that when people are using ecstasy they will also smoke (cannabis or tobacco), even if they are non-smokers, but people won't drink orange juice because it neutralises the effects of ecstasy. A different KE reported that common combinations of drugs include morphine and speed, benzodiazepines and speed, morphine and benzodiazepines, morphine and benzodiazepines and speed, heroin and morphine, and that all of these combinations were used with alcohol and/or tobacco and/or cannabis. The KE advised that most of the morphine users were older and the speed users were younger.

One KE stated that ecstasy users will also use alcohol to get a ballooned effect and that most of the time when an ambulance is called to an ecstasy related incident there is alcohol involved. It was also detailed that some ambulance calls are to residences, the younger users are still experimental and get panicky and that's when they call an ambulance, whereas the older users are habitual and if there is an overdose it is usually deliberate or they mixed ecstasy with something and they weren't used to the symptoms. However most calls come from nightclubs.

Table 3: Lifetime and recent polydrug use of REU, 2003

	Used (% REU)		Injected (% REU)		Age (mean yrs & range)		Median days used last 6 months (range)
	Ever	Last 6 months	Ever	Last 6 months	1st used	1st injected	
1. Ecstasy	100	100	21	16	19 (13 – 43)	21 (15 – 34)	16 (6 – 72)
2. All methamphetamine	89	80	34	24	18 (9 – 27)	19 (14 – 33)	
a. Speed	83	72	32	23	18 (9 – 28)	18 (14 – 33)	6 (1 – 165)
b. Base	59	45	24	10	20 (14 – 35)	21 (14 – 35)	3 (1 – 180)
c. Crystal	58	35	24	9	20 (15 – 38)	22 (16 – 37)	3 (1 – 60)
3 Pharmaceutical stimulants	41	14	7	3	18 (7 – 30)	22 (15 – 30)	2.5 (1 – 70)
4 Cocaine	39	16	10	6	21 (16 – 29)	23 (17 – 36)	– 4)
5 LSD	63	31	10	1	18 (13 – 29)	19 (16 – 22)	1 (1 – 48)
6 MDA	28	10	4	1	22 (16 – 38)	28 (17 – 37)	3 (1 – 24)
7 Ketamine	32	18	7	7	22 (16 – 37)	24 (20 – 30)	2 (1 – 4)
8 GHB	20	6	4	0	24 (18 – 37)	20 (18 – 22)	2.5 (1 – 10)
a. 1,4B	0	0	0	0	-	-	-
b. GBL	1	0	0	0	36 (36)	-	-
9 Amyl nitrite	41	25			21 (16 – 43)		2 (1 – 24)
10 Nitrous oxide	44	16			17 (12 – 29)		1 (1 – 90)
11 Cannabis	100	87			14 (6 – 26)		155 (1 – 180)
12 Alcohol	97	93	4	0	14 (3 – 18)	20 (17 – 23)	48 (2 – 180)
13 Heroin	27	3	17	1	18 (14 – 22)	19 (16 – 35)	12.5 (5 – 20)
14 Methadone	10	1	6	0	20 (16 – 24)	20 (16 – 24)	3 (3)
15 Buprenorphine	6	3	4	1	26 (18 – 35)	29 (23 – 35)	127.5 (75 – 180)
16 Other opiates	21	8	11	4	21 (15 – 30)	23 (18 – 30)	5.5 (2 – 180)
17 Tobacco	92	82			13 (5 – 18)		180 (1 – 180)
18 Anti-depressants	24	11	1	0	19 (12 – 31)	20 (20)	97 (1 – 180)
19 Benzodiazepines	24	10	9	1	18 (12 – 23)	21 (18 – 24)	10 (1 – 15)
Total			35	24	13 (3 – 16)	19 (14 – 33)	
Drug classes used (median)	9 (4 – 18)	6 (3 – 13)	4.5 (1-12)*	3 (1-6)**			

Source: Party Drugs Initiative REU interviews

*** of those that had injected any drug .** of those that had injected in the last 6 months**

One KE stated that ecstasy, speed and cannabis was a common combination frequently used and that tobacco and alcohol was generally used with all drugs. They also advised that the younger users go more for ecstasy because it's a nightclub scene and the older people generally use amphetamines and cannabis. A different KE said that ecstasy and alcohol was a common combination because of the nightclub scene, and that other combinations included cannabis and alcohol speed and alcohol and all combinations with tobacco.

Another KE said that speed was used with ecstasy or cannabis and that ecstasy was used with amyl nitrite and that all of these combinations would be used in conjunction with alcohol and tobacco. It was noted that the older users tended to be a but more responsible unlike the younger users who were not used to the effects of the drugs or wanted to get 'off tap'. A different KEs comments concurred, saying that older people were a but wiser and would have half a tablet now and half a tablet later, staying more in control and handling the effects a bit better, whereas the younger users would have a whole tab now and another whole tab later. However this KE reported different polydrug trends saying that common combinations were ecstasy and speed, ecstasy and ephedrine, speed and ephedrine and all of these with alcohol and/or tobacco.

One KE reported that people seem to use speed and ecstasy interchangeably and don't primarily consider themselves an 'ecstasy user' or a 'speed users'. The last KE advised that ecstasy and LSD was a common combination and well as speed and alcohol. It was noted that the older users had more money and could buy whatever drugs they wanted and would usually use at home, whereas the younger people were heavy users and would use at levels where they were doing themselves harm.

3.3 Summary of demographics and polydrug use trends in REU

- Although both males and females of all ages use ecstasy, use was more common among males in 2003 and 2004 (70% and 73%).

- The average age of the regular ecstasy users decreased by almost a decade this year, going from 33 years in 2003 to 24 years in 2004.

- The ecstasy users interviewed were relatively well educated, with most having completed at least 11 years of education (10 years in 2003) and a substantial proportion (46%) had tertiary or trade qualifications (56% in 2003).

- Two thirds of 2004 REU interviewed were employed in some form compared to 39% last year.

- Previous incarceration proportions dropped from 36% in 2003 to 16% in the current year

- Only one person reported they were currently in treatment whereas 13% were last year.

- A third of the sample had ever injected a drug compared to two-thirds last year.

- Polydrug use was the norm among the regular ecstasy users interviewed in both years

- Ecstasy was the drug of choice for most of the respondents in both years (47% in 2004 and 36% in 2003), followed by cannabis in 2004 and methamphetamines in 2003.

- A large proportion reported recent use of alcohol, cannabis, tobacco, and methamphetamines in both years.

- Again this year, drugs typically seen as 'ecstasy related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

4.0 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. Ecstasy is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances (White, Breen & Degenhardt, 2003).

4.1 Ecstasy use among REU

As outlined in the demographics section, at 24 years, the mean age of the 2004 NT REU sample was significantly lower than in 2003 (33 years). The current sample was also younger when they first tried ecstasy (24 years vs 19 years; t_{70}= -9.06, p =0.00), and younger when they first started using ecstasy regularly (27 years vs 20 years; t_{70}= -10.96, p =0.00) compared to last years sample.

In general males were younger when they first tried ecstasy (18 years vs 20 years) and when they first stared using ecstasy regularly (20 years vs 22 years). As found last year, the younger the participants were when they first used ecstasy, the younger they were when they started using it regularly (r_{71}= 0.923, p =0.01) the younger they were when they first injected it (r_{15}= 0.940, p =0.01). Interestingly, the younger the person was when they first tried ecstasy the shorter the time it took them from first using a drug to first injecting a drug (r_{71}= 0.564, p =0.003). Some interesting but non significant differences were that, on average, non-ATSIs started using ecstasy younger than ATSIs (16 years vs 19 years); and heterosexuals were younger when they started using ecstasy (18 years vs 23 years) and when they started using it regularly (19 years vs 25 years) than non-heterosexuals.

On average it took the participants one and a half years from when they first tried ecstasy to when they reported that they started using it regularly (range 0-9 years). There were no significant difference related to the amount of time taken to become a regular ecstasy user, however in general males took one year and females took two years, and non-ATSIs took one year while ATSIs took three years.

In 2004 ecstasy was used more frequently in the six months prior to interview than in 2003 (median 12 days vs 16 days), with twice as many people using it weekly or more in 2004 (39%). The median number of tablets consumed also increased by one since 2003, with the 2004 sample usually using two tablets (range 0.5-6), although 56% of the sample would typically use more than this. During their heaviest use episode in the previous six months, participants reported taking a median of three tablets (range 0.75 -14).

Bingers had used more ecstasy than non-bingers in usual (1.5 vs 2; t_{69}= -2.12, p=0.05) and heavy (3 vs 5; t_{69}= -3.85, p<0.01) use episodes, and bingers had also used ecstasy on significantly more days in the prior six months (15 vs 30; t_{69}= -4.12, p<0.01) compared to non-bingers. Lifetime injectors used more ecstasy than non-injectors in heavy use episodes (5 vs 3, t_{89}= -2.19, p<0.05), but not in usual use episodes. This difference was

not evident for recent injectors. Sixteen percent (16%) of the sample demonstrated ecstasy use patterns which qualified them for the high E-use group[3].

Table 4: Patterns of ecstasy use among REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Age first used ecstasy (mean years)	24 (14-50)	**19 (12-43)**
Age started to use regularly (mean years)	27	**20 (14-43)**
Median days used ecstasy last 6 months	12	**16 (6-72)**
Use ecstasy weekly or more (%)	19	**39**
Ecstasy favourite drug (%)	36	**47**
Median ecstasy quantities used		
'Usual' session (range)	1 (0.5 - 3)	**2 (0.5 – 6)**
'Heavy' session (range)	2 (0.5 - 14)	**3 (0.75 – 14)**
Typically use >1 tablet (%)	21	**56**
Recently binged on ecstasy (%)	55	**44**
Used other drugs with ecstasy (%)	92	**89**
Use other drugs after ecstasy (%)	84	**68**

Source: Party Drugs Initiative REU interviews

When asked about the frequency and quantity of ecstasy use, KE responses were fairly consistent. Most of the KEs reported that most ecstasy users would use two nights a week and would take half a tab up to five tabs a night, with males generally using higher quantities than females. It was generally agreed that there were two distinct groups of users, weekly users and special occasion (birthdays, weddings, etc) users.

One stated that 80% would use one tab once a fortnight and that 20% would use one tab once a week noting that it was only one tab as there are no recovery parties in Darwin, otherwise users would take one at a rave and then one at a recovery. Another KE stated that the use patterns of ecstasy were fairly stable, however around Christmas time there would be a big increase with people bingeing around party time.

One KE advised that people who could consume a lot of ecstasy in a night were called 'cookie monsters'. It was stated by one KE that people would take between half a tab and 20 tabs a night, with the lower quantity users people party people and the high quantity users being dealers, however it was advised that most people would not exceed two tabs in one night. Another KE noted hat there are some problem users who can use ecstasy up to five nights a week taking one to five tabs in a night. A different KE said that some peoples use patterns are financially based and they will use ecstasy when they can afford it.

[3] The high E-use group is comprised of those participants who used ecstasy more frequently than the median number of days in the past six months (16 days), and also used higher quantities of ecstasy than the median (2 tabs) in usual use episodes.

The paramedic advised that they wouldn't generally see the frequent ecstasy users because they know what happens and they don't need an ambulance. The paramedics usually only see first time users who take ecstasy and don't know what is happening. Then they or their friends get panicky and call and ambulance, usually they have only taken one tab, which is a sign of a new user, and they aren't used to the side effects. This is most common with young kids.

Fifty-four percent (54%) of the sample had 'binged' (stayed awake for 48 hours or longer) at least once on stimulants within six months of the interview, and 44% of the sample had used ecstasy during a binge. Recent ecstasy bingers were predominantly male (52% vs 22%; χ^2_1=3.65; p=0.05) and had used ecstasy on a significantly greater number of days in the preceding six months compared to those who had not recently binged on ecstasy (15.8 vs 30.6, t_{68}= -3.90, p<0.01).

Eighty-nine percent (89%) of the sample used other drugs at the same time they were using ecstasy (Table 5). The most commonly used drugs in conjunction with ecstasy were alcohol (76%, with 79% of this group usually drinking more than five standard drinks in a session), tobacco (61%), speed (41%) and cannabis (28%). Fifty-eight percent (58%) used other drugs to come down from ecstasy. These drugs included cannabis (68%), tobacco (57%), and alcohol (19%, with 83% of this group usually drinking more than five standard drinks in a session). Overall, 62% of the sample would drink more than five standards drinks when using alcohol in combination with ecstasy (either with or comedown). This year there weren't substantial proportions using 'other opiates' (3% vs 18%), and benzodiazepines (7% vs 17%) that were apparent last year in the acute recovery period following ecstasy use.

Table 5: Drugs used in combination with ecstasy by REU, 2003-2004

	Use (%)			
	with ecstasy		coming down from ecstasy	
	2003 sample (n=104)	**2004 sample (n=71)**	2003 sample (n=104)	**2004 sample (n=71)**
None	8	**11**	16	**42**
Speed	43	**61**	5	**7**
Base	8	**18**	1	**1**
Crystal	17	**11**	1	**4**
Cocaine	1	**0**	0	**0**
LSD	5	**9**	0	**0**
MDA	1	**3**	0	**0**
Ketamine	0	**9**	0	**3**
GHB	0	**4**	0	**0**
1,4B	0	**0**	0	**0**
GBL	-	**0**	-	**0**
Amyl nitrite	1	**10**	0	**3**
Nitrous oxide	0	**6**	0	**4**
Cannabis	78	**55**	68	**61**
Alcohol	53	**76**	30	**19**
If yes, > 5 drinks?	62	**79**	75	**83**
Heroin	2	**0**	5	**0**
Methadone	3	**0**	2	**0**
Buprenorphine	-	**1**	-	**1**
Other opiates	7	**1**	18	**3**
Tobacco	74	**66**	57	**38**
Antidepressants	3	**4**	4	**3**
Benzodiazepines	1	**1**	17	**7**
Viagra	1	**-**	0	**-**
Mushrooms	1	**-**	0	**-**
Coffee	0	**-**	1	**-**
Dexamphetamines	-	**1**	-	**-**
Kava	-	**1**	-	**-**

Source: Party Drugs Initiative REU interviews

Just over one fifth (21%) of the sample had ever injected ecstasy, starting on average at age 21 years (Table 6). The most common method of administration of ecstasy in the six months prior to interview was swallowing (97%, with 89% mainly swallowing), followed by 54% snorting (with 7% mainly snorting), and 16% injecting (with 3% mainly

injecting), 13% smoking (with none mainly smoking), and 9% shelving/shafting (with 1% mainly shelving/shafting).

Table 6: Route of administration of ecstasy by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	39	**21**
Age first injected (mean)	27	**21**
Injected last 6 months (%)	28	**16**
Administration last six months (%)		
Swallowed	94	**97**
Snorted	72	**54**
Injected	28	**16**
Smoked	DNC	**13**
Shelved/shafted	DNC	**9**

Source: Party Drugs Initiative REU interviews

All KE agreed that most to all users would swallow ecstasy. Other route comments included that 8% snort, 0.5% smoke, 0.5% inject and none shelve/shaft; a few crush up and snort; very small percent inject; and one KE said that shelving/shafting was rare but was more common than injecting.

KEs were asked about the changes in ecstasy use and the type people using ecstasy in the previous six months. Most reported there were no changes in use. One said that it is easier to get and that there is more around. They also noted that there are more dealers who have larger quantities so overall availability it's better. It was also stated that cannabis is generally used at home and the other drugs were used in the city.

Another two KE said that people are using higher quantities more frequently, one said this was because ecstasy is 'getting cut down more and people are getting used to it'. Whereas another KE said there was no quantity and frequency change and that it 'depended on who got busted as to availability and connections'.

One KE said there was no change and people can 'take ecstasy wherever, it was not something one had to be discreet about as people in general are always putting their hands up to their mouth and it just looks like panadol'. Conversely a different KE stated that there was a change in location of use, and that people were taking ecstasy 'more openly now. Previously they would have left the venues to go for a drive and take it'. Now people just go to the toilets or a dark corner, some people even 'pop them at the bar'.

When commenting on changes in the type of people using ecstasy three KE said there had been no recent changes. One said there were 'more users and the number of users in the 18 to 25 year bracket had increased', that it had gone from being 'predominantly gay users to more heterosexual users', that it was 'getting out of the rave scene and going more mainstream' and that there were now more girls than guys using ecstasy.

Another KE said that they had noticed more Filipino people are starting to use ecstasy and that in general the use patterns are cyclic and after three to four months user get burnout and take a break from using ecstasy. A different KE said that there was and increase in the number of users and another KE said that use has doubled since last financial year.

One KE said that users are mostly people that 'you wouldn't suspect, like business owners and professionals who are respectable during the day and off tap at night'. They also said that there had been an increase in the number of pre-18 year olds using ecstasy because it's a novelty and that 'smoking and drinking just isn't that rebellious anymore'. The last KE agreed saying that a lot of business people use ecstasy and that there has been an increase in use amongst those who have just reached legal age to enter clubs. It was also noted that use had increase amongst people from an Asian background.

In 2003 the majority of participants reported that their usual (67%) and last ecstasy use (28%) venue was at home (Table 7). This year nightclubs replaced home as the most common usual (80%) and last use (55%) venue. Other popular usual use venues in 2004 were private parties (47%), home (46%), pub (41%), friends home (36%) and raves/doofs/dance parties (34%). After nightclub, the most common last use venues were home (14%), private party (10%) and friend's home (9%). One person nominated 'other' as their usual and last use venue, which they specified as 'hotel'.

Over a quarter (28%) of the sample nominated a private venue (home, friends home etc) as their last ecstasy use venue and 72% nominated a public venue (pub, nightclub etc). Those who had last used ecstasy at a private location used more ecstasy tabs in usual (2.7 vs 1.6; $t_{21.4}$= 2.91, p<0.01) and heavy (5.6 vs 3.5, $t_{27.9}$= 2.49, p<0.05) use episodes and used ecstasy more frequently in the last six months (29days vs 20days, t_{69}= 2.05, p<0.05) compared to those who had last used in a public location.

One KE advised that there has been an increasing number of raves and full moon parties, secret ones that pop up with one weeks notice, usually by word of mouth, held at warehouses in Darwin suburbs (Winnellie, Coconut Grove, Howard Springs). However there are no big festivals here for doofs.

Participants were asked to estimate what proportion of their friends and acquaintances used ecstasy. All REU reported that they had at least some friends who also used ecstasy. Seven percent (7%) estimated that 'all' of their friends used ecstasy, while 47% said 'most', 25% said 'half' and 21% reported that 'a few' of their friends used ecstasy.

Table 7: Usual and last ecstasy use venue by REU, 2003-2004

	2003 (n=104)		**2004 (n=71)**	
	Usual	Last	**Usual**	**Last**
Use venue (%)				
Home	67	28	**46**	**14**
Dealers home	5	0	**4**	**-**
Friends home	44	16	**36**	**9**
Raves/doofs/dance parties	17	4	**34**	**3**
Nightclubs	52	27	**80**	**55**
Pubs	44	9	**41**	**4**
Private parties	42	7	**47**	**10**
Restaurant/cafes	1	0	**6**	**-**
Public place	11	3	**14**	**1**
Vehicle passenger	3 (car)	0 (car)	**14**	**-**
Vehicle driver	-	-	**9**	**-**
Outdoors	-	-	**25**	**-**
Live music event	-	-	**24**	**3**
Work	-	-	**4**	**-**
Other	4	7	**1**	**1**

Source: Party Drugs Initiative REU interviews

4.2 Ecstasy SDS

In 2004 the Ecstasy Severity of Dependence Scale (SDS) was added to the user component of the survey. The Ecstasy SDS is an adaptation of the Methamphetamine SDS (Topp & Mattick, 1997). With changes in knowledge about dependence, the concept of 'dependence syndrome' has broadened from alcoholism to other psychoactive substances (Topp & Mattick, 1997).

The SDS has shown acceptable internal consistency and reliability, across different populations of drug users. The scale is comprised of five multiple-choice items which, by modifying the reference to the named drug, can be adapted to cover different drugs and time frames (Topp & Mattick, 1997). Hence the inclusion of the Ecstasy SDS.

Each item is scored on a 0 to 3-point scale, which yields a range of possible scores of 0 to 15. Topp & Mattick (1997) administered the SDS to a sample of amphetamine users dependent by DSM-III-R and a regression analysis showed that SDS score was most predictive of severity of dependence as assessed by DSM-III-R. These results suggest that the SDS has high diagnostic utility with a score of greater than four being indicative of problematic use where the individuals pattern of ecstasy use and likely consequent harm require further assessment. A score of five or more highlights an individual that is likely to be experiencing problems with their ecstasy use and is likely to be dependent.

Table 8: Ecstasy Severity of Dependence Scale results, 2004

		2004 sample (n=71)
Use out of control (%)	Never/almost never	**76**
	Often – nearly always	**7**
Missing dose make anxious (%)	Never/almost never	**76**
	Often – nearly always	**4**
Worry about use (%)	Never/almost never	**55**
	Often – nearly always	**7**
Wish you could stop (%)	Never/almost never	**78**
	Often – nearly always	**6**
Difficulty stopping (%)	Not difficult	**75**
	Very difficult - impossible	**7**
Score	Mean (range)	**1.85 (0-15)**
(%) likely to	have problematic use*	**7**
	be dependent**	**11**

Source: Party Drugs Initiative REU interviews
*** obtaining a score of 4**
**** obtaining a score of 5 or more**

Very small proportions (4-7%, Table 8) of the sample responded with 'often-nearly always' to the SDS items. The mean ecstasy SDS score was 1.85, with one person obtaining the maximum score of 15. Almost one fifth (18%) of the sample returned a score indicative of problematic or dependent use.

Further analyses of ecstasy SDS scores are detailed in section 3.2.1 self reported symptoms of dependence.

4.3 Use of ecstasy in the general population

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

In 1998 5.9% of Territorians reported having ever used ecstasy in their lifetime and 3.1% reported use within the prior 12 months. In 2001 lifetime use was not reported, however recent use by Territorians had slightly decreased to 2.8% (AIHW, 2001,).

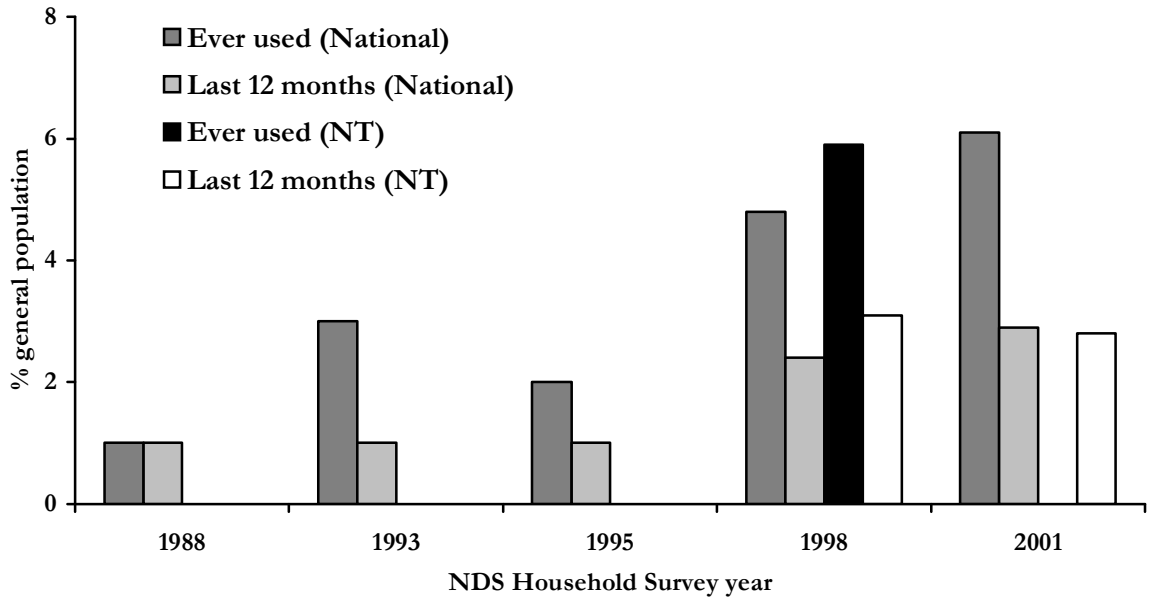
The 2001 NDSHS reported the lifetime and recent use across age groups as follows; 14-19 year olds 5% recent and 7% lifetime, 20-29 years 10% recent and 20% lifetime, and 30-39 years old 2% recent and 7% lifetime. Across all age groups, males (7.1%) were more likely to use ecstasy in their lifetime than females (5.1%), and use ecstasy more frequently. When using ecstasy, 90% of users would normally have one or two tablets and those aged 14-19 years used ecstasy more frequently. The average age for first using ecstasy was 21.9 years

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

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

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

Figure 1: Prevalence of ecstasy use in Australia, 1988-2001



Source: National Drug Strategy Household Survey 1988-2001

4.4 Price

All REU commented on the price of ecstasy, reporting a median current price of $50 per tablet (Table 9). The current and last ecstasy price both recorded a median of $50 and a range of $15-$80. However, only 16% of the sample reported that the current price of ecstasy was less than $50, whereas 44% reported that the last price they paid for ecstasy was less than $50. It appears that a fair proportion of REU believe they are getting their ecstasy cheap[4]. All REU reported that the ecstasy available in the preceding six months came in tablet form. All KE agreed that ecstasy mostly came in tablet form, varying in size, colour and patterns. However one said that capsules are reasonably common, people do crush tablets into powder and liquid is rare. Three said they had heard of liquid being used. Another KE said they see liquid when its around which isn't often.

The ACC reported the price of Phenethylamines in the NT in 03/04 to be $50 - $80 per tab when buying single tabs. However when buying in bulk the price was cheaper. For 25 - 100 tabs each tab cost $30 - $50, or if purchasing 100 - 1000 tabs each tab was priced at $18 - $50. All of these prices are within the range reported by REU and indicate that some of the sample may have been purchasing in bulk given some lower prices reported.

Two thirds of respondents (66%) reported that the price of ecstasy had been 'stable' in the six months prior to interview and a small proportion (9%) thought it had 'increased'. One KE reported the price for a single tablet as $50, two said $50-60, another said $50 but $40 if you know someone, one stated $45-$60, another quoted $50-$80 and another said $80-$100 per tab for a good brand. The cheapest quoted was $30-$70 and $35-$50. Six commented that the price of ecstasy was 'stable', three said it had 'increased' and one said it was 'decreasing'. The remaining KE didn't know about the change in price over the previous six months.

Table 9: Current and last price of ecstasy purchased by REU and price variations, 2003-2004

	2003sample (n=104)	**2004 sample (n=71)**
Median price ecstasy tablet (range)	(n=42) 50 (20-80)	**(n=71) 50 (15-80)**
Median last price ecstasy tablet (range)	- -	**(n=71) 50 (15-80)**
Price change(% of REU)		
Increased	15	**9**
Stable	58	**66**
Decreased	3	**6**
Fluctuated	18	**20**
Don't know	6	**-**

Source: Party Drugs Initiative REU interviews

[4] Cheap ecstasy refers to those who reported that the last price they paid for ecstasy is less than the median current price ($50).

REU payed for their ecstasy in a variety of ways over the six months prior to interview, the most common methods were paid employment (73%, Table 10), receiving it as a gift from a friend partner (64%), government benefits (25%), and by borrowing money from friends (24%,). Two people reported paying for their ecstasy using 'other' methods, these included 'maintenance' and 'swapping different drugs'. One KE commented that the price had dropped because there are more dealers around now and it is easier to get and that some dealers even give away the first tab so buyers can try it.

Table 10: REU methods of paying for ecstasy in the preceding 6 months, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Methods of paying for ecstasy (%)		
Gift from friend/partner	79	**64**
Government benefits	62	**25**
Paid employment	55	**73**
Borrowing money from friends	49	**24**
Credit from a dealer	48	**20**
Bartering drugs or goods	32	**16**
Pawning	31	**14**
Dealing drugs	29	**-**
for ecstasy profit	-	**20**
for cash profit	-	**13**
Property crime	12	**4**
Money from parents	12	**21**
Study allowance	10	**-**
Fraud	9	**0**
Sex work	5	**6**

Source: Party Drugs Initiative REU interviews

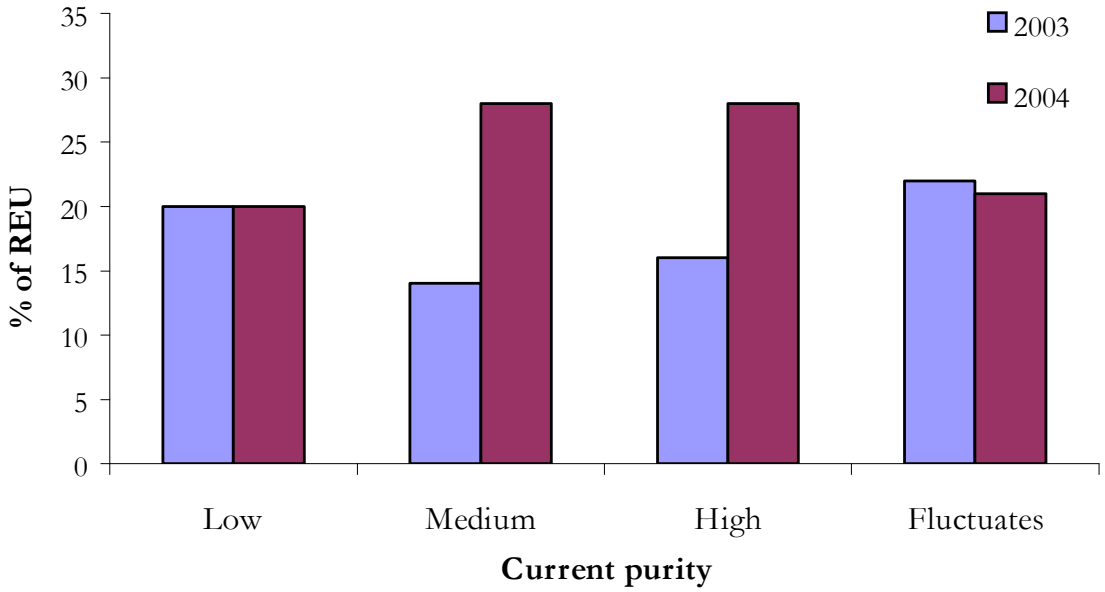
4.5 Purity

There was little consistency in users' estimates of the current purity of ecstasy, with a majority of REU participants rating the purity of ecstasy at the time of interview as 'medium' or 'high' (both 28%, Figure 2). Most REU reported that in the six months prior to interview, ecstasy purity had been 'fluctuating' (39%, Figure 3). The proportion who reported that they 'didn't know' about the current or change in purity are not shown in the figures 2 and 3.

Five KE did not know the current purity of ecstasy, three said that it 'fluctuates' and one each reported it as 'medium' and 'high'. When asked to comment on the purity change over the previous six months five KE said they didn't know, three said it had been 'fluctuating', two said it had remained 'stable and one said it had 'decreased'. Another KE commented that ecstasy is becoming more 'cut' because they need to make more money

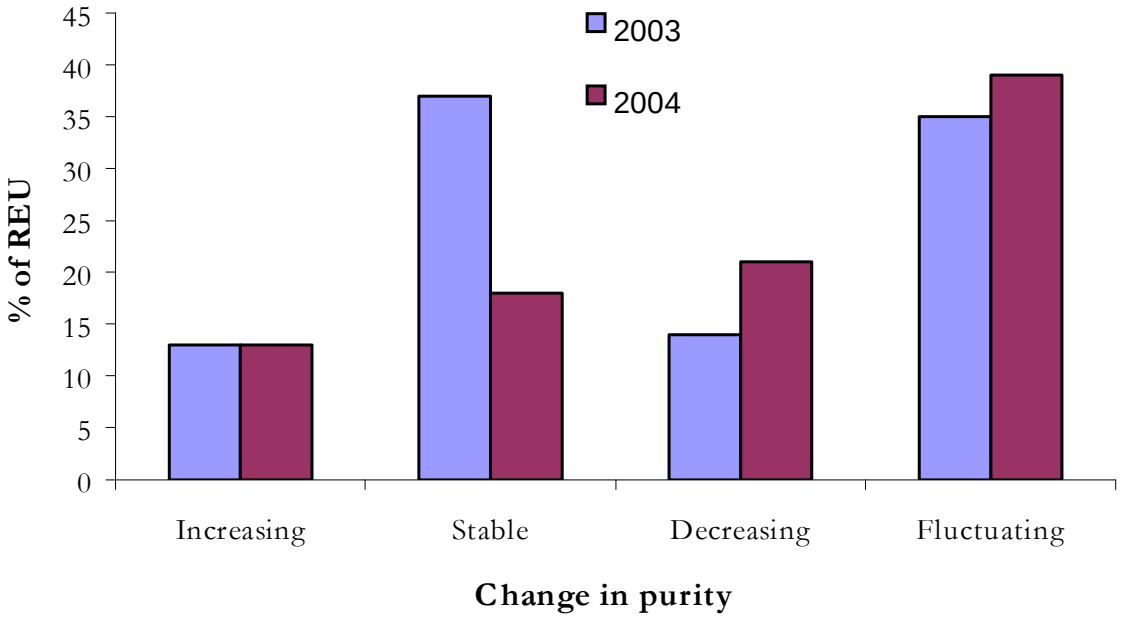
and there is more competition. Another KE stated that the KE they were in contact with had informed that ecstasy is more 'speed based' now.

Figure 2: REU reports of current purity of ecstasy, 2003-2004



Source: Party Drugs Initiative REU interviews

Figure 3: REU reports of recent change in ecstasy purity, 2003-2004



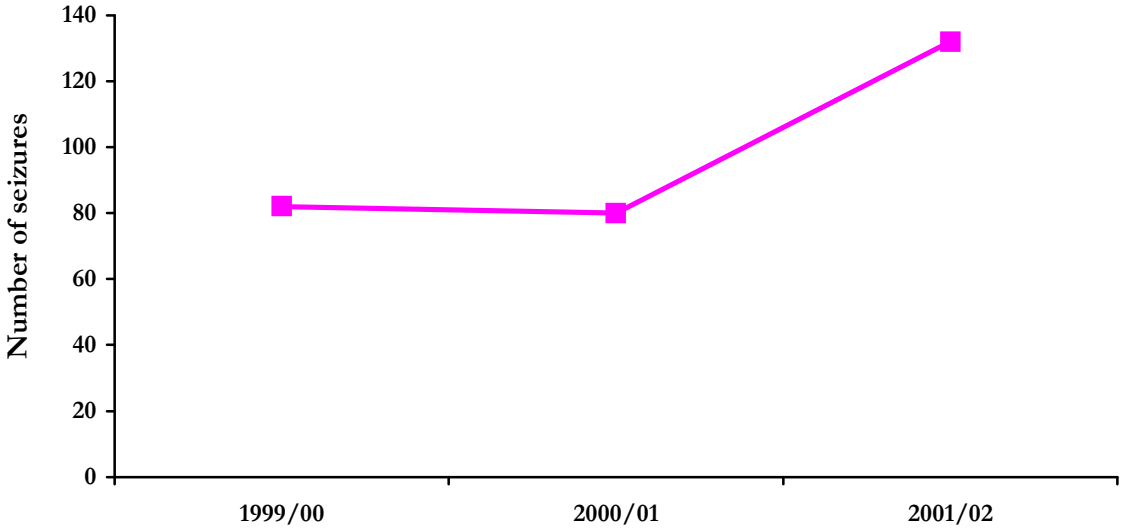
Source: Party Drugs Initiative REU interviews

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

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

Data provided by the ACC indicate the number of Australian Federal Police (AFP) seizures of phenethylamines in the financial year 2001-02 increased (Figure 4). No NT purity figures from forensic agencies were available, as purity data was not analysed in the NT in 2004. No seizures of phenethylamines were analysed in the NT.

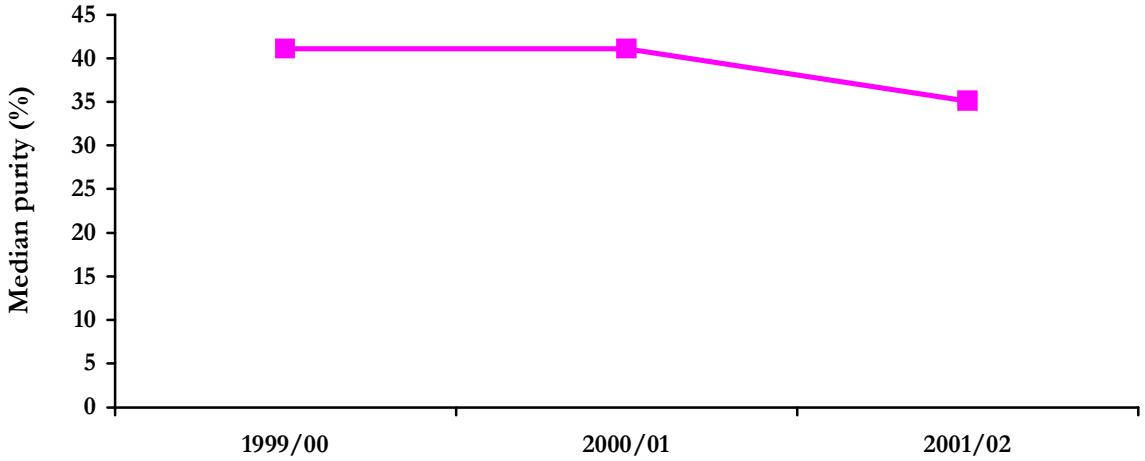
Figure 4: Number of phenethylamines* seizures in Australia by the Australian Federal Police 1999- 2002



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

The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity. Figure 5 displays the median purity of seizures of phenethylamine analysed by the Australian Federal Police during the financial years between 1999 and 2002. In the two financial years between 1999 and 2001 the median purity remained consistent at 41%, whereas there was a steep drop to 35% purity in the 2001/2002 financial year.

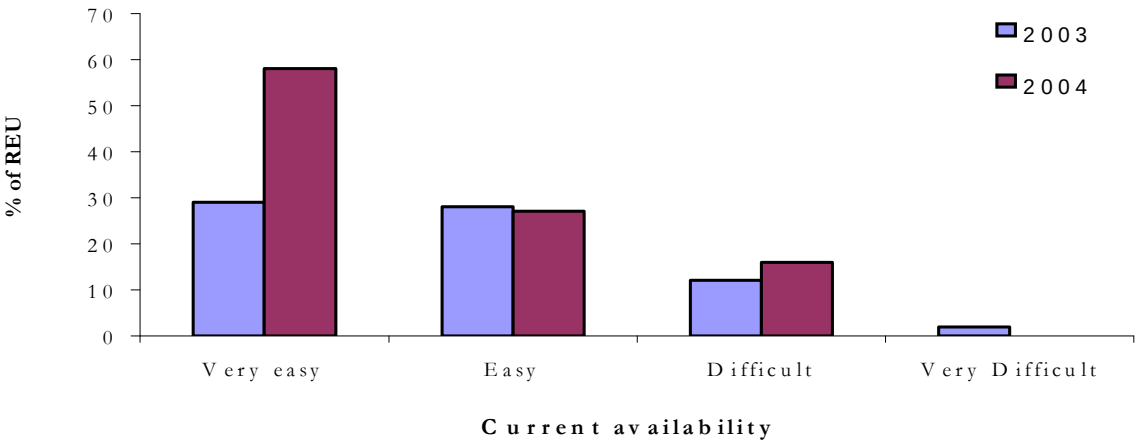
Figure 5: Median purity of phenethylamines* seizures in Australia by the Australian Federal Police 1999-2002.



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

4.6 Availability

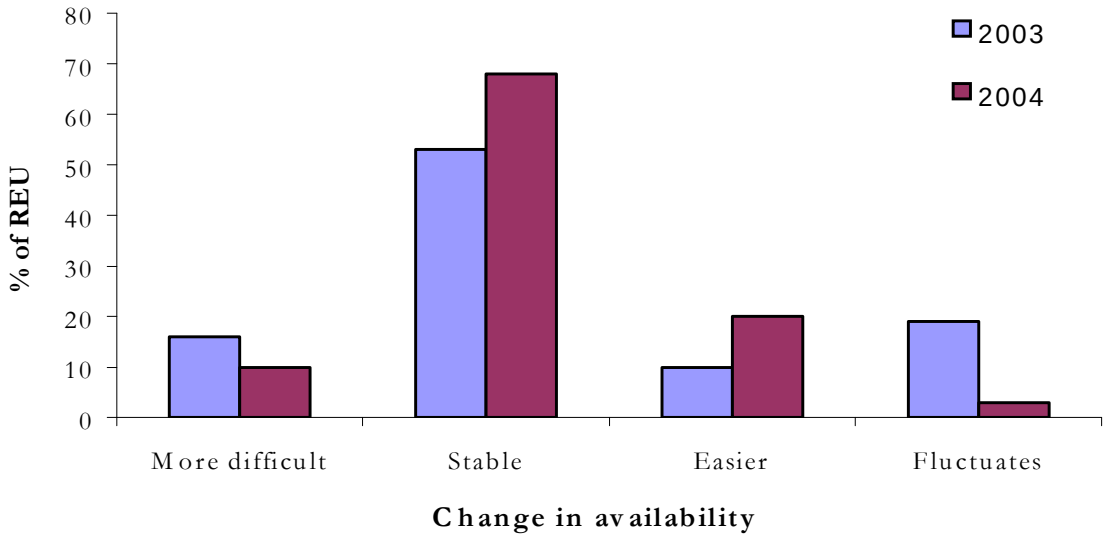
Figure 6: REU reports of current availability of ecstasy, 2003-2004



Source: Party Drugs Initiative REU interviews

All participants were able to comment on the availability of ecstasy. Most REU's rated ecstasy as 'easy' (27%, Figure 6) or 'very easy' (58%) to obtain. The proportion of REU who found it 'very easy' to get ecstasy has doubled since last year. Over two thirds also reported that availability had remained 'stable' in the six months prior to interview (68%, Figure 7), while 10% reported that it had become 'more difficult'.

Figure 7: REU reports of change in ecstasy availability in the preceding 6 months, 2003-2004



Source: Party Drugs Initiative REU interviews

KE reports on the availability of ecstasy were similar to the sample responses; four said it was 'easy', and one said it was 'easy, depending on what night it is'. The remaining six all stated that ecstasy is 'very easy' to obtain. KE reports on the availability change over the past six months included: two 'did not know', one thought it had remained 'stable', three said it 'fluctuated' and five said it had become 'easier' to obtain.

This year friends (73%) remained the most common source for scoring ecstasy over the six months prior to interview (Table 11) Dealers (52%) decreased in popularity while more REU sourced their ecstasy from acquaintances (39%), work colleges (16%) and unknown people (26%). Consistent with this pattern, high proportions scored from opportunistic/party locations, such as nightclubs (51%), raves/doofs/dance parties (31%), and pubs (27%). Other common score locations, where REU are more likely to known the supplier, included own home (38%), friends home (49%), dealers home (30%), and agreed public location (35%).

All KE stated that there were no changes in the people selling ecstasy, but some comments about the type of people selling included: 'bikies, gay and young straight men usually sell, all different ethnicities and sell from clubs or dealers home'; 'the demographics of seller vary and they are very tight knit, very few dealers are non-users'; 'the dealers are becoming more known and dealers have more errand boys running around for them, they are mostly 'white' and sell in clubs'; 'the in-between person who usually sells tend to be army guys, chef's, DJ's, all male and Caucasian with some Greek, early to mid 20's'; and 'sellers are mostly Caucasian and Asian and sell in nightclubs, bars and cars and dealers are middle aged, mostly males and white and sell at a house'.

Table 11: REU reports of source and location for scoring ecstasy in the preceding 6 months, 2003-2004

Ecstasy	2003 sample (n= 104)	**2004 sample (n= 71)**
Persons Score from (%)		
Used not scored	DNC	**6**
Friends	78	**73**
Dealers	76	**52**
Acquaintances	26	**39**
Work colleagues	8	**16**
Unknown people	14	**26**
Locations scored from (%)		
Used not scored	DNC	**1**
Friends' home	62	**49**
Nightclub	23	**51**
Dealer's home	36	**30**
At own home	28	**38**
Rave/doof/dance parties	14	**31**
Pub	16	**27**
Agreed public location	-	**35**
Street	16	**9**

Source: Party Drugs Initiative REU interviews

Ecstasy had been scored from a median of three people in the preceding six months and 6% of REU had obtained their ecstasy form more than 10 people (Table 12). Ninety percent (90%) reported being able to obtain other drugs from their main ecstasy dealer (refers to the person they had most often purchased ecstasy from in last six months). Other drugs commonly obtained from the ecstasy main dealer included speed (78%), cannabis (78%), with high proportions also offering LSD (41%), base (38%), crystal (30%), and cocaine (27%). REU reported that some 'other' drugs were available from their main dealer, these included morphine, dexamphetamines and prescription medications such as Panadeine forte.

Four KE were about to comment on the manufacture/importation of ecstasy. One stated that there had been no changes recently but that the most recent shipment into Darwin go wet so they were going to be turned into capsules. Over the last two years there have been no more than ten 'labs' in Darwin, but police have only found five. However most ecstasy is imported. This is what another KE confirmed 'most comes from overseas'.

A different KE said that the 'Hells Angels and business men bring it up from down south or some 'normal' people drive it up when they have been down south on holidays'. It is safer to bring it up from down south, although some is imported from overseas. Importing is easier for someone who has an established business because they don't get

checked as thoroughly by customs. The last KE advised that most ecstasy comes from NSW and that importers are getting 'more sophisticated, wary and scared'.

Table 12: Number of dealers and drugs available from REUs dealers, 2004

	2004 sample (n=71)
Number of people purchased ecstasy from (%)	
1	**7**
2-4	**69**
5-10	**19**
More than 10	**6**
Have a main dealer (%)	**97**
Other drugs available from main dealer (%)	**90**
If yes, which other drugs available	**(n=63)**
Speed	**78**
Cannabis	**78**
LSD	**41**
Base	**38**
Crystal	**30**
Cocaine	**27**
MDA	**19**
Ketamine	**16**
GHB	**11**
Other	**11**
Heroin	**8**

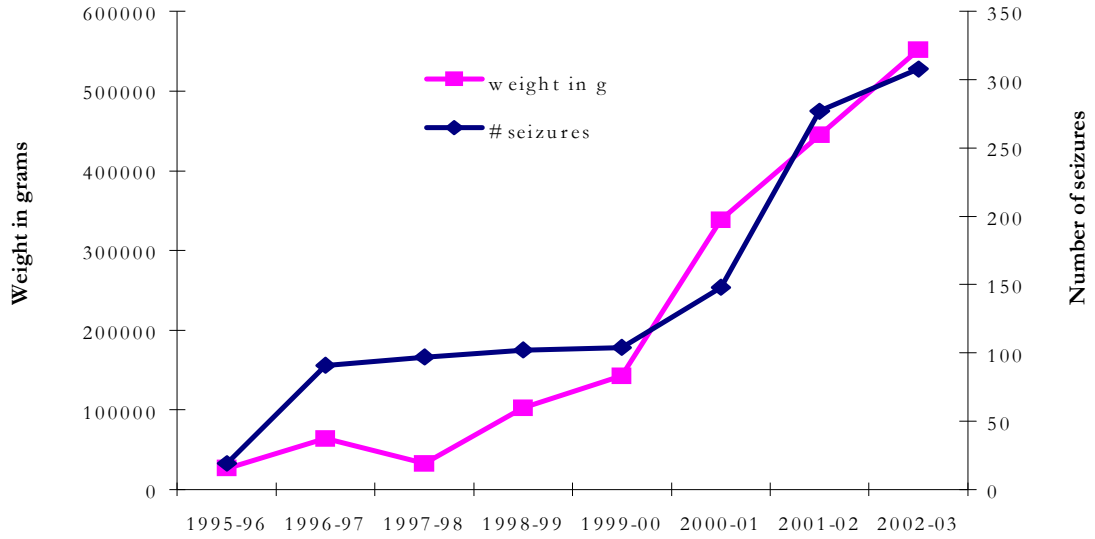
Source: Party Drugs Initiative REU interviews

4.7 Ecstasy related harms

4.7.1 Law enforcement

Figure 8 displays the data from the Australian Customs Service and highlights a steep increase from 99/00 to 02/03 in the number of seizures and the weight. The weight refers to the weight of the seizure and not the weight of the active ingredient MDMA.

Figure 8: Number and weight in kilograms of detections of MDMA at the Australian Border, 1995-1996 to 2002-03

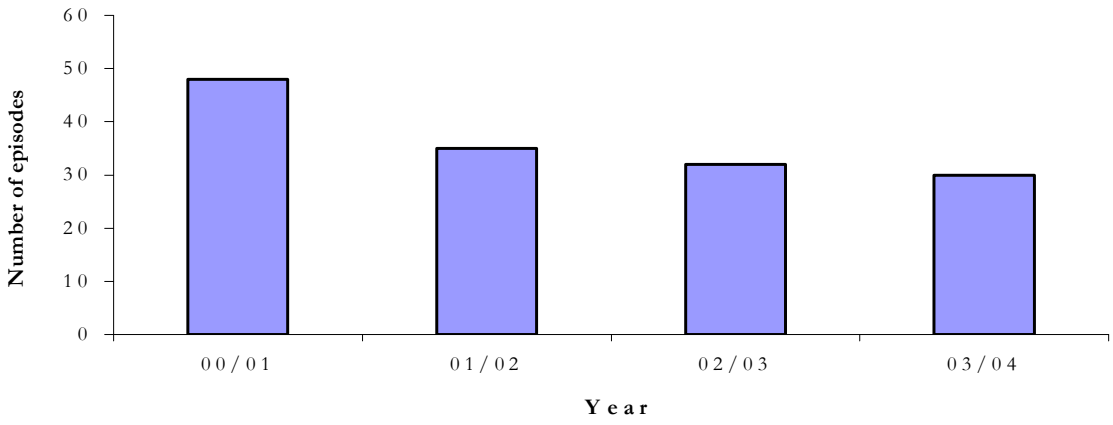


Source: Australian Customs Service

4.7.2 Health related harms

Figure 9 displays the number of episodes of treatment in all Northern Territory alcohol and other drug treatment services where ecstasy was mentioned as either the principal or other drug of concern.

Figure 9: Number of episodes of treatment in Northern Territory alcohol and other drug treatment services with ecstasy as the principal or other drug of concern, financial years 00/01 – 03/04.



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

The numbers of people presenting to treatment in each financial year are low and declining, 48 in 00/01, 35 in 01/02 and 32 in 02/03. REU's may not identify their ecstasy use as a drug problem or not many people in the NT use ecstasy.

Twenty-six percent (26%) of the 2003 REU sample stated that during the previous 12 months they wanted or tried to stop or cut down their ecstasy use but were unable to do so. In 2004, 45% worried out their ecstasy use in the last 12 months 'sometimes to always', 22% 'sometimes to always' wished they could stop using ecstasy, and 25% reported they would find it 'quite difficult to impossible' to cease using ecstasy.

4.7.2 Drug and alcohol information services

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, and has only received 1 calls regarding ecstasy up to June 2003. In the 03/04 financial year ADIS received 3 calls that were ecstasy related. However it is noted that More than one drug may be recorded per call and the drug involved is not always available so may not show in the data.

4.8 Benefit and risk perception

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

4.8.1 Perceived benefits

Respondents were asked to identify any three benefits they perceived to be related to their ecstasy use. A range of benefits were reported as shown in Table 13. Eight percent (8%) of Regular Ecstasy Users believed there were no benefits associated with taking ecstasy. The most common benefits reported by the sample were enhanced mood (35%), fun (30%) and the high/buzz/rush (27%).

Results from 2003 were slightly different due to different categories. Over half of the respondents attributed social enhancement (59%) and enhancement of their mood/feelings (53%) to their ecstasy use. Over a quarter (27%) believed that their experience of increased energy, motivation and alertness whilst taking ecstasy was a benefit. None of the respondents believed that availability/accessibility, price and enhancement of other drugs was a benefit from taking ecstasy, and no one believed that there were no benefits from taking ecstasy.

Table 13: REU's perceived benefits of ecstasy use, 2004

	2004 sample (n=71)
Any benefits (%)	**92**
Benefits (%)	
Enhanced mood	**35**
Fun	**30**
The high/buzz/rush	**27**
Enhanced communication/talkativeness/more social	**25**
Increased energy/stay awake	**23**
Enhanced appreciation music/dance	**21**
Relax/escape	**21**
Enhanced closeness/bonding/empathy	**18**
Increase confidence/decreased inhibitions	**14**
Enhanced sexual experience	**11**
Different effect to alcohol	**10**
Drug effects	**6**
Feeling in control/focussed	**4**
Cheap	3

Source: Party Drugs Initiative REU interviews

4.8.2 Perceived risks

Respondents were asked to identify any three risks they perceived to be related to their ecstasy use. A range of risks were reported as shown in Table 14. Eleven percent (11%) of Regular Ecstasy Users believed there were no risks associated with taking ecstasy. The most commonly reported risk was unknown drug contaminants/cutting agents (24%), followed by depression, non-fatal overdose, and fatal overdose (all 18%).

Other risks, not included in Table 14 but were reported by 1% of REU, included psychosis, anxiety/panic, accidents, taking more drug than intended, aggression/violent behaviour, and employment problems. If a participant nominated 'other harm' they were asked to specify, these answers included: mixing with other drug, bad comedown and not coming down.

In 2003, 78% of respondents believed there were some risks involved with taking ecstasy and 3% did not know whether there were any risks. Forty four percent (44%) believed there were physical risks with taking ecstasy, 23% believed there was a risk of overdosing or not knowing how to use ecstasy properly and 19% stated there was a risk with not knowing the quality and composition of the drugs they were receiving.

Table 14: REU's perceived risks of ecstasy use, 2004

	2004 sample (n=71)
Any risk (%)	**89**
Risks (%)	
Unknown drug contaminants/cutting agents	**24**
Depression	**18**
Non fatal overdose	**18**
Fatal overdose	**18**
Damage to brain function	**15**
General acute physical problems	**11**
Dehydration	**11**
Long term physical problems	**11**
Addiction/dependence	**10**
Body temperature regulation	**10**
Other physical harm	**10**
Legal/police problems	**10**
Unknown drug strength/purity	**8**
Impaired decision making/risk taking	**8**
Memory impairment	**7**
Paranoia	**6**
Lack of motivation	**6**
Over hydration	**6**
Other harm related to illicit status	**6**
Financial problems	**6**
Unknown long term harm	**4**
Cognitive impairment	**3**
Other psychological harm	**3**
Increased vulnerability	**3**
Sex risk	**3**
Other harm (general)	**3**

Source: Party Drugs Initiative REU interviews

4.9 Summary of ecstasy trends

- On average, the sample of regular ecstasy users started to use ecstasy at 19 years (compared to 24 years in 2003), and began using it regularly when they were 20 years (compared to 27 years in 2003).
- Patterns of ecstasy use varied over the two years. In 2004 the proportion using ecstasy weekly or more increased (39% vs 19%), usual (1 vs 2) and heavy (2 vs 3) quantities increased, and bingeing with ecstasy decreased.
- A higher proportion reported that ecstasy was their favourite drug in 2004.
- In both years most of the sample used other drugs with ecstasy but use of other drugs whilst coming down from ecstasy reduced from 84% in 2003 to 58% in 2004.
- In both years most of the sample recently swallowed ecstasy and in 2004 the proportion that had recently injected it decreased.
- Ecstasy was most commonly purchased in tablet form for $50 and this price was 'stable' in the six months preceding interview in both years.
- In 2004 most users said that the current purity of ecstasy was 'medium' or 'high' and that this had been 'fluctuating' over the past six months, in 2003 the purity was 'medium' and 'stable'.
- Most users reported the availability of ecstasy as 'very easy' and that this had been 'stable' over the past six months in both years.
- A majority of users said they scored ecstasy from a friend in both years, but in 2003 it was mostly scored at a friends home and in 2004 in was mostly scored at a nightclub.
- In 2004 most regular ecstasy users reported that they usually and had last used ecstasy at a nightclub, in 2004 they usually and last used at home.
- In 2004 almost one fifth (18%) of the sample obtained a SDS score indicative of problematic or dependent use.
- In 2004 the most common perceived benefits associated with ecstasy use were 'enhancement of mood' and 'fun', and on 2003 it was 'social enhancement' and 'enhancement of mood/feeling'.
- The most common perceived risk with ecstasy use was the 'unknown drug contaminants or cutting agents' in the tab and in 2003 it was risks to 'ones physical health'

5.0 METHAMPHETAMINE

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

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

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

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

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

Crystal, which is also known as ice, shabu, or crystal meth, has a crystal or course powder consistency and ranges in colour from translucent to white, sometimes with a green, blue or pink tinge. While the other forms of methamphetamines are manufactured in Australia, crystal is made in Asia and imported into Australia (White, Breen & Degenhardt, 2003).

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine Powder (Speed)

Eighty-three percent (83%) of the 2004 sample had used speed in their lifetime, which was a slight decrease from the previous year (Table 15). The mean age first used also slightly decrease to 18 years with a younger starting age of 9 years. Three quarters 72% of REU had used speed in the prior six months and they were using at a median frequency of once a month (compared to once a fortnight last year), with no daily users.

REU reported typically using a median of half a gram of speed in a usual session (but up to 4 grams) and 1 gram in a heavy session (but up to 5 grams). Over a quarter (27%) of the recent users noted that they would usually use more than the median typical quantity and exactly a quarter would use speed weekly or more. Just over half (53%) stated that they had included speed in a recent binge.

Table 15: Patterns of speed use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	89	**83**
Mean aged first used (range)	20 (11-43)	**18 (9-28)**
Used last 6 months (%)	81	**72**
(Of recent users)	(n=84)	**(n=51)**
Median days used last 6 months (range)	12 (1-180)	**6 (1-165)**
Use weekly or more (%)	25	**25**
Median quantities used	(grams)	(grams)
Typical (range)	1 (0.1-3)	**0.5 (0.2-4)**
Heavy (range)	2 (0.1-14)	**1 (0.25-5)**
Usually use more than 'typical' amount (%)	30	**27**
Recently binged with (%)	56	**53**

Source: Party Drugs Initiative REU interviews

Speed injection among the REU sample halved in the current year, from 64% in 2003 to 32% in 2004 (Table 16). The average age for first injecting speed was 18 years, but this year the most common recent route of administration was swallowing (78%) and snorting (75%), followed by smoking (20%) with injecting last at 14%.

Table 16: Route of administration of speed by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	64	**32**
Age first injected (mean)	21 (11-45)	**18 (14-33)**
(Of recent users)	(n=84)	**(n=51)**
Route of administration last 6 months (%)		
Injected	66	**14**
Swallowed	38	**78**
Snorted	43	**75**
Smoked	13	**20**
Shelve/shaft	DNC	**0**

Source: Party Drugs Initiative REU interviews

KE reports of speed use amongst REU were varied between three users and 90% of REU. Three said it was mainly snorted, three said it was mostly injected and the remainder said it was injects, snorted and swallowed. When asked about the frequency of speed use KEs reports ranged from chronic daily users to weekly use to special occasion use. Depending on the quality (pure or cut) most KE that commented on quantity agreed that REUs would use between 0.5grams and 5grams of speed.

Forty-seven REU were able to comment regarding their usual and last speed use venue. The most common usual use venues included nightclubs (68%), home (47%), friend's home and private parties (both 36%), raves/doofs/dance parties and public place/outdoors (both 23%, Table 17). A high proportion reported usually using it at work (17%) and in a vehicle as a driver (9%). The most common last use venues were nightclubs (32%), home (28%) and friends home (15%), with 2% last using speed at work.

Table 17: Usual and last speed use venue by REU, 2003-2004

	Speed			
	2003		**2004**	
	Usual	Last	**Usual**	**Last**
Use venue (% of commented)	(n=77)	(n=84)	**(n=47)**	**(n=47)**
Haven't used	-	-	**4**	**-**
Home	63	44	**47**	**28**
Dealers home	9	1	**9**	**2**
Friends home	50	24	**36**	**15**
Raves/doofs/dance parties	14	1	**23**	**4**
Nightclubs	30	10	**68**	**32**
Pubs	37	4	**21**	**6**
Private parties	34	10	**36**	**9**
Restaurant/cafes	0	1	**9**	**-**
Public place/outdoors	7	2	**23**	**2**
Vehicle passenger	2	1	**6**	**-**
Vehicle driver	-	-	**9**	**-**
work	-	-	**17**	**2**
Other	4	2	**4**	**-**

Source: Party Drugs Initiative REU interviews **other = markets, swimming, hotel**

5.1.2 Methamphetamine Base

This year higher proportions of REU had ever used base (47% vs 59%, Table 18), and at a slightly younger average age (23 years vs 20 years). Just under half (45%) of the 2004 sample were recent base users, using for a median of 3 days in the past six months. In 2004 base frequency of use increased as there were daily base users included in the sample and exactly a quarter would use base weekly or more.

Table 18: Patterns of base use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	47	**59**
Mean aged first used (range)	23 (13-45)	**20 (14-35)**
Used last 6 months (%)	32	**45**
(Of recent users)	(n=33)	**(n=32)**
Median days used last 6 months (range)	4 (1-120)	**3 (1-180)**
Use weekly or more (%)	15	**25**
Median quantities used	(points)	**(points)**
Typical (range)	1 (0.5-10)	**1 (0.1-2.5)**
Heavy (range)	2.5 (1-10)	**1 (0.1-10)**
Usually use more than 'typical' amount (%)	48	**16**
Recently binged with (%)	27	**22**

Source: Party Drugs Initiative REU interviews

REU reported typically using a median of 1 gram of base in a usual session (but up to 2.5 grams) and 1 gram in a heavy session (but up to 10 grams). Sixteen percent of the recent users noted that they would usually use more than the median typical quantity. Just under a quarter (22%) stated that they had included base in a recent binge.

Table 19: Route of administration of base by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected	37	**24**
Age first injected (mean)	24	**21 (14-35)**
(**Of recent users)**	(n=33)	**(n=32)**
Route of administration last 6 months (%)		
Injected	73	**22**
Swallowed	42	**94**
Snorted	12	**34**
Smoked	3	**9**
Shelve/shaft	DNC	**0**

Source: Party Drugs Initiative REU interviews

In the present year, higher proportions of REU had ever and recently used base, but much lower proportions had ever injected it (37% vs. 24%, Table 19) and injected it recently (73% vs 22%). The mean age for first injecting base slightly decreased to 21 years and the most common route of administration in the previous six months was swallowing (94%), followed by snorting (34%), and only 9% for smoking.

Five KE stated that REU that they had contact with did not use base. Two said that between 5% and 10% of REU would use base, two said they knew of 10 users and one knew of 40 users. Conversely one stated that a high proportion of REU also used base. Most agreed that users would swallow or snort base, one said people smoked it and two agreed that some injected it. All said that most users were social/special occasion users, but two identified that were some daily users who were 'junkies'. Three KE commented on the quantity used stating three points, one gram, and one gram would last two days.

Twenty-five REU were able to comment regarding their usual and last base use venue (Table 20).

Table 20: Usual and last base use venue by REU, 2003-2004

	Base			
	2003 sample		**2004 sample**	
	Usual	Last	**Usual**	**Last**
Use venue (% of commented)	(n=32)	(n=32)	**(n=25)**	**(n=25)**
Haven't used	-	-	**-**	**-**
Home	65	50	**52**	**36**
Dealers home	13	6	**12**	**-**
Friends home	53	28	**52**	**20**
Raves/doofs/dance parties	0	0	**20**	**4**
Nightclubs	33	6	**60**	**20**
Pubs	38	0	**40**	**-**
Private parties	23	3	**40**	**12**
Restaurant/cafes	0	0	**4**	**-**
Public place/ outdoors	10	0	**16**	**4**
Vehicle passenger	7	0	**16**	**-**
Vehicle driver	-	-	**4**	**-**
Work		-	**8**	**4**
Other	4	2	**8**	**-**

Source: Party Drugs Initiative REU interviews **Other = casino, casuarina**

The most common usual use venues included nightclubs (60%), home and friend's home (both 52%), and private parties and pubs (both 20%). A substantial proportion reported usually using it at work (8%), in a vehicle as a passenger (16%) and as a driver (4%). The most common last use venues were home (36%), friend's home and nightclub (both 20%), with 4% last using base at work.

5.1.3 Crystal Methamphetamine

Fifty-eight percent (58%) of REU reported having ever used crystal (Table 21), with the mean age for first use declining to 20 years. Thirty-five percent (35%) of the sample reported having recently used crystal for a median of 3 days, with 12% stating they use it weekly or more.

REUs reported typically using a median of 1 gram of crystal in a usual session (but up to 4 grams) and 2 grams in a heavy session (but up to 5 grams). Twenty-eight percent (28%) of the recent users noted that they would usually use more than the median typical quantity. One fifth (20%) stated that they had included crystal in a recent binge.

Table 21: Patterns of crystal use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	55	**58**
Mean aged first used (range)	26 (13-46)	**20 (15-38)**
Used last 6 months (%)	40	**35**
(Of recent users)	(n=42)	**(n=25)**
Median days used last 6 months (range)	5 (1-90)	**3 (1-60)**
Use weekly or more (%)	7	**12**
Median quantities used	(points)	**(points)**
Typical (range)	1 (0.5-10)	**1 (0.5-4)**
Heavy (range)	2 (0.5-10)	**2 (0.5-5)**
Usually use more than 'typical' amount (%)	26	**28**
Recently binged with (%)	40	**20**

Source: Party Drugs Initiative REU interviews

This year, as with speed and base, much lower proportions had ever injected crystal (34% vs 24%, Table 22) and the mean age for first injecting crystal slightly decreased to 22 years. This year the recent route of administration patterns were the reverse of the previous year for injecting (60% in 2003 vs 24% in 2004) and swallowing (33% in 2003 vs 64% in 2004) and the rate of snorting doubled to 28%. The proportion reporting smoking remained the same at 32%.

All KE reported that very small proportions (1 user to under 10%) of REU would also use crystal, but one said they knew of ten users. One said it was snorted, one stated it was swallowed, another said swallowed and smoked and one said it was injected. Remarks about the frequency of use varied from vary rare to 'party drug' to daily. No KE could comment on the quantity of crystal used.

Table 22: Route of administration of crystal by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected	34	**24**
Age first injected (mean)	26 (13-44)	**22 (16-37)**
(Of recent users)	(n=42)	**(n=25)**
Route of administration last 6 months (%)		
Injected	60	**24**
Swallowed	33	**64**
Snorted	14	**28**
Smoked	33	**32**
Shelve/shaft	DNC	**0**

Source: Party Drugs Initiative REU interviews

Twenty-three REU were able to comment regarding their usual and last crystal use venue. The most common usual use venues included nightclubs (52%), pubs (43%) home and friend's home (both 30%), and private parties (26%, Table 23). Considerable proportions reported usually using it at work (4%) and in a vehicle as a passenger (4%) and as a driver (8%). The most common last use venues were home (39%), private parties and nightclubs (both 17%), however, unlike the other forms of methamphetamines, no one reported having last used crystal at work.

Table 23: Usual and last crystal use venue by REU, 2003-2004

	Crystal			
	2003 sample		**2004 sample**	
	Usual	Last	**Usual**	**Last**
Use venue (% of commented)	(n=36)	(n=35)	**(n=23)**	**(n=23)**
Haven't used	-	-	**8**	**4**
Home	58	49	**30**	**39**
Dealers home	11	3	**8**	**-**
Friends home	50	20	**30**	**9**
Raves/doofs/dance parties	9	3	**13**	**4**
Nightclubs	17	3	**52**	**17**
Pubs	22	9	**43**	**-**
Private parties	17	3	**26**	**17**
Restaurant/cafes	-	-	**4**	**-**
Public place/outdoors	9	6	**17**	**4**
Vehicle passenger	3	-	**4**	**-**
Vehicle driver	-	-	**8**	**-**
Work	-	-	**4**	**-**
Other	2	2	**9**	**-**

Source: Party Drugs Initiative REU interviews **Other = casuarina and casino**

5.1.4 Pharmaceutical Stimulants

No data regarding pharmaceutical stimulant use was collected in the 2003 survey. This year 41% of the sample reported having ever used a pharmaceutical stimulant (Table 24) starting at mean of 18 years, however some started as young as 7 years (possibly prescribed as Ritalin and dexamphetamines). Fourteen percent (14%) of the sample reported having recently used pharmaceutical stimulants for a median of 2.5 days, with 10% stating they currently use it weekly or more.

REUs reported typically using a median of 10 pharmaceutical stimulant tablets in a usual session (but up to 50 tablets) and 12 tablets in a heavy session (but up to 70 tablets). Twenty percent (20%) of the recent users noted that they would usually use more than the median typical quantity. Data was not collected on pharmaceutical stimulant bingeing.

Table 24: Patterns of pharmaceutical stimulant use of REU, 2004

	2004 sample (n=71)
Ever used (%)	**41**
Mean aged first used (range)	**18 (7-30)**
Used last 6 months (%)	**14**
(Of recent users)	**(n=10)**
Median days used last 6 months (range)	**2.5(1-70)**
Use weekly or more (%)	**10**
Median quantities used (tabs)	
Typical (range)	**10 (1-50)**
Heavy (range)	**12 (1-70)**
Usually use more than 'typical' amount (%)	**20**
Recently binged with (%)	**DNC**

Source: Party Drugs Initiative REU interviews

Only 7% of the sample recorded ever having injected a pharmaceutical stimulant at a mean age of 22 years (Table 25). The most common route of recent administration was swallowing (90%), followed by snorting (40%), injecting (20%), and smoking (10%).

Table 25: Route of administration of pharmaceutical stimulant by REU, 2003-2004

	2004 sample (n=71)
Ever injected	**7**
Age first injected (mean)	**22 (15-30)**
(**Of recent users)**	**(n=10)**
Route of administration last 6 months (%)	
Injected	**20**
Swallowed	**90**
Snorted	**40**
Smoked	**10**
Shelve/shaft	**0**

Source: Party Drugs Initiative REU interviews

No data was collected in the 2004 survey regarding pharmaceutical stimulant usual and last use venues.

5.2 Methamphetamine SDS

In 2004 the Methamphetamine Severity of Dependence Scale (SDS) was added to the user component of the survey. Results from Topp & Mattick (1997) suggest that the Methamphetamine SDS has high diagnostic utility with a score of greater than four being indicative of problematic use where the individuals pattern of amphetamine use and likely consequent harm require further assessment. A score of 5 or more highlights an individual that is likely to be experiencing problems with their amphetamine use and is likely to be amphetamine dependent.

Participants were then asked to nominate which methamphetamine they were attributing their answers to. Those who nominated 'no specific methamphetamine' tended to use base (mean of 35 days, median of 10 days, 1.37 points average quantity) more then speed or crystal. Those who nominated 'speed' tended to use speed (mean of 8.7days, median of 6 days, average 0.64grams) more than base or crystal. Those who nominated 'base' tended to use speed (mean of 39 days, median of 32.5 days, average of 1.75 grams) more than base or crystal. And lastly, those who nominated 'crystal' tended to use more base (mean of 33.5days, median of 3 days, average 1.2points) than speed or crystal. This indicates that people may be attributing their answers to the methamphetamine that causes them the most problems rather than the particular type they use the most.

Seventy-seven percent (77%) of the sample had used some form of methamphetamine in the prior six months. Of these recent users 4% obtained a score of 4 on the Methamphetamine SDS indicating problematic use and 13% obtained a score of 5 or more indicating that they were likely to be dependent (Table 26).

Seven percent (7%) of those that attributed their answers to 'no specific methamphetamine' fell into the problematic use category and 28% were likely to be dependent. Four percent (4%) of REU who attributed their answers to 'speed' were likely to have problematic use, and the same proportions were likely to be dependent. Interestingly, none of the people who ascribed their SDS answers to 'base' received a score that would indicate they had problematic or dependent use. Although none of the participants attributing their answers to 'crystal' were likely to have problematic use, almost a quarter were likely to be dependent (22%).

Table 26: Methamphetamine Severity of Dependence Scale results of REU, 2004

		Total (% of recent meth users (n=55)	No specific meth (n=14)	Speed (n=23)	Base (n=9)	Crystal (n=9)
Use out of control	Never/almost never	73	50	87	67	78
	Often – nearly always	11	29	0	0	22
Miss dose make anxious	Never/almost never	78	64	96	67	67
	Often – nearly always	11	29	0	0	22
Worry about use	Never/almost never	58	50	65	44	67
	Often – nearly always	16	29	9	11	22
Wish you could stop	Never/almost never	75	50	78	100	78
	Often – nearly always	13	21	9	0	22
Difficulty stopping	Not difficult	87	71	91	100	89
	Very difficult - impossible	7	21	0	0	11
Score	Median (range)	0 (0-15)	1.5 (0-15)	0 (0-8)	2 (0-3)	0 (0-10)
	Problematic use*	4	7	4	0	0
	Likely to be dependent**	13	28	4	0	22

Source: Party Drugs Initiative REU interviews *** obtaining a score of 4** **** obtaining a score of 5 or more**

Of note was that one in every six (16%) recent methamphetamine users 'often to nearly always' worried about their methamphetamine use.

5.3 Price

Twenty-five participants were able to comment on the current price of speed in terms of grams, 14 were able to comment in terms of points and one spoke about the price of an eight-ball (Table 27). The median price for a gram of speed was $100 and $50 for a point, this demonstrates a $40 increase in the median price of grams but a stable price for points since last year. However most participants who commented on price per gram noted that they last paid a median of only $50 per gram. An eight-ball was reportedly priced at $200.

Table 27: Current and last price of various methamphetamine forms purchased by REU, 2003-2004

Median price ($)	2003 sample		**2004 sample**	
Speed				
Gram	(n=24)	60 (50-300)	**(n=25)**	**100 (50-700)**
Last price per gram	-	-	**(n=18)**	**50 (50-700)**
Eight-ball (3.5grams)	-	-	**(n=1)**	**200**
Point	(n=28)	50 (25-100)	**(n=14)**	**50 (30-80)**
Base				
Point	(n=22)	50 (20-100)	**(n=14)**	**50 (15-80)**
Last price per point	-	-	**(n=12)**	**50 (15-80)**
Gram	-	-	**(n=5)**	**300 (200-350)**
Eight-ball (3.5grams)	-	-	**(n=2)**	**460 (320-600)**
Crystal				
Point	(n=26)	65 (40-100)	**(n=14)**	**50 (35-100)**
Last price per point	-	-	**(n=11)**	**50 (25-75)**
Gram	-	-	**(n=3)**	**350 (300-1000)**
Eight-ball (3.5grams)	-	-	**(n=1)**	**120**

Source: Party Drugs Initiative REU interviews

Fourteen base users reported the current and the last price they paid at a median of $50 per point, five people reported a median of $300 per gram and two people reported that an eight ball cost $320 and $600.

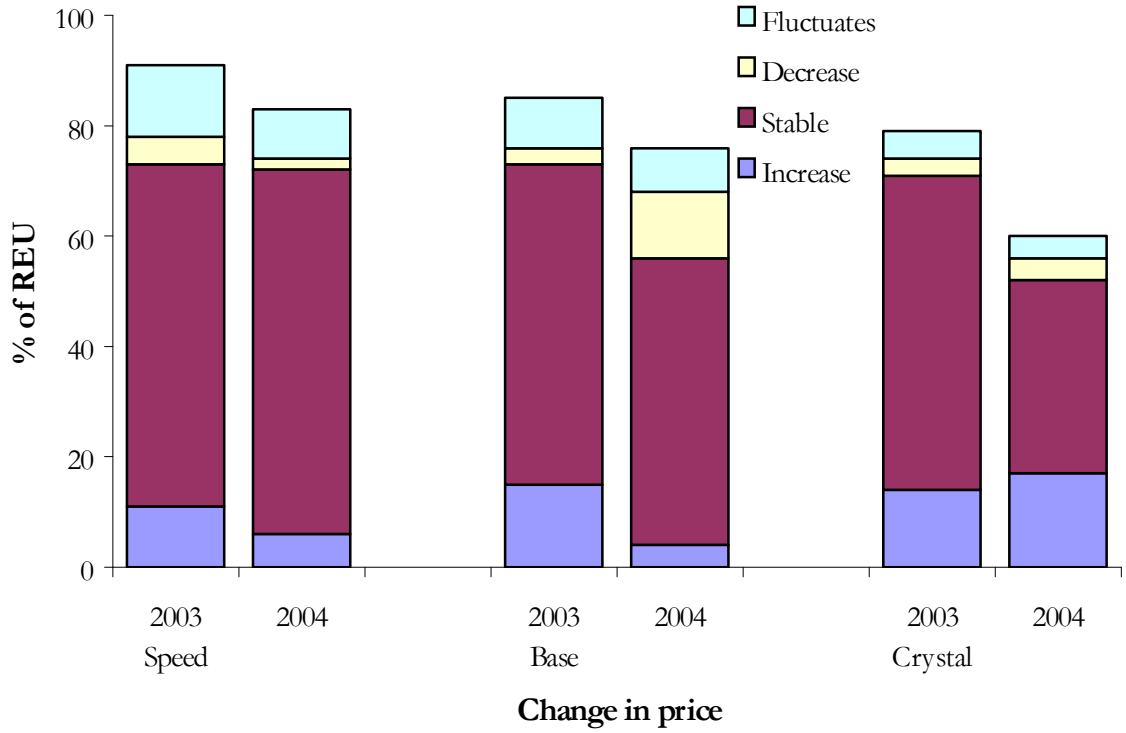
Crystal appears to be slightly cheaper this year with a median current and last price paid of $50. A gram of crystal was reported by 3 people to cost between $300 and $1000 and one person commented that an eight-ball was priced at $120.

The ACC reported the price of amphetamines in the NT in 03/04 to be $50 for one street deal (0.1 grams or 1 point). Other weight prices included; $250 - $350 per gram, and $650 - $750 per 8 ball (3.5 grams or 1/8 ounce) . All of these prices are within the range reported by REU for base and crystal (except the eight-ball). However speed prices reported by REU are much lower and may be indicative of poorer quality.

The number of REUs able to comment on methamphetamine price, purity and availability are as follows; in 2003: speed 85, base 33, and crystal 37, in 2004: speed 47, base 25, and crystal 23. In both years the majority of people reported the price of all forms of methamphetamine as 'stable' (Figure 10).

Compared to last year, more REUs thought that the price of speed was 'stable' (66%), and less thought it was 'increasing' (6%), 'decreasing' (2%) or 'fluctuating' (9%). More people thought base prices were 'decreasing' (12%) and less thought it was 'stable' (52%), 'increasing' (4%) or 'fluctuating' (8%). Again with crystal, less thought the price was 'stable' (35%), or 'fluctuating' (4%) and more thought it was 'increasing' (17%).

Figure 10: REU reports of recent changes in price of various methamphetamine forms, 2003-2004*

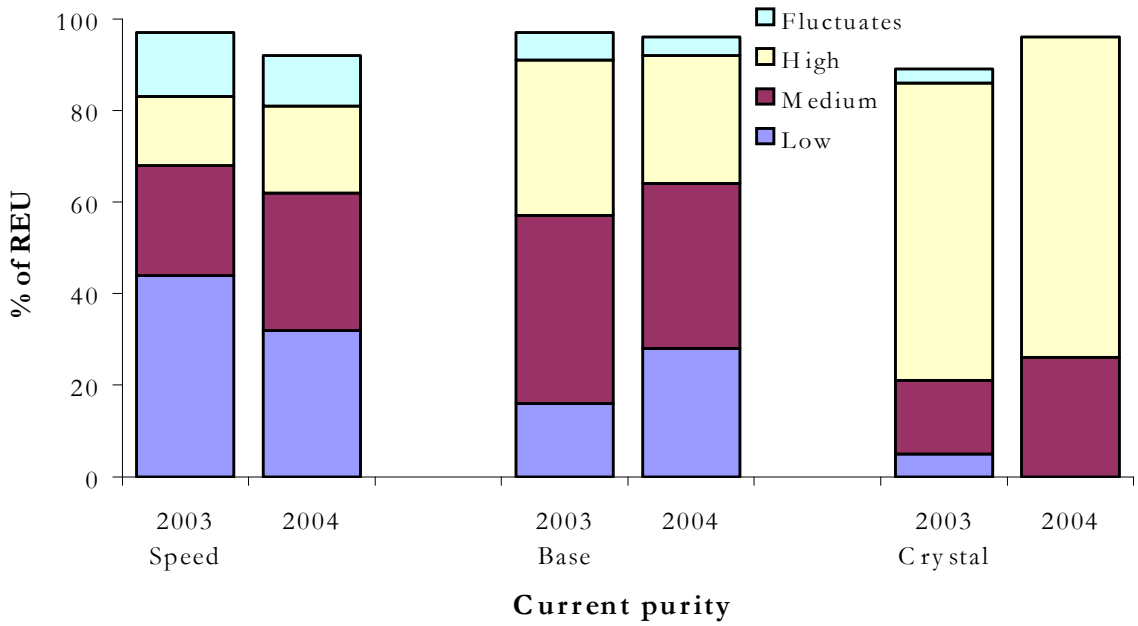


Source: Party Drugs Initiative REU interviews
***does not include 'don't know'**

5.4 Purity

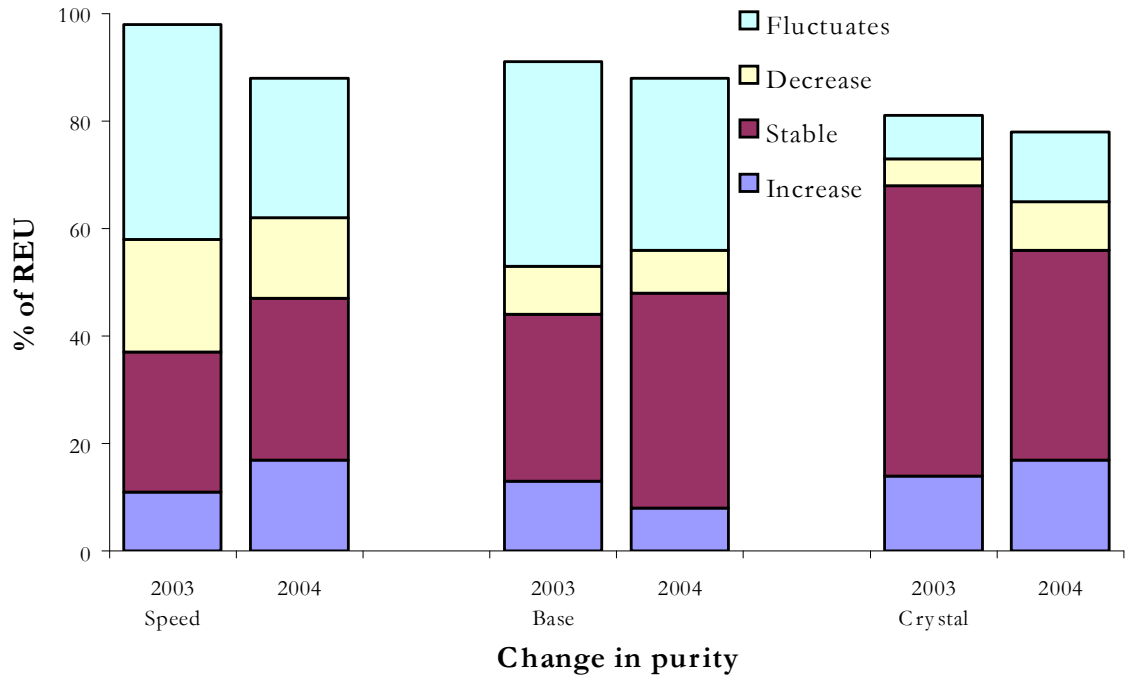
The bulk of comments on current methamphetamine purity indicated that REUs believe that speed is 'low' (32%), base is 'medium' (36%) and crystal is 'high' (70%, Figure 11). However, compared to the previous year, this year more people believed that speed purity is 'medium' (30%) or 'high' (19%) and fewer people thought it was 'low'. More people believed the purity of base was 'low' (28%) and less thought it was 'medium' or 'high' (28%). Finally more people stated that crystal was 'medium' (26%) or 'high' and this year no one thought it was 'low' or 'fluctuating'.

Figure 11: REU reports of current purity of various forms of methamphetamine, 2003-2004*



Source: Party Drugs Initiative REU interviews ***does not include 'don't know'**

Figure 12: REU reports of recent change in purity of various forms of methamphetamine, 2003-2004*



Source: Party Drugs Initiative REU interviews
***does not include 'don't know'**

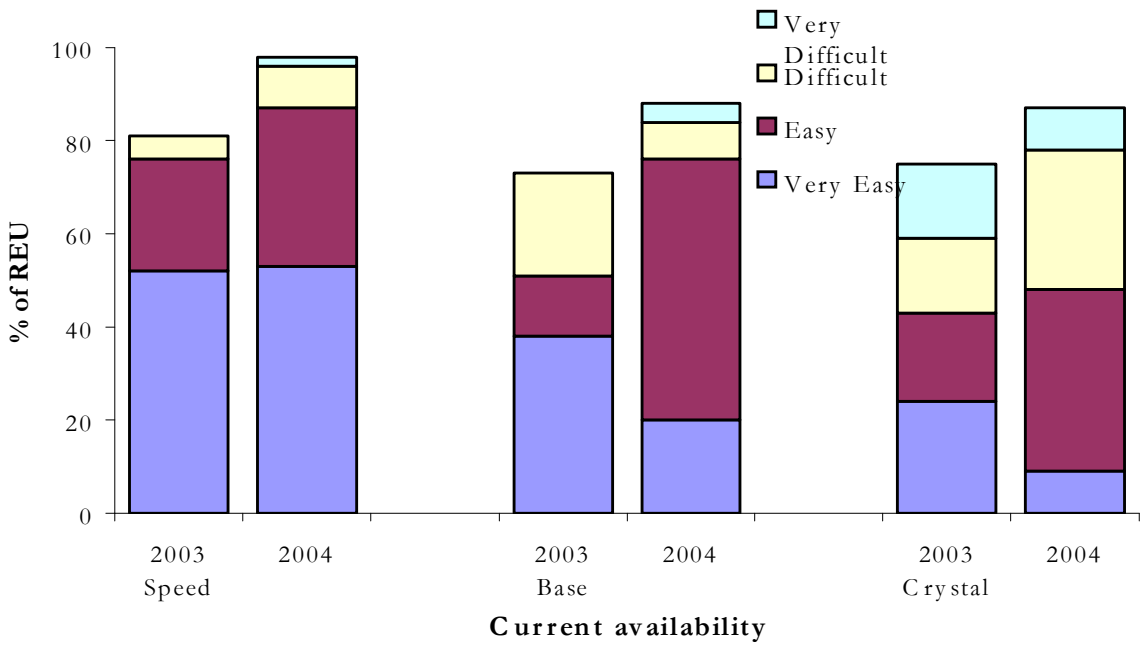
In 2004 the majority of REU who commented on change in methamphetamine purity believed that all forms of methamphetamine had remained 'stable' in the prior six months (Figure 12). When looking at the trends from 2003 to 2004, proportion changes indicate that more people believed speed purity had remained 'stable' (30%) or 'increased' (17%) and less thought it was 'decreasing' (15%) or 'fluctuating' (26%). More people thought base was 'stable' (40%) and less believed it was 'increasing' (8%), 'decreasing' (8%) or 'fluctuating' (32%). Lastly, in regards to crystal, fewer people thought it had remained 'stable' (39%) and more people understood that its purity was 'increasing' (17%), 'decreasing' (9%) and 'fluctuating' (13%).

5.5 Availability

Changes in the answer options available in the survey regarding current and change in availability of methamphetamine make results from both years hard to compare. In 2003 the option 'moderately easy' was available, but taken out of the 2004 survey.

In 2004 a majority of people believed speed to be 'very easy' to obtain and base and crystal to be 'easy' to obtain (Figure 13). Higher proportions nominated base as 'easy' (56%) to obtain, and smaller proportions thought it was 'very easy' (20%) or 'difficult' (8%). It also seems as though crystal accessibility has become less extreme with fewer respondents indicating is it 'very easy' (9%) or 'very difficult' (9%), and more reporting it as 'easy' (39%) or 'difficult' (30%). Proportions in all of the availability options for speed have increased since 2003 due to the removal of the 'moderately easy' option.

Figure 13: REU reports of current availability of various forms of methamphetamine, 2003-2004

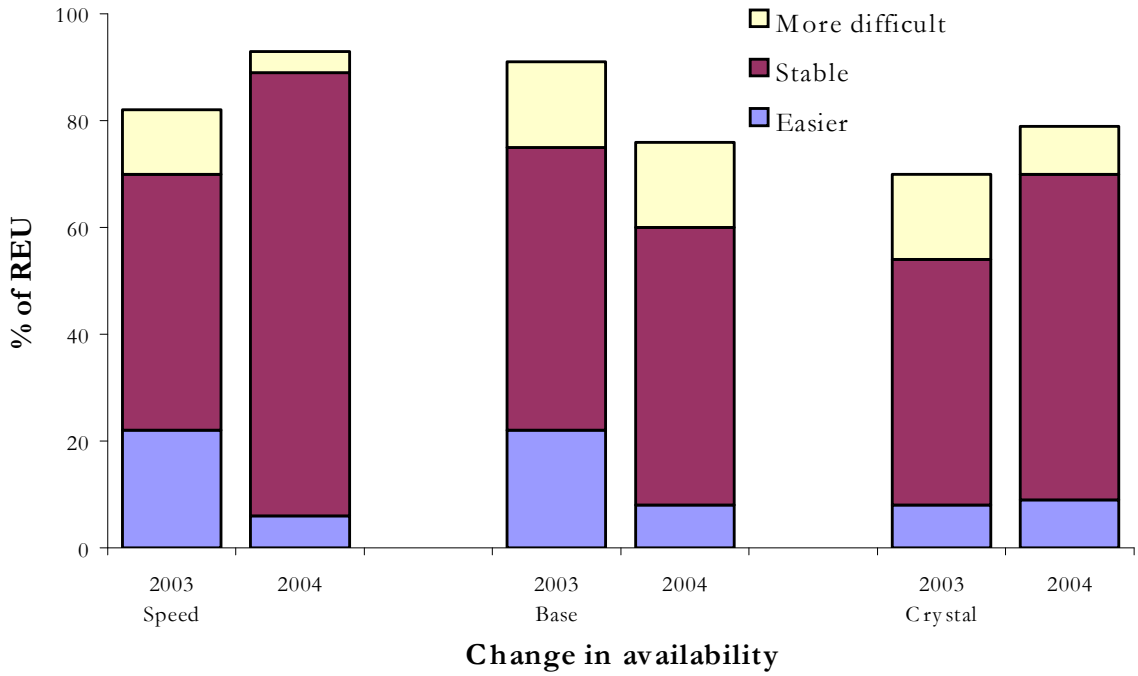


Source: Party Drugs Initiative REU interviews
***does not include 'don't know'**

The majority of respondents believed that in the prior six months all forms of methamphetamines had remained 'stable' in their accessibility (Figure 14). However, compared to the previous year, this year higher proportions believed speed had remained

'stable' (83%) and fewer thought had become 'easier' (6%) or 'more difficult' (4%). The percentages of respondents nominating base accessibility as remaining 'stable' (52%) and 'more difficult' (16%) was consistent across years, with less people perceiving that it had become 'easier' (8%). Smaller proportion nominated crystal as becoming 'more difficult' (9%) to access and higher proportions believed it had become 'stable' (61%).

Figure 14: REU reports of change in the availability of various forms of methamphetamine in the preceding 6 months, 2003-2004*



Source: Party Drugs Initiative REU interviews 2003-2004
***does not include 'don't know'**

When asked if there had been any change in speed use in the prior six months KEs comments included that use has increased but the quality is bad in Darwin; that speed users are more of the 'junkie' people, sometime people will mix cannabis with speed and smoke it, use is decreasing because people get addicted and it really shows (not something you can hide); more people are doing it and its people that you don't expect to be using it; seems to be a bigger problem than ecstasy; this used to be the most popular drug but now ecstasy is taking over because speed is not as good in Darwin as it is down south; and the quality has been fluctuating.

When asked about the changes in base use or users in the prior six months four KE commented. One said it was bad quality and another said the quality fluctuates. One said they haven't seen much base very recently and another said that these are the 'kind of people you don't want to know even if you had to', but some people 'take it as a designer thing, a luxury item'.

When asked about the recent changes in crystal use or users one KE remarked that it is hard to access, one said it is a 'small circle of people who take this kind of stuff' and another said that use is increasing as it is a slightly purer form. Another KE said that the price of crystal is increasing.

Table 28 displays the responses referring to recent sources and locations for scoring methamphetamines.

Table 28: REU reports of source and locations for scoring various methamphetamines in the last 6 months, 2003-2004

	Methamphetamine					
	Speed		Base		Crystal	
	2003	**2004**	2003	**2004**	2003	**2004**
(% of commented)	(n=85)	**(n=47)**	(n=32)	**(n=25)**	(n=37)	**(n=23)**
Source scored from						
Used not scored	-	**11**	-	**8**	-	**9**
Friends	77	**66**	73	**52**	77	**64**
Known dealers	49	**53**	42	**72**	34	**36**
Workmates	5	**9**	6	**8**	6	**5**
Acquaintances	18	**13**	18	**16**	11	**14**
Unknown dealers	5	**9**	0	**4**	0	**5**
Locations scored from						
Used not scored	-	**11**	-	**8**	-	**9**
Home	29	**26**	23	**32**	12	**26**
Dealer's home	35	**30**	36	**32**	30	**22**
Friend's home	64	**45**	71	**36**	70	**39**
Raves/doofs/dance parties	8	**11**	3	**12**	3	**13**
Nightclubs	10	**26**	13	**24**	6	**9**
Pubs	15	**13**	10	**24**	12	**9**
Street	10	**4**	3	**12**	0	**9**
Agreed public location	-	**23**	-	**28**	-	**26**

Source: Party Drugs Initiative REU interviews

Forty-seven people were able to comment on their speed score source and location. Again, this year most people scored speed from friends (77%), known dealers (53%) or acquaintances (13%) and the most common score locations included friends home (45%), dealers home (30%), own home and nightclubs (equally 26%) and agreed public locations (23%).

Twenty-five people were able to comment regarding base. With score patterns opposite to speed, most people scored base from known dealers (72%), friends (52%), and then acquaintances (13%). The most common score locations were friend's home (36%), dealer's home and own home (equally 32%), and nightclubs and pubs (equally 24%).

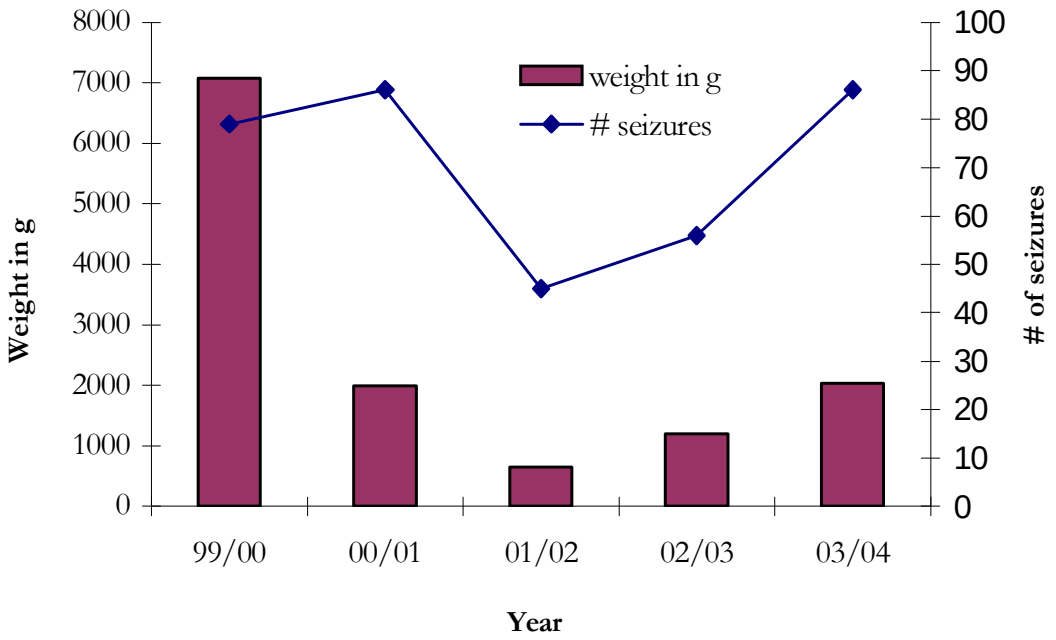
Twenty-three people were able to comment regarding crystal. As with speed, most people scored crystal from friends (64%), known dealers (36%) and acquaintances (13%), and did their scoring from a friends home (39%), own home and agreed public location (both 26%), and a dealer's home (22%).

5.6 Methamphetamine related harms

5.6.1 Law enforcement

Figure 15 shows the number of amphetamine-type stimulant seizures by AFP and NT police since 99/00. The number of seizures decreased in the 01/02 financial year but appear to be on the increase ever since. The weight of the seizures remain low compared to the 7077grams seized in 99/00.

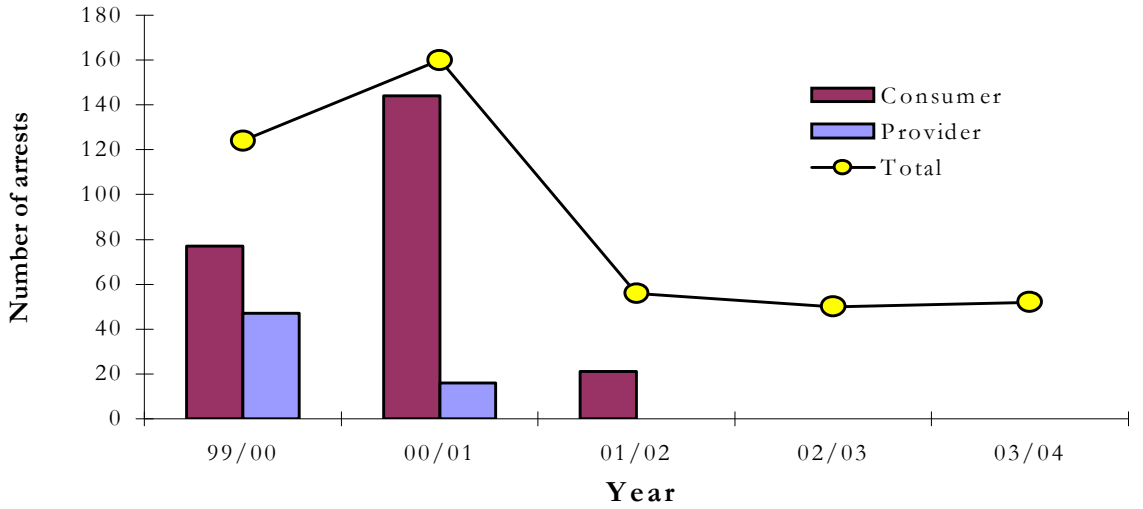
Figure 15: Number of amphetamine-type stimulant seizures in NT, 99/00 - 02/03*



Source Australian Bureau of Criminal Intelligence and Australian Crime Commission
*** Excludes the over 25 litres of liquid amphetamines seized in two clandestine laboratories by NT Police in 03/04**

Figure 16 shows the number of amphetamine-type stimulant consumer and provider arrests in the NT since 99/00 including AFP data. Since 02/03 there has not been a consumer/provider breakdown however the total number of arrests has remained consistent since 01/02.

Figure 16: Number of amphetamine-type stimulants consumer and provider arrests in the NT, 99/00 – 03/04

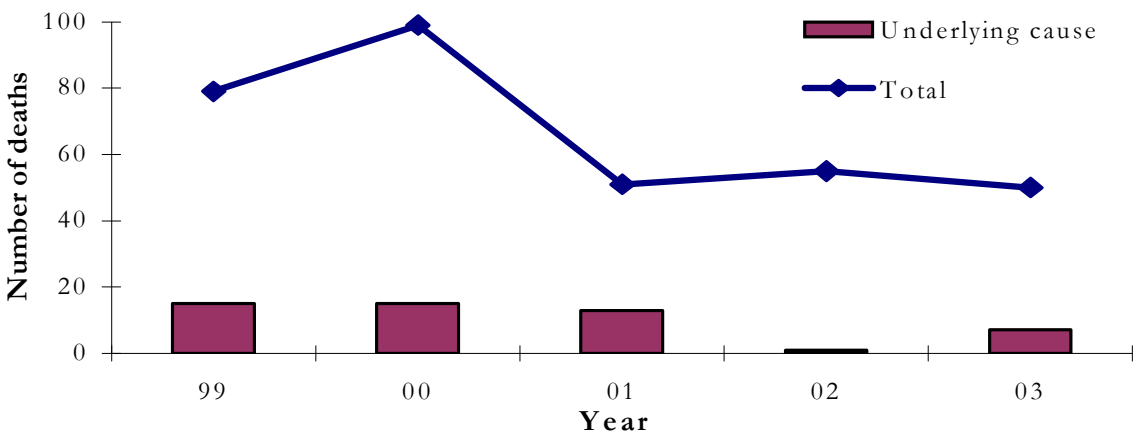


Source Australian Crime Commission **02/03-03/04 consumer and provider figures not given**

5.6.2 Health

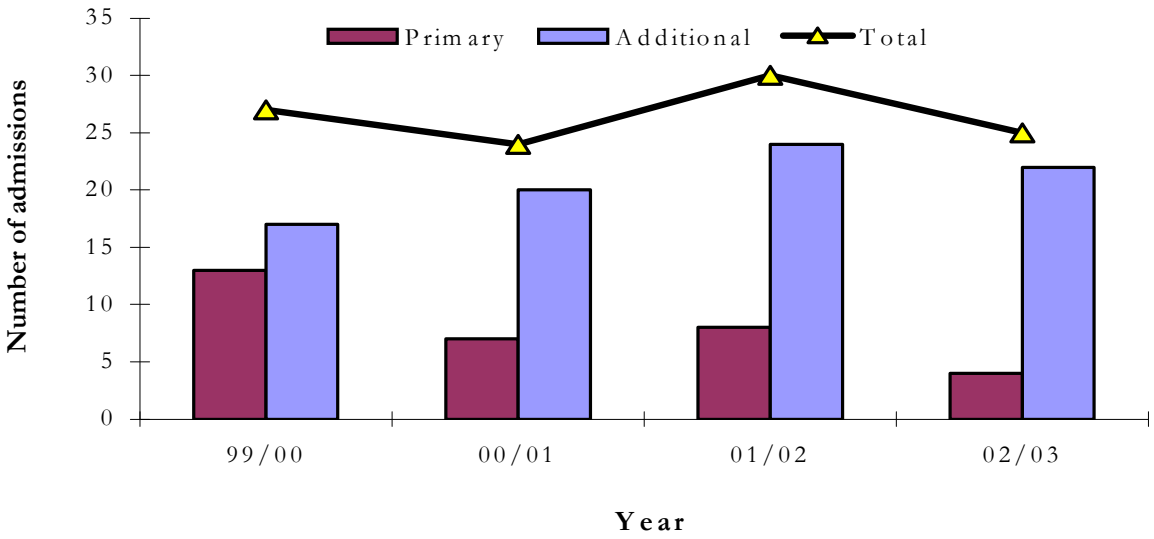
Small numbers of accidental drug-induced deaths where methamphetamine has been noted have occurred over the past six years in Australia, however, none reported the Northern Territory as their usual place of residence (Figure 17). Between 1997 and 2000 there was an increase in the number of deaths in which methamphetamine was noted, from 25 in 1997 to 99 in 2000, with a decrease in 2001 to 51 deaths and a slight increase in 2002 to 55 deaths. In 2002, there was only one death where methamphetamine was thought to be the underlying cause of death.

Figure 17: Number of accidental drug-induced deaths mentioning methamphetamine among those aged 15-54 years in Australia, 1999-2003.



Source: 2003 ABS cocaine and amphetamine bulletin

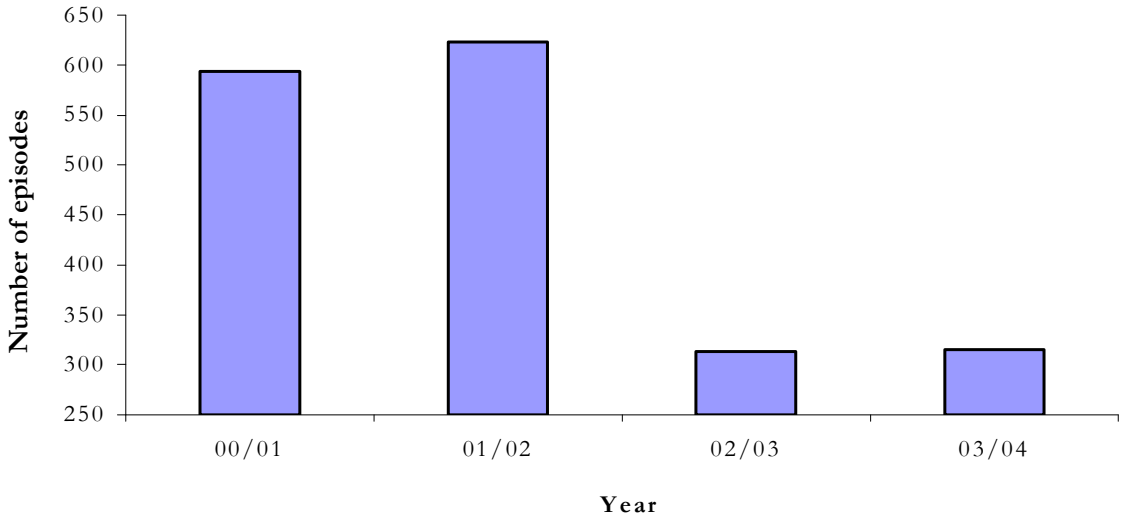
Figure 18: Number of amphetamine related admission to hospitals in the Northern Territory, 99/00 – 02/03



Source Australian Institute of Health and Welfare

The number of amphetamine related (primary and additional) admission into NT hospitals since 99/00 is displayed in figure 18. The total number of admissions has hovered between 25 and 30 since 99/00 to 02/03. However it appears that the trend is primary amphetamine admissions declining and increasing in additional admissions.

Figure 19: Number of episodes of treatment in Northern Territory alcohol and other drug treatment services with amphetamines as the principal or other drug of concern, financial years 00/01 – 02/03.



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

Figure 19 displays the number of treatments episodes related to amphetamines in NT alcohol and other drug treatment services from 00/01. Since the high of 623 episodes in

01/02 the number of amphetamine treatment related episodes has halved to 313 in 02/03 and 315 in 03/04.

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, in the 03/04 financial year ADIS received 8 calls that were amphetamine related. However it is noted that more than one drug may be recorded per call and the drug involved is not always available so may not show in the data.

5.7 Summary of methamphetamine trends

- In 2004 the majority of the sample had used speed (72%, 91% in 2003) in the past six months and substantial proportions had used crystal (35%, 40% in 2003) and base (45%, 32% in 2003).
- The average age for methamphetamine initiation has decreased since 2003 - speed 18 years vs 20 years, base 20 years vs 23 years and crystal 20 years vs 26 years.
- In both years a quarter reported they had used speed weekly or more in the six months preceding the interview. In 2004, 25% had used base (15% in 2003) and 12% used crystal (7% in 2003) at the same frequency.
- In 2004 the average usual amount of speed used decreased from one gram to half a gram and the heavy amount used also decreased from two grams to one gram. In both years over half of the recent speed users had recently binged with speed.
- In both years the average amount of base used in a typical session was one point. In 2004 the average amount used in heavy session decreased from two and a half points to one point. In both years similar proportions had recently binged with base
- On average crystal users reported typically using one point or 2 points in a heavy episode in both years. In 2004 recent bingeing with crystal reduced by half (40% vs 20%).
- Recent injection of all forms of methamphetamine dropped drastically in 2004 – speed 66% vs 14%, base 73% vs 22%, and crystal 60% vs 24%. Swallowing overtook injection as the most common route of administration for all forms of methamphetamine in 2004.
- Forty one percent of the current sample had ever used pharmaceutical stimulants at an average age of 18 years. Recent users would typically use 10 tabs or 12 tabs in a heavy use episode. Ten percent reported using weekly or more. Most of the recent users swallowed pharmaceutical stimulants, and one fifth had injected them.
- In 2004 17% of recent methamphetamine users obtained a SDS score indicative of problematic or dependent use.
- In 2004 speed was most commonly purchased for a median of $100 per gram ($50 per point in 2003), base for a median of $50 per point (same in 2003) and crystal for a median of $50 per point ($65 per point in 2003). A majority of users of each form of methamphetamine in both years said this price was 'stable'.
- Most respondents reported the purity of: speed as 'low' and 'stable' ('fluctuating' in 2003), base as 'medium' and 'stable' ('fluctuating in 2003), and crystal as 'high' and 'stable' in both years.
- Speed users in both years reported the availability as 'very easy', and 'stable', base users in 2004 reported the availability as 'easy', and 'stable' ('very easy and 'stable' in 2003), and crystal users in both years reported the availability as 'easy, and 'stable'.
- In 2004 speed and crystal users mostly scored from their friends, base users scored from known dealers, and all mostly scored at their friend's home. In 2003 most users of all types of methamphetamine scored from their friends home.

6.0 COCAINE

Cocaine is a colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. Cocaine is a stimulant, like methamphetamine (Australian Crime Commission, 2003 *in* White, Breen & Degenhardt, 2003).

6.1 Cocaine use among REU

Cocaine was used by 39% of the REU's in their lifetime and by 15% in the six months before interview (Table 29). These figures highlight a decrease in lifetime use and an increase in recent use since 2003, possibly indicating a sample with more dedicated cocaine users. The mean age for first use of cocaine was 21 years with some users staring as young as 16 years, but this sample did not have the late starters that were represented in the previous year.

Recent cocaine users had used it for a median of one day in the previous six months (compared to a median monthly use last year), with no one using it fortnightly or more. The usual amount used in a session was 0.5 grams (but up to 1 gram) with only one person typically using more than that. In heavy use episodes, users would typically use a median of 0.75 grams, but could use up to 3 grams. Only one REU in 2004 had used cocaine in a recent binge.

Table 29: Patterns of cocaine use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	50	**39**
Mean age first used (range)	22 (14-36)	**21 (16-29)**
(Of recent users)	(n=5)	**(n=11)**
Median days used last 6 months (range)	6 (2-30)	**1 (1-4)**
Use fortnightly or more (n)	1	**0**
Median quantities used		
usual (range)	1 gram	**0.5 grams (0.5-1)**
heavy (range)	4 injections	**0.75 grams (0.5-3)**
Usually use > usual amount (n)	-	**1**
Recently binged with (n)	2	**1**

Source: Party Drugs Initiative REU interviews

The proportion of those that had ever injected cocaine almost halved compared to the previous year (19% vs 10%), with the mean age for first injecting slightly declining to 23 years (Table 30). By far the most common route of administration for recent users was snorting (64%), followed by swallowing and injecting equally (both 36%).

Table 30: Route of administration of cocaine by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	19	**10**
Age first injected (mean)	26 (17-41)	**23 (17-36)**
(Of recent users)	(n=5)	**(n=11)**
Route of administration last 6 months (%)		
Swallowed	(n=1)	**36**
Snorted	(n=3)	**64**
Injected	(n=1)	**36**
Smoked	(n=3)	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

All KE who commented agreed that cocaine use amongst REU was rare, and one stated that they knew of 20 users. Most stated that users would snort cocaine, one said some people will mix it with cannabis and smoke it and two said that some people inject it. All agreed that the frequency of use was very rare, either used when its available or on special occasions. Two people commented on quantity specifying that people would use 0.25 grams, or one point to one gram.

The same numbers of REU (n=6) were able to comment on usual and last cocaine use venues in both years. The majority of cocaine users in 2004 reported that their usual use (n=2) and last use (n=2) venue was at home (Table 31). The other popular usual use venue was at private parties (n=2) with one person each saying that they usually use at raves/doofs/dance parties and a friends home. Although no one recorded dealers home as a usual cocaine use venue, two REU had last used it there. One REU each nominated raves/doofs/dance parties and private parties as their last use venue.

Table 31: Usual and last cocaine use venue by REU, 2003-2004

	2003 sample (n=104)		**2004 sample (n=71)**	
	Usual	Last	**Usual**	**Last**
Cocaine use venue (n)	(n=6)	(n=6)	**(n=6)**	**(n=6)**
Home	4	3	**2**	**2**
Dealers home	1	0	**0**	**2**
Friends home	2	1	**1**	**0**
Raves/doofs/dance parties	1	0	**1**	**1**
Nightclubs	1	0	**0**	**0**
Pubs	1	0	**0**	**0**
Private parties	0	0	**2**	**1**
Restaurant/cafes	0	0	**0**	**0**
Public place	0	0	**0**	**0**
Vehicle passenger	0	0	**0**	**0**
Vehicle driver	0	0	**0**	**0**
Outdoors	0	0	**0**	**0**
Live music event	0	0	**0**	**0**
Work	0	0	**0**	**0**
Other	0	2	**0**	**0**

Source: Party Drugs Initiative REU interviews

6.2 Price

Table 32: Current and last price of cocaine purchased by REU and price variations, 2003-2004

	2003 sample		**2004 sample**	
Median price per gram (range)	(n=6)	280 (60-500)	**(n=3)**	250 (200-400)
Median last price per gram (range)	-	-	**(n=2)**	250 (200-300)
Price change (n)	(n=4)		**(n=6)**	
Increased	2		**0**	
Stable	0		**3**	
Decreased	0		**1**	
Fluctuated	2		**1**	
Don't know	0		**1**	

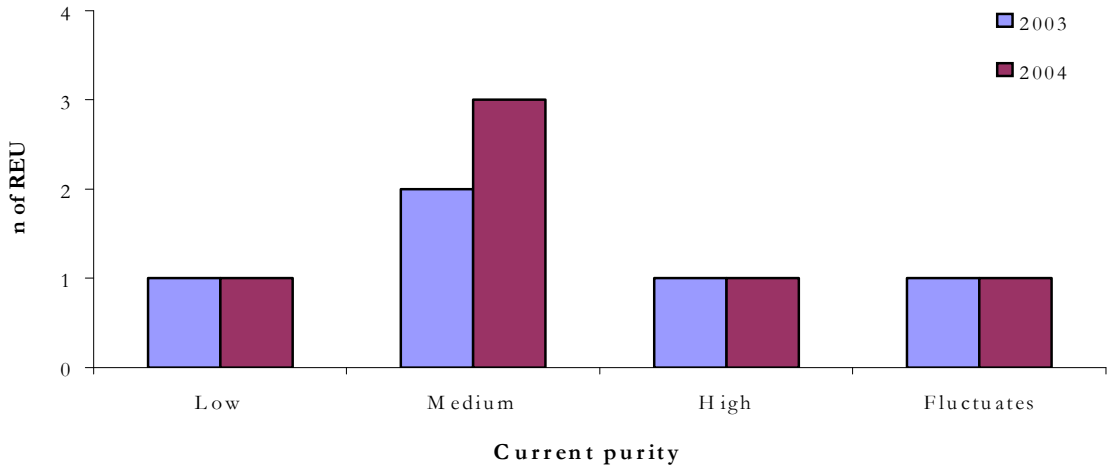
Source: Party Drugs Initiative REU interviews

Three people were able to comment on the price per gram of cocaine, giving a median of $250 (Table 32). Only two REU reported the price they last paid for a gram of cocaine yielding $200 and $300. The ACC reported the price of cocaine in the NT in 03/04 to be $300 per gram. Of the six people who remarked on the recent change in cocaine prices, half believed it had remained 'stable'.

6.3 Purity

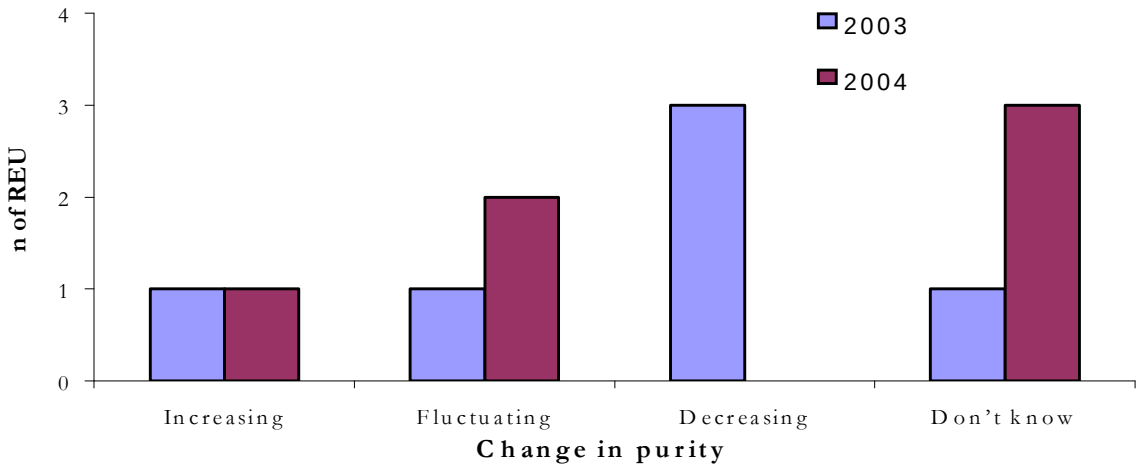
Six people were able to comment on the current purity of cocaine. The purity at time of interview was rated by half of the respondents to be 'medium' (Figure 20), with one person each rating it as 'low', 'high' and 'fluctuating'.

Figure 20: REU reports of current purity of cocaine, 2003-2004



Source: Party Drugs Initiative REU interviews

Figure 21: REU reports of recent change in cocaine purity, 2003-2004



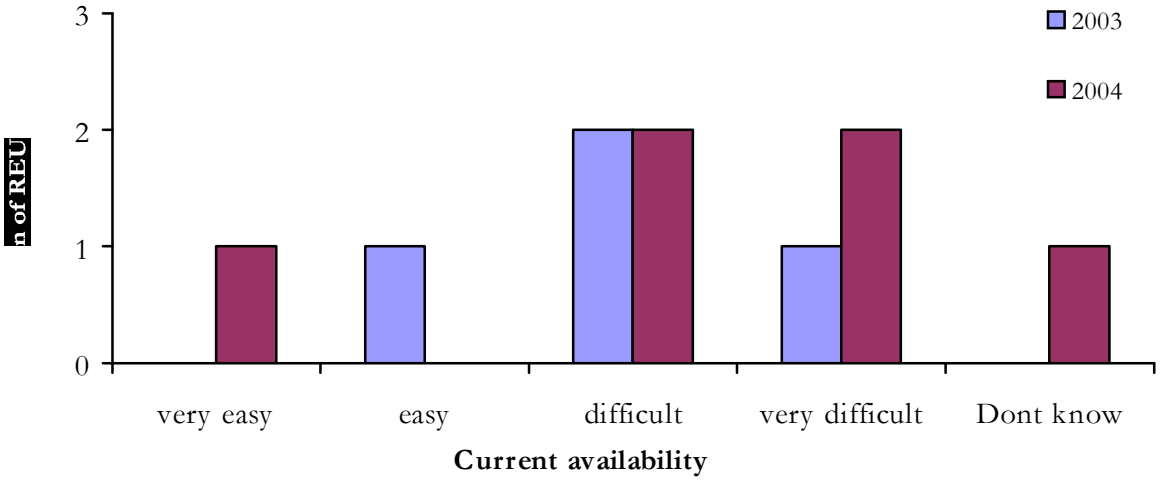
Source: Party Drugs Initiative REU interviews

Half of those who commented in 2004 reported that they 'didn't know' about the change in cocaine purity over the previous six months, two said it had been 'fluctuating' and one person reported it to be 'increasing' (Figure 21).

6.4 Availability

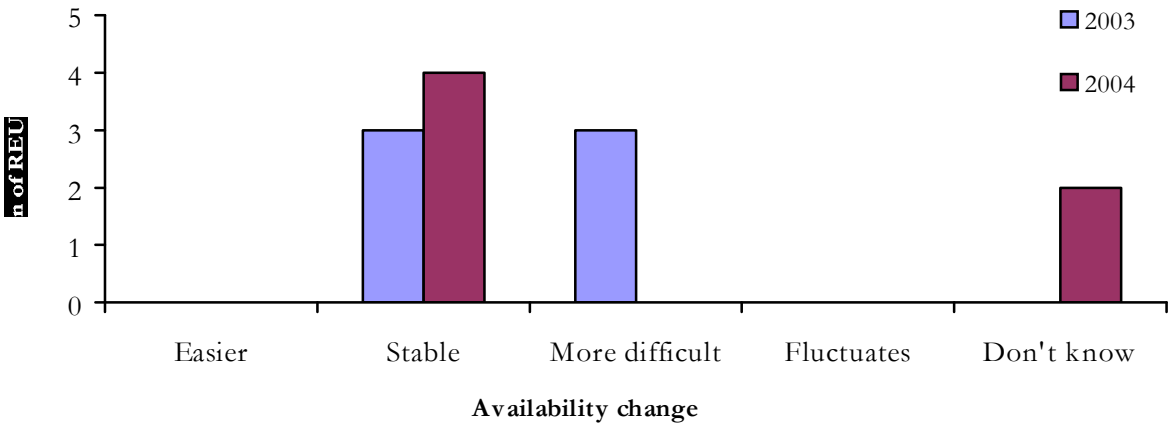
Again 6 people were able to comment on the current availability of cocaine, with a majority reporting is as 'difficult' (n=2) or 'very difficult' (n=2) to obtain (Figure 22). When commenting on the change of availability, four REU believed it was 'stable' and two 'didn't know' (Figure 23).

Figure 22: REU reports of current availability of cocaine, 2003-2004



Source: Party Drugs Initiative REU interviews

Figure 23: REU reports of change in cocaine availability in the preceding 6 months, 2003-2004



Source: Party Drugs Initiative REU interviews

When asked about any changes in cocaine use or users one KE said that its use has 'died because it is so expensive and not very good quality, the bikies are the only one who can get the good stuff', another commented that it is a 'fairly select group who uses'. Another agreed that is was really hard to access and really expensive and one said they haven't seen it in Darwin in the last three to four months.

The most common sources for scoring cocaine over the six months prior to interview (Table 33) were friends (n=2) followed by known dealers and acquaintances (both n=1). Consistent with this pattern, most people scored from their own home (n=2), a friends home or an agreed public location (both n=1). Two of the six people who commented noted that they used cocaine but did not score it.

Table 33: REU reports of source and locations for scoring cocaine in the last 6 months, 2003-2004

	2003 sample	**2004 sample**
(n commented)	(n=6)	**(n=6)**
Source scored from (n)		
Used not scored	0	**2**
Friends	2	**2**
Known dealers	3	**1**
Workmates	0	**0**
Acquaintances	1	**1**
Unknown dealers	0	**0**
Locations scored from (n)		
Used not scored	0	**2**
Home	1	**2**
Dealer's home	4	**0**
Friend's home	2	**1**
Raves/doofs/dance parties	1	**0**
Nightclubs	1	**0**
Pubs	0	**0**
Street	0	**0**
Agreed public location	0	**1**

Source: Party Drugs Initiative REU interviews

6.5 Cocaine related harms

6.5.1 Law enforcement

Law enforcement data pertaining to cocaine is not available in this jurisdiction.

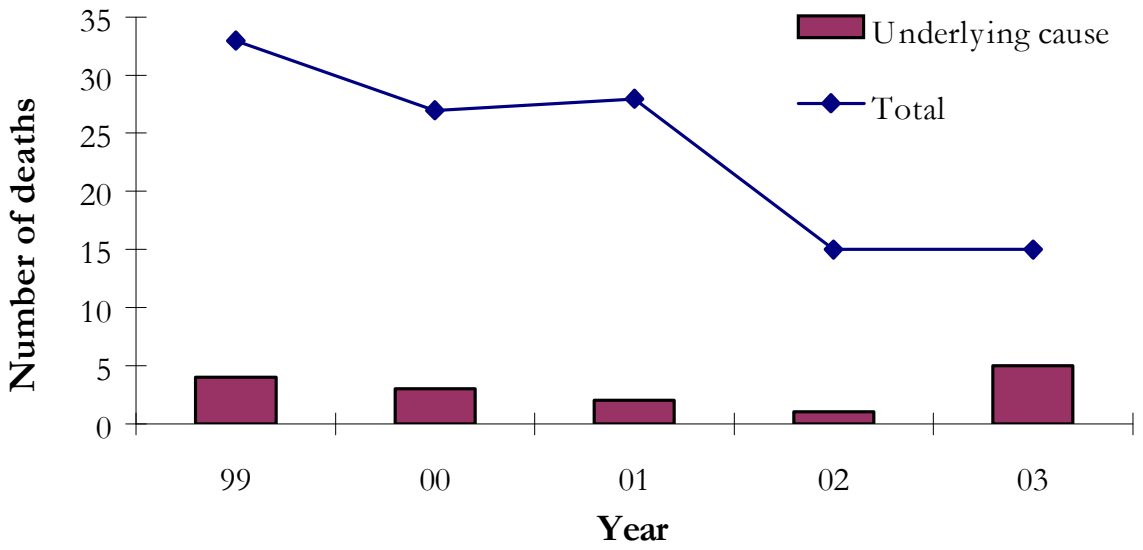
6.5.2 Health

There was one cocaine related admission to and NT hospital in December 2002.

Overdose, treatment and other mortality data pertaining to cocaine is not available in this jurisdiction.

Small numbers of accidental drug-induced deaths where cocaine has been noted have occurred over the past six years in Australia (Figure 24). Since 1999 cocaine has been the underlying cause of death for less than five people each year in Australia. Since 1999 there has been a consistent decrease in the number of deaths in which cocaine was noted, down to 15 in 2002 and 2003.

Figure 24: Number of accidental drug-induced deaths mentioning cocaine among those aged 15-54 years in Australia, 1999-2002.



Source: 2003 ABS Cocaine and Amphetamine Bulletin

6.6 Summary of cocaine trends

- In the current year lifetime cocaine used dropped (50% vs 39%) and recent use increased (5% vs 15%).
- Among those that recently used, cocaine use was infrequent with a median of one days use in the preceding six months in 2004, compared to six days in 2003.
- In 2004 usual (0.5 grams) and heavy (0.75 grams) quantities used were very similar and in 2003 only one person reported a usual quantity of one gram and a heavy quantity of four injections.. Only one person had recently binged with cocaine in 2004 and two had done the same in 2003.
- In both years the recent users most commonly snorted cocaine and in 2003 only one person had injected; 36% of recent users had injected in 2004.
- In 2004 cocaine was usually used at home or at private parties.
- The median price for a gram of cocaine in 2004 was reported to be $250 ($280 in 2003). Most users in 2004 reported that the price for cocaine had been 'stable' with no response pattern in 2003.
- The purity of cocaine was reported to be 'medium' in both years and half 'didn't know' about the change in purity over the last the six months in 2004, but in 2003 it was reported to be 'decreasing'.
- Most participants who commented on the availability stated that cocaine was 'difficult to very difficult' to obtain in 2004 (no pattern in 2003) and this had been 'stable' over the past six months in 2004, but half in 2003 said it was becoming 'more difficult.

7.0 KETAMINE

A rapid acting dissociative anaesthetic used in veterinary surgery and less commonly in human surgery, ketamine is a liquid that may be converted into a fine powder through evaporation, and can also be made into tablets. Ketamine produces a dissociative state in the user, commonly eliciting an out of body experience. But too much can result in the user having a 'near death experience' or falling into a 'k-hole' (White, Breen & Degenhardt, 2003).

As ketamine is complicated to manufacture and precursor chemicals are difficult to obtain, therefore it is probably diverted from veterinary sources. Ketamine is also known as 'Special K' or 'Vitamin K' (ACC, 2003 *in* White, Breen & Degenhardt, 2003).

7.1 Ketamine use among REU

In 2004 ketamine was used by 32% of the REU's in their lifetime and by 18% in the six months before interview (Table 34), this is double the 2003 use figures. The mean age for first use of ketamine slightly decreased this year from 25 years to 22 years. Recent ketamine users had used it for a median of two day (compared to a median one day last year), with no one using it fortnightly or more in both years.

The usual amount used in a session was two bumps (but up to 6 bumps) with 15% typically using more than that. In heavy use episodes, users would also use a median of two bumps, but could use up to 12 bumps, which is four times the heaviest amount used last year. Almost one third (31%) of the recent ketamine users had used it in a recent binge, whereas none had done so in 2003.

Table 34: Patterns of ketamine use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	18	**32**
Mean age first used (range)	25 (17-44)	**22 (16-37)**
(Of recent users)	(n=7)	**(n=13)**
Median days used last 6 months (range)	1 (1-10)	**2 (1-4)**
Use fortnightly or more (%)	0	**0**
Median quantities used (bumps)		
usual (range)	1 (1-2)	**2 (1-6)**
heavy (range)	2 (1-3)	**2 (1-12)**
Usually use > median usual amount (%)	29	**15**
Recently binged with (%)	0	**31**

Source: Party Drugs Initiative REU interviews

The proportion of those who had ever injected ketamine were similar across both years (6% vs 7%), with the mean age for first injecting slightly declining to 24 years in 2004 (Table 35). By far the most common route of administration for recent users in 2004 was swallowing (62%), followed by injecting (38%) and snorting (15%).

Table 35: Route of administration of ketamine by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	6	**7**
Age first injected (mean)	27 (19-37)	**24 (20-30)**
(Of recent users)	(n=7)	**(n=13)**
Route of administration last 6 months (%)		
Swallowed	86	**62**
Snorted	29	**15**
Injected	43	**38**
Smoked	DNC	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

Four KE noted that only very small proportions of REU would use ketamine, two said users would swallow and one said that they knew of a person who tried to smoke it but it didn't work so they were looking up on the internet about how to inject it intramuscularly. One KE commented on frequency saying people would use ketamine once a month and no one could comment on the quantity of ketamine used.

Seven REU were able to comment on usual and last ketamine use venues in the current year. The majority of ketamine users reported that their usual use (n=4) and last use (n=4) venue was at home. The other popular usual and last use venue was at a friend's home (n=3), and one person stated that they usually used ketamine at private parties. In 2003 one person commented stating that they usually, and had last used ketamine at a friends home.

7.2 Price

Three people were able to comment on the price per bump of ketamine, however, these comments were far ranging at $60, $200 and $500 (Table 36). Only two REU reported the price that they last paid for a bump of ketamine, recording $60 and $200. In 2003 no one was able to comment on the recent changes in ketamine prices. In 2004 seven people commented, of these people two believed it had remained 'stable' while the rest 'didn't know'.

Table 36: Current and last price of ketamine purchased by REU and price variations, 2003-2004

	2003 sample		**2004 sample**	
Median price per bump (range)	(n=1)	40 (20-60) 0.5g	**(n=3)**	**200 (60-500)**
Median last price per bump (range)	-	-	**(n=2)**	**130 (60-200)**
Price change (n)			**(n=7)**	
Increased		-	**0**	
Stable		-	**2**	
Decreased		-	**0**	
Fluctuated		-	**0**	
Don't know		-	**5**	

Source: Party Drugs Initiative REU interviews

7.3 Purity

Seven people were able to comment on the current purity of ketamine. The purity at the time of interview was rated as 'high' by five REU and two believed it was 'medium' (n=1 high 2003). In 2004 a majority of those who commented on purity change believed that the purity of ketamine had remained 'stable' (n=4) in the prior six months, tow 'didn't know' and one thought it was 'decreasing' (stable n=1 2003).

One KE noted that ketamine was found in a lot of pills that were sold as MDMA but they didn't know of any people who wanted to use straight ketamine.

7.4 Availability

Again seven people were able to comment on the current availability of ketamine, with a majority reporting it as 'difficult' (n=3) to 'very difficult' (n=1) to obtain, although two people stated that they found it 'easy' to acquire and one 'didn't know' (difficult n=1 2003). When commenting on the change in availability the results were mixed: two REU believed it had become 'easier', two reported it remained 'stable', one thought it was more 'difficult' and two 'didn't know' (stable n=1 2003).

The most common sources for scoring ketamine over the six months prior to interview were known dealers and acquaintances (both n=2) followed by friends (n=1). Consistent with this pattern, most people scored from their own home and friend's home (both n=2), with one each nominating a dealers home, nightclub and street and their usual score location. Two of the seven people who commented noted that they used ketamine but did not score it (from a source), only one reported that they used but did not score it from a location. In 2003 one person commented stating that they usually scored form a friend at a friend home.

7.5 Ketamine related harms

7.5.1 Law enforcement

Law enforcement data pertaining to ketamine is not available in this jurisdiction.

7.5.2 Health

Overdose, mortality and treatment data pertaining to ketamine is not available in this jurisdiction.

7.6 Summary of ketamine trends

- Ketamine lifetime (18% vs 32%) and recent (7% vs 18%) use increased in 2004.
- Recent users in 2004 had used it for a median of two days (one day in 2003) and used two bumps in usual and heavy episodes. In 2003 one bump was usually used and two bumps were used in heavy episodes.
- The majority of those that had recently used ketamine had swallowed it in both years, but just over a third had injected it in both years as well.
- In 2004 respondents reported usually using ketamine at home.
- The median price per bump in 2004 was reported at $200 ($40 for 0.5grams in 2003), and most did not know if this price had recently changed.
- Ketamine purity was rated 'high' and 'stable' in both years.
- Ketamine availability was described as 'difficult to very difficult' to obtain in both years, with very mixed reports of change in availability.

8.0 GHB (INC 1,4B & GBL)

Used for a number of clinical purposes (anaesthesia, narcolepsy, alcohol dependence, opioid withdrawal), gamma hydroxybutyrate (GHB) has recently been used as a recreational drug in many countries even though side effects include vomiting and seizures. Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro' (White, Breen & Degenhardt, 2003).

Other substances may be sold as GHB alternatives such as its precursor, gamma-butyrolactone (GBL) and 1,4-butanediol (1-4B) which are metabolised into GHB in the body. These may be used as substitutes for GHB, but are pharmacologically different (White, Breen & Degenhardt, 2003).

GHB is a depressant, and when mixed with alcohol, the depressant effects are increased which may lead to respiratory difficulties and overdose. GHB is very dose dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness (White, Breen & Degenhardt, 2003).

8.1 GHB (1,4B and GBL) use among REU

GHB use amongst REU has remained stable over the two years of the study. Currently 20% of the sample used GHB in their lifetime and 6% used it recently (Table 37). This year again, none of the REU recorded ever having used 1,4B. GBL data was not collected in 2003, but in 2004 only one person stated that they had ever used it, starting at age 36, and had not used it in the previous six months.

Table 37: Patterns of GHB, 1,4B and GBL use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**		
	GHB	**GHB**	**1,4B**	**GBL**
Ever used (%)	17	**20**	**0**	**1**
Mean age first used (range)	23 (15-32)	**24 (18-37)**	**-**	**36**
(Of recent users)	(n=4)	**(n=4)**	**0**	**0**
Median days used last 6 months (range)	8 (2-12)	**2.5 (1-10)**	**-**	**-**
Use fortnightly or more (n)	1	**0**	**-**	**-**
Median quantities used (mls)				
usual (range)	16 (3-30)	**11.1 (2-50)**	**-**	**-**
heavy (range)	17 (5-30)	**11.1 (2-80)**	**-**	**-**
Usually use > median usual amount (n)	1	**2**	**-**	**-**
Recently binged with (n)	1	**1**	**-**	**-**

Source: Party Drugs Initiative REU interviews

GHB was first used at an average age of 24, with frequency of use declining this year to a median of 2.5 days and no one using it fortnightly or more. The median amount of GHB

used in a usual and heavy session was 11.1mls, and only two people would typically use more than this, reporting up to 50mls as an average. In heavy use episodes, participants reported using up to 80mls of GHB. One of the four recent users reported having used GHB in a recent binge.

Route of administration patterns for GHB was similar across the years with 4% of the REU ever injecting it at a mean age of 20 years (Table 38). All recent users reported having administered the drug orally. The one person that had used GBL in their lifetime reported never having injected it.

Table 38: Route of administration of GHB and GBL by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**	
	GHB	**GHB**	**GBL**
Ever injected (%)	4	**4**	**0**
Age first injected (mean)	24 (20-30)	**20 (18-22)**	**-**
(Of recent users)	(n=4)	**(n=4)**	**(n=0)**
Route of administration last 6 months (n)			
Swallowed	4	**4**	**-**
Injected	0	**0**	**-**
Shelved/shafted	DNC	**0**	**-**

Source: Party Drugs Initiative REU interviews

KE reports on GHB were very limited. One KE knew of one person who had taken GHB orally. Another KE stated that a small proportion of REU would unknowingly ingest GHB (1-3mls) when it is used as a 'date rape' drug. Two other KEs commented on GHB saying that it is not in Darwin but a lot of people use in Melbourne, however the other KE stated that a lot of body builders would consume GHB in Darwin before working out.

Usual and last GHB use venue data was not collected in 2003, in 2004 however, three people were able to comment. One person each nominated home, friend's home, private parties, raves/doofs/dance parties and nightclubs as their usual use venues. Own home, a friend's home, and private parties were recorded as last use venue by one person each.

8.2 Price

One person commented on GHB price reporting that it was $3 per ml, but noted that the last price they had paid was $2.50 per ml (Table 42). Another person stated that the current GHB price was $3000 per litre, having last paid $30 for 10mls. Three people commented on recent price change, showing varied views; one person believed it was 'stable', one thought it had 'decreased' and one 'didn't know'. GHB price data was not collected as part of the 2003 survey.

Table 39: Current and last price of GHB purchased by REU and price variations, 2004

	2004 sample (n=71)
Median price per ml (range)	**(n=1) 3**
Median last price per ml (range)	**(n=1) 2.50**
Price change (n)	**(n=3)**
Increased	**0**
Stable	**1**
Decreased	**1**
Fluctuated	**0**
Don't know	**1**

Source: Party Drugs Initiative REU interviews

8.3 Purity

In 2004 no one could comment on 1,4B or GBL purity, and in 2003 no one could comment on GHB purity. In 2004, four people were able to comment on their perception of GHB purity. One person believed GHB purity was currently 'medium', another thought it 'fluctuated', and one person 'didn't know'. When commenting on recent change in GHB purity one person stated it had 'increased', another thought it had remained 'stable' and again one 'didn't know'.

8.4 Availability

In 2003, no one was able to comment on GHB availability, however in 2004 reports were varied. The three people that could comment believed it was either very easy (n=1), easy (n=1) or very difficult (n=1) Change in availability results were also polar. Two people believed that in the last six months it had become easier to obtain GHB and one person thought it had become more difficult.

No one was able to comment on GHB scoring source and location in 2003, and only three people were able to comment in 2004, each having different score patterns. One used GHB but did not score it, the other two scored from friends or known dealers at home or at a friend's home.

8.5 GHB related harms

8.5.1 Law enforcement

Law enforcement data pertaining to GHB is not available in this jurisdiction.

8.5.2 Health

Overdose, mortality and treatment data pertaining to GHB is not available in this jurisdiction.

8.6 Summary of GHB trends

- As with last year no one had ever used 1,4B but this year one person had ever used GBL at age 36, but had not used it recently.
- In 2004 20% of the sample reported lifetime use of GHB (17% in 2003) and only 6% had used GHB in the six months preceding interview (4% in 2003).
- Among the few that reported GHB use, 4% had ever injected it in 2004, but recently all swallowed the drug in both years.
- GHB had been recently used for a median of two and a half days (eight days in 2003) and people were using 11.1 mls in usual and heavy episodes. The usual amount used in 2003 was 16 mls and 17 mls in heavy episodes.
- One person reported the price of GHB at $3 per ml, with no consistent comments around price change in both years.
- There were no consistent pattens with comments on GHB purity and availability in 2004 and no one was able to comment on this in 2003.

9.0 LSD

Lysergic acid is commonly known as LSD, trips or acid. It is a hallucinogen that became popular in the 1960's.

9.1 LSD use among REU

Lifetime LSD use dropped to 63% in 2004 although the mean age first use remained the same at 18 years (Table 40). In 2004, 31% of the sample had recently used LSD for a median of one day in the previous six months, but 14% would use fortnightly or more. People reported using only one tab in both a usual and heavy use session, however 32% would typically use more than this. Some REU would use up to five tabs in a normal session and 14 tabs in a heavy session. Recent bingeing with LSD dropped drastically from 31% to 9%.

Table 40: Patterns of LSD use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	80	**63**
Mean age first used (range)	18 (11-40)	**18 (13-29)**
(Of recent users)	(n=26)	**(n=22)**
Median days used last 6 months (range)	3	**1 (1-48)**
Use fortnightly or more (%)	8	**14**
Median quantities used (tabs)		
usual (range)	1 (0.5-5)	**1 (0.25-5)**
heavy (range)	2 (0.5-20)	**1 (0.25-14)**
Usually use > median usual amount (%)	23	**32**
Recently binged with (%)	31	**9**

Source: Party Drugs Initiative REU interviews

This year only one in ten (10%) REU had ever injected LSD, starting at a mean age of 19 years (Table 45). Of the recent users only 5% had injected, with swallowing being the most popular recent route of administration (95%). Whereas last year no one reported snorting, this year 9% of REU had recently snorted LSD.

Three KE were able to comment on LSD, one said they thought a small proportion would use LSD, another said they knew of ten REU that also used LSD and they would take one tab once a month. The last KE said that 90% of REU would use LSD orally taking two tabs less than three times a week.

Table 41: Route of administration of LSD by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	22	**10**
Age first injected (mean)	20 (12-35)	**19 (16-22)**
(of recent users)	(n=26)	**(n=22)**
Route of administration last 6 months (%)		
Swallowed	96	**95**
Snorted	0	**9**
Injected	12	**5**
Smoked	0	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

In 2003 usual and last LSD use venue data was not collected.

Table 42: Usual and last LSD use venue by REU, 2004

	2004 sample	
	Usual	**Last**
Use venue **(% commented)**	**(n=24)**	**(n=24)**
Home	**25**	**13**
Dealers home	**0**	**0**
Friends home	**25**	**29**
Raves/doofs/dance parties	**4**	**4**
Nightclubs	**46**	**29**
Pubs	**17**	**13**
Private parties	**21**	**4**
Restaurant/cafes	**0**	**0**
Public place	**0**	**0**
Vehicle passenger	**4**	**0**
Vehicle driver	**4**	**0**
Outdoors	**13**	**4**
Live music event	**0**	**0**
Work	**0**	**0**
Other	**0**	**4**

Source: Party Drugs Initiative REU interviews other = cinema

In 2004, 24 REU were able to comment on their LSD use venues. The most common usual use venue was nightclubs (46%, Table 42), followed by home and a friend's home (both 25%), private parties (21%) and pubs (17%). Most REU had last used LSD at a nightclub or friends home (both 29%), and at a pub or at home (both 13%).

9.2 Price

Twenty-two people commented on the price of LSD with current prices ranging from $12 to $30 (Table 43), giving a median of $25 a tab. Twenty-four REU gave comment about the last price they had paid for an LSD tab giving a median of $22.50, with some people reporting only paying $4 per tab. Most of the REU who commented on recent price change thought that LSD price had remained 'stable' (50%), although almost a third stated that they 'don't know' (29%).

Table 43: Current and last price of LSD purchased by REU and price variations, 2003-2004

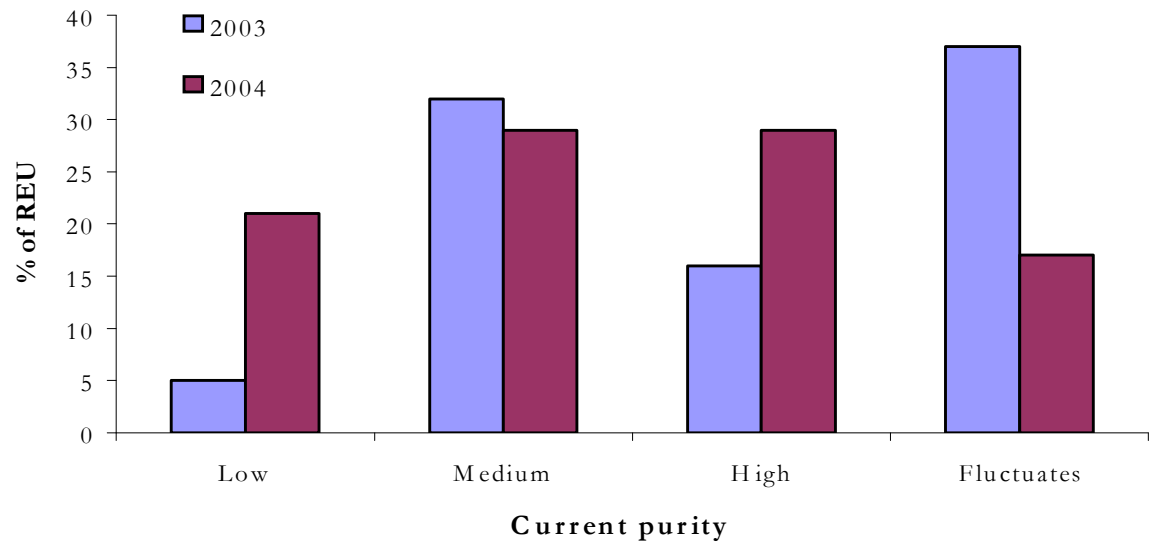
	2003sample		**2004 sample**	
Median price per tab (range)	(n=10)	25 (10-30)	**(n=22)**	**25 (12-30)**
Median last price per tab (range)	-	-	**(n=24)**	**22.5 (4-30)**
(% of commented)	(n=19)		**(n=24)**	
Price change				
Increased	5		**0**	
Stable	32		**50**	
Decreased	16		**8**	
Fluctuated	37		**13**	
Don't know	0		**29**	

Source: Party Drugs Initiative REU interviews

9.3 Purity

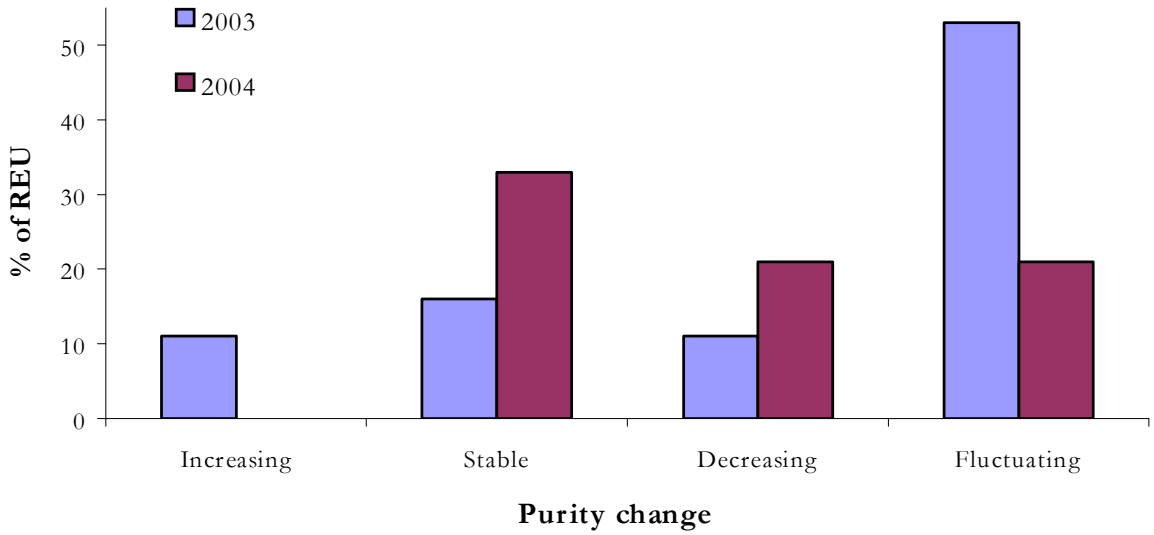
Compared to 2003, increased proportions of REU thought that current LSD purity was 'low' (21%, Figure 25) or 'high' (29%), and decreased proportions thought it 'fluctuated' (29%). When asked if the purity of LSD had changed in the last six months, 24 REU were able to comment with most (33%) saying it had remained 'stable' and 21% thought it had been 'decreasing' or 'fluctuating' (Figure 26).

Figure 25: REU reports of current purity of LSD, 2003-2004



Source: Party Drugs Initiative REU interviews

Figure 26: REU reports of recent change in LSD purity, 2003-2004

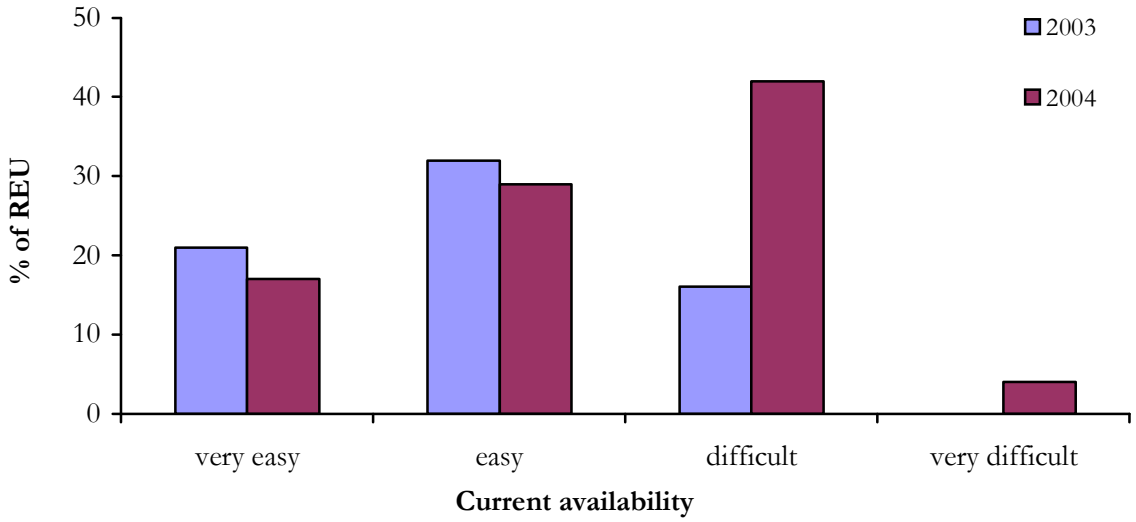


Source: Party Drugs Initiative REU interviews

9.4 Availability

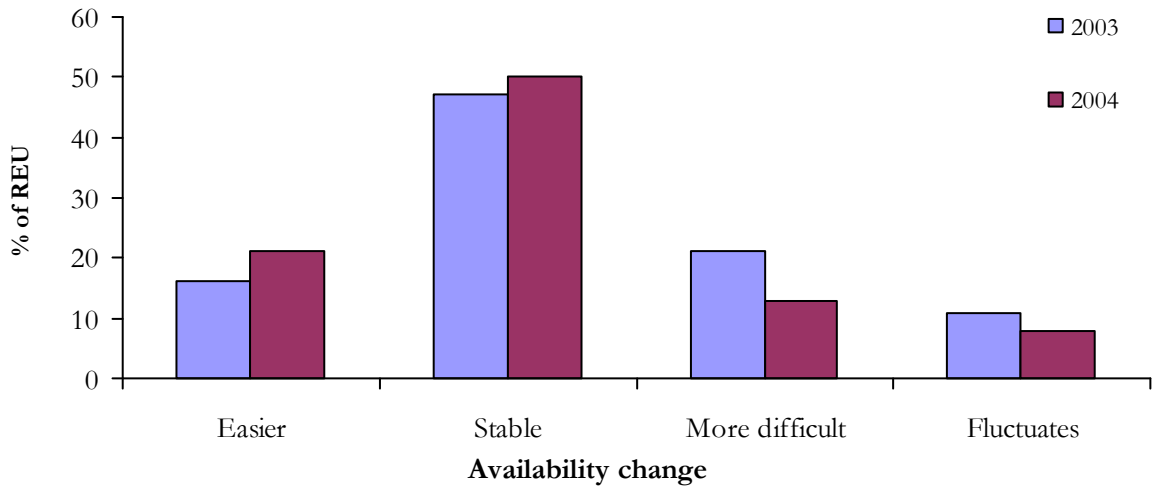
Twenty-four people were able to comment on the current availability of LSD, with a majority reporting it as 'difficult' (42%, Figure 27) in 2004 but 'easy' (32%) in 2003. In 2004, the proportions almost tripled in the 'difficult to very difficult' category compared to the previous year. When the same amount of respondents were remarking on the recent change in availability, half believed it had remained 'stable' and 21% believed it had gotten 'easier' (Figure 28).

Figure 27: REU reports of current availability of LSD, 2003-2004



Source: Party Drug Initiative REU interviews

Figure 28: REU reports of change in availability of LSD in the previous 6 months, 2003-2004



Source: Party Drug Initiative REU interviews

Other KE LSD related comments included that their had been a slight increase in LSD possession seizures in Darwin; that LSD users are 'a dying breed' and it would be the older people who use it.

LSD score source and location data was not collected in the 2003 survey. The most common sources for scoring LSD over the six months prior to interview (Table 44) were friends (56%) followed by known dealers (29%) and acquaintances (21%). Respondents reported that they mostly scored from their own home (42%), a friend's home (33%) and a nightclub (25%).

Table 44: REU reports of source and locations for scoring LSD in the last 6 months, 2004

	2004 sample (n=71)
(% of commented)	**(n=24)**
Source scored from	
Used not scored	**0**
Friends	**56**
Known dealers	**29**
Workmates	**0**
Acquaintances	**21**
Unknown dealers	**4**
Locations scored from	
Used not scored	**0**
Home	**42**
Dealer's home	**17**
Friend's home	**33**
Raves/doofs/dance parties	**8**
Nightclubs	**25**
Pubs	**17**
Street	**0**
Agreed public location	**13**

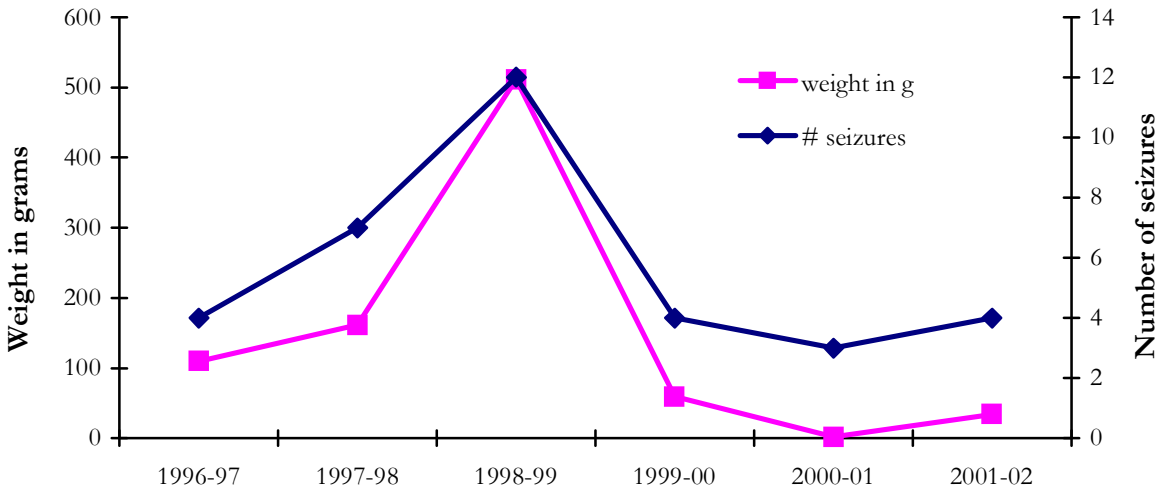
Source: Party Drugs Initiative REU interviews

9.5 LSD related harms

9.5.1 Law enforcement

Figure 29 indicates that both the number and weight of Australian LSD border detections has decreased over recent years since a peak in 1998-99, remaining low since that time.

Figure 29: Number and weight of Australian border-level detections of LSD, 96/97-01-02



Source: Australian Customs Service

The ACC reported that in 03/04 there was a total of one hallucinogen consumer/provider arrest in the NT.

9.5.2 Health

Overdose, mortality and treatment data pertaining to GHB is not available in this jurisdiction.

9.6 Summary of LSD trends

- In 2004 lifetime LSD use decreased (80% vs 63%) and recent use increased (25% vs. 31%) compared to 2003.
- On average, the users interviewed had first used LSD at 18 years old in both years.
- A small proportion (14%) reported they had used LSD fortnightly or more in 2004, and in 2003 it was 8%.
- Most reported they typically used use one tab in usual episodes in both years, and for heavy episodes it was one tab in 2004 but two tabs in 2003.
- Bingeing with LSD amongst recent users decreased from 12% in 2004 to 9% in 2003.
- A small proportion (5%) of recent users had recently injected LSD in 2004 (12% in 2003), although most reported swallowing it in both years.
- LSD was most commonly used in nightclubs in 2004.
- In both years LSD was most commonly purchased in tab form for $25 and a majority of users said this price was 'stable'.
- In both years users said that the current purity of LSD was 'fluctuating' and that it had been 'fluctuating' over the past six months.
- Availability of LSD differed over the two years. In 2004 it was 'difficult' to obtain and this had been 'stable' over the past six months. In 2003 it was 'easy to very easy' to obtain and this had been 'stable'.
- In 2004 LSD was typically scored from a friend in the users own home.

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects to ecstasy. It generally comes in capsule, powder or tablet form and may be in pills sold as ecstasy (White, Breen & Degenhardt, 2003).

10.1 MDA use among REU

Lifetime (28%) and recent (10%) MDA use increased slightly since 2003 (Table 45). REU started their MDA used on average at age 22 years, but as early as 16 years. Recent users had used it for a median of three days in the previous six months, with one person using it fortnightly or more. The usual amount used in a session was 1 capsule, but almost half (n=3) the recent users would typically use more than this. In heavy use episodes, users would generally use a median of 2 capsules, but could use up to 4 capsules. No REU had used MDA in a recent binge in 2004.

Table 45: Patterns of MDA use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	21	**28**
Mean age first used (range)	24 (15-44)	**22 (16-38)**
(Of recent users)	(n=6)	**(n=7)**
Median days used last 6 months (range)	2 (1-12)	**3 (1-24)**
Use fortnightly or more (n)	1	**1**
Median quantities used (capsules)		
usual (range)	2 (1-3)	**1 (1-2)**
heavy (range)	5 (1-10)	**2 (1-4)**
Usually use > usual amount (n)	1	**3**
Recently binged with (n)	1	**0**

Source: Party Drugs Initiative REU interviews

The proportion of those that had ever injected MDA remained small (4%), with the mean age for first injecting stable at 28 years (Table 46). Almost all of the recent users had swallowed (n=6) MDA in the last six months, and one each had injected, snorted and smoked it.

Two KE were able to comment on MDA both with very different opinions. One stated that very few REU would use MDA, they would take it orally and only on very rare occasions. The other KE stated that a high proportion of REU would use MDA because people buy it thinking they are purchasing MDMA. It was noted that they would swallow or inject it and take it just as frequently as ecstasy.

Table 46: Route of administration of MDA by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	6	**4**
Age first injected (mean)	27 (19-45)	**28 (17-37)**
(recent users)	(n=6)	**(n=7)**
Route of administration last 6 months (n)		
Swallowed	5	**6**
Snorted	3	**1**
Injected	2	**1**
Smoked	DNC	**1**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

MDA usual and last use venue data was not collected in the 2003 survey. In 2004, only two REU were able to comment on usual and last MDA use venues. One person said that they usually used MDA in a nightclub and had also last used it there. The other person said that they usually used MDA in pubs but had last used it at an 'other' location, which was specified as a 'live music event'.

10.2 Price

Table 47: Current and last price of MDA purchased by REU and price variations, 2003-2004

	2003 sample	**2004 sample**
Median price per cap (range)	(n= 5) 60 (30-100)	**(n=2) 55 (50-60)**
Median last price cap gram (range)	- -	**(n=2) 55 (50-60)**
Price change (n)	(n=6)	**(n=2)**
Increased	1	**0**
Stable	2	**1**
Decreased	1	**0**
Fluctuated	1	**0**
Don't know	1	**1**

Source: Party Drugs Initiative REU interviews

Two people were able to comment on the price per cap of MDA. One person reported that the current and last price of MDA was $50 per cap and the other person informed that it was $60 per cap (Table 47). The same two REU commented on the recent change in MDA prices, with one believing it was 'stable' and the other 'didn't know'.

10.3 Purity

Again two people were able to comment on the current purity of MDA in 2004. The purity at time of interview was rated by one person as 'high', and the other 'didn't know' (2003 low n=1, medium n=2, high n=3). When commenting on the change in MDA purity over the prior six months, one person thought it had remained 'stable' and the other respondent 'didn't know' (2003 increasing n=1, fluctuating n=1, stable n=3, and don't know n=1).

10.4 Availability

It appears the two respondents in 2004 had vastly different experiences in accessing MDA. One stated that it is 'very easy' to obtain and that availability had remained 'stable' over the past six months, and the other reported it to be 'difficult' to obtain and that availability had 'fluctuated' over the past six months. In 2003 current availability was rated as 'easy' and 'very difficult' by one REU each, and four thought it was 'difficult'. The 2003 sample reported the change in MDA availability as mostly 'stable' (n=3) but one person each thought it was 'easier' and 'more difficult'.

MDA score source and location data was not collected in the 2003 survey. In 2004 one person reported they scored MDA from acquaintances at an agreed public location and the other respondent scored from friends and known dealers at a dealers home.

10.5 MDA related harms

10.5.1 Law enforcement

Law enforcement data pertaining to MDA is not available in this jurisdiction.

10.5.2 Health

Overdose, mortality and treatment data pertaining to MDA is not available in this jurisdiction.

10.6 Summary of MDA trends

- Twenty eight percent reported lifetime use of MDA (21% in 2003) but only ten percent had used MDA in the six months preceding interview (6% in 2003).
- Swallowing was the most common recent route of recent administration in both years.
- In 2004 the quantity of MDA used declined. In usual episodes it dropped from two caps to one cap, and in heavy episodes it dropped from five caps to two caps.
- Among those that used MDA, use was infrequent in both years - three days in the six months preceding interview in 2004 and two days in 2003.
- A cap of MDA was reportedly purchased in 2004 for a median of $55 ($60 per cap in 2003) and this price had been 'stable' over the prior six months in 2004.
- The one respondent who knew about MDA purity in 2004 and reported it to be ' high' and 'stable' which was the same as the previous year.
- The two people who commented on MDA availability in 2004 said it was 'very easy' or 'difficult' and that it had remained 'stable' or 'fluctuated'. In 2003 it was reported as 'difficult' and 'stable'.

11.0 OTHER DRUGS

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

11.1 Cannabis

All of the sample reported having ever used cannabis (100%, Table 48), and 87% had used it recently. The mean age for first using cannabis was 14 years, although some started as early as six years. Cannabis was used for a median of 155 days and almost a third (29%) of the sample had binged with cannabis in the previous six months. Every REU that reported recent cannabis use had smoked it in the prior six months and one quarter (26%) reported having swallowed it.

Table 48: Patterns of cannabis use and route of administration by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	99	**100**
Mean age first used (range)	14 (8-29)	**14 (6-26)**
(Of recent users)	**(n=99)**	**(n=62)**
Median days used last 6 months (range)	180	**155 (1-180)**
Use fortnightly or more (%)	92	**74**
Recently binged with (%)	37	**29**
Route of administration last 6 months (%)		
Swallowed	DNC	**26**
Smoked	DNC	**100**

Source: Party Drugs Initiative REU interviews

All but one KE commented on REUs cannabis use. The proportion using cannabis was estimated at between 30% to 99.9% of REU, although most thought around 50%. Most thought the form used was hydroponic, although one KE said bushweed was the form most commonly used. All reported that users would smoke cannabis and five said that some users would also eat it. All KE thought that most people would use daily, with a few saying there would be smaller proportions of weekly users, The quantity comments ranged from one to two bongs, two joints, and up to 30 cones a day.

When asked about changes in cannabis use or users KEs reported that it is not a drug that is usually used in clubs; that use is steady as it is one of the most popular drugs, and that cannabis may have increased in potency as they are 'seeing more people who are paranoid, agitated, depressed and unable to deal with their problems'.

11.2 Alcohol

Almost all of the 2004 respondents reported having used alcohol at some time (97%) and a majority reported recent (93%) alcohol use (Table 49). The mean age for first using alcohol

was 14 years, although some started as early as three years. Alcohol was used for a median of 48 days (weekly use) with most (82%) of the sample using it fortnightly or more. One fifth (21%) of the sample had binged with alcohol in the previous six months.

Almost two thirds (64%) of the recent alcohol users would drink more than five standards drinks while under the influence of ecstasy and 15% would do the same whilst coming down from ecstasy.

Table 49: Patterns of alcohol use of REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	93	**97**
Mean age first used (range)	14 (5-25)	**14 (3-18)**
(Of recent users)	(n=80)	**(n=66)**
Median days used last 6 months (range)	27	**48 (2-180)**
Use fortnightly or more (%)	74	**82**
Recently binged with (%)	31	**21**
Alcohol in combination with ecstasy (%)		
>5 standard drinks with ecstasy	41	**64**
>5 standard drinks comedown from ecstasy	26	**15**

Source: Party Drugs Initiative REU interviews

Four percent (4%) of the sample report having injected alcohol at some stage but none had injected recently (Table 50). The median age for first injecting alcohol was 20 years, but all of the recent users reported only swallowing alcohol in the past six months.

All KE commented on REUs alcohol use. The proportion using alcohol was estimated at between less than 50% up to 99% of REU. All but one said that it was alcohol the REU were using, but one said that they had contact with some who used metho, and mouthwash as well. Swallowing was the only route of administration mentioned and the frequency varied from occasionally to daily, but most thought the majority would drink daily or on weekends. Most KE thought that REU did not drink large quantities of alcohol in a session, 'around one to three drink's, some KE believed that most would binge and drink at harmful levels.

Another KE went on to state that drinking seems very socially acceptable, with a lot of drink drivers and a lot of very young drink drivers noting that young people don't seem to be deterred.

Table 50: Route of administration of alcohol by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	DNC	**4**
Age first injected (mean)	DNC	**20 (17-23)**
(Of recent users)	(n=80)	**(n=66)**
Route of administration last 6 months (%)		
Swallowed	100	**100**
Injected	DNC	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

11.3 Tobacco

Patterns of tobacco use were almost identical from 2003 to 2004. Almost all of the 2004 respondents reported having used tobacco at some time (92%) and a majority reported recent (82%) tobacco use (Table 51). The mean age for first using tobacco was 13 years, although some started as early as five years. Tobacco was used for a median of 180 days (daily use), with most (90%) using fortnightly or more. Five percent (5%) of the sample had binged with tobacco in the previous six months.

Table 51: Patterns of tobacco use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	93	**92**
Mean age first used (range)	13 (5-45)	**13 (5-18)**
(Of recent users)	(n=86)	**(n=58)**
Median days used last 6 months (range)	180	**180 (1-180)**
Use fortnightly or more (%)	99	**90**
Recently binged with (%)	6	**5**

Source: Party Drugs Initiative REU interviews

All KE commented on tobacco use, most thought that a majority of REU used tobacco (from 50% to over 90%, though one believed only 25%) daily with same proportions using only socially. Quantity of tobacco use varied, most believed REU would only use a few cigarettes up to a pack a day, but a few thought REU would use up to three packs a day.

When asked about changes in tobacco use two KE commented that it is always gradually decreasing, and another KE stated that use was increasing amongst younger people, and there seemed to be more girls smoking than boys.

11.4 Heroin

Heroin use drastically declined from 2003 to 2004. One quarter (27%) of the 2004 respondents reported having used heroin at some time and two people reported recent heroin use (Table 52).

Table 52: Patterns of heroin use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	48	**27**
Mean age first used (range)	22 (14-38)	**18 (14-22)**
(Of recent users)	(n=19)	**(n=2)**
Median days used last 6 months (range)	5 (1-150)	**12.5 (5-20)**
Use fortnightly or more (n)	5	**1**

Source: Party Drugs Initiative REU interviews

The mean age for first using heroin was 18 years, although some started as early as 14 years. One of the recent users reported using heroin five times in times in the previous six months and the other reported using it 20 times. No one reported recently bingeing with heroin.

Seventeen percent (17%) of the sample had injected heroin at some time and only one person had injected it in the prior six months (Table 53). The average age for first injecting heroin was 19 years, although some started as early as 16 years.

Four KEs commented on heroin stating that very small proportion (under 5%) of REU would also use heroin and that it was always injected, but the frequency depended on availability and finances. One KE said that the quantity used depends on the purity and the person's addiction and another KE said that most would use a cap.

A few KE had further heroin comments. One said that not many people stick with heroin because they try it and they don't like. It was advised that there are two different crowds, those that use speed based ecstasy and those that use heroin based ecstasy. Another KE said that use goes up and down, use was high in October, March, May and June, but there is no real pattern, it probably depends on availability. A different KE said that you can get heroin any day of the week in this town, you just have to know the right people and have the finances.

Table 53: Route of administration of herion by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	45	**17**
Age first injected (mean)	22 (14-39)	**19 (16-35)**
(of recent users)	(n=19)	**(n=2)**
Route of administration last 6 months (n)		
Swallowed	1	**1**
Snorted	2	**0**
Injected	17	**1**
Smoked	4	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

11.5 Inhalants

11.5.1 Amyl Nitrite

The prevalence of amyl nitrite use remained low, but increasing. Forty-one (41%) percent of REU reported having ever used amyl nitrite and 25% had used it recently (Table 54).

Table 54: Patterns of amyl nitrite use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	47	**41**
Mean age first used (range)	18 (11-35)	**21 (16-43)**
(Of recent users)	(n=8)	**(n=18)**
Median days used last 6 months (range)	5 (1-40)	**2 (1-24)**
Use fortnightly or more (%)	88	**17**
Median quantities used (snorts)		
usual (range)	4 (2-5)	**3 (1-10)**
heavy (range)	5 (2-20)	**4 (1-50)**
Usually use > usual amount (%)	50	**44**
Recently binged with (%)	0	**11**

Source: Party Drugs Initiative REU interviews

On average, REU were initiated into amyl nitrite use at 21 years, but sometimes as early as 16 years. Amyl nitrite was used for a median of only two days in the past six months and 17% of recent users would use it fortnightly or more.

Respondents reported typically using 3 snorts in a usual session, but almost half (44%) would typically use more than that. In heavy use episodes, users would generally use a median of 4 snorts, but could use up to 50 snorts. Eleven percent (11%) had used amyl nitrite in a recent binge in 2004.

Four KE know of small proportions (under 5%) of REU that would use amyl nitrite, but none could estimate the frequency or quantity used. One KE noted that all of the people they knew who used amyl nitrite were gay.

11.5.2 Nitrous Oxide

As with amyl nitrite, the prevalence of nitrous oxide use remained low, but increasing. Forty-four (44%) percent of the sample reported having ever used nitrous oxide, and 15% had used it recently (Table 55). On average, REUs were initiated into nitrous oxide use at 17 years, but sometimes as early as 12 years. Nitrous oxide was used for a median of only one day in the past six months and 9% of recent users would use it fortnightly or more.

Table 55: Patterns of nitrous oxide use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	31	**44**
Mean age first used (range)	18 (10-33)	**17 (12-29)**
(Of recent users)	(n=4)	**(n=11)**
Median days used last 6 months (range)	4 (3-6)	**1 (1-90)**
Use fortnightly or more (%)	0	**9**
Median quantities used (bulbs)		
usual (range)	6 (5-10)	**10 (1-20)**
heavy (range)	13 (5-30)	**10 (1-30)**
Usually use > usual amount (%)	25	**36**
Recently binged with (%)	25	**18**

Source: Party Drugs Initiative REU interviews

Respondents reported typically using 10 bulbs in a usual session, but a third (36%) would typically use more than this. In heavy use episodes, users would also use a median of 10 bulbs, but could use up to 30 bulbs. Eighteen percent (18%) had used nitrous oxide in a recent binge in 2004.

Two KE know of small proportions (under 5 users) of REU that would use nitrous oxide, but neither could estimate the frequency or quantity used.

11.6 Methadone

Methadone was another drug which demonstrated a drastic decline in use from 2003 to 2004. Ten percent (10%) of respondents reported having used methadone at some time and one person reported recent methadone use (Table 56). The median age for first using methadone was 20 years, although some started as early as 16 years. The only recent user

reported using methadone for only 3 days in the previous six. No data was collected on bingeing with methadone.

Table 56: Patterns of methadone use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	41	**10**
Mean age first used (range)	28 (16-43)	**20 (16-24)**
(Of recent users)	(n=25)	**(n=1)**
Median days used last 6 months	20 (2-180)	**3**
Use fortnightly or more (n)	15	**0**

Source: Party Drugs Initiative REU interviews

Six percent (6%) of the sample had injected methadone at some time and with swallowing as the only recent route of administration, no one had injected it in the prior six months (Table 57). The median age for first injecting methadone was 20 years, although some started as early as 16 years.

Table 57: Route of administration of methadone by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	29	**6**
Age first injected (mean)	30 (19-43)	**20 (16-24)**
(Of recent users)	(n=25)	**(n=1)**
Route of administration last 6 months (n)		
Swallowed	21	**1**
Injected	16	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

Five KEs commented on methadone use, two talked about tablets and three talked about liquid. The estimated proportion of REU methadone users ranged between 6%-15%, with three KE identifying swallowing as the route of administration, one reported injecting and the other reported injecting and swallowing. All agreed that frequency of use was daily, but perhaps less (weekly) for financial reasons, no one could comment on the quantity used or if it was licit r illicit use.

11.7 Buprenorphine

Buprenorphine use reduced compared to 2003, however there appears to be two dedicated users in the current sample. Six percent (6%) of respondents reported having used buprenorphine at some time and two people reported recent buprenorphine use (Table 58). The mean age for initial buprenorphine use was 26 years, although some started as early as 18 years. One of the recent users reported daily use, while the other reported using buprenorphine three times a week. No one reported recently bingeing with buprenorphine.

Table 58: Patterns of buprenorphine use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	19	**6**
Mean age first used (range)	32 (18-50)	**26 (18-35)**
(Of recent users)	(n=15)	**(n=2)**
Median days used last 6 months (range)	7 (1-90)	**127.5 (75-180)**
Use fortnightly or more (n)	6	**2**

Source: Party Drugs Initiative REU interviews

Table 59: Route of administration of buprenorphine by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	29	**4**
Age first injected (mean)	33 (20-43)	**29 (23-35)**
(Of recent users)	(n=15)	**(n=2)**
Route of administration last 6 months (n)		
Swallowed	12	**2**
Injected	7	**1**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

Four (4%) percent of the sample had injected buprenorphine at some time and one of the recent users had injected it in the prior six months (Table 59). The mean age for first injecting buprenorphine was 29 years, although some started as early as 23 years.

11.8 Other opiates

One fifth (21%) of the 2004 respondents reported having used other opiates at some time and 8% reported recent use (Table 60), which represents a huge reduction in the overall use

of other opiates. The mean age for first using other opiates was 21 years, although some started as early as 15 years. Other opiates were used for a median of 5.5 days in the previous six months, with only one person using them fortnightly or more.

Table 60: Patterns of other opiate use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	56	**21**
Mean age first used (range)	25 (12-45)	**21 (15-30)**
(Of recent users)	(n=45)	**(n=6)**
Median days used last 6 months (range)	40 (1-180)	**5.5 (2-180)**
Use fortnightly or more (n)	35	**1**

Source: Party Drugs Initiative REU interviews

Table 61: Route of administration of other opiates by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	48	**11**
Age first injected (mean)	27 (15-45)	**23 (18-30)**
(Of recent users)	(n=45)	**(n=6)**
Route of administration last 6 months (n)		
Swallowed	22	**5**
Snorted	1	**1**
Injected	41	**3**
Smoked	1	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

Eleven percent of the sample had injected other opiates at some time and 3 people had injected them in the prior six months (Table 61). The mean age for first injecting other opiates was 23 years, although some started as early as 18 years. The most common route of administration was swallowing (n=5) and one person reported recently snorting other opiates.

11.9 Anti-depressants

Twenty-four percent of respondents reported having used antidepressants at some time and 11% reported recent antidepressant use (Table 62).

Table 62: Patterns of anti-depressant use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	43	**24**
Mean age first used (range)	25 (11-43)	**19 (12-31)**
(Of recent users)	(n=25)	**(n=8)**
Median days used last 6 months (range)	40 (1-180)	**97 (1-180)**
Use fortnightly or more (n)	17	**5**
Usage (n)		
Using prescribed anti-depressants	14*	**5**
Taking as prescribed only	DNC	**5**
Use before ecstasy	0	**1**
Use while on ecstasy	3	**0**
Use while coming down from ecstasy	4	**2**

Source: Party Drugs Initiative REU interviews *** Taking anti-depressants for depression**

The mean age for first using antidepressants was 19 years, although some started as early as 12 years. Antidepressants were used for a median of 97 days and no one reported bingeing with antidepressants in the previous six months.

Of the eight recent anti-depressants users: five were using prescriptions and taking them only as prescribed, one used anti-depressants before taking ecstasy and two would use them whilst coming down from ecstasy.

One person had injected antidepressants, starting at age 20 years, but had not done so in the prior six months (Table 63). All of the recent users reported administering antidepressants orally.

Five KEs commented on antidepressant use saying that a range from three people to 30% of REU will use antidepressants, all said it was in pill form which was swallowed most daily as prescribed. One KE noted that it seems that more GPs are prescribing Zoloft on a regular basis, another said that antidepressant use is a constant and a different KE stated that most REU would not let it be known that they are using as it is a taboo subject.

Table 63: Route of administration of anti-depressants by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	8	**1**
Age first injected (mean)	27 (15-35)	**20 (20)**
(Of recent users)	(n=25)	**(n=8)**
Route of administration last 6 months (%)		
Swallowed	25	**8**
Injected	5	**0**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

11.10 Benzodiazepines

One quarter (24%) of the REUs reported having used benzodiazepines at some time and 10% reported recent benzodiazepine use (Table 64). The mean age for first using benzodiazepines was 18 years, although some started as early as 12 years. Benzodiazepines were used for a median of 10 days, with one person using fortnightly or more. No one reported bingeing with benzodiazepines in the previous six months.

Table 64: Patterns of benzodiazepine use by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever used (%)	56	**24**
Mean age first used (range)	21 (9-41)	**18 (12-23)**
(Of recent users)	(n=45)	**(n=7)**
Median days used last 6 months (range)	20 (1-180)	**10 (1-15)**
Use fortnightly or more (n)	30	**1**

Source: Party Drugs Initiative REU interviews

Nine percent (9%) of the sample had injected benzodiazepines at some time and one person had injected them in the prior six months (Table 65). The mean age for first injecting benzodiazepines was 21 years, although some started as early as 18 years. All other recent users reported swallowing the drug.

Table 65: Route of administration of benzodiazepines by REU, 2003-2004

	2003 sample (n=104)	**2004 sample (n=71)**
Ever injected (%)	26	**9**
Age first injected (mean)	26 (15-45)	**21 (18-24)**
(Of recent users)	(n=45)	**(n=7)**
Route of administration last 6 months (n)		
Swallowed	42	**6**
Snorted	0	**DNC**
Injected	18	**1**
Smoked	3	**DNC**
Shelved/shafted	DNC	**0**

Source: Party Drugs Initiative REU interviews

Five KEs commented on benzodiazepine use, saying that 2% to 10% of REU's would swallow or inject between daily and weekly. One KE advised that as they are muscle relaxants they help REU sleep.

11.11 Other drugs

Twelve REUs reported using drugs other than those specified in the survey. These included aerosols, physeptone, rohypnol, mushrooms, xanax, glue, steroids, kava, travecalm, and butane.

Two KE commented on Kava saying that they knew of one or two users who would swallow a glass of the liquid once a month. Another KE spoke about 'tripstasy' which REUs would use whenever they could get their hands on it, taking one pill which would make them hallucinate 'normal' things. One KE stated that 5% of REU would also use steroids. It was advised that these were all males and that they would inject it intramuscularly twice a day.

Another KE advised that rohypnol is used all the time, and that it is put in someone drink. Guys will spike girls drinks, but if a girl has a boyfriend then they will spike the boyfriends drink. At the time of the interview the KE advised that there were four incidences that weekend. The same KE also noted that 100 plus REU would also swallow two ephedrine tablets approximately five nights a week. It was advised that ephedrine is huge in Darwin and although it is illegal in Australia they can be brought over the counter in Bali. A lot of bouncers use it to stay awake, along with ecstasy and speed. Sports people also take ephedrine before playing sport, and a lot of police and firemen also use it. It was informed that people use ecstasy for partying and ephedrine for sport and work.

11.12 Summary of other drug use

- Compared to 2003, cannabis, alcohol and tobacco use remained high.
- The proportion of the sample who reported using all other drugs in 2004 reduced profoundly, except for inhalant use, where lifetime use remained stable but recent use increased.
- Proportions for lifetime and recent use of other drugs varied amongst the 2004 sample; cannabis (100%, 87%), alcohol (97%, 93%), Tobacco (92%, 82%), Heroin (27%, 3%), Amyl nitrite (41%, 25%), Nitrous oxide (44%, 16%), Methadone (10%, 1%), Buprenorphine (6%, 3%), Other opiates (21%, 8%), Anti-depressants (24%, 11%), Benzodiazepines (24, 10%).
- The mean age in 2003 for first using tobacco, alcohol and cannabis was early teens, s was the case in 2004.
- The mean age for first using ecstasy, speed, pharmaceutical stimulants, LSD, nitrous oxide, heroin, antidepressants and benzodiazepines was late teens in 2004, however, in 2003 it was early twenties for benzodiazepines, heroin and antidepressants.
- The mean age for first using buprenorphine in 2004 was 26 years and in 2003 it was 32 years.
- Tobacco was the most frequently used drug at a median of 180 days in the last six months, with cannabis and buprenorphine not too far behind in 2004. In 2003 cannabis and tobacco were both used for a median of 180 days.
- In 2004 cocaine, LSD and nitrous oxide were the least frequently used drugs, all with a median of one days use in the last six months, and in 2003 buprenorphine and heroin were the least frequently used other drugs for a median of 7 and 5 days respectively.
- Proportions of the 2004 sample who had ever injected specific drugs varied: alcohol (4%), heroin (17%), methadone (6%), buprenorphine (4%), other opiates (11%), antidepressants (1%) and benzodiazepines (9%); these figures were all smaller than the previous year.
- In 2004 all other drugs were most commonly swallowed in the prior six months, except cannabis, which was mostly smoked, and heroin, which had two recent users, one swallowed and one injected.
- Two thirds of those who recently drank alcohol would drink more that 5 standard drinks when using ecstasy (62% in 2003) and 15% would do the same whilst coming down from ecstasy (75% in 2003).
- In 2004 most people who had recently used anti-depressants were utilising prescribed anti-depressants and taking them only as prescribed.
- Other drug that the 2004 sample reported using were aerosols, physeptone, rohypnol, mushrooms, xanax, glue, steroids, kava, travelcalm, and butane.

12.0 RISK BEHAVIOUR

12.1 Injecting risk behaviour

12.1.1 Lifetime injecting patterns

One third (35%) of the sample reported having ever having injected a drug using a median of four drugs intravenously. Some form of methamphetamine was the most common drug first injected (88%), and also subsequently injected at some time in their intravenous career (68-92%). The median age of first injecting any drug class was 19 years, however some started injecting as early as 14 years (compared to 11 years in 2003). On average, speed was injected at the earliest age (18 years) and ketamine was injected the latest age (24 years).

On average it took REUs six years (range 2 years – 19 years) from the age they first started using any drugs until they first started injecting drugs. The only significant difference found in relation to age of first injecting was with the sexuality of REU, with heterosexuals beginning to inject at a younger age than non-heterosexual (18 years vs 22 years; t_{23}=-2.05; p=0.05).

A number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no significant differences between the two groups in terms of gender, ethnicity, and sexuality. However, those who had used substances intravenously were significantly older (26 vs 23; t_{69}= -2.79, p<0.01), had completed significantly less years of education (10 vs 11; t_{69}= 2.95, p<0.01) and therefore also less likely to have completed high school (12% vs 39%; χ^2_1=4.50; p<0.05). Injectors were also more likely to live in their own accommodation (88% vs 63%; χ^2_1=3.83; p=0.05), less likely to be employed (78% vs 44%; χ^2_1=7.03; p<0.01), more likely to be recent bingers (96% vs 30%; χ^2_1=25.41; p<0.01), and less likely to chose ecstasy as their favourite drug (24% vs 59%; χ^2_1=6.50; p=0.01), compared to non-injectors. Although not significant, more injectors had been previously incarcerated compared to non-injectors (11% vs 24%).

Again this year, injectors used a wider range of drugs in their lifetime (10.7 vs 7.4; t_{69}= -5.74, p<0.01) but not in the preceding six months. A major difference between the samples over the two years is the proportion of past and current heroin users. In 2003, heroin had been injected by 16% of the sample and used for a median of 15 days (range 1-150) in the previous six months, therefore a fair proportion of injectors were also recent heroin users. In 2004 only 3% of the sample had recently used heroin for a maximum of 20 days, with only 1% recently using it intravenously. Amongst 2004 injectors, all of those that had tried heroin had also injected heroin at some stage (48%), but only one person had done so recently.

Almost a quarter (24%) of the sample were recent injectors, compared to 58% in 2003. The drugs most commonly injected by REU's were speed (32% ever, 23% recent), base (24% ever, 10% recent), crystal (24% ever, 9% recent), ecstasy (21% ever, 9% recent), and heroin (17% ever, 1% recent). In 2003 this pattern was slightly different, all with higher proportions: speed (65% ever, 53% recent), other opiates (48% ever, 40% recent), heroin (45% ever, 16% recent) and ecstasy (39% ever, 28% recent).

Table 66: Injecting drug use history of lifetime injecting drug users, 2004

	Of those that had ever injected any drug (n=25)							
	% ever used	% ever inject	% 1st drug inject	Mean age 1st inject	% used past 6 mths	% inject past 6 mths	Median days inject last 6 mths	Last drug inject (%)
Speed	100	92	60	18	96	64	27	41
Base	76	68	8	21	52	28	72	29
Crystal	84	68	20	22	12	24	12	0
Heroin	48	48	4	19	4	4	5	0
Ecstasy	100	60	0	21	100	44	5	6
Cocaine	52	28	0	23	20	16	1	0
Ketamine	60	20	0	24	32	20	2	0
Other opiates[1]	44	32	0	23	4	12	3	10

1. Note: Includes methadone, codeine, physeptone tablets, morphine, and pethidine.
Source: Party Drugs Initiative REU interviews

Context of initiation to injecting

Of the 25 people that had ever injected any drug in 2004, five had injected for the first time under the influence, with cannabis being the most commonly reported drug used preceding first injection (n=5), followed by alcohol (n=2) and speed (n=1). When asked how they learned the process of injection; one stated they did not inject themselves, 17 reported learning from a friend or partner, eight were taught by another user, one indirectly learnt from a health professional, one gained knowledge from a book and one was taught by a nurse.

Recent injecting patterns

A median of two substances had been injected within the last six months. As outlined in Table 66 above, speed (64%) and ecstasy (44%) were the drugs that were most likely to have been recently injected, speed (41%) and base (29%) were the most common drugs that were last injected and base had been injected the most frequent (median 72 days). Two people reported having last injected a drug other than those listed, these were buprenorphine and dexamphetamine.

Injecting risk behaviour among recent injectors

The following data pertains to recent injectors. Overall, recent injectors had injected any drug 30 times in the prior six months, but up to 520 times (almost three times a day). A third (35%) would use substances intravenously while already under the influence of drugs and this occurred on a median of 6 times. A quarter (24%) would do the same whilst coming down and 24% would inject whilst either under the influence or coming down from drugs.

Table 67: Injecting risk behaviour by recent injectors, 2004

	Of recent injectors (n=17)
Median times injected any drug last 6 months	30 (2-520)
Inject (%)	
Under the influence	35
While coming down	24
Both	24
Median times injected under the influence last 6 months	6 (1-180)
Frequency of self injection (%)	
Every time	94
Often	6
Shared injecting equipment (%)	
Spoons	29
Filter	6
Tourniquets	24
Water	12
Shared needles last 6 months month (%)	0
Shared needles last month (%)	0
Times someone used needle after you (%)	
No times	100
Times used needle after someone last 6 months (%)	
No times	100

Source: Party Drugs Initiative REU interviews

Almost all would inject themselves (96%) and all (100%) reported never sharing a needle with anyone. However, sharing other injecting paraphernalia was reasonably common with a third (29%) sharing spoons, a quarter (24%) sharing tourniquets, 12% sharing water and 6% sharing spoons.

Context of injecting

Recent injectors reported usually injecting in their own home (82%), followed by a friend's home (47%) or their dealer's home (29%, Table 68). A small but substantial proportion reported usually injecting at a public venue or toilet (18%) and in a car (18%). One person noted that they usually injected at work and another said they usually injected in a hotel room.

Recent injectors tended to inject with close friends (77%), regular sex partner (35%) or an acquaintance (29%). No one injected with a casual sex partner and one person each said that they usually injected with their boyfriend, girlfriend, and a client from work.

Table 68: Context of recent injection, 2004

	Of recent injectors (n=17)
Locales injected (%)	
Own home	82
Friends home	47
Dealers home	29
Street	12
Venue or public toilet	18
Car	18
Sex venue	6
People usually injected with (%)	
No one	12
Regular sex partner	35
Casual sex partner	0
Close friends	77
Acquaintances	29

Source: Party Drugs Initiative REU interviews

Obtaining needles

Most people reported having obtained their needles from an NSP (65%), as well as a chemist (41%), friends and dealers (both 24%), AIDS council (18%) and partners (6%). No one reported having any difficulties in obtaining needles.

BBVI vaccination, testing and self reported status

Half (53%) of the sample reported being vaccinated against HBV (Table 69). Most people reported they were vaccinated for HBV because they were at risk sexually or intravenously (both 16%). However there were many other reasons including jail, work, school, worried because pills taken were not clean, at risk through housemates, precaution, wanted to for health reasons, was compulsory in the Katherine floods, health initiative through school, being offered public health initiative, work related and hygiene, public health, army, health conscious parents because are nurses and girlfriend had it.

Half (54%) the sample had ever been tested for HCV and a third (36%) of the sample had been tested for HCV in the prior year. Of those that had been tested in the last year 13% tested positive. Almost half (43%) of the REUs were tested for HIV in the past year (61% ever tested), and only one person tested positive.

Table 69: BBVI vaccination, testing and self-reported status of REU, 2004

		2004 sample (n=71)
HBV vaccination (%)		53
If yes, reason	Risk (sexual)	16
	Risk (IDU)	16
HCV test last year (%)		36
If yes, result	Positive	13
	Negative	87
HIV test last year (%)		43
If yes, result	Positive	2
	Negative	98

Source: Party Drugs Initiative REU interviews

12.2 Sexual risk behaviour

12.2.1 Patterns of recent sexual activity

Nearly all REU (97%) reported that they had participated in penetrative sex in the last six months (Table 70). Sex in this study refers to penetrative sex and was defined as the penetration of penis/fist into vagina/anus.

While most people only had one (38%) or two (20%) sexual partners recently, 40% had intercourse with three or more people. Of those people who had been recently sexually active, most (75%) had not had anal sex, 80% were having sex with a regular partner and 62% were having sex with a casual partner. This indicates some overlap of people with regular partner's also having sex with casual partners.

Of those who had sex with regular partners reports of condom use were polar, 42% never used condoms and 31% always used condoms. Two thirds of those who had sex with casual partners always (63%) used condoms and 14% never did so.

Table 70: Sexual activity and condom use in the preceding six months, 2004

	2004 Sample (n=71)
Penetrative sex last six months (%)	97
No. sex partners (%)	
None	3
One person	38
Two people	20
3 to 5 people	27
6 to 10 people	6
More than 10 people	7
Of those who had recent penetrative sex	**(n=69)**
No. times anal sex last six months (%)	
None	75
Monthly or less (1-6 times)	20
Daily- three times a week (73-180)	3
More than daily (181+)	1
Had penetrative sex with (%)	
Regular partner	80
Casual partner	62
Of those who had regular partner(s)	**(n=55)**
Condoms used (%)	
Every time	31
Often	16
Sometimes	7
Rarely	4
Never	42
Of those who had casual partner(s)	**(n=43)**
Condoms used (%)	
Every time	63
Often	14
Sometimes	2
Rarely	7
Never	14

Source: Party Drugs Initiative REU interviews

12.2.2 Sexual risk behaviour

Amongst those who had recently had sex, 88% had done so under the influence of drugs, and of these people, most (47%, Table 71) had done it six or more times (ie once a month or more).

Table 71: Sexual activity and condom use under the influence of drugs in the preceding 6 months, 2004

		Recent penetrative sex (n=69)
Penetrative sex under the influence (%)		88
Of those who had sex under the influence		**(n=61)**
No. times sex under the influence (%)	Once	10
	Twice	10
	3 to 5 times	33
	6 to 10 times	13
	More than 10 times	34
Drugs used under the influence (%)	Ecstasy	84
	Speed	36
	Base	10
	Crystal	8
	Amyl nitrite	3
	Cannabis	33
	Alcohol	49
Of those who had regular partner(s)		**(n=49)**
Condoms used (%)	Every time	24
	Often	14
	Sometimes	4
	Rarely	4
	Never	53
Of those who had casual partner(s)		**(n=32)**
Condoms used (%)	Every time	56
	Often	19
	Never	25

Source: Party Drugs Initiative REU interviews

Ecstasy (84%) was the most common drug used while having sex under the influence, followed by alcohol (49%). The REU who had sex under the influence with a regular partner mostly did so never using a condom (53%), although a quarter (24%) would use a condom every time. The REU who had sex under the influence with a casual partner mostly used a condom every time (56%), although a quarter (25%) would never use a condom.

Forty four percent (44%) of the sample had a sexual health check in the previous 12 months, and 19% had one more than a year ago.

12.3 Tattooing and piercing

Half (49%) of the sample reported having received a tattoo, of those tattooed 9% did not get it done professionally (Table 72). All of those that were non-professionally tattooed reported that no one had used the needle before they were tattooed. The median length of time since their last tattoo was 24 months ago (0-240).

Forty-four percent (44%) had received a piercing other than in their ear, of those pierced 6% did not get it done professionally. All of those that were non-professionally pierced reported that no one had used the needle before they were pierced. Median length of time since last piercing was 24 months ago (0.25-96).

Table 72: REUs tattoo and piercing context and risk, 2004

		2004 sample (n=71)
Tattooed (%)		49
Pierced (%)		44
Of those tattooed		**(n=35)**
	Non professional (%)	9
Of those pierced		**(n=31)**
	Non professional (%)	6
Of those with non professional tattoo		**(n=3)**
Needle used before (%)	No	100
Of those with non professional piercing		**(n=2)**
Needle used before (%)	No	100

Source: Party Drugs Initiative REU interviews

12.4 Driving risk behaviour

Over half (59%) of the sample had driven soon after taking any drug in the six months preceding interview (Table 73). The most commonly mentioned drugs used in this way were ecstasy (69%), cannabis (62%), speed (52%), and alcohol (52%). It is important to note that although 31% of the entire sample reported driving within an hour of drinking alcohol, it is not known how much alcohol was consumed before driving and they may have been within the legal limit.

One person each reported driving one hour after taking cocaine, ketamine, MDA, amyl nitrite, morphine, kava, benzodiazepines, and other opiates.

Table 73: REU reports of driving under the influence of drugs, 2004

		2004 sample (n=71)
Driven soon after taking any drugs (%)		59
Of those who drove after taking drugs		**(n=42)**
Which drugs (%)	Ecstasy	69
	Cannabis	62
	Speed	52
	Alcohol	52
	Base	26
	Crystal	19
	LSD	7

Source: Party Drugs Initiative REU interviews

A few KEs commented on some common risks associated with ecstasy use and users. One commented that younger ecstasy injectors generally don't know as much about safe injecting and are more willing to go through education than older users. Another said that people are overusing ecstasy and passing out, there is also the risk of 'bad pills'. It is also dangerous with girls on ecstasy with decreased inhibitions who leave clubs with guys they don't know. It was also stated that driving was very common after consuming ecstasy, speed and/or ephedrine. A different KE commented that people would binge on ecstasy and/or other drugs for days, they would also drive after taking most drugs and that unprotected sex after consuming drugs was quite common.

12.5 Summary of risk behaviour

- One third of the sample had ever injected a drug using a median of four different drugs.
- Speed was the most common recently injected drug.
- Most injectors had learnt to inject from a friend or partner and 20% had first injected under the influence, most commonly cannabis.
- Most people injected themselves, substantial proportions would share injecting paraphernalia but no one reported sharing needles.
- While most people injected in a home, substantial proportions would inject at public venues.
- High proportions were tested for HCV and HIV and half the sample had been vaccinated against HBV.
- Almost all REU had penetrative sex in the prior six months, most with one or two partners.
- The majority never used condoms with regular partners but always used condoms with casual partners.
- A high proportion had sex under the influence of drugs, most commonly ecstasy and generally once a month or more.
- Approximately half the sample had tattoos and/or piercings, small proportions were done non-professionally, but non with a used needle.
- Almost two thirds of the sample drove within one hour of taking drugs, most commonly ecstasy and cannabis.

13.0 HEALTH RELATED ISSUES

13.1 Overdose

Nine people reported having overdosed in the preceding six months, most commonly on ecstasy (n=3) and cannabis (n=3). LSD, GHB and alcohol (all n=1) were the only other main drugs involved in a recent overdose. All reported overdoses involved other drugs being used at the same time as the main drug, except for one person who reported overdosing solely on ecstasy and one person who overdosed exclusively on GHB. Two people who overdosed mainly on ecstasy reported also using other drugs at the same time. One used alcohol and the other used crystal concurrently. Of the three people who had overdosed on cannabis and the one on LSD, the only other drug used at the same time was alcohol. The person who had overdosed mainly on alcohol also reported using base, nitrous oxide and cannabis at the time of overdose.

13.2 Self reported symptoms of dependence

13.2.1 Ecstasy

Information pertaining to Ecstasy SDS scores are detailed in section 4.2. Regular Ecstasy Users elicited a median SDS score of 1 (range 0-15), with 7% reaching a score indicative of problematic use and 11% obtaining a score indicative of dependence (according to Topp and Mattick, 1997).

Significant relationships were found between ecstasy SDS scores and other REU characteristics. Those who had committed any crime in the previous six months had higher SDS scores than those who had not recently committed a crime (3 vs 1; $t_{23.6}$= -2.28; p<0.05). SDS scores were positively correlated with the quantity of ecstasy used in usual sessions (r_{71}= 0.42, p<0.01) and heavy sessions (r_{71}= 0.35, p<0.01), and with the number of problems experienced in the past six months related to drug use (r_{69}= 0.24, p=0.05)

13.2.2 Methamphetamine

Information pertaining to methamphetamine SDS scores are detailed in section 5.2. Ecstasy users elicited a median SDS score of 0 (range 0-15), with 4% reaching a score indicative of problematic use and 13% obtaining a score indicative of dependence (according to Topp and Mattick, 1997).

Many significant relationships were found between methamphetamine SDS scores and other REU characteristics. Those who lived in their own accommodation had higher SDS scores than those who lived in other accommodation (4 vs 1; $t_{50.6}$= 3.10; p<0.01), unemployed participants had higher scores than employed participants (4 vs 1; $t_{23.6}$= 2.03; p<0.01), bingers had higher scores than non-bingers (0 vs 3; $t_{35.7}$= -3.70; p<0.01), lifetime injectors had higher scores than non-injectors (4 vs 1; $t_{25.7}$= -3.12; p<0.01), participants with tattoos had higher scores than those without tattoos (1 vs 3; t_{53}= -2.461, p<0.05), participants with piercings had higher scores than those without piercings (1 vs 3; t_{52}=2.232, p<0.05), and those in the E-preferred group had a lower score than those who were in the other-preferred group (3 vs 1; $t_{41.6}$= 4.16; p<0.01).

Conversely, SDS scores were significantly lower for those who reported that they had overdosed on other drugs in last six months (2 vs 1; t_{53}=2.698, p=0.01). Although not significant, those that reported they had been arrested in the prior 12 months exhibited a higher mean SDS score than those that had not been arrested (2 vs 5), implying that, on average, those who have been arrested in the past 12 months are likely to be dependent.

SDS scores were positively correlated with the number of drug classes used ever (r_{55}= 0.27, p=0.05), with the number of drug classes ever injected (r_{55}= 0.54, p<0.01) and recently injected (r_{55}= 0.48, p<0.01), the number of days used ecstasy in the previous six months (r_{55}= 0.28, p<0.05), number of days used speed in the previous six months (r_{49}=0.39, p=0.01), number of days used any methamphetamine in the previous six months (r_{55}=0.29, p=0.05), and quantity of base used in an average session (r_{23}= 0.43, p=0.05).

13.3 Help-seeking behaviour

One quarter (24%) of the REUs had accessed a health or medical service in the six months preceding interview. Of these 17 people the most common service accessed was psychologists and psychiatrists (both 29%), followed by GPs, counsellors, AOD workers and social welfare workers (all 24%). Counsellors and AOD workers were not accessed in relation to ecstasy, but everyone who access first aid, the emergency department, and the hospital all reported that it was related to ecstasy, with the main issue being psychosis or injury. Seventy-five percent (75%) of the people who accessed GPs did so due to ecstasy related issues such as injury, depression/anxiety and psychosis. Psychiatrists were accessed for the broadest range of drugs including ecstasy (40%), speed (20%), base (20%) and alcohol (20%). The only serviced accessed to obtain information was social welfare.

Two KE were able to comment on the type of mental health problems they observed amongst the REU they were in contact with. One said hey noticed a 'bit' of depression during comedown and some anxiety when the person cannot obtain ecstasy. The other KE noted symptoms such as depression, anxiety, paranoia, poor anger management, irritability and hallucinations. Both KE stated there had been no changes in mental disorders or treatment seeking behaviour of REU in the last six months.

Table 74: Recent REU help seeking behaviour by main drug involved and main issue, 2004

Service	Accessed	Main drug					Main issue					
	%	Ecstasy	Speed	Base	Cannabis	Alcohol	Injury	Psychosis	Depress/anx	Addict	Aggress	Info
Any service	24 (n=17)	% Of those that accessed the particular medical or health service										
First aid	12	100	0	0	0	0	50	0	0	0	0	0
ED / A&E	6	100	0	0	0	0	0	100	0	0	0	0
Hospital	12	100	0	0	0	0	0	100	0	0	0	0
GP	24	75	0	0	0	0	25	50	25	0	0	0
Counsellor	24	0	25	0	50	0	0	0	0	50	25	0
AOD worker	24	0	0	25	25	0	0	0	0	50	0	0
Social welfare	24	50	25	0	25	0	0	25	25	0	25	25
Psychologist	29	60	20	0	0	20	0	20	40	0	0	0
Psychiatrist	29	40	20	20	0	20	0	20	40	40	0	0

Source: Party Drugs Initiative REU interviews

13.4 Other problems associated to ecstasy and related drugs

Participants in 2004 reported a range of other problems associated with drug use. REUs experienced a median of one problem, however 20% experienced three to four problems. Half (49%) of the sample had experienced recent relationship/social problems (31% in 2003), 45% financial problems (47% in 2003), 42% work/study problems (18% in 2003) and only 7% had experienced recent legal problems (14% in 2003) (Table 75).

Table 75: Main drug attributed to other problems experienced in the preceding 6 months, 2004

Problem	% Experienced	Of those experienced, % attributed to					
		Ecstasy	Speed	Base	Crystal	Cannabis	Alcohol
Work/study	42	50	14	0	0	21	11
Financial	45	52	10	10	0	26	0
R'ship/social	49	41	24	3	3	21	3
Legal/police	7	25	0	0	0	50	25

Source: Party Drugs Initiative REU interviews

Most of the categories of problems were attributed to ecstasy use, except legal/police problems, which were mostly attributed to cannabis use (50%). The remainder of the legal/police problems were attributed evenly to ecstasy and alcohol (25% each) which included being imprisoned, convicted, cautioned and drug tested at work.

Besides ecstasy, the remaining people attributed their work/study problems to cannabis (21%), speed (14%) and alcohol (11%), most commonly these included no motivation, reduced work performance, trouble concentrating and sick leave.

Cannabis (26%), speed (10%) and base (10%) were the drugs other than ecstasy to which people ascribed their financial problems, including having no money for recreation/luxuries, having no money for food/rent and being in debt/owing money.

People credited all of the outlined drugs for their relationship/social problems, although mostly ecstasy, the other common two were speed (24%) and cannabis (21%). These problems comprised of arguments, mistrust/anxiety and ending relationships.

KE comments on health related issues

Eight KE commented on health issues related to REUs. The following are some of the remarks.

- REU are usually very straight people during the day who do crazy stuff at night
- Ecstasy users are generally skinnier than non-users.
- Ecstasy users get 'E guts' which is a loss of appetite, they don't eat over the weekend but users are generally not thinner than non users.
- Users are getting skinnier but its not a natural healthy skinny
- The comedown effects seem to be getting more aggressive and such a long comedown can cause study/work problems because of tiredness.

- Ecstasy users generally don't have financial problem but I know of people who have been fired from work, not because ecstasy affected their work performance but because of the stigma of finding out that they used drugs.
- Some people spend all their money on drugs in the night, then have to try to get lift home or walk home, they end up living pay to pay.
- Some REU say they enjoy using ecstasy, but even weekend use is too expensive and people say they can't afford to keep doing it.
- Some REU experience relationship problems because it makes you happy so you do things like kiss other people.
- Users feel more inclined to touch and hug people, sometimes this makes a relationship, other times it breaks a relationship.
- Sometimes it causes problems if your partner doesn't like drug use, some people have problems after giving it up because they have to change their whole social group.
- When using both ecstasy and alcohol some men have erection problems, some male and females will also experience urination problems where they are busting to go to the toilet but cant urinate.
- Guys who have too much cant urinate or get an erection, hence the high Viagra use.

13.5 Summary of health related issues

- In 2004 nine people had overdosed in the last six months, with ecstasy and cannabis being the most common main drugs involved.
- REUs in 2004 elicited a median ecstasy SDS score of 1, with 7% reaching a score indicative of problematic use and 11% obtaining a score indicative of dependence.
- Recent methamphetamine users in 2004 elicited a median methamphetamine SDS score of 0, with 4% reaching a score indicative of problematic use and 13% obtaining a score indicative of dependence.
- A quarter of the 2004 sample had accessed a health or medical service (most commonly psychiatrists and psychologists) in the past six months in relation to their drug use.
- Almost half the sample had recently experienced financial problems in both years and in both years this was most commonly attributed to ecstasy.
- Almost half the 2004 sample had recently experienced relationship/social problems (31% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed.
- Almost half the 2004 sample had recently experienced work/study problems (18% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed.
- Only 7% the 2004 sample had recently experienced legal problems (14% in 2003) in 2004 this was most commonly attributed to cannabis, but in 2003 in was attributed to ecstasy.

14.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

14.1 Reports of criminal activity among REU

Criminal activity appears to have remained stable over the two years of the study. Thirty-five percent of REU had committed some form of crime in the prior month to the interview (Table 76). Drug dealing patterns were reflective of last year proportions, with 28% participating and 17% committing weekly offences. This year only 4% of REU had committed property crime and none were undertaking it weekly or more, no one reported committing fraud and 6% stated that had participated in violent crime, but not weekly or more.

Thirteen percent of the sample reported paying for their ecstasy by dealing drugs for ecstasy profit, 13% were paying for their ecstasy by dealing drugs for cash profit and only 4% were committing property crime to pay for ecstasy. Overall, 27% of REU would pay for their ecstasy using illegal methods.

Those who obtained their ecstasy using illegal methods were not significantly different than those who used "legal" methods in terms of gender, age, ethnicity, sexuality, education, accommodation, employment, prison history, age first tried ecstasy, frequency of use, and usual quantity used. The two groups did have significant differences in other variables. Those who used illegal methods started using ecstasy regularly at a younger age (21 years vs 19 years; t_{69}= 2.43, p<0.05), used higher quantities in their heavy sessions (6 tabs vs 3 tabs, t_{69}= -3.39; p<0.01), were more likely to binge (79% vs 44%; χ^2_1=5.42; p=0.01), paid less money the last time they purchased ecstasy ($47.4 vs $39.2 t_{69}= 3.03; p<0.01), used a wider variety of drugs in the prior six months (5.6 vs 7.0, t_{69}= -2.19, p<0.05) and were less likely to chose ecstasy as their drug of choice (26% vs 54%; χ^2_1=3.20; p=0.05) compared to those who used "legal" methods to obtain ecstasy.

Fifteen percent of participants had been arrested in the previous 12 months compared to 24% last year. Of these people, two of the arrests were for use/possession, one for dealing/trafficking, four for property crime, three for violent crimes, another three for alcohol and driving, one was for other driving offences, and one for offensive language.

The KE who comment on crime noted that most ecstasy users 'don't do crime', it's a party drug, the least violent drug. However most agreed that REU dealing has increased with one saying that they are starting to deal at a younger age and trying methods to trick police, like home delivery.

The police advise that there had been an increase in the size and frequency of seizures and that there had been more ecstasy related (possession and supply) arrests.

Table 76: Criminal activity reported by REU, 2003-2004

Criminal activity in the last month	2003 sample (n=104)	**2004 sample (n=71)**
Any crime	36	**35**
Drug dealing	28	**28**
Once a week or more	18	**17**
Property crime	14	**4**
Once a week or more	7	**0**
Fraud	3	**0**
Once a week or more	2	**0**
Violent crime	3	**6**
Once a week or more	0	**0**
In the preceding six months (%)		
Paid for ecstasy through dealing drugs (ecstasy profit)	29 (any profit)	**20**
Paid for ecstasy through dealing drugs (cash profit)	-	**13**
Paid for ecstasy through property crime	12	**4**

Source: Party Drug Initiative REU interviews

14.2 Perceptions of police activity towards REU

Almost half (48%) of the sample reported that police activity towards Regular Ecstasy Users in the last six months had increased (Table 77). Regardless of this, three quarters (73%) stated that police activity had not made it any more difficult to score their drugs.

Table 77: Perceptions of police activity by REU, 2003-2004

Perception	2003 sample (n=104)	**2004 sample (n=71)**
Recent police activity (%)		
Decreased	1	**3**
Stable	30	**23**
Increased	38	**48**
Don't know	32	**27**
Did not make scoring more difficult	64	**73**

Source: Party Drug Initiative REU interviews

Four KE commented that there had been a recent increase in police activity. One said that there was more undercover work in clubs as police can only find out through observing. Police had an ecstasy blitz about three months ago and four people got busted.

Another KE said that there has been an increase in undercover police in the city and in clubs and a different KE said that police are starting to look where the proceeds from crime go and that they are focussing more on businesses and changing the legislation. Another KE stated that there are now police liaison posters in clubs, that police know that people are using more and that there are more undercovers in clubs who are pulling people outside.

14.3 Anything new happening?

When asked whether anything new was happening in drug use amongst themselves and their friends (new drug types, different types of users, increase in drug use by some users), one third (33%) of the REU sample believed that something new was happening.

Comments centred around four categories: use patterns, type of drugs, type of people, and supply.

Use pattern comments included: increase in drug use, especially ecstasy; increase in number of friends using; Increased frequency of use; more experimentation; some individuals using more then recreationally; more people 17-20 years old are using pills and speed at venues, parties and at home; 18-22 year olds mainly use ecstasy at nightclubs and home; more of my friends have started to use some because they see me having a good time; people trying to increase their dose because they get used to it or try something different (ecstasy with a different base); and many more injectors.

Type of drug comments included: Ice (crystal meth) is becoming more prevalent; GHB is becoming more prevalent; new drug - tripstasy (LSD with MDMA); just got some stuff off the Internet, it got delivered by customs from overseas, it's not meant to have any physical or mental comedown - think it might be called ergott (is in LSD); Candy flipping - ecstasy cut in half with a trip put in the middle (trip sandwich); sextacy; tripstasy been and gone; and pills with cocaine mixed in.

Type of people comments included: more older/professional (over 40) ecstasy users switching from alcohol; and younger kids using.

Supply comments included: supply from Sydney is different to locally available ecstasy; and high Darwin prices encourage obtaining from interstate suppliers especially ecstasy/coke, its cheaper and higher quality.

Three KE gave comments regarding changes in ecstasy use. One said the number of users and the quantity used drops in the wet season. Another KE stated that the biggest change in use was that REU are not as discreet with taking drugs and that bouncers get approached for drugs a lot even though there are 'undercovers' around. The focus of going out has changed, from going out and dancing and partying to going out and having drugs, people think their night will be 'shit' if they don't have a pill. The last KE said that the only change is that they have recently met more people 'who you would be very surprised who uses'.

14.4 Summary of criminal activity, policing and market change

- A third of the sample had committed a crime in the past month, which consisted mostly of drug dealing in both years.
- Just over a quarter of 2004 participants would use criminal methods to pay for their ecstasy, the most common approach being dealing drugs for ecstasy profit..
- The proportion of REU that had been arrested in the previous 12 months dropped from 25% to 15% this year.
- Half of the 2004 sample thought that police activity towards ERDUs had increased recently (38% in 2003), however three-quarters said this had not made it harder for them to score their drugs (64% in 2003).
- A third of the 2004sample believed that new things were happening in the drug scene, these involved changes in drug use patterns, the type of drugs being used, the type of people using drugs, and in the supply of drugs.

15.0 OTHER USER COMMENTS

Participants were asked whether they had any further comments regarding ecstasy and related drug use generally. Table 78 includes these comments that have been broadly categorised.

Table 78: Other user comments

Category	Comment
Price	Crystal Methamphetamine is much more expensive in Darwin than on the coast. This made it too difficult to buy enough tablets to extract pseudo-ephedrine from.
	Ecstasy is more expensive but there is more variety (different types of pills)
	Drugs in Darwin are cheap & nasty, watered down and crap - but expensive
	Very expensive in Darwin- Can get ecstasy tabs for $25.00 down south.
	Much more expensive in Darwin. Would take a higher dose (2 instead of 1) if it were cheaper. I can have 3 a night in Brisbane at $30 a tab
	It's not cheaper because I end up drinking the same amount of alcohol anyway.
Purity/ appearance	If you buy from your friends you know you are getting the right drugs. At raves sometimes they set up testing booths, which is good.
	Higher purity is more common in Darwin.
	Now after the recent bad batch if I haven't seen the name/colour I only have half and it was really strong. I know one girl who had a tab from a bad batch, we had to hold her up, she couldn't stand or walk and she missed work. I know some people who regularly check pillreports.com There are different colour/logos every week.
	Low quality in Darwin compared to WA. Should introduce drug-testing kits for personal use (to check purity etc of Ecstasy tablets).
	Problems with never knowing what you are actually getting. The Quality of ecstasy crap, the wrong stuff is being put in it.
Availability	Used very openly in clubs.
	Should have asked about availability to younger users (school etc).

	I had an easy supply of ecstasy for last 4 months, but my dealer just got busted. Now I have 3 options 1) Rely on someone else/friend to get, 2) Get introduced to another dealer-, or 3) Get it randomly by asking around on the night.
Dealers	Police informants are mostly known and being paid off by dealers to give information to Police that deters them from what's actually going on.
	Four major dealers are shutting down the bad dealers who cut drugs or who import themselves.
	Two more major dealers are coming out of jail and will shut down independent dealers. There is always a face in prison to keep business going – this is the biggest business.
Legal	Drugs should be legal and then people wouldn't abuse them.
	Drugs are only illegal because the government can't tax them.
	If drugs were legal the drugs could be tested and people would get the right products – less dangerous
	You know who the undercovers are in the club, they pretend to be drunk in the toilets, they are older and they sit down a lot.
Social	People are influenced by older friends who are using.
	It is difficult to stop using ecstasy because of social pressures. Drugs integrate you into many different social circles and are hard to escape. You would have to give up your whole lifestyle and all your friends.
	With ecstasy you get into a crowd of people. People who do it are perceived as cool
	I don't usually take drugs when I'm in a relationship, when I'm single it helps with confidence.
	Why use? You meet more people, get invited to a lot of things, it's very social and very cliquey – have own after parties etc.
Other	Not many 16-17 year old doing ecstasy.
	I only became interested in drugs when the Dare Program came to school.
	Friends are willing to buy cannabis but not anything chemical.
	I started using ecstasy because alcohol didn't have an effect
	When using ecstasy you lose your appetite. I don't eat anything at all between Friday lunch and Sunday night.
	I'm starting to get bored with ecstasy – but I wouldn't move on to methamphetamines as it is too hard to take, plus I would feel like a real druggie then.
	There is a new drug – don't know what it's called, you can buy 18 for $90, they are tabs just like ecstasy, they keep you awake and you can buy

them from the sex shops. Not sure if you can get them in Darwin.

If you're not happy when you take ecstasy you will have a massive downer (comedown).

Should have asked about.

- Methods for dealing with drug issues (ie: strategies such as supply reduction).
- Mental Health issues (especially longer term than last 6 months.
- Drug Education at school (chemical composition/neurological effects and side effects etc)

There are no proof of links between ecstasy use and brain damage or depression.

They need to do something about drink spiking. Have had drinks spiked – it's a huge problem in Darwin.

Taking ecstasy is just temporary phase in life.

The Media hype the detrimental effects of drug use.

Ecstasy and speed are becoming increasingly the drug of choice.

There is less drug education here than southeastern states. Earlier education would be good. There is generally less drug awareness here.

16.0 SUMMARY

16.1 Demographic characteristics of Regular Ecstasy Users (REU)

Although both males and females of all ages use ecstasy, use was more common among males in both years (70% and 73%). The average age of the regular ecstasy users decreased by almost a decade this year, going from 33 years in 2003 to 24 years in 2004. The ecstasy users interviewed were relatively well educated, with most having completed at least 11 years of education (10 years in 2003) and a substantial proportion (46%) had tertiary or trade qualifications (56% in 2003). Two thirds of 2004 REU interviewed were employed in some form compared to 39% last year. Previous incarceration proportions dropped form 36% in 2003 to 16% in the current year. Only one person reported they were currently in treatment whereas 13% were last year. A third of the sample had ever injected a drug compared to two-thirds last year.

16.2 Patterns of drug use among REU

Polydrug use was the norm among the regular ecstasy users interviewed in both years. Ecstasy was the drug of choice for most of the respondents in both years (47% in 2004 and 36% in 2003), followed by cannabis in 2004 and methamphetamines in 2003. A large proportion reported recent use of alcohol, cannabis, tobacco, and methamphetamines in both years. Again this year, drugs typically seen as 'ecstasy related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

16.3 Ecstasy

On average, the sample of regular ecstasy users started to use ecstasy at 19 years (compared to 24 years in 2003), and began using it regularly when they were 20 years (compared to 27 years on 2003). Patterns of ecstasy use varied over the two years. In 2004 the proportion using ecstasy weekly or more increased (39% vs 19%), usual (1 vs 2) and heavy (2 vs 3) quantities increased, and bingeing with ecstasy decreased. A higher proportion reported that ecstasy was their favourite drug in 2004. In both years most of the sample used other drugs with ecstasy but use of other drugs whilst coming down from ecstasy reduced from 84% in 2003 to 58% in 2004.

In both years most of the sample recently swallowed ecstasy and in 2004 the proportion that had recently injected it decreased. Ecstasy was most commonly purchased in tablet form for $50 and this price was 'stable' in the six months preceding interview in both years. In 2004 most users said that the current purity of ecstasy was 'medium' or 'high' and that this had been 'fluctuating' over the past six months, in 2003 the purity was 'medium' and 'stable'. Most users reported the availability of ecstasy as 'very easy' and that this had been 'stable' over the past six months in both years.

A majority of users said they scored ecstasy from a friend in both years, but in 2003 it was most scored at a friends home and in 2004 in was mostly scored at a nightclub. In 2004 most regular ecstasy users reported that they usually and had last used ecstasy at a nightclub, in 2004 they usually and last used at home.

In 2004 almost one fifth (18%) of the sample obtained a Severity of Dependence Scale (SDS) score indicative of problematic or dependent use. In 2004 the most common perceived benefits associated with ecstasy use were 'enhancement of mood' and 'fun', and in 2003 it was 'social enhancement' and 'enhancement of mood/feeling'. The most common perceived risk with ecstasy use was to the 'unknown drug contaminants or cutting agents' in the tab and in 2003 it was risks to 'ones physical health'

16.4 Methamphetamine

In 2004 majority of the sample had also used speed in the past six months (72%, 91% in 2003) and substantial proportions had used crystal (35%, 40% in 2003) and base (45%, 32% in 2003). The average age for methamphetamine initiation has decreased since 2003 - speed 18 years vs 20 years, base 20 years vs 23 years and crystal 20 years vs 26 years. In both years a quarter reported they had used speed weekly or more in the six months preceding the interview. In 2004, 25% had use base (15% in 2003) and 12% used crystal (7% in 2003) at the same frequency. Recent injection of all forms of methamphetamine by recent users dropped drastically in 2004 – speed 66% vs 14%, base 73% vs 22%, and crystal 60% vs 24%. Swallowing overtook injection as the most common route of administration for all forms of methamphetamine in 2004.

Forty one percent of the current sample had ever used pharmaceutical stimulants at and average age of 18 years. Recent users would typically use 10 tabs or 12 tabs in a heavy use episode. Ten percent reported using weekly or more. Most of the recent users swallowed pharmaceutical stimulants, and one fifth had injected them.

In 2004 the average usual amount of speed used decreased from one gram to half a gram and the heavy amount used also decreased from two grams to one gram. In both years over half of the recent speed users had recently binged with speed. In both years the average amount of base used in a typical session was one point. In 2004 the average amount used in a heavy session decreased from two and a half points to one point. In both years similar proportions recently binged with base. On average crystal users reported typically using one point or 2 points in a heavy episode in both years. In 2004 recent bingeing with crystal reduced by half (40% vs 20%). In 2004 17% of recent methamphetamine users obtained an SDS score indicative of problematic or dependent use.

In 2004 speed was most commonly purchased for a median of $100 per gram ($50 per point in 2003), base for a median of $50 per point (same in 2003) and crystal for a median of $50 per point ($65 per point in 2003). A majority of users of each form of methamphetamine in both years said this price was 'stable'. Most respondents reported the purity of: speed as 'low' and 'stable' ('fluctuating' in 2003), base as 'medium' and 'stable' ('fluctuating in 2003), and crystal as 'high' and 'stable' in both years. Speed users in both years reported the availability as 'very easy', and 'stable', base users in 2004 reported the availability as 'easy', and 'stable' ('very easy and 'stable' in 2003), and crystal users in both years reported the availability as 'easy, and 'stable'.

In 2004 speed and crystal users mostly scored from their friends, base users scored from known dealers, and all mostly scored at their friend's home. In 2003 most users of all types of methamphetamine scored from their friends at their friends home.

16.5 Cocaine

In the current year lifetime cocaine used dropped (50% vs 39%) and recent use increased (5% vs 15%) compared to 2003. Among those that recently used, cocaine use was infrequent with a median of one days use in the preceding six months in 2004, compared to six days in 2003. In both years recent cocaine users most commonly snorted; in 2003 only one person had injected, but in 2004 36% of recent users had injected.

In 2004 usual (0.5 grams) and heavy (0.75 grams) quantities used were very similar and in 2003 only one person reported a usual quantity of one gram and a heavy quantity of four injections.. Only one person had recently binged with cocaine in 2004 and two had done the same in 2003. In 2004 cocaine was usually used at home or at private parties.

The median price for a gram of cocaine in 2004 was reported to be $250 ($280 in 2003). Most users in 2004 reported that the price for cocaine had been 'stable' with no response pattern in 2003. The purity of cocaine was reported to be 'medium' in both years and half 'didn't know' about the change in purity over the last the six months in 2004, but in 2003 it was reported to be 'decreasing'. Most participants who commented on the availability stated that cocaine was 'difficult to very difficult' to obtain in 2004 (no pattern in 2003) and this had been 'stable' over the past six months in 2004, but half in 2003 said it was becoming 'more difficult.

16.6 Ketamine

Ketamine lifetime (18% vs 32%) and recent (7% vs 18%) use increased in 2004 compared to 2003. Recent users in 2004 had used it for a median of two days (one day in 2003) and used two bumps in usual and heavy episodes. In 2003 one bump was usually used and two bumps were used in heavy episodes. The majority of those that had recently used ketamine had swallowed it in both years, but just over a third had injected it in both years as well. In 2004 respondents reported usually using ketamine at home.

The median price per bump in 2004 was reported at $200 ($40 for 0.5grams in 2003), and most did not know if this price had recently changed. Ketamine purity was rated 'high' and 'stable' in both years. Ketamine availability was described as 'difficult to very difficult' to obtain in both years, with very mixed reports of change in availability

16.7 GHB

As with last year no one had ever used 1,4B but this year one person had ever used GBL at age 36, but had not used it recently. In 2004 20% of the sample reported lifetime use of GHB (17% in 2003) and only 6% had used GHB in the six months preceding interview (4% in 2003). Among the few that reported GHB use, 4% had ever injected it in 2004, but recently all swallowed the drug in both years. GHB had been recently used for a median of two and a half days (eight days in 2003) and people were using 11.1mls in usual and heavy episodes. The usual amount used in 2003 was 16mls and 17mls in heavy episodes.

One person reported the price of GHB at $3 per ml, with change in price comments varied, but no one could answer these questions on 2003. There were no consistent pattens

with comments on GHB purity and availability in 2004 and again no one could answer these questions in 2003.

16.8 LSD

In 2004 lifetime LSD use decreased (80% vs 63%) and recent use increased (25% vs 31%) compared to 2003. On average, the users interviewed had first used LSD at 18 years old in both years. A small proportion (14%) reported they had used LSD fortnightly or more in 2004, and in 2003 it was 8%. A small proportion (5%) of recent users had recently injected LSD in 2004 (12% in 2003), although most reported swallowing it in both years.

Most reported they typically used use one tab in usual episodes in both years, and for heavy episodes it was one tab in 2004 but two tabs in 2003. Recent bingeing with LSD amongst recent users decreased in 2004 from 12% to 9%.

In both years LSD was most commonly purchased in tab form for $25 and a majority or users said this price was 'stable'. In both years users said that the current purity of LSD was 'fluctuating' and that it had been 'fluctuating' over the past six months. Availability of LSD differed over the two years. In 2004 it was 'difficult' to obtain and this had been 'stable' over the past six months. In 2003 it was 'easy to very easy' to obtain and this had been 'stable'. LSD was most commonly used in nightclubs in 2004 and was typically scored from a friend in the users own home.

16.9 MDA

Twenty eight percent of the sample reported lifetime use of MDA (21% in 2003) but only ten percent had used MDA in the six months preceding interview (6% in 2003). Swallowing was the most common recent route of recent administration in both years. In 2004 the quantity of MDA used declined. In usual episodes it dropped from two caps to one cap, and in heavy episodes it dropped from five caps to two caps. Among those that used MDA, use was infrequent in both years - three days in the six months preceding interview in 2004 and two days in 2003.

A cap of MDA was reportedly purchased in 2004 for a median of $55 ($60 per cap in 2003) and this price had been 'stable' over the prior six months in 2004. The one respondent who knew about MDA purity in 2004 and reported it to be ' high' and 'stable' which was the same as the previous year. The two people who commented on MDA availability in 2004 said it was 'very easy' or 'difficult' and that it had remained 'stable' or 'fluctuated'. In 2003 it was reported as 'difficult' and 'stable'.

16.10 Patterns of other drug use

Compared to 2003, cannabis, alcohol and tobacco use remained high. The proportion of the sample who reported using all other drugs in 2004 reduced profoundly, except for inhalant use, where lifetime use remained stable but recent use increased.

Proportions for lifetime and recent use of other drug varied in 2004; cannabis (100%, 87%), alcohol (97%, 93%), Tobacco (92%, 82%), Heroin (27%, 3%), Amyl nitrite (41%, 25%), Nitrous oxide (44%, 16%), Methadone (10%, 1%), Buprenorphine (6%, 3%), Other opiates (21%, 8%), Anti-depressants (24%, 11%), Benzodiazepines (24, 10%).

The mean age for first using tobacco, alcohol and cannabis was early teens, this was the same in 2004. The mean age for first using ecstasy, speed, pharmaceutical stimulants, LSD, nitrous oxide, heroin, antidepressants and benzodiazepines was late teens in 2004, however, in 2003 it was early twenties for benzodiazepines, heroin and antidepressants. The mean age for first using buprenorphine in 2004 was 26 years and in 2003 it was 32 years.

Tobacco was the most frequently used drug at a median of 180 days in the last six months, with cannabis and buprenorphine not too far behind in 2004. In 2003 cannabis and tobacco were both used for a median of 180 days. In 2004 cocaine, LSD and nitrous oxide were the least frequently used drugs, all with a median of one days use in the last six months, and in 2003 buprenorphine and heroin were the least frequently used other drugs for a median of 7 and 5 days respectively.

Proportions of the 2004 sample who had ever injected specific drugs varied; alcohol (4%), heroin (17%), methadone (6%), buprenorphine (4%), other opiates (11%), antidepressants (1%) and benzodiazepines (9%), however these figures were all smaller than the previous year. In 2004 all other drugs were most commonly swallowed in the prior six months, except cannabis, which was mostly smoked, and heroin, which had two recent users, one swallowed and one injected.

Two thirds of those who recently drank alcohol would drink more that 5 standard drinks when using ecstasy (62% in 2003) and 15% would do the same whilst coming down from ecstasy (75% in 2003). In 2004 most people who had recently used anti-depressants, were utilising prescribed anti-depressants and taking them only as prescribed. Other drug that the 2004 sample reported using were aerosols, physeptone, rohypnol, mushrooms, xanax, glue, steroids, kava, travelcalm, and butane.

16.11 Risk behaviour

One third of the sample had ever injected a drug using a median of four different drugs with speed being the most common recently injected drug. Most injectors had learnt to inject from a friend or partner and 20% had first injected under the influence, most commonly cannabis. Most people injected themselves, substantial proportions would share injecting paraphernalia but no one reported sharing needles. While most people injected in a home, substantial proportions would inject in public venues.

High proportions were tested for HCV and HIV and half the sample had been vaccinated against HBV. Almost all REU had penetrative sex in the prior six months, most with one or two partners. The majority never used condoms with regular partners but always used condoms with casual partners. A high proportion had sex under the influence of drugs, most commonly ecstasy and generally once a month or more.

Approximately half the sample had tattoos and/or piercings, small proportions were done non-professionally, but none with a used needle. Almost two thirds of the sample drove within one hour of taking drugs, most commonly ecstasy and cannabis.

16.12 Health related issues

In 2004 nine people had overdosed in the last six months, with ecstasy and cannabis being the most common main drugs involved. REUs in 2004 elicited a median ecstasy SDS score of 1, with 7% reaching a score indicative of problematic use and 11% obtaining a score

indicative of dependence. Recent methamphetamine users in 2004 elicited a median methamphetamine SDS score of 0, with 4% reaching a score indicative of problematic use and 13% obtaining a score indicative of dependence. A quarter of the 2004 sample had accessed a health or medical service (most commonly psychiatrists and psychologists) in the past six months in relation to their drug use.

Almost half the sample had recently experienced financial problems in both years and in both years this was most commonly attributed to ecstasy. Almost half the 2004 sample had recently experienced relationship/social problems (31% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed. Almost half the 2004 sample had recently experienced work/study problems (18% in 2003) in 2004 this was most commonly attributed to ecstasy, but in 2003 in was attributed to speed. Only 7% the 2004 sample had recently experienced legal problems (14% in 2003) in 2004 this was most commonly attributed to cannabis, but in 2003 in was attributed to ecstasy.

16.13 Criminal activity, policing and market changes

A third of the sample had committed a crime in the past month, which consisted mostly of drug dealing in both years. Just over a quarter of the 2004 participants would use criminal methods to pay for their ecstasy, the most common approach being dealing drugs for ecstasy profit. The proportion of REU that had been arrested in the previous 12 months dropped from 25% to 15% this year. Half of the 2004 sample thought that police activity towards ERDUs had increased recently (38% in 2003), however three-quarters said this had not made it harder for them to score their drugs (64% in 2003).

A third of the 2004sample believed that new things were happening in the drug scene, these involved changes in drug use patterns, the type of drugs being used, the type of people using drugs, and in the supply of drugs.

17.0 IMPLICATIONS

The patterns of use and market characteristics of ecstasy and related drugs have received relatively little attention in the NT although it would appear from this study and the 2003 PDI that this market is well established, that the use of these drugs has become 'normalised' as an aspect of 'going out' behaviour and that it carries risks of related harms. The findings from the Northern Territory 2003 and 2004 Party Drugs Initiative suggest that the following issues receive attention from policy makers, researchers and health professionals:

- Substantial proportions of REU reported recently bingeing on ecstasy, recent alcohol use and also using large amounts of alcohol in conjunction with ecstasy, and this is supported by KE comment. It is also clear that polydrug use is the norm. These patterns of use may increase the risk of harm associated with ecstasy use and so appropriate prevention and harm minimisation strategies should be developed and targeted towards REU.

- As in 2003, the majority of ecstasy users acknowledge that their use involves the risk of a range psychological, neurological and physical harms and substantial proportions of the 2004 sample reported problematic or dependent use of either ecstasy or methamphetamines. At the same time only one person was in some form of drug treatment at the time of interview. In light of what may be an imbalance between risky behaviour and treatment seeking,
  - health professionals, services and other relevant agencies should be encouraged to further develop their capacity to detect ecstasy use amongst their clientele.
  - health promotion resources specific to ecstasy and related drug use, particularly among young people, be developed and distributed.

- It is known that the content of 'ecstasy' tablets is variable and that they may contain little or no 'ecstasy' per se. The single risk reported most by REU was not knowing what is in the tablets they consume. The risks associated with consumption of either contaminants, unknown or unanticipated drugs may be reduced by:
  - the analysis of seizures by law enforcement agencies in the Northern Territory. The analysis of the composition of the tablets sold locally as 'ecstasy' is required to better understand the potential harms faced by local consumers
  - locally available 'ecstasy testing kits' may allow consumers to be more informed about the drugs they believe they are using.

- Further analysis of the different sub-groups of users and their drug using profiles, in particular, indigenous use of ecstasy and related drugs, the use of these drugs in the workplace and by tourist visitors to the NT.

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