Josephine Weekley, Sophie Pointer, Robert Ali

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

NDARC Technical Report No. 224

SOUTH AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004

Findings from the Party Drugs Initiative (PDI)

Josephine Weekley, Sophie Pointer and Robert Ali

Drug and Alcohol Services Council of South Australia[1]

NDARC Technical Report No. 224

ISBN 0 7334 2240 3

[1] Please note that in 2005, the Drug and Alcohol Services Council of South Australia underwent a name change to become Drug and Alcohol Services South Australia (DASSA) and will be referred to as such in future PDI publications.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

This research was funded by the National Drug Law Enforcement Research Fund, through the National Drug and Alcohol Research Centre. The authors would like to thank Ms Courtney Breen, Ms Jennifer Stafford, Ms Bethany White, Dr Louisa Degenhardt and Dr Richard Mattick of NDARC for their support and assistance throughout this study.

The authors also wish to acknowledge and thank:

- The six research interviewers who conducted the interviews with 'ecstasy' users: Nitsan Atkinson, Damian Creaser, Aylza Donald, Andrea Gordon, Justin Hay and Glynn Morrish.

- The eighteen key experts who willingly provided their time, effort, knowledge and experience to contribute to the PDI.

- The organisations that generously provided us with indicator data or advice where indicator data was not available at the time of publication, including the Drug and Alcohol Services Council, the Australian Crime Commission (formerly the Australian Bureau of Criminal Intelligence), the South Australian Police, the Australian Bureau of Statistics, the South Australian Ambulance Service, the Royal Adelaide Hospital, and the National Drug and Alcohol Research Centre.

Finally, the authors wish to thank the 100 'ecstasy' users who participated in the PDI survey.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood borne virus
DASC	Drug and Alcohol Services Council
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate ('Fantasy', GBH, 'Liquid E')
IDRS	Illicit Drug Reporting System
KES	Key Expert(s)
LSD	Lysergic acid diethylamide ('trips', 'acid')
MDA	3,4-methylenedioxyamphetamine
MDEA	3, 4-methylenedioxyethylamphetamine
MDMA	3, 4-methylenedioxymethamphetamine ('ecstasy')
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
RAH	Royal Adelaide Hospital
SA	South Australia
SAPOL	South Australian Police
PDI	Party Drugs Initiative
REU	Regular Ecstasy User
PMA	Para-methoxyamphetamine
1,4-B	1,4-butanediol (1,4-B, BD)

EXECUTIVE SUMMARY

This report presents the results of the Party Drugs Initiative, a study undertaken to monitor ecstasy and related drugs markets in South Australia. 2004 was the fifth year in which regular ecstasy users in Adelaide have been surveyed and comparisons with previous years have been drawn where possible. Trends in the demographic characteristics and patterns of drug use among regular ecstasy users, the prevalence of risk-taking and harms related to drug use, as well as the level of criminal involvement among this group, are presented. Also presented are details on current price, purity and availability of ecstasy and related drugs in Adelaide, and the trends in these drug markets.

Demographic characteristics of regular ecstasy users (REU)
Similar to previous years, the majority of REU were male, and on average, aged in their early 20's. The majority of the sample was either employed or full-time students with less than 20% reporting being unemployed. Most REU were well educated and almost half had completed either a trade/technical qualification (26%) or a tertiary qualification through university or college (20%). Very few had a history of imprisonment or were currently undergoing treatment for drug use. Key expert (KES) information supported this demographic profile of REU generally.

Patterns of drug use among REU
Regular ecstasy users were identified as polydrug users with the median number of drugs used reported to be 11 across lifetime and 7 in the last six months. Large proportions of the sample reported recent use of some form of methamphetamine (90%) and cannabis (81%), as well as alcohol (96%) and tobacco (65%). Other substances reported as recently used by substantial proportions of REU were nitrous oxide, ketamine, LSD, cocaine and benzodiazepines. Compared to 2003, the proportion of REU reporting recent use of cocaine had decreased, but remained stable for most other substances.

Though a small increase in the percentage of REU that reported binge behaviour (to 53%) was noted this year, the percentages per substance were relatively stable. In 2004, 12% of REU reported recent injecting, most commonly some form of methamphetamine. No clear long-term trend in prevalence of injecting among REU was discernible.

Ecstasy
Over the last five years there has been little change in parameters of ecstasy use, with the reported mean age of first use, median days of use, and *average* or *most* amount used in a typical session all remaining relatively stable across this period. There has, however, been a gradual increase in the proportion using more than one tablet in a typical session, to the point that in 2004 this was reported by the majority of the sample (84%) compared to less than half the sample in 2000 (44%). In addition, a large proportion of the samples have consistently reported binge use of ecstasy across this time, with almost half the sample having done so in 2004. REU mainly report use of ecstasy by swallowing, with substantial proportions also reporting recent use by snorting. Ecstasy continued to be used most commonly at nightclubs, raves/dance parties, private parties or at people's homes.

Most REU report typically using at least one other drug either *with ecstasy* or *at comedown,* with tobacco, alcohol, cannabis and some form of methamphetamine reported as most

commonly used *with ecstasy*, and tobacco, alcohol, cannabis, and to a lesser extent, benzodiazepines, being most commonly used *at comedown*. There were reductions in the proportions of REU reporting recent use of alcohol, either *with ecstasy* or *at comedown*, in 2004, compared to 2003.

KES information confirms that REU are polydrug users, that binge use of ecstasy and other drugs was not uncommon and that there was a wide range in frequency of use of ecstasy, from regular weekend use (particularly among younger users) to less regular 'special occasion' use.

The price of ecstasy was stable (at $30/pill) and availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend. The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2004, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines (including MDMA) in 2004 was 29%, a slight decrease compared to 2003. SAPOL data indicates an increase in detection of MDMA-producing clandestine laboratories in 2004 that suggests local manufacture of MDMA has taken a foothold in SA.

No increase in the number of ecstasy-related calls to ADIS were recorded in 2004, and although a doubling of the number of presentations to DASC treatment services was noted, the total number of ecstasy-related presentations remains a very small proportion of total presentations (0.6%).

The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness and empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood. The most commonly perceived risks associated with taking ecstasy were some kind of physical, psychological or neuropsychological harm, or unknown pill content.

Methamphetamine

In 2004, more REU reported lifetime use of base methamphetamine, but recent use of all forms of methamphetamine remained stable, compared to 2003. The largest proportion of the REU sample reported recent use of base (72%), followed by powder (62%) and crystal (47%), in 2004. The frequency of recent use of all three forms of methamphetamine was the same (a median of 6 days), and similar to levels reported in 2003. There were no significant differences between males and females with regard to average frequency of use of all forms. There were no other substantial changes in the parameters of use of any form of methamphetamine, in particular there was no indication of increased use of crystal methamphetamine, compared to 2003. KES information supports the findings that methamphetamine use in general was common among REU, but that use of crystal methamphetamine was still relatively rare.

Overall, the most common locations REU reported usually using methamphetamine were nightclubs, friend's homes, their own home, private parties or raves/dance parties. A larger proportion of REU reported usually using crystal at home than anywhere else, but powder or base was most commonly reported as usually being used at a friend's home or nightclub.

In comparison to 2003, there appears to have been little change in price or purity of all forms of methamphetamine. ACC data indicates that median purity of SAPOL seizures

have been stable for the past two years (at ~20%). Availability of all forms of methamphetamine remained generally easy, but a decline in the perceived availability of both powder and crystal methamphetamine were noted, compared to previous years. REU most commonly obtained all three forms of methamphetamine from their friend's homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place (particularly with regard to base). SAPOL data indicates that clandestine production of methamphetamine continues in SA, with evidence emerging in 2004 of local production of the purer crystalline form ('ice').
In addition, SAPOL data indicates an increase in the number of methamphetamine-related provision offences in SA in 2003/04.

The number of amphetamine-related calls to ADIS remained stable, but the proportion of presentations to DASC treatment services for amphetamines declined.

Cocaine
There was a further decline in the proportion of REU reporting recent use of cocaine in 2004 (to 26%), though no change in the frequency of cocaine use, which remains low among those that had used recently. The most common locations of use of cocaine differed from those of ecstasy and methamphetamine: use of cocaine was most likely to occur in a friend's home, a private party or a nightclub.

Cocaine continued to be relatively expensive (at an average $250/gram) and perceived as difficult to obtain, with medium or low purity, by the majority of REU able to comment. ACC data indicates that median purity of SAPOL seizures in 2003/04 was 38.5%, an increase compared to 2002/03 (20.6%). However, the small number of seizures and the lack of comparable data from previous years makes meaningful trend analysis impossible. As in previous years, KES suggested that the cocaine market in Adelaide was mostly restricted to a small subset of REU.

Both cocaine-related calls to ADIS and cocaine-related presentations to DASC remained consistently low and stable compared to previous years.

Ketamine
Over a third of REU reported recent use of ketamine in 2004, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have stabilised in 2004 following a steady increase from 2001 to 2003. A small number of KES associated with the 'scene' reported ketamine use was increasingly common among REU. Ketamine was more likely to be used at a friend's home or a private party than at other public venues.

The current price of ketamine was stable at $180 to $200 per gram, purity was considered high by the majority (an increase compared to 2003), and availability was reported as 'easy' or 'very easy' and becoming easier recently. Ketamine was most commonly purchased from friends or known dealers by those able to comment.

GHB
Just over 10% of REU reported recent use of GHB, and there has been a stabilisation of prevalence of use of GHB among REU in the last two years, following the spike in 2002. The frequency of use, already low, declined further in 2004 compared to previous years.

Price, purity and availability data for GHB in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the price of GHB was stable and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002). Limited KES information suggested that GHB use was still common among a sub-group of users, despite its reputation as a risky drug.

LSD

Approximately a third of the REU sample reported recent use of LSD, and prevalence of recent use was relatively stable compared to 2003, following a decrease from previous years. Frequency of use of LSD remains low. KES reports suggest that LSD use was not common among REU, though likely to be more common among younger users or within a different 'tribal dance' scene.

The price of LSD in 2004 was unchanged and low (at $10 per tab). Perceived purity was slightly increased and availability was decreased, compared to 2003.

MDA

Fourteen percent of REU reported recent use of MDA in 2004. The proportion of REU reporting recent use of MDA was decreased compared to 2003, but the frequency of use was relatively stable and remains consistently low across the five years of the PDI survey. Limited KES information suggested that MDA was not commonly used by REU or available in Adelaide, but was sought by a small percentage of users.

Price, purity and availability data for MDA in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the purity of MDA was stable and considered high or medium, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).

Other drugs

As in previous years, the majority of the REU sample reported recent use of alcohol, tobacco and cannabis, and although the frequency of use of these drugs has fluctuated somewhat across the years, it has remained relatively high. KES information also suggests that use of these substances was common, but that frequency of use varied widely. Substantial proportions of the samples have also consistently reported recent use of benzodiazepines (40% in 2004), though frequency of use was generally low. Also, KES reports do not, in the main, support common use of benzodiazepines among REU. Antidepressants were recently used by a small proportion of REU, with the majority reporting use as prescribed.

Use of inhalants has also remained fairly stable across the years, with almost half the REU sample in 2004 reporting use of nitrous oxide a median 4 days, and 16% reporting use of amyl nitrate a median 3 days, in the last six months. KES suggest that nitrous oxide use was particularly common among younger users.

Twenty-one percent of REU reported recent use of some type of pharmaceutical stimulant (eg. dexamphetamine) a median 2 days in the last six months.

Risk behaviour

Several aspects of risk-taking among REU were assessed as part of the REU survey, for the first time in 2004.

Injecting
Twelve REU reported recently injecting any drug, most commonly some form of methamphetamine (particularly base) or ecstasy. Four REU also reported injecting ketamine, and of particular note, five REU reported injecting buprenorphine (a prescribed medication for opioid dependence), at a frequency equivalent to once a fortnight, on average, in the last six months. Three REU also reported injecting heroin a median 10 days in the last six months. No injecting of either ketamine or buprenorphine was reported in 2003, though two REU reported injection of heroin and three REU reported injection of other opiates (eg. codeine) in that year.

The frequency of injecting among injectors was high (in terms of the *number of times* any drug was injected), at a median 91 times. There was little reported sharing of needles, though five people reported recent sharing of injecting equipment other than needles, such as spoons (or the drug mix) and water. Most injectors reported usually injecting themselves, in the company of close friends, in private homes.

Self-reported BBV vaccination, testing and status
At the time of interview, 41 REU stated that they had completed a Hepatitis B virus (HBV) vaccination schedule, most reported they had done so because they were going overseas or they were vaccinated as a child. Twenty-five REU reported that they had been tested for Hepatitis C virus (HCV) infection and twenty-nine REU reported that they had been tested for human immunodeficiency virus (HIV) infection, with the majority in both cases reporting that their status was negative.

Sexual risk behaviour
Of the REU that reported having had penetrative sex with a casual partner in the last six months, more than half of them (52%) reported that they had not always use a condom. In addition, 76% of those who reported having had penetrative sex recently, reported having done so whilst under the influence of a drug or drugs - most commonly ecstasy, followed by alcohol, cannabis or some form of methamphetamine. Of those who reported having had penetrative sex with a casual partner whilst under the influence of a drug or drugs, 42% reported that they had not always used a condom. In this context, half the REU sample reported they had never undergone a sexual health check-up. Of the remaining half, 33 REU reported having had a sexual health check-up in the last year, 15 more than a year ago and two were unsure.

Driving risk behaviour
Sixty-one percent of the REU sample reported having driven within an hour of use of any drug. The drug most commonly reported as having been used within an hour prior to driving were ecstasy (43%), methamphetamine base (35%), cannabis (31%), alcohol (24%), methamphetamine powder (21%), and crystal methamphetamine (17%).

Ecstasy and related drug harms

Health
In 2004, 9% of ecstasy users and 17% of recent methamphetamine users were found to fit the criteria for clinically significant dependence on each drug, respectively, according to the Severity of Dependence Scale.

A small number of REU (n=10) reported recent experience of overdose, the *main drug* responsible most commonly reported as alcohol (n=4), followed by ecstasy (n=2), GHB

(n=2) and nitrous oxide (n=2). Indicator data from the RAH Emergency Department suggests GHB admissions has remained stable compared to 2003, and an ambulance services KES reports GHB overdose callouts to be stable, but still a major component of total overdose attendances among this group of 'recreational' drug users.
Treatment services data (ADIS and DASC) indicates that the only change in help-seeking behaviour was in relation to methamphetamine-related presentations to DASC treatment services, which saw a decline in 2004 compared to 2003. AIHW data regarding SA hospital admissions for 2002/03 shows that the rate of amphetamine-related admissions continues to rise, but this data was not as up-to-date as other sources and therefore may not fully reflect 'emerging trends'.

The survey also asked users about their experience of other problems related to their ecstasy or other drug use during the last six months, in the categories of work/study, financial, legal/police and social/relationship. As was the case in 2003, three-quarters of the REU sample reported having experienced one or more problems related to their drug use in 2004. The majority of problems experienced by REU related to some aspect of their work or study, followed by social and financial problems, and use of ecstasy, or some form of methamphetamine, was most commonly held responsible, at least in part, for these problems.

Criminal activity and perceptions of policing

In 2004, 25% of REU reported involvement in some type of crime, which was lower than reported criminal involvement in the previous three years. A decline in the percentage of REU reporting having been arrested in the last 12 months was also noted. Drug dealing was the most commonly reported crime across the five years of the survey. Nearly twice as many REU reported that they 'paid' for ecstasy by dealing drugs for an 'ecstasy profit' (n=23), than reported that they dealt drugs for a 'cash profit' (n=12). In 2004, no REU reported using any other illegal method of paying for ecstasy in the six months prior to interview.

In 2004, equal proportions reported that police activity had been either stable (27%), or increasing (27%), with a large proportion (41%) reporting that they didn't know whether police activity had changed in that time. As has been consistent across the three years depicted, the majority of REU (86%) reported that their ability to obtain drugs had not become more difficult due to police activity in 2004.

As in 2003, the users themselves, in additional comments on police activity, reported an increase in the presence of both undercover and uniformed police officers at nightclubs and raves, and a larger number of police patrols, in general, in and around the scene in 2004. In contrast, law enforcement KES indicated a continuing focus on dealers and source of supply.

Conclusions

The demographics of regular ecstasy users and the patterns of ecstasy use remained stable in most respects in 2004, as did the prevalence and frequency of use of other drugs among this group, such as methamphetamine, alcohol, cannabis and tobacco. There continued to be a substantial proportion of REU reporting recent use of both ketamine and benzodiazepines in 2004, but frequency of use was low. Prevalence of recent cocaine use decreased, while prevalence of recent GHB use remained low. Of note, given concerns of increased use in other jurisdictions, was that there was little indication of increased use of crystal methamphetamine ('ice') among REU in the sample.

There were few changes in the ecstasy or methamphetamine markets in Adelaide, with both being stable in terms of price and readily available to the majority of REU in our sample in 2004. There was emerging evidence of local manufacture of the purer form of crystal methamphetamine ('ice'), as well as MDMA ('ecstasy').

For the first time in 2004, reporting of various risk behaviours among the REU sample was possible, with evidence of risky sexual practices (eg. % not always using condoms when engaging in casual sex), substantial levels of driving under the influence of drugs, and unsafe injecting practices (eg. sharing of equipment, injecting of non-injectable substances).

Also for the first time in 2004, a measure of dependence on ecstasy and methamphetamine was obtained, with 9% and 17% of recent users showing symptoms of clinically significant dependence on each drug, respectively. A small percentage of REU also reported experience of overdose, primarily related to use of alcohol, but also ecstasy and GHB. Indicator data and KES information also suggest that GHB overdose remains a stable but substantially prevalent harm associated with its use.

Both ecstasy user reports and KES information indicates that the level of criminal involvement among this group is generally low apart from drug dealing. Also, the majority of drug dealing reported by users involves 'ecstasy profit' rather than 'cash profit', which many users may not regard as a criminal offence.

Implications

The 2004 South Australian Party Drugs Initiative again expanded and allowed insight into additional aspects of ecstasy and related drug use.

The following issues identified in the 2004 survey, will require ongoing attention from policy makers, researchers and health professionals;

- For the first time in 2004, REU were asked a series of questions designed to assess their dependence on ecstasy and methamphetamine. The Severity of Dependence Scale was employed for both ecstasy and methamphetamine despite the SDS not yet having been validated for ecstasy use. Whether or not users can become dependent on ecstasy has been under debate for some time, while the results presented here are not able to definitively answer that question they do indicate that a small percentage (9%) may qualify for a dependent diagnosis using the methamphetamine cut-off score. With over half of REU reporting some type of problematic use further work on validating the SDS for use in ecstasy users is warranted.

- Ecstasy has been known in the past, and currently, as the "love drug" and reports from REU regarding sexual activity are consistent with this tag. Approximately three quarters of the sample had engaged in penetrative sex while under the influence of a drug or drugs, mostly ecstasy. Almost all the REU sampled in 2004 were sexually active in the 6 months prior to interview, half reported multiple partners and over half engaged in casual sex. Of particular concern is the finding that half of the REU engaged in casual sex in the prior 6 months had not used a condom. On a more positive note, a third of the sample reported obtaining a

sexual health check-up in the previous year, however it is evident from the overall results that increased promotion of safe-sex practices are required.

- Each year of the last 4 years a fifth of REU, on average, have reported ever injecting a drug. While fluctuations in the actual numbers of REU injecting drugs make discerning trends difficult, the consistent prevalence of the practice among REU suggests that this is an area that needs ongoing attention from health professionals and others. In particular, the REU sampled within this study evidence relatively high rates of equipment sharing. In 2004, 42% (5 out of 12) reported sharing various items of injecting equipment. Education campaigns need to be focussed not just on the dangers of injecting itself, but specifically on the risks taken when sharing equipment.

- The prevalence of drug driving is currently the focus of a number of organisations and State government agencies within Australia. In South Australia the situation is no different with the current government considering introducing legislation to police the practice of driving under the influence of drugs other than alcohol. The results of the 2004 survey reveal that driving within an hour of use of any drug was a common practice with approximately 60% of REU reporting having done so in the six months prior to interview. The largest proportion reported driving within an hour of using ecstasy (43%) followed by cannabis (31%), any methamphetamine (24%), and alcohol (24%). Additional research is needed to identify the reasons behind the high proportion of REU engaging in drug driving so that effective prevention and education campaigns can be designed and implemented as soon as possible.

1.0 INTRODUCTION

The Party Drugs Initiative evolved from the Illicit Drug Reporting System (IDRS), which is an ongoing annual project funded by the Australian Government Department of Health and Ageing in South Australia (SA) since 1997, and in all states and territories of Australia since 1999. To date, the purpose of the IDRS has been to provide a coordinated approach to the monitoring of the use of illicit drugs, in particular heroin, methamphetamine, cannabis and cocaine. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail, such that it will provide direction for more detailed data collection on specific issues.

In June 2000, the National Drug Law Enforcement Research Fund (NDLERF), administered by the Australasian Centre for Policing Research (ACPR), funded a two year, two state trial in New South Wales and Queensland of the feasibility of monitoring emerging trends in the markets for ecstasy and other party drugs using the extant IDRS methodology. In addition, the Drug and Alcohol Services Council (DASC) of South Australia agreed to provide funding for two years to allow the trial to proceed in this state. This component of the IDRS was known as the Party Drugs Module and the term 'party drug' was considered to include any drug that was routinely used in the context of entertainment venues such as nightclubs or dance parties, and by a population of users different to those surveyed by the main IDRS. 'Party drugs' included drugs such as 'ecstasy' (3, 4-methylenedioxymethamphetamine; MDMA), methamphetamine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and gamma-hydroxybutyrate (GHB or 'GBH' for 'grievous bodily harm').

In 2002, the National Drug and Alcohol Research Centre (NDARC) provided funding for the Party Drugs Module to be conducted in NSW, as did DASC in South Australia. In 2003, NDLERF provided funding for the Party Drugs Module to be conducted in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project had been collected nationally. Funding was again provided by NDLERF in 2004 and therefore this was the second year that the study was undertaken nationally.

As with the IDRS, the PDI involves the collection and analysis of three data components:

- A survey of current 'ecstasy' users, who represent a sentinel population of party drug users likely to be aware of trends in illicit drug markets
- interviews with professionals and volunteers who work with, or have regular contact with, ecstasy and related drugs users,
- and secondary indicator data sources, such as existing databases of customs seizures, police drug-related arrests, hospital emergency department admissions, and other relevant survey prevalence data.

These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, ensuring that only valid emerging trends are documented.

This 2004 South Australian PDI report provides information regarding ecstasy and related drug trends in Adelaide, particularly focussing on the 12 months between April 2003 and April 2004.

1.1 Study aims

The specific aims of the 2004 South Australian PDI were:

- to describe the characteristics of a sample of ecstasy users surveyed in Adelaide in 2004;
- to examine the patterns of ecstasy and other drug use among this sample;
- to document the current price, purity and availability of ecstasy and related drugs in Adelaide;
- to examine participants' perception of the incidence and nature of ecstasy and other drug-related harms, including physical, psychological, financial, work, social and legal harms;
- to identify emerging trends in the ecstasy and related drugs market that require further investigation and;
- where possible, to compare findings of the 2004 PDI with those found in the 2000, 2001 and 2002 Party Drugs Module of the IDRS, and the 2003 PDI (Weekley, *et al.,* 2004a).

2.0 METHOD

Methodology for this study was as per the methodology trialled in the feasibility study (Breen *et al.*, 2002). Data was triangulated from three sources, as follows:

- A survey of current regular ecstasy users (REU); living in the Adelaide metropolitan area;
- a survey of key experts (KES) who work professionally or as volunteers in the drug and alcohol area or a related field, and have regular contact with ecstasy and related drug users; and
- an examination of existing, current indicators relating to drug use and drug-related issues.

2.1 Survey of regular ecstasy users (REU)

As detailed by White *et al* (2003), ecstasy has been the most widely used of the so-called 'party drugs' in the last several years and it was decided that regular ecstasy use should define the sentinel population of ecstasy and related drug users that the study sought to recruit. This decision was partly based on the knowledge that a market for 'ecstasy' (tablets sold purporting to contain MDMA) has existed in Australia for more than a decade, and in contrast, other drugs used by this population have either declined substantially in popularity since the appearance of ecstasy (e.g. LSD), fluctuated widely in availability (e.g. MDA), or are relatively new in the market and are yet to be as widely used as ecstasy (e.g. ketamine and GHB).

2.1.1 Recruitment

A total of 100 regular ecstasy users were interviewed in April to early May of 2004. Subjects were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in two entertainment-focussed street magazines, on university and college noticeboards, and in several centrally located music stores. In addition, an advertisement was posted on a popular dance music website containing links to a DASC intranet web-page where potential participants could lodge their interest in taking part. Some subjects were also recruited using 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations that relies on peer referral and is widely used to access illicit drug users both in Australian studies (e.g., Boys *et al.*, 1997; Ovendon & Loxley, 1996; Solowij *et al.*, 1992) and international studies (e.g., Dalgarno & Shewan, 1996; Forsyth, 1996; Peters *et al.*, 1997). For the PDI, either on completion of eligibility screening or completion of the PDI survey, subjects were asked to pass on information regarding the study to any friends or associates they thought may be eligible to participate in the study.

2.1.2 Procedure

Subjects contacted the researchers either by telephone or email (via a web-site link) and were screened for eligibility. To meet entry criteria, subjects had to be at least 16 years of age (due to ethical constraints), they must have used ecstasy at least six times over the last six months, and they must have been a resident of the Adelaide metropolitan region for at least the last 12 months.

Subjects were assured that all information they provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take

between 30 and 60 minutes to complete. All subjects were volunteers who were reimbursed AUD$30 for their participation. Interviews took place in varied locations convenient to the person being interviewed. All interviews were conducted by casual trained research interviewers with experience and understanding of how to administer the survey questionnaire. The nature and purpose of the study was explained to subjects before informed consent to participate was obtained, according to ethical guidelines.

2.1.3 Measures

As per the previous years' IDRS Party Drugs Modules, the structured interview schedule for the 2004 PDI was based on an earlier study of ecstasy users conducted at NDARC (see Topp *et al.*, 1998; Topp *et al.*, 2000), which itself incorporated items from previous NDARC studies of ecstasy users (Solowij *et al.*, 1992), or amphetamine users (eg. Darke *et al.,* 1994). The interview schedule focussed primarily on the six to 12 months preceding the interview, and assessed sample characteristics; ecstasy and other drug use history, including frequency and quantity of use and routes of administration; physical and psychological side-effects of ecstasy use, other ecstasy-related problems, including relationship, financial, legal and occupational problems; price, purity and availability of ecstasy and a number of other drugs; and general trends, such as new drug types, changes in characteristics of drug use or users, and police activity. The PDI in 2004 was expanded further, incorporating pharmaceutical stimulants and gamma-butyrolactone (GBL), price of substances *at last purchase*, further questions regarding the supply of ecstasy and related drugs, the Severity of Dependence Scale for ecstasy and methamphetamine, and additional questions measuring risk behaviours (drug driving, sexual behaviour, injecting), experience of harms (overdose) and help-seeking behaviour. The section on perceived risks and benefits of ecstasy use was modified in 2004.

2.1.4 Data analysis

Statistical analyses (descriptive and inferential) were performed using SPSS for Windows, Version 12.01. (2004). Where continuous variables were skewed, medians are reported.

2.2 Survey of key experts (KES)

The eligibility criterion for key expert (KES) participation in the PDI was regular contact, in the course of employment or otherwise, with a range of ecstasy users throughout the last six months. Specifically, average weekly contact with at least 10 ecstasy users over the time period was required, unless individuals were considered appropriate due to their level of expertise in the field (eg. police and intelligence analysts). Eighteen KES from various metropolitan regions of Adelaide provided information for the 2004 PDI regarding ecstasy and related drug users, or drug markets in Adelaide. Key experts were recruited from previous PDI survey lists and from recommendations made by existing KES and colleagues. Potential KES were contacted by telephone and assessed for suitability according to the criteria. If eligible, an appointment for a full interview, either by phone or in person was scheduled. The majority of KES interviews were carried out face-to-face from late June through to August 2004.

Eight of the KES worked in the health sector; two were health promotion workers, one was a community drug and alcohol worker, two were drug treatment workers who worked as telephone counsellors, one worked as a counsellor for a gay men's health organisation, and two were medical officers working in the emergency care setting. Five KES worked within the dance party scene and included an events promoter, a club magazine editor, a venue manager, a Ravesafe volunteer and a dealer of ecstasy and

related drugs. There were three law enforcement KES from operations and intelligence sections. The final two KES were a clinical research scientist and a forensic scientist.

In the following report, the information obtained from the KES will be presented in a qualitative fashion, by identifying the common themes and discussing them. Any major differences found between the KES reports will also be reviewed. No personal information was collected on any of the ecstasy or other drug users that KES had been in contact with.

2.3 Other indicators

To complement and validate data collected from the ecstasy user and key expert surveys, a range of secondary data sources were utilised including population surveys and other health and law enforcement data.

Data sources included in the report were:

- Telephone advisory data provided by the Alcohol and Drug Information Service (ADIS) of South Australia;
- Treatment services data from the Drug and Alcohol Services Council (DASC);
- Data from the National Campaign Against Drug Abuse Household Survey of 1991 and 1993, and the National Drug Strategy Household Survey (NDSHS) of 1995, 1998 and 2001 (Australian Institute of Health and Welfare, 2003, 2002a and 2002b);
- Purity of drug seizures made by South Australian Police (SAPOL) and the Australian Federal Police (AFP), provided by the Australian Crime Commission (ACC);
- State-wide rates of drug-related arrests provided by SAPOL;
- Number of clandestine laboratory detections in South Australia provided by SAPOL;
- National rates of methamphetamine-related, and cocaine-related, fatalities provided by the Australian Bureau of Statistics (ABS), in Degenhardt *et al.,* (2004);
- Drug-related admissions to the Emergency Department of the Royal Adelaide Hospital (RAH), provided by the Emergency Department (RAH);
- Drug-related hospital admissions data (state and national) provided by the Australian Institute of Health and Welfare (AIHW).

2.4 Notes

2.4.1 Methamphetamine

Prior to 2001, IDRS reports used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. 'Amphetamine' is used to denote the sulphate of amphetamine, which throughout the 1980's was the form of illicit amphetamine most available in Australia (Chesher, 1993). Chemically, amphetamine and methamphetamine differ in molecular structure but are closely related. In Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, have been identified as becoming more widely available and used in all jurisdictions (Topp & Darke, 2002), are also methamphetamine. Therefore the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed 'amphetamines'. The terms are used interchangeably within this report unless specifically noted within the text. For a further discussion of this issue see White, Breen & Degenhardt (2003).

2.4.2 Variability in the number of REU answering different sections

It should be noted that the price, purity and availability sections of the PDI survey were not restricted to users of the particular drug, but to those *who feel confident of their knowledge* of these parameters of the market. In addition, participants may answer any or all price, purity and availability sections, thereby the sample sizes (n) per section may fluctuate for any given drug. In addition, people who answered *"don't know"* to the initial question for each price, purity and availability section, were eliminated from the sample for that section, to increase the validity of remaining categories. For the same reason, those providing information in these sections, but who hadn't used in the last six months were subtracted from the denominator of the location of use and source of drug used questions. The sample sizes are therefore reported in each table (n=*x*), and readers are warned that these and the consequent proportions per category may differ to past years' SA reports and to National reports. Care should be taken in interpreting category percentages that may be associated with small sample sizes.

2.4.3 Additional price information

In past years REU have been asked "How much does [drug type] cost at the moment?" to enable us to report an estimation of the 'current' price of a given drug. In 2004, for the first time in the PDI, users were also asked to provide detail of the cost of a particular drug *at last purchase* within the last six months (as per the 'price' sections in the IDRS IDU survey; see Weekley *et al*., 2004b).

2.4.4 Changes to terminology

Readers are asked to note that a change in terminology has been adopted in 2004: 'ecstasy and related drugs' (ERDS) will replace the term 'party drugs' in this and future PDI reports. In addition, participants in the PDI surveys of regular ecstasy users, previously referred to as 'party drug users' (PDU), will from hereon be referred to as 'regular ecstasy users' (REU).

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics

Table 3.1 summarises the demographic characteristics of the REU sample for 2004, with 2003 statistics for comparison.

The mean age of the REU sample was 24.1 years (SD=4.99) and the median age was 23 years (range 16 – 41). No significant difference between the mean age of males compared to females (24.5 years v 22.9 years, respectively) was seen. A slightly larger proportion of REU in the 2004 sample reported their sexual identity as either gay male, lesbian or bisexual compared to the 2003 sample. Two participants in 2004 were unwilling to state their sexual orientation.

In 2004, similar to 2003, the majority of the sample was employed on a full-time or part-time/casual basis or were full-time students, and 18% were currently unemployed. The median number of years the REU had spent at school was 12 (range 8 - 13). Approximately a quarter of the REU had completed a trade/technical qualification (26%), and a further 20% had completed a tertiary qualification through university or college, since leaving school. Over half the sample (54%) had not completed any post-school qualification.

The geographic distribution of the REU sample throughout the Adelaide region was relatively unchanged compared to 2003. The majority of the REU sample was living in either rental accommodation (55%) or their family/parents' home (30%). A further 12% were living in their own house or flat, while the remaining 3% lived in a hostel or had no fixed address.

Only one REU in 2004 reported being currently in some form of treatment for drug use (treatment type was not specified), the same as in 2003 when one participant reported being in counselling for drug use.

The demographic profile of the REU sample in 2004 was very similar to that of 2003 in all aspects.

There was only a small overlap of the 2004 PDI sample with previous years' samples. Eight of the 2004 REU sample stated that they had participated in the PDI before; 6 in 2003, and 2 in 2001. Two REU also indicated that they had participated in the 2003 SA IDRS survey of injecting drug users.

Table 3.1: Demographic characteristics of the REU sample, 2003 & 2004

Characteristic	2004 (n=100)	2003 (n=101)
Age (median in years)	**23**	22
Gender (% male)	**62**	63
Sexual identity (%)		
Heterosexual	**84**	91
Gay male	**3**	1
Lesbian	**3**	2
Bisexual	**8**	6
English main language spoken at home (%)	**98**	95
ATSI (%)	**0**	1
Employment (%)		
Not employed	**18**	20
full time	**34**	29
part time/casual	**23**	21
fulltime student	**25**	31
School education (median in years)*	**12**	12
Tertiary education (%)		
none	**54**	54
trade/technical	**26**	24
university/college	**20**	22
Prison history (%)	**5**	1
Area of Adelaide (%)		
Central/Eastern	**39**	42
Western	**18**	18
Southern	**28**	33
Northern	**13**	7
No fixed address/missing	**2**	1

Source: Party Drugs Initiative REU interviews
* 2003 asked "How many years of school did you complete?", 2004 asked "What grade of school did you complete?"

KES reports of the demographics of ecstasy users were consistent with the 2004 REU sample. Most KES able to comment on user demographics (n=11) reported that the majority of ecstasy users were in their late teens or early twenties, with an average age of around 20 years, but that the age of users may range up into the 30's, 40's and even 50's. While five KES reported that there were generally more male than female ecstasy users, two reported more females, and three believed the genders were evenly split.

Most KES able to comment agreed that the majority of ecstasy users were Caucasian-Australian, or of English speaking background. Several commented that children of other European migrants (eg. Greek and Italian) were represented, as well as smaller numbers of Asians. Most KES also agreed that ecstasy users were generally well-educated (either completed school, a tertiary qualification or still studying), though several also mentioned that this was not always the case, as the profile of users could range from university educated, to trade educated, to factory workers. KES also commented that ecstasy users were generally either employed or studying, and that employment ranged from casual to full-time across a range of professions including computing, hospitality and retail. One KES mentioned that trade professionals were represented more than previously and two stated that users were just a "snapshot of society" and reflected the general population. In addition, with regard to changes in the number or type of people using ecstasy, five KES commented that ecstasy use was becoming more common and more "mainstream".

Of the few KES who commented on the sexual orientation of ecstasy users, most stated that they were predominantly heterosexual, except for one health worker whose (small) client group were exclusively gay males. KES also reported that users they had contact with had very little if any contact with the criminal justice system or drug treatment services.

3.2 Drug use history and current drug use

Regular ecstasy users are often described as polydrug users and the 2004 sample was no exception (see Table 3.2 for a summary of drug use and routes of administration of the different drugs, by REU, and Appendix 1 for a summary of lifetime and recent use since 2000). In 2004, REU reported using a median of 11 (range 3-19; n = 100) drugs in their lifetime and a median of 7 (range 2-13; n = 100) in the last six months. The median number of drugs used in their lifetime increased from 9 (range 3-16; n = 101) in 2003, but the median number of drugs used in the last 6 months remained stable.

KES information supported the view that polydrug use was common among REU, with use of 'speed' or other forms of methamphetamine predominating, as well as alcohol, tobacco and cannabis use being repeatedly mentioned as prevalent among this group.

The main drug of choice nominated by REU was ecstasy (56%) followed by some form of methamphetamine (13% - with equal proportions nominating each form), cocaine (12%), cannabis (5%), LSD and heroin (both 4%) and ketamine (3%). The remaining REU nominated PMA, the use of ketamine & methamphetamine together, or 'magic' mushrooms (hallucinogenic mushrooms) as their drug of choice (1% each).

Table 3.2: Drug use history and routes of administration of the REU sample (% of total; n=100)

Drug class	Ever used (%)	Ever injected (%)	Injected in last 6 months (%)	Ever smoked (%)	Smoked in last 6 months (%)	Ever snorted	Snorted in last 6 months (%)	Ever swallowed (%)	Swallowed in last 6 months (%)	Ever shelved (%)	Shelved in last 6 months (%)	Used in last 6 months (%)	Median days used in last 6 months* (range)
Ecstasy	100	18	3	22	5	82	62	100	99	11	3	100	12 (6 – 180)
Methamphetamine - powder	86	21	6	22	9	76	49	71	49	0	0	62	6 (1 – 180)
Methamphetamine - base	84	19	9	16	5	37	27	77	62	1	0	72	6 (1 – 180)
Methamphetamine - crystal	60	14	7	24	14	20	15	41	34	0	0	47	6 (1 – 180)
Any methamphetamine	***98***	***24***	***12***									***90***	***13.5 (1 – 180)***
Pharmaceutical stimulants	54	2	0	5	0	11	6	50	18	0	0	21	2 (1 – 35)
Cocaine	59	7	0	3	0	55	25	21	7	0	0	26	2 (1 – 20)
LSD	77	4	0	1	0	1	0	76	36	1	0	36	2 (1 – 50)
MDA	30	2	1	1	1	14	4	24	12	0	0	14	3 (1 – 100)
Ketamine	51	5	4	1	0	35	31	24	11	0	0	39	3 (1 – 40)
GHB	35	1	1					34	11	0	0	12	1 (1 – 6)
1,4B or GBL	0	-	-					-	-	-	-	0	-
Amyl nitrate	43											16	3 (1 – 26)
Nitrous oxide	74											47	4 (1 – 72)
Cannabis	97			96	80			80	27			81	48 (1 – 180)
Alcohol	100	1	0					100	96			96	32.5 (1 – 180)
Heroin	19	12	3	12	1	5	0	1	1	0	0	3	10 (3 – 48)
Methadone	8	6	0					8	0	0	0	0	-
Buprenorphine	8	7	5					5	4	0	0	6	22 (3 – 150)
Other opiates	24	10	1	4	2	1	0	18	10	0	0	10	4.5 (1 – 180)
Antidepressants	31	1	0					31	14	0	0	14	164.5 (1 – 180)
Benzodiazepines	57	7	1					57	40	0	0	40	4.5 (1 – 180)
Tobacco	76											65	180 (3 – 180)

Source: Party Drugs Initiative REU interviews; * by those reporting use in the previous six months

More than half of the sample (53%) reported bingeing on party drugs within the last 6 months, an increase from 44% in 2003. Bingeing is defined as the use of party drugs or stimulants for >48 hours continuously without sleep (Ovendon & Oxley, 1996). The median longest binge in the last six months was 3 days (range 2 to 7 days), the same as for 2003.

The proportion of the samples reporting bingeing on individual substances remained relatively stable over the last two years (see Table 3.3). There were small increases in the proportions reporting binge use of ecstasy and the different forms of methamphetamine, but some small decreases seen in the reported binge use of other substances such as cocaine, ketamine, GHB and alcohol.

Table 3.3: Proportion of REU reporting use of various drugs during a 'binge'* episode in the last 6 months, 2003 & 2004

Drug	Percent of whole sample to include drug in 'binge' episode in the last 6 months		Percent of 'bingers' to include drug in 'binge' episode in the last 6 months	
	2004 (n=100)	2003 (n=101)	**2004 (n=53)**	2003 (n=44)
Ecstasy	**47**	40	**89**	91
Meth powder	**23**	21	**43**	48
Meth base	**29**	24	**55**	55
Meth crystal	**19**	15	**36**	34
Cocaine	**3**	8	**6**	18
LSD	**7**	10	**13**	23
MDA	**1**	5	**2**	11
Ketamine	**8**	12	**15**	27
GHB	**0**	4	**0**	9
Amyl nitrate	**1**	3	**2**	7
Nitrous oxide	**15**	11	**28**	25
Cannabis	**17**	17	**32**	39
Alcohol	**15**	22	**28**	50
Other	***8***	*5*	***15***	*11*

Source: Party Drugs Initiative REU interviews

* a 'binge' was defined as an episode of use of ecstasy &/or related drugs for >48 hours continuously, without sleep

In 2004, a quarter of the sample reported ever injecting any drug and 12% reported having injected any drug in the six months prior to interview. For the REU that reported a history of injecting, a median of 3 drugs (range 1-12; n=25) had *ever* been injected, and a median of 2.5 (range 1-6; n=12) had been injected in the *last six months*. Of those that had ever injected, the drug first injected was some form of methamphetamine (84%, n=21) - *powder (56%, n=14), base (16%, n=4), crystal (8%, n=2) or unspecified (4%, n=1),* - ecstasy (8%, n=2), heroin (4%, n=1) or morphine (4%, n=1). The most commonly injected drug, by recent injectors, was some form of methamphetamine. See Section 12.1 for further detail on injecting and injecting-related risk behaviour.

3.3 Summary of demographics and polydrug use trends

- No substantial changes in demographic characteristics were noted compared to 2003;
    - the majority of REU were male (62%),
    - median age was 23 years, though ranged from 16 to 41 years,
    - majority were employed or full-time students,
    - most were well educated and almost half had a tertiary qualification, and
    - very few had a history of imprisonment, or were currently in treatment for drug use.
- KES information supported the demographic profile of the REU in the 2004 sample.
- Over half the sample nominated ecstasy as their drug of choice, with some form of methamphetamine as the next most commonly preferred drug.
- REU were polydrug users: the median number of drugs used was reported to be 11 across lifetime and 7 in the last six months.
- Large proportions of the sample reported recent use of some form of methamphetamine and cannabis, as well as alcohol and tobacco. Other substances reported as recently used by substantial proportions of REU were nitrous oxide, ketamine, LSD, cocaine and benzodiazepines.
- Compared to 2003, the proportion of REU reporting recent use had decreased slightly for cocaine, increased for benzodiazepines, but remained stable for most other substances.
- Though a small increase in the total number of REU that reported binge behaviour was noted this year the percentages per substance were relatively stable.
- In 2004, 12% of REU reported recent injecting, most commonly some form of methamphetamine. No clear long-term trend in prevalence of injecting among REU was discernible.

4.0 ECSTASY

The median age at which participants in the 2004 survey first used ecstasy was 18 years (range 14-30; n = 100) and the median age at which they reported using ecstasy regularly was 19 years (range 15-33; n = 100). This is slightly younger than the median age of first use reported in 2003 (19 years, range 13-55; n=101). The transition from first use to regular use was swift and has not changed over time.

4.1 Ecstasy use

Table 4.1 summarises the ecstasy use patterns of the REU sample across 2000 to 2004. Ecstasy was the main drug of choice for 56% of the sample in 2004, compared to 67% in 2003. This is the first year that the proportion nominating ecstasy has dropped, following a continuing rise in the popularity of ecstasy among REU from 2000 to 2003.

In 2004, thirteen percent of REU stated that 'all' their friends used ecstasy, while 46% reported 'most' did, 28% that 'about half' did, and the remaining 13% reported that 'a few' of their friends were ecstasy users.

Table 4.1 Patterns of ecstasy use among REU, 2000 - 2004

Variable	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Mean age first used (years)	**19**	19.7	19.2	19.2	19.7
Ecstasy as main drug of choice (%)	**56**	67	62	45	40
Median days used in last 6 months* (range)	**12 (6-180)**	12 (6-72)	19 (6-78)	13 (6-50)	17.5 (6-78)
Average amount used in a single session#: median number of tablets/pills (range)	**2 (0.75-7)**	2 (0.5-10)	2 (0.5-7)	2 (0.5-15)	1.5 (1-6)
Most amount used in a single session#: median number of tablets/pills (range)	**4 (1-21)**	4 (1-20)	3 (1-12)	3 (1-30)	3 (1-25)
Use >1 tablet/pill per 'typical' session (%)	**84**	71	71	61	44
Ecstasy included in 'binge'** episode (%)	**47**	40	72	49	54

Source: Party Drugs Initiative REU interviews

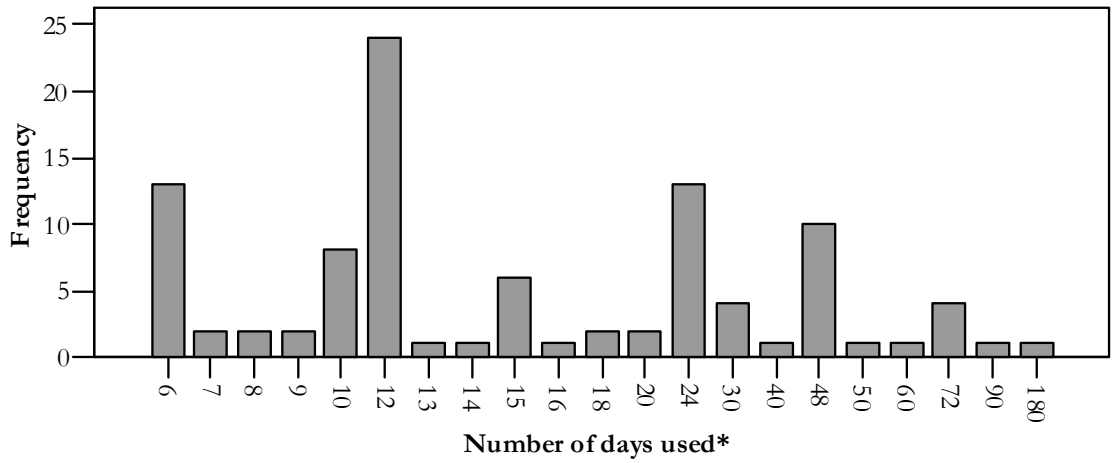
* by those reporting use in the previous six months

a session was defined as a period of continuous drug use without sleep, in the last 6 months

** a 'binge' was defined as an episode of use of party drugs or stimulants for >48 hours continuously, without sleep

The median number of days REU reported using ecstasy within the previous six months was 12 (range 6 - 180; n = 100). The most frequent ecstasy use was reported by one participant as daily use of ecstasy during that time (a total of 180 days use), with the next most frequent being 90 days use (equivalent to 3 to 4 times per week, n=1) (see Figure 4.1). Without the daily-using outlier, the range of frequency of use of ecstasy was similar to previous years, and the median number of days used has remained stable since 2003.

Figure 4.1: Frequency of recent use* of ecstasy by the REU sample, 2004



Source: Party Drugs Initiative REU interviews
* in the previous six months

As in 2003, approximately half the sample reported using ecstasy on twelve days or less of the previous six months (180 days), which equates to once a fortnight or less on average. Also, compared to 2003, similar proportions reported using ecstasy between 13 and 24 days, inclusive (26% in 2004), or greater than 24 days (23% in 2004). Twenty-four days within six months equates to once weekly use on average. Readers are reminded that the minimum frequency of use of six days corresponds to the survey entry requirement for participants.

The median number of ecstasy tablets used in an *average* session was 2 (range 0.75-7; n = 100) and this has remained the same for the last four years of the survey. The small increase that was seen in 2003 for the median *most* amount typically used in a single session was maintained in 2004, with a median of 4 tablets (range 1-21; n = 100) reported by REU.

A small increase in the proportion of REU that reported use of ecstasy within a 'binge' episode was recorded in the 2004 sample (to 47%), compared to 2003 (40%). No clear long-term trend can be discerned in this parameter however, as the percentage of REU reporting use of ecstasy in a 'binge' has fluctuated over the years that the survey has been conducted (see Table 4.1).

There was a wide range of comment from KES with regard to frequency of use among the ecstasy users that they had contact with. Most stated that there was a variety of use patterns with many, especially the younger and more 'hard-core', using every weekend ("just part of the weekend"), while others will use less frequently on key event nights or special occasions (such as birthdays, long weekends, New Year's Eve, specific dance music events etc). The amount of pills used also varied according to KES reports, with 1 to 5 pills being used in a session commonly. Binge use was also noted by several KES, with one commenting that, among older users, 'special occasion' use of up to 10 pills at a time occurred once or twice a year.

The predominant route of administration of ecstasy in the last six months was oral (see Table 4.2) and this and the lifetime patterns of route of administration have remained largely unchanged over the last few years. There was substantial proportions of the sample reporting use of ecstasy by snorting, both across lifetime and in the last six months, but prevalence of use by other routes of administration (smoking or injecting), particularly recent, remains low.

All KES reported that the predominant form of ecstasy was pills, with powder being less common and more difficult to obtain. Swallowing was considered the main route of administration, though use by snorting also occurs. Three KES mentioned that injecting was rare and not generally considered acceptable among this group of users.

Table 4.2: Routes of administration of ecstasy, 2000 - 2004

Variable	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
How *ever* used in lifetime (%)					
Injected	**18**	11	13	11	16
Smoked	**22**	16	19	14	38
Snorted	**82**	83	72	56	62
Swallowed	**100**	100	100	100	100
How used in last 6 months (%)					
Injected	**3**	3	7	9	6
Smoked	**5**	5	6	6	12
Snorted	**62**	70	62	49	30
Swallowed	**99**	100	100	100	100
How *mainly* used in last 6 months (%)					
Injected	**3**	2	2	1	0
Smoked	**0**	0	0	0	0
Snorted	**6**	3	0	4	0
Swallowed	**91**	95	82	83	94
Snorted/swallowed (equal)	**0**	0	16	11	4

Source: Party Drugs Initiative REU interviews

Participants were asked to provide detail on the other substances they had typically used, either *with ecstasy*, or when *coming down from ecstasy*, in the last six months, and the results are presented in Table 4.3. As can be seen, the majority of REU report typically using at least one other substance in either case (94% and 79%, respectively). The substances most commonly reported as being typically used *with ecstasy* were tobacco, alcohol, cannabis or some form of methamphetamine. Although the prevalence of typical use of the different substances *with ecstasy* was generally stable between the 2003 and 2004, there was a notable decrease in the proportion reporting typically using alcohol *with ecstasy* (from 60% to 48%), as well as the proportion reporting typically consuming over 5 standard drinks (39% to 30%).
The substances most commonly reported as being typically used when *coming down from ecstasy* were tobacco, cannabis, alcohol, and to a lesser extent, benzodiazepines. Although the prevalence of typical use of the different substances when *coming down from ecstasy* was again generally stable between the 2003 and 2004, there was also a notable decrease in the proportion reporting typically using alcohol when *coming down from ecstasy* (from 42% to 25%), as well as the proportion reporting typically consuming over 5 standard drinks (28% to 16%). In addition, there were small decreases in the proportions reporting typically using some form of methamphetamine, particularly base, as well as cannabis, when *coming down from*

ecstasy. Readers should note that whether the use of benzodiazepines was licit (used as prescribed), or not, in these circumstances was not determined.

Table 4.3: Proportion of REU reporting typical* use of other drugs in combination with ecstasy, by drug type, 2003

Drug	Typically use *with* ecstasy (% of REU)		Typically use to *come down* from ecstasy (% of REU)	
	2004 (n=100)	2003 (n=101)	2004 (n=100)	2003 (n=101)
Methamphetamine powder	**23**	26	**5**	9
Methamphetamine base	**20**	25	**5**	14
Methamphetamine crystal	**11**	10	**4**	7
Methamphetamine *non-specific*	**17**	15	**5**	1
Cocaine	**2**	1	**0**	0
LSD	**11**	7	**2**	2
MDA	**1**	1	**0**	0
Ketamine	**5**	5	**4**	6
GHB	**0**	3	**0**	3
1,4B/GBL	**0/0**	0/-	**0/0**	0/-
Amyl nitrate	**0**	1	**0**	0
Nitrous oxide	**11**	14	**11**	15
Cannabis	**39**	43	**46**	57
Alcohol				
any	**48**	60	**25**	42
>5 standard drinks	**30**	39	**16**	28
Heroin	**0**	0	**1**	0
Other opiates	**1**	0	**2**	0
Antidepressants	**5**	1	**6**	2
Benzodiazepines	**4**	2	**16**	14
Tobacco	**61**	60	**47**	53
Other	**5**	1	**4**	2
% of REU that typically use one or more other drug(s) in combination with ecstasy	**94**	93	**79**	91

Source: Party Drugs Initiative REU interviews
* 'typically' was specified as use on two-thirds or more occasions of ecstasy use
A dash (-) indicates the data was not collected for the category in that year.

Regular ecstasy users were asked where they *usually* and *last* used ecstasy, the results of which are presented in Table 4.4, with 2003 data for comparison. Readers should note that users were asked to consider where they were for the majority of the time they were *under the*

influence of the drug, not where they were when they *took (administered) the drug*. As can be seen, there was no substantial difference in either parameter of use between the years depicted. The most commonly reported locations of *usual* use of ecstasy were nightclubs, raves/doofs/dance parties, a private party, or a friend's or their own home. Substantial proportions also reported *usual* use at a live music event, outdoors, at a pub or in a public place. With respect to the *last* location of ecstasy use, the largest proportion of responses were recorded for nightclubs followed by raves/doofs/dance parties, or a friend's or their own home.

Table 4.4: Venues where ecstasy was *usually* and *last* used by REU in the last six months, 2003 & 2004

Venue	where *usually* used (% of REU)		where *last* used (% of REU)	
	2004 (n=99)	**2003 (n=101)**	**2004 (n=99)**	**2003 (n=101)**
Own home	**59**	51	**16**	12
Dealer's home	**5**	8	**0**	0
Friend's home	**60**	56	**16**	21
Raves/doofs/dance parties#	**70**	70/-/62	**23**	18/-/8
Nightclubs	**74**	78	**30**	29
Pubs	**25**	31	**4**	0
Private party	**62**	64	**5**	9
Restaurant/café	**3**	4	**0**	0
Public place (street/park)	**19**	19	**0**	2
Live music event	**36**	-	**0**	-
Outdoors	**24**	-	**4**	-
Car or other vehicle	**17*/12****	25	**0*/0****	0
Work	**5**	-	**0**	-
Other	**4**	-	**1**	2

Source: Party Drugs Initiative REU interviews

Note: REU were allowed to nominate more than one response for where *usually* used, but only one response for where *last* used. # separate categories in 2003, combined categories in 2004; * as a passenger, ** as the driver (separate categories in 2004). A dash (-) indicates the data was not collected for the category in that year.

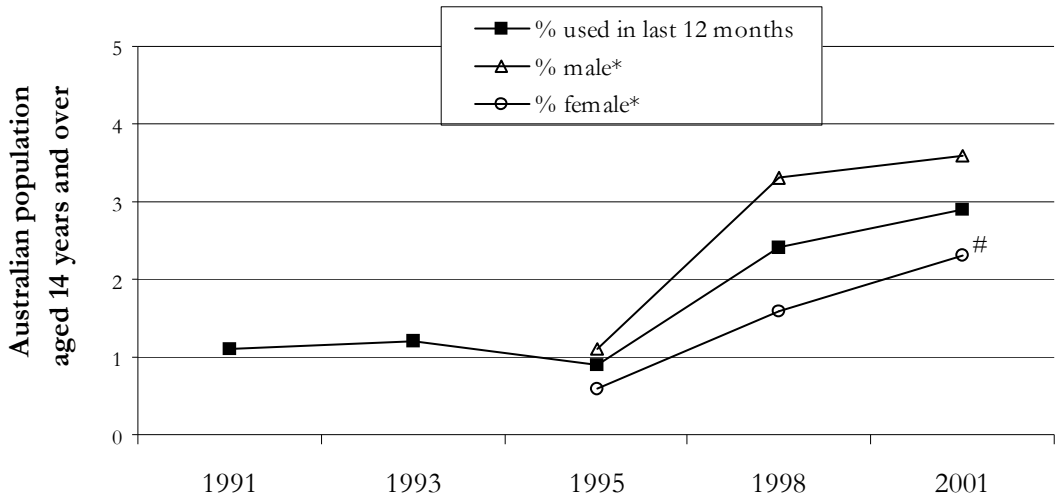
National prevalence data

The Australian Institute of Health and Welfare has conducted household surveys over the last decade and collected data on the prevalence of use of various illicit drugs among the general population of Australia (AIHW, 2003). Figure 4.2 shows the long-term trend in the prevalence of ecstasy/designer drug use in Australia from 1991 to 2001. As can be seen, there has been a rapid increase in the prevalence of use in this category of drug from 1995. The significant increase in prevalence of recent ecstasy/designer drugs use among females in the general population was attributable to a significant increase of recent use among the 20 to 29 year age group (AIHW, 2002b) although, as with the current sample, males are more likely to be regular ecstasy users.

With respect to frequency of use, the AIHW (2002a) report that 6.2% of the general population use every day or every week. Thirty-six percent of the current REU sample reported using ecstasy on 24 days or more of the previous six months, which is equivalent to using once per week or more.

An analysis of concomitant use of other drugs by the AIHW revealed that three quarters had used alcohol and two thirds had used cannabis at the same time as ecstasy/designer drugs (AIHW, 2002a). While the data is not directly comparable due to differences in the definition of concomitant use, REU in the 2004 sample reported lower proportions of typical use of these substances with ecstasy (48% and 29%, respectively).

Figure 4.2: Prevalence of ecstasy/designer drugs use in Australia, 1991-2001



Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001 (AIHW, 2003).
* to have used in the last 12 months
# 2001 result significantly different from 1998 result (2-tailed α=0.05)

The usual place of use of ecstasy/designer drugs reported by the AIHW was 70.1% at raves/dance parties, which is directly comparable with the current sample (see Table 4.4).

4.2 Price

In past years REU have been asked "How much does ecstasy cost at the moment?" to enable us to report an estimation of the 'current' price of ecstasy. In addition, in 2004 users were asked to provide detail of the cost of ecstasy *at last purchase* within the last six months (as per the 'price' sections in the IDRS IDU survey; see Weekley *et al.*, 2004b). Most REU were able to provide an estimate of the 'current' price of ecstasy in 2004, and almost 90% were able to provide the price of ecstasy *at last purchase*, as detailed in Table 4.5. The median 'current' price of a tablet/pill of ecstasy reported by users in 2004 was $35 (range $7-$40; n = 96), which has remained stable since 2002 (see Figure 4.3). The median reported price of ecstasy *at last purchase* was slightly lower at $30 (range $18-$40; n=88). Similarly to 2003, the majority of REU reported that the price of ecstasy had been stable in the preceding six months.

In 2004, thirteen REU reported that the median 'current' price of ecstasy ranged from $22 to $30/tablet or pill for 'bulk' purchases, where 'bulk' referred to 10 tablets/pills or more (range 10 to 100). It was considered that purchasing ecstasy in bulk resulted in lower prices. For

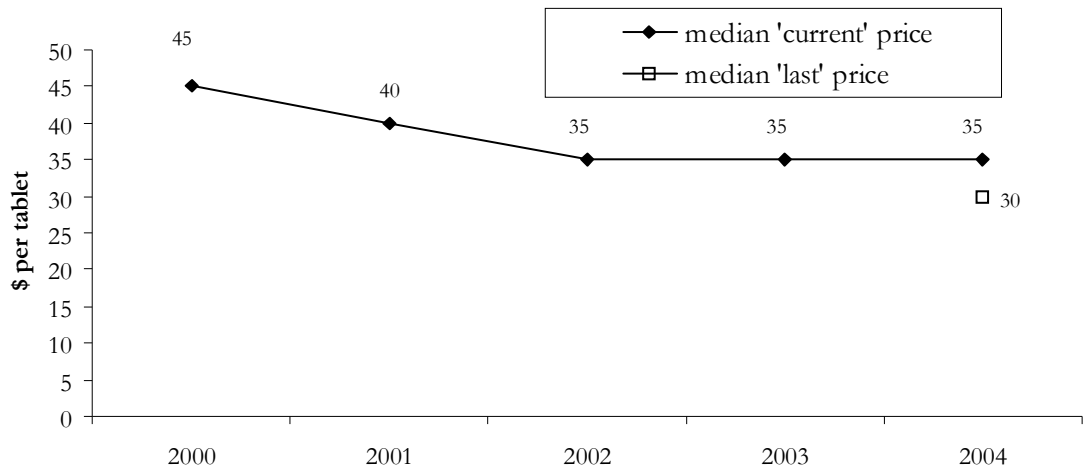
those who specifically reported their last purchase in this manner, the reported median price *at last purchase* for a bulk purchase was $30 per tablet (range $25 - $30, n=6) with the range in number of pills bought being 4 to 10.

Table 4.5: Current price of ecstasy and change in price over the last 6 months, 2003 & 2004

	2004	2003
tablet/pill:		
median 'current' price (range; *n*)	$35 ($7 - $40; *96*)	$35 ($20 - $50; *66*)
median price of last purchase (range; n)	$30 ($18 - $40; *88*)	-
Price change in last 6 months (%)	*n=99*	*n=101*
Increasing	3	2
Stable	67	67
Decreasing	16	19
Fluctuating	10	11
Don't know	4	1

Source: Party Drugs Initiative REU interviews

Figure 4.3: Trend in the price of ecstasy per tablet/pill, 2000 – 2004



Source: Party Drugs Initiative REU interviews

KES estimates of the cost of ecstasy ranged from $25 to $60 per pill with a median of $35, similar to that reported by the users themselves. Also in accord with the users, three KES believed that the price of ecstasy per pill decreased when "buying in bulk", that is when buying ten or more tablets at a time. Five of the eight KES able to comment also stated that the price of ecstasy had remained stable over the past 6 months.

The most commonly reported method of payment of ecstasy used by REU in the past six months was with money gained from paid employment (77%). Other sources of payment for ecstasy used recently were, money from a government allowance (27%), money borrowed from friends (25%) or parents (12%), credit from a dealer (23%), cash profit from dealing

drugs (12%), bartering other drugs or goods (7%), or money gained from pawning possessions (5%). Twenty-three percent of REU also reported obtaining 'ecstasy profit' from dealing ecstasy, and 62% reported having obtained ecstasy as a gift from a friend, in the last six months.

4.3 Purity

Table 4.6 summarises the current purity of ecstasy, and the changes in purity in the last six months, as perceived by the REU. The proportion of REU reporting that current purity of ecstasy was high (22%) or medium (36%) in 2004 remained stable compared to 2003, but there was a decrease in the proportion reporting purity as fluctuating (from 44% to 29%), and a small increase in the proportion reporting purity as low (from 5% to 13%). REU opinion of recent change in purity was also somewhat equivocal, with substantial (and similar) proportions reporting purity had been either stable (30%) or fluctuating (37%) in the last six months.

KES reports supported REU perception of ecstasy purity with three stating current purity was medium or low, and four stating that it fluctuated. They were also equivocal regarding recent change in purity, with equal numbers (n=3) reporting that purity had been stable or fluctuating in the last six months. One KES reported that purity had recently decreased.

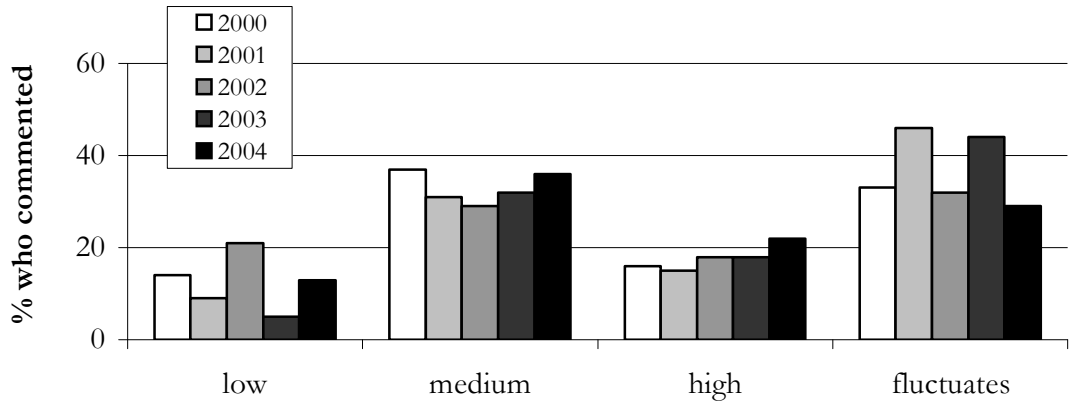
Table 4.6: Perceived purity of ecstasy and change in purity over the last six months, 2003 & 2004

	2004 (n=97)	2003 (n=98)
Current purity (%)		
Low	13	5
Medium	36	32
High	22	18
Fluctuates	29	44
Recent change in purity (%)		
Increasing	10	7
Stable	30	27
Decreasing	22	15
Fluctuating	37	48
Don't know	1	3

Source: Party Drugs Initiative REU interviews

The purity of ecstasy, as perceived by REU, has remained relatively stable over the five years of the survey (as depicted in Figure 4.4), and no clear trend of increasing or decreasing purity can be discerned over this time period. The greatest variation can be seen in the proportions reporting purity as low or that it fluctuates.

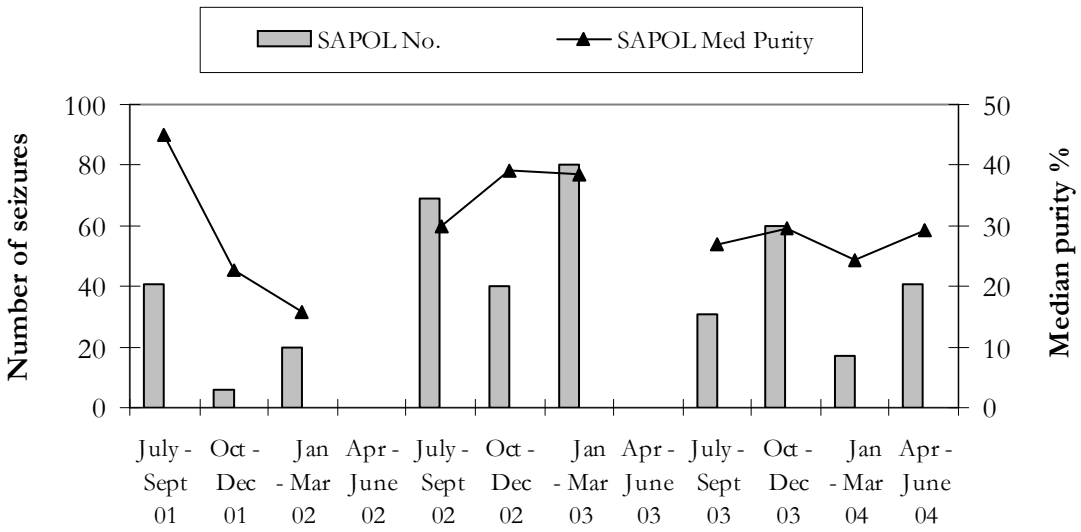
Figure 4.4: Trend in the perceived purity of ecstasy in the last six months, 2000 - 2004



Source: Party Drugs Initiative REU interviews

The Australian Crime Commission (ACC) provided quarterly data on phenethylamines (including MDMA) seized in SA during the last financial year 2003/2004 (ACC, *in press*). Figure 4.45 shows the number of seizures received and analysed by the state forensic laboratory (within the quarter depicted) and the median purity per quarter of those seizures, from 2001/02 to 2003/04. The total number of SAPOL phenethylamine seizures analysed for July03 to June04 was 149 and the median purity was 29%. This represents a small decrease in yearly median purity compared to the previous two financial years (35.3% in 2002/03, and 36.7% in 2001/2002). However, the total number of seizures made by SAPOL varied considerably between these years. No seizures by the Australian Federal Police in SA were analysed for the last two financial years depicted in Figure 4.5, and only a total of 8 were analysed in 2001/2002 (median purity was 24.9%).

Figure 4.5: Number of phenethylamines* seizures analysed and median purity, 2000/2001 – 2003/2004



Source: Australian Crime Commission (ACC; 2003, 2004, *in press*)
* phenethylamines include MDMA ('ecstasy'), MDEA, MDA, PMA and others (see ACC, 2003)

In a recent South Australian study, a comparison of results of on-site pill-testing (using pill-testing kits) at a local rave was made with gas chromatography-mass spectrometry (GCMS) analysis of scrapings taken from the same pills (Camilleri and Caldicott, *in press*). As well as reporting on the efficiency and effectiveness of pill-testing kits in correctly identifying ecstasy and related substances, the study confirmed that pills sold as ecstasy contained a variety of substances other than ecstasy, including MDA, methamphetamine, ketamine, and caffeine, in a variety of combinations. The findings also indicated that users commonly (in at least half the 'cases' tested) did not know (or did not even *think* they knew) what the pill contained prior to any testing.

Another investigation of pill content, by the Victoria Police Forensic Services Department, also showed that pills increasingly contain substances other than MDMA, including methamphetamine and ketamine, in both single-drug and multi-drug combinations, with varying drug content or purity (PDI Drug Trends Bulletin, June 2004).

Three KES reported that pills came in a variety of designs and logo's, with lots of copying of historically 'good' brands; two thought that it was well accepted that a brand could no longer define quality, and one thought people still relied on a brand that had a history of being good for them.

4.4 Availability

Table 4.7 summarises the current availability of ecstasy, and the changes in availability in the last six months, as perceived by the REU. The majority of REU reported that ecstasy was 'very easy' or 'easy' to obtain in 2004, and that this availability had been stable in the previous six months. When consideration is given to the change in the number of answer categories included in 2004 ('moderately easy' was omitted), it can be seen that these parameters were unchanged compared to 2003. A graph of the long-term trend of ecstasy availability (Figure 4.6) also shows that, despite fluctuating proportions within the 'easy' categories, ecstasy has consistently been perceived as largely easy to obtain in SA across this time period.

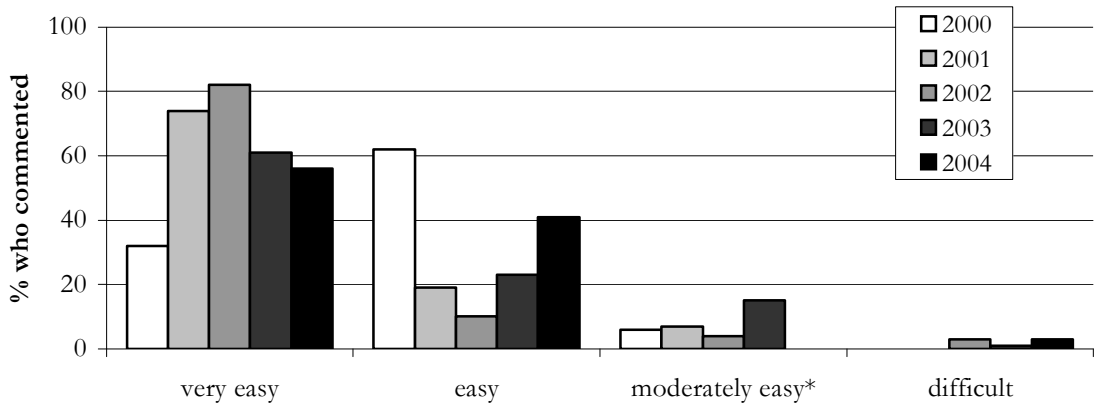
The majority of KES able to comment (n=7) also considered ecstasy as 'very easy' or 'easy' to obtain and that availability had remained stable recently. Two KES commented that those "not in the scene" or younger (ie. without established networks) would perhaps have more difficulty obtaining ecstasy.

Table 4.7: Availability of ecstasy and change in availability over the last six months, 2003 & 2004

	2004 (n=99)	2003 (n=101)
Current availability (%)		
Very easy	56	61
Easy	41	23
Moderately easy	-	15
Difficult	3	1
Very difficult	0	0
Change in availability in last 6 months (%)		
More difficult	9	10
Stable	60	61
Easier	18	21
Fluctuates	9	7
Don't know	4	1

Source: Party Drugs Initiative REU interviews
A dash (-) indicates the data was not collected for the category in that year.

Figure 4.6: Trend in availability of ecstasy in the preceding 6 months, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* the category 'moderately easy' was not included in 2004, thus the 'very easy' and 'easy' categories may be affected as a result

Regular ecstasy users were asked from whom they had obtained their ecstasy within the last six months and at what venues they *usually* scored their ecstasy: the results are presented in Table 4.8. Please note that the categories of response for these questions have varied slightly over the years, with 2004 including a 'used, not scored' category, as well as a combined 'raves/doofs/dance parties' category, and the extra categories 'agreed public location' and 'work' included as possible score venues. In 2004, REU reported most commonly that they had bought ecstasy from friends (84%), from known dealers (46%), or from acquaintances (29%), in the last six months. Smaller proportions reported buying from strangers (14%) or workmates (8%). An analysis of the location where REU obtain ecstasy indicates that REU

most commonly obtain (or 'score') ecstasy from a friend's home (63%), at an agreed (pre-arranged) public location (44%), or at their own home (40%).

It is clear from the data across the years depicted in Table 4.8, that users consistently purchased their ecstasy most commonly from friends or known dealers (categories that are not always exclusive in the eye of the user), and scoring from strangers or at entertainment venues was less common. This was supported by information from several KES (n=4) that swapping or buying from friends was common; that supply tended to be via word of mouth through "a friend of a friend"; or that one person within a group will have a connection to a dealer/supplier and buy in bulk to supply their friends (often gaining an 'ecstasy profit' for themselves).

Table 4.8: Trend in the source of ecstasy for REU, 2000 – 2004

	% of REU				
	2004 ***n=99***	**2003** *n=101*	**2002** *n=68*	**2001** *n=70*	**2000** *n=50*
Used, not scored	***3***	**-**	**-**	**-**	**-**
Who have you bought ecstasy from in the last 6 months?					
Friends	**84**	93	32	96	98
Dealer - friend	**-**	-	68	-	-
Known dealers	**46**	55	9	63	58
Workmates	**8**	16	16	20	22
Acquaintances	**29**	34	52	64	50
Strangers/unknown*	**14**	11	15	13	24
What venues do you normally score [ecstasy] at?					
Own home	**40**	40	62	49	74
Dealer's home	**32**	45	52	30	54
Friend's home	**63**	66	77	61	94
Raves/dance parties**	**27**	37/29	47/46	47/40	72/30
Nightclubs	**33**	48	34	51	32
Pubs	**13**	15	13	16	10
Agreed public location	**44**	-	-	-	-

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response. * includes 'unknown dealer' category in 2004; ** combined categories in 2004. A dash (-) indicates the data was not collected for the variable in that year.

In 2004, for the first time, REU were asked how many people they had purchased ecstasy from in the 6 months preceding interview, whether they had a main ecstasy dealer that they were able to obtain other drugs from, and what other drugs were available to them through this main source at the time of ecstasy purchase. Two REU reported that they had not personally purchased ecstasy in the last 6 months, and the remaining 98 REU had purchased ecstasy from a median of 3 ecstasy dealers (range 1 to 17) in that time. Eighty-one REU reported having a main ecstasy dealer from whom they could obtain other drugs at the time

of ecstasy purchase. Table 4.9 details the proportion of REU who reported the availability of each drug type from their main ecstasy dealer.

Table 4.9: Availability of drugs other than ecstasy, from main ecstasy dealer, 2004

Drug	% of REU with 'main dealer' (n=81)
Methamphetamine powder	38
Methamphetamine base	64
Methamphetamine crystal	51
Cocaine	20
LSD	41
MDA	15
Ketamine	35
GHB	16
1,4B/GBL	0/0
Cannabis	53
Heroin	1
Other	9

Source: Party Drugs Initiative REU interviews

The drugs most available to those REU with a 'main ecstasy dealer' were the base form of methamphetamine (64%, n=52), cannabis (53%, n=43) and crystal methamphetamine (51%, n=41), followed by LSD (41%, n=33), powder methamphetamine (38%, n=31), ketamine (35%, n=28), cocaine (20%, n=16) and GHB (16%, n=13).

National prevalence data

The AIHW household survey reported that recent users of ecstasy/designer drugs usually obtained these drugs from a 'friend or acquaintance' (73%) (AIHW, 2002a). A direct comparison with the 2004 PDI is problematic as the questions asked were not the same. The AIHW survey did not allow multiple responses and it is not known if the category 'friend or acquaintance' has been collapsed.

Local manufacture

Data supplied by the South Australian Police shows the dramatic increase in the detection of clandestine laboratories in South Australia since 1998 (see Figure 5.8). The majority of these clandestine laboratories have been relatively small-scale operations for the production of primarily methamphetamine, however, in 2004 there was detection of several large-scale laboratories where MDMA (3, 4-methylenedioxymethylamphetamine *or* 'ecstasy') production was the primary focus. These were sophisticated and specialised operations producing relatively large quantities of product, as opposed to the commonly small-scale methamphetamine operations. This 'spike' of MDMA lab detections was unprecedented (only one such laboratory had been detected in the ten years prior) and unique to SA, and suggests that MDMA production has taken a foothold locally.

4.5 Ecstasy related harms

4.5.1 Law enforcement

No breakdowns were available at the state level for number of ecstasy-related use or provision offences in SA.

4.5.2 Health related harms

Health related harm associated with ecstasy use is detailed more fully in Section 13. Information provided by health service organisations is presented and provides a general indicator of the level of harm experienced by ecstasy users.

Severity of ecstasy dependence

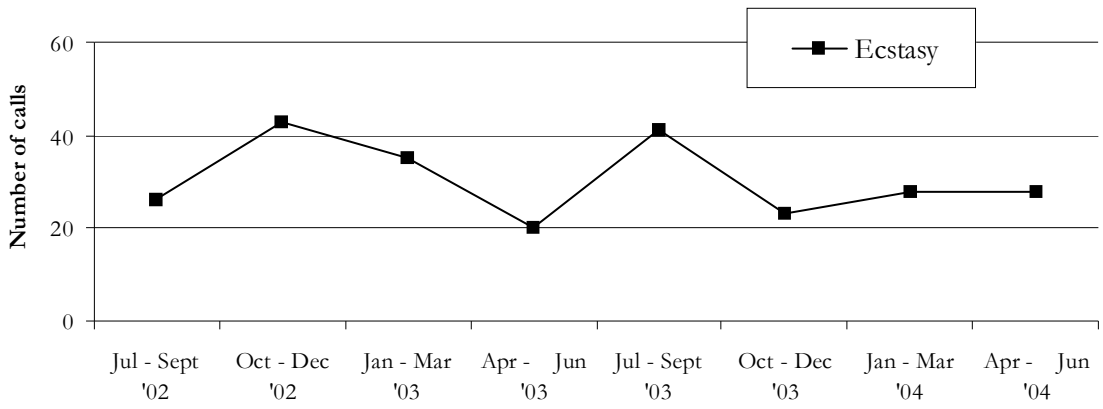
In 2004, the Severity of Dependence Scale (SDS) (Gossop *et al.*, 1995) was used to give a measure of the level of problematic or dependent use of ecstasy and methamphetamine among the REU sample (see Section 13.2 for more detail).

Despite the SDS not having been validated for use with an ecstasy–using sample, it has been used here to give a rough indication of levels of 'dependent' use, and the cut-off score for amphetamine use, as established by Topp and Mattick (1997), will be used as a reference. The median SDS score for ecstasy among REU was 1 (range 0 to 9; n=99). Thirty-eight REU scored zero (indicating no impact of their use in terms of the questions posed, and subsequently, no dependence on ecstasy), 52 REU scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use), and 9 scored 5 or above (indicating clinically significant dependence). Therefore, 9% of the 2004 REU sample indicated dependent use of ecstasy in the last twelve months, as measured by the SDS.

Treatment Services - ADIS

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding ecstasy accounted for 0.9% of the total coded telephone contacts (drug-related) in the 2003/2004 financial year (n=13,336), the same proportion as for 2002/2003 (0.9% of a total 13,825) and similar to the 1.1% reported in 2001/2002 (of a total 12,538). Figure 4.7 depicts the number of ecstasy related calls per quarter for the last two financial years, and Figure 13.1 compares the frequency of ecstasy-related calls to calls related to other drug types.

Figure 4.7: Number of inquiries to ADIS regarding ecstasy July 2002 to June 2004



Source: SA ADIS

Treatment Services - DASC

DASC treatment data revealed that in 2003/04 there were 41 presentations to all DASC treatment services that nominated ecstasy as the primary drug of concern (this constitutes 0.6% of total presentations). This was almost double the number recorded in 2002/03 (22 clients or 0.3% of total presentations to DASC treatment services). See also Table 13.2 for a comparison of ecstasy to other primary drugs of concern among clients of DASC treatment services.

4.6 Benefit and risk perception

Participants in the 2004 sample were asked to provide up to three of the biggest benefits and risks they perceived to be associated with taking ecstasy.

4.6.1 Perceived benefits

Two REU reported they perceived no benefit associated with taking ecstasy. Of the remaining 98 REU, 90 reported at least two benefits, and 68 reported three benefits. The benefit categories, and the number of REU who considered each as one of the three biggest benefits of *their own* ecstasy use, are summarised in Table 4.10. The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness and empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood.

Table 4.10: Perceived benefits of taking ecstasy, as reported by REU, 2004

Benefit	Number of REU (n=100)
None	*2*
Enhanced closeness/bonding/empathy with others	44
Enhanced communication/talkativeness/more social	45
Enhanced mood (eg. euphoria/wellbeing/happiness)	35
Enhanced appreciation of music &/or dance	11
The high/rush/buzz	7
Increased energy/to stay awake	11
Fun	40
Increased confidence/decreased inhibitions	13
Relax/escape/release	13
Drug effects (eg. hallucinations/insight/heightened senses)	9
Different to effects of alcohol	9
Enhanced sexual experience	3
Feeling in control/focussed	2
Other	14

Source: Party Drugs Initiative REU interviews

4.6.2 Perceived risks

Six REU reported they perceived no risk associated with taking ecstasy, and 3 were unsure. Of the remaining 91 REU, 90 reported at least one risk (data missing for one participant), 81 reported at least two risks, and 54 reported three risks. The risk categories, and the number of REU who considered each as one of the three biggest risks of *their own* ecstasy use, are summarised in Table 4.11. As can be seen, the most commonly perceived risks associated with taking ecstasy were some kind of physical harm, psychological harm or neuropsychological harm. Physical harms mentioned as risks included non-fatal (n=11) or fatal (n=7) overdose, dehydration (n=10), overheating (n=8), or some kind of long-term organ damage (n=9). Risk of perceived psychological harm included depression (n=18) and drug dependence (n=11), and perceived neuropsychological harms included general neurological damage (n=24), memory impairment (n=10), and cognitive impairment (n=9). Unknown contaminants present in ecstasy pills was also considered a risk associated with use by almost a quarter of the REU sample.

Table 4.11: Perceived risks of taking ecstasy, as reported by REU, 2004

Risk	Number of REU (n=100)
None	*6*
Don't know	*3*
Psychological harms (eg. addiction/dependence, depression, anxiety)	50
Neuropsychological harms (eg. memory impairment, neurological damage)	43
Physical harms (eg. overdose, dehydration, temperature regulation)	62
Unknown drug strength (ie. 'dose')	6
Unknown drug contaminants (ie. cutting agents or other drugs)	24
Effects of intoxication (eg. increased risk-taking or vulnerability)	9
Legal/police problems	6
Financial problems	9
Social/relationship problems	6
Employment problems	1
Unknown long-term harms	3
Other harms	6

Source: Party Drugs Initiative REU interviews

4.7 Summary of Ecstasy Trends

- Over the last five years there has been little change in parameters of ecstasy use, with the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, all remaining relatively stable across this period.
- There has, however, been a gradual increase in the proportion using more than one tablet in a typical session, to the point that in 2004 this was reported by the majority of the sample (84%) compared to less than half the sample in 2000 (44%).
- A large proportion of the samples have consistently reported binge use of ecstasy across this time, with almost half the sample having done so in 2004.
- REU mainly use ecstasy by swallowing, with substantial proportions also reporting recent use by snorting.
- Most REU report typically using at least one other drug either *with ecstasy* or *at comedown,* with tobacco, alcohol, cannabis and some form of methamphetamine reported as most commonly used *with ecstasy*, and tobacco, alcohol, cannabis, and to a lesser extent, benzodiazepines being most commonly used *at comedown*. There were reductions in the proportions of REU reporting recent use of alcohol, either *with ecstasy* or *at comedown*, in 2004, compared to 2003.
- Ecstasy continued to be used most commonly at nightclubs, raves/dance parties, private parties or at people's homes.
- The price of ecstasy was stable and availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend.
- The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2004, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2004 was 29%, a slight decrease compared to 2003.
- Information provided by SAPOL suggests that local manufacture of MDMA has taken a foothold in SA.
- No increase in the number of ecstasy-related calls to ADIS were recorded in 2004, and although a doubling of the number of presentations to DASC treatment services was noted, the total number of ecstasy-related presentations remains a very small proportion of total presentations (0.6%).
- The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness & empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood.
- The most commonly perceived risks associated with taking ecstasy were some kind of physical harm, psychological harm or neuropsychological harm.

5.0 METHAMPHETAMINE

The distinction between three forms of methamphetamine continued in the 2004 survey. For a detailed commentary on the reasons for the differentiation into three distinct types see White, Breen & Degenhardt (2003). The three forms of methamphetamine discussed are the same as those differentiated within the IDRS, namely powder, base, and crystal methamphetamine.

5.1 Methamphetamine use among REU

The median age at first use varied slightly for each of the main forms of methamphetamine. In 2004, REU reported having first used powder at a median 18 years, base at 19 years and crystal at 20.5 years. The proportion of REU reporting lifetime use of methamphetamine differed slightly between the three forms with higher proportions reporting use of powder (86%) or base (84%) than crystal (60%) in their lifetime. In 2004, more REU reported lifetime use of base methamphetamine compared to 2003 (75%), but recent use of all forms of methamphetamine remained stable compared to 2003. The largest proportion of the REU sample reported recent use of base (72%), followed by powder (62%) and crystal (47%), in 2004. The frequency of use of all three forms of methamphetamine was the same (a median of 6 days), and there were no significant differences between males and females with regard to average frequency of use of all forms. There were no substantial changes in the proportions reporting recent use of methamphetamine by the different routes of administration except for injecting, which increased in 2004 compared to 2003 (see Table 3.2 and Section 12.1 for more detail on injecting).

5.1.1 Methamphetamine Powder (Speed)

Table 5.1 summarises the patterns of use of methamphetamine powder among REU in 2004, with 2003 data for comparison. In 2004, 62% of REU reported using methamphetamine powder a median of 6 days (range 1-180), in the six months prior to interview. A closer analysis of frequency of use revealed that 56% (n=35) of methamphetamine powder users had used 6 days or less in the six months prior to interview, which equates to using once a month or less, on average, during this period. A further 19% (n=12) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive), 10% (n=6) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive), and the remaining 15% (n=9) reported using greater than weekly and up to daily (25 to 180 days inclusive), on average, in the last six months.

With respect to the *average* and *most* amounts used in a single session of use, similar numbers of REU provided information in terms of grams and 'points', with fewer commenting on the use of lines. The median amount of grams and points used in an *average* single session were 0.5 and 2, respectively. The *most* amount of powder methamphetamine used in a single session reported by REU was a median of 1 gram or 3 points. Compared to 2003, there has been a small increase in both the *average* and *most* amounts of points reported as consumed. Readers are reminded however, that the measure of a 'point' is likely to be variable and unreliable as a measure of quantity actually consumed.

Most users of methamphetamine powder reported having used by snorting (79%) or swallowing (79%) in the last six months. Fifteen percent reported having smoked powder, and 10% reported having injected powder, in that time. A similar proportion of REU reported bingeing on powder methamphetamine in 2004 (23%) compared to 2003 (21%).

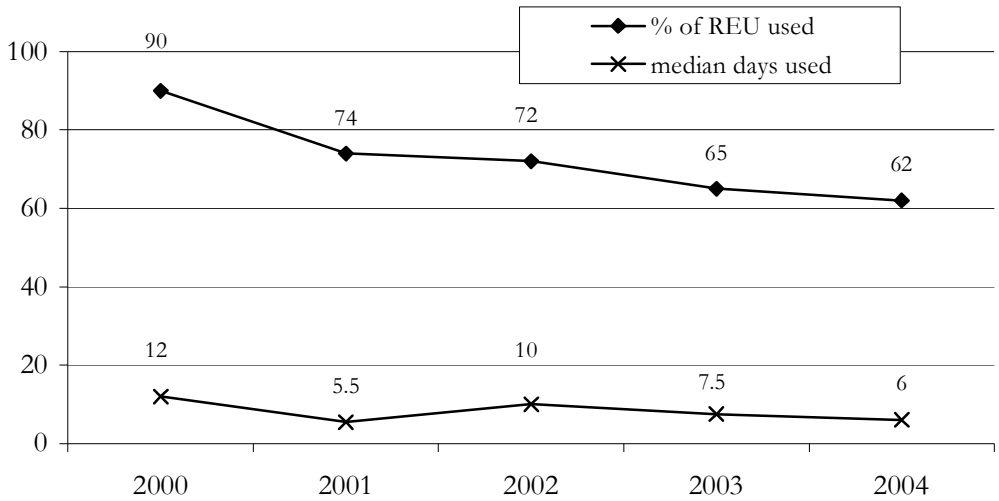
Table 5.1: Patterns of Methamphetamine Powder Use Among the REU sample

Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	18 (14-32)	18 (13 - 55)
Ever used (lifetime) (%)	86	82
Used in last 6 months (%)	62	65
Meth powder as main drug of choice (%)	4	1
Days used in last 6 months#: median (range; n)	6 (1-180)	7.5 (1-90)
Average amount used in a single session*:		
Grams: median (range; n)	0.5 (0.2-2; 28)	0.75 (0.1-2; 30)
points: median (range; n)	2 (0.1-8; 29)	1 (0.5-3.5; 25)
lines: median (range; n)	1 (0.5-4; 4)	2 (1-2; 9)
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.2-3; 36)	1 (0.1-8; 40)
points: median (range; n)	3 (0.25-5; 21)	2 (1-5; 19)
lines: median (range; n)	1 (0.5-5; 4)	2.5 (1-6; 6)
Meth powder included in 'binge' episode (%)	23	21

Source: Party Drugs Initiative REU interviews
# of those who reported use in the last 6 months
* a session was defined as a period of continuous drug use without sleep, in the last 6 months
A dash (-) indicates the data was not collected for the variable in that year.

An analysis of trends over time (see Figure 5.1) reveals a steady decline in the proportion of REU who reported recent use of powder methamphetamine, from a high of 90% in 2000 to 62% in 2004, though this seems to have slowed somewhat in the last year. The frequency of use of powder methamphetamine has also shown a small decline over the last three years.

Figure 5.1: Methamphetamine powder – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# by those reporting use in the previous six months

5.1.2 Methamphetamine Base

Table 5.2 summarises the patterns of use of methamphetamine base among REU in 2004, with 2003 data for comparison. In 2004, 72% of REU reported using methamphetamine base a median of 6 days (range 1-180), in the six months prior to interview. A closer analysis of frequency of use revealed that 56% (n=40) of base users had used 6 days or less in the six months prior to interview, which equates to using once a month or less, on average, during this period. A further 19% (n=14) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive), 13% (n=9) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive), and the remaining 13% (n=9) reported using greater than weekly and up to daily (25 to 180 days inclusive), on average, in the last six months.

With respect to the *average* and *most* amounts used in a single session of use, most REU provided information in terms of 'points' of base, with considerably fewer commenting on the use of grams. The median amount of points and grams used in an *average* single session were 2 and 1, respectively. The median *most* amount of powder methamphetamine used in a single session was the same. Compared to 2003, there has been no change in either the *average* or *most* amounts of points or grams reported as consumed.

Most users of methamphetamine base reported having used by swallowing (86%) in the last six months. Thirty-eight percent reported having snorted base, 13% reported use by injecting, and 7% reported having smoked base, in that time. A slightly higher proportion of REU reported bingeing on methamphetamine base in 2004 (29%) compared to 2003 (24%).

Table 5.2: Patterns of Methamphetamine Base Use Among the REU sample

Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	19 (14-37)	19 (13 – 44)
Ever used (lifetime) (%)	84	75
Used in last 6 months (%)	72	70
Meth base as main drug of choice (%)	4	5
Days used in last 6 months#: median (range; n)	6 (1-180)	7 (1-100)
Average amount used in a single session*:		
Grams: median (range; n)	1 (0.5-2; 10)	0.75 (0.1-1; 4)
points: median (range; n)	2 (0.1-12.5; 60)	2 (0.25-7; 59)
Most amount used in a single session*:		
Grams: median (range; n)	1 (.05-2; 13)	1 (0.1-1; 10)
points: median (range; n)	2 (0.5-30; 56)	2 (1-30; 55)
Meth base included in 'binge' episode (%)	29	24

Source: Party Drugs Initiative REU interviews

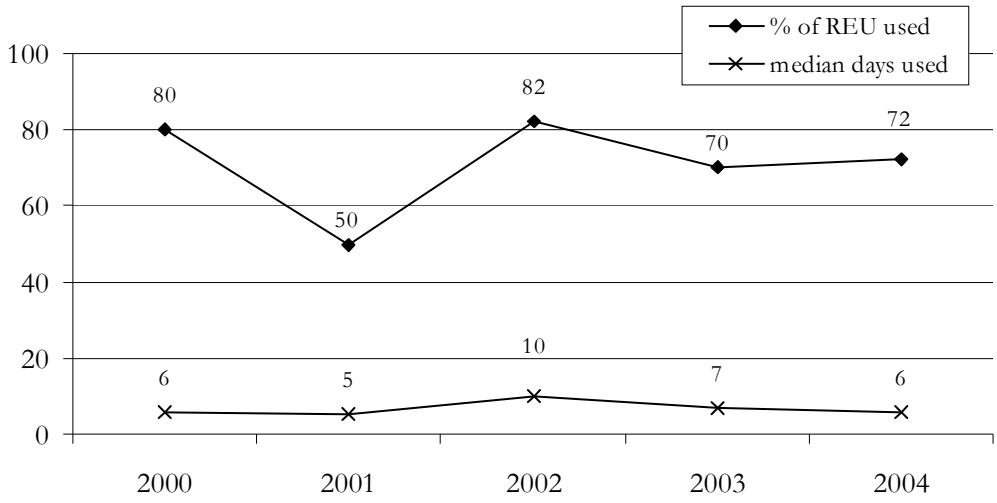
# of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

A dash (-) indicates the data was not collected for the variable in that year.

An analysis of trends over time (see Figure 5.2) reveals stabilisation of both the proportion of REU reporting use of base methamphetamine and the median number of days used in the last two years, following variability in these parameters over the three previous years.

Figure 5.2: Methamphetamine base – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# by those reporting use in the previous six months

5.1.3 Crystal Methamphetamine (Ice)

Table 5.3 summarises the patterns of use of crystal methamphetamine among REU in 2004, with 2003 data for comparison. In 2004, 47% of REU reported using crystal methamphetamine a median of 6 days (range 1-180), in the six months prior to interview. A closer analysis of frequency of use revealed that 62% (n=29) of crystal users had used 6 days or less in the six months prior to interview, which equates to using once a month or less, on average, during this period. A further 21% (n=10) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive), 6% (n=3) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive), and the remaining 11% (n=5) reported using greater than weekly and up to daily (25 to 180 days inclusive), on average, in the last six months.

With respect to the *average* and *most* amounts used in a single session of use, most REU provided information in terms of 'points' of crystal, with a limited number commenting on the use of grams. The median number of points of crystal methamphetamine used in an *average* single session was 1.5, and the median *most* amount used in a single session was 2 points or 0.9 of a gram. Compared to 2003, there has been little change in either the *average* or *most* amounts of points or grams reported as consumed.

Most users of crystal methamphetamine reported having used by swallowing (72%) in the last six months. Thirty-two percent reported having snorted crystal, 30% reported having smoked crystal, and 15% reported use by injecting, in that time. There was no change in the proportion reporting recent use of crystal by smoking, compared to 2003. A slightly higher proportion of REU reported bingeing on crystal methamphetamine in 2004 (19%) compared to 2003 (15%).

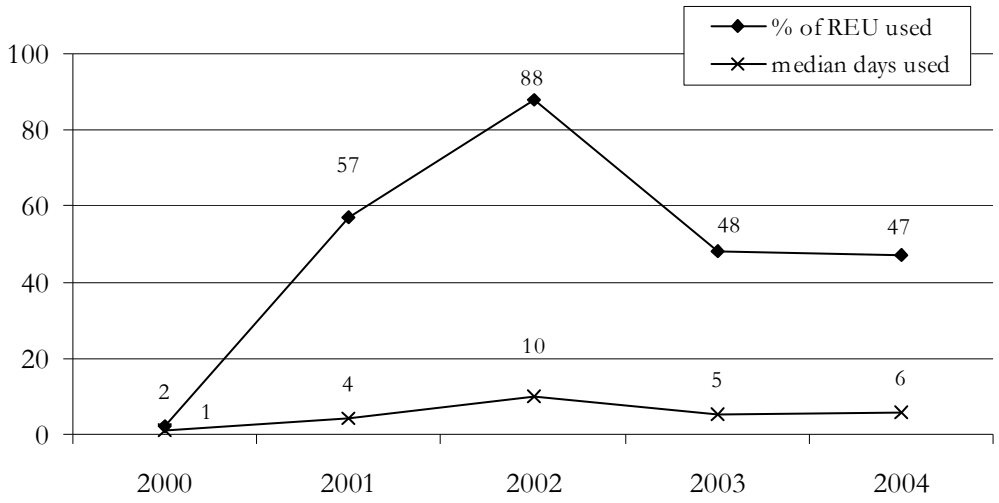
Table 5.3: Patterns of Crystal Methamphetamine Use among the REU sample

Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	20.5 (15-39)	19 (14 – 55)
Ever used (lifetime) (%)	60	60
Used in last 6 months (%)	47	48
Crystal meth as main drug of choice (%)	4	2
Days used in last 6 months#: median (range; n)	6 (1-180)	5 (1-72)
Average amount used in a single session*: points: median (range; n)	1.5 (0.25-5; 43)	1 (.25-10; 40)
Most amount used in a single session*:		
Grams: median (range; n)	0.9 (0.5-2; 8)	1 (0.2-2; 5)
points: median (range; n)	2 (0.25-7; 38)	2 (0.5-30; 37)
Crystal meth included in 'binge' episode (%)	19	15

Source: Party Drugs Initiative REU interviews
# of those who reported use in the last 6 months
* a session was defined as a period of continuous drug use without sleep, in the last 6 months
A dash (-) indicates the data was not collected for the variable in that year.

An analysis of trends over time (see Figure 5.3) reveals stabilisation of both the proportion of REU reporting use of crystal methamphetamine and the median number of days used in the last two years, following a rapid increase in these parameters over the three previous years.

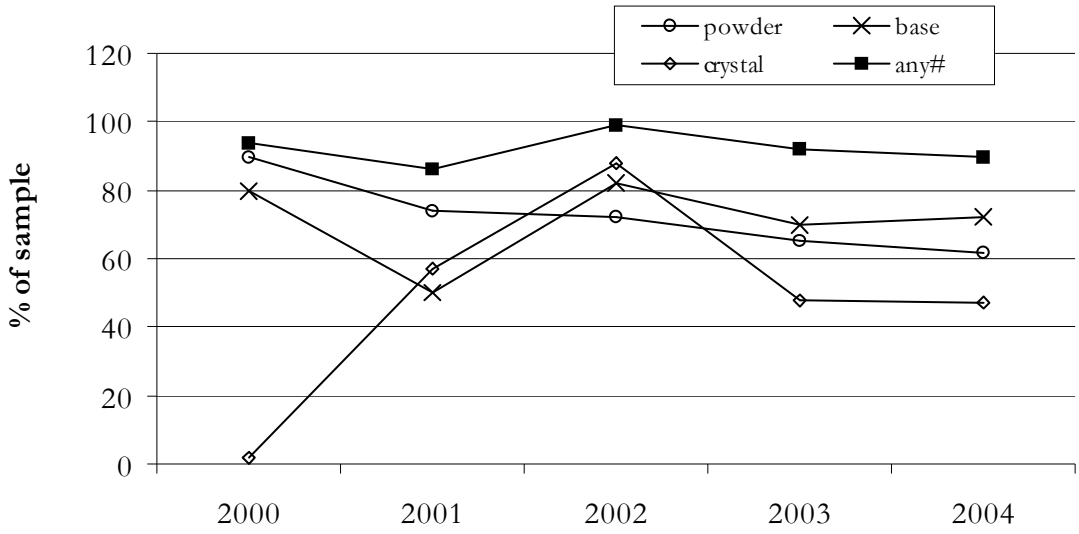
Figure 5.3: Methamphetamine crystal – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# by those reporting use in the previous six months

Figure 5.4 presents trends in recent methamphetamine (all forms) use from 2000 to 2004. Overall, prevalence of recent use of *any* methamphetamine (collapsed data) among REU has remained high and stable across the years. The most interesting aspect is the dramatic rise and subsequent decline and stabilisation of the prevalence of use of the crystal form of methamphetamine during this period.

Figure 5.4: Trends in recent use* of the main forms of methamphetamine, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# collapsed powder, base and crystal categories

KES comments in general supported the belief that use of methamphetamine, particularly the base (or "gluggy/sticky") form, was common among REU, though similarly to ecstasy, the frequency of use and quantity used vary widely. Several KES reported that use of powder or base methamphetamine was as common, if not more common, than ecstasy in the dance party scene, and that it was considered the 'baseline' drug that was reliable in terms of quality and effect and being readily available. One KES stated that use of a small amount of methamphetamine was not considered 'drug use' because it doesn't have the mind-altering qualities of pills (ie. MDMA). Several KES also reported that use of crystal methamphetamine was still rare, occurred among a small percentage of REU, but that it was considered desirable and would be used opportunistically among regular methamphetamine users, and despite being expensive it was considered good value for money. Two KES reported that they had noticed an increase recently in the use of crystal methamphetamine (specifically, smoking of 'ice' crystals) among a small number of users.

Information about where REU used the three different forms of methamphetamine is presented in Table 5.4. There were some small differences in the most commonly reported locations of *usual* use between the different types of methamphetamine, but overall, the most common locations REU reported *usually* using methamphetamine were nightclubs, friend's homes, their own home, private parties or raves/dance parties. A larger proportion of REU reported *usually* using crystal at home than anywhere else, but powder or base was most commonly reported as *usually* being used at a friend's home or nightclub.

An analysis of the *last* location used revealed that powder and base methamphetamine had been used *last* most commonly at nightclubs, raves/dance parties, a friend's home or their

own home by approximately equal proportions of REU, whereas crystal was most commonly reported as *last* used at their own home.

Table 5.4: Venue where methamphetamine was used by REU in the last six months (% REU by venue for each form of methamphetamine), 2004

	Where have you *usually* used methamphetamine?			Where did you *last* use methamphetamine?		
	powder *n=52*	**base** *n=61*	**crystal** *n=36*	**powder** *n=52*	**base** *n=61*	**crystal** *n=36*
Own home	48	46	58	19	18	33
Dealer's home	13	7	3	2	2	0
Friend's home	67	56	47	23	20	19
Raves/doof/dance parties	48	52	31	21	21	17
Nightclubs	65	61	47	19	23	14
Pubs	27	33	22	4	5	6
Private party	54	39	42	8	2	3
Restaurant/café	4	3	3	0	0	0
Public place	8	10	8	0	0	0
Car or other vehicle (passenger)	12	13	8	0	0	0
Car or other vehicle (driver)	8	10	3	0	0	0
Outdoors	15	10	8	0	2	3
Live music event	27	20	11	0	3	3
Work	10	10	8	2	2	3
Other	5	5	0	2	3	0

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

5.2 Price

Not all REU were able to comment on the price of all three, or any, of the forms of methamphetamine. Table 5.5 presents the prices of the three forms of methamphetamine provided by REU that were able to comment (sample sizes given per category). As occurred in 2003, in 2004 the estimated 'current' price of a point of all three forms of methamphetamine was the same at $25. The median reported price of a point *at last purchase* was slightly lower, but also the same for all three forms of methamphetamine, at $20.

The estimated median 'current' price of a gram of base or crystal methamphetamine was the same, at $200, while powder methamphetamine was estimated to be much lower, at a median $50. The median price reported by REU *at last purchase* was the same as the estimates of 'current' price for base, but was lower for powder and considerably higher for crystal: the median price of a gram of powder was lowest, at $40, followed by base at $200, and crystal at $300. It should be noted that fewer REU were able to provide information on the price *at*

last purchase of base and crystal methamphetamine, compared to powder. Compared to 2003, there appears to have been little change other than an increase in the price of a gram of crystal methamphetamine, but this change is based on only a small number of REU reports and should be interpreted with caution.
Similarly to 2003, the majority of REU reported that the price of all forms of methamphetamine had been stable in the preceding six months.

Table 5.5: Price of the main forms of methamphetamine and change in price over the last six months, 2003* & 2004

Amount	Median price per amount $ (range, n)		
	powder	**base**	**crystal**
point			
current price	25 (10-25; 15)	25 (20-180; 46)	25 (20-300; 25)
	25 (20-25; 15)	*25 (15-50; 44)*	*25 (20–50; 20)*
price at last purchase#	20 (15-25; 10)	20 (20-180; 37)	20 (20-300; 23)
gram			
current price	50 (30-250; 35)	200 (20-220; 18)	200 (100-325; 10)
	40 (20-250; 27)	*200 (100-300; 17)*	*200 (150-300; 7)*
price at last purchase#	40 (30-200; 24)	200 (150-240; 11)	300 (150-300; 7)

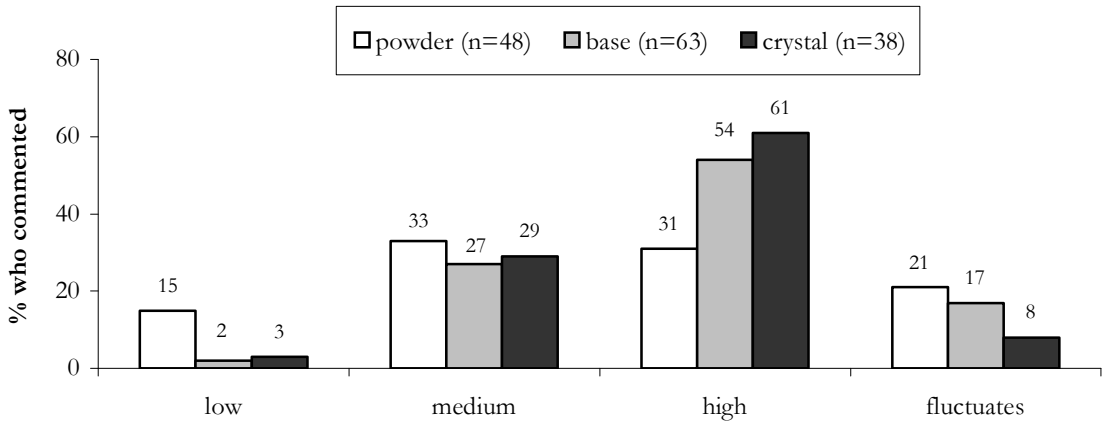
Price change in last 6 months (%)	**2004** n=55	***2003*** *n=66*	**2004** n=65	***2003*** *n=73*	**2004** n=41	***2003*** *n=40*
Increasing	0	*5*	3	*6*	0	*5*
Stable	55	*56*	72	*63*	63	*40*
Decreasing	13	*12*	14	*12*	12	*10*
Fluctuating	7	*2*	2	*4*	7	*0*
Don't know	26	*26*	9	*15*	17	*45*

Source: Party Drugs Initiative REU interviews
* 2003 data in italics
# asked for the first time in 2004

5.3 Purity

As would be expected, REU reports of the current purity of methamphetamine varied according to the three forms, with the purity of crystal rated higher than both base and powder (see Figure 5.5). Perception of the current purity of each of the three forms of methamphetamine had changed very little compared to 2003 (see Table 5.6).

Figure 5.5: Trend in the perceived purity of methamphetamine in the last six months



Source: Party Drugs Initiative REU interviews

Table 5.6: Purity of the main forms of methamphetamine and change in purity over the last six months, 2003* & 2004

	powder		base		crystal	
	2004 n=48	***2003*** *n=60*	**2004** n=63	***2003*** *n=66*	**2004** n=38	***2003*** *n=35*
Current purity (%)						
Low	15	*13*	2	*9*	3	*0*
Medium	33	*38*	27	*28*	29	*23*
High	31	*33*	54	*50*	61	*71*
Fluctuates	21	*15*	17	*12*	8	*6*
Change in purity in last 6 months (%)						
Increasing	8	*10*	14	*15*	13	*29*
Stable	44	*38*	38	*38*	50	*31*
Decreasing	6	*15*	8	*9*	11	*3*
Fluctuating	27	*22*	35	*30*	13	*11*
Don't know	15	*15*	5	*8*	13	*26*

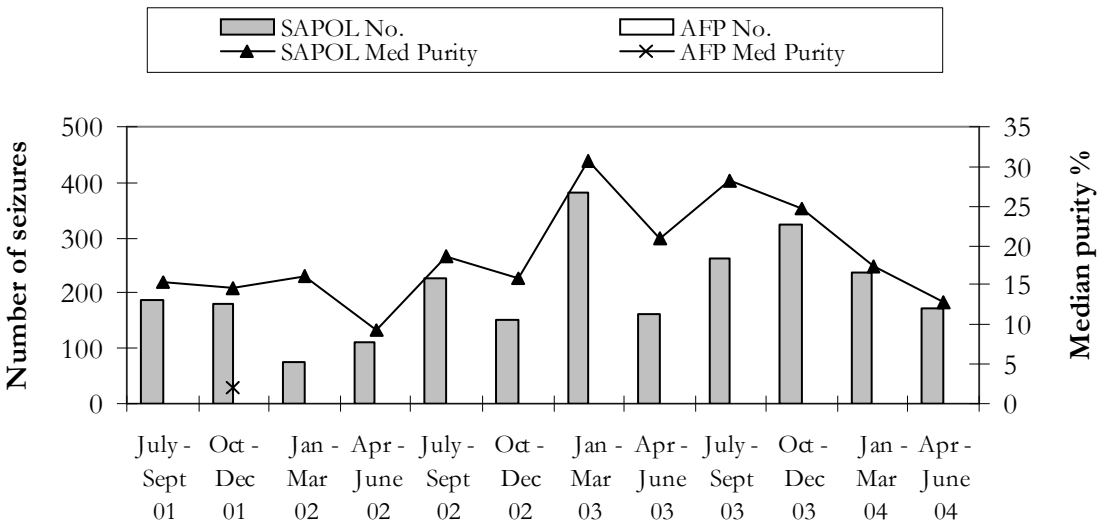
Source: Party Drugs Initiative REU interviews
* 2003 data in italics

When asked about changes in purity in the preceding six months, the largest proportion of REU reported purity as stable for all three forms. The purity of crystal was considered stable by a larger percentage of REU than either base or powder (50% vs 38% each), with substantial proportions reporting that purity of base and powder had fluctuated recently (35% and 27%, respectively). Considerably smaller proportions of REU able to comment perceived that any form of methamphetamine was either increasing or decreasing in purity, so no clear trend in the direction of fluctuating purity could be discerned. A comparison with

the 2003 sample reveals little change in the perception of recent purity of all three forms, except for an increase in the perceived stability of crystal purity.

The Australian Crime Commission (ACC) provided quarterly data on methamphetamine seized in SA during the last financial year 2003/2004 (ACC, *in press*). Figure 5.6 shows the number of seizures received and analysed by the state forensic laboratory (within the quarter depicted) and the median purity per quarter of those seizures, from 2001/02 to 2003/04. The total number of SAPOL methamphetamine seizures analysed for July03 to June04 was 992 and the median purity was 19.8%. The majority of seizures analysed were less than or equal to 2 grams. Overall, the number of seizures and the median purity of methamphetamine seized by SAPOL in SA for the past two financial years has remained stable, with median purity of 21.5% in 2002/03 (n=921) and 19.8% in 2003/04 (n=992), an increase from 15% in 2001/02 (n=551). However, there was a decline in median purity over the last three quarters of 2003/04, which may indicate the start of a downward trend. Only one methamphetamine seizure by the Australian Federal Police was analysed across this timeframe, in 2001/2002.

Figure 5.6: Number of methamphetamine seizures analysed and median methamphetamine purity in SA 2001/2002 – 2003/2004



Source: Australian Crime Commission (ACC; 2003, 2004, *in press*)

5.4 Availability

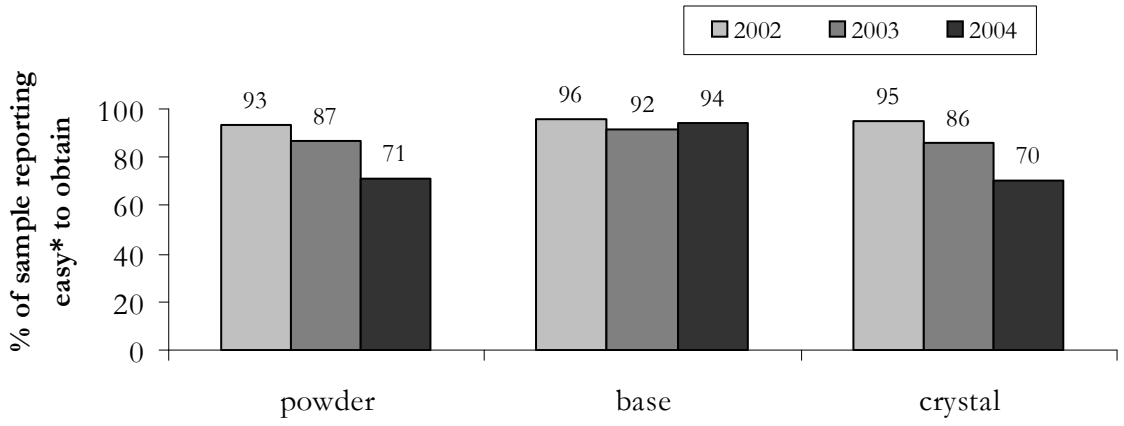
The availability of the three main forms of methamphetamine varied according to REU (see Table 5.7). Overall, all three forms were considered to be 'easy' or 'very easy' to obtain by the majority of REU. However, a larger proportion of REU reported base as 'very easy' to obtain than for either powder or crystal methamphetamine. In comparison to 2003, there were increases in the proportions of REU reporting either powder or crystal methamphetamine as 'difficult' to obtain, but this may have been due, in part, to the elimination of the 'moderately easy' category in the 2004 survey. However, Figure 5.7 depicts the trend in availability over the last three years and a downward trend in availability of both powder and crystal, but not base, is evident over this period. In 2004, the majority of REU reported that availability of all three forms of methamphetamine had been stable recently, and compared to 2003, these proportions had increased.

Table 5.7: Availability of the main forms of methamphetamine and change in availability over the last six months, 2003* & 2004

	powder		base		crystal	
	2004 n=52	***2003*** *n=61*	**2004** n=63	***2003*** *n=72*	**2004** n=40	***2003*** *n=36*
Current availability (%)						
Very Easy	44	*46*	67	*61*	48	*36*
Easy	27	*25*	27	*14*	23	*22*
Moderately easy	-	*16*	-	*17*	-	*28*
Difficult	23	*10*	5	*7*	25	*8*
Very difficult	6	*3*	2	*1*	5	*6*
Change in availability in last 6 months (%)						
More difficult	13	*20*	2	*13*	8	*17*
Stable	60	*56*	75	*57*	65	*44*
Easier	17	*11*	17	*14*	15	*19*
Fluctuates	0	*5*	3	*4*	5	*0*
Don't know	10	*8*	3	*13*	8	*19*

Source: Party Drugs Initiative REU interviews
* 2003 data in italics
a dash (-) denotes the category wasn't included in that year

Figure 5.7: Trend in availability of methamphetamine in the preceding 6 months, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* collapsed categories of 'very easy', 'easy' and 'moderately easy', except the category 'moderately easy' was not included in 2004, thus percentages in other categories may be affected as a result

Of the few KES that were able to provide information on methamphetamine availability, two reported an increase in availability of "meth" or "crystal meth", while one made particular mention of amphetamine sulphate being available in 2004 (after years of not being available).

When asked where they had bought the different forms of methamphetamine, REU provided similar profiles for each of the three forms (see Table 5.8). The majority of REU able to comment reported that they purchased all forms of methamphetamine from friends. Substantial proportions also reported purchasing all forms of methamphetamine from a dealer or dealers known to them. An analysis of the location at which methamphetamine was reportedly scored reveals that REU most commonly obtained all three forms of methamphetamine from their friend's homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place (particularly with regard to base). Relatively few REU scored methamphetamine from raves, dance parties, nightclubs or pubs. Compared to 2003, fewer REU reported scoring all forms of methamphetamine from raves/dance parties, nightclubs or pubs.

Table 5.8: Source of methamphetamine for REU, 2004

	% of REU		
	powder *n=52*	**base** *n=61*	**crystal** *n=36*
Used, not scored	***17***	***8***	***14***
Who have you bought [meth] from in the last 6 months?			
Friends	65	77	56
Known dealers	31	38	31
Workmates	10	7	0
Acquaintances	15	11	11
Strangers/unknown	2	5	6
What venues do you normally score [meth] at?			
Own home	17	23	28
Dealer's home	25	23	25
Friend's home	54	57	50
Raves/doofs/dance parties	8	7	0
Nightclubs	13	13	6
Pubs	10	5	0
Agreed public location	15	24	17
Work	2	2	0
Street	4	0	0
Other	4	5	0

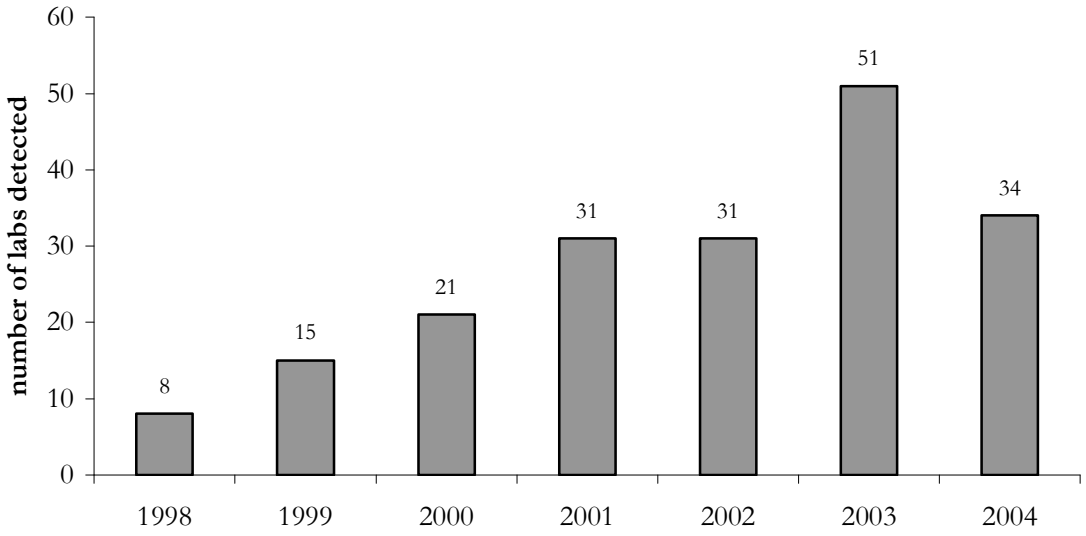
Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

Data supplied by the South Australian Police shows the dramatic increase in the detection of clandestine laboratories in South Australia since 1998 (see Figure 5.8). Following a peak of 51 detections in 2003, the number of laboratories detected decreased to 34 in 2004. The

majority of these clandestine laboratories have been relatively small-scale operations for the production of primarily methamphetamine, using pseudoephedrine as the chemical precursor. It is thought that this type of manufacture has escalated in recent years and constitutes a significant proportion of local methamphetamine supply (particularly to the injecting drug user market). The quality and form of methamphetamine produced by this method varies widely, but is commonly a paste-like or gluggy, semi-liquid substance (known as 'paste', 'base' or simply 'meth').

In 2004, however, there has been evidence from clandestine laboratory detection to show that production of the purer crystalline form of methamphetamine ('ice'), as well as MDMA (3, 4-methylenedioxymethylamphetamine *or* 'ecstasy'), is being undertaken locally (see Section 4.4).

Figure 5.8: Police detection of clandestine laboratories in SA, 1998 to 2004



Source: South Australian Police

The increase in number of clandestine laboratory detections since 1998 can not be wholly explained by an increased focus of policing on such activity, as many detections occur peripheral to other investigations. However, the decrease in the total number of clandestine laboratories detected, from 51 in 2003 to 34 in 2004, was affected by a legislative change that occurred in early 2004, requiring police to have more evidence in cases of 'manufacture' of a drug (SADC, 2004). Consequently, there were a number of laboratories detected in 2004 that were not prosecuted or recorded as such due to lack of evidence, contributing to the drop in numbers seen.

5.5 Methamphetamine related harms

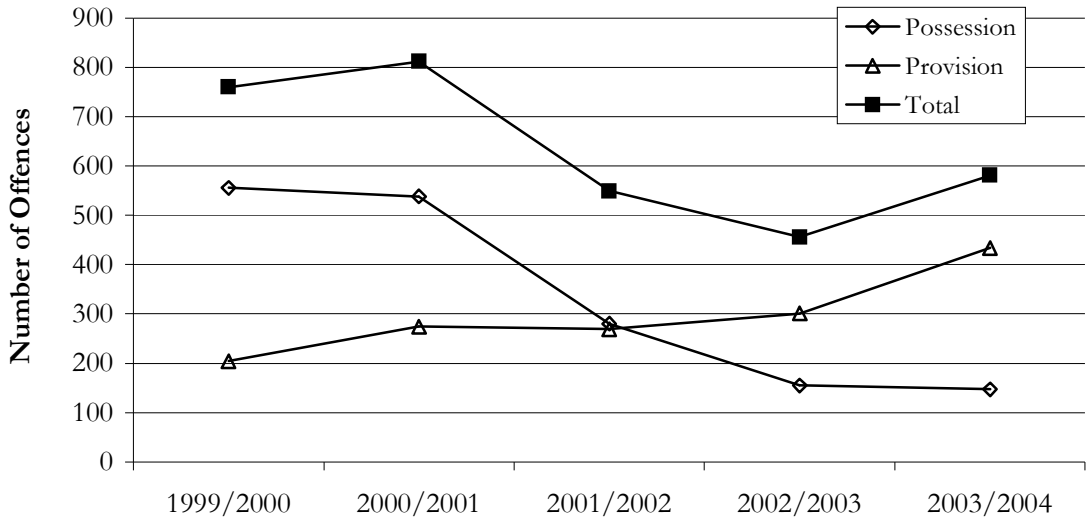
5.5.1 Law enforcement

Figure 5.9 presents the number of amphetamine possession/use and provision (incorporating import/export drugs, sell/trade drugs, produce/manufacture drugs categories) offences reported or becoming known to police from 1999/2000 to 2003/2004 (SAPOL Annual Reports, 2000-2004). The total number of possession and provision offences for 2003/2004 period was 2985, which continues a decline seen over the last couple

of years (3,131 in 2002/2003, 3673 in 2001/2002 and 3864 in 2000/2001). This decline in total numbers was primarily due to a decline in 'possession/use' offences, which would have been impacted by the introduction of the Police Drug Diversion Initiative in 2001.

As can be seen in Figure 5.9, the number of amphetamine possession offences remained stable, but there was an increase in provision offences for amphetamines, from 2002/2003 to 2003/2004. Amphetamine possession and provision offences made up 19.5% of the total number of drug possession and provision offences in 2003/2004, an increase from 14.6% in 2002/2003.

Figure 5.9: Number of amphetamine related offences reported by SAPOL in South Australia, 1999/2001 – 2003/2004



Source: South Australian Police Annual Reports (2000-2001 to 2003-2004)

5.5.2 Health

Severity of methamphetamine dependence

In 2004, the Severity of Dependence Scale (SDS) (Gossop *et al.*, 1995) was used to give a measure of the level of problematic or dependent use of ecstasy and methamphetamine among the REU sample (see Section 13.2 for more detail). A total score of greater than four was taken as indicative of clinically significant dependent use (Topp and Mattick, 1997).

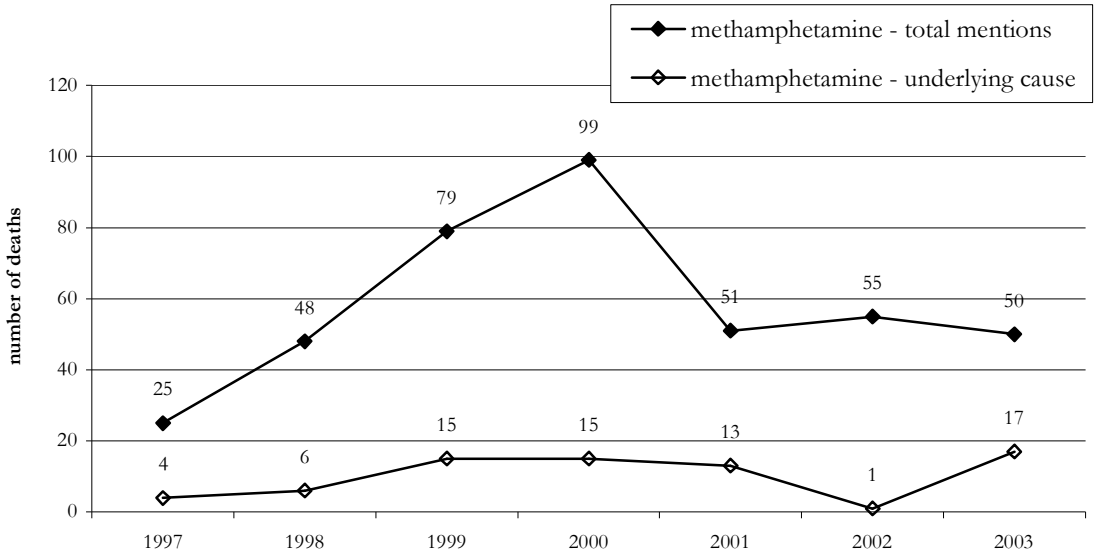
Of the 90 REU who had reported use of some form of methamphetamine in the preceding six months, the median SDS score for methamphetamine was 1 (range 0 to 13; n=90). Forty-three REU scored zero (indicating no problematic use or dependence), 32 scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use), and 15 scored 5 or above (indicating clinically significant dependence). Therefore, 17% of methamphetamine users in the 2004 sample indicated dependent use of methamphetamine in the last twelve months, as measured by the SDS.

Methamphetamine-related deaths

Degenhardt, Roxburgh and Black (2004b) investigated Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. This includes deaths where methamphetamine was determined to be either the underlying cause - the *primary* factor responsible for the person's death - as well

as where methamphetamine was noted but another drug was thought to be primarily responsible for the death (mentions). The *underlying cause* data are a subset of the *total mentions* data. National data regarding methamphetamine related deaths, for the years 1997 to 2003, are presented in Figure 5.10.

Figure 5.10: Number of accidental drug-induced deaths mentioning methamphetamine among those aged 15-54 years in Australia, 1997-2003



Source: Australian Bureau of Statistics morbidity database (Degenhardt et al, 2004b)

The total number of deaths Australia-wide in which methamphetamine was mentioned has remained relatively stable from 2001 to 2003. Of the fifty drug-induced deaths that mentioned methamphetamine in 2003, over half occurred in New South Wales (n=27), nine in Western Australia and eight in Victoria. Unfortunately, South Australian specific data were unavailable. Seventeen deaths were recorded as having methamphetamine as the underlying cause of death in 2003, an increase compared to 2002 (one death).

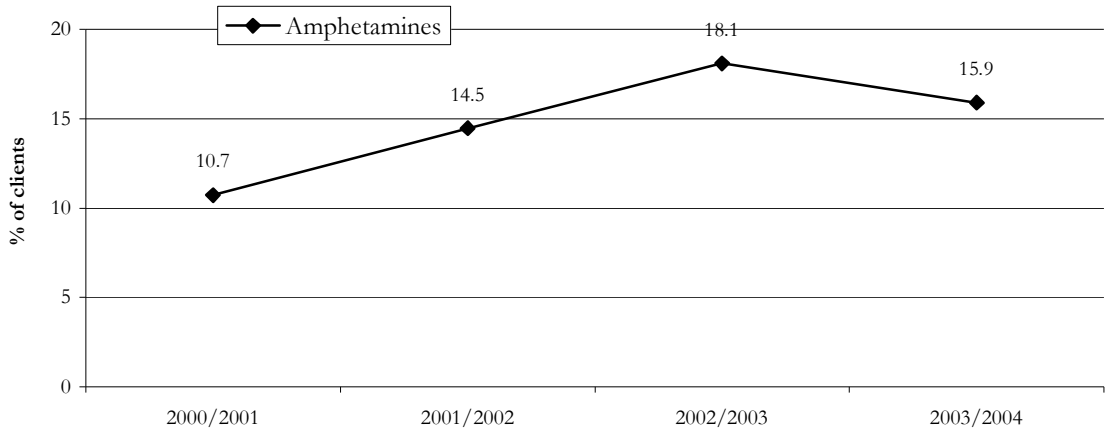
Treatment Services - ADIS

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding amphetamines accounted for 12% of the total coded telephone contacts (drug-related) in the 2003/2004 financial year (n=13,336), a similar proportion as for 2002/2003 (11.6% of a total 13,825) and 2001/2002 (11.7% of a total 12,538). Figure 13.1 depicts the number of amphetamine related calls per quarter for the last two financial years compared to calls related to other drug types.

Treatment Services - DASC

Presentations to all treatment services of DASC are presented in Table 13.2 and show that the proportion of clients nominating amphetamine as their primary drug of concern has decreased in 2003/2003, compared to 2002/2003 (from 18.1% to 15.9%)(Figure 5.11). This follows two consecutive years of increase in the proportion of clients nominating amphetamine as their primary drug of concern. In 2003/2004 amphetamines remained the third most commonly nominated primary drug of concern by clients of DASC, after alcohol and heroin.

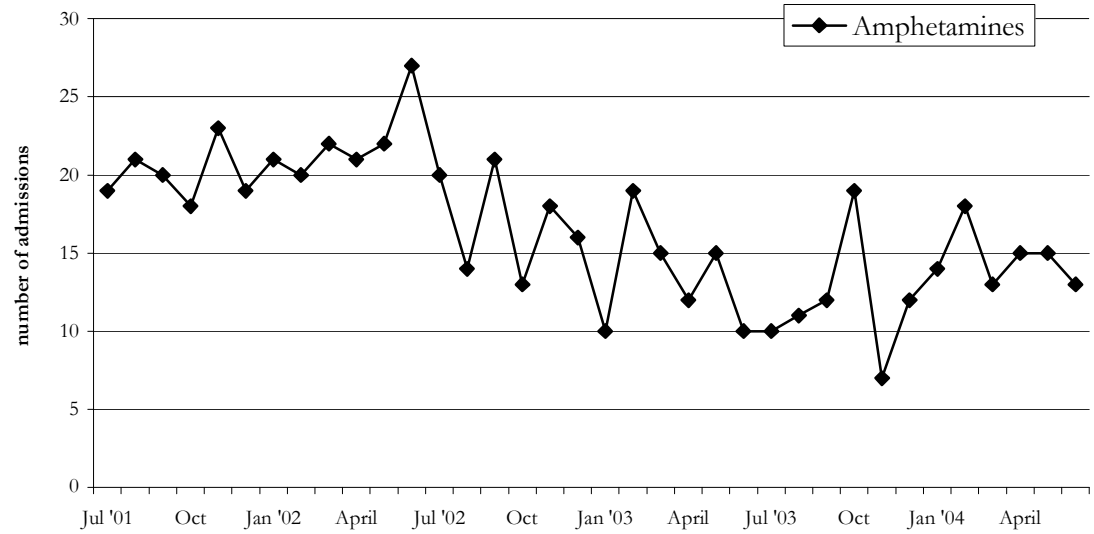
Figure 5.11: Percentage of DASC clients nominating amphetamines as the primary drug of concern, 2000/01 – 2003/04*



Source: Drug and Alcohol Services Council
* During 2002/2003 a new data collection system was employed to meet the requirements of the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS).

Figure 5.12 presents the number of admissions to DASC inpatient detoxification treatment services for amphetamines during the period July 2001 to June 2004. The number of inpatient admissions where amphetamines were the primary drug of concern declined for the third year in a row in 2003/2004, albeit not as steeply as previous years. There were 159 admissions to inpatient detox services in 2003/2004 compared to 182 in 2002/2003 and 253 in 2001/2002. While inpatient admissions with amphetamines as the primary illicit drug of concern outnumbered heroin (alone) admissions in 2003/2004, they were outnumbered by admissions for heroin and other opioid substances combined.

Figure 5.12: Number of admissions to DASC inpatient treatment services, with amphetamines as the primary drug of concern, Jul 2001 – Jun 2004*

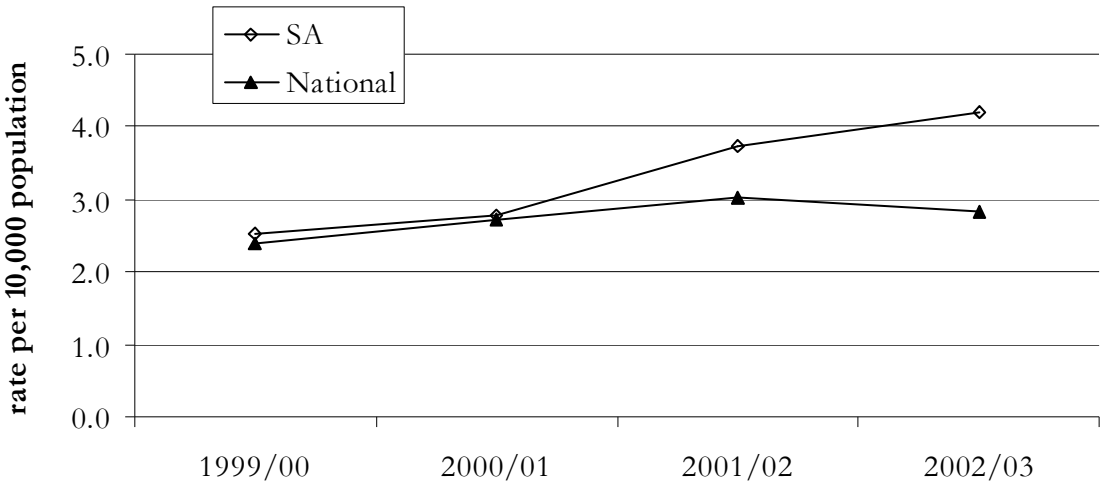


Source: Drug and Alcohol Services Council
* During 2002/2003 a new data collection system was employed to meet the requirements of the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS).

Amphetamine-related Hospital Admissions

Data up to the end of the 2002/2003 financial year was provided by the Australian Institute of Health and Welfare from the National Hospital Morbidity Dataset. This data reports on both state specific and national drug-related hospital admissions, according to ICD-10 classification. Figure 5.13 shows both the SA and national rate of admissions to hospital for amphetamines (primary diagnosis) per year for the same period. The SA rate shows a continual steady increase from 1999/00 to 2002/03, but the national rate shows a decline from 2001/02 to 2002/03. The total number of admissions to SA hospitals with a primary diagnosis involving amphetamines was 356 in 2002/03 compared to 215 in 1999/00. See Figure 13.4 for a comparison of substance-related admissions (primary diagnosis) to SA hospitals from 1999/00 to 2002/03.

Figure 5.13: Rate of amphetamine-related admissions* (primary diagnosis) to hospital in South Australia, compared to nationally, by financial year totals, July 1999 to June 2003



Source: Australian Institute of Health and Welfare

* for persons aged between 15 and 54 years

Note: A 'primary diagnosis' was given when amphetamines were considered chiefly responsible for the patient's episode of care in hospital

Emergency Department admissions

Information on drug-related attendances to the Emergency Department was also obtained from the Royal Adelaide Hospital (RAH), the largest central public hospital in Adelaide, and is presented in Table 13.3. It can be seen that attendances regarding amphetamines have fluctuated somewhat across the years depicted and no real trend is apparent. However, if the diagnosis 'drug-induced psychosis' (which includes amphetamine-induced psychosis) is examined, it can be seen that a gradual decline in numbers has been recorded since the peak that occurred in 2001/2002.

5.6 Summary of Methamphetamine Trends

- In 2004, more REU reported lifetime use of base methamphetamine, but recent use of all forms of methamphetamine remained stable, compared to 2003. The largest proportion of the REU sample reported recent use of base (72%), followed by powder (62%) and crystal (47%), in 2004.
- The frequency of recent use of all three forms of methamphetamine was the same (a median of 6 days), and similar to levels reported in 2003. There were no significant

differences between males and females with regard to average frequency of use of all forms.

- There were no other substantial changes in the parameters of use of any form of methamphetamine, in particular there was no indication of increased use of crystal methamphetamine, compared to 2003.
- Overall, the most common locations REU reported usually using methamphetamine were nightclubs, friend's homes, their own home, private parties or raves/dance parties. A larger proportion of REU reported usually using crystal at home than anywhere else, but powder or base was most commonly reported as usually being used at a friend's home or nightclub.
- In comparison to 2003, there appears to have been little change in price or purity of all forms of methamphetamine. ACC data indicates that median purity of SAPOL seizures have been stable for the past two years (at ~20%).
- Availability of all forms of methamphetamine remained generally easy, but a decline in the perceived availability of both powder and crystal methamphetamine were noted, compared to previous years.
- REU most commonly obtained all three forms of methamphetamine from their friend's homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place (particularly with regard to base).
- SAPOL data indicates that clandestine production of methamphetamine continues in SA, with evidence emerging in 2004 of local production of the purer crystalline form ('ice').
- In 2004, seventeen percent of recent methamphetamine users were found to fit the criteria of clinically significant dependence on the drug, according to the Severity of Dependence Scale.
- The number of amphetamine-related calls to ADIS remained stable, but the proportion of presentations to DASC treatment services in general, and DASC inpatient detoxification in particular, declined compared to 2003.

6.0 COCAINE

The median age of first use of cocaine among REU was 21 years, over half (59%) reported having used cocaine in their lifetime, and 12% nominated cocaine as their drug of choice in 2004 (see Table 6.1). These parameters remained largely unchanged compared to 2003.

6.1 Cocaine Use Among REU

Table 6.1 summarises the patterns of use of cocaine among REU in 2004, with 2003 data for comparison. In 2004, 26% of REU reported having used cocaine a median of 2 days (range 1-20), in the six months prior to interview. A comparison with previous years reveals a decline in the proportion of REU reporting recent use of cocaine since 2002, but no change in the frequency of use, which has been consistently low (see Figure 6.1).

The *average* amount of cocaine used in a single session was generally reported in grams or lines, with a median amount of 1.0 gram or 2 lines reported as used on *average*. The *most* amount of cocaine used in a single session was reportedly a median of 1.5 grams or 2 lines. Compared to 2003, both the *average* and *most* amounts used had increased in terms of grams used, but remained the same in terms of lines used.

Most cocaine users reported recent use of cocaine by snorting (96%) and over a quarter also reported having used by swallowing (27%), in the last six months. No other routes of administration were reported with regard to recent use, and only a small proportion of REU reported having recently binged on cocaine.

Table 6.1: Patterns of Cocaine Use among the REU sample

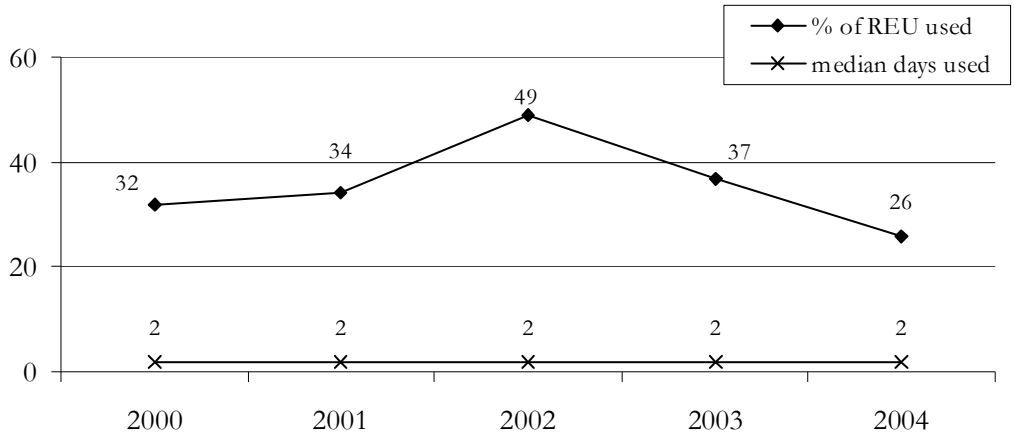
Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	21 (15-30)	21 (15-56)
Ever used (lifetime) (%)	59	57
Used in last 6 months (%)	26	37
Cocaine as main drug of choice (%)	12	8
Days used in last 6 months#: median (range; n)	2 (1-20)	2 (11-15)
Average amount used in a single session*:		
Grams: median (range; n)	1 (0.1-2; 15)	0.5 (0.2-2; 20)
lines: median (range; n)	2 (0.5-4; 9)	2 (1-3; 9)
Most amount used in a single session*:		
Grams: median (range; n)	1.5 (0.1-3; 14)	1 (0.2-3.5; 23)
lines: median (range; n)	2 (0.5-4; 9)	2 (1-3.5; 7)
Cocaine included in 'binge' episode (%)	3	8

Source: Party Drugs Initiative REU interviews

# of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 6.1: Cocaine – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months, # by those reporting use in the previous six months

Information about where REU *usually* used and *last* used cocaine is presented in Table 6.2. Only a small number of REU were able to comment on these parameters in 2004, so readers are cautioned that the reliability of this information is limited. The most commonly reported locations of both *usual* and *last* use were a friend's home, private party, or nightclub.

Table 6.2: Venue where cocaine was used by REU in the last six months, 2004

	% of REU *(n=16)*	
	Where have you *usually* used cocaine?	**Where did you *last* use cocaine?**
Own home	19	6
Dealer's home	0	0
Friend's home	50	31
Raves/doofs/dance parties	19	6
Nightclubs	25	13
Pubs	13	6
Private party	44	25
Restaurant/café	0	0
Public place (street/park)	6	0
Car or other vehicle (passenger)	0	0
Car or other vehicle (driver)	6	0
Outdoors	0	0
Live music event	6	0
Work	6	6
Other	6	6

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

Of the KES who were able to provide information on cocaine use among the REU they had contact with, most reported that use was not common among this group and was restricted to either use on special occasions, or to a more affluent group that were perhaps older.

6.2 Price

Table 6.3 presents a summary of information regarding the price of cocaine and the recent changes in price as provided by REU in 2004, with 2003 data for comparison. Fewer REU were able to comment on price of cocaine in 2004 than in the previous year. The median estimated 'current' price of a gram of cocaine, as well as the median price at last purchase, was $250 in 2004. This was an increase compared to the median estimated 'current' price of $210 in 2003. The majority of those REU able to comment reported that the price of cocaine had been stable recently. It is also worth noting that a substantial proportion reported that they didn't know whether the price had changed recently, suggesting a lack of familiarity with the cocaine market.

Table 6.3: Price of cocaine and change in price over last six months, 2003 & 2004

	2004	***2003***
Median price per gram (range; *n*)		
Current price	$250 ($200-$450; *20*)	*$210 ($150 - $300; 23)*
Price at last purchase#	$250 ($200-$400; *9*)	-
Price change in last 6 months (%)	*n=23*	*n=32*
Increasing	9	*0*
Stable	30	*34*
Decreasing	13	*6*
Fluctuating	9	*22*
Don't know	39	*38*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year
asked for the first time in 2004

6.3 Purity

Table 6.4 summarises the current purity of cocaine, and the changes in purity in the last six months, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment on the purity of cocaine reported that cocaine purity was medium (35%) or low (29%), and that purity was either stable (41%) or had fluctuated (29%) in the six months prior to interview. Compared to 2003, there was a small decrease in the proportion reporting purity as low and a concomitant small increase in the proportion reporting purity as fluctuating.

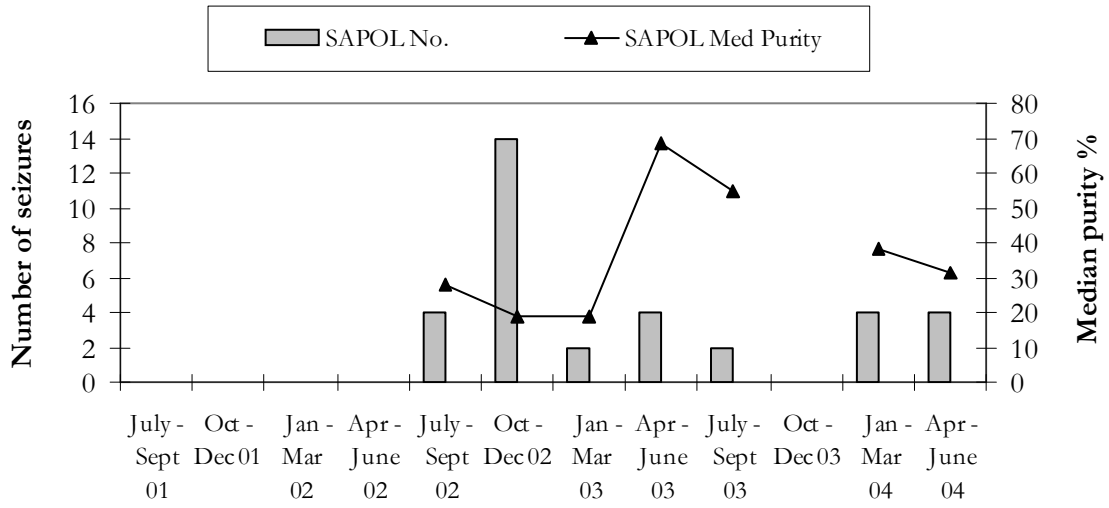
Table 6.4: Purity of cocaine and change in purity over the last six months, 2003 & 2004

	2004 (n=17)	*2003 (n=19)*
Current purity (%)		
Low	29	*42*
Medium	35	*32*
High	18	*21*
Fluctuates	18	*5*
Change purity in last 6 months (%)		
Increasing	12	*5*
Stable	41	*16*
Decreasing	6	*21*
Fluctuating	29	*32*
Don't know	12	*26*

Source: Party Drugs Initiative REU interviews

The Australian Crime Commission (ACC) provided quarterly data on cocaine seized in SA during the last financial year 2003/2004 (ACC, *in press*). Figure 6.2 shows the number of seizures received and analysed by the state forensic laboratory (within the quarter depicted) and the median purity per quarter of those seizures, from 2001/02 to 2003/04. There were very few seizures by SAPOL and none recorded by the AFP for the time period depicted. The total number of SAPOL cocaine seizures analysed for July03 to June04 was 10 and the median purity was 38.5%. In the previous year, July02 to June03, a total of 24 SAPOL seizures were analysed with a median purity of 20.6%. The small number of seizures and the lack of comparable data from previous years however makes meaningful trend analysis impossible.

Figure 6.2: Number of cocaine seizures analysed and median cocaine purity in SA 2001/2002 – 2003/2004



Source: Australian Crime Commission (ACC; 2003, 2004, *in press*)

6.4 Availability

Table 6.5 summarises the current availability of cocaine, and the recent changes in availability, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment reported that it was difficult to obtain and that availability had been stable in the previous six months. Compared to 2003, there was little change in the perception of current availability of cocaine among REU.

Table 6.5: Availability of cocaine and change in availability over the last six months, 2003 & 2004

	2004 (n=21)	***2003 (n=26)***
Current availability (%)		
Very easy	0	*4*
Easy	33	*12*
Moderately easy	-	*23*
Difficult	57	*58*
Very difficult	10	*4*
Change in availability in last 6 months (%)		
More difficult	5	*23*
Stable	67	*31*
Easier	14	*12*
Fluctuates	0	*12*
Don't know	14	*23*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year

The REU able to provide information reported that they had most commonly bought their cocaine from friends, at their friends' homes (see Table 6.6). It is also noteworthy that almost half (44%) those cocaine users that provided information reported they had used cocaine, but not scored it (ie. not purchased cocaine themselves) in the last six months.

Table 6.6: Source of cocaine for REU, 2004

	% of REU *n=16*
Used, not scored	***44***
Who have you bought cocaine from in the last 6 months?	
Friends	44
Known dealers	13
Workmates	0
Acquaintances	13
Strangers/unknown	6
What venues do you normally score cocaine at?	
Own home	0
Dealer's home	13
Friend's home	38
Raves/doofs/dance parties	6
Nightclubs	6
Pubs	0
Agreed public location	13
Work	0
Street	0
Other	6

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

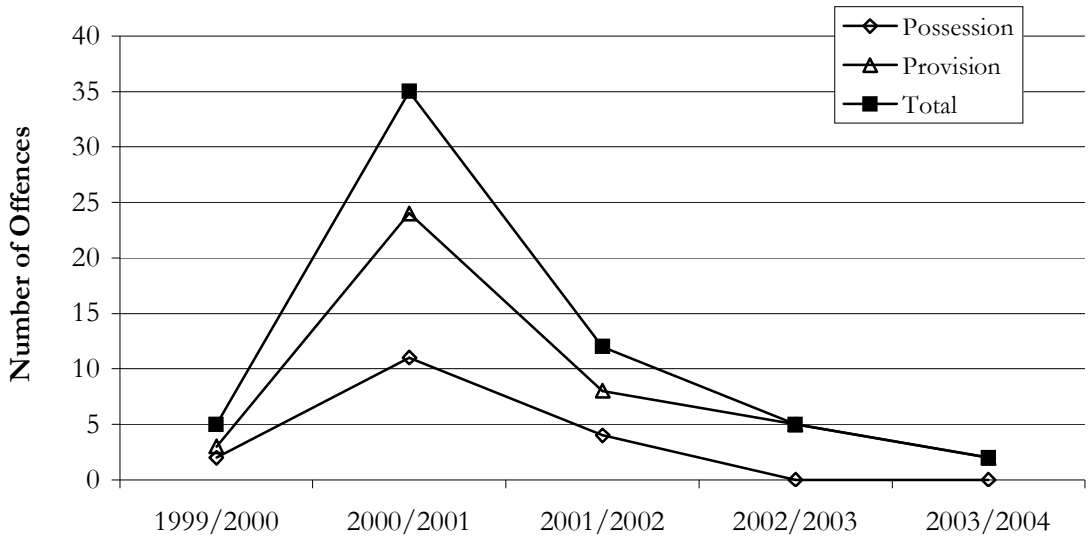
6.5 Cocaine related harms

6.5.1 Law enforcement

Figure 6.3 presents the number of cocaine possession/use and provision (incorporating import/export drugs, sell/trade drugs, produce/manufacture drugs categories) offences reported or becoming known to police from 1999/2000 to 2003/2004 (SAPOL Annual Reports, 2000-2004). The total number of possession and provision offences for 2003/2004 period was 2985, which continues a decline seen over the last couple of years (3,131 in 2002/2003, 3673 in 2001/2002 and 3864 in 2000/2001). This decline in total numbers was primarily due to a decline in 'possession/use' offences, which would have been impacted by the introduction of the Police Drug Diversion Initiative in 2001.

As can be seen in Figure 6.3, the number of cocaine possession offences remained at zero, and the number of provision offences for cocaine remained low, from 2002/2003 to 2003/2004. Cocaine possession and provision offences made up less than 0.1 % of the total number of drug possession and provision offences in 2003/2004, continuing a decline from the 'spike' of 0.9% (n=35) in 2000/2001.

Figure 6.3: Number of cocaine related offences reported by SAPOL in South Australia, 1999/2001 – 2003/2004

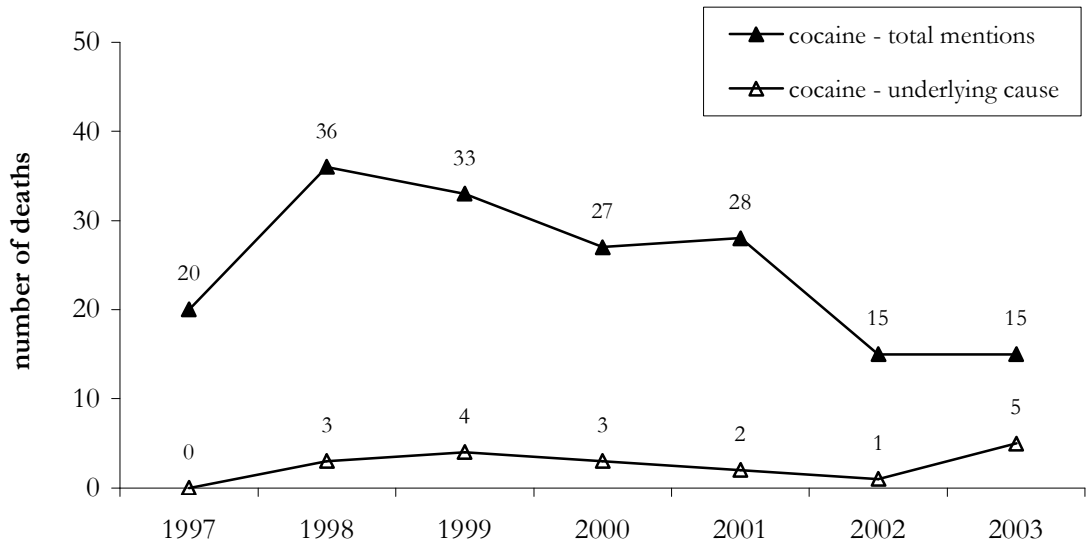


Source: South Australian Police Annual Reports (2000-2001 to 2003-2004)

6.5.2 Health

Degenhardt, Roxburgh and Black (2004b) investigated Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. This includes deaths where cocaine was determined to be either the underlying cause - the *primary* factor responsible for the person's death - as well as where cocaine was noted but another drug was thought to be primarily responsible for the death (mentions). The *underlying cause* data are a subset of the *total mentions* data. The cocaine data for the years 1997 to 2003 are presented in Figure 6.4.

Figure 6.4: Number of accidental drug-induced deaths mentioning cocaine among those aged 15-54 years in Australia, 1997-2003



Source: Australian Bureau of Statistics morbidity database

The total number of deaths Australia-wide in which cocaine was mentioned has remained stable from 2002 to 2003. All of the fifteen drug-induced deaths that mentioned cocaine in 2003 occurred in New South Wales. Five deaths were recorded as having cocaine as the underlying cause of death in 2003, the most recorded since 1997.

Treatment Services – ADIS

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding cocaine accounted for only 0.20% (n=27) of the total coded telephone contacts (drug related) in the 2003/2004 financial year, approximately the same proportion as in 2002/2003 (0.25%, n=35), but lower than the 0.4% seen in 2001/2002 (n=50). Figure 13.1 depicts the number of cocaine related calls per quarter for the last two financial years compared to calls related to other drug types.

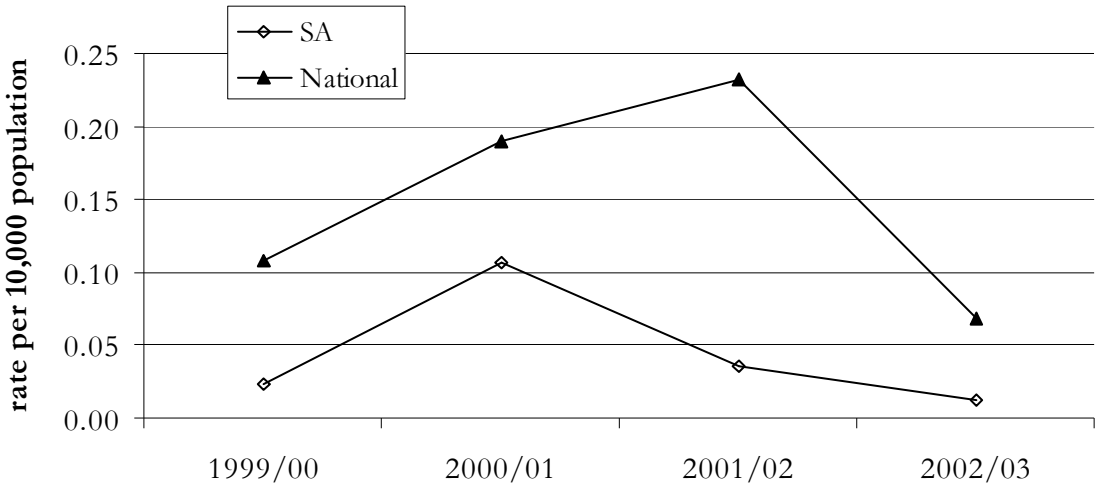
Treatment Services – DASC

Presentations to all treatment services of the SA Drug and Alcohol Services Council (DASC) are presented in Table 13.2 and show that the proportion of clients nominating cocaine as their primary drug of concern has remained stable and low across all years reported. In 2003/2004 only 0.2% of presentations to all DASC treatment services nominated cocaine as their primary drug of concern. There were only two admissions to DASC inpatient detoxification treatment services in 2003/2004, the same number as for 2002/2003.

Cocaine-related Hospital Admissions

Data up to the end of the 2002/2003 financial year was provided by the Australian Institute of Health and Welfare from the National Hospital Morbidity Dataset. This data reports on both state specific and national drug-related hospital admissions, according to ICD-10 classification. The pattern of the rate of admissions per population was somewhat different in SA compared to nationally. The rates of cocaine-related admissions (primary diagnosis) to hospitals in SA has declined following a peak in 2000/01, whereas nationally a sharper decline was seen following a sharper peak a year later, in 2001/02 (see Figure 6.5). In SA only very small numbers of admissions to hospital with a cocaine-related primary diagnosis were recorded over the time period depicted, with only one such admission in 2002/03. See Figure 13.4 for a comparison of substance-related admissions (primary diagnosis) to SA hospitals from 1999/00 to 2002/03.

Figure 6.5: Rate of cocaine-related admissions* (primary diagnosis) to hospital in South Australia, compared to nationally, by financial year totals, July 1999 to June 2003



Source: Australian Institute of Health and Welfare
* for persons aged between 15 and 54 years
Note: A 'primary diagnosis' was given when cocaine was considered chiefly responsible for the patient's episode of care in hospital

6.6 Summary of Cocaine Trends

- There was a further decline in the proportion of REU reporting recent use of cocaine in 2004 (to 26%), though no change in the frequency of cocaine use, which remains low among those that had used recently.
- The most common locations of use of cocaine differed from those of ecstasy and methamphetamine. Use of cocaine was most likely to occur in a friend's home, a private party or a nightclub.
- Cocaine continued to be relatively expensive (at an average $250/gram) and perceived as difficult to obtain, with medium or low purity, by the majority of REU able to comment.
- ACC data indicates that median purity of SAPOL seizures in 2003/04 was 38.5%, an increase compared to 2002/03 (20.6%). However, the small number of seizures and the lack of comparable data from previous years makes meaningful trend analysis impossible.
- As in previous years, KES suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.
- Both cocaine-related calls to ADIS and cocaine-related presentations to DASC remained consistently low and stable compared to previous years.

7.0 KETAMINE

The median age of first use of ketamine among REU was 21 years, half (51%) reported having used ketamine in their lifetime, and 3% nominated ketamine as their drug of choice in 2004 (see Table 7.1). These parameters remained largely unchanged compared to 2003.

7.1 Ketamine Use Among REU

Table 7.1 summarises the patterns of use of ketamine among REU in 2004, with 2003 data for comparison. In 2004, 39% of REU reported having used ketamine a median of 3 days (range 1-40), in the six months prior to interview. A comparison with previous years reveals that both prevalence and frequency of use of ketamine seem to have stabilised in 2004, following a rise in prevalence of use from 2001 to 2003 (see Figure 7.1).

Table 7.1: Patterns of Ketamine use among the REU sample

Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	21 (16-35)	20 (16 – 56)
Ever used (lifetime) (%)	51	47
Used in last 6 months (%)	39	36
Ketamine as main drug of choice (%)	3	2
Days used in last 6 months#: median (range; n)	3 (1-40)	2.5 (1-50)
Average amount used in a single session*:		
Bumps: median (range; n)	2 (2-5; 3)	2 (0.5-5; 7)
Grams: median (range; n)	0.66 (0.25-2; 5)	0.38 (0.25-1; 4)
points: median (range; n)	1.5 (0.25-3; 14)	1.5 (1-3.5; 10)
lines: median (range; n)	1 (0.5-2; 7)	2 (1-5; 10)
tablets/pills: median (range; n)	1 (1-2; 4)	-
Most amount used in a single session*:		
Bumps: median (range; n)	2 (2-5; 3)	4 (0.5-20; 6)
Grams: median (range; n)	2 (0.25-2; 5)	0.5 (0.16-1; 7)
points: median (range; n)	3 (0.25-5; 13)	2 (1-5; 8)
lines: median (range; n)	1.5 (0.5-8; 7)	2.75 (1-8; 12)
tablets/pills: median (range; n)	2 (1-5; 5)	-
Ketamine included in 'binge' episode (%)	8	12

Source: Party Drugs Initiative REU interviews

# of those who reported use in the last 6 months

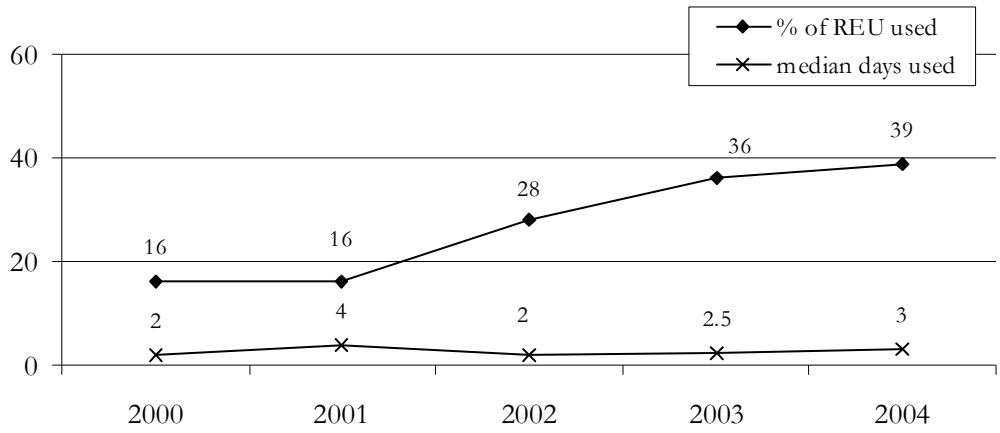
* a session was defined as a period of continuous drug use without sleep, in the last 6 months

A broad range of measures was provided by REU when asked about the *average* and *most* amounts of ketamine used recently. REU provided information with regard to bumps, grams, points, lines, or pills (see Table 7.1), and three reported use of liquid (mls). The majority of ketamine users in 2004 seemed to be using a powdered form (in points or lines, and also grams) with a smaller proportion using tablets/pills. In 2004, the most commonly reported measure was a 'point' and the median *average* amount used in a single session was 1.5 points, the same as that reported in 2003. The median *mos*t amount of points reported as

used in a single session was double that at 3 points, slightly higher than the median *most* amount of 2 points reported in 2003. The small number of responses and comparatively large number of categories makes interpretation of the other amounts used problematic and comparisons over time difficult.

Most ketamine users reported recent use of ketamine by snorting (79%), over a quarter reported having used by swallowing (28%), and 13% (n=4) reported having used ketamine by injecting, in the last six months. A small proportion of REU reported having recently binged on ketamine (8%).

Figure 7.1: Ketamine – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months # by those reporting use in the previous six months

KES information regarding use of ketamine among REU was restricted to those KES who had contact with the 'scene'. Two KES reported that use was common and increasing in popularity, another stated that it was "a stage" that most users went through (a "new drug" to try) - with most not continuing use, but others going on to use regularly. One KES also stated that levels of use varied from using a little to "give a trippy edge" to their favourite DJ, to using more when it didn't matter if you couldn't stand up (eg. at recovery parties). The same KES stated that use often went hand-in-hand with methamphetamine use, which kept users up and dancing rather than "down and floppy".

Information about where REU *usually* used and *last* used ketamine is presented in Table 7.2. The most commonly reported locations of both *usual* and *last* use of ketamine were a friend's home, a private party, or their own home.

Table 7.2: Venue where ketamine was used by REU in the last six months, 2004

	% of REU *(n=32)*	
	Where have you *usually* used ketamine?	**Where did you *last* use ketamine?**
Own home	25	19
Dealer's home	6	3
Friend's home	53	34
Raves/doofs/dance parties	16	3
Nightclubs	19	9
Pubs	3	3
Private party	34	22
Restaurant/café	0	0
Public place (street/park)	6	3
Car or other vehicle (passenger)	3	0
Car or other vehicle (driver)	0	0
Outdoors	13	3
Live music event	3	0
Work	3	0
Other	0	0

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

7.2 Price

Table 7.3 presents a summary of information regarding the price of ketamine and the recent changes in price as provided by REU in 2004, with 2003 data for comparison. The median estimated 'current' price of a gram of ketamine was $200, slightly higher than the median price *at last purchase* of $180, in 2004. The estimated 'current' price of ketamine in 2004 was the same as that reported for 2003. Both the median 'current' price and the median price *at last purchase* of a point was the same in 2004 at $20, similar the reported 'current' price of $25 in 2003. The majority of those REU able to comment reported that the price of ketamine had been stable recently. As for cocaine, it is also worth noting that a substantial proportion reported that they didn't know whether the price had changed recently, suggesting a lack of familiarity with the ketamine market.

Table 7.3: Price of ketamine and change in price over the last six months, 2003 & 2004

	2004	*2003*
Median price per gram (range; *n*)		
Current price	$200 ($100 - $300; *11*)	*$200 ($100 - $360; 18)*
Price at last purchase#	$180 ($100-$200; *7*)	-
Median price per point (range; *n*)		
Current price	$20 ($15-$25; *9*)	*$25 ($20-$25; 5)*
Price at last purchase#	$20 ($15-$25; *7*)	-
Price change in last 6 months (%)	*n=32*	*n=35*
Increasing	3	*0*
Stable	34	*29*
Decreasing	6	*9*
Fluctuating	16	*6*
Don't know	41	*57*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year, # asked for the first time in 2004

7.3 Purity

Table 7.4 summarises the current purity of ketamine, and the changes in purity in the last six months, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment on the purity of ketamine reported that ketamine purity was high (79%), and that purity had been stable in the six months prior to interview. Compared to 2003, there was an increase in the proportion reporting purity as high and concomitant decreases in the proportions reporting purity as medium or fluctuating.

Table 7.4: Purity of ketamine and change in purity over the last six months, 2003 & 2004

	2004 (n=24)	*2003 (n=30)*
Current purity (%)		
Low	0	*0*
Medium	17	*30*
High	79	*53*
Fluctuates	4	*17*
Change purity in last 6 months (%)		
Increasing	13	*13*
Stable	63	*30*
Decreasing	4	*10*
Fluctuating	8	*17*
Don't know	13	*30*

Source: Party Drugs Initiative REU interviews

7.4 Availability

Table 7.5 summarises the current availability of ketamine, and the recent changes in availability, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment reported that it was 'easy' or 'very easy' to obtain ketamine and that availability had been either stable or becoming easier recently. Compared to 2003, there was little change in the perception of current availability of ketamine among REU.

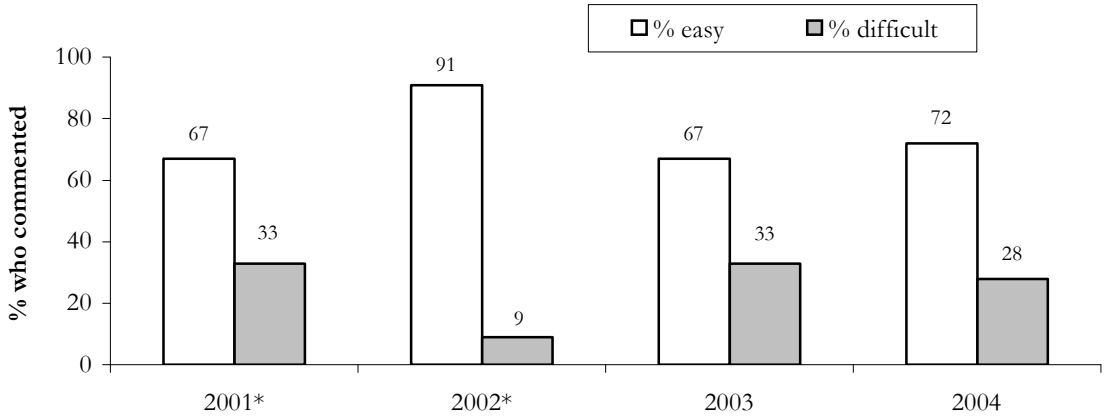
Table 7.5: Availability of ketamine and change in availability over the last six months, 2003 & 2004

	2004 (n=29)	*2003 (n=33)*
Current availability (%)		
Very easy	28	*9*
Easy	45	*18*
Moderately easy	-	*39*
Difficult	21	*24*
Very difficult	7	*9*
Change in availability in last 6 months (%)		
More difficult	3	*9*
Stable	28	*39*
Easier	34	*15*
Fluctuates	7	*15*
Don't know	28	*21*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year

The reliability of trend data concerning the availability of ketamine prior to 2003 is limited due to the small numbers of REU able to provide information in those years (see Figure 7.2).

Figure 7.2: Trend in availability of ketamine, 2001 - 2004



Source: Party Drugs Initiative REU interviews
* sample sizes were small; n=9 in 2001, n=11 in 2002. Data for 2000 has n=3, and is therefore not reported.
Note: 'easy' is the collapsed categories 'very easy' and 'easy' (for 2004) and 'moderately easy' for 2000 to 2003, where 'difficult' is the collapsed categories 'difficult' and 'very difficult' for all years.

However, given the increase in REU being able to answer questions regarding availability since 2000, it may be surmised that ketamine has become more available to this group of users since that time. In addition, the availability in the last two years has been considered easy, and getting easier in 2004.

The REU able to provide information reported that they had bought ketamine most commonly from friends or known dealers, at their friend's home or at the dealer's home (see Table 7.6). As with cocaine, it is also noteworthy that almost a third (31%) of those ketamine users that provided information reported they had used ketamine, but not scored it (ie. not purchased ketamine themselves) in the last six months.

Table 7.6: Source of ketamine for REU, 2004

	% of REU *n=32*
Used, not scored	***31***
Who have you bought ketamine from in the last 6 months?	
Friends	44
Known dealers	31
Workmates	0
Acquaintances	9
Strangers/unknown	0
What venues do you normally score ketamine at?	
Own home	3
Dealer's home	16
Friend's home	41
Raves/doofs/dance parties	3
Nightclubs	6
Pubs	0
Agreed public location	6
Work	0
Street	0
Other	9

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

7.5 Summary of Ketamine Trends

- Over a third of REU reported recent use of ketamine in 2004, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have stabilised in 2004 following a steady increase from 2001 to 2003.
- Ketamine was more likely to be used at a friend's home or a private party than at other public venues.
- The current price of ketamine was stable at $180 to $200 per gram, purity was considered high by the majority (an increase compared to 2003), and availability was reported as 'easy' or 'very easy' and becoming easier recently.
- Ketamine was most commonly purchased from friends or known dealers by those able to comment.
- A small number of KES associated with the 'scene' reported ketamine use was increasingly common among REU.

8.0 GHB

The median age of first use of GHB among REU was 22 years and just over a third (35%) reported having used GHB in their lifetime. No REU nominated GHB as their drug of choice in 2004 (see Table 8.1). These parameters remained largely unchanged compared to 2003.

8.1 GHB use among REU

Table 8.1 summarises the patterns of use of GHB among REU in 2004, with 2003 data for comparison. In 2004, 12% of REU reported having used GHB a median of 1 day (range 1-6), in the six months prior to interview. A comparison with previous years indicates a stabilisation of prevalence of use of GHB in the last two years following the spike in percent of REU reporting recent use in 2002. The frequency of use, though already low, declined further in 2004 compared to previous years (see Figure 8.1).

The *average* amount of GHB used in a single session was generally reported in millilitres (ml), with a median amount of 4.5ml reported as used on *average*. The *most* amount of GHB used in a single session was a slightly higher median of 5.5ml. Despite the limited number of users able to provide information, there seems to be a clear decrease in the median *most* amount used, though little change in the median *averag*e amount used, in a single session, compared to 2003.

Most GHB users reported recent use by swallowing (92%) and one person reported having used by injecting, in the last six months. No REU reported having recently binged on GHB.

Table 8.1: Patterns of GHB Use Among the REU sample

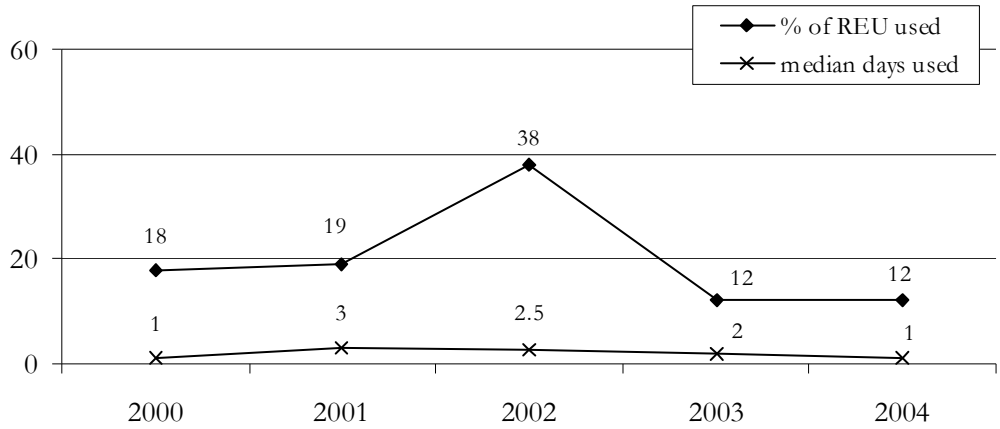
Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	22 (16-35)	21 (16 – 56)
Ever used (lifetime) (%)	35	34
Used in last 6 months (%)	12	12
GHB as main drug of choice (%)	0	0
Days used in last 6 months#: median (range; n)	1 (1-6)	2 (1-12)
Average amount used in a single session*:		
ml: median (range; n)	4.5 (2-15; 10)	5 (3-30; 5)
capful: median (range; n)	-	1 (0.5-1.5; 4)
Most amount used in a single session*:		
ml: median (range; n)	5.5 (3-30; 10)	12 (4-30; 5)
capful: median (range; n)	-	2 (2-3; 4)
GHB included in 'binge' episode (%)	0	4

Source: Party Drugs Initiative REU interviews

# of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 8.1: GHB – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# by those reporting use in the previous six months

Two drugs closely related to GHB, 1,4-butanediol (1,4B) and gamma-butyrolactone (GBL), were also included in the list of illicit substances asked about in the PDI in 2004. Both these drugs are metabolised to GHB in the body (Zvosec *et al.*, 2001) and there are concerns that a new market for these substances may appear. In the current sample, however, no REU reported having knowingly used either substance in their lifetime or recently. In the 2003 SA PDI, lifetime use of 1,4B was reported by two people, and recent use was reported by only one person a median of 2 days.

In 2004, only six recent users of GHB provided information on the location that they *usually* and *last* used GHB in the six months prior to interview. The locations of *usual* use reported were a friend's home (n=3), nightclub (n=2), private party (n=1) or rave/dance party (n=1). The locations of *last* use reported were a friend's home (n=2), nightclub (n=2) or rave/dance party (n=1).

There was a variety of comment from KES with regard to use of GHB among REU. A small number of KES believed that GHB use was not common and prevalence of use had perhaps decreased recently - though two of these also conceded that they may not be told of use due to their known opposition to it. Another KES believed a 'core group' of approximately 30% of REU would regularly use GHB at 'recoveries' and that these tended to a more "rough and ready" crowd (lower socio-economic status, less educated, more contact with bikers). This same KES stated that others would use less frequently, but still used, despite its bad reputation and knowing the risks associated with its use - as if in denial of possible consequences. Another believed that GHB was very much a "budget drug" that was pushed and used as a conduit to other drug use, and that young women in particular used it "like alcohol" and don't see it as a drug.

8.2 Price

All price, purity and availability data for GHB is based on a very small sample of REU and readers are cautioned that the reliability of this data is therefore limited and trend analysis restricted.

Table 8.2 presents a summary of information regarding the price of GHB and the recent changes in price as provided by REU in 2004, with 2003 data for comparison. The median

estimated 'current' price of a gram of GHB was $4/ml, slightly lower than the median price *at last purchase* of $5/ml, in 2004. The estimated 'current' price of GHB in 2004 was similar to that reported for 2003. Equal numbers of REU (n=3) reported that the price of GHB had been either stable or decreasing in the last six months, and a further five REU reported that they didn't know whether the price had changed recently (suggesting a lack of familiarity with the GHB market).

Table 8.2: Price of GHB and change in price over last six months, 2003 & 2004

	2004	*2003*
Median price per ml (range; *n*)		
Current price	$4.00 ($1.25 - $5; *8*)	*$4.50 ($2.50 - $6; 6)*
Price at last purchase#	$5.00 ($3 - $5; *5*)	-
Price change in last 6 months (%)	*n=12*	*n=12*
Increasing	8	*25*
Stable	25	*8*
Decreasing	25	*0*
Fluctuating	0	*8*
Don't know	42	*58*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year
asked for the first time in 2004

8.3 Purity

Only seven REU were able to provide information on the purity of GHB in 2004, and the majority perceived purity to be high (57%, n=4). Two REU reported that purity of GHB fluctuates and the one remaining person perceived purity of GHB as medium. The perception of recent change in purity was equivocal however, with three REU reporting that purity had been stable, and two each reporting that purity had been increasing or fluctuating, in the six months prior to interview.

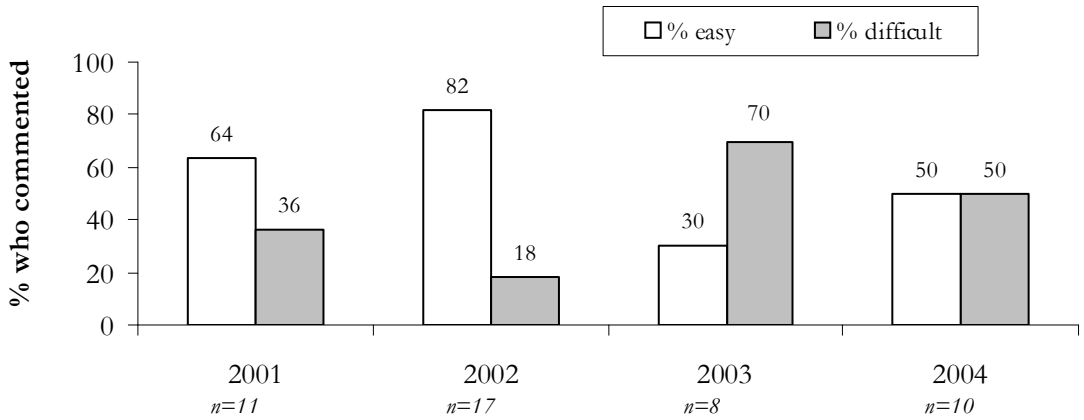
One KES commented that the strength of GHB batches had been "ridiculously different" recently, to the extent that "some won't touch it anymore". Another commented that there was no distinction made between GHB, GBL and 1,4-B among users.

8.4 Availability

Eight REU were able to provide information on the availability of GHB in 2004, half of whom reported that it was 'very easy' (n=1) or 'easy' (n=3) to obtain, and half of whom reported that it was 'difficult' (n=4) to obtain currently. When asked about recent change in availability of GHB, three REU reported availability had been stable, two that it was becoming easier to obtain, one that availability was fluctuating and one stated they didn't know whether availability had changed in the last six months.

Although the number of REU able to provide information on the availability of GHB in Adelaide has been small over the years, Figure 8.2 reveals that GHB has been perceived as more difficult to obtain in the last two years (2003 and 2004) compared to the first two years depicted (2001 and 2002).

Figure 8.2: Trend in availability of GHB, 2001 - 2004



Source: Party Drugs Initiative REU interviews
Note: data for 2000 has n=5, and is therefore not reported; 'easy' is the collapsed categories 'very easy' and 'easy' (for 2004) and 'moderately easy' for 2000 to 2003, where 'difficult' is the collapsed categories 'difficult' and 'very difficult' for all years.

In 2004, only six recent users of GHB provided information on from whom and where they had usually bought GHB in the six months prior to interview. Three reported they had purchased GHB from friend's, two reported they had purchased it from known dealers, and the two reported that they had used but not scored GHB in that time. With regard to where they had scored, three reported they had done so at a friend's home, one at a rave/dance party, one at a nightclub and one at an agreed public place.

8.5 Summary of GHB Trends

- Just over 10% of REU reported recent use of GHB, and there has been a stabilisation of prevalence of use of GHB among REU in the last two years, following the spike in 2002. The frequency of use, already low, declined further in 2004 compared to previous years.
- Price, purity and availability data for GHB in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the price of GHB was stable and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002).
- Limited KES information suggested that GHB use was still common among a sub-group of users, despite its reputation as a risky drug.

9.0 LSD

The median age of first use of LSD among REU was 17 years (younger than for ecstasy), three-quarters (77%) reported having used LSD in their lifetime, and 4% nominated LSD as their drug of choice in 2004 (see Table 9.1). These parameters remained largely unchanged compared to 2003.

9.1 LSD use among REU

Table 9.1 summarises the patterns of use of LSD among REU in 2004, with 2003 data for comparison. In 2004, 36% of REU reported having used LSD a median of 2 days (range 1-50), in the six months prior to interview. A comparison with previous years reveals that the proportion of REU reporting recent use of LSD has remained relatively stable compared to 2003, following a decline compared to previous years, but little change in the frequency of use, which has been consistently low (see Figure 9.1).

The *average* and *most* amount of LSD used in a single session was generally reported as tabs, with a median amount of 1 tab used on *average* and a slightly higher median 1.5 tabs used at *most*. Compared to 2003, both the *average* and *most* amounts used remained relatively stable.

All LSD users reported recent use of LSD by swallowing only; no other routes of administration were reported with regard to recent use. Seven percent of REU reported having recently binged on LSD.

Table 9.1: Patterns of LSD Use Among the REU sample

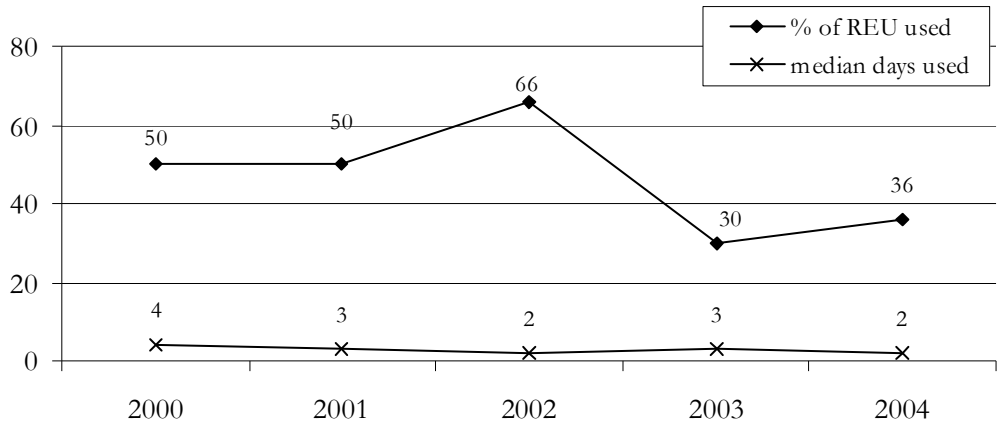
Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	17 (13-28)	16.5 (12 – 28)
Ever used (lifetime) (%)	77	74
Used in last 6 months (%)	36	30
LSD as main drug of choice (%)	4	0
Days used in last 6 months#: median (range; n)	2 (1-50)	3 (1-72)
Average amount used in a single session*: tabs: median (range; n)	1 (0.5-5; 34)	1 (0.5-4; 26)
Most amount used in a single session*: tabs: median (range; n)	1.5 (0.5-13; 34)	2 (0.5-18; 26)
LSD included in 'binge' episode (%)	7	10

Source: Party Drugs Initiative REU interviews

# of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 9.1: LSD – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months; # by those reporting use in the previous six months

Information about where REU *usually* used and *last* used LSD is presented in Table 9.2. Those providing information reported use of LSD across a wide range of locations. The most commonly reported location of *usual* use was at a friend's home, with equal (and substantial) proportions of REU reporting usual use at their own home, raves/dance parties, nightclubs, private parties and outdoors. The most commonly reported locations of *last* use of LSD were their own home, a friend's home, a rave/dance party, a private party, or outdoors.

Table 9.2: Venue where LSD was used by REU in the last six months, 2004

	% of REU *(n=34)*	
	Where have you *usually* used LSD?	**Where did you *last* use LSD?**
Own home	35	24
Dealer's home	0	0
Friend's home	53	18
Raves/doofs/dance parties	32	15
Nightclubs	35	9
Pubs	12	0
Private party	32	15
Restaurant/café	3	0
Public place (street/park)	9	6
Car or other vehicle (passenger)	12	0
Car or other vehicle (driver)	6	0
Outdoors	35	12
Live music event	15	3
Work	0	0
Other	0	0

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

KES data suggests that LSD use was not that common among REU in general, but that most would have used it at some point, generally when younger. It was also suggested by more than one KES that "some people love LSD" and therefore will use regularly, but most will only use occasionally, not at all, or only if "desperate" (ie. as a substitute for other drugs). Two KES also commented that it was associated more with a "different scene" – for example 'doof' parties (large outdoor/bush events) or the 'tribal dance/hippy' scene – or with younger users generally.

9.2 Price

Table 9.3 presents a summary of information regarding the price of LSD and the recent changes in price as provided by REU in 2004, with 2003 data for comparison. The median estimated 'current' price of a tab of LSD was $10 in 2004, the same as the median price *at last purchase*. The estimated 'current' price of LSD in 2004 was the same as that reported for 2003. The majority of those REU able to comment reported that the price of LSD had been stable recently.

Three KES reported that LSD cost between $5 and $10 per tab, in agreement with REU reports.

Table 9.3: Current price of LSD and change of price over the last six months, 2003 & 2004

	2004	***2003***
Median price per tab (range; *n*)		
Current price	$10 ($5 - $20; *40*)	*$10 ($6 - $20; 33)*
Price at last purchase#	$10 ($5 - $15; *25*)	-
Price change in last 6 months (%)	*n=42*	*n=49*
Increasing	5	*4*
Stable	64	*59*
Decreasing	14	*8*
Fluctuating	5	*6*
Don't know	12	*22*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year
asked for the first time in 2004

9.3 Purity

Table 9.4 summarises the current purity of LSD, and the changes in purity in the last six months, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment on the purity of LSD perceived that current purity was medium (39%) or high (31%). Compared to 2003, perceived purity was relatively unchanged, with a perhaps a small shift from 'low' to 'high'. With regard to recent changes in purity the results were equivocal with approximately equal proportions reporting purity as stable (33%) or fluctuating (28%), in the six months prior to interview.

Table 9.4: Purity of LSD and change in purity over the last six months, 2003 & 2004

	2004 (n=36)	*2003 (n=36)*
Current purity (%)		
Low	17	*28*
Medium	39	*39*
High	31	*25*
Fluctuates	14	*8*
Change purity in last 6 months (%)		
Increasing	11	*8*
Stable	33	*42*
Decreasing	11	*19*
Fluctuating	28	*8*
Don't know	17	*22*

Source: Party Drugs Initiative REU interviews

9.4 Availability

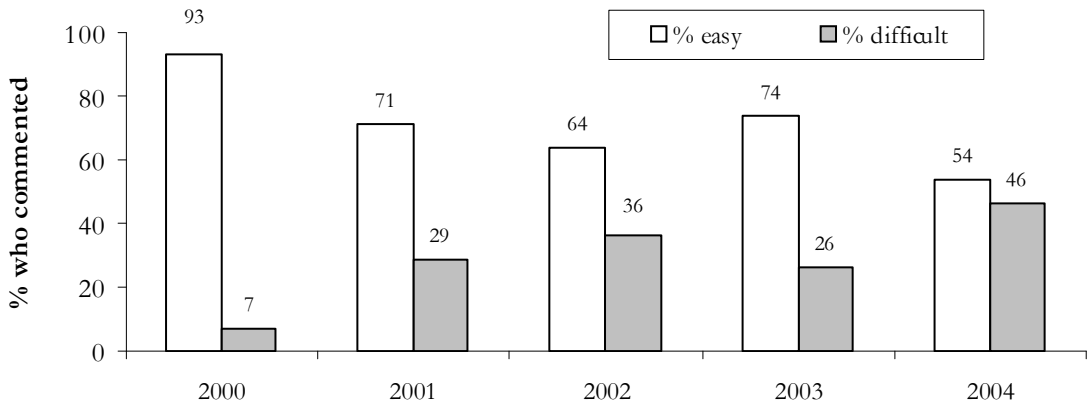
Table 9.5 summarises the current availability of LSD, and the recent changes in availability, as perceived by the REU in 2004, with 2003 data for comparison. The majority of REU able to comment reported that it was 'easy' or 'very easy' (54%) to obtain LSD and that availability had been stable in the previous six months. Figure 9.2 shows clearly that in 2004 there was an increase in the perception that LSD was currently difficult to obtain, compared to previous years.

Table 9.5: Availability of LSD and change in availability over the last six months, 2003 & 2004

	2004 (n=41)	*2003 (n=43)*
Current availability (%)		
Very easy	10	*21*
Easy	44	*19*
Moderately easy	-	*35*
Difficult	39	*19*
Very difficult	7	*7*
Change in availability in last 6 months (%)		
More difficult	20	*21*
Stable	51	*49*
Easier	5	*9*
Fluctuates	15	*2*
Don't know	10	*19*

Source: Party Drugs Initiative REU interviews
a dash (-) denotes the category wasn't included in that year

Figure 9.2: Trend in availability of LSD, 2000 - 2004



Source: Party Drugs Initiative REU interviews
Note: data for 'easy' is the collapsed categories 'very easy' and 'easy' (for 2004) and 'moderately easy' for 2000 to 2003, where 'difficult' is the collapsed categories 'difficult' and 'very difficult' for all years.

The REU able to provide information reported that they had bought LSD most commonly from friends or known dealers, at their friend's home or their own home (see Table 9.6). Eighteen percent (n=6) of recent LSD users that provided information reported they had used LSD, but not scored it (ie. not purchased it themselves) in the last six months.

Table 9.6: Source of LSD for REU, 2004

	% of REU *n=34*
Used, not scored	***18***
Who have you got LSD from in the last 6 months?	
Friends	62
Known dealers	29
Workmates	3
Acquaintances	9
Strangers/unknown	3
What venues do you normally score LSD at?	
Own home	24
Dealer's home	15
Friend's home	50
Raves/doofs/dance parties	12
Nightclubs	12
Pubs	3
Agreed public location	9
Work	0
Street	0
Other	12

Source: Party Drugs Initiative REU interviews
Note: REU were allowed to nominate more than one response

9.5 Summary of LSD Trends

- Approximately a third of the REU sample reported recent use of LSD, and prevalence of recent use was relatively stable compared to 2003, following a decrease from previous years. Frequency of use of LSD remains low.
- The price of LSD in 2004 was unchanged and low (at $10 per tab).
- Perceived purity was slightly increased and availability was decreased, compared to 2003.
- KES reports suggest that LSD use was not common among REU, though likely to be more common among younger users or within a different 'tribal dance' scene.

10.0 MDA

The median age of first use of MDA among REU was 20.5 years, almost a third (30%) reported having used MDA in their lifetime, and no-one nominated MDA as their drug of choice in 2004 (see Table 10.1). These parameters remained largely unchanged compared to 2003.

10.1 MDA use among REU

Table 10.1 summarises the patterns of use of MDA among REU in 2004, with 2003 data for comparison. In 2004, 14% of REU reported having used MDA a median of 3 days (range 1-100), in the six months prior to interview. A comparison with previous years reveals that the proportion of REU reporting recent use of MDA had decreased compared to 2003, but the frequency of use had remained relatively stable and consistently low across the five years of the PDI survey (see Figure 10.1).

In 2004, the *average* and *most* amount of MDA used in a single session was generally reported as tablets/pills or caps, with a median amount of 1 tablet/pill or 1 cap used on *average* and a median 1 tablet/pill or 3 caps used at *most*. Despite the small number of MDA users able to provide information (and therefore the difficulty in drawing clear conclusions), it seems that there were no substantial changes in either the *average* or *most* amounts used compared to 2003.

Table 10.1: Patterns of MDA Use Among the REU sample

Variable	2004 (n=100)	2003 (n=101)
Age first used: median in years (range)	20.5 (14-34)	21 (15 – 44)
Ever used (lifetime) (%)	30	31
Used in last 6 months (%)	14	21
MDA as main drug of choice (%)	0	0
Days used in last 6 months#: median (range; n)	3 (1-100)	2 (1-24)
Average amount used in a single session*:		
Caps: median (range; n)	1 (1-2; 5)	2 (0.5-3; 9)
Grams: median (range; n)	-	0.5 (0.33-0.5; 4)
tablets/pills: median (range; n)	1 (1-5; 6)	1.25 (1-1.5; 2)
Most amount used in a single session*:		
Caps: median (range; n)	3 (1-4; 5)	2 (1-5; 9)
Grams: median (range; n)	-	0.75 (.33-2; 4)
tablets/pills: median (range; n)	1 (1-5; 6)	1.25 (1-1.5; 2)
MDA included in 'binge' episode (%)	1	5

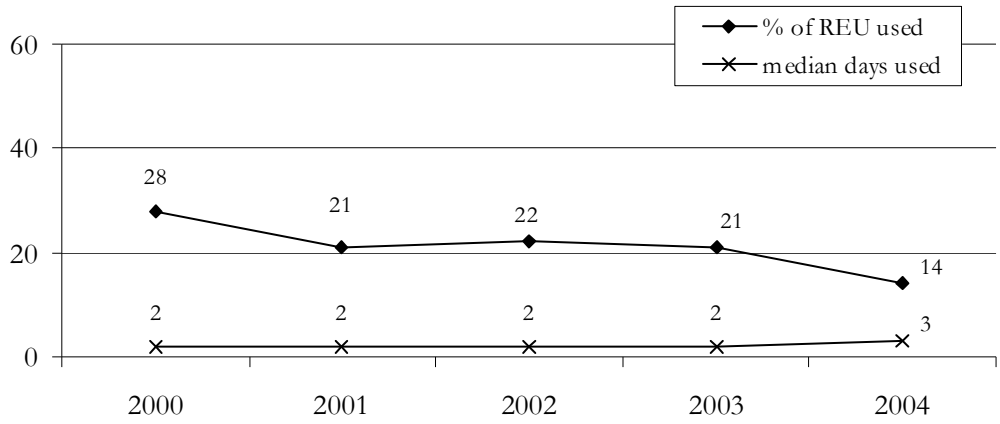
Source: Party Drugs Initiative REU interviews

# of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Most MDA users reported recent use by swallowing (86%, n=12), four reported use by snorting, one reported having smoked MDA and one reported having injected it, in the six months prior to interview. Only one REU reported having recently binged on MDA.

Figure 10.1: MDA – Trend in recent use* and median days used#, 2000 - 2004



Source: Party Drugs Initiative REU interviews
* use in the previous six months
# by those reporting use in the previous six months

Only three KES (one health and two 'scene') were able to provide information on the use of MDA, and all reported that use was rare among the REU that they had contact with. One stated that use was opportunistic (and availability very limited) and two believed that a small number of people sought MDA, because they preferred its effects ("stronger and different to MDMA").

In 2004, only seven recent users of MDA provided information on the locations that they *usually* and *last* used MDA in the six months prior to interview. The locations of *usual* use reported were nightclubs (n=4), their own home (n=3), a friend's home (n=2), raves/dance parties (n=2), a pub (n=1), a private party (n=1) or outdoors (n=1). The locations of *last* use reported were a nightclub (n=2), their own home (n=2), a friend's home (n=1), a private party (n=1) or outdoors (n=1).

10.2 Price

All price, purity and availability data for MDA is based on a very small sample of REU and readers are cautioned that the reliability of this data is therefore limited and trend analysis restricted.

Table 10.2 presents a summary of information regarding the price of MDA and the recent changes in price as provided by REU in 2004, with 2003 data for comparison. The median estimated 'current' price of a pill of MDA was $30 in 2004, the same as the median price *at last purchase,* reported by three REU. Two REU reported the 'current' price of a gram of MDA as $350, and the median price *at last purchase* as $325 per gram. The 'current' price was higher than that reported in 2003, when a median price of $270 per gram was reported by five REU. Four of the nine REU able to comment reported that the price of MDA had been stable recently.

Table 10.2: Current price of MDA and change in price over last six months, 2003 & 2004

	2004	*2003*
Median price per pill (range; *n*)*		
Current price	$30 ($30-$35; *3*)	§
Price at last purchase#	$30 ($25-$35; *3*)	-
Median price per cap (range; *n*)*		
Current price	§	*$42.50 ($30 - $50; 6)*
Price at last purchase#	§	-
Median per gram (range; *n*)*		
Current price	$350 ($350; *2*)	*$270 ($200 - $400; 5)*
Price at last purchase#	$325 ($300-$350; *2*)	-
Price change in last 6 months (%)	*n=9**	*n=18*
Increasing	11	*6*
Stable	44	*33*
Decreasing	11	*11*
Fluctuating	0	*0*
Don't know	33	*50*

Source: Party Drugs Initiative REU interviews
* please note the sample sizes are <10
# asked for the first time in 2004
§ denotes no participant supplied data for that category

10.3 Purity

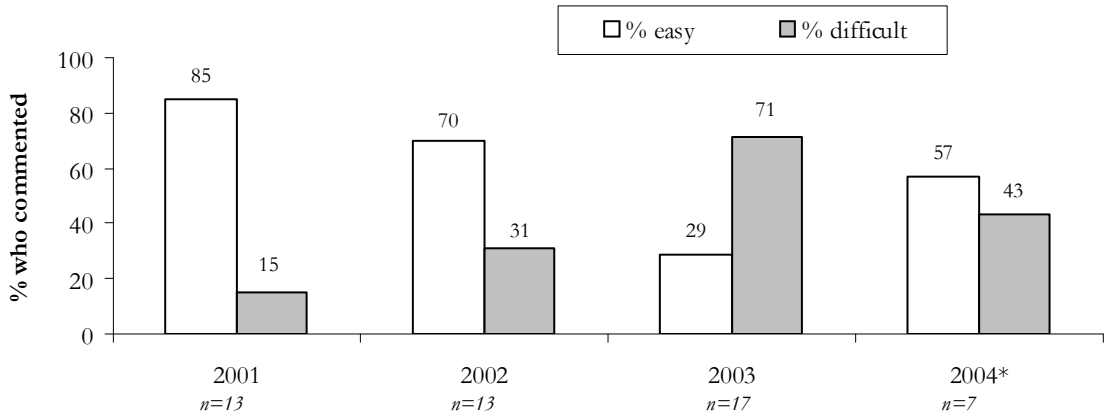
Only seven REU were able to provide information on the purity of MDA in 2004, and the majority perceived purity to be high (71%, n=5). The remaining two REU reported that purity of MDA was medium. There was also consensus by the majority (n=6) that purity of MDA had been stable recently, with only one REU stating otherwise, that purity had been decreasing in the six months prior to interview. The proportion of REU reporting current purity of MDA as high or medium was unchanged from 2003.

10.4 Availability

Only seven REU were able to provide information on the availability of MDA in 2004, four of whom reported that it was 'easy' to obtain, and three of whom reported that it was 'difficult' to obtain currently. When asked about recent change in availability of MDA, four REU reported availability had been stable, and one each that availability was becoming more difficult, easier, or fluctuating, in the last six months.

Although the number of REU able to provide information on the availability of MDA in Adelaide has been small over the years that the PDI has been conducted, Figure 10.2 reveals that, like GHB, MDA has been perceived as more difficult to obtain in the last two years (2003 and 2004) compared to the first two years depicted (2001 and 2002).

Figure 10.2: Trend in availability of MDA, 2001 - 2004



Source: Party Drugs Initiative REU interviews
* data for 2004 has n<10
Note: 'easy' is the collapsed categories 'very easy' and 'easy' (for 2004) and 'moderately easy' for 2000 to 2003, where 'difficult' is the collapsed categories 'difficult' and 'very difficult' for all years.

In 2004, only seven recent users of MDA provided information on from whom, and where, they had usually bought MDA in the six months prior to interview. Three reported they had purchased MDA from known dealers, two reported they had purchased it from friend's, and two reported that they had used but not scored MDA in that time. With regard to where they had scored, two reported they had done so at a dealer's home, one at their own home, one at a friend's home, one at a pub, one at a nightclub and one at an agreed public location.

Two 'scene' KES commented that MDA was rare in Adelaide and only "comes around occasionally" – one reporting as powder or capsules, and another as pills. Law enforcement KES reported there had been no seizures of MDA in SA for the past two years.

10.5 Summary of MDA Trends

- Fourteen percent of REU reported recent use of MDA in 2004. The proportion of REU reporting recent use of MDA was decreased compared to 2003, but the frequency of use was relatively stable and remains consistently low across the five years of the PDI survey.
- Price, purity and availability data for MDA in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the purity of MDA was stable and considered high or medium, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).
- Limited KES information suggested that MDA was not commonly used by REU or available in Adelaide, but was sought by a small percentage of users.

11.0 OTHER DRUGS

Table 11.1 summarises recent use and frequency of use of other drugs over the last five years of the survey. A more detailed summary of each drug follows the table.

Table 11.1: Trends in recent use*, and frequency of use#, of different substances by REU, 2000 - 2004

Drug type	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Alcohol					
% used	96	98	90	94	92
median days used (range)	32.5 (1-180)	48 (2-180)	20 (1-104)	52 (1-180)	20 (3-130)
Cannabis					
% used	81	87	82	89	88
median days used (range)	48 (1-180)	27 (1-180)	91 (1-180)	65 (1-180)	115 (2-180)
Tobacco					
% used	65	72	71	67	52
median days used (range)	180 (3-180)	180 (2-180)	180 (2-180)	180 (1-180)	180 (1-180)
Benzodiazepines					
% used	40	30	40	27	24
median days used (range)	4.5 (1-180)	6 (1-180)	2 (1-180)	3 (1-180)	4 (1-24)
Antidepressants					
% used	14	12	29	13	14
median days used (range)	165 (1-180)	3.5 (1-180)	6.5 (1-180)	42 (1-180)	3 (1-30)
Amyl nitrate					
% used	16	13	25	17	32
median days used (range)	3 (1-26)	2 (1-72)	1 (1-20)	2 (1-100)	3 (1-40)
Nitrous oxide					
% used	47	55	53	53	74
median days used (range)	4 (1-72)	6 (1-90)	3.5 (1-90)	8 (1-104)	20 (2-95)
Heroin					
% used	3	2	6	4	0
median days used (range)	10 (3-48)	9 (6-12)	6.5 (1-10)	1 (1-10)	-
Other opiates					
% used	10	7	7	1	36
median days used (range)	4.5 (1-180)	24 (2-48)	6 (1-30)	1 day only	7.5 (1-35)

Source: Party Drugs Initiative REU interviews

* use in the six months preceding interview

median days used for those REU that reported use in the six months prior to interview

11.1 Alcohol

The median age at which REU reported first using alcohol was 14 years in 2004, the same as reported in 2003.

The proportion of REU reporting recent use of alcohol remains high in 2004, at 96% (see Table 11.1). Fluctuations in the frequency of alcohol use have continued over time with the median number of days used alcohol at 32.5 in 2004, compared to a median 48 days in 2003, 20 days in 2002 and 52 days in 2001. Frequency of use of alcohol was higher than that for any of the illicit drugs among this group, and second only to tobacco use.

Fifteen percent of REU reported including alcohol in a binge session in 2004, and 48% of REU reported typically using alcohol with ecstasy, with 30% reporting typically consuming more than five standard drinks when using ecstasy. The prevalence of alcohol being used in this way was decreased compared to 2003 when 22% of REU reported having binged on alcohol, 60% typically using alcohol with ecstasy, and 39% typically consuming more than five standard drinks with ecstasy.

The majority of KES reported alcohol use was common among REU with two noting an increase in use – one in general and one among young women in particular. Four KES mentioned that alcohol would routinely be used with other drugs; one commented that it was a common pattern to have a few drinks at the beginning of the night and then use ecstasy and other drugs, and another reported that methamphetamine users will use alcohol with methamphetamine "to take the edge off" (ie. to take the anxiety/edginess out of the meth experience) and to allow them to reach a certain level of intoxication. In contrast, one KES commented that among the REU they had contact with, mainly young women in a clinical setting, did not report levels of drinking that were problematic. This KES reported that less alcohol and more speed and ecstasy were being used (and causing problems for) this treatment-seeking group.

11.2 Cannabis

The median age at which REU first used cannabis (15 years) was slightly higher than the age at which REU first used alcohol, an unchanged compared to 2003.

The proportion of REU reporting recent cannabis use was 81% and in comparison to previous years there has been little change prevalence of recent cannabis use (see Table 11.1). The frequency of use of cannabis among REU in 2004 was a median 48 days in 2004, an increase compared to 2003 (27 days). However, frequency of use of cannabis has fluctuated widely across the five years the PDI has been conducted (see Table 11.1). Seventeen percent of REU report bingeing on cannabis in 2004, the same as reported in 2003. Similarly to 2003, 39% of REU report typically using cannabis with ecstasy, and 46% report typically using cannabis at ecstasy comedown, in the six months prior to interview.

Most KES reports regarding cannabis use stated widespread use among REU ("dance scene not different to any other in this regard"), that ranged from casual to regular use. Two 'scene' KES commented that users were "either a smoker or not" and therefore use of cannabis would be either regular or not (which could include not using at all to occasional use). Two KES also mentioned that cannabis was used at 'recovery' or comedown from other drugs.

11.3 Tobacco

The median reported age of first use of tobacco was similar to that for alcohol and cannabis, at 14 years.

The proportion of REU reporting recent use of tobacco has been consistent for the last four years of the PDI, with approximately two-thirds (65%) of the sample reporting recent use in 2004 (see Table 11.1). The frequency of tobacco use has remained at peak levels across the five years of the survey at a median of 180 days in the previous six months (equivalent to daily use). The smoking prevalence rate in Australia was 1 in 4 in 2001 (AIHW, 2003). Among the REU in the current sample approximately 7 out of 10 reported median daily use of tobacco. Sixty-one percent of REU report typically smoking when using ecstasy and 47% report typically smoking at ecstasy comedown.

In support of these results, most KES reported that tobacco use was highly prevalent among REU. Several KES also mentioned that some people will only smoke when out, with two suggesting that this type of use will often lead to people having developed a habit that is then maintained even when they are out of the scene.

11.4 Benzodiazepines

The median age of first use of benzodiazepines was 19 years in 2004. The proportion of REU reporting recent use of benzodiazepines has not changed greatly over the five years of the survey and in 2004, 40% of the REU reported recent use (see Table 11.1). The frequency of benzodiazepine use has fluctuated somewhat over the years, with a median 4.5 days use reported in 2004, compared to 6 days in 2003 and 2 days in 2002. Four REU reported typically using benzodiazepines with ecstasy and sixteen reported typically using benzodiazepines at ecstasy comedown in 2004, in the last six months, similarly to 2003.

Of the few KES able to provide information (n=6), the general consensus was that the use of benzodiazepines was not common – "only the odd person using". Only one health KES reported that they believed prescribed benzodiazepines were increasingly being used in combination with other drugs, but only among a small number of people.

11.5 Antidepressants

The median reported age of first use of antidepressants was 21 years in 2004. Fourteen percent of REU reported recent use of antidepressants a median 165 days, in 2004. The prevalence of use of antidepressants among REU has been consistent across the years of the PDI apart from a 'spike' in 2002 (29%) (see Table 11.1). However, the frequency of use of antidepressants among the REU samples increased substantially in 2004 compared to previous years, with a median 165 days used in 2004, compared to a median 3.5 days in 2003 (see Table 11.1). This suggests an increase in the proportion reporting long-term prescribed use of antidepressants, which was verified by closer analysis of the data. In 2004, 79% (11 of 14) of REU reported use on 45 days or more, with five reporting daily use, whereas in 2003, only 25% (3 of 12) reported use on 45 days or more, with only one reporting daily use. Of those using antidepressants in last six months (n=14), the number using them as prescribed (for depression) was 12 (86%), with 9 (75%) reporting doing so *exclusively*. Three reported having used antidepressants in combination with their ecstasy use (21%), and three reported having used antidepressants for other reasons (21%).

Only four KES were able to provide information on the use of antidepressants among REU. Two KES (one health and one 'scene') believed that non-prescribed use did not occur within this group, and another commented that they knew a few people using as prescribed, who

would alter their dosage to accommodate their use of ecstasy. Only one health/scene KES reported that there was a lot of discussion and experimentation among REU with regard to antidepressants. Specifically, this KES reported that there was a (generally flawed) belief that antidepressants may be used to manipulate the ecstasy experience, to prevent problems related to ecstasy use (eg. serotonin syndrome) and to possibly protect against neurotoxicity.

11.6 Inhalants

The PDI asked about the use of the inhalants amyl nitrate and nitrous oxide. The median age of first use of amyl nitrate was 19 years, and the median age of first use of nitrous oxide was 18 years.

In 2004, 16% of REU reported recent use of amyl nitrate a median of 3 days. The prevalence of recent amyl nitrate use has fluctuated slightly over the years, but frequency of use has remained relatively stable and low since 2000 (see Table 11.1). Only one person reported having binged on amyl nitrate, and no-one reported typically using amyl nitrate either with ecstasy or at ecstasy comedown, in the last six months. These patterns of use were also unchanged compared to 2003.

In 2004, 47% of REU reported recent use of nitrous oxide a median of 4 days. The prevalence and frequency of nitrous oxide use has remained relatively stable since 2001 (see Table 11.1). Fifteen percent of REU reported having binged on nitrous oxide, and 11% reported having typically used nitrous oxide either with ecstasy or at ecstasy comedown, in the last six months. These patterns of use were also unchanged compared to 2003.

Five KES reported that use of nitrous oxide was common among REU, particularly young users. One also commented that use was very strongly associated with ecstasy use, while another reported that use of nitrous oxide was mainly "a recovery thing" (ie. used at comedown). Only two KES reported on amyl nitrate use among REU; one stating use was only occasional and opportunistic, while the other stated a small percentage would use and that this was not restricted to gay males.

11.7 Pharmaceutical stimulants

For the first time in 2004, REU were asked about their use of pharmaceutical stimulants, such as dexamphetamine, pseudoephedrine and methylphenidate (Ritalin®) (see Table 3.2). The median reported age of first use of any pharmaceutical stimulant was 18 years, and 54% of the sample reported use of pharmaceutical stimulants in their lifetime. Twenty-one percent of REU reported recent use of some type of pharmaceutical stimulant a median of 2 days (range 1-35).

12.0 RISK BEHAVIOUR

12.1 Injecting and injecting risk behaviour

This year, for the first time, detail on injecting-related behaviour in general and injecting-related risk-behaviour was included in the PDI REU survey. In 2004, a quarter of the sample reported ever injecting any drug and 12% reported having injected any drug in the six months prior to interview. For the REU that reported a history of injecting, a median of 3 drugs (range 1-12; n=25) had *ever* been injected, and a median of 2.5 (range 1-6; n=12) had been injected in the *last six months*.

An inspection of previous years' data reveals fluctuation in the proportion of REU reporting ever injecting, or recently injecting, any drug since data collection began. The proportion of REU reporting ever injecting was 20% in 2000, 21% in 2001, 32% in 2002 and 14% in 2003, compared to the 25% for this year. No clear trend with regard to injecting drug use is discernible. The proportion of REU reporting injecting drug use may be subject to a number of influences, the most prominent being the effects of sampling. Employing the snowballing technique may result in overrepresentation of injecting drug users in some years.

Table 12.1 summarises the injecting drug history and recent injecting patterns of the REU that reported any injecting in 2004. Some form of methamphetamine was the drug most commonly *ever injected*, as well as the drug most commonly *first injected* by the sample. Eighty-four percent of those that had ever injected had first injected methamphetamine (n=21) - powder (56%, n=14), base (16%, n=4), crystal (8%, n=2) or unspecified (4%, n=1). Ecstasy was the drug first injected by two of the sample (8%). Methamphetamine was also the drug *recently injected* by the most people - powder (n=6), base (n=9), crystal (n=7) - but ecstasy was the *most frequently injected* drug (a median of 72 days), by three people. Base methamphetamine was the most frequently injected form of methamphetamine (a median of 20 days), in the last six months, as well as the most commonly *last injected* drug. Four REU reported injecting ketamine a median of 11.5 days, in the last six months.

Of particular note was the reported recent injection of buprenorphine (a prescribed medication for opioid dependence), a median 12 days (range 3-80), by five REU. Three REU also reported injecting heroin a median 10 days in the last six months. No injecting of either ketamine or buprenorphine was reported in 2003, though two REU reported injection of heroin and three REU reported injection of other opiates (eg. codeine) in that year.

KES provided comment on injecting in reference to ecstasy use only, and all KES either did not mention injecting as a possible route of administration at all, or commented that injecting was unknown, rare and "still taboo" or "not really acceptable" among this group of drug users (n=6).

Table 12.1: Injecting drug use history among injectors, 2004

	% ever injected (n=25)	% first drug injected (n=25)	Median age first injected (years)	% injected past 6 months (n=25)	Days injected last 6 months (range; n) (n=12)	Last drug injected (n=12)
Ecstasy	72	8	20.5	12	72 (8-180; 3)	0
Speed powder	84	56	18	24	9 (2-18; 6)	8.3
Base	76	20*	22.5	36	20 (1-180; 9)	41.6**
Ice	56	8	23	28	14 (9-180; 7)	25
Pharm. stim[1].	8	0	23.5	0	-	0
Cocaine	28	0	23	0	-	0
LSD	16	0	17	0	-	0
MDA	8	0	28.5	4#	100 (1)	0
Ketamine	20	0	28	16	11.5 (1-24; 4)	0
GHB	4	0	16#	4#	6 (1)	0
Heroin	48	4	19.5	12	10 (3-48; 3)	8.3
Other opiates[2]	40	4	20	4#	1 (1)	0
Methadone	24	0	22	0	-	0
Buprenorphine	28	0	26	20	12 (3-80; 5)	16.7
Benzodiazepines	28	0	24	4#	1 (1)	0
Any drug	*100*			*48*		

1. pharmaceutical stimulants; includes dexamphetamine 2. Includes codeine, morphine, and pethidine.
* includes one person who nominated methampetamine, form unspecified, ** includes one person who stated injecting a mix of base & crystal, # denotes only one person

Seven of the 25 REU who had ever injected had first done so under the influence of another drug, as follows: ecstasy (n=2), methamphetamine powder (n=1), methamphetamine base (n=3), cannabis (n=2), alcohol (n=2) or benzodiazepines (n=1).

Eight of the 25 REU who had ever injected reported that they did not inject themselves, and of the remaining REU that had a history of injecting, nine stated they had learnt to inject from a friend or partner, five had learnt from another user, three had learnt via a needle exchange, and one had learnt from an information pamphlet (note: participants were able to nominate more than one method of learning).

Table 12.2 summarises the frequency of risk-behaviour among the twelve recent injectors of the REU sample. As can be seen, there was little reported sharing of needles, though one person reported having used a needle after someone between six and ten times in the last six months. Five people also reported having shared various injecting equipment other than needles, such as spoons (or the drug mix)(n=5) and water (n=4).

Table 12.2: Recent* injecting risk behaviour (n=12)

	Number of REU
Shared needles last 6 months	2
Times used needle after someone last 6 months:	
Never	10
Once	1
6 to 10 times	1
Of those who used after someone,	
No. of different people who used before you:	
One	1
People you used after:	
Regular sex partner	1
Close friend	1
Times someone used needle after you:	
Never	12
Shared other injecting equipment?	
none	7
spoons/mix	5
filter	2
tourniquet	2
water	4
Frequency of self injection?	
Every time	9
Often	1
Sometimes	1
Never	1
Injected under the influence &/or coming down; any drug	12
Median times injected any drug last 6 months (range)	91 (8-1800)
Median times injected any drug under the influence in last 6 months (range; n)	18 (1-150; 10#)

Source: Party Drugs Initiative REU interviews
* in the six months preceding interview, # data missing for two participants

Most recent injectors reported always injecting themselves (n=9), and all reported having injected any drug whilst under the influence or coming down from a drug a median 18 times in the last six months (range 1-150). The median frequency of injecting any drug (of 91 times, range 1-1800) in the last six months, was skewed by two outliers who reported injecting 10 times daily every day during that period. When these outliers were excluded from the data, the median frequency of injecting was 77 days (range 8-195, n=10).

Obtaining needles

Most recent injectors in the REU sample reported obtaining their needles from a Clean Needle Program (n=10). Other sources of needles reported by this group were a chemist (n=4) or a friend (n=4). All 12 recent injectors in the REU sample stated that they had no difficulty obtaining new needles in the six months prior to interview.

Context of injecting

The majority of recent injectors reported injecting in either their own or a friend's home in the last six months (see Table 12.3), which is similar to the most common location of injecting among the IDRS IDU samples (Weekley *et al.*, 2004b). Four people reported having injected in a car during that period. Regarding the social context of injecting among this group, most reported injecting with close friends (n=7). Only two people reported that they injected alone.

Table 12.3: Context of recent* injecting (n=12)

	Number of REU
Locales# injected	
Own home	10
Friend's home	9
Dealer's home	2
Car	4
Public toilet	1
People# injected with	
No-one	2
Regular sex partner	3
Close friends	7

Source: Party Drugs Initiative REU interviews

* in the six months preceding interview, # participants were able to nominate more than one

Self-reported BBV vaccination, testing and status

Table 12.4 summarises the information, regarding blood borne virus (BBV) vaccination, testing and status, provided by the whole REU sample in 2004. At the time of interview, 41 REU stated that they had completed a Hepatitis B virus (HBV) vaccination schedule, nine reported that they had started a schedule but not completed it, and ten didn't know if they had been vaccinated against HBV or not. The reasons given for being vaccinated against HBV were: at risk as an IDU (n=5), at risk due to sexual behaviour (n=2), going overseas (n=13), vaccinated as a child (n=13), required for work (n=5), required for other reasons (n=4), or a mixture of other reasons (n=6).

Twenty-five REU reported that they had been tested for Hepatitis C virus (HCV) infection and the majority stated that their status was negative (92%, n=23). Twenty-nine REU reported that they had been tested for human immunodeficiency virus (HIV) infection and the majority stated that their status was negative (97%, n=28).

Table 12.4: Self-report of BBV vaccination, testing and current status

	REU sample (n=100)
HBV vaccination, complete (%)	41
If yes, reason	
Risk (sexual)	2
Risk (IDU)	5
HCV test last year (%)	25
If yes	
Positive	1
Negative	23
Don't know	1
HIV test last year (%)	29
If yes	
Positive	0
Negative	28
Don't know	1

Source: Party Drugs Initiative REU interviews

12.2 Sexual risk behaviour

In 2004, for the first time, REU were asked to provide detail with regard to their sexual behaviour and the risks associated with it. Participants were given the opportunity to self-administer this section of the questionnaire if they preferred to. 'Sex' was defined as penetrative sex, that is, the penetration with the penis or fist of the vagina or anus.

12.2.1 Patterns of recent sexual activity and sexual risk behaviour

Tables 12.5 summarises the self-reports of recent sexual activity and condom use, and Table 12.6 summarises the reports of recent sexual activity and condom use while under the influence of a drug or drugs, in the last six months.

Table 12.5 shows that 94% of the REU sample reported having had penetrative sex in the six months prior to interview, almost half of them (48%) with only one person in that time. Of those who had had penetrative sex, over 90% reported they had done so with a regular partner (n=86) and over 50% reported they had done so with a casual partner (n=48), in that time. Of the REU that reported having had penetrative sex with a casual partner in the last six months, more than half of them (52%) reported that they had not always use a condom.

Table 12.6 shows that 71% of the REU (76% of those who reported having had penetrative sex) reported that they had had penetrative sex whilst under the influence of a drug or drugs, in the six months prior to interview. Over 80% reported having done so more than once, with 20% reporting that they had done so more than ten times during that period. Most commonly, REU nominated ecstasy as the drug they were under the influence of when engaging in penetrative sex recently (86%, n=61), followed by alcohol, cannabis or some form of methamphetamine (see Table 12.6). Of those who reported having had penetrative

sex with a casual partner whilst under the influence of a drug or drugs, 42% reported that they had not always used a condom.

In this context, half the REU sample reported they had never undergone a sexual health check-up. Of the remaining half, 33 REU reported having had a sexual health check-up in the last year, 15 more than a year ago and two were unsure.

Table 12.5: Recent* sexual activity and condom use

	REU sample (n=100)
Have had penetrative sex in the last 6 months (% of REU)	**94**
Of those who had penetrative sex (%):	
Number of sex partners	
One person	48
Two people	18
Three to five people	25
Six to ten people	7
More than ten people	2
Had penetrative sex with	
Regular partner (n=86)#	91
& always used a condom	20
& never used a condom	33
Casual partner (n=48)#	51
& always used a condom	48
& never used a condom	4
Number of times had anal sex	
None	84
Monthly or less (1-6 times)	13
More than monthly – once a fortnight (7-12 times)	1
More than daily (181+ times)	2

Source: Party Drugs Initiative REU interviews
* in the six months preceding interview, # data missing for one participant

Table 12.6: Recent* sexual activity and condom use under the influence of drugs

	REU sample (n=100)
Have had penetrative sex under the influence (% of REU)	**71**
Of those who had sex under the influence (%):	
Number of times had sex under the influence	
Once	14
Twice	27
Three to five times	28
Six to ten times	10
More than ten times	21
Drugs used	
Ecstasy	86
Alcohol	31
Cannabis	32
Methamphetamine - powder	25
Methamphetamine - base	30
Methamphetamine - crystal	13
Cocaine	4
LSD	3
Ketamine	6
GHB	1
Nitrous Oxide	6
Amyl nitrate	3
Had penetrative sex with	
Regular partner (n=61)#	86
& always used a condom	28
& never used a condom	41
Casual partner (n=33)#	46
& always used a condom	58
& never used a condom	2

Source: Party Drugs Initiative REU interviews
* in the six months preceding interview, # data missing for one participant

12.3 Driving risk behaviour

For the first time in 2004, REU were asked whether they had driven within an hour of having taken any drug, in the six months prior to interview, and if so, which drugs were involved. The results are detailed in Table 12.7.

Table 12.7: Recent* occurrence of driving soon after taking a drug, 2004

Drug	% of REU who report driving within an hour of use (n=100)
Any drug	***61***
Ecstasy	43
Methamphetamine - powder	21
Methamphetamine - base	35
Methamphetamine - crystal	17
Cocaine	3
LSD	7
MDA	1
Ketamine	3
GHB	1
Amyl nitrate	0
Nitrous oxide	4
Cannabis	31
Alcohol	24
Heroin	1
Other opiates	0
Benzodiazepines	4
Other	4

Source: Party Drugs Initiative REU interviews
* in the six months preceding interview

Sixty-one percent of the REU sample reported having driven within an hour of use of any drug (including alcohol, at an undetermined level). The most commonly reported as having been used within an hour prior to driving were ecstasy (43%), methamphetamine base (35%), cannabis (31%), alcohol (24%), methamphetamine powder (21%), and crystal methamphetamine (17%).

13.0 HEALTH RELATED ISSUES

The following sections provide information from REU, KES and, where available, indicator data sources on harm related to party drug use and health.

13.1 Overdose

For the first time in 2004, participating REU were asked if they had experienced overdose of any party drug in the last 6 months. 'Overdose' was clarified as having passed out or fallen into a coma following use. Ten REU reported experience of overdose in the six months prior to interview, the *main drug* considered responsible for the overdose and *other drugs* used at the same time by these 10 REU are detailed in Table 13.1. The drug most commonly reported as involved in overdose was alcohol, which was reported as the *main drug* responsible for overdose experienced in four cases, and as an *other drug* consumed in a further two cases. The next most commonly reported as involved in overdose was ecstasy, as the *main drug* in 2 cases and as an *other drug* in three cases. Nitrous oxide and GHB were both reported as the *main drug* involved in a further two cases of overdose each.

Table 13.1: Frequency of recent* overdose, and drugs involved in overdose, as reported by REU, 2004

Number of REU	Main drug considered responsible for overdose#	Other drugs consumed at the same time as main drug
1	ecstasy	*none*
1	ecstasy	alcohol
1	GHB	*none*
1	GHB	alcohol
1	alcohol	*none*
2	alcohol	cannabis
1	alcohol	ecstasy, cannabis & nitrous oxide
1	nitrous oxide	ecstasy
1	nitrous oxide	ecstasy & speed

Source: Party Drugs Initiative REU interviews
* in the six months preceding interview
 # as reported by REU

One KES who worked as an ambulance officer in Adelaide commented that recent prevalence of GHB overdose remained high (at ~ 30% to 40% of all 'recreational' drug overdoses), and above the prevalence of ecstasy overdoses, though not as high as seen two or three years ago. The same KES reported that GHB overdoses were difficult to manage, with high levels of aggression accompanying arousal post-collapse, and that GHB overdose was more common among young females than among males. These ambulance attendances would not necessarily result in hospital attendance or admission of the overdose casualty.

13.2 Self-reported symptoms of dependence

In 2004, the Severity of Dependence Scale (SDS) (Gossop *et al.*, 1995) was used to give a measure of the level of problematic or dependent use of ecstasy and methamphetamine among the REU sample. The SDS is a short, five-question scale that asks users to assess their use of the substance, over the last twelve months, in relation to: their level of control over their use, whether not using made them anxious of worried, whether they worried about their use, whether they wanted to stop using, and how difficult they would find it to stop using. Each question generates a score ranging from zero to three, which is totalled for all questions so that users are scored out of a possible maximum of 15. A higher score indicates more problematic use. Although the SDS has not been validated with regard to an ecstasy-using sample, it has been validated for use with an amphetamine-using sample – the authors concluding that a total score of greater than four was indicative of clinically significant dependent use (Topp and Mattick, 1997).

13.2.1 Ecstasy

Despite the SDS not having been validated for use with an ecstasy–using sample, it has been used here to give a rough indication of levels of 'dependent' use, and the cut-off score for amphetamine use, as established by Topp and Mattick (1997), will be used as a reference. The median SDS score for ecstasy among REU was 1 (range 0 to 9; n=99). Thirty-eight REU scored zero (indicating no impact of their use in terms of the questions posed, and subsequently, no dependence on ecstasy), 52 REU scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use), and 9 scored 5 or above (indicating clinically significant dependence). Therefore, using the amphetamine cut-off score, 9% of the 2004 REU sample indicated dependent use of ecstasy in the last twelve months, as measured by the SDS.

13.2.2 Methamphetamine

Of the 90 REU who had reported use of some form of methamphetamine in the preceding six months, the median SDS score for methamphetamine was 1 (range 0 to 13; n=90). Forty-three REU scored zero (indicating no problematic use or dependence), 32 scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use), and 15 scored 5 or above (indicating clinically significant dependence). Therefore, 17% of methamphetamine users in the 2004 sample indicated dependent use of methamphetamine in the last twelve months, as measured by the SDS.

13.3 Help-seeking behaviour

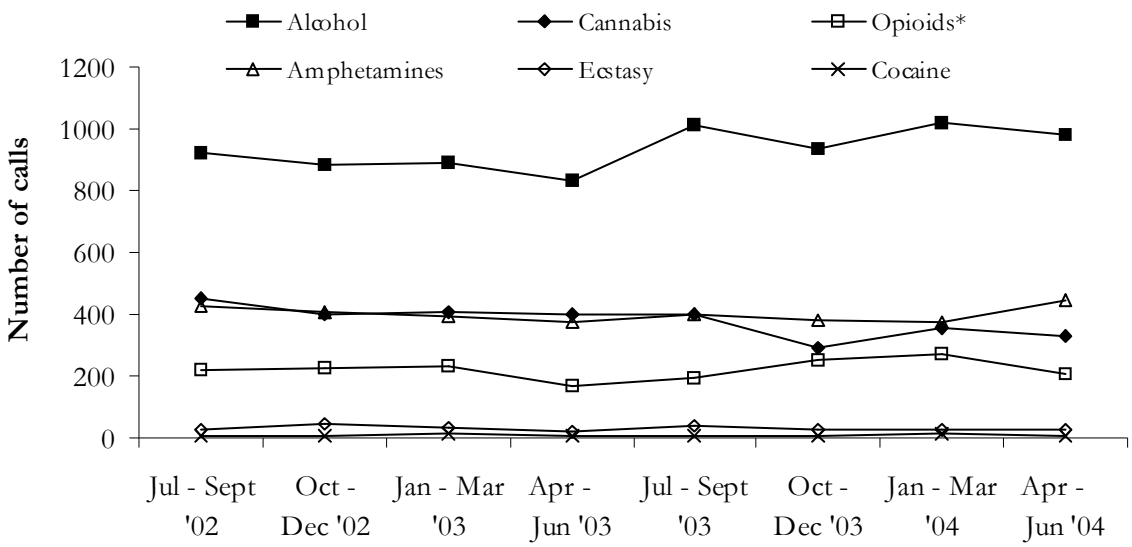
A total of 15 REU reported having accessed one or more medical or health services, in the last six months, in relation to their use of ecstasy and related drugs. The most commonly accessed service, in relation to *any* drug use, was a GP (attended by 11 REU). The largest proportion of GP attendances were in relation to acute drug effects (n=4), depression (n=2) or a pre-existing issue, due to the use of ecstasy (n=3), base methamphetamine (n=2), opiates other than heroin (n=2), or the use of two or more drugs (n=2). In addition, four REU reported having attended a hospital emergency department, three reported being admitted to hospital, two required an ambulance, three attended a counsellor and five reported attendance of other service providers (including a drug and alcohol worker, a social worker, a psychiatrist and a pastor), in relation to their drug use in the last six months. Reasons for attendance of these services included depression, overdose, headache, psychosis and advice seeking. The drugs involved in seeking these services included methamphetamine base, ecstasy, GHB, cannabis and use of two or more drugs.

Two medical KES noted more males came into contact with emergency services and one clinical researcher noted a predominance of females attending an inner city sexual health clinic, in relation to their drug use. Three KES also commented on mental health problems among REU, with two health KES reporting that such problems were not generally a primary issue among clients of their services (a hospital emergency or a telephone counselling service). The KES whose clients were REU attending a central sexual health clinic reported that mental health problems commonly reported as related to their ecstasy and related drug use were depression, irritability, some anxiety and feelings of lethargy and lack of motivation – all symptoms of ecstasy and/or methamphetamine use in general or 'comedown' in particular.

Treatment Services - ADIS

Figure 13.1 shows the number of telephone calls to the SA Alcohol and Drug Information Service (ADIS) from the general public, regarding six different substance types across the financial years 2002/03 and 2003/04. It can be seen that the drug most enquired about was alcohol, followed by amphetamines and cannabis, then opioids. Calls related to ecstasy and cocaine constituted only a small fraction of total calls to ADIS. Please refer to individual drug-related harm sections for more detail on ecstasy, methamphetamine and cocaine related calls to ADIS.

Figure 13.1: Number of drug related calls to ADIS per quarter, by selected drug type, Jul 2002 – June 2004



Source: SA ADIS

* 'opioids' includes all calls coded under the categories heroin, methadone, buprenorphine, naltrexone, opioid pharmacotherapies and other opioids

Treatment Services - DASC

As can be seen in Table 13.2, in 2004 alcohol dominated as the primary drug of concern for the largest proportion of total attendances to DASC treatment services, followed by heroin, amphetamines and cannabis. Both ecstasy and cocaine accounted for only a fraction of the total attendances, though the proportion nominating ecstasy as the primary drug of concern in 2004 had doubled compared to 2003 (0.6% vs 0.3%). Please refer to individual drug-related harm sections for more detail on ecstasy, methamphetamine and cocaine related attendances at DASC treatment services.

Table 13.2: Primary drug of concern nominated by clients of the Drug and Alcohol Services Council, as a percentage of total number of presentations, 2000/01 - 2003/04

Drug type	2000/2001	2001/2002	2002/2003*	2003/2004
Alcohol	40.2	41.6	41.4	41.3
Amphetamines	10.7	14.5	18.1	15.9
Heroin	16.7	10.3	18.6	18.8
Opioid analgesics	7.0	8.5	7.6	8.6
Cannabis	8.4	10.7	9.8	11.1
Benzodiazepines	2.0	1.9	2.4	2.1
Cocaine	0.2	0.3	0.2	0.2
Tobacco	0.1	0.2	-	0.2
Ecstasy	#	#	0.3	0.6
Other	8.5	2.3	1.0	0.8
Unknown	6.2	9.7	0.5	0.5

Source: Drug and Alcohol Services Council
* During this period a new data collection system (CME-DIS) was employed to meet the requirements of the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS).
# information not collected during that period

Emergency Department admissions

Table 13.3 presents the number of drug related attendances to the emergency department at the Royal Adelaide Hospital (RAH), South Australia, during 1999/2000 to 2003/2004. The RAH is the only major public hospital located within the Adelaide CBD. It can be seen that by far the largest number of drug related attendances at the RAH across all years, were related to alcohol. Ecstasy related attendances are not specifically coded. However, of interest in the context of ecstasy and related drug use is the trend in the number of presentations for GHB, amphetamines, and cannabis. The number of GHB-related attendances have been stable for the last two financial years (at 28), following a peak in attendances that was seen in 2001/02. It can be seen that attendances regarding amphetamines have fluctuated somewhat across the years depicted and no real trend is apparent. However, if the diagnosis 'drug-induced psychosis' (which includes amphetamine-induced psychosis) is examined, it can be seen that a gradual decline in numbers has been recorded since the peak that occurred in 2001/2002. Amphetamine use over time has been demonstrated to lead to drug-induced psychotic episodes (see for example, Davis & Schlemmer, 1980), however, readers are reminded that no detail on the primary or causal drug for a particular drug-induced psychosis attendance was available in this data set. The number of attendances in relation to cannabis have remained relatively stable and low across the years depicted.

Table 13.3: Number of attendances* to the emergency department at the Royal Adelaide Hospital, SA, from 1999/2000 to 2003/2004 (per drug or diagnosis)

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Amphetamines	103	88	76	65	81
Cocaine	1	2	2	0	1
LSD	1	1	2	1	2
GHB	0	0	48	28	28
Alcohol	1,068	1,066	1,118	994	1,106
Cannabis	18	12	16	9	11
Heroin	221	121	30	38	25
Other opioids**	97	79	45	64	57
Benzodiazepines	143	201	170	138	138
Antidepressants	88	117	104	79	80
Drug addiction#	25	32	27	38	20
Drug-induced psychosis#	17	34	67	52	44
Drug withdrawal#	32	35	35	26	24
Other##	577	640	533	434	442
TOTAL	*2,391*	*2,428*	*2,273*	*1,966*	*2,059*

Source: Royal Adelaide Hospital Emergency Department

* coded as drug or poisoning-related

** includes opium, methadone, other narcotics (morphine, codeine, pethidine etc), and opioid withdrawal

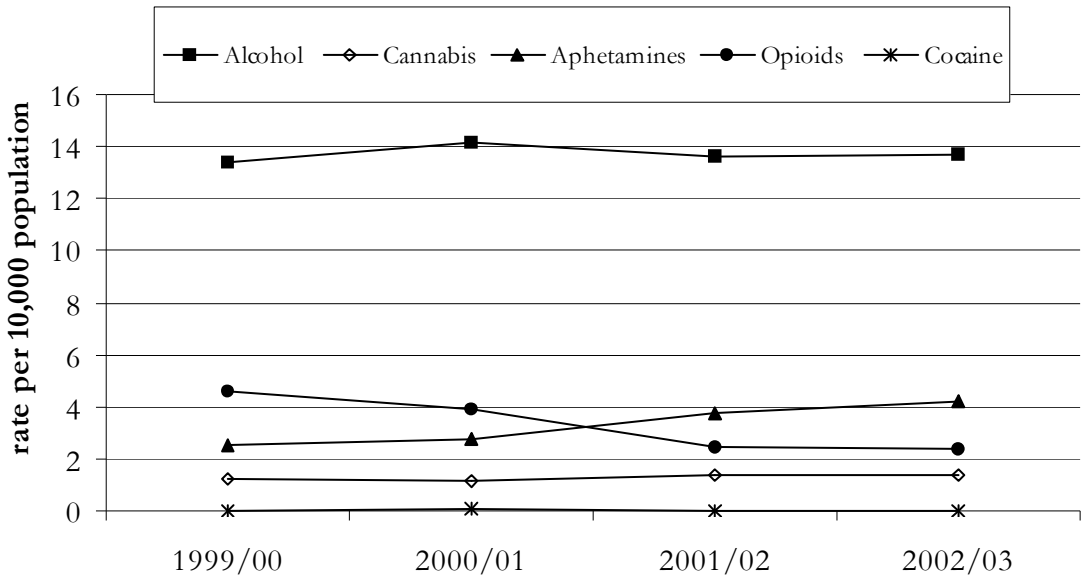
not otherwise specified, excluding alcohol

includes all other poisonings related to food, drug (medical & non-medical), chemical and other toxins

Hospital Admissions

Figure 13.2 shows the rates of substance-related admissions to hospitals in South Australia, per 10,000 population aged between 15 and 54 years. It can be seen that across all years, the rate of alcohol-related admissions (13.72/10,000 population in 2002/03) was far higher than any of the other substance related admissions depicted. In 2002/03, the rate of amphetamine-related admissions was the next highest (4.20/10,000 population), followed by opioid-related admissions (2.34/10,000 population), and cannabis-related admissions (1.36/10,000 population), with cocaine-related admissions (0.01/10,000 population) being minimal in SA. Specifically ecstasy-related admissions were not coded or enumerated in this dataset. Please also refer to individual drug-related harm sections for more detail on methamphetamine and cocaine related admissions to hospitals in SA.

Figure 13.2: Rate of substance-related admissions* (primary diagnosis) to hospital in South Australia, July 1999 to June 2003



Source: Australian Institute of Health and Welfare
* for persons aged between 15 and 54 years
Note: 'primary diagnosis' was given to those admissions where the substance was considered the primary reason for the patient's episode of care.

13.4 Other problems

The REU survey also asked users about their experience of other problems related to their ecstasy or other drug use during the last six months, in the categories of work/study, financial, legal/police and social/relationship. Three-quarters of REU (75%) reported having experienced one or more problems related to their drug use in that time, the same as in 2003 (72%). The majority of problems experienced by REU related to some aspect of their work or study, followed by financial and social problems (see Table 13.4). The most common work or study problems experienced were needing to take sick leave from work or not attending classes (n=13), feeling unmotivated (n=10), having trouble concentrating (n=9), or having a reduced work performance (n=9). The most common financial problems attributed to drug use were having no money for recreation or luxuries (n=19) and being in debt (n=16). The most common social or relationship problems attributed to drug use were having arguments (n=15) and feeling mistrust or anxiety in relation to others (n=13).

REU were also asked to nominate which drug or drugs they attributed the problem to. A summary of these data is given in Table 13.4. As can be seen, ecstasy or some form of methamphetamine were most commonly held responsible, at least in part, for work or study, financial and social problems.

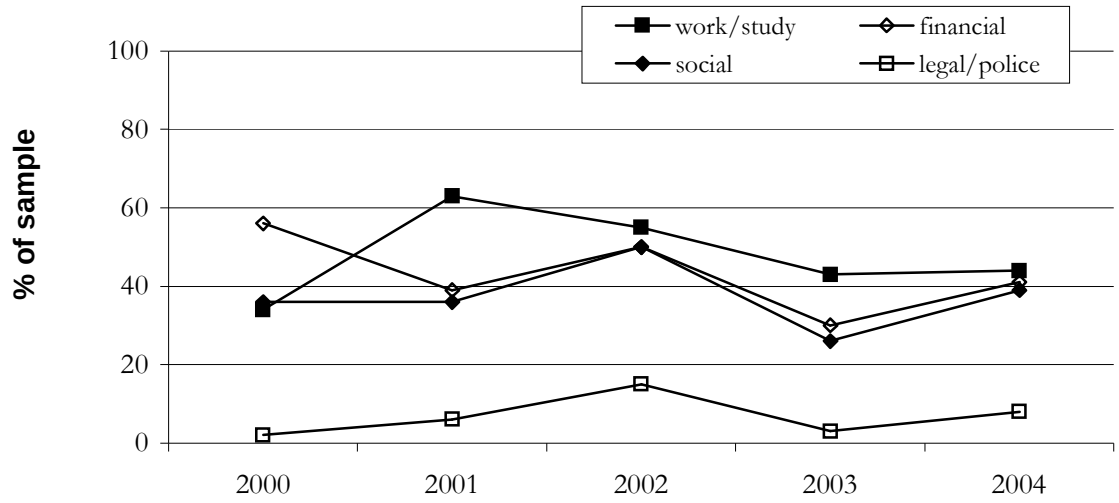
Table 13.4: % of REU reporting other harms associated with drug use in the last six months, by drug type, 2004

Problem experienced	Any drug *n=100*	Ecstasy *n=100*	Any meth-amphetamine *n=62*	Cannabis *n=81*	Alcohol *n=96*	Polydrug use* *n=90*
Social/relationship	39	19	12	0	1	3
Financial	41	27	7	1	1	4
Legal/police	8	4	1	2.5	0	0
Work/study	44	25	11	5	2	1

Source: Party Drugs Initiative REU interviews
* 'polydrug' refers to 2 or more drugs

Figure13.3 shows the trend in the prevalence of the problems experienced in relation to ecstasy and related drugs among REU, across the last five years. It can be seen that work or study, financial and social problems have been consistently prevalent across this time, well above legal or police problems.

Figure 13.3: Trend in experience of problems related to drug use in the previous six months, 2000 - 2004



Source: Party Drugs Initiative REU interviews

14.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

14.1 Reports of criminal activity among REU

Table 14.1 summarises REU reports of criminal activity in the month prior to interview, for the five years that the PDI has been undertaken. In 2004, 25% of REU reported involvement in some type of crime, which was lower than reported criminal involvement in the previous three years. Drug dealing was the most commonly reported crime across the five years of the survey. In 2004, 5% of REU reported that they had been arrested within the last 12 months, a decline from 10% in 2003. With regard to how REU reported paying for ecstasy in the last six months, for the first time in 2004, REU were asked to differentiate between whether they gained an 'ecstasy profit' through drug dealing or made a 'cash profit' which then paid for ecstasy. Nearly twice as many REU reported that they 'paid' for ecstasy by dealing drugs for an 'ecstasy profit' (n=23), than reported that they dealt drugs for a 'cash profit' (n=12). In 2004, no REU reported using any other illegal method of paying for ecstasy in the six months prior to interview.

Table 14.1: Criminal activity in the month prior to interview, as reported by REU, 2000 - 2004

	% of REU				
	2004 (n=100)	**2003 (n=101)**	**2002 (n=68)**	**2001 (n=70)**	**2000 (n=50)**
Criminal activity in last month					
Property crime	6	3	12	13	2
Drug dealing	21	35	46	44	24
Fraud	1	1	6	9	-
Violent crime	0	3	3	4	2
Any crime	25	37	53	53	24
Arrested in last 12 months	5	10	7	3	0
In the last six months, paid for ecstasy through:	23*/12**	32	56	46	20
Drug dealing	0	0	2	4	2
Fraud	0	1	3	0	2
Property crime	0	2	2	1	2
Sex work					

Source: Party Drugs Initiative REU interviews
* dealing for ecstasy profit, ** dealing for cash profit

KES reports reiterated that criminal activity (apart from illicit drug use) was not commonplace or "part of the lifestyle" of REU generally, and that contact with the criminal justice system was uncommon among this group. The exception to this was reports that on-supply or dealing of drugs to friends (which may not be perceived as 'drug dealing' by those

engaged in it), was a regular occurrence and the most prevalent method of obtaining ecstasy and related drugs.

14.2 Perception of police activity towards REU

Table 14.2 presents data on the REU perceptions of police activity in the six months leading up to the survey, for the last three years. In 2004, equal proportions reported that police activity had been either stable (27%), or increasing (27%), with a large proportion(41%) reporting that they didn't know whether police activity had changed in that time. Compared to 2003, there was a small decrease in the proportion reporting police activity as stable. As has been consistent across the three years depicted, the majority of REU (86%) reported that their ability to obtain drugs had not become more difficult due to police activity in 2004.

Table 14.2: Perceptions of police activity in the six months prior to interview, as reported by REU, 2002 - 2004

	% of REU		
	2004 (n=100)	**2003 (n=101)**	**2002 (n=68)**
Perception of police activity in last 6 months			
More activity	27	22	43
Stable	27	37	47
Less activity	3	1	9
Don't know	43	41	1
More difficult to obtain drugs recently?			
Yes	14	13	9
No	86	87	91

Source: Party Drugs Initiative REU interviews

As in 2003, the users themselves, in additional comments on police activity, reported an increase in the presence of both undercover and uniformed police officers at nightclubs and raves, and a larger number of police patrols, in general, in and around the scene in 2004. In contrast, law enforcement KES indicated a continuing focus on dealers and source of supply. Other KES reported no noticeable change in police activity, with one KES from the scene commenting that police attitude was one of tolerance and generally positive toward REU. Another though, reported that users were unsure of the police policy with regard to ecstasy and related drug use – whether their attitude was one of harm-minimisation or "lock 'em up" - and that this confusion made it difficult to interact with REU for harm reduction purposes (as a health professional).

15.0 SUMMARY

The 2004 survey presented an opportunity to not only build on past survey results, but also to explore new aspects of ecstasy and related drug use and associated harms. The PDI was expanded in 2004, to incorporate new questions regarding; the supply of ecstasy and related drugs, levels of ecstasy and methamphetamine dependence, prevalence of risk behaviours (drug driving, sexual behaviour, injecting), experience of harms (overdose) and help-seeking behaviour.

The following sections provide a summary of each of the main areas covered in the survey and bring together the three sources of information to form an overall picture of the ecstasy and related drug use, harms associated with such use, and of drug markets in Adelaide during 2004.

15.1 Demographic characteristics of regular ecstasy users (REU)

Similar to previous years, the majority of REU were male, and on average, aged in their early 20's. They were also generally either employed or full-time students with less than a fifth of the sample unemployed. Most REU were well educated and almost half had completed some kind of post-school qualification. Very few had a history of imprisonment or were currently undergoing treatment for drug use. Key expert (KES) information supported this demographic profile of REU, and also suggested that use of ecstasy was becoming more widespread in the general community or more "mainstream".

15.2 Patterns of polydrug use among REU

Regular ecstasy users have been consistently described as polydrug users and the PDI samples continue to verify this. In 2004, as in previous years, most of the sample reported recent use of some form of methamphetamine and cannabis as well as alcohol and, to a lesser extent, tobacco. Other substances reported as recently used by substantial proportions of REU were nitrous oxide, ketamine, LSD, cocaine and benzodiazepines. Compared to 2003, the proportion of REU reporting recent use of cocaine had decreased, but remained stable for most other substances.

Though a small increase in the percentage of REU that reported binge behaviour (to 53%) was noted this year, the percentages per substance were relatively stable. The majority of REU report use of any drug primarily by swallowing or snorting in 2004. However, 12% of REU reported recent injecting, most commonly some form of methamphetamine. No clear long-term trend in prevalence of injecting among REU was discernible. In reference to route of ecstasy administration, KES comments indicated that injecting was rare and "not really acceptable" among this group of drug users.

15.3 Ecstasy

Over the last five years there has been little change in parameters of ecstasy use, with the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, all remaining relatively stable across this period. There has, however, been a gradual increase in the proportion using more than one tablet in a typical session, to the point that in 2004 this was reported by the majority of the sample (84%) compared to less than half the sample in 2000 (44%). In addition, a large proportion of the samples have consistently reported binge use of ecstasy across this time, with almost half the sample having done so in 2004. REU mainly use ecstasy by swallowing, with substantial proportions also reporting

recent use by snorting. Ecstasy continued to be used most commonly at nightclubs, raves/dance parties, private parties or at people's homes.

Most REU report typically using at least one other drug either *with ecstasy* or *at comedown,* with tobacco, alcohol, cannabis and some form of methamphetamine reported as most commonly used *with ecstasy*, and tobacco, alcohol, cannabis, and to a lesser extent, benzodiazepines, being most commonly used *at comedown*. There were reductions in the proportions of REU reporting recent use of alcohol, either *with ecstasy* or *at comedown*, in 2004, compared to 2003.

KES information confirms that REU are polydrug users, that binge use of ecstasy and other drugs was not uncommon and that there was a wide range in frequency of use of ecstasy, from regular weekend use (particularly among younger users) to less regular 'special occasion' use.

The price of ecstasy was stable and availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend. The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2004, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines (including MDMA) in 2004 was 29%, a slight decrease compared to 2003. SAPOL data indicates an increase in detection of MDMA-producing clandestine laboratories in 2004 that suggests local manufacture of MDMA has taken a foothold in SA.

The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness and empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood. The most commonly perceived risks associated with taking ecstasy were some kind of physical, psychological or neuropsychological harm, or unknown pill content.

15.4 Methamphetamine

In 2004, more REU reported lifetime use of base methamphetamine, but recent use of all forms of methamphetamine remained stable, compared to 2003. The largest proportion of the REU sample reported recent use of base, followed by powder and crystal, in 2004. The frequency of recent use of all three forms of methamphetamine was the same, and similar to levels reported in 2003. There were no significant differences between males and females with regard to average frequency of use of all forms. There were no other substantial changes in the parameters of use of any form of methamphetamine, in particular there was no indication of increased use of crystal methamphetamine, compared to 2003. KES information supports the findings that methamphetamine use in general was common among REU, but that use of crystal methamphetamine was still relatively rare.

Overall, the most common locations REU reported usually using methamphetamine were nightclubs, friend's homes, their own home, private parties or raves/dance parties. A larger proportion of REU reported usually using crystal at home than anywhere else, but powder or base was most commonly reported as usually being used at a friend's home or nightclub.

In comparison to 2003, there appears to have been little change in price or purity of all forms of methamphetamine. ACC data indicates that median purity of SAPOL seizures have been stable for the past two years (at ~20%). Availability of all forms of methamphetamine remained generally easy, but a decline in the perceived availability of both powder and crystal methamphetamine were noted, compared to previous years. REU most commonly obtained all three forms of methamphetamine from their friend's homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place

(particularly with regard to base). SAPOL data indicates that clandestine production of methamphetamine continues in SA, with evidence emerging in 2004 of local production of the purer crystalline form ('ice'). In addition, SAPOL data indicates an increase in the number of methamphetamine-related provision offences in SA in 2003/04.

15.5 Cocaine

There was a further decline in the proportion of REU reporting recent use of cocaine in 2004, though no change in the frequency of cocaine use, which remains low among those that had used recently. The most common locations of use of cocaine differed from those of ecstasy and methamphetamine: use of cocaine was most likely to occur in a friend's home, a private party or a nightclub.

Cocaine continued to be relatively expensive and perceived as difficult to obtain, with medium or low purity, by the majority of REU able to comment. ACC data indicates that median purity of SAPOL seizures in 2003/04 was 38.5%, an increase compared to 2002/03 (20.6%). However, the small number of seizures and the lack of comparable data from previous years makes meaningful trend analysis impossible. As in previous years, KES suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

15.6 Ketamine

Over a third of REU reported recent use of ketamine in 2004, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have stabilised in 2004 following a steady increase from 2001 to 2003. A small number of KES associated with the 'scene' reported ketamine use was increasingly common among REU. Ketamine was more likely to be used at a friend's home or a private party than at other public venues.

The current price of ketamine was stable, purity was considered high by the majority (an increase compared to 2003), and availability was reported as 'easy' or 'very easy' and becoming easier recently. Ketamine was most commonly purchased from friends or known dealers by those able to comment.

15.7 GHB

Just over 10% of REU reported recent use of GHB, and there has been a stabilisation of prevalence of use of GHB among REU in the last two years, following the spike in 2002. The frequency of use, already low, declined further in 2004 compared to previous years.

Price, purity and availability data for GHB in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the price of GHB was stable and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002). Limited KES information suggested that GHB use was still common among a sub-group of users, despite its reputation as a risky drug.

15.8 LSD

Approximately a third of the REU sample reported recent use of LSD, and prevalence of recent use was relatively stable compared to 2003, following a decrease from previous years. Frequency of use of LSD remains low. KES reports suggest that LSD use was not common among REU, though likely to be more common among younger users or within a different 'tribal dance' scene. The price of LSD in 2004 was unchanged and low. Perceived purity was slightly increased and availability was decreased, compared to 2003.

15.9 MDA

Fourteen percent of REU reported recent use of MDA in 2004. The proportion of REU reporting recent use of MDA was decreased compared to 2003, but the frequency of use was relatively stable and remains consistently low across the five years of the PDI survey. Limited KES information suggested that MDA was not commonly used by REU or available in Adelaide, but was sought by a small percentage of users.

Price, purity and availability data for MDA in 2004 was based on a very small sample of REU and therefore of limited value. Data suggests that the purity of MDA was stable and considered high or medium, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).

15.10 Other drugs

As in previous years, the majority of the REU sample reported recent use of alcohol, tobacco and cannabis, and although the frequency of use of both these drugs has fluctuated somewhat across the years, it has remained relatively high. KES information also suggests that use of these substances was common, but that frequency of use varied widely. Substantial proportions of the samples have also consistently reported recent use of benzodiazepines, though frequency of use was generally low. Also, KES reports do not, in the main, support common use of benzodiazepines among REU. Antidepressants were recently used by a small proportion of REU, with the majority reporting use as prescribed.

Use of inhalants has also remained fairly stable across the years, with almost half the REU sample in 2004 reporting use of nitrous oxide, and a sixth reporting use of amyl nitrate, in the last six months. KES suggest that nitrous oxide use was particularly common among younger users.

Approximately a fifth of REU reported recent use of some type of pharmaceutical stimulant (eg. dexamphetamine) in the last six months.

15.11 Risk behaviour

Several aspects of risk-taking among REU were assessed as part of the REU survey, for the first time in 2004.

Injecting

Twelve REU reported recently injecting any drug, most commonly some form of methamphetamine (particularly base) or ecstasy. Four REU also reported injecting ketamine, and of particular note, five REU reported injecting buprenorphine (a prescribed medication for opioid dependence), at a frequency equivalent to once a fortnight, on average, in the last six months. Three REU also reported injecting heroin a median 10 days in the last six months. No injecting of either ketamine or buprenorphine was reported in 2003, though two REU reported injection of heroin and three REU reported injection of other opiates (eg. codeine) in that year.

The frequency of injecting among injectors was high (in terms of the *number of times* any drug was injected), at a median 91 times. There was little reported sharing of needles, though five people reported recent sharing of various injecting equipment other than needles, such as spoons (or the drug mix) and water. Most injectors reported usually injecting themselves, in the company of close friends, in private homes.

Self-reported BBV vaccination, testing and status
At the time of interview, 41 REU stated that they had completed a Hepatitis B virus (HBV) vaccination schedule, most reported they had done so because they were going overseas or they were vaccinated as a child. Twenty-five REU reported that they had been tested for Hepatitis C virus (HCV) infection and twenty-nine REU reported that they had been tested for human immunodeficiency virus (HIV) infection, with almost all in both cases reporting that their status was negative.

Sexual risk behaviour
Of the REU that reported having had penetrative sex with a casual partner in the last six months, more than half of them (52%) reported that they had not always use a condom.
In addition, 76% of those who reported having had penetrative sex recently, reported having done so whilst under the influence of a drug or drugs - most commonly ecstasy, followed by alcohol, cannabis or some form of methamphetamine. Of those who reported having had penetrative sex with a casual partner whilst under the influence of a drug or drugs, 42% reported that they had not always used a condom. In this context, half the REU sample reported they had never undergone a sexual health check-up.

Driving risk behaviour
Sixty-one percent of the REU sample reported having driven within an hour of use of any drug (including alcohol, at an undetermined level). The drugs most commonly reported as having been used within an hour prior to driving were ecstasy, methamphetamine, cannabis and alcohol.

15.12 Ecstasy and related drug harms

Health
In 2004, 17% of recent methamphetamine users were found to fit the criteria of clinically significant dependence, according to the Severity of Dependence Scale. Nine percent of ecstasy user were also found to fit the criteria of dependence using the validated amphetamine cut-off score. Substantially more users of each drug were reporting one or more symptoms of problematic drug use.

A small number of REU (n=10) reported recent experience of overdose, the *main drug* responsible most commonly reported as alcohol (n=4), followed by ecstasy (n=2), GHB (n=2) and nitrous oxide (n=2). Indicator data from the RAH Emergency Department suggests GHB admissions have remained stable compared to 2003, and information from an ambulance services KES reports GHB overdose callouts to be stable, but still a major component of total overdose attendances among this group of 'recreational' drug users.
Treatment services data indicated a doubling of ecstasy-related presentations to DASC treatment services in 2003/04, but they remain a very small proportion of total presentations (0.6%). In addition, methamphetamine-related presentations to DASC treatment services declined in the same period. AIHW data regarding SA hospital admissions for 2002/03 shows that the rate of amphetamine-related admissions continues to rise, but this data was not as up-to-date as other sources and therefore may not fully reflect 'emerging trends'.

As was the case in 2003, three-quarters of the REU sample reported having experienced one or more problems related to their drug use in 2004; the majority of which related to some aspect of their work or study, followed by social and financial problems. Use of ecstasy or some form of methamphetamine, was most commonly held responsible, at least in part, for these problems.

Criminal activity and perceptions of policing

In 2004, 25% of REU reported involvement in some type of crime, which was lower than reported criminal involvement in the previous three years. A decline in the percentage of REU reporting having been arrested in the last 12 months was also noted. Drug dealing was the most commonly reported crime across the five years of the survey. Nearly twice as many REU reported that they 'paid' for ecstasy by dealing drugs for an 'ecstasy profit', than reported that they dealt drugs for a 'cash profit'. In 2004, no REU reported using any other illegal method of paying for ecstasy in the six months prior to interview.

As has been consistent across the three years depicted, the majority of REU reported that their ability to obtain drugs had not become more difficult due to police activity in 2004.
As in 2003, the users themselves, in additional comments on police activity, reported an increase in the presence of both undercover and uniformed police officers at nightclubs and raves, and a larger number of police patrols, in general, in and around the scene in 2004. In contrast, law enforcement KES indicated a continuing focus on dealers and source of supply.

15.13 Conclusions

The demographics of regular ecstasy users and the patterns of ecstasy use remained stable in most respects in 2004, as did the prevalence and frequency of use of other drugs among this group, such as methamphetamine, alcohol, cannabis and tobacco. There continued to be a substantial proportion of REU reporting recent use of both ketamine and benzodiazepines in 2004, but frequency of use was low. Prevalence of recent cocaine use decreased, while prevalence of recent GHB use remained low. Of note, given concerns of increased use in other jurisdictions, was that there was little indication of increased use of crystal methamphetamine ('ice') among REU in the sample.

There were few changes in the ecstasy or methamphetamine markets in Adelaide, with both being stable in terms of price and readily available to the majority of REU in our sample in 2004. There was emerging evidence of local manufacture of the purer form of crystal methamphetamine ('ice'), as well as MDMA ('ecstasy').

For the first time in 2004, reporting of various risk behaviours among the REU sample was possible, with evidence of risky sexual practices (eg. % not always using condoms when engaging in casual sex), substantial levels of driving under the influence of drugs, and unsafe injecting practices (eg. sharing of equipment, injecting of non-injectable substances).

Also for the first time in 2004, a measure of dependence on ecstasy and methamphetamine was obtained, with 9% and 17% of recent users showing symptoms of clinically significant dependence on each drug, respectively. A small percentage of REU also reported experience of overdose, primarily related to use of alcohol, but also ecstasy and GHB. Indicator data and KES information also suggest that GHB overdose remains a stable but substantially prevalent harm associated with its use.

Both ecstasy user reports and KES information indicates that the level of criminal involvement among this group is generally low apart from drug dealing. Also, the majority of drug dealing reported by users involves 'ecstasy profit' rather than 'cash profit', which many users may not regard as a criminal offence.

16.0 IMPLICATIONS

The 2004 South Australian Party Drugs Initiative again expanded and allowed insight into additional aspects of ecstasy and related drug use.

The following issues identified in the 2004 survey, will require ongoing attention from policy makers, researchers and health professionals;

- For the first time in 2004, REU were asked a series of questions designed to assess their dependence on ecstasy and methamphetamine. The Severity of Dependence Scale was employed for both ecstasy and methamphetamine despite the SDS not yet having been validated for ecstasy use. Whether or not users can become dependent on ecstasy has been under debate for some time, while the results presented here are not able to definitively answer that question they do indicate that a small percentage (9%) may qualify for a dependent diagnosis using the methamphetamine cut-off score. With over half of REU reporting some type of problematic use further work on validating the SDS for use in ecstasy users is warranted.

- Ecstasy has been known in the past, and currently, as the "love drug" and reports from REU regarding sexual activity are consistent with this tag. Approximately three quarters of the sample had engaged in penetrative sex while under the influence of a drug or drugs, mostly ecstasy. Almost all the REU sampled in 2004 were sexually active in the 6 months prior to interview, half reported multiple partners and over half engaged in casual sex. Of particular concern is the finding that half of the REU engaged in casual sex in the prior 6 months had not used a condom. On a more positive note, a third of the sample reported obtaining a sexual health check-up in the previous year, however it is evident from the overall results that increased promotion of safe-sex practices are required.

- Each year of the last 4 years a fifth of REU, on average, have reported ever injecting a drug. While fluctuations in the actual numbers of REU injecting drugs make discerning trends difficult, the consistent prevalence of the practice among REU suggests that this is an area that needs ongoing attention from health professionals and others. In particular, the REU sampled within this study evidence relatively high rates of equipment sharing. In 2004, 42% (5 out of 12) reported sharing various items of injecting equipment. Education campaigns need to be focussed not just on the dangers of injecting itself, but specifically on the risks taken when sharing equipment.

- The prevalence of drug driving is currently the focus of a number of organisations and State government agencies within Australia. In South Australia the situation is no different with the current government considering introducing legislation to police the practice of driving under the influence of drugs other than alcohol. The results of the 2004 survey reveal that driving within an hour of use of any drug was a common practice with approximately 60% of REU reporting having done so in the six months prior to interview. The largest proportion reported driving within an hour of using ecstasy (43%) followed by cannabis (31%), any methamphetamine (24%), and alcohol (24%). Additional research is needed to identify the reasons behind the high proportion of REU engaging in drug driving so that effective prevention and education campaigns can be designed and implemented as soon as possible.

REFERENCES

Australian Crime Commission (2003). *Australian Illicit Drug Report 2001-2002*. Canberra: Australian Crime Commission.

Australian Crime Commission (2004). *Australian Illicit Drug Report 2002-2003*. Canberra: Australian Crime Commission.

Australian Crime Commission (in press). *Australian Illicit Drug Report 2003-2004*. Canberra: Australian Crime Commission.

Australian Institute of Health and Welfare (2002a). *2001 National Drug Strategy Household Survey: Detailed findings*. AIHW cat. no. PHE 41. Canberra: AIHW (Drug Statistics Series No.11).

Australian Institute of Health and Welfare (2002b). *2001 National Drug Strategy Household Survey: First Results*. AIHW cat. no. PHE 35. Canberra: AIHW (Drug Statistics Series No.9).

Australian Institute of Health and Welfare (2003). *Statistics on drug use in Australia 2002*. AIHW cat. no. PHE 43. Canberra: AIHW (Drug Statistics Series No. 12).

Biernacki, P. & Waldorf, D. (1981) Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods and Research, 10,* 141-163.

Boys, A., Lenton, S. & Norcoss, K. (1997) Polydrug use at raves by a Western Australian sample. *Drug and Alcohol Review, 16*, 227-234.

Breen, C., Topp, L., & Longo, M. (2002). *Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two year feasibility trial.* NDARC Technical Report Number 142., National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Camilleri, A. and Caldicott, D. (in press). Underground pill testing, down under. *Forensic Science International*

Chesher, G.B. (1993) Pharmacology of the sympathomimetic psychostimulants. In: D. Burrows, B. Flaherty & M. MacAvoy (Eds.), *Illicit Psychostimulant Use in Australia* (pp. 9-30). Canberra: Australian Government Publishing Service.

Dalgarno, P.J. & Shewan, D. (1996) Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs, 28,* 191-199.

Darke, S., Cohen, J., Ross, J., Hando, J., & Hall, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction* 89:1077-1083.

Davis, J. & Schlemmer, R.F. (1980) The amphetamine psychosis. In: Caldwell J, editor. *Amphetamines and related stimulants: chemical, biological, clinical, and sociological aspects* (pp. 161-173). Boca Raton (Florida): CRC Press.

Degenhardt, L., Roxburgh, A. and Black, E. (2004). *Cocaine and amphetamine mentions in accidental drug-induced deaths in Australia 1997-2003*. Sydney: National Drug and Alcohol Research Centre.

Forsyth, A.J.M. (1996) Places and patterns of drug use in the Scottish dance scene. *Addiction, 91,* 511-521.

Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W. & Strang, J. (1995) The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction,* 90, 607-614.

Kerlinger, F.N. (1986) *Foundations of Behavioral Research (third edition).* CBS Publishing Limited: Japan.

Ovendon, C. & Loxley, W. (1996) Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)? *Addiction Research,* 4, 33-43.

Quinn, C., Breen, C. & White, B. (2004). Illicit Tablet Market in Victoria. *PDI Drug Trends Bulletin, June 2004*. available at:
http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.erds

Peters, A., Davies, T. & Richardson, A. (1997) Increasing popularity of injection as the route of administration of amphetamine in Edinburgh. *Drug and Alcohol Dependence, 48,* 227-237.

Solowij, N., Hall, W. & Lee, N. (1992) Recreational MDMA use in Sydney: A profile of "Ecstasy" users and their experiences with the drug. *British Journal of Addiction, 87,* 1161-1172.

South Australia Police Annual Report 2000-2001, 2001-2002 and 2002-2003.

SPSS Version 12.0.1. for Windows (2004). SPSS Inc.

Topp, L. & Churchill, A. (2002). Australia's dynamic methamphetamine market. *Drug Trends Bulletin, June 2002;* available at: http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins

Topp, L., Hando, J. & Darke, S. (2003). *Procedure Manual for the 2003 Illicit Drug Reporting System (IDRS).* Sydney: National Drug and Alcohol Research Centre.

Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A., & Solowij, N. (1998). *Ecstasy use in Australia.* NDARC Monograph Number 39., National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Topp, L., Hando, J., Dillon, P., Roche, A., & Solowij, N. (2000). Ecstasy use in Australia : Patterns of use and associated harms. *Drug and Alcohol Dependence*, 55, 105-115.

Weekley, J., Pointer, S. and Ali, R. (2004b). *South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS).* NDARC Technical Report No. 176. Sydney: National Drug and Alcohol Research Centre.

Weekley, J., Pointer, S. and Ali, R. (2004a). *South Australian Party Drug Trends 2003: Findings from the Party drugs Initiative (PDI).* NDARC Technical Report No. 184. Sydney: National Drug and Alcohol Research Centre.

White, B., Breen, C. & Degenhardt, L. (2003). *NSW Party Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS)* Party Drugs Module. Sydney: National Drug and Alcohol Research Centre.

Zvosec, D. L. *et al.* (2001). Adverse events, including death, associated with the use of 1,4-Butanediol. *New England Journal of Medicine*, 344(2), 87-94.

APPENDICES

Appendix 1: Lifetime and recent drug use of REU, 2000 - 2004

Variable	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Alcohol					
ever used (%)	**100**	100	99	100	100
used last 6 months (%)	**96**	98	90	94	92
Cannabis					
ever used (%)	**97**	100	99	96	96
used last 6 months (%)	**81**	87	82	89	88
Tobacco					
ever used (%)	**76**	81	79	73	82
used last 6 months (%)	**65**	72	71	67	52
Methamphetamine powder (Speed)					
ever used (%)	**86**	82	94	94*	98*
used last 6 months (%)	**62**	65	72	74*	65
Methamphetamine base (Base)					
ever used (%)	**84**	75	85	81*	92*
used last 6 months (%)	**72**	70	82	70*	70
Crystal methamphetamine (Crystal)					
ever used (%)	**60**	60	91	-	-
used last 6 months (%)	**47**	48	88	-	-
Pharmaceutical stimulants					
ever used (%)	**54**	-	-	-	-
used last 6 months (%)	**21**	-	-	-	-
Cocaine					
ever used (%)	**59**	58	59	51	54
used last 6 months (%)	**26**	37	49	34	32
LSD					
ever used %	**77**	73	91	79	94
used last 6 months %	**36**	30	66	50	50

Source: Party Drugs Initiative REU interviews

A dash (-) indicates the data was not collected for the variable in that year.

* In 2000 and 2001, methamphetamine was categorised as 'powder' and 'non-powder', listed here as powder and base.

Variable	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
MDA					
ever used (%)	**30**	31	24	23	42
used last 6 months (%)	**14**	15	22	21	28
Ketamine					
ever used %	**51**	47	34	19	26
used last 6 months %	**39**	36	28	16	16
GHB					
ever used (%)	**35**	34	49	23	34
used last 6 months (%)	**12**	12	38	19	18
Amyl nitrate					
ever used (%)	**43**	40	43	44	74
used last 6 months (%)	**16**	13	25	17	32
Nitrous oxide					
ever used (%)	**74**	82	74	69	96
used last 6 months (%)	**47**	55	53	53	74
Benzodiazepines					
ever used (%)	**57**	49	57	37	44
used last 6 months (%)	**40**	30	40	27	24
Anti-depressants					
ever used (%)	**31**	24	31	21	38
used last 6 months (%)	**14**	12	29	13	14
Heroin					
ever used (%)	**19**	10	19	11	8
used last 6 months (%)	**3**	2	6	4	0
Methadone					
ever used (%)	**8**	0	8	0	0
used last 6 months (%)	**0**	0	4	0	0
Buprenorphine					
ever used (%)	**8**	0	-	-	-
used last 6 months (%)	**6**	0	-	-	-
Other opiates					
ever used (%)	**24**	22	24	6	36
used last 6 months (%)	**10**	7	7	1	36

Source: Party Drugs Initiative REU interviews
A dash (-) indicates the data was not collected for the variable in that year.