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SA TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2005
Findings from the Party Drugs Initiative (PDI)

NDARC Technical Report No. 255

SOUTH AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2005

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Drug and Alcohol Services of South Australia[1]

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DASSA	Drug and Alcohol Services South Australia
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy butyrate ('fantasy', GBH, 'liquid E')
IDRS	Illicit Drug Reporting System
KE(s)	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 PDI, a study undertaken to monitor ecstasy and related drug markets in South Australia. 2005 was the sixth 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 20s. 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 over 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 (KE) reports of the demographics of ecstasy users were generally consistent with the 2005 REU sample.

Patterns of drug use among REU

Regular ecstasy users have been consistently described as polydrug users and the PDI samples continue to verify this. In 2005, as in previous years, most of the sample reported recent use of some form of methamphetamine (at levels equivalent to ecstasy use), as well as cannabis, alcohol and tobacco. Other substances reported as recently used by substantial proportions of REU were nitrous oxide, LSD and cocaine, though use of these and other drugs was at a much lower frequency. Compared to 2004, there was an increase in the proportion of REU reporting recent use of tobacco, base methamphetamine, cocaine and LSD, and a decrease in the proportions of REU reporting recent use of ketamine and benzodiazepines.

The trend in increasing binge behaviour continued in 2005 with 58% reporting having binged at least once in the preceding six months. Increases in binge use of ecstasy, base methamphetamine, cocaine, cannabis and alcohol were seen, compared to 2004.

The majority of REU report use of any drug primarily by swallowing or snorting. However, 10% of REU in 2005 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, KE comments indicated that injecting was uncommon among this group of drug users. Also noted in 2005 was an increase in the prevalence of smoking of crystal methamphetamine.

Ecstasy

Over the last five years there has been little change in parameters of ecstasy use, with the reported age of first use, frequency 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 2005 this was reported by the majority of the sample (73%) compared to less than half the sample in 2000 (44%). In addition, a large proportion of the sample has consistently reported binge use of ecstasy across this time, with over half the sample

having done so in 2005. REU mainly use ecstasy by swallowing, with substantial proportions also reporting recent use by snorting. Ecstasy continued to be used most commonly at nightclubs, friends' homes, raves/doofs/dance parties, private parties or at their own 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 most common. There was a decrease in the proportion of REU reporting typically using LSD *with ecstasy,* and increases in the proportion of REU reporting use of alcohol, tobacco and cannabis *at comedown.*

The reported price of ecstasy was stable (at $30/tablet), availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend. Almost three-quarters (74%) of REU were able to obtain drugs other than ecstasy from their main ecstasy dealer, the most common being some form of methamphetamine, cannabis, LSD and cocaine. The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2005, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2004/05 was 29%, the same as that reported in 2003/04.

The majority of REU reported paying for ecstasy through paid employment or receiving ecstasy as a gift from a friend. Ecstasy was generally purchased for both self and others, and purchased from a median of four people in the last 6 months. Knowing the supplier, the supplier being close to the source, and purchasing larger quantities, were the most commonly reported factors believed to lead to a decrease in the price of ecstasy, whereas buying the drug at a public venue and a decrease in the availability of ecstasy were factors perceived to increase the price of ecstasy. Negative effects on mental health, physical health, work/study and relationships, as well as decreased access to ecstasy, were the main factors that would reportedly lead to a decrease in ecstasy use among REU.

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 risk associated with the unknown content of ecstasy pills.

Methamphetamine

In 2005, more REU reported recent use of base methamphetamine (82%), but recent use of powder (66%) and crystal (41%) forms of methamphetamine remained stable, compared to 2004. The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of 8 days for powder, 12 days for base and 6 days for crystal). This level of use was unchanged for powder and crystal, but frequency of base use doubled compared to 2004. Despite no change in the prevalence or frequency of recent crystal (or 'ice') use, an increase in the percentage of REU reporting recent use of crystal by smoking was noted (from 14% in 2004 to 27% in 2005). There was some support of increased smoking of crystal among REU from KE reports, including reports that glass pipes (for smoking) were more frequently seen by police.

There has been little change in price ($20 - $25/point or $200/gram for base and crystal), purity (medium to high for base and crystal), or availability (easy) of all forms of

methamphetamine since 2004. However, ACC data indicate that the median purity of methamphetamine seized by SAPOL in SA for 2004/05 had decreased (to 11.6%) compared to the previous year, and the lowest seen in the past four years. SAPOL data on clandestine laboratory detections suggest that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market.

Cocaine

There was an increase in the proportion of REU reporting recent use of cocaine in 2005 (up to 49%, compared to 26% in 2004), though no change in the frequency of cocaine use, which remains low among those that had used recently.

Though the number of REU able to comment on these parameters was small, reports indicated that cocaine price was stable (at $250/gram), and the perception was that purity had increased (medium or high), and availability had increased (though equal proportions reported it was easy or difficult to obtain), compared to 2004. Data from the ACC show an increase in the number of cocaine seizures by SAPOL in 2004/05, while the median purity was relatively stable at 31%. As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

Ketamine

Almost one-quarter of REU reported recent use of ketamine in 2005, though frequency of use remained low. The prevalence of recent use of ketamine among REU had decreased, following a steady increase in use from 2001 to 2004. The most commonly reported locations of both *usual* and *last* use of ketamine was a friend's or their own home. KE comments suggest use of ketamine is either 'accidental' (in ecstasy pills) or restricted to a subset of users, and supports REU reports of use at private venues.

Though the number of REU able to comment on these parameters was very small, reports indicated that the current estimated price of ketamine was stable at $200/gram, and it was considered to be of good quality, though difficult to obtain.

GHB

Almost a fifth of REU reported recent use of GHB, a small increase compared to the last two years. The frequency of recent use was low, consistent with previous years.

Price, purity and availability data for GHB in 2004 were based on a very small sample of REU and are therefore of limited value. Data suggest 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).

KE information suggested that GHB use was not common among REU generally, but evidence of harm associated with its use was evident in emergency department attendances.

LSD

Approximately half of the REU sample reported recent use of LSD, and prevalence of recent use increased slightly over the last two years. Frequency of use of LSD remains consistently low. KE reports suggest that LSD use was not common among REU, and used only occasionally among those that did use.

The price of LSD was stable (at $10 per tab) and low, perceived purity had increased, and availability remained stable and generally easy, compared to 2004.

MDA

Nine percent of REU reported recent use of MDA in 2005. The proportion of REU reporting recent use of MDA was decreased compared to previous years, but the frequency of use was relatively stable and has remained consistently low across the five years of the PDI survey. KE information suggests that MDA was not commonly used by REU, except as a (suspected) constituent of pills sold as ecstasy.

Price, purity and availability data for MDA in 2005 were based on a very small sample of REU and are therefore of limited value. Data suggest that the price and purity of MDA was stable, 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 both these drugs has fluctuated somewhat across the years, it has remained relatively high. KE 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. KE reports suggest that use of benzodiazepines was limited among REU, and was generally low level use associated with getting sleep after being up for long periods, or to help with 'comedown' from drug use. Anti-depressants were recently used by a small proportion of REU, and KE reports suggest use was primarily as prescribed among this group. Use of inhalants has also remained fairly stable across the years, with almost half the REU sample in 2005 reporting recent use of nitrous oxide, and almost one-tenth reporting use of amyl nitrate, with frequency of use of both substances remaining consistently low. Approximately a quarter of REU reported recent use of some type of pharmaceutical stimulant (eg. dexamphetamine), and 14% reported recent use of 'magic mushrooms', both at low frequency.

Drug information-seeking behaviour

Data from new questions included in 2005 confirm that REU are aware of the variability of drug purity in general, and purity and content of ecstasy pills in particular. Approximately a third of the REU sample reported that they *always* found out about the purity or content of ecstasy or other drugs before taking them, the majority relying on information from friends that had experience with use of the drug concerned. However, a quarter reported that they used reagent-based testing kits to find out the content of ecstasy pills, with over a third of these unaware of any limitations regarding use of such kits, and a quarter stating they would still take the pill if no reaction occurred on testing (meaning the content was not fully elucidated). Further, although REU reported that it was not uncommon for a drug to have a different content to what was expected, over a quarter of REU stated they didn't care what a 'pill' contained, as long as they had a good time.

Risk behaviour

Injecting

Ten REU reported recently injecting any drug in 2005, most commonly some form of methamphetamine (particularly base) or ecstasy. With regard to longer-term trends, there

was no evidence of an increase in the prevalence of recent injecting among REU across the years. Injecting drug use was considered generally rare, and still taboo, among this illicit drug-using group, and more likely to occur among primarily methamphetamine users, rather than primarily ecstasy users.

As was seen last year, in 2005 there was little reported sharing of needles, or sharing of other injecting equipment among recent injectors, and most reported usually injecting themselves, in the company of close friends, in private homes.

Blood-borne viral infections
At the time of interview, 44 REU stated that they had completed a hepatitis B virus (HBV) vaccination schedule, mostly unrelated to susceptibility due to any risk factor. Approximately a quarter of the REU sample reported that they had been tested for either hepatitis C virus (HCV) infection or for human immunodeficiency virus (HIV) infection, with almost all in both cases reporting that their status was negative.

Sexual risk behaviour
Evidence of risky sexual behaviour was again apparent among the REU sample in 2005. Of the REU that reported having had penetrative sex with a casual partner in the last six months, 43% reported that they had not always use a condom. In addition, 83% 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 – and, of those, 42% reported that they had not always used a condom. In this context, almost half the REU sample reported they had never undergone a sexual health check-up.

Driving risk behaviour
Half of the REU that had driven a vehicle recently reported that they had driven over the limit for alcohol, a median 3.5 times in the last six months. Further, 81% of recent drivers reported having driven within an hour of use of *any* illicit drug, most commonly ecstasy, methamphetamine and cannabis.

Ecstasy and related drug harms

Health
In 2005, 13% of recent methamphetamine users were found to fit the criteria of clinically significant dependence, according to the Severity of Dependence Scale. Six percent of REU were also found to fit the criteria of dependence for ecstasy, using the validated amphetamine cut-off score. Substantially more users of each drug reported one or more symptoms of problematic drug use.

Twelve REU reported that they had *ever* overdosed on a 'party drug', most commonly involving GHB and ecstasy. Only two REU reported recent experience of overdose: the *main drugs* believed responsible were GHB and nitrous oxide, respectively, though multiple drugs were involved in each case. Indicator data from the RAH Emergency Department show the number of GHB-related attendances increased in 2004/05, following two years of stability.

The proportion of clients attending DASSA treatment services with ecstasy as the primary drug of concern has been stable for the last two years, and relatively low compared to other illicit drugs (less than 1% of total clients). The proportion of clients

nominating amphetamines as the primary drug of concern has remained relatively stable over the last three years, and was 20% in 2004/05. As such, amphetamines were the second most commonly nominated primary drug of concern by clients of DASSA, after alcohol (48%), and dominated as the most common illicit drug of concern.

As in previous years, over two-thirds of the REU sample reported having experienced one or more problems related to their drug use in 2005; the majority of which related to some aspect of their social life or relationships, followed by work or study problems, 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 perception of police activity

In 2005, 27% of REU reported involvement in some type of crime, and 8 REU reported having been arrested in the last 12 months, similar to the previous year. Drug dealing was the most commonly reported crime across all years of the survey. A fifth of REU reported that they 'paid' for ecstasy by dealing drugs for a 'cash profit', and over a quarter (28%) reported that they did so by dealing for an 'ecstasy profit'. In 2005, 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 last four years, the majority of REU reported that their ability to obtain drugs had not become more difficult due to police activity in 2005. The majority of REU believed that police activity had been stable recently.

Implications

The findings from the 2005 SA PDI have policy and research implications, and several recommendations are outlined below. It is worth noting that several of these issues may have already received attention and/or may be in the process of further investigation.

- Continued use of multiple drugs in combination, and binge use of drugs, by REU warrants continued education regarding the harms associated with such behaviour, and continued promotion of harm reduction strategies.
- Given the high level of use of methamphetamine, a drug of dependence, among REU development and dissemination of education and harm reduction strategies, regarding the harms associated with use of methamphetamine, need to be directed at young people.
- Continued close monitoring is required of indicators of use, including use by smoking, of crystal methamphetamine ('ice'), which is known to have very high purity and subsequently increased risk of harm associated with its use.
- Continued focus is required on reducing supply of ecstasy and amphetamines, including from local clandestine laboratory manufacture.
- Continued close monitoring is required of the prevalence of injecting among REU, and development and implementation of strategies to reduce harms associated with injecting among this group of illicit drug users.
- Increased promotion of 'safe sex' practices is needed within this population of illicit drug users.
- Given the prevalence of drink and drug driving among REU, and the imminent introduction of roadside drug testing in SA, development and implementation of education and harm-reduction programs directed at young people, regarding the harms associated with such behaviour is needed.

1.0 INTRODUCTION

The PDI 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 of South Australia (DASSA) 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-hydroxy butyrate (GHB).

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. In 2005, funding was provided by the Department of Health and Ageing, and the Ministerial Council on Drug Strategy, as a project under the cost shared funding arrangement.

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

- A survey of current regular 'ecstasy' users, who represent a sentinel population of 'party drug' users likely to be aware of trends in illicit drug markets;
- interviews with 'key experts' – 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 2005 South Australian PDI report provides information regarding ecstasy and related drug trends in Adelaide, particularly focusing on the 12 months between May 2004 and April 2005.

1.1 Study aims

The specific aims of the 2005 South Australian PDI were:

- to describe the characteristics of a sample of ecstasy users surveyed in Adelaide in 2005;
- 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 drug markets that require further investigation; and
- where possible, to compare findings of the 2005 PDI with those found in the 2000, 2001 and 2002 Party Drugs Module of the IDRS, and the 2003 and 2004 PDI (Weekley, et al., 2005a).

2.0 METHOD

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

- A survey of current regular ecstasy users living in the Adelaide metropolitan area;
- a survey of key experts 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 2005. Subjects were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in two entertainment-focused 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 DASSA 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, and a 'business card' with study contact details was provided for the purpose.

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 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 previous years, the structured interview schedule for the 2005 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 (e.g. Darke et al., 1994). The interview schedule focused 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, and 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; 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.

Additional questions regarding aspects of information-seeking and beliefs about ecstasy and other drugs, factors influencing the purchasing and use of ecstasy, and more detail regarding risk behaviours, were included in the PDI survey of regular ecstasy users in 2005.

2.1.4 Data analysis

Statistical analyses (descriptive and inferential) were performed using SPSS for Windows, Version 13.01. (2004). Where continuous variables were skewed, medians are reported.

2.2 Survey of key experts (KE)

The eligibility criterion for key expert 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 (e.g. police and intelligence analysts). Sixteen KE from various metropolitan regions of Adelaide provided information for the 2005 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 KE and colleagues. Potential KE 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 KE interviews were carried out face-to-face from late June through to October 2005.

Six of the KE worked in the health sector, including in health promotion, community drug and alcohol work, drug treatment services and emergency treatment. Five KE worked within, or had in-depth knowledge of, the dance party scene, and included event promoters and performers, venue managers, and health-based education volunteers. There were two law enforcement KE and three KE involved in ecstasy and related drug research.

In the following report, the information obtained from the KE will be presented in a qualitative fashion, by identifying the common themes and discussing them. Any major differences found between the KE reports will also be reviewed. No personal information was collected on any of the ecstasy or other drug users that KE 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 Drug and Alcohol Services South Australia (DASSA);
- 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, 2001 and 2004 (reports published by the Australian Institute of Health and Welfare);
- 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;
- 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 & Churchill, 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

Prior to 2004, 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 surveys; see Weekley et al., 2004b).

2.4.4 Changes to terminology

Readers are asked to note that a change in terminology has been adopted since 2004: 'ecstasy and related drugs' (ERDS) replaced the term 'party drugs' in this and future PDI reports. In addition, participants in the PDI surveys of regular ecstasy users prior to 2004, referred to as 'party drug users' (PDU), were from 2004, and are currently, 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 2005, with 2004 statistics for comparison.

The median age of the REU sample was 22 years (range 16-43), and the majority were heterosexual and spoke English as the main language at home. In 2005, similar to 2004, 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 6-13). More than one-third of the REU had completed a trade/technical qualification (38%), and a further 16% had completed a tertiary qualification through university or college, since leaving school. Just under half of the sample (46%) had not completed any post-school qualification.

As in 2004, a greater proportion of the sample were from the Central/Eastern or Southern areas of Adelaide than from the Northern or Western areas. The majority of the REU sample was living in either rental accommodation (55%) or their family/parents' home (34%). A further 10% were living in their own house or flat, while the remaining 1% was boarding with friends.

Only two REU in 2005 reported being currently in some form of treatment for drug use (drug counselling and buprenorphine treatment). This is compared to one REU reporting participation in drug treatment in 2004 (treatment type not specified).

The demographic profile of the REU sample in 2005 was very similar to that of 2004 in all aspects.

There was only a small overlap of the 2005 PDI sample with previous years' samples. Ten of the 2005 REU sample stated that they had participated in the PDI before – 7 in 2004, 2 in 2003, and 1 REU was not sure of the year of participation. One REU also indicated that they had participated in the 1999 SA IDRS survey of injecting drug users.

Table 3.1: Demographic characteristics of the REU sample, 2004 & 2005

Characteristic	2005 (n=100)	2004 (n=100)
Age (median in years)	**22**	23
Gender (% male)	**58**	62
Sexual identity (%)		
Heterosexual	**89**	84
Gay male	**3**	3
Lesbian	**-**	3
Bisexual	**8**	8
English main language spoken at home (%)	**99**	98
A&TSI (%)	**1**	0
Employment (%)		
Not employed	**18**	18
Full-time	**39**	34
Part-time/casual	**24**	23
Full-time student	**19**	25
School education (median in years)*	**12**	12
Tertiary education (%)		
None	**46**	54
Trade/technical	**38**	26
University/college	**16**	20
Prison history (%)	**1**	5
Area of Adelaide (%)		
Central/Eastern	**39**	39
Western	**10**	18
Southern	**34**	28
Northern	**16**	13
No fixed address/missing	**1**	2

Source: PDI REU interviews
* 2004 asked 'What grade of school did you complete?'

KE reports of the demographics of ecstasy users were generally consistent with the 2005 REU sample. Most KE able to comment on user demographics (n=9) reported that the majority of ecstasy users were in their late teens or early twenties, with an average age around early twenties, but that the age of users may range into the 40s. Several commented that there were different cohorts of users – young and relatively new to ecstasy use, those with more experience in their late twenties, and an older group in their late thirties and forties that may also be new to ecstasy use. Different age groups or social groups also had generally different patterns of use. Most KE also reported that there

were more males than females using ecstasy, but the margin of difference was small, especially among the younger users.

All KE 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 (particularly from Mediterranean countries), were represented, as well as smaller numbers of Asians, but generally not people identifying as indigenous (or A&TSI). As in 2004, most KE 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. KE 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. Two KE mentioned that trade professionals and 'factory workers' were represented, and more so than previously. Several KE commented on the widespread use and 'mainstream' nature of ecstasy use and that this was becoming more embedded in society in general, and in the mainstream entertainment industry in particular.

Of the few KE who commented on the sexual orientation of ecstasy users, most stated that they were predominantly heterosexual, though one KE pointed out that events may be targeted to specific groups (e.g. gay males), and particular venues may attract specific crowds. KE were also in agreement 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 2005 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). Participants were asked about their history of use of 20 separate drug types[2]. It should be noted that in 2005 an extra category of drug (magic mushrooms) was included separately for the first time. REU reported using a median of 11 (range 4-19; n = 99, data missing for one participant) drugs in their lifetime and a median of 7 (range 2-13; n = 99, data missing for one participant) in the last six months. The median number of drugs used by REU in their lifetime and the median number of drugs used in the last 6 months remained stable between 2004 and 2005.

KE 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. Also, several KE mentioned specific tailoring of use of various substances together to give a desired effect, or to prolong or enhance other drug effects – for example, the increasingly common use of cannabis or LSD to 'bring on' and prolong the effects of ecstasy. In addition, one KE mentioned the avoidance of particular combinations that were felt to have detrimental effects – for example the avoidance of methamphetamine with ecstasy because of the 'flattening' effect on the ecstasy experience. In contrast, several KE commented that methamphetamine use with ecstasy was very common, and part of a pattern of use (including alcohol) that was routine for many.

[2] Drug types were: ecstasy (pills & powder), methamphetamine (any form), pharmaceutical stimulants, cocaine, LSD, MDA, 'magic mushrooms', ketamine, GHB (includes 1,4B and GBL), amyl nitrate, nitrous oxide, alcohol, cannabis, anti-depressants, benzodiazepines, tobacco, heroin, methadone, buprenorphine and other opiates.

Also mentioned by several KE was the 'utilitarian' use of methamphetamine by this group of drug users – that is, use for a specific purpose such as being able to perform properly at work or study after a big weekend, or for increasing alertness and the ability to stay up and enjoy the social occasion.

The main drug of choice nominated by REU was ecstasy (49%), followed by some form of methamphetamine (17% – crystal, 8%; powder, 5%; base, 3%; any form, 1%); cannabis (12%); cocaine (9%); LSD (6%); and alcohol (2%). The remaining REU nominated heroin, pharmaceutical stimulants and dimethyltryptamine (DMT) as their drug of choice (1% each). Two REU (2%) were unable to specify their drug of choice.

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 pills	100	9	4	14	8	93	81	100	100	8	4	100	15 (6-96)
Ecstasy powder	47	6	1	0	0	33	22	37	23	0	0	32	2 (1-20)
Methamphetamine -powder	83	11	4	24	10	76	51	74	52	2	1	66	8 (1-120)
Methamphetamine -base	88	14	8	22	13	31	25	87	78	0	0	82	12 (1-120)
Methamphetamine -crystal	62	11	5	36	27	22	9	48	29	2	1	41	6 (1-90)
Any methamphetamine	***98***	***15***	***10***									***94***	***15 (1-180)***
Pharmaceutical stimulants	60	3	0	1	1	15	6	58	23	0	0	24	2 (1–180)
Cocaine	67	6	2	5	2	63	43	20	12	1	0	49	2 (1-60)
LSD	82	5	0	1	0	1	0	80	47	2	1	48	3 (1-24)
MDA	19	0	0	0	0	7	3	17	9	0	0	9	2 (1-6)
Ketamine	44	2	0	1	0	32	17	17	7	0	0	24	2 (1-20)
GHB	32	0	0					32	18	0	0	18	2 (1-24)
GBL	1	0	0					1	0	0	0	0	-
1,4B	0	0	0					0	0	0	0	0	-
Amyl nitrate	31											9	2 (1-6)
Nitrous oxide	74											46	3 (1-72)
Cannabis	97			96	86			82	36			87	85 (1-180)
Alcohol	100	1	0					100	99			99	52 (2-180)
Heroin	9	8	3	5	1	1	0	1	0	0	0	3	72 (1-180)
Methadone	6	1	0					6	0	0	0	0	-
Buprenorphine	2	2	1					2	1	0	0	1	90 (90)
Other opiates	20	4	1	6	3	0	0	14	6	0	0	8	3 (1-24)
Anti-depressants	31	0	0					31	0	0	0	10	125 (2-180)

Table 3.2: Drug use history and routes of administration of the REU sample (continued)

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)
Benzodiazepines	54	5	0					46	26	0	0	26	9 (1-180)
Tobacco	90											78	180 (1-180)
Mushrooms	55	0	0	7	2	0	0	53	13	1	0	14	2 (1-6)

Source: PDI REU interviews; * by those reporting use in the previous six months

More than half of the sample (58%) reported bingeing on ecstasy or related drugs (ERDS) within the last 6 months, an increase from 53% in 2004. Bingeing is defined as the use of ERDS or stimulants for >48 hours continuously without sleep (Ovendon & Oxley, 1996). The median longest binge in the last six months was 3.5 days (range 2 to 13 days), similar to 2004 (median 3 days; range 2 to 7 days). There were increases in the proportions reporting binge use of ecstasy, methamphetamine (base), cocaine, cannabis and alcohol, and a decrease seen in the reported binge use of nitrous oxide, in 2005 (see Table 3.3).

Table 3.3: Proportion of REU reporting use of various drugs during a 'binge'* episode in the last 6 months, 2004 & 2005

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	
	2005 (n=100)	2004 (n=100)	2005 (n=58)	2004 (n=53)
Ecstasy	**57**	47	**98**	89
Meth powder	**22**	23	**38**	43
Meth base	**40**	29	**69**	55
Meth crystal	**17**	19	**29**	36
Pharmaceutical stimulants**	**2**	-	**3**	-
Cocaine	**12**	3	**21**	6
LSD	**12**	7	**21**	13
MDA	**0**	1	**0**	2
Ketamine	**4**	8	**7**	15
GHB	**4**	0	**7**	0
Amyl nitrate	**1**	1	**2**	2
Nitrous oxide	**6**	15	**10**	28
Cannabis	**32**	17	**55**	32
Alcohol	**33**	15	**57**	28
Other	***4***	*8*	***7***	*15*

Source: PDI REU interviews

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

** 2005 was the first year this category was included.

In 2005, 16% of the sample reported ever injecting any drug and 10% reported having injected any drug in the six months prior to interview. For the REU that reported a history of injecting, a median of 2.5 drugs (range 1-10; n=16) had *ever* been injected, and a median of 1.5 (range 1-5; n=10) had been injected in the *last six months*. Of those that had ever injected, the drug first injected was some form of methamphetamine (75%, n=12) – *powder (31%, n=5), base (44%, n=7)* – or heroin (25%, n=4). 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 2004:
    - the majority of REU were male (58%),
    - median age was 22 years, though ranged from 16 to 43 years,
    - the majority were employed or full-time students,
    - most were well educated and over half had a tertiary qualification, and
    - very few had a history of imprisonment, or were currently in treatment for drug use.
- KE information supported the demographic profile of the REU in the 2005 sample.
- Approximately half of 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 drug types 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, LSD and cocaine.
- Compared to 2004, the proportion of REU reporting recent use had increased considerably for cocaine, increased slightly for methamphetamine base and LSD, and decreased for ketamine and benzodiazepines. Recent use of other substances remained relatively stable.
- An increase in the percentage of REU that reported binge behaviour was noted for the third year in a row, with increases noted for binge use of ecstasy, methamphetamine base, cocaine, cannabis and alcohol, in 2005.
- In 2005, 10% 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 2005 survey first used ecstasy was 18 years (range 12-42; n = 100) and the median age at which they reported using ecstasy regularly was 19 years (range 12-42; n = 100). This is the same as the median age of first use reported in 2004 (18 years, range 14-30; n=100). The transition from first use to regular use was swift and has not changed over the long term.

4.1 Ecstasy use among REU

Table 4.1 summarises the ecstasy use patterns of the REU sample across 2000 to 2005. Ecstasy was the main drug of choice for 49% of the sample in 2005, compared to 56% in 2004. This is the second year that the proportion nominating ecstasy has dropped, following a continuing rise in the popularity of ecstasy among REU from 2000 to 2003.

In 2005, 10% of REU stated that 'all' their friends used ecstasy, while 61% reported 'most' did, 20% that 'about half' did, and the remaining 9% reported that 'a few' of their friends were ecstasy users.

Table 4.1 Patterns of ecstasy use among REU, 2000-2005

Variable	2005 (n=100)	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Mean age first used (years)	**18**	19	19.7	19.2	19.2	19.7
Ecstasy as main drug of choice (%)	**49**	56	67	62	45	40
Median days used in last 6 months* (range)	**15 (6-96)**	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 (0.25-6)**	2 (0.8-7)	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 (0.5-13)**	4 (1-21)	4 (1-20)	3 (1-12)	3 (1-30)	3 (1-25)
Use >1 tablet/pill per 'typical' session (%)	**73**	84	71	71	61	44
Ecstasy included in 'binge'** episode (%)	**57**	47	40	72	49	54

Source: PDI 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

For the first time, in 2005, REU were asked to provide information on their use of both ecstasy pills and ecstasy powder. The median number of days REU reported using any ecstasy (pills or powder) within the previous six months was 15 (range 6-96; n = 100). The most frequent ecstasy use was reported by one participant as 96 days. Frequency of use of

ecstasy was similar to previous years, with the median number of days used remaining relatively stable since 2003.

Forty percent of the sample reported using ecstasy (any form) on twelve days or less of the previous six months (180 days), which equates to once a fortnight or less on average. Twenty-two percent of REU reported using ecstasy between 13 and 24 days, inclusive. These proportions per frequency category were similar to those reported in 2004; however, there was a substantial increase in the proportion of REU reporting use of ecstasy on more than 24 days in the last 6 months (23% in 2004 compared to 38% in 2005). 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 0.25-6; n = 100) and this has remained the same for the last five years of the survey. The small increase that was seen in 2003 for the median *most* amount typically used in a single session has been maintained in the past two years, with a median of 4 tablets (range 0.5-13; n = 100) reported by REU in both 2004 and 2005. The median number of grams of ecstasy powder used in an *average* session was 0.4 (range 0.2-1; n=100), the same as the median *most* amount (grams) typically used in a single session (range 0.2-2; n=94).

An increase in the proportion of REU that reported use of ecstasy within a 'binge' episode was recorded in the 2005 sample (to 57%), compared to 2003 (47%). 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).

As in previous years, there was a wide range of comment from KE 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 a large proportion, especially among younger users, using every weekend ('caning it'), while others will use less frequently (anywhere from fortnightly to once or twice a year) and 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 KE reports, with 2 to 3 pills being used in a session commonly. Binge use was also noted by several KE, with 'special occasion' use (e.g. at major dance events) of larger quantities of pills.

The predominant route of administration for both forms of ecstasy in the last six months was oral (see Table 4.2). Reported routes of administration for both recent and lifetime use 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, injecting or shelving), particularly recent use, remains low.

All KE reported that the predominant form of ecstasy was pills, with several mentioning that powder was also available, though still less common. Two KE reported that powder, considered by the users to be of high quality ('only cut once'), was being used more commonly and was generally considered a better deal, because the content was more reliably MDMA than pills. Swallowing was considered the main route of administration, though use by snorting was also reported. Use by injecting was either not mentioned by KE or mentioned as not common among this group. Two KE commented that injecting drug use

was limited to primarily 'speed' users, who injected methamphetamine, but generally not ecstasy.

Table 4.2: Routes of administration of ecstasy, 2000-2005

Variable	2005 (n=100)		2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
How *ever* used in lifetime (%)	**pills**	**powder**					
Injected	**9**	**6**	18	11	13	11	16
Smoked	**14**	**0**	22	16	19	14	38
Snorted	**93**	**33**	82	83	72	56	62
Swallowed	**100**	**37**	100	100	100	100	100
How used in last 6 months (%)							
Injected	**4**	**1**	3	3	7	9	6
Smoked	**8**	**0**	5	5	6	6	12
Snorted	**81**	**22**	62	70	62	49	30
Swallowed	**100**	**23**	99	100	100	100	100
How *mainly* used in last 6 months (%)*							
Injected	**2**		3	2	2	1	0
Smoked	**0**		0	0	0	0	0
Snorted	**6**		6	3	0	4	0
Swallowed	**89**		91	95	82	83	94
Snorted/swallowed (equal)	**58**		0	0	16	11	4

Source: PDI REU interviews
*data missing for three REU

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 (87% and 83%, 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 2004 and 2005, there was a notable decrease in the proportion reporting typically using LSD *with ecstasy* (from 11% to 1%). The substances most commonly reported as being typically used when *coming down from ecstasy* were tobacco, cannabis, alcohol and methamphetamine (base). Although the prevalence of typical use of the different substances when *coming down from ecstasy* was again generally stable between 2004 and 2005, there was a notable increase in the proportion reporting typically using alcohol when *coming down from ecstasy* (from 25% to 40%), as well as the proportion reporting the use of tobacco during the comedown period (from 47% to 62%). In addition, there were small increases in the proportions reporting typically using cannabis when *coming*

down from ecstasy (from 46% to 56%), and a small decrease in reported use of benzodiazepines during this time (from 16% to 7%). 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, 2004 and 2005

Drug	Typically use *with* ecstasy (% of REU)		Typically use to *come down* from ecstasy (% of REU)	
	2005 (n=100)	2004 (n=100)	2005 (n=100)	2004 (n=100)
Methamphetamine powder	**16**	23	**3**	5
Methamphetamine base	**22**	20	**12**	5
Methamphetamine crystal	**7**	11	**2**	4
Methamphetamine *non-specific*	**14**	17	**3**	5
Pharmaceutical stimulants	**1**	-	**0**	-
Cocaine	**2**	2	**1**	0
LSD	**1**	11	**1**	2
MDA	**0**	1	**0**	0
Ketamine	**0**	5	**0**	4
GHB	**1**	0	**2**	0
Amyl nitrate	**0**	0	**0**	0
Nitrous oxide	**8**	11	**7**	11
Cannabis	**37**	39	**56**	46
Alcohol				
any	**49**	48	**40**	25
>5 standard drinks	**36**	30	**23**	16
Anti-depressants	**2**	5	**2**	6
Benzodiazepines	**2**	4	**7**	16
Tobacco	**69**	61	**62**	47
Other	**0**	5	**2**	4
% of REU that typically use one or more other drug(s) in combination with ecstasy	**87**	94	**83**	79

Source: PDI REU interviews

* 'typically' was specified as use on two-thirds or more occasions of ecstasy use

A dash (-) indicates the data were 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 2004 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, friend's home, raves/doofs/dance parties, a private party, or their own home. Substantial proportions also reported *usual* use at a live music event, at a pub, outdoors, in a car (as a passenger) 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 and 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, 2004 & 2005

Venue	Where *usually* used (% of REU)		Where *last* used (% of REU)	
	2005 (n=98)	**2004 (n=99)**	**2005 (n=98)**	**2004 (n=99)**
Own home	**51**	59	**20**	16
Dealer's home	**5**	5	**0**	0
Friend's home	**65**	60	**21**	16
Raves/doofs/dance parties	**60**	70	**11**	23
Nightclubs	**69**	74	**25**	30
Pubs	**36**	25	**9**	4
Private party	**60**	62	**7**	5
Restaurant/café	**2**	3	**0**	0
Public place (street/park)	**16**	19	**1**	0
Live music event	**36**	36	**1**	0
Outdoors	**28**	24	**2**	4
Car or other vehicle	**18*/6****	17*/12**	**2*/0****	0*/0**
Work	**2**	5	**0**	0
Educational institution	**2**	-	**0**	-
Acquaintance's home	**12**	-	**0**	-
Other	**6**	4	**1**	1

Source: PDI REU interviews

Note: REU were allowed to nominate more than one response for where *usually* used, but only one response for where *last* used. * as a passenger, ** as the driver (separate categories in 2004).

A dash (-) indicates the data were not collected for the category in that year.

4.2 Use of ecstasy in the general population

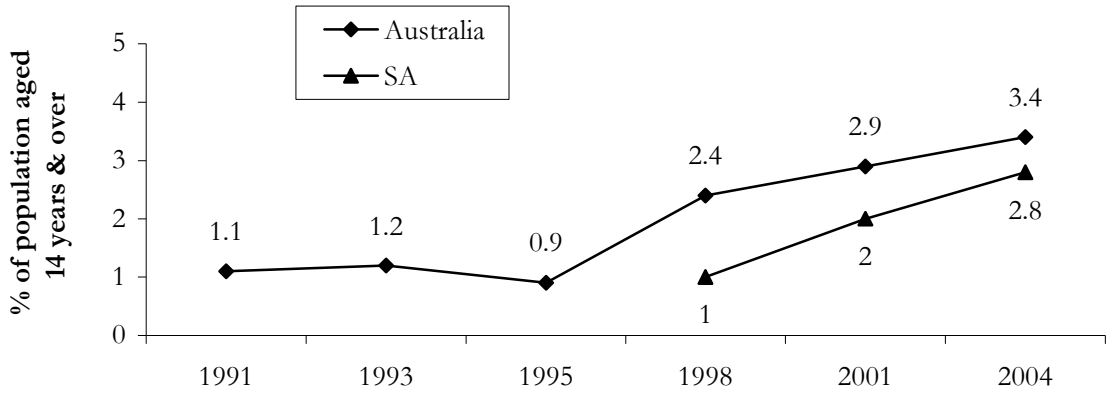
National prevalence data

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, 2005a). Figure 4.2 shows the long-term trend in the prevalence of ecstasy/designer drug use in Australia from 1991 to 2004, and in South Australia from 1998 to 2004. As can be seen, there has been a rapid increase in the prevalence of use in this category of drug from 1995 onward. Recent use of ecstasy was most prevalent among the 20 to 29 year olds, and continued to rise among this age group, but a decline in prevalence of recent use was noted among 14 to 19 year olds in 2004 compared to 2001 (AIHW, 2005a). In general, males were more likely to be recent users of ecstasy except among 14 to 19 year olds, where females were more likely to be recent users (4.7% vs. 3.9%) (AIHW, 2005a). Of those that had used ecstasy in the last 12 months, the majority reported using once or twice a year (47.5%) or every few months (31.3%), with 6.3% reporting daily or weekly use during that period (AIHW, 2005b).

Figure 4.1 also shows that South Australia had a slightly lower prevalence of recent use of ecstasy than among the national population (2.8% vs. 3.4% in 2004), but that the gap between the state and national figures had decreased since 1998 (AIHW, 2005c).

In 2004, 7.5% of the Australian population aged 14 years and older had *ever* used ecstasy, an increase from 6.1% in 2001. Again, the highest proportion of the population reporting they had *ever* used ecstasy was in the 20 to 29 year age group (22%) (AIHW, 2005a).

Figure 4.1: Prevalence of recent* ecstasy/designer drugs use in Australia and South Australia, 1991-2004



Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001, 2004 (AIHW, 2005a and 2005b).

* used at least once in the last 12 months

Similarly to the PDI sample, the majority of recent users of ecstasy surveyed by the National Drug Strategy Household Survey (NDSHS) in 2004 reported that they had used other drugs, on at least one occasion, at the same time as using ecstasy. Most commonly this was use of alcohol (82.6%), marijuana (56.8%), or some form of amphetamine (38.5%) (AIHW, 2005b).

4.3 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, for the past two years 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., 2005b). Most REU were able to provide an estimate of the 'current' price of ecstasy in 2005, 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 2005 was $30 (range $20-$50; n = 86), the lowest reported price since 2000 (see Figure 4.3). The median reported price of ecstasy *at last purchase* was the same as in 2004, at $30 (range $18-$30; n=89). The majority of REU reported that the price of ecstasy had been stable in the preceding six months.

In 2005, seven REU reported that the median 'current' price of ecstasy was $28/ tablet or pill (range: $20 to $35) for 'bulk' purchases, where 'bulk' referred to 10 tablets/pills or more (range 10 to 50). It was generally considered that purchasing in bulk resulted in lower prices.

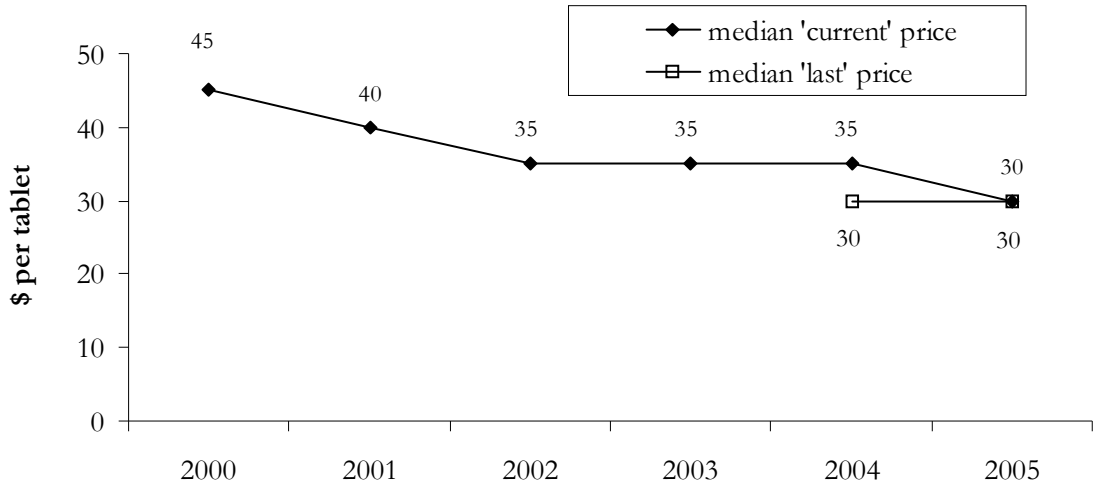
Two REU were able to provide information pertaining to the price of ecstasy powder, reporting the *current* price to be between $35-$40/gram.

Table 4.5: Current price of ecstasy and change in price over the last 6 months, 2004 & 2005

	2005	2004
Tablet/pill:		
Median 'current' price (range; *n*)	30 ($20 - $50, *86*)	$35 ($7 - $40; *96*)
Median price of last purchase (range; n)	30 ($18 - $30, *89*)	$30 ($18 - $40; *88*)
Price change in last 6 months (%)	n = *98*	n=*99*
Increasing	8	3
Stable	68	67
Decreasing	13	16
Fluctuating	9	10
Don't know	1	4

Source: PDI REU interviews

Figure 4.2: Trend in the price of ecstasy per tablet/pill, 2000-2005



Source: PDI REU interviews

Of the six KE that provided information on the cost of ecstasy, estimates ranged from $22 to $40 ('occasionally') with an average price $30 to $35 most common, similar to that reported by the users themselves. Also in accord with the users, three KE 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 six KE able to comment also stated that the price of ecstasy had remained stable over the past 6 months, with the remaining KE reporting a decrease. Two KE also provided information on the price of ecstasy powder, with a range from $200 to $350 per gram, and that it was cheaper as the quantity bought increased. While one of these KE reported that the powder was sold in an uncut form (100% pure MDMA) and people dosed as 0.1 gram amounts, the other reported that users equated a gram as equivalent to 5 or 6 ecstasy pills, therefore it was likely the powder was cut (given a pill of 'good' quality would contain 100 to 120mg of MDMA).

4.4 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 (26%) or medium (30%) in 2005 remained stable compared to 2004, but there was a increase in the proportion reporting purity as fluctuating (from 29% to 39%), and a small decrease in the proportion reporting purity as low (from 13% to 5%). REU opinion of recent change in purity was also somewhat equivocal, with the largest proportion reporting purity had been fluctuating (43%), and smaller, but similar proportions reporting purity to be increasing, decreasing or stable in the last six months.

Table 4.6: Perceived purity of ecstasy and change in purity over the last six months, 2004 & 2005

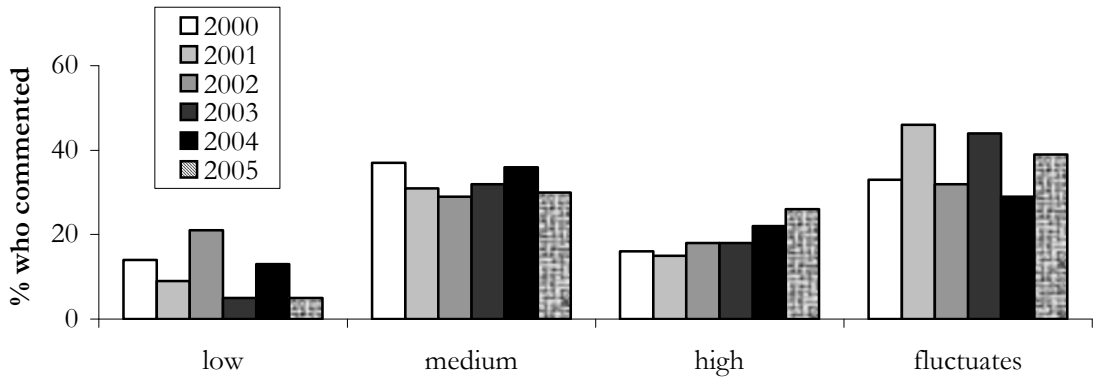
	2005 (n=95)	2004 (n=97)
Current purity (%)		
Low	**5**	13
Medium	**30**	36
High	**26**	22
Fluctuates	**39**	29
Recent change in purity (%)		
Increasing	**17**	10
Stable	**21**	30
Decreasing	**17**	22
Fluctuating	**43**	37
Don't know	**2**	1

Source: PDI REU interviews

KE reports supported REU perception of ecstasy purity with five stating current purity was high or medium, and one stating that it fluctuated. Regarding recent change in purity, three KE reported that purity had been stable, two that it had increased and one that it had been fluctuating in the last six months. Four KE reported that purity had been consistently good recently, with MDMA content more reliable, but also that several batches were perceived to be of good quality and were sought after specifically (e.g. Green Mitsubishi's, Blue Dolphins), while others were perceived as bad quality and avoided (eg White Barrels).

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.

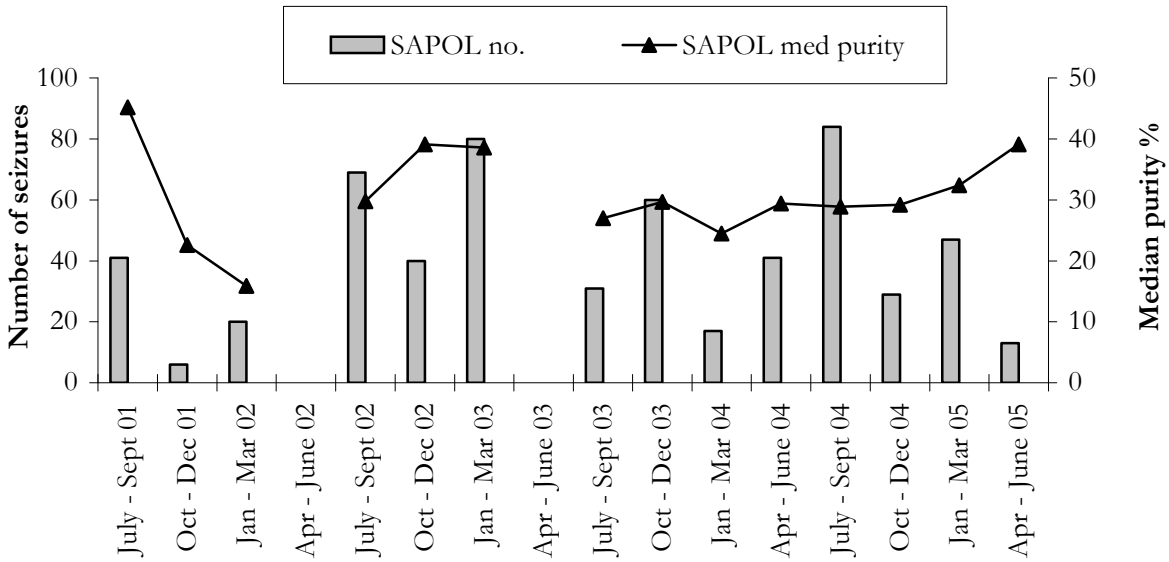
Figure 4.3: Trend in the perceived purity of ecstasy in the last six months, 2000-2005



Source: PDI REU interviews

The Australian Crime Commission (ACC) provided quarterly data on phenethylamines (including MDMA) seized in SA during the last financial year 2004/05 (ACC, *in press*). Figure 4.4 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 2004/05. The total number of SAPOL phenethylamine seizures analysed for July 2004 to June 2005 was 173 and the median purity was 29.3%. These parameters were stable compared to the previous year (median purity of 29%, n=149). A total of two seizures by the Australian Federal Police in SA were analysed in 2004/05, with a median purity of 50.7%. No comparison to previous years was possible as no AFP seizures were analysed since 2001/02.

Figure 4.4: Number of phenethylamines* seizures analysed and median purity, 2001/02-2004/05



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

A recent South Australian 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 (Camilleri and Caldicott, 2005). 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). It is also worth noting that a batch of pills (orange triangles/'Bermuda Triangles'), seen in Adelaide in 2004, contained solely LSD.

The majority of KE reported that pills came in a variety of designs and logos, and of varying quality (particularly with regard to MDMA content). Several KE also commented that users were aware, for the most part, of the variety in content, and given the scale of the market, were able to 'shop around' as one KE put it, to the extent that users may seek out pills according to the specific effect they were purported to have. Several KE thought that it was generally understood that a brand could no longer define quality, though acknowledged that particular brands with a good reputation would still be sought after.

4.5 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 2005, and that this availability had been stable in the previous six months. A graph of the long-term trend of ecstasy availability (Figure 4.5) 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.

All KE able to comment also considered ecstasy as 'very easy' or 'easy' to obtain and that availability had remained stable recently.

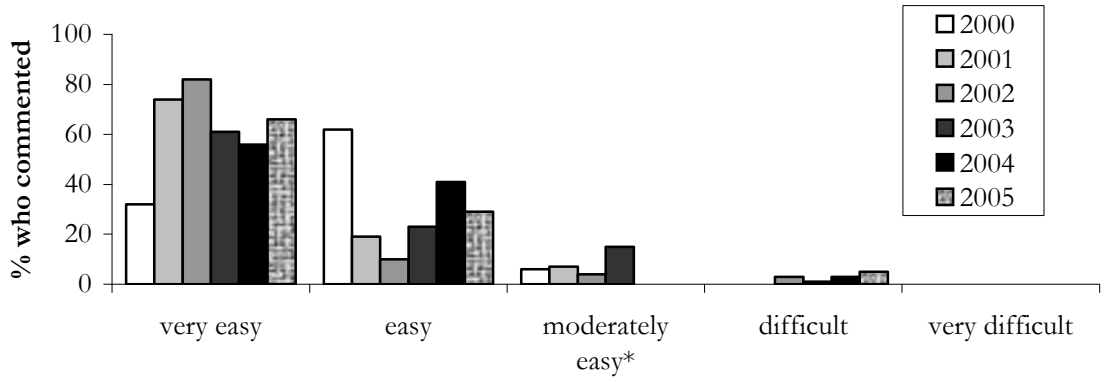
Table 4.7: Availability of ecstasy and change in availability over the last six months, 2004 & 2005

	2005 (n=99)	2004 (n=99)
Current availability (%)		
Very easy	66	56
Easy	29	41
Moderately easy	0	-
Difficult	5	3
Very difficult	0	0
Change in availability in last 6 months (%)		
More difficult	6	9
Stable	65	60
Easier	27	18
Fluctuates	2	9
Don't know	0	4

Source: PDI REU interviews

A dash (-) indicates the data were not collected for the category in that year.

Figure 4.5: Trend in availability of ecstasy in the preceding 6 months, 2000-2005



Source: PDI 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 2005 including a 'used, not scored' category, as well as a combined 'raves/doofs/dance parties' category, and the extra categories 'agreed public location', 'private party' and 'work' included as possible score venues. In 2005, REU reported most commonly that they had bought ecstasy from friends (89%), from known dealers (48%), or from acquaintances (36%), in the last six months. Smaller proportions reported buying from strangers (10%) or workmates (10%). An analysis of the location where REU obtain ecstasy indicates that REU most commonly obtain (or 'score') ecstasy from a friend's home (70%), at an agreed (pre-arranged) public location (48%), or at a dealer's home (36%).

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. Information from a limited number of KE in 2005 made less mention of the friend/dealer relationship, but those that commented (n=5) still suggested the reliance on people known to the buyer – 'people have their people' – meaning that one person within a group will have a connection to a dealer/supplier, and that dealers were ordinary people (not 'big scary bikies'). One KE commented that user/dealers were becoming a lot younger.

Table 4.8: Trend in the source of ecstasy for REU, 2000-2005

	% of REU					
	2005 *n = 98*	**2004** *n=99*	**2003** *n=101*	**2002** *n=68*	**2001** *n=70*	**2000** *n=50*
Used, not scored	***0***	*3*	-	-	-	-
Who have you bought ecstasy from in the last 6 months?						
Friends	**89**	84	93	32	96	98
Dealer - friend	**-**	-	-	68	-	-
Known dealers	**48**	46	55	9	63	58
Workmates	**10**	8	16	16	20	22
Acquaintances	**36**	29	34	52	64	50
Strangers/unknown*	**10**	14	11	15	13	24
What venues do you normally score [ecstasy] at?						
Own home	**31**	40	40	62	49	74
Dealer's home	**36**	32	45	52	30	54
Friend's home	**70**	63	66	77	61	94
Raves/dance parties**	**26**	27	37/29	47/46	47/40	72/30
Nightclubs	**33**	33	48	34	51	32
Pubs	**19**	13	15	13	16	10
Agreed public location	**48**	44	-	-	-	-
Private party	**29**	-	-	-	-	-
Street	**4**	0	-	-	-	-

Source: PDI 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 were not collected for the variable in that year.

National prevalence data
The AIHW household survey reported that most recent users of ecstasy usually obtained the drug from a 'friend or acquaintance' (72%), and 23% reported their usual source as a dealer (AIHW, 2002b). A direct comparison with the 2005 PDI is problematic as the questions were not asked in the same way.

4.6 Ecstasy markets and patterns of purchasing ecstasy

REU were asked to provide information pertaining to the recent purchase of ecstasy and other drugs. The results of those providing information (n=98, as two REU declined to comment) are presented in Table 4.9. The majority of the REU sample reported paying for ecstasy through income from paid employment (83%) or receiving ecstasy as a gift from a friend (70%). A substantial proportion (49%) also reported paying for ecstasy through drug dealing, either for cash or ecstasy profit. Ecstasy was generally purchased both for self and

others (by 76% of REU) and purchased from a median of 4 people (range 1 to 20), in the last six months. REU reported purchasing a median of 5 ecstasy tablets and 76% indicated that they had a 'main ecstasy dealer' from whom they could obtain other drugs at the time of ecstasy purchase (that is, without pre-arrangement). The most commonly available drugs at time of purchase were the base form of methamphetamine (77%, n=57), cannabis (51%, n=38), crystal methamphetamine (45%, n=33) and powder methamphetamine (45%, n=33), followed by LSD (35%, n=26), cocaine (23%, n=17), ketamine (22%, n=16), and pharmaceutical stimulants (12%, n=9).

Table 4.9: Patterns of purchasing ecstasy in the last six months, 2005

	2005 (n=98)
Source of payment for ecstasy (%)	
Paid employment	83
Credit from dealers	22
Government allowance	22
Gift from friend	70
Borrowed from friends	19
Money from parents	12
Dealing drugs**	49
Bartering drugs	19
Fraud	0
Property crime	0
Pawning	7
Sex work	0
Other	5
Median no. of people purchased from	4 (n=97)
Purchased for (%)	
Self only	24
Self and others	76
Others only	0
No. of times purchased in the last 6 months (%)	
1-6	21
7-12	41
13-24	30
25 +	8
Median no. of ecstasy tablets purchased	5
Able to purchase other drugs from main dealer (%)	76 (n=74)
Drugs able to purchase*	
Methamphetamine – powder ('speed')	45
Methamphetamine – base	77
Methamphetamine – crystal ('ice')	45
Pharmaceutical stimulants	12
Cocaine	23
MDA	8
LSD	35
Ketamine	22
GHB	7
Cannabis	51
Heroin	1

Source: PDI REU interviews

*among those who reported been able to purchase other drugs from main dealer

**includes dealing drugs for ecstasy profit or cash profit

For the first time, in 2005, REU were asked to comment on factors they believed would influence the price of ecstasy. The main findings are summarised in Table 4.10.

Table 4.10: Factors influencing the price of ecstasy, 2005

	2005 (n=97)
Knowing supplier	
Don't know	2
Increase	2
Decrease	81
No change	15
Supplier close to source	
Don't know	8
Increase	1
Decrease	71
No change	19
High MDMA content	
Don't know	11
Increase	39
Decrease	4
No change	46
Decrease in brand/logo	
Don't know	11
Increase	35
Decrease	4
No change	50
Decrease in availability	
Don't know	11
Increase	49
Decrease	2
No change	38
Special time of year	
Don't know	3
Increase	15
Decrease	6
No change	76
Buying larger quantity	
Don't know	1
Increase	0
Decrease	96
No change	3
Increased police activity	
Don't know	11
Increase	14
Decrease	1
No change	74
Buying public venue	
Don't know	12
Increase	53
Decrease	1
No change	34

Source: PDI REU interviews

Knowing a supplier, the supplier being close to the source, or buying larger quantities were the most commonly reported factors believed to lead to a decrease in the price of ecstasy. The main factors reported to lead to an increase in the price of ecstasy were buying the drug at a public venue and a decrease in the availability of ecstasy generally. Increased police

activity, decreased availability of particular brands of logos and increased purity (higher MDMA content) were the factors that were considered to have the least influence on the price of ecstasy (i.e. lead to no change in price).

In 2005, REU were also asked to comment on those factors that would influence their ecstasy use. The main findings (presented in Table 4.11) show that availability and ease of access to ecstasy, increased availability of crystal methamphetamine ('ice') or cocaine, changes in penalties for ecstasy use, and friends increasing their use, would not lead to a change in ecstasy use among the majority of REU surveyed. Negative effects on mental health, physical health, work/study and relationships, and decreased availability/access to ecstasy, were the main factors that REU considered would lead to a decrease in ecstasy use.

Table 4.11: Factors influencing the use of ecstasy, 2005

	2005 (n=97)
Ecstasy price went up	
Don't know	5
Increase	0
Decrease	46
No change	49
Ecstasy purity went down	
Don't know	0
Increase	6
Decrease	80
No change	14
Ecstasy harder to get	
Don't know	4
Increase	0
Decrease	60
No change	36
Ecstasy easier to get	
Don't know	0
Increase	19
Decrease	1
No change	80
Crystal meth ('ice') easier to get	
Don't know	0
Increase	3
Decrease	11
No change	86
Cocaine easier to get	
Don't know	4
Increase	3
Decrease	21
No change	72

Source: PDI REU interviews

Table 4.11: Factors influencing the use of ecstasy, 2005 (continued)

	2005 (n=97)
Risk of being caught by police high	
Don't know	5
Increase	0
Decrease	29
No change	66
Risk of being caught by police low	
Don't know	2
Increase	6
Decrease	1
No change	91
Penalties (for ecstasy) increased	
Don't know	3
Increase	0
Decrease	27
No change	70
Penalties (for ecstasy) decreased	
Don't know	2
Increase	9
Decrease	1
No change	88
Ecstasy had negative effects on:	
Physical health	
Don't know	0
Increase	0
Decrease	85
No change	16
Mental health	
Don't know	2
Increase	0
Decrease	85
No change	13
Work/study	
Don't know	3
Increase	0
Decrease	83
No change	14
Relationships	
Don't know	3
Increase	1
Decrease	87
No change	9
Friends stopped ecstasy use	
Don't know	3
Increase	0
Decrease	55
No change	42
Friends increased ecstasy use	
Don't know	1
Increase	28
Decrease	1
No change	70

4.7 Ecstasy-related harms

4.7.1 Law enforcement

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

4.8.2 Health-related harms

Health-related harm associated with ecstasy use is detailed more fully in Section 14. 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

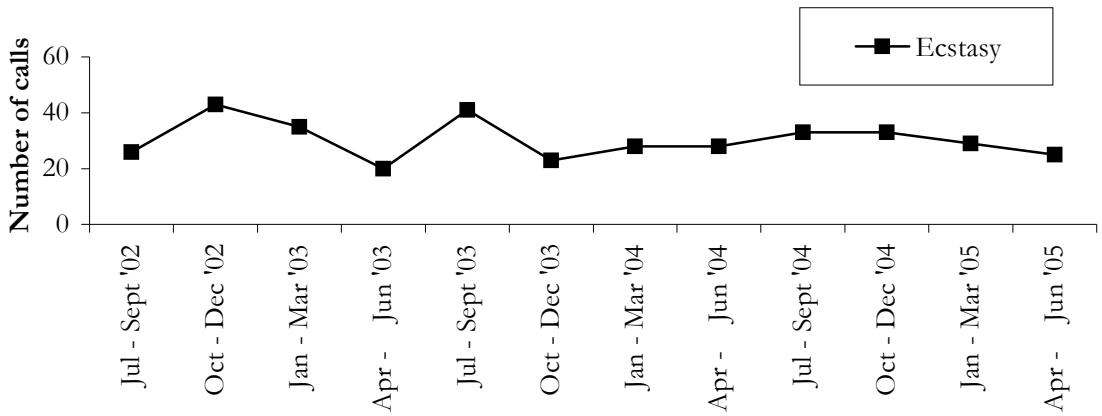
In 2004, the Severity of Dependence Scale (SDS) (Gossop et al., 1995) was incorporated into the REU survey, and used to give a measure of the level of problematic or dependent use of ecstasy and methamphetamine among the REU sample (see Section 13.2 for more detail).

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 10; n=100). Twenty-nine REU scored zero (indicating no impact of their use in terms of the questions posed, and subsequently no dependence on ecstasy), 65 REU scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use), and 6 scored 5 or above (indicating clinically significant dependence). Therefore, 6% of the 2005 REU sample indicated dependent use of ecstasy in the last twelve months, as measured by the SDS. This is compared to 9% of the REU sample in 2004.

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 2004/05 financial year (n=12,639), the same as for the previous two years. Figure 4.6 depicts the number of ecstasy-related calls per quarter for the last three financial years, and Figure 14.1 compares the frequency of ecstasy-related calls to calls related to other drug types.

Figure 4.6: Number of inquiries to ADIS regarding ecstasy July 2002 to June 2005



Source: SA ADIS

Treatment services – DASSA

DASSA treatment data revealed that in 2004/05 there were 33 clients (individuals) to all DASSA treatment services that nominated ecstasy as the primary drug of concern. This constitutes 0.6% of total clients for that year and was the same as was seen in the previous year (39 clients, 0.6% of total). The number of clients with ecstasy as the primary drug of concern therefore remains very low compared to other drugs, and, although it has been stable for the past two years, an increase was apparent from 2002/03 when 22 clients (or 0.38% of total clients) nominated ecstasy as the primary drug of concern. See also Table 14.3 for a comparison of ecstasy to other primary drugs of concern among clients of DASSA treatment services.

4.8 Benefit and risk perception

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

4.8.1 Perceived benefits

All REU (n=100) reported they perceived benefits associated with taking ecstasy, 88 reported at least two benefits, and 70 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 4.12. 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 4.12: Perceived benefits of taking ecstasy, as reported by REU, 2005

Benefit	Number of REU (n=100)
Enhanced closeness/bonding/empathy with others	43
Enhanced communication/talkativeness/more social	44
Enhanced mood (e.g. euphoria/wellbeing/happiness)	38
Enhanced appreciation of music &/or dance	11
The high/rush/buzz	6
Increased energy/to stay awake	10
Fun	40
Increased confidence/decreased inhibitions	15
Relax/escape/release	12
Drug effects (e.g. hallucinations/insight/heightened senses)	10
Different to effects of alcohol	9
Enhanced sexual experience	8
Feeling in control/focused	0
Other	12

Source: PDI REU interviews

4.9.2 Perceived risks

Three REU reported they perceived no risk associated with taking ecstasy, and one REU was unsure. Of the remaining 96 REU, all reported at least one risk, 86 reported at least two risks, and 71 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 4.13. As can be seen, the most commonly perceived risks associated with taking ecstasy were some kind of physical harm, psychological harm, neuropsychological harms, or risks associated with unknown content of ecstasy pills. Physical harms mentioned as risks included non-fatal (n=22) or fatal (n=17) overdose, general acute physical harms (e.g. vomiting/headaches/weight loss) (n=15), dehydration (n=10), or some kind of long-term organ damage (n=10). Risk of perceived psychological harm included depression (n=18) and drug dependence (n=7). Perceived neuropsychological harms included general neurological damage (n=21), memory impairment (n=7), and cognitive impairment (n=3). Risk was also associated with unknown content or contaminants present in ecstasy pills by more than a quarter of the REU sample (n=29).

Table 4.13: Perceived risks of taking ecstasy, as reported by REU, 2005

Risk	Number of REU (n=100)
None	*3*
Don't know	*1*
Psychological harms (e.g. addiction/dependence, depression, anxiety)	47
Neuropsychological harms (e.g. memory impairment, neurological damage)	31
Physical harms (e.g. overdose, dehydration, temperature regulation)	96
Unknown drug strength (i.e. 'dose')	6
Unknown drug contaminants (i.e. cutting agents or other drugs)	29
Effects of intoxication (e.g. increased risk-taking or vulnerability)	15
Legal/police problems	5
Financial problems	9
Social/relationship problems	4
Employment problems	1
Unknown long-term harms	2
Other harms	8

Source: PDI REU interviews

4.9 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.
- Between 2000 and 2004, there was 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%). This proportion declined in 2005, but almost three-quarters of REU still reported using more than one tablet in a single session.
- A large proportion of the samples have consistently reported binge use of ecstasy across this time, with more half the sample having done so in 2005.
- 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 most common.
- Ecstasy continued to be used most commonly at nightclubs, friend's house, raves/doofs/dance parties, private parties or at people's homes.
- The price of ecstasy was stable, 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 2005, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2004/05 was 29%, the same as that reported in 2003/04.
- Both the number of ecstasy-related calls to ADIS, and the number of clients to all DASSA treatment services, have been stable and low over the last two years.
- 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, neuropsychological harm, or risk associated with unknown content of ecstasy pills.

5.0 METHAMPHETAMINE

The distinction between three forms of methamphetamine continued in the 2005 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

In 2005, REU reported having first used powder at a median 18 years, base at 18 years and crystal at 20 years. The proportion of REU reporting lifetime use of methamphetamine differed slightly between the three forms, with higher proportions reporting use of powder (83%) or base (88%) than crystal (62%) in their lifetime. In 2005, the proportions of REU reporting both lifetime and recent use of all forms of methamphetamine was stable compared to 2004, with the exception of recent use of base methamphetamine, which increased from 72% in 2004 to 82% in 2005. The largest proportion of the REU sample reported recent use of base (82%), followed by powder (66%) and crystal (41%), in 2005.

5.1.1 Methamphetamine powder (speed)

Table 5.1 summarises the patterns of use of methamphetamine powder among REU in 2005, with 2004 data for comparison. In 2005, 66% of REU reported using methamphetamine powder a median of 8 days (range 1-120), in the six months prior to interview. A closer analysis of frequency of use revealed that 48% (n=32) 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 24% (n=16) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive); 11% (n=7) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive); and the remaining 17% (n=11) reported using greater than weekly (25 to 120 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 1 and 2, respectively. The *most* amount of powder methamphetamine used in a single session reported by REU was a median of 1 gram or 4 points. Compared to 2004, both the *average* and *most* amounts of all quantities reported remained relatively stable. 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 swallowing (52%) or snorting (51%) in the last six months. Ten percent reported having smoked powder, and 4% reported having injected powder, in that time. A similar proportion of REU reported bingeing on powder methamphetamine in 2005 (22%) compared to 2004 (23%).

Table 5.1: Patterns of methamphetamine powder use among the REU sample

Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	18 (13-31)	18 (14-32)
Ever used (lifetime) (%)	83	86
Used in last 6 months (%)	66	62
Meth powder as main drug of choice (%)	5	4
Days used in last 6 months#: median (range)	8 (1-120)	6 (1-180)
Average amount used in a single session*:		
grams: median (range; n)	1 (0.1-4; 27)	0.5 (0.2-2; 28)
points: median (range; n)	2 (1-5; 23)	2 (0.1-8; 29)
lines: median (range; n)	2 (1-6; 12)	1 (0.5-4; 4)
Most amount used in a single session*:		
grams: median (range; n)	1 (0.25-6.5; 32)	1 (0.2-3; 36)
points: median (range; n)	4 (1-26; 17)	3 (0.25-5; 21)
lines: median (range; n)	2 (1-10; 10)	1 (0.5-5; 4)
Meth powder included in 'binge' episode (%)	22	23

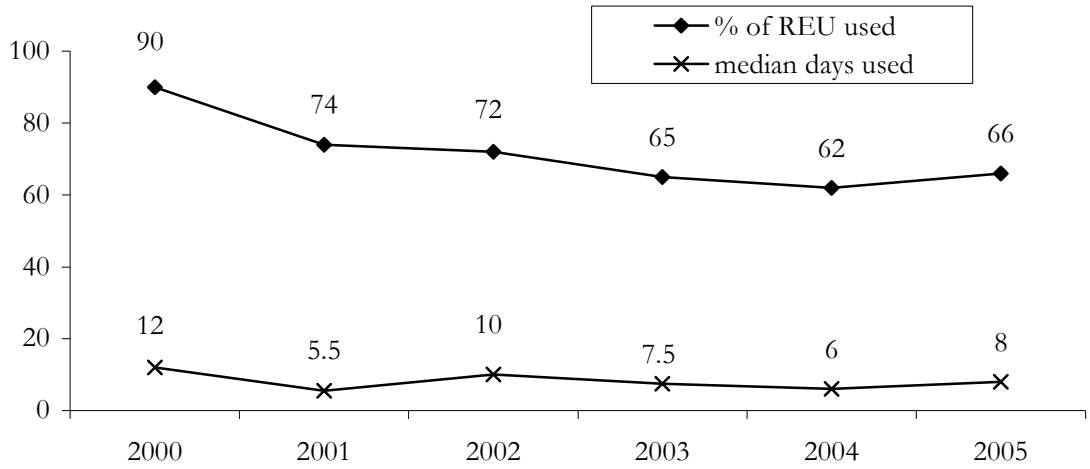
Source: PDI REU interviews

# 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

An analysis of trends over time (see Figure 5.1) reveals that between 2000 and 2003 there was a steady decline in the proportion of REU who reported recent use of powder methamphetamine, from a high of 90% in 2000 to 65% in 2003. In the last three years, the proportion of REU reporting recent use of methamphetamine powder has remained relatively stable. The frequency of use of powder methamphetamine has also remained relatively stable over the last three years.

Figure 5.1: Methamphetamine powder – Trends in recent use* and median days used#, 2000-2005



Source: PDI 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 2005, with 2004 data for comparison. In 2005, 82% of REU reported using methamphetamine base a median of 6 days (range 1-120), in the six months prior to interview. A closer analysis of frequency of use revealed that 40% (n=33) 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 21% (n=17) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive), 23% (n=19) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive), and the remaining 16% (n=13) reported using greater than weekly (25 to 120 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 0.75, respectively. The median *most* amount of points and grams of powder methamphetamine used in a single session were 2 and 1 respectively. Compared to 2004, there has been little 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 (78%) in the last six months. Twenty-five percent reported having snorted base, 13% reported having smoked base, and 8% reported use by injecting, in that time. A higher proportion of REU reported bingeing on methamphetamine base in 2005 (40%) compared to 2004 (29%).

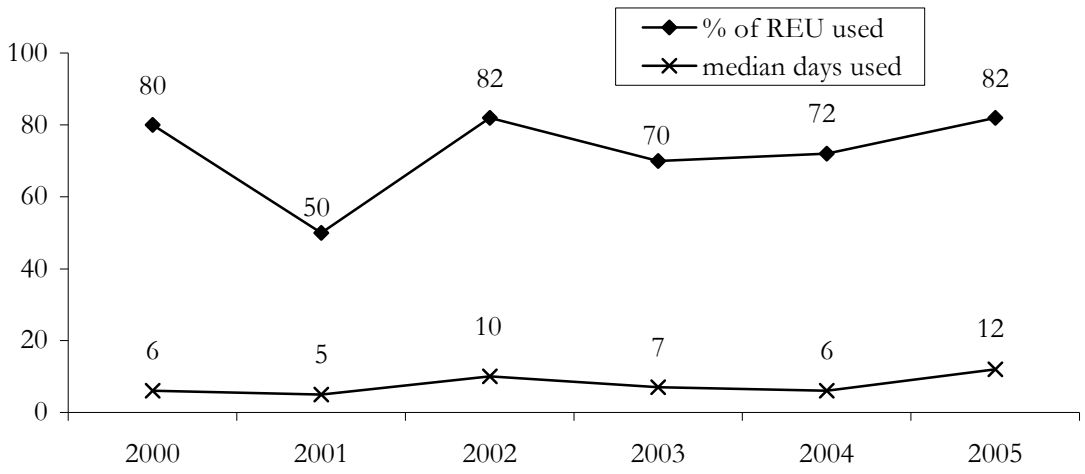
Table 5.2: Patterns of methamphetamine base use among the REU sample

Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	18 (13–31)	19 (14-37)
Ever used (lifetime) (%)	88	84
Used in last 6 months (%)	82	72
Meth base as main drug of choice (%)	3	4
Days used in last 6 months#: median (range)	12 (1-120)	6 (1-180)
Average amount used in a single session*:		
Grams: median (range; n)	0.75 (.25-1.5; 12)	1 (0.5-2; 10)
Points: median (range; n)	2 (0.5-10; 63)	2 (0.1-12.5; 60)
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.5-4; 19)	1 (.05-2; 13)
Points: median (range; n)	2 (0.5-10; 57)	2 (0.5-30; 56)
Meth base included in 'binge' episode (%)	40	29

Source: PDI 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

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

Figure 5.2: Methamphetamine base – Trends in recent use* and median days used#, 2000-2005



Source: PDI 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 2005, with 2004 data for comparison. In 2005, 41% of REU reported using crystal methamphetamine a median of 6 days (range 1-90), in the six months prior to interview. A closer analysis of frequency of use revealed that 54% (n=22) 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 15% (n=6) reported using greater than monthly and up to once per fortnight (7 to 12 days inclusive), 15% (n=6) reported using greater than fortnightly and up to once per week (13 to 24 days inclusive), and the remaining 17% (n=7) reported using greater than weekly (25 to 90 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 and grams of crystal methamphetamine used in an *average* single session was 1.75 and 0.5 respectively, and the median *most* amount used in a single session was 2 points or 1 gram. Compared to 2004, there has been little change in either the *average* or *most* amounts of points or grams reported as consumed.

The largest proportion of crystal methamphetamine users reported having used by swallowing (29%) in the last six months. Twenty-seven percent reported having smoked crystal, 9% reported having snorted crystal, and 5% reported use by injecting, in that time. One REU reported use by shelving (refers to vaginal or anal administration) in the previous six months. There was an increase in the proportion reporting recent use of crystal by smoking, from 14% in 2004 to 27% in 2005 (and in the proportion reporting lifetime use from 24% to 36%). The proportion of REU reporting binge use of crystal methamphetamine remained stable over this same period.

Table 5.3: Patterns of crystal methamphetamine use among the REU sample

Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	20 (13-34)	20.5 (15-39)
Ever used (lifetime) (%)	62	60
Used in last 6 months (%)	41	47
Crystal meth as main drug of choice (%)	8	4
Days used in last 6 months#: median (range)	6 (1-90)	6 (1-180)
Average amount used in a single session*:		
Grams: median (range; n)	0.5 (0.25-1; 12)	-
Points: median (range; n)	1.75 (0.25-8; 24)	1.5 (0.25-5; 43)
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.5-4; 14)	0.9 (0.5-2; 8)
Points: median (range; n)	2 (0.25-9; 22)	2 (0.25-7; 38)
Crystal meth included in 'binge' episode (%)	17	19

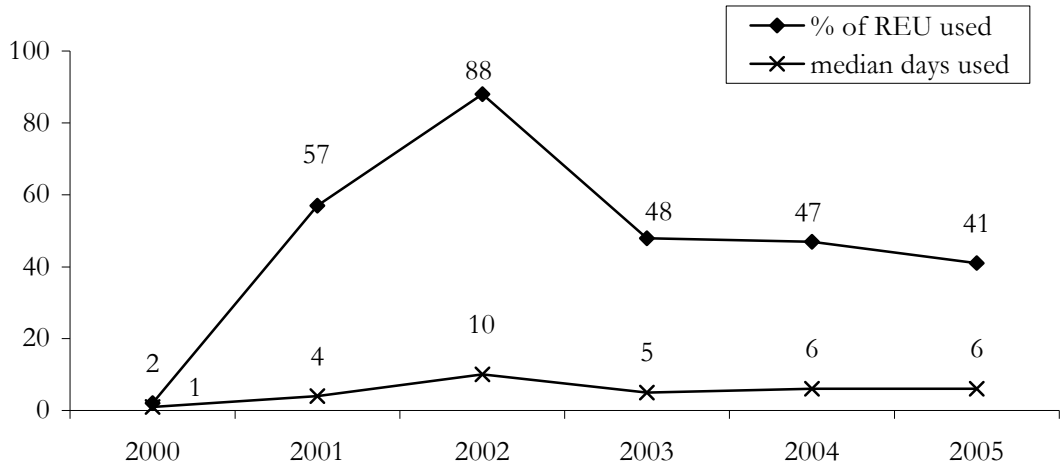
Source: PDI REU interviews

# 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

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.

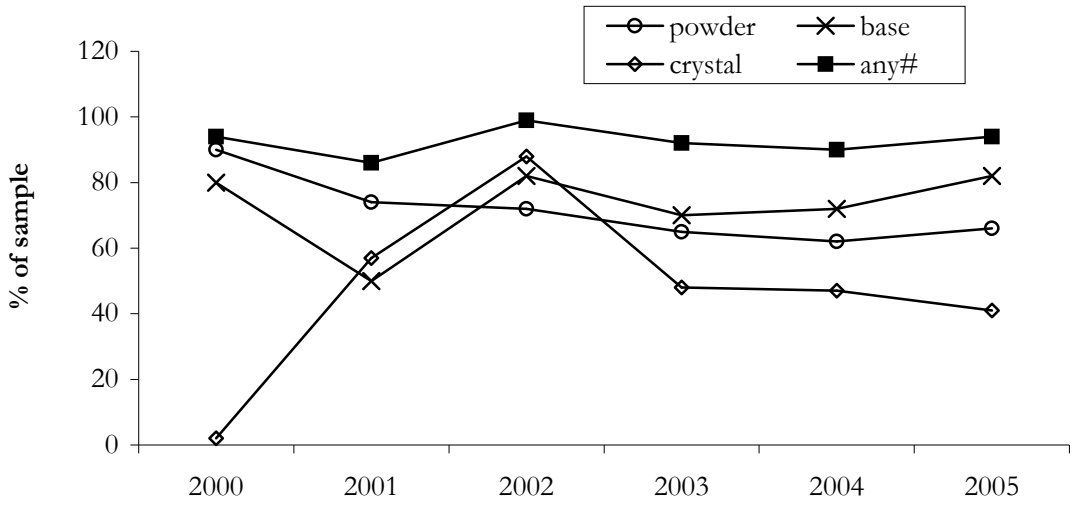
Figure 5.3: Methamphetamine crystal – Trends in recent use* and median days used#, 2000-2005



Source: PDI 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 2005. Overall, prevalence of recent use of *any* methamphetamine (collapsed data) among REU has remained high and relatively 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, 2000-2005



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

As in 2004, KE comments in general supported the belief that use of methamphetamine, particularly the base form, was common among REU. Several KE reported that users will not necessarily differentiate between the different form of methamphetamine when they buy; it is more the case that they 'get what they get'; that is, whatever is available. Most, though, comment that this was generally base, which was more paste-like but could range enormously in form. Several KE also reported that use of crystal methamphetamine was still rare, occurred among a small percentage of REU, but that it was considered desirable and was sought after by some, though was considered difficult to obtain. Three KE mentioned the use of crystal methamphetamine by smoking among a small number of users, but one doubted that this was actually 'ice', except on rare occasions. In addition, one KE commented that a small group of users that they had contact with reported the use of amphetamine sulphate, and perceived the effects as different (a less intense and 'more functional' high) to methamphetamine.

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, friends' homes, their own home, raves/dance parties, private parties or pubs.

An analysis of the *last* location used revealed that base and crystal methamphetamine had been used *last* most commonly at nightclubs by approximately equal proportions of REU, whereas powder was most commonly reported as *last* used at their own home or a friend's home.

Table 5.4: Venue where methamphetamine was used by REU in the last six months (% REU by venue for each form of methamphetamine), 2005

	Where have you *usually* used methamphetamine?			Where did you *last* use methamphetamine?		
	Powder *n=43*	**Base** *n=63*	**Crystal** *n=28*	**Powder** *n=42*	**Base** *n=61*	**Crystal** *n=28*
Own home	48	49	42	24	22	18
Dealer's home	5	8	10	0	2	0
Friend's home	59	43	48	24	13	11
Raves/doof/dance parties	50	54	32	17	13	7
Nightclubs	59	67	52	17	29	32
Pubs	48	46	26	5	6	4
Private party	46	40	42	5	6	7
Restaurant/café	7	3	10	2	2	4
Public place	21	22	19	0	2	4
Car or other vehicle (passenger)	18	18	26	0	0	0
Car or other vehicle (driver)	14	8	16	0	0	0
Outdoors	21	21	16	0	2	0
Live music event	30	21	26	5	2	4
Work	11	16	16	0	0	0
Educational institution	1	5	3	0	0	0
Acquaintance's house	10	8	13	0	0	0
Other	7	5	4	2	3	7

Source: PDI REU interviews

Note: REU were allowed to nominate more than one response in the *usually* used category

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 2004, in 2005 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 for powder (at $20), but the same for the other two forms of methamphetamine, at $25.

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 $65. The median price reported by REU *at last purchase* was the same as the estimates of 'current' price for base and crystal ($200), but was lower for powder ($50). It should be noted that fewer REU were able to provide information on the price *at last purchase* of a gram of

base and crystal methamphetamine, compared to powder. Compared to 2004, there appears to have been little change other than a small increase in the price of a gram of powder methamphetamine (from $40 to $50), and a decrease in price of a gram of crystal methamphetamine (from $300 to $200), but this change is based on a relatively small number of REU reports and should be interpreted with caution.

Similarly to 2004, 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, 2004 & 2005

	Median price per amount $ (range; n)		
Amount	**Powder**	**Base**	**Crystal**
Point			
Current price	25 (20-30; 11)	25 (18-50; 36)	25 (20-50; 12)
	25 (10-25; 15)	*25 (20-180; 46)*	*25 (20-300; 25)*
Price at last purchase	20 (15-30; 8)	25 (20-50; 28)	25 (20-50; 7)
	20 (15-25; 10)	*20 (20-180; 37)*	*20 (20-300; 23)*
Gram			
Current price	65 (20-200; 28)	200 (130-300; 19)	200 (70-350; 9)
	50 (30-250; 35)	*200 (20-220; 18)*	*200 (100-325; 10)*
Price at last purchase	50 (20-200; 23)	200 (130-300; 17)	200 (70-400; 7)
	40 (30-200; 24)	*200 (150-24; 11)*	*300 (150-300; 7)*

Price change in last 6 months (%)	**2005** n=44	***2004*** *n=55*	**2005** n=63	***2004*** *n=65*	**2005** n=31	***2004*** *n=41*
Increasing	16	*0*	2	*3*	19	*0*
Stable	64	*55*	73	*72*	48	*63*
Decreasing	14	*13*	11	*14*	0	*12*
Fluctuating	7	*7*	2	*2*	10	*7*
Don't know	16	*26*	13	*9*	23	*17*

Source: PDI REU interviews
* 2004 data in italics

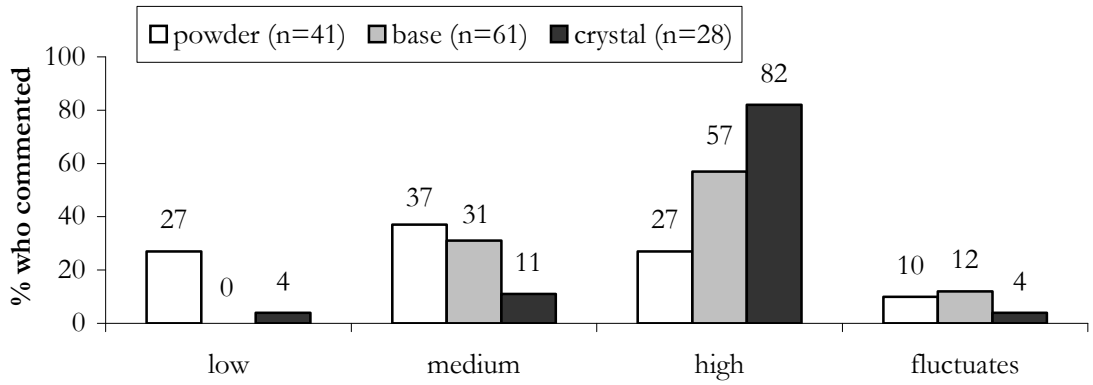
Five KE were able to provide information on the price of methamphetamine, and their range of estimates was in agreement with those given by REU. All agreed that price varied according to quality and that powder was cheapest and the purer crystal form was most expensive. KE reported that a point of methamphetamine ranged from $20 to $50 (n=3), the price of powder was $50 to $90/gram (n=2), base was $220/gram (n=1) and crystal was

$270/gram (n=1). One KE also commented that the gram amount was somewhat flexible and, rather than the price changing, the actual quantity of the 'gram' would be smaller for the purer crystal form.

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).

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



Source: PDI REU interviews

The purity of both base and crystal was considered high by the majority of REU able to answer (see Table 5.6). Estimates regarding the purity of powder were more varied, with similar proportions reporting the perceived purity to be low, medium or high. Compared to 2004, there was no change in the perceived purity of powder and base; however, there was an increase in the proportion of REU reporting purity as high, from 61% in 2004 to 82% (or 23% of the entire sample). With regard to recent changes in purity, the largest proportion of REU reported purity as stable for all three forms.

Few KE provided information on the purity of methamphetamine, but, of the five that did, four agreed that there had been no changes in purity recently, with one commenting that purity was fluctuating. One KE also commented that, in general, powder was of low purity and base and crystal forms were generally considered medium or high purity. Another KE commented that methamphetamine was consistently good quality – 'don't really get bad meth'.

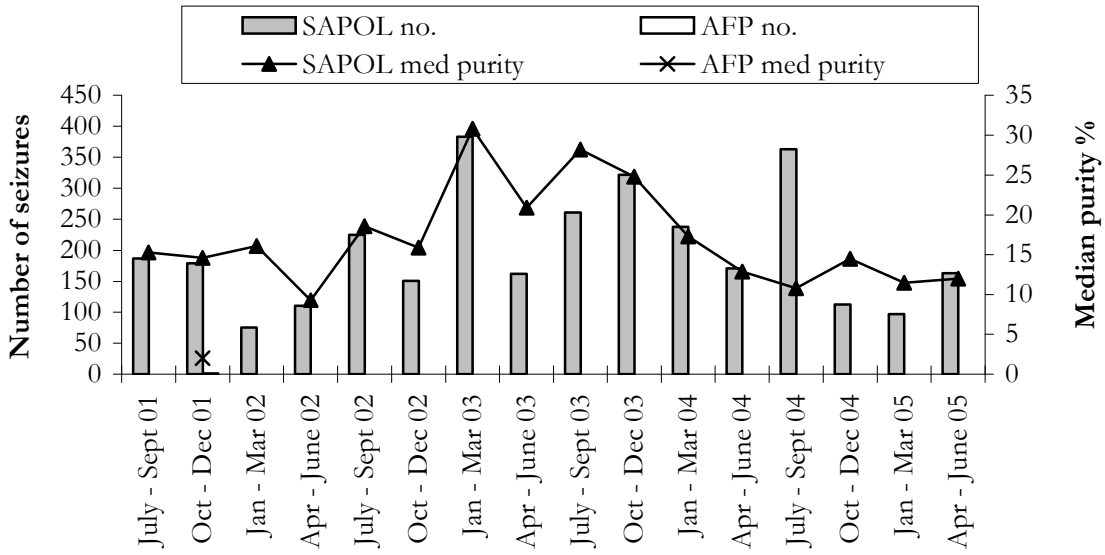
Table 5.6: Purity of the main forms of methamphetamine and change in purity over the last six months, 2004* & 2005

	Powder		Base		Crystal	
	2005 n=41	***2004*** *n=48*	**2005** n=61	***2004*** *n=63*	**2005** n=38	***2004*** *n=38*
Current purity (%)						
Low	**27**	*15*	**0**	*2*	**4**	*3*
Medium	**37**	*33*	**31**	*27*	**11**	*29*
High	**27**	*31*	**57**	*54*	**82**	*61*
Fluctuates	**10**	*21*	**12**	*17*	**4**	*8*
Change in purity in last 6 months (%)						
Increasing	**10**	*8*	**15**	*14*	**14**	*13*
Stable	**46**	*44*	**61**	*38*	**61**	*50*
Decreasing	**27**	*6*	**2**	*8*	**0**	*11*
Fluctuating	**15**	*27*	**15**	*35*	**18**	*13*
Don't know	**2**	*15*	**8**	*5*	**7**	*13*

Source: PDI REU interviews
* 2004 data in italics

The Australian Crime Commission (ACC) provided quarterly data on methamphetamine seized in SA during the last financial year 2004/05 (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 2004/05. The total number of SAPOL methamphetamine seizures analysed for July 2004 to June 2005 was 735 and the median purity was 11.6%. The majority of seizures analysed (n=566) 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 2004/05 was decreased compared to the previous year, and the median purity was the lowest seen in the past four years. Specifically, median purity had decreased from 19.8% in 2003/04 (n=992), 21.5% in 2002/03 (n=921) and 15% in 2001/02 (n=551). This decline in median purity began in the last three-quarters of 2003/04, and may indicate the start of a trend of lower purity. Only one methamphetamine seizure by the Australian Federal Police was analysed across this timeframe, in 2001/02.

Figure 5.6: Number of methamphetamine seizures analysed and median methamphetamine purity in SA, 2001/02-2004/05



Source: Australian Crime Commission (ACC; 2003, 2004, 2005, *in press*)

5.4 Availability

Overall, all three forms were considered to be 'easy' or 'very easy' to obtain by the majority of REU (see Table 5.7). However, a larger proportion of REU reported base as 'very easy' or 'easy' to obtain than for either powder or crystal methamphetamine. The majority of REU report the availability of all forms of methamphetamine as stable in the last six months. In comparison to 2004, there has been a shift in percentages from 'very easy' to 'easy' for both base and crystal, suggesting some increased difficulty with obtaining these forms.

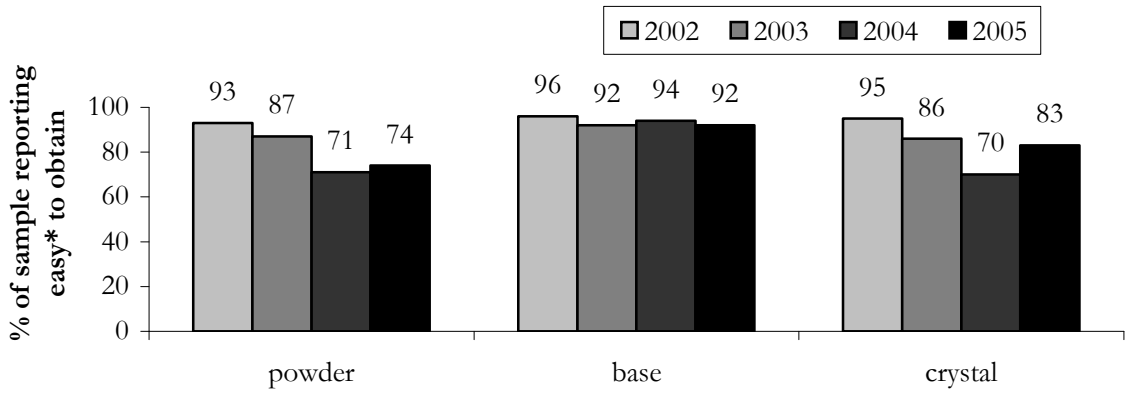
Figure 5.7 depicts the trend in recent availability over the last four years. It can be seen that although all forms were considered easily available, the perceived availability of base methamphetamine has been highest and most stable across this time period.

Table 5.7: Availability of the main forms of methamphetamine and change in availability over the last six months, 2004* & 2005

	Powder		Base		Crystal	
	2005 n=42	***2004*** *n=52*	**2005** n=63	***2004*** *n=63*	**2005** n=30	***2004*** *n=40*
Current availability (%)						
Very Easy	**41**	*44*	**48**	*67*	**30**	*48*
Easy	**33**	*27*	**44**	*27*	**53**	*23*
Difficult	**21**	*23*	**8**	*5*	**17**	*25*
Very difficult	**5**	*6*	**0**	*2*	**0**	*5*
Change in availability in last 6 months (%)						
More difficult	**14**	*13*	**8**	*2*	**17**	*8*
Stable	**52**	*60*	**71**	*75*	**63**	*65*
Easier	**24**	*17*	**16**	*17*	**13**	*15*
Fluctuates	**5**	*0*	**3**	*3*	**3**	*5*
Don't know	**5**	*10*	**2**	*3*	**3**	*8*

Source: PDI REU interviews
* 2004 data in italics

Figure 5.7: Trend in availability of methamphetamine in the preceding 6 months, 2002-2005



Source: PDI REU interviews
* collapsed categories of 'very easy', 'easy' and 'moderately easy', except the category 'moderately easy' was not included in 2004 and 2005, thus percentages in other categories may be affected as a result

Six KE were able to provide information on methamphetamine availability, and were unanimous in stating that availability was 'not an issue' in Adelaide, though two reported that it had become somewhat more difficult to access recently. Three KE also commented on the purer crystal form (or 'ice') in particular, with some disagreement of opinion. Two felt that there were indications of increased availability of use of this form with the increase in seizures of glass pipes for smoking, while another felt there was no evidence of increased seizures of this form.

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 known dealer and acquaintances. An analysis of the location at which methamphetamine was reportedly scored reveals that REU most commonly obtained all three forms of methamphetamine from their friends' homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place and to a lesser extent, private parties.

Table 5.8: Source of methamphetamine for REU, 2005

	% of REU		
	Powder *n=43*	**Base** *n=63*	**Crystal** *n=28*
Used, not scored	***6***	***6***	***6***
Who have you bought [meth] from in the last 6 months?			
Friends	63	70	68
Known dealers	42	37	29
Workmates	9	11	11
Acquaintances	19	22	46
Strangers/unknown	5	2	4
What venues do you normally score [meth] at?			
Own home	16	25	39
Dealer's home	28	27	21
Friend's home	47	59	54
Raves/doofs/dance parties	12	2	0
Nightclubs	9	13	4
Pubs	28	3	4
Agreed public location	30	24	36
Work	5	5	4
Street	2	0	4
Private party	19	14	14
Educational institution	2	0	0
Acquaintance's home	9	8	4
Other	2	2	0

Source: PDI REU interviews
Note: REU were allowed to nominate more than one response

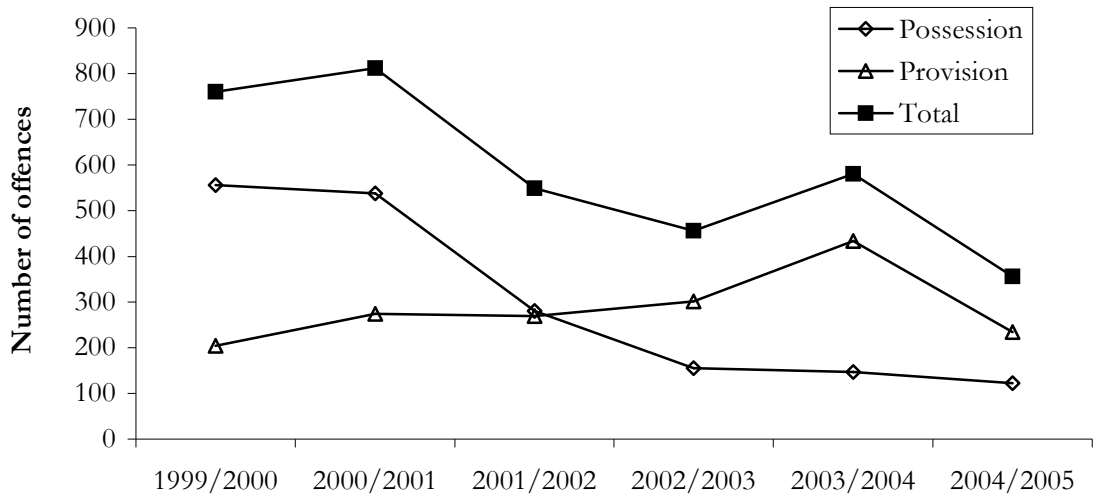
Information supplied by the South Australian Police indicates that the detection of clandestine laboratories in South Australia has remained stable in the last two years, with 38 labs detected in 2005, compared to 39 labs detected in 2004. Please note that these figures incorporate those laboratories that may not have been processed under South Australian legislation, but which are defined as clandestine laboratories under the guidelines for national reporting. They may, therefore, differ from figures released in the South Australian Police Annual Report.

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

Figure 5.8 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 1999/00 to 2004/05 (SAPOL Annual Reports, 2000-2005). As can be seen, between 2003/04 and 2004/05, the number of amphetamine possession offences recorded declined slightly (from 147 to 122), but there was a substantial decrease in provision offences for amphetamines (from 434 to 234) following an increase in previous years. Amphetamine possession and provision offences made up 15.3% of the total number of illicit drug possession and provision offences in 2004/05, compared to 19.5% in 2003/04 and 14.6% in 2002/03.

Figure 5.8: Number of amphetamine-related offences reported by SAPOL in South Australia, 1999/2001-2004/05



Source: South Australian Police Annual Reports (2000/01 to 2004/05)

5.5.2 Health

Severity of methamphetamine dependence

In 2005, 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).

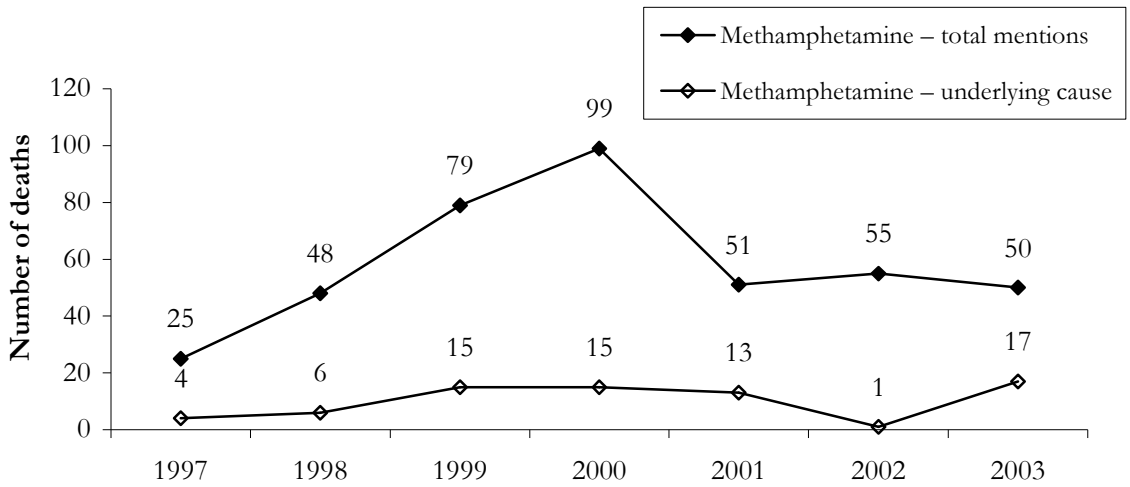
Of the 94 REU who had reported use of some form of methamphetamine in the preceding six months, the median SDS score for methamphetamine was 1 (range 0 to 11; n=94). Forty-three REU scored zero (indicating no problematic use or dependence), 39 scored from 1 to 4

(indicating less than clinically significant dependence, but some level of problematic use), and 12 scored 5 or above (indicating clinically significant dependence). Therefore, 13% of methamphetamine users in the 2005 sample indicated dependent use of methamphetamine in the last twelve months, as measured by the SDS.

Methamphetamine-related deaths

In the 2004 SA PDI report, the investigation of Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned, undertaken by Degenhardt, Roxburgh and Black (2004), was presented. This included 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. Up-to-date data regarding methamphetamine-related deaths were unavailable at the time of preparing the current PDI report, but national data for 1997 to 2003 (as presented previously), are shown in Figure 5.9.

Figure 5.9: 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, 2004)

Treatment services – ADIS

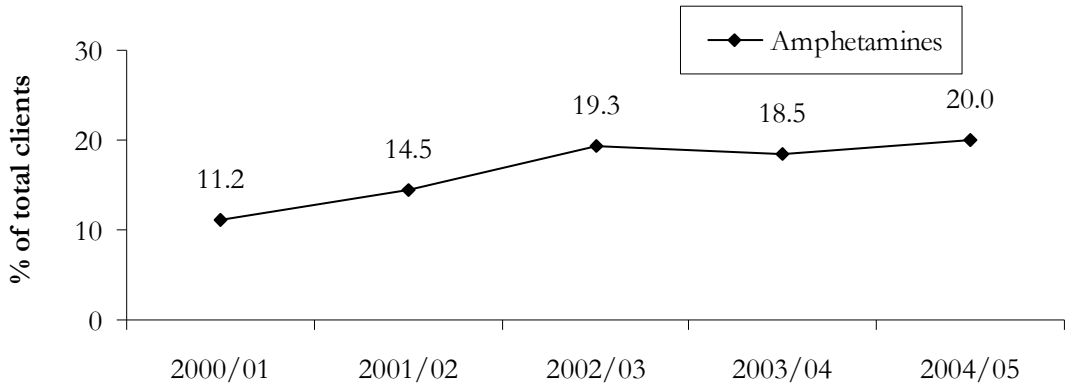
Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding amphetamines accounted for 12.5% of the total coded telephone contacts (drug-related) in the 2004/05 financial year, similar to that of previous years: 12% in 2003/04 (of a total 13,336 coded calls) and 11.6% in 2002/03 (of a total 13,825 coded calls). Figure 14.1 depicts the number of amphetamine-related calls per quarter for the last three financial years compared to calls related to other drug types.

Treatment services – DASSA

The proportion of clients to all treatment services of DASSA, by primary drug of concern, is presented in Table 14.3 and shows that the proportion of clients nominating amphetamines as their primary drug of concern has remained relatively stable for the last three years (see also Figure 5.10), and was 20% in 2004/05. This follows two consecutive years of increase in the proportion of clients nominating amphetamine as their primary drug of concern. In 2004/05, amphetamines were the second most commonly nominated primary drug of

concern by clients of DASSA, after alcohol (48.3%), and dominated as the most common illicit drug of concern, well above heroin (12.3%).

Figure 5.10: Percentage of total DASSA clients with amphetamines as the primary drug of concern, 2000/01-2004/05*



Source: Drug and Alcohol Services South Australia
* During 2002/03 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).

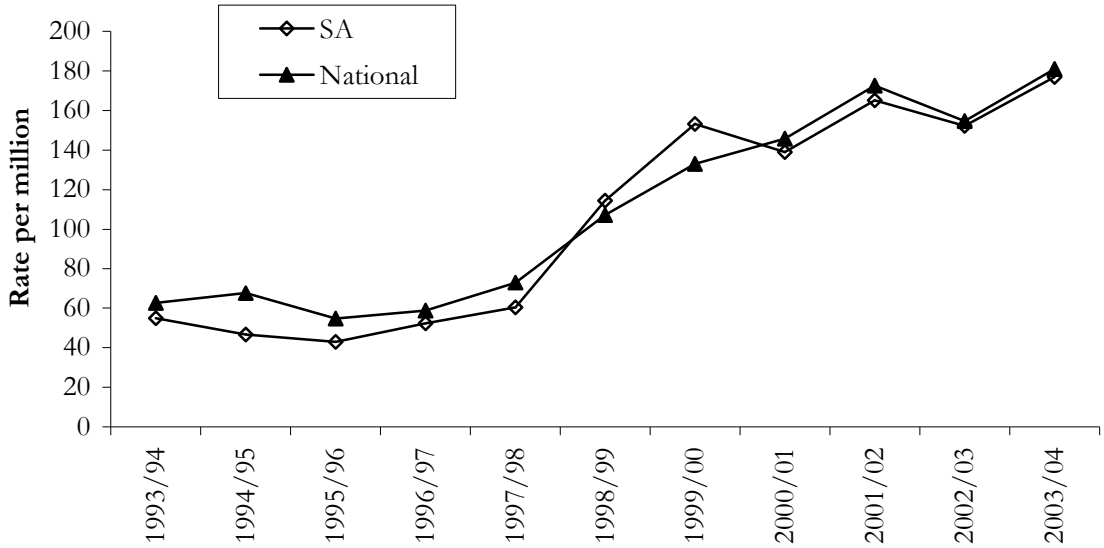
Emergency department attendances

Information on drug-related attendances to the emergency department was provided by the Royal Adelaide Hospital (RAH), the largest central public hospital in Adelaide, and is presented in Table 14.4. Readers are warned that these are 'uncleaned' data and should be interpreted with caution; however, they are included here to give a picture of trends over time, rather than to provide precise numbers. It can be seen that attendances regarding amphetamines have increased across the last three years depicted, with the number of attendances in 2004/05 for amphetamines being higher than for any other illicit drug. In addition, if the diagnosis 'drug-induced psychosis' is examined, it can be seen that the number of attendances with this diagnosis has doubled in the last year, and amphetamine-induced psychosis attendances are likely to have contributed to this. However, it is unclear to what extent this has occurred, as more specific drug information was not available in the coding of these attendances.

Amphetamine-related hospital admissions

An analysis of data provided by the Australian Institute of Health and Welfare from the National Hospital Morbidity Dataset, for the period 1993/1994 to 2003/04 (financial years), was undertaken by NDARC (please see Section 14.3 for a more detailed explanation of method). Figure 5.11 shows both the SA and national rate of admissions to hospital for amphetamines (primary diagnosis) have increased in 2004/05 compared to 2003/04. The long-term trend shows that the rates of admissions to hospital in SA and nationally have steadily increased since 1997/98, despite some fluctuation in the last few years. The total number of admissions to SA hospitals with a primary diagnosis involving amphetamines in 2005 was 150. Readers are reminded that this figure does not include amphetamine-related psychosis or withdrawal admissions.

Figure 5.11: Rate of amphetamine-related admissions* (primary diagnosis) to hospital in South Australia and nationally, per million people, 1993/1994 to 2003/04



Source: Australian Institute of Health and Welfare

* for persons aged between 15 and 54 years, excluding amphetamine withdrawal and psychosis admissions

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

5.6 Summary of methamphetamine trends

- In 2005, the proportions of REU reporting both lifetime and recent use of all forms of methamphetamine was stable compared to 2004, with the exception of recent use of base methamphetamine, which increased from 72% in 2004 to 82% in 2005. The largest proportion of the REU sample reported recent use of base (82%), followed by powder (66%) and crystal (41%), in 2005.
- The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of 8 days for powder, 12 days for base and 6 days for crystal). Frequency of use of powder and crystal forms remained stable, but frequency of base use doubled compared to 2004.
- An increase in both lifetime and recent smoking of crystal methamphetamine was noted. There was some support of increased smoking of crystal among REU from KE reports.
- Overall prevalence of recent use of any form of methamphetamine has remained relatively stable compared to the previous two years.
- 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, friends' homes, their own home, raves/dance parties, private parties or pubs.
- In comparison to 2004, there appears to have been little change in price or purity of all forms of methamphetamine, as perceived by REU. However, ACC data indicate that the median purity of methamphetamine seized by SAPOL in SA for 2004/05 had decreased (to 11.6%) compared to the previous year, and the lowest seen in the past four years.
- Availability of all forms of methamphetamine remained generally easy, with the majority of REU reporting that availability had remained stable in the 6 months prior to interview.
- REU most commonly obtained all three forms of methamphetamine from their friends' homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place.
- SAPOL data indicates that clandestine production of methamphetamine continues in SA.

- In 2005, thirteen 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, and the number of clients to DASSA treatment services with amphetamine as the primary drug of concern remain stable.

6.0 COCAINE

The median age of first use of cocaine among REU was 20 years, over two-thirds (67%) reported having used cocaine in their lifetime, and 9% nominated cocaine as their drug of choice in 2005 (see Table 6.1). With the exception on a substantial increase in the proportion reporting recent cocaine use (from 26% in 2004 to 49% in 2005), these parameters of use remained largely unchanged compared to the previous year.

6.1 Cocaine use among REU

Table 6.1 summarises the patterns of use of cocaine among REU in 2005, with 2004 data for comparison. In 2005, 49% of REU reported having used cocaine a median of 2 days (range 1-60), in the six months prior to interview. A comparison with previous years reveals a increase in the proportion of REU reporting recent use of cocaine, 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, points or lines, with a median amount of 0.6 grams, 2 points or 2 lines reported as used on *average*. The *most* amount of cocaine used in a single session was a median of 0.9 grams, 2 points or 2.5 lines. Compared to 2004, both the *average* and *most* amounts used had decreased slightly in terms of grams used, but the number of lines reportedly used has remained relatively stable.

Table 6.1: Patterns of cocaine use among the REU sample

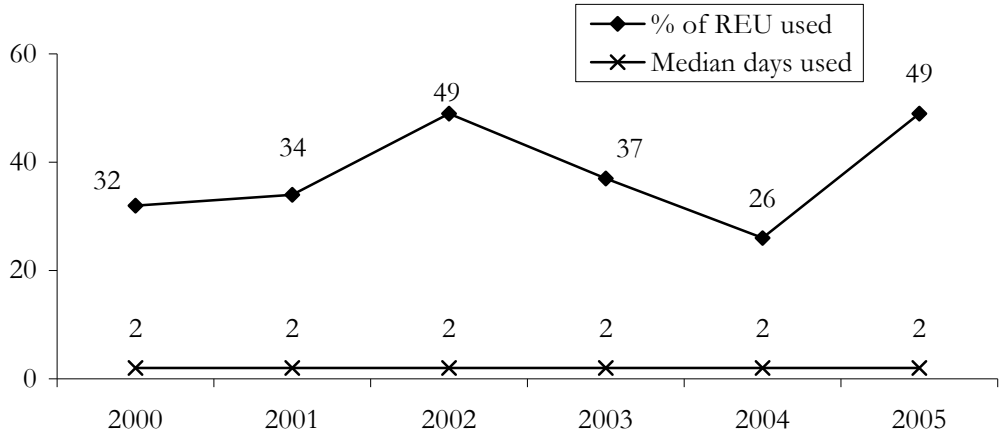
Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	20 (14-21)	21 (15-30)
Ever used (lifetime) (%)	67	59
Used in last 6 months (%)	49	26
Cocaine as main drug of choice (%)	9	12
Days used in last 6 months**: median (range)	2 (1-60)	2 (1-20)
Average amount used in a single session*:		
Grams: median (range; n)	0.6 (0.25-2; 20)	1 (0.1-2; 15)
Lines: median (range; n)	2 (1-10; 18)	2 (0.5-4; 9)
Points; median (range; n)	2 (0.5-4; 10)	#
Most amount used in a single session*:		
Grams: median (range; n)	0.9 (0.25-2; 20)	1.5 (0.1-3; 14)
Lines: median (range; n)	2.5 (1-15; 18)	2 (0.5-4; 9)
Points; median (range; n)	2 (0.5-4; 9)	#
Cocaine included in 'binge' episode (%)	12	3

Source: PDI 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, # n<5

Figure 6.1: Cocaine – Trends in recent use* and median days used#, 2000-2005



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

Most cocaine users reported recent use of cocaine by snorting (88%), almost a quarter also reported having used by swallowing (24%), and 4% reported use by smoking and injecting, in the last six months. A relatively small proportion of REU reported having recently binged on cocaine (12%), an increase from 3% in 2004.

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 2005, 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, nightclubs, raves/doofs/dance parties, own home and public place.

Table 6.2: Venue where cocaine was used by REU in the last six months, 2005

	% of REU (n=23)	
	Where have you *usually* used cocaine?	**Where did you *last* use cocaine?**
Own home	26	9
Dealer's home	4	0
Friend's home	44	26
Raves/doofs/dance parties	26	13
Nightclubs	30	22
Pubs	17	4
Private party	13	0
Restaurant/café	4	0
Public place (street/park)	17	9
Car or other vehicle (passenger)	4	0
Car or other vehicle (driver)	4	0
Outdoors	4	0
Live music event	9	4
Work	9	4
Educational Institution	4	0
Acquaintance's house	4	0
Other	4	9

Source: PDI REU interviews
Note: REU were allowed to nominate more than one response

Of the KE who were able to provide information on cocaine use among the REU they had contact with, all (n=5) reported that use was not common among this group of illicit drug users, being restricted to 'a few', with several commenting that this was due to the lack of affordability and/or the different 'culture' (that is, generally older and more affluent) that cocaine was associated with. One KE believed that use among younger people (in the REU group) was most likely to be opportunistic and the result of a gift rather than from a purchase they've made themselves.

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 2005, with 2004 data for comparison. Surprisingly, given the increase in the proportion of REU that reported recent use, fewer REU (n=10) were able to comment on price of cocaine in 2005 than in the previous year. The median estimated 'current' price of a gram of cocaine was $300 and the median price *at last purchase* was $250, in 2005. Compared to 2004, this constitutes an increase with regard to the estimated 'current' price, but no change with regard to the price *at last purchase*. The majority of those REU 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, 2004 & 2005

	2005	2004
Median price per gram (range; n)		
Current price	$300 ($200-$800; 11)	$250 ($200-$450; 20)
Price at last purchase	$250 ($200-$300; 8)	$250 ($200-$400; 9)
Price change in last 6 months (%)	*n=10*	*n=23*
Increasing	13	9
Stable	13	30
Decreasing	0	13
Fluctuating	17	9
Don't know	57	39

Source: PDI REU interviews

Only one KE commented on the price of cocaine, and stated that price had increased recently.

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 2005, with 2004 data for comparison. The majority of REU able to comment on the purity of cocaine reported that cocaine purity was medium (53%; or 9% of entire sample) or high (41%; or 7% of entire sample). With regard to recent change in purity of cocaine, equivalent proportions reported purity as stable or fluctuating, but the largest proportion did not know about recent changes. Compared to 2004, there were substantial increases in the proportion reporting purity as medium or high.

Table 6.4: Purity of cocaine and change in purity over the last six months, 2004 & 2005

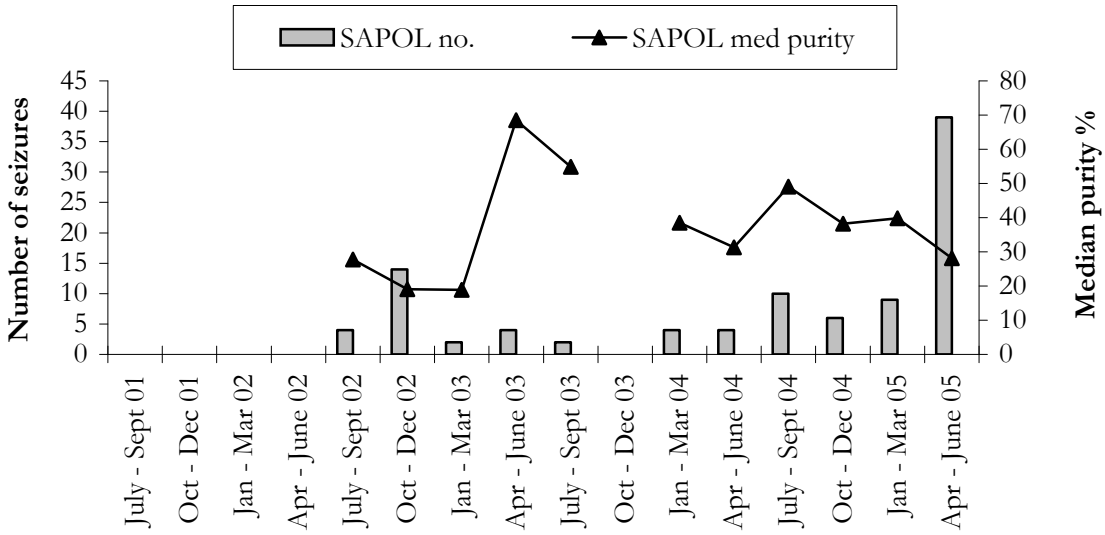
	2005 (n=17)	2004 (n=17)
Current purity (%)		
Low	6	29
Medium	53	35
High	41	18
Fluctuates	0	18
Change purity in last 6 months (%)		
Increasing	0	12
Stable	24	41
Decreasing	0	6
Fluctuating	29	29
Don't know	47	12

Source: PDI REU interviews

Only one KE commented on the purity of cocaine, and stated that quality of cocaine had increased recently, along with the price.

The Australian Crime Commission (ACC) provided quarterly data on cocaine seized in SA during the last financial year 2004/05 (ACC, *in press*). Figure 6.2 shows the number of cocaine 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 2004/05. There were no seizures by the AFP and analysed for the time period depicted. There was an increase in the number of SAPOL seizures analysed in 2004/05 compared to previous years. The total number of SAPOL cocaine seizures analysed for July 2004 to June 2005 was 64 (compared to 10 in 2003/04) and the median purity was 30.7% (compared to 38.5% in 2003/04). The lack of comparable data from previous years makes meaningful analysis difficult, but it seems that purity has been stable and the number of seizures had increased in the last year.

Figure 6.2: Number of cocaine seizures analysed and median cocaine purity in SA 2001/02-2004/05



Source: Australian Crime Commission (ACC; 2003, 2004, 2005, *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 2005, with 2004 data for comparison. Similar proportions of REU able to comment reported that cocaine was either 'difficult'/'very difficult' or 'very easy'/'easy' to obtain. The majority of the REU reported that availability had been stable in the previous six months. Compared to 2004, REU reported greater perceived availability of cocaine in 2005.

Table 6.5: Availability of cocaine and change in availability over the last six months, 2004 & 2005

	2005 (n=21)	2004 (n=21)
Current availability (%)		
Very easy	14	0
Easy	38	33
Difficult	29	57
Very difficult	19	10
Change in availability in last 6 months (%)		
More difficult	5	5
Stable	52	67
Easier	14	14
Fluctuates	10	0
Don't know	19	14

Source: PDI REU interviews

The REU able to provide information reported that they had most commonly bought their cocaine from friends or known dealers. The most common venues at which cocaine was reportedly obtained was at REU's own home, dealers' and friends' homes, or agreed public location (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 (i.e. not purchased cocaine themselves) in the last six months.

Table 6.6: Source of cocaine for REU, 2005

	% of REU (n=23)
Used, not scored	***44***
Who have you bought cocaine from in the last 6 months?	
Friends	26
Known dealers	26
Workmates	0
Acquaintances	0
Strangers/unknown	0
Other	20
What venues do you normally score cocaine at?	
Own home	13
Dealer's home	13
Friend's home	13
Raves/doofs/dance parties	4
Nightclubs	9
Pubs	0
Agreed public location	13
Work	4
Street	0
Private party	9

Source: PDI REU interviews
Note: REU were allowed to nominate more than one response

KE information regarding availability of cocaine, or the cocaine market in Adelaide, was restricted to law enforcement and forensic personnel. It was considered that there had been little change in the last year, with a limited number of generally small seizures, despite intelligence of a market existing in Adelaide. It was also suggested that cocaine in Adelaide was restricted to those with money or access to criminal networks.

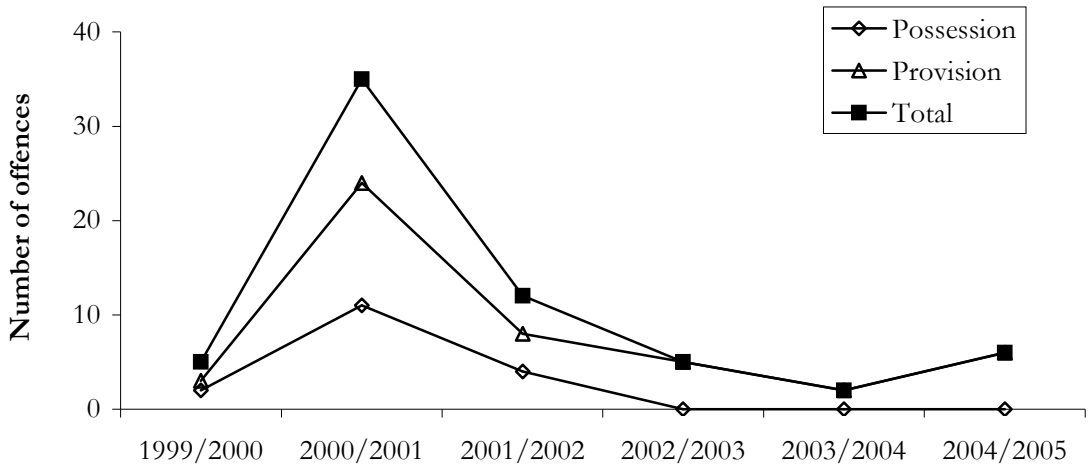
6.5 Cocaine-related harms

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 1999/00 to 2004/05 (SAPOL Annual Reports, 2000-2005). 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 (at 6) in 2004/05. Cocaine possession and provision offences continued to make up less than 1% of

the total number of illicit drug possession and provision offences in 2004/05 (0.3%), as they have in all years depicted, despite a 'spike' in 2000/01 (when cocaine-related offences contributed 0.9% of the total illicit drug-related offences for that year).

Figure 6.3: Number of cocaine-related offences reported by SAPOL in South Australia, 1999/2001-2004/05

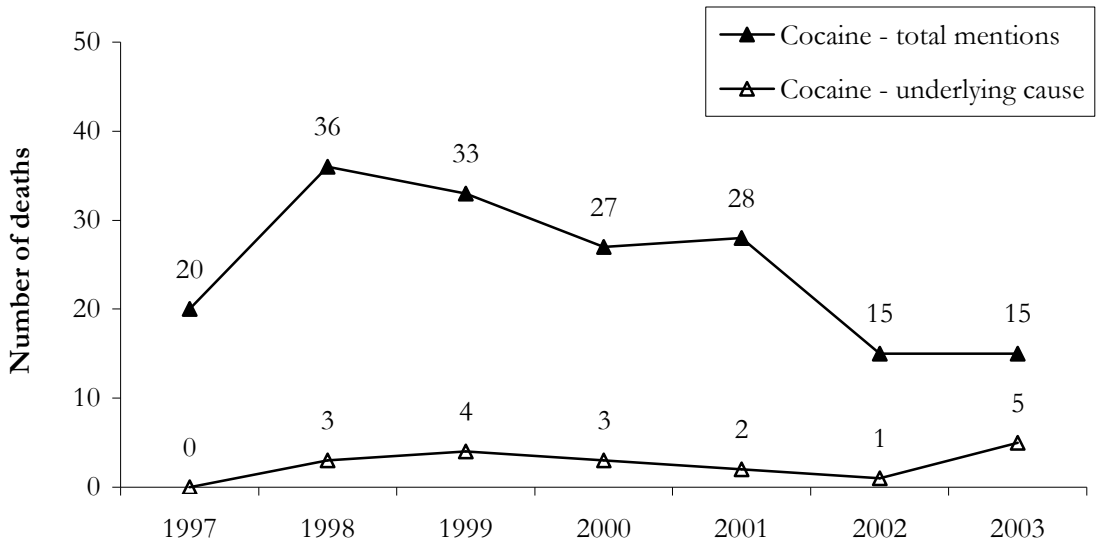


Source: South Australian Police Annual Reports (2000/01 to 2004/05)

6.5.2 Health

In the 2004 SA PDI report, the investigation of Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned, undertaken by Degenhardt, Roxburgh and Black (2004), was presented. This included 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. Up-to-date data regarding cocaine-related deaths were unavailable at the time of preparing the current PDI report, but national data for 1997 to 2003 (as presented previously), are shown 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 was 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 0.32% (n=41) of the total coded telephone contacts (drug-related) in the 2004/05 financial year. Numbers of calls to SA ADIS concerning cocaine have been consistently low across the past few years; specifically, 0.20% (n=27) of coded drug-related calls in the 2003/04 financial year, 0.25% (n=35) in 2002/03, and 0.4% (n=50) in 2001/02. Figure 14.1 depicts the number of cocaine-related calls per quarter for the last three financial years compared to calls related to other drug types.

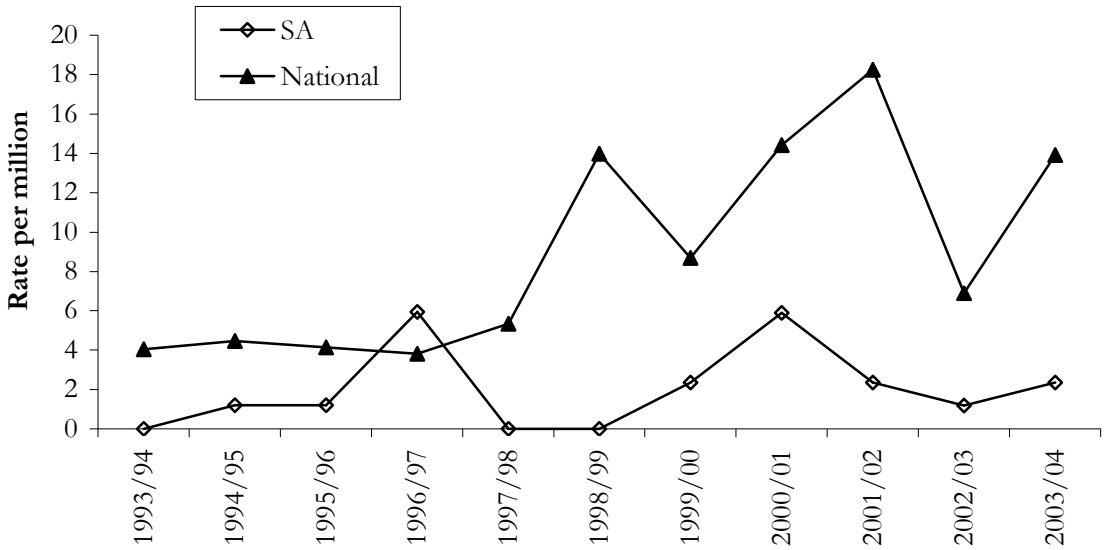
Treatment services – DASSA

The proportion of clients to all treatment services of DASSA, by primary drug of concern, is presented in Table 14.3 and shows that the proportion of clients nominating cocaine as their primary drug of concern has remained stable and low across all years reported. In 2004/05, only 0.4% of clients to all DASSA treatment services nominated cocaine as their primary drug of concern.

Cocaine-related hospital admissions

An analysis of data, provided by the Australian Institute of Health and Welfare from the National Hospital Morbidity Dataset, for the period 1993/1994 to 2003/04 (financial years) was undertaken by NDARC (please see Section 14.3 for a more detailed explanation of method). Figure 6.5 shows that the rates of admissions to hospital in South Australia and nationally have fluctuated over the years, but that the national rate has been consistently higher than the SA rate since 1997/98. 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 two admissions in 2003/04.

Figure 6.5: Rate of cocaine-related admissions* (primary diagnosis) to hospital in South Australia and nationally, per million people, 1993/1994 to 2003/04



Source: Australian Institute of Health and Welfare

* For persons aged between 15 and 54 years, excluding cocaine withdrawal and psychosis admissions

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 an increase in the proportion of REU reporting recent use of cocaine in 2005 (to 49%, compared to 26% in 2004), though no change in the frequency of cocaine use, which remains low among those that had used recently.
- The most commonly reported locations of both *usual* and *last* use were a friend's home, nightclubs, raves/doofs/dance parties, own home and public place.
- Though the number of REU able to comment on these parameters was small, reports indicated that cocaine price was stable, and the perception was that purity had increased (medium or high), and availability had increased (though equal proportions reported it was easy or difficult to obtain), compared to 2004.
- Data from the ACC show an increase in the number of cocaine seizures by SAPOL in 2004/05, while the median purity was relatively stable at 31%.
- As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.
- Both cocaine-related calls to ADIS and the number of clients to DASSA treatment services with cocaine as the primary drug of concern remained low and stable.

7.0 KETAMINE

The median age of first use of ketamine among REU was 20 years, and just under half (44%) reported having used ketamine in their lifetime. No REU nominated ketamine as their drug of choice in 2005 (see Table 7.1). These parameters remained largely unchanged compared to 2004.

7.1 Ketamine use among REU

Table 7.1 summarises the patterns of use of ketamine among REU in 2005, with 2004 data for comparison. In 2005, 24% of REU reported having used ketamine 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 prevalence of ketamine use, in contrast to the increase in use between 2002 and 2004. Frequency of recent ketamine use remains low, similar to previous years (see Figure 7.1).

Table 7.1: Patterns of ketamine use among the REU sample

Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	20 (14-33)	21 (16-35)
Ever used (lifetime) (%)	44	51
Used in last 6 months (%)	24	39
Ketamine as main drug of choice (%)	0	3
Days used in last 6 months*: median (range)	2 (1-20)	3 (1-40)
Average amount used in a single session**:		
Grams: median (range; n)	0.5 (0.25-1; 5)	0.66 (0.25-2; 5)
Points: median (range; n)	2 (0.5-6; 9)	1.5 (0.25-3; 14)
Most amount used in a single session**:		
Grams: median (range; n)	0.5 (0.25-1; 7)	2 (0.25-2; 5)
Points: median (range; n)	2.5 (0.5-6; 7)	3 (0.25-5; 13)
Ketamine included in 'binge' episode (%)	4	8

Source: PDI REU interviews

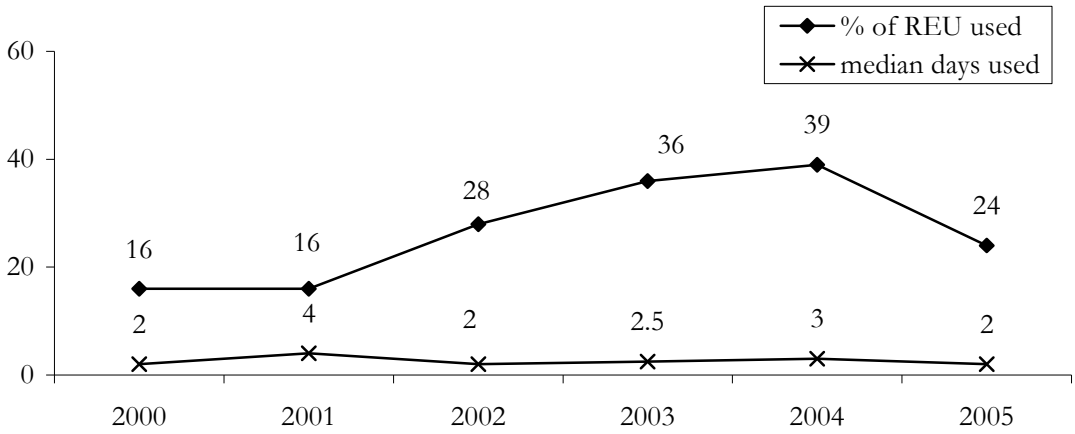
* Of those who reported use in the last 6 months

** A session was defined as a period of continuous drug use without sleep, in the last 6 months, # n<5

In 2005, REU who had used ketamine reported having used in terms of grams or points, indicating use of a powdered form. In 2005, the median *average* amount used in a single session was 2 points, or half a gram, similar to that reported in 2004. The median *mos*t amount of points reported as used in a single session was 2.5 points, or half a gram, slightly lower than that reported in 2004.

Most ketamine users reported recent use of ketamine by snorting (71%; n=17), and over a quarter reported having used by swallowing (29%; n=7), in the last six months. No REU reported use by injecting or smoking, during this period. A small proportion of REU reported having recently binged on ketamine (4%).

Figure 7.1: Ketamine – Trends in recent use* and median days used#, 2000-2005



Source: PDI REU interviews
* Use in the previous six months # by those reporting use in the previous six months

Only seven REU provided information about where they *usually* used and *last* used ketamine. The locations of *usual* use reported were a friend's home (n=4), their own home (n=3), nightclub (n=1), rave/dance party (n=1), a private party (n=1), outdoors (n=1) and 'other'. The locations of *last* use reported were a friend's home (n=2), their own home (n=2), a private party (n=1), outdoors (n=1) and 'other' (n=1).

Seven KE provided information about ketamine use among REU, with comment varying. The majority (n=4), though, believed that ketamine was not generally popular among this group, with use being limited to experimental (once or twice), accidental (present in pills bought as ecstasy), or limited to a subset of 'hard-core' users. One KE (a DJ in the scene), however, reported that 'most' of the REU they had contact with used ketamine. Another KE reported that use had been 'scaled back' recently. Several KE also commented that use was associated more with private parties, 'recoveries' or in generally quieter environments such as at home, because of the nature of the drug experience which was not conducive to 'being out'. This information is supportive of what REU report with regard to the venue ketamine was used at.

7.2 Price

All price, purity and availability data for ketamine were 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.

Only eight REU were able to provide information on the price of ketamine in 2005. The median estimated 'current' price of a gram of ketamine was $200 (n=4), and one person reported purchasing a gram for $200 within the last six months. This was the same as the estimated 'current' price of ketamine in 2004 (n=11). A variety of other quantities were reported as *last purchases* as follows: $10/'bump' (n=1), $30/tablet (n=1), $30/100mg (n=1), and $20/point (n=1). The four REU able to comment on recent changes in price reported that it had been stable in the last six months. The remaining four REU were unable to comment on recent changes in price.

7.3 Purity

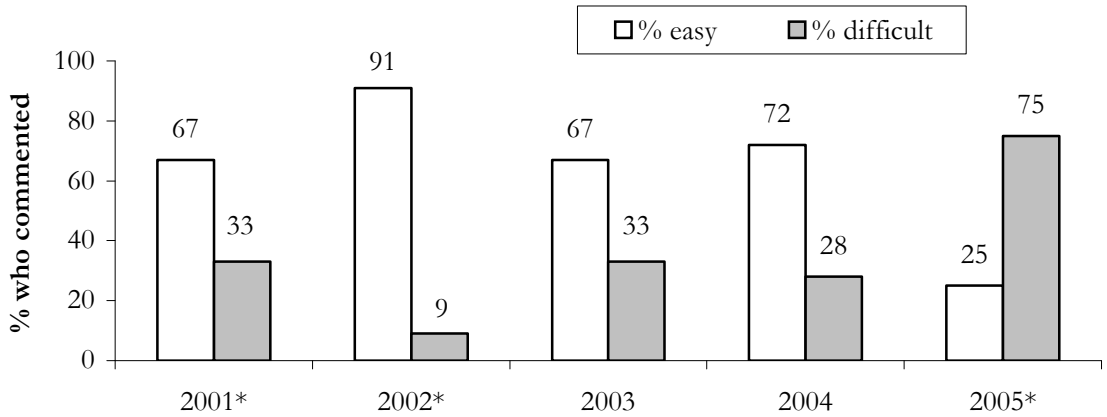
Only eight REU were able to provide information on the purity of ketamine in 2005. Of these, four reported that ketamine purity was high, three that purity was medium and one that purity fluctuated. Four REU also reported that purity of ketamine had been stable recently, with one each reporting purity as recently increasing or fluctuating. The remaining two were unable to comment on recent changes. No comparisons with 2004 were made due to the limited number of REU providing comment.

7.4 Availability

Only eight REU were able to provide information on the availability of ketamine in 2005. Of these, the majority reported that ketamine was 'difficult' (n=4) or very difficult' (n=2) to obtain, and two reported that it was 'easy' to obtain. Equal numbers reported that availability had been either stable (n=3) or more difficult (n=3) recently, with the remaining two unable to comment on recent changes. No comparisons with 2004 were made due to the limited number of REU providing comment.

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

Figure 7.2: Trend in availability of ketamine, 2001-2005



Source: PDI REU interviews

* Sample sizes were small; n=9 in 2001, n=11 in 2002, n=8 in 2005. Data for 2000 has n=3, and are therefore not reported.

Note: 'easy' are 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 2005, it seems there was an increase in the proportion of REU reporting increased difficulty in obtaining ketamine, though this is based on a very small number of REU providing information. This is compared to previous years, when the availability has been considered generally easy. From 2000 to 2004, there was an increase in the number of REU able to answer questions regarding availability and it may be surmised that ketamine became more available to this group of users during that time. Given the marked decrease in the number of REU able to provide information regarding availability of ketamine in 2005, it may also be surmised that availability among REU has decreased, but it is unclear whether this reflects a real change or is an artefact of sampling.

The REU able to provide information reported that they had bought ketamine from friends (n=3) or known dealers (n=2), at their friend's home (n=2), at their own home (n=2), at a private party (n=1) or at an agreed public location (n=1).

7.5 Summary of ketamine trends

- Almost one-quarter of REU reported recent use of ketamine in 2005, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have decreased, following a steady increase in use from 2001 to 2004.
- The most commonly reported locations of both *usual* and *last* use of ketamine were a friend's home or their own home.
- Though the number of REU able to comment on these parameters was very small, reports indicated that the current estimated price of ketamine was stable at $200/gram, and it was considered to be of good quality, though difficult to obtain.
- KE comments suggest use of ketamine is either 'accidental' (in ecstasy pills) or restricted to a subset of users, and supports REU reports of use at private venues.

8.0 GHB

The median age of first use of GHB among REU was 21 years and almost one-third (32%) reported having used GHB in their lifetime. No REU nominated GHB as their drug of choice in 2005 (see Table 8.1). These parameters remained largely unchanged compared to previous years.

8.1 GHB use among REU

Table 8.1 summarises the patterns of use of GHB among REU in 2005, with 2004 data for comparison. In 2005, 18% of REU reported having used GHB a median of 2 days (range 1-24), in the six months prior to interview. This indicates a small increase in the prevalence of use of GHB, in 2005, following a stabilisation of use in the previous two years. The frequency of GHB use, however, remained low in 2005 (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 3ml reported as used on *average*. The *most* amount of GHB used in a single session was a slightly higher median of 5ml. These amounts were largely unchanged compared to 2004.

All GHB users reported recent use by swallowing in the last six months. Four percent of REU reported having recently binged on GHB.

Table 8.1: Patterns of GHB use among the REU sample

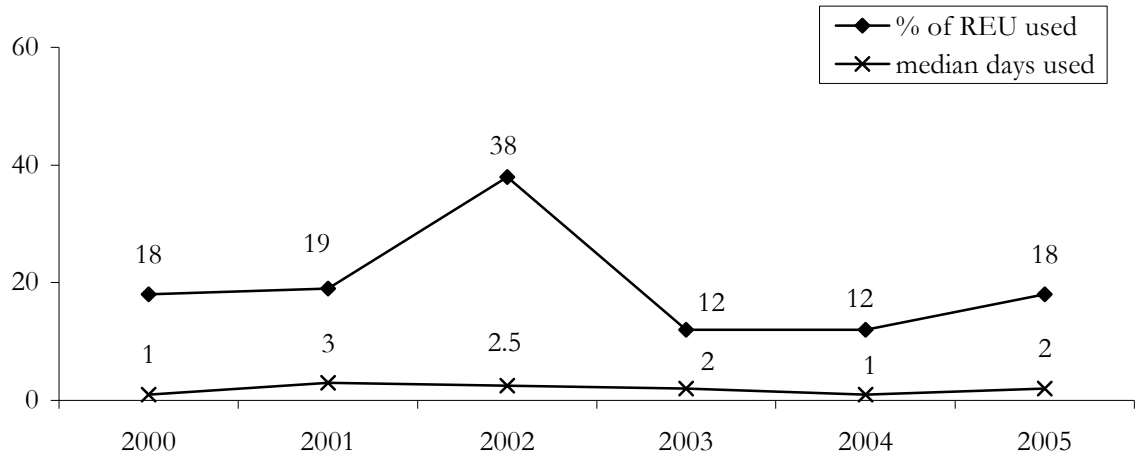
Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	21 (15-34)	22 (16-35)
Ever used (lifetime) (%)	32	35
Used in last 6 months (%)	18	12
GHB as main drug of choice (%)	0	0
Days used in last 6 months#: median (range)	2 (1-24)	1 (1-6)
Average amount used in a single session*: ml: median (range; n)	3 (2-10; 15)	4.5 (2-15; 10)
Most amount used in a single session*: ml: median (range; n)	5 (2-20; 15)	5.5 (3-30; 10)
GHB included in 'binge' episode (%)	4	0

Source: PDI 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 – Trends in recent use* and median days used#, 2000-2005



Source: PDI 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 and 2005. 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, only one REU reported having knowingly used GBL in their lifetime, and had not used it recently. No REU reported ever having used 1,4B. In the 2004 SA PDI, no REU reported ever having knowingly used either substance in their lifetime or recently.

In 2005, only eleven recent users of GHB provided information on the location that they *usually* and *last* used GHB in the six months prior to interview (see Table 7.7). The locations of *usual* use reported were own home (n=4), a friend's home (n=5), nightclub (n=2), private party (n=3) or rave/doofs/dance party (n=3). The locations of *last* use reported were own home (n=4) or a private party (n=2).

Seven KE were able to supply information about use of GHB among REU and the majority (n=6) commented that use was limited. Reports were that GHB was not commonly used, used by only a few, not used by the over 20s, used only once or twice, and 'not as popular as a few years ago'. However, one KE (a medical officer) reported that GHB seems to have re-emerged and that problems associated with its use (particularly overdose) 'came in waves'. This information was supported by an increase in the number of GHB-related attendances at a central Adelaide hospital emergency department (see Section 14).

8.2 Price

All price, purity and availability data for GHB were based on a very small sample of REU and readers are cautioned that the reliability of these 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 2005, with 2004 data for comparison. The median estimated 'current' price of a gram of GHB was $4/ml, the same as the median price *at last purchase* in 2005. The reported prices of GHB in 2005 were similar to that reported for 2004.

Equal numbers of REU (n=2) reported that the price of GHB had been either fluctuating or decreasing in the last six months, four REU reported the price to be stable and one REU indicated the price was increasing. 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, 2004 & 2005

	2005	2004
Median price per ml (range; *n*)		
Current price	$4.00 ($1-$8; *11*)	$4.00 ($1.25 - $5; *8*)
Price at last purchase#	$4.00 ($1-$5; *5*)	$5.00 ($3 - $5; *5*)
Price change in last 6 months (%)	*n=14*	*n=12*
Increasing	7	8
Stable	29	25
Decreasing	14	25
Fluctuating	14	0
Don't know	36	42

Source: PDI REU interviews
asked for the first time in 2004

8.3 Purity

Only nine REU were able to provide information on the purity of GHB in 2005, and just under half of the REU able to answer reported purity to be high (n=4). Three perceived the purity of GHB as medium, and the two remaining REU perceived purity as either low or fluctuating. The perception of recent change in purity was equivocal, however, with no clear picture of stability or change in any direction.

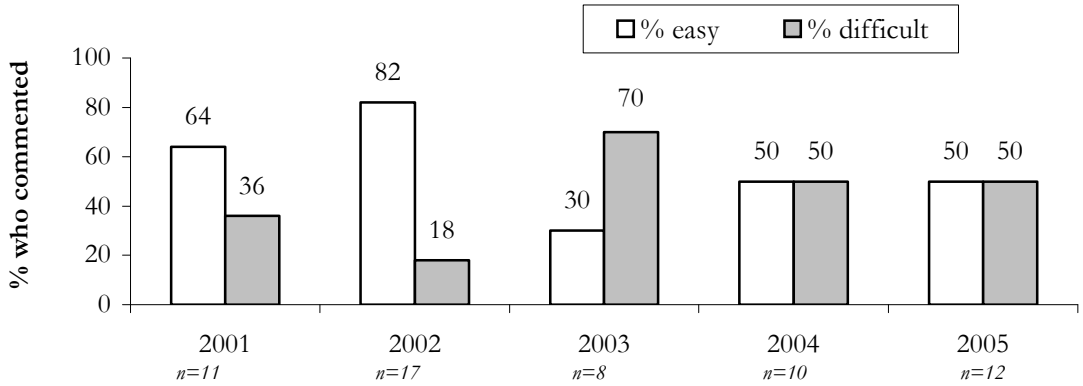
Law enforcement and forensic KE report that recent seizures of 'GHB' in Adelaide were primarily 1,4-Butanediol (1,4-B), and that users were generally unaware of the difference between the two substances.

8.4 Availability

Twelve REU were able to provide information on the availability of GHB in 2005, half of whom reported that it was 'very easy' (n=1) or 'easy' (n=5) to obtain, and half of whom reported that it was 'difficult' (n=6) to obtain currently. When asked about recent change in availability of GHB, the majority indicated that it had been stable (n=4) or easier (n=5), 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 perceptions of GHB availability have been both stable and equivocal in the past two years (with equal numbers reporting it to be 'difficult' or 'easy' to obtain) and that it has been perceived as more difficult to obtain in the last three years (2003 to 2005) compared to the first two years depicted (2001 and 2002).

Figure 8.2: Trend in availability of GHB, 2001-2005



Source: PDI REU interviews

Note: data for 2000 has n=5, and are 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 2005, only eleven recent users of GHB provided information regarding from whom, and where, they had usually bought GHB in the six months prior to interview. Seven stated that they had 'used, not scored' GHB in that time. The remaining REU reported purchasing GHB from a friend (n=4) or known dealer (n=1), and most commonly scored at a friend's home (n=2), their own home (n=1), a nightclub (n=1) or on the street (n=1).

Reports from law enforcement and forensic KE indicate that although seizures of GHB/1,4-B were considered to be lower than previously (as in 2002), they were thought to be increasing slowly recently. It was suggested that 1,4-B may require regulation to restrict accessibility that currently occurs via legitimate industry use.

8.5 Summary of GHB trends

- Almost a fifth of REU reported recent use of GHB, a small increase compared to the last two years. The frequency of recent use was low, consistent with previous years.
- Price, purity and availability data for GHB in 2004 were based on a very small sample of REU and are therefore of limited value. Data suggest 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).
- KE information suggested that GHB use was not common among REU generally, but evidence of harm associated with its use was evident in emergency department attendances.

9.0 LSD

The median age of first use of LSD among REU was 17 years (younger than for ecstasy), around 80% of REU reported having used LSD in their lifetime, and 6% nominated LSD as their drug of choice in 2005 (see Table 9.1). These parameters remained largely unchanged compared to 2004.

9.1 LSD use among REU

Table 9.1 summarises the patterns of use of LSD among REU in 2005, with 2004 data for comparison. In 2005, 48% of REU reported having used LSD a median of 3 days (range 1-24), in the six months prior to interview. A comparison with previous years reveals that the proportion of REU reporting recent use of LSD has increased compared to the previous two years, returning to prevalence levels seen in 2000 and 2001. There has been little change in the frequency of use, with this parameter remaining consistently low across the years (see Figure 9.1).

The *average* and *most* amounts of LSD used in a single session were generally reported as tabs/trips, with a median amount of 1 tab/trip used on *average* and at *most* (see Table 9.1). Compared to 2004, both the *average* and *most* amounts used remained stable.

Most LSD users (98%) reported recent use of LSD by swallowing, with one REU reporting use by 'shelving' (anal or vaginal administration), in the last 6 months. Twelve percent of REU reported having recently binged on LSD.

Table 9.1: Patterns of LSD use among the REU sample

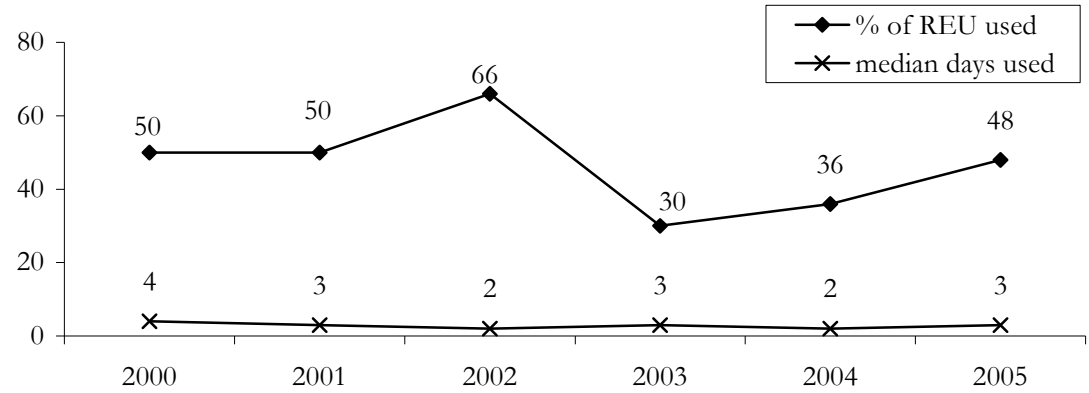
Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	17 (13-40)	17 (13-28)
Ever used (lifetime) (%)	82	77
Used in last 6 months (%)	48	36
LSD as main drug of choice (%)	6	4
Days used in last 6 months*: median (range)	3 (1-24)	2 (1-50)
Average amount used in a single session**: Tabs: median (range; n)	1 (0.5-4; 45)	1 (0.5-5; 34)
Most amount used in a single session*: Tabs: median (range; n)	1 (0.5-9; 45)	1.5 (0.5-13; 34)
LSD included in 'binge' episode (%)	12	7

Source: PDI 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 – Trends in recent use* and median days used#, 2000-2005



Source: PDI 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, their own home, an outdoor location, raves/doofs/dance parties, private parties and in a public place such as a street or a park. The most commonly reported locations of *last* use of LSD were a friend's home, or their own home.

Table 9.2: Venue where LSD was used by REU in the last six months, 2005

	% of REU (n=35)	
	Where have you *usually* used LSD?	**Where did you *last* use LSD?**
Own home	49	29
Dealer's home	6	0
Friend's home	54	43
Raves/doofs/dance parties	20	9
Nightclubs	14	3
Pubs	14	3
Private party	17	3
Restaurant/café	3	0
Public place (street/park)	17	3
Car or other vehicle (passenger)	11	0
Car or other vehicle (driver)	6	0
Outdoors	23	0
Live music event	9	0
Work	3	0
Educational institution	6	0
Acquaintance's house	6	0
Other	9	9

Source: PDI REU interviews
Note: REU were allowed to nominate more than one response

Of the six KE able to comment on LSD use among REU, most agreed that use was limited, with few people using and only very occasionally, and use of LSD not strongly associated with this group. One KE, however, commented that they had noticed 'a few people starting to use it again'.

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 2005, with 2004 data for comparison. The median estimated 'current' price of a tab of LSD was $10 in 2005, the same as the median price *at last purchase*. The reported prices of LSD in 2005 were the same as those reported in 2004. The majority of those REU able to comment reported that the price of LSD had been stable recently.

Table 9.3: Current price of LSD and change of price over the last six months, 2004 & 2005

	2005	2004
Median price per tab (range; *n*)		
Current price	$10 ($5 - $20; *37*)	$10 ($5 - $20; *40*)
Price at last purchase	$10 ($8 - $15; *30*)	$10 ($5 - $15; *25*)
Price change in last 6 months (%)	*n=44*	*n=42*
Increasing	9	5
Stable	64	64
Decreasing	2	14
Fluctuating	5	5
Don't know	21	12

Source: PDI REU interviews

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 2005, with 2004 data for comparison. The majority of REU able to comment on the purity of LSD perceived that current purity was high (64%), an increase compared to 2004. With regard to recent changes in purity, the largest proportions reported purity as stable (28%) or increasing (36%), in the six months prior to interview.

Table 9.4: Purity of LSD and change in purity over the last six months, 2004 & 2005

	2005 (n=36)	2004 (n=36)
Current purity (%)		
Low	11	17
Medium	19	39
High	64	31
Fluctuates	6	14
Change purity in last 6 months (%)		
Increasing	36	11
Stable	28	33
Decreasing	6	11
Fluctuating	8	28
Don't know	22	17

Source: PDI REU interviews

9.4 Availability

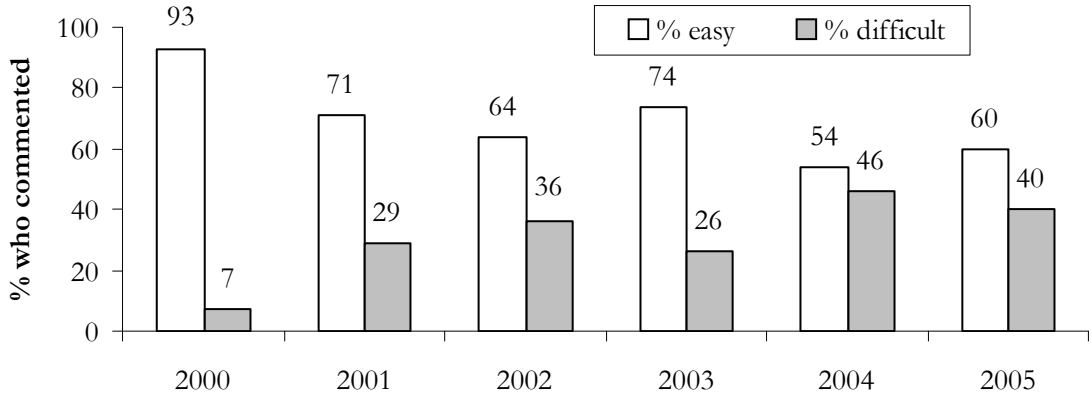
Table 9.5 summarises the current availability of LSD, and the recent changes in availability, as perceived by the REU in 2005, with 2004 data for comparison. The majority of REU able to comment reported that it was 'easy' or 'very easy' (60%) to obtain LSD and that availability had been stable or easier, in the previous six months. Figure 9.2 shows clearly that perception regarding the availability of LSD has remained relatively unchanged since the previous year.

Table 9.5: Availability of LSD and change in availability over the last six months, 2004 & 2005

	2005 (n=40)	2004 (n=41)
Current availability (%)		
Very easy	18	10
Easy	43	44
Difficult	35	39
Very difficult	5	7
Change in availability in last 6 months (%)		
More difficult	10	20
Stable	48	51
Easier	20	5
Fluctuates	10	15
Don't know	13	10

Source: PDI REU interviews

Figure 9.2: Trend in availability of LSD, 2000-2005



Source: PDI REU interviews
Note: data for 'easy' contains the collapsed categories 'very easy' and 'easy' (for 2004 and 2005) 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, at an agreed public location or at their own home (see Table 9.6).

Table 9.6: Source of LSD for REU, 2005

	% of REU n= 35
Used, not scored	***0***
Who have you got LSD from in the last 6 months?	
Friends	80
Known dealers	29
Workmates	6
Acquaintances	14
Strangers/unknown	3
What venues do you normally score LSD at?	
Own home	20
Dealer's home	14
Friend's home	60
Raves/doofs/dance parties	6
Nightclubs	3
Pubs	0
Agreed public location	29
Work	3

Source: PDI REU interviews
Note: REU were allowed to nominate more than one response

9.5 Summary of LSD trends

- Approximately half of the REU sample reported recent use of LSD, and prevalence of recent use increased slightly over the last two years. Frequency of use of LSD remains consistently low.
- The price of LSD in 2005 was unchanged and low (at $10 per tab).
- Perceived purity had increased and availability had remained stable, compared to 2004.
- KE reports suggest that LSD use was not common among REU, and used only occasionally among those that did use.

10.0 MDA

The median age of first use of MDA among REU was 20 years, almost twenty percent 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 2004, with the exception of a decrease in the prevalence of lifetime use.

10.1 MDA use among REU

Table 10.1 summarises the patterns of use of MDA among REU in 2005, with 2004 data for comparison. In 2005, 9% of REU reported having used MDA a median of 2 days (range 1-6), 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 previous years, 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 2005, 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 1.25 tablet/pill or 2 caps used on *average* and a median 1.25 tablet/pill or 2 caps used at *most*. The small number of MDA users able to provide information make it difficult to make comparisons regarding the quantities used over time.

Table 10.1: Patterns of MDA use among the REU sample

Variable	2005 (n=100)	2004 (n=100)
Age first used: median in years (range)	20 (15-32)	20.5 (14-34)
Ever used (lifetime) (%)	19	30
Used in last 6 months (%)	9	14
MDA as main drug of choice (%)	0	0
Days used in last 6 months#: median (range)	2 (1-6)	3 (1-100)
Average amount used in a single session*:		
Caps: median (range; n)	2 (1-3; 2)	1 (1-2; 5)
Tablets/pills: median (range; n)	1.25 (0.5-2; 4)	1 (1-5; 6)
Most amount used in a single session*:		
Caps: median (range; n)	2 (1-3; 2)	3 (1-4; 5)
Tablets/pills: median (range; n)	1.25 (1-3.5; 4)	1 (1-5; 6)
MDA included in 'binge' episode (%)	0	1

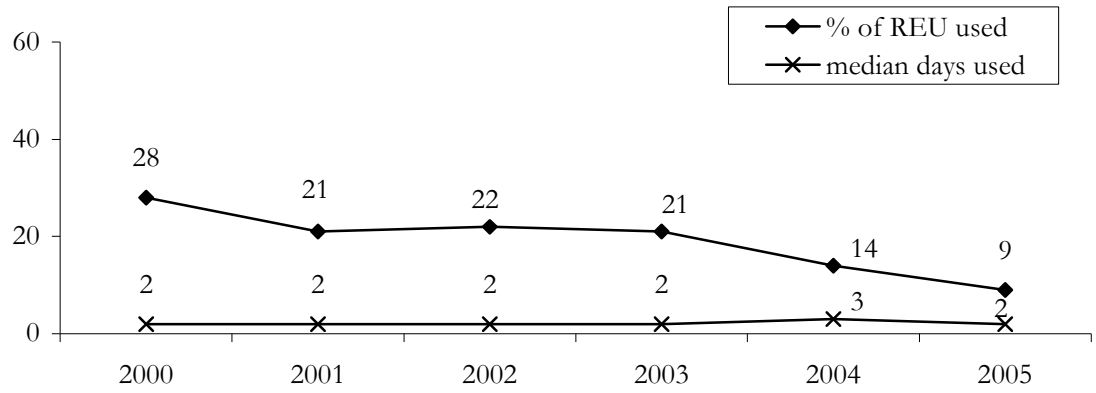
Source: PDI REU interviews

# 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

All MDA users reported recent use by swallowing (n=9) and three reported use by snorting, in the six months prior to interview. No REU reported having recently binged on MDA.

Figure 10.1: MDA – Trends in recent use* and median days used#, 2000-2005



Source: PDI REU interviews
* use in the previous six months
# by those reporting use in the previous six months

Several KE (n=6) were able to provide information on the use of MDA, and reported that purposeful use was limited to a few, or that it was either generally not heard of, or not perceived as different to MDMA. Three KE reported that people suspected that MDA was in pills sold as ecstasy and that they were unperturbed by that as the effect was similar enough to MDMA.

In 2005, only four 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 a friend's home (n=3), raves/dance parties (n=1), a pub (n=1), a private party (n=1), public place such as street or park (n=1), car/vehicle (passenger; n=1), or lounge bar (n=1). The locations of *last* use reported were a friend's home (n=1), a street party (n=1), rave/doof/dance party (n=1), or lounge bar (n=1).

10.2 Price

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

The median estimated 'current' price of a pill of MDA was $35 in 2005, the same as the median price *at last purchase,* reported by four REU. No other prices per quantity were reported in 2005. Three of the five REU able to comment reported that the price of MDA had been stable recently. The remaining two were unable to comment on recent price changes.

10.3 Purity

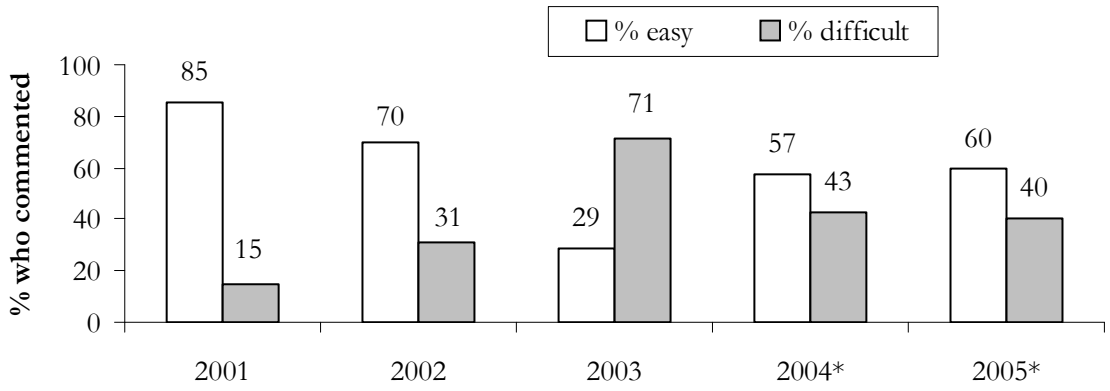
Only five REU were able to provide information on the purity of MDA in 2005, over half of whom reported perceived purity to be high (n=3). The remaining two REU reported MDA purity to be medium. With regard to recent changes in purity, two REU reported that purity of MDA had been stable, and one that purity had been decreasing, in the six months prior to interview. The remaining two REU were unable to comment on recent changes.

10.4 Availability

Only five REU were able to provide information on the availability of MDA in 2005, three of whom reported that it was 'very easy' or 'easy' to obtain, and two of whom reported that it was 'difficult' to obtain currently. Regarding recent change in availability of MDA, no clear picture was discernible due to the small number of REU able to comment.

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 MDA has been perceived as more difficult to obtain in the last three years (2003 to 2005) compared to the first two years depicted (2001 and 2002).

Figure 10.2: Trend in availability of MDA, 2001-2005



Source: PDI REU interviews

* data for 2004 and 2005 have 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 2005, only four recent users of MDA provided information on from whom, and where, they had usually bought MDA in the six months prior to interview. All reported they had purchased MDA from friends, one REU had purchased from a known dealer and one from an unknown dealer. With regard to where they had scored, three reported that they had done so at a friend's home, one at their own home, one at a rave/doof/dance party, one at an agreed public location, and one at a street party.

10.5 Summary of MDA trends

- Nine percent of REU reported recent use of MDA in 2005. The proportion of REU reporting recent use of MDA was decreased compared to previous years, but the frequency of use was relatively stable and has remained consistently low across the five years of the PDI survey.
- Price, purity and availability data for MDA in 2005 were based on a very small sample of REU and are therefore of limited value. Data suggest that the price and purity of MDA was stable, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).
- KE information suggests that MDA was not commonly used by REU, except as a (suspected) constituent of pills sold as ecstasy.

11.0 OTHER DRUGS

Table 11.1 summarises recent use and frequency of use of other drugs over the last six 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, 2000-2005**

Drug type	2005 (n=100)	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Alcohol						
% used	99	96	98	90	94	92
Median days used (range)	52 (2-180)	32.5(1-180)	48 (2-180)	20 (1-104)	52 (1-180)	20 (3-130)
Cannabis						
% used	87	81	87	82	89	88
Median days used (range)	85 (1-180)	48 (1-180)	27 (1-180)	91 (1-180)	65 (1-180)	115 (2-180)
Tobacco						
% used	78	65	72	71	67	52
Median days used (range)	180 (1-180)	180 (3-180)	180 (2-180)	180 (2-180)	180 (1-180)	180 (1-180)
Benzodiazepines						
% used	26	40	30	40	27	24
Median days used (range)	9 (1-180)	4.5 (1-180)	6 (1-180)	2 (1-180)	3 (1-180)	4 (1-24)
Anti-depressants						
% used	10	14	12	29	13	14
Median days used (range)	125 (2-180)	165 (1-180)	3.5 (1-180)	6.5 (1-180)	42 (1-180)	3 (1-30)
Amyl nitrate						
% used	9	16	13	25	17	32
Median days used (range)	2 (1-6)	3 (1-26)	2 (1-72)	1 (1-20)	2 (1-100)	3 (1-40)
Nitrous oxide						
% used	46	47	55	53	53	74
Median days used (range)	3 (1-72)	4 (1-72)	6 (1-90)	3.5 (1-90)	8 (1-104)	20 (2-95)
Heroin						
% used	3	3	2	6	4	0
Median days used (range)	72 (1-180)	10 (3-48)	9 (6-12)	6.5 (1-10)	1 (1-10)	-
Other opiates						
% used	8	10	7	7	1	36
Median days used (range)	3 (1-24)	4.5 (1-180)	24 (2-48)	6 (1-30)	1 day only	7.5 (1-35)

Source: PDI 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 2005, the same as reported in the previous two years.

The proportion of REU reporting recent use of alcohol remains high in 2005, at 99%. Fluctuations in the frequency of alcohol use have continued over time with the median

number of days used alcohol at 52 in 2005, compared to a median 32.5 days in 2004, 48 days in 2003, 20 days in 2002 and 52 days in 2001.

Thirty three percent of REU reported including alcohol in a binge session in 2005, and 49% of REU reported typically using alcohol with ecstasy, with 36% reporting typically consuming more than five standard drinks when they did so. With the exception of the inclusion of alcohol in a binge session, which increased from 15% in 2004, the other parameters of alcohol use remained relatively stable since the previous year.

The majority of KE able to comment reported alcohol use was common among REU. Several KE mentioned that alcohol would routinely be used with other drugs, with two reporting that levels of drinking could be high even when other drugs were being used. This supports REU reports of combined use of alcohol and ecstasy (see Section 4.1). In contrast, one KE commented that among the REU they had contact with, mainly young women in a clinical setting, there was relatively low prevalence of risky drinking, and they were more likely to have problems related to ecstasy and/or 'speed' use.

11.2 Cannabis

The median age at which REU first used cannabis was 15 years in 2005, the same as reported in 2004

The proportion of REU reporting recent cannabis use was 87% and in comparison to previous years there has been little change in prevalence of recent cannabis use (see Table 11.1). The frequency of use of cannabis among REU in 2005 was a median 85 days, an increase compared to 2004 (48 days) and 2003 (27 days). However, frequency of use of cannabis has fluctuated widely across the six years the PDI has been conducted (see Table 11.1). Thirty-two percent of REU report bingeing on cannabis in 2005, an increase compared to 2004 (17%). Similarly to 2004, 37% of REU report typically using cannabis with ecstasy, and 56% report typically using cannabis at ecstasy comedown, in the six months prior to interview.

Most KE reports regarding cannabis use stated use was common among REU and ranged from casual to regular use. Two KE commented that use, and the level of use, related to whether the person was a cannabis smoker generally, or not, with regular smokers more likely to smoke more and more often, where 'non-smokers' would use cannabis more specifically and tailored with their other drug use. For example, at the beginning or end of a night, to either enhance or prolong the effects of ecstasy, or as part of the comedown or recovery period (after either ecstasy or methamphetamine use).

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 increased slightly compared to the previous four years, with approximately three-quarters of the sample (78%, or 3 in 4 REU) reporting recent use in 2005 (see Table 11.1). The frequency of tobacco use among REU 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). This compares to the daily smoking prevalence rate, in the South Australia population aged 14 years and over, of less than 1 in 5, in 2004 (AIHW, 2005c). Over sixty percent of REU report typically smoking either *with ecstasy*, or *at ecstasy comedown*, in 2005.

In support of these results, most KE reported that tobacco use was common among REU, with reports ranging from 50% of REU to it being 'universal' among REU.

11.4 Benzodiazepines

The median age of first use of benzodiazepines was 19 years in 2005. The proportion of REU reporting recent use of benzodiazepines has fluctuated over the six years of the survey, and, in 2005, 26% of the REU reported recent use. The frequency of benzodiazepine use has fluctuated somewhat over the years, with a median 9 days use reported in 2005 (see Table 11.1). Two REU reported typically using benzodiazepines with ecstasy and seven reported typically using benzodiazepines during ecstasy comedown in 2005, in the last six months, which was similar to patterns of use reported in 2004.

Use of benzodiazepines was mentioned by a limited number of KE (n=4), with a variety of comment. Two KE reported that substantial proportions of REU (40% to 50%) use benzodiazepines, but that use was functional; for example, to sleep when 'been up too long' or when a person doesn't want to deal with the comedown from ecstasy, and that 'only one or two' were used, infrequently. Two other KE reported similar use but that it was only among a small number of REU.

11.5 Anti-depressants

The median reported age of first use of anti-depressants was 19 years in 2005. Ten percent of REU reported recent use of anti-depressants a median 125 days, in 2005. The prevalence of use of anti-depressants among REU has been consistent across the years of the PDI, apart from a 'spike' in 2002 (29%) (see Table 11.1). The frequency of use of anti-depressants among the REU samples has fluctuated over the years, but has remained relatively high for the last two years. No information about whether use was medical (as prescribed) or non-medical (un-prescribed or otherwise) was not elucidated in the PDI survey of REU. Two REU reported having used anti-depressants in combination with their ecstasy use.

Two KE reported that it was 'quite common' for people to be using anti-depressants, as prescribed. No mention of illicit use was made by KE, though both commented that people may stop their use of anti-depressants (for a day or two) when they use ecstasy, to avoid any flattening of the ecstasy effect, or to avoid 'serotonin syndrome'.

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 20 years, and the median age of first use of nitrous oxide was 18 years.

In 2005, 9% of REU reported recent use of amyl nitrate for a median of 2 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 2004.

In 2005, 46% of REU reported recent use of nitrous oxide for a median of 3 days. The prevalence and frequency of nitrous oxide use has remained relatively stable since 2001 (see Table 11.1). Six percent of REU reported having binged on nitrous oxide, 8% reported having typically used nitrous oxide with ecstasy, and 7% reported using nitrous oxide during an ecstasy 'comedown' in the last six months.

Use of inhalants was not generally mentioned by KE, though one reported nitrous oxide was 'pretty commonly used' among the REU they had contact with. Two KE reported no use of inhalants among REU they had contact with.

11.7 Pharmaceutical stimulants

For the past two years, REU have been asked about their use of pharmaceutical stimulants, such as dexamphetamine, pseudoephedrine and methylphenidate (Ritalin®) (see Table 3.2). In 2005, the median reported age of first use of any pharmaceutical stimulant was 17 years, and 60% of the sample reported use of pharmaceutical stimulants in their lifetime. Twenty-four percent of REU reported recent use of some type of pharmaceutical stimulant on a median of 2 days (range 1-180).

11.8 Magic mushrooms

For the first time, in 2005, REU were asked about their use of 'magic mushrooms' (hallucinogenic mushrooms) (see Table 3.2). The median reported age of first use of 'magic mushrooms' was 18 years, and 55% of REU reported having used them in their lifetime. Fourteen percent of REU reported use of 'magic mushrooms' a median of 2 days in the last 6 months.

12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

For the first time' in 2005, REU were asked questions about whether they obtained information about the ecstasy and other drugs they used (including information about content and purity), and, if so, from what sources or by what methods they obtained such information. Questions were also included in relation to users' beliefs. These sections are summarised in Tables 12.1 and 12.2 below.

Table 12.1: Information-seeking about purity & content of ecstasy and other drugs, 2005

	2005 (n=100)
Find out the content of drugs other than ecstasy (%)	
Never	29
Sometimes	21
Half the time	7
Most times	14
Always	29
Find out the content of ecstasy (%)	
Never	13
Sometimes	25
Half the time	4
Most times	24
Always	34
Find out content of ecstasy via (%)*	
Friends' experience	79
Other people's experience	33
Personal experience	29
Dealer	51
Testing kits	26
Information pamphlets	0
Websites	43
Use testing kits (%)**	
Sometimes	48
Half the time	13
Most times	26
Always	13
Are aware of limitations of testing kits (%)**	61
Would still take pill if contained (%)**	
Ecstasy-like substance	100
Amphetamine-type substance	96
Ketamine	39
No reaction	26
Purchased drug# had different content than expected (%)##	
Never	24
Sometimes	63
Half the time	10
Most times	0
Always	1

Source: PDI REU interviews

*of those who find out content (n=87) – multiple responses were possible, **of those who used testing kits (n=23), # in last six months, ## data missing for 2 people

Table 12.2: Drug information and beliefs regarding ecstasy and other drugs, 2005

	2005 (n=100)
Information resources believed to be/would be useful (%)	
Pamphlets	47
Posters	28
Postcards	13
Music CDs	11
Video/DVDs	14
Local website	52
Testing kits	67
Venue outreach worker	47
Logo believed to be a good indication of what pill is like (%)	
Always	4
Often	24
Sometimes	41
Never	31
Don't know	0
Most 'ecstasy' pills obtained contain little or no MDMA (%)	
Always	3
Often	12
Sometimes	49
Never	23
Don't know	13
Most 'ecstasy' pills obtained are mainly MDMA (%)	
Always	13
Often	30
Sometimes	41
Never	5
Don't know	11
Don't care about pill content as long I have a good time (%)	
Always	26
Often	15
Sometimes	21
Never	36
Don't know	2
Using 'ecstasy' should be legal (%)	
Always	23
Often	9
Sometimes	17
Never	36
Don't know	15
Selling 'ecstasy' should be legal (%)	
Always	17
Often	5
Sometimes	19
Never	42
Don't know	17

Source: PDI REU interviews

The majority of REU stated that they found out about the content and purity of ecstasy and other drugs prior to use at least some of the time, with approximately a third reporting they *always* did so (34% for ecstasy and 29% for other drug/s). Most REU reported that the source of information, regarding content and purity of ecstasy pills, was a friend who had

experienced using them (79%), half reported the source was a drug dealer (51%), and 43% got information from a website. A quarter of REU reported that they found out about the content and purity of the ecstasy they used by using a testing kit, and over half of those (52%, n=12) reported doing so at least half the time. Over a third of REU that used testing kits to find out the content of their ecstasy pills (39%, n=9) were unaware of any limitations regarding the methodology of testing kits (such as reagent-based testing kits), and a quarter (26%, n=6) stated they would still take a pill that showed no reaction (i.e. no result, indicating that the constituent was not deciphered by the test) on testing. Two-thirds of the REU sample (67%) believed that testing kits would be useful to them if they were available locally, and were the most commonly nominated by REU as a useful information resource.

Further, almost three-quarters of REU (74%) reported that the ecstasy or other drugs they had purchased in the last six months 'sometimes' or more often turned out to have a different content or purity than they expected.

With regard to people's beliefs about ecstasy, a quarter of REU thought that an ecstasy pill logo was a good indication of what the pill would be like, though answers to the questions about MDMA content of ecstasy pills indicate an understanding by most that there was no guarantee a pill would contain MDMA. A quarter of REU (26%) stated they did not care what a pill contained, as long as they had a good time.

Interestingly for a sample of regular ecstasy users, substantial proportions reported that they believed using (36%) or selling (42%) ecstasy should *not* be legal.

13.0 RISK BEHAVIOUR

13.1 Injecting and injecting risk behaviour

Detail on injecting and injecting-related risk behaviour has been included in the PDI REU survey since 2004. In 2005, 16% of the sample reported ever injecting any drug and 10% reported having injected any drug in the six months prior to interview. The median age of first injecting any drug was 18.5 years (range 14 to 27 years, n=16). In 2005, participants were asked about their history of use of 20 separate drug types[3], and their injecting of 16 different drug types. For the REU that reported a history of injecting, a median of 2.5 drugs (range 1-10; n=16) had *ever* been injected, and a median of 1.5 (range 1-5; n=10) 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, 14% in 2003 and 25% in 2004, compared to 16% 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 over-representation of injecting drug users in some years.

Table 13.1 summarises the injecting drug history and recent injecting patterns of the REU that reported any injecting in 2005. Some form of methamphetamine was the drug most commonly *ever injected*, as well as the drug most commonly *first injected* by the sample. Seventy-five percent of those that had ever injected had first injected methamphetamine (n=12) (powder (n=5) or base (n=7)) and twenty-five percent had first injected heroin (n=4). Methamphetamine was also the drug most commonly *recently injected* and the drug most *frequently injected*, in the six months prior to interview. Base methamphetamine was the most frequently injected form of methamphetamine (a median of 16 days), in the last six months, as well as the most commonly *last injected* drug. Four REU reported injecting ecstasy a median of 7.5 days, in the last six months.

KE provided comment on injecting in reference to ecstasy use only, and all KE either did not mention injecting as a possible route of administration at all, or commented that injecting was unheard of, or occurred exclusively among people who would be regarded as primarily methamphetamine, or 'speed' users, and who injected 'speed'.

Ten of the 16 REU who had ever injected had first done so under the influence of another drug or drugs, as follows: alcohol (n=5), cannabis (n=5), methamphetamine base (n=2), ecstasy (n=1), cocaine (n=1) or benzodiazepines (n=1).

Four of the 16 REU who had ever injected reported that they did not inject themselves, and the remaining REU stated they had learnt to inject from a friend or partner (n=7), from another user (n=4), or from a dealer (n=1) (note: participants were able to nominate more than one method of learning).

[3] Drug types were: ecstasy (pills & powder), methamphetamine (any form), pharmaceutical stimulants, cocaine, LSD, MDA, 'magic mushrooms', ketamine, GHB (includes 1,4B and GBL), amyl nitrate, nitrous oxide, alcohol, cannabis, anti-depressants, benzodiazepines, tobacco, heroin, methadone, buprenorphine and other opiates

Table 13.1: Injecting drug use history among injectors, 2005

	% ever injected (n=16)	% first drug injected (n=16)	% injected in last 6 months (n=10)	Median days injected in last 6 months (range; n) (n=10)	% last drug injected (n=10)
Ecstasy – pills	56	0	40	7.5 (1-12; 4)	0
Ecstasy – powder	38	0	10	1 (n=1)	0
Meth – powder	69	31	40	9 (1-30; 4)	0
Meth – base	88	44	80	16 (1-120; 8)	60
Meth – crystal	69	0	50	4 (1-90; 5)	30
Pharm. stim[1].	19	0	0	-	0
Cocaine	38	0	20	3.5 (2-5; 2)	0
LSD	31	0	0	-	0
MDA	0	0	0	-	0
Ketamine	13	0	0	-	0
GHB	0	0	0	-	0
Heroin	50	25	30	48 (1-180; 3)	10
Other opiates[2]	25	0	10	4 (n=1)	0
Methadone	6	0	0	-	0
Buprenorphine	13	0	10	2 (n=1)	0
Benzodiazepines	31	0	0	-	0

Source: PDI REU interviews

1. Pharmaceutical stimulants; includes dexamphetamine 2. Includes codeine, morphine, and pethidine.

With regard to the frequency of risk behaviour among the ten recent injectors of the REU sample, there was little reported sharing of needles, or of other injecting equipment. Only one injector reported using a needle after a close friend, once in the previous month. Another injector reported that someone else had used a needle following them, twice in the last six months. In addition, two injectors reported they had shared equipment other than needles (specifically, the spoon or mix) during that time. Most recent injectors reported always injecting themselves (n=7), though three reported they were typically injected by a friend. The median frequency of injecting any drug (of 31 times, range 1-360, n=10), in the last six months, was skewed by three people that reported injecting once a day or more during that period. When these three people were removed from the analysis, the median frequency of injecting was 10 times (range 1-48, n=7). Six recent injectors reported having injected whilst under the influence or coming down from a drug or drugs a median 11 times in the last six months (range 1-350).

Obtaining needles

All 10 recent injectors in the REU sample stated that they had no difficulty obtaining new needles in the six months prior to interview. The most common sources of needles were reported as a Clean Needle Program (n=4), a chemist (n=4) or a friend (n=3). Other sources

of needles reported by this group were a dealer (n=2), a vending machine (n=1), or their partner (n=1).

Context of injecting

The majority of recent injectors reported injecting in either their own home (n=6) or a friend's home (n=5), in the last six months. Two people also reported they had injected at a dealer's home during that time. No injecting in public locations was reported. Regarding the social context of injecting among this group, most reported usually injecting with close friends (n=6) in the six months preceding interview. One each reported usually injecting with a regular sex partner or a casual sex partner. Three people reported that they had usually injected alone during that period.

13.2 Blood-borne viral infections (BBVI)

Table 13.2 summarises the information regarding blood-borne viral infections (BBVI) - vaccination, testing and status - provided by the whole REU sample in 2005. At the time of interview, 44 REU stated that they had completed a hepatitis B virus (HBV) vaccination schedule, six reported that they had started a schedule but not completed it, 41 reported that they had never been vaccinated, and nine didn't know if they had been vaccinated against HBV or not. The reasons given for being vaccinated against HBV were most often unrelated to risk of infection due to injecting or sexual behaviour. Most commonly, REU reported having been vaccinated as a child (n=23), because they had been going overseas (n=11), or for a mixture of other reasons (n=13).

Approximately a quarter of the REU sample reported that they had been tested for either hepatitis C virus (HCV) or human immunodeficiency virus (HIV) infection, and the majority stated that their status was negative for both.

Table 13.2: Self-report of BBVI vaccination, testing and current status

	Number of REU
HBV vaccination, complete	44
If yes, reason	
Risk (sexual)	2
Risk (IDU)	0
HCV test in last year	25
If yes	
Positive	1
Negative	22
Don't know	1
HIV test in last year	29
If yes	
Positive	0
Negative	28
Don't know	1

Source: PDI REU interviews

13.3 Sexual risk behaviour

For the second year, in 2005 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.

13.3.1 Patterns of recent sexual activity and sexual risk behaviour

Tables 13.3 summarises the self-reports of recent sexual activity and condom use, and Table 13.4 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 13.3 shows that 92% of the REU sample reported having had penetrative sex in the six months prior to interview, 40% of them with only one person in that time. Of those who had had penetrative sex, 83% reported they had done so with a regular partner (n=76) and 65% reported they had done so with a casual partner (n=60), in that time. Of the REU that reported having had penetrative sex with a casual partner in the last six months, 43% reported that they had not always used a condom.

Table 13.3: Recent* sexual activity and condom use

Have had penetrative sex in the last 6 months (% of REU)	**92**
Of those who had penetrative sex (%):	
Number of sex partners	
One person	41
Two people	13
Three to five people	33
Six to ten people	9
More than ten people	4
Had penetrative sex with	
Regular partner	83
& always used a condom#	22
& never used a condom#	33
Casual partner (n=60)	65
& always used a condom#	57
& never used a condom#	8
Number of times had anal sex	
None	77
Monthly or less (1-6 times)	15
More than monthly – once a fortnight (7-12 times)	3
More than fortnightly – three times a week (13-72 times)	4

Source: PDI REU interviews

* In the six months preceding interview, # of those who had sex with a regular/casual partner

Table 13.4 shows that 76% of the REU (83% 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 30% 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 (87%, n=66), followed by alcohol, cannabis or some form of methamphetamine (see Table 13.4). 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.

Table 13.4: Recent* sexual activity and condom use under the influence of drugs

Have had penetrative sex under the influence (% of REU)	**76**
Of those who had sex under the influence (%):	
Number of times had sex under the influence	
Once	11
Twice	24
Three to five times	20
Six to ten times	16
More than ten times	30
Drugs used *(data missing for 1 person, n=75)*	
Ecstasy	88
Alcohol	53
Cannabis	51
Methamphetamine – powder	19
Methamphetamine – base	43
Methamphetamine – crystal	13
Cocaine	7
LSD	11
Ketamine	1
GHB	4
Nitrous oxide	4
Had penetrative sex with *(data missing for 2 people, n=74)*	
Regular partner	75
& always used a condom#	26
& never used a condom#	42
Casual partner	59
& always used a condom#	58
& never used a condom#	13

Source: PDI REU interviews

* In the six months preceding interview, # of those who had sex with a regular/casual partner

In this context, almost half the REU sample (45%) reported they had never undergone a sexual health check-up. Of the remaining sample, 38 REU reported having had a sexual health check-up in the last year, 16 more than a year ago, and one was unsure.

13.4 Driving risk behaviour

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. They were also asked if they had driven whilst over the limit for alcohol. The results are detailed in Table 13.5.

Table 13.5: Recent* occurrence of driving following drug use, 2005

	% of recent* drivers (n=88)
Driven over the limit for alcohol	***50***
Driven soon after# taking any illicit drug	***81***
Driven soon after# illicit use of:	
Ecstasy	61
Methamphetamine – powder	32
Methamphetamine – base	53
Methamphetamine – crystal	15
Pharmaceutical stimulants	6
Cannabis	51
Cocaine	9
LSD	10
'Magic mushrooms'	2
Ketamine	2
Nitrous oxide	6
Heroin	1
Other opiates	1
Benzodiazepines	3

Source: PDI REU interviews
* In the six months preceding interview, #within one hour of

Half of the REU that had driven a vehicle in the six months prior to interview reported that they had driven whilst over the limit for alcohol, a median 3.5 times (range 1 to 180) during that period. The frequency data were skewed by one person reporting they did so on a daily basis, and another that reported they had done so half the time.

Over eighty percent of recent drivers also reported that they had driven within an hour of use of any illicit drug. The most commonly reported as having been used within an hour prior to driving were ecstasy (61%), methamphetamine base (53%), cannabis (51%), methamphetamine powder (32%), and crystal methamphetamine (15%).

14.0 HEALTH-RELATED ISSUES

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

14.1 Overdose

Participants were asked if they had experienced overdose of any party drug, ever, and in the last 6 months. 'Overdose' was clarified as having passed out or fallen into a coma following use of a drug.

Twelve people reported that they had *ever* overdosed on a party drug a median 1 time (range 1 to 2), and the drug or drugs involved are listed in Table 14.1 (participants were able to specify multiple drugs). GHB, ecstasy, ketamine, as well as alcohol and cannabis, were most commonly involved in overdose for these twelve REU. The median time since last overdose, for those that reported *ever* overdosing on a party drug, was 2 years and 3 months (range 1 month to 11 years).

In 2005, two REU reported experience of overdose in the six months prior to interview, compared to ten REU in 2004. One person reported the main drug they had overdosed on was GHB, and specified that alcohol, methamphetamine (base), and a pill that was tested positive for amphetamine, had been used at the same time as the GHB. The second person reported the main drug they had overdosed on was nitrous oxide, and that they had also used alcohol, cannabis and ecstasy at the same time.

Table 14.1: Frequency of drugs involved in overdose, ever, as reported by REU, 2005

Drug/s last overdosed on*	Frequency of mentions among those reporting *ever* overdosed (n=12)
Ecstasy	3
Methamphetamine – powder	1
Methamphetamine – base	1
Ketamine	2
GHB	4
Nitrous oxide	1
Cannabis	2
Alcohol	2
Other opiates#	1
'magic mushrooms'	1

Source: PDI REU interviews

* As reported by REU, # includes opiates *other* than heroin or methadone (i.e. morphine, codeine etc)

14.2 Self-reported symptoms of dependence

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).

14.2.1 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 10; n=100). Twenty-nine REU scored zero (indicating no impact of their use in terms of the questions posed, and subsequently; no dependence on ecstasy); 65 REU scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use); and 6 REU scored 5 or above (indicating clinically significant dependence). Therefore, 6% of the 2005 REU sample indicated dependent use of ecstasy in the last twelve months, as measured by the SDS. This compares to 9% of the REU sample in 2004.

14.2.2 Methamphetamine

Of the 94 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 11; n=94). Forty-three REU scored zero (indicating no problematic use or dependence); 39 REU scored from 1 to 4 (indicating less than clinically significant dependence, but some level of problematic use); and 12 REU scored 5 or above (indicating clinically significant dependence). Therefore, 13% of methamphetamine users in the 2005 sample indicated dependent use of methamphetamine in the last twelve months, as measured by the SDS.

14.3 Help-seeking behaviour

In 2005, a total of 16 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 services accessed, the main drugs involved, and the main issues surrounding those attendances are summarised in Table 14.2. Most REU that had accessed a service recently (63%, n=10), in relation to their drug use, had accessed one service type, for one drug type. One person reported that they had utilised six different service types related to their use of heroin, but this person was an outlier in the sample, being a regular injecting heroin user.

The most commonly accessed service, in relation to *any* drug use, was a GP (attended by 6 REU). In addition, four REU reported having accessed first aid (such as at an event), four attended a psychologist, three attended a hospital emergency department, three attended a counsellor and three attended a psychiatrist. Reasons for attendance of these services most commonly involved acute physical problems (i.e. side effects of drug use), and also included drug dependence, depression and anxiety. The drugs most commonly involved in seeking

these services were ecstasy and cannabis, and, less commonly, some form of methamphetamine and GHB.

Table 14.2: Services accessed by REU*, by main drug/s, and main issue/s, 2005

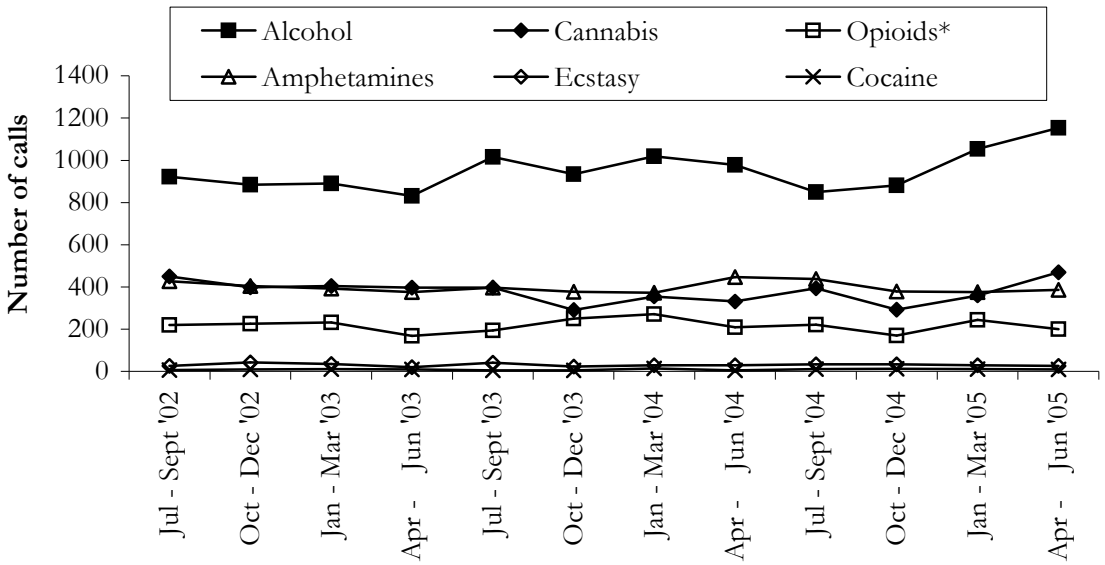
No.	Main drug/s	Service accessed*	Main issue
1	Ecstasy	First aid	Required reassurance & comforting
2	Ecstasy	GP	Acute physical problem
3	Ecstasy	Counsellor	Worried about friends
4	Ecstasy	Psychologist	Anxiety
5	Meth – crystal	Emergency department	Acute physical problems
6	Meth – base	Hospital (admitted) GP	Acute physical problems Dependence/addiction
7	LSD	GP	Believed cross-reaction with antibiotic
8	GHB	Emergency department	Overdose
9	GHB	First aid	Acute physical problems
10	Cannabis	Psychologist	Social/relationship issues
11	Cannabis	Psychologist	Psychosis
12	Cannabis	GP, counsellor	Depression
13	Heroin	First aid, Ambulance D&A worker, Social worker Psychologist, Psychiatrist	Overdose Dependence/addiction, pharmacotherapy Anxiety
14	Ecstasy Cannabis	GP Counsellor, Psychiatrist	Social/relationship issues Dependence/addiction
15	Ecstasy Multiple drug use	First aid GP, Iridologist	Acute physical problems Depression
16	Meth – base – and 'magic mushrooms' Cannabis	Emergency department Psychiatrist	Acute physical problems, 'freaking out' Depression

Source: PDI REU interviews
* In the six months prior to interview

Treatment services – ADIS

Figure 14.1 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 2004/05. It can be seen that the drug most enquired about was alcohol, followed by cannabis and amphetamines, 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 14.1: Number of drug-related calls to ADIS per quarter, by selected drug type, Jul 2002-June 2005



Source: SA ADIS

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

Treatment services – DASSA

As can be seen in Table 14.3, in 2005 alcohol dominated as the primary drug of concern for the largest proportion of total clients to DASSA treatment services, followed by amphetamines, cannabis and heroin. Both ecstasy and cocaine accounted for only a very small fraction (<1%) of the total attendances, though the proportion of total clients nominating ecstasy as the primary drug of concern has increased since 2000/01. Please refer to individual drug-related harm sections for more detail on ecstasy- methamphetamine- and cocaine-related clients of DASSA treatment services.

Table 14.3: Primary drug of concern nominated by clients of Drug and Alcohol Services South Australia, as a percentage of total number of clients*, 2000/01 to 2004/05

Drug type	2000/01	2001/02	2002/03#	2003/04	2004/05
Alcohol	40.2	42.0	44.6	47.7	48.3
Amphetamines	11.2	14.5	19.3	18.5	20.0
Heroin	16.4	10.3	18.5	14.3	12.3
Opioid analgesics	7.6	7.1	7.6	8.0	7.5
Cannabis	8.5	10.7	10.6	13.1	12.8
Benzodiazepines	2.0	1.9	2.6	2.3	2.4
Ecstasy	0.04	0.12	0.38	0.74	0.63
Cocaine	0.2	0.3	0.3	0.1	0.4
Tobacco	0.1	0.2	0	0.2	0.2
Unknown	5.9	6.1	0	0.1	0.2
Other	7.9	6.8	1.6	1.5	1.8

Source: Drug and Alcohol Services South Australia

* Total number of clients = total number of individuals

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).

Note: total percentages for each year may not equal 100% as clients may have presented with more than one primary drug of concern within that time.

Emergency department admissions

Information on drug-related attendances to the emergency department was provided by the Royal Adelaide Hospital (RAH), the largest central public hospital in Adelaide, and is presented in Table 14.4. Readers are warned that these are 'uncleaned' data and should be interpreted with caution; however, they are included here to give a picture of trends over time, rather than to provide precise numbers. It is noteworthy that alcohol accounted for by far the most attendances across all years. 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 increased in 2004/05, following two years of stability, to the level seen in 2001/02. It can be seen that attendances regarding amphetamines have fluctuated somewhat across the years depicted, and in 2004/05 account for the most common illicit drug-related attendances, behind heroin and other opioids. However, if the diagnosis 'drug-induced psychosis' (which includes amphetamine-induced psychosis) is examined, it can be seen that a doubling of attendances with this coding was seen in 2004/05 compared to the previous year. 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 14.4: Number of attendances* to the emergency department at the Royal Adelaide Hospital, SA, from 2000/01 to 2004/05 (per drug or diagnosis)

	2000/01	2001/02	2002/03	2003/04	2004/05
Amphetamines	88	76	65	81	91
Cocaine	2	2	0	1	4
LSD	1	2	1	2	6
GHB	0	48	28	28	48
Alcohol	1,066	1,118	994	1,106	1,465
Cannabis	12	16	9	11	15
Heroin	121	30	38	25	30
Other opioids**	79	45	64	57	70
Benzodiazepines	201	170	138	138	141
Anti-depressants	117	104	79	80	87
Drug addiction#	32	27	38	20	37
Drug-induced psychosis#	34	67	52	44	89
Drug withdrawal#	35	35	26	24	26
Other##	640	533	434	442	434
TOTAL	*2,428*	*2,273*	*1,966*	*2,059*	*2,543*

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

An analysis of data, provided by the Australian Institute of Health and Welfare from the National Hospital Morbidity Dataset, for the period 1993/1994 to 2003/04 (financial years) was undertaken by NDARC. These data report on both state-specific and national drug-related hospital admissions[4] (for the four main illicit drug classes), adjusted so that all years reflect ICD-9 classifications for comparability across this time period. Readers should note that the major impact of this adjustment is the exclusion of admissions for drug-related psychosis and withdrawal, due to incomparability between ICD-9 and ICD-10 coding for these conditions[5]. It should also be noted that these data lag behind other indicators by one year.

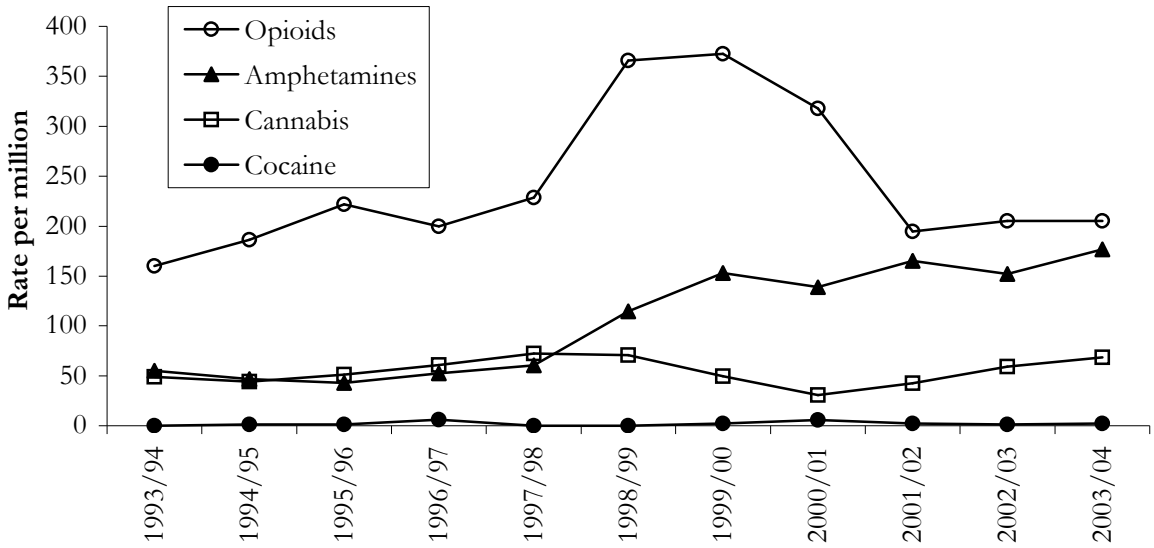
The illicit substances most commonly involved in a primary diagnosis for South Australian drug-related hospital admissions were opioids (heroin, morphine, methadone etc), followed by amphetamines, cannabis and cocaine (see Figure 14.2). Ecstasy-related admissions are not specifically coded. South Australian data followed a similar pattern to national data (see Appendix – Figure 2), but differed in the proportions of admissions per drug type. In particular, SA had a smaller percentage of opioid- and cocaine-related admissions (49% vs.

[4] The National Hospital Morbidity Dataset includes admissions data from public and private hospitals across metropolitan, regional and remote locations.

[5] ICD-9 coding for drug-related psychosis and withdrawal was non-specific for drug type, where ICD-10 coding is specific for drug type.

59%, and 0.5% vs. 1.9%, respectively), and a larger percentage of amphetamine-related admissions (36% vs. 24%) (as a proportion of the total number of admissions for all four drug types) than nationally. Please also refer to individual drug-related harm sections for more detail on methamphetamine- and cocaine-related admissions to hospitals in SA.

Figure 14.2: Rate of substance-related admissions* (primary diagnosis) to hospital in South Australia, 1993/1994 to 2003/04



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.

14.4 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. Over two-thirds of REU (70%) reported having experienced one or more problems related to their drug use in that time, similar to previous years (75% in 2004, 72% in 2003). The majority of problems experienced by REU related to some aspect of their relationships or social life, followed by work or study problems and financial problems (see Table 14.5). The most common social or relationship problems attributed to drug use were having arguments (n=16) and feeling mistrust or anxiety in relation to others (n=10). The most common work or study problems experienced were needing to take sick leave from work or not attending classes (n=14), feeling unmotivated (n=9), having trouble concentrating (n=6), or having a reduced work performance (n=6). The most common financial problems attributed to drug use were having no money for recreation or luxuries (n=21) or having no money for rent and/or food (n=6). Very few (n=3) reported legal or police problems related to ecstasy or other drug use.

REU were also asked to nominate which drug or drugs they attributed the problem to. A summary of these data is given in Table 14.5. As can be seen, and similar to previous years, ecstasy or some form of methamphetamine were most commonly held responsible, at least in part, for work or study, financial, and social problems, followed by cannabis.

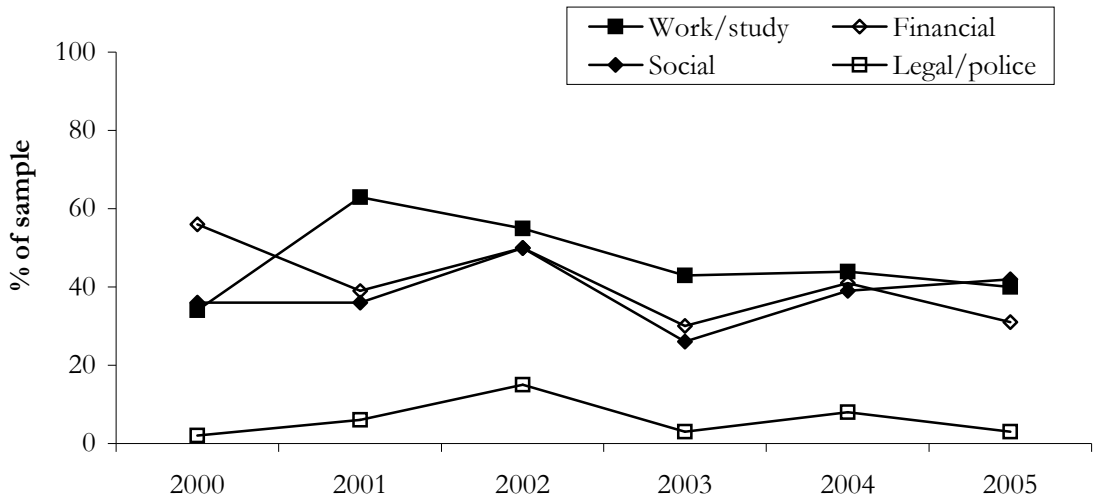
Table 14.5: Percentage of REU reporting other harms associated with drug use in the last six months, by drug type, 2005

Problem experienced	Any drug n=100	Ecstasy n=100	Any meth-amphetamine n=94	Cannabis n=87	Alcohol n=99
Social/relationship	42	24	11	6	0
Financial	31	16	6	6	1
Legal/police	3	0	0	1	1
Work/study	40	18	10	9	1

Source: PDI REU interviews

Figure14.3 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 14.3: Trend in experience of problems related to drug use in the previous six months, 2000 - 2005



Source: PDI REU interviews

15.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

15.1 Reports of criminal activity among REU

Table 15.1 summarises REU reports of criminal activity in the month prior to interview, for the six years that the PDI has been undertaken. In 2005, 27% of REU reported involvement in some type of crime, which was the same as that reported in the previous year. Drug dealing was the most commonly reported crime across all years of the survey. In 2005, 8% of REU reported that they had been arrested within the last 12 months, similar to previous years. Of those, three REU had been arrested for drunk and disorderly behaviour, three for a violent crime and the remaining two in relation to alcohol and driving.

With regard to how REU reported paying for ecstasy in the last six months, 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. In 2005, a slightly greater percentage of REU reported that they 'paid' for ecstasy by dealing drugs for an 'ecstasy profit' (n=28), than reported that they dealt drugs for a 'cash profit' (n=20). In 2005, no REU reported using any other illegal method to pay for the ecstasy they had used in the six months prior to interview.

Table 15.1: Criminal activity in the month prior to interview, as reported by REU, 2000-2005

	% of REU					
	2005 (n=100)	**2004 (n=100)**	**2003 (n=101)**	**2002 (n=68)**	**2001 (n=70)**	**2000 (n=50)**
Criminal activity in last month						
Property crime	3	6	3	12	13	2
Drug dealing	25	21	35	46	44	24
Fraud	3	1	1	6	9	-
Violent crime	2	0	3	3	4	2
Any crime	27	25	37	53	53	24
Arrested in last 12 months	8	5	10	7	3	0
In the last six months, paid for ecstasy through:						
Drug dealing	28*/20**	23*/12**	32	56	46	20
Fraud	0	0	0	2	4	2
Property crime	0	0	1	3	0	2
Sex work	0	0	2	2	1	2

Source: PDI REU interviews
* dealing for ecstasy profit, ** dealing for cash profit

As in previous years, KE reports reiterated that criminal activity (apart from illicit drug use) was rare among 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.

15.2 Perception of police activity towards REU

Table 15.2 presents data on the REU perceptions of police activity in the six months leading up to the survey, for the last four years. In 2005, the majority of REU (55%) reported that police activity had been stable. A further 26% reported that they believed police activity had been increasing. A much smaller proportion than in previous years was unable to comment, with 16% reporting that they didn't know whether police activity had changed recently. As has been consistent across the three years depicted, the majority of REU (97%) reported that their ability to obtain drugs had not become more difficult due to police activity in 2005.

Table 15.2: Perceptions of police activity in the six months prior to interview, as reported by REU, 2002-2005

	% of REU			
	2005 (n=100)	**2004 (n=100)**	**2003 (n=101)**	**2002 (n=68)**
Perception of police activity in last 6 months				
More activity	26	27	22	43
Stable	55	27	37	47
Less activity	3	3	1	9
Don't know	16	43	41	1
More difficult to obtain drugs recently?				
Yes	3	14	13	9
No	97	86	87	91

Source: PDI REU interviews

16.0 SUMMARY

The 2005 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. In 2005, additional questions were added pertaining to information-seeking and beliefs about ecstasy and other drugs, factors influencing the purchasing and use of ecstasy, and more detail regarding risk behaviours among REU.

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 2005.

16.1 Demographic characteristics of regular ecstasy users (REU)

Similar to previous years, the majority of REU were male, and on average, aged in their early 20s. 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 over 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 (KE) reports of the demographics of ecstasy users were generally consistent with the 2005 REU sample.

16.2 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 2005, as in previous years, most of the sample reported recent use of some form of methamphetamine (at levels equivalent to ecstasy use), as well as cannabis, alcohol and tobacco. Other substances reported as recently used by substantial proportions of REU were nitrous oxide, LSD and cocaine, though use of these and other drugs was at a much lower frequency. Compared to 2004, there was an increase in the proportion of REU reporting recent use of tobacco, base methamphetamine, cocaine and LSD, and a decrease in the proportions of REU reporting recent use of ketamine and benzodiazepines.

The trend in increasing binge behaviour continued in 2005 with 58% reporting having binged at least once in the preceding six months. Increases in binge use of ecstasy, base methamphetamine, cocaine, cannabis and alcohol were seen, compared to 2004.

The majority of REU report use of any drug primarily by swallowing or snorting in 2005. However, 10% 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, KE comments indicated that injecting was uncommon among this group of drug users.

16.3 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

2005 this was reported by the majority of the sample (73%) compared to less than half the sample in 2000 (44%). In addition, a large proportion of the sample has consistently reported binge use of ecstasy across this time, with over half the sample having done so in 2005. REU mainly use ecstasy by swallowing, with substantial proportions also reporting recent use by snorting. Ecstasy continued to be used most commonly at nightclubs, friends' homes, raves/doofs/dance parties, private parties or at their own 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 most common. There was a decrease in the proportion of REU reporting typically using LSD *with ecstasy,* and increases in the proportion of REU reporting use of alcohol, tobacco and cannabis *during the comedown period.*

KE information confirms that REU commonly combine other licit and illicit drug use with ecstasy use, with methamphetamine and alcohol particularly common, and that there was a wide range of frequency of ecstasy and related drug use, from every weekend (particularly among younger users) to less frequent or 'special occasion' use.

The reported price of ecstasy was stable (at $30/tablet) compared to 2004, and considered to be stable in the last 6 months. Availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend. Almost three-quarters (74%) of REU were able to obtain drugs other than ecstasy from their main ecstasy dealer, the most common being some form of methamphetamine, cannabis, LSD and cocaine. The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2005, similar to previous years. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2004/05 was 29%, the same as that reported in 2003/04.

The majority of REU reported paying for ecstasy through paid employment or receiving ecstasy as a gift from a friend. Ecstasy was generally purchased for both self and others, and purchased from a median of four people in the last 6 months. Knowing the supplier, the supplier being close to the source, and purchasing larger quantities, were the most commonly reported factors believed to lead to a decrease in the price of ecstasy, whereas buying the drug at a public venue and a decrease in the availability of ecstasy were factors perceived to increase the price of ecstasy. Negative effects on mental health, physical health, work/study and relationships, as well as decreased access to ecstasy, were the main factors that would reportedly lead to a decrease in ecstasy use among REU.

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 risk associated with the unknown content of ecstasy pills.

16.4 Methamphetamine

In 2005, more REU reported recent use of base methamphetamine (82%), but recent use of powder (66%) and crystal (41%) forms of methamphetamine remained stable, compared to 2004. The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of 8 days for powder, 12 days for base and 6 days for crystal). This level of use was unchanged for powder and crystal, but frequency of base use doubled compared to 2004. Despite no change in the prevalence or frequency of recent crystal (or 'ice') use, an increase in the percentage of REU reporting recent use of crystal by smoking was noted (from 14% in 2004 to 27% in 2005). There was some support of

increased smoking of crystal among REU from KE reports, including reports that glass pipes (for smoking) were more frequently seen by police.

Overall, the most common locations REU reported *usually* using methamphetamine were nightclubs, friends' homes, their own home, raves/dance parties, private parties or pubs. All forms of methamphetamine were most commonly used at nightclubs.

There appears to have been little change in price ($20 - $25/point or $200/gram for base and crystal), purity (medium to high for base and crystal), or availability (easy) of all forms of methamphetamine since 2004. However, ACC data indicate that the median purity of methamphetamine seized by SAPOL in SA for 2004/05 had decreased (to 11.6%) compared to the previous year, and the lowest seen in the past four years. SAPOL data on clandestine laboratory detections suggest that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market.

16.5 Cocaine

There was an increase in the proportion of REU reporting recent use of cocaine in 2005 (up to 49%, compared to 26% in 2004), though no change in the frequency of cocaine use, which remains low among those that had used recently. The most commonly reported locations of both *usual* and *last* use were a friend's home, nightclubs, raves/doofs/dance parties, own home and public place.

Though the number of REU able to comment on these parameters was small, reports indicated that cocaine price was stable (at $250/gram), and the perception was that purity had increased (medium or high), and availability had increased (though equal proportions reported it was easy or difficult to obtain), compared to 2004. Data from the ACC show an increase in the number of cocaine seizures by SAPOL in 2004/05, while the median purity was relatively stable at 31%. As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

16.6 Ketamine

Almost one-quarter of REU reported recent use of ketamine in 2005, though frequency of use remained low. The prevalence of recent use of ketamine among REU had decreased, following a steady increase in use from 2001 to 2004. The most commonly reported locations of both *usual* and *last* use of ketamine was a friend's or their own home. KE comments suggest use of ketamine is either 'accidental' (in ecstasy pills) or restricted to a subset of users, and supports REU reports of use at private venues.

Though the number of REU able to comment on these parameters was very small, reports indicated that the current estimated price of ketamine was stable at $200/gram, and it was considered to be of good quality, though difficult to obtain.

16.7 GHB

Almost a fifth of REU reported recent use of GHB, a small increase compared to the last two years. The frequency of recent use was low, consistent with previous years.

Price, purity and availability data for GHB in 2004 were based on a very small sample of REU and are therefore of limited value. Data suggest 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).

KE information suggested that GHB use was not common among REU generally, but evidence of harm associated with its use was evident in emergency department attendances.

16.8 LSD

Approximately half of the REU sample reported recent use of LSD, and prevalence of recent use increased slightly over the last two years. Frequency of use of LSD remains consistently low. KE reports suggest that LSD use was not common among REU, and used only occasionally among those that did use.

The price of LSD was stable (at $10 per tab) and low, perceived purity had increased, and availability remained stable and generally easy, compared to 2004.

16.9 MDA

Nine percent of REU reported recent use of MDA in 2005. The proportion of REU reporting recent use of MDA was decreased compared to previous years, but the frequency of use was relatively stable and has remained consistently low across the five years of the PDI survey. KE information suggests that MDA was not commonly used by REU, except as a (suspected) constituent of pills sold as ecstasy.

Price, purity and availability data for MDA in 2005 were based on a very small sample of REU and are therefore of limited value. Data suggest that the price and purity of MDA was stable, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).

16.10 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. KE 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. KE reports suggest that use of benzodiazepines was limited among REU, and was generally low level use associated with getting sleep after being up for long periods, or to help with 'comedown' from drug use. Anti-depressants were recently used by a small proportion of REU, and KE reports suggest use was primarily as prescribed among this group. Use of inhalants has also remained fairly stable across the years, with almost half the REU sample in 2005 reporting recent use of nitrous oxide, and approximately one-tenth reporting use of amyl nitrate, with frequency of use of both substances remaining consistently low. Approximately a quarter of REU reported recent use of some type of pharmaceutical stimulant (e.g. dexamphetamine), and 14% reported recent use of 'magic mushrooms, both at low frequency.

16.11 Drug information-seeking behaviour

Data from new questions included in 2005 confirm that REU are aware of the variability of drug purity in general, and purity and content of ecstasy pills in particular. Approximately a third of the REU sample reported that they *always* found out about the purity or content of ecstasy or other drugs before taking them, the majority relying on information from friends that had experience with use of the drug concerned. However, a quarter reported that they used reagent-based testing kits to find out the content of ecstasy pills, with over a third of these unaware of any limitations regarding use of such kits, and a quarter stating they would still take the pill if no reaction occurred on testing (meaning the content was not fully elucidated). Further, although REU reported that it was not uncommon for a drug to have a

different content to what was expected, over a quarter of REU stated they didn't care what a 'pill' contained, as long as they had a good time.

16.12 Risk behaviour

Injecting

Ten REU reported recently injecting any drug in 2005, most commonly some form of methamphetamine (particularly base) or ecstasy. With regard to longer-term trends, there was no evidence of an increase in the prevalence of recent injecting among REU across the years. Injecting drug use was considered generally rare, and still taboo, among this illicit drug-using group, and more likely to occur among primarily methamphetamine users, rather than primarily ecstasy users.

As was seen last year, in 2005 there was little reported sharing of needles, or sharing of other injecting equipment, among recent injectors, and most reported usually injecting themselves, in the company of close friends, in private homes.

Blood-borne viral infections

At the time of interview, 44 REU stated that they had completed a hepatitis B virus (HBV) vaccination schedule, mostly unrelated to susceptibility due to any risk factor. Approximately a quarter of the REU sample reported that they had been tested for either hepatitis C virus (HCV) infection or for human immunodeficiency virus (HIV) infection, with almost all in both cases reporting that their status was negative.

Sexual risk behaviour

Evidence of risky sexual behaviour was again apparent among the REU sample in 2005. Of the REU that reported having had penetrative sex with a casual partner in the last six months, 43% reported that they had not always use a condom. In addition, 83% 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 – and, of those, 42% reported that they had not always used a condom. In this context, almost half the REU sample reported they had never undergone a sexual health check-up.

Driving risk behaviour

Half of the REU that had driven a vehicle recently reported that they had driven over the limit for alcohol, a median 3.5 times, in the last six months. Further, 81% of recent drivers reported having driven within an hour of use of *any* illicit drug, most commonly ecstasy, methamphetamine and cannabis.

16.13 Ecstasy and related drug harms

Health

In 2005, 13% of recent methamphetamine users were found to fit the criteria of clinically significant dependence, according to the Severity of Dependence Scale. Six percent of REU were also found to fit the criteria of dependence for ecstasy, using the validated amphetamine cut-off score. Substantially more users of each drug reported one or more symptoms of problematic drug use.

Twelve REU reported that they had *ever* overdosed on a 'party drug', most commonly involving GHB and ecstasy. Only two REU reported recent experience of overdose; the *main drugs* believed responsible were GHB and nitrous oxide, respectively, though multiple drugs

were involved in each case. Indicator data from the RAH Emergency Department show the number of GHB-related attendances increased in 2004/05, following two years of stability.
The proportion of clients attending DASSA treatment services with ecstasy as the primary drug of concern has been stable for the last two years, and relatively low compared to other illicit drugs (less than 1% of total clients). The proportion of clients nominating amphetamines as the primary drug of concern has remained relatively stable over the last three years, and was 20% in 2004/05. As such, amphetamines were the second most commonly nominated primary drug of concern by clients of DASSA, after alcohol (48%), and dominated as the most common illicit drug of concern.

As in previous years, over two-thirds of the REU sample reported having experienced one or more problems related to their drug use in 2005; the majority of which related to some aspect of their social life or relationships, followed by work or study problems, 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 perception of police activity

In 2005, 27% of REU reported involvement in some type of crime, and 8 REU reported having been arrested in the last 12 months, similar to the previous year. Drug dealing was the most commonly reported crime across all years of the survey. A fifth of REU reported that they 'paid' for ecstasy by dealing drugs for a 'cash profit', and over a quarter (28%) reported that they did so by dealing for an 'ecstasy profit'. In 2005, 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 last four years, the majority of REU reported that their ability to obtain drugs had not become more difficult due to police activity in 2005. The majority of REU believed that police activity had been stable recently.

17.0 IMPLICATIONS

The findings from the 2005 SA PDI have policy and research implications, and several recommendations are outlined below. It is worth noting that several of these issues may have already received attention and/or may be in the process of further investigation.

- Continued use of multiple drugs in combination, and binge use of drugs, by REU, warrants continued education regarding the harms associated with such behaviour, and continued promotion of harm reduction strategies.

- Given the high level of use of methamphetamine, a drug of dependence, among REU, development and dissemination of education and harm reduction strategies regarding the harms associated with use of methamphetamine, directed at young people are needed.

- Continued close monitoring is required of indicators of use, including use by smoking, of crystal methamphetamine ('ice'), which is known to have very high purity and subsequently increased risk of harm associated with its use.

- Continued focus on reducing supply of ecstasy and amphetamines is required, including from local clandestine laboratory manufacture.

- Continued close monitoring of the prevalence of injecting among REU and development and implementation of strategies to reduce harms associated with injecting among this group of illicit drug users is required.

- Increased promotion of 'safe sex' practices within this population of illicit drug users is needed.

- Given the prevalence of drink and drug driving among REU, and the imminent introduction of roadside drug testing in SA, there is a need for development and implementation of education and harm-reduction programs directed at young people, regarding the harms associated with such behaviour.

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APPENDICES

Appendix 1: Lifetime and recent drug use of REU, 2000 - 2005

Variable	2005 (n=100)	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Alcohol						
Ever used (%)	100	100	100	99	100	100
Used last 6 months (%)	99	96	98	90	94	92
Cannabis						
Ever used (%)	97	97	100	99	96	96
Used last 6 months (%)	87	81	87	82	89	88
Tobacco						
Ever used (%)	90	76	81	79	73	82
Used last 6 months (%)	78	65	72	71	67	52
Methamphetamine powder (speed)						
Ever used (%)	83	86	82	94	94*	98*
Used last 6 months (%)	66	62	65	72	74*	65
Methamphetamine base (base)						
Ever used (%)	88	84	75	85	81*	92*
Used last 6 months (%)	82	72	70	82	70*	70
Crystal methamphetamine (crystal)						
Ever used (%)	62	60	60	91	-	-
Used last 6 months (%)	41	47	48	88	-	-
Pharmaceutical stimulants						
Ever used (%)	60	54	-	-	-	-
Used last 6 months (%)	24	21	-	-	-	-
Cocaine						
Ever used (%)	67	59	58	59	51	54
Used last 6 months (%)	49	26	37	49	34	32
LSD						
Ever used %	82	77	73	91	79	94
Used last 6 months %	48	36	30	66	50	50

Source: PDI REU interviews

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

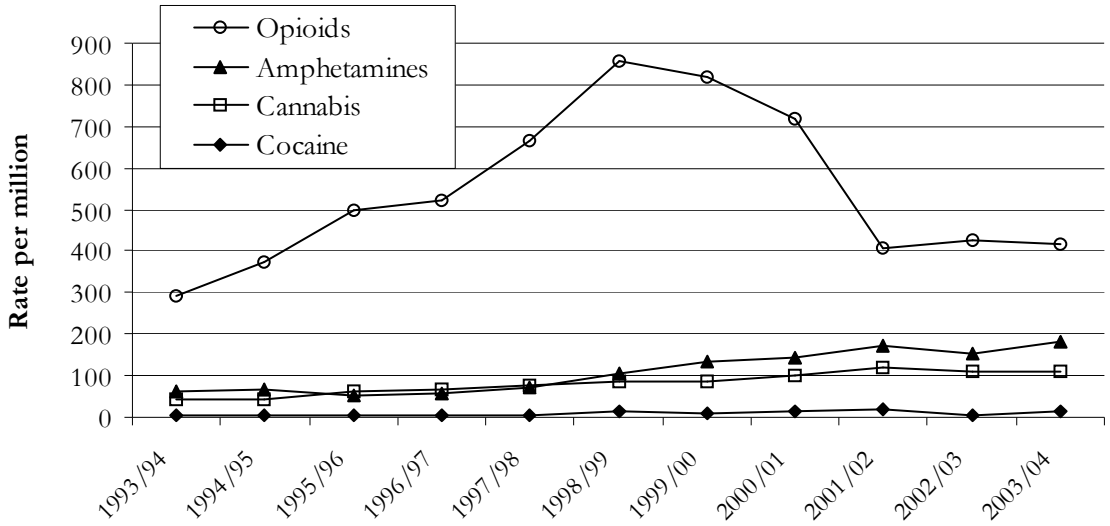
* In 2000 and 2001, methamphetamine was categorised as 'powder' and 'non-powder', listed here as powder and base.

Variable	2005 (n=100)	2004 (n=100)	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
MDA						
Ever used (%)	19	30	31	24	23	42
Used last 6 months (%)	9	14	15	22	21	28
Ketamine						
Ever used %	44	51	47	34	19	26
Used last 6 months %	24	39	36	28	16	16
GHB						
Ever used (%)	32	35	34	49	23	34
Used last 6 months (%)	18	12	12	38	19	18
Amyl nitrate						
Ever used (%)	31	43	40	43	44	74
Used last 6 months (%)	9	16	13	25	17	32
Nitrous oxide						
Ever used (%)	74	74	82	74	69	96
Used last 6 months (%)	46	47	55	53	53	74
Benzodiazepines						
Ever used (%)	54	57	49	57	37	44
Used last 6 months (%)	26	40	30	40	27	24
Anti-depressants						
Ever used (%)	31	31	24	31	21	38
Used last 6 months (%)	10	14	12	29	13	14
Heroin						
Ever used (%)	9	19	10	19	11	8
Used last 6 months (%)	3	3	2	6	4	0
Methadone						
Ever used (%)	6	8	0	8	0	0
Used last 6 months (%)	0	0	0	4	0	0
Buprenorphine						
Ever used (%)	2	8	0	-	-	-
Used last 6 months (%)	1	6	0	-	-	-
Other opiates						
Ever used (%)	20	24	22	24	6	36
Used last 6 months (%)	8	10	7	7	1	36

Source: PDI REU interviews

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

Appendix 2: Rate of substance-related admissions* (primary diagnosis) to hospital in Australia, 1993/1994 to 2003/04



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.