

J. Fischer, S. Cogger and S. Kinner

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

NDARC Technical Report No. 258

**QUEENSLAND
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DRUG MARKETS
2005**



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Party Drugs Initiative
(PDI)**

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ABBREVIATIONS

ACC	Australian Crime Commission (formerly ABCI)
AFP	Australian Federal Police
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
AIHW	Australian Institute of Health and Welfare
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
GHB	Gamma hydroxybutyrate ('fantasy')
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IGCD	Intergovernmental Committee on Drugs
KE	Key experts
LSD	d-lysergic acid
MDA	3, 4 methylenedioxyamphetamine
MDMA	3, 4-methylenedioxymethylamphetamine ('ecstasy')
NCIS	National Coroners Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service
REU	Regular ecstasy users
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences

TERMINOLOGY

Ever used	Ever used in lifetime
Recent use	Used in the last six months
Recorded time points	PDI data was collected in Queensland from REU in 2000, 2001, 2003, 2004 and 2005
Preceding six months	Six months prior to interview in May

EXECUTIVE SUMMARY

Demographic characteristics of regular ecstasy users

In 2005, 101 regular and current ecstasy users (REU) participated in the Queensland Party Drugs Initiative. REU had a mean age of 23 years (range: 18-40 years) with an average of 12 years of schooling. Just over half of respondents (51%) were male and 40% were in full-time employment. Few of the REUs interviewed reported a criminal history (6%) and fewer (4%) reported currently being in drug treatment. 2005 REU had similar socio-economic characteristics to previous year's samples.

Patterns of drug use among REU

In 2005, polydrug use was the norm with REU reporting lifetime use of an average of 9.71 drug types (range: 3-18), and use of an average of 6.78 drug types (range: 3-13) in the preceding six months.

Binging on amphetamine type stimulants is commonly reported by REU, with 44% reporting binging in 2005 (2004: 42%; 2003: 45%; 2001: 68%; 2000: 64%).

REU most frequently reported recently using alcohol (97%), cannabis (83%) and tobacco (75%) in 2005. Recent use of methamphetamine was also common (speed: 57%; base: 45%; crystal: 50%). The recent use of cocaine, d-lysergic acid (LSD), 3,4 methylenedioxymphetamine (MDA), ketamine and gamma-hydroxy-butyrate (GHB) in 2005 was reported by 41%, 24%, 5%, 20% and 13% of the sample respectively.

The incidence of the types of drugs recently used by REU has remained remarkably similar across all recorded time points: alcohol, cannabis and tobacco are the drugs most frequently reported as having been recently used. Recent methamphetamine use in all time periods has also been common, with use of cocaine, LSD, ketamine, GHB and MDA less widespread.

Ecstasy

In 2005, REU reported first trying ecstasy at an average age of 19 years, with regular use beginning at an average age of 20 years. In the six months prior to interview, REU reported using ecstasy on a median of 17 days (about three times a month), although 31% of respondents reported using ecstasy weekly or more. In a typical session, a median of two tabs were reportedly used. Ecstasy tabs were used by nearly all REU (99%), with swallowing being the most common route of administration (92%). Over nine in ten (92%) REU reported using other drugs while under the influence of ecstasy and eight in ten reported using other drugs while 'coming down' (81%).

Price, purity and availability of ecstasy

In 2005, REU reported that ecstasy typically cost \$32 (\$17-\$40) for a tab. Across recorded time points, REU have reported that the price of one ecstasy tab has remained relatively stable, with median prices reported between \$32 and \$40 in 2005 and 2000 respectively.

In 2005, 40% of REU reported the current purity of ecstasy as 'fluctuating', with a further 26% reporting purity as 'medium' and 25% reporting purity as 'high'. Over a third (38%) reported ecstasy purity had been 'fluctuating' in the six months prior to the study, although 31% of the sample reported it as 'stable'. Key experts reported similar observations regarding ecstasy purity in 2005.

In 2005, nearly all REU reported their current ease of access to ecstasy as ‘easy’ (36%) or ‘very easy’ (61%). Seven out of ten respondents reported their access to ecstasy had been ‘stable’ in the six months prior to interview. Across time, REU are increasingly reporting ecstasy as ‘easy’ to ‘very easy’ to obtain (2005: 97%; 2004: 95%; 2003: 84%; 2001: 74%; 2000: 72%).

Ecstasy markets and patterns of purchasing

In 2005, REU most commonly reported obtaining ecstasy from their ‘friends’ (87%) at a ‘friend’s home’ (65%). However, ecstasy was obtained at a number of other private and public locations, including ‘dealer’s home’ (47%), ‘nightclubs’ (37%) and ‘own home’ (36%).

In 2005, respondents obtained ecstasy from a median number of three persons in the six months prior to interview. Most REU (79%) reported that they only purchased ecstasy for themselves and for their friends. Ecstasy was mainly purchased around the time of use, with 36% of respondents reporting purchasing ecstasy 1-12 times in the past six months and a further 28% reporting purchasing ecstasy 13-24 times in the past six months.

Methamphetamine

Patterns of Use

In 2005 three-quarters (75%) of REU reported lifetime use of methamphetamine powder (speed) with 57% reporting recent use. Recent speed users reported typically using 0.5 grams (range: 0.5-6) on a median of five days (range: 1-40) in the six months prior to interview. Across all recorded time points, recent speed users have consistently reported using speed about once a month; typically consuming 0.5 grams in a session.

Over half (57%) of REU reported lifetime use of methamphetamine base (base) in 2005, with 45% of respondents reporting recent use. Recent base users reported typically using 1 point (0.5-5) on a median of four days (range: 1-180). More REU reported recent base use in 2005 (45%) than in 2004 (39%), although this was lower than reports in 2001 (76%) and 2000 (74%). Although the frequency of base use has varied across recorded time points, the amount consumed in a typical session (1 point) has remained fairly consistent.

In 2005, over two-thirds (69%) of REU reported lifetime use of crystal methamphetamine, with 50% of respondents reporting recent use. Recent crystal users typically reported using 1 point (range: 0.25-8) on a median of three days (1-180) in the six months prior to interview. More REU reported recent crystal use in 2005 than at any other recorded time point, except 2001 (56%). Despite this, in 2005 the frequency of crystal use was lower than previously recorded. The typical amount being used was less than 2004 (1.5 points), but the same as in 2003 and 2001 (1 point).

Prices

In 2005, the median price reported for a gram of speed was \$180 (range: \$30-\$220). The median price reported for base was \$200 (range: \$100-\$300), with \$310 (range: \$175-\$600) reported as the median price for a gram of crystal.

Both speed and base were reported to cost a median of \$25 per point in 2005, which was similar to previous years. Crystal methamphetamine was reported to cost twice this amount, with the median price reported to be \$47.50.

Purity

In 2005, 53 REU reported on the current purity of speed. There was little agreement among those who responded, with 28% reporting speed purity as ‘medium’, 21% reporting it as ‘high’ and 26% reporting it as ‘fluctuating’. Less conflict was apparent in 2004 and 2003.

Thirty-three REU reported on the current purity of base in 2005. Again, there was little agreement among those who responded, with 21% reporting base purity as 'medium', 36% reporting it as 'high' and 21% reporting it as 'fluctuating'.

Forty-four REU reported on the current purity of crystal methamphetamine in 2005. Over half (55%) of these respondents reported that current crystal purity was 'high' (55%), which was consistent with reports in 2004 (46%) and 2003 (57%).

Availability

At least half of the REU who reported on current speed (N=53), base (N=33), and crystal (N=44) availability reported that these products were 'easy' to 'very easy' to obtain (speed: 72%; base 63%; crystal: 50%). However, the number of REU who reported that methamphetamine in general was 'easy' to 'very easy' to obtain was less in 2005 than 2004 (speed: 82%; base 89%; ice: 62%).

Cocaine

In 2005, over half (55%) of REU reported lifetime use of cocaine, with 41% reporting recent use. Recent cocaine users typically reported using 0.5 grams (range: 0.12-4) on a median of 3 days (range: 1-40) in the six months prior to interview.

More REU reported recent cocaine use in 2005 (41%) than at any previously recorded time point (2004: 21%; 2003: 18%; 2001: 37%; 2000: 38%). Although the median days (3 days: 1-40) of cocaine use was lower in 2005 than the median days of use reported in 2002 (4.5 days: 1-90), the typical amount used in a session (0.5g: 0.12-4) remained similar to previous years.

27 REU reported that the median price for a gram of cocaine was \$300 (\$200-\$400) in 2005.

There was little agreement among the 36 REU who reported on current cocaine purity.

In 2005, respondents were also divided on current cocaine availability (N=36), which was similar to reports in 2004 and 2003. Respondents generally reported access to cocaine was either 'difficult to 'very difficult' (n=18) or 'easy' to 'very easy' (n=16), with two reporting they 'did not know'.

In 2005, the 36 REU who reported on cocaine availability in the six months prior to interview most commonly reported that access had remained 'stable' (n=14). However, eight respondents reported that obtaining cocaine was becoming 'easier', and two reported it was becoming 'more difficult'. A further two reported that cocaine availability was 'fluctuating', and almost a third reported that they 'did not know'. Similar reports were also noted regarding cocaine availability among REU in 2004 and 2003 (Fischer & Kinner 2005; Fischer & Kinner 2004).

Ketamine

Over a third (37%) of REU reported lifetime use of ketamine in 2005, with 20% reporting recent use. Respondents reported typically using 0.75 bumps (a bump refers to a small amount of powder, typically measured and snorted through a bumper) (0.5-1) on a median of 2.5 days (1-70) in the six months prior to interview. More REU reported recent ketamine use in 2005 (20%) than they had at any other recorded time point (2004: 16%; 2003: 14%; 2001: 9%; 2000: 14%). However, the median days of ketamine use were only slightly higher (half a day) in 2005 than in previous years. Respondents also reported using typically smaller quantities than they had in previous years.

Nine REU reported purchasing a gram of ketamine for \$150 (\$70-\$250) in 2005.

REU who reported on the current purity of ketamine (N=23) reported it was 'medium' (n=7) or 'high' (n=10) in 2005. The remaining reported ketamine purity was either 'fluctuating' (n=1), 'low' (n=2) or that they 'did not know' (n=3). REU reported current ketamine availability was both 'difficult' to 'very difficult' (n=11) and 'easy' to 'very easy' (n=10) in 2005. Two reported that they 'did not know'.

GHB

A quarter (26%) of REU reported lifetime use of gamma-hydroxy-butyrate (GHB) in 2005, with 13% reporting recent use. Recent GHB users reported typically using 7.5ml (range: 1-25) on a median of 2 days (range: 1-48) in the six months prior to interview.

More REU reported recent GHB use in 2005 (13%) than in previous years (2004: 6%; 2003: 6%; 2001: 10%; 2000: 12%). REU also reported using 7.5ml in a typical session on a median of two days in the six months prior to interview.

In 2005 the median price of GHB purchased by REU in 2005 was reported to be \$5 per 1ml (\$2-\$10). In 2005, REU (N=17) reported their current access to GHB as being either 'difficult to 'very difficult' (n=8) or 'easy' to 'very easy' to obtain (n=8); one 'did not know'.

LSD

In 2005, over half (58%) of REU reported lifetime use of d-lysergic acid (LSD), with almost a quarter of respondents (24%) reporting recent use. Recent LSD users reported typically using 1 tab (0.25-3) on a median of 1.5 days (1-30) in the six months prior to interview.

More REU reported recent use of LSD in 2005 (24%) compared with reports from 2004 (18%) and 2003 (18%). Despite this increase, the number of REU reporting recent use of LSD in 2005 remained lower than 2001 (38%) and 2000 (48%). The amount typically used in a session (1 tab) is consistent across all recorded time points, although the median number of days on which LSD was used has varied (2005: 1.5; 2004: 2; 2003: 2; 2001: 4; 2000: 2.5).

In 2005, 28 REU reported purchasing one tab of LSD for \$20 (\$5-\$40).

30 REU reported on the price of LSD in the six months prior to interview, with 13 respondents reporting that the price had remained 'stable'. Three REU reported that the price of LSD had 'increased', and two reported it had 'decreased'. Only one respondent reported that LSD had been 'fluctuating' in price, and 11 reported that they 'did not know'.

Almost half (n=14) of those who reported on current LSD purity (N=30) in 2005 reported it was 'high'. Three REU reported purity was 'medium' and one reported it was 'low', with two reporting LSD purity was 'fluctuating' and ten reporting that they 'did not know',

In 2005, REU (N=30) reported that the current availability of LSD was either 'difficult' to 'very difficult' (n=15) or 'easy' to 'very easy' (n=15).

The price, purity and availability of LSD were also reported to be stable in 2004 and 2003 (Fischer & Kinner 2005; Fischer & Kinner 2004).

MDA

In 2005 less than a fifth of REU (19%) reported lifetime use of 3,4 methylenedioxyamphetamine (MDA), with only 5% of respondents reporting recent use.

Recent users reported consuming a median of 1.5 caps (range: 1-4) in a typical session, and using MDA on a median of six days (1-78) in the six months prior to interview.

Five REU reported paying a median price of \$30 for a cap of MDA in 2005, with reported prices ranging from \$28–\$50.

As in previous years, few REU reported on the price, purity and availability of MDA in 2005 (N=5) and as a consequence there was little agreement evident.

Other Drug Patterns

In 2005, alcohol, tobacco and cannabis were the most common drugs recently used by REU (alcohol: 97%; tobacco: 75%; cannabis: 83%), and consistently the most common drugs respondents have reported recently using across all recorded time points.

45% of REU reported lifetime use of benzodiazepines and almost a quarter (24%) reported recent use in 2005.

In 2005, almost a quarter (24%) of respondents reported lifetime use of anti-depressants, with 8% reporting recent use.

Almost half (47%) of the REU interviewed in 2005 reported lifetime use of amyl nitrate, with 18% reporting recent use. Over half (54%) of the sample also reported lifetime use of nitrous oxide in 2005, with 30% reporting recent use.

Lifetime use of opiates was only reported by a small number of REU. In 2005, 7% of REU reported recent use of heroin; with 3% reporting recent use of methadone and 11% recent use of 'other' opiates.

Drug Information

Most REU (N=86) reported finding out the content of ecstasy prior to consumption in 2005. Information was mainly sought from 'friends' (80%) and websites (51%), with over a third (36%) reporting use of 'testing kits'. Despite this, there was still a significant proportion (38%) who reported 'never' finding out the content of 'party drugs' (excluding ecstasy) prior to consumption.

Risk Behaviours

A fifth of REU (N=20) reported lifetime injection in 2005, with 13 respondents reporting injection in the six months prior to interview. Of the 13 who reported recent injecting, there were nine respondents who reported 'never' having used a needle after someone else in the month prior to interview, and three who reported using a needle after their regular sex partner.

73% of REU who had penetrative sex in the six months prior to interview reported having sex under the influence of drugs, with less than half (44%) reporting use of a protective barrier with their regular partner. However, 58% of respondents reported use of a barrier with a casual partner.

40% of REU who reported driving in the six months prior to interview reported driving within one hour of consuming alcohol. Further, 55% of those who had driven reported driving within one hour of taking a drug – most commonly ecstasy (75%) and cannabis (46%).

Health-related Behaviour

Twelve respondents reported an overdose on ecstasy or a related drug in the six months prior to interview in 2005.

There were few respondents who reported dependence on ecstasy or methamphetamine in 2005.

In 2005, only 17 REU reported seeking assistance for their drug use in the six months prior to interview, with respondents most commonly seeking assistance for alcohol use.

In 2005, REU reported that the most frequent problems to arise from ecstasy and related drug use were ‘occupational/study’ problems (34%). However, ‘financial’ (31%) and ‘relationship/social’ problems (31%) were also equally reported by respondents.

Criminal and Police Activity

In 2005, 53% of REU reported that police activity had increased in the six months prior to interview, although 86% of respondents reported that this did not make scoring ‘more difficult’.

The most common criminal activity REU reported in the month prior to interview was ‘drug dealing’ (24%) in 2005. This is consistent with reports in both 2004 (20%) and 2003 (31%).

Implications

Recruitment and Interviewing

Recruiting REU into the PDI was more challenging in 2005 than in previous years. Interviewers also observed an increase in the participation of less experienced ecstasy users, particularly in the context of anecdotal reports of a growing cohort of more mature ecstasy users who may be less likely to be recruited into the PDI through existing recruitment methods. This underscores the importance of snow-balling recruitment methods to increase access to this group of users.

Patterns of Ecstasy Use

There have been particular elements of ecstasy use among Queensland REU that have remained constant over time. It may be worth examining whether such patterns are unique to the south-east Queensland sample. Expanding future PDI samples to include south-west and north-east Queensland regional centres could have implications for both state programs in the health and law enforcement sectors and their capacity to respond to harms associated with ecstasy and other drug use.

Ecstasy Purity and Manufacture

In 2005 the south-east Queensland ecstasy market was characterised by stable prices and general market stability. As the monitoring of ecstasy and related drug markets is still in its infancy in Australia, continued monitoring through the PDI will provide a better understanding of the manufacture and distribution of ecstasy and related drugs, and will assist relevant intersectoral responses to emerging trends.

Cocaine

Cocaine may be becoming increasingly available in south-east Queensland, with more REU reporting recent cocaine use in 2005 than ever before. Using the PDI to monitor cocaine use among REU may be useful to determine whether there is a substantive increase in the availability of cocaine in Queensland in the coming years.

LSD

Both REU and key experts reported continued interest in psychedelic drugs by regular ecstasy users in 2005, implying a degree of stability in the LSD market. Little is known about the incidence, prevalence and the patterns of LSD use in the general community; however, it appears that LSD is being increasingly used at specific organised private events, rather than in public settings. Given the prevalence of polydrug use among REU, investigation of drug interactions among specific hidden populations may be warranted.

Niche Market Drugs

There is continuing evidence of an entrenched niche drug market (for instance, GHB and ketamine) that overlaps to some degree with the REU market population accessed through the PDI. An increase in the recruitment of respondents able to report use of niche market drugs will assist with the investigation of emerging trends in this area.

Alcohol and Tobacco Use

REU consistently report alcohol and tobacco use at much higher levels than the general population. Due to the widespread recognition of alcohol and tobacco as the two substances that provide much of the current health care burden, combined with the immediate implications of harm associated with polydrug use, innovative strategies are also required to address legal drug use among REU.

Health-related Behaviours and Risks

Relatively few REU reported seeking assistance for their drug use in 2005 and indeed very few REU reported high levels of dependence for ecstasy or methamphetamine. However, almost a third of the sample reported negative social and personal consequences due to regular ecstasy use. Over half reported driving within one hour of taking a drug, with two-thirds reporting driving after use of ecstasy. Almost eighty per cent of REU reported having penetrative sex while under the influence of ecstasy also. Further, with increasing reports of REU consumption of alcohol in combination with ecstasy, there is clearly an ongoing need to provide harm reduction interventions focused specifically upon potentially risky behaviours.

1.0 INTRODUCTION

The Party Drugs Initiative (PDI) is an annual national study funded by the Intergovernmental Committee on Drugs (IGCD). It is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales and the Queensland component is undertaken by the Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland.

QADREC participated in the 2000 and 2001 national trial. 2005 is the third year of a truly national approach to monitoring ecstasy and related drug markets. This report provides the 2005 Queensland PDI findings.

1.1 Aims

The PDI monitors the price, purity and availability of ecstasy, amphetamines and other illicit drugs. It is designed to provide a snapshot of emerging trends between Australian regions across time and within each region.

The annual PDI national, state and territory reports identify current trends in the price:

- Identify current trends in the price, purity and availability of a range of illicit drug classes, particularly ecstasy;
- Indicate where trends in drug-related harms are emerging; and
- Identify areas of research need.

2.0 METHODS

The PDI uses a triangulation method to combine information collected through:

- Quantitative interviews with regular and current ecstasy users, who are considered to represent a population likely to be aware of any new trends (N=101);
- Qualitative interviews with individuals who have regular and current contact with regular ecstasy users (N=21); and
- Existing data on population trends in illicit drug use, and health and law enforcement data.

2.1 Survey of regular ecstasy users (REU)

During May 2005, 101 regular and current ecstasy users were recruited from the greater Brisbane and Gold Coast regions (south-east Queensland). They were interviewed on topics relating to their illicit drug use; prices paid for illicit drugs; perceptions of drug purity and availability; perceived drug effects; and perceptions of police activity.

2.1.1 Recruitment

Recruitment of regular ecstasy users occurred through advertisements placed in south-east Queensland street press, flyers in various locations, word of mouth and interviewer contacts.

The advertisements conveyed to prospective participants that regular and current ecstasy users were being recruited to undertake a face-to-face survey of approximately 45 minutes and, if they met the selection criteria and consequently participated, they would be reimbursed \$20 for their time.

To participate, respondents were to meet the following criteria:

- Aged 18 years or over;
- Resided in south-east Queensland continuously for the past 12 months; and
- Used ecstasy at least once a month for the past six months.

2.1.2 Procedure

The interview procedure depended upon the method of recruitment.

On-site Interviewing

If REU saw the advertisement in the street press, they were asked to telephone a mobile telephone number and leave a name and contact telephone number. A member of the project team then contacted the potential participant to ascertain whether they met the selection criteria and, if so, to arrange a time and place for interview.

The majority of REU were interviewed at QADREC offices during weekends throughout May in 2005. On these days, four interviewers were rostered to conduct the interviews, which occurred concurrently in separate rooms. A co-investigator was present on-site to assist with coordination.

Off-site Interviewing

For various reasons, some REU were interviewed at other locations. Off-site interviews typically occurred in locations convenient to the participant and the interviewer. These sites included coffee shops, pubs, or, if the participant was well known to the interviewer, in the participant's own home.

2.1.3 Measures

REU were asked a range of questions about their demographics, drug use history and characteristics of recent use – particularly ecstasy; price, purity and availability of various illicit drugs; risk behaviours; and perceptions of police activity.

2.1.4 Data analysis

Data were entered into an Access database and then transferred onto Statistical Package for the Social Sciences (SPSS). The analyses mainly consisted of frequencies and comparisons across time. The data analyses were particularly concerned with overall patterns of use, recent patterns of use (in the previous six months) and participant reports of the price, purity and availability of a range of illicit drugs.

2.2 Survey of key experts (KE)

During May to July 2005, 21 KE who had regular and current contact with ecstasy users were recruited from throughout south-east Queensland. More than half (n=13) of the KE had contact with REU both socially and through work, with nine KE citing contact with more than 100 regular ecstasy users in the previous six months. Most key experts worked in the health promotion or law enforcement sectors; however, KE also worked in varying capacities in the local entertainment industry. For the most part key experts did not work with any special populations, though those who did generally worked with young people (n=8).

2.2.1 Recruitment

KE were recruited either through the professional networks of project staff or recommendation, and in some cases through ‘cold calls’.

2.2.2 Procedure

Interviews with KE occurred over the telephone (n=1) and face-to-face (n=20) in their work environment or at a location convenient to the participant. Interviews took on average 45 minutes to complete.

2.2.3 Measures

KE were administered a qualitative interview schedule. The focus of the interview depended on the area of expertise of the KE. However, in general KE were interviewed on topics relating to patterns of illicit drug use among the regular ecstasy users they had had contact with in the past six months. These topics included: perceptions of price; purity and availability of ecstasy and other related drugs; emerging features of drug use; and issues related to health; and perceptions of crime and police activity.

2.2.4 Analysis

Information obtained from the KE was entered into an Excel spreadsheet. Analysis was considered in terms of screening, populations described, the main drug they had the most contact with, knowledge of price, purity and availability, and any changes observed in the last six to twelve months.

2.3 Other indicators

Other data was obtained from external health, research and law enforcement sources.

These data cover a wide range of issues relevant to illicit drug use. For inclusion, indicator data must meet the following criteria:

- Available at least annually;

- Include 50 or more cases;
- Provide details relating to illicit drug use; and
- Be collected in the main study site.

In 2005 the following data were obtained for the PDI:

- AIHW – National Drug Strategy 2001, hospital admissions 2003/04;
- ACC – purity of analysed drug seizures and drug consumer/provider arrests;
- Queensland Health – Alcohol Drug Information Service;
- QPS – clandestine laboratory seizures, drug-related arrests; and
- Communicable Diseases Network Australia – National Notifiable Surveillance.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the REU sample

In 2005, 101 regular and current ecstasy users participated in the Queensland Party Drugs Initiative (PDI). REU were a mean age of 23 years (range: 18-40 years) with an average of 12 years of schooling. Half (51%) of respondents were male and 40% were in participating in full-time employment. Few of the REUs interviewed reported a criminal history (6%) and fewer (4%) reported currently being in drug treatment (see Table 1).

Table 1 presents the demographic characteristics of REU recruited for the PDI in Queensland from 2000 to 2005, excluding 2002. On average, the 2005 sample was younger (23 years) than samples recruited at previous time points (2004: 26 years; 2003: 25 years; 2001: 24 years; 2000: 24 years). However, in 2005 REU generally had similar socio-economic characteristics to preceding years' respondents (see Table 1).

Table 1: Demographic characteristics of REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Mean age (years)	24	24	25	26	23
Male (%)	62	57	49	55	51
English speaking background (%)	96	100	98	98	100
A&TSI (%)	0	8	5	10	6
Heterosexual (%)	74	74	79	75	87
Education*					
Mean number school years	11.82	11.65	11.24	11.25	11.84
Tertiary educated (%)	48	31	50	47	43
Employment (%)					
Employed full-time	36	32	38	44	40
Full-time students	22	0	16	10	18
Unemployed	14	24	20	16	10
Previous conviction (%)	2	8	4	7	6
Currently in drug treatment (%)	0	13	2	3	4

Source: REU interviews

*Question has changed from 'How many years of school did you complete?' to 'What grade of school did you complete?'

3.2 Drug use history and current drug use

Table 2 presents an overview of lifetime and recent drug use by REU from 2000 to 2005 (excluding 2002). Polydrug use continued to be the norm in 2005 with REU reporting lifetime use of an average of 9.71 drug types (range: 3-18) and use of an average of 6.78 drug types (range: 3-13) in the preceding six months.

In 2005, the number of REU reporting lifetime injection declined, with only one-fifth (20%) of the sample reporting having ever injected any drug, compared to reports in previous years (2004: 32%; 2003: 29%; 2001: 44%; 2000: 28%).

The proportion of respondents reporting bingeing on any stimulant (44%) in 2005 was similar to the proportion reporting bingeing in 2004 (42%) and 2003 (45%). Nonetheless, this was lower than reports in 2001 (68%) and 2000 (64%) (see Table 2).

Table 2: Overview of lifetime and recent drug use by REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Mean number of drug types used					
Ever	10.6 (5-16)	7.65 (1-16)	7.55 (1-17)	8.8 (1-18)	9.71 (3-18)
Recent	7.56 (3-15)	5.74 (1-14)	5.68 (1-14)	6 (1-15)	6.78 (3-13)
Ever injected any drug (%)	28	44	29	32	20
Binged on any stimulant last six mths (%)	64	68	45	42	44

Source: REU interviews

As with previous years, in 2005 REU the most commonly reported recent use was of alcohol (97%), cannabis (83%) and tobacco (75%). Table 3 shows both lifetime and recent use of all drug types by REU who participated in the PDI from 2000 to 2005, excluding 2002. Recent use of methamphetamine was common (speed: 57%; base: 45%; crystal: 50%) again among the 2005 sample. The recent use of cocaine by REU also increased from 21% in 2004 to 41% in 2005. LSD, ketamine, GHB and MDA use was reported by 24%, 5%, 20% and 13% of the 2005 sample respectively (see Table 3).

The incidence of the types of drugs recently used by regular ecstasy users has remained remarkably similar across all recorded time points: alcohol; cannabis; and tobacco are the drugs most frequently reported having recently been used. Recent methamphetamine use in all time periods has also been common, with reports of both lifetime and recent use by REU on the increase in 2005. Despite reports of an increase in recent cocaine use in 2005, the use of LSD, ketamine, GHB and MDA is less widespread (see Table 3).

Table 3: Lifetime and recent drug use by REU, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Alcohol					
Ever	98	99	96	98	100
Recent	96	94	93	89	97
Cannabis					
Ever	100	97	83	87	96
Recent	94	87	73	70	83
Tobacco					
Ever	92	86	79	78	90
Recent	80	80	70	68	75
Methamphetamine powder (Speed)					
Ever	94	86	67	65	75
Recent	62	67	57	42	57
Methamphetamine base (Base)					
Ever	80	84	43	55	57
Recent	74	76	34	39	45
Crystal methamphetamine					
Ever	16	68	49	60	69
Recent	8	56	38	42	50
Cocaine					
Ever	70	67	37	45	55
Recent	38	37	18	21	41
LSD					
Ever	86	78	41	52	58
Recent	48	38	18	18	24
MDA					
Ever	40	39	24	29	19
Recent	28	25	18	16	5
Ketamine					
Ever	30	26	27	32	37
Recent	14	9	14	16	20
GHB					
Ever	18	25	13	20	26
Recent	12	10	6	6	13
Amyl nitrate					
Ever	52	50	27	44	47
Recent	26	24	9	21	18
Nitrous oxide					
Ever	82	68	38	45	54
Recent	38	37	18	22	30
Benzodiazepines					
Ever	64	50	38	46	45
Recent	50	35	27	30	24
Anti-depressants					
Ever	36	34	23	34	24
Recent	20	18	12	14	8
Heroin					
Ever	32	34	17	22	18
Recent	4	15	7	12	7
Methadone					
Ever	4	11	10	8	6
Recent	0	4	4	3	3
Other Opiates					
Ever	14	20	24	29	24
Recent	4	6	12	16	11

Source: REU interviews

3.3 KE observations

KE reported that they had observed the following characteristics of regular ecstasy users in 2005:

- Mainly resided in inner city Brisbane, as well as locations on the strip between Brisbane and the Gold Coast, and the Gold Coast;
- Report two sets of age ranges of ecstasy users: those aged 16-30 and those aged 30+, however, the most common users KE had contact with were in their mid to late twenties;
- Fifty to seventy per cent of contacts were male, and were mainly Anglo-Australian;
- REU were well educated, all with at least 12 years of schooling, with many being university graduates as well as some with postgraduate qualifications; and
- Mainly in full-time employment ranging from unskilled labour to skilled professions.

3.4 Indicator data

The table below presents the 2001 and 2004 National Drug Strategy Household Survey (NDSHS) findings for selected drug use by population aged 14 years and over, state wide and nationally. The 2004 NDSHS reported 15.9% of Queenslanders had used any illicit drug in the preceding 12 months, with most of those reporting use of cannabis (12.1%). In comparison, ecstasy was reported to have been used in the preceding 12 months by 3.4% of Queenslanders (see Table 4).

Table 4: In past 12 months selected drug use: proportion of the population aged 14 years and over, Queensland and Australia, 2001 & 2004

Drug	NDSHS 2001		NDSHS 2004	
	QLD %	Aust %	QLD %	Aust %
Alcohol	83.1	82.4	87.7	87.1
Cannabis	12.7	12.9	12.1	11.3
Ecstasy**	1.7	2.9	3.4	3.4
Amphetamines#	2.9	3.4	3.0	3.2
Cocaine	0.7	1.3	0.7	1.0
Ketamine	--	--	0.3	0.3
GHB	--	--	0.2	0.1
Any illicit	16.5	16.9	15.9	15.3

Sources: AIHW, 2001 National Drug Strategy Household Survey, State and Territory Supplement; AIHW, 2004 National Drug Strategy Household Survey, State and Territory Supplement

For non-medical purposes

** Designer drugs included in 2001;

-- Not included

3.5 Summary of polydrug use trends amongst REU

In 2005, 101 REU participated in the Queensland PDI. REU were a mean age of 23 years (range: 18 to 40 years) with an average of 12 years of schooling. Just over half of respondents (51%) were male and 40% were in full-time employment. Few REU reported a criminal history (6%) and less (4%) reported being in drug treatment. The 2005 sample was younger (23 years) than samples recruited previously (2004: 26 years; 2003: 25 years; 2001: 24 years; 2000: 24 years). However, in 2005 REU generally had similar socio-economic characteristics to preceding years respondents.

In 2005, polydrug use was the norm with REU reporting lifetime use of an average of 9.71 drug types (range: 3-18) and use of an average of 6.78 drug types (range: 3-13) in the preceding six months.

Compared with previous samples, there was a decline in the number of REU reporting having ever injected any drug in 2005 (2005: 20%; 2004: 32%; 2003: 29%; 2001: 44%; 2000: 28%).

Binging on amphetamine type stimulants was commonly reported by REU, with 44% reporting binging in 2005 (2004: 42%; 2003: 45%; 2001: 68%; 2000: 64%).

REU most commonly reported having recently used alcohol (97%), cannabis (83%) and tobacco (75%) in 2005. Recent use of methamphetamine was also common (speed: 57%; base: 45%; crystal: 50%). The recent use of cocaine increased (41%) in 2005, while LSD, ketamine, GHB and MDA was reported by 24%, 20%, 13% and 5% of the 2005 sample respectively.

The incidence of the types of drugs recently used has remained remarkably similar across all recorded time points: alcohol, cannabis and tobacco are the drugs most frequently reported having recently been used. Recent methamphetamine use in all time periods has also been common. Despite an increase in recent cocaine use in 2005, the use of LSD, ketamine, GHB and MDA is less widespread.

4.0 ECSTASY

4.1 Ecstasy use among REU

A comparison of patterns of REU ecstasy use from 2000 to 2005 (excluding 2002) is presented in Table 5. In 2005, REU reported first using ecstasy at an average age of 19 years, with regular use beginning at an average age of 20 years. In the last six months, REU reported using ecstasy on a median of 17 days (about three times a month), although 31% of respondents reported using ecstasy weekly or more. In a typical session, a median of two tablets were reported to be used. Ecstasy tablets were used by nearly all REU (99% – data not shown) with swallowing being the most common route of administration (92%). Over nine in ten (92%) REU reported using other drugs while under the influence of ecstasy, and eight in ten reported using other drugs while ‘coming down’ (81%).

The 2005 sample reported using the same median of tablets (2) in a session as the 2004 sample. This was more than the reported median used by REU in 2003 (1.5), 2001 (1) and 2000 (1) (see Table 5).

There have been variations in patterns of ecstasy use over time. For example, from 2000 to 2005 (excluding 2002), the median days of ecstasy use has varied, while the median number of tablets taken in a typical session has increased (Table 5). However, certain elements of ecstasy use have remained constant: at each recorded time point around half of respondents have reported ecstasy as their ‘favourite drug’; swallowing is reported as the norm; as is bingeing for 48 hours without sleep; and poly drug use (see Table 5).

Table 5: Patterns of ecstasy use by REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Mean age					
First used (years)	19.78	19.26	20.68	21.33	19.19
Started regularly using (years)	21.42	20.74	21.80	22.55	20.32
Median days used ecstasy last 6 months	18	13	24	24	17
Ecstasy ‘favourite’ drug (%)	52	44	53	46	55
Use ecstasy weekly or more (%)	32	15	24	41	31
Median ecstasy tablets in ‘typical’ session	1	1	1.5	2	2
Typically use >1 tablet (%)	48	37	57	75	77
48 hours without sleep (%)	60	57	43	37	42
Ever injected ecstasy (%)	16	17	13	21	5
Main Route of Recent Administration (%)					
Swallowed	98	87	91	83	92
Snorted	0	2	5	7	5
Injected	0	4	3	6	2
Polydrug use (%)					
In conjunction with ecstasy	88	97	85	89	92
to ‘come down’ from ecstasy	92	93	79	75	81

Source: REU interviews;

In 2005, most REU reported usually using ecstasy in ‘nightclubs’ (94%), although ‘raves’ (55%), ‘friend’s home’ (50%) and ‘private party’ (49%) were also common settings for use. The most frequent location where ecstasy was last used in 2005 were ‘nightclubs’ (51%) (see Table 6).

Across all recorded time points, REU have reported using ecstasy in a range of public and private settings although ‘nightclubs’ have consistently remained the most prevalent ‘last use’ location (2005: 51%; 2004: 34%; 2003: 29%) (see Table 6).

Table 6: Usual location of ecstasy use, 2003-2005

	2003 N=136 %	2004 N=161 %	2005 N=101 %
Usual use venue			
Nightclub	68	77	94
Raves	45	48	55
Private party	48	60	49
Friend’s home	49	58	50
At own home	49	50	52
Pubs	27	38	20
Dealer’s home	24	25	10
Restaurant/café	--	5	4
Public place	17	17	16
Vehicle – passenger	--	23	15
Vehicle – driver	--	15	8
Outdoors	--	28	20
Live music event	--	32	46
Work	--	8	3
Last use venue			
Nightclub	29	34	51
Friend’s home	19	12	7
At own home	18	24	13
Raves	10	6	15
Private party	4	9	5
Pubs	3	4	3
Dealer’s home	2	4	0

Source: REU interviews;

-- Not asked

4.2 Key expert observations

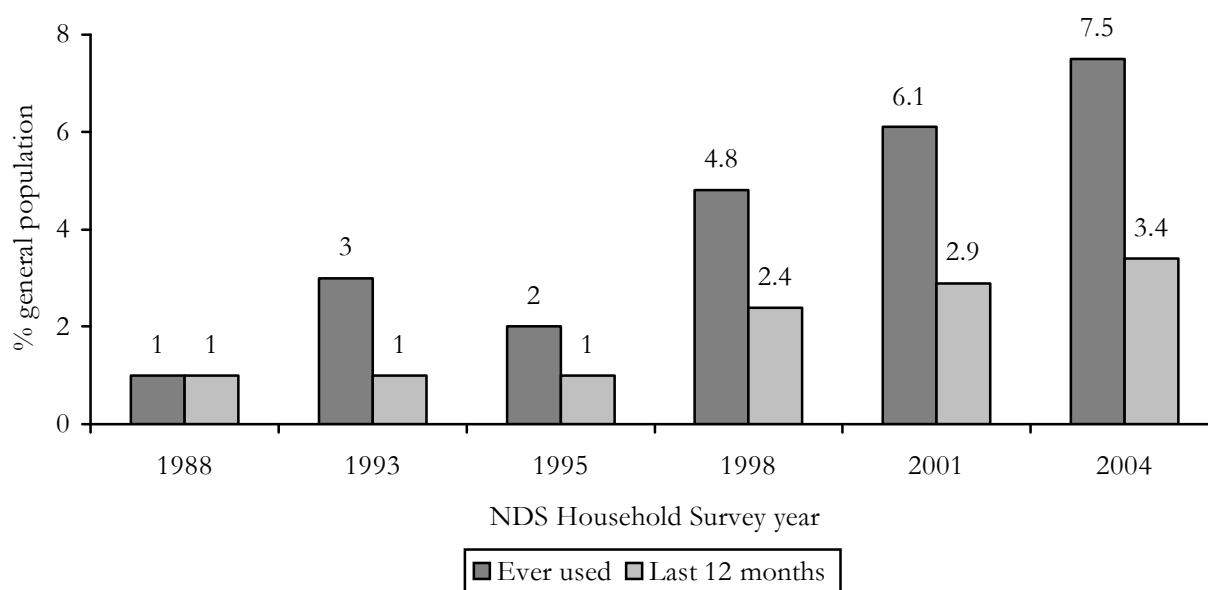
Key experts generally observed the following characteristics of regular ecstasy use in 2005:

- Ecstasy was most commonly available in tablet form, capsules and powder were rare;
- Swallowing is the most common route of administration;
- There appeared to be fewer REU using weekly, a typical pattern reported was fortnightly to monthly use. Special event use remained common; and
- The amount taken in a session varied greatly from half a tablet to eight tablets, however, consumption of two tablets in a session was the reported norm.

4.3 Indicator data

In 2004, 7.5% of Australians reported lifetime use of ecstasy and 3.4% reported recent use. Although an upward trend in ecstasy consumption is apparent, previous to 2004 ecstasy use was measured in combination with other 'party' drug use (see Figure 1).

Figure 1: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004



Source: National Drug Strategy Household Survey 1988–2004

According to the 2004 NDSHS, recent ecstasy users mainly reported using in places or activities of social interaction in predominantly public settings. These settings included ‘raves/dance parties’ (70.1%), ‘private parties’ (53.8%) and other ‘public establishments’ (50.2%) (see Table 7).

Table 7: Usual place of ecstasy use, reported by recent users aged 14 years and over, by sex, Australia, 2004

Places of Ecstasy Use	Males %	Females %	Persons %
In a home	44.2	48.9	46.1
At private parties	57.4	48.3	53.8
At raves/dance parties	74.6	63.1	70.1
At public establishments	49.4	51.4	50.2
At work or school/TAFE/Uni	2.2	2.8	2.4
In public places e.g. parks	10.2	9.2	9.8
In a car or other vehicle	8.2	3.8	6.5
Somewhere else	3.5	6.2	4.6

Source: AIHW NDSHS 2004

4.4 Summary of patterns of ecstasy use

In 2005, REU reported first trying ecstasy at an average age of 19 years, with regular use beginning at an average age of 20 years. In the six months prior to interview, REU reported using ecstasy on a median of 17 days (about three times a month), although 31% of respondents reported using ecstasy weekly or more. In a typical session, a median of two tabs were reportedly used. Ecstasy tabs were used by nearly all REU (99% – data not shown), with swallowing being the most common route of administration (92%). Over nine in ten (92%) REU reported using other drugs while under the influence of ecstasy and eight in ten reported using other drugs while ‘coming down’ (81%).

The 2005 sample used the same median of tabs (2) in a session as in 2004. However, this is more than the reported median used in 2003 (1.5), 2002 (1) and 2001 (1).

Over recorded time points, the average number of days of ecstasy use has varied (2005: 17 days; 2004: 24 days; 2003: 24 days; 2001: 13 days; 2000: 18 days), while the median number of tabs taken in a typical session has increased (2005: 2; 2004: 2; 2003: 1.5; 2001: 1; 2000: 1).

Certain elements of ecstasy use have remained constant. At each recorded time point (2000-2005, excluding 2002) respondents have reported ecstasy as their most ‘favourite drug’, swallowing is reported as the norm, as is going for 48 hours without sleep and polydrug use.

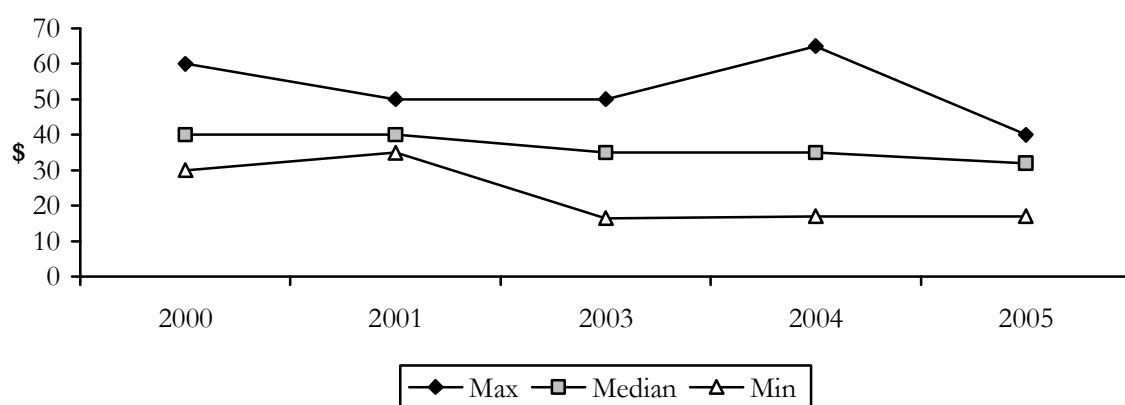
Across all recorded time points, REU have reported using ecstasy in a range of public and private settings, although ‘nightclubs’ have remained the most common last use location (2005: 51%; 2004: 34%; 2003: 29%). Similarly, according to the 2004 NDSHS, recent ecstasy users mainly reported using in places or activities of social interaction in predominantly public settings. These settings included ‘raves/dance parties’ (70.1%), ‘private parties’ (53.8%) and other ‘public establishments’ (50.2%).

4.5 Price

In 2005, REU reported that ecstasy typically cost \$32 (\$17-\$40) for one tab.

Across recorded time points, REU have reported that the price for an ecstasy tab has remained relatively stable. The median price has remained between \$32 and \$40 from 2000 to 2005 (excluding 2002). Figure 2 shows the maximum, median and minimum price paid by respondents for ecstasy tablets purchased across all recorded time points.

Figure 2: Price of ecstasy tab reported by REU, 2000-2005 (exc 2002)



Source: REU interviews

In 2005, most REU generally reported the price of ecstasy as being 'stable' in the six months prior to interview (68%). This is consistent with reports by REU in 2004 (53%), 2003 (63%), 2001 (47%) and 2000 (58%) (see Table 8).

Table 8: Ecstasy price variations, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Price change					
Increased	4	4	9	6	6
Stable	58	47	63	53	68
Decreased	28	31	12	22	10
Fluctuated	10	10	13	13	13
Don't know	--	8	4	4	3

Source: REU interviews

4.6 Purity

In 2005, 40% of REU reported that the current purity of ecstasy was ‘fluctuating’, with a further 26% reporting current purity was ‘medium’ and 25% reporting it was ‘high’. Similar proportions (38%) also reported that ecstasy purity had been ‘fluctuating’ in the six months prior to interview, although 31% perceived purity remained ‘stable’ during this time (see Table 9).

Table 9: Current and variation in ecstasy purity, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Current purity					
Low	4	7	4	13	8
Medium	24	25	49	33	26
High	34	25	17	27	25
Fluctuates	36	43	29	24	40
Don’t know	2	0	1	3	2
Changes in purity last six months					
Decreasing	14	15	10	15	13
Stable	32	26	39	28	31
Increasing	16	14	18	9	14
Fluctuating	36	38	31	42	38
Don’t know	2	7	2	6	5

Source: REU interviews

4.7 Availability

Table 10 presents REU perceptions of ecstasy availability from 2000 to 2005, excluding 2002. In 2005, nearly all REU reported their access to ecstasy was either ‘easy’ (36%) or ‘very easy’ (61%) at the time of interview. Seven out of ten respondents reported that their access to ecstasy in the six months leading up to the study had been ‘stable’.

In 2005, REU most commonly reported obtaining ecstasy from their ‘friends’ (87%) at a ‘friend’s home’ (65%). However, ecstasy was also obtained at a number of private and public locations, including ‘dealer’s home’ (47%), ‘nightclubs’ (37%) and the respondents ‘own home’ (36%) (see Table 10).

Across time, REU have increasingly perceived ecstasy to be ‘easy’ to ‘very easy’ to obtain (2005: 97%; 2004: 95%; 2003: 84%; 2001: 74%; 2000: 72%) (see Table 10).

Table 10 also shows the locations where REU have reported purchasing or obtaining ecstasy. From 2000 to 2005 (excluding 2002) REU have reported that they most commonly obtained ecstasy from ‘friends’ and ‘dealers’. Further, ‘friend’s home’ and ‘dealer’s home’ have also remained the most prevalent location where REU report obtaining ecstasy. It seems, however, that increasingly more REU are reporting obtaining ecstasy from persons other than these, such as ‘acquaintances’, ‘work colleagues’ and dealers ‘unknown’ to the participant (see Table 10).

Table 10: Ecstasy availability, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Current ease					
Very easy	52	60	57	69	61
Easy	20	14	27	26	36
Availability in last six month					
Stable	56	56	63	64	70
Easier	30	28	23	13	12
Persons score from					
Friends	94	93	73	67	87
Dealers	56	57	71	68	57
Acquaintances	20	34	29	23	29
Work colleagues	6	10	13	15	16
Unknown dealers	4	8	6	11	19
Locations scored from					
At own home	40	37	31	30	36
Friend's home	80	82	57	53	65
Dealer's home	46	41	55	57	47
Nightclub	14	34	30	22	37
Pubs	0	8	10	13	15
Raves	16	22	14	14	16
Dance parties	18	16	15	--	--
Street	--	--	9	8	13
Agreed public location	--	--	--	30	24
Work	--	--	--	7	8

Source: REU interviews;

Multiple responses allowed for persons and locations scored from;

-- not asked in that year.

4.8 Ecstasy markets and patterns of purchasing ecstasy

REU were asked a range of questions relating to ecstasy markets and their purchasing patterns in 2005. Questions asked included the number of people ecstasy was purchased from in the six months prior to interview and whether the REU purchased tablets for self, self and others, or others only. REU purchasing patterns are presented in Table 11.

Employment was the most common means REU reported to pay for ecstasy in 2005 (91%), however, 65% of respondents also reported that they obtained ecstasy as a 'gift from a friend' (Table 11).

In 2005, respondents obtained ecstasy from a median number of three persons (range: 1-20). Most REU (79%) reported that they only purchased ecstasy for themselves and for their friends. Ecstasy was mainly purchased around the time of use, with 36% of respondents reporting purchasing ecstasy 1-12 times in the past six months and a further 28% reporting purchasing ecstasy 13-24 times in the past six months (see Table 11).

Over three-quarters (78%) of REU reported that they could purchase other drugs from their ecstasy 'dealer' in 2005 – largely cannabis (63%) and crystal methamphetamine (57%) (see Table 11). Cocaine was also able to be purchased by 47% of REU in 2005 – an increase of 20% from 2004. However, these responses should be interpreted with caution, as it is uncertain whether respondents fully understood that the question meant that at the time of their actual ecstasy deal, their supplier also had other drugs immediately available for purchase.

In comparison, in 2004 seventy per cent of regular ecstasy users also reported that they were able to obtain other drugs from their main ecstasy dealer at the time of their ecstasy purchase. Similar to 2005, cannabis (74%) and crystal methamphetamine (59%) were again the most common drugs available at the time (Fischer & Kinner 2005).

Table 11: Patterns of purchasing ecstasy, 2005

	2005 N=101
Forms used to pay for ecstasy tablets (%)	
Paid employment	91
Credit from dealers	15
Government allowance	13
Gift from friend	65
Borrowed from friends	15
Money from parents	15
Dealing drugs (ecstasy profit)	26
Dealing drugs (cash profit)	18
Bartering drugs/goods	12
Fraud	1
Property crime	1
Pawning	1
Sex work	0
Median No. of people purchased from (range)	3 (1-20)
Purchased for (%)	
Self only	20
Self and others	79
Others only	0
No. of times purchased in the last 6 months (%)	
1-6	31
7-12	36
13-24	28
25 +	4
Median no. of ecstasy tablets purchased (range)	5 (1-100)
Able to purchase other drugs from main dealer (%)	78
Drugs able to purchase*	(N=79)
Speed	46
Base	41
Crystal	57
Cocaine	47
MDA	9
LSD	32
GHB	15
Cannabis	63
Heroin	8

Source: REU interviews;

* Among those about who reported being able to purchase other drugs from main dealer

Table 12 presents REU perceptions of factors that influenced the price of ecstasy they purchased in 2005. REU reported that ‘buying larger quantities’ (90%), ‘knowing your supplier’ (83%) and your ‘supplier being close to the source of manufacture’ (64%) decreased the price of the ecstasy they purchased. Fifty-seven per cent reported that ‘buying in a public venue’ increased the price (see Table 12).

Table 12: Factors influencing the price of ecstasy, 2005

	2005 N=101 %
Knowing supplier	
Don't know	0
Increase	0
Decrease	83
No change	11
Supplier close to source	
Don't know	9
Increase	2
Decrease	64
No change	19
High MDMA content	
Don't know	5
Increase	38
Decrease	2
No change	50
Decreased in brand/logo	
Don't know	5
Increase	31
Decrease	1
No change	57
Decrease in availability	
Don't know	5
Increase	31
Decrease	1
No change	57
Special time of year	
Don't know	4
Increase	26
Decrease	2
No change	62
Buying larger quantity	
Don't know	1
Increase	0
Decrease	90
No change	1
Increase police activity	
Don't know	13
Increase	5
Decrease	0
No change	76
Buying public venue	
Don't know	12
Increase	57
Decrease	4
No change	21

Source: REU interviews

Factors influencing REU use of ecstasy are presented in Table 13. Generally in 2005, REU reported that the following market conditions would not influence their use of ecstasy: 'price of ecstasy went up' (55%); 'ecstasy easier to get' (76%); 'crystal easier to get' (66%); 'cocaine easier to get' (66%); 'being caught by police – high' (52%); 'being caught by police – low' (85%); 'changes in penalties increase' (85%); and 'changes in penalties decrease' (89%). However, REU did report that changes in their personal circumstances would decrease their ecstasy use ('negative effect on physical health' (77%); 'negative effect on mental health' (79%); 'negative effect on work' (76%); 'negative effect on study' (76%); and 'friends stopped using' (61%) (see Table 13).

Table 13: Factors influencing the use of ecstasy, 2005

	2005 N=101 %
Price went up	
Don't know	4
Increase	0
Decrease	37
No change	55
Price went down	
Don't know	4
Increase	5
Decrease	75
No change	12
Harder to get	
Don't know	6
Increase	4
Decrease	57
No change	29
Easier to get	
Don't know	0
Increase	19
Decrease	1
No change	76
Crystal easier to get	
Don't know	3
Increase	19
Decrease	8
No change	66
Cocaine easier to get	
Don't know	3
Increase	19
Decrease	8
No change	66
Caught by police high	
Don't know	2
Increase	0
Decrease	43
No change	52
Caught by police low	
Don't know	1
Increase	10
Decrease	0
No change	85

Table 13: Factors influencing the use of ecstasy, 2005 (cont'd)

	2005 N=101 %
Penalties increased	
Don't know	0
Increase	0
Decrease	11
No change	85
Penalties decreased	
Don't know	0
Increase	5
Decrease	2
No change	89
Negative effects on:	
Physical health	
Don't know	0
Increase	0
Decrease	77
No change	19
Mental health	
Don't know	0
Increase	0
Decrease	79
No change	17
Work/study	
Don't know	1
Increase	0
Decrease	76
No change	19
Relationships	
Don't know	1
Increase	0
Decrease	81
No change	14
Friends stopped use	
Don't know	1
Increase	0
Decrease	61
No change	34
Friends increased use	
Don't know	1
Increase	32
Decrease	1
No change	62

Source: REU interviews

4.9 Benefit and risk perceptions

4.9.1 Perceived benefits

REU reported a range of benefits from using ecstasy in 2005 – their perceptions are presented below in Table 14. The most common benefit reported by respondents was ‘enhanced communication/talkativeness/more social’ (50%). The other general benefits reported in 2005 were ‘enhanced closeness/bonding/empathy with others’ (49%) and ‘enhanced mood’ (36%) (Table 14). These perceptions were consistent with those reported in 2004 and 2003 (Fischer & Kinner 2005; Fischer & Kinner 2004).

Table 14: Perceived benefits of ecstasy use reported by REU, 2005

Benefit	2005 N=101 %
Enhanced communication/talkativeness/more social	50
Enhanced closeness/bonding/empathy with others	49
Enhanced mood	36
Fun	30
Enhanced appreciation of music and/or dance	22
Increased confidence/decreased inhibitions	21
Relax/escape/release	15
Drug effects	13
The high/rush/buzz	11
Increased energy/stay awake	11
Different to effects of alcohol	8
Cheap	7
Enhanced sexual experience	3
Feeling in control/focused	1
Other Benefit	10

Source: REU interviews

4.9.2 Perceived risks

REU also reported a range of perceived risks from using ecstasy in 2005. The most common risks reported were: ‘depression’ (27%); ‘unknown drug contaminants and cutting agents’ (15%); ‘financial problems’ (13%); ‘legal/police problems’ (12%); ‘dehydration’ (12%); ‘long term physical problems’ (12%); ‘non-fatal overdose’ (12%); and ‘other physical harm’ (12%). These comments are again consistent with the perceived risks reported in previous years (Fischer & Kinner 2005; Fischer & Kinner 2004).

4.10 Key expert observations

KE reported the following observations about the price, purity and availability of ecstasy:

- KE universally reported tabs or pills as the norm, with inconsistent reports regarding the use of capsules or powder. KE either reported an increase in the availability of capsules or powder, or a decrease. Those who suggested that the availability of these forms had decreased generally reported that they remained available within niche markets.
- KE also reported that large batches of ecstasy were the norm, with particular brands or logos sometimes lasting on the market up to, and over, six months. Smaller local batches had become increasingly available, although it was reported that purity fluctuates.
- All KE reported swallowing as the most common route of administration. An increase in snorting was also reported, with shafting/shelving (refers to vaginal/anal administration) reported to generally only occur out of curiosity or experimentation.

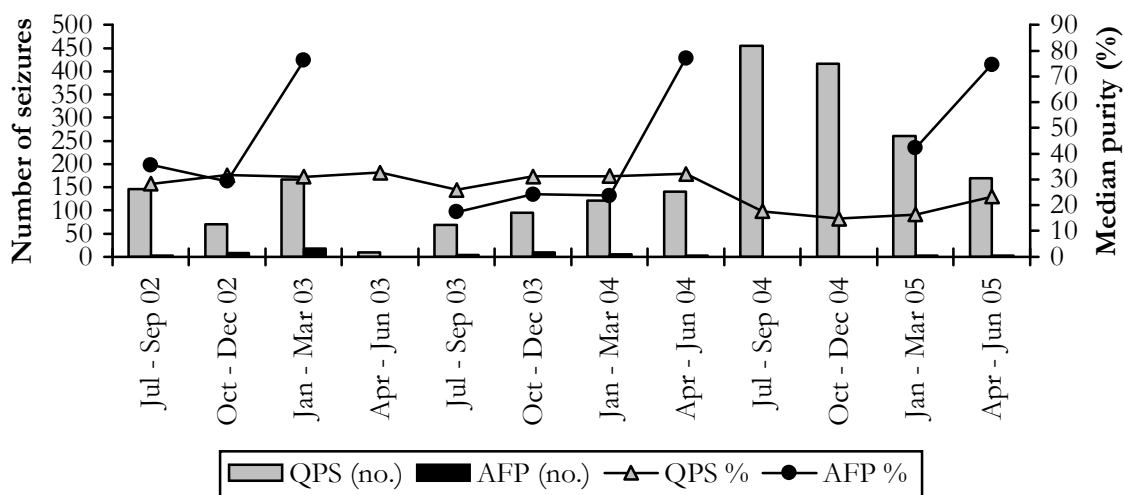
- The most common price for ecstasy was reported to be \$30. Although there was little agreement among key experts on changes to the price of ecstasy over the past six months, almost half of those who commented on price reported that the price of ecstasy had ‘decreased’.
- Most KE reported that ecstasy purity was either ‘medium’ or ‘fluctuating’ in the 6 months leading up to the study.
- Of the key experts who reported on availability, most reported that ecstasy was ‘very easy’ to obtain (n=15), with current ease of access to ecstasy reported to be ‘easier’.

4.11 Indicator data

4.11.1 Law Enforcement

Between July 2002 and June 2004 the median purity of analysed phenethylamine seizures by Queensland Police Service (QPS) remained fairly consistent, however, purity dropped sharply in 2004/05 to a median of 17.3%. In contrast, the number of QPS seizures has increased significantly, with a total of 1300 seizures in 2004/05. The number of Australian Federal Police (AFP) phenethylamine seizures in Queensland has been consistently low, and the purity of these seizures has been highly variable. This variation in purity may reflect that AFP seizure data do not distinguish between seizures of MDMA pills and MDMA powder (see Figure 3).

Figure 3: Purity of phenethylamine seizures analysed in QLD, by quarter, 2002/03-2004/05



Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Queensland State Police

Note: No AFP seizures in Apr-June 2003 and Jul-Dec 2004

4.11.2 Health

Figure 4 presents the number of ecstasy-related deaths in Queensland and Australia from 2001 to 2004. During this time there have been five ecstasy-related deaths identified in Queensland by the National Coroners Information System (NCIS). It is worth mentioning that ecstasy was considered a primary contributor to death in only two of these cases. However, across Australia, there were 111 ecstasy-related deaths identified in this time, with ecstasy deemed to be a primary contributor to death in less than half (51) of these cases.

Figure 4: Ecstasy-related deaths in Queensland and Australia, 2001-2004

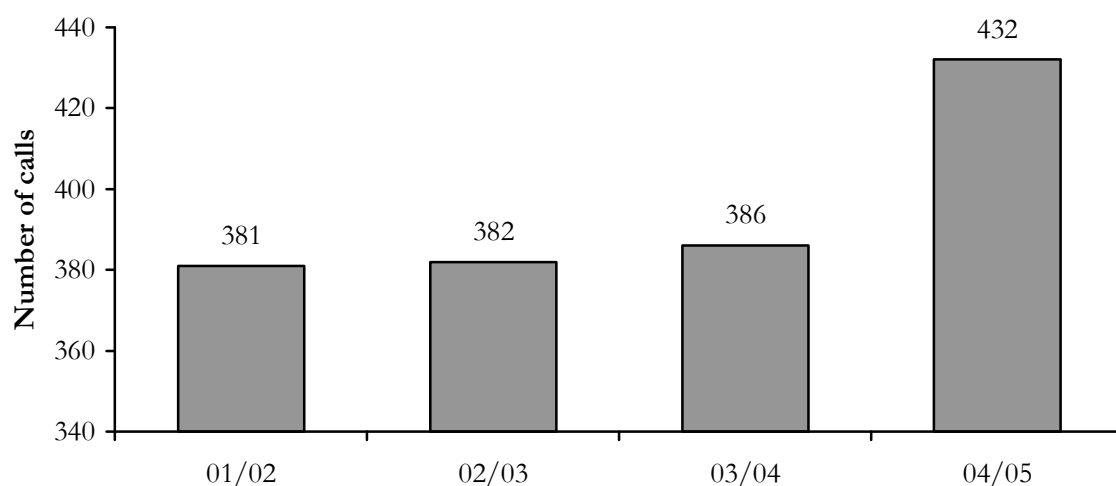


Source: National Coroners Information System (NCIS)

Note: 2004 data not a complete year

Figure 5 shows the number of ecstasy-related enquiries made to the Alcohol and Drug Information Service (ADIS) in Queensland. From 2001/02 to 2004/05 there has been no substantive change in the number of ecstasy-related phone calls to ADIS. There were 432 ecstasy-related calls received in the 2004/05 financial year, which were only 3% of all calls made to ADIS during that period.

Figure 5: Number of enquiries to ADIS regarding ecstasy, 2001/02-2004/05



Source: ADIS

4.12 Summary of ecstasy trends

In 2005, REU reported that ecstasy typically cost \$32 (\$17-\$40) for one tab.

Across time, REU have reported that the price for an ecstasy tab has remained relatively stable, with the median price remaining between \$32 and \$40 from 2000 to 2005 (excluding 2002). In 2005 REU again generally reported the price of ecstasy as being 'stable' in the six months leading up to the study (68%). This is consistent with reports by REU in 2004 (53%), 2003 (63%), 2001 (41%) and 2000 (58%), and with KE reports in 2005.

In 2005, 40% of REU reported the current purity of ecstasy as 'fluctuating', with a further 26% reporting purity as 'medium' and 25% reporting purity as 'high'. Similar proportions (38%) reported that ecstasy purity had also been 'fluctuating' in the six months prior to the study, although 31% reported it as 'stable'. KE also reported similar observations in 2005.

Across recorded time points, reports of recent ecstasy purity by REU have remained relatively consistent. The proportion of respondents reporting on ecstasy purity levels has also remained generally consistent over time.

In 2005, nearly all REU reported their current access to ecstasy was either 'easy' (36%) or 'very easy' (61%). Seven out of ten respondents reported their access to ecstasy in the six months prior to interview had remained 'stable'. Across time, REU are increasingly reporting ecstasy as 'easy' to 'very easy' to obtain (2005: 97%; 2004: 95%; 2003: 84%; 2001: 74%; 2000: 72%).

In 2005, REU most commonly reported obtaining ecstasy from their 'friends' (87%) at a 'friend's home' (65%). However, ecstasy was also obtained at a number of private and public locations, the most common being 'dealer's home' (47%), 'nightclubs' (37%) and 'own home' (36%).

Across all recorded time points, REU have reported that they most commonly obtained ecstasy from 'friends' and 'dealers', and that the most frequent location where they obtained ecstasy was at their 'friend's home' and 'dealer's home'. However, it seems increasingly that more REU are reporting obtaining ecstasy from persons other than these, such as 'acquaintances', 'work colleagues' and dealers 'unknown' to the participant.

In 2005, respondents obtained ecstasy from a median number of three persons (range: 1-20), with most persons reporting obtaining ecstasy from three different people in the six months prior to interview. Most REU (79%) reported that they only purchased ecstasy for themselves and for their friends. Ecstasy was mainly purchased around the time of use, with 36% of respondents reporting purchasing ecstasy 1-12 times in the past six months and a further 28% reporting purchasing ecstasy 13-24 times in the past six months.

5.0 METHAMPHETAMINE

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine powder (Speed)

Table 15 presents REU patterns of methamphetamine powder (speed) use. In 2005, three-quarters (75%) of REU reported lifetime use of methamphetamine powder, with 57% reporting recent use. Recent speed users reported typically using 0.5 grams (range: 0.6-6) on a median of five days (range: 1-40) in the six months prior to interview.

Across all recorded time points, recent users of methamphetamine powder have consistently reported using speed about once a month and typically consuming 0.5 grams in a session (see Table 15).

Table 15: Patterns of methamphetamine powder (speed) use among REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	94	86	67	65	75
Used preceding six months (%)	62	67	57	42	57
Median days used last 6 mths* (range)	6 (1-38)	9 (1-180)	6 (1-180)	6 (1-180)	5 (1-180)
Median quantities used* (grams)					
Typical (range)	0.5 (0.1-2)	0.5 (0-3)	0.5 (0.1-1.5)	0.5 (0.2-4)	0.5 (0.6-6)
Heavy (range)	1 (0.2-3)	0.5 (0-7)	1.00 (0.1-4)	1 (0.25-6)	1 (0.5-8)

Source: REU interviews;

*Of those who had used

5.1.2 Methamphetamine Base

Patterns of methamphetamine base use are presented in Table 16. Over half (57%) of REU reported lifetime use of methamphetamine base in 2005, with 45% of respondents reporting recent use. Recent base users reported typically using 1 point (0.5-5) on a median of four days (range: 1-180) in the six months prior to interview.

More REU reported recent base use in 2005 (45%) than in 2004 (39%), however, this was lower than the proportions reporting recent base use in 2001 (76%) and 2000 (74%). Although the frequency of base use has varied across recorded time points, the amount consumed in a typical session (1 point) has remained consistent (see Table 17).

Table 16: Patterns of methamphetamine base use among REU, 2000-2005 (exc 2002)

Base	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	80	84	43	55	57
Used last six months (%)	74	76	34	39	45
Median days used last 6 mths* (range)	10 (1-72)	7 (1-160)	6 (6-180)	12 (1-180)	4 (1-180)
Median quantities used* (points)					
Typical (range)	1 (0.5-5)	1 (0.1-10)	1 (0.1-5)	2 (0.2-20)	1 (0.5-5)
Heavy (range)	2 (0.5-10)	2 (0.10-40)	2 (0.1-25)	3 (0.5-40)	2 (0.5-8)

Source: REU interviews;

*Of those who had used

5.1.3 Crystal Methamphetamine (Ice)

Table 17 presents REU patterns of crystal methamphetamine use from 2000 to 2005, excluding 2002. In 2005, over two-thirds (69%) of REU reported lifetime use of crystal methamphetamine, with half of respondents (50%) reporting recent use. Recent crystal users typically reported using 1 point (range: 0.25-8) on a median of three days (range: 1-180) in the six months prior to interview.

More REU reported recent crystal use in 2005 than at any other recorded time point, except 2001 (56%). In 2005, however, respondents reported using crystal on a median of three days only, which was lower than previously recorded (2004: 6 days; 2003: 4 days; 2001: 5 days; 2000: 3.5 days). The typical amount being used in 2005 was less than 2004 (1.5 points), but the same as in 2003, 2001 and 2000 (1 point) (see Table 17).

Table 17: Patterns of crystal methamphetamine use among REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	16	68	49	60	69
Used last six months (%)	8	56	38	42	50
Median days used last 6 mths* (range)	3.5(1-15)	5 (1-120)	4 (1-180)	6 (1-180)	3 (1-180)
Median quantities used* (points)					
Typical (range)	1 (1-2)	1 (0.1-5)	1 (0.25-4)	1.5 (0.2-10)	1 (0.25-8)
Heavy (range)	1 (1-2)	1 (0.5-40)	1(0.25-5)	3 (0.25-30)	2 (0.25-10)

Source: REU interviews;

* of those who had used

5.2 Price

Table 18 shows the prices of various methamphetamine forms purchased by REU from 2003 to 2005. In 2005, the median price reported for a gram of speed was \$180 (\$30-\$220). This was the same as the price reported in 2004 (\$180, range: \$20-\$240), but slightly less than the price reported by respondents in 2003 (\$200, range: \$20-\$300).

The median price reported for a gram of base in 2005 was \$200 (range: \$100-\$300), which was the same median price reported in 2004 (range: \$140-\$200) and in 2003 (range: \$150-\$2000) (see Table 18).

The median price reported for a gram of crystal in 2005 was \$310 (range: \$175-\$600), which was more than the price reported in both 2004 (\$300 range: \$180-\$450) and 2003 (\$200 range: \$180-\$350) (see Table 18).

The median price reported for a point of speed or base was \$25 in 2005, which was similar to previous years. However, the median price for a point of crystal was reported to be \$47.50, which was higher than the price reported in 2004, or in 2003 (\$40), and almost double the price of both speed and base reported in 2005 (see Table 18).

Table 18: Price of various methamphetamine forms purchased by REU, 2003-2005

Median price (\$)	2003	2004	2005
Speed			
Gram	200 (20-300), n=38	180 (20-240), n=25	180 (30-220), n=21
Point	25 (10-50), n=25	27.50 (15-50), n=15	25 (15-40), n=19
Base			
Gram	200 (150-2000), n=7	200 (140-200), n=11	200 (100-300), n=11
Point	25 (15-200), n=27	27.50 (15-50), n=32	25 (20-50), n=19
Crystal			
Gram	200 (180-350), n=5	300 (180-450), n=7	310 (175-600), n = 11
Point	40 (20-300), n=37	40 (20-60), n=38	47.50 (18.50-80), n=32

Source: REU interviews

Table 19 presents recent changes to the prices of methamphetamine forms purchased by REU from 2003 to 2005. In 2005, 53 REU reported on recent changes to the price of speed. Of these, 32% reported that the price of speed had remained 'stable' in the six months prior to interview. In previous years, there were more respondents who reported the price of speed as 'stable', with over half (52%) in 2004 (N=50), and almost three-quarters (74%) in 2003 (N=72).

In 2005, 33 REU reported on recent changes to the price of base. Almost half (49%) reported that the price of base had remained 'stable' in the six months prior to interview compared to 72% in 2004 (N=53) and 50% in 2003 (N=40) (see Table 19).

In 2005, 44 REU reported on recent changes to the price of crystal, with 30% reporting that the price was 'increasing' and 16% reporting that the price had remained 'stable'. In comparison, there were more reports that the price of crystal was 'stable' in 2004 (40%, N=50) and 2003 (46%, N=44) (see Table 19).

Table 19: Recent changes in price of various methamphetamine forms purchased by REU, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Increasing	3	12	9	3	4	9	9	10	30
Stable	74	52	32	50	72	49	46	40	16
Decreasing	8	6	11	18	15	6	11	18	9
Fluctuating	3	10	11	10	2	6	5	10	11
Don't Know	13	20	36	20	8	30	30	20	34

Source: REU interviews;

Note: For REU who were able to report on price, purity and availability

5.3 Purity

Table 20 presents REU reports of current methamphetamine purity from 2003 to 2005. In 2005, 53 REU reported on the current purity of methamphetamine speed. There was little agreement among those who responded, with 28% reporting speed purity as 'medium', 21% reporting it as 'high' and 26% reporting it as 'fluctuating'. Similar disagreement was apparent in 2004 and 2003.

33 REU reported on the current purity of methamphetamine base in 2005. Again, there was little agreement among those who responded, with 21% reporting base purity as 'medium', 36% reporting it as 'high' and 21% reporting it as 'fluctuating' (see Table 20).

In 2005, 44 REU reported on the current purity of crystal methamphetamine with most (55%) reporting that current crystal purity was 'high'. This was akin to reports in 2004 (46%) and 2003 (57%) (see Table 20).

Table 20: User reports of current methamphetamine purity, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Low	14	10	9	8	6	6	2	6	5
Medium	32	34	28	20	28	21	14	30	21
High	36	20	21	48	51	36	57	46	55
Fluctuates	10	22	26	15	15	21	11	10	7
Don't Know	8	14	0	10	0	15	16	8	14

Source: REU interviews ;

Note: For REU who were able to report on price, purity and availability

Table 21 presents REU reports of changes in methamphetamine purity from 2003 to 2005. In 2005, 53 REU reported on changes to methamphetamine speed purity in the six months prior to interview. There was little agreement among those who responded: 23% reported speed purity was 'stable'; 25% reported purity was 'fluctuating'; and 36% reported that they 'did not know'. Similarly, in 2004 there was also contention regarding changes to speed purity, with 23% reporting it as 'stable', 25% reporting it as 'high' and 36% reporting that they 'did not know'.

In 2005, 33 REU reported on changes to methamphetamine base purity in the six months prior to interview. Again, there was little agreement among those who responded with 33% reporting base purity was 'stable', 18% reporting purity was 'fluctuating' and 27% reporting that they 'did not know'. There was, however, more consistency in 2004 with 51% reporting base purity as 'stable', 26% reporting purity was 'fluctuating' and 2% reporting that they 'did not know'.

44 REU reported on the changes to methamphetamine crystal purity in the six months prior to interview in 2005. More respondents (27%) reported that the purity of crystal was 'fluctuating' in 2005 compared with 2004 (16%) and 2003 (2%) (see Table 21).

Table 21: User reports of changes in methamphetamine purity, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Increasing	25	10	11	23	11	9	18	8	7
Stable	36	26	23	50	51	33	39	44	30
Decreasing	13	14	6	10	11	12	11	16	9
Fluctuating	10	32	25	5	26	18	2	16	27
Don't Know	17	18	36	13	2	27	30	16	27

Source: REU interviews ;

Note: For REU who were able to report on price, purity and availability

5.4 Availability

REU reports of current availability of methamphetamine forms from 2003 to 2005 are presented in Table 22. In 2005, 53 REU reported on the current availability of speed, 33 REU reported on the current availability of base and 44 REU reported on the current availability of crystal. Most REU who commented reported that these products were ‘easy’ to ‘very easy’ to obtain (speed 72%; base 63%; crystal: 50%) (see Table 22).

The proportion of REU who reported that methamphetamine was currently ‘easy’ to ‘very easy’ to obtain was less in 2005 than 2004 (speed: 82%; base 89%; ice: 62%) (see Table 22).

Table 22: User reports of current availability of methamphetamine forms, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Very easy	51	32	32	35	51	27	27	26	16
Easy	13	50	40	33	38	36	30	36	34
Moderately Easy	22	--	--	13	--	--	18	--	--
Difficult	10	14	21	10	11	21	9	26	27
Very Difficult	0	0	4	0	0	6	2	8	21
Don't Know	4	4	4	10	0	9	14	4	2

Source: REU interviews ;

Note: For REU who were able to report on price, purity and availability;

*Moderately Easy in 2003;

-- Not asked 2004 and 2005

Changes in methamphetamine availability in the six months preceding interview are shown from 2003 to 2005 in Table 23. In 2005, 53 REU reported on changes to speed availability, with 47% of respondents reporting that speed availability had been ‘stable’. Similarly, almost half (46%) of the 33 REU who reported on changes to base availability in the six months prior to interview reported that the base market was also ‘stable’. However, only 16% of REU (N=44) who reported on changes to crystal availability, viewed the crystal market as ‘stable’ in 2005 (see Table 23).

Therefore, in 2005 fewer REU reported that the methamphetamine market was ‘stable’ compared with 2004 (speed 76%; base 66%; crystal 36%) (see Table 23).

Table 23: Changes in methamphetamine availability in the last six months reported by regular ecstasy users, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
More difficult	15	12	23	13	13	27	11	22	36
Stable	54	76	47	63	66	46	36	36	16
Easier	18	4	11	8	13	9	30	20	34
Fluctuates	3	2	6	5	6	3	5	14	9
Don't Know	10	6	13	13	2	15	18	8	5

Source: REU interviews;

Note: For REU who were able to report on price, purity and availability

Table 24 presents REU reports of people from whom they purchased methamphetamine forms from in the preceding six months (2003-2005). The most common persons REU purchased any form of methamphetamine from in 2005 were 'friends' (speed 66%; base 73%; crystal 39%). The other persons REU most commonly reported purchasing methamphetamine from were 'known dealers' (speed: 40%; base: 39%; crystal 30%) (see Table 24).

Similarly, in 2004 and 2003 'friends' and 'known dealers' were also the most common persons any form of methamphetamine was purchased from (see Table 24).

Table 24: People from whom methamphetamine powder, base and crystal were purchased from in the preceding six months, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Friends	62	72	66	60	59	73	59	52	39
Known Dealers	73	46	40	60	72	39	48	58	30
Workmates	14	12	8	12	6	6	2	4	0
Acquaintances	22	26	13	14	8	0	14	10	5
Unknown dealers	NA	10	4	2	17	0	0	14	0

Source: REU interviews;

Note: For REU who were able to report on price, purity and availability

Locations where methamphetamine forms were purchased from in the preceding six months are presented in Table 25, from 2003 to 2005. In 2005, REU reported that the most common location where methamphetamine was purchased from was 'friend's home' (speed 49%; base 46%; crystal 36%), although 'dealer's home' (speed 40%; base 30%; crystal 32%), and 'own home' (speed 30%; base 18%; crystal 27%) were also used (see Table 25).

Across the years, 'friend's home', 'dealer's home' and 'own home' have been the most common locations where methamphetamine has been purchased. In a comparison of all recorded time points, it appears that these settings are becoming increasingly common locations for purchase, with other locations such as 'nightclubs' and 'pubs' becoming increasingly rare (see Table 25).

Table 25: Locations where methamphetamine was purchased in the preceding six months, 2003-2005

	Speed %			Base %			Crystal %		
	2003 N=72	2004 N=50	2005 N=53	2003 N=40	2004 N=53	2005 N=33	2003 N=44	2004 N=50	2005 N=44
Own home	26	28	30	31	36	18	27	36	27
Dealer's home	55	28	40	55	59	30	25	46	32
Friend's home	46	46	49	38	51	46	50	34	36
Raves	7	14	11	7	4	0	5	2	2
Nightclubs	14	20	15	7	11	9	7	4	9
Pubs	3	12	2	2	6	0	0	0	5
Street	10	10	4	14	8	6	9	8	5
Public location	--	20	4	--	38	6	--	40	5
Work	--	10	6	--	6	3	--	10	5

Source: REU interviews;

Note: For REU who were able to report on price, purity and availability

-- not asked

5.5 KE observations

KE reported the following observations:

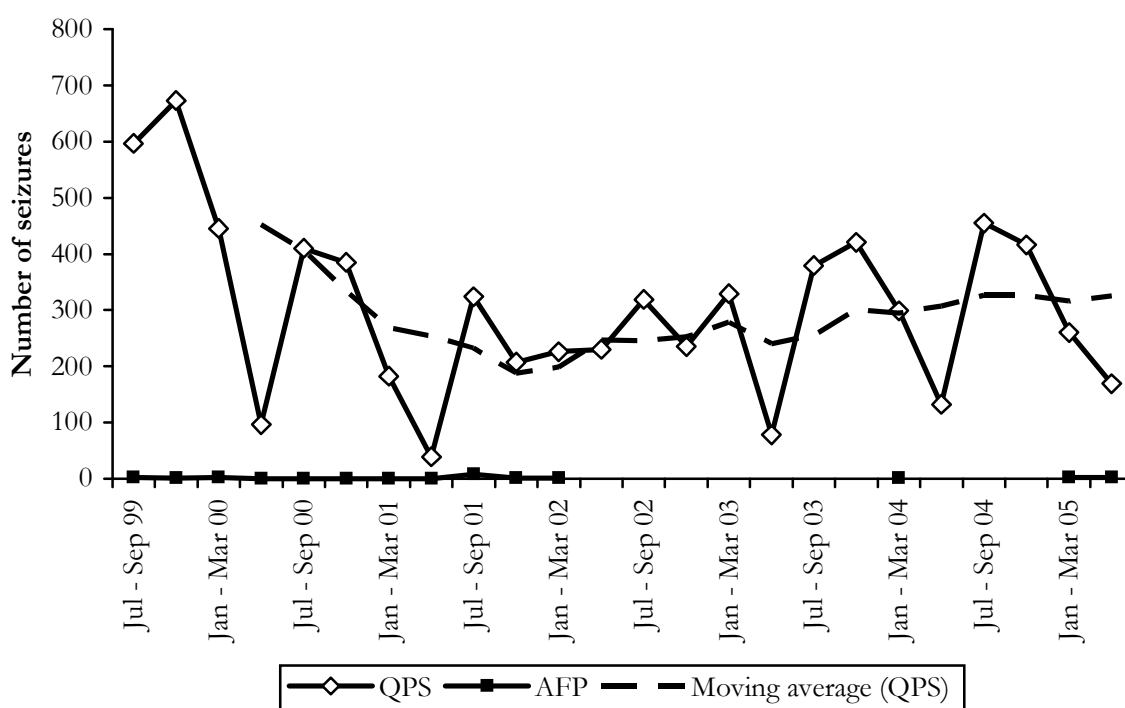
- Methamphetamine powder was more likely to be used when crystal methamphetamine was unavailable.
- Use of methamphetamine base had declined, particularly in comparison with base use in 2000 and 2001.
- Use of crystal methamphetamine had increased, however, there was little agreement regarding crystal availability. Those who did suggest decreased availability of crystal also typically reported an increase in the price.
- There appears to be an increase in crystal methamphetamine use among young women, with this group preferring use of crystal over ecstasy. Smoking appears to be the preferred route of administration, which suggests a need for further research in this area as well as targeted harm reduction efforts to reduce potential smoking harms.

5.6 Indicator data

5.6.1 Law enforcement

Figure 6 shows the number of methamphetamine seizures made in Queensland by QPS and AFP, from 1999/00 to 2004/05. The vast majority of methamphetamine seizures in Queensland have been made by QPS, with AFP typically only making one or two seizures in each quarter. The number of QPS seizures has varied considerably over this time, and is typically lower in the last quarter of each financial year. However, after this number was averaged across each financial year, the number of seizures increased slightly over the past few years (see Figure 6).

Figure 6: Number of methamphetamine seizures analysed in QLD, by quarter, 1999/00-2004/05

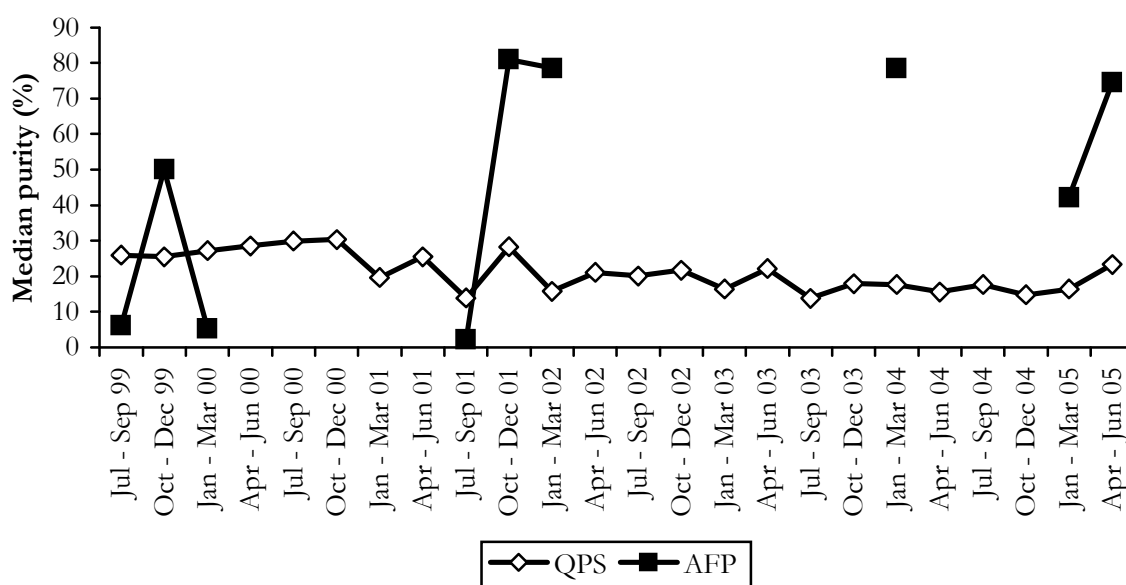


Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Queensland State Police

NOTE: ATS includes amphetamine, methamphetamine and phenethylamines (e.g., MDMA). No AFP seizures in Jul 2002-Dec 2003 and July-Dec 2004.

Figure 7 shows the purity of methamphetamine seizures analysed in Queensland by quarter from 1999/00 to 2004/05. Whereas the number of QPS seizures has fluctuated over time, the median purity of methamphetamine seizures has been more consistent, despite a decline in purity in 2003/04. In 2004/05 the median purity of QPS seizures was 17.3%, compared with 20% in both 2002/03 and 2001/02 (see Figure 7). During the last quarter of 2004/05 the median purity of QPS seizures was 23.3%. Unfortunately, seizure data do not distinguish between crystal methamphetamine and other forms of (domestically produced) methamphetamine, so these fluctuations in purity are difficult to interpret.

Figure 7: Purity of methamphetamine seizures analysed in QLD, by quarter, 1999/00-2004/05

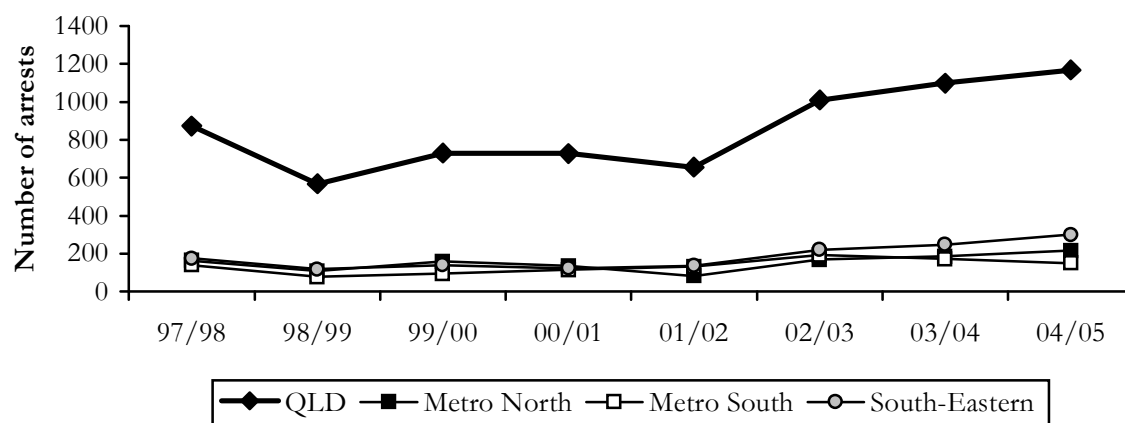


Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Queensland State Police

NOTE: ATS includes amphetamine, methamphetamine and phenethylamines (e.g., MDMA)

Figure 8 shows the number of amphetamine-type stimulant (ATS) arrests made by QPS from 1997/98 to 2004/05 in Queensland, including the three south-east Queensland regions where the PDI recruits its REU sample. Overall, the number of arrests increased sharply from 2001/02 (657) to 2004/05 (1,167), although this trend is only partially reflected in the figures for south-east Queensland regions. The apparent rise in ATS arrests in Queensland is difficult to interpret for two reasons: (a) the ATS category includes amphetamine, methamphetamine and MDMA (ecstasy); and (b) an increase in arrests may indicate increased production, distribution and use of the drug class, and/or it may indicate increased operational activity around that drug class. Indeed, one KE from the law enforcement sector reported an increased focus by QPS on the ecstasy market in far north Queensland.

Figure 8: Number of amphetamine-type stimulant (ATS) possession/use arrests by geographic area, 1997/98-2004/05

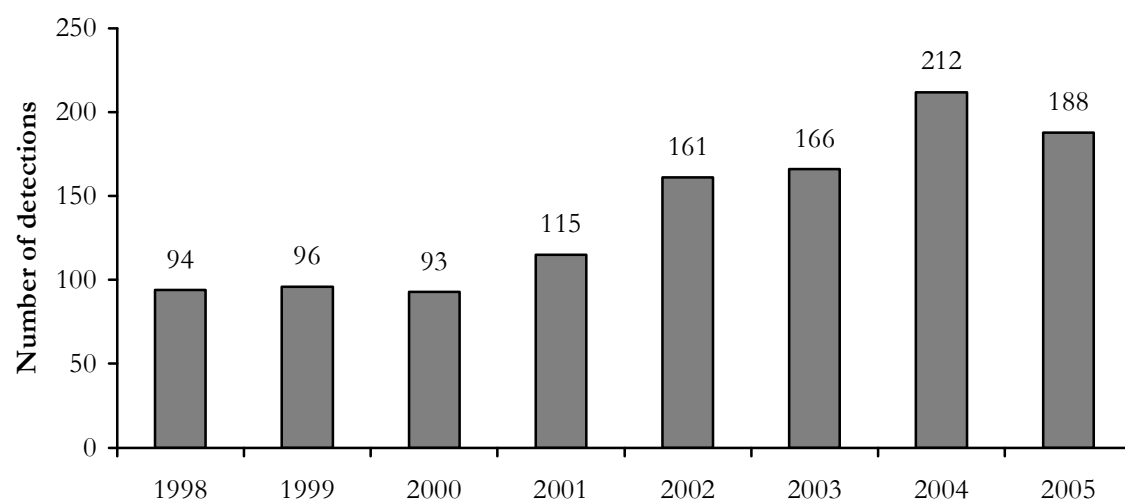


Source: Queensland Police Service

NOTE: ATS includes amphetamine, methamphetamine and phenethylamines (e.g., MDMA)

Figure 9 shows the number of clandestine laboratory detections in Queensland from 1998 to 2005. One hundred and eighty-eight clandestine laboratories were detected in 2005 by the QPS compared to 212 labs in 2004. According to key experts from the law enforcement sector, the increase in lab detections is indicative of both increased operational activity and detection rates among QPS officers, and a real increase in attempts to produce methamphetamine within the state. The number of labs detected in Queensland each year is considerably larger than the detections reported in other states; however, this difference must be interpreted with caution. According to law enforcement key experts, methamphetamine production in Queensland is characterised by a large number of (typically) small, low-yield labs. Most other Australian jurisdictions report fewer lab detections, but report production of larger quantities of methamphetamine in each lab (see Figure 9).

Figure 9: Number of clandestine laboratory detections in QLD, 1998-2005

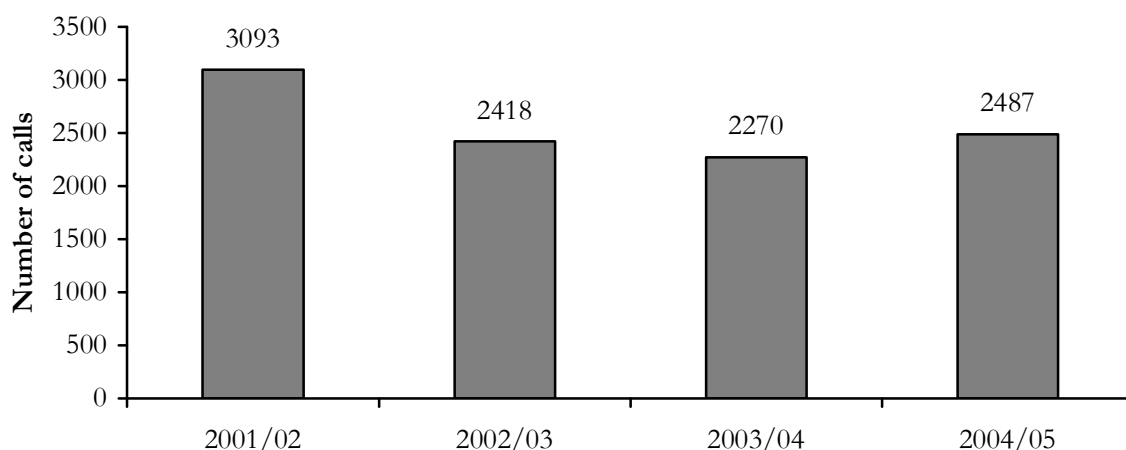


Source: Queensland Police Service

5.6.2 Health

Figure 10 shows the number of enquiries made to ADIS and Family Drug Support (FDS) regarding amphetamines from 1996 to 2005. ADIS data show an increase in amphetamine-related inquiries from 2,270 in 2003/04 to 2,487 in 2004/05. In 2004/05 the number of amphetamine-related inquiries was 15% of the total calls to ADIS in that financial year (see Figure 10).

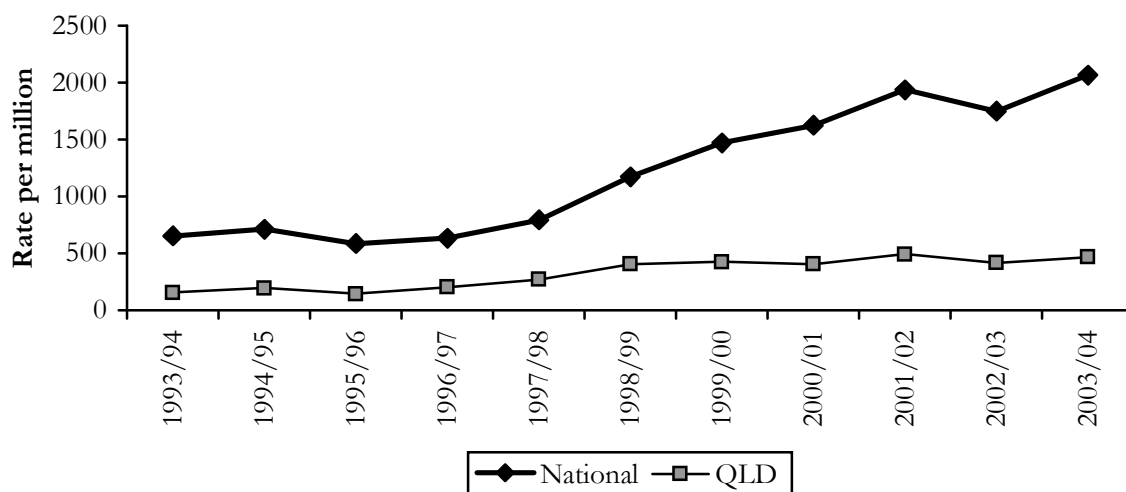
Figure 10: Number of enquiries to ADIS and FDS regarding amphetamines, including 'ice', 1996-2005



Source: ADIS

Figure 11 shows the rate per million of amphetamine-related hospital admissions in Queensland from 1993/94 to 2003/04. Nationally, the rate has risen more than three-fold, from 652 to 2066. In Queensland the rate rose from 155 to 468 over the same time period.

Figure 11: Rate of inpatient hospital admissions where amphetamines were the primary diagnosis per million people aged 15–54 years, QLD and nationally, 1993/1994-2003/04



Source: (Roxburgh and Degenhardt in press)

5.7 Summary of methamphetamine trends

Patterns of use

In 2005, three-quarters (75%) of REU reported lifetime use of methamphetamine powder (speed) with 57% reporting recent use. Recent speed users reported typically using 0.5 grams (range: 0.6-6) on a median of five days (range: 1-40) in the six months prior to interview. Across all recorded time points, recent users of methamphetamine powder have consistently reported using speed about once a month and typically consuming 0.5 grams in a session.

Over half (57%) of REU reported lifetime use of methamphetamine base in 2005, with 45% of respondents reporting recent use. Recent base users reported typically using 1 point (0.5-5) on a median of four days (1-180) in the six months prior to interview (Table 16). More REU reported recent base use in 2005 (45%) than in 2004 (39%), however, this was lower than the proportions reporting recent base use in 2001 (76%) and 2000 (74%). Although the frequency of base use has varied across recorded time points, the amount consumed in a typical session (1 point) has remained consistent.

In 2005, over two-thirds (69%) of REU reported lifetime use of crystal methamphetamine (ice), with half of respondents (50%) reporting recent use. Recent crystal users typically reported using 1 point (0.25-8) on a median of three days (1-180) in the six months prior to interview. More REU reported recent crystal use in 2005 than at any other recorded time point, except 2001 (56%). In 2005, however, respondents reported using crystal on a median of three days only, which was lower than the median days used in 2004 (6), 2003 (4), 2001 (5) and 2000 (3.5). The typical amount being used in 2005 was less than 2004 (1.5 points), but the same as in 2003 and 2001 (1 point).

Prices

In 2005, the median price reported for a gram of speed was \$180 (range: \$30-\$220). This was the same as the price reported in 2004 (\$180, range: \$20-\$240), but slightly less than the price reported by respondents in 2003 (\$200, range: \$20-\$300).

The median price reported for a gram of base in 2005 was \$200 (range: \$100-\$300), which was the same median price reported in 2004 (range: \$140-\$200) and 2003 (range: \$150-\$2000).

The median price reported for a gram of crystal in 2005 was \$310 (range: \$175-\$600), which was more than the price reported in both 2004 (\$300 range: \$140-\$200) and 2003 (\$200 range: \$180-\$350).

The median price reported for a point of speed or base was \$25 in 2005, which was similar to previous years. However, the median price for a point of crystal was reported to be \$47.50, which was higher than the price reported in 2004 or in 2003 (\$40), and almost double the reported price of speed and base in 2005 (see Table 18).

Purity

In 2005, fifty-three REU reported on the current purity of methamphetamine speed. There was little agreement among those who responded: 28% reported speed purity was 'medium', 21% reported it was 'high' and 26% reported it was 'fluctuating'. There was less conflict apparent among respondents in 2004 and in 2003.

Thirty-three REU reported on the current purity of methamphetamine base in 2005. Again, there was little agreement among those who responded, with 21% reporting base purity as 'medium', 36% reporting it as 'high' and 21% reporting it as 'fluctuating'.

In 2005, forty-four REU reported on the current purity of methamphetamine crystal. Over half (55%) of these respondents reported that current crystal purity was 'high' (55%), which was akin to reports in 2004 (46%) and 2003 (57%).

Availability

Most REU who commented on current speed (N=53), base (N=33) and crystal (N=44) availability reported that these products were 'easy' to 'very easy' to obtain (speed: 72%; base: 63%; crystal: 50%). However, the number of REU who reported that methamphetamine was generally 'easy' to 'very easy' to obtain was less in 2005 than 2004 (speed: 82%; base 89%; ice: 62%).

Almost half of the REU who reported on the speed (47%) and base (46%) markets in 2005 reported them to be 'stable' in the six months prior to interview. However, the crystal market was only reported to be 'stable' by 16% (N=44) of respondents. In 2005, fewer REU reported the methamphetamine market as 'stable' than in 2004 (speed: 76%; base: 66%; crystal: 36%).

Networks

The most common persons REU purchased any form of methamphetamine from in 2005 were 'friends' (speed: 66%; base: 73%; crystal: 39%). The other persons REU most commonly reported purchasing methamphetamine from were 'known dealers' (speed: 40%; base: 39%; crystal: 30%). Similarly, in 2004 'friends' and 'known dealers' were also the most common persons any form of methamphetamine was purchased from.

In 2005, REU reported that the most common location where methamphetamine was purchased from was 'friend's home' (speed: 49%; base: 46%; crystal: 36%), although 'dealer's home' (speed: 40%; base: 30%; crystal: 32%), and 'own home' (speed: 30%; base: 18%; crystal: 27%) were also used. Across the years, 'friends', 'dealers' and 'own homes' have been the most common locations where methamphetamine has been purchased. In a comparison of all recorded time points it appears that these settings are becoming increasingly common locations for purchase, with other locations such as 'nightclubs' and 'pubs' becoming increasingly rare (see Table 25).

6.0 COCAINE

6.1 Cocaine use among REU

Table 26 presents patterns of cocaine use among REU from 2000 to 2005, excluding 2002. In 2005, over half (55%) of REU reported lifetime use of cocaine, with 41% of respondents reporting recent use. Recent cocaine users typically reported using 0.5 grams (range: 0.12-4) on a median of 3 days (range: 1-40) in the six months prior to interview (Table 26).

More REU reported recent cocaine use in 2005 (41%) compared with any previously recorded time point (2004: 21%; 2003: 18%; 2001: 37%; 2000: 38%). Although the median days (3 days; range: 1-40) of cocaine use in 2005 was lower than the median days of use reported in 2003 (4.5 days, range: 1-90), the typical amount used in 2005 (0.5g, range: 0.12-4) was similar to previous years (see Table 26).

Table 26: Patterns of cocaine use among REU, 2000–2005 (exc 2002)

Cocaine	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used %	70	67	37	45	55
Used last six months%	38	37	18	21	41
Median days used last 6 mths* (range)	2 (1-24)	3 (2-90)	4.5 (1-90)	2(1-36)	3 (1-40)
Median quantities used last 6 mths* (grams)					
Typical (range)	0.25 (.1-1)	1 (0.1-3)	0.5 (.25-2)	0.5 (.1-3.5)	0.5 (.12-4)
Heavy (range)	0.5 (.25-3)	1 (0.1-6)	1 (0.25-7)	1 (0.2-10)	1 (.12-4)

Source: Regular ecstasy user interviews 2000 -2005,exc 2002

* Of those who had used

Locations of last use

In 2005, the three most common venues where REU (N=32) reported using cocaine were ‘nightclubs’ (n=17), ‘own home’ (n=14) and ‘friend’s home’ (n=17).

Networks

In 2005, the most common persons REU obtained cocaine from were ‘friends’ (n=15) and ‘known dealers’ (n=10).

Cocaine was used in a range of settings in 2005, with REU reporting that the most common location for cocaine use was ‘friend’s home’ (n=17) and ‘nightclubs’ (n=17).

6.2 Price

Twenty-seven REU reported that the median price for cocaine in 2005 was \$300 (\$200-\$400) per gram. This was higher than the price reported by 14 REU in 2004 (\$237.50, range: \$50-\$450) (Fischer & Kinner 2005) and 10 REU in 2003 (\$250 a gram) (Fischer & Kinner 2004).

In 2005, thirty-six REU reported on price changes to cocaine in the six months prior to interview. Ten respondents reported that the price of cocaine had remained ‘stable’, five reported it had been ‘decreasing’, four reported it was ‘increasing’, three reported it was ‘fluctuating’ and 14 respondents reported that they ‘did not know’.

Similarly, in 2004 (N=17) there was little agreement on changes to the price of cocaine in the preceding six months (Fischer & Kinner 2005).

6.3 Purity

In 2005, thirty-six REU reported on current cocaine purity. Of these respondents, 14 reported current cocaine purity was 'low', eight reported it was 'medium' and seven reported it was 'high'. Only two respondents reported that current cocaine purity was 'fluctuating' and five reported that they 'did not know'.

In 2005 there was inconsistency among REU (N=36) regarding changes to cocaine purity in the six months prior to interview: eight respondents reported cocaine purity was 'stable'; seven reported it was 'decreasing'; five reported it was 'fluctuating'; three reported it was 'increasing'; and 13 reported that they 'did not know'.

There was also little agreement noted in reports of cocaine purity in 2004 and 2003 (Fischer & Kinner 2005; Fischer & Kinner 2004).

6.4 Availability

The 36 REU who reported on current cocaine availability in 2005 were divided, with respondents reporting access to cocaine as either 'difficult' to 'very difficult' (n=18), or 'easy' to 'very easy' (n=16), with two reporting they 'did not know'. Although there were less reports on current cocaine availability in 2004 (N=17), respondents also predominantly reported that their access to cocaine was either 'difficult' to 'very difficult' (n=8), or 'easy' to 'very easy' (n=8) (Fischer & Kinner 2005).

In 2005, the most common response from the 36 REU who reported on cocaine availability in the six months prior to interview was that access had remained 'stable' (n=14). However, eight respondents reported that obtaining cocaine was becoming 'easier'; two reported that availability was 'fluctuating'; two reported it was 'more difficult'; and ten 'did not know'.

In comparison, in 2004 the most common response from the 17 REU who reported on cocaine availability in the six months prior to interview was also that access had remained 'stable' (n=11). Only one respondent reported that their access to cocaine had become 'more difficult', with two REU reporting their access as 'easier' and three reporting that they 'did not know' (Fischer & Kinner 2005).

Similar reports were also noted regarding cocaine availability among REU in 2003 (Fischer & Kinner 2004).

6.5 KE observations

KE noted the following about cocaine:

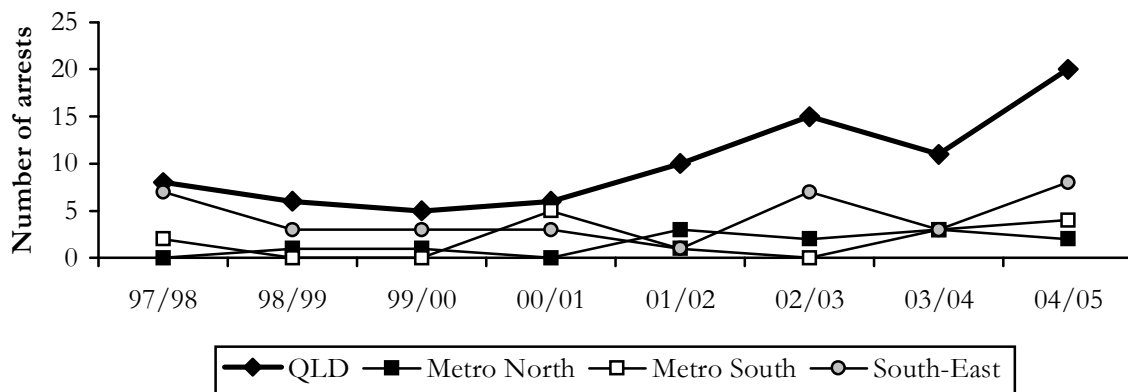
- Most of the key experts who reported on current cocaine purity reported that it was low.
- A slight increase in the availability of cocaine was reported, although access remained irregular and depended upon REU networks. Few key experts suggested that demand for cocaine was increasing among REU in south-east Queensland.
- Experimentation with cocaine was popular, and REU initially used cocaine out of curiosity. Use was reported to be married with special occasions or events, due to REU perceptions of cocaine as a luxury drug.
- There was an increase in cocaine use in private locations, particularly among older, experienced REU who were using ecstasy less frequently.

6.6 Indicator data

6.6.1 Law enforcement

Figure 12 shows the number of QPS cocaine possession/use arrests by geographic area from 1997/98 to 2004/05. The number of arrests for cocaine use/possession in Queensland has increased substantially in the last five years, from 5 arrests during the 1999/00 financial year to 20 during the 2004/05 financial year (see Figure 12).

Figure 12: Number of cocaine possession/use arrests by geographic area, 1997/98-2004/05

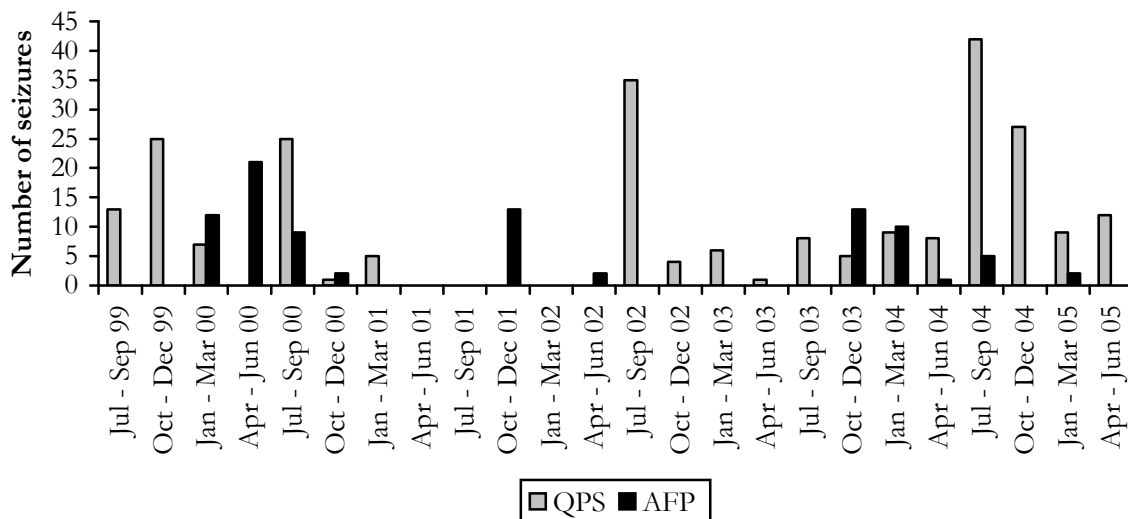


Source: Queensland Police Service

Seizures

Figure 13 presents the number of cocaine seizures analysed in Queensland by quarter from 1999 to 2005. In comparison to heroin, methamphetamine and cannabis, the total number of cocaine seizures in Queensland is relatively small, with only 90 seizures by QPS and 7 seizures by AFP in 2004/05. The number of seizures per quarter has fluctuated over time with no clear pattern apparent (see Figure 13).

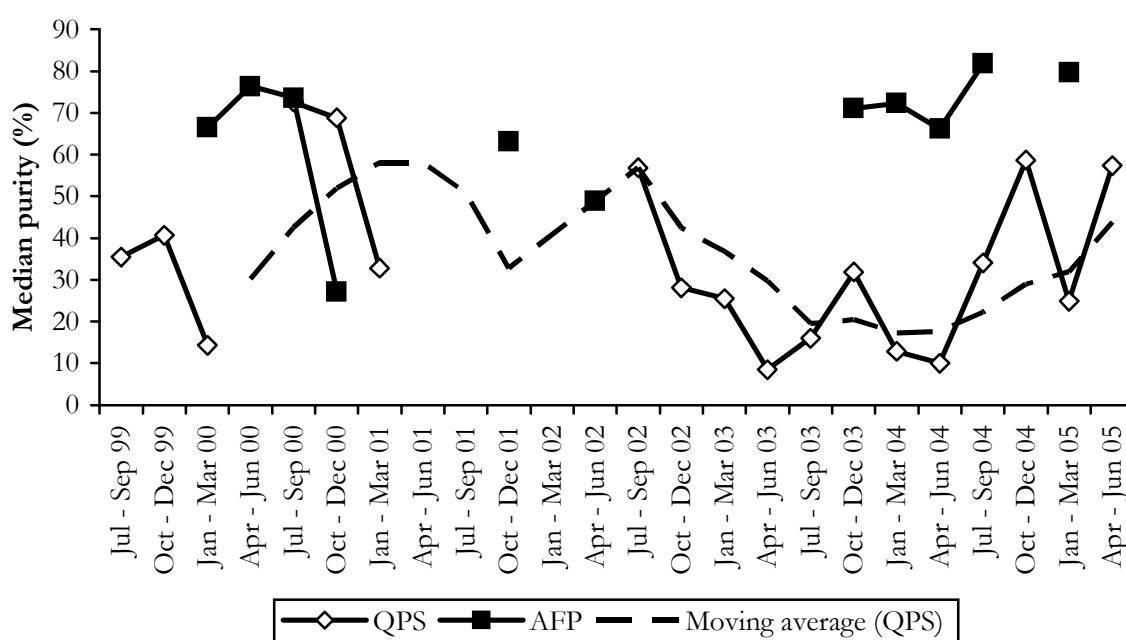
Figure 13: Number of cocaine seizures analysed in QLD, by quarter, 1999-2005



Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Queensland State Police

Figure 14 shows the median purity of cocaine seizures analysed in Queensland by QPS and AFP, from 1999/00 to 2004/05. The purity of cocaine seizures in Queensland has fluctuated considerably over the past five years. In 2004/05 the median purity of analysed QPS seizures was 35.2%, compared with a median of 17.7% in 2003/04 and 29.7% in 2002/03; no QPS seizures were analysed in 2001/02. AFP seizures have consistently been higher in purity than those made by QPS, reflecting that cocaine is usually cut with other substances after arrival in Queensland, but before being distributed at the retail level. In 2004/05, the median purity of analysed AFP cocaine seizures in Queensland was 79.9%.

Figure 14: Purity of cocaine seizures analysed in QLD, by quarter, 1999-2005

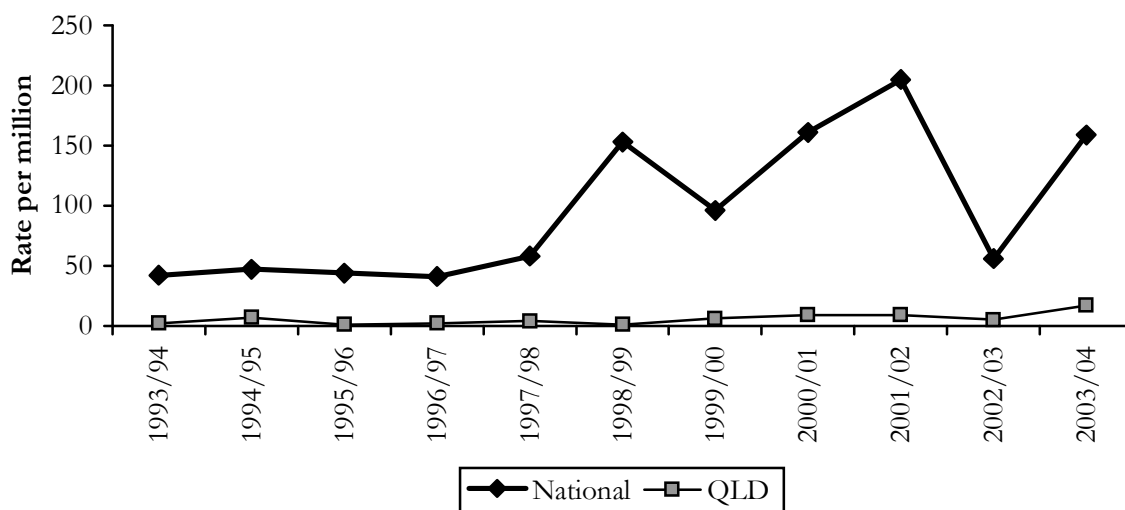


Source: Australian Bureau of Criminal Intelligence; Australian Crime Commission; Queensland State Police

6.6.2 Health

Figure 15 shows the rate of inpatient hospital admissions where cocaine was the primary diagnosis per million people aged 15 to 54 years, state wide and nationally, from 1993/94 to 2003/04. Nationally, the rate of hospital admissions where cocaine was the primary diagnosis remained stable until 1996/97, although it has fluctuated considerably since. In Queensland, the rate of admissions has been low every year. However, in 2003/04 the rate increased to 17 admissions per million persons, compared with a maximum of 9 admissions per million persons in any previous year (see Figure 15).

Figure 15: Rate of inpatient hospital admissions where cocaine was the primary diagnosis per million people aged 15–54 years, QLD and nationally, 1993/1994 to 2003/04

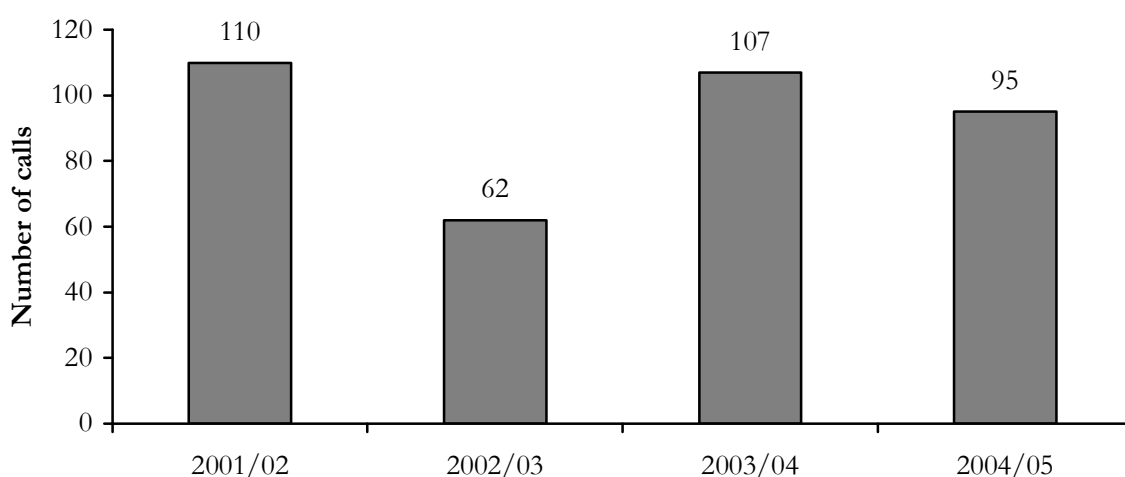


SOURCE: (Roxburgh and Degenhardt in press)

Calls to telephone help lines

The number of calls made to the Alcohol and Drug Information Service (ADIS) in Queensland has fluctuated from year to year (2001/02 to 2004/05), as shown in Figure 16. Ninety-five calls were made to ADIS in the 2004/05 financial year. It is worth noting that in each year calls concerning cocaine have constituted less than one percent of all telephone calls made to ADIS (see Figure 16).

Figure 16: Number of enquiries to ADIS and FDS regarding cocaine, 2001-2005



Source: ADIS

6.7 Summary of cocaine trends

In 2005, over half (55%) of REU reported lifetime use of cocaine, with 41% of respondents reporting recent use. Recent cocaine users typically reported using 0.5 grams (range: 0.12-4) on a median of 3 days (range: 1-40) in the six months prior to interview.

More REU reported recent cocaine use in 2005 (41%) compared with any previously recorded time point (2004: 21%; 2003: 18%; 2001: 37%; 2000: 38%). Although the median days (3 days; range: 1-40) of cocaine use was lower in 2005 than the median days of use reported in 2002 (4.5 days, range: 1-90), the typical amount used in 2005 (0.5g, range: 0.12-4) was similar to previous years.

REU (N=27) reported that the median price for a gram of cocaine was \$300 (\$200-\$400) in 2005.

In 2005, thirty-six REU reported on current cocaine purity. Of these respondents, 14 reported current cocaine purity was 'low', eight reported it was 'medium' and seven reported it was 'high'. Only two respondents reported that current cocaine purity was 'fluctuating' and five reported that they 'did not know'. This was similar to reports in 2004 and 2003.

In 2005, the most common response from REU (N=36) who reported on cocaine availability in the six months prior to interview was that access had remained 'stable' (n=14). However, eight respondents reported that obtaining cocaine was becoming 'easier', two reported that availability was 'fluctuating', two reported it was 'more difficult', and ten 'did not know'. Similar reports were noted regarding cocaine availability among REU in 2004 and 2003 (Fischer & Kinner 2005; Fischer and Kinner 2004).

Networks

In 2005, the most common persons REU obtained cocaine from were 'friends' (n=15) and 'known dealers' (n=10).

REU reported cocaine use in a range of settings in 2005, however, the most common locations for use were 'friend's home' (n=17) and 'nightclubs' (n=17).

7.0 KETAMINE

7.1 Ketamine use among REU

Table 27 shows REU patterns of ketamine use from 2000 to 2005, excluding 2002. In 2005, over a third (37%) of REU reported lifetime use of ketamine, with 20% reporting recent use. Respondents reported typically using 0.75 bumps (0.5-1) on a median of 2.5 days (1-70) in the six months prior to interview.

More REU reported recent ketamine use in 2005 (20%) than at any previously recorded time point (2004: 16%; 2003: 14%; 2001: 9%; 2000: 14%). However, the median days of ketamine use was only slightly higher (half a day) in 2005 than in previous years. Respondents also reported typically using smaller quantities in 2005 than they had in previous years (see Table 28).

Table 27: Patterns of ketamine use among REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	30	26	27	32	37
Used last six months (%)	14	9	14	16	20
Median days used last 6 mths* (range)	2 (1-5)	2 (1-90)	2 (1-48)	2 (1-13)	2.5 (1-70)
Median quantities used* (bumps)					
Typical (range)	--	1 (1-3)	1 (0.5-3)	3 (1-5)	0.75 (.5-1)
Heavy (range)	--	1 (1-3)	1 (1-15)	5.5 (1-11)	0.75 (.5-1)

Source: REU Interviews

* Of those who had used;

-- not asked

Locations of Use

Only 16 REU reported on the location of their most recent ketamine use. While respondents had used ketamine in a variety of settings, the most common locations reported were 'nightclubs' (n=5) and 'own home' (n=4).

7.2 Price, purity and availability

In 2005, nine REU reported purchasing a gram of ketamine for \$150 (\$70-\$250) in the six months prior to interview. No median prices for ketamine were reported in 2004.

Twenty-three respondents reported on the price, purity and availability of ketamine in 2005 compared with only seven REU in 2004 and nine in 2003.

In 2005, ten REU reported that the price of ketamine had remained 'stable' in the six months prior to interview and nine reported that they 'did not know'. Two respondents reported that the price of ketamine was 'increasing', one reported it was 'decreasing' and one reported it had been 'fluctuating'. Fewer REU (N=7) reported on ketamine price changes in 2004, and most who did respond (n=4) reported that they 'did not know' (Fischer & Kinner 2005).

The 23 REU who reported on current ketamine purity in 2005 showed little agreement: seven reported purity was 'medium'; two reported purity was 'low'; 10 reported it was 'high'; one reported it was 'fluctuating'; and three reported that they 'did not know'.

In 2005, 23 REU reported on ketamine purity in the six months prior to interview. Nine respondents reported purity remained 'stable' and five reported it had been 'decreasing'. One respondent reported purity was 'increasing' and eight reported that they 'did not know'.

In 2005, there was also little agreement regarding the availability of ketamine. REU reported their current availability as either 'difficult' to 'very difficult' (n=11), or 'easy' to 'very easy' (n=10). Only two REU reported that they 'did not know'.

Eleven REU reported that their access to ketamine was 'stable' in the six months prior to interview in 2005. However, the remaining 12 respondents reported that their access to ketamine was 'more difficult' (n=4), 'easier' (n=4), or that they 'did not know' (n=4). Similarly, in 2004 (N=7) two respondents reported that access to ketamine was 'difficult'; three reported it was 'easy' to 'very easy' and two reported that 'they did not know' (Fischer & Kinner 2005).

Little agreement on the purity and availability of ketamine was also noted among REU in the 2003 sample (Fischer & Kinner 2004).

In 2005, the most common persons that REU obtained ketamine from were 'friends' (n=13). Use was most commonly reported to occur in 'nightclubs' (n=13), although a range of locations were reported.

7.3 Indicator data

Law enforcement and health data for ketamine does not appear to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

7.4 Summary of ketamine trends

Over a third (37%) of REU reported lifetime use of ketamine in 2005, with 20% reporting recent use. Respondents reported typically using 0.75 bumps (0.5-1) on a median of 2.5 days (1-70) in the six months prior to interview. More REU reported recent ketamine use in 2005 (20%) than at any previous recorded time point (2004: 16%; 2003: 14%; 2001: 9%; 2000: 14%). However, the median days of ketamine use were only slightly higher (half a day) in 2005 than in previous years. Respondents also reported typically using smaller quantities than in previous years.

Nine REU reported purchasing a gram of ketamine for \$150 (range: \$70-\$250).

REU who reported on current ketamine purity mainly reported it was 'medium' (n=7), or 'high' (n=10), with three reporting they 'did not know'.

REU reported current ketamine availability as either 'difficult' to 'very difficult' (n=11), or 'easy' to 'very easy' (n=10), with two reporting that they 'did not know'.

More REU (N=23) reported on the price, purity and availability of ketamine in 2005 compared with 2004 (N=7), when no median price was reported (Fischer & Kinner 2005). Little agreement on the purity and availability of ketamine was also noted among REU in the 2003 sample (Fischer & Kinner 2004).

8.0 GHB

8.1 GHB use among REU

Patterns of GHB use among REU from 2000 to 2005 (excluding 2002) are presented in Table 29. A quarter (26%) of REU reported lifetime use of GHB in 2005, with 13% reporting recent use. Recent GHB users reported typically using 7.5ml (1-25) on a median of 2 days (1-48) in the six months prior to interview.

More REU (13%) reported recent GHB use in 2005 than in previous years (2004: 6%; 2003: 6%; 2001: 10%; 2000: 12%). In 2005, REU also reported using more GHB in a typical session (7.5ml, range: 1-25) compared with other recorded time points (2004: 4ml, range: 0.5-100; 2003: 4ml, range: 2-10; 2001: 7ml, range: 3-30). However, the median number of days used in 2005 (2 days) was less than reported in previous years (2004: 3 days, range: 1-78; 2003: 1 day, range: 1-90; 2001: 2 days, range: 1-70; 2000: 3 days, range: 2-10) (see Table 28).

Table 28: Patterns of GHB use among REU, 2000-2005 (exc 2002)

GHB	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	18	25	13	20	26
Used last six months (%)	12	10	6	6	13
Median days used last 6 mths (range)*	3 (2-10)	2 (1-70)	1 (1-90)	3 (1-78)	2 (1-48)
Median quantities used (ml)*					
Typical (range)	--	7 (.3-30)	4 (2-10)	4 (.5-100)	7.5 (1-25)
Heavy (range)	--	7 (0.3-60)	6 (5-40)	8.75 (.5-100)	7.5 (2-40)

Source: REU interviews;

* of those that had used;

-- not asked

In 2005, REU reported GHB use in a variety of settings. According to REU reports, GHB was typically used in 'own home' (n=3) and 'nightclubs' (n=3), and to a lesser degree at 'friend's home' (n=2) and 'private parties' (n=2).

8.2 Price, purity and availability

In 2005, seventeen REU reported on the price, purity and availability of GHB, compared with only five respondents in 2004 (Fischer & Kinner 2005) and four in 2003 (Fischer & Kinner 2004).

The median price of GHB purchased by REU in 2005 was reported to be \$5 per 1ml (\$2-\$10).

Seven of the 17 REU reported that the price of GHB had remained 'stable' in the six months prior to interview. Nine respondents reported that they 'did not know' about price changes and only one reported it was 'increasing'.

There was little agreement among the 17 REU who reported on current GHB purity in 2005, with seven reporting it was 'high' and four reporting purity was 'medium'. Two respondents reported current purity was 'fluctuating', one reported it was 'low' and the remaining three reported that they 'did not know'.

Reports on GHB availability appear inconsistent. In 2005, REU (N=17) reported that GHB was currently either 'difficult' to 'very difficult' (n=8), or 'easy' to 'very easy' to obtain (n=8). One respondent reported that they 'did not know'. However, in the six months prior to interview,

most REU reported that their access had remained 'stable' (n=10). Three reported it had been 'more difficult' and four reported that they 'did not know'.

8.3 KE observations

In 2005, KE made the following observations about GHB:

- In general, use of GHB had declined, and availability had generally decreased. However, key experts reported that GHB remained popular within a niche market, particularly on the Gold Coast.
- REU had increased their awareness of the harms associated with GHB use. GHB was known informally among REU as the 'drink spiking drug', and REU appear to be increasingly aware of the potential harms associated with GHB in combination with other drug use, particularly alcohol.
- There are also barriers to GHB use and most REU perceive use as 'too risky'. Barriers reported by key experts included: the care required to measure GHB doses, negative peer perceptions of GHB use ('GHB stigma') and risks associated with inexperienced or unsupervised use. Key experts suggested that these barriers may have contributed to the increasing use of GHB in private locations.

8.4 Indicator data

Law enforcement and health data for ketamine does not seem to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

8.5 Summary of GHB trends

A quarter (26%) of 2005 REU reported lifetime use of GHB, with 13% reporting recent use. Recent GHB users reported typically using 7.5ml (range: 1-25) on a median of 2 days (1-48) in the six months prior to interview.

More REU reported recent GHB use in 2005 (13%) than in previous years (2004: 6%; 2003: 6%; 2001: 10%; 2000: 12%). REU also reported using more GHB in a typical session (7.5ml, range: 1-25) in 2005 (2004: 4ml, range: 0.5-100; 2003: 4ml, range: 2-10; 2001: 7ml, range: 0.3-30). However, the median number of days used (2 days) was less than previously recorded.

The median price of GHB purchased by REU in 2005 was reported to be \$5 per 1ml (\$2-\$10). In 2005, seven REU reported the price had remained 'stable' in the six months prior to interview, and one reported it was 'increasing'. Nine respondents reported that they 'did not know'.

In 2005, there was little agreement among the 17 REU who reported on current GHB purity: seven reported it was 'high'; four reported it was 'medium'; and two reported it was 'fluctuating'. Only one reported purity was 'low', with the remaining three reporting that they 'did not know'.

In 2005, REU (N=17) reported that GHB was currently either 'difficult' to 'very difficult' (n=8) or 'easy' to 'very easy' to obtain (n=8); one 'did not know'. However, in the six months prior to interview, most REU reported that their access had remained 'stable' (n=10). Three reported access had been 'more difficult' and four reported that they 'did not know'.

In 2004 and 2003, only five and four REU were able to report on price, purity and availability (Fischer & Kinner 2005; Fischer & Kinner 2004).

9.0 LSD

9.1 LSD use among REU

Table 29 presents the patterns of LSD use among REU from 2000 to 2005, excluding 2002. In 2005, over half (58%) of REU reported lifetime use of LSD, with 24% reporting recent use. Recent LSD users reported typically using 1 tab (0.25-3) on a median of 1.5 days (1-30) in the six months prior to interview (see Table 29).

More REU reported recent use of LSD in 2005 (24%) compared with REU in both 2004 (18%) and 2003 (18%). However, more REU reported using LSD in 2001 (38%) and 2000 (48%). Despite this, the amount typically used in a session (1 tab) has remained consistent across all recorded time points, although the median number of days of LSD use has varied (2005: 1.5; 2004: 2; 2003: 2; 2001: 3; 2000: 2.5) (see Table 29).

Table 29: Patterns of LSD use among REU, 2000-2005 (exc 2002)

LSD	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	86	78	41	52	58
Used last six months (%)	48	38	18	18	24
Median days used last 6 mths* (range)	2.5 (1-30)	4 (2-22)	2 (0-15)	2 (1-20)	1.5 (1-30)
Median quantities used* (tabs)					
Typical (range)	1 (0.25-2)	1 (0.25-4)	1 (0.5-3)	1 (0.5-4)	1 (.25-3)
Heavy (range)	1 (0.5-5)	1 (0.5-5)	2 (1-5)	1.5 (0.5-4)	1 (.5-4)

Source: REU interviews;

*of those that had used

9.2 Price

In 2005, 28 REU reported purchasing a tab of LSD for \$20 (range: \$5-\$40). This was the same price reported in 2004 (range: \$12-\$30) and 2003 (range: \$8-\$50).

Thirty REU reported on changes to the price of LSD in the six months prior to interview, with 13 respondents reporting that the price had remained 'stable'. Three REU reported that the price of LSD had 'increased', one reported it had been 'fluctuating', two reported it had 'decreased' and 11 reported that they 'did not know'.

Similarly in 2004, REU also showed little agreement over changes to the price of LSD in the six months prior to interview. Nine respondents reported that the price had remained 'stable', three reported it had 'increased', two reported it had been 'fluctuating' and five reported that they 'did not know' (Fischer & Kinner 2005).

9.3 Purity

Almost half (n=14) of respondents who reported on current LSD purity in 2005 (N=30) reported purity was 'high'. Three REU reported purity was 'medium' and one reported it was 'low'. Two reported the price was 'fluctuating' and ten reported that they 'did not know'. In 2004, 19 REU reported on current LSD purity, with five respondents reporting it was 'high' and ten reporting it was 'medium'. The remaining respondents reported purity was 'low' (n=2), and that they 'did not know' (n=2) (Fischer & Kinner 2005).

In 2005, there was little agreement among respondents over LSD purity in the six months prior to interview. Seven REU reported that LSD purity had remained 'stable', four respondents reported purity had been 'increasing' and one reporting it had been 'decreasing'. Only one respondent reported purity had been 'fluctuating', with the remaining majority reporting that they 'did not know' (n=17). Similarly in 2004, respondents (N=19) also showed little agreement regarding LSD purity, with eight reporting that purity had remained 'stable' and three reporting it had 'increased' in the six months prior to interview. Only one reported purity was 'decreasing', two reported it had been 'fluctuating' and five reported that they 'did not know' (Fischer & Kinner 2005).

9.4 Availability

In 2005, REU (N=30) reported that LSD was either currently 'difficult' to 'very difficult' (n=15) or 'easy' to 'very easy' (n=15) to obtain. Likewise, REU (N=19) who reported on LSD availability in 2004 also reported that their access was either 'difficult' to 'very difficult' (n=9), or 'easy' to 'very easy' (n=7), with three reporting that they 'did not know' (Fischer & Kinner 2005).

In 2005, most REU (n=19) reported that their access to LSD had been 'stable' in the six months prior to interview. Five reported that their access had become 'easier'; one reported it had become 'more difficult' and four reported that they 'did not know'. Similarly in 2004, most respondents (n=8) also reported that their access to LSD had been 'stable'.

9.5 KE observations

KE made the following observations about LSD in 2005:

- LSD was inexpensive compared with other related drugs, which made it attractive to REU.
- Key expert reports on LSD purity were not consistent. However, there were some suggestions of an increasing demand for LSD, and an increase in its availability.
- LSD use was reported to predominantly occur in private locations, particularly private parties. Key experts commented that emphasis was placed on LSD use in safe or familiar environments.

9.6 Indicator data

Law enforcement and health data for LSD does not appear to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

9.7 Summary of LSD trends

In 2005, over half (58%) of REU reported lifetime use of LSD, with 24% reporting recent use. Recent LSD users reported typically using 1 tab (0.25-3) on a median of 1.5 days (1-30) in the six months prior to interview.

More REU reported recent use of LSD in 2005 (24%) compared to both 2004 (18%) and 2003 (18%). However, more REU reported using LSD in 2001 (38%) and 2000 (48%). The amount typically used in a session (1 tab) has remained consistent across all recorded time points, although the median number of days on which LSD was used has varied (2005: 1.5; 2004: 2; 2003: 2; 2001: 4; 2000: 2.5).

In 2005, 28 REU reported purchasing a tab of LSD for \$20 (range: \$5-\$40).

Thirty REU reported on changes to the price of LSD in the six months prior to interview, with 13 respondents reporting that the price had remained 'stable'. Three REU reported that the price of LSD had 'increased', one reported it had been 'fluctuating', two reported it had 'decreased' and 11 reported that they 'did not know'.

Almost half (n=14) of respondents who reported on current LSD purity in 2005 (N=30) reported it was 'high'. Three REU reported purity was 'medium' and one reported it was 'low'. Two reported purity was currently 'fluctuating' and ten reported that they 'did not know'.

There was little agreement among respondents over LSD purity in the six months prior to interview in 2005. Seven REU reported LSD purity had remained 'stable', four reported it had been 'increasing' and one reported it had been 'decreasing'. Only one respondent reported purity had been 'fluctuating', with the remaining respondents reporting that they 'did not know' (n=17).

In 2005, REU (N=30) reported that the current availability of LSD was either 'difficult' to 'very difficult' (n=15) or 'easy' to 'very easy' (n=15). Likewise, REU (N=19) who reported on LSD availability in 2004 also reported their access as either 'difficult' to 'very difficult' (n=9) or 'easy' to 'very easy' (n=7), with three reporting that they 'did not know'.

In 2005, most REU (n=19) reported that their access to LSD had been 'stable' in the six months prior to interview. Five reported that their access had become 'easier', one reported it had become 'more difficult' and four reported that they 'did not know'.

Price, purity and availability of LSD were also reported to be stable in 2004 and 2003 (Fischer & Kinner 2005; Fischer & Kinner 2004).

10.0 MDA

10.1 MDA use among REU

REU patterns of MDA use are presented in Table 30. In 2005, less than a fifth of REU (19%) reported lifetime use of MDA, with only 5% of respondents reporting recent use. Recent users reported consuming a median of 1.5 caps (range: 1-4) in a typical session, and using MDA on a median of six days (1-78) in the six months prior to interview.

Fewer REU (5%) reported recent MDA use in 2005 compared with previous years (2004: 16%; 2003: 18%; 2001: 25%; 2000: 28%), although those that did use MDA reported using it more frequently (2005: 6 days, range: 1-78; 2004: 3 days, range: 1-20; 2003: 2 days, range: 1-15; 2001: 3 days, range: 6-100; 2000: 2 days, range: 1-30) (see Table 30).

Table 30: Patterns of MDA use among REU, 2000-2005 (exc 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101
Ever used (%)	40	39	24	29	19
Used last six months (%)	28	25	18	16	5
Median days used last 6 mths* (range)	2 (1-30)	3 (6-100)	2 (1-15)	3 (1-20)	6 (1-78)
Median quantities used* (caps)					
Typical (range)	1 (.25-3)	1 (0.1-10)	1 (0.5-2)	2 (1-15)	1.5 (1-4)
Heavy (range)	0.63 (.25-1)	1 (0.1-18)	2 (1-3.5)	2 (1-15)	1 (1-11)

Source: REU interviews;

* Of those who had used

10.2 Price, purity and availability

Five REU reported paying a median price of \$30 for a cap of MDA in 2005, with reported prices ranging from \$28 to \$50. Four respondents reported that the price of MDA had remained 'stable' in the six months prior to interview.

In 2005, only three REU reported current MDA purity was 'high', with three respondents reporting that they 'did not know'. There was little agreement among respondents whether levels of MDA purity had changed in the six months prior to interview.

In 2005, REU (N=5) reported their current ease of access to MDA as 'easy' (n=3), while two respondents reported it as 'difficult'.

In 2005, the reported price, purity and availability of MDA were akin to reports in 2004 and 2003. REU reported paying similar prices for a cap of MDA in 2004 (\$35 range: \$30-\$50) and 2003. There were similar divisions on current MDA purity and availability in both these years as well (Fischer & Kinner 2004).

10.3 Summary of MDA trends

In 2005 less than a fifth of REU (19%) reported lifetime use of MDA, with only 5% of respondents reporting recent use. Recent users reported consuming a median of 1.5 caps (range: 1-4) in a typical session, and using MDA on a median of six days (1-78) in the six months prior to interview.

Five REU reported paying a median price of \$30 for a cap of MDA in 2005, with reported prices ranging from \$28 to \$50.

Three REU reported current MDA purity as 'high', with three also reporting that they 'did not know'. There was little agreement among respondents whether levels of MDA purity had changed in the past six months.

In 2005, REU reported their current ease of access to MDA as 'easy' (n=3), and 'difficult' (n=2).

There were few REU reports on the price, purity and availability of MDA in 2004 and 2003 also (Fischer & Kinner 2005; Fischer & Kinner 2004).

11.0 OTHER DRUGS

11.1 Alcohol

11.1.1 Patterns of use

Table 31 shows lifetime and recent use of alcohol by REU from 2000 to 2005, excluding 2002. In 2005, almost all (97%) REU reported recently consuming alcohol. Across all recorded time points, alcohol has consistently been reported as the most common drug recently used (2005: 97%; 2004: 89%; 2003: 93%; 2001: 94%; 2000: 96%).

Table 31: Lifetime and recent use of alcohol by REU, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Alcohol					
Ever	98	99	96	98	100
Recent	96	94	93	89	97

Source: REU interviews

Table 32 presents the frequency of alcohol consumption by REU from 2003 to 2005. At each point, half of REU have consistently reported consuming alcohol more than once a week (2005: 57%; 2004: 57%; 2003: 50%).

Table 32: Frequency of alcohol consumption by REU, 2003-2005

	2003 N=136 %	2004 N=161 %	2005 N=101 %
Every day (180 days)	18	12	8
More than weekly (27 to 179 days)	32	45	49
Weekly (26 days)	1	6	15
Less than weekly (less than 26 days)	49	27	26

Source: REU interviews

REU patterns of alcohol use from 2003 to 2005 are presented in Table 33. In 2005, REU reported first consuming alcohol at an average of age of 14 years. This is comparable to reports in 2004 and 2003, when REU reported first consuming alcohol at the median ages of 13.5 years and 14.07 years respectively.

As in 2004 and 2003, 2005 REU commonly reported consuming alcohol while under the influence of ecstasy (2005: 64%; 2004: 63%; 2003: 62%), with half reporting consumption of more than five standard drinks (2005: 50%; 2004: 44%; 2003: 46%). Across the years, however, less REU have reported alcohol consumption while ‘coming down’ from ecstasy (2005: 36%; 2004: 30%; 2003: 43%).

Table 35: Patterns of alcohol use by REU, 2003-2005

	2003 N=136	2004 N=161	2005 N=101
Mean age first used (years)	14.07	13.5	14
Median days used last six months	26	48	48
Usually drink alcohol whilst 'on' ecstasy %	62	63	64
More than 5 standard drinks %	46	44	50
Usually drink alcohol 'coming' down %	43	30	36
More than 5 standard drinks %	33	24	22

Source: REU Interviews

11.1.2 KE observations

KE made the following observations about alcohol use:

- Some KE who worked in the entertainment industry reported decreasing levels of alcohol consumption among REU under the influence of ecstasy due to drug effects.
- KE also reported less stigma surrounding alcohol consumption in combination with ecstasy use, due to increased acceptance of ecstasy use in mainstream club culture. This may have contributed to an increase in excessive patterns of alcohol consumption among REU, and a general culture of binge drinking. This was reported to be particularly evident on the Gold Coast.
- Alcohol use was becoming increasingly predominant among experienced REU who were using ecstasy less frequently.
- Ecstasy and related drugs are perceived to be more affordable than alcohol by REU going out to nightclubs.

11.1.3 Indicator Data

General Population

Table 34 presents the alcohol drinking status of a proportion of the Australian population aged 14 years or over in 2001 and 2004. The NDSHS (2004) reported that half of the Queensland population (50.3%) consumes alcohol on at least a weekly basis. This was consistent with national data from the Australian general population (50.1%).

Table 34: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia

	NDSHS 2001		NDSHS 2004	
	QLD	AUST	QLD	AUST
Daily	8.4	8.3	9.6	8.9
Weekly	37.8	39.5	40.7	41.2
Less than weekly	36.9	34.6	33.7	33.5
Ex drinker	8.5	8	7.6	7.1
Never a full serve	8.4	9.6	8.4	9.3

Source: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia, AIHW, 2001 National Drug Strategy Household Survey, State and Territory Supplement

Source: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia, AIHW, 2004 National Drug Strategy Household Survey, State and Territory Supplement

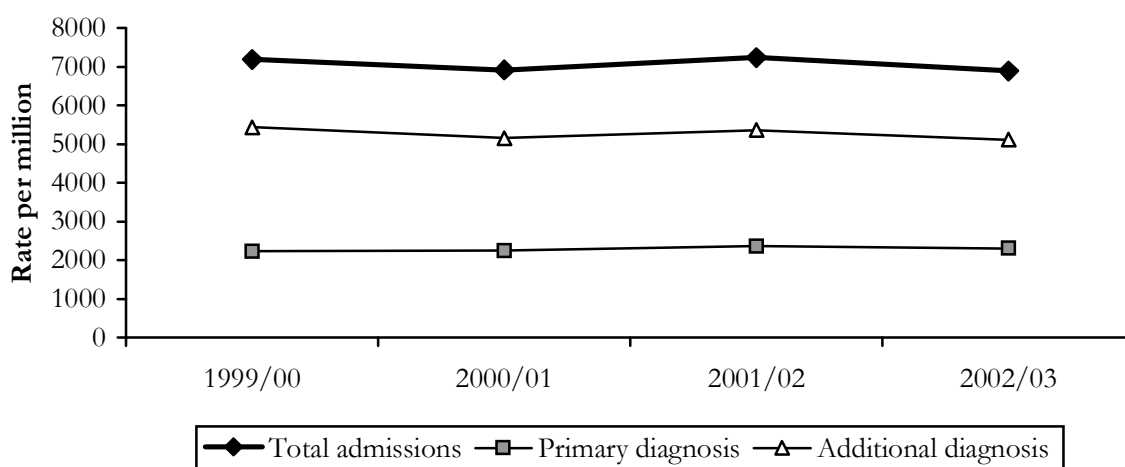
Calls to ADIS

In Queensland, 6,167 calls to the Alcohol and Drug Information Service (ADIS) were concerned with the use of alcohol in 2004/05. This was more than a third (37%) of all calls received in that financial year.

Hospital Admissions

Figure 17 shows rate per million persons aged 15 to 54 of alcohol-related hospital admissions by diagnosis type from 1999/00 to 2002/03. In 2002/03, there were 6,890 total alcohol-related admissions per million persons aged 15 to 54 in Queensland.

Figure 17: Alcohol-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD, 1999/00-2002/03



Source: Roxburgh & Degenhardt (in press)

11.2 Cannabis

11.2.1 Patterns of Use

Lifetime and recent cannabis use by REU from 2000 to 2005 (excluding 2002) is presented in Table 35. In 2005, nearly all (96%) REU reported lifetime use of cannabis, with 83% reporting recent use. Across all recorded time points cannabis has consistently been reported as the most recently used illicit drug by REU (2004: 70%; 2003: 73%; 2001: 87%; 2000: 94%) (see Table 35).

Table 35: Ever and recent use of cannabis by REU, 2000-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Cannabis					
Ever	100	97	83	87	96
Recent	94	87	73	70	83

Source: REU interviews

Table 36 shows frequency of cannabis by REU from 2003 to 2005. In 2005, less than half (41%) of respondents reported using cannabis at least once a week. This was slightly lower than REU reports in both 2004 and 2003, when 49% and 44% of the sample reporting cannabis use more than once a week (2005: 41%; 2004: 49%; 2003: 44%).

Table 36: Frequency of cannabis use by REU, 2003-2005

	2003 N=136 %	2004 N=161 %	2005 N=101 %
Every day (180 days)	24	27	11
More than weekly (27 to 179 days)	20	22	30
Weekly (26 days)	0	1	2
Less than weekly (less than 26 days)	56	20	41

Source: REU interviews

Table 37 presents the patterns of cannabis use by REU from 2003 to 2005. In 2005, respondents reported first using cannabis at 15.30 years of age. Again, this was comparable to reports in both 2004 and 2003, when REU reported first using cannabis both at 15.38 years and 15.31 years respectively (see Table 37).

Half the sample reported using cannabis while under the influence of ecstasy in 2005 (50%), which was similar to 2004, when 55% of REU reported using cannabis while under the influence of ecstasy. Similar numbers of REU also commonly report using cannabis when they are ‘coming down’ from ecstasy (2005: 57%; 2004: 53%; 2003: 46%) (see Table 37).

Table 37: Patterns of cannabis use by REU, 2003-2005

	2003 N=136	2004 N=161	2005 N=101
Mean age first used (years)	15.31	15.38	15.30
Median days used last six months	15	25	20
Used whilst ‘on’ ecstasy	42	55	50
Used whilst ‘coming down’ from ecstasy	46	53	57

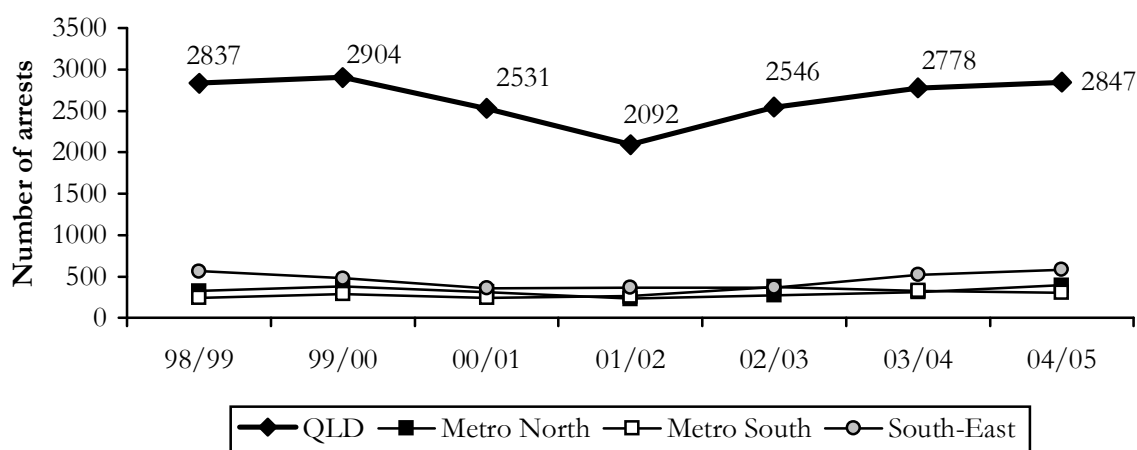
Source: REU interviews

11.2.2 Indicator data

Law enforcement

Figure 18 shows the number of arrests for cannabis use/possession in Queensland, from 1998/99 to 2004/05. The total number of arrests for the state dropped to a low of 2,092 in 2001/02, but has risen consistently since this time to 2,847 cannabis use/possession arrests in the 2004/05 financial year.

Figure 18: Number and proportion of cannabis possession/use arrests by geographic area, 1998/99-2004/05



Source: Queensland Police Service

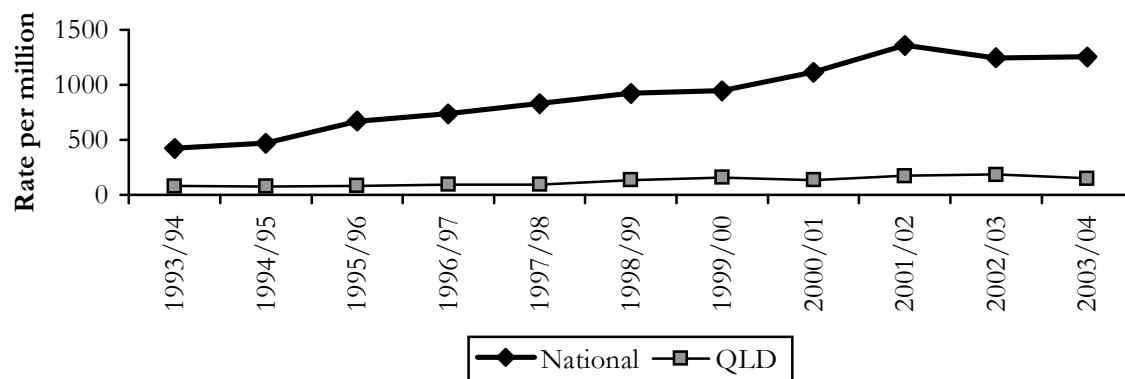
Calls to telephone help lines

In 2004/05, there were 3,432 cannabis-related calls made to ADIS, compared with 3,101 in 2003/04. The proportion of calls made to ADIS in relation to cannabis has increased slightly over this time, from 18.8% in 2001/02 to 21% in 2004/05.

Hospital admissions

Figure 19 shows there has been relatively little change in the rate of cannabis-related hospital admissions per million persons aged 15-54 in Queensland from 1999/00 to 2003/04.

Figure 19: Rate of inpatient hospital admissions where cannabis was the primary diagnosis per million people aged 15–54 years, 1993/1994-2003/04



Source: (Roxburgh and Degenhardt in press); AIHW

11.3 Tobacco

11.3.1 Patterns of use

Table 38 presents the lifetime and recent use of tobacco by REU from 2000 to 2005, excluding 2002. In 2005, 90% of REU reported lifetime use of tobacco, with 75% reporting recent use. Reports of tobacco use were higher in 2005 than 2004 (ever: 78%; recent: 68%) and 2003 (ever: 79%; recent: 70%). However, reports in 2005 were similar to 2001 (ever: 86%; recent: 80%) and 2000 (ever: 92%; recent: 80%).

Table 38: Ever and recent use of tobacco by REU, 2003-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Tobacco					
Ever	92	86	79	78	90
Recent	80	80	70	68	75

Source: REU interviews

REU patterns of tobacco use are shown in Table 39. In 2005, REU reported smoking tobacco on a median of 90 days in the six months prior to interview, which was less than both the median days of use reported in 2004 and 2003 (180 days respectively).

As in 2004 and 2003, REU in 2005 commonly reported smoking tobacco while under the influence of ecstasy (2005: 66%; 2004: 56%; 2003: 58%) and while they were ‘coming down’ (2005: 51%; 2004: 45%; 2003: 51%) (see Table 39).

Table 39: Patterns of tobacco use by REU, 2003-2005

	2003 N=136	2004 N=161	2005 N=101
Mean age first Used	14.26	14.48	15
Median days used last six months	180	180	90
Used whilst ‘on’ ecstasy	58	56	66
Used whilst ‘coming down’ from ecstasy	51	45	51

Source: REU interviews

11.3.2 Indicator data

Table 40 presents the smoking status of a proportion of the Australian population aged 14 years and older in 2001 and 2004. The NDSHS for 2004 reported that 22.7% of the Queensland population aged 14 years and older smokes tobacco. This is slightly higher than smoking rates in the general Australian population (20.6%) (see Table 40).

Table 40: Smoking status: proportion of the Australian population 14 years and older Queensland and Australia, 2001 and 2004

Status	NDSHS 2001		NDSHS 2004	
	QLD %	Aust %	QLD %	Aust %
Smokers	24.2	23.10	22.7	20.6
Ex smokers (a)	26.5	26.2	27.9	26.4
Never Smoked (b)	49.2	50.6	49.4	52.9

Source: AIHW (2002) - Smoking status: proportion of Australian population 14 years and older Queensland and Australia.

Source: AIHW (2005a) - Smoking status: proportion of Australian population 14 years and older Queensland and Australia.

11.4 Benzodiazepines

In 2005, 45% of REU reported lifetime use of benzodiazepines, and almost a quarter (24%) reported recent use. Respondent reports were similar in 2004 (ever: 46%; recent: 30%) and 2003 (ever: 38%; recent: 27%), but were lower than reports of benzodiazepine use 2001 and 2000 (see Table 41).

Table 41: Ever and recent use of benzodiazepines by REU, 2003-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Benzodiazepines					
Ever	64	50	38	46	45
Recent	50	35	27	30	24

Source: REU interviews

11.5 Anti-depressants

Almost a quarter (24%) of REU reported lifetime use of anti-depressants in 2005, with 8% reporting recent use in the six months prior to interview. In 2005, however, there were fewer (8%) respondents who reported recent use compared to previous years (2004: 14%; 2003: 12%; 2001: 18%; 2000: 20%) (see Table 42).

Table 42: Ever and recent use of anti-depressants by REU, 2003-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Anti-depressants					
Ever	36	34	23	34	24
Recent	20	18	12	14	8

Source: REU interviews

11.6 Inhalants

Almost half (47%) of REU reported lifetime use of amyl nitrate in 2005, with 18% reporting recent use (see Table 43). Over half (54%) of respondents also reported lifetime use of nitrous oxide, with 30% reporting recent use in the six months prior to interview (see Table 43). Use of both substances has increased in the 2005 sample compared with 2004 and 2003, but decreased in comparison to REU reports from 2001 and 2000.

Table 43: Ever and recent use of amyl nitrate and nitrous oxide by REU, 2003-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Amyl nitrate					
Ever	52	50	27	44	47
Recent	26	24	9	21	18
Nitrous oxide					
Ever	82	68	38	45	54
Recent	38	37	18	22	30

Source: REU interviews

11.7 Opiates

Lifetime use of opiates was only reported by a small number of REU. In 2005, only 7% of respondents reported recent use of heroin, with 3% reporting recent use of methadone and 11% reporting recent use of 'other' opiates (see Table 44).

Table 44: Ever and recent use of opiates by REU, 2003-2005 (exc 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %
Heroin					
Ever	32	34	17	22	18
Recent	4	15	7	12	7
Methadone					
Ever	4	11	10	8	6
Recent	0	4	4	3	3
Other Opiates					
Ever	14	20	24	29	24
Recent	4	6	12	16	11

Source: REU interviews

11.8 Summary of other drug use trends

In 2005, alcohol, tobacco and cannabis were the most common drugs recently used by REU (alcohol: 97%; tobacco: 75%; cannabis: 83%), and consistently the most common drugs respondents reported using.

45% of REU reported lifetime use of benzodiazepines and almost a quarter (24%) reported recent use in 2005.

In 2005, almost a quarter (24%) of respondents reported lifetime use of anti-depressants, with 8% reporting recent use.

Almost half (47%) of REU reported lifetime use of amyl nitrate in 2005, with 18% reporting recent use. Over half (54%) of the sample also reported lifetime use of nitrous oxide in 2005, with 30% reporting recent use.

In 2005, only 7% of REU reported recent use of heroin, with 3% reporting recent use of methadone and 11% recent use of other opiates.

12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

In 2005, 38% of REU reported that they ‘never’ find out the content of party drugs, (excluding ecstasy) prior to consumption. However, only 14% reported ‘never’ finding out the content of ecstasy prior to use. Of those who did report finding out the content (N=86), they reported mainly seeking information from ‘friends’ (80%) and ‘websites’ (51%), with 36% reportedly using ‘testing kits’ (see Table 45).

Table 45: Content and testing of ecstasy tablets by jurisdiction, 2005

	2005 (N=101) %
Find out the content of other drugs (not including ecstasy)	
Always	19
Sometimes	15
Half the time	5
Most times	24
Never	38
Find out the content of ecstasy	
Always	25
Sometimes	25
Half the time	8
Most times	29
Never	14
Find out content via	(N=86)
Friends	80
Dealers	45
Testing kits	36
Information pamphlets	2
Websites	51
Personal Experience	31
Others taking it	34
Use testing kits*	(N=31)
Always	36
Sometimes	45
Half the time	3
Most times	13
Are aware of limitations of testing kits*	65
Would still take pill if contained*	
Ecstasy-like substance	100
Amphetamine substance	81
Ketamine substance	42
No reaction	32
Ecstasy different content than expected*	
Always	2
Sometimes	61
Half the time	7
Most times	3
Never	29

Source: REU interviews;

* Among those who used testing kits

In 2005, REU reported that they believed 'local websites' (57%), 'testing kits' (56%), and 'pamphlets' (34%) were useful information sources (see Table 46).

Table 46: Drug information sources on ecstasy tablets, 2005

	2005 (N=101) %
Information resources believed to be/would be useful	
None	6
Pamphlets	34
Posters	18
Postcards	14
Music CDs	8
Video/DVDs	17
Local website	57
Testing kits	56
Outreach worker	23

Source: REU interviews;

In 2005, REU showed little agreement on whether logos were believed to be a good indication of ecstasy purity. Further, there was also discrepancy in REU perceptions of the MDMA content in ecstasy in 2005 (see Table 47).

The sample was also divided over the legal status of ecstasy. Twenty-eight percent reported that ecstasy should 'always' be legal, while 31% reported that it should 'never' be legal. Likewise, 28% of respondents reported that selling ecstasy should 'always' be legal. However, 39% reported that ecstasy should 'never' be legal (see Table 47).

Table 47: Drug information relating to ecstasy tablets, 2005

	2005 (N=101) %
Logo believed to be a good indication of what pill is like	
Always	12
Often	19
Sometimes	32
Never	37
Don't know	1
'Ecstasy' pills contain little or no MDMA	
Always	3
Often	12
Sometimes	46
Never	26
Don't know	14
'Ecstasy' pills contain MDMA	
Always	19
Often	35
Sometimes	31
Never	29
Don't know	13
Don't care about content as long I have a good time	
Always	23
Often	18
Sometimes	31
Never	29
Don't know	0
'Ecstasy' should be legal	
Always	28
Often	8
Sometimes	25
Never	31
Don't know	9
Selling 'ecstasy' should be legal	
Always	21
Often	7
Sometimes	23
Never	39
Don't know	11

Source: REU interviews

13.0 RISK BEHAVIOUR

13.1 Injecting risk behaviour

13.1 Ever Injectors

Twenty REU reported lifetime injecting drug use in 2005. Initiation to injection was reported to occur at a median age of 18.5 years, with seven REU reporting to be under the influence of alcohol and other drugs at that time. 'Friends/partner' and 'another user' (n=7) were the most common methods that respondents reported using to learn how to inject.

13.1.2 Recent injectors

Only 13 REU reported recent injecting in the six months prior to interview. Respondents reported injecting on average two drugs during this time.

The most common drug that recent injectors reported last injecting was heroin (n=5), followed by methamphetamine base (n=4). Other drugs last injected were methamphetamine speed (n=2), crystal methamphetamine (n=1) and steroids (n=1).

Injecting risk behaviour

Of the 13 REU who reported recent injecting, nine reported having 'never' used a needle after someone else in the month prior to interview. Three REU reported using a needle after their regular sex partner. Four respondents reported that filters were the equipment most frequently used after someone else.

Context of injecting

Among recent injectors, two-thirds reported injecting themselves every time (n=8). REU generally reported injecting with 'close friends' (n=7), with private locations reported to be the most frequent setting for injection ('own home': n=12; 'friend's home': n=6).

Five respondents reported injecting while under the influence of ecstasy, with four of those also reporting injection while 'coming down'.

Obtaining sterile injecting equipment

Recent injectors reported obtaining sterile injecting equipment from needle and syringe programs (NSP) (n=8) and chemists (n=5). Only one of the respondents reported that it was 'difficult' to obtain sterile injecting equipment in the six months prior to interview.

13.2 Blood-borne viral infections (BBVI)

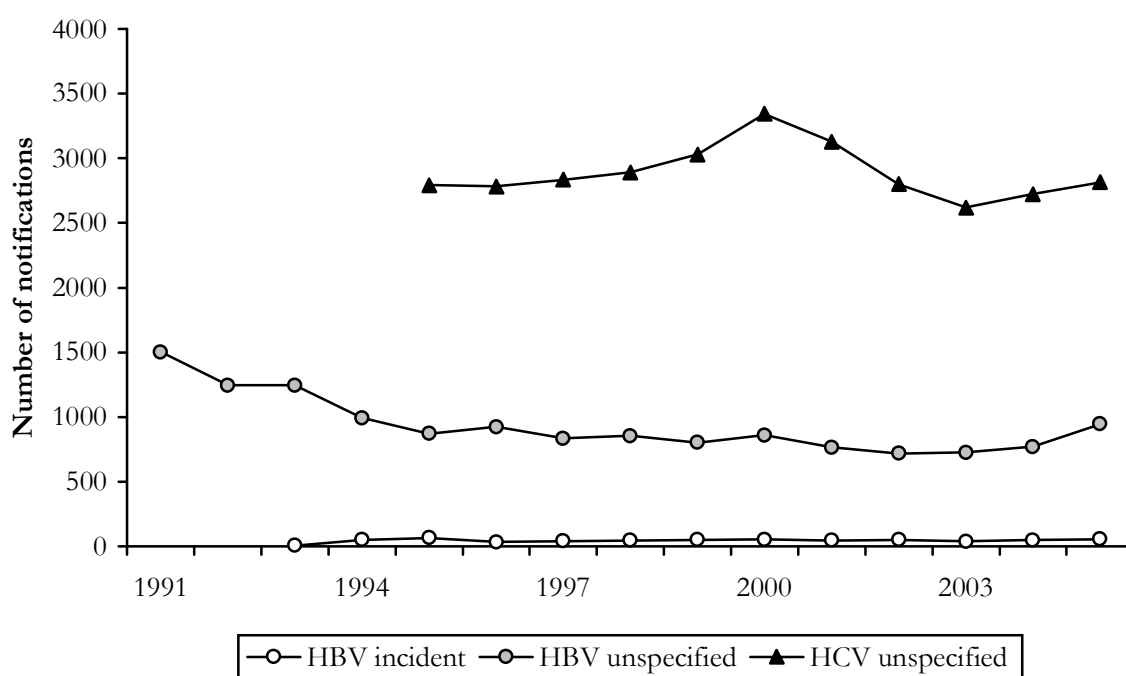
In 2005, 42% of respondents reported being vaccinated for hepatitis B (HBV). Over a quarter (28%) of REU reported being tested for hepatitis C (HCV) in the past twelve months, with two (7%) reporting that they had received a positive result. A third of the sample reported having been tested for HIV in the past twelve months, with 94% of these reporting that their results were negative. Two respondents reported that they did not receive their result.

Indicator data

Figure 20 shows the total notifications for HBV and HCV infections in Queensland from 1991 to 2005. Rates of HBV infection notification in Queensland have dropped somewhat consistently since 1991, with the rate of unspecified notifications dropping from 1,588 in 1991 to 946 in 2005. The number of HBV incident notifications has remained low and fairly stable over this time, with 52 notifications in 1994 and 59 notifications in 2005 (see Figure 20).

The rate of HCV infection in Queensland has also decreased over this time, although Queensland data aggregate incident and unspecified notifications. After recording 2,808 notifications (incident and unspecified) in 1995, the HCV notification rate in Queensland rose to 3,153 in 2000. The 2005 rate of 2,813 HCV notifications constitutes a slight increase from 2003 (2,618) and 2004 (2,722) (see Figure 20).

Figure 20: Total notifications for (unspecified and incident) HBV and HCV infections QLD, 1991-2005



Source: Communicable Diseases Network Australia - National Notifiable Diseases Surveillance System, 2006

NOTE: QLD reports all Hep C notifications (incident and unspecified) as unspecified. Data for Hep B notifications in 1993 unavailable at time of printing

13.3 Sexual risk behaviour

Table 48 summarises REU sexual behaviour in 2005. In 2005, nearly all (96%) REU reported penetrative sex in the six months prior to interview, with 60% reporting use of a protective barrier with their regular partner, and 79% reporting use with casual partners (see Table 48).

Table 48: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2005

	2005 N=101 %
Penetrative sex	96
No. of sexual partners*	
One person	50
Two people	24
3-5 people	20
6-10 people	4
10+ people	3
Sex with a regular partner	(N=90)
Always use protection	12
Never used a protective barrier	40
Any protective barrier use	60
Sex with a casual partner	(N=47)
Always use a protective barrier	47
Never used a protective barrier	21
Any protective barrier use	79
Anal sex	18
Frequency of anal sex	
≤ Mthly	72
≤ Fortnightly	17
≤ Weekly	11

Source: REU interviews;

* of those who had penetrative sex in the last 6 months

Drug use during sex

Table 49 presents REU drug use during sex in the preceding six months for 2005. Nearly three-quarters (73%) of REU who had penetrative sex in the six months prior to interview reported having sex under the influence of drugs. Just under half (44%) of those respondents reported using a protective barrier with their regular partner, with 58% reporting use with a casual partner (see Table 49).

Table 49: Drug use during sex in the preceding six months, 2005

	2005 %
Penetrative sex while on drugs (N=97)	73
Of those who had penetrative sex under the influence of drugs	(N=71)
Number of times	
Once	14
Twice	18
3 - 5 times	23
6 - 10 times	21
Ten +	24
Drug used	
Ecstasy	80
Cannabis	35
Alcohol	42
Speed	16
Base	10
Ice	16
Cocaine	13
Ketamine	1
GHB	4
Sex with a regular partner	(N=64)
Always used a protective barrier	11
Never used a protective barrier	52
Any protective barrier use	44
Sex with a casual partner (N=36)	(N=36)
Always used a protective barrier	33
Never used a protective barrier	28
Any protective barrier use	58

Source: REU interviews

13.4 Driving risk behaviour

Drug driving among REU in the preceding six months is shown in Table 50. Forty per cent of REU reported driving within one hour of consuming alcohol in the six months prior to interview, with 55% reporting driving within one hour of taking a drug. The most common drugs that had been taken within one hour of driving were ecstasy (75%) and cannabis (44%).

Table 50: Drug driving in the last six months among REU, 2005

	2005 (N=82) %
Driven while over the limit of alcohol	40
Driven soon after taking a drug	67
Of those who'd driven soon after	(N=55)
Ecstasy	75
Cannabis	44
Methamphetamine powder (speed)	22
Cocaine	20
Crystal methamphetamine (ice)	36
Methamphetamine base (base)	18
Ketamine	6
LSD	4
GHB	7
Other opiates	2
Benzodiazepines	4
MDA	0
Methadone	0
Amyl nitrate	2
Nitrate oxide	6
Heroin	6

Source: REU interviews

13.5 Summary of risk behaviour

Twenty REU reported having ever injected in 2005. Initiation to injection was reported to occur at a median age of 18.5 years, with seven REU reporting to be under the influence of alcohol and other drugs at that time. 'Friends/partner' and 'another user' (n=7) were the most common methods that respondents reported using to learn how to inject.

Of the 13 who reported recent injecting, nine reported 'never' having used a needle after someone else in the month prior to interview. A further three REU reported using a needle after their regular sex partner.

Seventy-three percent of REU who had penetrative sex in the six months prior to interview reported having sex under the influence of drugs, 44% reporting use of a protective barrier with their regular partner, and 58% reporting use of a barrier with a casual partner.

Forty percent of REU who reported driving in the six months prior to interview reported driving within one hour of consuming alcohol. Over half (55%) of respondents reported driving within one hour of taking a drug, with the most common drugs reported to be ecstasy (75%) and cannabis (46%).

14.0 HEALTH-RELATED ISSUES

14.1 Overdose

Twelve respondents reported overdosing on ecstasy or a related drug in the six months prior to interview in 2005. The main drugs that REU reported overdosing on were ecstasy (n=4) and methamphetamine (n=3). Another respondent reported overdosing on ketamine and two reported overdosing on GHB (n=2). Only one respondent reported overdosing on heroin (n=1), and another 'did not specify'.

14.2 Self reported symptoms of dependence

14.2.1 Ecstasy

Respondents were asked to complete the Severity of Dependence Scale (SDS) for ecstasy. The median score obtained on the SDS for ecstasy was 0 in 2005, which reflects the small number of respondents who report symptoms of dependence for this drug. Table 51 reports the frequencies for the responses 'never or almost never' and 'not difficult' on the five items of the SDS.

Table 51: Frequencies reported for Severity of Dependence Scale – Ecstasy, 2005

	2005 (N=101) %
Ecstasy use out of control	Never or almost never 61
Prospect of missed dose makes anxious	78
Worry about use of ecstasy	43
Wish could stop	86
Difficulty in stopping	Not difficult 83

Source: REU Interviews

14.2.2 Methamphetamine

Respondents were also asked to complete the Severity of Dependence Scale (SDS) for methamphetamine in 2005. The median score obtained on the SDS for methamphetamine was 0, again reflecting the small number of respondents who report symptoms of dependence for this drug. Table 52 reports frequencies for responses 'never or almost never' and 'not difficult' on the five items of the SDS.

Table 52: Frequencies reported for Severity of Dependence Scale – Methamphetamine, 2005

	2005 (N=85) %
Ecstasy use out of control	Never or almost never 71
Prospect of missed dose makes anxious	73
Worry about use of methamphetamine	60
Wish could stop	78
Difficulty in stopping	Not difficult 82

Source: REU Interviews

14.3 Help-seeking behaviour

In 2005, 17 REU reported seeking assistance for their drug use in the six months prior to interview, with REU most commonly reporting seeking assistance for alcohol use.

14.3.1 KE observations

KE did not report any significant changes to treatment seeking behaviour in the six months prior to interview.

14.4 Other problems

Table 53 presents reported drug-related problems by REU. In 2005, the most frequent drug-related problems reported by REU were ‘occupational/study’ problems (34%). However, ‘financial’ (31%) and ‘relationship/social’ problems (31%) were also equally reported by respondents (see Table 53).

Table 53: Self reported drug-related problems, 2005

	Any drug %	Ecstasy %	Speed %	Base %	Crystal %	Cannabis %	Alcohol %
Occupational/study	34	65	6	6	6	6	3
Financial	31	61	0	0	3	10	3
Relationship/social	31	61	10	3	3	13	3
Legal/police	5	40	20	0	0	20	0

Source: REU Interviews;

Note: Don't add up to 100%

14.5 Summary of health-related issues

Twelve respondents reported overdosing on ecstasy or a related drug in the six months prior to interview in 2005.

Few respondents reported dependence on ecstasy or methamphetamine in 2005.

In 2005, 17 REU reported seeking assistance for their drug use in the six months prior to interview, with REU most commonly seeking assistance for alcohol use.

In 2005, the most frequent drug-related problems reported by REU were ‘occupational/study’ problems (34%). However, ‘financial’ (31%) and ‘relationship/social’ problems (31%) were also equally reported by respondents.

15.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

15.1 Reports of criminal activity among REU

In 2005, the most common criminal activity reported by REU in the month prior to interview was ‘drug dealing’ (24%). This is consistent with reports in 2004 (20%) and 2003 (31%) (see Table 54).

In 2005, 26% of REU reported paying for their ecstasy through ‘ecstasy profit’ in the six months prior to interview (see Table 54).

Table 54: Criminal activity reported by REU 2003-2005

	2003 (N=136) %	2004 (N=161) %	2005 (N=101) %
Criminal activity in the last month			
Any crime	11	23	4
Drug dealing	31	20	24
Property crime	10	6	2
Fraud	4	1	4
Violent crime	3	2	2
In the preceding six months			
Paid for ecstasy through dealing drugs (ecstasy profit)	--	20	26
Paid for ecstasy through property crime	6	2	1
Arrested last 12 months	11	12	11

Source: REU interviews;

-- Not recorded prior to 2004

15.2 Perceptions of police activity towards REU

In 2005, over half (53%) of REU reported that police activity had increased in the six months prior to interview, although 86% of respondents reported that this did not make scoring ‘more difficult’.

Only 27% of REU reported that they ‘did not know’ about police activity, compared to 45% in 2004 and 32% in 2003.

Similar percentages reported police activity had not made scoring ‘more difficult’ in 2005 (86%), which was consistent with 2004 (89%) and 2003 (86%).

Table 55: Perceptions of police activity by REU, 2003-2005

	2003 (n=136) %	2004 (n=161) %	2005 (n=101) %
Recent police activity			
Decreased	2	3	1
Stable	41	24	19
Increased	25	29	53
Don't know	32	45	27
Did not make scoring more difficult	86	89	86

Source: REU interviews

15.3 Perceptions of changes in ecstasy and related drug markets

Respondents were asked to report their perceptions of changes in ecstasy and related drug markets. The most common themes that emerged were an increasing interest in psychedelic drugs, particularly LSD, which was being used more in private locations than within the club scene. Secondly, REU reported that there was an increase in the availability of GHB and ketamine.

15.4 Summary of criminal, police activity and market changes

In 2005, 53% of REU reported that police activity had increased in the six months prior to interview, although 86% of respondents reported that this did not make scoring 'more difficult'.

Only 27% of REU reported that they 'did not know' regarding their perceptions of police activity, compared to 45% in 2004 and 32% in 2003.

In 2005, the most common criminal activity reported by REU in the month prior to interview was 'drug dealing' (24%). This is consistent with reports in 2004 (20%) and 2003 (31%).

Respondents reported that a common theme emerging in the market place was an increasing interest in psychedelic drugs, particularly LSD.

16.0 IMPLICATIONS

Recruitment and Interviewing

Recruiting REU into the PDI was more challenging in 2005 than in previous years. The number of advertisements placed in various south-east Queensland street press was tripled, and project staff conducted a widespread flyer drop across university campuses and other locations where REU might frequent. REU informally indicated concerns that the PDI was affiliated with law enforcement organisations, however, it is worth noting that these comments were made by respondents who volunteered to participate in the 2005 study. Interviewers also observed an increase in the participation of less inexperienced ecstasy users, in the context of anecdotal reports of a growing cohort of more mature ecstasy users who may be less likely to be recruited into the PDI through existing recruitment methods. This underscores the importance of snowballing recruitment methods to access this group of users.

Patterns of Ecstasy Use

Over the years that the PDI has been conducted in south-east Queensland, the average frequency of ecstasy use among REU has varied. The median number of tablets consumed in a single session has increased steadily, albeit slowly, from one tablet in 2000 to two per session in 2005. The proportion of REU who reported ecstasy and other drug use for over 48 hours without sleep declined from 2000 to 2004, but rose again slightly in 2005.

Despite these variations, there have been particular elements of ecstasy use among Queensland REU that have remained constant over time. Perhaps unsurprisingly, half of the sample has continued to nominate ecstasy as their 'favourite drug', and nearly all REU continue to report swallowing as their normal route of administration. Poly drug use continues to be the norm for around nine in ten respondents while they are under the influence of ecstasy. Over two-thirds of the sample also report polydrug use while they are 'coming down'. Consistent with previous data, REU have used ecstasy in a range of both public and private locations, and commonly report purchasing ecstasy from their 'friends' or 'dealers'. It may be worth examining whether such patterns are unique to the south-east Queensland sample. Expanding future PDI samples to include south-west and north-east Queensland regional centres could have implications for both state programs in the health and law enforcement sectors and their capacity to respond to harms associated with ecstasy and other drug use.

Ecstasy Purity and Manufacture

In 2005 the south-east Queensland ecstasy market was characterised by stable prices and general market stability. Slight decreases in the reported median price of ecstasy since 2000 may be indicative of a relatively saturated market and high-level organised supply, with law enforcement key experts reporting an increase in imports from Eastern Europe and South East Asia in 2005. While imported tablets seem to be of reasonably consistent quality, there appears to be increasing local manufacture of pills of variable purity and composition. It may therefore be more appropriate to describe the purity of ecstasy pills in Queensland as 'variable', rather than 'fluctuating'. Similarly, with evidence of significant distribution of methamphetamine-based tablets, including imported south-east Asian 'Yaba' and locally-produced methamphetamine-based pills, the term 'ecstasy market' may itself be a misnomer. Indeed, it appears to be increasingly a 'tablet market', with a large but variable proportion of these tablets containing MDMA. As the monitoring of ecstasy and related drug markets is still in its infancy in Australia, continued monitoring through the PDI will provide a better understanding of the manufacture and distribution of these drugs, and will assist relevant intersectoral responses to emerging trends.

Cocaine

Cocaine may be becoming increasingly available in south-east Queensland, with more REU reporting recent cocaine use in 2005 than ever before. Just under half of the sample reported recent cocaine use over a median of three days in the six months prior to interview. Reports of infrequent use may reflect the comparative expense associated with cocaine use in south-east Queensland, low purity levels, and/or irregularity of supply. Cocaine purity was reported to be low by over a third of respondents, and reports on current availability remained polarised in 2005. Altogether, these reports may indicate the existing availability of cocaine within niche markets as well as an increasing permeation of cocaine into the mainstream club market. Utilising the PDI to monitor cocaine use among REU may be useful to determine whether there is a substantive increase in the availability of cocaine in Queensland in the coming years.

LSD

REU and key experts reported continued interest in psychedelic drugs by recreational users in 2005, implying a degree of stability in the LSD market. Little is known about the prevalence, incidence and the patterns of LSD use in the general community; however, it appears that LSD is being increasingly used at specific organised private events, rather than in public settings. Key experts reported that use in private locations increased in 2005 to counter potential law enforcement intervention at organised public events. Although the LSD-using population appear to have more extensive experience with drug use, an implication of this may be reduced capacity to respond to drug-related harm. Given the prevalence of polydrug use among REU, investigation of drug interactions in specific hidden populations may be warranted.

Niche Market Drugs

There is continuing evidence of an entrenched niche drug market that overlaps to some degree with the REU market population accessed through the PDI. Use of GHB and ketamine continue to be reported by REU; however, key experts reported an overall decline in use and availability. Key expert perceptions were that REU had incorporated harm reduction messages pertaining to this type of drug use in public settings, particularly in relation to GHB. Additionally, relatively few REU reported use of both GHB and ketamine within a public setting in 2005, with use occurring more frequently in private locations. The level of care required to correctly dose GHB may have contributed to an increase in hidden use, together with reports of rising stigmatisation surrounding GHB use within the general REU population. Reports of ketamine use among REU appear to be specifically associated with the relief of symptoms associated with ecstasy or methamphetamine 'comedown'; however, levels of use may be higher among groups not specifically targeted by the PDI. An increase in the recruitment of respondents able to report use of niche market drugs will assist with the investigation of emerging trends in this area.

Alcohol and Tobacco Use

REU consistently report alcohol and tobacco use at much higher levels than the general population. Consistent with previous PDI samples, almost all respondents reported recent use of alcohol with two-thirds reporting recent use of tobacco. REU report being initiated into legal drug use at around 14 years of age, which reflects the continuing need for relevant early intervention, prevention and harm reduction education programs in Queensland school curricula. Due to the widespread recognition of alcohol and tobacco as the two substances that provide much of the current health care burden, combined with the immediate implications of harm associated with poly drug use, innovative strategies are also required to address legal drug use among REU.

Health-related Behaviours and Risks

Relatively few REU report seeking assistance for their drug use in 2005 and indeed very few REU reported high levels of dependence for ecstasy or methamphetamine. However, this does not mean that REU are not experiencing acute or chronic problems associated with their use. Almost a third of the sample reported negative social and personal consequences due to regular ecstasy use. Over half reported driving within one hour of taking a drug, with two-thirds reporting driving after use of ecstasy. Almost eighty per cent of REU reported having penetrative sex while under the influence of ecstasy also. Further, with increasing reports of REU consumption of alcohol in combination with ecstasy, there is clearly an ongoing need to provide harm reduction interventions focused specifically upon potentially risky behaviours.

REFERENCES

- Australian Bureau of Criminal Intelligence (2001). *Australian Illicit Drug Report 1999-2000*. Australian Bureau of Criminal Intelligence, Canberra.
- Australian Bureau of Criminal Intelligence (2003). *Australian Illicit Drug Report 2001-2002*. Australian Bureau of Criminal Intelligence, Canberra.
- Australian Crime Commission (2004). *Australian Illicit Drug Report 2002-2003*. Australian Crime Commission, Canberra.
- Australian Institute of Health and Welfare (2002). *2001 National Drug Strategy Household Survey: State and Territory Supplement*.
- Australian Institute of Health and Welfare (2005). *2004 National Drug Strategy Household Survey: State and Territory Supplement*.
- Australian Institute of Health and Welfare (2005). *National Drug Strategy Household Survey: First Results*. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (2005). *National Drug Strategy Household Survey: Detailed Findings*. Canberra: Australian Institute of Health and Welfare.
- Fischer, J. & S. Kinner, (2004). *Queensland Trends in Ecstasy and Related Drug Markets 2003: Findings from the Party Drugs Initiative (PDI)* (NDARC Technical Report No.185). Sydney, NSW: University of New South Wales.
- Fischer, J. & S. Kinner, (2005). *Queensland Trends in Ecstasy and Related Drug Markets 2004: Findings from the Party Drugs Initiative (PDI)* (NDARC Technical Report No.223). Sydney, NSW: University of New South Wales.
- Roxburgh, A. & L. Degenhardt, (in press) *Inpatient hospital stays for illicit drug-related problems in Australia (NDARC Technical Report)*. Sydney, NSW: University of New South Wales.
- Roxburgh, A. and L. Degenhardt (in press). Inpatient hospital stays for illicit drug-related problems in Australia. Sydney, NSW, University of New South Wales.