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**NT TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2006
Findings from the Ecstasy and related Drug
Reporting System (EDRS)**

NDARC Technical Report No. 278

NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2006



Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

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Alcohol and Other Drugs Program
Department of Health and Community Services

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ABBREVIATIONS

1,4B	1,4-butanediol
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACON	AIDS Council of NSW
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
AIHW	Australian Institute of Health and Welfare
AODTS	Alcohol and Other Drug Treatment Services
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	blood-borne viral infections
DNC	data not collected
ERD	ecstasy and related drugs
FDS	Family Drug Support
GBL	gamma-butyrolactone
GHB	gamma-hydroxy-butyrate
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NESB	non-English speaking background
NSP	Needle and Syringe Program
NSW	New South Wales
NTAODTS	Northern Territory Alcohol and Other Drug Treatment Services
OD	overdose
PDI	Party Drugs Initiative
REU	regular ecstasy user(s)
SDS	Severity of Dependence Scale
SMS	simple messaging system

EXECUTIVE SUMMARY

REU demographic and polydrug use characteristics

The demographic characteristics of regular ecstasy users were consistent with previous years: mainly male (57%), a minority of Aboriginal or Torres Strait Islanders (8%), mainly employed (51%) and having some secondary school (mean number of 11 years at school).

This year's sample was, however, slightly older (mean age of 29 years compared to 24 in 2004 and 2005), more likely to have had a previous conviction (24%) and slightly more likely to be in drug treatment (12%).

Ecstasy (37%), cannabis (16%) and alcohol (12%) were the REU sample's preferred drugs, consistent with previous years.

As in 2004 and 2005, approximately one third of the sample (39%) had injected a drug in their lifetime, speed (65%) and heroin (20%) being the first drugs injected among this group.

Recent polydrug use was the norm among the regular ecstasy users interviewed in all years, with this year a median of 6 drug classes being used by REU in the six months before interview.

A large proportion of REU reported recent use of alcohol (88%), cannabis (84%), tobacco (86%), and methamphetamines (67%).

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

Ecstasy

This year's sample of regular ecstasy users started to use ecstasy at a median of 18 years and began using it regularly when they were 21.

Patterns of regular use show some changes compared to 2005: the proportion using ecstasy weekly or more declined from 52% to 33%; the quantity usually used in a session increased from 1 tablet to 2; and the proportion reporting ecstasy as their preferred drug dropped from 61% to 37%.

Consistent with previous years, most of the sample used other drugs with ecstasy (98%) and whilst coming down from ecstasy (84%).

Cannabis, alcohol and tobacco were the main other drugs used with, and while coming down from, ecstasy, with the majority of REU since 2004 drinking alcohol at hazardous levels in these circumstances.

Over the last three years routes of administering ecstasy have remained stable, with swallowing continuing to be the most popular method (96% this year), followed by snorting (49%) and injecting (12%).

In 2004 nightclubs were the most popular usual and last ecstasy use venue, and this pattern continues in 2005.

The price of ecstasy has been stable for the last three years at \$50 per tablet.

Regular ecstasy users, as in prior years, rated ecstasy as 'easy' (35%) or 'very easy' (45%) to obtain.

In 2006 REU purchased, on average, four tablets from three sources, buying for themselves and others, between 7 and 24 times in the past six months.

Ecstasy was usually scored from friends (78%) at a friend's home (59%).

Ninety-four percent of REU perceived at least one benefit in the use of ecstasy, mainly enhanced mood (44%) and enhanced communication (38%). A larger proportion this year (21%) than in 2004 or 2005 perceive ecstasy having a different effect to alcohol as a benefit.

Eighty-eight percent of REU perceived risks in the use of ecstasy, mainly dehydration (33%), unknown drug contaminants or cutting agents (20%) and unknown long-term harm (20%).

Methamphetamine

In 2006 the majority of the sample had used speed (59%, 73% in 2005) in the past six months and substantial proportions had used crystal (26%, 32% in 2005) and base (18%, 29% in 2005).

The average age for speed powder initiation remained consistent with previous years at 19 years old; mean initiation age for base increased slightly from 20 to 22 years and the mean initiation age for crystal increased substantially from 20 to 26 years.

The proportions of REU reporting weekly or more often use decreased for all methamphetamine types compared to 2005: from 27% to 7% for speed; from 17% to 11% for base; from 8% to zero for crystal. Consistent with this, median days of use for all types also declined.

Recent bingeing with speed increased 2 percentage points to 43% among recent speed users; recent bingeing with base declined from 33% in 2005 to 22% this year; and recent bingeing with crystal increased from 19% to 23%.

Among recent crystal users, injection and smoking were the most often reported routes of administration. These routes have shown a steady increase since 2004 at the expense of swallowing, which has declined. Swallowing remained the most reported route of administration for speed and base.

Twenty-four percent of this year's REU sample had used pharmaceutical stimulants within six months prior to interview. Median days of use declined from 6 days in 2005 to 3 days and no one reported using pharmaceutical stimulants on a weekly or more often basis. The amounts used in typical and heavy sessions increased to 5 tablets and 7 tablets respectively. A majority of the recent users swallowed pharmaceutical stimulants, with 17% injecting.

The median point prices of speed (\$50) and crystal (\$80) were the same as those found in 2005; the median point price of base increased slightly from \$75 to \$80.

When commenting on the availability of methamphetamine the most frequently nominated categories were: easy for speed; very easy for base; and difficult for crystal.

Scoring source and location patterns for recent speed users were largely unchanged from 2005 although recent users were more likely to score in their own or a friend's home and less likely to score in a dealer's home than was the case in 2005.

Cocaine

In the current year, lifetime cocaine use increased to 55% and recent use was stable at 10%.

Among those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months, unchanged from 2005.

Typical and heavy session use quantities were lower this year (0.5 grams and 1 gram respectively) than in 2005 (2 grams and 3.5).

The proportions of recent cocaine users snorting has increased over the past three years from 64% in 2004 to 100% this year, while the proportions injecting have declined from 36% to 11%.

The median price for a gram of cocaine declined from the \$375 reported in 2005 to \$275 this year, although only 2 respondents were able to comment.

The small number of REU able to comment rated current cocaine purity as medium to high, and availability as difficult to very difficult.

There is no indication that health - or law enforcement - related harms have increased.

Ketamine

The proportion of REU reporting recent ketamine use was lower this year, at 6%, than in the previous two years, 7% in 2005 and 18% in 2004.

The reported median days of use in the last six months increased to 6, although among a very small number of respondents.

Frequency and quantity of ketamine use was stable.

The price of ketamine was reported by one REU to be \$50 per gram.

Ketamine purity was rated by one REU as high and availability as difficult.

GHB

No REU reported recent GHB or GBL use this year.

Key experts report that GHB is 'pretty rare' in Darwin.

LSD

Recent use of LSD increased from 15% in 2005 to 41% this year.

Recent LSD users reported using 1 tab in a typical session, unchanged from 2005. Twenty-six percent, compared to 33% in 2005, usually used more than this amount.

Swallowing was the only route of administration reported by recent LSD users; no recent LSD users reported injecting LSD.

Bingeing with LSD amongst recent users declined from 25% in 2005 to 10% in 2006.

LSD was most commonly used in a person's home at a private party or 'outdoors'.

Recent users reported a median price of \$20 for a tab, a decrease on the \$25 found in 2005.

In 2006 higher proportions nominated LSD's current purity as medium (53%) and less as high (32%) compared to 2005.

Recent users this year were more likely to rate LSD as easy (74%, 44% in 2005) or very easy (11%, 6% in 2005) to obtain.

In 2006 LSD was typically scored from a friend (88%), at home (56%) or at a friend's home (50%).

MDA

The number of REU reporting recent use and market characteristics has declined from 7 in 2004 to 2 in 2005 to 1 this year, suggesting that MDA is rarely seen in the NT and conclusions about MDA cannot be drawn.

This year one REU reported the following MDA use and market characteristics:

- typically using 3 capsules in a session;
- MDA costs \$50 a capsule;
- MDA is easy to obtain.

Cannabis

Eighty-six percent of this year's REU had used cannabis within six months prior to interview, similar to the proportions found in previous years.

Frequency of use had declined from a median of 150 days in the last six months to 90 days, although the proportion of REU reporting recent binging with cannabis increased from 29% to 35%.

Hydroponic cannabis was priced by REU at \$25 a gram and \$300 an ounce; bush cannabis was priced at \$25 a gram and \$200 an ounce. The price of both these forms of cannabis was reported to have been stable over the preceding six months.

Hydroponic cannabis was generally rated as being of high potency (63%) and very easy (53%) or easy (30%) to obtain.

Bush cannabis was rated as being of medium (72%) potency and either very easy (36%) or difficult (46%) to obtain.

Both forms of cannabis were mainly scored from friends (73% and 82% respectively) in a friend's home (69% and 82%).

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis increased from 2003/04 into 2004/05 and episodes in AOD treatment services where cannabis was a drug of concern increased from 2004/05 into 2005/06.

Other drug use

Most of the REU sample (88%) had used alcohol within six months of interview, two-thirds of this group had drunk more than 5 standard drinks while using ecstasy, and 49% had drunk more than 5 standard drinks while coming down from ecstasy.

Seventy-seven percent of REU returned an AUDIT score indicative of hazardous or harmful alcohol use.

Key expert comment was generally inconsistent with this result, down-playing regular ecstasy users' alcohol use.

Recent tobacco use remained common at 86% of the REU sample and consistent with key expert reports.

The proportion of REU reporting recent use of benzodiazepines increased from 17% last year to 29% this year.

Recent heroin use remained low.

Consistent with key expert reports, inhalant use was low (10% of the REU sample) and infrequent (2 days in the last six months).

Recent methadone use remained low (4%) as did recent buprenorphine use (8%). Key experts suggested that methadone and buprenorphine use would typically be licit use as a part of drug treatment.

Recent use of other opiates increased this year in the REU sample to 22% and the frequency of use increased to a median of 26 days in the last six months.

Anti-depressant use and hallucinogenic mushroom use remained low.

One REU reported recent use of DMT and one key expert reported hearing of a stimulant called 'cow'.

Drug information-seeking behaviour

Twenty percent (20%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.

Forty percent of the sample would never find out about the content and purity of other party drugs before taking them and 33% would never find out about the content and purity of ecstasy.

The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it (97%) and through dealers (56%).

Two participants had used testing kits sometimes.

Eighty percent (71%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.

Respondents thought that testing kits (53%) and a local website (43%) would be useful drug information resources.

Minorities of the REU sample agreed with statements that using ecstasy (30%) or selling ecstasy (30%) should be legal.

Risk behaviour

Over one-third (39%) of the sample had ever injected a drug, using a median of five different drugs in 2006 (38%) and a median of three drugs in 2005).

Twenty-seven percent of REU reported recent injecting, down slightly from the 29% in 2005.

Speed (50%) and other opiates (45%) were the most common recently injected drug this year. Recent injecting of all forms of methamphetamine shows a decline at the expense of an increase in the recent injecting of other opiates.

Speed was the first drug injected by 65% of the REU sample.

Most injectors had learnt to inject from a friend or partner and half had first injected under the influence of drugs, most commonly alcohol and cannabis.

Most recent injectors (86%) injected themselves.

No recent injectors reported borrowing or lending used needles.

Recent injectors reported usually injecting in their own home (86%) or a friend's home (36%). Fourteen percent usually injected in a dealer's home or a car.

The majority of recent injectors had been tested for HCV and HIV and half (50%) had been vaccinated against HBV.

Almost all REU (82%) had penetrative sex in the prior six months with between one and five partners.

The majority never used a protective barrier with regular partners (57%) but always used condoms with casual partners (67%).

A high proportion (81%) had sex under the influence of drugs, most commonly ecstasy (82%), alcohol (50%) and cannabis (38%).

In the last six months, a majority of the sample (56%) had driven over the limit of alcohol or within one hour of taking drugs (77%), most commonly ecstasy and cannabis.

Health-related issues

Only one REU reported overdosing within six months of interview, a considerable drop on the 20% found in 2005.

Fifty-one percent of respondents scored in the medium or high range of psychological distress as measured by the Kessler Psychological Distress Scale.

Sixteen percent (15% in 2005) of the 2006 sample had accessed a health or medical service (most commonly GPs) in the past six months in relation to their ecstasy and related drug use.

The proportions of the REU sample experiencing drug-related problems declined this year, in some cases slightly, in all categories of problem: 28% experienced a work/study problem; 31% a financial problem; and 26% a relationship or social problem.

Work/study problems were mainly attributed to alcohol or cannabis use (29% in each case), financial problems to ecstasy use (69%) and relationship or social problems to alcohol use (42%). Ecstasy was also seen to contribute to work/study problems (21%) and relationship or social problems (33%).

Key experts reported similar patterns of mental health and treatment-seeking behaviour to those seen in previous years.

Criminal and police activity

The level of criminal activity engaged in by the REU sample within a month of interview was consistent with last year at 16%, mainly involving drug dealing (12%).

The proportion of REU that had been arrested in the previous 12 months was consistent with previous years at 14%.

About half of the REU sample (49%) and most key experts were unaware of any changes in police activity towards regular ecstasy users. Most REU (77%) thought that police activity did not make scoring ecstasy any more difficult.

A third (34%) of the 2005 sample believed that ‘new things’ were happening in the ecstasy and related drug markets, focusing on a general increase in the use of ecstasy and related drugs, including a greater presence of methamphetamine and LSD.

1.0 INTRODUCTION

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

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

The Party Drug Initiative (PDI) was renamed the Ecstasy and related Drug Reporting System (EDRS) in 2006. The findings in this EDRS report provide a summary of characteristics in ecstasy and other related drug use detected in Darwin in 2006, with comparisons to previous years data where available. These findings arise from the three data sources: interviews with current regular ecstasy users, interviews with key personnel who have contact with ecstasy users, and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid characteristics are documented. Consistency between the IDRS and the EDRS was maintained where possible, as the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

This is the fourth EDRS conducted in Darwin and the findings are contrasted to previous years where appropriate. There are statistical constraints of drawn comparisons over time, but it is important to note that the methodology for future studies will all be identical, including the criteria for participation, questions asked, recruitment methods and statistical analyses.

1.1 Study aims

As in previous years, the specific aims of the NT Ecstasy and related Drugs study in 2006 were:

1. to describe the characteristic of a sample of current ecstasy users interviewed in Darwin in 2006;
2. to examine the patterns of ecstasy and other drug use of this sample;
3. to document the current price, purity and availability of ecstasy and other related drugs available in Darwin;
4. to examine participants, perceptions of the incidence and nature of ecstasy-related harm, including physical, psychological, financial, occupational, social and legal harms; and
5. to identify emerging trends in the ecstasy and related drug market that may require further investigation.

2.0 METHODS

The 2006 Ecstasy and related Drug Reporting System (EDRS) used the same methodology as in previous years. This was trailed in the feasibility study (Breen et al, 2002) to monitor the trends in the markets for ecstasy and other related drugs. The three main sources of information used to document trends were:

1. face-to-face interviews with current regular ecstasy users recruited in Darwin and Palmerston;
2. interviews with key experts (KE) who, through the nature of their work, have regular contact with ecstasy users in Darwin; and
3. indicator data sources such as the purity of seizures of ecstasy analysed in the NT, and prevalence of use data drawn from the National Drug Household Surveys.

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

2.1 Survey of regular ecstasy users (REU)

The sentinel population chosen to monitor trends in ecstasy and related drug markets consisted of people who regularly use tablets sold as 'ecstasy'. Although a range of drugs fall into the category 'party drugs', ecstasy is a party drug that can be considered one of the main illicit drugs used in Australia. In 2001 ecstasy was the third most widely used illicit drug, recently and in a person's lifetime, after cannabis and amphetamines. Now ecstasy has taken over methamphetamines as the second most common recently used illicit drug (after cannabis), with one in eight (12%) of 20-29 year olds and 3.4% of 14-19 year olds reporting recent ecstasy use in the 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002).

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

The entrenchment of ecstasy in Australia's illicit drug markets relative to other related drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, regular ecstasy users (REU) (Topp & Darke, 2001). In addition, as there has been an indication of increase in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of regular ecstasy users were successfully recruited and interviewed over the last three years, and were able to provide information on ecstasy and related drug markets. Therefore regular ecstasy users have been used again in 2006 to provide information on ecstasy and related drug markets.

2.1.1 Recruitment

A total of 51 ecstasy users were interviewed for the 2006 NT REU survey, all of whom had resided in the Darwin or Palmerston metropolitan region. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisement by poster in selected entertainment venues, clubs and pubs, interviewer contacts and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling hidden populations which relies on peer referral and is widely used to access illicit drug users in both Australian (Boys et al. 1997; Overdon & Loxley, 1996; Solowij et al. 1992) and international (Dalgarno & Sherwan, 1996; Forsyth, 1996; Peters et al. 1997) studies. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone, email or SMS (mobile phone simple messaging system) and were screened for eligibility. To meet entry criteria, they had to be at least 17 years of age (due to ethical constraints), have had ecstasy at least six times during the preceding six months, and have been a resident of the Darwin or Palmerston metropolitan region for the past 12 months. As in the main IDRS, the focus was on the capital city, as new trends in illicit drug markets are considered more likely to emerge in the urban areas rather than in remote or regional areas.

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

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al. 1998; Topp et al. 2000), which incorporated items for a number of previous NDARC studies of users of ecstasy (Solowij et al. 1992) and powder amphetamine/methamphetamine (Darke et al. 1994; Hando & Hall, 1993; Hando et al. 1997). The interview schedule focussed primarily on the previous six months and assessed demographic characteristics, patterns of ecstasy and other related drug use, including: frequency and quantity of use and routes of administration; the price, purity and availability of different drugs; severity of dependence for ecstasy and methamphetamines; perceived benefits and risks of ecstasy use; risk, help-seeking behaviour and other drug-related problems, including relationship, financial, legal and occupational problems; self-reported criminal activity; and general trends in the ecstasy and related drug markets, such as new types of drugs, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, t-tests (independent and one-sample) were employed. Categorical variables were analysed using Chi-square (χ^2). Relationships between continuous variables were analysed using Pearson's correlations (r). All analyses were conducted using SPSS for Windows, Version 14.0.0 (SPSS inc, 1989-2003).

2.2 Survey of key experts (KE)

The eligibility criterion for key expert participation in the EDRS is regular contact, in their course of employment, with a range of regular ecstasy users throughout the preceding six months. Fourteen KE from various metropolitan regions of Darwin provided information on the regular ecstasy users with whom they had had contact in the six months preceding the interview. The interviews were conducted at locations of the KE choice; all interviews were conducted face-to-face. Five KE were female and nine were male.

The 14 KE interviewed in 2006 came from a range of occupations, namely:

- 2 court diversions officers
- 2 AOD counsellors
- 1 community welfare worker
- 2 youth workers
- 1 clinical nurse
- 1 health promotion worker
- 1 NSP outreach worker
- 1 prison treatment intervention worker
- 1 drug detective
- 1 security officer
- 1 paramedic

All KE stated that they knew about regular ecstasy users through their work and three that they also knew about regular ecstasy users through their personal or social lives. One remaining KE was in the drug squad of the Northern Territory Police and was not asked how he had obtained the knowledge. Some of the KE worked with special populations, and these included: youth, HIV-positive populations, Aborigines, persons from non-English speaking backgrounds (NESB), gay/lesbian populations, women and prisoners.

The extent of KE contact with ecstasy users ranged from half a day per week to six days per week over the previous six months, with one KE having contact with over 100 users. One KE had contact with 51-100 users, another five KE had contact with 21-50 users, four had contact with 10-20 users and two had contact with less than 10 users.

2.3 Other indicators

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

Data sources included:

- ❖ the 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005);
- ❖ Northern Territory Alcohol and Other Drug Program treatment services client database;

- ❖ Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence);
- ❖ Australian Customs Service (ACS);
- ❖ Alcohol and Drug Information Service (ADIS);
- ❖ Australian Federal Police (AFP); and
- ❖ the NT Police Illicit Drug database.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the REU sample

The demographic characteristics of the four NT REU samples are displayed in Table 1. At 29 years, the mean age of the NT REU sample has increased since the last 2 years but remains lower than the mean of 33 years in 2003. In the first two years this research was conducted in the NT, more males participated in the user survey (70% in 2003 and 73% in 2004). Over the last two years more females have participated and gender proportions are more equal (57% male in 2005 and 2006).

Across all four years, almost all the sample came from English speaking backgrounds (98% in 2003 and 2006, 100% in 2004 and 2005). In 2003 20% of the sample identified as Aboriginal or Torres Strait Islander (ATSI); since then proportions of ATSI's participating in the study have continued to decrease (11% in 2004, 10% in 2005 and 8% in 2006).

Table 1: Demographic characteristics of REU sample, 2003–2006

	2003 (n=104)	2004 (n=71)	2005 (n=82)	2006 (n=51)
Mean age (years)	33 (17-55)	24 (16-45)	24 (17-47)	29 (18-59)
Male (%)	70	73	57	57
English speaking background (%)	98	100	100	98
ATSI (%)	20	11	10	8
Heterosexual (%)	73	83	88	80
Mean number school years*	10	11	11	11
Qualifications (%)				
Trade/technical	27	19	52	28
University/college	29	27	12	26
Employment				
Employed full-time (%)	17	49	32	51
Full-time students (%)	6	1	6	12
Unemployed (%)	61	30	35	22
Previous conviction (%)	36	16	13	24
Current drug treatment (%)	13	1	9	12

Source: EDRS REU interviews

*question changed in 2005 from 'How many years of school did you complete?' to 'What grade of school did you complete?'

In the current year 80% of participants nominated their sexual identity as heterosexual (73% in 2003, 83% in 2004, 88% in 2005). As in previous years, gay males (2%), bisexuals (10%) and lesbian women (6%) are also represented in the 2006 sample.

In 2003 the mean number of school years completed was ten (range 7-12), in 2004 it rose to 11 years (range 7-12), and has since remained at 11 years (range 7-12 in 2005, 8-12 in 2006). In 2003 just over half (56%) of the sample had completed some form of post-school qualification, 46% had done the same in 2004, 64% in 2005 and 54% in 2006. While the proportions of the sample with university/college qualification has remained relatively stable over the last four years (with a decrease in 2005) the proportions with a trade/technical qualification has fluctuated considerably.

In 2003 a high proportion of participants were unemployed (61%). The 2006 sample exhibited the lowest proportion of participants that were unemployed (22%) and the highest proportion that were employed full-time (51%) and full-time students (12%). The percentage of REU reporting a previous incarceration declined from 36% in 2003 to 13% in 2005. However, in 2006 this figure increased to 24%.

The proportion of the sample reporting that they were in drug treatment at the time of the interview has consistently increased since 2004, reaching 12% this year. In 2006 participants specified their current treatment as hypnotherapy, GP, morphine and pharmacotherapy. In 2005 current treatments included methadone, Subutex, Alcoholics Anonymous, psychological counselling, and drug counselling. Only one participant identified that they were in treatment in 2004 (subutex), as did 13% of the sample in 2003 (methadone and buprenorphine, Narcotics Anonymous and counselling).

KE comments on demographics

KE reports on the age of ecstasy users varied, with the minimum age reported to be 15 years and the maximum 50 years. Most agreed that the usual age was late teens to mid-thirties. Estimations of gender proportion varied from 30%-85% male with one KE reporting 10% male. KE reported that most ecstasy users are Caucasian with estimates ranging from 'all' to 50%. Other ethnic backgrounds mentioned were 'Asian' and Aboriginal with estimates for each ranging from 5% to 20%.

Most KE stated that ecstasy users were mainly heterosexual – estimates up to 80% – and two thought that they were mainly homosexual with one of these two adding that most methamphetamine users are also homosexual. KE reports around ecstasy users' employment status varied: six KE encountered mainly employed ecstasy users, two mainly unemployed and the balance estimated equal proportions of employed and unemployed. KE reported estimates of student proportions ranging from 5% to 50%, and one KE estimated that 5% of regular ecstasy users engaged in sex work. Most believed that the majority of ecstasy users had completed at least some secondary schooling, most commonly around year 10 level, with some KE reporting up to 40% year 12 and/or higher education/trade, and a couple thought that the education of users varied from only completing year 7 to completing a PhD.

Key experts generally agreed that most regular ecstasy users were not in any sort of drug treatment, with one AOD counsellor estimating that 20% of REU would be receiving counselling. Key experts involved in the criminal justice system were the exception, reporting that proportions of REU up to 100% were receiving treatment either whilst in prison or as a part of a diversionary program.

3.2 Drug use history and current drug use

In the current year, ecstasy's popularity as drug of choice decreased to a similar proportion found in 2003 (37%) after an increase to 61% last year (Table 2). Last year speed (18%) was the second most popular drug of choice followed by cannabis (10%). This year, however, cannabis (16%) was the second most popular drug of choice, followed by alcohol (12%) then speed (8%). Since 2004 the proportions nominating heroin as their favourite drug have remained low (1% in 2003 and 2004, 4% in 2006).

Table 2: Drug of choice and injecting rates of REU sample, 2003-2006

		2003 (n=104)	2004 (n=71)	2005 (n=82)	2006 (n=51)
Drug of choice (%)	Ecstasy	36	47	61	37
	Cannabis	10	28	10	16
	Speed	20 (any meth)	10	18	8
	Alcohol	-	4	2	12
	LSD	6	4	0	6
	Crystal	-	3	0	4
	Heroin	18	1	1	4
	Cocaine	3	1	4	4
	Base	-	1	0	0
	Benzodiazepines	-	0	0	0
	Morphine	-	0	1	2
	Ever injected any drug (%)	69	35	38	39
(Of those who had ever injected)		(n=70)	(n=25)	(n=31)	(n=20)
Drug first injected (%)	Speed	37	60	70	65
	Crystal	4	8	0	5
	Base	-	20	0	0
	Heroin	20	4	20	20
	Steroids	-	4	0	0
	LSD	-	4	3	0

Source: EDRS REU interviews

In 2004, the lifetime injection rate halved from 69% to 35% and this figure has remained relatively stable with minor increases (39% in 2006). The pattern of intravenous initiation has continued over the years, with speed (65%) being the most common drug first injected again this year, followed by heroin (20%). Injecting is further detailed in Section 13.1 of this report.

In 2006 all respondents were lifetime and recent polydrug users (using three or more different drug classes) having ever used a median of ten drug classes (range 3-17) (2003: median 10, range 3-17; 2004: median 9, range 4-18; 2005: median 8, range 1-19) and a median of six drug classes (range 3-11) (2003: median 6, range 2-13; 2004: median 6, range 3-1; 2005: median 5, range 1-12) in the six months prior to interview (all subsequent polydrug figures refer to Table 3). A median of five drugs had ever been injected (range 1-10), and two and a half had recently (range 1-5) been injected.

Drugs that were used at the earliest minimum ages were alcohol, other opiates and tobacco (all 6 years), and cannabis (8 years), followed by mushrooms (10 years). Aside from ecstasy, alcohol (88%), tobacco (86%), cannabis (84%) and speed (59%) were the most commonly used drugs over the six months prior to interview.

In the current year cannabis, alcohol, methadone, buprenorphine, other opiates, tobacco, anti-depressants and benzodiazepines were all used daily by some users in the six months before interview. Tobacco is the only drug recording a median of daily use over the four years of the study. In 2006 both buprenorphine and tobacco were used for a median of 180 days, cannabis had a median of 90 days, alcohol a median of 50 days, heroin recorded a median use of three days and speed had a median of three and a half days.

In 2003, substantial proportions of the sample had used and injected opiates in the six months prior to interview: 18% and 16% for heroin; 24% and 15% for methadone; 15% and 7% for buprenorphine; and 43% and 40% for other opiates. Morphine is the most commonly injected opiate among intravenous drug users in Darwin (Moon 2004) and may account for most of the 'other opiate' group. In 2004 these figures drastically dropped to 3% and 1% for heroin, 1% and 0% for methadone, 3% and 1% for buprenorphine, and 8% and 4% for other opiates. In 2005 the proportions recently using and injecting other opiates increased somewhat compared to 2004, but still remain low: 5% and 5% for heroin; 4% and 2% for methadone; 7% and 6% for buprenorphine; and 10% and 6% for other opiates. These figures remain similar in 2006, apart from the increase in other opiate use -: 6% and 6% for heroin; 4% and 4% for methadone; 8% and 2% for buprenorphine; and 22% and 18% for other opiates

In 2003 both methadone and 'other opiates' were used more often than ecstasy, respectively having median days of use of 20 and 40, compared to 12 for ecstasy. In the last two years the only opiate used more frequently than ecstasy (median 16 days in 2004; median 24 days in 2005) in the last six months was buprenorphine (median 128 days in 2004; median 180 days in 2005). However, only small proportions of the samples were recent buprenorphine users. In 2006 both buprenorphine (median 180 days) and 'other opiates' (median 26 days) were used more frequently than ecstasy (median 12 days).

From 2003 to 2005, with the exception of LSD and methamphetamines, drugs typically seen as 'ecstasy-related drugs' showed a low incidence of recent use, and this was also the case in 2006: cocaine 10%; MDA 2%; ketamine 6%; and GHB 0%. In all years, no one had ever used 1,4B.

Table 3: Lifetime and recent polydrug use of REU, 2005-2006

	Used (% REU)		Injected (% REU)		Age 1 st used (mean yrs & range)	Median days used last 6 months (range)
	Ever	Last 6 months	Ever	Last 6 months		
Ecstasy pills	100 [100]	100 [100]	22 [24]	12 [15]	22 [19] (14-50)	12 [24] (6-72)
Ecstasy powder	29 [18]	8 [13]	6 [6]	0 [2]	24 [20] (17-53)	2.5 [4] (2-4)
Any methamphetamine	90 [94]	67 [76]	39 [38]	22 [29]	19 [20] (14-40)	4.5 [11] (1-54)
Speed	88 [90]	59 [73]	39 [37]	20 [26]	19 [18] (14-40)	3.5 [6] (1-48)
Base	53 [36]	18 [29]	26 [22]	6 [16]	22 [20] (15-45)	2 [6] (1-36)
Crystal	49 [52]	26 [32]	28 [21]	14 [11]	26 [20] (16-49)	2 [4] (1-5)
Pharmaceutical stimulants	51 [46]	24 [13]	12 [9]	4 [4]	23 [19] (15-40)	3 [6] (1-7)
Cocaine	55 [39]	10 [11]	22 [7]	0 [1]	22 [19] (16-30)	3 [3] (1-6)
LSD	78 [61]	41 [15]	16 [11]	0 [1]	19 [17] (14-40)	2 [2] (1-48)
MDA	16 [12]	2 [2]	4 [4]	0 [1]	18 [19] (14-21)	5 [1] (5)
Ketamine	26 [13]	6 [7]	2 [4]	2 [2]	25 [24] (16-41)	6 [1] (1-20)
GHB	4 [15]	0 [4]	0 [1]	0 [1]	26 [23] (19-33)	0 [2] (0)
Amyl nitrate	47 [31]	10 [6]			20 [17] (13-44)	2 [6] (1-6)
Nitrous oxide	33 [31]	2 [4]			19 [18] (14-24)	2 [1] (2)
Cannabis	100 [99]	84 [79]			14 [14] (8-24)	90 [150] (1-180)
Alcohol	100 [99]	88 [99]	2 [2]	0 [0]	13 [13] (6-20)	50 [60] (1-180)
Heroin	35 [22]	6 [5]	28 [17]	6 [5]	22 [17] (14-40)	3 [9] (1-28)
Methadone	16 [12]	4 [4]	14 [7]	4 [2]	30 [23] (20-40)	11 [2] (2-20)
Buprenorphine	16 [10]	8 [7]	10 [6]	2 [5]	36 [30] (22-50)	180 [180] (1-180)
Other opiates	39 [22]	22 [10]	22 [13]	18 [6]	24 [21] (6-51)	26 [4] (2-180)
Tobacco	98 [88]	86 [76]			13 [13] (6-19)	180 [180] (2-180)
Anti-depressants	24 [28]	8 [10]	4 [4]	0 [0]	24 [18] (16-39)	180 [10] (180)
Benzodiazepines	53 [28]	29 [17]	12 [5]	2 [4]	22 [19] (13-38)	6 [8] (1-180)
Mushrooms	63 [37]	8 [10]	0 [0]	0 [0]	20 [17] (10-40)	1.5 [1] (1-3)
Total			39 [38]	27 [29]		
Drug classes used (median)	10 [8] (3-17)	6 [5] (3-11)	5 [3] (1-10)	2.5 [2] (1-5)		

Source: EDRS REU interviews

*1,4B and GBL have been excluded from the table as no participants had ever used. 2005 results in brackets []

3.3 Summary of REU demographic and polydrug use trends

- ❖ The demographic characteristics of regular ecstasy users were consistent with previous years: mainly male (57%), a minority of Aboriginal or Torres Strait Islanders (8%), mainly employed (51%) and having some secondary school (mean number of 11 years at school).
- ❖ This year's sample was, however, slightly older (mean age of 29 years compared to 24 in 2004 and 2005), more likely to have had a previous conviction (24%) and slightly more likely to be in drug treatment (12%).
- ❖ Ecstasy (37%), cannabis (16%) and alcohol (12%) were the REU sample's preferred drugs, consistent with previous years.
- ❖ As in 2004 and 2005 approximately one-third of the sample (39%) had injected a drug in their lifetime, speed (65%) and heroin (20%) being the first drugs injected among this group.
- ❖ Recent polydrug use was the norm among the regular ecstasy users interviewed in all years, with this year a median of 6 drug classes being used by REU in the six months before interview.
- ❖ A large proportion of REU reported recent use of alcohol (88%), cannabis (84%), tobacco (86%), and methamphetamines (67%).
- ❖ Again this year, other drugs typically seen as 'ecstasy-related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

4.0 ECSTASY

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

4.1 Ecstasy use among REU

The average age that the 2006 sample first tried ecstasy was 18 years, with 21 being the age at which they began to use ecstasy regularly (Table 4). The frequency of ecstasy use in the last six months declined from a median of 24 days in 2005 to 12 days (or once a fortnight) in 2006 and the proportion of the sample using ecstasy weekly or more declined from 52% to 33%. Ecstasy has decreased in popularity as the drug of choice among regular ecstasy users from 61% in 2004 to 37% in 2005.

The median number of tablets consumed increased by one tablet since last year, with the 2006 sample usually using two tablets (range 1-7), although 57% of the sample would typically use more than this. During their heaviest use episode in the previous six months, participants reported taking a median of three tablets (range 1-12).

Table 4: Patterns of ecstasy use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Age first used ecstasy (mean years)	19 (12-43)	19 (11-35)	18 (14-52)
Age started to use regularly (mean years)	20 (14-43)	20 (15-40)	21 (16-52)
Median days used ecstasy last 6 months [#]	16 (6-72)	24 (6-120)	12 (6-72)
Use ecstasy weekly or more (%) [#]	39	52	33
Ecstasy favourite drug (%)	47	61	37
Median ecstasy quantities used			
‘Usual’ session (range)	2 (0.5-6)	1 (1-6)	2 (1-7)
‘Heavy’ session (range)	3 (0.75-14)	2 (1-12)	3 (1-12)
Typically use >1 tablet (%)	56	38	57
Recently binged on ecstasy * ^ (%)	44	46	45
Used other drugs with ecstasy (%)	89	96	98
Use other drugs after ecstasy (%)	68	89	84

Source: EDRS REU interviews

* Binging defined as the use of stimulants for more than 48 hours continuously without sleep

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

[#] Includes pills and powder

Forty-seven percent of the sample had ‘binged’ (stayed awake for 48 hours or longer) on some form of stimulant on a median of 5 times within six months of the interview, and 45% of the sample had used ecstasy during a binge (Table 4).

Key experts reported a range of ecstasy frequency and quantity patterns. Most KE reported that the most common use pattern remains as one session a week or fortnight, usually on weekends, consuming up to 4 tablets in a session with 1-2 tablets being typical. Heavy use was seen as still being weekly/fortnightly but consuming up to 10 tablets in a session. One key expert expressed the belief that REU had recently been taking more tablets in a typical session.

Table 5 displays the most commonly reported drugs typically used in conjunction with ecstasy. Ninety-eight percent of the 2006 sample typically used other drugs in combination with ecstasy (Table 5) and 84% used other drugs when coming down from ecstasy use. Alcohol (85%), tobacco (71%) and cannabis (59%) were most frequently used whilst under the influence of ecstasy as well during comedown (alcohol 43%, tobacco 57% and cannabis 65%). Of note is that most REU engage in hazardous drinking, i.e. drinking more than 5 drinks, when using alcohol with ecstasy (75%) and when coming down (77%), although these proportions have declined this year compared to 2005.

Table 5: Drugs used in combination with ecstasy by REU, 2004-2006

	Use (%)					
	With ecstasy			Coming down from ecstasy		
	2004 (n=104)	2005 (n=82)	2006 (n=51)	2004 (n=104)	2005 (n=82)	2006 (n=51)
None	11	4	2	42	11	16
Speed	61	38	22	7	9	4
Base	18	9	4	1	3	0
Crystal	11	4	2	4	0	2
Cannabis	55	57	59	61	63	65
Alcohol	76	85	78	19	60	43
If yes, > 5 drinks?	79	97	75	83	98	77
Tobacco	66	72	71	38	65	57

Source: EDRS REU interviews

Lifetime injection of ecstasy has been stable since 2004, with 22% of this year’s sample having ever injected ecstasy (Table 6). The most common method of administration of ecstasy in the six months prior to interview was swallowing (96%), followed by 49% snorting, 12% injecting, 4% smoking, and 4% shelving/shafting (refers to vaginal/anal administration). This pattern is similar to that found in 2005.

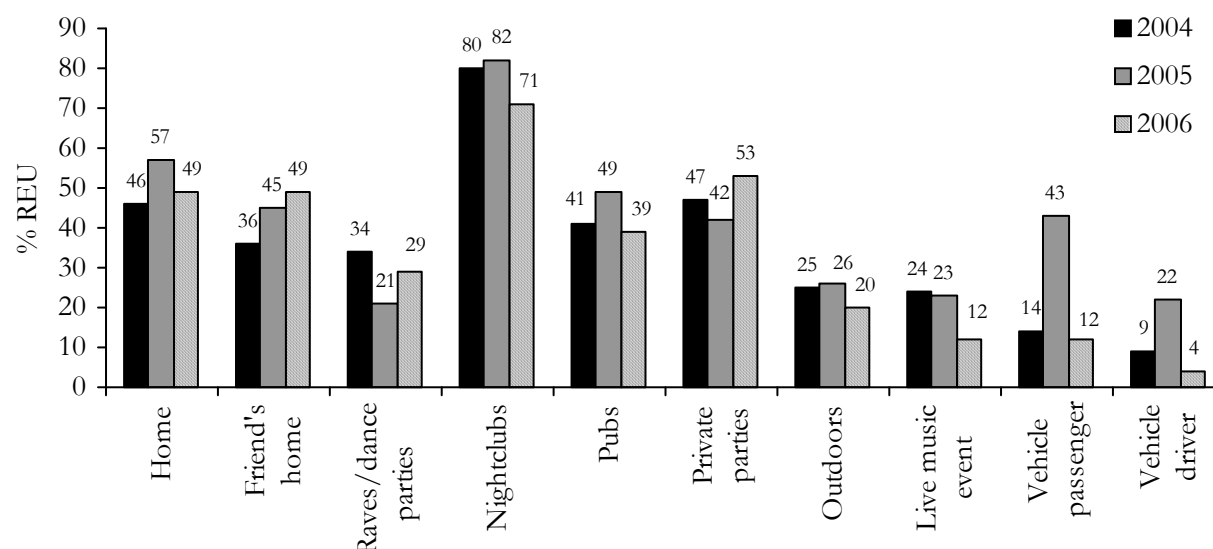
Table 6: Route of administration of ecstasy by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever injected (%)	21	24	22
Injected last 6 months (%)	16	15	12
Administration last six months (%)			
Swallowed	97	98	96
Snorted	54	43	49
Injected	16	15	12
Smoked	13	6	4
Shelved/shafted	9	4	4

Source: EDRS REU interviews

All key experts reported that ecstasy was consumed mainly as tablets, although one reported 'hear(ing) of liquid recently', and taken orally. Estimates around injecting ranged from 5% to 20% with two KE mentioning shelving/shafting proportions of 10% and 20%.

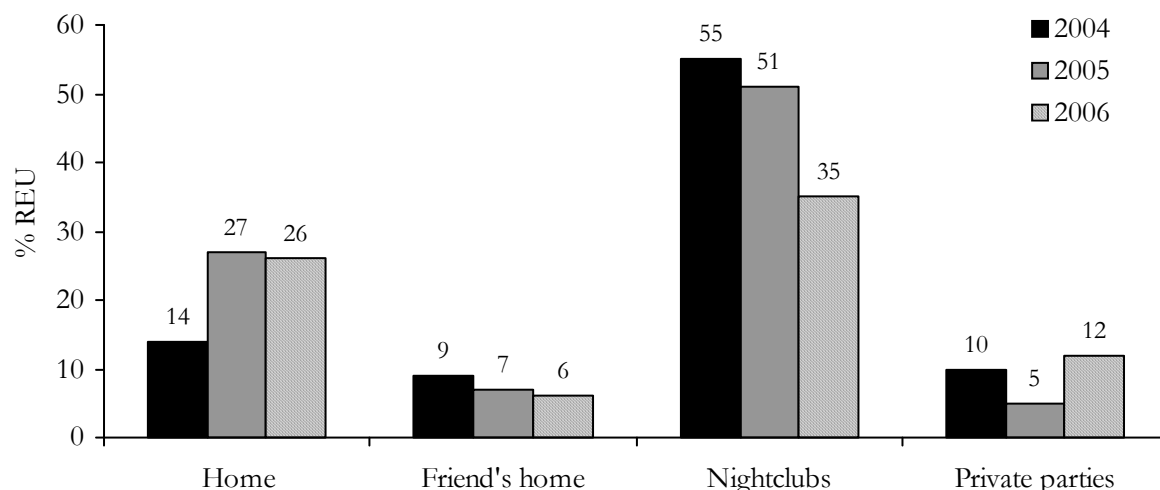
In 2006 the majority of participants reported that their usual ecstasy use venue was at a nightclub (71%, Figure 1), a decline on the 82% found last year but still the most common venue. Use at a friend's home (49%) and private parties (53%) increased while use at home declined (49%) although remaining popular. Usual use as a vehicle passenger (12%) or driver (4%) both declined markedly.

Figure 1: Usual location of ecstasy use, 2004-2006

Source: EDRS REU interviews

This year about one-third (35%, Figure 2) of REU reported that their last ecstasy use venue was at a nightclub, dropping from 51% in 2005. The proportion reporting last use at a private party increased from 5% in 2005 to 12% this year.

Figure 2: Location of most recent ecstasy use, 2004-2006



Source: EDRS REU interviews

KE comments on drugs in clubs and pubs

Two KE were able to comment on current issues in Darwin clubs and pubs. One stated that in the last six months they have had two or three people escorted from a venue by staff due to behaviour and trying to sell drugs. There have been drug-related incidences of verbal and physical aggression towards staff. With alcohol, it was stated that, 90% of patrons get to the level where they should not be served anymore. Another KE believed that violence resulting in being escorted from the venue is only related to speed. They stated that there had only been three overdoses this year and staff had to escort the people out of the venue and get an ambulance.

4.2 Use of ecstasy in the general population

From 1988 to 2004, lifetime prevalence of ecstasy use among the Australian population, 14 years and over, has increased from 1% to 7.5% (over one million Australians). The increase from 2001 of 6.1% to 7.5% in 2004 was a significant increase (2-tailed $\alpha = 0.05$). In this timeframe the proportion of the general population reporting using ecstasy in the previous six months has also increased from 1% to 3.4% (AIHW 2005).

In 1998, 5.9% of Territorians reported having ever used ecstasy in their lifetime and 3.1% reported use within the prior 12 months. In 2001 lifetime use was not reported; however, recent use by Territorians had slightly decreased to 2.8% but increased in 2004 to 3.7% (AIHW, 2004).

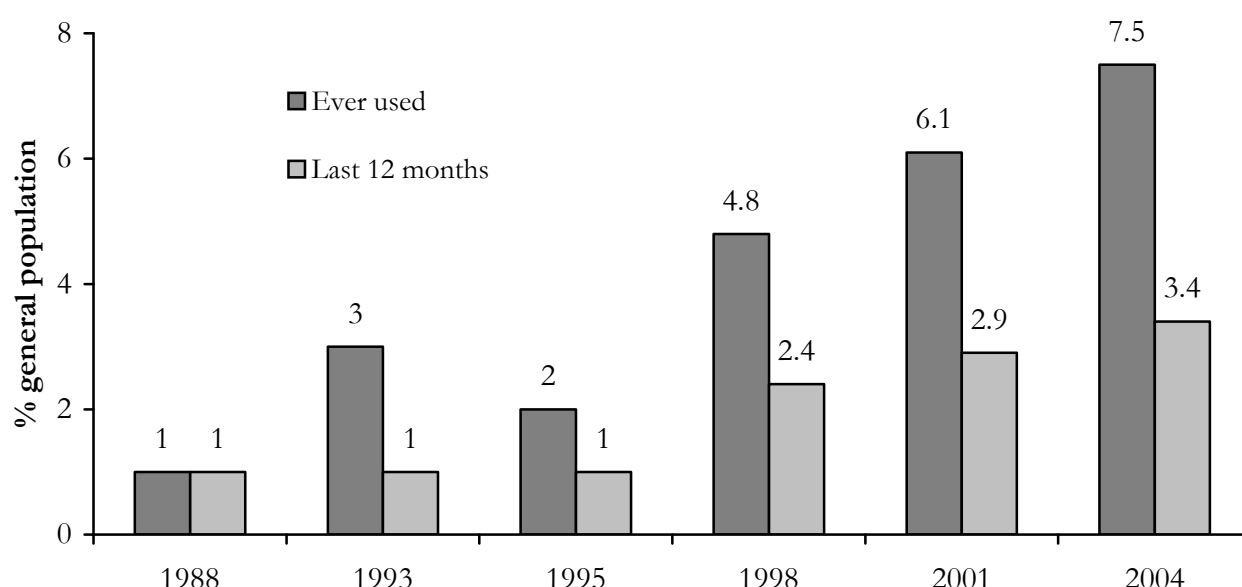
The 2004 NDSHS reported the lifetime and recent ecstasy use in Australia across age groups as follows: 14-19 year olds 4.3% recent and 6.2% lifetime; 20-29 years 12% recent and 22% lifetime; and 30-39 years old 4% recent and 12.5% lifetime. Across all age groups, males (9.1%) were more likely to use ecstasy in their lifetime than females (6%), and use ecstasy more frequently. The average age for first using ecstasy was 22.8 years

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

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

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

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004



Source: National Drug Strategy Household Survey 1988-2004

4.3 Price

All REU commented on the price of ecstasy, reporting an unchanged median for current and last price of \$50 per tablet (Table 7), with most respondents (78%) reporting that the price of ecstasy had been 'stable' in the six months prior to interview.

Key experts reported ecstasy prices ranging from \$25 per tablet for bulk purchases to \$70 per individual tablet, with \$50 a tablet being the most reported price. Nine out of the 14 KE rated recent ecstasy prices as stable.

Table 7: Price of ecstasy purchased by REU and price variations, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Median price E* tab (range)	50 (15-80)	50 (25-80)^	50 (40-60)
Median last price E tab (range)	50 (15-80)	50 (17-80)#	50 (30-60)
Price change (% of REU)			
Increased	9	11	6
Stable	66	73	78
Decreased	6	1	4
Fluctuated	20	15	6
Don't know	0	0	6

Source: EDRS REU interviews

* E= ecstasy; ^ n=81; # n=79

Respondents reported purchasing ecstasy from a median of three individuals over the six months before interview, obtaining a median of 4 ecstasy tablets at each purchase (up to a maximum of 35 tabs). Four out of ten REU (38%) had purchased ecstasy for themselves only, an increase on the 20% found in 2005. Fifty-eight percent of the sample purchased for themselves and others at the same time.

Just on a third of the sample (31%) had bought ecstasy 1-6 times in the last six months, 35% had bought between 7-13 times and 30% had purchased ecstasy more than 13 times. Four per cent had not bought the drug at all. This pattern suggests that REU purchased ecstasy less often than was the case in 2005.

Table 8: Patterns of purchasing ecstasy, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Median no. of people purchased from	3 (1-20)	3 (1-25)	3 (1-35)
Median no. of ecstasy tabs purchased	-	3 (1-30)	4 (1-35)
Purchased for (%)			
Self only	-	20	38
Self and others	-	79	58
Others only	-	0	0
No. times purchased in the last 6 months (%)			
1-6	87	26	31
7-12	6	34	35
13-24	6	37	26
25 +	0	2	4
Drugs able to purchase from dealer*	(n=63)	(n=63)	(n=37)
Speed	78	83	70
Base	38	27	8
Crystal	30	35	16
Cocaine	27	13	5
MDA	19	8	5
LSD	41	21	41
GHB	11	3	3
Cannabis	78	81	81
Heroin	8	5	0

Source: EDRS REU interviews

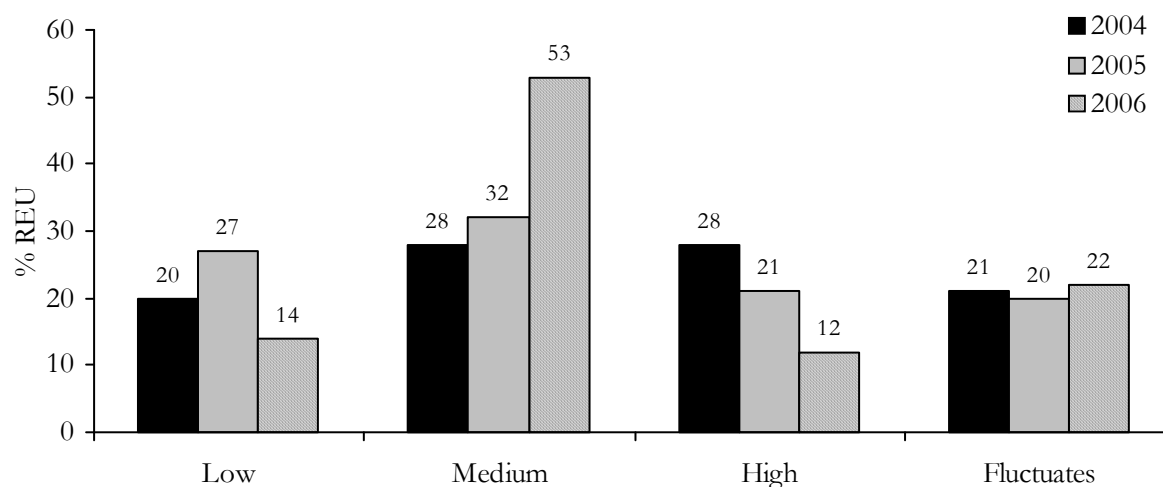
* Among those able to purchase drugs other than ecstasy from their main dealer

Seventy-two percent of REU were able to purchase drugs other than ecstasy from the 'main dealer', the person they have purchased from most often in the six months before interview. The drugs most frequently available include the following: speed (70%); cannabis (81%); crystal (16%); base (8%); and LSD (41%). Compared to the previous year it appears that methamphetamines – speed, base, crystal – have been less available from ecstasy dealers while LSD was more available.

4.4 Purity

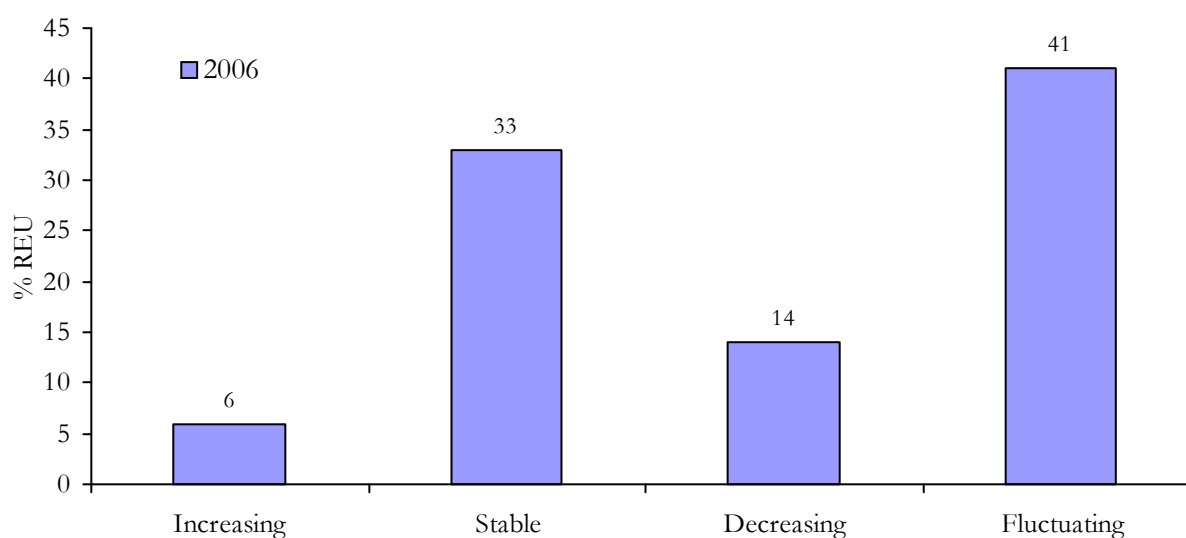
Respondents were more consistent in their rating of the current purity of ecstasy this year compared to 2005; most rated ecstasy purity as medium (53%, Figure 4) while the proportions rating it as low (14%) or high (12%) both declined. Forty-one percent of REU reported recent ecstasy purity as fluctuating and 33% that it had been stable.

Figure 4: REU reports of current ecstasy purity, 2004-2006



Source: EDRS REU interviews

Figure 5: REU reports of change in purity of ecstasy in the preceding six months, 2006



Source: EDRS REU interviews

One KE estimated that the current purity of ecstasy was low, four thought it was medium and three said it was high. Five KE reported that ecstasy purity had increased, four that it had been stable and three that it fluctuates.

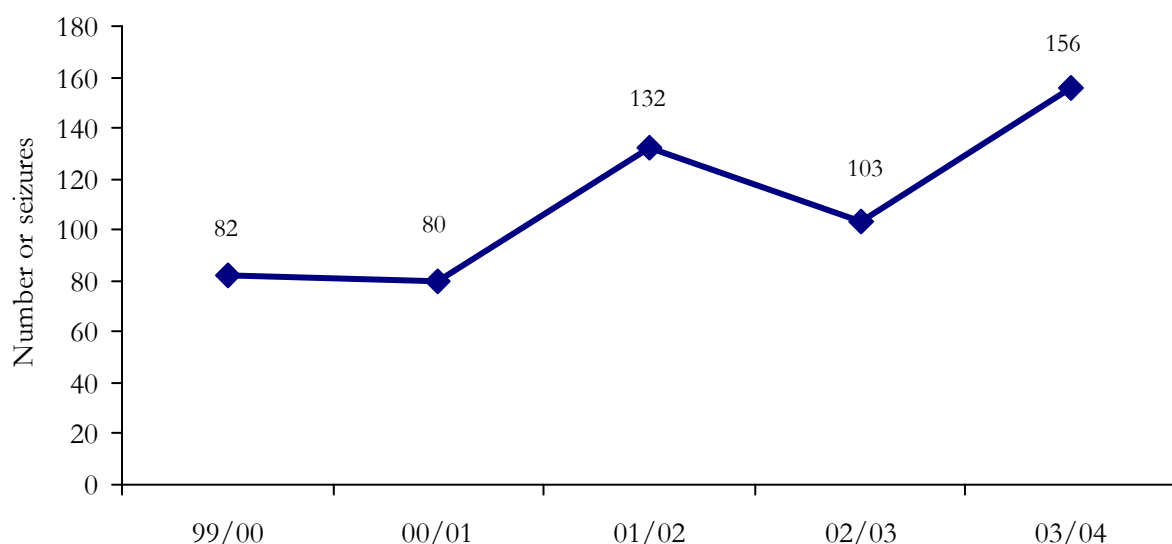
The above are all subjective estimates of purity and depend, among other factors, on users' tolerance levels. Clearly, laboratory analyses of the purity of seizures of ecstasy provide objective evidence regarding purity changes, and should therefore be more highly regarded than the reports of users.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

the purity figures provided by forensic agencies remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC report both federal and state police seizure data including number and weight of seizures. In 1999/00 the purity was reported as 'ecstasy' seizures. Since 2000/01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (ACC 2003) and seizures of these drugs are included in the seizure data from 2000/01.

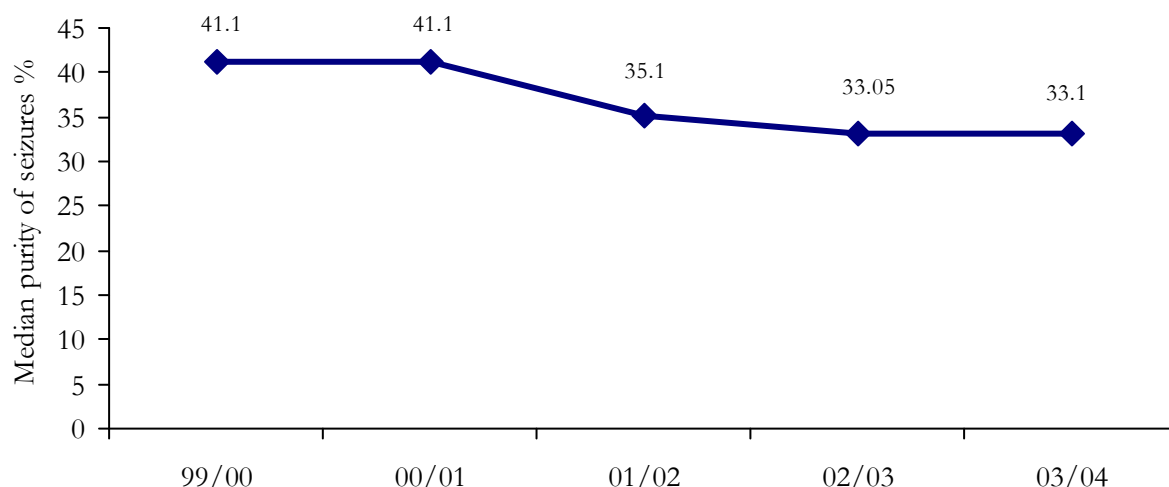
Data provided by the ACC indicate the number of Australian Federal Police (AFP) seizures of phenethylamines (Figure 6). The data show a fluctuating but generally increasing number of seizures. No NT purity figures from forensic agencies were available, as purity data are not analysed in the NT.

Figure 6: Number of phenethylamine seizures 1999/00 to 2003/04



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004)

Figure 7: Median purity of phenethylamine seizures 1990/00 to 2003/04



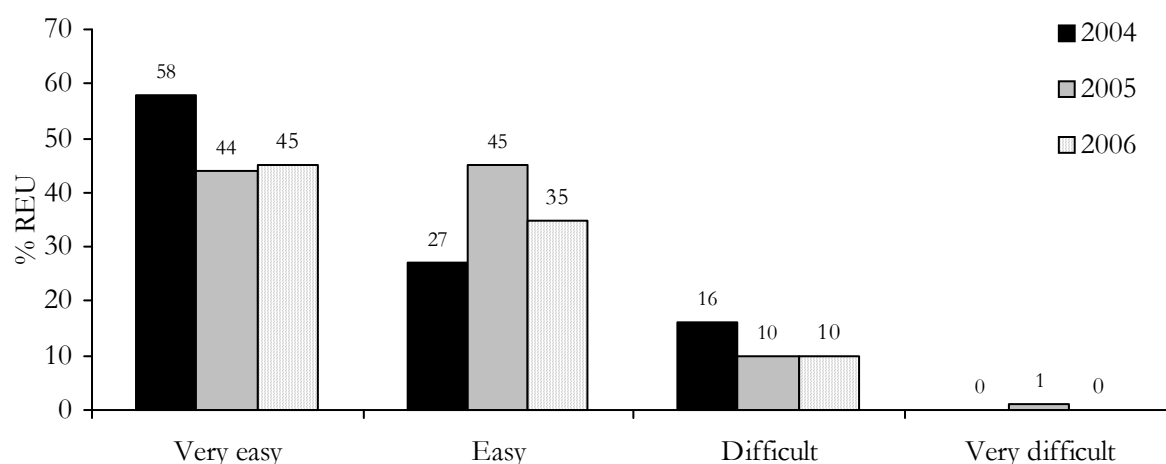
Source: Australian Bureau of Criminal Intelligence (2001,2002), Australian Crime Commission (2003, 2004)

The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity. Figure 7 displays the median purity of seizures of phenethylamine analysed by the Australian Federal Police during the financial years between 1999 and 2004. In the two financial years between 1999 and 2001 the median purity remained consistent at 41%, and since then it has been gradually declining to 33.1% in 2003/04.

4.5 Availability

Most REU rated ecstasy as either 'easy' (35%, Figure 8) or 'very easy' (45%) to obtain.

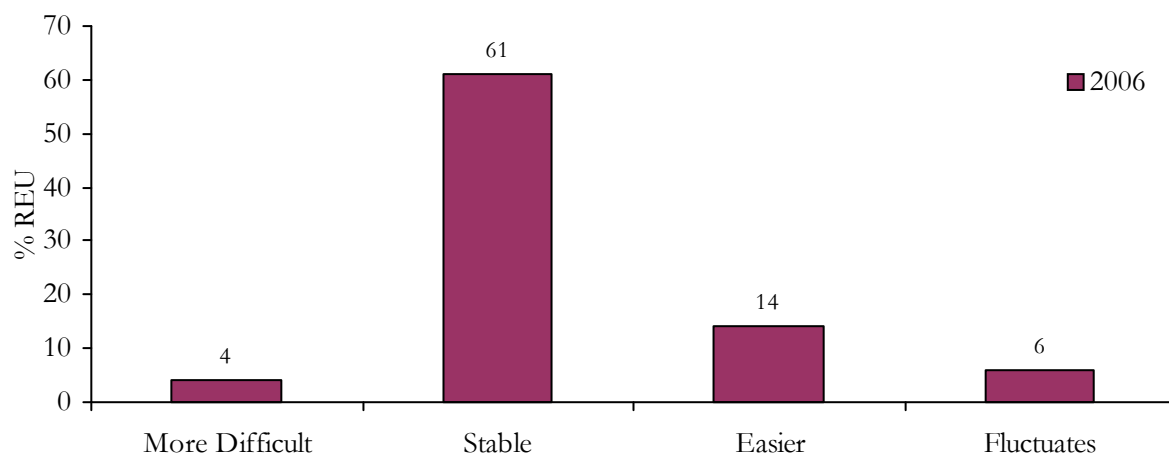
Figure 8: REU reports of current availability of ecstasy, 2004-2006



Source: EDRS REU interviews

Sixty-one percent of respondents reported that ecstasy availability had remained 'stable' in the six months prior to interview (Figure 9), while 14% reported that it had become 'easier' to obtain.

Figure 9: REU reports of change in ecstasy availability in the preceding 6 months, 2006



Source: EDRS REU interviews

All but one KE rated availability as easy (n=6) or very easy (n=7). Six KE reported that ecstasy was currently very easy to obtain, another six thought it was easy, and one thought it was difficult to obtain. Eight KE thought that ecstasy had become easier to obtain in the last six months and 5 rated availability as stable.

Table 9: REU reports of source and location for scoring ecstasy in the preceding 6 months, 2004-2006

	2004 (n= 71)	2005 (n=82)	2006 (n=51)
Persons score from (%)#			
Used not scored	6	2	6
Friends	73	82	78
Dealers	52	48	24
Acquaintances	39	20	22
Work colleagues	16	17	8
Unknown dealer	26	17	8
Locations scored from (%)#			
Used not scored	1	2	6
Friend's home	49	62	59
Nightclub	51	48	45
Dealer's home	30	35	20
At own home	38	32	51
Rave/doof/dance parties	31	13	18
Pub	27	32	29
Agreed public location	35	44	28
Street	9	4	2

Source: EDRS REU interviews

Participants able to give more than one answer

As in 2004 and 2005, REU were most likely to score ecstasy from friends (78%, Table 9). The proportion scoring from dealers, however, decreased markedly from 48% in 2005 to 24% this

year. Consistent with this pattern, REU were most likely to score in a friend's home (59%) or their own home (51%). However, public locations were also prominent scoring locations: nightclubs (45%), pubs (29%) or another agreed public location (28%).

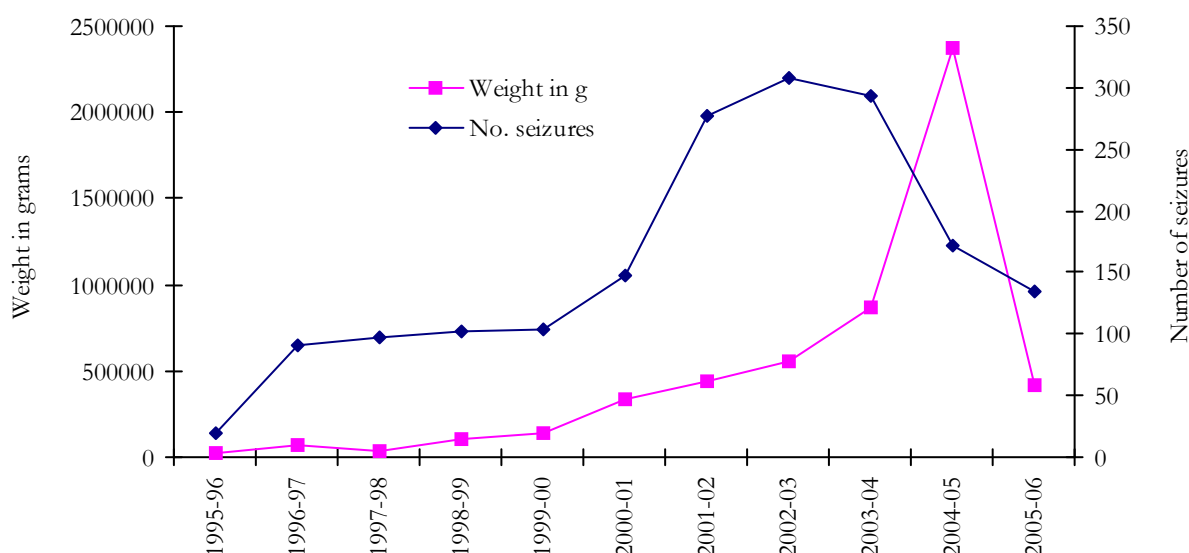
A few KE were able to comment on ecstasy dealers. Comments included: “still a lot of dealing in recreational environments”; “dealers are usually from English speaking backgrounds”, “around 35 years and are user/dealers”; and “some kids getting into dealing”.

4.6 Ecstasy-related harms

4.6.1 Law enforcement

Figure 10 displays the data from the Australian Customs Service and highlights a steep increase from 1999/00 to 2002/03 in the number of seizures and the weight with a subsequent steep decline into 2005/06. (The weight refers to the weight of the seizure and not the weight of the active ingredient MDMA.)

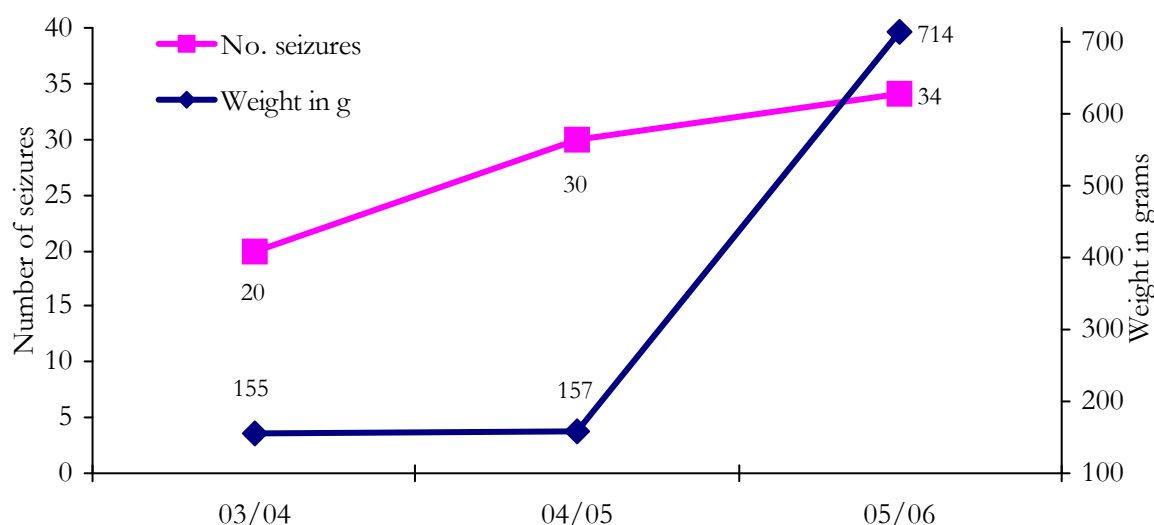
Figure 10: Number and weight in grams of detections of MDMA at the Australian border, 1995/96 to 2005/06



Source: Australian Customs Service

Figure 11 displays the number and weight of ecstasy seizures by NT Police in the NT. (Data are available since financial year 2003/04; previous years data was managed through a paper-based system and is not deemed reliable.) It should be noted that the weight of the seizure is at the point of seizure, it is approximate and it is not forensically tested. The data does not relate to purity and the drug name that the seizure is recorded against is the drug that it is traded as. This also means that the weights include mixtures, not the total weight of pure MDMA.

Figure 11: Number and weight in grams of seizures of ecstasy in the NT, 2003/04-2005/06



Source: NT Police Illicit Drug Seizure database

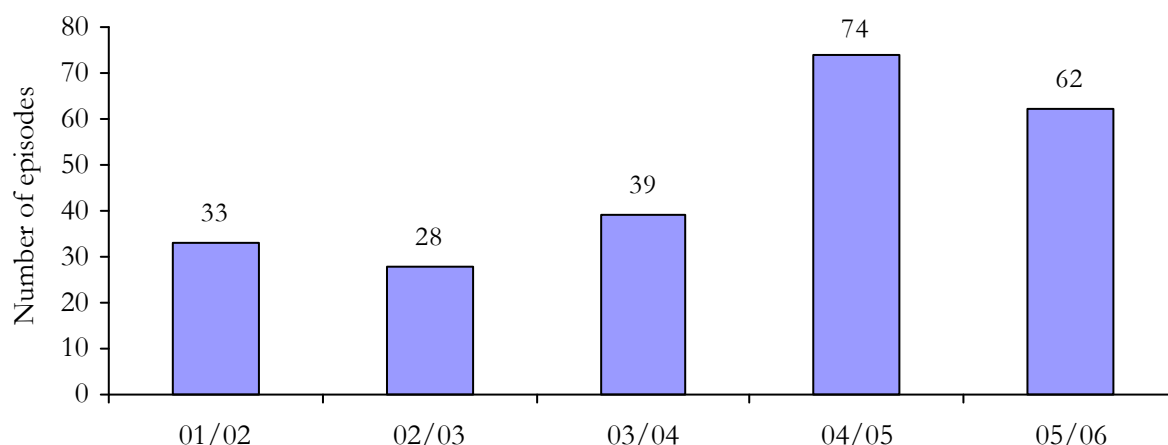
KE comments on ecstasy manufacture and importation

Key experts were largely unable to comment on the manufacture or importations of ecstasy into the NT. The few comments they could make included: “more is coming from interstate”; “ecstasy comes from Hells Angels or Navy”; and there is a higher involvement of Australian Defence Force staff which is a direct result of involvement in Iraq.

4.6.2 Health

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, and has only received one call regarding ecstasy up to June 2003. In the 2003/04 financial year ADIS received three calls that were ecstasy-related and five calls in 2004/05. However, it is noted that more than one drug may be recorded per call and the drug involved is not always present in the dataset so may not be recorded.

Figure 12: Number of closed episodes of treatment in Northern Territory alcohol and other drug treatment services with ecstasy as the principal or other drug of concern, 2001/02-2005/06.



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

Figure 12 displays the number of episodes of treatment in all Northern Territory alcohol and other drug treatment services where ecstasy was mentioned as either the principal or other drug of concern. The number of people presenting to treatment in 2005/06 was 62, a slight drop on the 74 in 2004/05 but an increase over the period shown.

4.7 Benefit and risk perception

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

4.7.1 Perceived benefits

Respondents were asked to identify any three benefits they perceived to be related to their ecstasy use. The most common benefits reported by the sample were enhanced mood (44%, Table 10), enhanced communication/talkativeness/more social (38%) and fun (33%). More REU this year (21%) reported that a benefit of ecstasy is that it has different effects to alcohol while less reported enhanced sexual experience as a benefit (13%). Six percent of REU believed there were no benefits associated with taking ecstasy.

Table 10: Perceived benefits of ecstasy use among those who commented, 2004-2006

Benefit	2004 (n=65)	2005 (n=70)	2006 (n=48)
Enhanced closeness/bonding/empathy with others	20	21	21
Enhanced communication/talkativeness/more social	28	37	38
Enhanced mood	39	23	44
The high/rush/buzz	29	20	17
Increased energy/stay awake	25	20	23
Enhanced appreciation of music and/or dance	23	11	25
Fun	32	53	33
Increased confidence/decreased inhibitions	15	13	19
Relax/escape/release	23	17	15
Drug effects	6	3	4
Different effects to alcohol	11	10	21
Enhanced sexual experience	12	31	13
Feeling in control/focused	5	6	0
Cheap	3	4	6

Source: EDRS REU interviews

4.7.2 Perceived risks

Respondents were asked to identify any three risks they perceived to be related to their ecstasy use and the range of risks reported are shown in Table 11. The most commonly reported risk was dehydration (33%) followed by unknown drug contaminants/cutting agents (20%) and unknown long-term harm (20%). The proportion perceiving dehydration as a risk has increased in the last two years, while that perceiving fatal (16%) or non-fatal (4%) overdose as a risk has declined. Twelve percent of REU believed there were no risks associated with taking ecstasy.

Table 11: Perceived risks of ecstasy use among those who commented, 2004-2006

Risk	2004 (n=63)	2005 (n=70)	2006 (n=45)
Addiction/dependence	11	10	11
Depression	19	13	16
Anxiety/panic	2	3	7
Paranoia	6	17	7
Psychosis	2	9	11
Lack of motivation	6	4	0
Memory impairment	8	4	9
Damage to brain function	18	20	16
Cognitive impairment	3	1	4
General acute physical problem	11	4	11
Dehydration	13	23	33
Overhydration	5	3	4
Body temperature regulation	11	4	9
Longterm physical problem	11	9	7
Nonfatal overdose (OD)	21	11	4
Fatal OD	21	36	16
Accidents	2	1	0
Unknown drug strength/purity	10	6	4
Unknown drug contaminants/cutting agents	27	23	20
Impaired decisionmaking	10	1	7
Increased vulnerability	3	6	4
Driving risk	0	4	0
Sex risk	3	0	2
Aggression/violent behaviour	2	3	0
Taking more drug than intended	2	3	2
Legal/police problems	10	14	11
Financial problems	6	3	9
Social/relationship problems	0	6	2
Employment problems	2	3	2
Unknown longterm harm	5	1	20
Lack of knowledge	0	6	4

Source: EDRS REU interviews

4.8 Summary of ecstasy trends

- ❖ This year's sample of regular ecstasy users started to use ecstasy at a median of 18 years and began using it regularly when they were 21.
- ❖ Patterns of regular use show some changes compared to 2005: the proportion using ecstasy weekly or more declined from 52% to 33%; the quantity usually used in a session increased from 1 tablet to 2; and the proportion reporting ecstasy as their preferred drug dropped from 61% to 37%.
- ❖ Consistent with previous years, most of the sample used other drugs with ecstasy (98%) and whilst coming down from ecstasy (84%).
- ❖ Cannabis, alcohol and tobacco were the main other drugs used with and while coming down from ecstasy with the majority of REU since 2004 drinking alcohol at hazardous levels in these circumstances.
- ❖ Over the last three years routes of administering ecstasy have remained stable with swallowing continuing to be the most popular method (96% this year), followed by snorting (49%) and injecting (12%).
- ❖ In 2004 nightclubs were the most popular usual and last ecstasy use venue, and this pattern continues in 2006.
- ❖ The price of ecstasy has been stable for the last three years at \$50 per tablet.
- ❖ Regular ecstasy users, as in prior years, rated ecstasy as 'easy' (35%) or 'very easy' (45%) to obtain.
- ❖ In 2006 REU purchased, on average, four tablets from three sources, buying for themselves and others, between 7 and 24 times in the past six months.
- ❖ Ecstasy was usually scored from friends (78%) at a friend's home (59%).
- ❖ Ninety-four percent of REU perceived at least one benefit in the use of ecstasy, mainly enhanced mood (44%) and enhanced communication (38%). A larger proportion this year (21%) than in 2004 or 2005 perceive ecstasy having a different effect to alcohol as a benefit.
- ❖ Eighty-eight percent of REU perceived risks in the use of ecstasy, mainly dehydration (33%), unknown drug contaminants or cutting agents (20%) and unknown long-term harm (20%).

5.0 METHAMPHETAMINE

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

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

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

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

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

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

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine powder (speed)

Table 12: Patterns of methamphetamine powder (speed) use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	83	90	88
Mean aged first used (range)	18 (9-28)	20 (11-45)	19 (14-40)
Used last 6 months (%)	72	73	59
(Of recent users)	(n=51)	(n=60)	(n=30)
Median days used last 6 months (range)	6 (1-165)	6 (1-180)	4 (1-48)
Use weekly or more (%)	25	27	7
Median quantities used	(grams)	(grams)	(grams)
Typical (range)	0.5 (0.2-4)	1 (0.25-3)	1 (0.25-1)
Heavy (range)	1 (0.25-5)	1 (0.25-12)	1 (0.25- 4)
Usually use more than 'typical' amount (%)	27	8	0
Recently binged with^ (%)	53	41	43

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Eighty-eight percent (Table 12) of the REU sample had used speed in their lifetime, a similar proportion to that found in previous years, starting at a mean age of 19. The proportion of

recent users (59%) declined from 2004 (72%) and 2005 (73%), as did the frequency of use (4 days in last six months) and the proportion that had used speed weekly or more (7%).

As in 2005, REU reported using one gram of speed in both typical and heavy sessions. The maximums in each case have, however, declined from 3 grams to 1 for a typical session and from 12 grams to 4 for a heavy session. No REU reported using more than one gram in a typical session. Forty-three percent of the sample reported recent bingeing with speed, comparable to 2005.

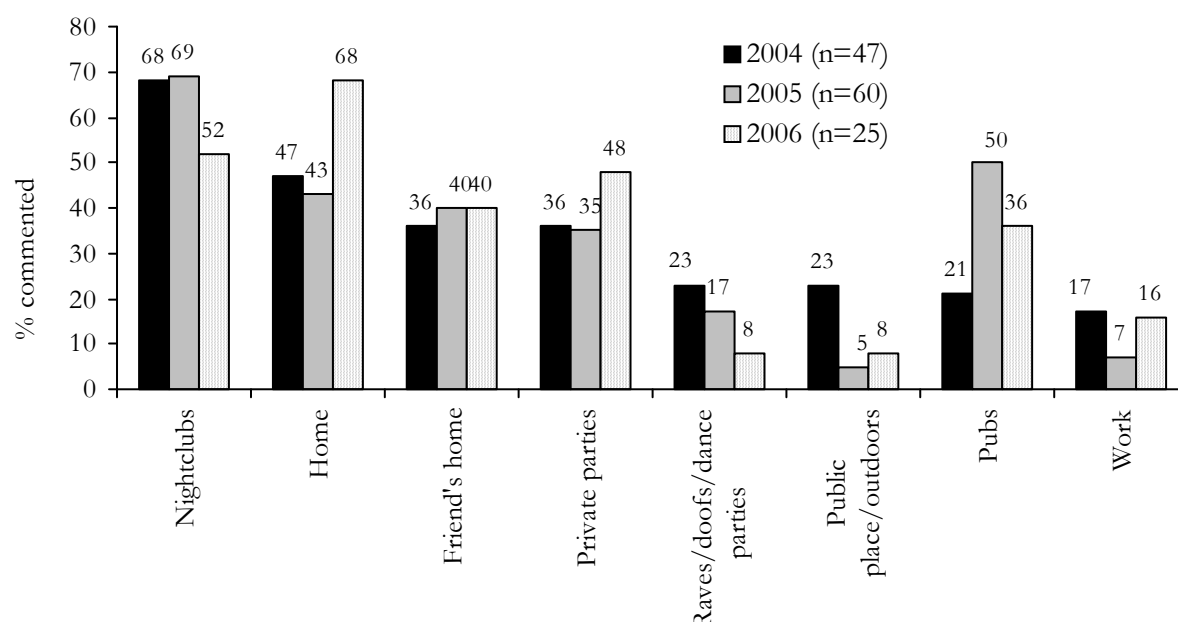
Recent ecstasy users mostly swallowed speed in the six months before interview (73%, Table 13), with 60% snorting and 33% injecting. The proportion injecting is stable from 2005 while the proportions swallowing and snorting increased.

Table 13: Route of administration of speed by recent users, 2004-2006

	2004 (n=51)	2005 (n=60)	2006 (n=30)
Route of administration last 6 months (%)			
Injected	14	35	33
Swallowed	78	65	73
Snorted	75	50	60
Smoked	20	13	13
Shelve/shaft	0	2	0

Source: EDRS REU interviews

Figure 13: Usual location of speed use, 2004-2006

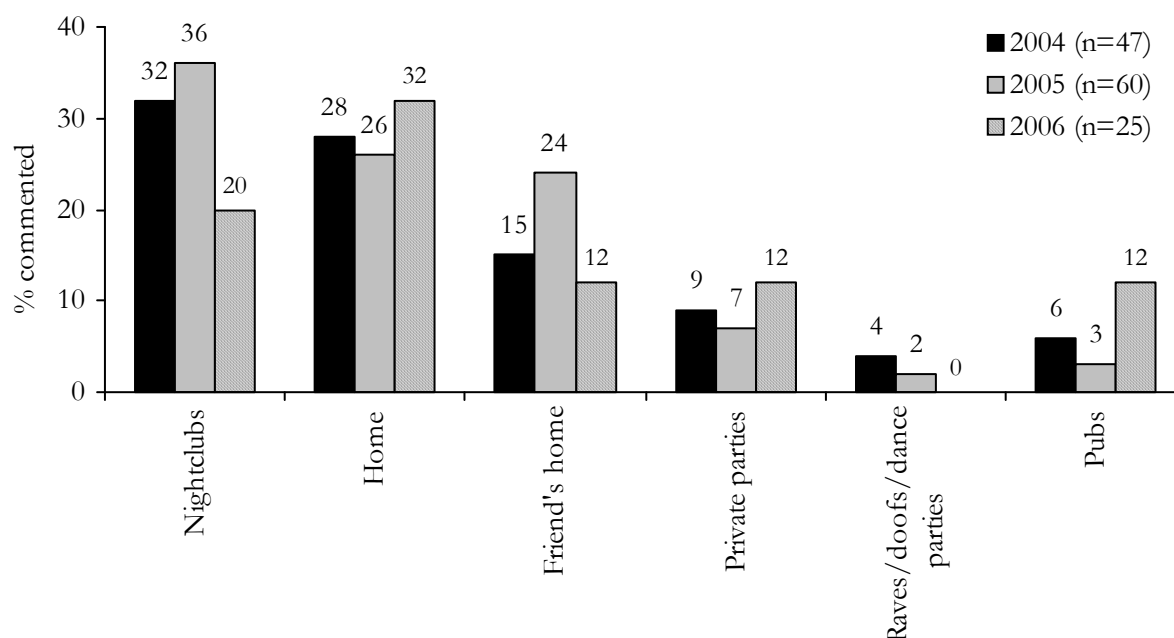


Source: EDRS REU interviews

Twenty-five REU were able to comment in 2005 regarding their usual and last speed use venue. The most common usual use venues were at home (68%, Figure 13), nightclubs (52%), private parties (35%), and a friend's home (40%). Compared to 2005, this year's pattern of usual speed use locations suggests a move away from public venues – pubs and nightclubs – and towards

private venues – own home and private parties. The pattern of most recent speed use locations (Figure 14) is similar, although pubs, at 12%, feature more prominently.

Figure 14: Location of most recent speed use, 2004-2006



Source: EDRS REU interviews

5.1.2 Methamphetamine base

The proportion of REU reporting recent base use has declined over the two years since 2004 from 45% to 18% this year (Table 14), and the median days of recent use has decreased from 6 in 2005 to 3 this year.

Recent base users in all samples since 2004 have reported typically using a median of 1 point of base in a usual session and 1 point in a heavy session. Maximum amounts in each type of session have, however, declined since last year: from 7 points to 2.5 points for a typical session and from 10 points to 2 points for a heavy session.

Twenty-nine percent (21%) of this year's recent base users noted that they would usually use more than the median typical quantity, an increase on both 2004 and 2005. One-fifth of recent base users (22%) stated that they had included base in a recent binge.

Table 14: Patterns of methamphetamine base use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	59	36	53
Mean aged first used (range)	20 (14-35)	20 (14-40)	22 (15-45)
Used last 6 months (%)	45	29	18
(Of recent users)	(n=32)	(n=24)	(n=9)
Median days used last 6 months (range)	3 (1-180)	6 (1-90)	2 (1-36)
Use weekly or more (%)	25	17	11
Median quantities used	(points)	(points)	(points)
Typical (range)	1 (0.1-2.5)	1 (0.5-7)	1 (0.6-2.5)
Heavy (range)	1 (0.1-10)	1 (0.5-10)	1 (1-2)
Usually use more than 'typical' amount (%)	16	21	29
Recently binged with^ (%)	22	33	22

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Of the REU reporting recent base use 78% had swallowed, 33% injected and 22% snorted.

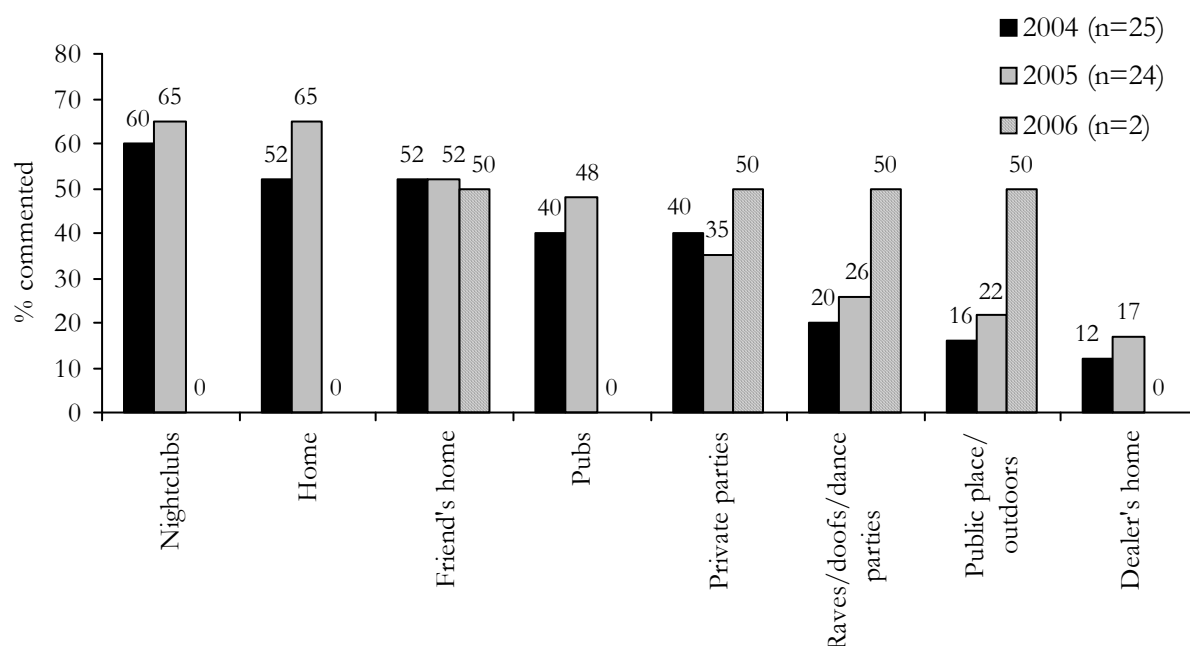
Table 15: Route of administration of base by recent users, 2004-2006

	2004 (n=32)	2005 (n=24)	2006 (n=9)
Route of administration last 6 months (%)			
Injected	22	54	33
Swallowed	94	58	78
Snorted	34	29	22
Smoked	9	17	0
Shelve/shaft	0	0	0

Source: EDRS REU interviews

This year only two recent base users commented on their usual and recent use locations and this data is presented without comment (Figure 15). In 2005 the most common usual use venues included nightclubs (65%), home (65%), friend's home (52%), pubs (48%) and private parties (35%).

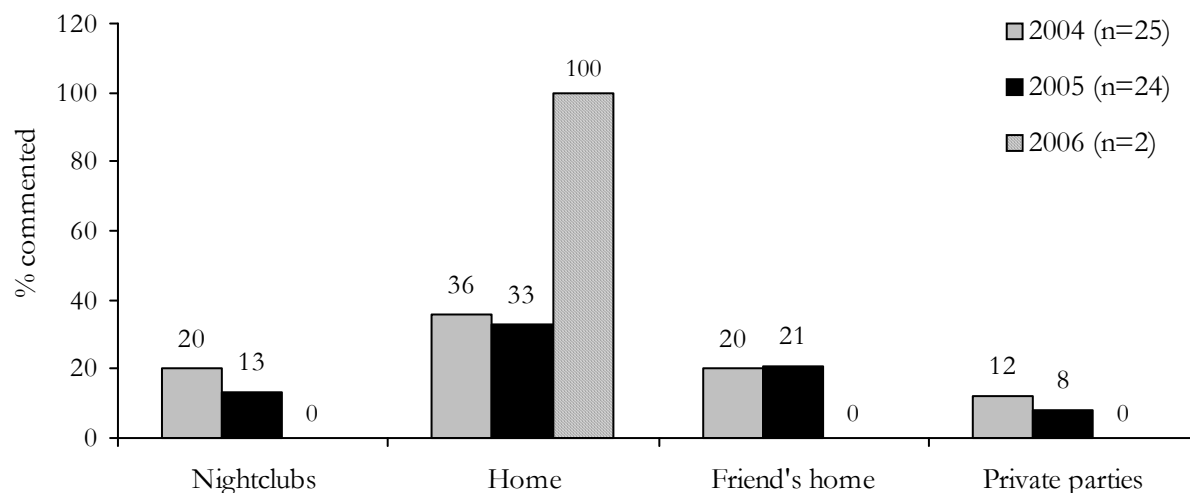
Figure 15: Usual location of base use, 2004-2006



Source: EDRS REU interviews

The most common venue for last using base in 2005 was at home (33%, Figure 16), followed by a friend's home (21%) and a nightclub (13%). These figures are similar to 2004, although nightclubs have decreased in popularity.

Figure 16: Location of most recent base use, 2004-2006



Source: EDRS REU interviews

5.1.3 Crystal methamphetamine

The proportion of REU reporting ever having used crystal methamphetamine has decreased over the past two years from 58% in 2004 to 49% this year (Table 16). The mean age for first using crystal has increased from 20 in 2005 to 26 this year. Twenty-six percent (Table 16) of REU reported recent crystal use this year, a small decrease on the proportions found in 2004 and 2005. Median days of recent use has also declined from 4 in 2005 to 2 this year and, unlike previous years, no one reported using crystal weekly or more.

Median use quantities have increased this year compared to 2005 from 1 point to 2 points for a typical session and from 1.5 points to 2 points for a heavy session. The proportion of recent crystal users who usually use more than 1 point in a typical session almost doubled to 45% and the proportion reporting a recent binge on crystal increased from 19% in 2005 to 23% this year.

Table 16: Patterns of crystal methamphetamine use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	58	52	49
Mean aged first used (range)	20 (15-38)	20 (14-40)	26 (16-14)
Used last 6 months (%)	35	32	26
(Of recent users)	(n=25)	(n=26)	(n=13)
Median days used last 6 months (range)	3 (1-60)	4 (1-90)	2 (1-5)
Use weekly or more (%)	12	8	0
Median quantities used	(points)	(points)	(points)
Typical (range)	1 (0.5-4)	1 (0.25-5)	2 (0.25-5)
Heavy (range)	2 (0.5-5)	1.5 (0.5-6)	2 (0.25-5)
Usually use more than 'typical' amount (%)	28	23	45
Recently binged with^ (%)	20	19	23

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Table 17: Route of administration of crystal by recent users, 2004-2006

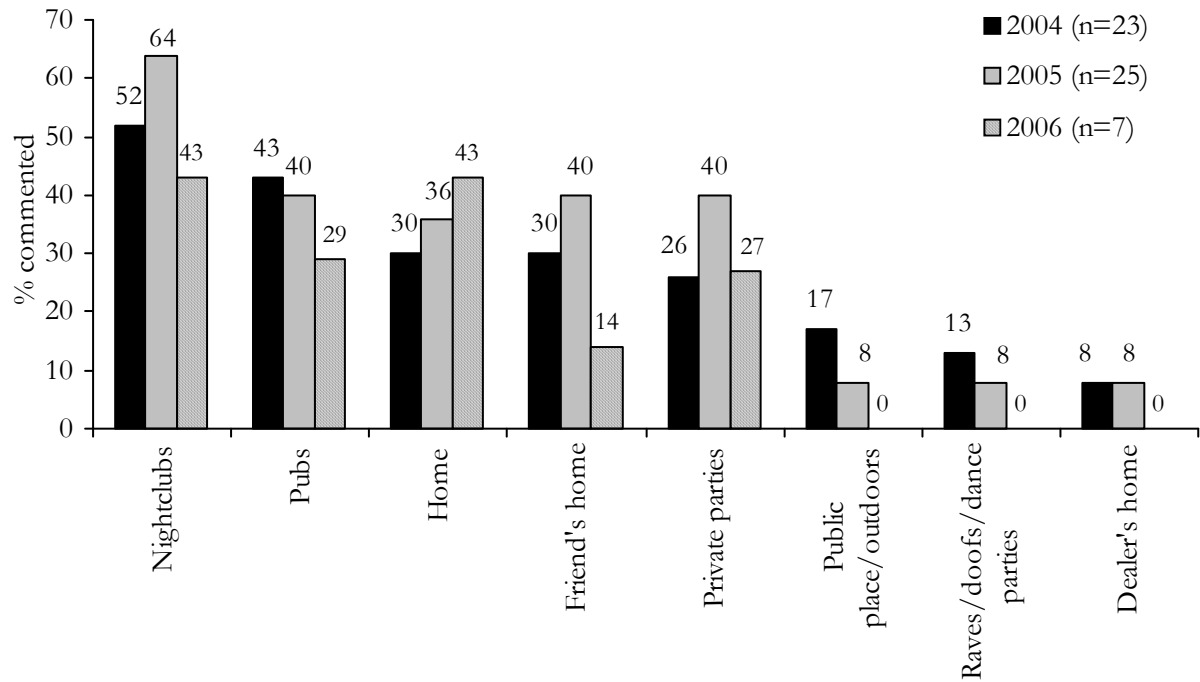
	2004 (n=25)	2005 (n=26)	2006 (n=13)
Route of administration last 6 months (%)			
Injected	24	35	54
Swallowed	64	46	23
Snorted	28	23	8
Smoked	32	42	54
Shelve/shaft	0	0	0

Source: EDRS REU interviews

This year substantially larger proportions of recent crystal users reported injecting (54%, Table 17) and smoking (54%) as routes of administration while the proportions swallowing (23%) and snorting (8%) have declined. Some caution should be used interpreting this result given that the number of REU able to report route of administration is smaller than previous years.

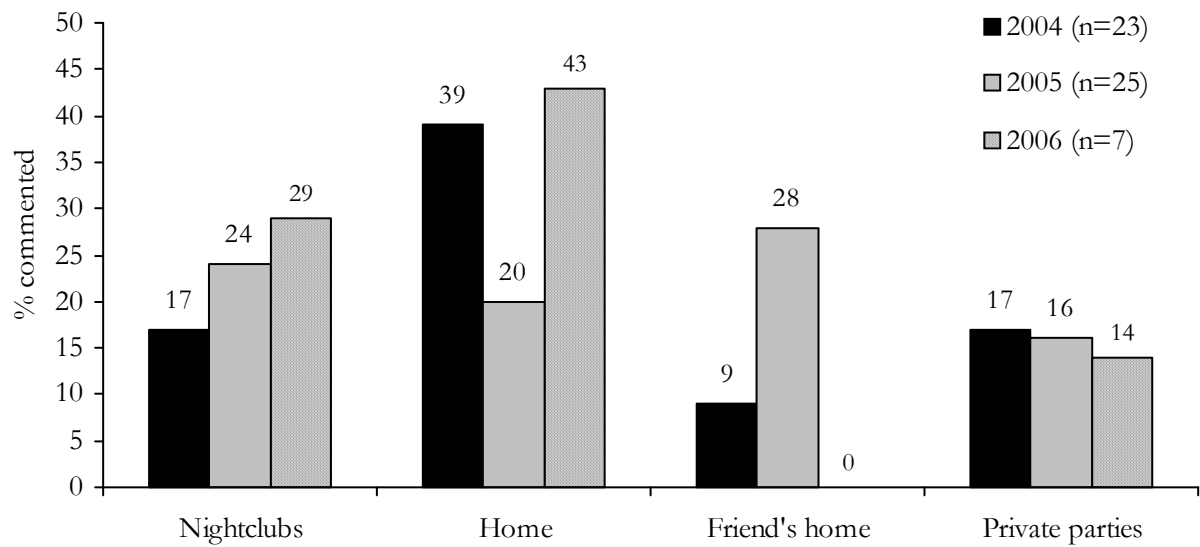
Seven REU were able to comment regarding their usual and last crystal use venue. The most common usual use venues were nightclubs (43%) and home (43%). The same locations were the most common last use venues this year as well, 29% and 43% respectively.

Figure 17: Usual location of crystal use, 2004-2006



Source: EDRS REU interviews

Figure 18: Location of most recent crystal use, 2004-2006



Source: EDRS REU interviews

5.1.4 Pharmaceutical stimulants

This year an increased proportion of the sample (51% vs. 46%) reported having ever used pharmaceutical stimulants compared to last year (Table 18). The mean age of initiation for pharmaceutical stimulant use had also increased from 19 years to 23. Twenty-four percent of the sample, compared to 32% in 2005, reported having recently used pharmaceutical stimulants for a median of 3 days (compared to 6 days in 2005) and no respondents reported using weekly or more.

Median quantities of pharmaceutical stimulants used in typical and heavy sessions by recent users increased this year on 2005: from 4 tablets to 5 for typical sessions and 4 tablets to 7 for heavy sessions. Eighteen percent of recent pharmaceutical stimulant users reported using more than 5 tablets in a typical session, also a reduction on 2005 (36%). No REU reported a recent binge on pharmaceutical stimulants, a substantial reduction on the 27% found in 2005.

Table 18: Patterns of pharmaceutical stimulant use of REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	41	46	51
Mean aged first used (range)	18 (7-30)	19 (5-45)	23 (15-40)
Used last 6 months (%)	14	32	24
(Of recent users)	(n=10)	(n=11)	(n=12)
Median days used last 6 months (range)	2.5(1-70)	6 (1-50)	3 (1-7)
Use weekly or more (%)	10	36	0
Median quantities used (tabs)			
Typical (range)	10 (1-50)	4 (1-50)	5 (1-10)
Heavy (range)	12 (1-70)	4 (1-50)	7 (2-20)
Usually use more than 'typical' amount (%)	20	36	18
Recently binged with^ (%)	DNC*	27	0

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

* DNC—data not collected

As in 2004 and 2005, the most common route of administration by recent users was swallowing (90%, Table 19), followed by injecting (17%). No recent user reported smoking or shelling/shafting as a route of administration.

Table 19: Route of administration of pharmaceutical stimulant by recent users, 2004-2006

	2004 (n=10)	2005 (n=11)	2006 (n=12)
Route of administration last 6 months (%)			
Injected	20	27	17
Swallowed	90	73	92
Snorted	40	0	8
Smoked	10	0	0
Shelve/shaft	0	0	0

Source: EDRS REU interviews

No data was collected in the 2005 survey regarding pharmaceutical stimulant usual and last use venues.

5.2 Price

Compared to previous years smaller numbers of REU were able to comment on methamphetamine prices (Table 20) and so caution should be used in some instances.

Twelve REU reported paying a median of \$123 (Table 20) for a gram of speed, a decrease on the \$200 found in 2005. The 'last price paid' for a gram of speed, however, at \$80, is similar to that found in 2005. The point price of speed, however, at \$50, is unchanged from 2004 and 2005.

Table 20: Price of various methamphetamine forms purchased by REU, 2004-2006

Median price (\$)	2004	2005	2006
Speed			
Gram	(n=25) 100 (50-700)	(n=36) 200 (30-400)	(n=12) 123 (50-350)
Last price per gram	(n=18) 50 (50-700)	(n=26) 90 (25-300)	(n=8) 80 (25-350)
Point	(n=14) 50 (30-80)	(n=20) 50 (20-50)	(n=11) 50 (35-60)
Base			
Point	(n=14) 50 (15-80)	(n=16) 75 (40-400)	(n=2) 80 (60-100)
Last price per point	(n=12) 50 (15-80)	(n=16) 75 (30-400)	(n=1) 100 (100)
Gram	(n=5) 300 (200-350)	(n=8) 300 (250-400)	(n=1) 800 (800)*
Crystal			
Point	(n=14) 50 (35-100)	(n=17) 80 (40-400)	(n=5) 80 (50-150)
Last price per point	(n=11) 50 (25-75)	(n=15) 80 (40-100)	(n=5) 50 (50-150)
Gram	(n=3) 350 (300-1000)	(n=3) 300 (300-400)	(n=2) 750 (300-1200)

Source: EDRS REU interviews

* 3.5 grams

One base user reported a recent purchase of \$800 (Table 20) for a gram and two reported an average of \$80 for a point.

Five REU who recently purchased crystal reported a median price of \$80 (Table 20) for a point, identical to the price reported in 2005.

The ACC reported the price of amphetamines in the NT in 2003/04 and 2004/05 to be \$50 for one street deal (0.1 grams or 1 point). Other weight prices included: gram \$250-\$350 in 2003/04 down to \$80-\$100 in 2004/05 and \$650-\$750 per 8-ball (3.5 grams or 1/8 ounce) in 2003/04, but down to \$250-\$250 in 2004/05.

Of the 29 REU able to comment on recent speed powder price movements, 35% (Table 21) reported that prices had been stable and 15% that it had increased. Three out of the 4 REU able to comment on base prices reported that they had been stable and 3 out of 10 REU reported that crystal prices had also been stable. As was the case in 2005, substantial proportions of the recent users of each type of methamphetamine did not know about recent price movements.

Table 21: Methamphetamine price movements in the last 6 months*, REU, 2006

	Speed (n=29)	Base (n=4)	Crystal (n=10)
Price change			
Increased	21 (15)	0 (12)	0 (3)
Stable	35 (54)	75 (64)	30 (38)
Decreased	4 (5)	0 (4)	10 (3)
Fluctuated	4 (6)	0 (4)	0 (7)
Don't know	38 (20)	25 (16)	60 (48)

Source: EDRS REU interviews

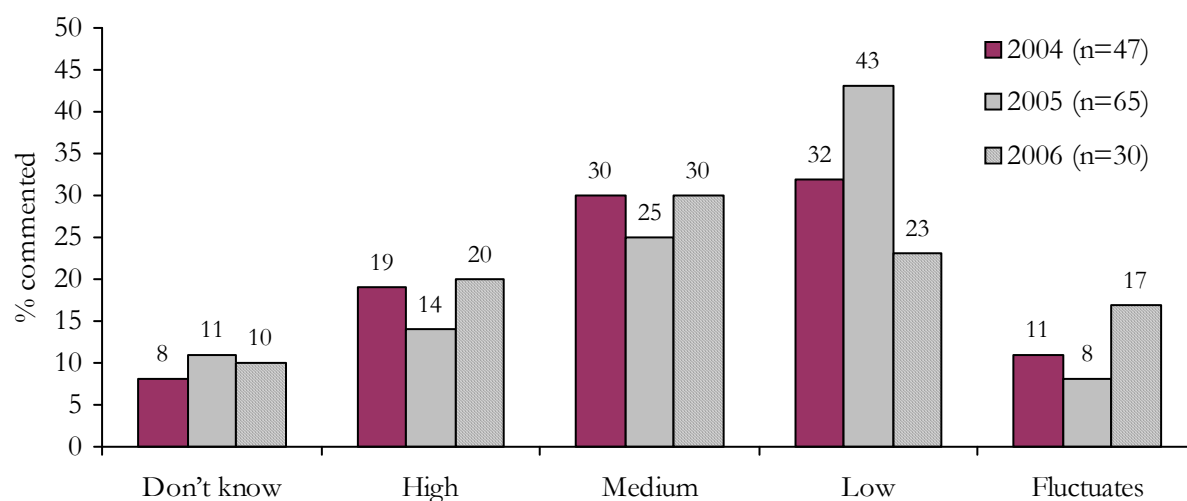
* % of those that responded

2005 data in brackets ()

5.3 Purity

Recent speed users were more likely to rate its purity as medium (30%, Figure 19) than was the case in 2005 (25%) and less likely to rate it as low (23% to 43% in 2005). The proportion reporting that speed purity had fluctuated doubled, from 8% in 2005 to 17% this year.

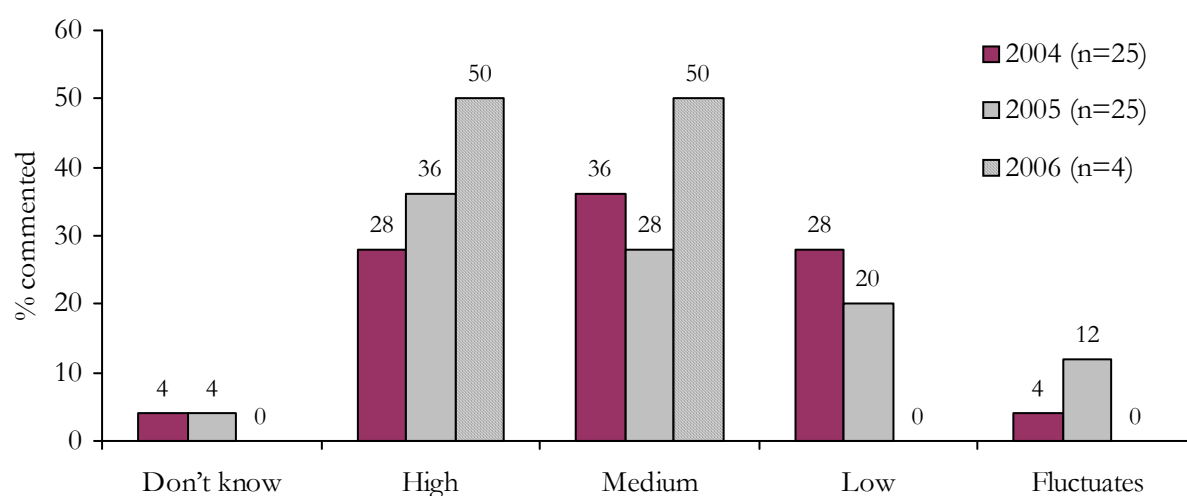
Figure 19: REU reports of current purity of speed, % commented, 2004-2006



Source: EDRS REU interviews

Of the four people willing to comment on the purity of base, 2 rated it as high (Figure 20) and 2 as low. In 2005 base demonstrated a shift away from medium (36% to 28%) and low (28% to 20%) purity with an increase in proportions nominating the purity as high (28% to 36%).

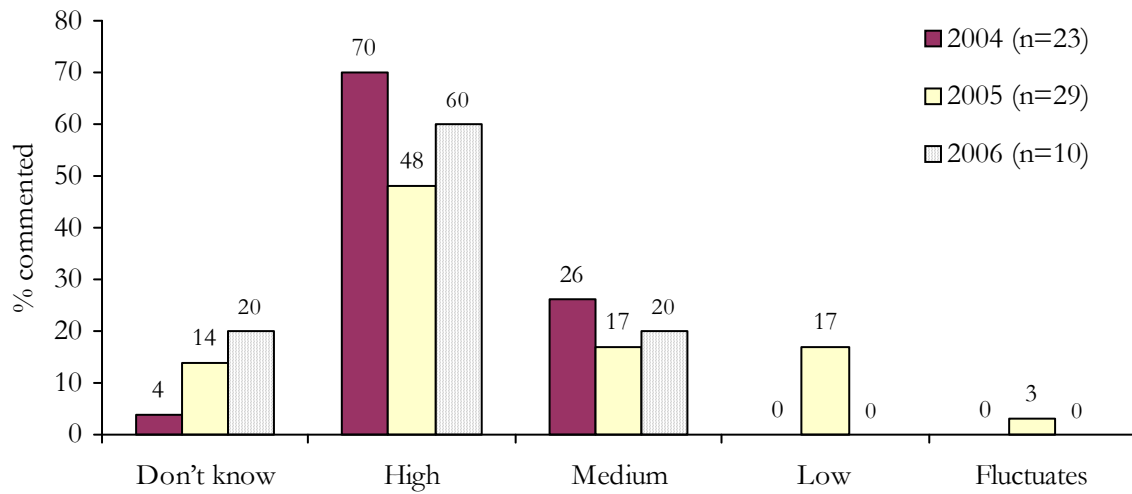
Figure 20: REU reports of current purity of base, % commented, 2004-2006



Source: EDRS REU interviews

Sixty percent of those able to comment rated crystal purity as high (Figure 21), consistent with ratings from previous years.

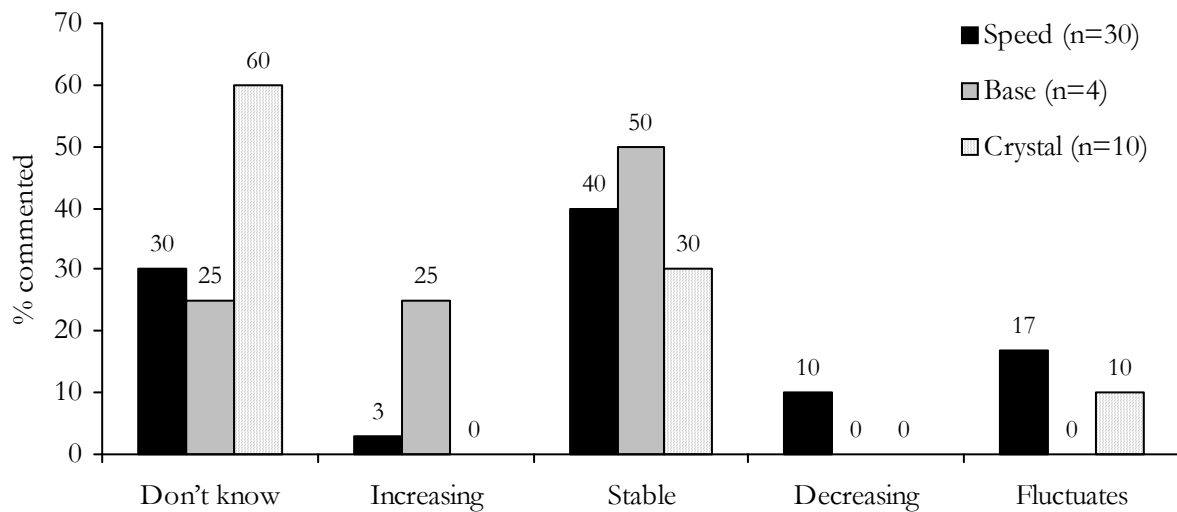
Figure 21: REU reports of current purity of crystal, % commented, 2004-2006



Source: EDRS REU interviews

Forty percent (Figure 22) of recent speed users reported that the recent purity of speed had been stable, as did 50% of recent base users. Crystal users mainly reported that they did not know about recent purity changes (60%) although 30% reported that it had been stable.

Figure 22: Change in purity of speed, base and crystal in past 6 months, % commented, 2006

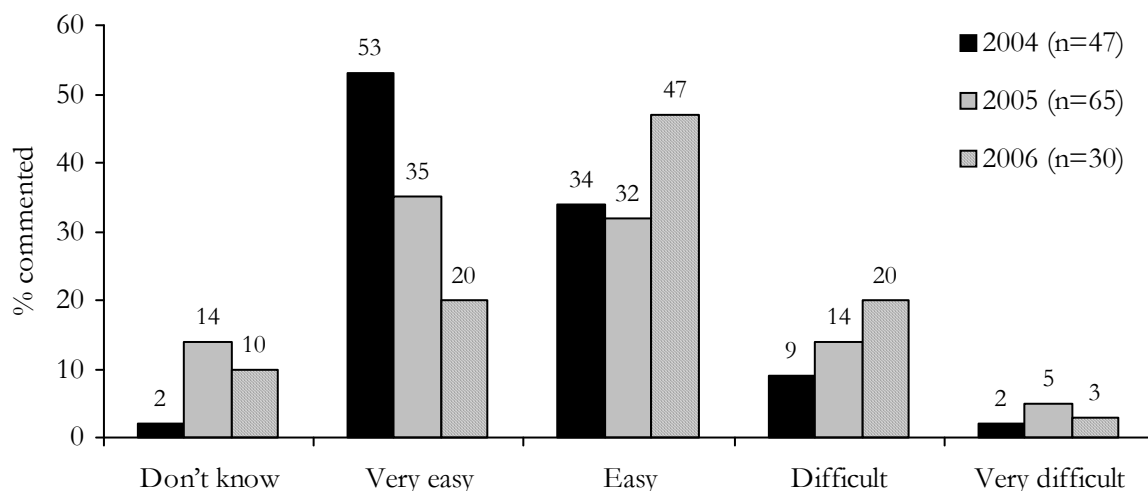


Source: EDRS REU interviews

5.4 Availability

Forty-seven percent of recent speed users rated it as easy to obtain (Figure 23) with equal proportions rating it as very easy or difficult to obtain (20% in each case). The proportions rating speed as easy to obtain have declined steadily since 2004 while the proportions rating it as difficult to obtain have increased, suggesting that this group has progressively found speed somewhat more difficult to obtain.

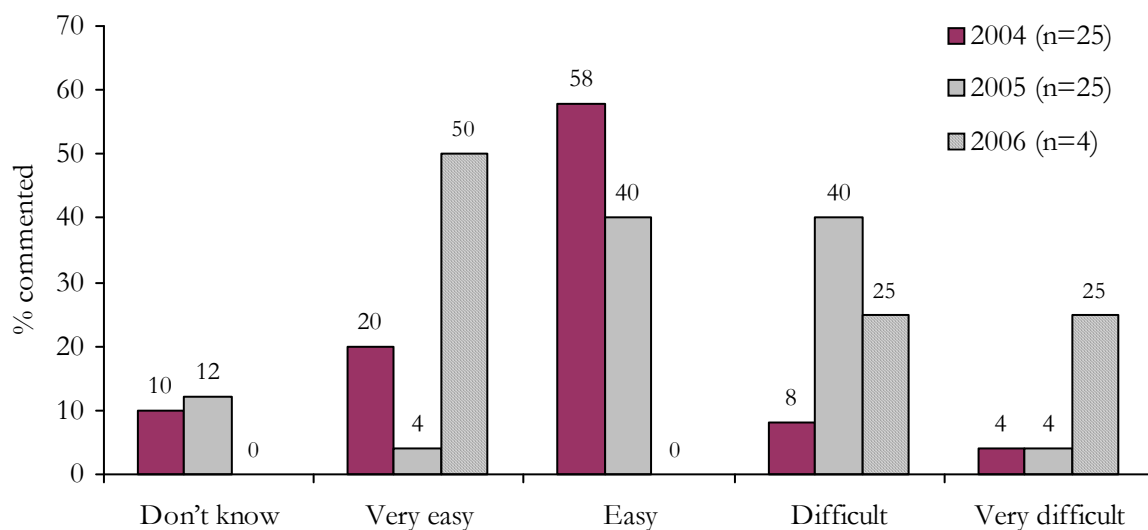
Figure 23: REU reports of current availability of speed, 2004-2006



Source: EDRS REU interviews

In 2004 the majority of those who commented found base easy to obtain (58%, Figure 24), and in 2005 equal proportions found it easy or difficult (both 40%) to score. The proportion finding base difficult to obtain increased from 8% in 2004 to 40% in 2005 with a consequent decrease in those finding it very easy (20% to 4%) and easy (56% to 40%) to obtain. The small number of 2006 respondents able to comment make this year's results inconclusive.

Figure 24: REU reports of current availability of base, 2004-2006

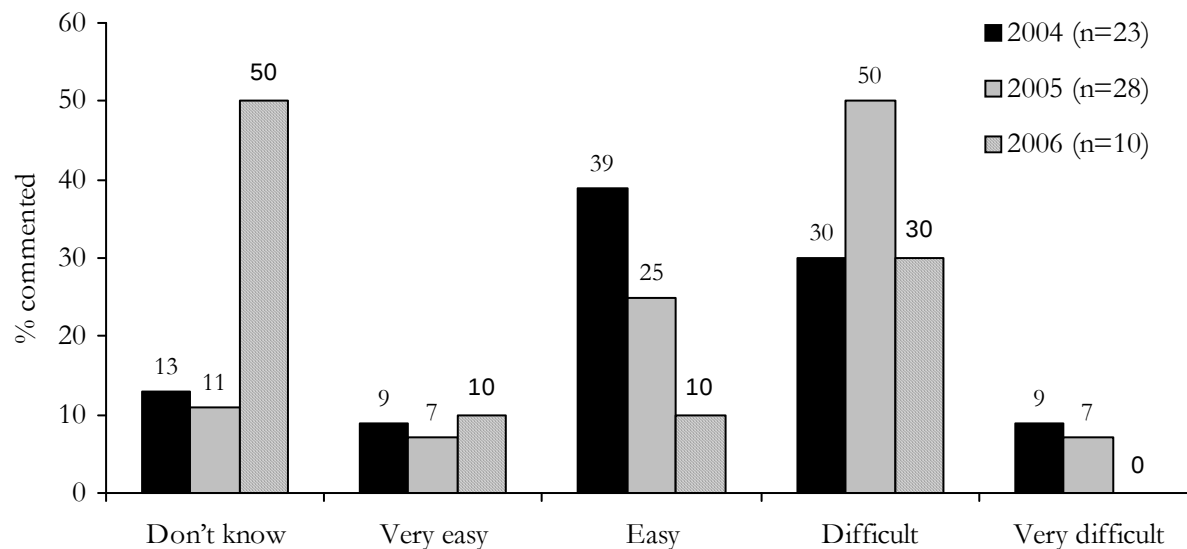


Source: EDRS REU interviews

As was the case with reports of purity, a large proportion (50%, Figure 25) of this year's recent crystal users did not know about current availability, although 30% rated it as difficult. In 2004

the largest proportion of respondents described crystal as easy (39%) to obtain, followed by difficult (30%, Figure 25), while in 2005 the opposite was the case with the largest proportion finding crystal difficult (50%) to score followed by easy (25%).

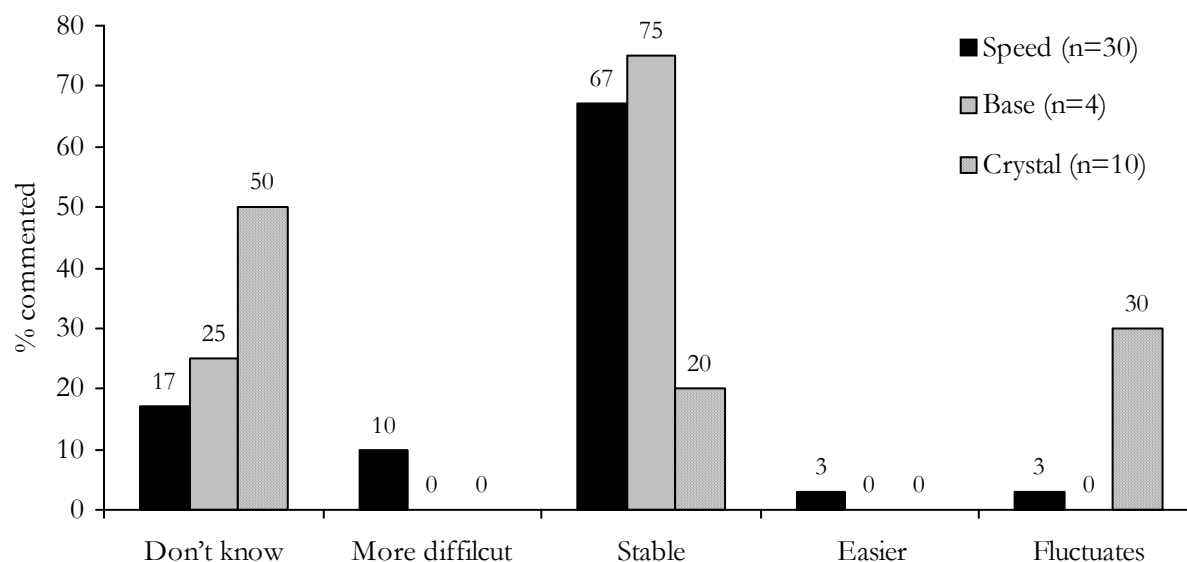
Figure 25: REU reports of current availability of crystal, 2004-2006



Source: EDRS REU interviews

With the exception of crystal, where half the respondents did not know about availability changes (Figure 26), REU generally reported that recent methamphetamine availability had been stable.

Figure 26: REU reports of change in availability of speed, base and crystal in the last 6 months, 2006



Source: EDRS REU interviews

As was the case in 2005, this year most people scored speed from friends (82%, Table 22) or known dealers (41%), and the most common score locations being friend's home (65%), own home (53%) and dealer's home (24%).

In 2005 twenty-four people were able to comment regarding base. With score patterns similar to speed, most people scored base from friends (75%), known dealers (38%) and then acquaintances and workmates (both 13%). The most common score locations were friend's home (58%), dealer's home (42%), agreed public location (29%) and own home (25%). This year only 2 REU provided comment.

In 2005, twenty-five people were able to comment regarding crystal. As with all other forms of methamphetamine, most people scored crystal from friends (64%), known dealers (36%) and acquaintances (13%), and did their scoring from a friend's home (39%), own home and agreed public location (both 26%), and a dealer's home (22%). This year only 4 REU provided comment.

Table 22: REU reports of source and locations for scoring various methamphetamines in the last 6 months, % commented 2004-2006

	Methamphetamine								
	Speed			Base			Crystal		
	2004 (n=41)	2005 (n=59)	2006 (n=17)	2004 (n=23)	2005 (n=24)	2006 (n=2)	2004 (n=23)	2005 (n=25)	2006 (n=4)
Source scored from									
Friends	74	64	82	57	75	0	74	36	25
Known dealers	60	44	41	78	38	50	42	28	50
Workmates	10	4	6	9	13	0	5	8	0
Acquaintances	14	7	18	17	13	0	16	4	25
Unknown dealers	10	10	12	4	4	50	5	4	25
Locations scored									
Home	27	24	53	35	25	50	32	20	50
Dealer's home	33	37	24	35	42	50	26	16	25
Friend's home	50	58	65	39	58	0	47	32	25
Raves/dance parties	12	9	12	13	8	0	16	4	0
Nightclubs	29	24	18	26	21	0	11	4	0
Pubs	14	14	18	26	17	0	11	8	0
Street	5	9	6	13	13	50	5	4	0
Agreed public location	26	31	12	30	29	0	32	8	25

Source: EDRS REU interviews

KE comments on REU methamphetamine use

All key experts bar one believed that ecstasy users also used speed, seven that all or most REU used speed and five that about half of the REU they see use it.

Other comments made about speed use included: speed users are moving to ecstasy because it is cheaper and has better effects; REU will use speed when ecstasy is not available; most would inject speed but swallow their ecstasy; a few seem to have developed slight psychosis with more frequent use.

Five key experts reported that regular ecstasy users do not use base methamphetamine while six reported that between half and all the REU they encounter use base. One KE commented that REU would use base in preference to speed if it is available and another that base is used by REU less than speed powder because it is less available.

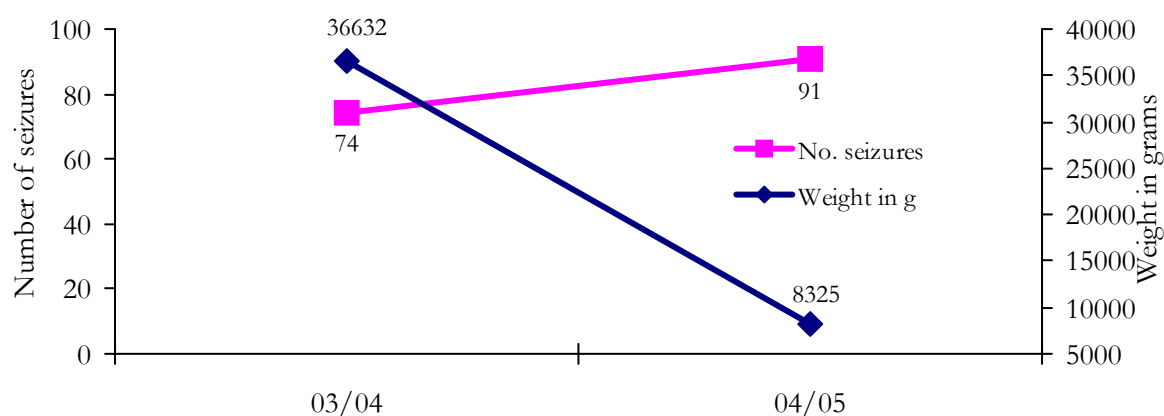
Seven key experts stated that ‘a few’ REU would use crystal methamphetamine and two that half or more would use this form. Four stated that they had not encountered any crystal use among the REU they have contact with. Three KE commented that crystal is now more available than was the case in the past, one saying that there is “more ice in lower socio-economic groups” (indigenous/half caste).

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

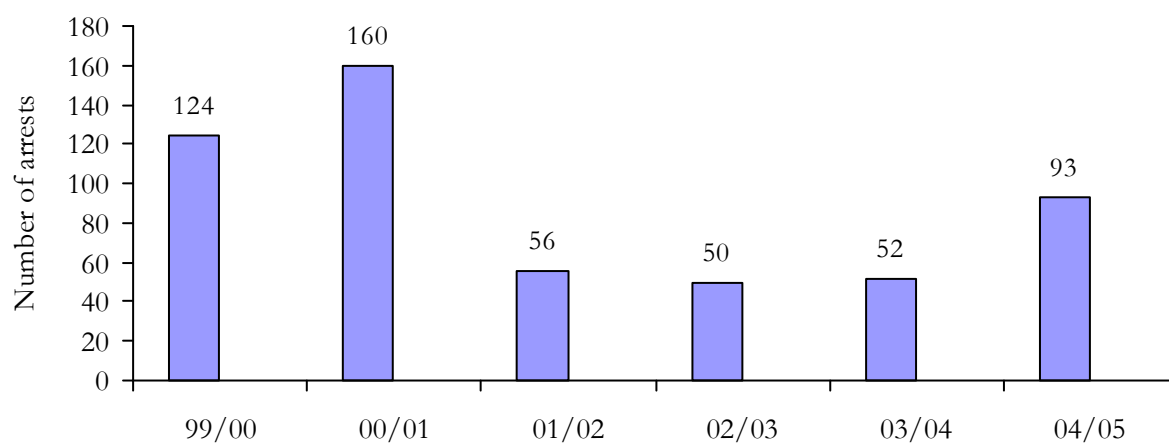
Figure 27 displays the number and weight of methamphetamine seizures by NT Police in the NT. Data are only available for the financial years 2003/04 to 2004/05 as previous years data was managed through a paper-based system and was not deemed reliable. It is noted that the weight of the seizure is at the point of seizure, it is an approximation and it is not forensically tested. The data does not relate to purity, and the drug name that the seizure is recorded against is the drug that it is traded as. This also means that the weights include mixtures, not the total weight of pure methamphetamine.

Figure 27: Number and weight in grams of seizures of methamphetamine in the NT, 2003/04-2004/05



Source: NT Police Illicit Drug Seizure database

Figure 28: Number of amphetamine-type stimulants total consumer and provider arrests in the NT, 1999/00-2004/05

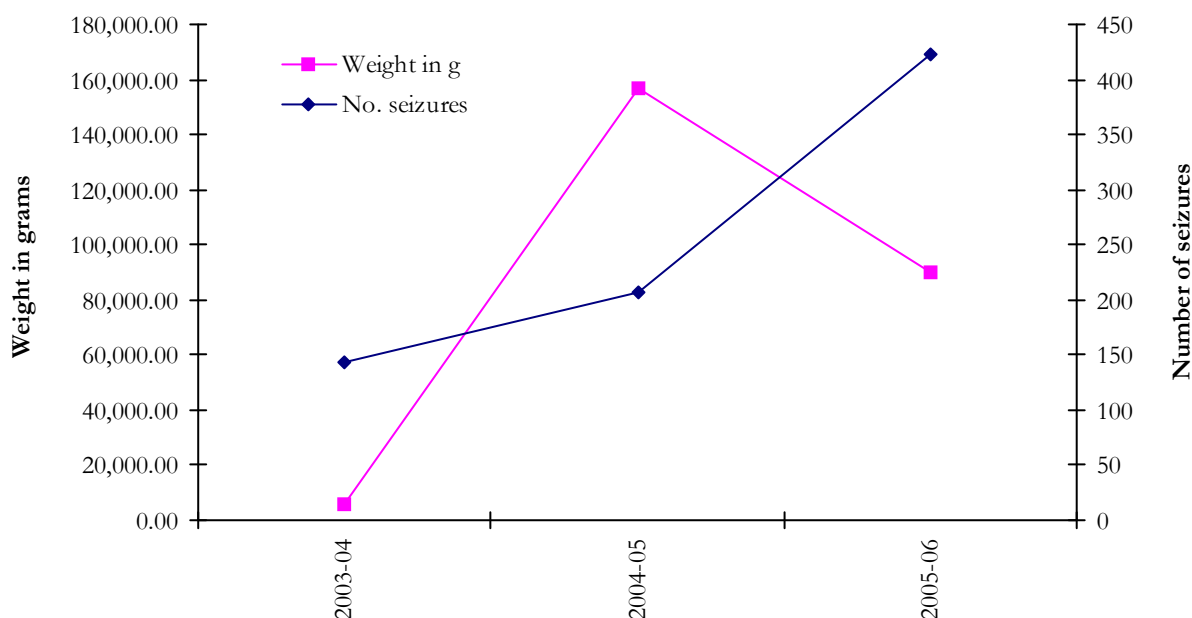


Source: Australian Crime Commission

Figure 28 shows the total number of amphetamine-type stimulant consumer and provider arrests in the NT since 1999/00 including AFP data. Since 2001/02 the total number of arrests remained consistent until a large increase in 2004/05.

Figure 29 displays the data from the Australian Customs Service. The weight refers to the weight of the seizure and not the weight of the active ingredient.

Figure 29: Number and weight in grams of detections of ATS at the Australian border, 2003/04 to 2005/06



Source: Australian Customs Service

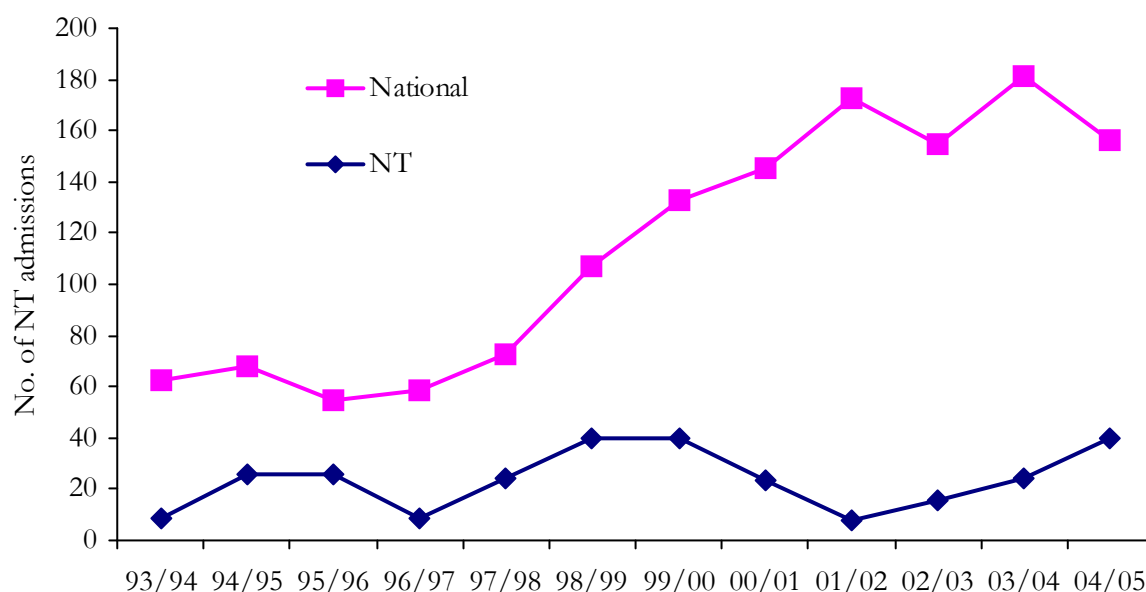
5.5.2 Health

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, and in the 2003/04 financial

year ADIS received 8 calls that were amphetamine-related and 13 calls in 2004/05. However, it is noted that more than one drug may be recorded per call and the drug involved is not always available so may not show in the data.

Figure 30 shows the rate per million of inpatient hospital admissions where methamphetamines were involved in the primary diagnosis for people aged 15-54 years. The NT rate is relatively small and fluctuating compared to national rates which continue to rise, although it shows a steady increase since 2001/02.

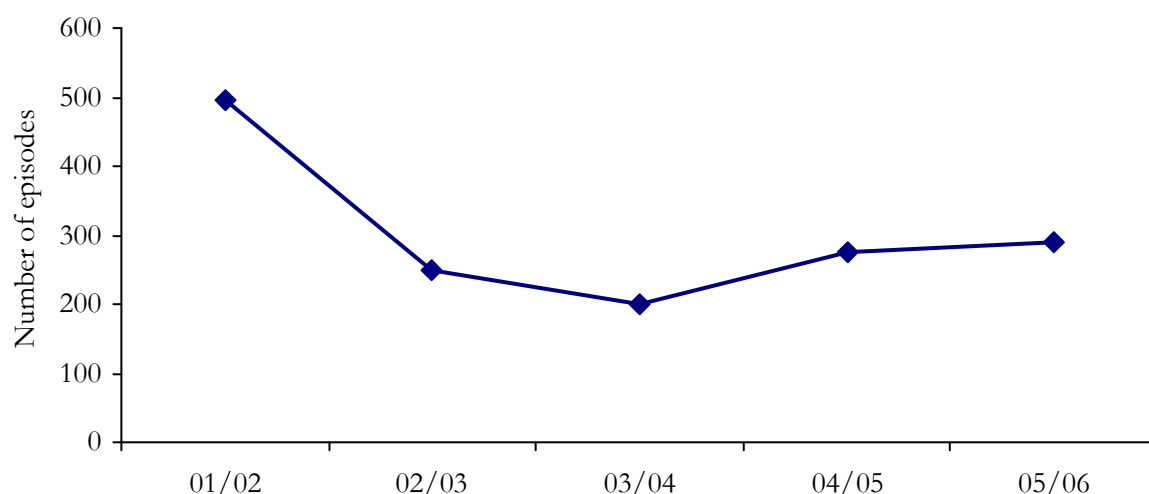
Figure 30: Rate (per million) of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05



Source: AIHW

The number of treatment episodes for own drug use in Alcohol and Other Drug Treatment Services (AODTS) where amphetamines is the principal or other drug of concern shows a increase since 2003/04 (Figure 31).

Figure 31: Closed episodes in Northern Territory alcohol and other drug treatment services with amphetamines as the principal or other drug of concern, 2001/02-2005/06



Source: Northern Territory Alcohol and Other Drug Program Treatment Services client database

5.6 Self-reported symptoms of dependence

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

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

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

Thirty-two (32) participants completed the SDS this year (Table 23). The mean SDS score for these respondents was 1.5. Most respondents (56%) returned a score of zero; 3 (9%) scored 4, indicating problematic use; and 3 (9%) scored 5 or more, indicating dependency.

Participants were asked to nominate which methamphetamine they were attributing their answers to. Fourteen percent of those that attributed their answers to 'no specific methamphetamine' fell into the problematic use category and 14% were likely to be dependent. Five percent (9%) of those who attributed their answers to 'speed' were likely to have problematic use but none were likely to be dependent. Although none of the participants attributing their answers to 'crystal' were likely to have problematic use, 14% were likely to be dependent.

Table 23: Methamphetamine Severity of Dependence Scale results, 2005-2006

		Total#		No specific		Speed		Base		Crystal	
		2005 (n=62)	2006 (n=32)	2005 (n=12)	2006 (n=14)	2005 (n=40)	2006 (n=11)	2005 (n=10)	2006 (n=1)	2005 (n=12)	2006 (n=7)
Use out of control	Never/almost never	68	78	75	79	70	82	50	100	75	72
	Often – nearly always	13	9	25	0	13	0	10	0	17	14
Miss dose=anxious	Never/almost never	65	84	67	79	63	100	60	0	75	86
	Often – nearly always	22	0	33	0	23	0	20	0	17	0
Worry about use	Never/almost never	65	69	75	72	63	82	50	0	58	57
	Often – nearly always	13	6	25	7	13	0	10	0	25	14
Wish you could stop	Never/almost never	72	83	83	79	70	91	60	0	67	86
	Often – nearly always	12	6	8	7	15	0	0	0	17	14
Difficulty stopping	Not difficult	80	81	75	71	85	91	50	100	83	86
	Very difficult-impossible	8	9	8	14	8	0	20	0	17	14
Score	Mean (range)	2.6 (0-14)	1.5 (0-9)	2.8 (0-12)	1.86 (0-9)	2.6 (0-14)	0.55 (0-4)	3.3 (0-11)	3 (3)	3 (0-14)	1.86 (0-8)
(%) likely to	Problematic use*	5	9	0	14	5	9	10	0	0	0
	Be dependent**	25	9	25	14	27	0	30	0	17	14

Source: EDRS REU interviews

% of recent meth users

* obtaining a score of 4

** obtaining a score of 5 or more

5.7 Summary of methamphetamine trends

- ❖ In 2006 the majority of the sample had used speed (59%, 73% in 2005) in the past six months and substantial proportions had used crystal (26%, 32% in 2005) and base (18%, 29% in 2005).
- ❖ The average age for speed powder initiation remained consistent with previous years at 19 years old; mean initiation age for base increased slightly from 20 to 22 years and the mean initiation age for crystal increased substantially from 20 to 26 years.
- ❖ The proportions of REU reporting weekly or more often use decreased for all methamphetamine types compared to 2005: from 27% to 7% for speed; from 17% to 11% for base; from 8% to zero for crystal. Consistent with this, median days of use for all types also declined.
- ❖ Recent bingeing with speed increased 2 percentage points to 43% among recent speed users; recent bingeing with base declined from 33% in 2005 to 22% this year; recent bingeing with crystal increased from 19% to 23%.
- ❖ Among recent crystal users, injection and smoking were the most often reported routes of administration. These routes have shown a steady increase since 2004 at the expense of swallowing, which has declined. Swallowing remained the most reported route of administration for speed and base.
- ❖ Twenty-four percent of this year's REU sample had used pharmaceutical stimulants within six months of interview. Median days of use declined from 6 days in 2005 to 3 days and no one reported using pharmaceutical stimulants on a weekly or more often basis. The amounts used in typical and heavy sessions increased to 5 tablets and 7 tablets respectively. A majority of the recent users swallowed pharmaceutical stimulants, with 17% injecting.
- ❖ The median point prices of speed (\$50) and crystal (\$80) were the same as those found in 2005; the median point price of base increased slightly from \$75 to \$80.
- ❖ When commenting on the availability of methamphetamine, the most frequently nominated categories were: easy for speed, very easy for base and difficult for crystal.
- ❖ Scoring source and location patterns for recent speed users were largely unchanged from 2005 although recent users were more likely to score in their own or a friend's home and less likely to score in a dealer's home than was the case in 2005.

6.0 COCAINE

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

6.1 Cocaine use among REU

This year 55% of the sample reported ever using cocaine compared to 39% in the last two years (Table 24). Recent cocaine use has continued to show minor decreases over the last three years (15% in 2004, 11% in 2005, 10% in 2006). The mean age for first use of cocaine remains relatively stable at 22 years in 2006.

Frequency of cocaine use has remained stable over the last two years at a median of three days in the past six months (Table 24), and as with previous years no one used it fortnightly or more. The quantities of cocaine that recent cocaine users purported to use increased from 2004 to 2005. In 2006 only one respondent could comment on the quantity of cocaine used in terms of grams, and figures reflect what was found in 2004 (0.5 grams used in a typical session and 1 gram used in a heavy use episodes). Two recent cocaine users comment on quantities used in terms of 'lines' – one used four lines in a typical and heavy session and the other used five lines in a typical and heavy session.

Table 24: Patterns of cocaine use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	39	39	55
Mean age first used (range)	21 (16-29)	19 (14-26)	22 (16-30)
Recently used (%) (Of recent users)	15 (n=11)	11 (n=9)	10 (n=5)
Median days used last 6 months (range)	1 (1-4)	3 (1-10)	3 (1-6)
Use fortnightly or more (n)	0	0	0
Median quantities used (grams)	(grams)	(grams)	(grams)
Usual (range)	0.5 (0.5-1)	2 (1-2)	0.5 (0.5)
Heavy (range)	0.75 (0.5-3)	3.5 (2-5)	1 (1)
Use > usual amount (n)	1	0	0
Recently binged with^ (n)	1	1	0

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

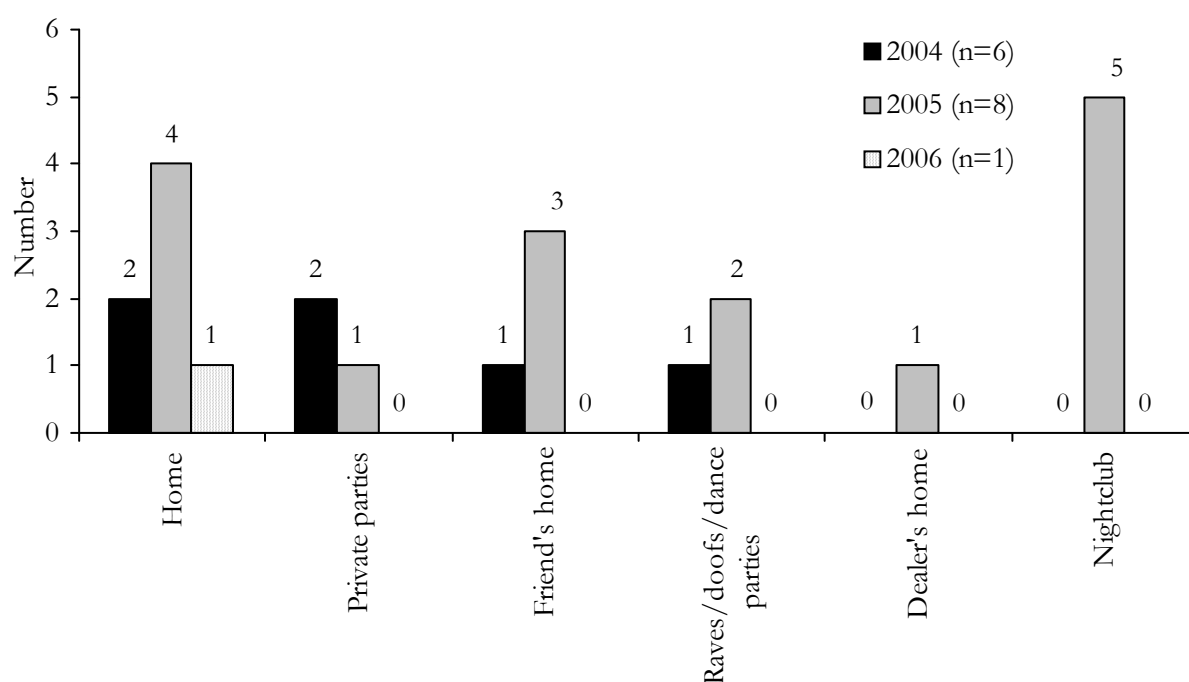
The proportion of those that had ever injected cocaine increased from 7% in 2005 to 22% in 2006 (Table 3). Amongst recent cocaine users, snorting (100%, Table 25) remains the most common method of recent administration followed by swallowing (40%). No REU reported recent cocaine injection this year.

Table 25: Route of administration of cocaine by recent users, 2004-2006

	2004 (n=11)	2005 (n=9)	2006 (n=5)
Route of administration last 6 months (%)			
Swallowed	36	44	40
Snorted	64	89	100
Injected	36	11	0
Smoked	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

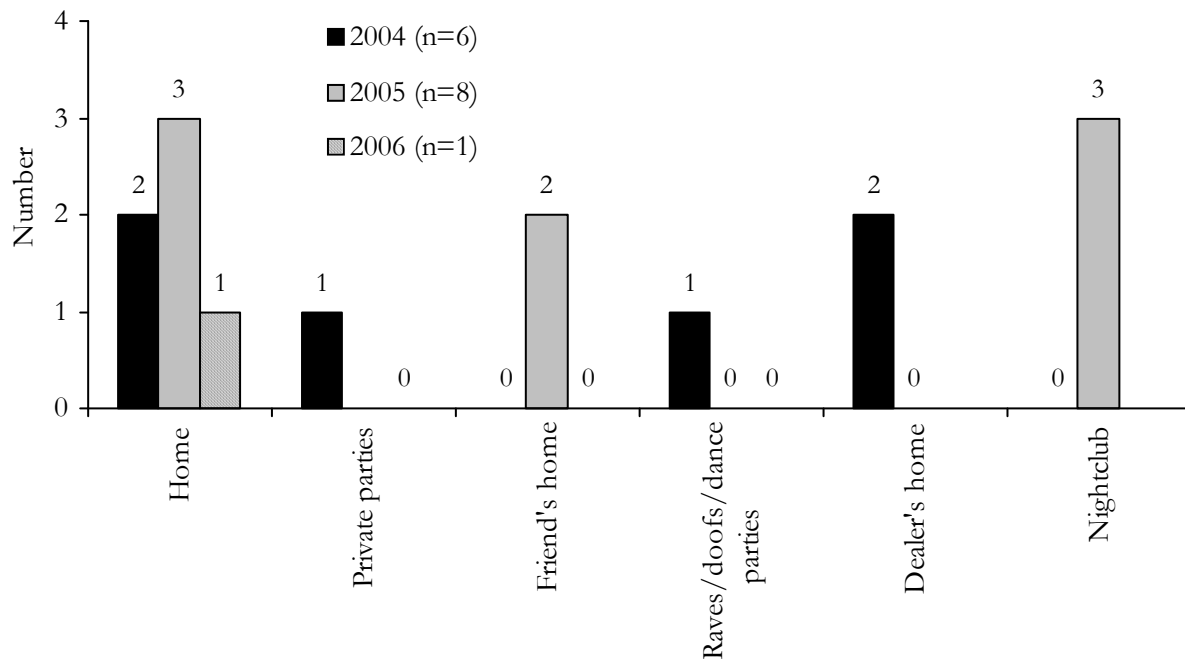
Only one REU reported recent cocaine usual and last use location, that being home in each case (Figures 32 & 33). In 2005 the majority of respondents reported that their usual use venue was a nightclub (n=5); other usual use venues were home (n=4), friend's home (n=3) and raves/dance parties (n=2).

Figure 32: Usual location of cocaine use, 2004-2006

Source: EDRS REU interviews

In 2005, home and nightclub were equally the two most common last use venues (n=3), with two respondents last using at a friend's home (Figure 33).

Figure 33: Location of most recent cocaine use, 2004-2006



Source: EDRS REU interviews

6.2 Price

As was the case in 2004 a small number of REU (n=2) provided cocaine price information, reporting a median price of \$275 for usual and last purchases (Table 26). The ACC reported the price of cocaine in the NT in 2003/04 to be \$300 per gram and prices were not available for 2004/05. Three REU commented on recent cocaine price movements but with inconclusive results.

Table 26: Recent changes in price of cocaine purchased by REU, 2004-2006

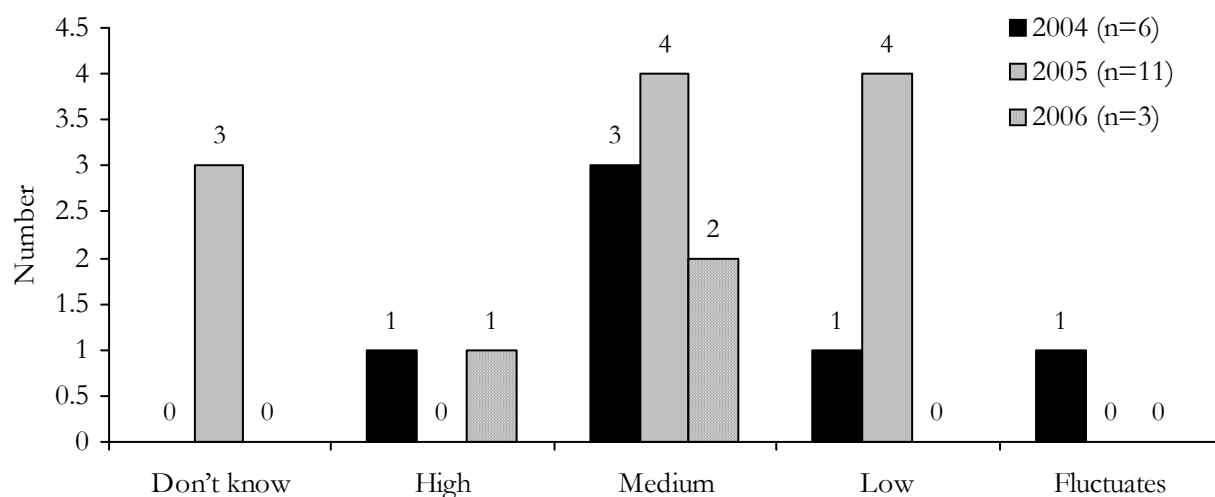
	2004	2005	2006
Median price (\$) per gram (range)	(n=3) 250 (200-400)	(n=6) 375 (50-600)	(n=2) 275 (250-300)
Median last price (\$) per gram (range)	(n=2) 250 (200-300)	(n=4) 350 (50-600)	(n=2) 275 (250-300)
Price change (n)	(n=6)	(n=11)	(n=3)
Increased	0	1	0
Stable	3	5	1
Decreased	1	1	0
Fluctuated	1	0	1
Don't know	1	4	1

Source: EDRS REU interviews

6.3 Purity

Current cocaine purity was rated as medium (n=2, Figure 34) to high (n=1) by a small number of REU.

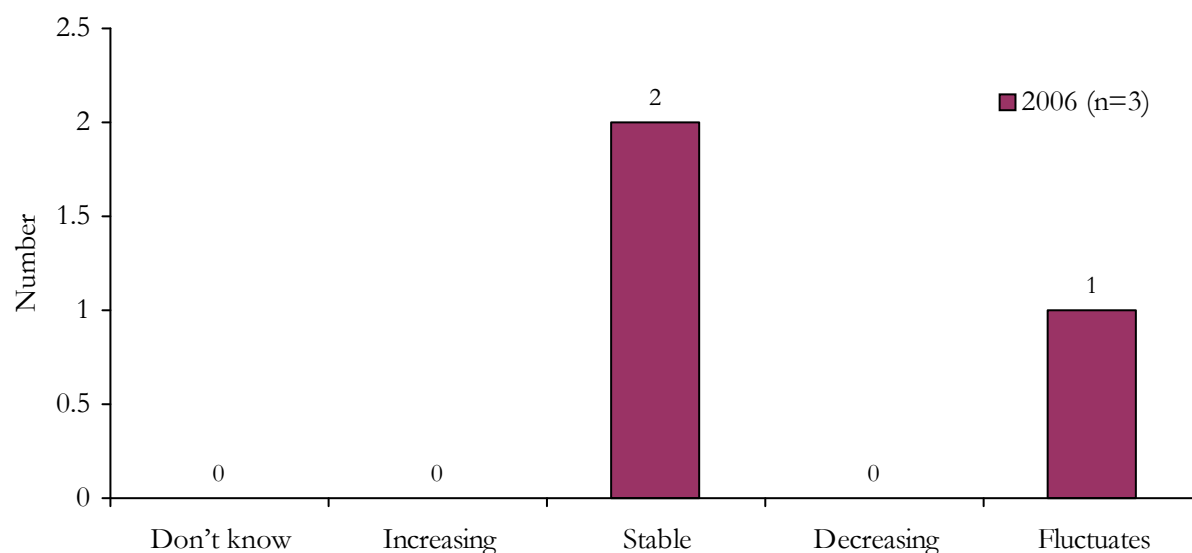
Figure 34: User reports of current purity of cocaine, 2004-2006



Source: EDRS REU interviews

Again, amongst those who knew about the recent changes in cocaine purity, it was rated as stable (n=2, Figure 35) or fluctuating (n=1).

Figure 35: Change in purity of cocaine in past 6 months, 2006

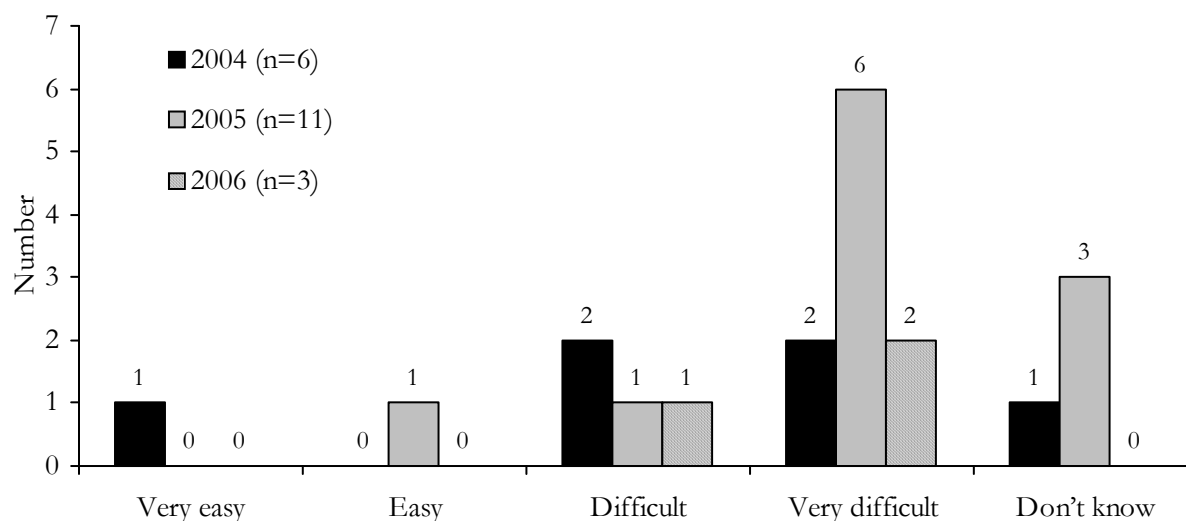


Source: EDRS REU interviews

6.4 Availability

Cocaine was rated as difficult or very difficult to obtain (Figure 36) by a small number of respondents. This result is consistent with that found in 2005.

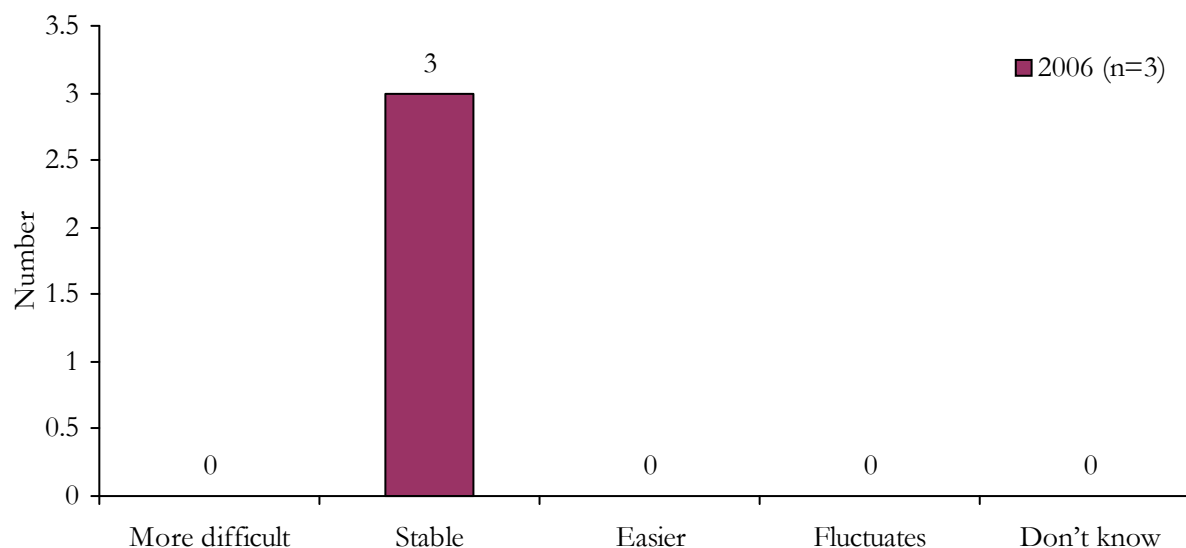
Figure 36: Current availability of cocaine, 2004-2006



Source: EDRS REU interviews

The three REU able to comment described recent cocaine availability as stable (Figure 37).

Figure 37: Changes in cocaine availability in the preceding six months, 2006



Source: EDRS REU interviews

This year only one REU provided recent cocaine source and scoring information (Table 27). In 2005 the most common sources for scoring cocaine over the six months prior to interview were friends (n=5) followed by known acquaintances (n=2) and known dealers (n=1, Table 27), a result consistent with 2004. In 2005 most people scored from a friend's home (n=4) or a dealer's home (n=2). One person each also reported scoring cocaine from home, nightclubs, pubs and an agreed public location.

Table 27: REU reports of source and locations for scoring cocaine in the last 6 months, 2004-2006

	2004 (n=6)	2005 (n=8)	2006 (n=1)
Source scored from (n)			
Friends	2	5	1
Known dealers	1	1	0
Workmates	0	1	0
Acquaintances	1	2	0
Unknown dealers	0	1	0
Locations scored from (n)			
Home	2	1	1
Dealer's home	0	2	0
Friend's home	1	4	1
Raves/doofs/dance parties	0	0	0
Nightclubs	0	1	0
Pubs	0	1	0
Street	0	0	0
Agreed public location	1	1	0

Source: EDRS REU interviews

KE comments on REU cocaine use

Five KE reported that 'a few' REU would also use ecstasy. The remainder believed none did. Comments on cocaine use included: it is used before ecstasy; and using cocaine is a step up in the socio-economic group compared to those who just use ecstasy.

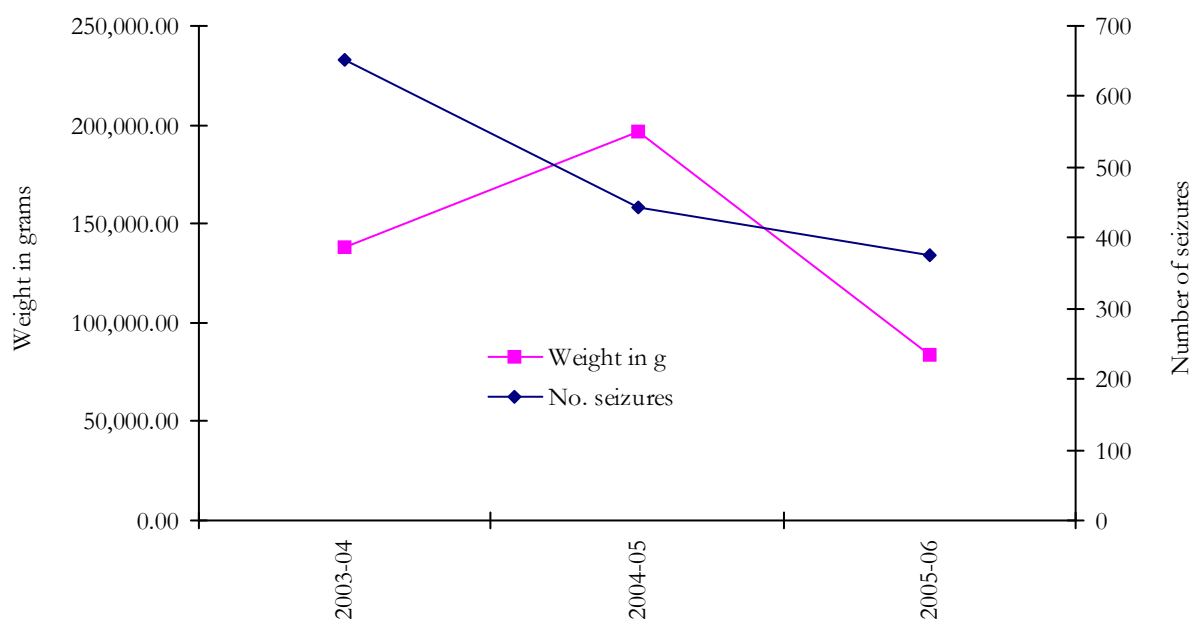
6.5 Cocaine-related harms

6.5.1 Law enforcement

In 2004/05 there were five cocaine seizures in the NT by NT police. The ACC data shows that there was a total of five consumer/provider arrests related to cocaine in the NT in 2004/05.

Figure 38 displays the data from the Australian Customs Service. The weight refers to the weight of the seizure and not the weight of the active ingredient.

Figure 38: Number and weight in grams of detections of cocaine at the Australian border, 2003/04 to 2005/06



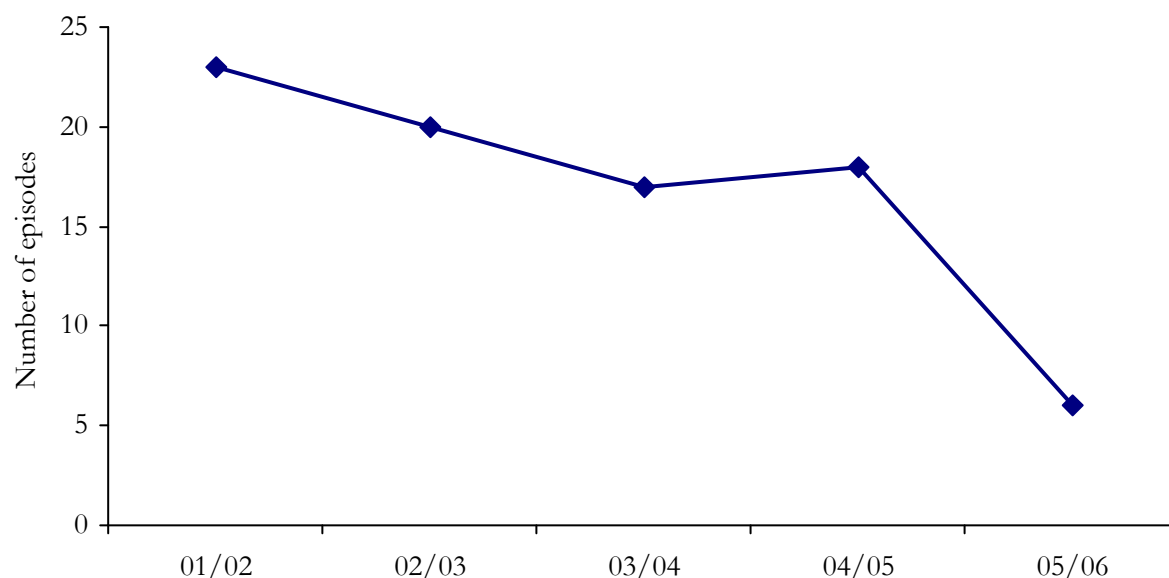
Source: Australian Customs Service

6.5.2 Health

In the 2004/05 financial year there was one call to the ADIS line where cocaine was the drug of concern.

The number of treatment episodes in Alcohol and Other Drug Treatment Services (AODTS) where cocaine was the principal or other drug of concern has declined over the period shown (Figure 39).

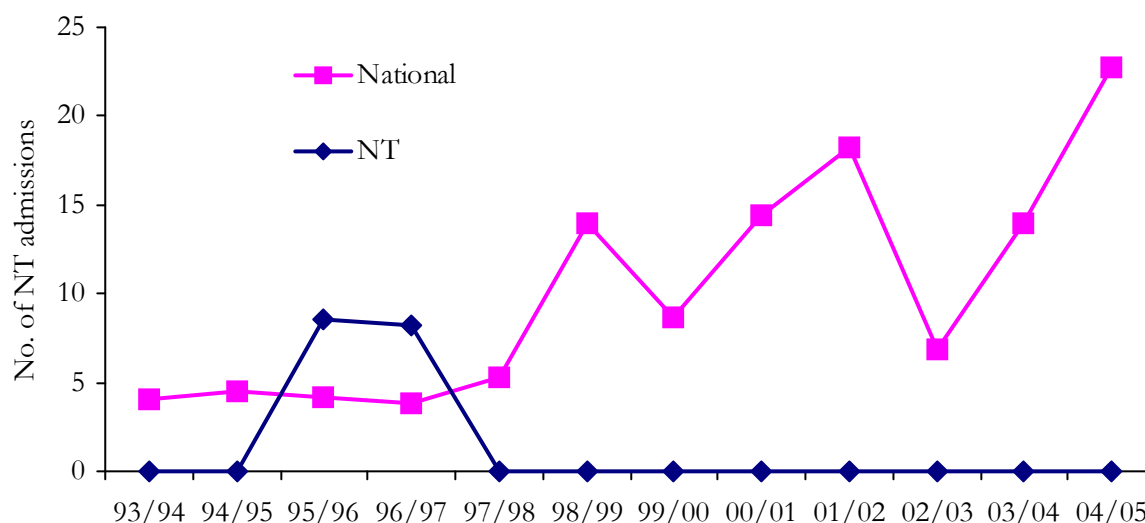
Figure 39: Number of closed treatment episodes in Northern Territory alcohol and other drug treatment services with cocaine as the principal or other drug of concern, 2001/02-2005/06



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

The rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years is shown in Figure 40. The NT has had no such admissions since 1996/97 whereas the national rate since 1998/99 shows a fluctuating increase.

Figure 40: Rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05



Source: AIHW

6.6 Summary of cocaine trends

- ❖ In the current year, lifetime cocaine use increased to 55% and recent use was stable at 10%.
- ❖ Among those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months, unchanged from 2005.
- ❖ Typical and heavy session use quantities were lower this year (0.5 grams and 1 gram respectively) than in 2005 (2 grams and 3.5).
- ❖ The proportions of recent cocaine users snorting has increased over the past three years from 64% in 2004 to 100% this year, while the proportions injecting have declined from 36% to 11%.
- ❖ The median price for a gram of cocaine declined from the \$375 reported in 2005 to \$275 this year, although only 2 respondents were able to comment.
- ❖ The small number of REU able to comment rated current cocaine purity as medium to high, and availability as difficult to very difficult.
- ❖ There is no indication that health - or law enforcement - related harms have increased.

7.0 KETAMINE

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

Ketamine is complicated to manufacture and precursor chemicals are difficult to obtain, therefore it is probably diverted from veterinary sources. Ketamine is also known as ‘Special K’ or ‘Vitamin K’ (ACC, 2003 in White et al. 2003).

7.1 Ketamine use among REU

In 2006 lifetime ketamine use increased to 26% from the 13% found in 2005 (Table 28) and recent use declined slightly from 7% to 6%. The mean age for first use of ketamine was 25 years. Recent ketamine users had used it for a median of 6 days, compared to a median one day last year, with one person using it fortnightly or more.

Table 28: Patterns of ketamine use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	32	13	26
Mean age first used (range)	22 (16-37)	24 (18-32)	25 (16-41)
(Of recent users)	(n=13)	(n=6)	(n=3)
Median days used last 6 months (range)	2 (1-4)	1 (1-30)	6 (1-20)
Use fortnightly or more (n)	0	1	1
Median quantities used (bumps)			
Usual (range)	2 (1-6)	1 (1)	1 (1)
Heavy (range)	2 (1-12)	1 (1)	1 (1)
Usually use > median usual amount (%)	15	0	0
Recently binged with^ (%)	31	0	0

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

As was the case in 2005, this year only one participant commented on usual and heavy use quantities and reported using one bump in both types of sessions. In 2004 the usual amount used in a session was two bumps with 15% typically using more than that. In heavy use episodes, users would also use a median of two bumps, but could use up to 12 bumps. No one has reported using ketamine in a recent binge this year or in 2005.

Similar to last year, the most common route of administration for recent users in 2005 was swallowing (n=2), followed by snorting and injecting (both n=1, Table 29).

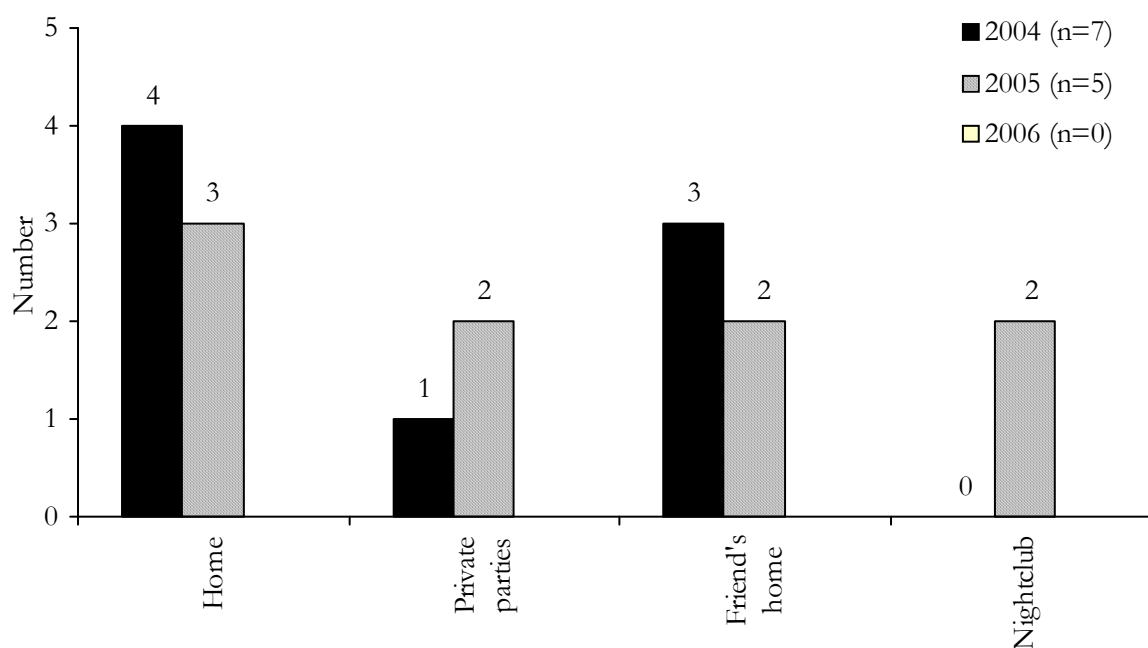
Table 29: Route of administration of ketamine by REU, 2004-2006

	2004 (n=13)	2005 (n=6)	2006 (n=3)
Route of administration last 6 months (%)			
Swallowed	8	3	2
Snorted	2	2	1
Injected	5	2	1
Smoked	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

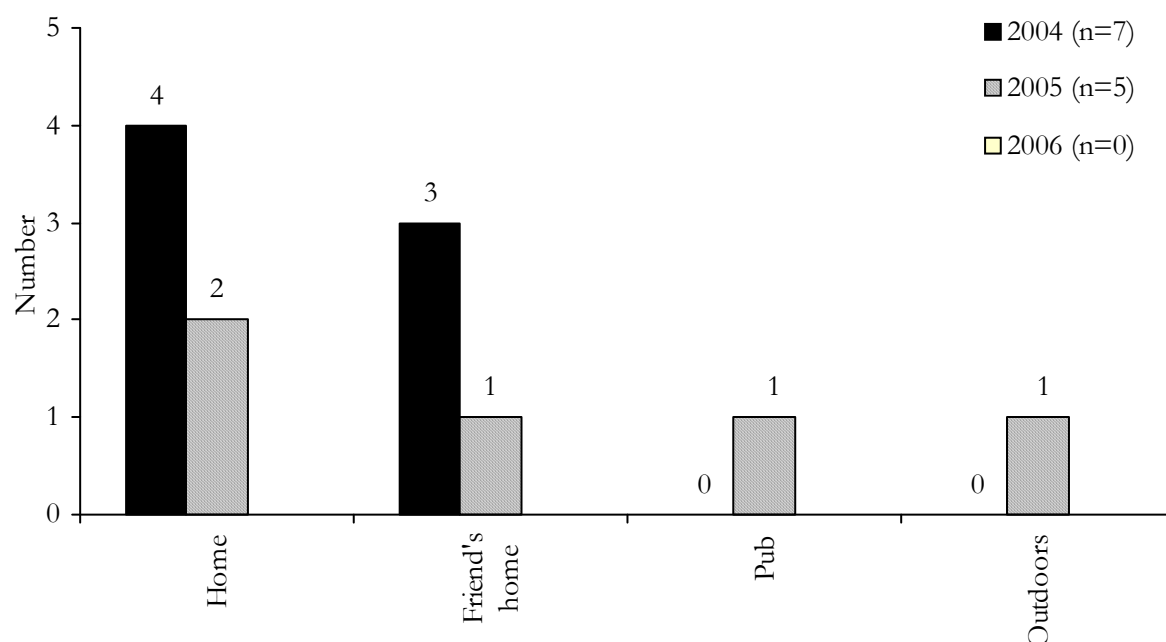
No REU were able to comment on usual and last ketamine use venues in the current year. In 2005 the majority of ketamine users reported that their usual use (n=3, Figure 41) and last use (n=2, Figure 42) venue was at home. The other usual use venues were at a friend's home, private parties and nightclubs (all n=2). One person each nominated friend's home, pub and outdoors as their last use location.

Figure 41: Location of usual ketamine use, 2004-2006



Source: EDRS REU interviews

Figure 42: Location of most recent ketamine use, 2004-2006



Source: EDRS REU interviews

7.2 Price

As in 2005, only one participant this year was able to comment on ketamine price. They estimated that ketamine was \$50 a gram and had paid this price at their last purchase (Table 30). These estimates are reduced from the \$80 and \$100 found last year. The single respondent this year reported that recent prices had been stable.

Table 30: Current and last price of ketamine purchased by REU and price variations, 2004-2006

	2004	2005	2006
Median price (\$) per quantity* (range)	(n=3) 200 (60-500)	(n=1) 80	(n=1) 50
Median last price (\$) per quantity* (range)	(n=2) 130 (60-200)	(n=1) 100	(n=1) 50
Price change (n)	(n=7)	(n=6)	(n=1)
Increased	0	1	0
Stable	2	0	1
Decreased	0	1	0
Fluctuated	0	0	0
Don't know	5	4	0

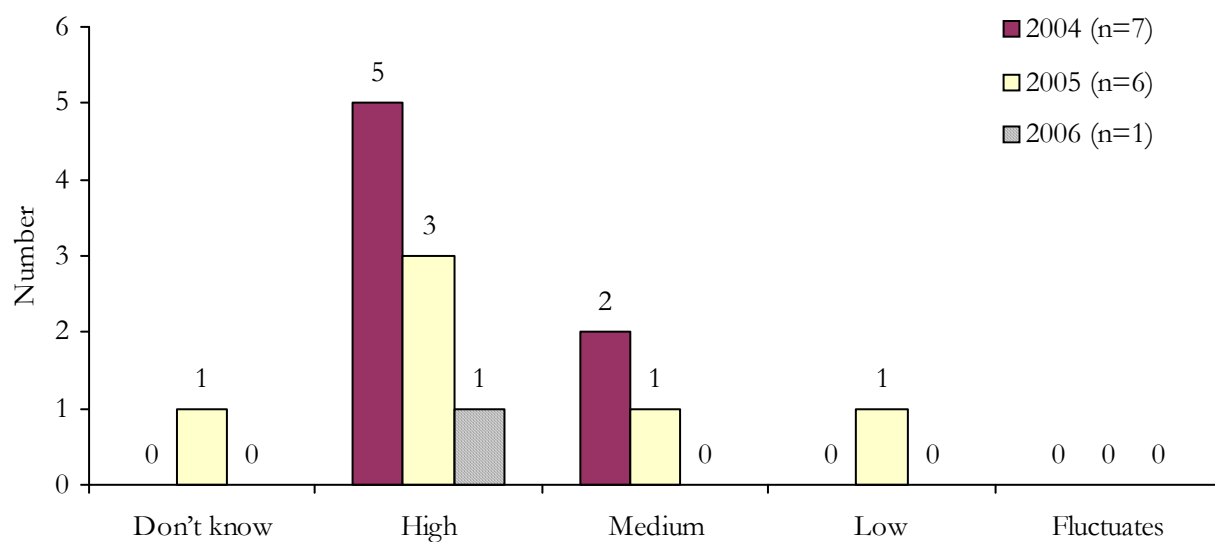
Source: EDRS REU interviews

*2004 =bump, 2005 and 2006=gram

7.3 Purity

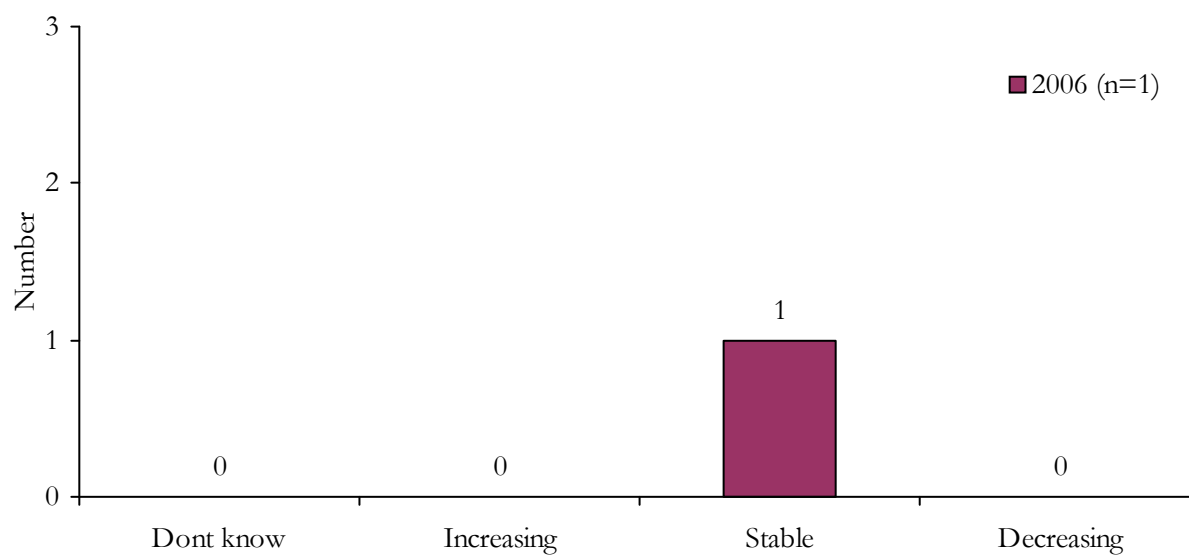
One person this year commented on the current purity of ketamine, rating it as high (Figure 43); the same person reported that ketamine purity had been stable (Figure 44).

Figure 43: User reports of current purity of ketamine, 2004-2006



Source: EDRS REU interviews

Figure 44: Change in purity of ketamine in past 6 months, 2006

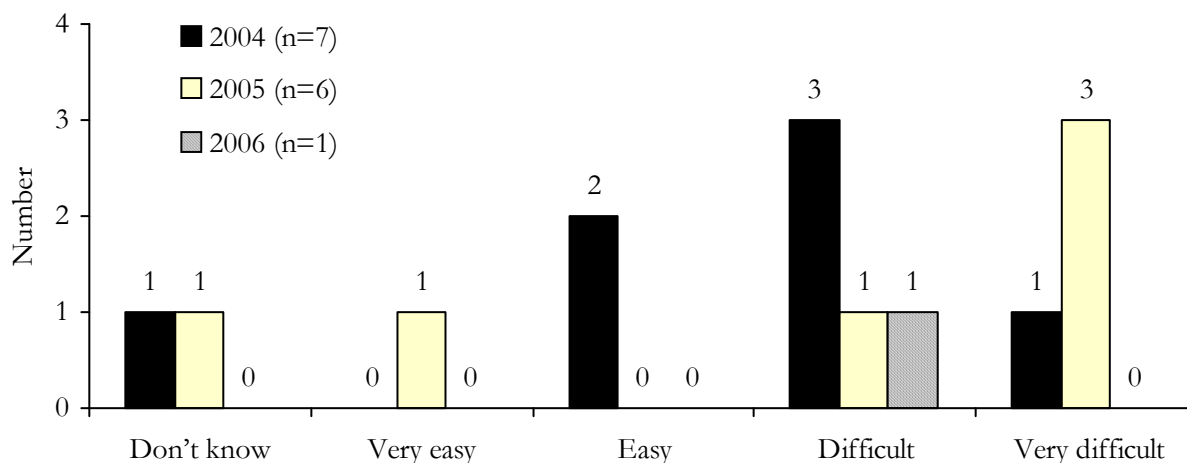


Source: EDRS REU interviews

7.4 Availability

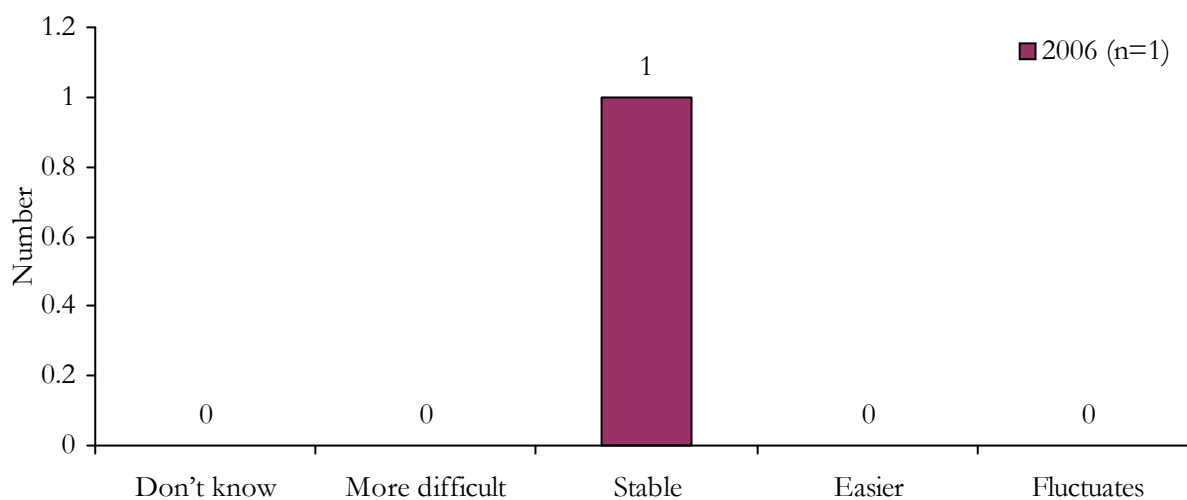
The one REU able to provide comment reported that currently ketamine was difficult to obtain (Figure 45) and that recent availability had been stable (Figure 46).

Figure 45: User reports of current availability of ketamine, 2004-2006



Source: EDRS REU interviews

Figure 46: Change in ketamine availability in the preceding six months, 2006



Source: EDRS REU interviews

No REU reported ketamine scoring source or location information this year.

Table 31: REU reports of source and locations for scoring ketamine in the last 6 months, 2004-2006

	2004	2005	2006
(Number commented)	(n=5)	(n=5)	(n=0)
Source scored from (n)			
Friends	1	1	-
Known dealers	2	2	-
Workmates	0	0	-
Acquaintances	2	0	-
Unknown dealers	0	1	-
Locations scored from (n)			
Home	2	2	-
Dealer's home	1	1	-
Friend's home	2	1	-
Raves/doofs/dance parties	0	0	-
Nightclubs	1	0	-
Pubs	0	0	-
Street	1	1	-
Agreed public location	0	1	-

Source: EDRS REU interviews

KE comments on REU ketamine use

Five of the KE stated that a few REU would also use ketamine and the remainder thought that none would use ketamine. Two KE commented to the effect that 'most ecstasy users don't like it'.

7.5 Ketamine-related harms

7.5.1 Law enforcement

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

7.5.2 Health

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

7.6 Summary of ketamine trends

- ❖ The proportion of REU reporting recent ketamine use was lower this year, at 6%, than in the previous two years, 7% in 2005 and 18% in 2004.
- ❖ The reported median days of use in the last six months increased to 6, although among a very small number of respondents.
- ❖ Frequency and quantity of ketamine use was stable.
- ❖ The price of ketamine was reported by one REU to be \$50 per gram.
- ❖ Ketamine purity was rated by one REU as high and availability as difficult.

8.0 GHB (inc. 1,4B & GBL)

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

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

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

This year no participants reported recent GHB or GBL use and none were able to comment on price, purity or availability. Selected 2004 and 2005 data is presented here.

8.1 GHB use among REU

GHB use amongst REU has remained comparatively stable over 2004 and 2005. In 2005 15% of the sample used GHB in their lifetime and 4% used it recently (20% and 7% respectively in 2004, Table 32). GHB was first used at an average age of 23 years, with frequency of use declining in 2005 to a median of 2 days (3 days in 2004) and no one using it fortnightly or more in 2004 and 2005. The median amount of GHB used in a usual and heavy session was 11.1 mls in 2004 and 10 mls in 2005 with only one person commenting. One participant in those years reported having used GHB in a recent binge.

Table 32: Patterns of GHB, 1,4B and GBL use of REU, 2004-2006

	2004 (n=71)		2005 (n=82)		2006 (n=51)	
	GHB	GBL	GHB	GBL	GHB	GBL
Ever used (%)	20	1	15	0	4	0
Mean age first used (range)	24 (18-37)	36	23 (16-38)	-	26 (19-33)	-
(Of recent users)	(n=4)	0	(n=3)	-	0	-
Median days use last 6 months (range)	3 (1-10)	-	2 (1-6)	-	-	-
Use fortnightly or more (n)	0	-	0	-	-	-
Median quantities used (mls)						
Usual (range)	11 (2-50)	-	10 (10)	-	-	-
Heavy (range)	11 (2-80)	-	10 (10)	-	-	-
Usually use > median usual amount (n)	2	-	1	-	-	-
Recently binged with^ (n)	1	-	1	-	-	-

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

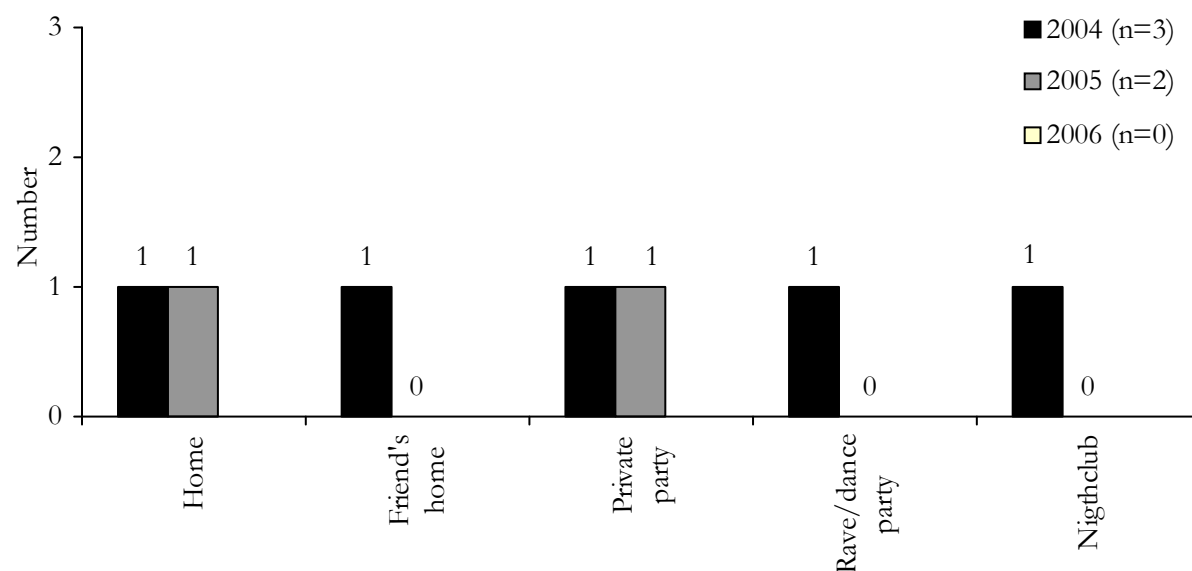
In 2004 four percent (4%) of REU had ever injected GHB and in 2005 only 1% had done so. However, in 2004 no one had recently injected GHB while in 2005 one participant reported doing so (Table 33). The only other recent route of administration for GHB was swallowing (n=4 in 2004 and n=3 in 2005).

Table 33: Route of administration of GHB by recent users, 2004-2006

	2004 (n=4)	2005 (n=3)	2006 (n=0)
Route of administration last 6 months (n)			
Swallowed	4	3	-
Injected	0	1	-
Shelved/shafted	0	0	-

Source: EDRS REU interviews

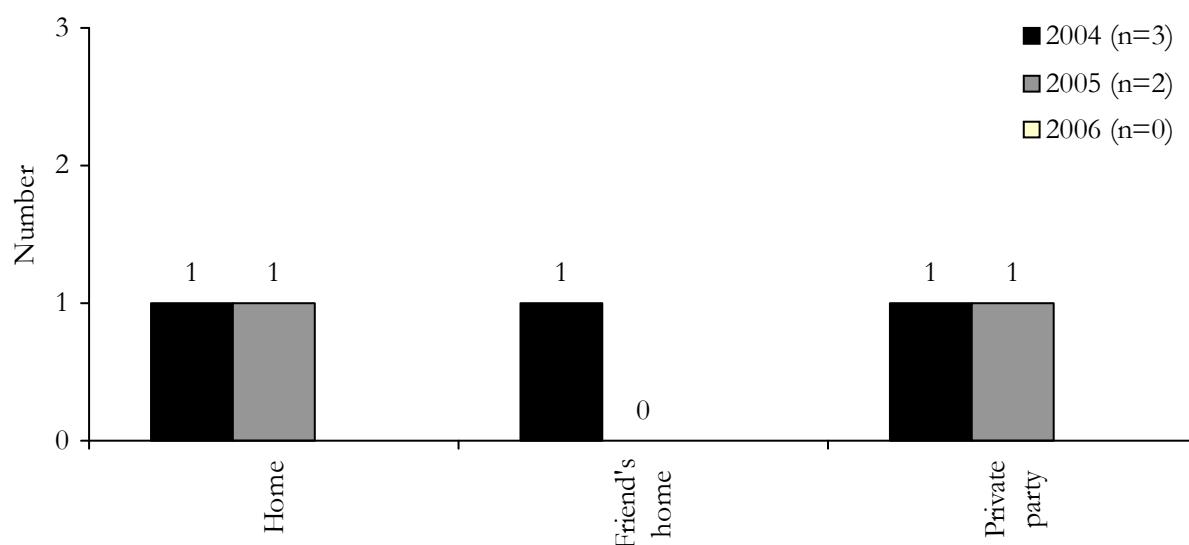
Figure 47: Usual location of GHB use, 2004-2006



Source: EDRS REU interviews

In 2005 only two individuals were able to comment on usual and last GHB use location. One person each nominated home and private parties as their usual and last use location (Figure 47 and 48). In 2004 other usual use locations included friends home, raves/doofs/dance parties, and nightclubs and friend's home were also recorded as a last use location.

Figure 48: Location of most recent GHB use, 2004-2006



Source: EDRS REU interviews

8.2 Price

In 2004 the price of GHB was estimated to be \$3 per ml but the participant had last paid \$2.50 per ml (Table 34). In 2005 it was estimated at \$50 per cap and this was also the last price paid.

Table 34: Current and last price of GHB purchased by REU and price variations, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=0)
Median price (\$) per quantity* (range)	(n=1) 3	(n=1) 50	(n=0) -
Median last price (\$) per quantity* (range)	(n=1) 2.50	(n=1) 50	(n=0) -
Price change (n)	(n=3)	(n=2)	(n=0)
Increased	0	0	-
Stable	1	1	-
Decreased	1	0	-
Fluctuated	0	0	-
Don't know	1	1	-

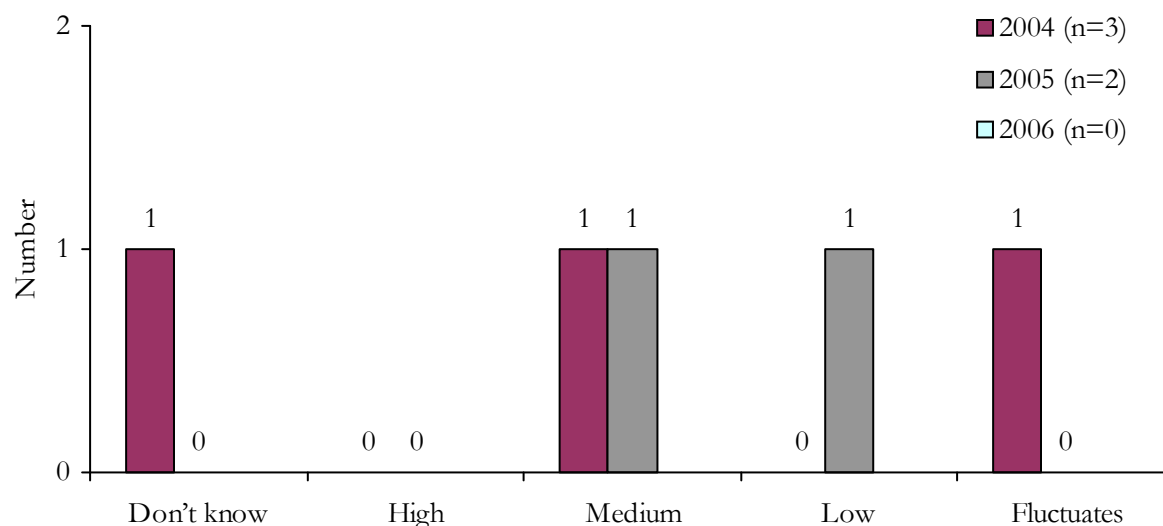
Source: EDRS REU interviews

* 2004=ml, 2005=cap

8.3 Purity

In 2004 the three individuals who commented on current GHB purity believed it to be medium (n=1) or fluctuating (n=1) and one didn't know. In 2005 only two could comment and one thought it was medium and the other thought it was low (Figure 49).

Figure 49: User reports of current purity of GHB, 2004-2006

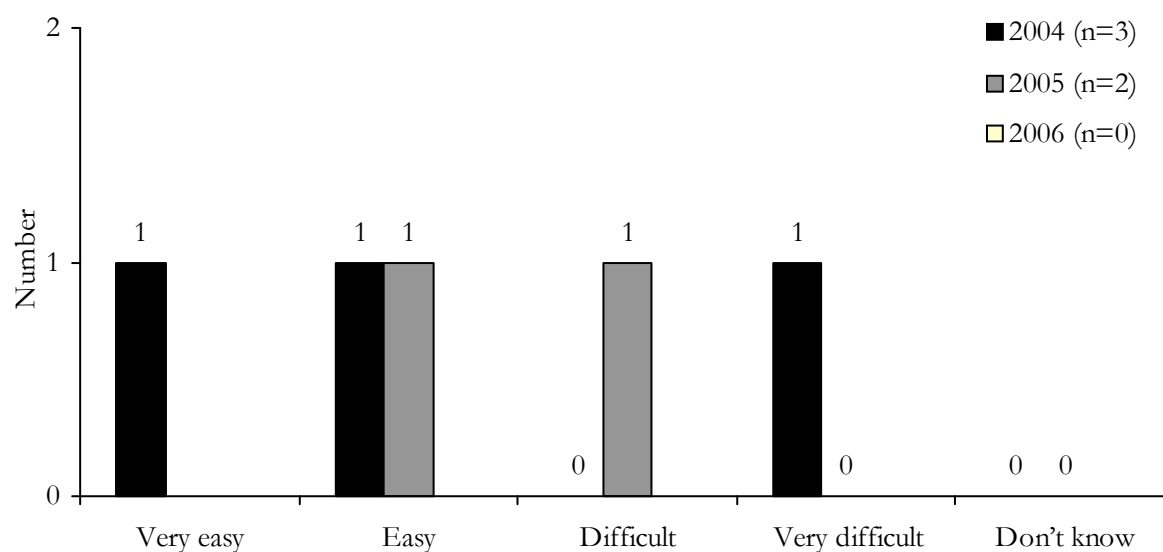


Source: EDRS REU interviews

8.4 Availability

In 2004 participant comments indicated that it was either very easy (n=1), easy (n=1) or very difficult (n=1) to obtain GHB at the time of interview. In 2005 one person each stated it was easy or difficult (Figure 50).

Figure 50: Current availability of GHB, 2004-2006



Source: EDRS REU interviews

KE comments on REU GHB use

While four key experts reported that maybe a few REU would also use GHB, they commented that it has become “less popular due to publicity”, that “more people are scared to use it” and that it is “pretty rare” in Darwin.

8.5 GHB-related harms

8.5.1 Law enforcement

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

8.5.2 Health

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

8.6 Summary of GHB trends

- ❖ No REU reported recent GHB or GBL use this year.
- ❖ Key experts report that GHB is ‘pretty rare’ in Darwin.

9.0 LSD

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

9.1 LSD use among REU

Lifetime LSD use increased from the 61% found in 2005 to 78% this year (Table 35) as did recent use, from 15% to 41%. The mean age first using LSD was slightly higher at 19 years (17 years in 2004). Frequency of LSD use was stable at a median of 2 days in the last six months and 10% of recent users used fortnightly or more often.

Table 35: Patterns of LSD use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	63	61	78
Mean age first used (range)	18 (13-29)	17 (11-28)	19 (14-40)
(Of recent users)	(n=22)	(n=12)	(n=21)
Median days used last 6 months (range)	1 (1-48)	2 (1-10)	2 (1-48)
Use fortnightly or more (%)	14	0	10
Median quantities used (tabs)			
Usual (range)	1 (0.25-5)	1 (1-3)	1 (0.5-10)
Heavy (range)	1 (0.25-14)	1.5 (1-3)	1 (0.5-10)
Usually use > median usual amount (%)	32	33	26
Recently binged with^ (%)	9	25	10

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Recent users reported using a median of one tab in both typical and heavy sessions although a quarter (26%, Table 35) of this group usually used more than the median amount. Recent bingeing with LSD amongst recent users declined from the 25% found in 2005 to 10% this year.

Swallowing was the exclusive route of administration (100%, Table 36) this year unlike previous years where small proportions snorted and injected.

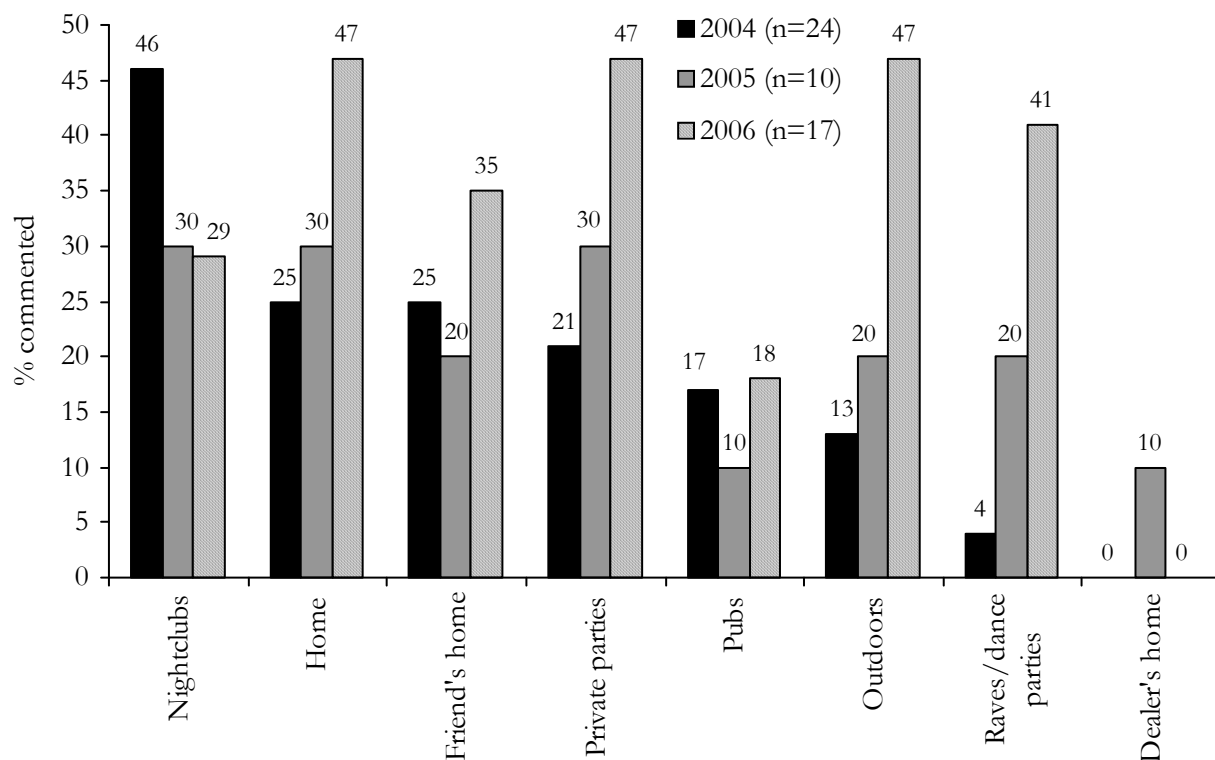
Table 36: Route of administration of LSD by recent users, 2004-2006

	2004 (n=22)	2005 (n=12)	2006 (n=21)
Route of administration last 6 months (%)			
Swallowed	95	100	100
Snorted	9	8	0
Injected	5	8	0
Smoked	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

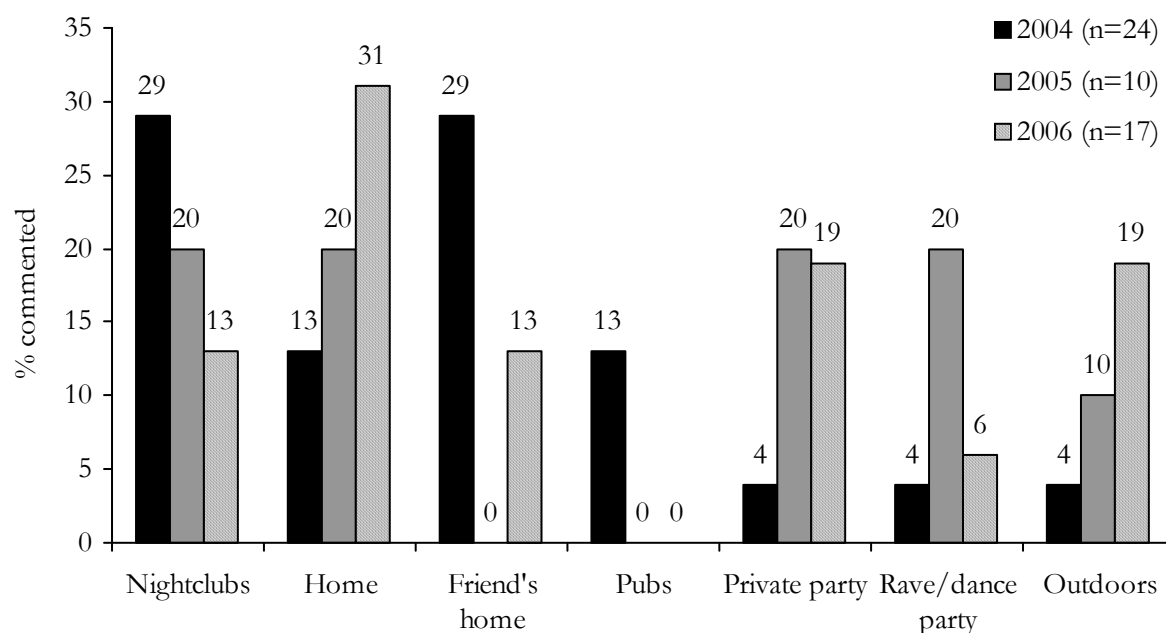
The top three usual use venues for LSD this year were home, private parties and outdoor (all 47%, Figure 51). Other common usual use venues were raves/dance parties (41%) and friend's home (35%). Own home (30%, Figure 52) was also the most reported last use venue.

Figure 51: Usual location of LSD use, % commented, 2004-2006



Source: EDRS REU interviews

Figure 52: Location of most recent LSD use, % commented, 2004-2006



Source: EDRS REU interviews

9.2 Price

Nineteen REU reported a median price for LSD of \$20 a tab (Table 37), a reduction on the \$25 found in 2005. The median price for REU most recent purchase was also \$20. Just over half of those who commented (53%) reported that recent LSD prices had been stable in the six months before interview.

Table 37: Current and last price of LSD purchased by REU and price variations, 2004-2006

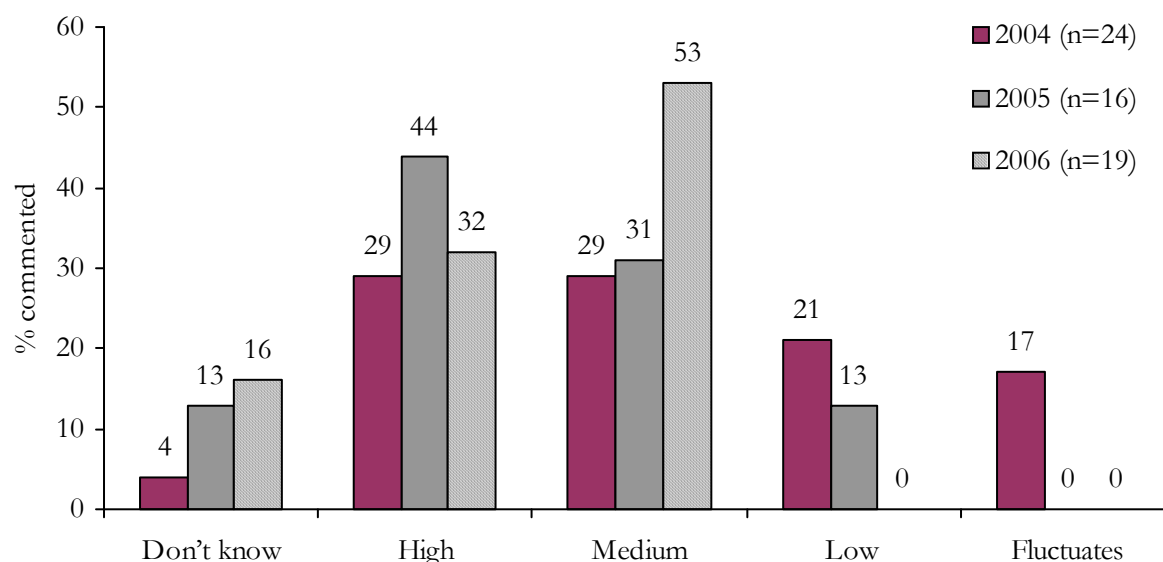
	2004	2005	2006
Median price (\$) per tab (range)	(n=22) 25 (12-30)	(n=15) 25 (15-80)	(n=19) 20 (10-30)
Median last price (\$) per tab (range)	(n=24) 23 (4-30)	(n=13) 25 (10-60)	(n=18) 20 (10-30)
(% of commented)	(n=24)	(n=16)	(n=19)
Price change			
Increased	0	25	5
Stable	50	38	53
Decreased	8	0	11
Fluctuated	13	13	16
Don't know	29	25	16

Source: EDRS REU interviews

9.3 Purity

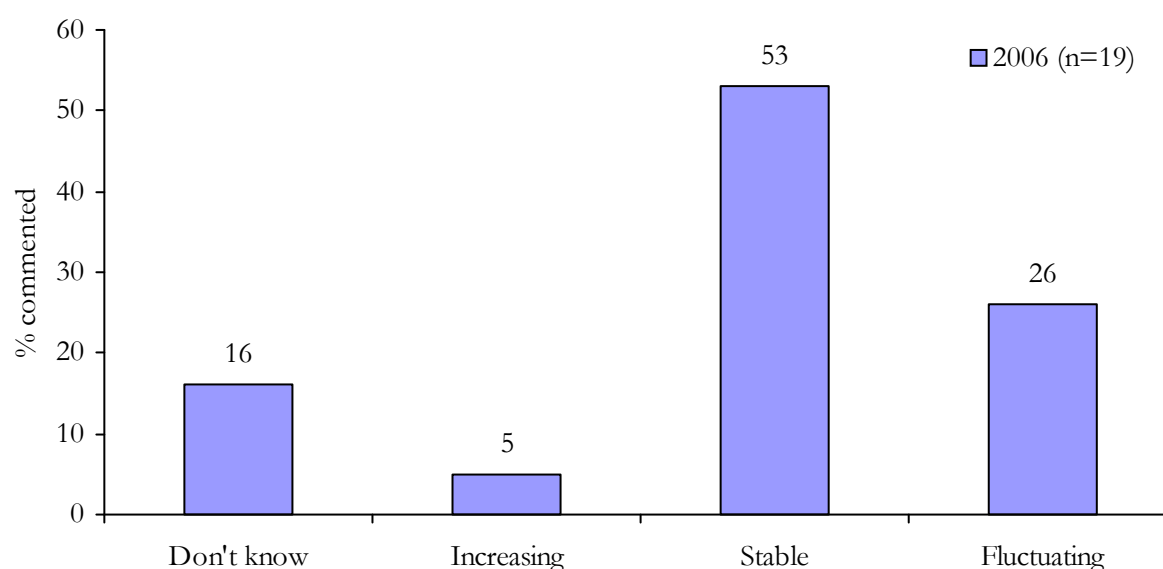
Compared to 2005, increased proportions of REU thought that current LSD purity was medium (31% to 53%) and decreased proportions thought it was high (44% to 32%, Figure 53). When asked if the purity of LSD had changed in the last six months, most (53%, Figure 54) of the nineteen recent users who commented stated that it had been stable.

Figure 53: REU reports of current purity of LSD, % commented, 2004-2006



Source: EDRS REU interviews

Figure 54: Change in purity of LSD in past 6 months, % commented, 2006

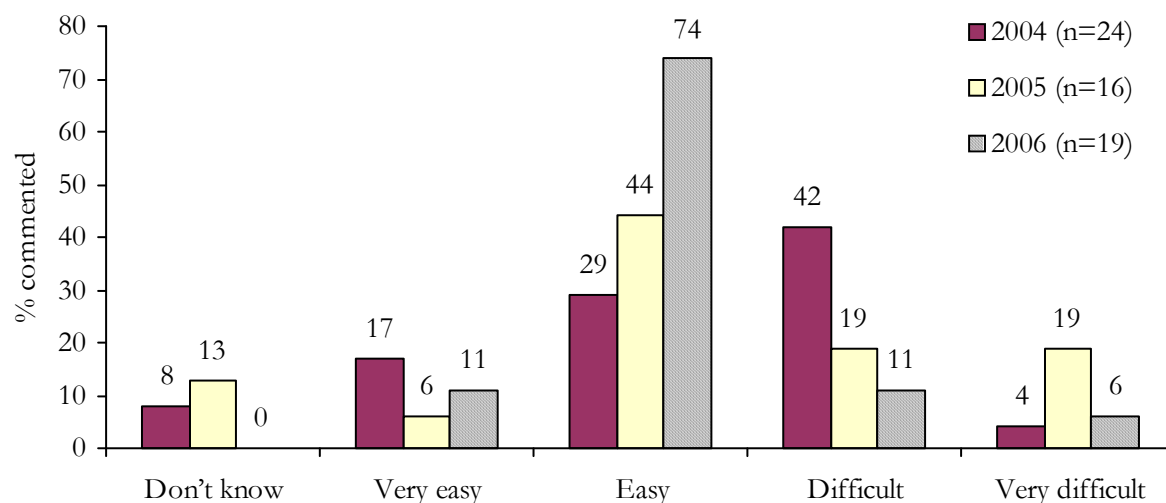


Source: EDRS REU interviews

9.4 Availability

A majority (73%, Figure 55) of recent LSD users rated it as easy to obtain (44% in 2005) and the proportion rating it as very easy to obtain increased from 6% in 2005 to 11% this year. The results presented in Figure 55 suggest that LSD has become more readily available in the NT over the past three years.

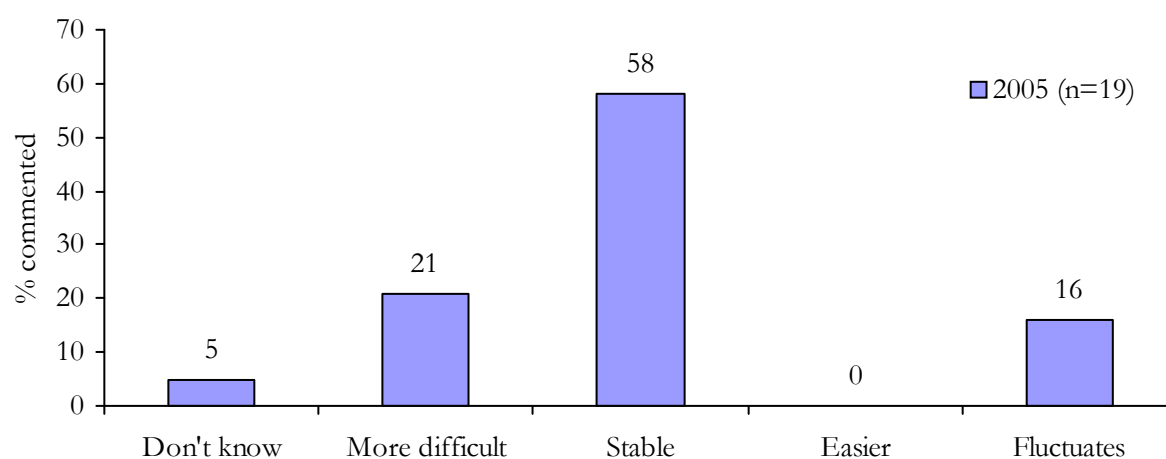
Figure 55: REU reports of current availability of LSD, 2004-2006



Source: EDRS REU interviews

Most (58%, Figure 56) recent LSD users reported recent LSD availability as stable with one in five (20%) believing that it had become more difficult to obtain.

Figure 56: REU reports of change in availability of LSD in the last 6 months, 2006



Source: EDRS REU interviews

The most common sources for scoring LSD over the six months prior to interview this year were friends (88%, Table 38) and acquaintances (19%). No recent users reported obtaining LSD from a known dealer, a substantial drop from the 46% found in 2005. Own home (56%) and friend's home (50%) were the main scoring locations, the own home proportion increasing from 18% in 2005.

Table 38: REU reports of source and locations for scoring LSD in the last 6 months, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
(% of commented)	(n=24)	(n=11)	(n=16)
Source scored from			
Friends	56	64	88
Known dealers	29	46	0
Workmates	0	9	0
Acquaintances	21	0	19
Unknown dealers	4	0	6
Locations scored from			
Home	42	18	56
Dealer's home	17	18	13
Friend's home	33	64	50
Raves/doofs/dance parties	8	9	19
Nightclubs	25	0	6
Pubs	17	9	6
Street	0	0	0
Agreed public location	13	9	13

Source: EDRS REU interviews

KE comments on REU LSD use

Four of the KE stated that none of the REU would also use LSD, seven said a few and three said half. Other KE comments regarding LSD use included: "appears to be making a comeback" and LSD is "generally used at the same time as other drugs – ecstasy, LSD and speed"

9.5 LSD-related harms

9.5.1 Law enforcement

The ACC reported that in 2003/04 there was a total of one hallucinogen consumer/provider arrest in the NT and this increased to two arrests in 2004/05.

The NT Police recorded four LSD seizures in 2003/04 and three seizures in 2004/05 (NT Police Illicit Drug Database).

9.5.2 Health

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

9.6 Summary of LSD trends

- ❖ Recent use of LSD increased from 15% in 2005 to 41% this year.
- ❖ Recent LSD users reported using 1 tab in a typical session, unchanged from 2005. Twenty-six percent, compared to 33% in 2005, usually used more than this amount.
- ❖ Swallowing was the only route of administration reported by recent LSD users; no recent LSD users reported injecting LSD.
- ❖ Bingeing with LSD amongst recent users declined from 25% in 2005 to 10% in 2006.
- ❖ LSD was most commonly used in a person's home at a private party or 'outdoors'.
- ❖ Recent users reported a median price of \$20 for a tab, a decrease on the \$20 found in 2005.
- ❖ In 2006 higher proportions nominated LSD's current purity as medium (53%) and less as high (32%) compared to 2005.
- ❖ Recent users this year were more likely to rate LSD as easy (74%, 44% in 2005) or very easy (11%, 6% in 2005) to obtain.
- ❖ In 2006 LSD was typically scored from a friend (88%) at home (56%) or at a friend's home (50%).

10.0 MDA

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

Only one REU this year reported any MDA use or market information. Accordingly the following MDA tables and figures are presented without detailed comment and are summarised at the end of this section.

10.1 MDA use among REU

Table 39: Patterns of MDA use among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	28	12	16
Mean age first used (range)	22 (16-38)	19 (15-29)	18 (14-21)
(Of recent users)	(n=7)	(n=2)	(n=1)
Median days used last 6 months (range)	3 (1-24)	1 (1)	5 (5)
Use fortnightly or more (n)	1	0	0
Median quantities used (capsules)			
Usual (range)	1 (1-2)	2 (2)	3 (3)
Heavy (range)	2 (1-4)	2 (2)	8 (8)
Use > usual amount (n)	3	0	0
Recently binged with (n)	0	0	0

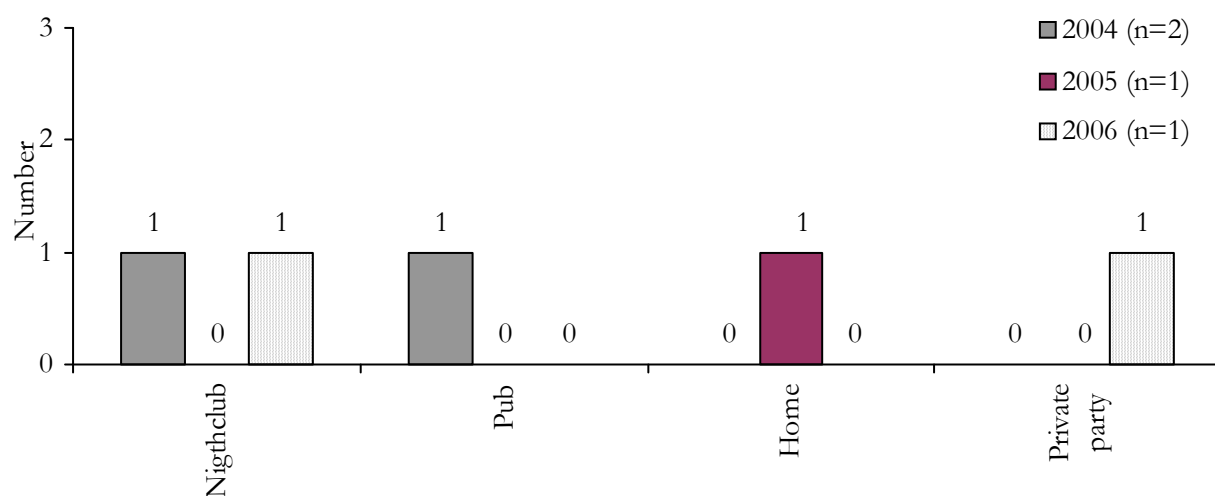
Source: EDRS REU interviews

Table 40: Route of administration of MDA by recent users, 2004-2006

	2004 (n=7)	2005 (n=2)	2006 (n=1)
Route of administration last 6 months (n)			
Swallowed	6	2	1
Snorted	1	1	0
Injected	1	1	0
Smoked	1	0	0
Shelved/shafted	0	0	0

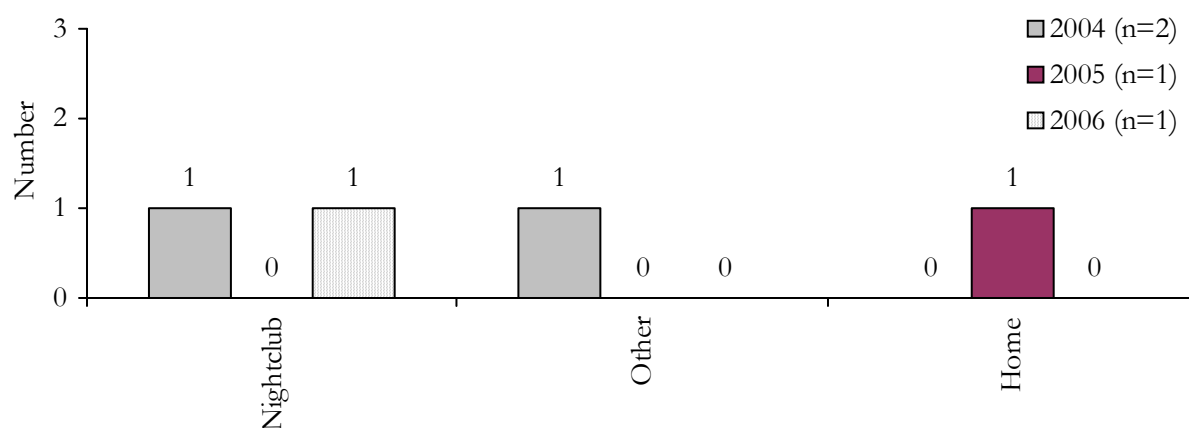
Source: EDRS REU interviews

Figure 57: Usual locations of MDA use, 2004-2006



Source: EDRS REU interviews

Figure 58: Location of most recent MDA use, 2004-2006



Source: EDRS REU interviews

10.2 Price

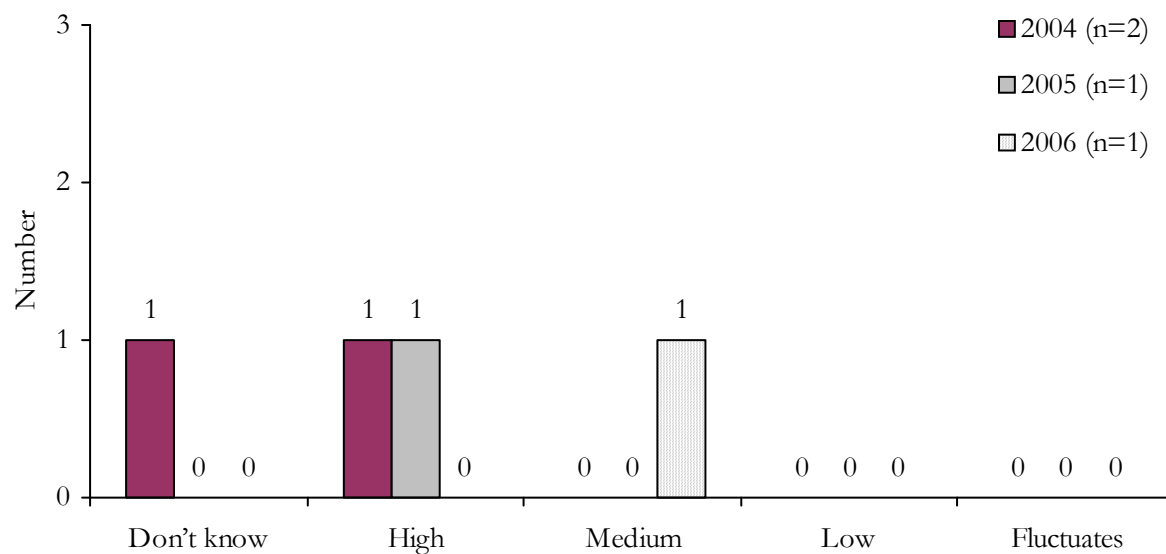
Table 41: Current and last price of MDA purchased by REU and price variations, 2004-2006

	2004	2005	2006
Median price (\$) per cap (range)	(n=2) 55 (50-60)	(n=1) 50 (50)	(n=1) 50 (50)
Median last price (\$) cap (range)	(n=2) 55 (50-60)	(n=1) 50 (50)	(n=1) 50 (50)
Price change (n)	(n=2)	(n=1)	(n=1)
Increased	0	0	0
Stable	1	1	0
Decreased	0	0	0
Fluctuated	0	0	0
Don't know	1	0	1

Source: EDRS REU interviews

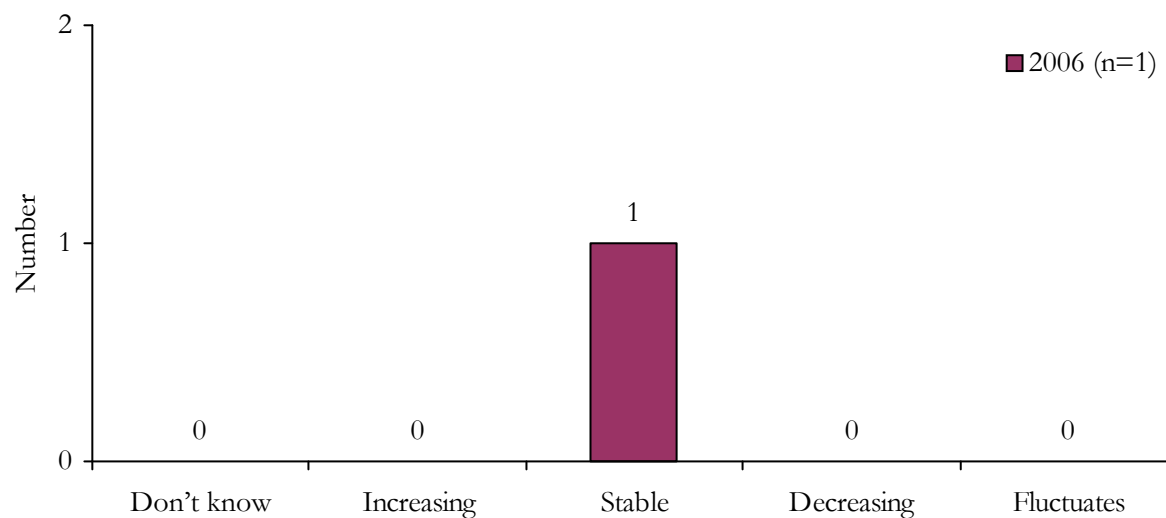
10.3 Purity

Figure 59: User reports of current purity of MDA, 2004-2006



Source: EDRS REU interviews

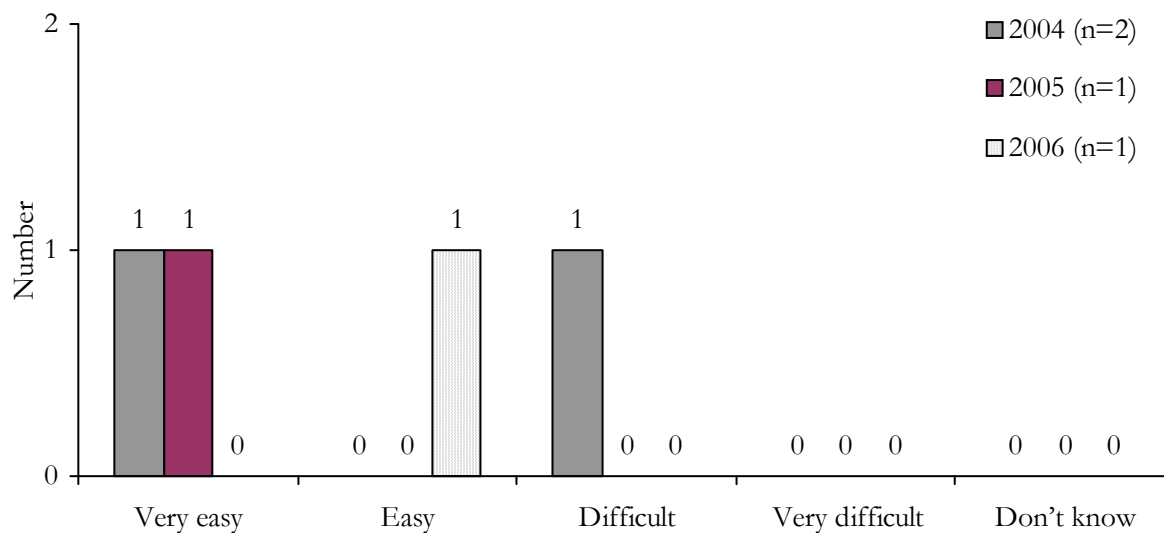
Figure 60: Change in purity of MDA in past 6 months, 2006



Source: EDRS REU interviews

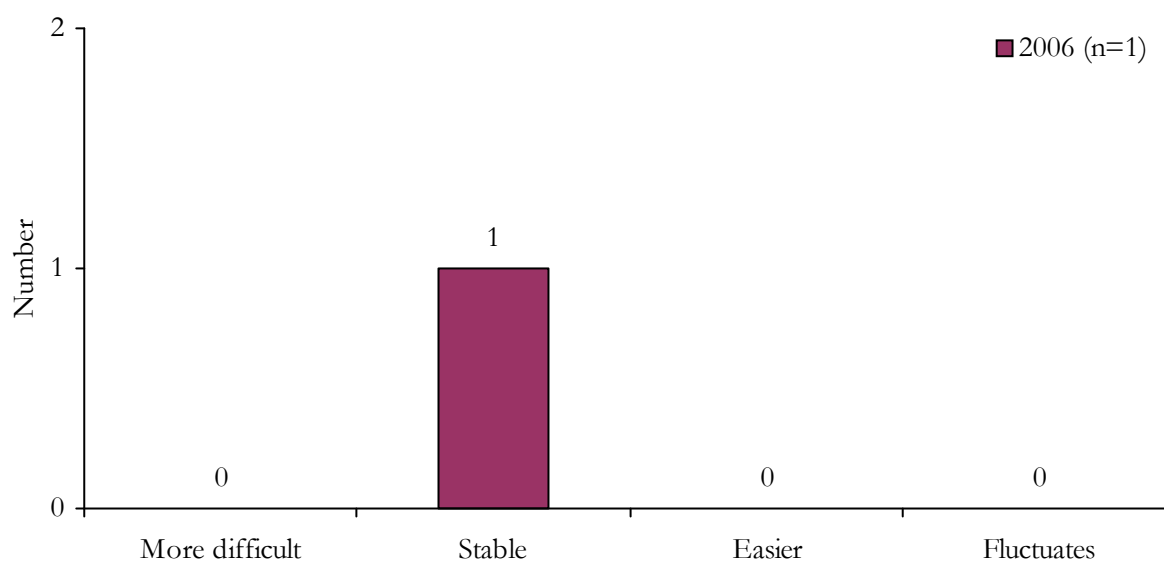
10.4 Availability

Figure 61: Current availability of MDA, 2004-2006



Source: EDRS REU interviews

Figure 62: Changes in MDA availability in the preceding six months, 2006



Source: EDRS REU interviews

KE comments on REU MDA use

Only one key expert reported encountering MDA use one year ago. Two key experts commented that: “no clients have reported use” and “never heard of it up here”.

10.5 MDA-related harms

10.5.1 Law enforcement

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

10.5.2 Health

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

10.6 Summary of MDA trends

- ❖ The number of REU reporting recent use and market characteristics has declined from 7 in 2004 to 2 in 2005 to 1 this year, suggesting that MDA is rarely seen in the NT and conclusions about MDA trends cannot be drawn.
- ❖ This year one REU reported the following MDA use and market characteristics:
 - ❖ typically using 3 capsules in a session;
 - ❖ MDA costs \$50 a capsule;
 - ❖ MDA is easy to obtain.

11.0 CANNABIS

Questions pertaining to the price, purity and availability of cannabis were included in the REU survey for the first time this year. Accordingly, these results are presented without comparison to previous years.

11.1 Cannabis use among REU

Eighty-six percent of this year's REU had recently used cannabis (Table 42), similar to the levels found in 2005 (79%) and 2004 (87%), reporting first use at 14 years. Recent cannabis users reported a median of 90 days use in the past six months, reduced from the 150 days found in 2005. Sixty-five percent of recent cannabis users used this drug fortnightly or more often, compared to 89% in 2005. The proportion of recent users reporting recent bingeing with cannabis increased from 29% in 2005 to 35% this year. All recent users smoked cannabis with 34% swallowing.

Table 42: Patterns of cannabis use and route of administration by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	100	99	100
Mean age first used (range)	14 (6-26)	14 (8-21)	14 (8-24)
(Of recent users)	(n=62)	(n=65)	(n=44)
Median days used last 6 months (range)	155 (1-180)	150 (1-180)	90 (1-180)
Use fortnightly or more (%)	74	89	65
Recently bingeed with^ (%)	29	29	35
Route of administration last 6 months (%)			
Swallowed	26	29	34
Smoked	100	98	100

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

11.2 Price

Nineteen REU had recently purchased one ounce of hydroponic cannabis for a median of \$300 (Table 43) and 17 REU had recently purchased a gram of cannabis for a median of \$25. One ounce of bush cannabis was cheaper, at a median of \$200, with the gram price the same as that of hydroponic. A gram of hashish or hash oil was priced at \$30 and a cap at \$55.

Most of the REU who could comment (63%, Table 44) reported that recent hydroponic prices had been stable while 21% felt that it had been increasing. Eighty-two percent of REU who could comment reported that recent bush cannabis prices had been stable.

Table 43: Median price (\$) of most recent cannabis purchases by IDU, 2006

		2006
Hydroponic	Gram	25 (17)
	2 grams	30 (10)
	3 grams	50 (7)
	¼ ounce	100 (6)
	½ ounce	160 (6)
	Ounce	300 (19)
Bush	Gram	25 (3)
	2 grams	25 (1)
	3 grams	50 (1)
	¼ ounce	-
	½ ounce	-
	Ounce	200 (6)
Hash/hash oil	Gram	30 (3)
	Cap	55 (2)

Source: EDRS REU interviews

Table 44: Price variations of cannabis in the past 6 months, % commented, 2006

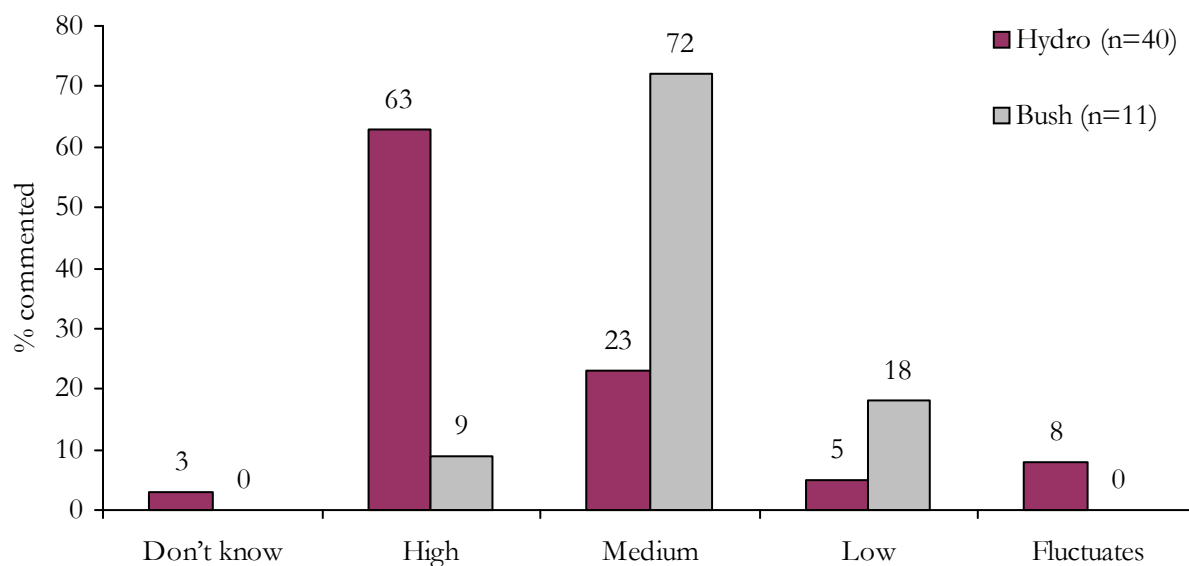
	2006 n=51	
	Hydro	Bush
Of those that responded (%)	(n=39)	(n=11)
Don't know	10	9
Increasing	21	9
Stable	62	82
Decreasing	0	0
Fluctuating	8	0

Source: EDRS REU interviews

11.3 Purity

Hydroponic cannabis was rated as being of high potency by 63% of those able to comment (Figure 63) and of medium potency by 23%. The potency of bush cannabis was rated as medium by 72% of those who commented and as low by 18%.

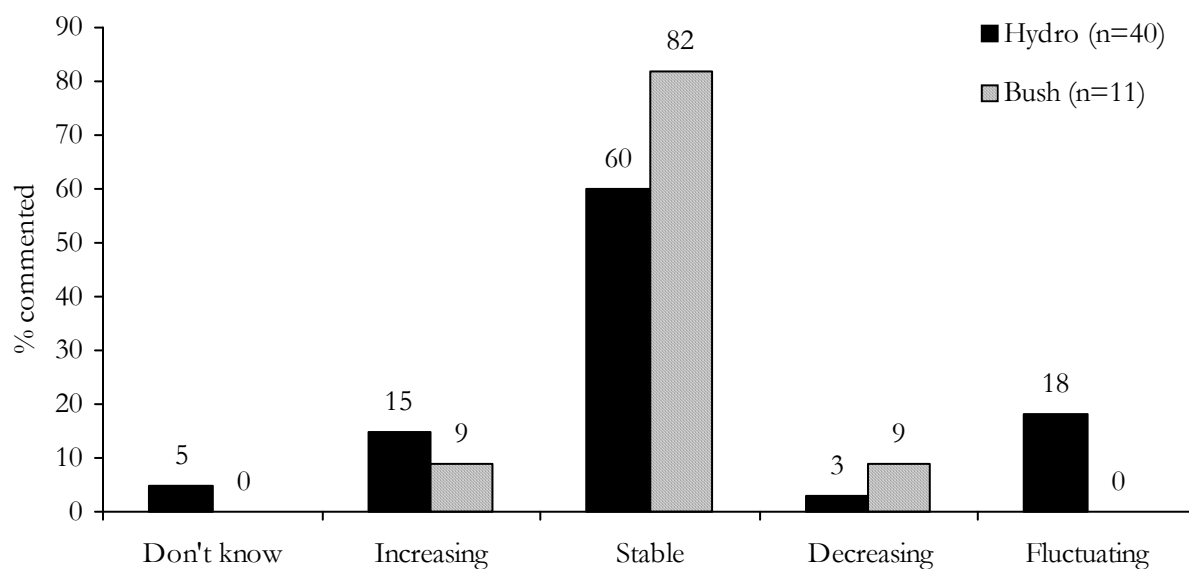
Figure 63: REU reports of current purity of cannabis, % commented, 2006



Source: EDRS REU interviews

The potency of hydroponic cannabis was judged to have been stable over the six months prior to interview by 60% (Figure 64) of those able to comment and as increasing by 15%. Eighty-two percent of those able to comment rated recent bush cannabis potency as stable.

Figure 64: Change in purity of cannabis in past 6 months, % commented, 2006

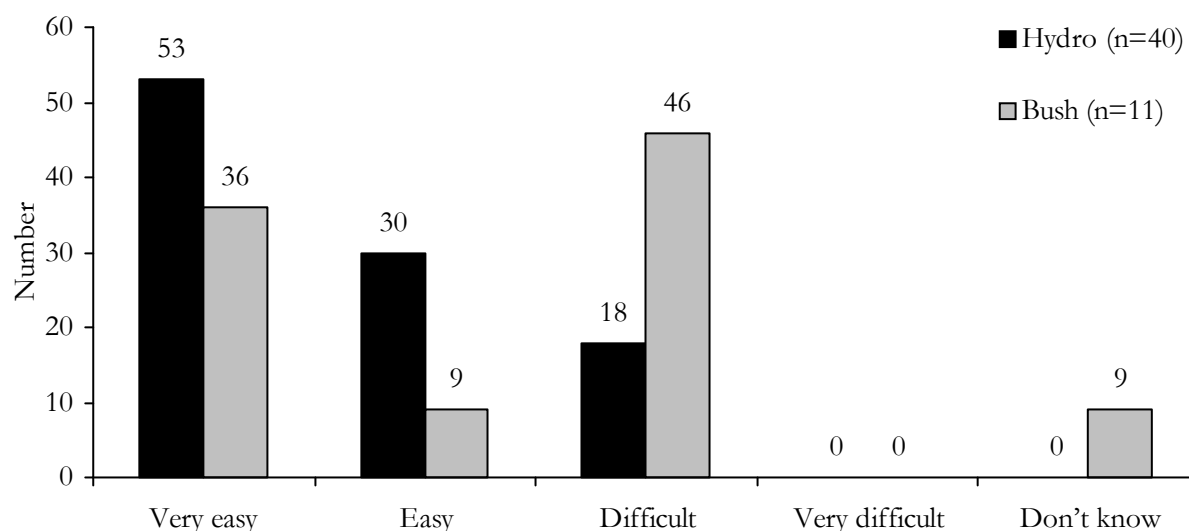


Source: EDRS REU interviews

11.4 Availability

Hydroponic cannabis was rated as either very easy (53%, Figure 65) or easy (30%) to obtain by those able to comment. Opinions about the availability of bush cannabis diverged, with 36% rating it as very easy to obtain and 46% rating it as difficult.

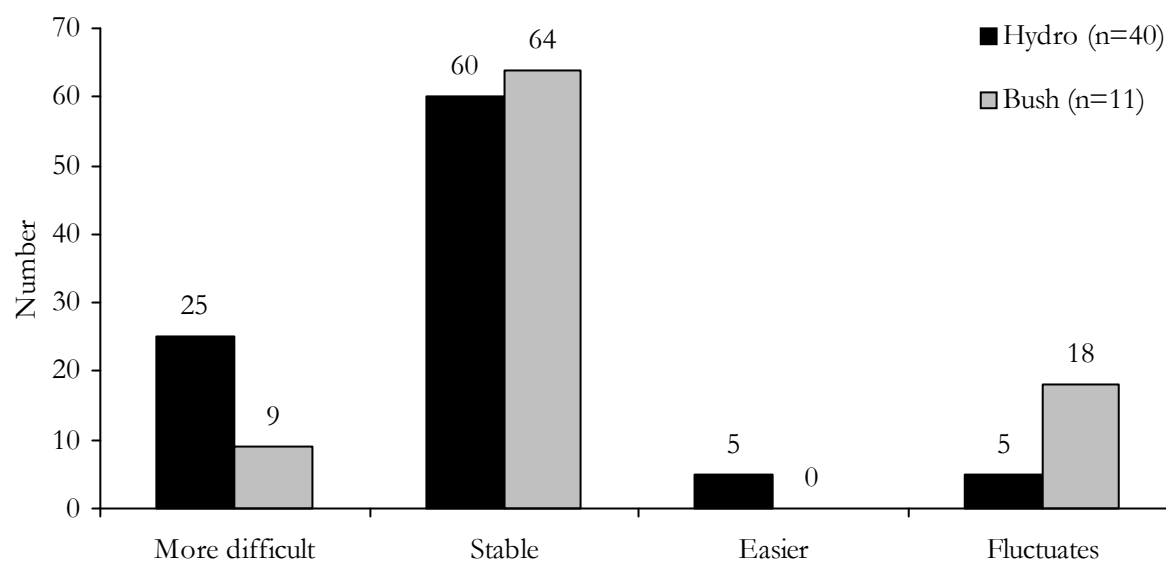
Figure 65: Current availability of cannabis, % commented, 2006.



Source: EDRS REU interviews

Recent availability was rated as stable by 60% (Figure 66) of those who commented on hydroponic cannabis and 64% of those commenting on bush cannabis.

Figure 66: Changes in cannabis availability in the preceding six months, % commented, 2006



Source: EDRS REU interviews

Hydroponic cannabis was generally scored from a friend (73%, Table 45), as a gift from a friend (33%) or from a known dealer (33%). The common locations for scoring hydroponic cannabis were at a friend's home (69%) or as home delivery (64%). Bush cannabis was scored from friends (83%) or a known dealer (36%), at a friend's (82%) or dealer's (46%) home.

Table 45: REU reports of source and locations for scoring cannabis in the last 6 months, % commented, 2006

	2006	
	Hydro	Bush
Source scored from	(n=40)	(n=11)
Street dealer	10	18
Friend	73	82
Gift from friend	33	0
Known dealer	33	36
Workmates	10	9
Acquaintance	23	9
Unknown dealer	5	9
Locations scored from	(n=39)	(n=11)
Home delivery	64	11
Dealer's home	26	46
Friend's home	69	82
Acquaintance's house	26	9
Mobile dealer	8	9
Street market	8	18
Agreed public location	21	9
Work	3	0

Source: EDRS REU interviews

KE comments on REU cannabis use

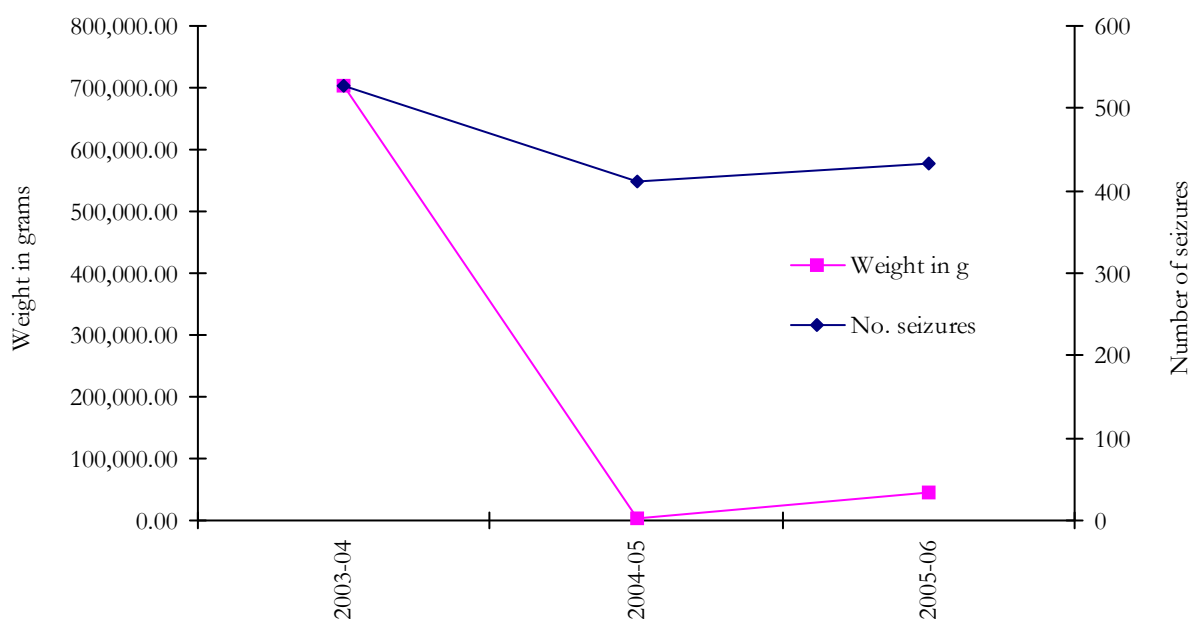
Key experts consistently reported that all or most regular ecstasy users would also use cannabis. They commented that cannabis is used when 'coming down' from ecstasy and not at the same time. One KE commented of regular ecstasy users that "most were cannabis users before they used ecstasy".

11.5 Cannabis-related harms

11.5.1 Law enforcement

Figure 67 displays the data from the Australian Customs Service. The weight refers to the weight of the seizure and not the weight of the active ingredient.

Figure 67: Number and weight in grams of detections of cannabis at the Australian border, 2003/04 to 2005/06

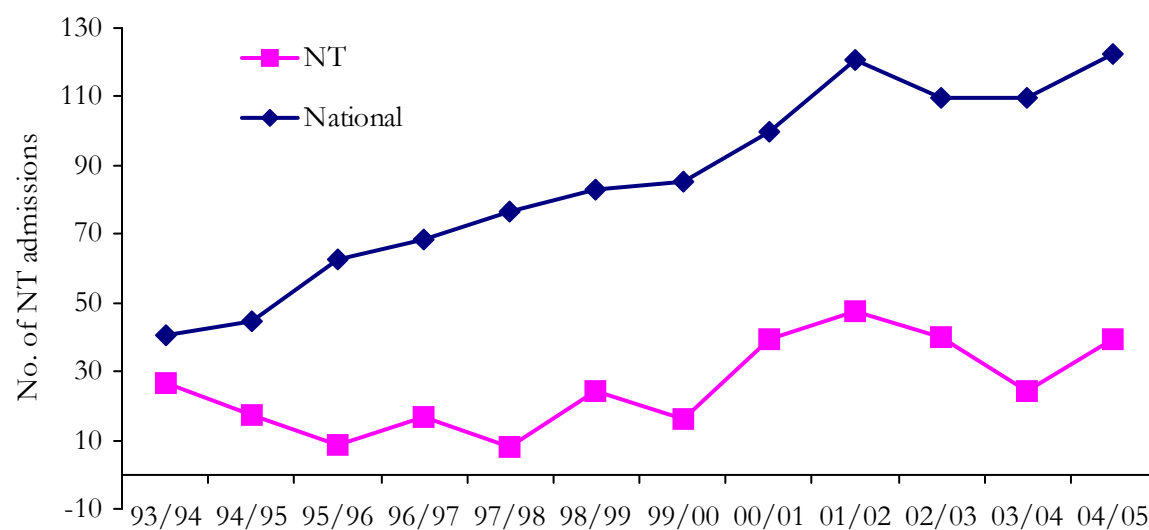


Source: Australian Customs Service

11.5.2 Health

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis has increased from 2003/04 into 2004/05 (Figure 68). The trend in the NT rate is generally upwards over the period shown in Figure 68, with yearly fluctuations, although the increase is neither as steep nor as steady as that shown nationally.

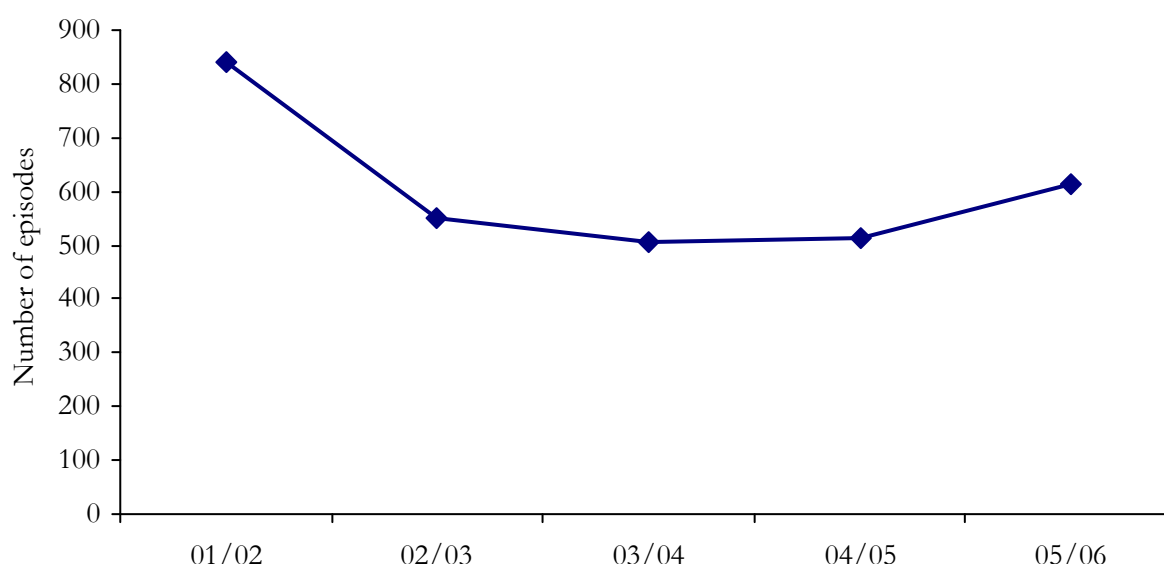
Figure 68: Rate (per million) of inpatient hospital admissions where cannabis was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2004/05



Source: AIHW

The number of episodes commenced in NT AOD treatment services where cannabis was the principal or other drug of concern was stable between 2002/03 and 2004/05 (Figure 69) and increased somewhat into 2005/06.

Figure 69: Number of closed treatment episodes in Northern Territory alcohol and other drug treatment services with cannabis as the principal or other drug of concern, 2001/02-2005/06



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

11.6 Summary of cannabis trends

- ❖ Eighty-six percent of this year's REU had used cannabis within six months of interview, similar to the proportions found in previous years.
- ❖ Frequency of use had declined from a median of 150 days in the last six months to 90 days, although the proportion of REU reporting recent binging with cannabis increased from 29% to 35%.
- ❖ Hydroponic cannabis was priced by REU at \$25 a gram and \$300 an ounce; bush cannabis was priced at \$25 a gram and \$200 an ounce. The price of both these forms of cannabis was reported to have been stable over the preceding six months.
- ❖ Hydroponic cannabis was generally rated as being of high potency (63%) and very easy (53%) or easy (30%) to obtain.
- ❖ Bush cannabis was rated as being of medium (72%) potency and either very easy (36%) or difficult (46%) to obtain.
- ❖ Both forms of cannabis were mainly scored from friends (73% and 82% respectively) in a friend's home (69% and 82%).
- ❖ The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis increased from 2003/04 into 2004/05, and episodes in AOD treatment services where cannabis was a drug of concern increased from 2004/05 into 2005/06.

12.0 OTHER DRUGS

12.1 Alcohol

All REU had used alcohol in their lifetime, and most had used recently (88%, Table 46), a similar result to that found in previous years. The mean age for first using alcohol was 13 years, although some started as early as six years. Alcohol was used for a median of 50 days with most (96%) recent users using it fortnightly or more. Thirty-five percent of recent users had binged with alcohol in the previous six months.

Two-thirds (67%) of the recent alcohol users would drink more than 5 standard drinks while using ecstasy and almost half (49%) did so while coming down from ecstasy, a decrease in both categories compared to 2005.

Table 46: Patterns of alcohol use of REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	97	99	100
Mean age first used (range) (Of recent users)	14 (3-18) (n=66)	13 (5-18) (n=81)	13 (6-20) (n=45)
Median days used last 6 months (range)	48 (2-180)	60 (1-180)	50 (1-180)
Use fortnightly or more (%)	82	90	96
Recently binged with^ (%)	21	24	35
Alcohol in combination with ecstasy (%)			
>5 standard drinks with ecstasy	64	83	67
>5 standard drinks comedown from ecstasy	15	58	49

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

As in 2004 and 2005, all recent alcohol users reported only swallowing alcohol in the past six months, with no injecting.

Table 47: Route of administration of alcohol by recent users, 2004-2006

	2004 (n=66)	2005 (n=81)	2006 (n=45)
Route of administration last 6 months (%)			
Swallowed	100	100	100
Injected	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU alcohol use

All of the KE stated that REU would also use alcohol, two said that a few would, two said half would, eight stated most would and the two remaining KE stated all REU would also use alcohol. The link between ecstasy and alcohol use was not perceived to be strong, with comments such as:

“illicit drug users tend to use less alcohol...the more drugs used the less alcohol used”

“not their [ecstasy users] drug of choice”

“[ecstasy users are] moderate drinkers”

“usually when on ecstasy they drink water”

“many ecstasy users not interested in drinking”

12.1.1 Alcohol Use Disorders Identification Test (AUDIT)

In 2006, the EDRS made use of the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aaslad, Babor & de la Fuente, 1993). The AUDIT was designed by the World Health Organization as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert & Allen, 2002).

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Babor, Higgins-Biddle, Saunders & Monteiro, 2001). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor, Higgins-Biddle, Saunders & Monteiro, 2001).

The total AUDIT score places respondents into one of four ‘zones’, or risk levels. Zone 1 indicates low-risk drinking or abstinence. Zone 2 indicates that alcohol use is in excess of low-risk guidelines. Zone 3 is indicative of harmful or hazardous drinking. Those in zone 4 may be referred to evaluation and possible treatment for alcohol dependence.

Of the 49 people who responded to the AUDIT, most (77%) returned a total score of 8 or higher, indicating hazardous or harmful alcohol use. Twenty percent engaged in low risk drinking and fourteen percent in hazardous or harmful drinking. Twenty-seven percent returned a total score indicating a possible need for treatment for alcohol dependence.

Table 48: Responses to AUDIT (%) 2006.

	2006 (n=49)
How often have a drink containing alcohol ≥ 4 times a week	39
How many drinks when drinking ≥ 10	31
How often ≥ 6 standard drinks on one occasion Daily/almost daily	18
How often unable to stop drinking once started Daily/almost daily	6
How often failed to do what was expected due to drinking Daily/almost daily	2
How often needed a drink in the morning Daily/almost daily	0
How often felt guilt or remorse after drinking Daily/almost daily	4
How often unable to remember due to drinking Daily/almost daily	2
Anyone been injured as a result of drinking Yes, in the last year	33
Someone concerned about your drinking / suggest cut down Yes, in the last year	27
AUDIT scores:	14.8
mean total score	8.0
SD	0-33
range	
Score 8 or above (%)	77
Zone 1 (%)	20
Zone 2 (%)	39
Zone 3 (%)	14
Zone 4 (%)	27

Source: EDRS REU interviews

12.2 Tobacco

Tobacco continues to be popular with REU: 86% (Table 49) of all respondents had used tobacco within the previous six months on a median of 180 days (daily). This pattern is essentially unchanged from previous years.

Table 49: Patterns of tobacco use by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	92	88	98
Mean age first used (range)	13 (5-18)	13 (6-21)	13 (6-19)
(Of recent users)	(n=58)	(n=72)	(n=44)
Median days used last 6 months (range)	180 (1-180)	180 (1-180)	180 (2-180)
Use fortnightly or more (%)	90	95	95
Recently binged with [^] (%)	5	0	5

Source: EDRS REU interviews

[^] Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

KE comments on REU tobacco use

All of the KE stated that REU would also use tobacco: seven said that half would, four that most would and 3 that all would. There were no other KE comments regarding tobacco use.

12.3 Benzodiazepines

Lifetime use of benzodiazepines increased to 53% this year from 28% in 2005 and 24% in 2004 (Table 50). Recent use has also increased to 29% this year compared to 17% in 2005 and 10% in 2004. The median days of recent use has declined since 2004 to 6 days in the last six months this year, although the proportion of recent benzodiazepine users using fortnightly or more is stable compared to 2005 at 33%. Swallowing continues to be the main route of administration.

Table 50: Patterns of benzodiazepine use by REU and route of administration, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	24	28	53
Mean age first used (range)	18 (12-23)	19 (14-30)	22 (13-38)
(Of recent users)	(n=7)	(n=14)	(n=15)
Median days used last 6 months (range)	10 (1-15)	8 (1-90)	6 (1-180)
Use fortnightly or more (%)	14	36	33
Route of administration last 6 months (%)			
Swallowed	86	86	87
Injected	14	22	13
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU benzodiazepine use

One key expert reported that most of the REU that she sees as a nurse would use benzodiazepines. Six KE stated that a few REU would also use benzodiazepines. One said half would, and the remainder said none would also use benzodiazepines. It was reported that both licit and illicit benzodiazepines were used and the brands included Valium, Rohypnol and Serepax.

12.4 Heroin

Three respondents reported recent heroin use on a median of 3 days in the six months before interview (Table 51). One respondent reported using fortnightly or more often and all three had injected. No one reported recently bingeing with heroin.

Table 51: Patterns of heroin use by REU and route of administration, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	27	22	35
Mean age first used (range)	18 (14-22)	17 (14-26)	22 (14-40)
(Of recent users)	(n=2)	(n=4)	(n=3)
Median days used last 6 months (range)	13 (5-20)	9 (1-21)	3 (1-28)
Use fortnightly or more (%)	1	2	2
Route of administration last 6 months (%)			
Swallowed	1	1	0
Snorted	0	0	0
Injected	1	4	6
Smoked	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU heroin use

Two key experts stated that a few REU would also use heroin but that it is rarely available. As with benzodiazepines, one key expert, a clinical nurse, stated that most of the REU she encounters use heroin as well.

12.5 Inhalants

12.5.1 Amyl nitrate

Although almost half the REU reported lifetime use of amyl nitrate (47%, Table 52), recent use remains low at 10%. Median days of use declined from 6 days in six months to 2 days this year. The quantities used in typical and heavy sessions increased to 5 snorts in each case. No one reported recent bingeing on amyl nitrate.

Table 52: Patterns of amyl nitrate use by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	41	31	47
Mean age first used (range)	21 (16-43)	17 (13-24)	20 (13-44)
(Of recent users)	(n=18)	(n=5)	(n=5)
Median days used last 6 months (range)	2 (1-24)	6 (2-180)	2 (1-6)
Use fortnightly or more (%)	17	1	1
Median quantities used (snorts)			
Usual (range)	3 (1-10)	2 (1-3)	5 (2-30)
Heavy (range)	4 (1-50)	3.5 (1-8)	5 (2-30)
Usually use > usual amount (%)	44	25	20
Recently binged with^ (%)	11	0	0

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

12.5.2 Nitrous oxide

Recent use of nitrous oxide remained low and is decreasing, from 16% of the 2004 REU sample to 2% this year (Table 53). The single recent user of nitrous oxide had used on 2 days in the previous six months.

KE comments on REU inhalant use

Most key experts (n=8) stated that no REU use inhalants while five reported that a few do. Amyl nitrate was mentioned by three key informants, one commenting that REU use it to “open up (their) sinus – for special occasions”. Another key expert commented that “Aboriginal clients use petrol and ecstasy...(I see) 1 or 2 clients a week”.

Table 53: Patterns of nitrous oxide use by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	44	31	33
Mean age first used (range)	17 (12-29)	18 (13-33)	19 (14-24)
(Of recent users)	(n=11)	(n=3)	(n=1)
Median days used last 6 months (range)	1 (1-90)	1 (1-5)	2 (2)
Use fortnightly or more (%)	9	0	0
Median quantities used (bulbs)			
Usual (range)	10 (1-20)	8 (1-15)	2 (2)
Heavy (range)	10 (1-30)	16 (1-30)	4 (4)
Usually use > usual amount (%)	36	1 (n)	0
Recently binged with (%)	18	0	100

Source: EDRS REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

12.6 Methadone

Lifetime use of methadone has increased from 10% (Table 54) of the 2004 REU sample to 16% of this year's sample. The two recent users this year used a median of 11 days over the previous six months. One recent user reported injecting.

Table 54: Patterns of methadone use by REU and route of administration, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	10	12	16
Mean age first used (range)	20 (16-24)	23 (15-35)	30 (20-40)
(Of recent users)	(n=1)	(n=3)	(n=2)
Median days used last 6 months	3	2 (1-180)	11 (2-20)
Use fortnightly or more (%)	0	1	2
Route of administration last 6 months (%)			
Swallowed	1	2	2
Injected	0	2	2
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU methadone use

Four KE stated that a few REU would also use methadone and the remainder said none would use methadone. It was reported that the forms of methadone used were both licit and illicit: one KE said it was mostly licit and another said it was usually Physeptone tablets. Other KE comments regarding methadone use included: the more dedicated ecstasy users have no interest in opiates; and these are primarily methadone users and when have they money they will use ecstasy.

12.7 Buprenorphine

Lifetime use of buprenorphine has increased over the last three REU samples from 6% in 2004 (Table 55) to 16% this year; the age of first use has also increased from 21 to 36 years. Eight percent of REU reported recent use of buprenorphine (Table 55) on a median of 180 days in the previous six months (daily). The proportion of REU reporting recent use, although consistently low, has also increased in each of the last two years from 3% in 2004 and 7% in 2005. All recent buprenorphine users had injected in the last six months.

Table 55: Patterns of buprenorphine use by REU and route of administration, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	6	10	16
Mean age first used (range)	26 (18-35)	30 (23-42)	36 (22-50)
(Of recent users)	(n=2)	(n=6)	(n=4)
Median days used last 6 months (range)	127.5 (75-180)	180 (5-180)	180 (1-180)
Use fortnightly or more (%)	3	6	8
Route of administration last 6 months (%)			
Swallowed	3	6	1
Injected	1	5	8
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU buprenorphine use

Three KE stated that a few REU would also use licit buprenorphine. No other KE comments were made about ecstasy and buprenorphine.

12.8 Other opiates

Lifetime use of other opiates increased this year to 39% (Table 56) from the 22 found in 2005, and the proportion of REU reporting recent other opiate use increased from 10% in 2005 to 22% this year. Frequency of use also increased from a median of 4 days to a median of 26 days in the last six months, with 16% reporting using fortnightly or more often (1% in 2005).

Table 56: Patterns of other opiate use by REU and route of administration, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	21	22	39
Mean age first used (range)	21 (15-30)	21 (13-44)	24 (6-51)
(Of recent users)	(n=6)	(n=8)	(n=11)
Median days used last 6 months (range)	6 (2-180)	4 (1-60)	26 (2-180)
Use fortnightly or more (%)	1	1	16
Route of administration last 6 months (%)			
Swallowed	7	5	10
Snorted	1	0	1
Injected	4	6	18
Smoked	0	0	1
Shelved/shafted	0	0	1

Source: EDRS REU interviews

KE comments on REU morphine use

Three KE stated that a few REU would also use morphine and this was mostly illicit. KE commented that “these are primarily morphine users who occasionally use ecstasy; these people are mainly lower class”; and “it’s just as easy to get as speed”.

12.9 Anti-depressants

At 8% this year (Table 57), the proportion of the REU sample reporting recent anti-depressant use has declined slightly from 11% in 2004 and 10% in 2005. Frequency of use, however, has increased to a median of 180 days in six months from 10 days in 2005, with the REU proportion using fortnightly or more often increasing to 8%. All this year’s recent anti-depressant users had used this drug in combination with ecstasy within the last six months.

Questions regarding prescription and dosage were asked in 2004 and of the eight recent anti-depressants users: five were using prescriptions and taking them only as prescribed; one used anti-depressants before taking ecstasy; and two would use them whilst coming down from ecstasy. These questions were not asked in 2005 or 2006.

Table 57: Patterns of anti-depressant use by REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever used (%)	24	28	24
Mean age first used (range)	19 (12-31)	18 (9-30)	24 (16-39)
(Of recent users)	(n=8)	(n=8)	(n=4)
Median days used last 6 months (range)	97 (1-180)	10 (1-180)	180 (180)
Use fortnightly or more (%)	5	4	4
Use while on ecstasy (%)	0	2	4
Use while coming down from ecstasy (%)	2	1	4

Source: EDRS REU interviews

Since 2004 all recent anti-depressant users have reported administering anti-depressants orally.

Table 58: Route of administration of anti-depressants by recent users, 2004-2006

	2004 (n=8)	2005 (n=82)	2006 (n=4)
Route of administration last 6 months (%)			
Swallowed	11	10	8
Injected	0	0	0
Shelved/shafted	0	0	0

Source: EDRS REU interviews

KE comments on REU anti-depressant use

Five KE stated that a few REU would also use anti-depressants. One said half would and one, a clinical nurse, thought most would also use anti-depressants. It was mostly reported that this was

licit use. Other KE comments regarding anti-depressant use included: “they are used as a way of coping with not using drugs in prison” and “they are using because of the long-term damage from ecstasy use”.

12.10 Mushrooms

Table 59: Patterns of mushroom use by REU and route of administration, 2005-2006

	2005 (n=82)	2006 (n=51)
Ever used (%)	37	63
Mean age first used (range)	17 (14-27)	20 (10-40)
(Of recent users)	(n=8)	(n=4)
Median days used last 6 months	1 (1-2)	1.5 (1-3)
Use fortnightly or more (n)	0	0
Route of administration last 6 months (n)		
Swallowed	7	4
Smoked	3	0
Injected	0	0
Shelved/shafted	0	0

Source: EDRS REU interviews

Four REU (8%, Table 59) reported recent use of mushrooms on between 1 and 3 days in the previous six months. Swallowing was the exclusive route of administration.

12.11 Other drugs

This year 9 REU reported lifetime use of various other drugs, including: Datura (n=2), DMT (n=3), Hawaiian baby woodrose seeds (n=1) and kava (n=3). One REU reported recent use of DMT. In 2005 two participants reporting using other drugs: one reported using petrol and another steroids. Neither had used these drugs within six months of the interview. In 2004 twelve REU reported using drugs other than those specified in the survey. These included aerosols, Physeptone, Rohypnol, mushrooms, Xanax, glue, steroids, kava, Travelcalm, and butane.

One key expert, a security worker, reported that a drug that he called ‘cow’ was “around for seven months...is hard to get...cross between cocaine and speed and doesn’t suppress appetite...use before ecstasy or just on its own”. He described it as “brown and pasty”.

12.12 Summary of other drug use

- ❖ Most of the REU sample (88%) had used alcohol within six months of interview, two-thirds of this group had drunk more than 5 standard drinks while using ecstasy, and 49% had drunk more than 5 standard drinks while coming down from ecstasy.
- ❖ Seventy-seven percent of REU returned an AUDIT score indicative of hazardous or harmful alcohol use.
- ❖ Key expert comment was generally inconsistent with this result, down-playing regular ecstasy users' alcohol use.
- ❖ Recent tobacco use remained common at 86% of the REU sample and consistent with key expert reports.
- ❖ The proportion of REU reporting recent use of benzodiazepines increased from 17% last year to 29% this year.
- ❖ Recent heroin use remained low.
- ❖ Consistent with key expert reports, inhalant use was low (10% of the REU sample) and infrequent (2 days in the last six months).
- ❖ Recent methadone use remained low (4%) as did recent buprenorphine use (8%). Key experts suggested that methadone and buprenorphine would typically be used licitly as a part of drug treatment.
- ❖ Recent use of other opiates increased this year in the REU sample to 22% and the frequency of use increased to a median of 26 days in the last six months.
- ❖ Anti-depressant use and hallucinogenic mushroom use remained low.
- ❖ One REU reported recent use of DMT and one key expert reported hearing of a stimulant called 'cow'.

13.0 DRUG INFORMATION-SEEKING BEHAVIOUR

For the first time in 2005, participants were asked questions regarding how they obtained more information about ecstasy and other party drugs. This included information about the content and purity of ecstasy and other party drugs, and the ways they made their experience with them safer and healthier.

When asked if they would find out about the content of the drugs they use (other than ecstasy), a decreased proportion this year (40% vs 49%, Table 60) stated that they would never do so and an increased proportion this year would always do so (21% vs 10%). When asked the same question in regards to ecstasy, the proportions over the two years were similar with 20% (20% in 2005) claiming that they always found out about the content of the ecstasy tablets and 33% (27% in 2005) reported never doing so. Those who had found out about the content/purity of the ecstasy they took were then asked how they had done so; in both years most found out through friends (81% in 2005, 97% in 2006) or dealers (64% in 2005, 56% in 2006). In 2006 an increased proportion also found out about the content via websites (9% in 2005, 29% in 2006). A small proportion of this group used testing kits in both years.

In 2006 three participants reported using testing kits to find out about the content/purity of the ecstasy they were taking. These three were asked how often they would use testing kits and two advised that they sometimes tested their drugs before consumption. This year all participants were asked questions regarding testing kit results and thirty-seven responded. Of those that responded, all indicated that they would take the drug if the drug testing kit showed a result that the tablet contained an ecstasy or an amphetamine-like substance, 60% said they would still take the drug if the result showed the drug was ketamine and 43% said that they would still take the drug if the test showed no reaction. Fifteen percent (15%) of those that responded reported being aware of the limitations of drug testing kits.

In the 2006 sample, ten percent (10%) advised that the ecstasy they bought, – always or most of the time, – had a different content to what they expected (8% in 2005), and a majority (71%) had this occur at least sometimes (80% in 2005).

Table 60: Content and testing of ecstasy tablets, 2005-2006

	2005 (n=82)	2006 (n=51)
Find out the content of other drugs (not including ecstasy, %)		
Always	10	21
Most times	10	17
Half the time	4	4
Sometimes	27	17
Never	49	40
Find out the content of ecstasy (%)		
Always	20	20
Most times	15	22
Half the time	7	4
Sometimes	31	22
Never	27	33
Find out content of ecstasy via (%)*	(n=59)	(n=34)
Friends	81	97
Dealers	64	56
Other people who had taken it	51	44
Testing kits	7	9
Information pamphlets	0	0
Websites	9	29
Use testing kits** (%)	(n=4)	(n=3)
Always	25	0
Most times	25	0
Half the time	25	0
Sometimes	25	66
	(n=4)	(n=34)
Are aware of limitations of testing kits (%)	25	15
Would still take pill if contained (%)	(n=4)	(n=37)
Ecstasy-like substance	100	100
Amphetamine substance	100	100
Ketamine substance	50	60
No reaction	25	43
Ecstasy different content than expected (%)		
Always	4	2
Most times	4	8
Half the time	16	8
Sometimes	57	53
Never	20	29

Source: EDRS REU interviews

*Among those who found out about content/purity of ecstasy

**Among those who used testing kits

In 2006 twenty-two percent (not shown) of REU stated that no ecstasy information resources would be useful for them personally. However, over half of the participants in both years (63% in 2005, 53% in 2006) said they would find testing kits useful.

Table 61: Drug information resources, 2005-2006

	2005 (n=82)	2006 (n=51)
Information resources believed to be/would be useful (%)		
Pamphlets	52	35
Posters	53	26
Postcards	31	6
Music CDs	25	0
Video/DVDs	22	0
Local website	43	43
Testing kits	63	53
Outreach worker	24	26

Source: EDRS REU interviews

Participants were asked to indicate if they agreed or disagreed with certain statements (Table 62). Half (50%) disagreed or strongly disagreed that logos were a good indication of what a pill is like. The majority (59%) of respondents didn't care what was in the ecstasy they took as long as they had a good time. When asked whether they thought that taking ecstasy should be legal, answers were divided with 39% neutral. A similar response pattern was found to the statement 'selling ecstasy should be legal, with 35% advising they were neutral. Three-quarters (75%) of respondents reported that they did not know what was in the pills they took.

Table 62: Drug information relating to ecstasy tablets, 2006

	2006 (n=51)
Logo are a good indication of what pill is like (%)	
Strongly agree	14
Agree	24
Neutral	12
Disagree	32
Strongly disagree	18
Don't care about content as long I have a good time (%)	
Strongly agree	22
Agree	37
Neutral	10
Disagree	24
Strongly disagree	8
Using 'ecstasy' should be legal (%)	
Strongly agree	10
Agree	20
Neutral	39
Disagree	28
Strongly disagree	4
Selling 'ecstasy' should be legal (%)	
Strongly agree	6
Agree	24
Neutral	31
Disagree	35
Strongly disagree	4
I know what's in the pills I take	
Strongly agree	2
Agree	16
Neutral	8
Disagree	47
Strongly disagree	28

Source: EDRS REU interviews

13.1 Summary of drug information-seeking behaviour

- ❖ Twenty percent (20%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.
- ❖ Forty percent of the sample would never find out about the content and purity of other party drugs before taking them and 33% would never find out about the content and purity of ecstasy.
- ❖ The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it (97%) and through dealers (56%).
- ❖ Two participants had used testing kits sometimes.
- ❖ Eighty percent (71%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.
- ❖ Respondents thought that testing kits (53%) and a local website (43%) would be useful drug information resources.
- ❖ Minorities of the REU sample agreed with statements that using ecstasy (30%) or selling ecstasy (30%) should be legal.

14.0 RISK BEHAVIOUR

14.1 Injecting risk behaviour

14.1.1 Lifetime injectors

The proportion of the sample reported having ever injected a drug remained consistent over the last two years (38% 2005, 39% 2006) with a median of five drugs used intravenously in 2006 (compared to a median of 3 in 2005). Just over a quarter (27%) of the sample were recent injectors, which has remained comparatively consistent over the last three years. In 2006 recent injectors had injected a median of two and a half different drugs in the prior six months.

Table 63: Injecting among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Ever injected (%)	35	38	39
Median number of drugs ever injected* (range)	5 (1-12)	3 (1-11)	5 (1-10)
Injected last 6 months*	24	29	27
Median number of drugs injected last 6 months* (range)	3 (1-6)	2 (1-8)	2.5 (1-5)

Source: EDRS REU interviews

*Among those that had injected

Patterns of injecting drug use

The drug most commonly ever injected by lifetime injectors over the last three years was speed (92% in 2006, 97% in 2005, 92% in 2004, Table 64). In 2006, the two other forms of methamphetamines (base and crystal) were the second most common drugs ever injected (both 68%), followed by ecstasy (60%). All injectors that had ever used speed had also injected it in 2005 and 2006.

A major difference between the samples over the years is the proportion of past and current heroin users. In 2003, heroin had been recently injected by 16% of the sample and used for a median of 15 days (range 1-150) in the previous six months; therefore a fair proportion of injectors were also recent heroin users. In 2006 only 6% (2004 3%, 2005 5%) of the sample had recently used heroin on a median of 3 days, range 1-28 days (2004 13 days (5-20 days), 2005 9 days (9-21 days)).

Table 64: Injecting drug use history among REU injectors, 2004-2006

		Speed	Base	Crystal	Heroin	Ecstasy	Cocaine	Ketamine	Other opiates
Ever used	2004	100	76	84	48	100	52	60	44
	2005	97	65	71	55	100	58	23	45
	2006	100	75	80	75	100	75	35	65
Ever inject	2004	92	68	68	48	60	28	20	32
	2005	97	58	55	45	65	19	10	36
	2006	100	65	70	70	55	58	5	55
Recent use	2004	96	52	12	4	100	20	32	4
	2005	81	55	45	13	100	7	13	16
	2006	60	75	45	15	100	0	10	50
Recent inj.	2004	64	28	24	4	44	16	20	12
	2005	68	42	29	13	39	3	7	16
	2006	50	15	35	15	30	0	5	45
Median day Inj. 6 mth	2004	27	72	12	5	5	1	2	3
	2005	24	12	4	8.5	11.5	3	15.5	4
	2006	5	6	2	3	12	0	18	72
Last drug injected**	2004	41	29	0	0	6	0	0	10
	2005	74	9	0	0	9	0	0	0
	2006	21	0	0	7	14	0	0	0

Source: EDRS REU interviews

* Includes codeine, Physeptone tablets, morphine, and pethidine.

** Amongst recent injectors

Context of initiation to injecting

Over the last two years speed was the most common drug first injected (70% in 2005, 65% in 2006), followed by heroin (20% in both years, Table 65). In 2006 the median age of first injecting any drug class was 19 years (up from 17 years last year); however, some started injecting as early as 14 years.

Of the 20 people that had ever injected any drug in 2006, nine had injected for the first time under the influence, with alcohol being the most commonly reported drug used preceding first injection (66%), followed by cannabis (33%). In previous years, injectors reported first injecting under the influence of a range of other drugs. When asked how they learnt the process of injection, 5% stated they did not inject themselves (down from 29% in 2005), 60% reported learning from a friend or partner, 15% taught themselves and learnt through trial and error, 10% learnt from a relative, and 5% were taught by another user.

Table 65: Context of initiation to injecting, REU, 2004-2006

	Injectors		
	2004 (n=25)	2005 (n=31)	2006 (n=20)
Mean age first injected any drug (range)	19 (14 – 33)	17 (14-25)	20 (13-46)
First drug injected (%)			
Speed	60	70	65
Base	8	0	0
Crystal	20	0	5
Heroin	4	20	20
Other opiates	0	7	0
LSD	0	3	0
How learn to inject (%)			
Don't inject self	4	29	5
Friend/partner	68	43	60
Relative	0	6	10
Other user	32	7	5
Website	0	4	0
Taught self/trial and error	0	10	15
First injected under the influence (%)	21	50	45
If yes, which drug (%)	(n=5)	(n=14)	(n=9)
Ecstasy	-	7	0
Speed	-	14	0
LSD	-	7	0
Cannabis	100	50	33
Alcohol	40	57	66
Heroin	-	7	0
Other opiates	-	14	0

Source: EDRS REU interviews

14.1.2 Recent injectors

Patterns of recent injecting drug use

A median of two and a half (range 1-5) substances had been injected within the last six months. As outlined in Table 64, speed (50%) and other opiates (45%) were the drugs that were most likely to have been recently injected by lifetime injectors (68% speed and 42% base in 2005); speed (21%) was the most common last drug injected (speed 79% in 2005); and other opiates were the most frequent (median 72 days) recently injected drug (speed in 2005 on a median 24 days).

Overall, recent injectors had injected any drug 65 times (120 times in 2005) in the prior six months, but up to 720 times (four times a day, Table 66). Twenty-one percent (21%) would use substances intravenously while already under the influence of drugs and this occurred a median of 12 times. Seven percent (7%) would do the same whilst coming down and 36% would inject whilst either under the influence or coming down from drugs.

Eighty-six percent (86%) of recent injectors would inject themselves compared to 74% last year. All recent injectors reported never borrowing or lending a used needle; however, last year 22% had lent a used needle. Sharing other injecting paraphernalia was reasonably common with 21% sharing spoons and tourniquets. In 2005, 26% shared water and 17% shared filters, whereas this year no one reported doing so.

Table 66: Patterns of recent injecting drug use, REU, 2004-2006

	Recent injectors		
	2004 (n=17)	2005 (n=24)	2006 (n=14)
Median times injected any drug last 6 months	30 (2-520)	120 (1-900) [#]	65 (7-720)
Inject (%)			
Under the influence	35	9	21
While coming down	24	4	7
Both	24	52	36
Median times injected under the influence last 6 months	6 (1-180)	15 (1-144) [^]	12 (3-52)
Frequency of self-injection (%)			
Every time	94	74	86
Never	0	17	0
Shared injecting equipment (%)			
Spoons	29	22	21
Filter	6	17	0
Tourniquets	24	30	21
Water	12	26	0
Lent needles last 6 months (%)			
No times	100	78	100
Borrowed needles last 6 months (%)			
No times	100	100	100

Source: EDRS REU interviews

[#] n=14,

[^] n=9

Context of injecting

Recent injectors reported usually injecting in their own home (86%), followed by a friend's home (36%) and their dealer's home or car (both 14%, Table 67). Seven percent (7%) reported usually injecting on the street but no one injected in a venue or public toilet (compared to 9% in 2005). Recent injectors tended to inject with close friends (57%), although this year a much higher proportion reported usually injecting alone (36%).

Table 67: Context of recent injection among recent injectors, 2004-2006

	Of recent injectors		
	2004 (n=17)	2005 (n=24)	2006 (n=14)
Locales injected* (%)			
Own home	82	70	86
Friend's home	47	57	36
Dealer's home	29	26	14
Street	12	17	7
Venue or public toilet	18	9	0
Car	18	35	14
Sex venue	6	0	0
People usually injected with* (%)			
No one	12	4	36
Regular sex partner	35	30	0
Casual sex partner	0	9	7
Close friends	77	65	57
Acquaintances	29	13	7

Source: EDRS REU interviews

*could nominate more than one response

Obtaining needles

Most recent injectors reported having obtained their needles from a Needle and Syringe Program (NSP) (85%). They also reported obtaining needles from a chemist (7%) and friends (14%). No one reported having any difficulties in obtaining needles.

14.2 Blood-borne viral infections (BBVI)

Half (50%) of the recent injectors, and 32% of those who had never injected, reported being vaccinated against HBV (Table 68). One-quarter of the injectors reported they were vaccinated for HBV because they were at risk intravenously (25%), whereas non-injectors did so due to reasons other than being at risk.

All (100%) injectors had been tested for HCV and 29% of those tested positive, compared to 45% tested of the non-injectors, and none of them testing positive. All (100%) injectors and 55% of non-injectors were tested for HIV and none tested positive.

Table 68: BBVI – vaccination, testing and self-reported status, 2005-2006

	2005		2006	
	Never injected (n=51)	Recent injectors (n=24)	Never injected (n=31)	Recent injectors (n=14)
HBV vaccination (%)	42	51	32	50
If yes, reason				
Risk (sex)	1	8	1	0
Risk (IDU)	0	50	0	25
HCV test ever (%)	33	91	45	100
If yes, % Positive	0	14	0	29
HIV test ever (%)	55	88	55	100
If yes, % Positive	0	0	0	0

Source: EDRS REU interviews

14.3 Sexual risk behaviour

Recent sexual activity

A majority of REU (82%) reported that they had participated in penetrative sex in the last six months (Table 69). Sex in this study refers to penetrative sex and was defined as the penetration of penis/fist into vagina/anus.

In previous years most REU that had recently had sex only had one or two sexual partners recently; however, this year most had three sexual partner recently (45%). Of those people who had been recently sexually active in 2006, most (81%) had not had anal sex, 67% were having sex with a regular partner and 71% were having sex with a casual partner. This indicates some overlap of participants with regular partners also having sex with casual partners.

Of those who had sex with regular partners, reports of condom use were polar, – 57% never used condoms and 32% always used condoms; – this represents a large increase in the proportion always using condoms with regular partners compared to 2005. The use of barriers with casual partners remained consistent over the last three years: two-thirds (67%) of those who had sex with casual partners always used condoms and 13% never did so.

Table 69: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Penetrative sex (%)	97	93	82
No. of sexual partners (%)*			
One person	39	43	33
Two people	20	21	7
3-5 people	28	29	45
6-10 people	6	5	7
10+ people	7	1	7
Sex with a regular partner (%)*	80	79	67
Of those who had a regular partner			
Always use protection	31	17	32
Never used a protective barrier	42	60	57
Sex with a casual partner (%)*	62	53	71
Of those who had a casual partner			
Always use a protective barrier	63	60	67
Never used a protective barrier	14	13	13
Anal sex (%)*	25	14	19
Frequency of times had anal sex*			
≤ Mthly	20	9	14
≤ Fortnightly	0	5	2
≤ Weekly	4	0	2

Source: EDRS REU interviews

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

Drug use during sex

Amongst those who had recently had sex, 81% had done so under the influence of drugs, and, of these people, a third (35%, Table 70) had done it six or more times (i.e. once a month or more). Ecstasy (82%) was the most common drug used while having sex under the influence, followed by alcohol (50%). The participants who had sex under the influence of drugs with a regular partner mostly did so never using a condom (58%), although over a third (38%) would use a condom every time. The REU who had sex under the influence with a casual partner mostly used a condom every time (74%), and only four percent (4%) would never use a condom.

Table 70: Drug use during sex in the preceding six months*, 2004-2006

	2004 (n=69)	2005 (n=76)	2006 (n=42)
Penetrative sex while on drugs* (%)	88	90	81
Of those who had penetrative sex under the influence of drugs			
Number of times (%)			
Once	10	8	9
Twice	10	15	24
3-5 times	33	27	32
6-10 times	13	6	6
Ten +	34	44	29
Drug used (%)			
Ecstasy	84	94	82
Cannabis	33	40	38
Alcohol	49	43	50
Speed	36	34	6
Base	10	6	3
Crystal	8	7	3
Cocaine	-	2	0
Ketamine	-	2	0
Sex with a regular partner (%)	80	68	74
Of those who had a regular partner:			
Always used a protective barrier	24	23	38
Never used a protective barrier	53	63	58
Sex with a casual partner (%)	52	49	68
Of those who had a casual partner:			
Always used a protective barrier	56	57	74
Never used a protective barrier	25	19	4

Source: EDRS REU interviews

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

14.4 Driving risk behaviour

Over half (56%) of the 2006 sample reported that they had driven under the influence of alcohol in the last six months (Table 71). Three-quarters (77%) of the sample had driven soon after taking any drug in the same period compared to 58% last year. The most commonly mentioned drugs used in this way were ecstasy (49%), cannabis (39%) and LSD (18%).

Table 71: Drug driving in the last six months among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Driven under the influence of alcohol (%)	DNC	68	56
How many times (mean)	DNC	DNC	18
Driven soon after* taking a drug (%)	59	58	77
How many times (mean)	DNC	DNC	10
(Of those who'd driven soon after)	(n=42)	(n=50)	(n=33)
Drug (%)			
Ecstasy	69	88	49
Cannabis	62	71	39
Speed	52	47	12
Cocaine	-	6	3
Crystal	19	16	0
Base	26	10	3
LSD	7	6	18

Source: EDRS REU interviews

*within one hour of taking

14.5 Summary of risk behaviour

- ❖ Over one-third (39%) of the sample had ever injected a drug, using a median of five different drugs in 2006 (38% and a median of three drugs in 2004).
- ❖ Twenty-seven percent of REU reported recent injecting, down slightly from the 29% in 2005.
- ❖ Speed (50%) and other opiates (45%) were the most common recently injected drugs this year. Recent injecting of all forms of methamphetamine shows a decline at the expense of an increase in the recent injecting of other opiates.
- ❖ Speed was the first drug injected by 65% of the REU sample.
- ❖ Most injectors had learnt to inject from a friend or partner and half had first injected under the influence of drugs, most commonly alcohol and cannabis.
- ❖ Most recent injectors (86%) injected themselves.
- ❖ No recent injectors reported borrowing or lending used needles.
- ❖ Recent injectors reported usually injecting in their own home (86%) or a friend's home (36%). Fourteen percent usually injected in a dealer's home or a car.
- ❖ The majority of recent injectors had been tested for HCV and HIV and half (50%) had been vaccinated against HBV.
- ❖ Almost all REU (82%) had penetrative sex in the prior six months, with between one and five partners.
- ❖ The majority never used a protective barrier with regular partners (57%) but always used condoms with casual partners (67%).
- ❖ A high proportion (81%) had sex under the influence of drugs, most commonly ecstasy (82%), alcohol (50%) and cannabis (38%).
- ❖ In the last six months, a majority of the sample (56%) had driven over the limit of alcohol or within one hour of taking drugs (77%), most commonly ecstasy and cannabis.

15.0 HEALTH-RELATED ISSUES

15.1 Overdose

This year only 2% (one person) of REU (compared to 20% in 2004, Table 72) reported having overdosed in the preceding six months and this was on ecstasy. Last year REU reported recently overdosing on alcohol, ecstasy, heroin and ketamine.

Table 72: Overdose in the last six months among REU, 2004-2006

	2004 (n=71)	2005 (n=82)	2006 (n=51)
Overdosed on ecstasy or related drugs (%)	12	20	2
Which main drug (%)*	(n=9)	(n=16)	(n=1)
Ecstasy	33	38	100
Cannabis	33	0	0
Alcohol	11	50	0
Ketamine	0	6	0
GHB	11	0	0
LSD	11	0	0
Heroin	0	6	0

Source: EDRS REU interviews

* Percentage of those reporting overdose

15.2 Help-seeking behaviour

Sixteen percent (compared to 15% in 2005) of the REU had accessed a health or medical service in relation to their party drug use in the six months preceding interview (Table 73). Of these eight people, the most common services accessed were GPs (n=4) and AOD workers (n=2), followed by hospital and counsellors (both n=1). AOD workers were the only service that was accessed in relation to ecstasy. All other services were accessed mostly in relation to poly drug use.

Table 73: Proportion of REU who accessed health help by main drug type and main reason, 2006

Service	Access	Main drug				Main reasons
		E	Speed	Cannabis	Poly	
Any service (%)	16	n of those that accessed the service				
Which services (n)	8					
First aid	0	-	-	-	-	
Ambulance	0	-	-	-	-	
ED / A&E	0					
Hospital	1	0	0	0	0	Infection from injection
GP	4	0	1	0	3	Pre-existing health condition, prescription, hep C test
Counsellor	1	0	0	0	1	Depression
AOD worker	2	1	0	0	1	Information/advice on drug effects
Social welfare	0	-	-	-	-	
Psychologist	0	-	-	-	-	
Psychiatrist	0	-	-	-	-	

Source: EDRS REU interviews

15.3 Kessler psychological distress scale

For the first time in 2006, the EDRS included the 10-item Kessler Psychological Distress Scale (K10), a questionnaire designed to measure the level of distress and severity associated with psychological symptoms, in population surveys (Kessler, Andrews, Colpe & Hiripi, 2002).

The mean score was 18 (range 10-39, Table 74). Scores ranging from 10 to 15 were classified as 'low', 16 to 29 as 'medium' and 30 to 50 as 'high'. According to this classification, 49% were in the low range, 41% in the medium range, and 10% in the high range.

Table 74: Kessler psychological distress scale scores

	2006 (n=51)
How often in the last 4 weeks did you	
Feel tired out	
All the time	2
None of the time	37
Feel nervous	
All the time	4
None of the time	49
So nervous that nothing could calm you down	
All the time	0
None of the time	84
Feel hopeless	
All the time	0
None of the time	71
Feel restless or fidgety	
All the time	10
None of the time	18
So restless that you could not sit still	
All the time	2
None of the time	55
Feel depressed	
All the time	2
None of the time	43
Feel that everything was an effort	
All the time	2
None of the time	45
Feel so sad that nothing could cheer you up	
All the time	0
None of the time	77
Feel worthless	
All the time	0
None of the time	77
Score	
Low	49
Medium	41
High	10
Total (mean and range)	18 (10-39)

Source: EDRS REU interviews

15.4 Other problems

Participants in 2006 reported a range of other problems associated with drug use, although the proportions reporting each problem has consistently decreased over the last three years (Table 75). Twenty six percent of the sample had experienced recent relationship/social problems, 31% financial problems, 28% work/study problems and 4% had experienced recent legal problems.

Table 75: Self-reported drug-related problems, 2004-2006

	Work/study			Financial			R'ship/social			Legal/police		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Experienced	42	29	28	45	38	31	49	33	26	7	9	4
Ecstasy	50	18	21	52	67	69	41	74	33	25	43	0
Speed	14	17	0	10	27	13	24	7	0	0	14	0
Base	0	0	7	10	3	6	3	0	8	0	0	0
Crystal	0	0	0	0	0	0	3	0	8	0	0	0
Cannabis	21	8	29	26	3	0	21	4	8	50	0	50
Alcohol	11	8	29	0	0	6	3	15	42	25	4	50

Source: EDRS REU interviews

The categories of problems were attributed to a variety of drugs. In 2006, half of those who experienced legal/police problems attributed it to ecstasy or alcohol. Work/study problems were attributed to cannabis, alcohol (both 29%) and ecstasy (21%). Financial problems were ascribed mostly to ecstasy (69%), followed by speed (13%), base and alcohol (both 6%). Relationship/social problems were credited by most to alcohol (42%) and ecstasy (33%), but also to base, crystal and cannabis (all 8%).

KE comments on mental health and treatment-seeking behaviour

Eight KE commented on the mental health symptoms they observed among ecstasy users, and these included: personality disorders, depression, acute depression, bi-polar, psychosis, paranoia, anxiety, schizophrenia, phobias, panic, and depression due to major mental health issues like personality disorders. One KE advised they had noticed an increase in phobia-type symptoms and violence, another that clients were more “floridly psychotic” and taking longer to recover “because tolerance is up so people are using more”.

With regards to changes in ecstasy users’ treatment-seeking behaviour, one KE stated that more were presenting for treatment and attributed this to the introduction of an illicit-drug pre-sentencing court diversion program (NT CREDIT) and the threat of jail. Another said that, in their experience, those who use ecstasy rarely seek treatment; the ones who seek treatment are those who use methamphetamines heavily and also use ecstasy.

15.5 Summary of health-related issues

- ❖ Only one REU reported overdosing within six months of interview, a considerable drop on the 20% found in 2005.
- ❖ Fifty-one percent of respondents scored in the medium or high range of psychological distress as measured by the Kessler Psychological Distress Scale.
- ❖ Sixteen percent (15% in 2004) of the 2006 sample had accessed a health or medical service (most commonly GPs) in the past six months in relation to their ecstasy and related drug use.
- ❖ The proportions of the REU sample experiencing drug-related problems declined this year, in some cases slightly, in all categories of problem: 28% experienced a work/study problem; 31% a financial problem; and 26% a relationship or social problem.
- ❖ Work/study problems were mainly attributed to alcohol or cannabis use (29% in each case), financial problems to ecstasy use (69%) and relationship or social problems to alcohol use (42%). Ecstasy was also seen to contribute to work/study problems (21%) and relationship or social problems (33%).
- ❖ Key experts reported similar patterns of mental health and treatment-seeking behaviour to those seen in previous years.

16.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

16.1 Reports of criminal activity among REU

Criminal activity among REU has remained stable compared to 2005. In the prior month to the interview 16% of REU had committed some form of criminal activity, down from 35% in 2004 (Table 76), 12% had participated in drug dealing, 6% in property crime, 2% in fraud and 2% in violent crime.

Fourteen percent (14%) of participants had been arrested in the previous 12 months compared to 17% last year. Reasons for arrest include dealing/trafficking, driving under the influence of alcohol, drunk and disorderly, not paying a fine, and a warrant.

Table 76: Criminal activity reported by REU, 2004-2006

Criminal activity in the last month	2004 (n=71)	2005 (n=82)	2006 (n=51)
Any crime	35	15	16
Drug dealing	28	11	12
Once a week or more	17	7	0
Property crime	4	2	6
Once a week or more	0	1	4
Fraud	0	5	2
Once a week or more	0	1	0
Violent crime	6	4	2
Once a week or more	0	0	2
Arrested last 12 months	15	17	14

Source: EDRS REU interviews

KE comments on REU crime

In general, key experts did not associate ecstasy use or users with crime and none reported any changes in criminal activity amongst this group. Dealing drugs was the only criminal activity seen to have a relationship to ecstasy use, with comments like: “some recreational E users are selling E’s to fund their own use, rather than monetary gain” and “(a) few are onselling small amounts”.

16.2 Participant beliefs surrounding ecstasy and the law

For the first time in 2006, participants were asked about their beliefs concerning the possession and supply of ecstasy.

Participants were firstly asked if they knew the quantity of ecstasy that, if caught in possession of, qualified as supply. A quarter (22%, Table 77) of the sample reported that they did know the quantity. The majority (90%) believed that, to be charged with supply, the product could be tablets sold as ‘ecstasy’ regardless of the amount of MDMA in the product and the remaining 10% responded that they did not know.

Only 39% of the sample reported that they knew the outcomes of being convicted for supplying ecstasy. Of these, 70% reported that the outcome would be a prison sentence, 25% reported a fine, and 10% reported that the outcome would result in a caution.

Participants were asked if they believed there was a difference between being caught in possession of ecstasy that was for their personal use and being caught with ecstasy that was intended to be used by others. Just under half (44%) of the sample believed there was no difference.

The following section provides detailed information on ecstasy possession and the law in the NT.

Table 77: Participant beliefs surrounding ecstasy and the law

	2006
Know how much ecstasy need to be in possession of to be charged with supply	22
How much (mean tabs)	7 (1-20)
Is this for	
Don't know	10
Pure MDMA	0
Tablets sold as ecstasy	90
Do you know consequences of supplying ecstasy	39
If yes,	
Fine	25
Caution	10
Prison	70
Difference between personal use or for friends	56
If yes	
Don't know	11
Heavier penalty	72
Less penalty	7
Same	7

Source: EDRS REU interviews

16.2.1 NT Laws

The following details the laws in the NT with regards to ecstasy supply, possession and punishment as per the *Poisons and Dangerous Drugs Act 2005*.

Supplying ecstasy

If there is evidence of a person supplying ecstasy, they will be charged with supply regardless of the amount.

A person is supplying if they:

- (a) give, distribute, sell, administer, transport or supply, whether or not for fee, reward or consideration or in expectation of fee, reward or consideration;
- (b) offering to do an act referred to in paragraph (a); or

© doing or offering to do an act preparatory to, in furtherance of, or for the purpose of, an act referred to in paragraph (a), and includes barter and exchange. A person who unlawfully supplies, or takes part in the supply of, a dangerous drug to another person is guilty of a crime.

Possession of ecstasy

A person who unlawfully possesses ecstasy is guilty of a crime. If you say the tablets in your possession are for a friend you will be charged with supply (above); if there is no evidence of supply you will be charged with possession.

Purity of MDMA

If person a pleads not guilty to possession or supply, the drugs are analysed. If any tablets contain any proportion of MDMA then the whole weight of the tablet is considered to be MDMA and the person is charged accordingly.

Penalties for supplying ecstasy

If the quantity is less than commercial (<25.0 grams) that person is punishable by a penalty not exceeding:

- \$10,000 or imprisonment for 5 years.
- Where the offender is an adult and the person to whom it is supplied is a child – imprisonment for 14 years.

If the quantity is commercial (>25.0 grams) that person is punishable by a penalty not exceeding:

- imprisonment for 14 years.
- Where the offender is an adult and the person to whom it is supplied is a child – imprisonment for 25 years.

Penalties for possession of ecstasy

If the quantity is:

> 25.0 grams:

- imprisonment for 14 years.
- 0.5 grams but < 25.0 grams:
- \$10,000 or imprisonment for 5 years.

< 0.5 grams:

- if the person is in possession of it in a public place – \$5,000 or imprisonment for 2 years;
- in any other case – \$2,000.

16.3 Experiences with drug detection ‘sniffer’ dogs

For the first time in 2006, participants were asked about their experience with drug detection ‘sniffer’ dogs. A quarter (26%, table 78) of participants had seen detection dogs on an average three times (range 1-12 times) in the past six months.

Ten percent of the national sample reported they had been in possession of drugs when they had seen detection dogs in the preceding six months. Over a third (39%) of participants who had seen sniffer dogs in the past six months reported that they would not take drugs at an event as a precaution if they knew or heard that detection dogs would be at an event or in an area they were

going to be at. Other precautions mentioned included taking drugs at home before going to an event or avoid the event all together. Participants reported a variety of reactions if they saw a sniffer dog and were in possession of drugs, and the most common reaction was to consume the drugs (29%). Other reactions reported included 'freak out', give away drugs, hide the drugs, leave event, leave scene, run away, stay away from dog, try to hide drugs and walk away.

Table 78: Participant experiences with drug detection 'sniffer' dogs (%)

	2006 (n=51)
Seen sniffer dogs in the past 6 months	26
If yes, how many times (mean)	3 (1-12)
Precautions taken if sniffer dogs at an event	
Hide drugs better	8
Purchase drugs from a known source	8
Purchase drugs from unknown source	0
Don't takes drugs at the event	39
Been in possession of drugs when seen sniffer dogs	10
If yes, what did you do	
Dispose of drugs	0
Consumed them	0
Reaction if saw sniffer dogs and was in possession of drugs	
Dispose of drugs	12
Consume them	29

Source: EDRS REU interviews

16.4 Perceptions of police activity towards REU

In 2006 there was a large decrease in the proportion of the sample reporting police activity towards REU in the last six months, from 44% in 2005 to 20% in 2006 (Table 79). Consistent with the last two years, a majority (77%) of the 2006 sample stated that police activity had not made it any more difficult to score their drugs.

Table 79: Perceptions of police activity by REU, 2004-2006

Perception	2004 (n=71)	2005 (n=82)	2006 (n=51)
Recent police activity (%)			
Decreased	3	4	4
Stable	23	15	28
Increased	48	44	20
Don't know	27	38	49
Did not make scoring more difficult	73	83	77

Source: EDRS REU interviews

KE comments on police activity towards REU

Most key experts were unaware of any changes in recent police activity towards regular ecstasy users. Those who did comment felt that police activity had increased and that possibly more REU were entering the criminal justice system; for example:

“it seems that police have periods of intense activity, including arresting small fish, followed by lulls”

“seems like there is more police activity...more E users are forced into treatment by police”

“(Police) appear to be targeting low-level users as well as suppliers...more drug squad equals more activity by police equals more users in the community justice system”

“bigger venues lead to bigger police presence and also plain clothes police...aiming at sellers”

“availability of drug dogs; more beat police and undercover police...more successful in apprehensions”

“sniffer dogs going into clubs...Police paying people for info”

16.5 Perceptions of changes in ecstasy and related drug markets

When asked whether anything new was happening in drug use amongst themselves and their friends (new drug types, different types of users, increase in drug use by some users), 34% of the REU sample believed that something new was happening.

REU comments included:

- “Friends say ice use increasing”
- “Heard that a lot of friends down south have started to smoke ice a lot and it's really bad. They are like the new stereotypical 'heroin addicts”
- “Increase in the amount I take and friends who use. Used to be satisfied with one – now looking for more throughout the night”
- “Increase in the amount of cannabis, ecstasy and methamphetamine that people are using – increased tolerance”
- “Increase in users”
- “Increased use by everyone”
- “Increased use generally. Escalating use”
- “Increased use of cannabis by friends”
- “More drug use generally, more types of drugs”
- “More people using it instead of alcohol – go to a club, - everyone on pills, - drinking water”
- “Morphine use is dying off – harder to come by and it’s harder to get from doctors”
- “New people taking drugs”
- “Older people getting into party drugs for the first time”
- “People always moving in or out of the scene (generally moving out slower than going in)”
- “People I know taking a lot more LSD than before. Also a 'new' drug called DMT some people are taking”
- “Seems to be more people taking acid than before (they used to prefer ecstasy)”
- “They seem to inject anything, including benzodiazepines and ecstasy”

KE comments on change in ecstasy users

A few KE were able to comment about recent changes in the type or number of people using ecstasy. One advised that it seemed like there were more young women experimenting with injecting ecstasy. Another said that previously ecstasy was used as a sex drug, now (due to chemical change) it doesn't enhance the sexual experience so it's used as a party drug instead.

One advised that there had been an increase in the number of ecstasy users but another thought there had been a decrease. Another heard that there were more people using it recreationally due to improved quality and availability. One KE thought that use fluctuated with the seasons and that backpackers don't usually use ecstasy but use will also fluctuate with Defence personnel numbers.

One KE advised that there was a 'big link' between ecstasy and steroid use. Another said there was an increase in the number of people prepared to take the risk and deal and therefore more were getting into legal trouble.

16.6 Summary of criminal and police activity

- ❖ The level of criminal activity engaged in by the REU sample within a month of interview was consistent with last year at 16%, mainly involving drug dealing (12%).
- ❖ The proportion of REU that had been arrested in the previous 12 months was consistent with previous years at 14%.
- ❖ About half of the REU sample (49%) and most key experts were unaware of any changes in police activity towards regular ecstasy users. Most REU (77%) thought that police activity did not make scoring ecstasy any more difficult.
- ❖ A third (34%) of the 2005 sample believed that 'new things' were happening in the ecstasy and related drug markets, focusing on a general increase in the use of ecstasy and related drugs, including a greater presence of methamphetamine and LSD .

17.0 SUMMARY

17.1 REU demographic and polydrug use characteristics

The demographic characteristics of regular ecstasy users were consistent with previous years: mainly male (57%), a minority of Aboriginal or Torres Strait Islanders (8%), mainly employed (51%) and having some secondary school (mean number of 11 years at school).

This years, sample was, however, slightly older (mean age of 29 years compared to 24 in 2004 and 2005), more likely to have had a previous conviction (24%) and slightly more likely to be in drug treatment (12%).

Ecstasy (37%), cannabis (16%) and alcohol (12%) were the REU sample's preferred drugs, consistent with previous years.

As in 2004 and 2005 approximately one-third of the sample (39%) had injected a drug in their lifetime, speed (65%) and heroin (20%) being the first drugs injected among this group.

Recent polydrug use was the norm among the regular ecstasy users interviewed in all years, with this year a median of 6 drug classes being used by REU in the six months before interview.

A large proportion of REU reported recent use of alcohol (88%), cannabis (84%), tobacco (86%), and methamphetamines (67%).

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

17.2 Ecstasy

This year's sample of regular ecstasy users started to use ecstasy at a median of 18 years and began using it regularly when they were 21.

Patterns of regular use show some changes compared to 2005: the proportion using ecstasy weekly or more declined from 52% to 33%; the quantity usually used in a session increased from 1 tablet to 2; and the proportion reporting ecstasy as their preferred drug dropped from 61% to 37%.

Consistent with previous years, most of the sample used other drugs with ecstasy (98%) and whilst coming down from ecstasy (84%).

Cannabis, alcohol and tobacco were the main other drugs used with and while coming down from ecstasy, with the majority of REU since 2004 drinking alcohol at hazardous levels in these circumstances.

Over the last three years routes of administering ecstasy have remained stable, with swallowing continuing to be the most popular method (96% this year), followed by snorting (49%) and injecting (12%).

In 2004 nightclubs were the most popular usual and last ecstasy use venue, and this pattern continues in 2005.

The price of ecstasy has been stable for the last three years at \$50 per tablet.

Regular ecstasy users, as in prior years, rated ecstasy as 'easy' (35%) or 'very easy' (45%) to obtain.

In 2006 REU purchased, on average, four tablets from three sources, buying for themselves and others, between 7 and 24 times in the past six months.

Ecstasy was usually scored from friends (78%) at a friend's home (59%).

Ninety-four percent of REU perceived at least one benefit in the use of ecstasy, mainly enhanced mood (44%) and enhanced communication (38%). A larger proportion this year (21%) than in 2004 or 2005 perceive ecstasy having a different effect to alcohol as a benefit.

Eighty-eight percent of REU perceived risks in the use of ecstasy, mainly dehydration (33%) unknown drug contaminants or cutting agents (20%) and unknown long-term harm (20%).

17.3 Methamphetamine

In 2006 the majority of the sample had used speed (59%, 73% in 2005) in the past six months and substantial proportions had used crystal (26%, 32% in 2005) and base (18%, 29% in 2005).

The average age for speed powder initiation remained consistent with previous years at 19 years old; mean initiation age for base increased slightly from 20 to 22 years and the mean initiation age for crystal increased substantially from 20 to 26 years.

The proportions of REU reporting weekly or more often use decreased for all methamphetamine types compared to 2005: from 27% to 7% for speed; from 17% to 11% for base; from 8% to zero for crystal. Consistent with this, median days of use for all types also declined.

Recent bingeing with speed increased 2 percentage points to 43% among recent speed users; recent bingeing with base declined from 33% in 2005 to 22% this year; and recent bingeing with crystal increased from 19% to 23%.

Among recent crystal users, injection and smoking were the most often reported routes of administration. These routes have shown a steady increase since 2004 at the expense of swallowing, which has declined. Swallowing remained the most reported route of administration for speed and base.

Twenty-four percent of this year's REU sample had used pharmaceutical stimulants within six months of interview. Median days of use declined from 6 days in 2005 to 3 days, and no one reported using pharmaceutical stimulants on a weekly or more often basis. The amounts used in typical and heavy sessions increased to 5 tablets and 7 tablets respectively. A majority of the recent users swallowed pharmaceutical stimulants, with 17% injecting.

The median point prices of speed (\$50) and crystal (\$80) were the same as those found in 2005; the median point price of base increased slightly from \$75 to \$80.

When commenting on the availability of methamphetamine the most frequently nominated categories were: easy for speed, very easy for base and difficult for crystal.

Scoring-source and location patterns for recent speed users were largely unchanged from 2005 although recent users were more likely to score in their own or a friend's home and less likely to score in a dealer's home than was the case in 2005.

17.4 Cocaine

In the current year, lifetime cocaine use remained increased to 55% and recent use was stable at 10%.

Among those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months, unchanged from 2005.

Typical and heavy session use quantities were lower this year (0.5 grams and 1 gram respectively) than in 2005 (2 grams and 3.5).

The proportions of recent cocaine users snorting has increased over the past three years from 64% in 2004 to 100% this year, while the proportions injecting have declined from 36% to 11%.

The median price for a gram of cocaine declined from the \$375 reported in 2005 to \$275 this year, although only 2 respondents were able to comment.

The small number of REU able to comment rated current cocaine purity as medium to high, and availability as difficult to very difficult.

There is no indication that health - or law - enforcement related harms have increased.

17.5 Ketamine

The proportion of REU reporting recent ketamine use was lower this year, at 6%, than in the previous two years, – 7% in 2005 and 18% in 2004.

The reported median days of use in the last six months increased to 6, although among a very small number of respondents.

Frequency and quantity of ketamine use was stable.

The price of ketamine was reported by one REU to be \$50 per gram.

Ketamine purity was rated by one REU as high and availability as difficult.

17.6 GHB

No REU reported recent GHB or GBL use this year.

Key experts report that GHB is ‘pretty rare’ in Darwin.

17.7 LSD

Recent use of LSD increased from 15% in 2005 to 41% this year.

Recent LSD users reported using 1 tab in a typical session, unchanged from 2005. Twenty-six percent, compared to 33% in 2005, usually used more than this amount.

Swallowing was the only route of administration reported by recent LSD users; no recent LSD users reported injecting LSD.

Bingeing with LSD amongst recent users declined from 25% in 2005 to 10% in 2006.

LSD was most commonly used in a person’s home, at a private party or ‘outdoors’.

Recent users reported a median price of \$20 for a tab, a decrease on the \$25 found in 2005.

In 2006 higher proportions nominated LSD’s current purity as medium (53%) and less as high (32%) compared to 2005.

Recent users this year were more likely to rate LSD as easy (74%, 44% in 2005) or very easy (11%, 6% in 2005) to obtain.

In 2006 LSD was typically scored from a friend (88%) at home (56%) or at a friend’s home (50%).

17.8 MDA

The number of REU reporting recent use and market characteristics has declined from 7 in 2004 to 2 in 2005 to 1 this year, suggesting that MDA is rarely seen in the NT and conclusions about MDA cannot be drawn.

This year one REU reported the following MDA use and market characteristics:

- typically using 3 capsules in a session;
- MDA costs \$50 a capsule;
- MDA is easy to obtain.

17.9 Cannabis

Eighty-six percent of this year's REU had used cannabis within six months of interview, similar to the proportions found in previous years.

Frequency of use had declined from a median of 150 days in the last six months to 90 days, although the proportion of REU reporting recent binging with cannabis increased from 29% to 35%.

Hydroponic cannabis was priced by REU at \$25 a gram and \$300 an ounce; bush cannabis was priced at \$25 a gram and \$200 an ounce. The price of both these forms of cannabis was reported to have been stable over the preceding six months.

Hydroponic cannabis was generally rated as being of high potency (63%) and very easy (53%) or easy (30%) to obtain.

Bush cannabis was rated as being of medium (72%) potency and either very easy (36%) or difficult (46%) to obtain.

Both forms of cannabis were mainly scored from friends (73% and 82% respectively) in a friend's home (69% and 82%).

The rate of inpatient hospital admissions where cannabis was involved in the primary diagnosis increased from 2003/04 into 2004/05 and episodes in AOD treatment services where cannabis was a drug of concern increased from 2004/05 into 2005/06.

17.10 Other drug use

Most of the REU sample (88%) had used alcohol within six months of interview, two-thirds of this group had drunk more than 5 standard drinks while using ecstasy, and 49% had drunk more than 5 standard drinks while coming down from ecstasy.

Seventy-seven percent of REU returned an AUDIT score indicative of hazardous or harmful alcohol use.

Key expert comment was generally inconsistent with this result, down-playing regular ecstasy users' alcohol use.

Recent tobacco use remained common at 86% of the REU sample and consistent with key expert reports.

The proportion of REU reporting recent use of benzodiazepines increased from 17% last year to 29% this year.

Recent heroin use remained low.

Consistent with key expert reports, inhalant use was low (10% of the REU sample) and infrequent (2 days in the last six months).

Recent methadone use remained low (4%) as did recent buprenorphine use (8%). Key experts suggested that methadone and buprenorphine use would typically be licit use as a part of drug treatment.

Recent use of other opiates increased this year in the REU sample to 22% and the frequency of use increased to a median of 26 days in the last six months.

Anti-depressant use and hallucinogenic mushroom use remained low.

One REU reported recent use of DMT and one key expert reported hearing of a stimulant called 'cow'.

17.11 Drug information-seeking behaviour

Twenty percent (20%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.

Forty percent of the sample would never find out about the content and purity of other party drugs before taking them and 33% would never find out about the content and purity of ecstasy.

The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it (97%) and through dealers (56%).

Two participants had used testing kits sometimes.

Eighty percent (71%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.

Respondents thought that testing kits (53%) and a local website (43%) would be useful drug information resources.

Minorities of the REU sample agreed with statements that using ecstasy (30%) or selling ecstasy (30%) should be legal.

17.12 Risk behaviour

Over one-third (39%) of the sample had ever injected a drug, using a median of five different drugs in 2006 (38%) and a median of three drugs in 2005.

Twenty-seven percent of REU reported recent injecting, down slightly from the 29% in 2005.

Speed (50%) and other opiates (45%) were the most common recently injected drugs this year. Recent injecting of all forms of methamphetamine shows a decline at the expense of an increase in the recent injecting of other opiates.

Speed was the first drug injected by 65% of the REU sample.

Most injectors had learnt to inject from a friend or partner and half had first injected under the influence of drugs, most commonly alcohol and cannabis.

Most recent injectors (86%) injected themselves.

No recent injectors reported borrowing or lending used needles.

Recent injectors reported usually injecting in their own home (86%) or a friend's home (36%). Fourteen percent usually injected in a dealer's home or a car.

The majority of recent injectors had been tested for HCV and HIV and half (50%) had been vaccinated against HBV.

Almost all REU (82%) had penetrative sex in the prior six months, with between one and five partners.

The majority never used a protective barrier with regular partners (57%) but always used condoms with casual partners (67%).

A high proportion (81%) had sex under the influence of drugs, most commonly ecstasy (82%), alcohol (50%) and cannabis (38%).

In the last six months, a majority of the sample (56%) had driven over the limit of alcohol or within one hour of taking drugs (77%), most commonly ecstasy and cannabis.

17.13 Health-related issues

Only one REU reported overdosing within six months of interview, a considerable drop on the 20% found in 2005.

Fifty-one percent of respondents scored in the medium or high range of psychological distress as measured by the Kessler Psychological Distress Scale.

Sixteen percent (15% in 2005) of the 2006 sample had accessed a health or medical service (most commonly GPs) in the past six months in relation to their ecstasy and related drug use.

The proportions of the REU sample experiencing drug-related problems declined this year, in some cases slightly, in all categories of problem: 28% experienced a work/study problem; 31% a financial problem; and 26% a relationship or social problem.

Work/study problems were mainly attributed to alcohol or cannabis use (29% in each case), financial problems to ecstasy use (69%) and relationship or social problems to alcohol use (42%). Ecstasy was also seen to contribute to work/study problems (21%) and relationship or social problems (33%).

Key experts reported similar patterns of mental health and treatment-seeking behaviour to those seen in previous years.

18.14 Criminal and police activity

The level of criminal activity engaged in by the REU sample within a month of interview was consistent with last year at 16%, mainly involving drug dealing (12%).

The proportion of REU that had been arrested in the previous 12 months was consistent with previous years at 14%.

About half of the REU sample (49%), and most key experts, were unaware of any changes in police activity towards regular ecstasy users. Most REU (77%) thought that police activity did not make scoring ecstasy any more difficult.

A third (34%) of the 2005 sample believed that ‘new things’ were happening in the ecstasy and related drug markets, focusing on a general increase in the use of ecstasy and related drugs, including a greater presence of methamphetamine and LSD.

18.0 DISCUSSION AND IMPLICATIONS

Findings in relation to the main characteristics of the ecstasy and related drug markets in Darwin, i.e. price, purity and availability, are generally consistent this year with previous years: ecstasy, cannabis and methamphetamines are the drug types commonly used by regular ecstasy users and are still rated as readily available. Related drug types – such as cocaine, GHB and ketamine – are present in Darwin but used infrequently and by small proportions of the REU sample.

However, REU survey findings and key expert reports corroborate the following possible changes:

- The amounts of ecstasy used in typical and heavy use sessions have increased with over half the REU sample usually using more than 1 tablet in a session.
- The proportion of ecstasy users injecting or smoking methamphetamines, rather than swallowing, may have increased.
- Recent pharmaceutical stimulant use increased among the REU sample for the second year in a row.
- LSD use among REU has increased.

Also, as was the case last year:

- Harmful and hazardous use of alcohol among regular ecstasy users is common.
- While mental health problems and psychological distress can be seen with this group, only small proportions of regular ecstasy users seek help or treatment for these problems.
- Driving while under the influence of alcohol or another drug was also a common behaviour.

Given these findings, the suggestions made in the last EDRS report still stand, namely:

- Health professionals, services and other relevant agencies should be encouraged to further develop their capacity to detect ecstasy use amongst their clientele.
- Health promotion resources specific to ecstasy and related drug use, particularly among young people, should be developed and distributed.
- Attempts should be made to understand the use of diverted pharmaceuticals by this group and improve the monitoring of injection-related health problems.
- The market and use characteristics of ecstasy and related drugs should continue to be monitored.

REFERENCES

- Anderson, R. & Flynn, N. (1997) In *Amphetamine misuse: International perspectives on current trends* (Ed. Klee, H.). Harwood Academic Publishers, The Netherlands, 181-195.
- Australian Bureau of Criminal Intelligence (2001) *Australian Illicit Drug Report 1999-2000*. Australian Bureau of Criminal Intelligence, Canberra.
- Australian Bureau of Criminal Intelligence (2002) *Australian Illicit Drug Report 2000-2001*. Australian Bureau of Criminal Intelligence, Canberra.
- Australian Crime Commission (2003) *Australian Illicit Drug Report 2001-02*. Australian Crime Commission, Canberra.
- Australian Crime Commission (in press) *Australian Illicit Drug Report 2002-03*. Australian Crime Commission, Canberra.
- Australian Institute of Health and Welfare (2002) *2001 National Drug Strategy Household Survey: Detailed findings*. Australian Institute of Health and Welfare, Canberra.
- Australian Institute of Health and Welfare (2005). *2004 National Drug Strategy Household Survey: Detailed Findings*. AIHW cat. no. PHE 66. AIHW (Drug Statistics Series No.16) Canberra.
- Babor, T. F., Higgins-Biddle, J.C., Saunders, J.B. & Monteiro, M.G. (2001) *AUDIT - The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Geneva, World Health Organisation.
- Biernacki, P. & Waldorf, D. (1981) Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods for Research*, 10, 141-163.
- Boys, A., Lenton, S. & Norcross, K. (1997) Polydrug use at raves by a Western Australian sample. *Drugs and Alcohol Review*, 16, 227-234.
- Breen, C., Topp, L. & Longo, M. (2002) *Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two-year feasibility trial*. NDARC Technical Report Number 142, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Commonwealth Department of Health and Family Services (1996) *1995 National Drug Strategy Household Survey: survey results*. Commonwealth Department of Health and Family Services, Canberra.
- Dalgarno, P.J & Sherwan, D. (1996) Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs*, 28, 191-199.
- Darke, S., Cohen, J., Ross, J., Hando, J. & Hall, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction*, 89, 1683-1690.
- Degenhardt, L., Roxburgh, A. & Black, E. (2004) *Cocaine and amphetamine mentions in accidental drug-induced deaths in Australia 1997-2003*. National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Duquemin, A. & Gray, B. (2002) *Northern Territory Drug Trends: Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre, NDARC Technical Report No. 151, University of New South Wales, Sydney.

Farrell, M., Marsden, J., Ali, R & Ling, W. (2002) Methamphetamine: drug use and psychosis becomes a major public health issue in the Asia Pacific region. *Addiction*, 97, 771-772.

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

Hando, J. & Hall, W. (1993) *Amphetamine use among young adults in Sydney, Australia*. NSW Health Department Drug and Alcohol Directorate Research Grant Report Series, B93/2, NSW Health Department, Sydney.

Hando, J., Topp, L. & Hall, W. (1997) Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia. *Drug and Alcohol Dependence*, 46, 105-113.

Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.-L.T., Walters, E.E., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychological Medicine*, 32(6), 959-976

Kerlinger, F.N. (1986) *Foundations of Behavioural Research*, CBS Publishing Limited, Japan.

Matsumoto, T., Kamijo, A., Miyakawa, T., Endo, K., Yabana, T., Kishimoto, H., Okudaira, K., Iseki, E., Sakai, T. & Kosaka, K. (2002) Methamphetamine in Japan: the consequences of methamphetamine abuse as a function of route of administration. *Addiction*, 97, 809-817.

Methamphetamine Interagency Taskforce (2000) *Methamphetamine Interagency Taskforce: Final Report*. National Institute of Justice, United States.

Moon, C & Newman, J. (2004). *Northern Territory Party Drug Trends 2003: Findings from the Party Drugs Initiative (PDI)*. National Drug and Alcohol Research Centre Technical Report No. 189, University of New South Wales, Sydney.

Moon, C (2004). *Northern Territory Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Technical Report No. 181, University of New South Wales, Sydney.

Newman, J. & Moon, C. (2005). *NT Trends in Ecstasy and Related Drug Markets 2004: Findings from the Party Drugs Initiative (PDI)*. National Drug and Alcohol Research Centre Technical Report No. 222, University of New South Wales, Sydney.

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

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

Reinert, D.F., & Allen, J.P. (2002). The Alcohol Use Disorders Identification Test (AUDIT): A review of recent research. *Alcoholism: Clinical and Experimental Research*, 26, 2, 272-279.

Roxburgh, A. and Degenhardt, L. (2006) *Drug-related hospital stays in Australia 1993-2005*. Sydney: National Drug and Alcohol Research Centre.

Saunders, J.B., Aasland, O.G., Babor, T.F., de la Fuente, J.R. & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 88, 793-804.

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

Topp, L. & Darke, S. (2001) *NSW Party Drug Trends 2000: Findings of the Illicit Drug Reporting System Party Drugs Module*. NDARC Technical Report Number 113. National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A. & Solowij, N. (1998) *Ecstasy Use in Australia*. NDARC Monograph No. 39. National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

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

White, B., Breen, C. & Degenhardt, L. (2003) *NSW Party Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS) Party Drug Module*. National Drug and Alcohol Research Centre, NDARC Technical Report No. 162, University of New South Wales, Sydney.