

Arthur Truong, Paul Dietze & Belinda Lloyd

**VICTORIAN DRUG TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2014
Findings from the
Ecstasy and related Drugs Reporting System
(EDRS)**

Australian Drug Trends Series No. 139

VICTORIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2014



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Arthur Truong, Paul Dietze and Belinda Lloyd

Burnet Institute

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ABBREVIATIONS

2C-B	4-bromo-2,5-dimethoxyphenethylamine
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
EDRS	Ecstasy and related Drugs Reporting System
NPS	New psychoactive substances
ERD	Ecstasy and related drugs
GHB	Gamma-hydroxybutyrate
GP	General practitioner
HPV	Human papilloma virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale (10-item)
KE	Key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MXE	Methoxetamine
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NPS	New psychoactive substances
PDI	Party Drug Initiative
REU	Regular ecstasy user(s)
RPU	Regular psychostimulant user(s)
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection(s)
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use of alcohol and other drugs for 48 hours or more without sleep
Bump	An unfixed quantity, often referring to a small mound (e.g., on the corner of a plastic card or on the end of a key) that is snorted.
Illicit	In the EDRS context, illicit use of pharmaceutical drugs refers to those obtained with a prescription in someone else's name, either drugs purchased from a street dealer or obtained from a friend or partner
Key expert(s)	Also referred to as KE; participants of the Key Expert Survey component of the EDRS (see <i>Method</i> section for further details)
Licit	In the EDRS context, licit use of pharmaceutical drugs refers to those obtained with a prescription in the participant's name. This definition does not account for 'doctor shopping' practices; however, it differentiates between prescribed pharmaceuticals and those obtained without a prescription, e.g., drugs purchased from a street dealer or obtained from a friend or partner
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, shelving/shafting, smoking, snorting and swallowing.
Point	0.1 gram
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, shelving/shafting, smoking, snorting, and swallowing.
Tab	A small piece of blotting paper containing a drop of LSD (<i>d</i> -lysergic acid) that is typically consumed orally.

EXECUTIVE SUMMARY

This report presents the results from the twelfth year of the Ecstasy and Related Drugs Reporting System (EDRS), a study monitoring ecstasy and related drug (ERD) use and market trends in Melbourne, Victoria. It includes key findings from interviews with 100 regular psychostimulant users (RPU), key expert (KE) interviews and external indicator data. The 2014 EDRS Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund.

Demographic characteristics of RPU

The mean age of participants interviewed as part of the 2014 RPU sample was 25 years (slightly younger than in 2013). Other demographic characteristics were consistent with those measured in 2013; RPU interviewed in 2014 were typically heterosexual, well educated, from an English-speaking background, and few reported being in drug treatment. The proportion of RPU who were currently in full-time employment was significantly smaller than the 2013 sample (17% vs. 31%, $p < 0.05$) and this is also reflected in the lower mean income per week for the 2014 sample (\$564 vs. \$700, $p < 0.05$).

Patterns of drug use among RPU

In addition to ecstasy, in 2014 most RPU reported having recently used alcohol, tobacco and cannabis, unchanged from 2013. The prevalences of reported recent use of the following drugs were significantly higher in 2014 than 2013: ecstasy crystal (64% vs. 49%), ketamine (63% vs. 46%) and amyl nitrite (34% vs. 23%), while the prevalence of reported use of magic mushrooms was significantly lower in 2014 (25% vs. 38% in 2013). The prevalence of other methamphetamine use (speed and base) remained at similar levels to 2013. There was a notable increase in reporting of recent use of cocaine between 2013 and 2014 (46% vs. 58%), the highest prevalence in the EDRS since 2005. The prevalence of benzodiazepine use (licit and illicit) decreased for lifetime use (72%) and increased for recent use (59%) compared to 2013.

Ecstasy

Similar to previous years, the 2014 RPU sample reported first using ecstasy regularly at a mean age of 18 years, swallowing a median of two pills in a typical episode of use and commonly using other drugs in conjunction with ecstasy (90%). In 2014, 44% of RPU reported ecstasy as their 'favourite' drug compared to 26% in 2013. The price of one ecstasy pill decreased from \$30 in 2013 to \$25 in 2014. A larger proportion of RPU reported perceiving ecstasy purity to be high in 2014 than in 2013 (27% vs. 18%) while a slightly lower percentage reported ecstasy to be very easy to obtain (46% vs. 50%). Consistent with previous years, on the last occasion of use RPU reported most commonly obtaining ecstasy from friends (67%), at a friend's home or nightclub (both 23%) and using ecstasy at a nightclub (49%).

Victoria Police Forensic Services Department's analyses of ecstasy seizures show that the average purity decreased slightly from 30% in the 2012/2013 financial year to 23% in 2013/2014.

Methamphetamine

RPU were asked about different forms of methamphetamine: speed, crystal methamphetamine and methamphetamine base.

Comparable to previous years, in 2014 RPU reported using a median of 0.4 gram of speed in a typical episode of use. Participants reported using speed on a median of four days in the past six months in 2014, as in 2013. RPU reported typically paying \$200 per gram for speed in 2013, unchanged from the previous four years. Most participants reported that speed quality was medium in 2014 (44%). The majority (79%) of the 2014 EDRS sample reported that ease of access to speed was stable in the past six months. Participants reported that on the last occasion of use they most commonly purchased speed from friends (52%), last obtained it at a friend's home (28%), and last used it at a nightclub (38%).

In 2014, participants reported using a median of two points of crystal methamphetamine in a typical episode of use, consistent with 2013. The median reported days of use of crystal methamphetamine in the preceding six months decreased from 10 days in 2013 to eight days in 2014. The most commonly reported route of administration for crystal methamphetamine was smoking (97%). The median reported price per point of crystal methamphetamine was \$70, slightly lower than 2013 (\$80). In 2014, participants generally reported crystal methamphetamine purity as high (46%) or medium (38%), and very easy (65%) or easy (35%) to obtain in the preceding six months. RPU reported that on the last episode of use they most commonly purchased crystal methamphetamine from a friend (61%), obtained it a friend's home (30%) and used it at their own home (39%).

Only 10 participants of the 2014 Victorian EDRS sample reported recent use of methamphetamine base and only one was able to respond to questions about price, purity and availability.

Methamphetamine was described by the majority of KE interviewed in 2014 as the most widely used illicit drug following cannabis. They considered it to be a problematic drug due to a perception of increasing purity in the preceding 12 months, resulting in RPU reaching higher intoxication levels and being intoxicated for longer periods.

Victoria Police Forensic Services Department's analyses of methamphetamine seizures show that the average purity increased from 60% in the 2012/2013 financial year to 67% in 2013/2014.

Cocaine

In 2014 participants reported using a median of one gram of cocaine in a typical episode of use, more than in 2013 (0.5 gram), though consistent with the median figure reported in 2011. RPU reported using cocaine on a median of three days in 2014 and all (100%) of those using cocaine recently reported snorting it. The median reported cost of cocaine in 2014 was \$300 per gram, identical to 2013. Of the recent cocaine users who were able to comment, 19% perceived cocaine purity as high, compared to 29% in 2012, and an equal proportion reported the purity to be fluctuating and stable in the preceding six months (26%). In 2014, the percentage of participants reporting cocaine as difficult to obtain was higher than in 2013 (46% vs. 29%). On the last episode of use, RPU reported most commonly obtaining cocaine from a friend (52%), at a friend's home (31%) and used it at a pub or bar (15%).

Victoria Police Forensic Services Department's analyses of cocaine seizures during the 2013/2014 financial year show that the average purity was 44%, slightly lower than in 2012/2013 (46%).

Ketamine

In 2014, higher proportions of RPU reported lifetime (82% vs. 76%) and significantly higher proportions of RPU reported recent (63% vs. 46%, $p<0.05$) use of ketamine than in 2013. Ketamine was used on a median of three days in the preceding six months in 2014 (the same as in 2013). Participants most commonly quantified their use of ketamine in 'bumps', reporting using a median of one bump during a typical episode of use. Consistent with the previous two years, the median reported cost of ketamine in 2013 was \$200 per gram. Of the participants who were able to comment, a significantly smaller proportion perceived ketamine purity to be high than in 2013 (51% vs. 74%, $p<0.05$). The majority (50%) described ketamine purity as stable in the preceding six months. A significantly smaller proportion of RPU reported ketamine as very easy to obtain (9% vs. 37%, $p<0.05$). The majority (70%) of RPU reported most commonly obtaining their last purchase of ketamine from a friend (71%), at a friend's home (32%) and used it most commonly at their own home (23%).

Gamma-hydroxy-butyrate (GHB)

The proportion of participants reporting recent use (13%) of GHB was comparable to the figure from 2013 (14%). RPU reported recent GHB use on a median of 10 days in the preceding six months, a notable increase from 2013 (two days). The median quantity used in a typical session also increased

from 4.5ml to 5.5ml in 2014. Only six participants of the 2013 Victorian EDRS sample were able to respond to questions about the price, purity and availability of GHB, precluding in-depth analysis.

LSD

Recent users of LSD reported irregular use of the drug on a median of three days in the preceding six months in 2014, comparable to the number of days of use reported in previous years. The median reported price per tab was \$15 in 2014, unchanged among the EDRS sample since 2011. Eighty-five per cent of recent LSD users described the purity of LSD as medium or high, and the proportion reporting that LSD was 'very easy' to source was similar to that in 2013 (32% vs. 37% in 2013). On the last occasion of use, RPU typically sourced LSD from a friend (54%), at their friend's home (23%), and used it at their own home (14%).

Cannabis

Reports of recent cannabis use were common among RPU in 2014 (81%). Participants reported using cannabis on a median of 24 days (just under once a week) in 2014, which was substantially lower than the 50 days reported by EDRS participants in 2013. Almost all (96%) of recent users reported smoking cannabis, and reported typically paying \$15 for either gram of hydroponic or bush cannabis. In 2014, the potency of cannabis was typically reported as being medium or high for hydroponic (75%) and low or medium for bush cannabis (80%); in previous years the potency of bush cannabis was reported as medium or high. The majority (82%) of participants reported that hydroponic cannabis was easy or very easy to obtain, and 90% said the same for bush cannabis. KE reported cannabis was very easy to get and its use very common, mostly via smoking, and is somewhat normalised among RPU with no perceived change in patterns of use in the past 12 months. Two KE perceived that RPU underestimate the risks of cannabis use both on long-term health and competency when driving.

Alcohol

As in previous years, all of the EDRS participants interviewed in 2014 reported lifetime use of alcohol, initiating drinking at a mean age of 14 years, while 99% reported use in the preceding six months. This group of RPU reported drinking on a median of 48 days (approximately two times per week) in the preceding six months in 2014, a figure comparable to reports in 2013 (a median of 50 days). A significantly higher proportion of participants interviewed in 2014 reported: drinking alcohol on the last occasion they used ecstasy (87% vs. 66% in 2013). A similar proportion reported drinking alcohol during a stimulant drug binge (66% vs. 63% in 2013), when compared to RPU of the 2013 EDRS. Alcohol continues to be one of the drugs KE most commonly cite as problematic. KE reported alcohol use to be widespread among RPU and often used with other drugs, which they perceived resulted in an increase in both violent behaviour and risk of overdose.

Health and other issues

Some RPU reported adverse consequences related to their drug consumption. Stimulant drug overdose in the preceding 12 months was reported by 16% of RPU in 2014, typically attributed to ecstasy or amphetamines. Recent depressant drug overdose was reported by 26% of participants in 2014, typically attributed to alcohol. In 2014, RPU were administered the 10-item Kessler Psychological Distress Scale (K10) to measure the level of psychological distress experienced in the preceding four weeks; 43% were classified as experiencing moderate, 22% high and 2% very high psychological distress. Five per cent of respondents reported accessing a health or medical service in relation to their ERD use in the preceding six months.

In 2013, the Victorian specialist alcohol and other drug telephone counselling service DirectLine received calls identifying ecstasy (0.5%), amphetamine and/or other stimulants (21%), cocaine (0.7%) and cannabis (11%) as drugs of concern. Data from ambulance attendances at non-fatal drug-related events in Victoria suggest that attendances involving ecstasy declined by almost half in 2010 compared to 2009 (236 vs. 409 respectively) but remained relatively stable in 2011 (212 attendances)

and 2012 (236 attendances); however, this figure increased to 331 in 2013. Attendances involving amphetamines have increased since 2009 (425 attendances), with 533 attendances occurring in 2010, 768 attendances in 2011, 1,155 attendances in 2012 and 1,600 in 2013.

Risk behaviour

Only 10 per cent of REU in 2014 reported ever injecting a drug, the lowest proportion since 2008 (22% in 2013). Four RPU reported injecting a drug in the preceding six months in 2014.

Fifty-seven per cent of the 2014 EDRS sample reported recent penetrative sex with a casual partner in the past six months, and 45% of these reported not using a condom the last time they had sex when sober. Fifty-two participants reported having had sex with a casual partner while under the influence of alcohol and/or drugs in the preceding six months. Among this group, 53% reported not using a condom with a casual partner the last time they had sex while under the influence.

The proportion (71%) of participants reporting ever having a sexual health check-up was similar to that in 2012 (74%), and 20% had been diagnosed with a sexually transmitted infection at some point in their lifetime.

Risky alcohol use was measured among participants in 2014. Seventy-eight per cent of RPU scored eight or more on the World Health Organization's (WHO) Alcohol Use Disorders Identification Test (AUDIT) – a level at which alcohol intake is considered hazardous – a figure significantly higher than that measured in 2013 (67%).

Law enforcement-related trends associated with ERD use

In 2014, 10% of the RPU sample reported that they had been arrested in the past 12 months and 47% reported engaging in any type of crime in the preceding month, a figure significantly higher than reports in 2013 (26%). Drug dealing was the most common type of crime reported by the RPU sample (28%).

Conclusions

The results reported here describe ERD use and trends in 2014 in Melbourne, Victoria, and enable comparisons with the findings of previous EDRS studies. The key findings were as follows: reported recent use of ecstasy crystal, ketamine and amyl nitrite increased significantly between 2013 and 2014. Reports of recent magic mushroom consumption were significantly less common in 2014, while prevalences of use of the three forms of methamphetamine remained relatively stable. Compared to 2013, a significantly higher proportion of the 2014 sample scored in the hazardous level category for alcohol consumption measured by the AUDIT, and significantly more RPU reported drinking alcohol on the last occasion they used ecstasy, while a similar proportion reported drinking alcohol during a stimulant drug binge. A significantly lower proportion of 2014 than 2013 participants reported utilising a health service in the preceding six months, while similar percentages of participants reported having a sexual health check-up at some point in their lifetime. Significantly more participants reported recent (past month) criminal activity.

Implications

Patterns of poly-drug use, binge drug use, the frequency and locations where drugs are reportedly used, and the availability of many drugs, have largely remained stable across the 12 years of data collection. Other findings, such as the emergence of ecstasy crystals, possible return of high methamphetamine purity, high percentage of alcohol use (some at potentially harmful levels) evident in recent years, criminal behaviour and the use of NPS warrant further exploration. The EDRS has also provided unique information on a range of issues of relevance to ERD-using populations, such as help seeking behaviour and sexual health risks.

The Victorian EDRS represents a key knowledge base from which to further explore patterns and characteristics of ERD use in the state. The primary aim of the national EDRS is to provide a 'snapshot' of the characteristics of regular psychostimulant use in Australia. Although the data

collection methods described in this report have limitations, the findings can be used to inform other research with the capacity to target emergent questions relating to regular ecstasy use (see below).

On the basis of the findings of the 2014 Victorian EDRS, we recommend:

- further exploration of methods to reduce and prevent the use of alcohol at harmful levels;
- tailored research and ongoing surveillance activities capable of capturing information on online marketplaces as it appears to be the preferable method by those who are using them;
- raising health workers' awareness of NPS to increase their ability to detect related drug overdoses and enhance surveillance activities;
- further research into the health and behavioural effects of NPS in order to gain a greater understanding of these drugs, and develop clinical and public health responses;
- further investigation into how to improve RPU's utilisation of health services;
- further investigation of how to educate RPU about the risks associated with behaviour such as sexual intercourse while under the influence of drugs; and
- deliver targeted education and information about specific drugs to specific population groups such as youth and people who use drugs at music festivals/parties/events.

1 INTRODUCTION

This report provides a summary of ecstasy and related drug (ERD) use and market trends in Melbourne, Victoria, from the twelfth iteration of the Ecstasy and related Drugs Reporting System (EDRS). These trends have been extrapolated from the three data sources: interviews with current regular users of ERD; interviews with professionals who have contact with ERD users (key experts, or KE); and the collation of secondary indicator data sources. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one.

For the purposes of the study, the terms 'ecstasy and related drugs' or 'psychostimulants' include drugs that are routinely used in the context of entertainment venues such as nightclubs, dance parties and music festivals. In addition to ecstasy (3,4-methylenedioxymethamphetamine or MDMA), this includes drugs such as methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine and GHB (gamma-hydroxybutyrate).¹

In 2014, the EDRS Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp, Degenhardt, Day, & Collins, 2003). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use. Consistency between the methodology of the IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus of the Victorian EDRS is Melbourne, as new trends in illicit drug markets are more likely to initially emerge in large cities rather than regional centres or rural areas. Comparisons are made between the 2014 results and those reported in the 2003 to 2013 studies where appropriate.

1.1 Study aims

The overall aim of the 2014 Victorian EDRS was to extend to an twelfth year the routine monitoring of key ERD market indicators in Melbourne. The specific aims of the study were to:

- describe the characteristics of a sample of current regular psychostimulant users (RPU) interviewed in Melbourne;
- examine this sample's patterns of ERD use;
- document the current market characteristics (i.e., price, purity and availability) of ERD in Melbourne;
- examine participants' perceptions of the incidence and nature of ERD-related harm, including physical, psychological, occupational, social and legal harms;
- identify emerging trends in the ERD market that might require further investigation;
- examine participants' involvement in criminal behaviours; and
- where appropriate, compare 2014 findings with those reported in the previous EDRS reports.

¹ For further information about these and other party drugs, see: www.adf.org.au; www.bluelight.org; www.erowid.org.

2 METHOD

The 2014 EDRS used the methodology trialled in the feasibility study (Breen, Topp, & Longo, 2002), subsequently used in the 2003-2013 studies, to monitor trends in the markets for ERD. The three main sources of information used to document trends were:

1. face-to-face interviews with current RPU;
2. face-to-face interviews, telephone interviews and online surveys with KE who, through their work, have regular contact with psychostimulant users in Melbourne; and
3. indicator data sources such as ERD treatment episodes, the purity of ecstasy seized in Victoria, and prevalence of use data drawn from the 2013 National Drug Strategy Household Surveys (NDSHS) conducted by the Australian Institute of Health and Welfare (AIHW).

These three data sources were triangulated so that different data sources were used to validate each other and provide a more reliable indication of emerging trends in ERD drug use and drug markets.

2.1 Survey of RPU

As described above, the ERD category includes a range of drugs. The sentinel population chosen to monitor trends in ERD markets in 2014 was people who reported regular use of ecstasy and other psychostimulants, termed 'regular psychostimulant users' (RPU). This was the second year the eligibility criteria extended out to include other psychostimulants and reflects the changing nature of the ecstasy market and types of consumers.

For the purposes of this study, 'regular psychostimulant use' was defined as the use of ERD at least once a month over the previous six months. Participants were also required to be at least 18 years of age and have resided in the Melbourne metropolitan area of Victoria for the 12 months preceding interview.

2.2 Recruitment

One hundred RPU were interviewed for the Victorian 2014 EDRS. All of the participants resided in the Melbourne metropolitan region and were recruited through a purposive sampling strategy (Kerlinger, 1986) consisting of advertisements in entertainment street press and online forums, 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 Australian studies (Boys, Lenton, & Norcross, 1997; Ovendon & Loxley, 1996; Solowij, Hall, & Lee, 1992) as well as international studies (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters, Davies, & Richardson, 1997). Accordingly, on completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be interested and able to participate. Snowballing is also routinely employed as a recruitment method in the IDRS (Jenkinson & O'Keeffe, 2005).

2.3 Procedure

Participants contacted the researchers by telephone, or via email and were screened for eligibility (using the criteria listed in section 2.1). Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 60 minutes to complete. All respondents were volunteers who were reimbursed \$40 for their participation. All interviews were undertaken at the Burnet Institute and were conducted by trained researchers using a standardised interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained. Ethics approval for this study was obtained from the Alfred Hospital Human Research Ethics Committee.

2.3.1 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by the National Drug and Alcohol Research Centre (NDARC) in 1997 (Topp et al., 1998; Topp, Hando, Dillon, Roche, & Solowij, 2000), which incorporated items from previous NDARC

studies of users of ecstasy (Solowij et al., 1992) and powder methamphetamine (Darke, Cohen, Ross, Hando, & Hall, 1994; Hando & Hall, 1993; Hando, Topp, & Hall, 1997). The interview schedule focused primarily on the preceding six months (recent use) and assessed demographic characteristics; patterns of ERD use, including frequency and quantity of use and routes of administration; the price, purity and availability of ERD; patterns of ERD purchasing; self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; help-seeking behaviour; and general trends in party drug markets, such as new drug types and new drug users. The interview schedule was administered via laptops using Questionnaire Design Studio V.2.6.1.

2.3.2 Data analysis

Descriptive analyses were conducted using Statistical Package for the Social Sciences (SPSS) as well as Stata V.11.0. For selected key variables, tests of proportions were used to determine the significance of differences between 2013 and 2014 results with a statistically significant difference defined as $p < 0.05$. Throughout the report, a p-value is only reported when significant differences existed.

2.4 Survey of KE

The criterion for KE eligibility was regular contact (at least weekly contact and/or had contact with ten or more ecstasy users in the last six months) or significant knowledge, in the course of employment, of users of ERD throughout the preceding six months. Fifteen KE provided information on the psychostimulant users they had contact with/knowledge of in the six to 12 months preceding interview.

The 13 KE interviewed in 2014 were five members of Victoria Police, three paramedics, one outreach worker, one alcohol and other drugs youth worker, one clinician, one youth lawyer and one Needle & Syringe Program worker.

Most of the KE reported working with mixed populations (in terms of age, ethnicity and gender identity); however, five reported that they worked with one or more 'special population groups', including youth, online groups and motorists.

KE were asked to comment on what drug(s) they considered most problematic and the reasons why, and any changes in drug market characteristics between 2013 and 2014.

2.5 Other indicators

Primary information collected from the RPU surveys and KE interviews was supplemented by data obtained from secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2013/2014 financial year are reported, unless otherwise indicated. For secondary indicators, when current data were not available, the most recently available data were included.

Indicator data sources accessed for this study are described in the following sections:

Surveys reporting on illicit drug use prevalence in Victoria

- Estimates of prevalence of alcohol and drug use in the general community are typically derived from large-scale population surveys. The most recent Australian household survey from which estimates of illicit drug use within the community are available is the 2013 National Drug Strategy Household Survey (NDSHS) 2014.

Drug seizure purity levels

- The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for inclusion in this report up to the 2013/2014 financial year.

Drug-related arrest data

- Information pertaining to drug-related arrests in Victoria was obtained from the Australian Crime Commission (ACC). Victoria Police and the Australian Federal Police provide arrest data to the ACC for the Illicit Drug Data Report. This report presents drug-related arrest data for the 2012/2013 financial year.

Specialist drug treatment presentations

- The Victorian Department of Health funds community-based agencies to provide specialist alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). The ADIS data presented in this report represent courses of treatment (not client numbers) undertaken during the 2013/2014 financial year.
- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database of information about callers' drugs of concern, calls from drug users and calls about drug users. This report presents data for the period between 1999 and 2013.

Ambulance attendances at non-fatal drug-related events

- Turning Point Alcohol & Drug Centre manages electronic drug-related ambulance attendance data extracted from a database called Victorian Ambulance Clinical Information System. Data for the period between January 2009 and December 2013 are presented in this report.

National Hospital Morbidity Database

- Between 2011/12 and 2012/13, hospital admissions with a cannabis-related primary diagnosis declined by 29% between 2011/12 and 2012/13 to 315, now comprising 13% of the Australian total. By contrast, amphetamine-related hospital admissions in Victoria increased by 22% between 2011/12 to 2012/13 to 787 admissions with an amphetamine-related primary diagnosis, accounting for 23% of the Australian total. Cocaine-related hospital admissions remain relatively low in Victoria; only 15 were recorded with a cocaine-related primary diagnosis in 2012/13.

3 DEMOGRAPHICS

3.1 Overview of the EDRS participant sample

The demographic characteristics of the EDRS participants recruited in 2014 in Victoria were comparable to those of previous years (Table 1). Two-thirds of participants were male, the sample was predominantly heterosexual (89%), and the mean age was 25 years. RPU were well educated (50% with tertiary qualifications); however, the proportion of participants who were employed full-time was lower than previous years (17%). The mean weekly income was lower than 2013 but was comparable to other previous years (\$564). Participation in the EDRS in previous years was reported by 12 participants and the 2014 RPU sample was mostly recruited via street press (43%) followed by snowballing/word-of-mouth (27%).

Table 1: Demographic characteristics of EDRS participants, 2009-2014

	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Mean age (years)	23	24	26	24	26	25
Male gender (%)	67	64	64	67	63	69
English-speaking background (%)	100	100	98	94	100	93
ATSI (%)	2	0	2	2	2	2
Heterosexual (%)	84	83	86	90	85	89
Mean number school years	12	12	12	12	12	12
Tertiary qualifications (%)	46	41	58	52	59	50
Employed full-time (%)	25	21	25	23	31	17
Full-time students (%)	9	8	9	8	18	21
Unemployed (%)	16	21	32	16	16	14
Previous conviction (%)**	1	4	-	-	-	-
Current drug treatment (%)	2	5	4	7	4	1
Mean income per week (\$)*	\$542	\$504	\$539	\$530	\$700	\$564

Source: EDRS participant interviews

* Income question introduced in 2009

** Previous conviction questions not asked in 2011-2013

KE interviews indicate that the RPU population remains diverse in characteristics such as age, gender, sexuality and geographic location, and described RPU as mostly aged between 16 and 35 years, with an estimated average age of 25 years. Typically, KE described RPU as educated, employed (either in full-time or part-time employment) or current students. Most KE reported having contact with both male and female RPU.

4 DRUG CONSUMPTION PATTERNS

Summary

- Ecstasy was reported as the main drug of choice (favourite or preferred drug) by a higher proportion of participants (44%) than in the 2013 EDRS (26%).
- Pills remained the most commonly reported form of ecstasy used in 2014. However, the prevalence of ecstasy powder use was offset by increased use of ecstasy crystal when compared to 2013 (62% crystal – 58% powder in 2014 vs. 43% crystal – 51% powder in 2013).
- A significantly higher proportion reported using cocaine in the preceding six months (69%) than in 2013 (46%).
- Cannabis continued to be a drug used by most participants; however, it was reportedly used on a median of 24 days in the preceding six months, substantially lower than in 2013 (median of 50 days).
- A significantly higher proportion of participants reported drinking alcohol on the last occasion they used ecstasy (87%) than in 2013 (66%).
- Recent use of amyl nitrite was reported by significantly more (48%) RPU than in 2013 (23%).

4.1 Drug use history and current drug use

In 2014, participants were asked about lifetime (ever used) and recent (used in the last six months) use of a broad range of drug types, including alcohol and tobacco (Table 2). The drugs most likely to have ever been used were alcohol, cannabis, tobacco, ecstasy and speed. The reported recent use of drugs was significantly higher in 2014 than 2013 for ecstasy crystal (62% vs. 43% respectively, $p<0.05$), ketamine (63% vs. 43% respectively, $p<0.05$), and amyl nitrite (48% vs. 23% respectively, $p<0.05$). There were no significant changes in prevalence for the three forms of methamphetamine (speed, base and crystal).

Almost half (47%) of the 2014 RPU sample reported recent use of synthetic analogues known as 'research chemicals' such as mephedrone and DMT, or other synthetic drugs, such as 2C-B, benzylpiperazines (BZP); and synthetic cannabinoids (e.g., Kronik and K2 Spice). Data on these new psychoactive substances (NPS) were first collected in the 2010 EDRS. As reported use of NPS has become more prevalent in the last few years (33% of REU interviewed in 2012 reported recent NPS use and 47% in 2013), detailed results about use of these drug types is included in this EDRS report and can be found in section 9.2.

Similar to 2013, KE considered amphetamines and alcohol to be the most problematic drugs used by RPU in 2014. In addition, KE identified crystal methamphetamine and alcohol as problematic in 2014. Crystal methamphetamine was by far the most common form of amphetamine seen by KE, and some KE highlighted it as the most widely used illicit drug after cannabis. KE raised concerns relating to crystal methamphetamine on aggressive behaviour, criminal activity and harmful effects from lack of sleep, resulting from RPU reaching higher intoxication levels and being intoxicated for longer periods, due to a perceived increase in purity and availability in the previous 12 months. KE highlighted the availability of alcohol and the culture of drinking in Australia, along with 'pre-loading' (drinking large volumes of alcohol before attending nightclubs or other events) and careless use as factors contributing to alcohol-related harm. Concerns relating to synthetic cannabis were mostly associated with unpleasant effects including physical illnesses.

Table 2: Lifetime and recent drug use of EDRS participants, 2009-2014

	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Alcohol						
Ever used (%)	100	99	99	100	100	100
Used last 6 months (%)	99	97	97	97	93	99
Cannabis						
Ever used (%)	95	97	96	97	100	100
Used last 6 months (%)	85	89	86	85	87	81
Tobacco						
Ever used (%)	91	97	92	94	92	98
Used last 6 months (%)	86	88	82	87	82	83
Ecstasy pill						
Ever used (%)	100	100	99	99	97	100
Used last 6 months (%)	100	98	91	92	86	90
Ecstasy capsule						
Ever used (%)	65	81	89	83	85	83
Used last 6 months (%)	48	65	65	67	67	66
Ecstasy powder						
Ever used (%)	37	48	56	43	72	31
Used last 6 months (%)	24	34	30	31	51	43
Ecstasy crystal*						
Ever used (%)	-	-	-	-	58	80
Used last 6 months (%)	-	-	-	-	49	64
Methamphetamine powder (speed)						
Ever used (%)	90	88	88	94	86	89
Used last 6 months (%)	72	70	69	77	58	56
Methamphetamine base (base)						
Ever used (%)	18	13	32	22	30	31
Used last 6 months (%)	7	3	12	13	8	10
Crystal methamphetamine (ice/crystal)						
Ever used (%)	36	45	56	57	62	42
Used last 6 months (%)	13	18	38	48	45	34
Pharmaceutical stimulants (licit & illicit)						
Ever used (%)	41	56	59	46	65	65
Used last 6 months (%)	15	27	29	21	30	32
Cocaine						
Ever used (%)	75	76	74	78	78	84
Used last 6 months (%)	48	54	43	54	46	58
LSD						
Ever used %	63	72	82	63	88	77
Used last 6 months %	46	49	57	38	52	49
MDA						
Ever used (%)	9	14	27	27	31	33
Used last 6 months (%)	2	6	12	12	13	21
Ketamine						
Ever used %	43	53	60	63	76	82
Used last 6 months %	21	23	26	35	46	63
GHB						
Ever used (%)	15	23	24	24	30	34
Used last 6 months (%)	10	12	6	7	14	13
Amyl nitrite						
Ever used (%)	62	58	63	53	69	71
Used last 6 months (%)	41	34	24	21	23	34
Nitrous oxide						
Ever used (%)	43	43	55	39	72	70
Used last 6 months (%)	22	22	33	22	48	53
Psilocybin mushrooms						
Ever used (%)	62	75	83	74	85	78
Used last 6 months (%)	27	22	41	38	38	25
Heroin						
Ever used (%)	16	17	28	17	25	15
Used last 6 months (%)	5	7	15	5	10	6
Benzodiazepines (illicit & licit)						
Ever used (%)	74	71	71	59	80	72
Used last 6 months (%)	53	45	56	46	53	59
Other opioids (illicit & licit)						
Ever used (%)	19	25	43	33	41	60
Used last 6 months (%)	8	8	21	13	21	27
Antidepressants (illicit & licit)						
Ever used (%)	27	36	31	36	35	26
Used last 6 months (%)	13	15	11	19	10	7

Source: EDRS participant interviews

* Ecstasy crystal questions introduced in 2013

4.2 Ecstasy use

4.2.1 Ecstasy use among EDRS participants

In 2014, 44% of participants, the highest proportion since the 2005 EDRS, reported ecstasy as the main drug of choice ('favourite or preferred' drug), compared to 26% in 2013. RPU reported swallowing a median of two ecstasy pills and almost one-third (31%) reported using ecstasy pills weekly or more in the preceding six months, which was similar to previous years (Table 3).

Almost all (n=90) RPU reported using other drugs on the last occasion they used ecstasy. The most common drug used in conjunction with ecstasy was alcohol (consumed >5 standard drinks, 76%), followed by tobacco (71%), cannabis (39%), speed (14%) and ketamine (14%). Similar to 2013, 51% of RPU interviewed in 2014 reported using other drugs to 'come down' from ecstasy. The drugs most commonly reported as used when coming down from ecstasy were cannabis (54%) and benzodiazepines (26%).

Table 3: Patterns of ecstasy use among EDRS participants, 2009-2014

Ecstasy	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Mean age first used ecstasy (years)	19	18	18	18	19	18
Ecstasy 'favourite' drug (%)	42	31	31	35	26	44
Median days used ecstasy pills last 6 months	12	12	10	12	10	12
Use ecstasy pills weekly or more (%)	29	23	20	25	29	21
Median ecstasy pills in 'typical' episode of use	2	2	2	2	2	2
Typically use >1 pill (%)	77	76	75	83	81	75
Main route of administration of ecstasy pills in the last 6 months (%)*						
Swallow	94	85	83	88	87	86
Snort	5	13	17	10	11	10
Inject	1	1	0	1	1	0
Ever injected ecstasy pills (%)	3	2	10	4	8	2
Used other drugs in conjunction with ecstasy last occasion (%)	96	98	94	95	92	90
Used other drugs to 'come down' from ecstasy last occasion (%)	55	53	67	56	51	50

Source: EDRS participant interviews

* Among those who had used ecstasy in the previous 6 months

KE reported pills to be the most common form of ecstasy used by RPU, while one KE noted that ecstasy is often made with methamphetamine without users realising it. This group of KE did not commonly associate ecstasy with problematic behaviour; one KE noted that overdose with ecstasy has been rare despite other KEs reporting that the prevalence of use has increased.

Recent use of ecstasy capsules was reported by 66% of RPU, consistent with participants interviewed in 2013. This year, reports of ecstasy powder use decreased for both lifetime (61%) and recent (43%) use after a peak in 2013. Additional questions were included in 2013 to capture patterns of use of ecstasy crystals due to reports of recent use in 2012. Table 4 shows reported patterns of use for all four forms of ecstasy. The difference between the proportion who reported use of ecstasy crystals in the last six months and participants who reported use of ecstasy powder is greater in 2014 than 2013 (62% – 58% vs. 43% – 51% respectively); however, pills were the most commonly reported form of ecstasy used in 2014, consistent with previous years.

Table 4: Patterns of ecstasy pill, capsule, powder and crystal use among EDRS participants, 2014

Ecstasy	Ecstasy pill (n=100)	Ecstasy capsule (n=100)	Ecstasy powder (n=100)	Ecstasy crystal (n=100)
Lifetime use (%)	100	83	61	80
Used ecstasy in last 6 months (%)	90	80	43	64
Mean age in years first used (range)	18 (14-32)	21 (15-41)	20 (15-39)	21 (15-41)
Median days used last 6 months (range)	12 (1-72)	4 (1-48)	6 (1-30)	5 (1-40)
Median amount used in 'typical' episode of use* (range)	2 pills (0.5-8)	1.25 caps (0.5-4)	0.5 grams (0.15-1.5)	2 points** (0.5-10)
Route of administration in the last 6 months* (%)				
Swallow	98	97	74	98
Snort	47	38	77	66
Inject	-	-	-	4
Other	<3	-	5	13

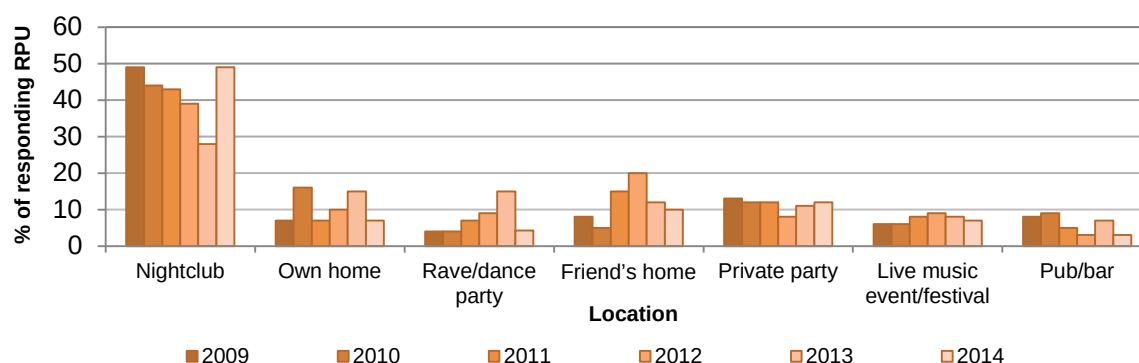
Source: EDRS participant interviews

* Among those who had used ecstasy in the previous 6 months

** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

Figure 1 shows RPU's reported last location of ecstasy use. Consistent with previous years, in 2014, nightclubs were the most commonly reported location of most recent ecstasy use (49%).

Figure 1: Location of most recent ecstasy use, 2009-2014

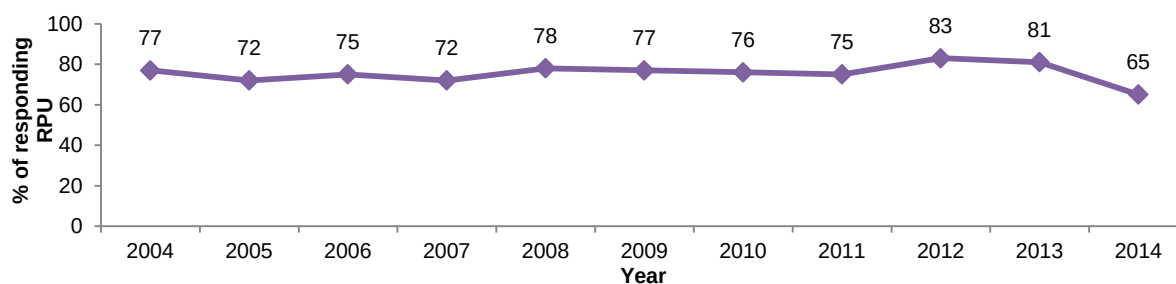


Source: EDRS participant interviews

4.2.2 Ecstasy trends over time

In 2013, 65% of the Victorian EDRS sample reported typically using more than one ecstasy pill per episode of use (Figure 2) and 30% reported using more than two pills per episode of use (the highest report of number of pills used per episode of use was 8 pills). RPU reported using ecstasy pills on the lowest median number of days in the preceding six months in 2013 since 2003 (nine days); this increased to 12 in 2014 (presented in Table 4).

Figure 2: Percentage of EDRS participants who report typically using more than one ecstasy pill, 2004-2014



Source: EDRS participant interviews

4.2.3 Ecstasy use in the general population

The 2013 NDSHS provides the most recent national figures regarding the prevalence of ecstasy use in the general population. The results of this survey indicate that, in 2013, 2.5% of the Australian population aged 14 years and over reported ecstasy use in the last 12 months (Australian Institute of Health and Welfare, 2014), a figure significantly lower compared to that found in 2010 (3%) and the highest prevalence of recent ecstasy use was reported by 20-29 year olds (8.6%) (Australian Institute of Health and Welfare, 2014). The percentage of the Victorian population aged 14 years and over who reported ecstasy use in the last 12 months (2.4%) was similar to the national figure in 2013 (Australian Institute of Health and Welfare, 2014).

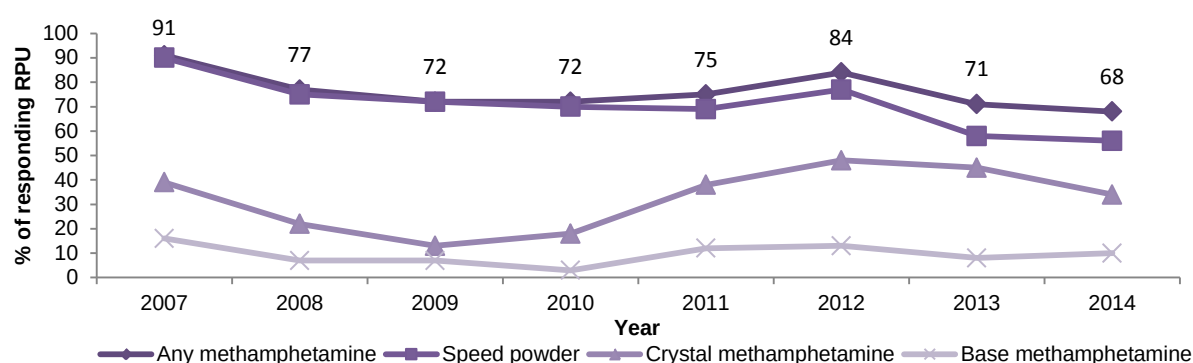
4.3 Methamphetamine use

4.3.1 Methamphetamine use among EDRS participants

The majority (91%) of participants reported lifetime use of one or more forms of methamphetamine (speed powder, crystal or base) and 68% of the sample had done so in the previous six months (Figure 3). Reports of recent use of all forms of methamphetamine were comparable to 2013.

Methamphetamine was described by the majority of KE interviewed in 2014 as the most widely used illicit drug following cannabis. They considered it to be a problematic drug due to a perception of increasing purity in the preceding 12 months resulting in RPU reaching higher intoxication levels and being intoxicated for longer periods. KE raised concerns relating to crystal methamphetamine causing aggressive/unpredictable behaviour and ill-effects from lack of sleep, and noted that it contributed to difficulty in managing some of the people they work with. KE also noted that crystal methamphetamine is gaining popularity among youths since it is able to be smoked.

Figure 3: Recent use of any methamphetamine, speed powder, crystal and base methamphetamine, 2007-2014



Source: EDRS participant interviews

4.3.2 Methamphetamine powder (speed)

Reports of both lifetime (89%) and recent (56%) use of speed in 2014 remains similar to reports in 2013 as shown in Table 5. Also similar to previous years, the median reported age of first speed use was 19 years (range 12-32 years). The median quantity used during a typical episode of use decreased slightly from previous years to 0.4 gram of powder, while the median quantity used during a heavy episode of use increased to one gram (vs. 0.5 gram in 2010-2013). Fourteen per cent of recent speed users reported using speed the last time they used ecstasy.

4.3.3 Methamphetamine base

Consistent with previous years, methamphetamine base use remains low in Victoria among RPU. Thirty – one per cent of RPU reported having ever used methamphetamine base in 2014, 10% in the preceding six months. The median reported age of first methamphetamine base use was 20 years (range 17-43 years) and base was most commonly snorted (60%). Recent users of methamphetamine base reported using on a median of two days (range 1-24 days) in the last six months, typically using one and a half points per episode of use (range 1-2.5 points). Two per cent of recent base users reporting using base the last time they used ecstasy.

Table 5: Patterns of speed use among EDRS participants, 2009-2014

Speed	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used (%)	90	88	88	94	86	89
Used preceding 6 months (%)	72	70	69	77	58	56
Median days used last 6 months* (range)	5 (1-80)	5 (1-180)	11 (1-115)	6 (1-120)	4 (1-80)	4 (1-180)
Median quantities used* (grams)	0.5	0.5	0.5	0.5	0.5	0.4
Typical (range)**	(0.1-3) n=42	(0.1-4.5) n=49	(0.1-2) n=63	(0.3-5) n=58	(0.05-3.5)** n=43	(0.1-2) n=11
Heavy (range)**	0.5 (0.1-17) n=46	1 (0.1-10) n=53	1 (0.1-4) n=64	1 (0.3-7) n=61	0.5** (0.1-7) n=47	1 (0.1-2) n=17

Source: EDRS participant interviews

* Among those who used speed powder in the previous 6 months

** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

4.3.4 Crystal methamphetamine

In 2014, the percentage of RPU in Victoria reporting recent use of crystal methamphetamine declined slightly (45% in 2013 to 34%) (Table 6). Comparable to previous years, RPU reported initiating crystal methamphetamine use at a median age of 21 years (range 15-43 years). The most commonly reported route of administration of crystal methamphetamine in the preceding six months was smoking (97% vs. 87% in 2013). RPU reported using two points in a typical episode of use and two and a half points during a heavy episode of use. Twelve per cent of recent crystal methamphetamine users reported using crystal methamphetamine the last time they used ecstasy.

Table 6: Patterns of crystal methamphetamine use among EDRS participants, 2009-2014

Crystal methamphetamine	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used (%)	36	45	56	57	62	42
Used last six months (%)	13	18	38	48	45	34
Median days used last 6 months* (range)	3 (1-60) n=13	3 (1-24) n=18	8 (1-120) n=37	8.5 (1-170) n=48	10 (1-170) n=45	8 (1-120) n=34
Median quantities used* (points)						
Typical (range)	1.5 (0.1-4) n=9	1 (1-6) n=13	2 (0.2-10) n=36	1.5 (0.1-7) n=40	2** (0.3-15) n=42	2 (0.1-5) n=23
Heavy (range)	2 (0.1-15) n=9	1.5 (1-6) n=11	3 (0.4-17) n=36	2.5 (0.1-10) n=37	3.5** (1-50) n=42	2.5 (0.3-6) n=20

Source: EDRS participant interviews

* Among those who used crystal methamphetamine in the last 6 months

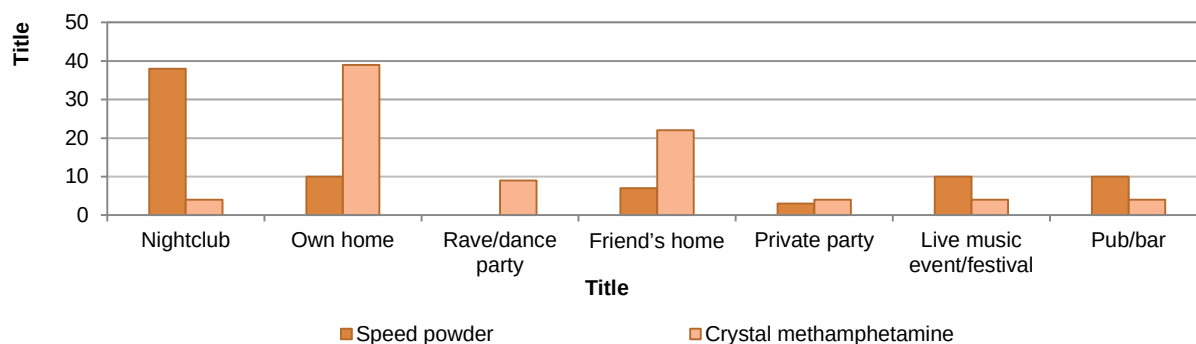
** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

4.3.5 Location of methamphetamine use

The location of the most recent occasion of speed and crystal methamphetamine use is detailed in Figure 4. Compared to 2013, a proportion of RPU reported the last location they used speed was at their home (10% vs. 27% in 2013) while a higher proportion reported the last location of use at a nightclub (38% vs. 18% in 2013). Similar to previous years, 61% of recent crystal methamphetamine

users reported spending their time in a private setting the last time they used; 39% at their own home, and 22% at a friend's home. Small numbers precluded further analysis of the locations of recent methamphetamine base use.

Figure 4: Location of most recent methamphetamine use: speed & crystal, 2014



Source: EDRS participant interviews

4.3.6 Methamphetamine use in the general population

The report for the 2013 NDSHS provides the most recent national figures regarding the prevalence of methamphetamine use in the Australian general population. The report indicated that, in 2013, 2.1% of the Australian population aged 14 years and over reported recent (in the last 12 months) use of methamphetamines, identical to the last survey in 2010 (2.1%) (Australian Institute of Health and Welfare, 2014). As with ecstasy use, the highest prevalence of recent (5.7%) methamphetamine use nationally was reported by the 20-29 year old age group (Australian Institute of Health and Welfare, 2014). The figure for the Victorian population aged 14 years and over who reported recent use of methamphetamines (1.9%) was similar to the national figure in 2013.

4.4 Cocaine use

4.4.1 Cocaine use among EDRS participants

A slightly higher proportion of participants reported having ever used cocaine in 2014 (84%) compared to 2013 (78%). Similarly, a significantly ($p=0.001$) higher proportion had used it in the preceding six months (69% vs. 46% respectively) (Table 7).

The median age of first use among RPU who reported using cocaine was 20 years (range 16-29 years). EDRS participants reportedly used cocaine on a median of three days (range 1-36 days), and used a median of a gram during both a typical episode of use (range 0.03-1.5 grams) and a heavy episode of use (range 0.03-3 grams). All users reported snorting cocaine (100%). Of those who reported using in the last six months, only 22% reported using cocaine more frequently than once a month. Eight per cent of recent cocaine users reported using cocaine the last time they used ecstasy.

Table 7: Patterns of cocaine use among EDRS participants, 2009-2014

Cocaine	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used %	75	76	74	78	78	84
Used last six months %	48	54	43	54	46	58
Median days used last 6 months* (range)	2 (1-50)	2 (1-24)	2.5 (1-60)	3 (1-50)	2 (1-26)	3 (1-36)
Median quantities used (grams)*						
Typical (range)	0.5 (0.1-2) n=32	0.5 (0.05-3) n=45	1 (0.1-5) n=33	0.5 (0.2-3) n=39	0.5 (0.05-3) n=33	1 (0.03-1.5) n=23
Heavy (range)	1 (0.1-4) n=35	0.5 (0.05-8) n=46	1 (0.1-5) n=46	1 (0.2-3) n=40	0.5 (0.05-5)** n=33	1 (0.03-3) n=28

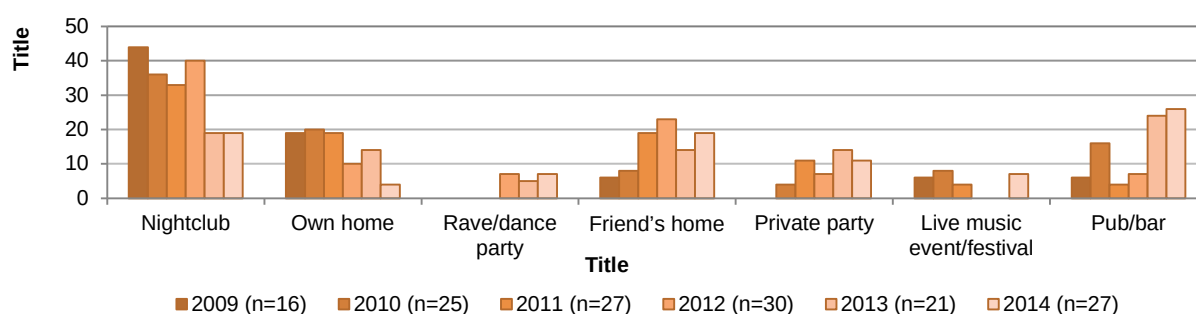
Source: EDRS participant interviews

* Among those who used cocaine in the last 6 months

Consistent with 2013 data, KE reported a low prevalence of cocaine use among the people they work with and suggested that this may be due to its higher cost and perceived low availability when compared to other psychostimulants available in Victoria. Almost all KE who commented on cocaine stated that the most common route of administration was snorting. One KE noted that cocaine appears to be more popular among those over 40 years of age.

The most frequently reported last location of cocaine use in 2014 was a friend's home (19%) or a nightclub (19%) (Figure 5).

Figure 5: Location of most recent cocaine use, 2009-2014



Source: EDRS participant interviews

4.4.2 **Cocaine use in the general population**

The 2013 NDSHS provides the most recent national figures regarding the prevalence of cocaine use in the Australian general population. This survey indicates that, in 2013, 2.1% of the Australian population aged 14 years and over reported recent (in the last 12 months) cocaine use, unchanged when compared to 2010 (2.1%) after continued increase since the 1993 survey estimate of 0.5% (Australian Institute of Health and Welfare, 2014). The figure for the Victorian population is almost identical to the national figure (2%).

4.5 Ketamine use

4.5.1 Ketamine use among RPU

In 2014, higher proportions of RPU reported lifetime (82% vs. 76%) and significantly higher proportions of RPU reported recent (63% vs. 46%, $p<0.05$) use of ketamine than in 2013 (Table 8). The median reported age of first use was 20 years (range 16-29 years). As seen in previous years, ketamine remains infrequently used – on a median of three days in the preceding six months (range 1-70 days). Recent ketamine users most commonly quantified their use in terms of bumps, reporting using a median of one bump during a typical episode (range 1-2 bumps) and one and a half bumps during a heavy episode of use (range 1-3 bumps), and almost all (97%) recent users reported snorting ketamine. Fourteen per cent of recent ketamine users reported using ketamine the last time they used ecstasy.

Table 8: Patterns of ketamine use among EDRS participants, 2009-2014

Ketamine	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used (%)	43	53	60	63	76	82
Used last 6 months (%)	21	23	26	35	46	63
Median days used last 6 months* (range)	2 (1-10)	2 (1-12)	4 (1-40)	2 (1-15)	4 (1-48)	3 (1-70)
Median quantities used (bumps)*						
Typical (range)	0.5** (0.25-1) n=5	2 (1-10) n=12	3 (0.3-8) n=19	2.5 (0.5-10) n=24	3 (1-4) n=13	1 (1-2) n=9
Heavy (range)	0.5** (0.25-7) n=5	2 (1-10) n=12	3 (0.3-15) n=18	2.5 (0.5-15) n=24	3 (1-6) n=13	1.5 (1-3) n=8

Source: EDRS participant interviews

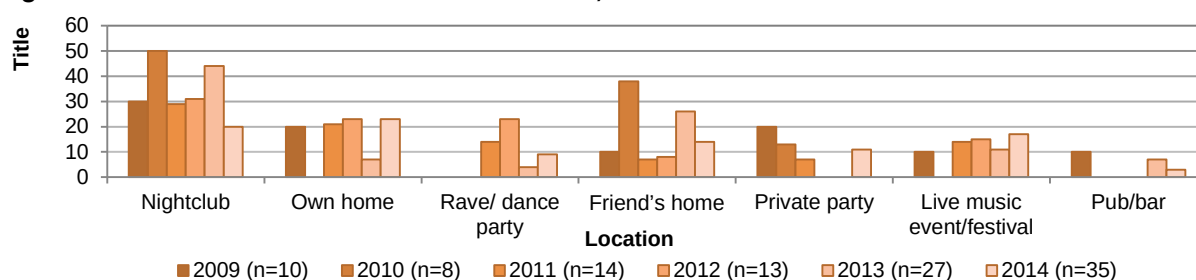
* Among those who used ketamine in the last 6 months

** In 2009, median quantities were described in points

Several KE reported some use of ketamine among the RPU they work with. More specifically, KEs noted that it has been gaining popularity among people who attend music festivals and poly-drug users.

As presented in Figure 6, RPU interviewed in 2014 reported using ketamine on the most recent occasion at home (23%) or at a nightclub (20%).

Figure 6: Location of most recent ketamine use, 2009-2014



Source: EDRS participant interviews

4.5.2 Ketamine use in the general population

There is only a small amount of data available regarding the prevalence of ketamine use in the Australian general population. Only 0.3% of respondents in the 2013 NDSHS reported ketamine use in the last 12 months and only 1.7% reported ever having used the drug (Australian Institute of Health and Welfare, 2014). No prevalence data for ketamine use were available for the Victorian population.

4.6 GHB use

4.6.1 GHB use among EDRS participants

Lifetime use of GHB was reported by 34% of respondents interviewed in 2014, the highest proportion ever reported in the Victorian EDRS (Table 9). Thirteen per cent of RPU reported recent use. The median reported age of first use was 19 years (range 15-31 years).

RPU reported recent GHB use on a median of 10 days (range 1-40 days) in the preceding six months, the highest ever reported in the Victorian EDRS (Table 9). A median of 5.5ml was reported as the amount used during a typical episode of use (range 1-20ml), and a median of 6ml during a heavy episode of use (range 1.5-25ml), slight increases when compared 2013. All RPU reported using GHB orally. Three per cent of recent GHB users reported using GHB the last time they used ecstasy.

Table 9: Patterns of GHB use among EDRS participants, 2009-2014

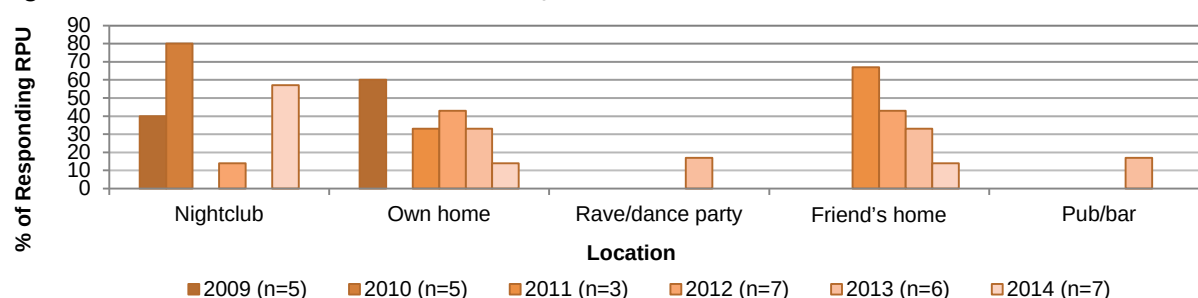
GHB	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used (%)	15	23	24	24	30	34
Used last six months (%)	10	12	6	7	14	13
Median days (range) used last 6 months*	2.5 (1-5)	2 (1-24)	6.5 (1-25)	6 (1-135)	2 (1-180)	10 (1-40)
Median quantities used* (ml)						
Typical (range)	4 (0.5-15) n=9	3 (1.8-10) n=11	5.5 (1.8-50) n=6	4.5 (2.5-7) n=5	4.5 (0.5-10) n=14	5.5 (1-20) n=12
Heavy (range)	5 (1-30) n=9	6.5 (2-20) n=10	16.5 (1.8-50) n=6	4.5 (3-15) n=5	5 (0.5-25) n=14	6 (1.5-25) n=12

Source: EDRS participant interviews

* Among those who used GHB in the last 6 months

KE who commented on GHB in 2013 perceived it to be problematic due to the risk of overdose as a result of dose miscalculation. This problem is also exacerbated by reports of strong batches of the drug coming out recently.

Figure 7: Location of most recent GHB use, 2009-2014



Source: EDRS participant interviews

4.6.2 GHB use in the general population

There is only a small amount of data available regarding the prevalence of GHB use in the Australian general population. Less than 0.1% of respondents from the 2013 NDSHS reported GHB use in the last 12 months, and only 0.9% reported ever having used the drug (Australian Institute of Health and Welfare, 2014). As with ketamine, there are no Victorian data for 2013 (Australian Institute of Health and Welfare, 2014).

4.7 LSD use

4.7.1 LSD use among EDRS participants

Lifetime LSD use reported by RPU in 2014 was slightly lower than 2013 (77% vs. 88%) as with reports of recent use of LSD by the 2014 sample (49% vs. 52% for 2013) (Table 10). Recent users of LSD reported being a median age of 20 years when they first used (range 13-40 years).

Consistent with 2013, participants reported use of LSD on a median of three days in the preceding six months (range 1-25 days). The reported median number of tabs used during a typical and heavy episode was one, with all RPU reporting using LSD orally. Ten per cent of recent LSD users reported using LSD the last time they used ecstasy.

Table 10: Patterns of LSD use among EDRS participants, 2009-2014

LSD	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used (%)	63	72	82	63	88	77
Used last 6 months (%)	46	49	57	38	52	49
Median days used last 6 months* (range)	2 (1-20)	3 (1-36)	4 (1-48)	3 (1-30)	3 (1-26)	3 (1-25)
Median quantities used* (tabs)						
Typical (range)	1 (0.25-3) n=41	1 (0.5-3) n=45	1 (0.5-6) n=55	1 (0.5-3) n=34	1 (1-3) n=52	1 (0.5-2.5) n=37
Heavy (range)	1.5 (0.25-20) n=41	1.5 (0.5-10) n=44	2 (0.5-10) n=55	2 (0.5-15) n=34	2 (1-10) n=52	1 (0.5-12) n=37

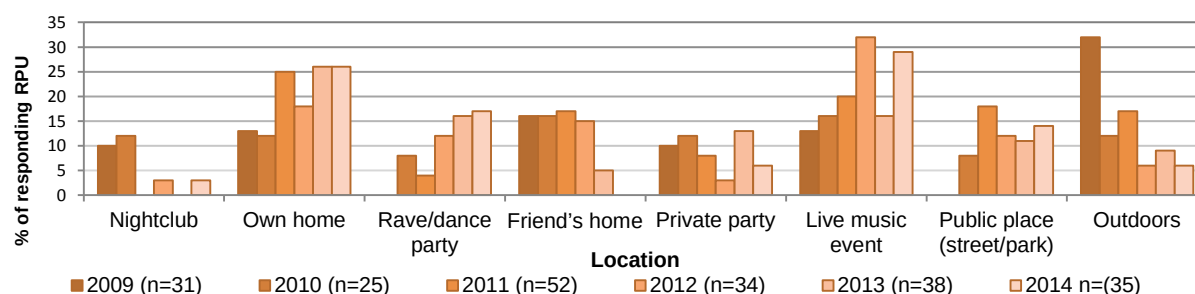
Source: EDRS participant interviews

* Among those who used LSD in the last 6 months

The 2014 RPU sample most commonly reported their most recent LSD use occurring at live music events (29%), at home (26%) or at raves/doofs/dance parties (17%).

LSD use among RPU was reported by those KE working at music festivals and dance parties and was typically used by swallowing tabs. KE also reported that people who use LSD are often reckless with their use, with very little self-care (such as keeping themselves hydrated, poly-drug use and using too much).

Figure 8: Location of most recent LSD use, 2009-2014



Source: EDRS participant interviews

4.7.2 Hallucinogen use in the general population

'Hallucinogens' is a category included in the NDSHS, but this is a broad category encompassing: LSD, magic mushrooms, angel's trumpet and datura (Department of Health, 2013). The most recent NDSHS data indicates that only 1.3% of the Australian general population reported recent hallucinogen use, while 9.4% reported lifetime use (Australian Institute of Health and Welfare, 2014). There were no available data for the Victorian population in 2013.

Cannabis use

4.7.3 Cannabis use among RPU

Cannabis use remains common among EDRS participants, with 81% of the 2014 sample reporting use within the last six months (Table 11). The median reported age of first use was 15 years (range 11-20 years). RPU reported using cannabis on a median of 24 days in the last six months (once a week), substantially lower than 2013 (median of 50 days) with 11% reporting daily use in the preceding six months. Furthermore, 39% of recent cannabis users reported using cannabis the last time they used ecstasy, and 54% reported using cannabis to come down from the last occasion of ecstasy use. Just over one-quarter (31%) of the recent users reported swallowing cannabis while 96% of recent users reported smoking. Those who reported smoking a joint on the last occasion of use reported smoking a median of one joint (range 0.2-5 joints). Those who reported smoking cones the last time they smoked cannabis used a median of three cones (range 1-6 cones).

Table 11: Patterns of cannabis use among EDRS participants, 2009-2014

Cannabis	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used %	95	97	96	97	100	100
Used last six months %	85	89	86	85	87	81
Of those who had used						
Median days (range) used last 6 months	24 (1-180)	30 (1-180)	48 (2-180)	72 (1-180)	50 (1-180)	24 (1-180)

Source: EDRS participant interviews

KE reported cannabis use to be very common, mostly used via smoking, and somewhat normalised among RPU with no perceived change in patterns of use the past 12 months. Although several KE did not see problems arising from cannabis use among the RPU they work with, some perceived that RPU underestimate the risks of cannabis both on long-term mental health, and competency when driving.

4.7.4 Cannabis use in the general population

The 2013 NDSHS provides national figures regarding the prevalence of cannabis use in the general population. The results of this survey indicated that, in 2013, 10.2% of the Australian population aged 14 years and over reported recent (in the last 12 months) cannabis use (Australian Institute of Health and Welfare, 2014). Figures for Victoria were lower than the national figures in 2010, with 9.1% reporting use of the drug within the past 12 months (Australian Institute of Health and Welfare, 2014).

4.8 Other drug use

4.8.1 Alcohol

All RPU reported alcohol use in their lifetime and almost all (99%) reported use in the preceding six months, as in previous years (Table 12). The median reported age of first use was 14 years (range 5.5-17 years).

Similar to the 2013 REU sample, participants interviewed in 2014 reported drinking on a median of 48 days (two days per week, range 2-180 days) in the preceding six months. A significantly higher proportion of participants reported drinking alcohol on the last occasion they used ecstasy than in 2013 (87% vs. 66% respectively, $p < 0.05$), the highest ever reported in the Victorian EDRS. Of the participants reporting alcohol use with ecstasy, 76% reported drinking more than five standard drinks while doing so. A similar proportion of RPU reported drinking alcohol during a stimulant drug binge in 2014 compared to 2013 (66% vs. 63% respectively).

Table 12: Patterns of alcohol use among EDRS participants, 2009-2014

Alcohol	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever used %	100	99	99	100	100	100
Used last 6 months %	99	97	97	97	93	99
Median days (range) used last 6 months	48 (1-180)	72 (3-180)	48 (1-180)	48 (1-180)	50 (2-180)	48 (2-180)
Drank alcohol last ecstasy use occasion	84	86	80	80	66	87
Drank more than 5 standard drinks last ecstasy use occasion*	81	77	78	78	85	76
Drank alcohol during a binge**	89	87	66	82	63	66

Source: EDRS participant interviews

* Of those who reported drinking alcohol last ecstasy use occasion

** Of those who reported bingeing on any stimulant in the six months prior to interview

Alcohol continues to be one of the drugs most commonly reported as problematic by KE, yet (they note) it is often not perceived to be a 'drug'. KE described alcohol use as widespread among RPU, and often used with other drugs, leading to an increased risk of overdose. High levels of intoxication are reportedly seen as normal among RPU and at parties and often result in anti-social behaviour, aggression and, in some cases, risky sexual behaviour. KE expressed concerns regarding RPU's response to high alcohol prices in licenced venues and at events by drinking large volumes of alcohol before attending (pre-loading) or attempting to sneak their own alcohol into the venues.

4.8.2 Tobacco

Consistent with previous years, reports of lifetime (98%) and recent (83%) tobacco use were common among RPU in 2014, and tobacco was first used at a median age of 15 years (range 6-22 years). Of those reporting recent use, a lower proportion of RPU reported smoking daily in 2014 than in 2013 (53% vs. 62% respectively). Of those who had ever used tobacco, 71% reported smoking the last time they used ecstasy.

4.8.3 Psilocybin or magic mushrooms (mushrooms)

In 2014, 78% of participants reported having ever used mushrooms, slightly lower than the proportion interviewed in 2013 (85%) as was the prevalence of use of mushrooms in the preceding six months (25%). Also similar to 2013, the median reported age of first use of mushrooms was 19 years (range 13-42 years). Recent mushroom use was infrequent; RPU reported using on a median of one day in the previous six months (range 1-6 days).

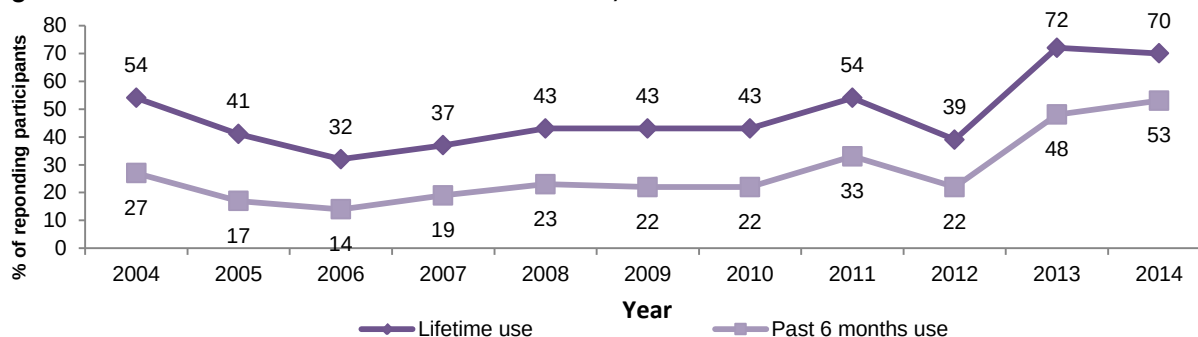
4.8.4 MDA (3,4-methylenedioxyamphetamine)

Thirty-three per cent of the 2014 sample reported lifetime use of MDA (31% in 2013) and 21% reported use in the preceding six months (13% in 2013). The median reported age of first use was 20 years (range 16-37 years). Reported MDA use was infrequent, occurring on a median of two days in the preceding six months (range 1-6 days), and typically involving a median of one pill/tablet per episode of use (range 1-5 pills/tablets).

4.8.5 Nitrous oxide

In 2014, when compared with 2013, a similar proportion of RPU reported lifetime use (70% vs. 72% respectively) and recent use (53% vs. 48% respectively) of nitrous oxide (Figure 9). The median reported age of first use of nitrous oxide was 20 years (range 15-39 years). RPU reported using nitrous oxide on a median of six days (range 1-100) in the preceding six months, involving a median of 10 bulbs on average (range 2-250). Four participants reported using nitrous oxide during a stimulant drug binge in the preceding six months.

Figure 9: Lifetime and recent use of nitrous oxide, 2004-2014



Source: EDRS participant interviews

4.8.6 Amyl nitrite

Over two-thirds (71%) of RPU reported lifetime use of amyl nitrite in 2014, similar to 2013 (69%). However, reported use in the preceding six months in 2014 was significantly higher than 2013 (48% vs. 23% respectively, $p < 0.05$). The median reported age of first use of amyl nitrite was 19 years (range 14-41 years) and it was used infrequently, with RPU reporting using on a median of two days (range 1-30 days) in the preceding six months.

4.8.7 Benzodiazepines

Both lifetime (72%) and recent (59%) benzodiazepine use (licit and illicit) reported by RPU in 2014 were comparable to 2013 (lifetime, 80%; recent 53%). Of those who had used benzodiazepines in the preceding six months, the majority reported illicit use (94% lifetime; 84% recent use).

Among recent illicit benzodiazepine users, the median reported age of first use was 19 years (range 7-35 years) with recent users reporting use on a median of five days (range 1-180 days). In 2014, 26% of recent benzodiazepine users (licit or illicit) reported using them to come down on the last occasion they used ecstasy.

4.8.8 Pharmaceutical stimulants

Lifetime use of any pharmaceutical stimulants (e.g. dexamphetamine; methylphenidate or Ritalin) (licit or illicit) was reported by 65% of RPU in 2014, consistent with 2013 (65%). Almost all (97%) of the 32% of RPU reporting using pharmaceutical stimulants in the preceding six months had done so illicitly, also consistent with 2013 (97%). The median reported age of first illicit use was 19 years (range 12-39). Illicit use was infrequent: median number of days used in the preceding six months was four and a half

days (range 1-72 days) over the preceding six months, involving a median of two pills (range 1-6 pills). Four per cent of recent pharmaceutical stimulant users reported using pharmaceutical stimulants the last time they used ecstasy.

4.8.9 Heroin and pharmaceutical opioids

Reported lifetime use was lower in 2014 than in 2013 for heroin (15% vs. 25% respectively) and methadone (7% vs. 14%). However, other (licit or illicit) pharmaceutical opioids, such as morphine or oxycodone were higher in 2014 when compared to 2013 (60% vs. 41% respectively). Four per cent of RPU reported ever using buprenorphine, similar to the six per cent recorded in 2013.

The proportions of RPU reporting using opiates or pharmaceutical opioids in the preceding six months were lower in 2014 than in 2013 for heroin (6% vs. 10% respectively) and methadone (1% vs. 4% respectively). Prevalence of recent use for (licit or illicit) pharmaceutical opioids was slightly higher in 2014 when compared to 2013 (27% vs. 21% respectively). One per cent of RPU reported recent use of buprenorphine in the preceding six months in 2014 compared to three per cent in 2013.

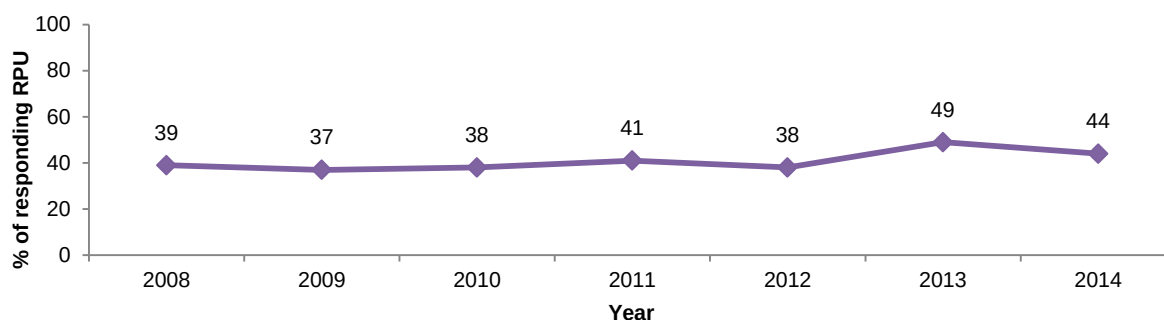
Just under two-thirds (63%) of the 27% of RPU reporting using pharmaceutical opioids in the preceding six months had done so illicitly, a decrease from 2013 (67%). The median reported age of first illicit use was 19 years (range 18-44 years). Illicit use was infrequent; median frequency of use was two days over the preceding six months (range 1-24 days).

In 2014 significantly less RPU reported lifetime use (12% vs. 23% in 2013, $p < 0.05$) of over-the-counter codeine. There was also a decrease for recent use (7% vs. 14% in 2013), though not significant.

4.9 Bingeing on stimulants or related drugs

For the purpose of this study, bingeing is defined as using any drug(s) continuously for 48 hours or more without sleep (Ovendon & Loxley, 1996). Forty-four per cent of RPU reported bingeing on stimulants or related drugs in the preceding six months, a decrease from 2013 (49%). The median length of the longest binge was 62 hours (range 48-250) and those reporting recent bingeing indicated having done so on a median of three occasions (range 1-30) during that period. Of those respondents who reported that they had recently binged on stimulants or related drugs ($n=44$), tobacco was the most commonly reported drug used while bingeing (75%), followed by ecstasy (73%), alcohol (use of greater than five standard drinks, 66%), speed powder (46%), cannabis (43%), and crystal methamphetamine (39%). The proportion of people reporting recent bingeing over time is presented below (Figure 10).

Figure 10: Percentage of EDRS participants who reported recently bingeing*, 2008-2014



Source: EDRS participant interviews

* Bingeing is defined as the use of drugs for 48 hours or more continuously without sleep

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

Summary

- The median price of ecstasy reported by participants in 2014 was \$25, a decrease from 2013 (\$30). The perceived purity of ecstasy was considered stable in the preceding six months reported by 31% of the sample (63% in 2013), offset by more RPU reporting the purity to be fluctuating or increasing.
- In 2014, the proportion of participants who perceived the purity of crystal methamphetamine as high (46%) in the preceding six months was larger than the proportion of participants that reported speed powder to be of high purity (26%).
- Crystal methamphetamine was reported as either very easy or easy to obtain by all participants in 2014, while 73% reported speed as either very easy or easy to obtain.
- The average purity of all seizures of amphetamines analysed by the Victoria Police Forensic Services Department during the 2013/2014 financial year was 67%, an increase from the purity measured in the 2011/2012 financial year (60%).
- In 2014, a significantly lower proportion of ketamine users perceived the purity of ketamine to be high, compared to participants interviewed in the 2012 EDRS (51% vs. 74%).

5.1 Ecstasy

5.1.1 Price

The median price of ecstasy reported by Victorian EDRS participants was \$25 per pill (Table 13). The reported cost per pill was cheaper when purchased in bulk; the median reported cost per pill was approximately \$20 (range \$10.5-\$30) when 20 pills were purchased and \$17 (range \$10-\$25) for 50 pills. This remained unchanged from reports in 2013.

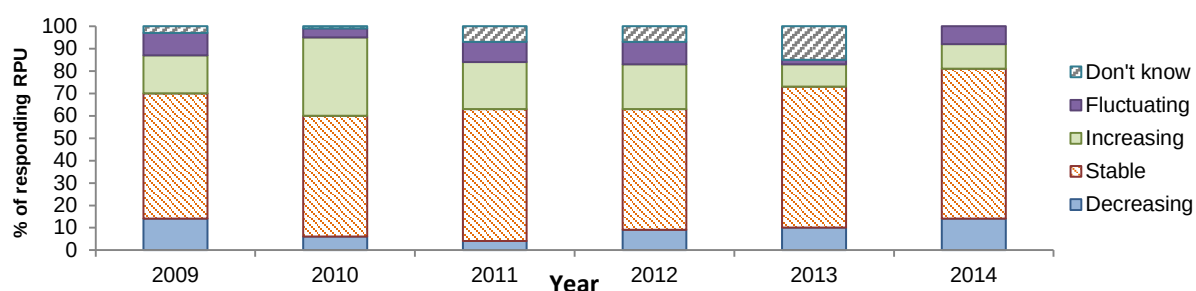
Table 13: Price of ecstasy pill purchased by EDRS participants, 2009-2014

Ecstasy	2009	2010	2011	2012	2013	2014
Median price per pill (range)	\$25 (\$10-\$35)	\$25 (\$6-\$35)	\$25 (\$10-\$50)	\$30 (\$7-\$50)	\$30 (\$10-50)	\$25 (\$6-40)

Source: EDRS participant interviews

Consistent with previous years, most of the 2014 RPU sample reported that the price of ecstasy had remained stable in the six months prior to interview (67%) (Figure 11).

Figure 11: Recent changes in price of ecstasy purchased by EDRS participants, 2009-2014

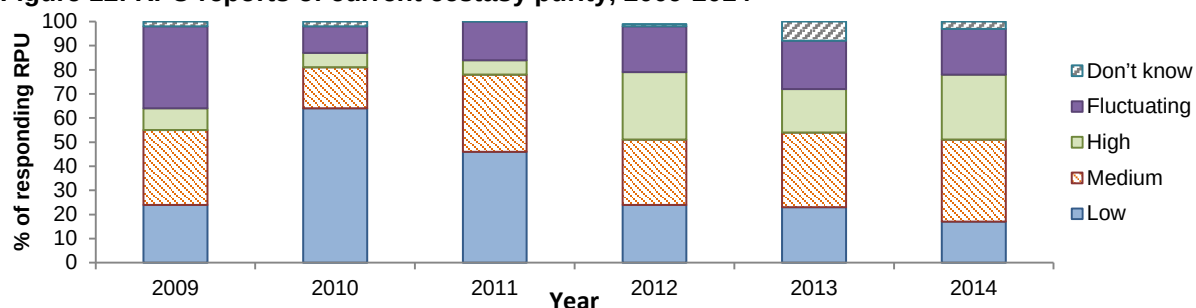


Source: EDRS participant interviews

5.1.2 Purity

In comparison to the stability of reported ecstasy price (Figure 12), the purity of ecstasy was typically considered by RPU as more variable. Compared to 2013, similar proportions of the 2014 RPU sample reported the purity as low (17% vs. 23% in 2013), medium (34% vs. 31% in 2013), and fluctuating (19% vs. 20% in 2013), while more respondents rated the current purity as high (27% vs. 18% in 2013).

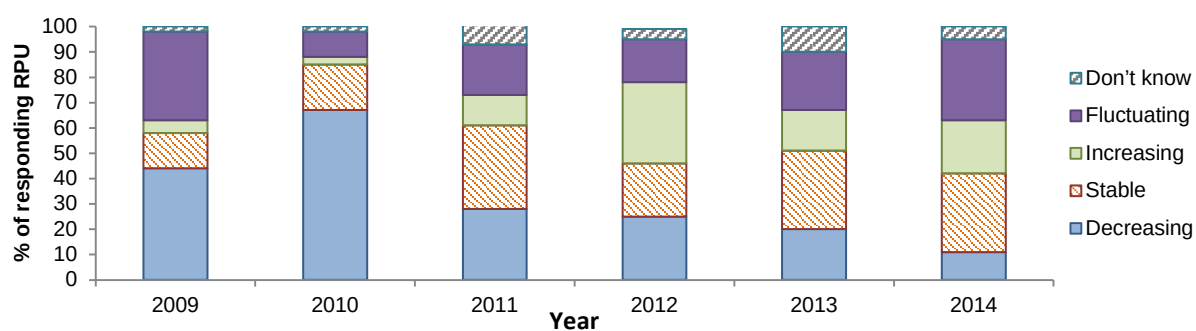
Figure 12: RPU reports of current ecstasy purity, 2009-2014



Source: EDRS participant interviews

Furthermore, as shown in Figure 13, a higher proportion of RPU reported the purity of ecstasy as increasing in the preceding six months in 2014 than in 2013 (21% vs. 16% respectively). A comparable proportion reported the purity as stable (33% vs. 31% in 2013).

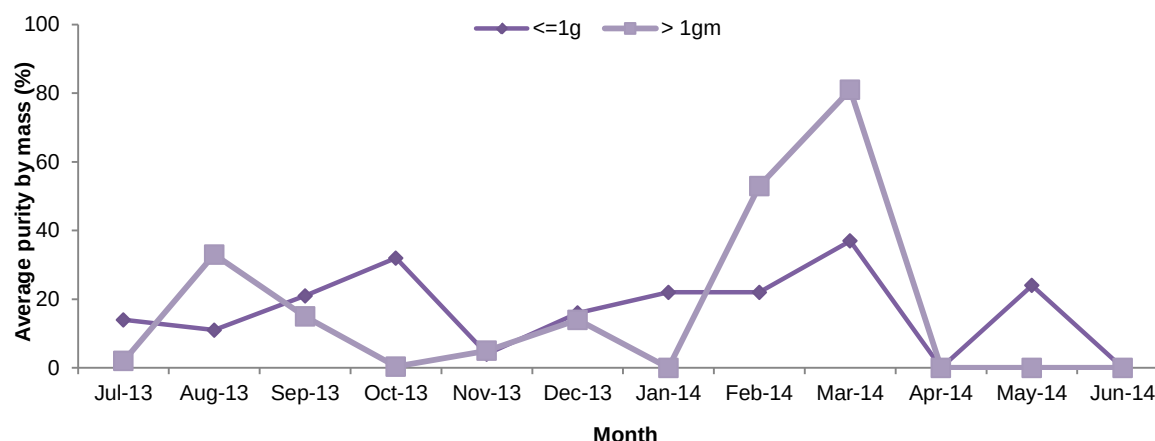
Figure 13: RPU reports of change in purity of ecstasy in the preceding six months, 2009-2014



Source: EDRS participant interviews

Ecstasy seizures analysed by the Victoria Police Forensic Services Department during the 2013/2014 financial year averaged 23% purity (range 2%-81%) (Figure 14), slightly lower than the average in 2013 (30%).

Figure 14: Purity of ecstasy seizures (includes MDMA, MDEA and MDA) by Victorian law enforcement, July 2013-June 2014

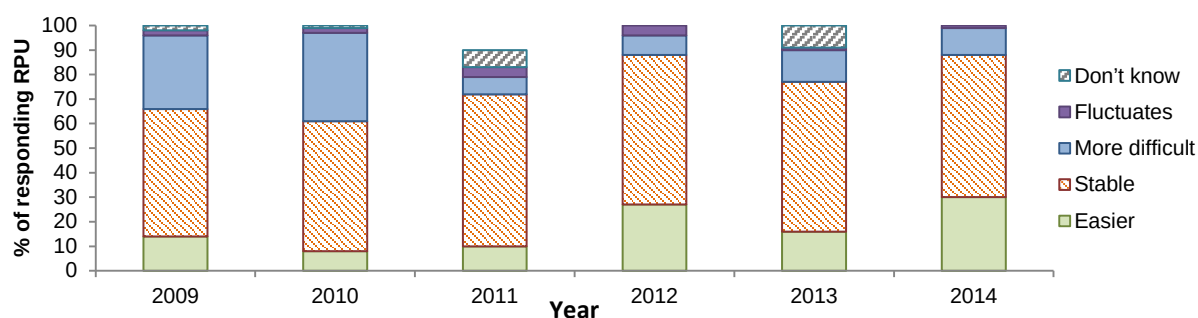


Source: Victoria Police Forensic Services Department

5.1.3 Availability

In 2014, a slightly lower percentage of RPU reported that ecstasy was 'very easy' to source than those interviewed in 2013 (46% vs. 50% respectively); 45% reported it to be 'easy' to obtain, while only 6% reported it being difficult to obtain. No participants reported ecstasy to be very difficult to obtain. Approximately two-thirds (58%) of RPU reported that the availability of ecstasy had remained stable in the six months prior to interview (Figure 15). Thirty per cent reported that ecstasy had become easier to source in the six months preceding interview, significantly higher when compared to 2013 (16% $p < 0.05$). Eleven per cent reported it had become more difficult to source during that time.

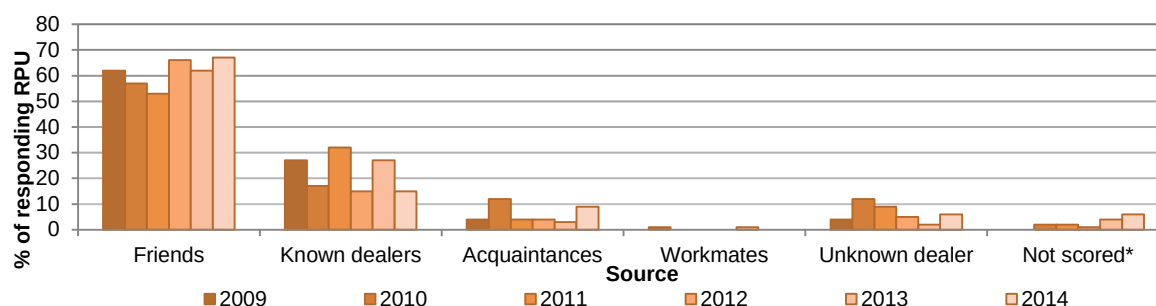
Figure 15: RPU reports of changes in availability of ecstasy in the preceding six months, 2009-2014



Source: EDRS participant interviews

As with previous years, most RPU interviewed in 2014 reported that the last time they had obtained ecstasy in the six months prior to interview. Among those who had obtained ecstasy, most 67% obtained it from friends or known dealers (15%) (Figure 16). In 2014, ecstasy was reported to be most commonly obtained at a friend's home (23%) or at a nightclub (23%) on the last occasion (Figure 17).

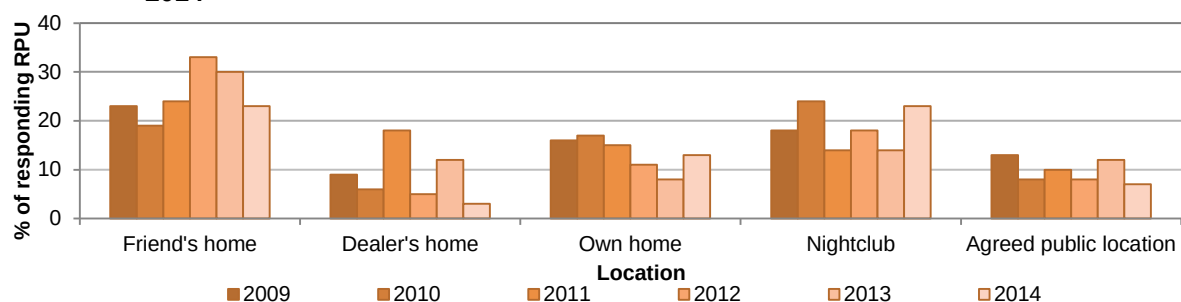
Figure 16: People from whom ecstasy was last purchased in the preceding six months, 2009-2014



Source: EDRS participant interviews

Note: 2008 data represent the person from whom ecstasy was purchased in the last six months, not the *last* time

Figure 17: Locations where ecstasy was last purchased in the preceding six months, 2009-2014



Source: EDRS participant interviews

Note: 2008 data represent the person from whom ecstasy was purchased in the last six months, not the *last* time

5.1.4 Ecstasy markets and patterns of ecstasy purchasing

Patterns of ecstasy purchase by 2014 RPU were comparable with previous years. Participants reported that they had scored ecstasy from a median of four people in the preceding six months. The majority reported purchasing ecstasy on a fortnightly basis or less often (76%), obtaining a median of four pills (range 1-400), and usually obtained pills for themselves and other people (58%) (Table 14).

Table 14: Patterns of ecstasy purchasing in preceding six months, 2009-2014

Ecstasy	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Median no. of people purchased from	4	3	3	3	3	4
Purchased for (%)						
Self only	33	23	34	41	32	40
Self and others	66	73	64	55	59	58
Others only	1	1	0	3	2	0
No. of times purchased in the last 6 months (%)*						
1-6	47	40	47	37	46	34
7-12	30	40	38	42	31	41
13-24	22	18	13	15	21	22
25 +	1	2	2	2	2	2
Median no. of ecstasy tablets purchased	5	5	4	4	4	4

Source: EDRS participant interviews

* Among those who reported purchasing in last six months

5.2 Methamphetamine

5.2.1 Price

Consistent with previous years, the median reported price per gram of speed was \$200; however, the median price decreased to \$20 for a point (Table 15). Of the 22 RPU who commented on the recent price of speed in 2014, 72% reported that the price had remained stable in the preceding six months, with 16% reporting an increase in the price of speed (Figure 18).

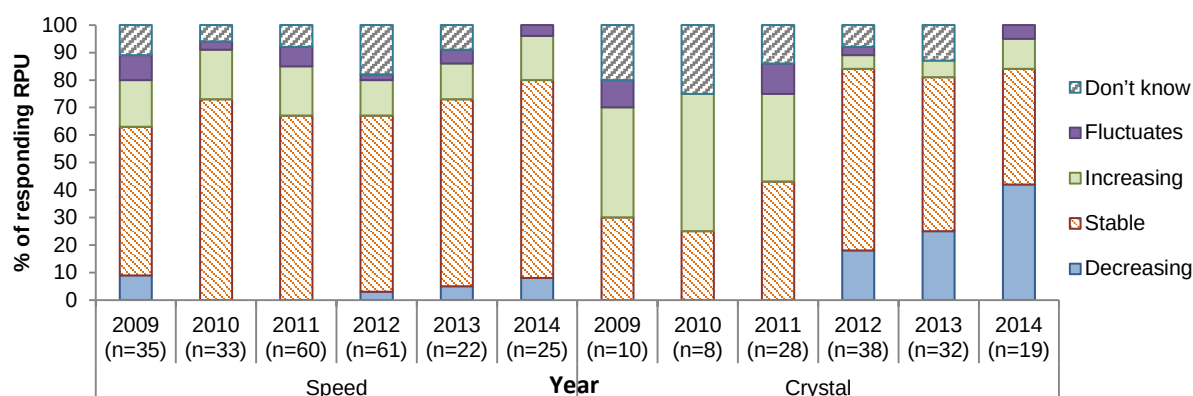
The median reported price per point of crystal methamphetamine was \$70, a slight decrease from RPU reports from 2013 (\$80), and \$600 for a gram. For the 19 participants who commented on the recent price of crystal methamphetamine, an equal proportion reported the price was stable and decreased (42%), with 11% reporting increased (Figure 18). Small numbers (n=1) precluded analysis of the prices of methamphetamine base.

Table 15: Price of various methamphetamine forms purchased by RPU, 2009-2014

Methamphetamine	2009	2010	2011	2012	2013	2014
Speed – median price						
Point	\$25	\$20	\$40	\$50	\$35	\$20
(range)	(\$20-\$30)	(\$15-\$200)	(\$20-\$100)	(\$14-\$200)	(\$20-\$100)	(\$20-\$25)
	n=2	n=6	n=25	n=7	n=10	n=4
Gram	\$190	\$200	\$200	\$200	\$200	\$200
(range)	(\$135-\$320)	(\$90-\$250)	(\$60-\$600)	(\$75-\$300)	(\$60-\$500)	(\$38-\$280)
	n=31	n=21	n=51	n=48	n=15	n=15
Base – median price						
Point	–	–	\$40		\$80	\$20
(range)			(\$20-\$60)	--	(\$30-\$100)	
			n=2		n=3	n=1
Gram	\$300	–	\$180	\$300	\$400	\$200
(range)			(\$60-\$450)	(\$300-\$350)	(\$300-\$750)	
	n=1		n=5	n=3	n=3	n=1
Crystal – median price						
Point	\$50	\$85	\$100	\$100	\$80	\$70
(range)	(\$40-\$50)	(\$50-\$100)	(\$20-\$200)	(\$60-\$200)	(\$40-\$100)	(\$20-\$120)
	n=5	n=4	n=19	n=32	n=29	n=17
Gram	\$400	\$800	\$800	\$700	\$600	\$550
(range)	(\$200-\$450)	(\$450-\$1000)	(\$200-\$1000)	(\$300-\$800)	(\$300-\$850)	(\$300-\$750)
	n=4	n=3	n=19	n=21	n=18	n=10

Source: EDRS participant interviews

Figure 18: Recent changes in price of speed and crystal methamphetamine purchased by EDRS participants, 2009-2014

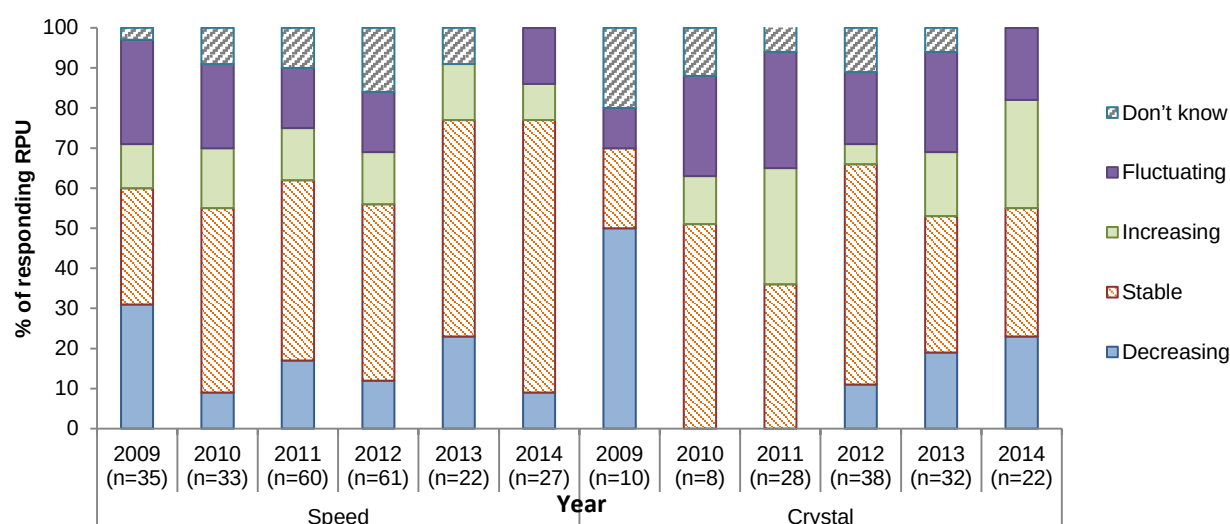


Source: EDRS participant interviews

5.2.2 Purity

In 2014, of the 27 participants who commented on the current purity of speed, 26% reported that it was of high purity, 44% perceived it to be medium, and a similar proportion reported it to be of low purity when compared with 2013 (22% vs. 23% respectively). Most viewed the purity of speed as remaining stable in the preceding six months (68%) or fluctuating (14%) (Figure 19). Participants who were able to comment on the current purity of crystal methamphetamine (n=24) generally reported it as high (46%) or medium (38%), a slight shift towards medium from 2013 (50% reported it as high and 28% reported it as medium in 2013). There were mixed responses for crystal methamphetamine purity in the preceding six months. Participants reported it as stable (32%), decreasing (27%), or decreasing (23%). Small numbers (n=2) precluded analysis of perceptions of the purity of methamphetamine base.

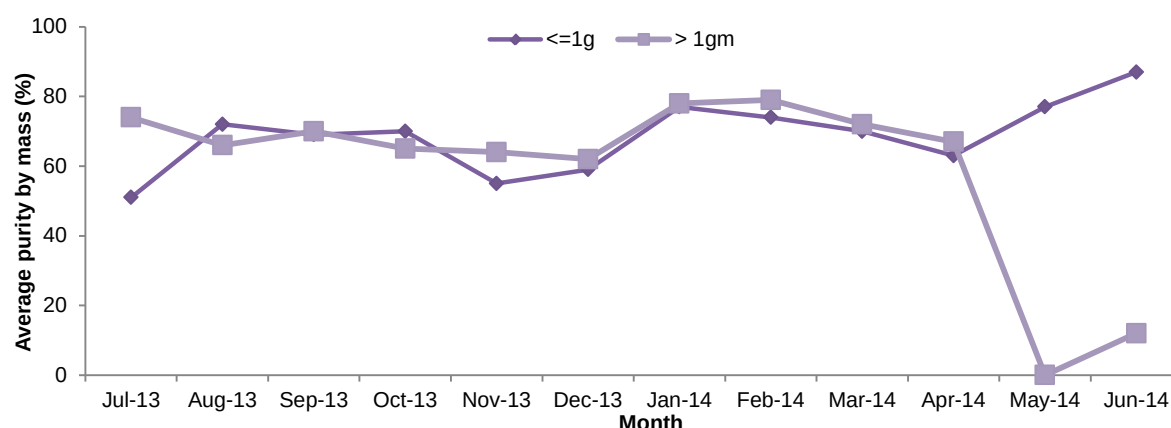
Figure 19: Reports of change in purity of speed and crystal methamphetamine in the preceding six months among EDRS participants, 2009-2014



Source: EDRS participant interviews

The average purity of all seizures of methamphetamines analysed by the Victoria Police Forensic Services Department during the 2013/2014 financial year was 67% (range 12%-87%) (Figure 20), higher than the purity measured in the 2012/2013 financial year (60%).

Figure 20: Average purity of methamphetamine seizures by Victorian law enforcement, July 2013-June 2014



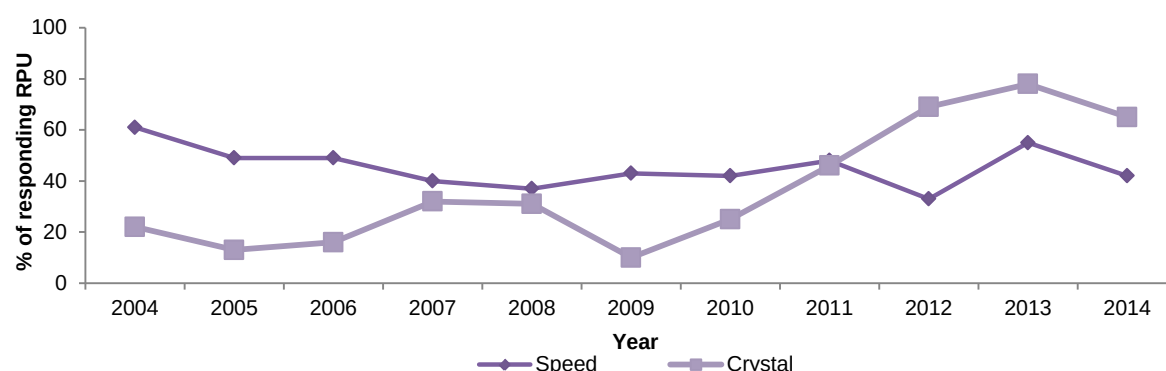
Source: Victoria Police Forensic Services Department

5.2.3 Availability

In 2014, participants who commented on the current availability of speed (n=26) generally reported that it was very easy (42%) or easy (31%) to obtain, with 27% reporting that it was difficult to obtain (Figure 21). In 2014, the majority (79%) of RPU who commented on the recent changes in the availability of speed (n=24) reported availability was stable, with only 21% reporting it as more difficult to obtain in that time period.

Of the RPU who commented on the availability of crystal methamphetamine in 2014 (n=23), 65% reported it as 'very easy' and 35% as 'easy' to obtain. The proportion reporting it as 'very easy' to obtain crystal methamphetamine was slightly lower than 2013 (78%) (Figure 21). Over two-thirds (70%) of those who commented on crystal methamphetamine reported that availability had been stable over the last six months. Compared to 2013, a similar proportion reported that crystal methamphetamine had become easier to obtain in the previous six months (26% vs. 28% in 2013) and a smaller proportion reported it had become more difficult (4% vs. 13% in 2013) during that time.

Figure 21: Changes to current methamphetamine availability over time – percentage of EDRS participants who reported it very easy to obtain speed and crystal methamphetamine in Victoria, 2004-2014



Source: EDRS participant interviews

Similar to 2013, participants mostly reported last purchasing speed from friends (52%) or a known dealer (21%), and obtaining it in a private home – a friend's home (28%) or a dealer's home (17%). In relation to crystal methamphetamine, in 2014, RPU most commonly reported last purchasing from friends (61%) or a known dealer (30%), and obtaining it at their friend's home (30%), agreed public location (26%) or a private home – their own home (26%) or dealer's home (17%). Small numbers precluded further analysis of base availability.

5.3 Cocaine

5.3.1 Price

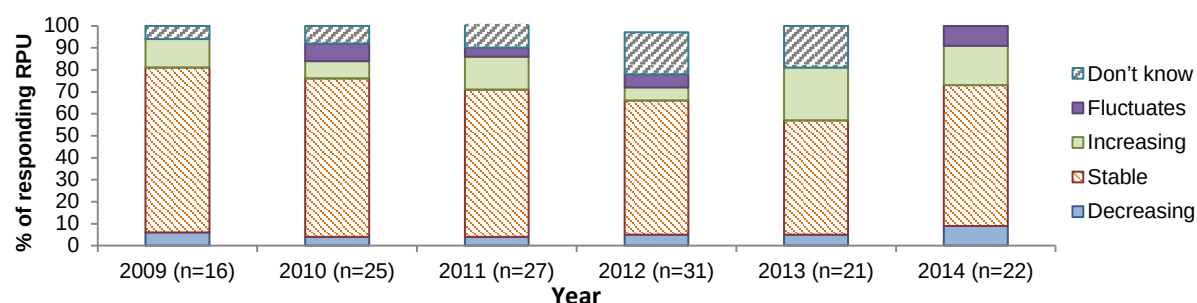
In 2014, the median reported price of cocaine was \$300 per gram, remaining stable from 2013 (Table 16). When comparing the proportion of RPU who were able to comment on the change in price of cocaine, a significantly larger proportion in 2014 reported it as stable when compared to the 2013 sample (64% vs. 24% respectively, $p < 0.05$) (Figure 22).

Table 16: Price of cocaine purchased by EDRS participants, 2009-2014

Cocaine	2009	2010	2011	2012	2013	2014
Median price per gram	\$300	\$300	\$320	\$350	\$300	\$300
(range)	(\$180-\$380)	(\$80-\$400)	(\$200-\$500)	(\$250-\$400)	(\$150-\$400)	(\$100-\$450)
	n=16	n=18	n=23	n=27	n=19	n=20

Source: EDRS participant interviews

Figure 22: Recent changes in price of cocaine purchased by EDRS participants, 2009-2014

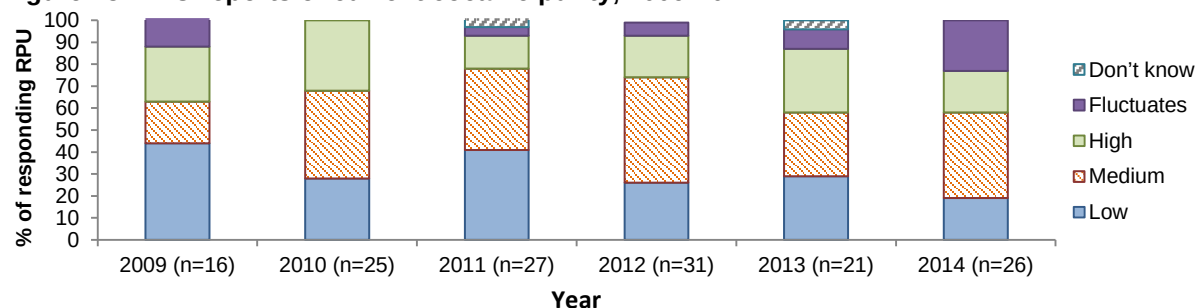


Source: EDRS participant interviews

5.3.2 Purity

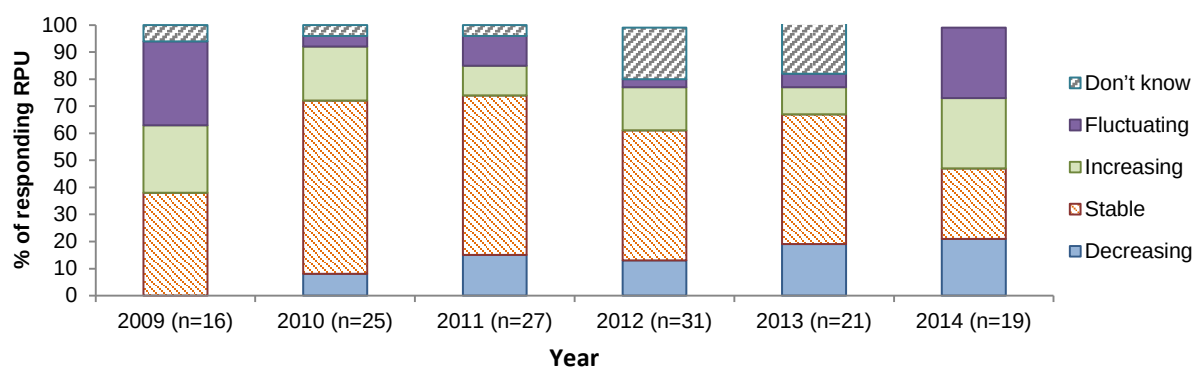
Of the 2014 RPU sample who commented (n=26), 19% perceived current cocaine purity to be high compared to 29% in 2013 (Figure 23). Different proportions were reported for 2014 cocaine purity changes when compared to 2013. A higher proportion reported increasing purity (26% vs. 10% in 2013) and decreasing purity (21% vs. 19% in 2013). Just over one-quarter (26%) of RPU reported that cocaine purity was fluctuating and an equal proportion also reported that it was stable.

Figure 23: RPU reports of current cocaine purity, 2009-2014



Source: EDRS participant interviews

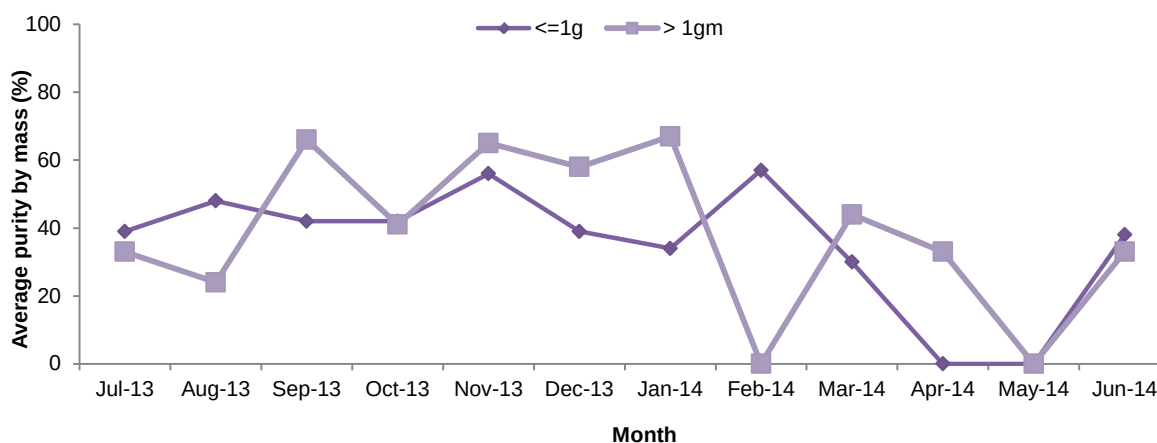
Figure 24: RPU reports of changes in cocaine purity in the past six months, 2009-2014



Source: EDRS participant interviews

Cocaine seizures analysed by the Victoria Police Forensic Services Department during the 2013/2014 financial year averaged 44% purity (range 24%-67%), a figure slightly lower than in the previous financial year (46% in 2012/2013) (Figure 25).

Figure 25: Average purity of cocaine seizures by Victorian law enforcement, July 2013-June 2014

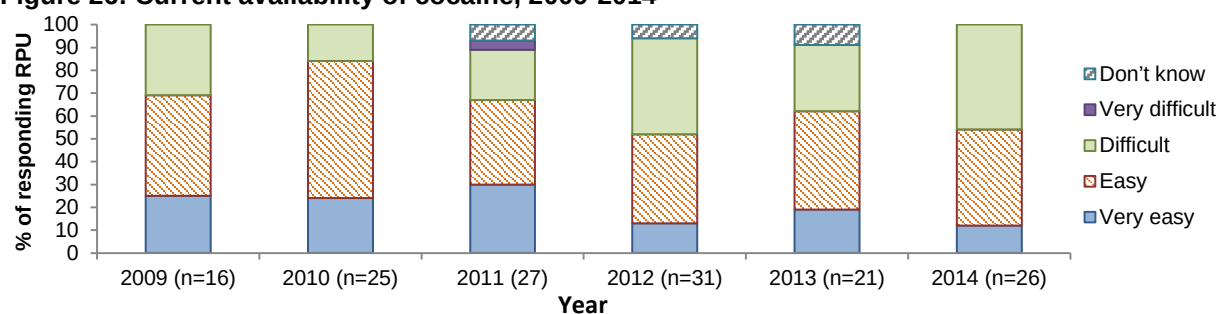


Source: Victoria Police Forensic Services Department

5.3.3 Availability

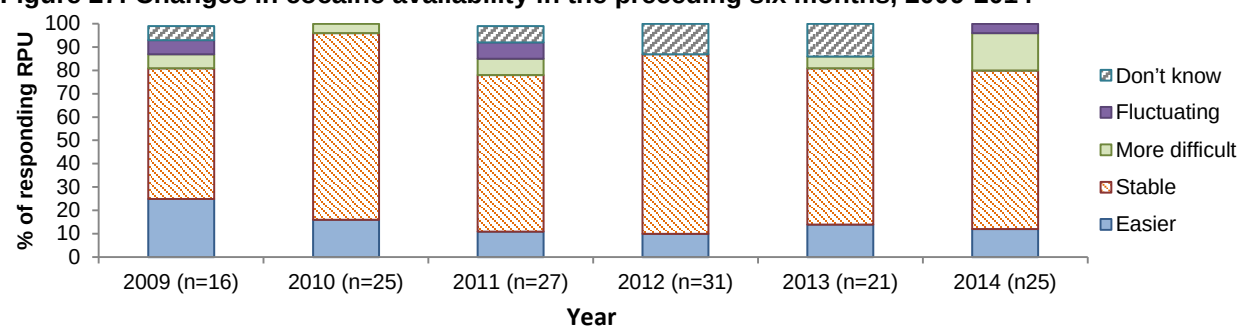
In 2014, the percentage of RPU reporting cocaine to be difficult to obtain was higher than in 2013 (46% vs. 29%), though this was not statistically significant and was similar to reports in 2012 (Figure 26). Over the six months preceding the interview, cocaine availability was regarded as stable by the majority of RPU who commented in 2014 (68%), comparable to past years (Figure 27).

Figure 26: Current availability of cocaine, 2009-2014



Source: EDRS participant interviews

Figure 27: Changes in cocaine availability in the preceding six months, 2009-2014



Source: EDRS participant interviews

As in previous years, RPU who commented on the last person they purchased cocaine from in 2014 (n=27) reported obtaining it mainly from friends (52%) or a known dealer (22%). The most common locations where cocaine was purchased were a friend's home (31%) or pubs/bars (15%).

5.4 Ketamine

5.4.1 Price

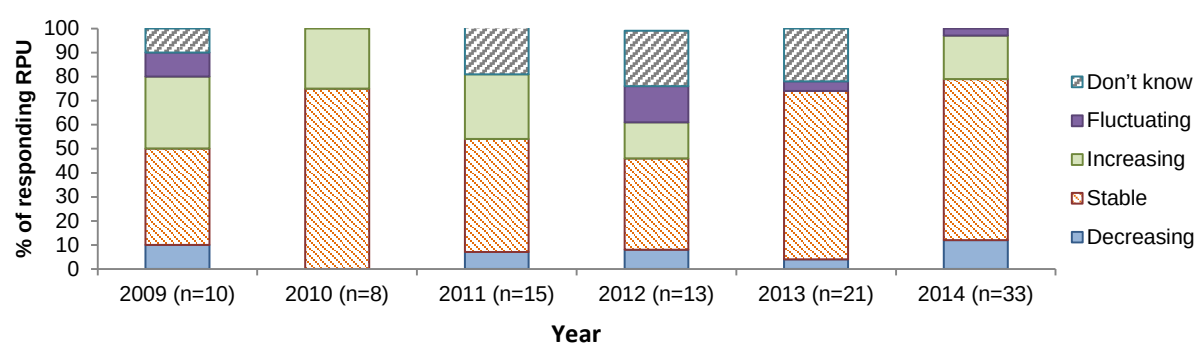
Twenty-five RPU were able to answer questions relating to ketamine in 2014 – the largest proportion since 2004 (Table 17). The median reported price was unchanged from 2011 at \$200 per gram. Participants most commonly reported the price as stable (67%) in the preceding six months, with only 18% of participants who reported the price to be increasing (Figure 28).

Table 17: Price of ketamine purchased by RPU, 2009-2014

Ketamine	2009	2010	2011	2012	2013	2014
Median price per gram	\$200	\$220	\$200	\$200	\$200	\$200
(range)	(\$170-\$25)		(\$80-\$400)	(\$150-\$300)	(\$30-\$300)	(\$100-\$400)
	n=9	n=2	n=15	n=12	n=21	n=25

Source: EDRS participant interviews

Figure 28: Recent changes in price of ketamine purchased by RPU, 2009-2014

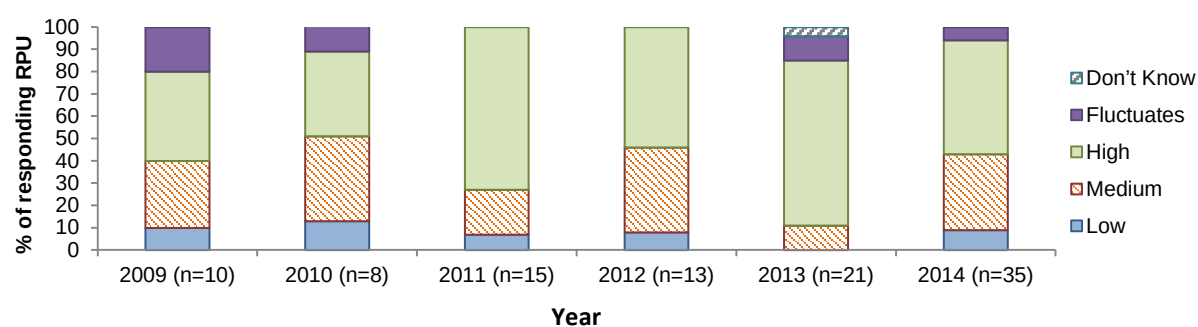


Source: EDRS participant interviews

5.4.2 Purity

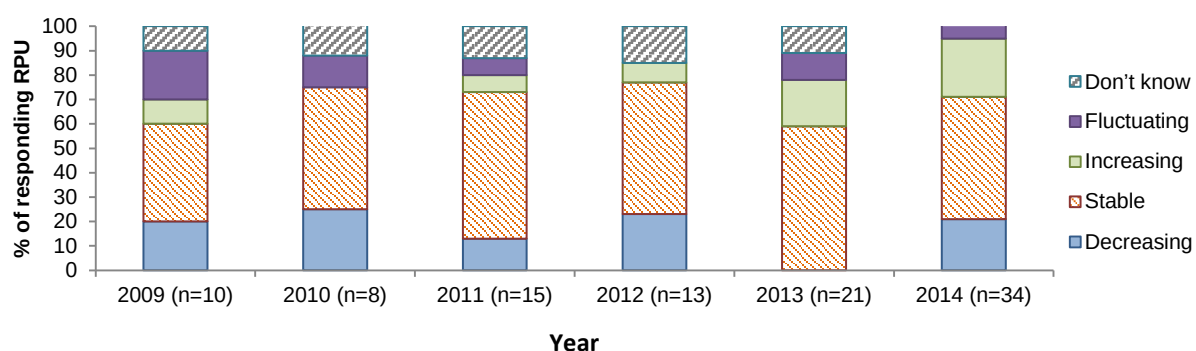
In 2014, a significantly lower proportion of ketamine users perceived the purity to be high than participants interviewed in 2013 (51% vs. 74%, $p < 0.05$). This is reflected in the proportion of participants who reported decreasing purity in the preceding six months when compared with 2013 (21% vs. 0% in 2013). However, the majority still reported the purity as stable (50% vs. 59% in 2013) (Figure 30).

Figure 29: RPU reports of current purity of ketamine, 2009-2014



Source: EDRS participant interviews

Figure 30: RPU reports of recent change in ketamine purity, 2009-2014

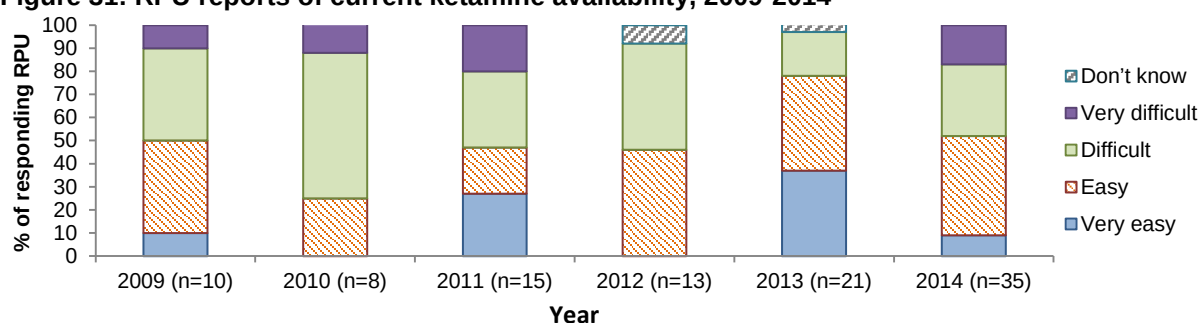


Source: EDRS participant interviews

5.4.3 Availability

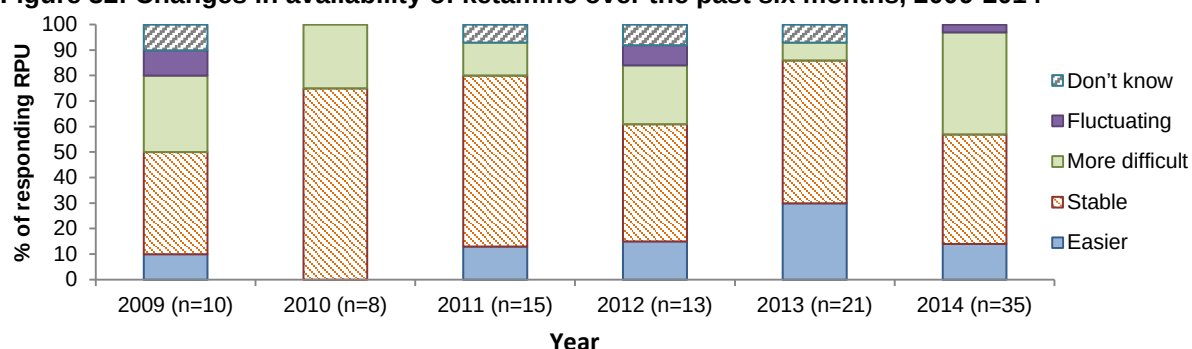
Of the RPU who were able to comment in 2014 (n=35), only 9% reported that ketamine was very easy to obtain (37% in 2013, $p < 0.05$). However, a comparable proportion reported that it was easy to obtain (43% vs 41% in 2013). Seventeen per cent reported that it is very difficult to obtain whereas no participants did so in 2013 (Figure 31). Just under half (43%) of RPU reported the availability of ketamine in the previous six months to be stable (Figure 32) and only 14% perceived it to be easier to obtain (vs. 30% in 2013).

Figure 31: RPU reports of current ketamine availability, 2009-2014



Source: EDRS participant interviews

Figure 32: Changes in availability of ketamine over the past six months, 2009-2014



Source: EDRS participant interviews

RPU who commented on the last person they purchased ketamine from in 2014 (n=35) reported obtaining it mainly from friends (71%). The most common locations at which ketamine was recently purchased were at a friend's home (32%) and nightclubs (21%).

5.5 GHB

5.5.1 Price

Very few participants (n=6) from the 2014 sample were able to comment on the current price of GHB; the median of their reported prices was \$3 per ml (Table 18).

Table 18: Price of GHB purchased by RPU, 2009-2014

GHB	2009	2010	2011	2012	2013	2014
Median price per ml (range)	\$4 (\$1.40-\$7) n=5	\$4.25 (\$3-\$5) n=4	\$3 (\$0.35-\$3) n=3	\$3 (\$3-\$4) n=7	\$5 (\$2-\$12) n=5	\$3 (\$2-\$4) n=6

Source: EDRS participant interviews

5.5.2 Purity

Too few RPU were able to comment.

5.5.3 Availability

Too few RPU were able to comment.

5.6 LSD

5.6.1 Price

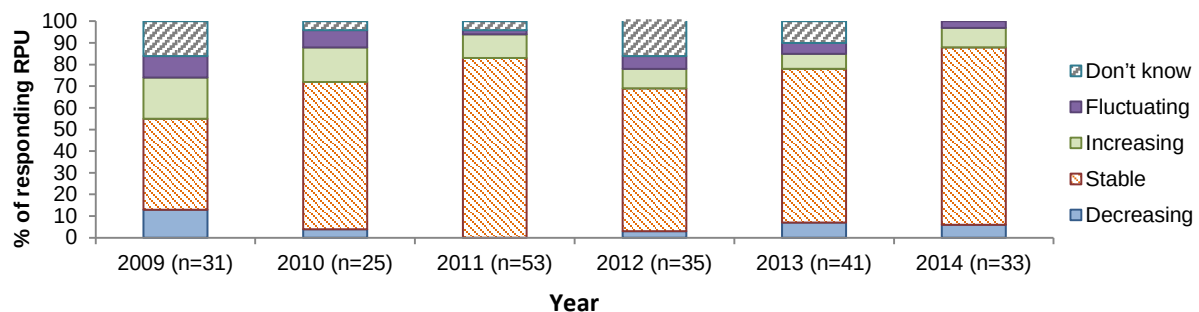
The median reported price of LSD was \$15 per tab in 2014, unchanged from 2012 and 2011 (Table 19). More than two-thirds (82%) of RPU reported the price of LSD was stable in the preceding six months (Figure 34).

Table 19: Prices of LSD purchased by EDRS participants, 2009-2014

LSD	2009	2010	2011	2012	2013	2014
Median price per tab (range)	\$17 (\$10-\$35)	\$10 (\$10-\$25)	\$15 (\$10-\$30)	\$15 (\$10-\$50)	\$15 (\$10-\$30)	\$15 (\$5-\$20)

Source: EDRS participant interviews

Figure 33: Recent changes in price of LSD purchased by EDRS participants, 2009-2014

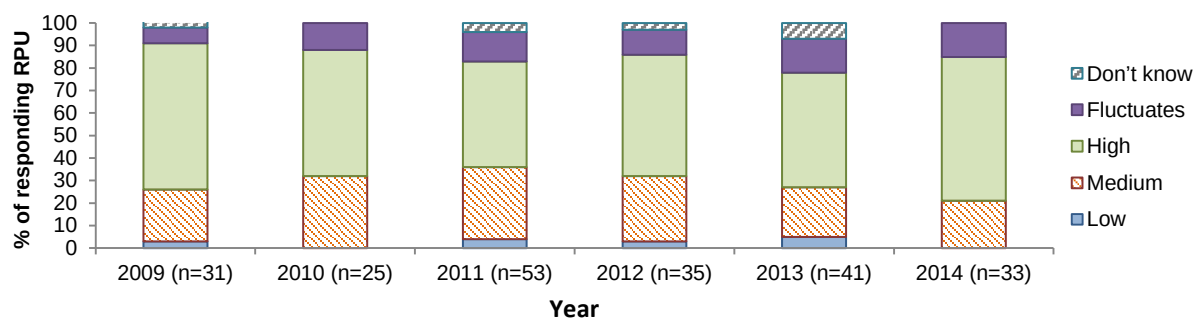


Source: EDRS participant interviews

5.6.2 Purity

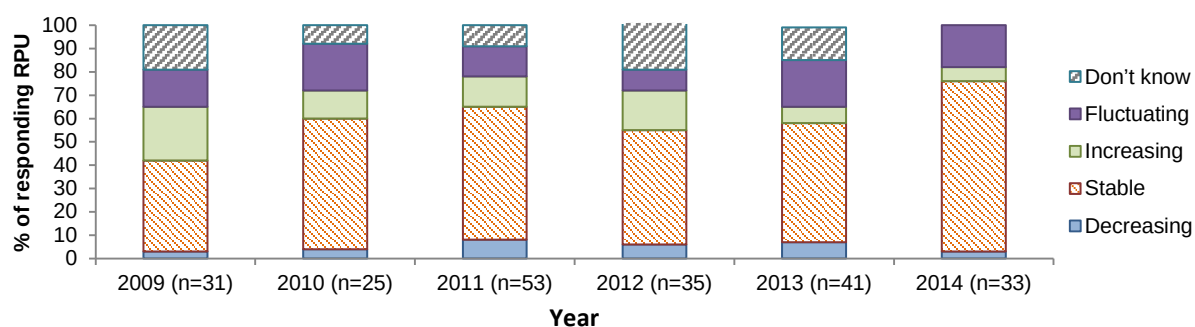
Consistent with previous years, the majority of recent LSD users reported the purity of LSD as medium (21%) or high (64%) in 2014 (Figure 34) and as being stable (73%) over the six months preceding interview (Figure 35).

Figure 34: RPU reports of purity of LSD in the preceding six months, 2009-2014



Source: EDRS participant interviews

Figure 35: RPU reports of change in purity of LSD in the preceding six months, 2009-2014

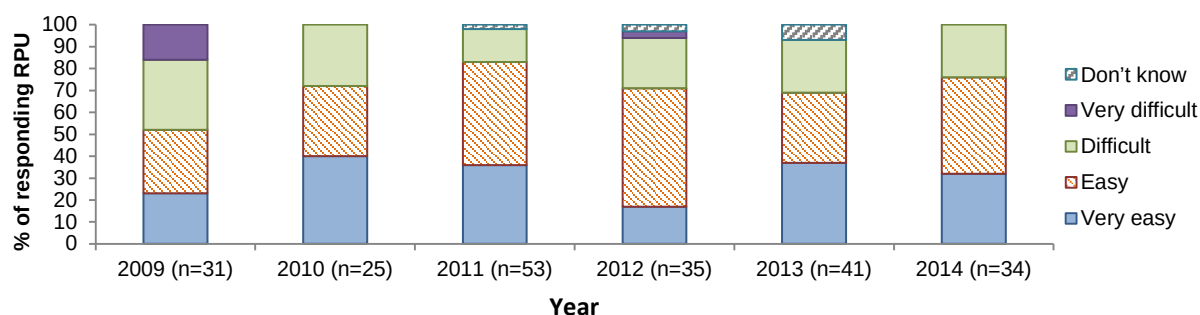


Source: EDRS participant interviews

5.6.3 Availability

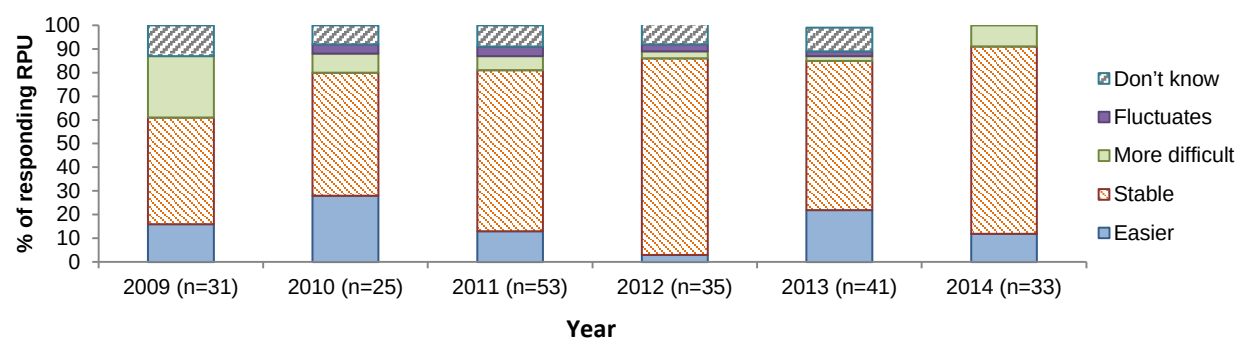
In 2014, 32% of RPU who commented reported LSD as being very easy to source comparable to 37% in 2013 (Figure 36). LSD availability in the preceding six months was described as stable by most RPU (79%), also comparable to 2013 (63%) (Figure 38).

Figure 36: Current LSD availability, 2009-2014



Source: EDRS participant interviews

Figure 37: Changes in availability of LSD, 2009-2014



Source: EDRS participant interviews

The last person from whom 2013 RPU purchased LSD was most often a friend (54%), known dealer (14%) or acquaintance (14%). The most common location for the last purchase of LSD was at a friend's home (23%) or their own home (14%).

5.7 Cannabis

5.7.1 Price

Participants were asked questions about the price, potency and availability of both hydroponic cannabis and bush/naturally-grown cannabis.

The median price of hydroponic cannabis remained unchanged at \$15 for a gram in 2014. However, the median price for an ounce of hydroponic cannabis decreased slightly to \$230. The median price of a gram of bush cannabis (\$15 in 2014) increased slightly from 2013 (\$12), as did the median price of an ounce (\$220 vs. \$200) (Table 20). The comparison between the median price of an ounce of bush cannabis in 2014 and 2013 should be treated with caution due to small number of reports in 2013.

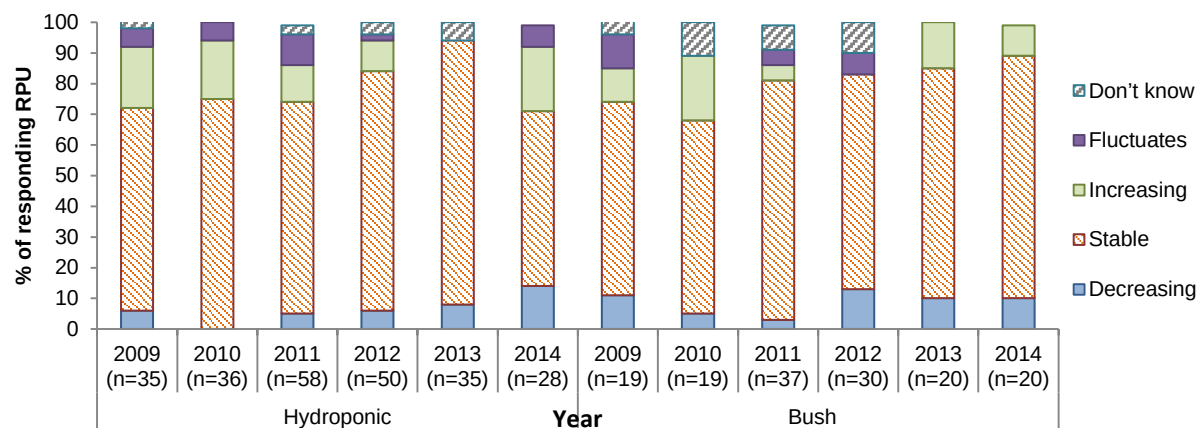
Table 20: Price of cannabis purchased by EDRS participants, 2009-2014

Cannabis	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Median price (range)						
Hydroponic						
Gram	\$20 (\$15-\$20) n=23	\$20 (\$10-\$30) n=20	\$18.75 (\$10-\$30) n=44	\$15 (\$10-\$25) n=33	\$15 (\$10-\$25) n=19	\$15 (\$7-\$20) n=15
Ounce	\$250 (\$200-\$280) n=17	\$250 (\$200-\$300) n=10	\$250 (\$70-\$320) n=38	\$250 (\$150-\$320) n=23	\$250 (\$200-\$300) n=12	\$230 (\$200-\$300) n=13
Bush						
Gram	\$10 (\$10-\$20) (n=8)	\$16 (\$15-\$25) n=8	\$15 (\$10-\$70) n=30	\$15 (\$5-\$65) n=22	\$12 (\$10-\$15) n=13	\$15 (\$5-\$25) n=11
Ounce	\$200 (\$150-\$250) n=5	\$270 (\$65-\$300) n=5	\$245 (\$120-\$300) n=22	\$240 (\$100-\$300) n=17	\$200 n=2	\$220 (\$180-\$300) n=10

Source: EDRS participant interviews

Prices of cannabis were reported as being stable in the preceding six months by the majority (57%) of recent hydroponic cannabis users (n=28) and of recent bush cannabis users (79%, n=20) (Figure 38).

Figure 38: Recent changes in price of hydroponic and bush cannabis purchased by EDRS participants, 2009-2014

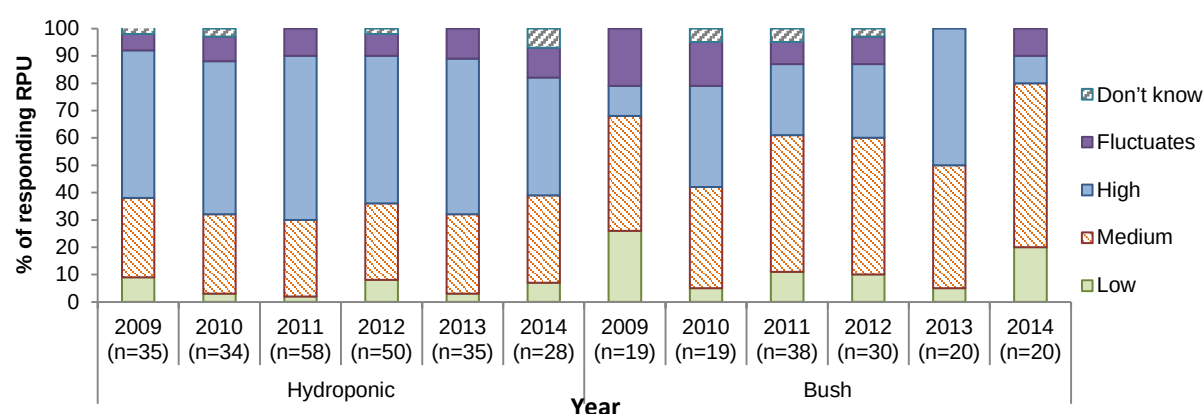


Source: EDRS participant interviews

5.7.2 Potency

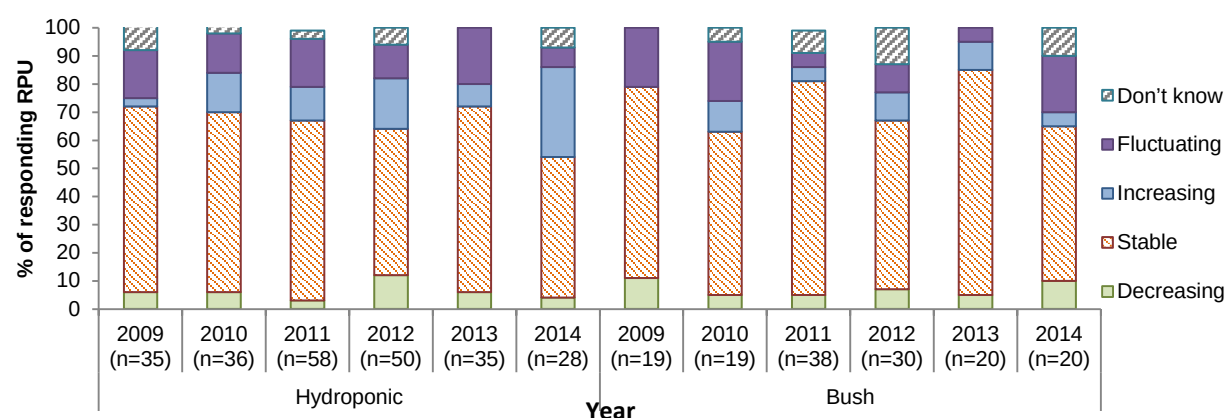
In 2014, potency was typically reported as being medium or high for hydroponic cannabis (75%) and low or medium for bush cannabis (80%) (Figure 39). Half (50%) of participants reported hydroponic cannabis potency to be stable in the preceding six month and less REU reported the potency had fluctuated in 2014 than in 2013 (7% vs. 20%). The majority (55%) of participants who were able to comment on the potency of bush cannabis also reported it to be stable, a decrease from 2013 (80%) (Figure 40).

Figure 39: Reports of current hydroponic and bush cannabis potency by RPU, 2009-2014



Source: EDRS participant interviews

Figure 40: Reports of changes in hydroponic and bush cannabis potency, 2009-2014

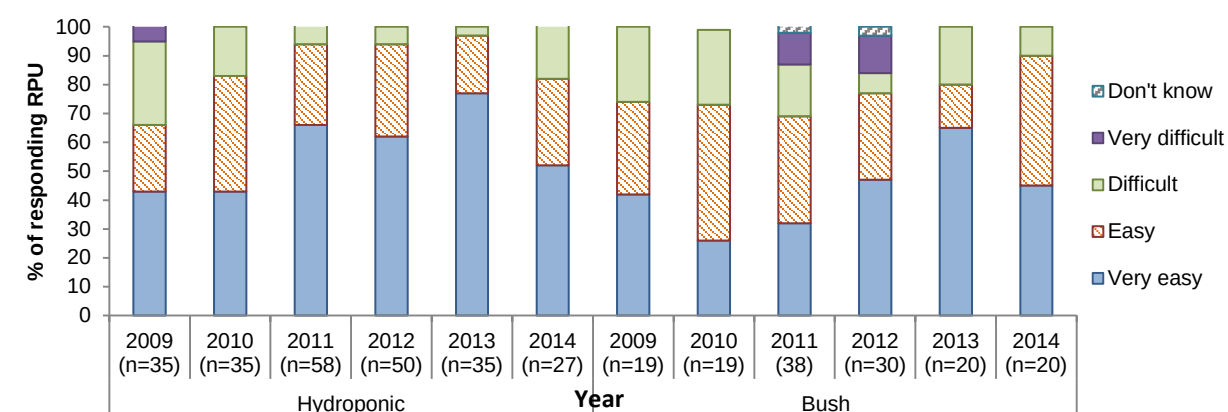


Source: EDRS participant interviews

5.7.3 Availability

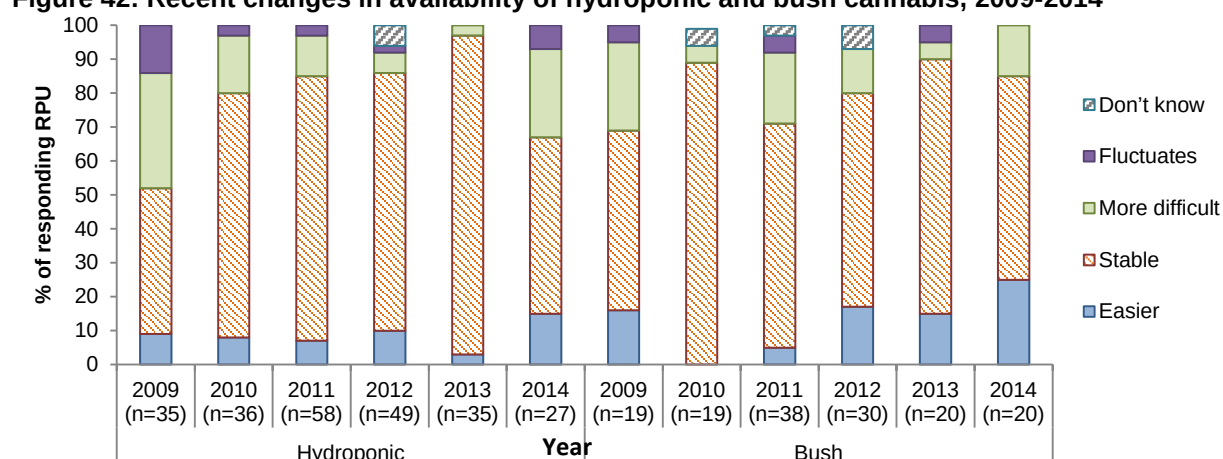
In 2014, of the participants who were able to comment, 82% reported hydroponic cannabis as easy or very easy to obtain, and 90% reported bush cannabis as easy or very easy to obtain (Figure 41). Typically, both hydroponic and bush cannabis availability was reported to be stable in the preceding six months: 52% vs. 94% in 2013 for hydroponic; and 60% vs. 75% in 2013 for bush cannabis (Figure 42).

Figure 41: Current availability of hydroponic and bush cannabis, 2009-2014



Source: EDRS participant interviews

Figure 42: Recent changes in availability of hydroponic and bush cannabis, 2009-2014



Source: EDRS participant interviews

Consistent with past years, most RPU reported that the last person they purchased cannabis from was a friend (52% for hydroponic and 58% for bush cannabis) or known dealer (33% for hydroponic and 26% for bush cannabis). Most of those who commented on the last location they purchased cannabis reported obtaining it from a friend's home (30% hydroponic, 47% bush).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH USE OF ECSTASY & RELATED DRUGS

Summary

- Sixteen participants reported experiencing an overdose after taking a stimulant drug in the preceding 12 months, most commonly after taking crystal methamphetamine (27%) and ecstasy and speed (equally reported at 18%).
- Twenty-six participants reported experiencing an overdose after taking a depressant drug in the preceding 12 months, most commonly after consuming alcohol (64%).
- The most commonly reported health service accessed by participants in the six months preceding interview was a general practitioner (78%).
- Five participants reported they had accessed a health or medical service in relation to their ERD use in the preceding six months.
- In 2013, DirectLine (a specialist drug and alcohol telephone service in Victoria) received calls identifying ecstasy (0.5%), amphetamine and/or other stimulants (21.2%), cocaine (0.7%), and cannabis (10.9%) as drugs of concern. Calls related to amphetamine and/or other stimulants increased significantly between 2009 (6.8%) and 2013.
- The number of ambulance attendances in metropolitan Victoria where amphetamine use was recorded increased from 1,155 attendances in 2012 to 1,600 attendances in 2013.
- The number of ambulance attendances in metropolitan Victoria where GHB use was recorded increased from 448 attendances in 2012 to 696 attendances in 2013.
- Of the EDRS participants who reported experiencing a mental health problem in the preceding six months (n=34), the main mental health problems experienced were anxiety (68%) and depression (62%).

6.1 Overdose and drug-related fatalities

Since 2008, questions have been included in the EDRS interview schedule inquiring about drug overdose, split into stimulant drug overdose and depressant drug overdose.

In 2014, 20 participants reported that they had overdosed on any stimulant drug(s) at some point in their lifetime on a median of two occasions (range 1-50). Of those who had ever overdosed on stimulants, 16 participants reported having done so in the preceding 12 months, a slight increase from 2013 (n=12). Participants cited crystal methamphetamine (27%), speed (18%) and ecstasy (18%) as the main drugs associated with their most recent stimulant overdose, which reportedly occurred most commonly at a friend's home (27%) or at a live music event/concert/festival (27%). The most commonly reported symptom was paranoia (36%), followed by increased heart rate and visual hallucinations (both equally reported at 18%). Only four participants (36%) reported that there was a person not under the influence of alcohol and/or other drugs present to assist when their most recent overdose occurred. Three participants reported receiving treatment during or as a result of their most recent overdose; all three participants stated they were monitored or watched by a friend and two of the three were given a beverage (water and orange juice).

Thirty participants reported they had ever overdosed after taking a depressant drug (including alcohol) on a median of two occasions (range 1-200). Of those who reported a depressant overdose, 26 (87%) had done so in the preceding 12 months. Sixty-four per cent of participants attributed the most recent depressant overdose (occurring in the preceding 12 months) to alcohol. The main symptoms experienced were losing consciousness (50%) and vomiting (29%). Participants reported a median of three hours of partying before the overdose occurred (range 0-12 hours). The most common location of the most recent depressant overdose was at a friends' home (43%) followed by own home, private party and pub (each reported by 14% of RPU). Ten participants reported they received treatment; eight stated they were monitored or watched by a friend.

6.2 Help-seeking behaviour & health service access

Only five per cent of the 2014 Victorian EDRS sample reported they had used a health or medical service in relation to their drug use in the six months preceding interview (12% in 2013, $p < 0.05$). An additional 14% reported thinking about using a health service in relation to their drug use, but did not contact a service. Common reasons for not contacting a health service in relation to their drug use were that: they worked out the issue on their own (n=5) and could not be bothered (n=2).

EDRS participants were asked about the health services they had accessed in the preceding six months. The health service most commonly accessed was a general practitioner (GP), accessed by 78% of the 2014 sample. Other health services accessed were a dentist (reported by 29% of participants), psychologist (17%), and medical tents (11%).

6.3 Drug treatment

6.3.1 Alcohol and Drug Information System (ADIS)

Data on people seeking treatment from specialist alcohol and other drug agencies in Victoria are collected via the ADIS. During the 2013/2014 financial year, 65,875 courses of treatment were delivered to 34,786 clients² in Victorian specialist alcohol and other drug services. Of these, approximately 16% of the total courses of treatment were delivered to approximately 17% of clients for amphetamine problems, making amphetamines the third most prevalent main presenting drug problem after alcohol (40%) and cannabis (20%). Only 0.5% of the courses of treatment were delivered to 0.8% of clients for ecstasy (ADIS Database, Victorian Department of Health, unpublished data).

² Clients in specialist alcohol and drug services include both drug users and non-users. Non-users may include partners, family or friends.

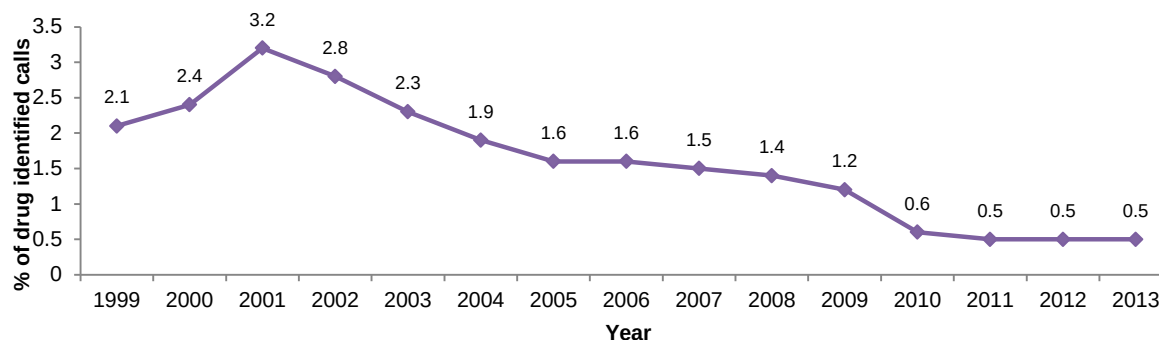
6.3.2 DirectLine

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users and calls about drug users. This report presents DirectLine data for the period 1999-2013.

Ecstasy

During 2013, DirectLine received 113 calls in which ecstasy was identified as a drug of concern. This represents 0.5% of all drug-identified calls to DirectLine in that year (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which ecstasy was identified as the drug of concern steadily declined from 2001 to 2005, plateaued, and then continued to decline from 2009 to 2011 and plateauing again (Figure 43).

Figure 43: Proportion of calls to DirectLine in which ecstasy was identified as drug of concern, Victoria 1999-2013

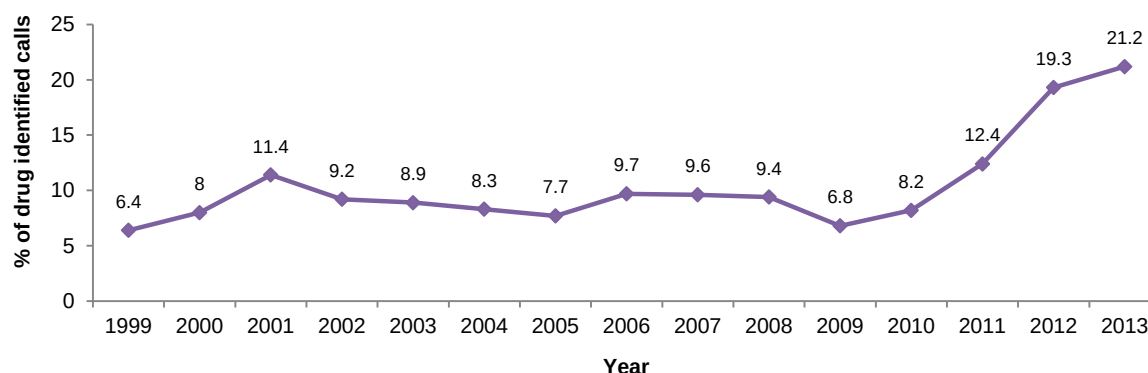


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Methamphetamine

During 2013, DirectLine received 4,808 calls in which amphetamines and/or other stimulants (including ecstasy and cocaine) were identified as drugs of concern. This represented approximately 22% of all drug-identified calls to DirectLine (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which amphetamines and/or other stimulants were identified as drugs of concern continued to increase from 2009 (Figure 44) with 2013 being the highest recorded since 1999.

Figure 44: Proportion of calls to DirectLine in which amphetamines and/or other stimulants were identified as drug of concern, Victoria, 1999-2013

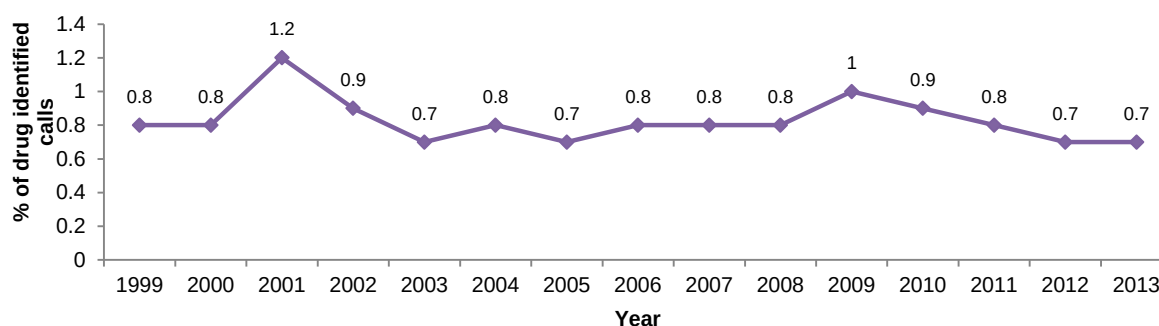


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Cocaine

During 2013, DirectLine received 148 calls in which cocaine was identified as a drug of concern, which was 0.7% of all calls made to DirectLine during that time in which a drug of concern was cited (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls where cocaine was identified has remained very low ($\leq 1\%$) during recent years (Figure 45).

Figure 45: Proportion of calls to DirectLine in which cocaine was identified as a drug of concern, Victoria, 1999-2013

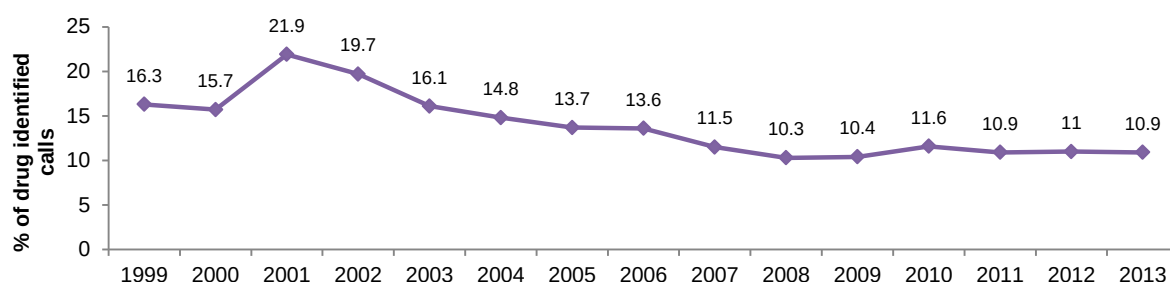


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Cannabis

During 2013, DirectLine received 2,366 calls in which cannabis was identified as a drug of concern – approximately 11% of all drug-identified calls to DirectLine during that year (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which cannabis was identified as the drug of concern steadily declined from 2001 to 2008, and plateaued thereafter (Figure 46).

Figure 46: Proportion of calls to DirectLine in which cannabis was identified as a drug of concern, 1999-2013



Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

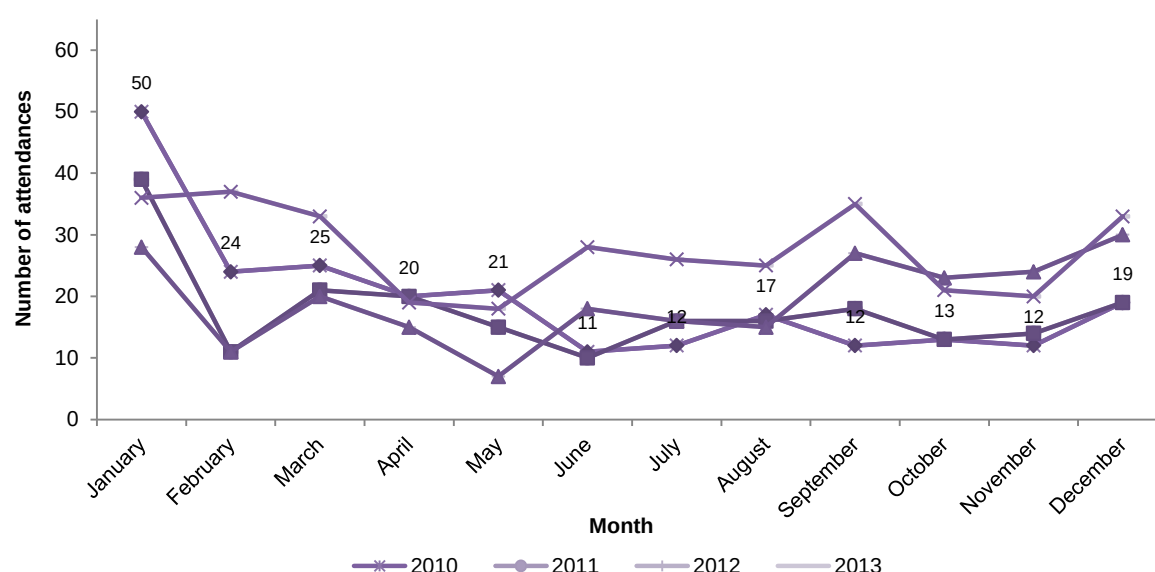
6.3.3 Ambulance attendances at non-fatal drug related events

Turning Point Alcohol & Drug Centre manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records (Dietze, Cvetkovski, Rumbold, & Miller, 2000). Data for the period between January 2010 and December 2013 are presented in this report.

Ecstasy

Ambulance attendances in metropolitan Melbourne at which ecstasy use was recorded ranged between seven and 50 per month during 2010-2013. The total number of attendances at which ecstasy was recorded declined by almost half between 2009 and 2010 (409 vs. 236) and continued to decline to 212 attendances in 2011 before slightly increasing to 234 in 2012. This number increased to 331 in 2013 (Figure 47). The median age of patients who were attended to by an ambulance in 2012 was 21 years (range 15-61) (Turning Point Alcohol & Drug Centre, unpublished data). Ambulance attendances recorded in regional Victoria relating to ecstasy use were less than eight per month in 2013.

Figure 47: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2010-2013



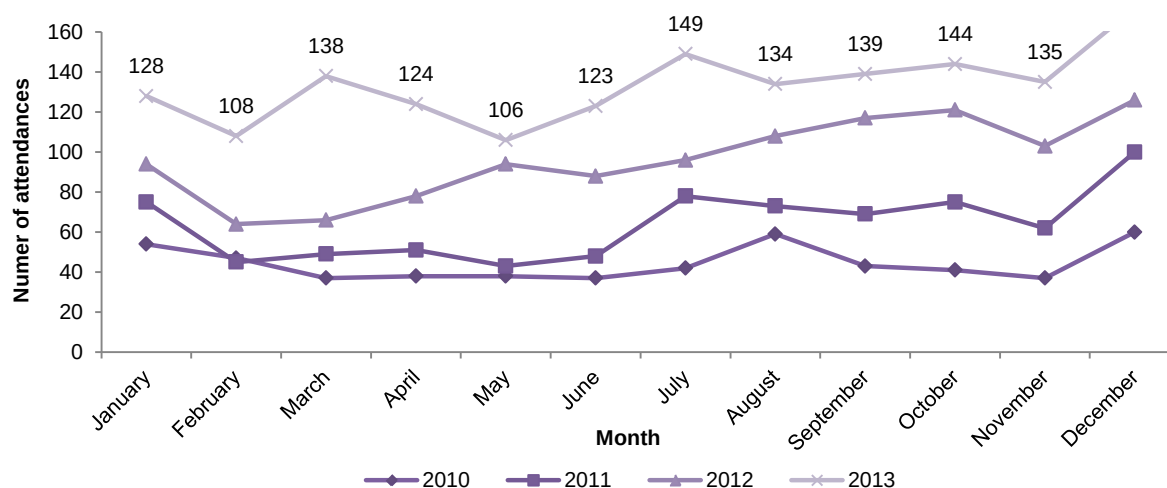
Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

Amphetamines

Ambulance attendances at which crystal methamphetamine use was recorded in metropolitan Victoria was categorised separately from amphetamines for the first time in 2012. Ambulance attendances in which amphetamine use was recorded in metropolitan Melbourne ranged between 37 and 172 per month between January 2010 and December 2013 (Figure 48). Attendances in metropolitan Victoria where amphetamine use was recorded have increased since 2009 (425 attendances), with 533 attendances occurring in 2010, 768 attendances in 2011, 1,155 attendances in 2012 and 1,600 attendances in 2013. In regional Victoria, 365 attendances in 2013 involving amphetamines were recorded and the median age of patients was 27 years (range 13-70) (240 attendances in 2012) (Turning Point Alcohol & Drug Centre, unpublished data).

There were 1,209 ambulance attendances at which crystal methamphetamine was recorded in metropolitan Melbourne in 2013 (870 attendances in 2012), and the median age of patients was 27 years (range 12-61). In regional Victoria, 271 attendances occurred at which crystal methamphetamine use was recorded; the median age of these patients was 27 (range 14-57) (161 attendances in 2012) (Turning Point Alcohol & Drug Centre, unpublished data).

Figure 48: Number of amphetamine-related events attended by Ambulance Victoria, Melbourne, 2010-2013

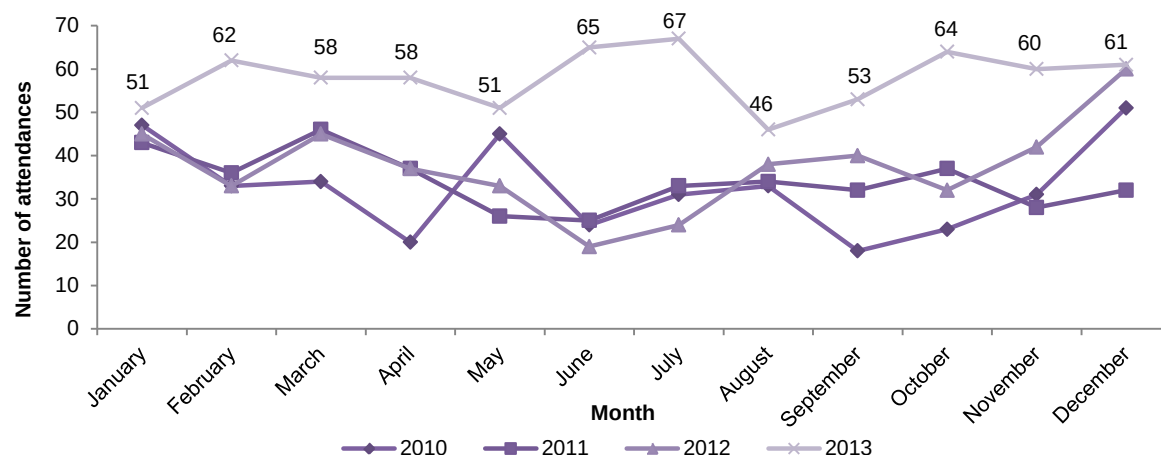


Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

GHB

Ambulance attendances at which GHB use was recorded ranged between 18 and 67 per month between January 2010 and December 2012 (Figure 49). In 2013, the number of ambulance attendances in metropolitan Melbourne where GHB use was recorded increased from 448 in 2012 to 696, the highest recorded since 2006 (Turning Point Alcohol & Drug Centre, unpublished data). The median age of patients requiring ambulance attendance was 23 years (range 4-54).

Figure 49: Number of GHB-related events attended by Ambulance Victoria, Melbourne, 2010 2013



Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

6.4 Other self-reported problems associated with ERD use

Since 2007, participants have been asked to report if their drug use has caused any repeated or recurrent problems in the last six months, including relationship/social problems, legal implications, problems related to responsibilities at home, work or school, or problems involving harm to themselves and/or other people. Participants are also asked to attribute such problems to the use of particular drugs.

Fourteen per cent of 2014 RPU reported that their drug use caused repeated problems with their social life (family, friends, and colleagues) (22% in 2013). The main drugs to which these problems were attributed were: crystal methamphetamine (50% vs. 36% in 2013), ecstasy (29% vs. 23% in 2013) and cannabis (14% vs. 27% in 2013). Only 7% reported alcohol as the main drug (5% in 2013). Two out of four participants reported having recurrent drug-related legal problems attributed to crystal methamphetamine. Comparable with 2013, 24% of RPU reported that they had recurrently found themselves in situations in which they were under the influence of drugs and hurt themselves or others or put themselves or others at risk (27% in 2013). The drugs perceived to be associated with these risky situations were mainly alcohol (33%), crystal meth (17%) and ecstasy and cannabis (reported by 13% of REU for both). Under one-third (28%) of the sample, a decrease from 2013 (31%), reported recurrent interference with responsibilities at home, work or school due to their drug use and attributed this mainly to ecstasy (43%), crystal methamphetamine (32%) and cannabis (14%).

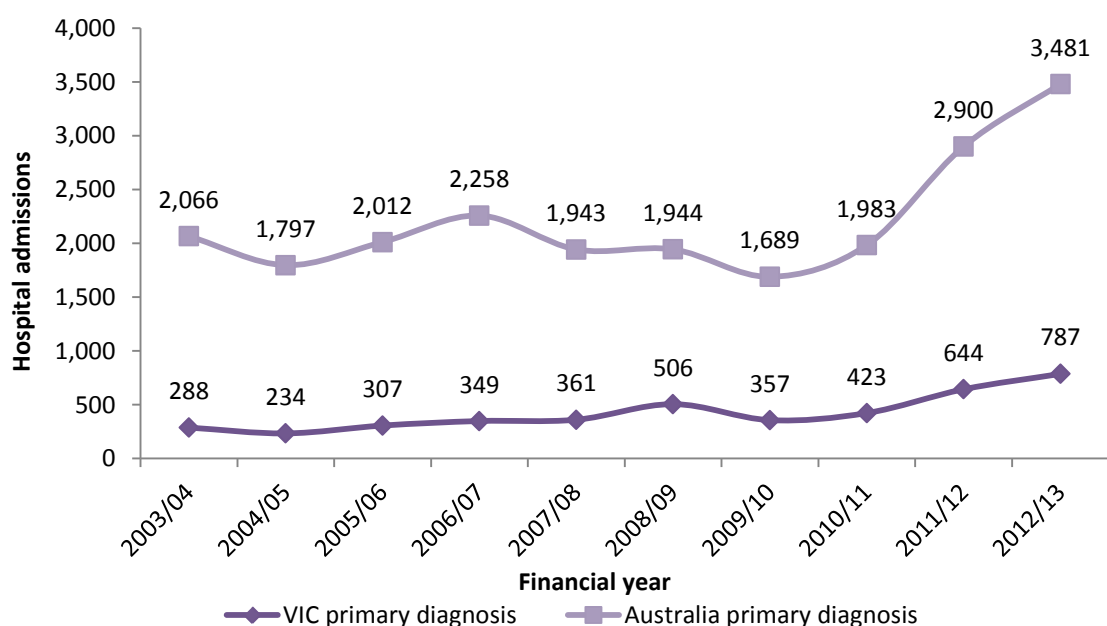
6.5 Hospital admissions

The National Hospital Morbidity Database (NHMD) is a collection of electronic records for hospital admissions in public and private hospitals compiled by the AIHW. Drug-related hospital admissions for opioids, amphetamine, cocaine and cannabis are reported below for Victoria and Australia, from 2003/2004 to 2012/13, the most recent data available (Roxburgh & Burns, In Press). Following examination, the principal diagnosis refers to the established diagnosis that is primarily responsible for occasioning the patient's episode of care in hospital.

6.5.1 Amphetamines

Amphetamine-related hospital admissions from 2003/2004 to 2012/13 in Victoria and Australia among persons aged 15 to 54 years are presented in Figure 29. The annual number of hospital admissions with an amphetamine-related primary diagnosis has been increasing since 2007/08. In 2012/13, these amphetamine-related hospital admissions increased by 22% in Victoria to 787, continuing the increase from the previous year, but at less than half the rate. This figure comprises 23% of Australian hospital admissions related to the drug, a figure unchanged from the previous year.

Figure 50: Number of amphetamine-related hospital admissions, Victoria and Australia, 2003/2004 – 2012/13

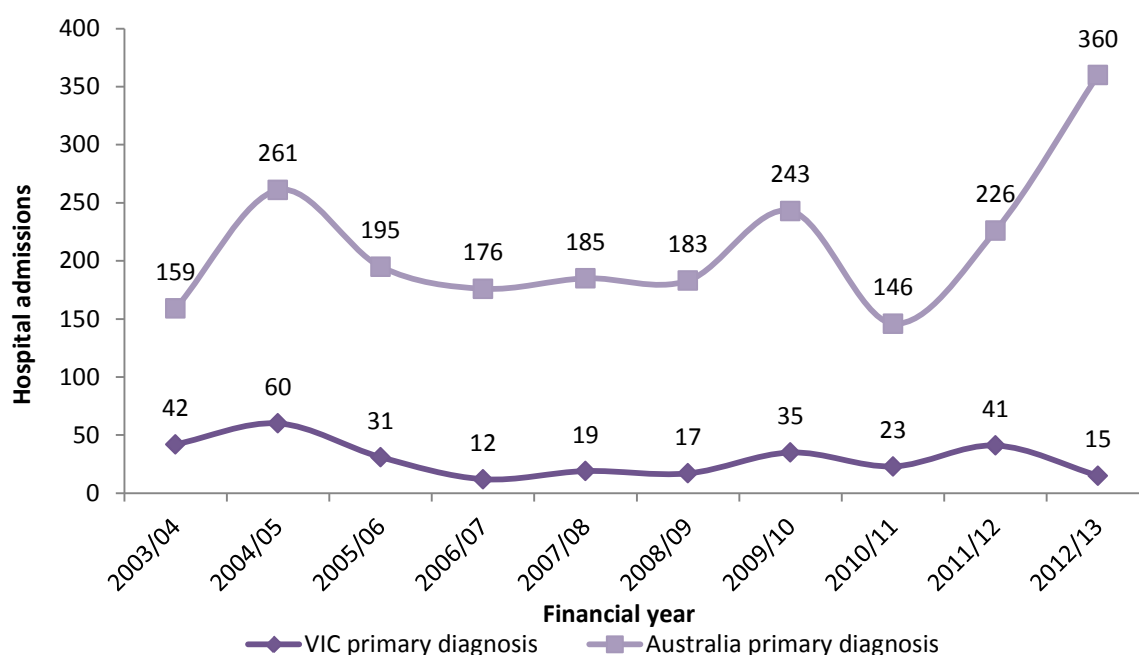


Source: Roxburgh & Burns, in press

6.5.2 Cocaine

Figure 30 shows the number of cocaine-related hospital admissions among persons aged 15 to 54 years in Victoria and Australia, from 2003/2004 to 2012/13. Nationally, the number of admissions with a primary diagnosis related to cocaine has been increasing since 2010/11, peaking in 2012/13, the last year for which data were available. This pattern was not observed in Victoria, where these admissions declined to only 15 in 2012/13, a decline of 63% from the previous year, meaning that Victorian admissions comprised only four per cent of the national total.

Figure 51: Number of cocaine-related hospital admissions, Victoria and Australia, 2003/2004 – 2012/13

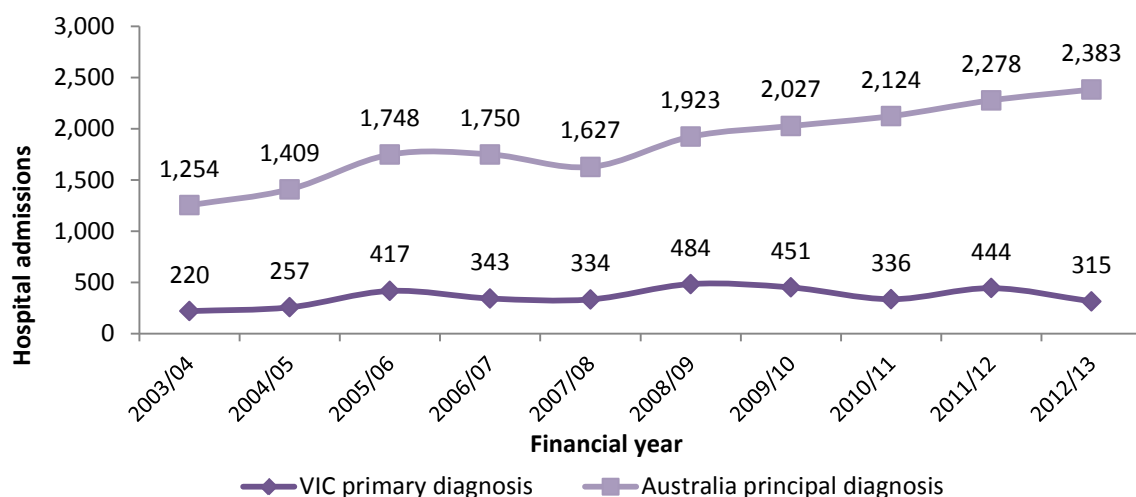


Source: Roxburgh & Burns, in press

6.5.3 Cannabis

Cannabis-related hospital admissions among persons aged 15 to 54 years are shown in Figure 31 for Victoria and Australia, from 2003/2004 to 2012/13. Nationally, the number of hospital admissions with a cannabis-related primary diagnosis has increased steadily over the period, peaking in 2012/13. The number in Victoria has been fluctuating around 400 since 2005/06. In Victoria in 2012/13, there were 315 hospital admissions with a cannabis-related primary diagnosis, an decrease of 29% on the previous year, returning to around the number seen in 2010/11. This figure meant that the Victorian admissions comprised only 13% of all cannabis-related admissions in Australia.

Figure 52: Number of cannabis-related hospital admissions, Victoria and Australia, 2003/2004 – 2012/13



Source: Roxburgh & Burns, in press

6.6 Mental and physical health problems and psychological distress

6.6.1 Mental health problems and psychological distress (K10)

Since 2006 the EDRS study has included the 10-item Kessler Psychological Distress Scale (K10), a questionnaire designed to measure the level of distress that participants experienced in the preceding four weeks (Kessler et al., 2002). K10 scores ranging from 10 to 15 are classified as low or no distress, 16 to 21 as moderate distress, 22 to 29 as high distress, and 30 to 50 as very high distress.

The mean K10 score of the 2014 RPU sample was 17 (range 8-37). According to the above scoring classification, 33% of participants were in the low range, 43% in the moderate range, 22% in the high range, and 2% in the very high range. Compared to the figure in the most recent NDSHS report (Australian Institute of Health and Welfare, 2014), for respondents who recently used illicit drugs (1 of 17 illicit drugs in the previous 12 months), a higher percentage of 2014 RPU scored in the high to very high distress range (24% in EDRS vs. 17.5% in 2013 NDSHS). Participants were asked whether the specified feelings occurred more often, the same or less than in a 'usual' four weeks; 60% reported that they occurred about the same as usual, while 15% reported the feelings occurring more often than usual.

6.6.2 Self-reported mental problems

In 2014, 34 participants reported they had experienced a mental health problem in the preceding six months, most commonly anxiety (68%), followed by depression (62%), with 32% reporting experiencing both (19% in 2013). Sixty-three per cent of participants who experienced a mental problem reported attending a health professional in relation to it. Twenty-six per cent (n=9) of participants who attended a health professional for their mental health problem were prescribed medication. The main medications prescribed were anti-depressants (n=5) and benzodiazepines (n=8).

7 RISK BEHAVIOUR

Summary

- A significantly smaller proportion (10%) of participants interviewed in 2014 reported ever injecting a drug than the 2013 EDRS sample (22%), and 4% reported recent injection, occurring in the preceding six months.
- Fifty-eight per cent of participants reported recent penetrative sex with a casual partner, and 90% of this group had done so under the influence of alcohol and/or other drugs.
- Fifty-two participants reported having sex under the influence of alcohol and/or other drugs in the preceding six months with a casual partner, most commonly under the influence of alcohol (77%), followed by ecstasy (52%).
- A similar proportion (69%) of participants reported ever having a sexual health check-up, compared to 2013 (74%), and 20% had been diagnosed with a sexually transmitted infection at some point in their life.
- Seventy-eight per cent of the 2014 RPU sample scored eight or more on the AUDIT, which refers to alcohol levels at which alcohol intake may be considered hazardous. This was a significant increase from the 67% scoring eight or more interviewed for the 2013 EDRS.

7.1 Injecting risk behaviour

7.1.1 Lifetime injectors

Only 10% of participants reported ever injecting any drug in their lifetime. This is the lowest proportion since 2008 and is also significantly smaller when compared to 2013 (22%, $p<0.05$) (Table 21). Among those who reported ever injecting, the median age for injecting for the first time was 24 years (range 16-31 years). Most RPU who had ever injected reported the first drug they injected as heroin (50%). RPU are only able to provide some information on trends on injecting drug use in Melbourne; the IDRS gives a more comprehensive picture. As outlined in section 1, the IDRS employs a similar methodology to the EDRS. The IDRS involves the collection of data from people who inject drugs on the prevalence and patterns of use and market characteristics of drugs of injection. Results from the 2014 Victorian IDRS will be available in early 2015 (Cogger, Dietze, & Lloyd, 2015).

Table 21: Injecting behaviour among EDRS participants, 2009-2014

	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Ever injected (%)	18	14	27	13	22	10

Source: EDRS participant interviews

7.1.2 Patterns of recent injecting drug use

Four respondents reported having injected in the preceding six months in 2014. These participants reported injecting a median of 3.5 times (range 1-150 times) in the last six months, with two participants; last injection occurring at their own home and the other two participants reporting their last injection occurring at a friend's home. One participant reported the sharing of needles in the preceding six months and it was with a close friend. One participant who reported sharing equipment reported sharing spoons, filters and water. Small numbers of injectors preclude detailed interpretation of the figures in Tables 22 and 23, which should be viewed with caution.

Table 22: Recent injecting drug use patterns among RPU who reported injecting in the last six months, 2013-2014

	% injected past 6 months*		Median days injected last 6 months (range)*		% last drug injected	
	2013 (n=12)	2014 (n=4)	2013 (n=12)	2014 (n=4)	2013 (n=12)	2014 (n=4)
Crystal	67	75	9 (1-48)	3 (1-60)	50	50
Speed	67	50	4.5 (1-48)	1 (1-1)	17	25
Base	8	-	1 (1-1)	-	-	-
Pharm stimulants**	17	-	17 (16-18)	-	-	-
Ecstasy (pills)	17	-	2 (2-2)	-	-	-
Ecstasy***	17	-	1 (1-1)	-	-	-
Ecstasy crystal	25	-	1 (1-4)	-	-	-
Heroin	50	50	10 (5-140)	13.5 (3-24)	33	25
Cocaine	17	50	4 (3-5)	1 (1-1)	-	-

Source: EDRS participant interviews

* Could nominate multiple responses

** Licit & illicit

*** Powder or capsule

^ Any ecstasy

Table 23: Context and patterns of recent injection among RPU who reported injecting in the last six months, 2009-2014

	2009 (n=7)	2010 (n=7)	2011 (n=17)	2012 (n=7)	2013 (n=12)	2014 (n=4)
Last injected at own home (%)	71	86	71	57	100	50
Injected (only) under the influence (%)	14	14	13	14	25	0
Injected (only) while coming down (%)	14	29	13	-	42	0
Injected (both) while under the influence and coming down (%)	29	29	38	57	17	0
Median times injected any drug under the influence and/or coming down last 6 months (range)	6 (1-36)	5 (2-180)	12 (2-188)	10 (1-90)	4 (1-18)	-

Source: EDRS participant interviews

* Could nominate multiple responses

** One participant injected daily, six times per day

7.2 Sexual risk behaviour and sexual health

7.2.1 Recent casual sexual activity

In 2014, participants were asked questions about their sexual risk behaviour, focusing on penetrative sex with casual sex partners (defined as the penetration by penis or hand of the vagina or anus).

Fifty-eight per cent of respondents reported penetrative sex with a casual partner in the past six months. Of those who reported recent penetrative sex with a casual partner while sober (42%), 45% reported not using a condom the last time they had sex when sober (Table 24).

Table 24: Prevalence of casual sexual activity and number of sexual partners in the preceding six months, 2009-2014

	2009 (n=56)	2010 (n=52)	2011 (n=68)	2012 (n=69)	2013 (n=52)	2014 (n=57)
Number of casual partners						
One person (%)	25	8	18	23	21	12
Two people (%)	21	19	29	20	37	13
3-5 people (%)	39	54	35	36	31	21
6-10 people (%)	9	15	9	10	9	8
10+ people (%)	5	4	9	10	2	3
Sex with a casual partner when sober*	-	-	n=67	n=64	n=38	n=42
Used a protective barrier last time (when sober) %*	-	-	75	61	63	55

Source: EDRS participant interviews

* Not asked in 2008-2010

7.2.2 Drug use during sex

Fifty-two participants reported having had sex with a casual partner while under the influence of alcohol and/or other drugs in the past six months and half (50%) had done this on six or more occasions (Table 25). Similar to 2013, most respondents reported having sex under the influence of alcohol (77%), followed by ecstasy (52%), cannabis (21%) and speed (10%). The proportion of RPU who reported not using a protective barrier while having sex with a casual partner, under the influence of alcohol and/or other drugs, remains similar to 2013, with 71% reporting that they did not use a

condom on every occasion they had sex in the preceding six months, and 27% reporting never using a condom. Among this group, comparable with participants interviewed in 2013, 53% reported not using a condom or other barrier with a casual partner on the last occasion they had sex while under the influence of alcohol and/or other drugs. Common reasons for not using a condom on the last occasion were 'we agreed to not use a condom' (41%) and 'using contraceptive pill' (22%)

Table 25: Casual sex under the influence of drugs in the preceding six months among EDRS participants, 2012-2014

	2012	2013	2014
Penetrative sex with casual partner while on drugs last 6 months	n=65	n=49	n=52
Number of times*			
Once (%)	12	12	13
Twice (%)	23	16	12
3-5 times (%)	25	24	25
6-10 times (%)	18	12	19
Ten or more times (%)	22	35	31
Drugs used last time*			
Ecstasy (%)	37	41	52
Cannabis (%)	29	27	21
Alcohol (%)	74	34	77
Speed (%)	9	6	10
Crystal meth (%)	18	22	8
Cocaine (%)	9	14	8
Ketamine (%)	2	2	2
LSD (%)	2	6	4
Used a protective barrier last time (%)*	57	57	47

Source: EDRS participant interviews

* Of those who had penetrative sex with a casual partner under the influence of drugs in the last six months

One KE noted an increase in risky sexual practices reported by the RPU they work with, particularly among the younger users. They described condom use as rare and commented that the risk increased when RPU were under the influence of alcohol and/or illicit drugs.

7.2.3 Sexual health

Seventy-one per cent of the 2014 RPU sample reported ever having a sexual health check-up (swab, urine, or blood test), comparable to the proportion of respondents interviewed in the 2013 EDRS. Also similar to 2013, of the 2014 EDRS respondents who reported ever being tested, 70% were tested in the past year. Almost one-quarter (20%) had ever been diagnosed with a sexually transmitted infection (STI), 30% of these reporting the diagnosis occurring in the last year. The most commonly reported STI was chlamydia (67%), followed equally by gonorrhoea, HPV (genital warts) and other (17%).

Table 26: Sexual health testing among RPU, 2012-2014

	2012 n=100	2013 n=100	2014 n=100
Ever had a sexual health check-up (%)	n=99	n=100	n=98
No	48	26	29
Yes, in last year	36	55	50
Yes, > year ago	13	19	21
Don't know/didn't get result	2	-	-
Ever diagnosed with an STI (%)	n=99	n=100	n=98
Yes	10	24	20
Past year STI diagnosis	n=9	n=9	n=6
Gonorrhoea (%)	11	0	17
Chlamydia (%)	78	67	67
HPV (genital warts) (%)	0	22	17
Other (%)	11	11	17

Source: EDRS participant interviews

7.3 Risky alcohol use among RPU

The 2014 RPU sample were administered the World Health Organization's (WHO) Alcohol Use Disorders Identification Test (AUDIT) (Reinert & Allen, 2002). The AUDIT is a reliable and simple screening tool used as a measure of risky and high-risk (or hazardous and harmful) drinking. Its 10 core questions cover the domains of alcohol consumption, drinking behaviour and dependence, and the consequences or problems related to drinking. Questions were designed to assess three conceptual domains: alcohol intake or consumption, dependence, and adverse consequences (Reinert & Allen, 2002).

The consumption score is scored from the first three questions of the AUDIT:

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on one occasion?

A score of six or seven indicates a risk of alcohol-related harm, particularly for those groups more susceptible to the effects of alcohol, such as young people, women, and people using other substances. Seventy-four per cent of respondents scored 6 or more on these questions in 2013 (Table 27), a slight increase compared to RPU interviewed for the 2013 EDRS, of whom 71% scored six or more.

The dependence score is scored from questions four to six of the AUDIT:

4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what is normally expected from you because of drinking?

6. How often during the last year have you needed a first drink in the morning to get yourself going, after a heavy drinking session?

A score of 4 or more indicates the possibility of alcohol dependence. Fifteen per cent of participants had a score of 4 or more in 2014, consistent with the proportion of RPU in 2013 (Table 27).

The alcohol-related problems score is derived from the final four questions of the AUDIT; any scoring on these items warrants further investigation to determine whether the alcohol-related problem is of current concern and requires intervention:

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
9. Have you or someone else been injured as a result of your drinking?
10. Has a relative or friend or doctor or other health workers been concerned about your drinking or suggested you cut down?

Eighty per cent of participants scored on the final four questions of the AUDIT, warranting investigation to determine whether the alcohol-related problem is of current concern and requires intervention, compared to 73% of participants in 2013.

Total AUDIT scores of 8 or more are regarded as indicators of hazardous and harmful alcohol use as well as possible alcohol dependence (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). Seventy-eight per cent of the 2014 RPU sample scored 8 or more, indicating alcohol consumption levels considered hazardous (Table 27), a significant increase ($p < 0.05$) from 67% in 2013.

Table 27: AUDIT scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol use, 2014

	Median score (range)	% scoring above recommended level
Consumption score	7 (1.5-11)	74
Dependence score	1 (0-7.5)	15
Adverse consequences score	3 (0-12.5)	80
Total AUDIT score	11 (1.5-27)	78

Source: EDRS participant interviews

7.4 Ecstasy dependence

Whether it is possible to be dependent on ecstasy remains controversial. Currently, using the DSM-IV-TR, it is possible to be diagnosed with ecstasy dependence (coded as either amphetamine dependence or hallucinogen dependence), and there are clear case studies in the literature of people dependent on ecstasy. Animal models have demonstrated that dependence on ecstasy is biologically plausible.

To date, internationally, only a few studies have reported rates of dependence in ecstasy users. Studies from the United States household survey suggest a prevalence rate of past-year dependence in approximately 3.6%-3.8% of ecstasy users in the general population. An early NDARC study suggested a lifetime prevalence rate of 64% in types of REU similar to those interviewed in the EDRS.

In 2014, the participants in the EDRS were asked questions from the Severity of Dependence Scale (SDS) to investigate ecstasy dependence. The SDS is a five-item questionnaire designed to measure

the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Sindicich & Burns, 2012). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15. A cut-off score of 4 was used to identify possible dependence (Sindicich & Burns, 2012).

For RPU participants who had used ecstasy in the preceding six months, the median SDS score was 1 (range 0-8.5). Sixteen per cent scored 4 or above, suggesting ecstasy dependence. The majority of participants (69%) reported never or almost never thinking that their use of ecstasy was out of control, and 82% reported never or almost never wishing they could stop using ecstasy. Almost half the sample (43%) reported worrying about their use of ecstasy 'sometimes' or 'often', a proportion similar to 2013 (44%). There were no significant gender differences regarding mean stimulant SDS score. Of those RPU who scored 4 or above, 38% were female, a slight decrease from 2013 (47%).

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH USE OF ECSTASY & RELATED DRUGS

Summary

- The number of people reporting engaging in any recent crime increased significantly among the 2014 EDRS sample compared to 2013 (47% vs. 26%).
- The most common criminal activity reported by the 2014 EDRS sample was drug dealing (28%).
- In the 2012/2013 financial year, approximately 31% of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria, an increase from 2011/2012 (27%).
- In the 2012/2013 financial year, approximately 18% of the arrests made in Australia for cocaine offences occurred in Victoria compared to 19% in 2011/2012.
- In the 2012/2013 financial year, approximately 13% of the arrests made in Australia for cannabis offences occurred in Victoria, consistent with 2011/2012 (13%).
- In the 2012/2013 financial year, approximately 12% of the arrests made in Australia for hallucinogen offences occurred in Victoria, consistent with 2011/2012 (17%).

8.1 Reports of criminal activity among EDRS participants

Ten participants in the 2014 RPU sample reported that they had been arrested in the past 12 months (Table 28). Compared to 2013, a significantly higher proportion reported engaging in any crime in the last month (47% vs. 26% $p<0.05$). As in all previous years, the most common crime EDRS participants reported committing during the last month was drug dealing (28%).

Table 28: Criminal activity reported by EDRS participants, 2009-2014

Types of criminal activity	2009 (n=100)	2010 (n=100)	2011 (n=101)	2012 (n=100)	2013 (n=100)	2014 (n=100)
Any crime (%)	50	44	50	49	26	47
Drug dealing (%)	36	33	33	35	18	28
Property crime (%)	23	18	25	25	12	25
Fraud (%)	0	1	5	3	<2	1
Violent crime (%)	2	4	3	12	<0	3
Arrested in the preceding 12 months (%)	12	9	16	17	11	10

Source: EDRS participant interviews

8.2 Arrests

The ACC records the number of arrests for consumer offences (e.g., drug possession and/or use) and provider offences (e.g., drug trafficking and/or manufacturing) annually in Australia. This section outlines those statistics for the 2012/2013 financial year in Victoria and Australia for amphetamine-type stimulants, cocaine, cannabis and hallucinogens.

8.2.1 Amphetamine-type stimulants

Table 29 details consumer and provider arrests for amphetamine-type stimulants during 2012/2013 in Victoria and Australia. Amphetamines, methylamphetamine, MDMA and phenethylamines are included in the 'amphetamine-type stimulant' category. During 2012/2013, approximately 30% of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria, compared to 27% in the 2011/2012 financial year (Australian Crime Commission, 2014).³ The total number of consumer and provider arrests for amphetamine-type stimulants in Victoria increased during the 2011/2012 financial year compared to 2010/2011 (6,762 vs. 4,494).

Table 29: Amphetamine-type stimulants: Consumer and provider arrests – Victoria and Australia, 2012/2013

	Victoria (n)	Australia (n)	% of national arrests
Consumer	4,993	16,595	30
Provider	1,769	5,462	32.3
TOTAL*	6,762	22,189	30.5

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.2 Cocaine

Table 30 details the comparatively small number of consumer and provider arrests for cocaine during 2012/2013 in Victoria and Australia. During that period, approximately 18% of the arrests made in

³ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

Australia for cocaine offences occurred in Victoria, a figure similar to the previous financial year (19%) (Australian Crime Commission, 2014). In Victoria, the total number of consumer and provider arrests increased in 2012/2013 compared to 2011/2012 (235 vs. 187).

Table 30: Cocaine: Consumer and provider arrests – Victoria and Australia, 2012/2013

	Victoria (n)	Australia (n)	% of national arrests
Consumer	155	899	17.2
Provider	80	380	21.1
TOTAL*	235	1,282	18.3

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.3 Cannabis

Table 31 details consumer and provider arrests for cannabis during 2012/2013 in Victoria and Australia. During that period, approximately 13% of the arrests made in Australia for cannabis offences occurred in Victoria, consistent with the previous financial year (13%) (Australian Crime Commission, 2014). In Victoria, the total number of consumer and provider arrests increased in 2012/2013 over 2011/2012 (8,305 vs. 7,916).

Table 31: Cannabis: Consumer and provider arrests – Victoria and Australia, 2012/2013

	Victoria (n)	Australia (n)	% of national arrests
Consumer	6,768	53,829	12.6
Provider	1,537	8,013	19.2
TOTAL*	8,305	62,120	13.4

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.4 Hallucinogens

Table 32 details the small number of consumer and provider arrests for hallucinogens (LSD or psilocybin mushrooms) during 2012/2013 in Victoria and Australia. During that time period, approximately 12% of the arrests made in Australia for hallucinogen offences occurred in Victoria, consistent with the percentage reported in the 2011/2012 financial year (12%) (Australian Crime Commission, 2014). The total number of consumer and provider arrests for hallucinogen offences in Victoria increased to 70 arrests in 2012/2013 from 56 arrests reported in the 2011/2012 financial year.

Table 32: Hallucinogens: Consumer and provider arrests – Victoria and Australia, 2012/2013

	Victoria (n)	Australia (n)	% of national arrests
Consumer	60	442	13.1
Provider	10	120	8.3
TOTAL*	70	565	12.4

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

9 SPECIAL TOPICS OF INTEREST

Summary

- The drug (excluding NPS) most commonly purchased online by Victorian RPU was ecstasy (61%) followed by some form of methamphetamine (39%).
- The NPS most commonly purchased online by Victorian RPU was 2C-x (2C-B, 2C-1, 2C-E) (43%).
- Most RPU noted that their main motivation for purchasing online was because 'drugs are better quality online' (44%) followed by 'drugs were cheaper online' (28%).
- The most commonly reported 'positives' of purchasing online were 'avoided contact with dealers' and 'drugs were better quality online' (both equally reported at 67%) followed by 'convenience'.
- Half (50%) of the respondents noted 'other' 'negatives' of purchasing online such as 'online scammers', 'fear of packages being tracked' and 'confidentiality'. Twenty-two per cent reported 'no negatives'.
- Most RPU understood that 2CB, 2CI, DMT and Mephedrone were illegal (53%, 47%, 77% and 66% respectively).
- DMT was the most commonly (26%) reported NPS last used, followed by a drug from the 2C family (11%).
- Only two per cent of participants reported that making NPS illegal would stop them from using them or starting using them.

9.1 Use of dark web marketplaces

The rise of the Internet as an integral part of daily life has globalised retail marketing. This extends to web stores offering a range of substances that mimic the effects of traditional illicit substances such as ecstasy, amphetamines and cannabis (termed here new psychoactive substances, or NPS). This market is also highly dynamic, with websites closing or altering available stock as legislation changes (Bruno, Poesiat, & Matthews, 2013; Van Buskirk, Roxburgh, Farrell, & Burns, 2014).

In addition to the surface web, readily accessible by search engines such as Google, new marketplaces have emerged located on the 'dark web' that offer a range of illicit and pharmaceutical drugs for sale (Van Buskirk, Roxburgh, Bruno, & Burns, 2013). The 'dark web' refers to a collection of domains accessible only through an anonymised routed connection and specially configured browser. As such, these dark web marketplaces are not overt and are susceptible to closure due to changes in legislation (Barratt, 2012). The marketplaces on the 'dark web' have proliferated in the past three years, retailing not only NPS, but also traditional illicit substances including marijuana and pharmaceuticals such as benzodiazepines and prescription opioids (Van Buskirk et al., 2013). The Silk Road is one such marketplace operating on the 'dark web' that has received a large amount of attention from law enforcement, media and researchers. Until its closure on October 2 2013, the Silk Road marketplace served to greatly expand the availability of both illicit and NPS online.

On both the dark web and the surface web, there exist both 'web stores' and 'online marketplaces' from which to purchase substances. Web stores refer to websites that sell products or services and typically have an online shopping cart associated with it. Online marketplaces, however, refer to a type of online community where products are traded by users of the website instead of being sold by the owner or moderator of the website. Products on online marketplaces are sold by retailers either based in Australia, or internationally. Prices from international retailers are typically lower but carry with them a greater risk of detection by law enforcement during importation (Van Buskirk et al., 2013).

While it is apparent that availability of illicit drugs and NPS has increased since the arrival of dark web marketplaces, it is not clear to what extent consumers utilise these marketplaces for the purchase of drugs. The aim of this model is therefore to ascertain how often EDRS participants utilise online marketplaces and web stores for the purchase of drugs, as well as what substances are commonly bought and the positives and negatives of using these marketplaces and stores over traditional street markets.

Participants were asked what proportion of their friends had ever purchased a drug online. Approximately two thirds (69%) responded that 'a few' of their friends had purchased online before, while 4% said that 'about half' had purchased online, with only one-participant responding that 'most' of his/her friends had ever purchased substances online. Nineteen per cent of participants responded that they themselves had ever purchased online, most commonly from the Silk Road (84%), followed by other dark web marketplaces (37%), internationally-based web stores (26%) and Australian-based web stores (11%). One participant reported ever purchasing from other online market places (e.g, eBay, Gumtree etc.) and another participant reported purchasing from an 'online pharmacy in India'. Among those purchasing from dark web marketplaces (n=17), 53% bought only from retailers based outside of Australia, 6% bought only from Australian retailers, and 41% bought from both.

Eighteen participants (18% of the total sample) had purchased a substance online in the past year, with the largest proportion (39%) purchasing 'more than 5 times' in the last year, followed by 'once' (28%), 'twice' (22%) and '3-5 times' (11%). Two-thirds of these participants (66%) purchased from Silk Road, 33% from other 'dark web' marketplaces, 28% from international web stores. One participant indicated that they purchased from other online market places (e.g, eBay, Gumtree etc.) in the last year and one participant reported purchasing from an 'online pharmacy based in India'. There were no participants who reported purchasing from an Australian web store in the last year. Table 33 below details the specific substances purchased by EDRS participants in the past year.

Table 33: Substances purchased online in the past year by EDRS participants

Illicit drugs	VIC n=18	%	New psychoactive substances	VIC n=7	%
Ecstasy (any form)	11	61%	Mephedrone	1	14%
Methamphetamine (any form)	7	39%	Methylone/bk-MDMA	0	0%
Pharmaceutical stimulants	1	6%	MDPV / Ivory Wave	2	29%
Cocaine	2	11%	MDAI	0	0%
LSD (acid)	3	17%	5-IAI	0	0%
Mushrooms	0	0%	Benzo Fury (6-APB)	0	0%
MDA	1	6%	BZP	0	0%
Ketamine (special K)	2	11%	PMA	0	0%
GHB/GBL, 1, 4B (liquid E)	0	0%	Methoxetamine (MXE)	0	0%
Amyl nitrite (rush)			2C-x (2C-B, 2C-I, 2C-E)	3	43%
Nitrous oxide			DMT	1	14%
Cannabis	3	17%	5-MeO-DMT	0	0%
Tobacco			LSA (Hawaiian Baby Woodrose)	0	0%
Opioids (e.g, heroin, opium)	0	0%	DOI (Death on impact)	0	0%
Pharmaceutical opioids	0	0%	Mescaline	0	0%
(e.g, oxycodone, morphine)			Salvia divinorum	1	14%
Antidepressants	0	0%	Datura (Angel's trumpet)	0	0%
Benzodiazepines	4	22%	DXM (cough syrup)	0	0%
(e.g, Valium / Serepax / Xanax)			NBOMe (25I, 25B, 25C)	1	14%
Steroids or PIEDs	1	6%	Synthetic cannabinoids	0	0%
Antipsychotics (e.g, Seroquel)	0	0%	Other	3	43%

Source: EDRS participant interviews

Among respondents who had purchased drugs online (n=18), 13 participants indicated that their online purchases were for 'themselves and others', four reported purchasing for themselves only, whilst one reported purchasing for others only. Fifteen of the 18 respondents indicated that their last ordered packaged arrived as expected, with two reporting that they are still waiting and one reporting that nothing arrived. Table 34 below illustrates the motivating factors respondents gave for purchasing online, as well as nominated positives and negatives of purchasing online.

Table 34: Motivating factors, as well as positive and negatives for purchasing online

	VIC (n=18)	%
Main motivation for purchasing online		
Curiosity	1	6
Drugs I wanted weren't available on the street	1	6
Drugs were cheaper online	5	28
Wanted to avoid contact with dealers	1	6
Convenience	1	6
Drugs are better quality online	8	44
Less legal risk buying online	1	6
Positives of purchasing online		
No positives	0	0
Accessed drugs I couldn't get on the street	6	33
Drugs were cheaper online	7	39
Avoided contact with dealers	12	67
Convenience	11	61
Drugs were better quality online	12	67
Less legal risk buying online	6	33
Other	3	17
Negatives of purchasing online		
No negatives	4	22
Difficult process	1	6
Slow process	2	11
More legal risk purchasing online	3	17
Poorer quality of drugs	0	0
More expensive	0	0
Packages didn't arrive	3	17
Other*	9	50

Source: EDRS participant interviews; *Other response included 'goods seized by customs', 'online scammers', 'no guarantee of purity due to anonymous suppliers', 'concerns around confidentiality/traceability of personal information', 'fear of packages being tracked'.

Seven of the 18 participants indicated that they would 'definitely' purchase online again in the future, with six of the remaining 11 indicating a likelihood of 5 or greater out of 10.

9.2 NPS health harms

The past 10 years has seen the emergence of a range of substances that mimic illicit stimulants and hallucinogens such as amphetamines, ecstasy and LSD – often referred to collectively as 'new psychoactive substances' (NPS). As they are designed to be structurally similar to their banned counterparts, without containing controlled substances, they do not fall readily under legislative control and some have been marketed as 'legal highs'. The promotion of these substances as 'legal highs', together with the fact that they can be bought over the Internet, over the counter, and in shop fronts in Australia, has made them accessible to people who may not have used illicit drugs previously, and also gives the illusion of safety. However, the safety or otherwise of these substances is unclear, and there is little evidence on which to base public policies relating to these substances. Indeed, the health and social consequences of these drugs remain poorly understood in Australia, and internationally. This module has therefore been included to improve our knowledge and understanding of the use and effects of the most commonly used NPS. Participants were asked if they had experienced a particular effect whilst using NPS, and were then asked to rate the severity ('mild', 'moderate' or 'severe') of that experience. However, due to small

numbers (n<10), jurisdictional findings will not be presented; for national findings, please refer to Sindicich and Burns (2015). A full list of the NPS included in the 2014 EDRS interview schedule is listed in Appendix A.

In 2014, most KE who commented on NPS reported a decrease in the prevalence of use, especially synthetic cannabis. Several noted that many RPU are become wary of the negative effects of NPS use and are doing more research before using them or not using them at all after unpleasant experiences. However, some law enforcement KE noted that NPS are still constantly evolving at the moment to avoid the law.

9.3 NPS health policy

In October 2013, the Parliament of Victoria introduced the Drugs, Poisons and Controlled Substances Amendment Bill 2013. This Bill was assented to in February 2014 as the *Drugs, Poisons and Controlled Substances Amendment Act 2014*. As a result of this act, it has become illegal in Victoria to possess any drugs of dependence or controlled substance including analogues of certain drugs unless authorised or covered by the *Therapeutic Goods (Victoria) Act 1994*. 'Analogues' is another known term referring to new psychoactive substances (NPS).

As this change is quite recent, we are interested in finding out what people understand the law to be at the moment and whether a change in drug law has an effect on people's usage of these substances.

The drugs we asked about in the 2014 survey were 2CB, 2CI, DMT and Mephedrone, all of which are illegal in Victoria under Schedule 11 of the *Drugs, Poisons and Controlled Substances Act 1981* with varying legality in the other states. These substances were selected as they were the most commonly reported in the 2012 EDRS.

Table 35: Participant knowledge of the legality of NPS in Victoria, 2014

		Victoria (n=98)
2CB	Legal	1
	Illegal	52
	Unsure	45
2CI	Legal	1
	Illegal	46
	Unsure	51
DMT	Legal	3
	Illegal	75
	Unsure	20
Mephedrone	Legal	4
	Illegal	65
	Unsure	29

Source: EDRS participant interviews

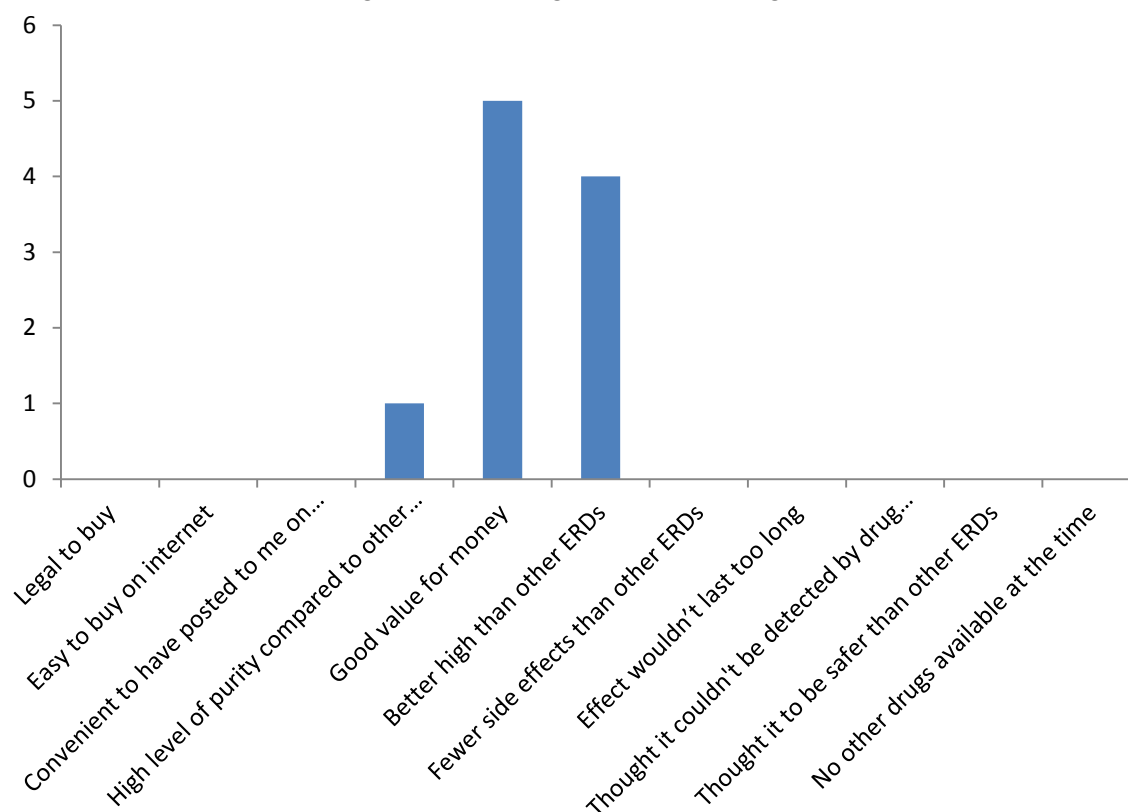
Participants were also asked if whether a change to the legality of all NPS in the future, making them all illegal, would impact on their use of those substances. Ninety-eight per cent reported that making NPS illegal would not make them stop taking them and the remaining 2% reported that it would make them stop or not start using NPS.

Table 36: Last occasion NPS use in Victoria, 2014

	VIC (n=100)
Last NPS use	
Mephedrone	6
Methylone	4
Methoxetamine	2
2CX	11
DMT	26
Mescaline	3
DXM	3
NBOMe (25i, 25b, 25c)	5
Synthetic cannabis	6
Other	7
Days ago (Median; range)	5.5 (5-6)
Weeks ago (Median; range)	1.5 (1-4)
Months ago (Median; range)	5 (1-96)

Source: EDRS participant interviews

For those that had ever used an NPS, they were asked to rate (from 0-10, whereby 0 is no influence and 10 is maximum influence) how motivating the following factors were in using their last NPS. Median ratings were reported below.

Figure 53: National median ratings of motivating factors for using NPS, 2014

Source: EDRS participant interviews

APPENDIX A

Table 1A: New psychoactive substances – adapted from 2011 National EDRS report (Scott & Burns, 2011)

Street name	Chemical name	Information on Drug
Phenethylamines (2C-x Class)		
2C-B	2,5-dimethoxy-4-bromophenethyl-amine	A psychedelic drug with stimulant effects
2C-I	2,5-dimethoxy-4-iodophenethyl-amine	A psychedelic drug with stimulant effects
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects
2C Other		A psychedelic drug with stimulant effects
Phenethylamines (Beta-ketones)		
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines
Methylone	3,4-methylenedioxy-N-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes
Ivory Wave/MDPV	Methylenedioxypyrovalerone (3,4-methylenedioxy)	A cathinone derivative
Phenethylamines (Amphetamine-based)		
Benzo Fury (6-APB)	6-(2-minopropyl)benzofuran	A synthetic chemical with stimulant effects
Mescaline	3,4,5-trimethoxyphenethylamine	A hallucinogenic alkaloid
MDAI	5,6-methylenedioxy-2-aminindane	An empathogen. Its effects are sometimes compared to MDMA (ecstasy)
(Ergolines)		
LSA (Hawaiian Baby Woodrose)	d-lysergic acid amide	LSA is a naturally occurring psychedelic found in many plants such as morning glory
Tryptamines		
5MEO-DMT	5-methoxy-dimethyltrypt-amine)	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the Bufo alvarius toad
DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family
(Dissociative)		
DXM (Cough syrup)	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the United States
Methoxetamine (MXE)	2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	A sedative and a near chemical analog of ketamine
Salvia	Salvia divinorum	Salvia is derived from the American plant Salvia divinorum, a member of the mint family
Piperazines		
BZP	1-benzylpiperazine	A piperazine; a CNS stimulant
Other		
Synthetic cannabis (K2/Spice)	Synthetic cannabinoids	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)
Other herbal highs		Naturally occurring substances used for a high
Capsules (contents unknown)		Capsules consumed by REU opportunistically without being aware of what the contents were

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