

N.Sindicich & L.Burns

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

Australian Drug Trends Series No. 136



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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2014



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

Natasha Sindicich and Lucinda Burns

AUSTRALIAN DRUG TRENDS SERIES No. 136

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ABBREVIATIONS

4-MEC	4-Methylethcathinone
5-IAI	5-Iodo-2-aminoindane
5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AQFV	Alcohol Quantity Frequency and Variability
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
AVO	Apprehended Violence Order
BBVI	Blood-borne viral infection(s)
BMI	Body Mass Index
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
CRUFAD	Clinical Research Unit For Anxiety and Depression
DASSA	Drug and Alcohol Services of South Australia
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
EPS	Emerging psychoactive substances now referred to as NPS
ERD	Ecstasy and related drug(s)
FTND	Fagerstrom test for nicotine dependence
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner

HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICD-9	International Statistical Classification of Diseases and Related Health Problems, Ninth Revision
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
IPS	Illicit psychostimulants
Ivory wave	See MDPV
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
KI	Key informants (now called key experts)
LOC	Loss of consciousness
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MSIC	Medically Supervised Injecting Centre (Sydney)
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
OD	Overdose
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
PPA	Price, purity and availability
QLD	Queensland
RBT	Random Breath Test
REU	Regular ecstasy users(s)
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SA	South Australia

SAPOL	South Australia Police
SCID	Structured Clinical Interview for DSM-IV
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
TAS	Tasmania
THC	Tetrahydrocannabinol
TMA	3,4,5 trimethoxyamphetamine
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see <i>Method</i> section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the EDRS (see <i>Method</i> section for further details)
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting/shelving/shafting; and/or swallowing
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

* As appropriate

EXECUTIVE SUMMARY

Executive summary introduction

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2014* report presents the findings from the eleventh year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of Ecstasy and related drugs (ERD) markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylenedioxymethamphetamine; MDMA) and other drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), *d*-lysergic acid (LSD), 3,4-methylenedioxyamphetamine (MDA) and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from three sources: (a) surveys with regular psychostimulant users (RPU); (b) surveys with key experts (KE) who have contact with RPU through the nature of their work; and (c) the analysis of existing data sources that contain information on ERD. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the EDRS surveys are not representative of ERD users and their other drug use in the general population, but this is 'not' the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. Regular Ecstasy User (REU)/Regular Psychostimulant User (RPU) are a sentinel group that provides information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ERD market in Australia, but in total they help to provide an evidence base for policy decisions; help to inform harm reduction messages; and to provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in Australia will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs; and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, where new drug trends are likely to emerge. Patterns of drug use may vary among other groups of REU/RPU in the capital cities and in regional areas.

Executive Summary Snapshot

Demographics of EDRS participants and patterns of Drug use

- EDRS participants in 2014 continue to be a group that are aged in their mid-20s (mean age of 23 years), predominantly male (66%), the majority identifying as heterosexual (89%) and being single (58%). Small proportions reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 46% had obtained post-secondary qualifications; while 14% were full-time students.
- One quarter (25%) of the national sample was currently in full-time employment. The mean weekly income was \$601 (and increase from \$550 in 2014). The main source of income was salary/wages (72%). Half were renting (50%) or living in the parental/family home (41%).
- In 2014, participants were recruited primarily through the internet which has seen a significant increase in this method from 2013 but also over time.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

Consumption pattern results

- Ecstasy remained the drug of choice (36% in 2014). Alcohol experienced a proportionate decrease in relation to drug of choice.
- The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and ecstasy.
- Polydrug use was reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: new drugs on the market such as Caps, MDMA crystal/rock and DMT, and an increase in prevalence of traditional stimulant drugs such as ecstasy, LSD and ketamine.

Ecstasy

- Ecstasy in some form was used by 98% of participants even though there was a change in the eligibility criteria. Only 13 participants had not used ecstasy recently.
- Ecstasy tablets were used on a median of 10 days in the six months prior to interview, i.e. approximately fortnightly. Nine percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms, this was the first year ecstasy in the form of crystals/MDMA rock was investigated. Use of this form significantly increased from 2013 (39%) to 2014 (49%).
- Participants reported using a median of 2 tablets in a typical session of use, a median of two lines, and two capsules in average sessions of use.
- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Ecstasy remained to be seen as a 'social' drug with participants reporting 'most' (41%) of their friends have consumed it.
- In the National Drug Survey Household Survey (NDSHS) 2013 population rates of recent ecstasy use were seen to have significantly decreased from 3% to 2.5%.
- The median price of a tablet of ecstasy nationally was \$25, a capsule nationally was a median of \$30 and ecstasy (MDMA) powder was reported at a median price of \$250 per gram consistent with 2013 figures. MDMA crystal/rock was \$250 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- With reports of ecstasy purity, it was reported as 'low'. There continued to be a mixed view as to the purity change over the last six months.

- The majority continued to report that ecstasy was 'easy' to 'very easy' to obtain (89%). The majority in all jurisdictions reported that availability had remained 'stable' (58%) in the six months prior to interview.
- It was also used in a range of locations, most commonly in nightclubs.
- It was the first year MDMA crystal/rock price, purity and available (PPA) information was collected to which 58% reported purity as being 'high', 68% reported that it was 'easy' to 'very easy' to obtain and most reported sourcing it from friends and using it in nightclubs.

Methamphetamine

Speed powder

- Just over one-third (36%) of the sample reported the use of speed in the six months prior to interview consistent with 37% in 2013. The median days of use was three. Contrary to 2012/13, TAS and not VIC was the jurisdiction with the highest reported use of speed powder. The median age of first use was 18 years.
- Among recent speed users, snorting (66%) and swallowing (43%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.
- Price (median) of a gram of speed nationally was \$250 with 79% reporting that prices were stable.
- Purity reports of speed were mixed with 40% reporting speed as 'medium' and 30% reporting purity as 'high'. Most reported purity of speed had remained stable.
- Availability was still considered to be 'easy' to 'very easy' to obtain (73%). The majority considered speed availability to have remained 'stable' in the past six months.

Base

- Base is the least common form of methamphetamine used by participants.
- Eight percent of participants reported using base in the six months prior to interview. The median days of use was five days. TAS (17%) was the jurisdiction with the highest reported base use. The median age of first use was 20 years.
- Among recent base users, swallowing was the most commonly nominated route of administration (ROA) (60%) followed by smoking (37%). The average amount used in a typical and heavy session was two points.
- Price (median) of base was commonly reported in points, nationally was \$60 per point a decrease of \$80 per point in 2013. Most participants reported that this had remained 'stable'.
- Purity was considered to be 'high' for base, and this was considered to have remained 'stable'.
- Availability reports for base were 'easy' to 'very easy' to obtain. Participants reported this to have remained 'stable' over the past six months.

Ice/crystal

- Twenty percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was six days (approximately monthly). VIC (34%) was the jurisdiction with the most recent ice/crystal use reported. The median age of first use was 20 years.
- The most common ROA for ice/crystal was smoking (89%). The average amount used in a typical session was one point and for a heavy session two points.
- Price (median) of ice/crystal was commonly reported in points, nationally it was \$100 per point. Most participants reported that this had remained 'stable'.
- Most participants reported that ice/crystal purity was 'high' and that this had remained 'stable'.
- The majority of participants commenting reported that 'ice/crystal' was 'easy' to 'very easy' to obtain and that this had remained 'stable'.

- Amphetamine Type-Stimulants (ATS) number of seizures at the Australian border have increased in 2013/14, while crystalline methamphetamine in both number and weight remain high and yet stable.

Cocaine

- Two-fifths (44%) of the national sample reported cocaine use in the six months prior to interview, a significant increase from 36% in 2013 ($p < 0.05$). NSW (67%), VIC (58%), and the ACT (51%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (95%), or swallowed (16%). The median age of first use was 21 years.
- Frequency of cocaine use remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (69%) had used less than once per month. There were no reports of daily use.
- Price per gram is \$300 nationally.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram with no change to 2013.
- Cocaine was the drug of choice for 8% of the EDRS sample, no change from 2013.

Ketamine

- Over one-third (36%) of the national sample reported lifetime use of ketamine, and 18% reported using ketamine recently, a significant increase from 2012. The median age of first use was 20 years.
- Ketamine use was predominantly reported in VIC (63%). All other states had lower levels of recent use.
- Amongst recent ketamine users, the majority (88%) snorted, while one-fifth (16%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (69%) had used ketamine less than once per month. There were two reports of more than weekly use.
- Proportion of reported recent use of ketamine had declined in all jurisdictions from 2003-2009, and stayed relatively consistent from 2010-2014.
- Price of a gram of ketamine ranged from a median national price of \$200. The price was reported as stable by 66% of the participants that commented.
- The current purity of ketamine has continued to be reported as 'high' (58%), and this was reported to have remained 'stable' by the majority that commented.
- Availability was mixed with being 'difficult' (52%) and 'easy' (48%). Participant availability was reported as having remained 'stable' in the preceding six months. Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's homes. Locations of last use were divided between public locations (nightclubs) and private locations (friends' homes).

GHB

- Fourteen percent of the national sample reported lifetime use of GHB, with 5% reporting recent use. The median age of first use was 21 years.
- Most recent use was reported in NSW and VIC. There were no reports of recent use in TAS.
- Recent use occurred on a median of two days in the six months preceding interview; 65% reported using less than once per month.
- Recent GHB users reported using a median of 4 ml in a typical episode of use and a median of 5 ml in the heaviest recent episode of use. GHB was only consumed orally.
- Sixteen participants were able to comment on the median price of a millilitre of GHB which was \$4.50 nationally. Half of participants reported that the price had remained stable.

- Purity was this year reported as 'high' (72%) compared with reports last year of being 'medium' (41%). Comments about purity change were mixed between 'fluctuating' and that it was 'stable'.
- Of those who commented on GHB availability, reports were mixed between being 'difficult' and 'easy'. Availability change was reported as 'stable'.
- GHB was obtained from friends and known dealers from public and private locations.

LSD

- Sixty-six percent of the national sample reported the lifetime use of LSD; with a significant increase in recent use of LSD from 41% in 2014. The median age of first use was 18 years.
- The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.
- Recent use has been steadily increasing from 28% in 2003 to 41% in 2014. Recent use levels appears relatively even across Australia except in the ACT.
- LSD as drug of choice has been 'stable' each year from 4% in 2007 to 6% in 2014.

Cannabis

- Cannabis was the second most used drug by the EDRS sample recently (83%).
- Among recent (six month) users, cannabis had typically been smoked (96%), and swallowed (29%). The median age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 32 days during this time, i.e. between weekly and twice weekly use.
- Cannabis was the drug of choice for 25% of the sample.
- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally, prices for hydro were generally (slightly) more expensive than those for bush cannabis. Prices were reported to have remained 'stable' over the preceding six months.
- As in 2013, participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro and bush were both reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Both hydro and bush cannabis were most commonly bought from friends, and used in private locations.

Other drugs

- **MDA** lifetime use was 22% of the national sample, with 12% reporting recent use on a median of two days and a median of one cap of use in an average session.
- Almost the entire sample (99.2%) participants reported lifetime use of **alcohol**, and 97.8% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 5% of the sample. Twelve percent nominated alcohol as their drug of choice.
- Ninety-one percent reported lifetime **tobacco** use and 77% had used tobacco in the six months preceding interview. Half (51%) of recent tobacco users were daily smokers, with median days use being 170 (i.e. almost daily).
- Half (50%) of the sample reported lifetime **benzodiazepine** (both licitly and illicitly obtained) and one-third (34%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (3%). The type most used was diazepam.

- Six percent of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use has always been higher than illicit use. ROA was mainly swallowing for both forms.
- One fifth (23%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2013 results. Use continued to be highest in VIC (53%).
- Recent use of **amyl nitrite** (nationally) was reported by almost one-fifth (17%) in 2014. Use was occasional on a median of three days mostly in NSW (46%).
- Twenty-one percent of the national sample reported recent **mushroom** use, comparable to 2013. Use occurred on a median of two days, and 89% of recent users had used less than once per month.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **Over the counter (OTC) codeine**, **OTC stimulants** and **steroid use**.

New psychoactive substances (NPS)

- Terminology has changed in the EDRS from Emerging Psychoactive Substances (EPS) to New Psychoactive Substances (NPS) to relate to this drug class given the universal reference to NPS.
- In 2014, the number of EDRS participants that have consumed an NPS in the previous six month period was 36% and 7% for synthetic cannabis. There was a significant decrease in synthetic cannabis use from 2013 (16%) to 2014 (7%).
- NPS use is spread across all states, whilst with synthetic cannabis it appeared to be concentrated in WA and QLD.
- Drugs most used in this class included: 2C-B, DMT and 2C-I

Health-Related Trends Associated with ERD use

- Of the national sample, 42% had ever experienced a non-fatal drug overdose. Twenty-five percent reported having ever **overdosed** on a **stimulant** drug, and 33% had done so in the preceding 12 months.
- Ecstasy was the main drug to which participants attributed the stimulant overdose (OD). Most stimulant OD occurred in public locations such as nightclubs and music events. The most common overdose symptoms reported were vomiting and hallucinogenic effects. Most OD reported occurred on a heavy session.
- Twenty-five percent of the national sample reported having ever **overdosed** on a **depressant** drug and 23% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (75%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting and losing consciousness. Of those that sought treatment, most were attended to by friends who were monitoring them.
- Of the national sample 11% had **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (85%) were the service most accessed by this group for any reason, followed by dentists (39%) and Emergency Departments (EDs) (1%). Of those that did access GPs to discuss drug use, alcohol and crystal methamphetamine were the primary drugs of concern in most cases.
- In 2012/13, **treatment seeking** for ecstasy use (as the principal drug of concern and additional) remained low in the general population at 1.9% of closed treatment episodes.
- A substantial proportion of participants (24%) were classified as currently experiencing 'high' to 'very high' psychological distress compared to 20% of the Australian population on the **Kessler Psychological Distress Scale (K10)**.

- Almost a third (28%) of the sample reported experiencing a **mental health problem** in the preceding six months; anxiety and depression were the most commonly reported.

Risk Behaviour

- Ten percent of the national sample reported having **injected** at some time in their lives; 5% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 20 years of age. Among those who had injected in the preceding six months, the last drug injected was ice/crystal (28%) as in 2013.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (51%) with a similar proportion reporting chemists (42%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (64%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority of those had casual sex the last time under the influence of mostly alcohol, ecstasy and cannabis. Over half had used protection on this occasion.
- Eighty-two percent of the national sample obtained eight or more on the AUDIT scale; these are levels at which alcohol intake may be considered hazardous. Males had a significantly higher score than females.

Law Enforcement-Related Trends associated with ERD use

- One-third (37%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Twelve percent of the national sample had been arrested in the past year, compared with 11% in 2013. The most common charges reported were property, alcohol and driving offences.
- **Consumer and provider arrests** appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

Special Topics of Interest

- **Use of Dark Marketplaces** was a topic of interest identified previously in the EDRS. Eleven percent of the national sample had purchased a drug online in the previous 12 month period which was mostly the substance ecstasy, NBOMe and LSD. The main motivations and positives for using the online method of purchase was due to cost, drugs were believed to be cheaper online. Negatives included that packages did not arrive and that the process was slow.
- **NPS health harm modules** continued to be an area of topical interest. Factors that influenced the purchase and use of NPS are discussed as well as health effects. As a whole, the most severely endorsed health effects for the NPS group included: visual hallucinations, being restless/anxious, auditory hallucinations and having an erratic/racing heartbeat.
- **NPS health policy** module had participants asked whether they thought the most used NPS from 2013 (2C-B, 2C-I, DMT and Mephedrone) were legal or illegal. High proportions correctly reported that these NPS were illegal, however, substantial proportions reported being 'unsure'.

1 INTRODUCTION

This report provides a national summary of trends from the eleventh year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from the three data sources: interviews with current RPU; interviews with professionals who have contact with ecstasy users (key experts, or KE); and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented.

The term 'ecstasy and related drugs' or 'psychostimulants' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), EPS (e.g. 2C-B, DMT, synthetic cannabis) and GHB (gamma-hydroxybutyrate).

In 2014, the Ecstasy and Related Drugs Reporting System (EDRS) was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004).

The focus is on the capital city in each state/territory because new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the NDARC website. This report focuses on the 2014 data collection in all states/territories; reports from this and all previous years are available on the NDARC website¹. The reader should refer to the jurisdictional reports for more detailed trend information available from these years.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au

1.1 Study aims

In 2014, the specific aims of the EDRS were to:

1. describe the characteristics of a sample of current RPU interviewed in each capital city of Australia;
2. examine the patterns of ERD use of these samples;
3. document the current price, purity and availability of ERD across Australia;
4. examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. identify emerging trends in the ERD market that may require further investigation.

¹ See www.ndarc.med.unsw.edu.au for details.

2 METHOD

The EDRS used the methodology trialled in the feasibility study (Topp et al., 2004, Breen et al., 2002) 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 recruited in each capital city across Australia;
- 2 • face-to-face and telephone interviews with KE who, through the nature of their work, have regular contact with RPU; and
- 3 • indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys (NDSHS).

These data were used to provide an indication of emerging trends in ERD use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2014 can be found in the jurisdictional reports, available from the NDARC website (www.ndarc.med.unsw.edu.au).

2.1 Survey of RPU

Since 2003, the sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy was considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 2.5% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014).

Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting REU, RPU were also recruited to provide information on ERD markets. Since 2013, the RPU criteria was adopted for all states. Interestingly, there were only a limited number of participants who had not used ecstasy (n=13) or had not used ecstasy regularly in accordance with REU criteria (n=77). Numbers for EDRS recruitment across jurisdictions are as follows: National RPU n=800; NSW n=100; ACT n=100; VIC n=100; TAS n=100; SA n=100; WA n=100; NT n=100; QLD n=100.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites (including drug information sites and forums as well as social media), gay and lesbian newspapers, on radio and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996,

Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone (call or text) or email and were screened for eligibility. To meet entry criteria they had to be:

- at least 16 years of age (due to ethical constraints);
- have used ecstasy or other illicit psychoactive substances/stimulants including: MDA, methamphetamine, cocaine, ketamine, GHB, LSD, mephedrone or other NPS on at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place for the past year. As in the main IDRS, the focus was on the capital city because new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that took approximately 45-60 minutes. All respondents were volunteers who were reimbursed \$40 for time and expenses incurred. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous. Interviews took place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994; Hando and Hall, 1993, Hando et al., 1997). The interview focused primarily on the preceding six months, and assessed:

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics: the price, purity and availability of different ERDS;
- risk behaviours (such as injecting and sexual behaviour,);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- ecstasy-related problems, including relationship, legal and occupational problems;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including online purchasing patterns, NPS health effects and NPS legality perception.

2.1.4 Data analysis

The EDRS participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the Australian Crime Commission (ACC) are an objective indicator of drug purity,

and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in EDRS participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the EDRS surveys.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2 . To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 22.0 SPSS Inc, 2011). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website².

2.2 Survey of KE

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of ERD users throughout the preceding six months.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2014. KE were remunerated with a small gift (e.g. box of chocolates, coffee) for their time.

One-hundred and eighteen KE across the country participated in the 2014 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program (NSP) workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/event organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of RPU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs, human immunodeficiency virus (HIV) -positive people, and the gay and lesbian community.

KE reports are critical in providing a context within which the EDRS participant data may be understood, e.g. in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the NDARC website: www.ndarc.med.unsw.edu.au.

2.3 Other indicators

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

Data sources that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- the 2013 NDSHS (AIHW, 2014);

² See www.ndarc.med.unsw.edu.au for details (click on 'Drug Trends').

- drug purity data provided by the ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACC;
- data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- national notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

3 DEMOGRAPHICS

- EDRS participants in 2014 continue to be a group that are aged in their mid-20s (mean age of 23 years), predominantly male (66%), the majority identifying as heterosexual (89%) and being single (58%). Small proportions reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 46% had obtained post-secondary qualifications; while 14% were full-time students.
- One quarter (25%) of the national sample was currently in full-time employment. The mean weekly income was \$601. The main source of income was salary/wages (72%). Half were renting (50%) or living in the parental/family home (41%).
- In 2014, participants were recruited primarily through the internet with a significant increase in online recruitment from 2013 and overtime.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

In the 2014 EDRS, 800 participants were interviewed. Criteria were broadened to include regular psychostimulant use (i.e. six separate occasions over the last six months of any ERD). These participants were termed regular psychostimulant users (RPU). The national sample comprised 100 participants from Sydney (NSW), 100 participants from Melbourne (VIC), 100 participants from Adelaide (SA), 100 participants from Perth (WA), 100 participants in Brisbane and the Gold Coast (QLD), 100 participants Canberra (ACT), 100 participants in Hobart (TAS) and; 100 participants from Darwin (NT). The sample size was predetermined, with each state/territory aiming to interview 100 RPU. Eligibility for NT EDRS participation was based on regular psychostimulant use, that is, used on at least six occasions within Australia in the six months prior to interview. Further to this, eligible participants were required to have purchased at least one psychostimulant in the NT (that is, been able to complete a Price, Purity and Availability (PPA) section based on the Darwin market). Unlike other jurisdictions, no restrictions were placed on the length of time participants had resided in the NT due to the transient nature of Darwin residents.

3.1 Overview of the EDRS participant sample

Two-thirds (66%) of the national sample interviewed in 2014 were male. The mean age of the sample was 23 years (SD=6.03). There were no significant differences between gender and age. Most participants identified as heterosexual (89%) and nominated English as the main language spoken at home (97%). The majority of participants were also born in Australia (84%), with 5% born in the United Kingdom and 2% born in New Zealand. A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Over half reported that they lived in either their own premises (purchased or rented; 55%) or in their parents' or family's house (41%; Table 1).

The mean number of years of school education completed by the sample was 12 (SD=0.87, range=0-12), and 81% had completed high school education (year 12 or above). Almost half had completed courses after school, with 27% having completed a trade or technical qualification and 20% having completed a university degree or college course. Main source of income for this sample was wages or salary (72%) followed by government benefits (19%), parental allowance (5%), criminal activity (1%), other means (<1%) and a small percentage reported that they had no income (3%). Mean weekly income nationally was \$601 with variations across jurisdictions (Table 1).

Over half (58%) of the national sample reported that they were of single status and one-third (33%) had a regular partner. Eight percent reported being married or living in a de facto relationship, and less than 1% reported that they were separated, divorced or widowed respectively.

Two percent (n=16) of the national sample reported that they were currently in drug treatment (Table 1). Of those that were in treatment, drug counselling was reported as their main form of treatment (n=10), with small numbers (n<10) reporting other treatments including methadone and buprenorphine (Subutex or Suboxone) treatment.

Table 1: Demographic characteristics EDRS participants, 2014

	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Mean age (years)	23	23	24	22	25	24	22	21	23	25
% Male	67	66	71	69	69	63	62	69	57	67
% English speaking background	97	97	97	99	93	98	97	98	98	96
% Aboriginal and/or Torres Strait Islander	2	2	2	5	2	3	1	0	5	0
% Sexual identity										
Heterosexual	88	89	85	94	89	93	80	93	96	82
Gay male	4	3	6	3	2	1	2	1	2	3
Lesbian	2	2	2	1	0	0	9	1	0	2
Bisexual	7	6	7	2	9	5	7	3	2	11
Other	<1	<1	0	0	0	1	2	2	0	2
Mean years of school education (n)	12	12	12	11	12	12	12	12	11	12
% Tertiary qualifications	44	46	39	68	50	49	31	29	56	50
% Employed full time	26	25	21	45	17	27	15	23	32	17
% Students[#]	15	14	38	1	21	19	10	4	0	17
% Unemployed	16	15	6	9	14	13	10	16	30	21
Mean weekly income \$	(N=654) \$550	(N=764) \$601	(N=94) \$545	(N=98) \$719	(N=94) \$564	(N=98) \$570	(N=96) \$491	(N=97) \$590	(N=90) \$898	(N=97) \$452
% Accommodation										
Own house/flat	4	5	5	5	1	4	5	8	5	5
Rented house/flat	51	50	38	50	57	72	48	18	52	66
Family home	41	41	53	45	38	23	45	73	22	27
Boarding	1	3	1	0	2	1	1	0	19	1
House/hostel	1	3	1	0	2	1	1	0	19	1
Shelter /refuge	<1	0	0	0	0	0	0	0	0	0
No fixed address	2	1	1	0	2	0	1	1	1	1
Other	<1	<1	2	0	0	0	0	0	1	0
% Currently in drug treatment	3	2	3	2	1	2	1	0	1	3

Source: EDRS interviews

[#] Question wording changed in 2007 to include only full-time students

Note: Mean weekly income first included in 2009

The demographic characteristics of the EDRS participants recruited were generally consistent across jurisdictions. Table 2 presents key demographic characteristics across time. The age of EDRS participants in the national sample, has consistently been on average in their mid-20s. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that RPU are a group with little contact with law enforcement and drug treatment services.

Table 2: Demographic characteristics of REU/RPU, 2003-2014

%	2003 N=809	2004 N=852	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=607	2013 N=686	2014 N=800
Mean age (n; range)	25 15-59	24 16-61	24 (16-61)	25 16-71	25 16-54	25 17-59	24 16-54	24 (16-59)	24 (16-57)	25 17-57	23 16-53	23 16-64
% Male	60	62	59	63	58	57	64	58	69	65	67	66
% English speaking background	98	98	98	98	98	98	98	98	98	98	97	97
% Heterosexual	82	83	84	84	81	81	86	86	88	87	88	89
% Tertiary qualifications	46	50	50	45	56	53	43	47	46	50	44	46
% Employed full time	30	37	35	37	33	41	29	29	25	27	26	25
% Unemployed	25	16	14	16	16	11	18	14	22	16	16	15
% Prison history	8	7	8	7	6	4	6	4	n.a.	5	3	4
% Currently in drug treatment	6	3	3	4	4	3	3	4	5	5	3	2

Source: EDRS interviews

3.1.1 Recruitment of the participant sample, 2014

Participation in the EDRS and/or IDRS study in previous years has continued to be reported by a minimal number of participants. Participants that meet criteria for the IDRS, that is regular injectors of illicit drugs, are purposefully screened out of the EDRS as they become a sentinel group able to provide information of a different nature for the IDRS study. This year, the internet was the medium by which most participants were recruited followed closely by word-of-mouth (Table 3). Overtime as we have seen the changes in drug use preference in this group, we have also seen a change in recruitment methods with a significant increase in the internet (2012: 16% versus 2014: 30%, $p<0.05$) as a recruitment method. For further explanation on jurisdictional differences please consult the relevant 2014 jurisdictional report.

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=682)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Previously participated in EDRS	10	10	7	5	12	28	10	9	2	8
% EDRS survey recruitment										
Internet	16	30 ↑	31	29	24	0	17	69	48	20
Word of mouth	36	27	41	34	27	3	41	23	15	29
Advert in street press	27	22	10	3	43	76	17	6	6	14
Fliers	18	10	1	2	0	21	11	1	15	29
Other	4	12	17	32	6	0	14	1	16	8
% Previously participated in IDRS	<1	<1	1	0	0	1	0	0	1	1

Source: EDRS interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

- Ecstasy remained the drug of choice (36% in 2014). Alcohol experienced a significant decrease in relation to drug of choice, however, it is still in 3rd preference behind cannabis.
- The drugs most likely to have ever been used, and to have been used, in the preceding six months were alcohol, followed by cannabis and ecstasy. Alcohol also saw a significant decrease from 2013 in terms of drug used most often in the last month prior to interview.
- Polydrug use was reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: new drugs on the market such as Caps, MDMA crystal/rock and DMT and an increase in prevalence of traditional stimulant drugs such as ecstasy, LSD and ketamine.

In 2014, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB and LSD.

Participants reported the use of a wide range of other drugs in their lifetime (Table 4). A small proportion of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'new psychoactive substances' including DMT, NBOMe (a powerful hallucinogen); synthetic drugs such as 2C-I, 2C-B and benzyloperazines (BZP), and naturally occurring drugs, such as kava (data not shown). First included in 2010 and continued in 2014, the EDRS included a section investigating the prevalence of use of these substances in this sample. Results can be found in the section *4.10: New psychoactive substance use*. Jurisdictional reports may also provide a more detailed overview of the use of these drugs in those areas.

The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco (Table 4). Ten percent of the national sample reported having ever injected a drug in 2014 which was a significant decrease from 13% in 2013 ($p=0.04$). Five percent of the sample had injected a drug in the six months preceding interview.

Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2014

	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=76)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever injected a drug	13	10 ↓	11	4	10	15	5	2	4	25
% Injected drug recently	7	5	5	0	4	8	4	1	2	19
Alcohol										
% ever used	99.9	99	100	97	100	100	100	100	99	98
% recent use	97	98	100	95	99	98	100	98	96	97
median days	48	48	48	30	48	72	48	24	55	48
recent use (n; range)	(1-180)	(1-180)	(1-174)	(6-180)	(2-180)	(4-180)	(1-180)	(1-180)	(2-180)	(1-180)
Cannabis										
% ever used	97	97	98	86	100	97	98	98	97	98
% recent use	85	83	85	74	81	76	87	86	84	87
median days	48	32	30	60	24	50	48	27.5	30	48
recent use (n; range)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)
Tobacco										
% ever used	88	91	93	89	98	97	93	92	75	89
% recent use	77	77	80	76	83	83	82	77	68	71
median days	180	170	78	160	180	180	150	72	180	180
recent use (n; range)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)
E-cigarettes										
% ever used	n.a.	51	48	41	61	46	64	48	47	54
% recent use	n.a.	34	34	23	38	32	54	33	27	34
Median days	n.a.	3	3	3	2	3	4	3	3	2
recent use (n; range)		(1-180)	(1-180)	(1-90)	(1-90)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)
Meth. powder (speed)										
% ever used	63	62	48	70	89	87	40	36	58	65
% recent use	37	36	21	48	56	58	13	19	39	34
median days	3	3	2	4.5	4	3	3	1	3	5
recent use (n; range)	(1-180)	(1-180)	(1-15)	(1-60)	(1-180)	(1-180)	(1-72)	(1-180)	(1-48)	(1-120)
Meth. base										
% ever used	20	19	25	9	31	33	18	3	11	24
% recent use	6	8	6	5	10	17	10	0	5	8
median days	2	5	4.5^	1^	2	8	5^	-	3^	8^
recent use (n; range)	(1-48)	(1-100)	(1-10)	(1-12)	(1-48)	(1-100)	(2-18)	(-)	(1-20)	(1-30)
Crystal meth. (ice/crystal)										
% ever used	35	32	23	16	42	34	35	24	39	42
% recent use	24	20	13	8	34	14	20	17	27	26
median days	4	6	10	8^	8	3.5	5.5	3	5	12
recent use (n; range)	(1-180)	(1-180)	(1-150)	(1-72)	(1-120)	(1-150)	(1-72)	(1-180)	(1-150)	(1-180)
Meth. (any form)										
% ever used	70	68	52	73	91	92	55	43	68	72
% recent use	49	47	32	51	68	64	32	31	47	47
median days	4	4	4	6	6	3	3	2	4	6
recent use (n; range)	(1-180)	(1-180)	(1-150)	(1-96)	(1-180)	(1-180)	(1-77)	(1-180)	(1-150)	(1-180)
Cocaine										
% ever used	62	72	89	80	84	60	68	56	64	77
% recent use	36	44	67	51	58	22	45	30	39	42
median days	2	2	3	6	3	2	2	1	2	2
recent use (n; range)	(1-100)	(1-170)	(1-160)	(1-170)	(1-36)	(1-13)	(1-48)	(1-72)	(1-24)	(1-90)
LSD										
% ever used	70	66	67	38	77	71	63	67	63	83
% recent use	43	41	43	19	49	35	35	45	43	57
median days	3	2	2	4	3	2	2	2	3	2
recent use (n; range)	(1-72)	(1-60)	(1-50)	(1-20)	(1-25)	(1-48)	(1-60)	(1-24)	(1-24)	(1-20)

Source: EDRS interviews

^ Small numbers interpret with caution

Note: Median days have been rounded to whole numbers

Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2014 (continued)

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
MDA										
% ever used	20	22	21	22	33	21	10	19	20	31
% recent use	12	12	12	10	21	6	3	13	13	17
median days recent use (n; range)	2 (1-48)	2 (1-72)	3 (1-30)	6 (1-10)	2 (1-6)	4^ (1-10)	1^ (-)	1 (1-6)	5 (1-72)	2 (1-24)
Ketamine										
% ever used	36	36	43	18	82	30	27	25	37	29
% recent use	19	18	23	6	63	14	4	11	15	5
median days recent use (n; range)	2 (1-48)	2 (1-70)	2 (1-32)	2^ (1-10)	3 (1-70)	2^ (1-13)	1^ (1-6)	1 (1-6)	3 (1-10)	2^ (1-4)
GHB/1,4B/GBL										
% ever used	14	14	23	10	34	5	11	4	10	16
% recent use	6	5	12	3	13	0	3	3	2	3
median days recent use (n; range)	2 (1-180)	2 (1-40)	2 (1-10)	1^ (1-6)	10 (1-40)	- (-)	12^ (3-24)	2^ (1-3)	11^ (2-20)	1^ (1-2)
Amyl nitrite										
% ever used	40	36	65	24	71	39	25	11	21	35
% recent use	17	17	46	17	34	12	7	4	6	6
median days recent use (n; range)	3 (1-160)	3 (1-100)	3 (1-30)	6 (1-30)	2 (1-30)	3 (1-40)	4^ (1-24)	1^ (1-6)	9^ (1-100)	2^ (1-6)
Nitrous oxide										
% ever used	49	45	43	32	70	61	33	43	23	54
% recent use	25	23	26	15	53	17	8	32	10	26
median days recent use (n; range)	3 (1-130)	3 (1-100)	3 (1-30)	3 (1-24)	6 (1-100)	3 (1-15)	4^ (2-9)	4 (1-100)	4 (1-20)	5 (1-20)
Licit benzodiazepines										
% ever used	16	15	14	7	23	23	6	9	12	29
% recent use	8	9	7	4	12	13	4	6	4	21
median days recent use (n; range)	20 (1-180)	24 (1-180)	6^ (2-49)	6^ (1-24)	24 (4-180)	28 (2-180)	31^ (10-180)	8^ (5-30)	18^ (1-30)	44 (1-180)
Illicit benzodiazepines										
% ever used	46	45	45	21	68	44	37	47	33	62
% recent use	27	29	29	9	57	31	20	31	15	37
median days recent use (n; range)	3.5 (1-72)	4 (1-180)	2 (1-48)	3^ (1-10)	5 (1-180)	3 (1-50)	5 (1-25)	5 (1-30)	2 (1-10)	5 (1-50)
Any benzodiazepines (licit/illicit)										
% ever used	54	50	50	26	72	55	40	52	40	68
% recent use	32	34	35	13	59	40	22	35	17	49
median days recent use (n; range)	5 (1-180)	5 (1-180)	3 (1-49)	3 (1-24)	5 (1-180)	5 (1-180)	7 (1-180)	6 (1-31)	2 (1-35)	8 (1-180)

Source: EDRS interviews

^ Small numbers interpret with caution

Note: Median days have been rounded to whole numbers

Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2014 continued

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Licit pharm. stimulants										
% ever used	6	7	9	6	7	6	4	9	6	12
% recent use	3	3	2	6	2	2	2	6	3	3
median days recent use (n; range)	90 (2-180)	26 (1-180)	94^ (7-180)	60^ (2-180)	15^ (2-28)	23^ (15-30)	3^ (2-3)	180^ (1-180)	30^ (1-30)	8^ (1-120)
Illicit pharm. stimulants										
% ever used	50	49	51	15	64	53	36	88	30	57
% recent use	30	26	23	6	30	18	21	77	13	22
median days recent use (n; range)	4 (1-180)	4 (1-180)	2 (1-10)	16^ (1-180)	5 (1-72)	3 (1-48)	2 (1-48)	6 (1-97)	1 (1-10)	3 (1-96)
Any pharm. stimulants (licit/illicit)										
% ever used	54	52	54	18	65	54	38	91	33	61
% recent use	33	28	24	11	32	18	22	81	13	22
median days recent use (n; range)	4 (1-180)	4 (1-180)	3 (1-180)	24 (1-180)	5 (1-72)	3 (1-48)	3 (1-48)	6 (1-180)	2 (1-40)	3 (1-122)
Licit antidepressants										
% ever used	19	18	16	11	21	23	17	12	16	29
% recent use	9	6	5	8	6	5	4	5	6	12
median days recent use (n; range)	180 (1-180)	180 (1-180)	180^ (90-180)	105^ (1-180)	180^ (7-180)	97^ (7-180)	180^ (1-180)	90 (12-180)	180 (20-180)	180^ (5-180)
Illicit antidepressants										
% ever used	7	6	7	5	7	5	5	3	5	14
% recent use	2	2	3	1	1	0	2	1	1	4
median days recent use (n; range)	1 (1-48)	6 (1-180)	20^ (1-180)	6^ (-)	1^ (-)	- (-)	9^ (2-15)	6^ (-)	1^ (-)	27^ (1-48)
Any antidepressants (licit/illicit)										
% ever used	24	23	20	16	26	24	22	14	20	38
% recent use	11	8	8	9	7	5	6	6	7	16
median days recent use (n; range)	150 (1-180)	179 (1-180)	180^ (1-180)	30^ (1-180)	180^ (1-180)	97^ (7-180)	98^ (1-180)	60^ (6-180)	180^ (1-180)	180 (1-180)
Magic mushrooms										
% ever used	60	59	48	55	78	63	57	57	45	68
% recent use	27	21	21	17	25	21	22	25	11	25
median days recent use (n; range)	2 (1-32)	2 (1-20)	2 (1-20)	4 (1-10)	1 (1-6)	3 (1-15)	2 (1-7)	1 (1-6)	2 (1-6)	1 (1-5)

Source: EDRS interviews

^ Small numbers interpret with caution

Note: Median days have been rounded to whole numbers.

Table 4: Lifetime and recent (last six months) polydrug use of RPU, 2014 continued

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Heroin										
% ever used	11	9	8	9	15	12	5	4	4	17
% recent use	4	2	2	3	6	2	2	0	1	3
median days recent use (n; range)	5.5 (1-140)	2 (1-30)	5 [^] (2-8)	4 [^] (1-6)	2 [^] (2-24)	3 [^] (1-4)	1 [^] (-)	- (-)	1 (-)	4 [^] (3-30)
Methadone										
% ever used	5	5	2	0	7	13	3	2	1	10
% recent use	2	1	0	0	1	3	1	2	0	2
median days recent use (n; range)	7 (1-180)	2[^] (1-30)	- (-)	- (-)	12 [^] (-)	16 [^] (1-30)	2 [^] (-)	2 [^] (1-2)	- (-)	7 [^] (1-12)
Buprenorphine										
% ever used	3	4	2	0	4	6	5	2	2	8
% recent use	1	1	1	0	1	2	3	0	0	2
median days recent use (n; range)	2 [^] (1-180)	3[^] (1-80)	80 [^] (-)	2 [^] (-)	- (-)	2 [^] (1-3)	3 (1-3)	- (-)	- (-)	26 [^] (4-48)
Other opiates licit										
% ever used	12	13	13	9	28	13	12	5	10	15
% recent use	5	5	4	4	12	5	3	3	2	10
median days recent use (n; range)	10 (1-180)	7 (1-180)	4 [^] (1-7)	14 [^] (1-180)	8 (1-30)	3 [^] (1-21)	10 [^] (10-28)	6 [^] (3-12)	5 [^] (3-7)	12 (1-170)
Other opiates illicit										
% ever used	22	22	17	12	45	22	21	15	5	42
% recent use	10	10	9	5	17	11	9	6	1	18
median days recent use (n; range)	3 (1-160)	3 (1-90)	1 [^] (1-7)	4 [^] (1-90)	2 (1-24)	7 (1-45)	3 [^] (1-10)	2 [^] (1-4)	1 [^] (-)	6 (1-90)
Any other opiates										
% ever used	30	31	25	19	60	30	31	18	14	46
% recent use	14	14	12	9	27	15	11	8	3	25
median days recent use (n; range)	4 (1-180)	3 (1-180)	2 (1-8)	6 [^] (1-180)	3 (1-40)	4 (1-41)	3 (1-28)	3 [^] (1-12)	3 [^] (1-7)	6 (1-180)
OTC codeine (for non-pain use)										
% ever used	25	21	19	18	12	22	28	26	13	31
% recent use	13	11	11	8	7	12	14	17	5	13
median days recent use (n; range)	3 (1-120)	2 (1-180)	1 (1-20)	3 [^] (1-170)	2 [^] (1-6)	2 (1-50)	3 (1-180)	6 (1-48)	2 [^] (1-2)	6 (1-120)
OTC stimulants										
% ever used	10	10	6	5	10	8	11	10	11	17
% recent use	4	3	2	2	3	2	3	5	5	1
median days recent use (n; range)	2.5 (1-120)	2 (1-10)	3 [^] (2-3)	1 [^] (-)	2 [^] (2-5)	6 [^] (4-7)	1 [^] (1-4)	1 [^] (1-6)	2 [^] (1-4)	10 [^] (-)
Steroids										
% ever used	2	4	6	1	6	3	6	1	4	7
% recent use	<1	2	2	0	2	0	3	1	4	3
median days recent use (n; range)	40 [^] (20-48)	21 (1-180)	102 [^] (24-180)	- (-)	8 [^] (1-14)	- (-)	45 [^] (24-180)	12 [^] (-)	16 [^] (4-28)	8 [^] (7-90)

Source: EDRS interviews

[^] Small numbers interpret with caution

Note: Median days have been rounded to whole numbers

Increasing and decreasing trends are evident across time in relation to lifetime and recent use of ecstasy and related substances (Table 5). In 2014, of interest is the decreasing trend of lifetime and stabilisation of recent use of any form methamphetamine.

Table 5: Lifetime and recent (last six months) polydrug use of RPU, 2003-2014

%	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Alcohol												
% ever used	98	99	99	99	100	99	99	99	100	99	99.9	99
% used last six months	93	95	97	96	98	97	97	97	98	96	97	98
Cannabis												
% ever used	96	96	97	98	100	97	98	99	98	98	97	99
% used last six months	85	81	84	83	87	76	82	80	85	82	85	98
Meth. powder (speed)												
% ever used	87	85	89	86	82	77	74	76	77	76	63	62
% used last six months	73	68	74	64	57	46	45	47	49	48	37	36
Meth. base												
% ever used	51	53	52	52	45	39	33	30	36	32	20	19
% used last six months	36	39	38	34	26	18	15	13	16	15	6	8
Crystal meth. (ice/crystal)												
% ever used	63	63	60	65	54	47	36	38	43	48	35	32
% used last six months	52	45	38	49	33	24	15	17	26	29	24	20
Meth. (any form)^												
% ever used	92	91	94	93	89	83	79	81	83	84	70	68
% used last six months	84	83	84	82	71	59	54	56	60	61	49	47
Cocaine												
% ever used	54	54	61	63	66	68	63	73	79	73	62	72
% used last six months	24	27	41	37	40	36	39	48	46	40	36	44
LSD												
% ever used	65	60	64	61	61	58	61	63	73	68	70	66
% used last six months	29	26	32	29	28	30	34	38	46	34	43	41
MDA												
% Ever used	33	32	20	23	24	21	14	17	25	25	20	22
% Used last six months	19	15	9	7	6	4	5	7	12	10	12	12
Ketamine												
% Ever used	40	40	38	35	39	35	29	36	42	39	36	36
% Used last six months	26	23	21	14	16	12	10	12	16	14	19	18
GHB+												
% Ever used	22	23	21	20	20	17	14	18	22	21	14	14
% Used last six months	12	11	10	9	7	7	4	6	7	7	6	5

Source: EDRS interviews

* GHB category also includes 1,4 butanediol (1,4B) and GBL

^ Refers to participants who nominated one or more of the following drugs: speed, base and/or ice/crystal

4.1.1 Injecting drug use

Ten percent of the national sample reported that they had injected a drug in their lifetime, a significant decrease in reported use from 2013 (13% to 10%, $p<0.05$). Five percent of the sample had injected in the preceding six months. Among those who had recently injected: methamphetamine ((ice/crystal and speed) were the most commonly last injected drug in the preceding six months), followed by steroids. For further details, please refer to section 7.1: *Injecting Risk Behaviour*.

4.1.2 Drug of choice and binge drug use

Ecstasy was the drug of choice for one-third (36%) of respondents in 2014. The next most commonly preferred drug was cannabis, followed by alcohol and cocaine (Table 6). In 2014 alcohol significantly decreased in preference from 18% in 2013 to 12% in 2014 ($p<0.05$). Trend data would indicate that ecstasy steadily remains the drug of choice for the EDRS sample (Figure 1).

Table 6: Drug of choice among RPU, 2014

%	National (N=686)	National (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Drug of choice	2013	2014								
Ecstasy	33	36	39	50	44	22	29	40	33	29
Cannabis	23	25	31	27	13	20	33	22	30	20
Alcohol	18	12 ↓	15	5	4	16	18	20	16	3
Cocaine	6	8	4	9	9	10	9	4	5	16
LSD	7	6	4	4	5	8	4	2	4	16
Ice/crystal	3	3	2	1	9	0	2	2	7	3
Speed	4	3	1	3	3	16	0	0	0	2
Heroin	1	1	1	0	1	1	0	0	0	4
Base	<1	<1	1	0	0	0	0	0	0	1
Mushrooms	1	1	1	0	2	1	2	1	1	0
Ketamine	1	1	0	0	5	0	0	1	1	1
GHB	<1	<1	1	1	2	0	0	0	1	0
Pharm. Stimulant [#]	<1	<1	0	0	1	0	0	2	0	1
Pharm. Opioids [#]	<1	<1	0	0	0	1	0	0	0	0
Amyl nitrite	0	<1	0	0	0	0	0	2	0	0
Nitrous Oxide	<1	<1	0	0	0	2	0	1	1	0
MDA	<1	<1	0	0	0	0	1	0	0	0
Benzodiazepines [#]	<1	<1	0	0	0	1	1	0	0	2
Other drugs	2	<1	0	0	0	1	1	1	0	1

Source: EDRS interviews

[#] includes licit and illicit forms

Participants were asked whether they had binged on ERD in the six months preceding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). A third (36%) of the national sample had binged on one or more drugs in the preceding six months on a median of three occasions (range 1-75). The median number of hours was 60 hours (approximately 2.5 days) with the range between 48-960 hours.

Amongst those who had binged for over 48 hours, ecstasy (67%) was the drug most commonly reported being used in a binge session. Alcohol more than five standard drinks (63%), tobacco (56%), cannabis (43%), ice/crystal methamphetamine (30%), speed (25%) and energy drinks (19%) were also frequently reported as being used in a binge session.

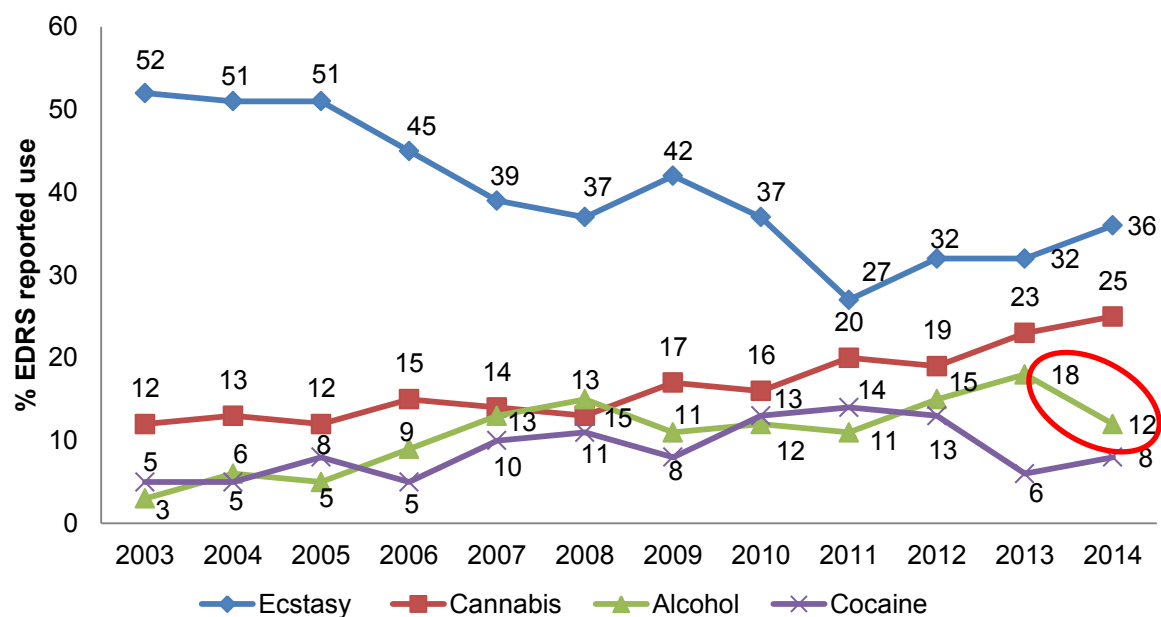
Table 7: Bingeing behaviour among RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=685)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Binged on any stimulant	39 (N=270)	36 (N=287)	19 (n=19)	48 (n=48)	44 (n=44)	24 (n=24)	26 (n=26)	37 (n=37)	50 (n=50)	39 (n=39)
% Ecstasy	79	67	74	81	73	54	73	73	56	56
% Alcohol >5 drinks	69	63	74	54	66	83	58	73	52	62
% Tobacco	62	56	63	50	75	63	58	62	38	54
% Cannabis	55	43	79	38	43	58	46	35	28	49
% Ice/crystal	32	30	21	8	39	33	31	27	38	44
% Speed	29	25	16	29	46	46	12	16	14	18
% Energy drinks	27	19	26	27	25	17	15	22	10	10
% LSD	17	20	26	6	34	29	19	14	22	18
% Cocaine	16	18	26	19	21	17	12	8	24	15
% Pharmaceutical stimulants	12	8	11	0	11	8	4	35	0	3%
% Benzodiazepines	11	8	16	0	18	25	4	5	0	8
% Alcohol <5 drinks	8	8	5	6	14	4	19	5	4	5
% Nitrous oxide	7	7	0	2	14	13	8	14	2	3
% Ketamine	6	9	5	0	32	13	0	3	14	0
% Amyl nitrite	5	2	11	2	5	0	0	0	2	0
% MDA	3	4	0	4	2	0	4	0	10	8
% GHB	3	2	0	4	7	0	4	0	0	0
% OTC codeine	3	<1	0	0	0	0	0	0	0	3
% Base	2	5	5	0	2	13	15	3	2	8
% Other	13	12	0	2	7	29	8	3	12	26

Source: EDRS interviews

Note: 'Binged' was defined as the use of any stimulant for more than 48 hours continuously without sleep

Figure 1: Drug of choice for EDRS participants, 2003-2014



Source: EDRS interviews

In 2014, participants were asked which drug they had used most often in the month prior to interview (see Table 12). Most interesting is the significant decrease in alcohol from 39% in 2013 to 30% in 2014 ($p=0.000$) which is in-line with the decrease in preference for alcohol in terms of drug of choice. Similar to recent use patterns reported by participants (Table 4), alcohol (30%) followed by cannabis (32%) and ecstasy (25%) were the drugs most often reportedly used. There was a significant decrease in those reporting alcohol as the drug they used most often (39% vs. 30%; $p<0.05$). Where there was a discrepancy between nominated drug of choice and drug most often used, participants were asked the reason for this and the most common responses given for this were availability of the drug of choice (28%), use in social situations (27%), price of the favourite drug (16%), impact on daily functioning of the drug of choice (10%), health effects (6%), peer influence (3%) and low purity of the favourite drug (2%), high purity of drug most used (0.6%), and law enforcement activity (0.3%).

Table 8: Drug used most often in the last month among RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Alcohol	39	30 ↓	32	10	37	51	42	42	17	9
% Cannabis	33	32	36	37	20	32	35	31	29	34
% Ecstasy	15	25	23	39	25	8	15	16	38	32
% Speed	3	2	1	2	2	4	0	1	3	4
% Ice/crystal	3	5	3	0	11	3	2	3	9	6
% LSD	<1	1	1	0	2	0	1	2	1	3
% Cocaine	1	3	1	9	1	0	2	2	1	4
% Mushrooms	<1	<1	0	1	0	1	0	0	1	0

Source: EDRS interviews

Note: Methadone, heroin, pharmaceutical opioids, pharmstimulants, benzodiazepines, base, MDA, ketamine, GHB, nitrous oxide and amyl nitrite were all mentioned by n<5 participants each.

4.1.3 Polydrug use in RPU, 2014

In 2014, participants were asked how often they used ERDs. The majority of respondents reported between monthly and weekly use which is supportive of the literature which indicates that this sample of regular ecstasy/psychostimulant users is a polydrug using group (see Table 9).

Table 9: Frequency of polydrug use in the RPU sample, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=685)	2014 (N=685)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Not in the last month	5	5	3	4	4	7	7	1	6	8
% Monthly	22	22	18	26	9	31	26	22	26	21
% Fortnightly	36	38	42	39	39	37	39	40	27	37
% Weekly	27	25	32	25	30	14	25	25	29	20
% More than once a week	10	9	5	5	15	10	3	10	11	11
% Once a day	1	1	0	1	3	1	0	1	1	1
% More than once a day	<1	<1	0	0	0	0	0	0	0	2

Source: EDRS interviews

4.1.4 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, routes of administration, types of people using) in the last six months. Proportions (48%) that reported that there were changes are shown below in Table 10. Specific themes of change were endorsed with 35% reporting they had noticed an increase

in drug use by particular groups, 27% reported they had noticed new drug types, and 10% reported that they had noticed different types of users. One-third (36%) of those that had noticed a changed reported that it was another issue to the above mentioned.

Nationally, the common themes reported were:

- increase in drug use presence of many ERD including ecstasy, LSD and ketamine. Also noted was a reported increase in differing routes of administration i.e. smoking and injecting; and
- new drugs on the market and friends or participants seeing and using more of these drugs such as Caps, MDMA crystal/rock and DMT were specifically mentioned;

Readers are directed to jurisdictional reports for further in depth analysis of these trends.

Table 10: Proportion that reported recent changes in social drug use patterns, 2014

	National 2013 (N=682)	National 2014 (N=798)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=98)
% Changes in drug use	49	48	58	27	62	49	54	55	30	52

Source: EDRS interviews

4.2 Ecstasy use

- Ecstasy in some form was used by 98% of participants.
- Ecstasy tablets were used on a median of 10 days in the six months prior to interview, i.e. approximately fortnightly. Nine percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms, this was the second year ecstasy in the form of MDMA crystal/rock was investigated. Use of this form significantly increased from 2013 (39%) to 2014 (49%).
- Participants reported using a median of 2 tablets in a typical session of use, a median of three lines, and two capsules in average sessions of use.
- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Swallowing remains the main route of administration for ecstasy generally.
- Ecstasy was seen to remain a 'social' drug with participants reporting 'most' (41%) of their friends have consumed it.
- General Australian population use of ecstasy has declined again in 2013 from 3% to 2.5% for past year use.
- Current domestic and EDRS market indicators would suggest that ecstasy consumption has returned to previous levels seen in recent years. See section 5.1 *Ecstasy* for more information.

4.2.1 Ecstasy use among RPU participants

The median age at which participants in the 2014 national sample first used ecstasy was 18 years (range 13-59 years) (Table 11). Participants reported that regular (at least monthly) ecstasy use occurred at a median of 18 years (range 13-60 years). The median length of time since participants reported first using regularly was two years (range 0-26 years).

Participants in the national sample had used some form of ecstasy on a median of 13 days in the preceding six months (range 1-180 days). There was no significant difference reported in median days use in 2014 compared with 2013, $p>0.05$. Two-fifths (41%) of participants had used between monthly and fortnightly (inclusive), 20% had used between more than fortnightly and weekly and 9% had used ecstasy more than once per week³.

The median number of ecstasy tablets taken in a typical or average use episode in the preceding six months was two tablets (range 0.5-13 tablets), over a quarter (28%) reported using over two tablets per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of five tablets (range 1-26 tablets); (see Table 12).

The majority of participants (92%) continued to report using pills recently, while other forms of capsules (53%) and MDMA crystal/rock (49%) and ecstasy powder (24%) continued to gain in popularity in use. Particularly, MDMA crystal/rock increased in relation to the form used from 2013 (39%) to 2014 (49%; $p<0.05$). Users reported having received the MDMA crystal/rock in two forms as crystals (crystalline form) or in capsules.

A significantly lower proportion in 2014 compared to 2013 reported having binged on ecstasy in the preceding six months; the longest binge session reported was a median of 60 hours (range 48-408 hours). TAS and the NT reported the longest binge sessions of a median of 72 hours (three days).

³ Considering ecstasy pills, powder, capsules and crystals together, results were: 52% had used between monthly and fortnightly (inclusive); 32% had used between fortnightly and weekly; and 17% had used more than once per week.

Table 11: Patterns of ecstasy use, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=683)	(N=800)								
Median age first used ecstasy (years, range)	18	18 (13-59)	18 (13-59)	18 (13-25)	18 (14-32)	18 (13-21)	17 (13-31)	17 (14-23)	17 (13-29)	18 (13-44)
Median age first used ecstasy regularly (years; range)	18	19 (13-60)	19 (15-60)	19 (15-25)	19 (15-32)	19 (14-34)	18 (13-32)	18 (16-25)	18 (14-29)	19 (15-45)
Median days used any form ecstasy in the last six months	12	13	16	14	17	11	12	14	12	10
Median days used ecstasy pills in the last six months [#]	11	10	9	12	12	8	12	12	8	6
% Used ecstasy pills weekly or more [#]	26	20	16	21	21	10	25	18	24	22
Median tablets in typical session [#]	2	2	2	2	2	2	2	2	2	2
% Typically use > 2 tablets [#]	29	28	38	24	27	7	47	36	22	22
% Forms used										
Pills	96	92	89	91	90	92	96	98	99	81
Capsules	50	53	76	56	66	49	37	51	32	53
Crystals/Rock	39	49	61	54	64	29	36	58	43	45
Powder	27	24	15	13	43	20	18	20	26	36
% Recently binged* on ecstasy	31	24 ↓	14	39	32	10	19	27	28	22
% Ever injected [#] ecstasy	4	2	2	1	2	3	1	1	0	9
% Use other drugs with ecstasy	92	84 ↓	92	70	90	92	94	89	71	75
% Use other drugs to come down from ecstasy	57	54	62	43	50	67	55	55	40	59

Source: EDRS interviews

* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep

[#] Refers to ecstasy 'pills' only; excludes MDMA crystal/rock, powder and capsules

If participants answered positively to taking a form of MDMA/ecstasy recently, they were then asked how much of that form (quantity) they had taken on average in a session and the largest (most) amount they had taken of that form in a session.

Table 12: Median quantity of average and heavy session use of ecstasy pills, crystal/rock, powder and capsules, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median (range)	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
Median pills used in a heavy session	4 (0.5-50)	3 (0.5-19)	4	3	4	2	5	4	3	3
Median crystal/rock used in an average session (grams)	0.5 (0.05-2)	0.45 (0.1-5)	0.35	0.3 [^]	0.3	0.25	0.5 [^]	1 [^]	0.5	0.5 [^]
Median crystal/rock used in a heavy session (grams)	1 (0.1-5)	0.8 (0.1-40)	0.7	1	0.7	0.6	0.5 [^]	1 [^]	1	0.5 [^]
Median powder used in an average session (grams)	0.5 (0.05 -3)	0.5 (0.1-2)	0.7 [^]	0.4 [^]	0.5	1 [^]	1 [^]	0.5	1	0.5 [^]
Median powder used in heavy session (grams)	0.8 (0.05-19)	1 (0.1-10)	1 [^]	0.45 [^]	0.85	0.25 [^]	2 [^]	1	1	0.75 [^]
Median powder used in an average session (lines)	2 (1-5)	3 (1-8)	3 [^]	2.5 [^]	2 [^]	-	6 [^]	3 [^]	1 [^]	6 [^]
Median powder used in heavy session (lines)	3 (1-20)	4 (2-12)	3 [^]	3 [^]	2 [^]	-	10 [^]	2 [^]	4 [^]	5.5 [^]
Median capsules used in an average session	1 (0.25-10)	2 (0.15-10)	2	2	1.25	1	1.5	2	1.5	2
Median capsules used in a heavy session	2 (0.25-23)	2 (0.5-15)	2	3	2	2	2	2	2	2

Source: EDRS interviews

[^] Small numbers so please interpret with caution

Participants were also asked what proportion of their friends used ecstasy (see Table 13). As ecstasy is considered to be a drug that is used whilst in the company of others, usually at a public location where there is music, participants were asked what proportion of their friends also used ecstasy, to which the majority (72%) reported that most (to about half) of their friends used ecstasy. Smaller proportions reported that all (9%) or a few (19%) of their friends used ecstasy. There was little to no variation in reports of proportions of friends that use ecstasy from 2013 to 2014.

Table 13: Proportions of friends that use ecstasy, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
%	2013 (N=681)	2014 (N=800)	(n=100)	(n=100)	(n=99)	(n=100)	(n=100)	(n=100)	(n=99)	(n=99)
% All friends	8	9	5	8	12	2	8	12	10	12
% Most friends	44	41	56	43	44	33	29	50	38	36
% About half	30	31	23	31	24	39	41	31	33	26
% A few	18	19	16	18	19	26	22	7	18	24
% None	<1	<1	0	0	2	0	0	0	0	1

Source: EDRS interviews

4.2.2 Other drug use with ecstasy and when coming down from ecstasy

The majority, 84% of RPU interviewed, reported that on the last occasion they used other drugs with ecstasy there was a significant decrease from 91% in 2013 ($p=0.000$).

As in previous years, alcohol, tobacco and cannabis were the most commonly reported drugs typically used with ecstasy (see Table 14).

Table 14: Drugs last used in combination with ecstasy among those who used other drugs with ecstasy, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=603)	2014 (N=673)	(n=92)	(n=70)	(n=90)	(n=92)	(n=94)	(n=89)	(n=71)	(n=75)
% Alcohol										
>5 standard drinks	68	68	52	56	76	87	79	65	56	68
% Tobacco	53	55	63	49	71	67	53	52	21	55
% Cannabis	43	44	55	41	39	36	49	47	37	47
% Alcohol < 5 standard drinks		13	32	16	11	4	9	20	3	9
% Energy drinks	14	11	21	14	7	17	9	11	1	5
% Speed	7	7	2	19	14	10	1	3	7	3
% Cocaine	7	8	13	16	8	1	5	1	10	12
% LSD	5	6	5	1	11	3	1	7	9	11
% Pharmaceutical Stimulants	5	4	1	1	4	2	2	18	1	1
% Ice/crystal	6	7	4	9	12	2	5	8	10	9
% Amyl nitrite	3	1	5	1	0	2	1	0	0	0
% Base	<1	1	1	1	2	0	0	1	1	3
% Benzodiazepines	4	3	2	4	4	3	2	6	3	1
% Ketamine	4	4	5	0	14	1	1	0	7	0
% Mushrooms		2	3	4	3	3	0	1	0	0
% Nitrous oxide	2	2	1	1	4	1	0	2	1	7
% GHB	<1	1	1	1	3	0	2	0	0	0
% MDA	1	1	2	0	0	0	0	0	7	1
% 2C-B	n.a.	1	1	3	0	0	0	1	0	3
% DMT	n.a.	1	0	3	1	0	0	3	0	1
% OTC Codeine	<1	<1	0	3	0	0	0	1	0	0
% Other	6	3	3	1	1	3	4	2	1	3

Source: EDRS interviews

n.a. Data not available for that year

Over half (54%) of the sample also used other drugs to come down from ecstasy (see Table 15). Similarities in drug types used are reported across 2013-2014.

Table 15: Drugs used to come down from ecstasy last time used, 2014

%	National 2013 (N=683)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Used drugs to come down from ecstasy	57	54	62	43	51	67	55	55	40	57
Drugs used to come down:	(N=389)	(N=426)								
% Cannabis	74	77	87	91	54	67	82	78	85	79
% Alcohol >5 standard drinks	15	7	7	2	6	24	0	4	8	2
% Alcohol <5 standard drinks	4	6	7	2	2	14	7	4	3	4
% Tobacco	19	14	7	7	10	42	16	6	3	9
% Benzo-diazepines	15	12	13	0	26	9	11	7	8	19
% OTC Codeine	2	<1	0	0	0	0	0	2	0	2
% Speed	<1	0	0	0	0	0	0	0	6	0
% Ice/crystal	<1	<1	0	0	0	0	0	0	3	0
% Nitrous oxide	<1	<1	2	0	0	0	0	0	0	0
% Amyl nitrite	<1	0	0	0	0	0	0	0	0	0
% Ketamine	<1	1	1	0	2	2	0	2	0	0
% Base	<1	0	0	0	0	0	0	0	0	0
% GHB	<1	<1	0	0	6	0	0	0	0	0
% LSD	<1	0	0	0	0	0	0	0	0	0
% Cocaine	<1	1	0	0	0	0	0	6	3	0
% Pharm. stimulants	1	1	0	2	0	0	0	6	0	0
% Energy drinks	1	<1	0	0	0	2	0	0	0	0
% Other	6	8	10	5	16	5	6	4	3	14

Source: EDRS interviews

4.2.3 Route of administration

Table 16 presents the 'main' route of administration (ROA) by jurisdiction for all forms of ecstasy. The majority of participants (87%) nominated oral ingestion as their main route of administration, 13% mainly snorted the drug, and small numbers mainly injected it.

Table 16: Main ROA of ecstasy in the last six months, 2014

	National (N=685)	National (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
	2013	2014								
% Swallow	86	87	93	91	89	75	85	90	85	83
% Snort	13	13	6	9	10	24	15	8	15	13
% Inject	<1	<1	0	0	0	0	0	0	0	2
% Other	<1	<1	0	0	1	1	0	1	0	2

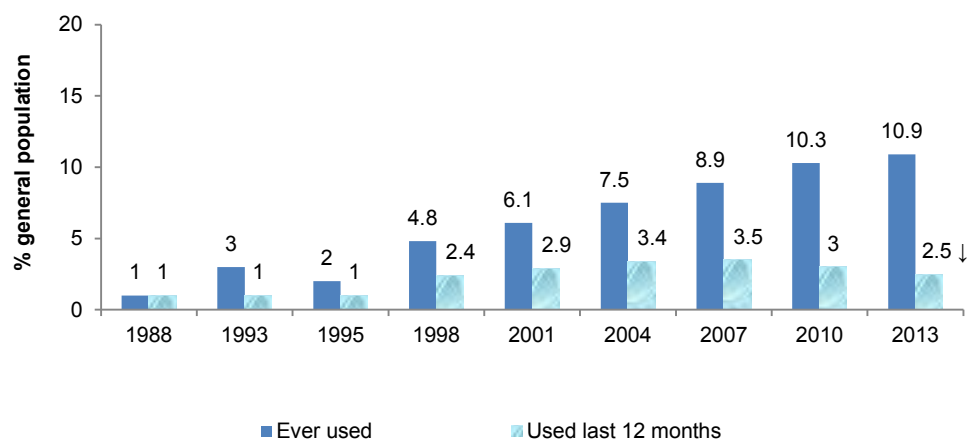
Source: EDRS interviews

Note: 'Other' includes methods of smoking and shelving/shafting

4.2.4 Use of ecstasy in the general population

Ecstasy remained the second most commonly used illicit drug in Australia, behind cannabis. Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 years and above increased from 1% in 1988 to 8.9% in 2007. Again from 2010 to 2013, as was seen from 2007 to 2010 there was a significant decrease in recent use (Figure 2). This decrease was only significant for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%). There were no significant changes in use among any other age group (AIHW, 2014a).

Figure 2: Prevalence of ecstasy use in Australia, 1988-2013



Source: NDSHS 1988-2007 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b, 2014a)

Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'

4.3 Methamphetamine use

While the majority (68%) of participants continued to report lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal), and 47% reported use of one or more of these forms during the six months preceding interview.

The median frequency of methamphetamine use (any form) among users was four days (less than monthly) in the preceding six months. Daily use was uncommon, with six participants reporting daily use (speed and ice/crystal) in 2014.

Six percent of the national sample reported having ever injected methamphetamine (any form) which was half of 2013 levels (12%).

Speed powder

- Just over one-third (36%) of the sample reported the use of speed in the six months prior to interview. The median days of use was three days. Contrary to 2013, TAS and not VIC was the jurisdiction with the highest reported use of speed powder. The median age of first use was 18 years.
- Among recent speed users, snorting (66%) and swallowing (43%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.
- Speed is the most common form of methamphetamine for RPU.

Base

- Eight percent of participants reported using base in the six months prior to interview. The median days of use was five days. TAS (17%) was the jurisdiction with the highest reported base use. The median age of first use was 20 years.
- Among recent base users, swallowing was the most commonly nominated ROA (60%) followed by smoking (37%). The average amount used in a typical and heavy session was two points.
- Base is the least common form of methamphetamine used by participants.

Ice/crystal

- Twenty percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was six days (approximately monthly). VIC (34%) was the jurisdiction with the most recent ice/crystal use reported. The median age of first use was 20 years.
- The most common ROA for ice/crystal was smoking (89%). The average amount used in a typical session was one point and for a heavy session two points.

4.3.1 Methamphetamine use among RPU

Sixty-eight percent of the national sample reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lifetime (see Table 17). Almost half (47%) of the national sample reported use during the preceding six months, ranging from the highest use reported in VIC (68%) to the lowest use reported in WA (31%). Speed was the form accounting for the majority of recent methamphetamine use (see Figure 3). Six percent of participants in the national sample reported having ever injected methamphetamine. Frequency of use among recent users averaged less than monthly use

(median four days) (Table 17). Daily use of methamphetamine was uncommon in this group, being reported by six participants of the entire sample.

Table 17: Patterns of methamphetamine (any form) use among RPU, 2014

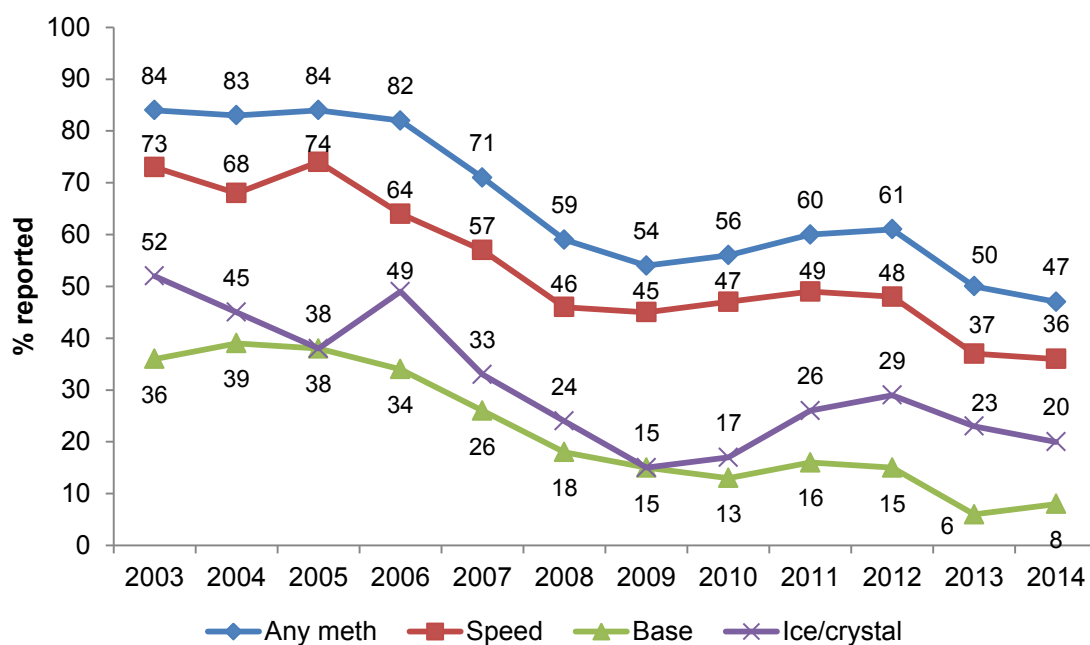
%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	70	68	52	73	91	92	55	43	68	72
% Ever injected	12	6 ↓	4	2	6	11	2	1	4	18
% Used last six months	49	47	32	51	68	64	32	31	47	47
Median days used* last six months (n; range)	4 (1-180)	4 (1-180)	4 (1-150)	6 (1-96)	6 (1-180)	3 (1-180)	3 (1-77)	2 (1-180)	4 (1-150)	6 (1-180)

Source: EDRS interviews

* Among those who had used recently.

Note: Includes speed, base and ice/crystal. Medians rounded to nearest whole number.

Figure 3: Recent any methamphetamine, speed powder, base and ice/crystal methamphetamine use, 2003-2014



Source: EDRS interviews

4.3.1.1 Methamphetamine powder (speed)

Almost two-thirds (62%) of participants in the 2013 national sample reported lifetime speed use and one-third (36%) had used speed in the preceding six months (Table 18). Those who had used speed recently reported first using it at median age of 18 years (range 6-33).

The most common ROA for speed was snorting followed by swallowing and smoking (Table 18).

Of those who recently used speed, the median number of days used was three, ranging from having used once to daily use. Two-thirds of recent users (66%) used less than once a month (68% in 2013), 18% used speed between monthly and fortnightly (21% in 2013), 9% between fortnightly and weekly (6% in 2013) and 8% used speed more than once a week (6% in 2013). Daily use was uncommon, being reported by three participants (n= 1 in 2013).

Recent speed users reported using a median of half a gram in a typical session of use (range 0.05-6 grams) and one gram in the heaviest recent session of use (range 0.01-14 grams).

Table 18: Patterns of methamphetamine powder (speed) use among RPU, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	63	62	48	70	89	87	40	36	58	65
% Ever injected	9	4	2	0	6	8	1	1	3	14
% Used last six months	37	36	21	48	56	58	13	19	39	34
% Snorted*	65	66	71	50	89	83	54	58	56	38
% Swallowed*	44	43	62	60	18	44	39	37	39	56
% Injected*	10	7	5	0	4	9	0	5	3	27
% Smoked*	20	18	0	4	34	11	39	21	23	21
Median days used* last six months (n; range)	3 (1-180)	3 (1-180)	2 (1-15)	5 (1-60)	4 (1-180)	3 (1-180)	3 (1-72)	1 (1-180)	3 (1-48)	5 (1-120)
Average grams used (median; range)	0.5 (0.05-12)	0.5 (0.05-6)	1^ (0.25-2)	0.5 (0.1-2)	0.4 (0.1-2)	0.5^ (0.05-1)	-	0.5^ (0.1-6)	1 (0.2-2.5)	0.5^ (0.1-2)
Heaviest grams used (median; range)*	1 (0.05-7)	1 (0.1-14)	2^ (0.25-3.5)	0.5 (0.1-14)	1 (0.1-2)	1 (0.1-3)	0.75^ (0.5-1)	0.5^ (0.1-11)	1 (0.4-4)	1^ (0.3-2)
% Drug of choice	4	3	1	3	3	16	0	0	0	2
% Binged on speed**	29	25	16	29	46	46	12	16	14	18

Source: EDRS interviews

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

^ small numbers n<10 interpret with caution

Note: Medians rounded to nearest whole number

4.3.1.2 Methamphetamine base

A fifth (19%) of participants in the national sample reported lifetime use of base, and 8% had used it in the six months preceding interview (Table 19). The median age of first use (among those who had recently used base) was 20 years (range 15-43 years).

Most recent base users reported swallowing (60%) followed by smoking (37%) as the most common ROAs. The median number of days used was five (almost monthly), ranging from having used base on only one day to 100 days (approximately twice weekly) (Table 19). There was no significant difference in median days used in 2014 compared to 2013 ($p>0.05$). The majority of recent base users (55%) had used less than monthly; 30% used base between monthly and fortnightly; five participants used between fortnightly and four participants used base more than once a week. There were no reports of daily use.

Recent base users reported using a median of two points in a typical session of use (range 0.05-5 points) and two points in the heaviest recent session of use (range 0.5-25 points).

Table 19: Patterns of methamphetamine base use among RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	20	19	25	9	31	33	18	3	11	24
% Ever injected	4	3	1	0	7	8	1	1	0	11
% Used last six months	6	8	6	5	10	17	10	0	5	8
% Swallowed*	46	60	83	100	40	82	33	-	60	25
% Smoked*	42	37	50	20	40	12	78	-	60	25
% Snorted*	29	22	17	0	60	24	0	-	20	13
% Injected*	17	25	0	0	0	41	11	-	0	88
Median days used [†] last six months (n; range)	2 (1-48)	5 (1-100)	5 [^] (1-10)	1 [^] (1-12)	2 (1-24)	8 (1-100)	5 [^] (2-18)	- (-)	3 [^] (1-20)	8 [^] (1-30)
Average points used (median; range)*	2 (0.5-3)	2 (0.05-5)	2 [^] (1-3)	1.5 [^] (1-2)	1.5 [^] (1-2.5)	2 (0.5-5)	1 [^] (0.05-2)	- (-)	2 [^] (1-3)	2 [^] (1.5-2)
Heaviest points used (median; range)*	2 (0.5-5)	2 (0.5-25)	2 [^] (1-3)	1.5 [^] (1-2)	3 [^] (1.5-3)	2 (0.5-25)	2.5 [^] (0.5-8)	- (-)	2 [^] (2-3)	2 [^] (1.5-5)
% Drug of choice	<1	<1	1	0	0	0	0	0	0	1
% Binged on base	2	5	5	0	2	13	15	3	2	8

Source: EDRS interviews

* Of those who used in the six months preceding interview

**Of those that had used stimulants for more than 48 hours

[^] Small numbers responded; interpret with caution

Note: Medians rounded to nearest whole number

4.3.1.3 Crystalline methamphetamine (ice/crystal)

One-third (32%) of the participants in the 2014 national sample reported having ever used ice/crystal and one-fifth (20%) had used ice/crystal in the six months preceding interview (Table 20). The median age of first use, among those who reported using ice/crystal recently, was 20 years (range 13-61 years).

Of those who reported recent use of ice/crystal, the most common ROA was smoking (89%); notable proportions also reported swallowing and snorting the drug in the past six months.

Of those who reported recent use of ice/crystal, the median number of days used was six, (monthly use) ranging from having used once in the preceding six months to approximately daily (180 days) (Table 20). There was no significant difference in median days use of

ice/crystal in 2013 compared with 2014 ($p>0.05$). Almost half (47%) of recent users reported using less than monthly, 20% between monthly and fortnightly, 12% participants reported between fortnightly and weekly use and 21% participants reported using more than weekly. There were four reports of daily ice/crystal use in 2014.

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was one point (range 0.05-10 points). Recent ice/crystal users reported using a median of two points (range 0.3-20 points) during the heaviest recent use episode.

Table 20: Patterns of crystalline methamphetamine (ice/crystal) use among RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	35	32	23	16	42	34	35	24	39	42
% Ever injected	6	5	3	2	10	4	2	1	1	17
% Used last six months	23	20	13	8	34	14	20	17	27	26
% Snorted*	24	19	8	0	21	21	20	41	7	23
% Swallowed*	25	20	23	0	12	21	30	29	15	27
% Injected*	20	17	15	13	12	21	0	6	4	58
% Smoked*	92	86	85	100	97	86	90	88	93	58
Median days used [†] last six months (n; range)	4 (1-180)	6 (1-180)	10 (1-150)	8 [^] (1-72)	8 (1-120)	4 (1-150)	6 (1-72)	3 (1-180)	5 (1-150)	12 (1-180)
Average points used (median; range) [*]	1 (0.1-6)	1 (0.05-10)	1 (0.4-2)	2 [^] (0.5-3)	2 (0.1-5)	1.5 [^] (1-7)	1 (0.05-6)	1 (0.1-3)	1 (0.5-10)	1 (0.25-5)
Heaviest points used (median; range) [*]	2 (0.2-10)	2 (0.3-20)	2 [^] (0.5-5)	2 [^] (0.5-10)	3 (0.3-6)	5 [^] (1-8)	2 (0.5-20)	2 (0.5-5)	2 (0.5-10)	2 (0.5-8)
% Drug of choice	3	3	2	1	9	0	2	2	7	3
% Binged on ice/crystal ^{**}	32	30	21	8	39	33	31	27	38	44

Source: EDRS interviews

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

[^] Small numbers responded; interpret with caution

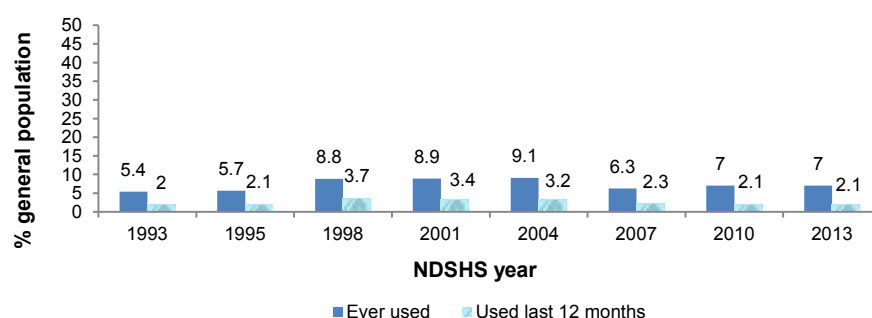
Note: Medians rounded to nearest whole number

4.3.1.4 Meth/amphetamine use in the general population

The NDSHS presents the proportion of the Australian general population who have ever used methamphetamine as well as the proportion that have used the drug in the past 12 months (see

Figure 4). A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used methamphetamine remaining stable until 2007 at which time it began to decrease. In 2013, overall recent use was stable with 2010 results, however, there was an increase in the form of methamphetamine used, that is crystal methamphetamine (ice), a change from the traditional form of powder methamphetamine (speed). In terms of age of use, there was a significant decrease only for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%).

Figure 4: Prevalence of methamphetamine use in Australia, 1993-2013



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b, 2014a)

4.4 Cocaine use

Current use

- Two-fifths (44%) of the national sample reported cocaine use in the six months prior to interview, a significant increase from 36% in 2013 ($p<0.05$). NSW (67%), VIC (58%), and the ACT (51%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (95%), or swallowed (16%). The median age of first use was 21 years.
- Frequency of cocaine use remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (69%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.
- Cocaine was the drug of choice for 8% of the EDRS sample, no change from 2013.

4.4.1 Cocaine use among RPU

The majority (72%) of the participants in the national sample reported having ever used cocaine and two-fifths (44%) had used cocaine in the six months preceding interview (Table 21). There was a significant difference found in recent use of cocaine in 2014 compared with 2013 (36% vs. 44%, $p=0.002$). The majority of cocaine use continued to be reported on the east coast of Australia in NSW (67%) and VIC (58%). The median age of first use, among those who reported having used cocaine recently, was 19 years (range 14-45 years).

Of those who had used cocaine, the median number of days of use was two, ranging from having used cocaine one day to 170 days (Table 21). There was no significant difference detected in median days of use between 2013 and 2014 ($p>0.05$). The majority (69%) had used less than monthly; 19% had used between monthly and fortnightly; 8% reported using between fortnightly and weekly and nine participants had used cocaine once a week or more. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (95%), with smaller proportions also reporting swallowing (16%) as an ROA. Two participants reported shelving/shafting.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range 0.03-4 grams). Recent cocaine users reported using a median of one gram (range 0.3-8 grams) during the heaviest use episode in the last six months (Table 21).

Table 21: Patterns of cocaine use, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=686)	(N=800)								
% Ever used	62	72	89	80	84	60	68	56	64	77
% Ever injected	5	3	3	0	4	2	0	2	0	14
% Used last six months	36	44 ↑	67	51	58	22	45	30	39	42
% Snorted*	78	95	97	90	100	100	98	83	90	95
% Swallowed*	11	16	40	10	3	10	7	27	8	12
% Injected*	2	2	0	0	3	0	0	0	0	14
% Smoked*	1	2	2	4	2	0	0	0	3	7
Median days used last six months (n; range)	2 (1-100)	2 (1-170)	3 (1-60)	6 (1-170)	3 (1-36)	2 (1-13)	2 (1-48)	2 (1-72)	2 (1-24)	2 (1-90)
Average grams used (median; range)*	0.5 (0.05-19)	0.5 (0.03-4)	0.65 (0.05-1.5)	0.5 (0.2-3.5)	1 (0.03-1.5)	0.4 (0.1-1)	0.5 (0.15-1.5)	0.5 (0.1-4)	1 (0.5-2.5)	1 (0.25-3.5)
Heaviest grams used (median; range)*	1 (0.1-200)	1 (0.3-8)	1 (0.05-4)	1 (0.3-7)	1 (0.03-3)	0.5 (0.1-7)	0.5 (0.15-3)	1 (0.15-5)	1 (0.5-8)	2 (0.25-8)
% Drug of choice	6	8	4	9	9	10	9	4	5	16
% Binged on cocaine**	16	18	26	19	21	17	12	8	24	15

Source: EDRS interviews

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

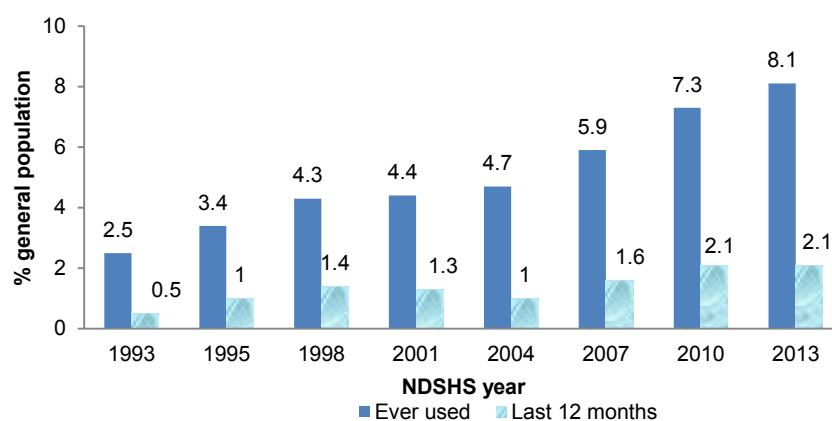
^ Small numbers responded; interpret with caution

Note: Medians rounded to nearest whole number

4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population has been gradually increasing since 2001, however, annual use has remained consistent since 2007.

Figure 5: Prevalence of cocaine use in Australia, 1993-2013



Source: NDSHS 1993-2010 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b, 2014a)

4.5 Ketamine use

Current use

- One-third (36%) of the national sample reported lifetime use of ketamine, and 18% reported using ketamine recently. The median age of first use was 20 years.
- Ketamine use is predominantly reported in VIC with high reported use at 63%.
- Amongst recent ketamine users, the majority (88%) snorted, while one-fifth (16%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (69%) had used ketamine less than once per month. There were two reports of more than weekly use.

Trend use

- Proportion of reported recent use of ketamine had declined in all jurisdictions from 2003-2009, and stayed relatively consistent from 2010-2014.

4.5.1 Ketamine use among RPU

One-third (36%) of the 2014 national sample reported lifetime use of ketamine and one-fifth (18%) had used it in the six months preceding interview (Table 22). While the figures reported were relatively low, they were more substantial than those reported in the 2013 NDSHS (0.3% recent use for participants aged 14 years and over). The EDRS has been able to monitor and document trends in ketamine use nationally since 2003, placing it in a good position to shape appropriate evidence-based policy responses in light of new trends that may be detected.

Ketamine was first used at a median age of 20 years (range 15-60 years) by recent users.

In the six months preceding interview, snorting (88%) was the most common ROA of ketamine, followed by swallowing (16%).

Of those who used ketamine, the median number of days used was two (range 1-70 days) (Table 22). The majority (69%) had used less than monthly; 21% had used between monthly and fortnightly; 7% used between fortnightly and weekly. Two participants reported more than weekly use, no reports of daily use were reported.

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range 1-15 bumps) for a typical or average use episode and two bumps (range 1-20 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Thirteen participants reported using a median of two lines in a typical session (range 1-15 lines) and the heaviest recent session of use was two lines (range 1-20 lines). Thirty-five participants reported using a median of half a gram (range 0.05-1.5 gram) in a typical session of use and reported using a median of one gram (range 0.13-5 grams) in the heaviest recent session of use.

Table 22: Patterns of ketamine use among RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=686)	(N=800)								
% Ever used	36	36	43	18	82	30	27	25	37	29
% Ever injected	0	5	2	6	1	10	0	4	0	21
% Used last six months	19	18	23	6	63	14	4	11	15	5
% Snorted*	86	88	78	83	97	71	50	100	87	80
% Swallowed*	23	16	30	17	6	36	50	9	7	40
% Injected*	0	4	0	0	0	14	0	9	0	40
% Smoked*	0	2	4	0	0	7	0	0	7	0
Median days used last six months (n; range)	2 (1-48)	2 (1-70)	2 (1-32)	2^ (1-10)	3 (1-70)	2 (1-13)	1^ (1-6)	1 (1-6)	3 (1-10)	2^ (1-4)
Average bumps used (median; range)	2 (1-20)	2 (1-15)	2 (1-5)	1^ (-)	1^ (1-2)	2^ (1-2)	4^ (2-15)	- -	5^ (1-8)	- -
Heaviest bumps used (median; range)	2 (1-40)	2 (1-20)	2 (1-6)	3^ (-)	2^ (1-3)	2^ (2-4)	- -	- -	7^ (1-12)	- -
% Drug of choice	1	1	0	0	5	0	0	1	1	1
% Binged on ketamine**	6	9	5	0	32	13	0	3	14	0

Source: EDRS interviews

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

Note: Medians rounded to nearest whole number

^Small numbers responded; interpret with caution

4.5.2 Ketamine in the general population

The 2013 NSDSHS was the third year in which the prevalence of ketamine use in the general population was investigated. Use of ketamine in those aged 14 years and above was low – only 1.7% had ever used ketamine, however, this was a significant increase from 2010 (1.4%). A low percentage (0.3%) had used ketamine in the past year (Australian Institute of Health and Welfare, 2014a).

4.6 GHB use

Current use

- Fourteen percent of the national sample reported lifetime use of GHB, with 5% reporting recent use. The median age of first use was 21 years.
- Most recent use was reported in NSW and VIC. There were no reports of recent use in TAS.
- Recent use occurred on a median of two days in the six months preceding interview; 65% reported using less than once per month.
- Recent GHB users reported using a median of 4 ml in a typical episode of use and a median of 5 ml in the heaviest recent episode of use. GHB was only consumed orally.

Trends in use

- Since monitoring began, GHB has been reportedly used by low numbers at around 10% of the national sample.
- Proportion of reported recent use of GHB has declined in all jurisdictions from 2003-2009 and stayed stable from 2010-2014 around 6%.

4.6.1 GHB use among EDRS participants

One-tenth (14%) of the 2014 national sample reported lifetime use of GHB and 5% had used it in the six months preceding interview (Table 23). There was no significant increase in recent use reported in 2014 compared with 2013.

GHB was first used at a median age of 21 years, (range 15-60 years). All recent GHB users reported swallowing GHB. There were no other ROA reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 23). There was no significant difference found in median days of use in 2014 compared to 2013 ($p>0.05$). Two-thirds of the sample (65%) reported using less than once per month; five participants between monthly and fortnightly; 18% participant reported using between fortnightly and weekly; one participant reported using more than once per week. No participants reported using GHB daily.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 4 ml (range 1-20 ml). Recent GHB users reported using a median of 5 ml (range 1-45 ml) during the heaviest recent use episode.

Table 23: Patterns of GHB use among EDRS participants, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=686)	(N=800)								
% Ever used	14	14	23	10	34	5	11	4	10	16
% Used last six months	6	5	12	3	13	0	3	3	2	3
Median days used* last six months (n; range)	2 (1-180)	2 (1-40)	2 (1-10)	1^ (1-6)	10 (1-40)	-	12^ (3-24)	2^ (1-3)	11^ (2-20)	1^ (1-2)
Average mls used (median; range)*	4 (0.5-50)	4 (1-20)	2^ (1-5)	12^ (6-12)	6 (1-20)	-	20^ (15-20)	-	2^ (1.5-2.5)	4^ (3-4)
Heaviest mls used (median; range)*	5 (0.5-50)	5 (1-45)	2^ (1.5-6)	12^ (8-12)	6 (1.5-25)	-	40^ (20-45)	2.75^ (1.5-4)	1.75^ (1-2.5)	7.5^ (3-12)
% Drug of choice	<1	<1	1	1	2	0	0	0	1	0
% Binged on GHB**	3	2	0	4	7	0	4	0	0	0

Source: EDRS interviews

* Of those who used in the six months preceding interview

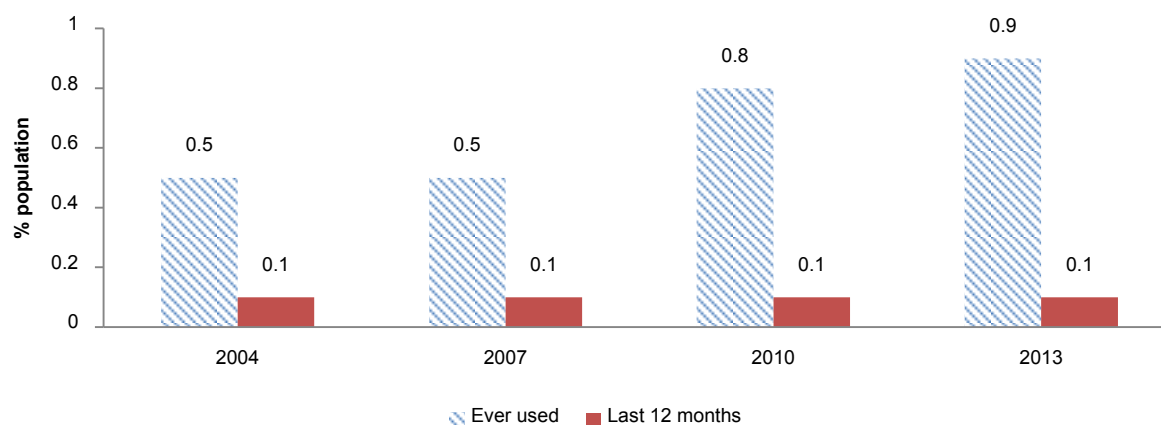
** Of those that had used stimulants for more than 48 hours

Note: Medians rounded to nearest whole number

^Small numbers responded; interpret with caution

6.2 GHB use in the general population

The 2004 NDSHS was the first to investigate the prevalence of GHB use in the general population. In 2013, results were similar to those reported in the 2010 NDSHS. Use of GHB in those aged 14 years and above was low, only 0.9% had ever used GHB, and 0.1% had used GHB in the past year (see Figure 7).

Figure 6: Prevalence of GHB use in Australia, 2004-2013

Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b, 2014a)

4.7 LSD use

Current use

- Sixty-six percent of the national sample reported lifetime use of LSD; with recent use of LSD at 41%. The median age of first use was 18 years.
- The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.

Trends in use

- Recent use has been steadily increasing from 28% in 2003 to 43% in 2013. Recent use levels appear relatively even across Australia's states and jurisdictions.
- LSD as drug of choice has been stable each year from 4% in 2007 to 6% in 2014.

4.7.1 LSD use among EDRS participants

In 2014, 66% of the national sample reported lifetime use of LSD and 41% had used it in the six months preceding interview (Table 24). The median age of first use was 18 years (range 3-60 years).

The primary ROA was oral ingestion (89%). One participant reported having snorted it and one participant had injected it in the last six months.

Six percent of the 2014 national sample reported that LSD was their drug of choice. Of those who used LSD in the six months preceding interview, the median number of days used was two, ranging from having used once in the six months preceding interview to having used approximately three times per week during this same period. There was no significant difference found in median days use in 2014 compared with 2013 ($p>0.05$). The majority (76%) had used less than monthly; 12% used between monthly and fortnightly; 7% used between fortnightly and weekly; five participants used LSD more than weekly.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range 0.25-6 tabs). The median amount used in the heaviest recent session was 1.5 tabs (range 0.25-27 tabs).

Table 24: Use of LSD in RPU, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	70	66	67	38	77	71	63	67	63	83
% Ever injected	1	1	2	0	0	1	1	0	0	4
% Used last six months	43	41	43	19	49	35	35	45	43	57
Median days used* last six months (n; range)	3 (1-72)	2 (1-60)	2 (1-50)	4 (1-20)	3 (1-25)	2 (1-48)	2 (1-60)	4 (1-24)	3 (1-24)	2 (1-20)
Average tabs used (n; range)*	1 (0.25-10)	1 (0.25-6)	1 (0.5-4)	1 (1-3)	1 (0.5-2.5)	1 (0.5-6)	1 (0.5-3)	2^ (-)	1 (0.25-6)	1 (0.33-5)
Heaviest tabs used (n; range)*	2 (0.25-50)	1.5 (0.25-27)	1 (0.5-5)	1 (1-3)	1 (0.5-12)	2 (0.5-27)	1 (0.5-5)	5^ (-)	1.5 (0.25-8)	2 (0.5-6)
% Drug of choice	7	6	4	4	5	8	4	2	4	16
% Binged on LSD**	17	20	26	6	34	29	19	14	22	18

Source: EDRS interviews

* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

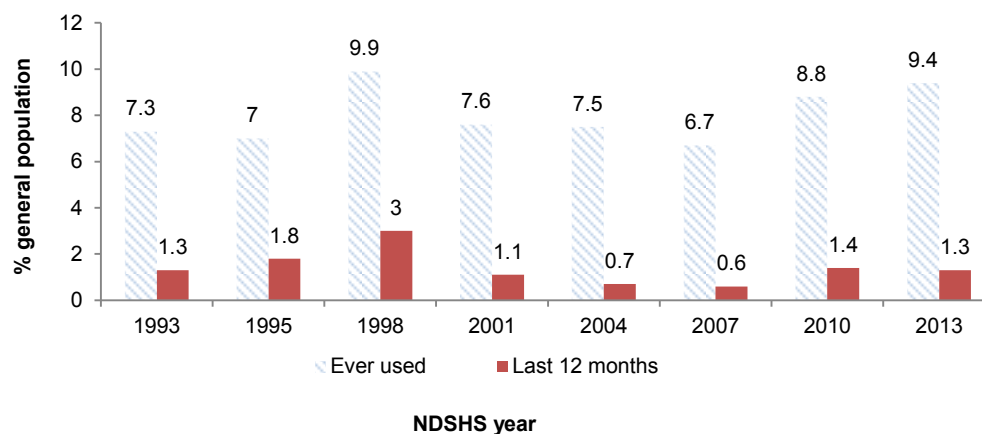
Note: Medians rounded to nearest whole number

^ Small numbers responded; interpret with caution

4.7.2 Hallucinogen use in the general population

Figure 7 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2007, with a significant increase in 2010. Recent hallucinogen use has remained stable at 1.3% (AIHW, 2014a).

Figure 7: Prevalence of hallucinogen use in Australia, 1993-2013



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b, 2014a)

4.8 Cannabis use

Current trends

- Cannabis was the second most used drug by the EDRS sample recently (83%). Reported recent use and daily use remained stable compared with 2013.
- Among recent (six month) users, cannabis had typically been smoked (96%), and swallowed (29%). The median age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 32 days during this time, i.e. approximately between once and twice per week.
- Cannabis was the drug of choice for 25% of the sample.

Trends in use

- The cannabis market remains relatively stable in relation to recent use with slight fluctuations in median days use and proportion of EDRS participants that report smoking cannabis daily.

Participants completing the section were asked to differentiate between hydro and bush cannabis in terms of price, potency and availability. Sixty-four percent of participants of those that used cannabis were able to distinguish between hydro and bush cannabis.

This section contains information about cannabis use by the EDRS sample. Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the NDARC website⁴.

4.8.1 Cannabis use among EDRS participants

Almost all (97%) of the 2014 national sample had ever used cannabis, with the majority (83%) of the sample having used cannabis in the six months prior to interview. These figures are comparable to 2013 results (Table 25). The median age of first use of cannabis was 15 years (range 8-25 years) of recent users. Cannabis was the drug of choice for 25% of the sample.

Almost all (96%) of those who had recently used cannabis had smoked it, almost one-third (29%) had recently swallowed it and one-fifth (26%) had inhaled it. Cannabis had been used on median of 32 days (range 1-180 days) in the six months preceding interview, which equates to between once and twice per week (see Figure 8).

Amongst recent users, 20% reported using less than once per month; 10% reported using between monthly and fortnightly; 10% reported using between fortnightly and weekly; and 54% reported using more than once per week. Nineteen percent of recent cannabis users (16% of the entire sample) reported daily cannabis use during the preceding six months.

⁴ See www.ndarc.med.unsw.edu.au

Table 25: Patterns of cannabis use among EDRS participants, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	2013	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=607)	(N=800)								
% Ever used	97	97	98	86	100	97	98	98	97	98
% Used last six months	85	83	85	74	81	76	87	86	84	87
% Smoked*	99	96	98	96	96	99	100	93	87	99
% Swallowed*	33	29	38	14	31	35	45	21	13	38
% Inhaled	n.a	26	35	12	19	21	18	27	46	24
Median days used* last six months (n; range)	48 (1-180)	32 (1-180)	30 (1-180)	60 (1-180)	24 (1-180)	50 (1-180)	48 (1-180)	27.5 (1-180)	30 (1-180)	48 (1-180)
% Drug of choice	23	25	31	27	13	20	33	22	30	20
% Binged on Cannabis**	55	43	79	38	43	58	46	35	28	49

Source: EDRS interviews

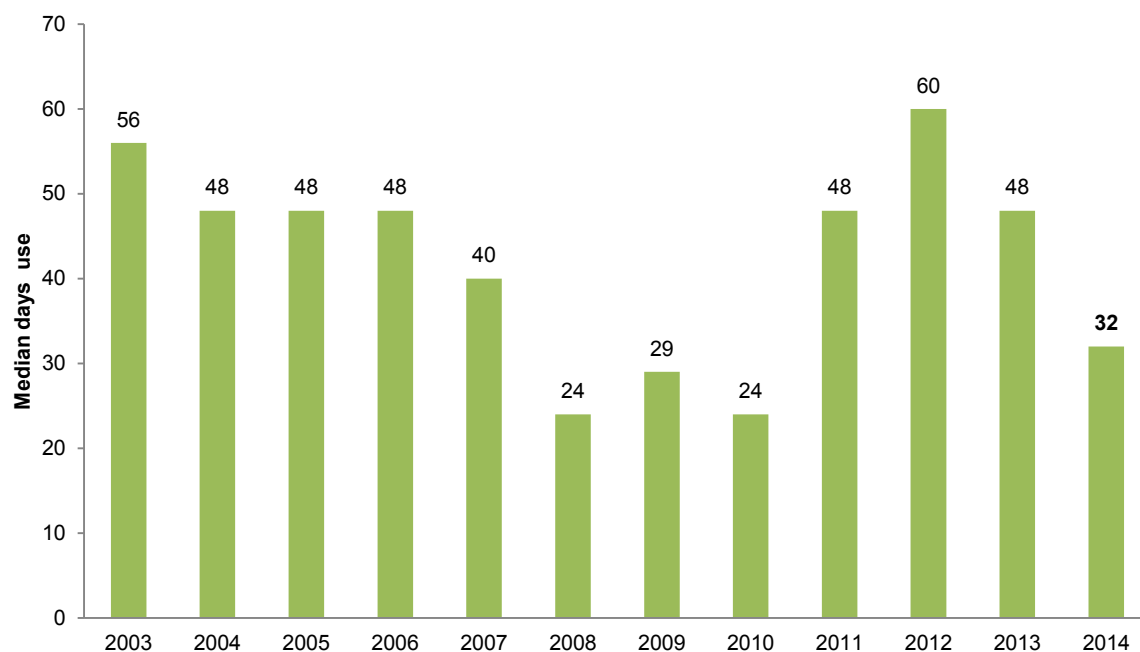
* Of those who used in the six months preceding interview

** Of those that had used stimulants for more than 48 hours

^Small numbers responded; interpret with caution

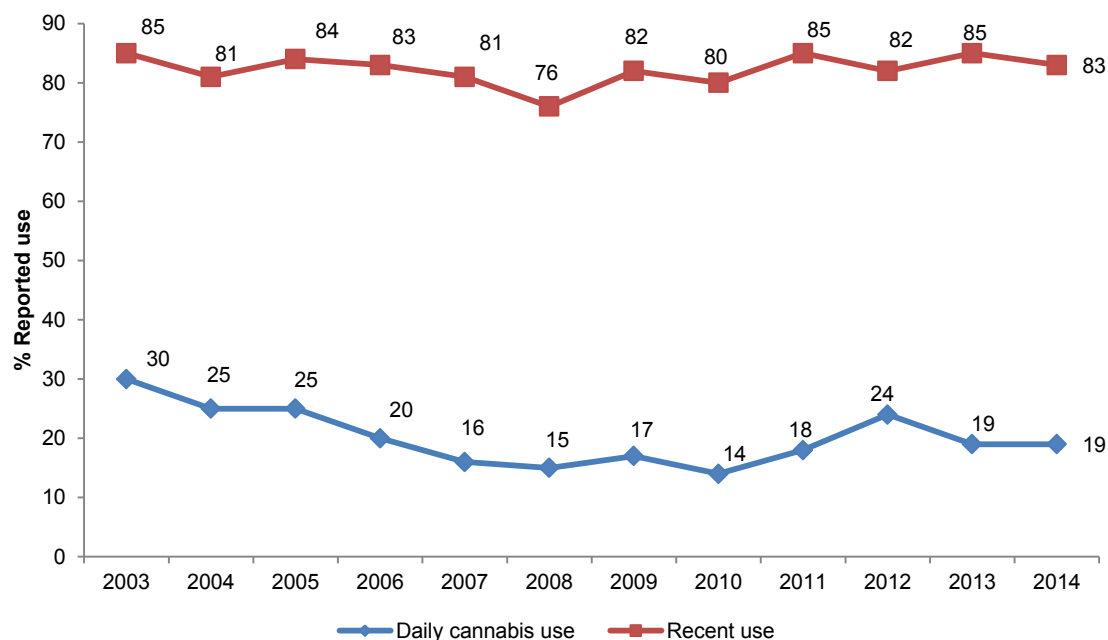
n.a. Data not available ('inhaled' as an option was added in 2013)

Figure 8: Median days used cannabis among national EDRS participants, 2003- 2014



Source: EDRS interviews

Figure 9: Patterns of recent and daily cannabis use among national REU/RPU, 2003- 2014

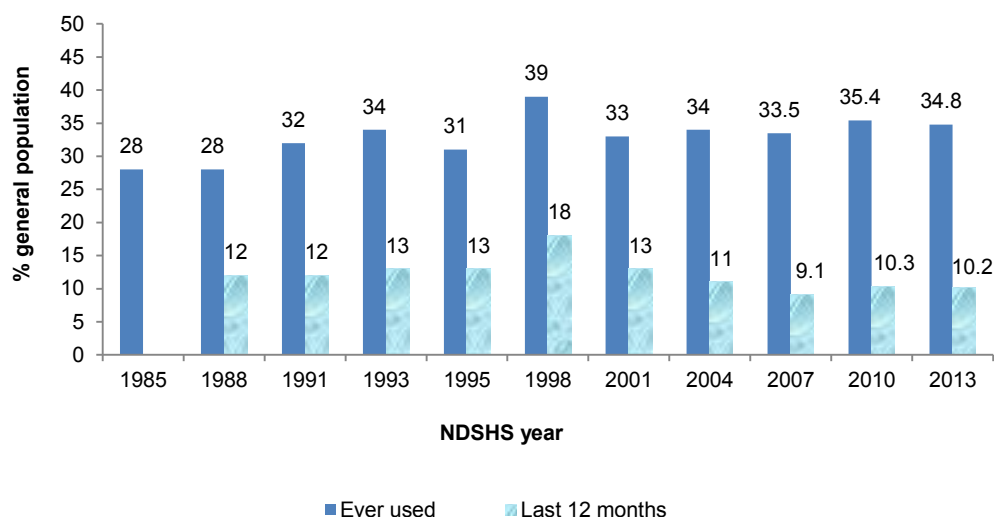


Source: EDRS interviews

4.8.2 Cannabis use in the general population

As can be seen in Figure 10, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable across sampling years. The most recent survey was conducted in 2013 and found that one-third (34.8%) of the Australian population aged 14 years and above had ever used cannabis, while 10.2% had used cannabis in the 12 months prior to interview. No significant changes.

Figure 10: Lifetime and past year prevalence of cannabis use by Australians, 1985-2013



Source: NDSHS 1988-2014 (Commonwealth Department of Community Services and Health, 1988; Australian Institute of Health and Welfare, 2005, 2008, 2011b, 2014a)

Note: Caution should be exercised when interpreting prevalence of cannabis use between 1985 and 1993 due to major changes in sampling and methodology of the surveys

4.9 Other drugs use

Current use

- **MDA** is said to share the entactogenic effects of MDMA, however the effects are slightly longer than MDMA (5-6 hours). Lifetime use was 22% of the national sample, with 12% reporting recent use on a median of two days and a median of one cap of use in an average session.
- Almost the entire sample (99.2%) participants reported lifetime use of **alcohol**, and 97.8% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 5% of the sample. Twelve percent nominated alcohol as their drug of choice.
- Ninety-one percent reported lifetime **tobacco** use and 77% had used tobacco in the six months preceding interview. Half (51%) of recent tobacco users were daily smokers, with median days use being 170 (i.e. almost daily).
- Half (50%) of the sample reported lifetime **benzodiazepine** use (both licitly and illicitly obtained) and one-third (34%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (3%). The type most used was diazepam.
- Six percent of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use has always been higher than illicit use. ROA was mainly swallowing for both forms.
- One-fifth (23%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2013 results. Use continued to be highest in VIC (53%).
- Recent use of **amyl nitrate** (nationally) was reported by almost one-fifth (17%) in 2014. Use was occasional on a median of three days mostly in NSW (46%).
- Twenty-one percent of the national sample reported recent **mushroom** use, comparable to 2013. Use occurred on a median of two days, and 89% of recent users had used less than once per month.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC codeine**,

4.9.1 MDA use

MDA (3,4-methylenedioxyamphetamine), is mainly used as a recreational drug. The duration of the drug's effects is around 5–6 hours, slightly longer than that of its well-known cousin, MDMA. MDA is said to share the entactogenic effects of MDMA. Yet while it is generally similar to MDMA, users report that MDA has more stimulant and psychedelic qualities and slightly less intense entactogenic effects than MDMA. MDA is also considered less predictable than MDMA, with effects varying greatly from person to person. Twenty-two percent of the national sample reported the lifetime use of MDA. The median age of first use was 19 years (range 16–48 years) for recent users. Twelve percent of the national sample reported using it in the six months preceding interview (12% of recent use reported in 2013). Use was highest in QLD and NSW. Use occurred on a median of two days (range 1–72), with the majority (79%) of recent users reporting that use had occurred less than once per month. Swallowing (88%) was the most frequently nominated ROA, followed smoking (27%) and single reports of snorting and shelving/shafting. There were no reports of injecting MDA.

A median of one capsules (range 0.25–6 capsules) or two tablets (1–4 tablets) were used in a typical session of use and a median of two capsules (range 0.5–8 capsules) or two tablets (1–10 tablets) were used in the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Twelve percent of the 2014 national sample nominated alcohol as their drug of choice, a significant decrease from 18% in 2013 ($p < 0.05$). Almost the entire national sample reported they had used alcohol in their lifetime (99.2%) and in the six months preceding interview (97.8%, see Table 4). The median age of first use in recent alcohol users was 14 years (range 4–26 years).

Among those who had used alcohol, use had occurred on a median of 48 days (approximately twice weekly use) in the past six months (range 1–180 days). Fifty-eight percent of recent alcohol users reported using alcohol more than once per week. Five percent of recent users reported daily drinking (6% were daily drinkers in 2013).

Of the sample, those that reported using drugs in combination with ecstasy, 67% reported that they usually consumed more than five standard alcoholic drinks.

In 2014, the Alcohol Use Disorders Inventory Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2014 EDRS can be found in chapter 7: *Risk Behaviour*.

4.9.3 Tobacco

Ninety-one percent of the national sample reported they had used tobacco in their lifetime and 77% had used tobacco in the six months prior to interview. Median days used was reported at 170 days, i.e. almost daily (range 1–180 days). Tobacco was first used at a median age of 15 years (range 5–61 years) by recent users. Fifty-one percent of those who reported recent tobacco use were daily smokers (52% in 2013).

4.9.4 E-cigarettes

Fifty-one percent of the national sample reported they had used e-cigarettes in their lifetime and 34% had used e-cigarettes in the six months prior to interview. Median days used was reported at three days, i.e. sporadically (range 1–180 days). Median age of first use is 20 years (range 15–49 years). This was the first year data was collected on e-cigarettes.

4.9.5 Benzodiazepines

Half (50%) of the 2014 sample reported the lifetime use of any benzodiazepine. Almost one-third (34%) reported the recent use of any benzodiazepine on a median of five days (i.e.

approximately monthly). Three percent of recent users reported daily use. Twenty-two participants (3%) in the sample reported usually using benzodiazepines with ecstasy; 12% reported usually using benzodiazepines to come down from ecstasy (of those that use drugs to come down off ecstasy N=426); and 8% reported bingeing on benzodiazepines (of those that binged on stimulants N=287). One participant nominated benzodiazepines as their drug of choice. Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below). Brand of benzodiazepine was not specified.

4.9.4.1 Licitly obtained (prescribed) benzodiazepines

Fifteen percent of the 2014 sample reported having ever used licitly obtained benzodiazepines and 9% reported their use in the six months preceding interview. The median age of first use was 22 years (range 11-50 years). Licit benzodiazepines had been used on a median of 24 days (range 1-180 days) in the preceding six months. Thirteen percent of recent users reported daily use (17% in 2013). Almost all of the recent licit benzodiazepine users reported swallowing in the preceding six months, with two reports of snorting and smoking benzodiazepine use.

The main type of benzodiazepine used by these users were: diazepam (53%; including brand names Valium and generic) and alprazolam (17%; including brand names Xanax).

4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Almost half (45%) of the 2014 sample reported having ever used illicitly obtained benzodiazepines and one-quarter (29%) reported their use in the six months preceding interview (Table 26). The median age of first use was 20 years (range 11-50 years) in recent users. Illicit benzodiazepines had been used on a median of four days (range 1-180 days) in the preceding six months. Amongst recent users, over half (64%) reported using illicit benzodiazepines less than monthly, one participant reported daily use. Swallowing was the most common ROA in the six months preceding interview (98%), 5% of recent users reported snorting and two participants reported smoking.

The main type of benzodiazepine used by these users were diazepam (53%; including brand names Valium, Valpam and generic) and alprazolam (31%; including brand names Xanax and Alprax).

Table 26: Use of illicitly obtained benzodiazepines, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	46	45	45	21	68	44	37	47	33	62
% Used last 6 months	27	29	29	9	57	31	20	31	15	37
Median days use* (n; range)	3.5 (1-72)	4 (1-180)	2 (1-48)	3^ (1-10)	5 (1-180)	3 (1-50)	5 (1-25)	5 (1-30)	2 (1-10)	5 (1-50)

Source: EDRS interviews

* Of those who had used illicit benzodiazepines in the past six months

^ Small numbers responded; interpret with caution

4.9.5 Antidepressants

4.9.5.1 Licitly obtained (prescribed) antidepressants

Eighteen percent of the national sample reported using licit antidepressants in their lifetime and 6% reported recent use (Table 27). The median age of first using licit antidepressants was 21 years (range 10-38 years) amongst recent users. The median day of use was 180 days (range 1-180) or daily among those who recently used licit antidepressants. Two participants reported using them daily.

Table 27: Use of licitly obtained antidepressants, 2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	19	18	16	11	21	23	17	12	16
% Used last 6 months	9	6	5	8	6	5	4	5	6
Median days use (n; range)*	180 (1-180)	180 (1-180)	180^ (90-180)	105^ (1-180)	180^ (7-180)	97^ (7-180)	180^ (1-180)	90^ (12-180)	180^ (20-180)
% ROA*									
Swallowing	100	96	100	88	100	100	100	100	92

Source: EDRS interviews

* Of those who had used licit antidepressants in the past six months

^ Small numbers responded; interpret with caution

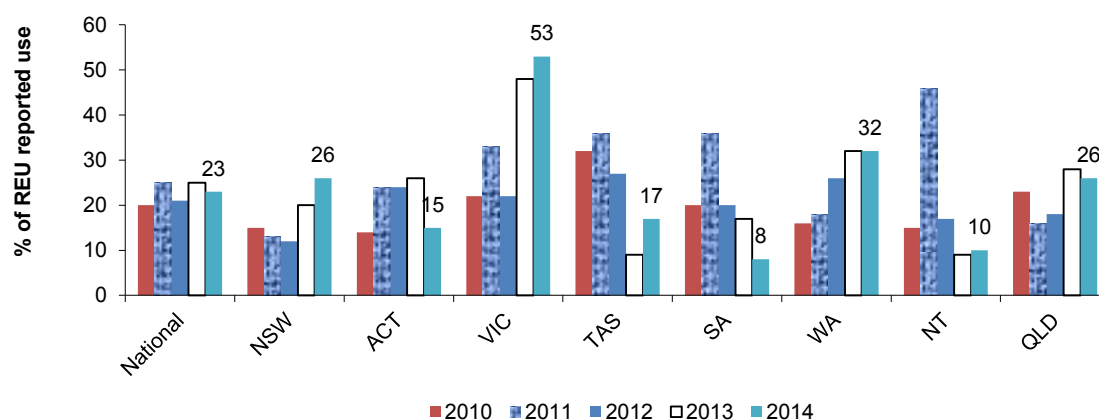
4.9.5.2 Illicitly obtained (non-prescribed) antidepressants

Six percent of the national sample reported using illicit antidepressants in their lifetime and 2% reported recent use. The median age of first using licit antidepressants was 16 years (range 12-19 years) among recent users. The median days of use was six days (approximately monthly, range 1-180 days) among those who recently used illicit antidepressants. One daily illicit user. Main ROA was swallowing (100%) by recent consumers, with one participant having reported snorting.

4.9.6 Inhalants use

4.9.6.1 Nitrous oxide

Half (45%) of the national sample reported lifetime use of nitrous oxide and one-quarter (23%) had used nitrous oxide in the six months preceding interview (Figure 11). VIC continued to be the state with the highest recent use reported. Recent users reported first using nitrous oxide in their late teens, median is 19 years (range 15-48 years). Nitrous oxide was used on a median of four days in the preceding six months (range 1-100 days). No daily use was reported. Over half (62%) reported using nitrous oxide less than once per month in the preceding six months. Nitrous oxide was nominated by four participants as their drug of choice. The most number of bulbs consumed in a heavy session was 10 (range 1-300).

Figure 11: Use of nitrous oxide, 2010-2014

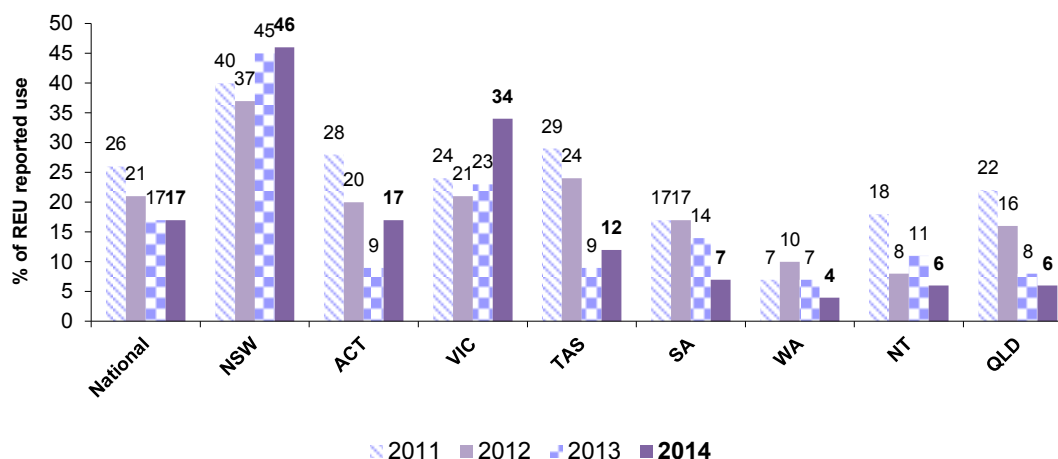
Source: EDRS interviews

4.9.6.2 Amyl nitrite

Thirty-six percent of the sample reported having used amyl nitrite (a vasodilator) in their lifetime and 17% had used amyl nitrite in the six months preceding interview (Figure 12). No significant differences were detected in national use from 2013 to 2014.

Participants first used amyl nitrite at a median age of 19 years (range 8-42 years) by recent users. Frequency of amyl nitrite use was generally low, with users reporting a median of three days of use in the last six months (range 1-100 days). Sixty-five percent of recent users had used less than once per month in the preceding six months. No participants reported daily use.

Figure 12: Use of amyl nitrite, 2011-2014



Source: EDRS interviews

4.9.6.3 Psilocybin Mushrooms

One percent of the national sample nominated mushrooms as their drug of choice. Of the national sample, 59% had reported lifetime use of mushrooms and 21% had used mushrooms in the six months preceding interview, this was a significant decrease from 27% in 2013 ($p < 0.05$). Use was reported almost evenly across the states (see Table 4). Participants first used mushrooms at a mean age of 19 years (range 12-62 years). Of those who used mushrooms in the preceding six months, oral consumption was the most common ROA (99%), one participant reported smoking it. Mushrooms were used on a median of two days (range 1-20 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (89%) had used mushrooms less than monthly.

4.9.7 Heroin

Seven participants nominated heroin as their drug of choice. Nine percent reported they had used heroin in their lifetime, of those 53% had injected heroin in their lifetime. Two percent of the whole sample reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 21 years (range 14-39 years) in recent users. Heroin had been used on a median of two days (range 1-30 days) in the preceding six months by recent users. The majority (79%) had used heroin less than monthly, 11% between monthly and fortnightly, 5% between fortnightly and weekly and one participant reported using heroin more than once per week. Two-fifths of recent heroin users had injected heroin (42%) in the preceding six months with smaller proportions reporting smoking (37%), snorting (21%) or swallowing (21%) heroin during this time.

4.9.8 Methadone

Methadone medication used for the treatment of opioid dependence, had been used 5% of the entire sample in their lifetime, 1% (n=9) of the national sample had used methadone in the last six months (Table 4). Two percent of the national sample had ever injected methadone and two participants had injected it in the last six months. Methadone was used on a median of two days (i.e. sporadically) in the six months preceding interview (range 1-30 days). There was no reported daily methadone use.

4.9.10 Buprenorphine

Four percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. One percent reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six months, 56 had swallowed and 33% had injected it and one person had smoked it. The frequency of use was 3 days (range 1-80 days). The majority (78%) reported using buprenorphine weekly or less in the preceding six months. There were no reports of daily buprenorphine use.

4.9.11 Other opioids

4.9.11.1 Licitly (prescribed) other opioids

Lifetime use of licit other opioids was 13% of the national sample and 5% had used at least once in the last six months prior to interview (Table 28). Median days of licit opioid use was seven days (range 1-180 days) (Table 4). ROA was mainly swallowing (67%), four reports of injecting, and one report of snorting and smoking. The median age of first use for recent licit users was 20 years (range 2-39 years). Examples of other opioids include pethidine and opium, the main brand that was specified was Endone and Panadeine Forte.

Table 28: Use of licit opioids, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=687)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	12	13	13	9	28	13	12	5	10	15
% Used last 6 months	5	5	4	4	12	5	3	3	2	10

Source: EDRS interviews

4.9.11.2 Illicitly obtained (non-prescribed) other opioids

Lifetime use of illicit other opioids was one-fifth (22%) of the national sample, and 10% of the national sample had used other illicit opioids in the previous six months prior to interview (see Table 29). Median days of licit opiate use was three days (range 1-90 days). The main ROA was swallowing (86%), followed by snorting (15%), injecting (15%), smoking (8%), and one participant reported shelving/shafting. The median age of first use for recent illicit users was 20 years (range 13-44 years). Examples of other opioids include pethidine and opium, the main brand used was Endone.

Table 29: Use of illicit opioids, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=687)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	22	22	17	12	45	22	21	15	5	42
% Used last 6 months	10	10	9	5	17	11	9	6	1	18

Source: EDRS interviews

4.9.12 Pharmaceutical stimulants

4.9.12.1 Licitly obtained (prescribed) pharmaceutical stimulants

Seven percent of the national sample reported licit lifetime use of pharmaceutical stimulants, 3% reported recent use (see Table 30). The median days of use was 26 days (range 1-180 days). Swallowing was the ROA reported by most participants (85%) with small proportions reporting snorting (27%) and one report of injecting and shelve/shafting. Median age of first use by recent users was 18 years (range 13-41 years). Median amount used in an average session was 2.5 tablets (range 1-14 tablets). The median amount reported for most tablets taken in a session was four (range 1-30 tablets). Main brand was not specified for pharmaceutical stimulants but they included Dexamphetamines and Ritalin.

Table 30: Use of licit (prescribed) pharmaceutical stimulants, 2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	6	7	9	6	7	6	4	9	12
% Used last 6 months	3	3	2	6	2	2	2	6	3

Source: EDRS interviews

4.9.12.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Half (49%) of the national sample reported illicit lifetime use of pharmaceutical stimulants, 26% reported recent use (see Table 31). Illicit use accounts for the majority of pharmaceutical stimulant use in this sample of EDRS participants. The majority of recent use occurred in WA. The median days of use was four days (sporadic use, range 1-180 days) (Table 4). Swallowing was the ROA reported by most participants (91%) followed by snorting (38%) and small numbers n<5 reporting injecting, smoking and shelve/shafting. Median age of first use by recent users was 18 years (range 10-49 years). Median amount used in an average session was two tablets (range 0.5-24 tablets). The median amount reported for most tablets taken in a session was four (range 0.5-30 tablets). Main brand was not specified for pharmaceutical stimulants included Dexamphetamines and Ritalin.

Table 31: Use of illicit pharmaceutical stimulants, 2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	50	49	51	15	64	53	36	88	57
% Used last 6 months	30	26	23	6	30	18	21	77	22

Source: EDRS interviews

4.9.13 Over the counter (OTC) codeine (not related to pain use)

Twenty-one percent of the 2014 sample reported lifetime use of over the counter codeine for non-pain use and 11% reported recent use (see Table 32). The most use was reported in WA. OTC codeine were first used by recent users at a median age of 18 years (range 13-27 years). Median days of OTC codeine for purposes unrelated to pain (i.e. recreational use) was two days in the previous six months (range 1-180 days) (Table 4). Swallowing was the most commonly reported ROA by most recent users (97%), snorting (8%) and smoking (n=1) were reported by fewer participants.

Table 32: Use of OTC codeine, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=686)	2014 (N=800)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
% Ever used	25	21	19	18	12	22	28	26	13	31
% Used last 6 months	13	11	11	8	7	12	14	17	5	13

Source: EDRS interviews

4.9.13 Over the counter (OTC) stimulants

Ten percent of the 2014 sample reported the lifetime use of OTC stimulants and 3% reported recent use. Recent use was spread across all states (Table 4). OTC stimulants was first used at a median age of 18 years (range 14-28 years) for recent users. In the six months preceding interview, use occurred on a median of two days (range 1-10 days); the majority (91%) reported monthly use or less. Swallowing was the only reported ROA. No main brand was specified; brands mentioned were Codral, followed by Sudafed and chemists own cold and flu.

4.9.14 Steroid use

Four percent of the 2014 sample reported the lifetime use of steroids and two percent (n=15) reported using steroids recently (Table 4). Median age of first use for steroids was 22 years (range 18-41 years). Of those that had used steroids recently, 53% had injected steroids and 40% had swallowed steroids. No other ROA was reported. Median days used by recent steroid users was 21 days (range 1-180 days). No main brand was reported.

4.9.15 Other drugs

See Table 4 on changes in general trends for ERD use regarding drugs not mentioned.

4.10 New psychoactive substance (NPS) use

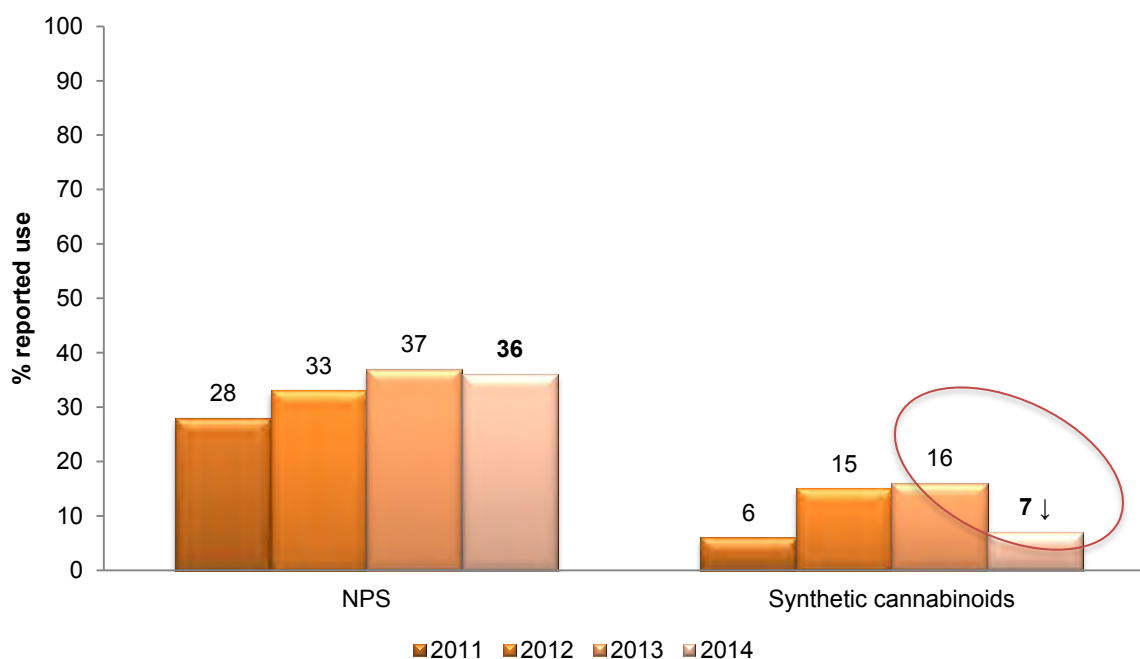
- In 2014, the number of EDRS participants that have consumed an NPS in the previous six month period was 36% stable from 2013, and 7% for synthetic cannabis, a significant decline from 2013 (16% in 2013).
- Population estimates for these show 1.4% of the population reported having used synthetic cannabis in the past 12 months and 0.4% having used an NPS.
- NPS use is spread across all states whilst with synthetic cannabis it appeared to concentrate in most states except WA and QLD.
- Drugs most used in this class included: DMT, NBOMe and 2C-B.
- In 2014 participants were asked if the NPS was offered to them or whether they sought it specifically to assess drug preference.
- Participants were also asked whether the NPS they used was obtained in a marked packet.

4.10.1 NPS class

New psychoactive substances (previously termed 'Emerging psychoactive substances or EPS') were first noticed to have entered the Australian drug market when use, availability and purity of ecstasy decreased in 2010-2011. In 2010, EDRS participant users were beginning to report use of 'other' substances not traditionally asked about in the annual survey. In 2011, these 'other' drugs were found to belong to the NPS category and were asked about in subsequent EDRS surveys. The year 2013 was the first year in which population estimates were included in the NDSHS for NPS and synthetic cannabis. Results showed that 1.2% of the population (approximately 230,000 people) had used synthetic cannabinoids in the last 12 months, and 0.4% (approximately about 80,000 people) had used another psychoactive substance such as mephedrone (AIHW, 2014a).

As is evident in Figure 13, NPS appear to have stabilised as a drug class in the EDRS sample. Synthetic cannabis saw a significant decrease from 16% in 2013 to 7% in 2014 ($p<0.05\%$).

Figure 13: Recent use of NPS and synthetic cannabis, 2011-2014



Source: EDRS participant interviews

As is evident, recent use of NPS is spread across the states whereas use of synthetic cannabis is lower and appears to be mostly in QLD and WA (see Table 33).

Table 33: Recent use of NPS and synthetic cannabis, 2014

%	National 2013 (N=685)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Used an NPS	37	36	38	17	43	39	37	40	25	51
% Used an NPS (including synthetic cannabis)	44	40	39	20	47	41	40	43	29	57
% Synthetic Cannabinoid	16	7 ↓	3	4	9	4	3	12	6	14

Source: EDRS participant interviews

4.10.1.1 Mescaline

Mescaline is a psychoactive phenethylamine chemical which comes from the peyote cactus. It has hallucinogenic properties. A standard dose for oral mescaline use ranges from 200-500 mg. Recent use was reported by 2% of the national sample (see Table 34). Swallowing was reported by the majority (93%) of recent users and smoking, snorting and injecting had single reports. Median days used is one day (range 1-3 days) over the last six months. The predominant source for obtaining mescaline is through friends (33%) or other (40%) followed by single reports from dealer, gift and shop.

Table 34: Use of Mescaline, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	10	8	4	2	21	10	9	4	1	14
% Used last 6 months	3	2	0	0	2	4	5	3	0	1

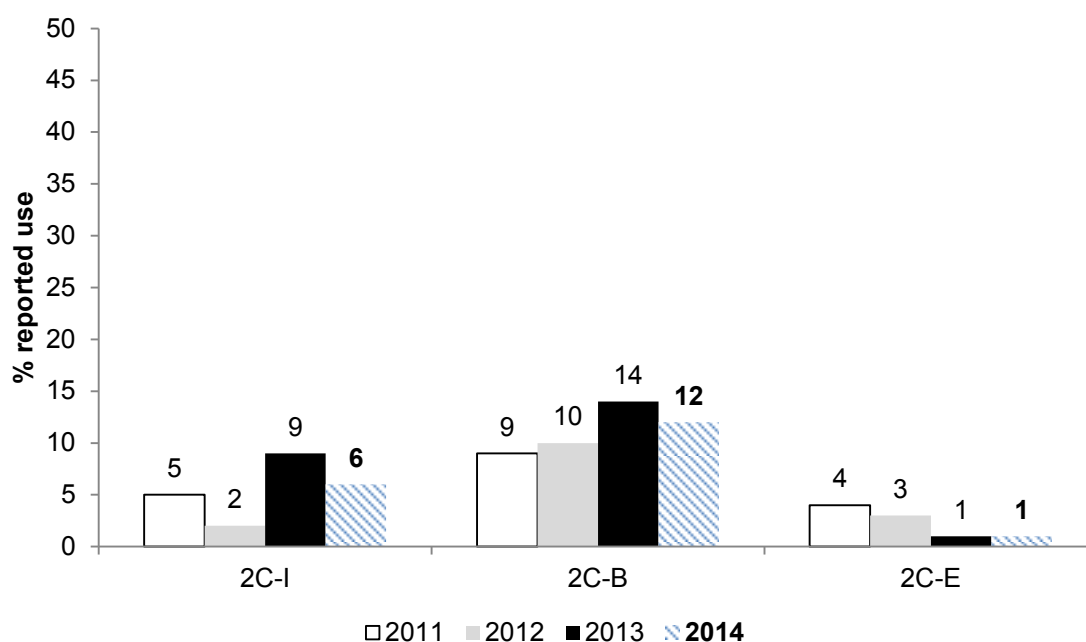
Source: EDRS interviews

4.10.2 Phenethylamines 2C-X class

4.10.2.1 2C-I, 2C-B and 2C-E

2C-I is a psychedelic drug with stimulant effects. A standard oral dose of 2C-I is between 10-25 mg. Recent reports suggest that 2C-I is slightly more potent than its closely related cousin 2C-B. Sixteen percent of participants that answered the section reported lifetime use of 2C-I and 9% of the sample reported past six month use of 2C-I (see Figure 14). Median days of use was one day (range 1-24 days). ROA reported was swallowing (96%) and two reports of snorting. There were no reports of smoking or injecting the drug. Of those that used 2C-I recently, the primary sources were friends (49%), followed by dealers (42%) and the internet (7%) and one report as a gift. Median last amount bought was 2 pills (range 0-20 pills/tablets). Median last price paid per pill was \$15 (caution small numbers) (range \$0-\$30), median price for two pills was \$32.50 (approximately \$16.25 each) (range \$0-\$60). Over half (57%) of participants were offered as opposed to seeking out 2C-I.

Figure 14: Recent use 2C-I, 2C-B and 2C-E, 2011-2014



Source: EDRS participant interviews

Closely related is the psychedelic phenethylamine 2C-B (2,5-dimethoxy-4-bromophenethylamine), the dosage range is listed as 16–24mg. 2C-B is sold as a white powder sometimes pressed in tablets or gel caps. The drug is usually taken orally, but can also be snorted. A quarter of the national sample had lifetime experience of consuming 2C-B, 12% had consumed the drug in the past six months (Table 35). NSW reported the most recent use. Median days of use nationally was 1.5 days (range 1-24 days). Swallowing was the most common ROA reported (90%), 20% reported having snorted the drug, two reports of smoking and one report of injecting. Of those that used 2C-B recently, the primary sources were friends (55%) and dealers (33%) with 9% reporting online and two reports of it being given as a gift and one report other. Median last price paid per pill was \$22.50 (range \$0-30). There was an even split on whether 2C-B was offered and sought (50%).

2C-E is also in this class of psychedelic research chemical drugs. It is commonly active in the 10–20mg range, taken orally, and highly dose-sensitive. Snorting requires a much lower dose, typically not exceeding 5mg, but this method of consumption elicits a noticeably painful or uncomfortable sensation in the nasal cavity for 10 minutes or so. Of the three related psychedelic phenethylamines, 2C-E is the drug least used in the lifetime (6%) and recently (1%) of participants (Table 35). Most commonly reported ROA nationally was swallowing (86%) and two participants reported snorting. Median days used 2C-E was one day (range 1-7 days). Of those that used 2C-E recently, the primary sources were friends (71%) and dealers (29%). Cost could not be calculated due to low numbers. 2C-E was reportedly sought out by 83% of participants.

Table 35: Use of 2C-I, 2C-B, 2C-E, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Ever used										
% 2C-I	16	16	9	9	22	20	18	19	11	18
% 2C-B	25	26	40	20	35	22	26	18	8	38
% 2C-E	4	6	6	2	7	11	6	2	5	8
% Used last 6 months										
% 2C-I	8	6	3	3	7	4	8	7	3	10
% 2C-B	14	12	21	6	14	4	10	11	2	24
% 2C-E	1	1	1	0	0	2	1	1	0	2

Source: EDRS interviews

4.10.2.2 2C-Other

The 2C-class is quite large, and therefore participants in 2014 were asked if they had tried any other the other 2C-class drugs. Three percent (n=22) reported that they had tried a 2C-class drug (outside of those mentioned above). Three participants had used these drugs recently including 2C-C, 2C-P. Of recent users two participants reported swallowing and one reported snorting. Median days of use was two days (range 1-10 days). There were two reports of sourcing 2C-Other from friends, and one report from dealer.

4.10.2.3 NBOMe

Lifetime use of NBOMe was at 13% and last six monthly use was at 9% of recent use. The majority of participants reported swallowing (94%), three participants reported smoking and two participants snorting. Median days of use was two days (1-48 days). Friends (53%), followed by dealers (28%), internet (17%) and two people reported receiving it as a gift. Seventeen percent reported that NBOMe was sold in a packet, and three participants reported the packet was branded. Median cost per pill \$20 (range \$0-\$25). Over half (54%) reported they sought NBOMe.

Table 36: Use of NBOMe, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	n.a	13	10	5	15	10	17	18	3	24
% Used last 6 months	n.a	9	9	3	8	5	16	10	3	18

Source: EDRS participant interviews

n.a. Data not collected in 2013

4.10.2.4 6-APB Benzo Fury

6-APB is a synthetic chemical that became available via online vendors in 2010. Little is known about its effects, which are presumed to include stimulation and euphoria, though not enough reliable human data has been recorded to say much with certainty. Lifetime use was 1% (n=10) whilst recent use was very low at <1% (n=3).

4.10.2.5 5-IAI

5-Iodo-2-aminoindane (5-IAI) is a drug which acts as a releasing agent of serotonin, norepinephrine and dopamine. Lifetime use was reported by three participants as was recent use.

4.10.3 Phenethylamines Psychedelic class

4.10.3.1 DOI (Death on Impact)

DOI (Death on impact, 2,5-dimethoxy-4-iodoamphetamine) is also a psychedelic phenethylamine. It requires only very small dosages to produce full effects. It is uncommon as a substance for human ingestion but common in research. It has been found on blotter

and may be sold as LSD (Erowid: www.erowid.org/chemicals/doi/doi.shtml). Lifetime use was 2% (n=12) from mostly SA whilst recent use was very low at <1% (n=1).

4.10.4 Phenethylamines β -ketones

4.10.4.1 Mephedrone

Mephedrone (4-methylmethcathinone) is a stimulant which is closely related chemically to amphetamines. Users report that mephedrone produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder which is usually snorted, but can also be swallowed in bombs (wraps of paper) and may also appear in pill or capsule form. Mephedrone is probably the most well-known of a group of drugs derived from cathinone (the same chemical found in the plant called khat) although two other compounds are also increasingly recognised on the market. These are methedrone and methylone. The effects of methylone are said to be broadly similar to mephedrone, although methylone is said to give the user an experience more closely related to taking ecstasy (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone).

Mephedrone use continues to be generally reported to have occurred in TAS. Recent use appears to have stabilised to around 5-6% of the sample. Snorting and swallowing were the most common ROAs reported followed by small numbers (n<3) injecting mephedrone in the last six months (see Table 37). Median days use in the last six months is two days (range 1-60). Mephedrone was predominantly last sourced from friends (49%) followed by dealers (31%), small numbers reported the internet (n=4), or a shop (n=2) or other (n=2). Mephedrone was offered in 66% of cases rather than being sought. In 24% of cases, mephedrone was sold in a packet and of those, in two instances it was branded.

Table 37: Use of mephedrone, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	17	17	7	1	29	48	7	9	16	15
% Used last 6 months	6	5	0	0	6	23	2	2	5	1
% ROA*										
Snorted	61	67	0	0	100	57	50	50	80	100
Swallowed	49	44	0	0	0	65	50	50	0	0

Source: EDRS interviews

* Of those who had used recently

4.10.4.2 Methylone, bk-MDMA

Methylone, also known as 'M1', 3,4-methylenedioxy-N-methylcathinone, bk-MDMA, is an entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes. It was originally patented by Jacob Peyton and Alexander Shulgin in 1996 as an antidepressant. The more intuitive abbreviation MDMC unfortunately cannot be used for this chemical, since it had already been given to another earlier Shulgin creation, 3,4-ethylenedioxymethamphetamine. Methylone is a close structural analogue of MDMA, differing by the addition of a β -ketone group (see <http://en.wikipedia.org/wiki/Methylone>).

Nine percent of the national EDRS sample reported lifetime use of methylone. Three percent of the sample (n=24) reported recent use across all states. Median days use was two (range 1-48). Most recent users reported swallowing (92%) methylone, followed by snorting (38%). It was primarily obtained from friends (58%) or dealers (33%) with two reports of it being purchased online. Methylone was sought in 42% of cases. One-fifth of recent users (21%) reported that it was sold to them in a packet and of those 60% reported the packet was branded.

4.10.4.3 MDPV (Bath salts)

MDVP marketed as Bath salts and Ivory wave, is reported from limited forensic testing to have contained the active drug methylenedioxypyrovalerone (MDPV), along with cutting agents such as the common local anaesthetic Lidocaine. MDPV is a cathinone derivative, it is more potent than other cathinones, so users that may be used to taking mephedrone or other similar drugs may be increasing the risk to their health by taking too much, in the mistaken belief that it will behave the same. Using MDPV can lead to the overstimulation of both the cardiac system and the nervous system, causing heart problems, agitation, hallucinations and fits. Lidocaine is a common local anaesthetic frequently used as a cutting agent, to give users the numbing sensation in the mouth or nose which is associated with drugs of high purity (i.e. high-purity cocaine; Drugscope: www.drugscope.org.uk/ourwork/pressoffice/pressreleases/ivory_wave_MDPV).

Use in the 2014 national sample was small at about 3% for lifetime and <1% (n=6) for recent use (Table 38). Snorting (67%) was the main ROA reported by recent users followed by smoking, swallowing and injecting (all 33%). MDPV was used on a median of 2.5 days (range 1-20 days). MDVP was obtained from friends (50%) mostly followed by single reports by dealer, online and as a gift. MDPV was mainly offered (67%) rather than sought. It was sold in a packet in two out of six cases. The packet was not branded.

Table 38: Use of MDPV, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	3	3	1	0	3	8	1	2	3	5
% Used last 6 months	1	<1	1	0	1	3	0	0	0	1

Source: EDRS interviews

4.10.4.4 Cathinone

Lifetime use was reported by 1% of participants (n=9), specifically of methcathinone, 4-MEC, Khat and flephedrone and butylone with two reports of recent use.

4.10.5 Phenethylamines cyclised amphetamines (related to MDMA and amphetamines) class

4.10.5.1 MDAI

Lifetime use was reported by 2% of EDRS participants, with recent use reported by four participants. Most recent users reported the ROA of swallowing (75%) with one report of snorting. Median days used was one day (range 1-2 days) in the last six months. Sources for obtaining MDAI were split across the following groups: dealer dealer and friend. MDAI was reportedly sought and offered by equal accounts (50%). One- fifth (21%) reported that they received MDAI in a packet to which three of five reported that the packet was branded.

4.10.6 Tryptamines class (3'- Substituted, 5'-Substituted)

4.10.6.1 DMT

DMT (chemical name dimethyltryptamine) is a hallucinogenic drug in the tryptamine family, which is similar to LSD though its effects are said to be more powerful. Pure DMT is reportedly found in crystal form but has been reportedly sold in powder form. It can be injected, smoked or sniffed and the effects rarely last more than two hours (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt).

Twenty-seven percent of the national sample reported lifetime use of DMT. Fourteen percent of the national sample reported using it recently. It was the most used NPS reported in this sample (see Table 39). The main route of administration reported by users was smoking

(93%) followed by swallowing (7%) and three participants reported snorting. Median days of use was one day (range 1-24 days) among recent users. Friends (65%) were the source most commonly reported for obtaining DMT, followed by dealer (15%), given as a gift (9%), internet (8%), and three reports of other. DMT was sold in a variety of forms including: crystals (39%), powder (25%), plant matter (24%), and few reports of pills (n=3), capsules (n=1) and some other form (n=9). The median cost per gram was \$50 (range \$0-\$1500). There was an almost equal split between those who were offered the drug (52%) and those we sought it (49%).

Table 39: Use of DMT, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	27	27	21	16	47	26	28	33	15	33
% Used last 6 months	14	14	11	7	30	9	10	19	8	18

Source: EDRS interviews

4.10.6.2 MXE (3'-Substituted)

Lifetime use of MXE was 4%, with thirteen participants (2%) consuming it in the previous six months. ROA reported were snorting (69%), swallowing (62%) and injecting by three participants. Median days used was four days (range 1-15 days). MXE was recently obtained friends (85%) followed by online (15%). The majority reported that it was offered (69%) rather than sought. Two participants reported buying MXE in a packet, to which one reported that it was branded.

4.10.6.3 5-MEO-DMT (5'-Substituted)

5-MeO-DMT (5-methoxy-dimethyltryptamine) is a psychedelic tryptamine. 5-MeO-DMT is a naturally occurring psychedelic present in numerous plants and in the venom of the *Bufo alvarius* toad. It is found in some traditional South American shamanic snuffs and sometimes in ayahuasca brews. It is somewhat comparable in effects to DMT; however, it is substantially more potent, so it should not be confused with DMT. 5-MeO-DMT is mostly encountered as a crystalline chemical and smoked, snorted, or swallowed for recreation and/or insight. The standard dosage range for smoked 5-MeO-DMT is between 2-15 mg (Erowid: www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml).

Two percent reported lifetime use, six participants consumed 5-MeO-DMT in the previous six months of the national sample. The ROAs reported were smoking (83%) and one participant reported swallowing. Median days used was one day (range 1-24 days). 5-MeO-DMT was recently obtained by friends (83%) or dealers (17%). 5-MeO-DMT is was offered to over half the number of participants (60%).

4.10.7 Piperazines class

4.10.7.1 BZP

BZP (1-benzylpiperazine) is a piperazine and a central nervous system (CNS) stimulant which gained popularity in some countries in the early 2000s as a legal alternative to amphetamine, methamphetamine and MDMA. It is one of the more commonly used piperazines, providing stimulant effects which people describe as a noticeably different than those of amphetamines. It is not particularly popular because many people find that it has more side effects than amphetamines. BZP is used orally at doses of between 70-150 mg and effects are reported to last 6-8 hours (Erowid: www.erowid.org/chemicals/bzp/bzp_basics.shtml).

Lifetime use was at 3% of the sample. Recent use was reported by two participants, with use in small numbers. Swallowing was the only ROA. Median days used in the last six months

was not available due to small numbers. The only reported sources for obtaining BZP was friends. Due to small numbers ratings are not reported.

4.10.8 Natural occurring substances

4.10.8.1 *Datura/Angel's Trumpet*

There are many different species in the *Datura* genus. Probably the two most well-known are the devil's weed (*Datura innoxia*) and the thornapple or jimson weed (*Datura stramonium*). The plant's effects are mainly stupefying. That is, they make the user feel drowsy, drunk-like and detached from things around them. They can also bring on hallucinations. Doses are difficult to judge and can easily cause unconsciousness and death (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura).

Recent use was reported by one participant who only reported swallowing it. Median days of recent use was one day (no range; Table 40).

Table 40: Use of *Datura*, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	5	3	1	1	6	5	3	1	2	7
% Used last 6 months	<1	<1	0	0	0	0	0	0	0	1

Source: EDRS interviews

4.10.8.2 *Salvia divinorum*

Eleven percent reported using *Salvia divinorum* in their lifetime, two percent reported using recently. *Salvia* was smoked by 100% of recent users in the last six months, no other ROA was reported. Median days of recent use was one day (range 1-12 days) in the last six months. Of those that used *salvia* recently, the primary source was friends (50%) followed by reports of dealers (21%), shops (14%), single reports of a gift and 'other'. It was offered in 58% of cases. Five out of 11 cases (46%) reported that it was sold in a packet and of those, three reported that the packet was branded.

4.10.8.3 LSA

Five percent reported using LSA in their lifetime, one percent reported using LSA recently. LSA was swallowed by 90% of recent users in the last six months, with one report of smoking. Median days of recent use was two days (range 1-3 days) in the last six months. Of those that used LSA recently, the primary sources was dealer (27%) and friends (27%), followed by shop (18%) and internet (18%) and one report of other. LSA was sought by 70% of recent users, as opposed to being offered. Thirty-six percent reported that it was sold in a packet, and of those only one participant reported that the packet was branded.

4.10.9 Other drugs

4.10.9.1 DXM

Dextromethorphan(DXM) is a semisynthetic opiate derivative which is legally available over the counter in the United States. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is almost always used orally, although pure DXM powder is occasionally snorted. The effects of DXM generally fall into the category of dissociatives, along with ketamine, PCP, and nitrous oxide. As with many psychoactive substances, dosages of DXM vary greatly, depending on the individual and the desired level of effects. Recreational doses range from 100 mg to 1,200 mg or more (Erowid: www.erowid.org/chemicals/dxm/dxm_basics.shtml).

Nine percent reported using DXM in their lifetime, three percent reported using DXM recently (Table 41). DXM was swallowed by 95% of recent users in the last six months. Median days of recent use was two days (range 1-10 days) in the last six months. Of those that used DXM recently, the primary sources were shops (81%) followed by dealers (10%) and single reports of friends and the internet.

Table 41: Use of DXM, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	11	9	1	5	19	13	5	11	4	14
% Used last 6 months	4	3	0	1	4	5	0	6	3	2

Source: EDRS interviews

4.10.9.2 PMA

Para-methoxyamphetamine (PMA) has been used as a recreational psychoactive drug, primarily in the 1970s, and in Australia since late 1994. More recently, it has been sold as MDA or MDMA (ecstasy). Pure PMA is a white powder, but street products can also be beige, pink or yellowish. Today it is usually made into pressed pills.

The effects of PMA include increase in energy, visual distortions and a general change in consciousness. Symptoms after ingestions can be pupil dilation, erratic eye movements, muscles spasms, increase in body temperature, nausea and vomiting. In some cases ingestion can lead to convulsions, coma and death. PMA has caused a number of deaths in Canada and Australia and has been implicated in two recent deaths in Chicago, USA. Most PMA deaths have been in users who have taken tablets sold as 'ecstasy' (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/pma).

Two percent (n=17) reported using PMA recently. For recent users, swallowing (94%) was the main ROA reported, with single reports of snorting, smoking and injecting. Median days used PMA recently was one day (range 1-6 days) (Table 42). PMA was reportedly obtained from dealers (41%), friends (29%) or a gift (24%) and a single report of online. For the majority of participants it was offered (93%) rather than sought. Twelve percent (n=2) reported that they bought PMA in a packet.

Table 42: Use of PMA, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Ever used	2	4	4	5	6	0	9	3	1	7
% Used last 6 months	1	2	3	5	0	0	4	2	1	2

Source: EDRS interviews

4.10.10 Cannabinoids

4.10.10.1 Synthetic cannabinoids

A new generation of recreational psychoactives emerged in 2006, with the arrival of a smoking blend named "Spice". The only ingredients listed on the label of Spice, as well as the labels of numerous similar blends, are various herbs. However, these products have recently been found to also contain synthetic chemicals with effects similar to THC. Although sold in the same contexts as the mostly ineffective 'legal buds' (in headshops and by online vendors), Spice and its relatives are ostensibly marketed as 'incense' rather than smoking material.

Lifetime use of synthetic cannabinoids was 29% (32% in 2013), and recent use was 7% a significant decrease from 16% ($p < 0.05$). Recent use was reported across all states mostly WA and QLD.

K2/Spice

Eight percent of the sample had used K2/Spice in their lifetime, and 2% percent of the national sample had used it recently. Median days of use was 2.5 days (range 1-14 days). Synthetic cannabis was only smoked (100%). The main sources it was obtained from were friends (50%) as a gift (21%) or shops (14%), with single reports of internet, and dealer. K2/Spice was offered (75%) rather than sought in the majority of cases. It was also sold primarily in a packet (79%) which was branded (100%).

Kronic

Eighteen percent of the sample had used Kronic in their lifetime, and 3% percent of the national sample had used it recently. Median days of use was 2.5 days (range 1-50 days). Synthetic cannabis was smoked by 88% of participants, with 8% reporting swallowing. The main sources it was obtained from were friends (44%), and the shop (44%) and there were three reports for dealers. Kronic was primarily offered (68%) rather than being sought. It was sold in a packet to most of the participants (68%) and of those, the majority reported that the packet was branded (77%).

4.10.12 Capsules Unknown

The practice of taking 'caps' without any description of what the substance being taken is or the effects that can be expected after taking the unknown capsules is being monitored. Lifetime use was at 17% (21% in 2013) and recent use was 8% (10% in 2013) with recent use mainly reported in VIC and TAS. The capsules were mostly swallowed (93%), followed by snorted (14%). Median days over the past six months was two days (range 1-30 days). Capsules were mostly obtained through friends (52%), followed by dealers (24%), or were gifts (10%) or other (14%). It was offered in the majority of cases (75%). Sixteen percent reported that the capsules were sold in a packet, however, there was only one report that the packet was branded.

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

- The median price of a tablet of ecstasy nationally was \$25 ranging from \$20 in SA to \$35 in WA. A capsule nationally was a median of \$30 and ecstasy (MDMA) powder was reported at a median price of \$250 per gram. MDMA crystal/rock was \$250 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- With reports of ecstasy purity, they reported it as 'medium' purity or as 'low' purity. There continued to be a mixed view as to the purity change over the last six months.
- The majority continued to report that ecstasy was 'easy' to 'very easy' to obtain (89%). The majority in all jurisdictions reported that availability had remained 'stable' (58%) in the six months prior to interview.
- It was also used in a range of locations, most commonly in nightclubs.
- This was the first year MDMA crystal/rock PPA information was collected to which 58% reported purity as 'high', 68% reported that it was 'easy' to 'very easy' to obtain and most reported sourcing it from friends and using it in nightclubs.

5.1.1 Price

The median price of ecstasy pills nationally was \$25 (range \$5-\$60) ranging from \$20 in SA to \$35 in WA. The price was generally consistent across the jurisdictions. The median price per cap (capsule which may have consisted of powder or crystal) was similar to a pill/tablet at \$30 (range \$10-\$70). The median price of powder per gram varied across jurisdictions with a national median price of \$250 per gram which was less than the \$300 reported in QLD but more than the \$190 in NSW (caution small numbers reporting across jurisdictions; Table 43). Finally, for MDMA crystal/rock which has been a relatively new form to appear on the market, the median price for a gram was \$250 (range \$30-\$600). The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months (Table 44).

Table 43: Median last price paid for ecstasy tablet and participants' reports of price change, 2014

	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
Median price \$ per tablet (range)	(N=631) 25 (5-60)	(N=687) 25 (5-60)	25 (11-60)	25 (10-45)	25 (6-40)	30 (5-45)	20 (8-50)	35 (10-60)	40 (20-60)	25 (7-40)
Median price \$ per capsule (range)	(N=219) 30 (15-60)	(N=367) 30 (10-70)	30 (15-60)	30 (15-50)	30 (15-40)	30 (15-50)	25 (14-30)	40 (30-50)	40 (25-70)	30 (10-35)
Median price \$ per gram powder (range)	(N=62) 250 (20-400)	(N=96) 250 (25-600)	190^ (150-270)	300^ (60-300)	250 (42-300)	200^ (140-400)	80^ (25-350)	280 (40-350)	350^ (40-600)	300 (100-350)
Median price \$ per gram crystals (range)	(N=51) 260 (30-450)	(N=51) 250 (30-600)	250 (60-300)	250 (35-350)	250 (42-350)	290 (40-400)	200 (50-400)	265 (35-400)	400 (40-600)	300 (30-350)

Source: EDRS interviews

^ Small numbers interpret with caution

Table 44: Price changes reported for ecstasy pills, powder and capsules, by RPU, 2014

%	National 2013 (N=609)	National 2014 (N=683)	NSW (n=83)	ACT (n=96)	VIC (n=89)	TAS (n=89)	SA (n=88)	WA (n=97)	NT (n=60)	QLD (n=81)
Price change										
% Increased	12	14	12	18	11	7	8	19	28	15
% Stable	71	68	63	67	67	74	75	67	52	73
% Decreased	10	6	7	6	14	3	6	5	7	3
% Fluctuated	8	12	18	9	8	16	11	9	13	10

Source: EDRS interviews

Note: Response 'don't know' has been excluded from analysis.

Table 45: Price changes reported for MDMA crystal/rock, by RPU, 2014

%	National 2013 -	National 2014 (N=257)	NSW (n=28)	ACT (n=44)	VIC (n=44)	TAS (n=19)	SA (n=21)	WA (n=48)	NT (n=17)	QLD (n=36)
Price change										
% Increased	-	17	18	18	16	32	19	13	6	19
% Stable	-	68	64	73	71	53	52	75	71	69
% Decreased	-	6	11	5	9	5	5	4	6	6
% Fluctuated	-	9	7	5	5	11	24	8	1	6

Source: EDRS interviews

Note: 2014 is the first year data on MDMA crystal/rock was collected

Table 46 presents the median price of ecstasy across time. Although prices do vary across jurisdictions, the price of ecstasy appears to be higher in more remote jurisdictions, such as the NT and WA, whilst larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, (exception of the NT), the price of ecstasy has steadily declined across time.

Table 46: Median price of ecstasy per tablet, 2000-2014

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	n.a.	n.a.	n.a.	45	n.a.	n.a.	40
2001	35	n.a.	n.a.	n.a.	40	n.a.	n.a.	40
2002	35	n.a.	n.a.	n.a.	35	n.a.	n.a.	n.a.
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25
2009	20	25	25	35	20	35	50	20
2010	25	25	25	35	23	35	35	25
2011	25	30	25	30	20	30	35	25
2012	25	25	30	30	20	35	40	25
2013	25	25	25	30	20	35	35	25
2014	25	25	25	30	20	35	40	25

Source: EDRS interviews

Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD for 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. From 2009, participants reported last price paid for ecstasy tablet not market price

Table 47 illustrates the change in prices reported when ecstasy tablets (pills) are purchased in larger quantities.

Table 47: Median price of ecstasy tablets bought in larger quantities, 2014

	Per pill/10 pills	Per pill/20 pills	Per pill/50 pills	Per pill/100 pills
National	\$20/\$200	\$17/\$340	\$13/\$650	\$12.25/\$1225
NSW	\$20/\$200	\$20/\$400	\$16.50/\$825	\$15/\$1500
ACT	\$22/\$220	\$20/\$400	\$20/1000	\$15/\$1500
VIC	\$25/\$250	\$20/\$400^	\$17/\$850	\$15/\$1500
TAS	\$30/300	\$25^/\$500^	\$18/\$900	\$20.50^/\$2050^
SA	\$18/\$180	\$17.50/\$350	\$14.50/\$725	\$14/\$1400
WA	\$35/\$350	\$25/\$1250	\$25/\$1250	\$30/\$2200
NT	\$35/\$350	\$35/\$700	\$30/\$1500	\$40/\$4000
QLD	\$20/\$200	\$18/\$350	\$15/\$750	\$15/\$2500

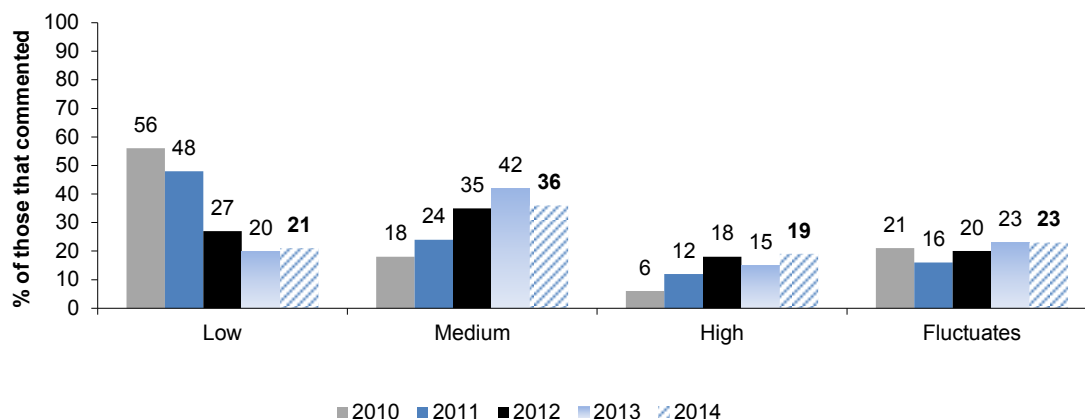
Source: EDRS interviews

Note: ^ Small numbers reporting, interpret with caution

5.1.2 Purity

Participants' perception of ecstasy purity is mixed this year. Whilst the highest proportion have returned to reporting it as 'medium' purity (36%), similar proportions report that it 'fluctuates' (23%), it is 'low' (21%) and it is 'high' purity (19%) (see Figure 15).

Figure 15: National RPU reports of current ecstasy purity, 2010-2014



Source: EDRS interviews

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

In 2014, the highest proportion of RPU reported that ecstasy purity was 'medium' (Table 48). Contrary to this, for MDMA crystal/rock, purity was considered 'high' by over half of the sample that commented (Table 49).

Table 48: Participant reports of current ecstasy pills, powder and tablets purity, 2014

% Current purity	National		NSW (n=87)	ACT (n=98)	VIC (n=91)	TAS (n=96)	SA (n=97)	WA (n=100)	NT (n=81)	QLD (n=85)
	2013 (N=660)	2014 (N=735)								
% Low	20	21	20	24	18	16	24	21	22	27
% Medium	42	36	22	47	35	33	38	35	31	47
% High	15	19	28	11	28	18	17	16	25	14
% Fluctuates	23	23	31	18	20	33	21	28	22	12

Source: EDRS interviews

Table 49: Participant reports of current MDMA crystal/rock purity, 2014

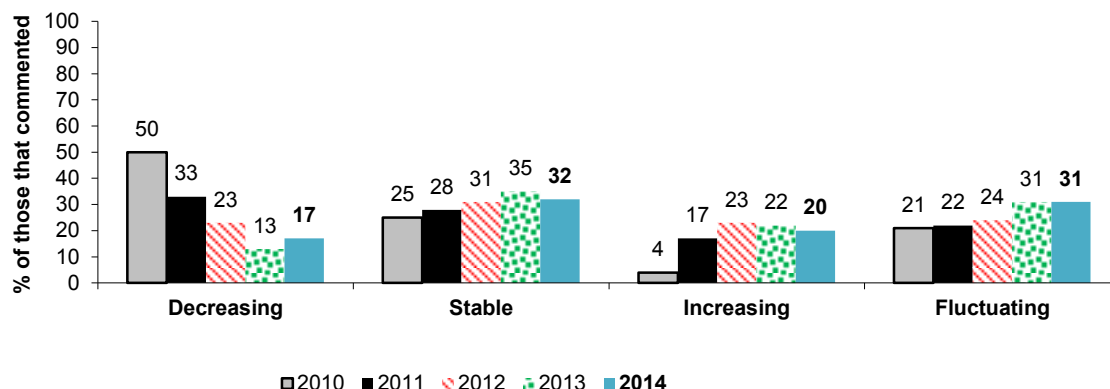
% Current purity	National		NSW (n=42)	ACT (n=56)	VIC (n=48)	TAS (n=29)	SA (n=28)	WA (n=51)	NT (n=21)	QLD (n=38)
	2013	2014 (N=313)								
% Low	-	9	7	13	6	3	14	10	14	3
% Medium	-	26	14	46	25	17	25	26	19	21
% High	-	58	67	32	58	69	60	57	67	71
% Fluctuates	-	8	12	9	10	10	0	8	0	5

Source: EDRS interviews

Note: 2014 is the first year data on MDMA crystal/rock was collected

Participants were asked to comment on the change of ecstasy pills, powder and capsule purity in the preceding six months. The result was mixed across the categories but generally the purity of ecstasy was considered to be 'stable' or 'fluctuating' (Figure 16).

Figure 16: National RPU reports of recent (last six months) change in ecstasy pills, powder and capsules purity, 2010-2014



Source: EDRS Interviews

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 50 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview. Mixed results for purity change are evident with 32% reporting that purity change of ecstasy is 'stable' and 31% reported that it had 'fluctuated'. For MDMA crystal/rock, over half of the participants that commented reported purity to be 'stable' (55%, see Table 51).

Table 50: Participant reports of changes in ecstasy pills, powder and capsule purity in the past six months, 2014

% Current purity change	National 2013 (N=613)	National 2014 (N=678)	NSW (n=78)	ACT (n=98)	VIC (n=89)	TAS (n=90)	SA (n=87)	WA (n=94)	NT (n=62)	QLD (n=80)
% Increasing	13	17	19	16	23	12	9	27	18	11
% Stable	35	32	33	39	33	29	31	22	37	35
% Decreasing	22	20	17	25	11	11	21	28	24	26
% Fluctuating	31	31	31	20	34	48	39	23	21	28

Source: EDRS interviews

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 51: Participant reports of changes in MDMA crystal/rock purity in the past six months, 2014

% Current purity change	National 2013	National 2014 (N=270)	NSW (n=33)	ACT (n=47)	VIC (n=46)	TAS (n=22)	SA (n=24)	WA (n=47)	NT (n=17)	QLD (n=34)
% Increasing	-	17	21	19	22	23	17	13	18	9
% Stable	-	55	58	49	52	36	58	55	65	68
% Decreasing	-	13	6	11	11	14	17	19	6	15
% Fluctuating	-	15	15	21	15	27	8	13	12	9

Source: EDRS interviews

Note: 2014 is the first year data on MDMA crystal/rock was collected

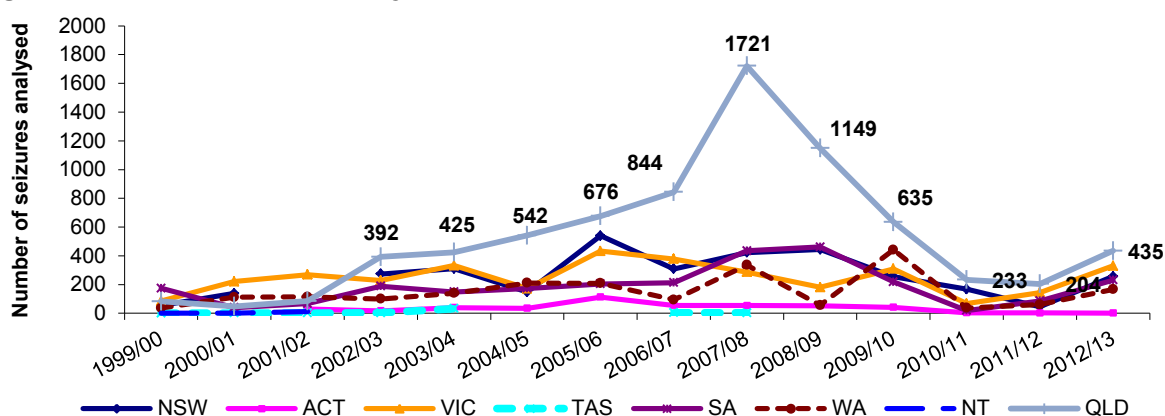
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should, therefore, be considered in addition to the subjective reports of users. However, it is also important to note the limitation of the average purity figures – namely, that not all illicit drugs seized by Australia's law enforcement agencies are analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures provided remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report are provided by the ACC and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provided data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under 'phenethylamines'. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), MDA, 3,4- methylenedioxyethylamphetamine (MDEA), Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family and seizures of these drugs are included in the seizure data from 1999/00.

The following caveat applies to figure 18 through to 22 below: Figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

In 2012/13, the number of state seizures analysed increased across many jurisdictions, with a doubling in QLD from 204 to 435 seizures. There were no seizures analysed in the NT or TAS in 2012/13 (Figure 17, QLD is highlighted in figure below).

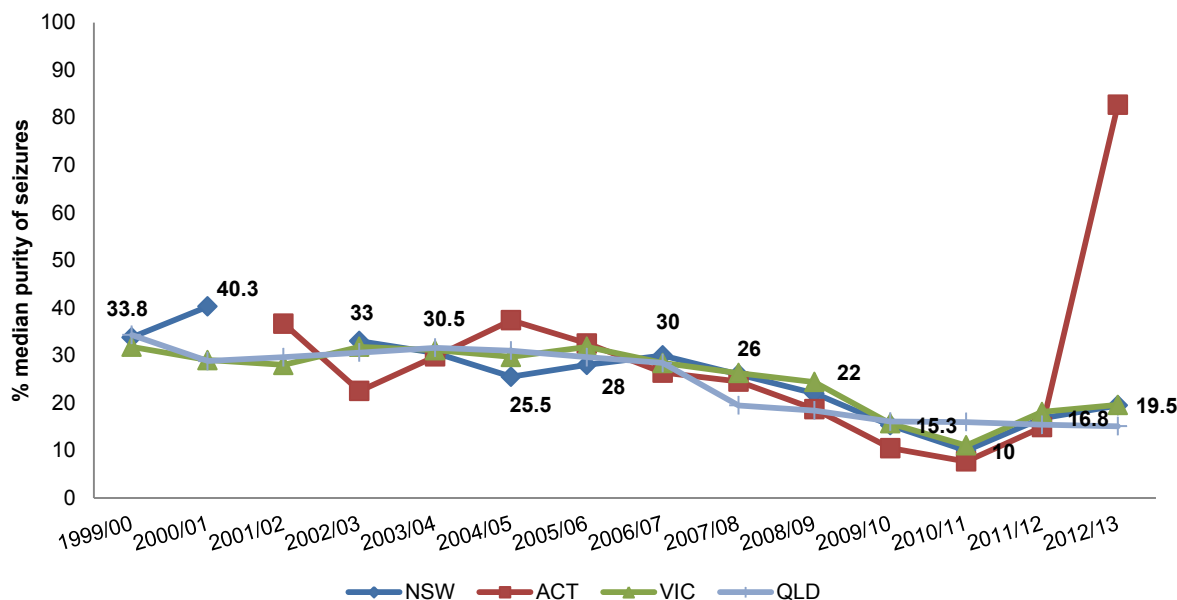
Figure 17: Number of phenethylamine state police seizures, 1999/00-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures in the eastern states with the larger populations has been on a slight declining trend since 1999/00. The median purity level in 2012/13 appears to be similar to figures in 2011/12 with a slight proportional increase (Figure 18, NSW trend figures highlighted).

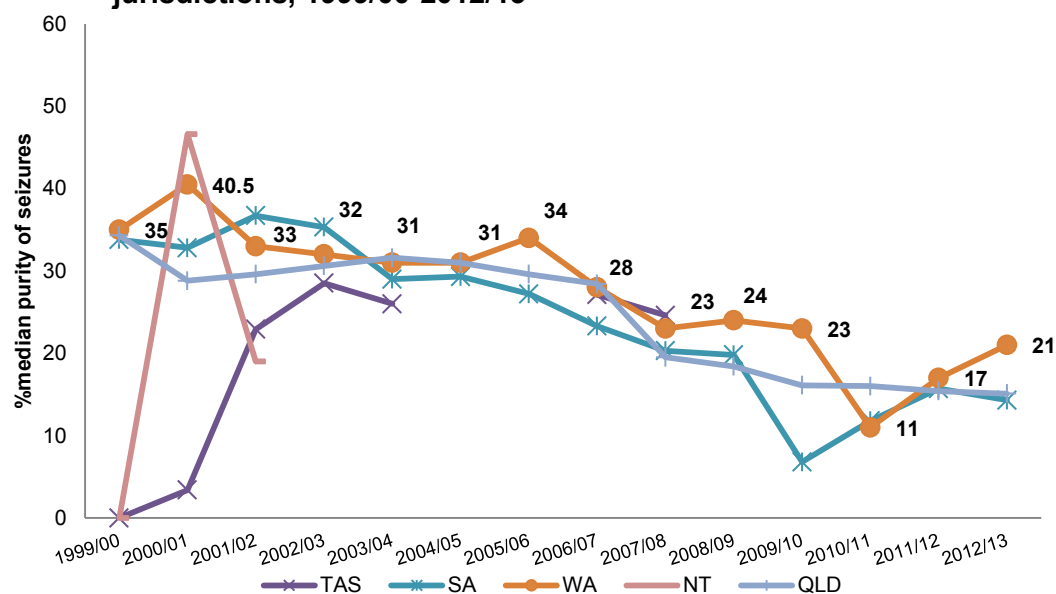
Figure 18: Median purity of state police phenethylamine seizures, eastern jurisdictions, 1999/00-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)
Note: ACT data was based on one seizure

In smaller jurisdictions, the analysed median purity of the state police seizures are at similar levels to the larger jurisdictions above. TAS and the NT did not have any data recorded in 2012/13 (Figure 19, WA trend figures highlighted).

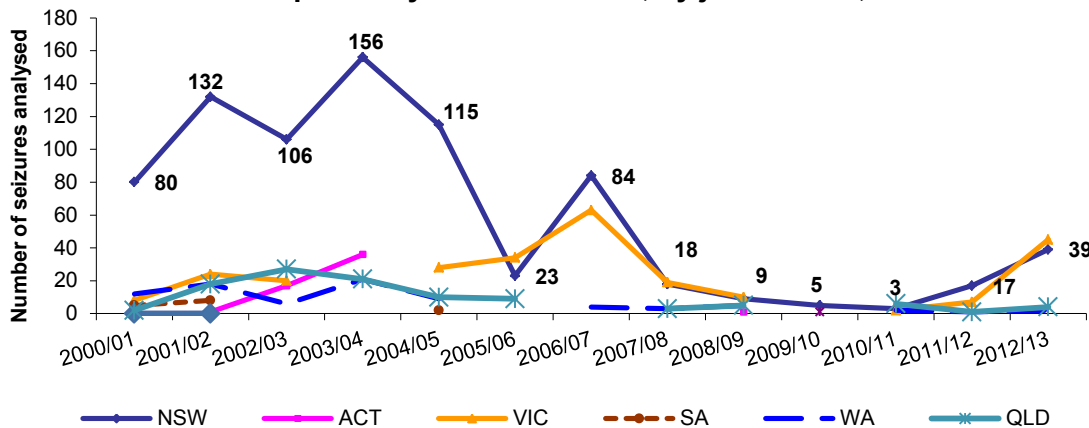
Figure 19: Median purity of state police phenethylamine seizures, smaller jurisdictions, 1999/00-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

In 2012/13, NSW, VIC, WA and QLD were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures. In NSW and VIC, the number of AFP seizures actually increased (Figure 20, NSW trend highlighted). NT and TAS are not shown.

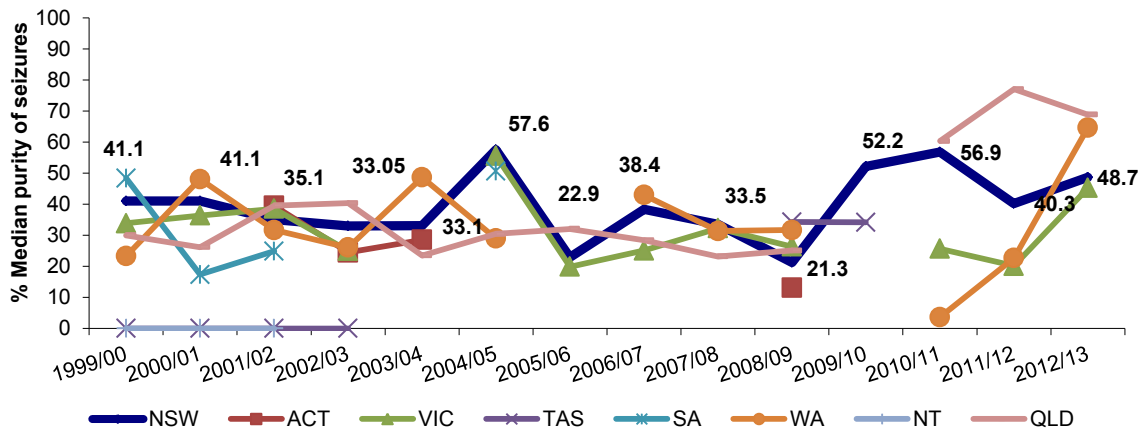
Figure 20: Number of AFP phenethylamine seizures, by jurisdiction, 2000/01-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

The median purity of AFP phenethylamine seizures remained relatively stable across time for the majority of jurisdictions. NSW has experienced fluctuations across time (Figure 21, NSW trend highlighted).

Figure 21: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

5.1.3 Availability

The majority of the EDRS national sample continued to report ecstasy as being 'easy' to 'very easy' to obtain (89%), most participants reported that it was accessible and that this had remained 'stable' in previous six month period (Table 52). Two-thirds (68%) of those that commented on MDMA crystal/rock purity changes reported that it was 'easy to very easy' to obtain and that this had remained 'stable' (55%) (see Table 53).

Table 52: EDRS reports of availability of ecstasy pills, powder and capsules in the preceding six months, 2014

% Availability of ecstasy	National		NSW (n=100)	ACT (n=100)	VIC (n=91)	TAS (n=95)	SA (n=96)	WA (n=99)	NT (n=80)	QLD (n=85)
	2013 (N=664)	2014 (N=740)								
% Very easy	45	42	46	41	47	22	53	54	44	29
% Easy	41	47	47	47	46	58	41	41	40	52
% Difficult	14	10	6	11	7	18	6	4	14	15
% Very difficult	<1	1	1	1	0	2	0	1	3	4
% Change in availability	(N=632)	(N=701)	(n=87)	(n=99)	(n=91)	(n=92)	(n=91)	(n=99)	(n=60)	(n=82)
% More difficult	14	16	15	16	11	26	10	7	25	22
% Stable	55	58	61	55	58	50	66	62	57	55
% Easier	23	19	18	23	30	15	14	27	17	7
% Fluctuates	8	7	6	6	1	9	10	4	2	16

Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Table 53: EDRS reports of availability of MDMA crystal/rock in the preceding six months, 2014

% Availability of ecstasy	National		NSW (n=45)	ACT (n=53)	VIC (n=48)	TAS (n=31)	SA (n=27)	WA (n=51)	NT (n=22)	QLD (n=38)
	2013	2014 (N=315)								
% Very easy	-	27	33	28	27	16	19	20	46	29
% Easy	-	41	33	57	35	26	44	51	18	47
% Difficult	-	28	29	13	33	48	37	28	23	24
% Very difficult	-	4	4	2	4	10	0	2	14	0
% Change in availability	2013	2014 (N=295)	(n=36)	(n=52)	(n=48)	(n=27)	(n=25)	(n=48)	(n=22)	(n=37)
% More difficult	-	20	11	15	35	26	20	13	23	19
% Stable	-	55	58	65	54	48	40	50	46	68
% Easier	-	17	25	17	6	15	28	21	27	8
% Fluctuates	-	8	6	2	4	11	12	17	5	5

Source: EDRS interviews

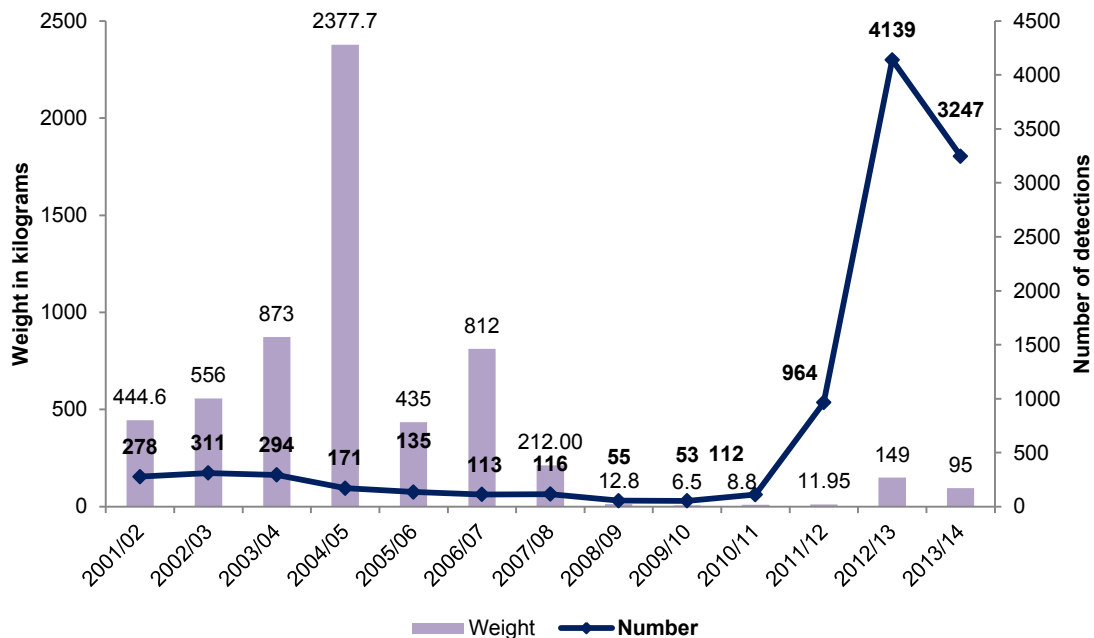
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Note: 2014 is the first year data on MDMA crystal/rock was collected

5.1.3.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. In 2013/14 the weight and number of seizures illustrated a decrease compared to last year's figures with international mail reported as the medium of the majority of detected seizures (Figure 22).

Figure 22: Number and weight of detections of MDMA detected at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

5.1.4 Supply: Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range 0-25 people), and just under two-thirds (62%) reported typically purchasing for themselves and friends on those occasions. Among this group, figures of frequency of purchase were comparable to those reported in 2013, with half (51%) of the sample reporting purchasing ecstasy monthly or less. The median number of ecstasy pills purchased at a time was four tablets/pills (Table 54).

Table 54: Purchasing patterns related to ecstasy use, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)
	(N=683)	(N=743)								
Median no. people bought ecstasy from (n; range)	3 (0-80)	3 (0-25)	3 (1-20)	3 (1-20)	4 (0-20)	2 (1-25)	3 (1-25)	4 (0-20)	3 (0-20)	3 (0-20)
Last time purchased ecstasy for:										
% Yourself	35	35	39	27	40	45	28	34	33	35
% Yourself and others	62	62	58	71	58	51	70	64	65	60
% Others only	1	1	2	2	0	1	2	1	1	0
% Didn't purchase	3	2	1	0	2	3	0	1	1	5
Frequency of purchase:										
% Monthly or less (1-6 times)	47	51	51	50	34	59	54	52	44	67
% Fortnightly or less (7-12 times)	34	33	35	37	41	33	34	31	32	17
% Weekly or less	16	15	13	11	22	7	11	16	22	15
% Three times per week or more (25-180)	2	2	2	2	2	1	1	1	1	1
Median no. pills usually purchased (n)	4	4	3.5	4	4	3	6	4	3	4

Source: EDRS interviews

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (64%) (Table 55).

Source location for ecstasy purchase is private locations such as friend's home (33%), followed by public locations such as nightclubs (14%), and home delivered (13%).

Ecstasy was reportedly most commonly used in a nightclub setting (40%) followed by live music/concert events (15%) then private settings such as friend's home (10%) and private parties (12%, Table 55).

Table 55: Last source, purchase location and use location of ecstasy pills, powder and capsules, 2014

% Source	National 2013 (N=681)	National 2014 (N=752)	NSW (n=96)	ACT (n=100)	VIC (n=94)	TAS (n=98)	SA (n=97)	WA (n=100)	NT (n=82)	QLD (n=85)
% Friends	66	64	69	65	67	66	58	74	51	61
% Known dealers	19	17	24	23	15	12	23	12	11	17
% Acquaintances	6	8	3	6	9	4	6	8	20	9
% Unknown dealers	4	5	2	3	6	3	4	2	13	9
% Workmates	1	2	0	2	0	7	3	1	1	1
% Other	<1	<1	1	0	0	1	0	0	0	0
% Street dealers	<1	1	0	0	0	0	2	1	4	0
% Relatives	1	1	0	1	0	5	0	1	0	0
% Online	1	1	0	0	3	1	2	1	0	2
% Haven't obtained	<1	<1	0	0	0	0	1	0	0	0
% Location obtained										
% Friend's home	32	33	39	43	23	27	25	36	33	37
% Nightclub	15	14	7	12	23	14	22	9	15	12
% Dealer's home	11	9	15	9	3	4	12	6	15	12
% Home delivered	13	13	10	11	13	16	10	13	13	20
% Agreed public location	8	9	10	9	7	2	14	10	7	8
% Raves*	3	2	1	1	3	1	2	3	4	1
% Private party	5	5	3	7	7	9	3	2	2	4
% Pubs	4	5	3	2	6	17	3	1	5	2
% Acquaintance's home	<1	<1	0	0	1	0	0	1	0	2
% Street	3	2	4	2	4	1	1	4	1	1
% Work	<1	1	0	0	1	7	0	1	1	0
% Live music event/festival	2	4	4	4	4	1	5	7	2	0
% Online	<1	<1	0	0	2	1	1	1	0	1
% Other (include. Day club, educational institution etc.)	2	<1	3	0	0	0	0	3	1	0
% Haven't obtained	<1	<1	0	0	0	0	1	0	0	0
% Last use venue										
% Nightclub	41	40	28	45	49	28	45	41	33	51
% Home	10	7	10	5	7	8	6	3	10	7
% Friend's home	13	10	10	10	10	11	6	11	12	11
% Live music event/festival	10	15	24	9	7	3	17	31	17	11
% Private party	10	12	5	15	12	22	10	9	7	12
% Raves*	6	5	8	2	4	6	5	3	6	2
% Pub	5	7	7	7	3	19	6	0	9	6
% Outdoors [◇]	2	2	1	1	2	0	4	0	4	0
% Dealers home	<1	<1	0	3	0	1	0	0	0	0
% Public place	1	1	4	2	3	0	0	0	1	0
% Other (includes car and day club)	<1	1	1	1	2	2	0	0	1	1

Source: EDRS interviews

* Includes 'doofs' and dance parties

◇ Examples include at a beach, bushwalking, camping

MDMA crystal/rock was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (56%) followed by known dealers (19%) (Table 55).

Source location for MDMA crystal/rock purchase is private locations such as friend's home (41%) or dealers home (13%). Nightclubs were the locations MDMA crystal/rock was most used, which is the same as ecstasy pills, powder and capsules.

Table 56: Last source, purchase location and use location of MDMA crystal/rock, 2014

% Source	National 2013	National 2014 (N=331)	NSW (n=49)	ACT (n=59)	VIC (n=48)	TAS (n=33)	SA (n=29)	WA (n=53)	NT (n=22)	QLD (n=38)
% Friends	-	56	63	58	48	49	59	60	68	45
% Known dealers	-	19	16	22	23	15	21	13	5	29
% Acquaintances	-	10	4	9	21	12	3	11	14	3
% Unknown dealers	-	5	6	3	4	15	0	2	9	8
% Workmates	-	1	2	0	0	0	0	2	5	0
% Online	-	5	0	0	4	3	14	8	0	13
% Haven't obtained	-	3	6	9	0	0	3	2	0	3
% Street dealers	-	1	2	0	0	3	0	2	0	0
% Other	-	<1	0	0	0	3	0	0	0	0
% Location obtained										
% Friend's home	-	41	39	39	35	39	62	37	46	40
% Nightclub	-	5	4	5	6	0	3	12	5	3
% Dealer's home	-	13	10	19	15	15	14	2	18	16
% Home delivered	-	9	10	7	6	9	0	15	5	16
% Agreed public location	-	8	12	3	8	9	7	12	5	5
% Raves*	-	4	0	5	2	9	0	6	5	5
% Private party	-	4	4	3	4	9	0	2	9	0
% Pubs/Bars	-	3	0	2	6	6	0	0	5	5
% Acquaintance's home	-	2	0	0	8	0	0	0	5	3
% Street	-	2	8	2	0	0	0	0	0	0
% Work	-	<1	2	0	0	0	0	2	0	0
% Live music event/festival	-	4	4	7	6	0	3	8	0	0
% Online	-	3	0	0	2	3	7	4	0	8
% Street market	-	2	8	2	0	0	0	0	0	0
% Haven't obtained	-	3	6	9	0	0	3	2	0	0
% Last use venue										
% Nightclub	-	31	33	41	25	12	21	34	23	45
% Home	-	6	4	5	6	6	0	8	5	16
% Friend's home	-	16	25	12	6	21	35	9	14	13
% Live music event/festival	-	16	8	9	27	21	10	26	18	8
% Private party	-	11	10	14	8	12	17	9	9	11
% Raves*	-	7	4	7	10	6	0	9	14	5
% Pubs/Bars	-	5	2	3	6	18	3	0	14	3
% Outdoors [◇]	-	2	0	0	4	0	10	0	0	0
% Dealers home	-	<1	0	2	2	0	0	0	0	0
% Public place	-	1	2	0	2	3	0	0	0	0
% Other (includes car and day club)	-	3	4	0	4	0	0	2	5	0
% Haven't obtained	-	3	8	9	0	0	3	2	0	0

Source: EDRS interviews

* Includes 'doofs' and dance parties

◇ Examples include at a beach, bushwalking, camping

5.2 Methamphetamine

Speed powder

- Price (median) of a gram of speed nationally was \$250 and ranged from \$150 in NSW to \$650 in QLD, with 79% reporting that prices were stable.
- Purity reports of speed were mixed with 40% reporting speed as 'medium' and 30% reporting purity as 'high'. Most reported purity of speed had remained stable.
- Availability is still considered to be 'easy' to 'very easy' to obtain (73%). The majority considered speed availability to have remained 'stable' in the past six months.

Base

- Price (median) of base was commonly reported in points, nationally was \$60 per point (a decrease from \$80 per point) ranging from \$20 in VIC to \$150 in the NT. Most participants reported that this had remained 'stable'.
- Purity was considered to be 'high' for base, and this was considered to have remained 'stable'.
- Availability reports for base were 'easy' to 'very easy' to obtain. Interestingly, participants reported this to have remained 'stable' over the past six months.

Ice/crystal

- Price (median) of ice/crystal was commonly reported in points, nationally was \$100 per point ranging from \$50 in NSW to \$150 in the NT. Most participants reported that this had remained 'stable'.
- The greatest proportion reported that ice/crystal purity was 'high' and that this had remained 'stable'.
- The majority of participants commenting reported that ice/crystal was 'easy' to 'very easy' to obtain and that this had remained 'stable'.
- ATS number of seizures at the Australian border have increased in 2013/14, while crystalline methamphetamine in both number and weight remained high and yet stable.

5.2.1 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of different forms of methamphetamine. The median prices, by jurisdiction, are presented in Table 57 and perceptions of price changes are shown in Table 58.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram of speed nationally was \$250 ranging from \$150 in NSW to \$650 in QLD, slightly higher than 2013 figures. Prices reported were considered to have remained 'stable' over the six months prior to interview by the majority of participants that commented.

Very few participants were able to comment on base. The price of base was reported in points, last purchase price of a point of base was between \$20 per point in VIC to \$100 per point in SA. The majority of those commenting in the national sample reported that the price of base had remained 'stable' in the six months prior to interview.

The median price for a point of ice/crystal nationally was \$100 ranging from \$50 in NSW to \$150 in the NT. These figures are mixed across jurisdictions (see Table 57). The price per

gram was typically higher for ice/crystal than for speed or base. Despite these increases in price, in 2014 compared to 2013 results, participants reported that price had remained 'stable' (57%) six months prior to interview (see Table 58).

Table 57: Median of last price paid of various forms of methamphetamine, 2014

	Median price \$ per point						Median price \$ per gram					
	Speed powder		Base		Ice/crystal		Speed powder		Base		Ice/crystal	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
National	30	50 [^]	80	60	100	100	200	250	300	200 [^]	300	500
NSW	50 [^]	50	-	-	50 [^]	50 [^]	150 [^]	150 [^]	70 [^]	100 [^]	400 [^]	450 [^]
ACT	25 [^]	35 [^]	-	30 [^]	80 [^]	100 [^]	200	200	225 [^]	120 [^]	725 [^]	375 [^]
VIC	30	20	80 [^]	20 [^]	80	70	200	200	400 [^]	200 [^]	600	550
TAS	50	42.50 [^]	-	30 [^]	100 [^]	100 [^]	300	300	210 [^]	300 [^]	-	500 [^]
SA	100 [^]	50 [^]	90 [^]	100 [^]	100	90	280 [^]	-	-	-	450 [^]	450 [^]
WA	100 [^]	100 [^]	-	-	100	100	700 [^]	200 [^]	-	-	800 [^]	800 [^]
NT	-	100 [^]	-	150 [^]	200 [^]	150	300 [^]	350	-	200 [^]	300 [^]	850
QLD	65 [^]	55 [^]	-	60 [^]	100 [^]	100	200 [^]	650 [^]	800 [^]	-	800 [^]	650 [^]

Source: EDRS interviews

[^] Small numbers (n<10); interpret with caution

Table 58: Methamphetamine price changes, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Speed price changes	2013	2014								
(among those who commented)	(N=100)	(N=110)	(n=6 [^])	(n=15)	(n=25)	(n=30)	(n=3)	(n=4 [^])	(n=17)	(n=10)
% Increased	10	12	0	0	16	10	0	0	18	30
% Stable	76	79	100	87	72	77	100	100	77	70
% Decreased	9	6	0	13	8	7	0	0	0	0
% Fluctuated	5	4	0	0	4	7	0	0	6	0
% Base price changes	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	2013	2014	(n=4 [^])	(n=2 [^])	(n=2 [^])	(n=10)	(n=5 [^])	(n=0)	(n=5 [^])	(n=6 [^])
	(N=14)	(N=33)								
% Increased	7	6	0	0	0	0	0	-	0	33
% Stable	86	82	100	100	100	70	100	-	100	50
% Decreased	0	6	0	0	0	10	0	-	0	17
% Fluctuated	7	6	0	0	0	20	0	-	0	0
% Ice/crystal price changes	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	2013	2014	(n=9 [^])	(n=4 [^])	(n=19)	(n=11)	(n=15)	(n=7 [^])	(n=16)	(n=16)
	(N=92)	(N=97)								
% Increased	13	14	0	25	11	36	27	0	0	19
% Stable	65	57	78	25	42	36	40	86	67	75
% Decreased	15	18	11	0	42	7	27	0	13	6
% Fluctuated	7	11	11	50	5	18	7	14	19	0

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The median price per gram of speed has remained substantially lower in NSW compared to other jurisdictions over time, however, in 2013 remaining in 2014 we saw an increase in price for speed in NSW to the highest reported since monitoring began in 2000. Also in 2013, there appeared to be small numbers commenting in NSW (Table 57).

Table 59: Median price per gram of methamphetamine powder (speed), 2000-2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	60
2001	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2002	n.a.	60	n.a.	n.a.	n.a.	43	n.a.	n.a.	n.a.
2003	n.a.	55	175	180	200	40	200	60	200
2004	100	60	80	180	300	50	300	100	180
2005	150	60	80	180	325	65	300	200	180
2006	180	60	200	200	325	50	300	122.75	150
2007	200	50	200	195	300	200	350	250	200
2008	180	50	225	200	300	200 [^]	100	300 [^]	165
2009	200	47.50	200	190	255	350	275	300	180
2010	200	55	200	200	250	200 [^]	300 [^]	350	200
2011	200	80	200	200	250 [^]	300 [^]	475 [^]	300 [^]	200
2012	200	75 [^]	200	200	300	225 [^]	400 [^]	200 [^]	200 [^]
2013	200	150 [^]	200	200	300	280 [^]	700 [^]	300 [^]	200 [^]
2014	250	150 [^]	200	200	300	-	200 [^]	350	650 [^]

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000, in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here; no participants reported on the price of speed in QLD in 2001. In 2009 onward, only last price paid for gram of speed was reported.

Very few participants in 2014 across jurisdictions were able to comment on the price per point of base. In 2014, a few jurisdictions reported an increase in price per point of base (Table 60).

Table 60: Median price per point of methamphetamine base (base), 2000-2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	30
2001	n.a.	50	n.a.	n.a.	n.a.	30	n.a.	n.a.	30
2002	n.a.	40	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	n.a.	40	40	32.5	50	25	50	50	25
2004	30	37.5	40	29	50	25	50	50	27.5
2005	30	30	40	22.5	50	25	50	75	25
2006	40	37.5	42.5	(no purchases)	40	22.5	50	80 [^]	25
2007	40	40 [^]	50 [^]	50 [^]	40	40	50 [^]	35 [^]	25
2008	40	42.5 [^]	30	30 [^]	40 [^]	50	50 [^]	(no purchases)	25
2009	50	30 [^]	40 [^]	(no purchases)	60 [^]	50 [^]	50 [^]	55 [^]	40 [^]
2010	50	35 [^]	25 [^]	(no purchases)	50 [^]	50 [^]	(no purchases)	50 [^]	35 [^]
2011	50	(no purchases)	22.50 [^]	40 [^]	50 [^]	50 [^]	(no purchases)	(no purchases)	40 [^]
2012	50	50 [^]	50 [^]	100 [^]	50	85	-	-	65 [^]
2013	80 [^]	(no purchases)	(no purchases)	80 [^]	(no purchases)	90 [^]	(no purchases)	(no purchases)	(no purchases)
2014	60	-	30 [^]	20 [^]	30 [^]	100 [^]	-	150 [^]	60 [^]

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution.

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. No participant commented on the price of a point of base in VIC in 2006. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009 onward, only last price paid for point of base was reported

In 2014, the median price for a point of ice/crystal increased across most jurisdictions. NSW reported the lowest price for a point of ice/crystal methamphetamine (\$50). Please interpret with caution as small numbers in certain jurisdictions (Table 61).

Table 61: Median price per point of crystalline methamphetamine (ice/crystal), 2000-2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	35
2001	n.a.	50	n.a.	n.a.	n.a.	35	n.a.	n.a.	40
2002	n.a.	50	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	n.a.	50	45	40	50 [^]	25	50	65	40
2004	40	40	47.5	40	50 [^]	25	50	50	40
2005	50	50	35	40	50 [^]	25	50	80	47.5
2006	50	50	50	47.5	50 [^]	50	50	80 [^]	50
2007	50	50	50 [^]	40 [^]	50 [^]	50	50	50 [^]	50
2008	50	50	50	50 [^]	40 [^]	50	50	(no purchases)	50
2009	50	50 [^]	50 [^]	50 [^]	50 [^]	50	50 [^]	100 [^]	50
2010	50	50	70 [^]	85 [^]	(no purchases)	75 [^]	50 [^]	100 [^]	50 [^]
2011	90	60	80 [^]	100	50 [^]	95	100 [^]	(no purchases)	100
2012	100	50	100 [^]	100	60	100	100	150 [^]	95
2013	100	50 [^]	80 [^]	80	100 [^]	100	100	200 [^]	100 [^]
2014	100	50 [^]	100 [^]	70	100 [^]	90	100	150	100

Source: EDRS interviews

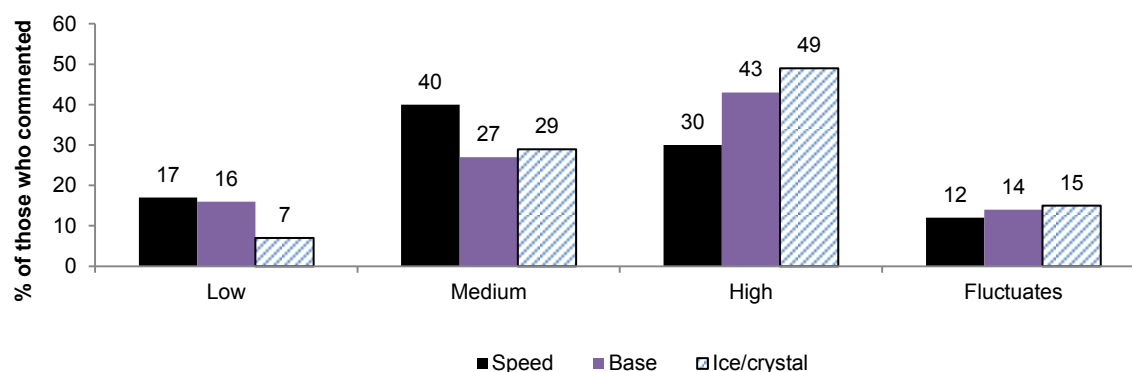
[^] Small numbers commenting (n<10); interpret with caution

Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009, only last price paid for point of ice/crystal was reported.

5.2.2 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and, also, whether this had changed over the last six months. Ice/crystal and this year base, were most commonly perceived to be of 'high' purity, whilst speed had mixed comments of 'medium' to 'high' purity (Figure 23).

Figure 23: National RPU reports of current methamphetamine purity, 2014



Source: EDRS interviews

Note: Among those who commented

National differences noted from 2014 include more RPU able to comment on market characteristics across all three forms (Table 62).

Table 62: Participant reports of current methamphetamine purity, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Current purity	2013	2014	(n=9 [^])	(n=4 [^])	(n=24)	(n=12)	(n=16)	(n=11)	(n=17)	(n=17)
Speed	(N=128)	(N=146)								
% Low	20	17	8	33	22	11	0	29	18	8
% Medium	36	40	25	43	44	40	50	29	27	69
% High	37	30	50	14	26	29	50	43	36	23
% Fluctuates	7	12	17	10	7	21	0	0	18	0
% Current purity	2013	2014	(n=5 [^])	(n=2 [^])	(n=2 [^])	(n=11)	(n=6 [^])	(n=0)	(n=5 [^])	(n=6 [^])
Base	(N=16)	(N=37)								
% Low	0	16	20	50	0	9	17	-	0	33
% Medium	25	27	20	0	50	9	50	-	40	33
% High	69	43	40	0	50	82	17	-	40	17
% Fluctuates	6	14	20	50	0	0	17	-	20	17
% Current purity	2013	2014	(n=9 [^])	(n=4 [^])	(n=24)	(n=12)	(n=16)	(n=11)	(n=17)	(n=17)
Ice/Crystal	(N=103)	(N=110)								
% Low	7	7	22	25	4	0	0	9	6	12
% Medium	32	29	11	50	38	17	19	46	35	24
% High	46	49	22	25	46	75	75	27	47	47
% Fluctuates	16	15	44	0	13	8	6	18	12	18

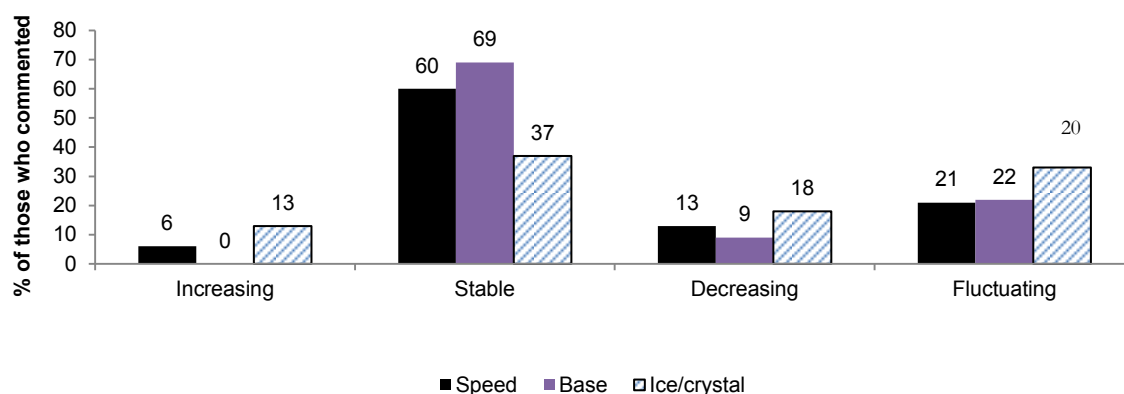
Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

[^] Small numbers commenting (n<10); interpret with caution

The largest proportion of users of all forms of methamphetamine reported that the purity remained 'stable' in the six months preceding interview (Figure 24) (Table 63).

Figure 24: National RPU reports of recent (last six months) change in methamphetamine purity, 2014



Source: EDRS interviews

Note: Among those who commented

Table 63: Participant reports of methamphetamine purity change, 2014

% Current purity Speed	National		NSW (n=6 [^])	ACT (n=15)	VIC (n=22)	TAS (n=35)	SA (n=2 [^])	WA (n=3 [^])	NT (n=20)	QLD (n=8 [^])
	2013 (N=107)	2014 (N=111)								
% Increasing	12	6	0	0	9	3	0	0	15	13
% Stable	52	60	83	47	68	66	100	67	60	13
% Decreasing	17	13	0	40	9	6	0	0	5	38
% Fluctuating	19	21	17	13	14	26	0	33	20	38
Base	2013 (N=13)	2012 (N=32)	(n=4 [^])	(n=1 [^])	(n=2 [^])	(n=9 [^])	(n=6 [^])	(n=0)	(n=4)	(n=3 [^])
% Increasing	8	0	0	0	0	0	0	-	0	0
% Stable	77	69	75	0	100	89	50	-	75	50
% Decreasing	8	9	0	0	0	0	17	-	0	33
% Fluctuating	8	22	25	100	0	11	33	-	25	17
Ice/Crystal	2013 (N=92)	2014 (N=96)	(n=9 [^])	(n=3 [^])	(n=22)	(n=11)	(n=14)	(n=5 [^])	(n=16)	(n=16)
% Increasing	16	13	11	0	27	0	14	0	6	13
% Stable	44	37	0	0	32	64	43	20	50	38
% Decreasing	16	18	33	67	23	9	7	20	6	19
% Fluctuating	24	33	56	33	18	27	36	60	38	31

Source: EDRS interviews[^] Small numbers commenting (n<10); interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

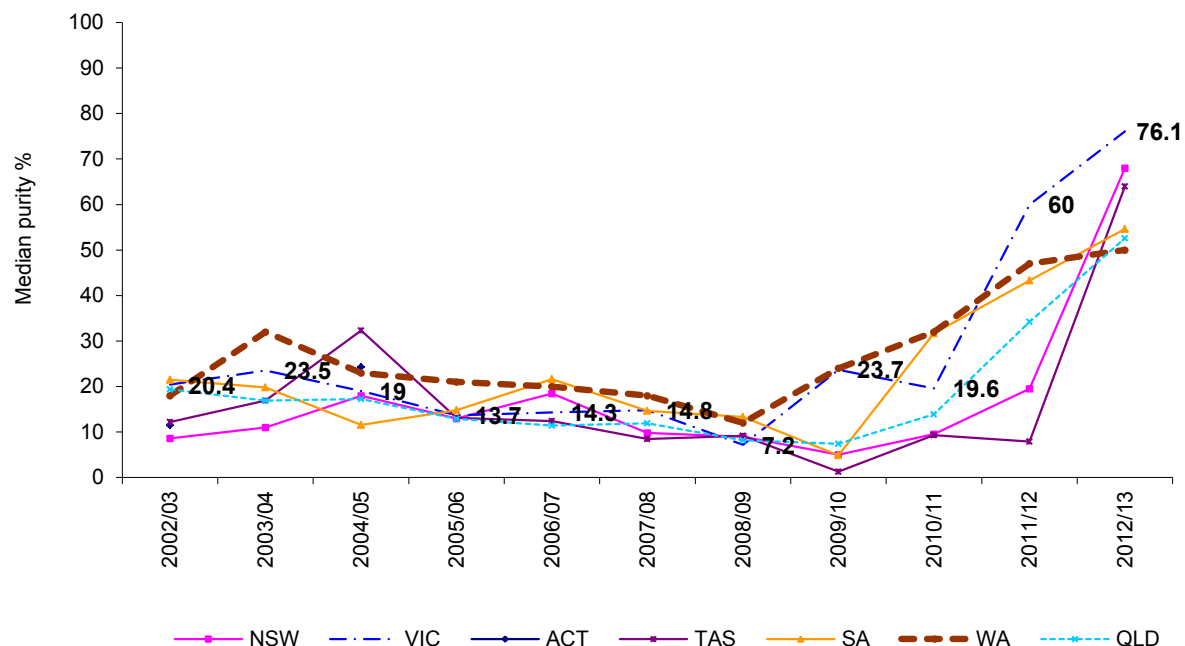
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine purity data. The ACC has provided the purity figures for state police and AFP seizures.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from these purity data remains difficult (Australian Customs Service, 2007).

Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process, the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported.

Figure 25 shows the median purity across jurisdictions of methylamphetamine seizures by year from 2002/03. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is a clear upward trend across all states from 2009/10 in the purity of methylamphetamine seizures analysed. In 2012/13, it would appear that the median purity of methylamphetamine while having fluctuated appears to have increased in VIC and WA (VIC figures are bolded). No methylamphetamine seizures were analysed for purity in the ACT in 2012/13 (Australian Crime Commission, 2013).

Figure 25: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2002/03-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

5.2.3 Availability

Twenty percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. As in 2013, the largest proportion (73%) reported that speed was 'easy' to 'very easy' to obtain. The majority of participants reported that availability of speed had remained 'stable' in the six month prior to interview (61%) (Table 64).

Table 64: Availability of methamphetamine powder (speed), 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=135)	(N=149)	(n=11)	(n=22)	(n=26)	(n=41)	(n=7 [^])	(n=6 [^])	(n=22)	(n=14)
% Very easy	36	31	27	14	42	39	14	67	23	21
% Easy	42	42	36	73	31	29	57	33	41	57
% Difficult	19	23	18	14	27	24	14	0	36	21
% Very difficult	4	4	18	0	0	7	14	0	0	0
% Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=123)	(N=134)	(n=10)	(n=20)	(n=24)	(n=39)	(n=5 [^])	(n=5 [^])	(n=18)	(n=13)
% More difficult	11	22	10	20	21	26	20	0	33	15
% Stable	72	61	60	75	79	54	60	40	44	62
% Easier	12	13	20	5	0	15	20	40	17	23
% Fluctuates	4	4	10	0	0	5	0	20	6	0

Source: EDRS interviews

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

[^]Small numbers commenting (n<10); interpret with caution

Very few of the national sample commented on the current availability of base and whether this had changed over the past six months. Reports on availability of obtaining base had the

majority reporting base was 'easy' to 'very easy' (72%) to obtain and this was reported to have remained 'stable' (71%) (Table 65).

Table 65: Availability of methamphetamine base, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=19)	(N=36)	(n=4 [^])	(n=2 [^])	(n=2 [^])	(n=11)	(n=5 [^])	(n=0)	(n=5 [^])	(n=7 [^])
% Very easy	53	19	0	0	0	46	20	-	20	0
% Easy	42	53	50	100	50	36	80	-	60	43
% Difficult	5	22	25	0	50	18	0	-	20	43
% Very difficult	0	6	25	0	0	0	0	-	0	14
Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=18)	(N=34)	(n=4 [^])	(n=2 [^])	(n=2 [^])	(n=10)	(n=5 [^])	(n=0)	(n=4 [^])	(n=7 [^])
% More difficult	0	18	0	0	0	10	20	-	25	43
% Stable	100	71	100	100	100	60	80	-	50	57
% Easier	0	6	0	0	0	10	0	-	25	0
% Fluctuates	0	6	0	0	0	20	0	-	0	0

Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

[^] Small numbers (n<10); interpret with caution

Fourteen percent of the national sample commented on the availability of ice/crystal. The majority of participants considered it 'easy' or 'very easy' to obtain (86%). Over half reported that availability had remained 'stable' over the preceding six months (64%; Table 66).

Table 66: Availability of crystalline methamphetamine (ice/crystal), 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=105)	(N=112)	(n=9 [^])	(n=5 [^])	(n=23)	(n=11)	(n=17)	(n=12)	(n=18)	(n=17)
% Very easy	56	52	44	0	65	46	65	50	53	41
% Easy	32	34	33	40	35	18	35	42	17	53
% Difficult	11	12	22	60	0	18	0	8	28	0
% Very difficult	1	3	0	0	0	18	0	0	0	6
% Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=100)	(N=103)	(n=9 [^])	(n=4 [^])	(n=23)	(n=12)	(n=14)	(n=10)	(n=15)	(n=16)
% More difficult	12	8	11	50	4	8	0	10	7	6
% Stable	63	64	78	25	70	50	79	60	47	75
% Easier	21	21	0	0	26	17	14	20	47	19
% Fluctuates	4	7	11	25	0	25	7	10	0	0

Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

[^] Small numbers (n<10); interpret with caution

As with ecstasy, speed use was reported most commonly to have been bought from friends and known dealers, and obtained from friends' homes and used in nightclubs (Table 67).

Table 67: Last source, purchase location and use location of methamphetamine powder (speed), 2014

% Obtained from (among those who commented)	National 2013 (N=141)	National 2014 (N=157)	NSW (n=13)	ACT (n=22)	VIC (n=29)	TAS (n=41)	SA (n=7 [^])	WA (n=7 [^])	NT (n=24)	QLD (n=14)
% Friends	57	63	69	50	52	66	57	71	63	93
% Known dealers	22	17	15	36	21	22	14	0	0	0
% Acquaintances	4	6	0	5	7	2	14	29	8	7
% Unknown dealers	7	4	0	5	7	0	0	0	13	0
% Workmates	<1	1	8	0	0	2	0	0	0	0
% Street dealers	1	3	0	5	0	5	0	0	8	0
% Mobile dealers	<1	0	0	0	0	0	0	0	0	0
% Online	1	3	0	0	10	2	0	0	0	0
% Other	<1	0	0	0	0	0	0	0	0	0
% Haven't obtained	5	3	8	0	3	0	14	0	8	0
% Locations obtained (among those who commented)	2013 (N=141)	2014 (N=158)	NSW (n=13)	ACT (n=22)	VIC (n=29)	TAS (n=41)	SA (n=7 [^])	WA (n=8 [^])	NT (n=24)	QLD (n=14)
% Friend's home	35	37	31	32	28	27	29	50	54	64
% Dealer's home	19	15	15	23	17	17	0	13	13	0
% Home delivered	11	8	8	0	7	15	29	0	4	7
% Nightclub	7	9	8	14	14	10	0	0	4	7
% Public place	9	5	0	9	10	2	0	0	4	7
% Raves*	5	3	0	9	0	0	5	0	0	0
% Private party	4	3	0	5	0	5	0	13	4	0
% Pubs/Bars	<1	5	8	0	3	5	14	13	4	7
% Street	1	2	8	0	3	0	0	0	4	0
% Live music events	2	4	0	9	7	2	14	13	0	0
% Online	1	3	0	0	7	2	0	0	4	0
% Other	<1	4	16	0	0	10	0	0	0	7
% Used but not obtained	5	3	8	0	3	0	14	0	4	0
% Last use venue (among those who commented)	2013 (N=141)	2014 (N=157)	NSW (n=13)	ACT (n=22)	VIC (n=29)	TAS (n=40)	SA (n=7 [^])	WA (n=8 [^])	NT (n=24)	QLD (n=14)
% Nightclub	21	30	15	36	38	28	14	13	33	36
% Dealers home	<1	1	0	0	3	3	0	0	0	0
% Home	19	13	15	18	10	13	29	13	4	14
% Friend's home	18	16	23	9	7	18	0	0	29	29
% Private party	9	6	0	9	3	5	14	25	4	0
% Live music event	6	10	8	18	10	5	29	25	4	0
% Raves*	5	4	8	5	0	5	0	0	8	0
% Pubs	7	10	23	5	10	15	0	13	0	14
% Work	<1	1	0	0	3	3	0	0	0	0
% Public place	1	2	0	0	7	3	0	0	0	0
% Other	4	5	0	0	3	6	0	0	12	7
% Used but not obtained	7	3	8	0	3	0	14	0	4	0

Source: EDRS interviews

* Includes 'doofs' and dance parties

Note: Numbers may not add to 100% due to small proportions reporting that they haven't obtained base recently but were able to comment on market characteristics or the option of a 'street dealer'

[^]Small numbers commenting (n<10); interpret with caution

As with ecstasy and speed, base was also most commonly reported to have been bought from friends (and known dealers) and most commonly sourced from friend's home. Base is the least common form reportedly used by EDRS participants. Base continued to be reportedly last used in private locations (own home and friend's home) (Table 68). Jurisdictional differences should be interpreted with caution due to small numbers.

Table 68: Last source, purchase location and use location of methamphetamine base, 2014

% Obtained from (among those who commented)	National 2013 (N=21)	National 2014 (N=40)	NSW (n=5 [^])	ACT (n=2 [^])	VIC (n=2 [^])	TAS (n=12)	SA (n=7 [^])	WA (n=0)	NT (n=5 [^])	QLD (n=7 [^])
% Friends	52	68	100	50	0	100	29	-	60	57
% Known dealers	24	15	0	0	100	0	14	-	20	29
% Acquaintances	5	8	0	0	0	0	14	-	20	14
% Unknown dealers	n.a	5	0	50	0	0	14	-	0	0
% Other	0	3	0	0	0	0	14	-	0	0
% Haven't obtained	14	3	0	0	0	0	14	-	0	0
% Locations obtained (among those who commented)	2013 (N=21)	2014 (N=40)	NSW (n=5 [^])	ACT (n=2 [^])	VIC (n=2 [^])	TAS (n=12)	SA (n=7 [^])	WA (n=0)	NT (n=5 [^])	QLD (n=7 [^])
% Friend's home	24	20	20	50	0	67	43	-	60	57
% Dealer's home	14	5	0	0	50	0	0	-	20	0
% Own home	10	13	20	0	0	25	14	-	0	14
% Public place	19	5	20	0	0	0	0	-	0	14
% Nightclubs/ Raves	5	8	0	0	50	8	0	-	20	0
% Private parties	5	5	0	50	0	0	14	-	0	0
% Work	5	0	0	0	0	0	0	-	0	0
% Other	0	11	40	0	0	0	14	-	0	14
% Used but not obtained	14	<1	0	0	0	0	14	-	0	0
% Last use venue (among those who commented)	2013 (N=21)	2014 (N=40)	NSW (n=5 [^])	ACT (n=2 [^])	VIC (n=2 [^])	TAS (n=12)	SA (n=7 [^])	WA (n=0)	NT (n=5 [^])	QLD (n=7 [^])
% Home	24	16	0	0	0	8	14	-	0	57
% Friend's home	19	16	0	0	0	42	29	-	20	0
% Live music event	5	5	0	50	0	10	0	-	0	14
% Pub	5	8	20	0	0	0	0	-	20	14
% Nightclub	14	22	20	0	100	17	29	-	20	14
% Private party	5	5	0	50	0	8	0	-	0	0
% Other	10	24	60	0	0	25	14	-	40	0
% Used but not obtained	14	3	0	0	0	0	14	-	0	0

Source: EDRS Interviews

* Includes 'doofs' and dance parties

[^] Small numbers commenting (n<10); interpret with caution

As with the other forms of methamphetamine, friends and known dealers were the most common sources of ice/crystal. It was most commonly obtained and used in private locations, including at friend's home, dealer's home and at the participant's own home (Table 69).

Table 69: Last source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2014

% Obtained from (among those who commented)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=111)	2014 (N=117)	(n=9 [^])	(n=5 [^])	(n=23)	(n=13)	(n=19)	(n=12)	(n=19)	(n=17)
% Friends	51	58	44	60	61	69	58	50	58	59
% Known dealers	33	22	33	40	30	8	16	33	5	29
% Acquaintances	4	9	11	0	0	15	5	17	16	6
% Unknown dealers	5	3	0	0	9	0	5	0	5	0
% Street dealers	<1	3	11	0	0	0	0	0	11	0
% Other	<1	3	0	0	0	8	11	0	0	0
% Haven't obtained	5	3	0	0	0	0	5	0	5	6
% Locations obtained (among those who commented)	2013 (N=111)	2014 (N=116)	NSW (n=9 [^])	ACT (n=5 [^])	VIC (n=23)	TAS (n=12)	SA (n=19)	WA (n=12)	NT (n=19)	QLD (n=17)
% Friend's home	35	41	22	60	30	75	37	25	53	41
% Dealer's home	22	17	33	40	17	8	16	17	11	18
% Own home	14	18	22	0	26	8	21	25	11	18
% Agreed public location	16	14	11	0	26	8	5	17	11	18
% Nightclub	3	1	0	0	0	0	0	0	5	0
% Private parties	2	1	0	0	0	0	0	0	5	0
% Raves/doofs	<1	1	0	0	0	0	0	8	0	0
% Other	4	4	11	0	0	0	16	8	0	0
% Used but not obtained	5	3	0	0	0	0	5	0	5	6
% Last use venue (among those who commented)	2013 (N=111)	2014 (N=116)	NSW (n=9 [^])	ACT (n=5 [^])	VIC (n=23)	TAS (n=12)	SA (n=19)	WA (n=12)	NT (n=19)	QLD (n=17)
% Home	27	28	44	20	39	17	16	17	26	35
% Friend's home	32	35	33	80	22	42	37	25	37	35
% Nightclub	14	10	11	0	4	17	11	8	16	12
% Private party	5	2	0	0	4	8	0	0	0	0
% Raves/doofs	4	3	0	0	9	0	5	8	0	0
% Public place	4	3	0	0	9	0	5	0	0	0
% Live music event	3	3	0	0	4	0	0	17	0	6
% Pub/Bars	2	3	0	0	4	0	11	0	5	0
% Other	5	13	11	0	0	16	6	25	10	6
% Used but not obtained	6	3	0	0	5	0	11	0	5	6

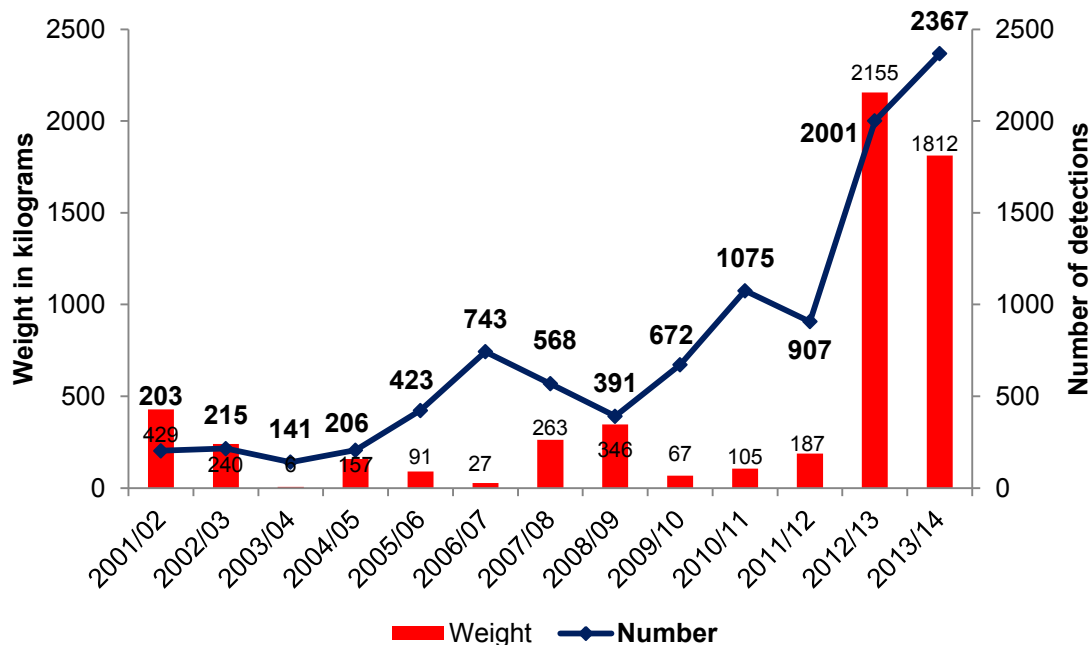
Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

5.2.4 Amphetamine-type stimulants detected at the Australian border

Figure 26 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the Australian Customs and Border Protection Service. In 2013/14, the number (2367) of detections increased slightly, however, the weight of seizures (1812 kilograms), decreased.

Figure 26: Total weight and number of ATS detected by the Australian Customs and Border Protection Service, 2001/02-2013/14

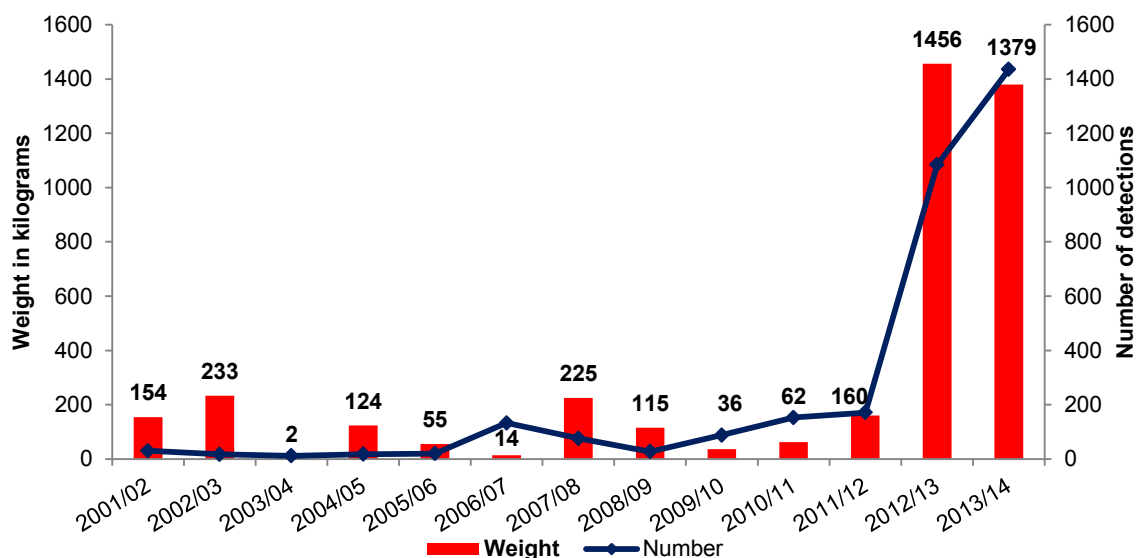


Source: (Australian Customs Border and Protection Service, 2014)

Note: Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA.

The number and weight of crystal methamphetamine seizures detected at the Australian border remained stable in 2013/14 to figures reported in 2012/13 (Figure 27) (Australian Customs Border and Protection Service, 2014).

Figure 27: Total number and weight of crystalline methamphetamine detected by the Australian Customs and Border Protection Service, 2001/02-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

5.3 Cocaine

- The price of cocaine remained stable nationally and in NSW, ACT, VIC, SA and QLD at \$300 per gram.
- Cocaine purity was reported as 'medium' (37%). Purity was reported as remaining 'stable' over the preceding six months.
- Availability reports were mixed with 57% reporting that it was 'easy' to 'very easy' to obtain and 43% reporting it was 'difficult' to 'very difficult' and availability change was reported as being 'stable'.
- Cocaine was predominantly purchased from private sources, i.e. friends at friend's home, and was most reportedly last used in public locations such as nightclubs and private locations such as friend's home and private parties.
- Number of seizures along with weight of seizures decreased in 2013/14.

5.3.1 Price

Cocaine was most commonly purchased in grams and ranged from a median of \$300 in most eastern jurisdictions to \$400 in WA (Table 70).

Table 70: Median price per gram of cocaine, 2014

Median \$	National 2013 (N=109)	National 2014 (N=160)	NSW (n=35)	ACT (n=31)	VIC (n=20)	TAS (n=9 [^])	SA (n=20)	WA (n=15)	NT (n=13)	QLD (n=17)
Gram \$ (range)	300 (250-900)	300 (40-800)	300 (40-400)	300 (100-550)	300 (100-450)	350 [^] (75-400)	300 (100-500)	400 (150-600)	350 (100-800)	300 (100-500)

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

The majority of those commenting on cocaine considered that the price had remained 'stable' over the preceding six months (Table 71).

Table 71: Price changes of cocaine, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Cocaine price changes	2013	2014								
(Of those who responded)	(N=98)	(N=166)	(n=39)	(n=32)	(n=22)	(n=5 [^])	(n=28)	(n=14)	(n=10)	(n=16)
% Increased	11	17	15	13	18	20	7	43	0	31
% Stable	80	68	69	72	64	60	71	43	90	63
% Decreased	5	5	5	0	9	0	18	0	0	0
% Fluctuated	4	10	10	16	9	20	4	14	10	6

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

The majority of jurisdictions reported stability of the median last price per gram at \$300 with variations across jurisdictions up to \$400 in WA (Table 72).

Table 72: Median price of cocaine, 2003-2014

Median price per gram \$	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	n.a.	200	250	250	250	210	325	280	250
2004	250	200	250	277.50	325 [^]	250	400	250	237.50
2005	270	270	250	300	350	300	350	375	300
2006	300	300	300	300	350	300 [^]	350	275 [^]	300
2007	300	300	300	300	350	337.5	400	350 [^]	300
2008	300	300	300	300	350	375	325	450	300
2009	300	300	300	300	300	350	375	325	300
2010	300	300	300	300	350	350	365 [^]	400 [^]	300
2011	300	300	300	300	300	375	350 [^]	350 [^]	350
2012	300	300	300 [^]	350	300 [^]	350	325	-	300
2013	300	300	300	300	300	325	400	350 [^]	300 [^]
2014	300	300	300	300	350	300	400	350	300

Source: EDRS interviews

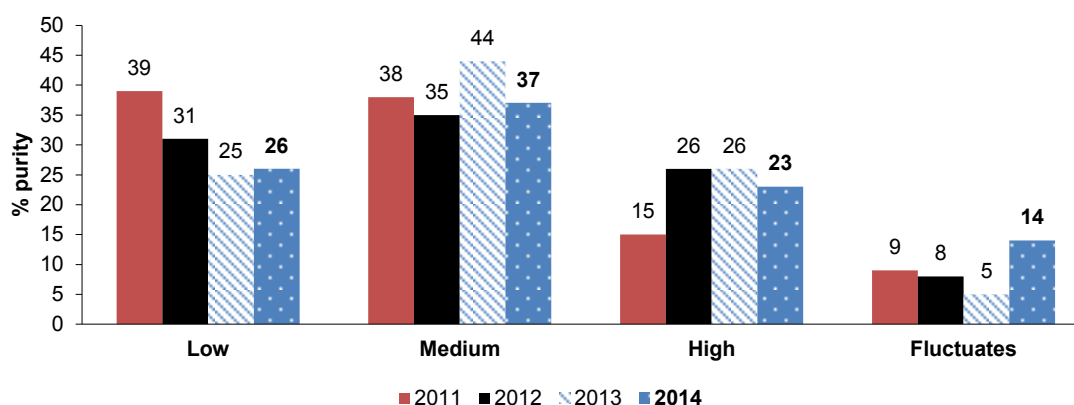
[^] Small numbers commenting (n<10); interpret with caution

n.a. data not available

5.3.2 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview (see Figure 28). Of those who commented, responses were mainly 'medium' (37%).

Figure 28: National EDRS reports of current cocaine purity, 2011-2014



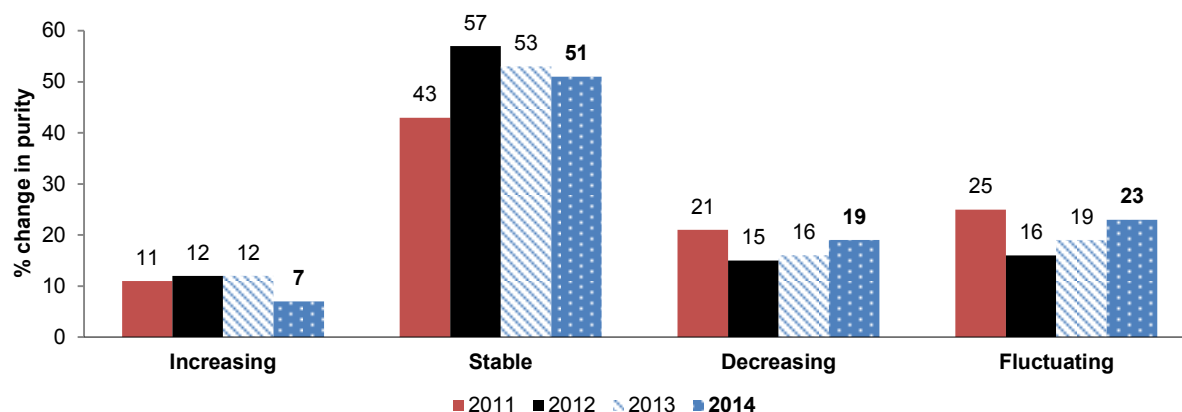
Source: EDRS interviews

Note: Among those who commented

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion of the sample reported that it had remained 'stable' (Figure 29).

Figure 29: National RPU reports of recent (last six months) change in cocaine purity, 2011-2014



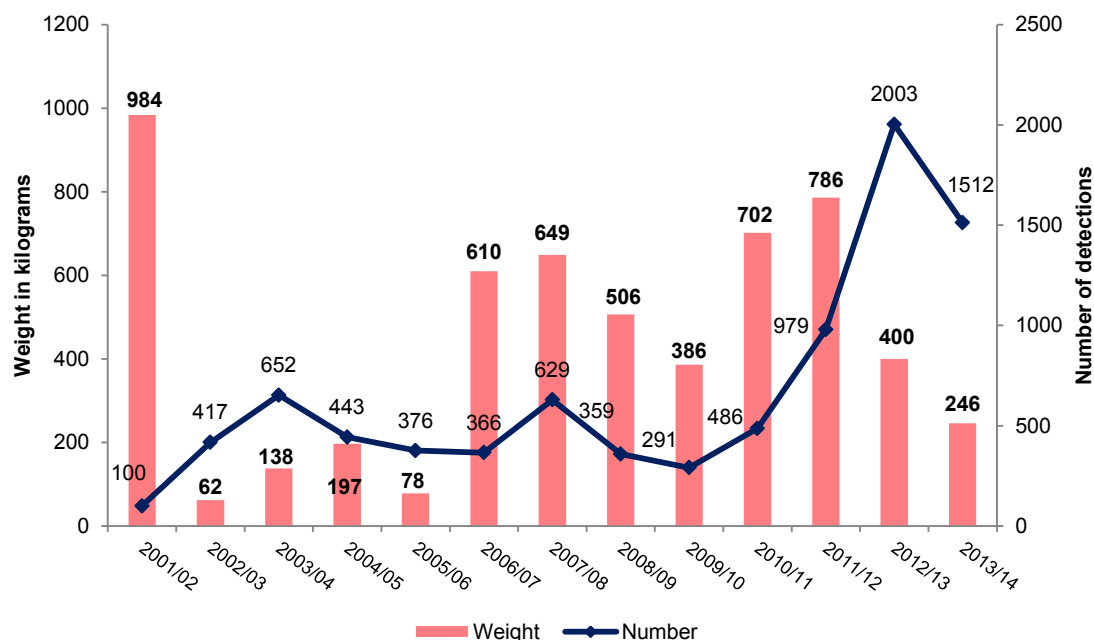
Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.3.3 Cocaine seized at the Australian border

During 2013/14, the Australian Customs and Border Protection Service made 1512 detections of cocaine at the Australian border, a slight decrease from 2003 in 2012/13 (Figure 30). The detections weighed a total of 246 kilograms which has been decreasing since 2011/12.

Figure 30: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2013/14



Source: (Australian Customs and Border Protection Service, 2014)

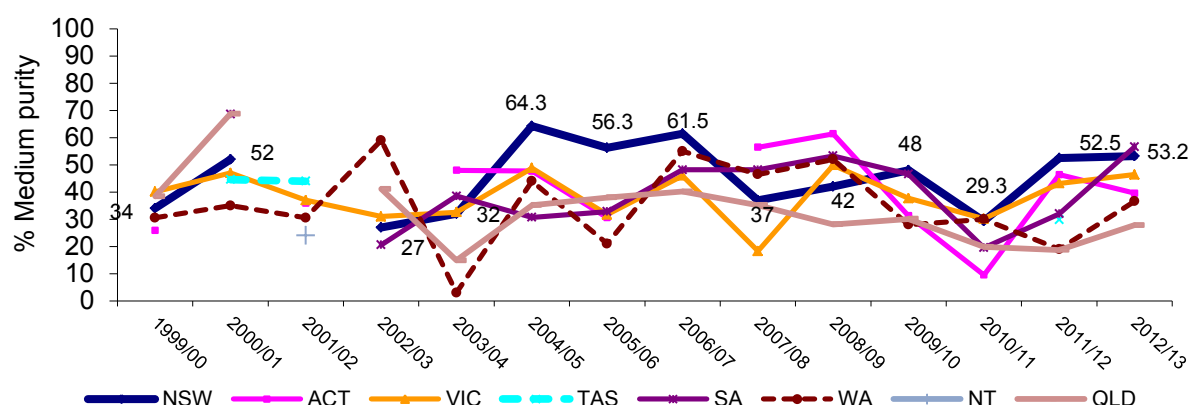
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission, 2006).

Figures reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 31: these do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for WA (and TAS), and those supplied by the Australian Forensic Drug Laboratory, represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Median purity of state police seizures was highest in NSW (values highlighted blue thick line) at 53% (Figure 31). Over time it is apparent that cocaine purity has fluctuated, however, in recent years it appears to have stabilised to between 30%-55%.

Figure 31: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014).

Note: Data for 2013/14 were unavailable at time of publication.

5.3.4 Availability

Reports of availability were mixed, with 57% of those commenting considering it to be 'easy' to 'very easy' to obtain versus 43% of those who considered it to be 'difficult' to 'very difficult' to obtain. Most participants considered the ease of access to cocaine to have remained 'stable' (69%) in the last six months prior to interview (Table 73).

Table 73: Availability of cocaine, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=140)	(N=208)	(n=44)	(n=37)	(n=26)	(n=14)	(n=34)	(n=19)	(n=14)	(n=20)
% Very easy	17	17	30	32	12	7	9	5	14	5
% Easy	41	40	55	32	42	14	50	32	7	50
% Difficult	35	37	14	32	46	50	38	58	64	35
% Very difficult	7	6	2	3	0	29	3	5	14	10
% Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=110)	(N=183)	(n=38)	(n=33)	(n=25)	(n=10)	(n=29)	(n=18)	(n=11)	(n=19)
% More difficult	6	12	13	3	16	20	3	6	18	32
% Stable	70	69	66	88	68	40	66	72	73	63
% Easier	17	12	16	3	12	30	17	17	0	0
% Fluctuates	6	7	5	6	4	10	14	6	9	5

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Cocaine was most commonly acquired through friends. It was most commonly obtained in private locations, (friend's home, and/or participant's own home) and used equally in public locations (nightclubs, pubs and raves) versus private locations (Table 74).

Table 74: Last source, purchase location and use location of cocaine, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from	2013	2014								
(among those who commented)	(N=142)	(N=218)	(n=49)	(n=37)	(n=27)	(n=15)	(n=34)	(n=19)	(n=15)	(n=22)
% Friends	51	53	53	46	52	87	47	58	40	55
% Known dealers	20	22	14	38	22	7	18	26	7	15
% Acquaintances	9	6	4	3	19	0	3	0	20	5
% Unknown dealers	6	4	2	3	7	0	0	0	27	5
% Workmates	1	3	0	5	0	0	6	11	0	0
% Other	0	<1	0	0	0	7	0	0	0	0
% Online	<1	1	0	0	0	0	6	0	0	0
% Relative	<1	1	4	4	3	0	0	0	0	0
% Used but not obtained	12	9	20	3	0	0	18	0	7	5
% Locations obtained	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=139)	(N=218)	(n=29)	(n=37)	(n=26)	(n=15)	(n=34)	(n=19)	(n=15)	(n=22)
% Friend's home	37	29	29	27	31	40	29	16	7	50
% Dealer's home	12	11	4	19	8	7	12	16	0	18
% Own home	8	10	10	8	8	20	9	11	13	9
% Agreed public location	5	8	10	8	12	0	3	11	6	14
% Acquaintance's home	3	1	2	0	4	0	0	0	0	0
% Private party	5	5	4	5	4	13	0	16	0	5
% Nightclub	9	11	4	19	12	7	6	16	33	0
% Pubs	3	7	4	0	15	0	15	5	20	0
% Raves*	<1	<1	0	0	4	0	0	0	0	0
% Live music event	3	4	6	8	4	7	0	5	0	0
% Work	2	1	0	0	0	0	6	5	0	0
% Online	<1	1	0	0	0	7	3	0	7	0
% Other	n.a		6	3	0	0	0	0	7	0
% Used but not obtained	12	9	20	3	0	0	18	0	7	5
% Last use venue	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=138)	(N=217)	(n=49)	(n=37)	(n=27)	(n=15)	(n=33)	(n=19)	(n=15)	(n=22)
% Nightclub	23	27	18	32	19	20	33	21	60	27
% Friends home	17	18	25	19	19	20	12	26	0	18
% Private party	15	11	10	5	11	7	6	21	0	27
% Home	10	8	5	16	4	13	3	5	0	18
% Raves*	3	2	0	0	7	7	0	0	7	5
% Pub	10	12	6	5	26	13	21	5	27	0
% Live music event	4	6	6	11	7	7	3	11	0	0
% Public place (street/park)	2	<1	0	0	4	0	0	0	0	0
% Other	6	6	8	5	4	14	6	0	0	0
% Used, but not obtained	9	9	20	5	0	0	15	0	7	5

Source: EDRS interviews

* Includes 'doofs' and dance parties ^Small numbers commenting (n<10); interpret with caution

Note: n.a.. means data not available

5.4 Ketamine

- Price of a gram of ketamine had a median national price of \$200 and ranged from \$180 in NSW to \$600 in the ACT. The price was reported as 'stable' by 66% of the participants that commented.
- The current purity of ketamine has continued to be reported as 'high' (58%), and this was reported to have remained 'stable' by the majority that commented.
- Ketamine availability reports were mixed between being 'difficult' to 'very difficult' (52%) and 'easy' to 'very easy' (48%). Participants reported availability as having remained stable in the preceding six months.
- Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's home. Locations of last use were divided between public locations (nightclubs) and private locations (home delivered).

5.4.1 Price

Only a small proportion of the national EDRS sample (6%) were able to comment on the price of a gram of ketamine in all jurisdictions and, therefore, the results should be interpreted with caution. The median last price paid for a gram of ketamine nationally was high at \$200 (range \$10-\$1000) ranging from \$180 in NSW to \$600 in the ACT (Table 75).

Table 75: Median price of ketamine, 2014

Median price \$	National 2013 (N=42)	National 2014 (n=44)	NSW (n=7 [^])	ACT (n=2 [^])	VIC (n=25)	TAS (n=2 [^])	SA (n=0)	WA (n=4 [^])	NT (n=3 [^])	QLD (n=1 [^])
Gram \$ (range)	180 (15-300)	200 (10-200)	180 [^] (10-230)	600 [^] (200-1000)	200 (100-400)	240 [^] (180-300)	- -	200 [^] (100-360)	250 [^] (250-300)	250 [^] (-)

Source: EDRS interviews

[^] Small numbers commenting (n<10), interpret with caution

Six percent (n=47) of the national sample, commented on whether the price of ketamine had changed in the preceding six months. The majority of these commenting participants reported that the price had remained stable (Table 76).

Table 76: Price changes of ketamine, 2014

(%) Ketamine price changes	National 2013 2014		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(n=35)	(n=47)	(n=5 [^])	(n=2 [^])	(n=33)	(n=2 [^])	(n=0)	(n=3 [^])	(n=2 [^])	(n=0)
% Increased	11	17	20	50	18	0	-	0	0	-
% Stable	77	66	60	50	67	100	-	33	100	-
% Decreased	3	13	20	0	12	0	-	33	0	-
% Fluctuated	9	4	0	0	3	0	-	33	0	-

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution.

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Table 77 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of EDRS participants able to comment on the price of ketamine has been low, so caution should be made when interpreting results. The majority of use has been reported to occur in NSW where the price has remained around \$180 per gram.

Table 77: Median price of ketamine, 2000-2014

Median price per gram (\$)	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	n.a.	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	n.a.	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	n.a.	150	n.a.	200	100 [^]	200	n.a.	n.a.	180
2004	180	200	200 [^]	195	50 [^]	200	n.a.	200 [^]	n.a.
2005	150	100	65 [^]	180	190 [^]	200	150	80 [^]	150 [^]
2006	135	175 [^]	40 [^]	100 [^]	180 [^]	300 [^]	160 [^]	50 [^]	180 [^]
2007	180	150	172.5 [^]	200 [^]	300 [^]	200	n.a.	n.a.	n.a.
2008	155	150	n.a.	200	300 [^]	225 [^]	n.a.	n.a.	n.a.
2009	200	150 [^]	n.a.	200 [^]	300 [^]	200 [^]	n.a.	400 [^]	200 [^]
2010	160	150 [^]	170 [^]	220 [^]	n.a.	125 [^]	250 [^]	350 [^]	150 [^]
2011	170	150	170 [^]	\$200	n.a.	\$250 [^]	\$250 [^]	n.a.	\$150 [^]
2012	180	150 [^]	n.a.	\$200 [^]	\$200 [^]	\$57.50 [^]	n.a.	n.a.	n.a.
2013	180	200 [^]	80 [^]	200 [^]	180 [^]	100 [^]	47.50 [^]	n.a.	n.a.
2014	200	180 [^]	600 [^]	200	240 [^]	-	200 [^]	250 [^]	250 [^]

Source: EDRS interviews

[^] Small number of participants commented; interpret with caution.

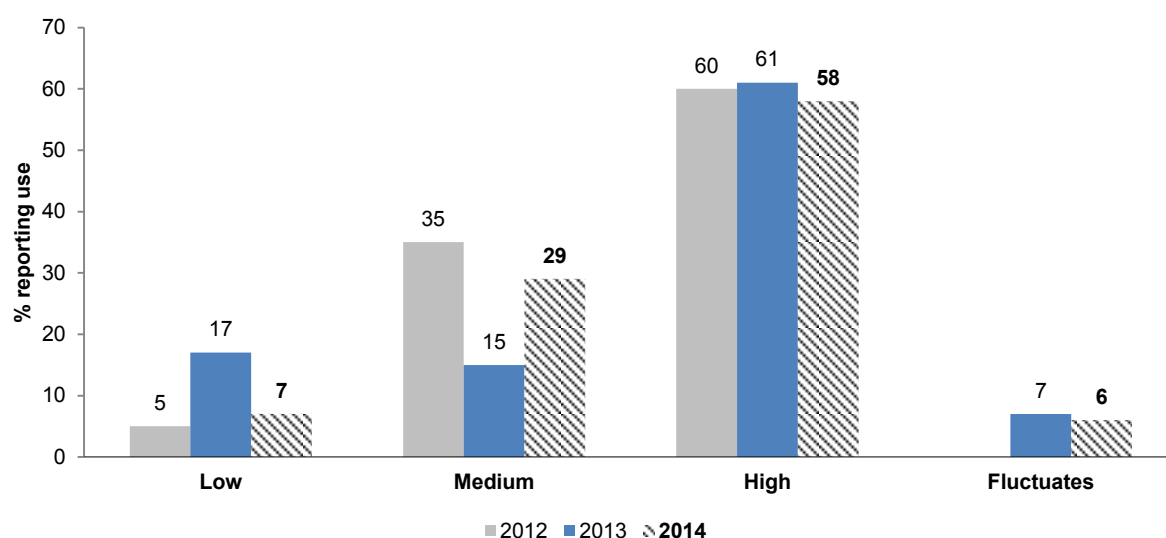
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002, data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2009, only the last price paid for ketamine was collected

n.a. Means data not available

5.4.2 Purity

Participants were asked what the current purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. Seven percent (n=55) of the national sample commented on the purity of ketamine. Over half of those that commented reported ketamine purity to be 'high' (58%; Figure 32). Perceived purity of ketamine appears to have remained as 'high' over the last three years.

Figure 32: National EDRS reports of current ketamine purity, 2012-2014



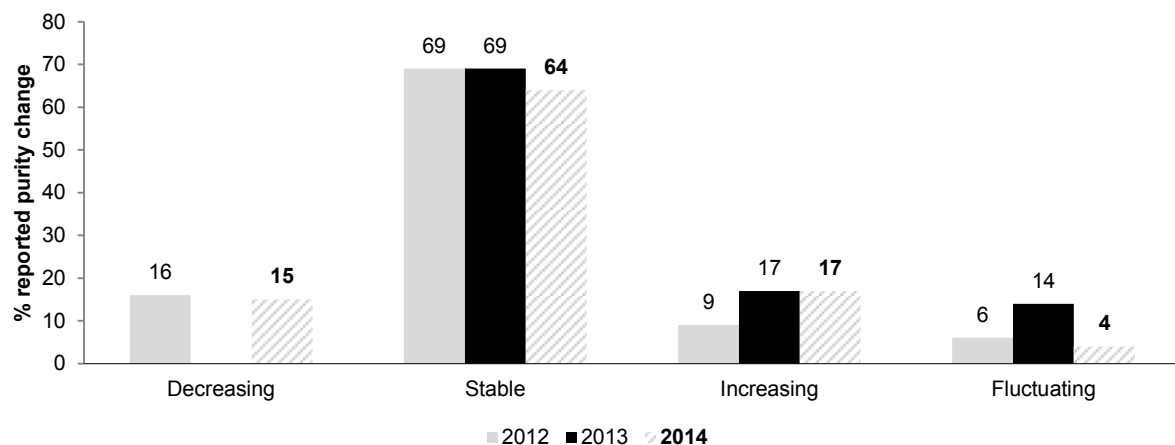
Source: EDRS interviews

Note: Among those who commented (n=37 in 2012, n=54 in 2013, n=55 in 2014)

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 64% reported that the purity of ketamine had remained 'stable' (Figure 33).

Figure 33: National EDRS reports of recent (last six months) change in ketamine purity, 2012-2014



Source: EDRS interviews

Note: Among those who commented (n=32 in 2012, n=35 in 2013, n=47 in 2014)

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.4.3 Availability

Seven percent of the national sample commented on the recent availability of ketamine. Availability reports were mixed between ease and difficulty of obtaining ketamine ('difficult' to 'very difficult' (52%)) vs. 'easy' to 'very easy' (48%) (Table 78).

Reports of recent availability change saw half (54%) of those who commented reporting that the availability of ketamine had remained 'stable' over the preceding six months (Table 78).

Table 78: Availability of ketamine, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=57)	(N=58)	(n=6 [^])	(n=3 [^])	(n=35)	(n=5 [^])	(n=1 [^])	(n=4 [^])	(n=3 [^])	(n=1 [^])
% Very easy	32	12	17	0	9	20	0	25	33	0
% Easy	37	36	50	33	43	0	0	0	33	100
% Difficult	30	35	33	67	31	60	0	25	33	0
% Very difficult	4	17	0	0	17	20	100	50	0	0
% Availability changes	National 2013	National 2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(n=47)	(n=52)	(n=4 [^])	(n=2 [^])	(n=35)	(n=4 [^])	(n=0)	(n=4 [^])	(n=2 [^])	(n=1 [^])
% Easier	27	14	0	0	14	25	-	0	50	0
% Stable	64	54	75	100	43	50	-	100	50	100
% More difficult	6	29	0	0	14	25	-	0	50	0
% Fluctuates	2	4	0	0	3	25	-	0	-	0

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

Ketamine was predominantly obtained from friends (61%). It was predominantly obtained from private locations, such as friend's home (27%) and dealer's home (10%). Last use venue, where participants reported spending the most time intoxicated were mixed including private venues such as own home (24%) and nightclubs (22%) (see Table 79).

Table 79: Last source, purchase location and use location of ketamine, 2014

% Obtained from (among those who commented)	National 2013 (N=58)	National 2014 (N=64)	NSW (n=8 [^])	ACT (n=3 [^])	VIC (n=35)	TAS (n=7 [^])	SA (n=2 [^])	WA (n=5 [^])	NT (n=3 [^])	QLD (n=1 [^])
% Friends	71	61	25	33	71	86	0	60	67	0
% Known dealers	14	16	25	33	9	0	50	40	0	100
% Acquaintances	1	11	13	33	14	0	0	0	0	0
% Unknown dealers	5	5	25	0	0	0	0	0	33	0
% Online	3	2	0	0	3	0	0	0	0	0
% Other	1	3	0	0	3	14	0	0	0	0
% Used, but not obtained	2	3	13	0	0	0	50	0	0	0
% Locations obtained (among those who commented)	2013 (N=58)	2014 (N=64)	NSW (n=8 [^])	ACT (n=3 [^])	VIC (n=34)	TAS (n=6 [^])	SA (n=2 [^])	WA (n=5 [^])	NT (n=3 [^])	QLD (n=1 [^])
% Friend's home	31	27	0	67	32	0	0	60	33	0
% Nightclub	12	19	25	0	21	50	0	0	0	0
% Dealer's home	9	10	13	0	9	0	0	20	0	100
% Own home	10	8	0	0	6	17	0	20	33	0
% Agreed public location	3	11	38	0	9	0	50	0	0	0
% Private party	3	5	13	0	6	0	0	0	0	0
% Pubs	12	2	0	0	0	0	0	0	33	0
% Live music event	7	5	0	33	6	0	0	0	0	0
% Raves/doofs/ dance parties	3	8	0	0	9	33	0	0	0	0
% Online	3	2	0	0	3	0	0	0	0	0
% Other	5	0	0	0	0	0	0	0	0	0
% Used, but not obtained	3	3	13	0	0	0	50	0	0	0
% Last use venue (among those who commented)	2013 (N=58)	2014 (N=63)	NSW (n=8 [^])	ACT (n=3 [^])	VIC (n=35)	TAS (n=6 [^])	SA (n=2 [^])	WA (n=5 [^])	NT (n=3 [^])	QLD (n=1 [^])
% Home	17	24	13	0	23	33	50	40	33	0
% Nightclub	11	22	38	0	20	33	0	20	33	0
% Friends home	24	18	13	67	14	0	0	40	0	100
% Private party	5	8	13	0	11	0	0	0	0	0
% Live music event	10	11	0	33	17	0	0	0	0	0
% Raves/doofs/ dance parties	7	8	0	0	9	33	0	0	0	0
% Others	9	6	13	0	6	0	0	0	33	0
% Used, but not obtained	2	3	13	0	0	0	50	0	0	0

Source: EDRS interviews

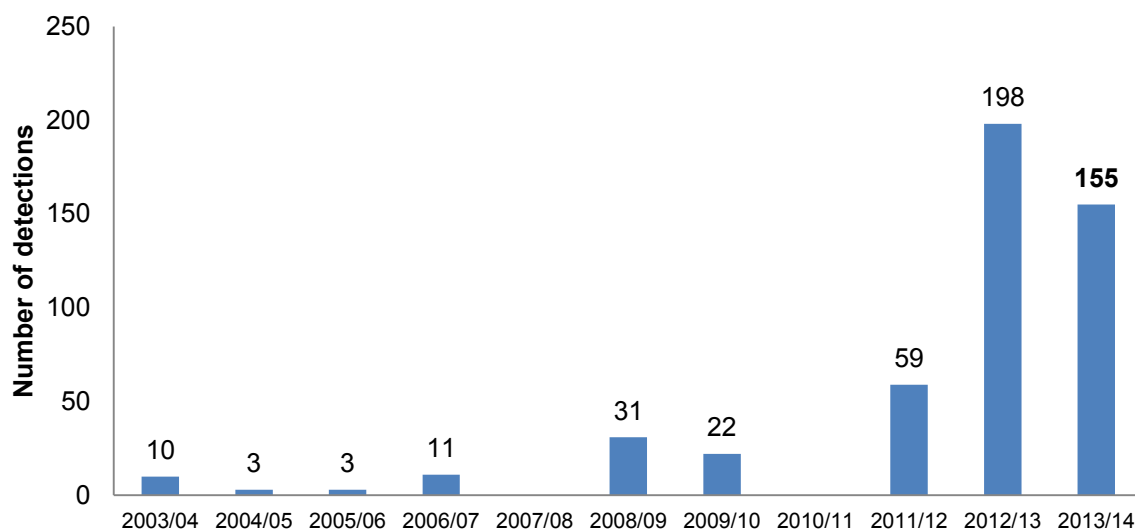
[^] Small numbers commenting (n<10); interpret with caution

Note: For columns that do not add up to 100%, responses such as 'other' were not reported

5.4.4 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. There were 155 seizures detected in 2013/14, representing a slight decrease from the 198 detections reported in 2012/13 (Figure 34).

Figure 34: Number of detections of ketamine detected at the border by the Australian Customs and Border Protection Service, 2003/04-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

5.5 GHB

- Sixteen participants were able to comment on the median price of a millilitre of GHB of between \$4.50 (nationally) to \$10 (in NSW and the ACT). Half of participants reported that the price had remained 'stable'.
- Purity was this year reported as 'high' (72%) compared with reports last year of being 'medium' (41%). Comments about purity change were mixed between reports of fluctuation and stability.
- Of those who commented on GHB availability, reports were also mixed between being 'difficult' to 'very difficult' (55%) vs. 'easy' to 'very easy' (45%) to obtain. Availability change was reported as 'stable'.
- GHB was obtained from friends and known dealers in both public and private locations.

5.5.1 Price

The median price per millilitre in each jurisdiction is presented in Table 80. Sixteen participants from the national sample were able to comment on the current price per millilitre of GHB and, as such, the results should be interpreted with caution.

Table 80: Median price per ml of GHB, 2014

Median Price \$	National 2013 (N=17)	National 2014 (N=16)	NSW (n=3 [^])	ACT (n=3 [^])	VIC (n=6 [^])	TAS (n=0)	SA (n=2 [^])	WA (n=1 [^])	NT (n=0)	QLD (n=1 [^])
Per ml (range)	5 (1-30)	4.50 (2-35)	10 (8-35)	10 (-)	3 (2-4)	n.a.	3 (-)	8 (-)	n.a.	5 (-)

Source: EDRS interviews

[^] Small numbers commenting (n<10), interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Fifteen participants were able to comment on whether the price of GHB had changed. Half of participants reported that the price had remained 'stable' (53%) (see Table 81).

Table 81: Price changes of GHB, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
GHB price changes	2013	2014								
(among those who commented)	(n=18)	(n=15)	(n=1 [^])	(n=2 [^])	(n=7 [^])	(n=0)	(n=3 [^])	(n=1 [^])	(n=0)	(n=1 [^])
% Increased	28	27	0	0	43	-	33	0	-	0
% Stable	50	53	0	100	57	-	33	100	-	0
% Decreased	6	7	100	0	0	-	0	0	-	0
% Fluctuates	17	13	0	0	0	-	33	0	-	100

Source: EDRS interviews

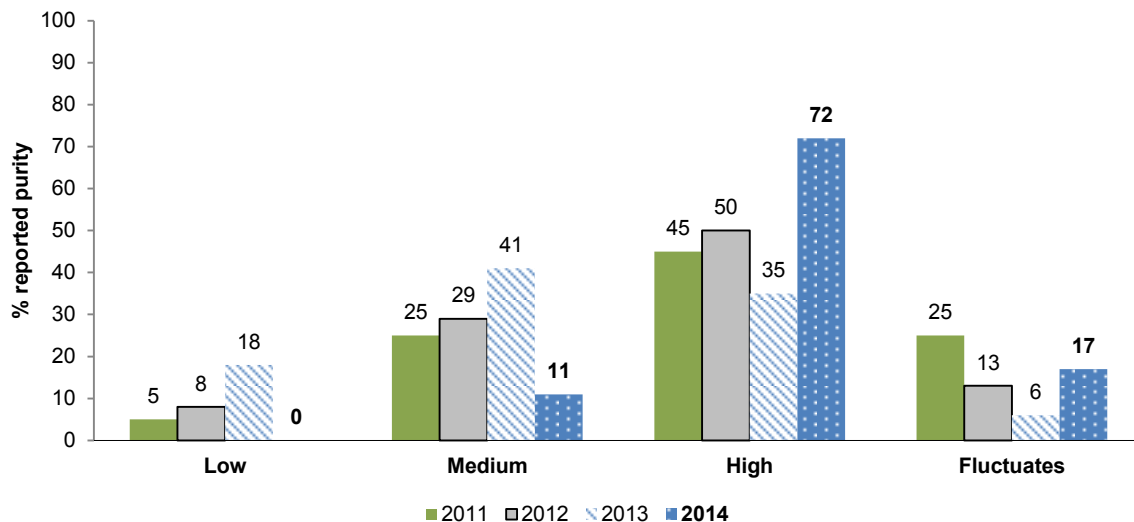
[^] Small numbers commenting (n<10); interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.5.2 Purity

Participants were asked what the current purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Eighteen participants commented on the purity of GHB. Purity was considered to be 'high' (72%) by most participants who commented (Figure 35).

Figure 35: National RPU reports of current GHB purity, 2011-2014



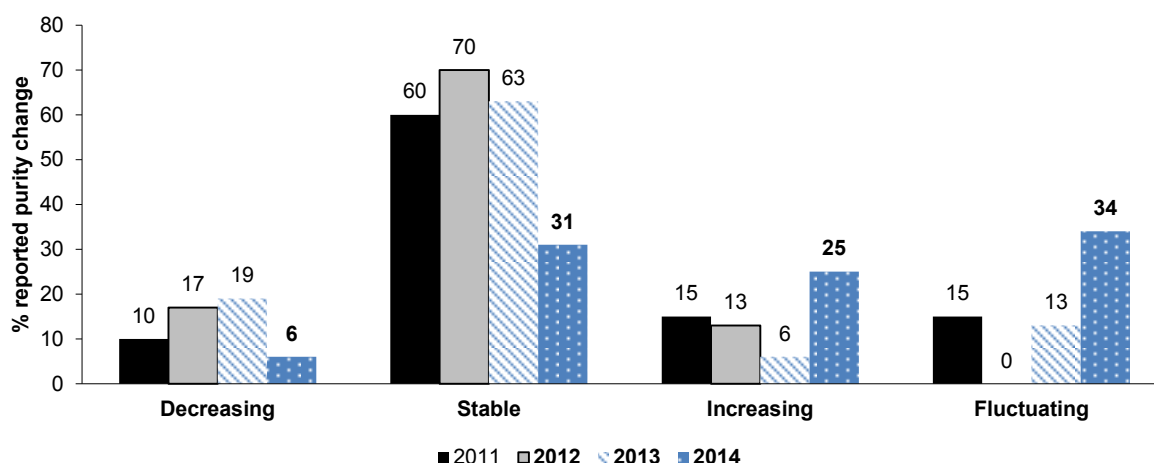
Source: EDRS interviews

Note: Among those who commented (n=20 in 2011, n=24 in 2012, n=17 in 2013, n=18 in 2014).

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented (n=16) on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was 'stable' (31%) or 'fluctuating' (34%); Figure 36).

Figure 36: National RPU reports of recent (last six months) change in GHB purity, 2011-2014



Source: EDRS interviews

Note: Among those who commented (n=20 in 2011, n=16 in 2013, n=16 in 2014). The response option 'don't know' was excluded from analysis from 2009 onwards

5.5.3 Availability

Twenty participants of the national sample commented on the recent availability of GHB. Again, small numbers were reported in all states/territories, and these data should, therefore, be interpreted with caution.

Nationally, reports on availability of GHB were generally split between being considered 'difficult' (45%) to being 'easy' (40%).

The majority (65%) reported that availability of GHB had remained 'stable' in the six months preceding interview (Table 82).

Table 82: Availability of GHB, 2014

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(n=20)	(N=20)	(n=4 [^])	(n=3 [^])	(n=7 [^])	(n=0)	(n=3 [^])	(n=2 [^])	(n=0)	(n=1 [^])
% Very easy	30	5	0	0	14	-	0	0	-	0
% Easy	45	40	25	33	57	-	33	50	-	0
% Difficult	25	45	75	33	14	-	67	50	-	100
% Very difficult	0	10	0	33	14	-	0	0	-	0
% Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(n=17)	(n=17)	(n=2 [^])	(n=3 [^])	(n=7 [^])	(n=0)	(n=3 [^])	(n=1 [^])	(n=0)	(n=1 [^])
% More difficult	18	18	0	0	43	-	0	0	-	0
% Stable	47	65	50	100	43	-	67	100	-	100
% Easier	29	6	0	0	14	-	0	0	-	0
% Fluctuates	6	12	50	0	0	-	33	0	-	0

Source: EDRS interviews

[^] Small numbers commenting (n<10); interpret with caution

In all jurisdictions fewer than 10 participants were able to comment on the source, purchase location of GHB and last use venue. GHB was obtained from friends (46%) and known dealers (23%), and there were three reports of unknown dealers (14%) and two reports of acquaintances. The purchase location was predominantly split equally between private locations (50%) and public locations (50%). The last venue of intoxication was also split between public locations such as nightclubs and live music events (41%) and private locations such as friend's home (50%).

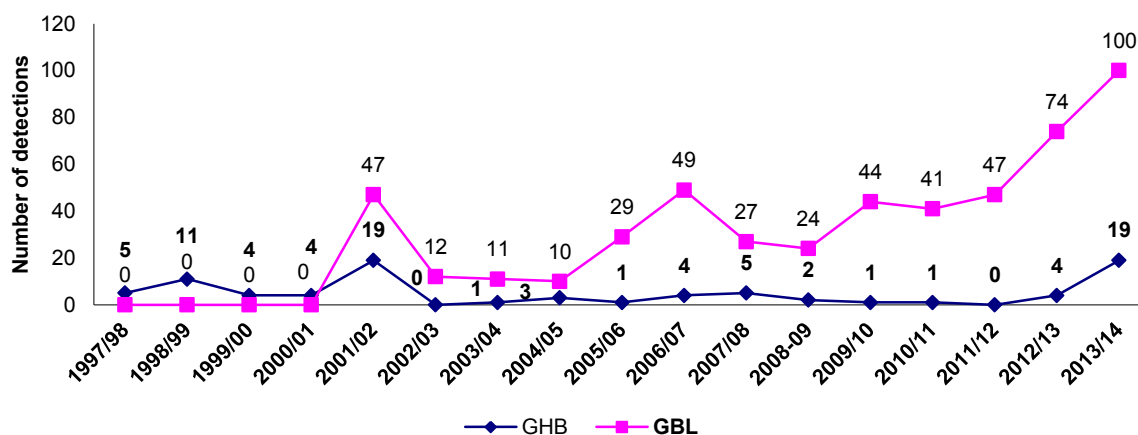
5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 37 indicates an increase in recent years in the number of detections of GBL at the Australian border, and these continue to outnumber seizures for GHB. There were 100 detections of GBL in 2013/14, representing an increase from 74 in 2012/13. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself. Four seizures for GHB were reported in 2012/13.

It must be remembered that it is possible to obtain the precursors from legitimate sources in Australia. It is likely that some manufacturers of GHB source the precursors for the drug in

this country. The relatively small number of GHB/GBL detections at the border, comparative to other drug types, may also be a reflection of this fact.

Figure 37: Number of GHB and GBL detections at the border by Australian Customs and Border Protection Service, financial years 1997/98-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

5.6 LSD

- The median price per tab of LSD was \$20 nationally ranging from \$15 in VIC and SA to \$25 in NSW, WA and the NT. Seventy percent of those commenting reported that the price had remained stable in the six months prior to interview.
- This year, current purity of LSD was reported as 'high' (55%) as opposed to last year when it was mixed between 'medium' and 'high'. Most of those who commented reported that purity had remained 'stable', in the six months preceding interview.
- Overall LSD was reported to have remained 'easy' (66%) to obtain and this had remained 'stable' (66%) in the last six months.
- LSD was mostly reported to have been obtained from friends and used in private locations such as the participant's own homes or friend's homes.

5.6.1 Price

Thirty percent of the national sample commented on the price of a tab of LSD. The national median price of a tab of LSD was \$20 but ranged from \$15 in VIC and SA to \$25 in NSW, WA and the NT (Table 83). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to \$10 or less.

Table 83: Median price per tab of LSD, 2014

Median price \$ (range)	National 2013 (N=239)	National 2014 (N=239)	NSW (n=38)	ACT (n=16)	VIC (n=31)	TAS (n=30)	SA (n=27)	WA (n=35)	NT (n=23)	QLD (n=39)
\$ Per tab (range)	20 (1-50)	20 (1-50)	25 (8-40)	20 (12-25)	15 (5-20)	20 (10-39)	15 (1-50)	25 (12-40)	25 (10-40)	20 (5-50)

Source: EDRS interviews

^ Small numbers commenting (n<10); interpret with caution

Twenty-seven percent of the national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be 'stable' (70%) in the preceding six months (Table 84).

Table 84: Price changes of LSD, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
LSD price changes	2013	2014								
(among those who commented)	(N=218)	(N=218)	(n=28)	(n=15)	(n=33)	(n=29)	(n=27)	(n=35)	(n=16)	(n=35)
% Increased	10	12	21	0	9	10	11	17	6	11
% Stable	69	70	71	80	82	48	78	71	69	66
% Decreased	13	7	4	13	6	3	0	6	13	14
% Fluctuated	8	11	4	7	3	38	11	6	13	9

Source: EDRS interviews

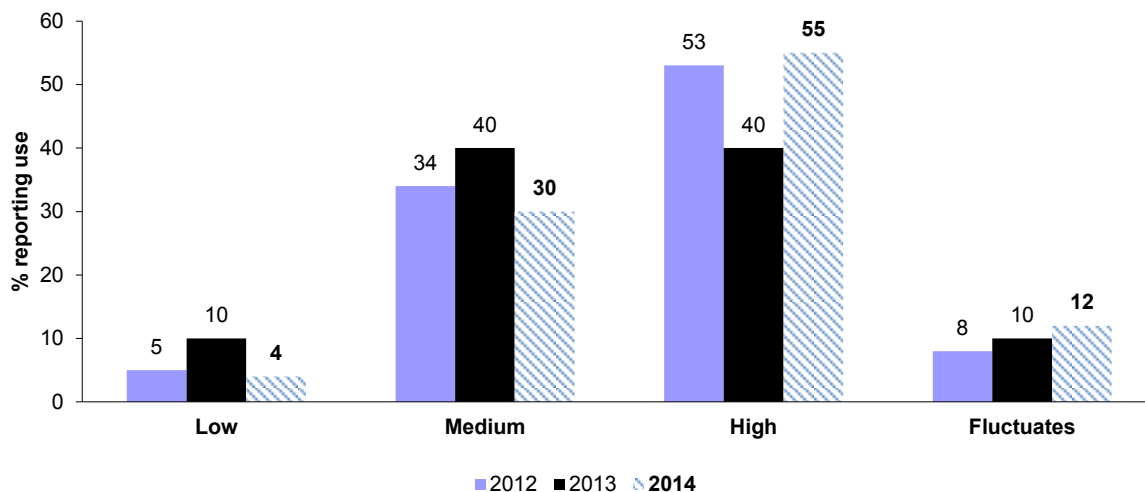
^ Small numbers commenting (n<10); interpret with caution.

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.6.2 Purity

Participants were asked what was the current purity or strength of LSD, and if the purity had changed in the six months preceding interview. In 2014, participants reported that LSD purity was 'high' (55%), followed by 'medium' (30%) and fluctuates (12%) (see Figure 38).

Figure 38: National RPU reports of current LSD purity, 2012-2014



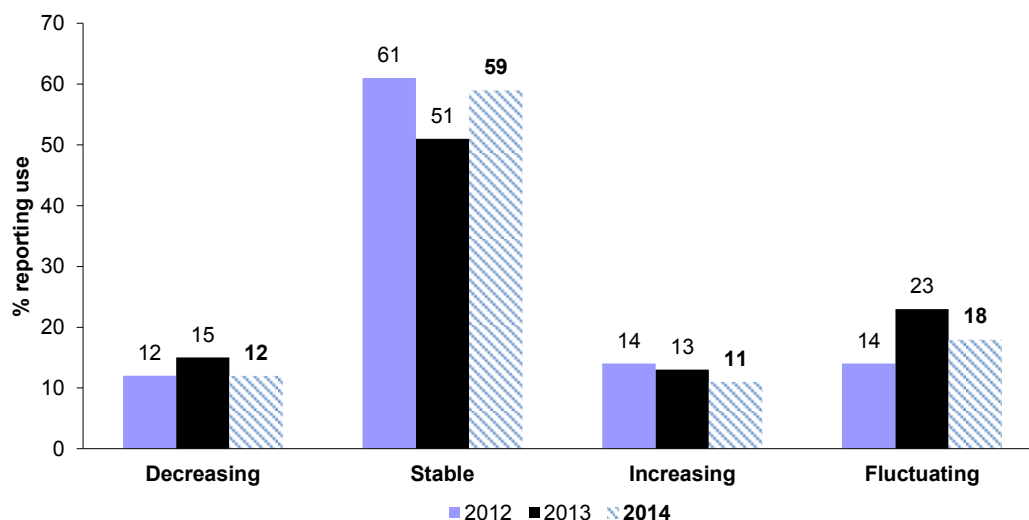
Source: EDRS interviews

Note: Among those who commented (n=185 in 2012, n=238 in 2013, n=244 in 2014)

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of LSD had changed in the six months preceding interview, 59% reported that it had remained stable (Figure 39).

Figure 39: National RPU reports of recent (last six months) change in LSD purity, 2012-2014



Source: EDRS interviews

Note: Among those who commented

Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.6.3 Availability

Thirty-one percent of the national sample commented on the recent availability of LSD; the majority reported LSD to be 'easy' to 'very easy' (66%) to obtain. Of those who commented, the availability of LSD was reported to have remained 'stable' (66%) in the six months preceding interview (Table 85).

Table 85: Availability of LSD, 2013-2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Availability	2013	2014								
(among those who commented)	(n=247)	(n=254)	(n=40)	(n=16)	(n=34)	(n=32)	(n=30)	(n=39)	(n=22)	(n=41)
% Very easy	27	26	20	25	32	34	20	15	41	27
% Easy	40	40	40	43	44	56	27	39	18	46
% Difficult	28	29	33	25	24	6	50	44	27	20
% Very difficult	5	5	8	6	0	3	3	3	14	7
	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Availability changes	(n=223)	(n=229)	(n=30)	(n=13)	(n=33)	(n=32)	(n=28)	(n=37)	(n=17)	(n=39)
(among those who commented)										
% Easier	16	14	10	23	12	16	21	11	24	10
% Stable	60	66	67	69	79	63	57	60	53	72
% More difficult	18	15	20	8	9	13	14	22	18	13
% Fluctuates	7	5	3	0	0	9	7	8	6	5

Source: EDRS interviews

^ Small numbers commenting (n<10); interpret with caution

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.6.4 Source and locations of use

LSD had been obtained from friends (58%), followed by known dealers (14%). LSD source venue was mostly private locations such as friends' homes (30%). LSD was most frequently used in private locations such as friend's homes (19%) and own home (19%, Table 86).

Table 86: Last source, purchase location and use location of LSD, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=256)	2014 (N=262)	(n=41)	(n=16)	(n=35)	(n=35)	(n=32)	(n=39)	(n=23)	(n=41)
Obtained from (of those who commented)										
% Friends	62	58	54	56	54	80	44	69	39	61
% Known dealers	17	14	17	13	14	11	13	15	17	10
% Acquaintances	6	7	2	0	14	6	3	5	17	5
% Unknown dealers	6	9	12	19	9	3	6	5	13	10
% Street dealers	<1	2	0	0	0	0	3	3	13	0
% Online	2	4	2	6	3	0	13	0	0	10
% Used but not obtained	6	4	12	0	0	0	13	0	0	0
% Other	n.a	3	0	6	6	0	6	0	0	5
Locations obtained (of those who commented)	2013 (n=255)	2014 (n=260)	(n=41)	(n=16)	(n=35)	(n=34)	(n=32)	(n=38)	(n=23)	(n=41)
% Friend's home	36	30	34	50	23	27	25	26	34	34
% Own home	10	11	10	0	14	12	6	11	13	15
% Dealer's home	8	10	17	6	11	3	13	11	13	7
% Raves*	7	5	0	13	11	6	0	5	13	2
% Agreed public location	17	11	12	6	9	0	22	16	9	12
% Private party	3	5	0	0	6	6	0	16	4	2
% Nightclub	3	5	0	0	9	27	0	0	0	2
% Pubs	2	3	2	0	0	15	0	0	4	2
% Acquaintances home	<1	1	0	0	3	0	0	0	0	2
% Live music event	6	8	7	19	9	3	13	11	4	5
% Online	<1	2	2	6	0	0	6	0	0	5
% Other	1	5	2	0	6	3	3	0	4	0
% Used but not obtained	7	4	12	0	0	0	13	0	0	0
Last use venue (of those who commented)	2013 (n=256)	2014 (n=260)	(n=41)	(n=16)	(n=35)	(n=34)	(n=32)	(n=38)	(n=23)	(n=41)
% Own home	15	19	15	13	26	38	13	11	13	22
% Friend's home	22	19	15	19	0	15	25	13	44	29
% Live music event	10	15	12	25	29	3	19	16	4	15
% Raves*	10	8	0	19	17	6	3	16	4	2
% Outdoors	16	11	7	13	6	6	16	11	13	17
% Private party	5	7	7	6	6	6	0	13	4	7
% Public place	7	10	24	6	14	6	9	3	4	5
% Nightclub	4	2	0	0	3	3	0	3	4	2
% Pub	2	2	2	0	0	12	0	0	4	0
% Other	3	4	2	0	0	6	0	24	13	16
% Used but not obtained	8	4	12	0	0	0	16	0	0	0

Source: EDRS interviews

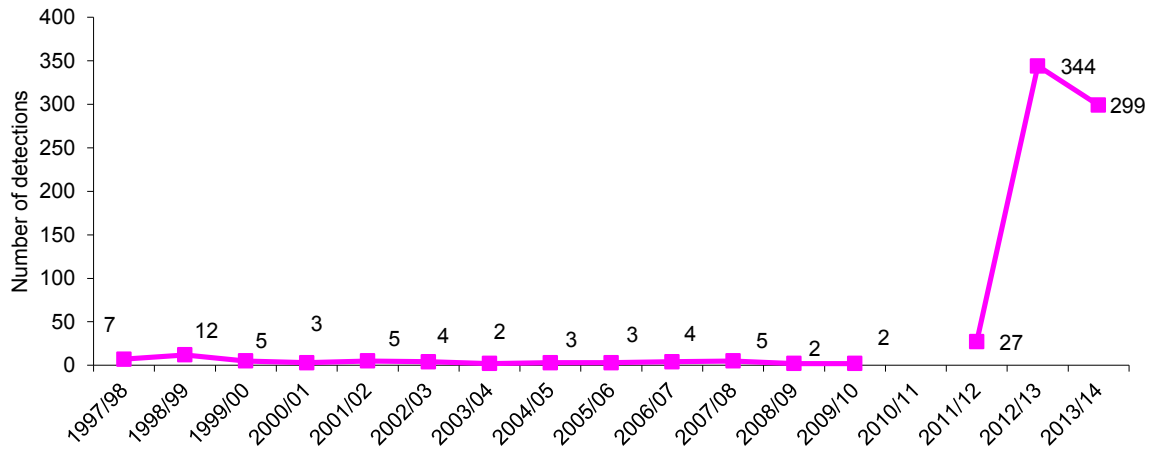
* Includes 'doofs' and dance parties

^ Small numbers commenting (n<10); interpret with caution

5.6.5 LSD detected at the Australian border

Until 2011/12 there had only been a small number of seizures of LSD, however in recent years, there has been an exponential growth in LSD seizures recorded with 344 in 2012/13 and 299 in 2013/14 (Figure 40).

Figure 40: Number of LSD detections at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

5.7 Cannabis

- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally, prices for hydro were generally (slightly) more expensive than those for bush cannabis. Prices were reported to have remained 'stable' over the preceding six months.
- As in 2013 participants in all jurisdictions generally perceived the potency of hydro to be high and bush was most commonly reported to be medium. The potency for both forms was generally reported to have remained 'stable' over the last six months.
- Hydro and bush were both reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Both hydro and bush cannabis were most commonly bought from friends, and used in private locations.

5.7.1 Price

Prices in Table 87 represent the median last price paid for the most commonly reported purchase amounts (quarter-ounces and ounces) of bush and hydro by jurisdiction. Nationally, 315 participants reported having purchased an ounce of hydro in the preceding six months (n= 144 purchased an ounce of bush), while 170 reported purchase of a quarter-ounce of hydro (n= 111 purchased a quarter-ounce of bush). Median last price for quarter ounces remained stable for hydro at \$90 nationally (range \$50-\$250) and relatively stable for bush at \$80 nationally (range \$2-180). The median last price paid per ounce of hydro nationally was \$250 (range \$40-\$500) which was slightly down from \$280 in 2013. The median last price paid per ounce of bush nationally was \$250 (range \$70-\$450) which was stable from 2013 (Table 87).

It should also be noted that the use of hashish (hash) and hash oil was rarely reported by EDRS participants (n=16 across all jurisdictions reported recent purchase of either form in 2014). The median price for a gram of hash nationally is \$30 (range \$10-\$250) and the median price for a cap of hash oil is \$27.50^ (\$10-100, n=6).

Table 87: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, 2014

	Median last price \$ per quarter-ounce (range)				Median last price \$ per ounce (range)			
	Hydro		Bush		Hydro		Bush	
	2013	2014	2013	2014	2013	2014	2013	2014
National	90 (19-120)	90 (50-250)	77.50 (30-260)	80 (2-180)	280 (100-450)	300 (40-500)	250 (100-400)	250 (70-450)
NSW	90 (70-100)	90 (50-110)	90 (70-110)	90 (60-100)	300 (250-450)	300 (250-320)	300 (200-400)	280 (200-360)
ACT	90 (19-100)	90 (50-100)	70 (60-260)	80 (50-100)	280 (240-360)	280 (240-320)	280 (100-360)	280 (70-350)
VIC	80 (70-90)	70 (60-80)	70^ (60-260)	70 (60-90)	250 (200-300)	230 (200-300)	200^ (no range)	220 (180-300)
TAS	80 (60-100)	90 (65-120)	65 (50-90)	70 (50-100)	280 (120-350)	300 (250-350)	200 (150-280)	225 (100-290)
SA	60 (50-85)	60 (60-120)	60^ (50-85)	60 (40-120)	220 (100-250)	220 (40-260)	220 (100-280)	220 (150-250)
WA	90^ (75-120)	90 (70-125)	- -	95 (70-150)	350 (300-400)	350 (105-380)	300 (150-350)	350 (200-400)
NT	82.50^ (75-90)	125 (100-250)	- -	127.5^ (2-150)	320^ (300-400)	450 (280-500)	200^ (150-250)	400 (100-450)
QLD	90 (30-100)	90 (70-90)	75^ (30-90)	80 (70-180)	267.50 (150-320)	280 (250-350)	235 (100-400)	275^ (200-300)

Source: EDRS interviews

^ Small numbers reporting (n<10); interpret with caution

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained 'stable' over the preceding six months (Table 88) and (Table 89).

Table 88: Hydro Cannabis price changes, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Hydro price changes	2013	2014								
Of those who responded	(N=338)	(N=338)	(n=45)	(n=40)	(n=28)	(n=45)	(n=54)	(n=48)	(n=36)	(n=42)
% Increased	10	12	4	5	21	9	17	6	22	14
% Stable	82	78	91	85	57	71	74	85	72	81
% Decreased	3	2	2	0	14	0	2	0	3	0
% Fluctuated	5	8	2	10	7	20	7	8	3	5

Source: EDRS interviews

^ Small numbers reporting (n<10); interpret with caution

Table 89: Bush Cannabis price changes continued, 2014

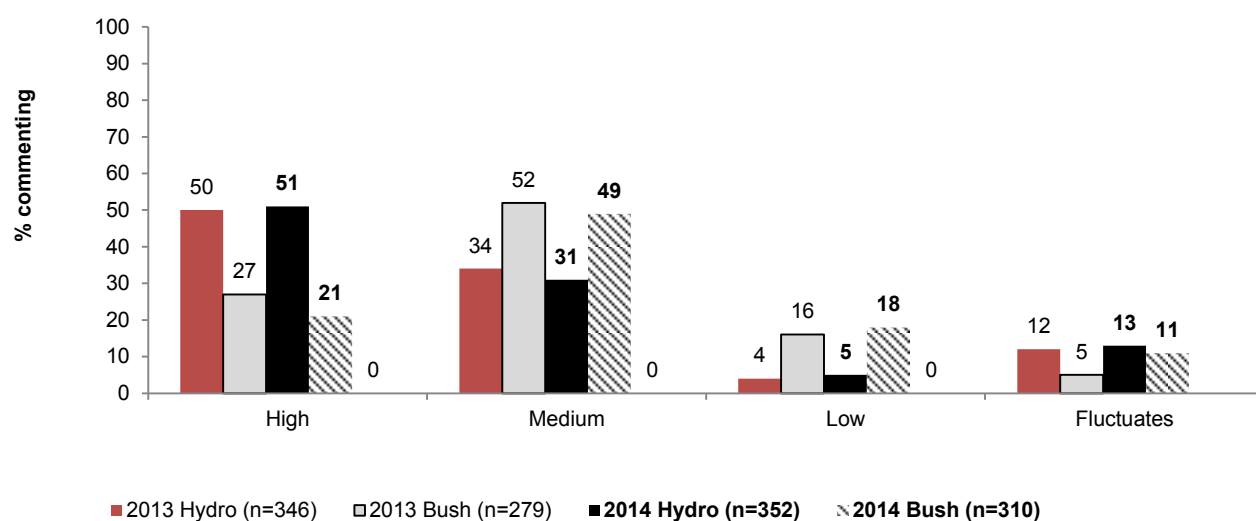
% Bush price changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Of those who responded	(N=256)	(N=279)	(n=26)	(n=39)	(n=19)	(n=39)	(n=51)	(n=42)	(n=30)	(n=33)
% Increased	6	7	0	0	0	5	18	5	0	21
% Stable	83	78	92	85	79	82	61	81	93	64
% Decreased	7	5	0	5	11	5	8	7	3	3
% Fluctuated	4	9	8	10	11	8	14	7	3	12

Source: EDRS Interviews

^ Small numbers reporting (n<10); interpret with caution

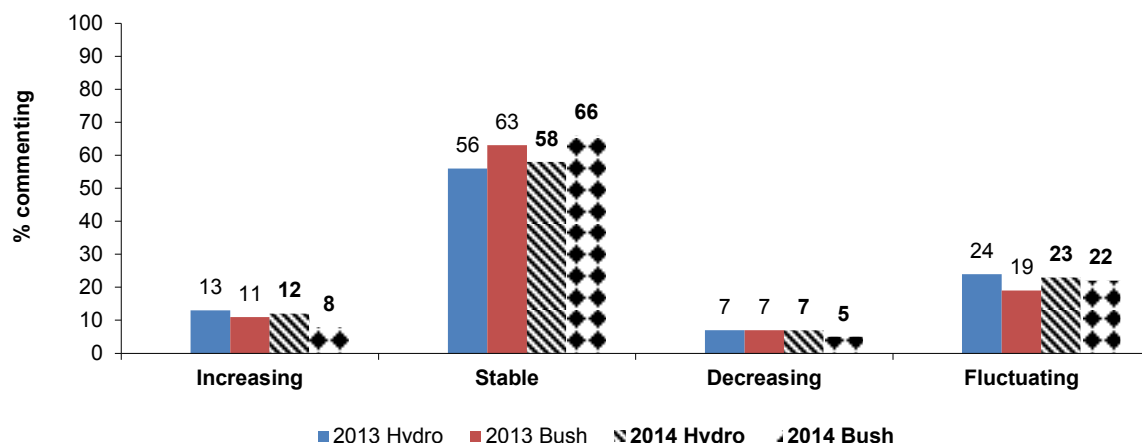
5.7.2 Potency

Of those who commented, half the number of participants reported that the current potency of hydro cannabis was 'high' (51%). In contrast, bush cannabis was most commonly reported to be of 'medium' potency (Figure 41). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained 'stable' in the preceding six months (Figure 42).

Figure 41: National reports of current cannabis potency among those who commented, 2013-2014

Source: EDRS interviews

Figure 42: National reports of recent (last six months) change in cannabis potency, 2013-2014



Source: EDRS interviews

5.7.3 Availability

Participants were asked to comment on the current availability of hydro, and whether this had changed in the six months preceding interview. Hydro was commonly reported to be 'easy' or 'very easy' to obtain (82%). Over half of the sample that commented reported access to hydro cannabis had remained 'stable' (69%, Table 90).

Table 90: Availability of hydro, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=347)	(N=310)	(n=37)	(n=39)	(n=20)	(n=49)	(n=54)	(n=43)	(n=35)	(n=33)
% Very easy	60	57	67	55	52	64	52	46	72	52
% Easy	30	35	27	38	30	33	40	46	21	38
% Difficult	9	7	4	7	19	4	9	8	5	5
% Very difficult	<1	1	2	0	0	0	0	0	3	5
% Availability changes	2013	2014	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=341)	(N=340)	(n=44)	(n=41)	(n=27)	(n=49)	(n=56)	(n=47)	(n=33)	(n=43)
% More difficult	15	12	18	12	26	6	11	6	6	19
% Stable	69	69	77	71	52	63	66	70	76	72
% Easier	10	12	2	12	15	29	9	13	12	0
% Fluctuates	6	7	2	5	7	2	14	11	6	9

Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Reports of bush availability also indicated that bush tended to be 'easy' or 'very easy' to obtain (79%), with approximately one-fifth of the commenting sample considering it to be 'difficult' to obtain. NSW was the jurisdictions that had the highest proportion that reported bush as being 'difficult' to obtain. Availability was most commonly reported to have remained 'stable' in the past six months by the national sample (Table 91).

Table 91: Availability of bush, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2013	2014								
(among those who commented)	(N=280)	(N=310)	(n=37)	(n=39)	(n=20)	(n=49)	(n=54)	(n=43)	(n=35)	(n=33)
% Very easy	46	41	24	46	45	59	32	42	49	30
% Easy	35	38	30	36	45	35	41	37	43	46
% Difficult	18	17	35	15	10	6	22	19	9	15
% Very difficult	1	4	11	3	0	0	6	2	0	9
% Availability changes	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	2013	2014	(n=30)	(n=38)	(n=20)	(n=49)	(n=51)	(n=43)	(n=32)	(n=32)
	(N=272)	(N=295)								
% More difficult	14	12	3	13	15	10	20	5	6	22
% Stable	66	63	67	68	60	55	45	79	69	66
% Easier	13	18	10	13	25	29	24	12	19	6
% Fluctuates	7	8	20	5	0	6	12	5	6	6

Source: EDRS interviews

Note: The response option 'don't know' was excluded from analysis from 2009 onwards

^ Small numbers reporting (n<10); interpret with caution

Hydro was most commonly reported to have been obtained from friends and known dealers and was the most commonly reported to have been obtained at friend's homes. Participant's own homes and friend's homes were most frequently reported as last locations of use (Table 92).

Table 92: Last source person and purchase locations and use locations of hydro, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Obtained from (among those who commented)	2013 (N=352)	2014 (N=364)	(n=49)	(n=44)	(n=27)	(n=52)	(n=58)	(n=51)	(n=40)	(n=43)
% Friends	43	44	41	66	52	0	41	53	58	51
% Known dealers	38	38	48	27	33	62	41	33	23	30
% Acquaintances	8	9	4	0	4	33	5	4	5	9
% Unknown dealers	3	3	2	7	0	2	0	0	10	2
% Street dealer	2	<1	<1	0	0	0	0	2	0	3
% Relatives	2	1	2	0	0	0	0	6	0	2
% Online	<1	0	0	0	0	0	0	0	0	0
% Workmates	<1	1	2	0	4	0	2	2	0	0
% Other	<1	2	0	0	4	2	7	0	0	0
% Used, but not obtained	3	2	4	0	4	2	2	2	3	2
% Locations obtained (among those who commented)	2013 (N=349)	2014 (N=362)	NSW (n=49)	ACT (n=44)	VIC (n=27)	TAS (n=51)	SA (n=58)	WA (n=50)	NT (n=40)	QLD (n=43)
% Friend's home	33	40	31	57	30	41	29	44	50	42
% Dealer's home	28	24	33	18	15	14	29	24	30	26
% Home (delivered)	19	17	12	18	26	24	22	10	5	21
% Agreed public location	10	9	14	0	19	6	16	12	3	5
% Acquaintance's home	2	3	2	5	4	2	0	4	8	5
% Work	<1	<1	2	0	0	2	0	0	0	0
% Street market	1	<1	0	2	0	0	0	0	0	0
% Nightclubs	<1	0	0	0	0	0	0	0	0	0
% Pubs/Bars	2	<1	0	0	0	4	0	0	3	0
% Online	<1	0	0	0	0	0	0	0	0	0
% Other	<1	5	4	5	8	8	2	8	8	5
% Used, but not obtained	3	2	4	0	4	2	2	2	3	2
% Last use venue (among those who commented)	2013 (N=352)	2014 (N=362)	NSW (n=49)	ACT (n=44)	VIC (n=27)	TAS (n=51)	SA (n=58)	WA (n=50)	NT (n=40)	QLD (n=43)
% Friend's home	30	28	20	25	30	37	35	30	25	21
% Own home	56	56	55	66	52	53	50	38	63	74
% Dealer's home	<1	<1	0	2	4	0	0	0	0	2
% Public place	2	3	10	0	4	0	2	2	0	2
% Pub	<1	1	0	0	0	4	0	2	3	0
% Outdoors	2	3	4	0	0	0	5	2	10	0
% Raves/doofs	<1	0	0	0	0	0	0	0	0	0
% Private party	<1	1	0	0	0	0	3	6	0	0
% Other	<1	6	6	7	8	4	2	18	0	0
% Used, but not obtained	4	2	4	0	4	2	3	2	0	2

Source: EDRS interviews

Note: 'Other' last use venue includes: restaurants/cafes, raves/doofs/dance parties, and car/other vehicle and work

As with hydro and other drug types investigated by the EDRS, EDRS participants most commonly reported obtaining bush from friends (47%) and this most commonly occurred in private locations (at friend's homes (46%) and at their own homes (16%)). Participant's own homes (52%) followed by friend's homes (31%) were most commonly reported as last use venues (Table 93).

Table 93: Last source person, purchase location and use location of bush, 2014

% Obtained from (among those who commented)	National 2013 (N=284)	National 2014 (N=317)	NSW (n=39)	ACT (n=40)	VIC (n=19)	TAS (n=51)	SA (n=54)	WA (n=45)	NT (n=35)	QLD (n=34)
% Friends	51	47	44	70	58	0	52	51	60	59
% Known dealers	30	33	36	20	26	69	28	38	14	18
% Acquaintances	6	7	3	3	11	20	7	0	3	9
% Unknown dealers	3	5	3	5	5	4	2	2	9	12
% Street dealer	2	<1	0	0	0	0	0	0	6	3
% Workmates	<1	2	5	3	0	0	2	4	3	0
% Relatives	2	2	3	0	0	4	2	2	3	0
% Other	1	1	0	0	0	2	4	2	0	0
% Used but not obtained	4	2	8	0	0	2	4	0	3	0
% Locations obtained (among those who commented)	2013 (N=283)	2014 (N=315)	NSW (n=39)	ACT (n=40)	VIC (n=19)	TAS (n=50)	SA (n=54)	WA (n=44)	NT (n=35)	QLD (n=34)
% Friend's home	42	46	39	60	47	40	39	46	54	47
% Home delivery	14	16	8	15	16	34	15	11	11	12
% Dealer's home	23	18	21	13	16	6	20	25	23	18
% Agreed public location	8	9	15	8	5	6	11	7	3	15
% Acquaintance's home	<1	1	0	0	5	0	4	0	0	3
% Street market	1	1	0	3	0	0	0	0	6	0
% Nightclubs	1	<1	0	0	5	0	0	0	0	0
% Private parties	<1	2	0	0	5	4	2	2	0	0
% Live music event	<1	0	0	0	0	0	0	0	0	0
% Other	5	6	10	3	0	8	6	9	0	6
% Used but not obtained	4	2	8	0	0	2	4	0	3	0
% Last use venue (among those who commented)	2013 (N=284)	2014 (N=315)	NSW (n=39)	ACT (n=40)	VIC (n=19)	TAS (n=50)	SA (n=54)	WA (n=44)	NT (n=35)	QLD (n=34)
% Own home	54	52	54	43	53	58	48	36	57	74
% Friend's home	25	31	26	38	32	32	33	41	29	15
% Dealer's home	1	<1	0	0	0	0	0	0	3	0
% Private party	1	<1	0	0	0	0	2	2	0	0
% Pub	<1	<1	0	0	0	2	2	0	0	0
% Outdoors	5	4	3	8	11	0	6	2	6	3
% Public place	2	1	5	0	0	0	2	0	0	3
% Other	6	7	6	13	5	6	2	18	3	3
% Live music event	1	<1	0	0	0	0	0	0	0	3
% Used but not obtained	4	3	8	0	0	2	6	0	3	0

Source: EDRS interviews

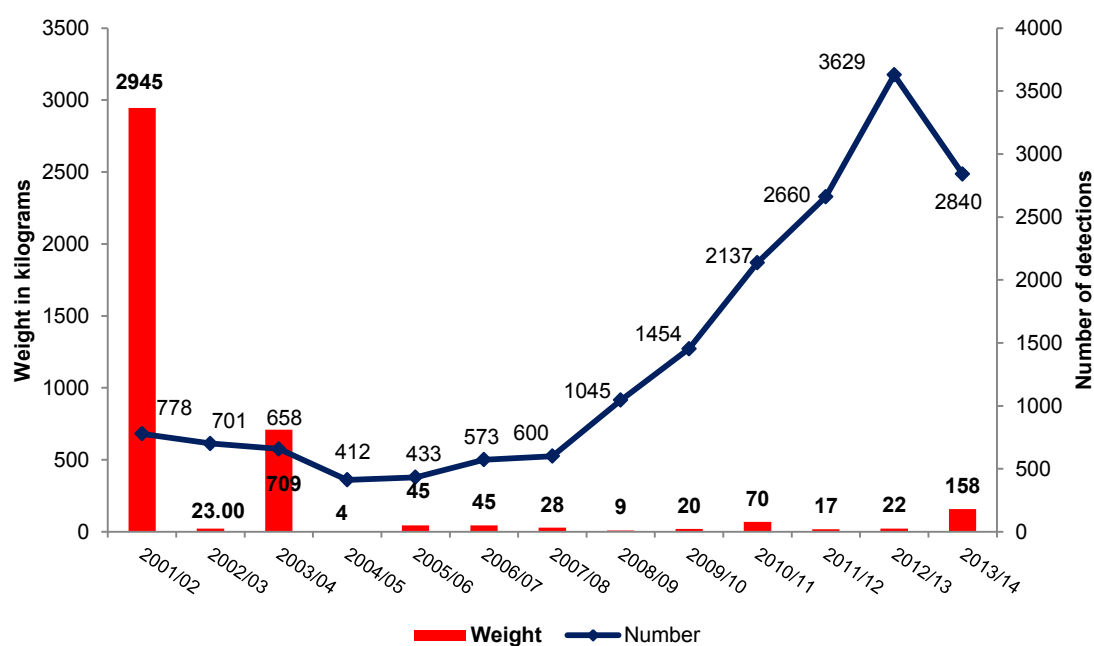
Note: 'Other' last use venue includes: car/other vehicle, raves/doofs/dance parties, educational institutions, work and acquaintances house.

5.7.4 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs and Border Protection Service each year.

Interestingly, the weight of cannabis detections increased to the highest amount since 2003/04, however, number of detections decreased (Figure 43).

Figure 43: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2013/14



Source: (Australian Customs Border and Protection Service, 2014)

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

- Forty-two percent reported having ever **overdosed** on a **stimulant** drug and 33% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Public places such as live music events and nightclubs are where most stimulant OD occurred. The most common symptoms reported were vomiting and hallucinogenic effects. Most reported this stimulant OD occurred on a heavy night out a median of 6 hours into partying.
- Twenty-five percent of the national sample reported having ever **overdosed** on a **depressant** drug and 23% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (75%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting and losing consciousness. Of those that sought treatment, most were attended to by friends who were monitoring them.
- Of the national sample 11% had reported having **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (85%) were the service most accessed by this group for any reason, followed by dentists (39%) and EDs (19%). Of those that did access GPs to discuss drug use, alcohol and crystal methamphetamine were the primary drugs of concern in most cases.
- Ecstasy was a drug of concern (principal or additional) in 1.9% of closed **treatment seeking** episodes in 2012/13 and was the principal drug in just 0.7% of cases. Proportionately, amphetamines consisted of 14% of all closed treatment episodes across Australia.
- A substantial proportion of participants (24%) were classified as currently experiencing 'high' to 'very high' psychological distress compared to 20% of the Australian population on the **Kessler Psychological Distress Scale (K10)**.
- Almost a third (28%) of the sample reported **experiencing a mental health problem** in the preceding six months; anxiety and depression were the most commonly reported.

6.1 Overdose and drug-related fatalities

As in previous years⁵, participants were surveyed regarding their experience of overdose. 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Forty-two percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose⁶.

⁵ Note, however, that in 2007 a distinction was drawn between self-reported overdose of stimulant drugs and of depressant drugs (in previous years these drug types were combined).

⁶ Comparisons with previous years should be undertaken with caution due to changes in survey items on overdose.

6.1.1 Non-fatal stimulant overdose

Twenty-eight percent of the national sample reported having ever overdosed on a stimulant drug a median of twice (range 1-100 occasions). Twenty percent of the sample reported they had experienced a stimulant overdose in the last 12 months.

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy (56%), with smaller proportions nominating ice/crystal, speed and cocaine (Table 94). Polydrug use was common, with 83% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (54%) and cannabis (28%), with smaller numbers reporting ketamine, cocaine, LSD and benzodiazepines.

Live music events (as opposed to nightclubs in 2013) were the venue that most people reported the stimulant overdose occurred (Table 94).

The main symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included vomiting (12%), hallucinogenic – visual (11%), nausea (9%), increased body temperature (8%), increased heart rate (8%), extreme anxiety (8%), paranoia (8%), chest pain (5%) and tremors (3%). These symptoms were experienced outside the 'normal experience' of the drug.

At their last occasion of overdose (of those who had overdosed in the preceding 12 months), 54% did not receive any medical treatment. Of those that received treatment (n=66), small numbers reported the following forms of treatment: attended an ambulance (6%); attended the emergency department (6%), got oxygen (2%) and saw a GP (1%). Forty-seven percent reported another form of treatment such as being monitored by friends. Participants were asked if after their stimulant overdose they received, or sought out, any information, to which 18% reported that they had. Most of those participants who sought out information consulted the internet/website information (46%), pill reports website (31%), consulted their friends (15%), their GP (12%), counsellor (8%), phone information service (8%) or dealer/person they obtained pill from (4%).

Of those that had a stimulant overdose in the last 12 months, participants reported having been partying for a median of 6 hours (range 0 hours to 336 hours). The majority (83%) reported that the last stimulant OD had occurred during a heavy session, while 17% reported the stimulant OD occurred on a normal night out.

Table 94: Stimulant overdose in the last six months among EDRS participants, 2014

%	National 2013 (N=684) 2014 (N=799)		NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=99)
% Ever overdosed on stimulant drug	30	28	35	26	20	26	35	34	18	27
Median number times ever overdosed* (n)	2	2	2	2	2	2	1	1	2	1
% Overdosed last 12 months	26	20	26	17	16	13	29	30	15	16
% Main drug**	(N=123)	(N=146)	(n=26)	(n=17)	(n=16)	(n=12)	(n=28)	(n=27)	(n=11)	(n=14)
Ecstasy	50	56	69	77	18	50	43	63	64	50
Ice/crystal	7	9	8	0	27	17	11	4	9	7
Speed	6	3	4	6	18	0	4	0	0	0
Cocaine	7	3	8	0	9	0	0	7	0	0
LSD	4	7	4	6	9	8	4	0	9	29
Pharmaceutical stimulants	7	3	0	6	0	0	0	11	0	0
Other	20	19	8	6	18	25	39	15	18	14
% More than one drug in last OD**	77	83	89	71	91	83	86	92	82	57
% Last OD location**	(N=124)	(N=146)	(n=26)	(n=17)	(n=11)	(n=12)	(n=28)	(n=27)	(n=11)	(n=14)
Nightclub	28	16	12	24	18	0	21	15	9	21
Own home	13	19	12	6	18	42	21	15	18	14
Friend's home	18	17	12	6	27	25	14	19	18	29
Outdoors	4	3	4	12	0	0	4	0	0	0
Live music event	13	23	19	24	27	0	21	37	27	14
Rave/dance party	2	6	12	6	0	25	0	0	9	7
Private party	10	4	4	6	9	0	7	4	0	0
Public place	4	1	4	6	0	0	0	0	0	0
Other	8	12	16	12	0	8	8	11	18	14

Source: EDRS interviews * Of those who ever overdosed

** Of those who had overdosed in the past 12 months

^ Small numbers n<10; interpret with caution

6.1.2 Non-fatal depressant overdose

Twenty-five percent of the national sample reported having ever overdosed on a depressant drug on a median of two occasions (range 1-200 occasions). Twenty-three percent reported that their last depressant overdose had occurred in the last 12 months (see Table 95).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (75%); smaller proportions reported GHB (4%) and benzodiazepines (4%).

As with stimulant overdose, of those that had had a depressant overdose in the past six months, locations of last overdose reported were mixed between private and public locations such as friend's home (19%) and nightclubs (18%). Symptoms which participants reported on their last overdose occasion included vomiting (46%) and losing consciousness (36%) and collapsing (8%). See Table 95 for other symptoms experienced.

At their last occasion of overdose (of those who had overdosed in the preceding six months), 56% reported that there was a sober person who was able to assist at the time. On the occasion of depressant overdose, immediate attention/care reported was monitoring by friends (59%), ambulance attendance (7%), emergency department attendance (5%), got oxygen and other (9%).

The majority of those that had recently overdosed on a depressant reported that it had occurred on a night of 'heavy session' use (73%) as opposed to a normal night out. The

depressant OD was reported to have occurred a median of five hours (range 0-120 hours) after being out partying.

Table 95: Depressant overdose in the last 12 months among RPU, 2014

	National 2013 (N=683)	National 2014 (N=799)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=99)
% Ever overdosed on depressant drug	23	25	34	24	30	29	37	11	8	25
Median number times ever overdosed* (n)	2	2	3	4	2	7	2	1	2	2
% Overdosed last 12 months	22	23	34	24	26	28	20	8	7	24
% Main drug **	(N=88)	(N=106)	(n=20)	(n=15)	(n=14)	(n=17)	(n=20)	(n=6^)	(n=5^)	(n=9^)
Alcohol	81	75	90	53	64	71	80	67	100	78
Heroin	2	3	0	7	0	6	0	0	0	0
GHB	6	4	5	7	7	0	5	0	0	11
Benzodiazepines	3	4	5	7	7	6	0	0	0	0
Other opiates	0	3	0	0	0	0	10	17	0	0
Other	8	12	0	27	21	18	5	17	0	11
% Last OD location**	(N=88)	(N=106)	(n=20)	(n=15)	(n=14)	(n=17)	(n=20)	(n=6^)	(n=5^)	(n=9^)
Friends home	23	19	25	27	43	0	10	17	20	11
Own home	17	18	15	13	14	12	25	17	40	22
Nightclub	17	18	10	27	7	0	30	17	0	56
Private party	15	19	20	0	14	53	15	17	40	40
Pub	8	9	15	7	14	6	10	0	0	11
Public place (street/park)	6	4	10	7	0	0	5	0	0	0
Other	15	12	5	20	7	30	5	34	0	0
% More than one drug in last OD**	55	46	70	47	50	53	40	13	40	22
% Symptoms experienced last OD**	(N=89)	(N=105)	(n=20)	(n=14)	(n=14)	(n=17)	(n=20)	(n=6^)	(n=5^)	(n=9^)
Vomiting	40	46	40	79	29	18	60	33	80	44
Losing consciousness	39	36	50	7	50	53	30	17	20	33
Collapsing	6	8	5	7	7	12	5	33	0	0
Suppressed breathing	8	1	0	0	0	6	0	0	0	0
Turning blue	1	1	0	0	0	6	0	0	0	0
Other	7	9	5	7	14	6	5	17	0	22

Source: EDRS interviews

* Of those who ever overdosed

** Of those who had overdosed in the past 12 months

^ Small numbers interpret with caution

Drug-related fatalities

The ABS has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by NDARC difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006 that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that had been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2007.

6.1.3 Methamphetamine-related fatalities

There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death, and, therefore, mortality data may under-represent cases where methamphetamine has contributed to death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

In 2010, there were a total of 88 'drug induced' deaths in which methamphetamine was mentioned among those aged 15 to 54 years (the ages when most drug related deaths occur) and 93 deaths across all ages. The rate of methamphetamine related deaths among those aged 15 to 54 years in 2009 was 7.1 per million persons, and remains relatively unchanged from 6.8 in 2008 (Roxburgh & Burns (2014)).

6.1.4 Cocaine

In 2010, there were 15 'drug induced' deaths in which cocaine was mentioned among those aged 15–54 years of age and 16 deaths across all ages. Cocaine was determined to be the underlying cause of death in less than 20% (data not published to protect confidentiality) of all cocaine related deaths in 2010 among Australians aged 15 to 54 (Roxburgh & Burns, 2014).

6.1.5 Fatal and non-fatal ketamine overdose

Ketamine users may be at risk of experiencing a range of acute side effects that place them at risk of harm. In an Australian study of ketamine users, effects such as an inability to speak, blurred vision, lack of co-ordination and increased body temperature were often reported (Dillon et al., 2003), and the experience of a 'k-hole' may lead some to experience symptoms of paranoia, hallucinations and distress (Jansen, 2000). These effects may increase the acute risks of ketamine, particularly because it is often used in nightclubs or dance parties, where the confusion and dissociation induced by ketamine may lead to unintended harms such as falls, traffic accidents (when leaving venues), and the unpleasant event of being taken advantage of by others.

No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. It is problematic to monitor deaths due to ketamine in existing data collections. See individual state/territory reports for jurisdictional-level information, where available.

6.1.6 Fatal and non-fatal GHB overdose

One of the reasons for the considerable media attention around GHB has arisen from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson & Balster, 2001). In recreational settings, the additional factors of inconsistent potency, variable individual

response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose, despite the best intentions of users to reduce these risks. In one Australian study, half (53%) of a sample of GHB users had overdosed at some time (overdosing was defined as losing consciousness and being unable to be woken) (Degenhardt et al., 2003).

Concerted media attention on GHB-related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred. Recent analysis of data from coronial records has suggested that 10 cases had been confirmed in this country to be associated with the use of GHB, with eight of these cases confirmed as primarily caused by the drug (Caldicott et al., 2004).

Given that anecdotal reports suggest continued occurrence of GHB overdoses, and reports from hospitals in increasing locations and jurisdictions around the country reinforcing this suggestion, it would be desirable for some simple mechanism for collecting and reporting these adverse events to be developed.

6.2 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ERD or alcohol use in the last six months to which 9% responded that they had. For those that had 'thought about' contacting a service, however did not do so (11%, n=77), the reasons most endorsed for not doing so included: 'worked it out on my own' (29%), 'could not be bothered' (15%), 'not a priority' (11%), 'not sure' (7%), peer influence/social stigma (7%), and 'did not want to abstain from drug use' (4%), .

In 2014, all participants were asked which of the following health services and professionals they had accessed over the past six months and how many visits with each health professional they had had and of those visits how many were related to drug and alcohol. Doctors (General Practitioners) as expected were seen by the majority of the sample (85%). Smaller proportions of the sample reported seeing dentists (39%) and the Emergency Department (19%) see Table 96.

Table 96: Proportion of RPU who accessed a medical or health service, 2014

Service accessed	National 2014 (N=619)	NSW (n=87)	ACT (n=55)	VIC (n=86)	TAS (n=77)	SA (n=88)	WA (n=88)	NT (n=51)	QLD (n=87)
% Doctor (GP)	85	89	82	91	84	82	82	80	90
% Dentist	39	48	44	34	29	41	41	28	41
% Other health professional	24	21	31	36	16	22	24	14	26
% Emergency Department	19	15	27	16	14	17	16	31	24
% Psychologist	12	12	15	20	14	10	6	8	14
% Specialist doctors (not psychiatrists)	12	10	7	13	21	8	7	14	20
% Social Welfare workers	5	5	4	5	5	3	3	6	7
% Hospital admissions	12	9	18	6	17	9	9	6	20
% Medical tent	7	7	7	13	4	8	6	6	7
% Outpatient	5	2	2	4	8	1	2	6	5
% Psychiatrist	6	8	6	5	3	6	5	8	8
% Drug and alcohol counsellor	5	1	4	2	7	8	5	6	0
% Ambulance	4	1	6	1	5	6	1	2	13

Source: EDRS interviews

Note: Medical tent, outpatient hospital service, ambulance, inpatient treatment were reported by n<5 participants nationally.

Of those that had seen a Doctor (GP), the median number of times a doctor was seen for any reason was three times (range 1-92). When asked of those times, how many visits were

drug or alcohol related the median was zero (range 0-72). The main drugs reported for visits to the Doctor, of those that reported having seen the Doctor for drug and alcohol related issues included alcohol (25%), crystal methamphetamine (13%), ecstasy (10%), cannabis (13%), heroin (2%), benzodiazepines (7%), pharmaceutical stimulants (3%), and cocaine (2%), antidepressants (2%) and LSD (3%).

6.3 Drug treatment

There were 155,151 closed treatment episodes recorded nationally in 2012/13 of which 40.1% comprised of alcohol closed treatment episodes, 23.6% comprised of cannabis and 17.3% of stimulants and hallucinogens.

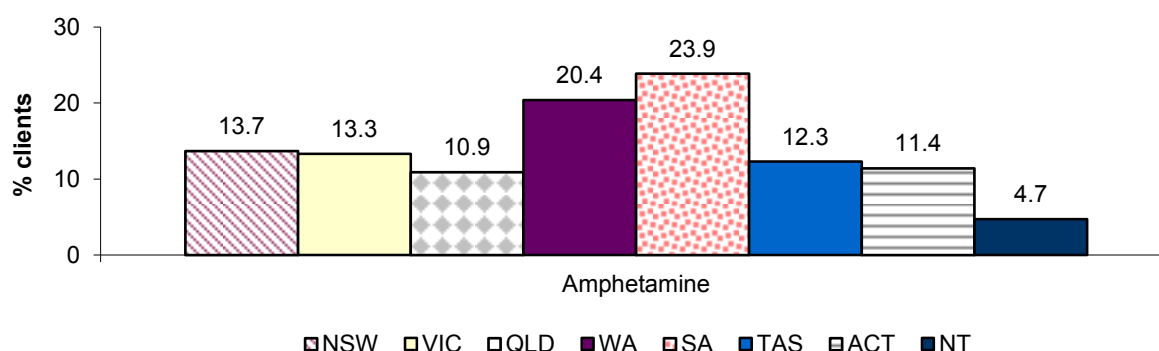
6.3.1 Ecstasy

Ecstasy was a drug of concern (principal or additional) in 1.9% of closed episodes in 2012–13 and was the principal drug in just 0.7% of cases (Australian Institute of Health and Welfare, 2014).

6.3.2 Methamphetamine

SA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (23.9%), followed by WA (20.4%) (Figure 44) (Australian Institute of Health and Welfare, 2014b). Proportionately, amphetamines consisted of 14% of all closed treatment episodes across Australia.

Figure 44: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2012/13



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2014)

Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others. Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSP, correctional institutions, halfway houses or sobering up shelters

6.3.3 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2012/13 (512 recorded incidents nationally). NSW recorded the highest proportion (0.7%) across the jurisdictions (Australian Institute of Health and Welfare, 2014).

6.3.4 Ketamine

No specific ketamine data were available in 2012/13. Treatment-seeking for problems associated with ketamine use is low compared to other drugs.

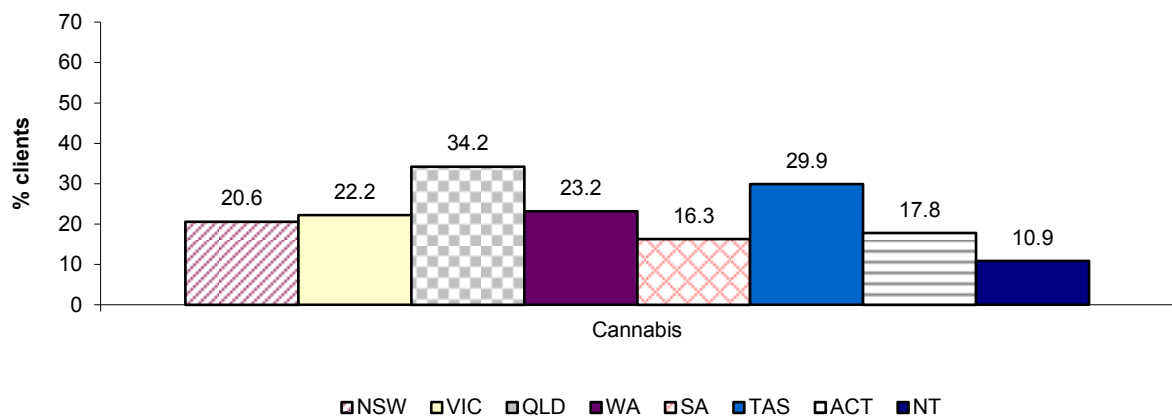
6.3.5 GHB

No specific data were available for 2012/13. As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon.

6.3.6 Cannabis

Data from the AODTS-NMDS indicate that in 2012/13, QLD had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34.2%), followed by TAS (29.9%) (Figure 45) (Australian Institute of Health and Welfare, 2014b).

Figure 45: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2012/13



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2014b)

Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

6.4 Other self-reported problems associated with ERD use

6.4.1 Self-reported drug related problems

Participants in 2014 were asked about a range of other problems associated with their drug use. Participants were asked if, in the past six months, their drug use had caused repeated problems with family, friends or people at work or school; if they had any recurrent drug-related legal problems; if they had recurrently found themselves in situations where they were under the influence of any drug and someone (themselves or another person) could have been hurt or put at risk; or if their drug use had recurrently interfered with their responsibilities at home, work or school. Table 97 presents the proportion experiencing these problem and Table 98 the main drugs responsible.

Table 97: Self-reported drug-related problems, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
%	2013 (N=680)	2014 (N=790)	(n=100)	(n=100)	(n=100)	(n=99)	(n=100)	(n=97)	(n=100)	(n=94)
% Recurrently found self in at-risk situations when under influence	33	34	33	29	24	31	34	49	36	36
% Drugs recurrently interfered with responsibilities at home/work/school	34	28	27	15	28	31	27	28	24	42
% Drugs caused repeated social problems with family, friends or colleagues	24	19	23	8	14	23	21	21	15	26
% Had recurrent drug-related legal problems last six months	4	5	4	1	4	5	3	7	5	10

Source: EDRS interviews

Participants that self-reported a drug related issue/problem were asked which main drug they attributed to the issue. For repeated social problems, recurrent legal problems and interference with responsibilities at home and work participants identified alcohol and cannabis. For issues related to repeat at risk situations, alcohol and ecstasy were the main drugs reported to contribute to these issues. Interestingly for at risk situations, LSD (6%, n=15; included in the 'other' category) was reported more so than some other drugs.

Table 98: Main drug attributed to self-reported problem, 2014

%	Drugs caused repeated problems with family, friends or colleagues		Had recurrent drug-related legal problems last six months		Recurrently found self in at-risk situations when under influence		Drugs recurrently interfered with responsibilities at home/work/school	
	2013 (N=161)	2014 (N=147)	2013 (N=30)	2014 (N=36)	2013 (N=220)	2014 (N=267)	2013 (N=232)	2014 (N=217)
% Alcohol	22	17	37	28	52	45	26	24
% Ecstasy	23	27	10	22	17	18	25	23
% Cannabis	40	28	43	28	15	16	32	34
% Speed	4	3	3	0	1	3	3	2
% Ice/crystal	8	15	0	11	6	7	6	11
% Other	8	10	7	11	9	18	8	7

Source: EDRS interviews

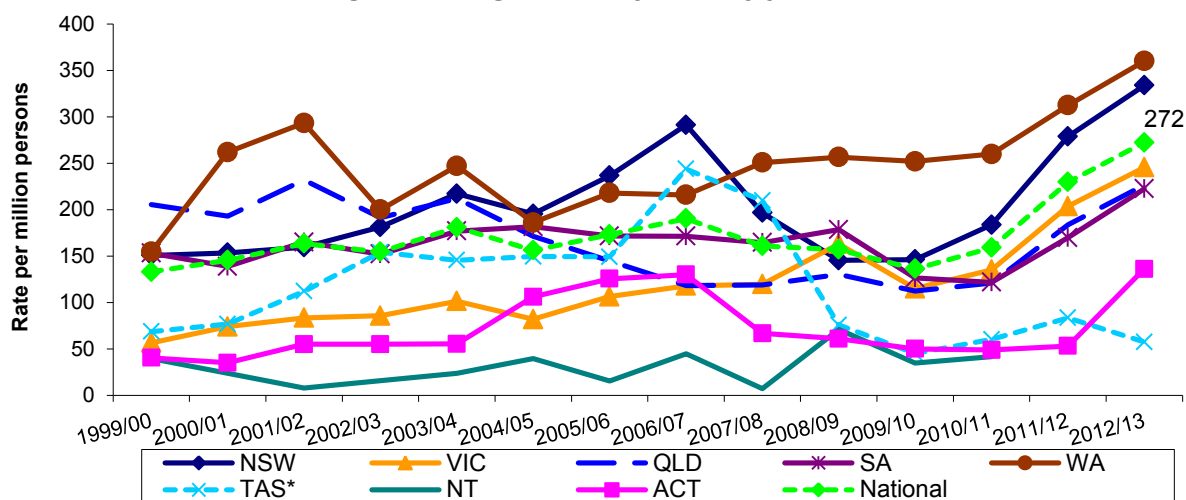
6.5 Hospital admissions

Data was unavailable for the 2013/14 period.

6.5.1 Methamphetamine

Figure 46 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures have steadily increased at a national level since 1999/00, continuing to increase in 2012/13 at 272 hospital admissions nationally. WA recorded the highest number of amphetamine-related hospital admissions in 2012/13 at 360 admissions per million persons. All states comparatively have increased slightly with the exception of Tasmania who has remained stable from 2011/12 figures.

Figure 46: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



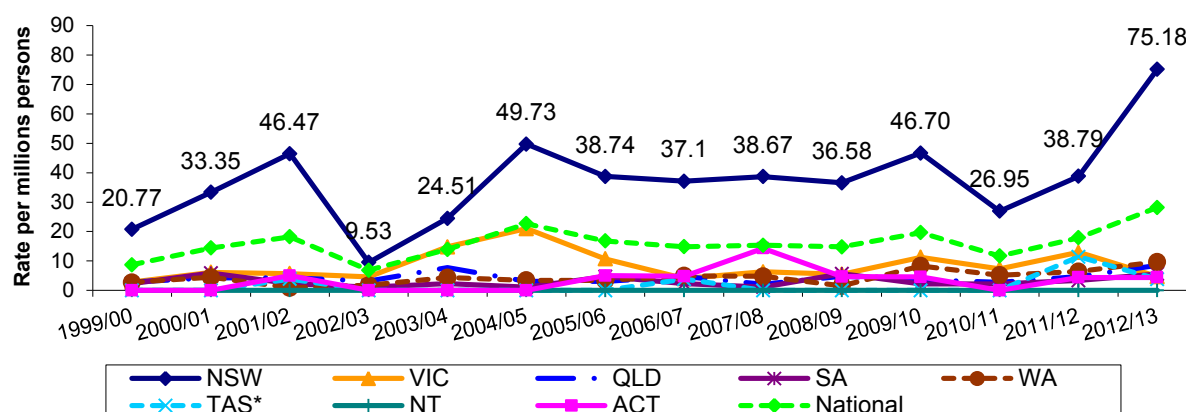
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations. Rates for the NT for 2011/12 and 2012/13 are not presented due to small numbers

6.5.2 Cocaine

Figure 47 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have recently stabilised over the past few years. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which has continued to rise and is currently at 75 admissions per million persons in 2012/13. Figures were relatively lower in all other jurisdictions.

Figure 47: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



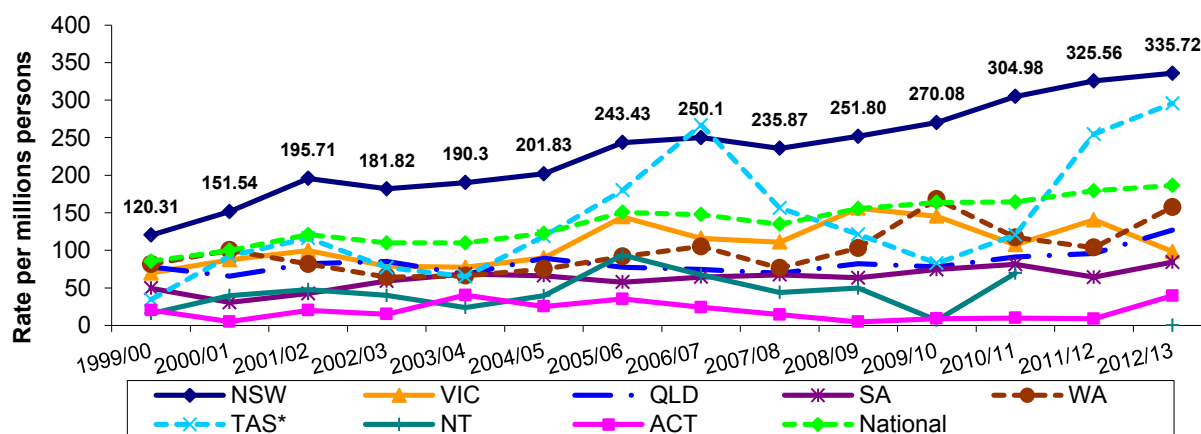
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations.

6.5.3 Cannabis

Figure 48 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the 13-year period illustrated below. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2012/13 (335 admissions per million persons).

Figure 48: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit. Rates for the NT for 2011/12 are not presented due to small numbers. Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations.

6.6 Mental and physical health problems

6.6.1 Mental health problems and psychological distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Kessler et al., 2002, SCID; Andrews and Slade, 2001).

The minimum score was 8 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=799), the mean score was 17.8 (SD 6.6). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder⁷.

The 2013 NDSHS (Australian Institute of Health and Welfare, 2014a) provided the most recent Australian population norms available for the K10, and used three categories to describe degree of distress: scores from 10-15 were considered to be low; 16-21 as moderate; 22-50 as high to very high. Proportionately, there were slightly more EDRS participants falling in the moderate to high distress category when compared to the NDSHS sample (Table 99). When asked whether the feelings experienced in this four week period were usual or experienced more or less often, the highest proportion reported that these feelings of psychological distress were the same as experienced usually (65%), followed by more often than usual (17%) then less often than usual (15%).

Table 99: K10 scores, (method used in ABS National Health Survey), 2014

K10 category	NDSHS			EDRS							
	National AIHW	National 2013 (N=669)	National 2014 (N=776)	NSW (n=100)	ACT (n=97)	VIC (n=93)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=89)	QLD (n=97)
% reporting no or low distress (score 10-15)	54	34	40	39	43	33	30	47	36	52	42
% reporting moderate distress (score 16-21)	27	35	36	40	39	43	34	31	36	32	30
% reporting high-very high distress (score 22-50)	20	31	24	21	18	24	36	22	28	17	28

Source: EDRS interviews; (AIHW, 2014)

Note: The extent to which cut-offs derived from population samples can be applied to the RPU population is yet to be established and, therefore, these findings should be taken as a guide only

⁷ See www.crufad.unsw.edu.au/k10/k10info.htm for details.

6.6.2 Self-reported mental problems and medication

Almost one-third (28%) of national participants reported experiencing a mental health problem in the six months preceding interview. Of these, the primary issue of concern was anxiety (70%), followed by depression (65%) and paranoia (9%). For jurisdictional breakdowns, see Table 100. Other mental health problems reported, but not listed due to small numbers, included phobias, mania and any personality disorders.

Table 100: Self-reported mental health problem in the last six months, 2014

%	National		NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=99)	QLD (n=98)
	2013 (N=684)	2014 (N=797)								
Experienced a mental health problem	30	28	29	18	35	33	25	29	20	31
Of those that had mental health problem	(N=207)	(N=218)	(n=29)	(n=18)	(n=34)	(n=33)	(n=25)	(n=29)	(n=20)	(n=30)
Depression	67	65	69	78	62	61	64	62	70	63
Anxiety	63	70	76	56	68	70	80	72	60	70
Paranoia	13	9	7	0	0	21	12	21	0	7
Panic	10	7	0	0	12	6	8	7	0	17
Posttraumatic stress disorder	9	4	0	6	0	9	4	7	0	3
OCD	6	6	3	11	6	3	0	3	5	13
Manic-depression/Bipolar disorder	8	5	0	11	3	0	16	3	0	7
Phobias	n.a.	4	3	0	0	6	12	3	0	3
Drug induced psychosis	2	2	0	0	3	3	4	3	0	3
Schizophrenia	2	1	0	0	3	0	0	0	0	3

Source: EDRS interviews

Participants were also asked whether they had visited a mental health professional for a mental health problem in the last six months, to which 15% participants reported doing so. Of those that had seen a health professional recently, 32% had medication prescribed. Of those that had received medication, it was primarily antidepressants (73%) (Table 101). The most common antidepressants prescribed were: Lexapro (Escitalopram) (32%), and Lovan/Prozac (fluoxetine) (25%). Benzodiazepines were prescribed to 48% of the medicated sample to which Valium (diazepam) (57%) was reported by most that commented. Antipsychotics were the prescribed medication to 19% of this sample. The most common antipsychotics prescribed to participants were Seroquel (91%) of those who were taking this medication. Mood stabilizers were the least commonly prescribed medication to this sample with no specific type/brand more common though Epilium and Quilonum were mentioned (Table 101).

Table 101: Mental health assistance and medication, 2014

	National 2013 (N=684)	National 2014 (N=800)
% Attend a mental health professional	17	15
% Had medication prescribed	(N=127) 53	(N=217) 32
% Antidepressants	(N=67) 81	(N=67) 73
% Benzodiazepines	39	48
% Antipsychotics	14	19
% Mood stabiliser	6	6

Source: EDRS interviews

7 RISK BEHAVIOUR

- Ten percent of the national sample reported having **injected** at some time in their lives; 5% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 20 years of age. Among those who had injected in the preceding six months, the last drug injected was ice/crystal (28%) as in 2013.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (51%) with a similar proportion reporting chemists (42%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (64%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority of those had casual sex the last time under the influence of mostly alcohol, ecstasy and cannabis. Over half had used protection on this occasion.
- Eighty-two percent of the national sample obtained eight or more on the AUDIT scale; these are levels at which alcohol intake may be considered hazardous. Males had a significantly higher score than females.

7.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. Previous research has shown that RPU who had ever injected a drug were significantly older, more likely to be unemployed and have a prison history, while participants who had completed high school and those who identified as heterosexual were less likely to have injected. Participants in the EDRS have been found to be demographically different to other samples of people who inject drugs (White et al., 2006).

In the 2014 EDRS, 10% of the national sample reported having injected at some time in their lives and, 5% (n=43) reported injecting in the six months preceding interview (Table 102).

Table 102: Injecting risk behaviour among EDRS participants, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=98)
	(N=686)	(N=798)								
% Ever injected	13	10	11	2	10	15	5	2	4	25
Median age first injected any drug (range)	19 (12-45)	20 (14-41)	19 (15-41)	18^ (14-22)	24 (16-31)	20 (15-30)	19^ (16-25)	17^ (14-19)	18^ (16-21)	20 (14-35)
% Injected last six months	7	5	5	0	4	8	4	1	2	19

Source: EDRS interviews

^ Small numbers interpret with caution

7.1.1 Recent injectors

Participants who had injected in the last six months reported having injected a median of 12 times (range 1-180 times), a decrease from 20 times in 2013. Ice/Crystal as opposed to speed was the most commonly last injected drug in the preceding six months (Table 103).

Forty percent of recent injectors had injected under the influence of ERD in the past six months a median of three times (range 1-8 times).

Table 103: Recent injecting drug use patterns among those who had recently injected, 2014

%	National 2013 (N=47)	National 2014 (N=43)	NSW (n=5 [^])	ACT (n=0)	VIC (n=4 [^])	TAS (n=8 [^])	SA (n=4 [^])	WA (n=1 [^])	NT (n=2 [^])	QLD (n=19)
Median number of times injected last 6 months (range)	20 (1-200)	12 (1-180)	4 [^] (1-180)	- (-)	4 [^] (1-150)	62 [^] (1-180)	13 [^] (1-90)	180 [^] (-)	11 (10-12)	20 [^] (2-180)
Last drug injected	(N=47)	(N=43)								
% Ice/Crystal	30	28	20	-	50	25	0	0	50	32
% Heroin	21	7	20	-	25	0	0	0	0	5
% Speed	36	16	20	-	25	0	25	0	0	21
% Other opiates	2	5	20	-	0	0	0	0	0	0
% Cocaine	2	2	0	-	0	0	0	0	0	5
% Steroids	9	16	0	-	0	0	50	100	50	16
% Base	n.a	9	0	-	0	25	25	0	0	5
% Other	n.a	16	20	-	0	38	0	0	0	16
Injected while under influence/ coming down*	(N=47)	(N=43)	(n=5 [^])	(n=0)	(n=4 [^])	(n=8 [^])	(n=4 [^])	(n=1 [^])	(n=2 [^])	(n=19)
% Neither	45	61	60	-	100	38	75	0	50	63
% Under the influence	13	12	40	-	0	0	0	0	0	16
% Coming down	21	12	0	-	0	0	0	0	50	21
% Both	21	16	0	-	0	63	25	100	0	0
Median number of times injected while under influence/coming down (range)**	(N=20) 4.5 (1-48)	(N=12) 3 (1-80)	- -	- -	- -	5 [^] (2-80)	6 [^] (-)	3 [^] (-)	- -	3 [^] (1-24)

Source: EDRS interviews

* Of those who had injected each drug in the preceding six months

** Of those who had injected whilst under the influence and/or coming down

[^] Small numbers; interpret with caution

7.1.1.1 Context of injecting

The majority of participants obtained their needles for injecting from an NSP or from a chemist or friend or vending machine (see Table 104). Most participants reported injecting in their own home (51%) or friend's homes (26%).

7.1.1.2 Sharing of needles/syringes and other injecting equipment

Of those who injected in the preceding six months (n=43), five respondents reported the practice of using a needle between 2-5 times after another person in the month preceding interview. When asked how many people had used the needle before the respondent, five respondents answered one person and one respondent answered two people. When asked who these people were, regular sex partner, close friends and acquaintances were the responses given. Of those that reported injecting in a social situation, as opposed to alone which is common for injectors in this study, most injecting participants reported doing so with close friends (56%) or regular sex partner (9%), smaller numbers reported doing so with acquaintances (5%) or casual sex partners (2%) present (see Table 104).

Sharing of other injecting equipment in the preceding month was reported by 26% of recent (past six months) injectors. Of those who reported sharing any equipment, 21% reported sharing spoons and mixes, 11% reported sharing tourniquets, 9% shared filters, 7% shared water, and two participants shared swabs.

Table 104: Context and patterns of recent (last six months) injection, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 (N=55)	2014 (N=43)	(n=5 [^])	(n=0)	(n=4 [^])	(n=8 [^])	(n=4 [^])	(n=1 [^])	(n=2 [^])	(n=19)
Needle sources										
% NSP	66	51	40	-	25	50	50	100	0	63
% Chemist	21	42	20	-	75	38	25	0	100	42
% Friend	15	16	20	-	0	50	25	0	0	5
% Hospital	4	0	0	-	0	0	0	0	0	0
% Vending machines	9	16	20	-	0	63	0	0	0	5
% Outreach program	0	2	0	-	25	0	0	0	0	0
% Dealer	9	0	0	-	0	0	0	0	0	0
% Partner	0	2	0	-	0	0	0	0	0	5
People usually inject with*										
	(N=47)	(N=43)								
% Close friends	43	56	60	-	100	88	75	100	50	26
% Regular sex partner	21	9	0	-	0	13	0	0	0	16
% Acquaintances	4	5	0	-	25	0	0	0	0	5
% Casual sex partner	6	2	0	-	0	13	0	0	0	0
% No one	34	35	40	-	0	13	25	0	50	53
Locations injected last 6 months*										
	(N=47)	(N=43)								
% Own home	64	51	60	-	50	13	100	100	0	58
% Friend's home	28	26	0	-	50	38	0	0	50	26
% Dealer's home	2	5	0	-	0	13	0	0	0	5
% Car	2	2	20	-	0	0	0	0	0	0
% Public toilet/Venue toilet	2	12	20	-	0	38	0	50	0	0
% MSIC	2	0	-	-	-	-	-	-	-	-
% Other	n.a.	5	0	-	0	0	0	0	0	10

Source: EDRS interviews

* Multiple responses allowed therefore columns may not add up to 100%

[^] Small numbers; interpret with caution

7.1.2 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the population had ever injected a drug, with 0.4% (74, 000 people) having injected a drug in the past year. Those in the 20-29 year and 30-39 year age group had a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2011a).

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range 0.65%-1.50%) which equates to approximately 149,591 persons (range 89,253 - 204,564) (Mathers et al., 2008).

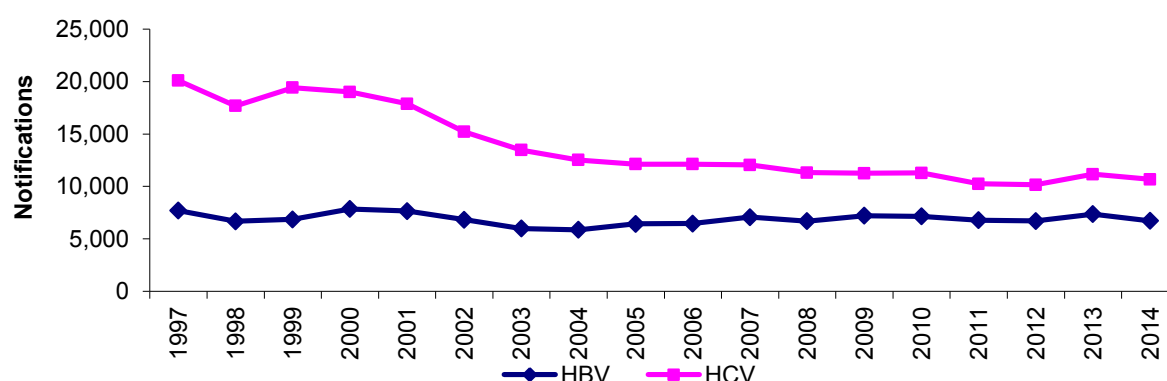
7.2 Blood-borne viral infections (BBVI)

7.2.1 The National Notifiable Diseases Surveillance System

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 49 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2014, the number of HBV and HCV notifications recorded were stable with those in 2013 (HBV: 7,367 in 2013 in 6724 in 2014; and HCV 11165 in 2013; 10676 in 2014). HCV continued to be more commonly notified than HBV.

Figure 49: Total notifications for HBV and HCV (unspecified and incident/newly acquired) infections, Australia, 1997-2014



Source: Communicable Diseases Network – NNDSS <http://www9.health.gov.au/cda/source/cda-index.cfm> date accessed: 23rd January 2015

Note: Figures are updated on an ongoing basis

Notes on interpretation: The quality and completeness of data compiled in the National Notifiable Diseases Surveillance System are influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between States and Territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time

7.3 Sexual risk behaviour

7.3.1 Recent sexual activity

Two-thirds (64%) of the national sample reported having casual sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Sixteen percent reported having one casual partner, and 48% reported having more than one partner (range: 2 to more than 10 partners, Table 105).

Table 105: Number of sexual partners in the preceding six months, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=97)	(n=80)	(n=98)	(n=98)	(n=100)	(n=100)	(n=99)	(n=88)
	(N=681)	(N=790)								
No. casual sexual partners										
% No casual partner	38	36	46	28	42	38	41	34	28	31
% 1 person	18	16	14	28	12	12	14	19	9	18
% 2 people	16	16	19	16	13	15	8	23	14	18
% 3-5 people	19	20	11	19	21	21	23	14	30	21
% 6-10 people	8	8	7	4	8	8	10	8	10	9
% 10 or more	2	4	2	6	3	5	4	2	8	2

Source: EDRS interviews

7.3.2 Drug use during sex

The majority (88%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months (Table 106). Most participants reported that drug use during sex with a casual partner had occurred between three and five times (30%) and more than 10 times (20%) in the preceding six months.

The most commonly used drugs used during sex were alcohol (83%), ecstasy (50%) and cannabis (32%), a variation from last year where ecstasy was the most used drug in this context. Other drugs nominated can be seen in Table 106.

Table 106: Drug use during sex with a casual partner in the preceding six months, 2014

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014	(n=53)	(n=58)	(n=57)	(n=61)	(n=59)	(n=65)	(n=71)	(n=60)
	(N=426)	(N=484)								
% Penetrative sex with casual partner while on drugs *	90	88	85	79	91	93	86	89	85	92
No. times had sex while on drugs with casual partner	(N=381)	(N=421)	(n=45)	(n=46)	(n=52)	(n=57)	(n=51)	(n=57)	(n=59)	(n=54)
% Once	12	13	16	15	14	7	12	19	5	20
% Twice	20	19	20	17	12	16	22	21	19	24
% 3-5 times	32	30	27	33	25	35	31	33	31	22
% 6-10 times	15	19	20	15	19	21	14	19	17	22
% 10+ times	22	20	19	20	31	21	22	7	29	11
Drug used last time*	(N=380)	(N=422)	(n=45)	(n=46)	(n=52)	(n=57)	(n=51)	(n=58)	(n=59)	(n=54)
% Ecstasy	61	50	44	65	52	68	43	43	44	46
% Alcohol	49	83	78	94	77	98	75	86	75	82
% Cannabis	39	32	24	44	21	35	31	36	32	32
% Speed	8	9	9	11	10	19	0	2	9	9
% Ice/Crystal	8	9	7	7	8	2	10	7	17	11
% Cocaine	9	10	18	15	8	4	8	5	5	19
% Base	<1	1	2	2	0	2	0	0	0	2
% LSD	7	5	0	2	4	0	0	7	9	13
% Ketamine	2	<1	2	0	2	0	0	0	0	0
% Amyl nitrite	3	1	4	2	0	0	0	2	0	4
% Nitrous oxide	1	1	0	2	0	2	0	3	0	2
% GHB	<1	<1	0	0	4	0	2	0	2	0
% Benzodiazepines	0	2	2	0	6	4	0	3	0	4
% Pharmaceutical stimulants	2	3	2	4	2	0	2	10	0	2
% Mushrooms	2	2	0	4	0	2	2	3	2	0
% MDA	<1	3	2	2	0	2	0	0	7	7
% Methadone	<1	<1	0	0	0	4	0	0	0	0
% Heroin	<1	<1	0	0	0	0	0	2	0	0
% Other opiates	<1	<1	2	0	0	2	0	0	0	0
% Other	3	3	0	2	2	5	0	5	0	2

Source: EDRS interviews

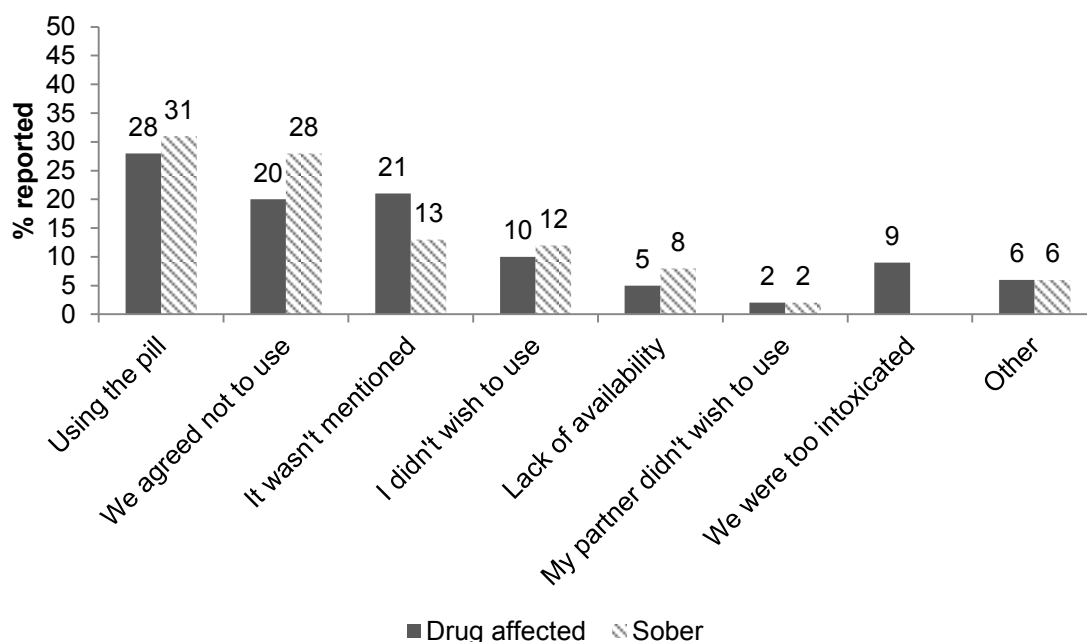
* Of those who had a casual partner

Participants were asked if they had used a barrier for safe sex during their last sexual encounter that was under the influence of drugs and/or alcohol which 48% (of n=430) reported that they had not. Response options reported for not using a barrier on this occasion included: 'Using the pill' (28%), 'It was not mentioned' (21%), 'We agreed not to use any' (20%), 'I did not wish to use it' (10%), 'We were too intoxicated' (9%), 'lack of availability' (5%), 'My partner did not wish to use' (2%) and 'other' (6%). 'Other' responses were themed around knowing the person, being pregnant, and having other forms of contraception such as implanon or cervical implant (see Figure 50).

Participants were also asked how often they used barrier/protection by way of condoms and gloves when having sex with a casual partner in the last six months, to which 30% responded with 'every time', 22% reported 'often' and 22% responded with 'never'. Smaller proportions reported that they 'sometimes' (15%) or 'rarely' (11%) would use protection when having sex with a casual partner.

Following on, participants were asked whether the last time they had sex with a casual partner when they were sober, whether they had used any form of protection/barrier to which 36% reported that they had not used protection, and 18% reported 'not applicable' as they had not engaged in sex with a casual partner while sober. Reasons for not using protection/barriers are shown below (Figure 50).

Figure 50: Reasons reported for not using barriers/protection during casual sex last time under the influence (drug affected) versus sober, 2014



Source: EDRS interviews

7.3.3 Sexual Health

Just under half (49%) of the national sample reported having a sexual health check up in the last year, 16% reported they had done so more than one year ago, 36% reported that they had not and a small percentage (<1%) reported that they were unsure. The majority of the sample (84%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI). A small percentage reported that they had received a positive diagnosis for an STI in the past year (5%), 11% reported that they had received a positive diagnosis for an STI over a year ago, and <1% were unsure of whether they had received a diagnosis. Chlamydia, Gonorrhoea and HPV were the three diagnoses reported by those who had received a diagnosis in the past year.

7.4 The Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT (Saunders et al., 1993) was completed by RPU participants in the EDRS. The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen, 2002). Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The overall mean score on the AUDIT was 13.3 (SD 6.6). There was a significant difference in gender AUDIT scores, with males scoring higher than females (13.7 vs. 12.5, $t_{793}=-2.4$, $p=0.017$). Eighty-two percent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous. Jurisdictional scores of eight or more illustrate that half or more of the participants in each state/territory reported scores at this level. Table 107 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. At a national level, 18% percent in 2014 scored in Zone 1 (low-risk drinking or abstinence), 48% scored in Zone 2 (alcohol use in excess of low-risk guidelines), 17% scored in Zone 3 (harmful or hazardous drinking) and 17% scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional overviews for the four zones are presented in Table 107.

Table 107: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, 2014

	National		NSW		ACT		VIC		TAS		SA		WA		NT		QLD	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Mean AUDIT total score, SD (range)	13.5 7.0 (0-38)	13.3 6.5 (0-38)	10.6 6.1 (0-28)	11.6 6.4 (1-28)	12.2 5.8 (2-27)	11.0 5.6 (0-28)	11.6 7.1 (0-30)	12.1 6.1 (1-28)	15.5 7.7 (2-36)	15.8 6.6 (0-35)	14.8 6.9 (0-31)	14.7 6.2 (3-35)	14.1 6.9 (0-31)	13.2 5.5 (0-27)	14.7 7.1 (0-33)	14.8 6.7 (0-30)	15.8 7.0 (0-34)	13.2 7.6 (0-38)
Score 8 or above %	79	82	66	69	77	71	67	78	85	95	86	89	85	87	89	87	84	80
% Zone 1	21	18	34	31	23	29	33	22	15	5	14	11	15	13	11	13	16	20
% Zone 2	42	48	48	42	53	50	39	51	45	50	43	44	47	55	53	42	35	47
% Zone 3	13	17	10	14	13	12	10	13	11	17	20	25	17	19	18	19	19	16
% Zone 4	24	17	8	13	11	9	18	14	29	28	22	20	21	13	18	25	30	16

Source: EDRS interviews

Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

- One-third (37%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Twelve percent of the national sample had been arrested in the past year, compared with 11% in 2013. The most common charges reported were property, alcohol and driving offences.
- **Consumer and provider arrests** appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

8.1 Reports of criminal activity among RPU

One-third (37%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 108). A quarter (26%) of the national sample reported that they had dealt drugs in the last month and, of these, over half (59%) reported doing so less than once per week, 17% once per week, 18% more than once per week but less than daily, and 5% reported dealing on a daily basis. Fourteen percent of the national sample reported that they had committed a property crime in the last month and, of those, the majority (67%) reported doing so less than once per week, 23% once per week, 8% more than once per week but less than daily, and 3% reported property crime on a daily basis. Four percent (n=33) reported having committed fraud in the month prior to interview. Three percent (n=21) reported committing a violent crime in the past month (Table 108).

Table 108: Criminal activity among RPU, 2014

%	National 2013 (N=686)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
In the last month										
% Any crime	34	37	37	24	47	42	43	40	30	33
% Drug dealing	21	26	29	15	28	24	29	33	19	30
% Property crime	17	14	12	7	25	28	19	11	10	3
% Violent crime	3	4	2	5	3	2	3	5	9	4
% Fraud	3	3	4	2	1	5	1	5	0	3

Source: EDRS interviews

8.2 Arrests

Twelve percent of the national EDRS 2014 sample reported that they had been arrested in the past year (Table 109). Of those arrested in the past year, the charges most commonly reported in this sample use/possession drugs and alcohol and driving offences.

Table 109: Proportion of RPU reporting arrest in the past year, 2014

%	National 2013 (N=679)	National 2014 (N=800)	NSW (n=100)	ACT (n=100)	VIC (n=100)	TAS (n=100)	SA (n=100)	WA (n=100)	NT (n=100)	QLD (n=100)
% Arrested last 12 months	11	12	11	10	10	13	5	12	18	18

Source: EDRS interviews

Table 110: Arrest charges for last 12 months, 2014

	National 2013 (N=77)	National 2014 (N=97)
% Charge arrested for last 12 months	%	%
Public order* (drunk and disorderly)	n.a.	23
Alcohol and driving offences	17	17
Use/possession drugs	13	25
Violent crime	14	17
Property crime	23	17
Other driving offences	1	7
Use/possession weapons	n.a.	5
Dealing	4	3
Fraud	4	3
Other offences	27	11

Source: EDRS interviews

* 'Public orders' included: (failure to vacate premises, failure to dispose of needles, public urination)

In addition to EDRS RPU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACC (latest available year 2012/13). These are reported in the following sub-sections by drug type.

8.2.1 Ecstasy

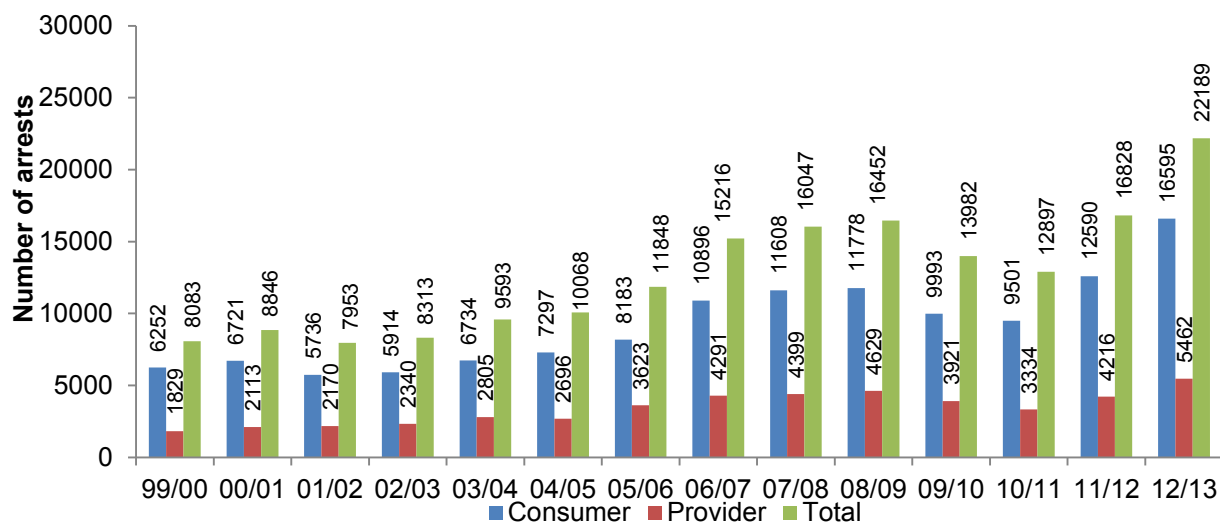
A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs; ecstasy arrests are, therefore, included under ATS. These data are presented below in the methamphetamine section.

8.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy belongs), so these classes

have been aggregated. The number of national ATS arrests has increased over the last decade, accounting for 21.8% of national illicit drug arrests in 2012–13, second only to cannabis (Figure 51).

Figure 51: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2012/13

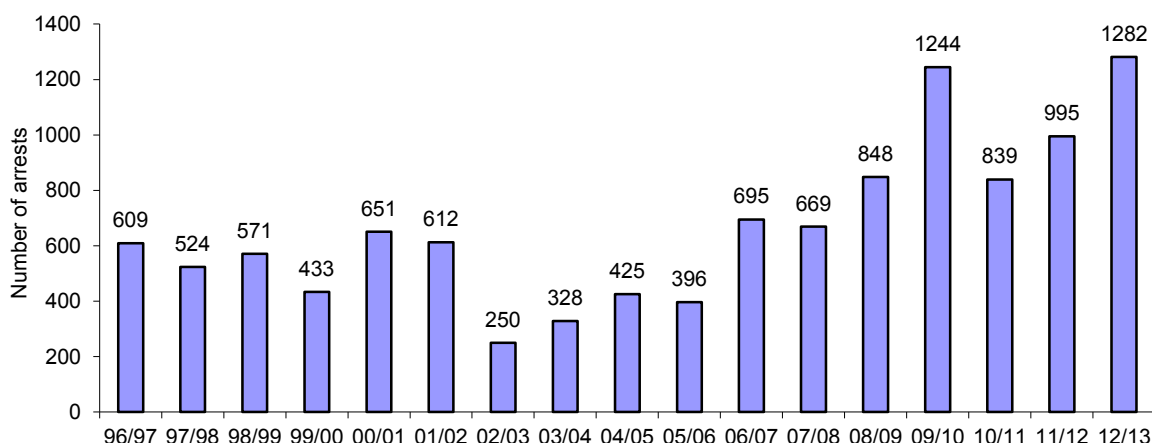


Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

8.2.3 Cocaine

In 2012/13, the number of cocaine arrests Australia wide has had a slight increase from 2010/11. The majority of these arrests continued to occur in NSW (Figure 52). National cocaine arrests have accounted for less than 1.5% of national illicit drug arrests in the last decade.

Figure 52: Total number of cocaine consumer and provider arrests, 1996/97- 2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

Note: The arrest data for each state and territory include AFP data.

8.2.4 Ketamine

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and VIC to be in the possession of

ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore, no data are available on the number of police apprehensions for possession or supply of this controlled substance.

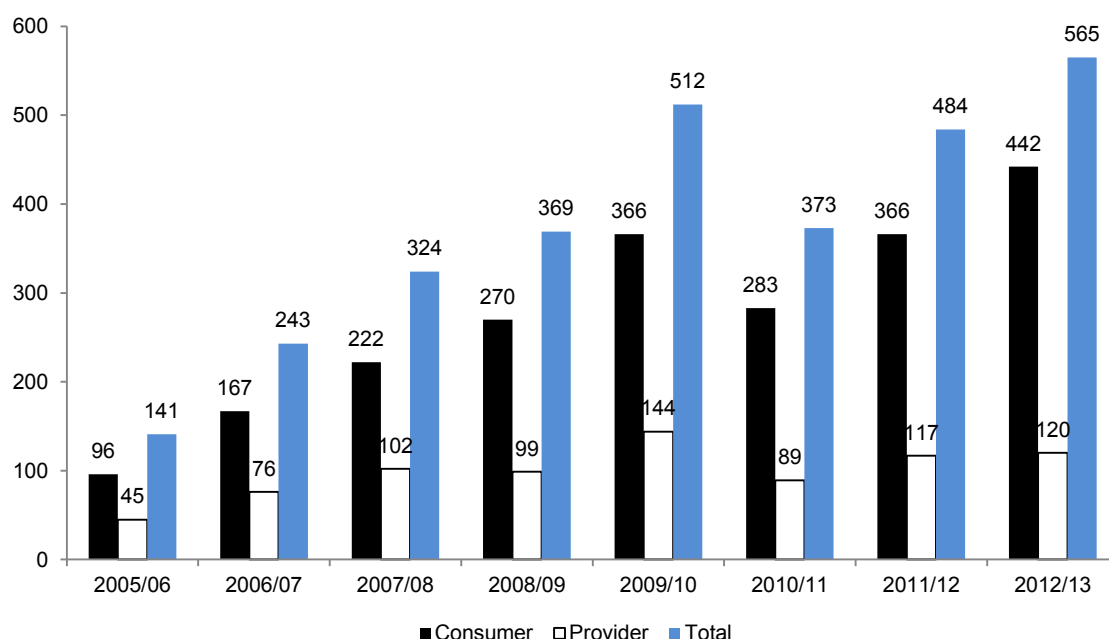
8.2.5 GHB

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, because GHB is not separately recorded in police databases.

8.2.6 LSD

Nationally, a total of 565 total arrests were made in relation to hallucinogens including LSD and psilocybin (mushrooms). Consumer and provider arrests slightly increased from 2011/12 (Figure 53). The majority of these arrests continued to be recorded in QLD, followed by NSW.

Figure 53: Number of hallucinogen consumer and provider arrests, 2005/06-2012/13

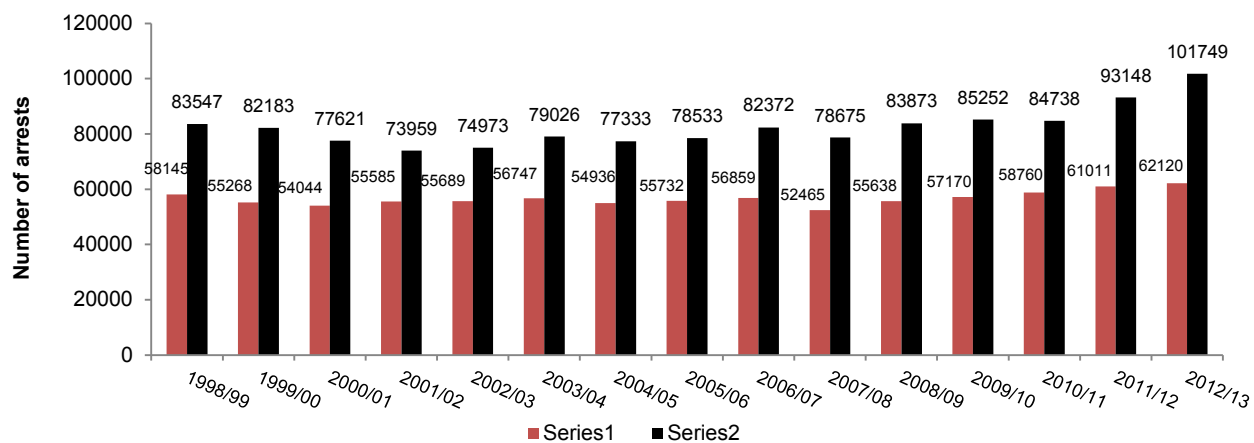


Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

8.2.7 Cannabis

Cannabis arrests continue to account for the majority of all drug-related arrests in Australia (61%). Numbers have remained relatively stable in the past ten years, indicating little change in enforcement of cannabis-related offences during this period (Figure 54).

Figure 54: Number of cannabis and all drug consumer and provider arrests, 1998/99-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014)

9 SPECIAL TOPICS OF INTEREST

- **Use of Dark Marketplaces** was a topic of interest identified previously in the EDRS. Eleven percent of the national sample had purchased a drug online in the previous 12 month period which was mostly the substance ecstasy, NBOMe and LSD. The main motivation and benefits for using the online method of purchase was due to cost; drugs were believed to be cheaper online. Negatives included that packages did not arrive and that the process was slow.
- **NPS health harm modules** continued to be an area of topical interest. Factors that influenced the purchase and use of NPS are discussed as well as health effects. As a whole, the most severely endorsed health effects for the NPS group included: visual hallucinations, being restless/anxious, auditory hallucinations and having an erratic/racing heartbeat.
- **NPS health policy** module had participants asked whether they thought the most used NPS from 2013 (2C-B, 2C-I, DMT and Mephedrone) were legal or illegal. High proportions correctly reported that these NPS were illegal, however, substantial proportions reported being 'unsure'.

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 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 'webstores' and 'online marketplaces' from which to purchase substances. Webstores 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 webstores 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. Two-thirds (63%) responded that 'a few' of their friends had purchased online before, while 3% said that 'about half' had purchased online, with 1% (n=9 participants) responding that 'most' of his/her friends had ever purchased substances online. Fourteen percent of participants responded that they themselves had ever purchased online, most commonly from the Silk Road (70%), followed by internationally-based webstores (19%) other dark web marketplaces (19%) and surface web marketplaces (e.g. eBay or Gumtree; 6%). Among those purchasing from dark web marketplaces (n=82), 44% bought only from retailers based outside of Australia, 26% bought only from Australian retailers and 31% bought from both.

Seventy-nine percent (11% of the total sample) of those who had ever purchased a drug online had done so in the past year. Similar proportions had purchased a drug 'once' (30%) in the last year, 'twice' (21%), '3-5 times' (25%) and more than 5 times' (24%) in the last year. Over two-thirds of these participants (69%) purchased from the Silk Road, 27% from dark web marketplaces other than the Silk Road, 16% from an international webstore, other online market place (6%) and 5% from a surface web marketplace. Of those using dark web marketplaces (n=65), 28% bought from only Australian retailers, 42% from only international retailers and 31% from both international and Australian retailers. Table 111 below details the specific substances purchased by EDRS participants in the past year.

Table 111: Substances purchased online in the past year by EDRS participants who purchased drugs online

Illicit Drugs	National (N=86)	%	New Psychoactive Substances	National (N=24)	%
Ecstasy (any form)	46	54%	Mephedrone	5	21%
Methamphetamine (any form)	12	14%	Methylone/bk-MDMA	3	13%
Pharmaceutical stimulants	5	6%	MDPV/ Ivory Wave	2	8%
Cocaine	12	14%	MDAI	0	-
LSD (acid)	23	27%	5-IAI	0	-
Mushrooms	4	5%	Benzo Fury (6-APB)	0	-
MDA	1	1%	BZP	0	-
Ketamine (special K)	4	5%	PMA	0	-
GHB/GBL, 1, 4B (liquid E)	0	-	Methoxetamine (MXE)	3	13%
Amyl nitrite (rush)	0	-	2C-x (2C-B, 2C-I, 2C-E)	5	21%
Nitrous oxide	0	-	DMT	5	21%
Cannabis	19	22%	5-MeO-DMT	0	-
Tobacco	0	-	LSA (Hawaiian Baby Woodrose)	1	10%
Opioids (e.g. heroin, opium)	0	-	DOI (Death on impact)	0	-
Pharmaceutical opioids	0	-	Mescaline	0	-
(e.g. oxycodone, morphine)	0	-	Salvia divinorum	1	4%
Antidepressants	0	-	Datura (Angel's trumpet)	0	-
Benzodiazepines (e.g. valium/ serepax/xanax)	8	9%	DXM (cough syrup)	0	-
			NBOMe (25I, 25B, 25C)	8	33%
Steroids or PIEDs	2	2%	Synthetic Cannabinoids	0	-
Antipsychotics (e.g. Seroquel)	0	-	Other	5	21%

Source: EDRS interviews, 2014

Respondents were purchasing their drugs online mostly for 'themselves and others'. Eighty-eight percent indicated that their last ordered package arrived as expected, with 6% reported the package has not arrived yet and 6% reported that 'nothing arrived'. Table 112 below illustrates the motivating factors respondents gave for purchasing online, as well as nominated positives and negatives of purchasing online.

Table 112: Motivating factors, as well as positives and negatives for purchasing online

	National (N=87)	%
Main motivation for purchasing online		
Drugs were cheaper online	29	33%
Drugs are better quality online	20	23%
Curiosity	11	13%
Drugs I wanted weren't available on the street	9	10%
Wanted to avoid contact with dealers	1	1%
Convenience	5	6%
Less legal risk buying online	2	2%
Other	10	12%
Positives of purchasing online		
No positives	3	3%
Accessed drugs I couldn't get on the street	29	33%
Drugs were cheaper online	41	47%
Avoided contact with dealers	27	31%
Convenience	40	46%
Drugs were better quality online	44	50%
Less legal risk buying online	20	23%
Other	15	17%
Negatives of purchasing online		
No negatives	13	15%
Difficult process	16	18%
Slow process	19	22%
More legal risk purchasing online	14	16%
Poorer quality of drugs	0	-
More expensive	6	7%
Packages didn't arrive	22	25%
Other*	27	31%

Source: EDRS interviews, 2014

Note: *Other response included 'having to provide credit card details'.

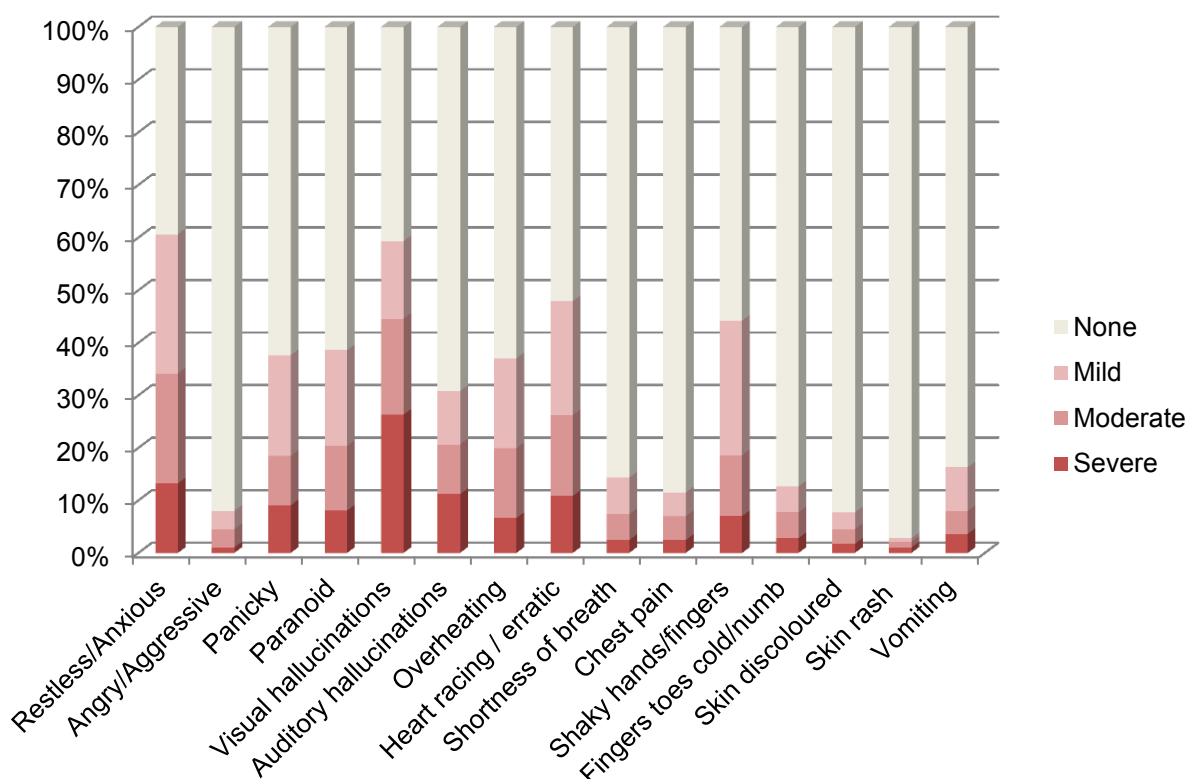
Thirty-six percent of participants indicated that they would 'definitely' purchase online again in the future, 11% indicated they were 'not at all likely' to purchase online again in the future.

9.2 NPS Health Harm Module

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 on an NPS, then asked to rate the severity (‘mild’, ‘moderate’ or ‘severe’) of that experience.

As a whole, the most severely endorsed health effects for the NPS group included: visual hallucinations, being restless/anxious, auditory hallucinations and having an erratic/racing heartbeat. These along with shaky hands/fingers, were the health effects more endorsed for this group at all (see Figure 55).

Figure 55: Severity of health harms of NPS nationally, 2014



Source: EDRS participants, 2014

9.3 NPS Health Policy

In October 2013, the NSW parliament passed the *Drugs and Poisons Legislation Amendment (New Psychoactive and Other Substances) Act 2013*. As a result of this act, it has become illegal in NSW to possess any new psychoactive substance other than those manufactured by licenced or authorised individuals as covered by the *Therapeutic Goods Act 1966*.

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 asked about in the 2014 survey were 2C-B, 2C-I, DMT and Mephedrone, all of which are illegal in NSW with varying legality in the other states. These substances were selected as they were the most commonly reported in the 2013 EDRS. Table 113 below illustrates participant responses. Very few participants nationally have reported that any of the NPS are legal, with higher proportions reporting correctly that these substances are illegal. Of note, however, are the rather substantial proportions that report that they are 'unsure' of the legal status of these drugs.

Table 113: Participant knowledge of the legality of NPS nationally, 2014

%		National (N=789)
2C-B		
	Legal	1%
	Illegal	53%
	Unsure	46%
2C-I		
	Legal	1%
	Illegal	46%
	Unsure	53%
DMT		
	Legal	2%
	Illegal	67%
	Unsure	31%
Mephedrone		
	Legal	5%
	Illegal	52%
	Unsure	43%

Source: EDRS interviews 2014

Participants were also asked if a change to the legality of all NPS in the future, making them all illegal, would impact on their use of those substances. Ninety-three percent reported that making NPS illegal would not make them stop taking them and the remaining 7% reported that it would make them stop or not start using NPS. This is not surprising given that this population has been recruited primarily for their illicit psychostimulant drug use.

Participants were also asked which NPS they had used most recently and the time period this use had occurred. As seen in Table 114, 2C-X, DMT and NBOMe were the three most commonly used NPS. As a whole, the NPS group was used a median of four months (112 days) ago (range 2-3360 days i.e. approximately 10 years ago).

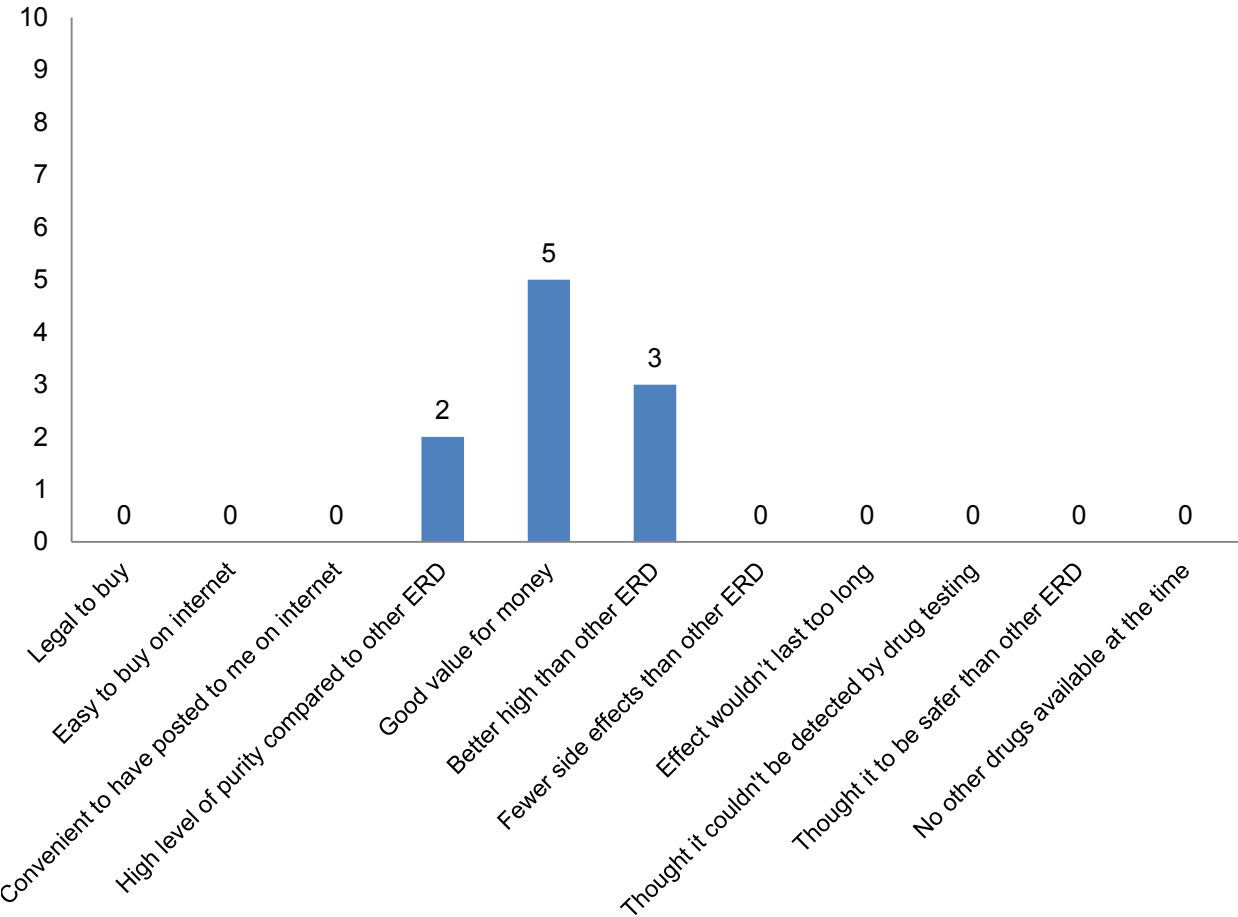
Table 114: Last occasion NPS used and motivating factors for using NPS in NSW, 2014

	National (n=419)
Last NPS use	%
2C-X	24%
DMT	22%
NBOMe	12%
Mephedrone	10%
Synthetic Cannabis	10%
DXM	3%
PMA	2%
Methylone	3%
Mescaline	3%
Salvia	2%
MXE	1%
LSA	<1%
Other	9%
Days ago (Median; range)	112 days i.e. approximately 4 months ago (2-3360 days)

Source: EDRS interviews, 2014

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 the using their last NPS. Median ratings were reported below (see Figure 56). As is evident, the only factors to rate above '0' (which is no influence) to suggest that these factors had some influence on participants using NPS were that NPS were considered: 'good value for money', 'have a better high than other ERDs' and 'to have a higher level of purity compared to other NPS'.

Figure 56: National median ratings of motivating factors for using NPS, 2014



Source: EDRS interviews, 2014

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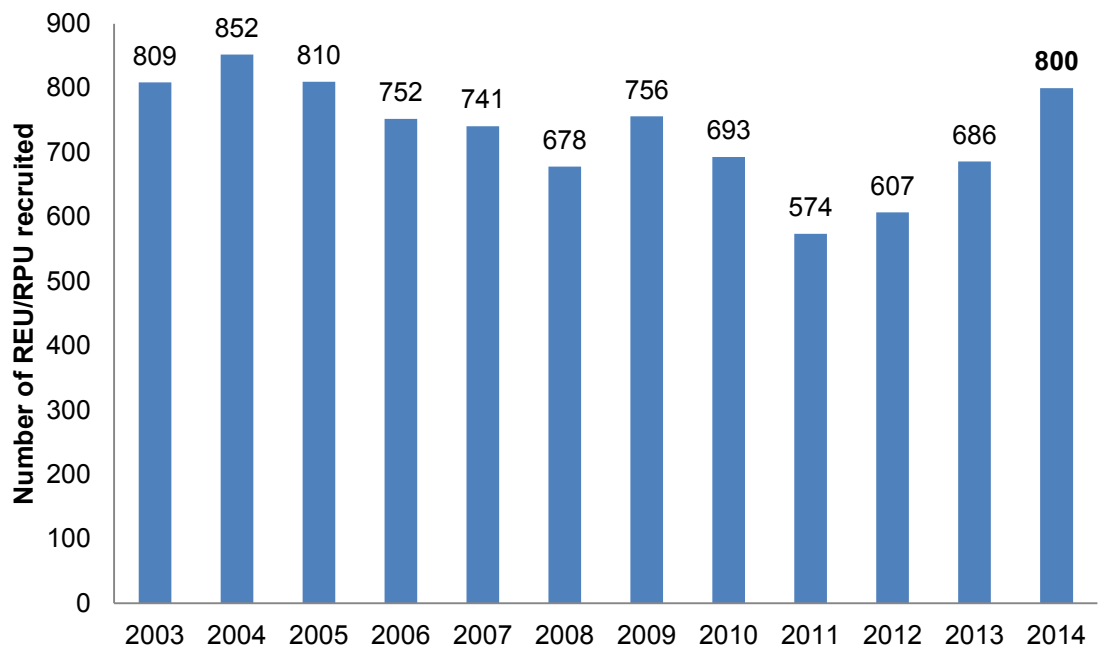
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APPENDICES

Appendix A: Recruitment of EDRS participants over time, 2003-2014

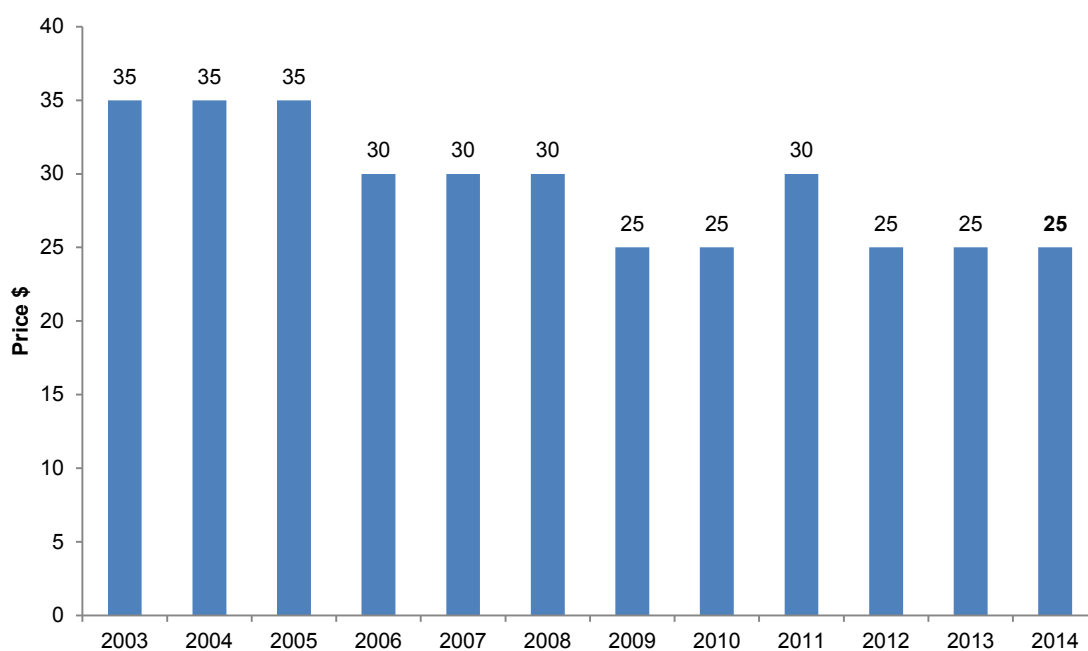
Figure A1: Recruitment of EDRS participants over time, 2003-2014



Source: EDRS participant interviews, 2003-2014

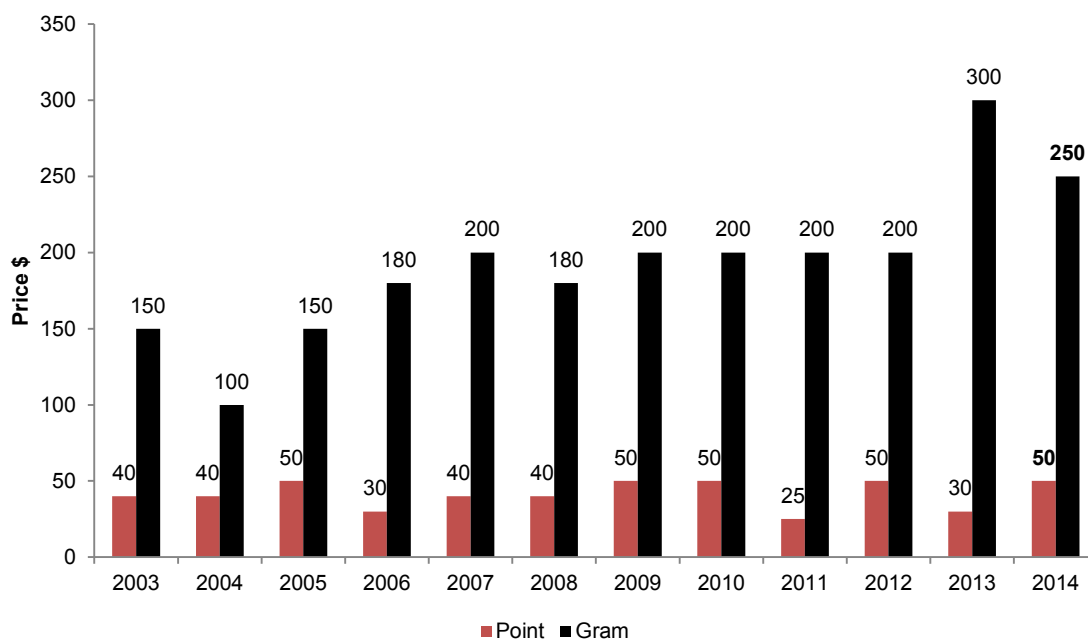
Appendix B: Price trends of ecstasy and related drugs, 2003-2014

Figure B1: Median price of an ecstasy pill, 2003-2014



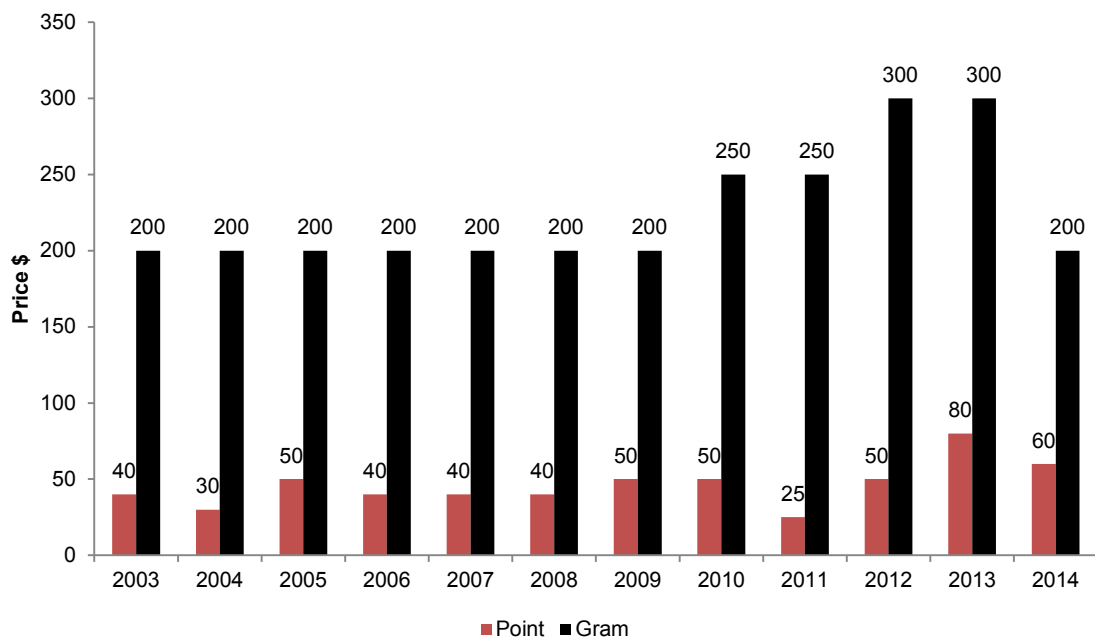
Source: EDRS participant interviews, 2003-2014

Figure B2: Median price of methamphetamine powder (speed), 2003-2014



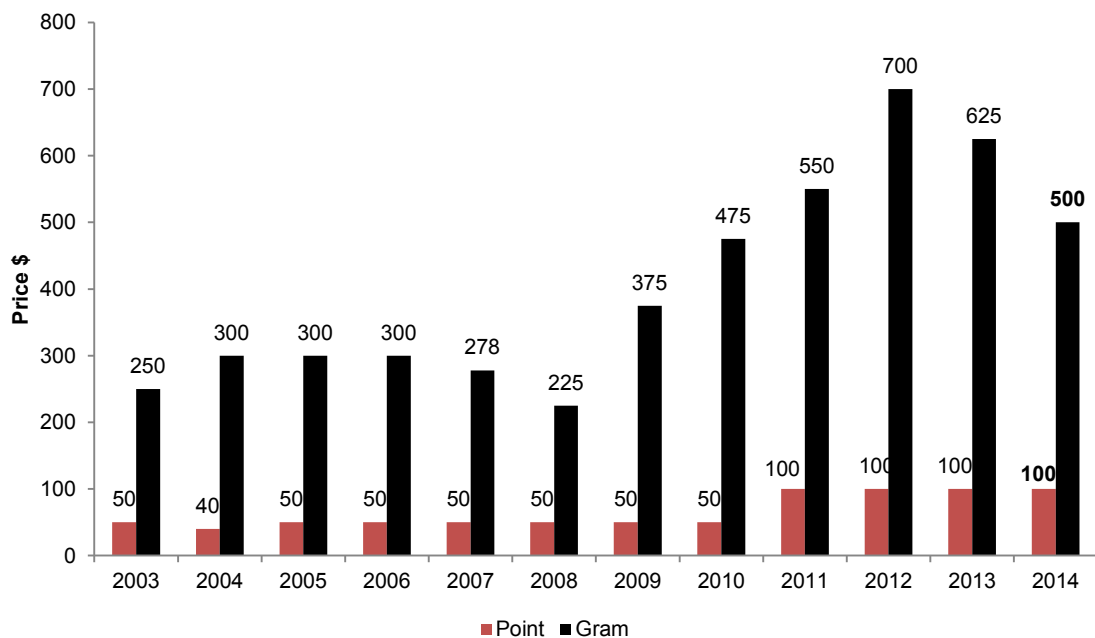
Source: EDRS participant interviews, 2003-2014

Figure B3: Median price of methamphetamine base, 2003-2014



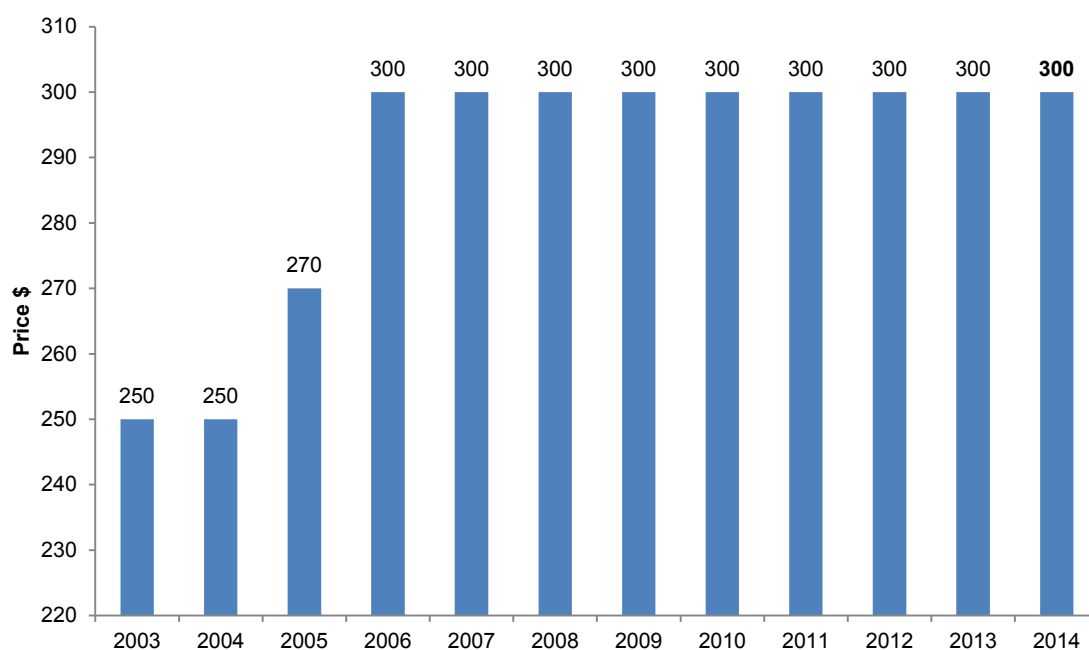
Source: EDRS participant interviews, 2003-2014

Figure B4: Median price of ice/crystal, 2003-2014



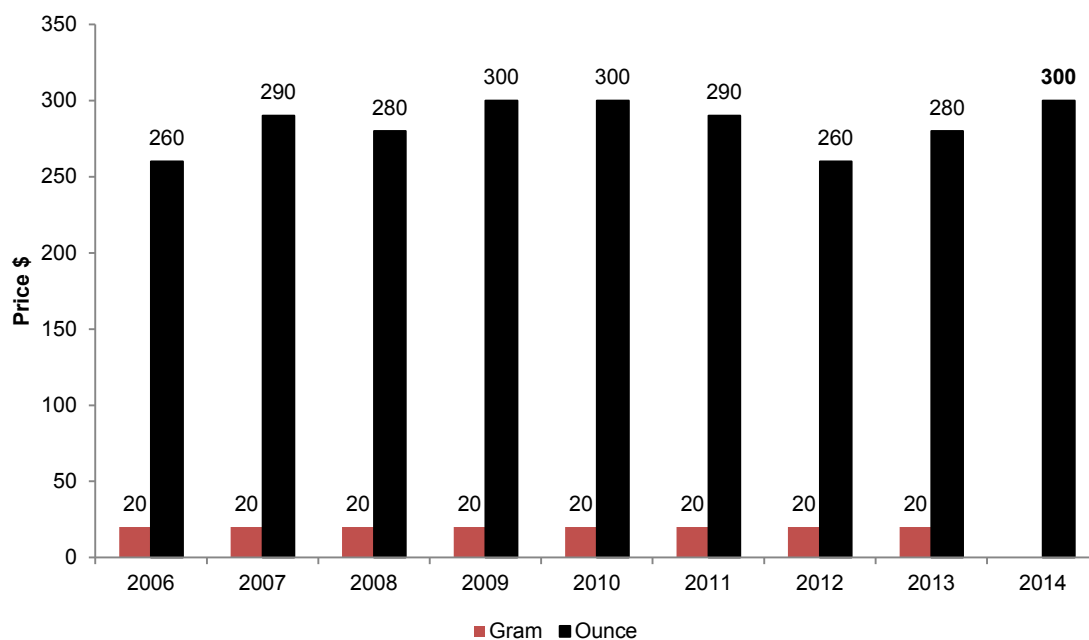
Source: EDRS participant interviews, 2003-2014

Figure B5: Median price of one gram of cocaine, 2003-2014



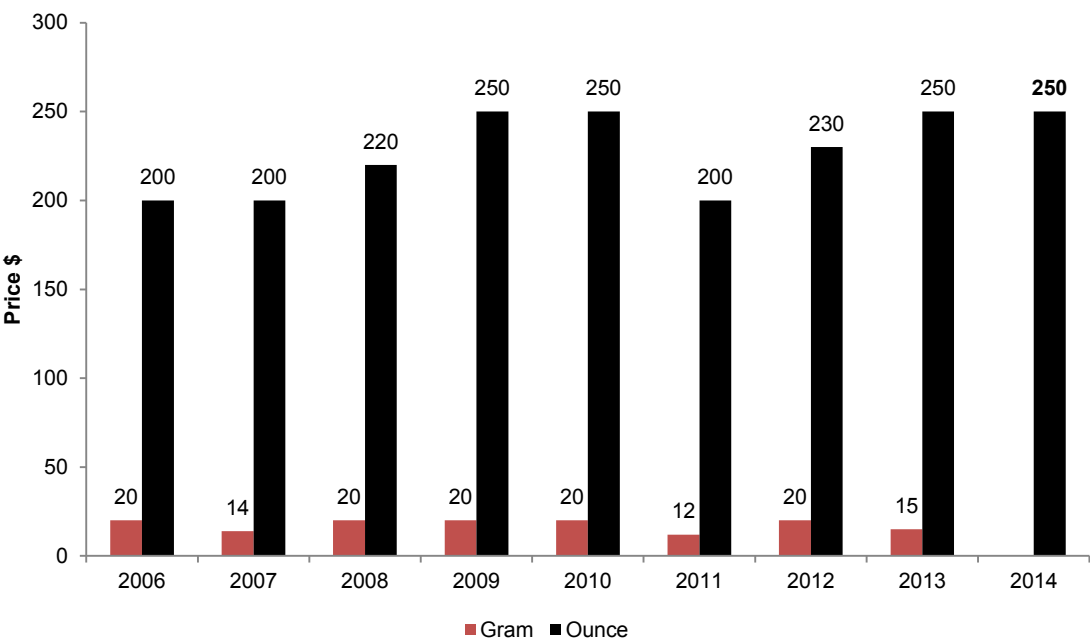
Source: EDRS participant interviews, 2003-2014

Figure B6: Median price of hydroponic cannabis, 2006-2014



Source: EDRS participant interviews, 2006-2014

Figure B7: Median price of bush cannabis, 2006-2014



Source: EDRS participant interviews, 2006-2014