

KEY POINTS

1. The first of a two year trial has demonstrated that, with minor adjustments to the methodology, the IDRS is capable of successfully monitoring illicit markets for party drugs such as ecstasy, LSD, ketamine and GHB.
2. Although a broad range of people use party drugs, users tend to be young, relatively well-educated, likely to be employed or engaged in studies, and to have little contact with social authorities such as the police or treatment agencies.
3. The standard cost of a single tablet of ecstasy is \$40 in both NSW and QLD. The majority of subjects in both sites describe ecstasy as 'very easy' or 'easy' to obtain. On average, tablets containing real ecstasy (MDMA) are in NSW about 37% pure, and in QLD about 33% pure.
4. Party drug users engage in extensive polydrug use. Lifetime and recent use of ecstasy, amphetamine, cocaine, alcohol, cannabis and benzodiazepines are common among this population.
5. Substantial rates of drug-related harms are experienced by this group, including physical and psychological side-effects, and drug-related financial, social and occupational problems. Although for many users these problems are relatively minor, for some they constitute significant disruptions to functioning.

MONITORING TRENDS IN PARTY DRUG MARKETS

INTRODUCTION

This issue of the *Drug Trends Bulletin* presents a summary of the methodology and results of the 2000 Illicit Drug Reporting System (IDRS) Party Drugs Module. To date, the main purpose of the IDRS has been to monitor the price, purity, availability and use of the four main illicit drug types (heroin, amphetamine, cocaine and cannabis). In June 2000, the National Drug Law Enforcement Research Fund (NDLERF) agreed to fund a two-year, two-state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs', using the extant IDRS methodology. 'Party drugs' are considered to include any drugs that are frequently used in entertainment venues such as nightclubs or dance parties, that are not already monitored by the main IDRS, including ecstasy, LSD, ketamine, MDA and GHB. The sites chosen for the trial were NSW and QLD. This *Bulletin* briefly considers the methodology and summarises the main findings of the first year of the trial. More detail can be found in the IDRS state party drugs reports available from the National Drug and Alcohol Research Centre (NDARC) (McAllister *et al.*, 2001; Topp & Darke, 2001).

METHODOLOGY

The party drugs module of the IDRS was set up to mirror, as closely as possible, the main IDRS. Thus, the focus was on the capital cities of the participating states, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Three sources of data were collected throughout August-September 2000, and were compared with each other to provide a 'snapshot' of the illicit markets for party drugs:

- interviews with current ecstasy users ($n=94$ in NSW and $n=50$ in QLD);
- interviews with key informants, who, through their work, have regular contact with ecstasy users ($n=19$ in NSW and $n=15$ in QLD); and
- indicator data sources such as purity data from seizures of ecstasy made by law enforcement agencies, and prevalence of use data drawn from the 1998 National Drug Strategy Household Survey (Darke *et al.*, 2000).

It was decided that regular ecstasy users should be the sentinel population of drug users interviewed for the study, and that they can be considered equivalent to the IDU who are the sentinel population interviewed for the main IDRS. Ecstasy is the most widely available and widely used of the party drugs, and the market for 'ecstasy' (pills sold supposedly containing MDMA, the compound to which the term 'ecstasy' originally referred) has existed here for more than 10 years. Ecstasy users are likely to know about the price, purity and availability of party drugs, and to be able to talk about new trends in this market if and when they arise. In 2000 we found that this is the appropriate target population for the party drugs component of the IDRS; the ecstasy users interviewed had extensive knowledge of the party drug markets in their state. They were also easily accessible through sources such as street press, including dance music and gay and lesbian niche publications, and through word of mouth.

Some methodological changes will be made in the second year of the trial. In 2001, data collection for the party drugs component will occur in April-May, to better capture party drug use during the Christmas-New Year party season, the outdoor summer music festivals, and the Gay and Lesbian Mardi Gras in Sydney. Further, given that party drugs such as ecstasy and ketamine are relatively new in Australia, and that users are relatively well-functioning and therefore a less 'visible' group than users of a drug like heroin, there simply are not the same sorts of indicator data or key informants available for this drug as there are for other illicit drugs. To illustrate this point, with a drug such as ecstasy, who is the equivalent of a methadone worker who acts as a key informant for heroin, or an NSP worker who acts as a key informant for injecting amphetamine use? To overcome these data limitations, approximately 100 ecstasy users will be interviewed in both states in 2001, as the users themselves provide the best information currently available on trends in party drug markets.

RESULTS

Demographics

Table 1 displays key demographic data of the ecstasy users recruited for the IDRS in the two states, and indicates that the samples from NSW and QLD were similar in terms of

their demographic characteristics. On the whole, the groups were relatively young, aged in their mid-20s, and the majority came from English speaking backgrounds and identified as heterosexual. Most of both groups had completed high school, and high proportions had completed courses after school, with 28% possessing a trade or technical qualification, and 36% having completed a university degree or college course. One-fifth of the total sample was currently unemployed, and about half were either employed full-time or full-time students. None were currently in treatment for a drug problem, and very few had previously been imprisoned.

In both groups, a higher proportion of males than females were recruited, a pattern that fits with the NDS Household Survey data relating to ecstasy use in Australia. In the 1998 Survey, 3.3% of Australian males and 1.6% of Australian females reported having used ecstasy in their lifetime. Both lifetime and recent ecstasy use were most common among those aged 20-29 years. Approximately 18% of males and 10% of females in this age bracket reported lifetime ecstasy use, and 12% of males and 5% of females reported having used ecstasy in the preceding 12 months (Darke *et al.*, 2000).

Price, purity and availability of ecstasy¹

Price: In both NSW and QLD, a single tablet of ecstasy costs \$40, and the typical range of prices is between \$30 and \$50. Tablets cost less when purchased in bulk or from a known supplier. When purchased in an entertainment venue, generally from an unknown supplier, single tablets can cost about \$60.

Table 1: Demographic characteristics of the 144 ecstasy users in the study

Variable	NSW sample (n=94)	QLD sample (n=50)	Total (n=144)
Mean age (years)	25	25	25
% male	69	62	67
% English speaking background	95	96	95
% ATSI	6	0	4
% heterosexual	78	74	76
Mean number school years	12	12	12
% tertiary qualifications	55	80	64
% employed full-time	33	36	34
% full-time students	12	22	15
% unemployed	21	14	19
% previous conviction	6	2	5

¹ Although almost all subjects were able to comment on the price, purity and availability of ecstasy, only small proportions felt confident enough to supply such information about other party drugs, which in itself suggests relatively low rates of exposure to and knowledge of these other drugs. This data is not included in this *Bulletin*; more detail is available in the state *Party Drugs* reports, available from NDARC.

Availability: The majority of subjects in both NSW (97%) and QLD (92%) described ecstasy as 'very easy' or 'easy' to obtain, and most reported that the availability had remained stable (65%) or increased (25%) in the preceding six months.

Common suppliers in the preceding six months included friends (87%), dealers (60%) and acquaintances (26%), and smaller proportions of the sample had purchased ecstasy from people they did not know (19%) or from work-mates (10%). The most common purchase location was a friend's home (66%), followed by subjects' own homes (43%), a dealer's home (39%), nightclubs (29%), dance parties (19%) and raves (17%). A high proportion of those purchasing ecstasy in their own homes reflects the increase in the number of dealers willing to 'home deliver', a pattern of distribution which has increased in recent years for a range of drugs, not just ecstasy (ABCI, 2001).

A variety of recent methods of paying for ecstasy were reported by the sample, most frequently through paid employment (84%), being shouted by friends or partner (65%), dealing drugs (38%), borrowing money from friends (38%), on credit from dealers (33%), borrowing money from parents (22%) or bartering other drugs or goods (20%).

Purity: Data supplied by the Australian Bureau of Criminal Intelligence indicates that the average purity of the 136 seizures of ecstasy or similar substances made in NSW during the 1999/00 financial year was 37% (range 3-93%) pure. This figure is slightly higher than that of previous years (1996/97: 26%; 1997/98: 32%; 1998/99: 32%) but little different to the national average in 1999/00 of 35% purity.

The 128 ecstasy seizures made in QLD during 1999/00 were, on average, 33% pure (range 1-78%), which was no different to the purity of seizures containing ecstasy or similar substances in recent years (1996/97: 34%; 1997/98: 31%; 1998/99: 33%).

It should be noted that the majority of the tablets sold in Australia as 'ecstasy' do not contain any MDMA at all, and are more likely to contain methamphetamine combined with an hallucinogen such as ketamine or LSD (ABCI, 2001). Thus, the purity figures reported above represent only those seizures that were found, on analysis, to contain MDMA or a related substance such as MDA, MDEA, or MDBD.

Table 3: Patterns of drug use of the 144 ecstasy users in the study

Variable	NSW sample (n=94)	QLD sample (n=50)	Total (n=144)
Age first used ecstasy (years)	18	19	19
Median no. days used ecstasy last 6 months	12	18	13
% ecstasy 'favourite' drug	53	52	53
% use ecstasy weekly or more	34	42	37
Median no. ecstasy tablets in 'typical' session	1.5	1	1.5
% typically use >1 tablet	53	48	52
% recently binged on ecstasy (>48 hours)	44	60	49
% ever injected ecstasy	12	16	13
% mainly swallowed ecstasy last 6 months	89	98	92
% mainly snorted ecstasy last 6 months	6	0	4
% mainly injected ecstasy last 6 months	3	0	2
% injected any drug	28	28	28
Number drugs ever used	10	10	10
Number drugs used in last 6 months	7	7	7

Table 4: Patterns of polydrug use of the 144 ecstasy users in the study

Drug Class	Ever used (%)	Used last 6 months (%)	No. days used last 6 months (median; range) #
Ecstasy	100	100	13 (6-117)
Alcohol	99	95	50 (1-180)
Cannabis	99	91	100 (1-180)
Amphetamine	93	70	10 (1-180)
Tobacco	87	75	180 (1-180)
LSD	82	41	2 (1-74)
Cocaine	76	48	4 (1-90)
Nitrous oxide	64	28	5 (1-60)
Amyl nitrate	61	28	4 (1-180)
Benzodiazepines	61	40	3 (1-180)
MDA	38	20	2 (1-30)
Heroin	33	13	1 (1-96)
Antidepressants	33	16	20 (1-180)
Ketamine	26	14	2 (1-30)
Other opiates	19	6	1.5 (1-6)
GHB	10	5	3 (1-10)

Among those who had used

Patterns of ecstasy and other drug use

Table 3 displays key drug use data for the NSW and QLD samples. It is interesting to note that frequency of recent use of ecstasy was higher among the QLD sample. They had used the drug on an average of 18 days in the last 6 months; almost half had used at least weekly; and close to two-thirds had 'binged' on ecstasy for 48 hours or more without sleep. However, quantity of use was higher among the NSW sample, and higher proportions of the NSW sample reported regularly snorting or injecting the drug.

Table 4 displays information on the patterns of drug use of the sample as a whole, and demonstrates the extensive polydrug use that is the norm among party drug users. In both the NSW and QLD samples, subjects had tried an average of 10 drugs in their lives and had used an average of 7 drugs recently.

Drug-related harms

Significant proportions of both the NSW and QLD samples had experienced problems in the preceding six months that they perceived as being due, at least in part, to their use of ecstasy (see Table 5). Common physical side-effects included blurred vision, profuse sweating, trouble sleeping, loss of energy, tremors and muscle aches. Common psychological side-effects included irritability, depression, confusion, anxiety, hallucinations and paranoia. Examples of occupational problems included trouble concentrating, taking sick leave or being sacked from a job. Relationship problems included arguments, mistrust, and ending relationships. Financial problems included being in debt, having no money for other forms of recreation, and being unable to pay for essentials like food or rent. Given the extensive polydrug use among this group, it is not surprising that many subjects found it difficult to attribute some side-effects specifically to ecstasy use. Other factors that were often perceived as contributing to the side-effects included polydrug use, preexisting conditions, sustained exertion, lack of sleep, lack of food and dehydration.

Table 5: Ecstasy-related problems in the last 6 months among the 144 ecstasy users in the study

Ecstasy-related problem	NSW sample (n=94)	QLD sample (n=50)	Total (n=144)
Mean no. physical side-effects	9	9	9
Mean no. psychological side-effects	5	5	5
Occupational/study problems (%)	59	52	56
Relationship/social problems (%)	49	38	45
Financial problems (%)	27	24	26
Legal/police problems (%)	6	2	5

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